

UNIVERSAL HEALTH SERVICES, INC.

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BEHAVIORAL HEALTH DIVISION

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OUR IMPACT IN  
**2020**  
*by the* **NUMBERS**



**UHS**<sup>®</sup>

# Our Impact In 2020 – *By The Numbers*

\*U.S. DATA ONLY

## Quality patient care is the cornerstone of the UHS Mission Statement.

To provide superior quality healthcare services that:

**Patients** recommend to family and friends, **Physicians** prefer for their patients, **Purchasers** select for their clients, **Employees** are proud of, and **Investors** seek for long-term returns.

Quality is embedded in the core principles of the organization as well.

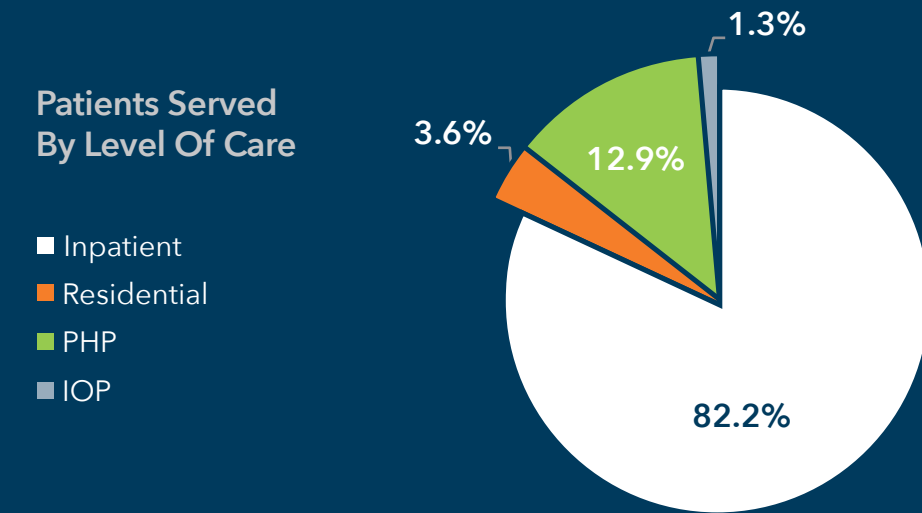
## Continuous Improvement in Measurable Ways

- Identify key needs and assess how well we meet those needs.
- Continuously improve services and measure progress.
- People at all levels of the organization participate in decision making and process improvement.

## Compassion

- Never lose sight of the fact that we provide care and comfort to people in need.
- Patients and families who rely upon us receive respectful and dignified treatment at all times.

# Child Population At a Glance



## PATIENT PROFILE

Average Age	10 years
Sex	46% Female; 54% Male
Race	64% White; 25% African American; 2% Other; 10% UTD
Hispanic Ethnicity	12%

## A Message from Karen Johnson



**Karen E. Johnson, MSW**  
Senior Vice President,  
Chief Clinical Officer,  
Behavioral Health Division,  
Universal Health Services

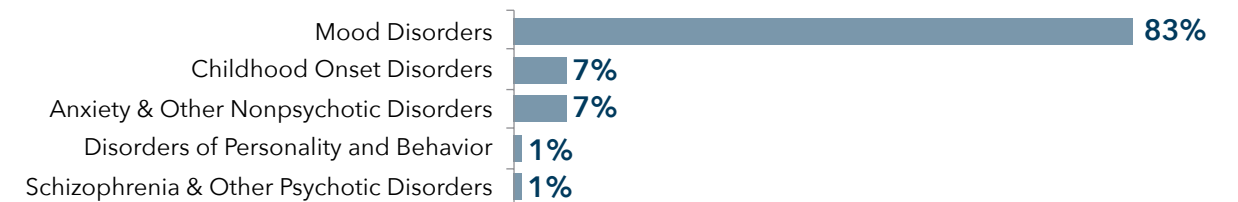
The Clinical Services Department and Mental Health Outcomes are very pleased to share 2020 By the Numbers, highlighting the Division's clinical and quality outcome successes. While 2020 presented challenges unforeseen in our history, your commitment to high-quality care and patient safety never wavered. You held true to our mission and focused keenly on every patient's care experience with us.

Please take these results and share them with your facility teams. We do not always take the time to celebrate and this is certainly one way to remind them that their hard work matters, particularly when 2020 was complicated by the coronavirus.

Each and every day offers an opportunity to continue our efforts to improve the lives of the individuals we treat.

We are deeply grateful to each of you for maintaining that singular focus. It is a privilege to work with each of you to obtain and sustain these outstanding results.

## Top 5 Primary Psychiatric Diagnoses



## Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.3
Average Number of Co-morbid Medical Conditions	0.7
Percent of Patients with at least one Co-morbid Medical Condition	42%

## Length of Stay

Average Length of Stay	14 days
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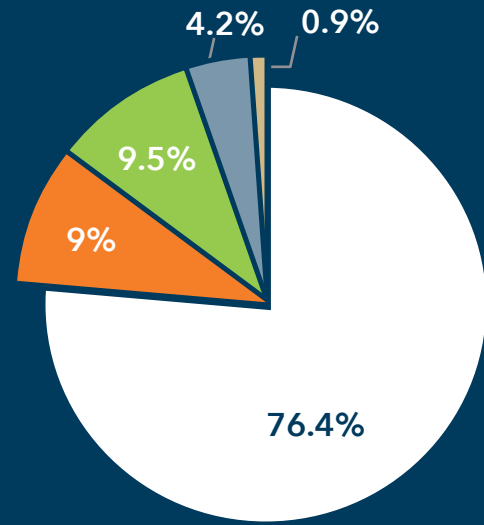
## Length Of Stay By Level Of Care



# Adolescent Population At a Glance

Patients Served By Level Of Care

- Inpatient
- Residential
- PHP
- IOP
- Outpatient



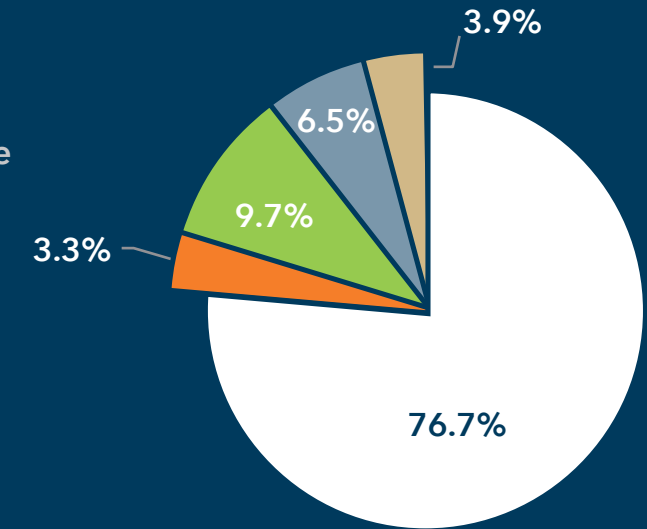
## PATIENT PROFILE

Average Age	15 years
Sex	63% Female; 37% Male
Race	69% White; 19% African American; 2.6% Other; 10% UTD
Hispanic Ethnicity	14%

