

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: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



Summary of Quality Information

Symbol Key 1



Footnote Key

- The Measure or Measure Set was not reported.
 The Measure Set does not have an
- 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
Behavioral Health Care and Human Services	Accredited	7/17/2019	5/11/2022	5/11/2022
🮯 Hospital	Accredited	7/19/2019	5/13/2022	6/27/2022

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

		Compared to other Joint Commission Accredited Organizations				
		Nationwide	Statewide			
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	⁽¹⁰⁾ *			
Hospital	2019National Patient Safety Goals	\bigotimes	*			
	National Quality Improvement Goals:					
Reporting Period: Apr 2020 - Mar 2021	Hospital-Based Inpatient Psychiatric Services	2 °	2 °			

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

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



Locations of Care

* Primary Location

Locations of Care	Available Services
Bakersfield Behavioral Healthcare Hospital, LLC * DBA: Bakersfield Behavioral Healthcare Hospital 5201 White Lane Bakersfield, CA 93309	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)

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



2019 National Patient Safety Goals

Behavioral Health Care and Human Services

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

Symbol Key 3

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

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



2019 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	\bigcirc
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	\bigotimes
	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
	Preventing Infections that are difficult to treat	\bigotimes
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ
	Preventing Surgical Site Infections	\bigotimes
	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	\bigcirc

Symbol Key 3

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

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



National Quality Improvement Goals

Reporting Peri	iod: April 2020 - March 2021		
			o other Joint
		Accredited C	nission 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

		Cor	npared to c Accredit	other Joint ed Organiz		on
		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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 624 eligible Patients	100%	96%	100%	96%

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 2

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

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 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.

Symbol Key 2 This organization achieved the bes

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Bakersfield Behavioral Healthcare Hospital, LLC

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



National Quality Improvement Goals

Symbol Key 2							
is organization achieved the best ssible results	Reporting Pe	riod: April 2020 - March 2021					
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lot displayed	Measure Area	Explanation		Nationwi	de	Statewide	е
Tootnoto Voy	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patie		(2	№ ²	
ootnote Key He Measure or Measure Set was not ported.			Сс	ompared to c	other Joint ed Organiz		bn
ne Measure Set does not have an				Nationwide	eu Organiz	State	ewi
erall result. te number of patients is not enough r comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:		A
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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.''**

Assessment of violence risk, This measure reports the number of 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 are likely to harm others. Screening Ð for substance and alcohol use 97% 100% 100% 100% determines if patients need help for 99% of their use. Screening for 162 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.

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

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Bakersfield Behavioral Healthcare Hospital, LLC

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National Quality Improvement Goals

Symbol Key 2							
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ot displayed	Measure Area	Explanation		Nationwic	de	Statewide	е
ootnote Key	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		(2	O ²	
ne Measure or Measure Set was not ported.			Cor	npared to o	ther Joint (ed Organiz		on
he Measure Set does not have an			N	lationwide	su Organiz	State	ewid
erall result.	Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate	Top 10% Scored	Ave R

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.
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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 97% 100% 100% 99% determines if patients need help for 99% of their use. Screening for 206 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.

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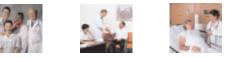
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Bakersfield Behavioral Healthcare Hospital, LLC

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA

Org ID: 587122



National Quality Improvement Goals

Symbol Key 2								
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.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accre	edited Org		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewid	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		0	2	O ²	
The Measure or Measure Set was not reported.			1			other Joint ed Organiz	ations	
overall result.	Measure		Explanation		Nationwide	Average		wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	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	Assessment of violence substance use disorder, trauma and patient stren completed - Adult (18-6- years)	, ngths	This measure reports the number of adults age (18-64 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					

100% of

211 eligible

Patients

100%

95%

100%

94%

- data is below the reporting require 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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the patient recover.

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

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

housing, etc. which are used to help

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

Bakersfield Behavioral Healthcare Hospital, LLC

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



National Quality Improvement Goals

Symbol Key 2								
This organization achieved the best possible results	Reporting Period: A	pril 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.				Accr	redited Org			
Not displayed	Measure Area	Explanation		Nationwi	de	Statewide	е	
		Inpatient Psychiatric overall quality of care given to psychiatric patients.					2	
Footnote Key	Services							
The Measure or Measure Set was not reported.			Cor			Commissio	bn	
The Measure Set does not have an			N	Accredited Organizations Nationwide Statewide				
overall result. The number of patients is not enough	Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Averag	
for comparison purposes.			Results	Scored at Least:	Rate:	Scored at Least:	Rate:	
The measure meets the Privacy Disclosure Threshold rule.	Assessment of violence 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 strengths	older adult (>= 65 years) screened for violence risk to self and others,						
The Measure results are not statistically valid.	completed - Older Adult (>= 65 years)	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		risk to others determines if patients are likely to harm others. Screening	\bigcirc					
suppressed pending resubmission of updated data.		for substance and alcohol use	•	100%	95%	100%	97%	
Test Measure: a measure being		determines if patients need help for their use. Screening for	100% of 45 eligible	100				
evaluated for reliability of the individual data elements or awaiting		psychological trauma history	Patients					
National Quality Forum Endorsement.		determines if patients have experienced terrible events in their						
There were no eligible patients that met		experienced temple events in their						

