

— UNIVERSAL HEALTH SERVICES, INC. —

OUR IMPACT *in*

2022

by the NUMBERS



BEHAVIORAL
HEALTH DIVISION

Our Impact In **2022** - *By The Numbers**

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.

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 the 2022 By the Numbers, highlighting the Behavioral Health Division's clinical and quality outcome successes. Each number represents more than a result, it represents a patient, their family and the community we are privileged to serve. As always, you held true to the UHS mission and focused keenly on every patient's treatment experience in a compassionate and caring manner.

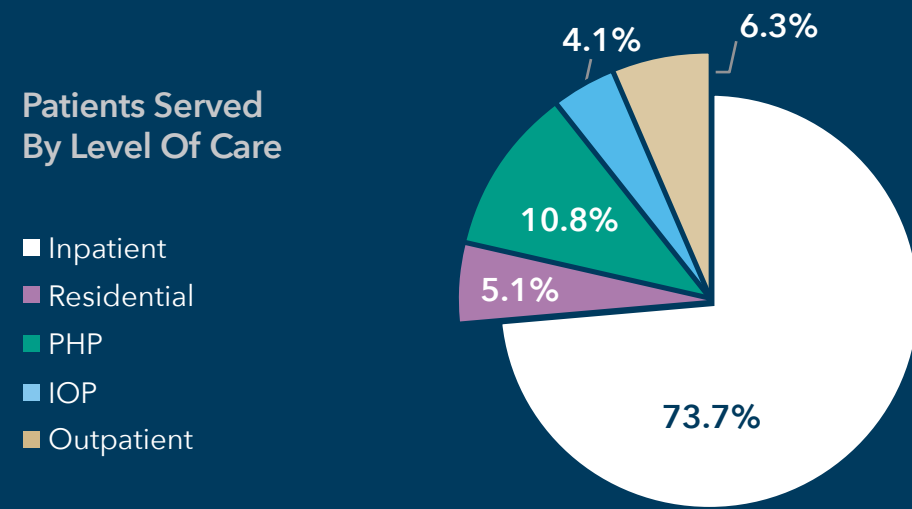
Every day offers an opportunity to continue our efforts to improve the lives of the individuals we treat.

Please share these results with your facility teams. We all need to take the time to celebrate, and this is certainly one way to remind them that their hard work matters.

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

* U.S. DATA ONLY - The numbers in this report represent unique admissions. It is possible that the same individual was treated on more than one occasion.

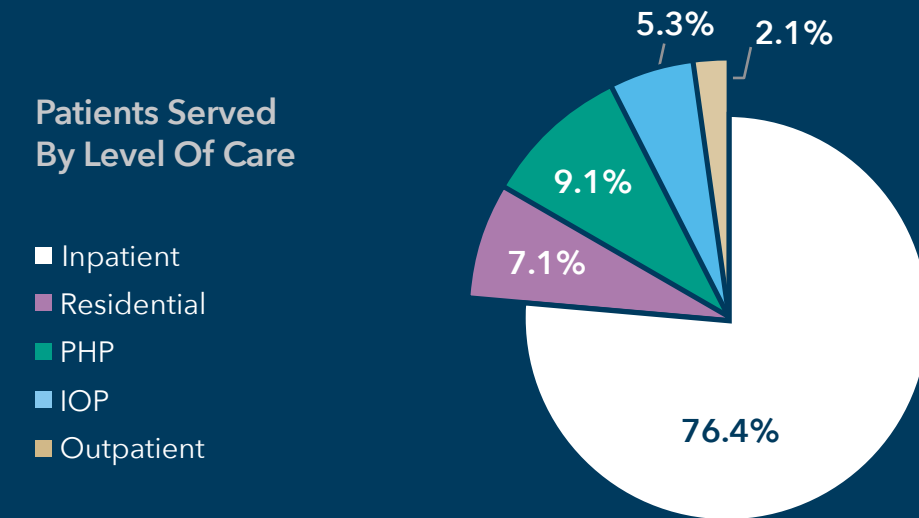
Child Population At a Glance



PATIENT PROFILE

| | |
|--------------------|----------------------------------------------------|
| Average Age | 10 years |
| Sex | 53% female, 47% male |
| Race | 62% White; 24% African American; 2% Other; 13% UTD |
| Hispanic Ethnicity | 12% |

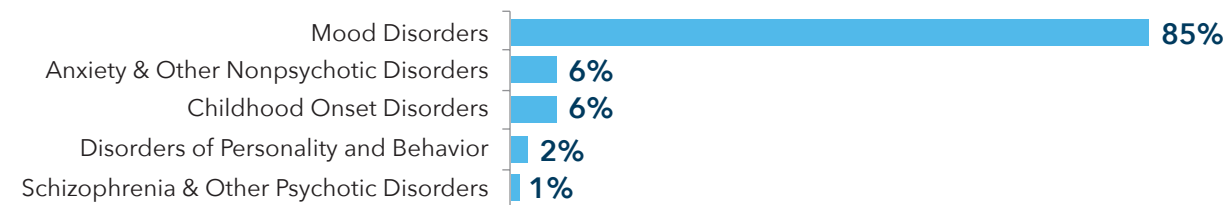
Adolescent Population At a Glance



PATIENT PROFILE

| | |
|--------------------|----------------------------------------------------|
| Average Age | 15 years |
| Sex | 66% female; 34% male |
| Race | 67% White; 18% African American; 3% Other; 13% UTD |
| Hispanic Ethnicity | 15% |

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% |

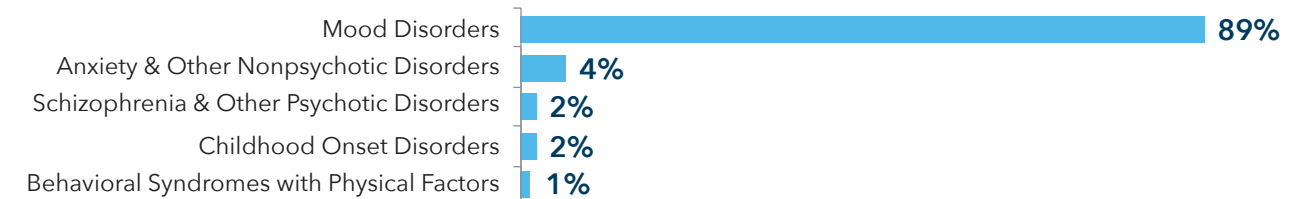
Length of Stay

| | |
|------------------------|---------|
| Average Length of Stay | 21 days |
|------------------------|---------|

