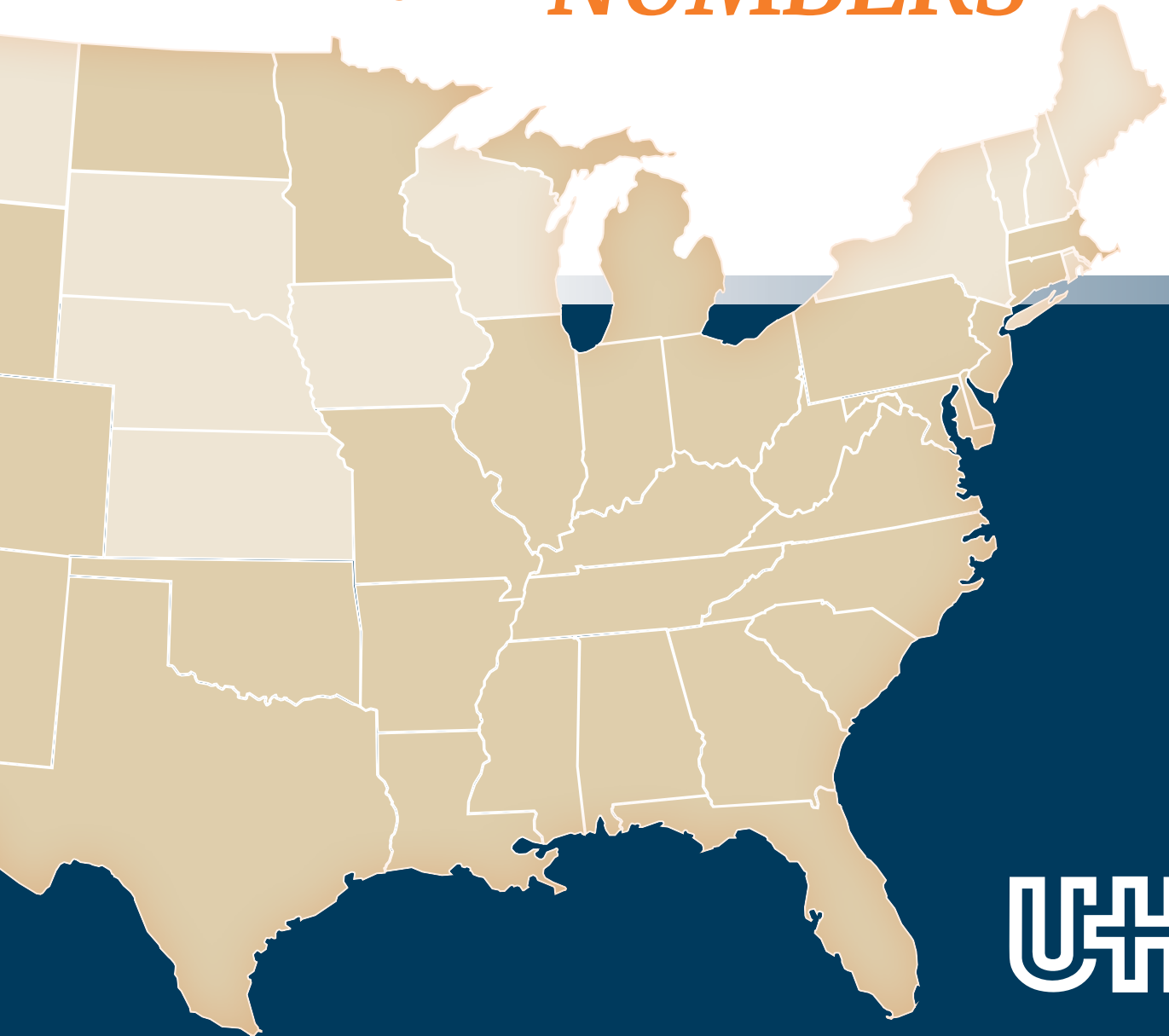


UNIVERSAL HEALTH SERVICES, INC.

BEHAVIORAL HEALTH DIVISION

OUR IMPACT IN
2019
by the **NUMBERS**



Our Impact In 2019 – *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.

A Message from Karen Johnson



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

The Clinical Services Department and Mental Health Outcomes are very pleased to share 2019 By the Numbers, highlighting the Division's clinical and quality outcome successes. The past year saw an ever-increasing commitment to high-quality care and patient safety. This document reflects your unwavering attention to our mission - to take care of our patients.

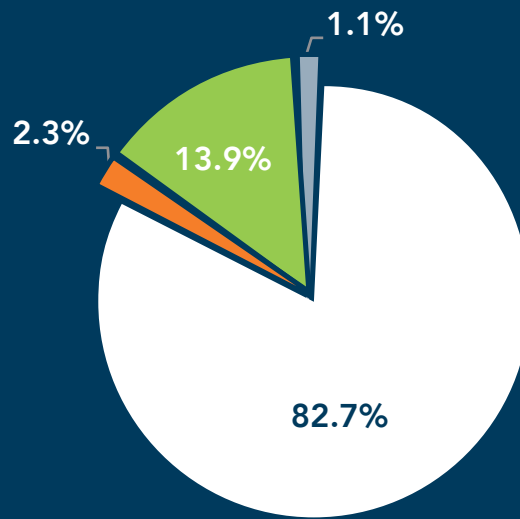
Please take this document and share it with your facility staff. We do not always take the time to celebrate and this is certainly one way to remind them that their hard work matters.

Each day presents its unique challenges and 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.

Child Population At a Glance

Patients Served By Level Of Care

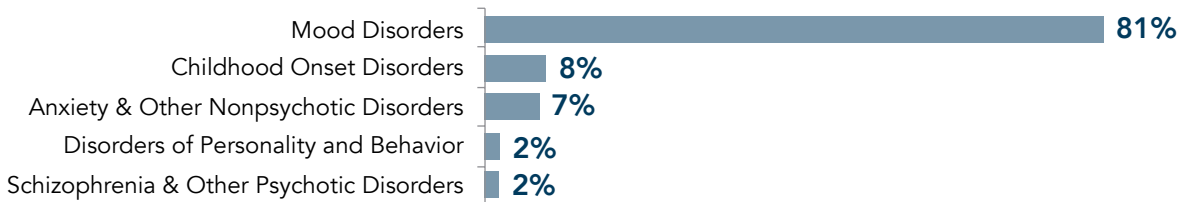
- Inpatient
- Residential
- PHP
- IOP



PATIENT PROFILE

Average Age	10 years
Sex	42% Female; 58% Male
Race	62% White; 27% African American; 2% Other; 9% 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	13 days
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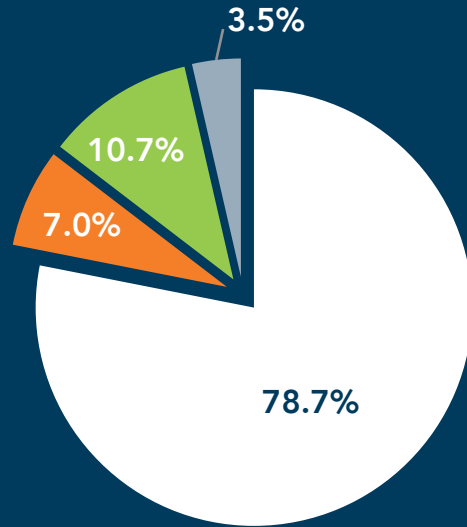
Length Of Stay By Level Of Care



