OUR IMPACT
BY THE NUMBERS

UHS

2023

BEHAVIORAL
HEALTH DIVISION

Our Impact In **2023** – *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

The Clinical Services Department and Mental Health Outcomes are pleased to share the 2023 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. The principles of UHS are borne out in this document reflecting our provision of superior quality patient care and recognizing and valuing each member of our team and their good work.

Every day offers an opportunity to provide compassionate care while improving the lives of the individuals we have the privilege to 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.

Karen E. Johnson, MSW

Senior Vice President,
Chief Clinical Officer,
Behavioral Health Division,
Universal Health Services

* 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.

1

Child Population At a Glance

Patients Served By Level Of Care

- ■ Inpatient
- ■ Residential
- ■ PHP
- ■ IOP
- ■ Outpatient

8.0%
4.0%
10.8%
4.5%
72.7%
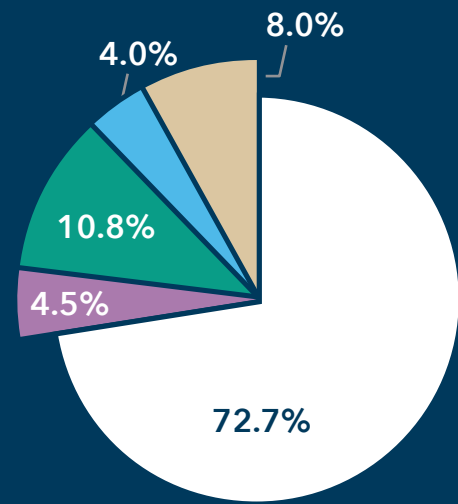
PATIENT PROFILE

Average Age	10 years
Sex	53% female, 47% male
Race	60% White; 24% African American; 2% Other; 14% UTD*
Hispanic Ethnicity	12%

* Unable to determine race

Top 5 Primary Psychiatric Diagnoses

Mood Disorders	86%
Childhood Onset Disorders	6%
Anxiety & Other Nonpsychotic Disorders	5%
Disorders of Personality and Behavior	1%
Developmental Disorders	1%

Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.4
Average Number of Co-morbid Medical Conditions	0.8
Percent of Patients with at least one Co-morbid Medical Condition	43.8%

Length of Stay

Average Length of Stay	22 days

Length Of Stay By Level Of Care

INPATIENT 9 DAYS	PHP 20 DAYS	IOP 26 DAYS	RESIDENTIAL 156 DAYS	OUTPATIENT 324 DAYS

Adolescent Population At a Glance

Patients Served By Level Of Care

- ■ Inpatient
- ■ Residential
- ■ PHP
- ■ IOP
- ■ Outpatient

5.4%
2.5%
9.4%
7.1%
75.6%
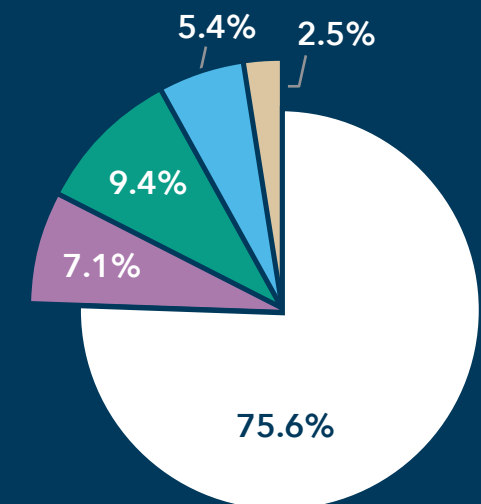
PATIENT PROFILE
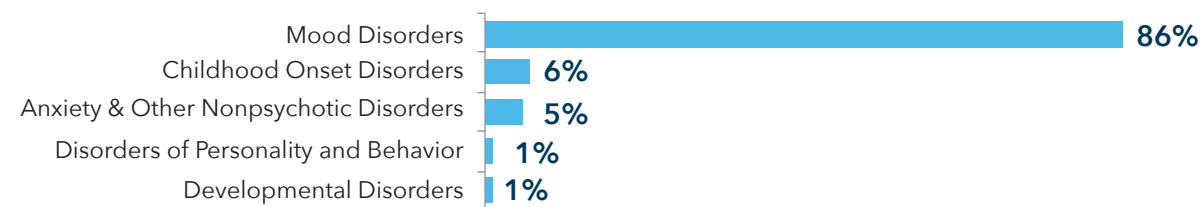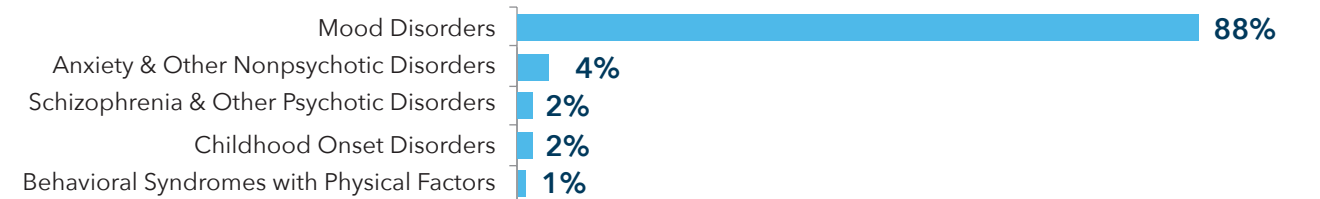
Average Age	15 years
Sex	66% female; 34% male
Race	64% White; 20% African American; 2% Other; 14% UTD*
Hispanic Ethnicity	15%

* Unable to determine race

Top 5 Primary Psychiatric Diagnoses

Mood Disorders	88%
Anxiety & Other Nonpsychotic Disorders	4%
Schizophrenia & Other Psychotic Disorders	2%
Childhood Onset Disorders	2%
Behavioral Syndromes with Physical Factors	1%

