

# Accreditation Quality Report









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

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

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

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

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

DBA: CHRISTUS Santa Rosa Hospital - Medical Center, 2827 Babcock Road, San Antonio, TX



### **Summary of Quality Information**

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

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Hospital	Accredited	5/16/2015	5/15/2015	10/27/2017
olimitation and the second sec	Accredited	6/9/2017	6/8/2017	6/8/2017

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Pathology and Clinical Laboratory

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
Acute Stroke Ready Hospital	Certification	11/18/2016	11/17/2016	11/17/2016
🥝 Primary Stroke Center	Certification	12/22/2016	11/16/2016	11/16/2016

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2017National Patient Safety Goals	$\bigotimes$	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	<b>(10)</b> <sup>2</sup>	2 <sup>2</sup>
Jul 2016 - Jun 2017	Hospital-Based Inpatient Psychiatric Services	2 <sup>2</sup>	2 <sup>2</sup>
	Immunization	( <sup>2</sup>	<b>O</b> <sup>2</sup>
	Perinatal Care	<b>O</b> <sup>2</sup>	<b>O</b> <sup>2</sup>
Laboratory	2017National Patient Safety Goals	$\bigotimes$	*

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

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## **Locations of Care**

Locations of Care	Available Services
CHRISTUS Santa Rosa Alon Emergency Center DBA: CHRISTUS Santa Rosa Alon Emergency Center 11503 N.W. Military Hwy, Building 500 Suite 122 San Antonio, TX 78231	Joint Commission Advanced Certification Programs: • Acute Stroke Ready Hospital Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests • Perform Invasive Procedure (Outpatient)
CHRISTUS Santa Rosa Creekside Emergency Center,New Braunfels DBA: CHRISTUS Santa Rosa Creekside Emergency Center,New Braunfels 244 Creekside Crossing New Braunfels, TX 78130	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • General Laboratory Tests • Perform Invasive Procedure (Outpatient)
CHRISTUS Santa Rosa Emergency Center-Bandera 8703 Bandera Blvd. San Antonio, TX 78250	Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
CHRISTUS Santa Rosa Healthcare System-Alamo Heights DBA: CHRISTUS Santa Rosa Hospital-Alamo Heights 403 Treeline Park, Building 1 San Antonio, TX 78209	<ul> <li>Services:</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Interventional Radiology</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Neurosurgery (Surgical Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Opthopedic Surgery (Surgical Services)</li> <li>Plastic Surgery (Surgical Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> </ul>

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## **Locations of Care**

#### \* Primary Location

<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Services: <ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Hematology/Oncology Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul></li></ul>

DBA: CHRISTUS Santa Rosa Hospital – Medical Center, 2827 Babcock Road, San Antonio, TX



## **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
CHRISTUS Santa Rosa Hospital - New Braunfels DBA: CHRISTUS Santa Rosa Hospital - New Braunfels 600 North Union Avenue New Braunfels, TX 78130	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Services: <ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Cardiothoracic Surgery (Surgical Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul> <ul> <li>Normal Newborn Nursery (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Positron Emission Tomograph (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Vascular Surgery (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul></li></ul>
CHRISTUS Santa Rosa Hospital New Braunfels OutPt. Chemothery 600 North Union Avenue New Braunfels, TX 78130	Services: <ul> <li>Administration of Blood Product (Outpatient)</li> <li>Administration of High Risk Medications (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> </ul>

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## **Locations of Care**

#### \* Primary Location

* Primary Location			
Locations of Care	Available Services		
CHRISTUS Santa Rosa Hospital- Westover Hills DBA: CHRISTUS Santa Rosa Hospital- Westover Hills 11212 State Highway 151 San Antonio, TX 78251	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Services: <ul> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Cardiovascular Unit (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Goneral Laboratory Tests</li> <li>G or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Gynecology (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Inpatient, Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> </ul></li></ul>		
Christus Santa Rosa Hospital-New Braunfels POCT 600 North Union Street New Braunfels, TX 78130	Other Clinics/Practices located at this site: <ul> <li>Christus Santa Rosa Outpatient Imaging</li> <li>Christus Santa Rosa Outpatient Wound Care and Hyperbaric Cen</li> </ul> <li>Services: <ul> <li>General Laboratory Tests</li> </ul> </li>		
CHRISTUS Santa Rosa Imaging Center- Alamo Heights 423 Treeline Park Ste 100 San Antonio, TX 78209	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>		