Length Of Stay By Level Of Care

INPATIENT 10 DAYS PHP 19 DAYS IOP 25 DAYS RESIDENTIAL 163 DAYS OUTPATIENT 327 DAYS

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% |

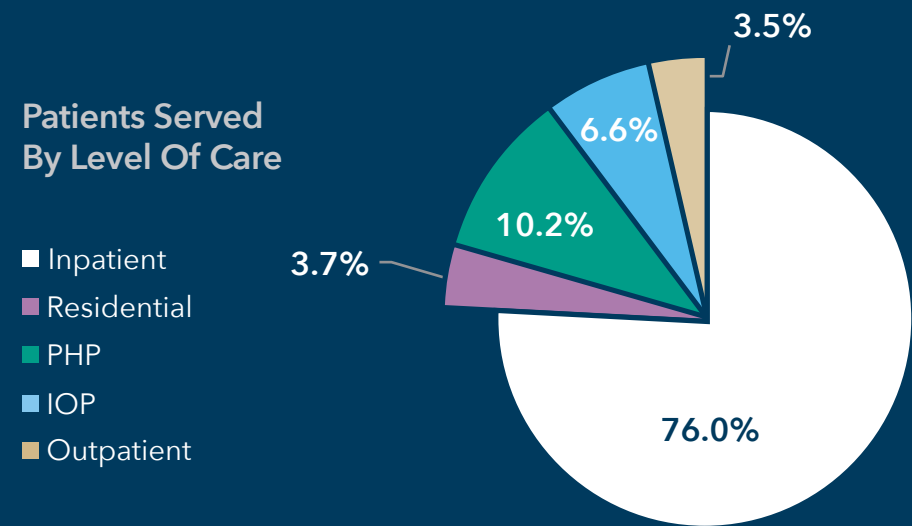
Length of Stay

| | |
|------------------------|---------|
| Average Length of Stay | 19 days |
|------------------------|---------|

Length Of Stay By Level Of Care

INPATIENT 9 DAYS PHP 18 DAYS IOP 30 DAYS RESIDENTIAL 129 DAYS OUTPATIENT 237 DAYS

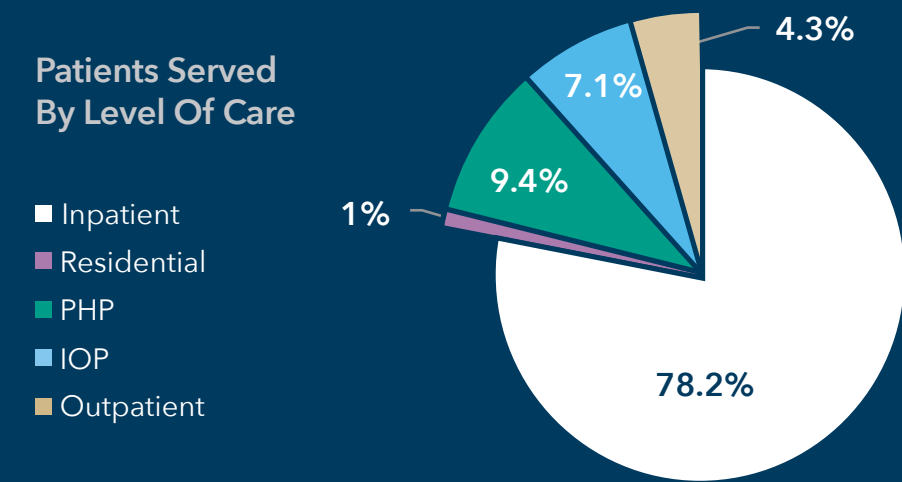
Adult Population At a Glance



PATIENT PROFILE

| | |
|--------------------|----------------------------------------------------|
| Average Age | 37 years |
| Sex | 45% female; 55% male |
| Race | 66% White; 21% African American; 2% Other; 11% UTD |
| Hispanic Ethnicity | 11% |

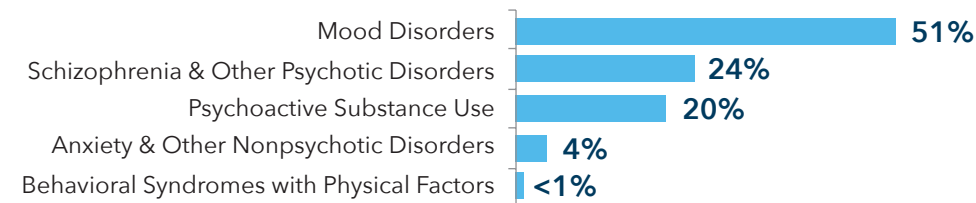
Older Adult Population At a Glance



PATIENT PROFILE

| | |
|--------------------|---------------------------------------------------|
| Average Age | 70 years |
| Sex | 49% female; 51% male |
| Race | 73% White; 18% African American; 1% Other; 8% UTD |
| Hispanic Ethnicity | 10% |

Top 5 Primary Psychiatric Diagnoses



Diagnostic Complexity

| | |
|-------------------------------------------------------------------|-----|
| Average Number of Psychiatric Diagnoses | 2.7 |
| Average Number of Co-morbid Medical Conditions | 2.0 |
| Percent of Patients with at least one Co-morbid Medical Condition | 62% |