Diagnostic Complexity

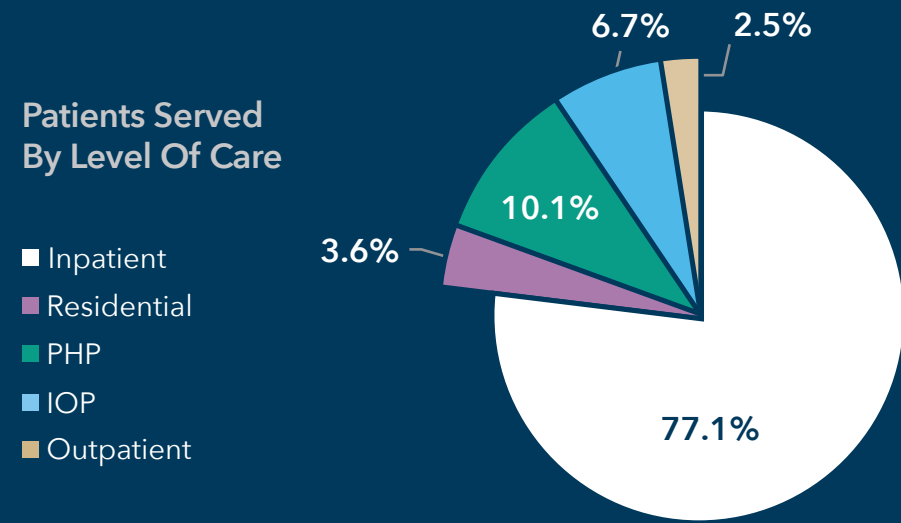|	
Average Number of Psychiatric Diagnoses	2.6
Average Number of Co-morbid Medical Conditions	1.0
Percent of Patients with at least one Co-morbid Medical Condition	48.9%

Length of Stay

Average Length of Stay	20 days

Length Of Stay By Level Of Care

INPATIENT 9 DAYS	PHP 18 DAYS	IOP 30 DAYS	RESIDENTIAL 126 DAYS	OUTPATIENT 217 DAYS

Adult Population At a Glance

Patients Served By Level Of Care

- ■ Inpatient
- ■ Residential
- ■ PHP
- ■ IOP
- ■ Outpatient

6.7% 2.5% 10.1% 3.6% 77.1%
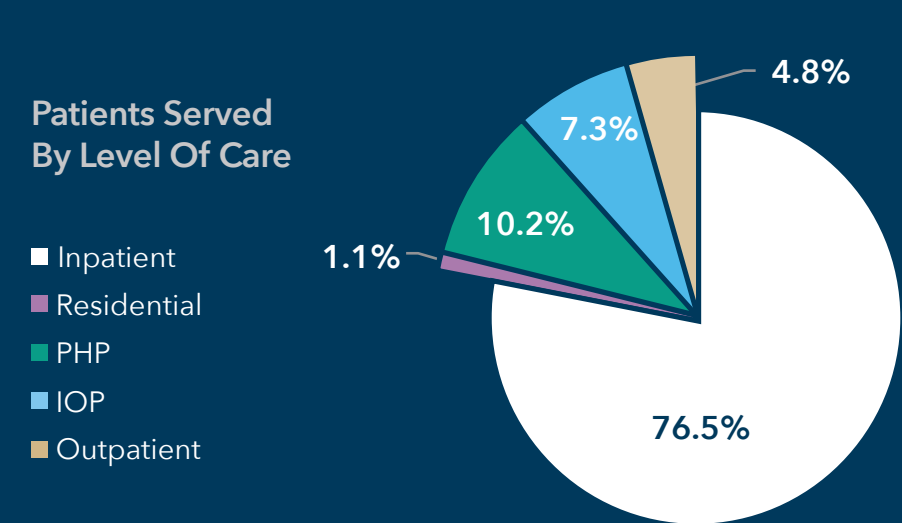
PATIENT PROFILE

Average Age	37 years
Sex	45% female; 55% male
Race	64% White; 22% African American; 2% Other; 12% UTD*
Hispanic Ethnicity	11%

* Unable to determine race

Top 5 Primary Psychiatric Diagnoses

Diagnosis	%
Mood Disorders	51%
Schizophrenia & Other Psychotic Disorders	24%
Psychoactive Substance Use	19%
Anxiety & Other Nonpsychotic Disorders	4%
Behavioral Syndromes with Physical Factors	1%

Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.8
Average Number of Co-morbid Medical Conditions	2.1
Percent of Patients with at least one Co-morbid Medical Condition	63.7%

Length of Stay

Average Length of Stay	13 days

Length Of Stay By Level Of Care

INPATIENT 9 DAYS → PHP 18 DAYS → IOP 36 DAYS → RESIDENTIAL 16 DAYS → OUTPATIENT 74 DAYS

Older Adult Population At a Glance

Patients Served By Level Of Care

- ■ Inpatient
- ■ Residential
- ■ PHP
- ■ IOP
- ■ Outpatient

4.8% 7.3% 10.2% 1.1% 76.5%
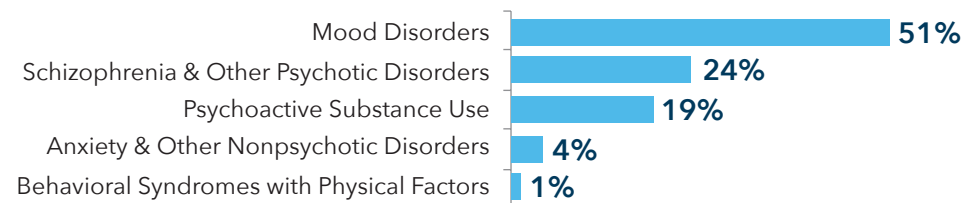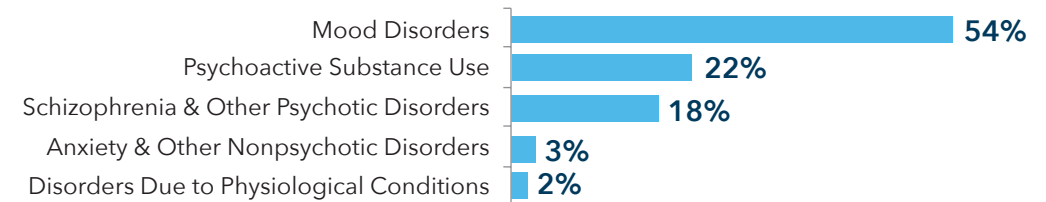
PATIENT PROFILE

Average Age	70 years
Sex	47% female; 53% male
Race	70% White; 20% African American; 1% Other; 9% UTD*
Hispanic Ethnicity	9%

* Unable to determine race

Top 5 Primary Psychiatric Diagnoses

Diagnosis	%
Mood Disorders	54%
Psychoactive Substance Use	22%
Schizophrenia & Other Psychotic Disorders	18%
Anxiety & Other Nonpsychotic Disorders	3%
Disorders Due to Physiological Conditions	2%