# Adult Population At a Glance

Patients Served By Level Of Care

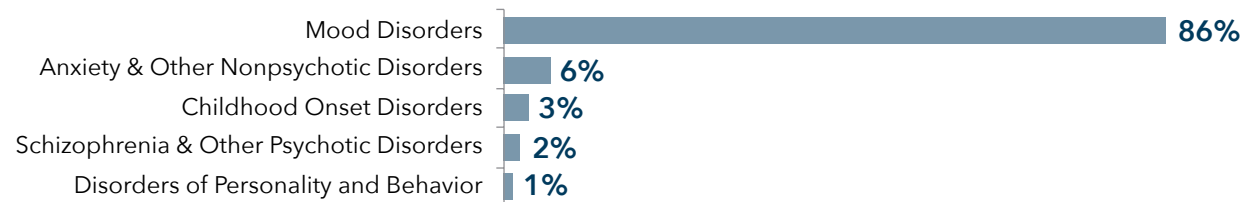
- Inpatient
- Residential
- PHP
- IOP
- Outpatient



## PATIENT PROFILE

Average Age	38 years
Sex	44% Female; 56% Male
Race	70% White; 21% African American; 2% Other; 8% UTD
Hispanic Ethnicity	10%

## Top 5 Primary Psychiatric Diagnoses



## Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.4
Average Number of Co-morbid Medical Conditions	0.9
Percent of Patients with at least one Co-morbid Medical Condition	47%

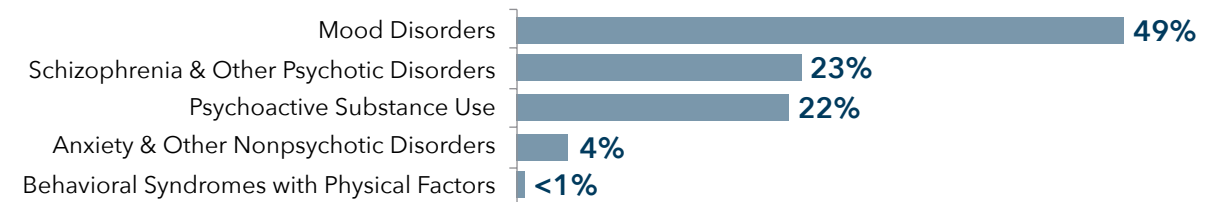
## Length of Stay

Average Length of Stay	22 days
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## Length Of Stay By Level Of Care



## Top 5 Primary Psychiatric Diagnoses



## Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.7
Average Number of Co-morbid Medical Conditions	2.1
Percent of Patients with at least one Co-morbid Medical Condition	62%

## Length of Stay

Average Length of Stay	13 days
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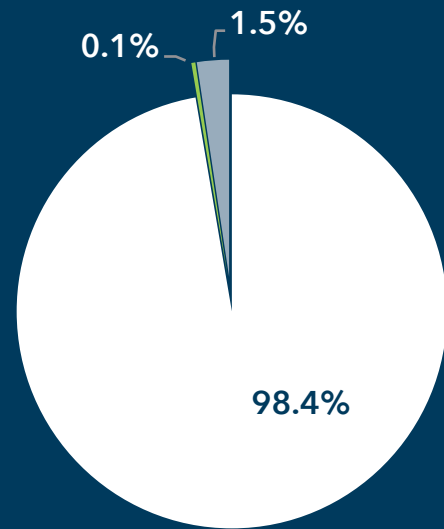
## Length Of Stay By Level Of Care



# Older Adult Population At a Glance

Patients Served By Level Of Care

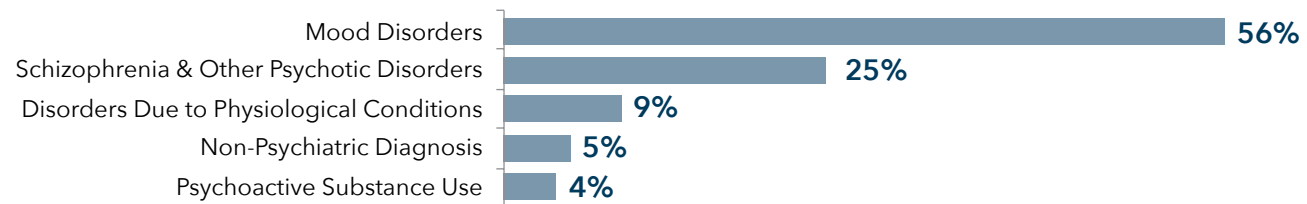
- Inpatient
- PHP
- IOP



## PATIENT PROFILE

Average Age	64 years
Sex	54% Female; 46% Male
Race	77% White; 17% African American; 2% Other; 5% UTD
Hispanic Ethnicity	6%

## Top 5 Primary Psychiatric Diagnoses



## Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.0
Average Number of Co-morbid Medical Conditions	5.0
Percent of Patients with at least one Co-morbid Medical Condition	91%

## Length of Stay

Average Length of Stay	12 days
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## Length Of Stay By Level Of Care