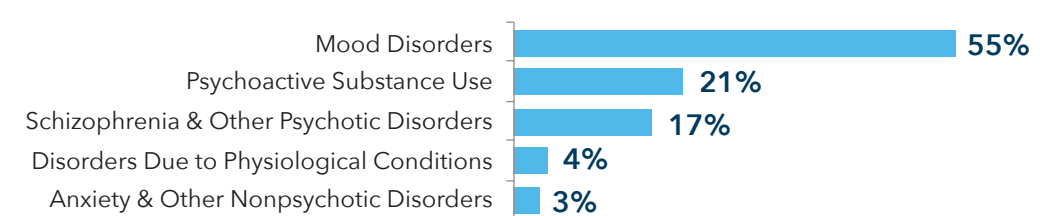
Length of Stay

| | |
|------------------------|---------|
| Average Length of Stay | 13 days |
|------------------------|---------|

Length Of Stay By Level Of Care

INPATIENT 9 DAYS PHP 18 DAYS IOP 37 DAYS RESIDENTIAL 16 DAYS OUTPATIENT 60 DAYS

Top 5 Primary Psychiatric Diagnoses



Diagnostic Complexity

| | |
|-------------------------------------------------------------------|-----|
| Average Number of Psychiatric Diagnoses | 2.2 |
| Average Number of Co-morbid Medical Conditions | 4.4 |
| Percent of Patients with at least one Co-morbid Medical Condition | 81% |

Length of Stay

| | |
|------------------------|---------|
| Average Length of Stay | 16 days |
|------------------------|---------|

Length Of Stay By Level Of Care

INPATIENT 11 DAYS PHP 17 DAYS IOP 48 DAYS RESIDENTIAL 20 DAYS OUTPATIENT 63 DAYS

Our Patients Improved

In 2022, 173 UHS Behavioral Health facilities with 931 distinct programs captured clinical outcomes measures for approximately 356,990 patients. 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.

Overall, 80% of our participating patients experience statistically meaningful improvement on patient and informant symptom 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.



173 Facilities

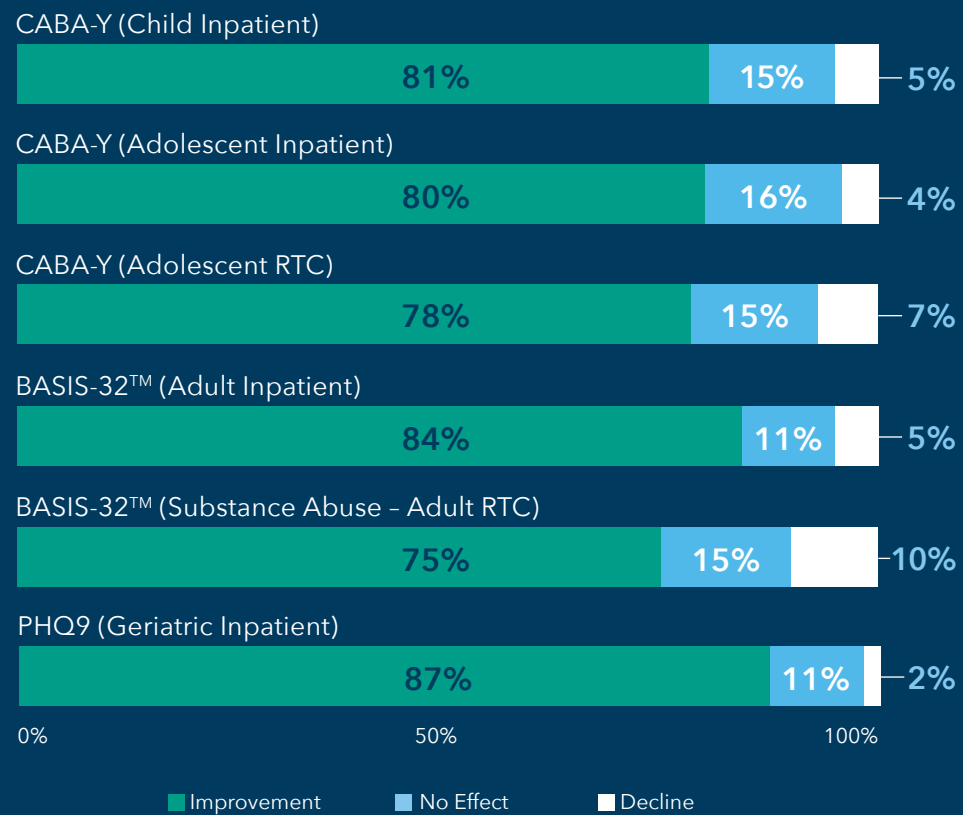


931 Programs



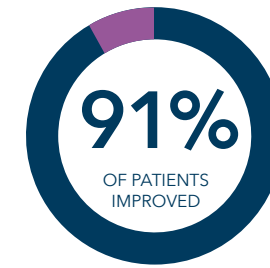
356,990 Patients

UHS BH Percent of Patients with Meaningful Improvement*

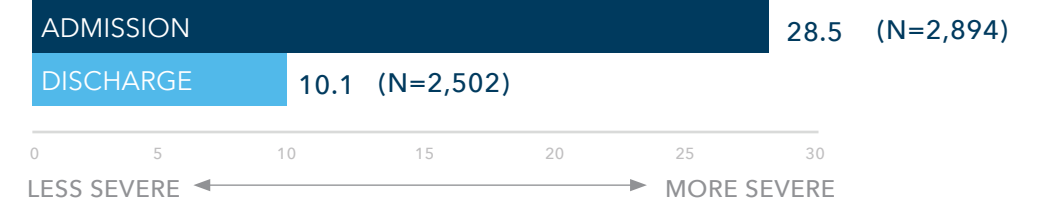


*Due to rounding, numbers may add up to more than 100%

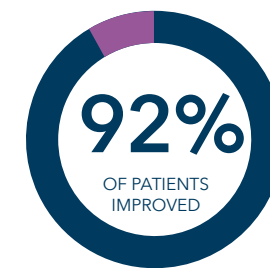
Child Patient Improvement



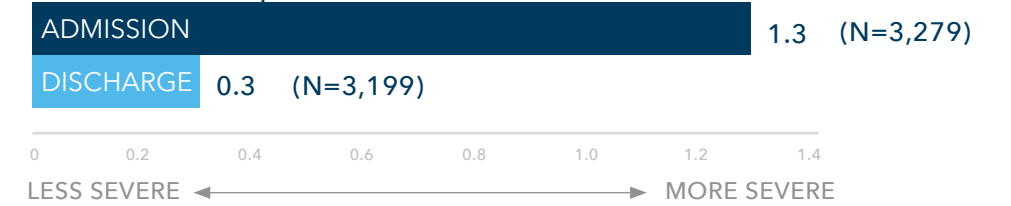
BPRS-C-9 (Inpatient)