Diagnostic Complexity

Average Number of Psychiatric Diagnoses	2.3
Average Number of Co-morbid Medical Conditions	4.4
Percent of Patients with at least one Co-morbid Medical Condition	81.0%

Length of Stay

Average Length of Stay	15 days

Length Of Stay By Level Of Care

INPATIENT 11 DAYS → PHP 18 DAYS → IOP 41 DAYS → RESIDENTIAL 20 DAYS → OUTPATIENT 50 DAYS
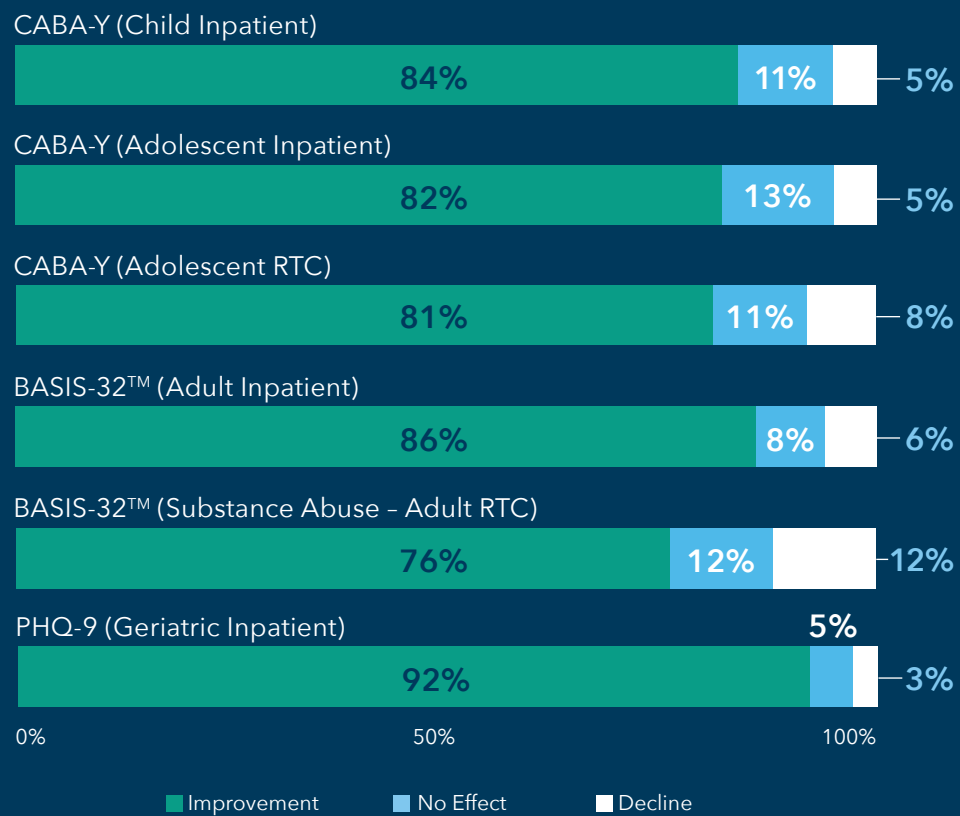
Our Patients Improved ☑

In 2023, 172 UHS Behavioral Health facilities with 968 distinct programs captured severity rating scales for approximately 425,743 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, 83% 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.

172 Facilities

968 Programs

425,743 Patients

UHS BH Percent of Patients with Meaningful Improvement*

CABA-Y (Child Inpatient)
84% | 11% | 5%

CABA-Y (Adolescent Inpatient)
82% | 13% | 5%

CABA-Y (Adolescent RTC)
81% | 11% | 8%

BASIS-32™ (Adult Inpatient)
86% | 8% | 6%

BASIS-32™ (Substance Abuse – Adult RTC)
76% | 12% | 12%

PHQ-9 (Geriatric Inpatient)
92% | 5% | 3%

0%   50%   100%

■ Improvement   ■ No Effect   ■ Decline

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

Child Patient Improvement

92% OF PATIENTS IMPROVED

BPRS-C-9 (Inpatient)

ADMISSION — 25.6 (N=3,195)
DISCHARGE — 8.2 (N=2,920)

0   5   10   15   20   25   30
LESS SEVERE ← → MORE SEVERE

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.

94% OF PATIENTS IMPROVED

CABA-I (Inpatient)

ADMISSION — 1.2 (N=4,619)
DISCHARGE — 0.3 (N=3,941)

0   0.2   0.4   0.6   0.8   1.0   1.2   1.4
LESS SEVERE ← → MORE SEVERE

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.

91% OF PATIENTS IMPROVED

CABA-I (Partial Hospitalization)

ADMISSION — 1.1 (N=420)
DISCHARGE — 0.4 (N=187)

0   0.2   0.4   0.6   0.8   1.0   1.2
LESS SEVERE ← → MORE SEVERE

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.

71% OF PATIENTS IMPROVED

CABA-Y (Partial Hospitalization)

ADMISSION — 0.9 (N=1,161)
DISCHARGE — 0.5 (N=776)

0   0.2   0.4   0.6   0.8   1.0
LESS SEVERE ← → MORE SEVERE

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.

