

# 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**

S١	m	bol	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.
- 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."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	5/12/2022	5/11/2022	5/11/2022
🮯 Hospital	Accredited	5/14/2022	5/13/2022	12/8/2022

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

		Compared to other Joint Commission Accred Organizations		
		Nationwide	Statewide	
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	<del>ن</del> ه *	
Hospital	2022National 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)

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## **2022** National Patient Safety Goals

### **Behavioral Health Care and Human Services**

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

#### Symbol Key

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

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

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## **2022 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 Reconciling Medication Information	(V) (V)
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	$\bigotimes$
	Performing a Time-Out	V

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

Org ID: 587122



## **National Quality Improvement Goals**

Reporting Peri	iod: April 2020 - March 2021		
		Comm	o other Joint hission Drganizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	@ <sup>2</sup>	<b>2</b>

		Cor	npared to o Accredit	other Joint ed Organiz		on
		١	lationwide			wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	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

---- 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

- 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.

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

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#### Bakersfield Behavioral Healthcare Hospital, LLC

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### **National Quality Improvement Goals**

Symbol Key						
his organization achieved the best ossible results	Reporting Per	riod: April 2020 - March 2021				
his organization's performance is bove the target range/value.						
This organization's performance is imilar to the target range/value.				the second se	to other Joint nission	
This organization's performance is pelow the target range/value.					Organizations	
Not displayed	Measure Area	Explanation		Nationwide	Statewide	e
	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patien		@ <sup>2</sup>	<b>⊘</b> <sup>2</sup>	
Footnote Key	Services					
The Measure or Measure Set was not eported.			Cor	mpared to other Jo Accredited Orga		on
The Measure Set does not have an		· · · · · · · · · · · · · · · · · · ·	N	Vationwide		ewide
overall result.	Measure	Explanation	Hospital	Top 10% Averag	ge Top 10%	Avera
The number of patients is not enough for comparison purposes.			Results	Scored Rate	e: Scored	Rat

	for comparison purposes.
4.	The measure meets the Privac
	Disclosure Threshold rule.

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

- valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement. 9.
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- 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.''** 

at Least at Least 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.

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

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### Bakersfield Behavioral Healthcare Hospital, LLC

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Org ID: 587122



## **National Quality Improvement Goals**

Symbol Key						
his organization achieved the best ossible results	Reporting Pe	riod: April 2020 - March 2021				
his organization's performance is bove the target range/value.						
This organization's performance is imilar to the target range/value.					ared to other Joi Commission	nt
This organization's performance is below the target range/value.				-	ited Organization	าร
Not displayed	Measure Area	Explanation		Nationwide	Statev	/ide
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures as overall quality of care given to psychiatric patier		<b>№</b> <sup>2</sup>		2
Footnote Key	Services					
he Measure or Measure Set was not eported.			Con		er Joint Commis Organizations	sion
The Measure Set does not have an overall result.			N	ationwide		atewi
be number of patients is not enough	Measure	Explanation	Hospital	Top 10% A	verage Top 10	% A

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.
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- the denominator criteria.

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		Cor	npared to c Accredite	other Joint ed Organiz		'n
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	99% of 206 eligible Patients	100%	97%	100%	99%

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

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#### Bakersfield Behavioral Healthcare Hospital, LLC

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### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	riod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr		Organizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie		0	2	<b>O</b> <sup>2</sup>	
The Measure or Measure Set was not reported. The Measure Set does not have an overall result. The number of patients is not enough for comparison purposes.	Measure		Explanation		Nationwide Top 10% Scored	ed Organiz	ations State Top 10% Scored	wide
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.	Assessment of violence substance use disorder trauma and patient stre completed - Adult (18-6 years)	r, engths	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 for substance and alcohol use	C	at Least:	95%	at Least:	94%

- 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."

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

the patient recover.