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## **Locations of Care**

* Primary Location	
Locations of Care	Available Services
CHRISTUS Santa Rosa Orthopaedics & Sports Medicine DBA: CHRISTUS Orthopaedics & Sports Medicine - San Antonio 2829 Babcock Road Suite 435 Tower 2 San Antonio, TX 78229	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
CHRISTUS Santa Rosa Orthopaedics & Sports Medicine-Alamo Hei 156 West Sunset Suite 200 San Antonio, TX 78209	<ul> <li>Services:</li> <li>Perform Invasive Procedure (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
CHRISTUS Santa Rosa Westover Hills - Cardiac Opt Rehab Srv 11212 State Hwy 151, Medical Plaza 2, Suite 316 San Antonio, TX 78251	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
CHRISTUS Santa Rosa Westover Hills-Outpatient Rehab DBA: Westover Hills-Outpatient Rehab 11212 State Highway 151, MOB 2, Suite 305 San Antonio, TX 78251	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
CHRISTUS Santa Rosa Wound Care & Hyperaric Center - CSR-MC DBA: CHRISTUS Santa Rosa Wound Care & Hyperaric Center - CSR-MC 2833 Babcock Road, Tower 2; Ste 105 San Antonio, TX 78229	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
CHRISTUS Santa Rosa Wound Care & Hyperbaric Center 315 N. San Saba, Ste. 107 San Antonio, TX 78207	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)
CHRISTUS Santa Rosa Wound Care & Hyperbaric CenterCSR-WH 11212 State Hwy 151, Med Plaza 2 Ste300 San Antonio, TX 78251	Services: • General Laboratory Tests • Outpatient Clinics (Outpatient)

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## **Locations of Care**

#### \* Primary Location

Available Services
Services: • Anesthesia (Outpatient) • General Laboratory Tests • Outpatient Clinics (Outpatient)
Services: • Administration of Blood Product (Outpatient) • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)
Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Other Clinics/Practices located at this site: <ul> <li>CHRISTUS Transplant Institute (CTI)-Edinburg</li> <li>CHRISTUS Transplant Institute (CTI)-EL Paso</li> <li>CHRISTUS Transplant Institute (CTI)-Laredo</li> </ul> Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>

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## **2017 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	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ୍ତ୍ର ତ
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

#### 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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Org ID: 9218



## **National Quality Improvement Goals**

st S	Reporting Po	eriod: July 2016 - June 2017		
			Compared to Comm Accredited C	
	Measure Area	Explanation	Nationwide	Statewide
	Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>⊙</b> <sup>2</sup>	<b>O</b> <sup>2</sup>

	Commissic ations					
Measure	Explanation	N Hospital Results	Iationwide Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored	wide Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	2 188.00 minutes 754 eligible Patients	55.00	131.00	52.02	119.28
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	2 396.00 minutes 756 eligible Patients	204.00	317.00	200.13	289.48

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

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

#### Symbol Key

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

#### **Footnote Key**

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- 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.
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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.

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## **National Quality Improvement Goals**

Reporting Per	Reporting Period: July 2016 - June 2017							
			o other Joint					
Measure Area	Explanation		Drganizations Statewide					
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.							