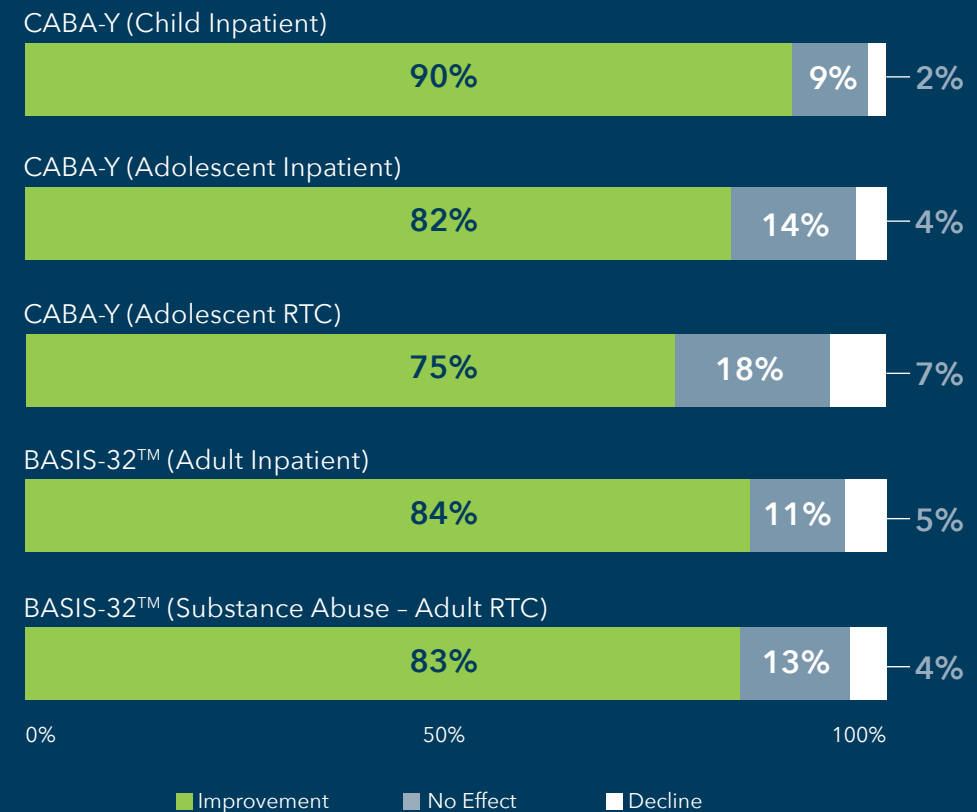
# Our Patients Improved

In 2020, 168 UHS Behavioral Health facilities with 867 distinct programs captured clinical outcomes measures for approximately 257,650 patients. We continue to expand our support in 2021 for clinical outcomes measures. While most providers are focused only on patient satisfaction, our commitment to quantifying our clinical care using both clinician ratings and patient self-report tools allows UHS to benchmark, improve, and report on the high quality care provided.

We are pleased that UHS can demonstrate that overall, 80% of our participating patients exhibit statistically meaningful improvement on clinical outcomes measures (patient or informant rated).

We are pleased that UHS can demonstrate that approximately 77% of our patients exhibit statistically meaningful improvement using patient self-report rating scales. This is consistent with the literature on meaningful change in Behavioral Health. Patients have statistically meaningful improvement if their change is large enough to be attributable to treatment. Patients identified as having 'No effect' may have experienced positive change, however their change was not clearly evident as measured by the rating scale. Patients often report that they "feel better" after treatment and measures of statistically meaningful improvement help programs quantify those feelings of improvement. Potentially, all patients at a program can have statistically meaningful improvement.

## UHS BH Percent of Patients with Meaningful Improvement\*



\*Due to rounding, numbers may add up to more than 100%



168 Facilities

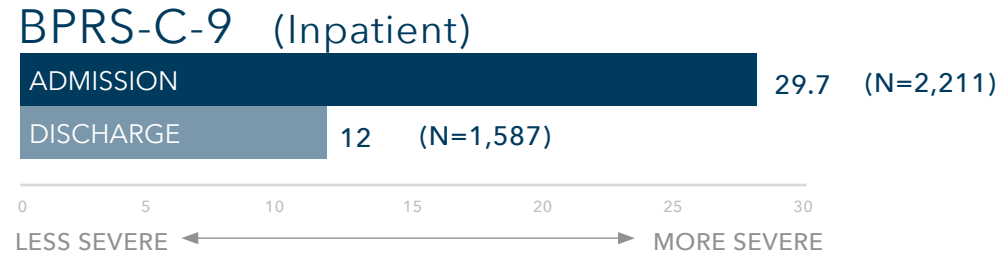
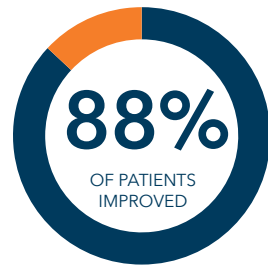


867 Programs

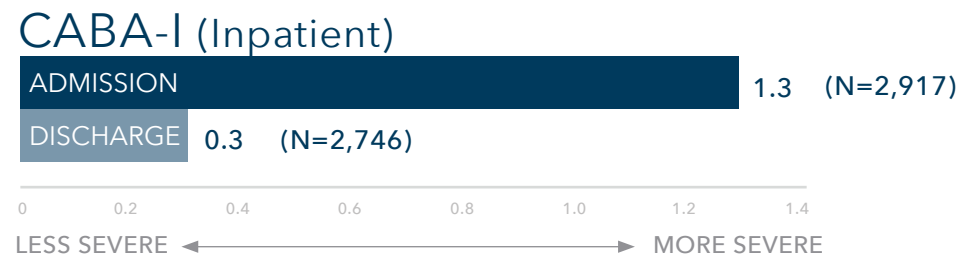
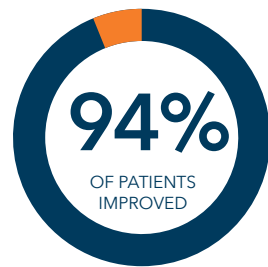


257,650 Patients

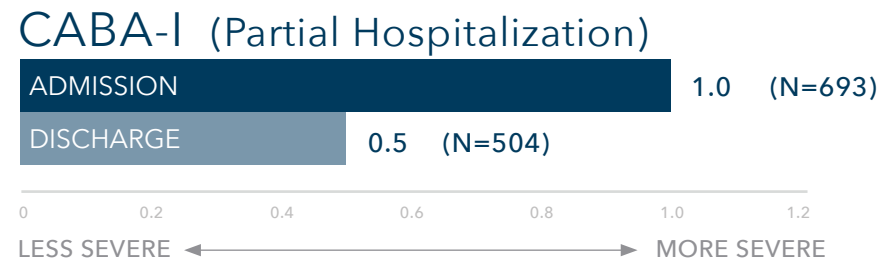
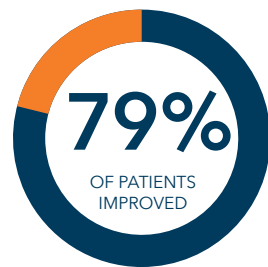
# Child Patient Improvement



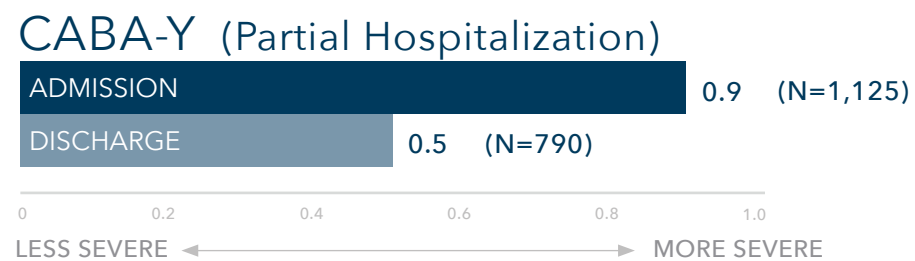
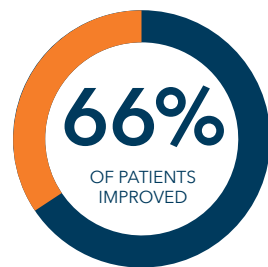
The Brief Psychiatric Rating Scale for Children 9-item (BPRS-C-9) is a clinician's rating of the level of severity of a patient's functioning and symptoms obtained through a structured interview conducted with the patient. The BPRS-C-9 is scored on a scale of 0 to 54, where higher scores indicate greater severity. BPRS-C-9 change scores may range from -54 to 54, where positive scores indicate improvement, and higher positive scores indicate greater improvement.