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

their use. Screening for

psychological trauma history

determines if patients have

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

100%

100% of

211 eligible Patients

95%

100%

94%

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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								
This organization achieved the best possible results	Reporting Per	iod: Ap	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	pared to o Commiss		
This organization's performance is below the target range/value.					Accredited Organizations			
Not displayed	Measure Area		Explanation		Nationwi	Nationwide		Э
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie			2	<b>⊘</b> <sup>2</sup>	
Footnote Key The Measure or Measure Set was not						41	0	
reported.				Co	mpared to c	other Joint ed Organiz		on
The Measure Set does not have an overall result.					Nationwide		State	ewide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
The measure meets the Privacy	Assessment of violence	rick	This measure reports the number of		at Least:		at Least:	
Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	substance use disorder trauma and patient stre completed - Older Adult	, ngths	for violence risk to self and others, substance and alcohol use, psychological trauma history and					
valid. The Measure results are based on a sample of patients.	years)		patient strengths. Screening for violence risk to self determines if patients are likely to harm					
The number of months with Measure data is below the reporting requirement. The measure results are temporarily			themselves. Screening for violence risk to others determines if patients	0				
suppressed pending resubmission of updated data.			are likely to harm others. Screening for substance and alcohol use determines if patients need help for	100% of	100%	95%	100%	97%

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.

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the patient recover.

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

their use. Screening for

psychological trauma history

determines if patients have

100% of

45 eligible

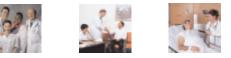
Patients

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

### Bakersfield Behavioral Healthcare Hospital, LLC

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## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Perio	od: Api	ril 2020 - March 2021					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to c Commis		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Mot displayed	Measure Area		Explanation		Nationwi	de	Statewide	Э
Easterate Var			egory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>™</b> <sup>2</sup>	
Footnote Key           1.         The Measure or Measure Set was not				Co	mpored to c	ther loint	Commissis	
reported.				Col	mpared to o Accredit	ed Organiz		pri
2. The Measure Set does not have an overall result.	Measure		Explanation	N Hospital	Vationwide	Average	State Top 10%	wide
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Results	Scored	Rate:	Scored	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</li> </ol>	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.	NO% of 31 eligible Patients	at Least:	59%	at Least:	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 Discharge 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.	€€€ <sup>4</sup>	100%	42%	3	3



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

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#### Bakersfield Behavioral Healthcare Hospital, LLC

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## **National Quality Improvement Goals**

Symbol Key	1							
This organization achieved the best possible results	Reporting Perio	od: Ap	ril 2020 - March 2021					
his organization's performance is bove the target range/value.								
his organization's performance is milar to the target range/value.	1				Com	npared to o Commiss		
his organization's performance is elow the target range/value.	I	Measure Area Explanation					anizations	
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patien		0	2	<b>O</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Cor	mpared to o Accredite	other Joint ( ed Organiz		on
The Measure Set does not have an werall result.	1		<b>/</b>	N	Nationwide			ewide
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Scored	Average Rate:	Scored	Average Rate:
he measure meets the Privacy bisclosure Threshold rule. he organization scored above 90% but as below most other organizations.	Multiple Antipsychotic Medications at Discharge Appropriate Justification	∍ with	This measure reports the number of patients age 13 through 17 years discharged on two or more		at Least:		at Least:	

antipsychotic medications for which

Antipsychotic medications are a

psychosis. Psychosis is a mental

person's capacity to meet life's

justifications include previous

everyday demands. Appropriate

attempts to control psychosis with

antipsychotic medications to one

antipsychotic medication or the

addition of an antipsychotic medication when the patient is also being treated with Clozapine.

one antipsychotic medication, a plan

group of drugs used to treat

there was an appropriate justification.

illness that markedly interferes with a

#### Disclosure Threshold rule. 5. The organization scored above 90% 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.
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to reduce the number of

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

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Adolescents Age 13 - 17

47%

100%

66%

100%

100% of

6 eliaible

Patients

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sample of patients.

updated data.

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## **National Quality Improvement Goals**

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This organization's performance is similar to the target range/value.					Con	npared to c Commiss		
This organization's performance is below the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>0</b> <sup>2</sup>	
he Measure or Measure Set was not eported. The Measure Set does not have an						other Joint ed Organiz	ations	
werall result.	Measure		Evalenction		Vationwide Top 10%	Average	State	
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave Ra
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically 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. Antipsychotic medications are a					

#### The Measure Set does not have an The number of patients is not enoug The organization scored above 90% was below most other organizations The Measure results are not statistic The Measure results are based on a group of drugs used to treat psychosis. Psychosis is a mental The number of months with Measure illness that markedly interferes with a data is below the reporting requirement. person's capacity to meet life's The measure results are temporarily everyday demands. Appropriate 100% of suppressed pending resubmission of justifications include previous 22 eligible Patients attempts to control psychosis with one antipsychotic medication, a plan

- 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.

