

Accreditation Quality Report









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

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

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

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

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

DBA: Houston Behavioral Healthcare Hospital, LLC, 2801 Gessner, Houston, TX



Summary of Quality Information

| S | vm | bol | l K | e٦ |
|---|----|-----|-----|----|
| | | | | |

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

Footnote Key

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

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

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|-------------------|--------------------------|-----------------------------|
| 🮯 Hospital | Accredited | 3/25/2015 | 2/20/2015 | 10/17/2017 |

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

| | | Compared to other Joint Commission Accredit Organizations | |
|--|---|--|--------------------------|
| | | Nationwide | Statewide |
| Hospital | 2015National Patient Safety Goals | Ø | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: Apr 2016 - Mar 2017 | Hospital-Based Inpatient Psychiatric Services | 1 | (1) ² |

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

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Locations of Care

* Primary Location

| Locations of Care | Available Services |
|---|---|
| Houston Behavioral Healthcare Hospital * 2801 Gessner Road Houston, TX 77080 | Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial - Adult/Child/Youth) |

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2015 National Patient Safety Goals

Hospital

| Safety Goals | Organizations Should | Implemented |
|--|--|-----------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| | Eliminating Transfusion Errors | \bigotimes |
| 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 | \bigotimes |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | Ø |
| | Preventing Multi-Drug Resistant Organism Infections | \bigcirc |
| | Preventing Central-Line Associated Blood Stream Infections | <u>ଷ</u> ର ଭ |
| | Preventing Surgical Site Infections | \bigcirc |
| | Preventing Catheter-Associated Urinary Tract Infection | \bigcirc |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide | Ø |
| Universal Protocol | Conducting a Pre-Procedure Verification Process | \bigotimes |
| | 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.

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

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National Quality Improvement Goals

| Reporting Per | iod: April 2016 - March 2017 | | |
|---|---|-----------------------|---------------|
| | | Compared to | o other Joint |
| | | 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 | 1 2 |

| | | Cor | npared to o Accredit | other Joint ed Organiz | | n |
|---|--|------------------------------------|--------------------------------|---------------------------|--------------------------------|-----------------|
| | | ٨ | lationwide | | | wide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Averaç 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. | 96% of 606 eligible Patients | 100% | 95% | 100% | 98% |

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

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

---- Null value or data not displayed.

Symbol Key

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

Footnote Key

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- **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."

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at Least:

100%

99%



National Quality Improvement Goals

| Reporting | Period: April 2016 - March 2017 | | | | | |
|--|---|------------|--------------------------|---------|-----------------------------------|---|
| | | | | Commiss | other Joint sion anizations | |
| Measure Area | Explanation | | Nationwid | le | Statewide | Э |
| Hospital-Based Inpatient Psychiat Services | This category of evidenced based measures asses overall quality of care given to psychiatric patients. | | (| 2 | O ² | |
| | | | pared to ot Accredite | | Commissio zations State | |
| Measur | · · · · · · · · · · · · · · · · · · · | Hospital T | | U U | Top 10% Scored | |

| oses. | | | Results | at Least: | Nate. |
|---|---|---|---------------|-----------|-------|
| he Privacy drule. red above 90% but er organizations. are not statistically are based on a hs with Measure porting requirement. are temporarily resubmission of sure being lity of the ents or awaiting rum Endorsement. ble patients that met eria. | Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years) | This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, | € 8 | 100% | 96% |

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housing, etc. which are used to help

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years)



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|--|---|--------|--|---------------------|--|------------------------|--------------------------------|------------------|
| This organization achieved the best possible results | Reporting Peri | od: Ap | ril 2016 - March 2017 | | | | | |
| 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. | | | | | Accre | edited Orga | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e |
| | Hospital-Based Inpatient Psychiatric | | tegory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | O ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not reported. | | | | Co | mpared to c Accredite | | | on |
| The Measure Set does not have an | | | | | Accredited Organizations Nationwide Statewide | | | ewide |
| overall result. The number of patients is not enough for comparison purposes. | Measure | | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | 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 | Assessment of violence substance use disorder, trauma and patient strem completed - Adolescent | ngths | This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use. | | at Loast. | | | |

psychological trauma history and

violence risk to self determines if

patient strengths. Screening for

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

patients are likely to harm themselves. Screening for violence risk to others determines if patients \bigcirc are likely to harm others. Screening for substance and alcohol use 100% 96% 100% 98% determines if patients need help for 96% of their use. Screening for 217 eligible Patients 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.

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.