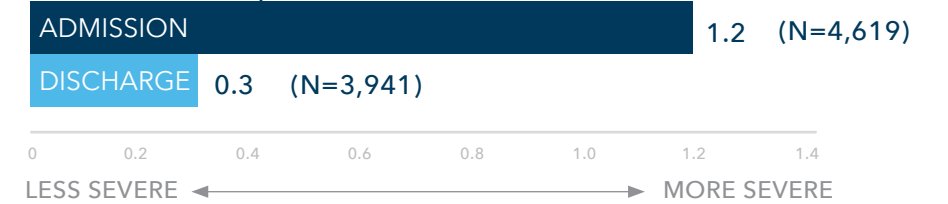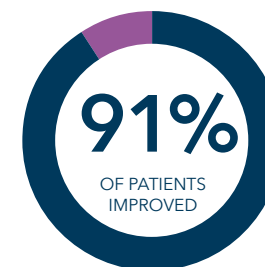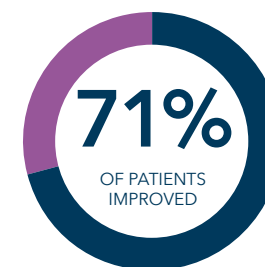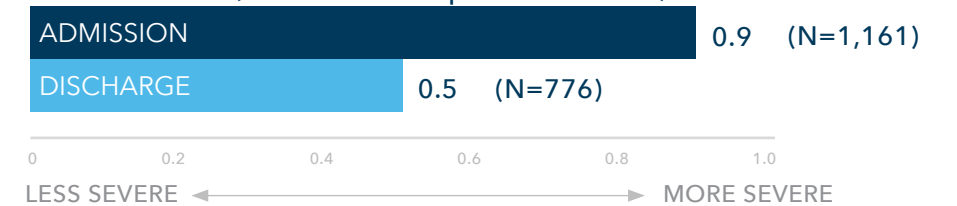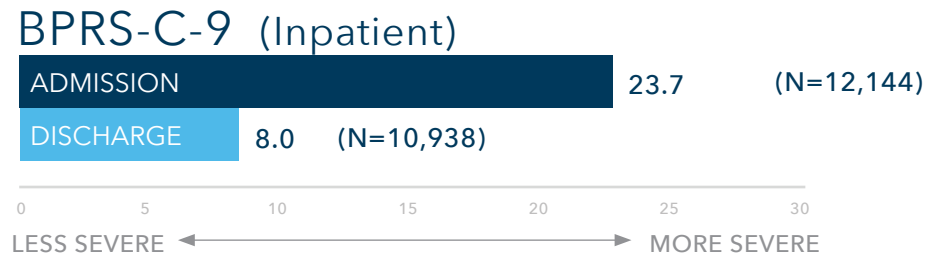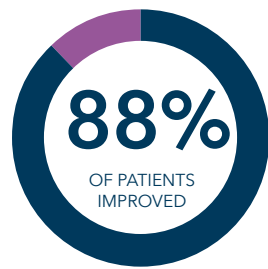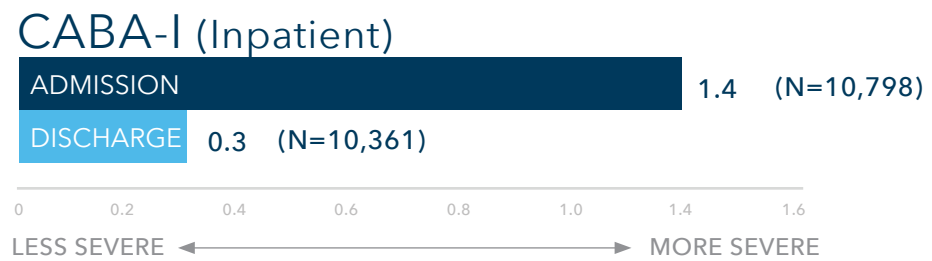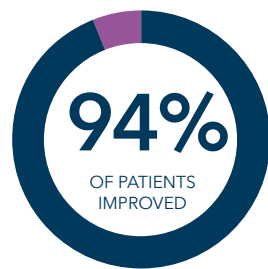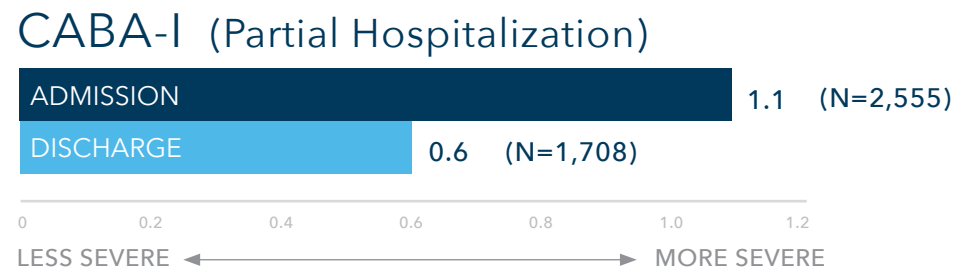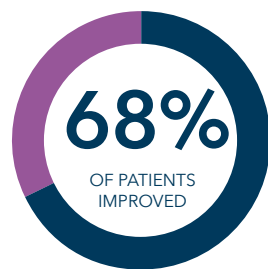# Adolescent Patient Improvement

BPRS-C-9 (Inpatient)

88% OF PATIENTS IMPROVED

ADMISSION	23.7 (N=12,144)
DISCHARGE	8.0 (N=10,938)

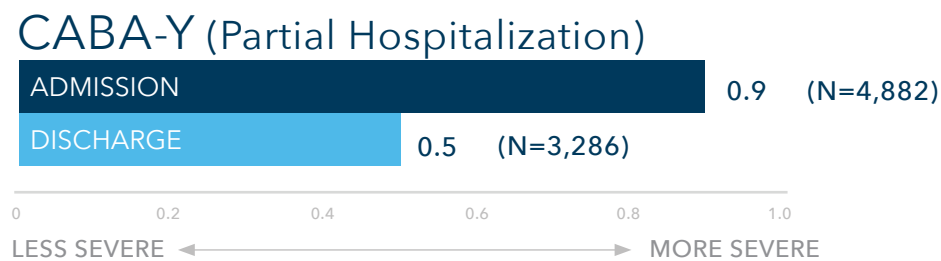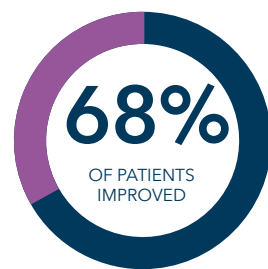0　5　10　15　20　25　30
LESS SEVERE ← → MORE SEVERE

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)

94% OF PATIENTS IMPROVED

ADMISSION	1.4 (N=10,798)
DISCHARGE	0.3 (N=10,361)

0　0.2　0.4　0.6　0.8　1.0　1.4　1.6
LESS SEVERE ← → MORE SEVERE

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)

68% OF PATIENTS IMPROVED

ADMISSION	1.1 (N=2,555)
DISCHARGE	0.6 (N=1,708)