Adolescent Population At a Glance

Patients Served By Level Of Care

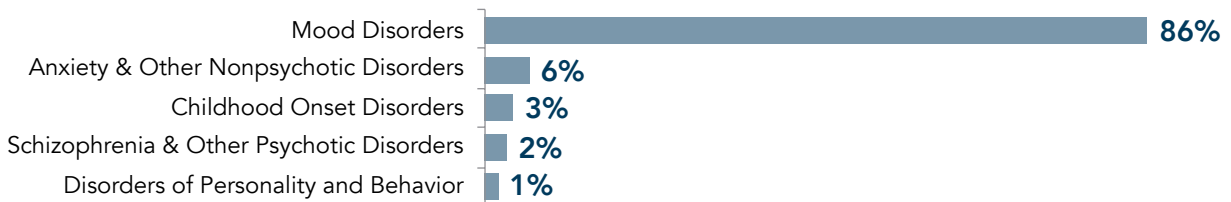
- Inpatient
- Residential
- PHP
- IOP



PATIENT PROFILE

Average Age	15 years
Sex	59% Female; 41% Male
Race	69% White; 20% African American; 3% Other; 8% 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	0.9
Percent of Patients with at least one Co-morbid Medical Condition	47%

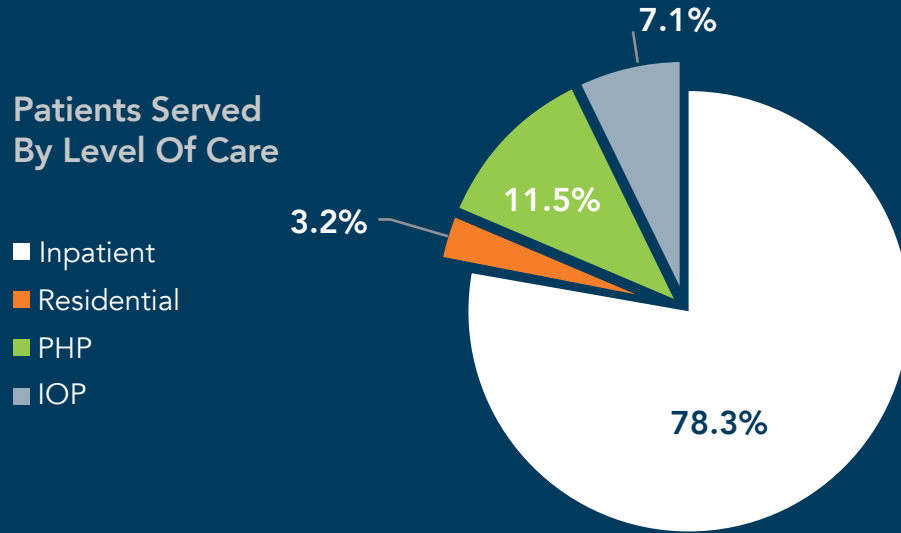
Length of Stay

Average Length of Stay	20 days
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Length Of Stay By Level Of Care



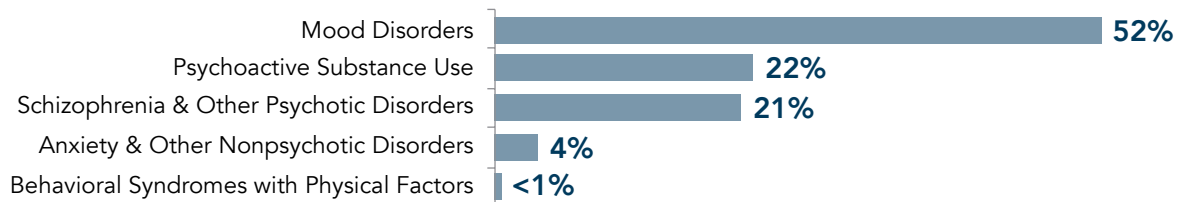
Adult Population At a Glance



PATIENT PROFILE

Average Age	39 years
Sex	45% Female; 55% Male
Race	70% White; 20% African American; 2% 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	2.2
Percent of Patients with at least one Co-morbid Medical Condition	64%

Length of Stay

Average Length of Stay	12 days
------------------------	---------

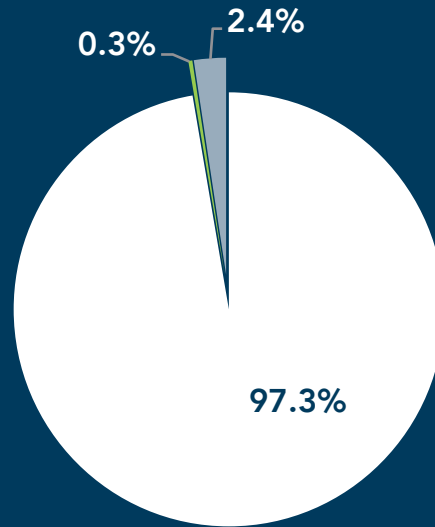
Length Of Stay By Level Of Care



Older Adult Population At a Glance

Patients Served By Level Of Care

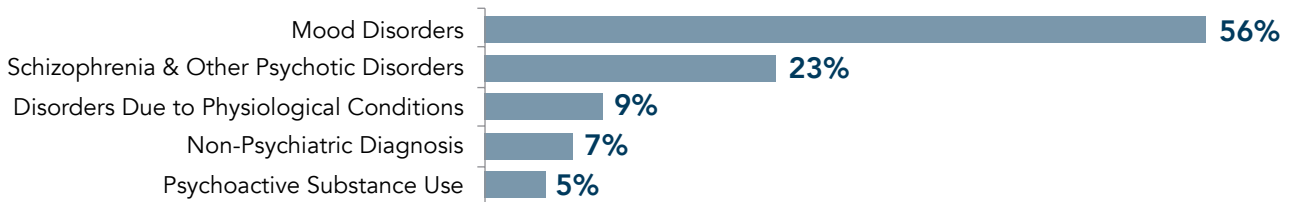
- Inpatient
- PHP
- IOP



PATIENT PROFILE

Average Age	65 years
Sex	55% Female; 45% Male
Race	76% 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	5.1
Percent of Patients with at least one Co-morbid Medical Condition	90%

