

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

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

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Behavioral Health Care and Human Services	2022National Patient Safety Goals	Ø	ن ه *
Hospital	2022National Patient Safety Goals	\bigotimes	()) *
	National Quality Improvement Goals:		
Reporting Period: Jan 2022 - Dec 2022	Hospital-Based Inpatient Psychiatric Services	2 °	2 °

Symbol Kev

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

Footnote Key

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

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



Locations of Care

* Primary Location

Bakersfield Behavioral Healthcare Hospital, LLC * Services: DBA: Bakersfield Behavioral Healthcare Hospital 5201 White Lane Behavioral Health (Day Programs - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) (Partial Hospitalization - Adult/Child/Youth) 5201 White Lane Correctional/Eorensic – Mental Health Services (Non 24 Hour Care)		Locations of Care	Available Services
Bakersfield, CA 93309 - Adult)	Hea LLC DB Bet Hos 520	althcare Hospital, C * A: Bakersfield navioral Healthcare spital D1 White Lane	 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) Correctional/Forensic – Mental Health Services (Non 24 Hour Care

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



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.

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



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.

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



National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

			o other Joint hission
		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	⊘ ²

			mpared to o Accredit Nationwide	other Joint ed Organiz	zations	on wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:		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.	92% of 636 eligible Patients	100%	95%	100%	92%

This information can also be viewed at https://hospitalcompare.io/ --- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than 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.
- 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.
- **12.** The measure rate is within optimal range.

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



National Quality Improvement Goals

					1	
Reporting Peri	: January 2022 - December 2022					
Measure Area Hospital-Based Inpatient Psychiatric Services	Explanation his category of evidenced based measures as rerall quality of care given to psychiatric patien				sion	е
			mpared to o Accredit Nationwide	other Joint ed Organiz		
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Ave Ra
Assessment of violence substance use disorder, trauma and patient stren completed - Children (1- years)	children age (1-12 years) screened	89% of 161 eligible Patients	100%	97%	100%	98

such as family support, a steady job,

housing, etc. which are used to help

the patient recover.

* This information can also be viewed at https://hospitalcompare.io/ ---- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than 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.
- 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.
- 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.
- **12.** The measure rate is within optimal range.

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



National Quality Improvement Goals

Reporting Per	iod: January 2022 - December 2022		
			o other Joint hission 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

				other Joint ed Organiz	ations	
Measure	Explanation	N Hospital Results	Jationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide 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.	91% of 231 eligible Patients	100%	96%	100%	98%

* This information can also be viewed at https://hospitalcompare.io/ ---- Null value or data not displayed.

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than 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.
- 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.
- 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.
- **12.** The measure rate is within optimal range.

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



National Quality Improvement Goals

Reporting Peri	d: January 2022 - December 2022					
Measure Area	Explanation			npared to o Commiss redited Org de	sion	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patie		0	2	⊘ ²	
				other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	ewide Ave Ra
Assessment of violence substance use disorder, trauma and patient strer completed - Adult (18-64 years)	adults age (18-64 years) screened	97% of 191 eligible Patients	100%	94%	100%	38

* This information can also be viewed at https://hospitalcompare.io/ ---- Null value or data not displayed.

the patient recover.

Symbol Key

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than 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.
- 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.
- 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.
- **12.** The measure rate is within optimal range.

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



National Quality Improvement Goals

				npared to c Commise	sion	
Measure Area	Evelopetion		Accr Nationwi	edited Org		
Hospital-Based Inpatient Psychiatric Services	Explanation This category of evidenced based mean overall quality of care given to psychiat				Statewide	3
		Co	ompared to o Accredit	other Joint ed Organiz	ations	
Measure	Explanation	Hospital Results	Nationwide Top Perform er Threshol d:	Average Rate:	State Top Perform er Threshol d:	ewide Avera Rate
Assessment of violence ubstance use disorder, rauma and patient strer ompleted - Older Adult ears)	older adult (>= 65 years) screer for violence risk to self and othe	ed rs, d if ncce ents hing o for 87% of 53 eligible Patients Patients eir ul or neir ul or neir gs / job,	100%	95%	100%	93%

* This information can also be viewed at https://hospitalcompare.io/

This organization achieved the best possible results
 This organization's performance is better than the target range/value.
 This organization's performance is similar to the target range/value.
 This organization's performance is worse than 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.
- 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.
- 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.
- **12.** The measure rate is within optimal range.