Child and Adolescent Behavioral Assessment Informant (CABA-I): A questionnaire to assess problem behaviors based on patient informant responses. The total scores range from 0 to 3, with higher scores indicating greater severity. Change scores range from -3 to +3, with higher scores indicating greater improvement.

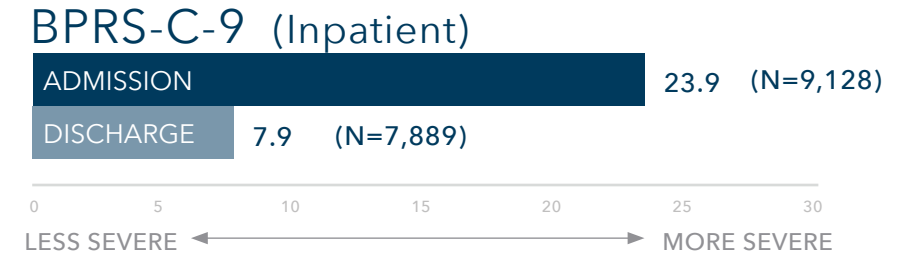
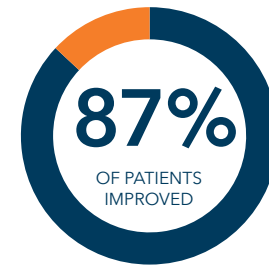


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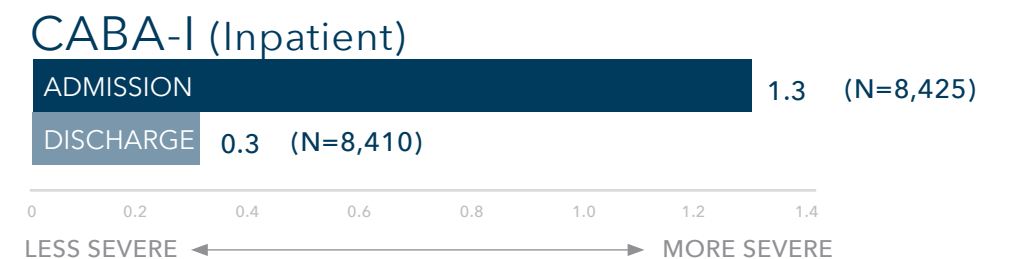
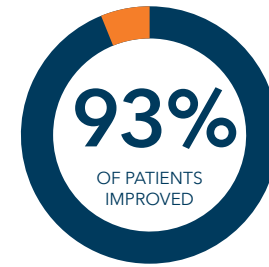


Child and Adolescent Behavioral Assessment Youth (CABA-Y): A questionnaire to assess problem behaviors based on patient responses. The total scores range from 0 to 3, with higher scores indicating greater severity. Change scores range from -3 to +3, with higher scores indicating greater improvement.

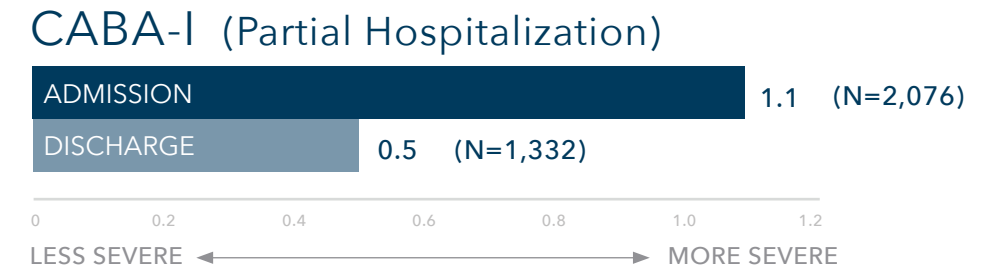
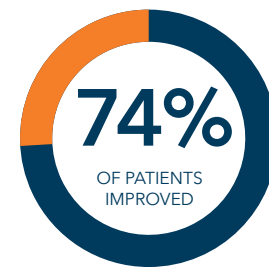
# Adolescent Patient Improvement



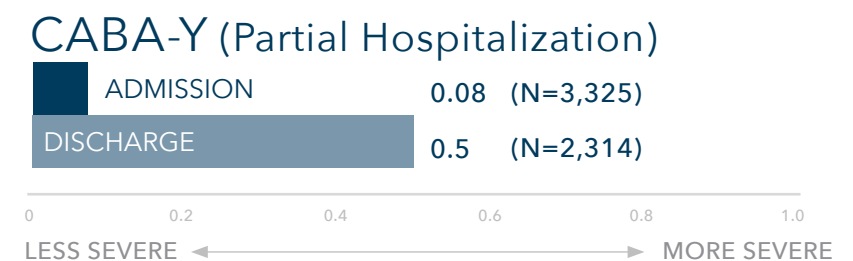
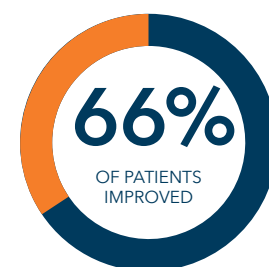
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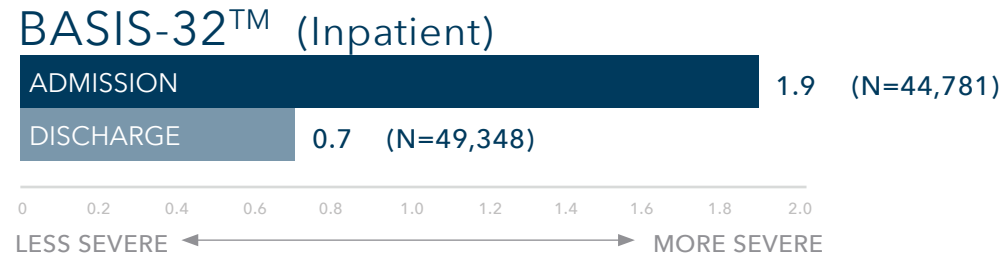
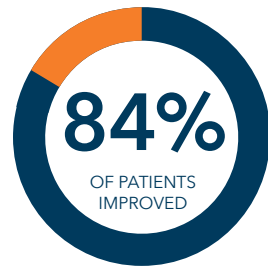


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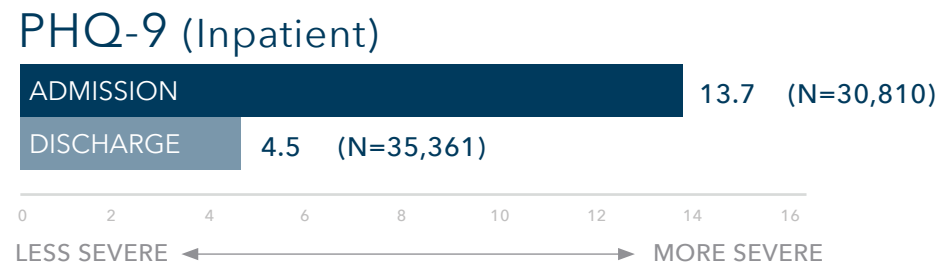
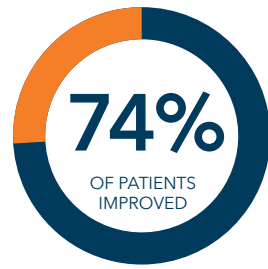