Length of Stay

Average Length of Stay	12 days
------------------------	---------

Length Of Stay By Level Of Care



Our Patients Improved

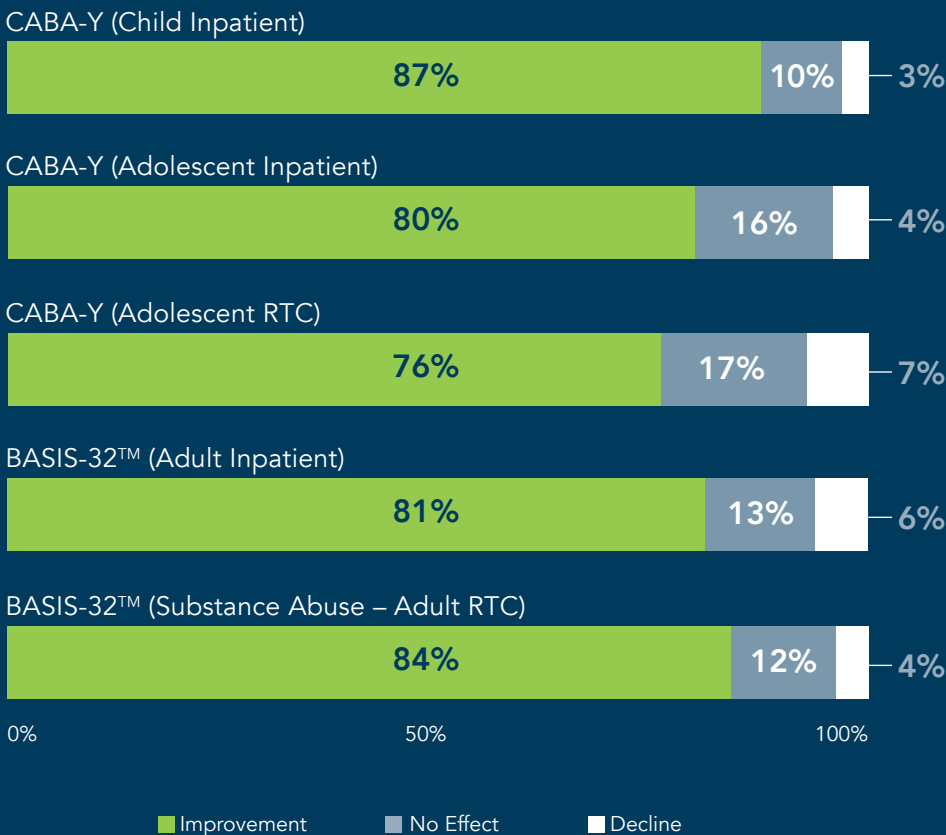
In 2019, 171 UHS Behavioral Health facilities with 866 distinct programs captured clinical outcomes measures for approximately 267,263 patients. We continue to expand our support in 2020 for clinical outcomes measures. While most providers are focused only on patient satisfaction, our commitment to quantifying 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 approximately 75% 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.

171 Facilities

866 Programs

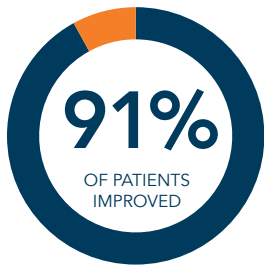
UHS BH Percent of Patients with Meaningful Improvement*



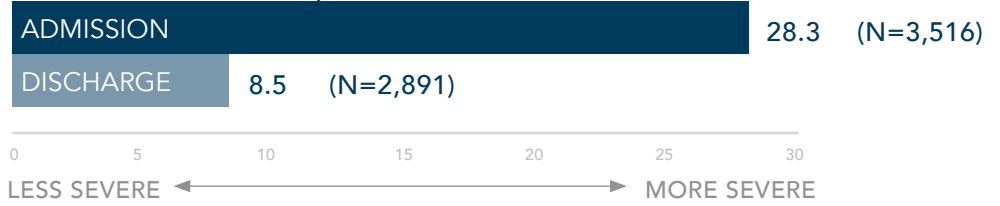
*Due to rounding, numbers may add up to more than 100%

267,263
Patients

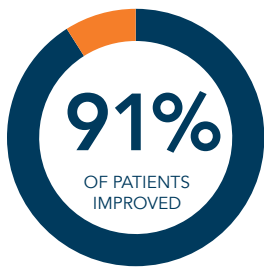
Child Patient Improvement



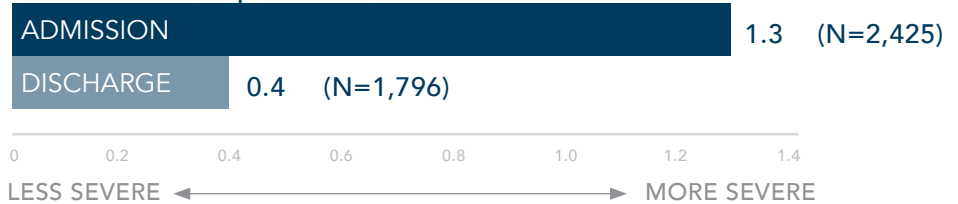
BPRS-C-9 (Inpatient)



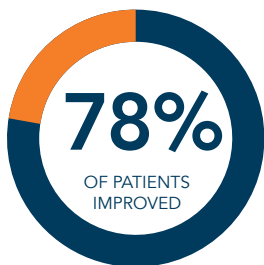
The Brief Psychiatric Rating Scale for Children 9-item (BPRS-C-9) is a clinician's rating of the level of severity of a patient's functioning and symptoms obtained through a structured interview conducted with the patient. The BPRS-C-9 is scored on a scale of 0 to 54, where higher scores indicate greater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



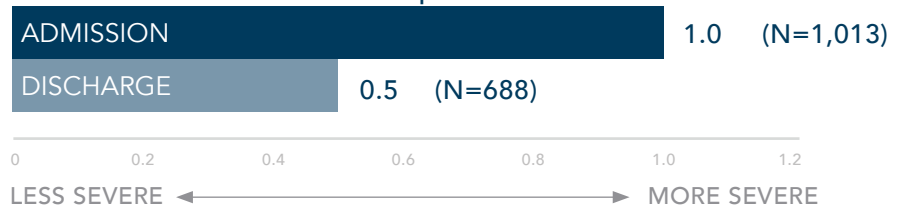
CABA-I (Inpatient)