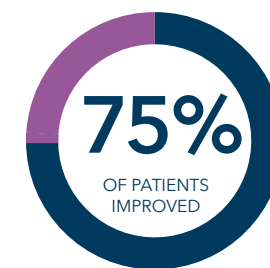
The Brief Psychiatric Rating Scale for Children 9-item (BPRS-C-9) is a clinician's rating of the level of severity of a patient's functioning and symptoms obtained through a structured interview conducted with the patient. The BPRS-C-9 is scored on a scale of 0 to 54, where higher scores indicate greater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



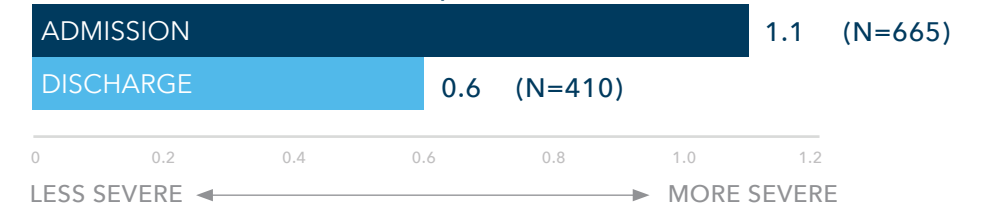
CABA-I (Inpatient)



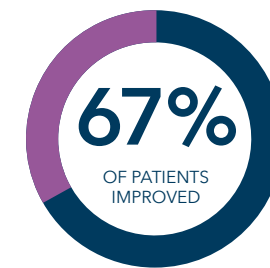
Child and Adolescent Behavioral Assessment Informant (CABA-I): A questionnaire to assess problem behaviors based on patient informant responses. The total scores range from 0 to 3, with higher scores indicating greater severity. Change scores range from -3 to +3, with higher scores indicating greater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



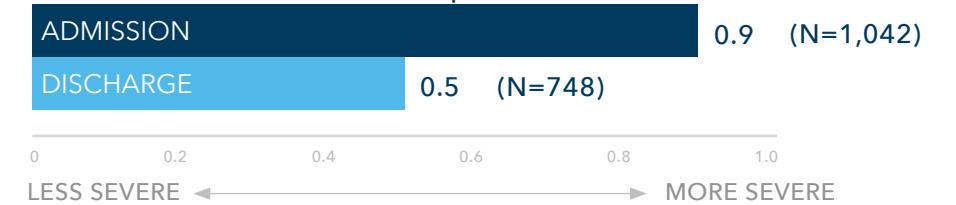
CABA-I (Partial Hospitalization)



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.

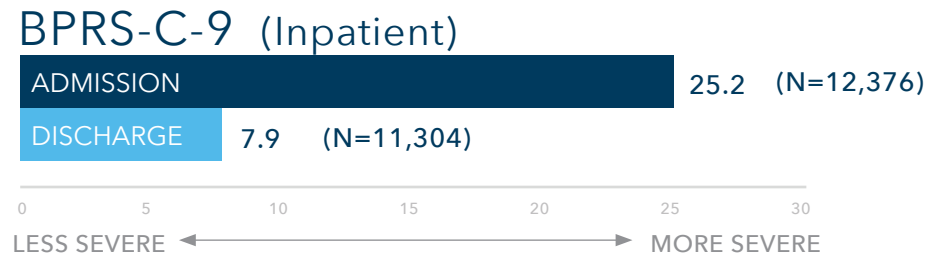
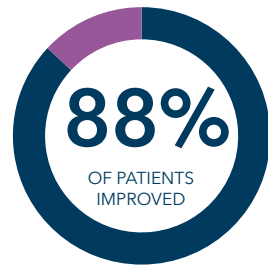


CABA-Y (Partial Hospitalization)

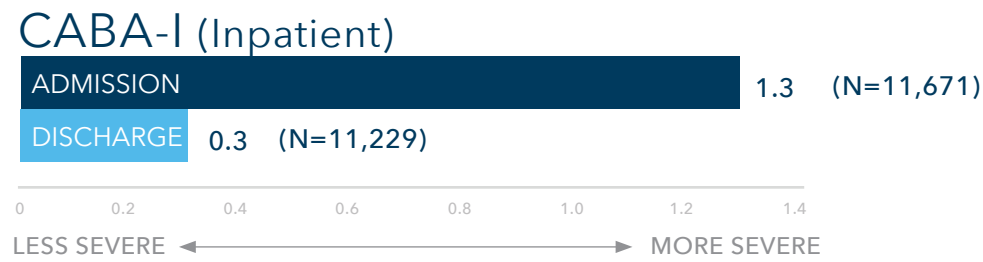
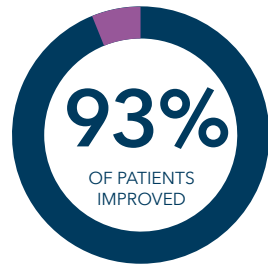


Child and Adolescent Behavioral Assessment Youth (CABA-Y): A questionnaire to assess problem behaviors based on patient responses. The total scores range from 0 to 3, with higher scores indicating greater severity. Change scores range from -3 to +3, with higher scores indicating greater improvement.