		Cor	mpared to o Accredit	other Joint ed Organiz		on
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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 308 eligible Patients	100%	95%	100%	97%

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- 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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#### CHRISTUS Santa Rosa Health Care Corporation

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Org ID: 9218



## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Period	d: Jul	y 2016 - June 2017					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	pared to o Commiss		
This organization's performance is below the target range/value.		_			Accre	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
Footnote Key			tegory of evidenced based measures as quality of care given to psychiatric patier		<b>(</b>	2	@ <sup>2</sup>	
The Measure or Measure Set was not reported. The Measure Set does not have an						other Joint ( ed Organiz	ations	
overall result.	Measure		Explanation	Hospital	Vationwide Top 10%	Avorago	State	
The number of patients is not enough for comparison purposes.	Weasule		Explanation	Results	Scored at Least:	Average Rate:	Scored at Least:	Average Rate:
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but was below most other organizations. The Measure results are not statistically	Assessment of violence ris substance use disorder, trauma and patient strengtl completed - Children (1-12	:hs	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use,		al Least.		di Leasi.	

psychological trauma history and

violence risk to self determines if

themselves. Screening for violence

risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

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

housing, etc. which are used to help

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

patient strengths. Screening for

patients are likely to harm

5.	The	organi	zation sc	ored a	bove 9	0%	bu
	was	below	most oth	er orga	inizati	ons	
6							

 The Measure results are not statistically valid.

years)

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

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the patient recover.

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

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## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results This organization's performance is	Reporting Period	d: July	7 2016 - June 2017					
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.						npared to ot Commiss edited Orga	sion	
Not displayed	Measure Area		Explanation			de	Statewide	
Footnote Key			egory of evidenced based measures as uality of care given to psychiatric patien		<b>™</b> <sup>2</sup>		@ <sup>2</sup>	
The Measure or Measure Set was not reported.			1	Con		other Joint C ed Organiza	Commission zations	h
The Measure Set does not have an overall result.					Vationwide	Ŭ	Statev	
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.	Assessment of violence risk		This measure reports the number of adolescent age (13-17 years)		ut Louisi		di Locoli	

- 5. 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.
- 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.

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		Results	Scored at Least:	Rate:	Scored at Least:	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.	8	100%	96%	100%	98%

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

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## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2016 - June 2017					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.							anizations	
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>⊙</b> <sup>2</sup>	
The Measure or Measure Set was not reported.				Con	npared to c Accredit	other Joint ed Organiz		'n
The Measure Set does not have an overall result.					lationwide		State	wide
The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> </ul>	Assessment of violence substance use disorder, trauma and patient strei 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		at Least.			
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			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	0				
updated data. • Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.			determines if patients need help for their use. Screening for psychological trauma history determines if patients have	100% of 47 eligible Patients	100%	95%	100%	97%

National Quality Forum Endorse 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.

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

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

Symbol Key This organization achieved the be

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Footnote Key The Measure or Measure Set was

overall result.

The Measure Set does not have a

The number of patients is not end for comparison purposes.

The measure meets the Privacy Disclosure Threshold rule.

The organization scored above 9 was below most other organization

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The Measure results are based or sample of patients.

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#### CHRISTUS Santa Rosa Health Care Corporation

DBA: CHRISTUS Santa Rosa Hospital – Medical Center, 2827 Babcock Road, San Antonio, TX

Org ID: 9218



## **National Quality Improvement Goals**

Reporting Perio	od: July	7 2016 - June 2017					
					npared to c Commiss edited Org		
Measure Area		Explanation		Nationwi	de	Statewide	
Hospital-Based       This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.         Services       Image: Comparison of the psychiatric patient in the psychiatric psychiatri psychiatric ps						<b>⊘</b> <sup>2</sup>	
				Accredit	other Joint ed Organiz		
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Aver Ra
Assessment of violence i substance use disorder, trauma and patient stren completed - Older Adult ( years)	gths	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm					

ð.	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.
- **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.