0　0.2　0.4　0.6　0.8　1.0　1.2
LESS SEVERE ← → MORE SEVERE

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.
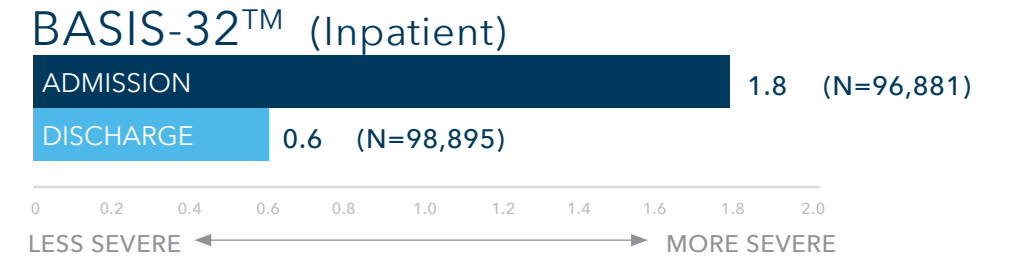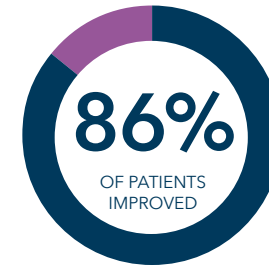
CABA-Y (Partial Hospitalization)

68% OF PATIENTS IMPROVED

ADMISSION	0.9 (N=4,882)
DISCHARGE	0.5 (N=3,286)

0　0.2　0.4　0.6　0.8　1.0
LESS SEVERE ← → MORE SEVERE

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.
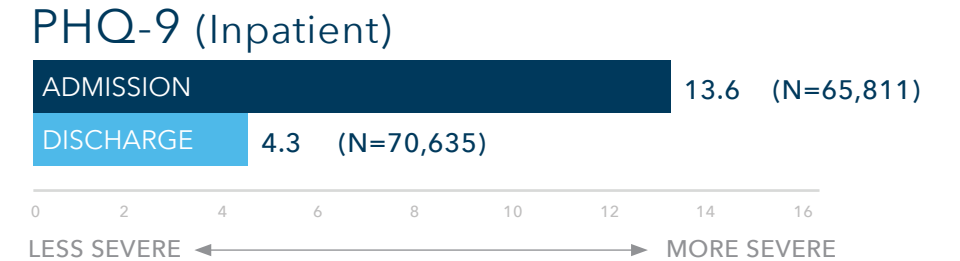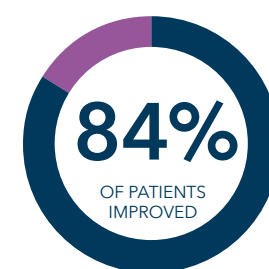

Adult Patient Improvement

BASIS-32™ (Inpatient)

86% OF PATIENTS IMPROVED

ADMISSION	1.8 (N=96,881)
DISCHARGE	0.6 (N=98,895)

0　0.2　0.4　0.6　0.8　1.0　1.2　1.4　1.6　1.8　2.0
LESS SEVERE ← → MORE SEVERE

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.
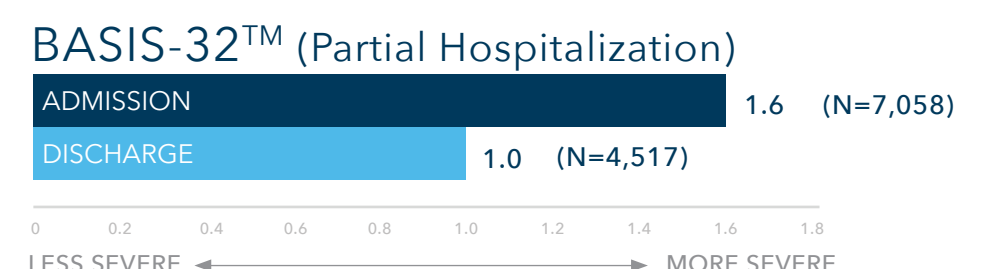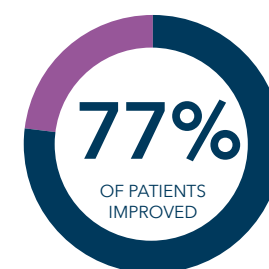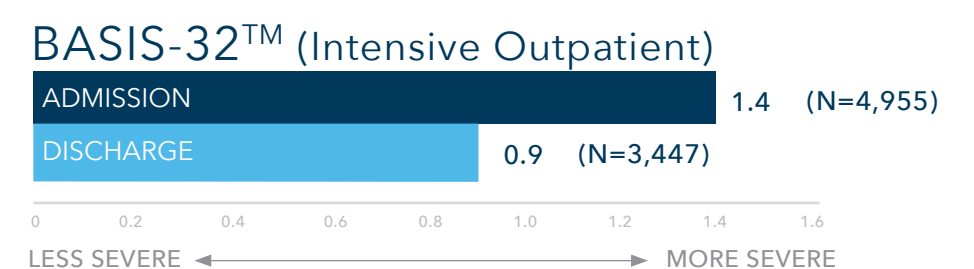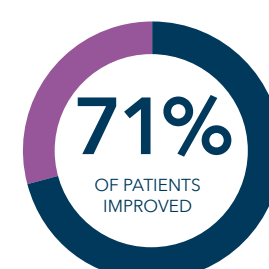
PHQ-9 (Inpatient)

84% OF PATIENTS IMPROVED

ADMISSION	13.6 (N=65,811)
DISCHARGE	4.3 (N=70,635)

0　2　4　6　8　10　12　14　16
LESS SEVERE ← → MORE SEVERE

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.
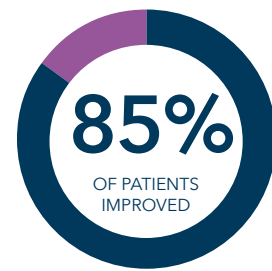
BASIS-32™ (Partial Hospitalization)

77% OF PATIENTS IMPROVED

ADMISSION	1.6 (N=7,058)
DISCHARGE	1.0 (N=4,517)

0　0.2　0.4　0.6　0.8　1.0　1.2　1.4　1.6　1.8
LESS SEVERE ← → MORE SEVERE

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.