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	Reporting Per	iod: Jan	uary 2022 - December 2022					
This organization's performance is better than 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 worse than the target range/value.					Accr	edited Org	anizations	
Mot 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 patier		0	2	○ ²	
Footnote Key 1. The Measure or Measure Set was not				Cor	npared to c	other Joint	Commissio	'n
reported.2. The Measure Set does not have an						ed Organiz		
overall result.3. The number of patients is not enough	Measure		Explanation	Hospital	Тор	Average	Тор	Average
for comparison purposes.4. The measure meets the Privacy				Results	Perform er	Rate:	Perform er	Rate:
5. The organization scored above 90% but					Threshol d:		Threshol d:	
 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 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.	2 76% of 37 eligible Patients	100%	47%	100%	22%
12. The measure rate is within optimal range. 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.	33% of 6 eligible Patients	100%	21%		3

This information can also be viewed at https://hospitalcompare.io/

Null value or data not displayed. ____

Symbol Key

Ð

 \odot

1. reported.

2.

Bakersfield Behavioral Healthcare Hospital, LLC

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



National Quality Improvement Goals

This organization achieved the best possible results	Reporting Per	riod: January 2022 - December 2022					
This organization's performance is better than the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to of Commiss		
This organization's performance is worse than the target range/value.				Accr	edited Orga	nizations	6
Not displayed	Measure Area	Explanation		Nationwi	de	Statewic	de
	Hospital-Based Inpatient Psychiatric	This category of evidenced based measures as overall quality of care given to psychiatric patient		(2	™ 2	2
Footnote Key	Services					-	
• The Measure or Measure Set was not reported.			Cor		other Joint (ed Organiza		ion
The Measure Set does not have an overall result.			N	lationwide			tewide
The number of petients is not enough	Measure	Explanation	Hospital	Тор	Average	Тор	Avera

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.
- 12. The measure rate is within optimal range.

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

age Results Perform Rate: Perform Rate: er er Threshol Threshol d: d: **Multiple Antipsychotic** This measure reports the number of Medications at Discharge with patients age 13 through 17 years discharged on two or more Appropriate Justification antipsychotic medications for which Adolescents Age 13 - 17 there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental \bigcirc illness that markedly interferes with a person's capacity to meet life's 100% 24% 100% 53% everyday demands. Appropriate 63% of 8 eligible Patients 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.

This information can also be viewed at https://hospitalcompare.io/ Null value or data not displayed. ____

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



National Quality Improvement Goals

Reporting Per	riod: January 2022 - December 2022		
		· · · · · · · · · · · · · · · · · · ·	o other Joint hission 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 other Joi	nt Commission

			mpared to o Accredit Nationwide	other Joint ed Organiz	zations	on ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:
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 medication the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	95% of 21 eligible Patients	100%	50%	100%	21%

* This information can also be viewed at https://hospitalcompare.io/ ---- Null value or data not displayed.

Symbol Key

0	This organization achieved the best possible results
•	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Э	This organization's performance is worse than the target range/value.
NO	Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- The Measure 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.
- **12.** The measure rate is within optimal range.

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 Perio	od: Jan	uary 2022 - December 2022								
This organization's performance is better than the target range/value.											
This organization's performance is similar to the target range/value.			Compared to other Joint Commission								
O This organization's performance is worse than the target range/value.							ed Organizations				
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e			
			tegory of evidenced based measures as quality of care given to psychiatric patie		(2	○ ²				
Footnote Key 1. The Measure or Measure Set was not reported.				Со	mpared to c			'n			
2. The Measure Set does not have an				N	Accredite	ed Organiz	ations State	wide			
 overall result. 3. The number of patients is not enough for comparison purposes. 4. The measure meets the Privacy Disclosure Threshold rule. 	Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average Rate:			
 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. The measure rate is within optimal range. 	Multiple Antipsychotic Medications at Discharge Appropriate Justification (Adults Age 65 and Older	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 medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	№0 ⁴	100%	46%	100%	29%			
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restrai Use per 1000 Patient Hou 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	0.2005 (89 Total Hours in Restraint)	N/A	0.5767	N/A	1.5295			

This information can also be viewed at https://hospitalcompare.io/

medical or psychiatric condition.

