

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



# **Summary of Quality Information**

1	Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Behavioral Health Care and Human Services	Accredited	7/8/2021	7/7/2021	7/7/2021
	🮯 Hospital	Accredited	7/10/2021	7/9/2021	3/6/2023

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

		Compared to other Joint Commission Accredit Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2021National Patient Safety Goals	Ø	<sup>*</sup>	
Hospital	2021National Patient Safety Goals	Ø	*	
	National Quality Improvement Goals:			
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 °	<b>1</b>	

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

#### Symbol Key

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

#### **Footnote Key**

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
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- **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
Houston Behavioral Healthcare Hospital * DBA: Houston Behavioral Healthcare Hospital 2801 Gessner Rd Houston, TX 77080	Other Clinics/Practices located at this site: • Inpatient Services; Partial Hospital Program; Intensive Outp Services: • Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) • Community Integration (Non 24 Hour Care)

- Community Integration (Non 24 Hour Care)
- Family Support (Non 24 Hour Care)

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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 Sefert Code

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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# **2021 National Patient Safety Goals**

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	Ø
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

#### Symbol Key

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

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# **National Quality Improvement Goals**

Reporting Period: April 2020 - March 2021

#### 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.
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		Compared to Comm	nission
		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 <sup>2</sup>	<b>2</b>

	Compared to other Joint Com Accredited Organizatio		ations				
		1	lationwide		State	ewide	
bstance use disorder, uma and patient strengths mpleted - Overall Rate 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 jot	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	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	98% of 1110 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								
This organization achieved the best possible results	Reporting Peri	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.					Corr	pared to c Commiss	other Joint sion	
This organization's performance is below the target range/value.					Accr		anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	2
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patien		<b>(</b>	2	<b>O</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor		other Joint ed Organiz	Commissio zations	n
The Measure Set does not have an				N	Vationwide	ou organiz	State	wide
werall 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:	Avera Rate
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence	risk,	This measure reports the number of					

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

- The Measure results are not statistically valid.
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children age (1-12 years) screened substance use disorder, for violence risk to self and others, trauma and patient strengths substance and alcohol use, completed - Children (1-12 psychological trauma history and years) 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  $\bigcirc$ are likely to harm others. Screening for substance and alcohol use 97% 100% 100% 98% determines if patients need help for 99% of their use. Screening for 72 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.

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# **National Quality Improvement Goals**

bol Key					
anization achieved the best results	Reporting Pe	riod: April 2020 - March 2021			
ganization's performance is the target range/value.		-			
rganization's performance is r to the target range/value.					l to other Joint mission
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.				pared to other Jo Accredited Org	oint Commission
Measure Set does not have an				tionwide	Statewid
all result.	Measure	Explanation	Hospital 1	Fop 10% Avera	age Top 10% Av

5.	The number of patients is not enough
	for comparison purposes.
1	

- 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.
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Results Scored Rate: Scored Rate: at Least: at Least: Assessment of violence risk, This measure reports the number of adolescent age (13-17 years) substance use disorder, screened for violence risk to self and trauma and patient strengths others, substance and alcohol use, completed - Adolescent (13-17 psychological trauma history and years) 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 Ð for substance and alcohol use 100% 97% 100% 98% determines if patients need help for 99% of their use. Screening for 298 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.

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Assessment of violence risk,

trauma and patient strengths

substance use disorder,

completed - Adult (18-64

years)

at Least:

100%

95%

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97% of

634 eligible

Patients

at Least:

100%

95%



# **National Quality Improvement Goals**

Symbol Key						
his organization achieved the best ossible results	Reporting Per	riod: April 2020 - March 2021				
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This organization's performance is similar to the target range/value.			Com	pared to ot Commiss		
This organization's performance is below the target range/value.			Accre	edited Orga		
Not displayed	Measure Area	Explanation	Nationwic	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assess overall quality of care given to psychiatric patients.	ses the	2	<b>○</b> <sup>2</sup>	
The Measure or Measure Set was not eported.			Compared to o Accredite	other Joint ( ed Organiza		on
The Measure Set does not have an overall result.			Nationwide		State	ewiq
The number of patients is not enough	Measure	· · · · · · · · · · · · · · · · · · ·	ospital Top 10% esults Scored	Average Rate:	Top 10% Scored	Av F

This measure reports the number of

adults age (18-64 years) screened

for violence risk to self and others,

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

patient strengths. Screening for

substance and alcohol use,

patients are likely to harm

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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the patient recover.

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trauma and patient strengths

years)

completed - Older Adult (>= 65



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This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com			
This organization's performance is below the target range/value.					Accredited Organizations			
Not displayed	Measure Area		Explanation		Nationwic	le	Statewide	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patien		@ <sup>2</sup>		<b>0</b> <sup>2</sup>	
, i i i i i i i i i i i i i i i i i i i								
The Measure or Measure Set was not reported.				Cor		other Joint ( ed Organiza	Commissior zations	n
The Measure Set does not have an overall result.			1	N	Vationwide		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 older adult (>= 65 years) screened		at Least.		at Least.	