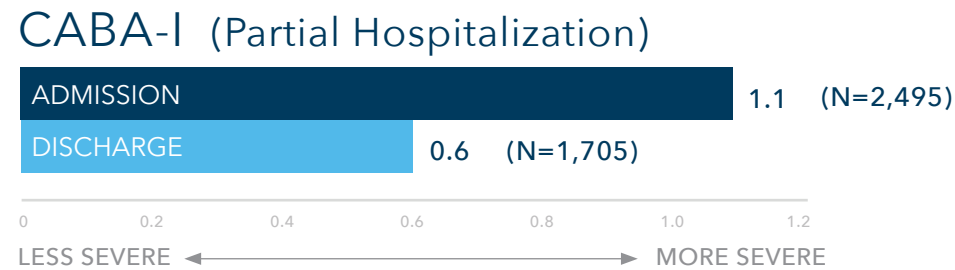
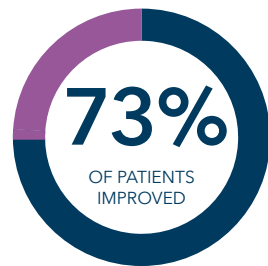
Adolescent Patient Improvement



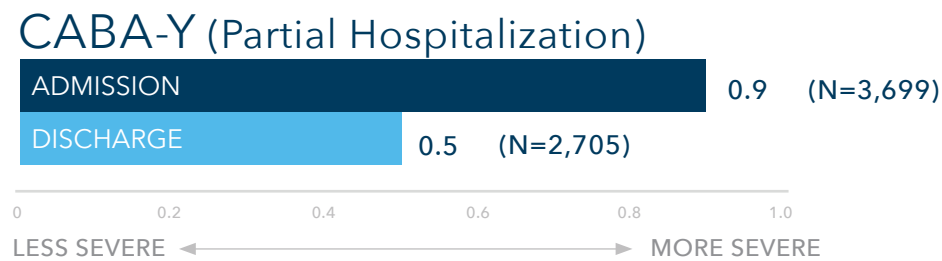
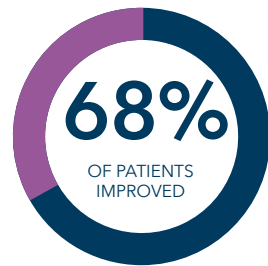
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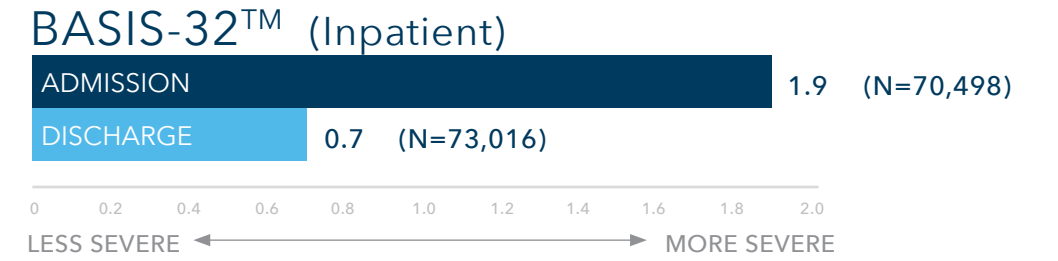
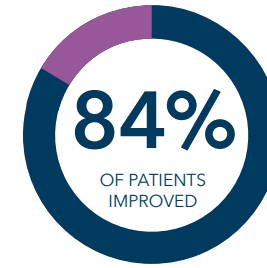


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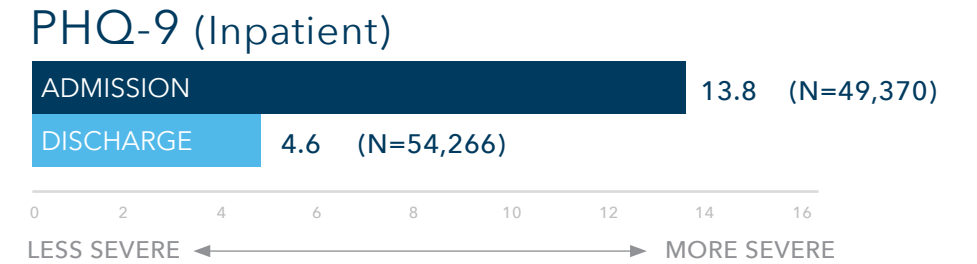
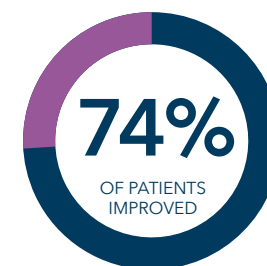


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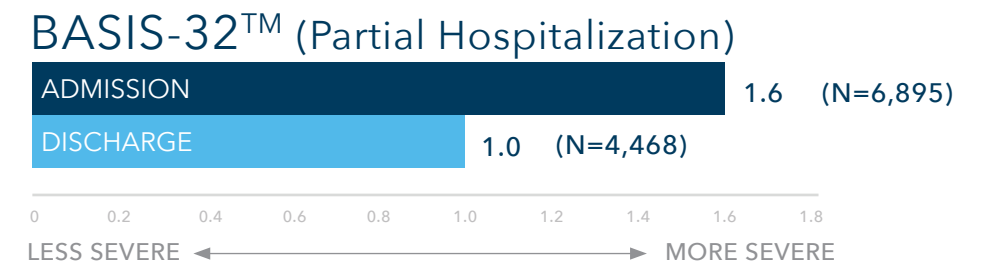
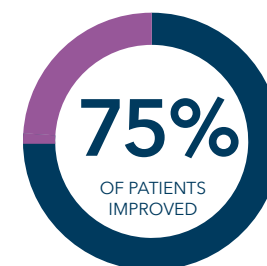
Adult Patient Improvement



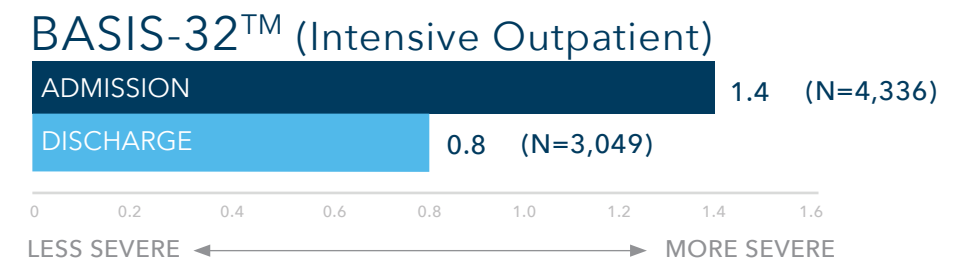
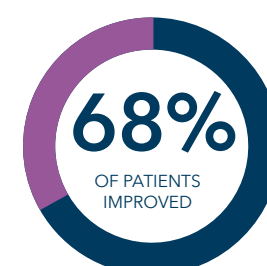
Behavior and Symptom Identification Scale (BASIS-32): 32-item patient self-report instrument that provides an overall score and five individual factor scores: relation to self and others, daily living skills, depression/anxiety, impulsive/addictive behavior, and psychosis. The total scores range from 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.