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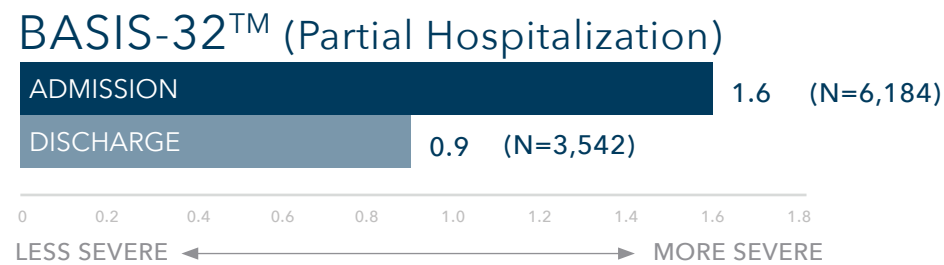
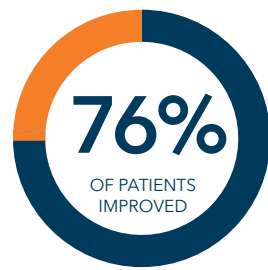
# Adult Patient Improvement



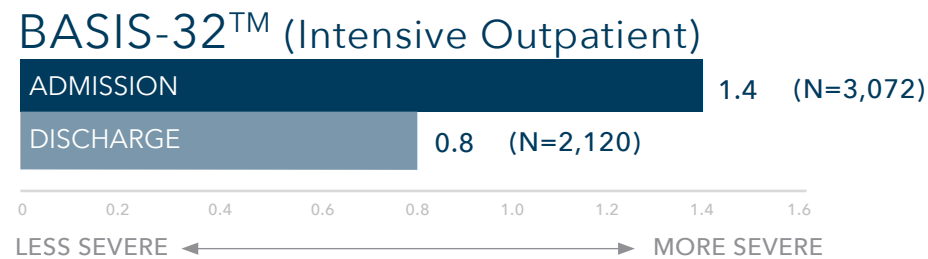
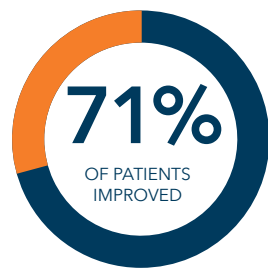
**Behavior and Symptom Identification Scale (BASIS-32):** 32-item patient self-report instrument that provides an overall score and five individual factor scores: relation to self and others, daily living skills, depression/anxiety, impulsive/addictive behavior, and psychosis. The total scores range from 0 to 4, with higher scores indicating greater severity. Change scores range from -4 to +4, with higher scores indicating greater improvement. BASIS 32® McLean Hospital, used with permission.



**Patient Health Questionnaire (PHQ-9):** 9-item self-report measure of a patient's level of depression over the past week obtained through either a structured interview conducted with the patient or the patient's independent completion of the instrument. The PHQ-9 is scored on a scale of 0 to 27, where higher scores indicate greater severity. PHQ-9 change scores may range from -27 to 27, where positive scores indicate improvement, and higher positive scores indicate greater improvement.

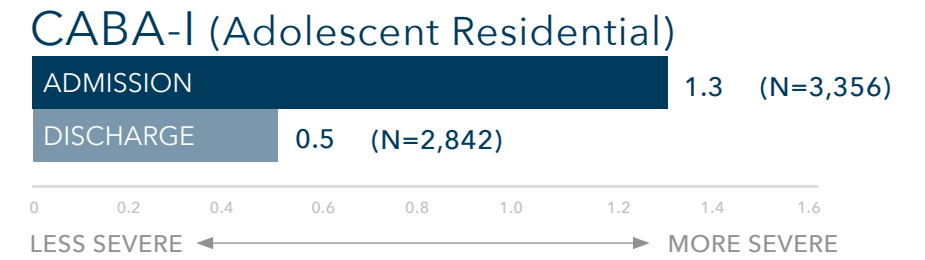
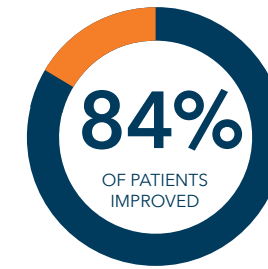


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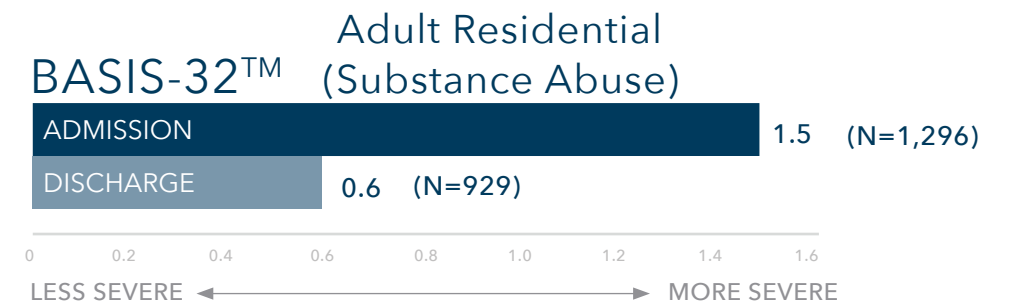
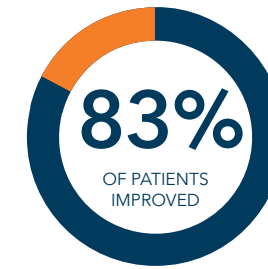


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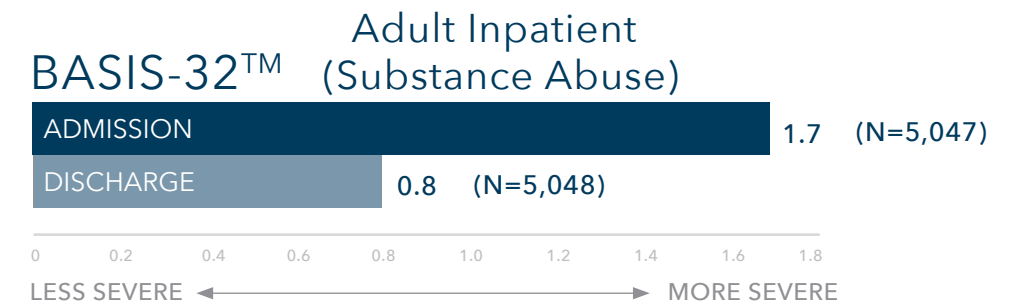
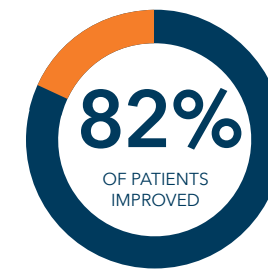
# Residential & Substance Use Patient Improvement