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years)



National Quality Improvement Goals

| Symbol Key | | | | | | | | |
|--|---|--------|--|---------------------|--------------------------------|-----------------------------|--------------------------------|------------------|
| This organization achieved the best possible results | Reporting Peri | od: Ap | ril 2016 - March 2017 | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | Com | pared to o Commiss | | |
| This organization's performance is below the target range/value. | | | | | Accre | | anizations | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e |
| | Hospital-Based Inpatient Psychiatric | | tegory of evidenced based measures as quality of care given to psychiatric patie | | 0 | 2 | ⊘ ² | |
| Footnote Key | Services | | | | | | | |
| The Measure or Measure Set was not reported. | | | | Cor | mpared to c Accredite | other Joint (ed Organiz | | n |
| The Measure Set does not have an overall result. | | | | N | 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 was below most other organizations. The Measure results are not statistically | Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-64 | ngths | This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, | | | | | |

| 6. | The Measure results are not statistically |
|----|--|
| | The wiedsure results are not statistically |
| | valid. |

- 7. The Measure results are based on a sample of patients.
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- the denominator criteria.

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

the patient recover.

psychological trauma history and

violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

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

housing, etc. which are used to help

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

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96% of

325 eligible

Patients

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95%

patient strengths. Screening for

patients are likely to harm

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

97%

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National Quality Improvement Goals

| Symbol Key | | | | | | | | |
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| This organization achieved the best possible results | Reporting Per | iod: Ap | oril 2016 - March 2017 | | | | | |
| 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 Orga | | |
| Not displayed | Measure Area | | Explanation | | Nationwic | de | Statewide | e |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patier | | (| 2 | O ² | |
| The Measure or Measure Set was not reported. | | | 1 | | | ed Organiz | zations | |
| The Measure Set does not have an overall result. | | | | | Vationwide | | | 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: | Avera 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 | Assessment of violence substance use disorder, trauma and patient strer completed - Older Adult years) | , ngths | This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for | | | | | |

| 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.
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the patient recover.

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

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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97% of

64 eligible

Patients

100%

95%

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

97%

100%

Houston Behavioral Healthcare Hospital, LLC

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National Quality Improvement Goals

| Symbol Key | | | | | | | | | | |
|---|---|---------|--|-----------------------------------|-------------|---------------------------------------|-------------------|-------|--|--|
| This organization achieved the best | Reporting Perio | od: Apı | ril 2016 - March 2017 | | | | | | | |
| This organization's performance is above the target range/value. | | | | | | | | | | |
| This organization's performance is similar to the target range/value. | | | | | | Compared to other Joint Commission | | | | |
| O This organization's performance is below the target range/value. | | | | | | Accredited Organizati | | | | |
| Not displayed | Measure Area | | Explanation | | Nationwi | de | Statewide | e | | |
| Footnote Key | Hospital-Based Inpatient Psychiatric Services | | egory of evidenced based measures as quality of care given to psychiatric patie | | (| 2 | ⊘ ² | | | |
| 1. The Measure or Measure Set was not | | | | Co | mpared to c | ther loint | Commissio | | | |
| reported. | | | | CO | | ed Organiz | | 11 | | |
| 2. The Measure Set does not have an overall result. | Manageme | | Evaluation | | Vationwide | A | | wide | | |
| 3. The number of patients is not enough | Measure | | Explanation | Hospital Results | Scored | Rate: | Top 10% Scored | Rate: | | |
| 4. The measure meets the Privacy | | | | | at Least: | | at Least: | | | |
| 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 | Multiple Antipsychotic Medications at Discharge Appropriate Justification Overall Rate | e with | 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. | 59% of 27 eligible Patients | 100% | 60% | 100% | 66% | | |
| the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.'' | Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12 | e with | 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | 8 | 100% | 59% | 100% | 64% | | |



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

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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.

This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

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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.

refer to the "Quality Report User Guide."

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

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

Houston Behavioral Healthcare Hospital, LLC

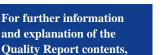
DBA: Houston Behavioral Healthcare Hospital, LLC, 2801 Gessner, Houston, TX



National Quality Improvement Goals

| | | | to other Joint mission | |
|---|---|--------------------------|---------------------------|--|
| | | 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 | ™ ² | |

| | | | | ed Organiz | ations | | |
|---|---|---------------------|--------------------------------|------------------|--------------------------------|------------------|--|
| | | Nationwide | | | Statewide | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: | |
| Multiple Antipsychotic Medications at Discharge with Appropriate Justification 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. | 4 | 100% | 54% | 100% | 37% | |



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This organization achieved the best

This organization's performance is

similar 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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Multiple Antipsychotic

Adults Age 18 - 64

Appropriate Justification

Medications at Discharge with



National Quality Improvement Goals

| | | ed to other Joint ommission | |
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| Accredited Organ | | | |
| Explanation | Nationwide | Statewide | |
| This category of evidenced based measures assesses overall quality of care given to psychiatric patients. | the contract 2 | ○ ² | |
| | Compared to other Accredited O | | |
| | Nationwide | Statewide | |
| | This category of evidenced based measures assesses | Explanation Nationwide This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Image: Compared to other Accredited O | |

| | for comparison purposes. |
|----|-------------------------------|
| 4. | The measure meets the Privacy |
| | Disclosure Threshold rule. |

Footnote Key The Measure or Measure Set was not

 The organization scored above 90% but was below most other organizations.
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The Measure Set does not have an

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 There was no eligible excitate that most
- 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." 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.