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

Null value or data not displayed.

60%

100%

61%

100%

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### **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best	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		
O This organization's performance is below the target range/value.					Accr	edited Org	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		<b>(</b>	2	<b>○</b> <sup>2</sup>	
<b>Footnote Key</b> <b>1.</b> The Measure or Measure Set was not	00111003							
<ol> <li>The Measure or Measure Set was not reported.</li> <li>The Measure Set does not have an</li> </ol>						other Joint ed Organiz	ations	
<ol> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure		Explanation	N Hospital Results	Scored	Average Rate:	Top 10% Scored	wide 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 Discharg Appropriate Justification Adults Age 65 and Olde	n 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.	ero 4	at Least:	55%	at Least: 100%	72%
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.	0.1194 (61 Total Hours in Restraint)	N/A	0.8583	N/A	2.3303



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

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

overall result.

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sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

The Measure Set does not have an

The number of patients is not enough for comparison purposes.

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

The Measure results are based on a

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

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

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

The measure meets the Privacy Disclosure Threshold rule.

### Bakersfield Behavioral Healthcare Hospital, LLC

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



### **National Quality Improvement Goals**

Symbol Key				
s organization achieved the best sible results	Reporting Per	riod: April 2020 - March 2021		
is organization's performance is over the target range/value.		•		
nis organization's performance is night ni				to other Joint nission
his organization's performance is elow the target range/value.			Accredited Organizations	
t 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>
ootnote Key	Services			
e Measure or Measure Set was not ported.		Cor	npared to other Jo	

		Compared to other Joint Commission 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 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.	0.1220 (5 Total Hours in Restraint)	N/A	0.3472	N/A	0.1767		
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.	0.1910 (38 Total Hours in Restraint)	N/A	0.2485	N/A	0.4257		



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### Bakersfield Behavioral Healthcare Hospital, LLC

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### **National Quality Improvement Goals**

IIIDOI Key						
ganization achieved the best e results	Reporting Per	riod: April 2020 - March 2021				
organization's performance is e the target range/value.		•				
s organization's performance is illustrian in the target range/value.				to other Joint nission		
is organization's performance is owned to be a set of the set of t				Accredited Organizations		
displayed	Measure Area	Explanation	Nationwide	Statewide		
aturata Vari	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>		
otnote Key Measure or Measure Set was not ted. Measure Set does not have an			mpared to other Jo Accredited Orga	anizations		
e Measure Set does not have an erall result.		N	Vationwide	Statev		

		Nationwide Statewide					
Measure	Explanation	Hospital	lationwide	Average			
Measure	Explanation	Results	Scored at Least:	Rate:	Scored at Least:	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.	0.0682 (17 Total Hours in Restraint)	N/A	1.0605	N/A	2.7249	
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.	0.0115 (0 Total Hours in Restraint) <sup>3</sup>	N/A	0.0961	N/A	0.2988	
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.	0.3437 (175 Total Hours in Seclusion)	N/A	0.4419	N/A	0.7282	

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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.

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**

Symbol Key				
This organization achieved the best possible results	Reporting Per	riod: April 2020 - March 2021		
his organization's performance is bove the target range/value.		•		
his organization's performance is imilar to the target range/value.				o other Joint
his organization's performance is elow the target range/value.				Organizations
lot 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>	<b>⊘</b> ²
Footnote Key				
The Measure or Measure Set was not		Cor	npared to other Joi	int Commission

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	N Hospital Results	Vationwide Top 10% Scored	Average Rate:	State Top 10% Scored	wide Average Rate:	
		Results	at Least:	Nale.	at Least:	Nate.	
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.	0.4166 (17 Total Hours in Seclusion)	N/A	0.4020	N/A	0.1958	
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.	0.3003 (60 Total Hours in Seclusion)	N/A	0.1948	N/A	0.2942	
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.	0.3835 (97 Total Hours in Seclusion)	N/A	0.5260	N/A	0.8151	
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.	0.0490 (1 Total Hours in Seclusion) <sup>3</sup>	N/A	0.0678	N/A	0.2940	

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