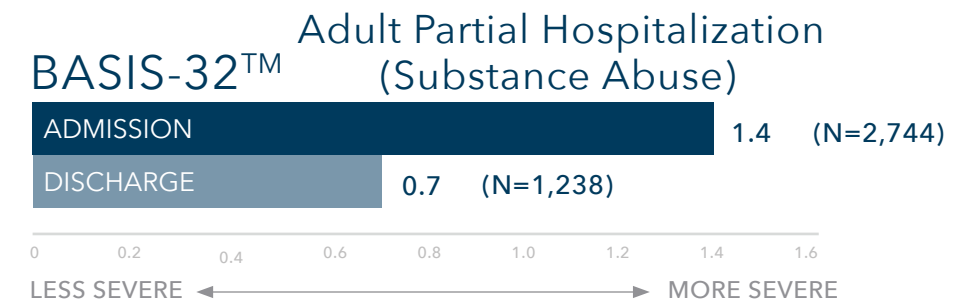
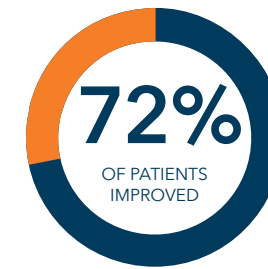
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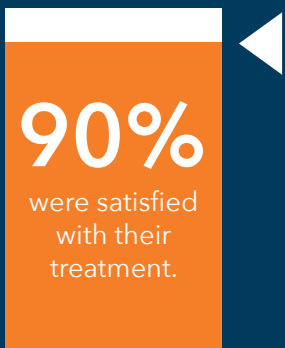
# ★ ★ ★ Patient Satisfaction

Patient satisfaction is critical to patient-centered care and an important indicator of provider success. Research suggests that higher patient satisfaction is associated with improved treatment outcomes. Communicating patient satisfaction results to patients and families contemplating treatment options and to payers contemplating coverage decisions is vital to providing confidence in our services.

The UHS Behavioral Health Division is committed to continually improving patient experience and satisfaction.

## UHS BH Patient Satisfaction Grand Mean

On a scale of 1 to 5



## Announcing: Net Promoter Score (NPS)

In 2020 UHS introduced the **Net Promoter Score** as an additional metric for measuring our patients' care experience. Net Promoter Score (NPS) is a measure of consumer loyalty well established in many industries and emerging in U.S. healthcare. The NPS is an additional measure that supports UHS' ability to directly compare our patients' perceptions against benchmarks, and share results with patients, families, current and future employees, referral sources, and payers. We are working to more deeply understand key drivers, and relationships with specific care populations and clinical outcomes. UHS looks forward to reporting our Net Promoter Score in 2021.

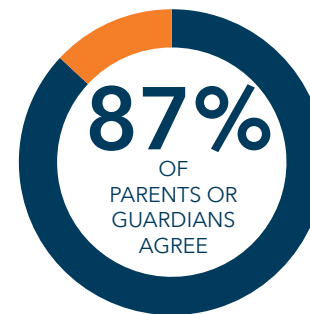
# Specialty Education

Our education programs provide continuation of schooling at our facilities while youth are receiving treatment. UHS provides personalized learning plans that meet each patient where they are when admitted and prepares them for a seamless transition back to their traditional school environment. Through individualized instruction, patients have access to a menu of curriculum options that includes direct instruction, remediation, credit recovery, online learning and post-secondary opportunities.

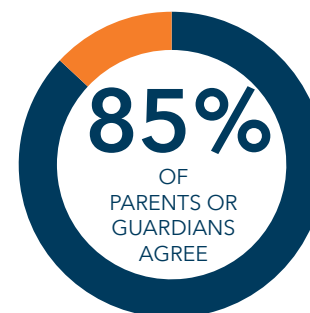
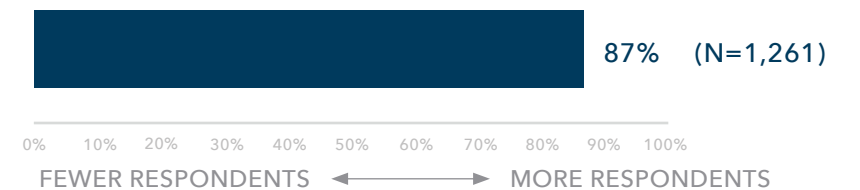
## High School Completions



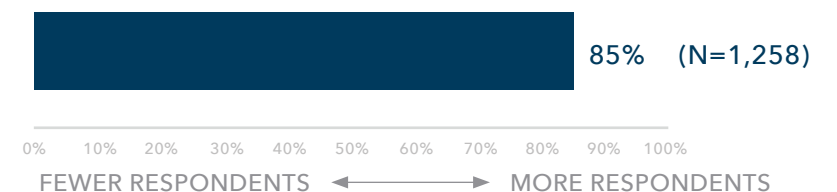
## Best in Class Satisfaction



The Academic Staff Truly Cares About My Child



Satisfied With The Facility's Education Program



# Serving Those Who Serve

UHS, through its subsidiaries, operates a number of military-specific inpatient programs that treat active duty military personnel and veterans. Outcomes data provides a glimpse into this unique population's mental health needs and how well those needs are being met.

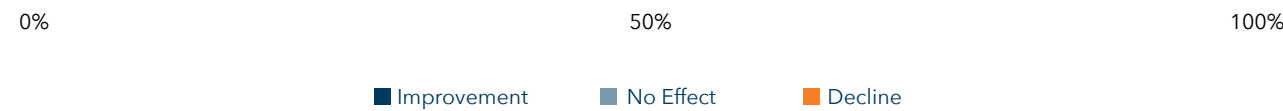


## PCL-5 Meaningful Improvement

All Inpatient Military (N=2,995)



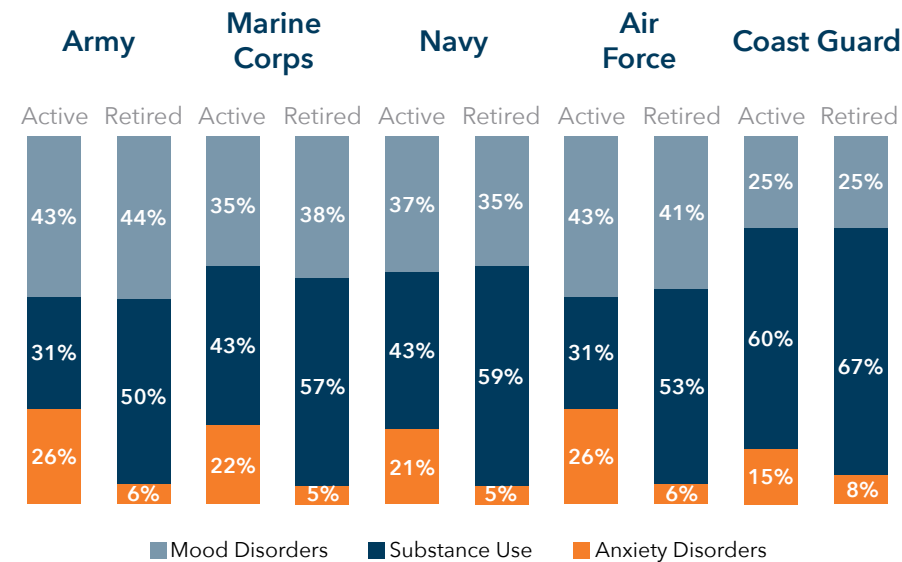
Military Inpatients with PTSD Diagnosis (N=1,302)



The PTSD Checklist for DSM-V (PCL-5) is a 20-item self-report measure of the 20 DSM-V PTSD symptoms.