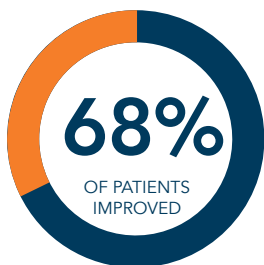
Child and Adolescent Behavioral Assessment Informant (CABA-I): A questionnaire to assess problem behaviors based on patient informant responses. The total scores range from 0 to 3, with higher scores indicating greater severity. Change scores range from -3 to +3, with higher scores indicating greater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



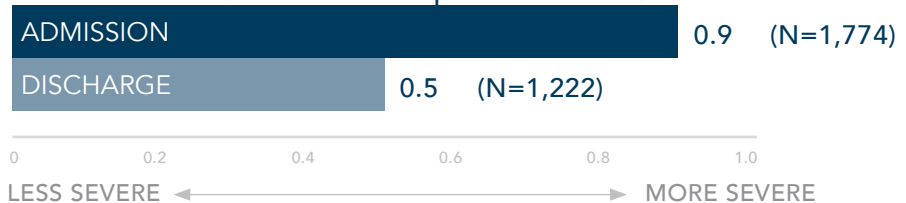
CABA-I (Partial Hospitalization)



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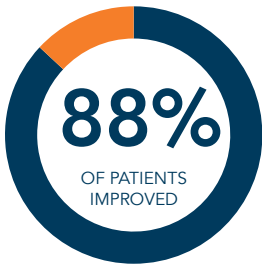


CABA-Y (Partial Hospitalization)



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.

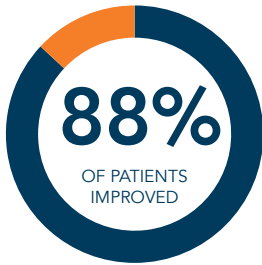
Adolescent Patient Improvement



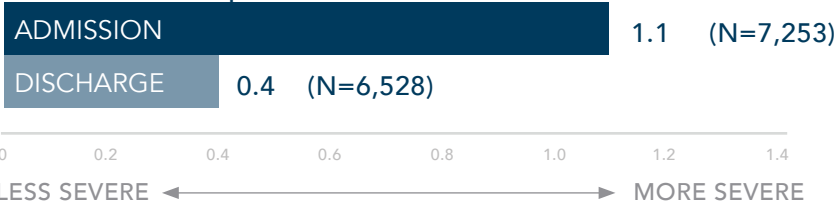
BPRS-C-9 (Inpatient)



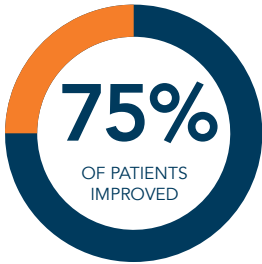
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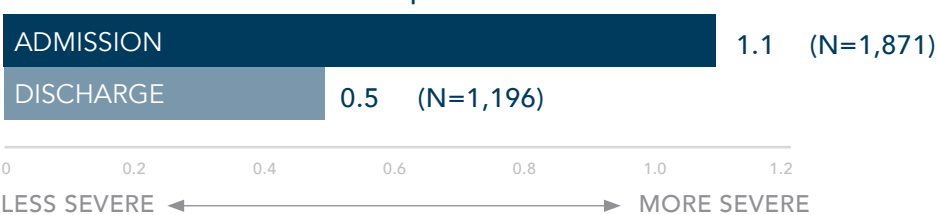
CABA-I (Inpatient)



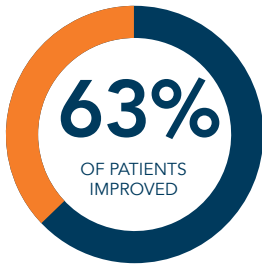
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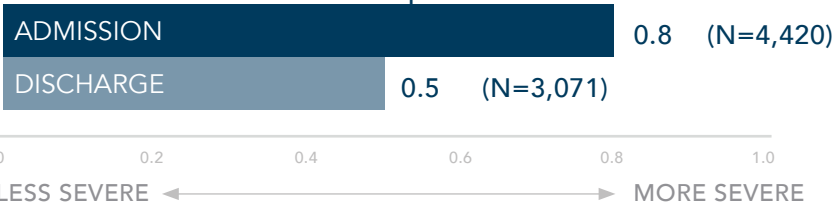
CABA-I (Partial Hospitalization)



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.

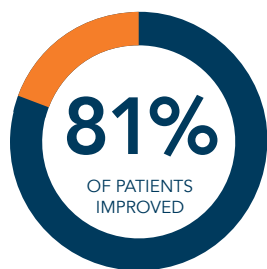


CABA-Y (Partial Hospitalization)

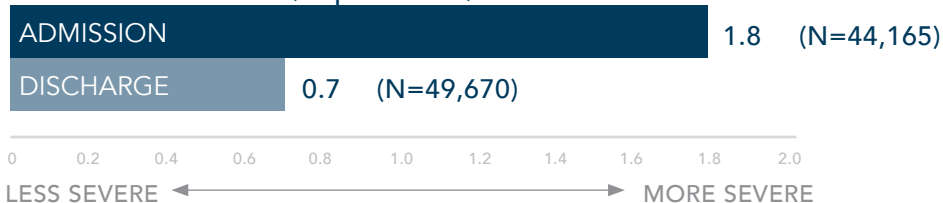


Child and Adolescent Behavioral Assessment Youth (CABA-Y): A questionnaire to assess problem behaviors based on patient responses. The total scores range from 0 to 3, with higher scores indicating greater severity. Change scores range from -3 to +3, with higher scores indicating greater improvement.

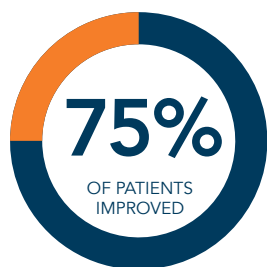
Adult Patient Improvement



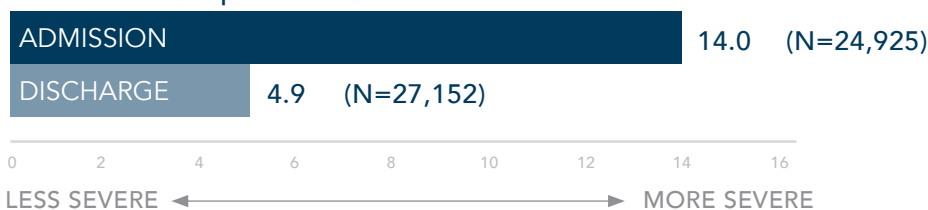
BASIS-32™ (Inpatient)



