

Health and Human Services Commission
Department of State Health Services
State Hospital Section
Mission, Vision, Goals and
2014 Management Plan

Statewide Performance Indicators
1st Quarter FY 2014

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THE MISSION OF TEXAS STATE GOVERNMENT

Texas state government must be limited, efficient and completely accountable. It will foster opportunity and economic prosperity, focus on critical priorities and support the creation of strong family environments for our children. The stewards of the public trust will be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

HEALTH AND HUMAN SERVICES PRIORITY GOAL

To provide public assistance through an efficient and effective system that promotes the health, responsibility, and self-sufficiency of individuals and families.

HEALTH AND HUMAN SERVICES

OVERVIEW

The enactment of House Bill 2292 (H.B. 2292), 78th Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system.

This legislation required the consolidation of administrative and service delivery structures and policy changes to address higher demands for services with limited funds. It also required new mechanisms, such as outsourcing, to achieve greater efficiency and effectiveness of the system as a whole.

In addition, H.B. 2292 provided the authority to ensure effective implementation of these changes by expanding the leadership role of HHSC and the Executive Commissioner for Health and Human Services. House Bill 2292 abolished 10 of 12 existing HHS agencies and transferred their powers and duties into four new agencies and to the Health and Human Services Commission.

Thus, the consolidated HHS system is composed of the following five entities:

- ▶ Health and Human Services Commission (HHSC),
- ▶ Department of Aging and Disability Services (DADS),
- ▶ Department of Assistive and Rehabilitative Services (DARS),
- ▶ Department of Family and Protective Services (DFPS), and
- ▶ Department of State Health Services (DSHS).

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

The mission of the Texas Health and Human Services Commission is to provide the leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

HHS SYSTEM STRATEGIC GOALS

The following system strategic goals represent a unifying element for the system as a whole.

Preserve, enhance and maintain independence:

Enable the aging, people with disabilities, including those with intellectual disability and other developmental conditions, to live as independently as possible for as long as possible through an effective, individualized system of service provision in community and institutional settings.

Promote and protect good health:

Protect public health and promote the overall physical and mental health of Texans through the provision of education, early intervention, substance abuse treatment, health insurance and appropriate health services for eligible populations.

Achieve economic self-sufficiency:

Enable low-income individuals and clients of family violence, refugee and vocational rehabilitation programs to achieve self-sufficiency for themselves and their families by providing income assistance and/or related support services necessary on a temporary basis.

Ensure safety and dignity:

Ensure safety and protection from abuse, neglect or exploitation of children and adults through comprehensive regulatory and enforcement systems that include certification, training and assistance to health and child care providers and personnel.

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

A healthy Texas.

MISSION

To improve health and well-being in Texas.

GOALS

Goal 1: Preparedness and Prevention Services

DSHS will protect and promote the public's health by decreasing health threats and sources of disease.

Goal 2: Community Health Services

DSHS will improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.

Goal 3: Hospital Services

DSHS will promote the recovery and abilities of persons with infectious disease and mental illness who require specialized treatment.

Goal 4: Consumer Protection Services

DSHS will achieve a maximum level of compliance by the regulated community to protect public health and safety.

DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

MISSION

The mission of the MHSA Division is to improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery.

GOALS

- Promote resilience-based and culturally competent substance abuse prevention and mental health promotion across the life span.
- Implement a statewide behavioral health recovery model
- Maximize service delivery through accountable and sustainable partnerships
- Ensure quality, cost-effective service delivery
- Utilize data to improve service delivery outcomes

- Create and maintain effective internal and external communications
- Implement effective administration strategies to empower staff to achieve the division's mission

**STATE HOSPITALS WILL BE RECOGNIZED
AS PROVIDING QUALITY**

- SERVICE
- TRAINING
- EXTERNAL REVIEW
- WORK ENVIRONMENT

Customers Are Asked	Compliance with External Review, Accreditation, and Certification Authorities	Priority Focus Areas Are Reviewed	Qualified and Diverse Workforces Are Maintained
<ul style="list-style-type: none"> - Patients - Families - Guardians - LMHA's and LMRAs - Courts - Law Enforcement - Staff - Legislature - Advocates - Third Party Payers - Volunteers - Students - Hospital Districts - Regional Public Health Authority - Department of Aging and Disability Services State Supported Living Centers 	<ul style="list-style-type: none"> - Medicare - Joint Commission - NRI Core Measures - Medicaid - ICF/IDD - CAP - State Fire Marshall - State Office of Risk Management - Department of Labor - HHSC OIG - Department of Justice - Agency Clinical & Administrative Performance Indicator Compliance 	<ul style="list-style-type: none"> - Assessment and Care/Services - Communication - Credentialed Practitioners - Equipment Use - Infection Control - Information Management - Medication Management - Organization Structure - Orientation and Training - Rights and Ethics - Physical Environment - Quality Improvements Expertise & Activity - Patient Safety - Staffing 	<p>Assess Competence *Skills/Job Professional & Cultural</p> <p>Assess Performance *Grant Clinical Privileges *Set expectations for education & training & ensure this continuing knowledge acquisition process *Implement strategies to ensure our workforce is</p> <ul style="list-style-type: none"> - recognized - treated - rewarded <p>in a manner that reflects a commitment to valuing workforce diversity.</p>

STATE HOSPITAL SECTION

FY2014 MANAGEMENT PLAN

The State Hospital Section FY 2014 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

Involve activities where specific tasks are to be performed; or, a specific purpose is to be achieved.

PERFORMANCE MEASURES:

Involve the presentation of data that will be monitored, analyzed for variation and used as the basis for continuous improvement.

REQUIRED REPORTING TO GOVERNING BODY:

All performance objectives and measures that are in **bold print** are required to be reported at Governing Body Meetings.

All performance objectives and measures in **BOLD PRINT AND CAPS** are “Statewide Performance Indicators”, and have specific operational definitions approved by the Director of State Hospitals Section. These operational definitions are found in the Statewide Performance Indicator data book. Reports on these “Statewide Performance Indicators” are prepared by the Hospital Management Data and Revenue Services (HMDRS) of the State Hospital Section.

LEGISLATIVE BUDGET BOARD PERFORMANCE MEASURES Directly Relating to State Hospitals

Outcome Measures:

Percent of consumers receiving MH campus services whose functional level stabilized or improved. **M-3A**

Reported Annually to the LBB.*

Percent of cases of tuberculosis treated at TCID as inpatients, in which the patients are treated to cure. **M-3B**

Reported Annually to the LBB.

Output Measures:

Average daily census of state mental health hospitals. **O-1D**

Reported Quarterly to the LBB.*

Average monthly number of state mental health hospital consumers receiving atypical antipsychotic new generation medications. **M-4A**
Reported Quarterly to the LBB.

Number of admissions to state hospitals. **M-5A**
Reported Quarterly to the LBB.

Number of Inpatient days at TCID. **M-1D**
Reported Quarterly to the LBB.

Number of admissions, the total number of patients admitted for inpatient care and treatment at TCID each month. **M-5C**
Reported Quarterly to the LBB.

Number of outpatient visits at STHCS a component of RGSC.
Reported Quarterly to the LBB.

Efficiency Measures:

Average daily hospital cost per occupied state mental health hospital bed. **M-1B**
Reported Quarterly to the LBB.*

Average monthly cost of new generation atypical antipsychotic medications per mental health hospital customer receiving new generation medication services. **M-4B**
Reported Quarterly to the LBB.*

Average cost per inpatient day, TCID.
Reported Quarterly to the LBB.

Average cost of outpatient visits for STHCS, a component of RGSC. **M-1E**
Reported Quarterly to the LBB.

Average length of stay, TCID. **M-5C**
Reported Quarterly to the LBB.

Explanatory Measures:

Number of patients served by state mental health hospitals per year.
Reported Annually to the LBB.

***Key measures that are reported in the Appropriations Bill. If not met, plus or minus 5%, an explanation must be provided.**

Goals, Objectives, Measures	2014 Indicator	Responsibility
<p>GOAL 1: PROVIDE LEADERSHIP The leadership of the State Hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on recovery in a safe and therapeutic environment. This goal also addresses the relationship between the Superintendent, the Governing Body and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and maximizing reimbursement potential.</p>		
O - 1A	Standardize the use of HHSAS codes to improve reporting on outside medical costs.	State Hospital Section
O - 1B	MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY14.	State Hospitals
O - 1C	Update the Funding Methodology which identifies the relationship between the State Psychiatric Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2014.	State Hospital Section
O - 1D	OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT IS 95% OF THE ALLOCATED BEDS FOR THE HOSPITAL INPATIENT SERVICES.	Psychiatric Hospitals
O - 1E	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2014.	State Hospital Section
O - 1F	Each hospital will report efforts to improve staff cultural clinical competency. This report identifies the major ethnic/cultural populations served by the hospital, the resources/programs in place to address the clinical needs of these populations, and how the clinical needs of a person from an ethnic/cultural group not usually served by the hospital are addressed. The report is submitted to Governing Body at the second meeting of FY14.	State Hospitals
O - 1G	Provide education regarding forensic mental health issues via existing avenues with DSHS/HHSC Enterprise such as agency publications, Grand Round presentations, training seminars, etc.	Forensic Services Committee
O - 1H	Analyze YTD expenditures compared against the YTD budget by budget account and explain any significant (1% or \$10,000, whichever is smaller) variances and steps planned or taken to correct negative variances and/or any plans for use of positive variances.	State Hospitals
O - 1I	Each hospital will report efforts to develop psychiatric residency training rotations.	Psychiatric Hospitals
O - 1J	Participate with HHSC and DADS to develop a 10-year plan for state hospitals and state supported living centers.	State Hospital Section
O - 1K	Report quarterly on the number of patients that (a) are treated on a hold, (b) who have MDR TB, and (c) who are from out-of-states or out-of-country.	TCID
M - 1A	CALCULATE AVERAGE COST PER PATIENT SERVED.	State Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 1B	CALCULATE COST PER OCCUPIED BED.	State Hospitals
M - 1C	CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.	State Hospitals
M - 1D	CALCULATE NUMBER OF INPATIENT DAYS.	TCID
M - 1E	Calculate average cost of outpatient visits.	TCID and RGSC
M - 1F	Calculate contract cost.	TCID
M - 1G	TO MONITOR AND ANALYZE OUTSIDE MEDICAL COSTS FOR CIVIL, FORENSIC AND IDD PATIENTS.	State Hospitals
M - 1H	REPORT FY14 COLLECTIONS COMPARISON TO FY13 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.	State Hospitals
M - 1I	Monitor utilization of residential beds (% capacity and turnover).	BSSH, RSH & SASH
<p>GOAL 2: RECOGNIZE AND RESPECT THE RIGHTS OF EACH PATIENT BY CONDUCTING BUSINESS IN AN ETHICAL MANNER Patients deserve care, treatment and services that safeguard their personal dignity and respect their cultural, psychological and spiritual values. The ethics, rights and responsibilities function is to improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in the ethical manner. The State Hospitals will assure that each patient is respected and recognized in the provision of treatment and care in accordance with fundamental human, civil, constitutional and statutory rights. Patients, and when appropriate, their families are informed about outcomes of care including unanticipated outcomes.</p>		
O - 2A	REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.	State Hospitals
O - 2B	Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.).	State Hospitals
O - 2C	ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.	State Hospitals
O - 2D	Respond to Consumer Rights and Protection Services regarding substantiated patient rights violation as described in the CSRP policy.	State Hospitals
O - 2E	Monitor and analyze implementation of the SHS Guidelines for Abuse, Neglect, and Exploitation Incidents: Centralized Reporting, Assessing Risk and Taking Action to Protect Patients During DFPS Investigations.	State Hospitals
O - 2F	Develop and implement the CPI Patient Rights Monitoring Instrument to assure protection of patient rights.	State Hospitals
O - 2G	Develop guidelines for the establishment and operation of Patient Councils.	State Hospital Section
M - 2A	Monitor employees with unconfirmed and/or inconclusive allegations of any type of abuse, neglect, or exploitation in a twelve month period and two or more allegations regardless of finding related to sexual abuse from date of employment.	HMDRS

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 2B	Report number of OIG investigations of abuse, neglect, and exploitation.	State Hospitals
M - 2C	Report rate of OIG investigations that result in finding of criminal activity.	State Hospitals
<p>GOAL 3: PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT The State Hospitals will ensure hospital staff, in conjunction with the persons served, their support network, and aftercare providers implement person-centered recovery planning. Data will be collected to assess each patient's recovery goals. Recovery priorities will be established on the assessment findings. Persons served will be involved in their recovery and patients' family (with the patient's authorization when appropriate) will be educated in order to improve outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.</p>		
O - 3A	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE FOR VIOLENT SELF-DESTRUCTIVE BEHAVIOR WITH A GOAL OF ZERO.	State Hospitals
O - 3B	UTILIZE THE RESTRAINT AND SECLUSION MONITORING INSTRUMENT FOR VIOLENT SELF-DESTRUCTIVE BEHAVIOR TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.	Psychiatric Hospitals
O - 3C	Implement the Psychotropic Medication Monitoring Instrument to assure appropriate medication treatment.	State Hospital Section
O - 3D	Implement Medical Treatment Planning Monitoring Instrument to assure appropriate medical treatment.	State Hospital Section
O - 3E	Develop and implement the CPI Nursing Care Monitoring Instrument to assure appropriate nursing care.	State Hospital Section
O - 3F	Develop and implement the CPI Non-Violent Non-Self-Destructive Monitoring Instrument TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.	State Hospital Section
M - 3A	MEASURE GLOBAL ASSESSMENT OF FUNCTIONS (GAF) IMPROVEMENT IN PATIENT TREATMENT OUTCOMES SHOWING THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED AND THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED.	Psychiatric Hospitals
M - 3B	Report the number of patients treated to cure.	TCID
M - 3C	Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.	TCID
M - 3D	Develop policy & procedure for research at TCID.	TCID

Goals, Objectives, Measures	2014 Indicator	Responsibility
<p>GOAL 4: IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES An effective and safe medication management system involves multiple services and disciplines working closely together to reduce practice variation, errors, and misuse. Hospitals monitor medication management processes, standardize equipment and processes associated with medication management and handle all medication in the same manner.</p>		
O - 4A	Evaluate medication management systems and report annually as described in Governing Body Bylaws template.	State Hospitals
O - 4B	IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.	State Hospitals
O - 4C	Report on the implementation of the MediMAR system, including any recommendations for system improvement.	Psychiatric Hospitals
O - 4D	Report and analyze P&T findings of Adverse Drug Reactions.	Psychiatric Hospitals
M - 4A	ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.	Psychiatric Hospitals
M - 4B	ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS.	Psychiatric Hospitals
M - 4C	ANALYZE AND REPORT THE COST OF TB MEDICATIONS.	TCID
M - 4D	Monitor and report the impact of medication shortages and any adverse outcomes.	State Hospitals
<p>GOAL 5: ASSURE CONTINUUM OF CARE All State Hospitals will collaborate and work cooperatively with designated local mental health authorities to assure patient access to an integrated system of setting services and care levels. To facilitate discharge or transfer, the hospital assesses the patient needs, plans for discharge or transfer process, and, helps to ensure that continuity of care, treatment and services are maintained.</p>		
O - 5A	REPORT ON DISCHARGE OR TRANSFER OF CIVIL AND FORENSIC DUALY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND INTELLECTUAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY."	Psychiatric Hospitals
O - 5B	Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).	Psychiatric Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
O - 5C	<p>REPORT QUARTERLY PATIENTS HAVING BEEN IN THE STATE PSYCHIATRIC HOSPITAL OVER 365 DAYS. IDENTIFIED BY FOUR CATEGORIES: 1) NEED CONTINUED HOSPITALIZATION, (CIVIL/FORENSIC); 2) ACCEPTED FOR PLACEMENT; 3) BARRIER TO PLACEMENT, AND 4) CRIMINAL COURT INVOLVEMENT. THE HOSPITAL AND THE LMHA WILL UPDATE A NEW CONTINUITY OF CARE PLAN FOR ANY PATIENT WHO IS ON THE LIST IN CATEGORY 3. THIS PLAN SHOULD BE DEVELOPED WITHIN 30 DAYS AFTER BEING IDENTIFIED.</p>	Psychiatric Hospitals
O - 5D	<p>The Forensic Services Committee will develop a proposal for a Pilot Forensic Mental Health Conditional Release Program. The pilot program design will be submitted for consideration and approval by the Director of the State Hospital Section no later than January 15, 2014, and must be implementable within existing statutory and fiscal constraints.</p>	Forensic Services Committee
O - 5E	<p>Achieve target of 95% of all individuals on the Clearinghouse Waitlist being offered a bed to one of the state hospitals within 21 days of the date of notification from the committing court.</p>	State Hospital Section/ Psychiatric Hospitals
O - 5F	<p>Achieve target of 95% of all individuals on the Maximum Security Waitlist being offered a bed to a maximum security facility within 21 days of the date of notification from the committing court.</p>	State Hospital Section/ Psychiatric Hospitals
O - 5G	<p>Each facility will continuously maintain a log of patients referred for civil admittance who require diversion to another facility or who are waiting for a bed in their service area hospital. The information will be kept for one year for reference. These logs will contain at least the following components: patient name, age/gender; county of residence, commitment status, physical location of patient if waiting, name of diversion sites offered, initial contact name information from referring and diversion site, indication of daily follow up by diverting facility, special comments and final disposition. Implementation of this log should be completed by December 1, 2013.</p>	Psychiatric Hospitals
M - 5A	<p>CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.</p>	State Hospitals
M - 5B	<p>CALCULATE PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY; 7 DAYS OR LESS; 8 TO 30 DAYS, 31 TO 90 DAYS; GREATER THAN 90 DAYS.</p>	Psychiatric Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 5C	REPORT NUMBER OF ADMISSION; AVERAGE LENGTH OF STAY; NUMBER OF OUTPATIENT ADMISSIONS; NUMBER OF DISCHARGES BY CATEGORIES (TUBERCULOSIS, MULTI-DRUG RELATED TUBERCULOSIS [MDRTB], EXTENSIVELY DRUG RESISTANT TUBERCULOSIS [XDRTB]).	TCID
M - 5D	CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, ALL DISCHARGES, AND ALL RESIDENTS.	Psychiatric Hospitals
GOAL 6: IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM The State Hospitals address the safety of all patients and all staff. Safety priorities should be integrated into all relevant hospital processes, functions and services. The program should improve safety by reducing the risk of system and process failures.		
O - 6A	Maintain prioritized budget lists to address needed environmental and physical plant improvements and capital equipment needs for which no centralized designated funds have been allocated.	State Hospitals
O - 6B	MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.	State Hospitals
O - 6C	REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.	State Hospitals
O - 6D	REDUCE THE RATE OF PATIENT INJURIES RELATED TO VIOLENT SELF-DESTRUCTIVE BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.	State Hospitals
O - 6E	ANALYZE THE NUMBER OF EMPLOYEE INJURIES THAT ARE THE RESULT OF PATIENT AGGRESSION.	State Hospitals
O - 6F	REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.	State Hospitals
O - 6G	ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND TO REDUCE THE RATE OF FALLS DURING FY14 BY 10% AS COMPARED TO FY13.	State Hospitals
O - 6H	Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.	State Hospitals
O - 6I	The State Hospital Section will develop policies and procedures to implement random drug testing of state hospital employees. 25% of all SMHF employees will be randomly tested annually.	State Hospital Section

Goals, Objectives, Measures	2014 Indicator	Responsibility
O - 6J	DSHS will develop policies and procedures and implement FBI Fingerprinting/Criminal Background Check process for anyone who is an applicant for employment at a state hospital; an employee of a state hospital; a person who contracts or may contract to provide goods or services to DSHS at a state hospital or an employee of or applicant for employment with that person; a volunteer with a state hospital; or an applicant for a volunteer position with a state hospital; and anyone who would be placed in direct contact with a patient at a state hospital.	State Hospital Section
M - 6A	CALCULATE, TREND AND REVIEW RATE OF PATIENT INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 0-17; AGE 18-64; AGE 65-OLDER.	State Hospitals
M - 6B	CALCULATE, TREND AND REVIEW RATE OF ON THE JOB EMPLOYEE INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 18-39; AGE 40-64; AGE 65-OLDER.	State Hospitals
<p>GOAL 7: OBTAIN, MANAGE AND USE INFORMATION Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals will obtain, analyze, manage and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, safety, governance, management and support processes.</p>		
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY14.	CPIC
O - 7B	Monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50% of the average monthly discharges. Data is trended and performance improvement initiatives are taken as appropriate.	State Hospitals
O - 7C	Monitor and report the effectiveness of emergency plans for accessing the electronic medical record during periods of scheduled/unscheduled downtimes and in the event of an emergency.	State Hospitals
O - 7D	Report implementation of electronic medical record.	TCID
O - 7E	Report on performance improvement activity related to ORYX core measures that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.	State Hospitals
O - 7F	MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.	State Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
O - 7G	Support the implementation to the MyAVATAR version of AVATAR.	State Hospital Section/State Hospitals
O - 7H	Sage Software will be fully implemented; with the ability and receipt of continued updates as released from the software company through support of DSHS IT staff, and payment of the maintenance agreement as it becomes due, to support the tracking of fundraising efforts and volunteer hours.	State Hospital Section
<p>GOAL 8: ASSURE A COMPETENT WORKFORCE The State Hospitals Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization’s mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization’s mission; providing competent members either through traditional employer- employee arrangements or contractual arrangement; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.</p>		
O - 8A	ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.	State Hospitals
O - 8B	ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.	State Hospitals
O - 8C	Report compliance with competency training and a course of instruction about the the general employee’s duties prior to the employee beginning to perform the duties without direct supervision and evaluate competency of the employee following such training and instruction.	State Hospitals
M - 8A	COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES AND EFFORTS TO REDUCE TURNOVER FOR CRITICAL SHORTAGE STAFF.	State Hospitals
M - 8B	COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).	State Hospitals
M - 8C	REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)	State Hospitals
<p>GOAL 9: IMPROVE ORGANIZATIONAL PERFORMANCE Performance improvement focuses on outcomes of care, treatment and services. This goal focuses on designing an effective and continuous program to systematically measure performance through data collection, assess current performance and improve performance, patient safety and business process outcomes.</p>		

Goals, Objectives, Measures	2014 Indicator	Responsibility
O - 9A	REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PARENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.	Psychiatric Hospitals
O - 9B	REPORT ADULT AND ADOLESCENT PATIENT SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).	Psychiatric Hospitals
O - 9C	Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.	State Hospitals
O - 9D	Conduct a minimum of one patient tracer for each treatment team during FY14. Data collected utilizing tracer methodology will follow the care that individual patients receive, as well as evaluate patient care systems and processes. Information will be aggregated at the hospital level and a summary report will be provided to the Governing Body at the second meeting of FY14.	State Hospitals
O - 9E	CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.	State Hospitals
O - 9F	Analyze the patients who are transferred to a medical facility within 72 hours of admission to the state hospital.	State Hospitals
O - 9G	Implement, monitor, and analyze standard definitions for 1:1 and related special precautions.	State Hospitals
<p>GOAL 10: INFECTION CONTROL The State Hospitals provide the leadership and resources necessary to prevent and control health-care associated infections. This goal focuses on reducing the risk of health-care acquired infection through appropriate risk reduction strategies, including staff education, monitoring hand hygiene compliance, immunization, surveillance activities, and preventing the spread of multiple drug resistant organisms (MDRO).</p>		
O - 10A	Establish a hospital specific infection control plan based upon the hospital's risk assessment and report on its implementation. Present evaluation of the plan annually.	State Hospitals
O - 10B	Monitor policy for Vaccine Preventable Diseases in accordance with the state hospital guidelines and the Hospital's MEC risk assessment for Vaccine Preventable Diseases.	State Hospitals
O - 10C	Report all deaths related to Hospital Acquired Infections (HAI) to DSHS.	State Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 10A	COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.	State Hospitals
M - 10B	Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers).	State Hospitals
M - 10C	Report rate of pneumococcal and influenza immunization for patients identified as high risk.	State Hospitals

GOAL 1: Provide Leadership

Performance Objective 1B:

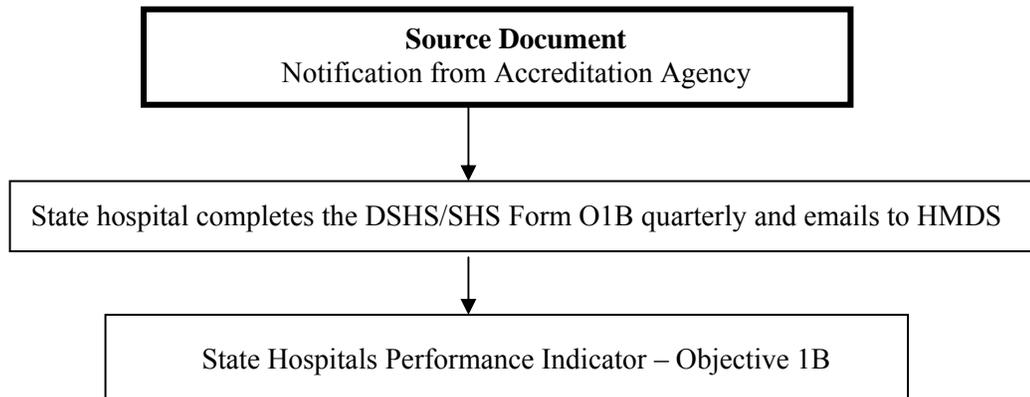
Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2014.

Performance Objective Operational Definition: The state hospital's current status in JC accreditation, Medicare certification (based on the last Medicare-related survey [TDH or CMS]), ICF-MR certification, and IMD review. The CEO of each facility will inform the Director of State Hospital in writing of any change in accreditation or certification status.

Performance Objective Data Display and Chart Description:

Table shows the date, grid score and year accredited by JC; Medicare last date certified and the number of certified beds; number of Medicare complaint visits; date of CMS On-Site Survey; date of TVFC Audit for WCFY; date of the last IMD Review; and ICF-MR last date certified and number of certified beds for individual state hospitals.

Data Flow:



Objective 1B - Maintain Accreditation and Certifications

(As of November 30, 2013)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Nov-12	Apr-12	Feb-13	Sep-12	Feb-13	Jun-11	Feb-13	May-13	Jun-13	Aug-12	May-13
Unannounced Visit/Complaint FY14	0	0	0	0	0	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	41	48	100	55	106	136	74	40	N/A
No. of Complaint Visits for Q1	1	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	1	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Nov-12	Jun-09	Jan-09	Sep-12	Sep-07	May-08	Dec-12	Jul-11	Jun-13	Aug-11	
Date of last IMD Review:	Mar-12	Oct-13	Aug-11	Dec-08	Dec-12	N/A	Nov-13	Oct-11	Sep-12	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-13
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-13	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

*Geriatric-certified/Medicare beds (these beds are included in the total certified medicare bed numbers)

**Texas Vaccines For Children Audit applies to WCFY only.

Performance Objective 1D:

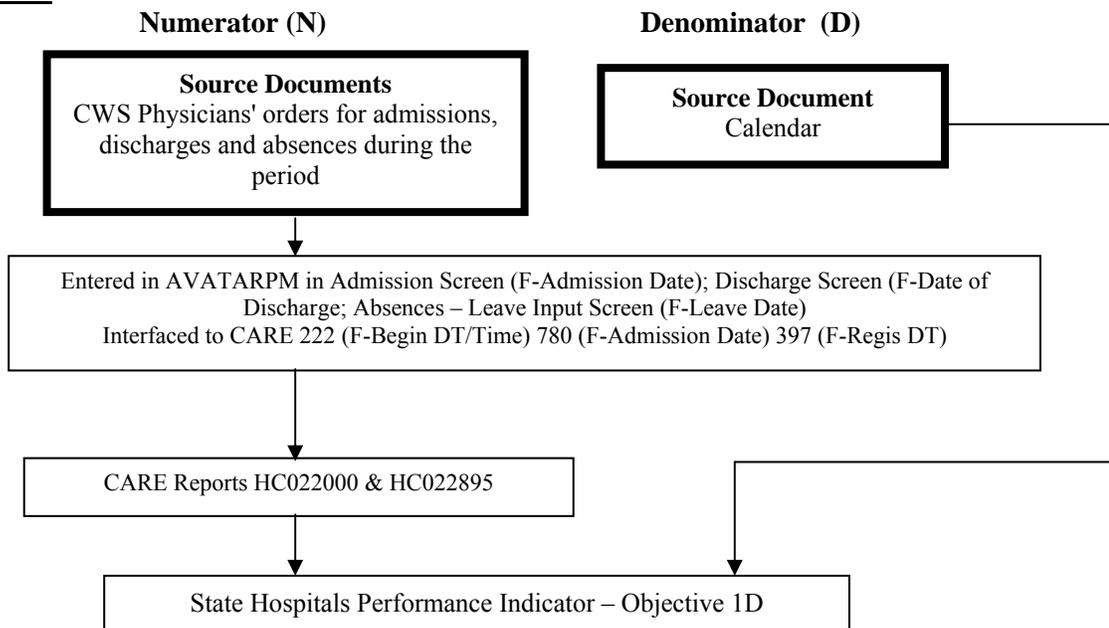
Operate an average daily census (ADC) that is 95% of the allocated beds for the hospital inpatient services.

Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC. Care Report HC022864 uses same extract as the hospital allocation methodology reports (NTSH Vernon Campus is not included in the extract). 3rd Party Average Census includes exempt bed days with exemption codes 05,09,10,11,12,13,15.

Performance Objective Formula:
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

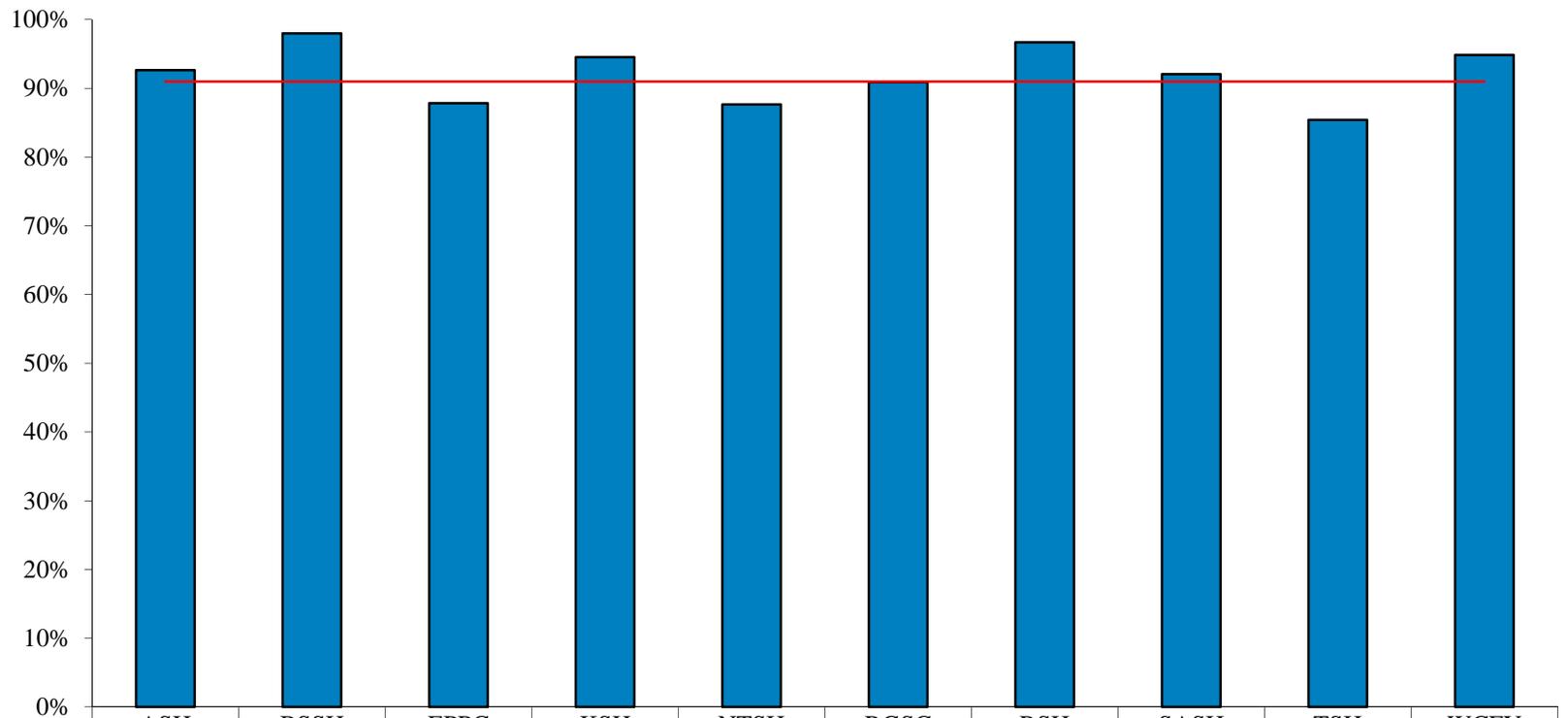
Performance Objective Data Display and Chart Description: Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

Data Flow:



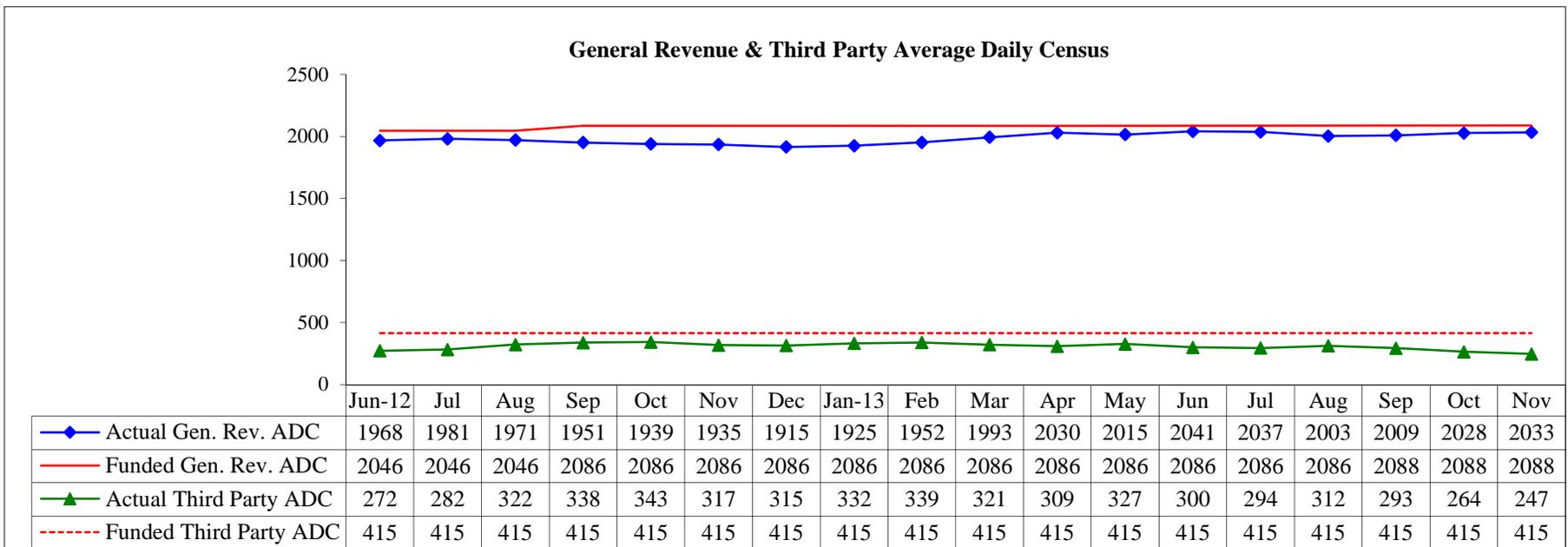
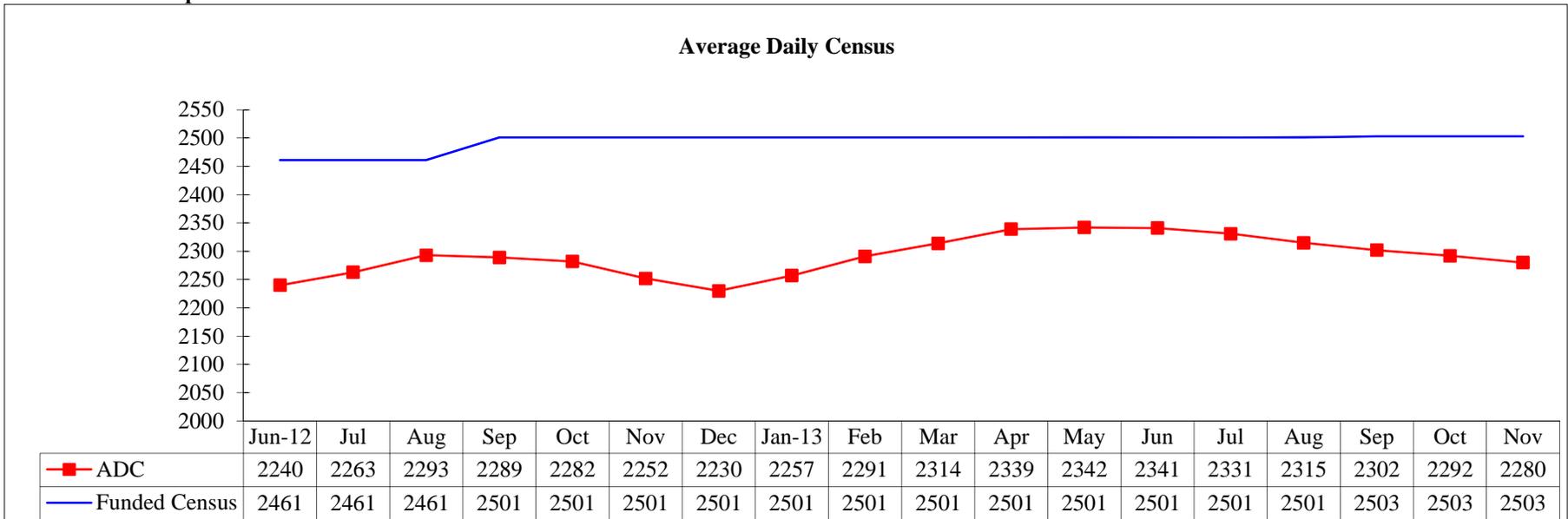
Objective 1D & Measure 1C - Average Daily Census
All State MH Hospitals - As of November 30, 2013

**Average Daily Census As Percent of Adjusted Funded Census
 FY 2014**

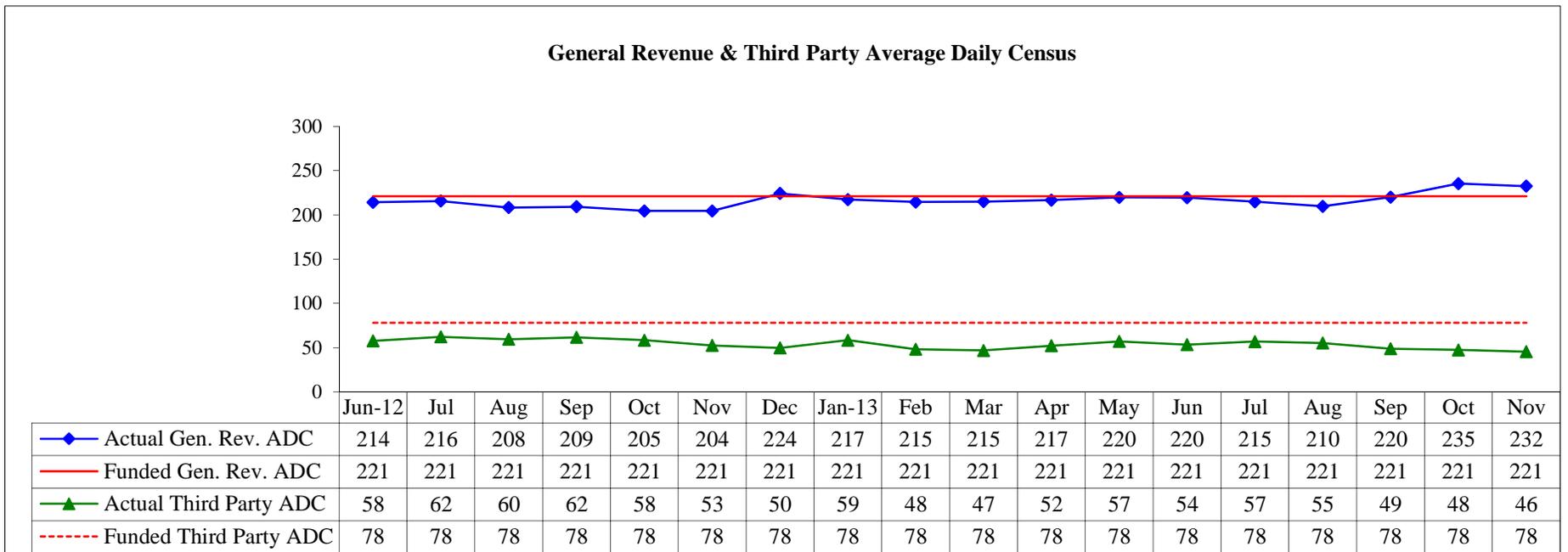
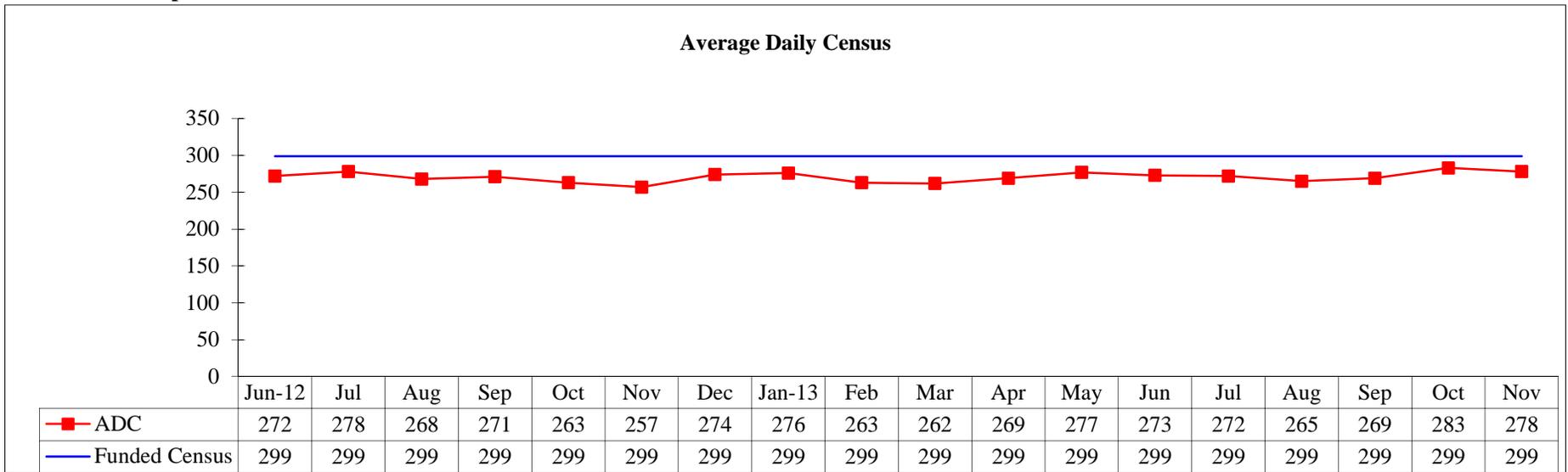


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	93%	98%	88%	95%	88%	91%	97%	92%	85%	95%
ADC	277	196	65	191	561	50	353	278	246	74
Funded Census	299	200	74	202	640	55	365	302	288	78
All State Hospitals	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Objective 1D & Measure 1C - Average Daily Census
All State MH Hospitals

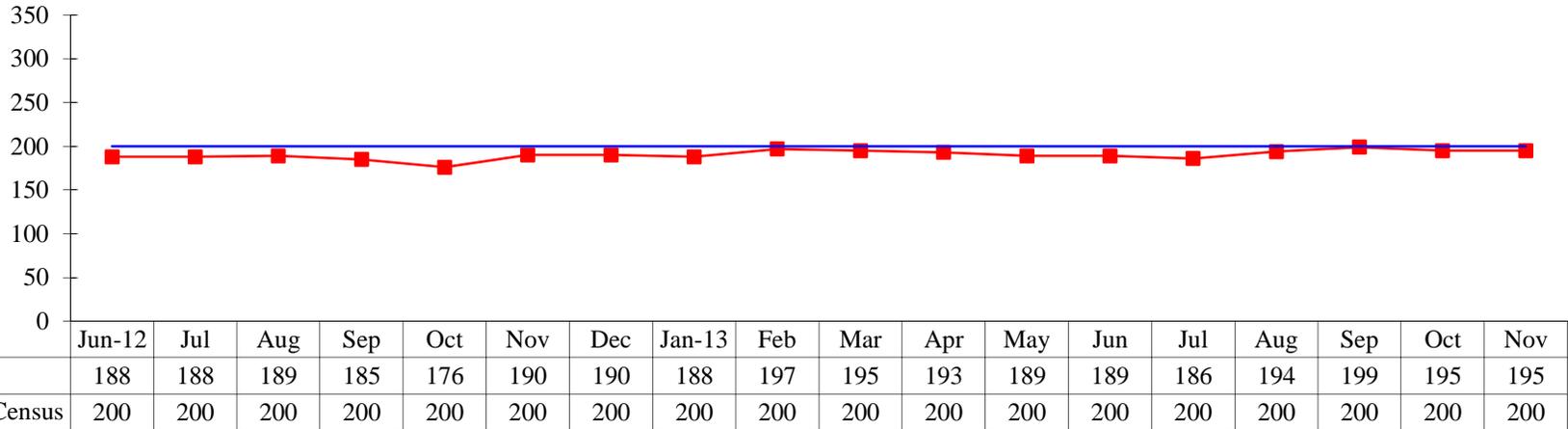


Objective 1D & Measure 1C - Average Daily Census
Austin State Hospital

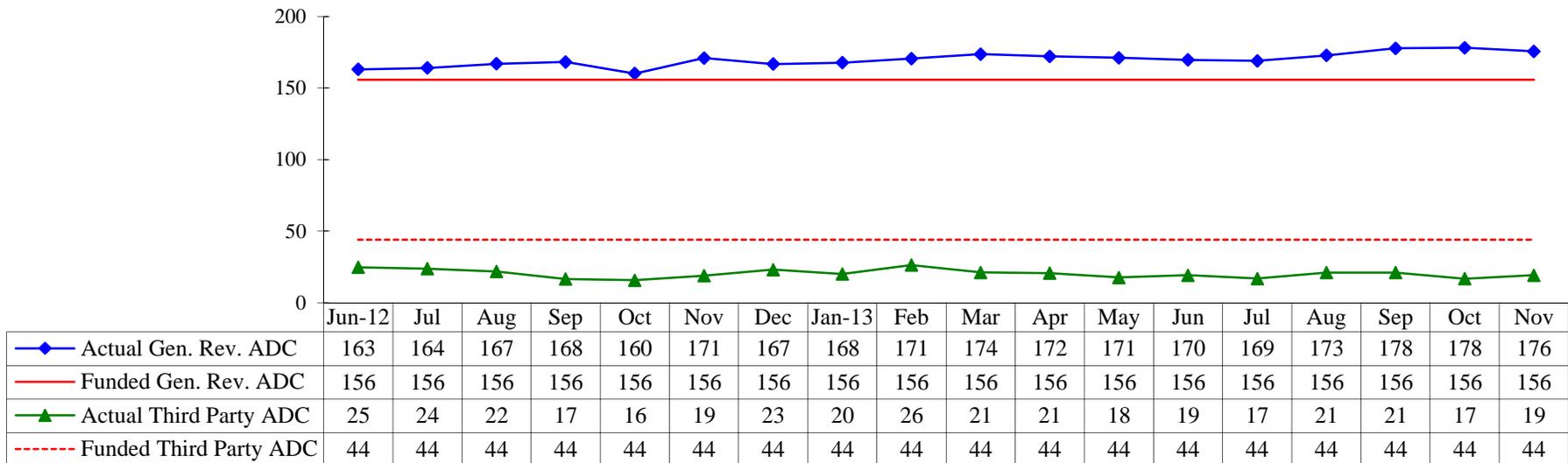


Objective 1D & Measure 1C - Average Daily Census
Big Spring State Hospital

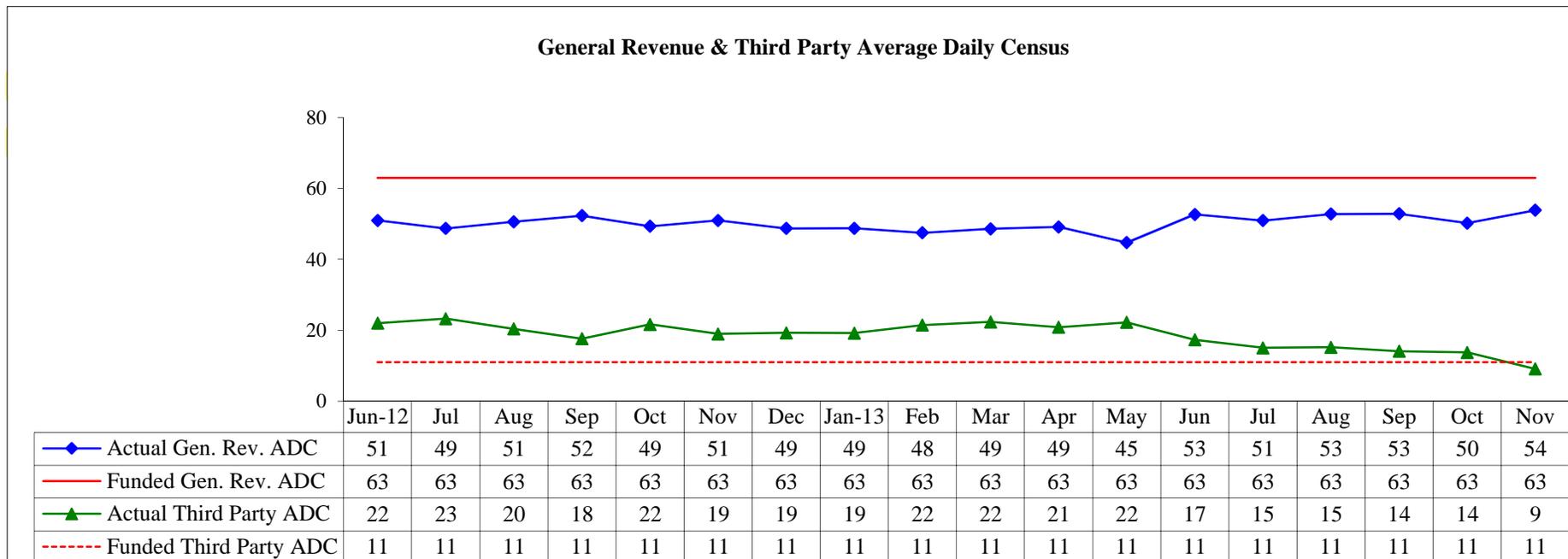
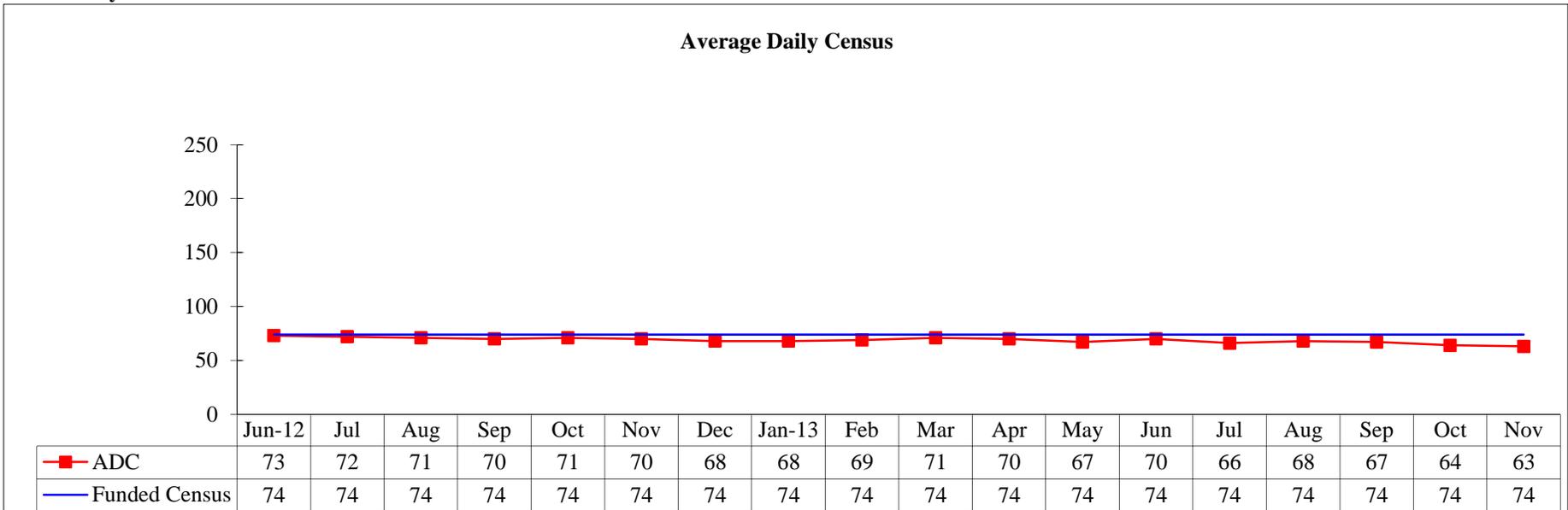
Average Daily Census



General Revenue & Third Party Average Daily Census

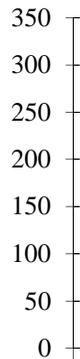


Objective 1D & Measure 1C - Average Daily Census
El Paso Psychiatric Center



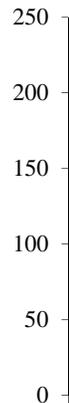
**Objective 1D & Measure 1C - Average Daily Census
Kerrville State Hospital**

Average Daily Census



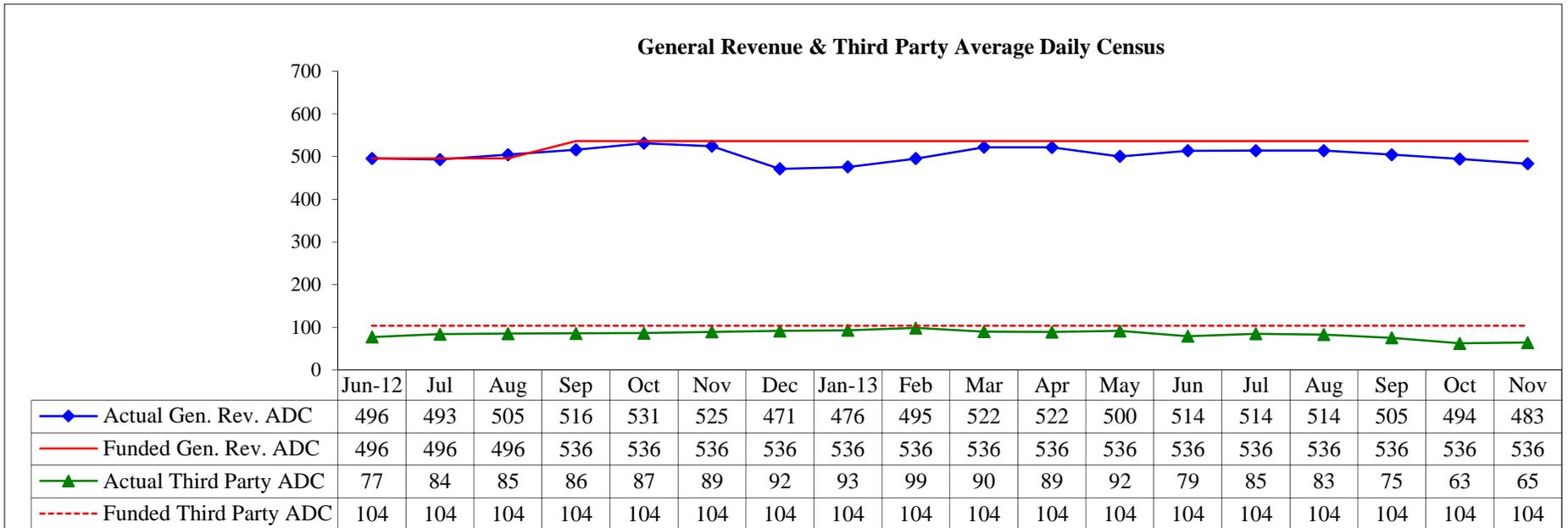
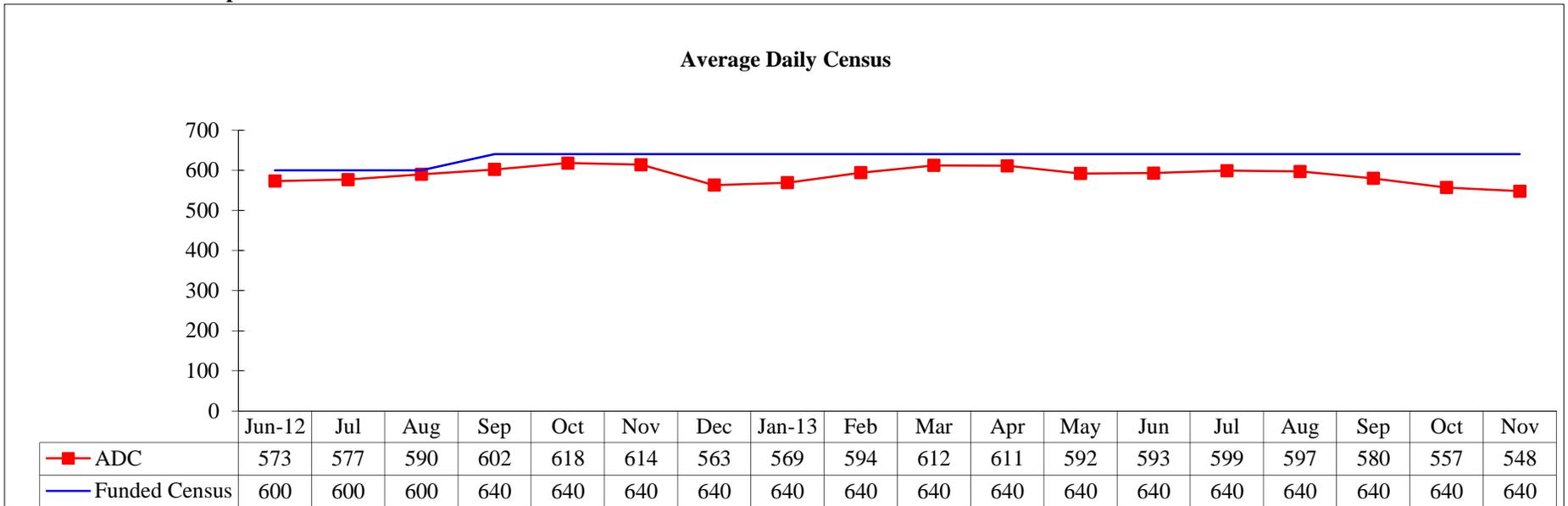
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ADC	182	183	179	174	176	177	181	182	186	190	190	190	190	194	195	198	188	188
Funded Census	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202

General Revenue & Third Party Average Daily Census



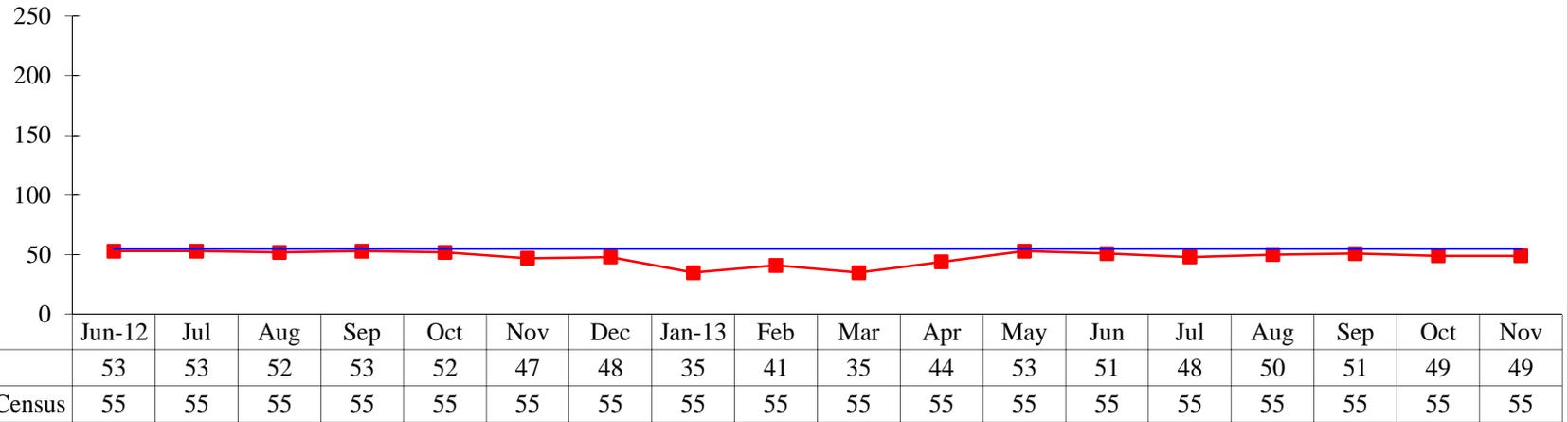
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Actual Gen. Rev. ADC	182	183	179	174	176	177	181	182	186	190	190	190	190	194	195	198	188	188
Funded Gen. Rev. ADC	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199
Actual Third Party ADC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

Objective 1D & Measure 1C - Average Daily Census
North Texas State Hospital

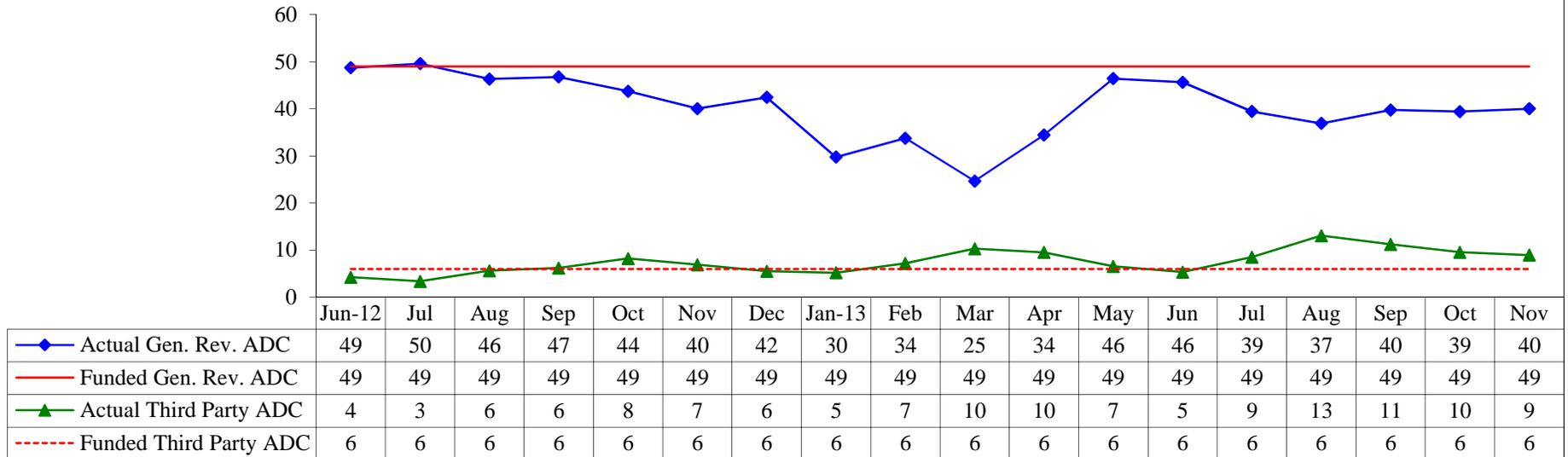


Objective 1D & Measure 1C - Average Daily Census
Rio Grande State Center–MH

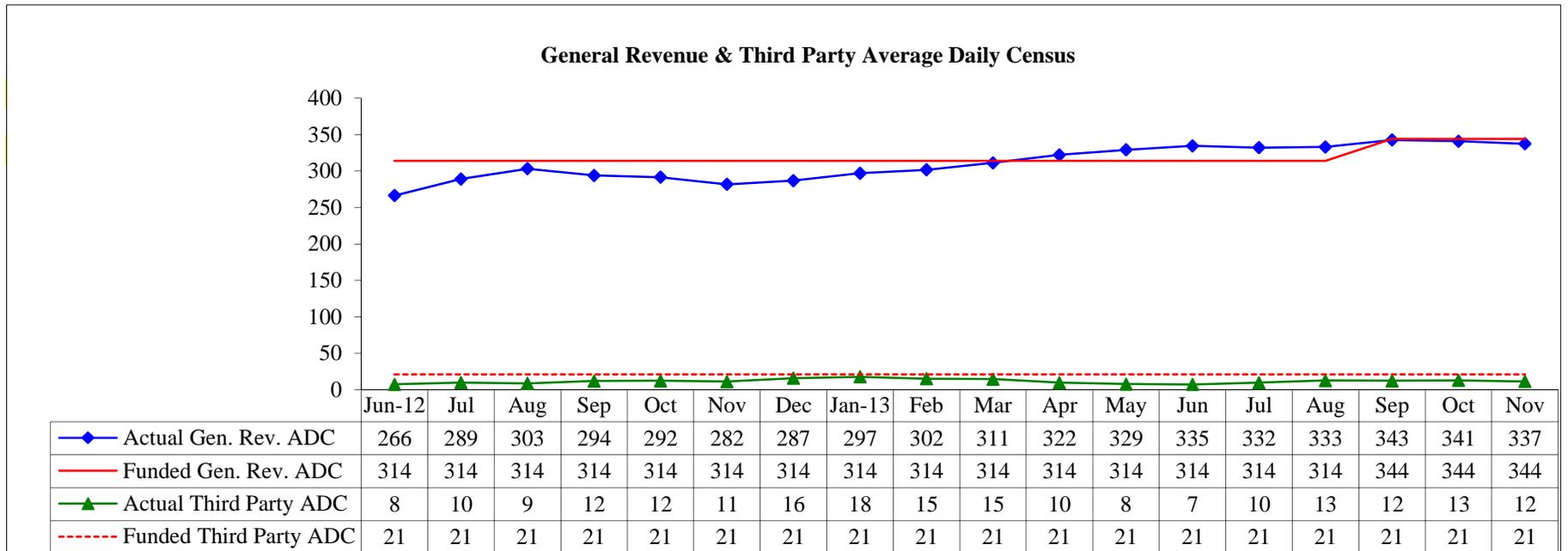
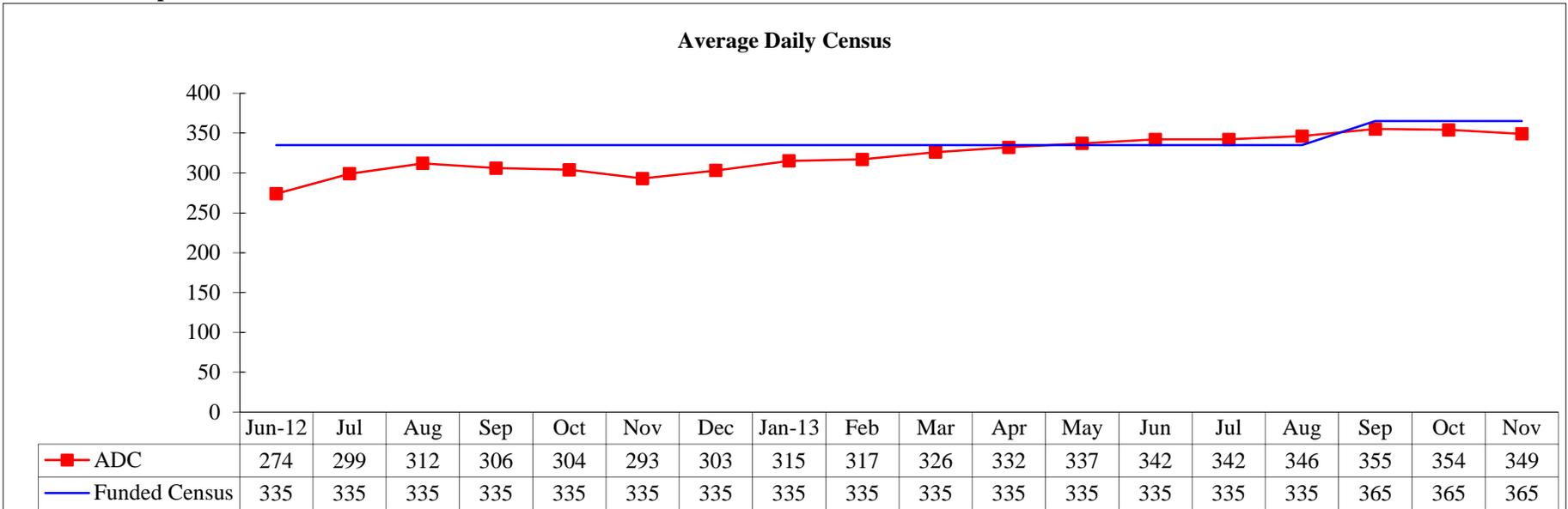
Average Daily Census



General Revenue & Third Party Average Daily Census

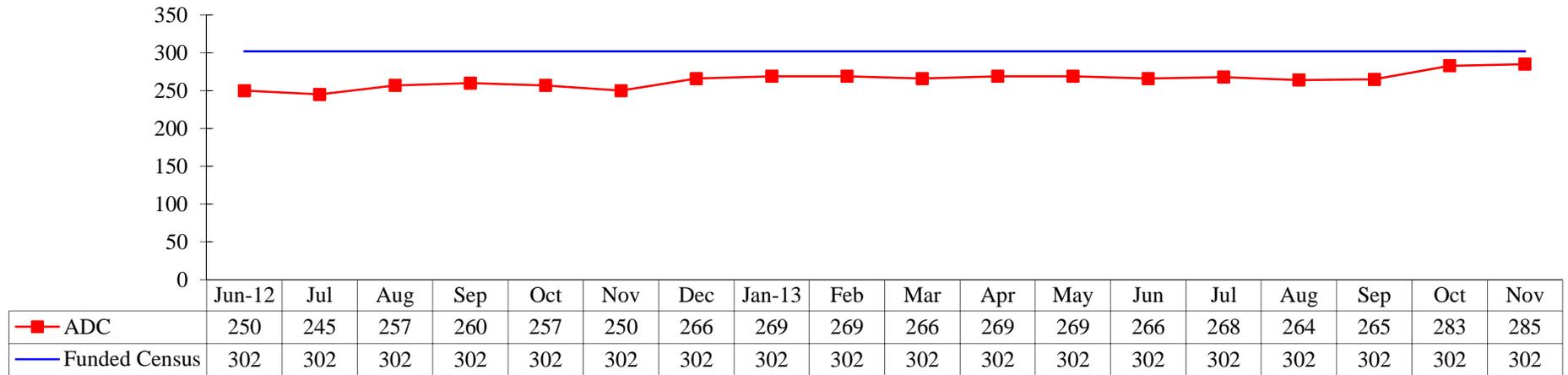


Objective 1D & Measure 1C - Average Daily Census
Rusk State Hospital

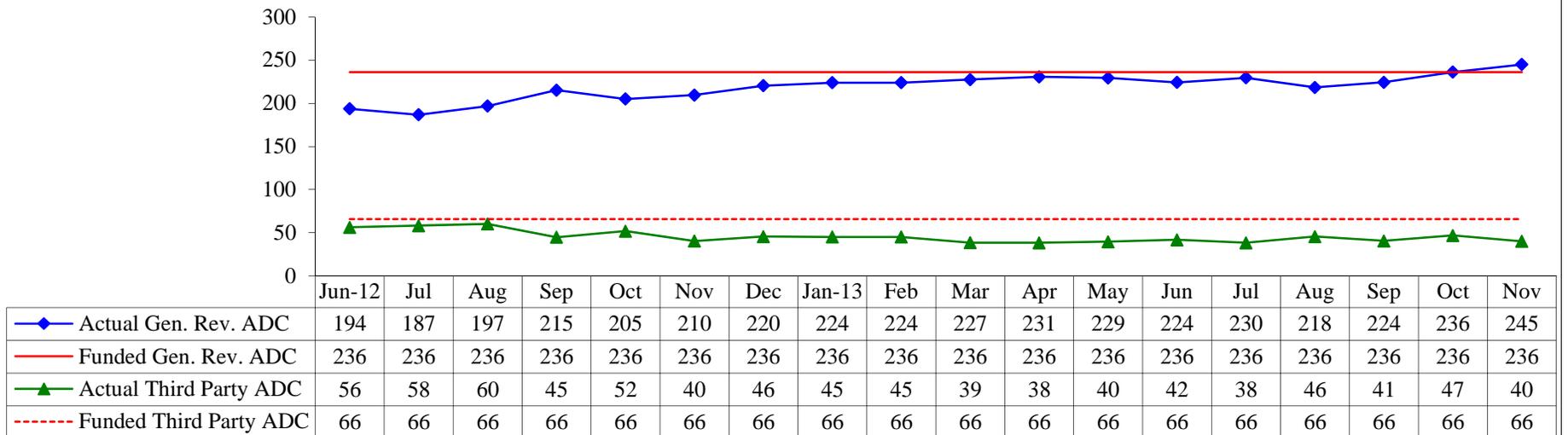


Objective 1D & Measure 1C - Average Daily Census
San Antonio State Hospital

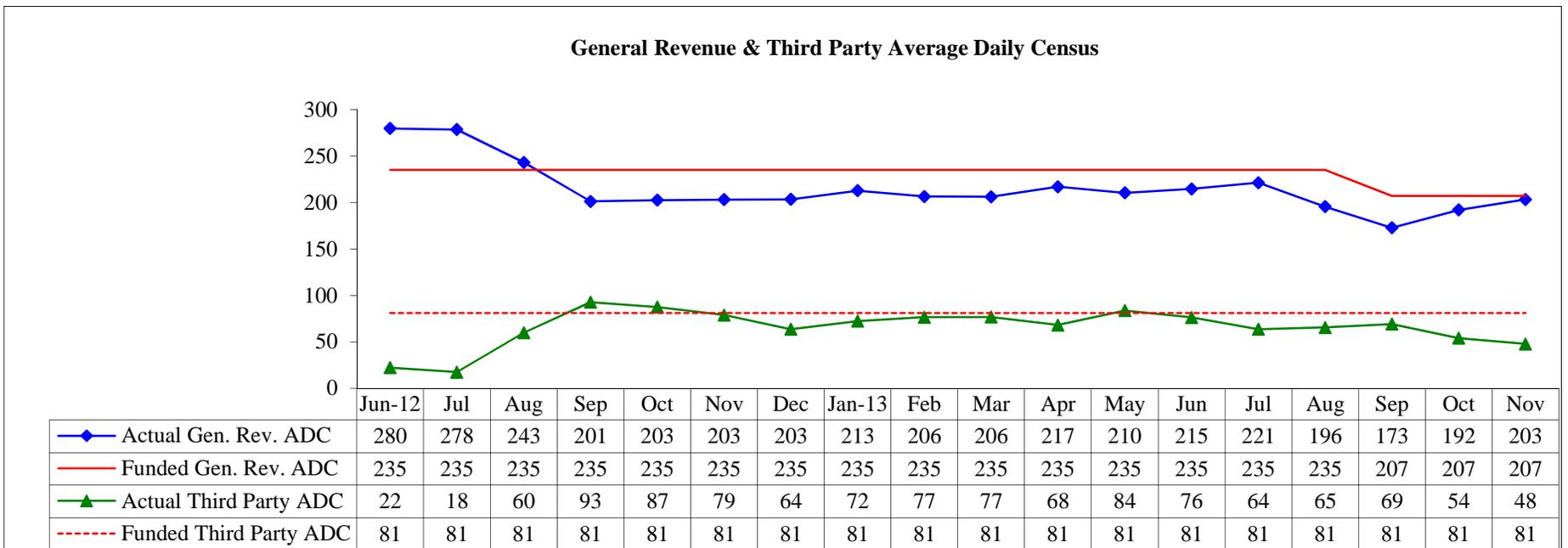
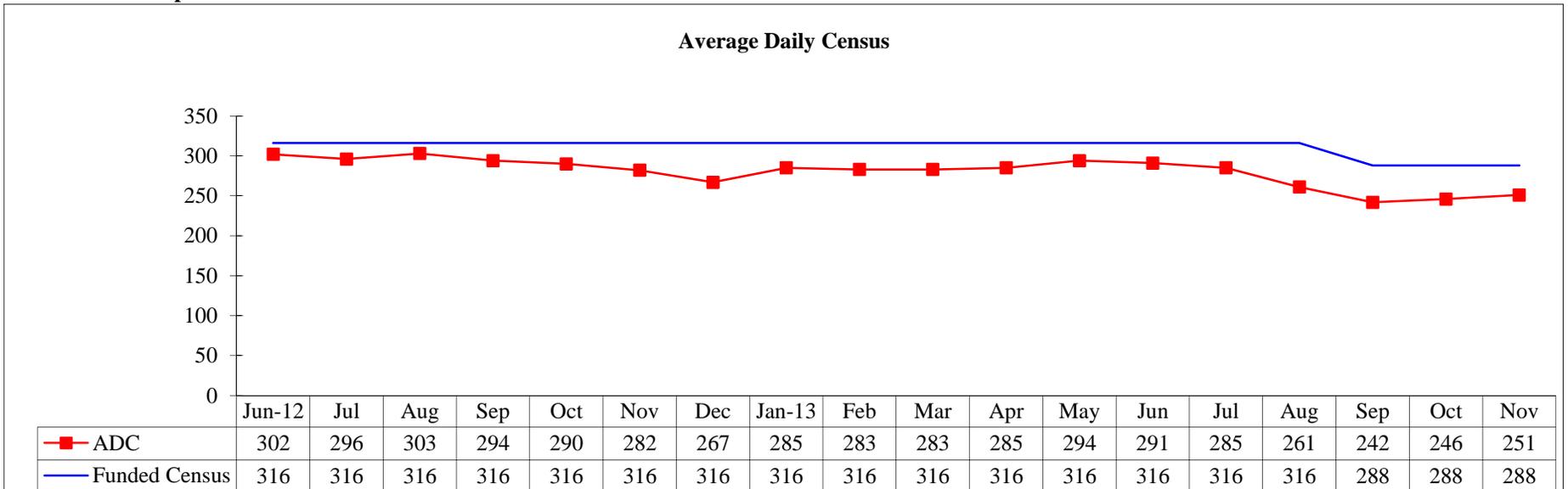
Average Daily Census



General Revenue & Third Party Average Daily Census

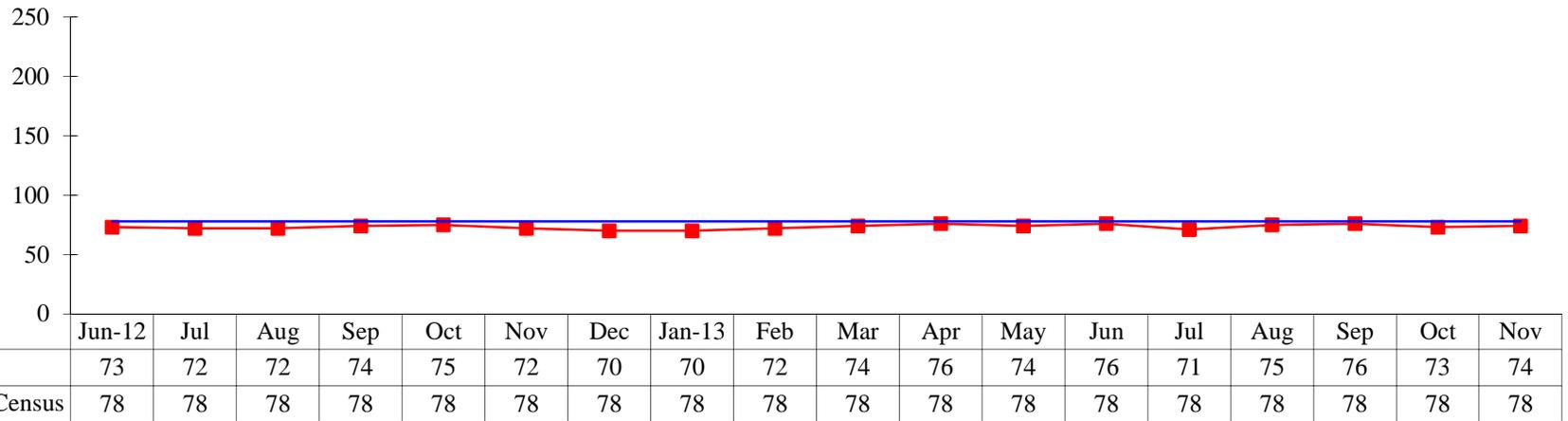


Objective 1D & Measure 1C - Average Daily Census
Terrell State Hospital

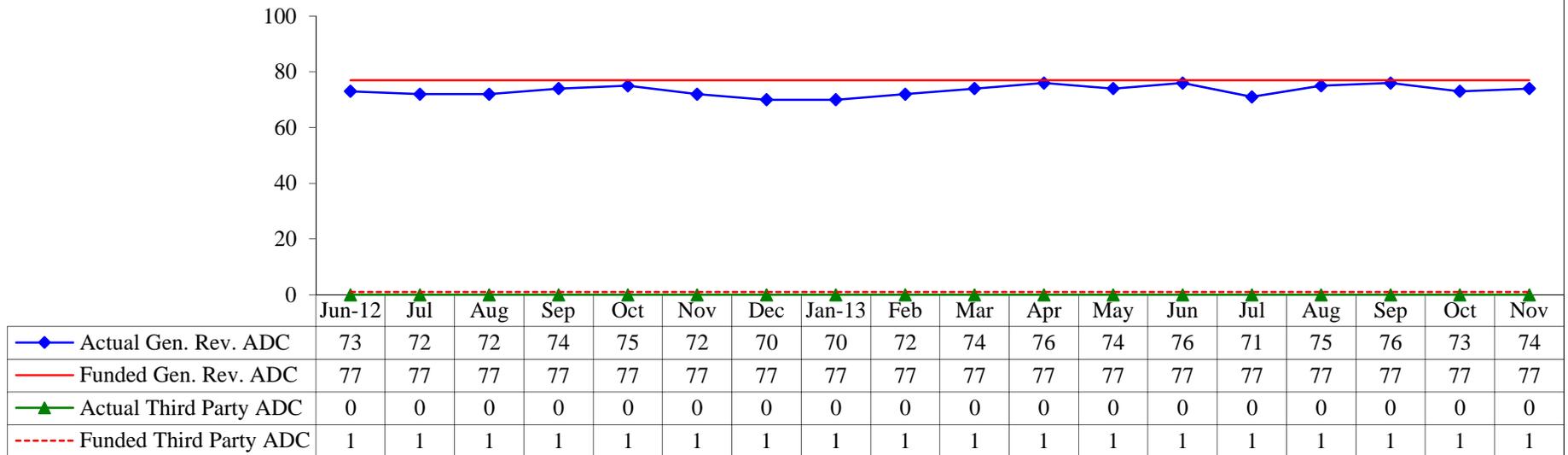


Objective 1D & Measure 1C - Average Daily Census
Waco Center For Youth

Average Daily Census



General Revenue & Third Party Average Daily Census



Performance Measure 1A:

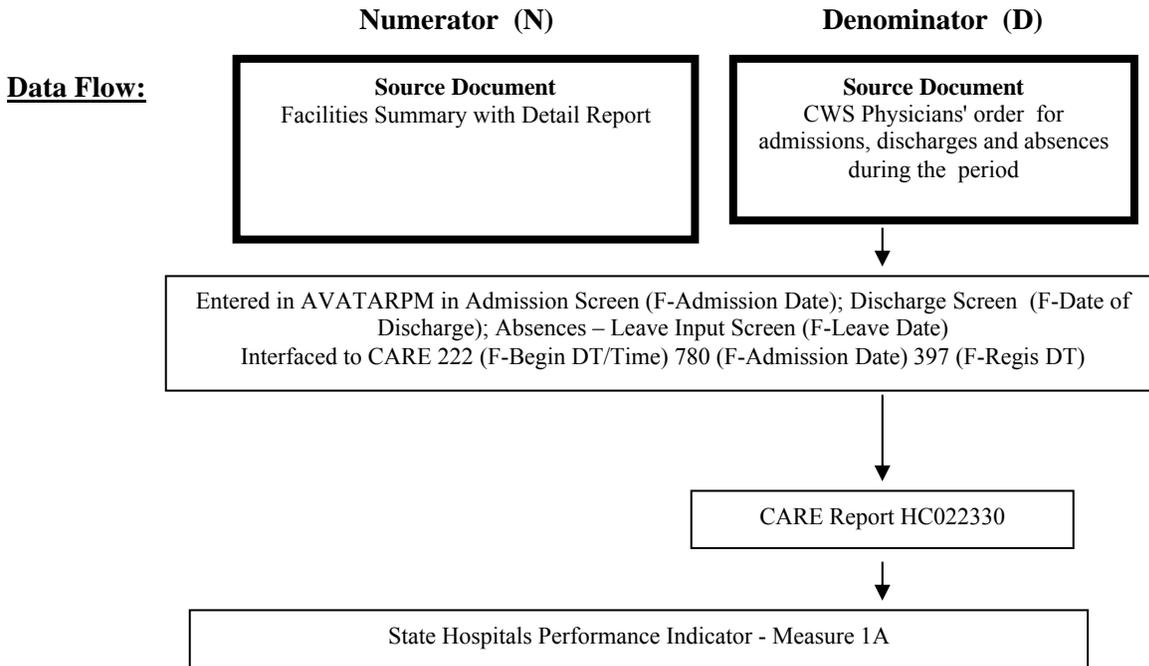
Calculate average cost per patient served.

Performance Measure Operational Definition: State hospital cost per person served represents the average cost of care for an individual per FY quarter.

Performance Measure Formula: Quarterly Average Cost Per Patient = LBB Cost [total state hospital cost + benefits/ quarterly total bed days derived from the Cost Report] x Average Patient Days * During Period (unduplicated count of patient's served). *Average patient day's means the net stay in days at the component during the quarter divided by the number of unduplicated count of patient's served during the quarter.

Performance Measure Data Display and Chart Description:

- ◆ Table shows average patient days, cost per bed day and average cost for FY quarter for individual state hospitals and system-wide.
- ◆ Chart with accumulated quarterly data points of average cost per persons served for individual state hospitals and system-wide.



Measure 1A - Average Cost Per Patient Served
All State Hospitals

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	24	24	22	22	22	23	22	25	26			
LBB Cost/Bed Day	\$448	\$487	\$477	\$433	\$436	\$498	\$490	\$477	\$438			
Average Cost	\$10,783	\$11,735	\$10,695	\$9,732	\$9,754	\$11,239	\$10,956	\$11,703	\$11,582			
Big Spring State Hospital												
Avg. Patient Days	48	47	50	45	44	42	46	49	52			
LBB Cost/Bed Day	\$376	\$417	\$403	\$397	\$399	\$407	\$418	\$440	\$389			
Average Cost	\$17,843	\$19,496	\$20,043	\$17,717	\$17,401	\$17,134	\$19,029	\$21,446	\$20,318			
El Paso Psychiatric Center												
Avg. Patient Days	21	22	21	20	19	20	21	19	19			
LBB Cost/Bed Day	\$485	\$528	\$501	\$498	\$474	\$538	\$536	\$552	\$523			
Average Cost	\$10,273	\$11,576	\$10,507	\$9,922	\$8,841	\$10,743	\$11,287	\$10,417	\$9,745			
Kerrville State Hospital												
Avg. Patient Days	78	81	81	83	82	82	84	80	78			
LBB Cost/Bed Day	\$355	\$392	\$380	\$378	\$377	\$377	\$374	\$389	\$369			
Average Cost	\$27,796	\$31,748	\$30,685	\$31,490	\$30,769	\$31,043	\$31,409	\$31,312	\$28,776			
North Texas State Hospital												
Avg. Patient Days	46	47	45	47	51	46	49	48	50			
LBB Cost/Bed Day	\$372	\$399	\$400	\$385	\$398	\$384	\$385	\$405	\$399			
Average Cost	\$17,285	\$18,582	\$18,066	\$18,064	\$20,126	\$17,839	\$18,998	\$19,520	\$20,093			
Rusk State Hospital												
Avg. Patient Days	54	57	59	60	63	60	62	59	70			
LBB Cost/Bed Day	\$342	\$372	\$391	\$381	\$366	\$383	\$342	\$391	\$321			
Average Cost	\$18,478	\$21,345	\$22,904	\$22,896	\$23,089	\$22,855	\$21,064	\$22,998	\$22,409			
San Antonio State Hospital												
Avg. Patient Days	36	36	35	33	32	36	36	35	37			
LBB Cost/Bed Day	\$392	\$472	\$453	\$462	\$440	\$459	\$454	\$491	\$416			
Average Cost	\$14,230	\$17,008	\$15,832	\$15,085	\$13,955	\$16,714	\$16,333	\$17,382	\$15,374			

Measure 1A - Average Cost Per Patient Served
All State Hospitals

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	30	31	31	31	31	29	28	31	29			
LBB Cost/Bed Day	\$375	\$402	\$392	\$394	\$391	\$423	\$405	\$442	\$459			
Average Cost	\$11,126	\$12,295	\$12,250	\$12,239	\$12,082	\$12,201	\$11,541	\$13,608	\$13,340			
Waco Center for Youth												
Avg. Patient Days	57	58	60	53	66	54	65	58	57			
LBB Cost/Bed Day	\$349	\$397	\$407	\$396	\$352	\$435	\$375	\$424	\$352			
Average Cost	\$19,988	\$23,184	\$24,199	\$21,190	\$23,339	\$23,615	\$24,299	\$24,461	\$19,957			
Rio Grande State Center (MH)												
Avg. Patient Days	15	16	15	17	14	17	17	17	19			
LBB Cost/Bed Day	\$470	\$516	\$521	\$544	\$645	\$853	\$816	\$483	\$499			
Average Cost	\$6,911	\$8,381	\$7,908	\$9,083	\$9,304	\$14,191	\$13,989	\$8,083	\$9,402			
All MH Hospitals												
Avg. Patient Days	39	39	39	37	37	38	39	40	42			
LBB Cost/Bed Day	\$384	\$409	\$418	\$395	\$407	\$427	\$415	\$422	\$401			
Average Cost	\$15,007	\$16,136	\$16,340	\$14,607	\$15,224	\$16,312	\$16,345	\$16,887	\$16,754			
Texas Center for Infectious Disease												
Avg. Patient Days	189	173	213	180	209	146	189	141	223			
LBB Cost/Bed Day	\$713	\$685	\$586	\$640	\$648	\$741	\$932	\$812	\$978			
Average Cost	\$134,693	\$118,491	\$124,916	\$115,141	\$135,503	\$108,119	\$176,463	\$114,510	\$218,085			

LBB Cost - total facility expense minus benefits

**Measure 1A - Average Cost Per Patient Served
All State MH Hospitals**

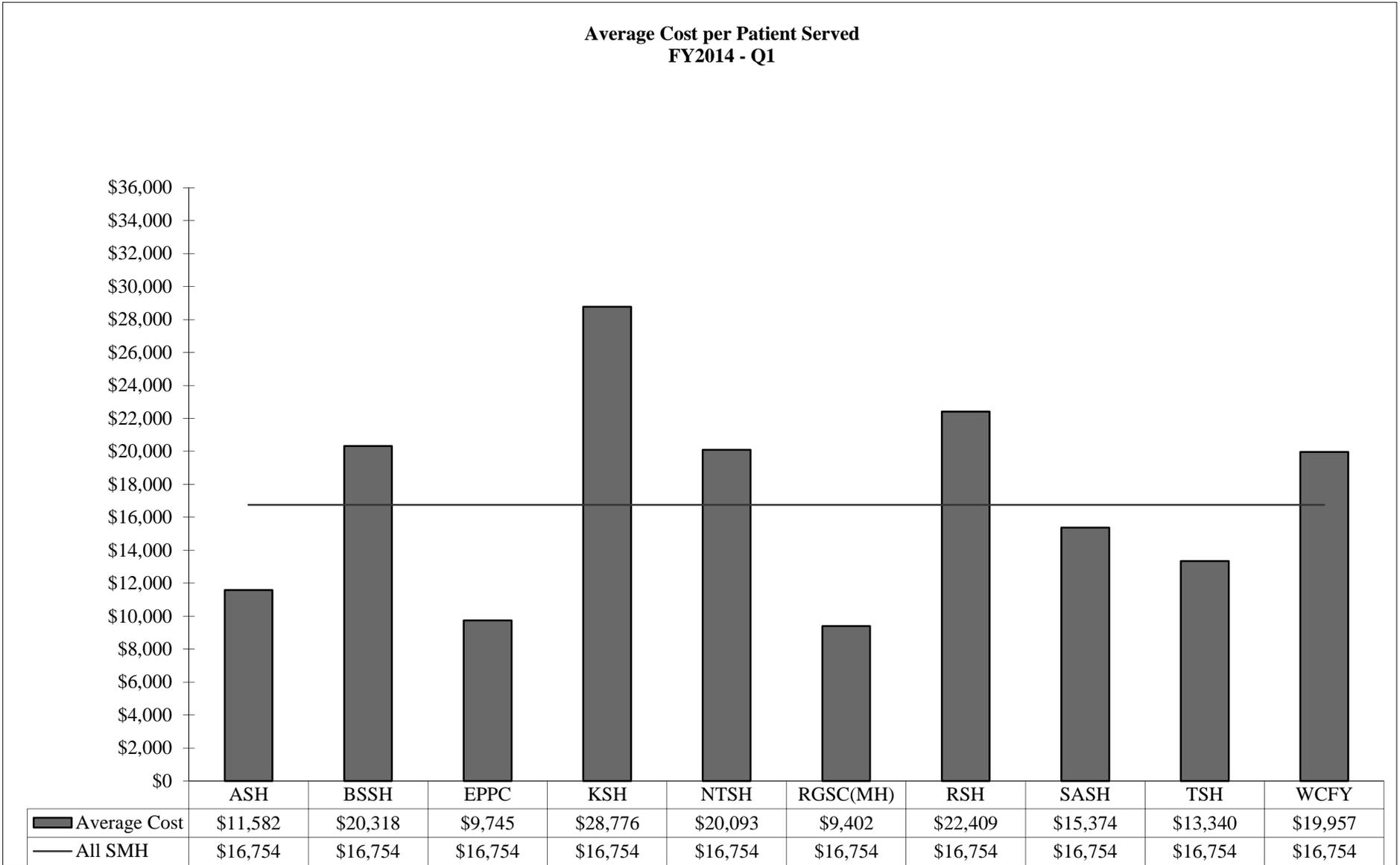
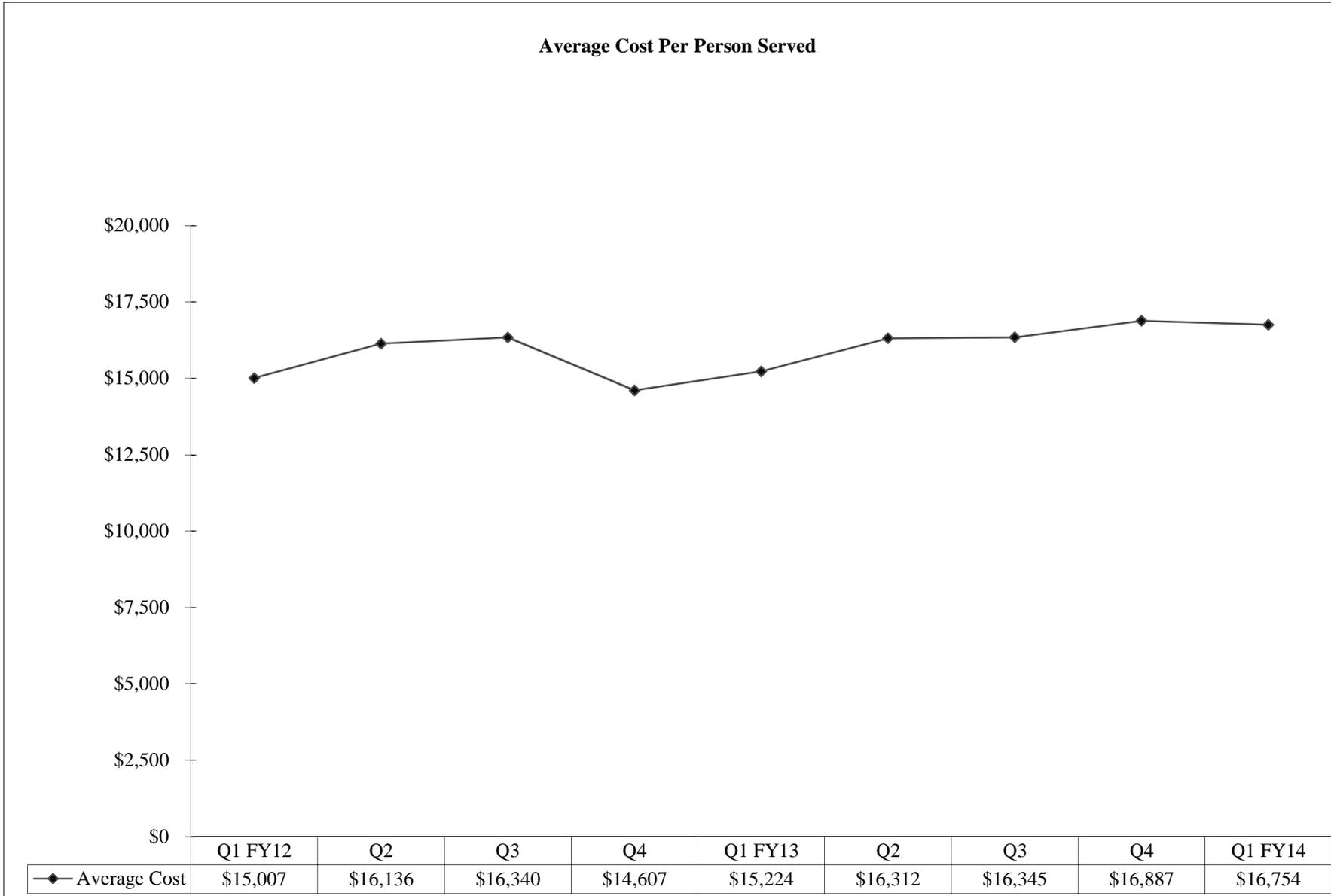


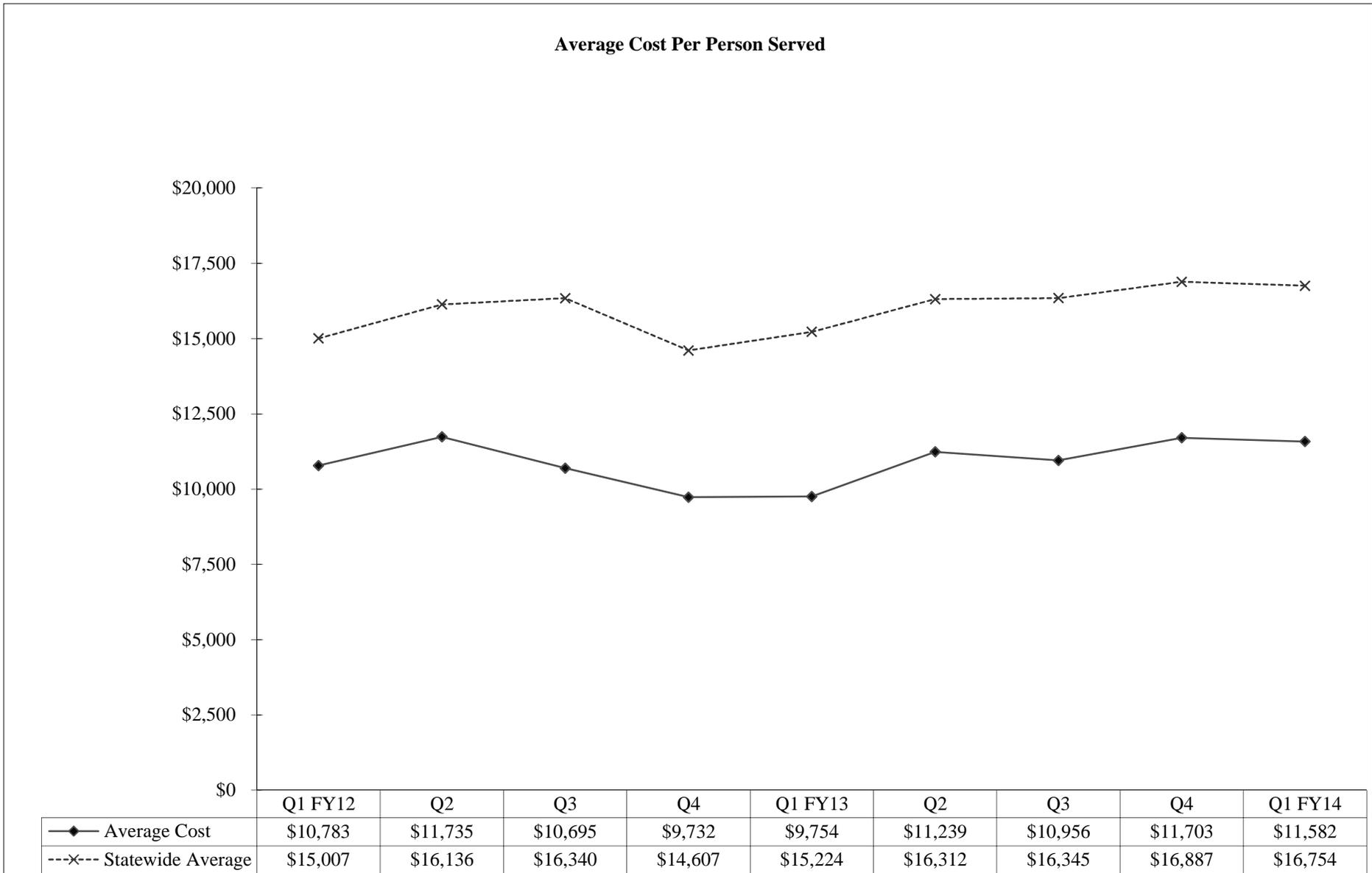
Table: Hospital Management Data Services

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

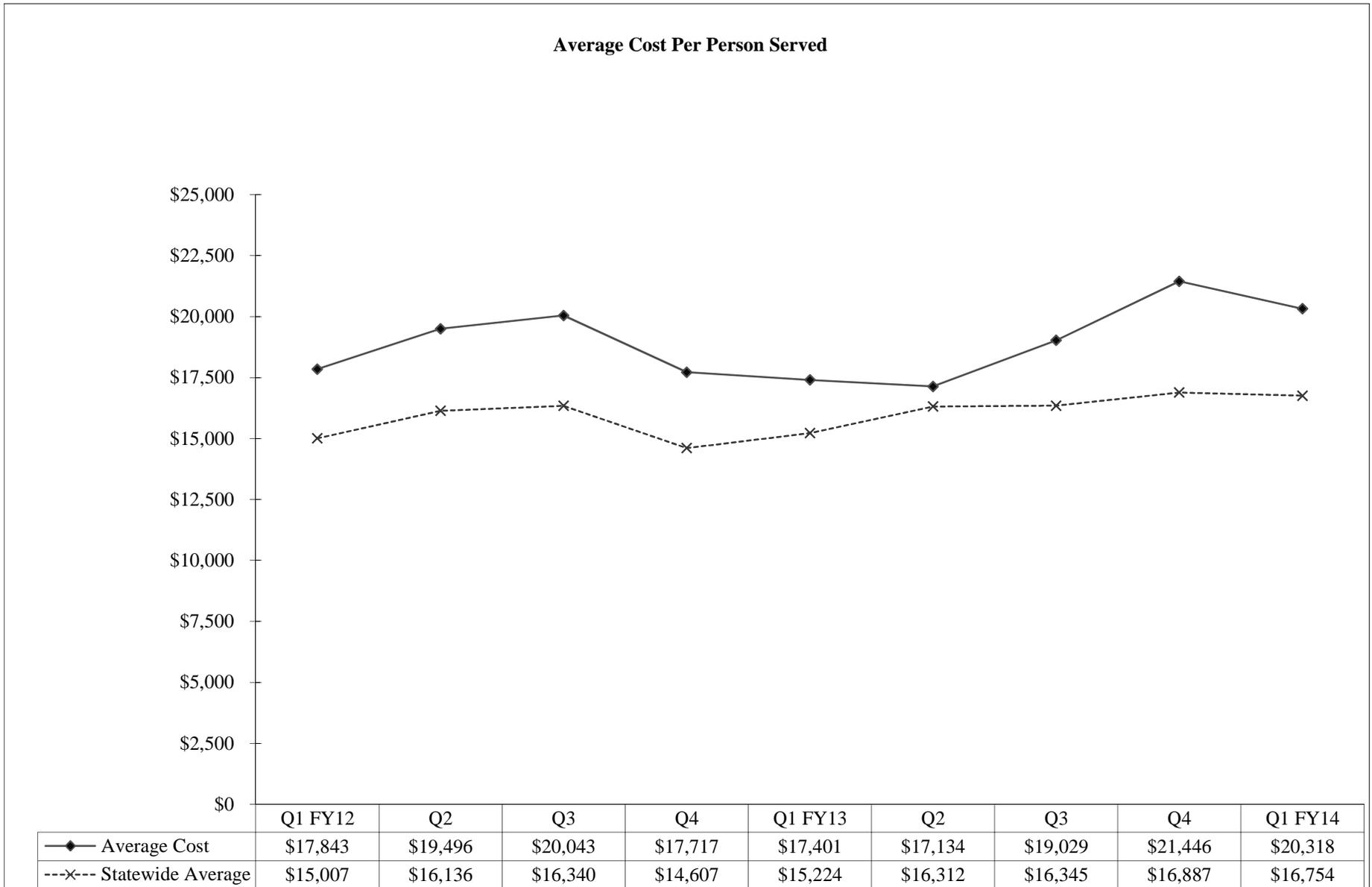
Measure 1A - Average Cost Per Patient Served
All State MH Hospitals



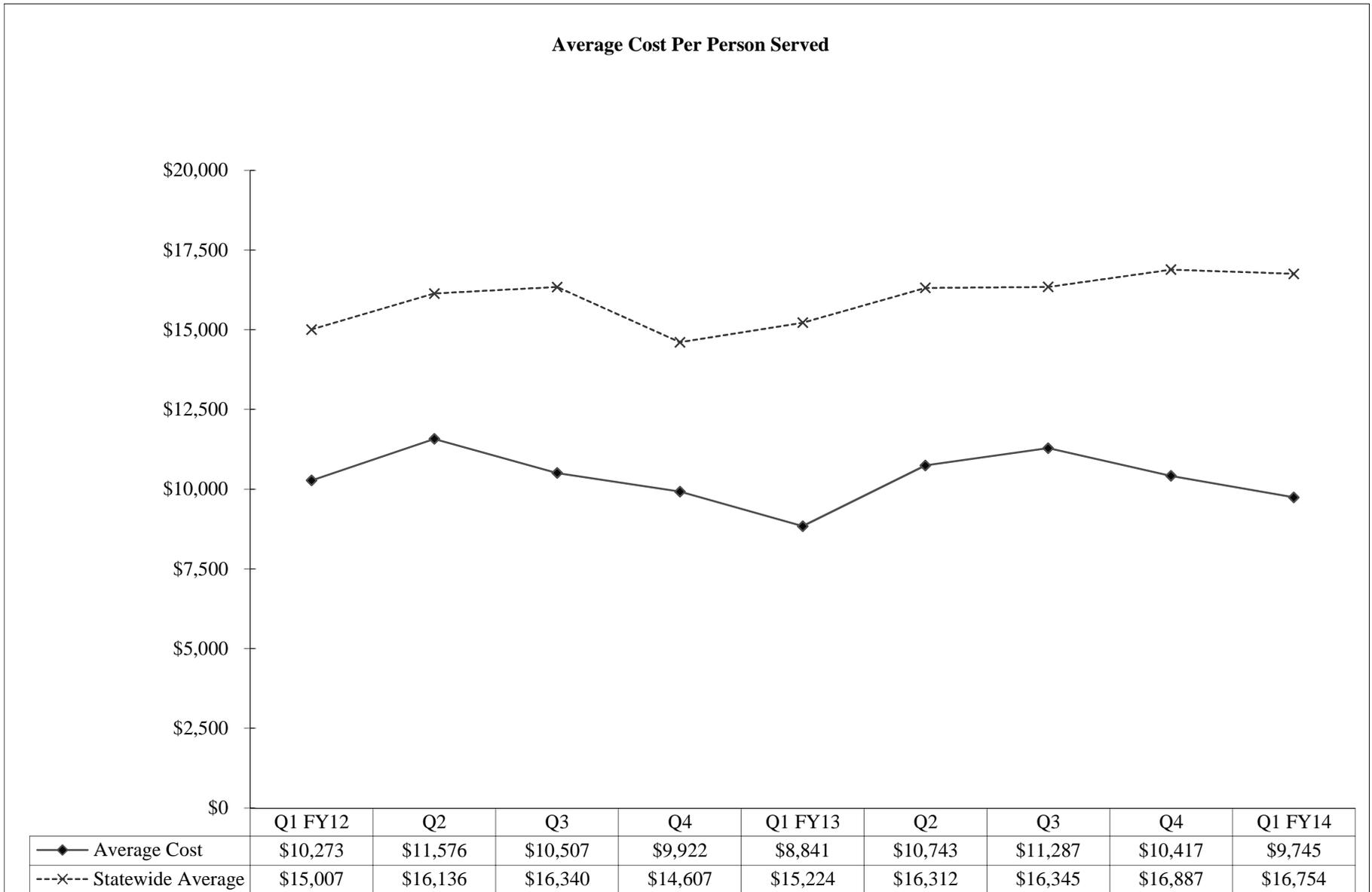
Measure 1A - Average Cost Per Patient Served
Austin State Hospital



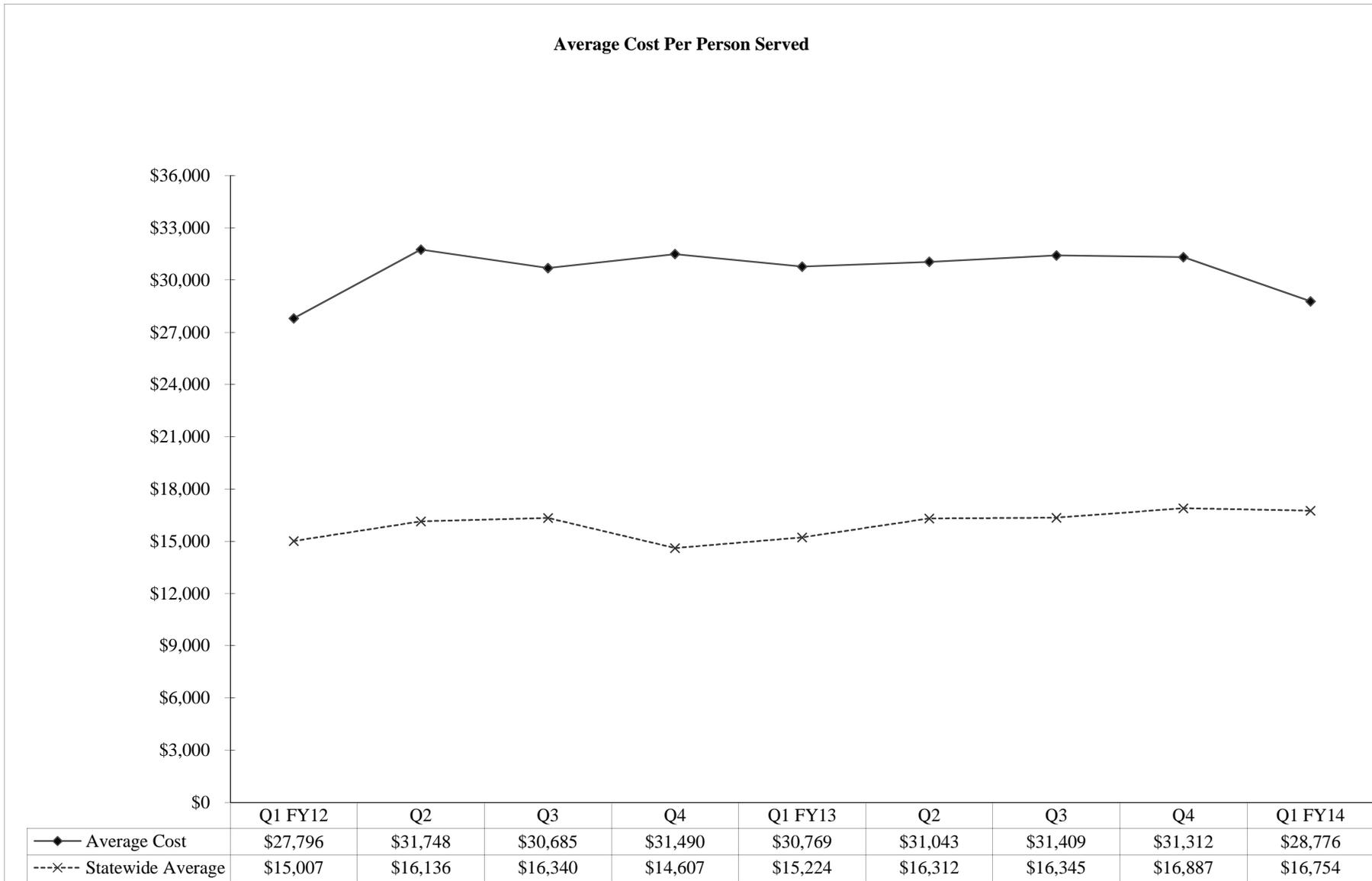
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center



**Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital**



Measure 1A - Average Cost Per Patient Served
North Texas State Hospital

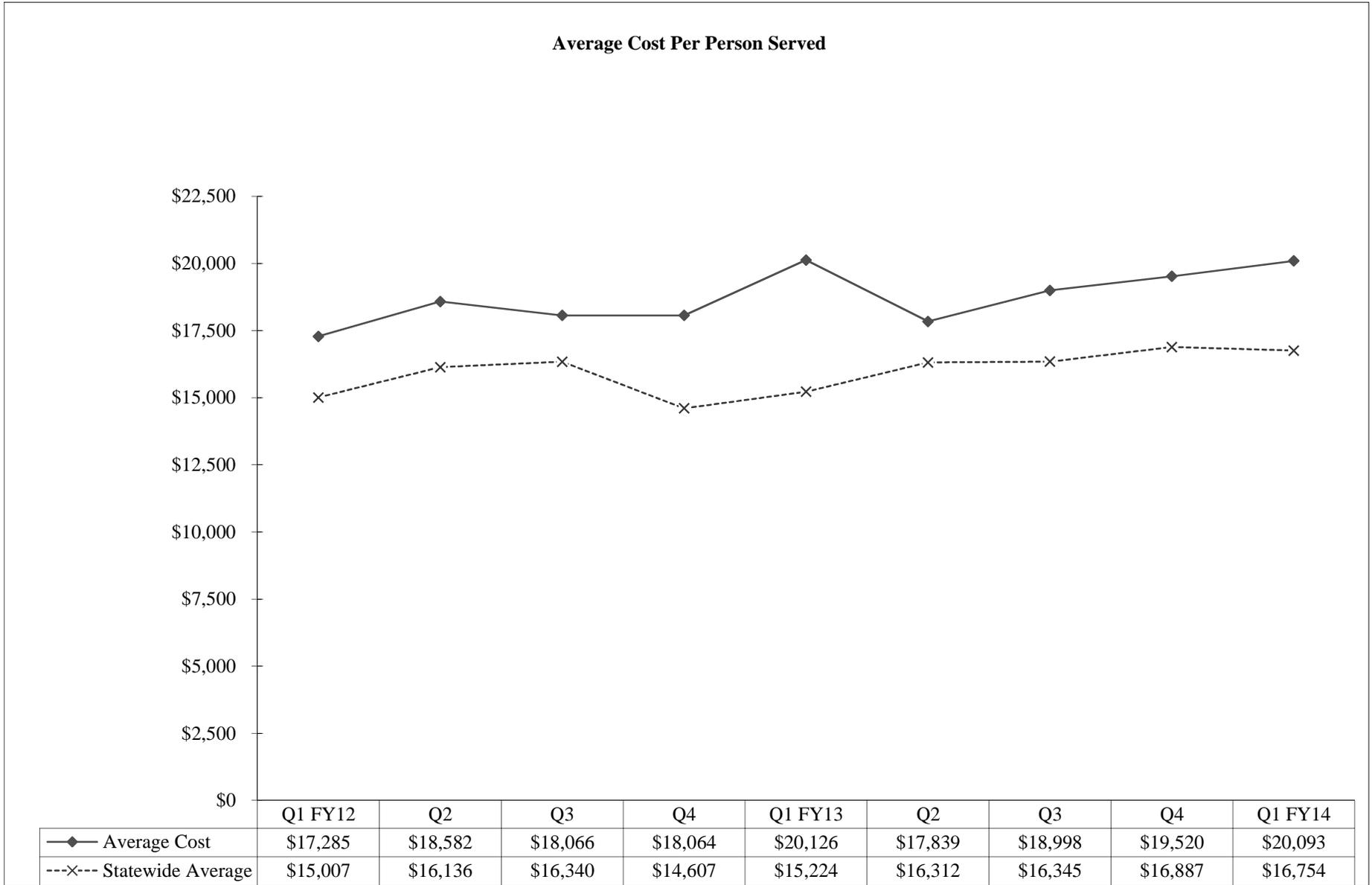
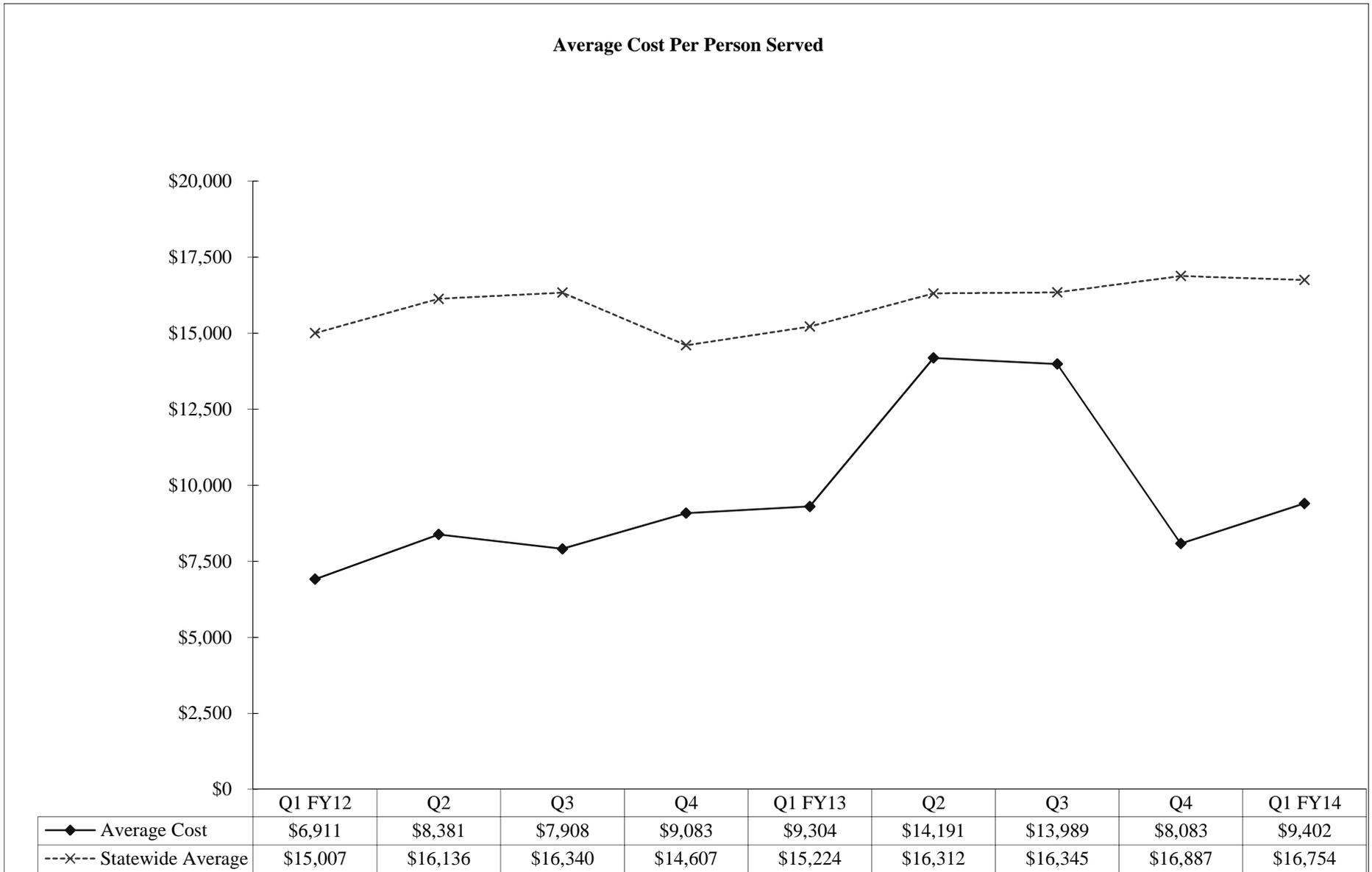


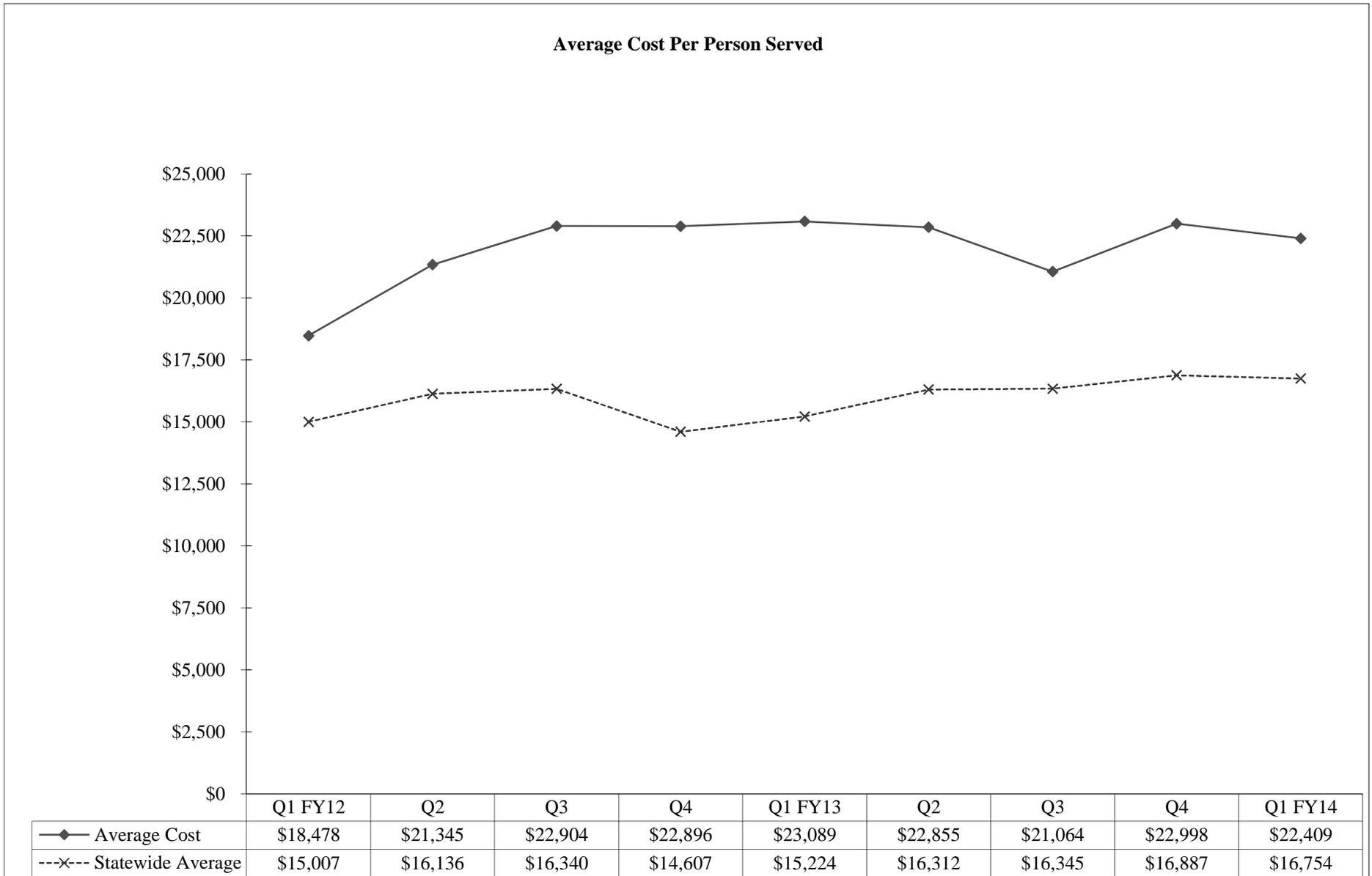
Table: Hospital Management Data Services

Source: CARE Report HC022330,
 Financial Statistical Report-Fiscal Services;
 DSHS Budgeting Forecasting Dept.

Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)

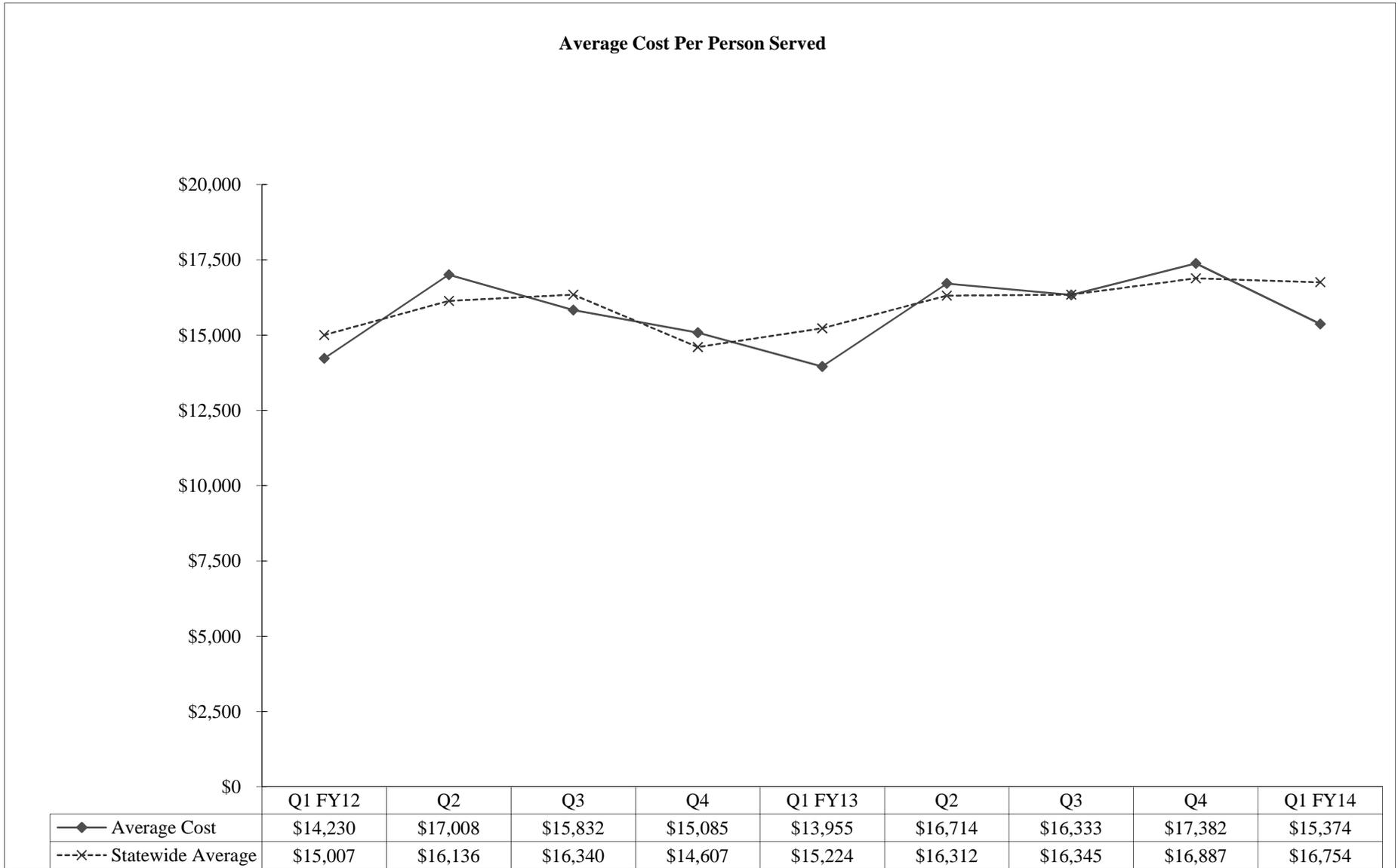


Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



Source: CARE Report HC022330,
 Financial Statistical Report-Fiscal Services;
 DSHS Budgeting Forecasting Dept.

Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



Measure 1A - Average Cost Per Patient Served
Terrell State Hospital

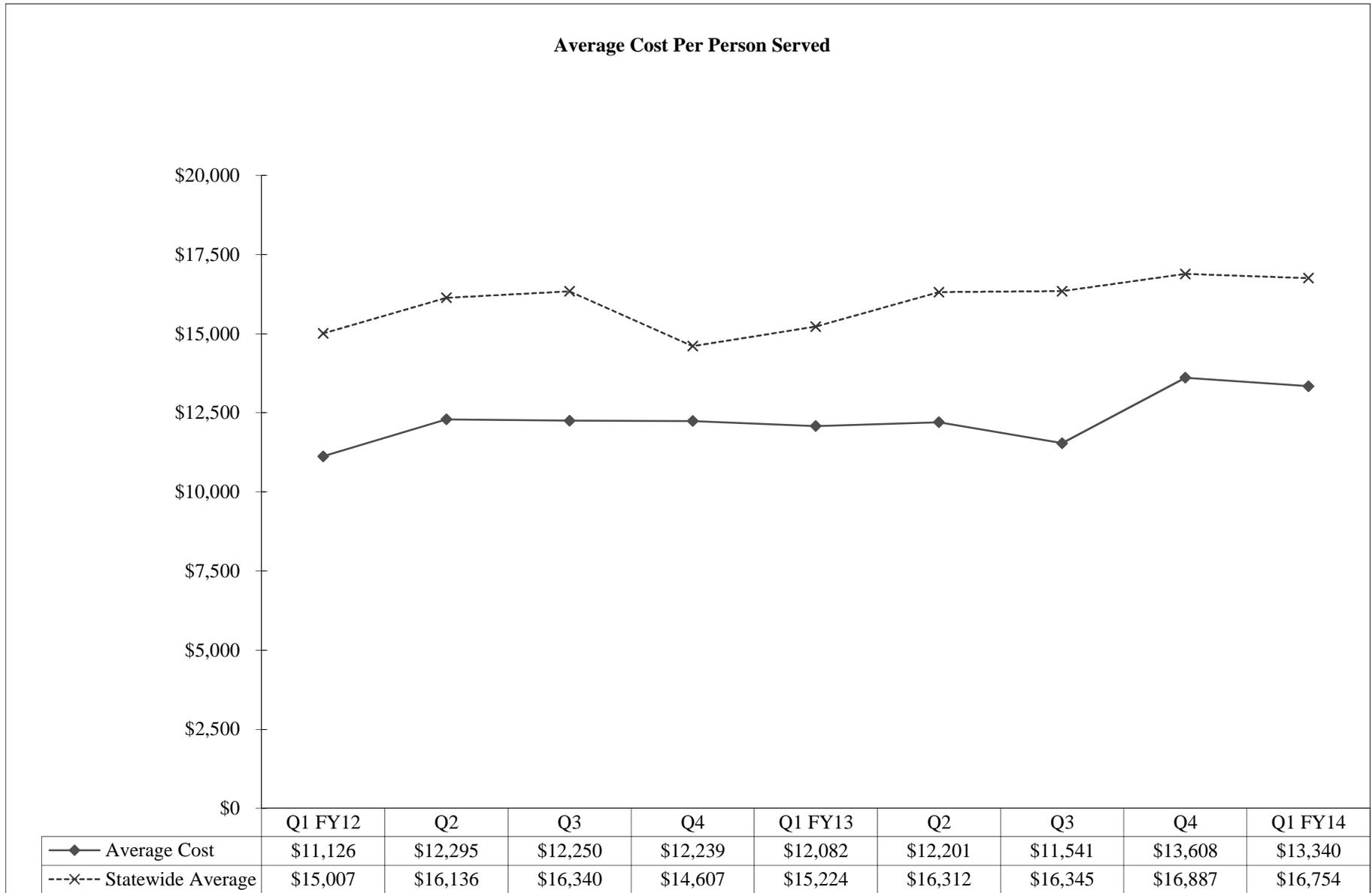
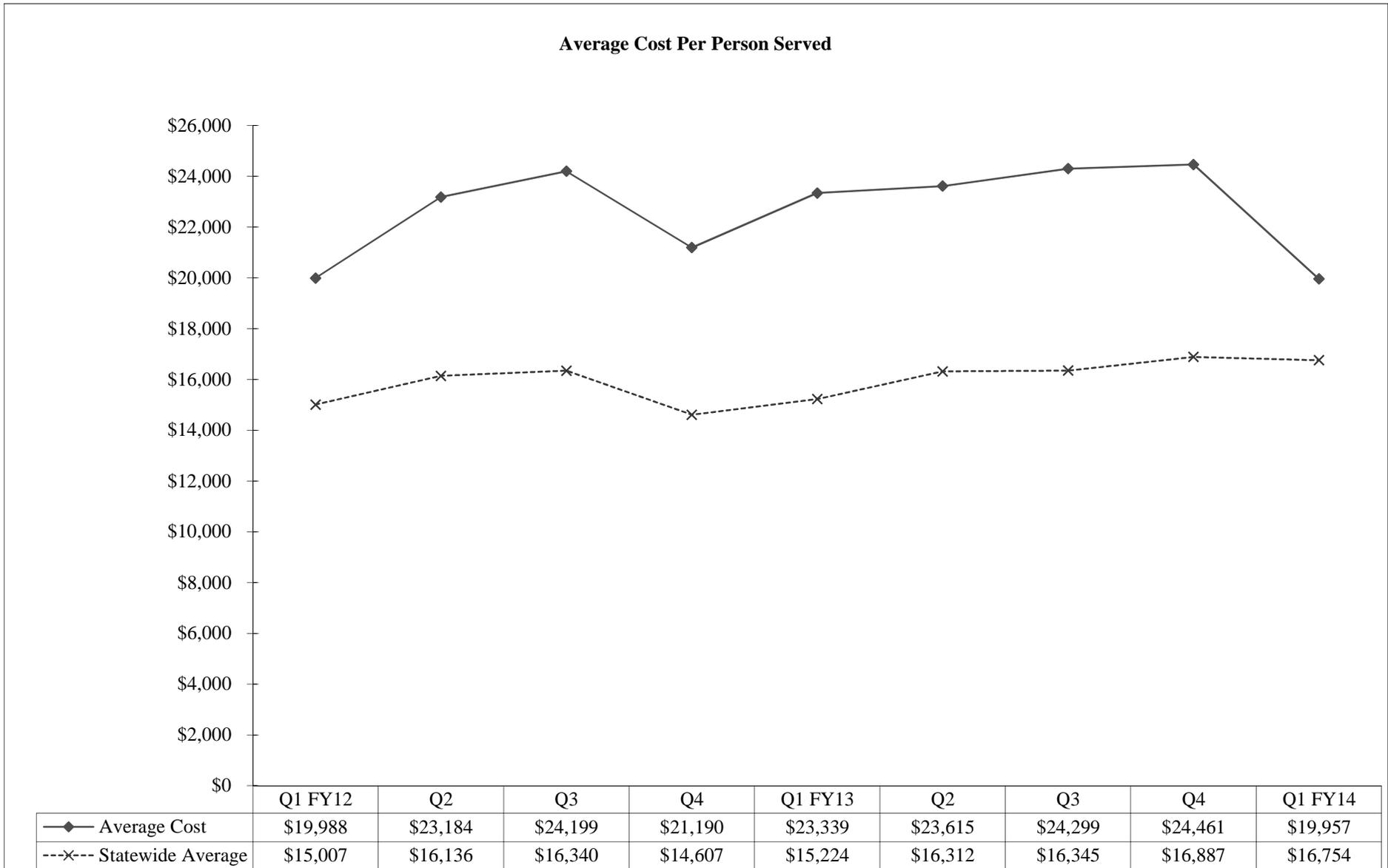


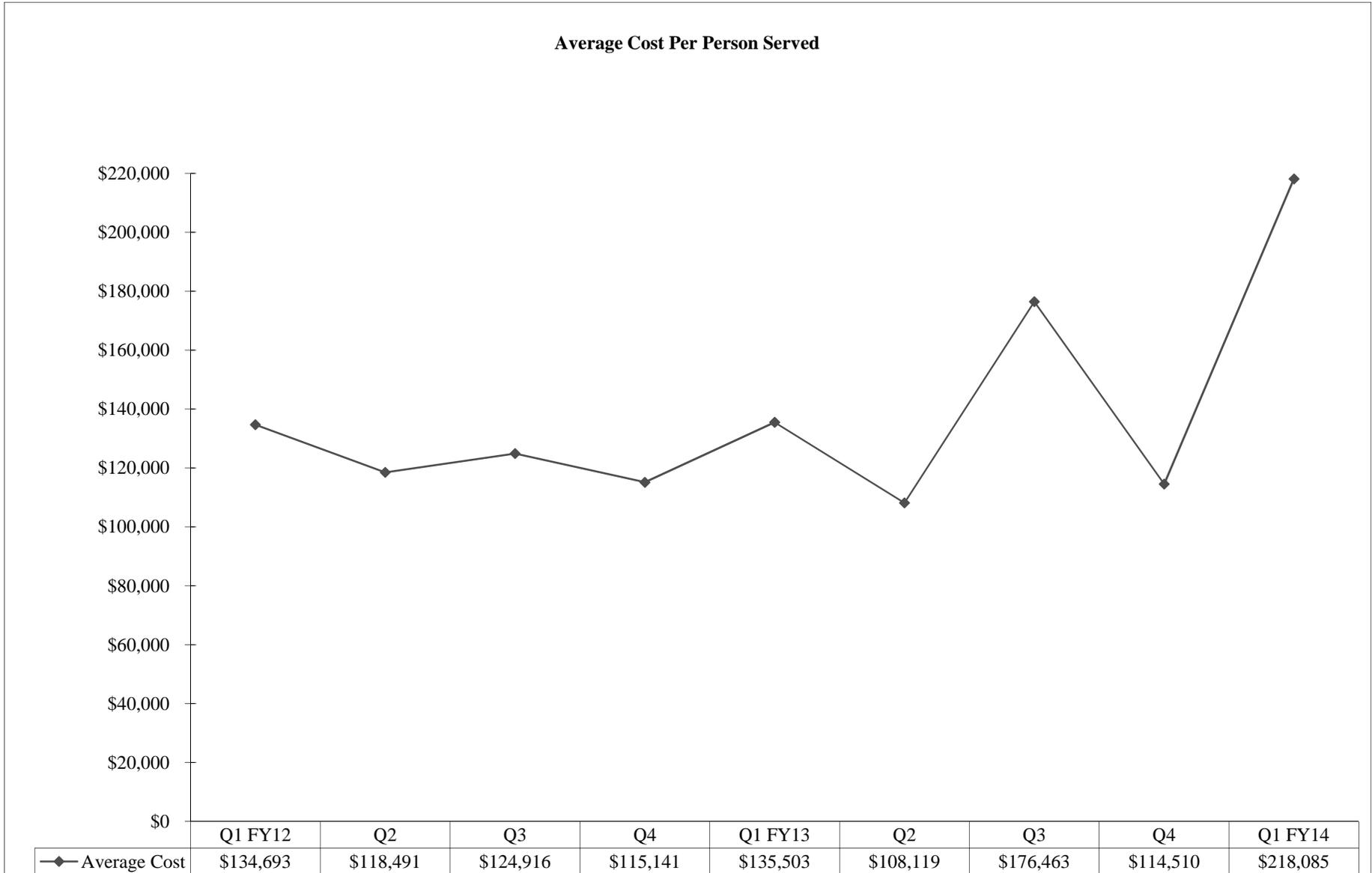
Table: Hospital Management Data Services

Source: CARE Report HC022330,
 Financial Statistical Report-Fiscal Services;
 DSHS Budgeting Forecasting Dept.

**Measure 1A - Average Cost Per Patient Served
Waco Center for Youth**



**Measure 1A - Average Cost Per Patient Served
Texas Center for Infectious Disease**



Performance Measure 1B:

Calculate cost per occupied bed.

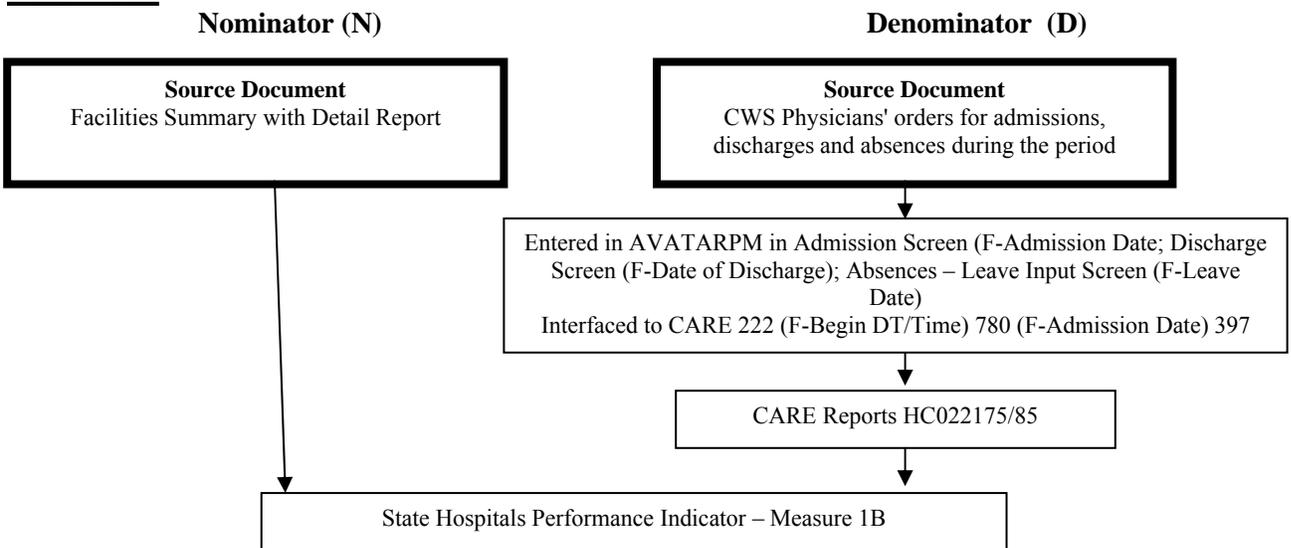
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

Performance Measure Formula: The state hospital's average cost per occupied bed day per FY quarter is calculated. $\text{Appropriated Fund Cost (for LBB)} = \frac{\text{Total State Hospital Expense} + \text{Benefits}}{\text{Total Bed Days}}$

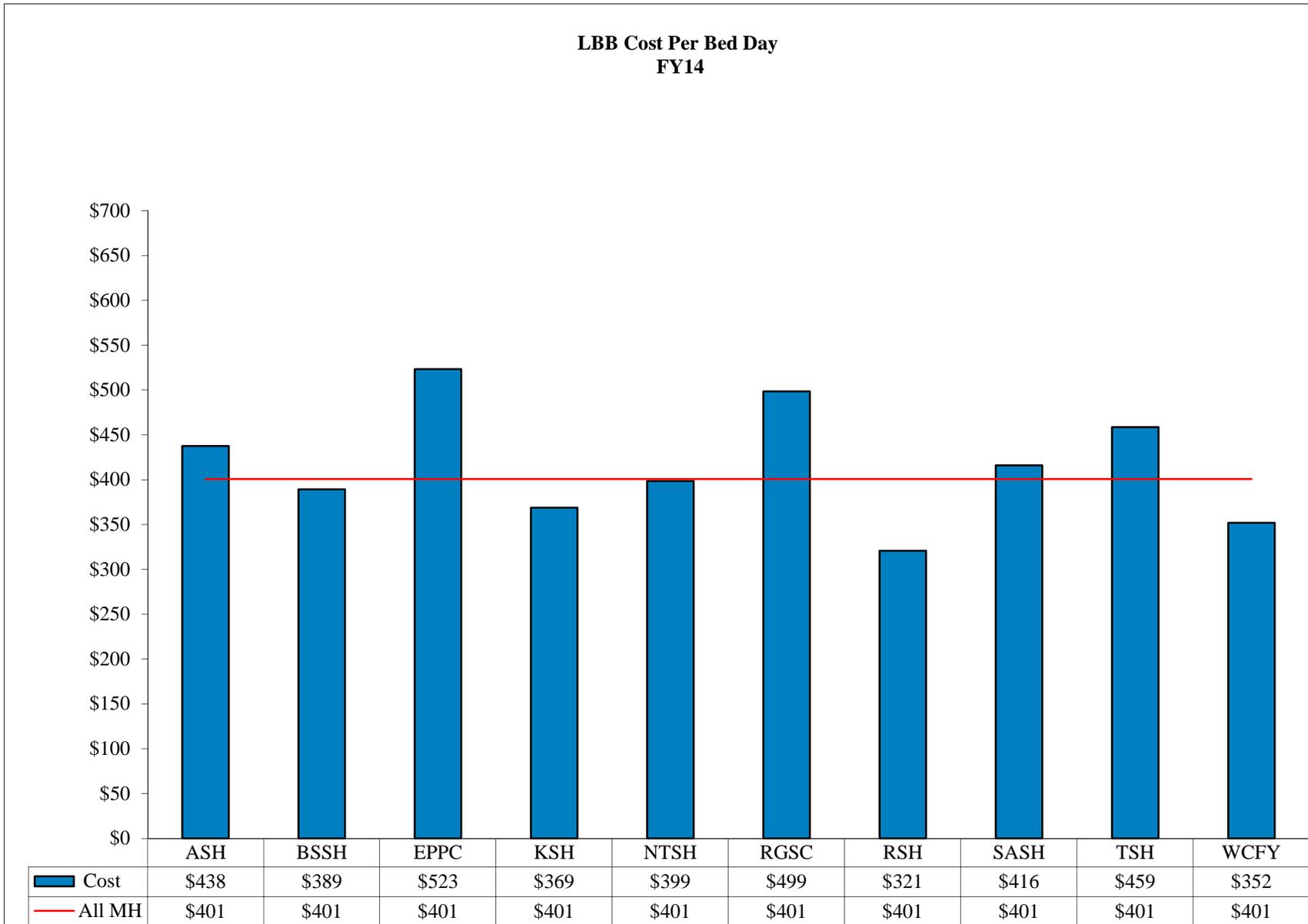
Performance Measure Data Display and Chart Description:

- ◆ Table shows LBB cost per bed day for FY quarter for individual state hospitals and system-wide.
- ◆ Chart with quarterly data points of LBB cost per bed day for FY quarter for individual state hospitals and system-wide.

