

# 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: Georgetown Behavioral Health Institute, 3101 S. Austin Avenue, Georgetown, 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	6/29/2021	6/28/2021	6/28/2021
🎯 Hospital	Accredited	7/1/2021	6/30/2021	6/30/2021

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

		Compared to other Joint Commission Accre Organizations		
Behavioral	2021National Patient Safety Goals			
Health Care and Human Services	202 Induoliar Fatient Salety Soals	Ũ	Ũ	
Hospital	2021National Patient Safety Goals	Ø	*	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	@ <sup>2</sup>	@ <sup>2</sup>	

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

#### Symbol Key

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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.
<b>NO</b>	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.

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

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# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Georgetown Behavioral Health Institute, LLC * DBA: Georgetown Behavioral Health Institute 3101 S. Austin Avenue Georgetown, TX 78626	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**

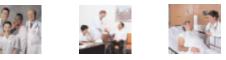
Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines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

#### Symbol Key

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.

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

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# **2021 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	Ø
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	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

#### 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.

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# **National Quality Improvement Goals**

ed the best	Reporting Per	iod: April 2020 - March 2021		
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ormance is ge/value.			Compared to Comm	
ormance is alue.			Accredited O	rganizations
	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>

			Commissic ations			
Measure	Explanation	Nationwide Hospital Top 10% A Results Scored at Least:		Average Rate:	Top 10% Scored at Least:	wide 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.	99% of 780 eligible Patients	100%	96%	100%	95%

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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**

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

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." 0

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

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# **National Quality Improvement Goals**

Symbol Key								
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.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	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.					lationwide		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. The organization scored above 90% but	Assessment of violence substance use disorder	,	This measure reports the number of children age (1-12 years) screened		at Least:		at Least:	
was below most other organizations.	trauma and patient stre completed - Children (1	0	for violence risk to self and others, substance and alcohol use,					
The Measure results are not statistically valid.	years)		psychological trauma history and patient strengths. Screening for					
The Measure results are based on a sample of patients.			violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement.			themselves. Screening for violence					
The measure results are temporarily suppressed pending resubmission of			risk to others determines if patients are likely to harm others. Screening	$\bigcirc$				
updated data.			for substance and alcohol use determines if patients need help for	100% of	100%	97%	100%	98%
• Test Measure: a measure being evaluated for reliability of the			their use. Screening for psychological trauma history	132 eligible Patients				
individual data elements or awaiting National Quality Forum Endorsement.			determines if patients have					
• There were no eligible patients that met the denominator criteria.			experienced terrible events in their lives which have left them fearful or					
			anxious and unable to handle their					

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

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the patient recover.

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

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Footnote Key The Measure or Measure Set was n

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

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# **National Quality Improvement Goals**

R	eporting Per	iod: April 2020 - March 2021					
					red to of ommiss	ther Joint ion	
				Accredit	ted Orga	anizations	
Measu	re Area	Explanation	N	ationwide		Statewide	<b>;</b>
	al-Based nt Psychiatric es	This category of evidenced based measures assesse overall quality of care given to psychiatric patients.	es the	<b>⊘</b> <sup>2</sup>		<b>№</b> <sup>2</sup>	
				red to othe			n
				onwide	Ū	State	wide
	Measure	· · · · · · · · · · · · · · · · · · ·	sults S	p 10% Av cored F Least:	•	Top 10% Scored at Least:	Aveı Ra

- for comparison purposes.
   The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.

The Measure Set does not have an

The number of patients is not enoug

- 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.
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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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		Compared to other Joint Commission					
		Accredited Organizations					
	Nationwide Statewide						
Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:	
		Results	at Least:	Rale.	at Least:	Rale.	
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 203 eligible Patients	100%	97%	100%	98%	

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

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# **National Quality Improvement Goals**

Symbol Key								
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.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		0	2	<b>⊘</b> ²	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor	npared to c Accredite	other Joint ed Organiz		on
The Measure Set does not have an overall result.					lationwide		State	
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	e risk,	This measure reports the number of		ai Leasi.		ai Leasi.	
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)		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			risk to others determines if patients are likely to harm others. Screening	$\bigcirc$				
updated data. • Test Measure: a measure being			for substance and alcohol use determines if patients need help for	100% of	100%	95%	100%	95%
evaluated for reliability of the individual data elements or awaiting			their use. Screening for psychological trauma history	393 eligible Patients				
National Quality Forum Endorsement.			determines if patients have					