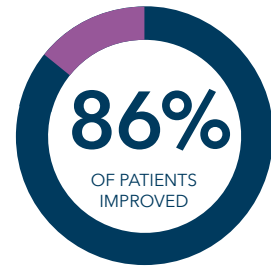


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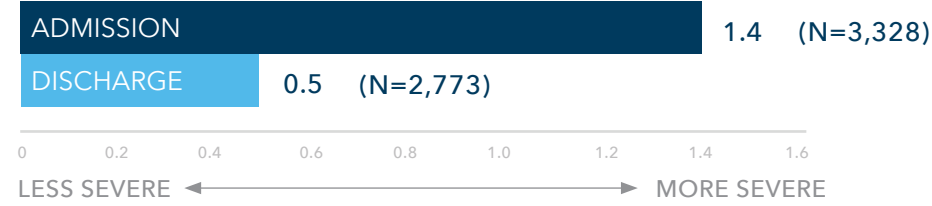


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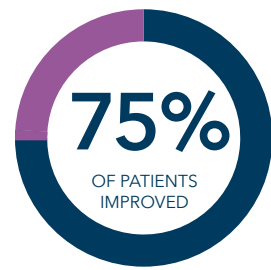
Residential & Substance Use Patient Improvement



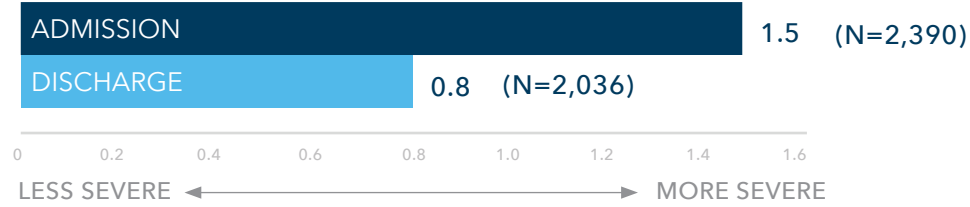
CABA-I (Adolescent Residential)



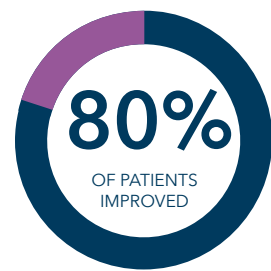
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Adult Residential (Substance Abuse)



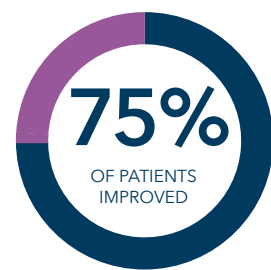
Behavior and Symptom Identification Scale (BASIS-32): 32-item patient self-report instrument that provides an overall score and five individual factor scores: relation to self and others, daily living skills, depression/anxiety, impulsive/addictive behavior, and psychosis. The total scores range from 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.



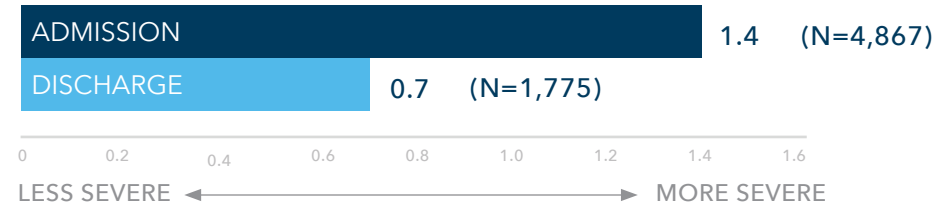
Adult Inpatient (Substance Abuse)



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.



Adult Partial Hospitalization (Substance Abuse)



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 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.

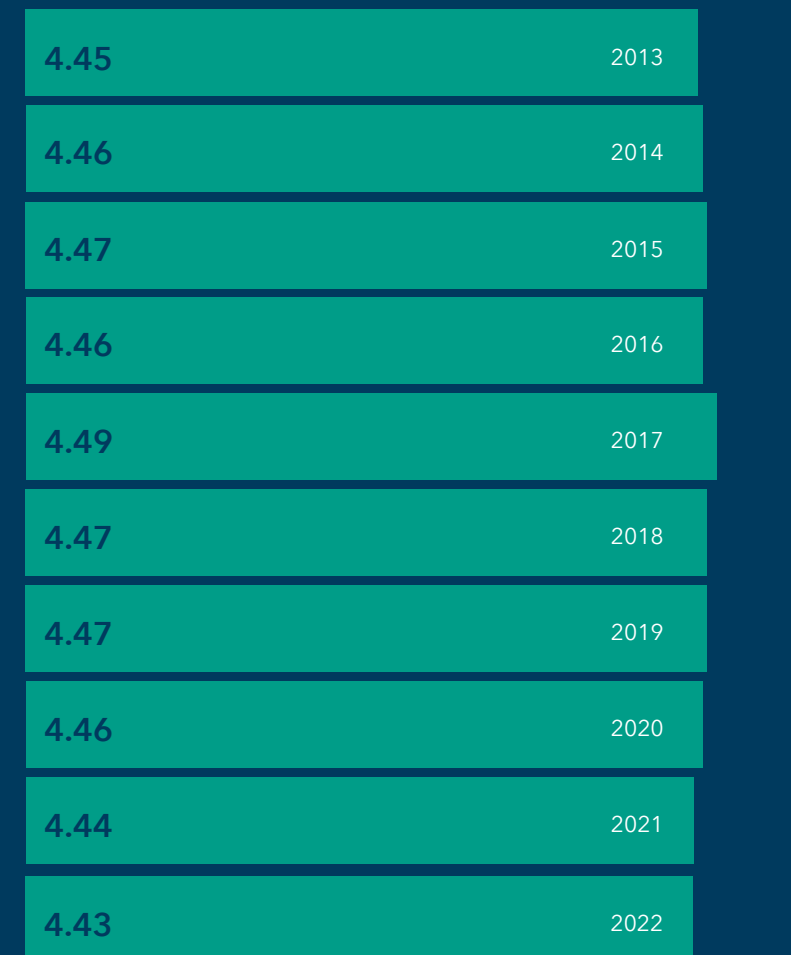
The UHS Behavioral Health Division is committed to continually improving patient experience and satisfaction.