This measure reports the number of

antipsychotic medications for which

there was an appropriate justification.

illness that markedly interferes with a

 \bigcirc

57% of

23 eligible

Patients

100%

61%

100%

72%

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

discharged on two or more

group of drugs used to treat

Construction only reports measures endorsed by the National Quality Forum.

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--- Null value or data not displayed.

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National Quality Improvement Goals

| Symbol Key | | | | | | | | | |
|--|--|--------------------------|--|---|--|---------------------------|--------------------------------|------------------|--|
| This organization achieved the best possible results | Reporting Per | iod: Ap | ril 2016 - March 2017 | | | | | | |
| This organization's performance is | | I I | | | | | | | |
| above the target range/value. This organization's performance is similar to the target range/value. | | | | | Compared to other Joint | | | | |
| O This organization's performance is | | | | | Commission Accredited Organizations | | | | |
| below the target range/value. | Measure Area | Measure Area Explanation | | | Nationwide | | Statewide | e | |
| | Hospital-Based Inpatient Psychiatric Services | | tegory of evidenced based measures as quality of care given to psychiatric patier | | (| 2 | 0 ² | | |
| Footnote Key 1. The Measure or Measure Set was not | | | | | | | | | |
| reported. | | | | Cor | npared to c Accredit | other Joint ed Organiz | | n | |
| 2. The Measure Set does not have an overall result. | | | | | lationwide | Ŭ | 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 Discharg Appropriate Justification Adults Age 65 and Olde | n Older er | This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | €€€ 4 | 100% | 55% | 100% | 45% | |
| 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. | 0.01 (7 Total Hours in Restraint) | N/A | 0.52 | N/A | 0.20 | |

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

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

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This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key The Measure or Measure Set was not

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

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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.

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

Houston Behavioral Healthcare Hospital, LLC

DBA: Houston Behavioral Healthcare Hospital, LLC, 2801 Gessner, Houston, TX



National Quality Improvement Goals

| Reporting Per | riod: April 2016 - March 2017 | | |
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| | | | o other Joint |
| | - 1 - 1 | Accredited Organizations | |
| 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 |

| | | Со | mpared to o Accredit | other Joint ed Organiz | | on |
|--|---|---|--------------------------------|---------------------------|---|---------------------------|
| Measure | Explanation | N Hospital Results | Top 10% Scored at Least: | Average Rate: | State Top 10% Scored at Least: | ewide Average Rate: |
| Hours of Physical Restraint Use Children Age 1 - 12 | This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | ND 8 | N/A | 0.34 | N/A | 0.14 |
| Hours of Physical Restraint Use Adolescents Age 13 - 17 | This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.03 (5 Total Hours in Restraint) | N/A | 0.33 | N/A | 0.25 |



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National Quality Improvement Goals

| Measure Area Explanation | | ared to other Joint Commission lited Organizations | |
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| Measure Area Explanation | Accrea | dited Organizations | |
| Measure Area Explanation | | Accredited Organizations | |
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| Hospital-Based Inpatient Psychiatric Services | es the | 2 O ² | |

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| | | | | | | Statewide | |
| Measure | Explanation | Hospital Results | Top 10% 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. | 0.00 (1 Total Hours in Restraint) | N/A | 0.59 | N/A | 0.22 | |
| Hours of Physical Restraint Use Older Adults Age 65 and Older | This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. | 0.01 (0 Total Hours in Restraint) ³ | N/A | 0.16 | N/A | 0.03 | |
| 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. | 0.08 (39 Total Hours in Seclusion) | N/A | 0.39 | N/A | 0.07 | |

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This organization achieved the best possible results
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 This organization's performance is below the target range/value.
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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.
- 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."

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Footnote Key

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The measure meets the Privacy Disclosure Threshold rule.

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National Quality Improvement Goals

| Reporting Per | iod: April 2016 - March 2017 | | |
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| | | Compared to Comm Accredited C | iission |
| 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 |

| | | Compared to other Joint Commission Accredited Organizations | | | | |
|---|---|--|---------------------------------|------|----------------------------|--------------------------|
| Measure | Explanation | N Hospital Results | lationwide Top 10% Scored | Ŭ | State Top 10% Scored | wide Average Rate: |
| Hours of Seclusion Use Children Age 1 - 12 | This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | ND 8 | at Least: N/A | 0.54 | at Least: N/A | 0.27 |
| 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. | 0.18 (32 Total Hours in Seclusion) | N/A | 0.22 | N/A | 0.12 |
| 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. | 0.02 (7 Total Hours in Seclusion) | N/A | 0.44 | N/A | 0.05 |
| Hours of Seclusion Use Older Adults Age 65 and Older | This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving. | 0.00 (0 Total Hours in Seclusion) | N/A | 0.06 | N/A | 0.03 |

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