BASIS-32™ (Intensive Outpatient)

71% OF PATIENTS IMPROVED

ADMISSION	1.4 (N=4,955)
DISCHARGE	0.9 (N=3,447)

0　0.2　0.4　0.6　0.8　1.0　1.2　1.4　1.6
LESS SEVERE ← → MORE SEVERE

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.
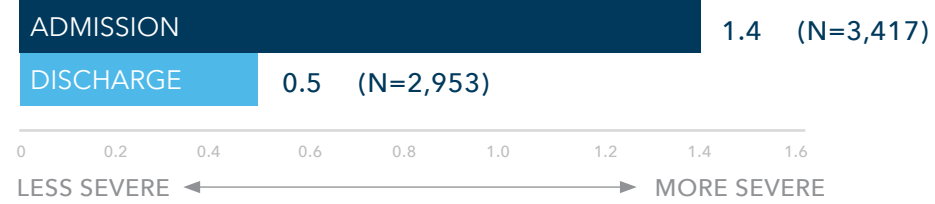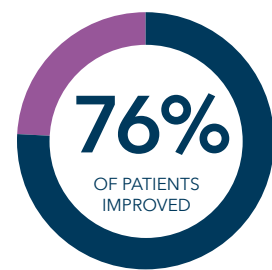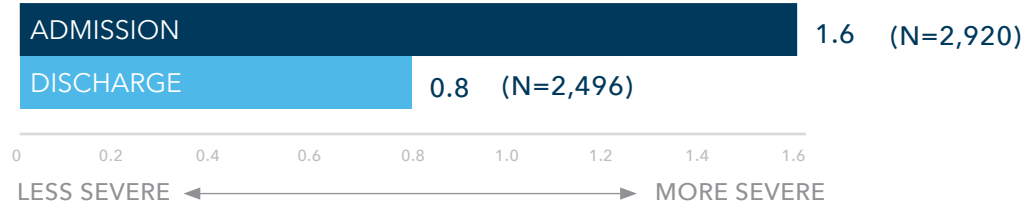
Residential & Substance Use Patient Improvement

85% OF PATIENTS IMPROVED

CABA-I (Adolescent Residential)

ADMISSION	1.4 (N=3,417)
DISCHARGE	0.5 (N=2,953)

0   0.2   0.4   0.6   0.8   1.0   1.2   1.4   1.6

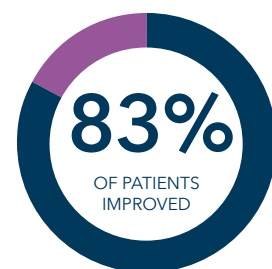LESS SEVERE ◄————————► MORE SEVERE

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.

76% OF PATIENTS IMPROVED

BASIS-32™ Adult Residential (Substance Use)

ADMISSION	1.6 (N=2,920)
DISCHARGE	0.8 (N=2,496)

0   0.2   0.4   0.6   0.8   1.0   1.2   1.4   1.6

LESS SEVERE ◄————————► MORE SEVERE

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.
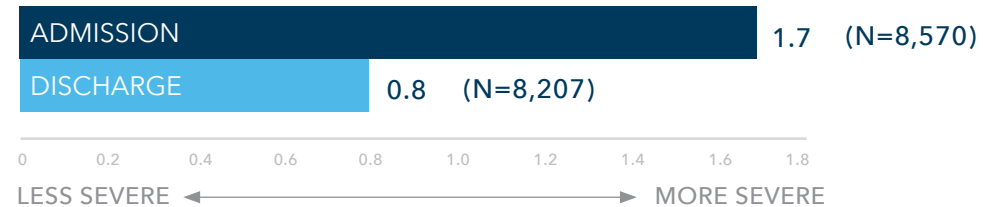
83% OF PATIENTS IMPROVED

BASIS-32™ Adult Inpatient (Substance Use)

ADMISSION	1.7 (N=8,570)
DISCHARGE	0.8 (N=8,207)

0   0.2   0.4   0.6   0.8   1.0   1.2   1.4   1.6   1.8

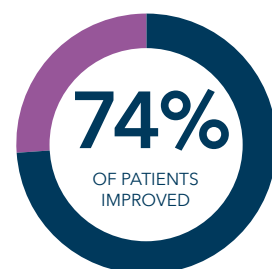LESS SEVERE ◄————————► MORE SEVERE

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.
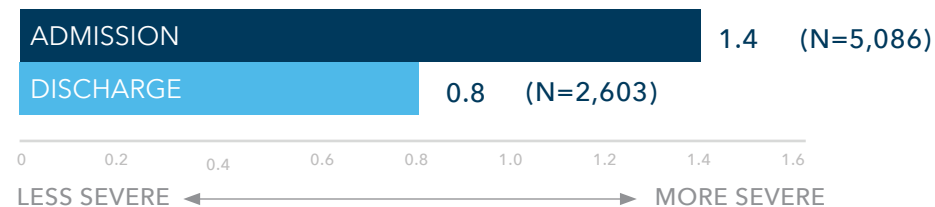
74% OF PATIENTS IMPROVED

BASIS-32™ Adult Partial Hospitalization (Substance Use)

ADMISSION	1.4 (N=5,086)
DISCHARGE	0.8 (N=2,603)

0   0.2   0.4   0.6   0.8   1.0   1.2   1.4   1.6

LESS SEVERE ◄————————► MORE SEVERE

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

Score	Year
4.45	2013
4.46	2014
4.47	2015
4.46	2016
4.49	2017
4.47	2018
4.47	2019
4.46	2020
4.44	2021
4.43	2022
4.43	2023

1   2   3   4   5

91% feel better at discharge than when admitted.

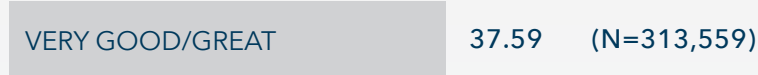**89%** my treatment goals and needs were met.

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.") An NPS between 0 and +29 is generally deemed good, an NPS between +30 and +49 is generally deemed very good/great, an NPS between +50 and +69 is generally deemed excellent and anything over +70 is exceptional.

Inpatient
VERY GOOD/GREAT   37.59   (N=313,559)

Residential
VERY GOOD/GREAT   39.75   (N=13,409)

PHP
EXCELLENT   58.05   (N=22,990)

IOP
EXCELLENT   61.41   (N=13,686)

Outpatient
EXCEPTIONAL   73.02   (N=430)

Substance Use Disorder
EXCELLENT   54.29   (N=32,616)

-100	0	10	20	30	40	50	60	70	80	90	100

NEEDS IMPROVEMENT   GOOD   VERY GOOD/GREAT   EXCELLENT   EXCEPTIONAL

12

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.
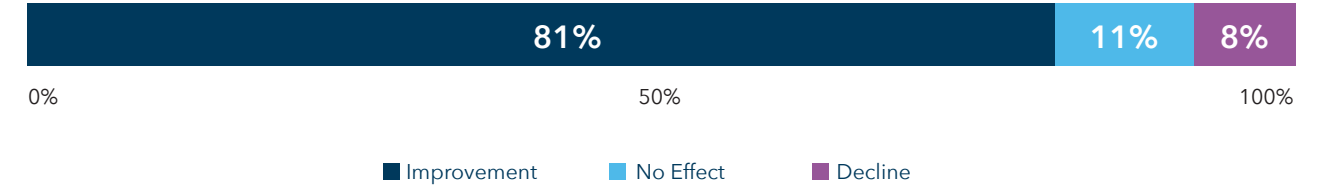
PATRIOT SUPPORT PROGRAMS of UHS