themselves. Screening for violence risk to others determines if patients

are likely to harm others. Screening

determines if patients need help for

experienced terrible events in their

lives which have left them fearful or

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

housing, etc. which are used to help

for substance and alcohol use

psychological trauma history

determines if patients have

their use. Screening for

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99% of

261 eligible

Patients

100%

95%

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed. 100%

96%

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## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2016 - June 2017					
This organization's performance is above the target range/value.	Reporting v on	00. 501	y 2010 Julie 2017					
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Not displayed	Measure Area		Explanation		Nationwi		Statewide	
Footnote Key	Hospital-Based Inpatient Psychiatric Services	Inpatient Psychiatric overall quality of care given to psychiatric patients.					<b>⊘</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.				Сог		other Joint ed Organiz	Commissio zations	n
2. The Measure Set does not have an overall result.		lationwide	Ŭ	State				
3. The number of patients is not enough for comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<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 Discharg Appropriate Justification Overall Rate	Medications at Discharge with Appropriate Justification	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.	60% of 25 eligible Patients	100%	61%	100%	73%
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.	<b>ND</b> 8	100%	53%	100%	50%



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#### CHRISTUS Santa Rosa Health Care Corporation

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## **National Quality Improvement Goals**

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his organization's performance is low the target range/value.				Accr		anizations	
ot displayed	Measure Area	Explanation		Nationwi	de	Statewide	e
aatmata Var	Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures as overall quality of care given to psychiatric patier		<b>(</b>	2	@ <sup>2</sup>	
ootnote Key e Measure or Measure Set was not ported.			Co	mpared to c			bn
he Measure Set does not have an				Accredite Nationwide	ed Organiz	ations State	puid
rerall result.	Measure	Explanation	Hospital		Average		
e number of patients is not enough	Meddure	Explanation	Results	Scored	Rate:	Scored	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.
- 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."

		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication to ne antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>8</b>	100%	54%	100%	54%

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

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## **National Quality Improvement Goals**

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is organization achieved the best ssible results is organization's performance is	Reporting Perio	d: July	7 2016 - June 2017					
ove the target range/value.								
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his organization's performance is elow the target range/value.					Accre	edited Orga		
lot displayed	Measure Area		Explanation		Nationwic	de	Statewide	9
			egory of evidenced based measures as uality of care given to psychiatric patien		0	2	@ <sup>2</sup>	
Footnote Key	Services							
e Measure or Measure Set was not ported.	I			Cor	npared to o Accredite	other Joint ( ed Organiz		n
e Measure Set does not have an erall result.	1		7	N	lationwide		State	wide
ne number of patients is not enough r comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
he measure meets the Privacy visclosure Threshold rule.	Multiple Antipsychotic Medications at Discharge	with	This measure reports the number of patients age 18 through 64 years		at Least.		at Least.	

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

- valid. 7. The Measure results are based on a
- sample of patients.
- 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."

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

to reduce the number of

discharged on two or more

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

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71% of

7 eliaible

Patients

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

Null value or data not displayed.

Appropriate Justification

Adults Age 18 - 64

62%

100%

76%

100%

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## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jul	y 2016 - June 2017					
O 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		
Not displayed	Measure Area		Explanation		Nationwi		Statewide	e
	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 1. The Measure or Measure Set was not							<b>•</b> • • •	
reported.				Cor	npared to c Accredit	other Joint ed Organiz		'n
<ol> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	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.	56% of 18 eligible Patients	100%	56%	100%	59%
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.	0.00 (0 Total Hours in Restraint)	N/A	0.52	N/A	0.20

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

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#### CHRISTUS Santa Rosa Health Care Corporation

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## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Pe	riod: Jul	ly 2016 - June 2017					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is below the target range/value.					Accr	edited Orga		
Not displayed	Measure Area		Explanation		Nationwic	de	Statewide	e
	Hospital-Based Inpatient Psychiatric		tegory of evidenced based measures as quality of care given to psychiatric patier		0	2	<b>O</b> <sup>2</sup>	
Footnote Key	Services							
The Measure or Measure Set was not reported.				Cor		other Joint ( ed Organiz	Commissio zations	n
The Measure Set does not have an				N	Vationwide			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	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					

- 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."

method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of N/A 0.31 N/A 0.12 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 Hours of Physical Restraint This measure reports the number of hours patients age 13 through 17 Use Adolescents Age 13 - 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 N/A 0.26 N/A 0.25 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.