Data Flow:



Measure 1B - Cost Per Bed Day
All State MH Hospitals - FYTD14 (As of November 30, 2013)



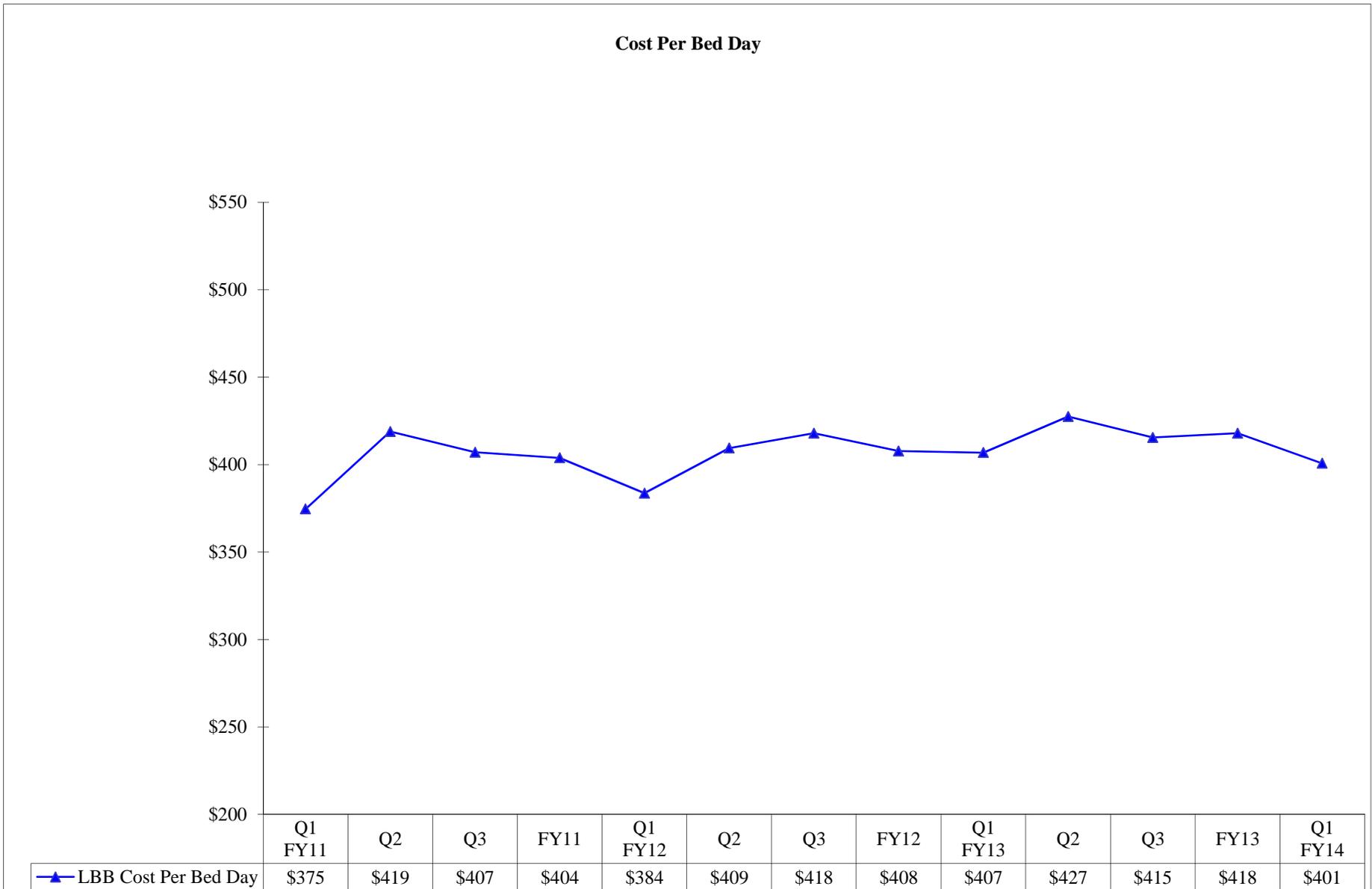
Measure 1B - Cost Per Bed Day

All State Hospitals

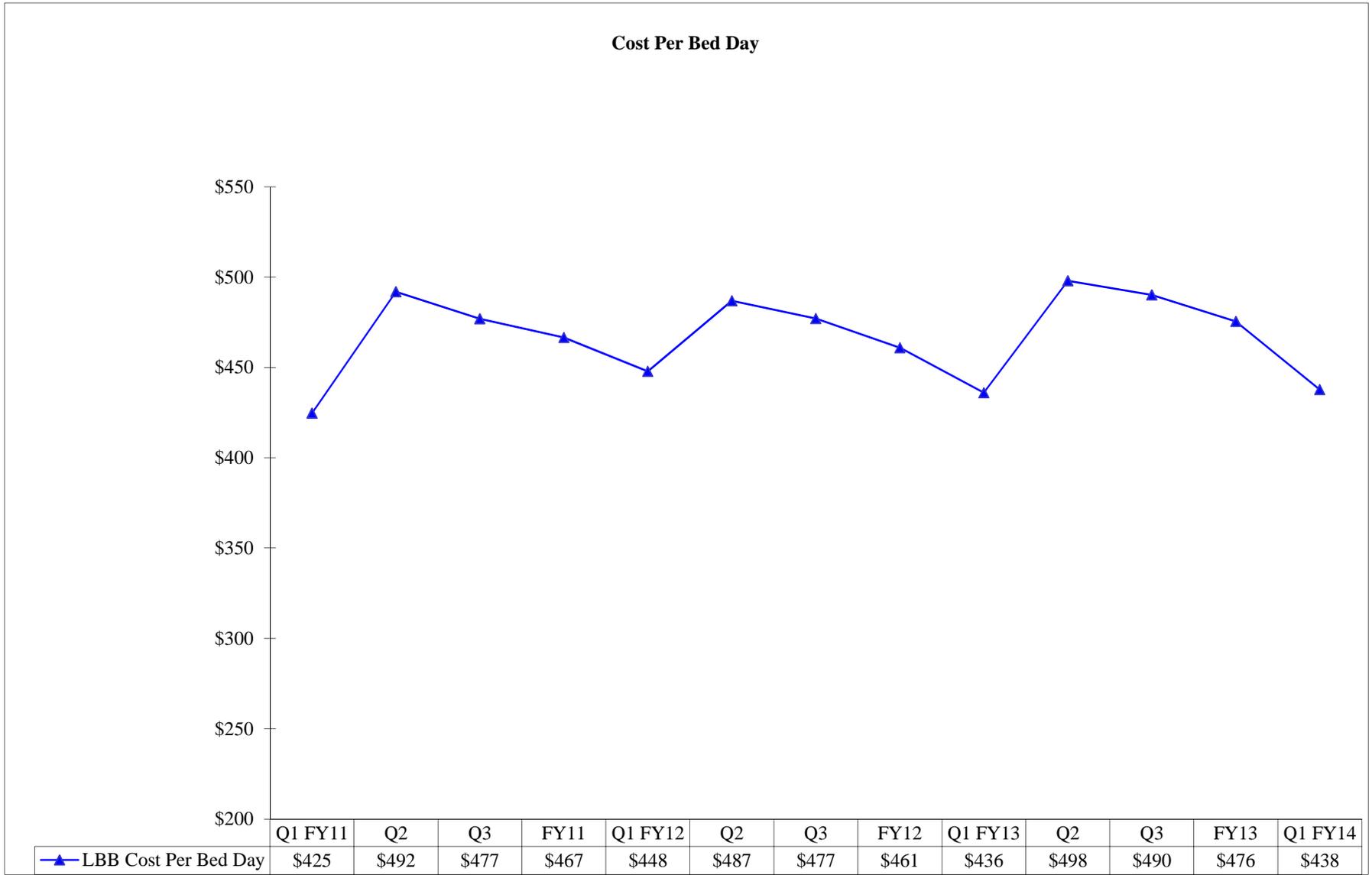
	FY11				FY12				FY13				FY14			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
Austin State Hospital																
LBB Cost Per Bed Day	\$425	\$492	\$477	\$467	\$448	\$487	\$477	\$461	\$436	\$498	\$490	\$476	\$438			
Big Spring State Hospital																
LBB Cost Per Bed Day	\$369	\$406	\$393	\$396	\$376	\$417	\$403	\$398	\$399	\$407	\$418	\$416	\$389			
El Paso Psychiatric Center																
LBB Cost Per Bed Day	\$448	\$527	\$506	\$499	\$485	\$528	\$501	\$503	\$474	\$538	\$536	\$525	\$523			
Kerrville State Hospital																
LBB Cost Per Bed Day	\$337	\$354	\$351	\$354	\$355	\$392	\$380	\$376	\$377	\$377	\$374	\$379	\$369			
North Texas State Hospital																
LBB Cost Per Bed Day	\$364	\$399	\$384	\$385	\$372	\$399	\$400	\$389	\$398	\$384	\$385	\$393	\$399			
Rusk State Hospital																
LBB Cost Per Bed Day	\$363	\$381	\$387	\$376	\$342	\$372	\$391	\$371	\$366	\$383	\$342	\$371	\$321			
San Antonio State Hospital																
LBB Cost Per Bed Day	\$373	\$458	\$441	\$432	\$392	\$472	\$453	\$444	\$440	\$459	\$454	\$461	\$416			
Terrell State Hospital																
LBB Cost Per Bed Day	\$367	\$405	\$390	\$391	\$375	\$402	\$392	\$391	\$391	\$423	\$405	\$415	\$459			
Waco Center for Youth*																
LBB Cost Per Bed Day	\$324	\$424	\$392	\$384	\$349	\$397	\$407	\$387	\$352	\$435	\$375	\$396	\$352			
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	\$496	\$503	\$480	\$493	\$470	\$516	\$521	\$513	\$645	\$853	\$816	\$540	\$499			
All State MH Hospitals																
LBB Cost Per Bed Day	\$375	\$419	\$407	\$404	\$384	\$409	\$418	\$408	\$407	\$427	\$415	\$418	\$401			
Texas Center for Infectious Disease																
LBB Cost Per Bed Day	\$750	\$720	\$511	\$646	\$713	\$685	\$586	\$656	\$648	\$741	\$932	\$787	\$978			

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits

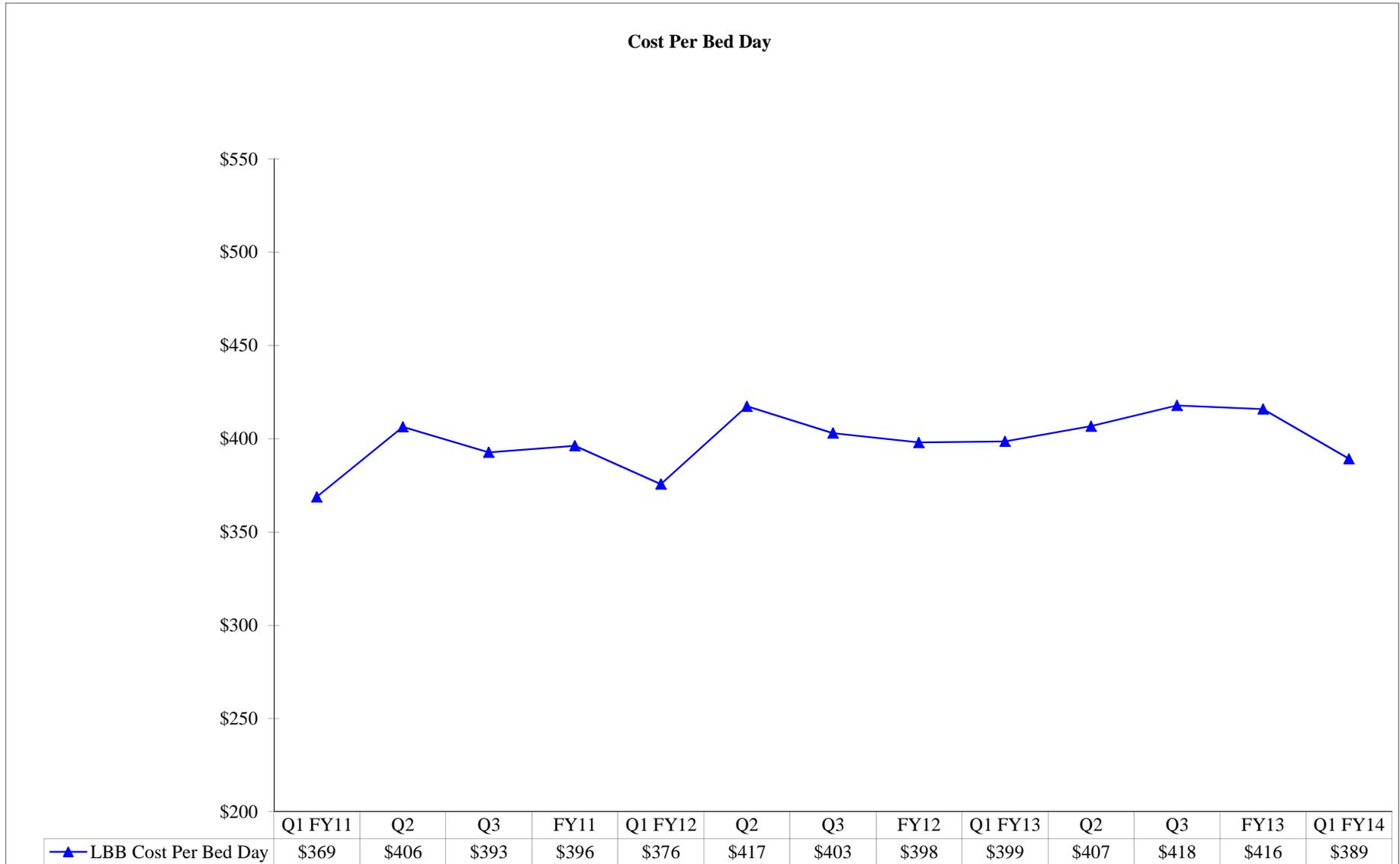
Measure 1B - Cost Per Bed Day
All State MH Hospitals



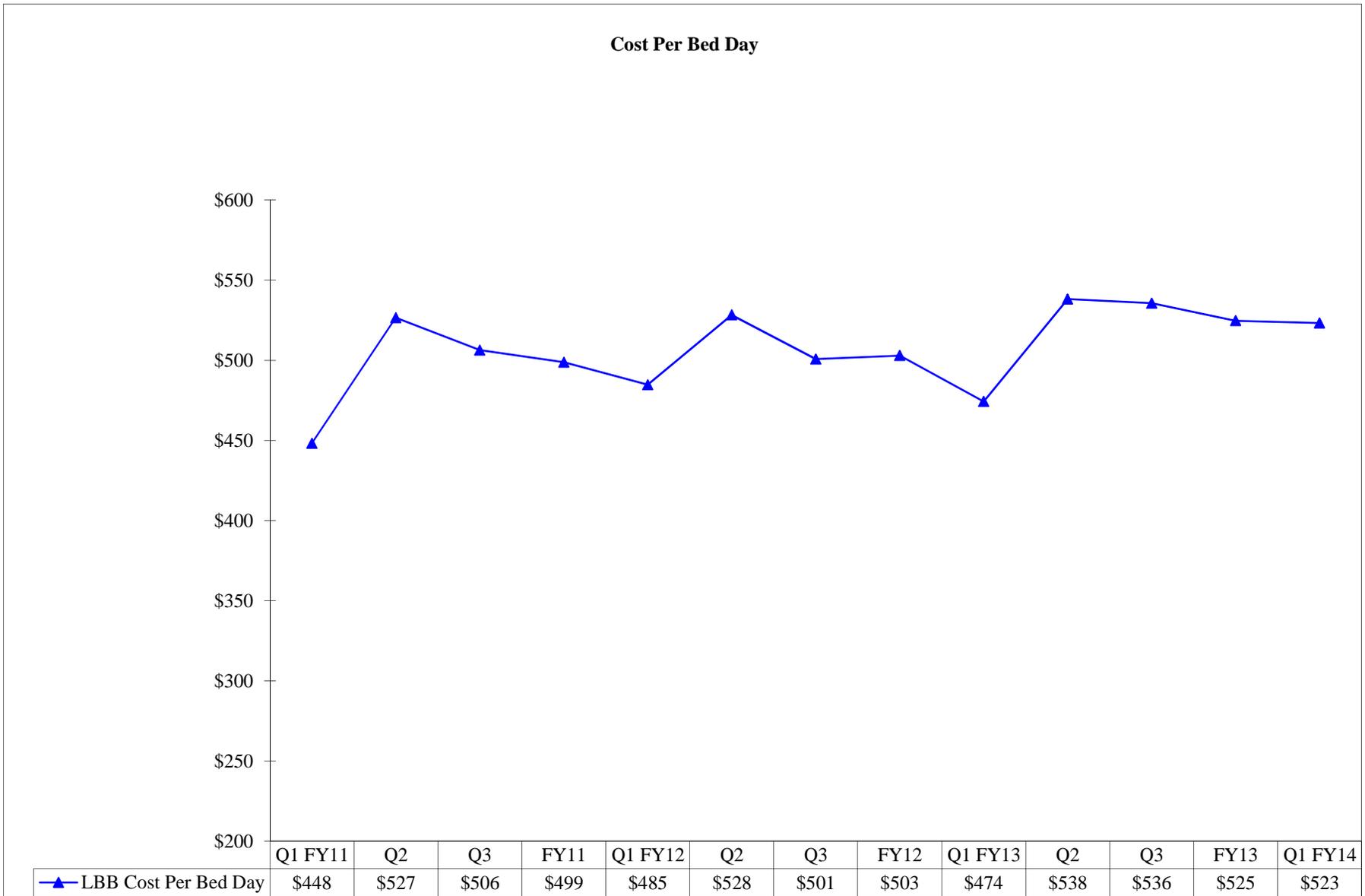
**Measure 1B - Cost Per Bed Day
Austin State Hospital**



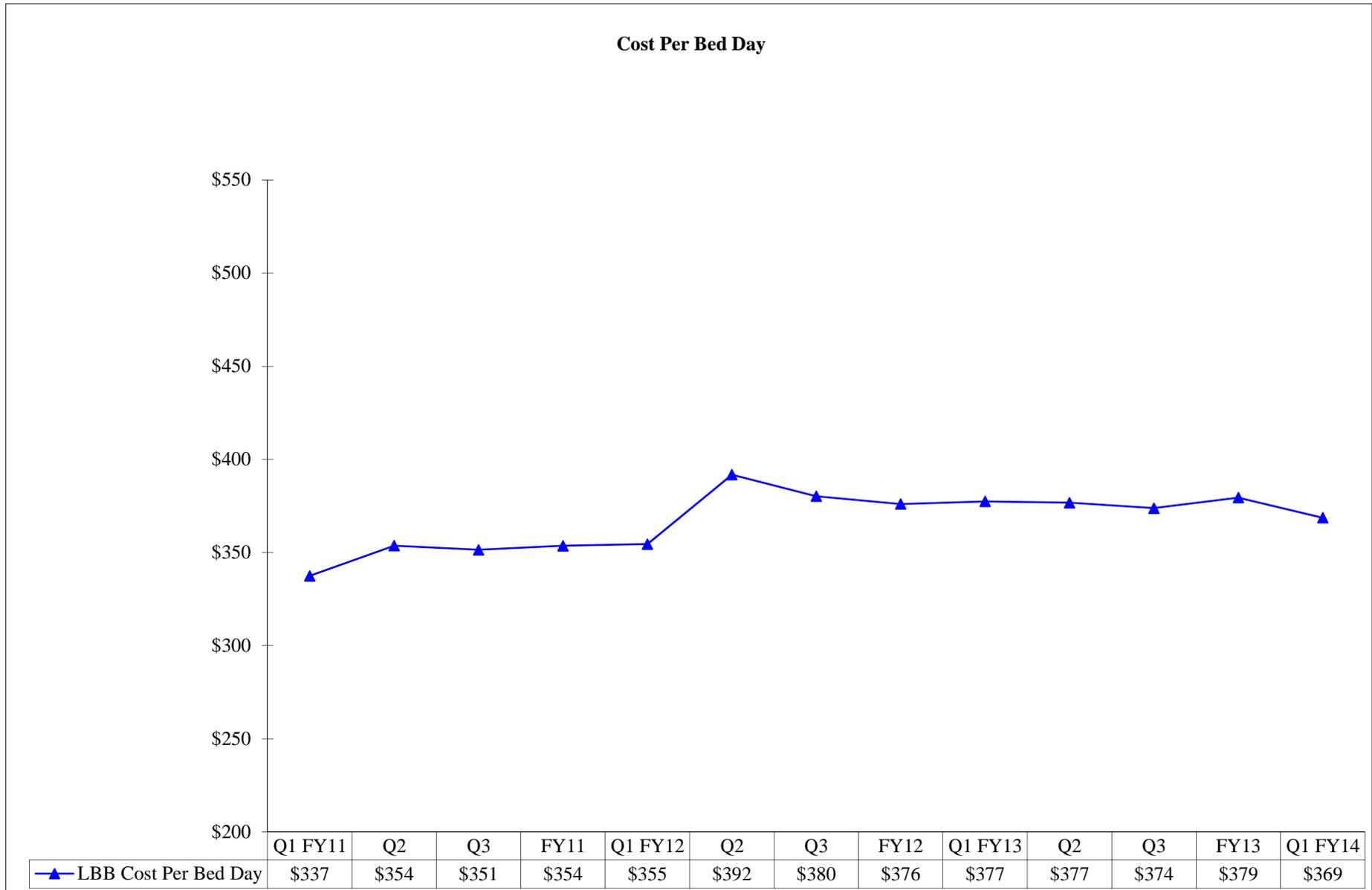
Measure 1B - Cost Per Bed Day
Big Spring State Hospital



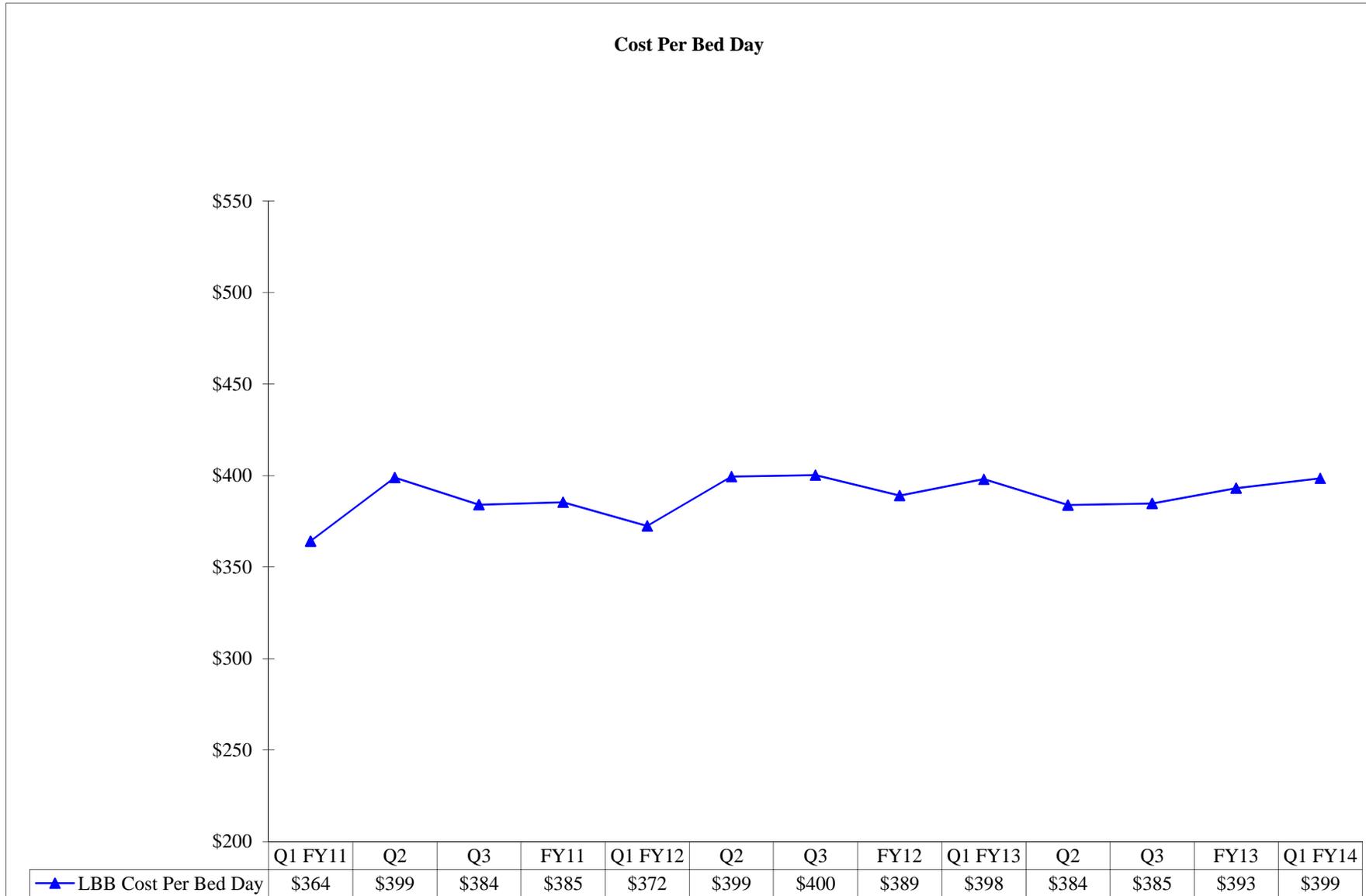
**Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center**



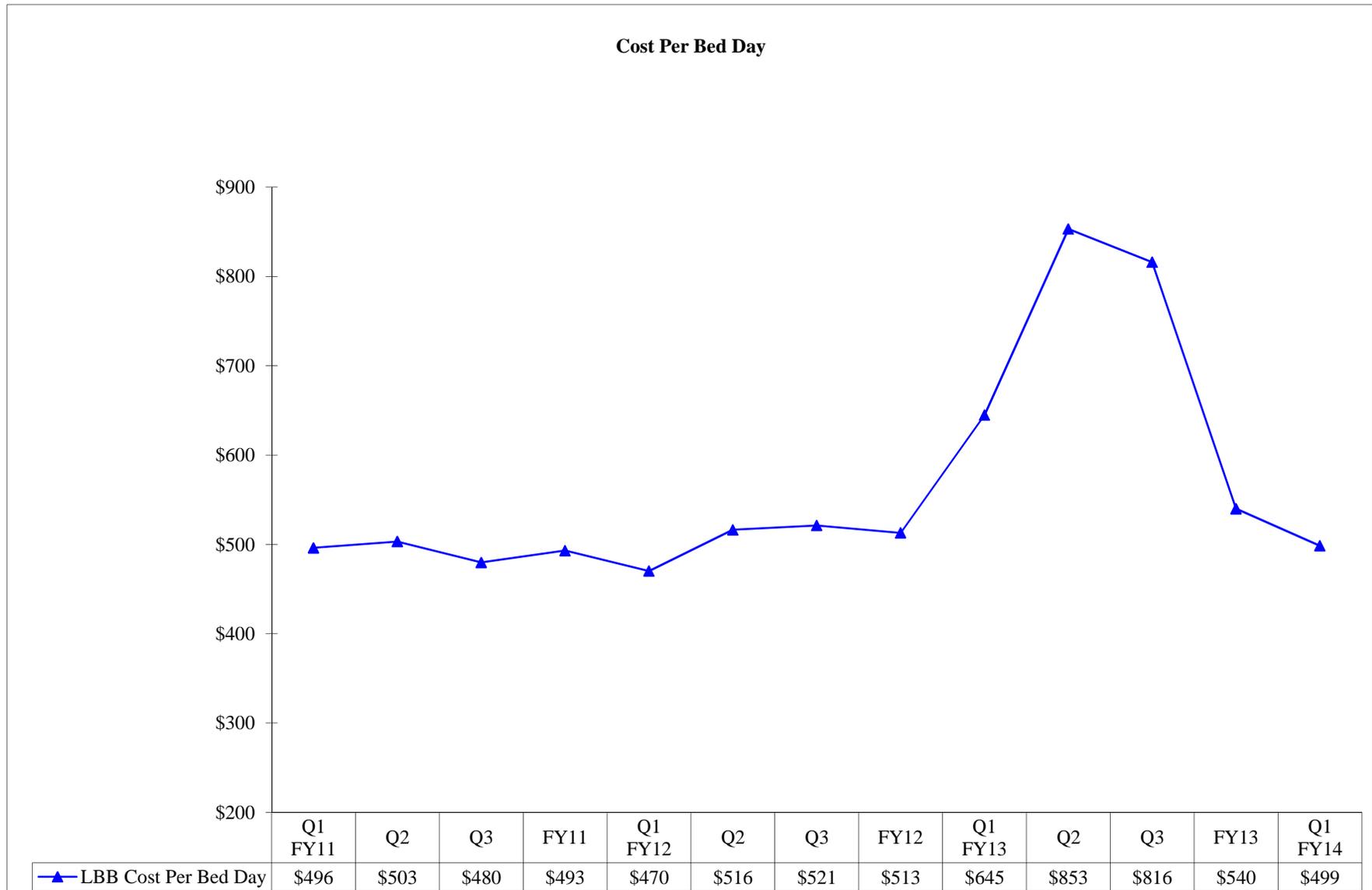
Measure 1B - Cost Per Bed Day
Kerrville State Hospital



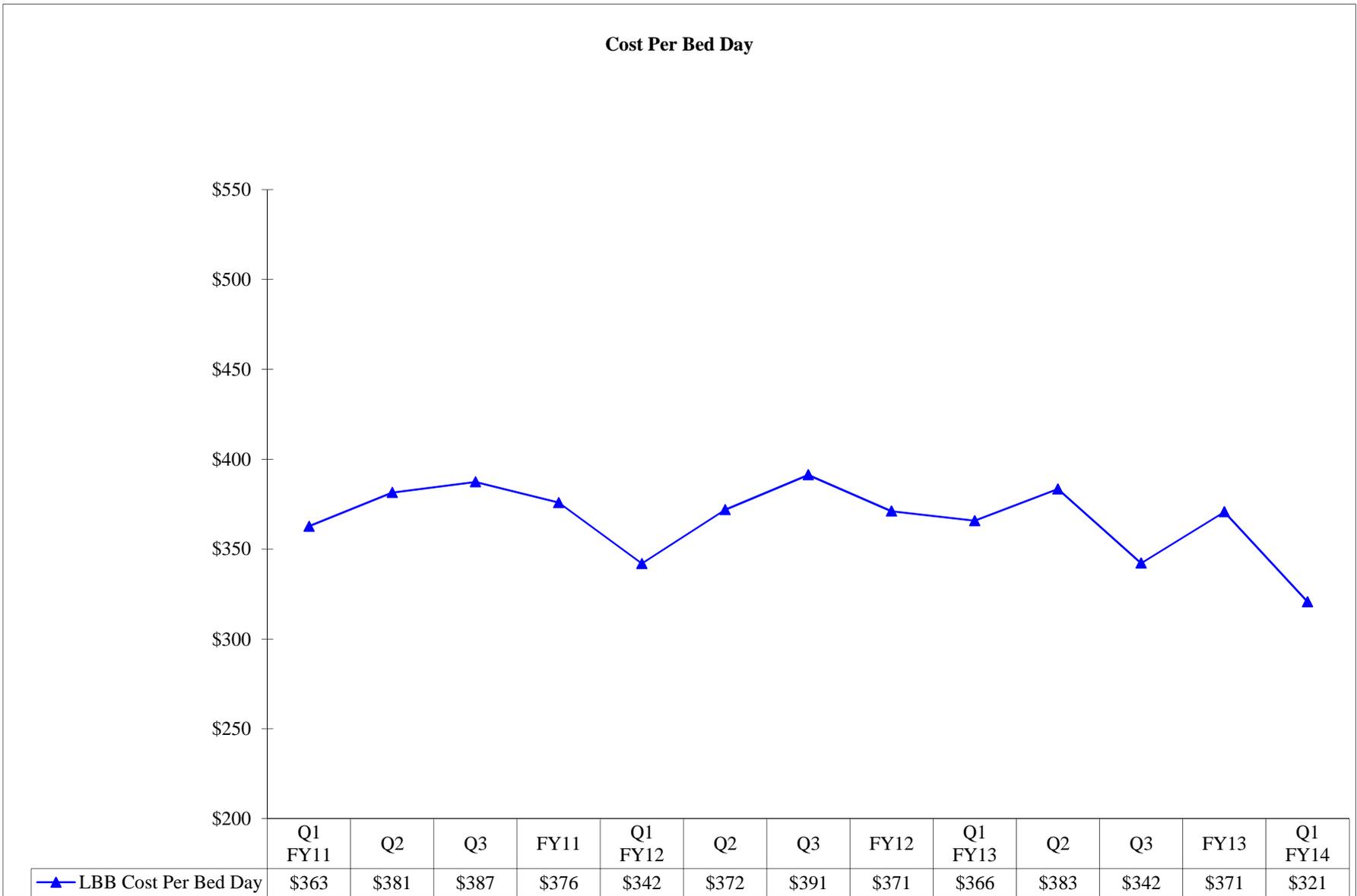
Measure 1B - Cost Per Bed Day
North Texas State Hospital



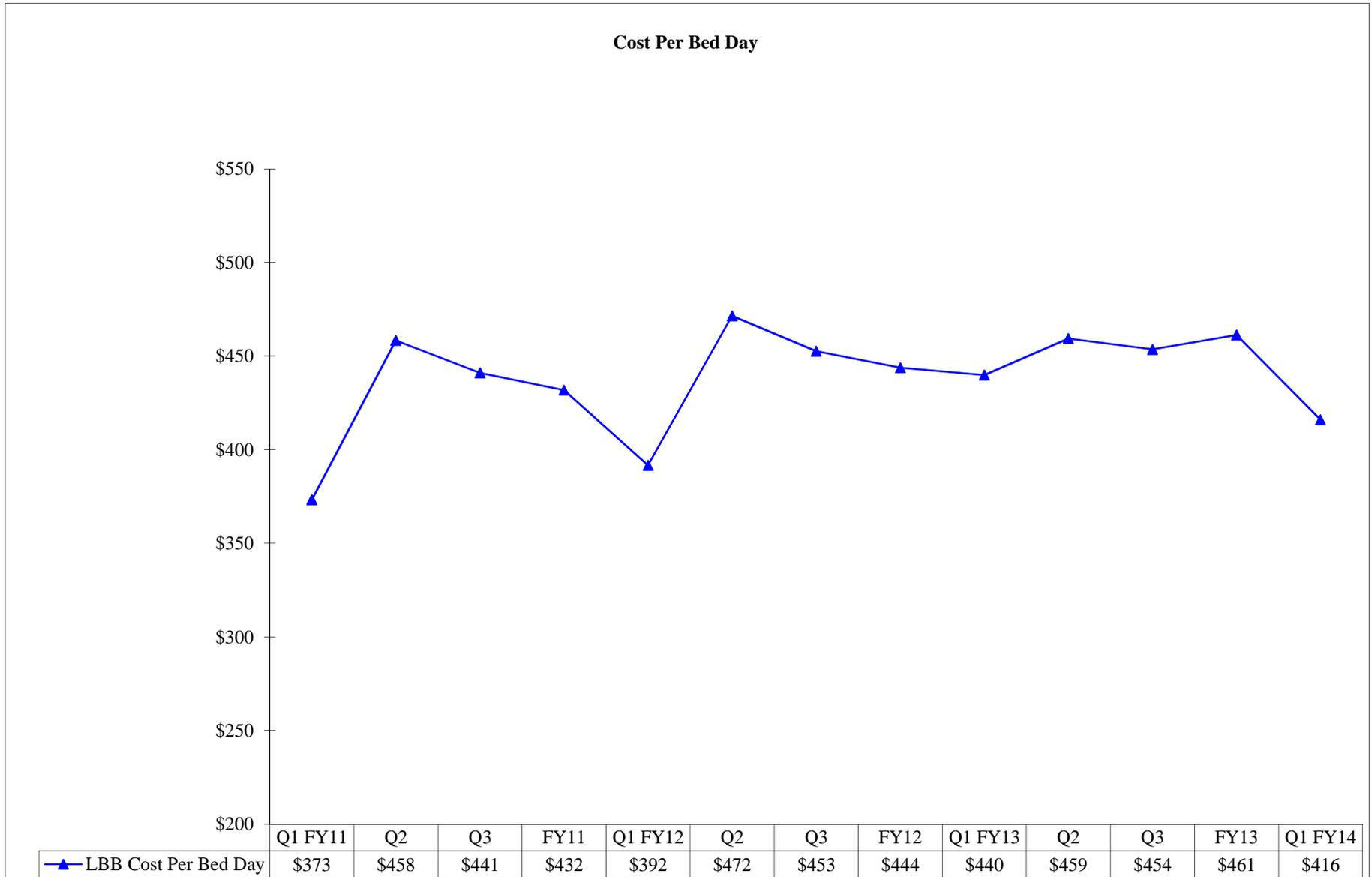
Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)



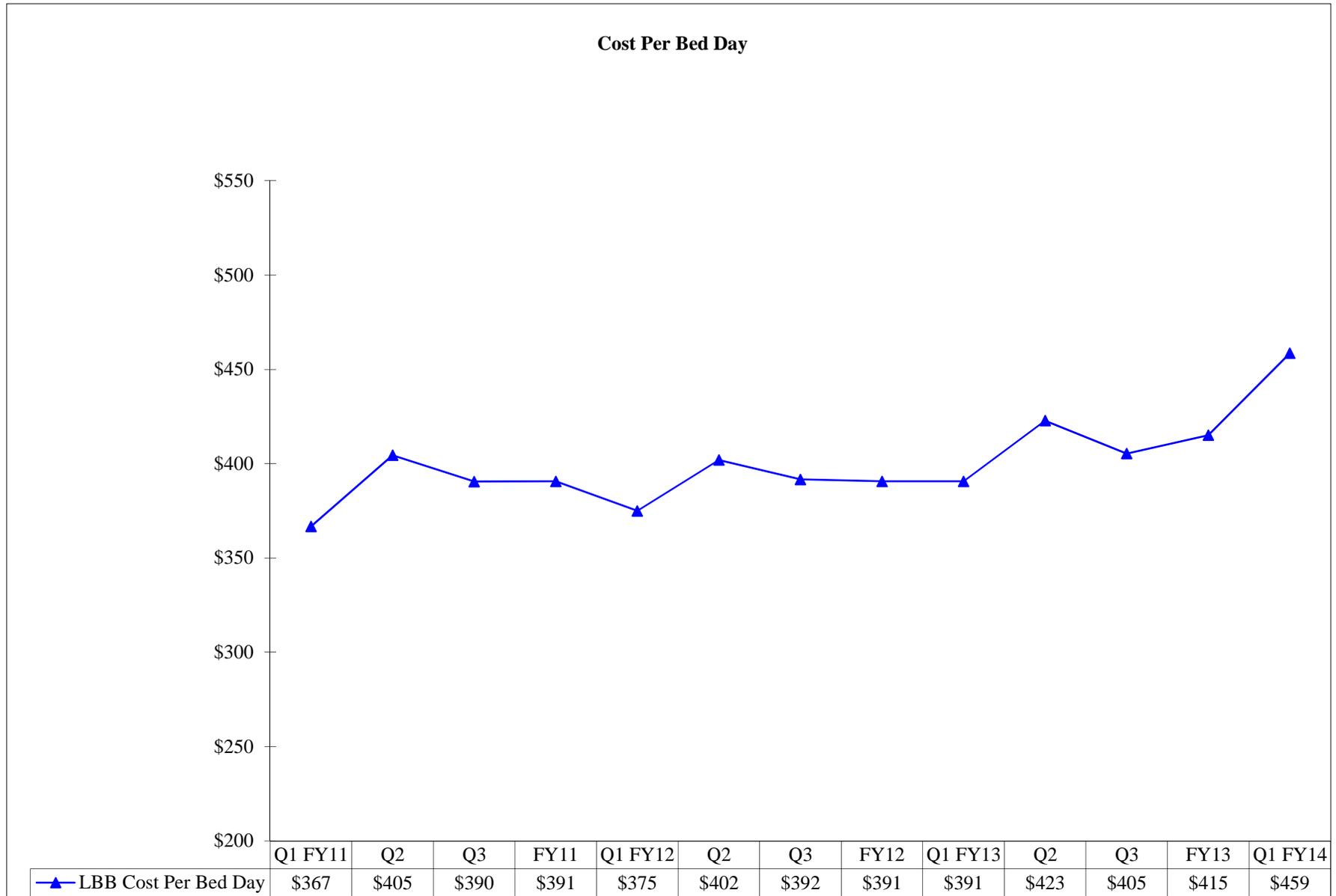
Measure 1B - Cost Per Bed Day
Rusk State Hospital



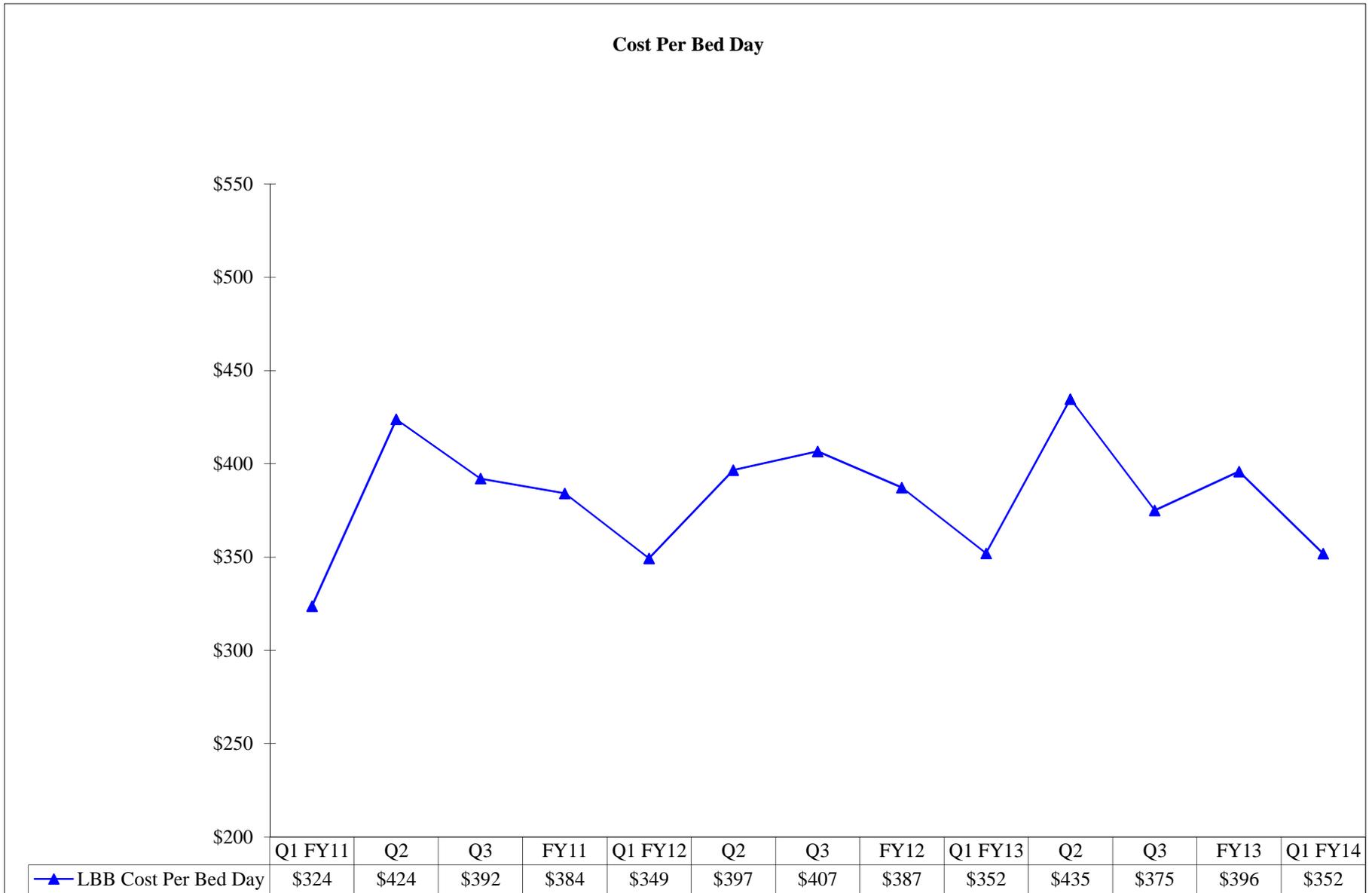
Measure 1B - Cost Per Bed Day
San Antonio State Hospital



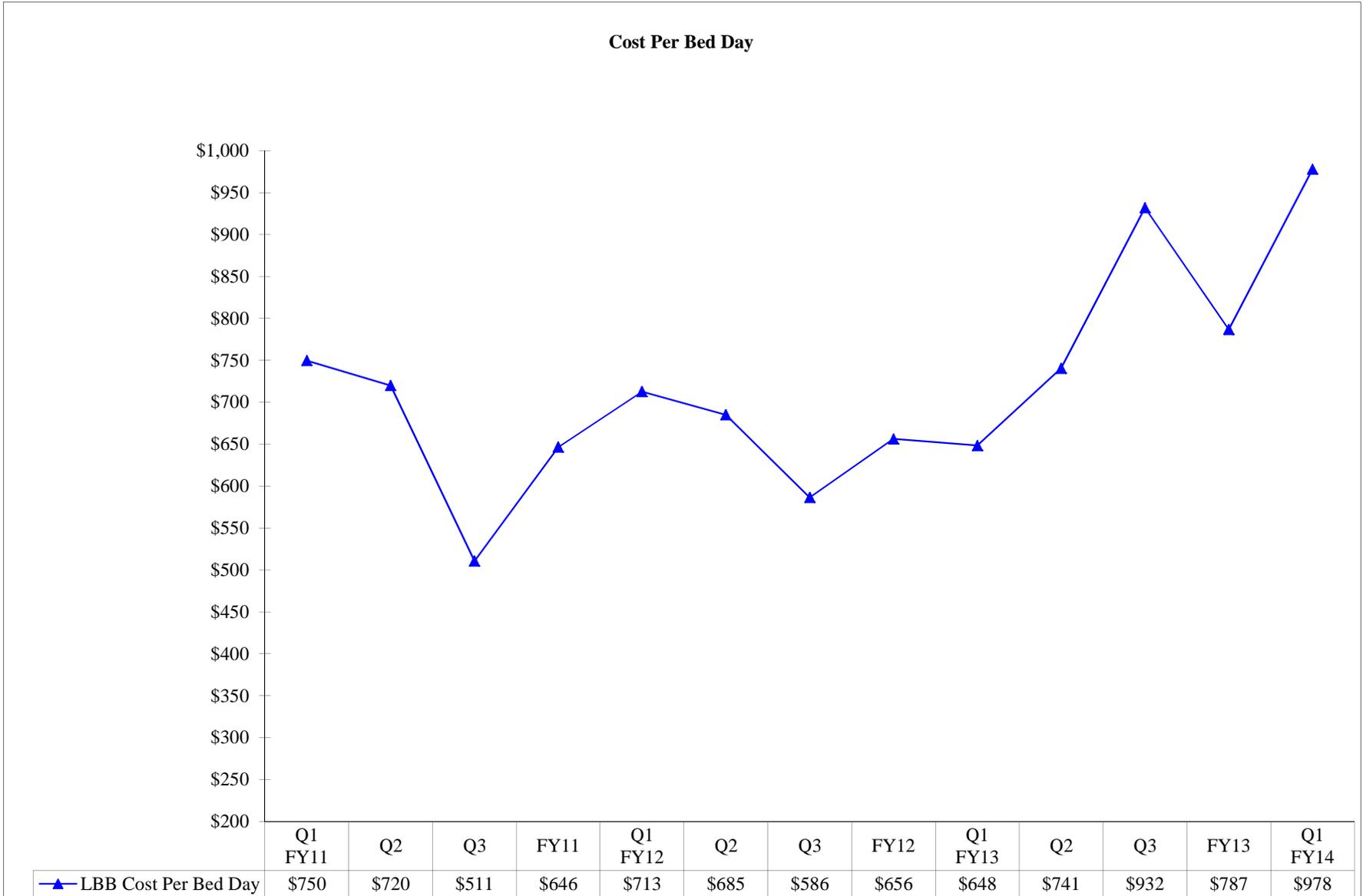
Measure 1B - Cost Per Bed Day
Terrell State Hospital



Measure 1B - Cost Per Bed Day
Waco Center for Youth



Measure 1B - Cost Per Bed Day
Texas Center for Infectious Disease



Performance Measure 1C:

Calculate average daily census of campus-based services.

Performance Measure Operational Definition: The state hospital's average daily census will be reported quarterly. Average daily census is computed by dividing the total number of bed days used during the month by the number of calendar days in the month.

Performance Measure Formula: $C = (N/D)$

C = average daily census

N = number of bed days

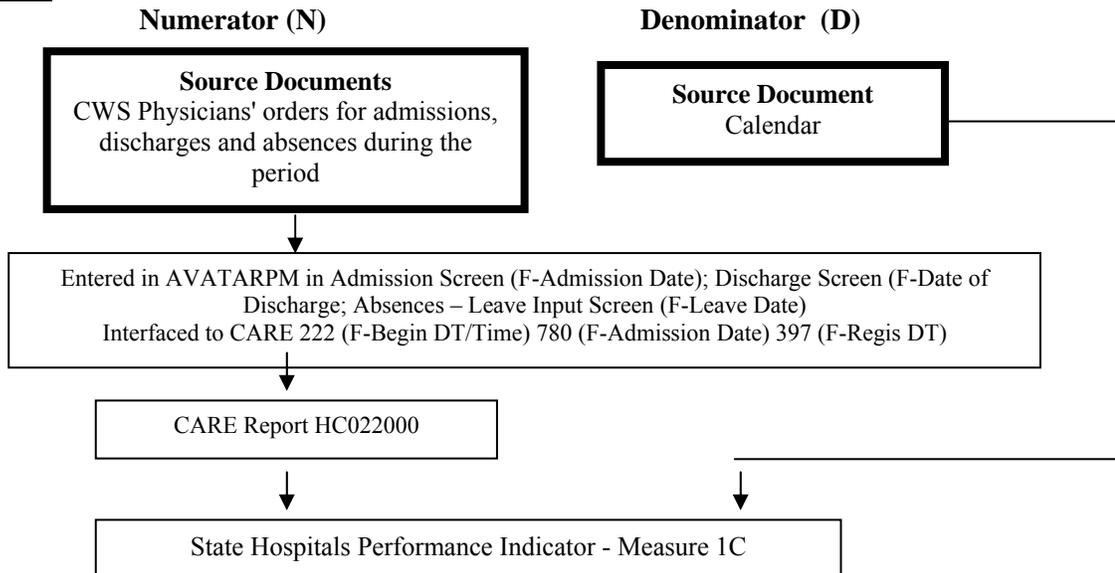
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

Chart with monthly data points of average daily census and funded census for individual state hospitals and system-wide.

See Objective 1D for charts

Data Flow:



Performance Measure 1D:

Calculate number of inpatient days.

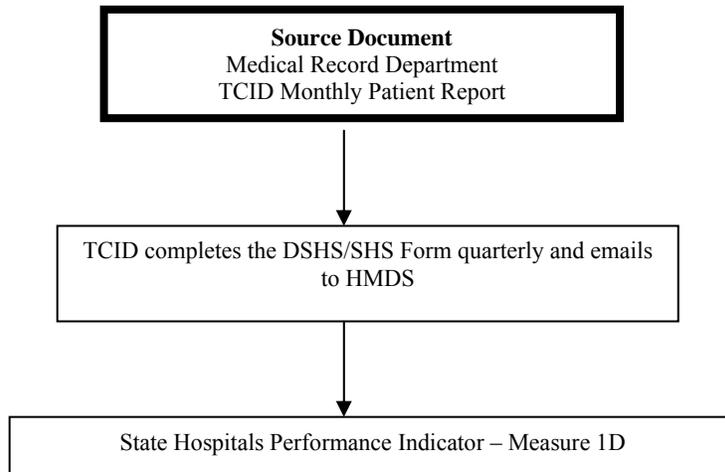
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

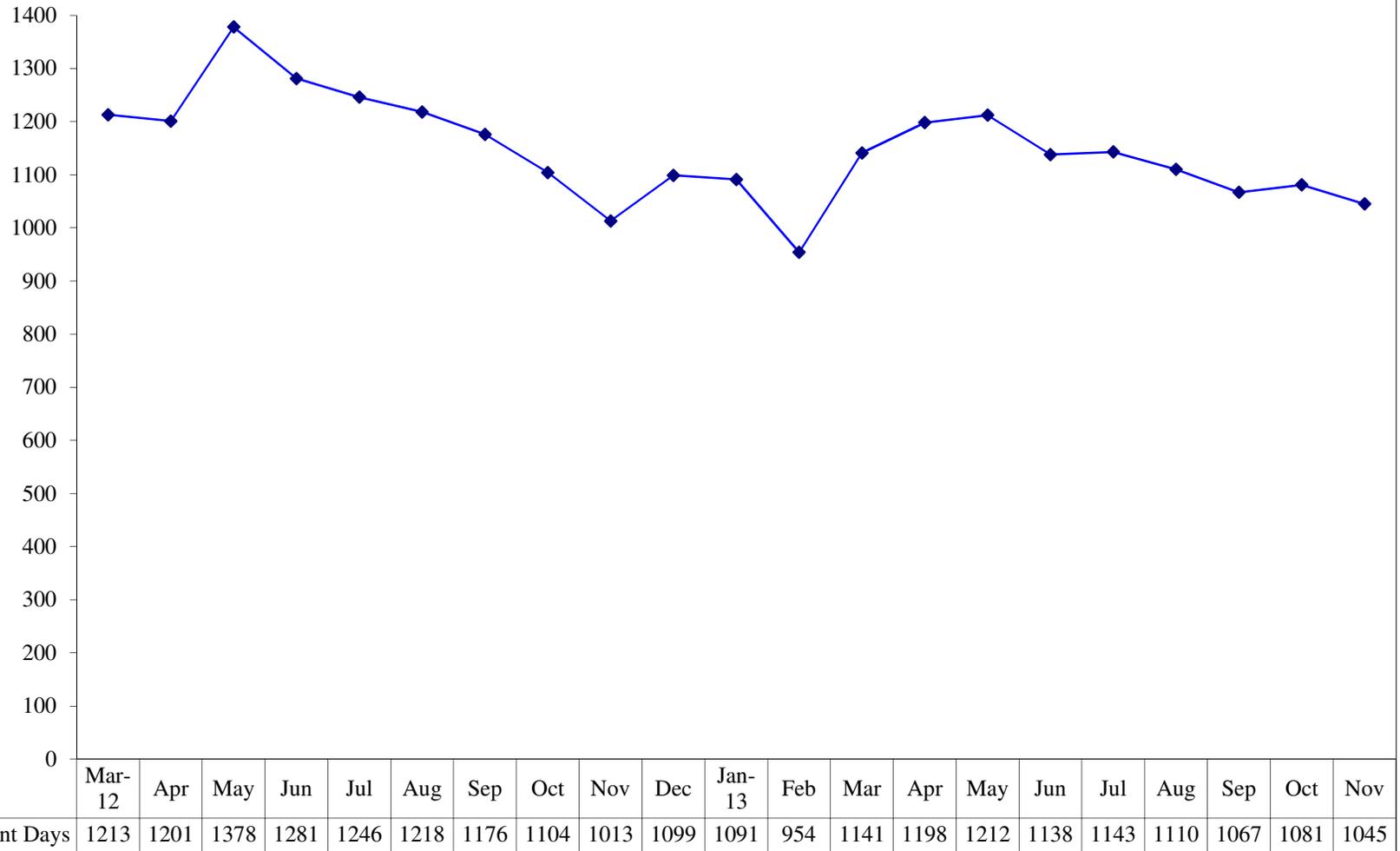
Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID

Inpatient Days



Performance Measure 1G:

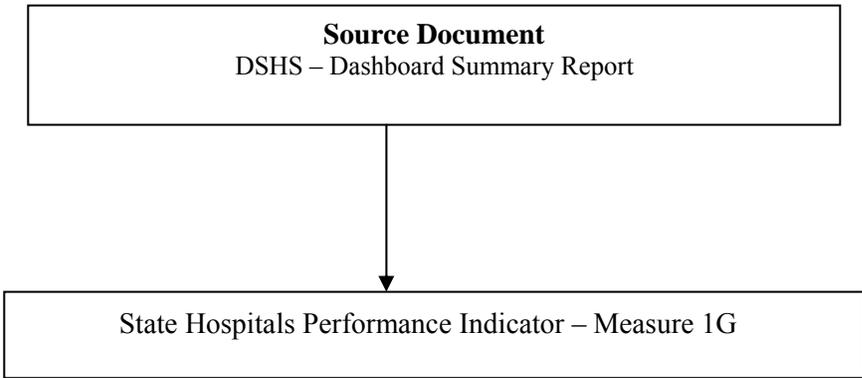
To monitor and analyze outside medical costs for civil, forensic and IDD patients.

Performance Objective Operational Definition: The state hospitals outside medical costs will be monitored.

Performance Objective Data Display and Chart Description:

Table shows the quarterly cost for outside medical cost for individual state hospitals and system-wide.

Data Flow:



Measure 1G - Outside Medical Cost
All State Hospitals

Outside Medical Cost

FY2013

FY2014

Facility	Q1	Q2	Q3	Q4	FY	Q1	Q2	Q3	Q4	FY
ASH	\$426,465	\$611,742	\$1,031,204	\$430,021	\$2,499,432	\$296,834				\$296,834
BSSH	\$77,052	\$88,764	\$126,377	\$112,288	\$404,481	\$91,865				\$91,865
EPPC	\$42,530	\$85,643	\$59,184	\$89,511	\$276,868	\$47,924				\$47,924
KSH	\$202,323	\$200,128	\$367,767	\$239,010	\$1,009,228	\$186,817				\$186,817
NTSH	\$204,087	\$770,456	\$538,101	\$523,145	\$2,035,789	\$134,650				\$134,650
RGSC	\$86,060	\$201,286	\$245,151	\$57,551	\$590,048	\$54,513				\$54,513
RSH	\$437,449	\$456,163	\$236,575	\$1,657,600	\$2,787,787	\$311,514				\$311,514
SASH	\$79,543	\$316,521	\$124,430	\$324,277	\$844,771	\$129,917				\$129,917
TSH	\$26,566	\$108,943	\$140,537	\$127,665	\$403,711	\$55,445				\$55,445
WCFY	\$8,127	\$17,030	\$19,164	\$14,528	\$58,849	\$8,144				\$8,144
All SH	\$1,590,202	\$2,856,676	\$2,888,490	\$3,575,596	\$10,910,964	\$1,317,623				\$1,317,623

Performance Measure 1H:

Report FY14 collections comparison to FY13 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.

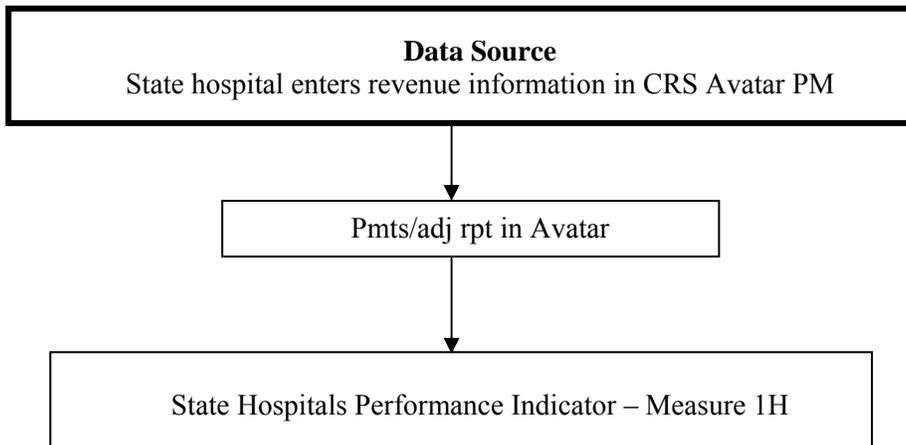
Performance Objective Operational Definition: The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

Performance Objective Formula: No formula.

Performance Objective Data Display and Chart Description:

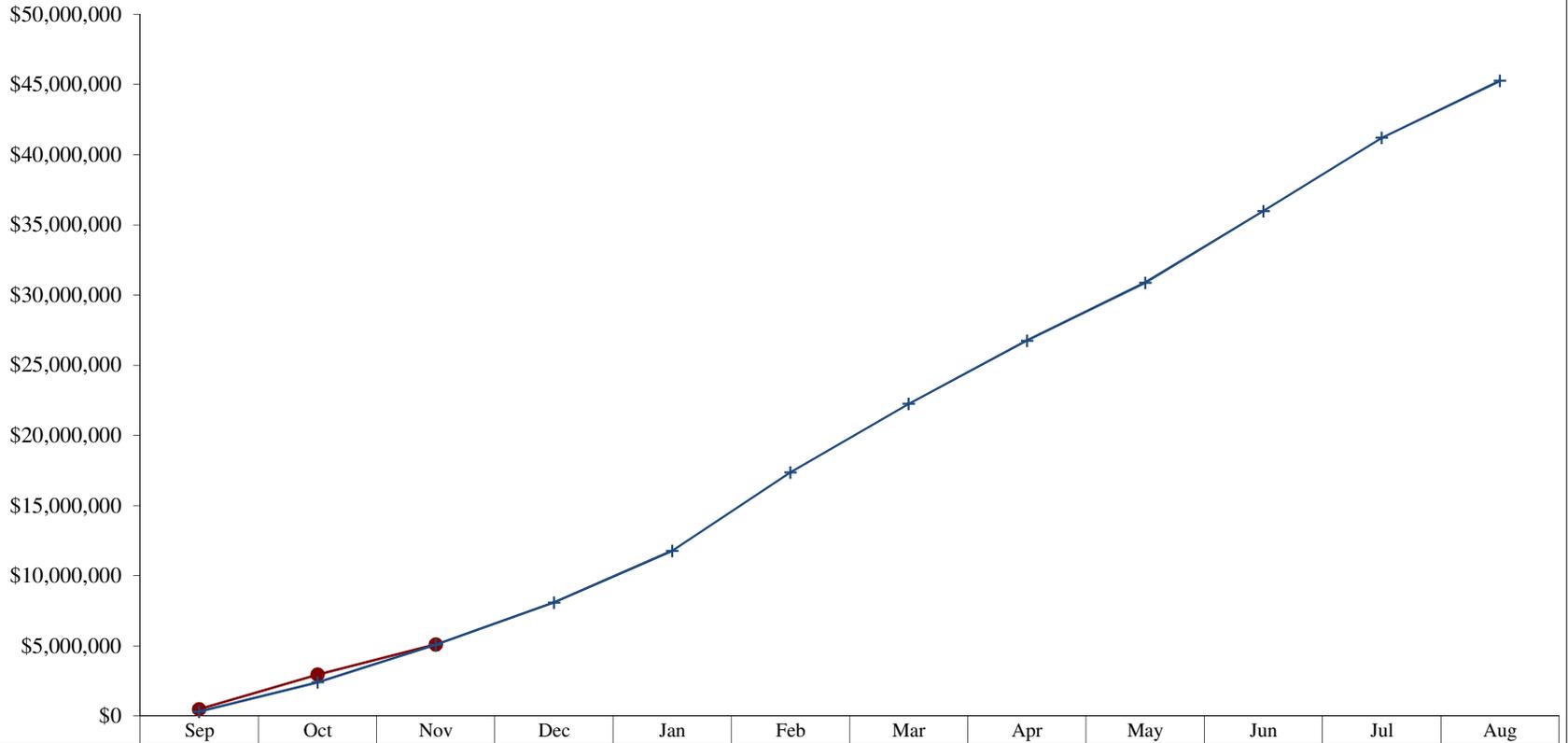
- ◆ Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

Data Flow:



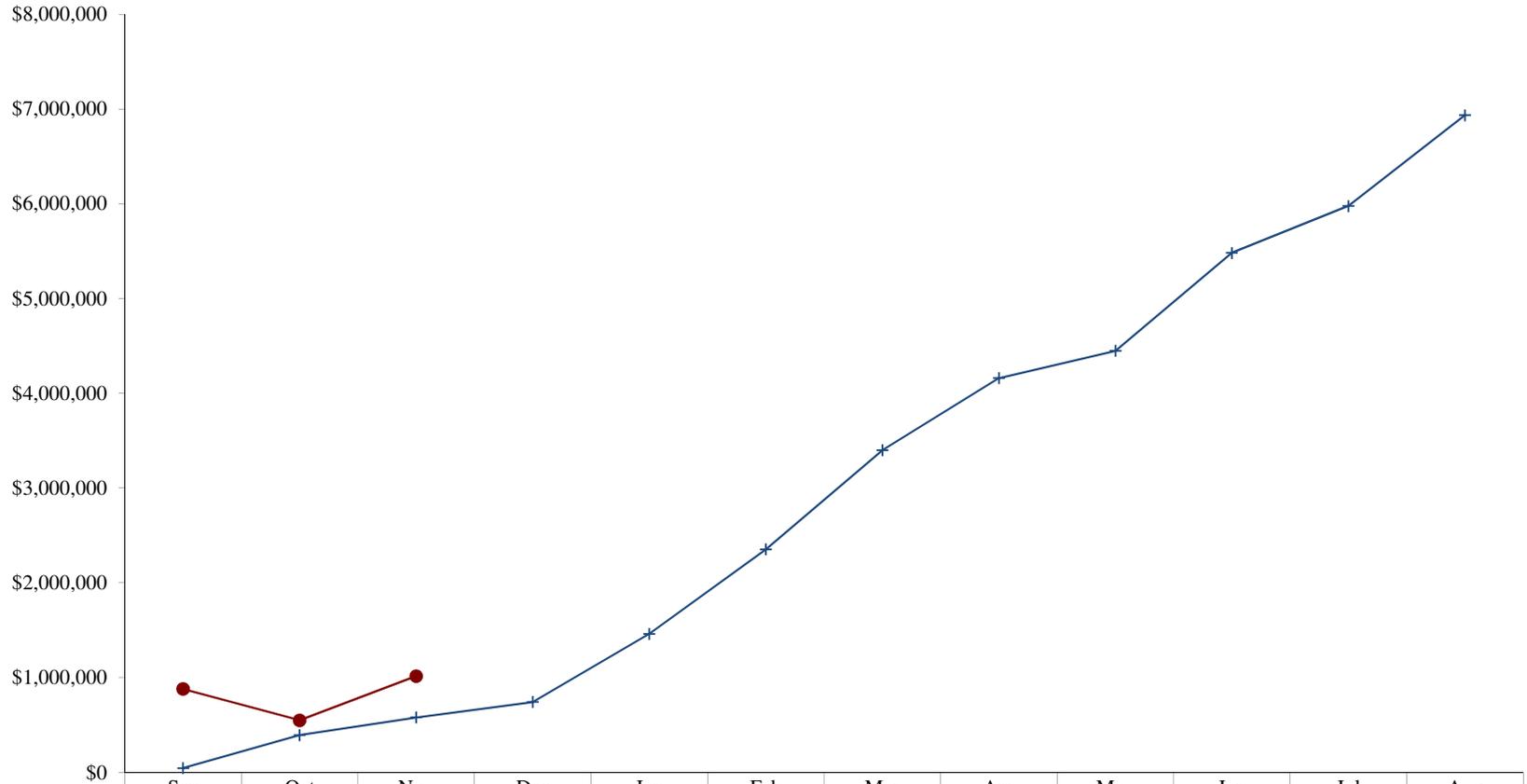
Measure 1H - FY2014 Revenue Targets
All MH Facilities

Revenue Collection



Measure 1H - FY2014 Revenue Targets
Austin State Hospital

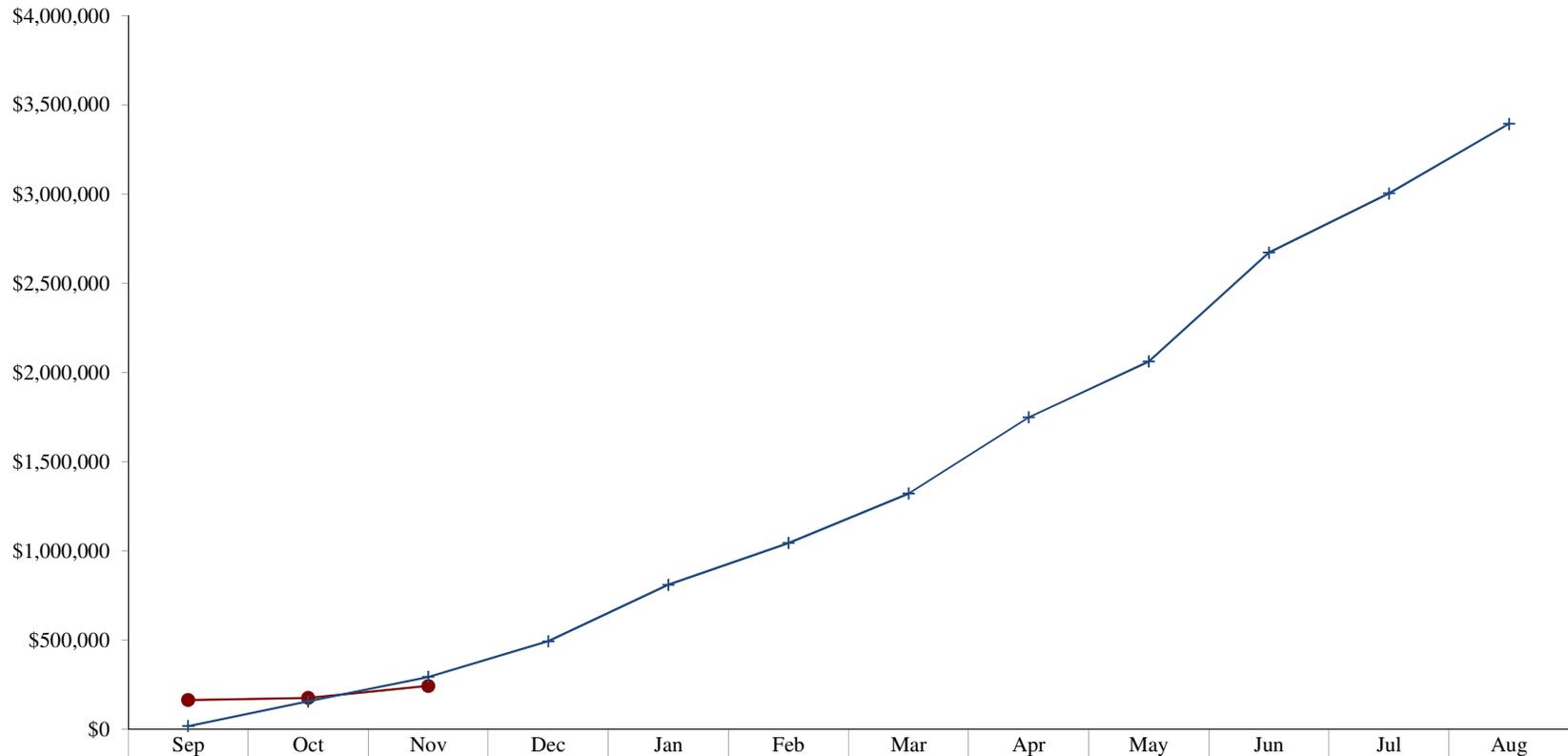
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$69,515	\$479,791	\$466,646									
Medicaid	\$22,204	\$89,894	\$37,591									
Medicare	\$47,311	\$336,744	\$325,708									
Private Source	\$0	\$53,153	\$103,347									
Others - Stimulus Payments	\$0	\$0	\$0									
● FY14TD Total	\$879,274	\$549,306	\$1,015,952									
+ FY13 Total Collections	\$44,940	\$392,030	\$579,162	\$742,001	\$1,460,088	\$2,351,134	\$3,398,263	\$4,158,853	\$4,446,846	\$5,482,364	\$5,977,358	\$6,933,397
FY13 Collections in FY14	\$809,759	\$847,793	\$237,698									

Measure 1H - FY2014 Revenue Targets
Big Spring State Hospital

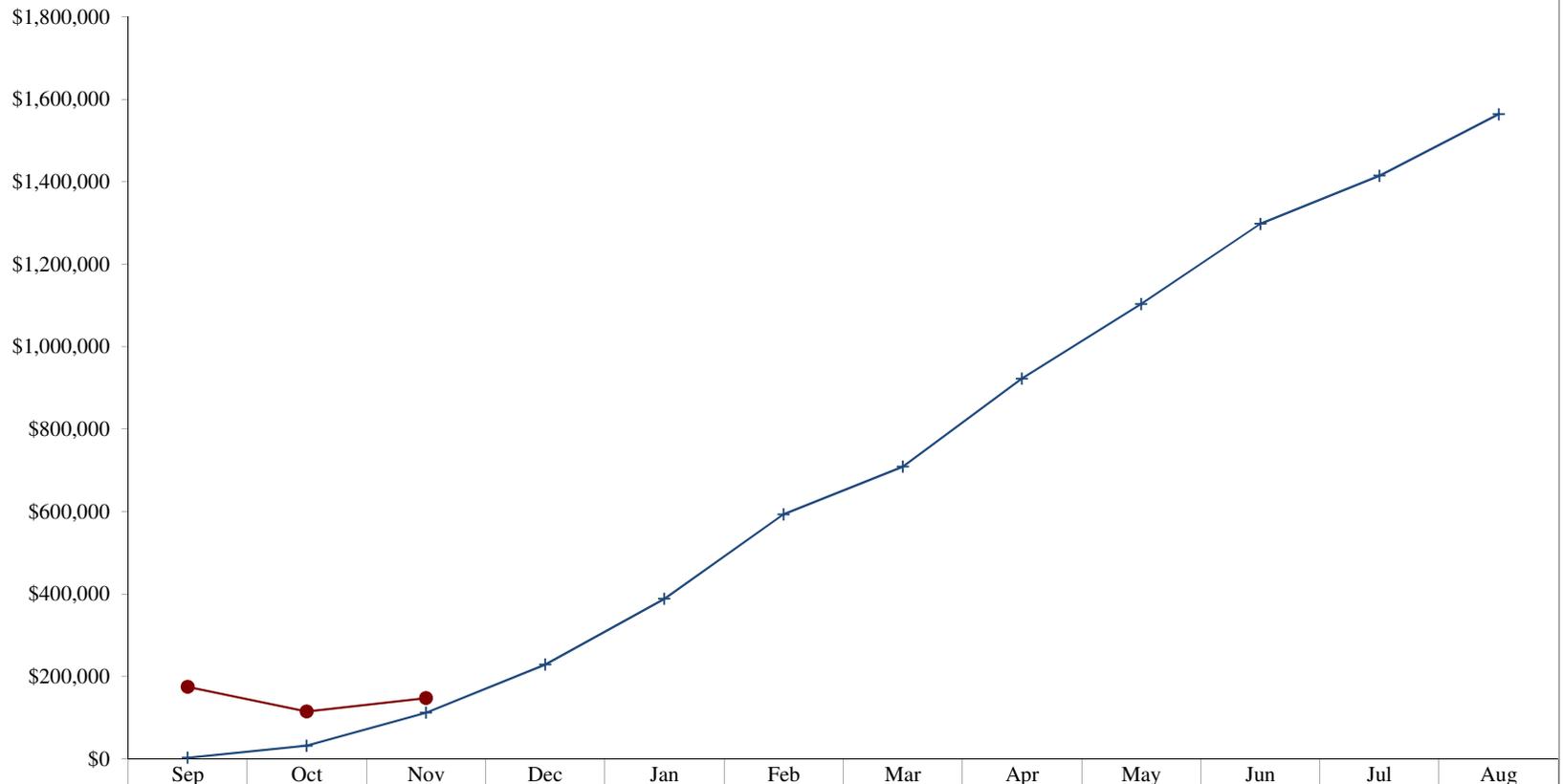
Revenue Collection



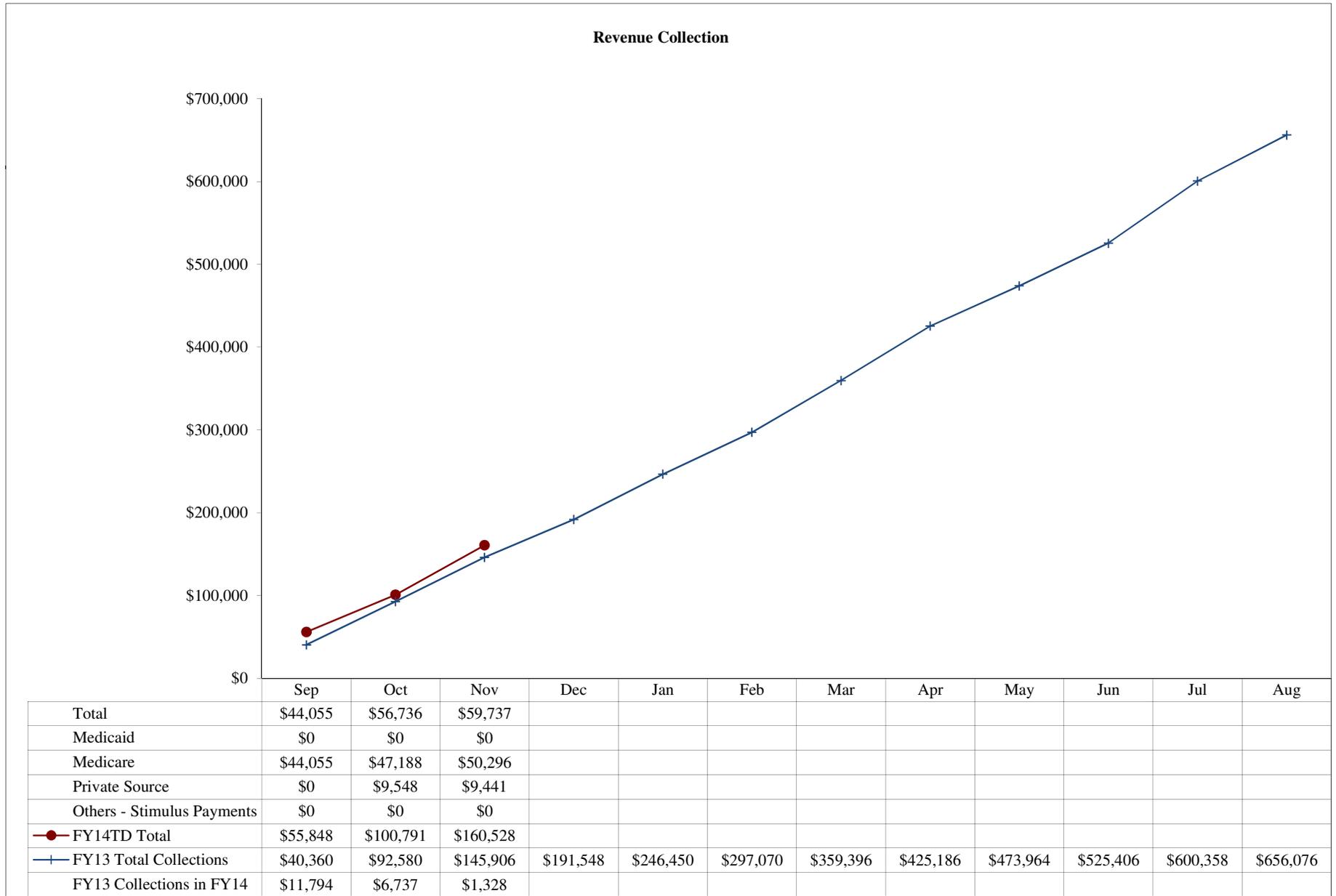
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$40,136	\$137,111	\$67,051									
Medicaid	\$0	\$0	\$14,720									
Medicare	\$39,371	\$120,989	\$27,379									
Private Source	\$765	\$8,079	\$18,507									
Others - Stimulus Payments	\$0	\$8,043	\$6,445									
● FY14TD Total	\$165,481	\$177,247	\$244,298									
+ FY13 Total Collections	\$19,275	\$157,322	\$294,549	\$494,396	\$810,556	\$1,044,887	\$1,322,263	\$1,748,944	\$2,061,864	\$2,672,170	\$3,004,796	\$3,393,847
FY13 Collections in FY14	\$125,345	\$306,646	\$179,692									

Measure 1H - FY2014 Revenue Targets
El Paso Psychiatric Center

Revenue Collection

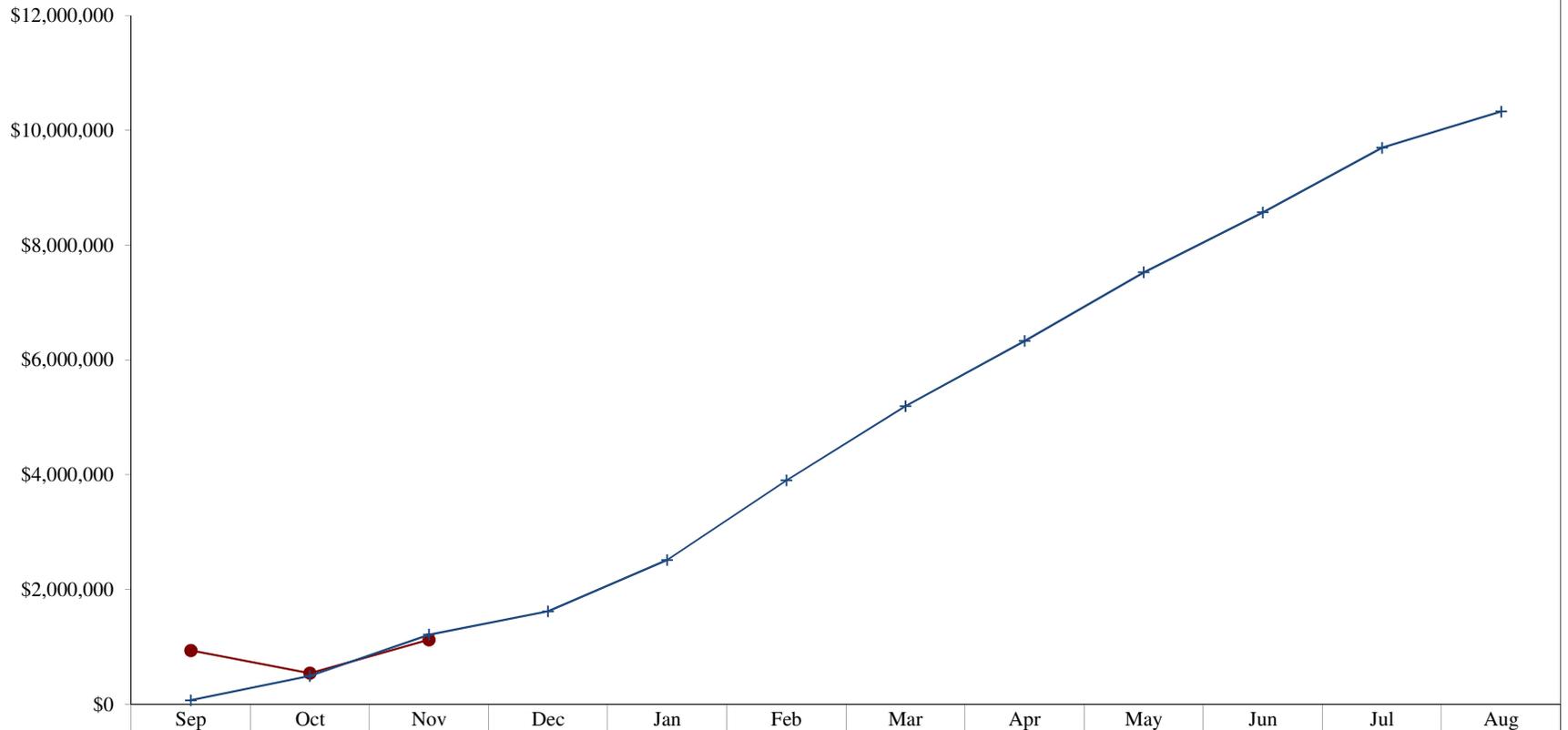


Measure 1H - FY2014 Revenue Targets
Kerrville State Hospital



Measure 1H - FY2014 Revenue Targets
North Texas State Hospital

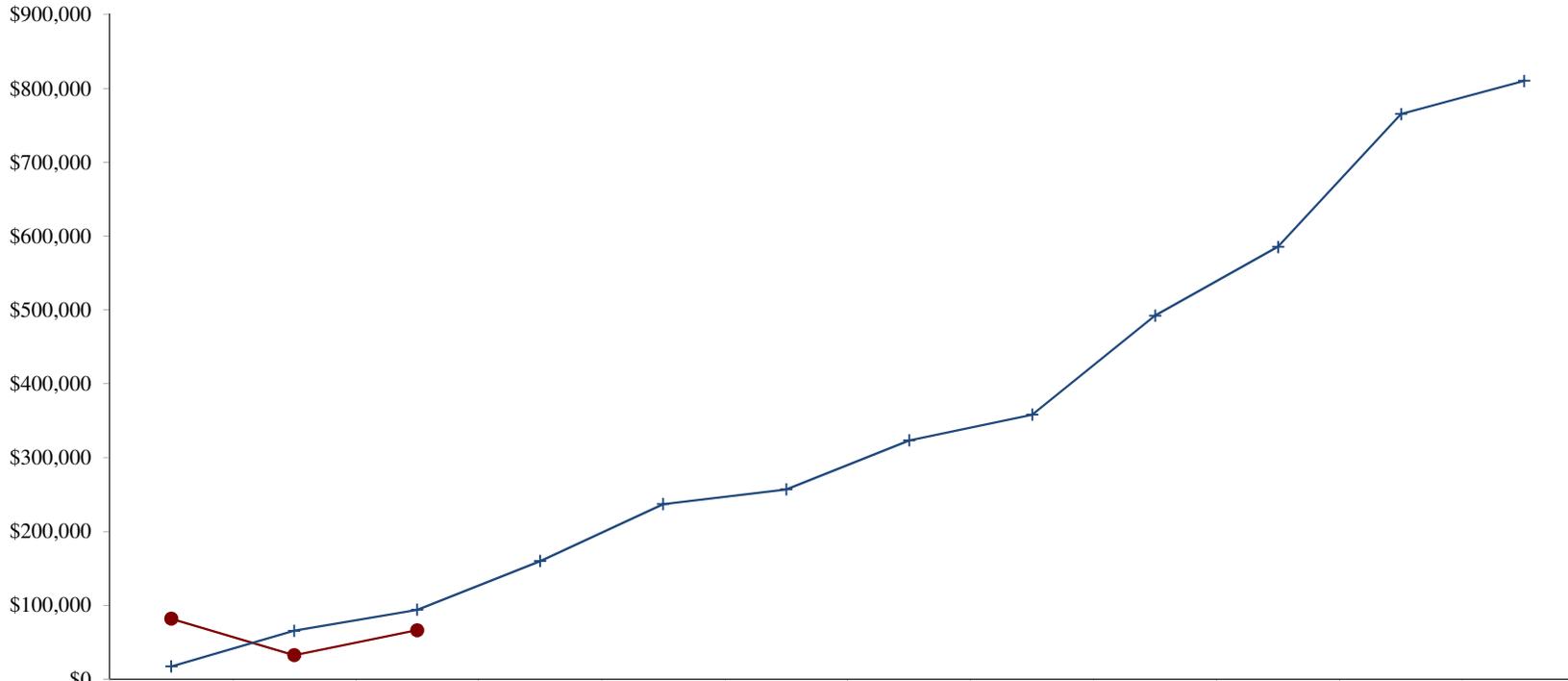
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$62,992	\$477,811	\$582,808									
Medicaid	\$0	\$357,629	\$323,986									
Medicare	\$62,992	\$56,826	\$188,172									
Private Source	\$0	\$27,638	\$52,431									
Others - Stimulus Payments	\$0	\$35,719	\$18,219									
● FY14TD Total	\$934,912	\$540,804	\$1,123,611									
+ FY13 Total Collections	\$66,556	\$491,272	\$1,210,590	\$1,617,415	\$2,512,836	\$3,898,896	\$5,192,950	\$6,326,772	\$7,527,149	\$8,570,214	\$9,697,772	\$10,328,639
FY13 Collections in FY14	\$871,919	\$208,800	\$446,191									

Measure 1H - FY2014 Revenue Targets
Rio Grande State Center

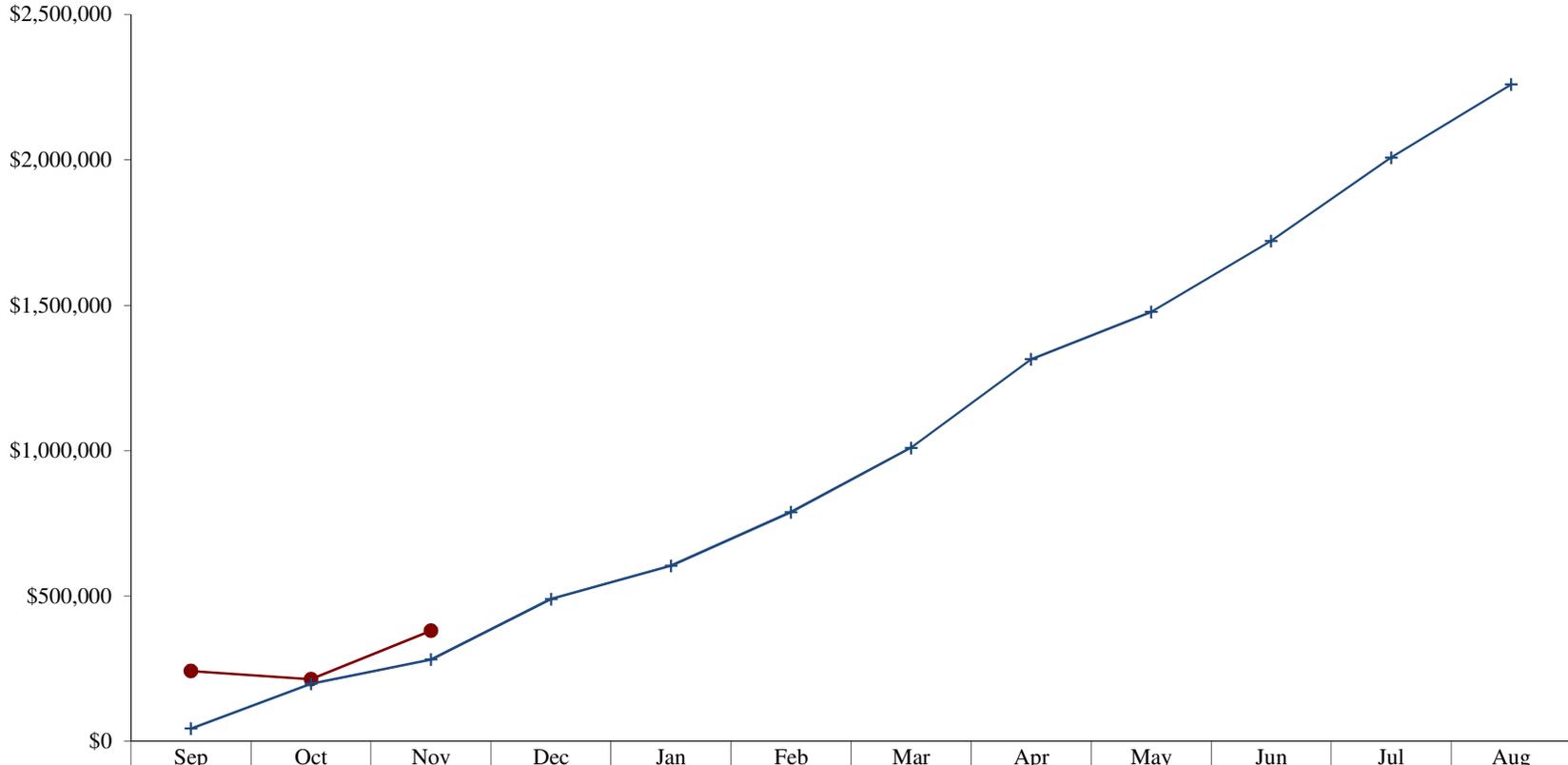
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$16,491	\$15,826	\$33,899									
Medicaid	\$0	\$0	\$0									
Medicare	\$16,491	\$15,792	\$33,899									
Private Source	\$0	\$0	\$0									
Others - Stimulus Payments	\$0	\$34	\$0									
● FY14TD Total	\$81,611	\$32,316	\$66,216									
+ FY13 Total Collections	\$16,923	\$65,398	\$93,748	\$159,813	\$236,770	\$256,821	\$323,278	\$357,923	\$492,216	\$585,577	\$765,506	\$810,084
FY13 Collections in FY14	\$65,120	\$27,261	\$97,312									

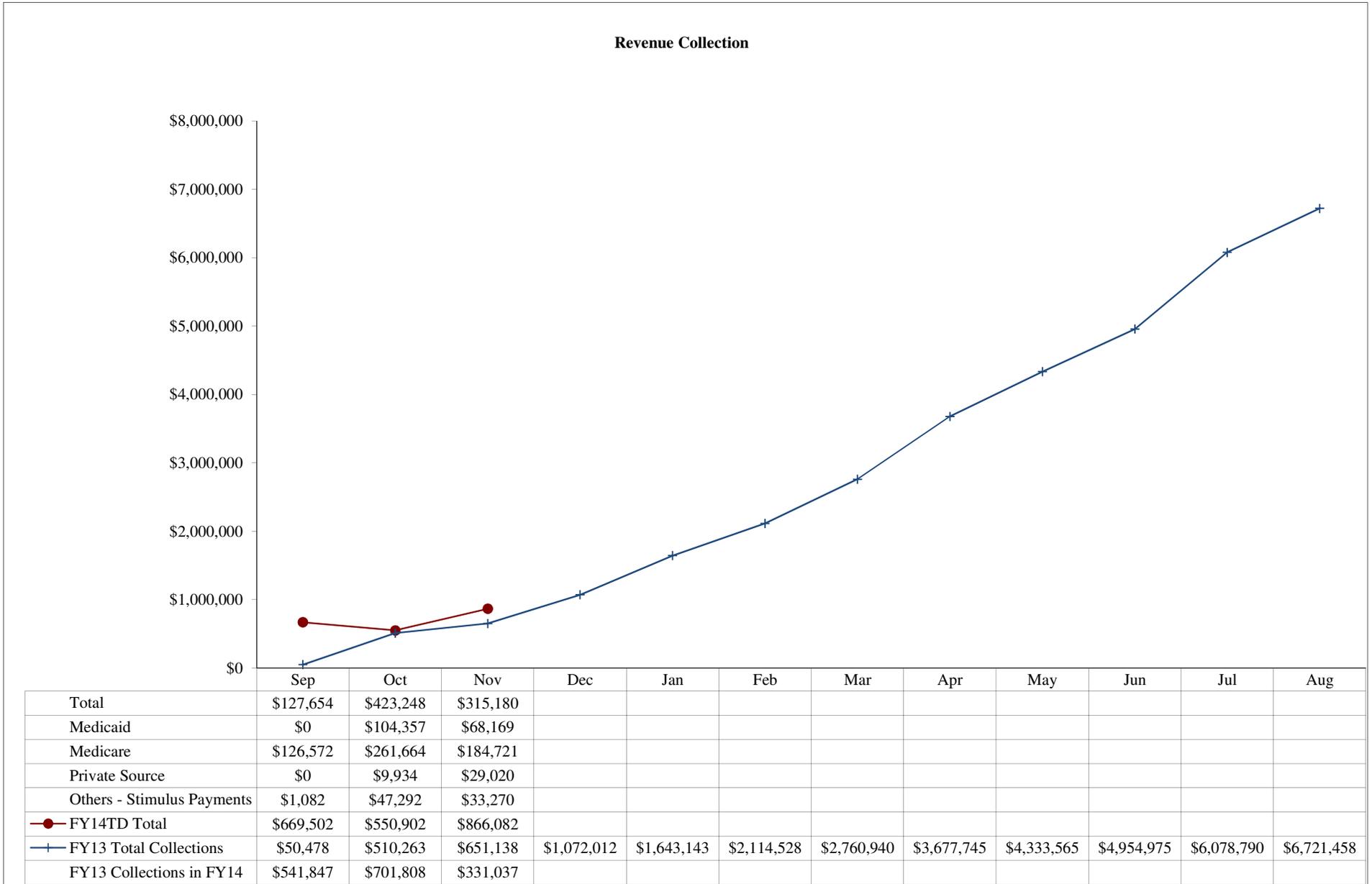
Measure 1H - FY2014 Revenue Targets
Rusk State Hospital

Revenue Collection



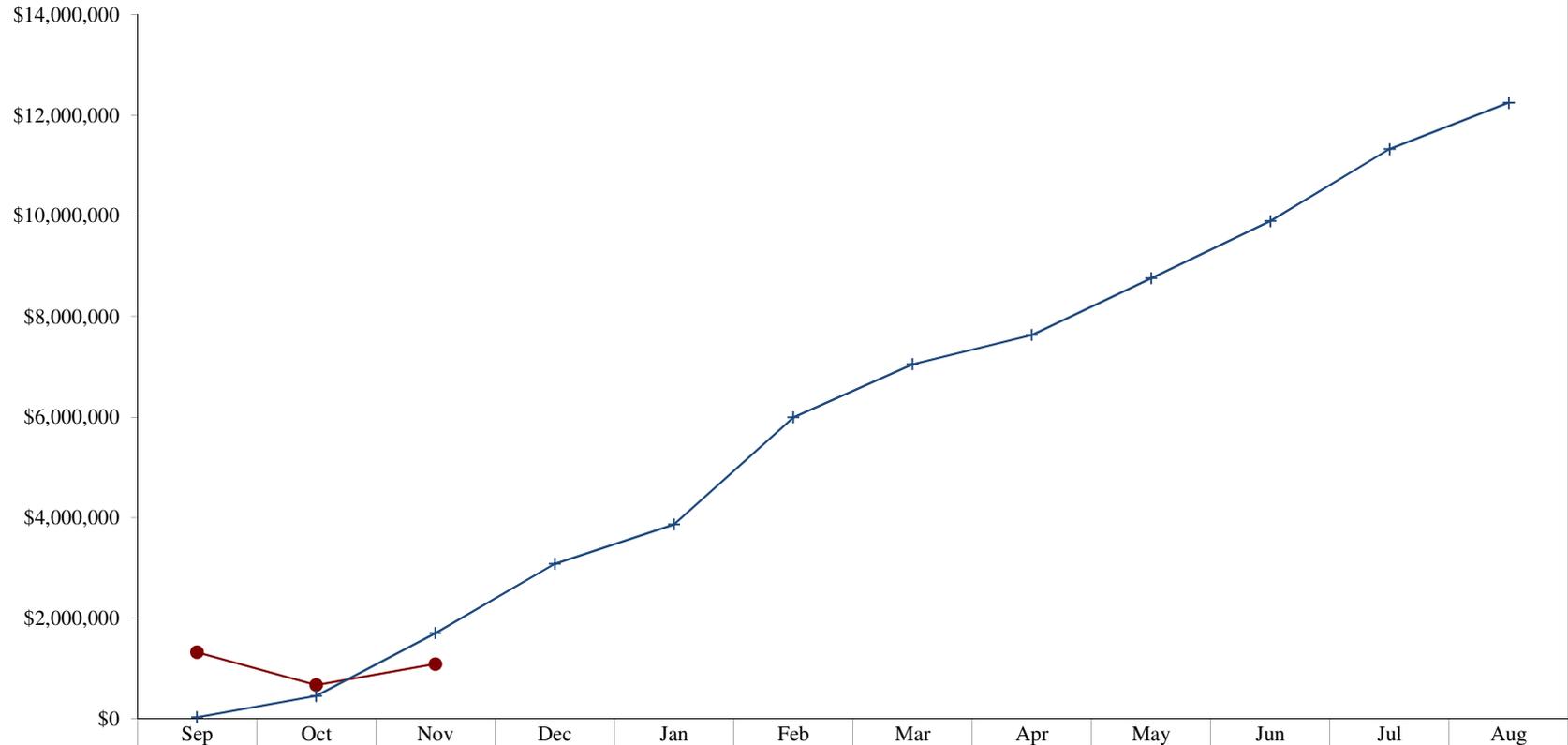
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$73,313	\$140,858	\$166,507									
Medicaid	\$0	\$21,679	\$0									
Medicare	\$73,313	\$100,952	\$134,135									
Private Source	\$0	\$18,227	\$32,371									
Others - Stimulus Payments	\$0	\$0	\$0									
● FY14TD Total	\$242,585	\$214,171	\$380,678									
+ FY13 Total Collections	\$44,542	\$198,587	\$282,014	\$489,575	\$604,428	\$789,027	\$1,009,753	\$1,314,419	\$1,477,000	\$1,721,472	\$2,007,627	\$2,259,589
FY13 Collections in FY14	\$169,272	\$119,660	\$83,158									

Measure 1H - FY2014 Revenue Targets
San Antonio State Hospital



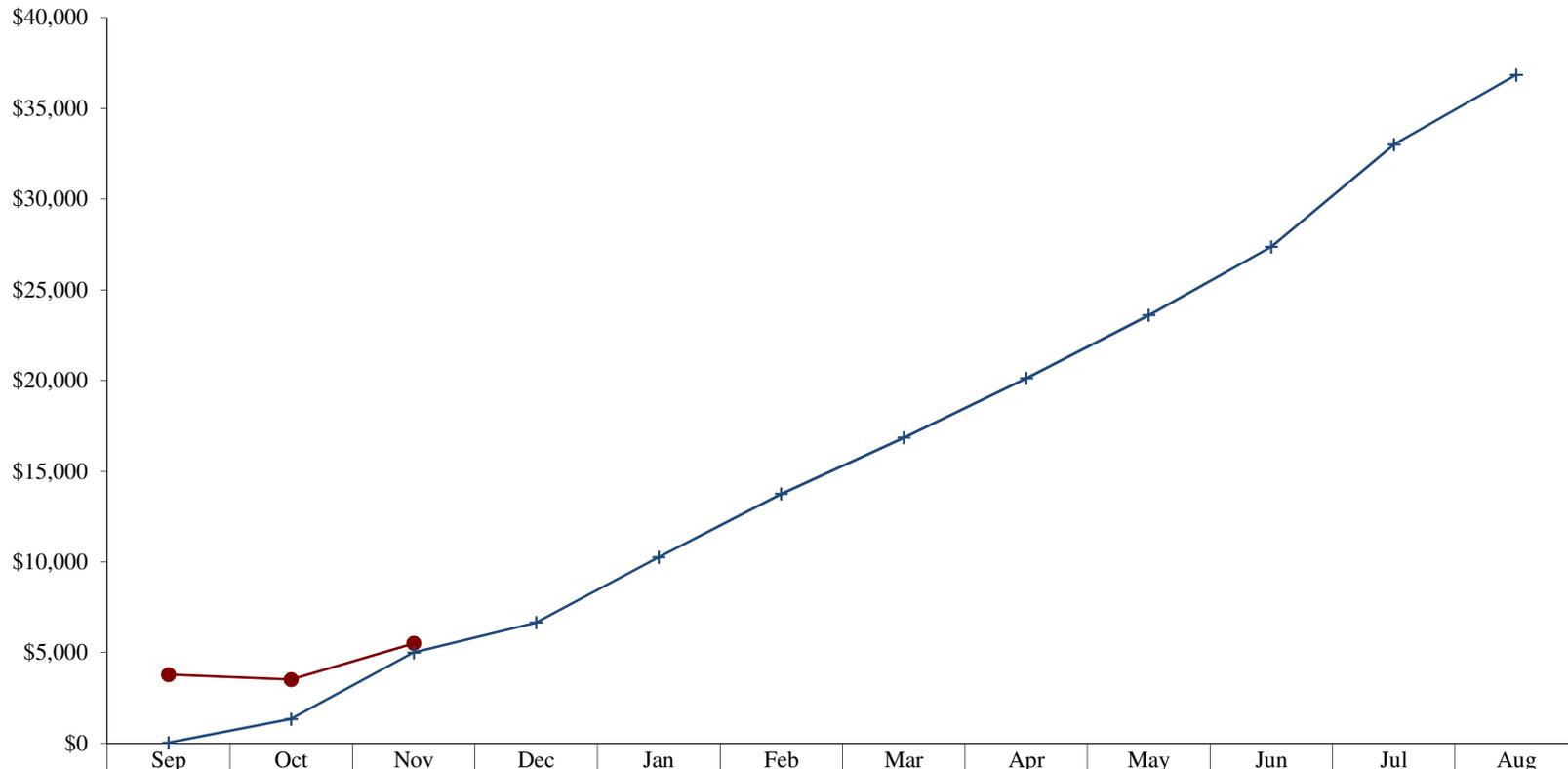
Measure 1H - FY2014 Revenue Targets
Terrell State Hospital

Revenue Collection



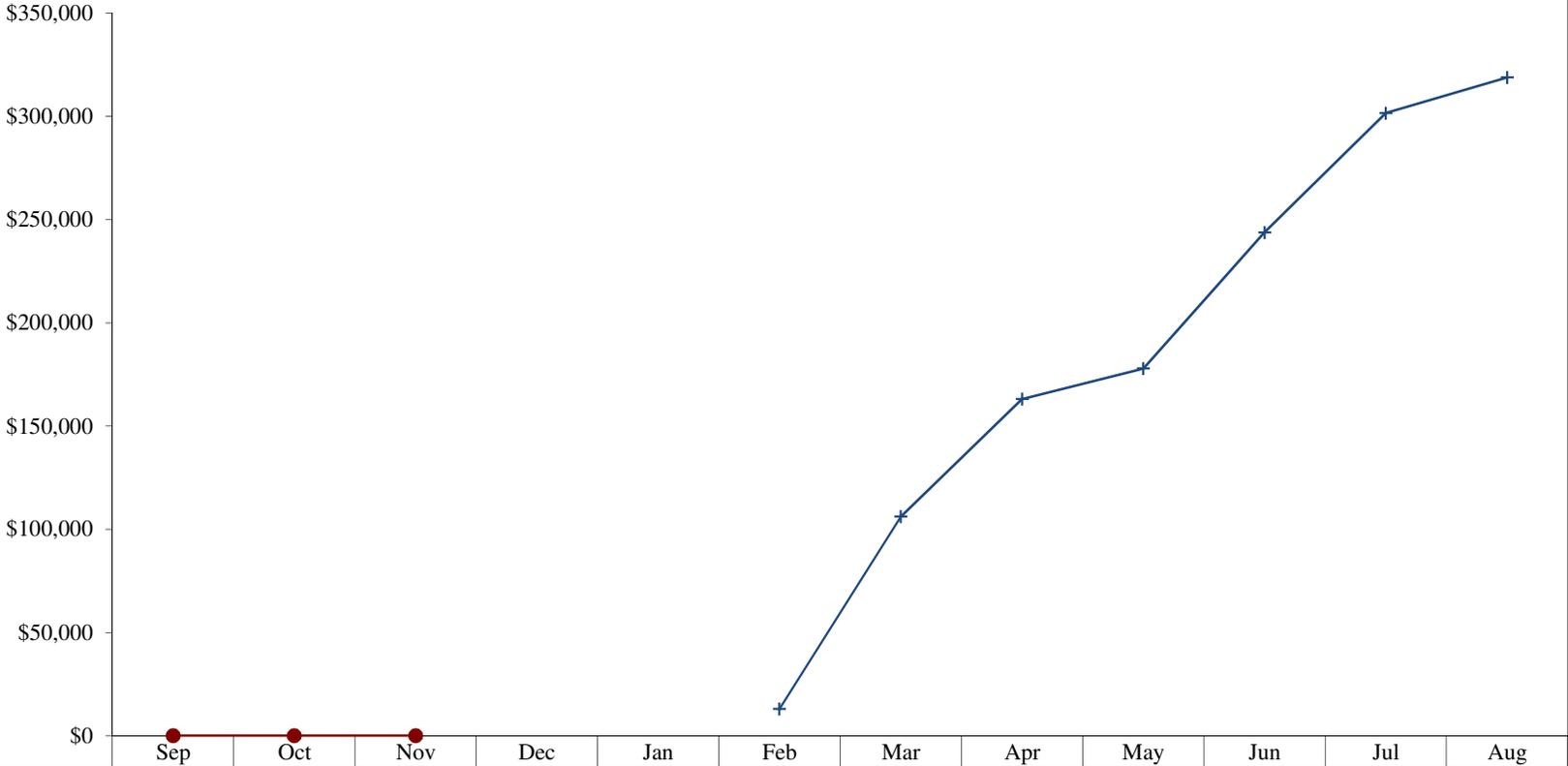
Measure 1H - FY2014 Revenue Targets
Waco Center For Youth

Revenue Collection



Measure 1H - FY2014 Revenue Targets
Texas Center for Infectious Disease

Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$0	\$0	\$0									
Medicaid	\$0	\$0	\$0									
Medicare	\$0	\$0	\$0									
Private Source	\$0	\$0	\$0									
Others - Stimulus Payments	\$0	\$0	\$0									
● FY14TD Total	\$0	\$0	\$0									
+ FY13 Total Collections						\$12,919	\$106,178	\$163,091	\$177,885	\$243,795	\$301,622	\$318,860
FY13 Collections in FY14	\$0	\$22,478										

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

GOAL 2: Recognize and Respect the Rights of Each Patient By Conducting Business In An Ethical Manner

Performance Objective 2A:

Reduce the rate of confirmed allegations of abuse and neglect.

Performance Objective Operational Definition: The state hospital rate of confirmed closed abuse and neglect cases per 1,000 bed days per quarter. Class I Abuse - if the allegation involves physical abuse which caused or may have caused serious physical injury or sexual abuse. Class II Abuse – if the allegation involves physical abuse which caused or may have caused non-serious physical injury or exploitation. Class III Abuse – if the allegation involves verbal or emotional abuse. Neglect – if the allegation involves neglect.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

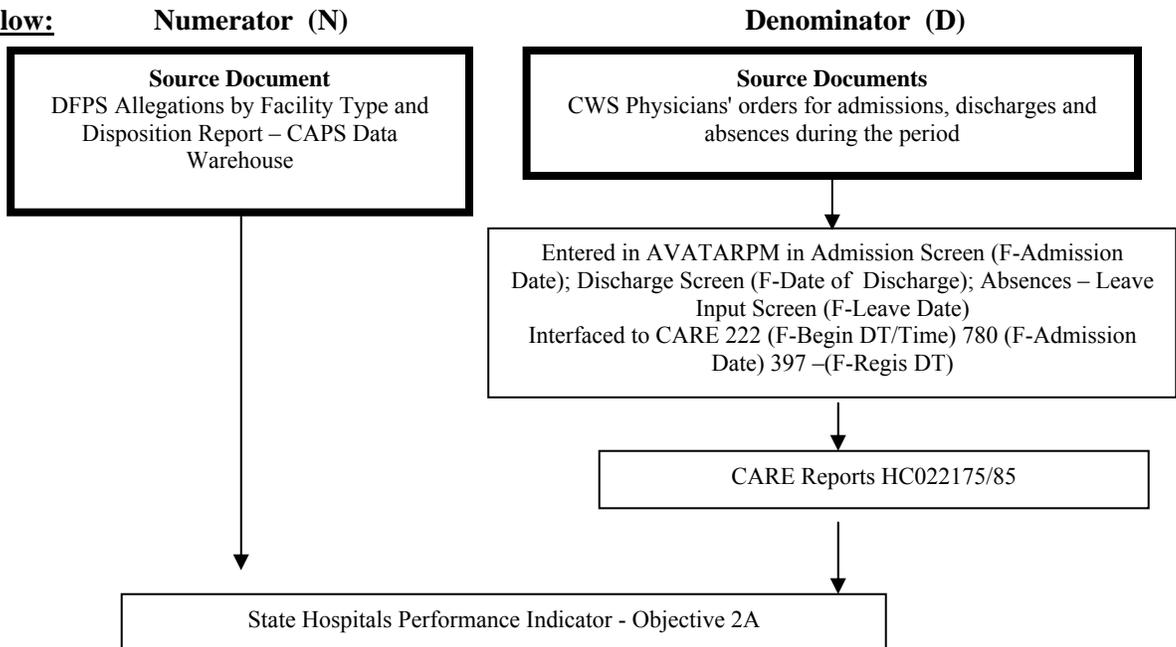
N = number of confirmed closed cases per FY

D = number of bed days per FY 1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:

Table shows number of completed investigations and number of confirmed cases by Texas Department of Family and Protective Services (DFPS) for individual state hospitals.

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State MH Hospitals - As of November 30, 2013

Facility	FY11					FY12					FY13				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
All State Hospitals															
Completed Investigations	681	833	615	654	2783	545	667	633	728	2573	694				694
Total Confirmed	41	55	40	49	185	39	57	66	66	228	51				51
Total Confirmed Rate/1000 Bed Days	0.19	0.26	0.19	0.23	0.22	0.19	0.28	0.31	0.31	0.27	0.24				0.24

Performance Objective 2C:

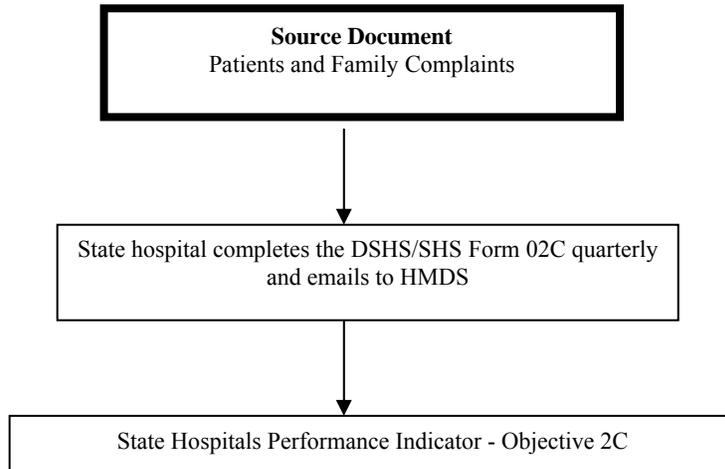
Analyze patient complaints and grievances.

Performance Objective Operational Definition: Total number of complaints and grievances from state hospitals per quarter regarding property, respect, discharge, medication, treatment team and/or plan and an “other” category will be tracked and analyzed. A grievance is an issue, concerning a patient’s treatment, including discharge planning, not satisfactorily resolved by a member of the treatment team, the Patient Rights Office, or other administrative staff.

Performance Objective Data Display and Chart Description:

- ◆ Table shows quarterly numbers of complaints and grievances and rate per 1,000 bed days by the individual state hospitals and system-wide.
- ◆ Table shows FYTD numbers of complaints and grievances and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



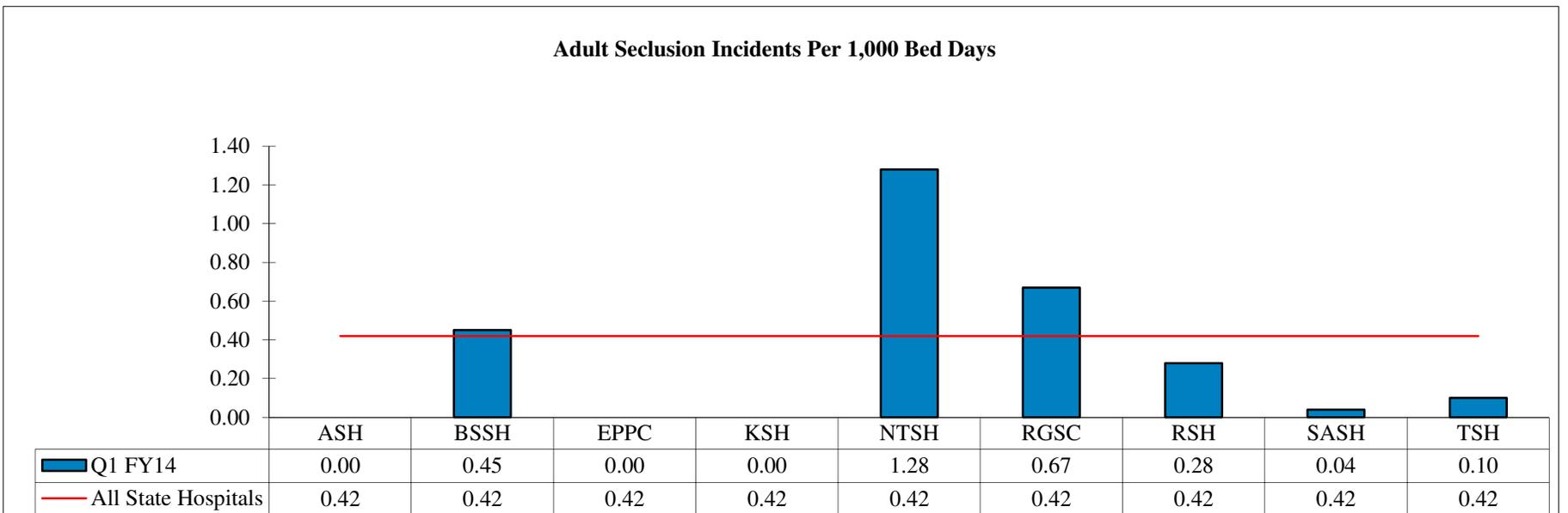
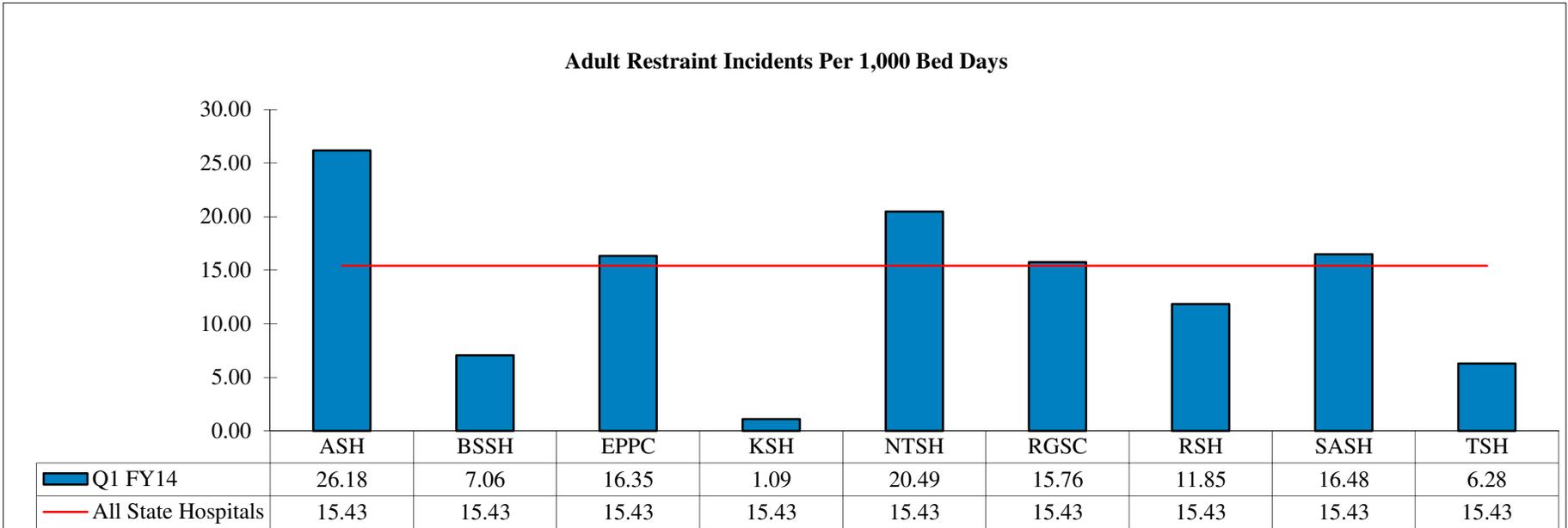
Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q1 FY14

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	16	18	3	4	4	4	13	4	27	0	5	98
Per 1,000 Bed Days	0.64	1.01	0.51	0.23	0.08	0.89	0.41	0.16	1.21	0.00	0.74	0.46
Respect	8	26	2	2	1	5	20	0	13	1	50	128
Per 1,000 Bed Days	0.32	1.46	0.34	0.11	0.02	1.11	0.62	0.00	0.58	0.31	7.41	0.61
Discharge	19	5	3	1	35	3	12	4	52	0	1	135
Per 1,000 Bed Days	0.75	0.28	0.51	0.06	0.69	0.67	0.37	0.16	2.32	0.00	0.15	0.64
Medication	15	7	1	2	2	4	8	1	21	0	4	65
Per 1,000 Bed Days	0.60	0.39	0.17	0.11	0.04	0.89	0.25	0.04	0.94	0.00	0.59	0.31
Treatment Team/Planning	14	23	1	2	2	0	0	57	39	0	19	157
Per 1,000 Bed Days	0.56	1.29	0.17	0.11	0.04	0.00	0.00	2.26	1.74	0.00	2.82	0.74
HIPAA	7	2	0	0	1	0	1	0	3	0	0	14
Per 1,000 Bed Days	0.28	0.11	0.00	0.00	0.02	0.00	0.03	0.00	0.13	0.00	0.00	0.07
Others	67	23	6	20	30	9	123	71	135	0	38	522
Per 1,000 Bed Days	2.66	1.29	1.02	1.15	0.59	2.00	3.83	2.81	6.03	0.00	5.63	2.47
Total	146	104	16	31	75	25	177	137	290	1	117	1119
Per 1,000 Bed Days	5.80	5.82	2.73	1.78	1.47	5.55	5.52	5.43	12.95	0.31	17.35	5.29

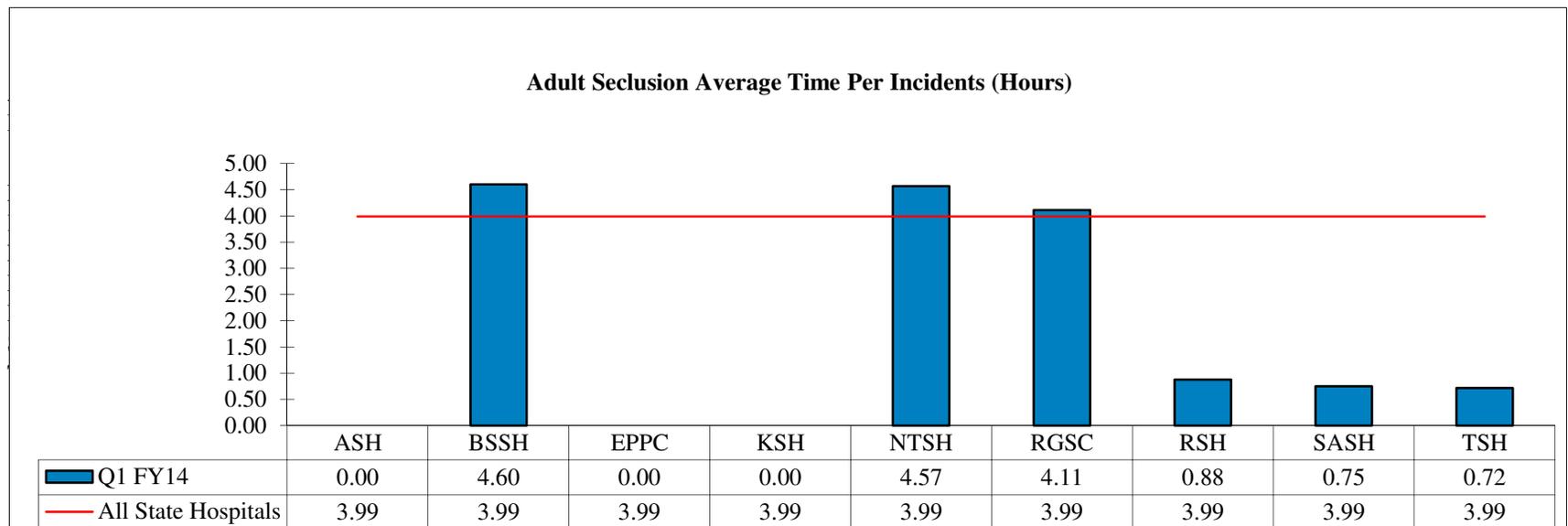
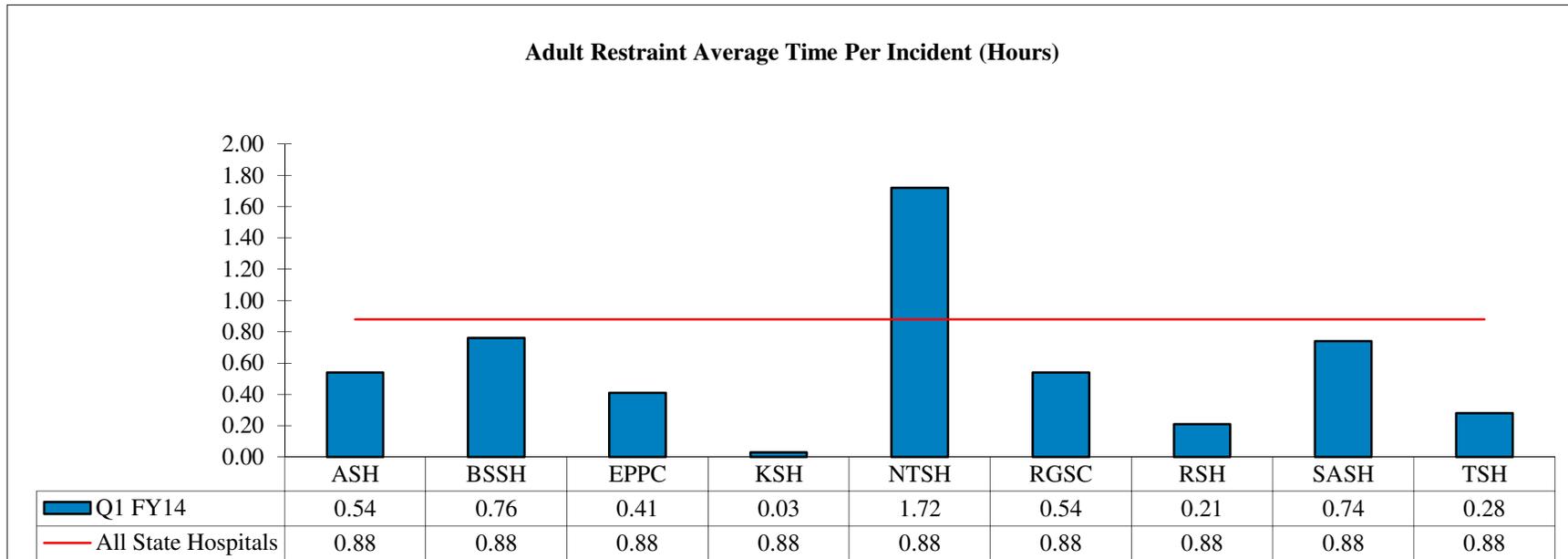
Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q1 FY14

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	3	4	0	16	0	1	0	0	0	0	24
Per 1,000 Bed Days	0.00	0.17	0.68	0.00	0.31	0.00	0.03	0.00	0.00	0.00	0.00	0.11
Respect	0	1	3	0	10	0	0	0	0	0	0	14
Per 1,000 Bed Days	0.00	0.06	0.51	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.07
Discharge	16	1	4	0	1	0	1	0	1	0	0	24
Per 1,000 Bed Days	0.64	0.06	0.68	0.00	0.02	0.00	0.03	0.00	0.04	0.00	0.00	0.11
Medication	12	0	3	0	21	0	0	0	0	0	0	36
Per 1,000 Bed Days	0.48	7.00	0.51	0.00	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.17
Treatment Team/Planning	5	1	5	0	11	0	0	1	0	0	0	23
Per 1,000 Bed Days	0.20	0.06	0.85	0.00	0.22	0.00	0.00	0.04	0.00	0.00	0.00	0.11
HIPAA	6	0	0	0	4	0	0	0	0	0	0	10
Per 1,000 Bed Days	0.24	0.00	0.00	0.00	0.08	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Others	0	5	2	0	179	0	7	0	1	0	0	194
Per 1,000 Bed Days	0.00	0.28	0.34	0.00	3.50	0.00	0.22	0.00	0.04	0.00	0.00	0.92
Total	39	11	21	0	242	0	9	1	2	0	0	325
Per 1,000 Bed Days	1.55	0.62	3.58	0.00	4.74	0.00	0.28	0.04	0.09	0.00	0.00	1.54

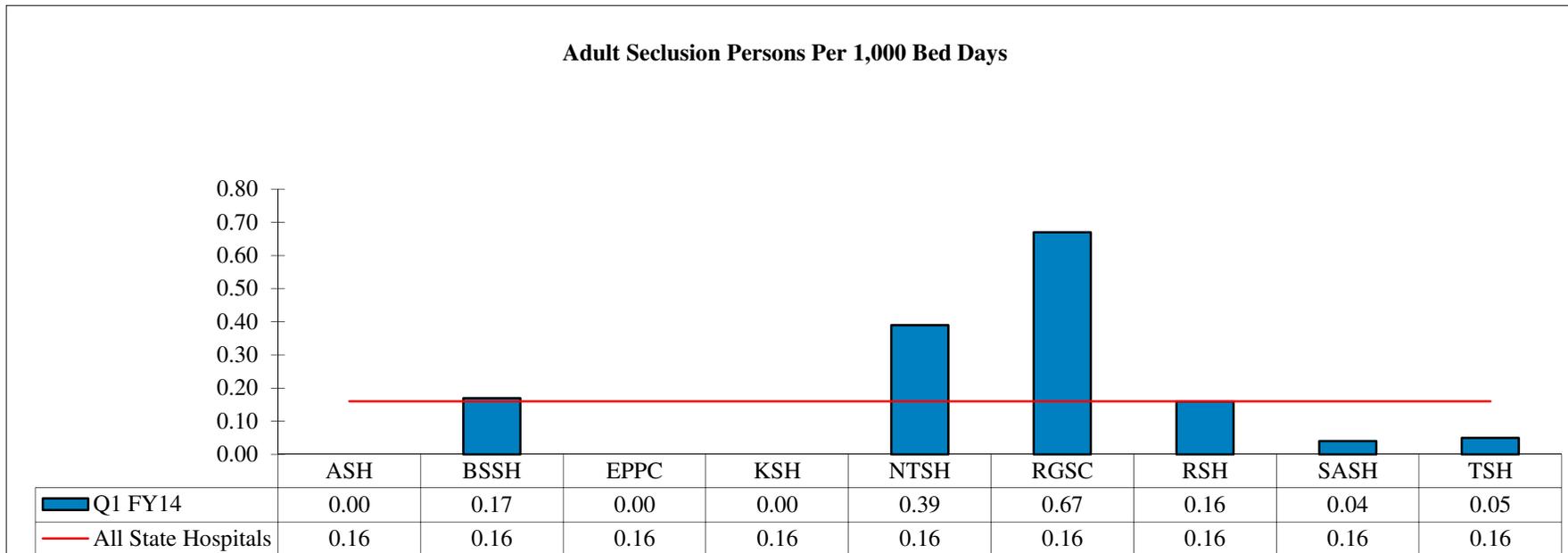
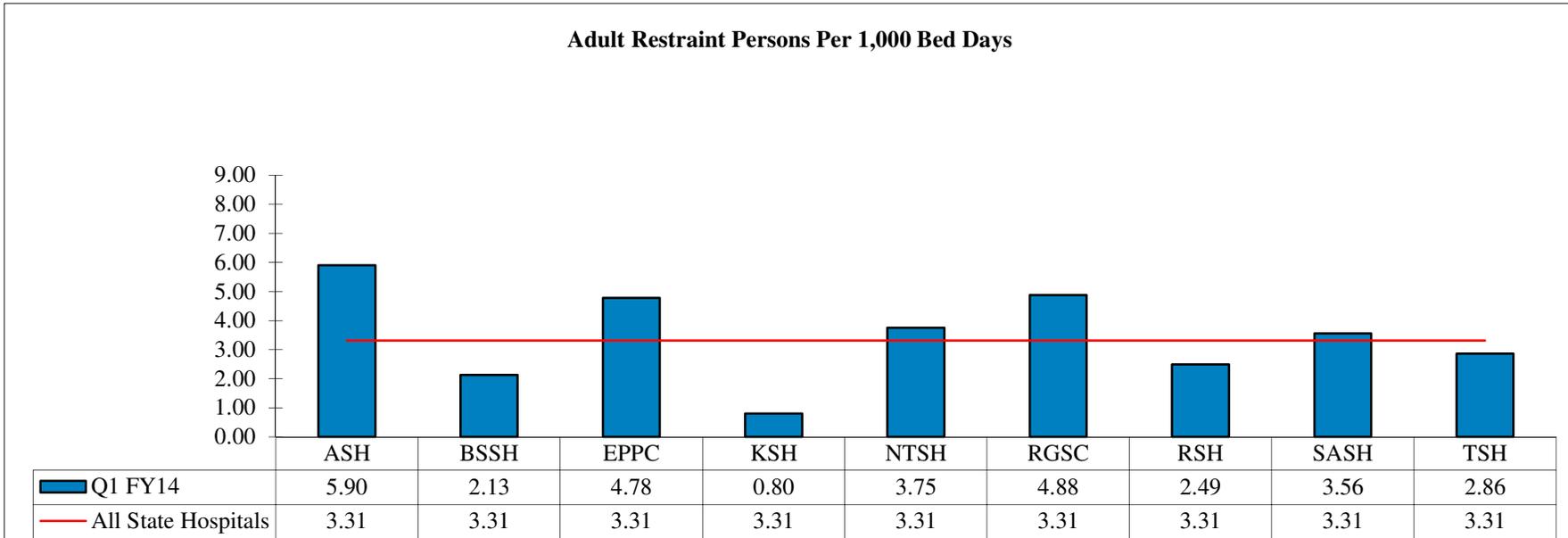
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



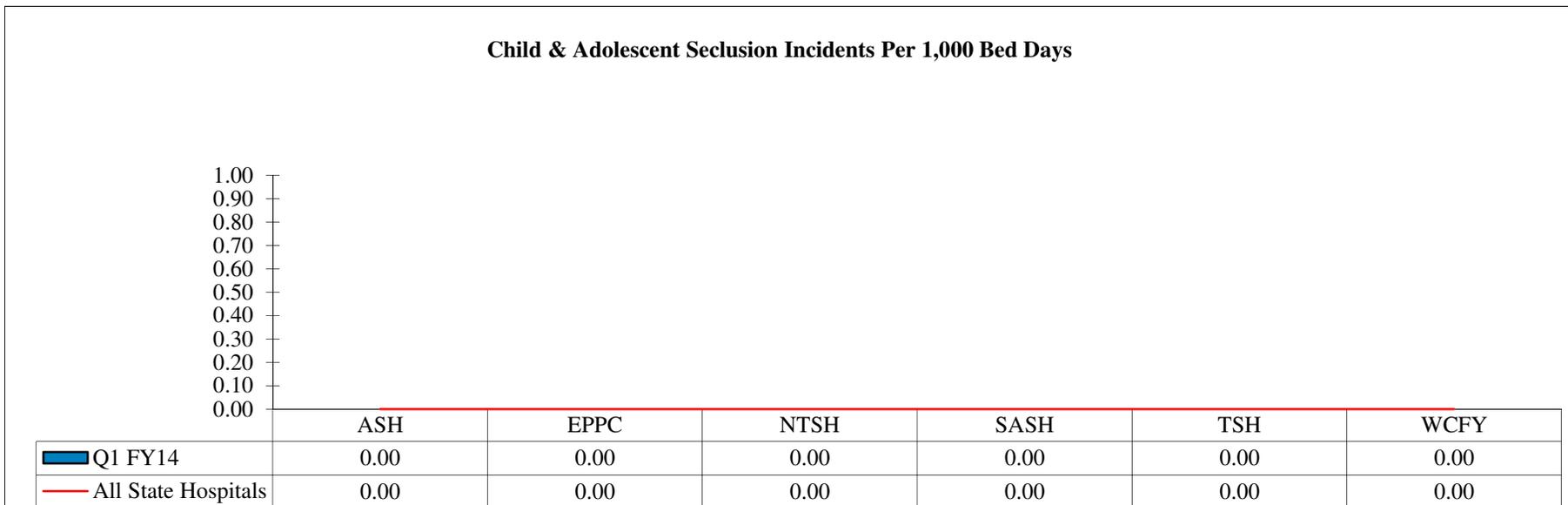
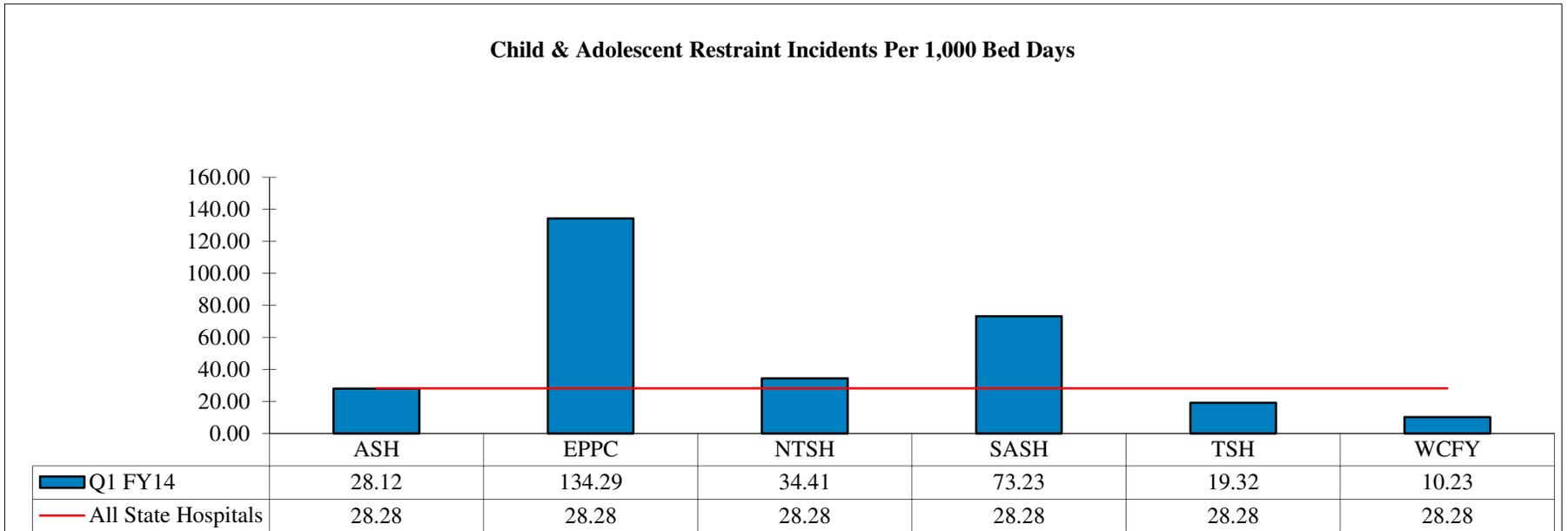
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



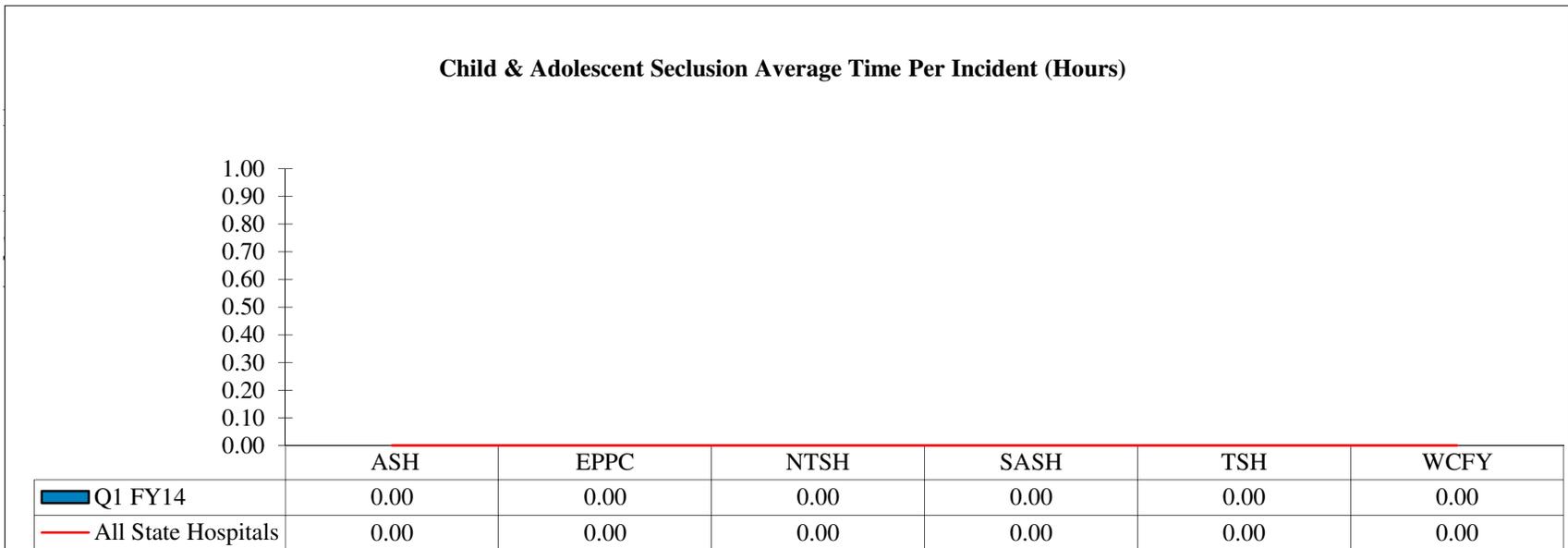
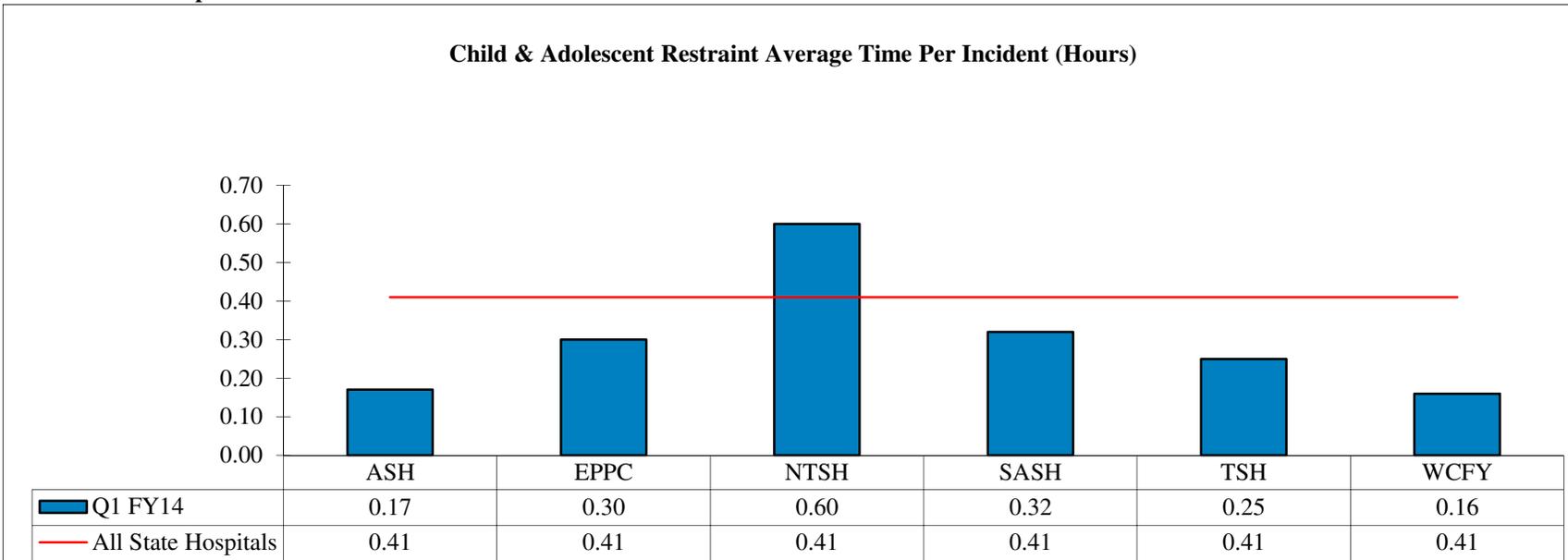
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



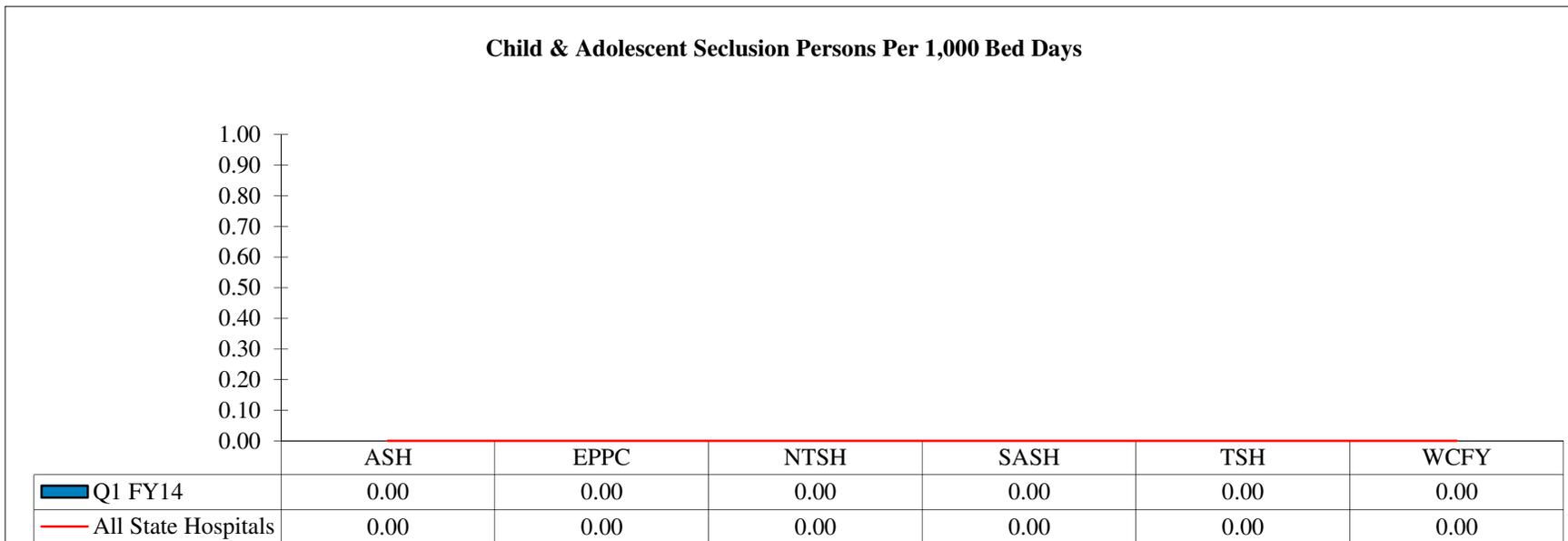
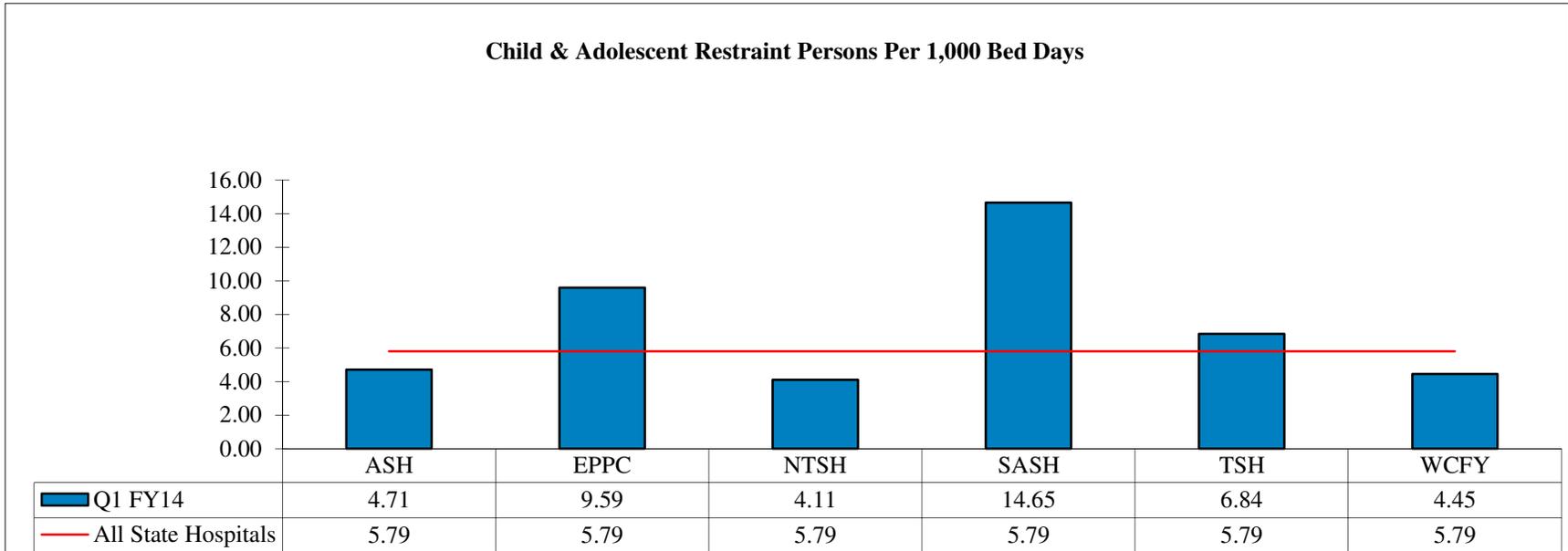
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY14

	Fiscal Year 2014											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,122				2,122				2,122			
Bed Days in Quarter-All Other Units	23,061				23,061				23,061			
Restraint Involving Children	0				0				0.0			
Restraint Involving Adolescents	17				10				2.9			
Restraint Involving Adults	800				136				434.4			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	0				0				0.0			
Big Spring State Hospital												
Bed Days in Quarter	17,855				17,855				17,855			
Restraint Involving Adults	126				38				96.1			
Seclusion Involving Adults	8				3				36.8			
El Paso Psychiatric Center												
Child/Adolescent Bed Days	417				417				417			
Bed Days in Quarter-All Other Units	5,445				5,445				5,445			
Restraint Involving Children	35				1				4.9			
Restraint Involving Adolescents	21				3				12.1			
Restraint Involving Adults	89				26				36.4			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	0				0				0.0			
Kerrville State Hospital												
Bed Days in Quarter	17,407				17,407				17,407			
Restraint Involving Adults	19				14				0.62			
Seclusion Involving Adults	0				0				0.0			

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY14

Fiscal Year 2014

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	7,295				7,295				7,295			
Bed Days in Quarter-All Other Units	43,780				43,780				43,780			
Restraint Involving Children	0				0				0.0			
Restraint Involving Adolescents	251				30				151.3			
Restraint Involving Adults	897				164				1,542.0			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	56				17				256.2			
Rio Grande State Center												
Bed Days in Quarter	4,505				4,505				4,505			
Restraint Involving Adults	71				22				38.4			
Seclusion Involving Adults	3				3				12.3			
Rusk State Hospital												
Bed Days in Quarter	32,077				32,077				32,077			
Restraint Involving Adults	380				80				79.7			
Seclusion Involving Adults	9				5				7.9			
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,185				2,185				2,185			
Bed Days in Quarter-All Other Units	23,062				23,062				23,062			
Restraint Involving Adolescents	160				32				51.1			
Restraint Involving Adults	380				82				281.8			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	1				1				0.8			

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY14

Fiscal Year 2014

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,485				2,485				2,485			
Bed Days in Quarter-All Other Units	19,913				19,913				19,913			
Restraint Involving Children	0				0				0.0			
Restraint Involving Adolescents	48				17				11.8			
Restraint Involving Adults	125				57				34.9			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	2				1				1.4			
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,745				6,745				6,745			
Restraint Involving Adolescents	69				30				11.1			
Seclusion Involving Adolescents	0				0				0.0			
All State MH Hospitals												
Child/Adolescent Bed Days	21,249	0	0	0	21,249	0	0	0	21,249	0	0	0
Bed Days in Quarter-All Other Units	187,105	0	0	0	187,105	0	0	0	187,105	0	0	0
Restraint Involving Children	35				1				4.9			
Restraint Involving Adolescents	566				122				240			
Restraint Involving Adults	2,887				619				2,544.3			
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Seclusion Involving Adolescents	0	0	0	0	0	0	0	0	0.0	0	0.0	0.0
Seclusion Involving Adults	79	0	0	0	30	0	0	0	315.4	0.0	0.0	0.0

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2014

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	0				0			
< 5 Restraint Involving Adolescents	7				6			
< 5 Restraint Involving Adults	451				120			
Big Spring State Hospital								
< 5 Restraint Involving Adults	61				28			
El Paso Psychiatric Center								
< 5 Restraint Involving Children	13				1			
< 5 Restraint Involving Adolescents	8				3			
< 5 Restraint Involving Adults	57				25			
Kerrville State Hospital								
< 5 Restraint Involving Adults	18				13			
North Texas State Hospital								
< 5 Restraint Involving Children	0				0			
< 5 Restraint Involving Adolescents	54				19			
< 5 Restraint Involving Adults	398				132			
Rio Grande State Center								
< 5 Restraint Involving Adults	16				12			
Rusk State Hospital								
< 5 Restraint Involving Adults	311				79			
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	92				30			
< 5 Restraint Involving Adults	177				68			
Terrell State Hospital								
< 5 Restraint Involving Children	0				0			
< 5 Restraint Involving Adolescents	19				11			
< 5 Restraint Involving Adults	82				51			
Waco Center For Youth								
< 5 Restraint Involving Adolescents	42				20			
All State MH Hospitals								
< 5 Restraint Involving Children	13				1			
< 5 Restraint Involving Adolescents	222				89			
< 5 Restraint Involving Adults	1,571				528			

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2014

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Austin State Hospital					
Personal Restraint	579				579
Mechanical Restraint	238				238
Seclusion	0				0
Big Spring State Hospital					
Personal Restraint	77				77
Mechanical Restraint	49				49
Seclusion	8				8
El Paso Psychiatric Center					
Personal Restraint	107				107
Mechanical Restraint	38				38
Seclusion	0				0
Kerrville State Hospital					
Personal Restraint	16				16
Mechanical Restraint	3				3
Seclusion	0				0
North Texas State Hospital					
Personal Restraint	708				708
Mechanical Restraint	440				440
Seclusion	56				56
Rio Grande State Center					
Personal Restraint	52				52
Mechanical Restraint	19				19
Seclusion	3				3
Rusk State Hospital					
Personal Restraint	314				314
Mechanical Restraint	66				66
Seclusion	9				9
San Antonio State Hospital					
Personal Restraint	355				355
Mechanical Restraint	185				185
Seclusion	1				1

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

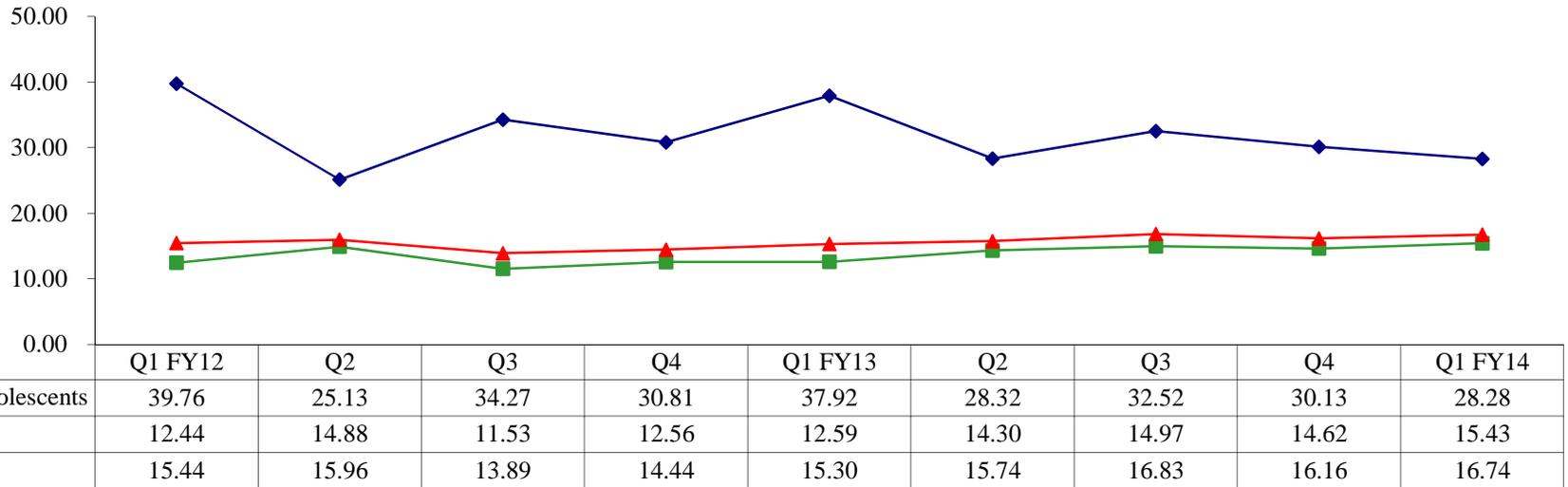
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2014

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Terrell State Hospital					
Personal Restraint	136				136
Mechanical Restraint	37				37
Seclusion	2				2
Waco Center For Youth					
Personal Restraint	62				62
Mechanical Restraint	7				7
Seclusion	0				0
All State MH Hospitals					
Personal Restraint	2,406	0	0	0	2,406
Mechanical Restraint	1,082	0	0	0	1,082
Seclusion	79	0	0	0	79

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Restraint Incidents Per 1,000 Bed Days

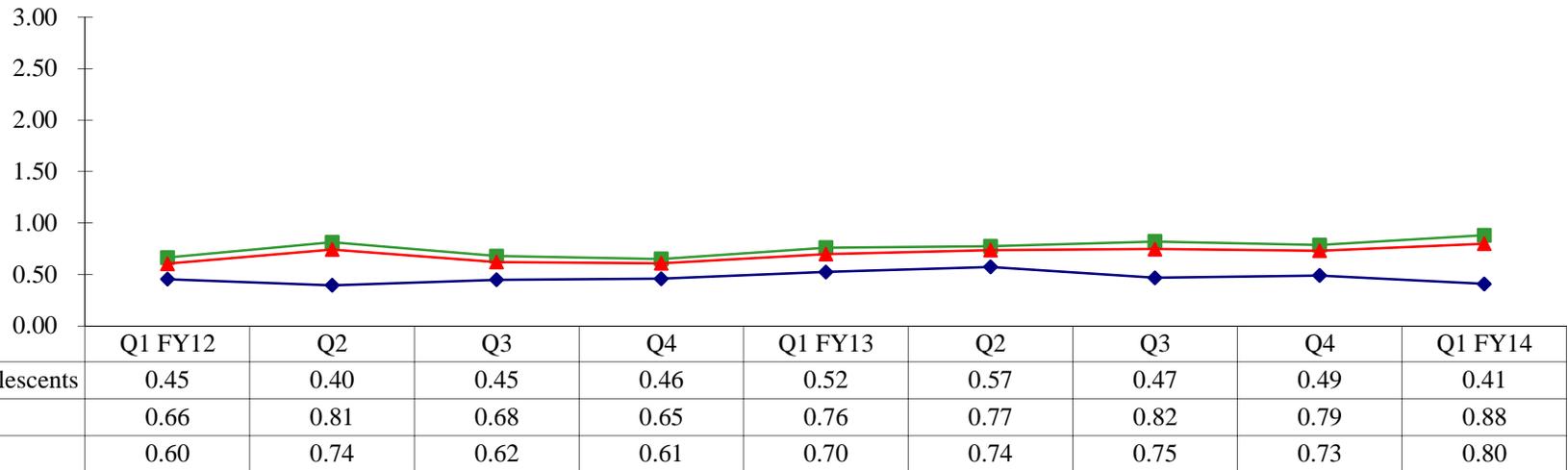


Seclusion Incidents Per 1,000 Bed Days

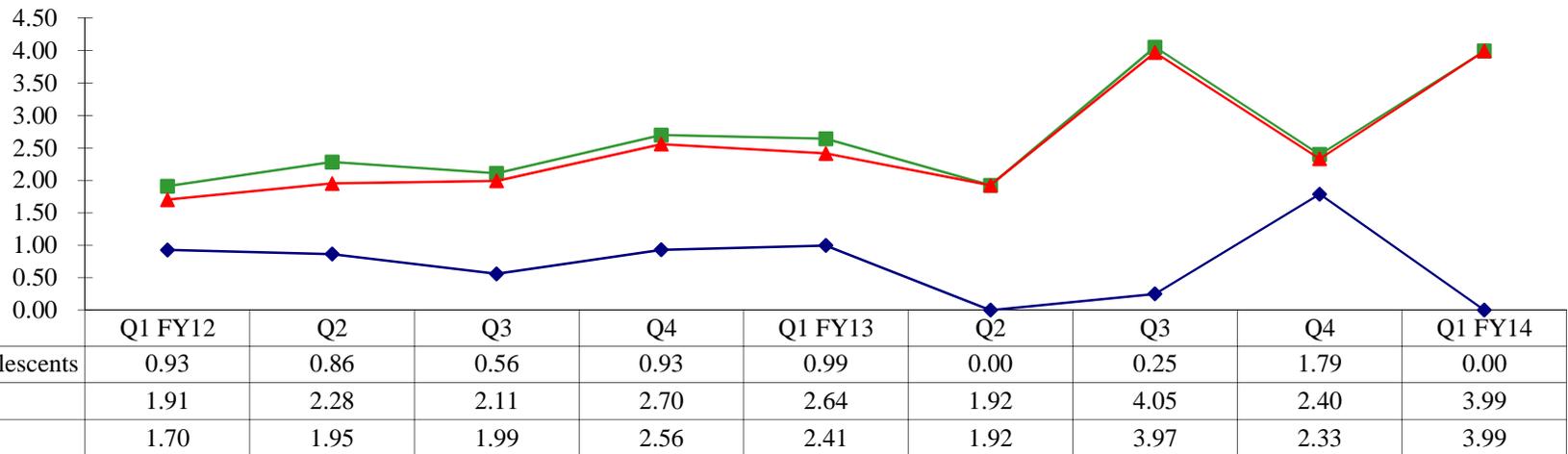


Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

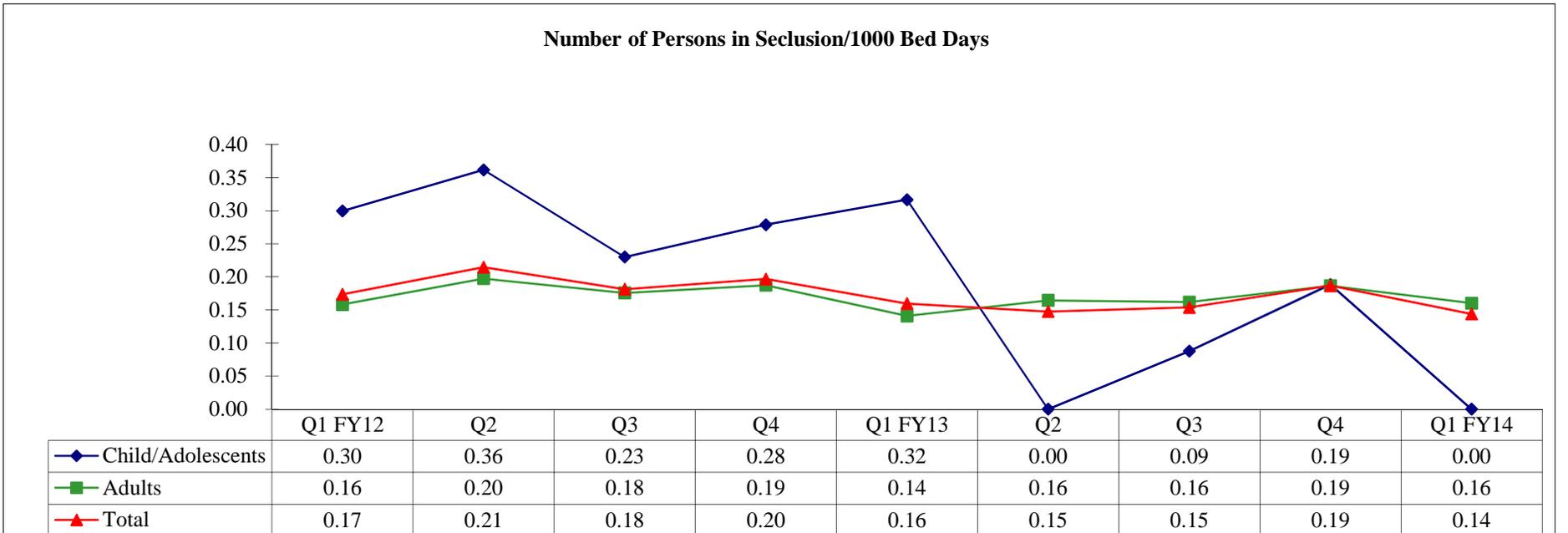
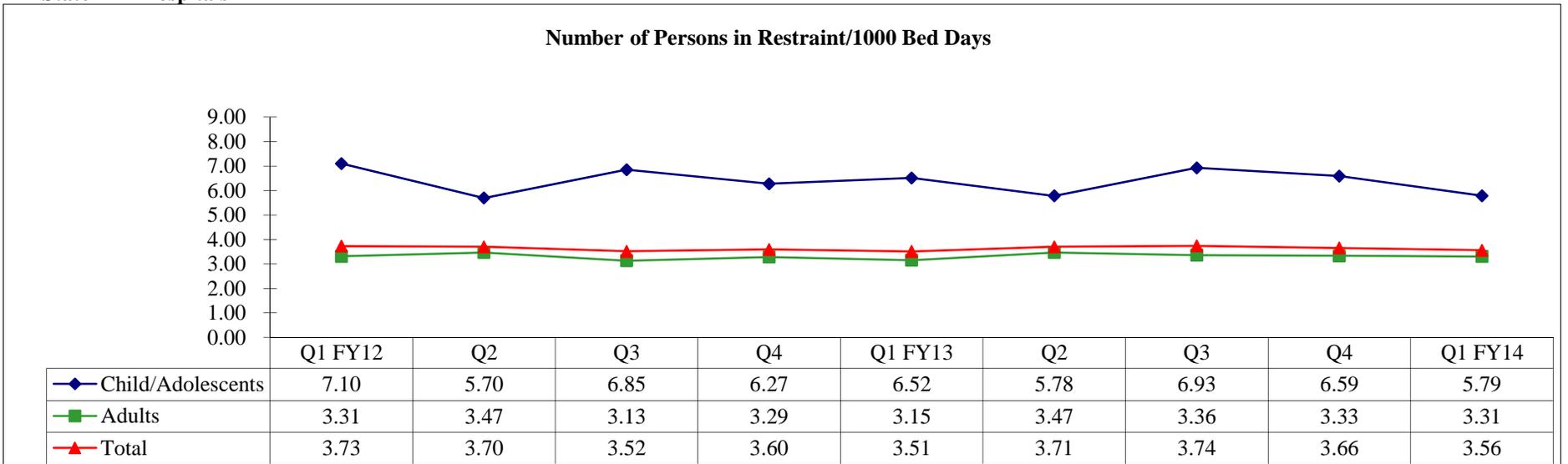
Average Number of Hours Per Incident in Restraints



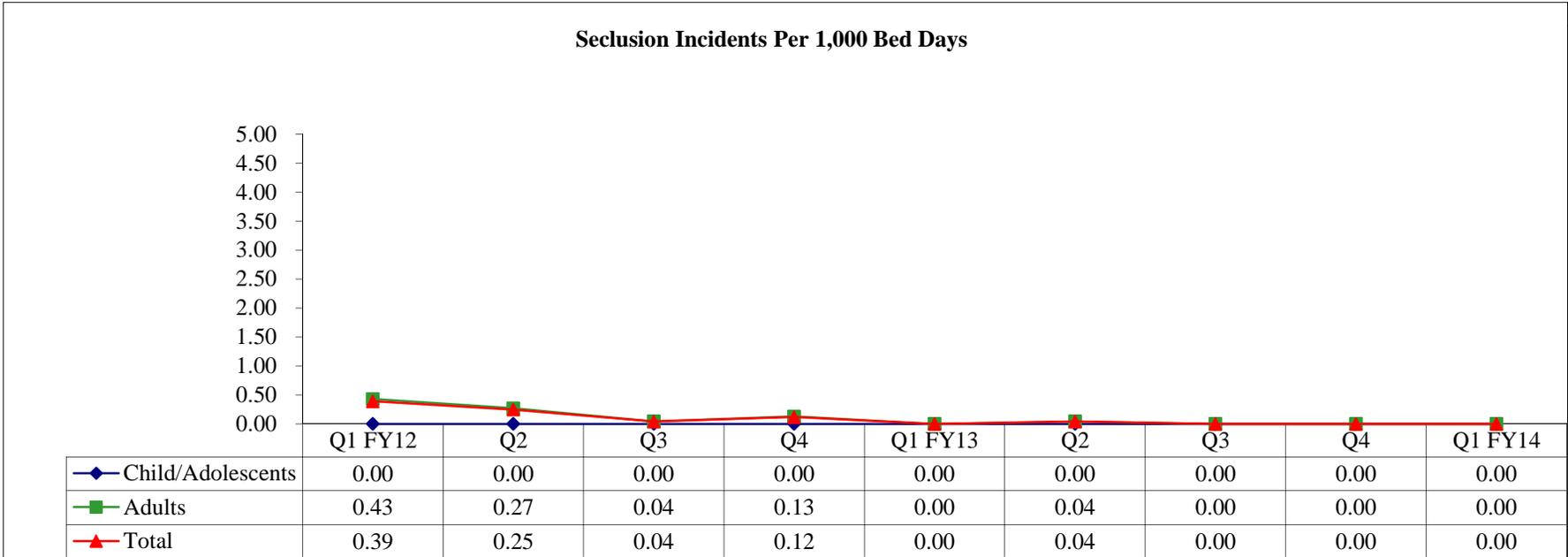
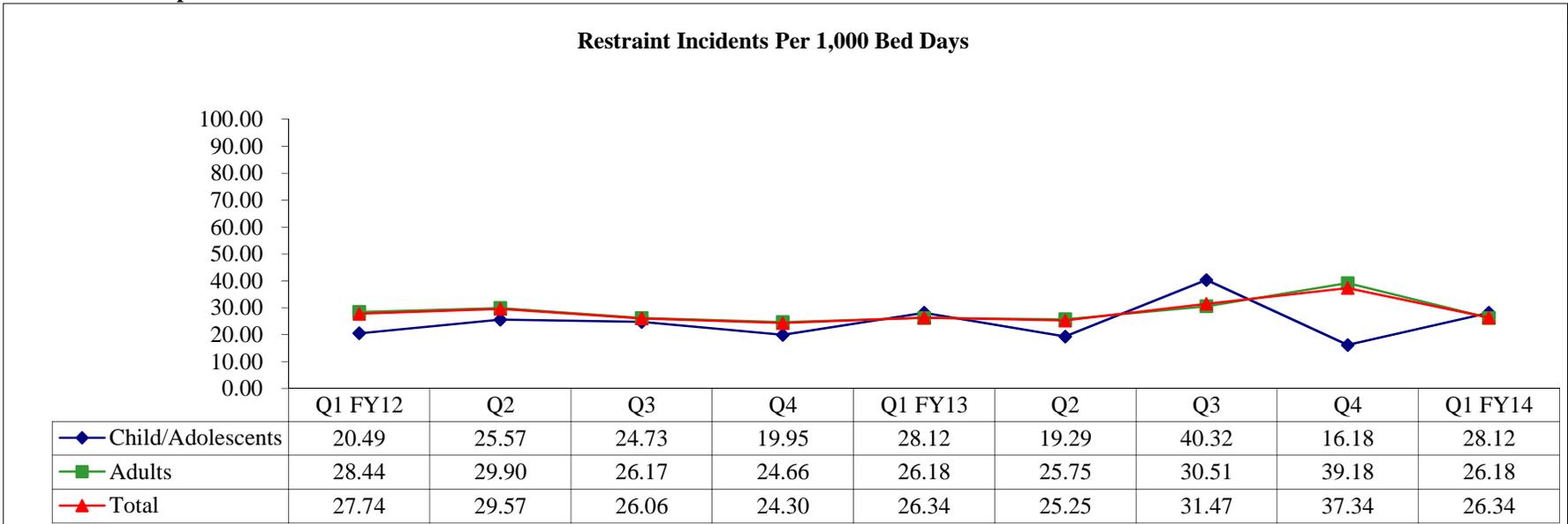
Average Number of Hours Per Incident in Seclusion



Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

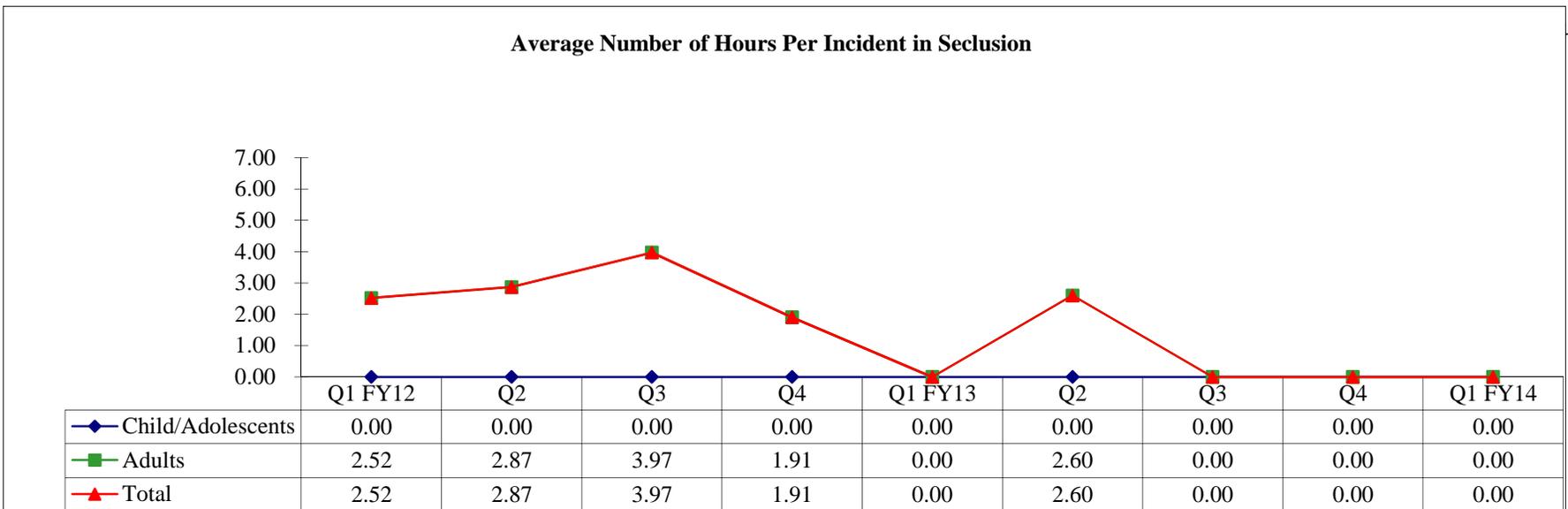
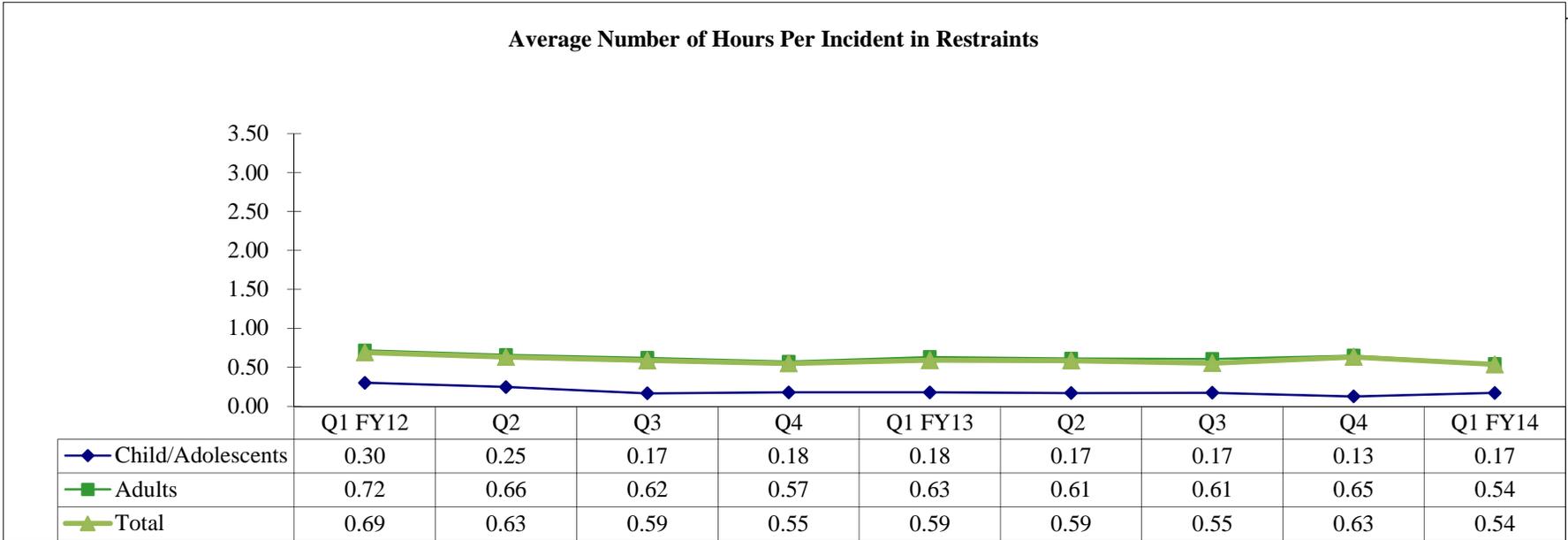


Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

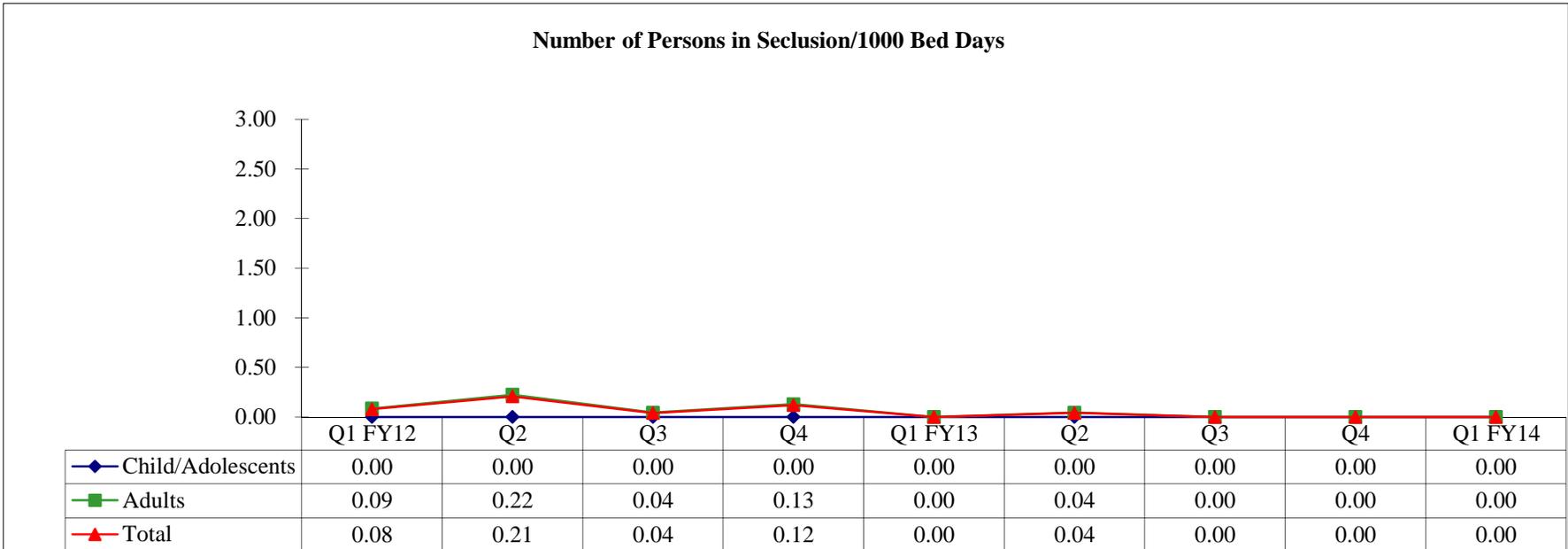
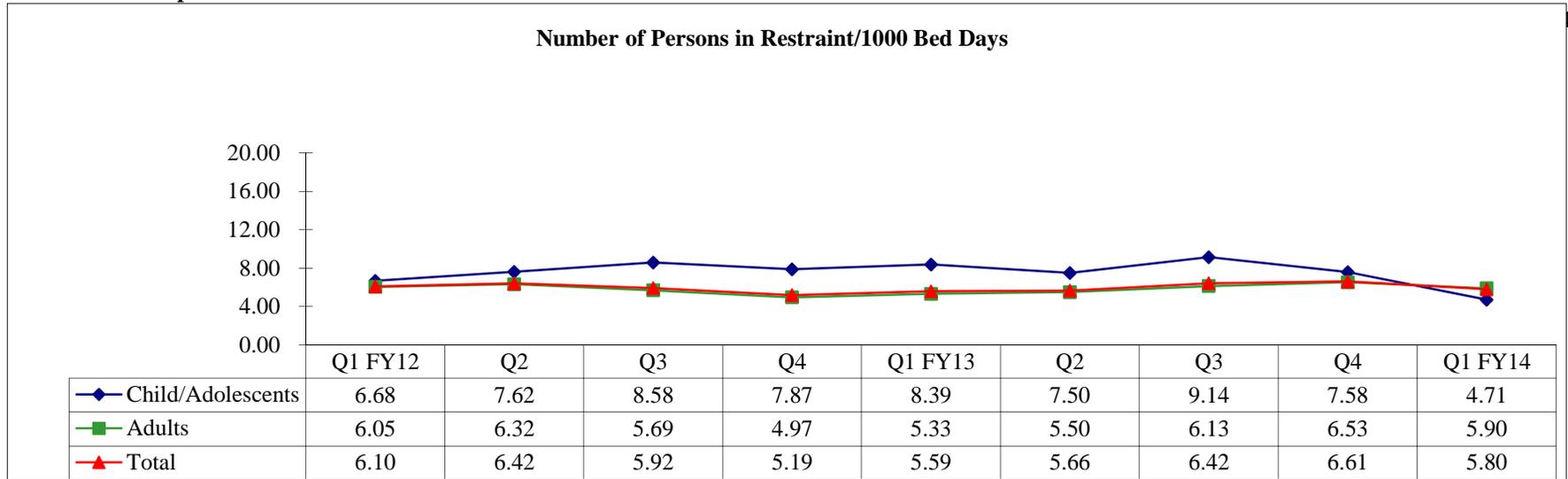


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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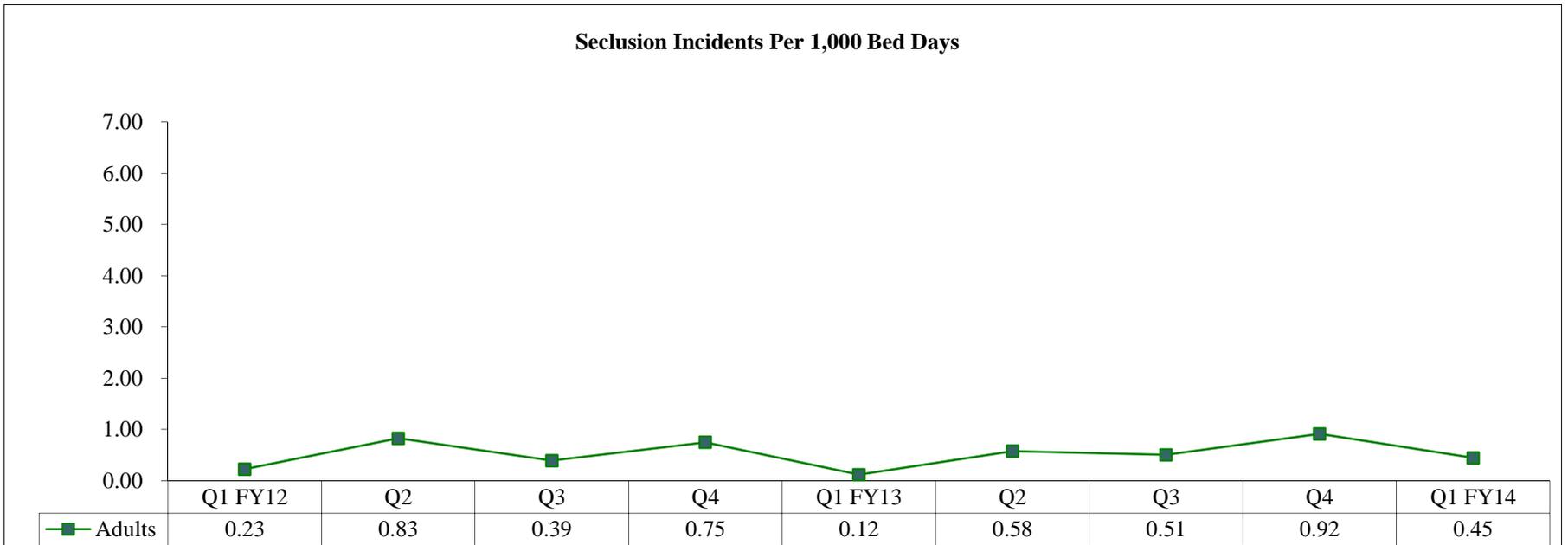
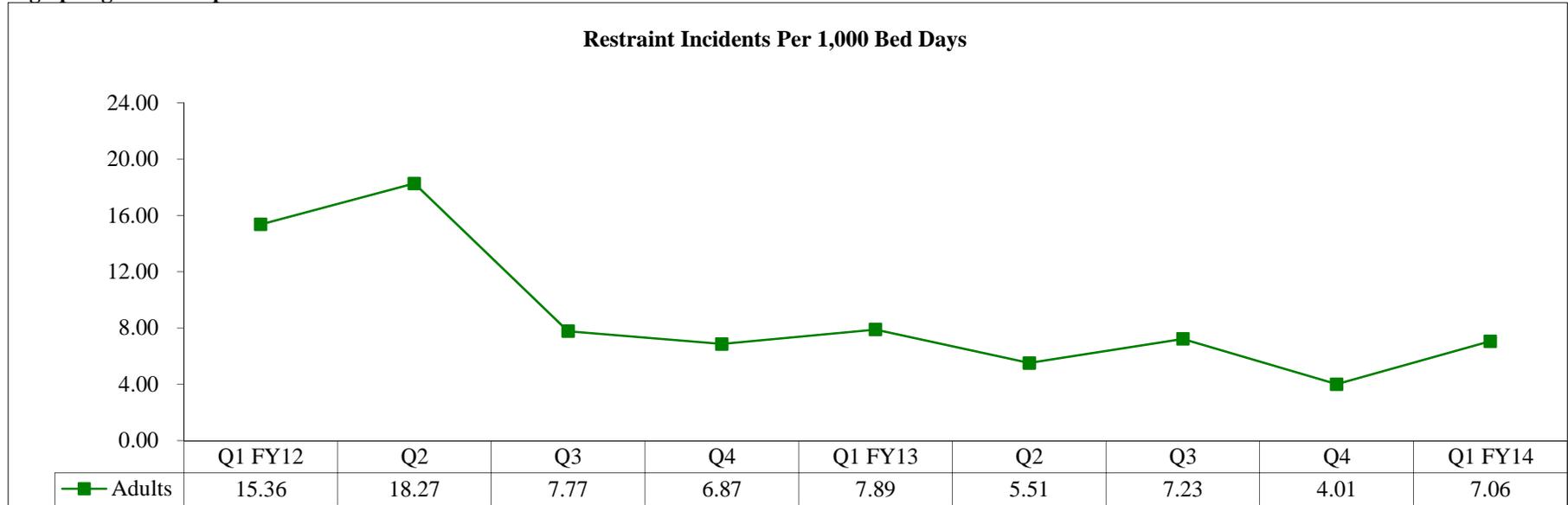
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital



Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital



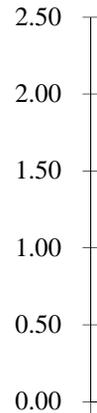
**Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital**



Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

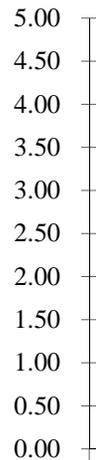
Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
—■ Adults	0.65	0.81	0.78	0.83	0.92	0.84	0.61	0.51	0.76

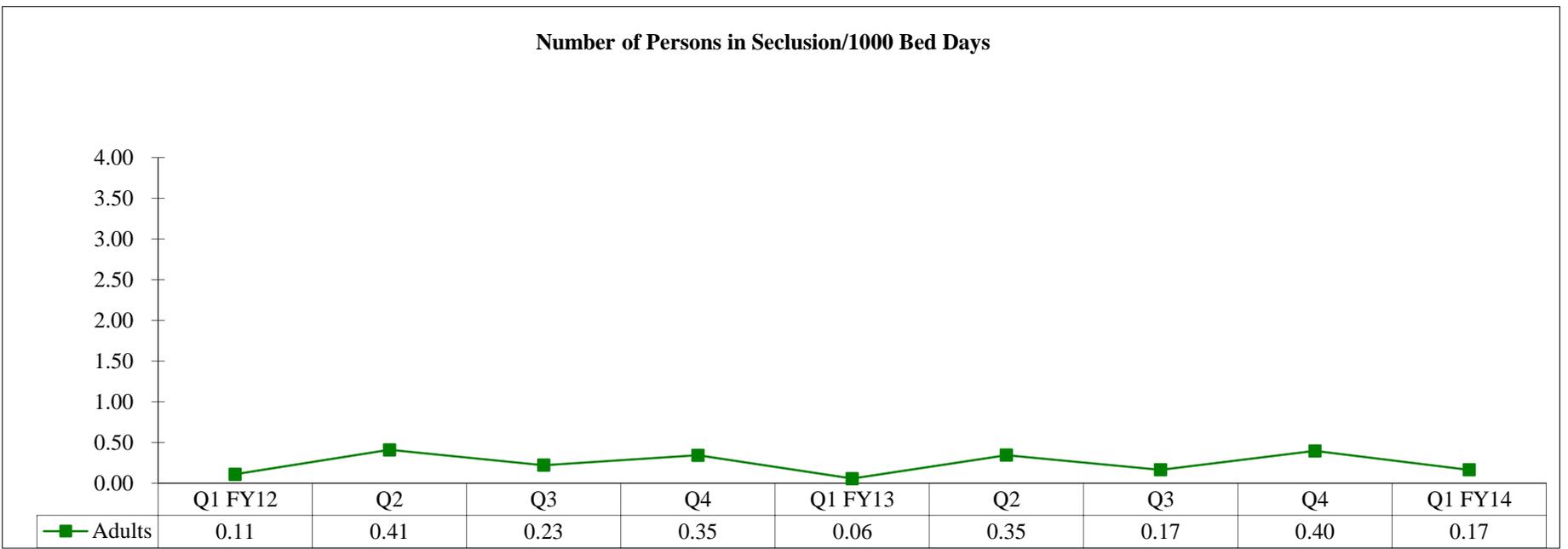
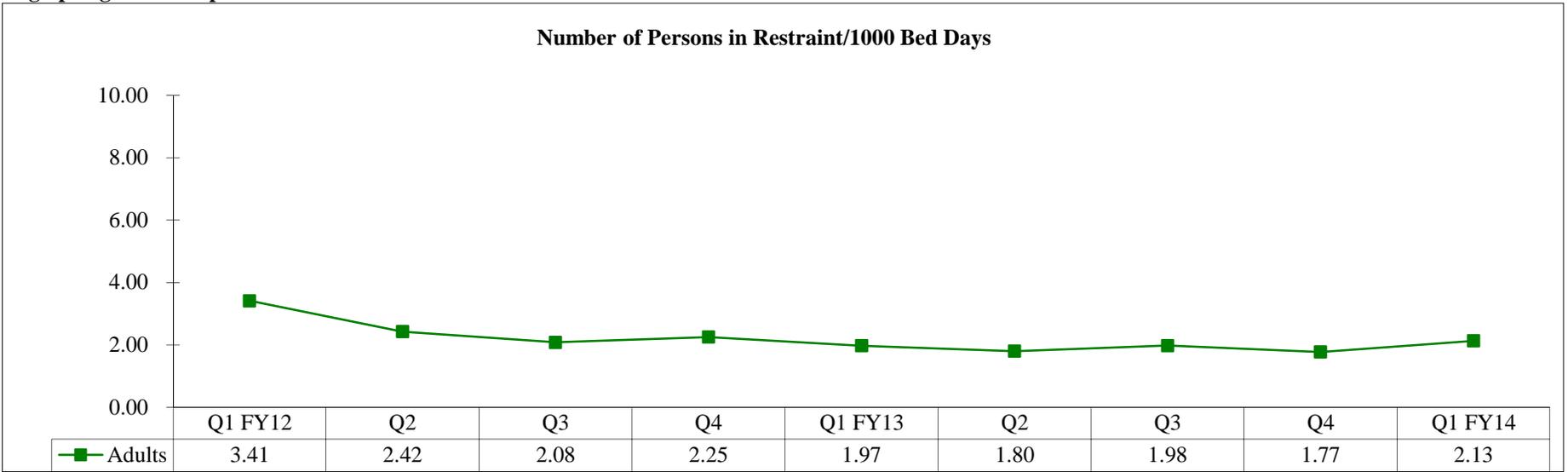
Average Number of Hours Per Incident in Seclusion