PCL-5 Meaningful Improvement

All Inpatient Military (N=3,149)

78%	12%	10%
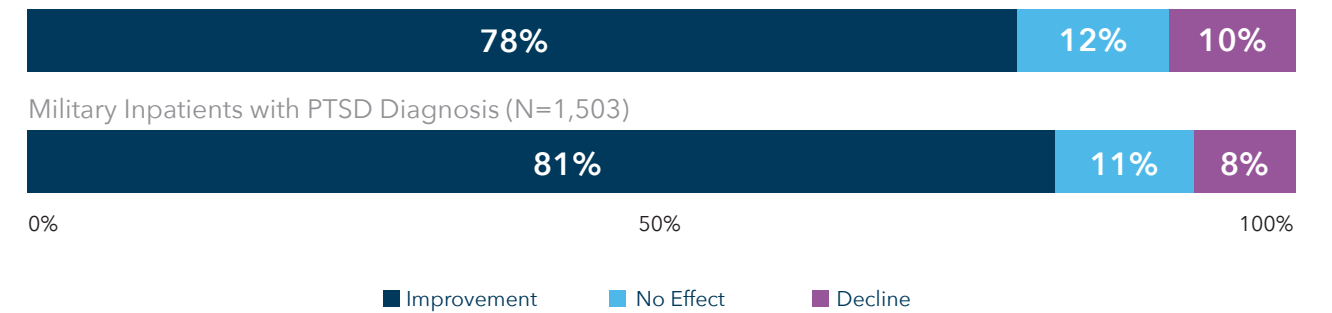
Military Inpatients with PTSD Diagnosis (N=1,503)

81%	11%	8%

0%   50%   100%

■ Improvement   ■ No Effect   ■ Decline

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.

	Army		Marine Corps		Navy		Air Force		Coast Guard	
	Active	Retired	Active	Retired	Active	Retired	Active	Retired	Active	Retired
Mood Disorders	28%	44%	32%	39%	22%	42%	38%	33%	31%	N/A
Substance Use	27%		32%		47%		30%	54%	50%	
Anxiety Disorders	43%	40%		49%		54%	30%		18%	
Other	2%	6%	4%	32%	3%	27%	2%	9%	1%	
		10%		8%		4%		5%		

■ Mood Disorders   ■ Substance Use   ■ Anxiety Disorders   ■ Other
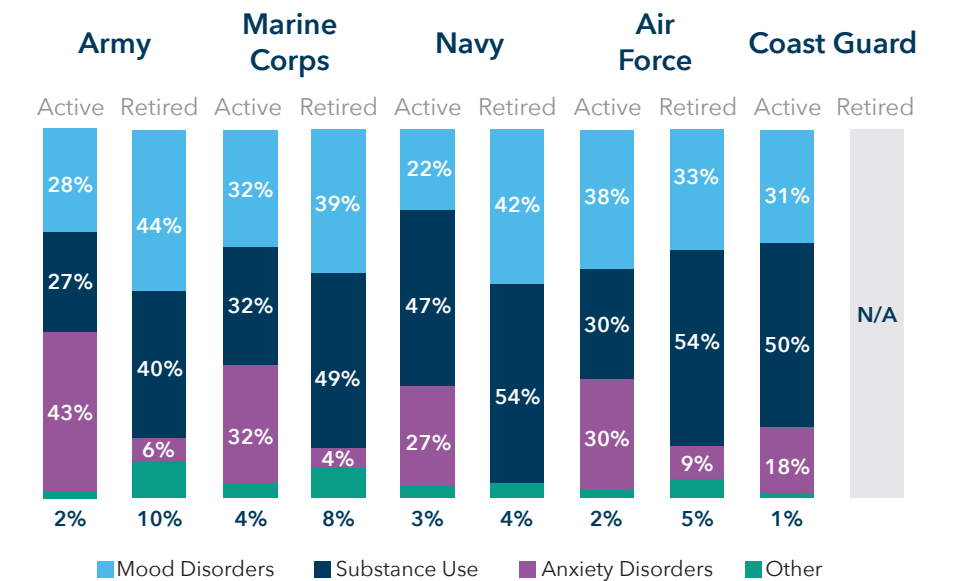
Programs also treat personnel from the Reserves and National Guard; however, outcomes data volume is insufficient for reporting.

*Due to rounding, numbers may add up to more than 100%
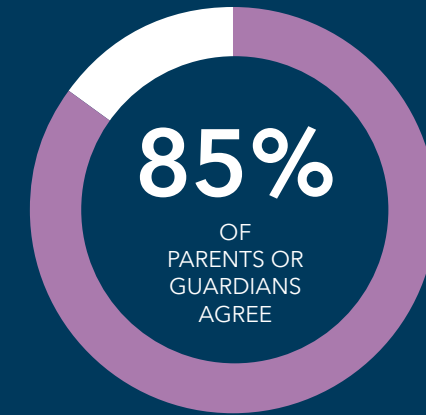
13

Educational Services

In 2023, we focused on expanding services to integrate students' mental health and wellness throughout their academic curriculum.

We are proud that in 2023, our creative and innovative teachers assisted 136 students with completing their high school requirements.
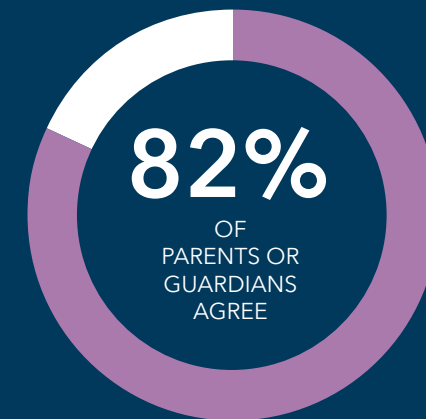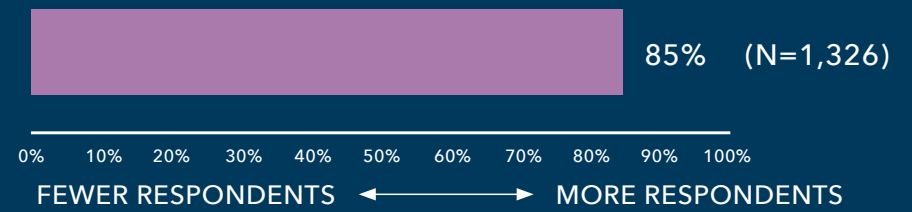
By providing personalized lessons utilizing a combination of direct instruction, on-line platforms and community-based instruction, student achievement reached new heights.