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

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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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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or await

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# **National Quality Improvement Goals**

Symbol Key	1									
This organization achieved the best possible results	Reporting Per	riod: Ap	oril 2020 - March 2021							
This organization's performance is above the target range/value.	1									
This organization's performance is similar to the target range/value.	1				Com	npared to o Commiss				
This organization's performance is below the target range/value.	I									
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	е		
	Hospital-Based Inpatient Psychiatric Services		ategory of evidenced based measures as quality of care given to psychiatric patie		0	2	<b>™</b> <sup>2</sup>			
Footnote Key	Services									
The Measure or Measure Set was not reported.	1			Con	mpared to o Accredite	other Joint ed Organiz		'n		
The Measure Set does not have an overall result.	1				Vationwide		State	ewide		
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Averaç 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 stree	,	older adult (>= 65 years) screened for violence risk to self and others,							
The Measure results are not statistically valid.	completed - Older Adult years)	0	substance and alcohol use, psychological trauma history and							
The Measure results are based on a sample of patients.	youro		patient strengths. Screening for violence risk to self determines if							
The number of months with Measure	1		patients are likely to harm themselves. Screening for violence							
data is below the reporting requirement. The measure results are temporarily	1		risk to others determines if patients are likely to harm others. Screening	0						
suppressed pending resubmission of updated data.	1		for substance and alcohol use		100%	95%	100%	87%		
• Test Measure: a measure being evaluated for reliability of the	1		determines if patients need help for their use. Screening for	100% of 52 eligible						
individual data elements or awaiting	1		psychological trauma history determines if patients have	Patients						
National Quality Forum Endorsement.	1		determines in patients nave							

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

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the patient recover.

experienced terrible events in their

lives which have left them fearful or

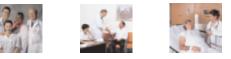
anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job,

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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Symbol Key								
This organization achieved the best possible results	Reporting Peri	iod: Api	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.							other Joint sion	
O This organization's performance is below the target range/value.							anizations	
w Not displayed	Measure Area	Measure Area Explanation					Statewide	4
Footnote Key	Hospital-Based Inpatient Psychiatric Services				0	2	<b>∞</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Col			Commissio	n
2. The Measure Set does not have an				1	Accredite	ed Organiz	zations State	wide
<ul><li>overall result.</li><li>3. The number of patients is not enough for comparison purposes.</li></ul>	Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met</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.	Logical Stress of the second s	100%	59%	100%	63%
the denominator criteria. 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 4 eligible Patients	100%	42%	100%	55%



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

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# **National Quality Improvement Goals**

mdol Key							
anization achieved the best results	Reporting Per	iod: April 2020 - March 2021					
ganization's performance is he target range/value.		-					
organization's performance is ar to the target range/value.					ed to other Joint		
s organization's performance is w the target range/value.				Accredited Organizations			
displayed	Measure Area	Explanation		Nationwide	Statewide		
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures asse overall quality of care given to psychiatric patients		<b>№</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>		
otnote Key	Services						
Measure or Measure Set was not ted.			Com	npared to other Accredited O	Joint Commissio Organizations		
e Measure Set does not have an rall result.			Na	ationwide	State		
ran result.	Measure	Explanation	Hospital	Top 10% Ave	erage Top 10%		

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.
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- the denominator criteria.

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		Ν	lationwide		State	ewide
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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	0% of 6 eligible Patients	100%	47%	100%	53%

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

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# **National Quality Improvement Goals**

Symbol Key								
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This organization's performance is bove the target range/value.		-						
This organization's performance is immediate the target range/value.					Com	npared to c Commis		
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services			<b>(</b>	2	<b>№</b> <sup>2</sup>		
The Measure or Measure Set was not eported.				Co	mpared to c Accredite	other Joint ed Organiz		n
The Measure Set does not have an overall result.				1	Nationwide		State	wide
he 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:	Aver Ra
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This	measure reports the number of					

patients age 18 through 64 years

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

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

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

discharged on two or more

group of drugs used to treat

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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to reduce the number of

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

Null value or data not displayed.