Null value or data not displayed. ____

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	Reporting Per	iod: Jar	nuary 2022 - December 2022					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Con	npared to o Commiss		
O This organization's performance is worse than the target range/value.					Accr	edited Org		
Not displayed	Measure Area		Explanation		Nationwi	Ŭ	Statewide	е
Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures a quality of care given to psychiatric patie			2	⊘ ²	
 The Measure or Measure Set was not reported. 				Cor	npared to c			n
2. The Measure Set does not have an				N	Accredit Iationwide	ed Organiz		ewide
 overall result. 3. The number of patients is not enough for comparison purposes. 4. The measure meets the Privacy 	Measure		Explanation	Hospital Results	Top Perform er	Average Rate:	Top Perform er	Average Rate:
Disclosure Threshold rule.					Threshol d:		Threshol d:	
 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. 	Hours of Physical Restr Use Children Age 1 - 12		This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. 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.	O.5928 (34 Total Hours in Restraint)	N/A	0.3845	N/A	0.2193
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Adolescents Age 1		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	0.2229 (40 Total Hours in Restraint)	N/A	0.3412	N/A	0.2693

This information can also be viewed at https://hospitalcompare.io/

condition.

Null value or data not displayed.

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	Reporting Per	iod: Jan	uary 2022 - December 2022					
This organization's performance is better than the target range/value.								
This organization's performance is similar to the target range/value.					Compared to other Joint Commission			
O This organization's performance is worse than the target range/value.					Accr	edited Orga	anizations	
Not displayed	Measure Area		Explanation		Nationwi	de	Statewide	e
Footnote Key	Hospital-Based Inpatient Psychiatric Services		egory of evidenced based measures as quality of care given to psychiatric patie			2	○ ²	
1. The Measure or Measure Set was not reported.				Cor	npared to c	other Joint of ed Organiz		'n
2. The Measure Set does not have an overall result.			-		lationwide		State	
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top Perform	Average Rate:	Top Perform	Average Rate:
4. The measure meets the Privacy Disclosure Threshold rule.					er Threshol d:		er Threshol d:	
 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. 	Hours of Physical Restr Use Adults Age 18 - 64	raint	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.	0.0769 (15 Total Hours in Restraint)	N/A	0.6823	N/A	1.8448
12. The measure rate is within optimal range. For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."	Hours of Physical Restr Use Older Adults Age 6 Older	5 and	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.	0.0028 (0 Total Hours in Restraint) ³	N/A	0.1097	N/A	0.0440
	Hours of Seclusion Use 1000 Patient Hours - Ov 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.	0.7828 (348 Total Hours in Seclusion)	N/A	0.3738	N/A	0.3992

This information can also be viewed at https://hospitalcompare.io/

Null value or data not displayed.

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

npared to other Joint

edited Organizations

Statewide

Commission

de



National Quality Improvement Goals

Reporting Per	riod: January 2022 - December 2022	
		Com
		Accre
Measure Area	Explanation	Nationwid
Hospital-Based	This category of evidenced based measures assesses the	

Footnote Key

Symbol Kev

ossible results

ot displayed

Ð

Ø

e

ND

This organization achieved the best

This organization's performance is

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

similar to the target range/value.

This organization's performance is

orse than the target range/value.

- The Measure or Measure Set was not 1. 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.
- 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.
- 12. The measure rate is within optimal range.

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

	is category of evidenced based measures a erall quality of care given to psychiatric pation in the patient of		2	○ ²		
				other Joint ed Organi		on ewide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	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.	2.0228 (116 Total Hours in Seclusion)	N/A	0.4111	N/A	0.3504
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.	O.6054 (109 Total Hours in Seclusion)	N/A	0.1738	N/A	0.2748
Hours of Seclusion Use Ad Age 18 - 64	Its 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.	O.6308 (123 Total Hours in Seclusion)	N/A	0.4421	N/A	0.4561
Hours of Seclusion Use Ol Adults Age 65 and Older	er 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	0.0766	N/A	0.0570

This information can also be viewed at https://hospitalcompare.io/

----Null value or data not displayed.