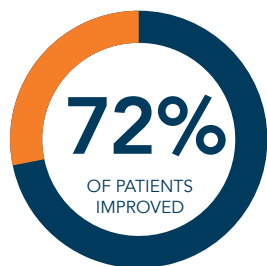
Behavior and Symptom Identification Scale (BASIS-32): 32-item patient self-report instrument that provides an overall score and five individual factor scores: relation to self and others, daily living skills, depression/anxiety, impulsive/addictive behavior, and psychosis. The total scores range from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



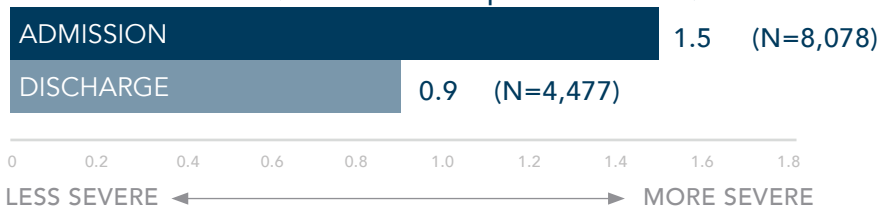
PHQ-9 (Inpatient)



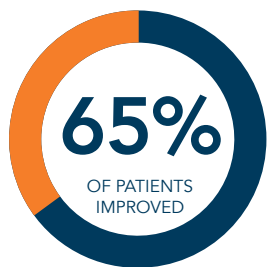
Patient Health Questionnaire (PHQ-9): 9-item self-report measure of a patient's level of depression over the past week obtained through either a structured interview conducted with the patient or the patient's independent completion of the instrument. The PHQ-9 is scored on a scale of 0 to 27, where 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.



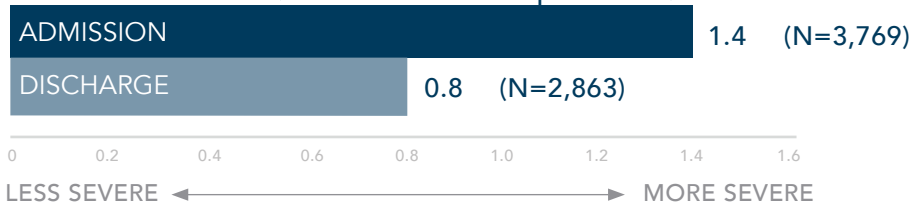
BASIS-32™ (Partial Hospitalization)



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.

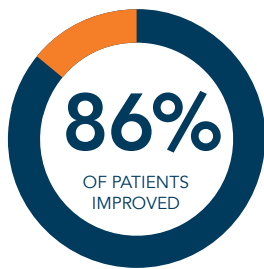


BASIS-32™ (Intensive Outpatient)

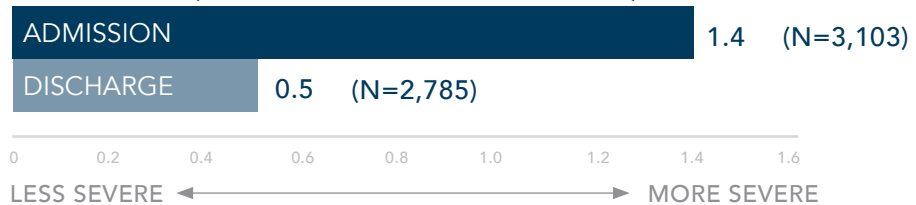


Behavior and Symptom Identification Scale (BASIS-32): 32-item patient self-report instrument that provides an overall score and five individual factor scores: relation to self and others, daily living skills, depression/anxiety, impulsive/addictive behavior, and psychosis. The total scores range from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

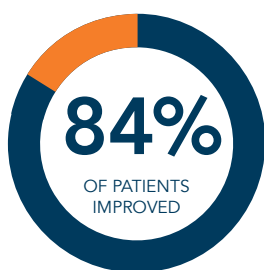
Residential & Substance Abuse Patient Improvement



CABA-I (Adolescent Residential)



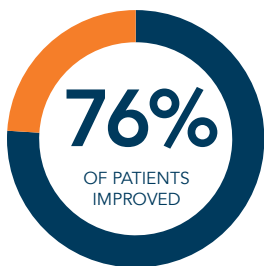
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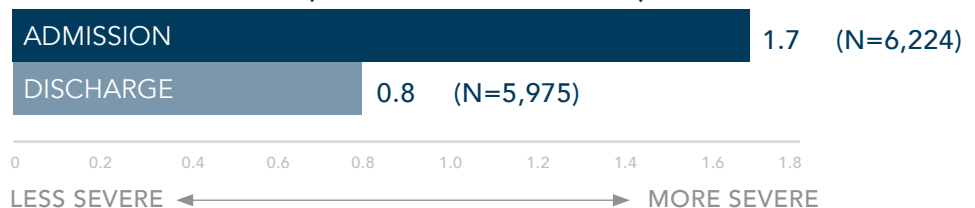
BASIS-32™ Adult Residential (Substance Abuse)



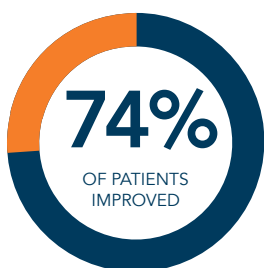
Behavior and Symptom Identification Scale (BASIS-32): 32-item patient self-report instrument that provides an overall score and five individual factor scores: relation to self and others, daily living skills, depression/anxiety, impulsive/addictive behavior, and psychosis. The total scores range from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



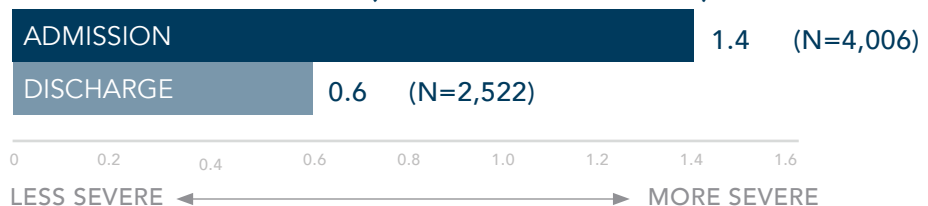
BASIS-32™ Adult Inpatient (Substance Abuse)



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.



BASIS-32™ 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.