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
—■ Adults	3.31	2.49	1.43	2.46	2.61	1.66	1.77	1.57	4.60

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

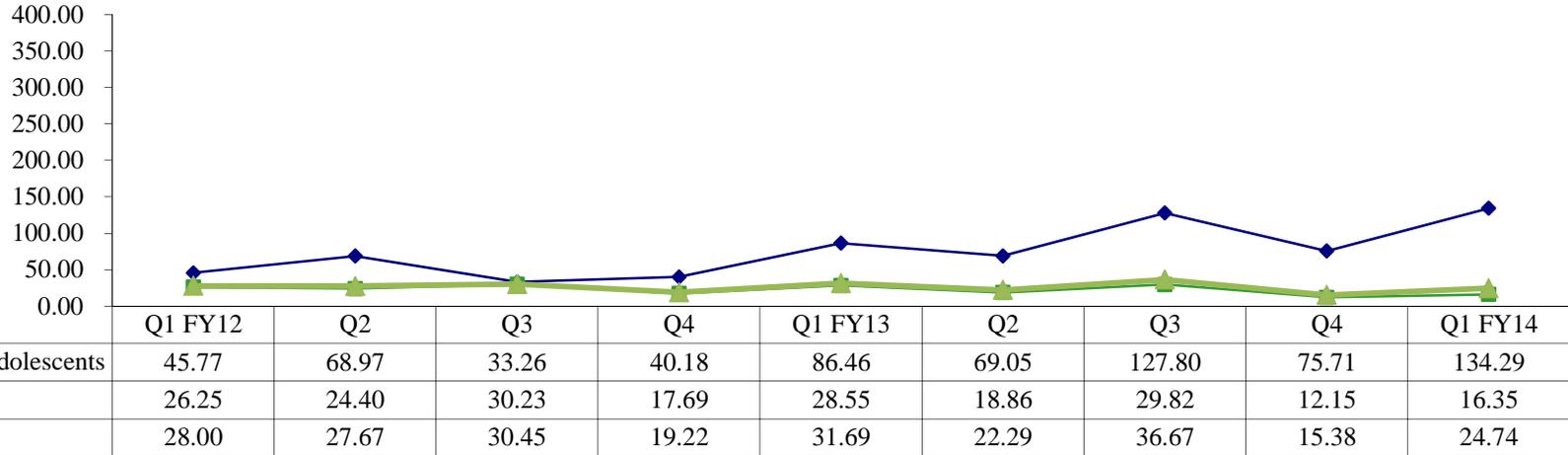
Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital



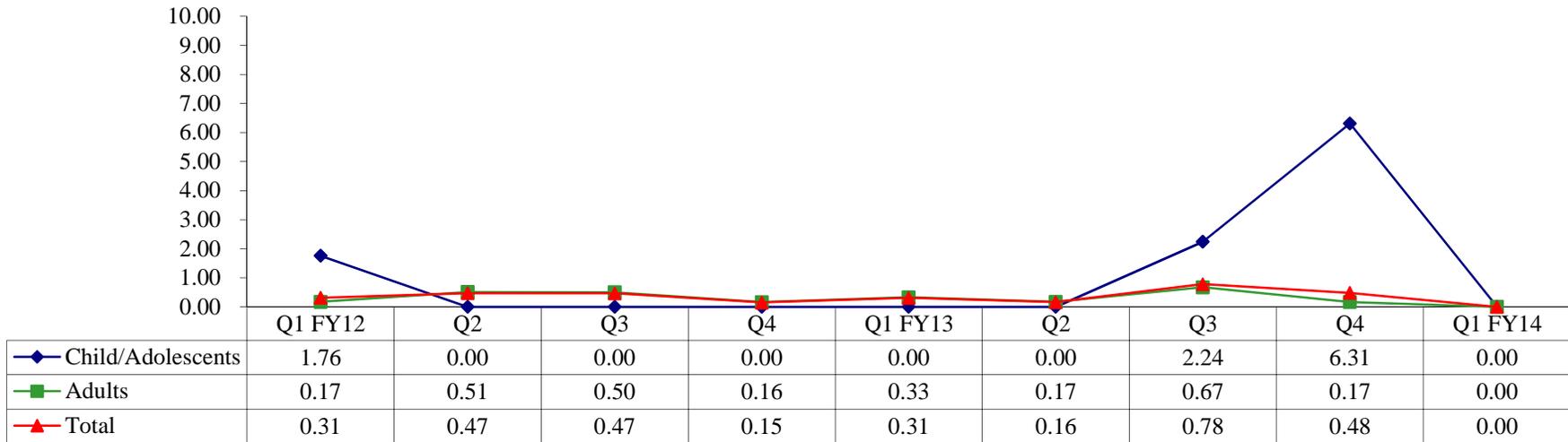
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Restraint Incidents Per 1,000 Bed Days



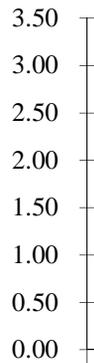
Seclusion Incidents Per 1,000 Bed Days



Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

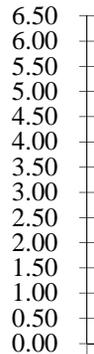
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Average Number of Hours Per Incident in Restraints



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	0.18	0.30	0.28	0.20	0.22	0.40	0.67	0.42	0.30
■ Adults	0.22	0.66	0.36	0.33	0.58	0.49	0.39	0.43	0.41
▲ Total	0.22	0.59	0.35	0.31	0.53	0.47	0.46	0.43	0.37

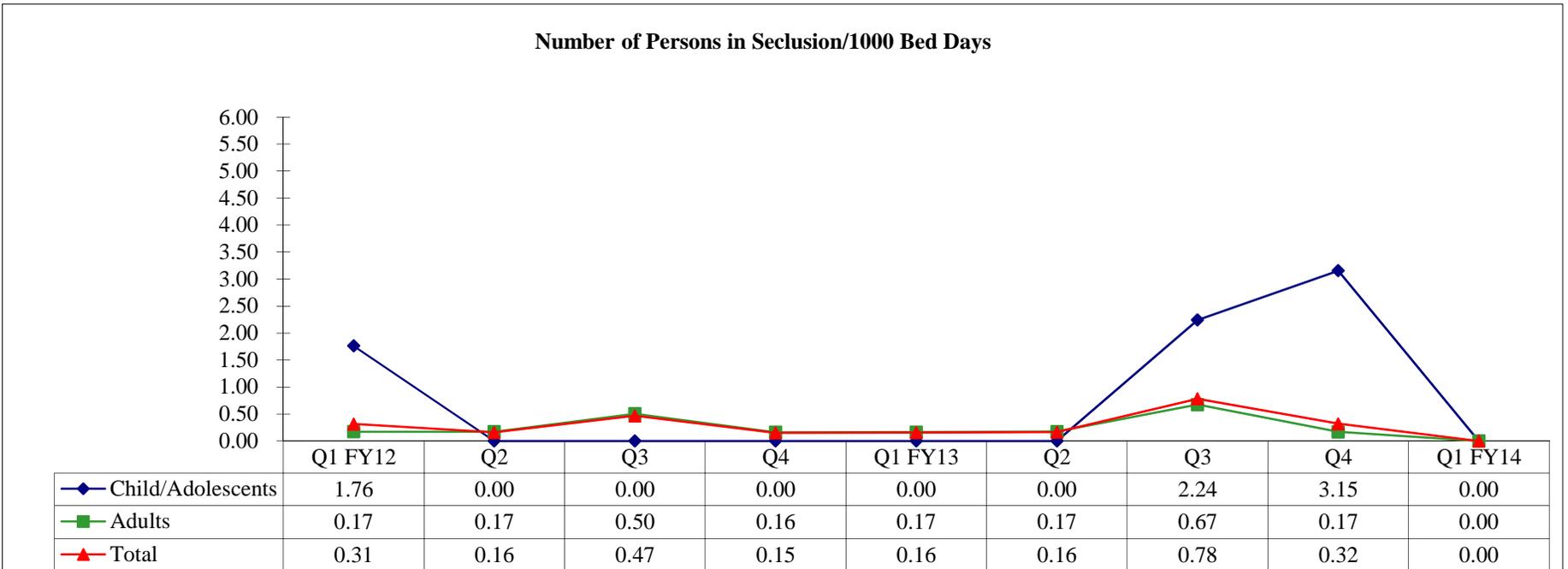
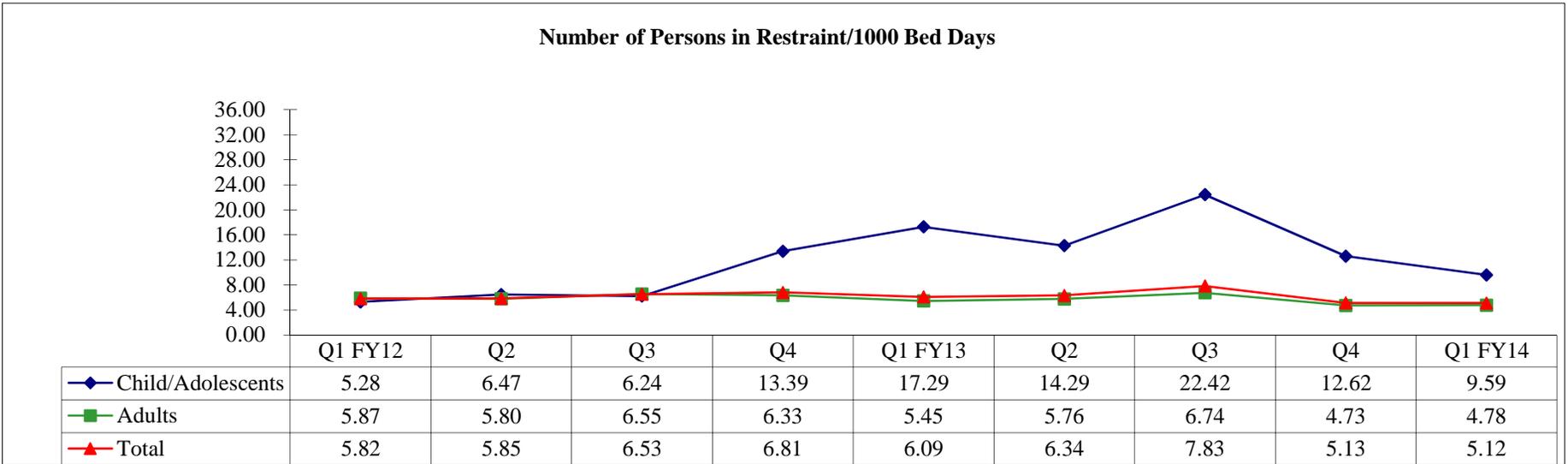
Average Number of Hours Per Incident in Seclusion



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	0.25	0.00	0.00	0.00	0.00	0.00	0.02	6.42	0.00
■ Adults	2.50	4.44	0.27	2.75	1.44	0.50	1.23	0.88	0.00
▲ Total	1.38	4.44	0.27	2.75	1.44	0.50	0.98	4.57	0.00

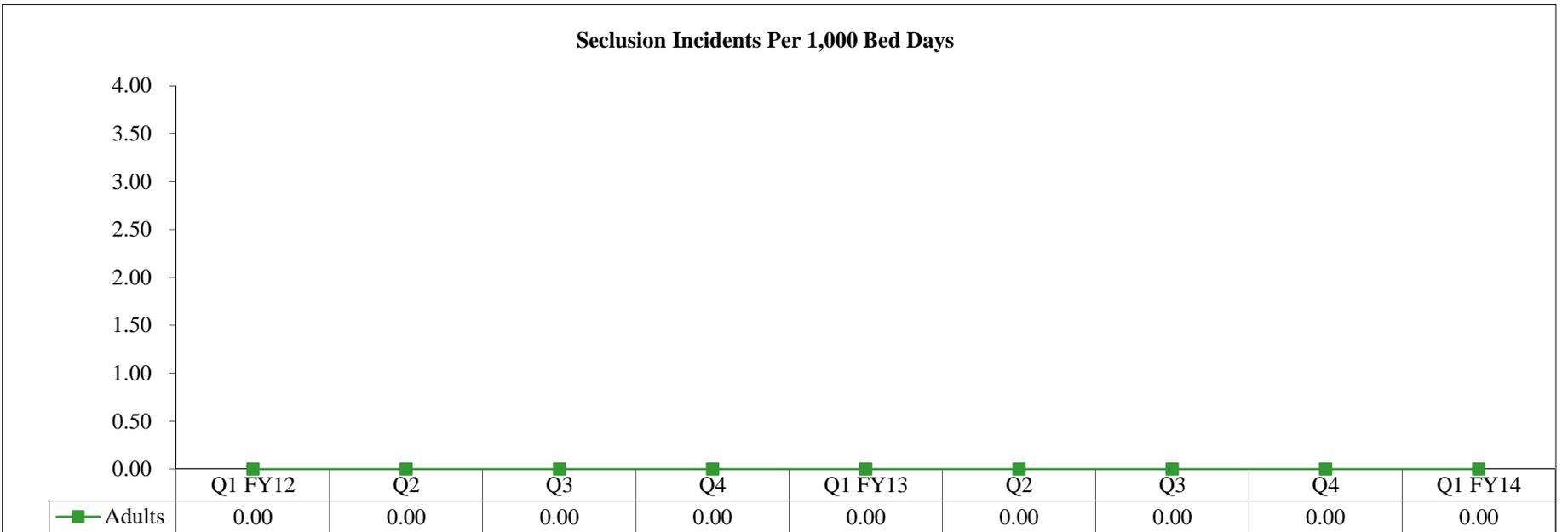
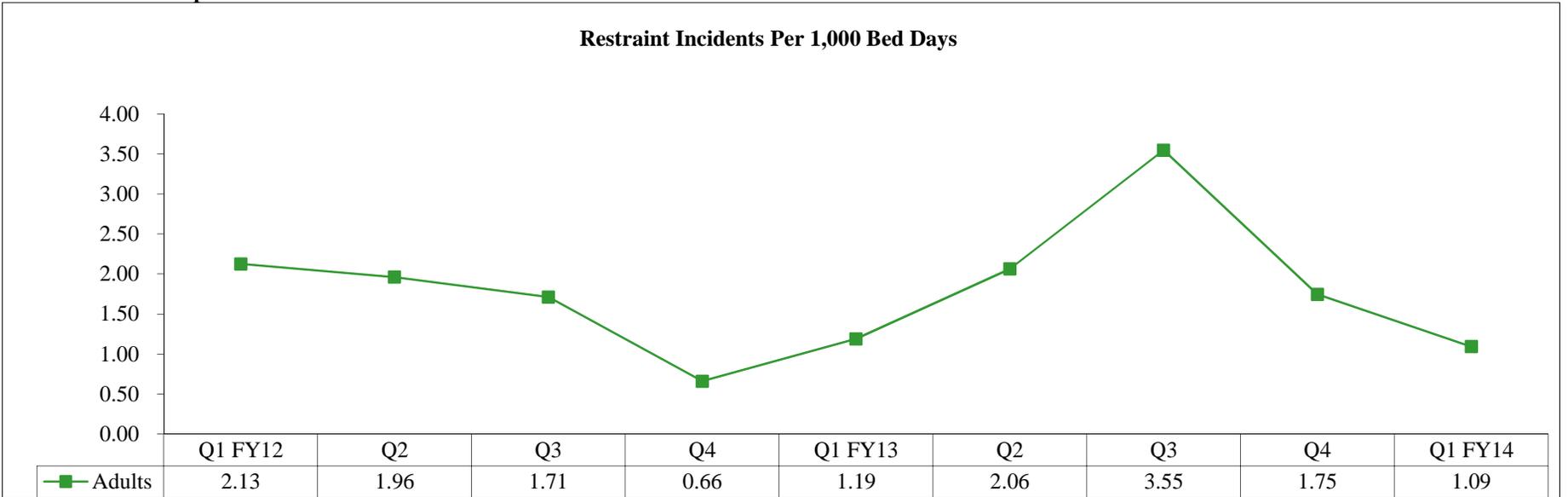
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



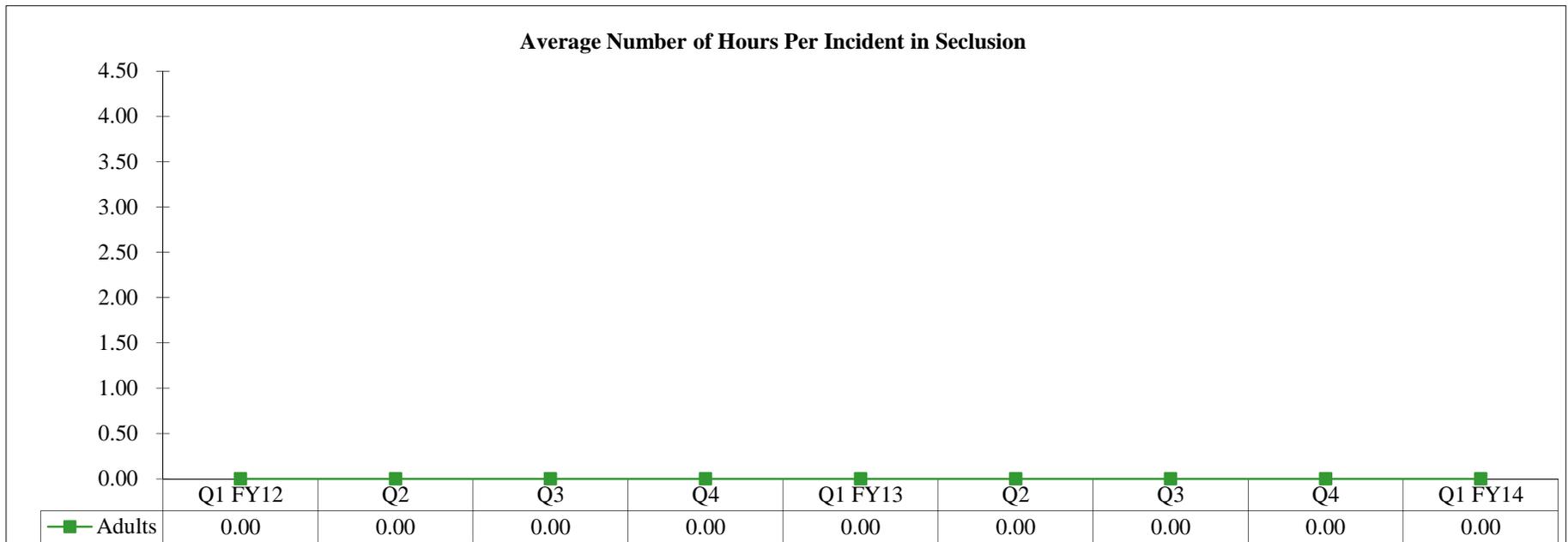
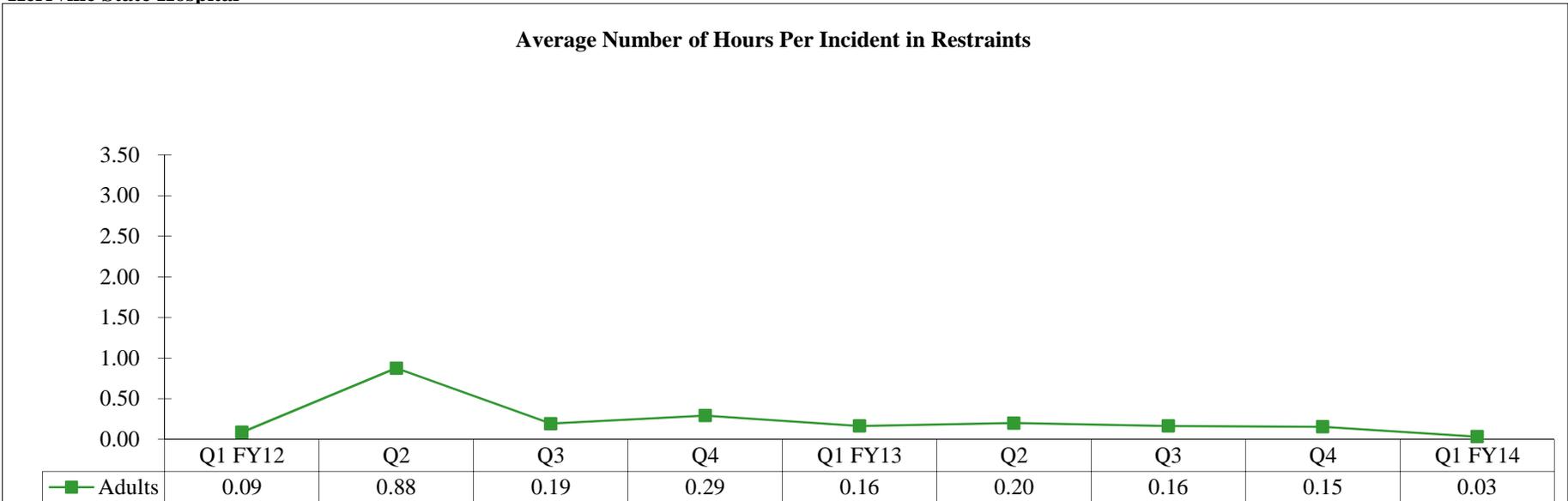
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



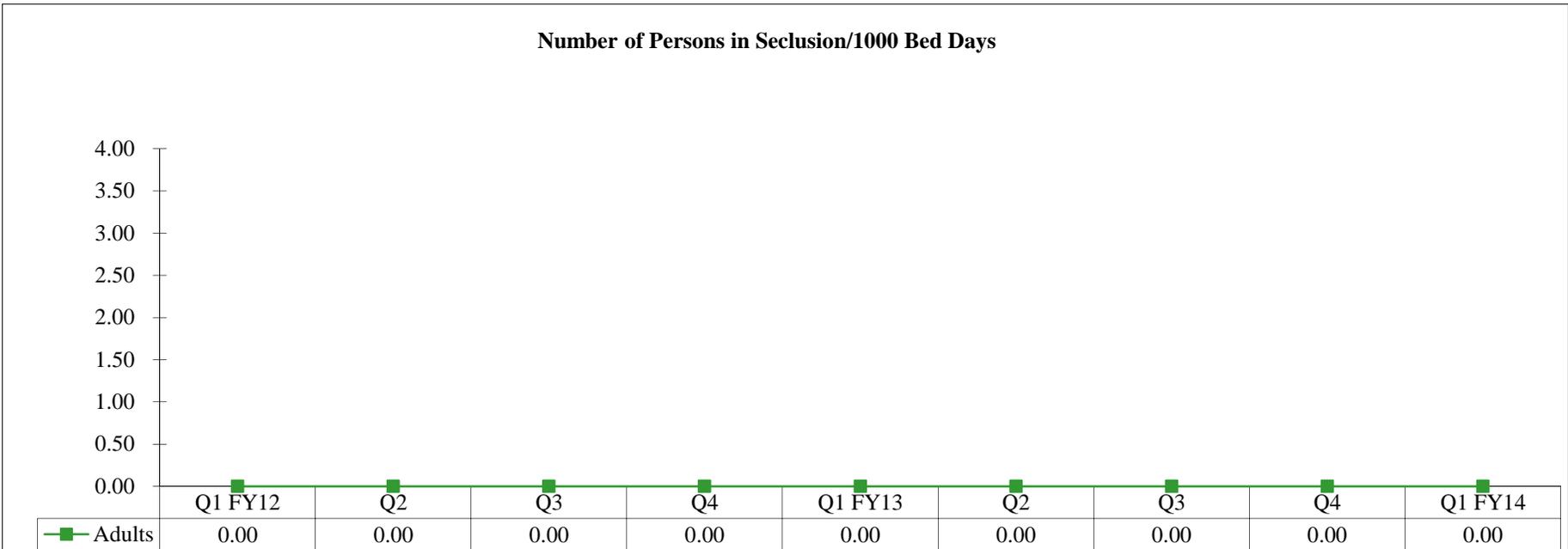
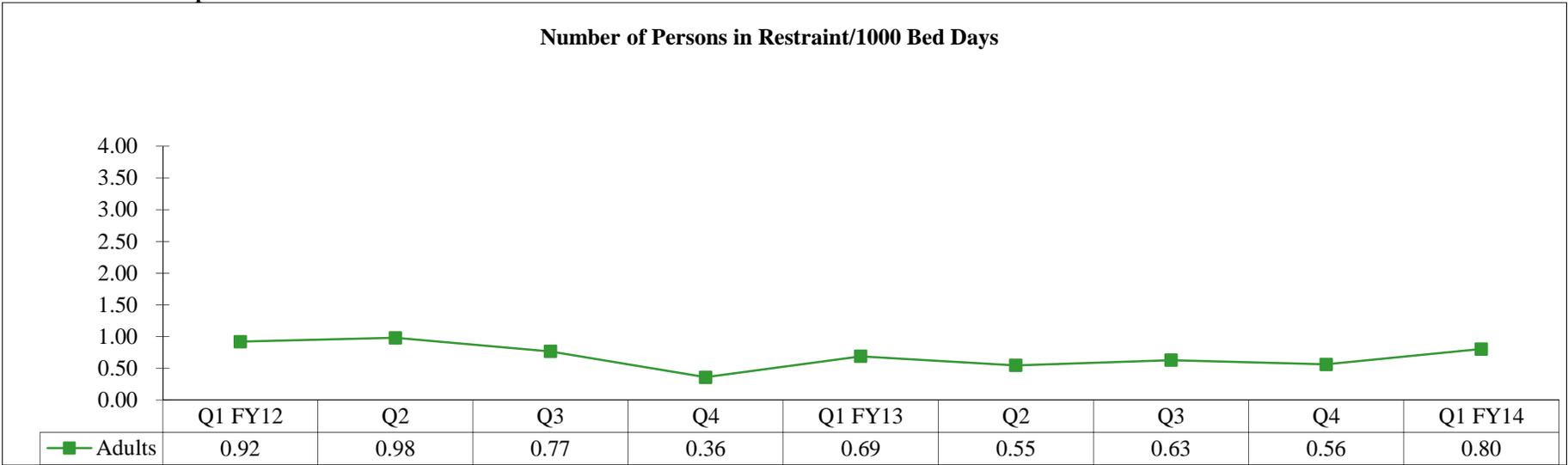
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



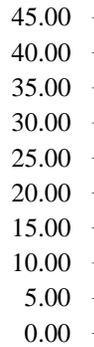
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



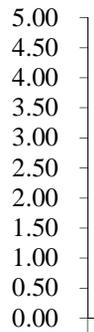
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	28.08	14.34	22.09	22.93	33.04	21.03	24.75	39.97	34.41
■ Adults	13.87	20.97	13.22	15.23	18.27	21.94	18.91	17.01	20.49
▲ Total	16.25	19.90	14.49	16.40	20.57	21.80	19.82	20.52	22.48

Seclusion Incidents Per 1,000 Bed Days

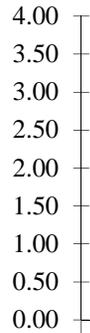


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	1.35	2.73	0.80	0.99	1.27	0.00	0.12	1.07	0.00
■ Adults	0.43	0.73	1.03	0.86	1.51	0.44	1.36	1.36	1.28
▲ Total	0.59	1.05	0.99	0.88	1.47	0.37	1.17	1.31	1.10

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

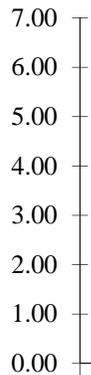
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	0.66	0.50	0.60	0.53	0.63	0.71	0.67	0.67	0.60
■ Adults	0.81	1.16	0.96	0.96	1.07	1.12	1.43	1.46	1.72
▲ Total	0.77	1.09	0.88	0.87	0.96	1.06	1.28	1.23	1.47

Average Number of Hours Per Incident in Seclusion

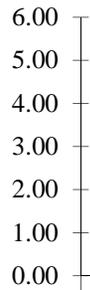


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	1.05	0.86	0.56	0.86	1.26	0.00	0.48	0.76	0.00
■ Adults	2.06	2.58	2.65	1.96	2.67	2.53	5.06	2.88	4.57
▲ Total	1.67	1.86	2.40	1.78	2.48	2.53	4.99	2.61	4.57

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

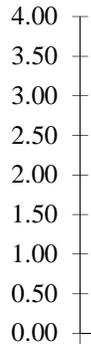
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	4.62	3.32	4.55	4.31	3.91	4.23	5.07	5.85	4.11
■ Adults	3.47	3.86	3.57	3.47	3.45	4.37	3.51	3.55	3.75
▲ Total	3.67	3.77	3.71	3.60	3.52	4.35	3.76	3.90	3.80

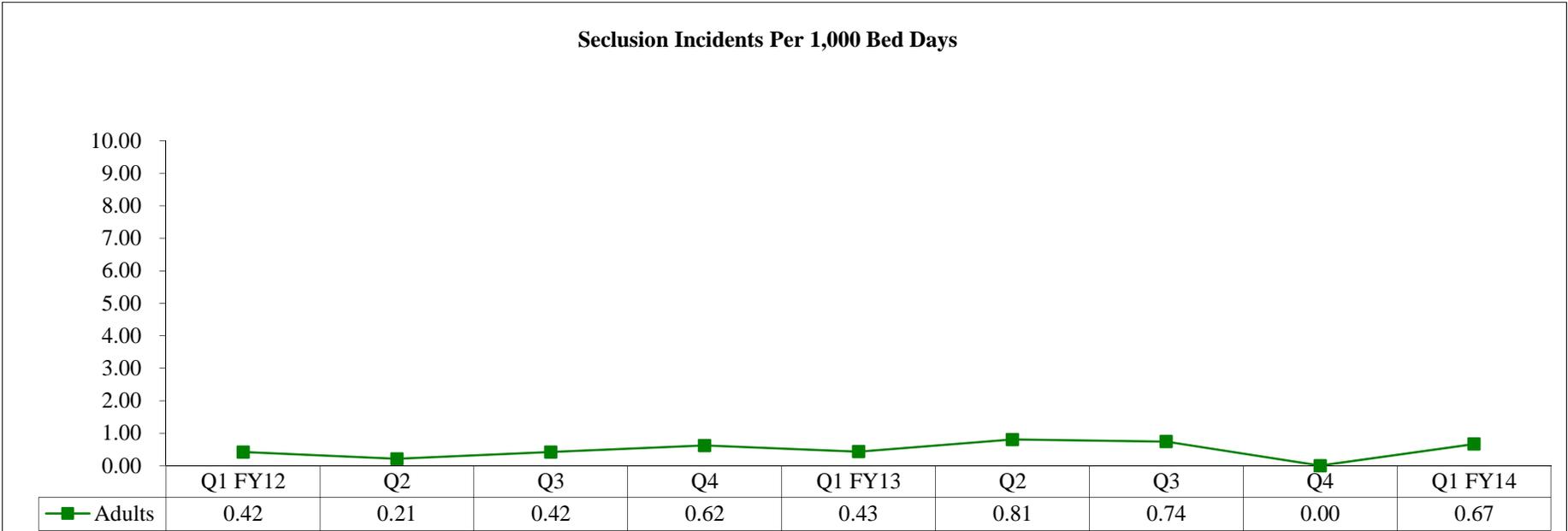
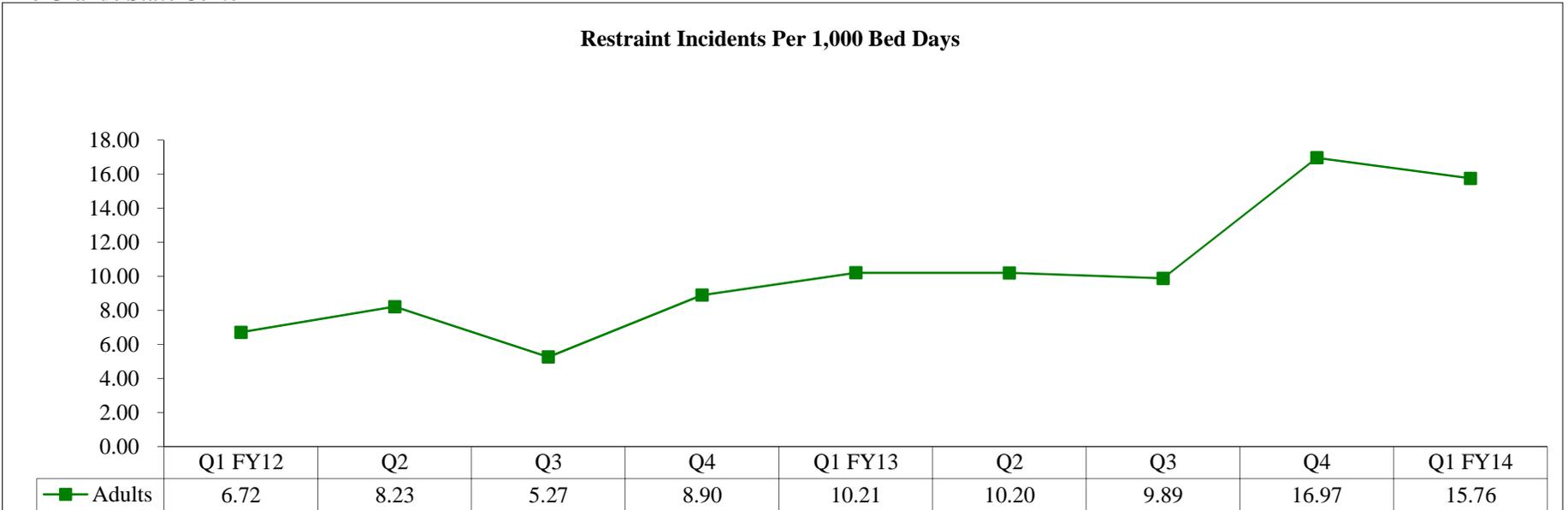
Number of Persons in Seclusion/1000 Bed Days



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
◆ Child/Adolescents	0.56	0.95	0.67	0.62	0.46	0.00	0.12	0.36	0.00
■ Adults	0.18	0.25	0.29	0.24	0.32	0.18	0.32	0.41	0.39
▲ Total	0.25	0.36	0.34	0.30	0.34	0.15	0.29	0.40	0.33

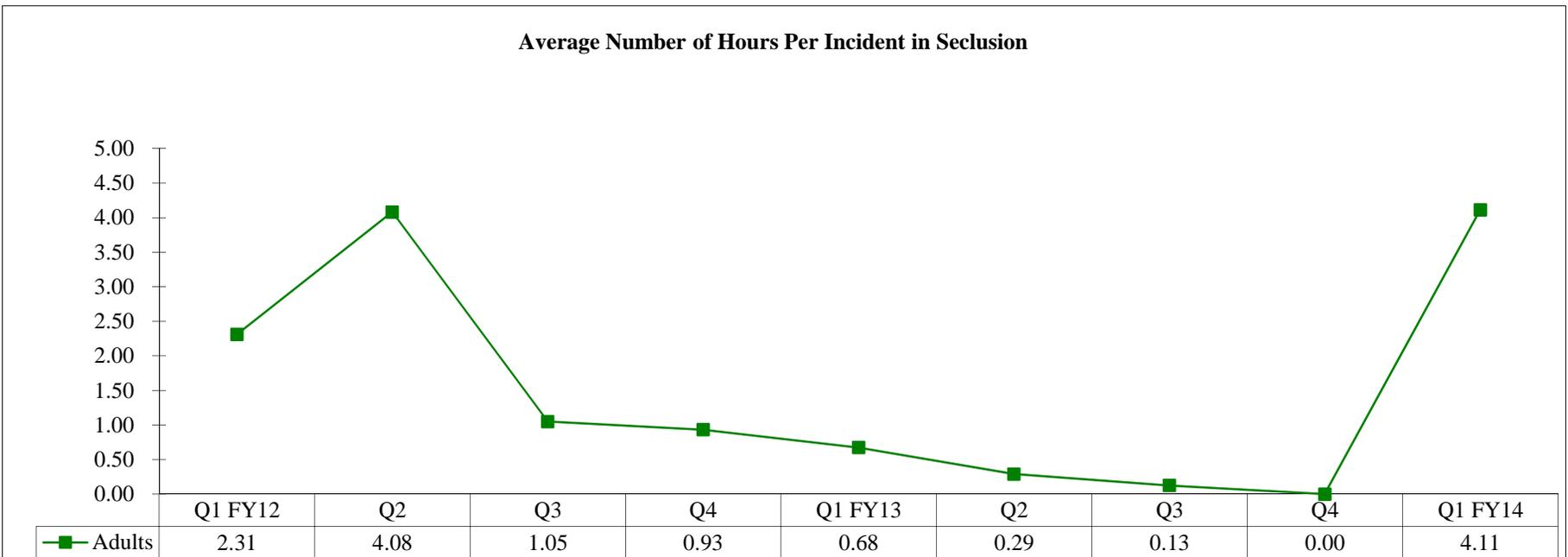
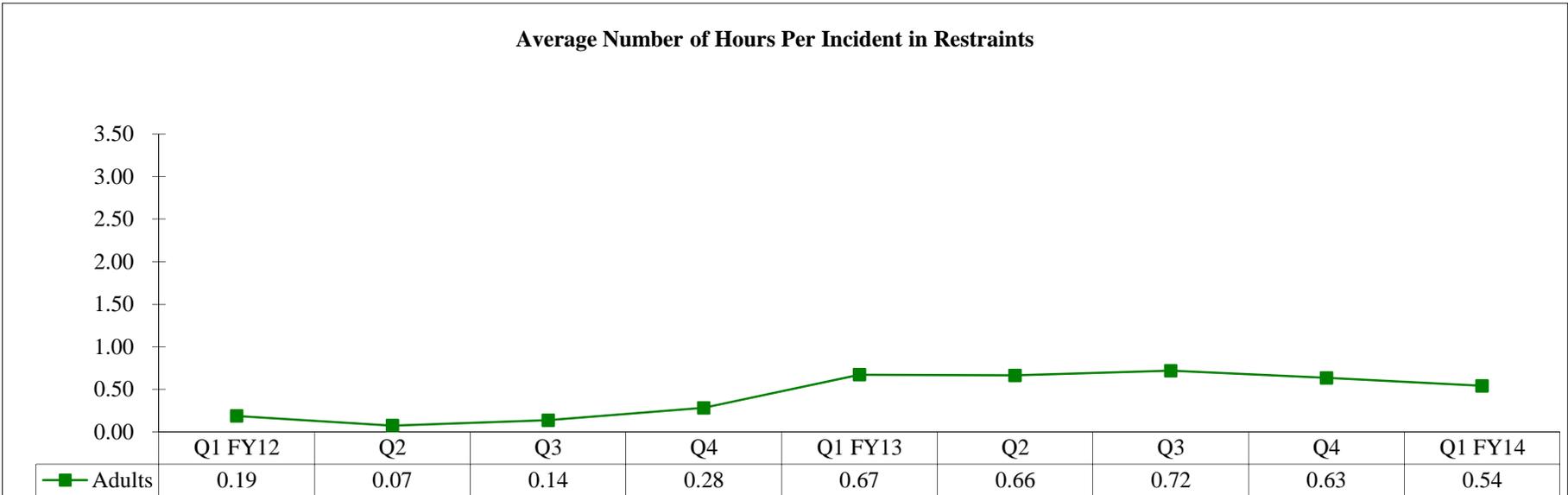
Objective 3A - Maintain Restraint and Seclusion Data

Rio Grande State Center



Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

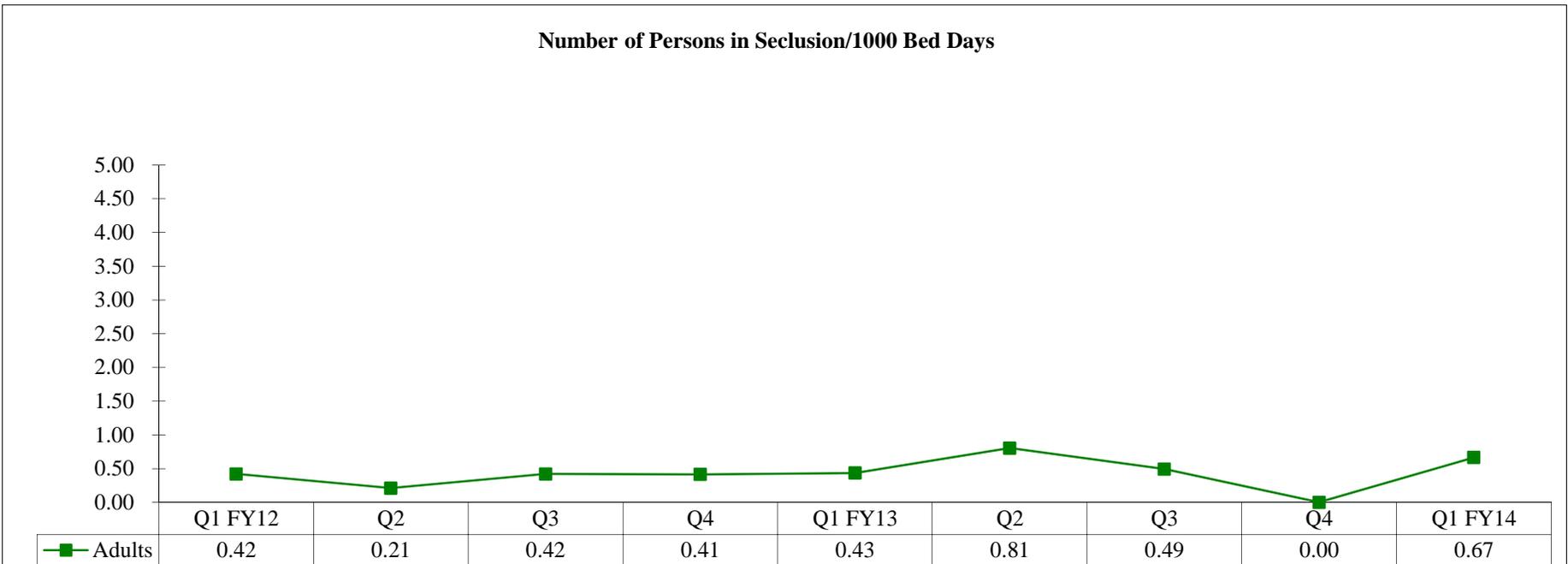
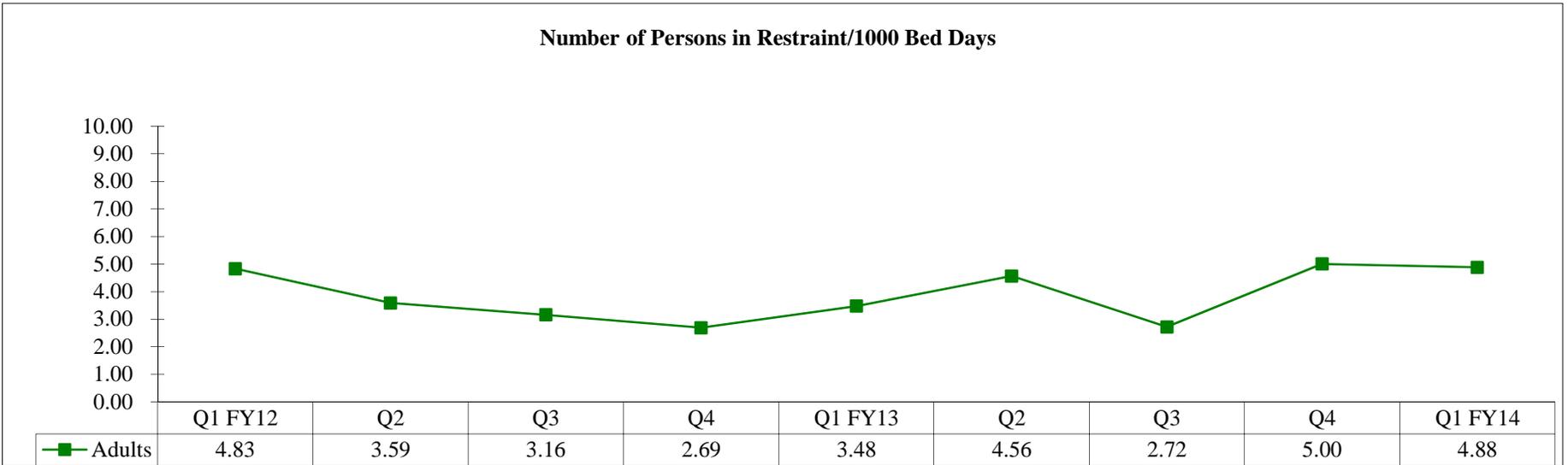
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

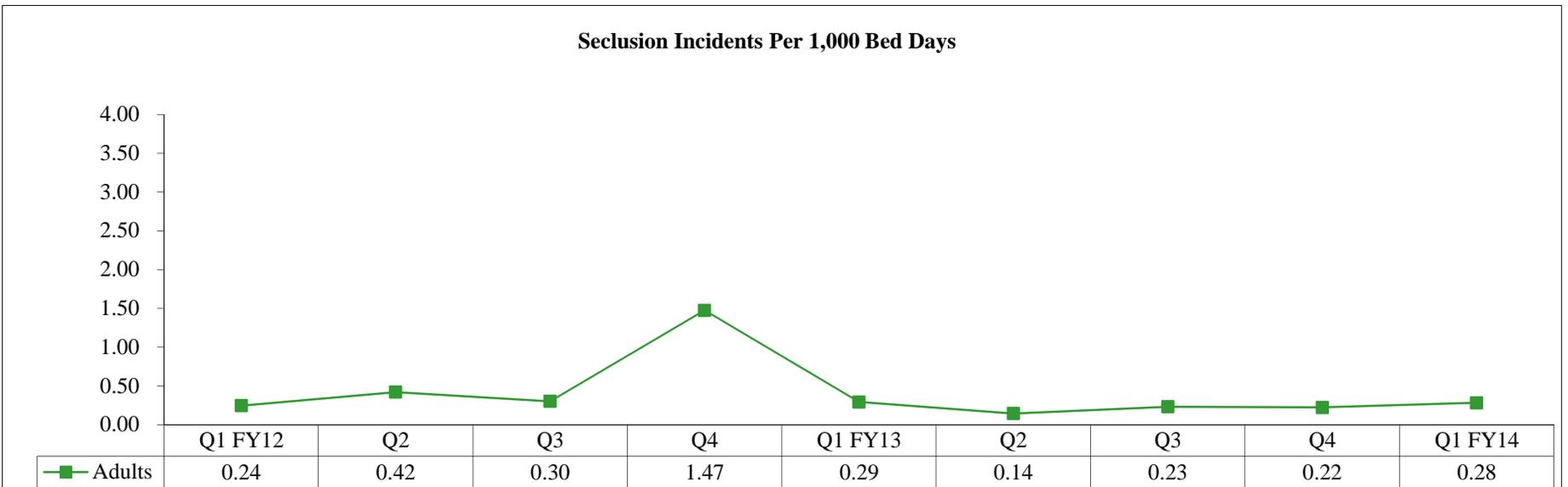
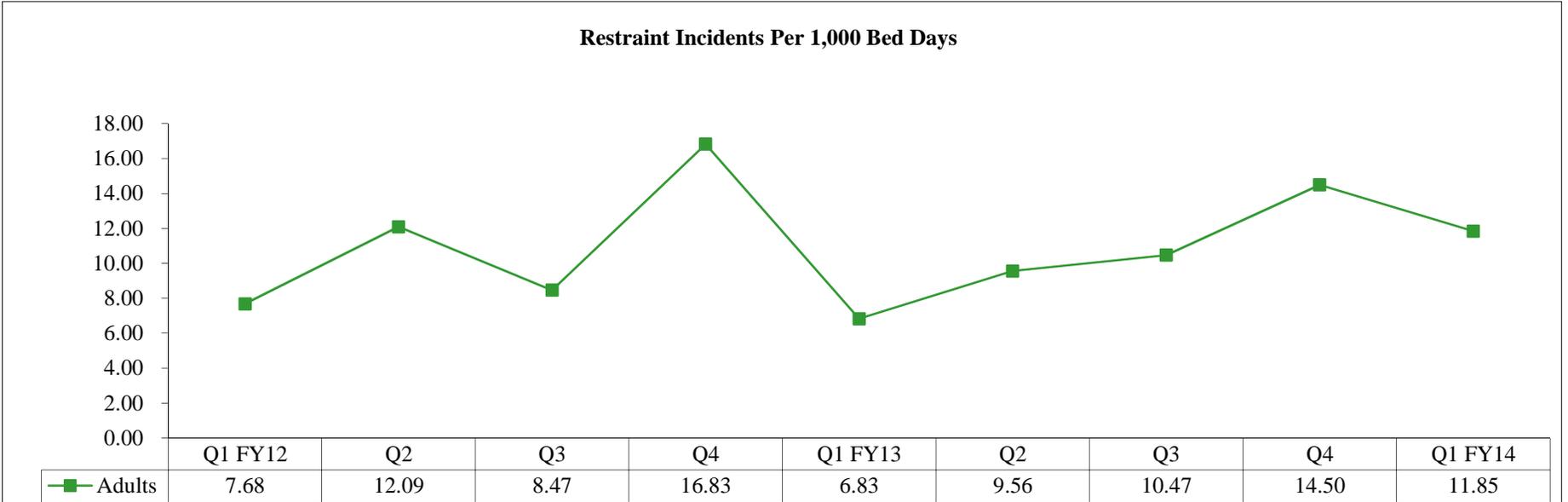
Objective 3A - Maintain Restraint and Seclusion Data

Rio Grande State Center

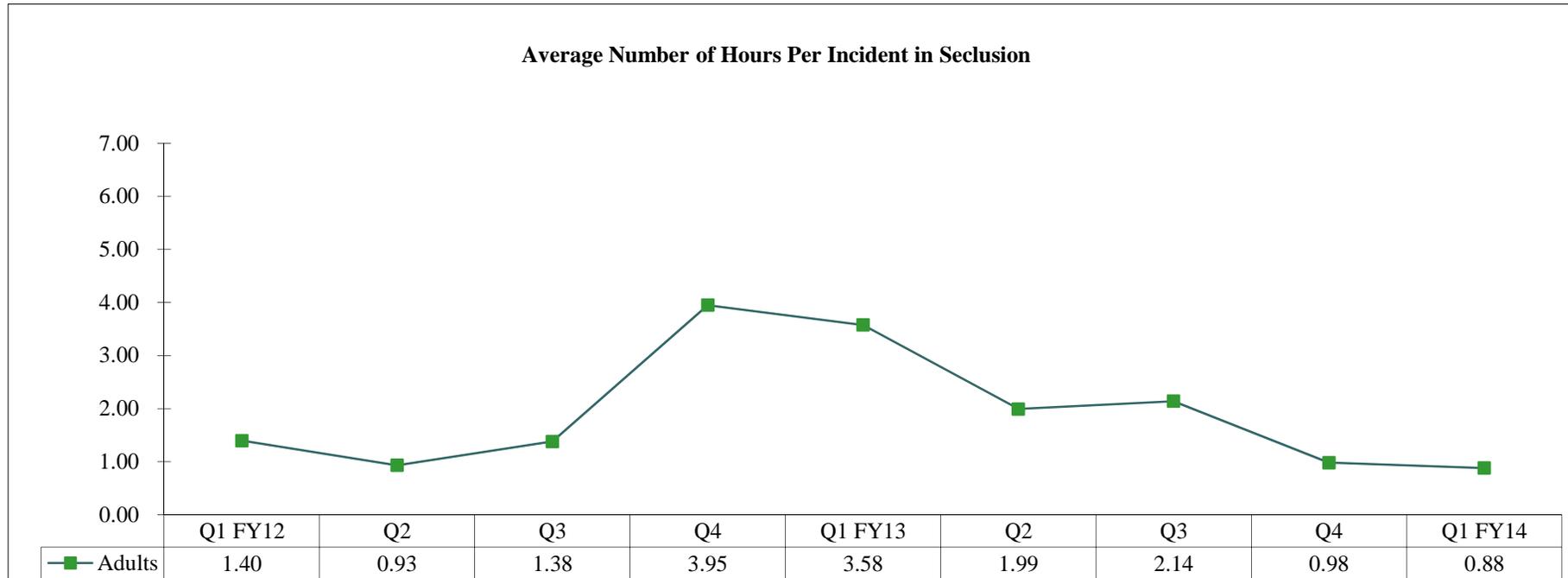
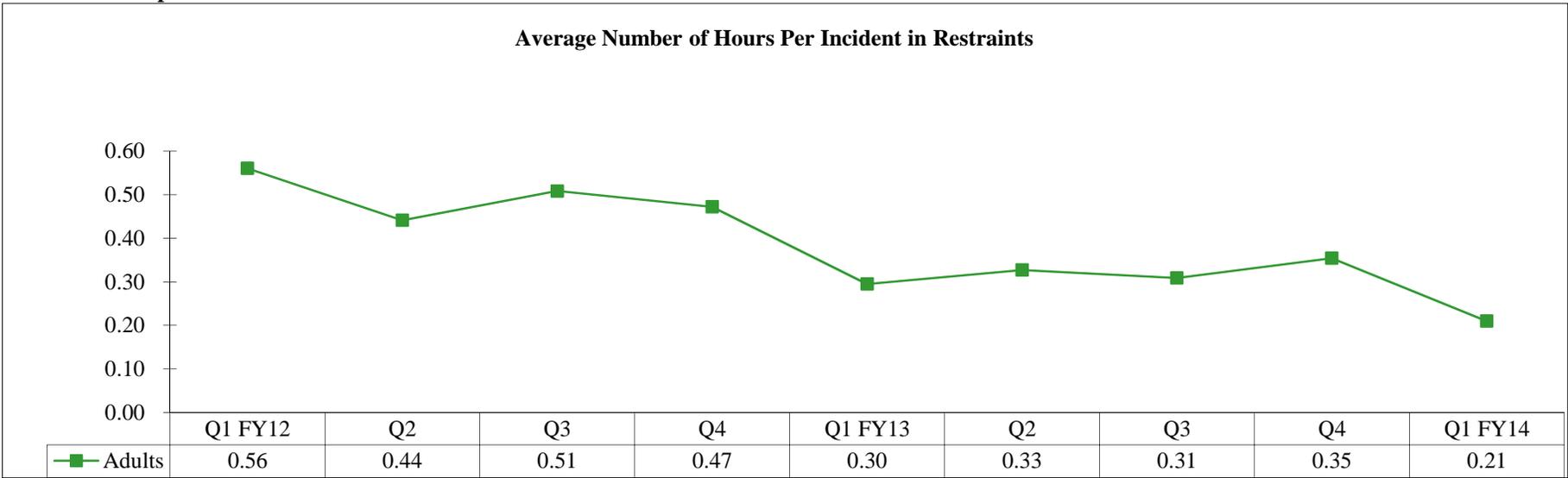


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



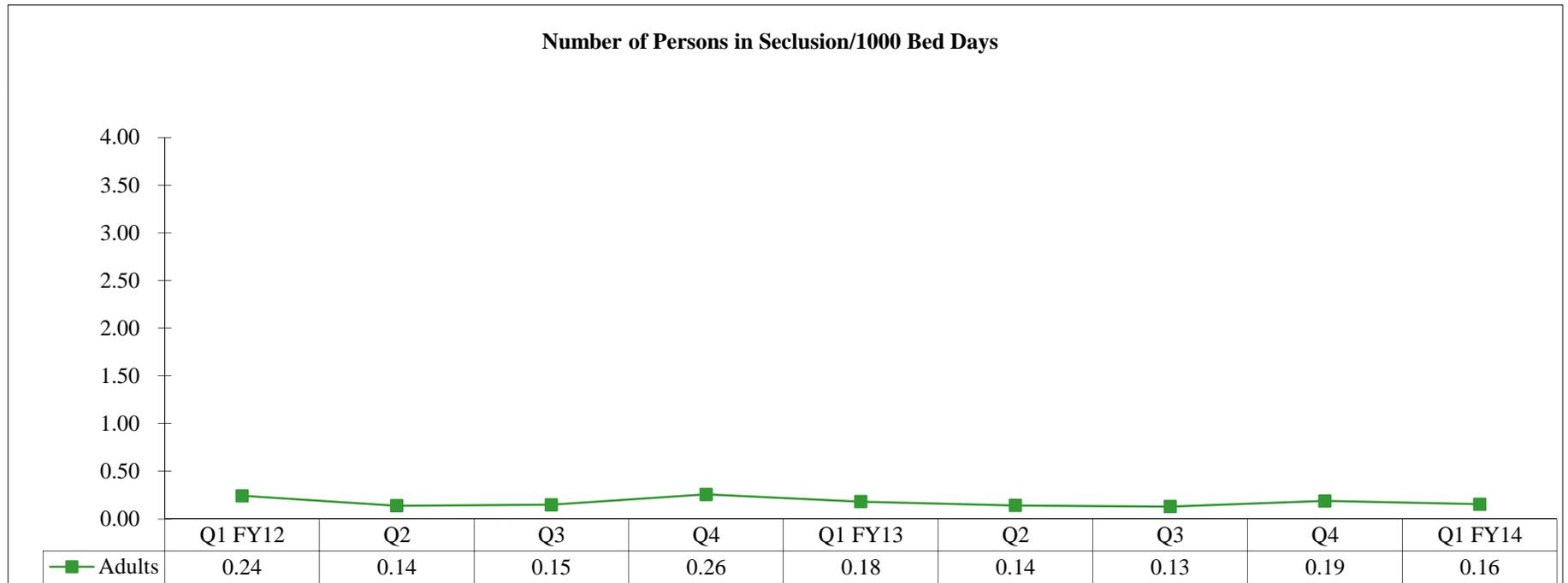
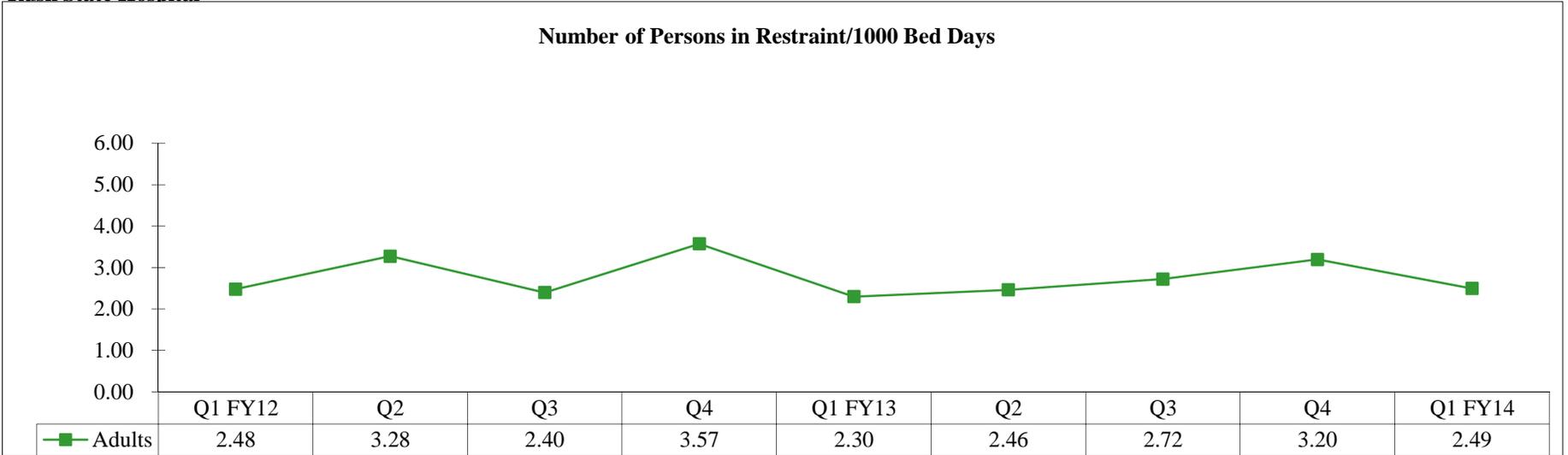
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

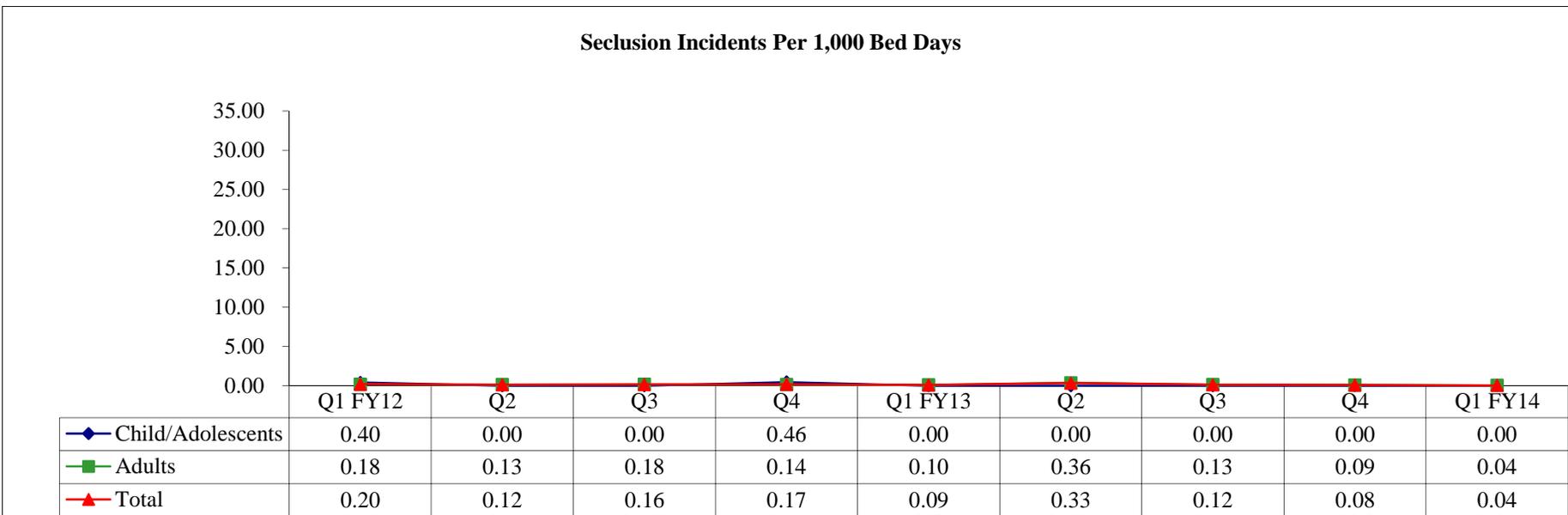
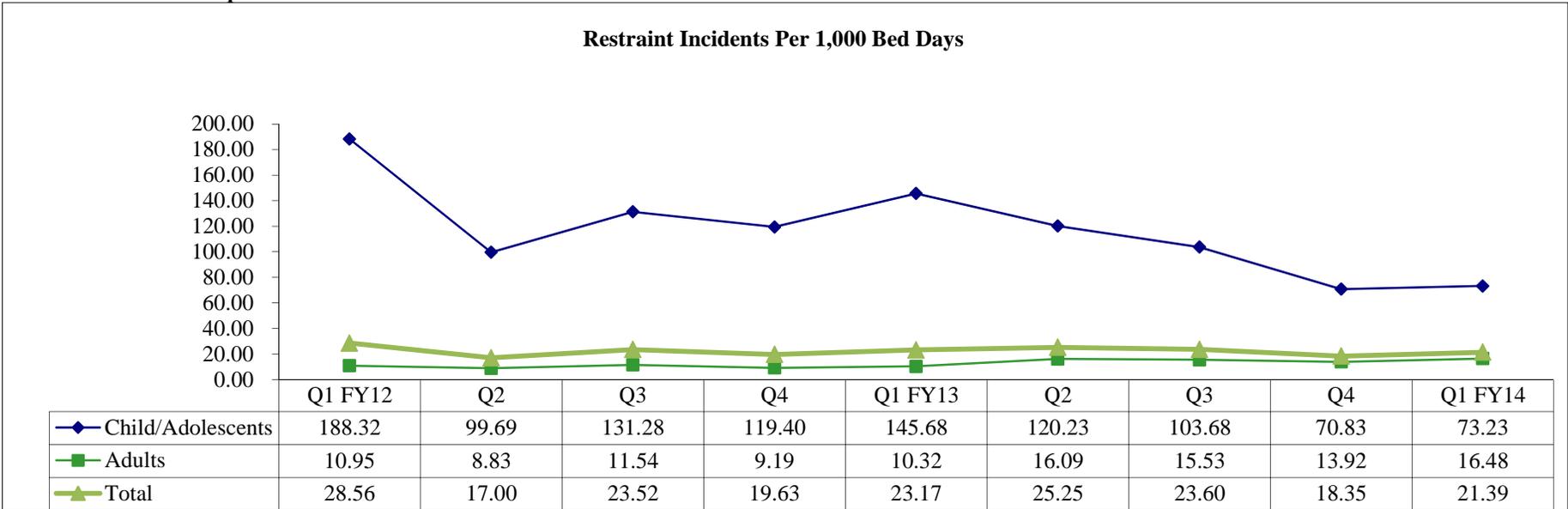
Objective 3A - Maintain Restraint and Seclusion Data

Rusk State Hospital



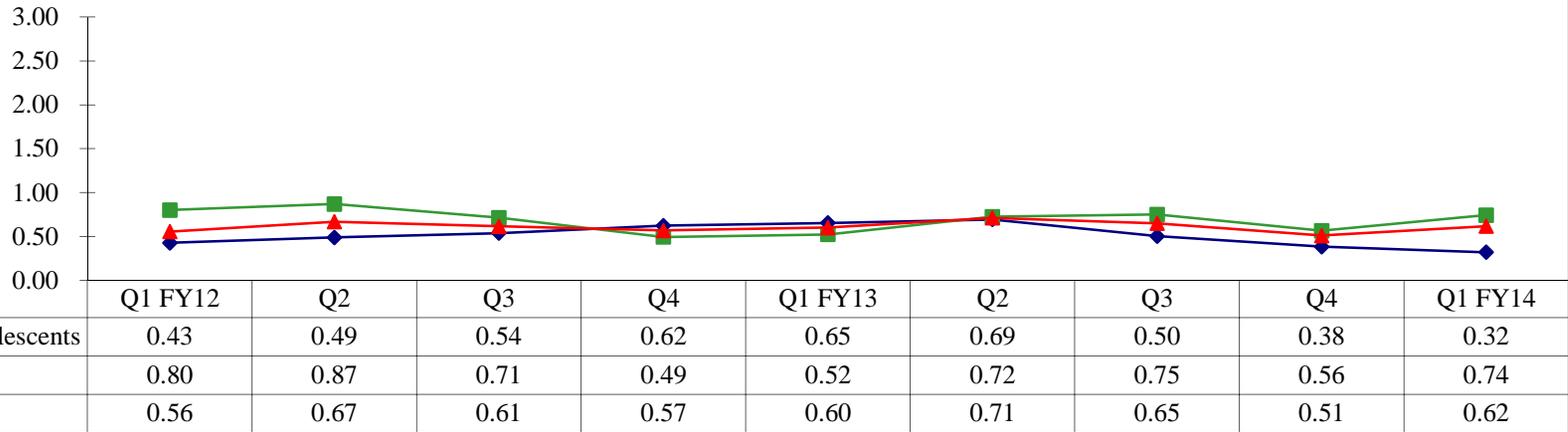
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

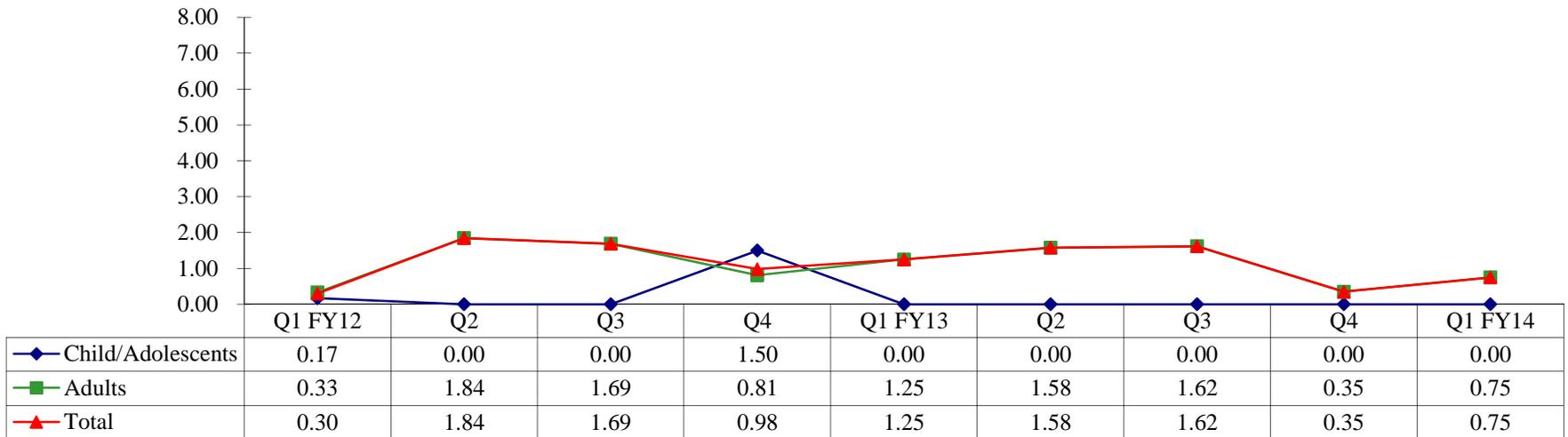


Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Average Number of Hours Per Incident in Restraints

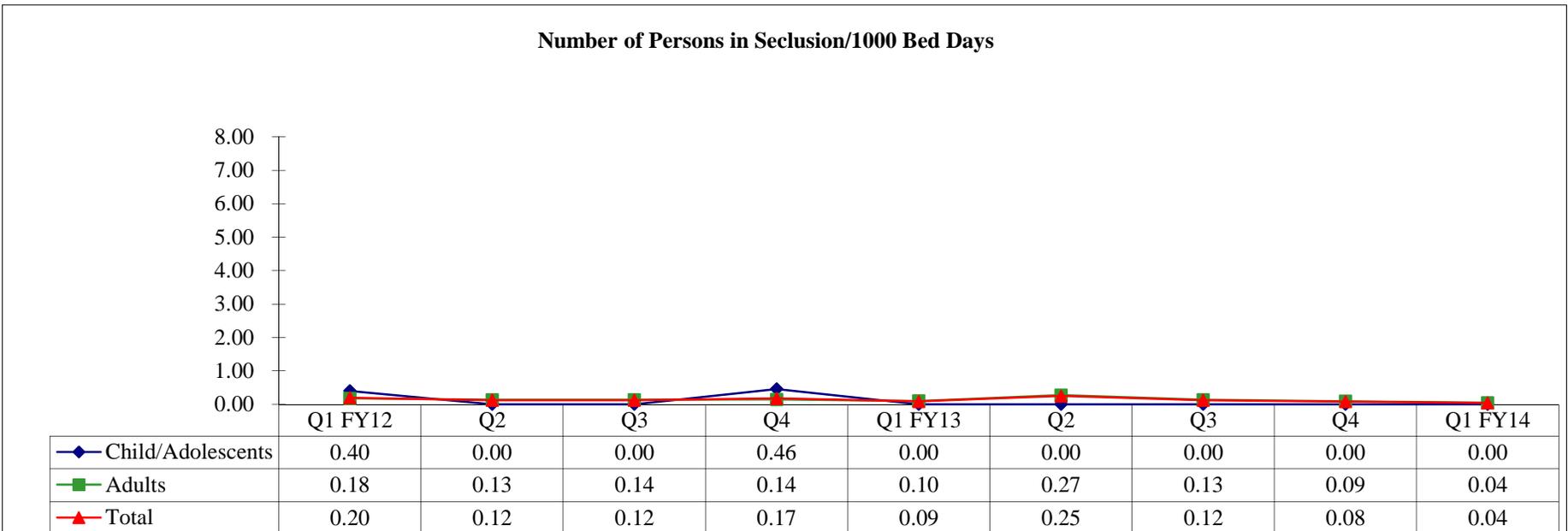
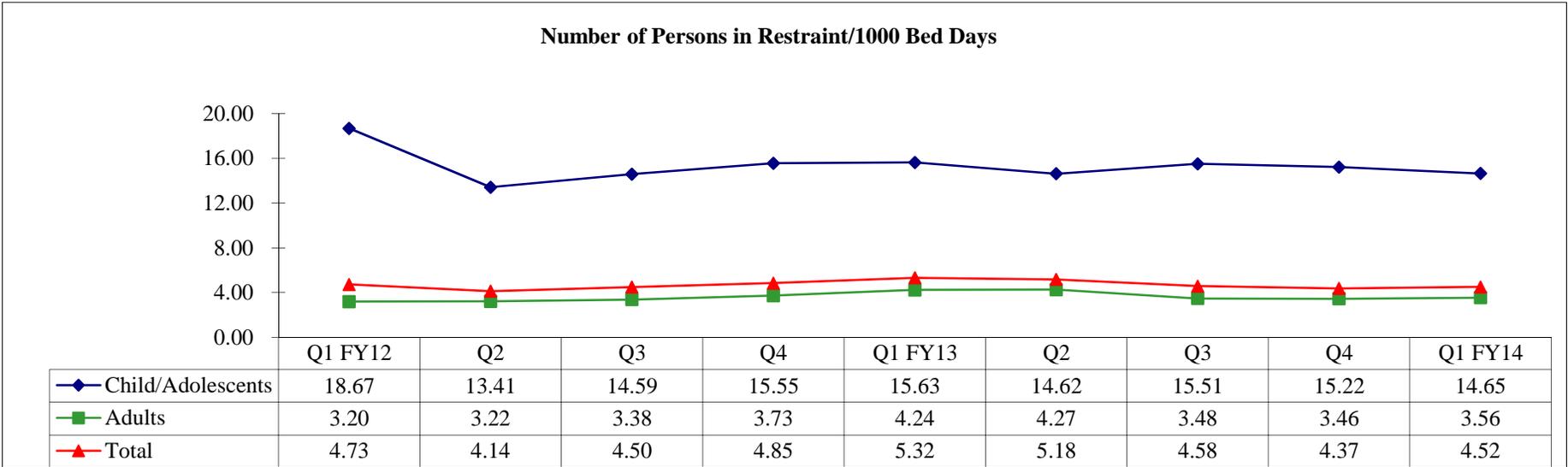


Average Number of Hours Per Incident in Seclusion



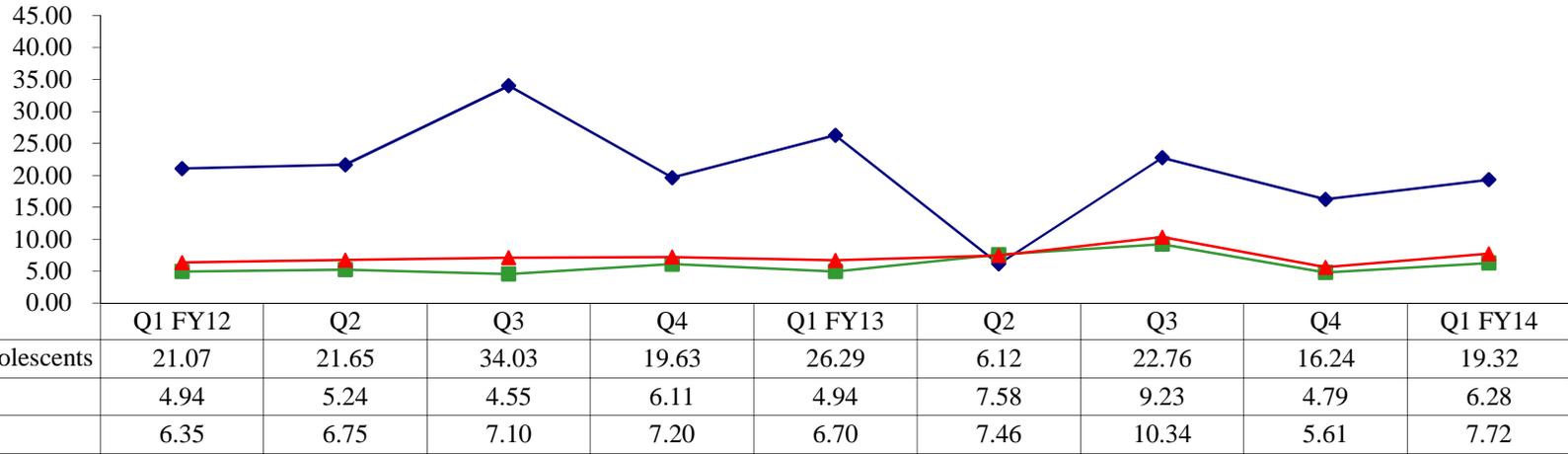
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

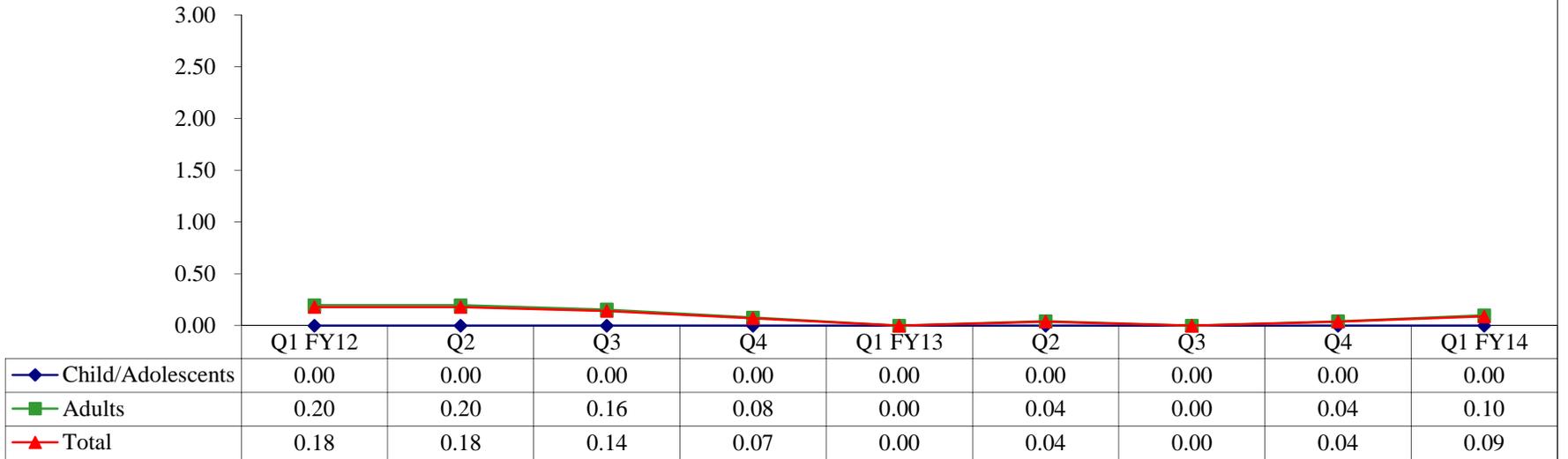


Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Restraint Incidents Per 1,000 Bed Days

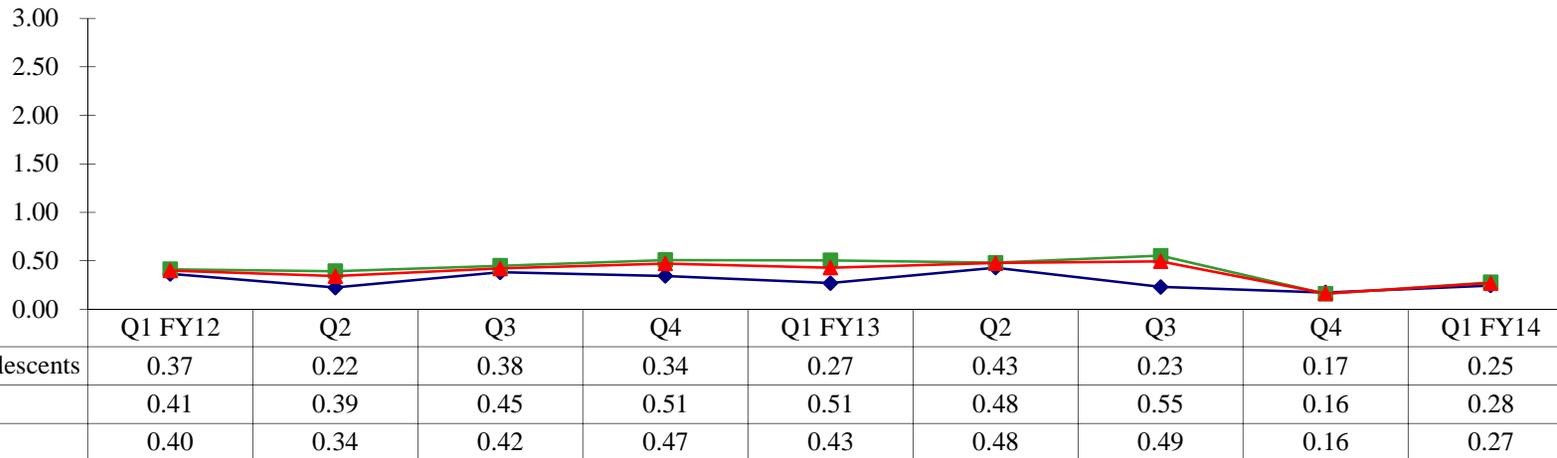


Seclusion Incidents Per 1,000 Bed Days

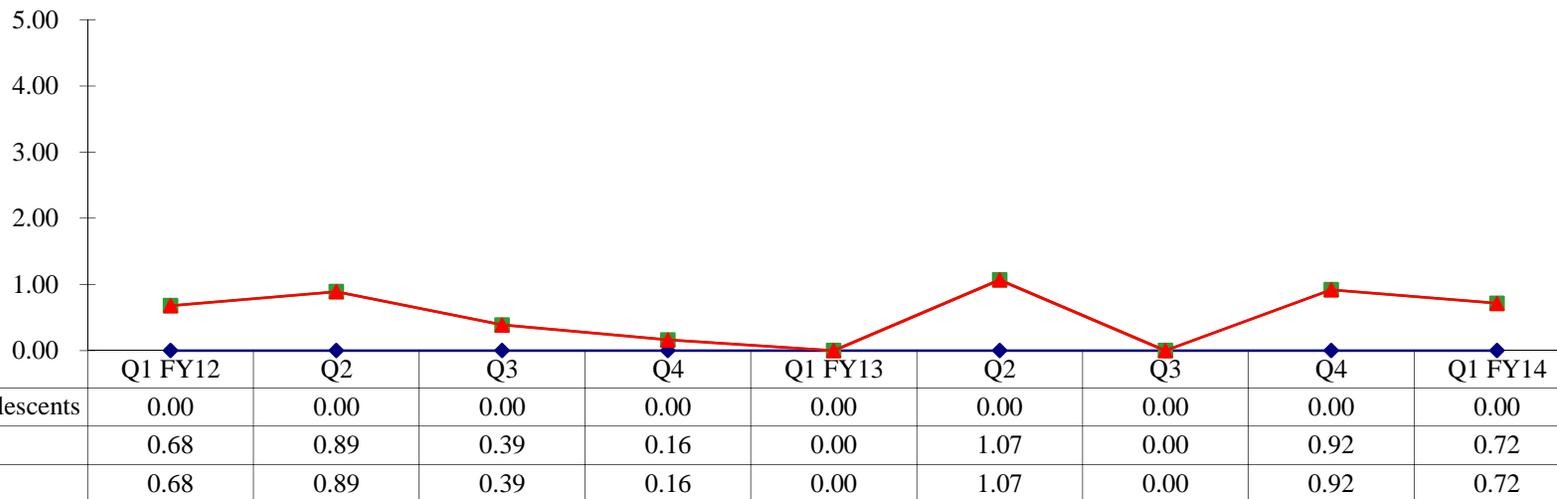


Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Average Number of Hours Per Incident in Restraints

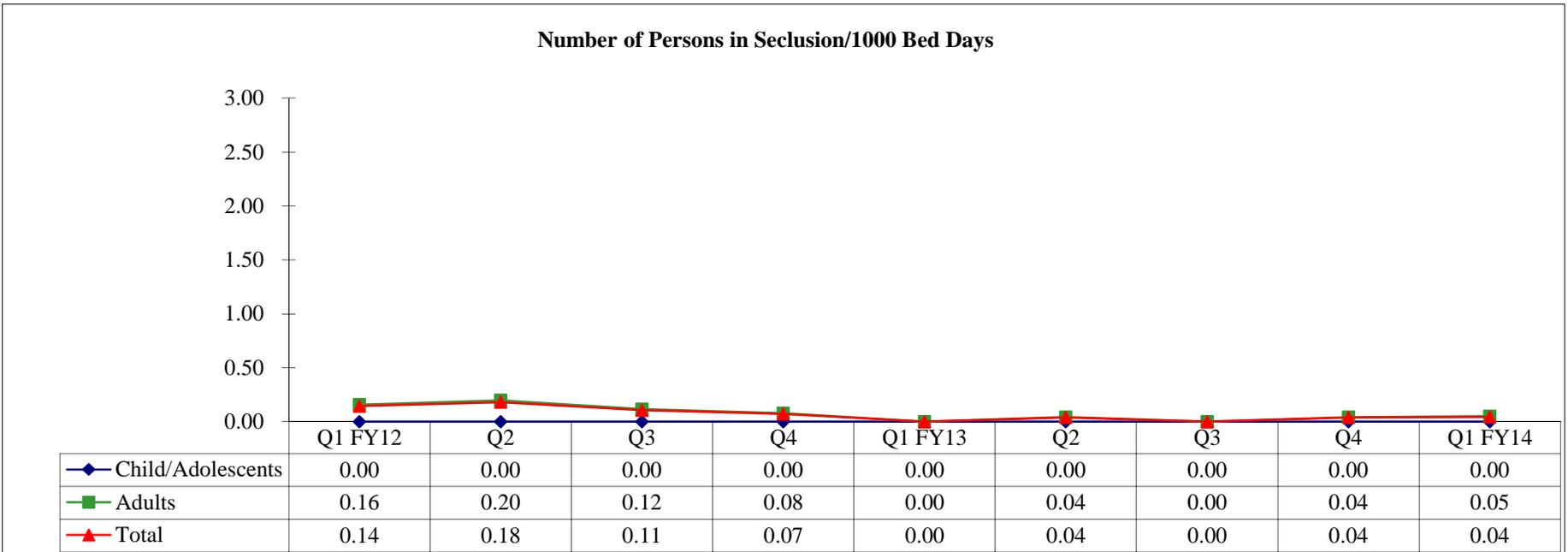
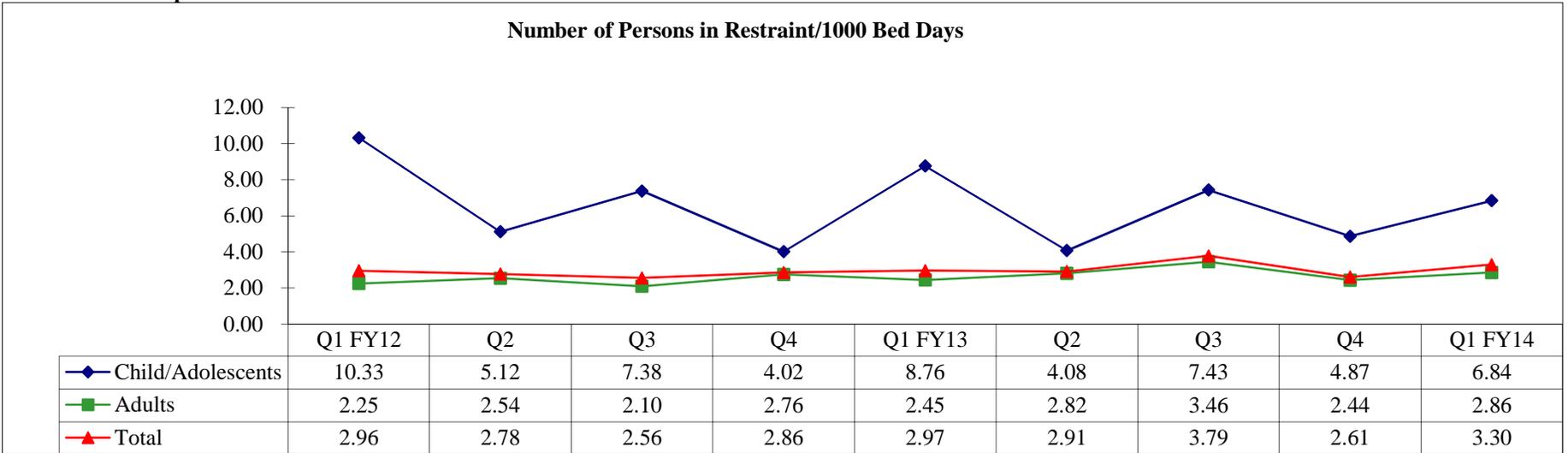


Average Number of Hours Per Incident in Seclusion

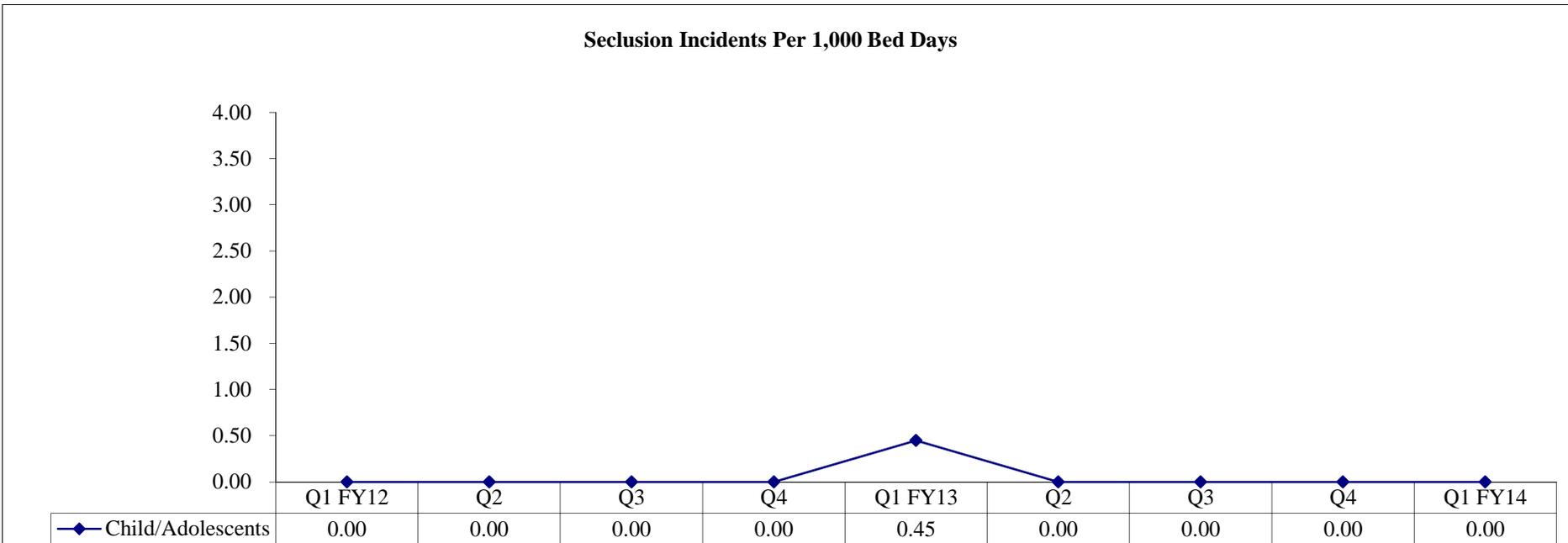
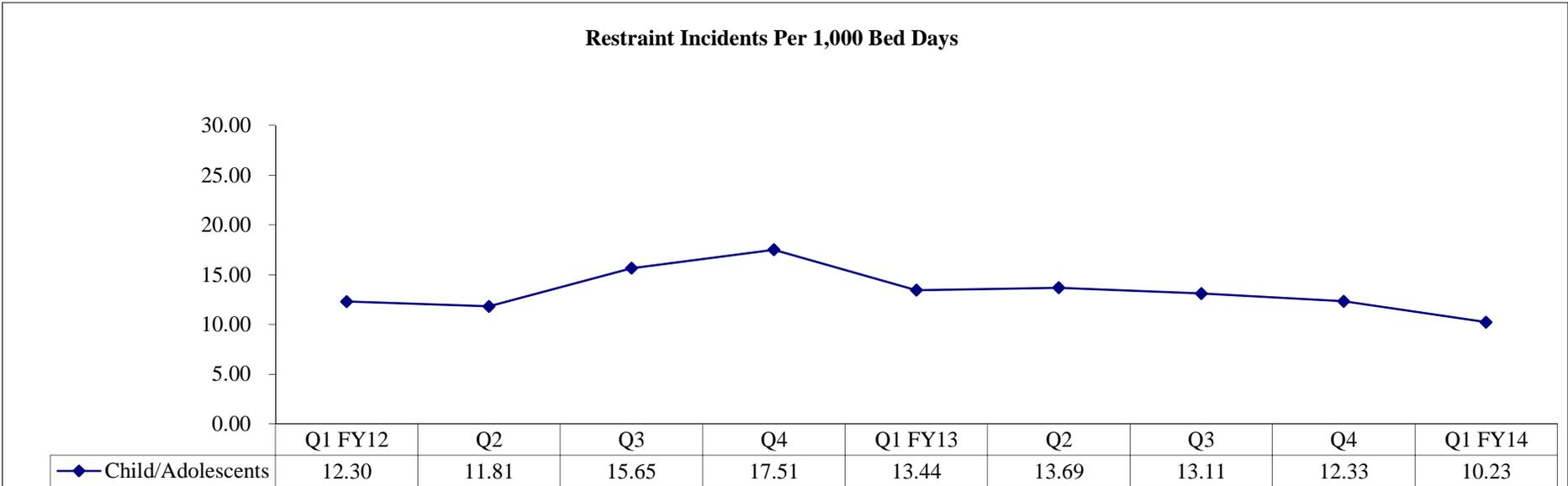


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

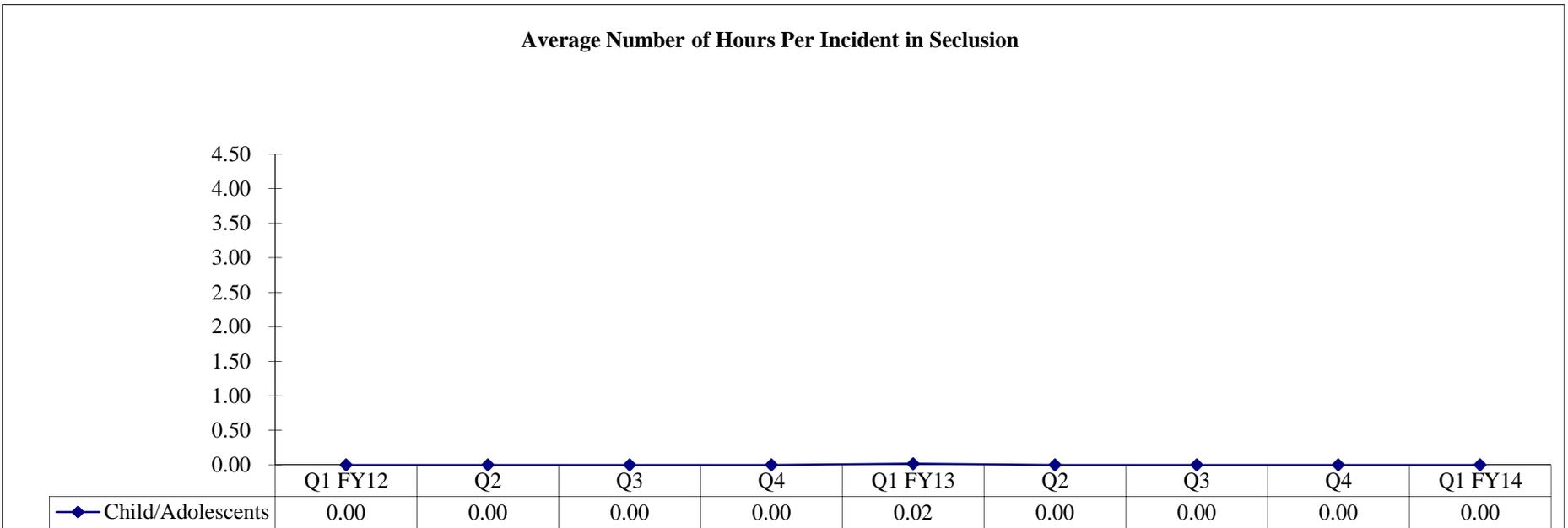
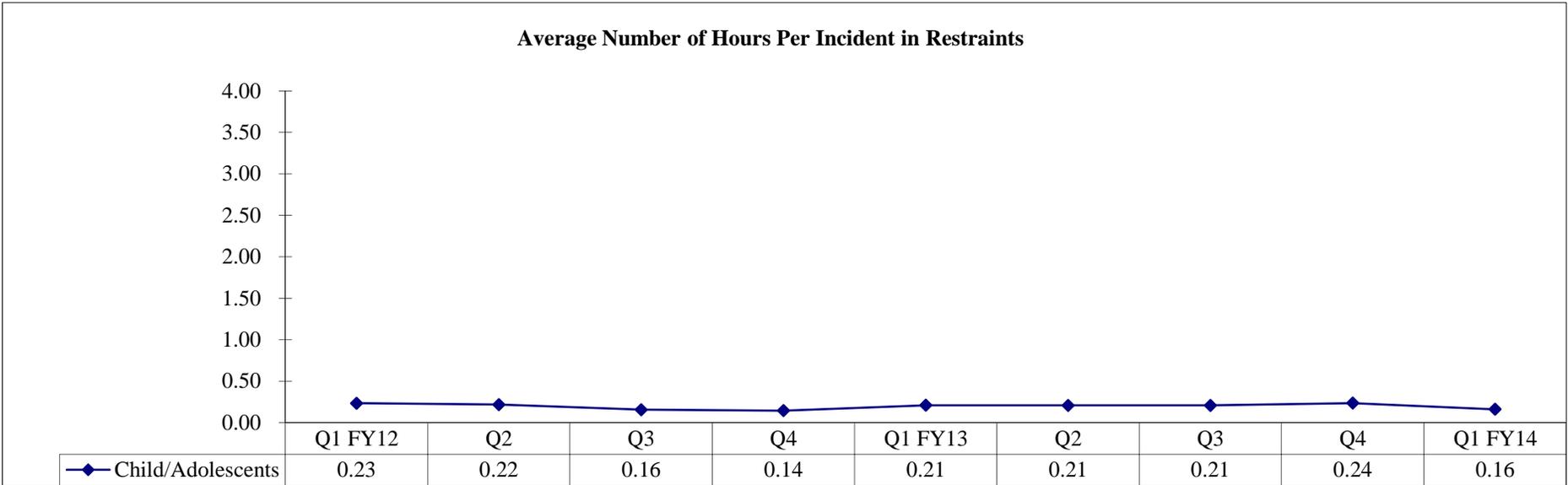
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



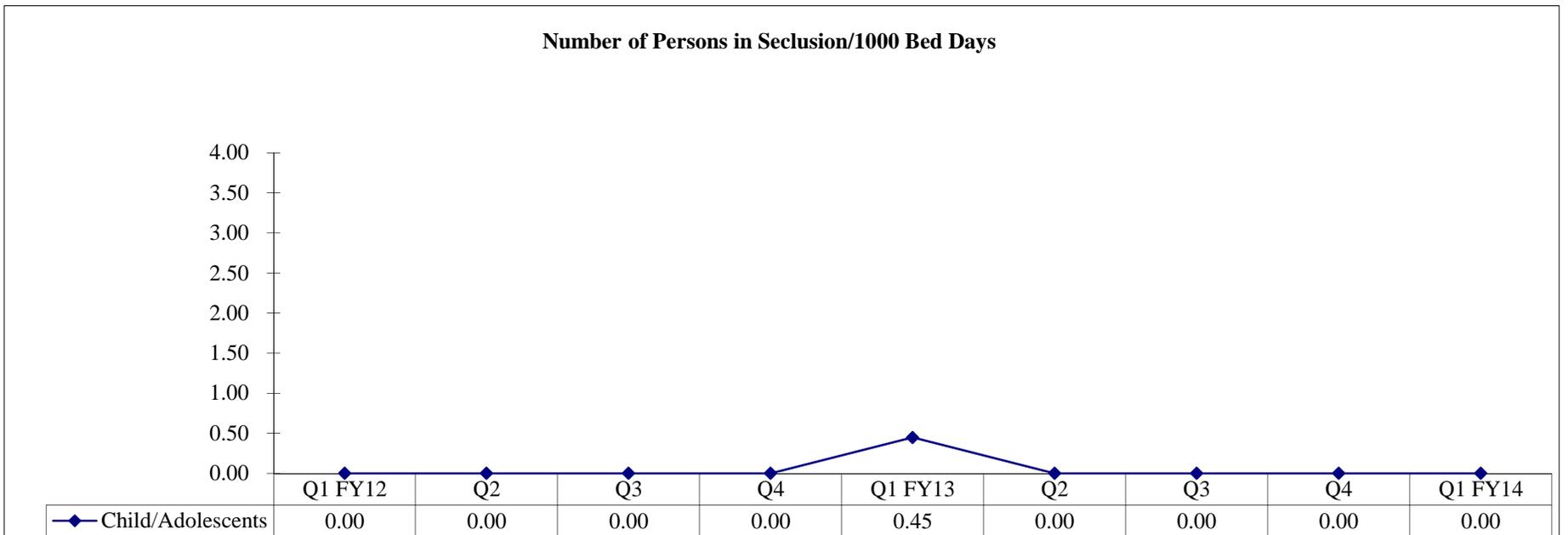
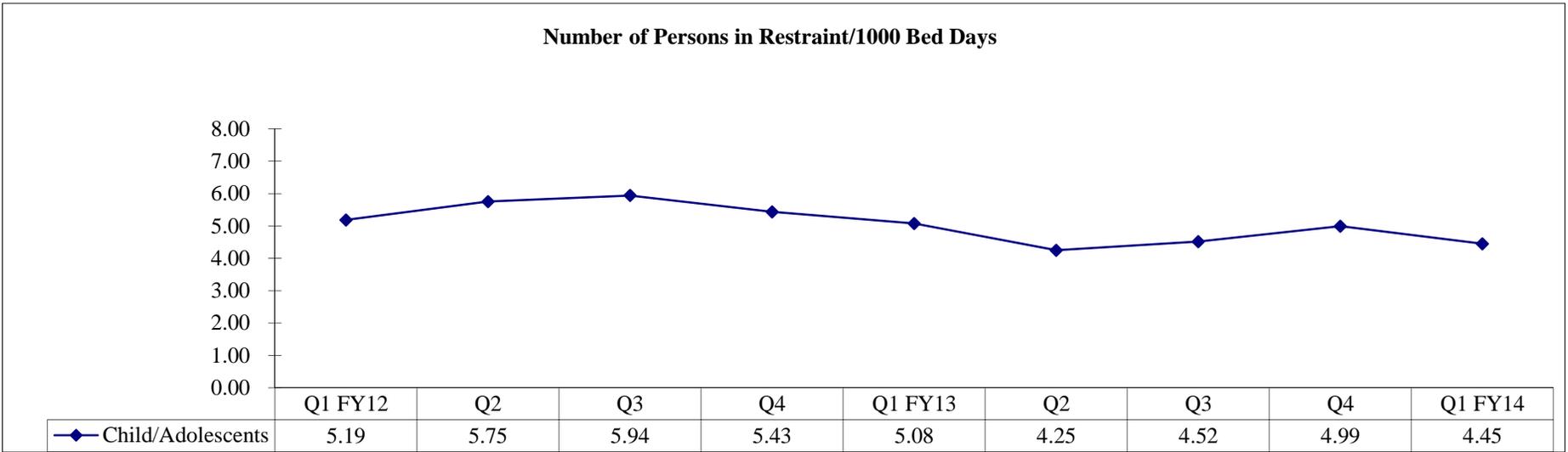
**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**



Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth



Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth



Performance Objective 3B:

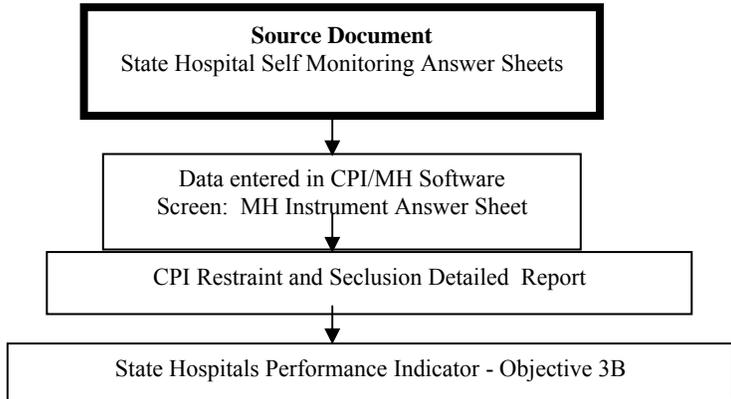
Utilize the Behavioral Restraint and Seclusion Monitoring Instrument for violent self-destructive behavior to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

Performance Objective Operational Definition: Monthly mean or average score from the CPI Restraint and Seclusion Monitoring instrument.

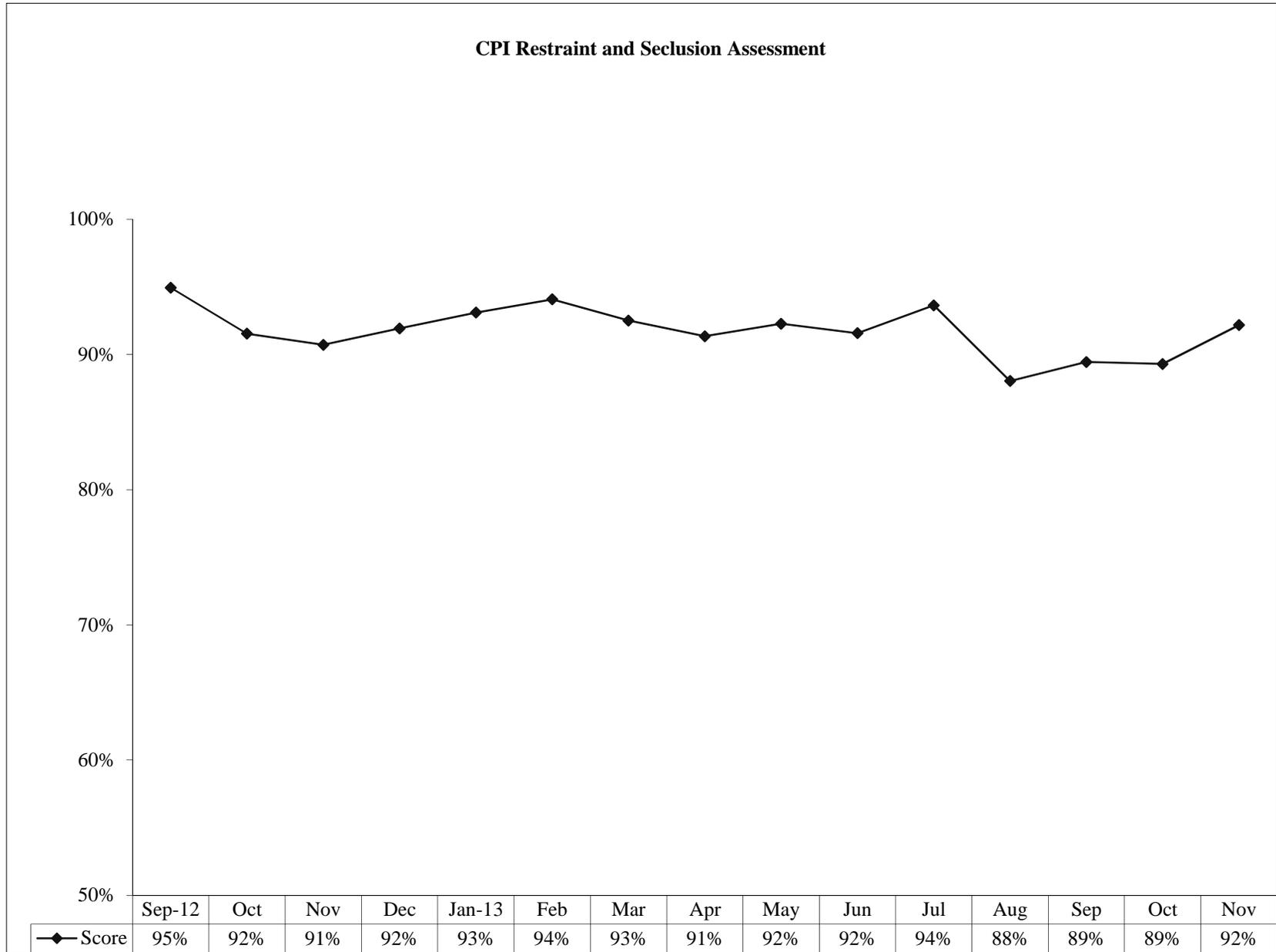
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

Performance Objective Data Display and Chart Description:
Chart with monthly data points of state hospital scores.

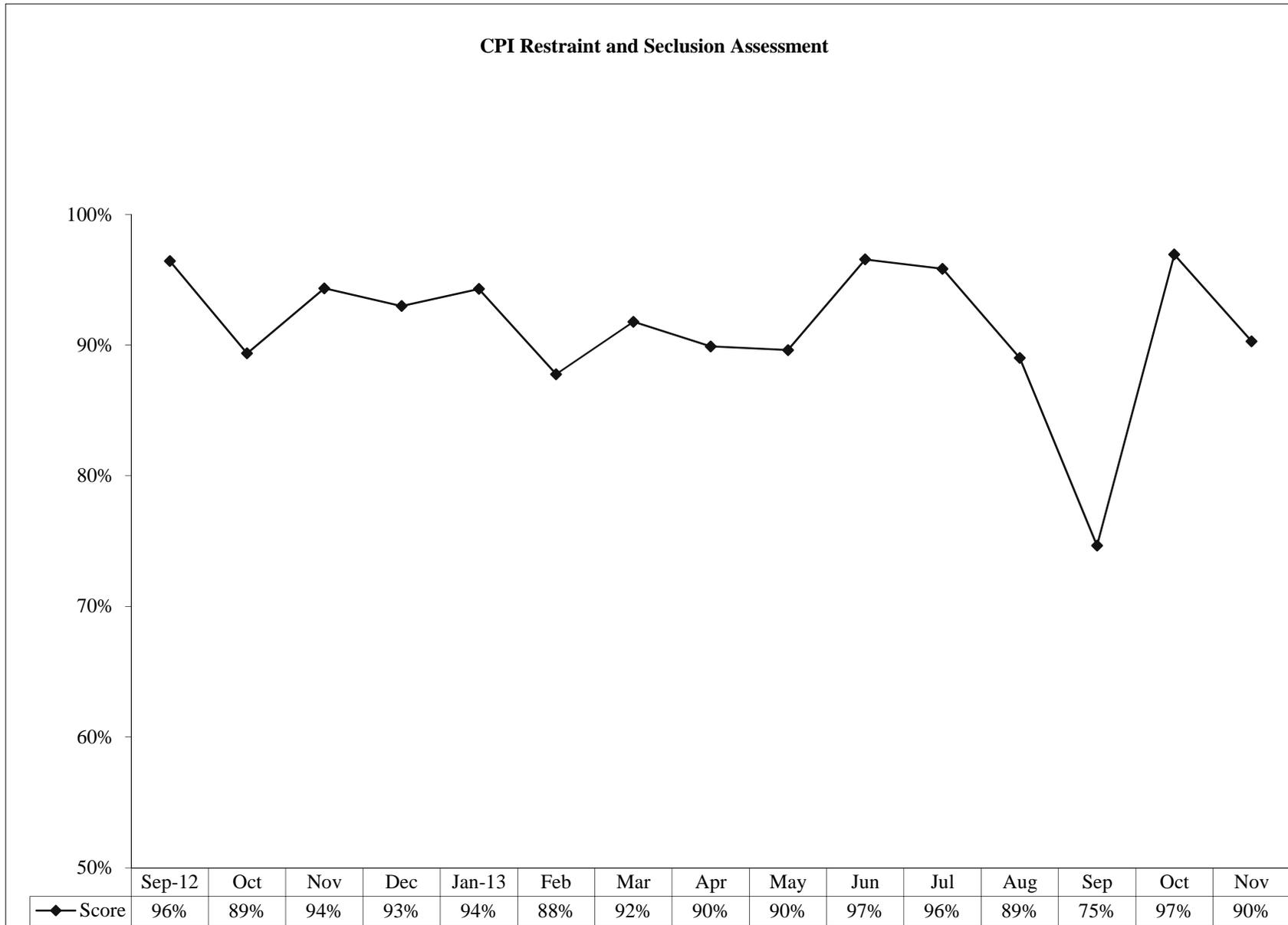
Data Flow:



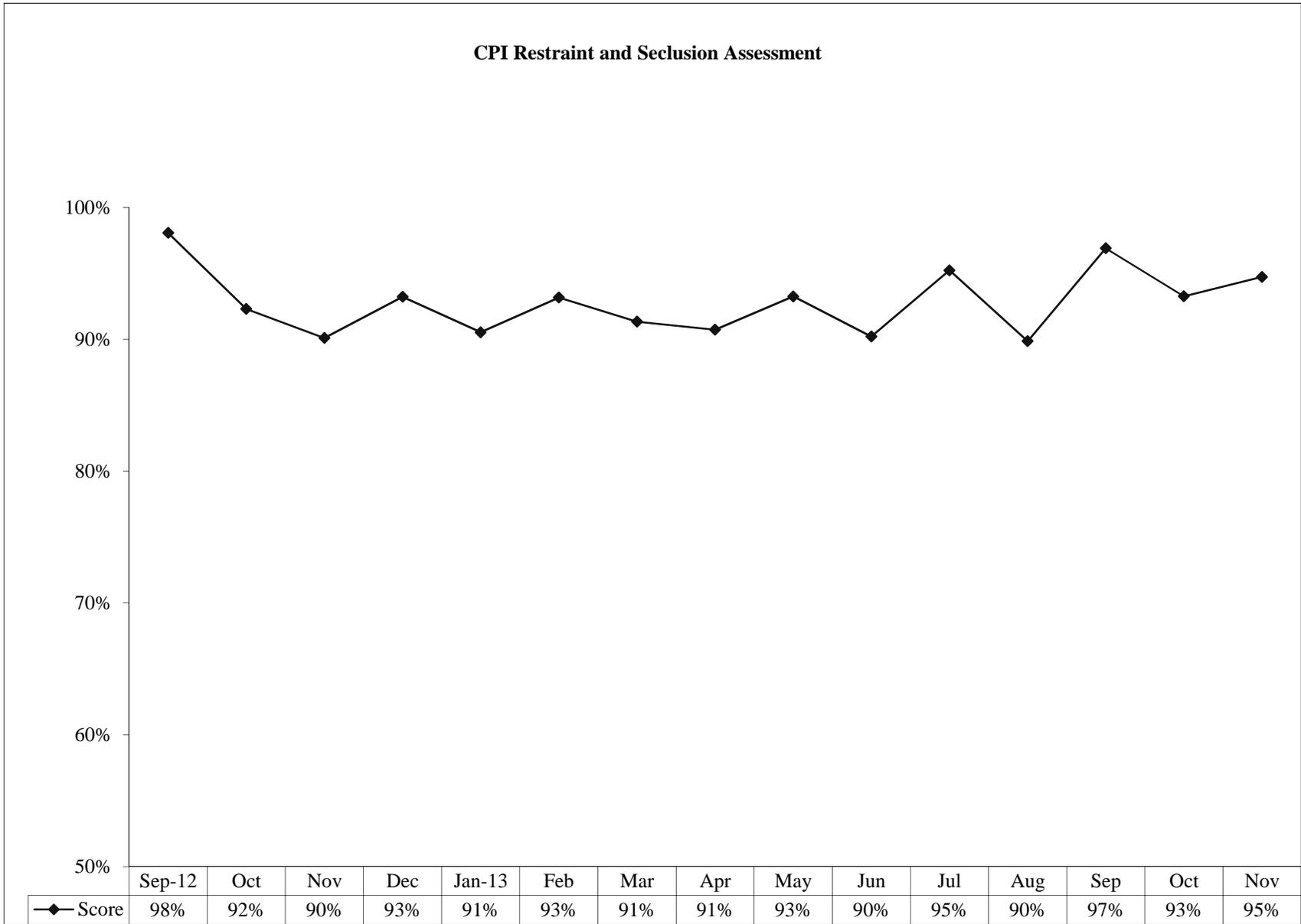
Objective 3B - Behavioral Restraint and Seclusion Assessment
All State MH Hospitals



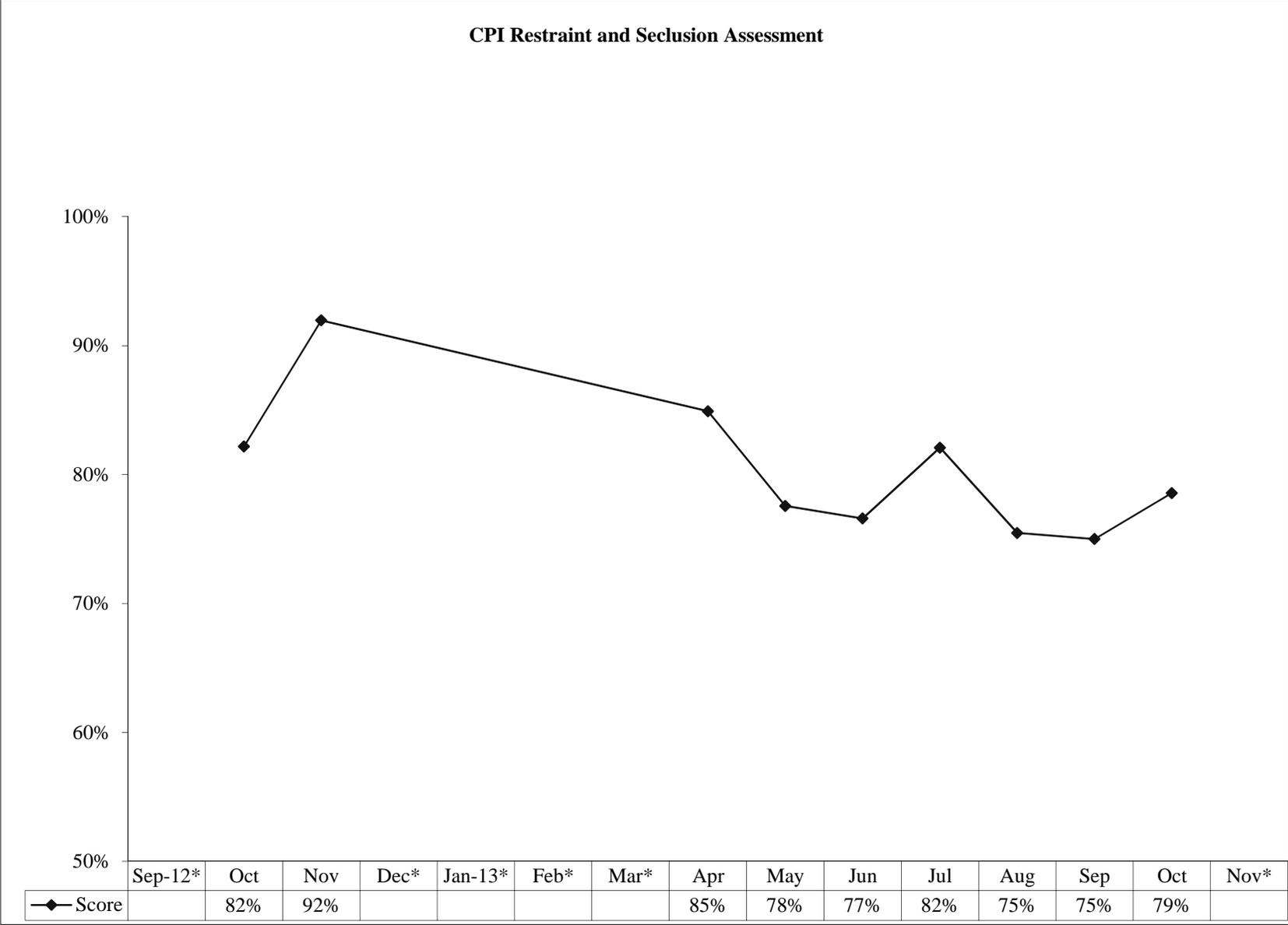
**Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital**



**Objective 3B - Behavioral Restraint and Seclusion Assessment
Big Spring State Hospital**

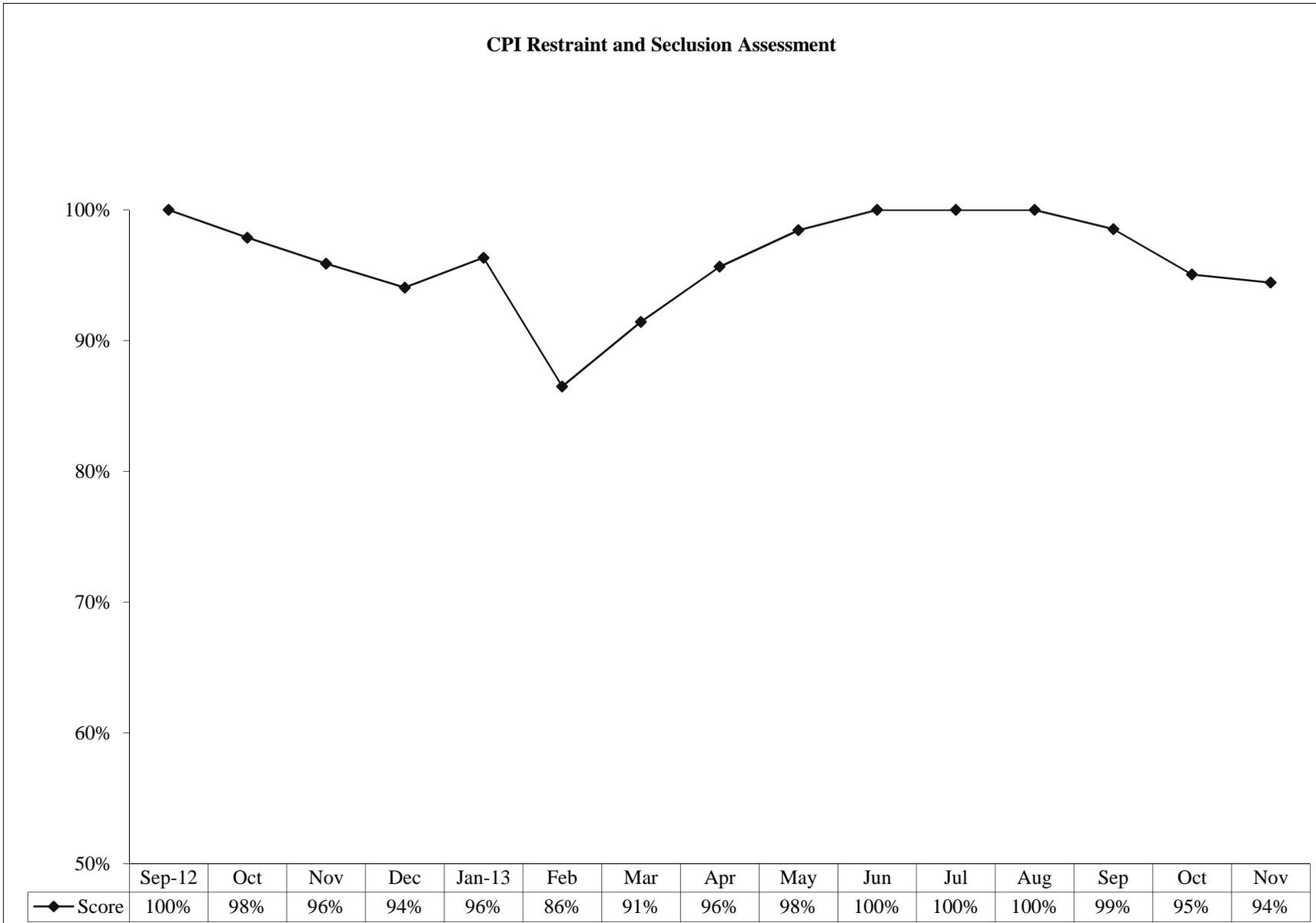


**Objective 3B - Behavioral Restraint and Seclusion Assessment
El Paso Psychiatric Center**

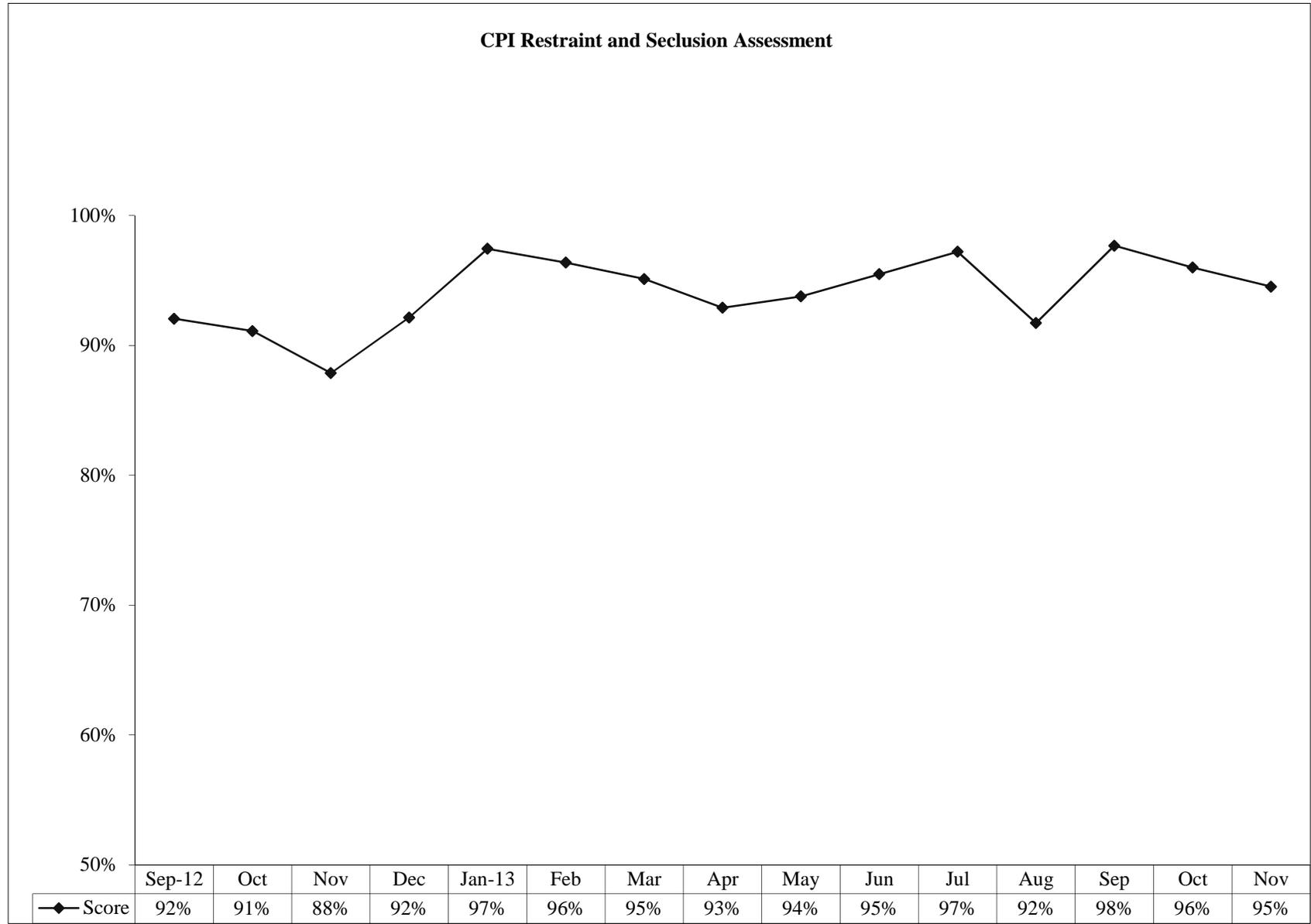


*No scores reported to HMDS.

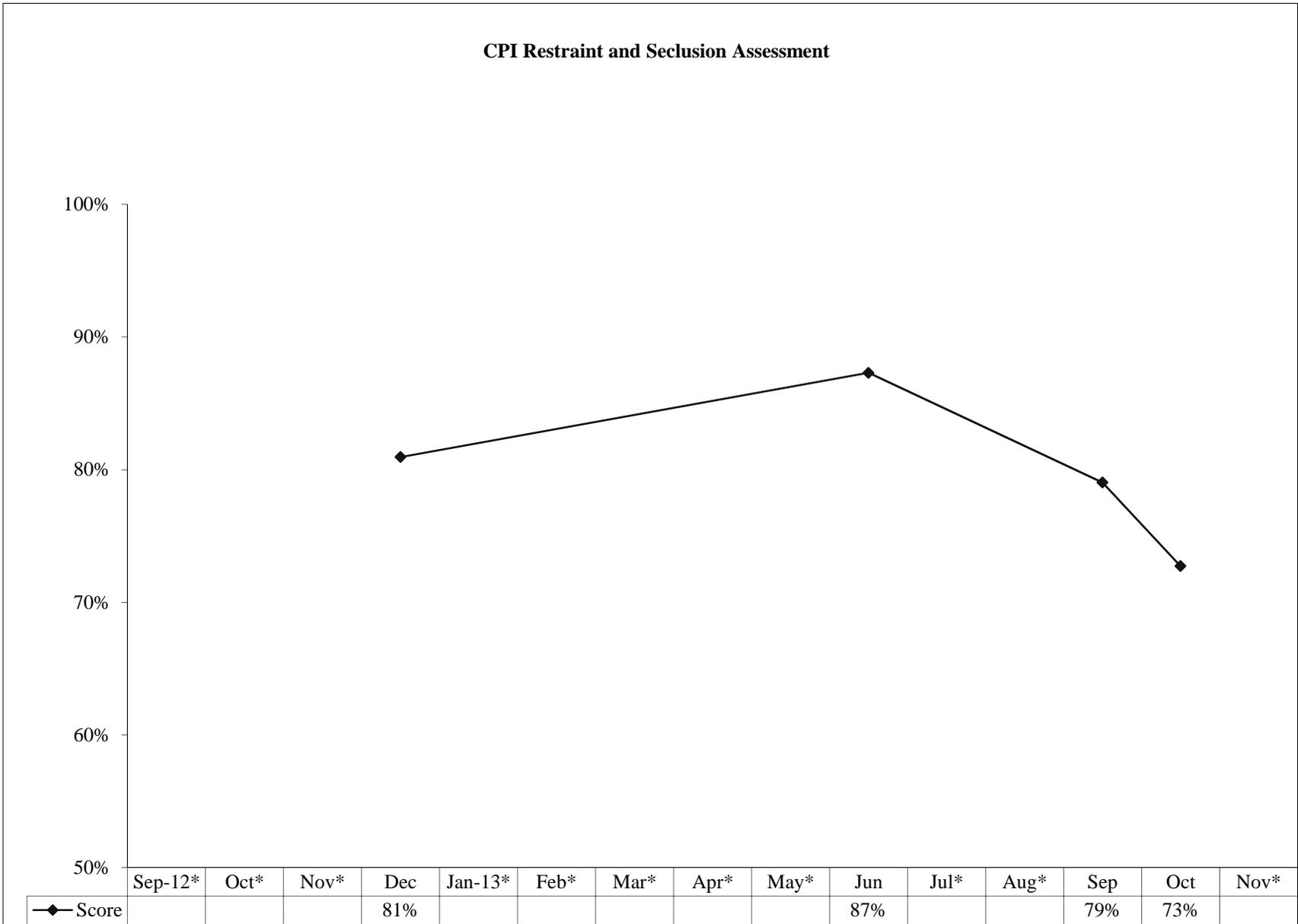
**Objective 3B - Behavioral Restraint and Seclusion Assessment
Kerrville State Hospital**



Objective 3B - Behavioral Restraint and Seclusion Assessment
North Texas State Hospital

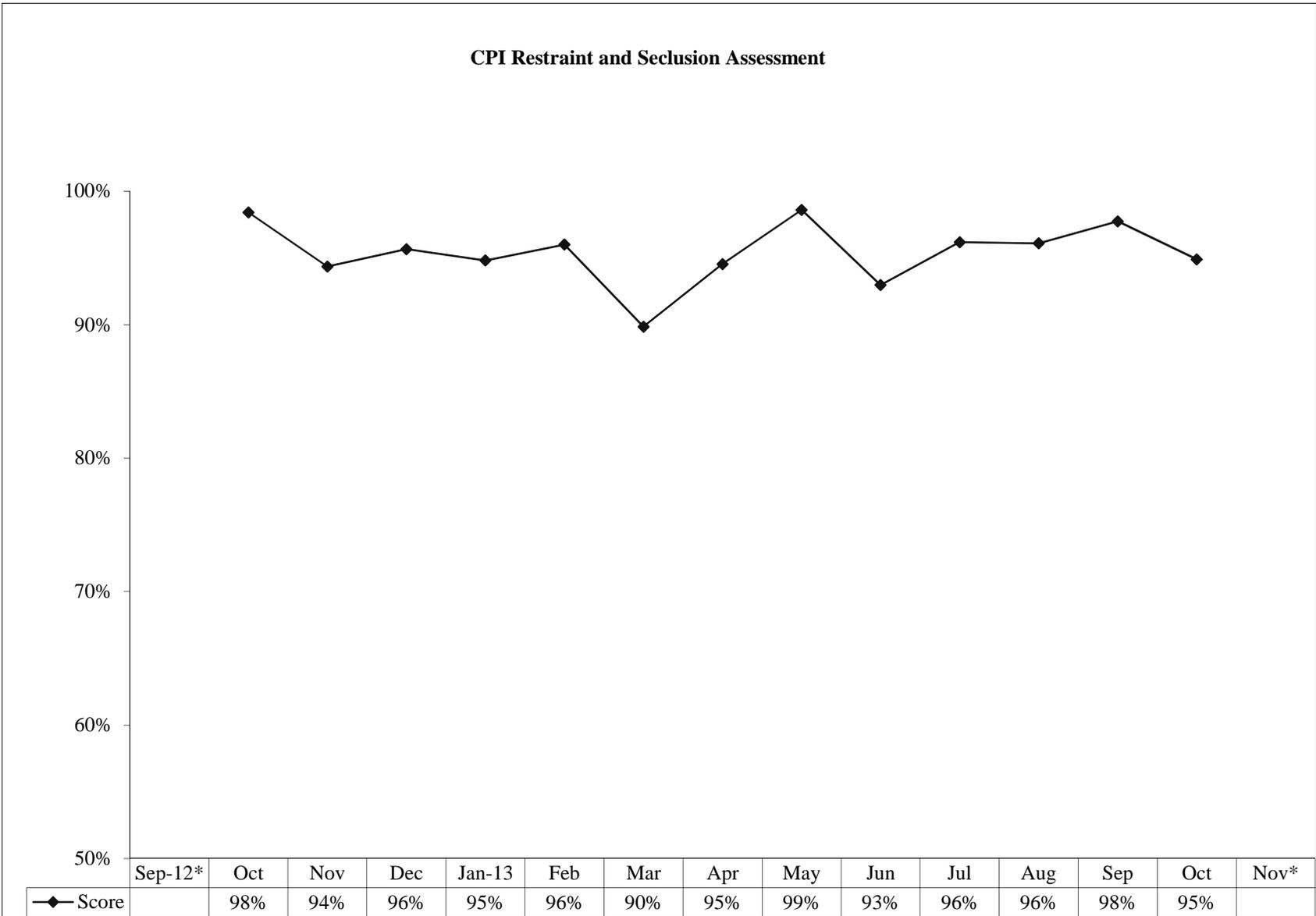


Objective 3B - Behavioral Restraint and Seclusion Assessment
Rio Grande State Center



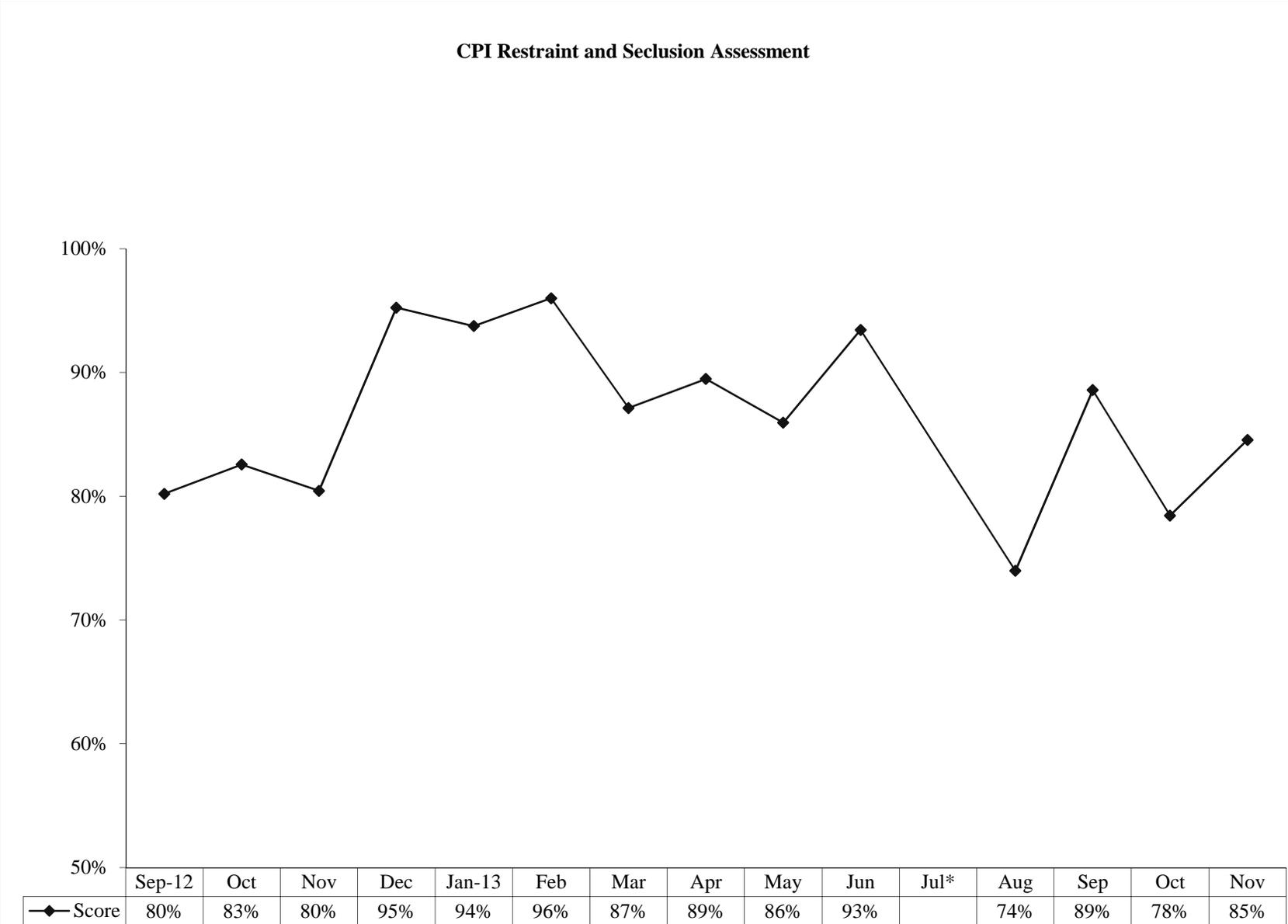
*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Rusk State Hospital



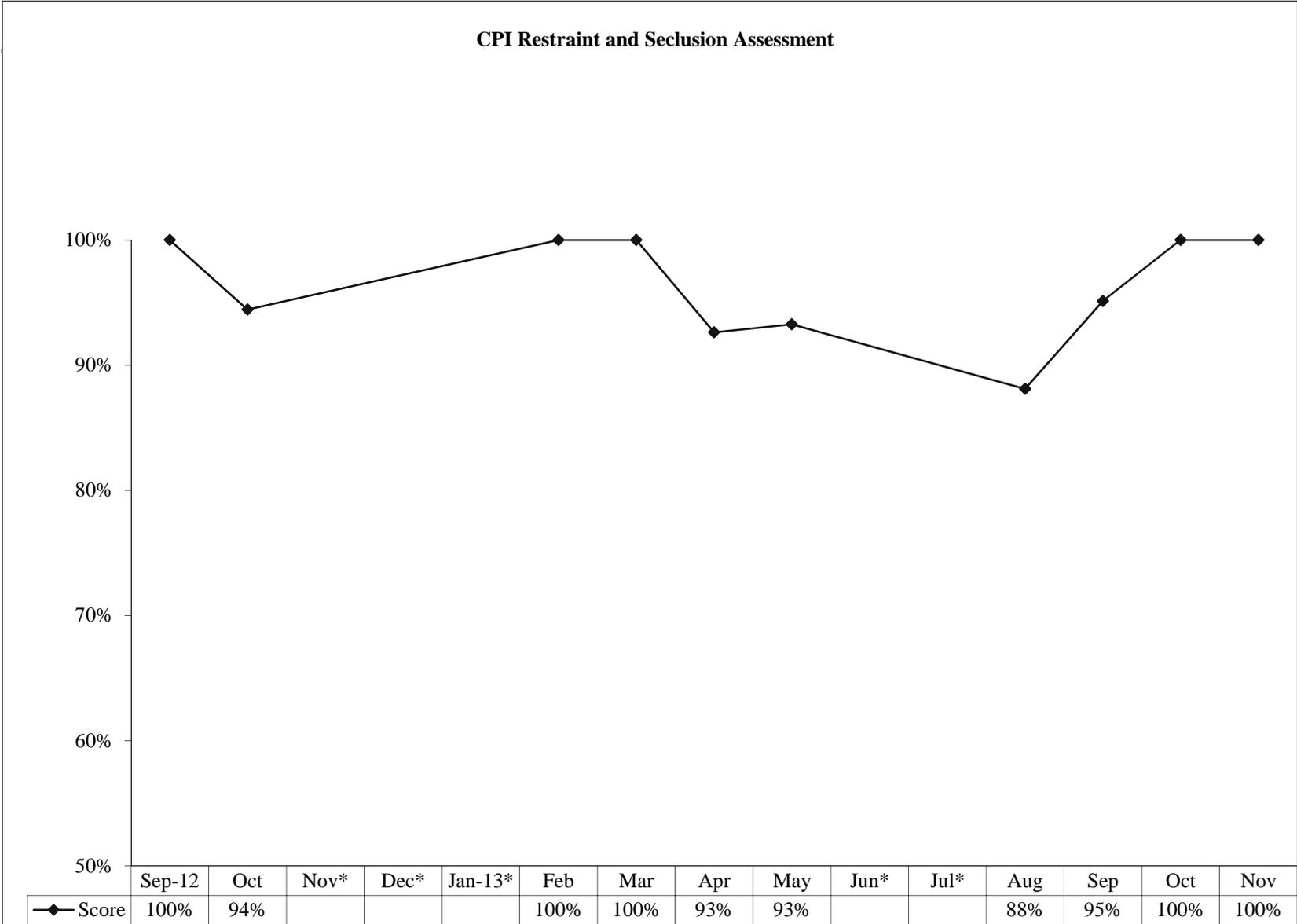
*No scores reported to HMDS.

**Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital**



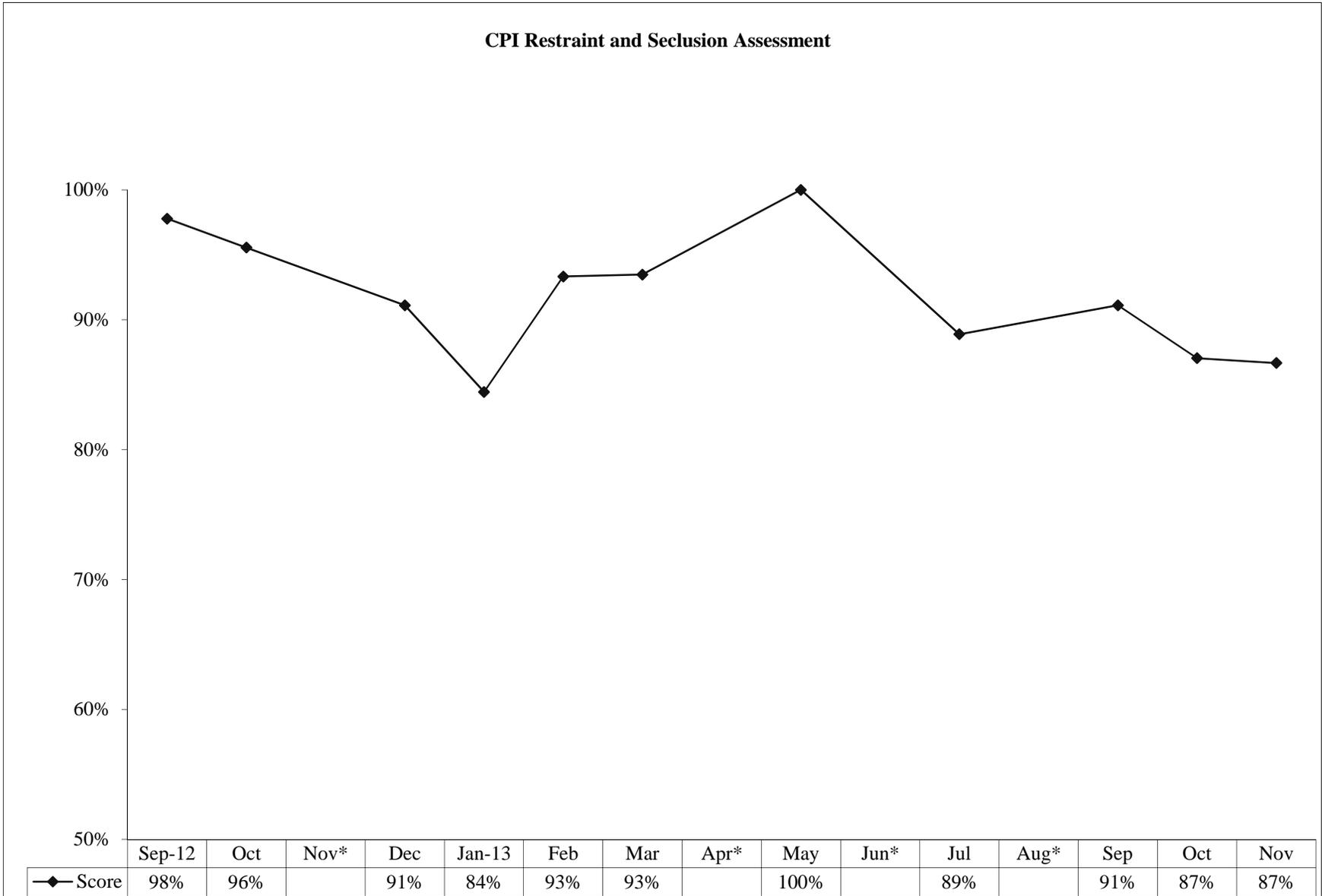
*No scores reported to HMDS.

**Objective 3B - Behavioral Restraint and Seclusion Assessment
Terrell State Hospital**



*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Waco Center for Youth



*No scores reported to HMDS.

Performance Measure 3A:

GAF: Improvement in patient treatment outcomes in state mental health hospital will be measured by showing:

- 1. The percent of patients receiving inpatient services whose GAF score increased.**
- 2. The percent of patients receiving inpatient services whose GAF score stabilized.**

Performance Measure Operational Definition: Total of persons with Global Assessment of Functioning Scale (GAF) score increased and stabilized. The GAF is a clinician-related scale that indicates a client's general level of functioning during a specific time period. A single score incorporates psychological, social and occupational functioning. Do not include impairment in functioning due to physical (or environmental) limitations. Possible scores can range from 1 (hypothetically the most severe mental illness and lowest level of functioning) to 100 (hypothetically the highest level of functioning, with no symptoms). GAF data is collected during the patient's diagnostic examination at admission and again during the discharge evaluation.

Performance Measure Formula: $R = (N/D)$

R = rate of persons discharged whose GAF stabilized/increased by 10 or more points.

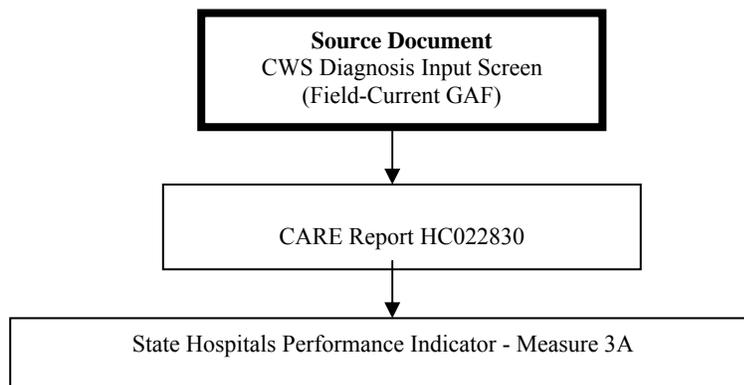
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

D = number of discharges per month. (Persons who were discharged from the state hospital monthly and FY-to-date who had at least two GAF scores recorded during the episode. If there are not at least two GAF scores for the episode, the person is not counted in either the numerator or denominator for this report).

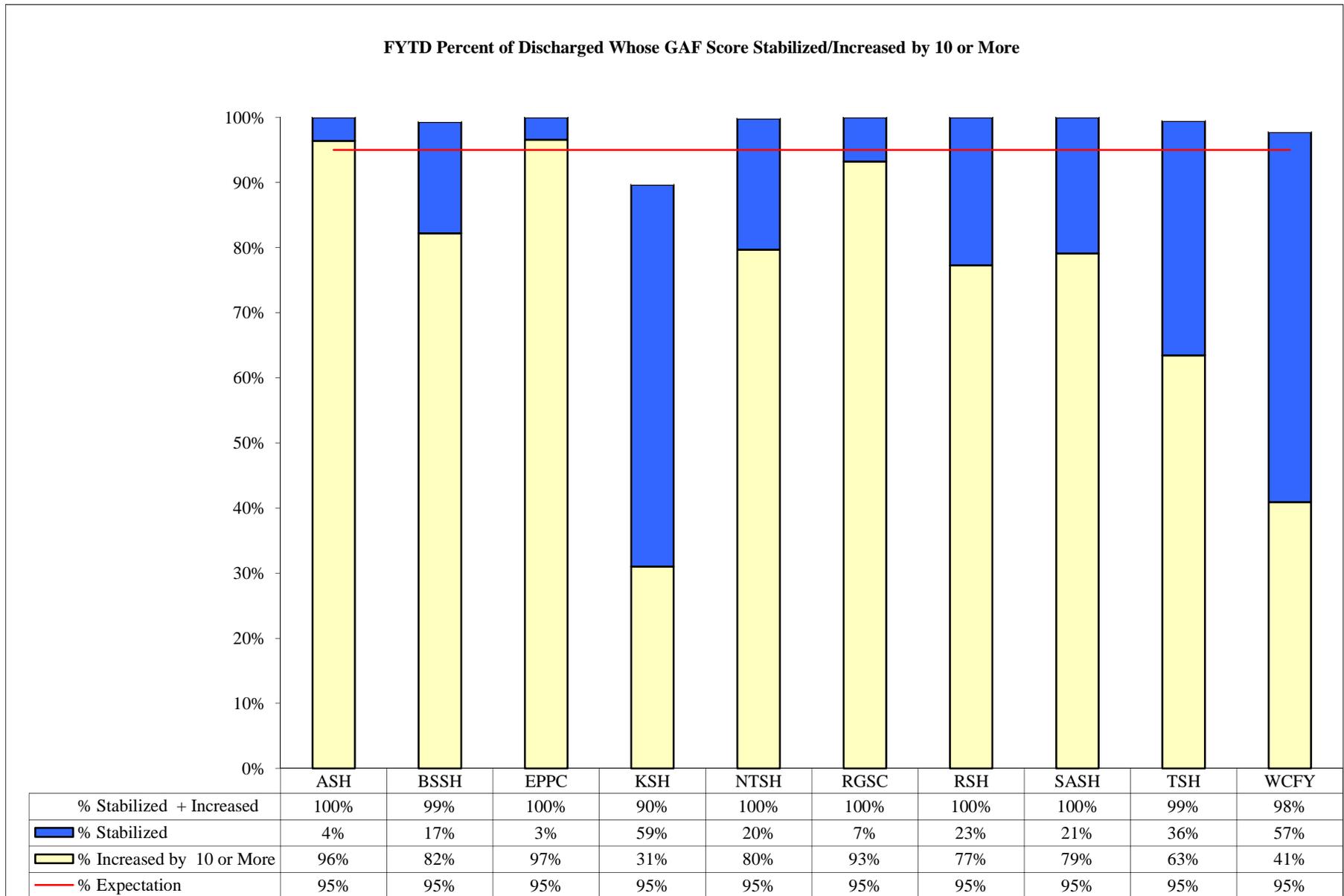
Performance Measure Data Display and Chart Description:

- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 or more points.