89% were satisfied with their treatment.

UHS BH Patient Satisfaction Grand Mean

On a scale of 1 to 5



91% feel better at discharge than when admitted.



89% my treatment goals and needs were met.

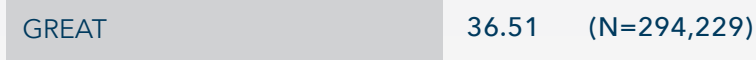


Net Promoter Score

The Net Promoter Score (NPS) is a measure to gauge the loyalty of customers or consumers, in the healthcare field, our patients. It has been widely adopted with more than two-thirds of Fortune 1000 companies using the metric to date. The NPS supports UHS' ability to directly compare our patients' perceptions against benchmarks and share with professional audiences including referral sources, partners and payers.

The NPS score is reported as a single number. A score can be as low as -100 (every respondent is a "detractor") or as high as +100 (every respondent is a "promoter.") A positive NPS (i.e., one that is higher than zero) is generally deemed good, an NPS between +30 and +49 is generally deemed great, an NPS of +50 is generally deemed excellent, and anything over +70 is exceptional.

Inpatient



Residential



PHP



IOP



Outpatient



Substance Use (all levels)



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.

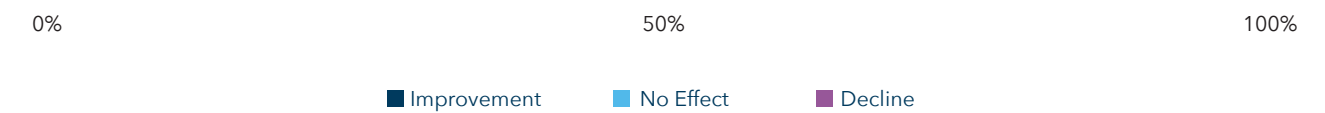


PCL-5 Meaningful Improvement

All Inpatient Military (N=2,854)



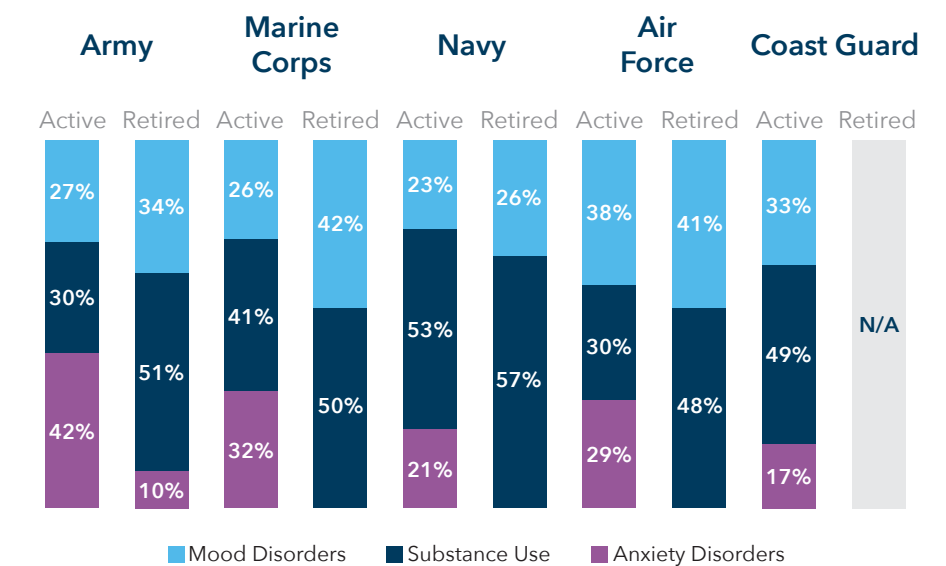
Military Inpatients with PTSD Diagnosis (N=1,277)



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%

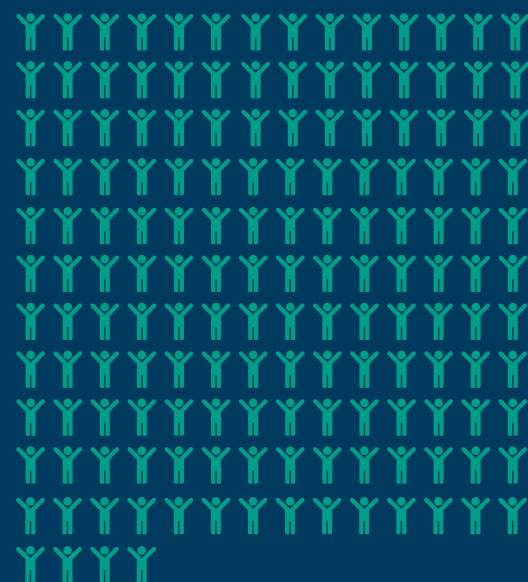
Educational Services

Exceed National Averages

In 2022, UHS' dedicated teachers, principals and support staff continued to help students excel and recover educationally with individualized strategies including tutoring, online remediation and extra mental health supports in the classroom.