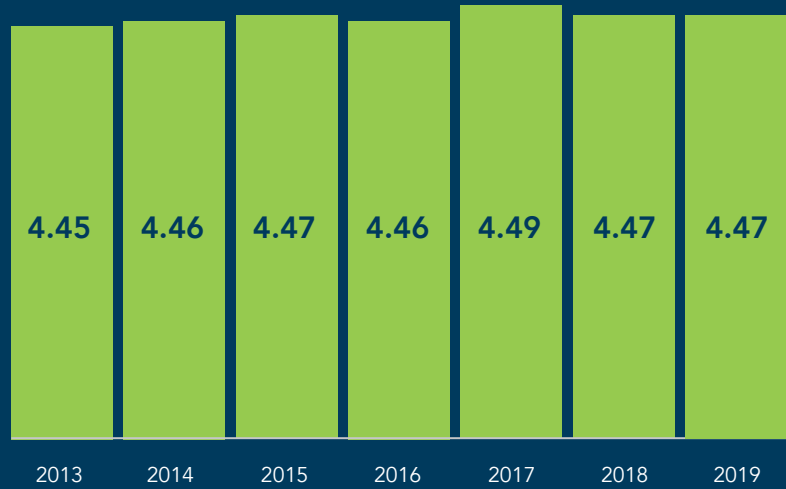


Patient Satisfaction

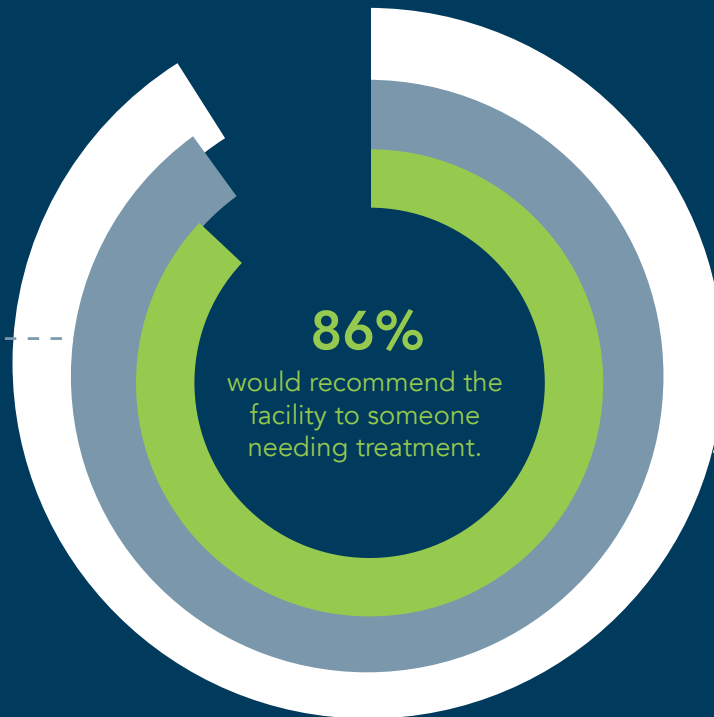
Patient satisfaction is critical to patient-centered care and an important indicator of provider success. Research suggests that higher patient satisfaction is associated with improved treatment outcomes. Communicating patient satisfaction results to patients and families contemplating treatment options 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.

UHS BH Patient Satisfaction Grand Mean
On a scale of 1 to 5



90%
were satisfied with their treatment.

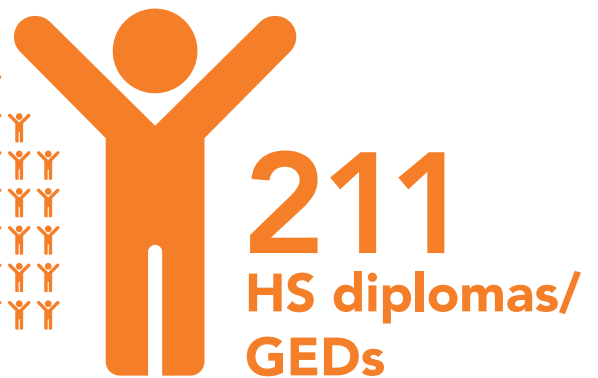
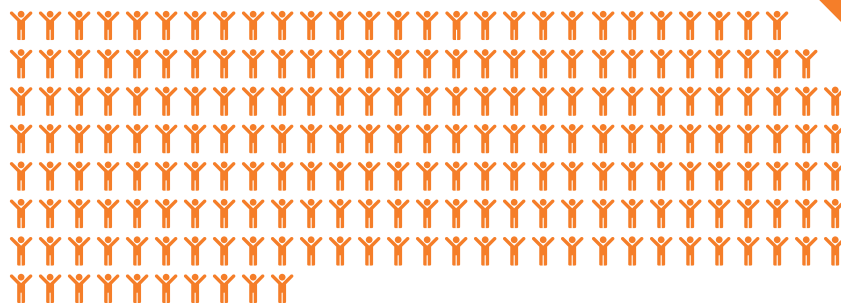


91%
feel better at discharge than when admitted.

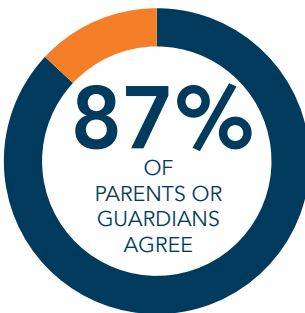
Specialty Education

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.

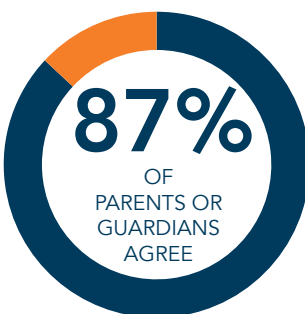
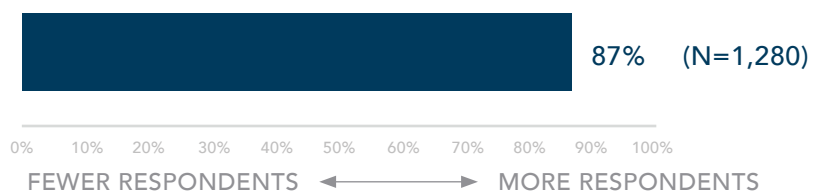
High School Completions



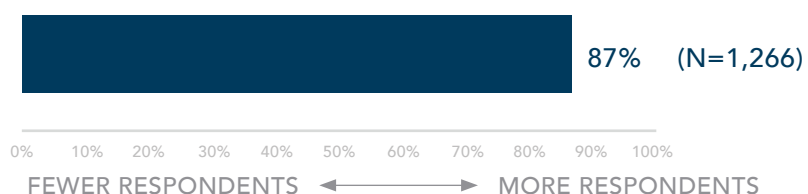
Best in Class Satisfaction



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.