Data Flow:



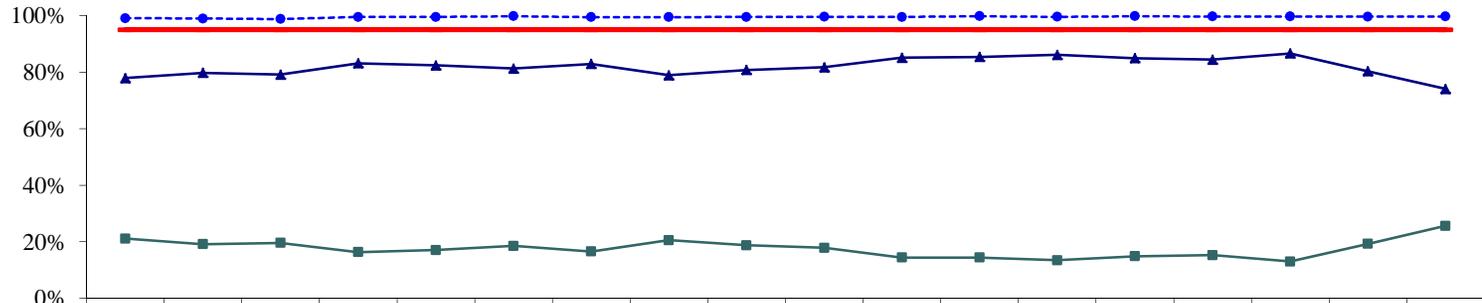
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals - As of November 30, 2013



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

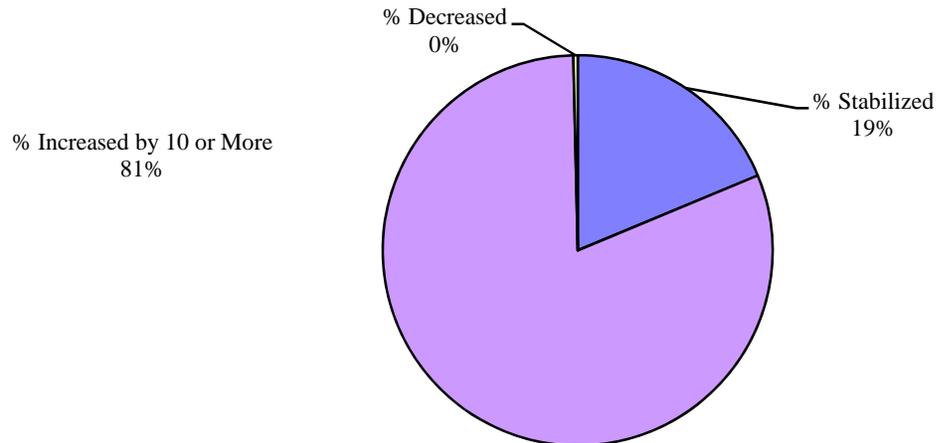
All State MH Hospitals

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

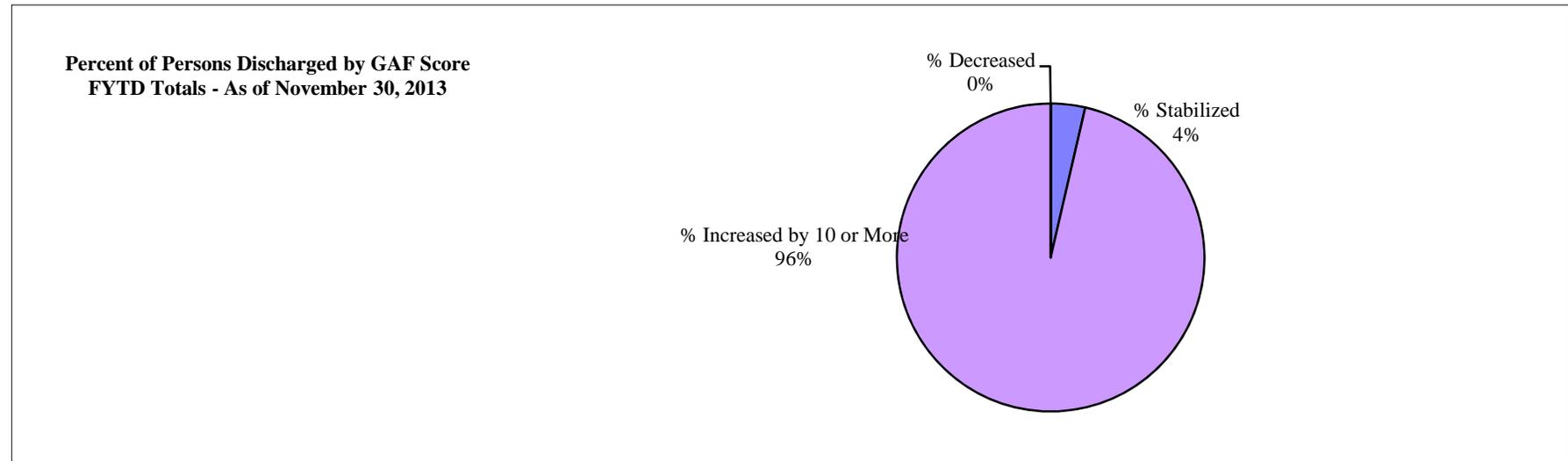
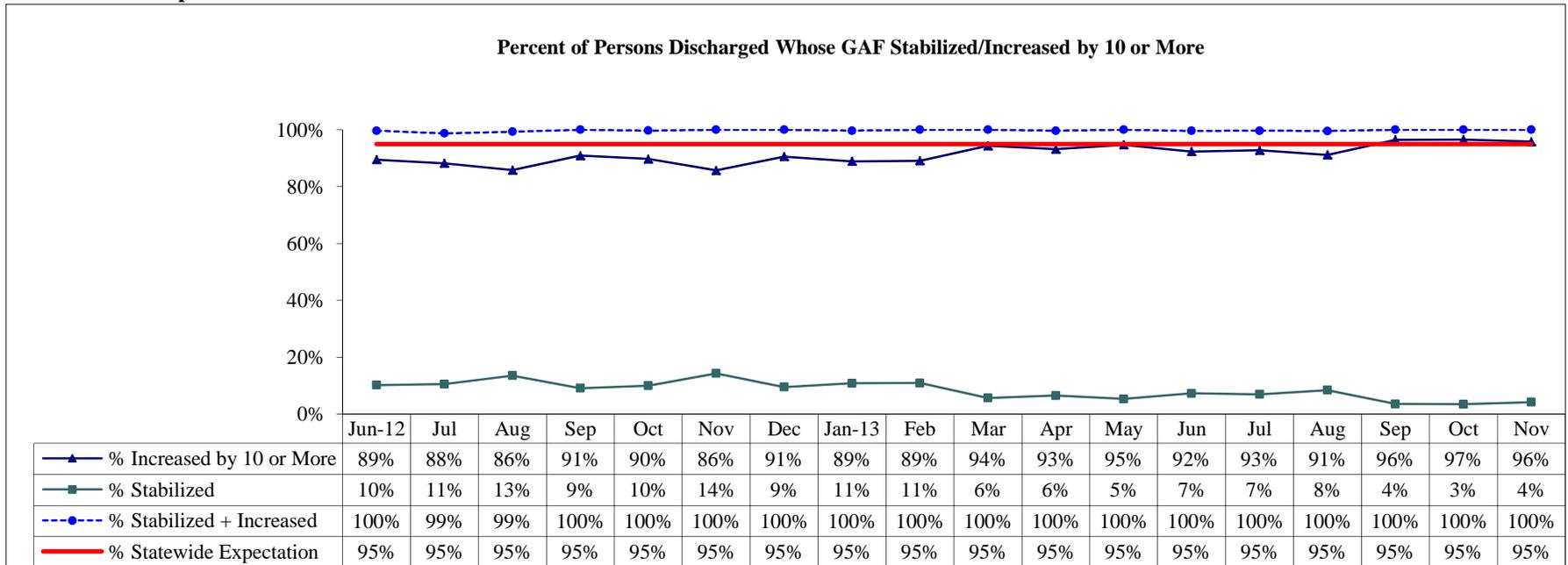


	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
% Increased by 10 or More	78%	80%	79%	83%	82%	81%	83%	79%	81%	82%	85%	85%	86%	85%	84%	87%	80%	74%
% Stabilized	21%	19%	20%	16%	17%	19%	17%	21%	19%	18%	14%	14%	13%	15%	15%	13%	19%	26%
% Stabilized + Increased	99%	99%	99%	99%	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013

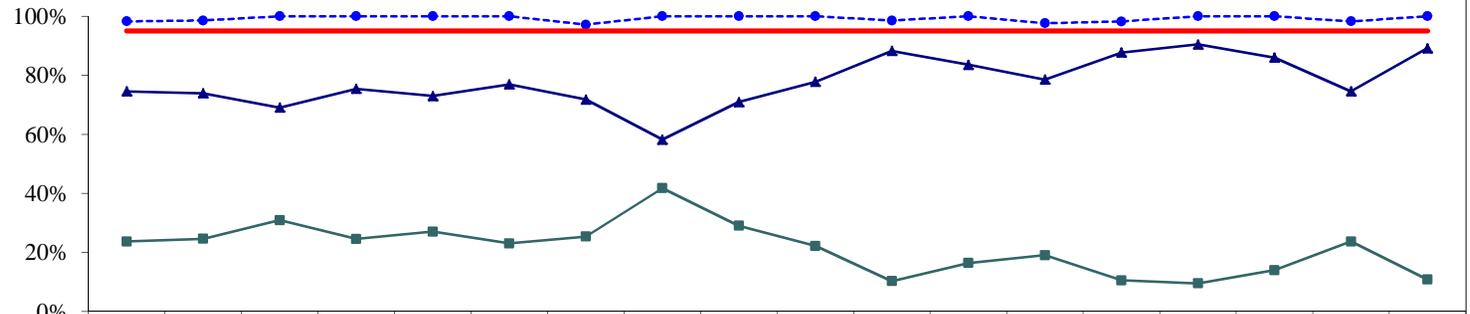


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Austin State Hospital



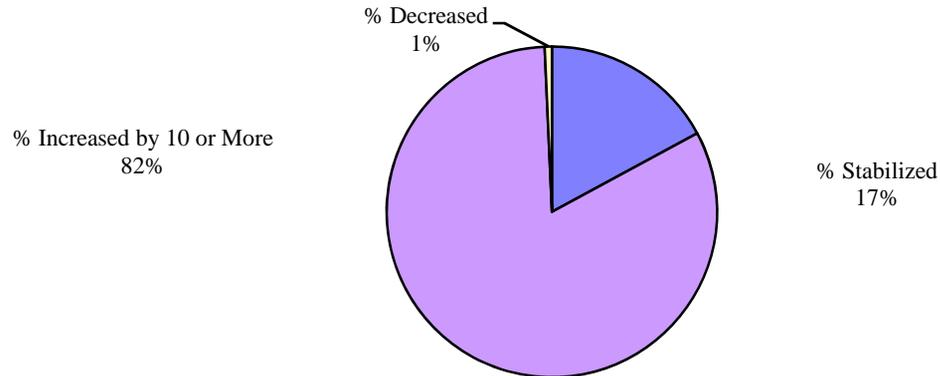
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



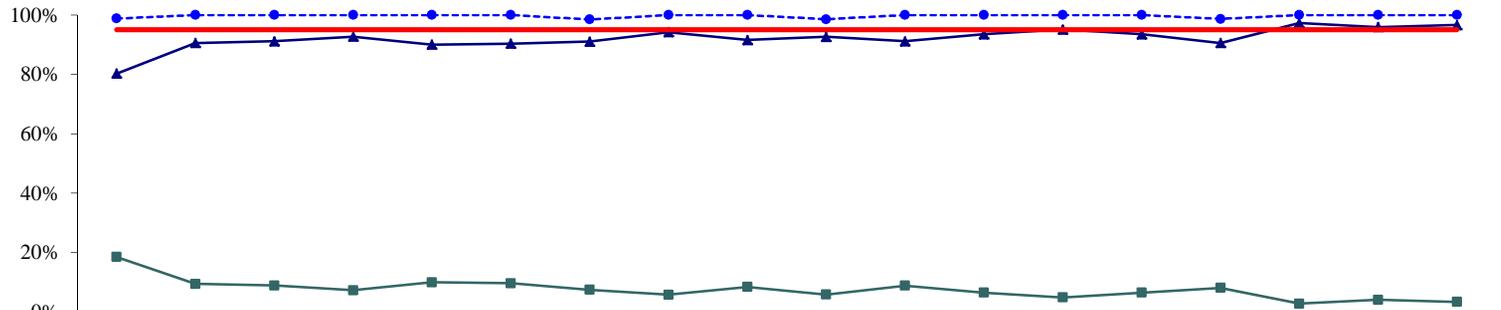
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	75%	74%	69%	75%	73%	77%	72%	58%	71%	78%	88%	84%	79%	88%	90%	86%	75%	89%
■ % Stabilized	24%	25%	31%	25%	27%	23%	25%	42%	29%	22%	10%	16%	19%	11%	10%	14%	24%	11%
● % Stabilized + Increased	98%	99%	100%	100%	100%	100%	97%	100%	100%	100%	99%	100%	98%	98%	100%	100%	98%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013



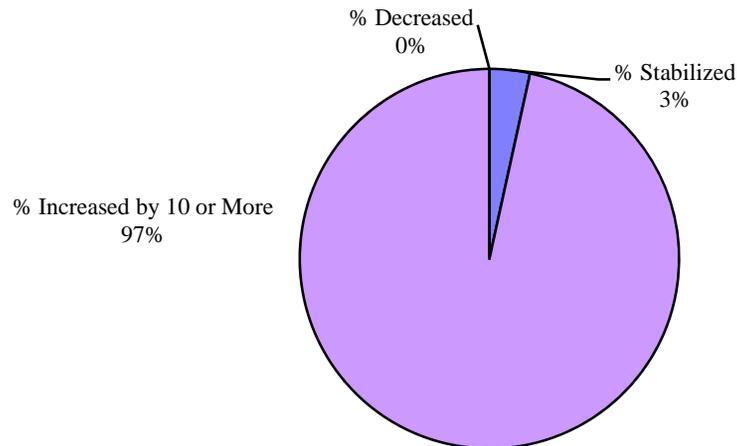
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

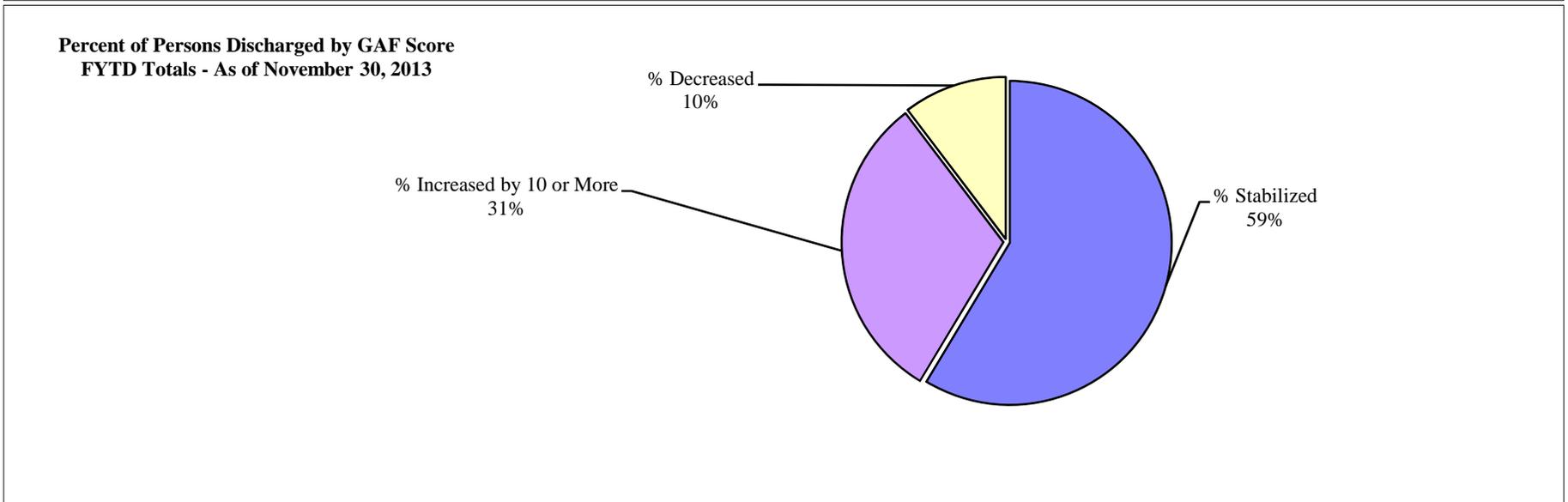
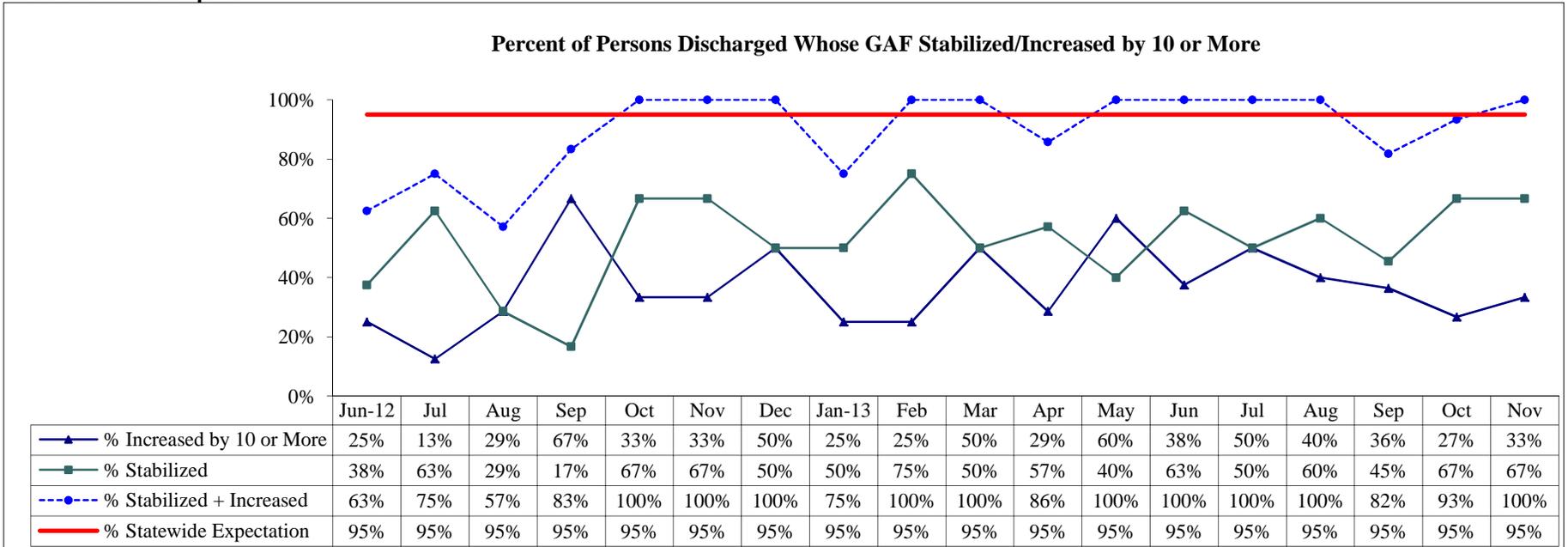


	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
% Increased by 10 or More	80%	91%	91%	93%	90%	90%	91%	94%	92%	93%	91%	94%	95%	94%	91%	97%	96%	97%
% Stabilized	19%	9%	9%	7%	10%	10%	7%	6%	8%	6%	9%	6%	5%	6%	8%	3%	4%	3%
% Stabilized + Increased	99%	100%	100%	100%	100%	100%	99%	100%	100%	99%	100%	100%	100%	100%	99%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013

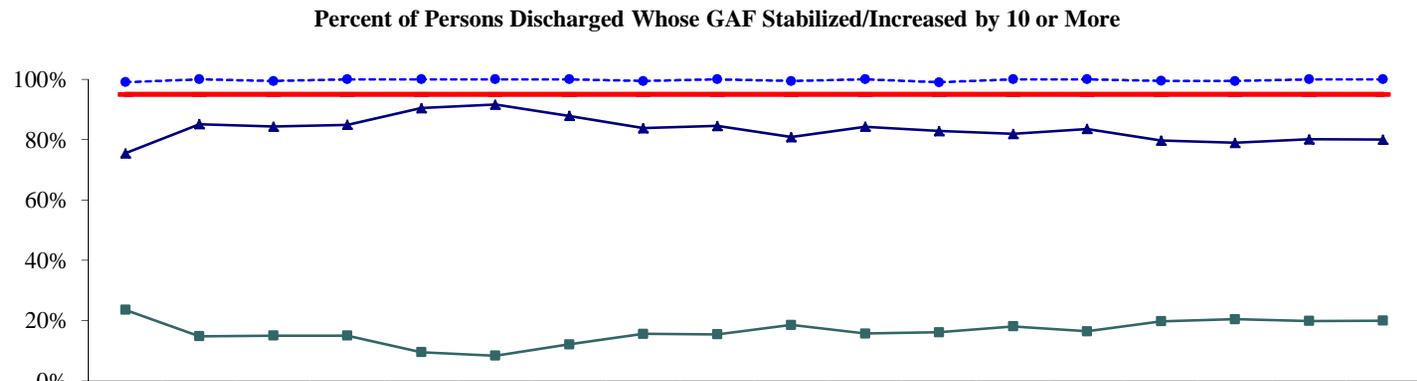


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital



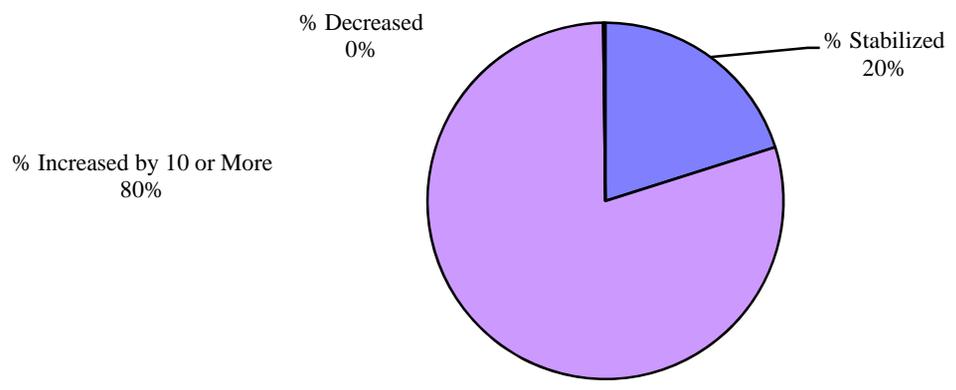
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

North Texas State Hospital



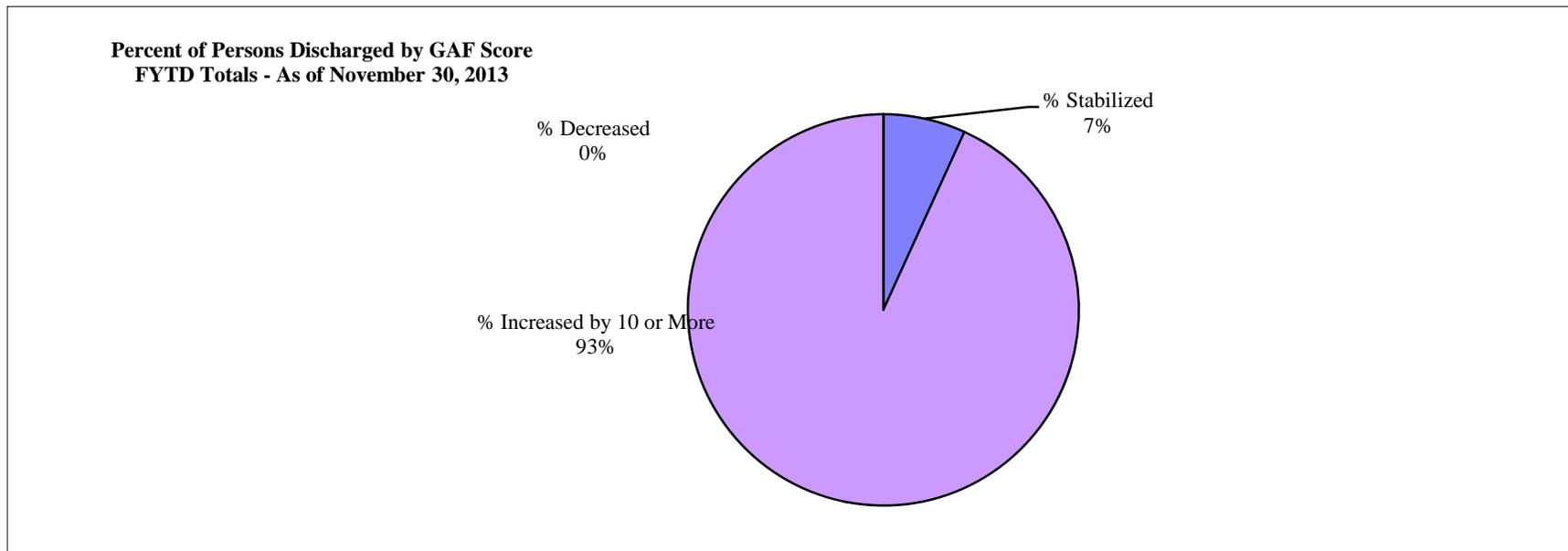
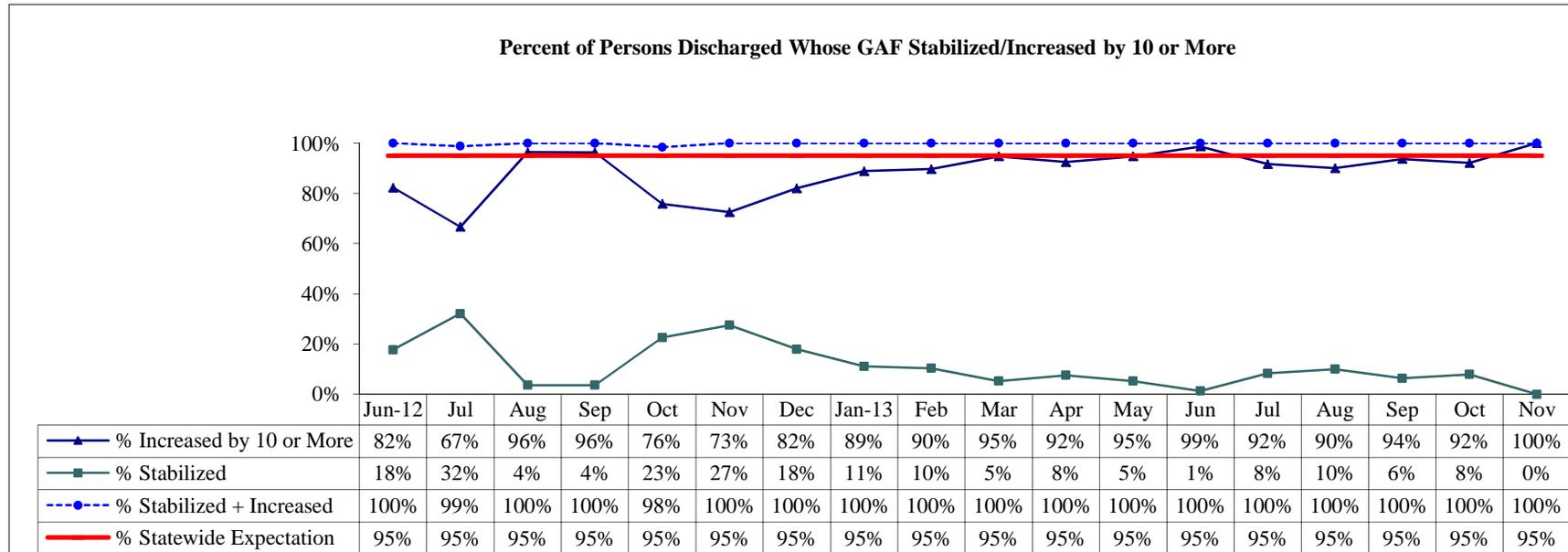
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	75%	85%	84%	85%	90%	92%	88%	84%	85%	81%	84%	83%	82%	84%	80%	79%	80%	80%
—■— % Stabilized	24%	15%	15%	15%	10%	8%	12%	16%	15%	19%	16%	16%	18%	16%	20%	20%	20%	20%
- - -●- - % Stabilized + Increased	99%	100%	99%	100%	100%	100%	100%	99%	100%	99%	100%	99%	100%	100%	99%	99%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013



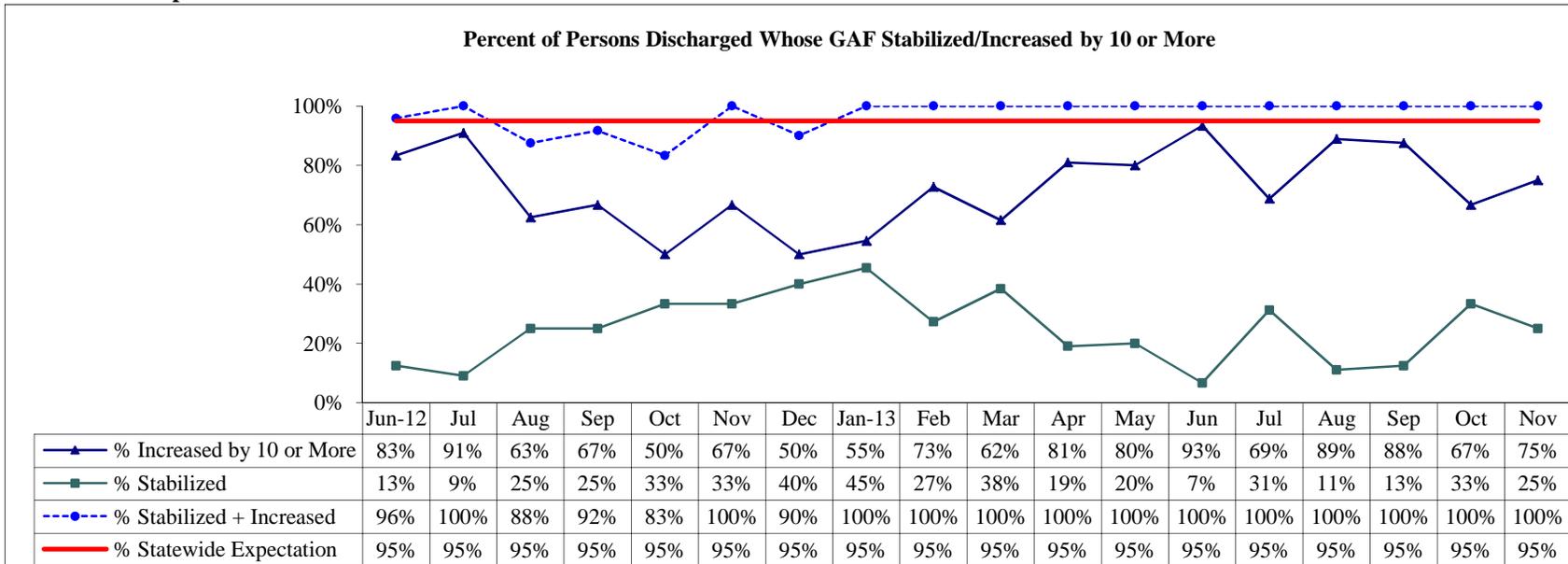
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized**

Rio Grande State Center

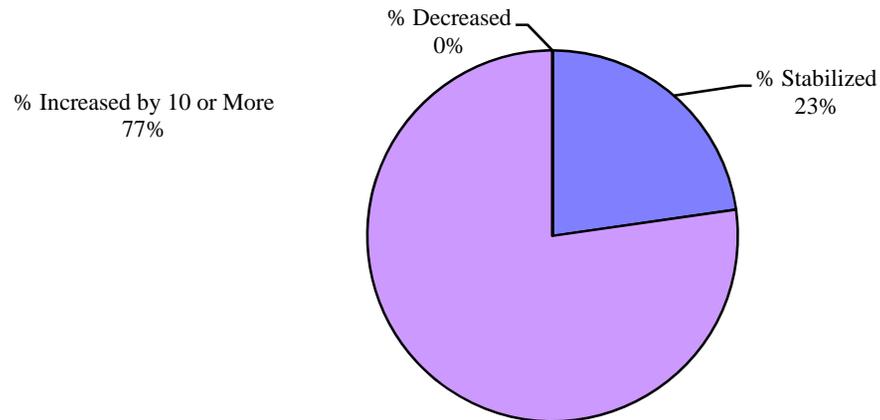


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

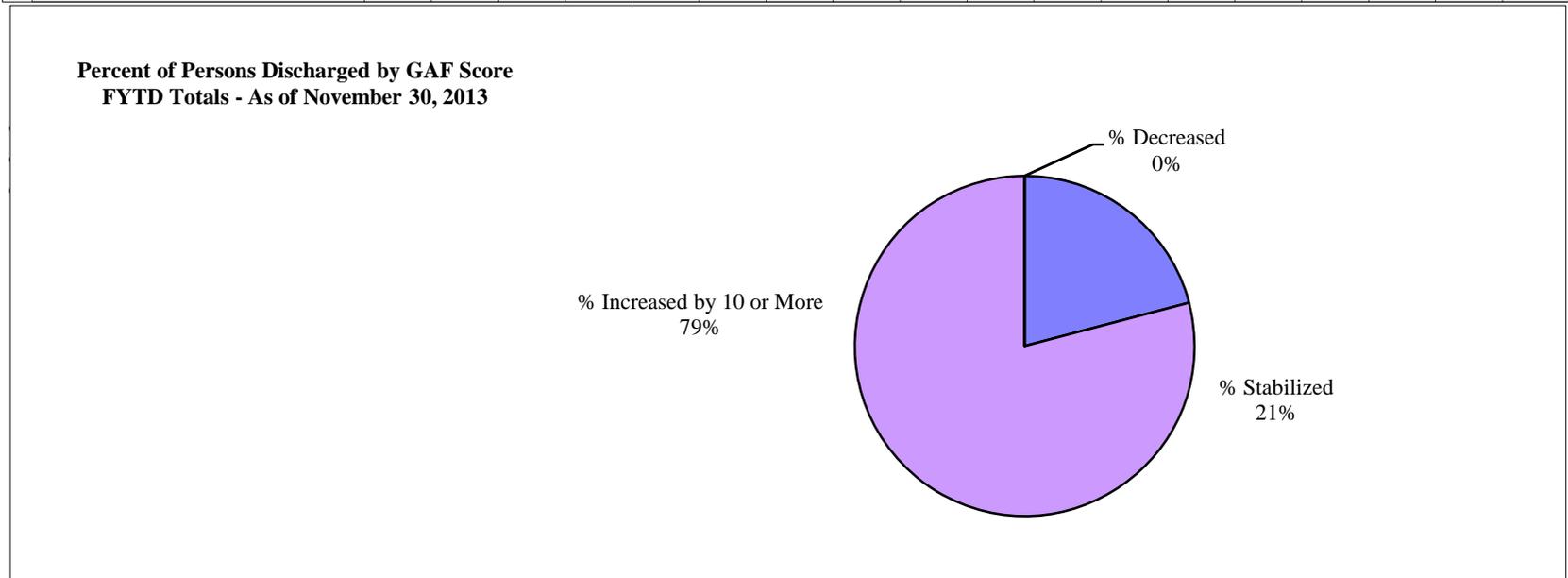
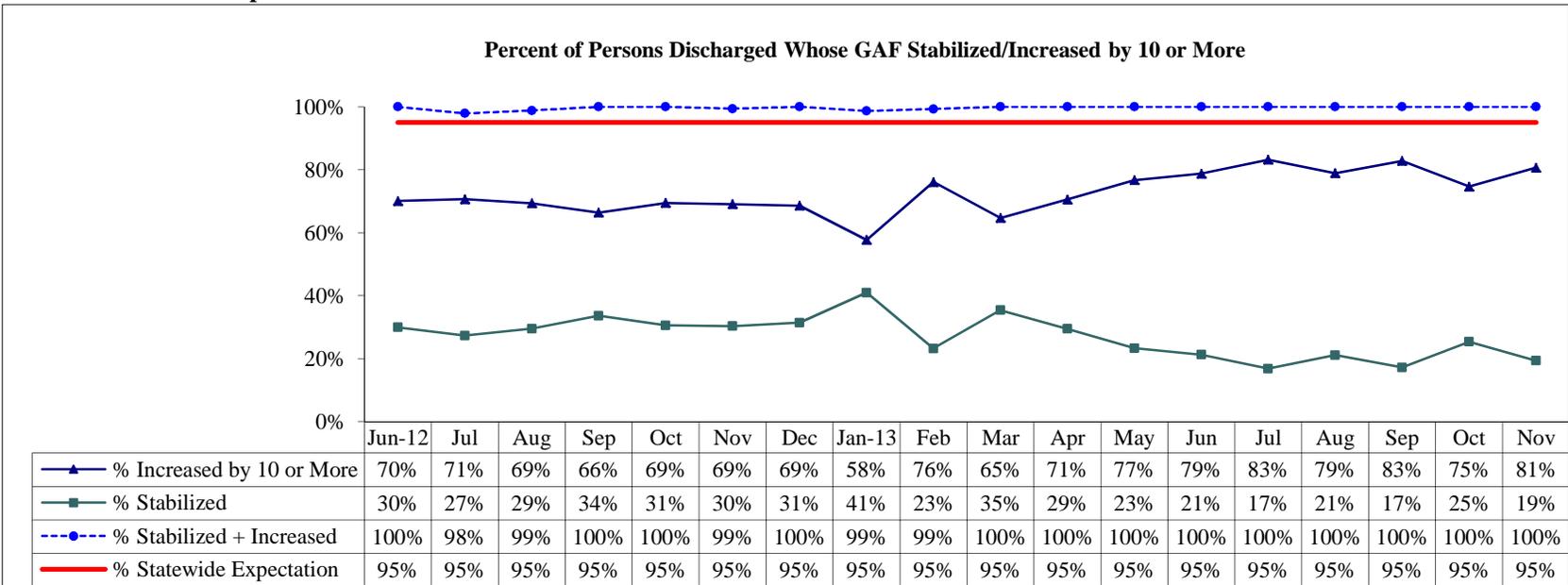
Rusk State Hospital



Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013



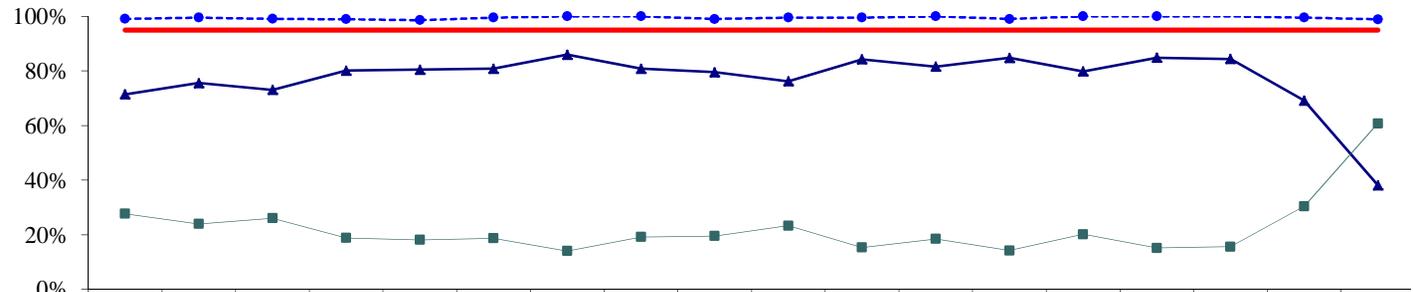
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital



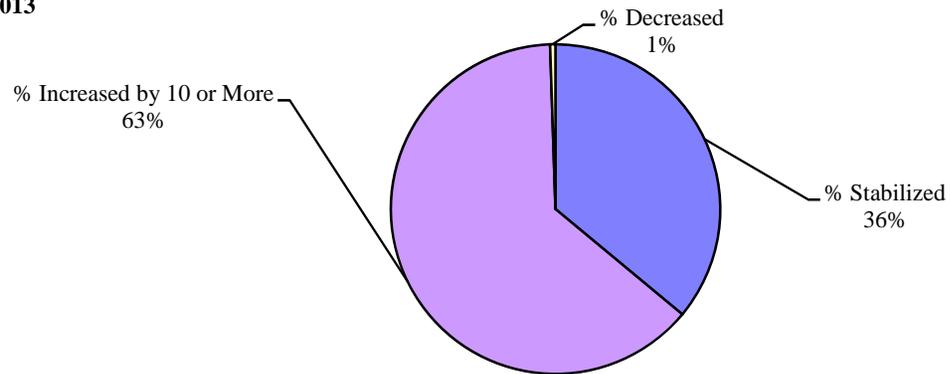
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Terrell State Hospital

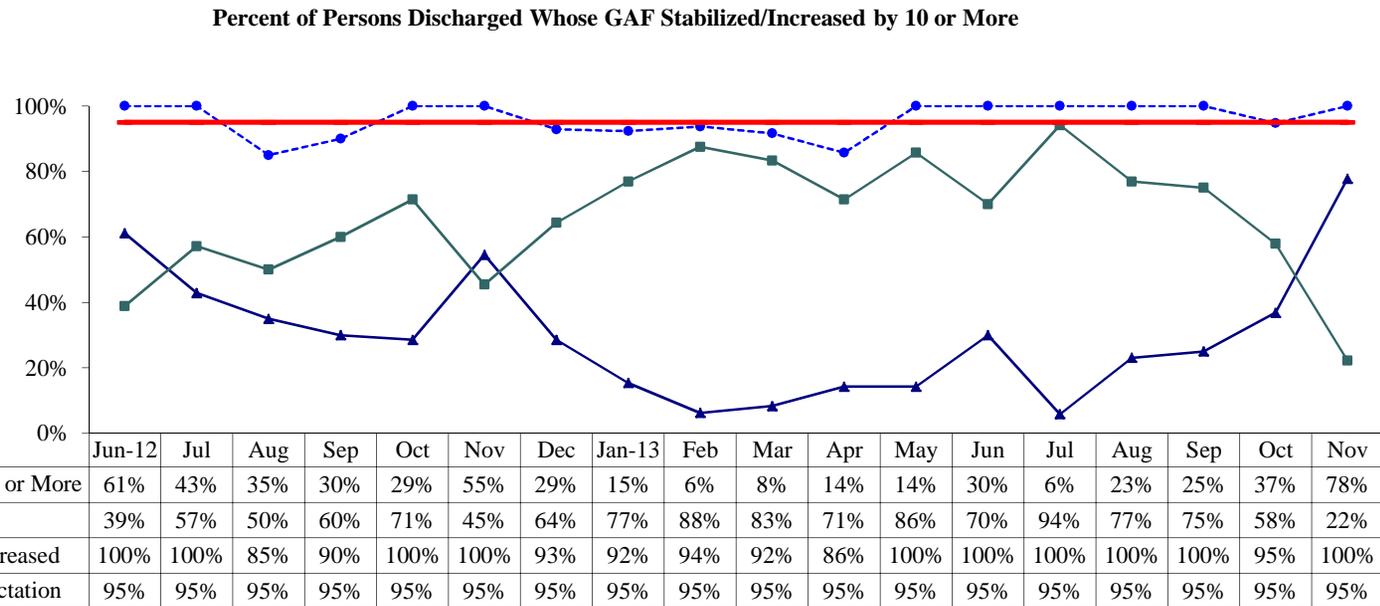
Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



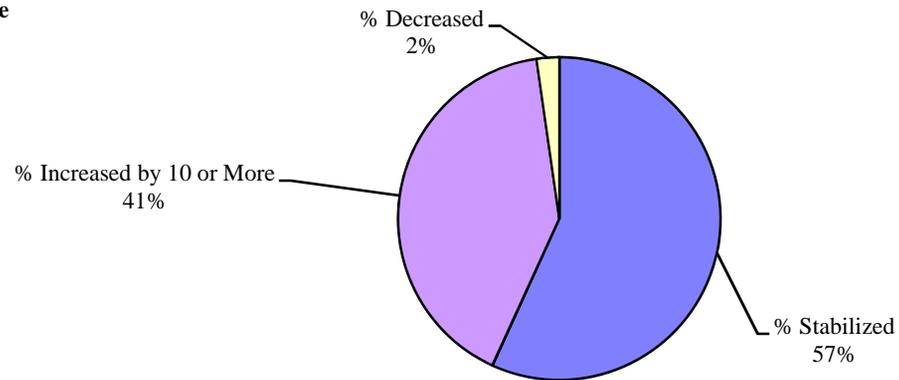
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth



Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2013



GOAL 4: Implement an Effective and Safe Medication Management System That Improves the Quality of Care, Treatment, and Services.

Performance Objective 4B:

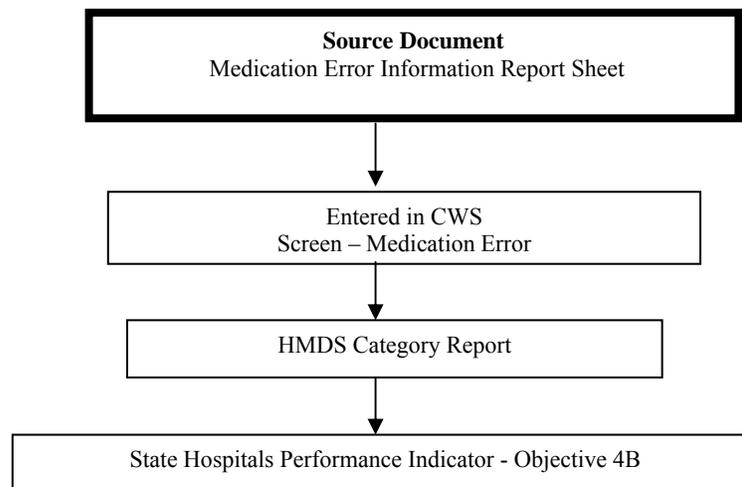
Identify, collect, aggregate, and analyze medication errors.

Performance Objective Operational Definition: The number of state hospital medication errors as documented on the Medication Error Information Report form per month.

Performance Objective Data Display and Chart Description:

- ◆ Chart with the number of medication errors causing no patient harm; causing patient harm; and causing patient death for individual state hospitals and system-wide
- ◆ Chart with the number of medication errors YTD, in each category for individual state hospitals and system-wide.
- ◆ Chart with monthly data points, for the total number of variances for individual state hospitals and system-wide.
- ◆ Chart shows number of medication errors and rate (per 1000 bed days) for individual state hospitals and system-wide.

Data Flow:



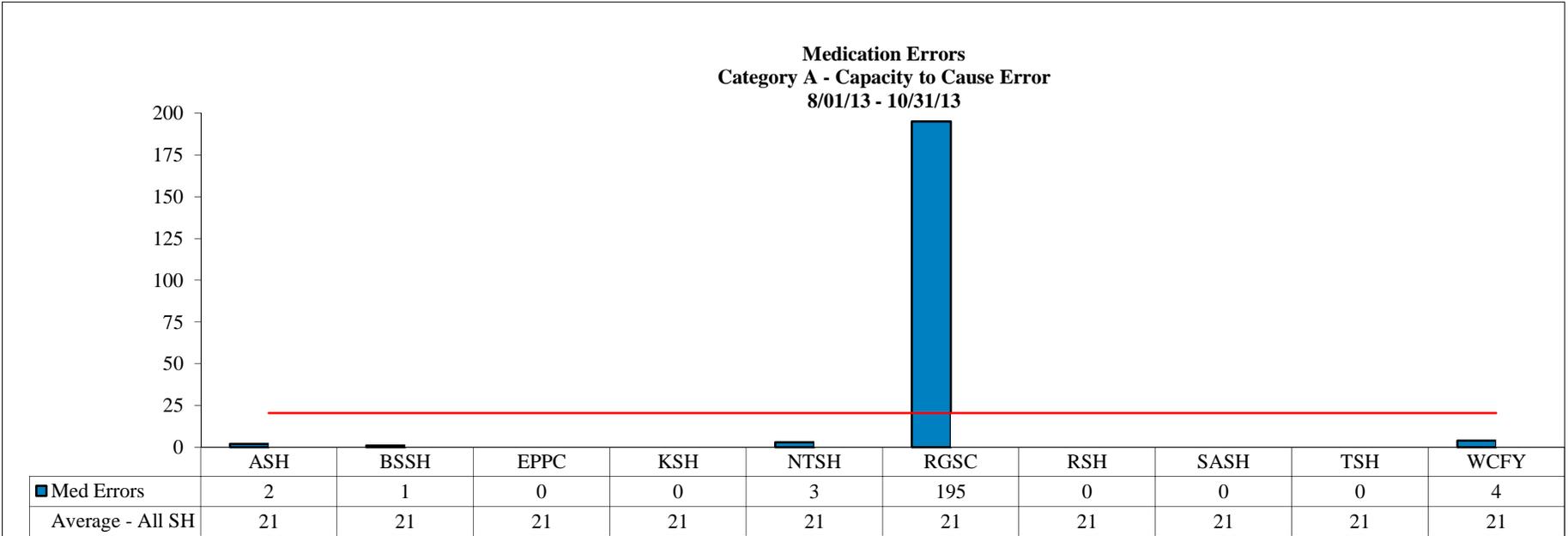
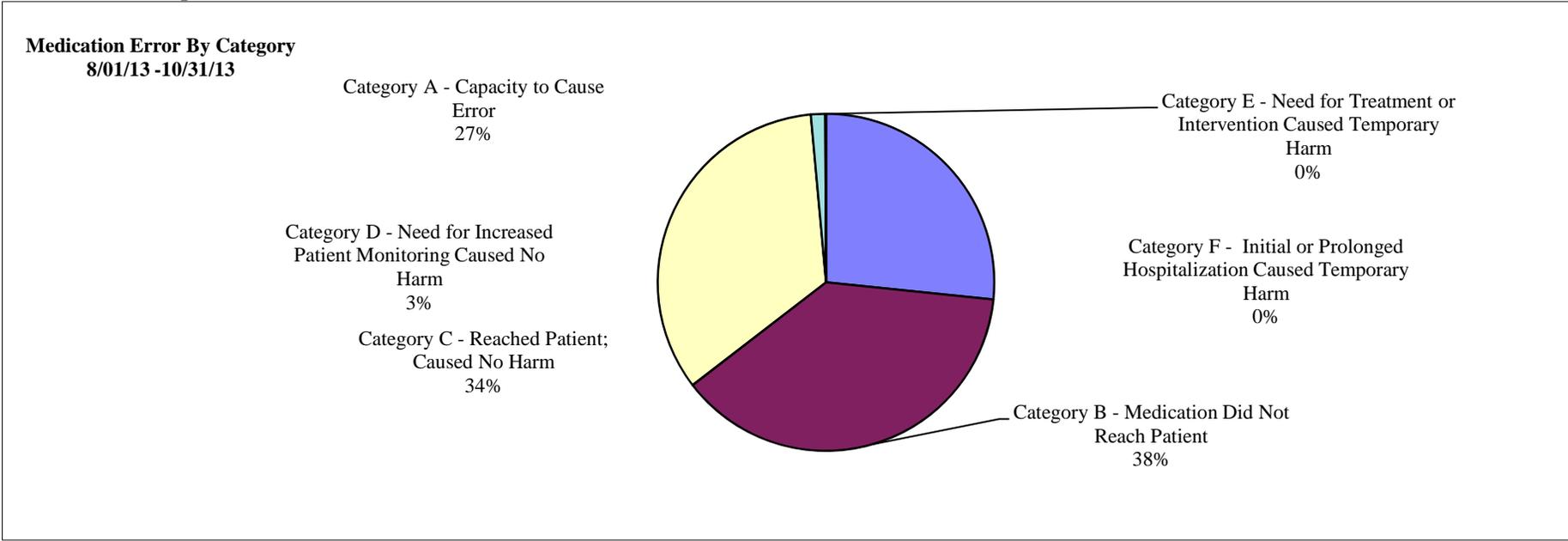
**Objective 4B - Medication Variance Data
All State Hospitals**

	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
AUSTIN STATE HOSPITAL														
Medication Errors	5	5	12	22	23	14	4	4	26	23	15	25	9	7
Bed Days in Month	8124	8153	7715	8477	8545	7370	8112	8063	8581	8174	8424	8081	8762	8340
Med Errors/1000 Bed Days	0.62	0.61	1.56	2.60	2.69	1.90	0.49	0.50	3.03	2.81	1.78	3.09	1.03	0.84
BIG SPRING STATE HOSPITAL														
Medication Errors	7	7	4	11	7	6	7	10	9	3	7	24	9	9
Bed Days in Month	5556	5451	5714	5893	5819	5522	6051	5801	5862	5672	5768	5956	6038	5861
Falls/1000 Bed Days	1.26	1.28	0.70	1.87	1.20	1.09	1.16	1.72	1.54	0.53	1.21	4.03	1.49	1.54
EL PASO PSYCHIATRIC CENTER														
Medication Errors	8	2	3	6	0	5	2	4	5	7	1	9	4	4
Bed Days in Month	2105	2196	2105	2102	2107	1938	2206	2096	2080	2092	2048	1996	1983	1883
Med Errors/1000 Bed Days	3.80	0.91	1.43	2.85	0.00	2.58	0.91	1.91	2.40	3.35	0.49	4.51	2.02	2.12
KERRVILLE STATE HOSPITAL														
Medication Errors	21	53	28	28	27	33	32	27	30	22	19	9	0	0
Bed Days in Month	5209	5465	5304	5620	5639	5220	5891	5688	5898	5707	6018	5939	5823	5645
Med Errors/1000 Bed Days	4.03	9.70	5.28	4.98	4.79	6.32	5.43	4.75	5.09	3.85	3.16	1.52	0.00	0.00
NORTH TEXAS STATE HOSPITAL														
Medication Errors	19	35	33	22	27	31	23	26	26	11	26	27	14	21
Bed Days in Month	18065	19153	18441	17444	17619	16632	18957	18329	18356	17773	18544	17389	17257	16429
Med Errors/1000 Bed Days	1.05	1.83	1.79	1.26	1.53	1.86	1.21	1.42	1.42	0.62	1.40	1.55	0.81	1.28
RIO GRANDE STATE CENTER														
Medication Errors	95	6	8	4	22	31	52	15	25	42	7	74	100	77
Bed Days in Month	1590	1610	1402	1474	1095	1155	1077	1333	1635	1543	1491	1526	1512	1467
Med Errors/1000 Bed Days	59.75	3.73	5.71	2.71	20.09	26.84	48.28	11.25	15.29	27.22	4.69	48.49	66.14	52.49
RUSK STATE HOSPITAL														
Medication Errors	10	4	7	3	4	3	4	1	9	7	7	9	2	1
Bed Days in Month	9174	9430	8794	9394	9754	8873	10094	9948	10437	10263	10603	10657	10961	10459
Med Errors/1000 Bed Days	1.09	0.42	0.80	0.32	0.41	0.34	0.40	0.10	0.86	0.68	0.66	0.84	0.18	0.10
SAN ANTONIO STATE HOSPITAL														
Medication Errors	1	5	5	4	4	2	5	0	6	3	3	4	7	0
Bed Days in Month	7469	7955	7489	8252	8331	7536	8257	8061	8345	7964	8308	7947	8764	8536
Med Errors/1000 Bed Days	0.13	0.63	0.67	0.48	0.48	0.27	0.61	0.00	0.72	0.38	0.36	0.50	0.80	0.00
TERRELL STATE HOSPITAL														
Medication Errors	10	24	16	19	5	33	12	20	18	17	11	17	5	3
Bed Days in Month	8810	8999	8449	8283	8840	7928	8761	8550	9101	8727	8825	7260	7613	7525
Med Errors/1000 Bed Days	1.14	2.67	1.89	2.29	0.57	4.16	1.37	2.34	1.98	1.95	1.25	2.34	0.66	0.40

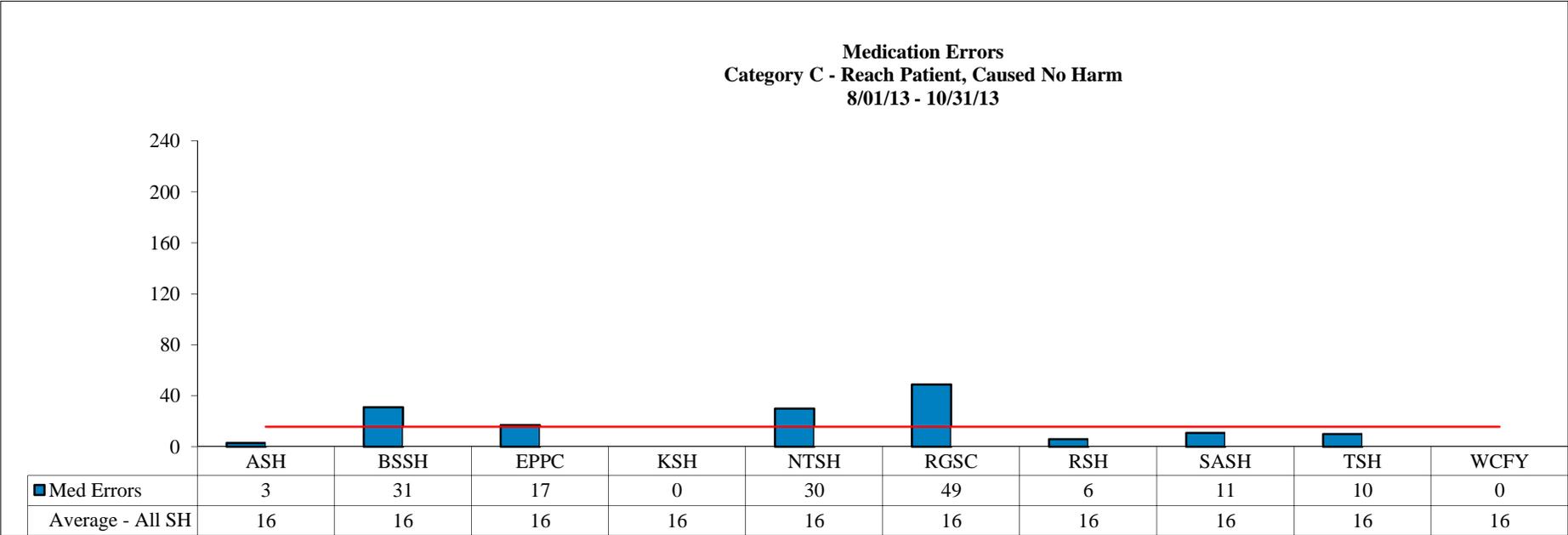
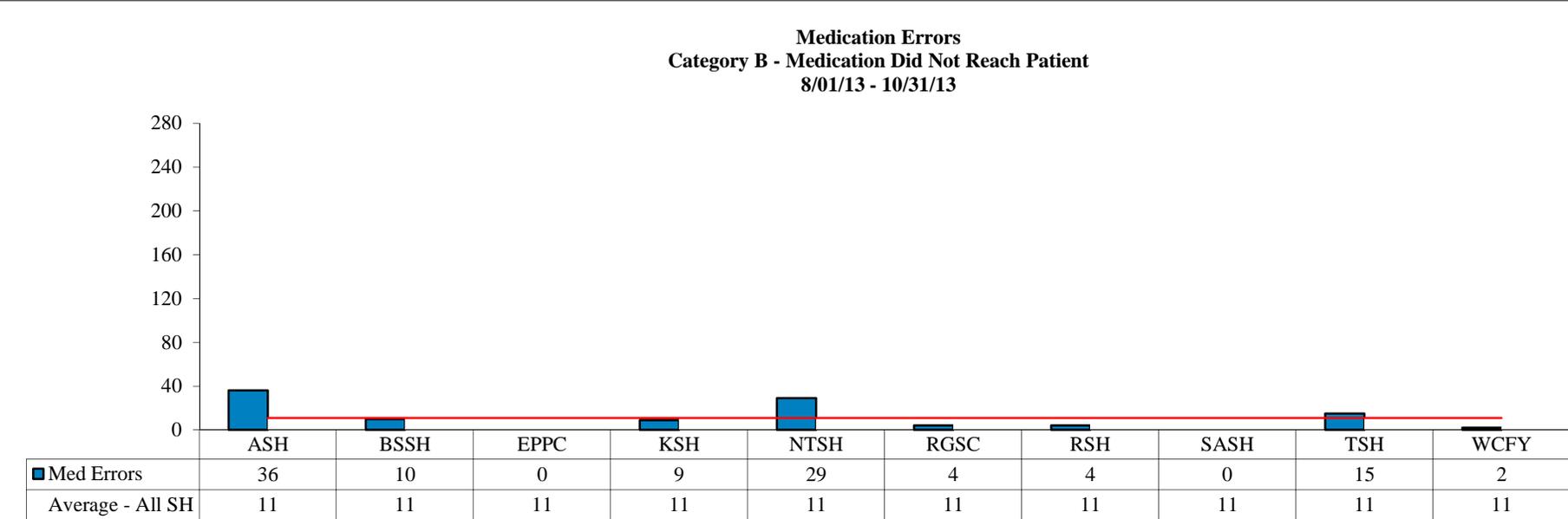
Objective 4B - Medication Variance Data
All State Hospitals

	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
WACO CENTER FOR YOUTH														
Medication Errors	7	3	5	3	2	1	0	0	1	1	1	0	6	0
Bed Days in Month	2222	2311	2163	2169	2176	2011	2293	2271	2302	2276	2200	2278	2253	2214
Med Errors/1000 Bed Days	3.15	1.30	2.31	1.38	0.92	0.50	0.00	0.00	0.43	0.44	0.45	0.00	2.66	0.00
TEXAS CENTER FOR INFECTIOUS DISEASE														
Medication Errors	0	1		7	3	6	6	1	5	1	1	1	6	6
Bed Days in Month	1176	1104	1013	1099	1091	954	1141	1198	1212	1138	1143	1067	1081	1045
Med Errors/1000 Bed Days	0.00	0.91	0.00	6.37	2.75	6.29	5.26	0.83	4.13	0.88	0.87	0.94	5.55	5.74
ALL STATE HOSPITALS														
Medication Errors	183	145	121	129	124	165	147	108	160	137	98	199	162	128
Bed Days in Month	69500	71827	68589	70207	71016	65139	72840	71338	73809	71329	73372	70096	72047	69404
Med Errors/1000 Bed Days	2.63	2.02	1.76	1.84	1.75	2.53	2.02	1.51	2.17	1.92	1.34	2.84	2.25	1.84

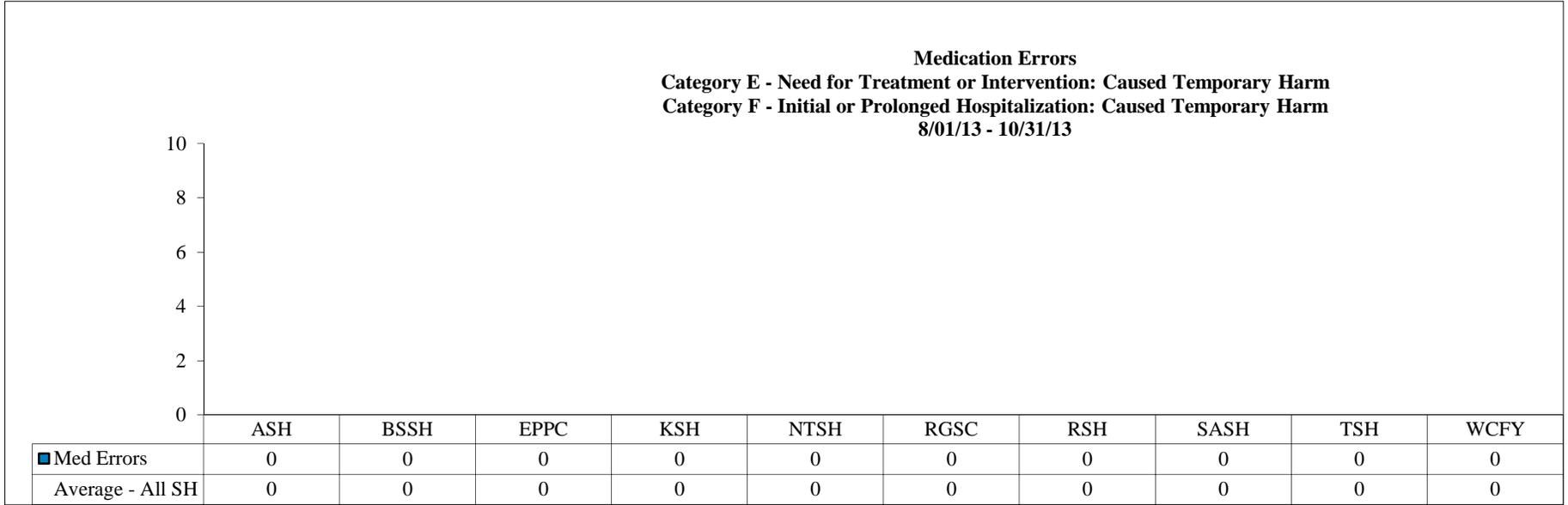
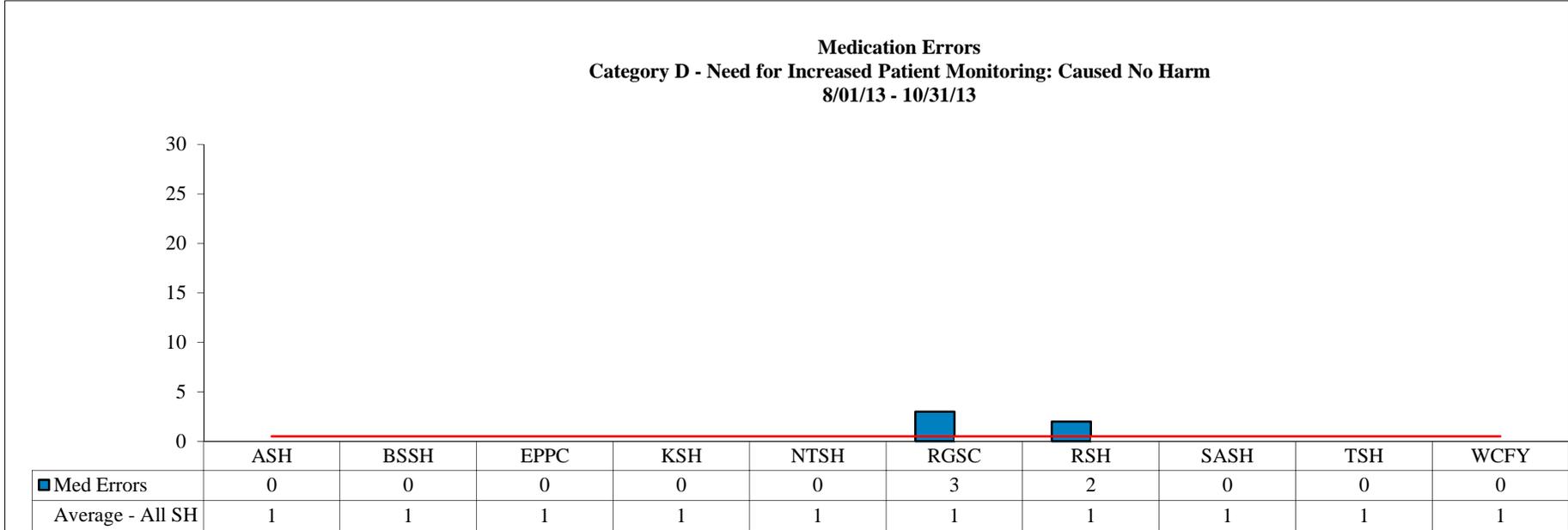
Objective 4B - Medication Variance Data
All State MH Hospitals



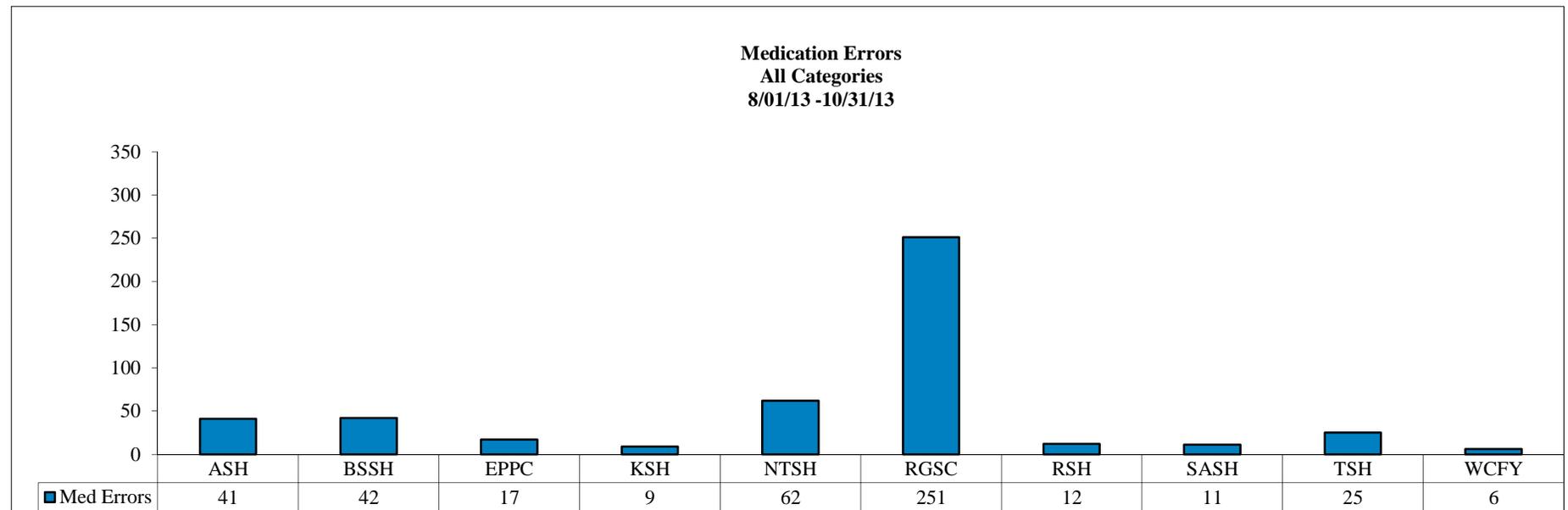
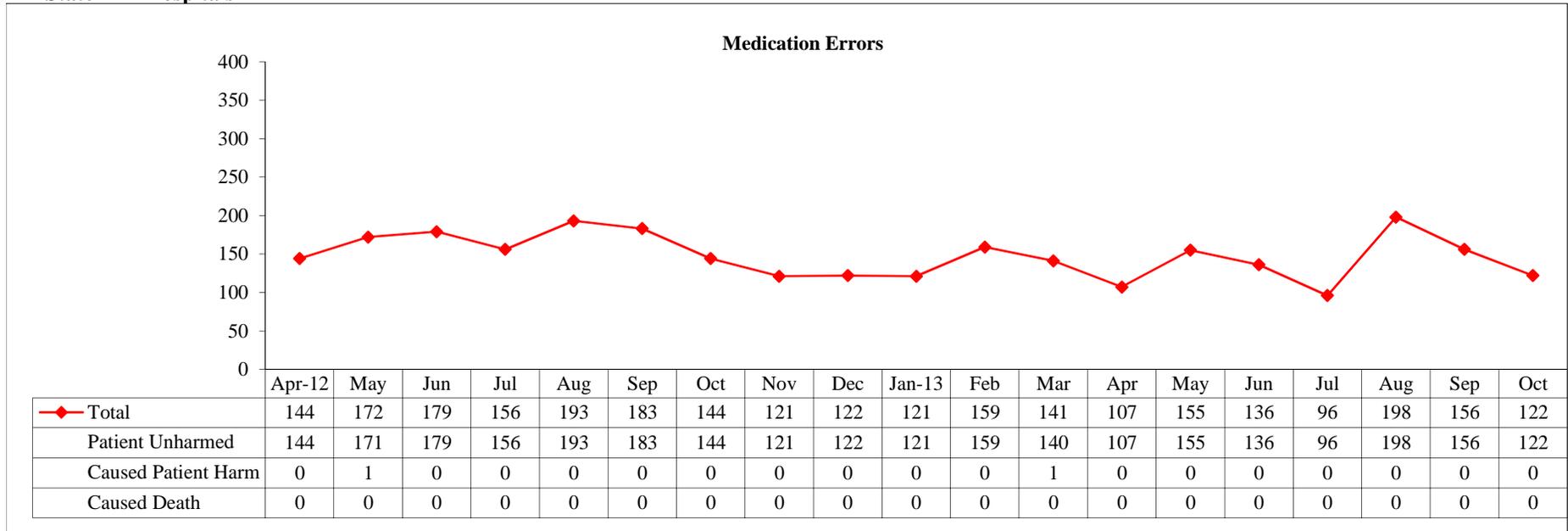
Objective 4B - Medication Variance Data
All State MH Hospitals



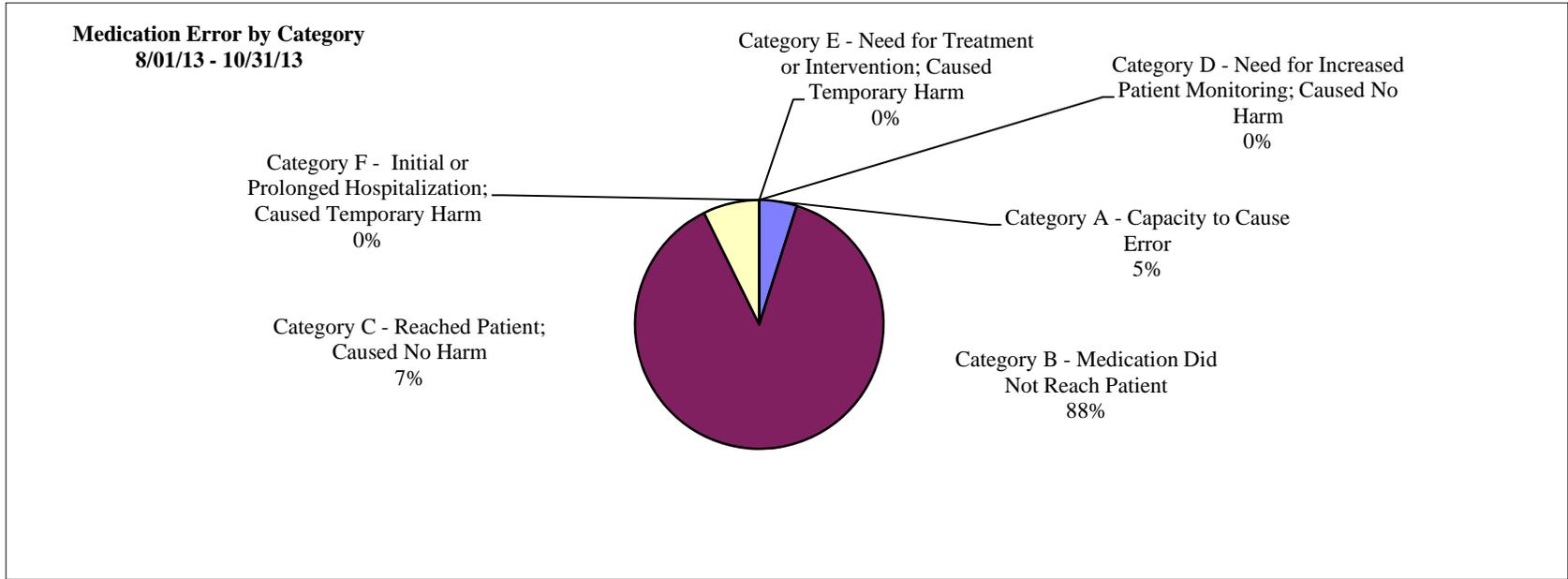
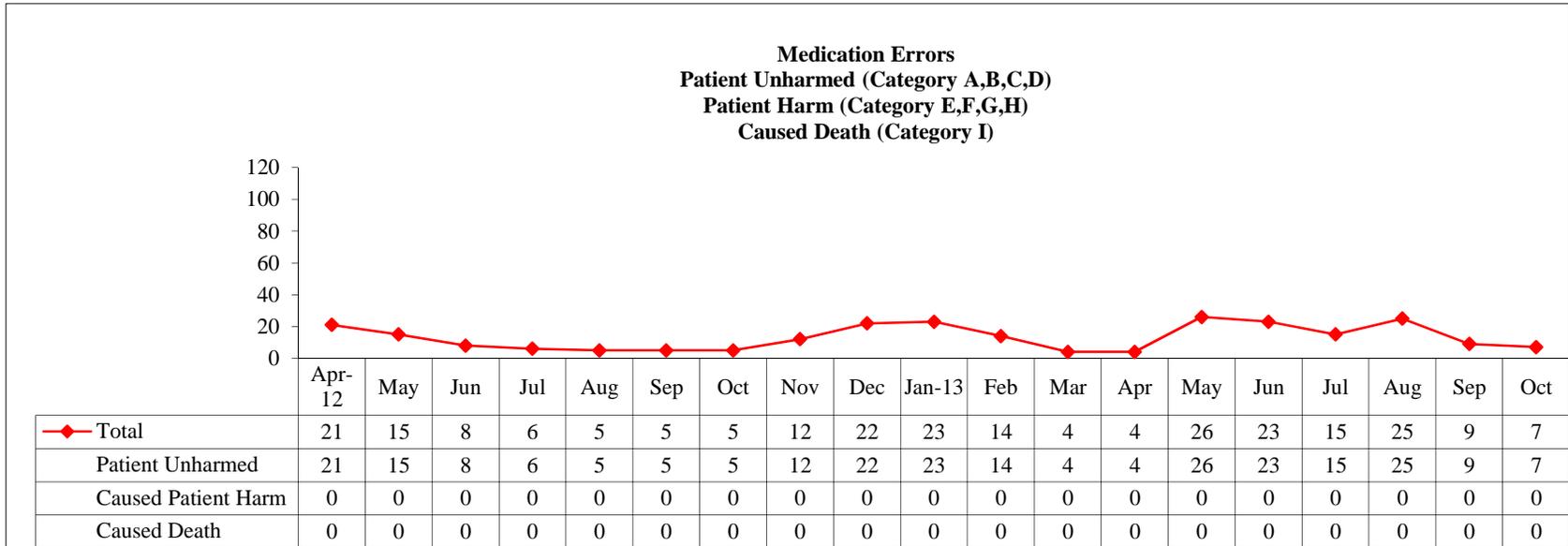
Objective 4B - Medication Variance Data
All State MH Hospitals



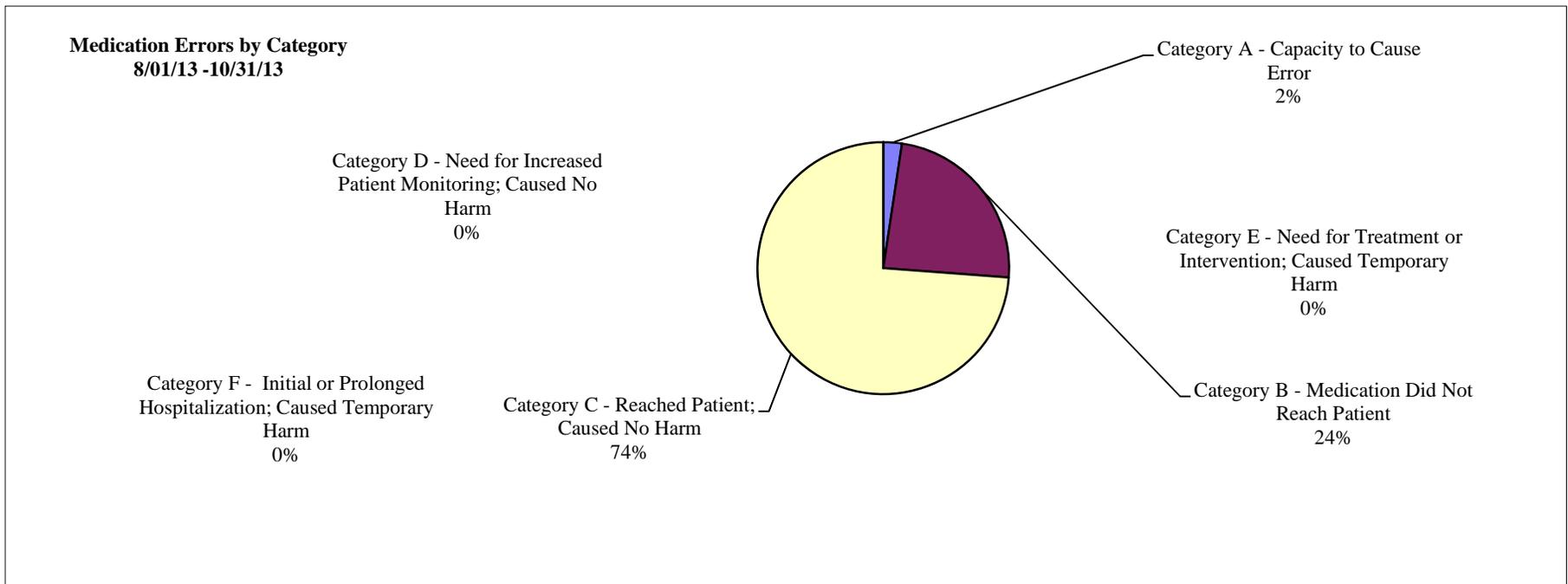
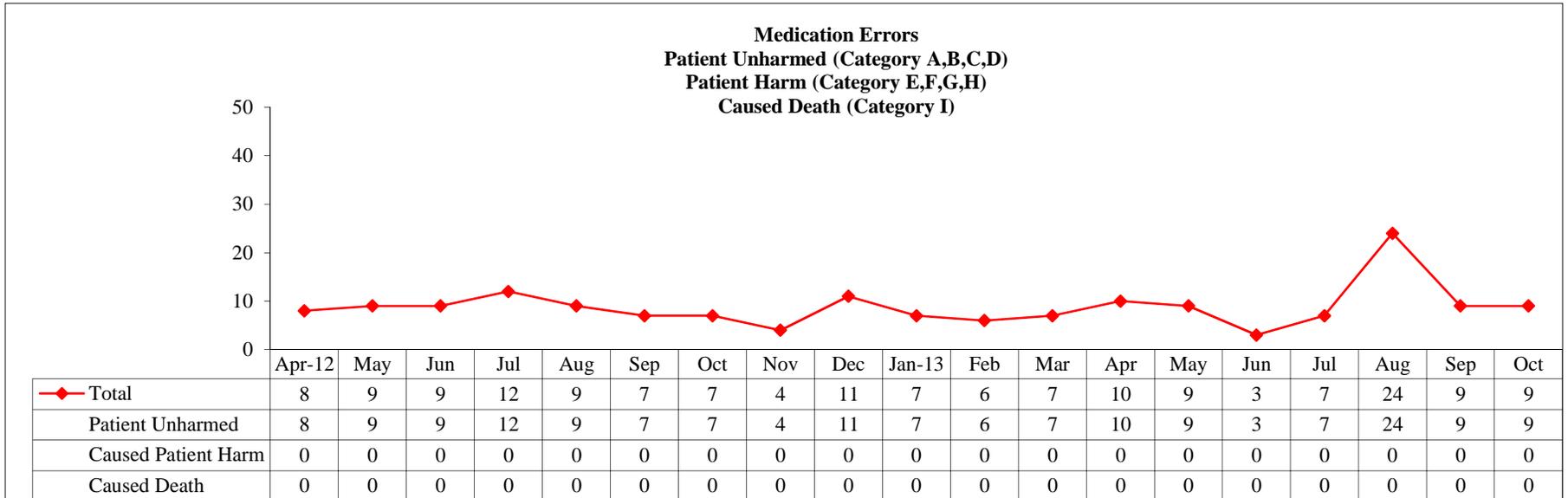
Objective 4B - Medication Variance Data
All State MH Hospitals



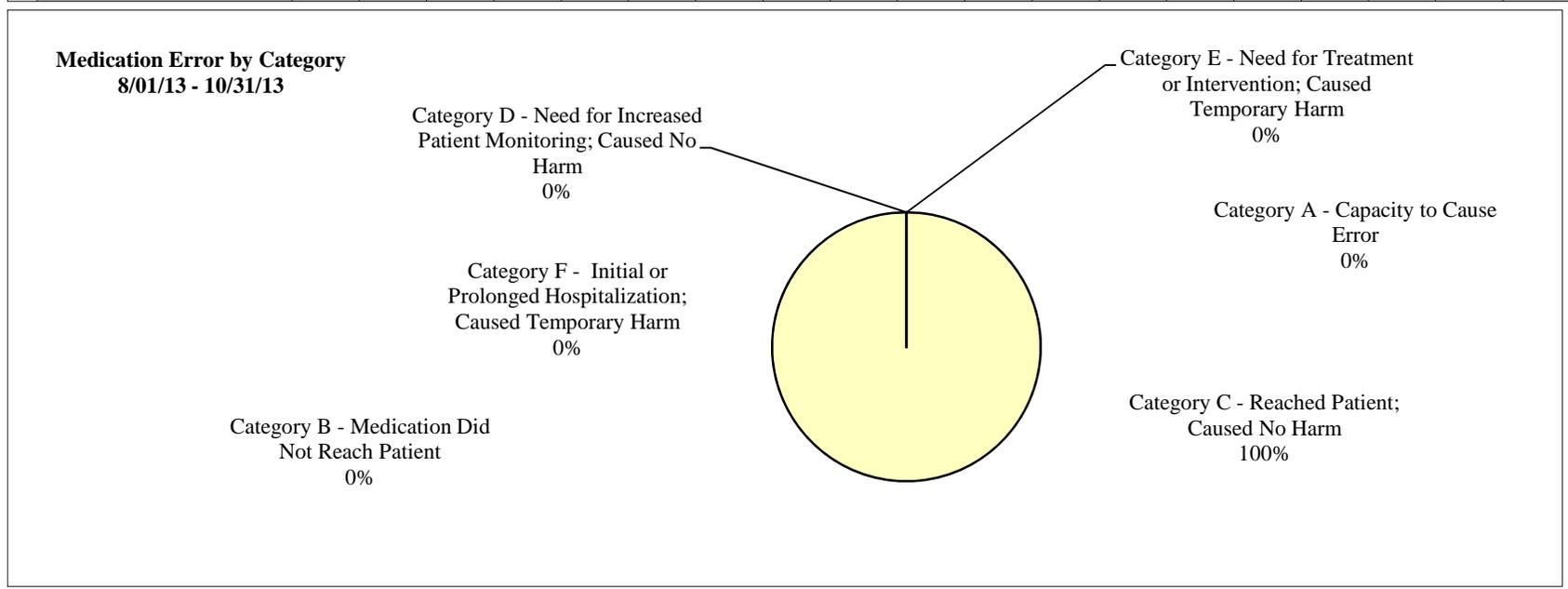
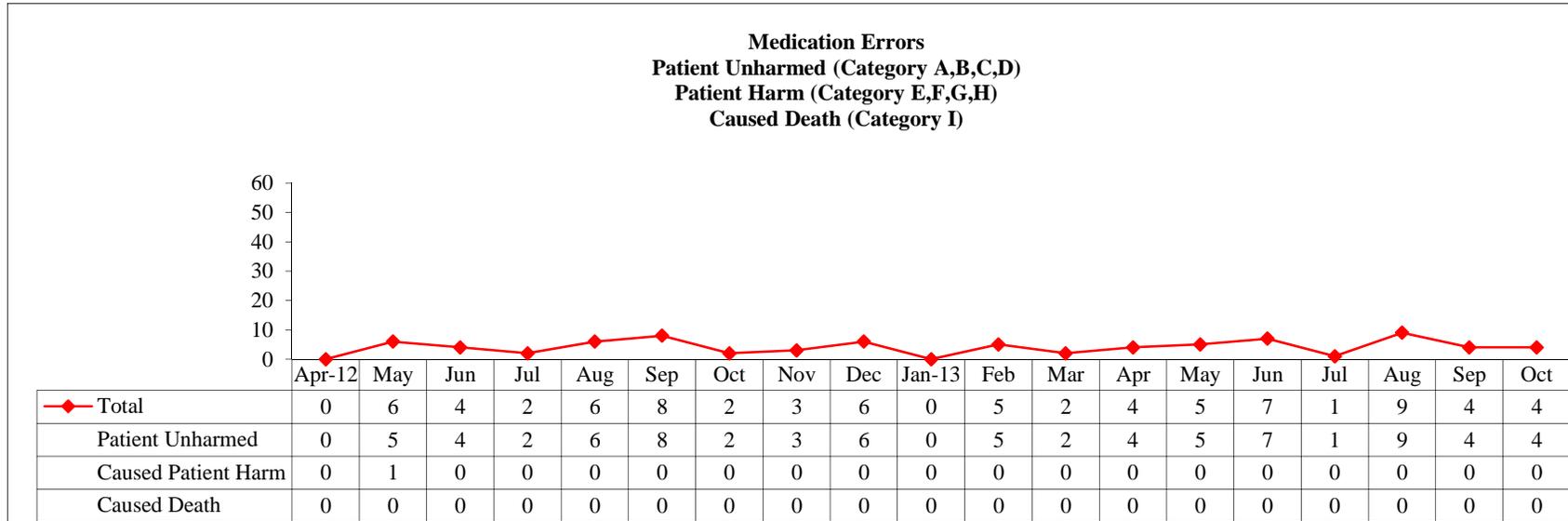
**Objective 4B - Medication Variance Data
Austin State Hospital**



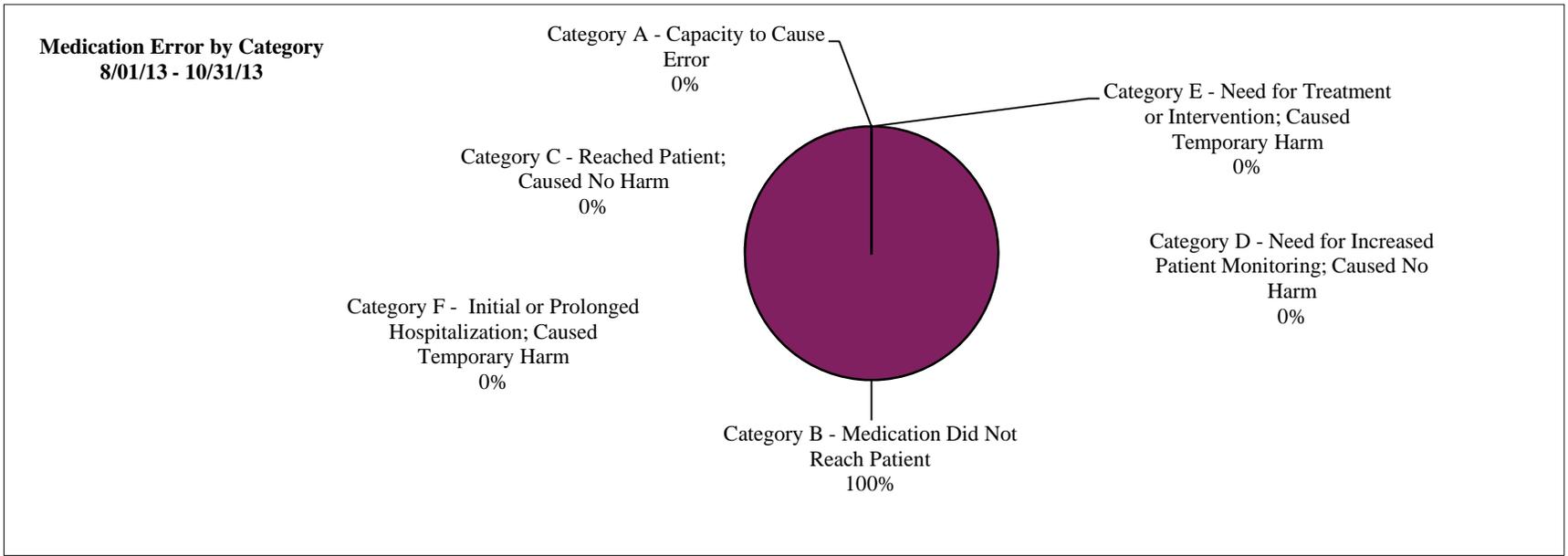
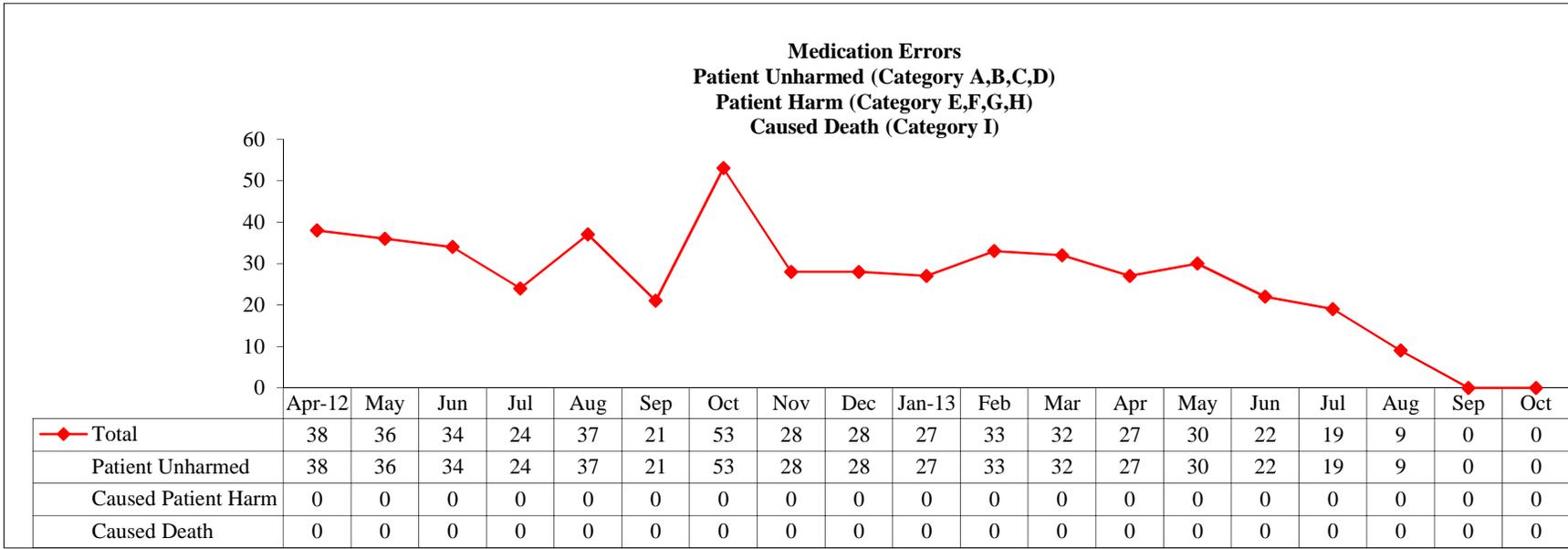
Objective 4B - Medication Variance Data
Big Spring State Hospital



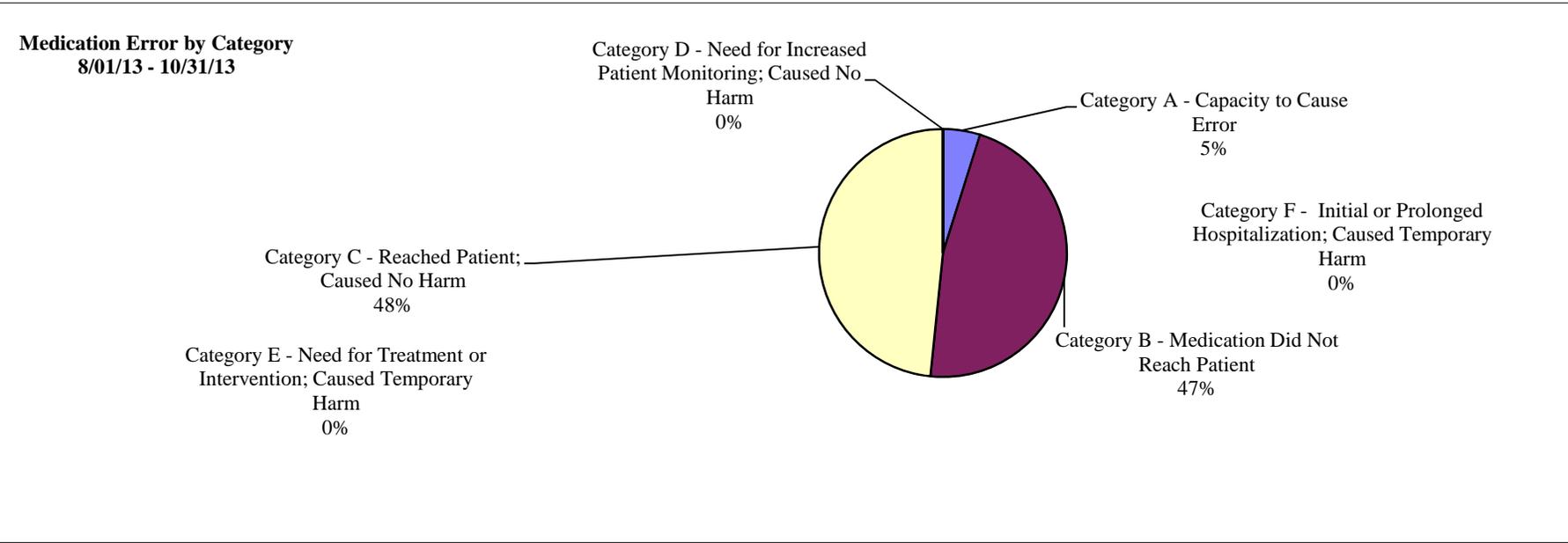
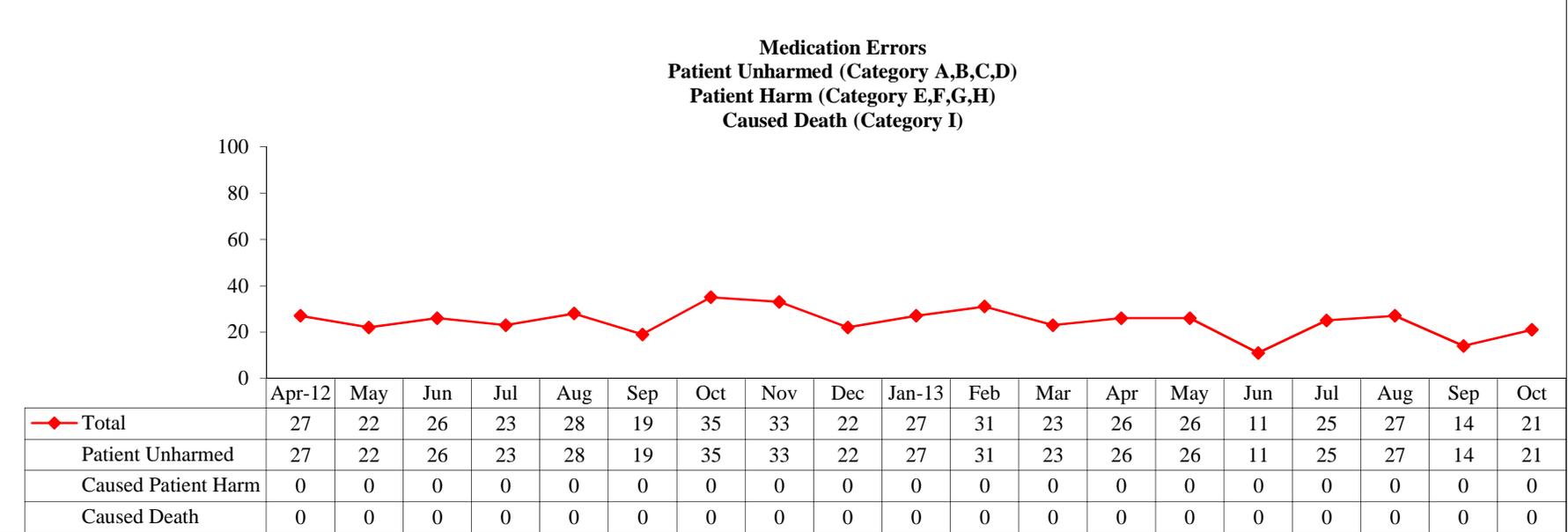
Objective 4B - Medication Variance Data
El Paso Psychiatric Center



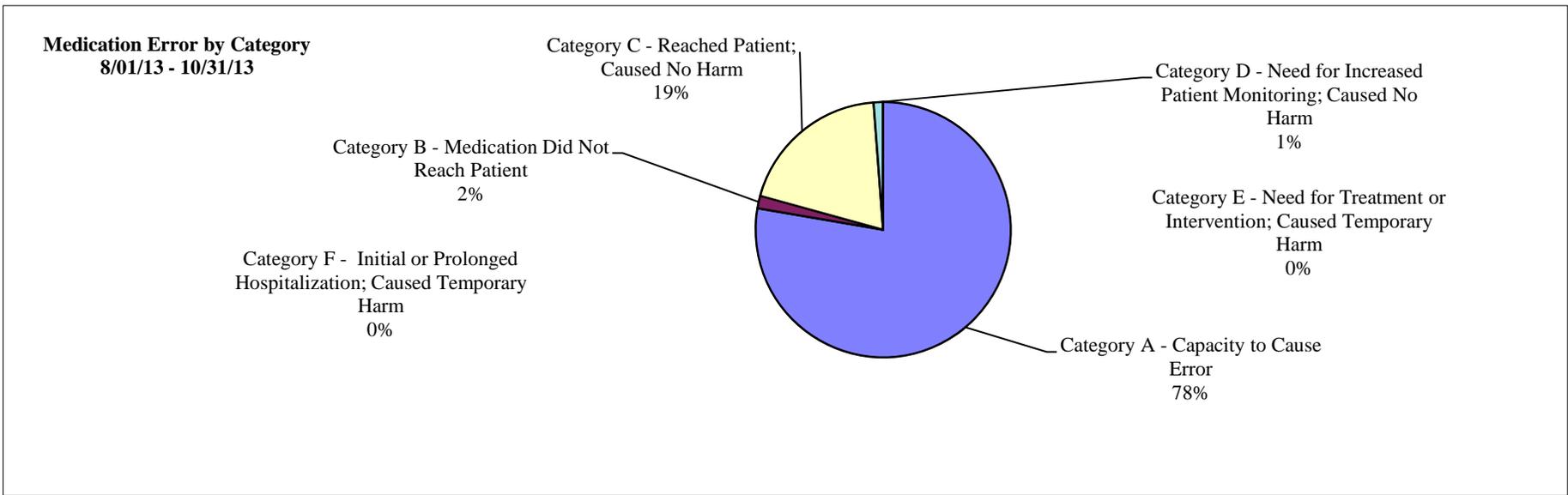
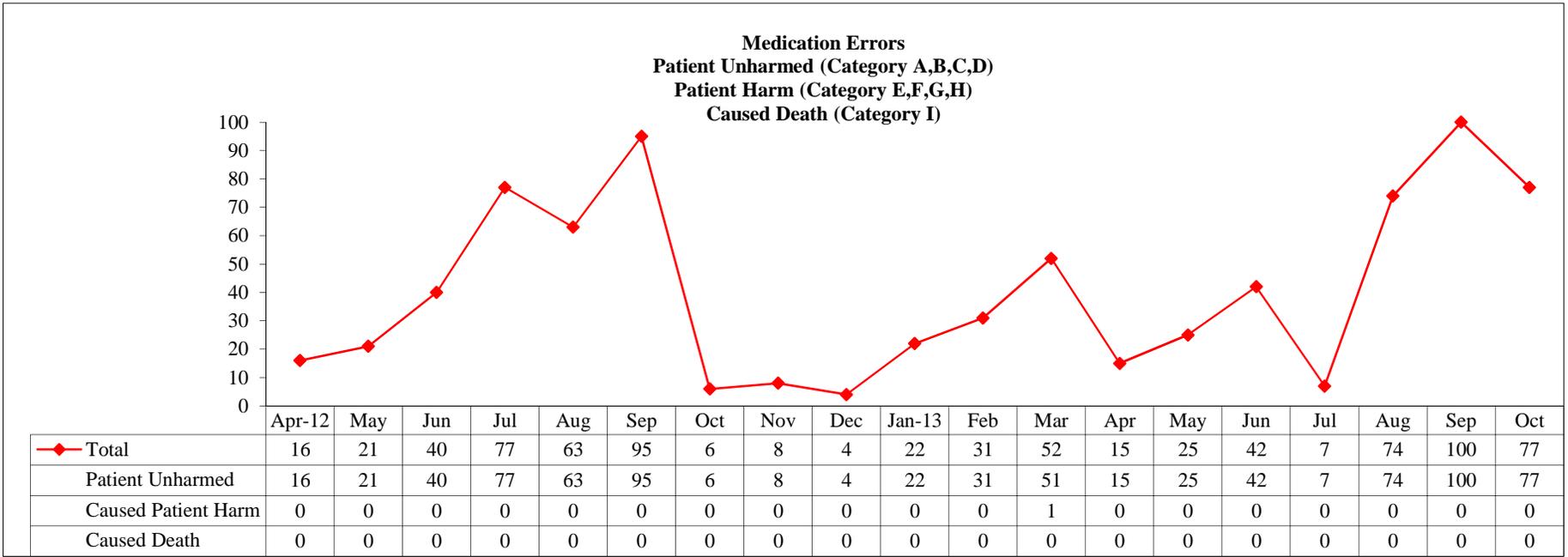
**Objective 4B - Medication Variance Data
Kerrville State Hospital**



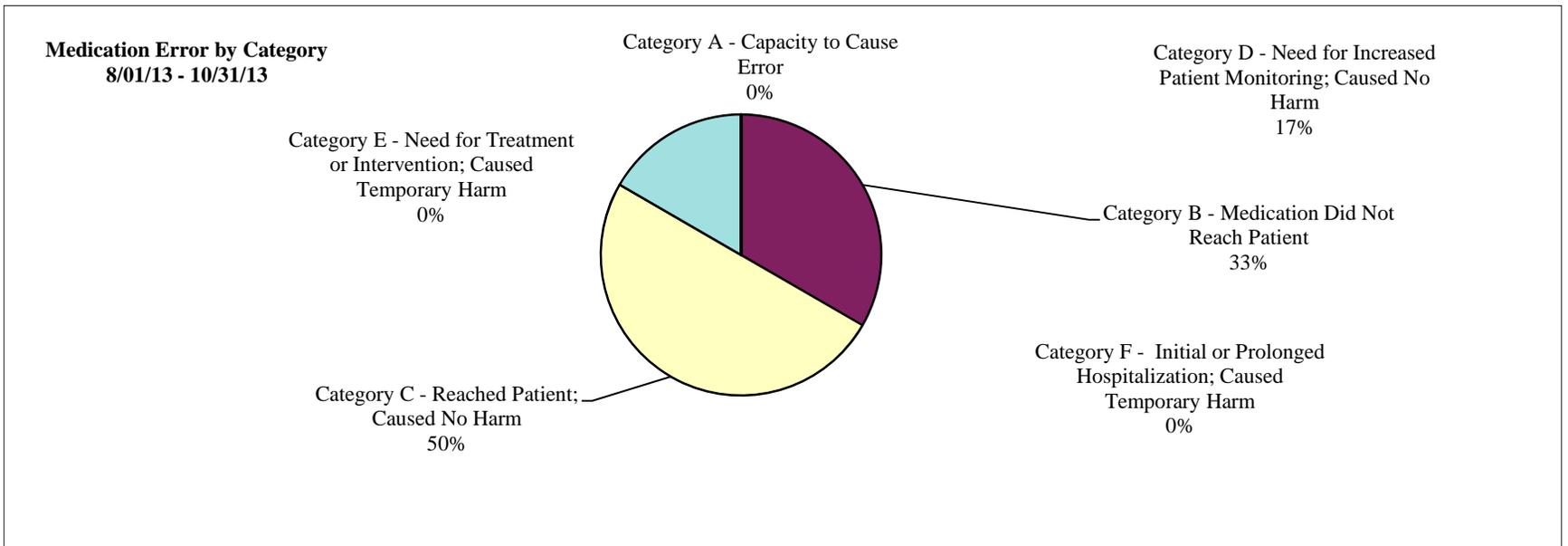
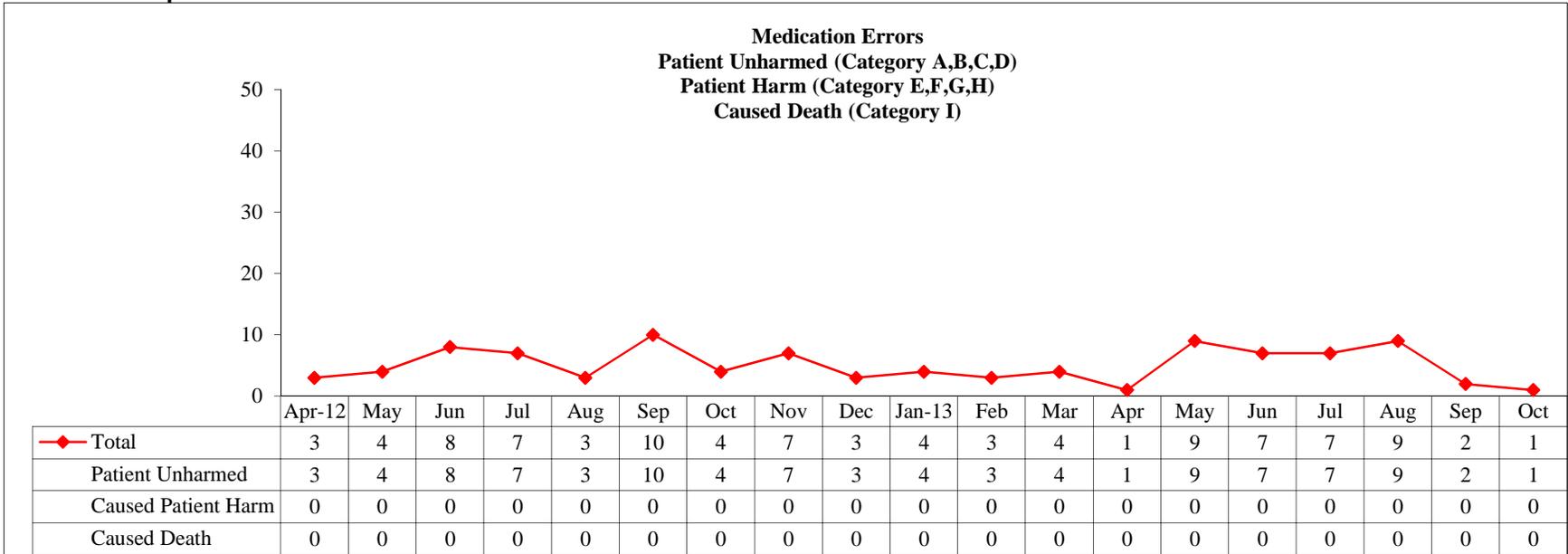
Objective 4B - Medication Variance Data
North Texas State Hospital



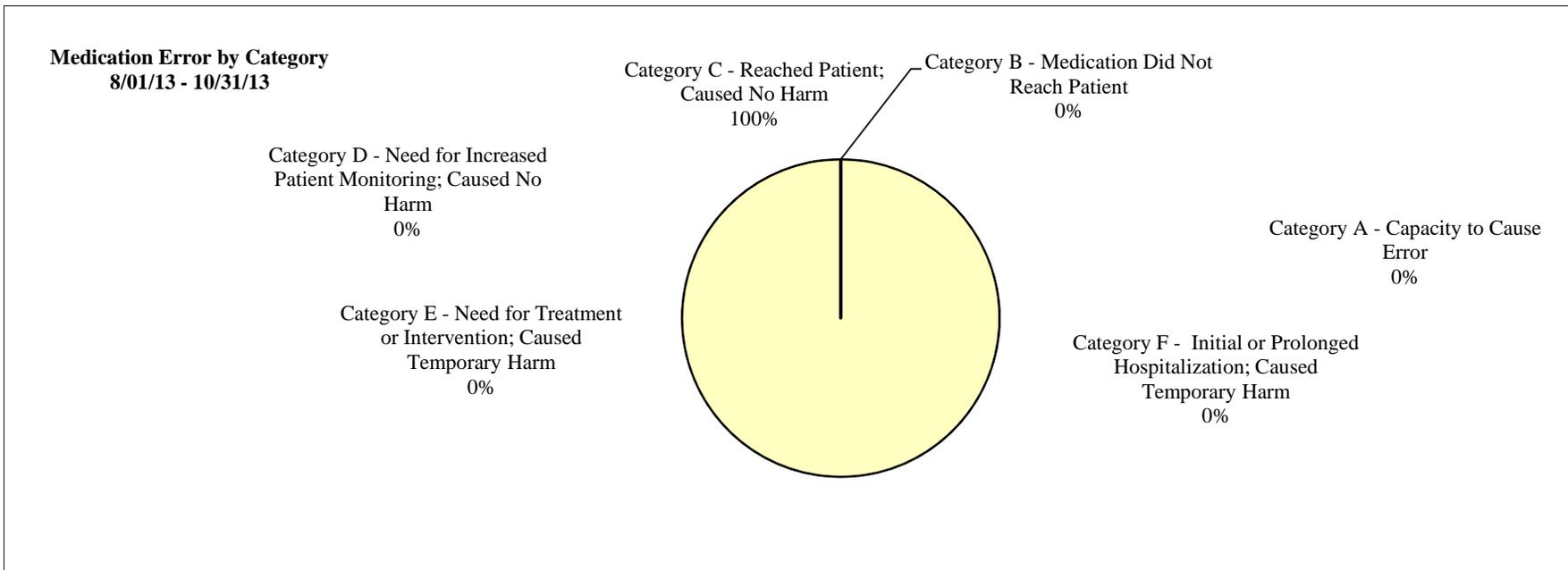
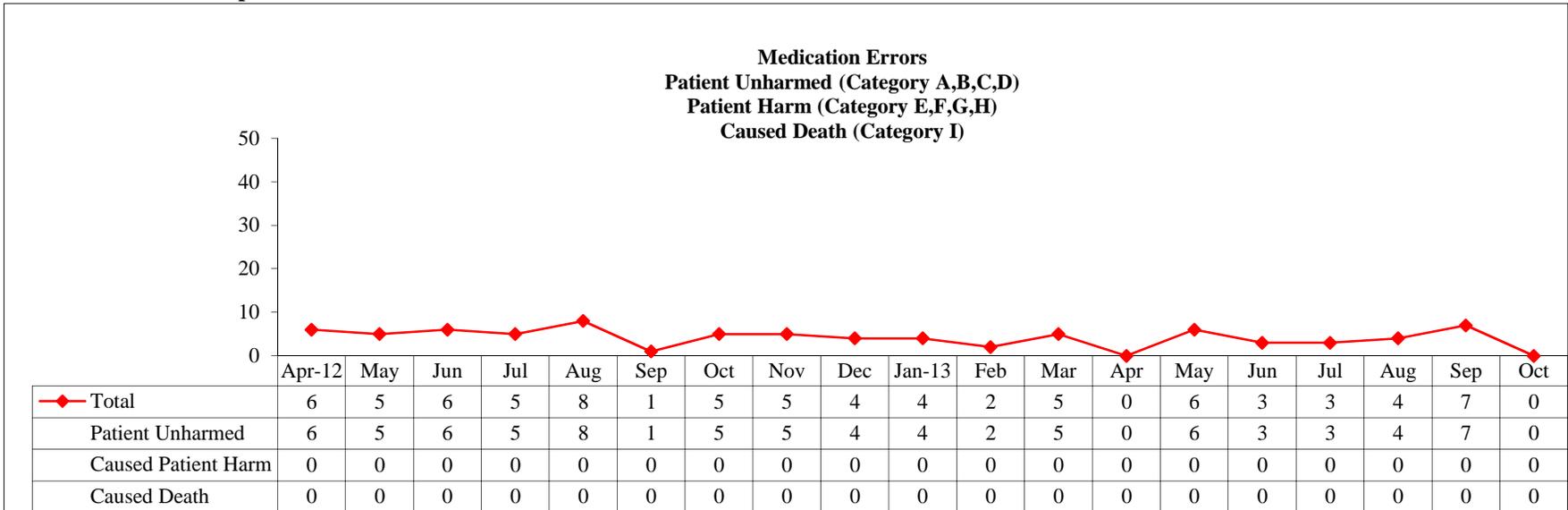
Objective 4B - Medication Variance Data
Rio Grande State Center



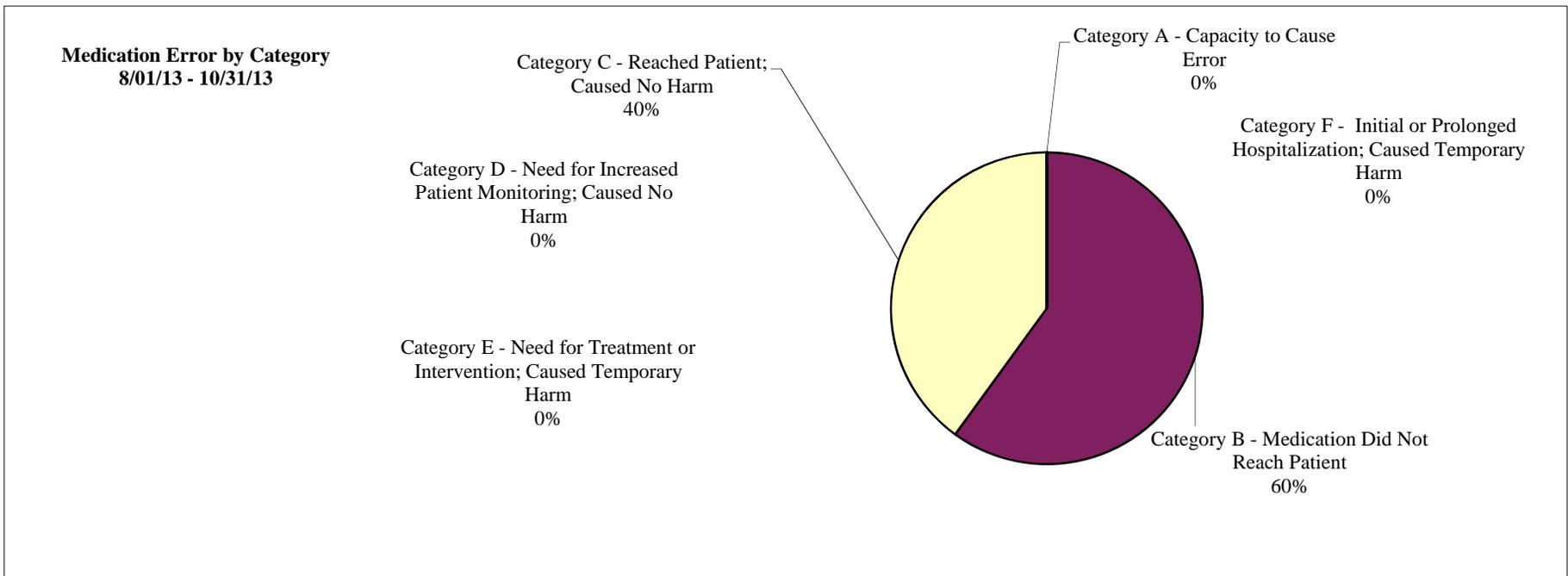
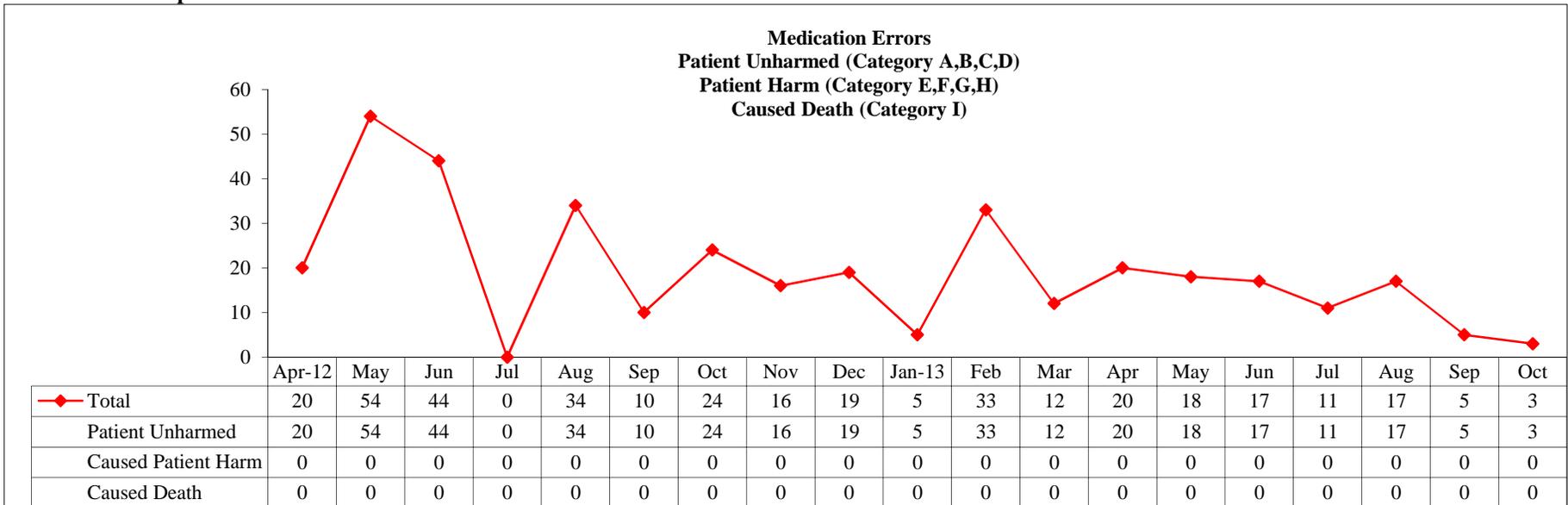
Objective 4B - Medication Variance Data
Rusk State Hospital



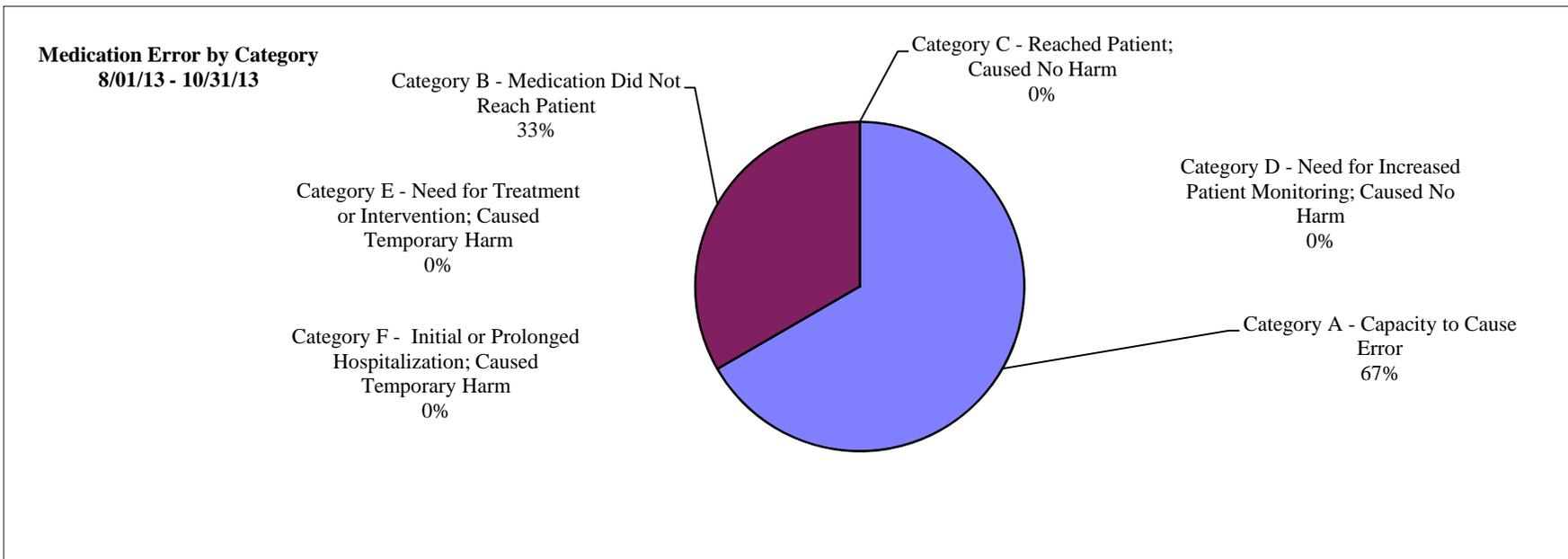
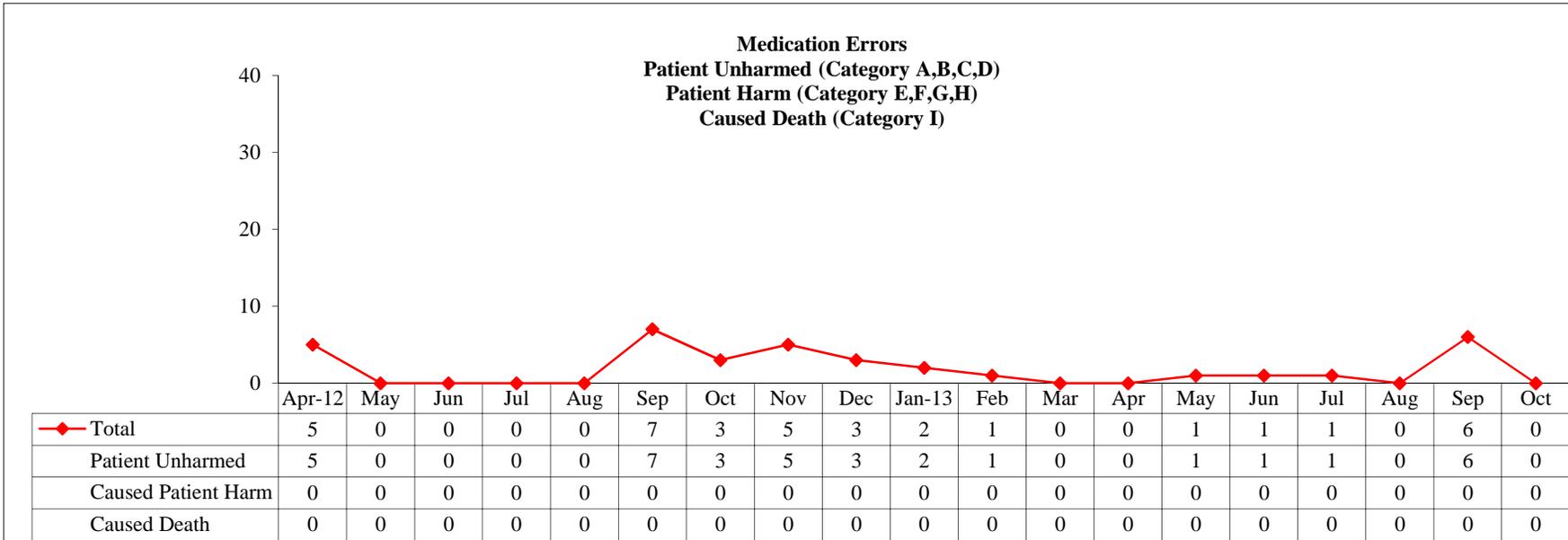
Objective 4B - Medication Variance Data
San Antonio State Hospital



Objective 4B - Medication Variance Data
Terrell State Hospital



Objective 4B - Medication Variance Data
Waco Center for Youth



Performance Measure 4A:

Analyze and report the number of patients receiving new generation atypical antipsychotic medication.

Performance Measure Operational Definition: The hospital count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone, invega sustenna and aripiprazole).

Performance Measure Formula: $R = (N/D)$

R = rate of persons served receiving new generation medications per FY month

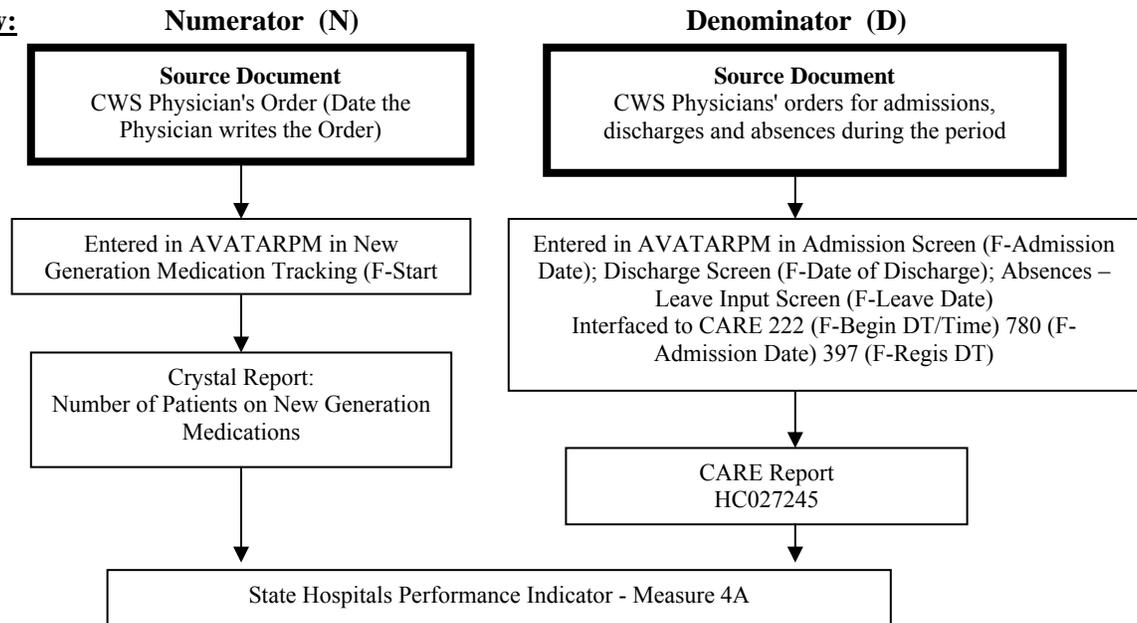
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

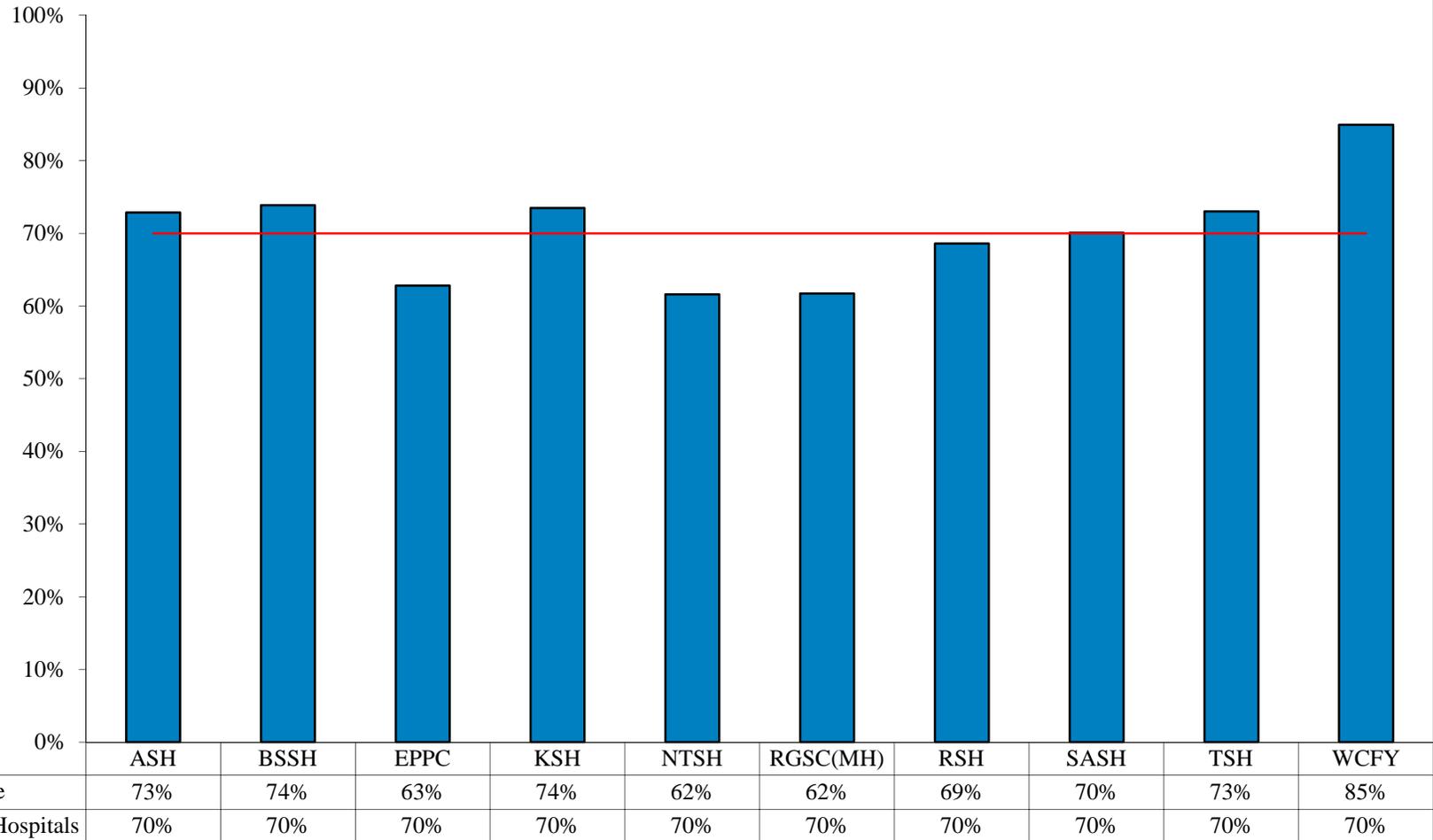
- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of percentage of patients receiving new generation medication for individual state hospitals and system-wide.

Data Flow:



Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals

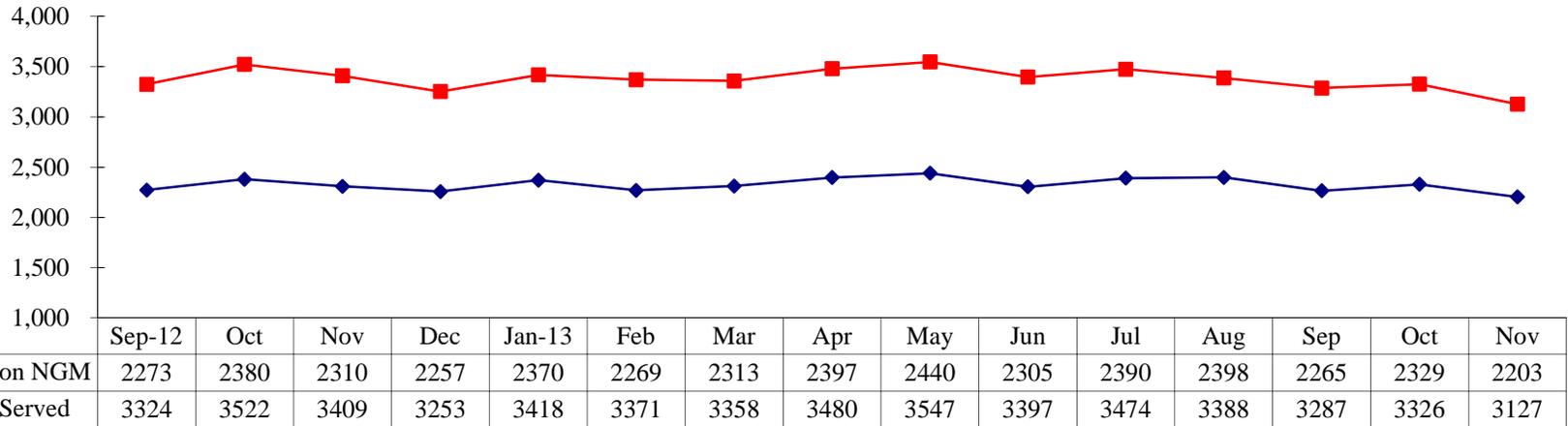
Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for
Q1 - FY2014



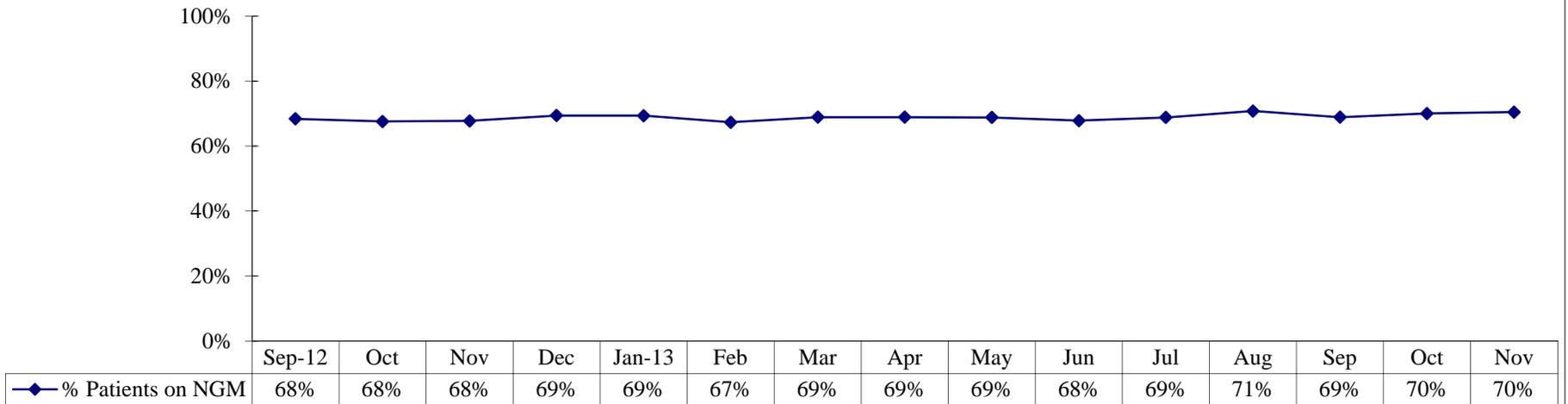
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals

Number of Patients Receiving New Generation Medication (NGM)

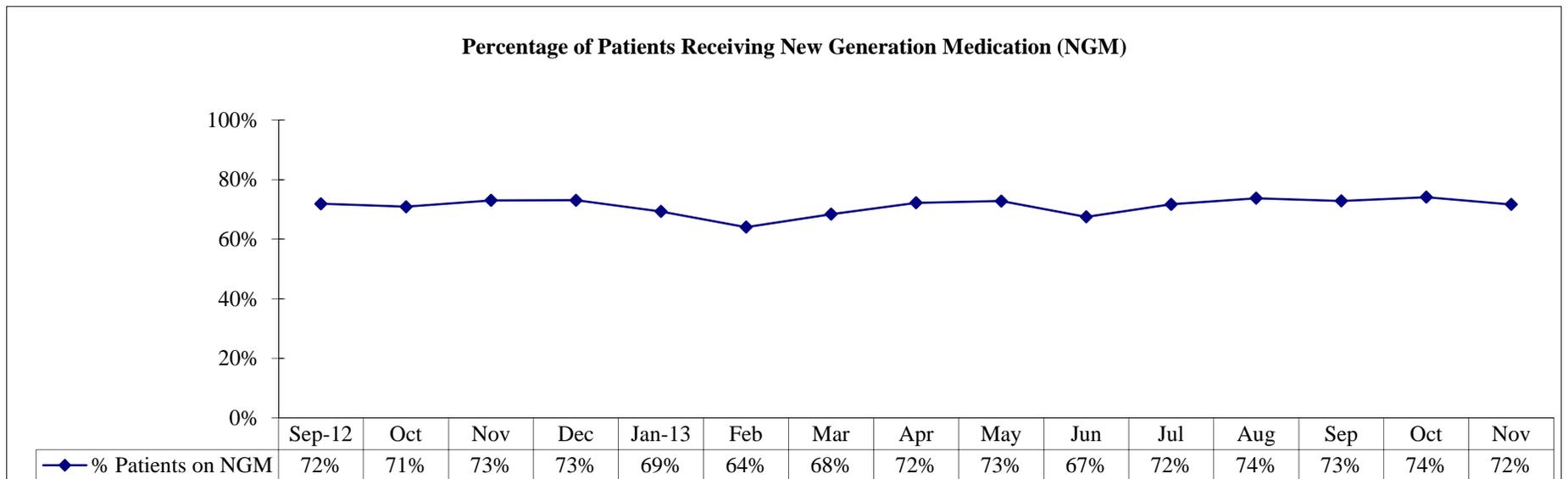
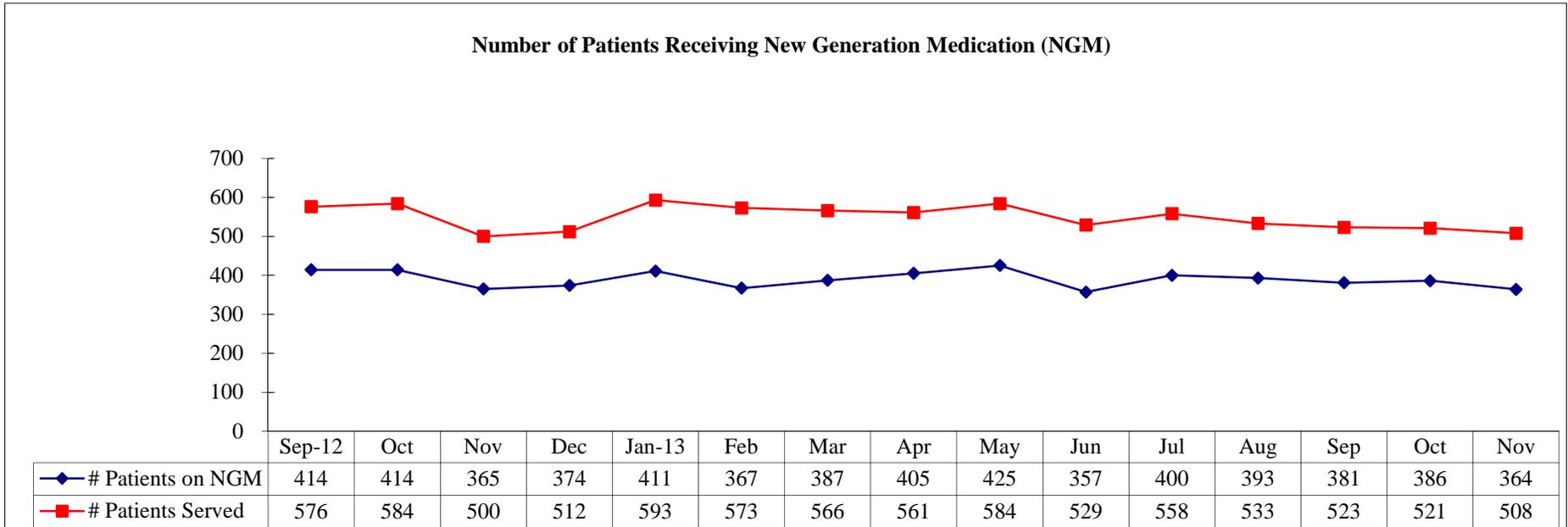


Percentage of Patients Receiving New Generation Medication (NGM)



Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

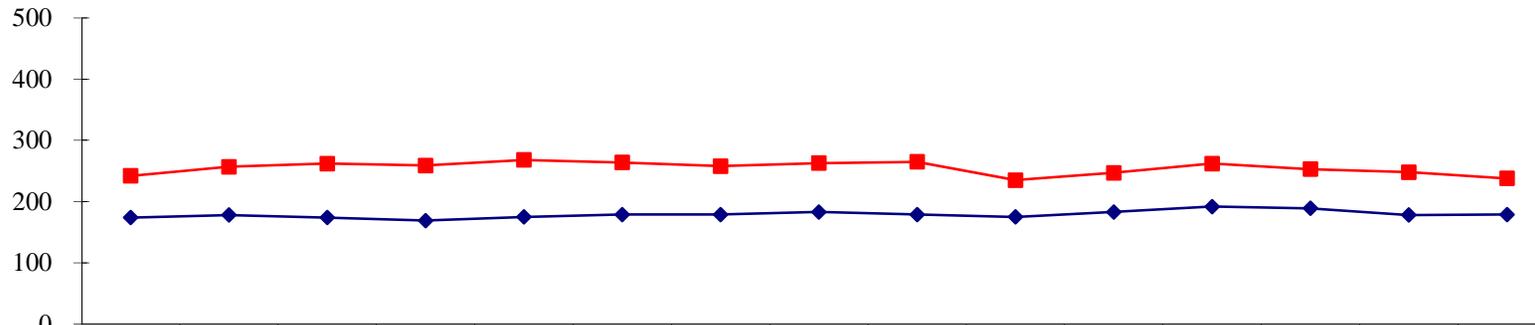
Measure 4A - Patients Receiving New Generation Medication (NGM)
Austin State Hospital



Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

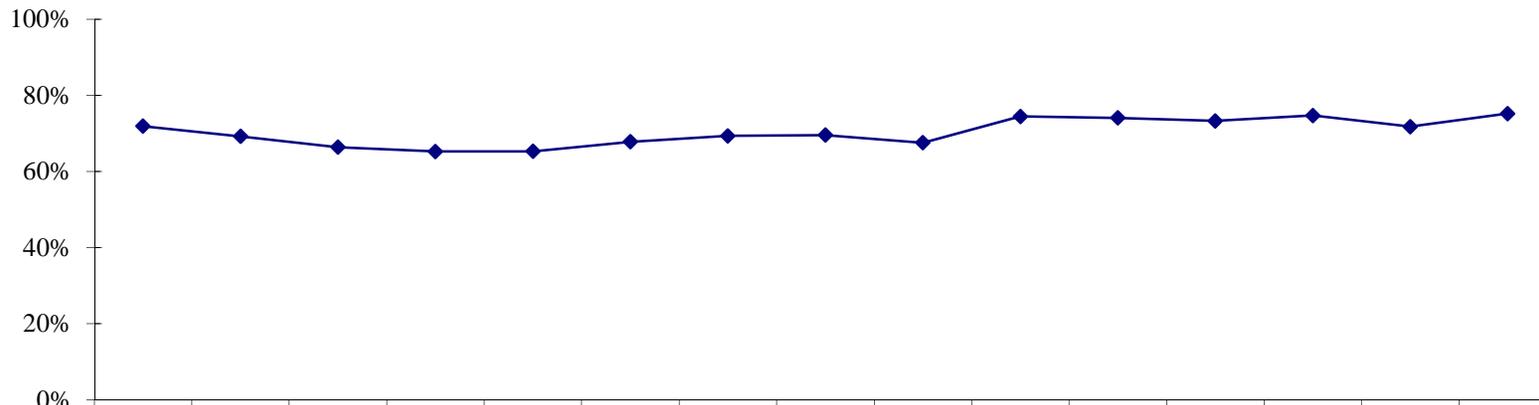
Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
# Patients on NGM	174	178	174	169	175	179	179	183	179	175	183	192	189	178	179
# Patients Served	242	257	262	259	268	264	258	263	265	235	247	262	253	248	238

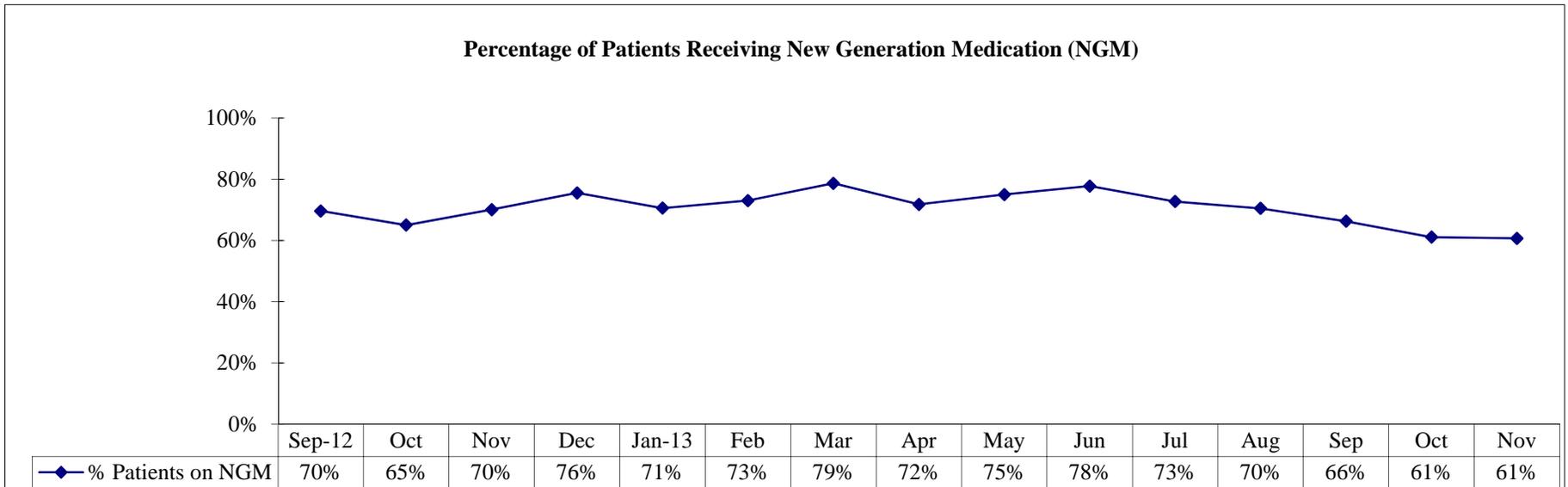
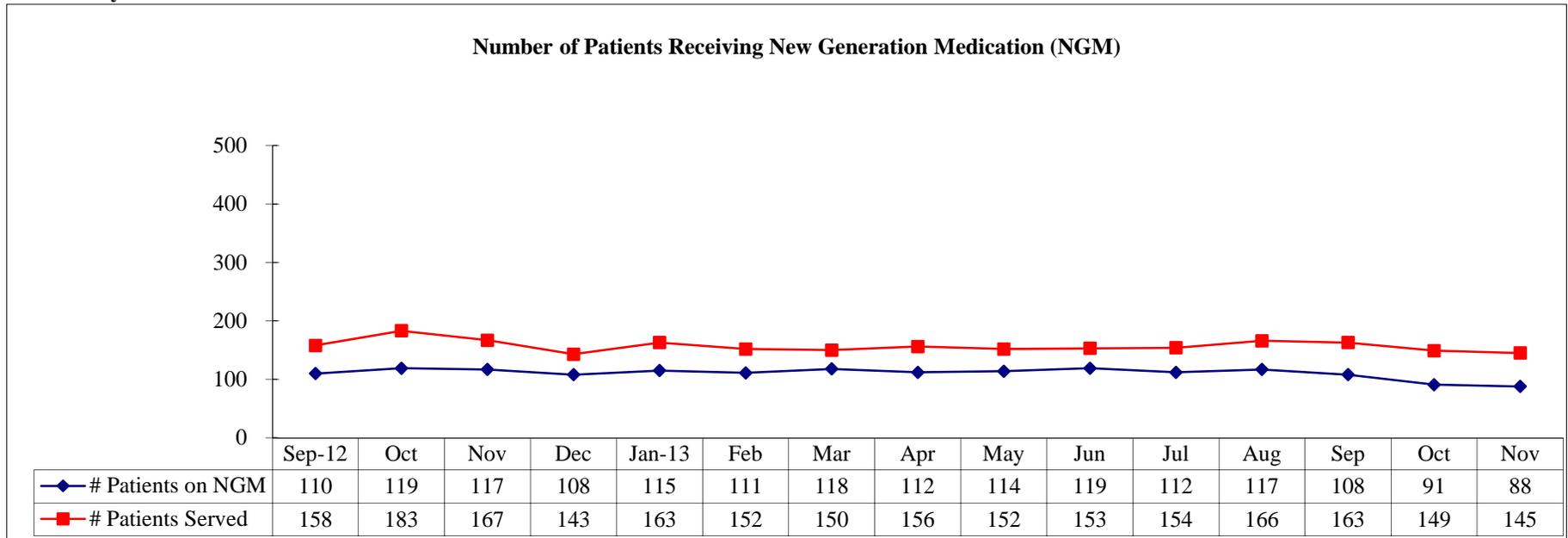
Percentage of Patients Receiving New Generation Medication (NGM)



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
% Patients on NGM	72%	69%	66%	65%	65%	68%	69%	70%	68%	74%	74%	73%	75%	72%	75%

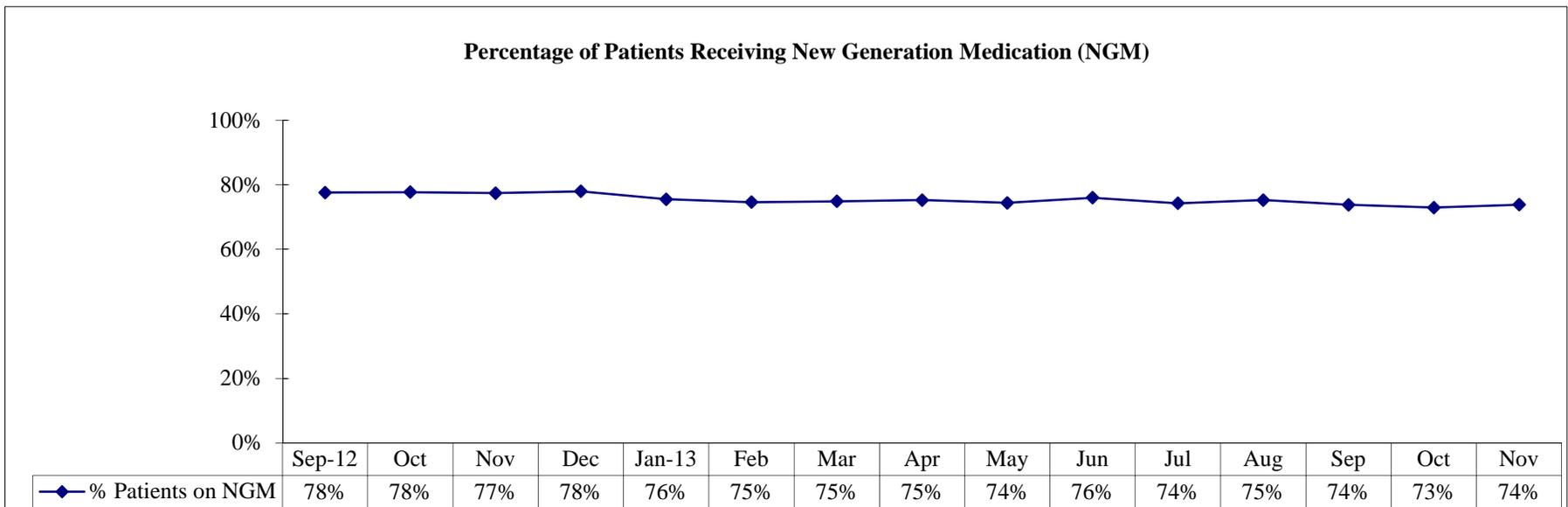
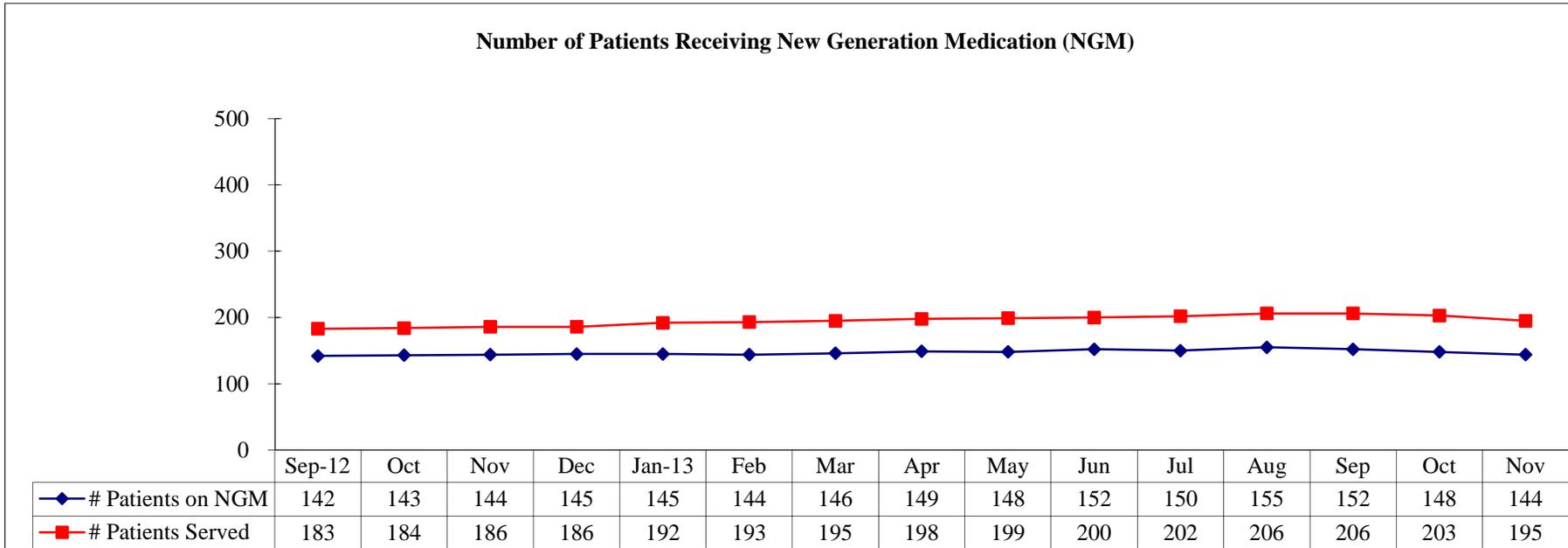
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
El Paso Psychiatric Center



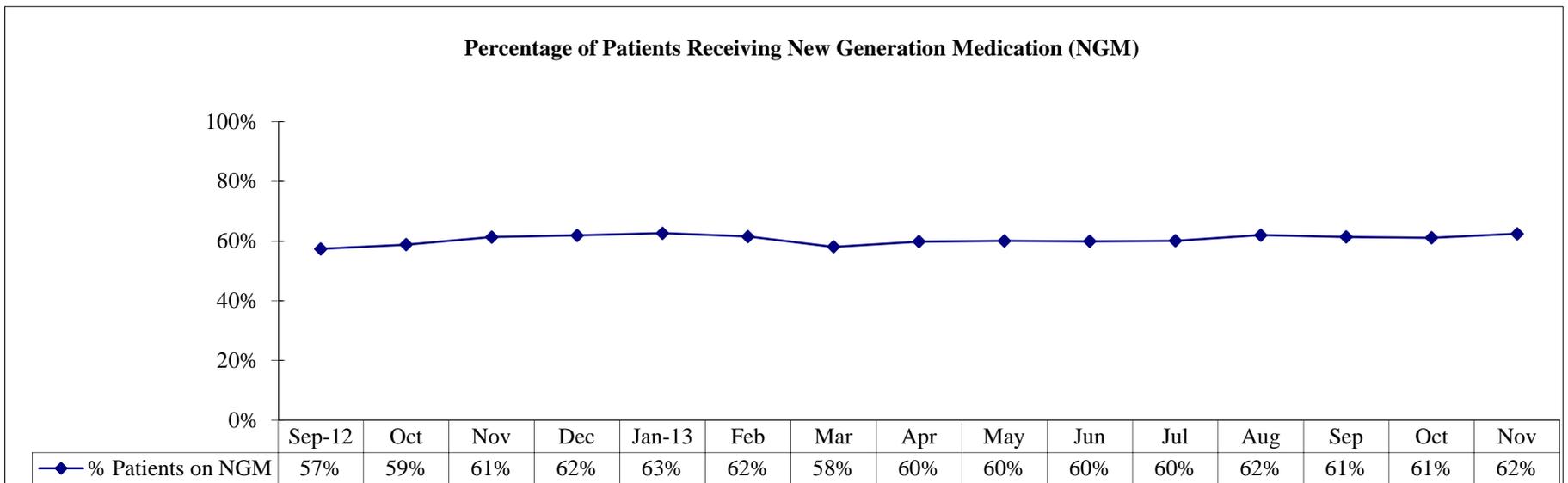
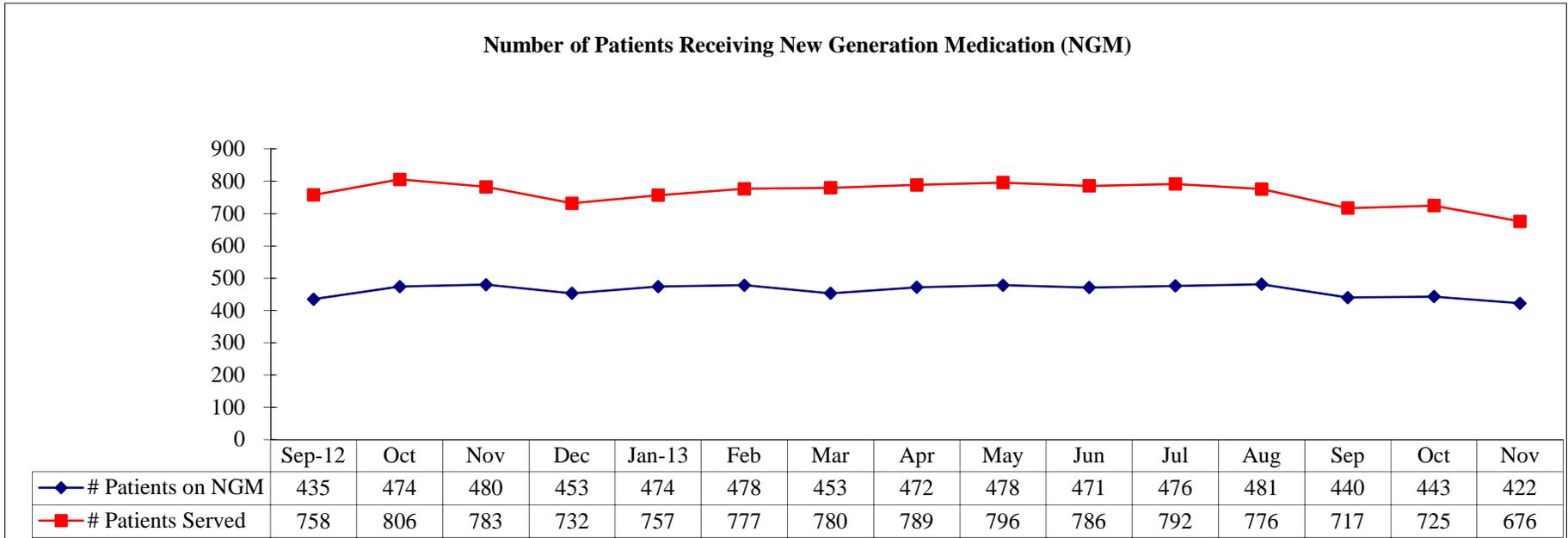
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Kerrville State Hospital



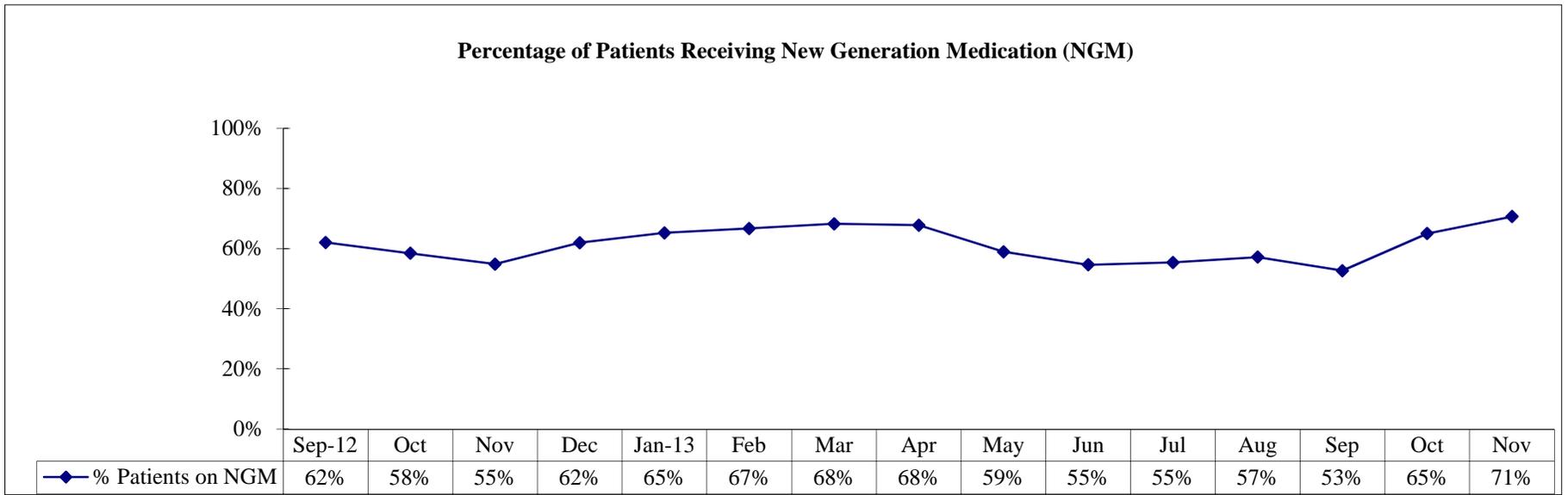
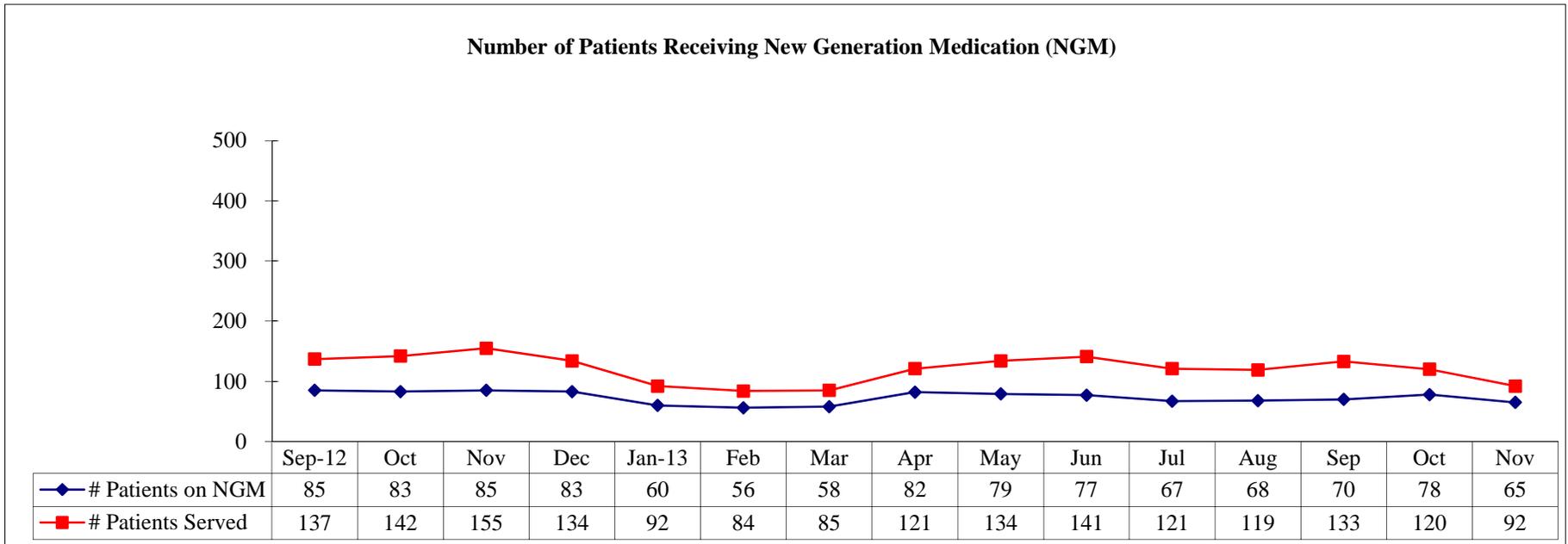
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
North Texas State Hospital



Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

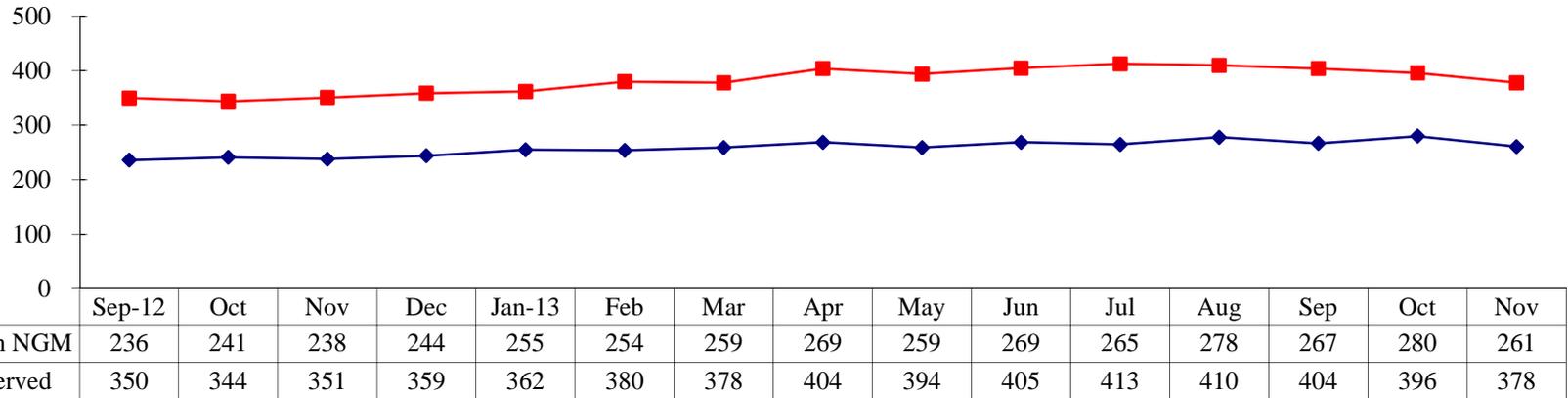
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



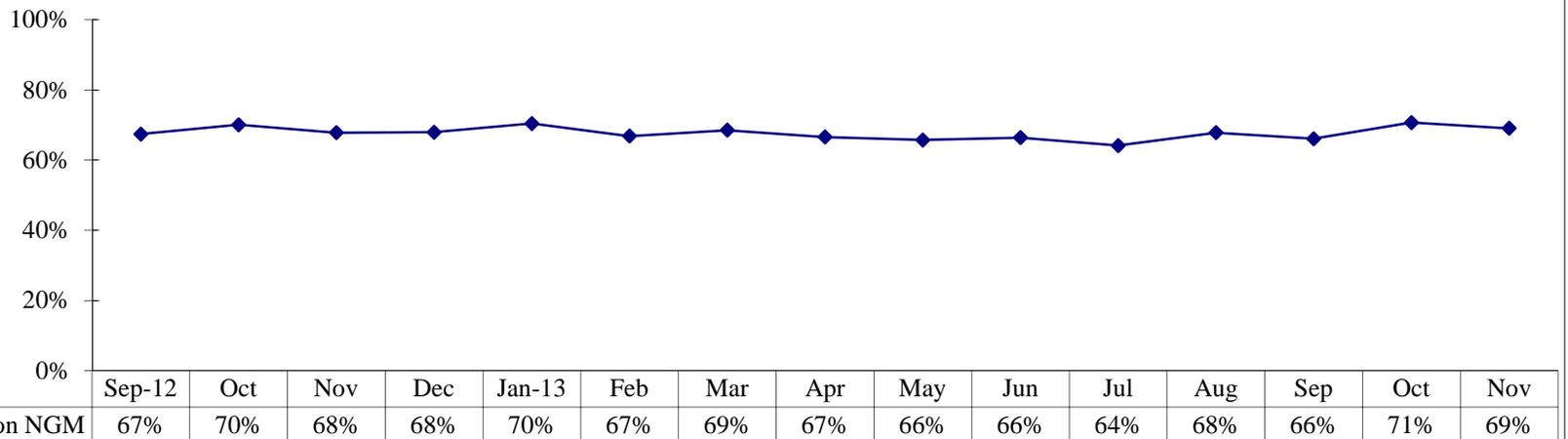
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Rusk State Hospital

Number of Patients Receiving New Generation Medication (NGM)

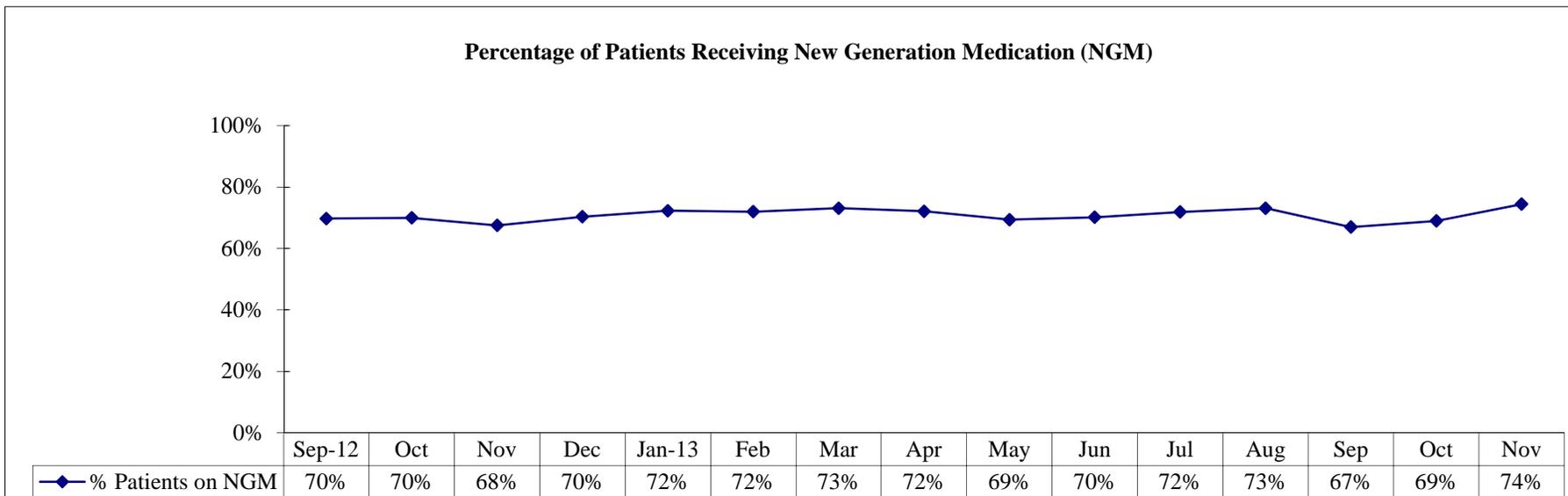
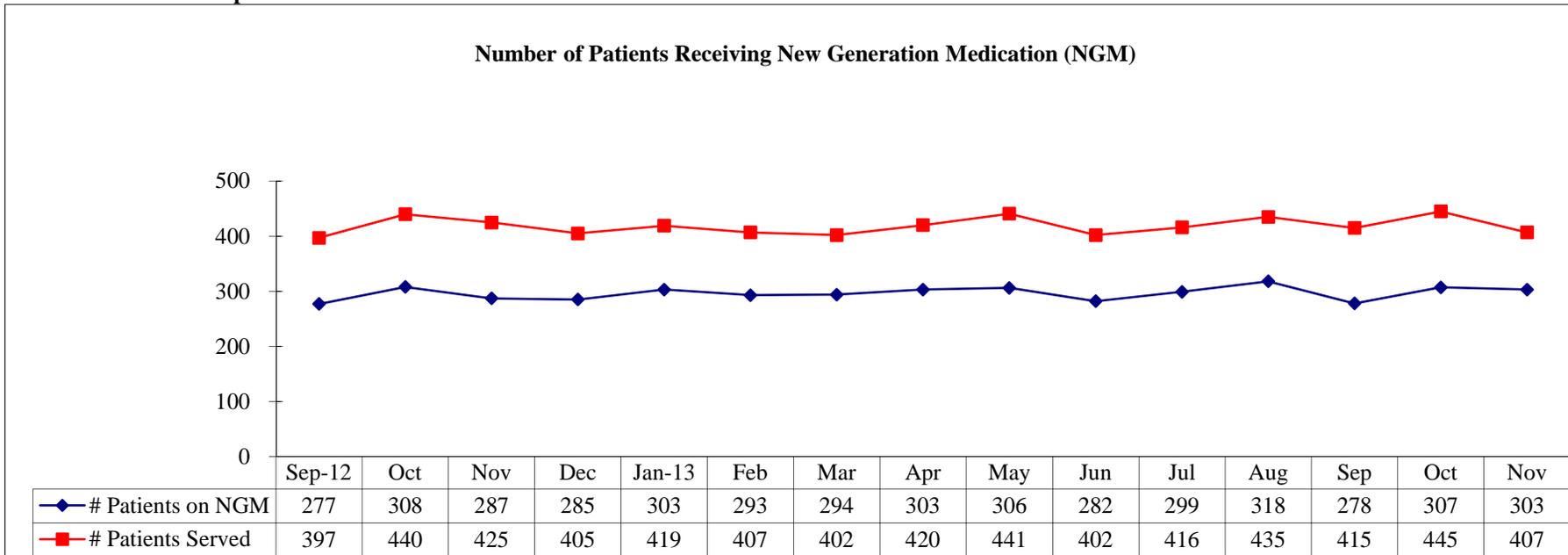


Percentage of Patients Receiving New Generation Medication (NGM)



Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

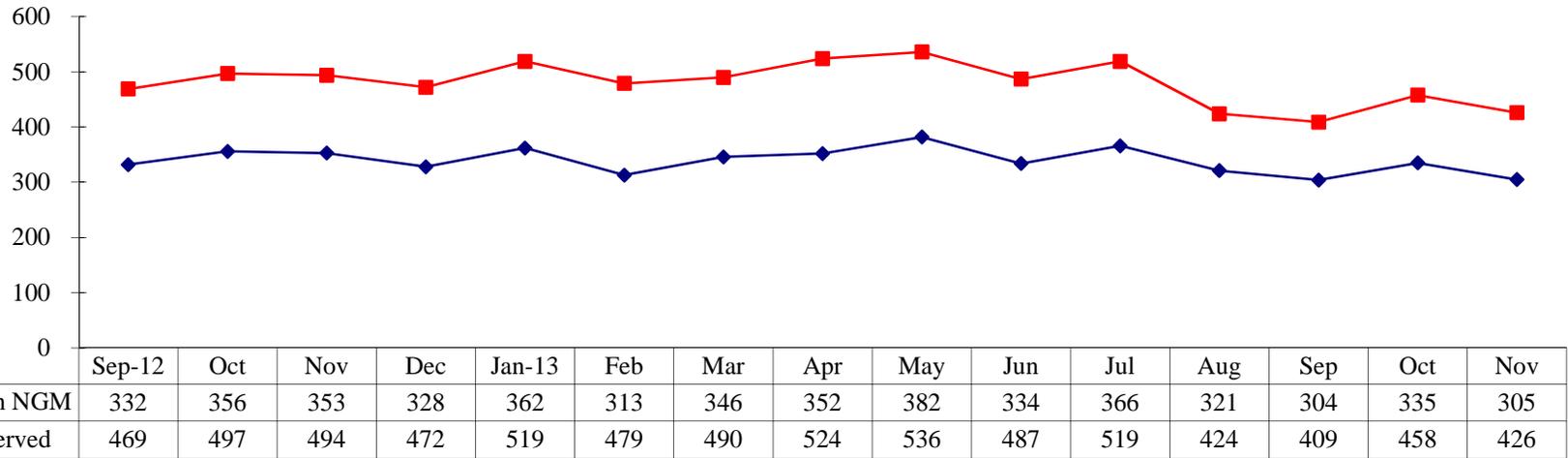
Measure 4A - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital



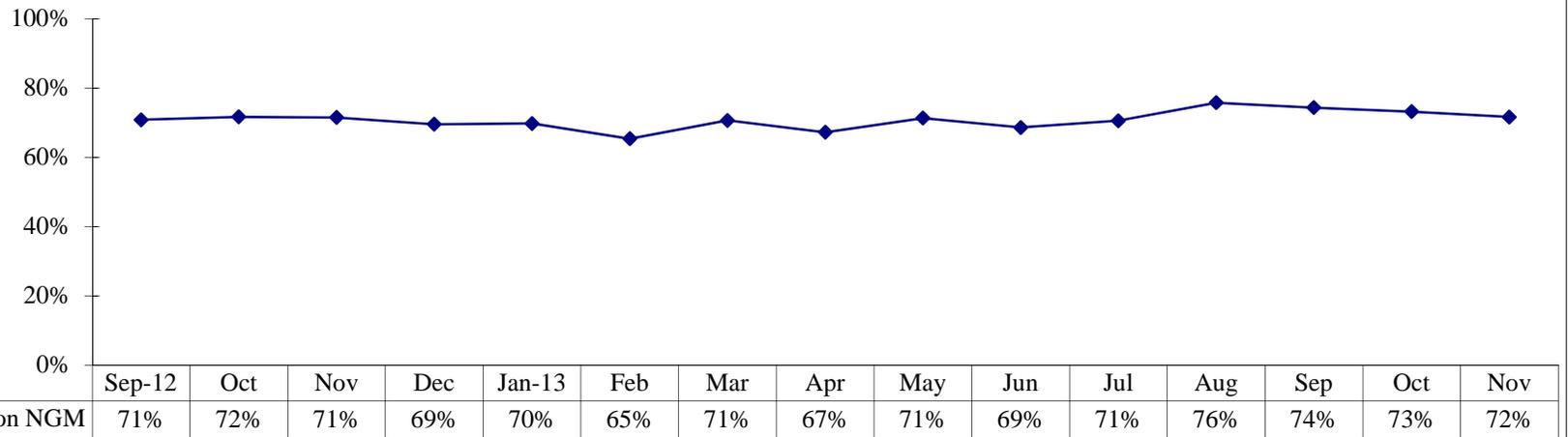
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital

Number of Patients Receiving New Generation Medication (NGM)



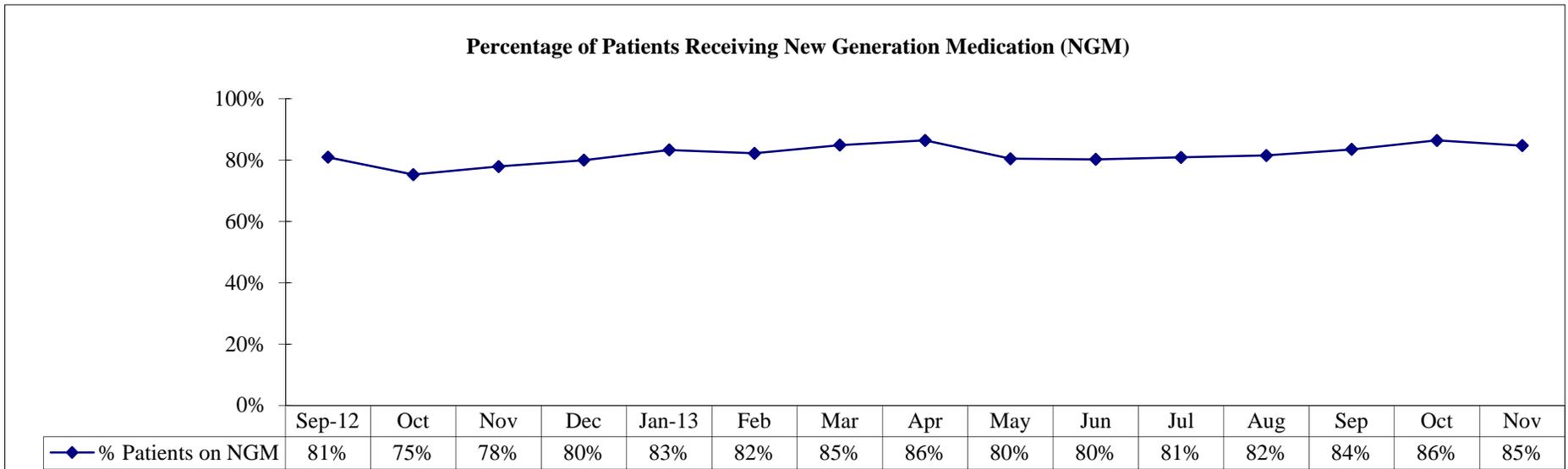
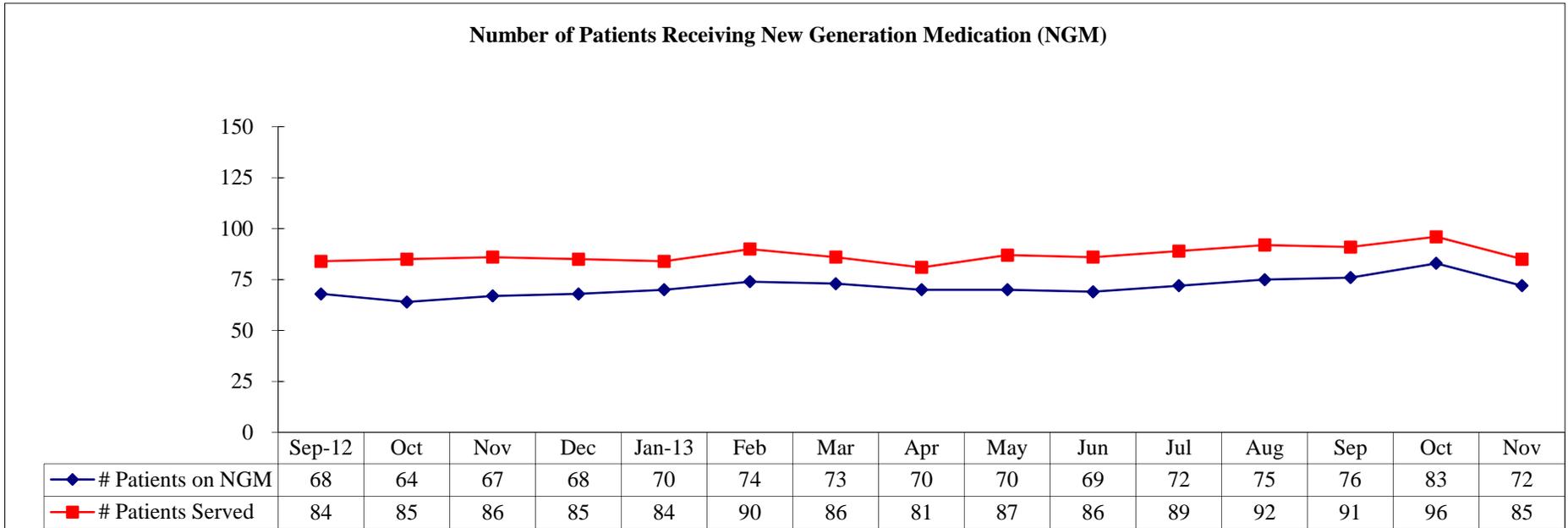
Percentage of Patients Receiving New Generation Medication (NGM)



Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)

Waco Center for Youth



Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Performance Measure 4B:

Analyze and report the cost of antipsychotic medications.

Performance Measure Operational Definition: The state hospitals average monthly cost for medications per patient.