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## **National Quality Improvement Goals**

Symbol Key							
This organization achieved the best possible results	Reporting Perio	od: July 2016 - June 2017					
<ul> <li>This organization's performance is above the target range/value.</li> <li>This organization's performance is similar to the target range/value.</li> <li>This organization's performance is below the target range/value.</li> <li>Not displayed</li> </ul>	Measure Area	Explanation			npared to c Commise redited Org	sion	e
tot displayed		This category of evidenced based measures as	ssesses the				
Footnote Key	Inpatient Psychiatric Services	overall quality of care given to psychiatric patie	nts.	<b>(</b>	)2	<b>№</b> <sup>2</sup>	
1. The Measure or Measure Set was not reported.			Cor	npared to o			on
2. The Measure Set does not have an			N	Accredit ationwide	ed Organiz		ewide
<ol> <li>overall result.</li> <li>The number of patients is not enough for comparison purposes.</li> </ol>	Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	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> </ol>	Hours of Physical Restrai Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	n/A	0.62	n/A	0.22
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.''	Hours of Physical Restra Use Older Adults Age 65 Older	and 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.	0.00 (0 Total Hours in Restraint)	N/A	0.15	N/A	0.03
	Hours of Seclusion Use p 1000 Patient Hours - Ove Rate	· ·	0.00 (0 Total Hours in Seclusion)	N/A	0.39	N/A	0.07

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below the target range/value.

Footnote Key

#### CHRISTUS Santa Rosa Health Care Corporation

DBA: CHRISTUS Santa Rosa Hospital – Medical Center, 2827 Babcock Road, San Antonio, TX

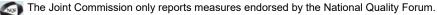
Org ID: 9218



## **National Quality Improvement Goals**

Reporting Peri	od: July 2016 - June 2017		
		Compared to Comm Accredited C	nission
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>1</b> 2	<b>№</b> <sup>2</sup>

		Col	mpared to c Accredite	other Joint ed Organiz		ssion	
Measure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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.	<b>№0</b> <sup>8</sup>	N/A	0.54	N/A	0.27	
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	8 	N/A	0.22	N/A	0.12	
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.45	N/A	0.06	
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.05	N/A	0.03	



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

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

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

The Measure Set does not have an

- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that met
- the denominator criteria.

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## **National Quality Improvement Goals**

Reporting F	Period: July 2016 - June 2017		
			to other Joint nission
		Accredited	Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>0</b> <sup>2</sup>	<b>∞</b> <sup>2</sup>

		Compared to other Joint Commissio Accredited Organizations		on		
		٩	Vationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	97% of 563 eligible Patients	100%	94%	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.
 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 rations that me
- 1. There were no eligible patients that met the denominator criteria.

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## **National Quality Improvement Goals**

Reporting P	eriod: July 2016 - June 2017		
			to other Joint nission
		Accredited (	Organizations
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>⊘</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
	<b>-</b> 1 - 2		lationwide	•	Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored	Average Rate:	Top 10% Scored	Average Rate:
			at Least:		at Least:	
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	93% of 15 eligible Patients	100%	98%	100%	97%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	3% of 296 eligible Patients	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	62% of 1625 eligible Patients	74%	52%	67%	47%



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. \_\_\_\_

#### This organization achieved the be ossible results This organization's performance Ð above the target range/value. This organization's performance $\oslash$ similar to the target range/value. This organization's performance e below the target range/value. ot displayed ND

#### 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

Footnote Key

- 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.
- 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.

DBA: CHRISTUS Santa Rosa Hospital – Medical Center, 2827 Babcock Road, San Antonio, TX



## **2017 National Patient Safety Goals**

### Laboratory

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
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	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.