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.
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risk to others determines if patients  $\bigcirc$ are likely to harm others. Screening for substance and alcohol use 87% 100% 95% 100% determines if patients need help for 96% of their use. Screening for 106 eliaible 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.

for violence risk to self and others,

psychological trauma history and

violence risk to self determines if

themselves. Screening for violence

patient strengths. Screening for

substance and alcohol use,

patients are likely to harm

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# **National Quality Improvement Goals**

Reporting Period: Ap	ril 2020 - March 2021					
				Commis	other Joint sion janizations	
Measure Area	Explanation		Nationwi		Statewide	Э
	tegory of evidenced based measures a quality of care given to psychiatric patie			2	<b>∞</b> <sup>2</sup>	
				other Joint ed Organiz	Commissic zations State	
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
Multiple Antipsychotic Medications at Discharge with 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.	48% of 140 eligible Patients	100%	59%	100%	63
Aultiple Antipsychotic Aedications at Discharge with 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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>€</b>	100%	42%	100%	55

above the target range/value. This organization's performanc similar to the target range/valu

This organization's performan

Symbol Key This organization achieved the possible results

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

Not displayed

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The Measure Set does not have an

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

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### Houston Behavioral Healthcare Hospital, LLC

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# **National Quality Improvement Goals**

Symbol Key				
his organization achieved the best ossible results	Reporting Per	iod: April 2020 - March 2021		
his organization's performance is bove the target range/value.		•		
This organization's performance is similar to the target range/value.			the second se	to other Joint nission
This organization's performance is below the target range/value.			Accredited (	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 reported.		Cor	npared to other Jo Accredited Orga	

		Accredited Organizations				
		1	Vationwide		State	wide
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 to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	38% of 13 eligible Patients	100%	47%	100%	53%

For further information

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

the denominator criteria.

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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

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Footnote Key

The Measure or Measure Set was not

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

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Reporting Per	iod: April 2020 - March 2021					
				Commis	other Joint sion janizations	
Measure Area	Explanation		Nationwic	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asse overall quality of care given to psychiatric patients					
		Cor	npared to other Joint Commission Accredited Organizations			
			lationwide		State	
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Ave

The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul>	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a 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 Clozanine	G 46% of 113 eligible Patients	100%	60%	100%	65%

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This organization's performance is		2020 March 2021						
<ul> <li>above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> </ul>				Con	npared to c Commiss			
O This organization's performance is below the target range/value.				Accr	Accredited Organizations			
Not displayed	Measure Area	Explanation		Nationwi	Ŭ	Statewide		
Footnote Key	Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.				2			
The Measure or Measure Set was not reported.     The Measure Set does not have an				Accredit	other Joint ed Organiz			
<ul><li>overall result.</li><li>The number of patients is not enough for comparison purposes.</li></ul>	Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:		ewide Average Rate:	
<ol> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ol>	Multiple Antipsychotic Medications at Discharge with 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.	71% of 14 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 Restraint Use per 1000 Patient Hours - 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.	0.0200 (18 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

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

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.

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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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### Houston Behavioral Healthcare Hospital, LLC

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



# **National Quality Improvement Goals**

Symbol Rey				
This organization achieved the best possible results	Reporting Pe	eriod: 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.			Accredited C	Organizations
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.	@ <sup>2</sup>	2 <sup>2</sup>
Footnote Key	Cervices			
The Measure or Measure Set was not		Cor	npared to other Joi	int Commission

		Со	mpared to o Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Vationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.0037 (0 Total Hours in Restraint) <sup>3</sup>	N/A	0.3472	N/A	0.1892
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.	0.0087 (2 Total Hours in Restraint)	N/A	0.2485	N/A	0.1751



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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

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Footnote Key

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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

The Measure results are based on a

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

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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."

The measure meets the Privacy Disclosure Threshold rule.

### 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.	<b>⊘</b> <sup>2</sup>	<b>⊘</b> <sup>2</sup>

		Accredited Organizations					
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:	
Hours of Physical Restraint Use 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.	0.0259 (15 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.	0.0000 (0 Total Hours in Restraint)	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.	0.1036 (92 Total Hours in Seclusion)	N/A	0.4419	N/A	0.9229	

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

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### Houston Behavioral Healthcare Hospital, LLC

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



# **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Peri	od: 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.				Com	npared to o Commiss		
This organization's performance is below the target range/value.				Accr	edited Orga		
Not displayed	Measure Area Explanation			Nationwide		Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		@ <sup>2</sup>		<b>⊘</b> <sup>2</sup>	
The Measure or Measure Set was not reported.			Со	mpared to c	other Joint ed Organiz		on
The Measure Set does not have an			N	Vationwide		State	wide
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	Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12	0				

- 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.
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- the denominator criteria.

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

Hours of Seclusion Use Children Age 1 - 12	his 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.	0.0000 (0 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.	0.0512 (13 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.	0.1321 (79 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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