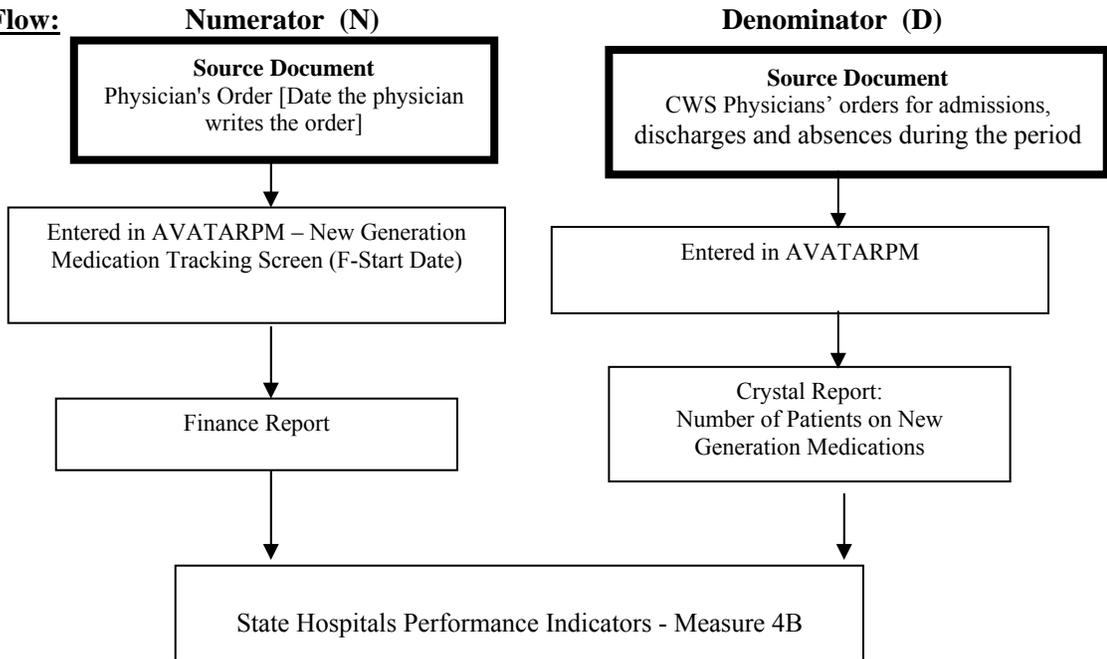
Performance Measure Formula: $\frac{N}{D}$ (Dollar Amount)
D (Unduplicated Persons Receiving NGM)

N = total dollar amount spent on new generation medications per hospital per month.
D = total number of unduplicated persons receiving new generation medications per hospital per month.

Performance Measure Data Display and Chart Description:

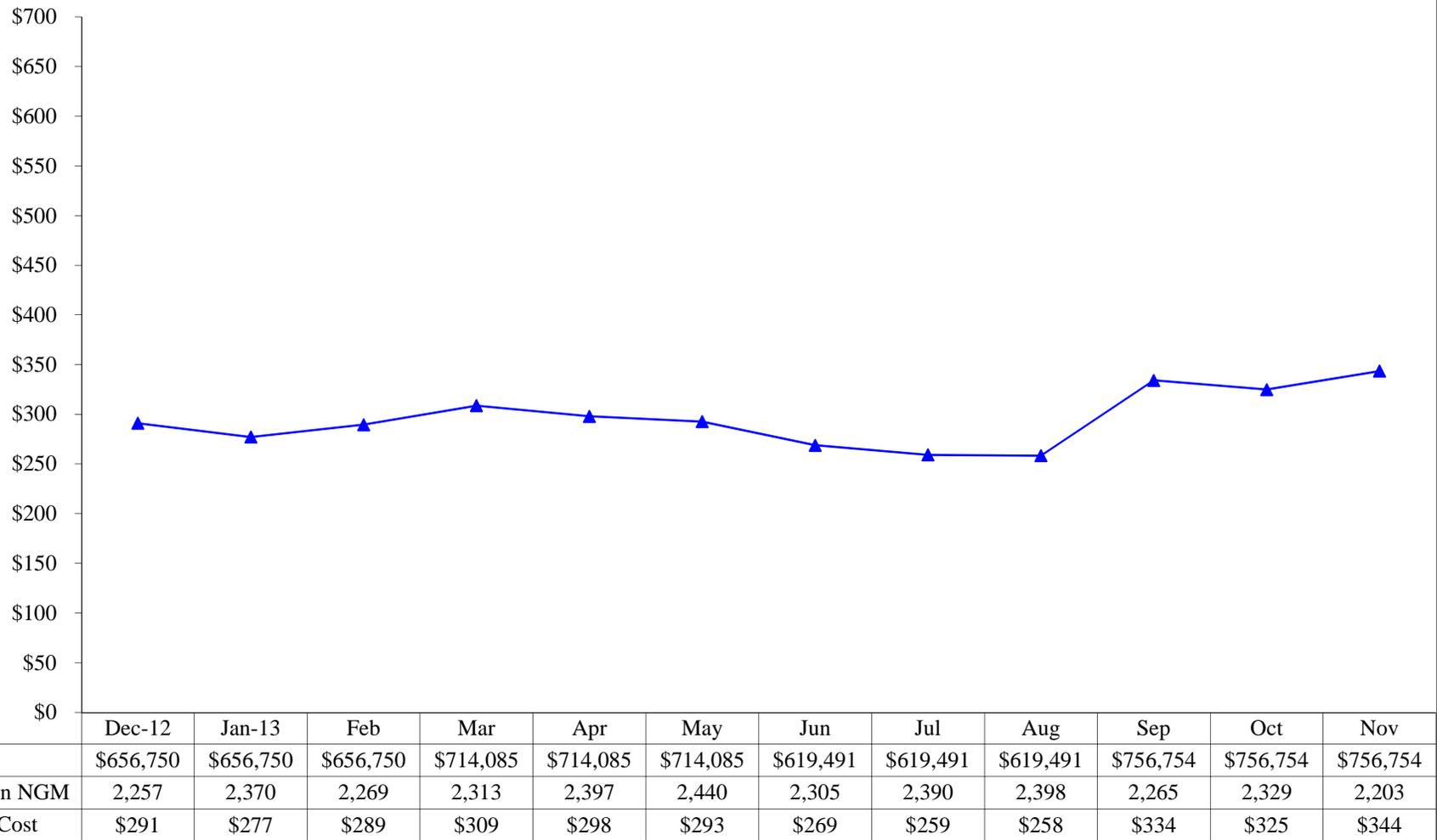
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

Data Flow:



Measure 4B - Cost of Antipsychotic Medications
All State MH Hospitals

Average Cost of Antipsychotic Medications per Patient per Month



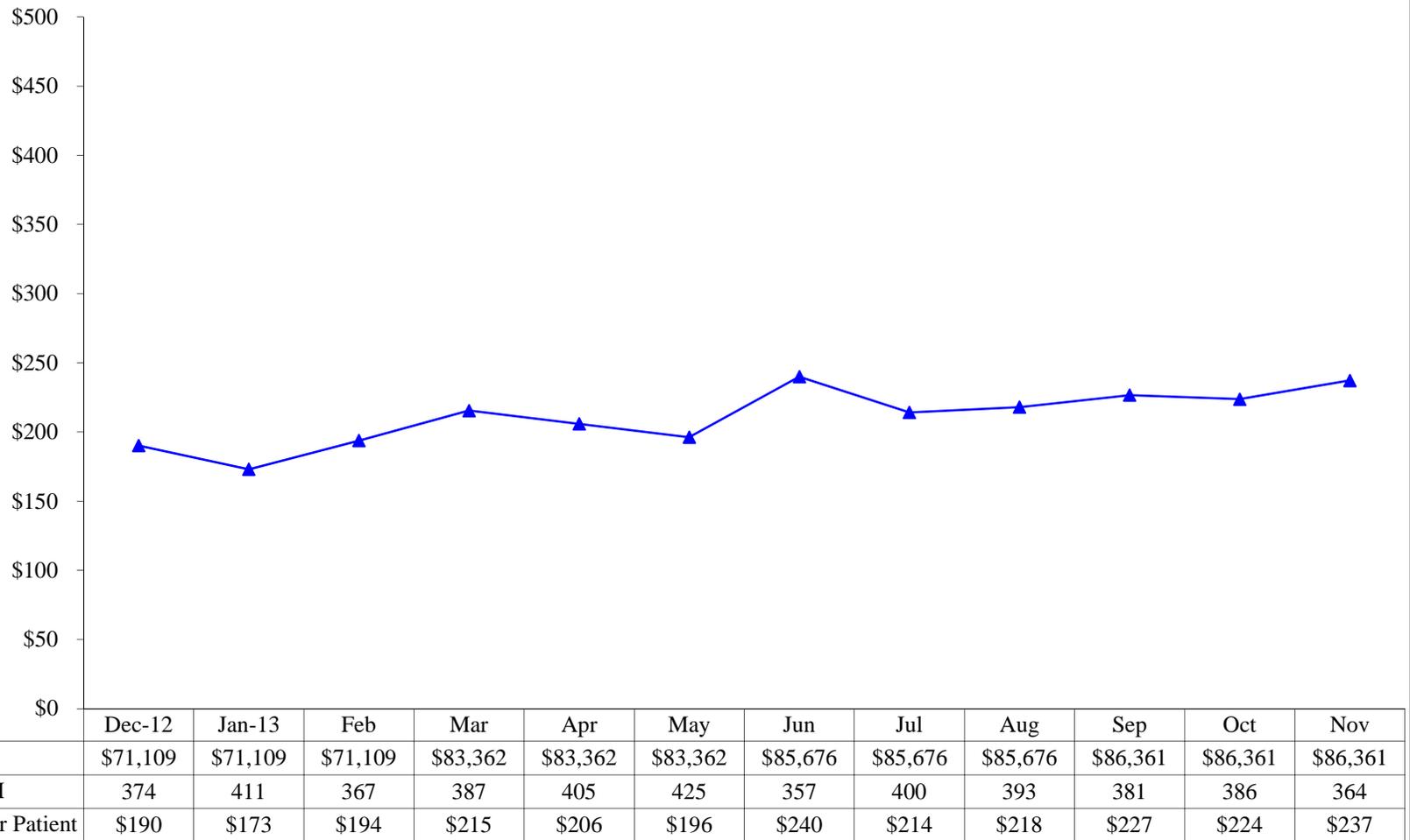
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
 Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Austin State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



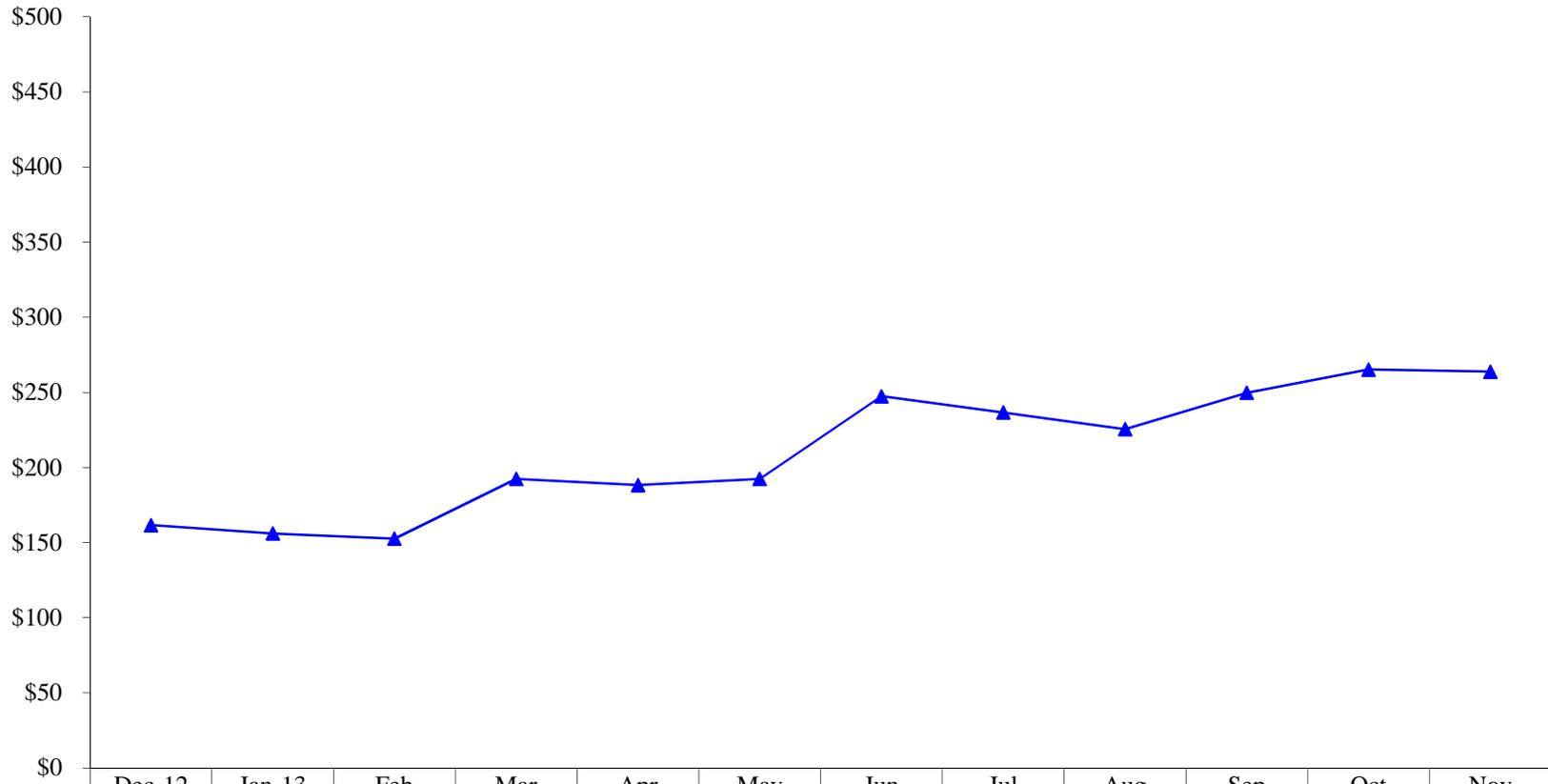
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
 Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

**Measure 4B - Cost of Antipsychotic Medications
Big Spring State Hospital**

Average Cost of Antipsychotic Medications per Patient per Month

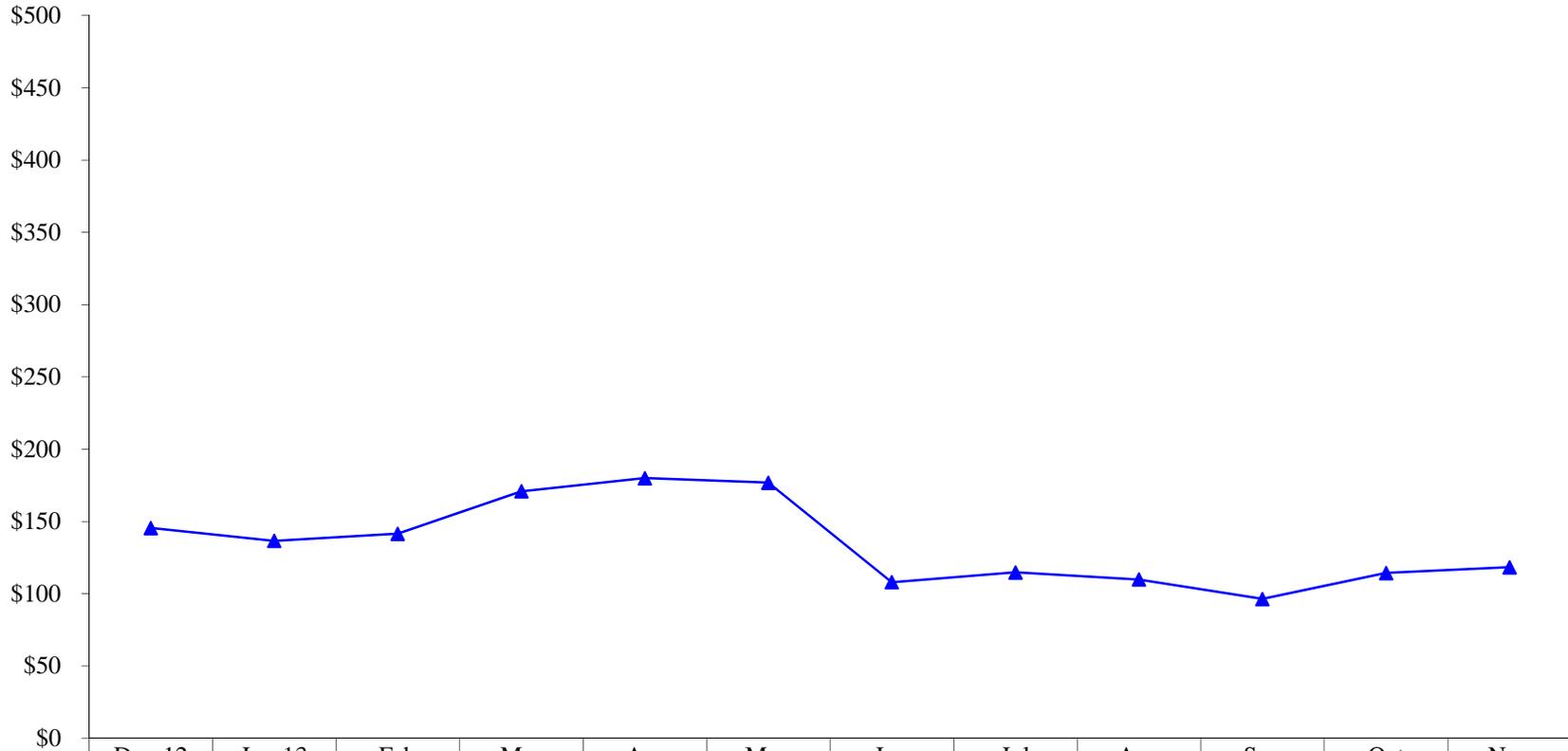


	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost*	\$27,319	\$27,319	\$27,319	\$34,444	\$34,444	\$34,444	\$43,297	\$43,297	\$43,297	\$47,210	\$47,210	\$47,210
# of Pts on NGM	169	175	179	179	183	179	175	183	192	189	178	179
▲ Average Cost per Patient	\$162	\$156	\$153	\$192	\$188	\$192	\$247	\$237	\$226	\$250	\$265	\$264

* Average Monthly Cost per Quarter

**Measure 4B - Cost of Antipsychotic Medications
El Paso Psychiatric Center**

Average Cost of Antipsychotic Medications per Patient per Month

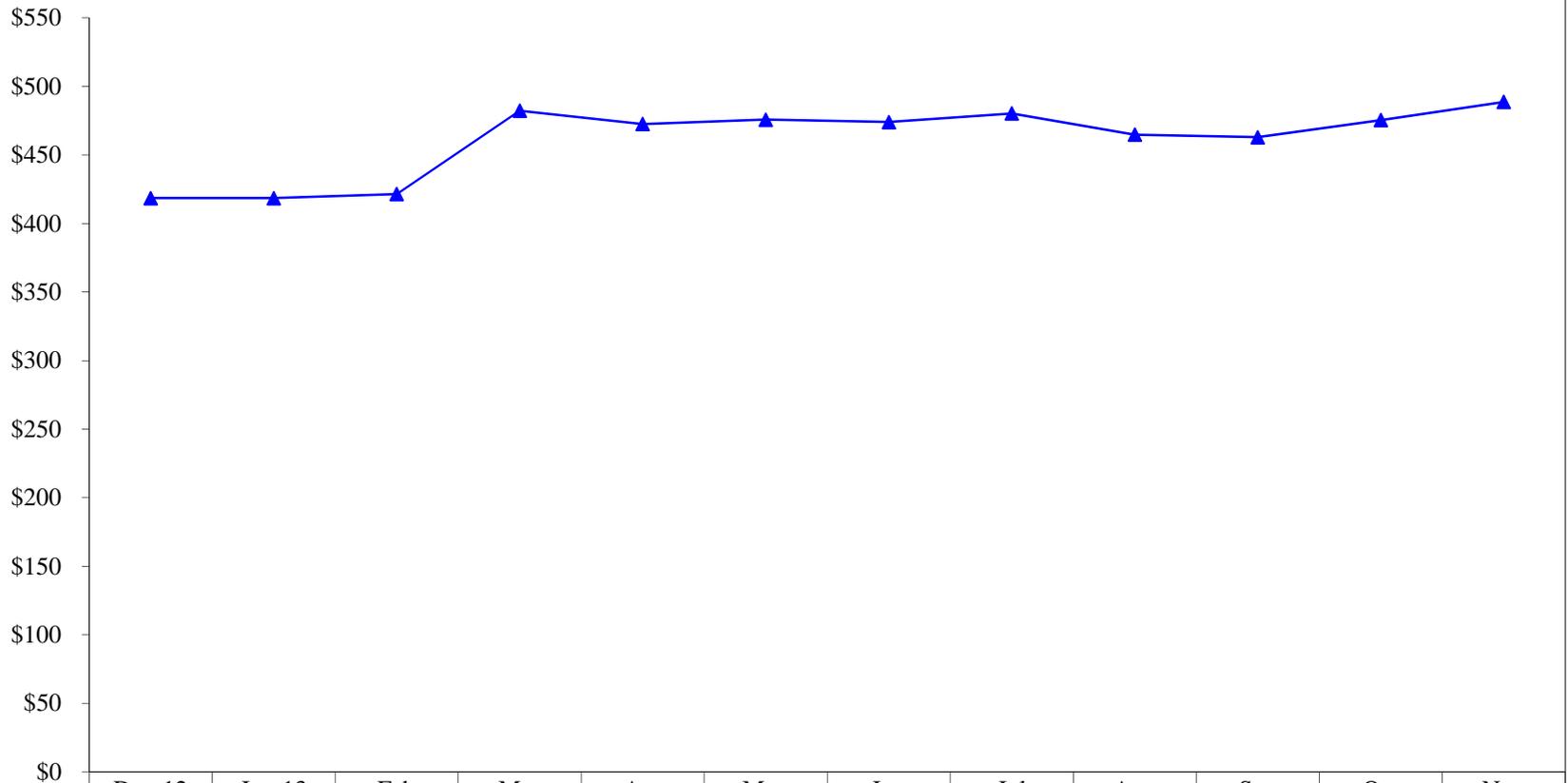


	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost*	\$15,710	\$15,710	\$15,710	\$20,159	\$20,159	\$20,159	\$12,851	\$12,851	\$12,851	\$10,410	\$10,410	\$10,410
# of Pts on NGM	108	115	111	118	112	114	119	112	117	108	91	88
▲ Average Cost per Patient	\$145	\$137	\$142	\$171	\$180	\$177	\$108	\$115	\$110	\$96	\$114	\$118

* Average Monthly Cost per Quarter

**Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital**

Average Cost of Antipsychotic Medications per Patient per Month



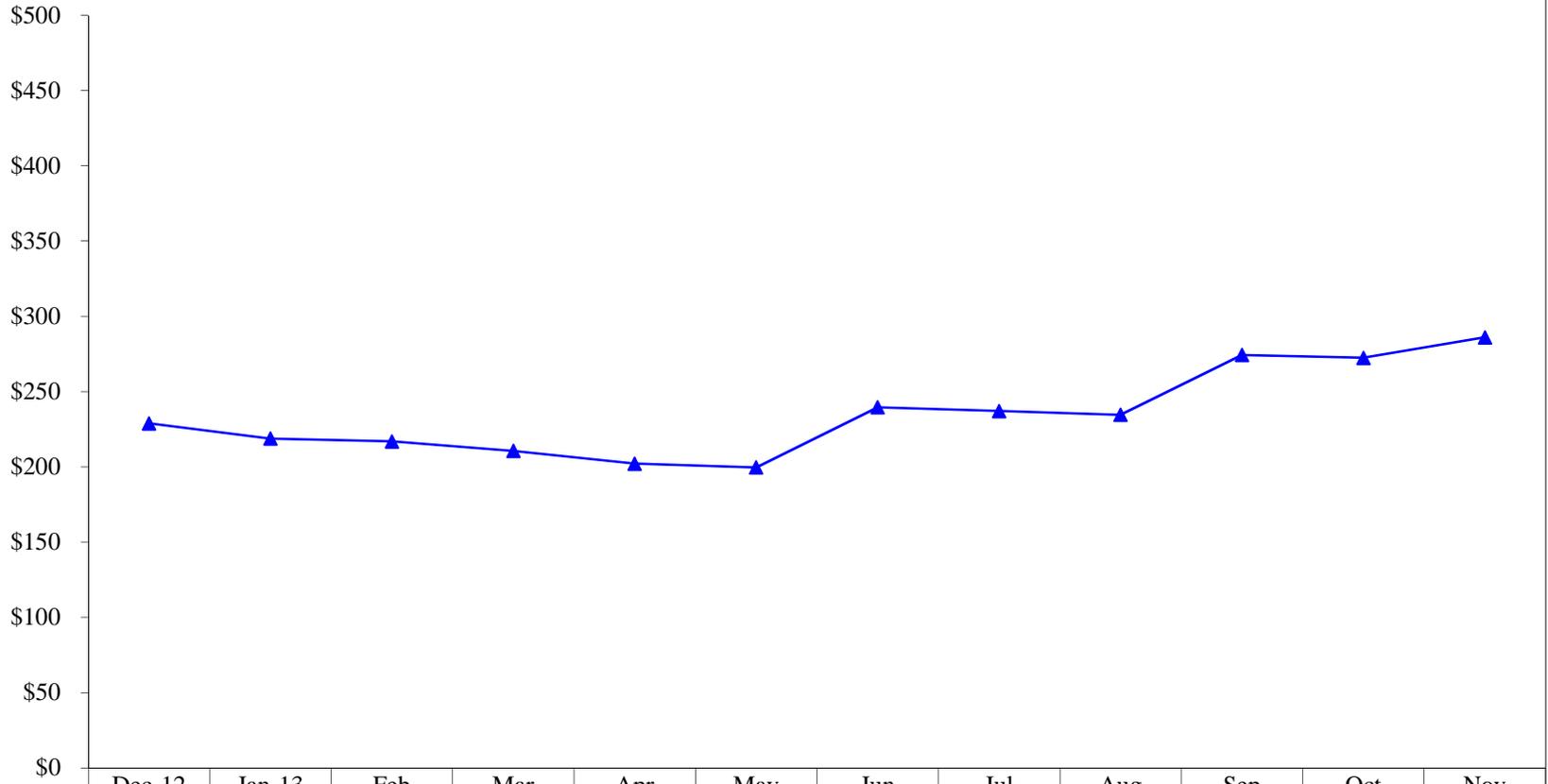
	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost*	\$60,690	\$60,690	\$60,690	\$70,410	\$70,410	\$70,410	\$72,041	\$72,041	\$72,041	\$70,367	\$70,367	\$70,367
# of Pts on NGM	145	145	144	146	149	148	152	150	155	152	148	144
—▲ Average Cost per Patient	\$419	\$419	\$421	\$482	\$473	\$476	\$474	\$480	\$465	\$463	\$475	\$489

* Average Monthly Cost per Quarter

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
North Texas State Hospital

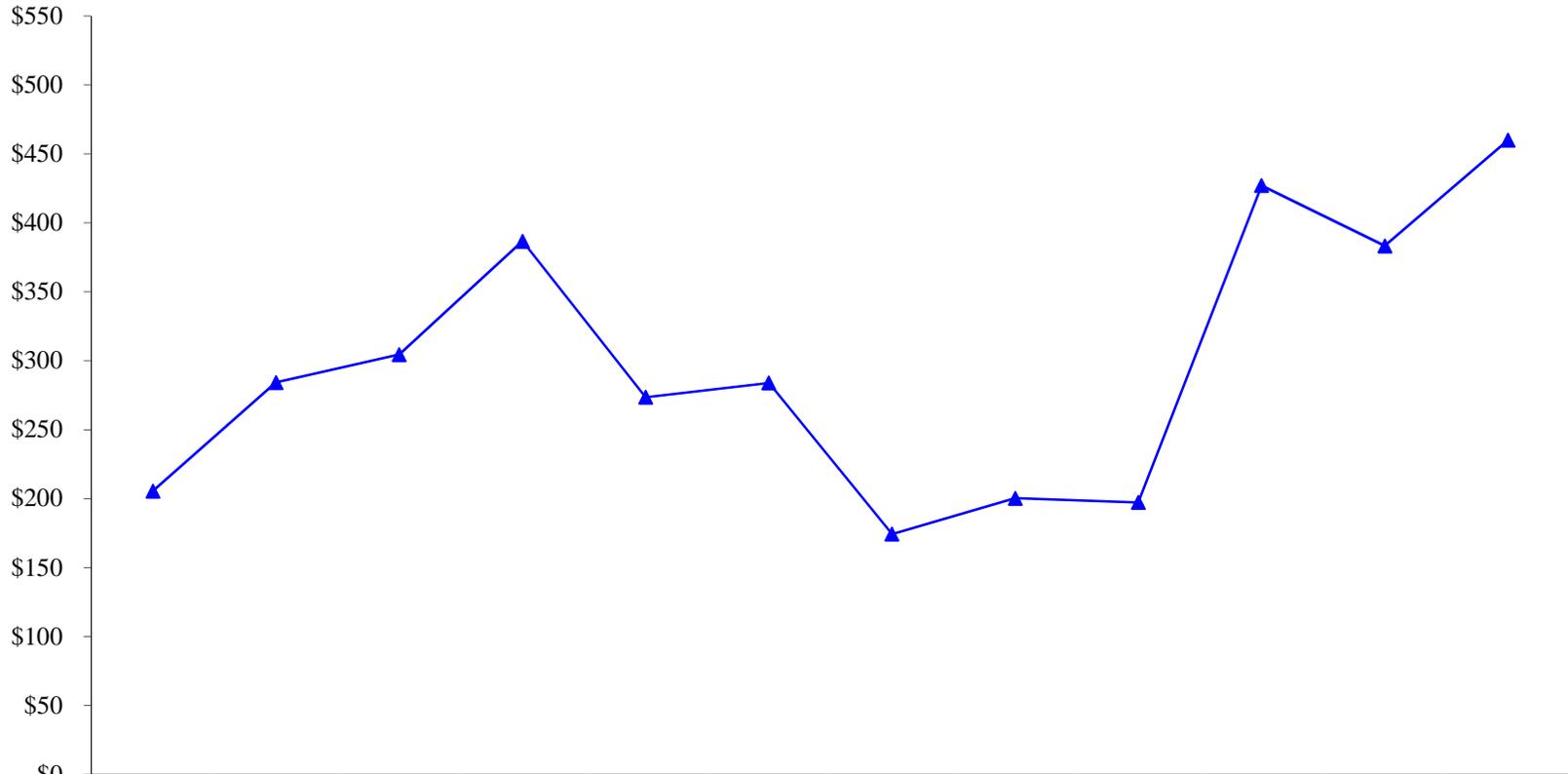
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

**Measure 4B - Cost of Antipsychotic Medications
Rio Grande State Center (MH only)**

Average Cost of Antipsychotic Medications per Patient per Month

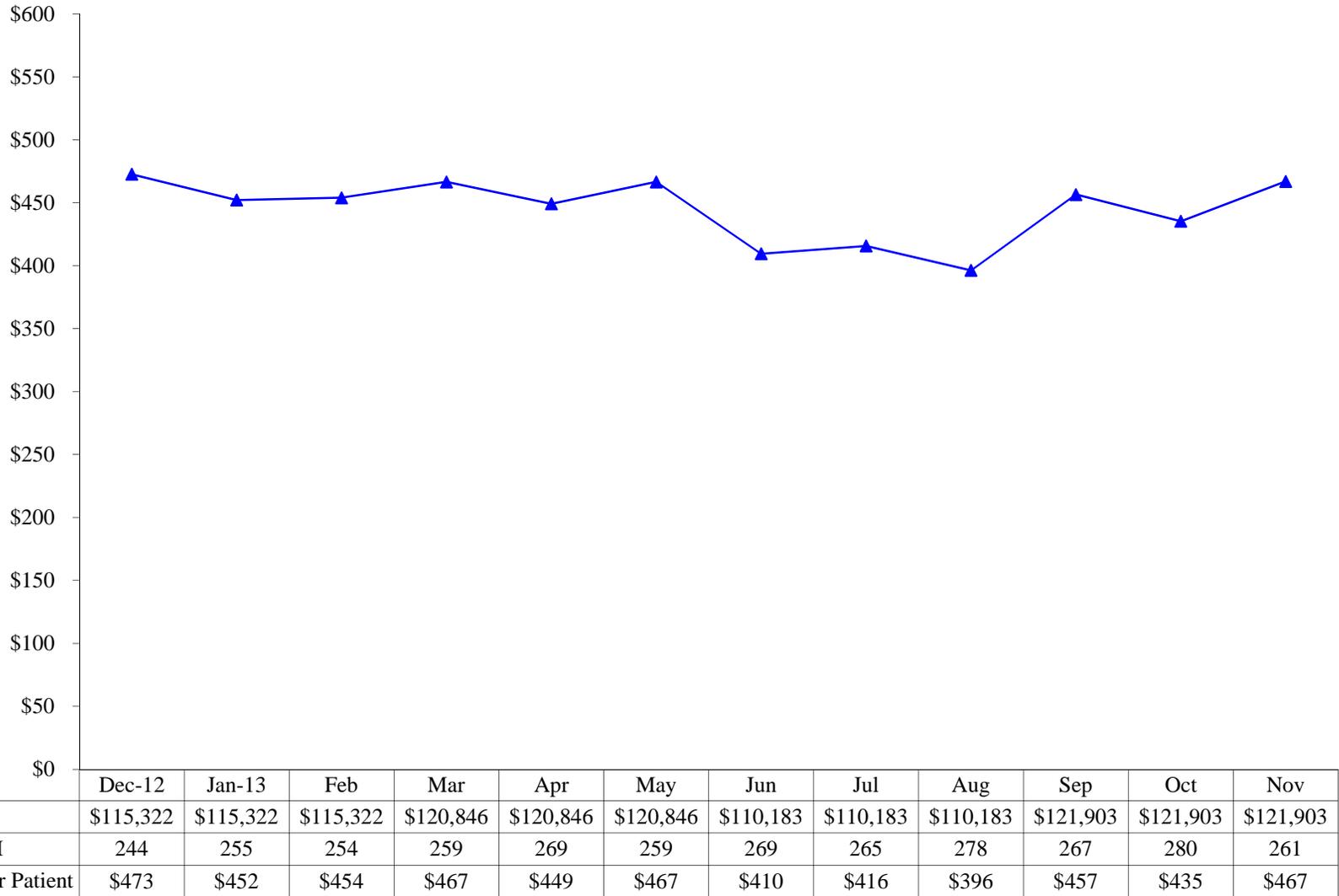


	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost*	\$17,057	\$17,057	\$17,057	\$22,433	\$22,433	\$22,433	\$13,416	\$13,416	\$13,416	\$29,901	\$29,901	\$29,901
# of Pts on NGM	83	60	56	58	82	79	77	67	68	70	78	65
▲ Average Cost per Patient	\$206	\$284	\$305	\$387	\$274	\$284	\$174	\$200	\$197	\$427	\$383	\$460

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

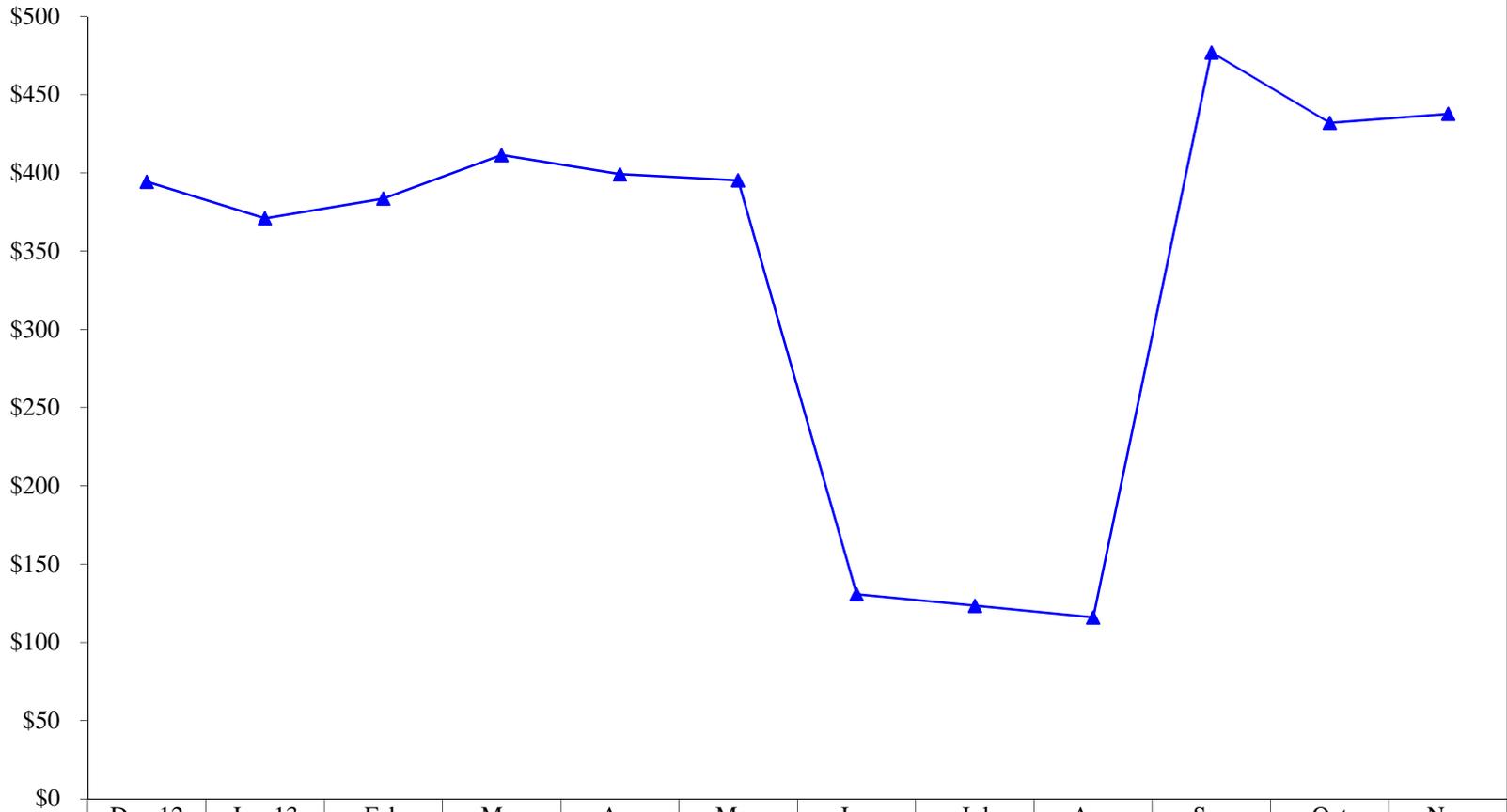


* Average Monthly Cost per Quarter

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
 Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
San Antonio State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

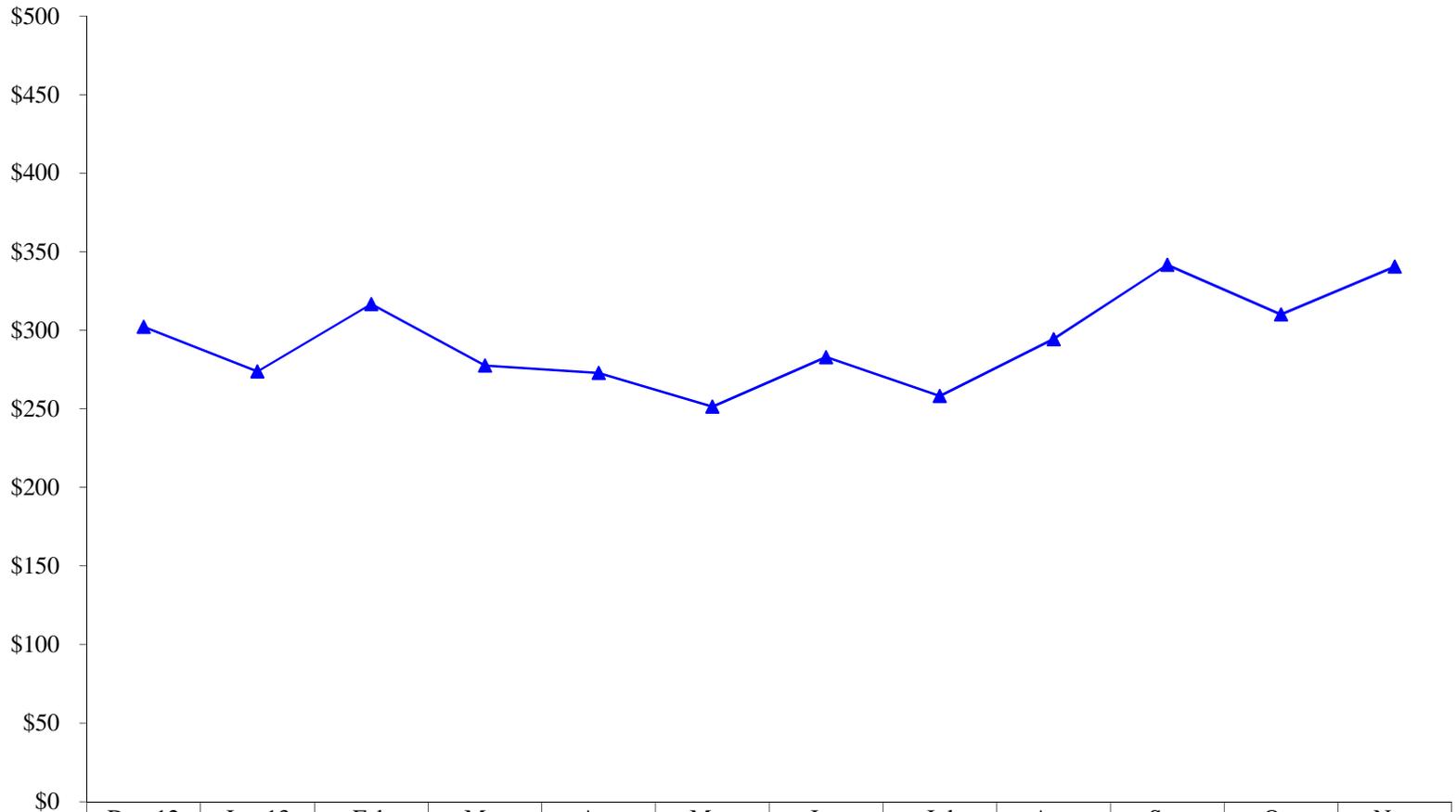


* Average Monthly Cost per Quarter

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
 Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

**Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital**

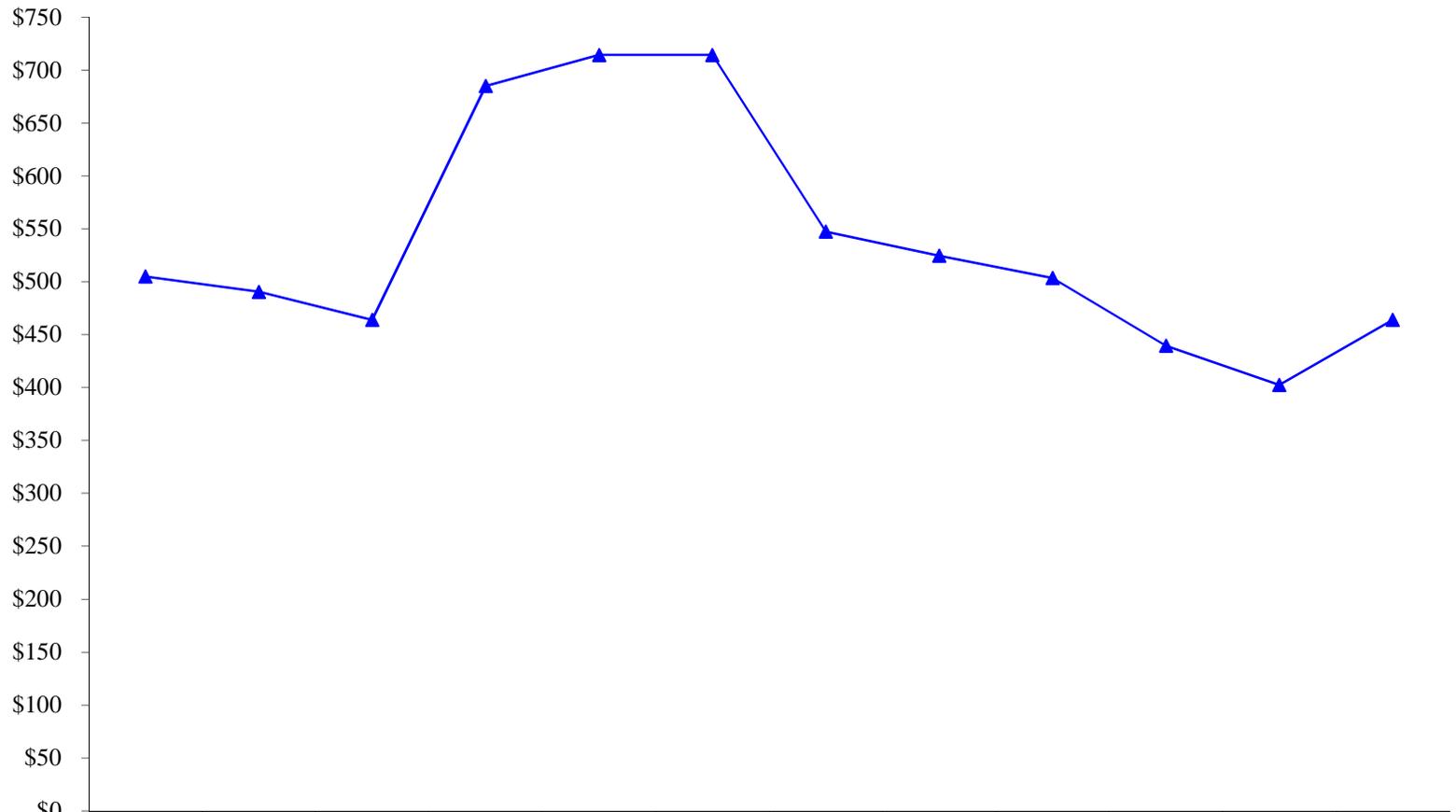
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

**Measure 4B - Cost of Antipsychotic Medications
Waco Center for Youth**

Average Cost of Antipsychotic Medications per Patient per Month



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost*	\$34,334	\$34,334	\$34,334	\$49,999	\$49,999	\$49,999	\$37,767	\$37,767	\$37,767	\$33,399	\$33,399	\$33,399
# of Pts on NGM	68	70	74	73	70	70	69	72	75	76	83	72
▲ Average Cost per Patient	\$505	\$490	\$464	\$685	\$714	\$714	\$547	\$525	\$504	\$439	\$402	\$464

* Average Monthly Cost per Quarter

Performance Measure 4C:

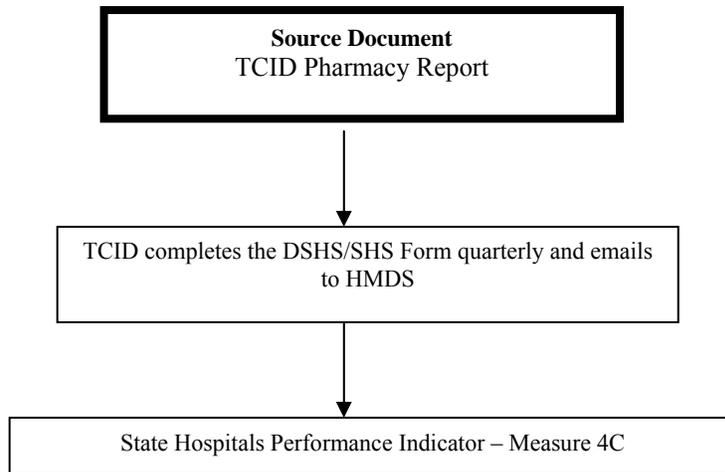
Analyze and report the cost of TB medications.

Performance Measure Operational Definition: TCID cost of TB medications will be monitored.

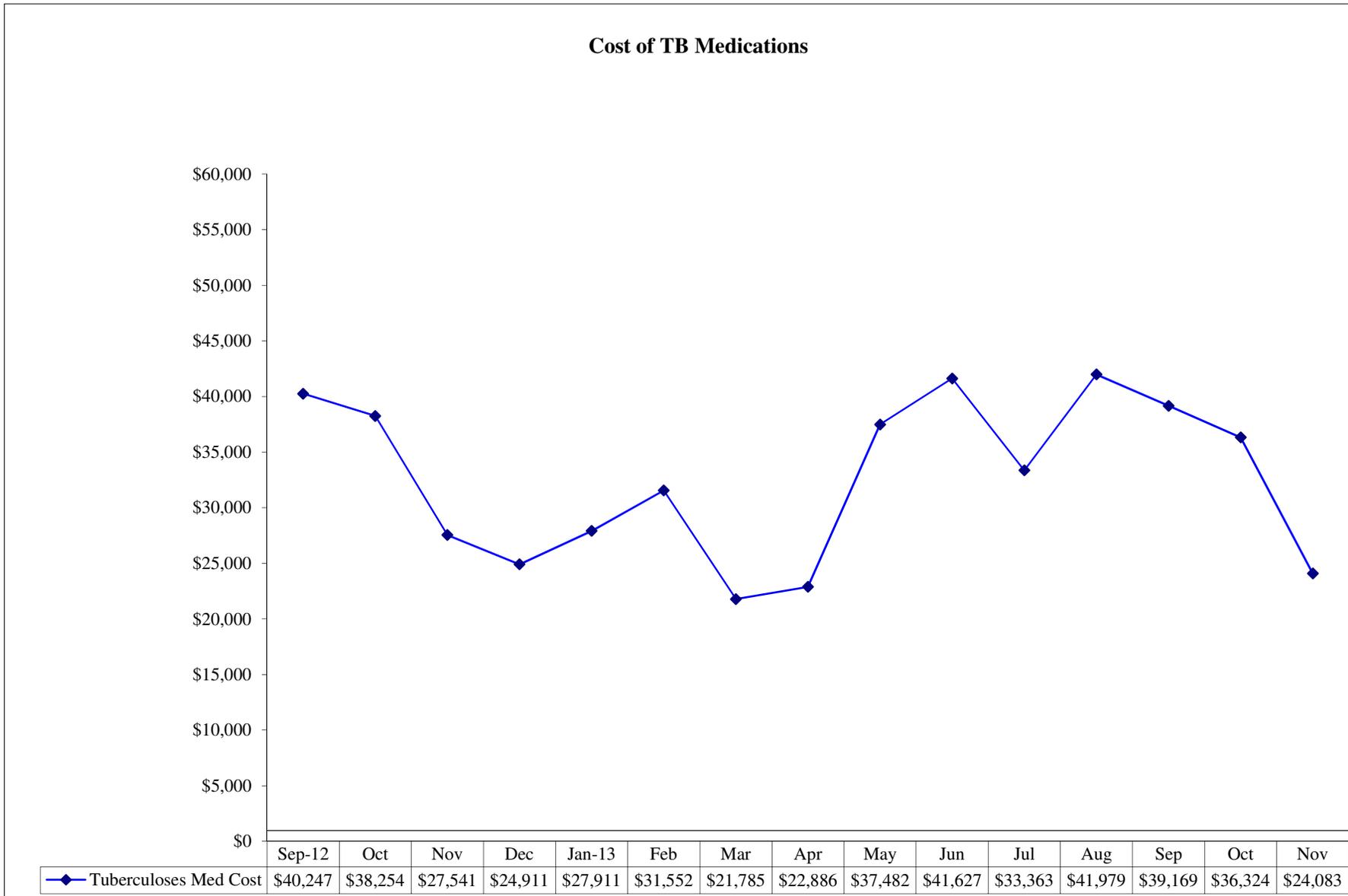
Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



**Measure 4C - Cost of TB Medications
TCID**



GOAL 5: Assure Continuum of Care

Performance Objective 5A:

Report on discharge or transfer of civil and forensic dually diagnosed patients with mental illness and intellectual disabilities within 30 days when these “Patients Are Determined to be Discharge Ready”.

Performance Objective Operational Definition: All civilly committed dually diagnosed patients with mental illness and intellectual disabilities in state mental health hospitals that have been discharged or transferred from the hospital must be placed within 30 days of being on the “Patients Determined to No Longer Be In Need of Inpatient Hospitalization list. This will be monitored on CARE screens 397 and 357. Performance is reviewed every 2 weeks according to the HC029142 Report and the bi-weekly HMDS MR/MI Report.

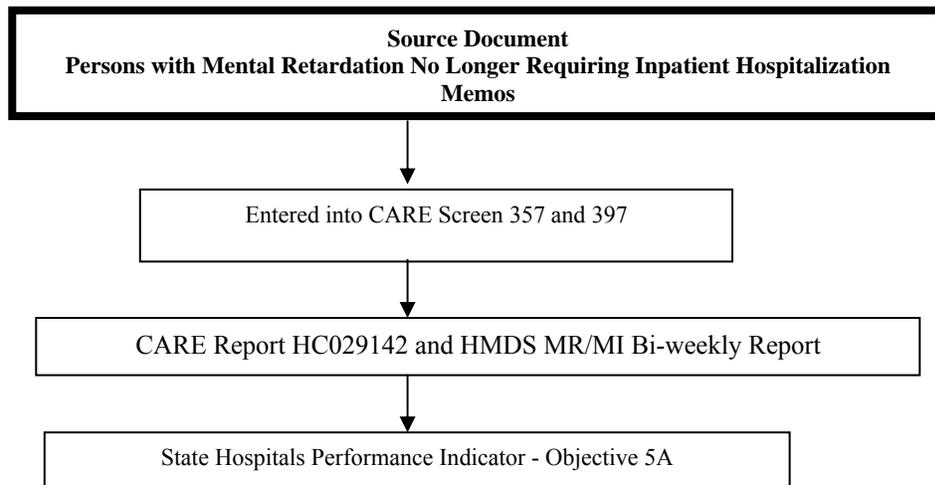
Performance Objective Formula:

R = Rate of dually diagnosed patients admitted every two weeks to the state hospitals.
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.
D = Number of admitted dually diagnosed patients who are eligible to be placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

Performance Objective Data Display and Chart Description:

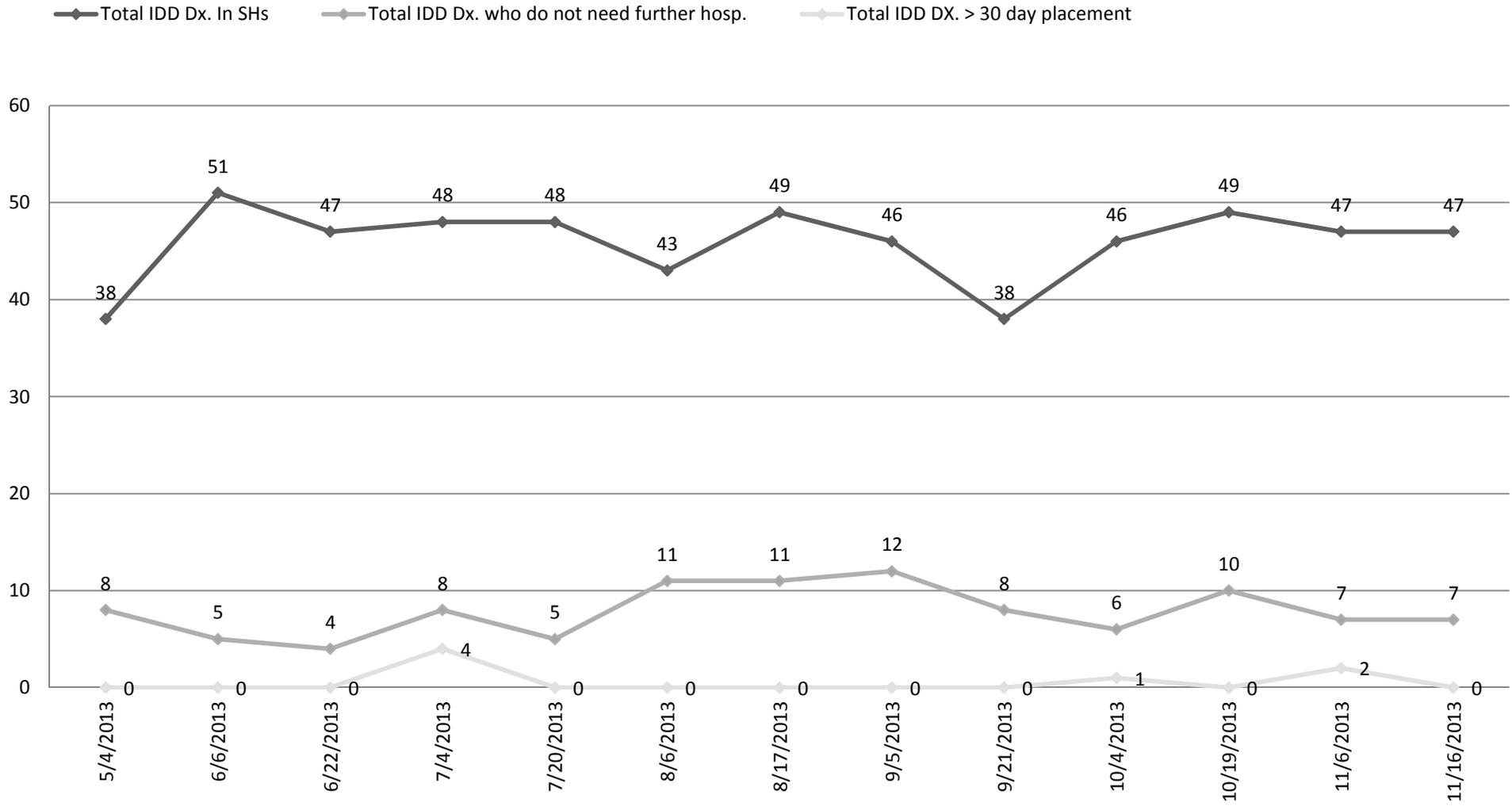
Chart with persons with MR Diagnosis in state mental health hospitals.

Data Flow:



Performance Objective - 5A
All State MH Hospitals

Persons with IDD Diagnosis in State Mental Hospitals



Performance Objective 5C:

Report quarterly patients having been in the State Psychiatric Hospital over 365 days. identified by four categories:

- 1. Need continued hospitalization (Civil/Forensic);**
- 2. Accepted for placement;**
- 3. Barrier to placement, and**
- 4. Criminal court involvement.**

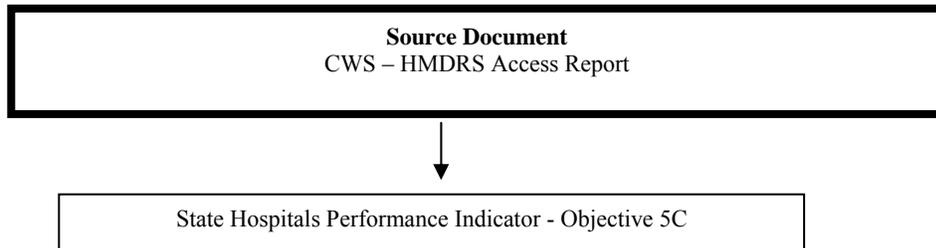
The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.

Performance Objective Operational Definition: The number of patients having been in the State Psychiatric Hospital over 365 days will be monitored.

Performance Objective Data Display and Chart Description:

Chart with number of patients having been in the State Psychiatric Hospital over 365 days.

Data Flow:



Objective 5C - Patients Having Been in the State Psychiatric Hospital Over 365 Days
All State Hospitals - FY2014

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	45	46	45	50	40	37	37	29	32			
Big Spring State Hospital	97	105	108	101	100	105	112	117	117			
El Paso Psychiatric Center	6	6	6	7	7	9	8	8	9			
Kerrville State Hospital	160	155	147	147	153	156	162	162	151			
North Texas State Hospital	86	89	101	100	94	101	117	124	116			
Rio Grande State Center	0	1	2	2	2	3	1	1	1			
Rusk State Hospital	153	158	154	151	153	139	138	151	173			
San Antonio State Hospital	93	89	81	71	71	75	74	78	83			
Terrell State Hospital	32	31	29	29	28	30	27	28	24			
Waco Center for Youth	0	0	0	0	0	1	1	3	0			
All State Hospitals	672	680	673	658	648	656	677	701	706			

Performance Measure 5A:

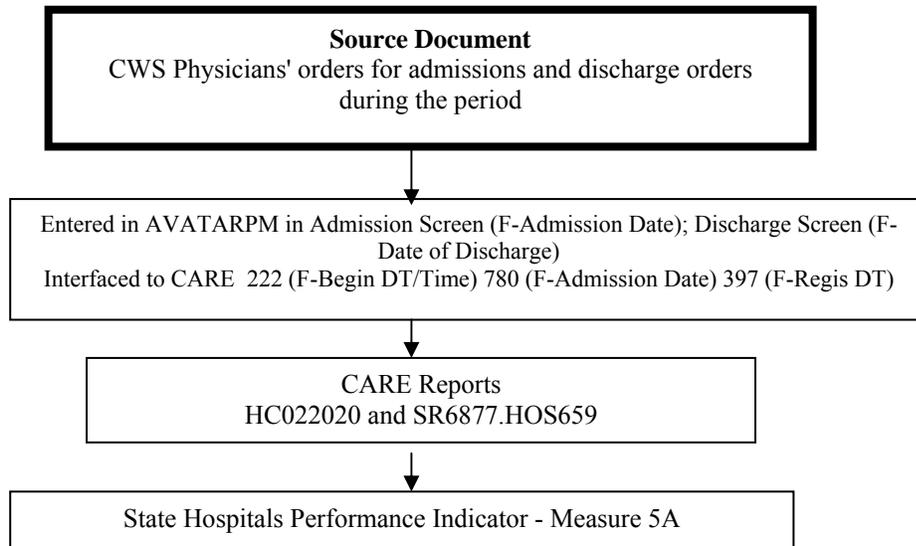
Calculate and report number and type of all admissions and discharges, and, the percentage of patients new to the system.

Performance Measure Operational Definition: The hospital number of admissions and discharges to the same SMHF per mandated FYTD as calculated by CARE using data daily entered by each hospital. The new to the system rate is calculated by CARE using new to the system to any SMHF.

Performance Measure Data Display and Chart Description:

- ◆ Chart with monthly data points of total admissions, discharges and percent new to the system for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of total year-to-date admissions and discharges for individual state hospitals and system-wide.
- ◆ Table shows total admissions (voluntary, involuntary [OPC, Emergency, Temporary, Extended, 46.02/03 and Other]), discharge and percent of new to the system per month for individual state hospitals and system-wide.

Data Flow:

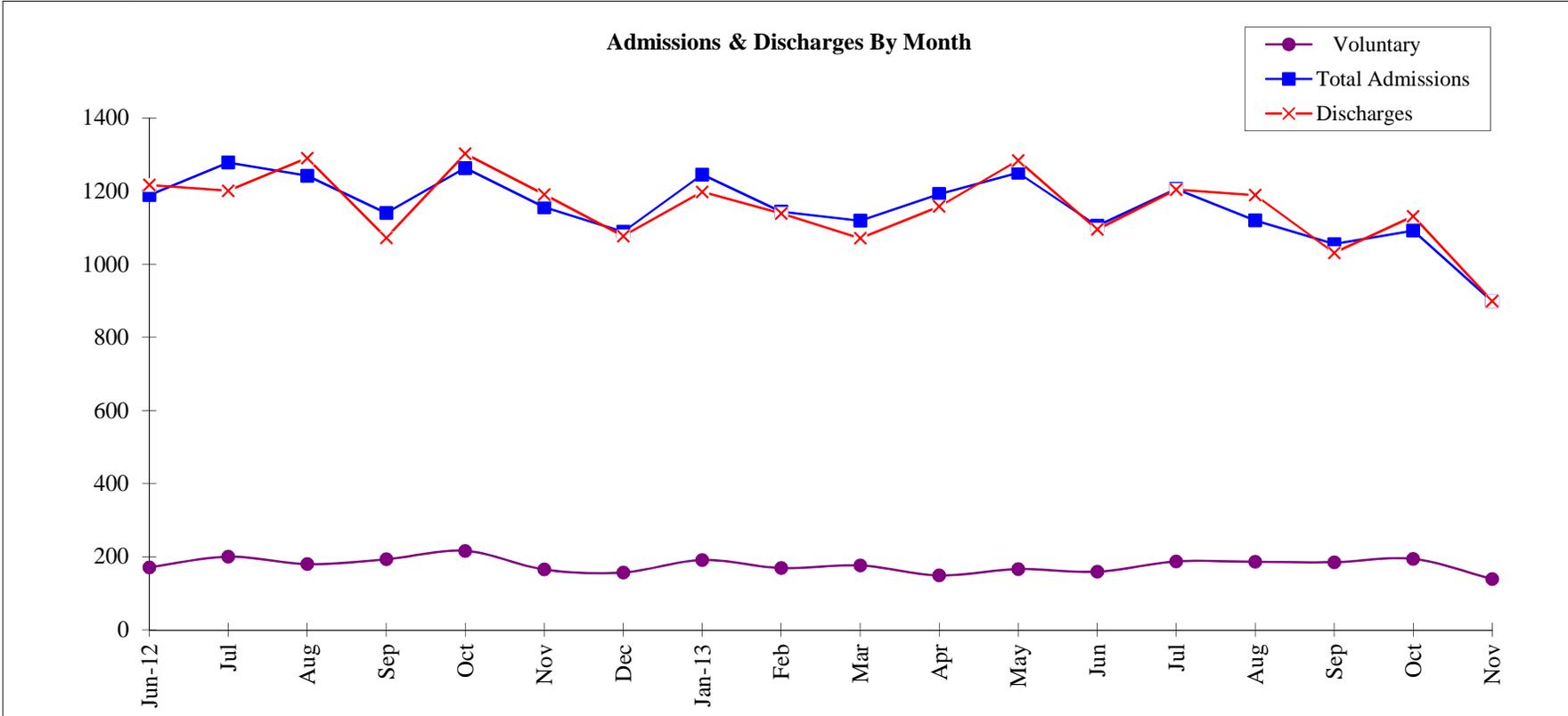


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

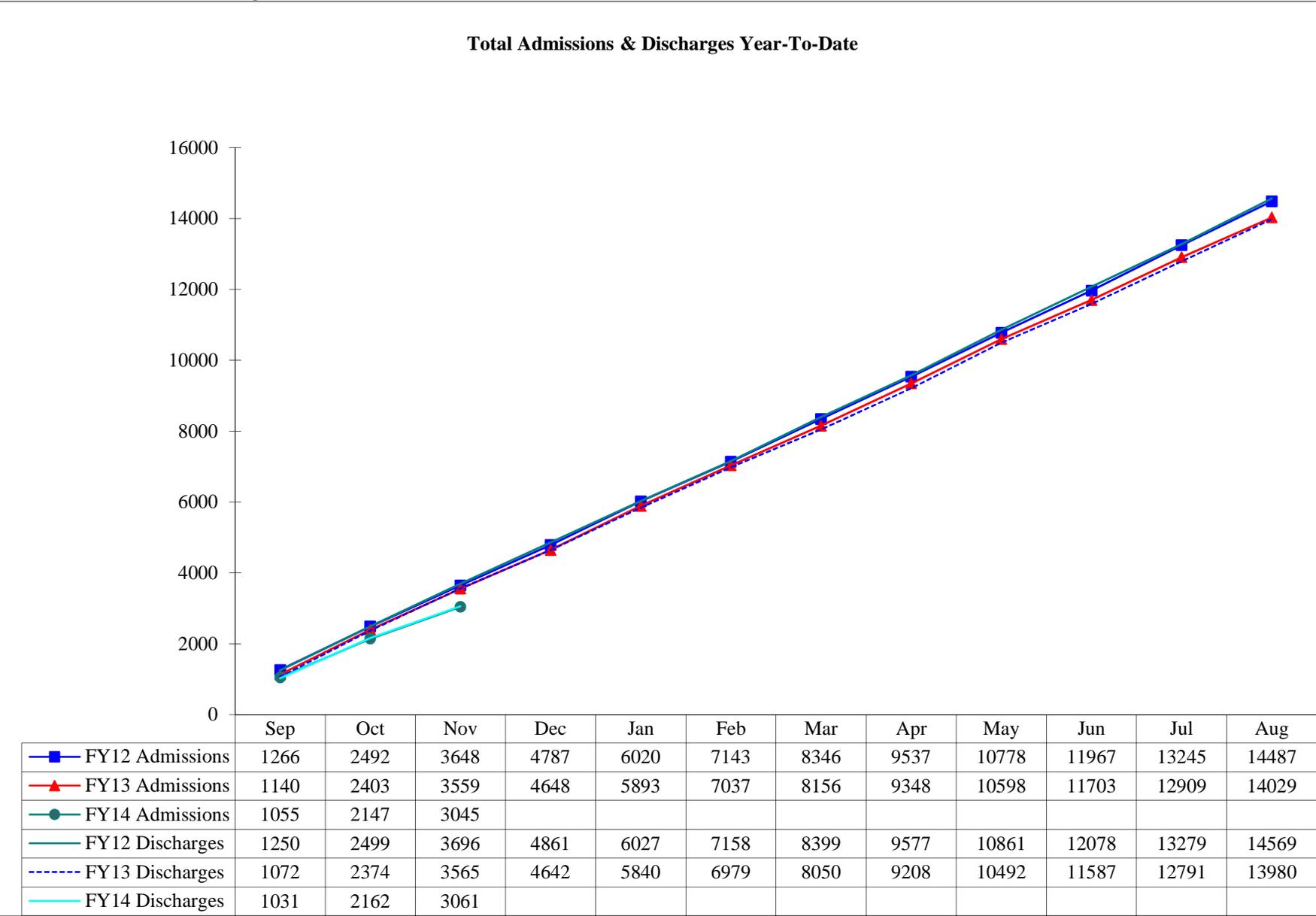
All State MH Hospitals

Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	1189	1278	1242	1140	1263	1156	1089	1245	1144	1119	1192	1250	1105	1206	1120	1055	1092	898
Voluntary	171	200	180	193	216	165	157	191	169	176	149	166	159	187	186	185	194	139
Involuntary	1018	1078	1062	947	1047	991	932	1054	975	943	1043	1084	946	1019	934	870	898	759
OPC	260	326	261	196	243	228	221	254	246	250	253	253	244	274	207	212	222	195
Emergency	516	454	566	536	537	520	510	528	459	466	501	566	446	470	456	407	384	340
Temporary	76	88	86	69	97	66	71	85	71	67	101	86	74	95	84	82	102	79
Extended	5	4	0	4	5	2	2	6	7	3	8	5	4	3	0	1	2	1
Forensic	138	185	137	129	148	156	119	161	168	138	163	152	160	158	161	158	177	134
Order for MR S	23	21	12	13	17	19	9	20	24	19	17	22	18	19	26	10	11	10
Discharges	1217	1201	1290	1072	1302	1191	1077	1198	1139	1071	1158	1284	1095	1204	1189	1031	1131	899
% New to System	48%	47%	49%	52%	51%	49%	48%	49%	48%	49%	48%	48%	46%	47%	47%	47%	46%	48%



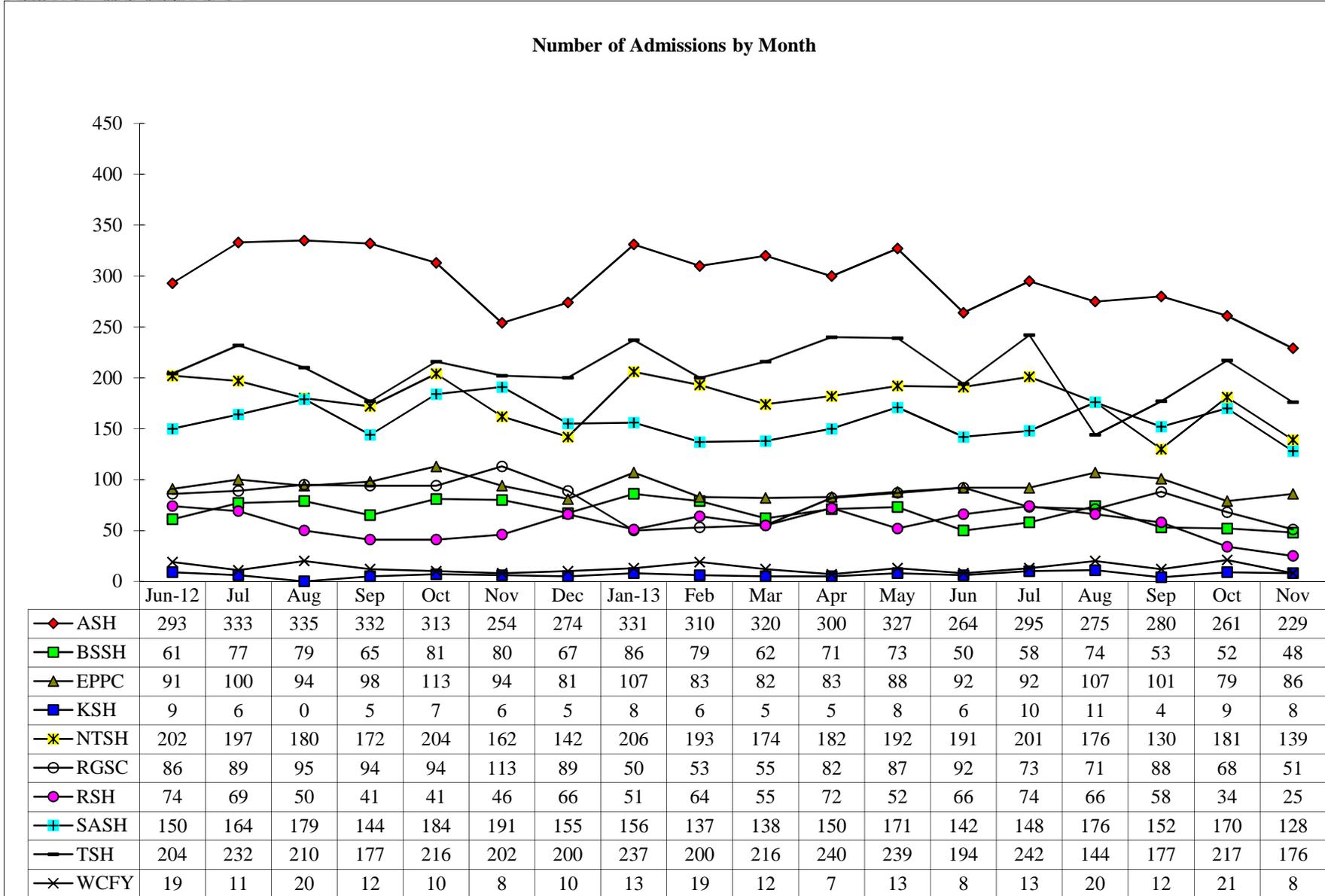
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges



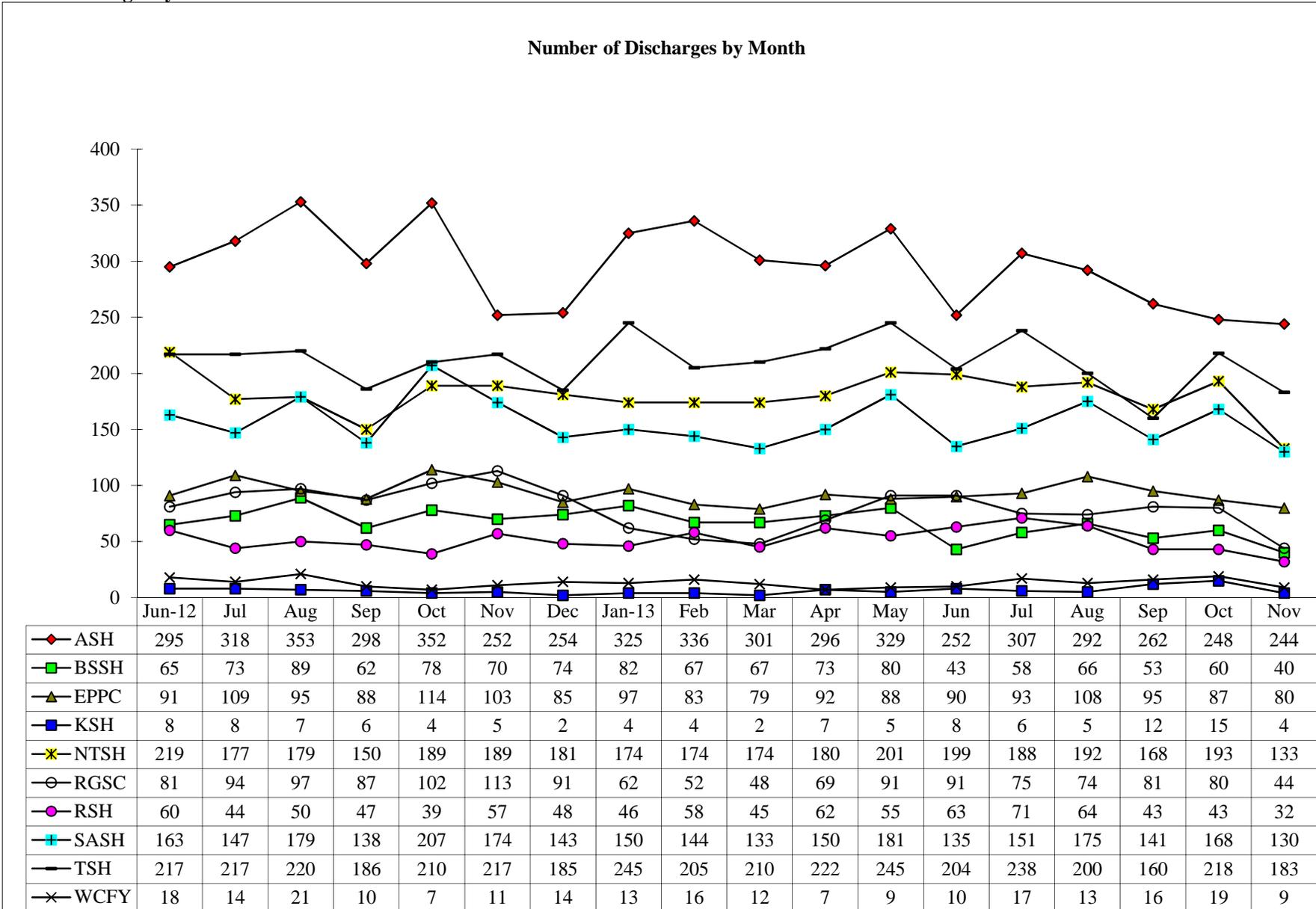
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State MH Hospitals

Total Admissions by Month



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Total Discharges by Month

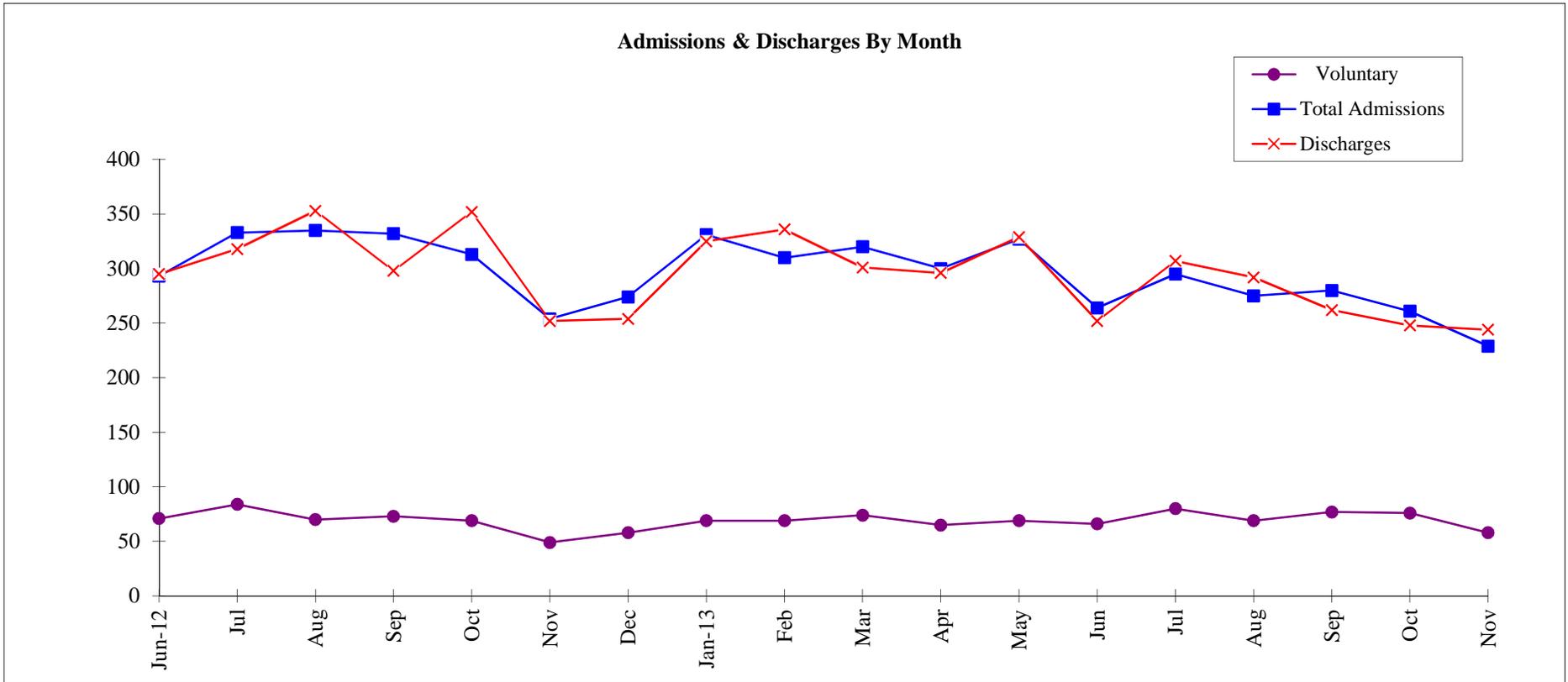


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Austin State Hospital

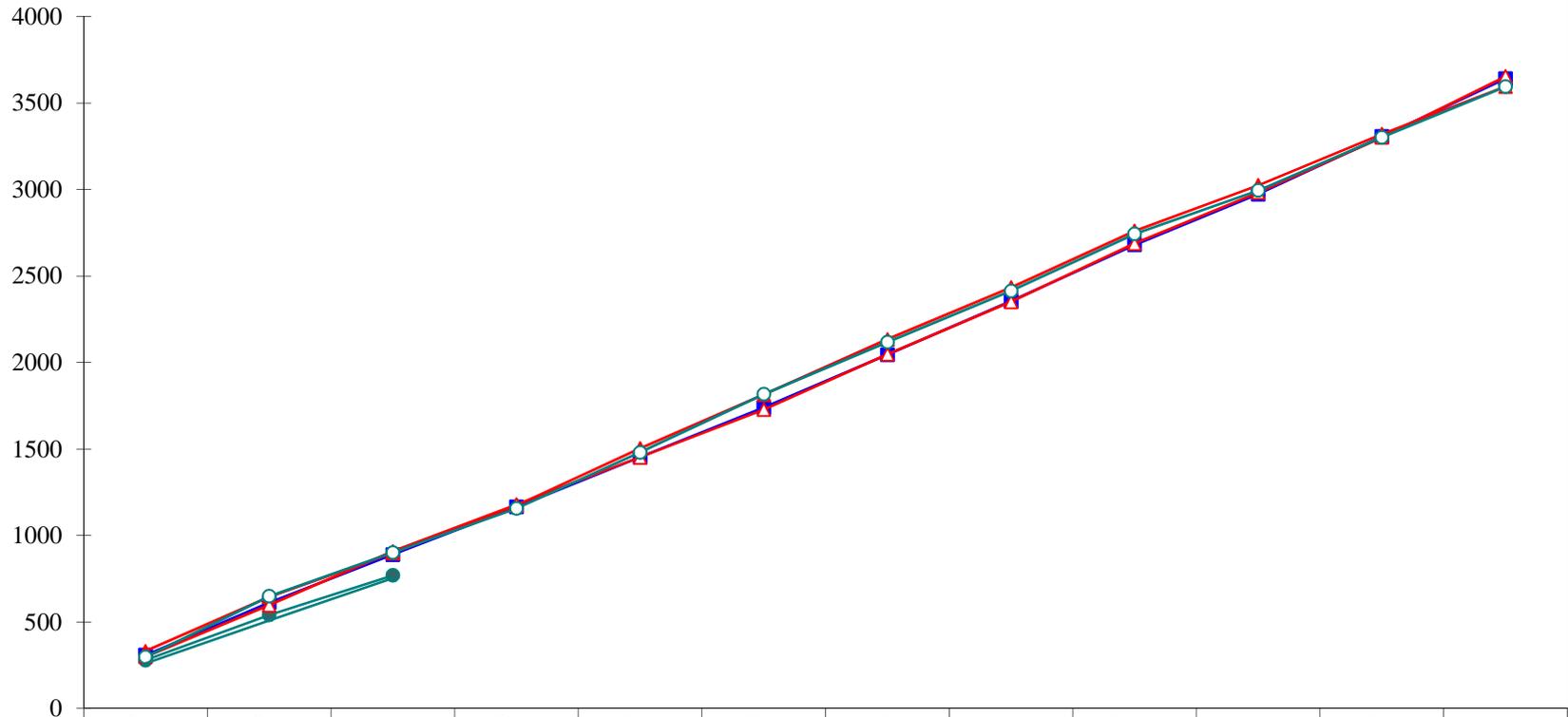
Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	293	333	335	332	313	254	274	331	310	320	300	327	264	295	275	280	261	229
Voluntary	71	84	70	73	69	49	58	69	69	74	65	69	66	80	69	77	76	58
Involuntary	222	249	265	259	244	205	216	262	241	246	235	258	198	215	206	203	185	171
OPC	5	11	5	10	9	7	4	5	6	7	5	6	10	10	22	8	11	17
Emergency	189	205	232	226	201	167	190	222	202	216	200	217	141	166	145	146	139	127
Temporary	12	10	11	8	13	9	6	12	7	6	9	10	12	8	12	7	9	6
Extended	0	0	0	0	1	0	2	0	1	0	1	0	2	1	0	0	1	0
Forensic	16	22	17	15	20	21	14	23	25	16	20	25	32	30	27	42	25	21
Order for MR Svc	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0
Discharges	295	318	353	298	352	252	254	325	336	301	296	329	252	307	292	262	248	244
% New to System	51%	50%	52%	55%	50%	50%	47%	52%	50%	57%	50%	50%	46%	44%	46%	49%	44%	50%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Austin State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



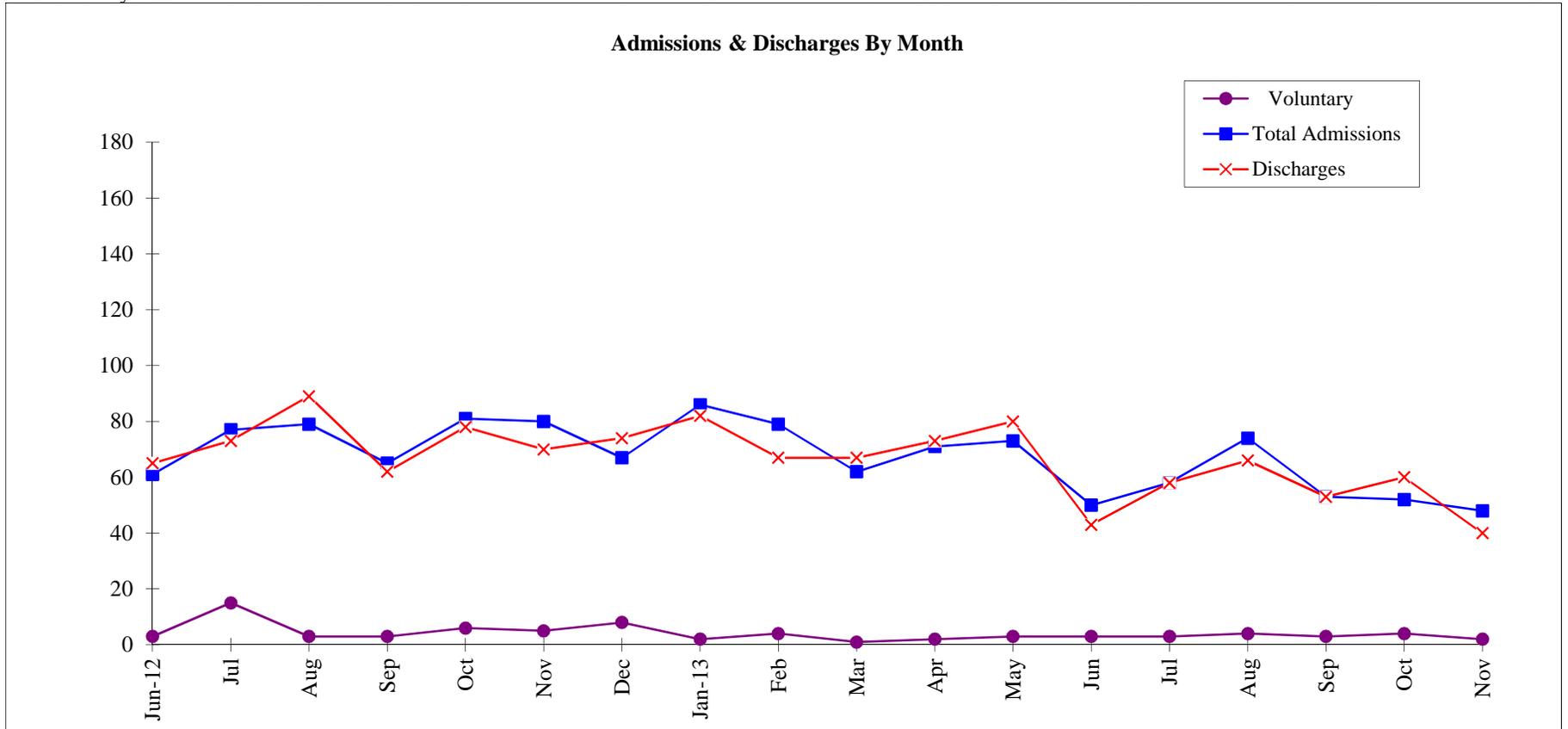
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	309	613	890	1165	1453	1739	2045	2354	2680	2973	3306	3641
▲ FY13 Admissions	332	645	899	1173	1504	1814	2134	2434	2761	3025	3320	3595
● FY14 Admissions	280	541	770									
▲ FY12 Discharges	300	598	909	1179	1453	1728	2048	2351	2688	2983	3301	3654
○ FY13 Discharges	298	650	902	1156	1481	1817	2118	2414	2743	2995	3302	3594
● FY14 Discharges	262	510	754									

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

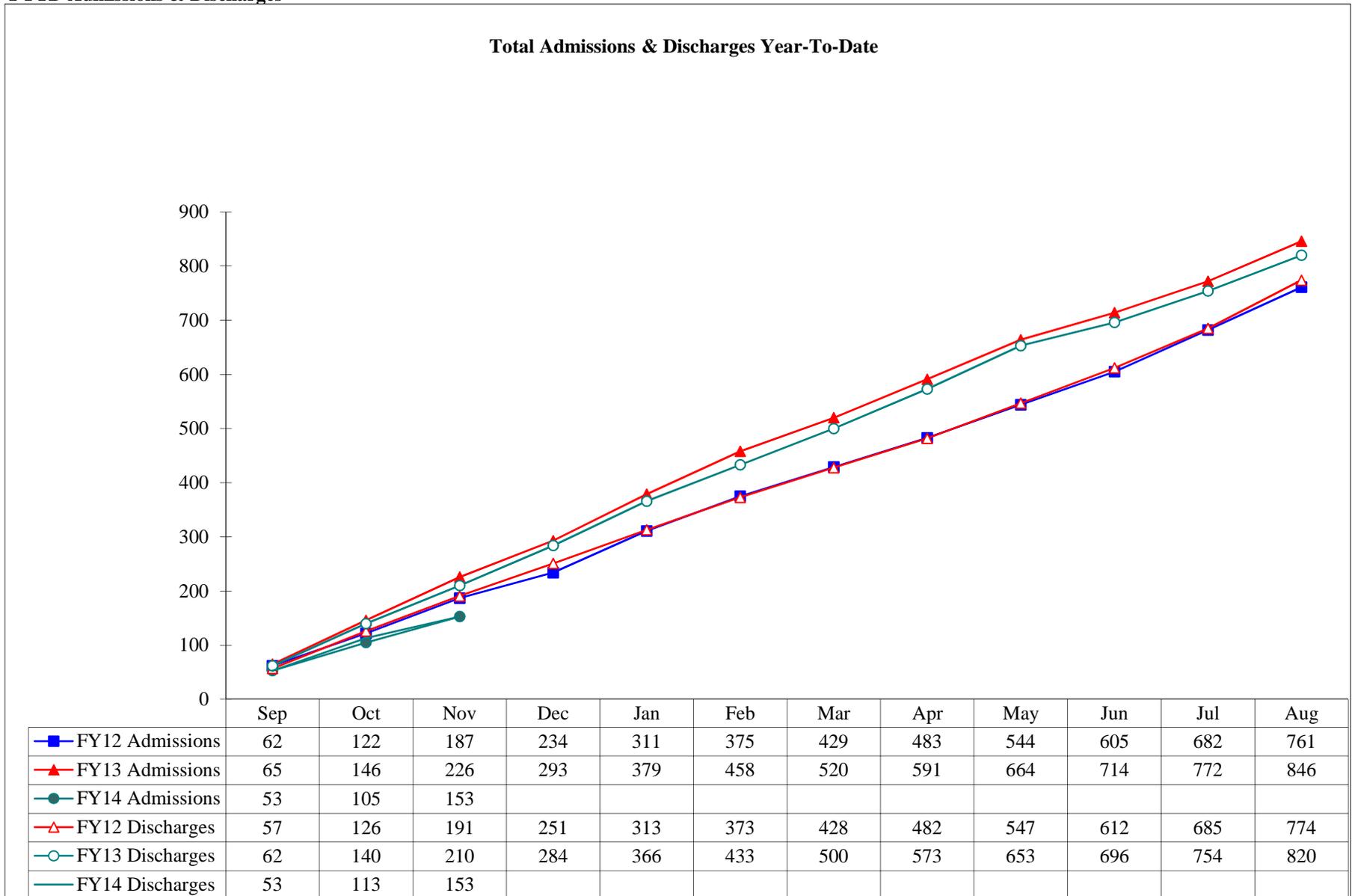
Big Spring State Hospital

Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	61	77	79	65	81	80	67	86	79	62	71	73	50	58	74	53	52	48
Voluntary	3	15	3	3	6	5	8	2	4	1	2	3	3	3	4	3	4	2
Involuntary	58	62	76	62	75	75	59	84	75	61	69	70	47	55	70	50	48	46
OPC	5	18	10	4	6	6	8	14	8	4	8	9	11	3	7	4	6	7
Emergency	43	40	57	51	56	60	44	64	53	43	54	48	29	41	52	38	28	28
Temporary	1	1	0	0	0	0	0	0	0	0	1	1	1	2	1	1	1	2
Extended	0	0	0	0	0	1	0	1	2	0	0	1	0	1	0	0	1	0
Forensic	9	3	8	7	13	8	7	5	8	14	6	11	5	7	8	5	9	8
Order for MR	0	0	1	0	0	0	0	0	4	0	0	0	1	1	2	2	3	1
Discharges	65	73	89	62	78	70	74	82	67	67	73	80	43	58	66	53	60	40
% New to System	44%	44%	48%	48%	58%	40%	42%	53%	53%	42%	48%	52%	44%	40%	46%	45%	33%	42%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Big Spring State Hospital
FYTD Admissions & Discharges

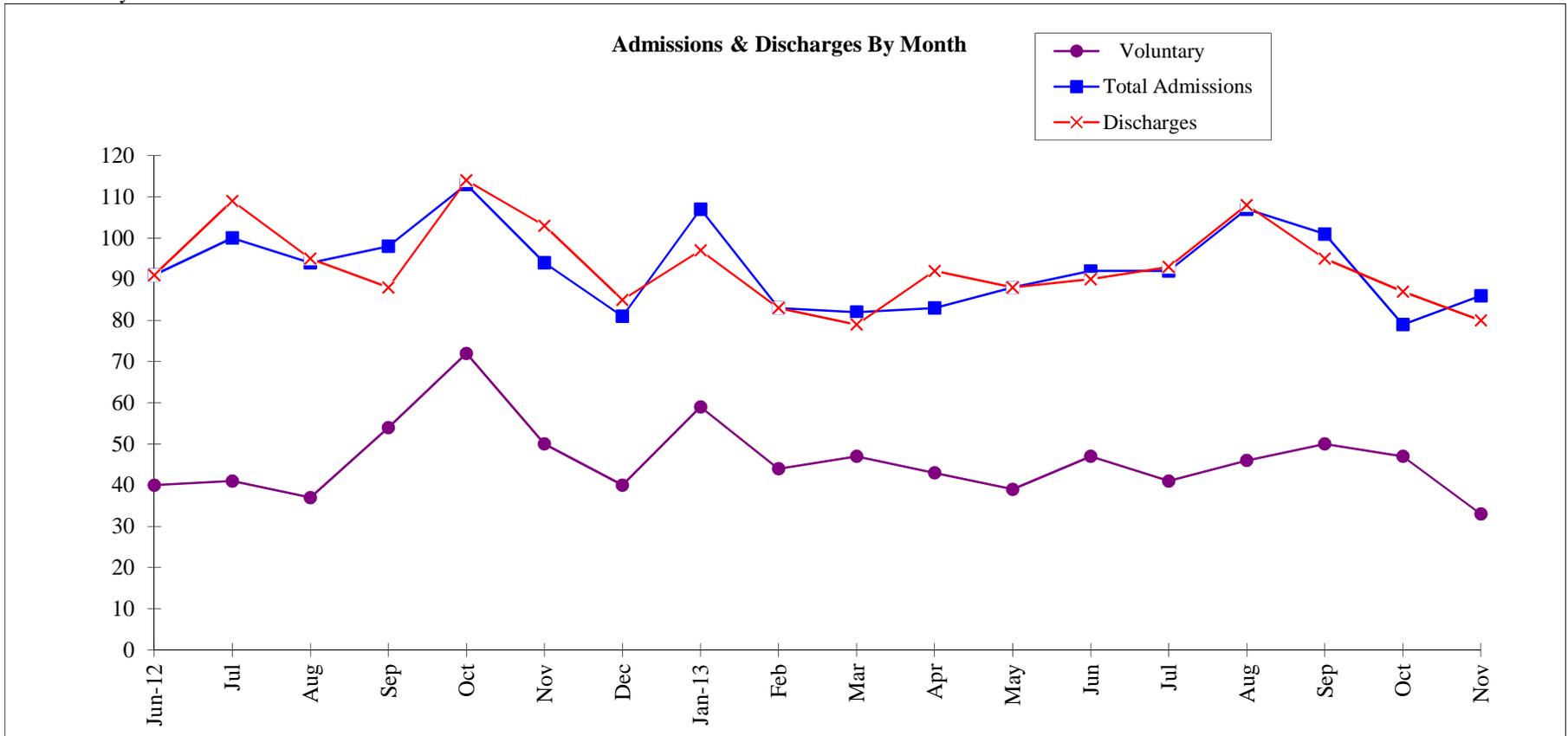


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

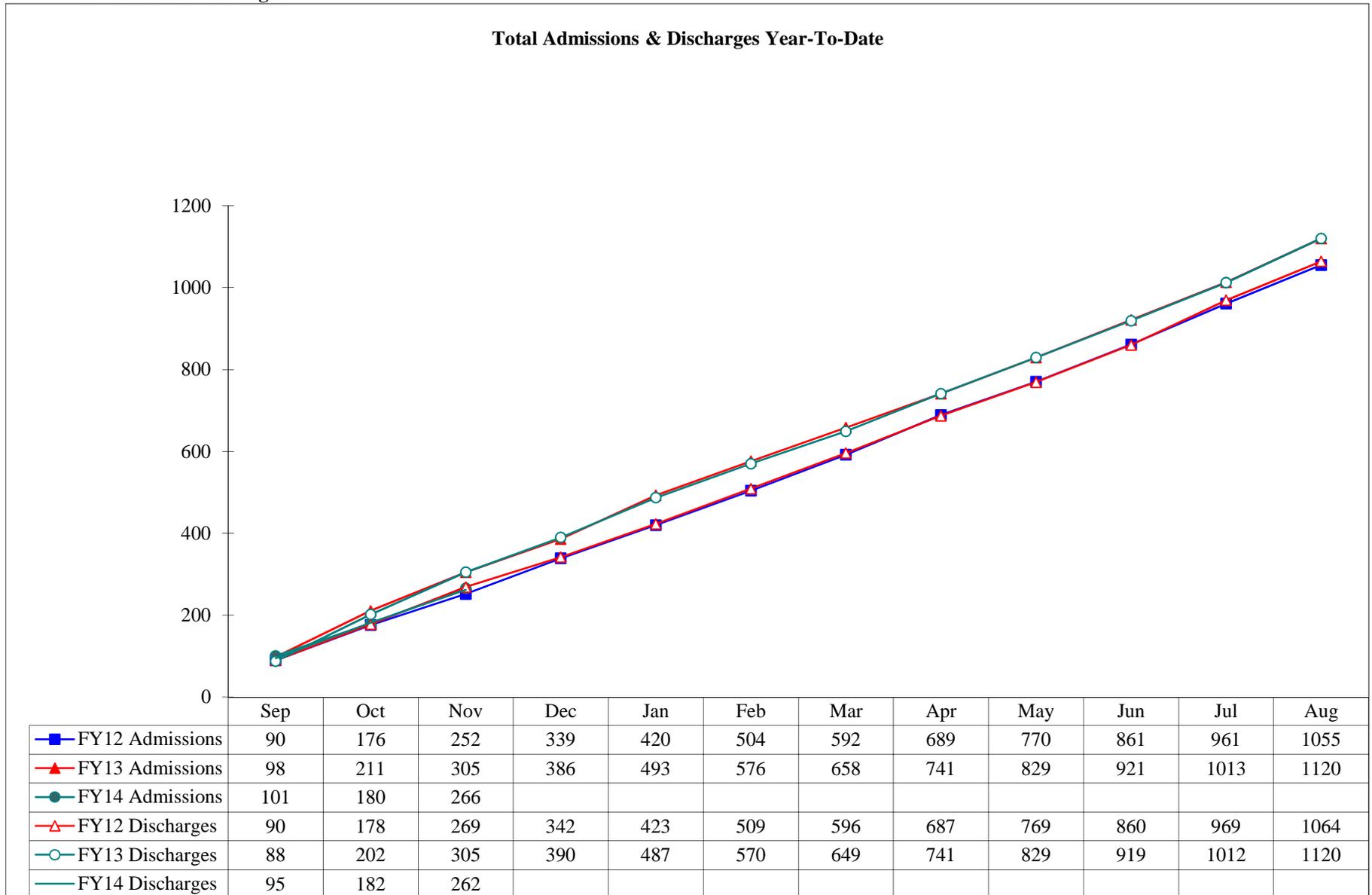
El Paso Psychiatric Center

Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	91	100	94	98	113	94	81	107	83	82	83	88	92	92	107	101	79	86
Voluntary	40	41	37	54	72	50	40	59	44	47	43	39	47	41	46	50	47	33
Involuntary	51	59	57	44	41	44	41	48	39	35	40	49	45	51	61	51	32	53
OPC	27	37	13	14	13	19	15	9	13	13	8	12	24	21	31	29	10	12
Emergency	21	13	41	29	25	22	19	33	24	16	24	33	13	24	23	15	17	29
Temporary	3	5	1	1	1	2	4	1	0	4	1	3	0	3	4	2	2	4
Extended	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0
Forensic	0	4	2	0	2	1	3	4	1	2	6	1	8	3	3	5	3	8
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	91	109	95	88	114	103	85	97	83	79	92	88	90	93	108	95	87	80
% New to System	59%	53%	48%	55%	64%	59%	53%	51%	45%	51%	61%	55%	42%	53%	47%	51%	54%	59%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
El Paso Psychiatric Center
FYTD Admissions & Discharges

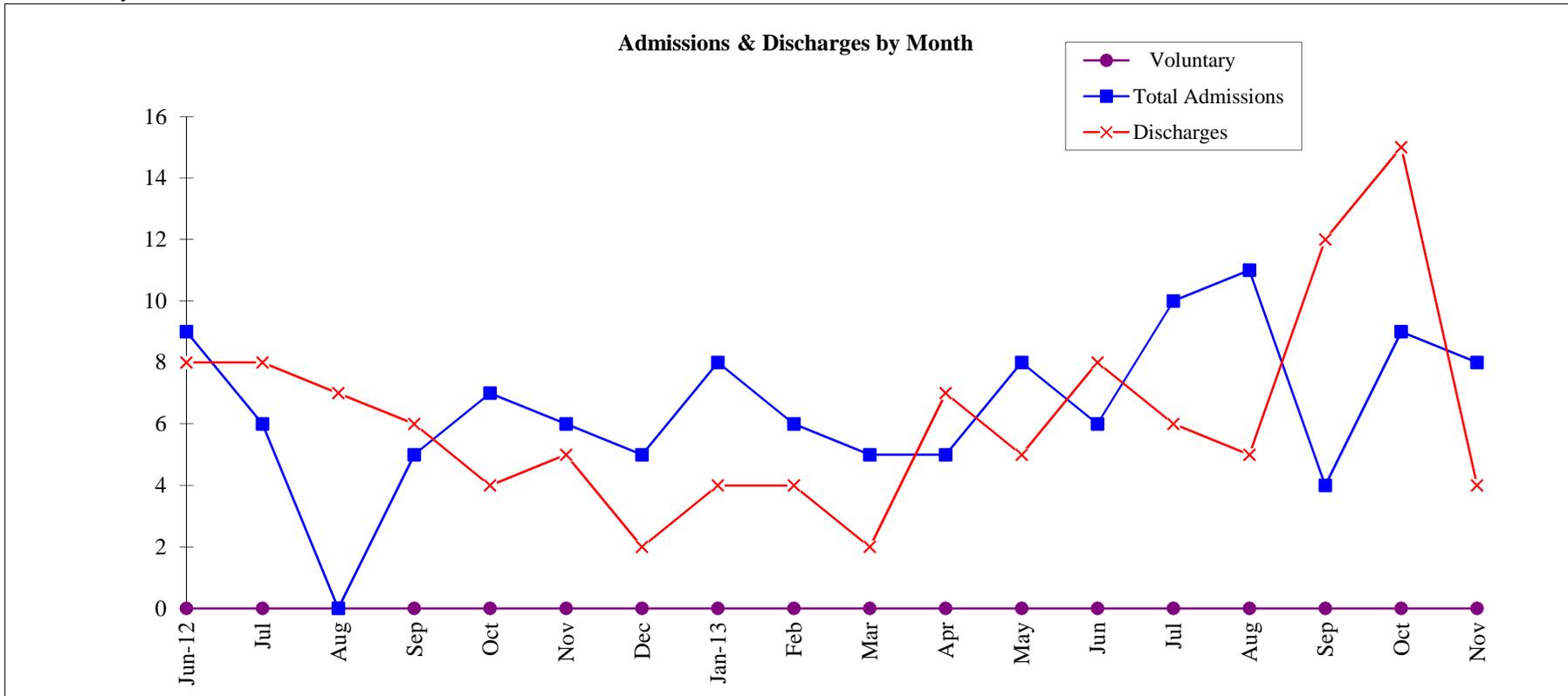


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Kerrville State Hospital

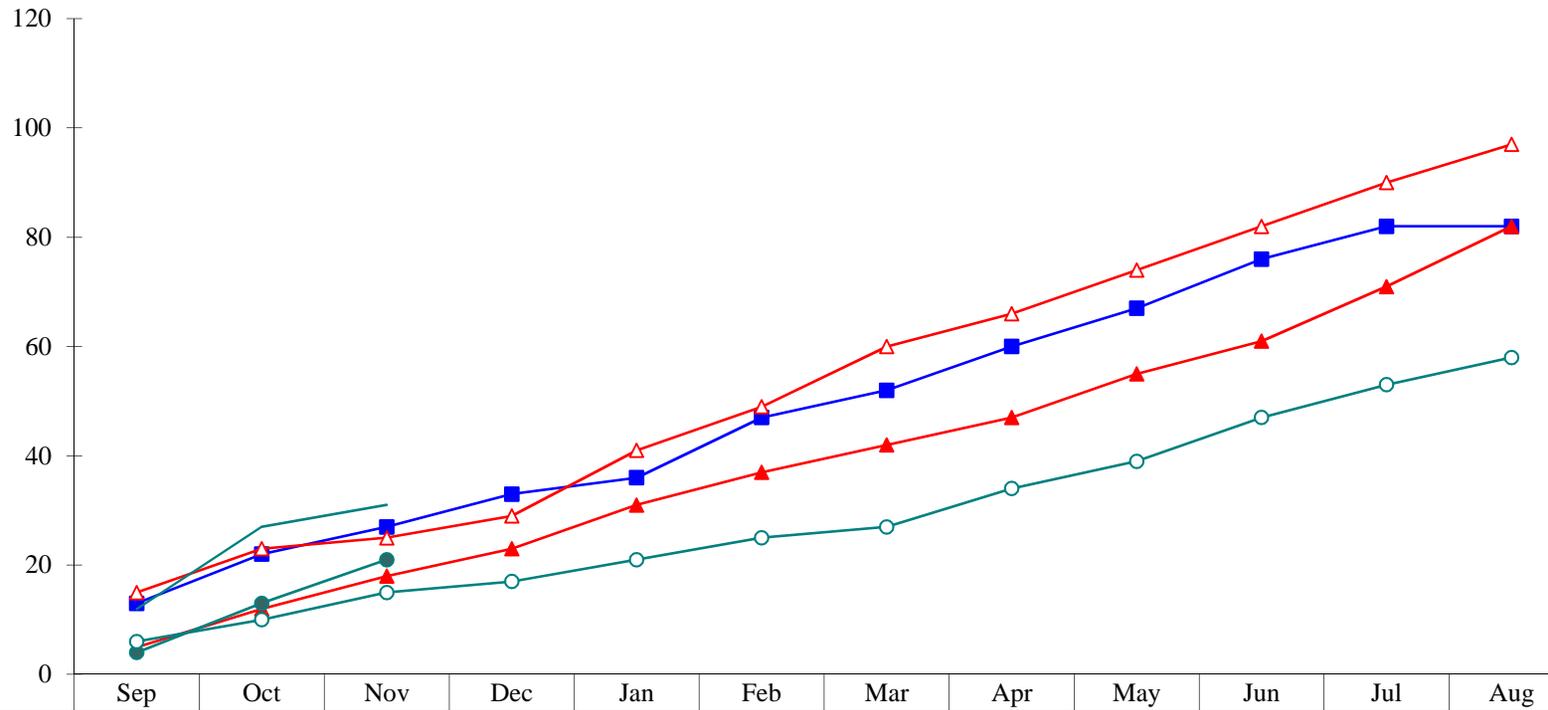
Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	9	6	0	5	7	6	5	8	6	5	5	8	6	10	11	4	9	8
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	9	6	0	5	7	6	5	8	6	5	5	8	6	10	11	4	9	8
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	9	6	0	5	7	6	5	8	6	5	5	8	6	10	11	4	9	8
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	8	8	7	6	4	5	2	4	4	2	7	5	8	6	5	12	15	4
% New to System	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Kerrville State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



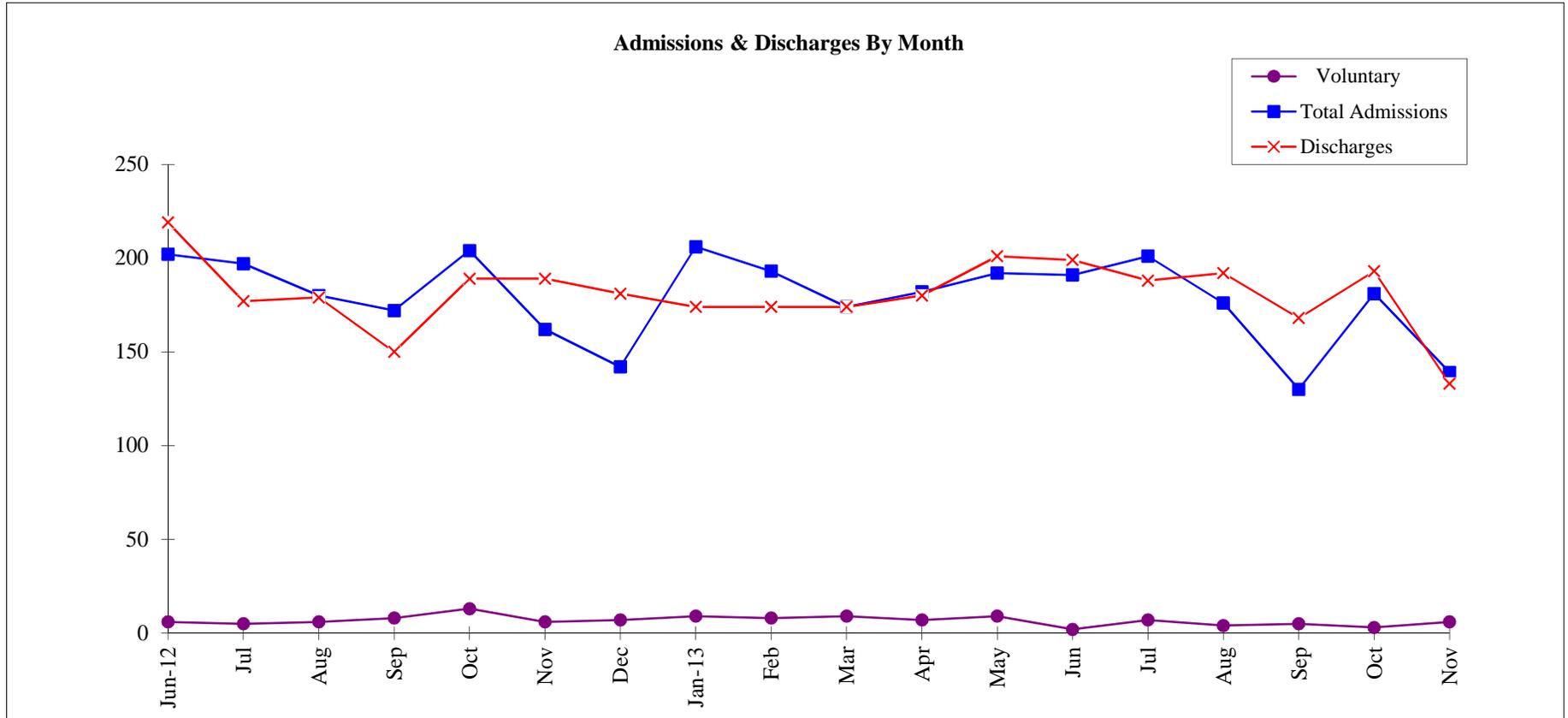
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	13	22	27	33	36	47	52	60	67	76	82	82
▲ FY13 Admissions	5	12	18	23	31	37	42	47	55	61	71	82
● FY14 Admissions	4	13	21									
△ FY12 Discharges	15	23	25	29	41	49	60	66	74	82	90	97
○ FY13 Discharges	6	10	15	17	21	25	27	34	39	47	53	58
— FY14 Discharges	12	27	31									

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

North Texas State Hospital

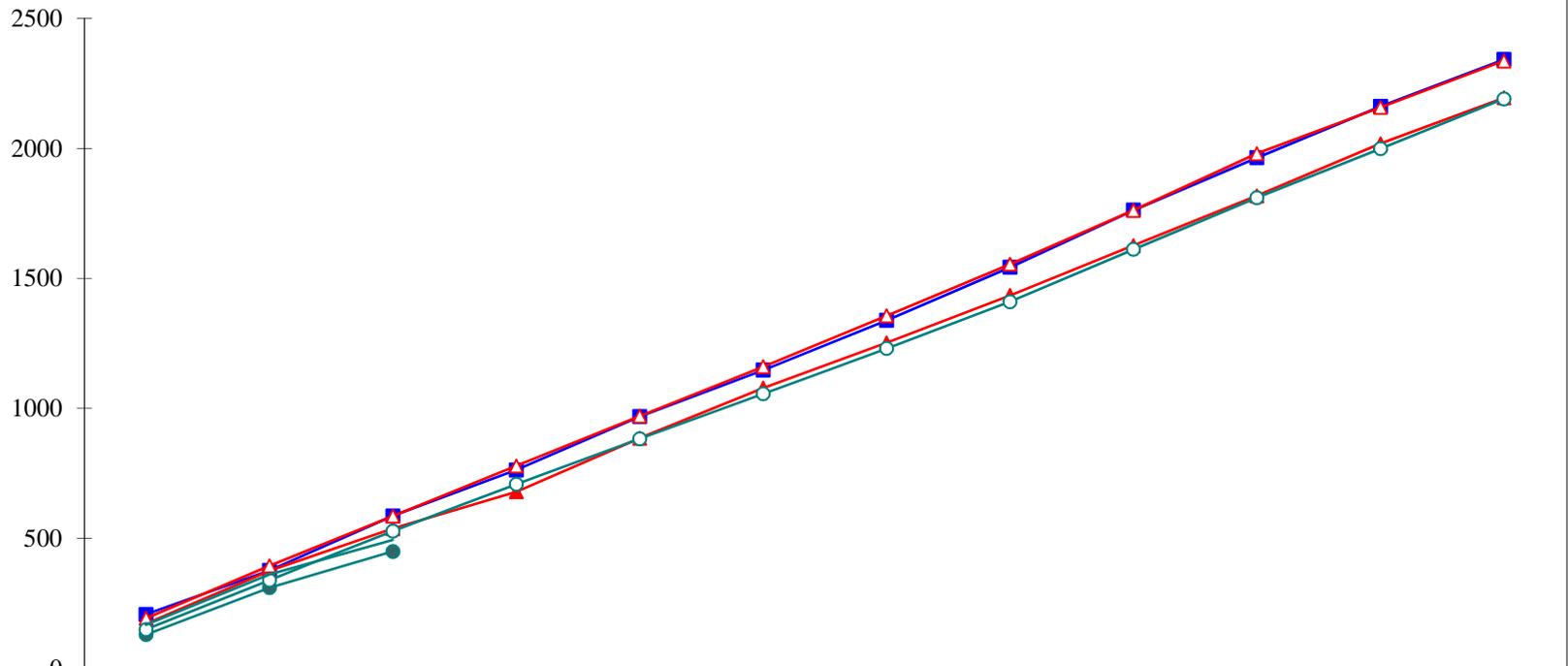
Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	202	197	180	172	204	162	142	206	193	174	182	192	191	201	176	130	181	139
Voluntary	6	5	6	8	13	6	7	9	8	9	7	9	2	7	4	5	3	6
Involuntary	196	192	174	164	191	156	135	197	185	165	175	183	189	194	172	125	178	133
OPC	13	23	26	22	19	23	16	17	25	25	22	18	32	29	21	21	20	6
Emergency	80	40	44	44	45	47	49	58	43	46	57	50	59	56	44	38	49	43
Temporary	32	39	34	36	55	26	33	33	26	28	40	37	25	37	25	28	33	35
Extended	0	1	0	2	1	0	0	2	0	1	0	1	1	1	0	0	0	0
Forensic	53	73	63	48	57	49	29	71	74	52	41	60	59	58	65	33	73	43
Order for MR	18	16	7	12	14	11	8	16	17	13	15	17	13	13	17	5	3	6
Discharges	219	177	179	150	189	189	181	174	174	174	180	201	199	188	192	168	193	133
% New to System	51%	46%	47%	54%	53%	58%	46%	52%	49%	52%	50%	47%	48%	51%	53%	49%	49%	47%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
North Texas State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



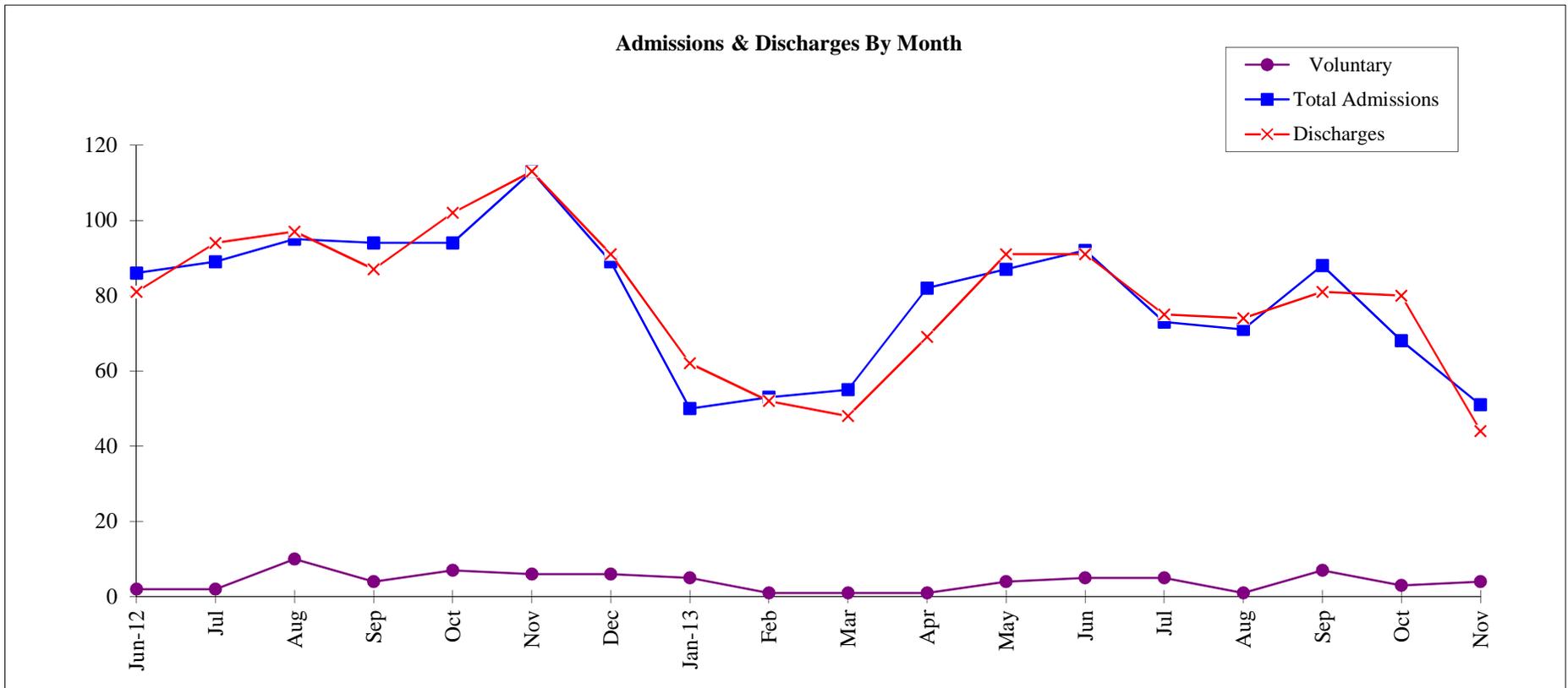
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY12 Admissions	208	377	587	764	969	1148	1339	1543	1763	1965	2162	2342
FY13 Admissions	172	376	538	680	886	1079	1253	1435	1627	1818	2019	2195
FY14 Admissions	130	311	450									
FY12 Discharges	193	395	586	779	971	1161	1357	1555	1762	1981	2158	2337
FY13 Discharges	150	339	528	709	883	1057	1231	1411	1612	1811	1999	2191
FY14 Discharges	168	361	494									

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rio Grande State Center

Admissions by Month

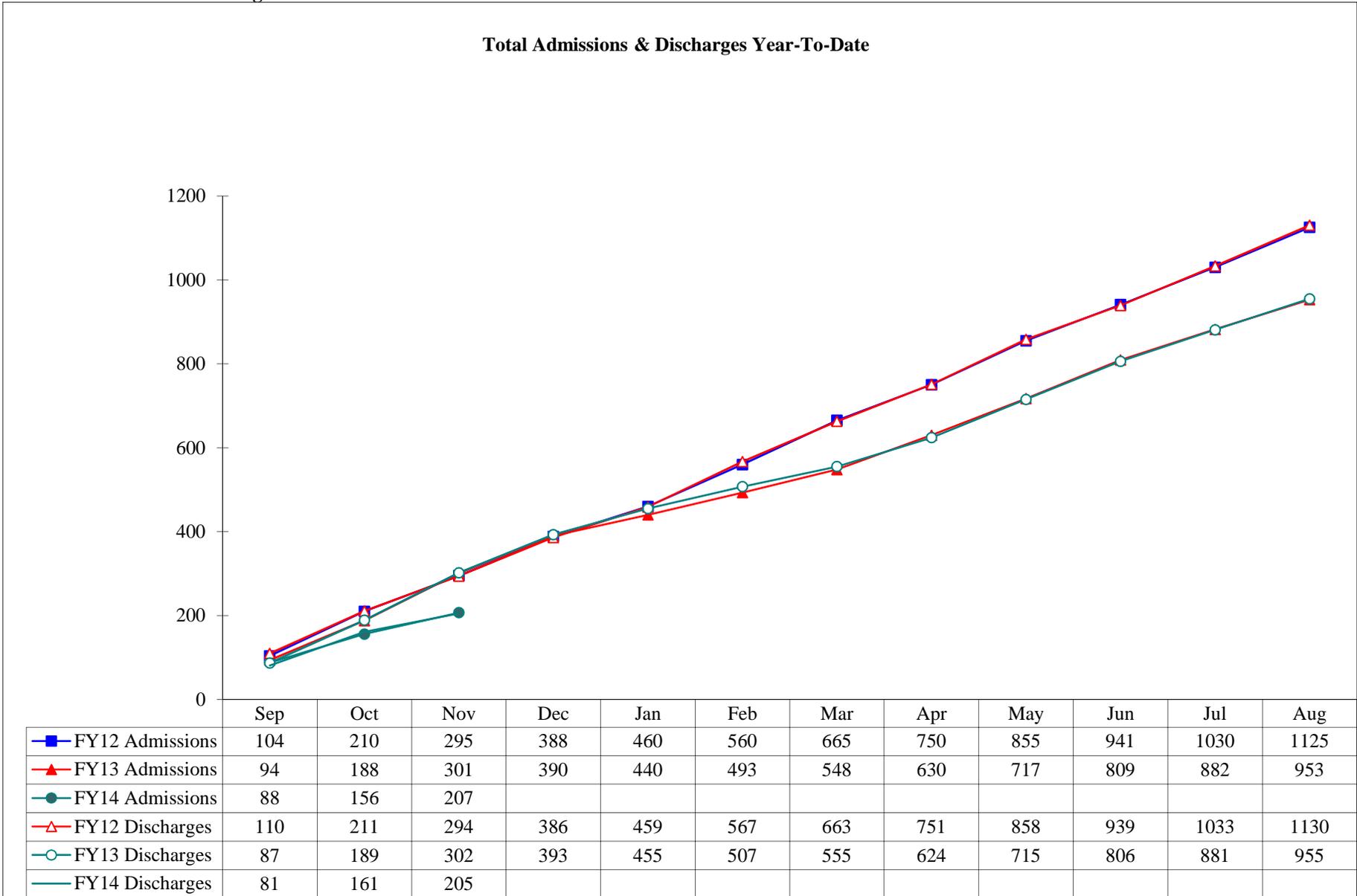
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	86	89	95	94	94	113	89	50	53	55	82	87	92	73	71	88	68	51
Voluntary	2	2	10	4	7	6	6	5	1	1	1	4	5	5	1	7	3	4
Involuntary	84	87	85	90	87	107	83	45	52	54	81	83	87	68	70	81	65	47
OPC	0	1	1	0	0	1	0	0	0	0	2	3	2	0	0	3	2	2
Emergency	78	75	80	87	84	101	81	39	49	50	67	76	79	60	65	72	54	35
Temporary	1	4	3	0	0	1	1	1	1	1	1	3	1	2	1	3	0	0
Extended	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Forensic	5	7	1	3	3	4	1	3	2	3	11	1	5	6	4	3	9	10
Order for MR	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Discharges	81	94	97	87	102	113	91	62	52	48	69	91	91	75	74	81	80	44
% New to System	55%	45%	52%	61%	49%	53%	61%	49%	28%	20%	38%	40%	49%	47%	46%	49%	39%	27%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rio Grande State Center

FYTD Admissions & Discharges

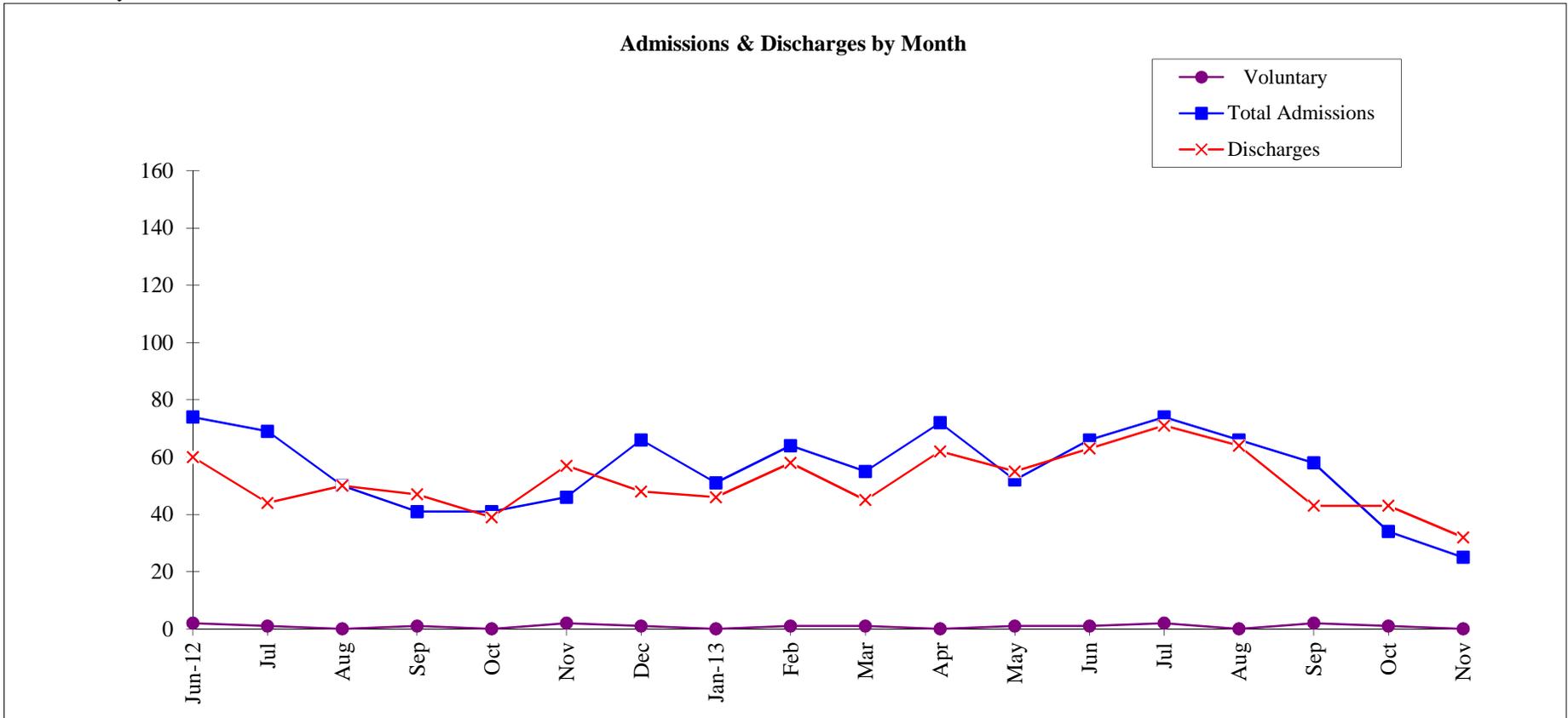


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rusk State Hospital

Admissions by Month

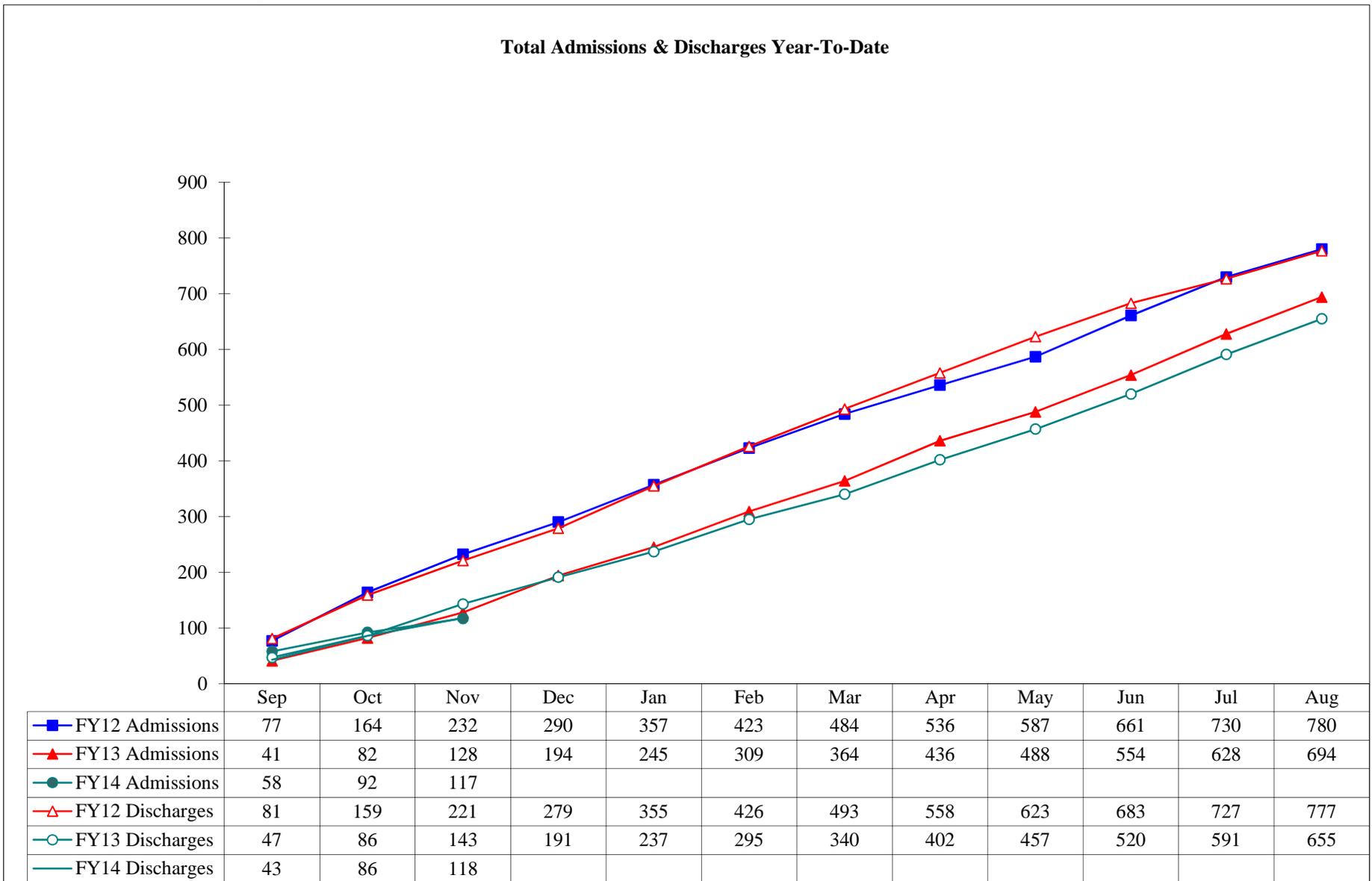
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	74	69	50	41	41	46	66	51	64	55	72	52	66	74	66	58	34	25
Voluntary	2	1	0	1	0	2	1	0	1	1	0	1	1	2	0	2	1	0
Involuntary	72	68	50	40	41	44	65	51	63	54	72	51	65	72	66	56	33	25
OPC	18	10	12	5	10	5	9	8	15	13	7	3	9	15	13	3	1	0
Emergency	20	10	19	11	19	8	25	21	19	12	16	24	38	30	24	16	9	5
Temporary	7	4	5	5	3	2	5	5	4	3	10	7	5	6	4	2	3	4
Extended	1	2	0	0	0	0	0	0	0	0	2	3	0	0	0	0	0	0
Forensic	26	42	14	19	9	29	26	17	25	26	37	14	13	21	25	35	20	16
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	60	44	50	47	39	57	48	46	58	45	62	55	63	71	64	43	43	32
% New to System	39%	46%	38%	27%	54%	52%	48%	33%	48%	45%	40%	35%	41%	43%	39%	43%	29%	36%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rusk State Hospital

FYTD Admissions & Discharges

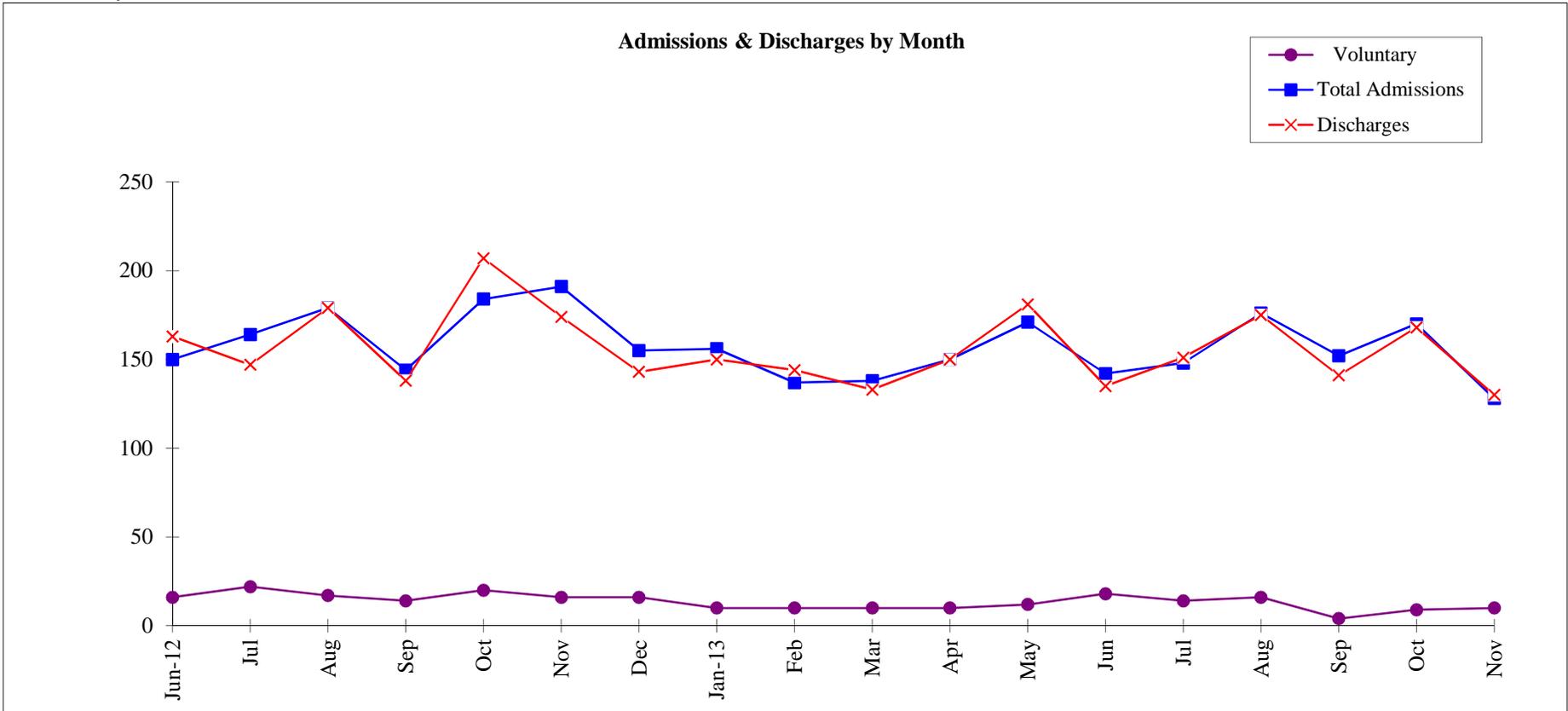


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

San Antonio State Hospital

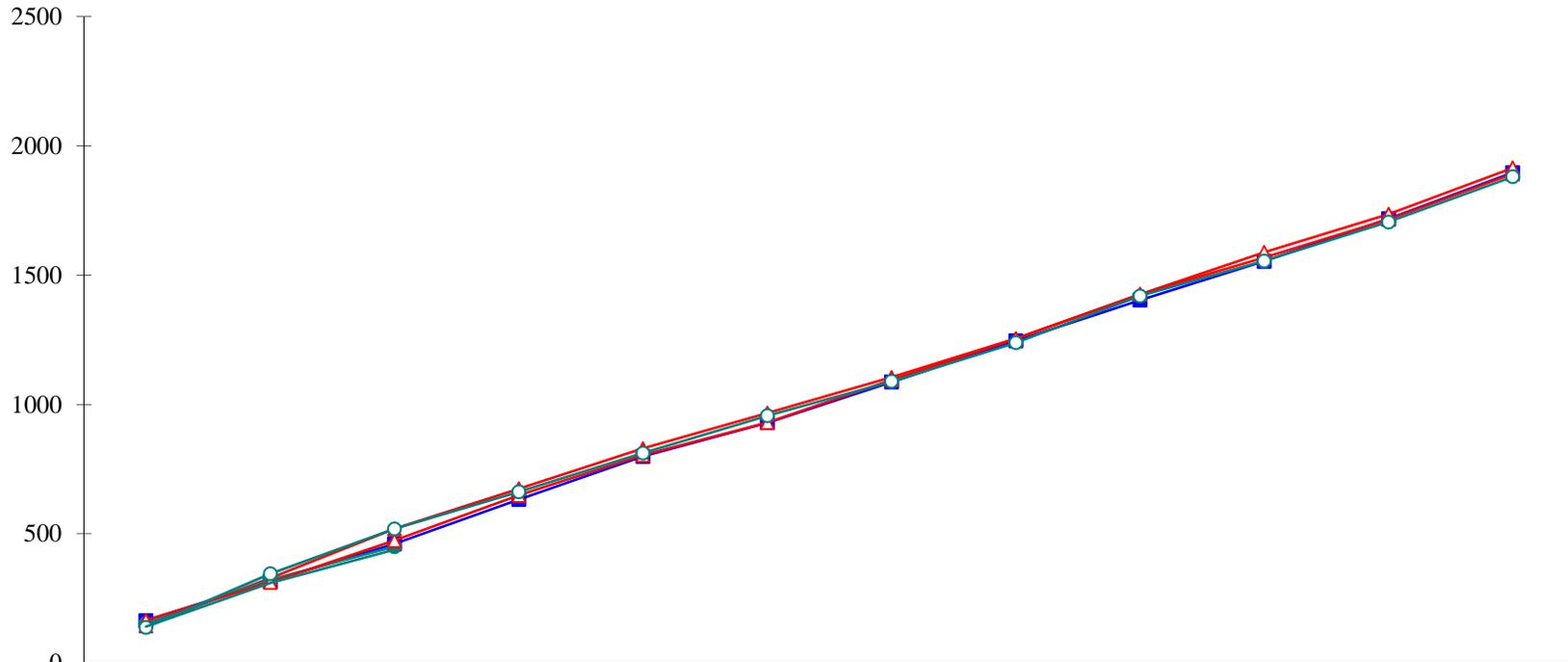
Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	150	164	179	144	184	191	155	156	137	138	150	171	142	148	176	152	170	128
Voluntary	16	22	17	14	20	16	16	10	10	10	10	12	18	14	16	4	9	10
Involuntary	134	142	162	130	164	175	139	146	127	128	140	159	124	134	160	148	161	118
OPC	42	48	35	18	18	21	19	22	21	21	20	19	17	17	20	19	31	27
Emergency	69	57	86	77	98	107	87	82	62	72	74	105	72	74	91	75	74	62
Temporary	10	18	21	15	20	18	17	22	25	21	30	15	21	28	32	23	36	17
Extended	3	0	0	1	3	0	0	1	2	1	3	0	0	0	0	0	0	0
Forensic	5	15	16	18	22	22	15	16	14	8	12	15	11	10	10	28	15	9
Order for MR	5	4	4	1	3	7	1	3	3	5	1	5	3	5	7	3	5	3
Discharges	163	147	179	138	207	174	143	150	144	133	150	181	135	151	175	141	168	130
% New to System	40%	50%	49%	46%	51%	45%	48%	44%	48%	54%	45%	54%	53%	49%	49%	42%	54%	44%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
San Antonio State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



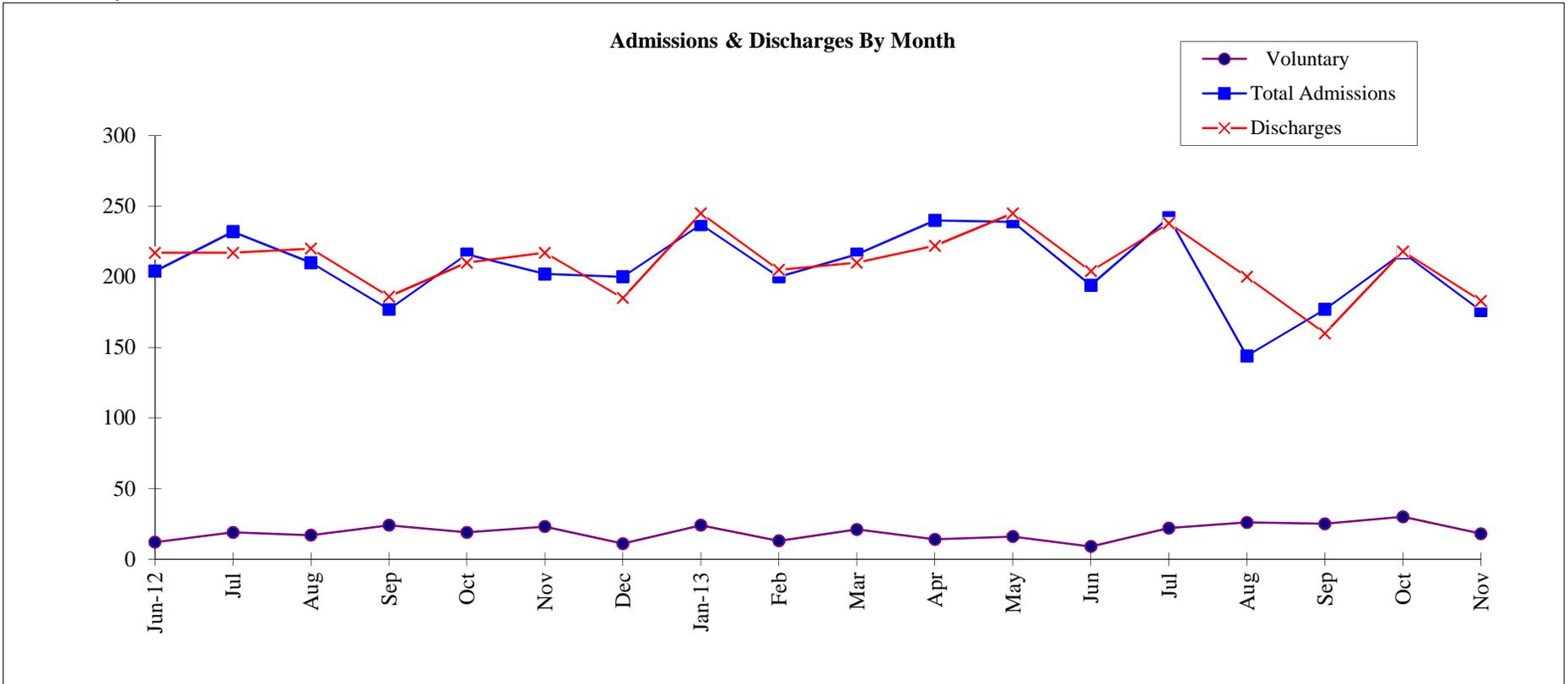
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	164	316	461	632	799	929	1087	1246	1404	1554	1718	1897
▲ FY13 Admissions	144	328	519	674	830	967	1105	1255	1426	1568	1716	1892
● FY14 Admissions	152	322	450									
▲ FY12 Discharges	165	312	474	648	804	930	1095	1254	1426	1589	1736	1915
○ FY13 Discharges	138	345	519	662	812	956	1089	1239	1420	1555	1706	1881
— FY14 Discharges	141	309	439									

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Terrell State Hospital

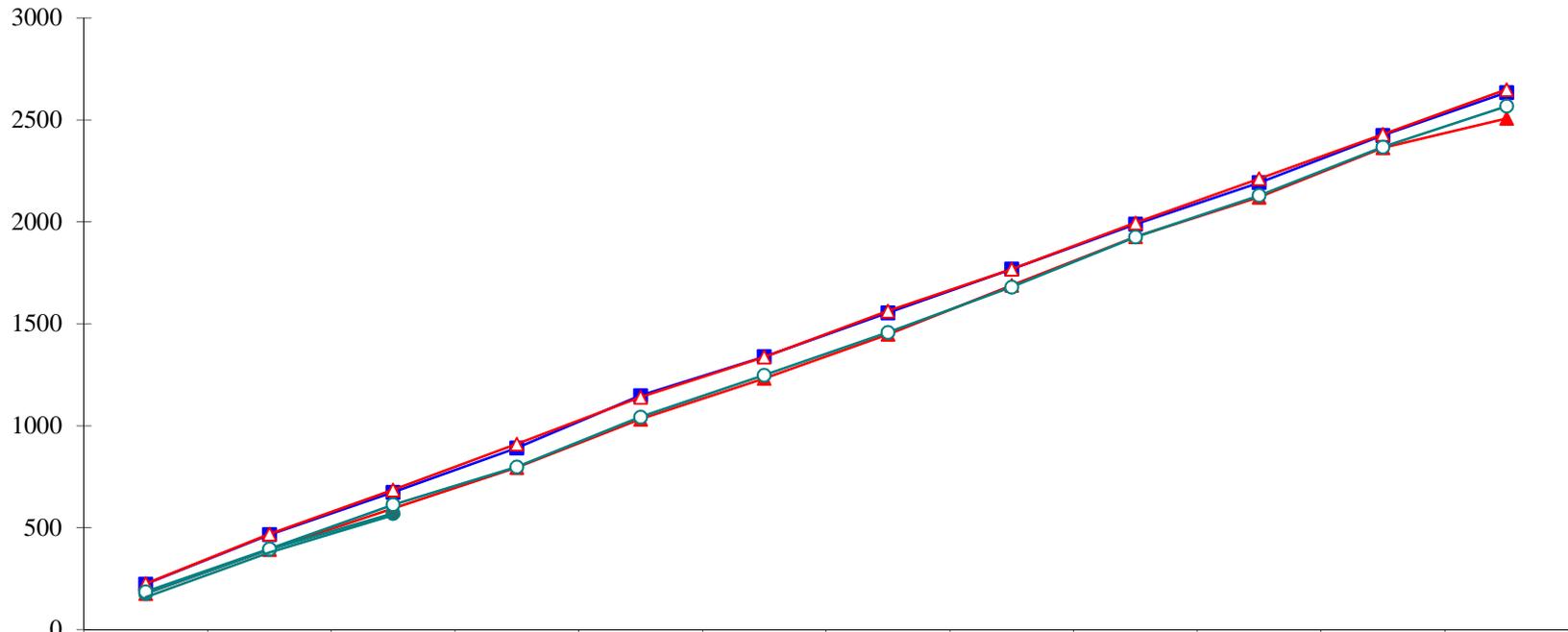
Admissions by Month

	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	204	232	210	177	216	202	200	237	200	216	240	239	194	242	144	177	217	176
Voluntary	12	19	17	24	19	23	11	24	13	21	14	16	9	22	26	25	30	18
Involuntary	192	213	193	153	197	179	189	213	187	195	226	223	185	220	118	152	187	158
OPC	150	178	159	123	168	146	150	179	158	167	181	183	139	179	93	125	141	124
Emergency	16	14	7	11	9	8	15	9	7	11	9	13	15	19	12	7	14	11
Temporary	10	7	11	4	5	8	5	11	8	4	9	10	9	9	5	16	18	11
Extended	1	1	0	1	0	1	0	0	1	1	1	0	1	0	0	1	0	1
Forensic	15	13	16	14	15	16	19	14	13	12	25	17	21	13	8	3	14	11
Order for MR	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Discharges	217	217	220	186	210	217	185	245	205	210	222	245	204	238	200	160	218	183
% New to System	49%	44%	45%	53%	46%	43%	49%	48%	47%	45%	48%	43%	44%	51%	47%	46%	47%	54%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Terrell State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



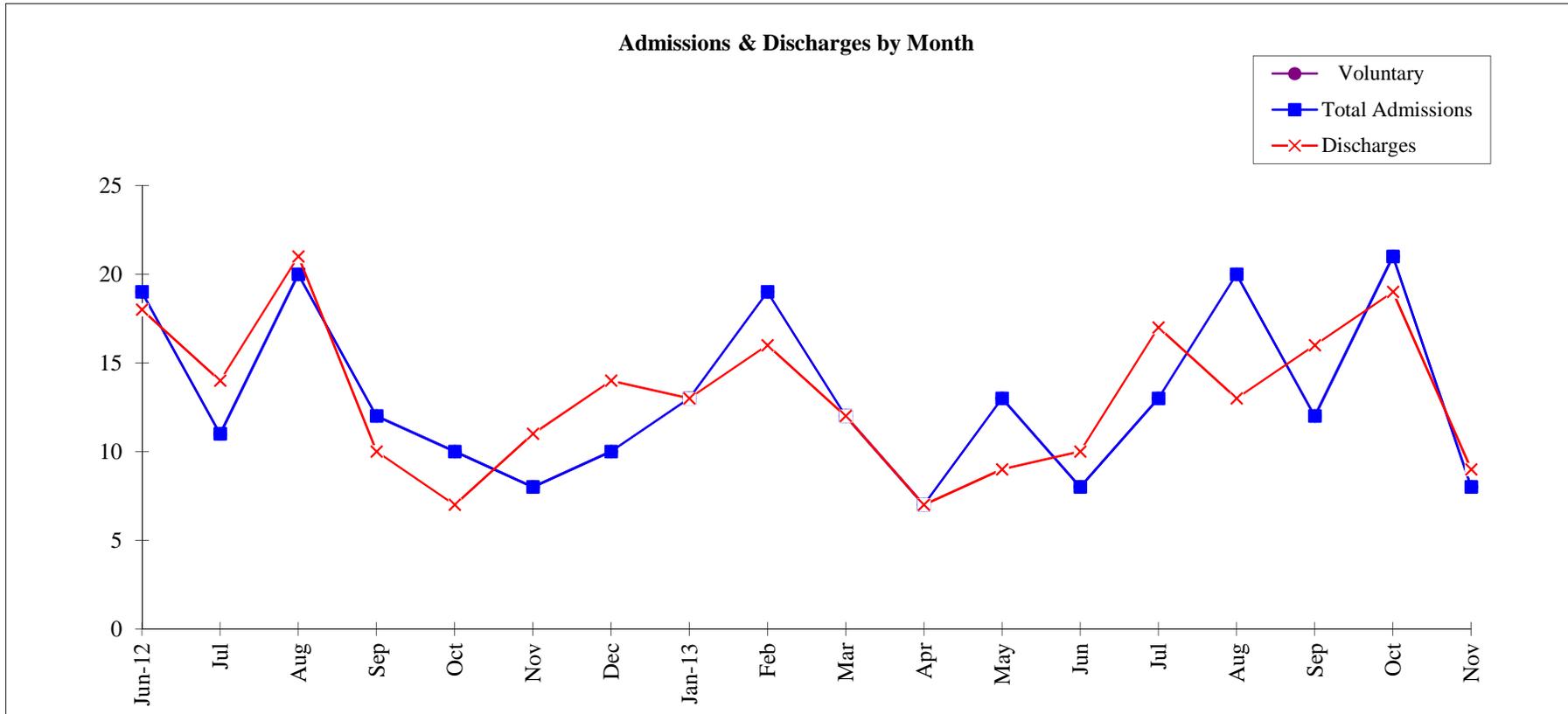
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	224	466	674	891	1148	1339	1554	1768	1988	2192	2424	2634
▲ FY13 Admissions	177	393	595	795	1032	1232	1448	1688	1927	2121	2363	2507
● FY14 Admissions	177	394	570									
▲ FY12 Discharges	226	469	686	911	1140	1337	1563	1768	1995	2212	2429	2649
○ FY13 Discharges	186	396	613	798	1043	1248	1458	1680	1925	2129	2367	2567
■ FY14 Discharges	160	378	561									

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

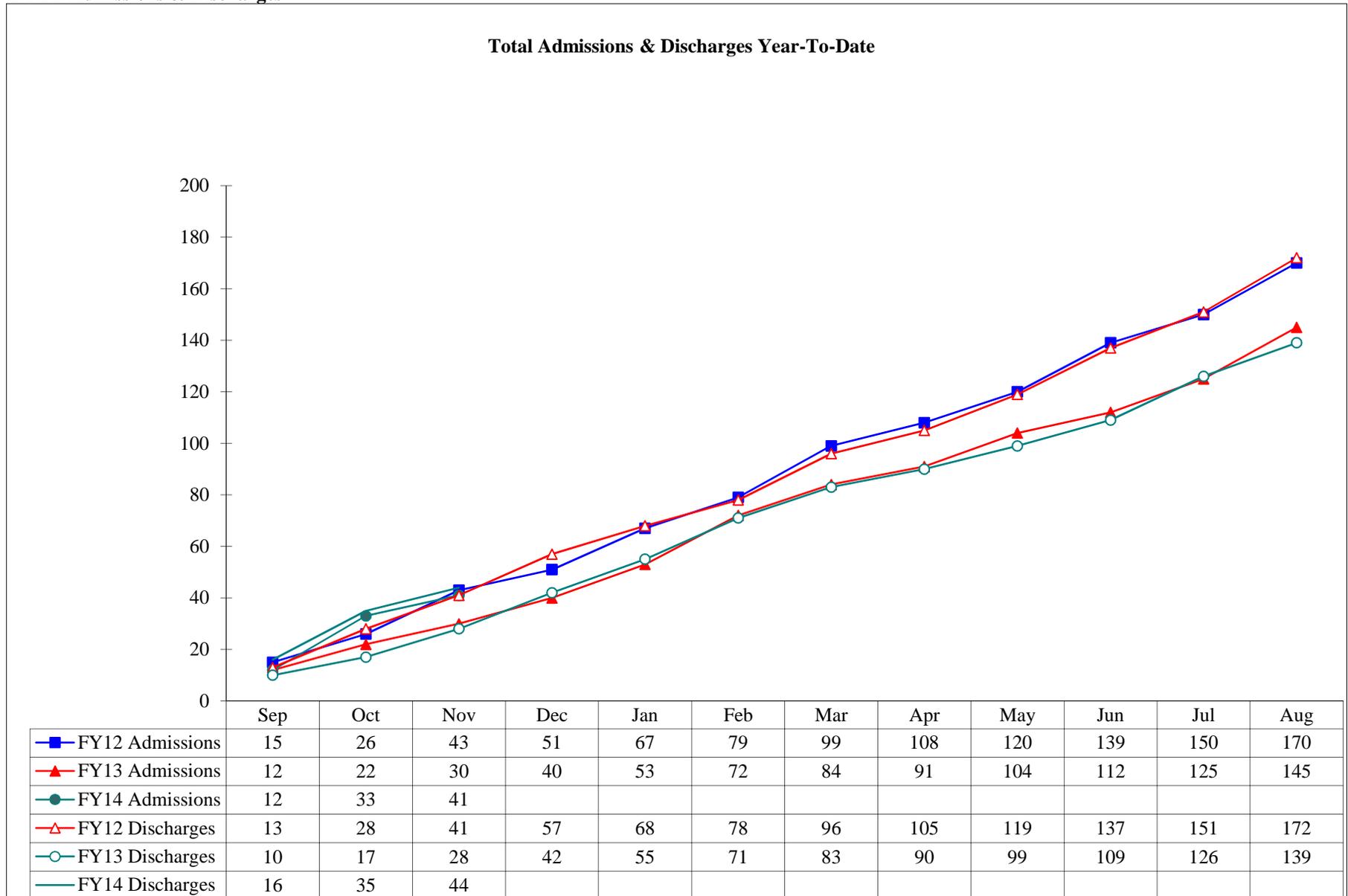
Waco Center for Youth

Admissions by Month

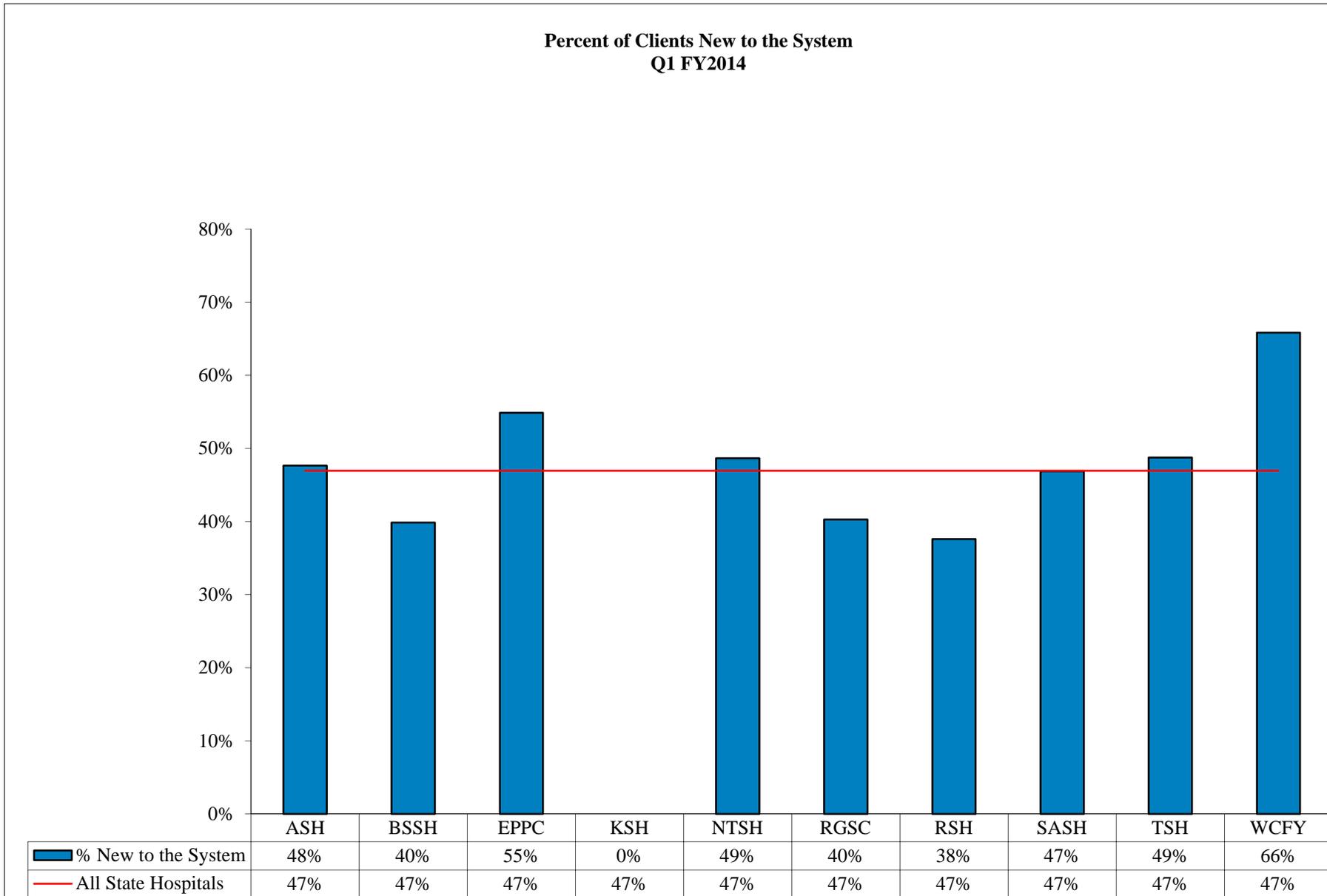
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	19	11	20	12	10	8	10	13	19	12	7	13	8	13	20	12	21	8
Voluntary	19	11	20	12	10	8	10	13	19	12	7	13	8	13	20	12	21	8
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	18	14	21	10	7	11	14	13	16	12	7	9	10	17	13	16	19	9
% New to System	58%	55%	55%	58%	50%	38%	30%	23%	63%	50%	71%	38%	50%	31%	65%	67%	62%	75%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
FYTD Admissions & Discharges



**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals**



Performance Measure 5B:

Calculate percent of forensic/non forensic discharges returned to the community; 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

Performance Measure Operational Definition: Percent of forensic/non forensic discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days. CARE Report SR4206 discharge data does not include patients transferred (discharged to another state hospital) to other state hospitals or DMA’s (against medical advice).

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

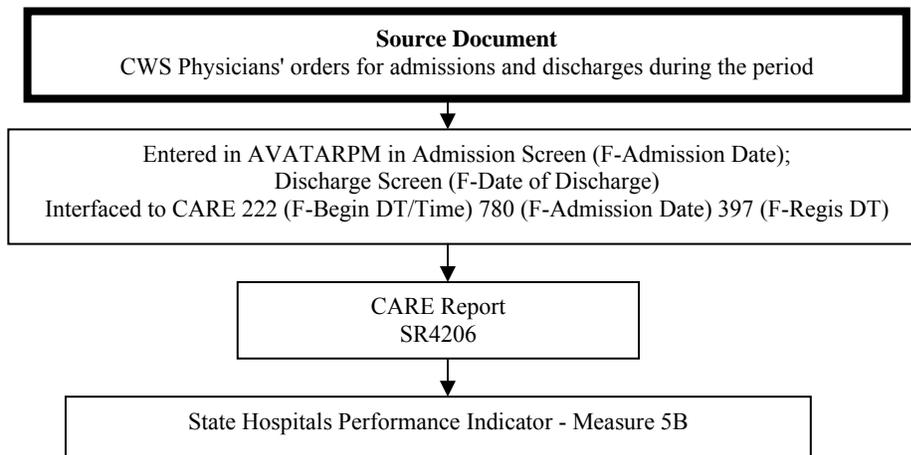
D = total persons discharged during the quarter

Net length of stay for persons who were discharged using codes (DRE) Discharge with Reassignment) or (DNS) Discharge No More Services, or sent on Absence Trial Placement (ATP), unless they were referred to another campus-based program. (It eliminates persons who were discharged during the period and who were counted because of an ATP in a prior reporting period. It does not include persons who were discharged against medical advice (DMA) or who died (DED) during the quarter. The report uses net length of stay, which is the number of days an individual was resident on campus, not including days absent).

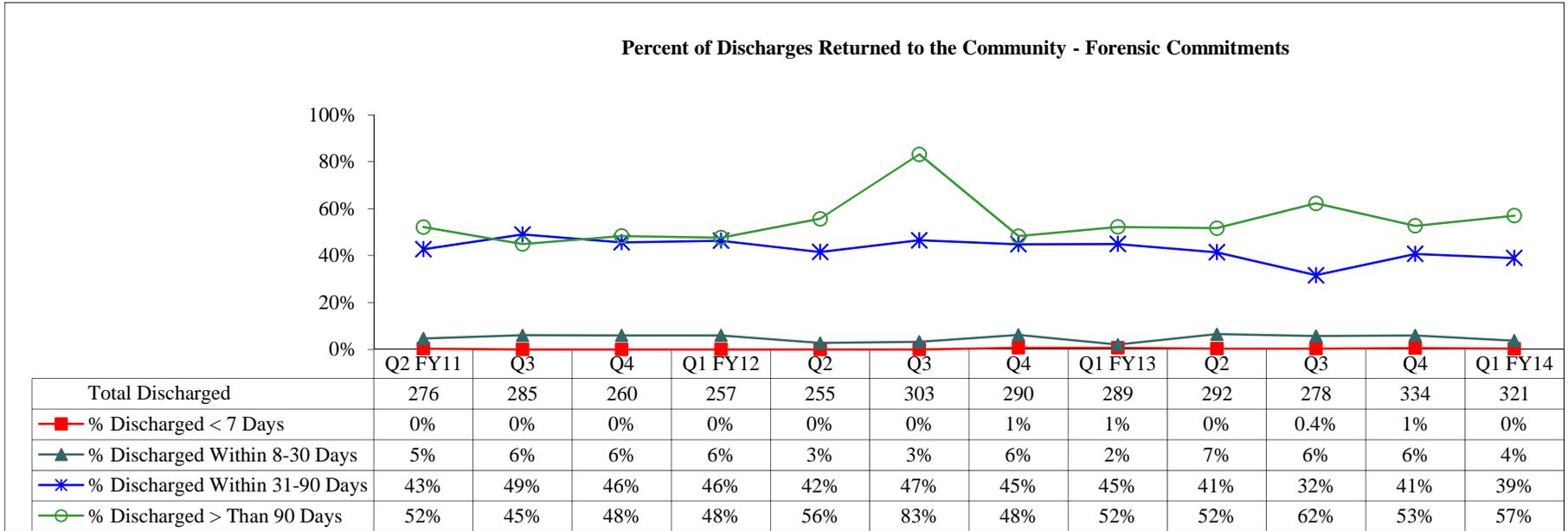
Performance Measure Data Display and Chart Description:

- ◆ Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- ◆ Table shows total discharges for the quarter for individual state hospitals and system-wide.