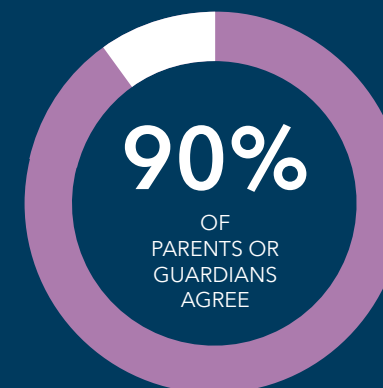
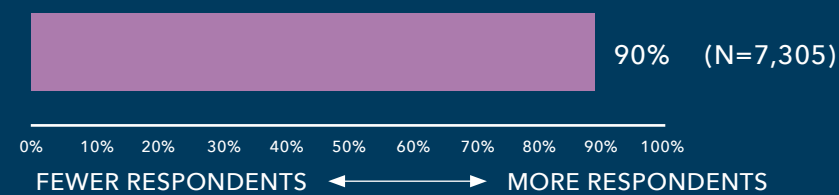
We are proud to report that in 2022, 158 students completed their high school requirements.

UHS also earned high scores from the industry's reputable accreditation agency, Cognia®. In 2022, all six of our schools that underwent a Cognia accreditation engagement review, exceeded the agency's national education accreditation scores.

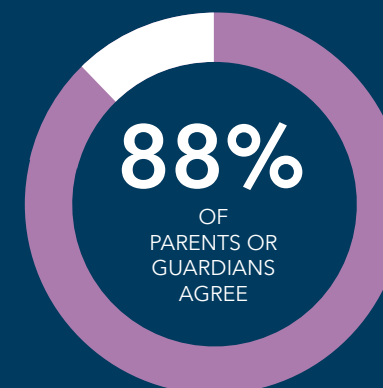
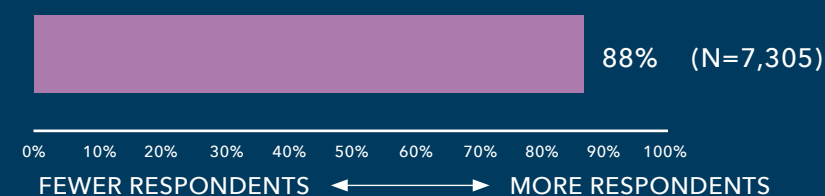


Best in Class Satisfaction

The Academic Staff Truly Cares About My Child



Satisfied With The Facility's Education Program



Six schools far exceeded the national average in accreditation scores by Cognia, a national body recognizing critical performance standards in education.

All six exceeded the national average of 278.34 - 283.33.



301.21

364.83

322.50

298.10

292.41

338.28

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

4,447

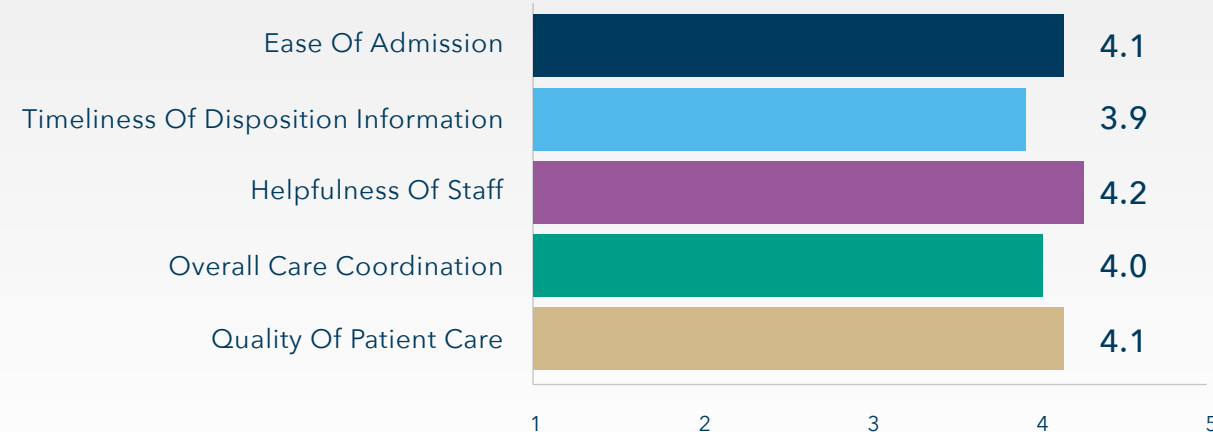
Referral source satisfaction surveys collected in 2022.

As a result of our responsiveness, clinical expertise, nationally recognized specialty programs, and proven outcomes, 84% of professional referral sources indicate that UHS is their provider of choice.

84%

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

| MEASURE | UHS 2022 | Comparison 2021* |
|------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed | 96.94% | 95.00%* |
| HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification | 78.21% | 62.00% |
| SUB-2: Alcohol Use Brief Intervention Provided or Offered | 72.56% | 65.00% |
| SUB-2a*: Alcohol Use Brief Intervention Provided | 77.35% | 76.00% |
| SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge | 77.14% | 75.00% |
| SUB-3a*: Alcohol and Other Drug Use Disorder Treatment at Discharge | 61.11% | 62.00% |
| TOB-2: Tobacco Use Treatment Provided or Offered | 82.29% | 72.00% |
| TOB-2a*: Tobacco Use Treatment Provided | 34.69% | 42.00% |
| TOB-3: Tobacco Use Treatment Provided or Offered at Discharge | 73.09% | 57.00% |
| TOB-3a*: Tobacco Use Treatment Provided at Discharge | 9.48% | 18.00% |
| IMM-2*: Influenza Immunization | 70.82% | 77.00% |
| METSCRN: Patients discharged on 1+ antipsychotic medications with a metabolic screening | 84.65% | 77.00% |
| TransRecPt: Transition Record with Specified Elements Received by Discharged Patients | 84.92% | 67.00% |

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

* Comparison Results based on 2021 discharges. Comparison data is taken from CMS except for HBIPS-1, which is TJC-only. IMM-2 results are only applicable for Q1 & Q4 discharges

Comparison groups include units in medical surgical facilities.



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