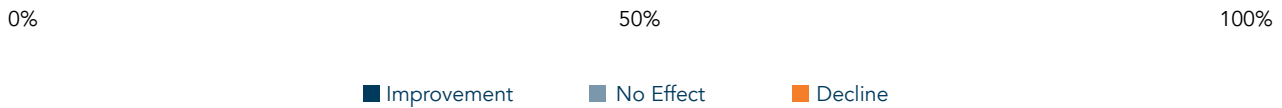


PCL-5 Meaningful Improvement

All Inpatient Military (N=2,904)



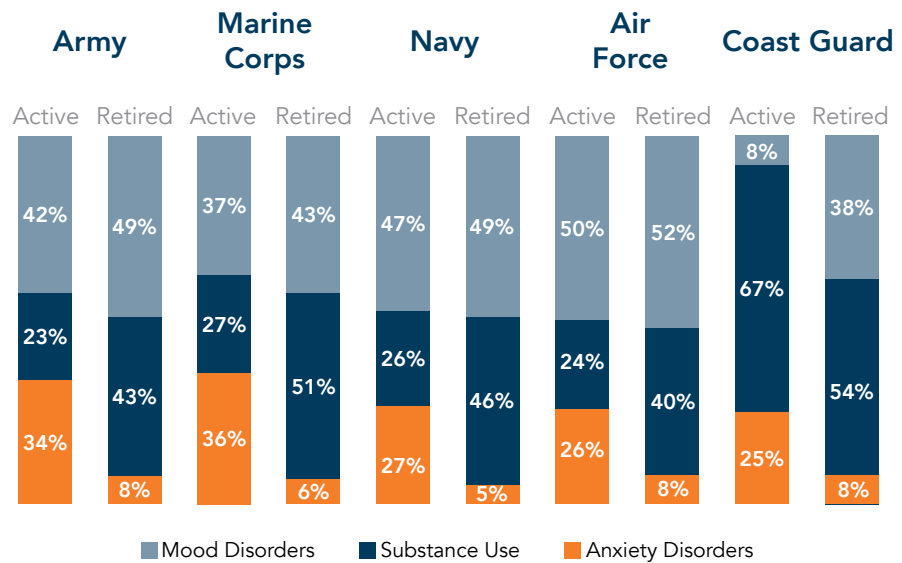
Military Inpatients with PTSD Diagnosis (N=1,280)



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%

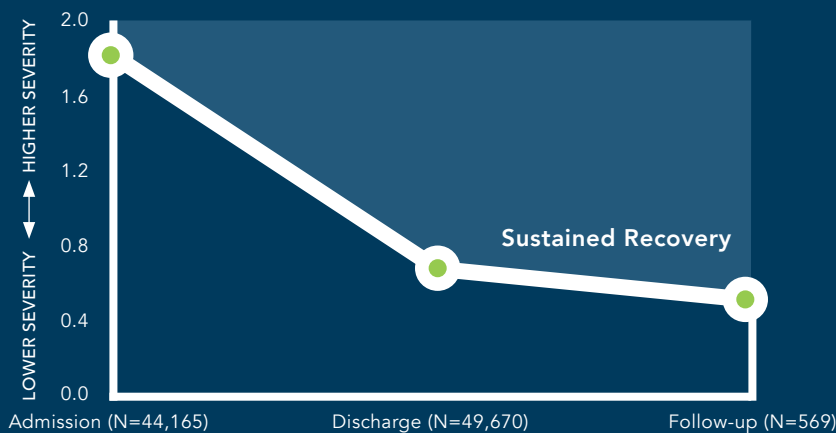
45-Day Follow-Up: Improvement That Lasts

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.



4,175
Follow-up Surveys

BASIS-32™ Severity

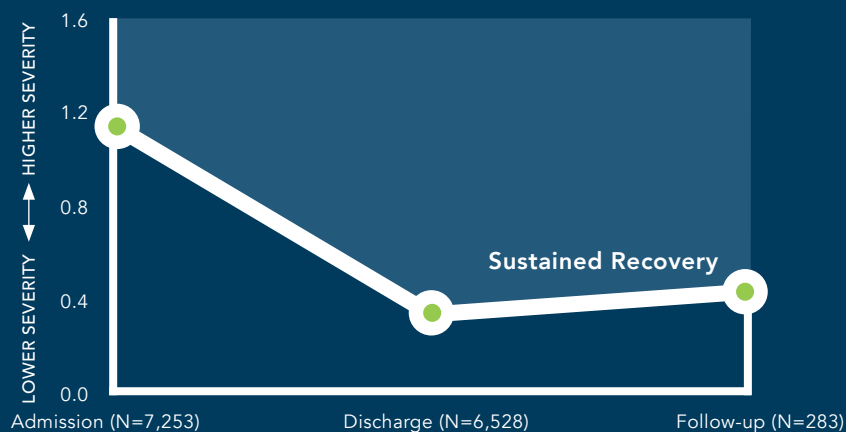


Average severity scores for Adult Inpatients at Admission, Discharge, and 45-Day Follow-up shows that patients tend to maintain the majority of their improvement.



2,965
Adult/Older Adult
Patients

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.



1,210
Child/Adolescent
Patients

Improvement That Lasts

45 Days After Discharge...

88%

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

89%

of patients reported **no re-hospitalization**

79%

of patients **recommend UHS versus other facilities**

73%

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

67%

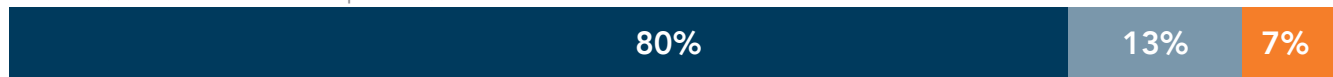
of patients reported they **were working or were students**

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

BASIS-32™ (Adult Inpatient)



CABA-I (Child/Adolescent Inpatient)



0%

50%

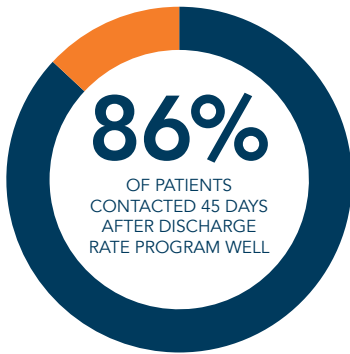
100%

■ Improvement ■ No Effect ■ Decline

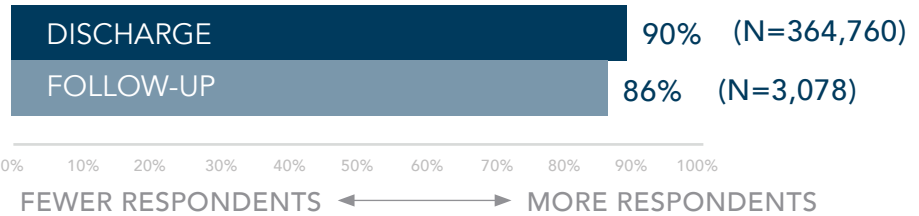
*Due to rounding, numbers may add up to more than 100%

Satisfaction That Lasts

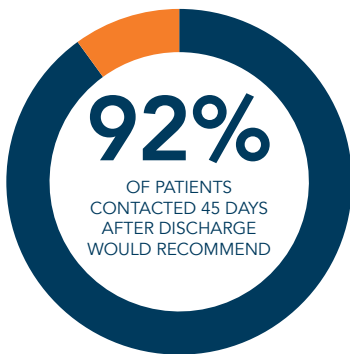
Patient responses to the aftercare survey indicate that the vast majority of patients continue to hold their treatment program in high regard.