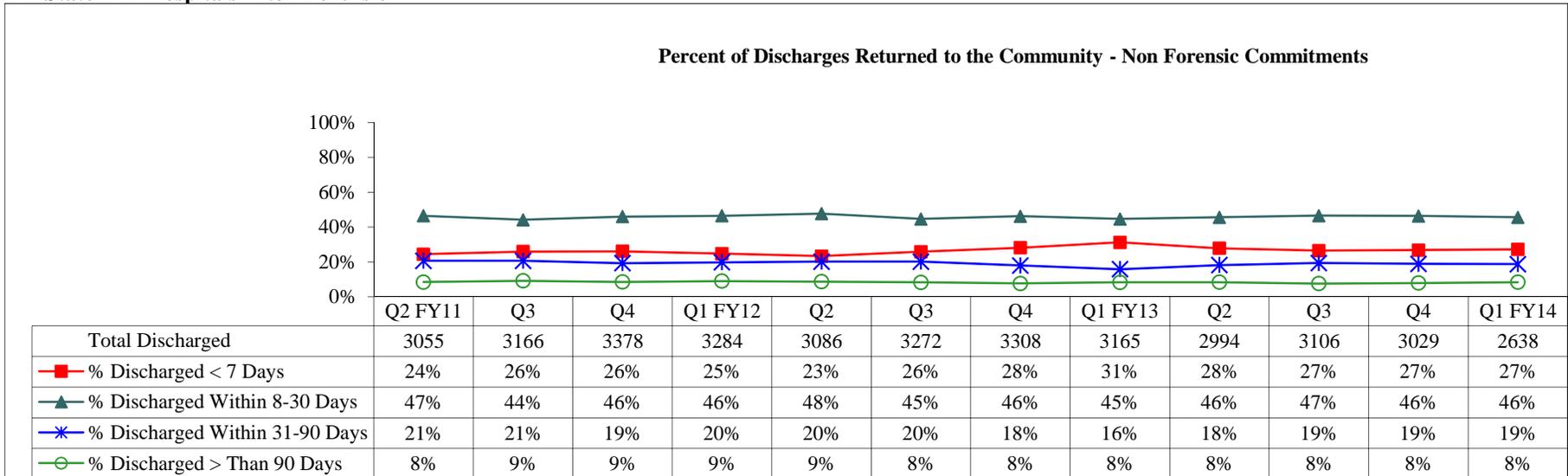
Data Flow:



Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Forensic



Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Non Forensic

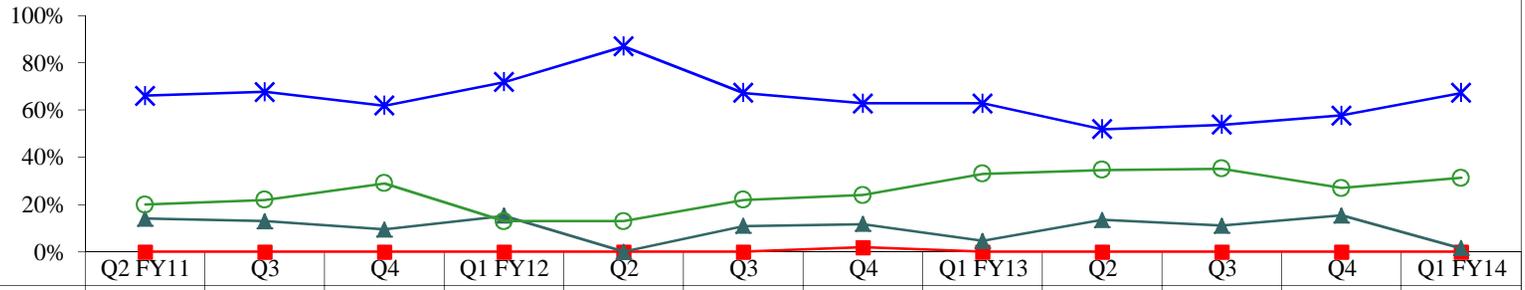


Total Discharges do not include transfers or DMAs

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Forensic

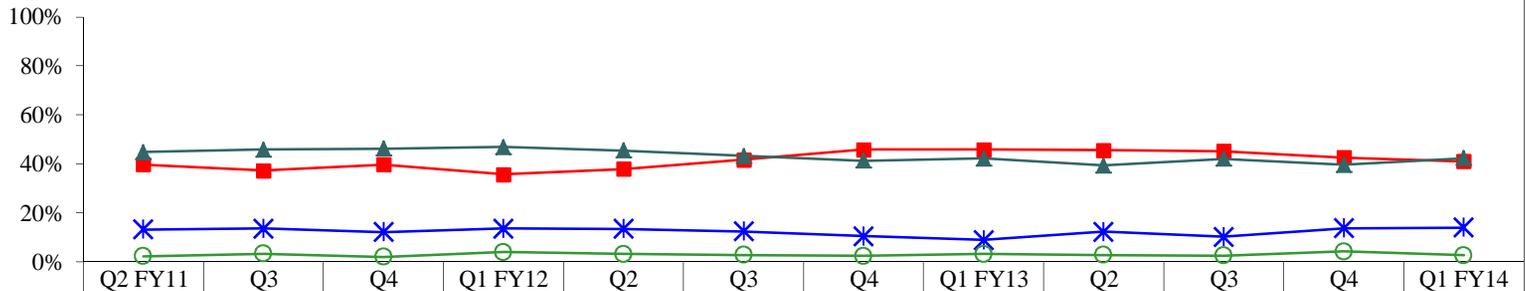
Percent of Discharges Returned to the Community - Forensic Commitments



	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	35	37	42	46	38	55	51	43	52	54	78	67
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	14%	13%	10%	15%	0%	11%	12%	5%	13%	11%	15%	1%
% Discharged Within 31-90 Days	66%	68%	62%	72%	87%	67%	63%	63%	52%	54%	58%	67%
% Discharged > Than 90 Days	20%	22%	29%	13%	13%	22%	24%	33%	35%	35%	27%	31%

Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

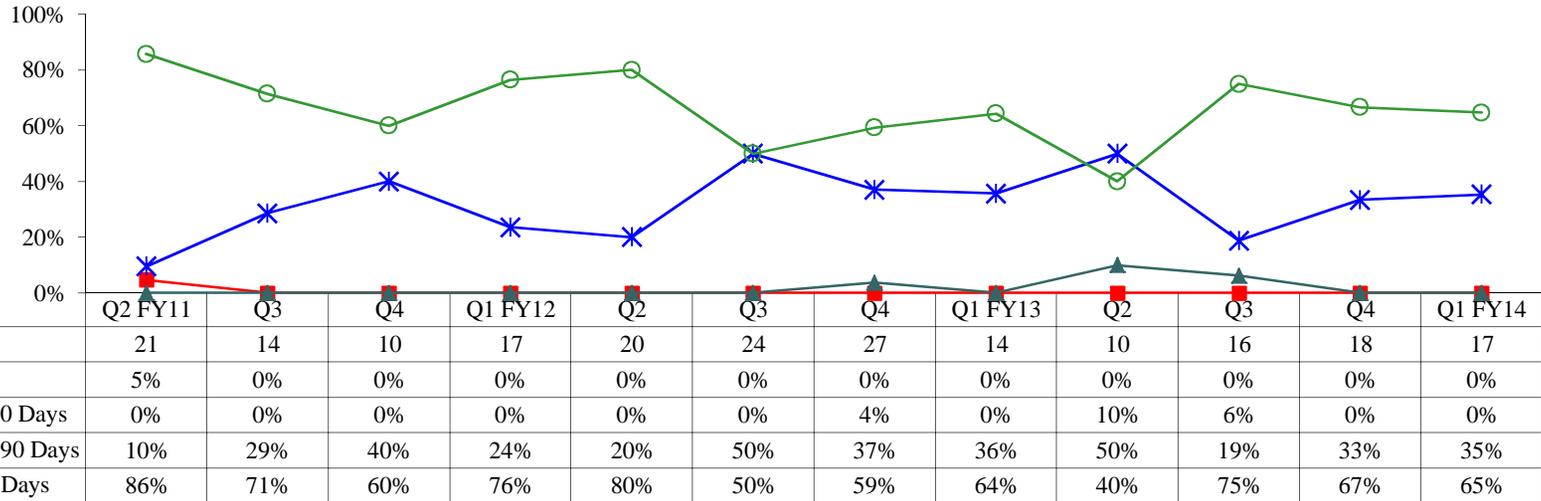


	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	822	867	912	818	763	881	898	830	831	841	759	673
% Discharged < 7 Days	40%	37%	40%	36%	38%	42%	46%	46%	46%	45%	43%	41%
% Discharged Within 8-30 Days	45%	46%	46%	47%	45%	43%	41%	42%	39%	42%	40%	42%
% Discharged Within 31-90 Days	13%	14%	12%	14%	14%	12%	10%	9%	12%	10%	14%	14%
% Discharged > Than 90 Days	2%	3%	2%	4%	3%	3%	2%	3%	3%	3%	4%	3%

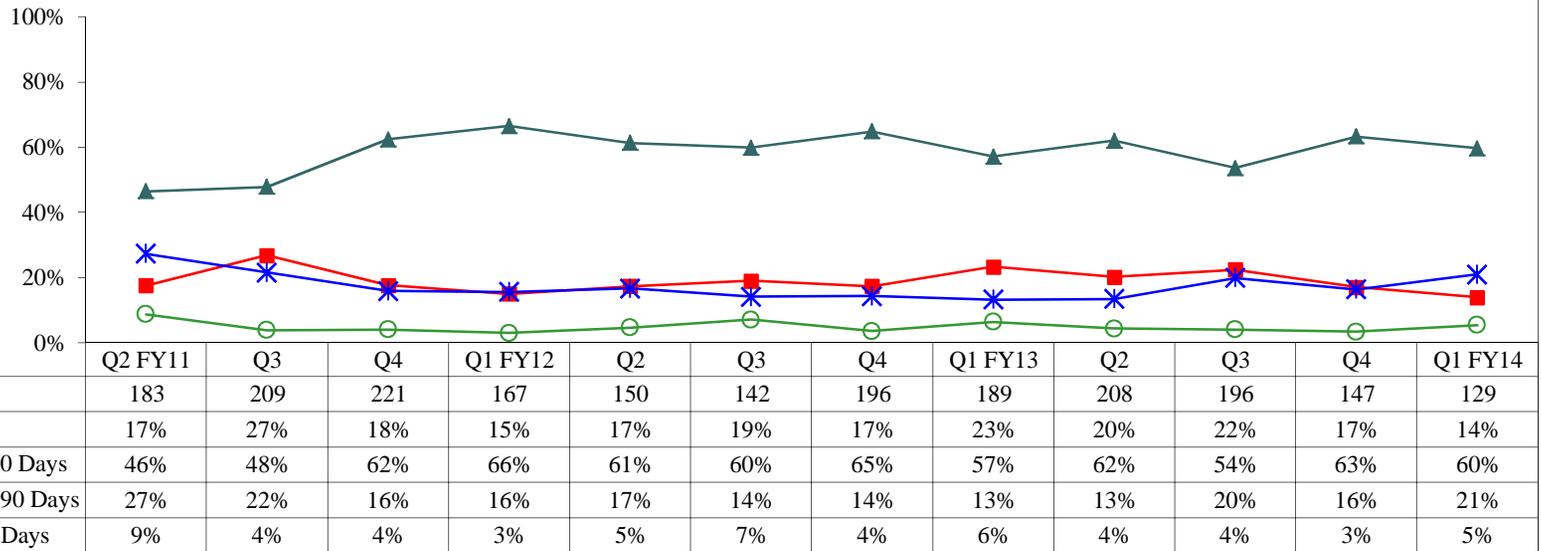
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

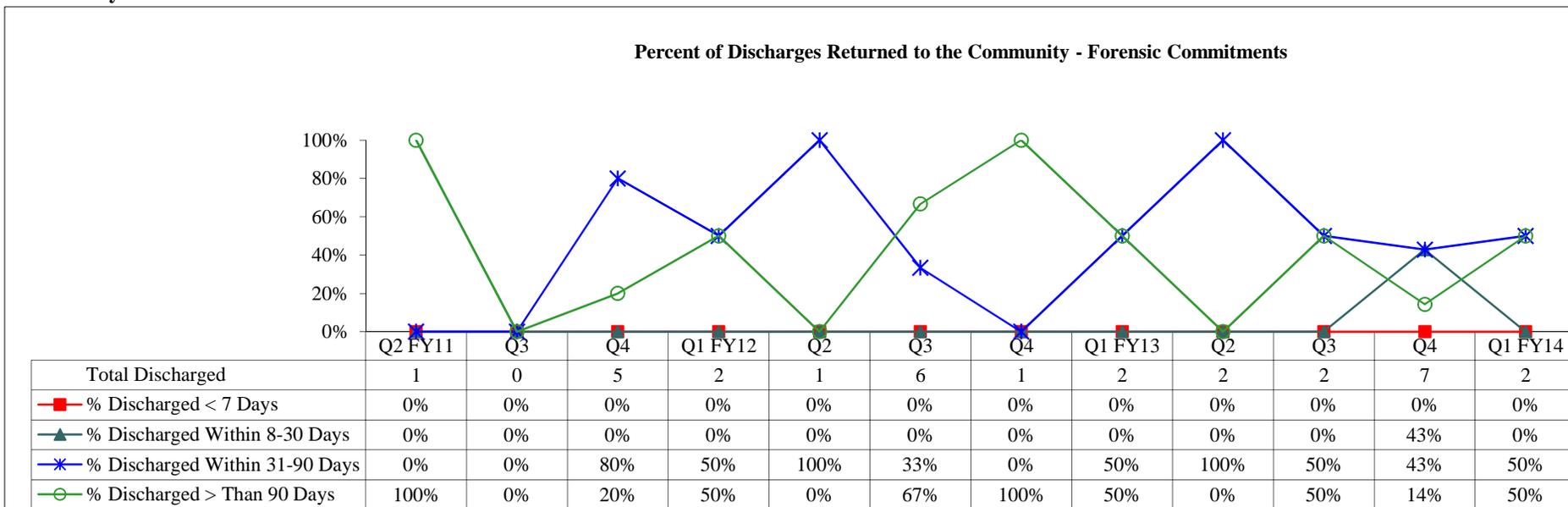


Percent of Discharges Returned to the Community - Non Forensic Commitments

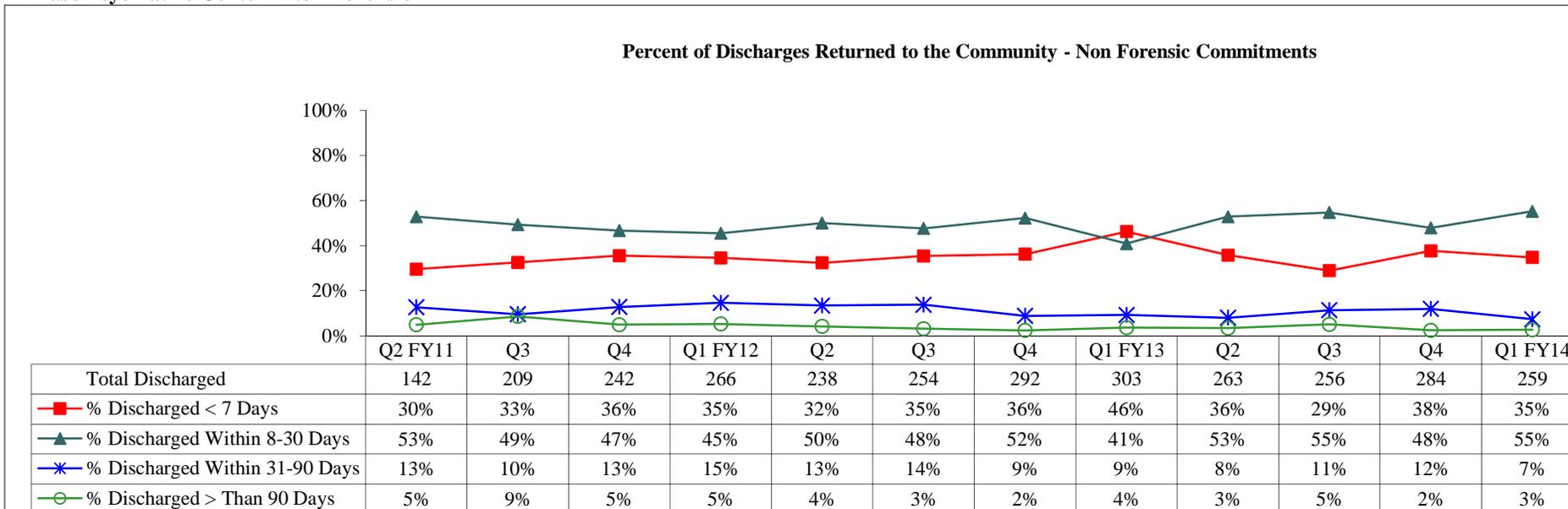


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Forensic



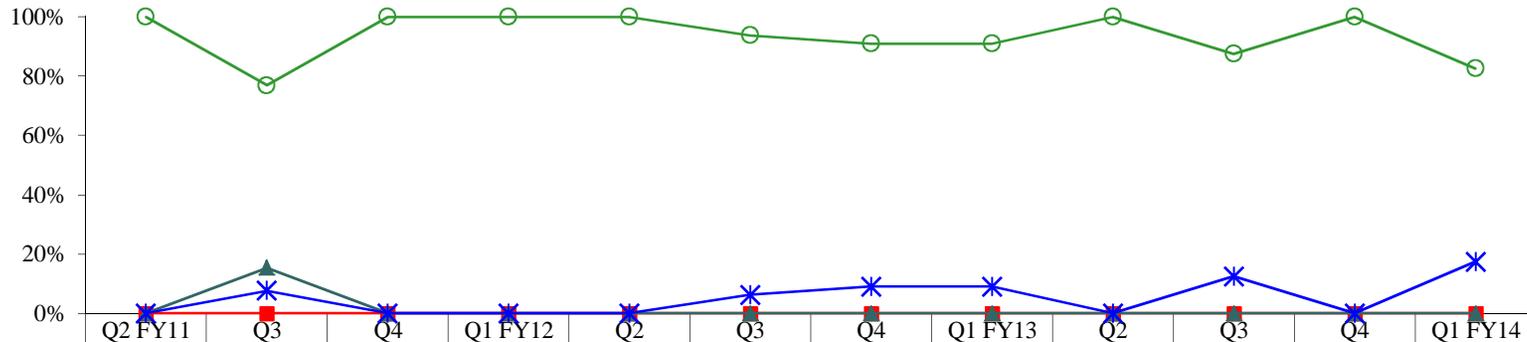
Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Non Forensic



Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Forensic

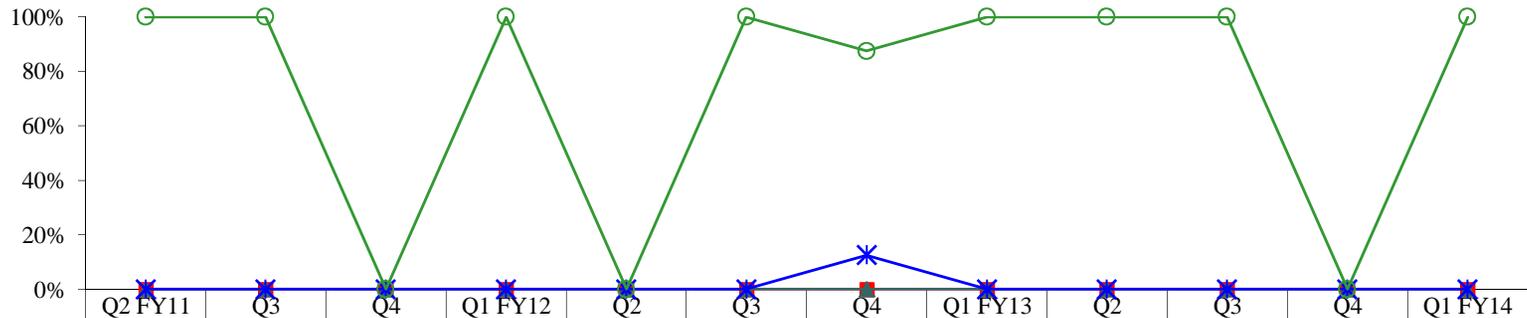
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	6	13	13	10	16	16	11	11	5	8	11	23
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	15%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	8%	0%	0%	0%	6%	9%	9%	0%	13%	0%	17%
○ % Discharged > Than 90 Days	100%	77%	100%	100%	100%	94%	91%	91%	100%	88%	100%	83%

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

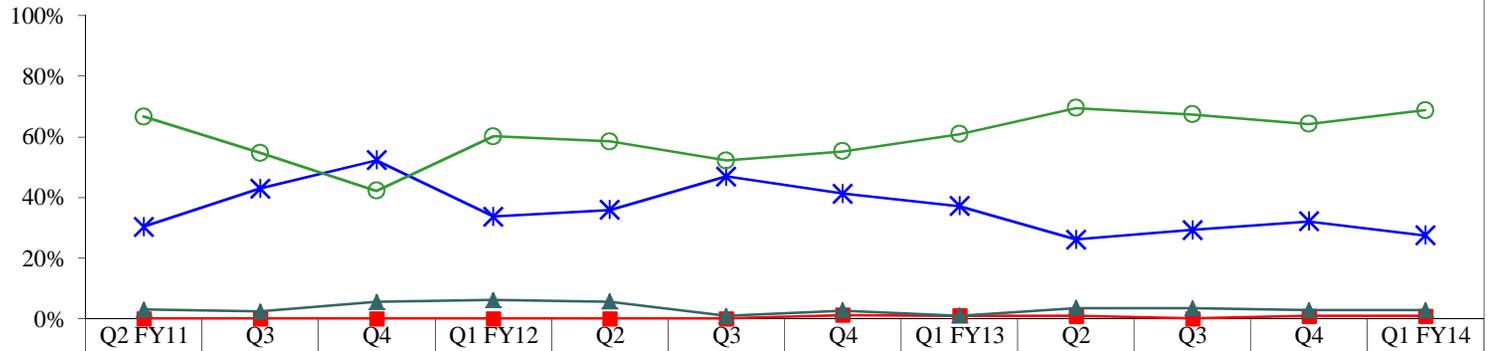


Total Discharged	2	6	0	4	0	1	8	1	1	3	0	4
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	13%	0%	0%	0%	0%	0%
○ % Discharged > Than 90 Days	100%	100%	0%	100%	0%	100%	88%	100%	100%	100%	0%	100%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Forensic

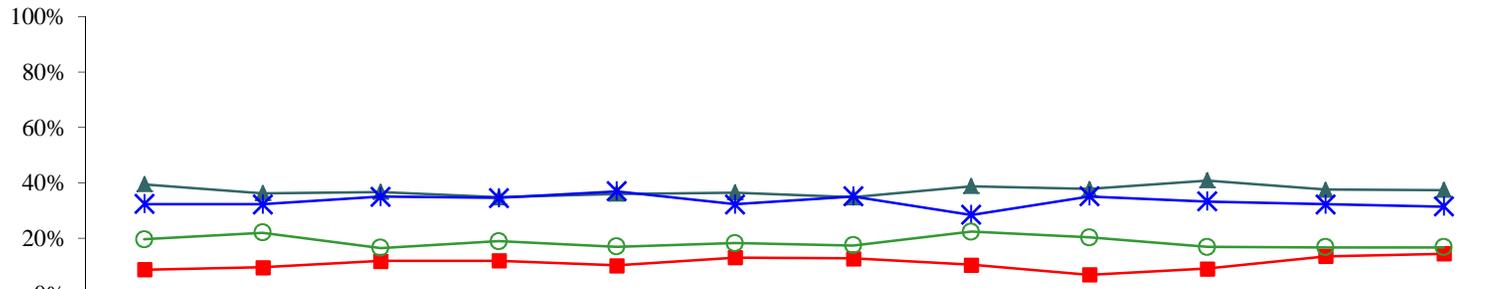
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	99	128	109	98	106	113	114	105	115	89	109	109
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	1%	1%	1%	0%	1%	1%
▲ % Discharged Within 8-30 Days	3%	2%	6%	6%	6%	1%	3%	1%	3%	3%	3%	3%
✱ % Discharged Within 31-90 Days	30%	43%	52%	34%	36%	47%	41%	37%	26%	29%	32%	28%
○ % Discharged > Than 90 Days	67%	55%	42%	60%	58%	52%	55%	61%	70%	67%	64%	69%

Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

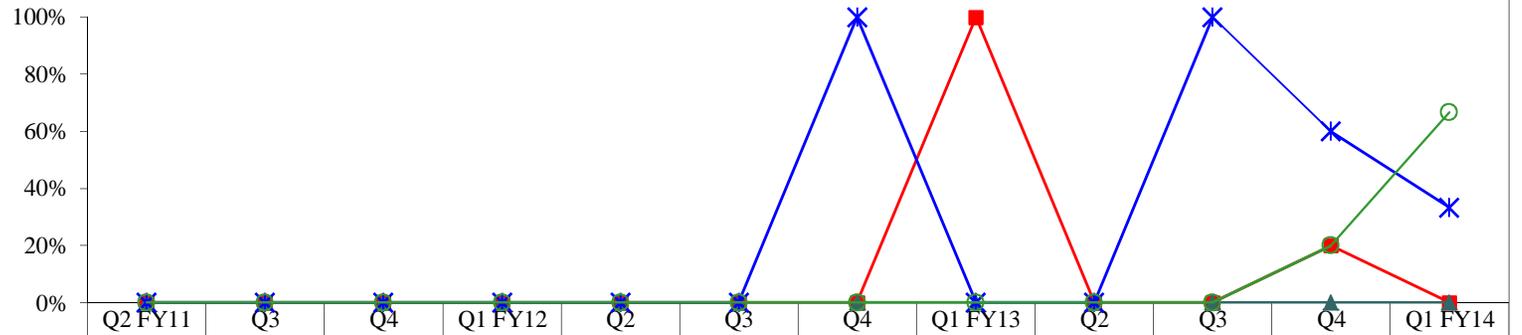


Total Discharged	393	422	449	429	414	438	402	376	365	411	400	334
■ % Discharged < 7 Days	9%	9%	12%	12%	10%	13%	13%	10%	7%	9%	14%	14%
▲ % Discharged Within 8-30 Days	39%	36%	37%	35%	36%	37%	35%	39%	38%	41%	38%	37%
✱ % Discharged Within 31-90 Days	32%	32%	35%	35%	37%	32%	35%	28%	35%	33%	32%	31%
○ % Discharged > Than 90 Days	20%	22%	16%	19%	17%	18%	17%	22%	20%	17%	17%	17%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Forensic

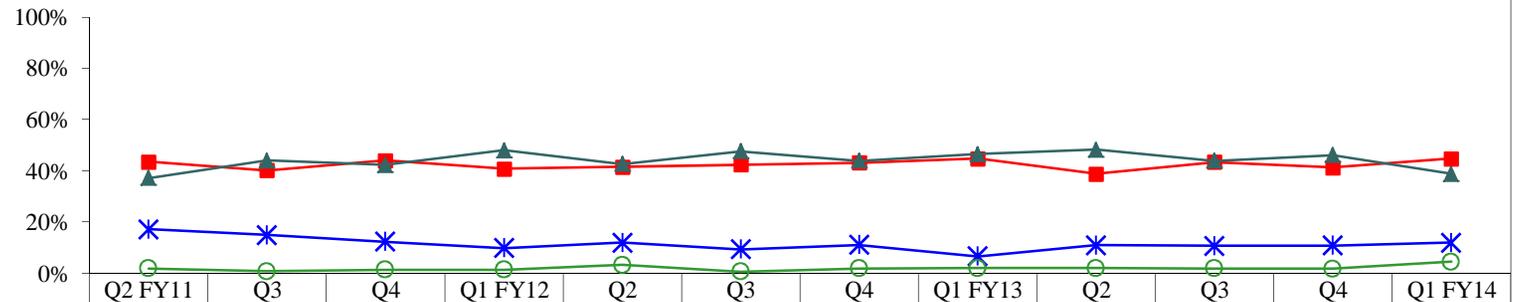
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	0	0	0	0	0	0	1	1	0	1	5	3
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	20%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
✱ % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	100%	0%	0%	100%	60%	33%
○ % Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	67%

Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

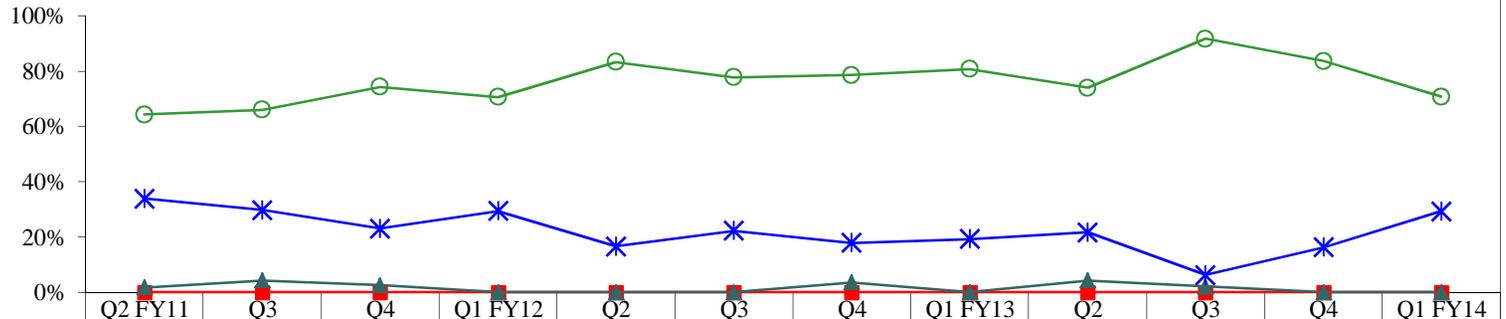


Total Discharged	255	261	284	294	272	288	269	299	201	205	230	201
■ % Discharged < 7 Days	44%	40%	44%	41%	42%	42%	43%	45%	39%	43%	41%	45%
▲ % Discharged Within 8-30 Days	37%	44%	42%	48%	43%	48%	44%	46%	48%	44%	46%	39%
✱ % Discharged Within 31-90 Days	17%	15%	12%	10%	12%	9%	11%	7%	11%	11%	11%	12%
○ % Discharged > Than 90 Days	2%	1%	1%	1%	3%	1%	2%	2%	2%	2%	2%	4%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Forensic

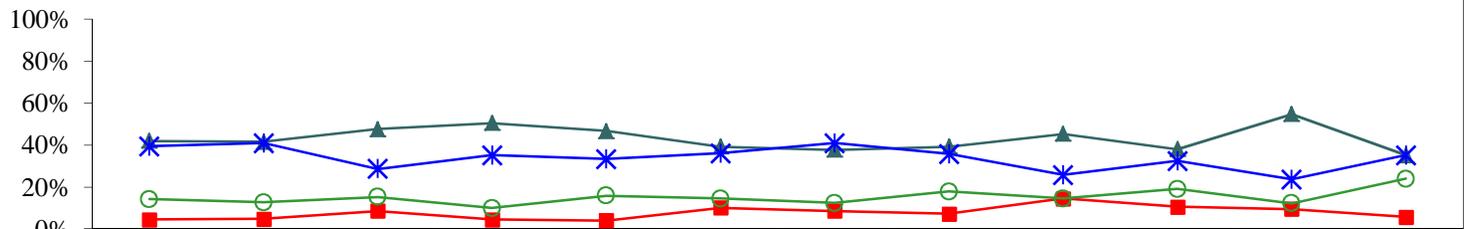
Percent of Discharges Returned to the Community - Forensic Commitments



	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	56	47	39	34	30	36	28	52	46	48	49	41
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	2%	4%	3%	0%	0%	0%	4%	0%	4%	2%	0%	0%
✱ % Discharged Within 31-90 Days	34%	30%	23%	29%	17%	22%	18%	19%	22%	6%	16%	29%
○ % Discharged > Than 90 Days	64%	66%	74%	71%	83%	78%	79%	81%	74%	92%	84%	71%

Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

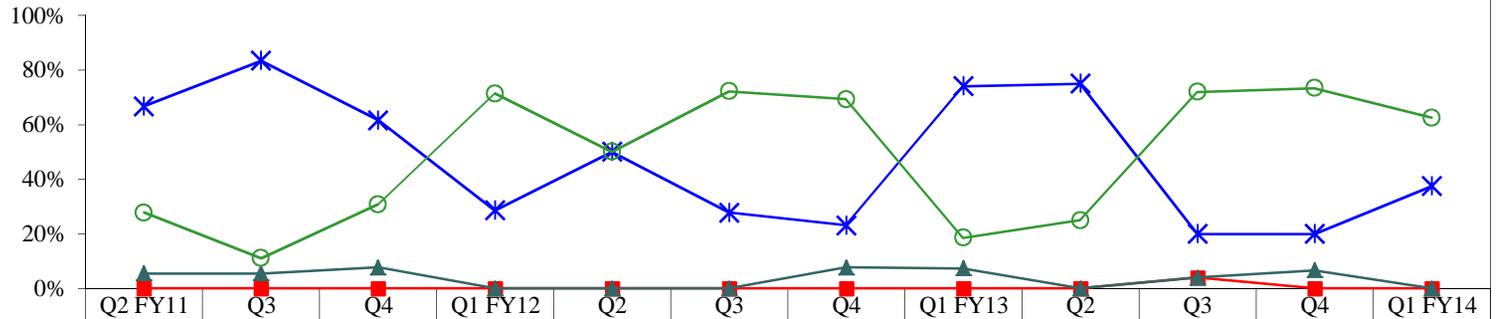


	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	155	149	210	182	171	158	122	84	97	105	148	71
■ % Discharged < 7 Days	5%	5%	9%	4%	4%	10%	9%	7%	14%	10%	9%	6%
▲ % Discharged Within 8-30 Days	42%	42%	48%	51%	47%	39%	38%	39%	45%	38%	55%	35%
✱ % Discharged Within 31-90 Days	39%	41%	29%	35%	33%	36%	41%	36%	26%	32%	24%	35%
○ % Discharged > Than 90 Days	14%	13%	15%	10%	16%	15%	12%	18%	14%	19%	12%	24%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Forensic

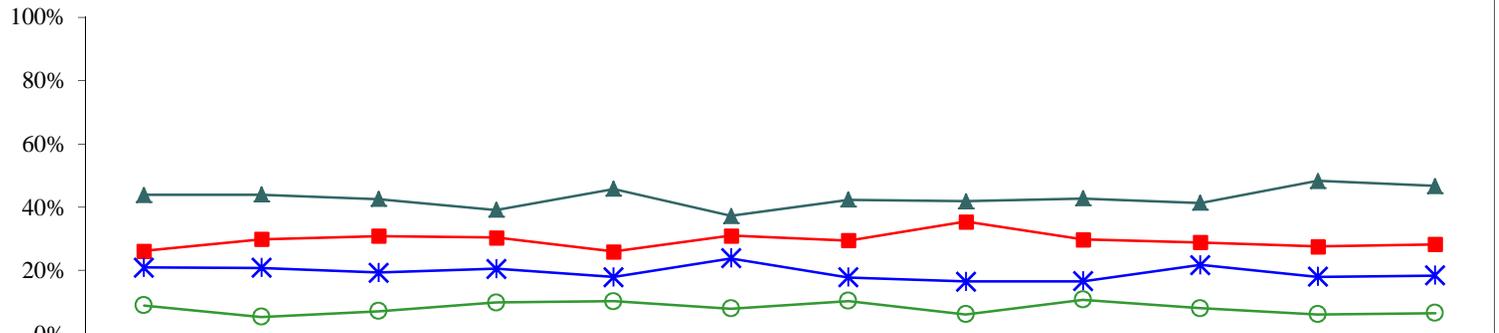
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	18	18	13	14	16	18	13	27	20	25	15	24
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%
▲ % Discharged Within 8-30 Days	6%	6%	8%	0%	0%	0%	8%	7%	0%	4%	7%	0%
* % Discharged Within 31-90 Days	67%	83%	62%	29%	50%	28%	23%	74%	75%	20%	20%	38%
○ % Discharged > Than 90 Days	28%	11%	31%	71%	50%	72%	69%	19%	25%	72%	73%	63%

Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

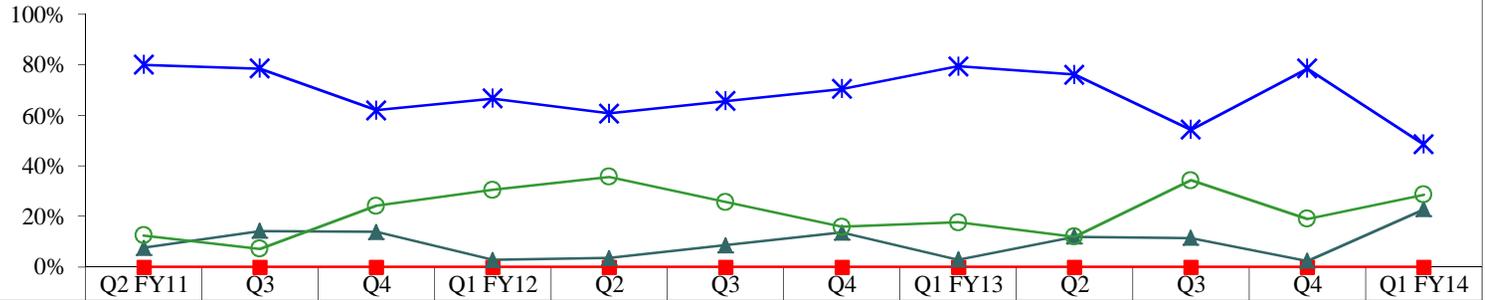


Total Discharged	435	432	418	447	435	465	472	485	409	433	439	413
■ % Discharged < 7 Days	26%	30%	31%	30%	26%	31%	29%	35%	30%	29%	28%	28%
▲ % Discharged Within 8-30 Days	44%	44%	43%	39%	46%	37%	42%	42%	43%	41%	48%	47%
* % Discharged Within 31-90 Days	21%	21%	19%	21%	18%	24%	18%	16%	17%	22%	18%	18%
○ % Discharged > Than 90 Days	9%	5%	7%	10%	10%	8%	10%	6%	11%	8%	6%	7%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Forensic

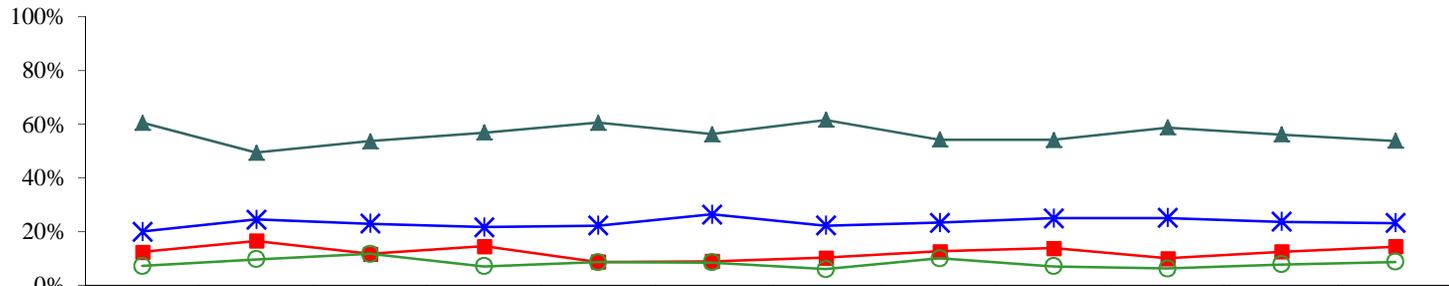
Percent of Discharges Returned to the Community - Forensic Commitments



	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	40	28	29	36	28	35	44	34	42	35	42	35
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	8%	14%	14%	3%	4%	9%	14%	3%	12%	11%	2%	23%
* % Discharged Within 31-90 Days	80%	79%	62%	67%	61%	66%	70%	79%	76%	54%	79%	49%
○ % Discharged > Than 90 Days	13%	7%	24%	31%	36%	26%	16%	18%	12%	34%	19%	29%

Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

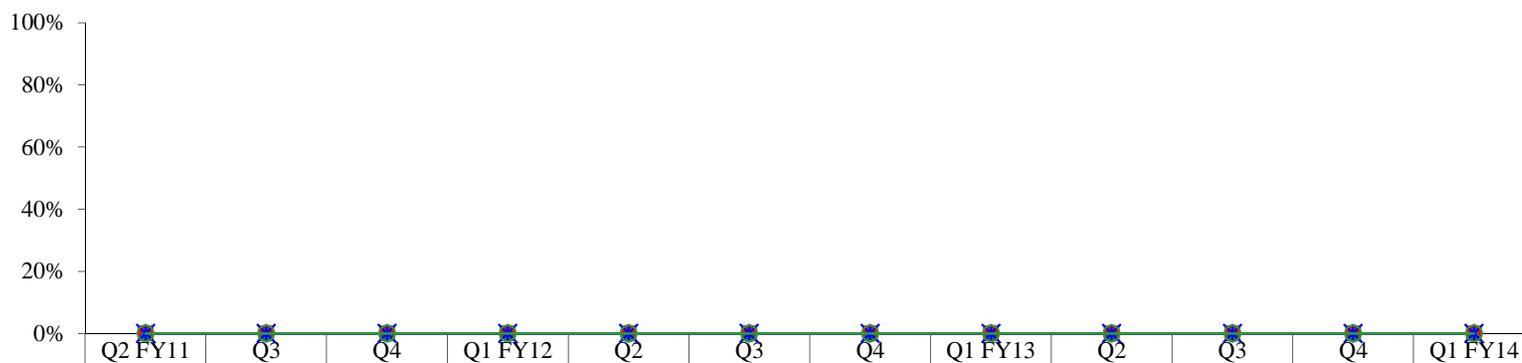


	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	640	569	598	641	608	606	604	572	580	630	584	515
■ % Discharged < 7 Days	12%	17%	12%	15%	9%	9%	10%	13%	14%	10%	13%	14%
▲ % Discharged Within 8-30 Days	60%	49%	54%	57%	61%	56%	62%	54%	54%	59%	56%	54%
* % Discharged Within 31-90 Days	20%	24%	23%	22%	22%	26%	22%	23%	25%	25%	24%	23%
○ % Discharged > Than 90 Days	7%	10%	12%	7%	9%	8%	6%	10%	7%	6%	8%	9%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Waco Center for Youth - Forensic

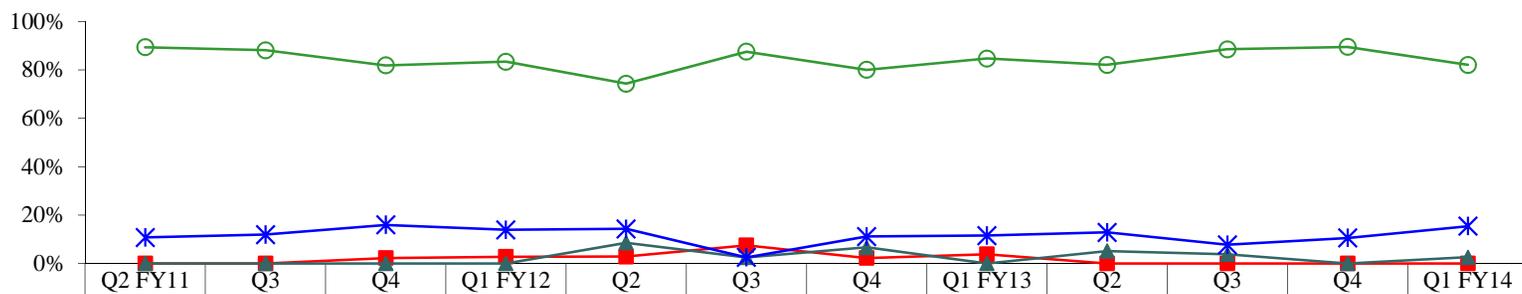
Percent of Discharges Returned to the Community - Forensic Commitments



	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	0	0	0	0	0	0	0	0	0	0	0	0
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
○ % Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community
Waco Center for Youth - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments



	Q2 FY11	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Total Discharged	28	42	44	36	35	40	45	26	39	26	38	39
■ % Discharged < 7 Days	0%	0%	2%	3%	3%	8%	2%	4%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	9%	3%	7%	0%	5%	4%	0%	3%
* % Discharged Within 31-90 Days	11%	12%	16%	14%	14%	3%	11%	12%	13%	8%	11%	15%
○ % Discharged > Than 90 Days	89%	88%	82%	83%	74%	88%	80%	85%	82%	88%	89%	82%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Performance Measure 5C:

Report number of admissions; average length of stay; number of outpatient admissions; number of inpatient admissions by categories (tuberculosis, multi-drug resistant tuberculosis [MDRTB], and extensively drug related tuberculosis [XDRTB]).

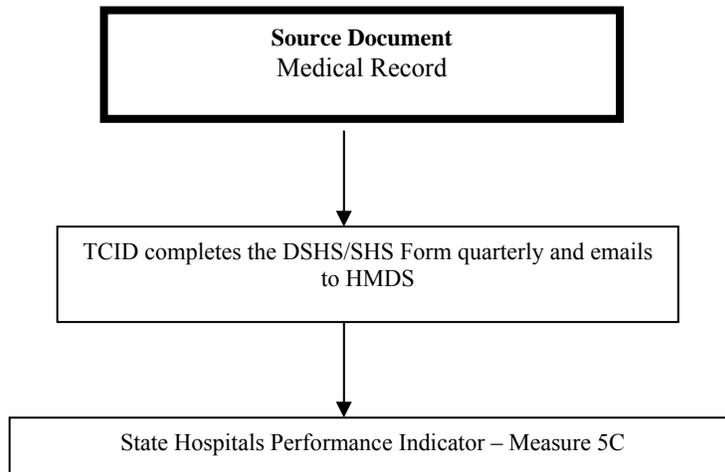
Performance Measure Operational Definition: Data reported by TCID.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

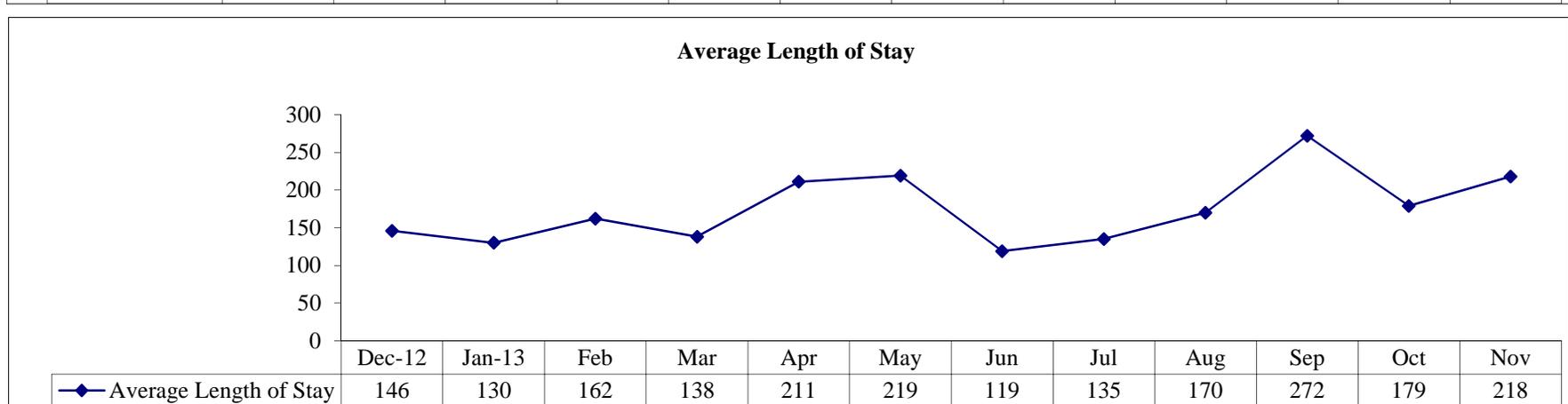
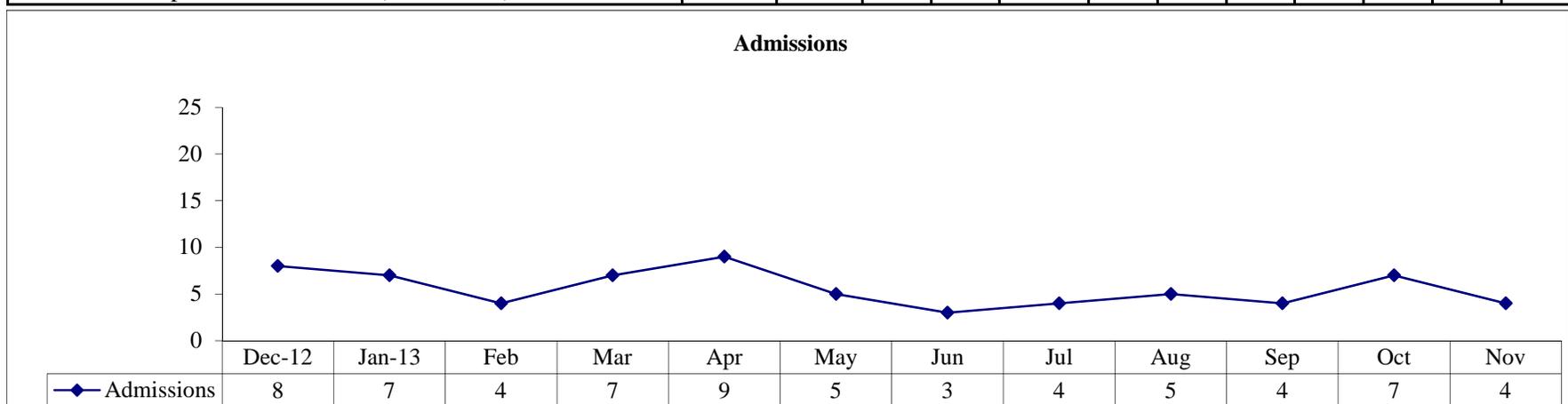
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



**Measure 5C - Admissions and Average Length of Stay
TCID - FY14**

	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Admissions	8	7	4	7	9	5	3	4	5	4	7	4
Average Length of Stay	146	130	162	138	211	219	119	135	170	272	179	218
Number of Patients Admitted for Inpatient Care & Treatment	8	7	4	7	9	5	3	4	5	4	7	4
Tuberculosis	6	7	4	6	8	3	2	4	3	4	7	4
Multi-drug resistant tuberculosis	2	0	0	0	1	2	1	0	2	0	0	0
Extensively drug resistant tuberculosis	0	0	0	1	0	0	0	0	0	0	0	0
Number of Outpatient Admissions (Encounters)	2	1	1	0	1	1	0	0	1	3	2	1



Performance Measure 5D:

Calculate the average length of stay in the hospital for patients: Admitted and discharged within 12 months, all discharges, and all residents.

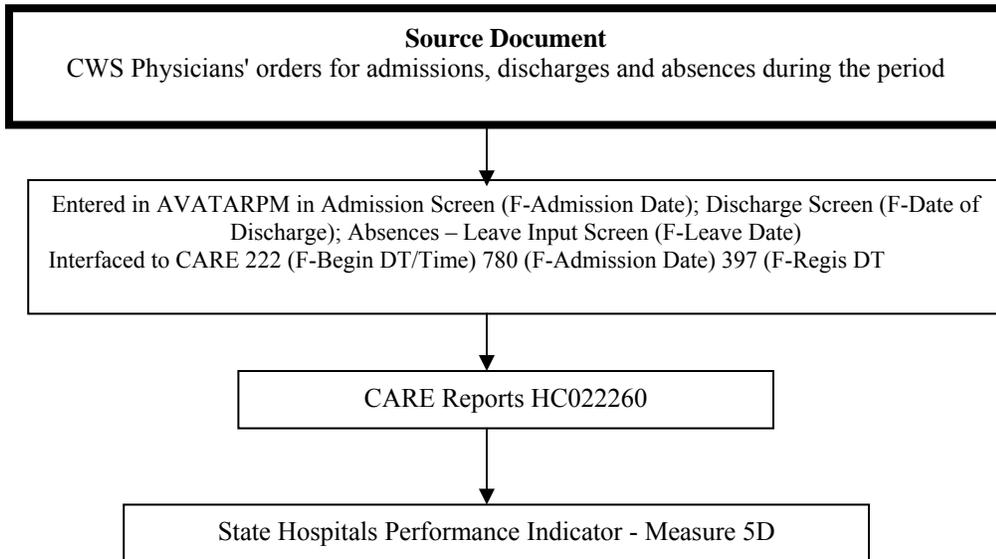
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

Performance Measure Formula: Net length of stay calculated by subtracting the date of admission from the date of discharge, and then subtracting days absent. Length of Stay for Admitted and Discharged During Prior Twelve Months shows how many people were both admitted and discharged during the prior twelve months.

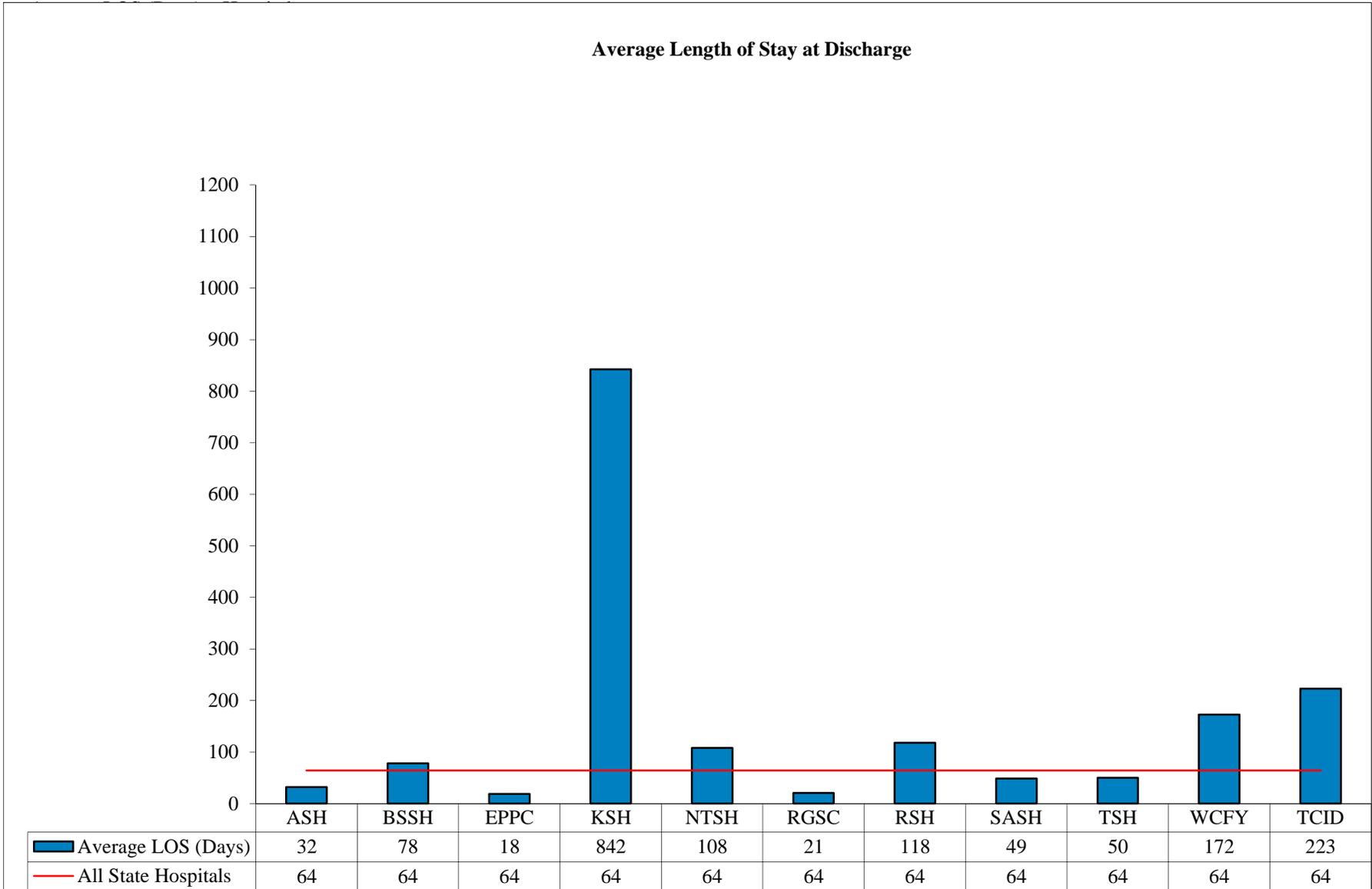
Performance Measure Data Display and Chart Description:

- ◆ Chart with quarterly data points showing average length of stay at discharge by category for individual state hospitals and system-wide.
- ◆ Chart with average length of stay for admitted and discharged during prior 12 months by category for individual state hospitals and system-wide.

Data Flow:



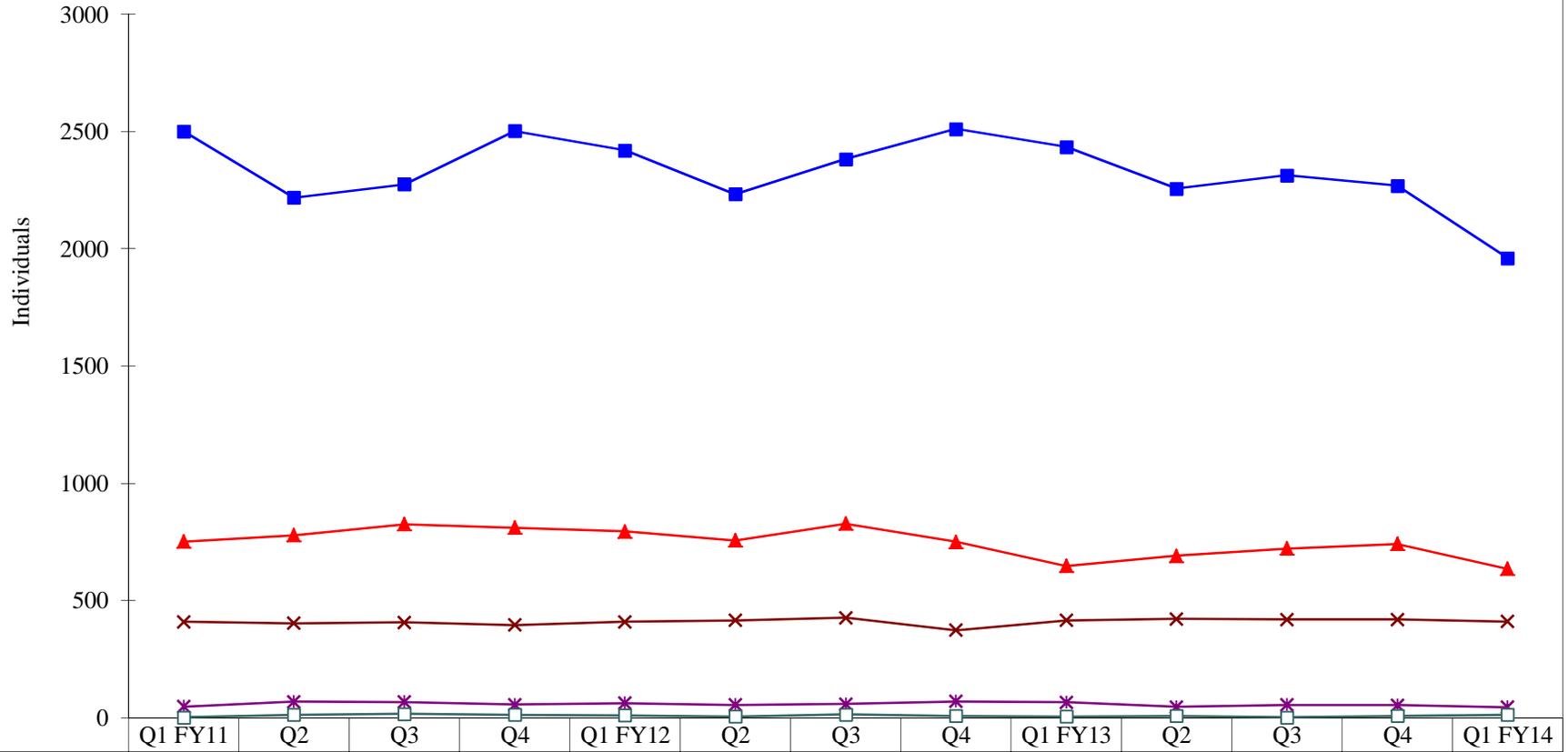
**Measure 5D - Average Length of Stay at Discharge
All State Hospitals**



TCID - not included in All State Hospitals Average

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals

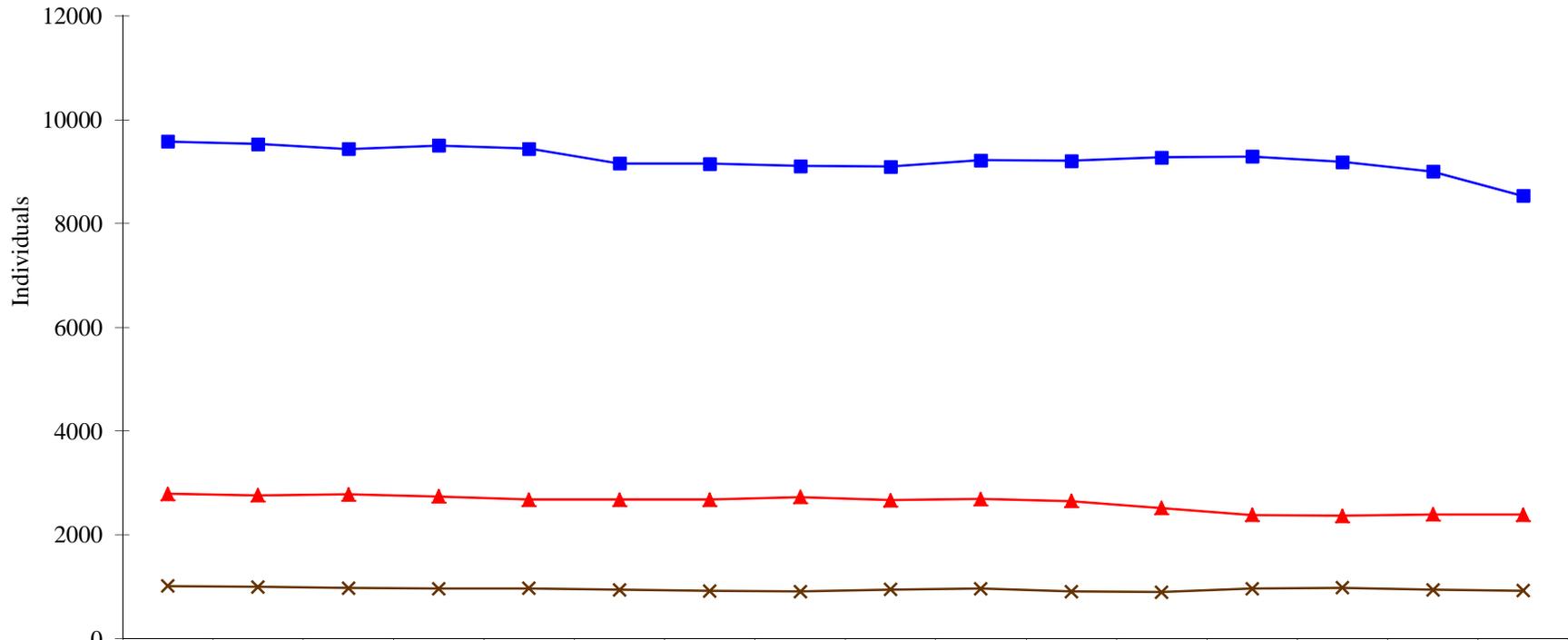
Average Length of Stay at Discharge by Category



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	48	65	64	57	58	56	64	54	50	56	54	57	64
■ 30 Days or Less	2500	2218	2275	2501	2419	2233	2382	2510	2434	2256	2313	2268	1960
▲ 31 - 90 Days	752	779	825	811	795	756	828	750	648	691	722	742	635
× 91 - 365 Days	410	404	407	396	410	416	427	374	416	422	420	419	411
* 1 - 5 Years	48	69	68	57	63	56	59	70	66	47	56	54	46
□ Over 5 Years	2	13	17	13	11	6	15	8	6	8	3	9	14

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals

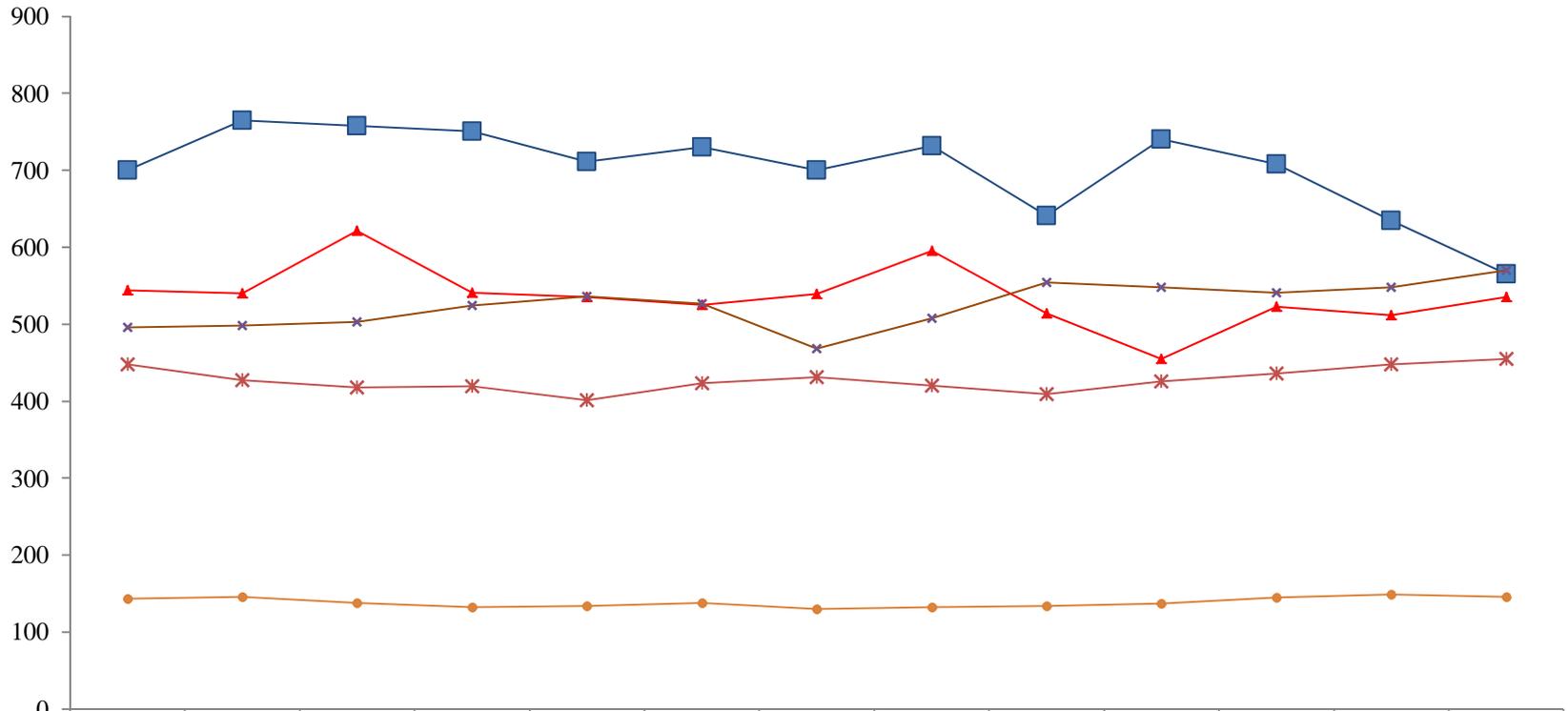
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13
Average LOS	29	29	29	29	29	30	30	30	31	31	30	29	29	29	29	30
■ 30 Days or Less	9583	9530	9438	9506	9440	9158	9150	9108	9096	9222	9211	9274	9293	9187	9005	8533
▲ 31-90 Days	2791	2762	2781	2742	2681	2680	2682	2732	2669	2688	2652	2518	2383	2370	2393	2390
✕ 91-365 Days	1011	999	973	962	968	942	918	906	947	962	909	898	962	979	939	926

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals

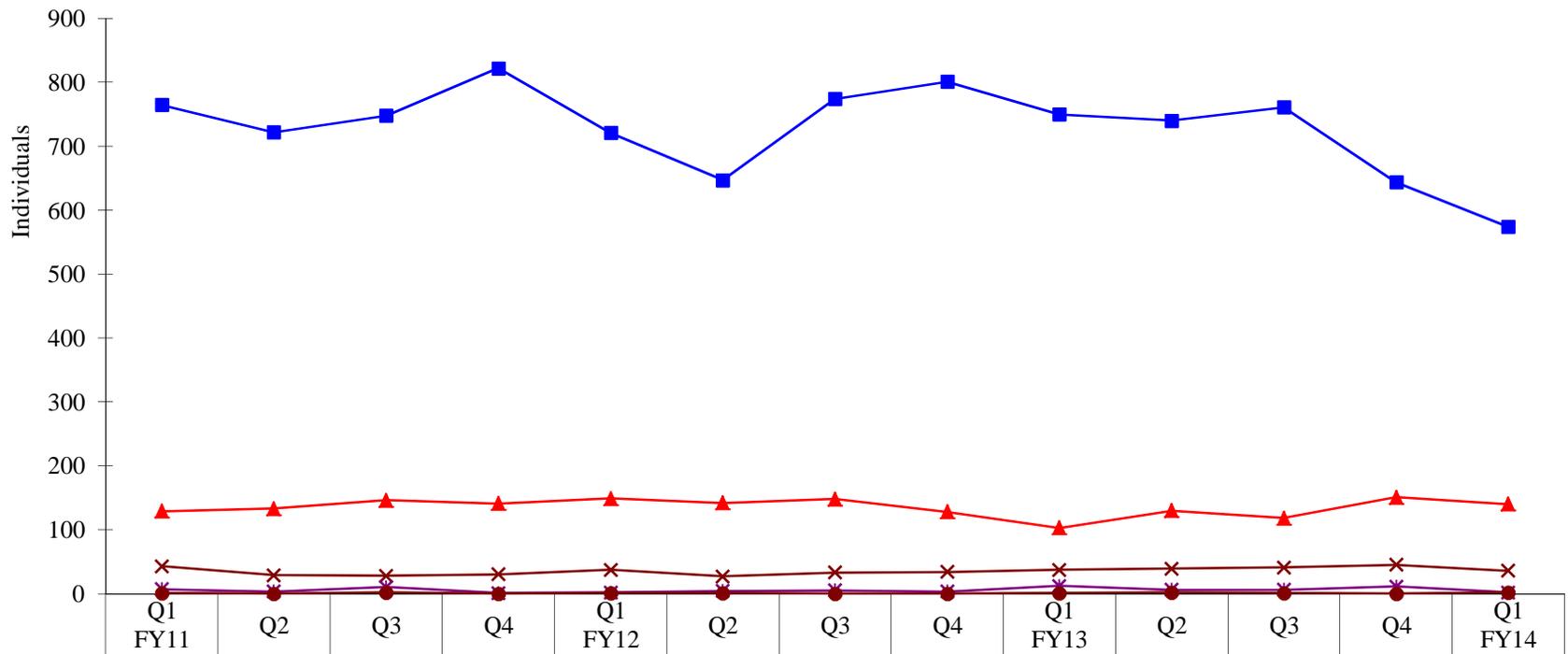
Average Length of Stay for All Residents



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	403	388	373	371	381	383	384	382	383	401	405	422	431
30 Days or Less	700	765	758	751	711	730	700	732	641	740	708	635	565
31 - 90 Days	544	540	621	541	535	525	539	595	514	455	523	512	535
91 - 365 Days	496	498	503	524	536	527	468	508	554	548	541	548	570
1 - 5 Years	448	427	418	419	401	423	431	420	409	426	436	448	455
Over 5 Years	143	146	138	132	134	138	130	132	134	137	145	149	146

**Measure 5D - Average Length of Stay at Discharge
Austin State Hospital**

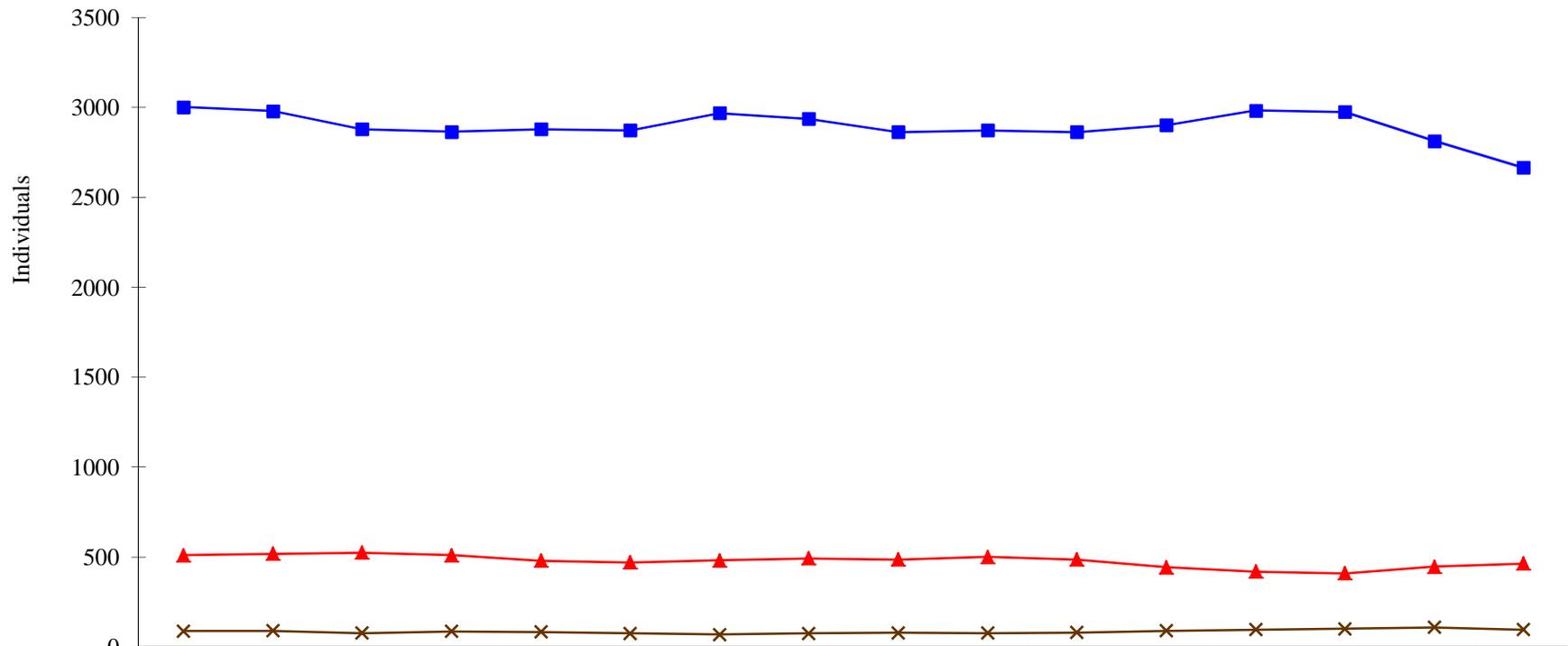
Length of Stay at Discharge by Category



Average LOS	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
30 Days or Less	765	722	748	822	721	647	774	801	750	740	761	644	574
31 - 90 Days	129	133	146	141	149	142	148	128	103	130	118	151	140
91 - 365 Days	43	29	28	30	37	27	33	34	37	39	41	45	36
1 - 5 Years	7	3	10	1	2	4	5	3	12	6	6	11	2
Over 5 Years	1	0	2	0	1	1	0	0	1	2	1	0	2

**Measure 5D - Average Length of Stay at Discharge
Austin State Hospital**

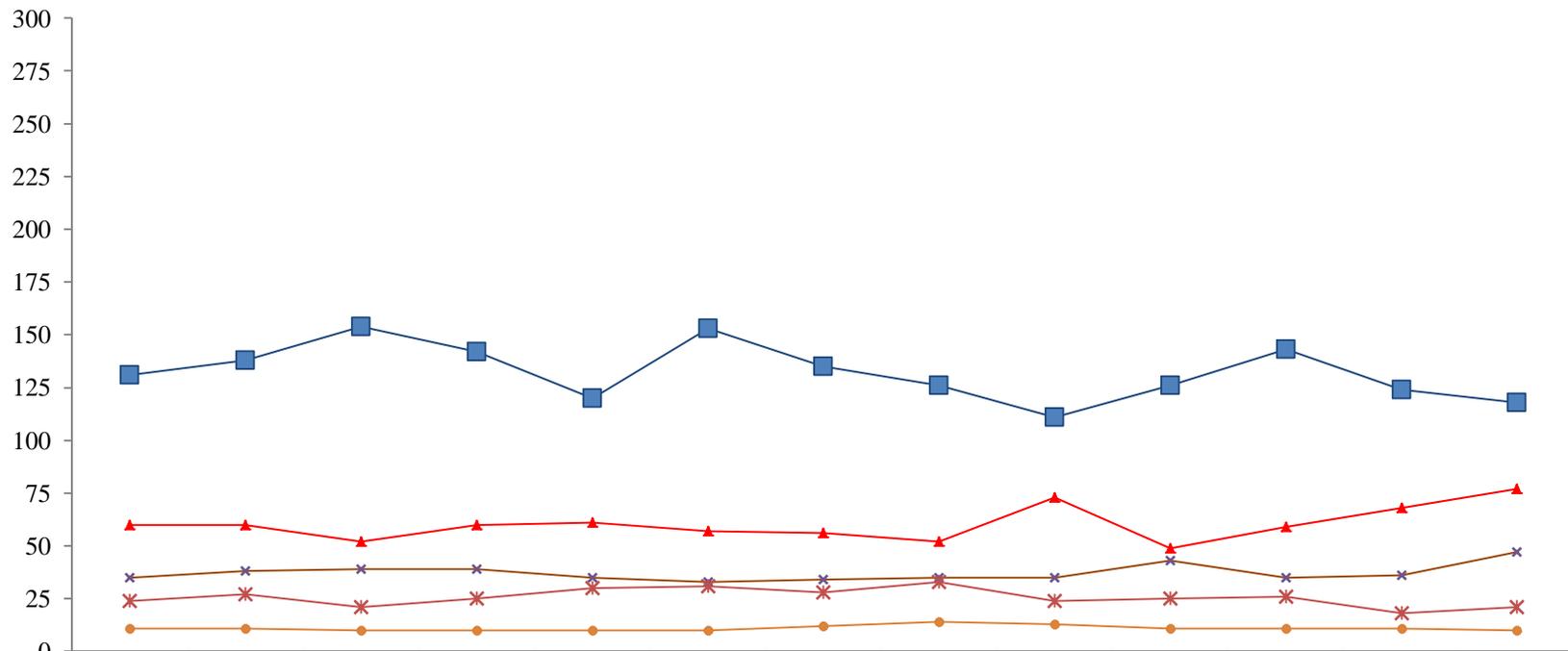
Average Length of Stay For Admitted and Discharged During Prior 12 Months



	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13
Average LOS	19	19	19	19	19	18	18	18	19	18	18	18	17	18	19	19
■ 30 Days or Less	3002	2980	2879	2865	2879	2873	2969	2937	2862	2872	2863	2901	2983	2975	2814	2665
▲ 31-90 Days	510	518	524	510	479	469	481	492	486	500	486	442	419	409	445	463
× 91-365 Days	87	89	76	86	83	74	68	75	78	77	79	89	96	101	108	96

**Measure 5D - Average Length of Stay at Discharge
Austin State Hospital**

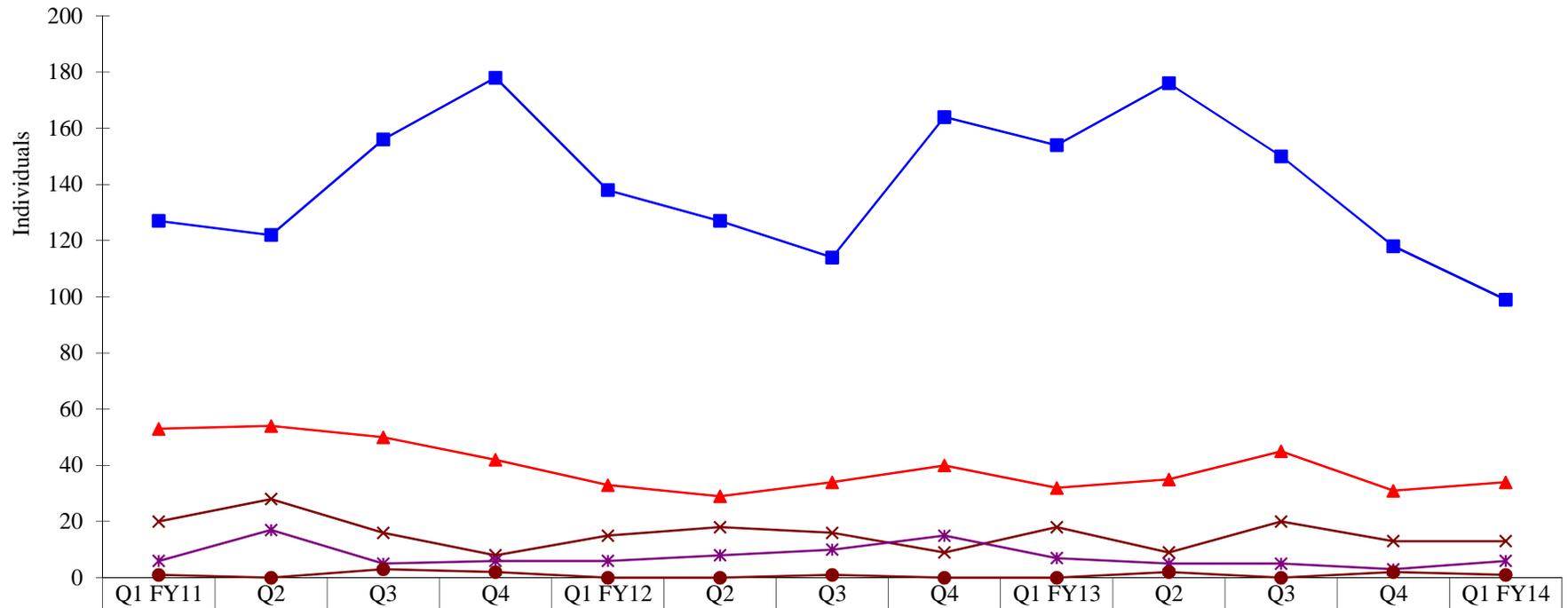
Average Length of Stay for All Residents



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	316	314	271	288	309	285	316	339	321	272	226	225	215
■ 30 Days or Less	131	138	154	142	120	153	135	126	111	126	143	124	118
▲ 31 - 90 Days	60	60	52	60	61	57	56	52	73	49	59	68	77
—* 91 - 365 Days	35	38	39	39	35	33	34	35	35	43	35	36	47
—* 1 - 5 Years	24	27	21	25	30	31	28	33	24	25	26	18	21
—● Over 5 Years	11	11	10	10	10	10	12	14	13	11	11	11	10

**Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital**

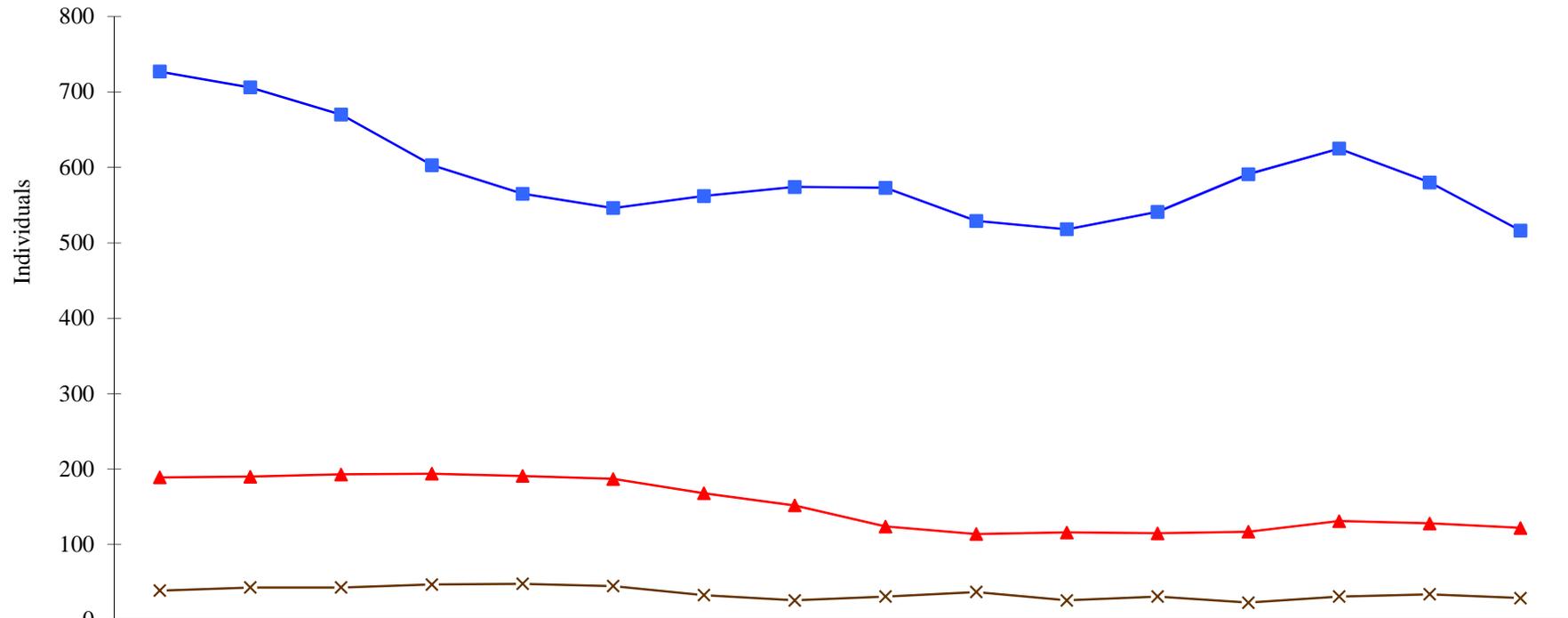
Length of Stay at Discharge by Category



Average LOS	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	71	105	84	75	55	69	103	74	57	67	54	75	78
30 Days or Less	127	122	156	178	138	127	114	164	154	176	150	118	99
31 - 90 Days	53	54	50	42	33	29	34	40	32	35	45	31	34
91 - 365 Days	20	28	16	8	15	18	16	9	18	9	20	13	13
1 - 5 Years	6	17	5	6	6	8	10	15	7	5	5	3	6
Over 5 Years	1	0	3	2	0	0	1	0	0	2	0	2	1

Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital

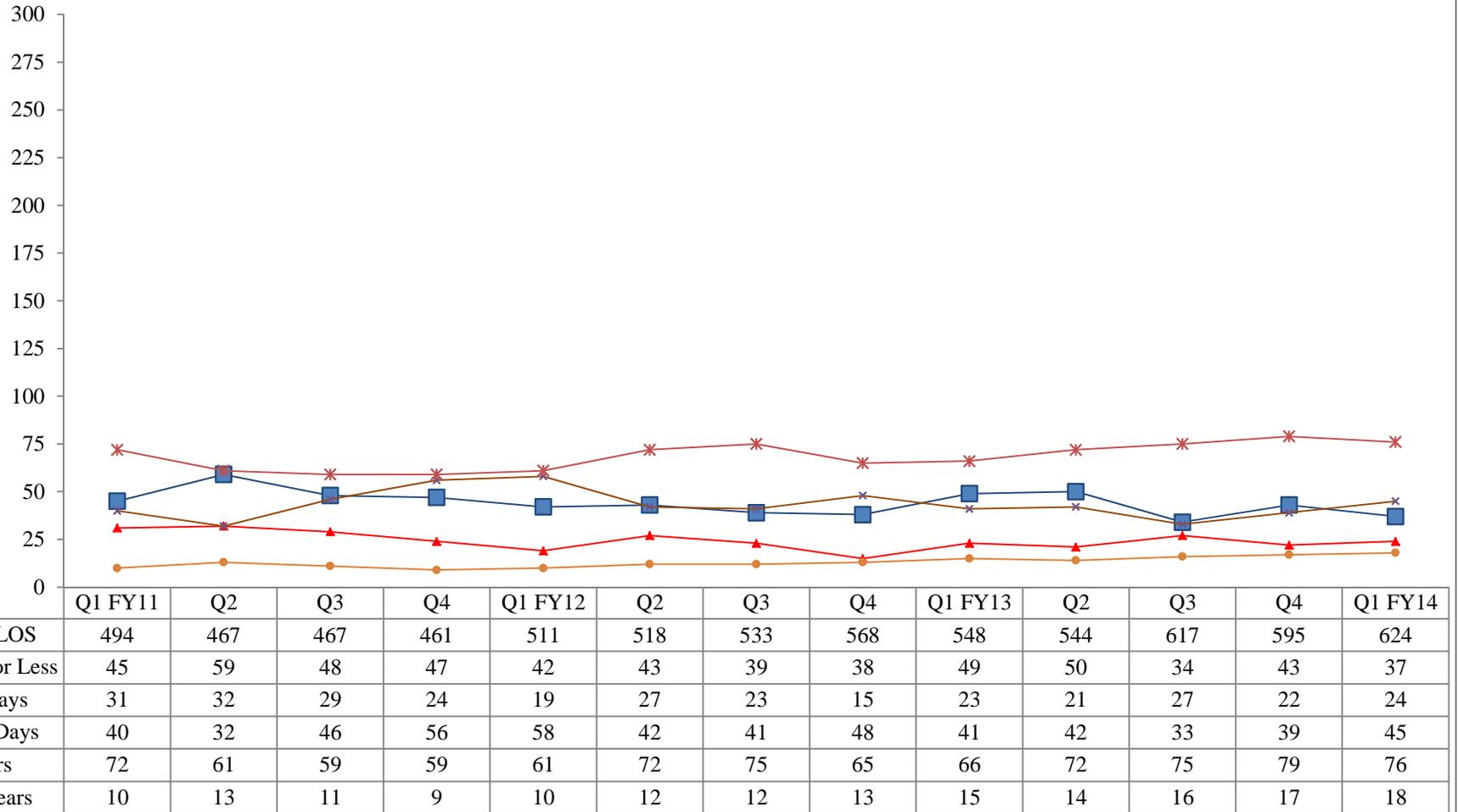
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13
Average LOS	24	25	25	28	29	29	27	26	25	28	25	26	23	23	25	24
■ 30 Days or Less	727	706	670	603	565	546	562	574	573	529	518	541	591	625	580	516
▲ 31-90 Days	189	190	193	194	191	187	168	152	124	114	116	115	117	131	128	122
× 91-365 Days	39	43	43	47	48	45	33	26	31	37	26	31	23	31	34	29

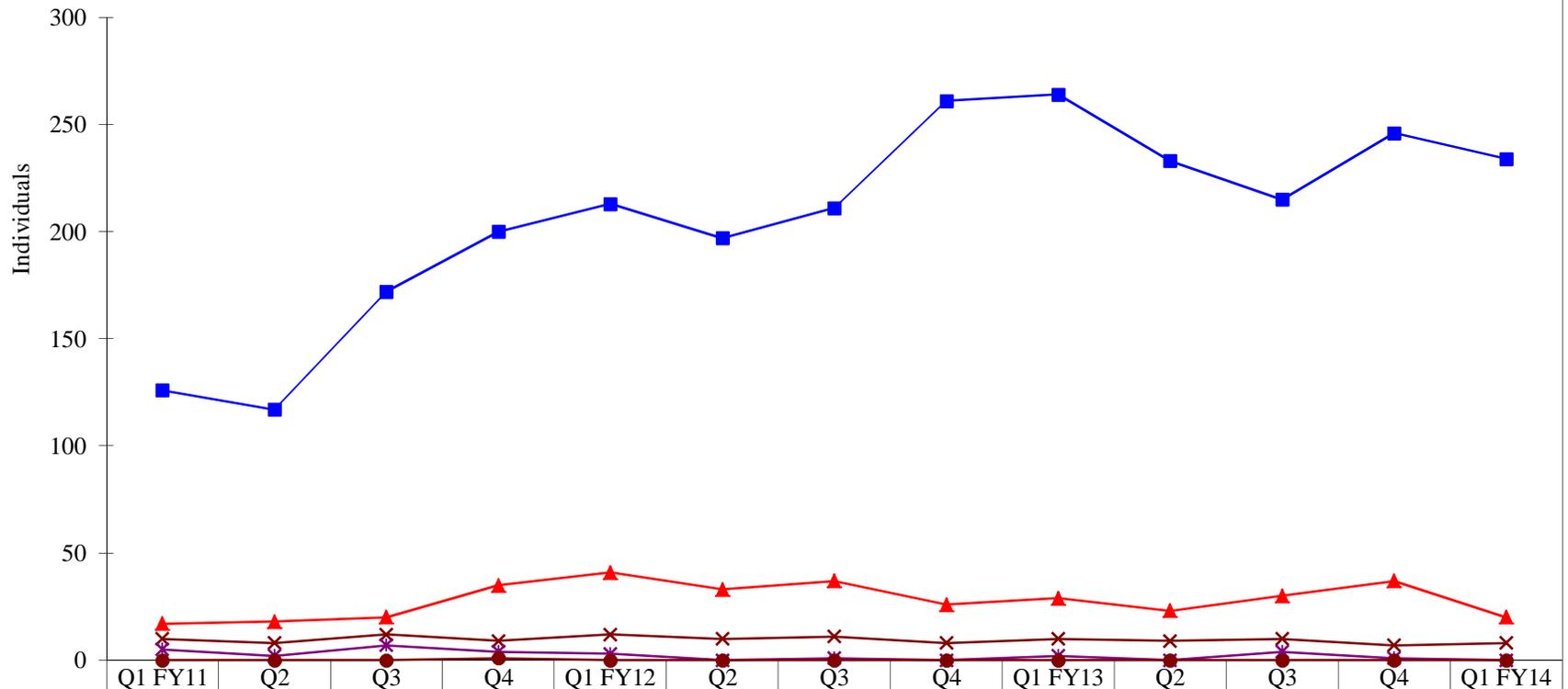
**Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital**

Average Length of Stay for All Residents



Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

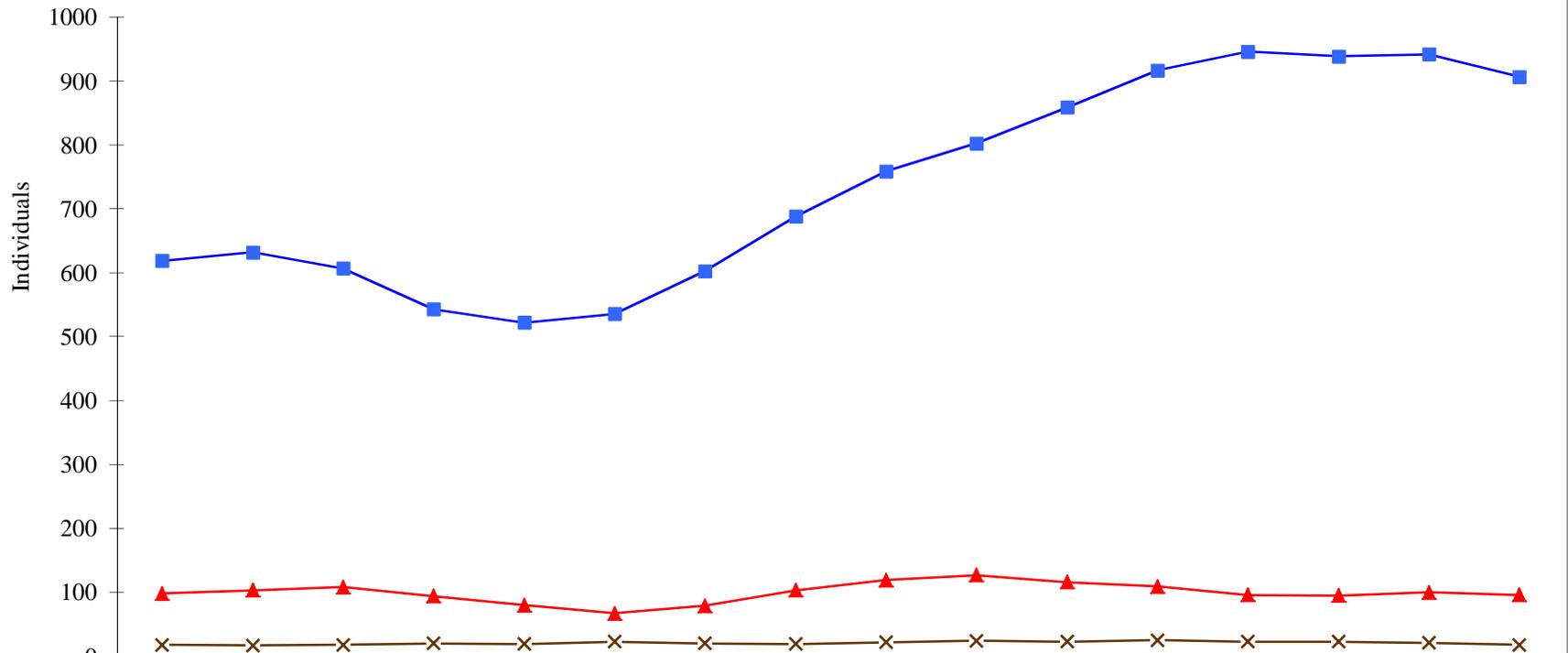
Length of Stay at Discharge by Category



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	46	41	42	38	27	23	24	17	21	18	27	22	18
30 Days or Less	126	117	172	200	213	197	211	261	264	233	215	246	234
31 - 90 Days	17	18	20	35	41	33	37	26	29	23	30	37	20
91 - 365 Days	10	8	12	9	12	10	11	8	10	9	10	7	8
1 - 5 Years	5	2	7	4	3	0	1	0	2	0	4	1	0
Over 5 Years	0	0	0	1	0	0	0	0	0	0	0	0	0

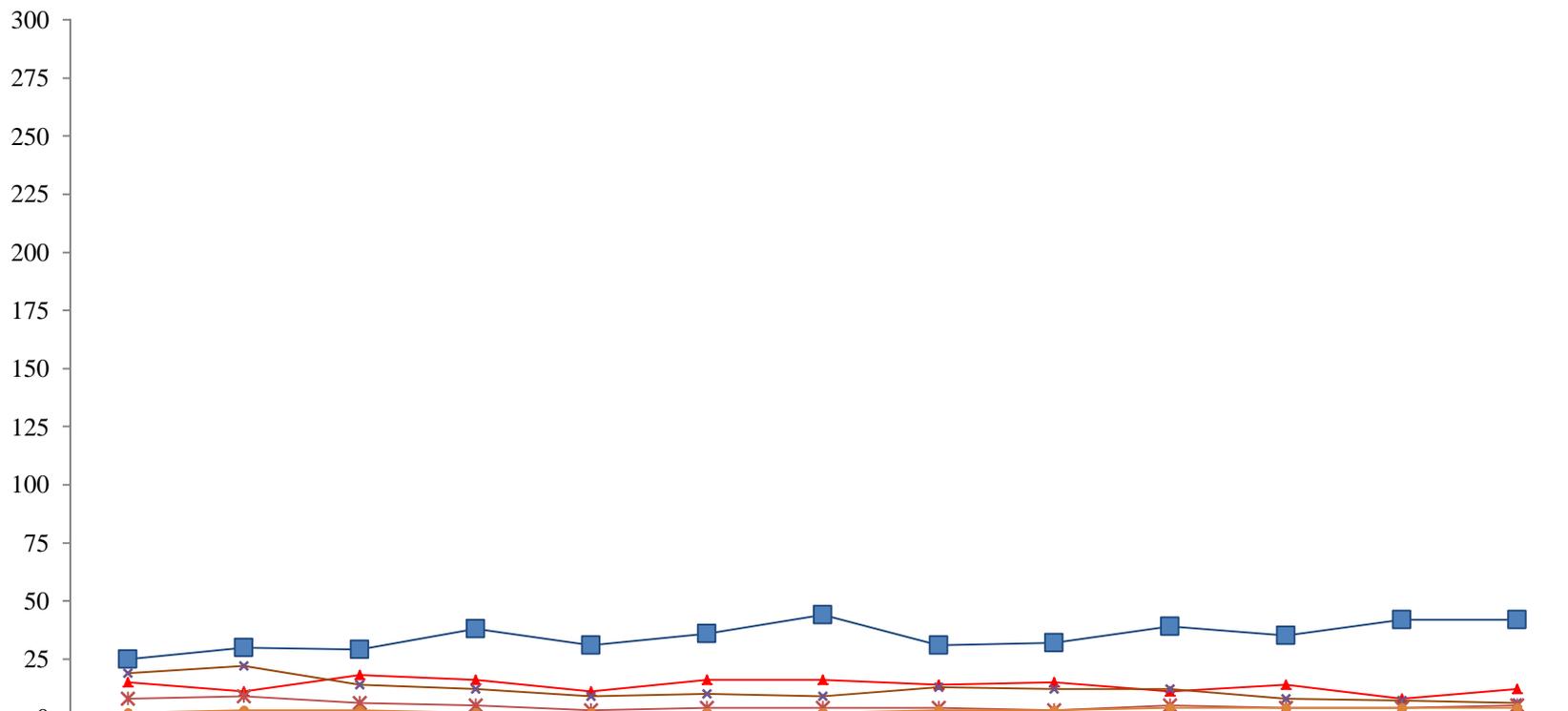
Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

Average Length of Stay for Admitted and Discharged During Prior 12 Months



Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

Average Length of Stay for All Residents

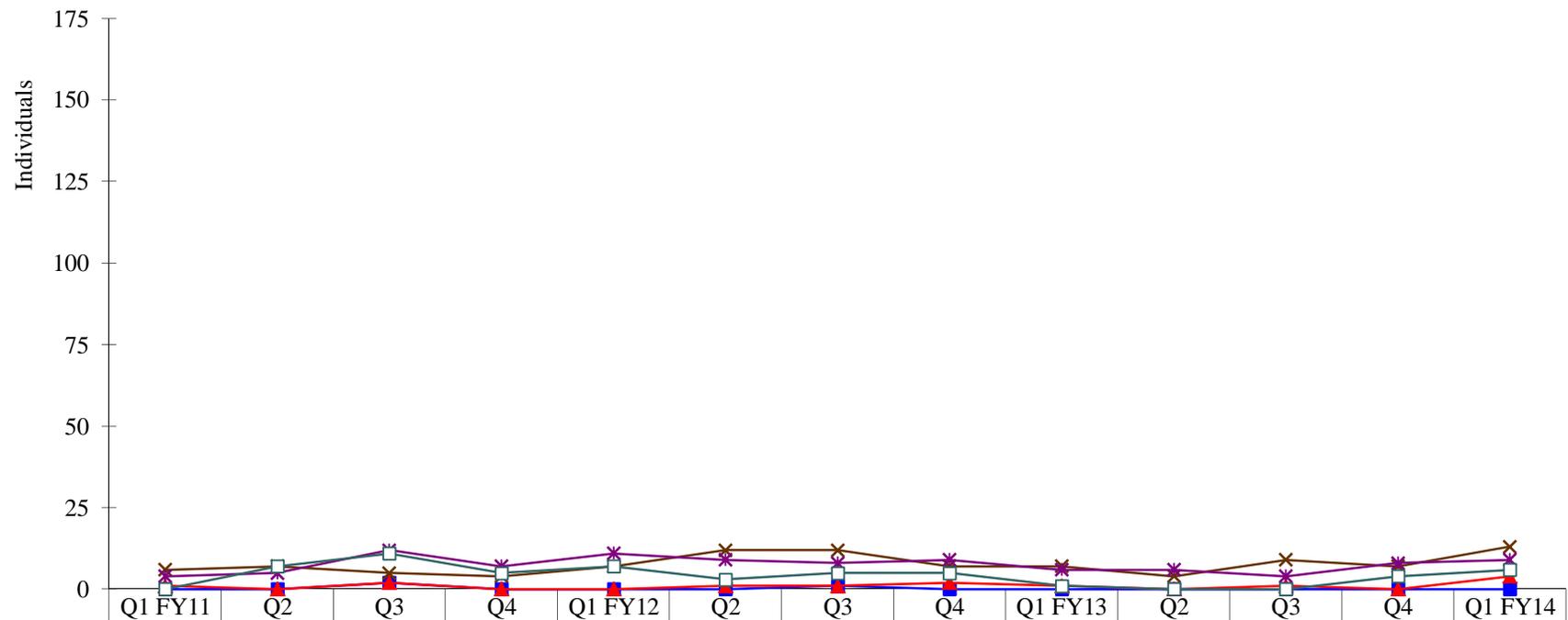


	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	264	248	230	183	221	195	181	234	233	233	244	243	244
■ 30 Days or Less	25	30	29	38	31	36	44	31	32	39	35	42	42
▲ 31 - 90 Days	15	11	18	16	11	16	16	14	15	11	14	8	12
◆ 91 - 365 Days	19	22	14	12	9	10	9	13	12	12	8	7	6
✱ 1 - 5 Years	8	9	6	5	3	4	4	4	3	5	4	4	5
● Over 5 Years	2	3	3	2	2	2	2	3	3	4	4	4	4

Source:

**Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital**

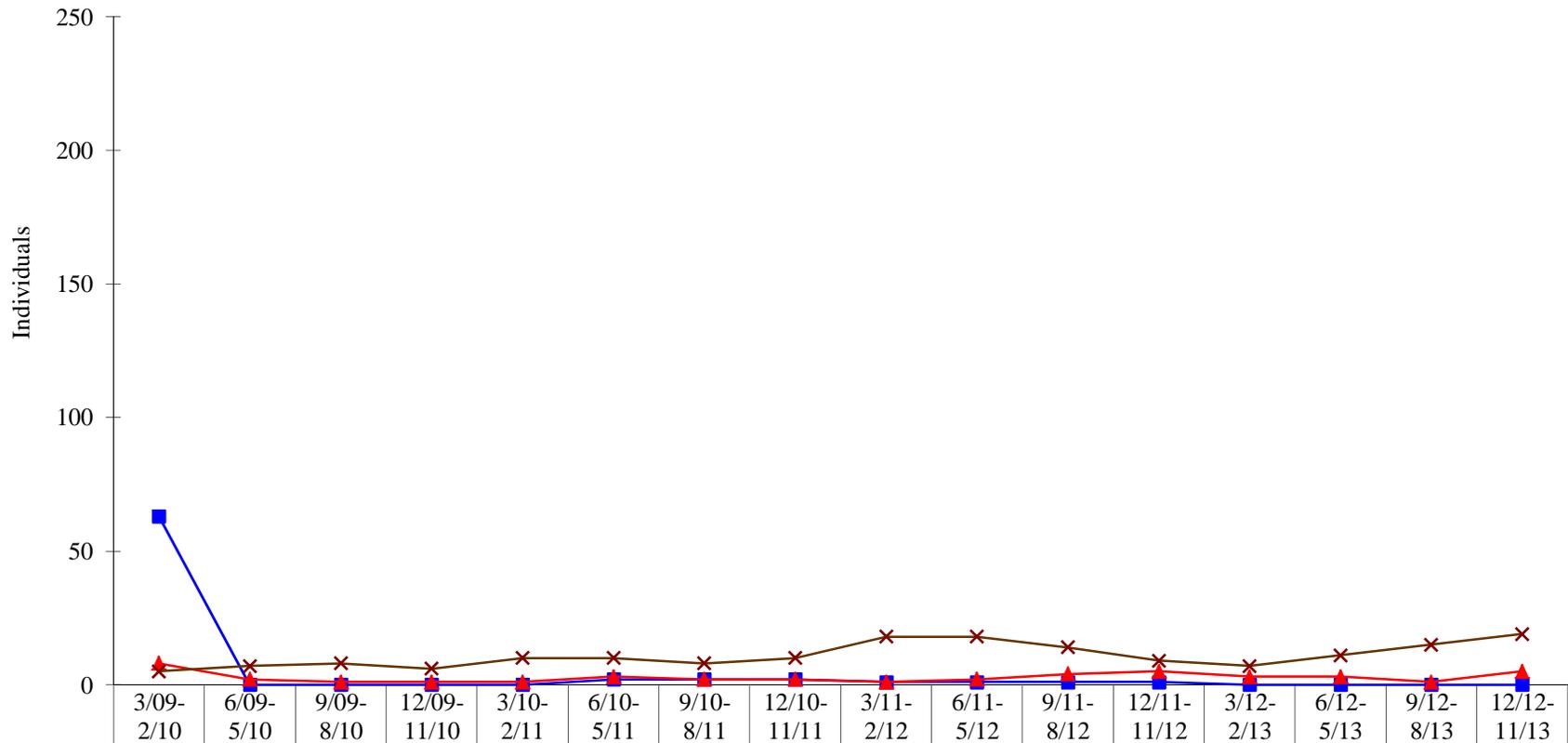
Length of Stay at Discharge by Category



Average LOS	539	1332	1235	1119	1258	774	921	1088	587	664	296	1076	842
■ 30 Days or Less	0	0	2	0	0	0	1	0	0	0	0	0	0
▲ 31 - 90 Days	1	0	2	0	0	1	1	2	1	0	1	0	4
✕ 91 - 365 Days	6	7	5	4	7	12	12	7	7	4	9	7	13
* 1 - 5 Years	4	5	12	7	11	9	8	9	6	6	4	8	9
□ Over 5 Years	0	7	11	5	7	3	5	5	1	0	0	4	6

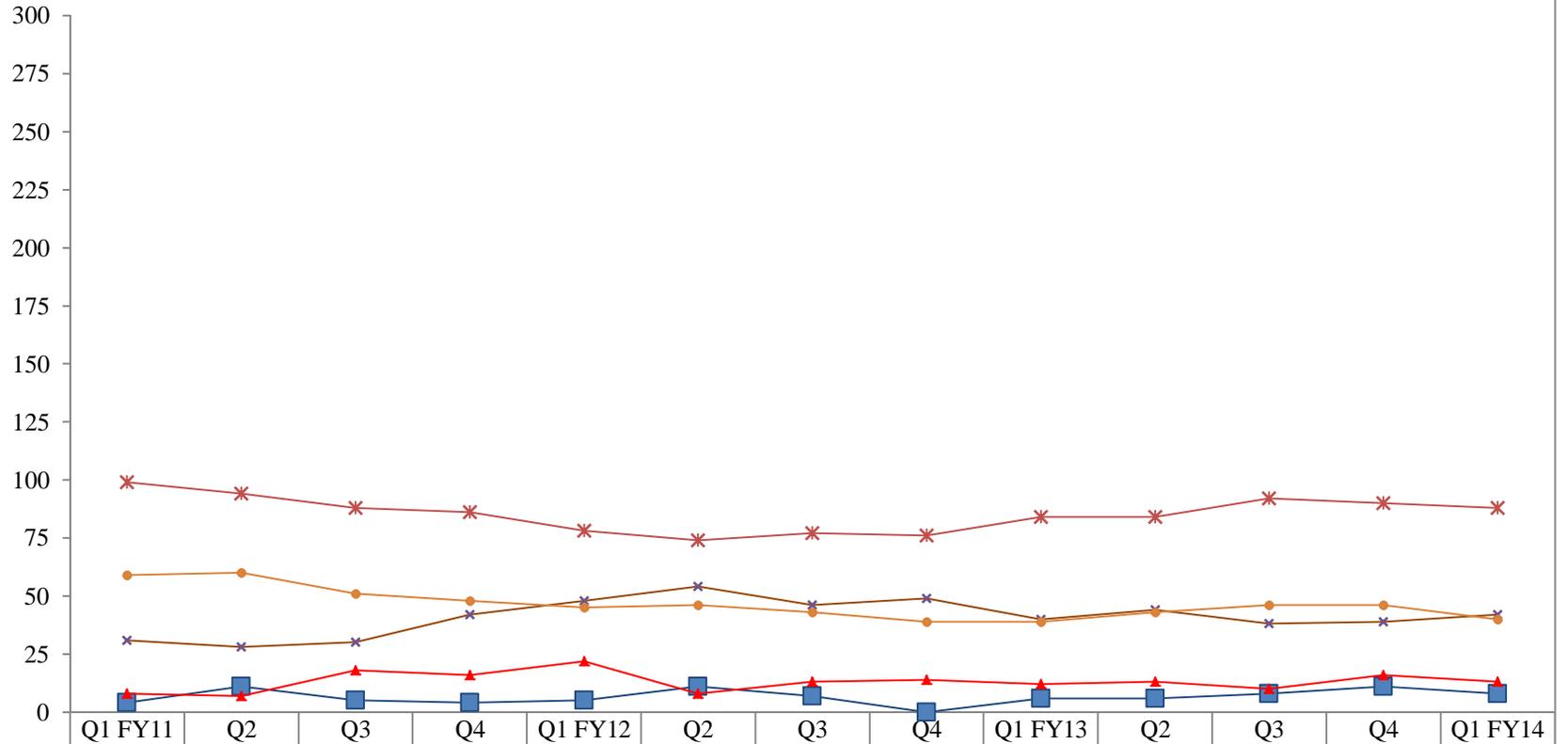
**Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital**

Average Length of Stay for Admitted and Discharged During Prior 12 Months



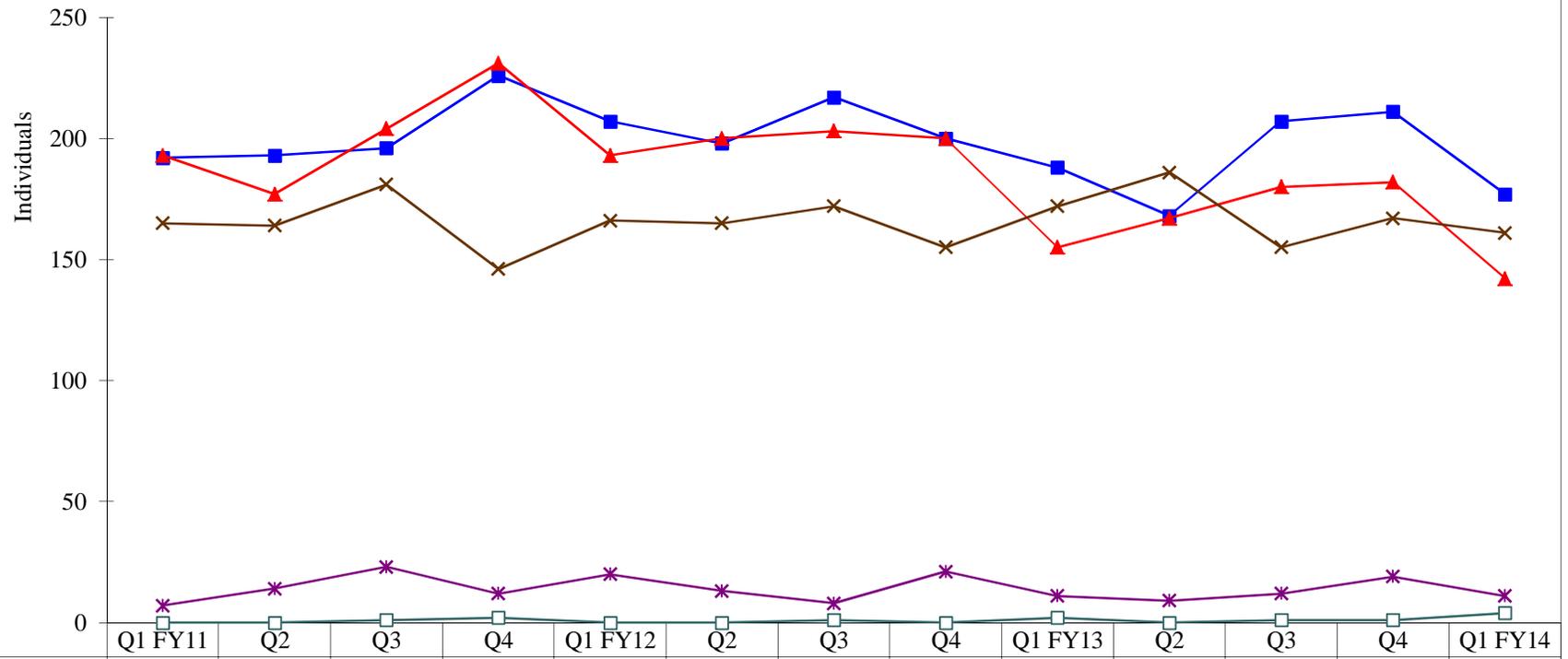
**Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital**

Average Length of Stay for All Residents



**Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital**

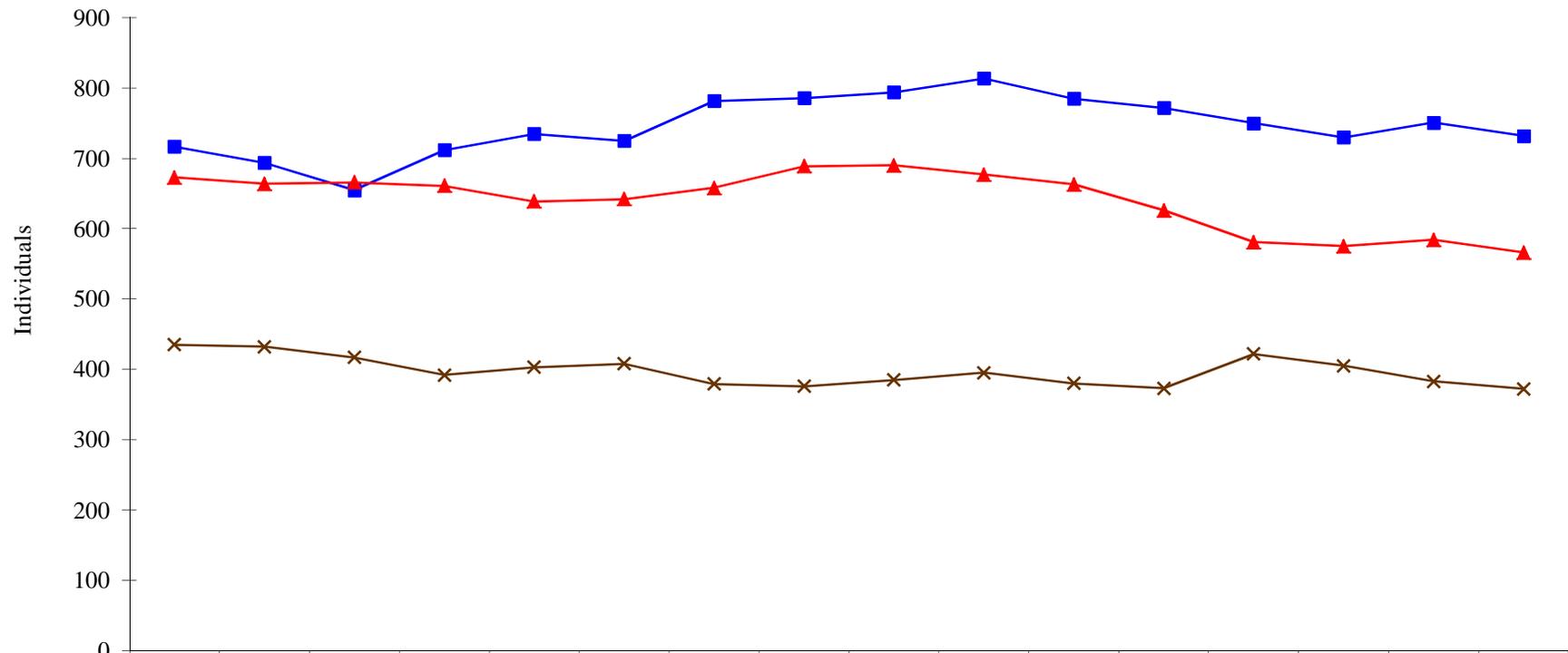
Length of Stay at Discharge by Category



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	84	87	96	83	89	84	86	90	91	86	87	92	108
30 Days or Less	192	193	196	226	207	198	217	200	188	168	207	211	177
31 - 90 Days	193	177	204	231	193	200	203	200	155	167	180	182	142
91 - 365 Days	165	164	181	146	166	165	172	155	172	186	155	167	161
1 - 5 Years	7	14	23	12	20	13	8	21	11	9	12	19	11
Over 5 Years	0	0	1	2	0	0	1	0	2	0	1	1	4

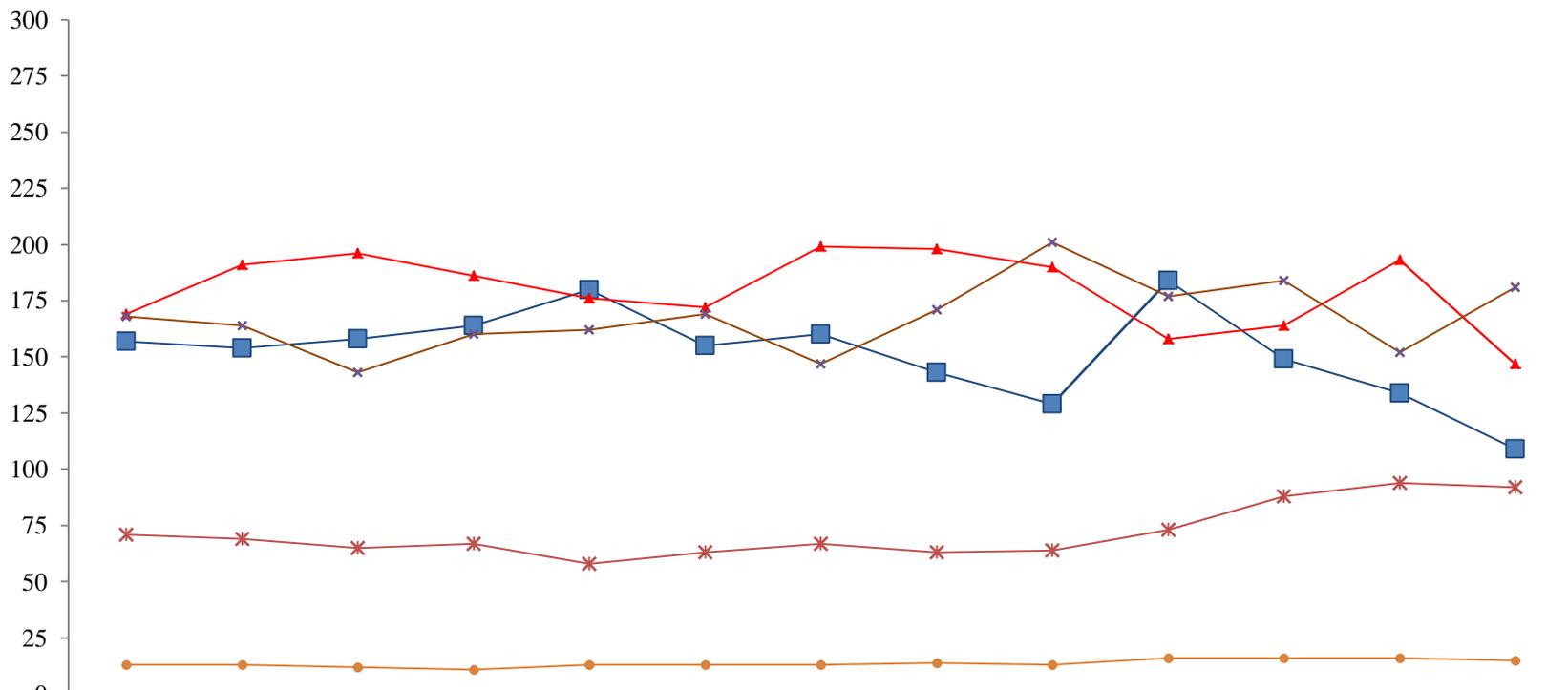
Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months



Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

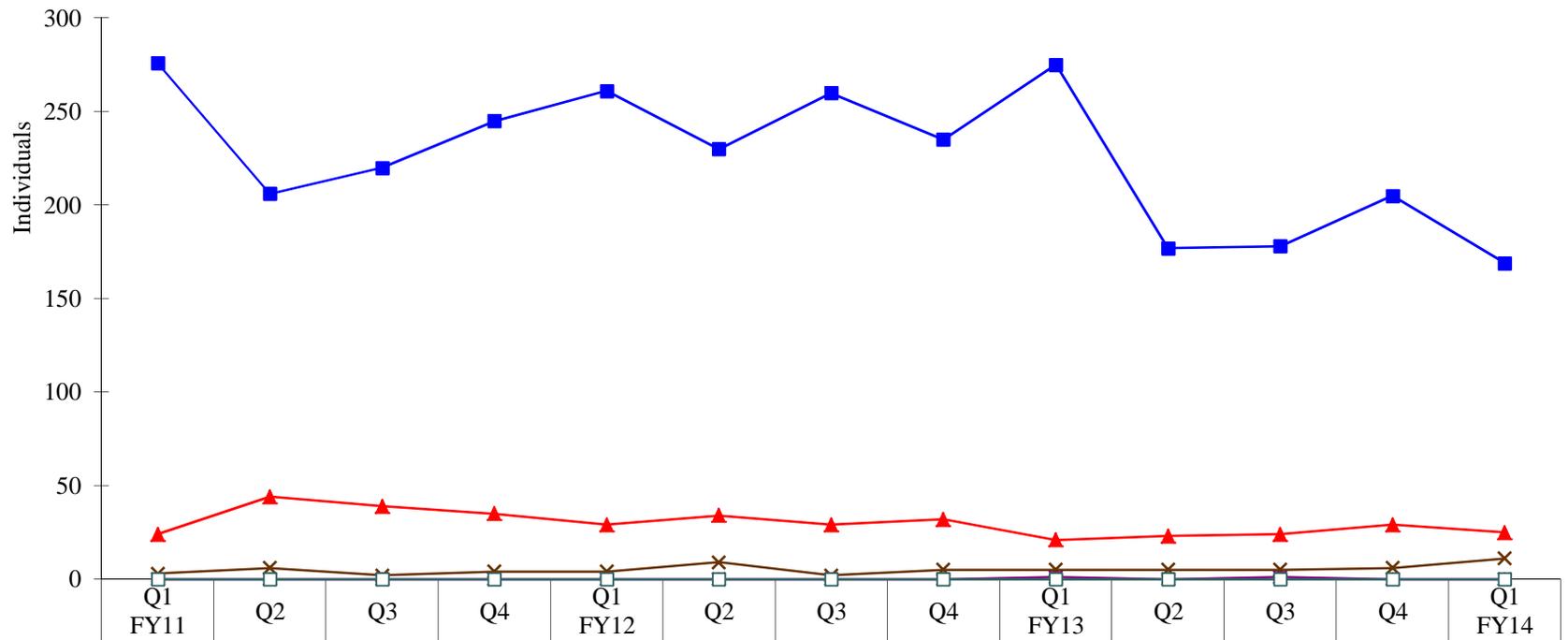
Average Length of Stay for All Residents



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	220	221	220	218	219	232	228	230	239	245	260	268	286
■ 30 Days or Less	157	154	158	164	180	155	160	143	129	184	149	134	109
▲ 31 - 90 Days	169	191	196	186	176	172	199	198	190	158	164	193	147
✖ 91 - 365 Days	168	164	143	160	162	169	147	171	201	177	184	152	181
✖ 1 - 5 Years	71	69	65	67	58	63	67	63	64	73	88	94	92
● Over 5 Years	13	13	12	11	13	13	13	14	13	16	16	16	15

**Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center**

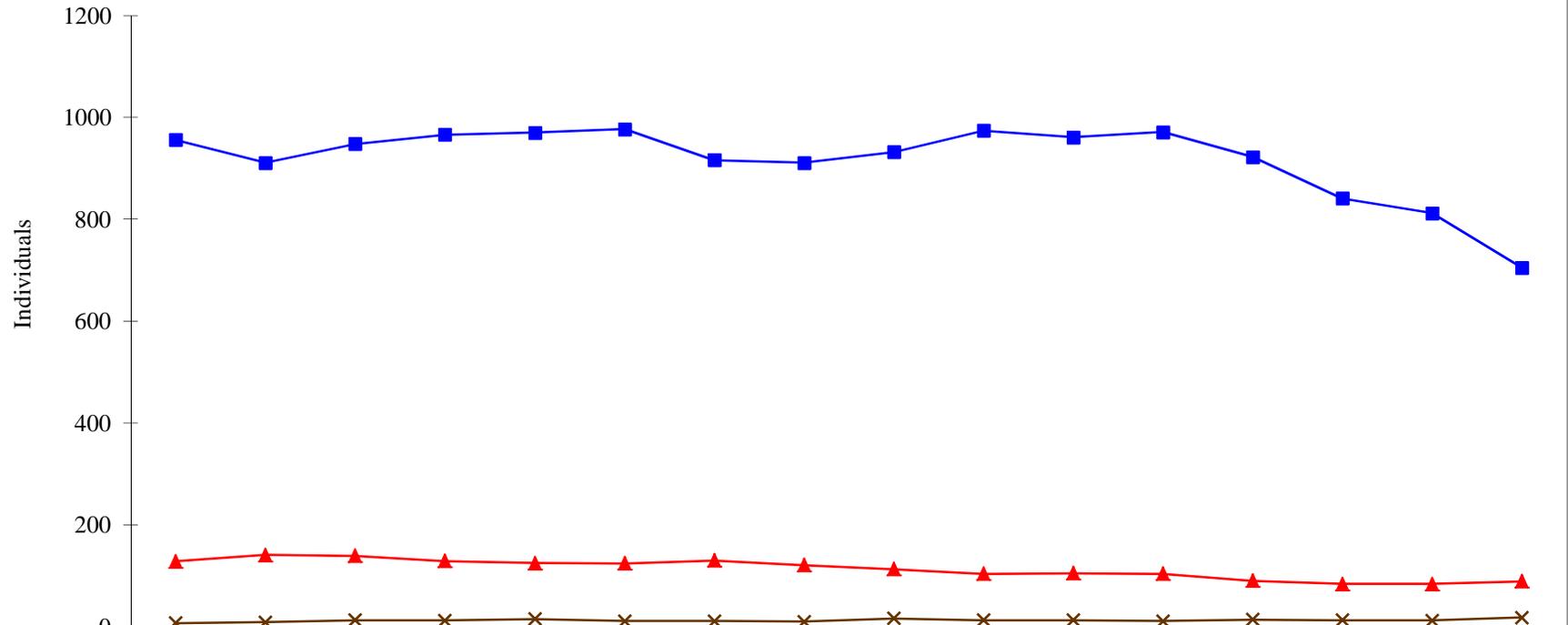
Average Length of Stay at Discharge by Category



Average LOS	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
—■— 30 Days or Less	276	206	220	245	261	230	260	235	275	177	178	205	169
—▲— 31 - 90 Days	24	44	39	35	29	34	29	32	21	23	24	29	25
—×— 91 - 365 Days	3	6	2	4	4	9	2	5	5	5	5	6	11
—*— 1 - 5 Years	0	0	0	0	0	0	0	0	1	0	1	0	0
—□— Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0

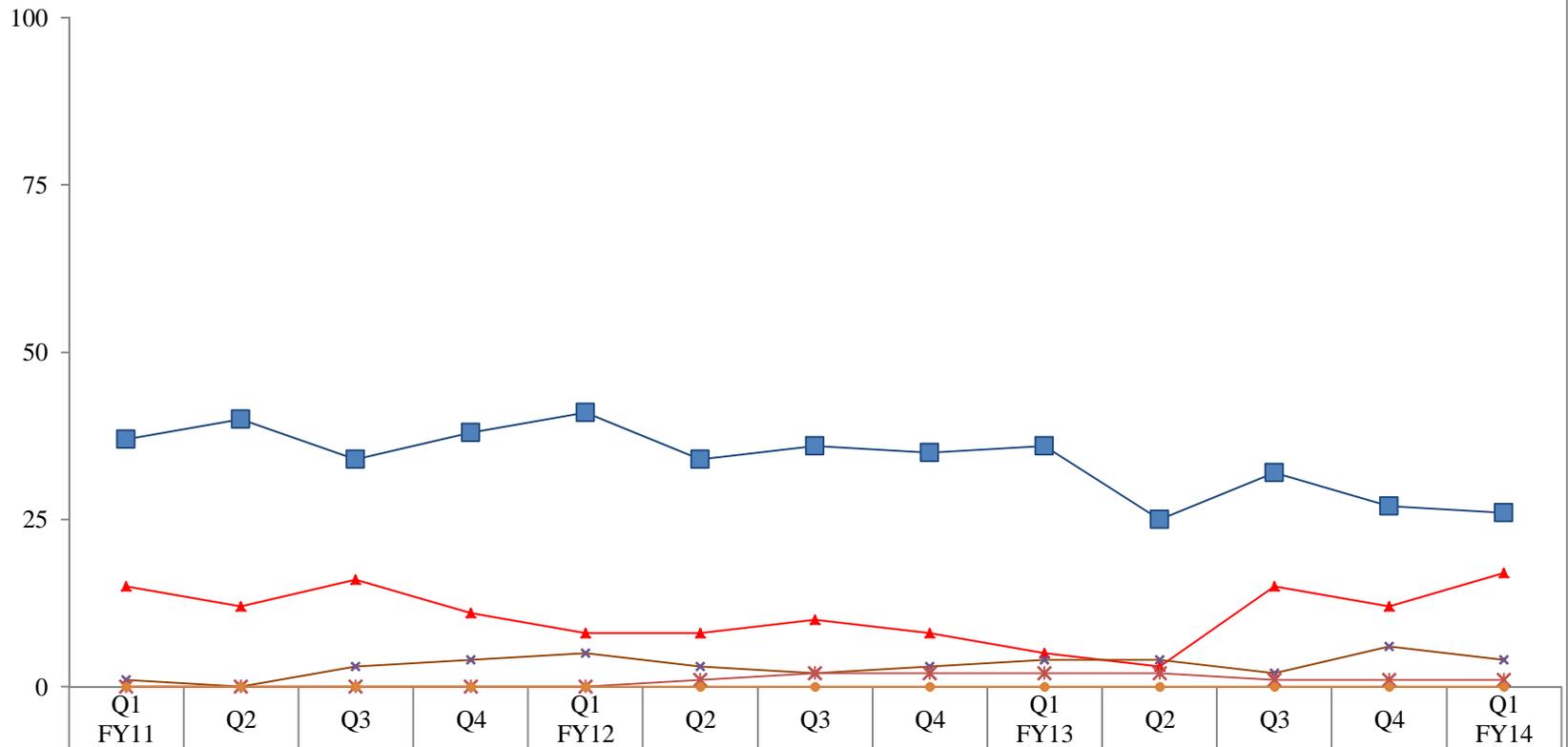
Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay for Admitted and Discharged During Prior 12 Months



Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

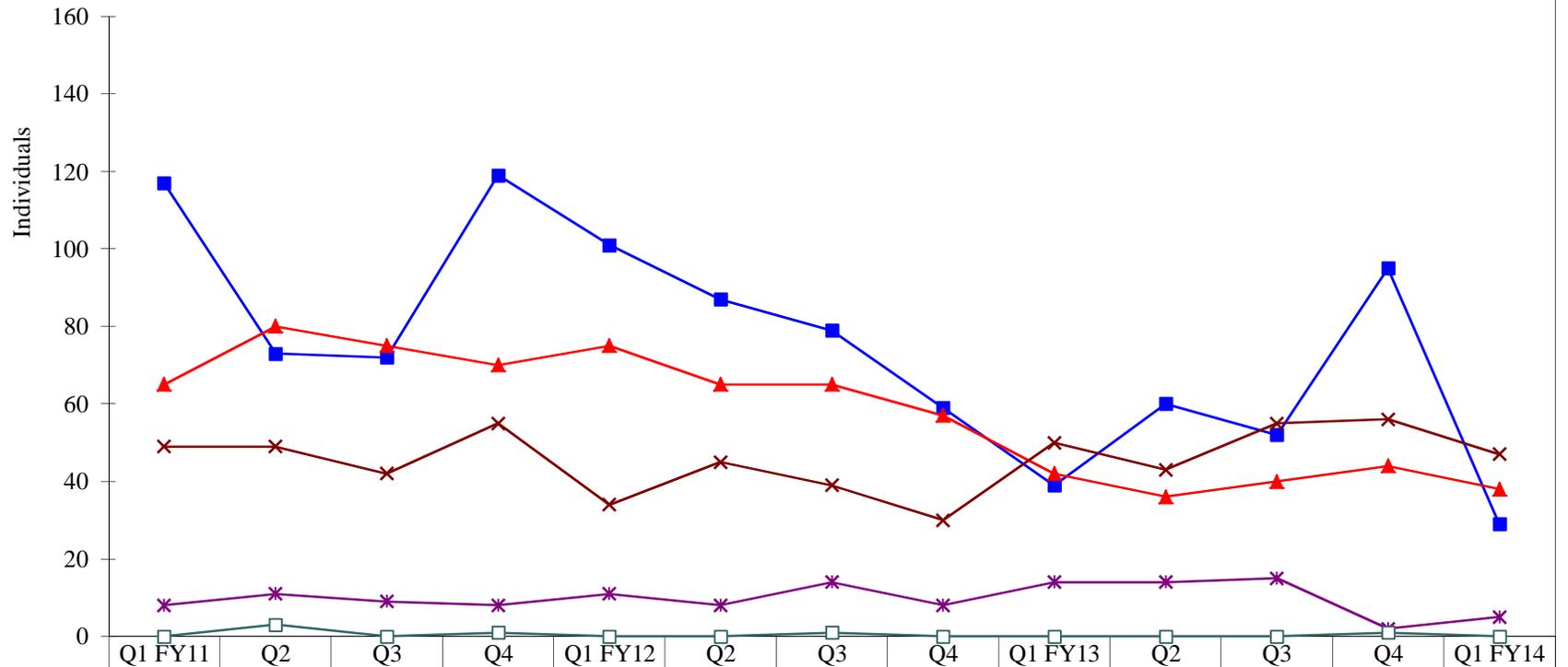
Average Length of Stay for All Residents



Source:

Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

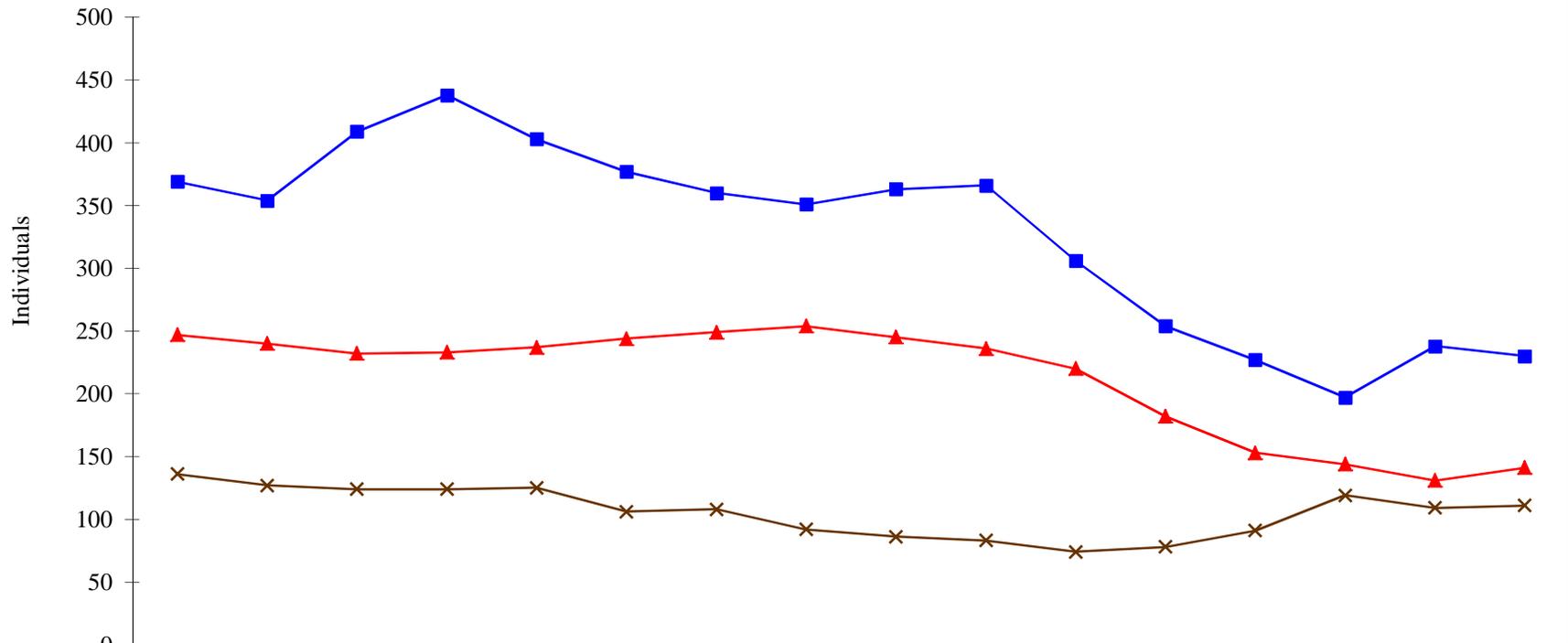
Length of Stay at Discharge by Category



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	88	147	90	97	88	95	134	97	151	131	147	89	118
■ 30 Days or Less	117	73	72	119	101	87	79	59	39	60	52	95	29
▲ 31 - 90 Days	65	80	75	70	75	65	65	57	42	36	40	44	38
× 91 - 365 Days	49	49	42	55	34	45	39	30	50	43	55	56	47
* 1 - 5 Years	8	11	9	8	11	8	14	8	14	14	15	2	5
□ Over 5 Years	0	3	0	1	0	0	1	0	0	0	0	1	0

Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

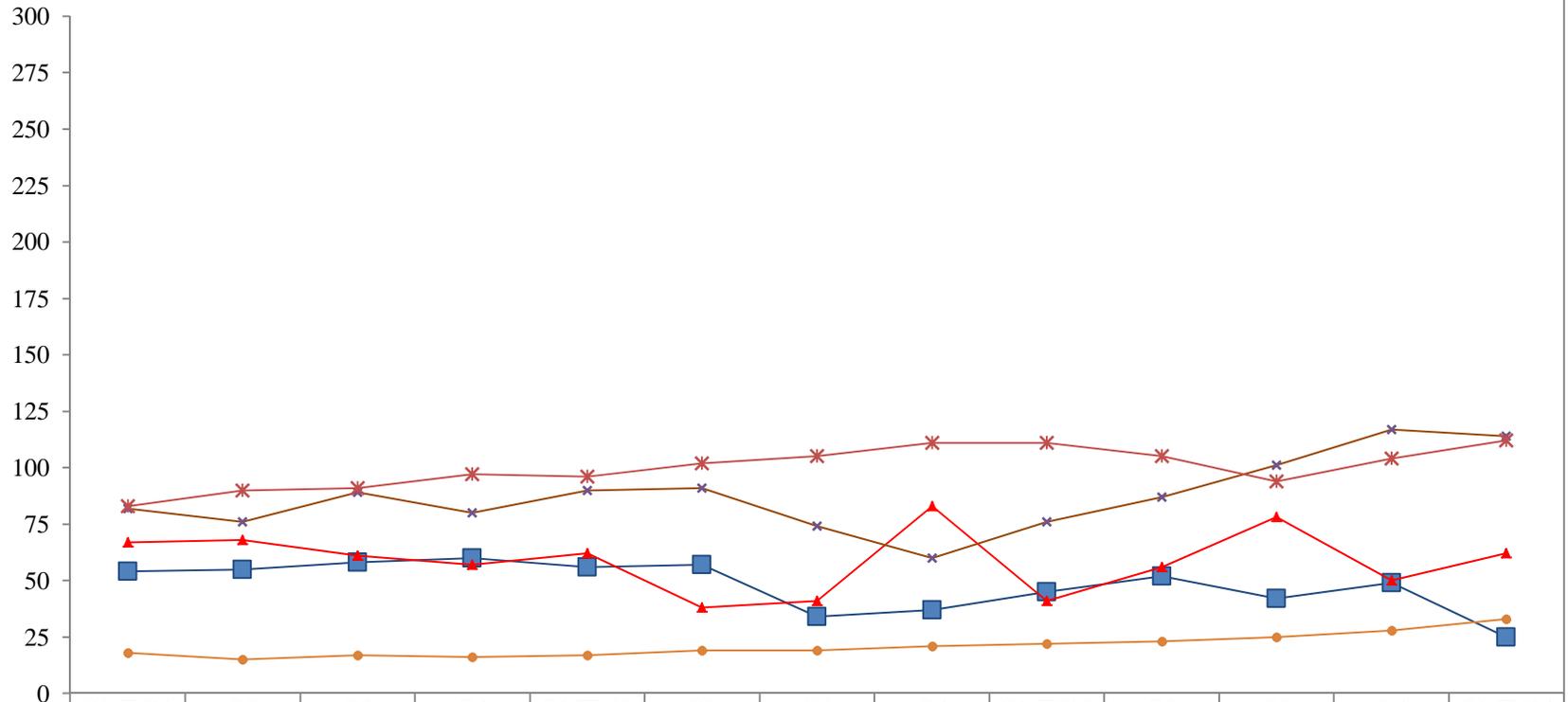
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13
Average LOS	49	49	45	45	46	45	46	45	43	45	44	46	52	60	54	56
■ 30 Days or Less	369	354	409	438	403	377	360	351	363	366	306	254	227	197	238	230
▲ 31-90 Days	247	240	232	233	237	244	249	254	245	236	220	182	153	144	131	141
✕ 91-365 Days	136	127	124	124	125	106	108	92	86	83	74	78	91	119	109	111

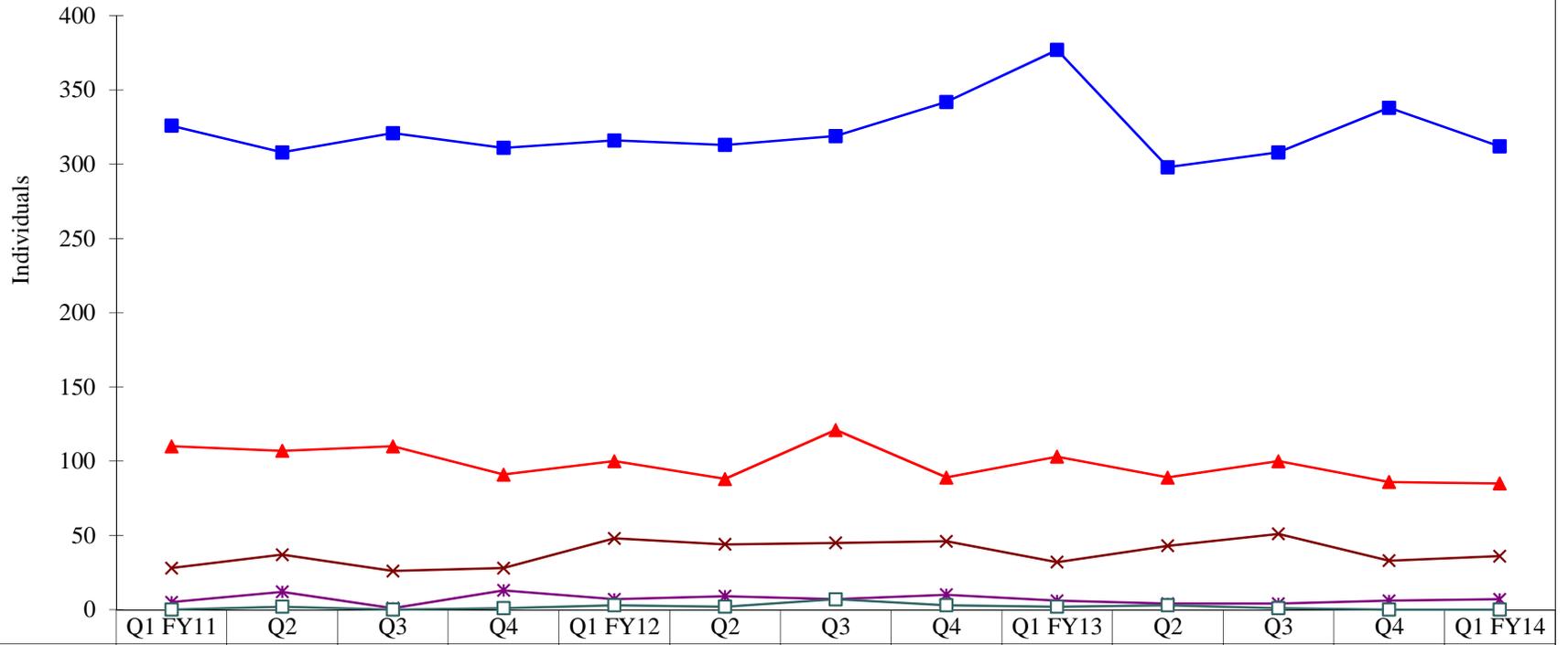
Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

Average Length of Stay for All Residents



Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

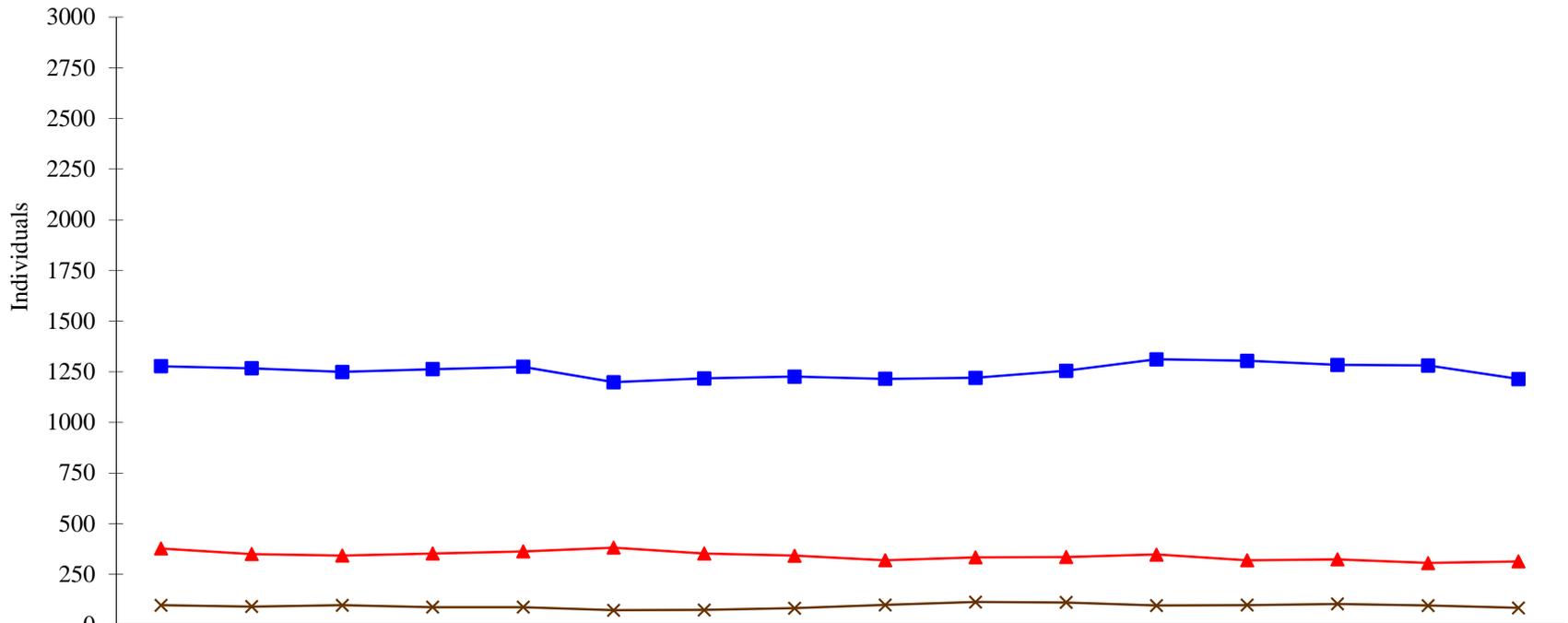
Length of Stay at Discharge by Category



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14
Average LOS	40	66	31	58	61	58	88	67	64	54	54	42	49
30 Days or Less	326	308	321	311	316	313	319	342	377	298	308	338	312
31 - 90 Days	110	107	110	91	100	88	121	89	103	89	100	86	85
91 - 365 Days	28	37	26	28	48	44	45	46	32	43	51	33	36
1 - 5 Years	5	12	1	13	7	9	7	10	6	4	4	6	7
Over 5 Years	0	2	0	1	3	2	7	3	2	3	1	0	0

Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

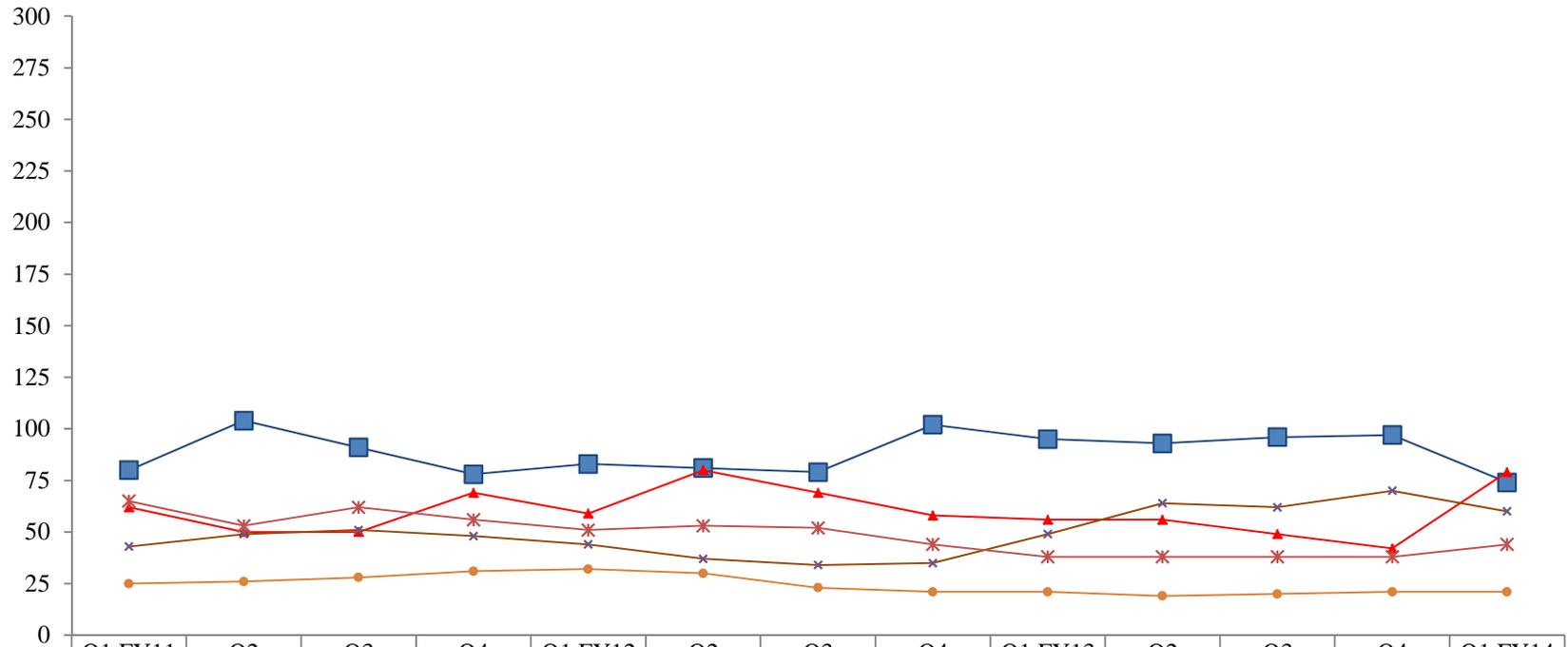
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13
Average LOS	27	26	27	26	26	26	26	27	27	28	28	26	26	27	26	26
■ 30 Days or Less	1277	1267	1249	1263	1274	1198	1217	1226	1215	1220	1255	1311	1304	1284	1281	1214
▲ 31-90 Days	378	350	343	353	363	382	353	342	320	334	336	348	320	324	306	314
× 91-365 Days	97	91	97	88	88	73	74	83	99	113	111	96	98	104	96	84

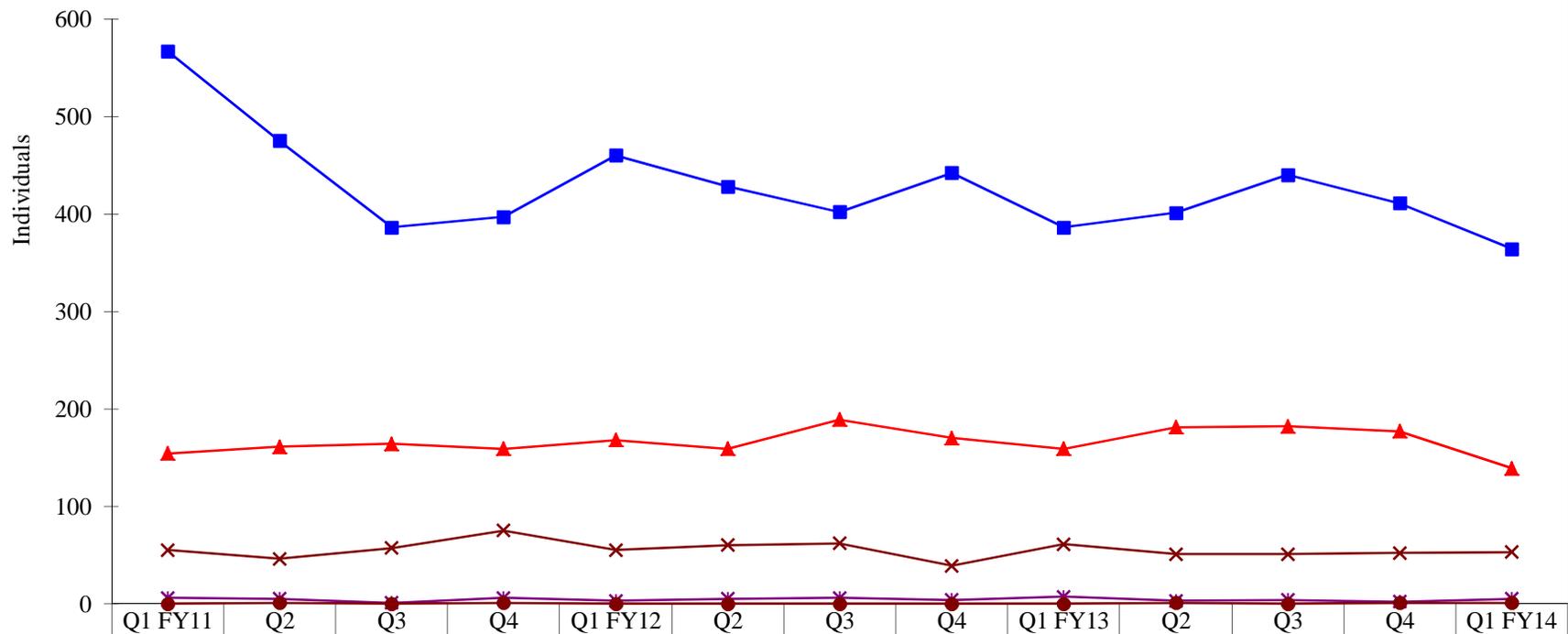
**Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital**

Average Length of Stay for All Residents



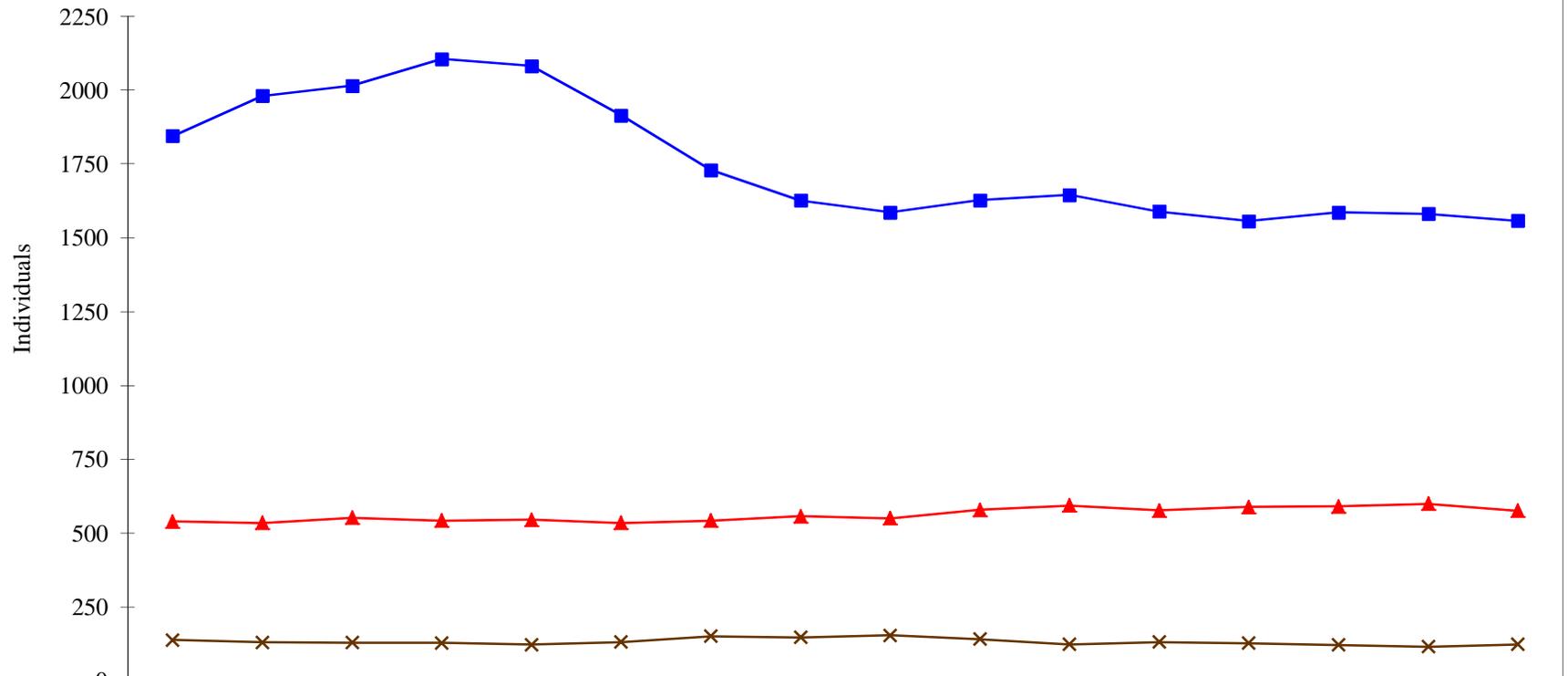
**Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital**

Average Length of Stay at Discharge by Category



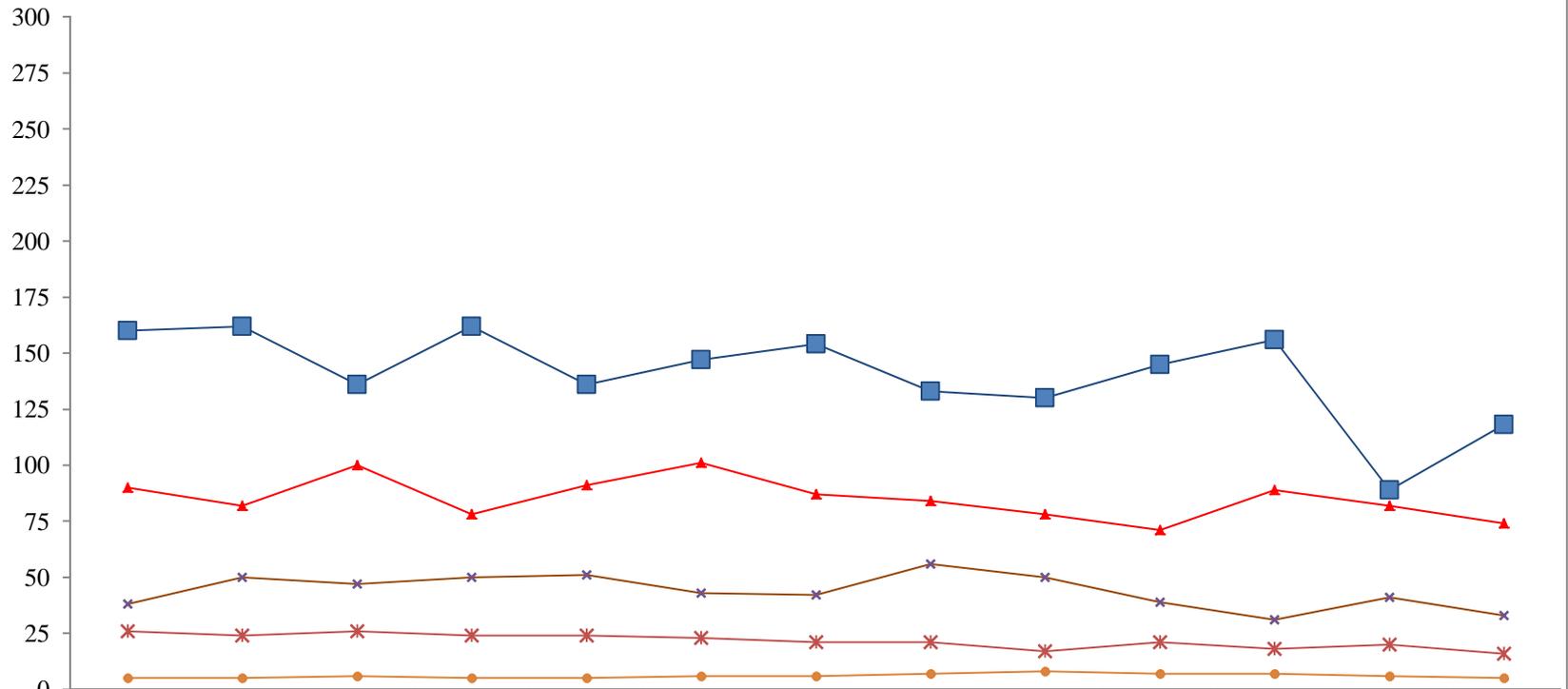
Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months



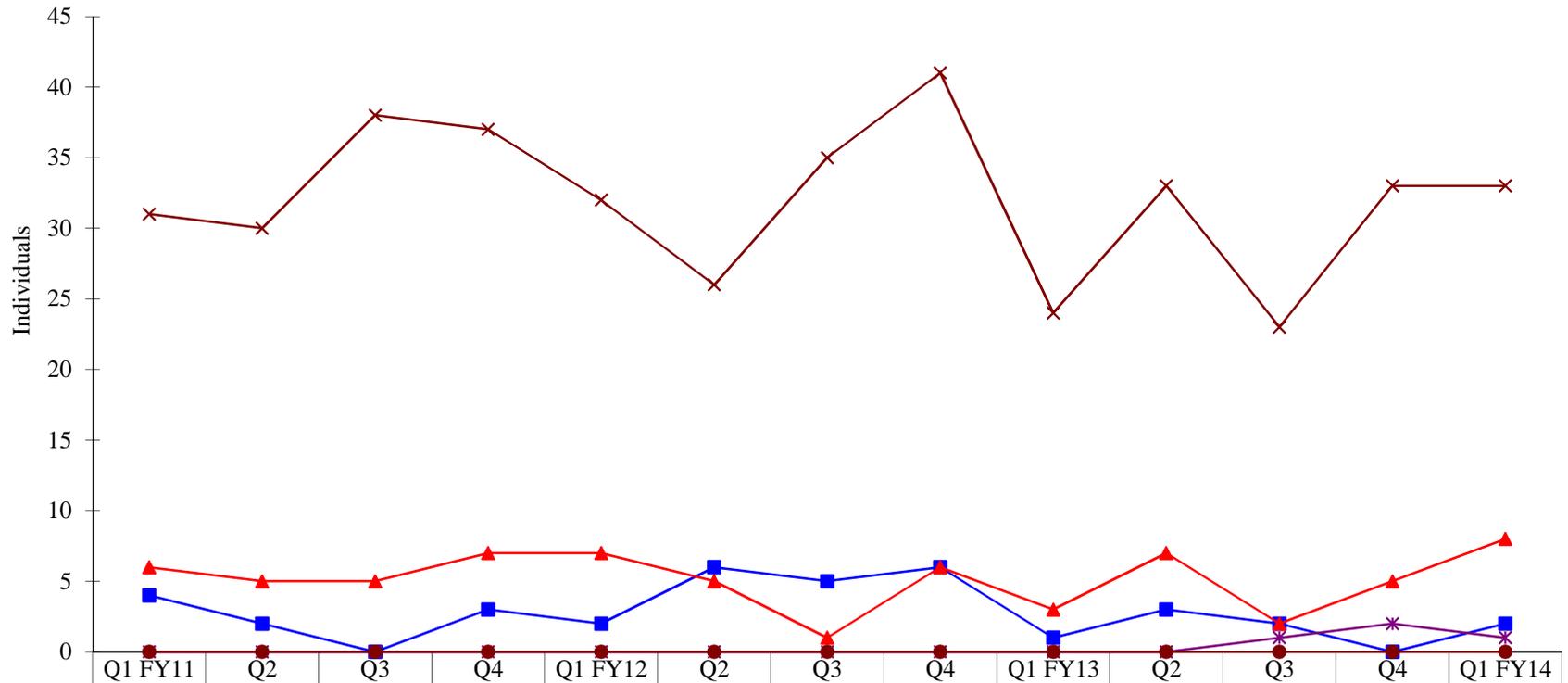
**Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital**

Average Length of Stay for All Residents



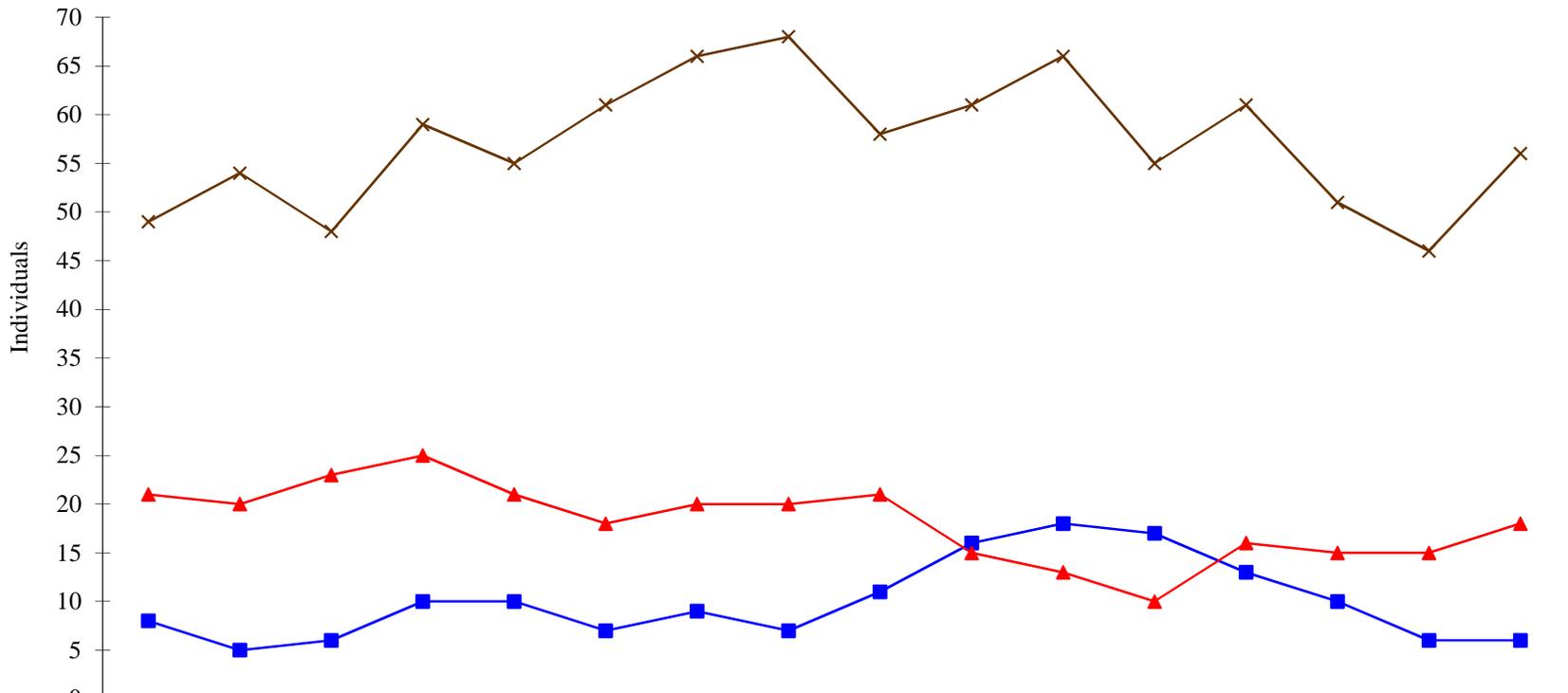
**Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth**

Average Length of Stay at Discharge by Category



**Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth**

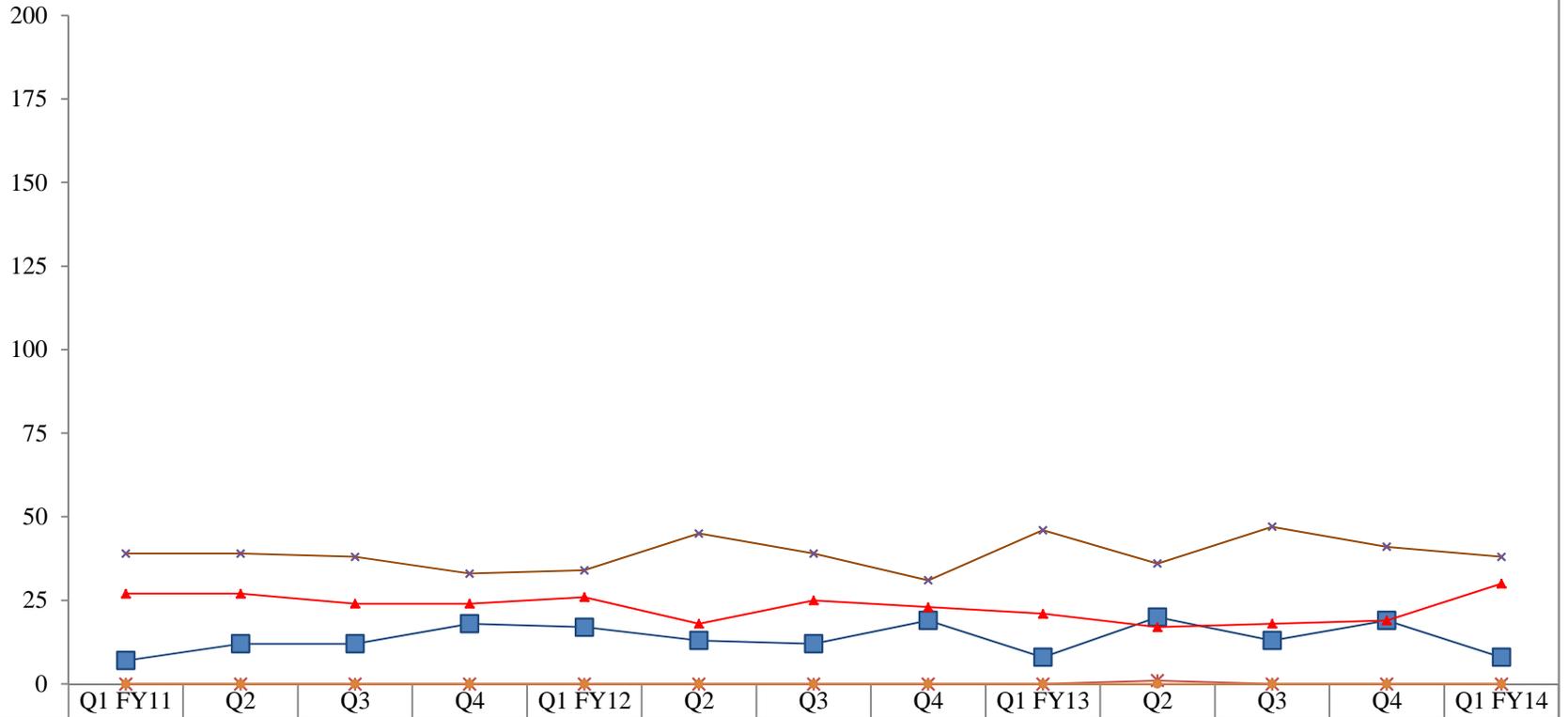
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13
Average LOS	128	138	132	132	124	142	138	137	128	134	135	123	134	138	137	143
■ 30 Days or Less	8	5	6	10	10	7	9	7	11	16	18	17	13	10	6	6
▲ 31-90 Days	21	20	23	25	21	18	20	20	21	15	13	10	16	15	15	18
× 91-365 Days	49	54	48	59	55	61	66	68	58	61	66	55	61	51	46	56

**Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth**

Average Length of Stay for All Residents



GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

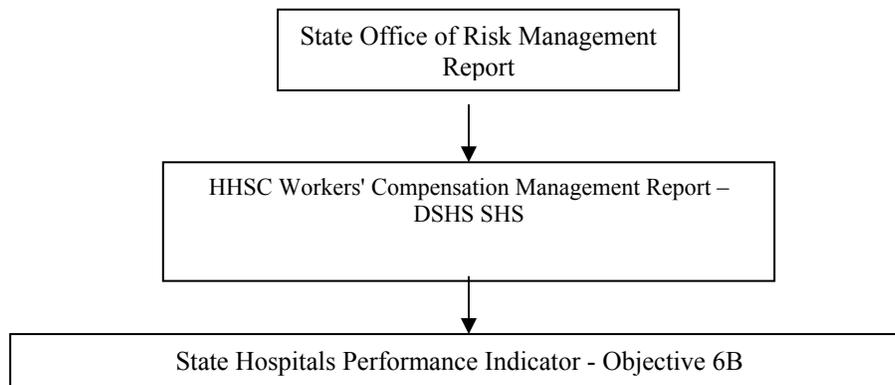
Maintain workers' compensation claim expense per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.