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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National Quality Improvement Goals

Symbol Key 2									
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.		r i r							
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.					Accr		anizations		
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	Э	
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		(2	№ ²		
1. The Measure or Measure Set was not reported.				Co	mpared to c Accredit	other Joint ed Organiz		on	
2. The Measure Set does not have an overall result.			-		Vationwide		State	ewide	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Iop 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 	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.	100% of 31 eligible Patients	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 medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	ND ⁴	100%	42%	3	3	



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 2 This organization achieved the best

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Bakersfield Behavioral Healthcare Hospital, LLC

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA

Org ID: 587122



National Quality Improvement Goals

Symbol Key 2							
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.		Compared to other Joint Commission					
This organization's performance is below the target range/value.					dited Orga		
Not displayed	Measure Area	Explanation		Nationwide	2	Statewide	
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures asso overall quality of care given to psychiatric patients		2	:	⊘ ²	
Footnote Key	OCIVICCS						
The Measure or Measure Set was not reported.			Com	npared to oth Accredited			n
The Measure Set does not have an			Na	ationwide		Statev	wide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Results	· · · · · · · · · · · · · · · · · · ·	Average Rate:	Top 10% Scored at Least:	Averaç Rate
The measure meets the Privacy Disclosure Threshold rule.	Multiple Antipsychotic	This measure reports the number of		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.
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to reduce the number of

patients age 13 through 17 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

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

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Medications at Discharge with

Appropriate Justification

Adolescents Age 13 - 17

47%

100%

66%

100%

100% of

6 eliaible

Patients

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Bakersfield Behavioral Healthcare Hospital, LLC

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National Quality Improvement Goals

Symbol Key 2								
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.					Corr	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		0	2	○ 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				N				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 valid.	Multiple Antipsychotic Medications at Discharg 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.					

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

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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

illness that markedly interferes with a

group of drugs used to treat

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

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60%

100%

100% of

22 eligible

Patients

61%

100%

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National Quality Improvement Goals

Symbol Key 2										
This organization achieved the best possible results	Reporting Peri	iod: Ap	ril 2020 - March 2021							
 above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is below the target range/value. Not displayed 	Measure Area Explanation Measure Area Hospital-Based This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. Inpatient Psychiatric				Accr Nationwi	Compared to other Joint Commission Accredited Organizations Nationwide Statewide Image: 2 2		e		
 Footnote Key The Measure or Measure Set was not reported. The Measure Set does not have an overall result. 	Comp				lationwide	ed Organiz	ations State	ls Statewide		
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:	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	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 ⁴	100%	55%	100%	72%		
For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restra Use per 1000 Patient Ho 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.	0.12 (61 Total Hours in Restraint)	N/A	0.86	N/A	2.33		

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 2 This organization achieved the best

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

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."

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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.

Bakersfield Behavioral Healthcare Hospital, LLC

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



National Quality Improvement Goals

Symbol Key 2				
This organization achieved the best possible results	Reporting Per	iod: April 2020 - March 2021		
This organization's performance is above the target range/value.		•		
This organization's performance is similar to the target range/value.				to other Joint mission
This organization's performance is below the target range/value.				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.	™ ²	⊘ ²
Footnote Key	Gervices			
The Measure or Measure Set was not		Cor	mpared to other Jo	int Commissio

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Hours of 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.	0.12 (5 Total Hours in Restraint)	N/A	0.35	N/A	0.18
Hours of Physical Restraint Jse 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.	0.19 (38 Total Hours in Restraint)	N/A	0.25	N/A	0.43



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DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



National Quality Improvement Goals

Report	Period: April 2020 - March 2021			
		Compared to other Commission Accredited Organiza		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Base Inpatient Psyc Services	This category of evidenced based measures assesses overall quality of care given to psychiatric patients.	the 2	○ ²	
		Compared to other Jo Accredited Orga Nationwide		

		Accredited Organizations				
Measure	Explanation	N Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	0.07 (17 Total Hours in Restraint)	N/A	1.06	N/A	2.72
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.01 (0 Total Hours in Restraint) ³	N/A	0.10	N/A	0.30
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.	0.34 (175 Total Hours in Seclusion)	N/A	0.44	N/A	0.73

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

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The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

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Bakersfield Behavioral Healthcare Hospital, LLC

DBA: Bakersfield Behavioral Healthcare Hospital, 5201 White Lane, Bakersfield, CA



National Quality Improvement Goals

Sjiiisof iteg 2				
This organization achieved the best possible results	Reporting Per	iod: 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	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	№ ²	™ ²
Footnote Key	Services			-

		Compared to other Joint Commission				
		Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results		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.	0.42 (17 Total Hours in Seclusion)	N/A	0.40	N/A	0.20
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.	0.30 (60 Total Hours in Seclusion)	N/A	0.19	N/A	0.29
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.	0.38 (97 Total Hours in Seclusion)	N/A	0.53	N/A	0.82
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.05 (1 Total Hours in Seclusion) ³	N/A	0.07	N/A	0.29



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