## Primary Diagnostic Category

Primary diagnostic patterns vary by branch and personnel status. Mood disorders are more common among active duty personnel while substance use is more common among veterans. Active duty personnel also suffer more from anxiety disorders.



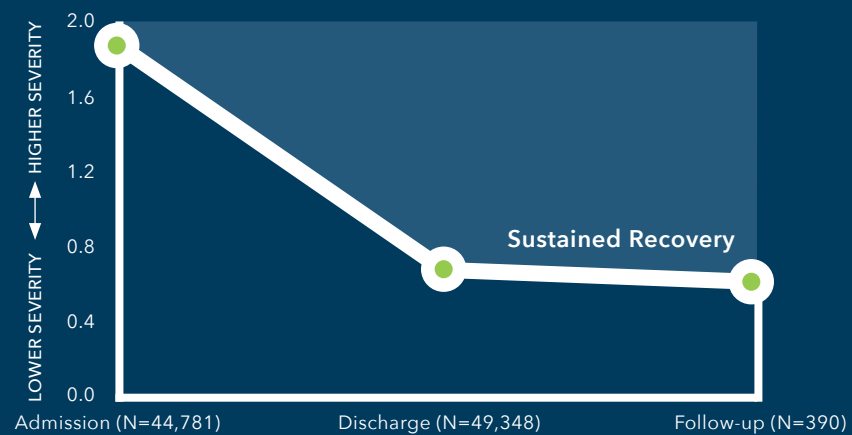
Programs also treat personnel from the Reserves and National Guard; however, outcomes data volume is insufficient for reporting.

\*Due to rounding, numbers may add up to more than 100%

# 45-Day Follow-Up: Improvement That Lasts

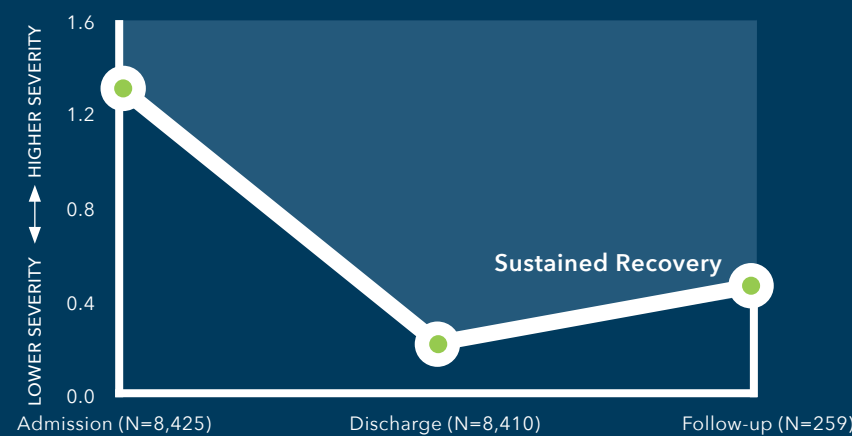
UHS has a voluntary opportunity for patients and families to share with our facilities how they are doing 45 days after discharge. This is a unique non-research-based longitudinal look at continuity of care, patient improvement, and satisfaction. Patient responses to the aftercare survey 45 days after discharge indicate that the vast majority of patients would recommend their treatment facility, are continuing on medications, and most importantly, are sustaining the improvements made during treatment.

## BASIS-32™ Severity



Average severity scores for Adult Inpatients at Admission, Discharge, and 45-Day Follow-up shows that patients tend to maintain the majority of their improvement.

## CABA-I Severity



Average severity scores for Adolescent Inpatients at Admission, Discharge, and 45-Day Follow-up shows that patients tend to maintain the majority of their improvement.

**3,238**  
Follow-up Surveys

**2,186**  
Adult/Older Adult Patients

**1,052**  
Child/Adolescent Patients



# Improvement That Lasts

For participating patients 45 days after discharge...

88%

of patients reported **no suicidal thoughts or attempts**

90%

of patients reported **no re-hospitalization**

78%

of patients **recommend UHS versus other facilities**

79%

of patients reported a **positive quality of life**

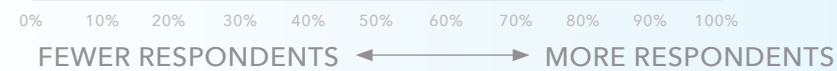
66%

of patients reported they **were working or were students**

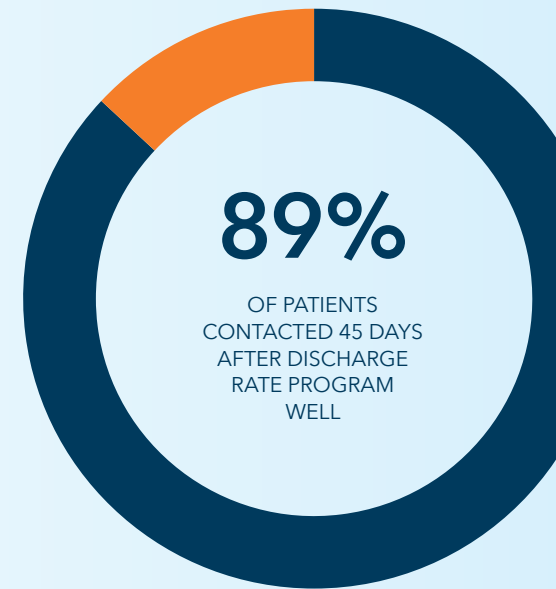
# Satisfaction That Lasts

Participating patient responses to the aftercare survey indicate that the vast majority of patients continue to hold their treatment program in high regard.

## Rate Overall Satisfaction Positively



**Post Discharge Satisfaction:** The patient follow-up survey includes a set of standardized questions that we ask patients across different programs, allowing for cross-program comparisons of satisfaction. Patient satisfaction scores are measured on a scale from 1 (Poor) to 5 (Excellent).