Performance Objective Operational Definition: Total workers compensation claim expenses per FTE filed for FY 2013 will not exceed the state hospital system average claims cost per FTE for FY2012. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

Performance Objective Data Display and Chart Description:

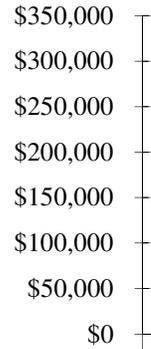
- ◆ Chart with monthly data points of claim expenses for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of cost per FTE for individual state hospitals and system-wide.

Data Flow:



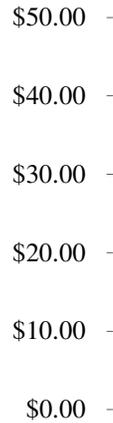
**Objective 6B - Workers Compensation
All State Hospitals**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$258,746	\$260,053	\$230,870									
FYTD Expend.	\$258,746	\$518,799	\$749,670									

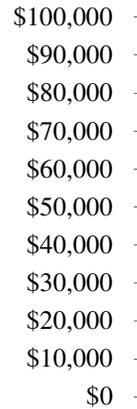
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
■ Avg Monthly Cost Per FTE	\$33.42	\$33.52	\$29.68									

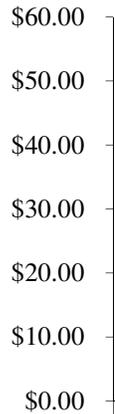
**Objective 6B - Workers Compensation
Austin State Hospital**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$44,110	\$35,055	\$31,481									
FYTD Expend.	\$44,110	\$79,164	\$110,645									

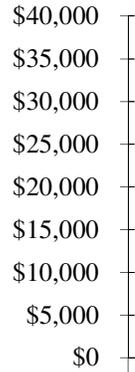
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$53.60	\$42.23	\$37.93									

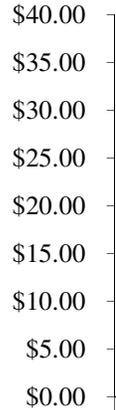
Objective 6B - Workers Compensation
Big Spring State Hospital

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$12,182	\$11,997	\$12,037									
FYTD Expend.	\$12,182	\$24,179	\$36,216									

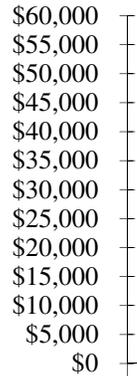
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$21.45	\$21.12	\$21.15									

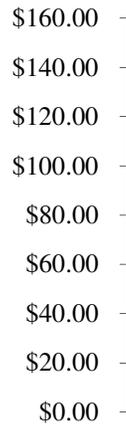
Objective 6B - Workers Compensation
El Paso Psychiatric Center

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$5,602	\$34,964	\$18,845									
FYTD Expend.	\$5,602	\$40,566	\$59,411									

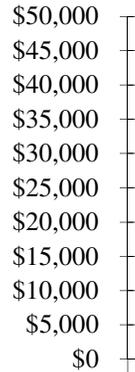
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$22.59	\$140.98	\$75.99									

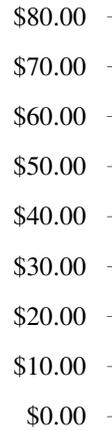
**Objective 6B - Workers Compensation
Kerrville State Hospital**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$40,694	\$14,368	\$9,237									
FYTD Expend.	\$40,694	\$55,062	\$64,299									

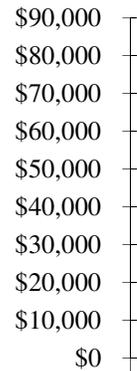
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$75.50	\$26.66	\$17.11									

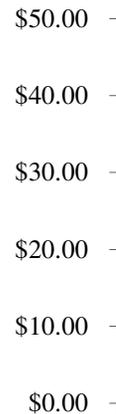
**Objective 6B - Workers Compensation
North Texas State Hospital**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$52,899	\$55,006	\$31,540									
FYTD Expend.	\$52,899	\$107,905	\$139,445									

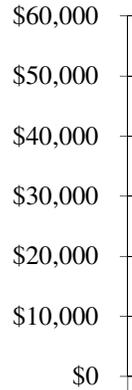
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
■ Avg Month Cost Per FTE	\$25.93	\$27.06	\$15.50									

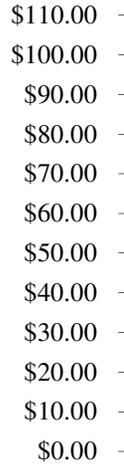
Objective 6B - Workers Compensation
Rio Grande State Center

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$12,200	\$20,928	\$12,328									
FYTD Expend.	\$12,200	\$33,128	\$45,456									

Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$24.50	\$41.86	\$24.56									

**Objective 6B - Workers Compensation
Rusk State Hospital**

Worker's Compensation Monthly Expenditures

\$80,000
\$70,000
\$60,000
\$50,000
\$40,000
\$30,000
\$20,000
\$10,000
\$0

	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$25,209	\$20,566	\$69,618									
FYTD Expend.	\$25,209	\$45,774	\$115,392									

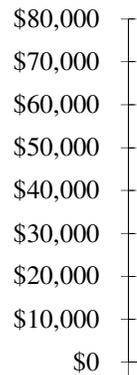
Average Monthly Cost Per FTE

\$80.00
\$70.00
\$60.00
\$50.00
\$40.00
\$30.00
\$20.00
\$10.00
\$0.00

	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$26.76	\$21.72	\$73.13									

Objective 6B - Workers Compensation
San Antonio State Hospital

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$19,982	\$16,135	\$12,417									
FYTD Expend.	\$19,982	\$36,117	\$48,534									

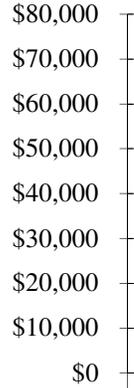
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
—■— Avg Month Cost Per FTE	\$23.73	\$19.25	\$14.76									

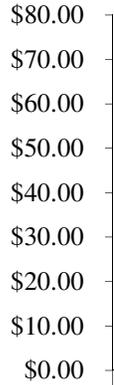
**Objective 6B - Workers Compensation
Terrell State Hospital**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$42,656	\$44,920	\$27,205									
FYTD Expend.	\$42,656	\$87,576	\$114,781									

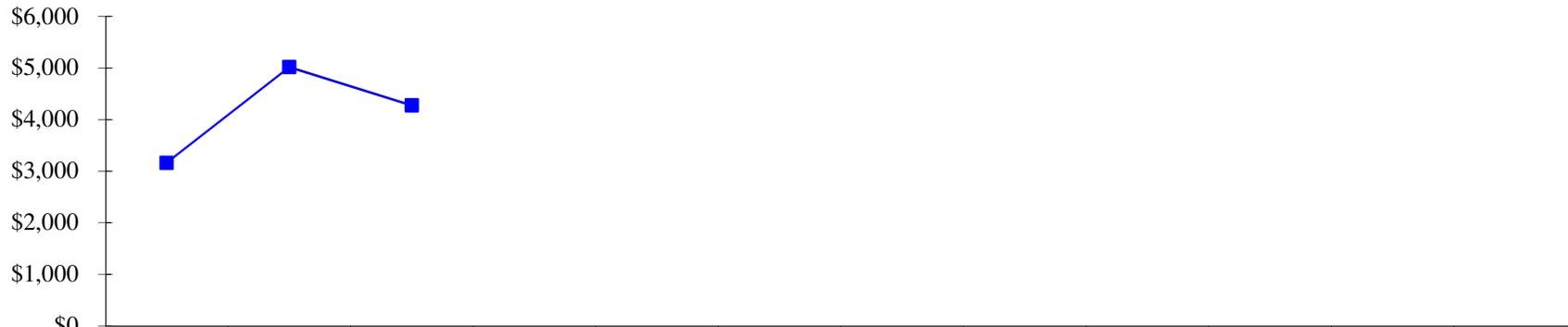
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$49.31	\$51.22	\$30.88									

Objective 6B - Workers Compensation
Waco Center for Youth

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$3,160	\$5,017	\$4,275									
FYTD Expend.	\$3,160	\$8,178	\$12,452									

Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$14.84	\$23.45	\$19.70									

Objective 6B - Workers Compensation
Texas Center for Infectious Disease

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$52	\$1,097	\$1,887									
FYTD Expend.	\$52	\$1,150	\$3,037									

Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83									
Avg Month Cost Per FTE	\$0.32	\$6.69	\$11.51									

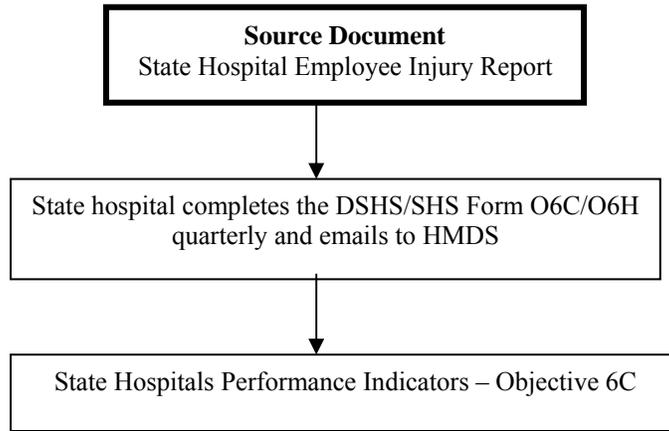
Performance Objective 6C:

Reduce employee injuries resulting in a workers' compensation claim with a goal of zero.

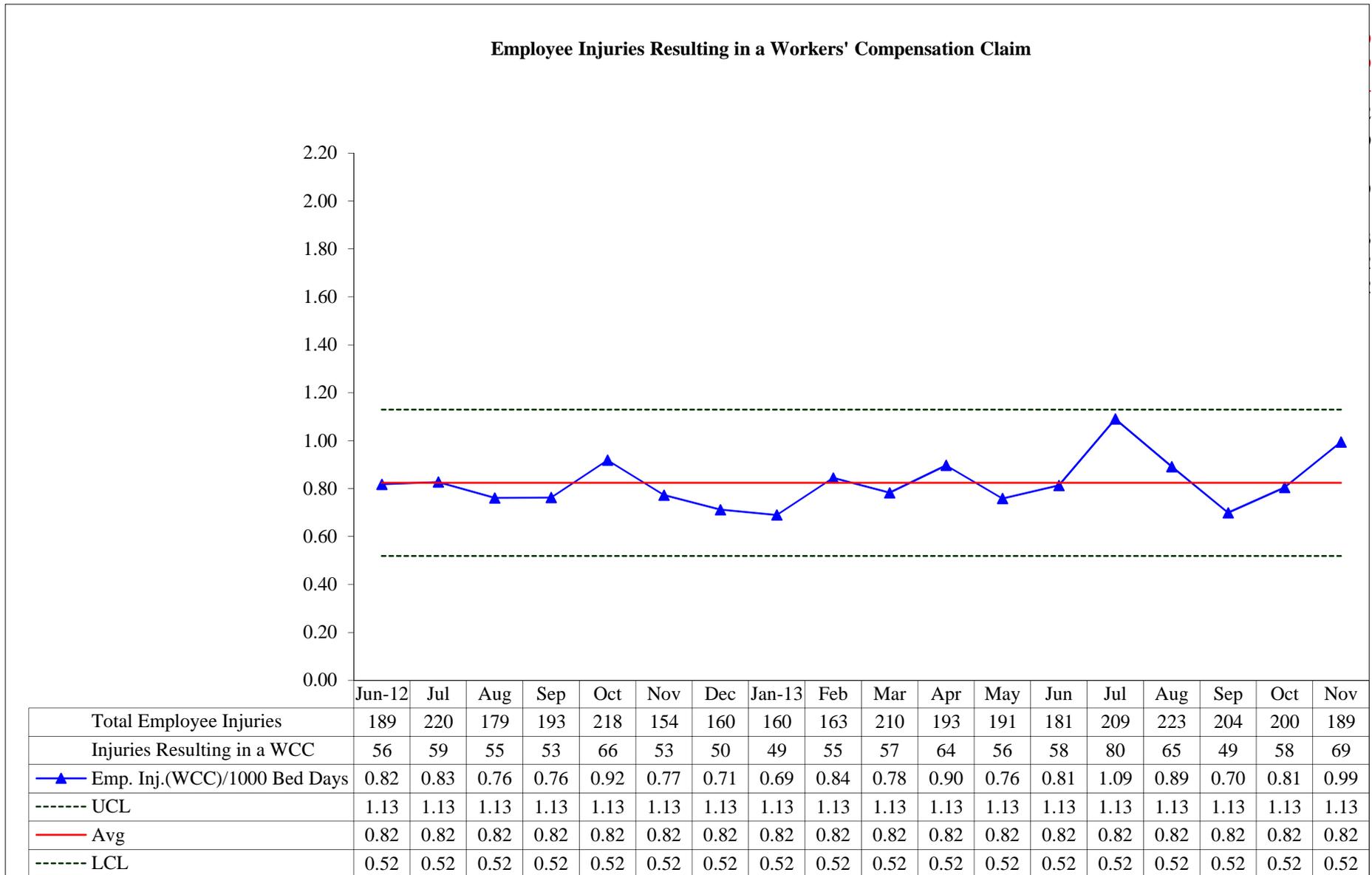
Performance Objective Operational Definition: The state hospital rate of employee injuries resulting in a worker compensation claim filed.

Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:

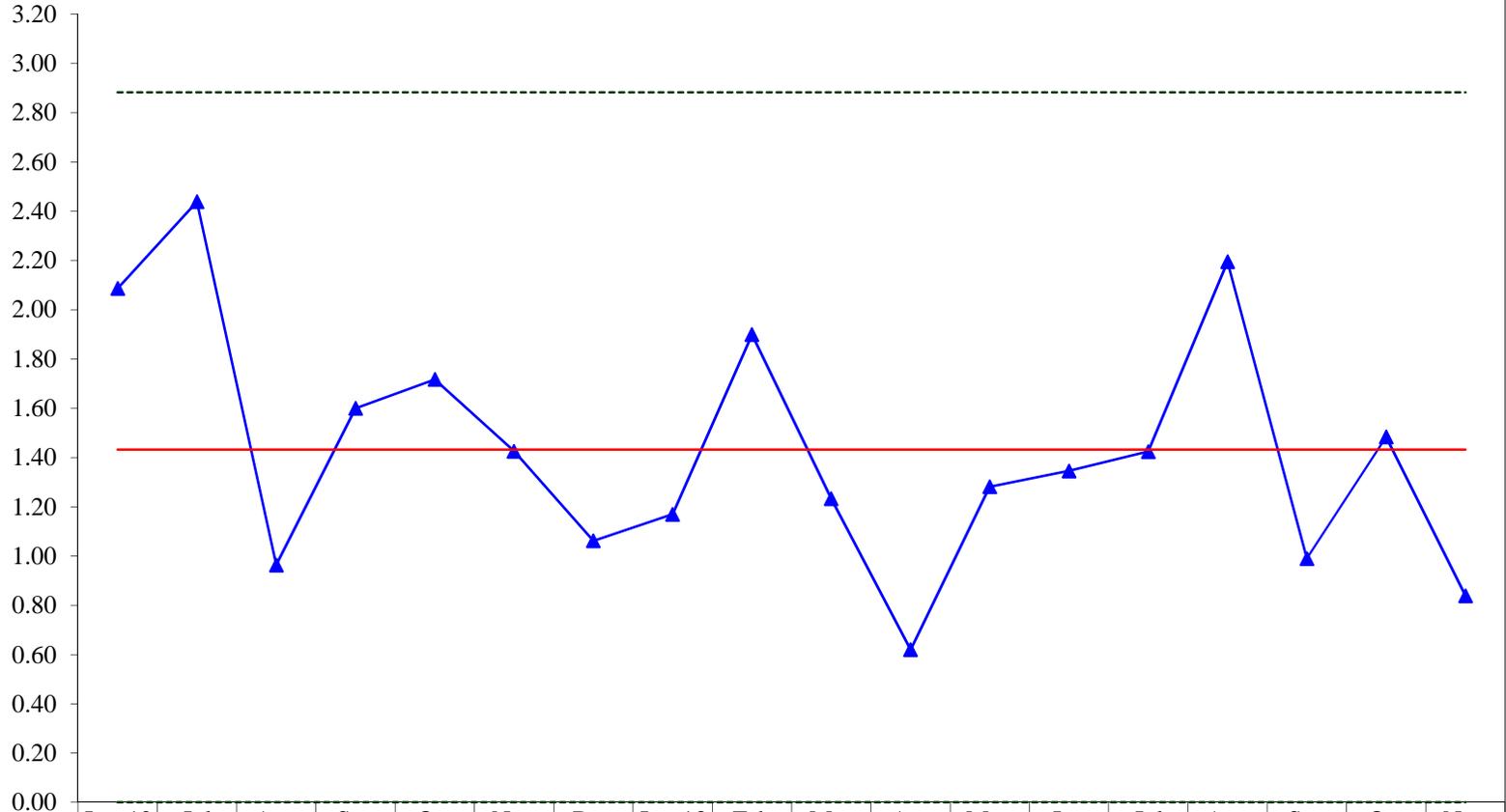


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals



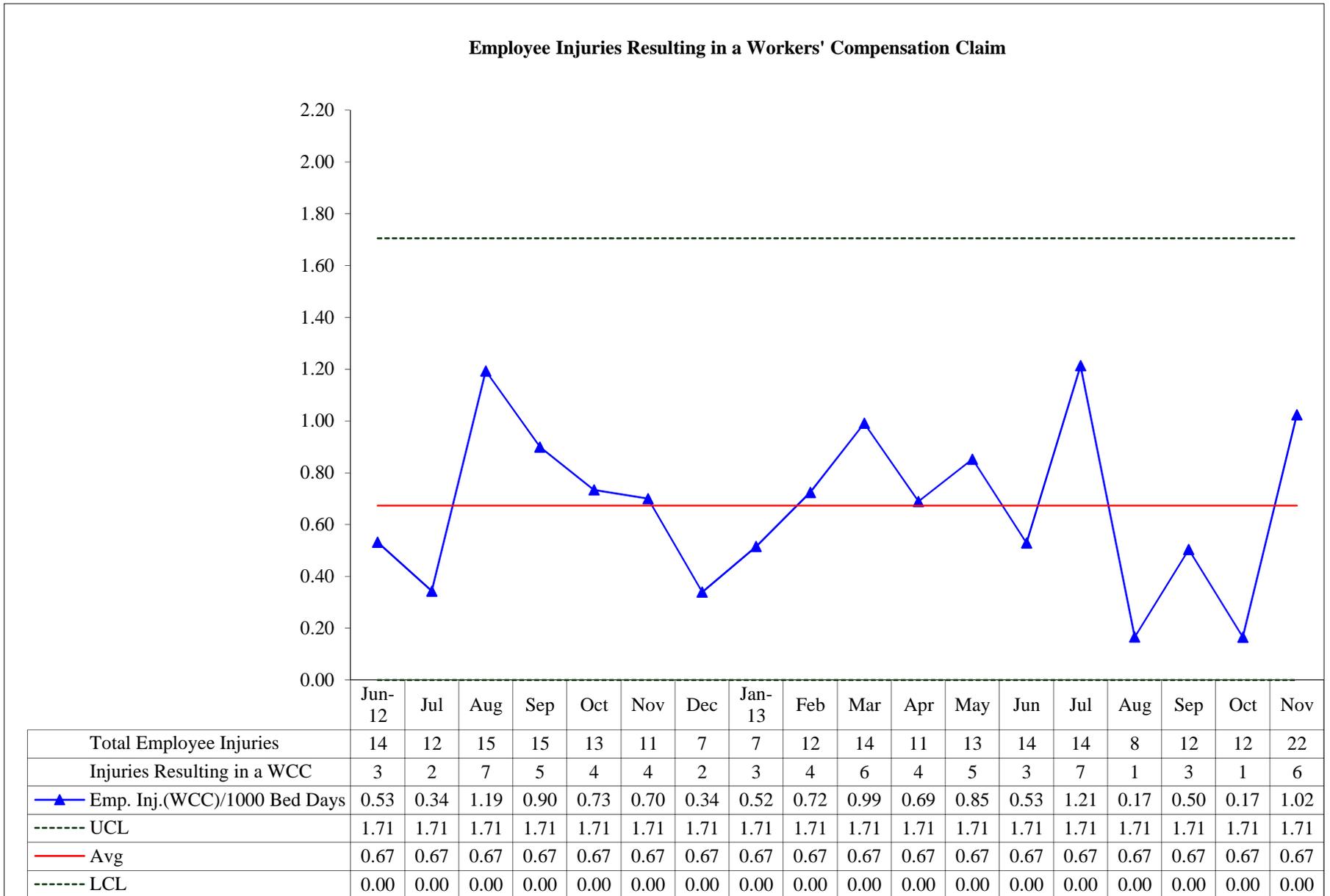
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Austin State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim



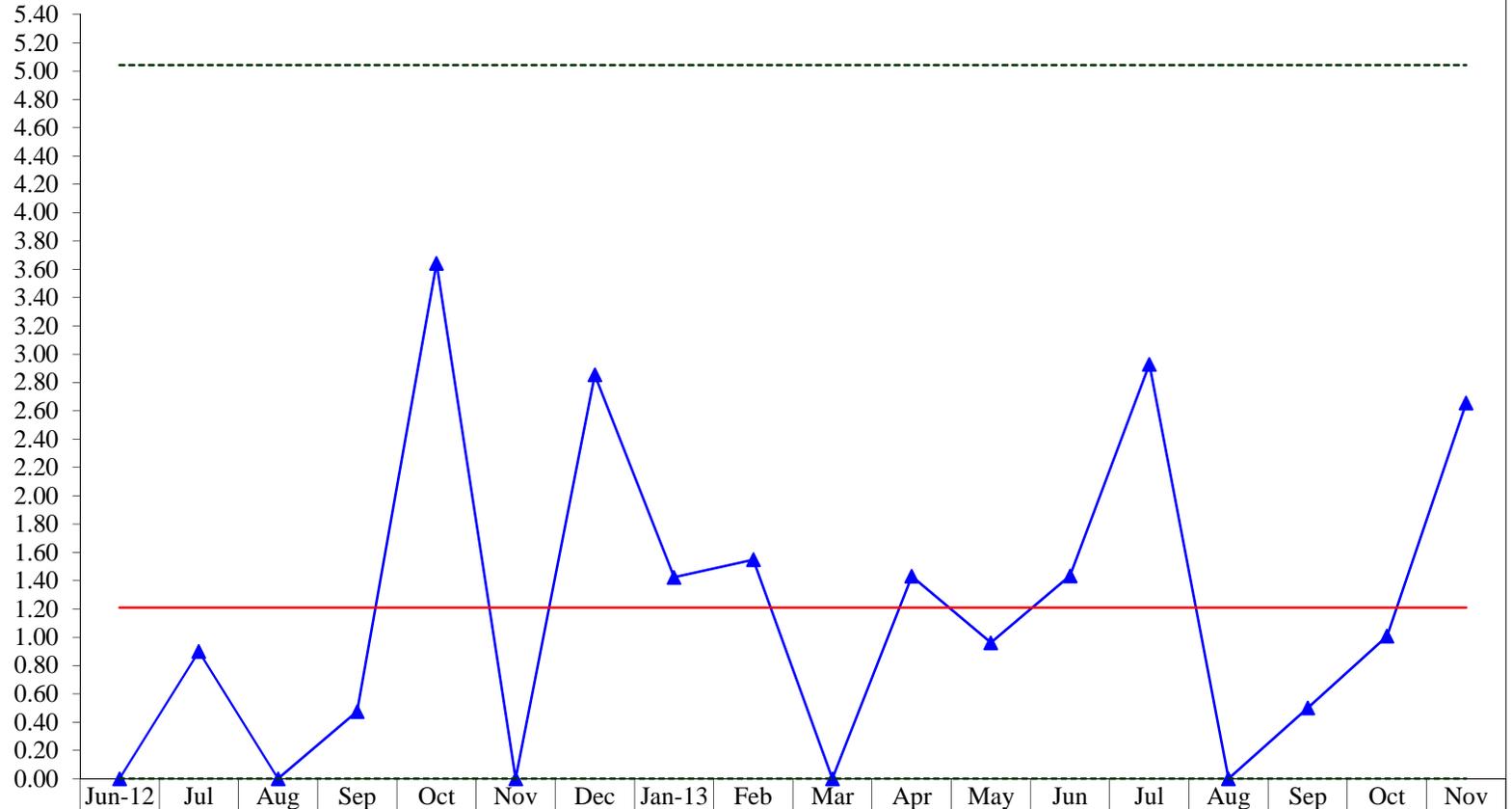
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	17	21	8	13	14	11	9	10	14	10	5	11	11	12	18	8	13	7
Injuries Resulting in a WCC	17	21	8	13	14	11	9	10	14	10	5	11	11	12	18	8	13	7
▲ Emp. Inj.(WCC)/1000 Bed Days	2.09	2.44	0.96	1.60	1.72	1.43	1.06	1.17	1.90	1.23	0.62	1.28	1.35	1.42	2.20	0.99	1.48	0.84
----- UCL	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88	2.88
— Avg	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Big Spring State Hospital



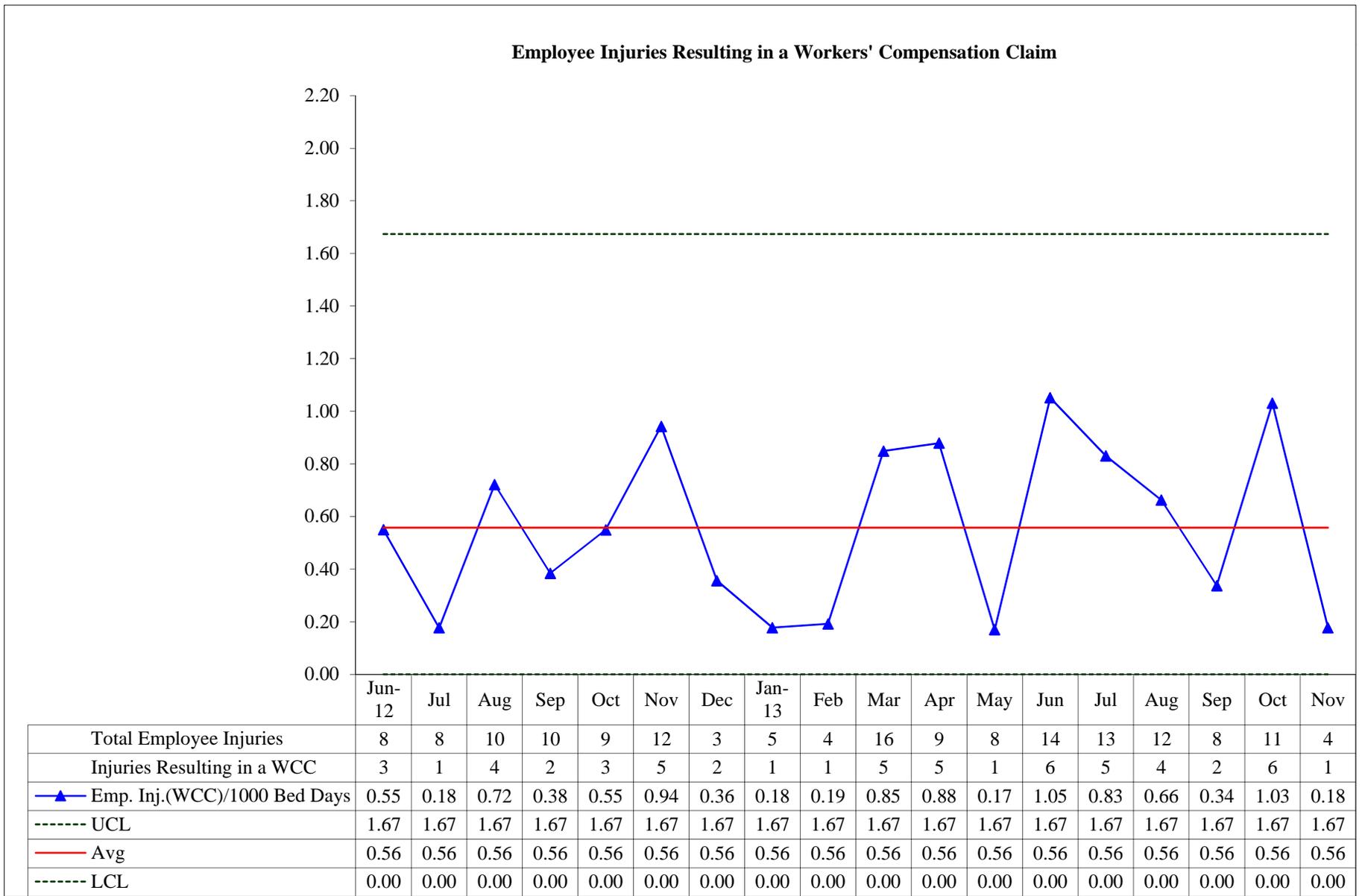
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
El Paso Psychiatric Center

Employee Injuries Resulting in a Workers' Compensation Claim



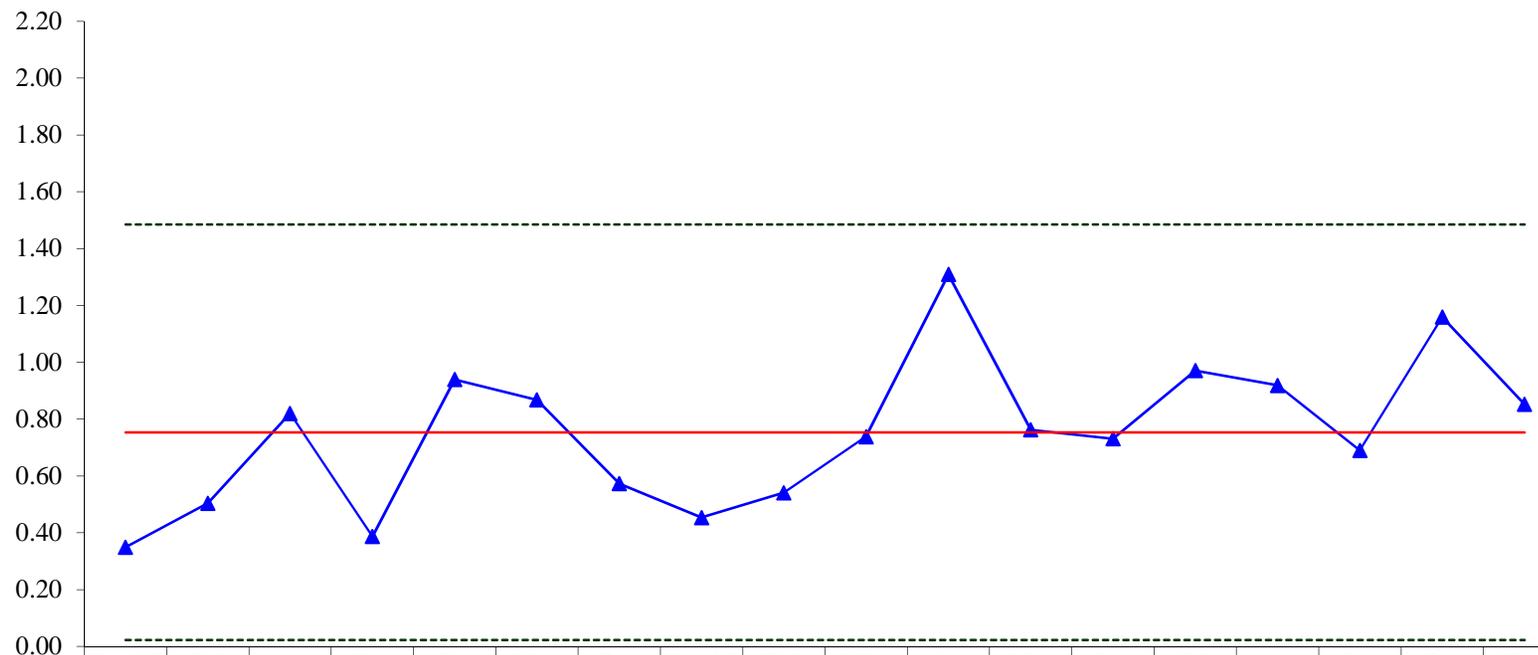
	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	1	4	3	9	17	2	8	6	6	0	5	5	4	12	2	4	6	6
Injuries Resulting in a WCC	0	2	0	1	8	0	6	3	3	0	3	2	3	6	0	1	2	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.90	0.00	0.48	3.64	0.00	2.85	1.42	1.55	0.00	1.43	0.96	1.43	2.93	0.00	0.50	1.01	2.66
----- UCL	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04	5.04
— Avg	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Kerrville State Hospital**



Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
North Texas State Hospital

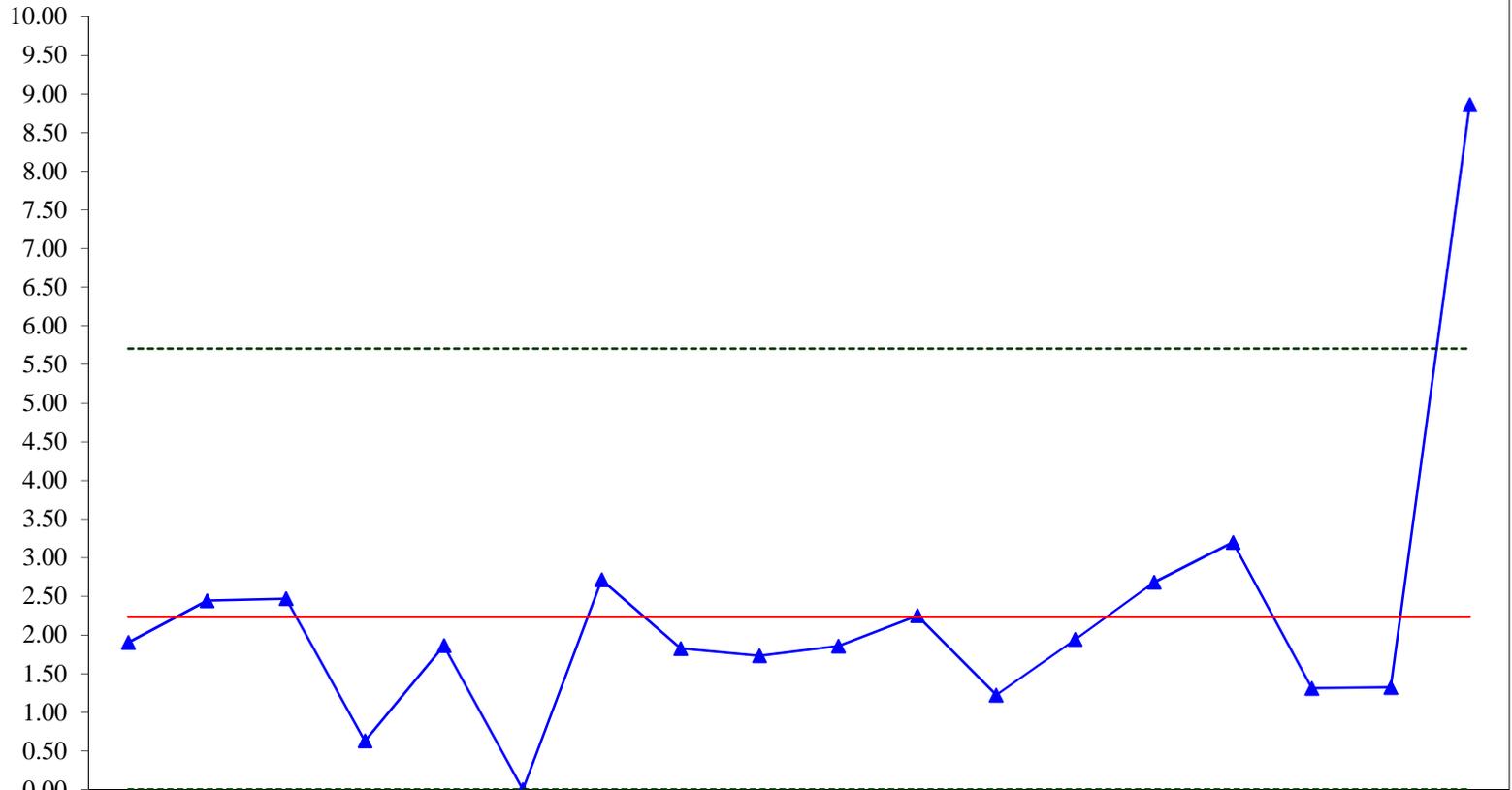
Employee Injuries Resulting in a Workers' Compensation Claim



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	28	44	30	33	45	33	33	35	25	46	43	35	30	46	50	41	44	35
Injuries Resulting in a WCC	6	9	15	7	18	16	10	8	9	14	24	14	13	18	17	12	20	14
▲ Emp. Inj.(WCC)/1000 Bed Days	0.35	0.50	0.82	0.39	0.94	0.87	0.57	0.45	0.54	0.74	1.31	0.76	0.73	0.97	0.92	0.69	1.16	0.85
----- UCL	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48
— Avg	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
----- LCL	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02

**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rio Grande State Center**

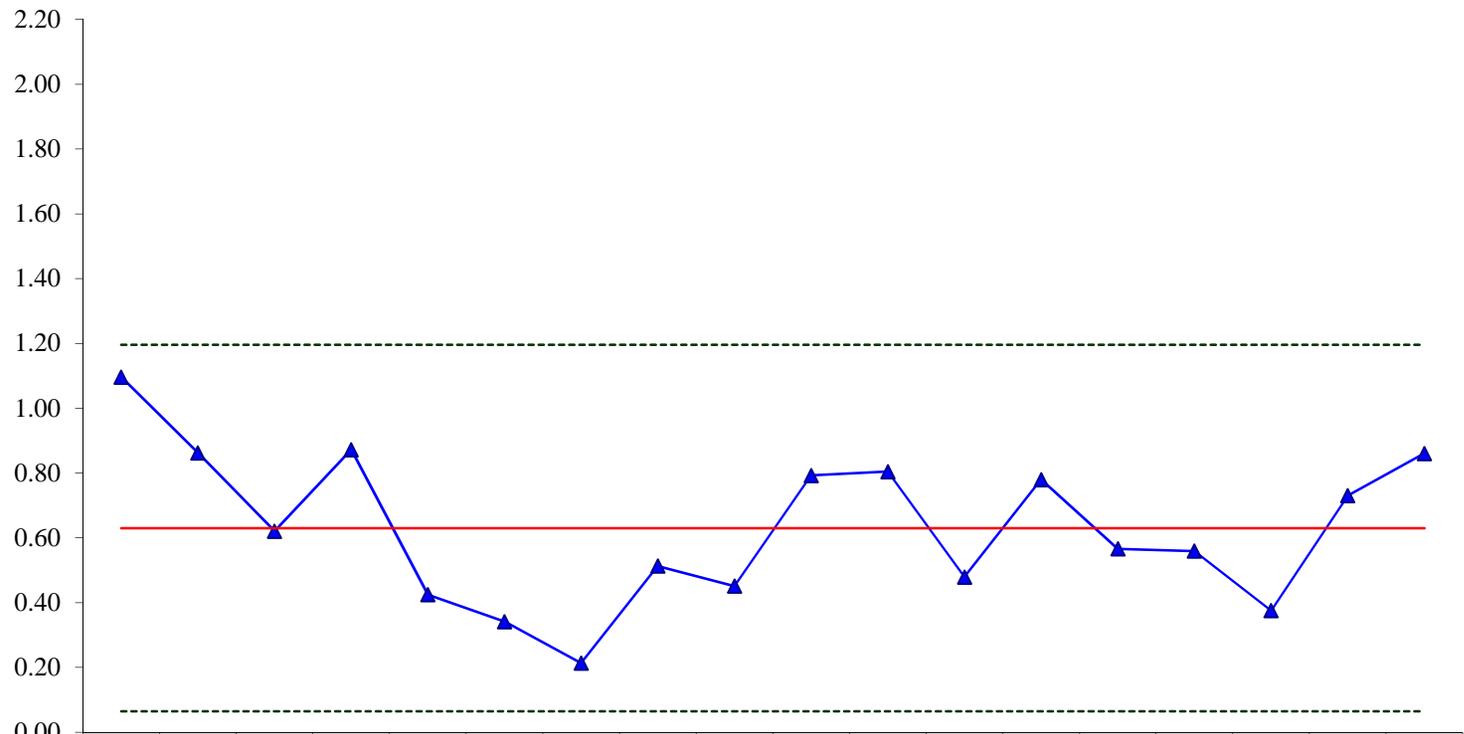
Employee Injuries Resulting in a Workers' Compensation Claim



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	21	13	25	14	25	14	20	14	21	16	24	25	12	18	27	23	26	36
Injuries Resulting in a WCC	3	4	4	1	3	0	4	2	2	2	3	2	3	4	5	2	2	13
▲ Emp. Inj.(WCC)/1000 Bed Days	1.90	2.44	2.47	0.63	1.86	0.00	2.71	1.83	1.73	1.86	2.25	1.22	1.94	2.68	3.20	1.31	1.32	8.86
----- UCL	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70	5.70
----- Avg	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24	2.24
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rusk State Hospital

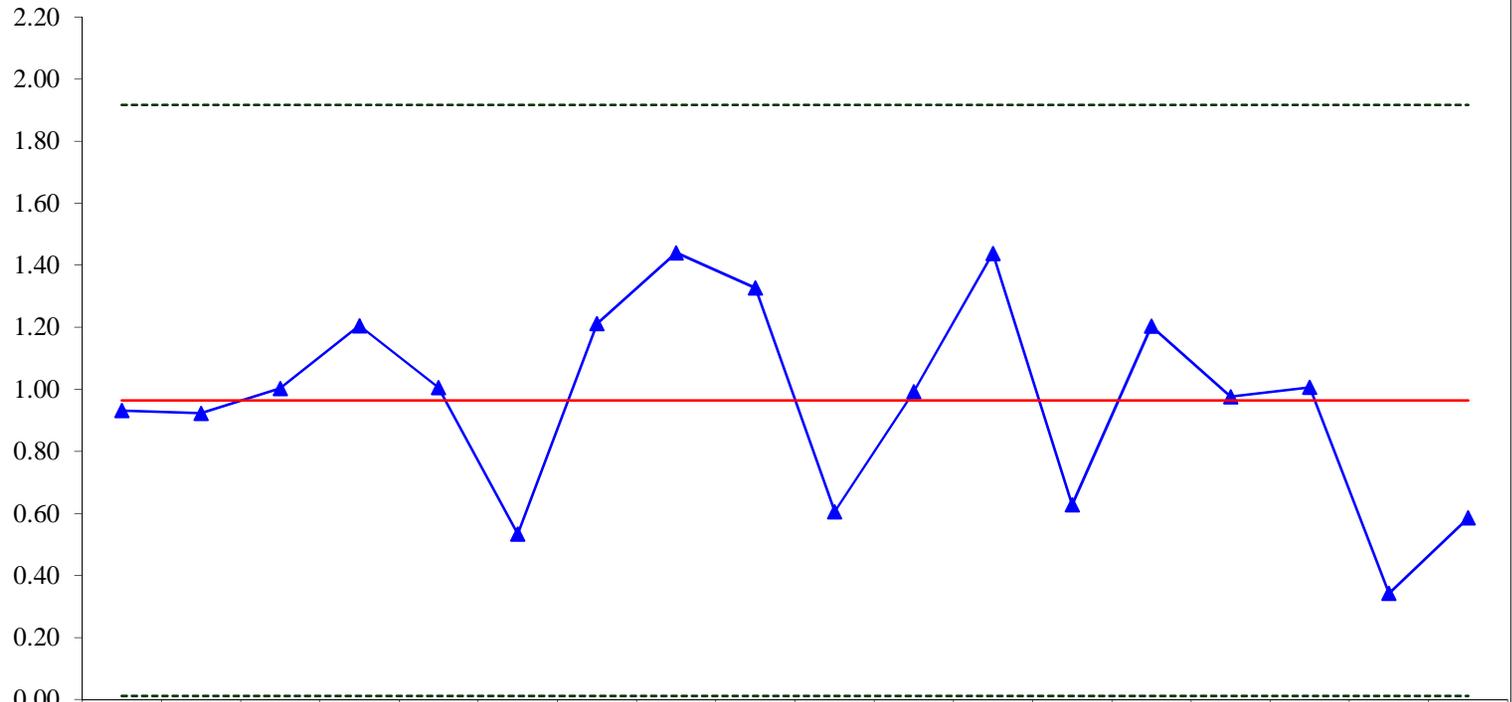
Employee Injuries Resulting in a Workers' Compensation Claim



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	46	73	25	34	29	13	33	37	18	44	31	30	41	28	35	38	24	21
Injuries Resulting in a WCC	9	8	6	8	4	3	2	5	4	8	8	5	8	6	6	4	8	9
▲ Emp. Inj.(WCC)/1000 Bed Days	1.10	0.86	0.62	0.87	0.42	0.34	0.21	0.51	0.45	0.79	0.80	0.48	0.78	0.57	0.56	0.38	0.73	0.86
----- UCL	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20
— Avg	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
----- LCL	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
San Antonio State Hospital

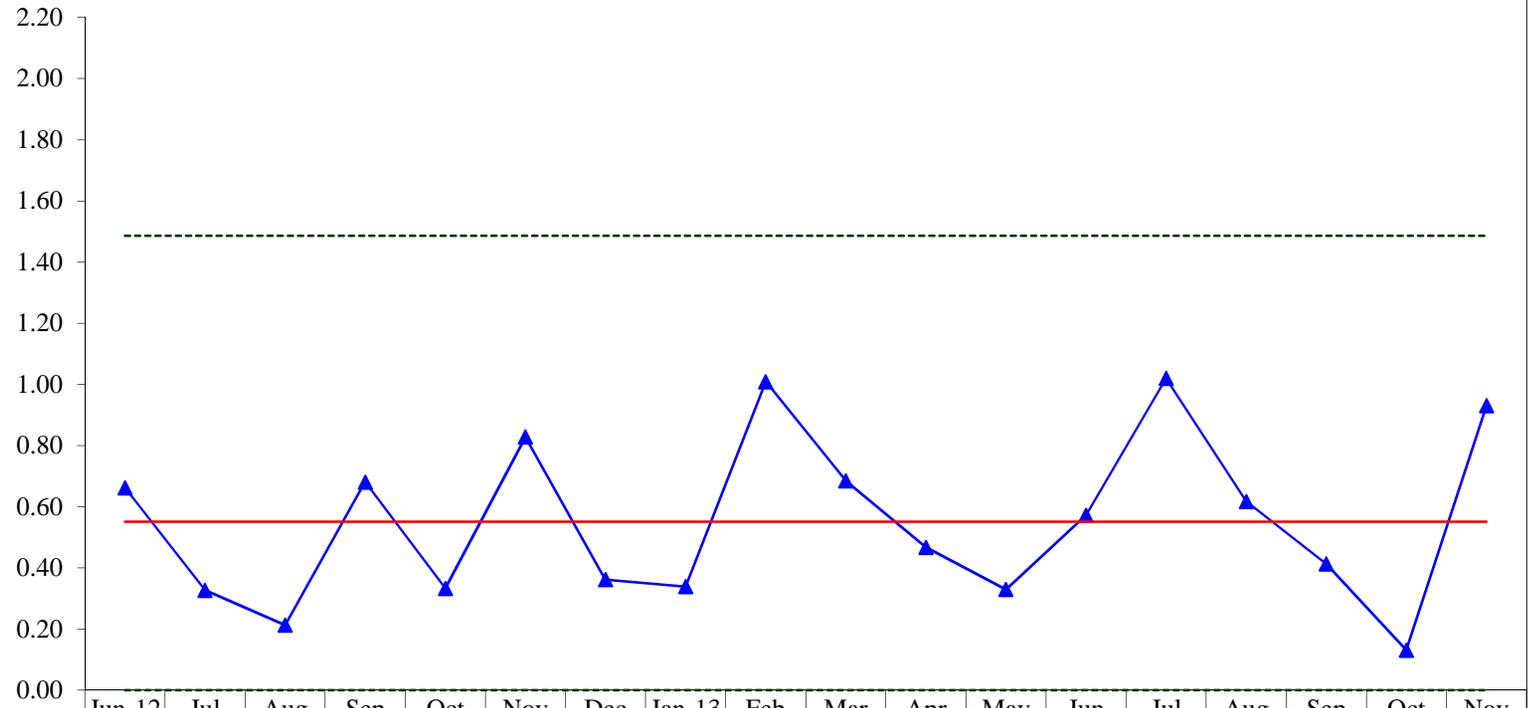
Employee Injuries Resulting in a Workers' Compensation Claim



Total Employee Injuries	23	26	28	22	24	22	19	24	29	28	33	31	23	24	29	27	23	30
Injuries Resulting in a WCC	7	7	8	9	8	4	10	12	10	5	8	12	5	10	8	8	3	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.93	0.92	1.00	1.20	1.01	0.53	1.21	1.44	1.33	0.61	0.99	1.44	0.63	1.20	0.98	1.01	0.34	0.59
----- UCL	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
— Avg	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96
----- LCL	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Terrell State Hospital

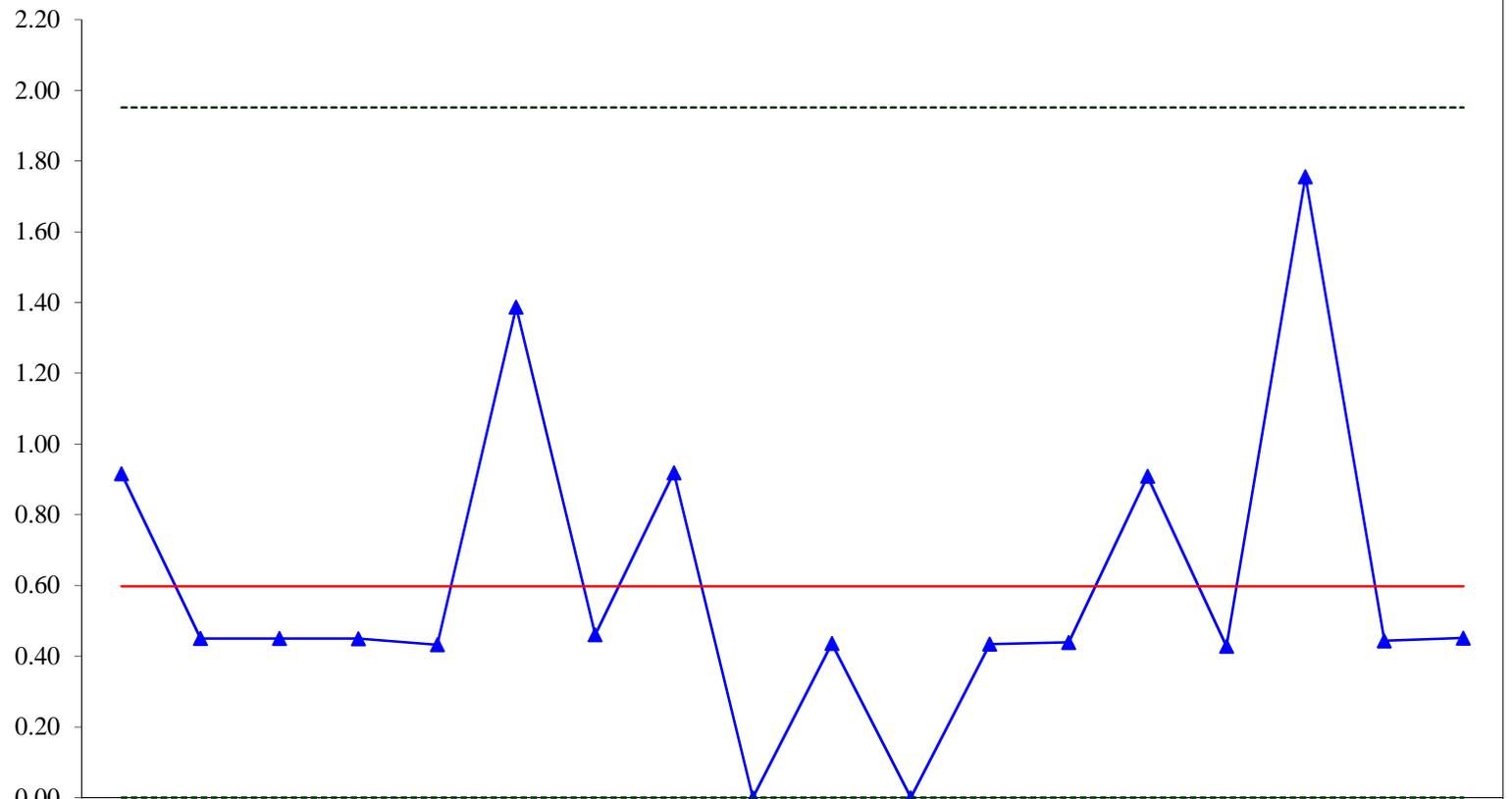
Employee Injuries Resulting in a Workers' Compensation Claim



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	25	16	31	40	37	29	24	19	34	32	26	26	28	36	38	31	33	23
Injuries Resulting in a WCC	6	3	2	6	3	7	3	3	8	6	4	3	5	9	5	3	1	7
▲ Emp. Inj.(WCC)/1000 Bed Days	0.66	0.33	0.21	0.68	0.33	0.83	0.36	0.34	1.01	0.68	0.47	0.33	0.57	1.02	0.62	0.41	0.13	0.93
----- UCL	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49
— Avg	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

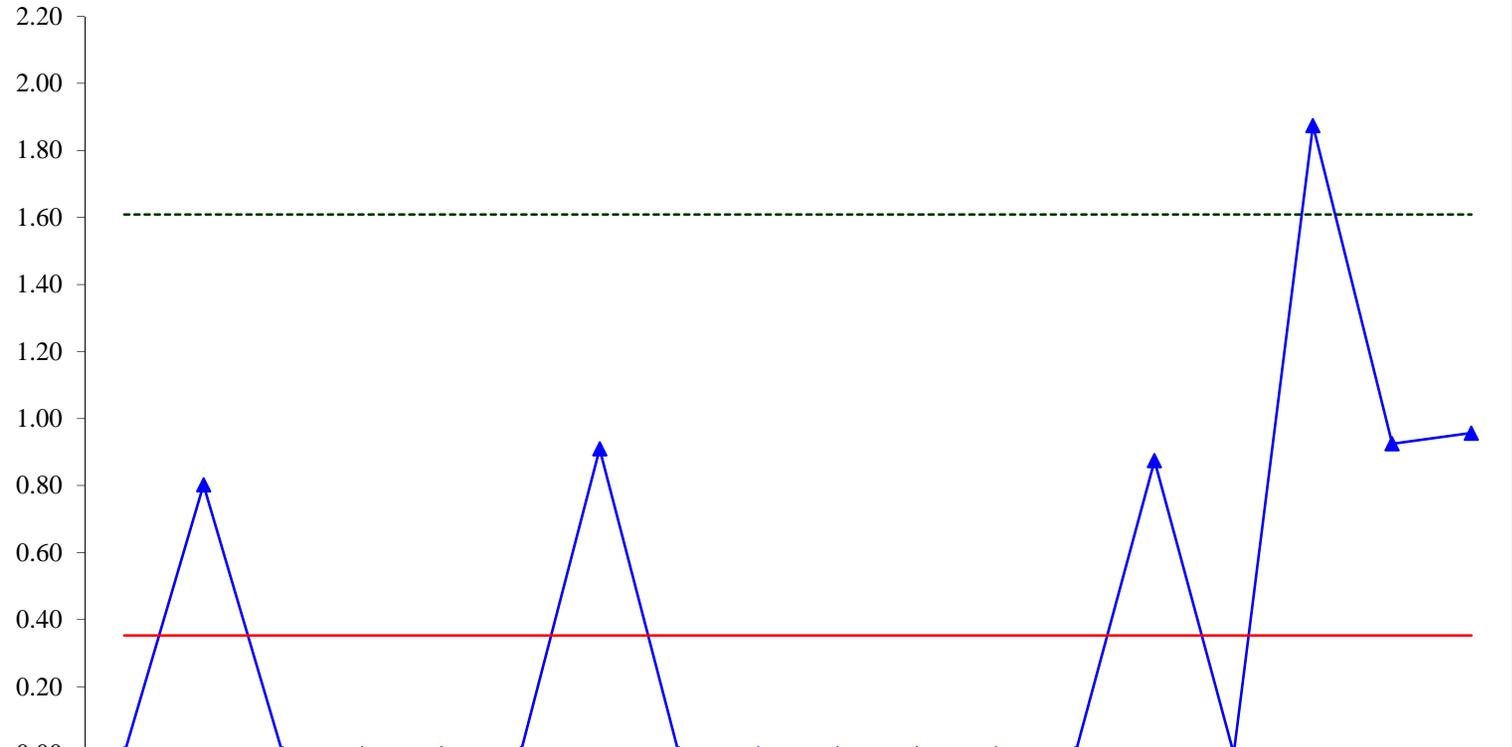
Employee Injuries Resulting in a Workers' Compensation Claim



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	6	2	4	3	4	7	2	3	0	1	2	3	4	5	4	10	5	4
Injuries Resulting in a WCC	2	1	1	1	1	3	1	2	0	1	0	1	1	2	1	4	1	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.92	0.45	0.45	0.45	0.43	1.39	0.46	0.92	0.00	0.44	0.00	0.43	0.44	0.91	0.43	1.76	0.44	0.45
----- UCL	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95
----- Avg	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Texas Center for Infectious Disease

Employee Injuries Resulting in a Workers' Compensation Claim



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	0	1	0	0	1	0	2	0	0	3	4	4	0	1	0	2	3	1
Injuries Resulting in a WCC	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	2	1	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.80	0.00	0.00	0.00	0.00	0.91	0.00	0.00	0.00	0.00	0.00	0.00	0.87	0.00	1.87	0.93	0.96
----- UCL	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61
— Avg	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6D:

Reduce the rate of patient injuries related to violent self-destructive behavioral seclusion and restraint with a goal of zero.

Performance Objective Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

Performance Objective Formula: $R=(N/D) \times 1000$

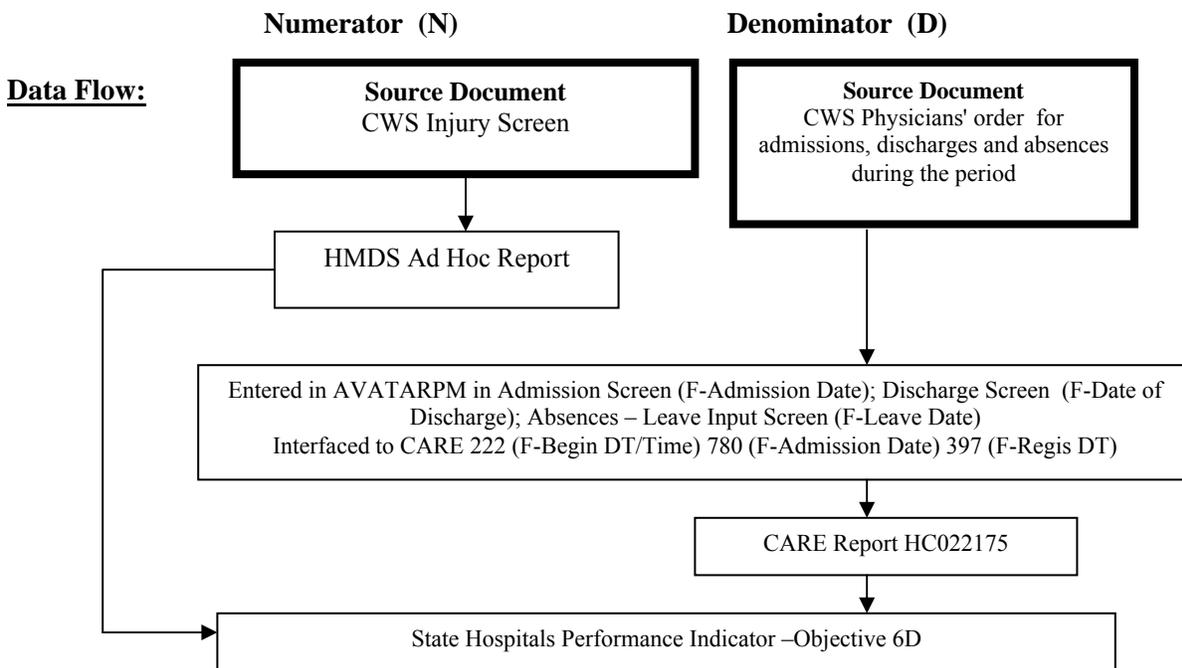
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

N = number of patients injured during restraint or seclusion per quarter

D = number of bed days per quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- ◆ Table shows quarterly number of injuries by restraint or seclusion by treatment for individual state hospitals and system-wide.
- ◆ Bar chart with total FYTD client injuries resulted from restraint and seclusion per 1,000 bed days.



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State MH Hospitals - FY2013

Hospital	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
All State MH Hospitals																												
Restraint	1	50	43	2	0	0	96																					
Seclusion	0	4	0	0	0	0	4																					
Total	1	54	43	2	0	0	100																					
Per 1000 Beddays							0.5																					

Performance Objective 6E:

Analyze the number of employee injuries that are the result by patient aggression.

Performance Objective Operational Definition: The mental health hospital rate of employees injured resulted by patient aggression per 1,000 bed days.

Performance Objective Formula: $R = (N/D) \times 1,000$

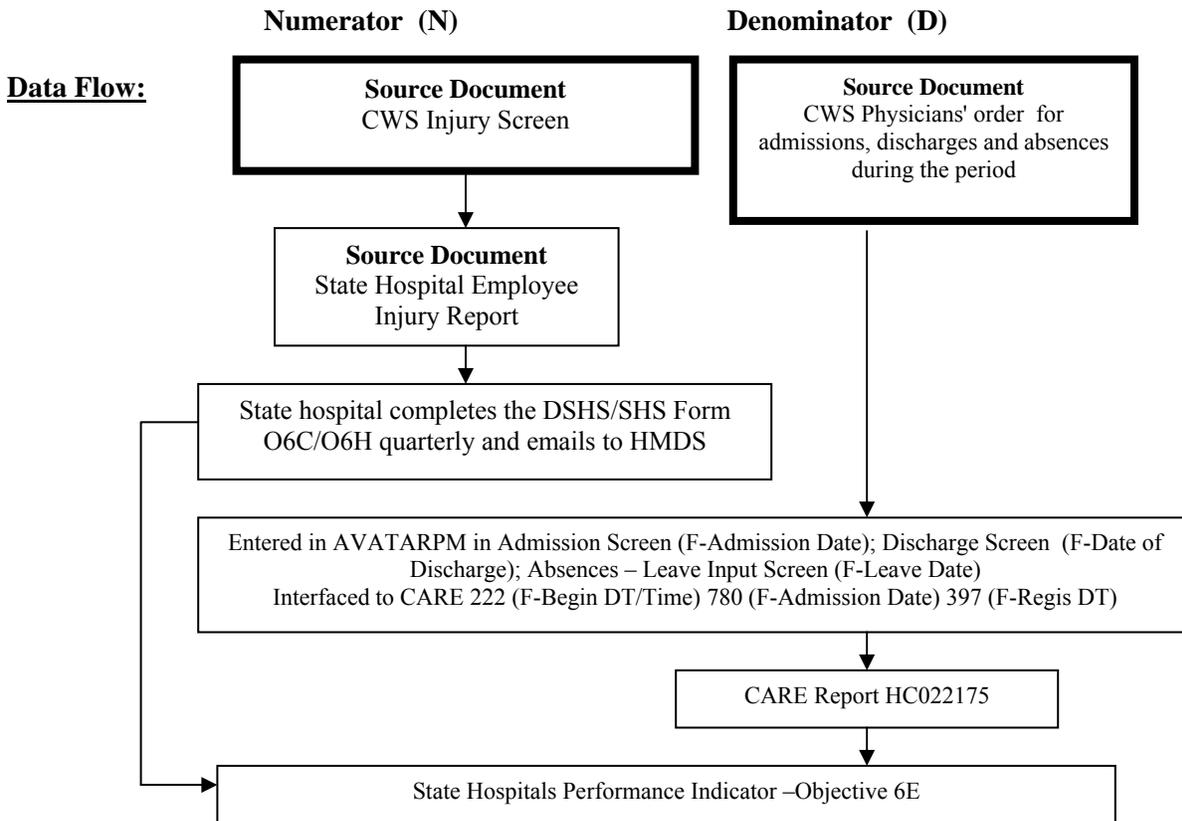
R = rate of employees injured by patient aggression per 1000 bed days per month

N = number of employees injured by patient aggression per month

D = number of bed days per month 1,000 = bed day rate multiplier

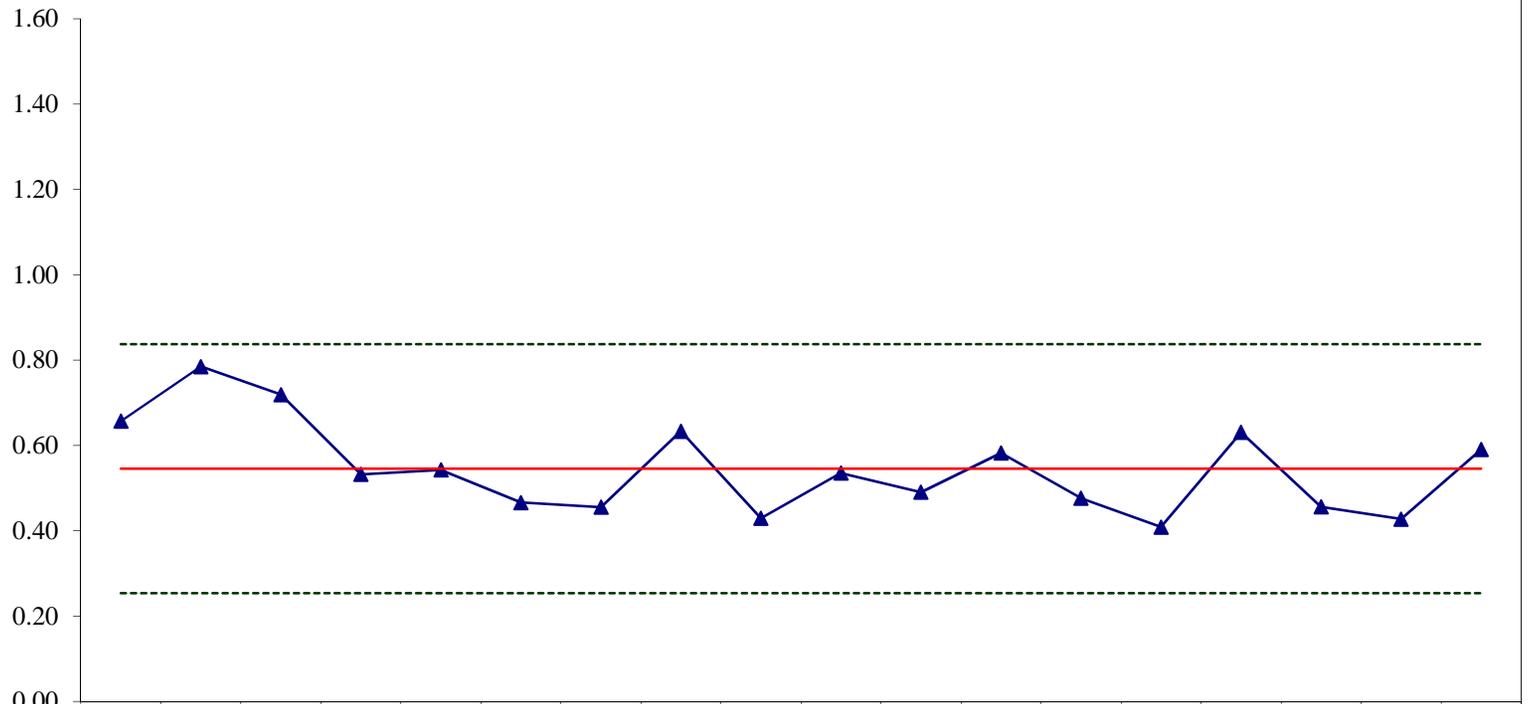
Performance Objective Data Display and Chart Description:

Chart with monthly data points showing total employee injuries, injuries associated with patient aggression and rate per 1,000 bed days.



**Objective 6E - Employees Injuries Resulted by Patient Aggression
All State Hospitals**

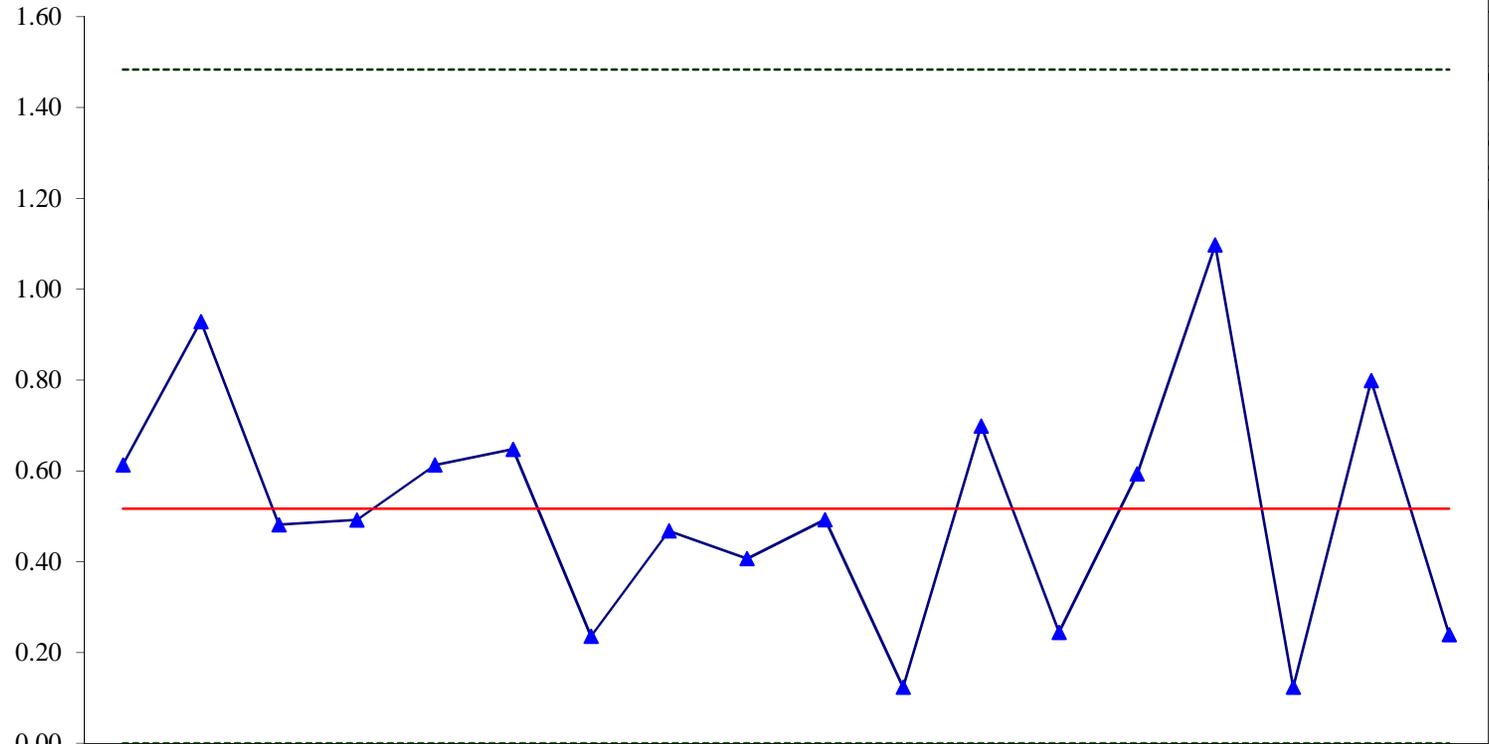
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	189	220	179	193	218	154	160	160	163	210	193	191	181	209	223	204	200	189
Injuries Associated with R/S	45	56	52	37	39	32	32	45	28	39	35	43	34	30	46	32	35	41
▲ Emp. Inj.(RS)/1000 Bed Days	0.66	0.79	0.72	0.53	0.54	0.47	0.46	0.63	0.43	0.54	0.49	0.58	0.48	0.41	0.63	0.46	0.43	0.59
----- UCL	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84
— Avg	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55
----- LCL	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25

Objective 6E - Employees Injuries Resulted by Patient Aggression
Austin State Hospital

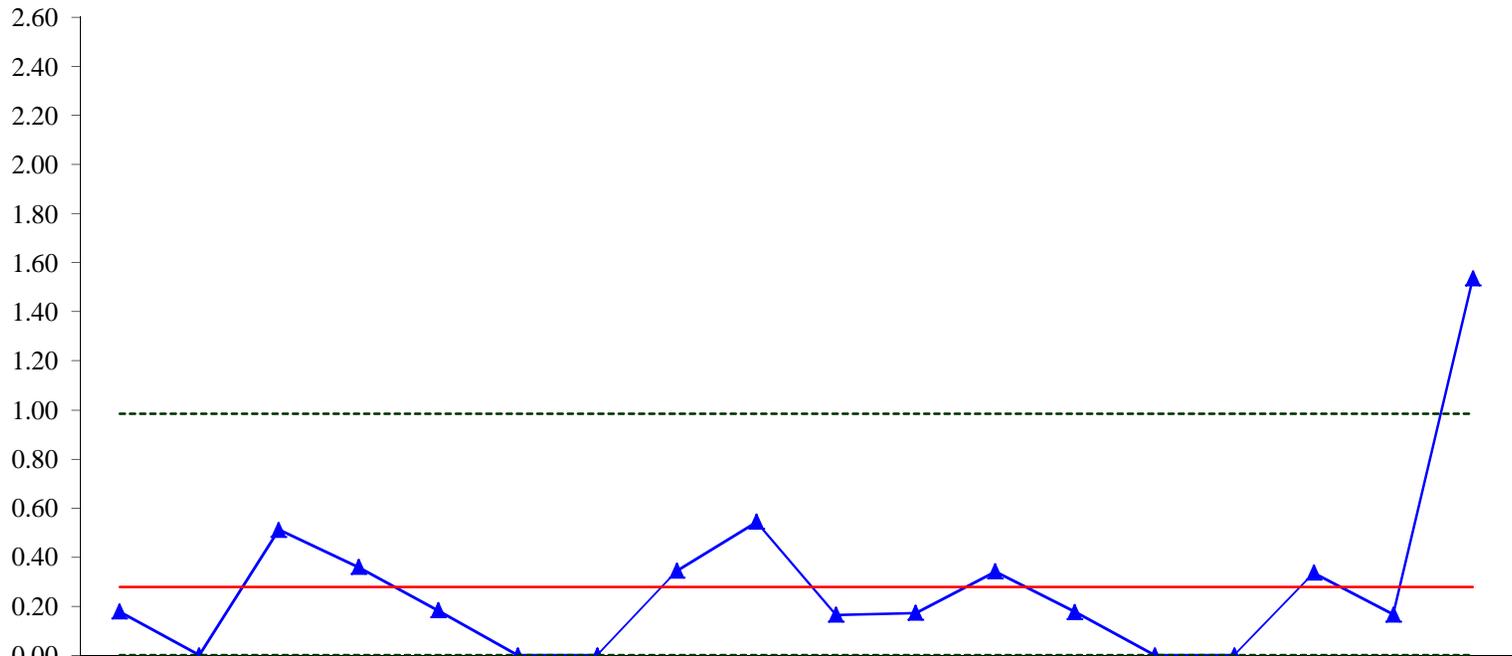
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	17	21	8	13	14	11	9	10	14	10	5	11	11	12	18	8	13	7
Injuries Associated with R/S	5	8	4	4	5	5	2	4	3	4	1	6	2	5	9	1	7	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.61	0.93	0.48	0.49	0.61	0.65	0.24	0.47	0.41	0.49	0.12	0.70	0.24	0.59	1.10	0.12	0.80	0.24
----- UCL	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48	1.48
— Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injuries Resulted by Patient Aggression
Big Spring State Hospital**

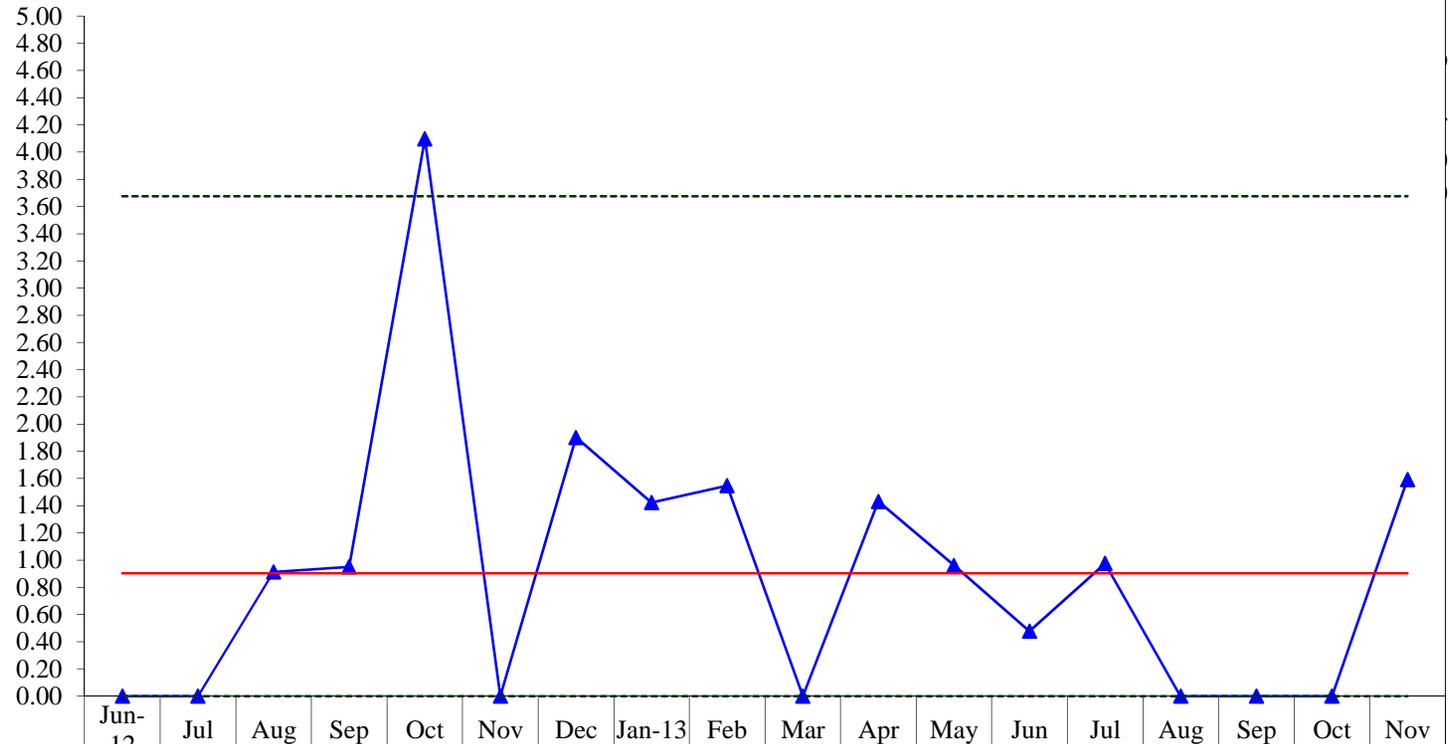
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	14	12	15	15	13	11	7	7	12	14	11	13	14	14	8	12	12	22
Injuries Associated with R/S	1	0	3	2	1	0	0	2	3	1	1	2	1	0	0	2	1	9
▲ Emp. Inj.(RS)/1000 Bed Days	0.18	0.00	0.51	0.36	0.18	0.00	0.00	0.34	0.54	0.17	0.17	0.34	0.18	0.00	0.00	0.34	0.17	1.54
----- UCL	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98
— Avg	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
El Paso Psychiatric Center

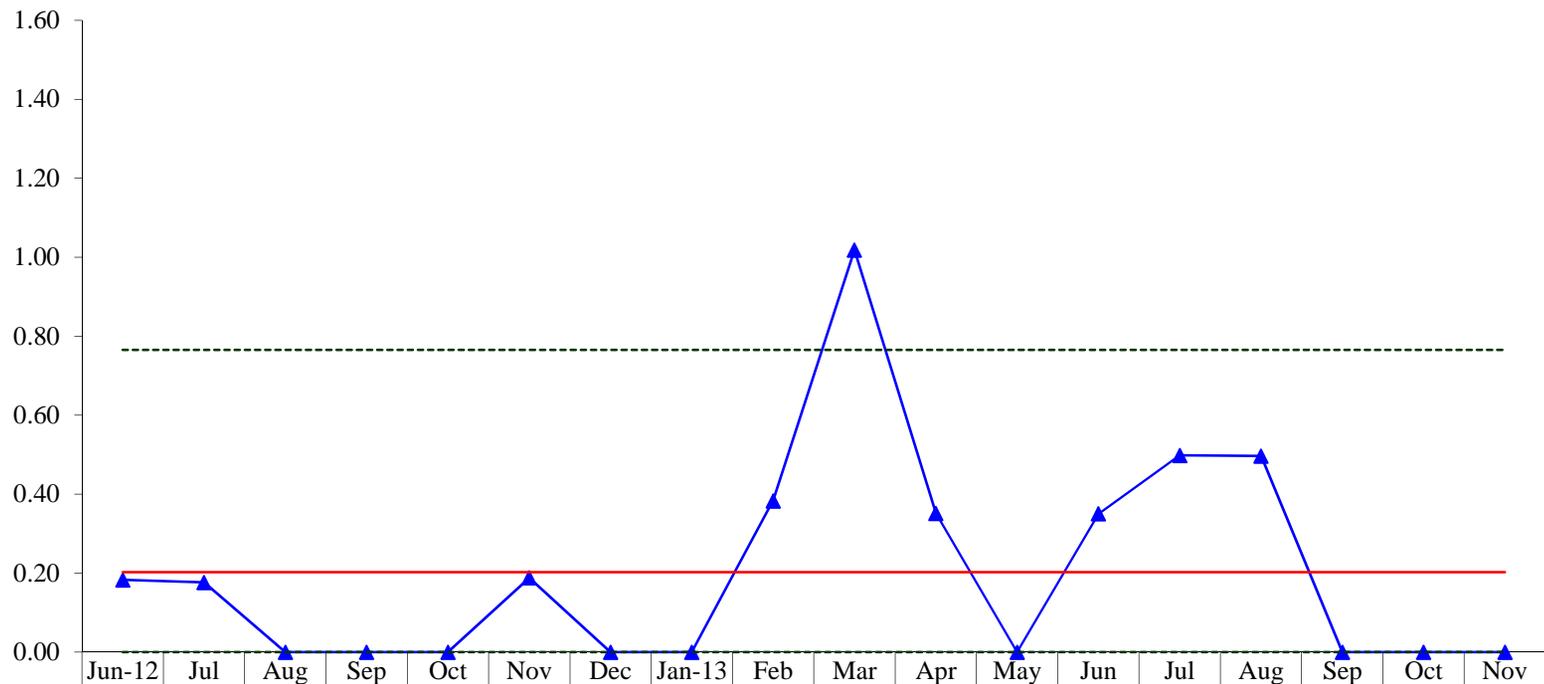
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	1	4	3	9	17	2	8	6	6	0	5	5	4	12	2	4	6	6
Injuries Associated with R/S	0	0	2	2	9	0	4	3	3	0	3	2	1	2	0	0	0	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.91	0.95	4.10	0.00	1.90	1.42	1.55	0.00	1.43	0.96	0.48	0.98	0.00	0.00	0.00	1.59
----- UCL	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67
— Avg	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injuries Resulted by Patient Aggression
Kerrville State Hospital**

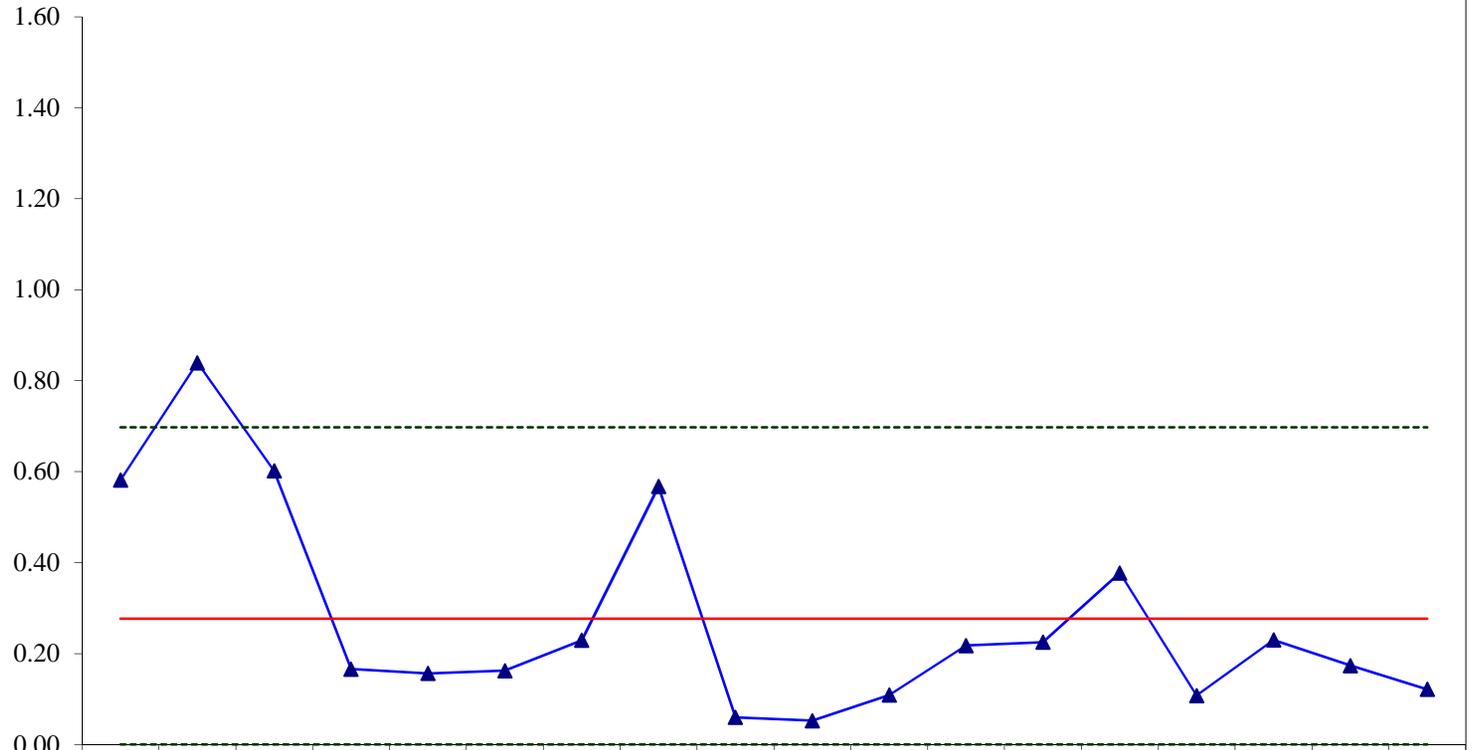
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	8	8	10	10	9	12	3	5	4	16	9	8	14	13	12	8	11	4
Injuries Associated with R/S	1	1	0	0	0	1	0	0	2	6	2	0	2	3	3	0	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.18	0.18	0.00	0.00	0.00	0.19	0.00	0.00	0.38	1.02	0.35	0.00	0.35	0.50	0.50	0.00	0.00	0.00
----- UCL	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
— Avg	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
North Texas State Hospital

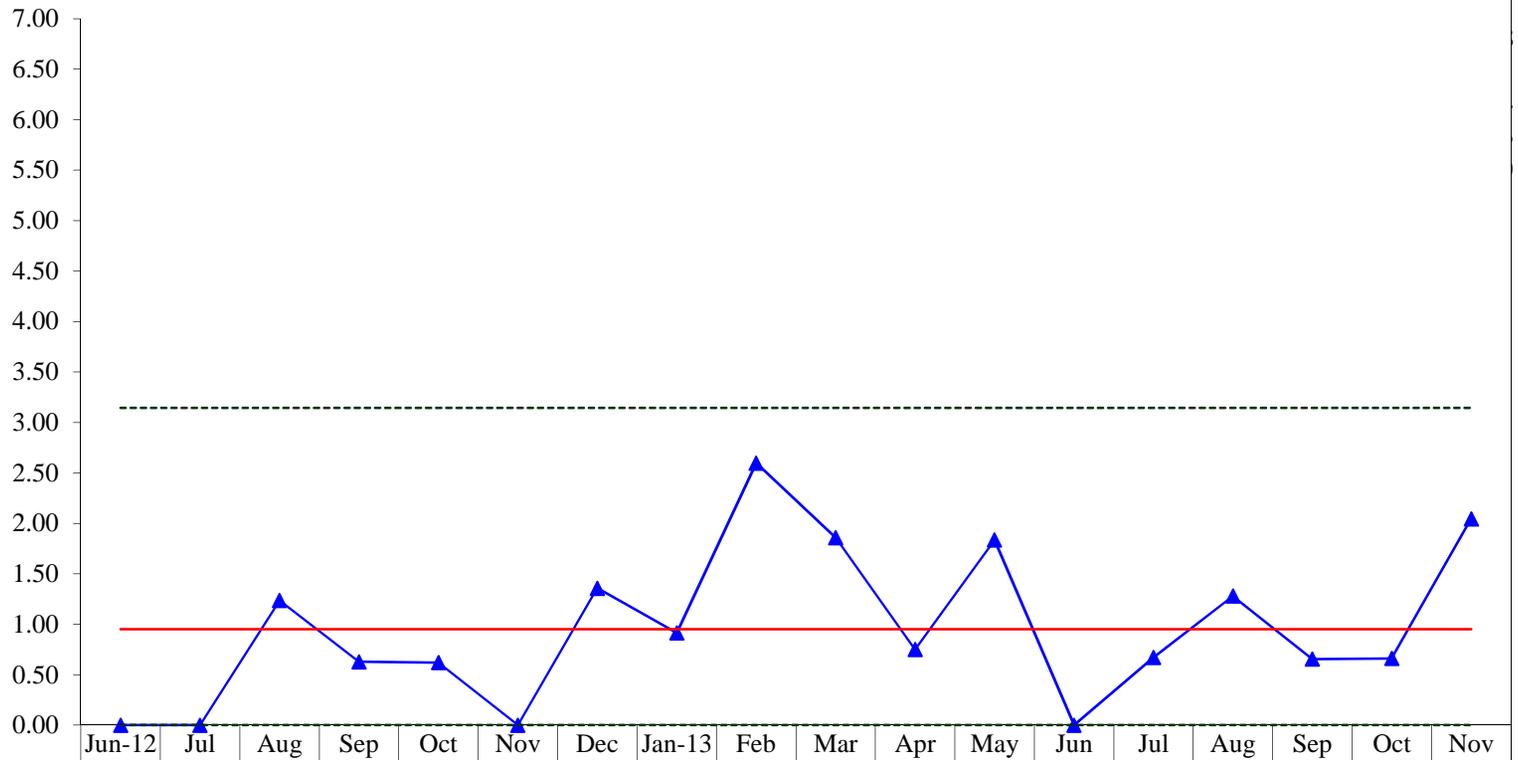
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	28	44	30	33	45	33	33	35	25	46	43	35	30	46	50	41	44	35
Injuries Associated with R/S	10	15	11	3	3	3	4	10	1	1	2	4	4	7	2	4	3	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.58	0.84	0.60	0.17	0.16	0.16	0.23	0.57	0.06	0.05	0.11	0.22	0.23	0.38	0.11	0.23	0.17	0.12
----- UCL	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
— Avg	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injuries Resulted by Patient Aggression
Rio Grande State Center**

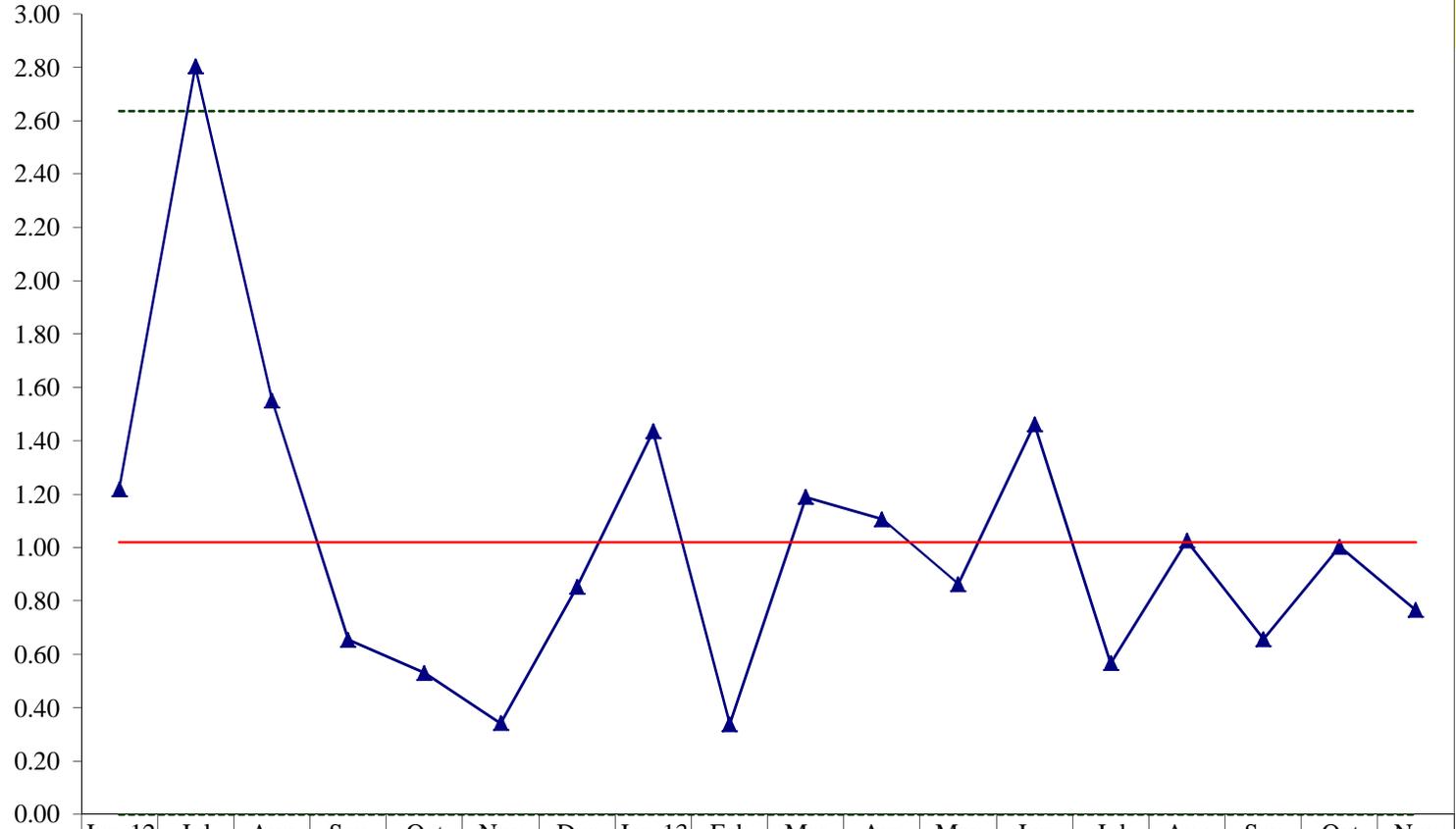
Employee Injured During Restraint or Seclusion



Total Employee Injuries	21	13	25	14	25	14	20	14	21	16	24	25	12	18	27	23	26	36
Injuries Associated with R/S	0	0	2	1	1	0	2	1	3	2	1	3	0	1	2	1	1	3
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	1.24	0.63	0.62	0.00	1.36	0.91	2.60	1.86	0.75	1.83	0.00	0.67	1.28	0.66	0.66	2.04
UCL	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14
Avg	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
Rusk State Hospital

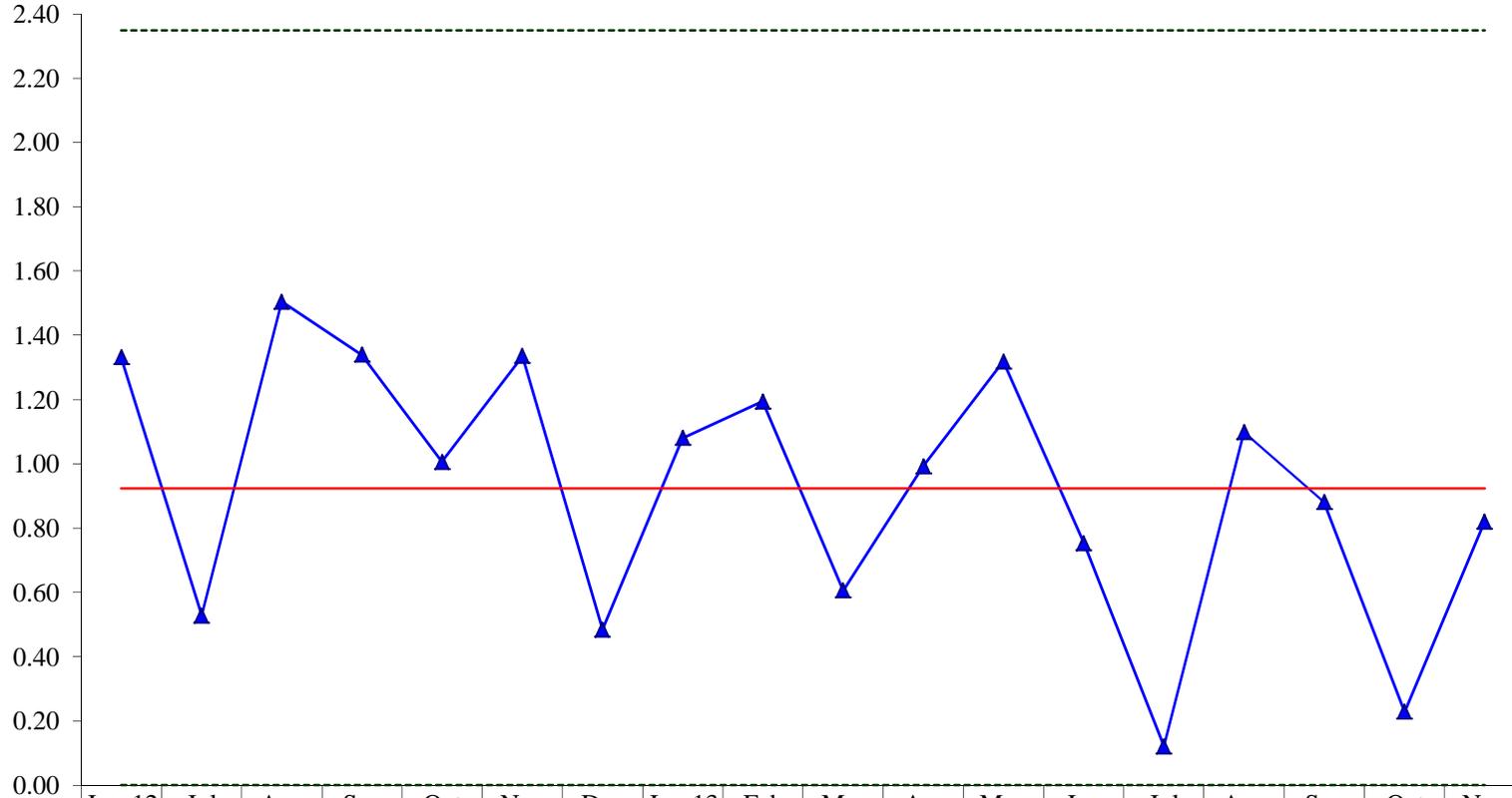
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	46	73	25	34	29	13	33	37	18	44	31	30	41	28	35	38	24	21
Injuries Associated with R/S	10	26	15	6	5	3	8	14	3	12	11	9	15	6	11	7	11	8
▲ Emp. Inj.(RS)/1000 Bed Days	1.22	2.80	1.55	0.65	0.53	0.34	0.85	1.44	0.34	1.19	1.11	0.86	1.46	0.57	1.03	0.66	1.00	0.76
----- UCL	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63
— Avg	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
San Antonio State Hospital

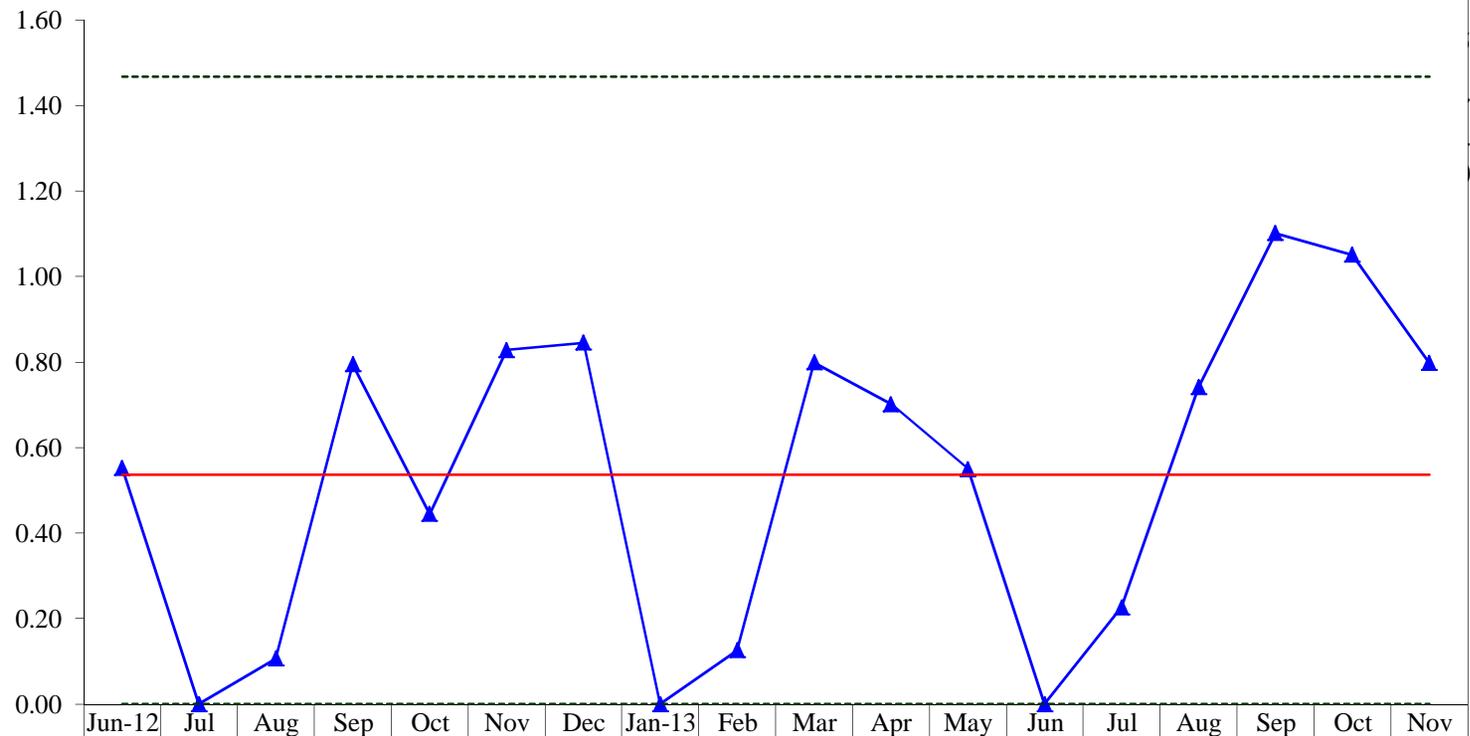
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	23	26	28	22	24	22	19	24	29	28	33	31	23	24	29	27	23	30
Injuries Associated with R/S	10	4	12	10	8	10	4	9	9	5	8	11	6	1	9	7	2	7
▲ Emp. Inj.(RS)/1000 Bed Days	1.33	0.53	1.50	1.34	1.01	1.34	0.48	1.08	1.19	0.61	0.99	1.32	0.75	0.12	1.10	0.88	0.23	0.82
----- UCL	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35
— Avg	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injuries Resulted by Patient Aggression
Terrell State Hospital**

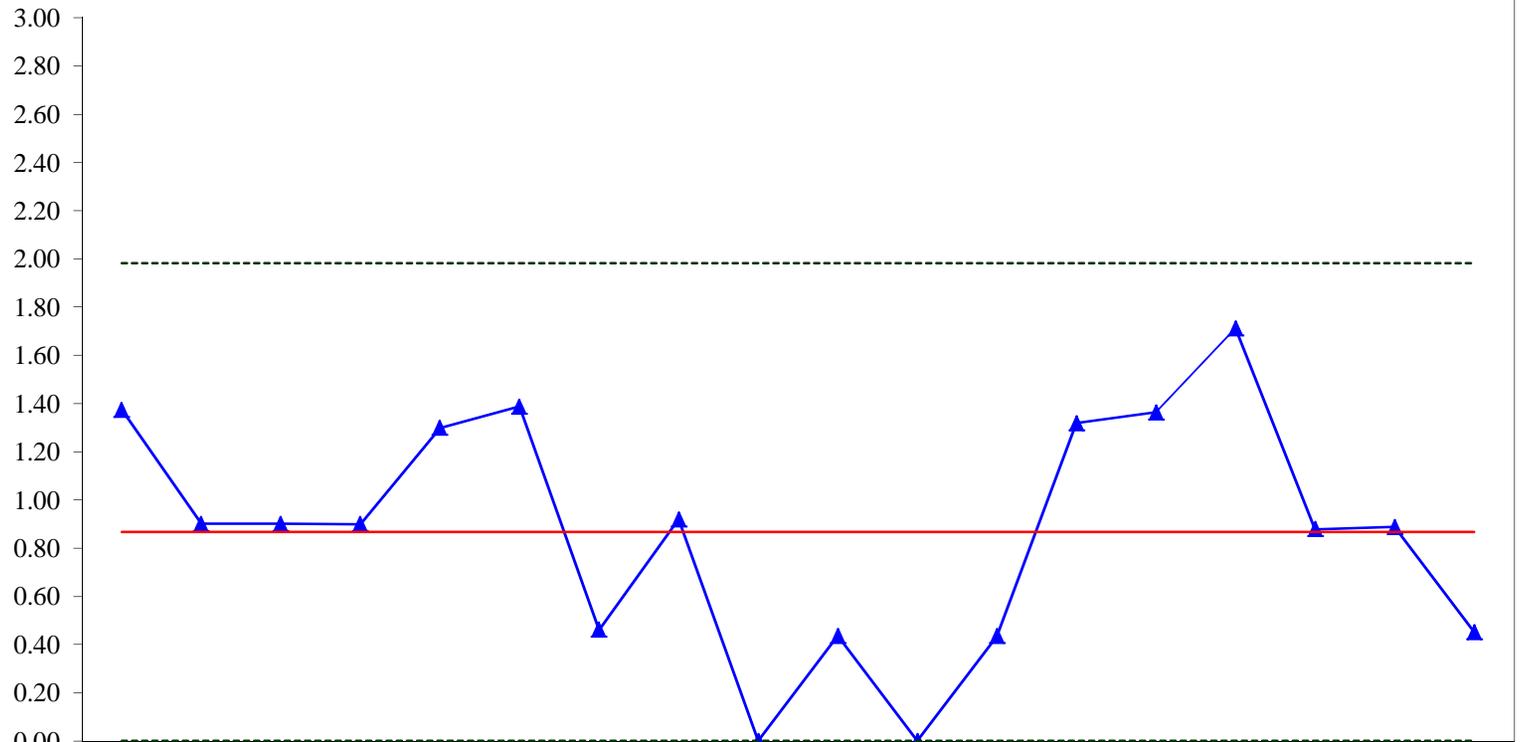
Employee Injured During Restraint or Seclusion



Total Employee Injuries	25	16	31	40	37	29	24	19	34	32	26	26	28	36	38	31	33	23
Injuries Associated with R/S	5	0	1	7	4	7	7	0	1	7	6	5	0	2	6	8	8	6
UCL	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47
Avg	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
Waco Center for Youth

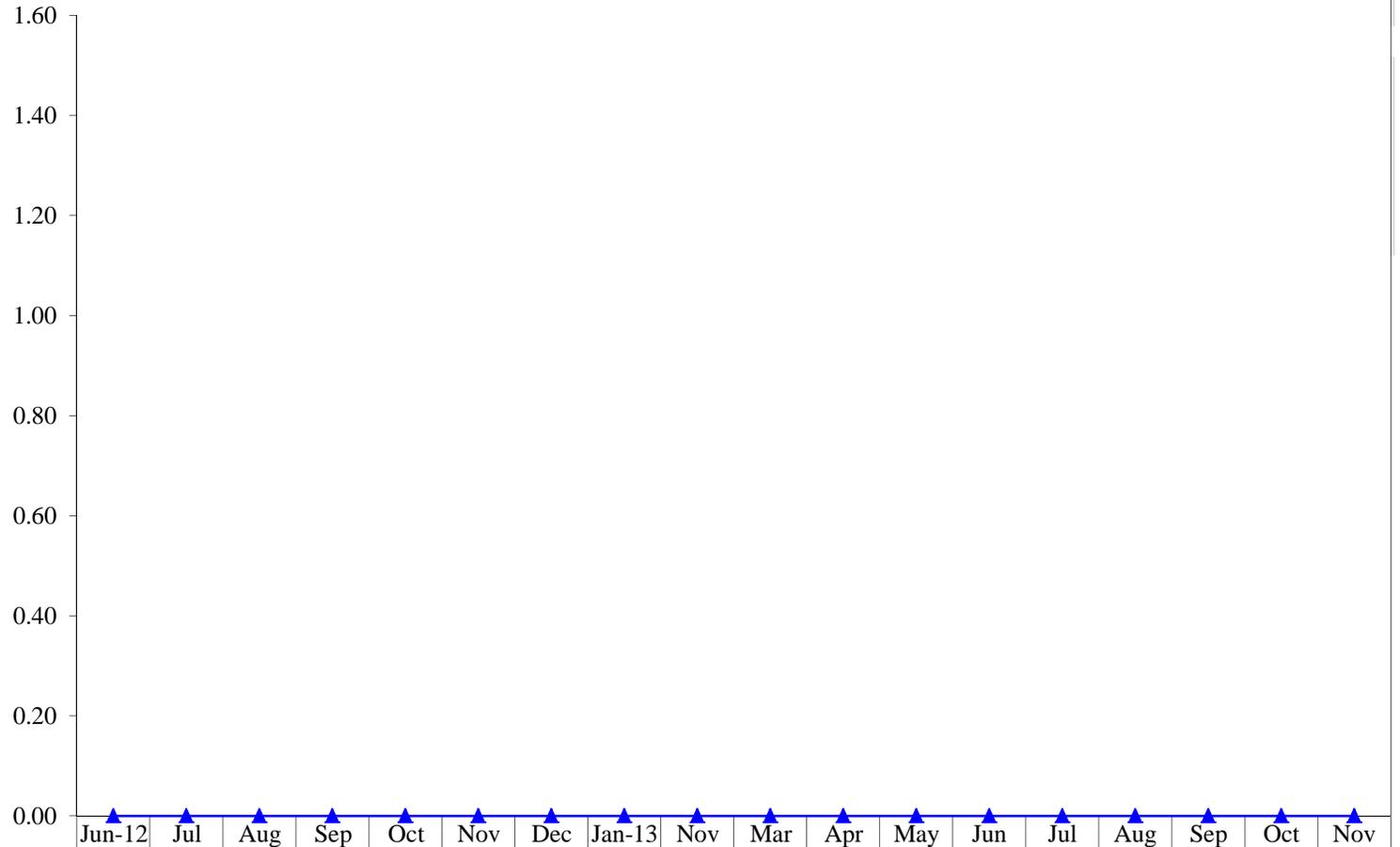
Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	6	2	4	3	4	7	2	3	0	1	2	3	4	5	4	10	5	4
Injuries Associated with R/S	3	2	2	2	3	3	1	2	0	1	0	1	3	3	4	2	2	1
▲ Emp. Inj.(RS)/1000 Bed Days	1.37	0.90	0.90	0.90	1.30	1.39	0.46	0.92	0.00	0.44	0.00	0.43	1.32	1.36	1.71	0.88	0.89	0.45
----- UCL	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98	1.98
— Avg	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injuries Resulted by Patient Aggression
Texas Center for Infectious Disease**

Employee Injured During Restraint or Seclusion



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Nov	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	0	1	0	0	1	0	2	0	0	3	4	4	0	1	0	2	3	1
Injuries Associated with R/S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6F:

Reduce the rate of Unauthorized Departures with a goal of zero.

Performance Objective Operational Definition: The state hospital rate of unauthorized departures assignments documented on the state hospital elopement report form per 1,000 bed days per month. An unauthorized departure means any person who is a patient at a state hospital who is off campus without authorization or is missing and cannot be located. A person who is voluntarily admitted to a state hospital and departs is not considered an unauthorized departure.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of elopement assignments per 1,000 bed days per month

N = number of elopement assignments per month (Each UD is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month)

D = number of bed days per month 1,000 = bed day rate multiplier

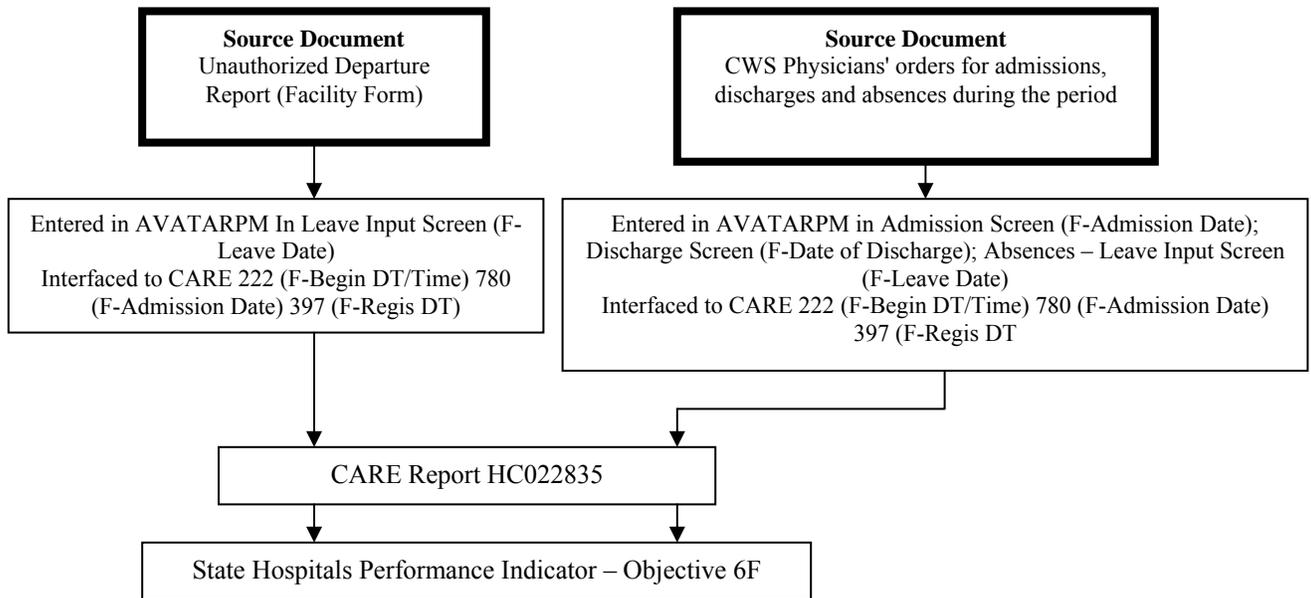
Performance Objective Data Display and Chart Description:

- ◆ Table shows UD incidents, UD persons and bed days in a month for individual state hospitals and system-wide.
- ◆ Control chart with monthly data points of UDs per 1,000 bed days for individual state hospitals and system-wide.

Data Flow:

Numerator (N)

Denominator (D)



Objective 6F - Rate for Elopements
All State Hospitals - Previous 12 Months

ALL MH HOSPITALS	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Unauthorized Departures Incidents	22	19	15	20	35	24	21	24	31	26	24	25
Unauthorized Departures Persons	21	18	14	20	33	21	16	22	30	24	24	22
Bed Days in Month	69126	69951	64199	71711	70152	72622	70210	72259	71810	69045	70981	68370
Incidents/1000 Bed Days	0.32	0.27	0.23	0.28	0.50	0.33	0.30	0.33	0.43	0.38	0.34	0.37

Performance Objective 6G:

Analyze and evaluate the effectiveness of the fall reduction program and to reduce the rate of falls during FY14 by 10% as compared to FY13.

Performance Objective Operational Definition: The state hospital rate of patient falls reported on the Client Injury Assessment per FY quarter. Number of fall injuries for all falls reported on the client injury report.

Performance Objective Formula: $R = (N/D) \times 1000$

R = rate of fall injuries per 1000 bed days per FY quarter

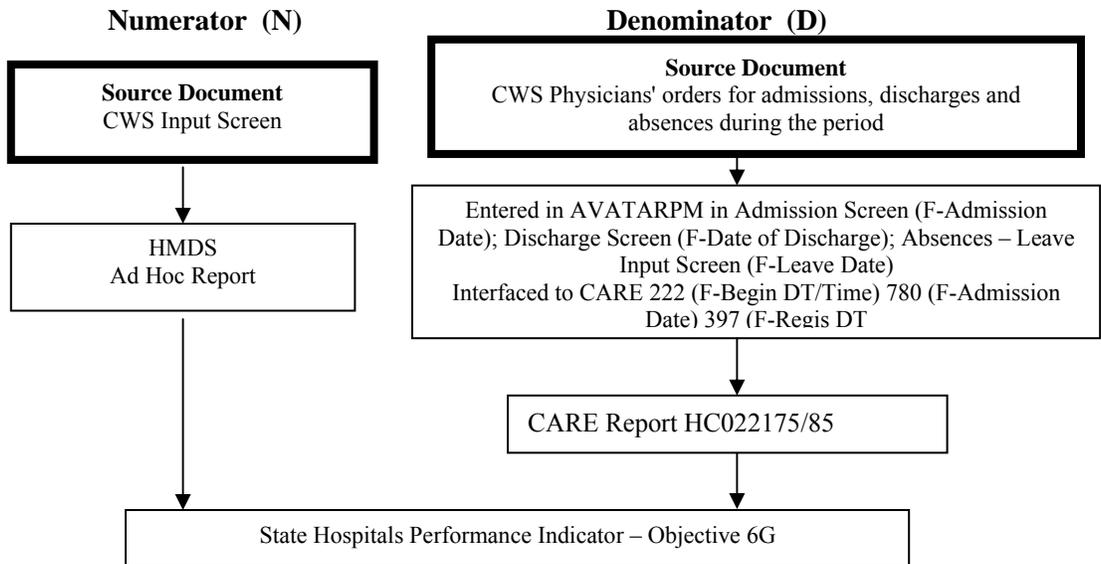
N = number of fall injuries D = number of bed days per FY quarter

1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- ◆ Chart shows number of fall injuries and rate (per 1000 bed days) for individual state hospitals and system-wide.
- ◆ Chart shows percent of injuries to number of falls for individual state hospitals and system-wide.

Data Flow:



**Objective 6G - Rate of Falls
All State Hospitals**

	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ALL STATE HOSPITALS															
All Falls	159	136	140	135	142	161	175	150	148	158	127	150	144	133	140
Bed Days in Month	69500	71827	68589	70207	71016	65139	72840	71338	73809	71329	73372	72895	70096	72047	69404
Falls/1000 Bed Days	2.29	1.89	2.04	1.92	2.00	2.47	2.40	2.10	2.01	2.22	1.73	2.06	2.05	1.85	2.02

Performance Measure 6A:

Calculate, trend and review rate of patient injuries for quality improvement opportunities. Injuries will be reported by age categories: Ages 0-17; 18-64; and 65-older.

Performance Measure Operational Definition: The state hospital rate of patient injuries documented on the Client Injury Assessment per FY quarter. Number of injuries incurred by age group category per FY quarter (age will be calculated at the beginning of the reporting period).

Performance Measure Formula: $R = (N/D) \times 1000$

R = rate of injuries per 1000 bed days per FY quarter

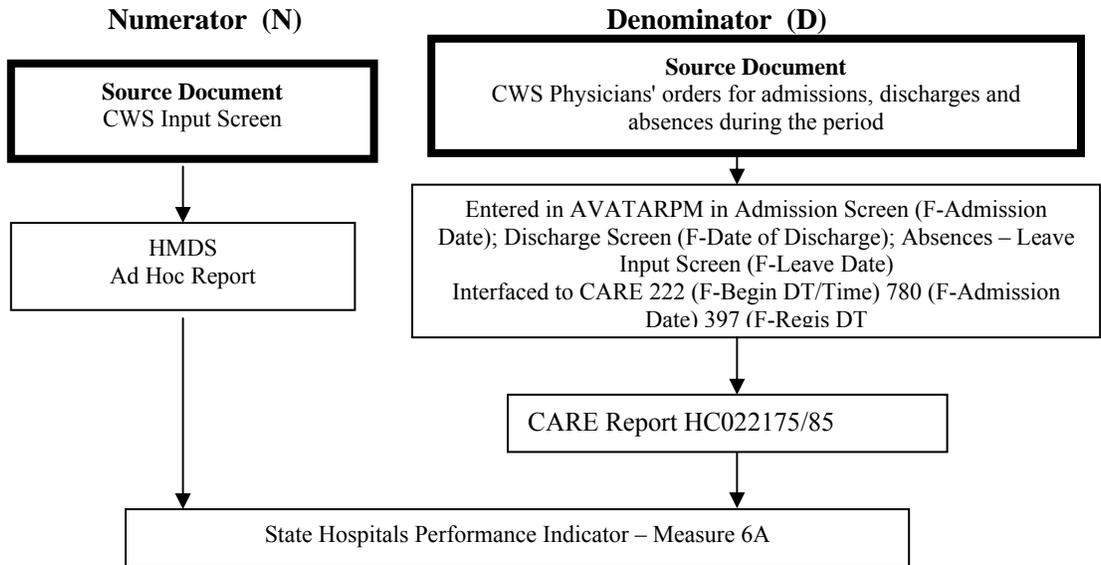
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

- ◆ Table shows number of injuries by probable cause and rate (per 1,000 bed days) of injuries by treatment for individual state hospitals and system-wide.
- ◆ Bar chart with fiscal year to date of total NRI Categories 3,4 and 5 injuries per 1,000 bed days for individual state hospitals and system-wide. (Category 3 – Medical Treatment; Category 4 – Hospitalization; and Category 5 – Fatal)
- ◆ Table showing number of injuries by age category per quarter.

Data Flow:



Measure 6A - Patient Injuries

All Mental Health Hospitals - FY13

Hospital	Q1							Q2							Q3							Q4								
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*		
ALL MH																														
Accident	1	417	325	35	4	0	782																							
Another Client	0	544	285	39	1	0	869																							
Alleged Abuse/Neglect																														
Employee/Accident	0	31	11	2	0	0	44																							
Medical Condition	0	20	9	5	1	0	35																							
Self Inflicted	0	224	282	21	0	0	527																							
Undetermined	41	236	105	16	1	0	399																							
Visitor	1	3	0	0	0	0	4																							
Total	43	1475	1017	118	7	0	2660																							
Rate/1000 Bed Days	0.21	7.08	4.88	0.57	0.03	0.00	0.60																							

N/A = Not Available

*Total Rate/1000 Bed Days for NRI Category 3, 4,5 (Med Tx, Hospitalization & Fatal)

Measure 6A - Patient Injuries
All Mental Health Hospitals - FY14

Hospitals	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
ALL MH																												
Age 0-17	18	149	199	15	0	0	381																					
Age 18-64	24	1215	770	99	4	0	2112																					
Age 65-older	1	111	48	4	3	0	167																					
Total	43	1475	1017	118	7	0	2660																					

N/A = Not Available

Performance Measure 6B:

**Calculate, trend and review rate of on the job employee injuries for quality improvement opportunities. Injuries will be reported by age categories:
Ages: 18 – 39; 40 – 64 and 65 – older.**

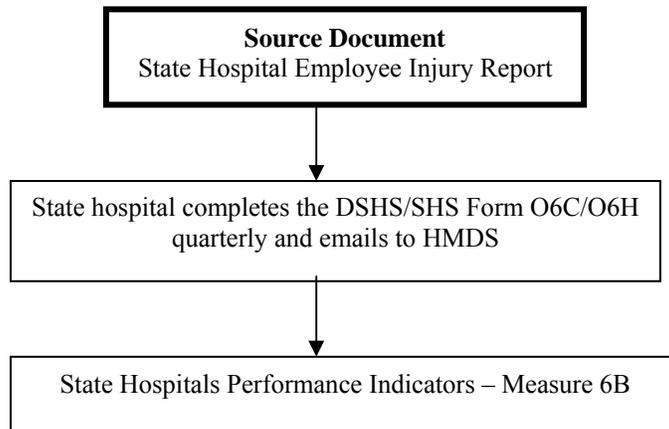
Performance Measure Operational Definition: The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

Performance Measure Formula: Employee injuries per 1,000 bed days.

Performance Measure Data Display and Chart Description:

- ◆ Table shows quarterly employee injuries by age categories and rate per 1,000 bed days by the individual state hospitals and system-wide.
- ◆ Table shows FY employee injuries by age categories and rate per 1,000 bed days by the individual state hospitals and system-wide.
- ◆ Table shows quarterly employee injuries associated with patient aggression/no restraint by the individual state hospitals and system-wide.

Data Flow:



Measure 6B - Employee Injuries
All State Hospitals - Q1 FY14

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	13	30	8	9	63	41	50	32	23	0	9	278
Per 1,000 Bed Days	0.52	1.68	1.36	0.52	1.23	9.10	1.56	1.27	1.03	0.00	1.33	1.31
Age 40-64	14	15	8	14	50	44	30	48	63	6	9	301
Per 1,000 Bed Days	0.56	0.84	1.36	0.80	0.98	9.77	0.94	1.90	2.81	1.88	1.33	1.42
Age 65 - Older	1	1	0	0	7	0	3	0	1	0	1	14
Per 1,000 Bed Days	0.04	0.06	0.00	0.00	0.14	0.00	0.09	0.00	0.04	0.00	0.15	0.07
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	28	46	16	23	120	85	83	80	87	6	19	593
Per 1,000 Bed Days	1.11	2.58	2.73	1.32	2.35	18.87	2.59	3.17	3.88	1.88	2.82	2.80

Measure 6B - Employee Injuries
All State Hospitals - FY14

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Q1 Total Injuries	28	46	16	23	120	85	83	80	87	6	19	593
# Injuries Associated with Patient Aggression/No Restraint	10	21	4	11	64	67	34	33	32	0	5	281
Per 1,000 Bed days	0.40	1.18	0.68	0.63	1.25	14.87	1.06	1.31	1.43	0.00	0.74	1.33
Q2 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
Per 1,000 Bed days												
Q3 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
Per 1,000 Bed days												
Q4 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
Per 1,000 Bed days												
FY Total Injuries	28	46	16	23	120	85	83	80	87	6	19	593
# Injuries Associated with Patient Aggression/No Restraint	10	21	4	11	64	67	34	33	32	0	5	281
Per 1,000 Bed days	0.40	1.18	0.68	0.63	1.25	14.87	1.06	1.31	1.43	0.00	0.74	1.33

GOAL 7: Obtain, Manage and Use Information

Performance Objective 7F:

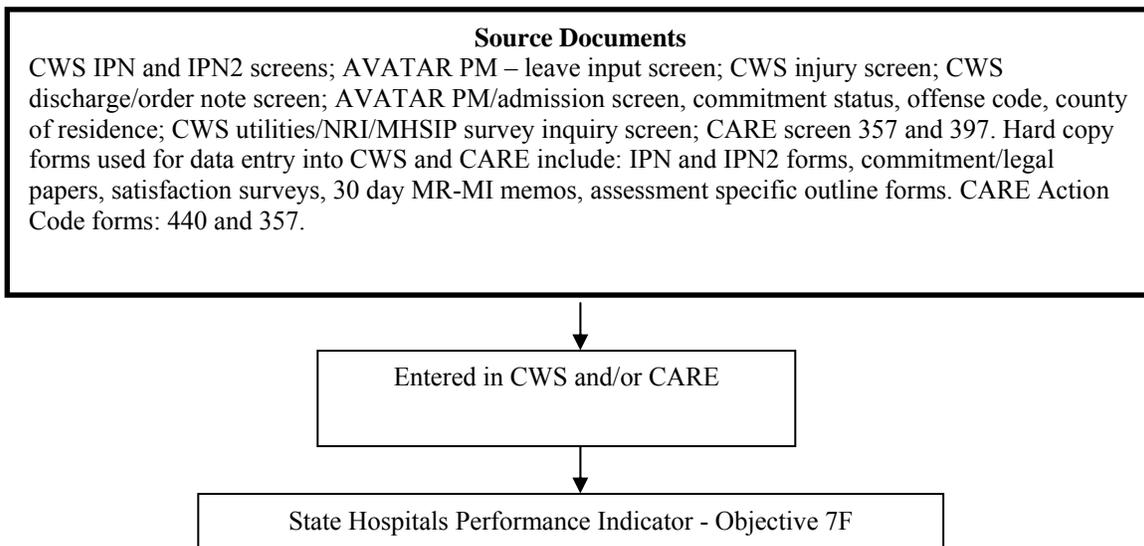
Maintain 95% compliance for Data Integrity Review (DIR) measures.

Performance Objective Operational Definition: State hospital reported Data Integrity Review (DIR) measures are reviewed for accuracy, completeness and timeliness as found in the CRS and CARE systems.

Performance Objective Formula: Percentage for compliance is calculated by:
 $N = \#$ of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.
 $D =$ total # of cases per sample measure being reviewed.

Performance Objective Data Display and Chart Description:
Chart with Data Integrity Review compliance scores per state hospital DIR.

Data Flow:



Objective 7F - Data Integrity Review Measures
All State Hospitals - As of November 30, 2013

Measure	TCID 10/12	BSH 03/13	TSH 5/13	WCY 5/13	SASH 5/13	RSH 6/13	KSH 6/13	EPPC 7/13	NTSH 8/13	ASH 8/13	RGSC 8/13
RESTR	NA	100	NA	NA	100	100	100	100	NA	100	100
SECL	NA	100	100	NA	NA	100	NA	100	NA	100	100
LEAVE	NA	100	100	100	100	100	100	100	100	100	100
ELOPE	100	100	NA	NA	100	100	NA	100	100	100	100
INJURY	100	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	100	NA	NA	NA	100	NA	100	NA	100	100
MR/MI CARE	NA	100	NA	NA	NA	100	NA	100	NA	100	100
MR/MI Comb	NA	100	NA	NA	NA	100	NA	100	NA	100	100
NRI-S/A	NA	100	94	NA	99	98	100	100	100	100	100
NRI-S/C	NA	100	100	100	100	NA	NA	100	100	100	NA
COMMIT	NA	100	100	100	100	100	100	100	100	100	100
OFFENSE	NA	100	100	NA	100	100	100	100	100	100	100
CTY RES	NA	97	93	100	99	100	99	97	100	97	83
%	100.00	99.77	98.38	100	99.78	99.83	99.86	99.77	100.00	99.77	98.58
CWS Finalization											
AIMS	NA	98	98	100	94	99	86	96	87	92.65	96
NURSING	100	96	97	100	94	97	100	99	90	90.10	99
MEDICAL HX	100	99	99	100	93	100	86	98	87	87.22	98
PHYS EXAM	100	95	99	100	93	100	100	100	86	89	96
DIAGNOSIS	NA	100	99	100	97	99	57	99	93	95.53	97
MENTAL S.E	NA	95	99	100	99	100	100	87	90	94.25	94
PSY EVAL	100	100	99	100	98	100	100	87	89	93.61	94
SOCIAL HX	100	100	97	90	91	97	86	95	95	95.53	98
SUICIDE ASSESSMENT-Admit											
Numerator	102	634	1489	79	1391	554	50	624	1465	2306	724
Denominator	102	648	1508	80	1464	560	56	656	1632	2504	752
%	97	98	99	99	95	99	89	95	90	92	96
CWS Forms Finalized											
TX PLAN*	NA	97	100	100	100	100	100	97	100	100	98
TX PLAN REV	NA	100	100	100	100	100	100	100	100	100	100
CONSENT 9-7	NA	100	100	100	100	100	100	100	100	100	100
RIGHTS 9-1	NA	97	100	100	100	100	100	100	100	100	97
External Validation											
R/S VALIDATION	NA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

Key: A=Accuracy Rate, C=Completion Rate,

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

Achieve 95% of all staff current with CORE, specialty and overall training requirements.

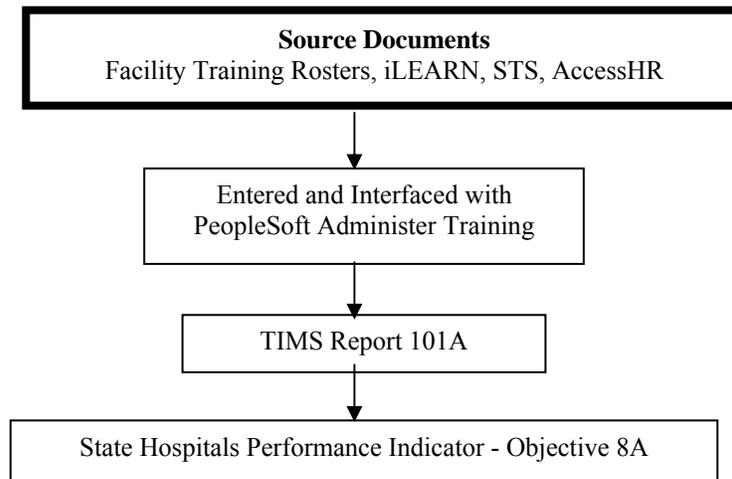
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up until the time the report is run, 6:30 a.m. on the first day of the following month) will be reported in TIMS Report 101A.

Performance Objective Formula: Rate = number of employees with active training statuses who have completed their training/number of current employees at the state hospital.

Performance Objective Data Display and Chart Description:

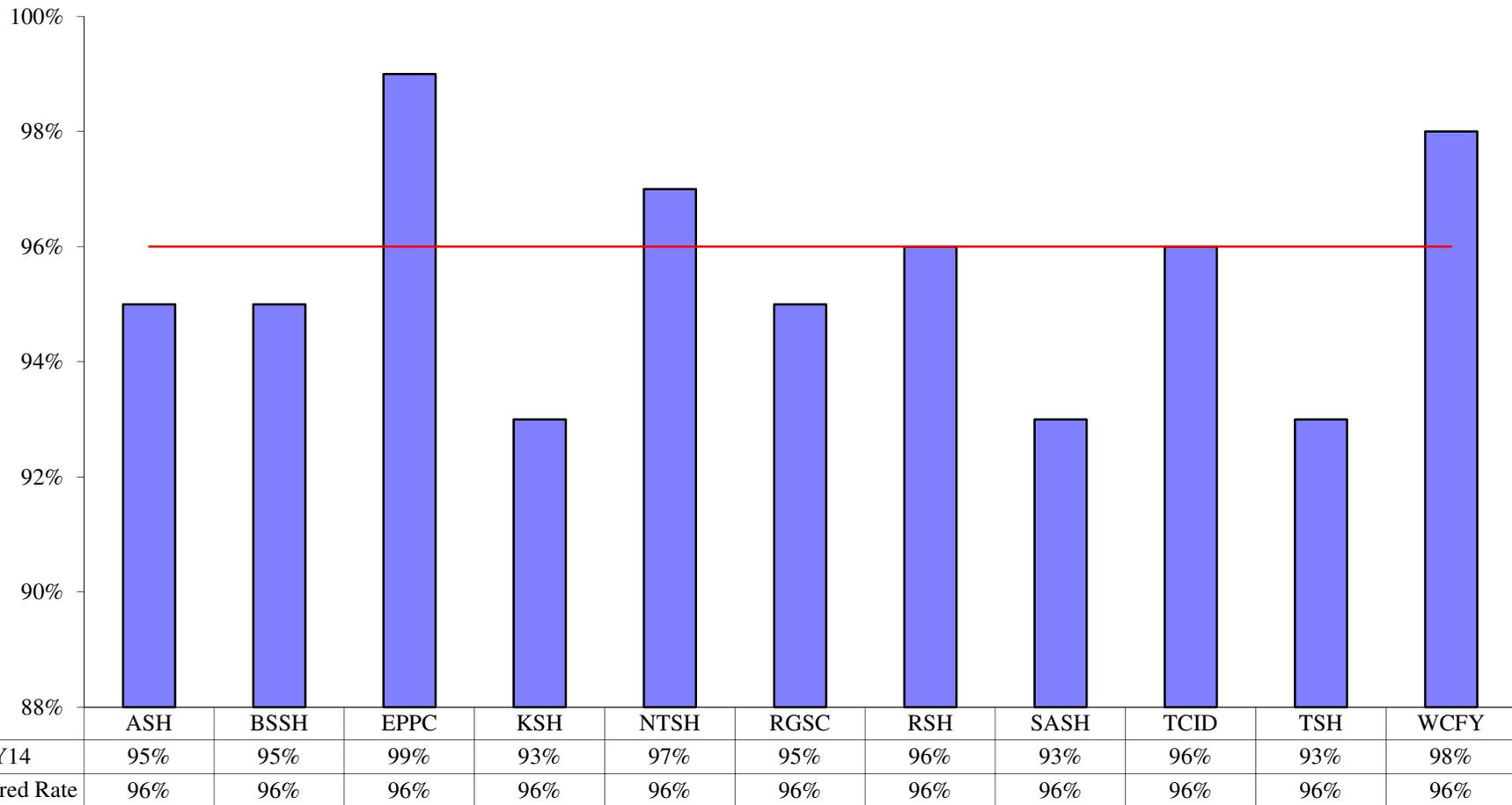
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



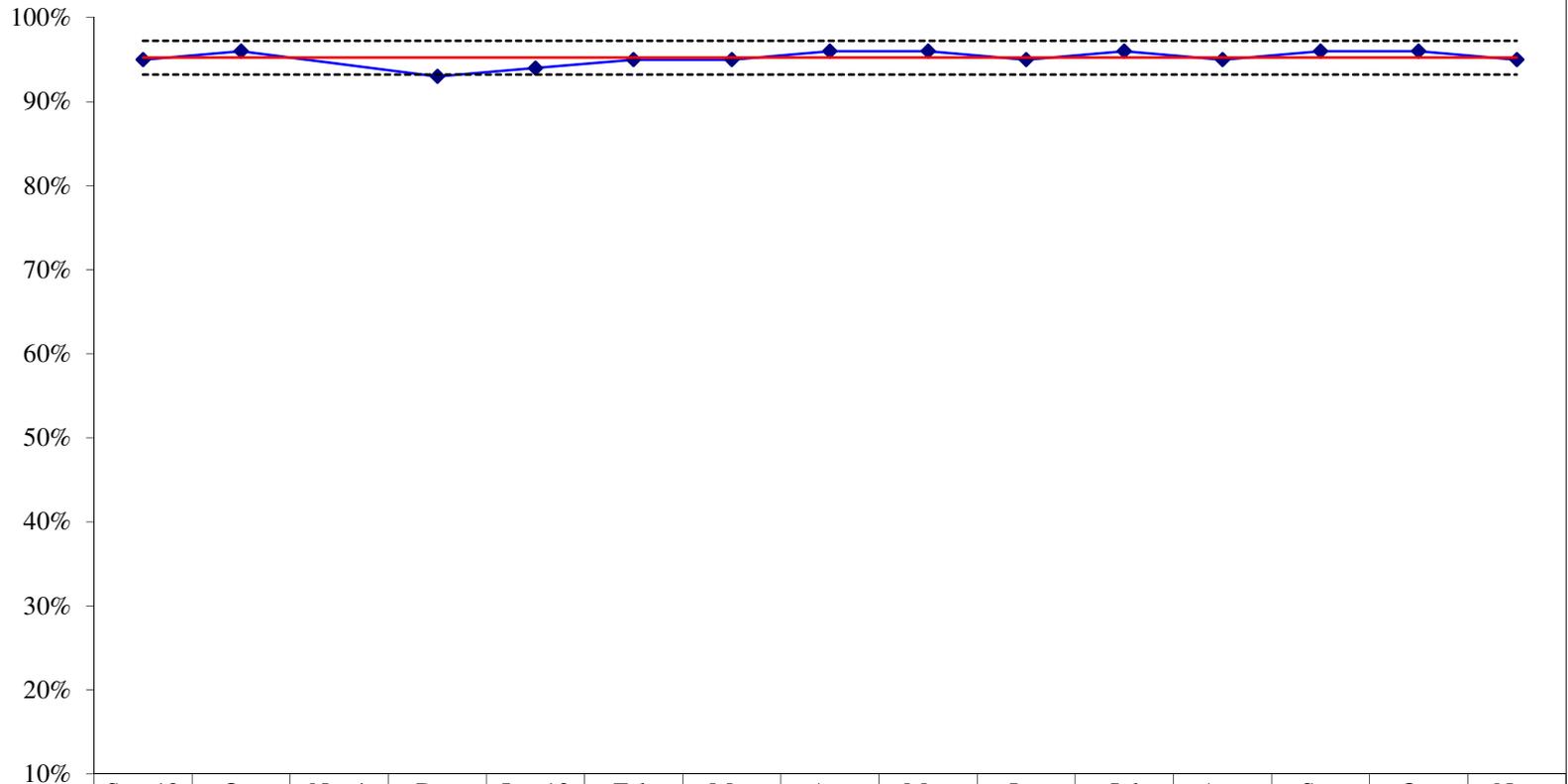
**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

**CORE and Specialty Training
(As of November 30, 2013)**



**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

Percentage of CORE and Specialty Training Completed

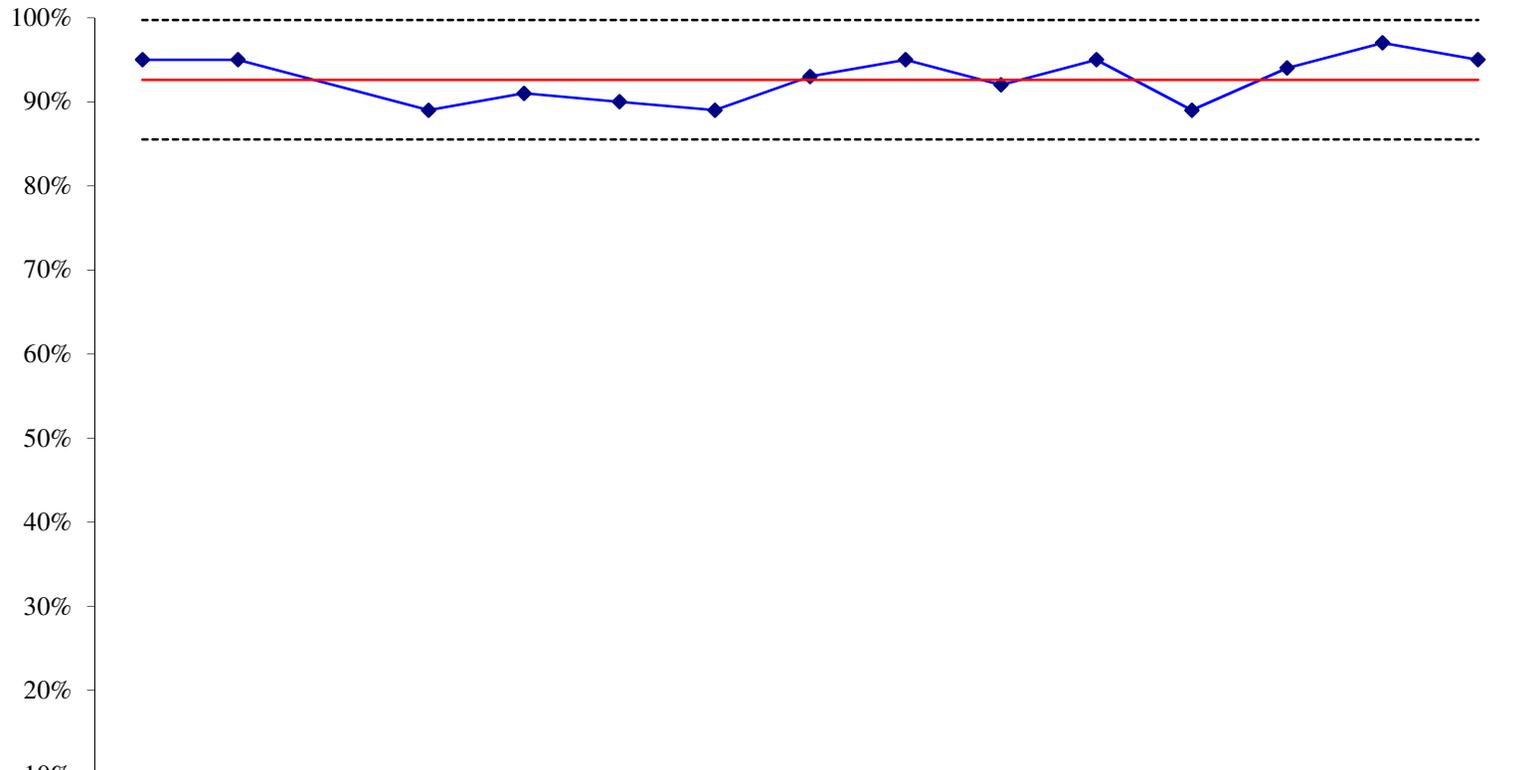


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	95%	96%		93%	94%	95%	95%	96%	96%	95%	96%	95%	96%	96%	95%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Austin State Hospital

Percentage of CORE and Specialty Training Completed

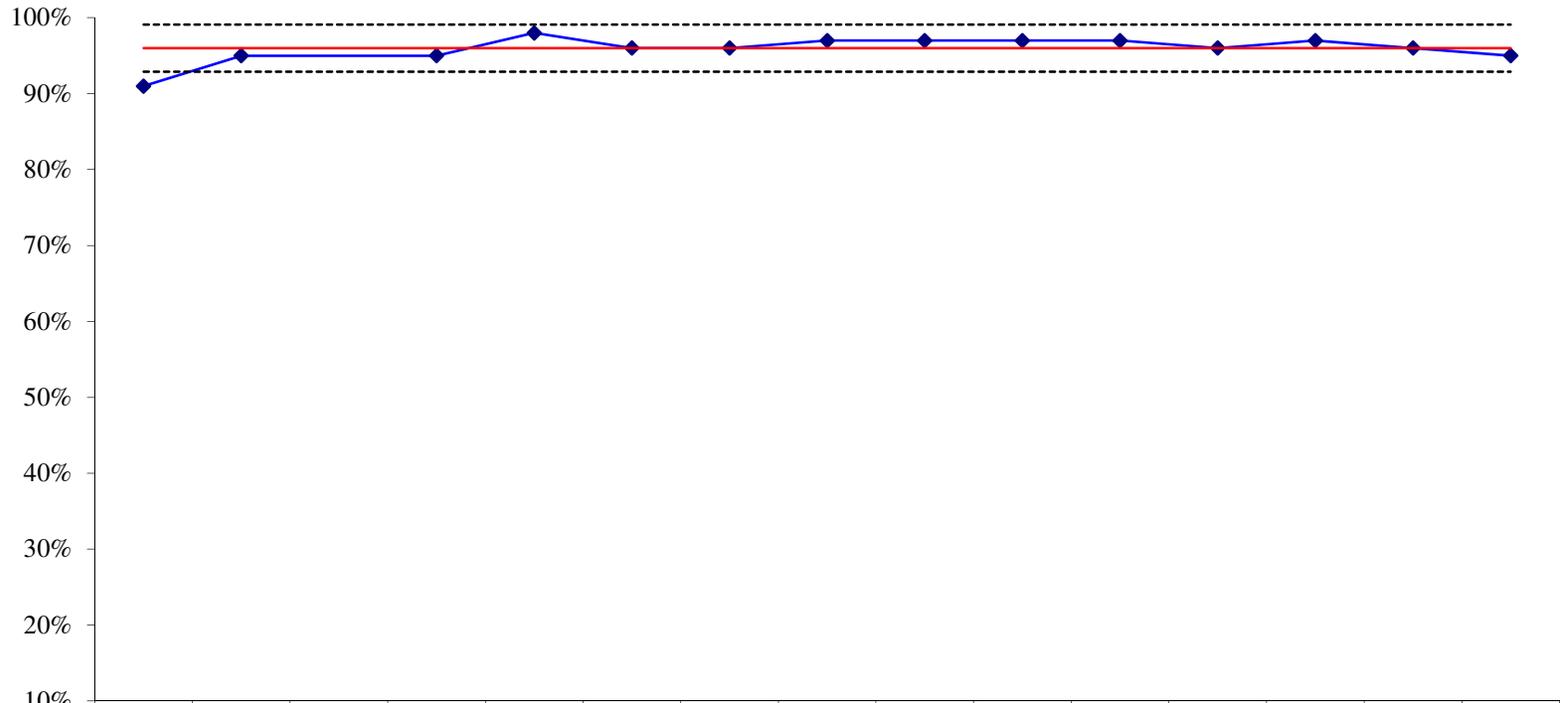


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	95%	95%		89%	91%	90%	89%	93%	95%	92%	95%	89%	94%	97%	95%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Big Spring State Hospital

Percentage of CORE and Specialty Training Completed

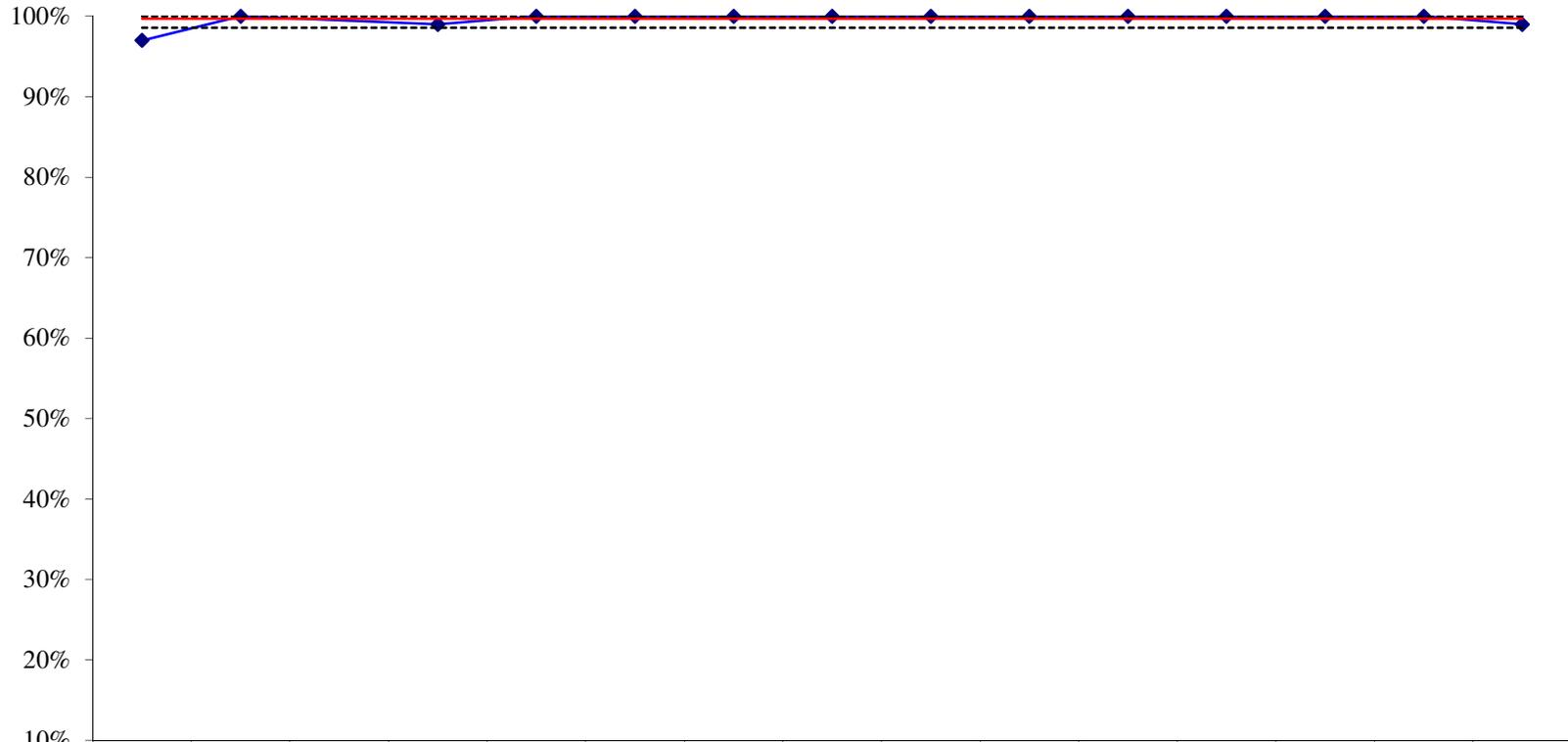


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	91%	95%		95%	98%	96%	96%	97%	97%	97%	97%	96%	97%	96%	95%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
El Paso Psychiatric Center

Percentage of CORE and Specialty Training Completed

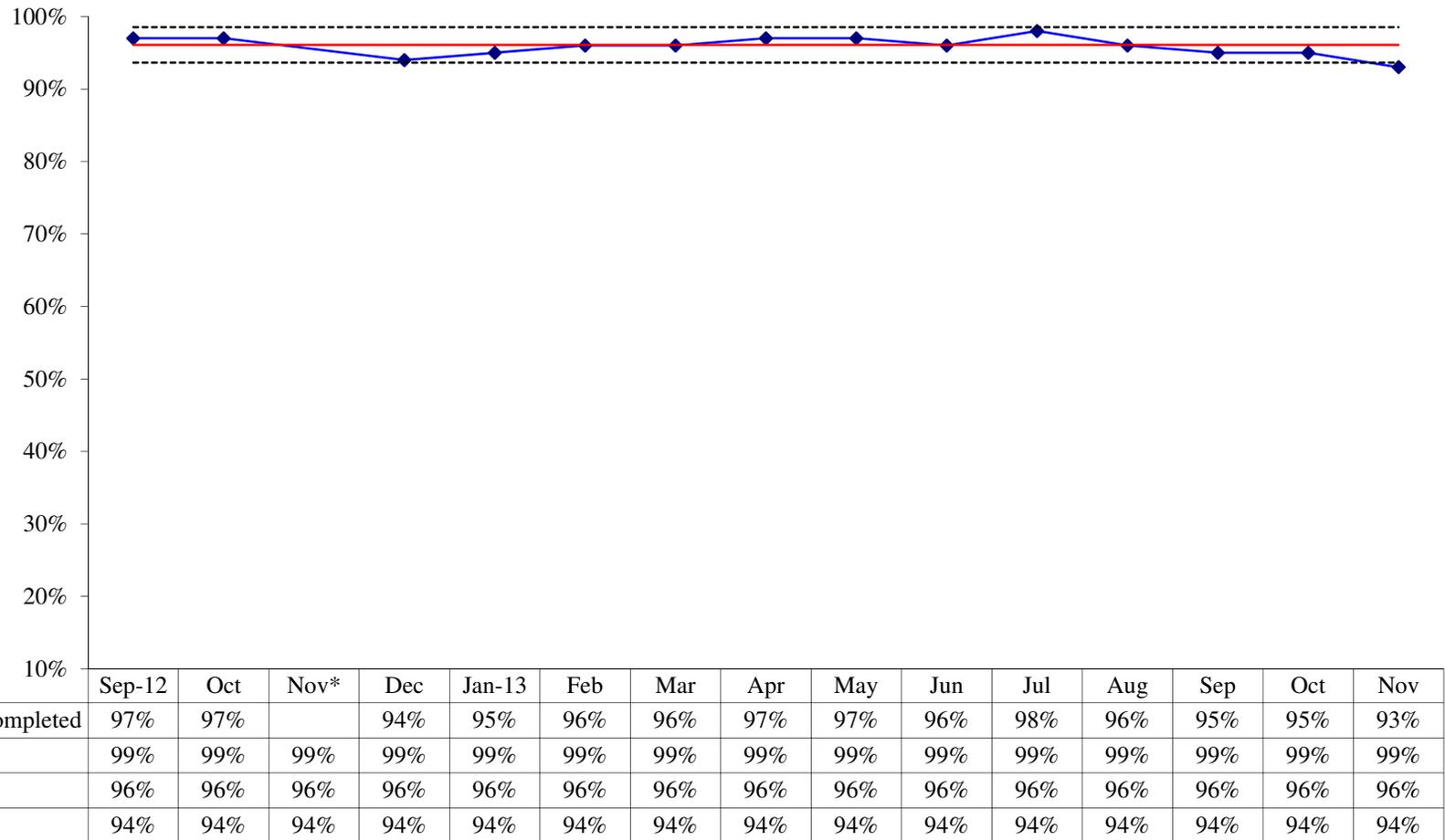


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	97%	100%		99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
..... LCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Due to converting to CAPPS, November report is unavailable at this time.