85% of parents and guardians indicated that the academic staff truly cared about their child and 82% are satisfied with the facility's education program.
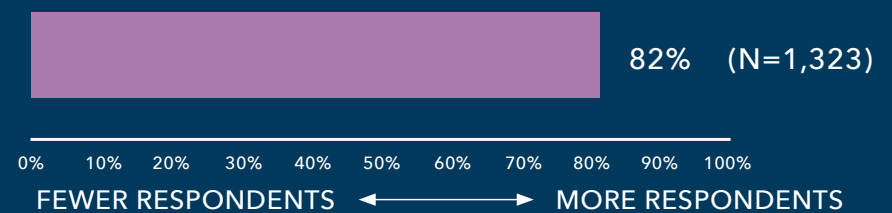
85%
OF
PARENTS OR
GUARDIANS
AGREE

Best in Class Satisfaction

The Academic Staff Truly Cares About My Child

85%   (N=1,326)

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

FEWER RESPONDENTS ◄────► MORE RESPONDENTS

82%
OF
PARENTS OR
GUARDIANS
AGREE

Satisfied With The Facility's Education Program

82%   (N=1,323)

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

FEWER RESPONDENTS ◄────► MORE RESPONDENTS

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.
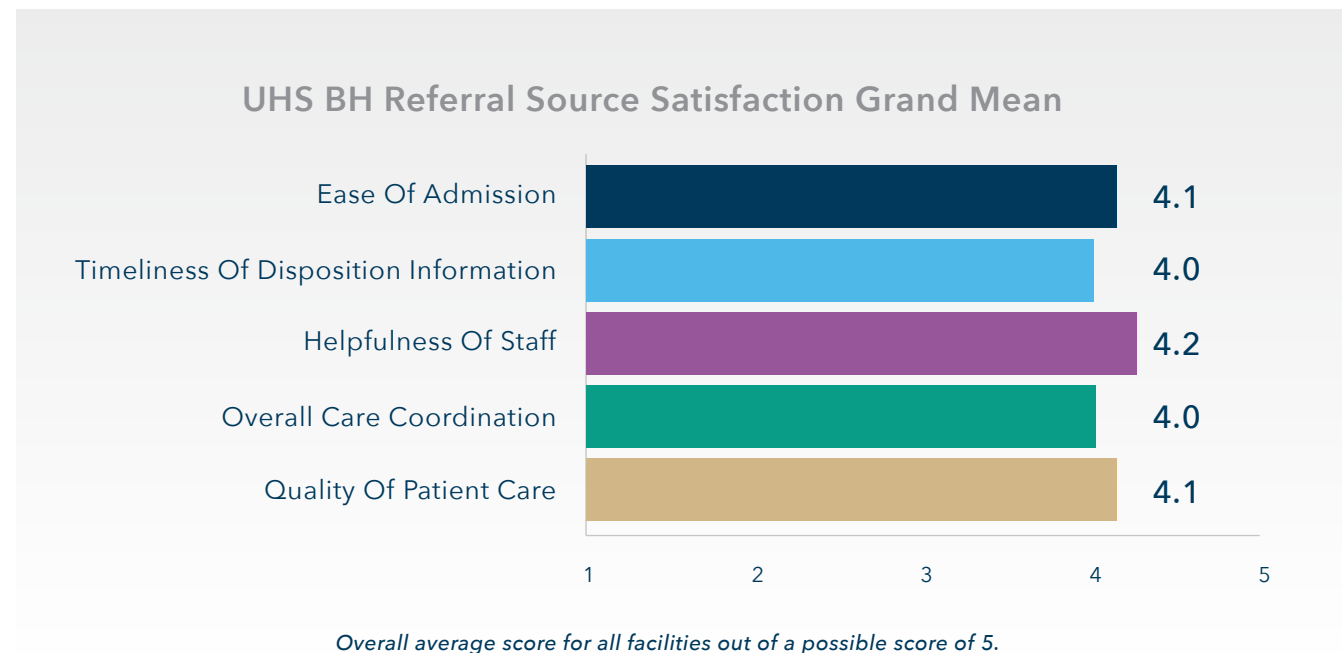
Referral Source Satisfaction

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.

8,867

Referral source satisfaction surveys collected in 2023.

84%

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

UHS BH Referral Source Satisfaction Grand Mean

Category	Score
Ease Of Admission	4.1
Timeliness Of Disposition Information	4.0
Helpfulness Of Staff	4.2
Overall Care Coordination	4.0
Quality Of Patient Care	4.1

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 2023	CMS Comparison 2022*
HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification	75.90%	58.00%
SUB-2: Alcohol Use Brief Intervention Provided or Offered	74.40%	61.00%
SUB-2a⁺: Alcohol Use Brief Intervention Provided	78.74%	77.00%
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	77.62%	72.00%
SUB-3a⁺: Alcohol and Other Drug Use Disorder Treatment at Discharge	60.78%	61.00%
TOB-2: Tobacco Use Treatment Provided or Offered	81.96%	71.00%
TOB-2a⁺: Tobacco Use Treatment Provided	36.60%	41.00%
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge	72.62%	58.00%
TOB-3a⁺: Tobacco Use Treatment Provided at Discharge	10.70%	16.00%
IMM-2*: Influenza Immunization	71.69%	77.00%
METSCRN: Patients discharged on 1+ antipsychotic medications with a metabolic screening	83.79%	79.00%
TransRecPt: Transition Record with Specified Elements Received by Discharged Patients	84.14%	62.00%

+ We respect the patient's right to refuse these offerings.
* Comparison Results based on 2022 discharges for CMS measures.
  IMM-2 results are only applicable for Q1 & Q4 discharges

Comparison groups include units in medical surgical facilities.

UHS

UNIVERSAL HEALTH SERVICES, INC.

Corporate Center
367 South Gulph Road
King of Prussia, PA 19406
uhs.com

240037-3663 3/24