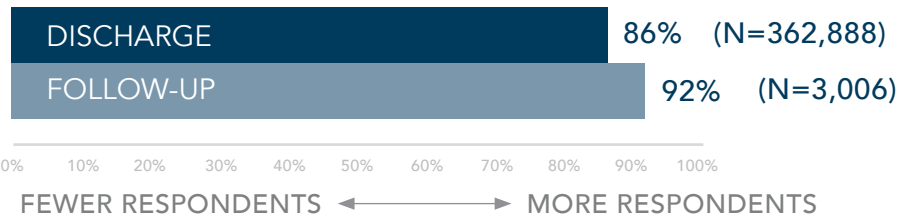
Rate Overall Satisfaction Positively



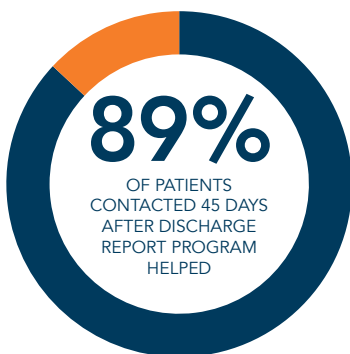
Post Discharge Satisfaction: The patient follow-up survey includes a set of standardized questions that we ask patients across different programs, allowing for cross-program comparisons of satisfaction. Patient satisfaction scores are measured on a scale from 1 (Poor) to 5 (Excellent).



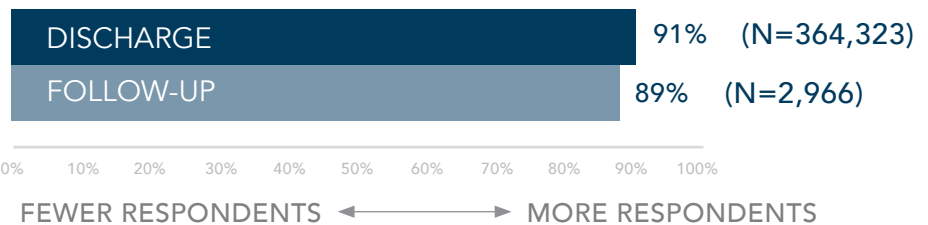
Would Recommend Program



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. Recommend scores are measured on a scale from 1 (Definitely Would Not) to 4 (Definitely Would).



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

1,507

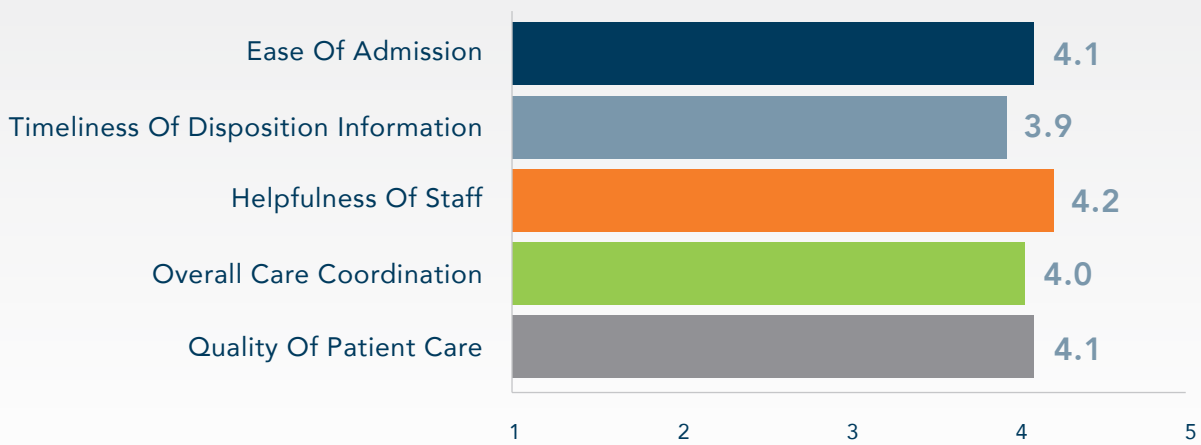
Referral source satisfaction surveys collected in 2019.

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.

82%

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’s performance focus is clearly demonstrated by matching or outpacing the majority of measure set comparisons.

MEASURE	GOAL	UHS 2019	TJC Q2 2019	CMS 2018
HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed	Increase in Rate	97.08%	95.02%	N/A
HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification	Increase in Rate	73.67%	62.56%	61.00%
SUB-2: Alcohol Use Brief Intervention Provided or Offered	Increase in Rate	86.30%	80.06%	83.00%
SUB-2a*: Alcohol Use Brief Intervention Provided	Increase in Rate	76.53%	72.63%	75.00%
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	Increase in Rate	73.75%	51.69%	70.00%
SUB-3a*: Alcohol and Other Drug Use Disorder Treatment at Discharge	Increase in Rate	59.68%	41.01%	59.00%
TOB-2: Tobacco Use Treatment Provided or Offered	Increase in Rate	88.49%	76.77%	81.00%
TOB-2a*: Tobacco Use Treatment Provided	Increase in Rate	33.73%	39.39%	46.00%
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge	Increase in Rate	71.94%	46.64%	57.00%
TOB-3a*: Tobacco Use Treatment Provided at Discharge	Increase in Rate	6.76%	17.32%	18.00%
IMM-2*: Influenza Immunization	Increase in Rate	79.79%	*	83.00%
METSCRN: Patients discharged on 1+ antipsychotic medications with a metabolic screening	Increase in Rate	83.41%	**	74.00%
TransRecPt: Transition Record with Specified Elements Received by Discharged Patients	Increase in Rate	86.78%	**	63.00%
TransRecPrvdr: Timely Transmission of Transition Record to Next Provider Upon Discharge	Increase in Rate	74.22%	**	55.00%

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

* IMM only applicable for Q4-Q1 discharges

** METSCRN, TransRecPt and TransRecPrvdr are CMS-only measures

Comparison groups include units in medical surgical facilities.



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