Medications at Discharge with

Appropriate Justification

Adults Age 18 - 64

100%

22% of

27 eligible

Patients

60%

100%

65%

### Georgetown Behavioral Health Institute, LLC

DBA: Georgetown Behavioral Health Institute, 3101 S. Austin Avenue, Georgetown, TX



# **National Quality Improvement Goals**

Symbol Key This organization achieved the best possible results This organization's performance is above the target range/value.	Reporting Per	iod: Ap	ril 2020 - March 2021							
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		Nationwi	de	Statewid	e		
Footnote Key	Inpatient Psychiatric Services				<b>(</b>	2	<b>○</b> <sup>2</sup>	2 <sup>2</sup>		
1. The Measure or Measure Set was not reported.		Co					Commissic ations	on ewide		
2. The Measure Set does not have an overall result.				Ν	lationwide	ou organiz		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:			
<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>	Appropriate Justification Older 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	0% of 3 eligible Patients	100%	55%	100%	64%		
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use per 1000 Patient H Overall Rate		This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0650 (43 Total Hours in Restraint)	N/A	0.8583	N/A	0.1792		

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

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

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Symbol Key										
This organization 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.					Con	npared to o Commiss				
This organization's performance is below the target range/value.							ganizations			
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 patie		es the					
The Measure or Measure Set was not eported.				Со	npared to o Accredit	other Joint ed Organiz		on		
The Measure Set does not have an overall result.					lationwide	Ŭ		ewide		
The number of patients is not enough pr comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra		
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	Hours of Physical Restr 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.							

6. The Measure results are not statisti 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.''** 

Physical restraint is any manual method or physical or mechanical Ð device, material, or equipment that immobilizes or reduces the ability of N/A 0.3472 N/A 0.1892 a patient to move his or her arms, 0.0799 (3 Total Hours in Restraint) 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 Hours of Physical Restraint This measure reports the number of hours patients age 13 through 17 Use Adolescents Age 13 - 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 Đ device, material, or equipment that immobilizes or reduces the ability of N/A 0.2485 N/A 0.1751 a patient to move his or her arms, 0.1011 (23 Total Hours legs, body or head freely when it is in Restraint) 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.



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

below the target range/value. lot displayed

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# **National Quality Improvement Goals**

Reporti	ng Period: A	April 2020 - March 2021				
					ared to ot Commiss	ther Joint ion
				Accredited Organizations		
Measure Area		Explanation		Nationwide	;	Statewide
Hospital-Based Inpatient Psych Services			category of evidenced based measures assesses the all quality of care given to psychiatric patients.			<b>○</b> <sup>2</sup>
			Cor	npared to oth Accredited		
			Ν	lationwide Sta		
Mea	euro	Explanation	Hospital	Top 10% A	Worogo	Top 10%

		Ν	lationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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.	0.0445 (17 Total Hours in Restraint)	N/A	1.0605	N/A	0.1867	
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.	0.0014 (0 Total Hours in Restraint) <sup>3</sup>	N/A	0.0961	N/A	0.1107	
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.	0.2209 (146 Total Hours in Seclusion)	N/A	0.4419	N/A	0.922	

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- The Measure or Measure Set was n 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.''** 

Symbol Key This organization achieve ossible results

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.

overall result.

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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.

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Symbol Key				
This organization achieved the best possible results	Reporting Pe	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.			Compared to Comm	
This organization's performance is below the target range/value.			Accredited C	
Not 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>1</b>	<b>∞</b> <sup>2</sup>
Footnote Key	00111003			
The Measure or Measure Set was not reported.		Cor	npared to other Joi 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 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.	0.1793 (6 Total Hours in Seclusion)	N/A	0.4020	N/A	0.4434	
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.	0.0781 (18 Total Hours in Seclusion)	N/A	0.1948	N/A	0.2153	
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.	0.3145 (122 Total Hours in Seclusion)	N/A	0.5260	N/A	1.2014	
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.	0.0000 (0 Total Hours in Seclusion)	N/A	0.0678	N/A	0.0268	



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