## Percent of Patients with Meaningful Improvement from Admission to Follow-Up\*

BASIS-32™ (Adult Inpatient)



CABA-I (Adolescent Inpatient)

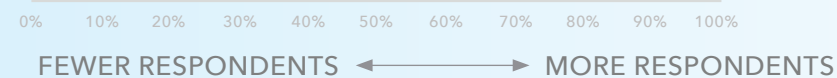


0% 50% 100%

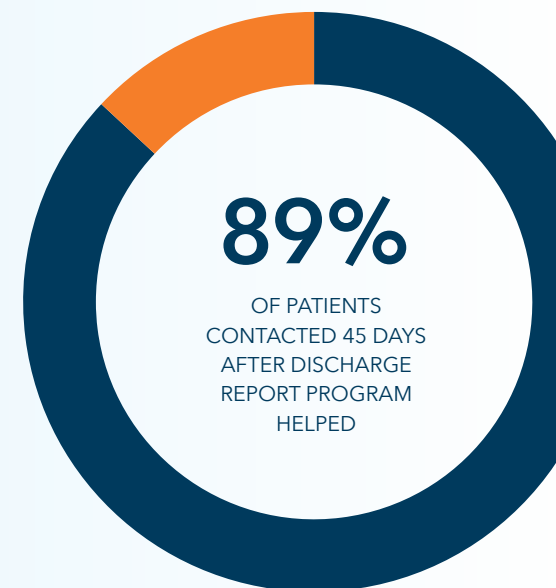
■ Improvement ■ No Effect ■ Decline

\*Due to rounding, numbers may add up to more than 100%

## Report That The Program Helped



**Post Discharge Satisfaction:** The patient follow-up survey includes a set of standardized questions that we ask patients across different programs, allowing for cross-program comparisons of satisfaction. Patient satisfaction scores are measured on a scale from 1 (Not at All) to 4 (A Great Deal).



## Partnering With Community Professionals

UHS values our relationships with the professionals in the communities we serve and we strive to be responsive to their needs. We conduct referral source satisfaction surveys to help us continually improve as we aim to reach even higher goals.

### Referral Source Satisfaction

1,616

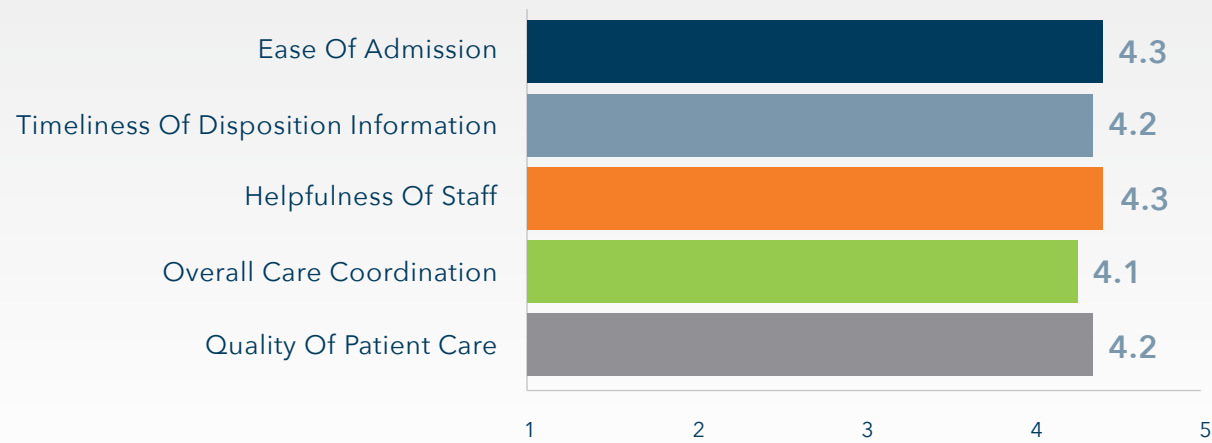
Referral source satisfaction surveys collected in 2020.

As a result of our responsiveness, clinical expertise, nationally recognized specialty programs, and proven outcomes, 81% of professional referral sources indicate that UHS is their provider of choice.

85%

Survey respondents that indicated a UHS facility was their "provider of choice."

#### UHS BH Referral Source Satisfaction Grand Mean



Overall average score for all facilities out of a possible score of 5.

## Comparative Performance

The **Hospital-Based Inpatient Psychiatric Services (HBIPS)** "core" measures were developed by The Joint Commission (TJC), an organization that accredits hospitals, as a common point of performance comparison across Behavioral Health facilities. The HBIPS measures describe a set of "core" best practices for inpatient psychiatric care and performance rates for these measures are publicly reported. Hospitals that effectively integrate these processes into clinical and quality improvement practices should positively impact psychiatric patients.

The **Inpatient Psychiatric Facility Quality Reporting (IPFQR)** program was developed by the Centers for Medicare and Medicaid Services (CMS) as mandated by the Social Security and Affordable Care Acts. To meet program requirements, Inpatient Psychiatric Facilities (IPFs) collect and annually submit aggregate data as defined by CMS. CMS describes the program as giving "consumers care quality information to help them make more informed decisions about their healthcare options."

### UHS Behavioral Health Outperforms Industry Benchmarks

When considering the publicly reported chart-abstracted discharge measures, UHS typically outperforms the HBIPS and/or IPFQR comparison benchmarking for overall measures. UHS's performance focus is clearly demonstrated by matching or outpacing the majority of measure set comparisons.

MEASURE	UHS 2020	TJC Q4 2019	CMS 2019
<b>HBIPS-1:</b> Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed	97.44%	95.55%	*
<b>HBIPS-5:</b> Patients discharged on multiple antipsychotic medications with appropriate justification	72.70%	63.56%	65.00%
<b>SUB-2:</b> Alcohol Use Brief Intervention Provided or Offered	80.84%	86.42%	84.00%
<b>SUB-2a*:</b> Alcohol Use Brief Intervention Provided	77.09%	79.42%	77.00%
<b>SUB-3:</b> Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	74.82%	68.27%	73.00%
<b>SUB-3a*:</b> Alcohol and Other Drug Use Disorder Treatment at Discharge	60.01%	62.24%	62.00%
<b>TOB-2:</b> Tobacco Use Treatment Provided or Offered	87.24%	76.95%	82.00%
<b>TOB-2a*:</b> Tobacco Use Treatment Provided	36.15%	44.41%	47.00%
<b>TOB-3:</b> Tobacco Use Treatment Provided or Offered at Discharge	73.25%	45.64%	60.00%
<b>TOB-3a*:</b> Tobacco Use Treatment Provided at Discharge	7.52%	19.97%	22.00%
<b>IMM-2**:</b> Influenza Immunization	79.72%	90.58%	81.00%
<b>METSCRN:</b> Patients discharged on 1+ antipsychotic medications with a metabolic screening	82.45%	*	77.00%
<b>TransRecPt:</b> Transition Record with Specified Elements Received by Discharged Patients	83.40%	*	68.00%
<b>TransRecPrvdr:</b> Timely Transmission of Transition Record to Next Provider Upon Discharge	71.67%	*	59.00%

+ We respect the patient's right to refuse these offerings.

\* HBIPS-1 is a TJC-only measure; METSCRN, TransRecPt and TransRecPrvdr are CMS-only measures

\*\* IMM-2 only applicable for Q1 & Q4 discharges

Comparison groups include units in medical surgical facilities.



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