**Objective 8A - Staff Current With CORE and Specialty Training
Kerrville State Hospital**

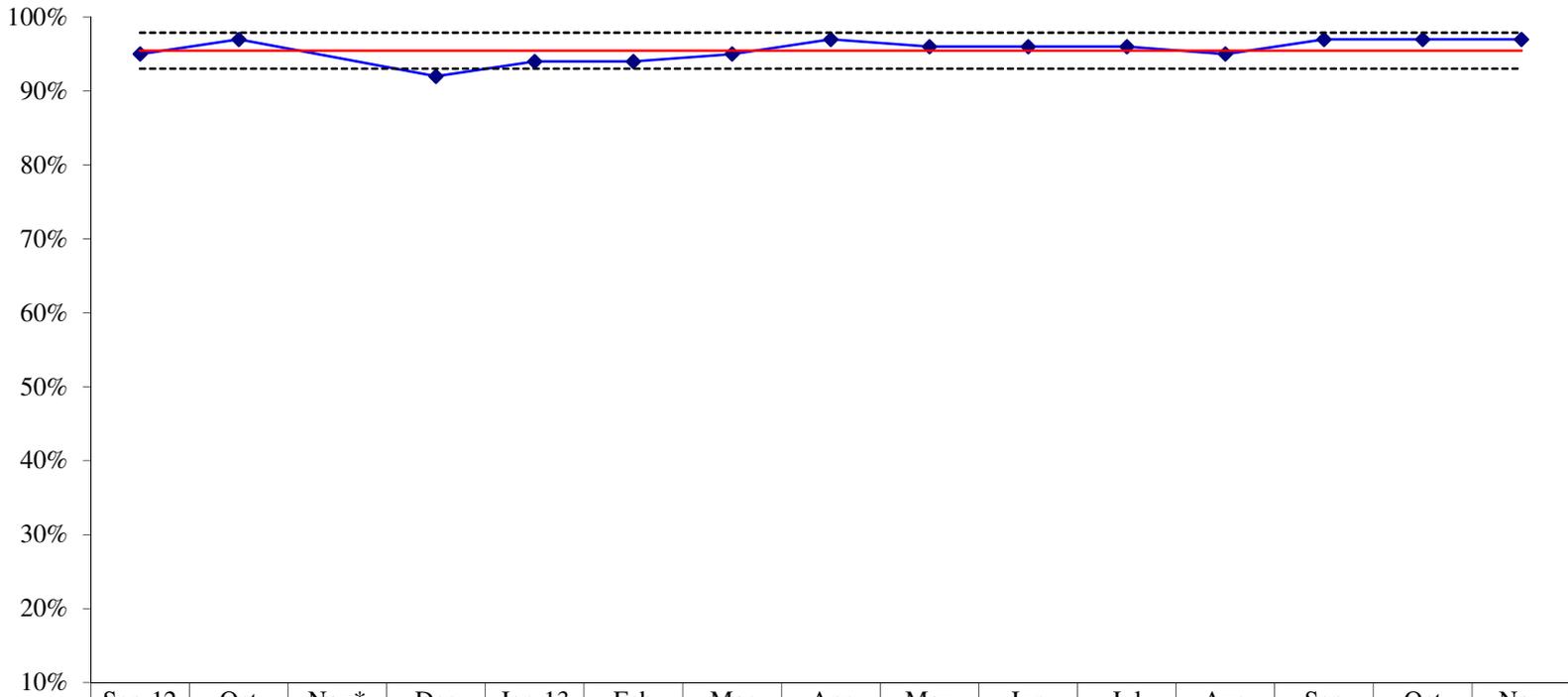
Percentage of CORE and Specialty Training Completed



Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
North Texas State Hospital

Percentage of CORE and Specialty Training Completed

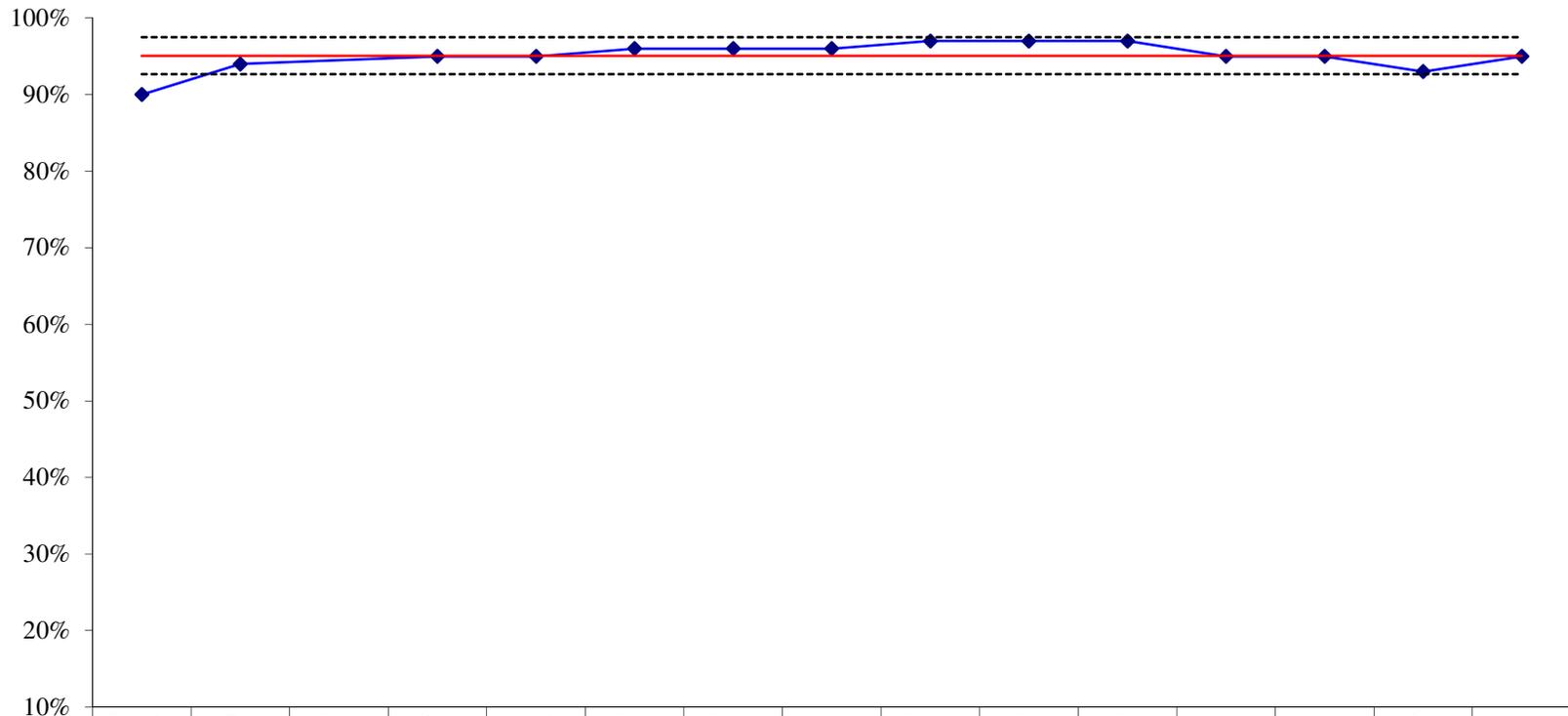


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	95%	97%		92%	94%	94%	95%	97%	96%	96%	96%	95%	97%	97%	97%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
..... LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Rio Grande State Center

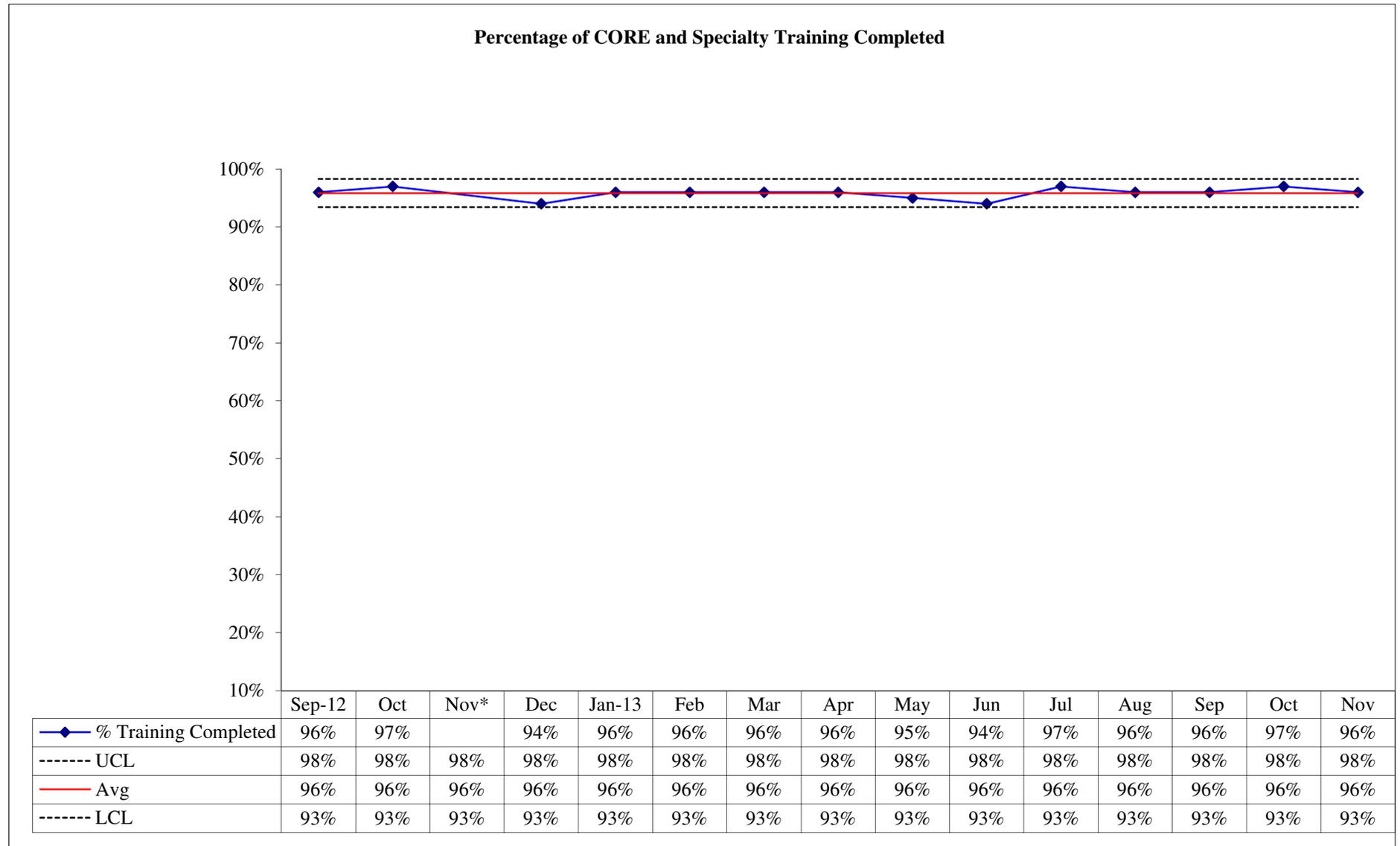
Percentage of CORE and Specialty Training Completed



	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	90%	94%		95%	95%	96%	96%	96%	97%	97%	97%	95%	95%	93%	95%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

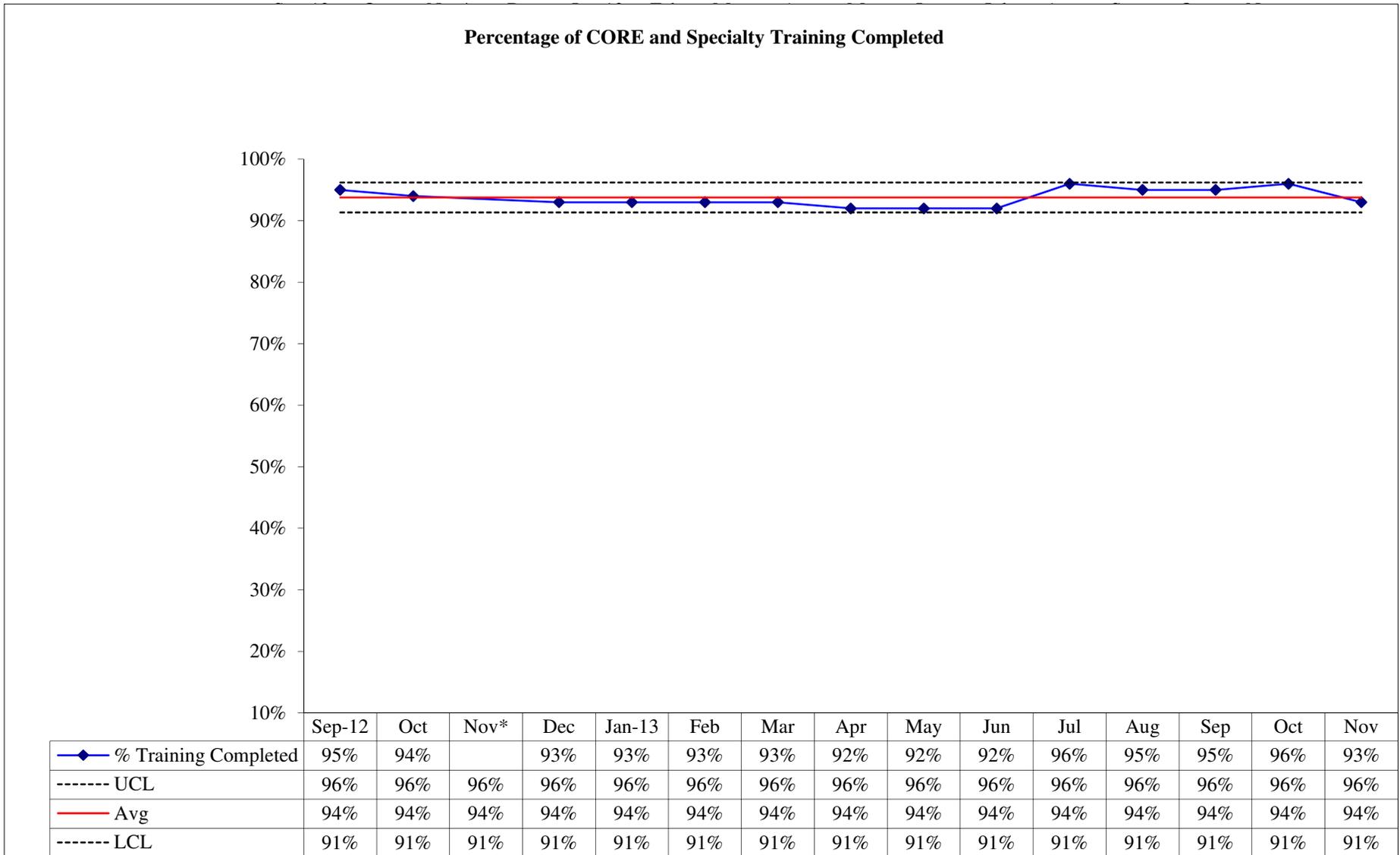
Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Rusk State Hospital



Due to converting to CAPPS, November report is unavailable at this time.

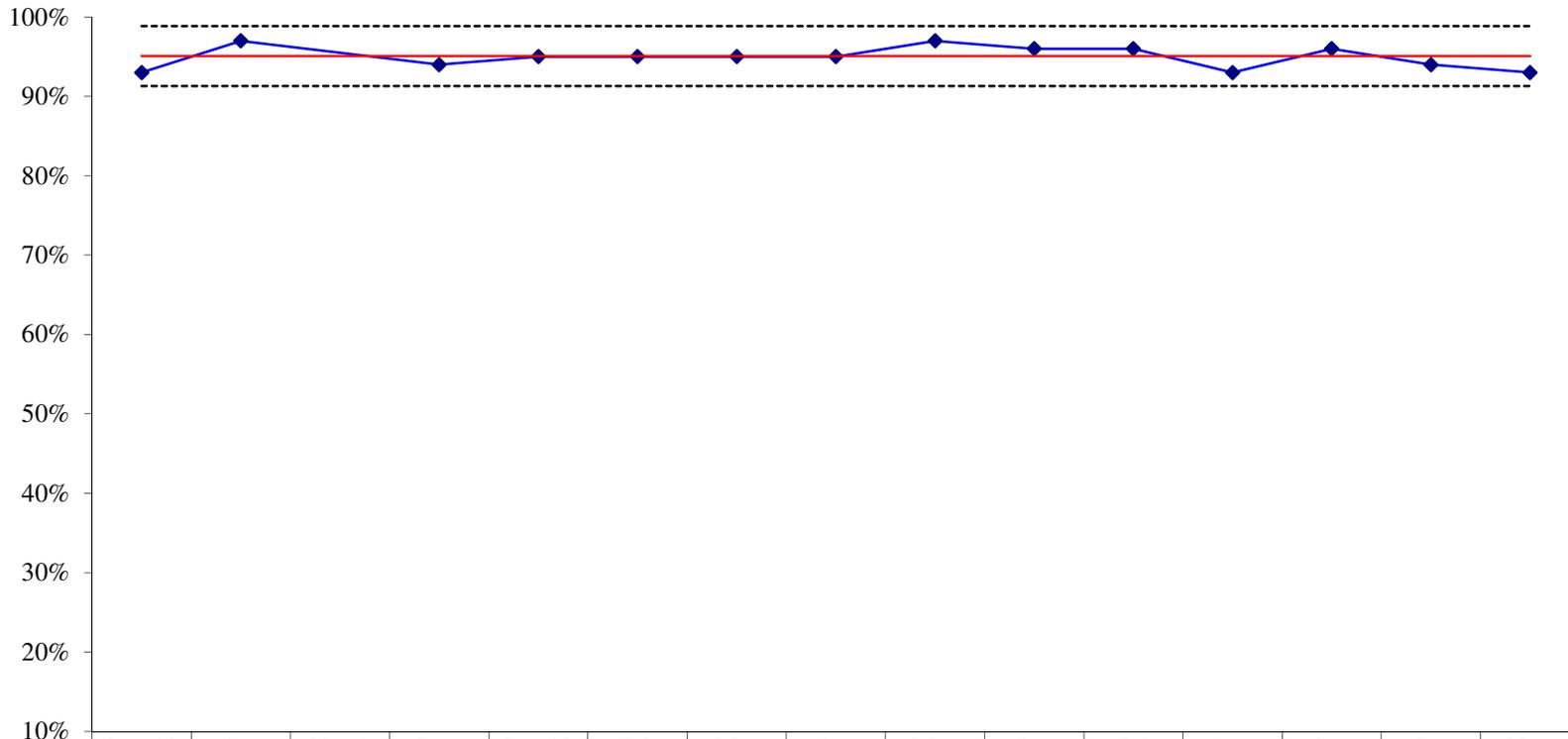
Objective 8A - Staff Current With CORE and Specialty Training
San Antonio State Hospital



Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Terrell State Hospital

Percentage of CORE and Specialty Training Completed

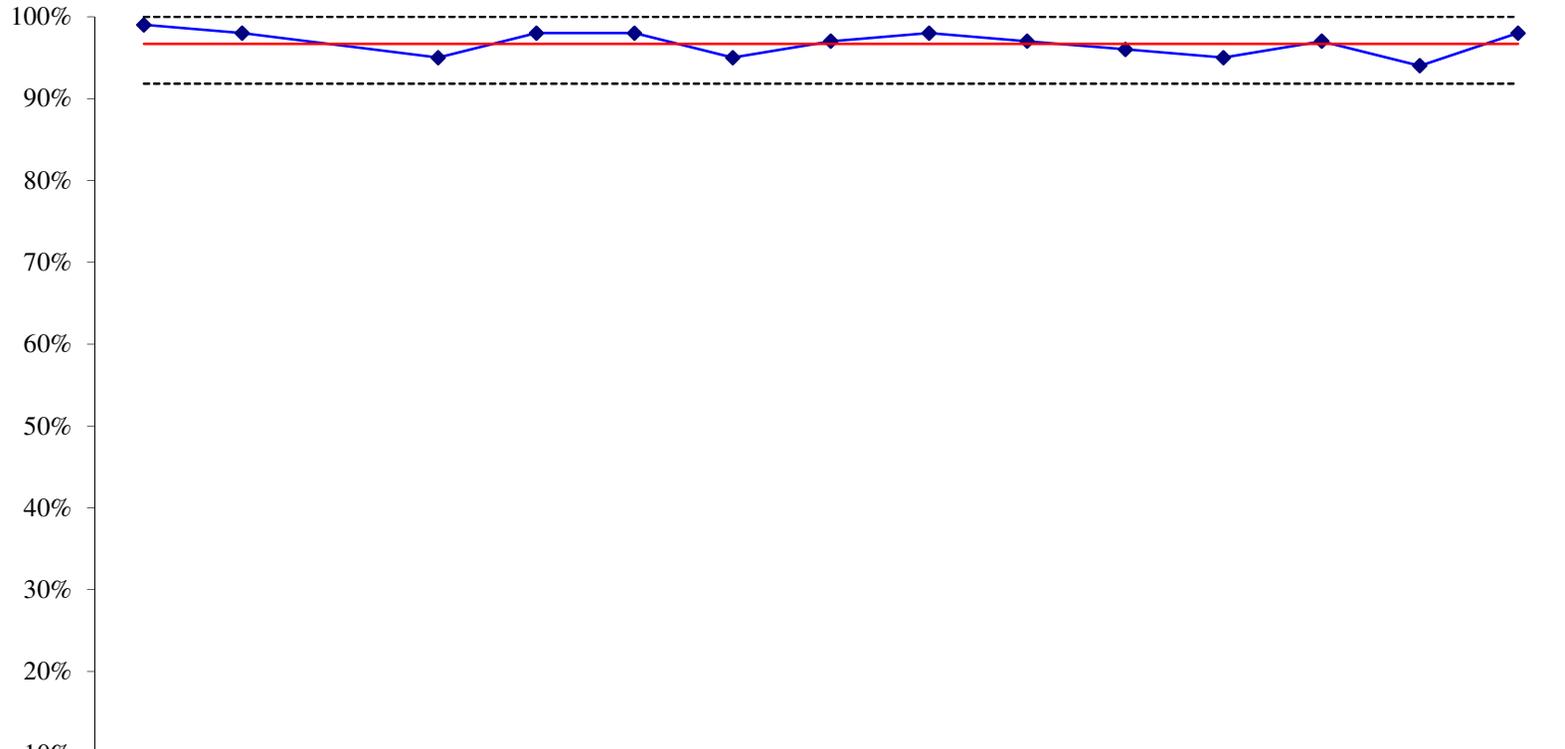


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	93%	97%		94%	95%	95%	95%	95%	97%	96%	96%	93%	96%	94%	93%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Waco Center for Youth

Percentage of CORE and Specialty Training Completed

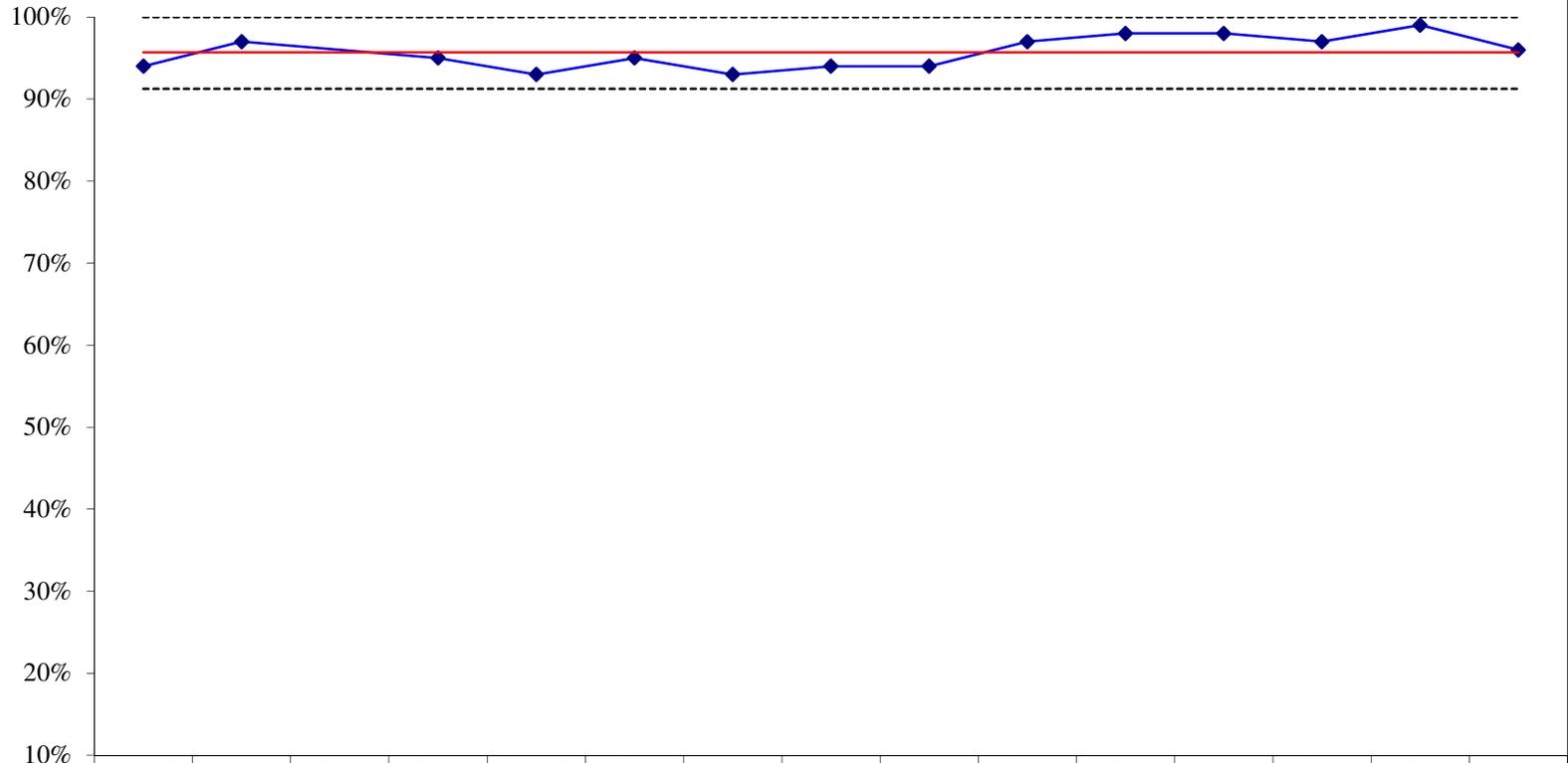


	Sep-12	Oct	Nov*	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	99%	98%		95%	98%	98%	95%	97%	98%	97%	96%	95%	97%	94%	98%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Due to converting to CAPPS, November report is unavailable at this time.

Objective 8A - Staff Current With CORE and Specialty Training
Texas Center for Infectious Disease

Percentage of CORE and Specialty Training Completed



◆ % Training Completed	94%	97%		95%	93%	95%	93%	94%	94%	97%	98%	98%	97%	99%	96%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Due to converting to CAPPS, November report is unavailable at this time.

Performance Objective 8B:

Achieve target of 95% of all staff having a current evaluation.

Performance Objective Operational Definition: The state hospital rate of up-to-date annual performance evaluations documented on the HR5.2 per month.

Performance Objective Formula:

Rate = rate of staff up-to-date with annual performance evaluations

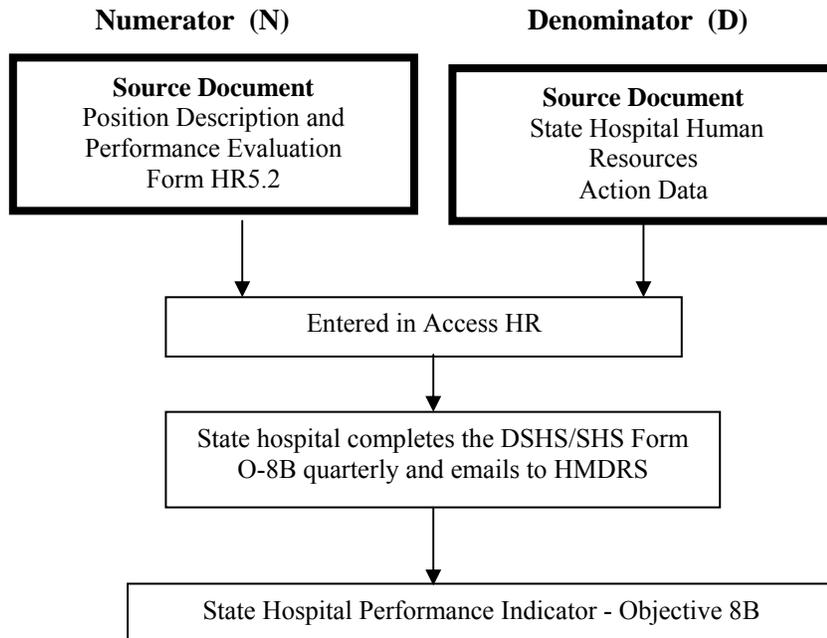
N = number of employees with current evaluations on the last day of the month

D = number of active employees (people, not FTEs) on the last day of the month

Performance Objective Data Display and Chart Description:

Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



Objective 8B - Staff Have Current Performance Evaluations
All State Hospitals

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Big Spring State Hospital	98%	98%	98%	97%	100%	99%	98%	99%	100%			
El Paso Psychiatric Center	98%	95%	95%	91%	91%			89%	97%			
Kerrville State Hospital	93%	90%	96%	97%	97%	93%			91%			
North Texas State Hospital	96%	97%	97%	94%	89%							
Rio Grande State Center	92%	96%	94%	91%	90%	89%	92%	86%	84%			
Rusk State Hospital	100%	90%	99%	96%	94%	98%	79%	100%	92%			
San Antonio State Hospital	89%	86%	90%	89%	89%	88%	88%					
Terrell State Hospital	89%	89%	93%	91%	89%							
Waco Center for Youth	97%	95%	91%	95%	93%	96%		97%	96%			
TCID	55%	73%	74%	71%	57%	54%			90%			
All State Hospitals	92%	92%	93%	92%	90%							

FY13 - Due to CAPPs conversion, reports are not available at this time (Hospitals that are reporting are keeping their own records).

Performance Measure 8A:

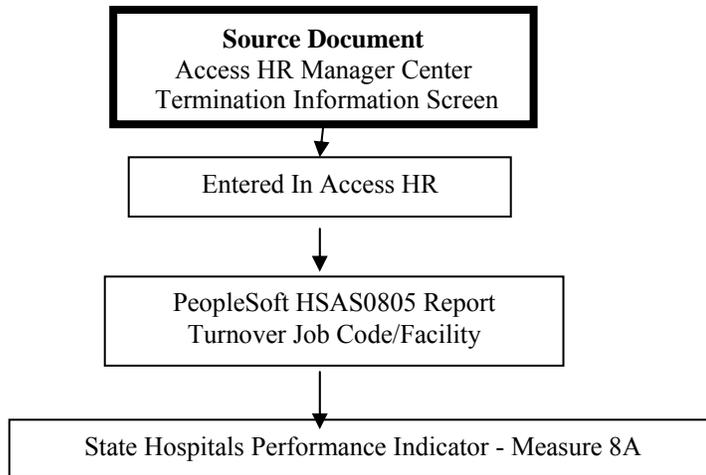
Collect, analyze and report staff turnover rates and efforts to reduce turnover for critical shortage staff.

Performance Measure Operational Definition: The state hospital turnover rate for critical shortage staff will be available. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

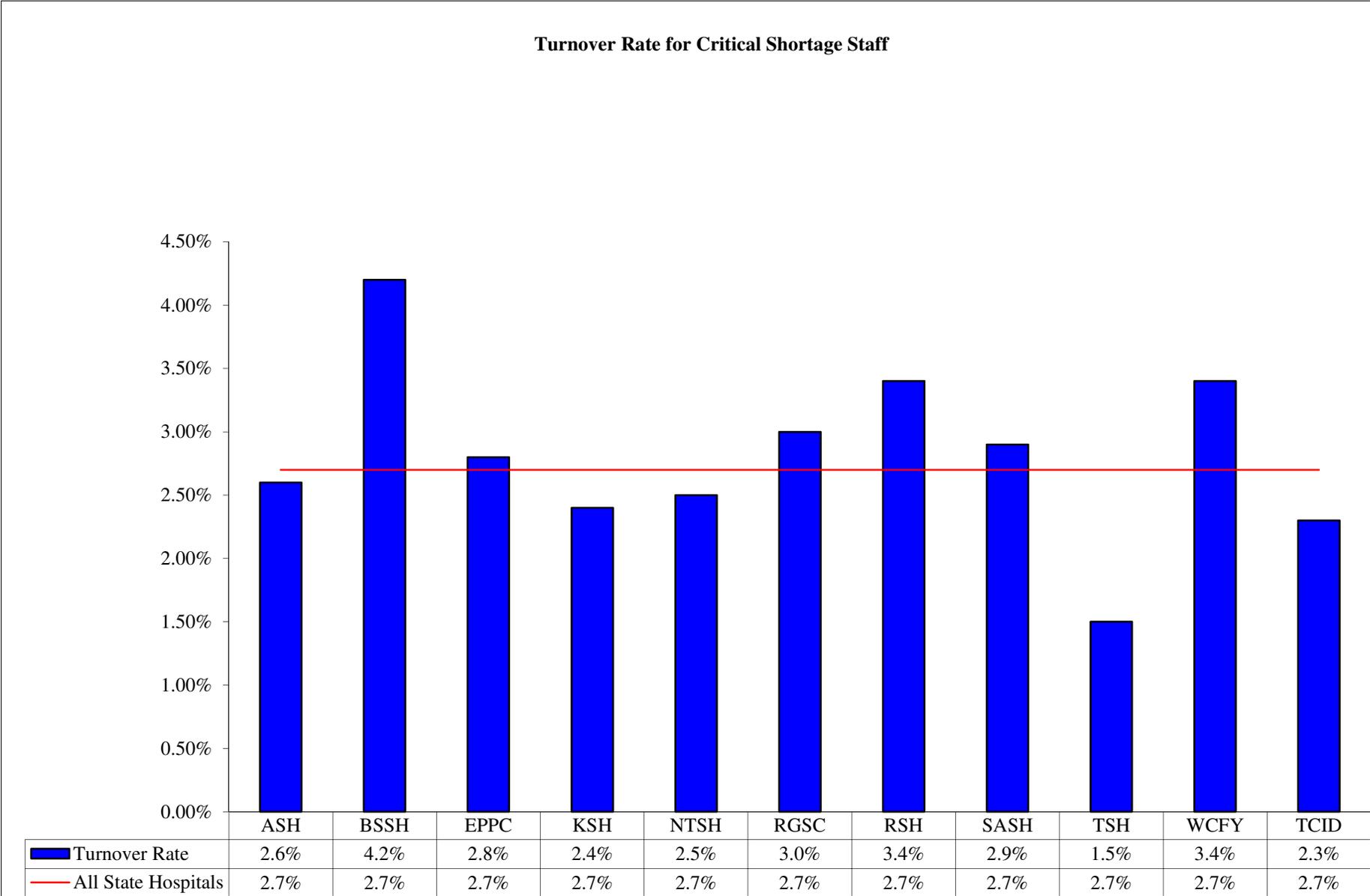
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

Performance Measure Data Display and Chart Description: Chart with monthly data points of turnover rate for individual state hospitals and system-wide.

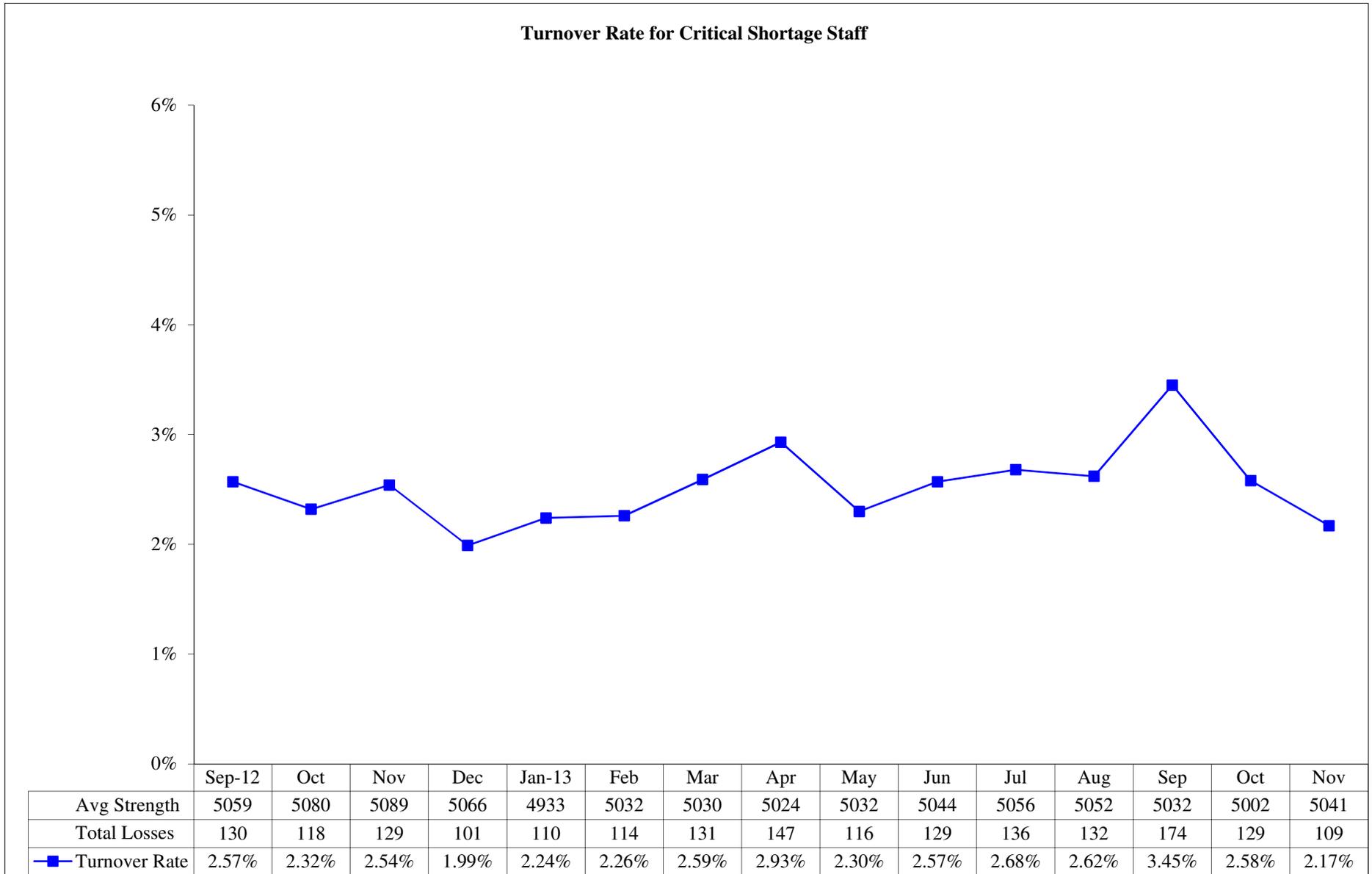
Data Flow:



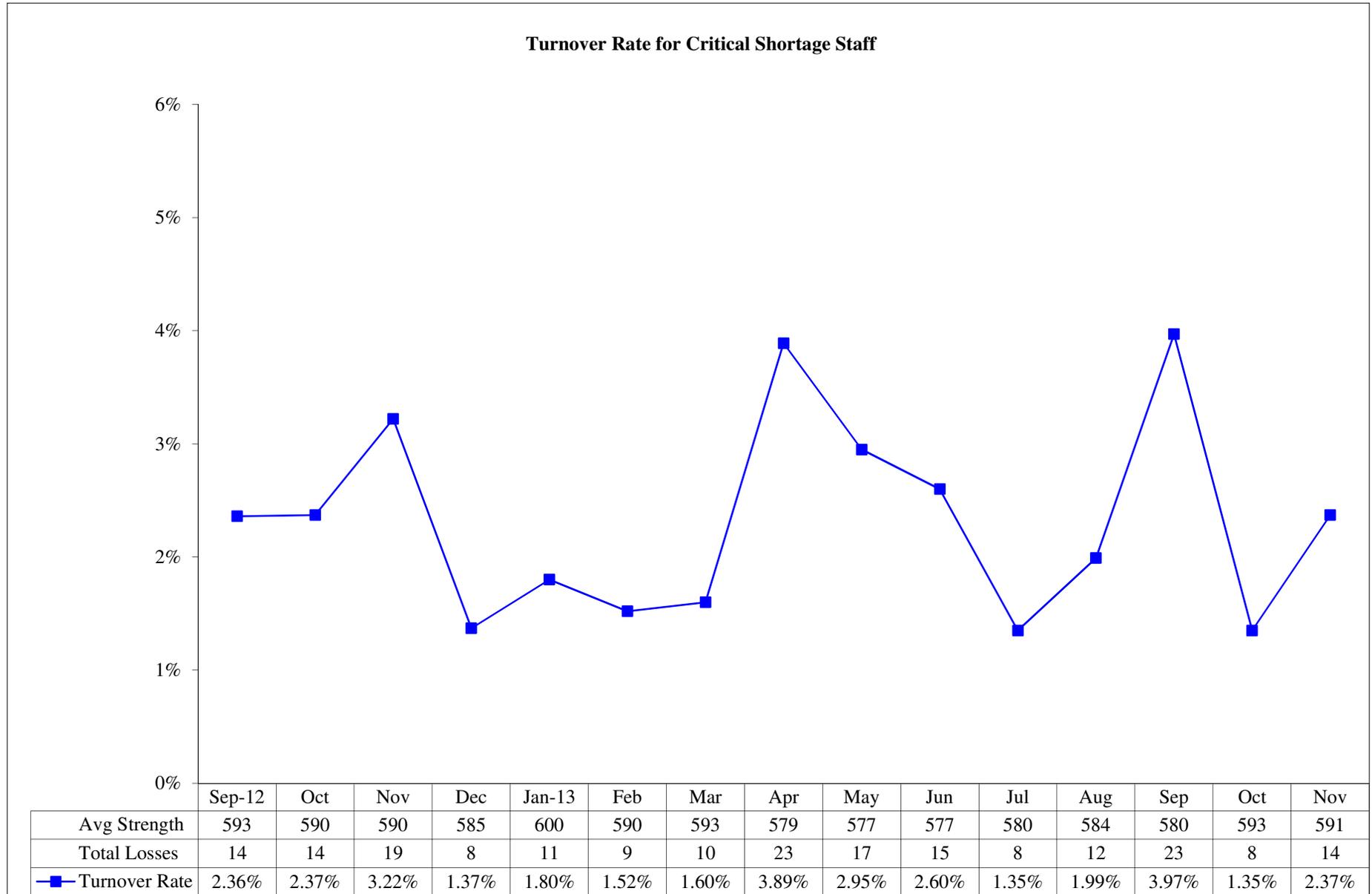
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - FY14 Q1 Average**



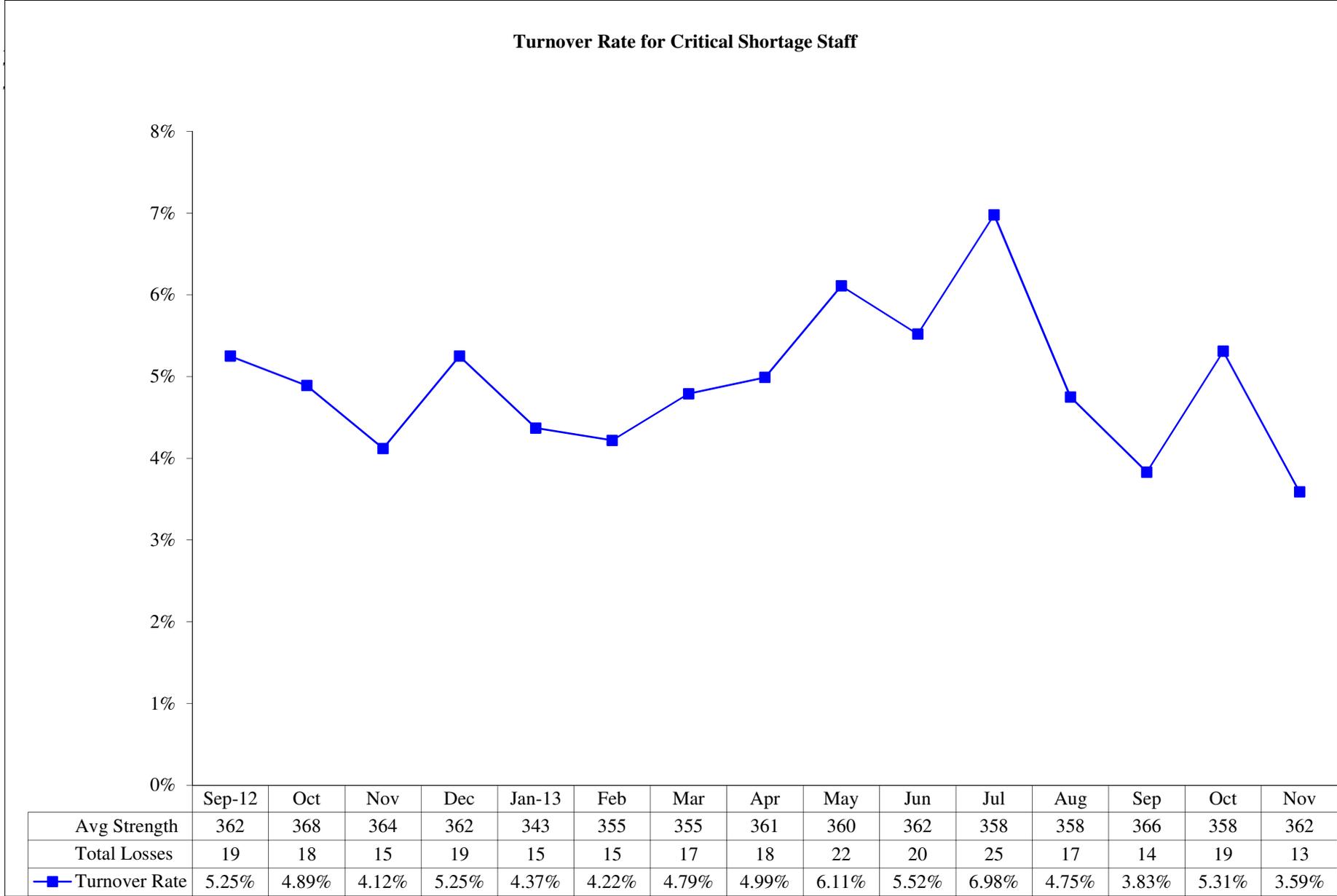
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals



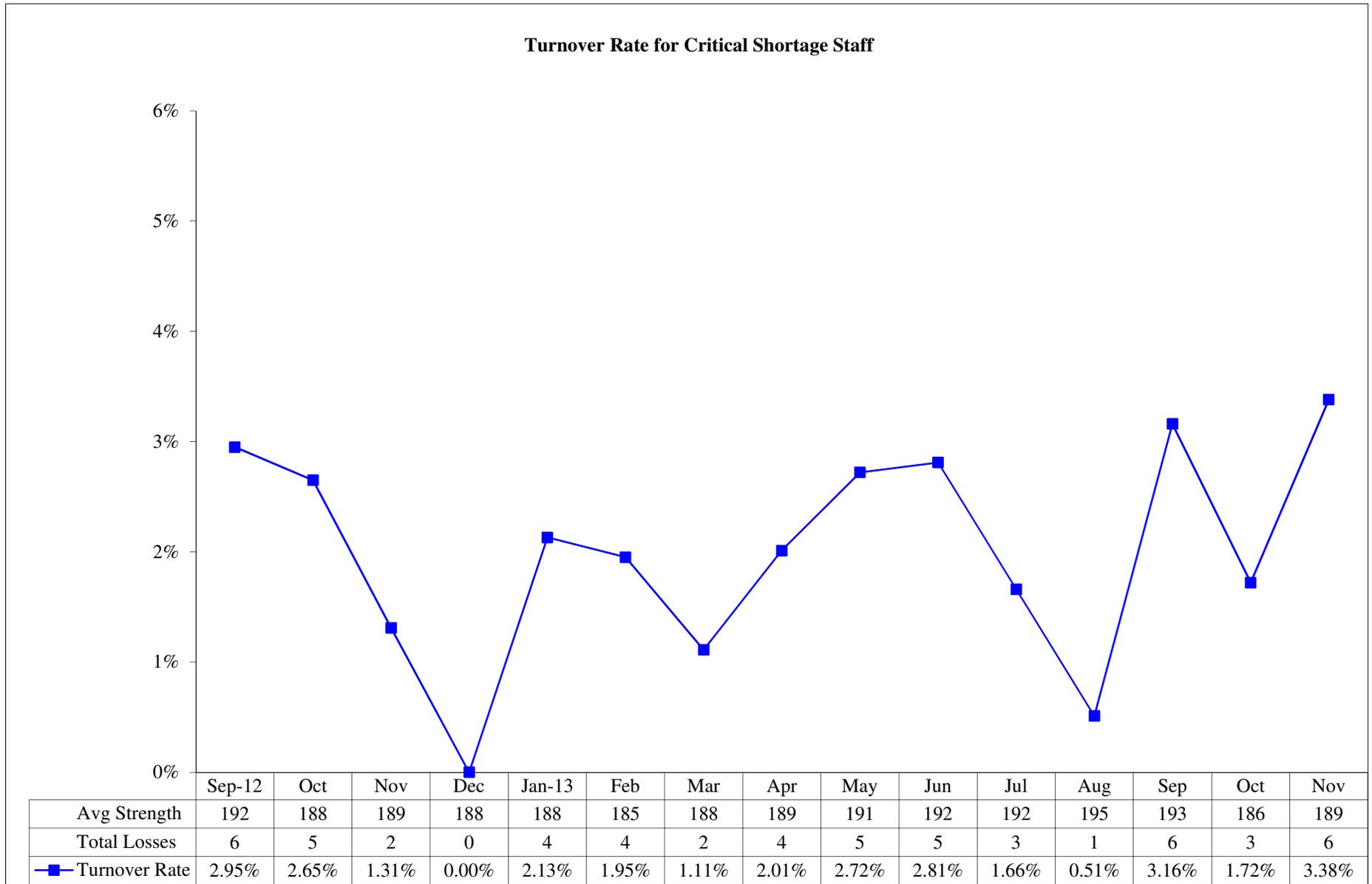
**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



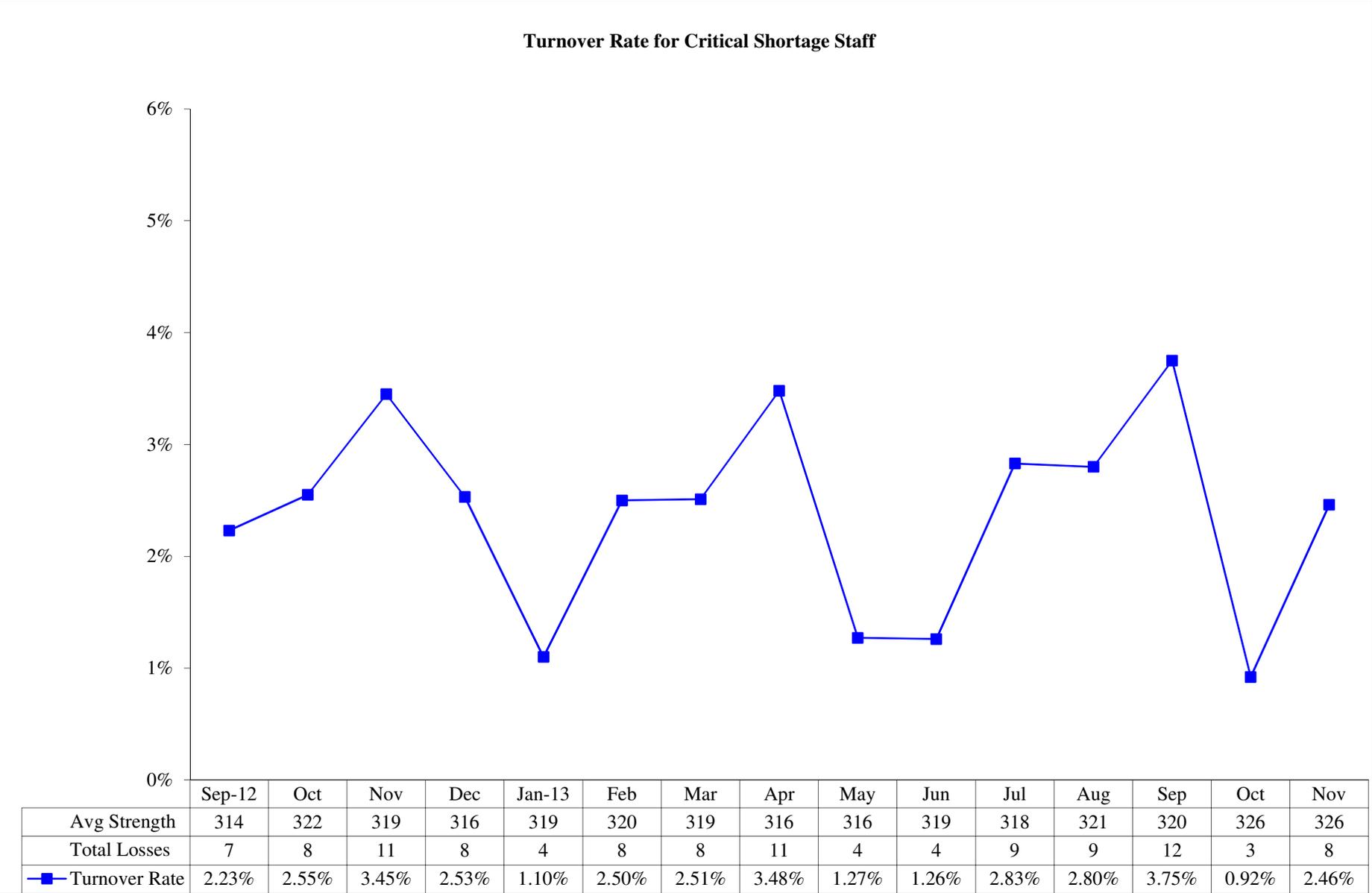
**Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital**



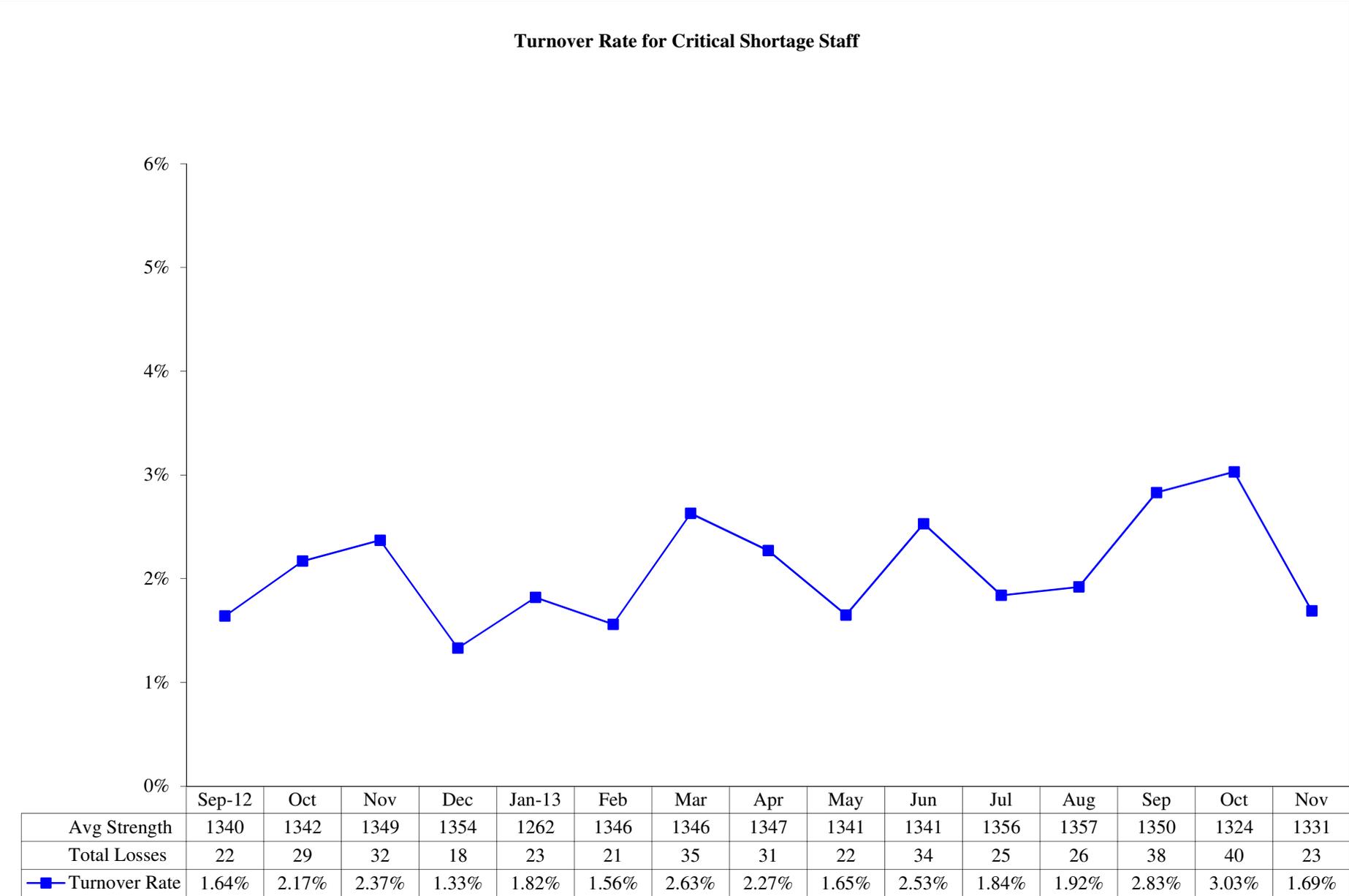
Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center



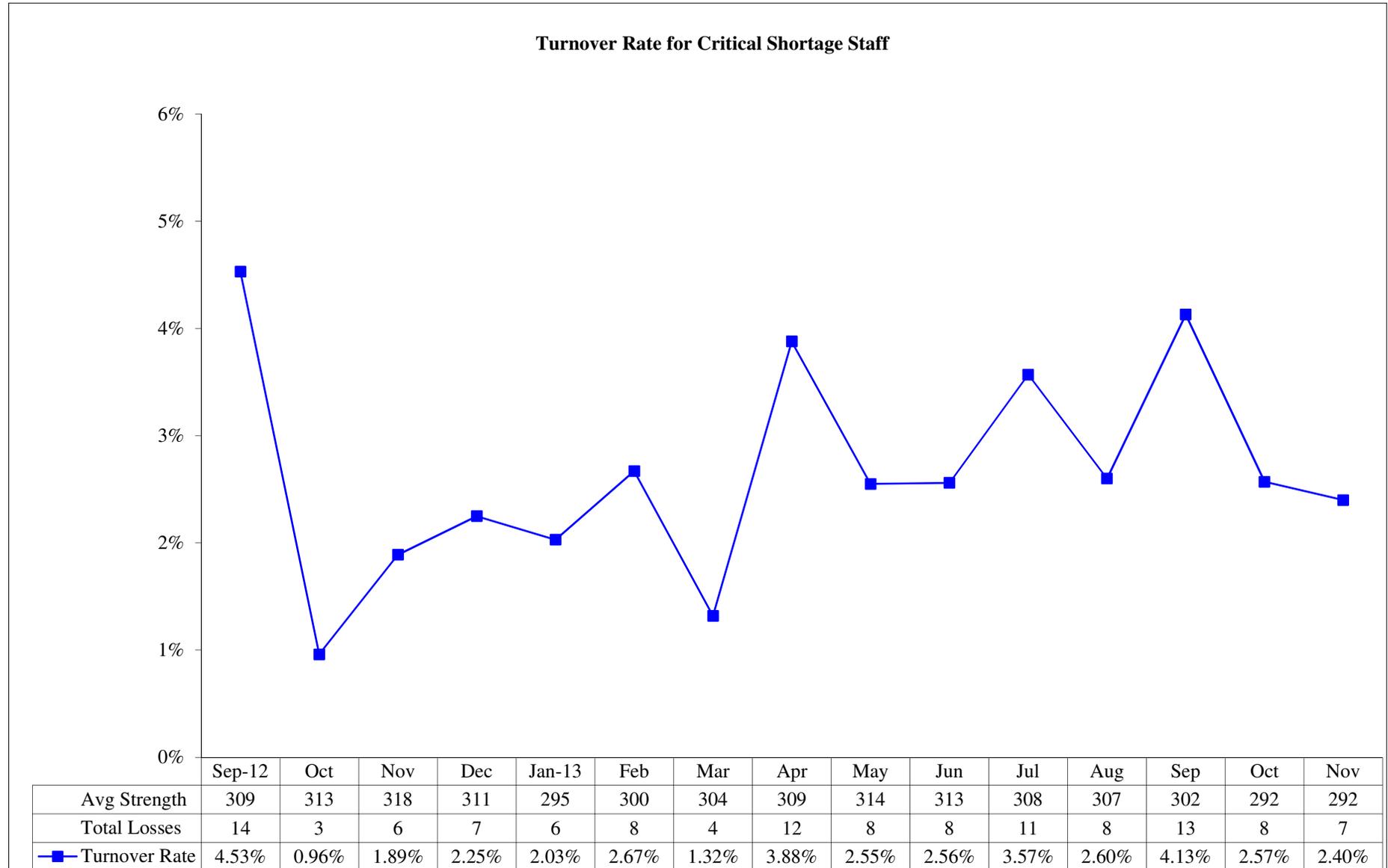
**Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital**



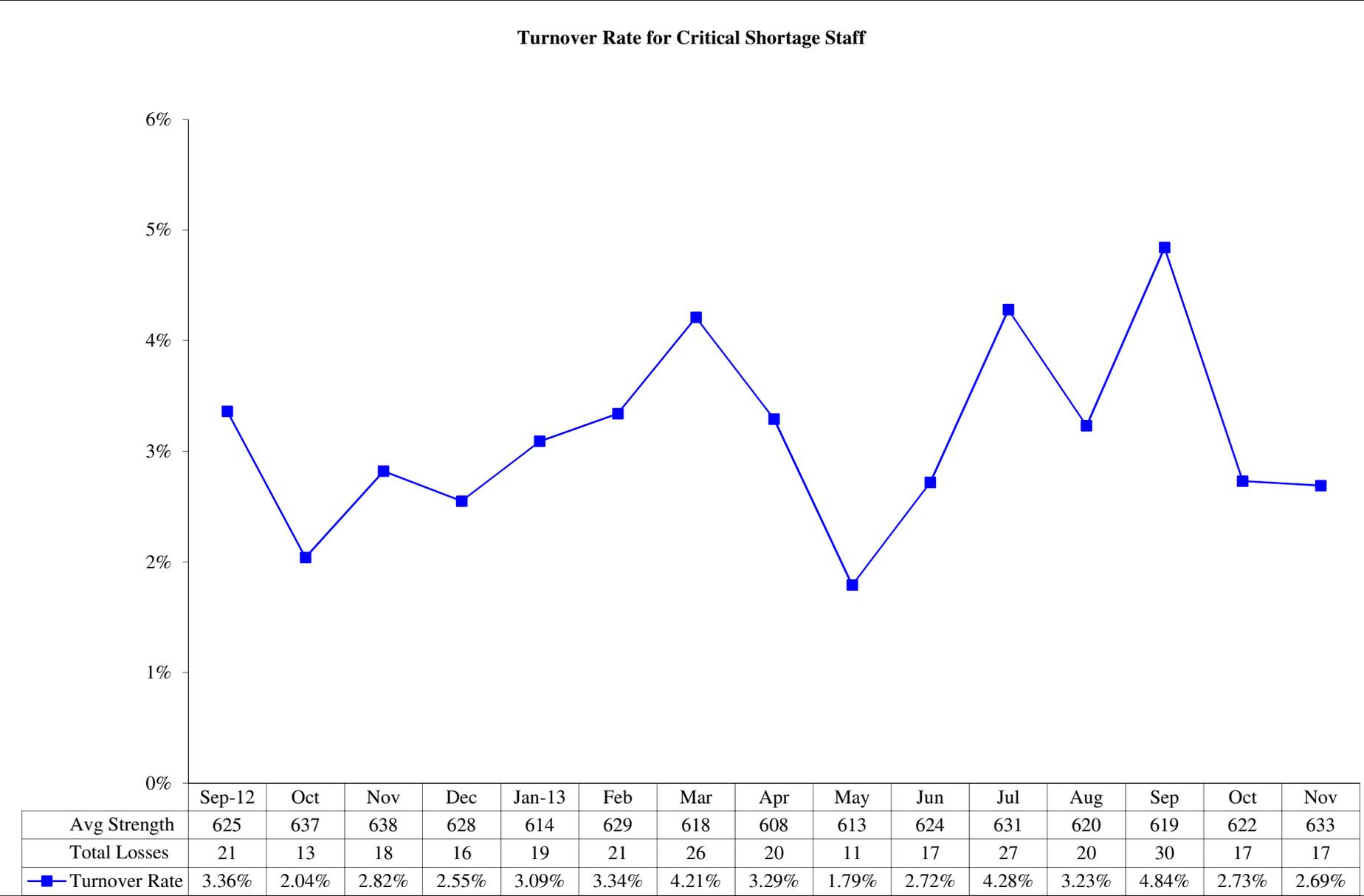
**Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital**



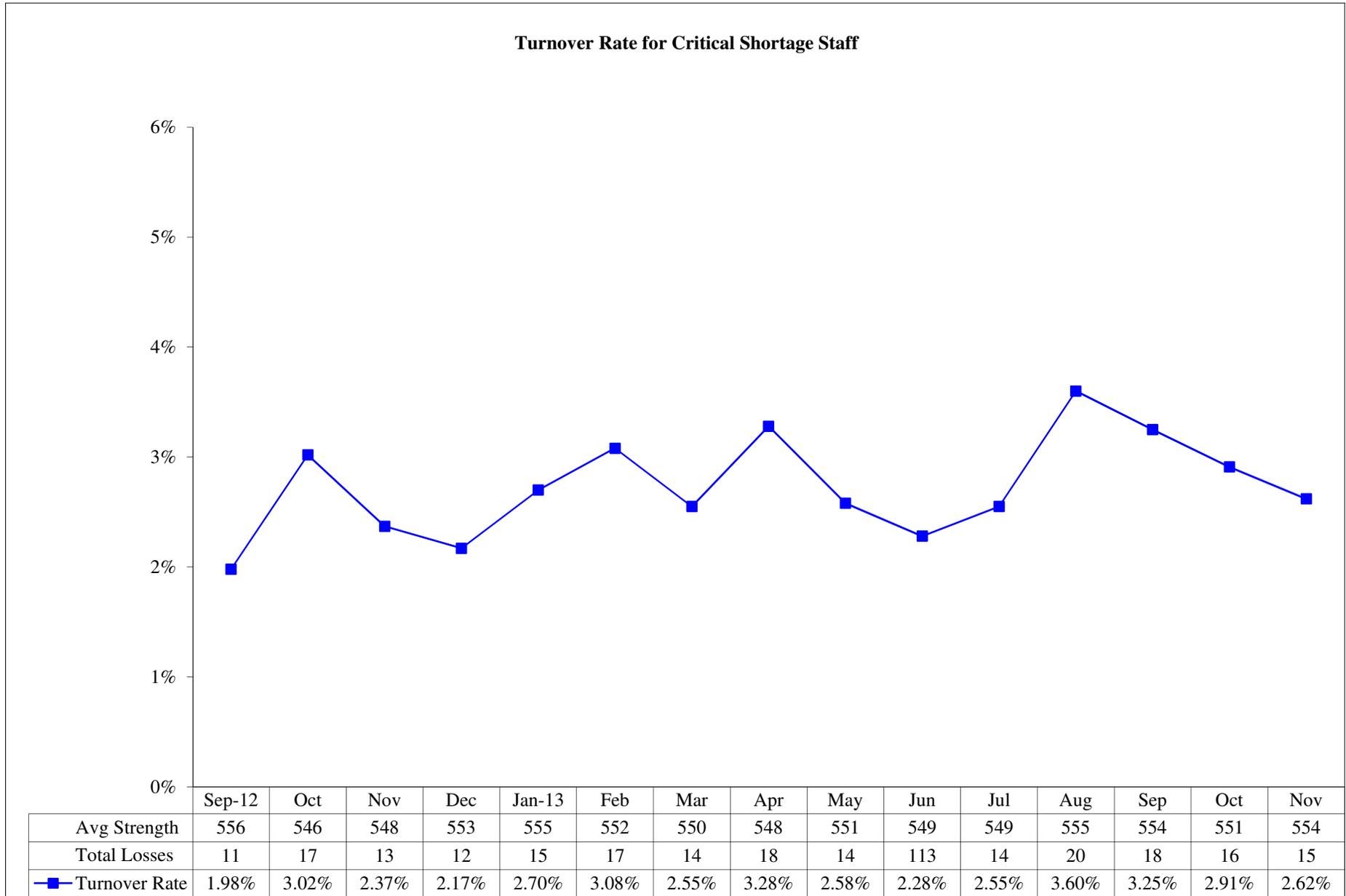
Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center



**Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital**



**Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital**



**Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital**

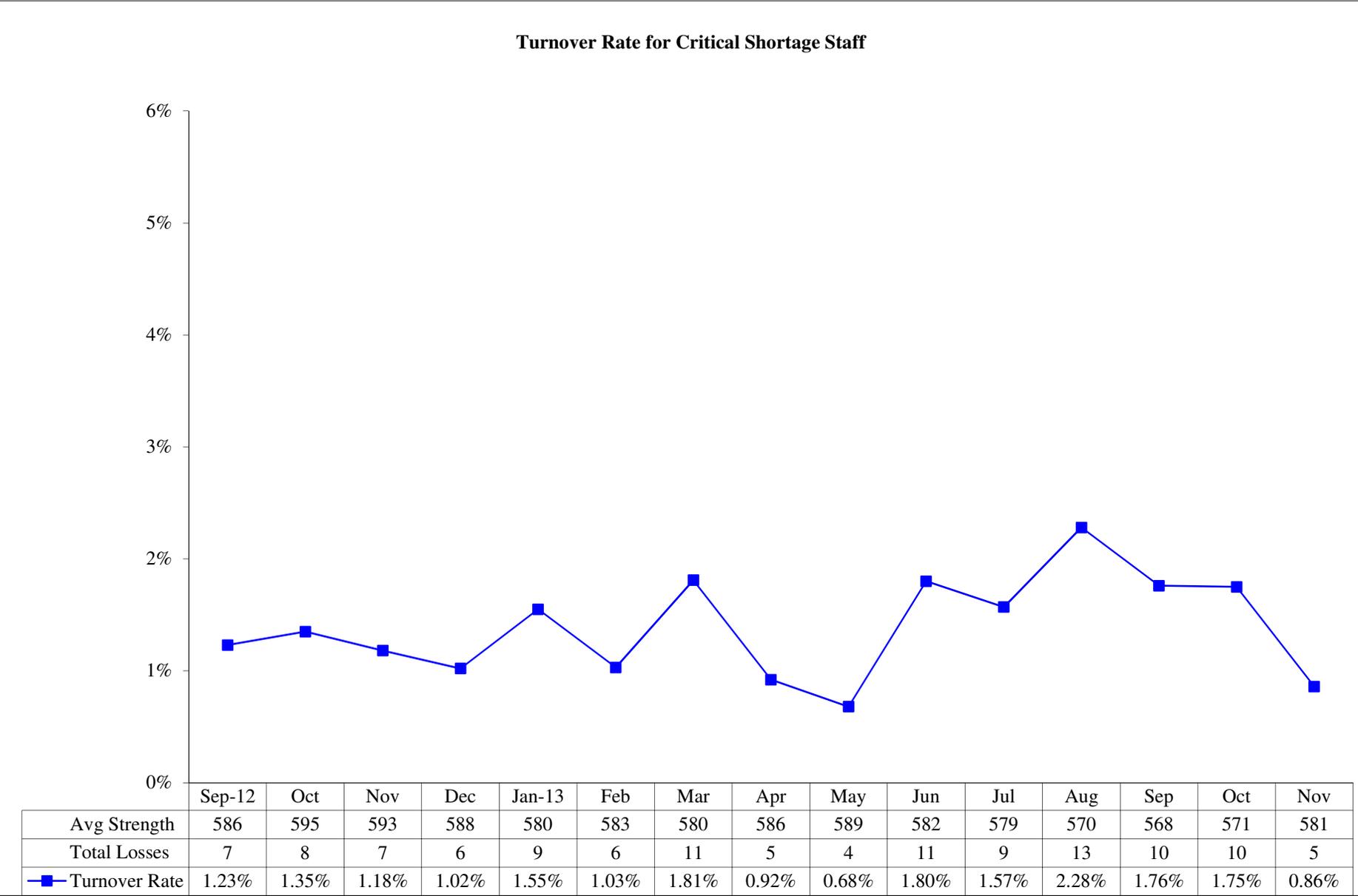
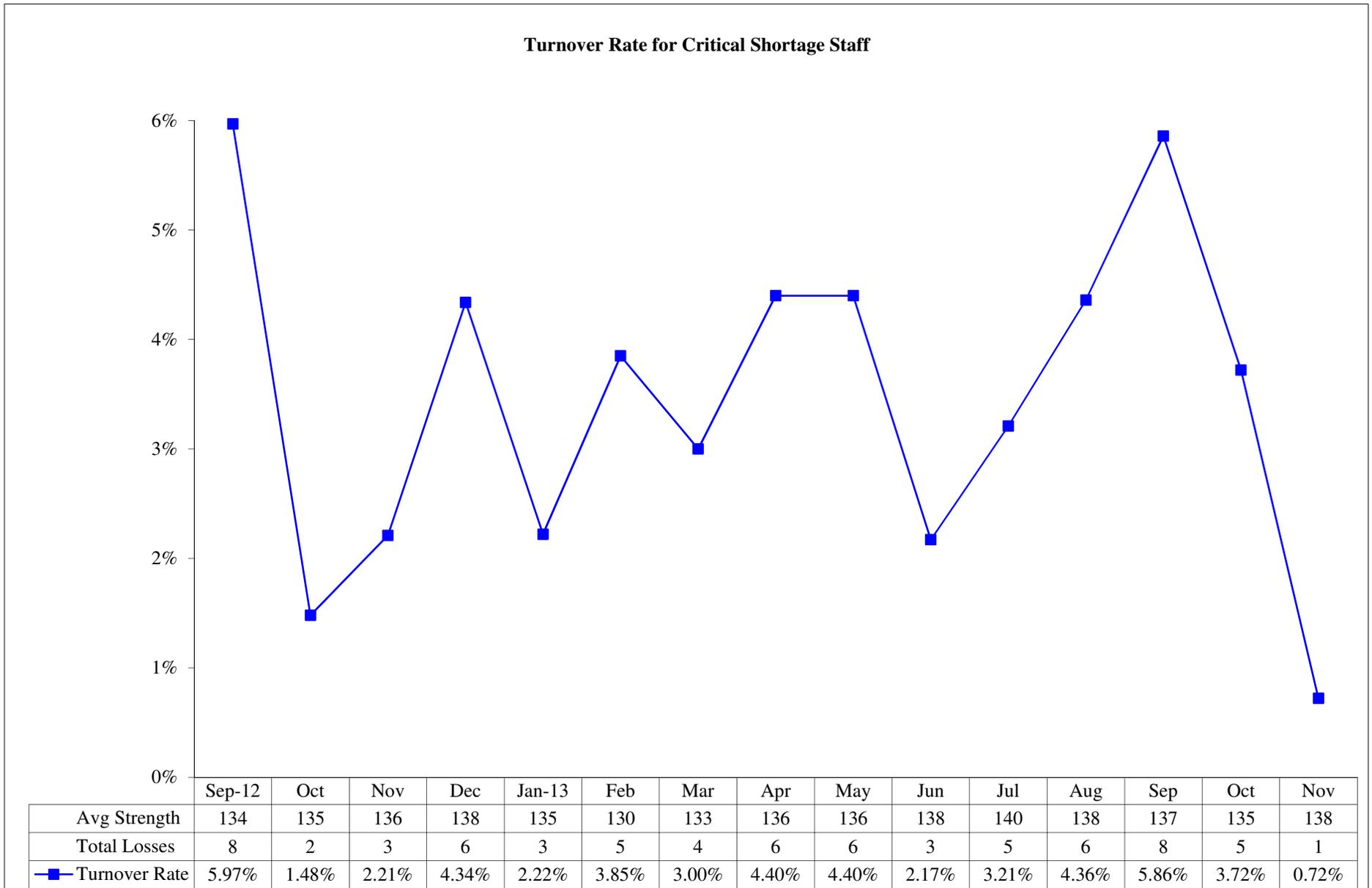


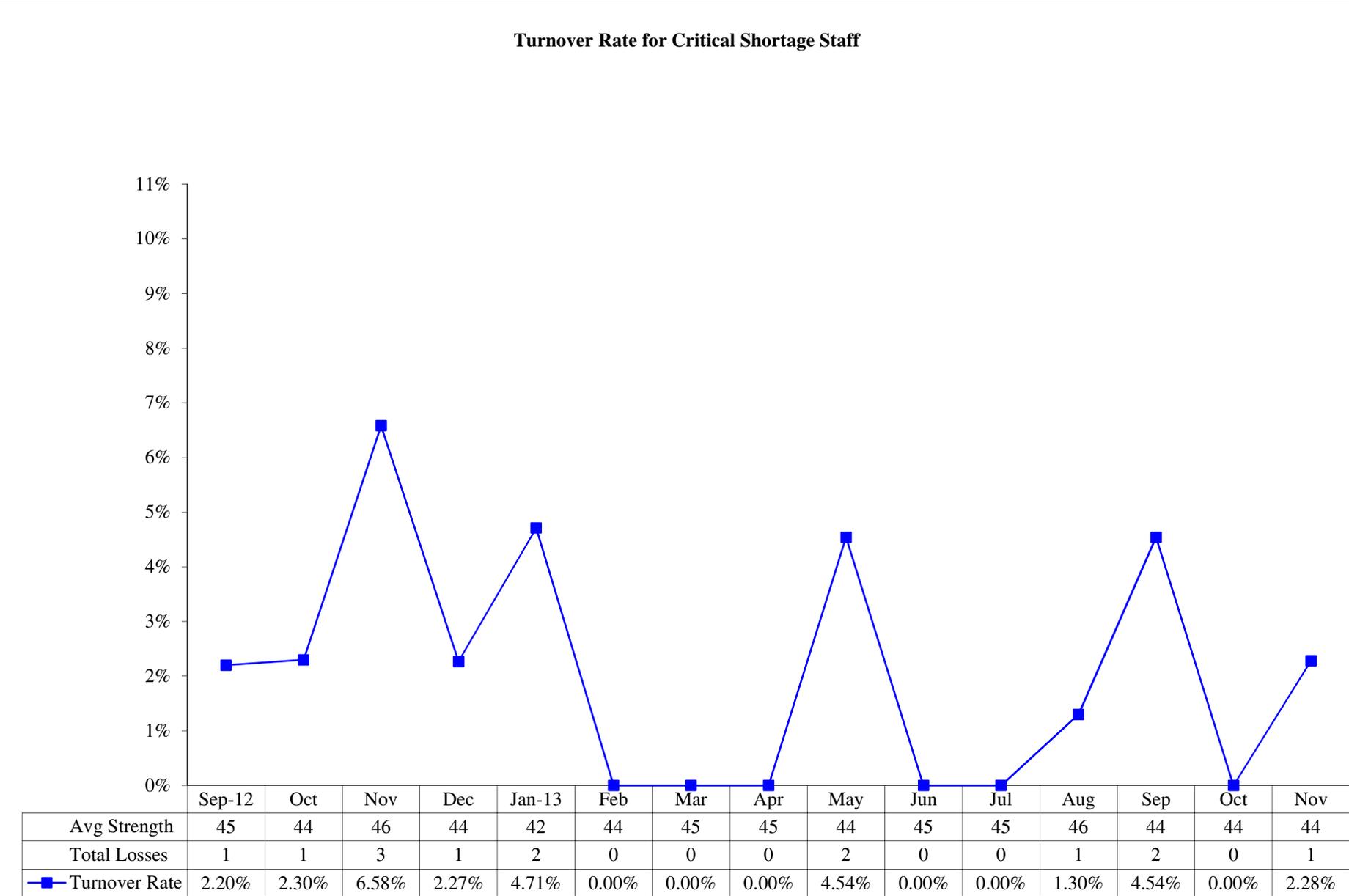
Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Waco Center for Youth



**Measure 8A - Turnover Rate for Critical Shortage Staff
Texas Center for Infectious Disease**



Performance Measure 8B:

Collect, analyze and report staff vacancy rates for critical shortage staff.

Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

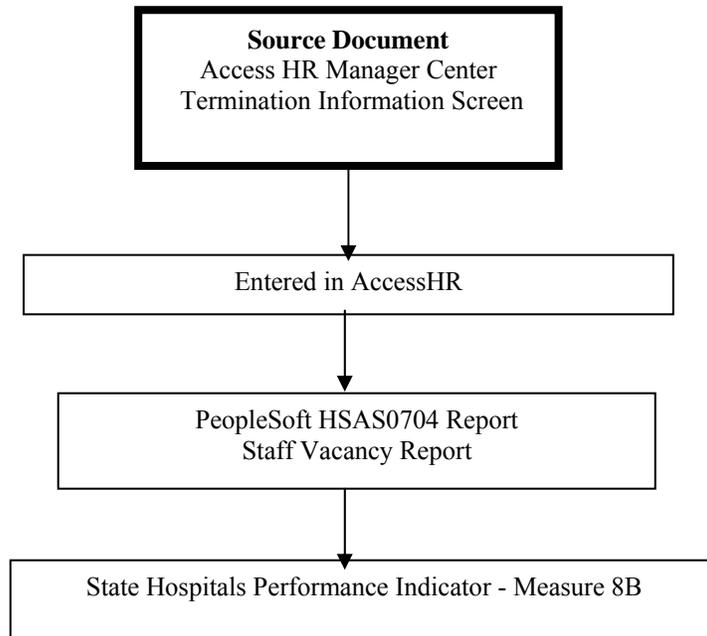
Performance Measure Formula:

Performance Measure Data Display and Chart Description:

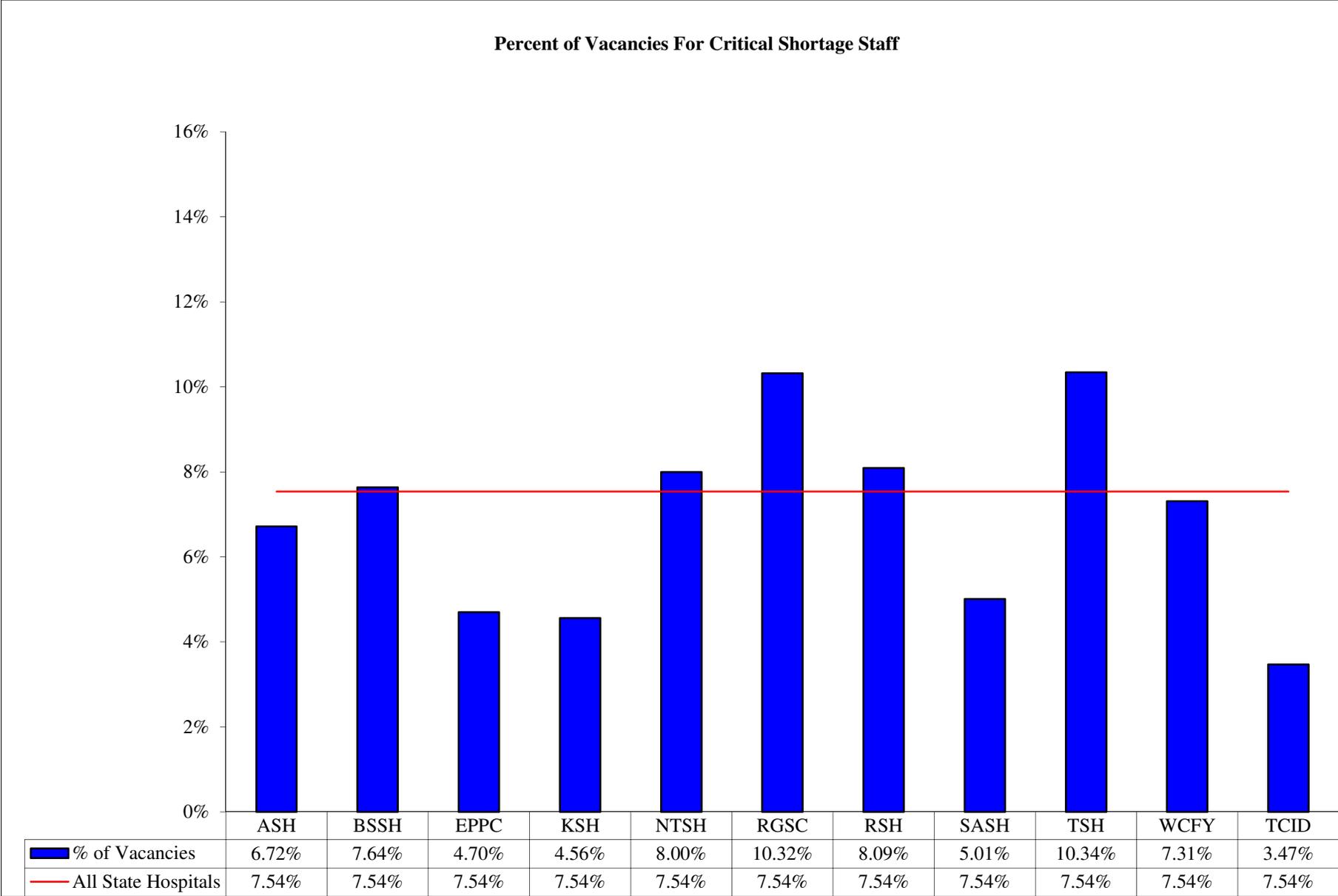
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of percent of vacancies for critical shortage staff for individual state hospitals and system-wide.

Data Flow:

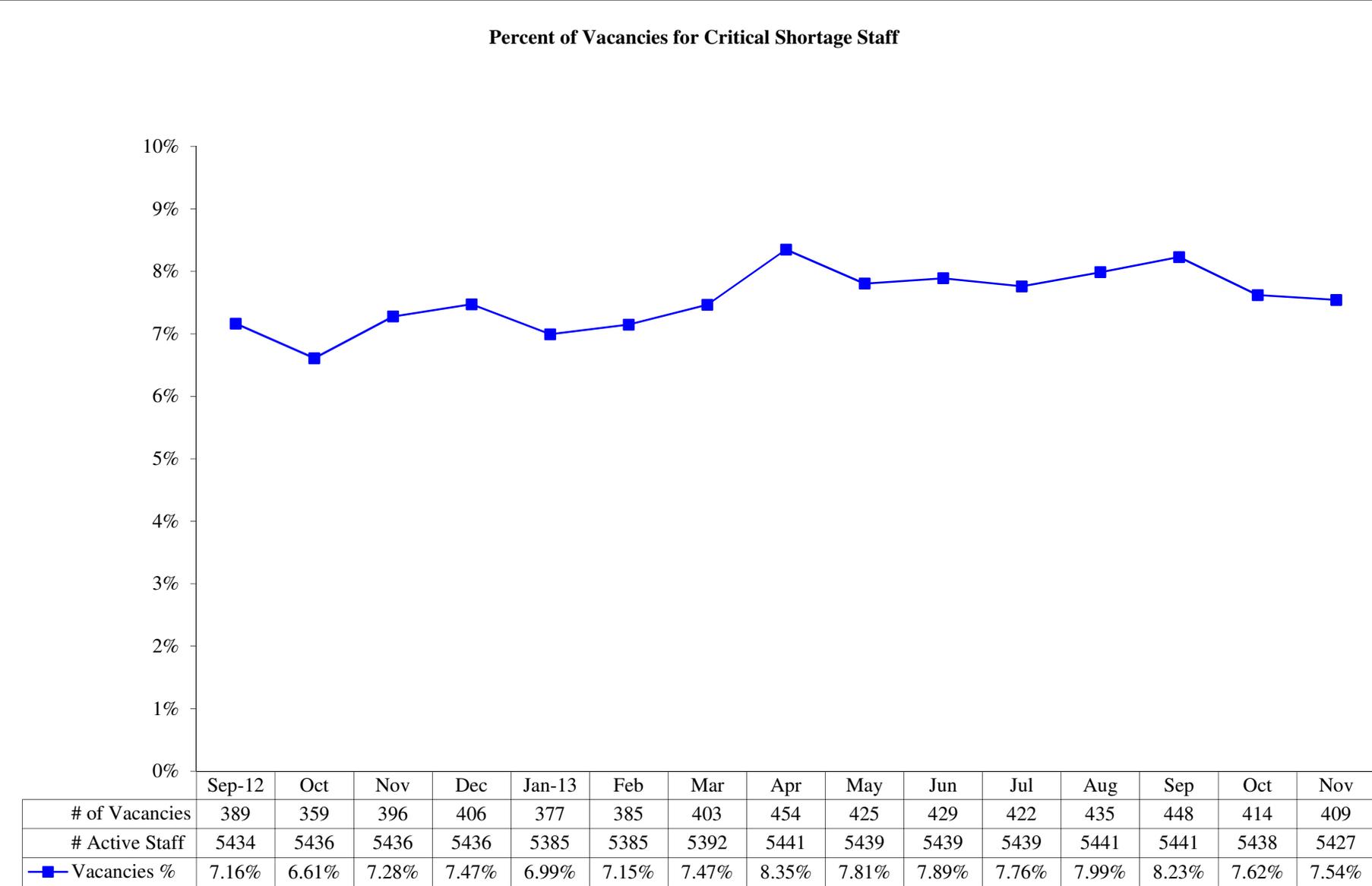
Data Flow:



**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of November 30, 2013**

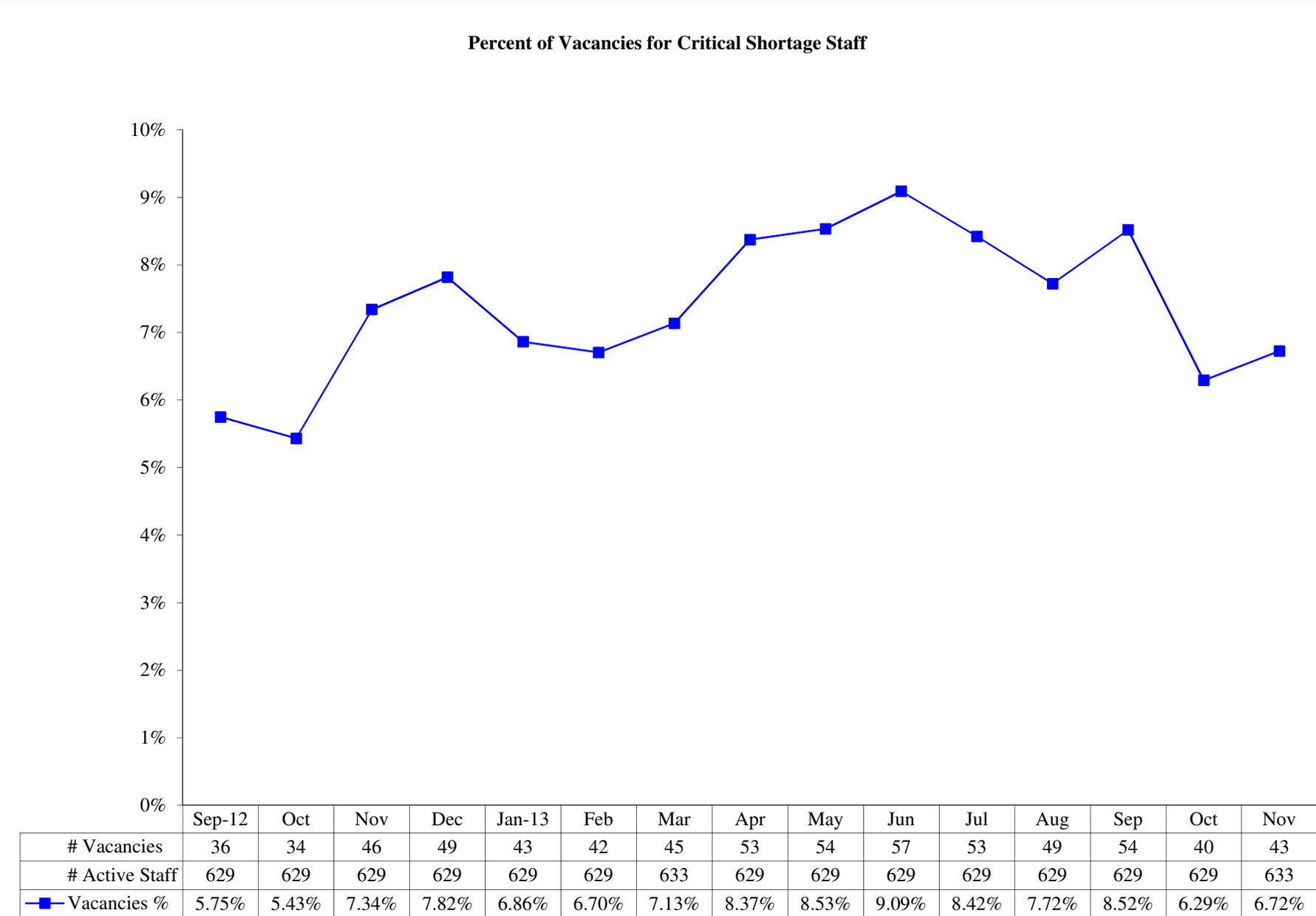


**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals**

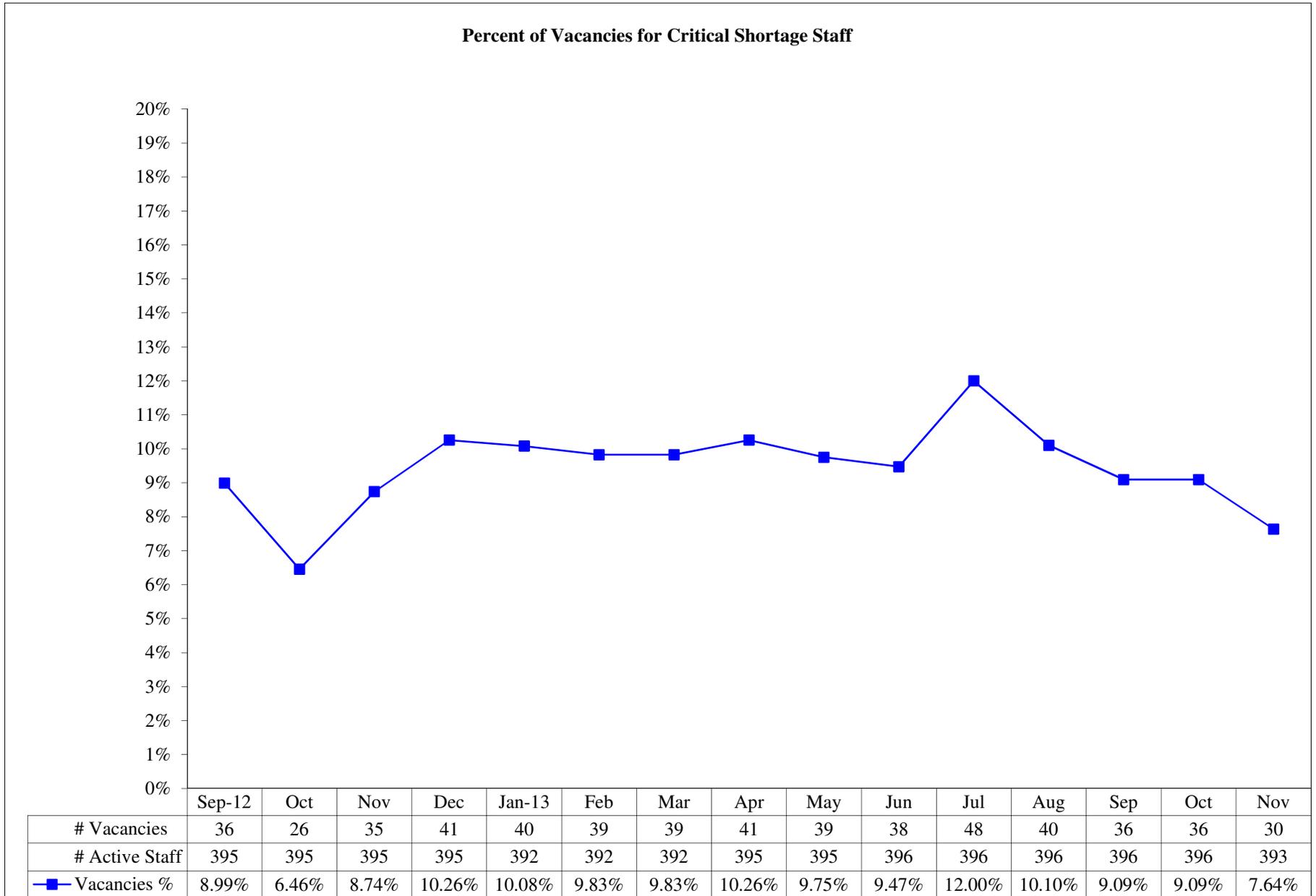


Additional staff added in April at NTSH (97) and RSH (35) due to expanding maximum security beds

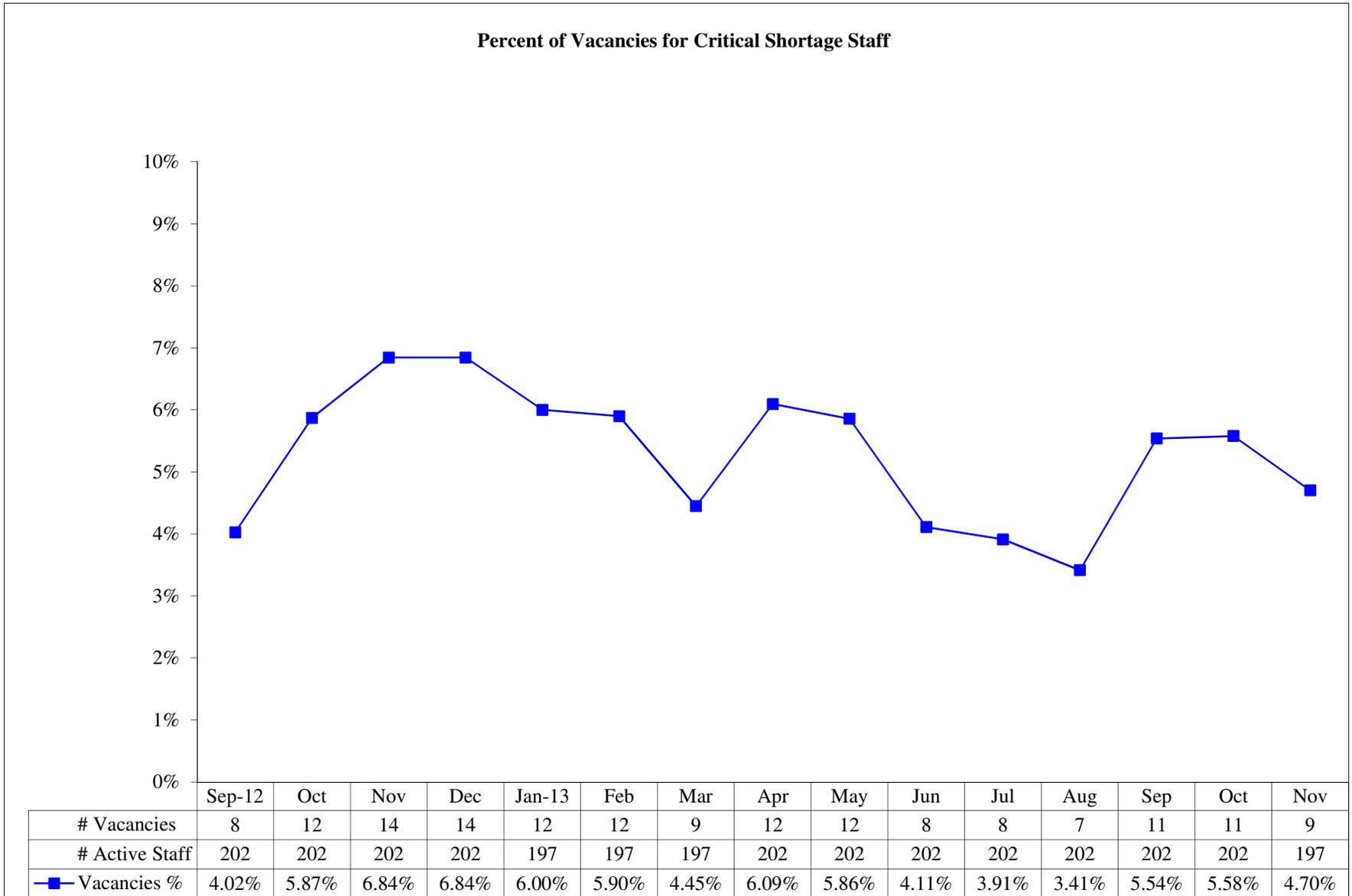
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



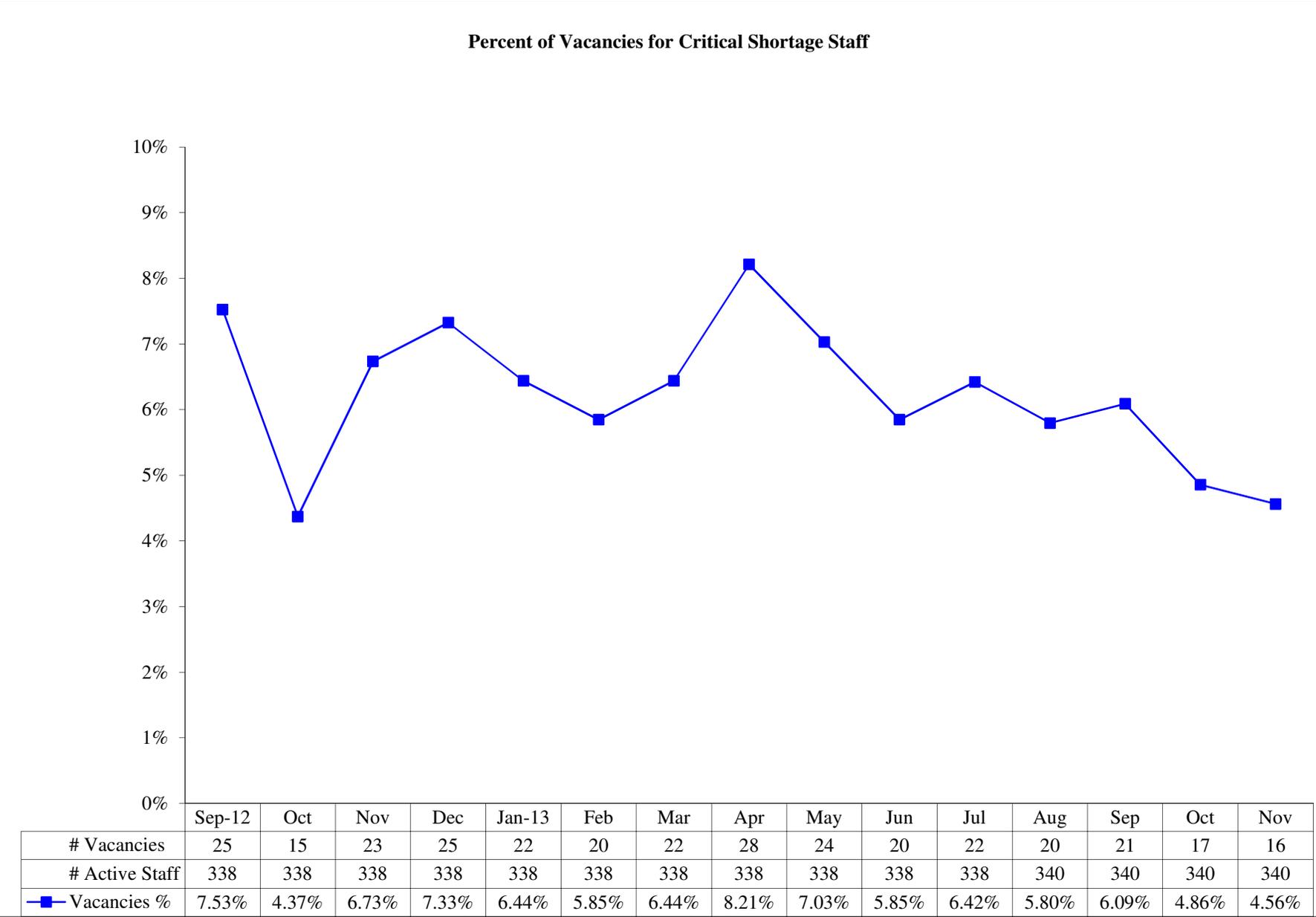
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



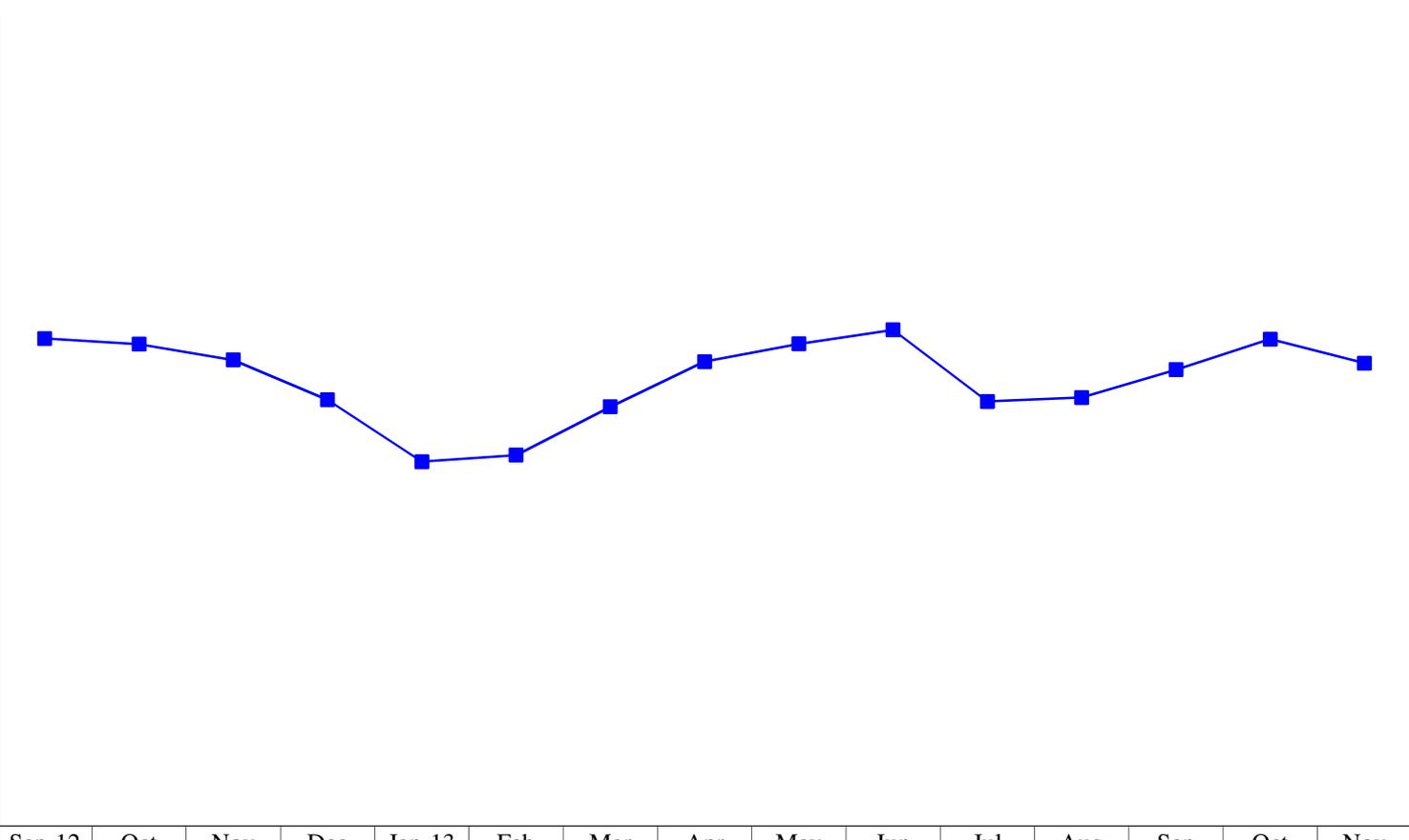
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital

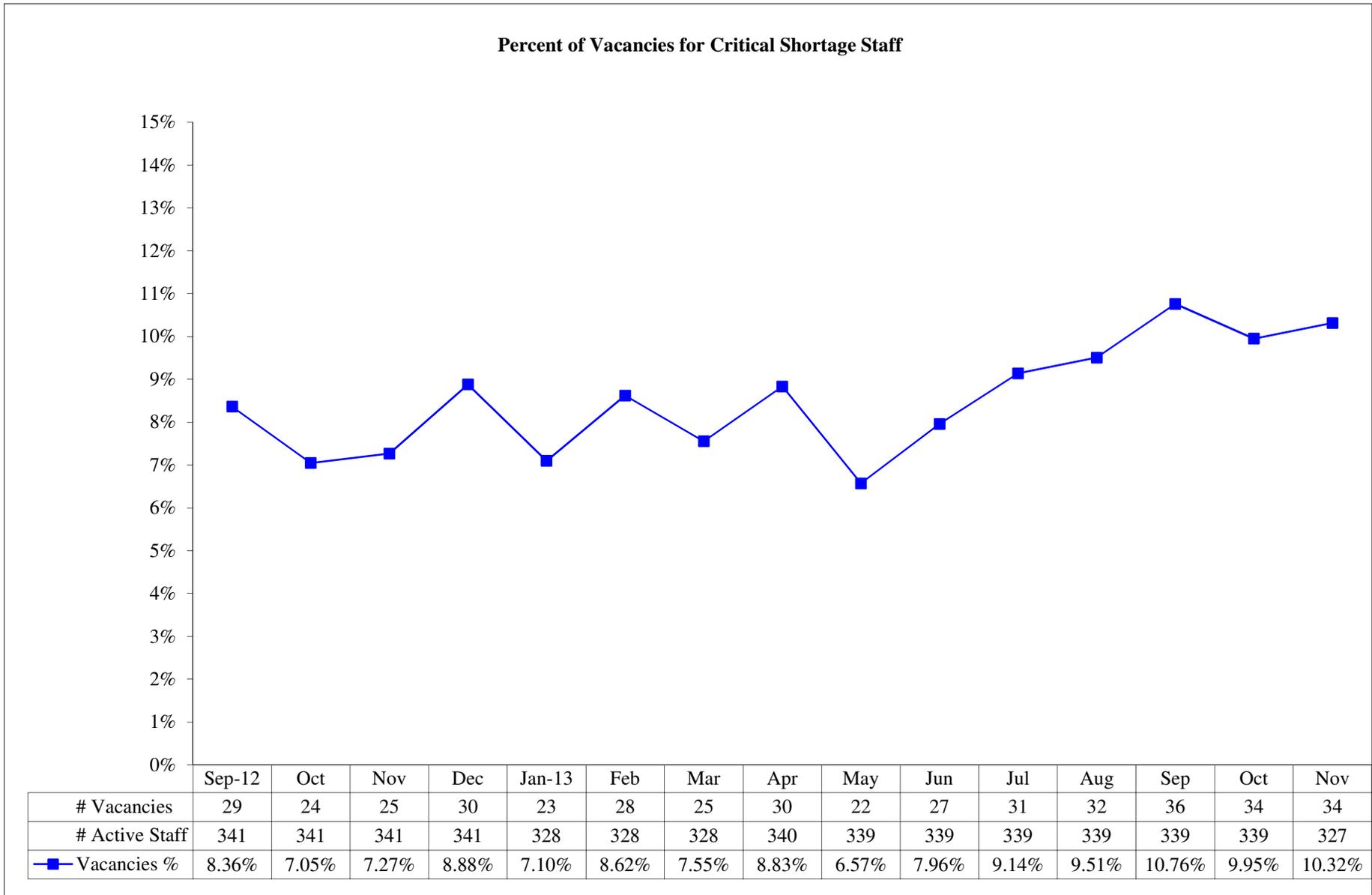
Percent of Vacancies for Critical Shortage Staff

14%
13%
12%
11%
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%

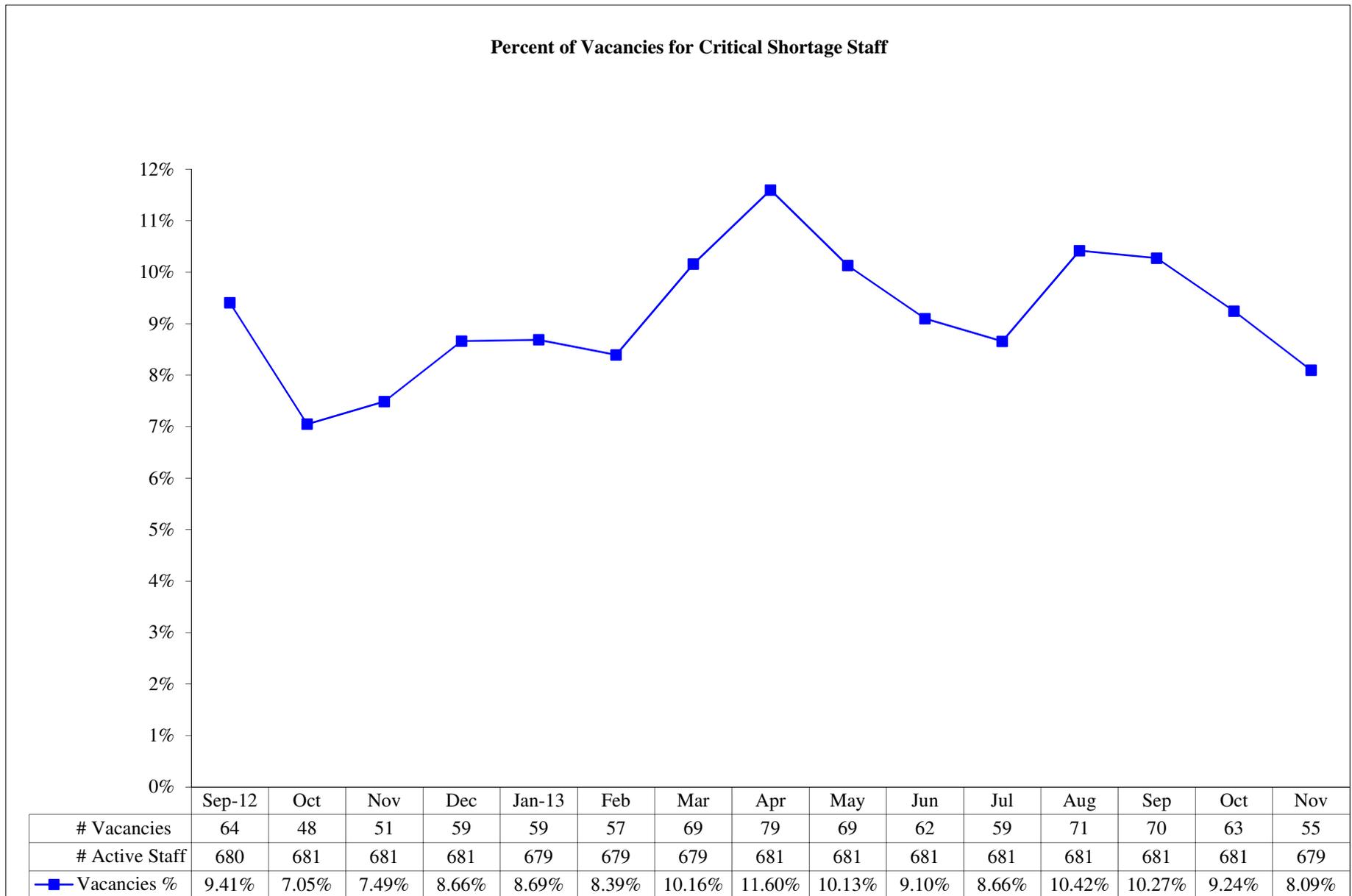


	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
# Vacancies	123	121	117	107	90	92	104	117	121	125	107	108	115	123	115
# Active Staff	1455	1455	1455	1455	1432	1432	1435	1456	1456	1456	1456	1456	1456	1456	1438
■ Vacancies %	8.43%	8.33%	8.06%	7.37%	6.30%	6.41%	7.25%	8.03%	8.34%	8.58%	7.34%	7.41%	7.89%	8.42%	8.00%

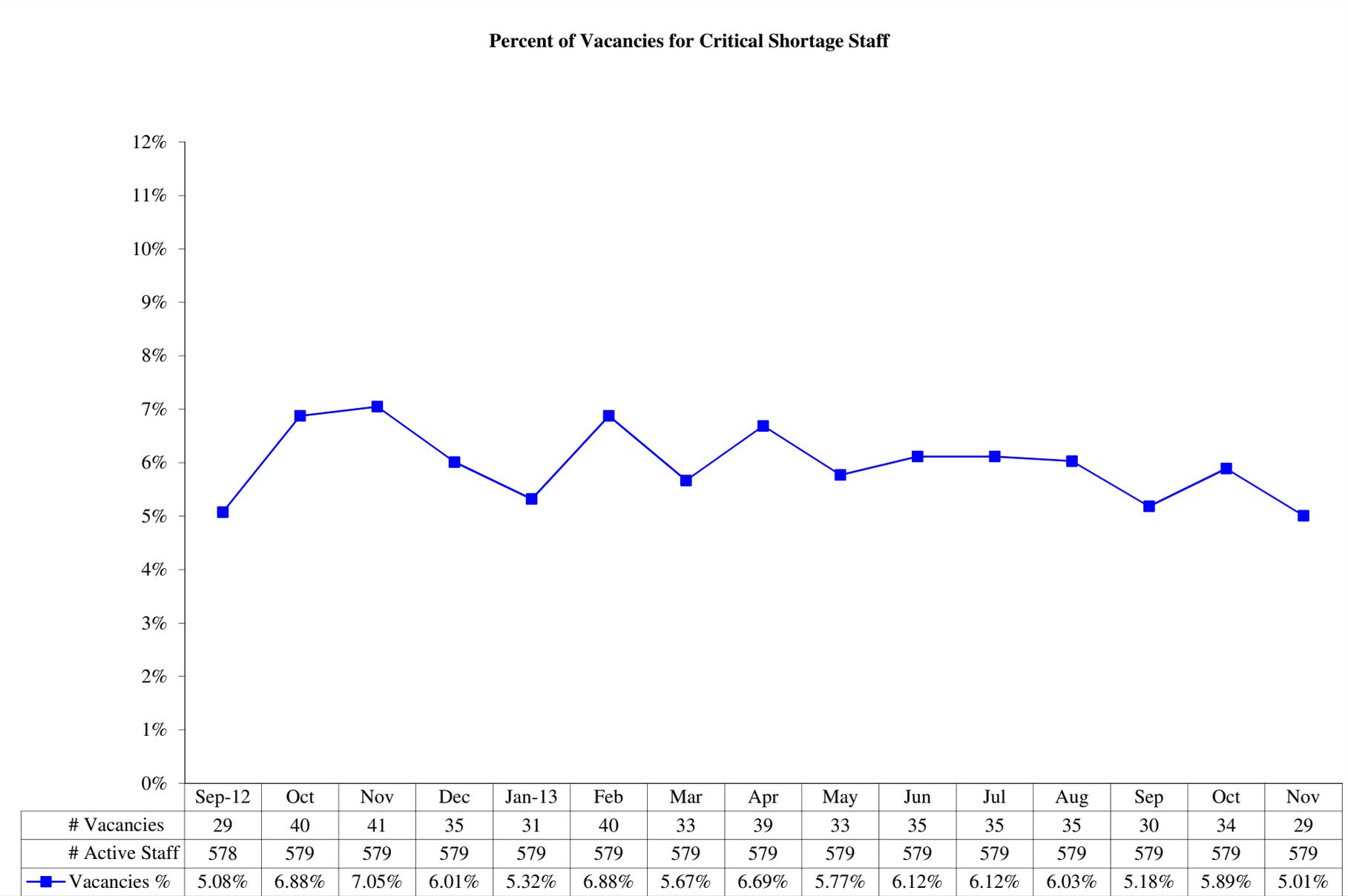
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**

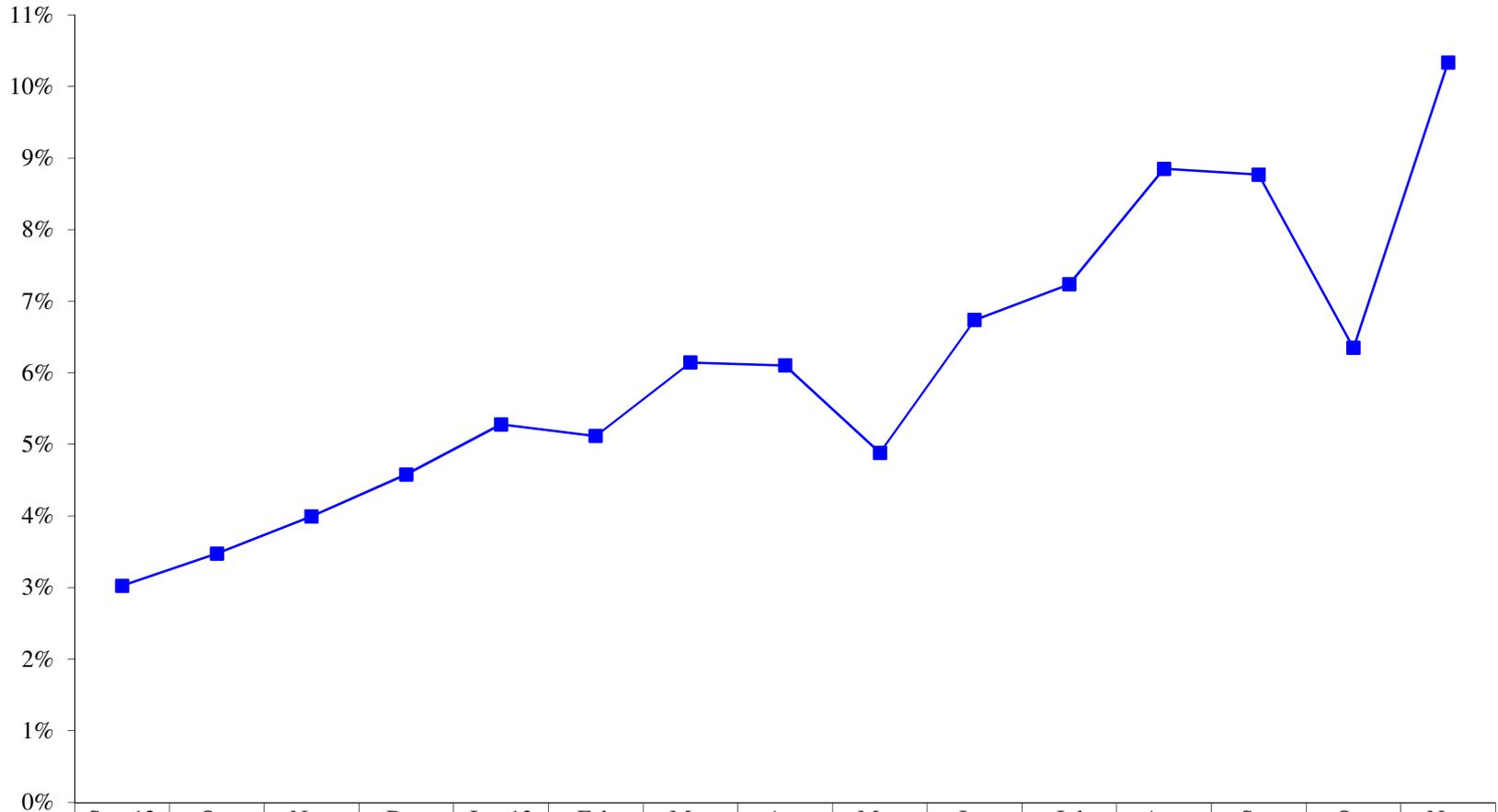


**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**

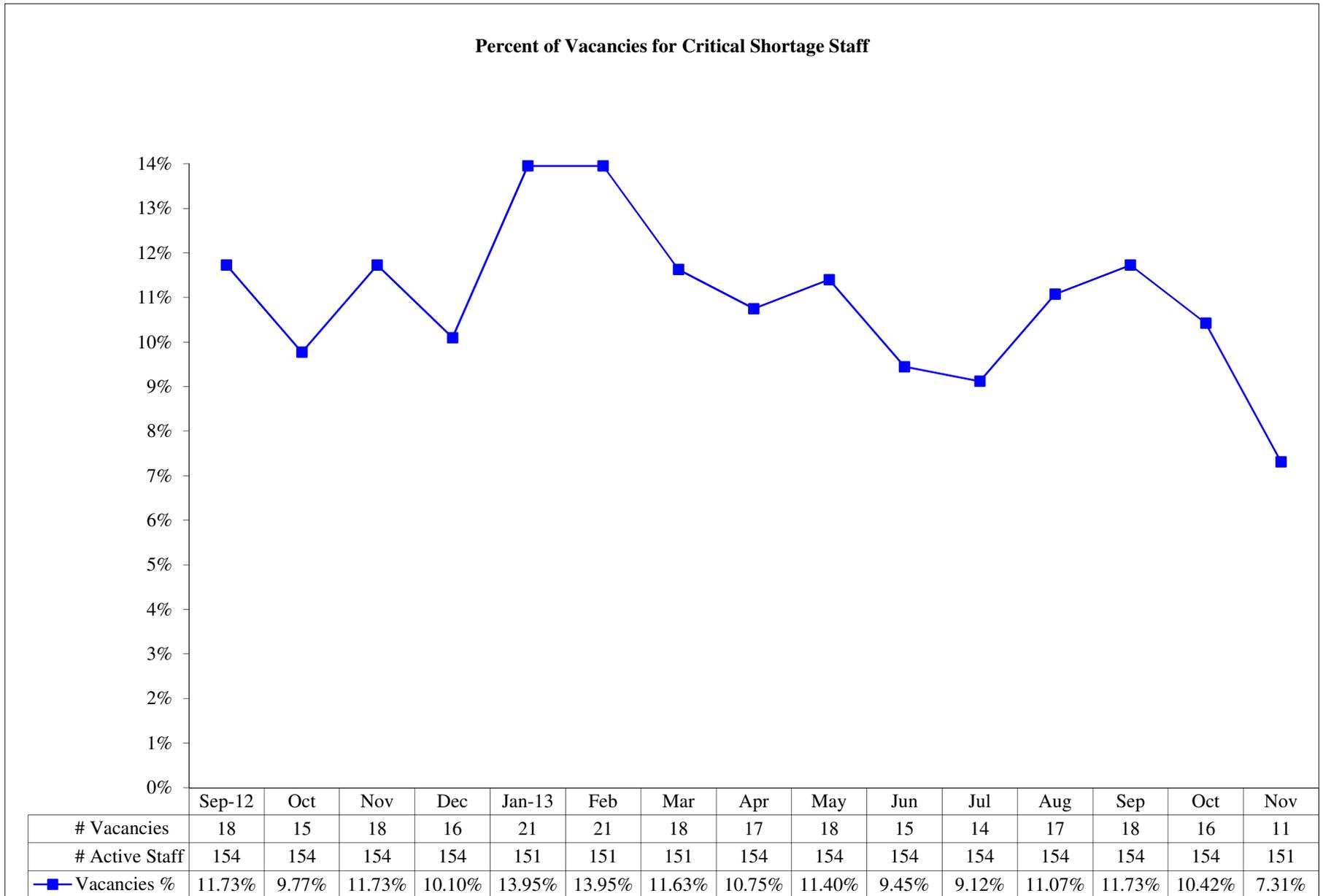


**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**

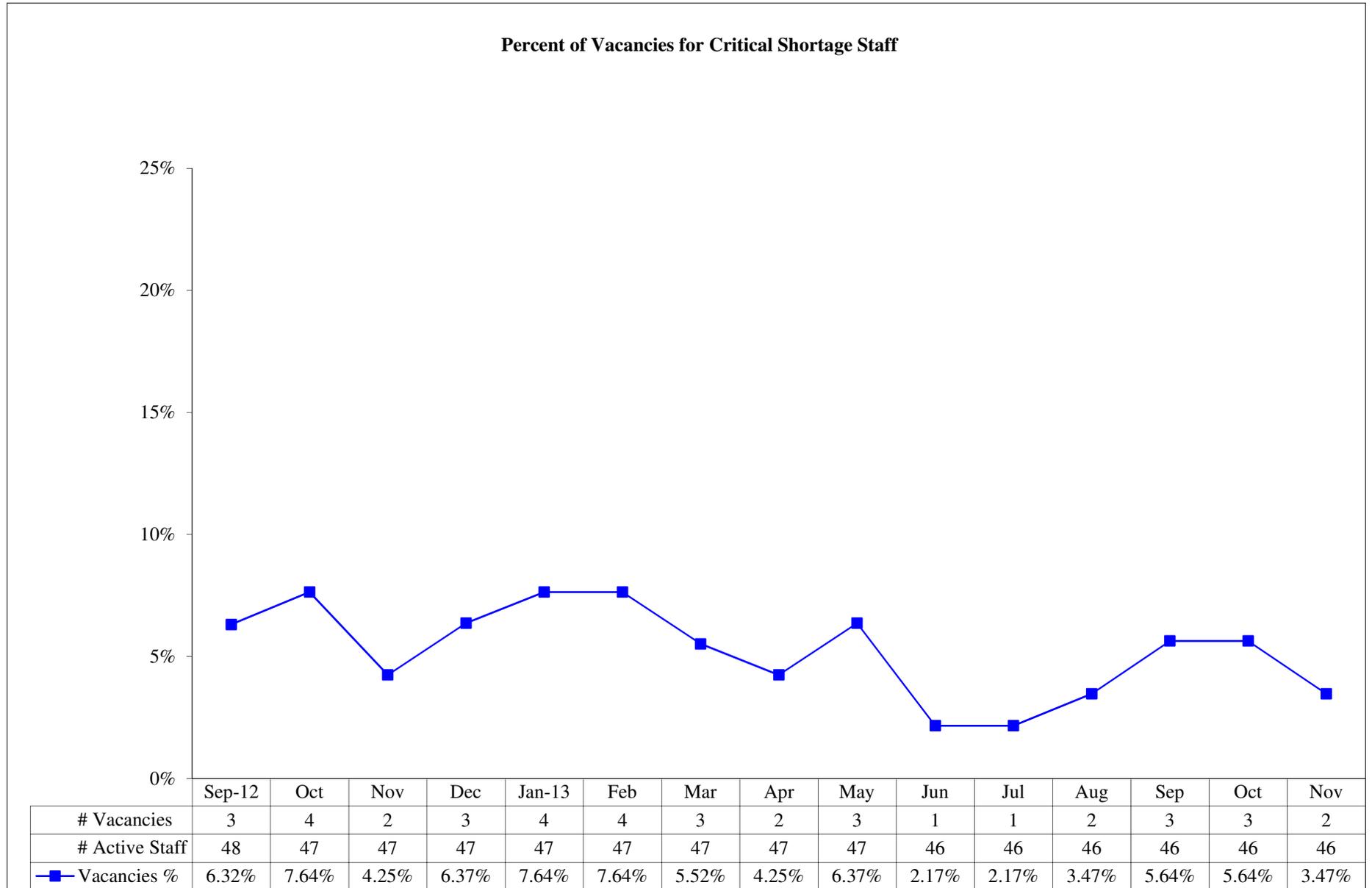
Percent of Vacancies for Critical Shortage Staff



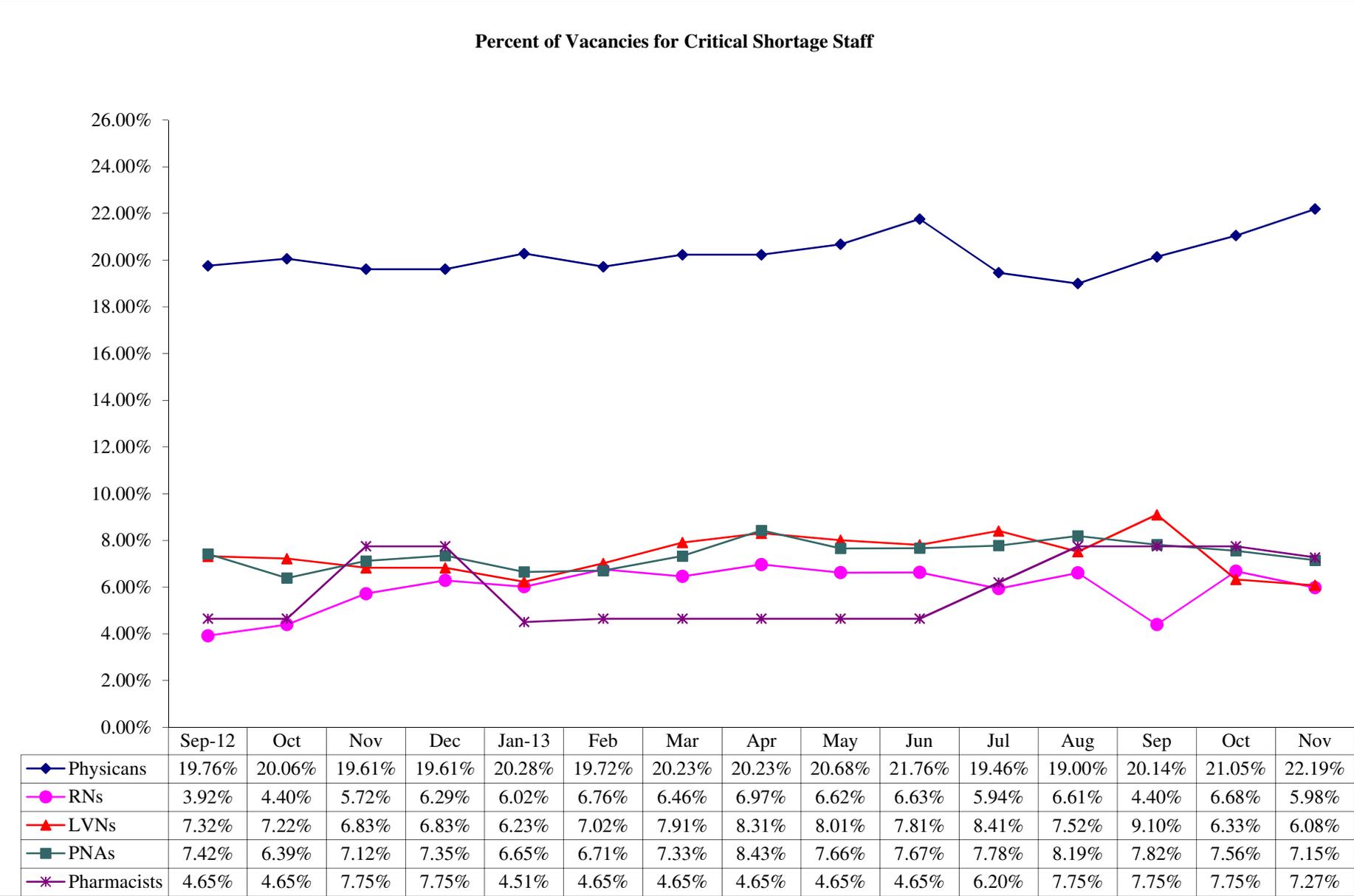
**Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth**



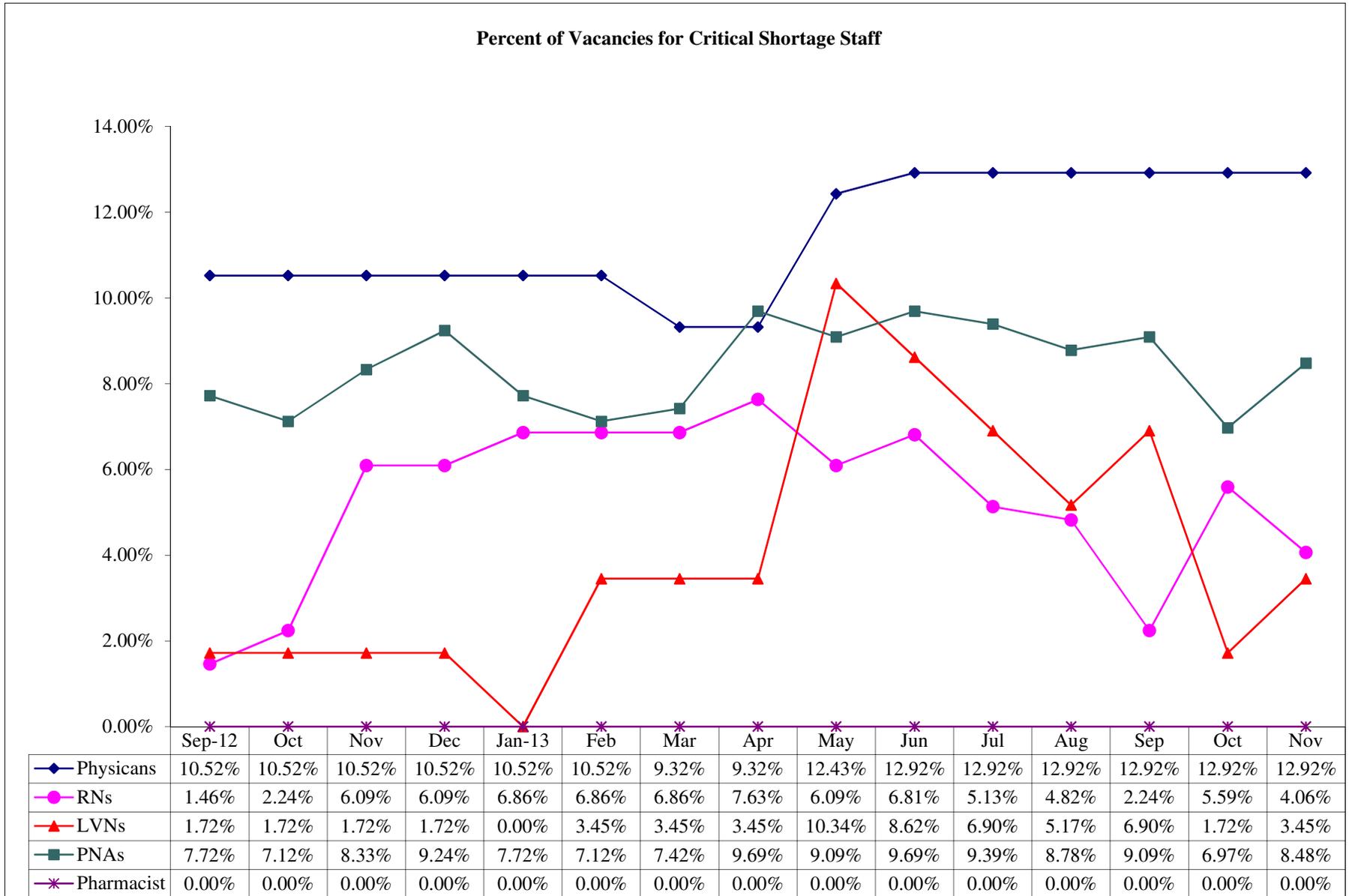
Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease



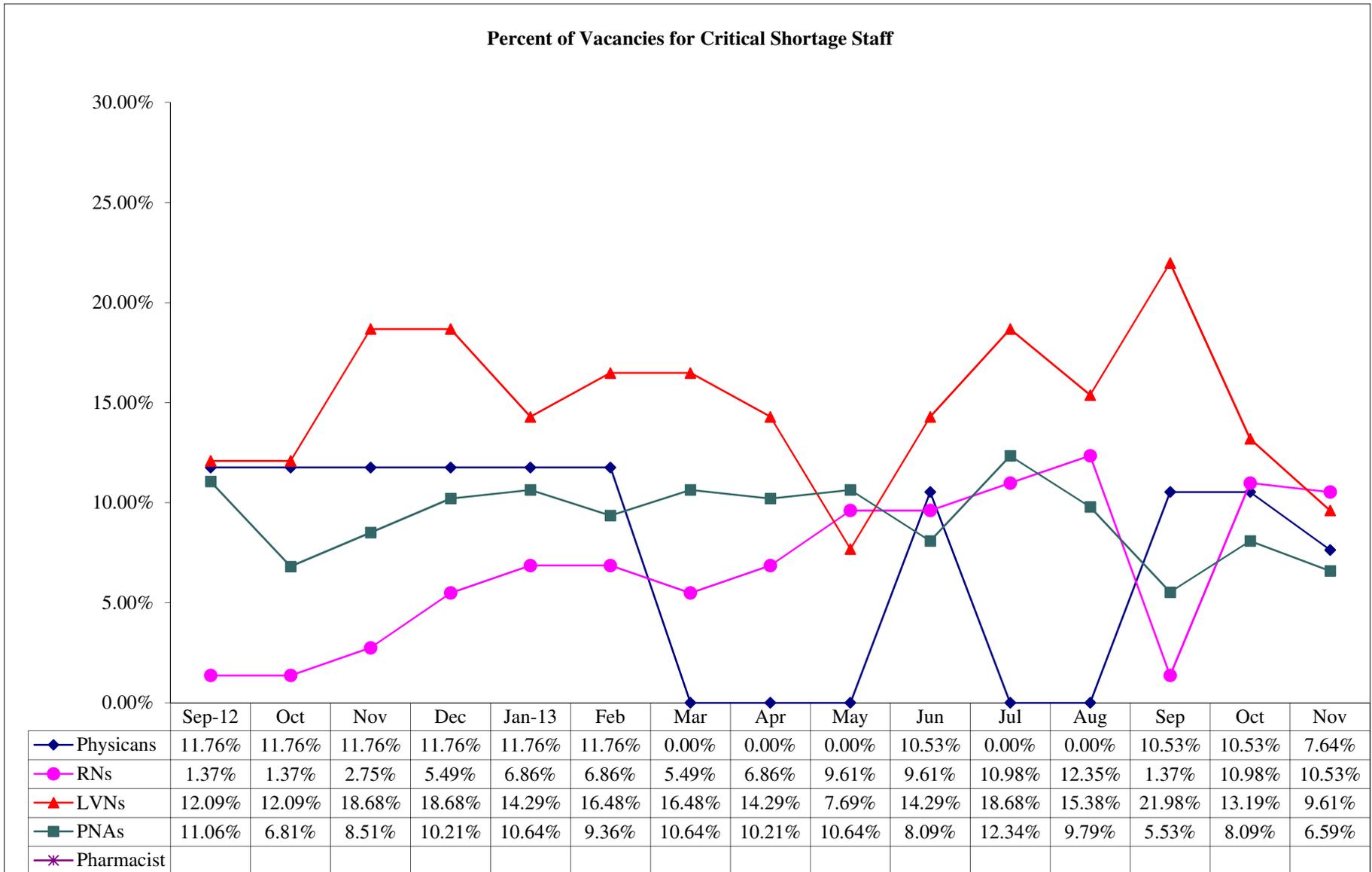
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals



**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**

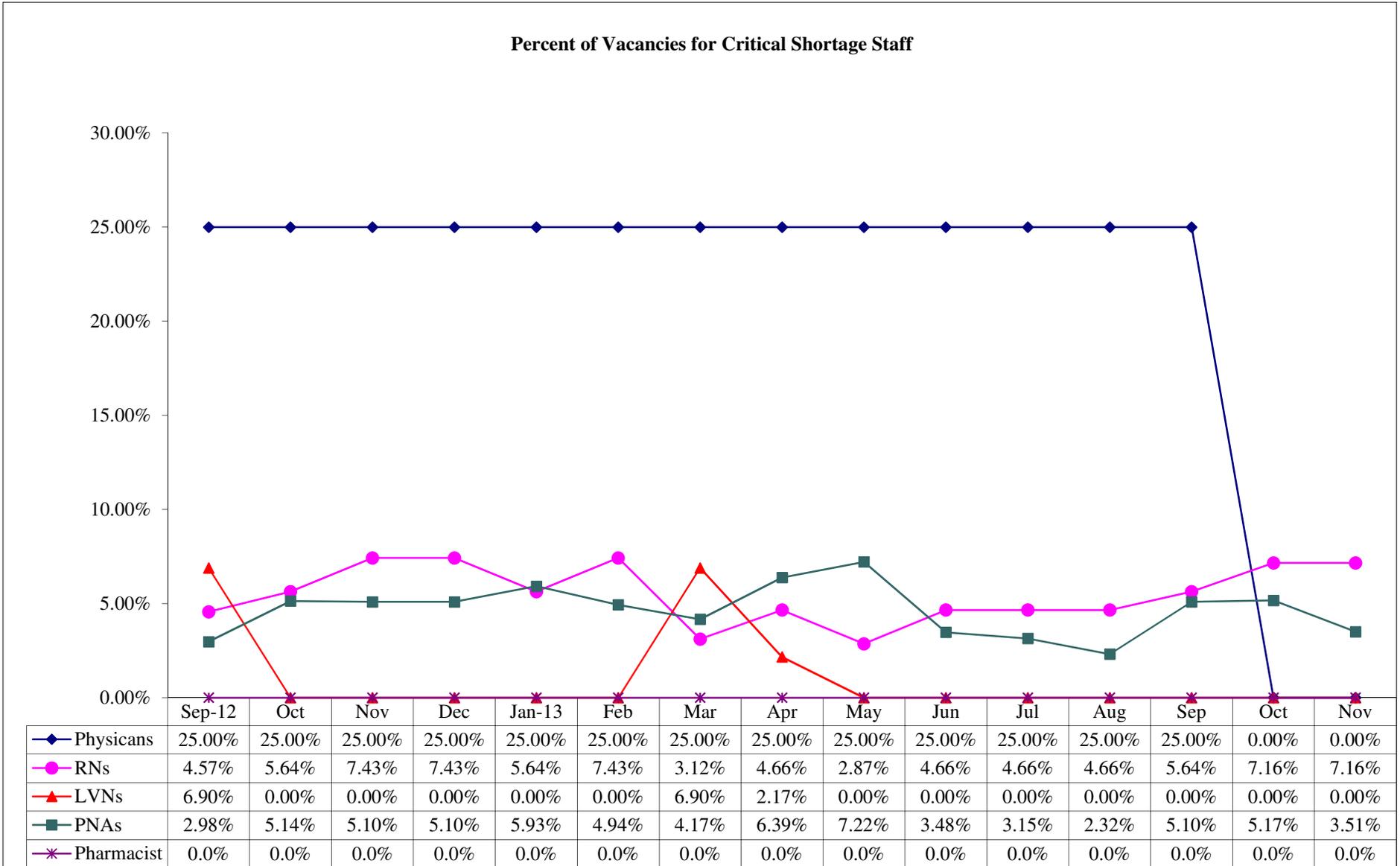


**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**

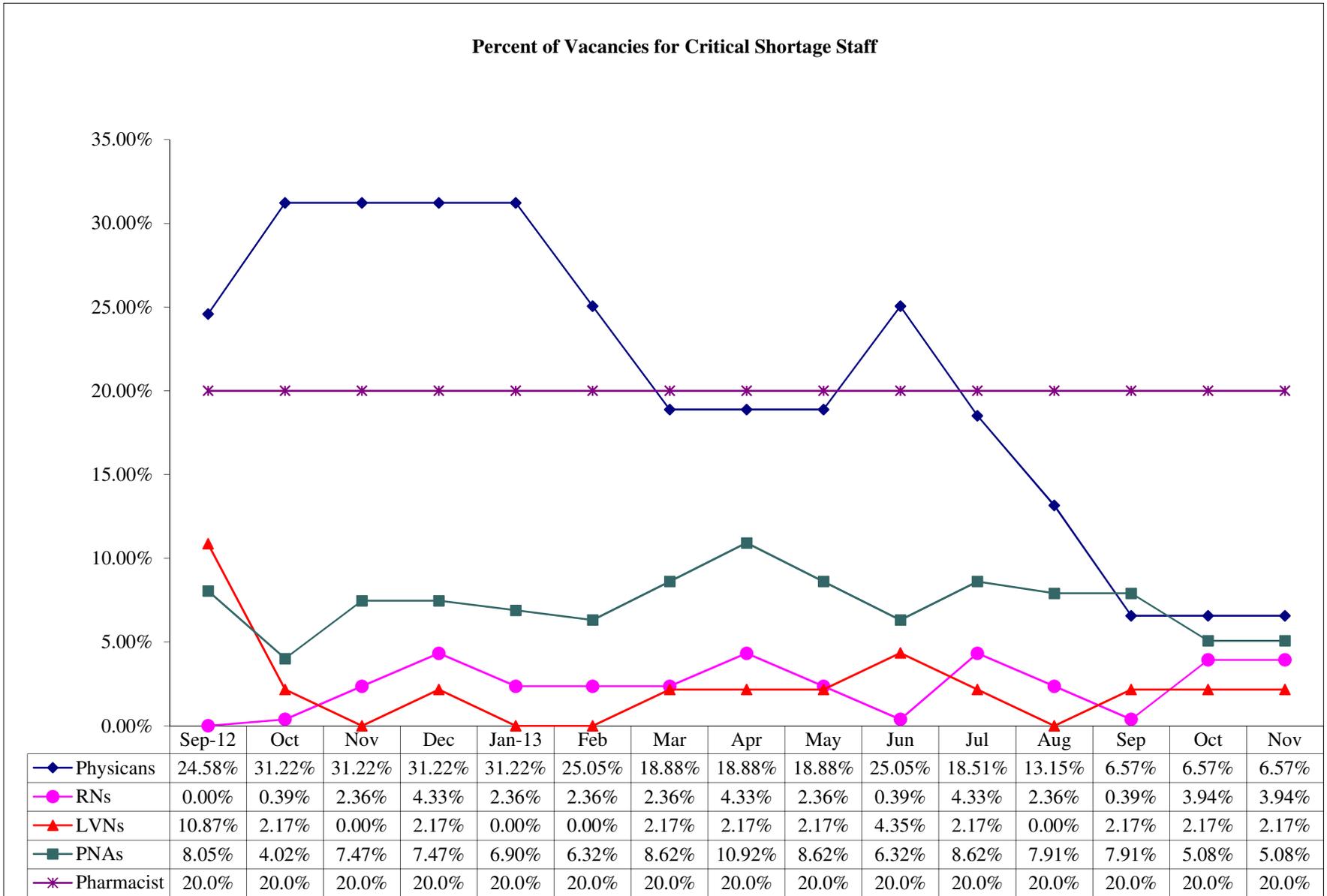


Pharmacist - privatized

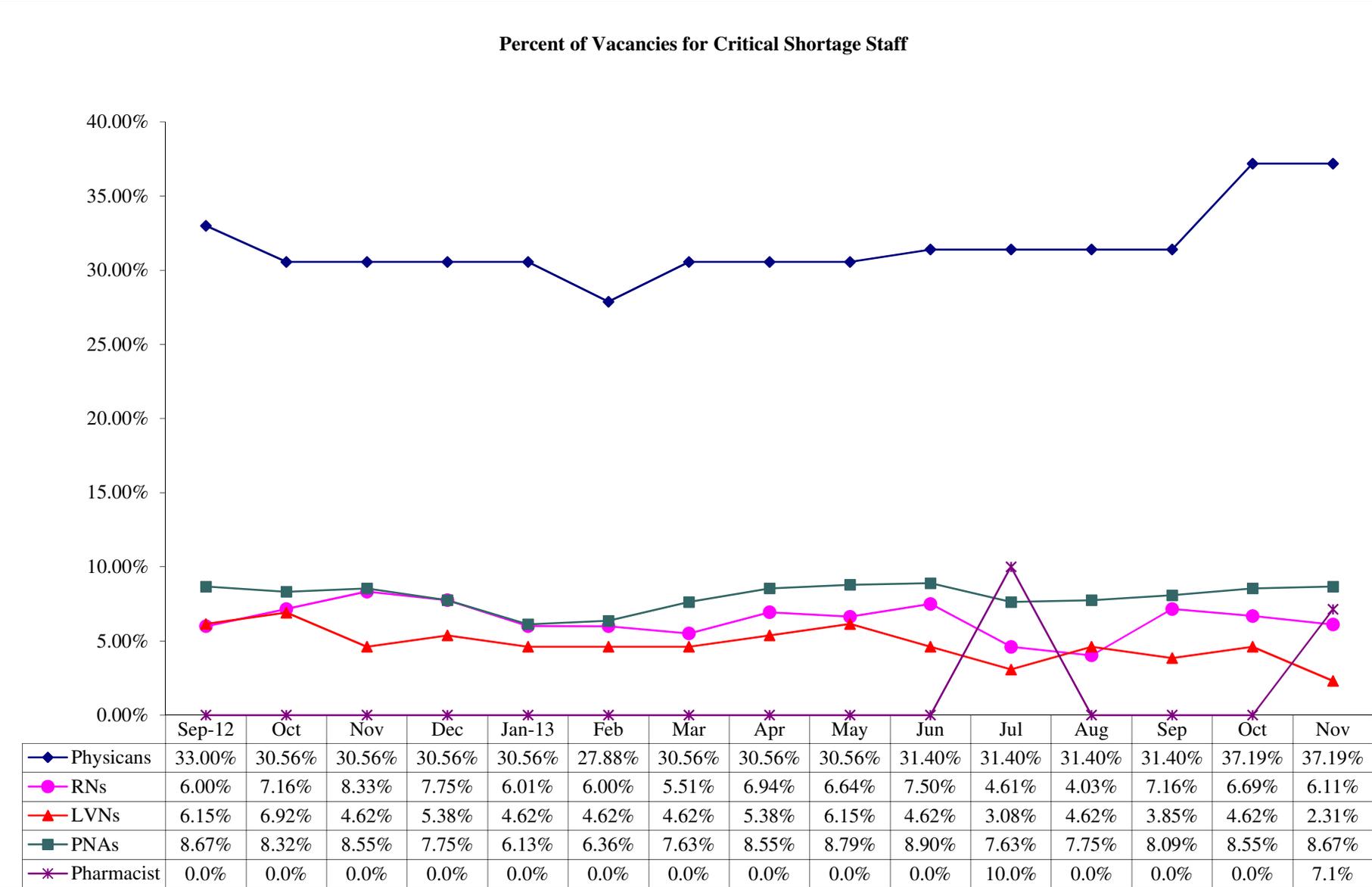
Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center



**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**

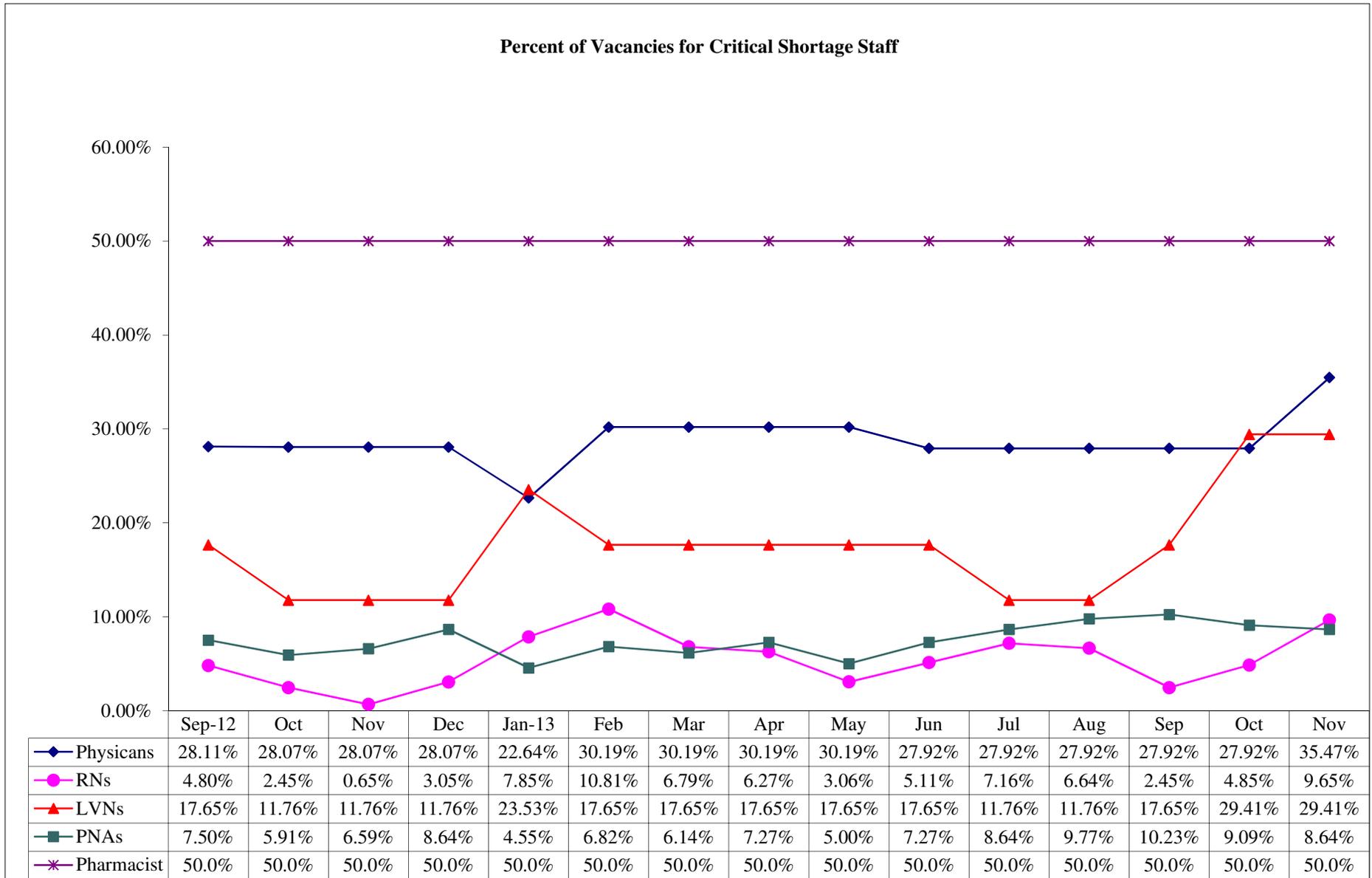


**Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital**

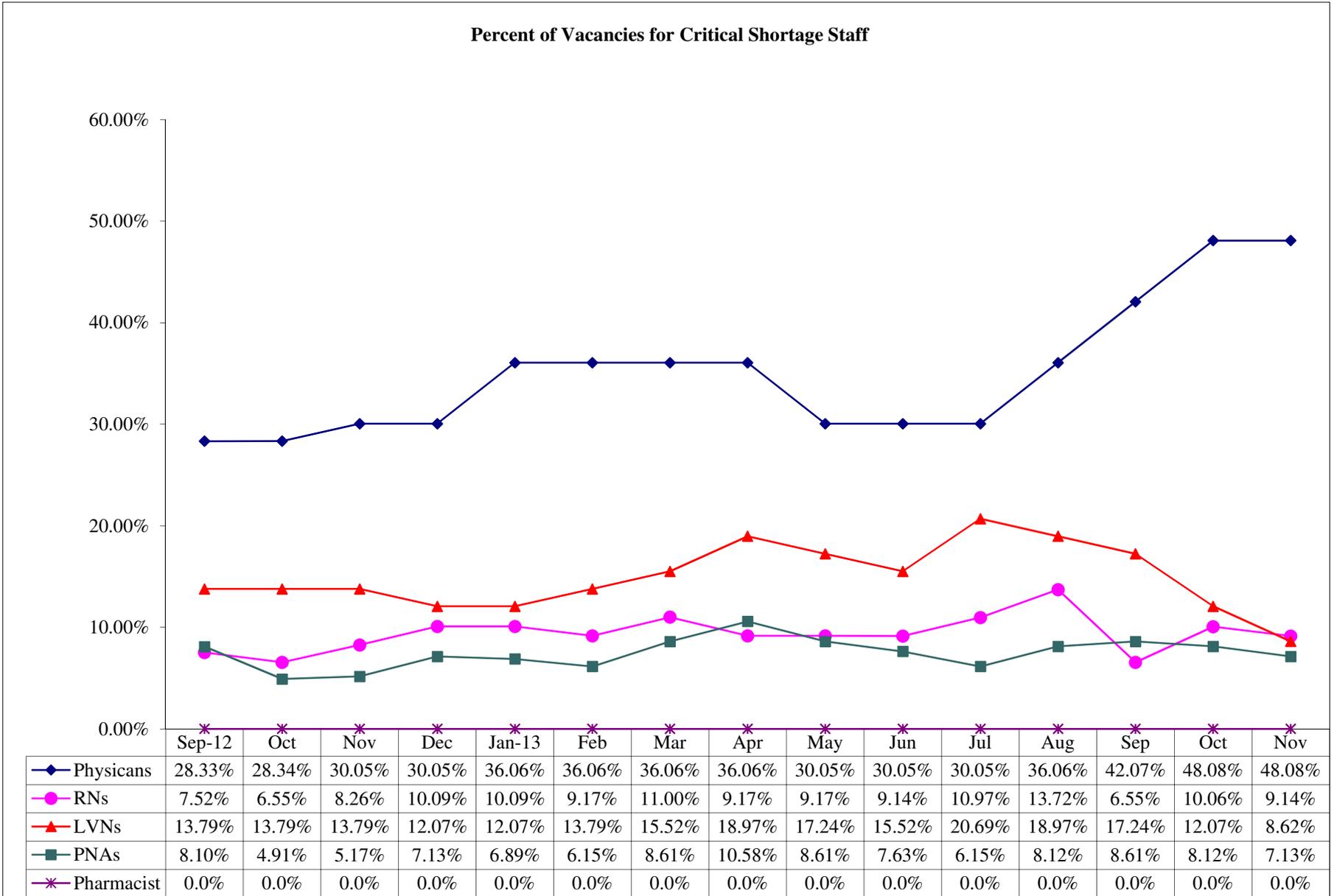


*Apr - Additional 97 staff added

**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**

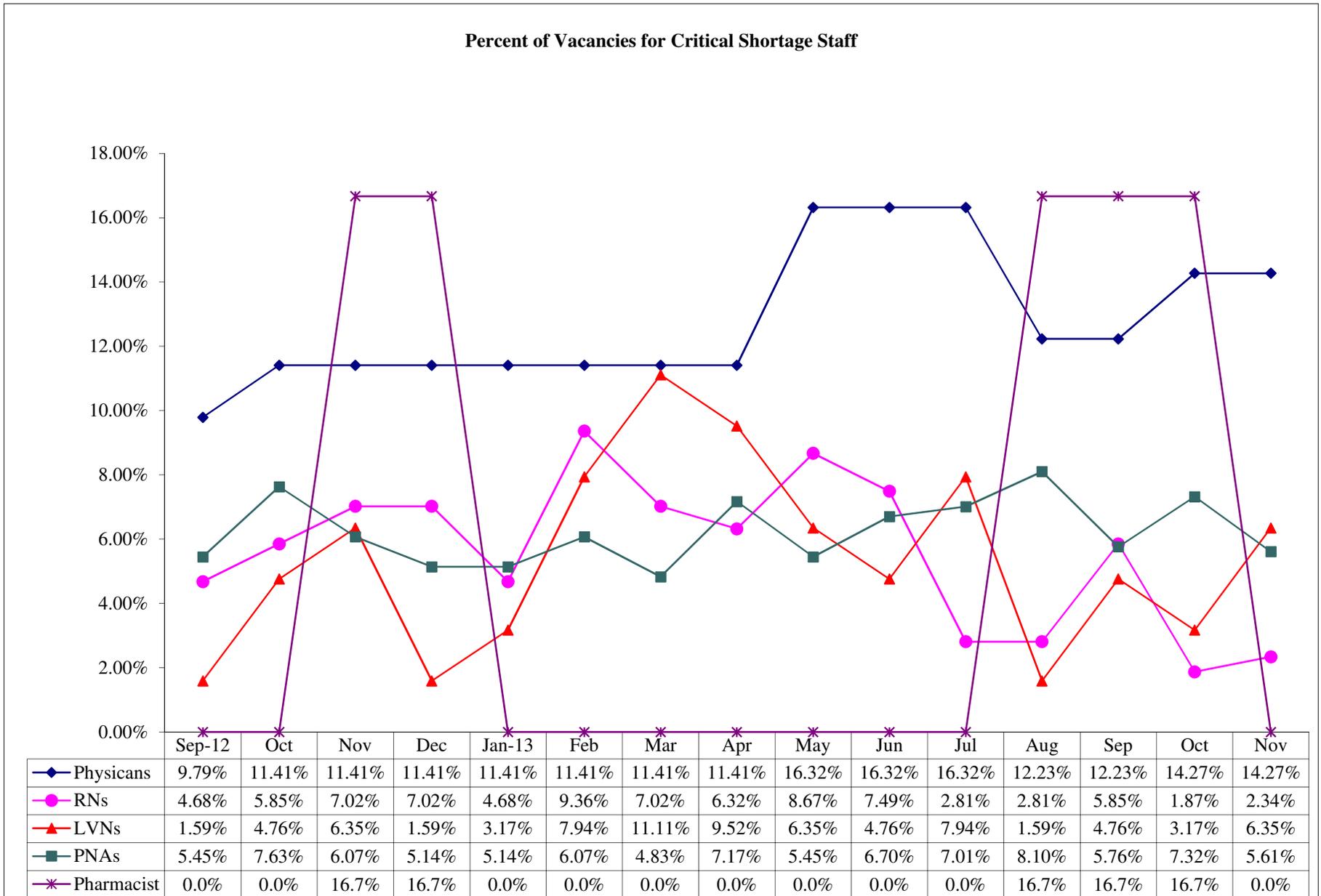


**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**

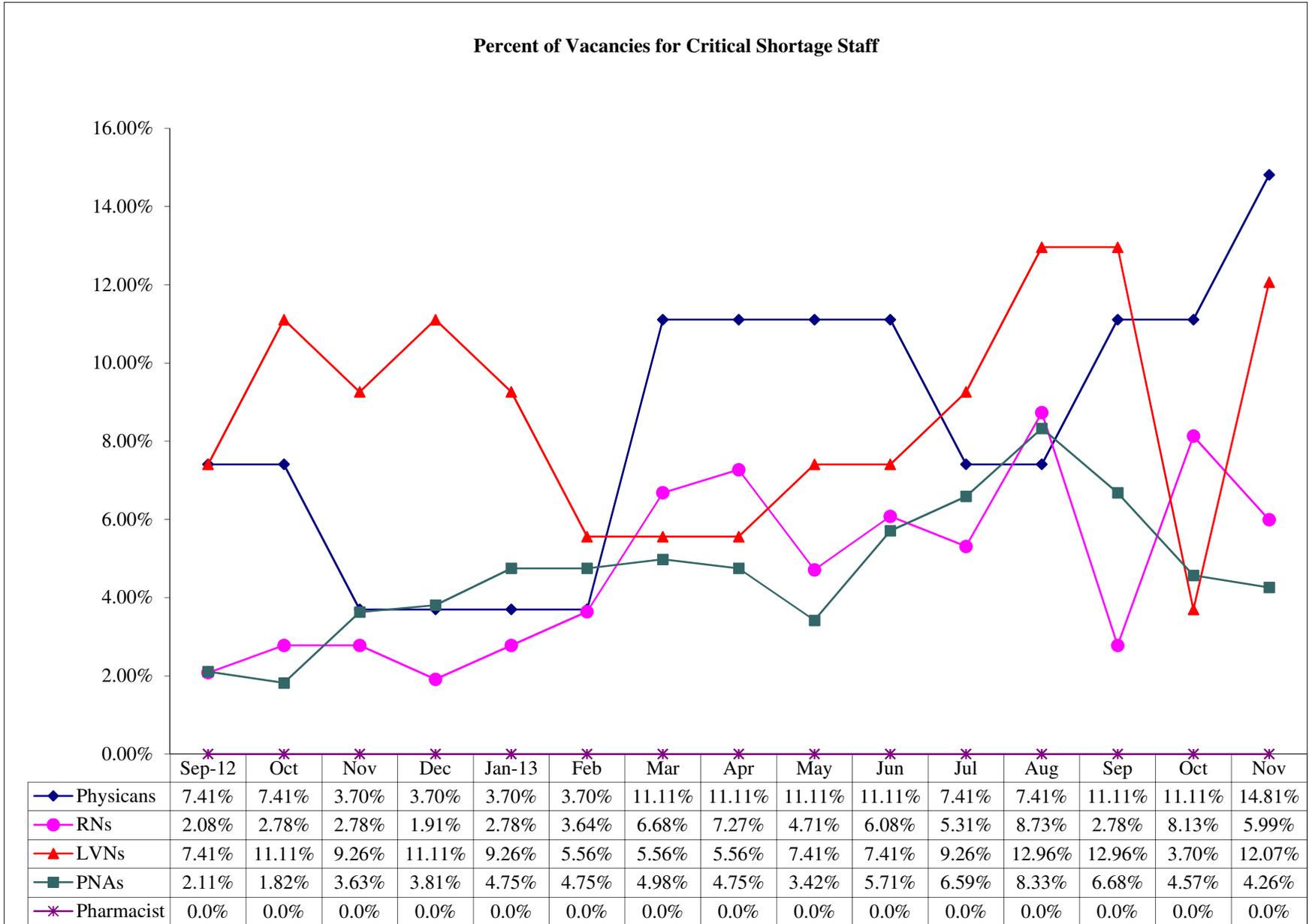


*Apr - Additional 35 staff added

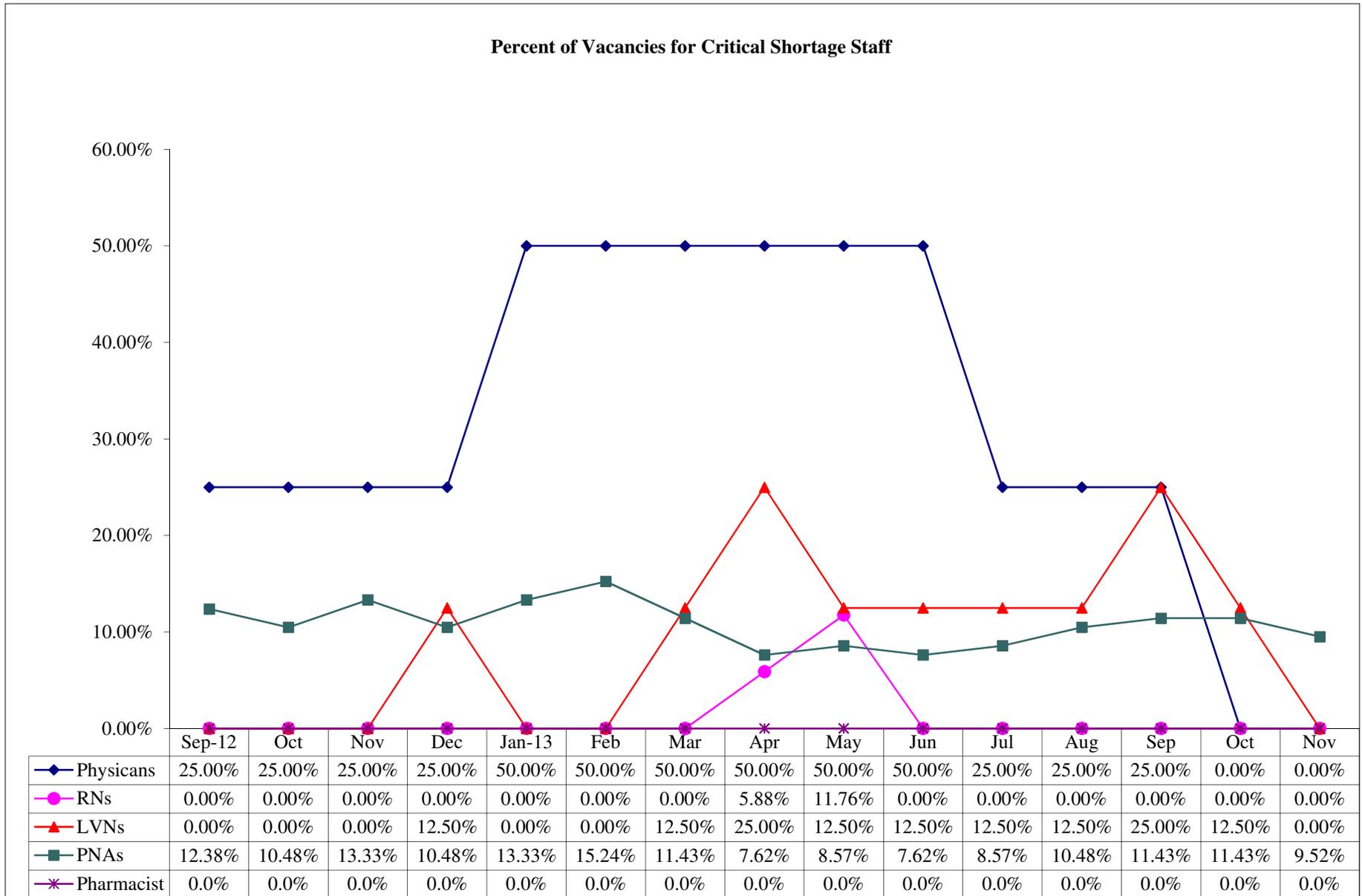
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



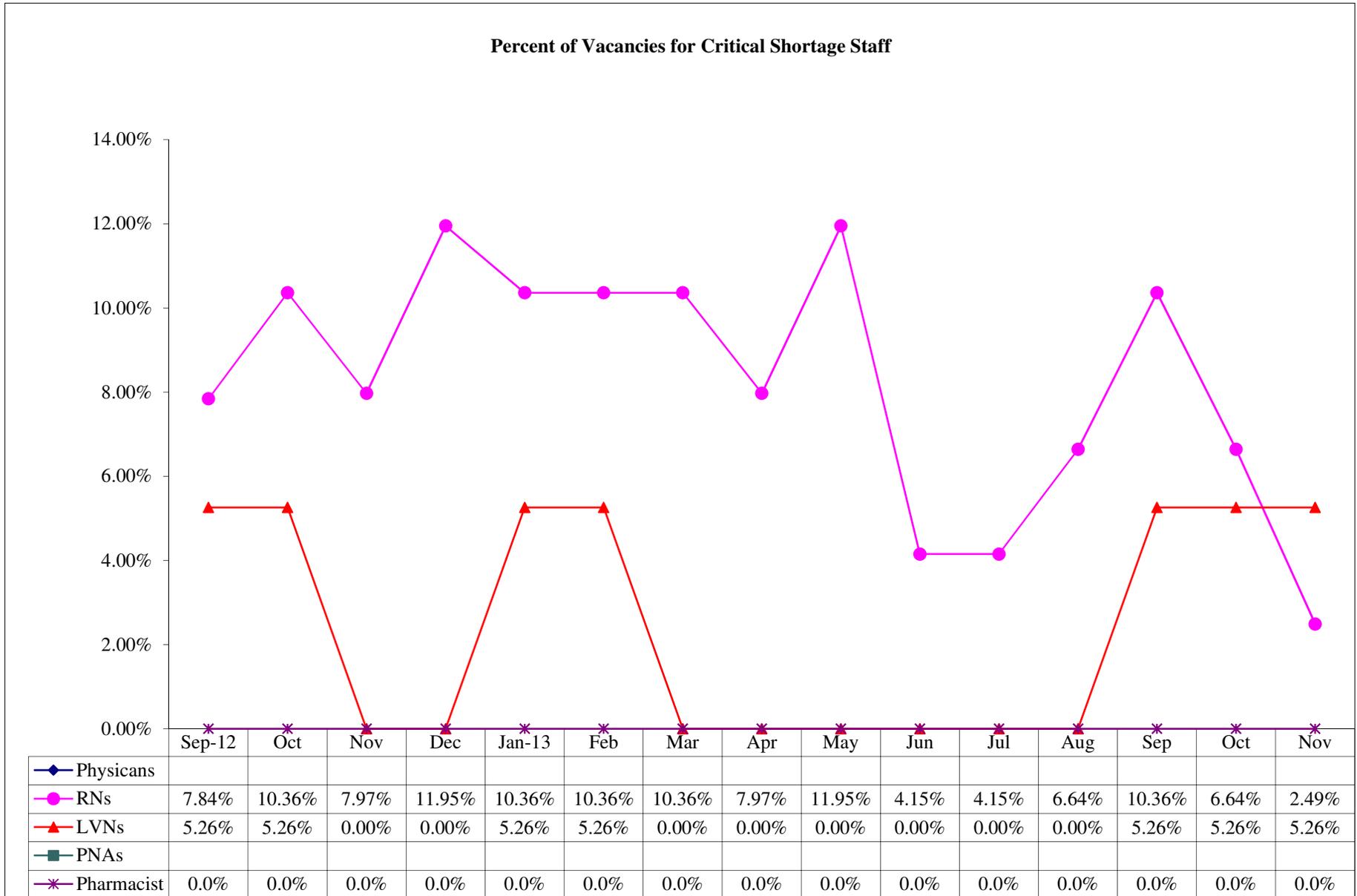
**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**



**Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth**



Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease



Performance Measure 8C:

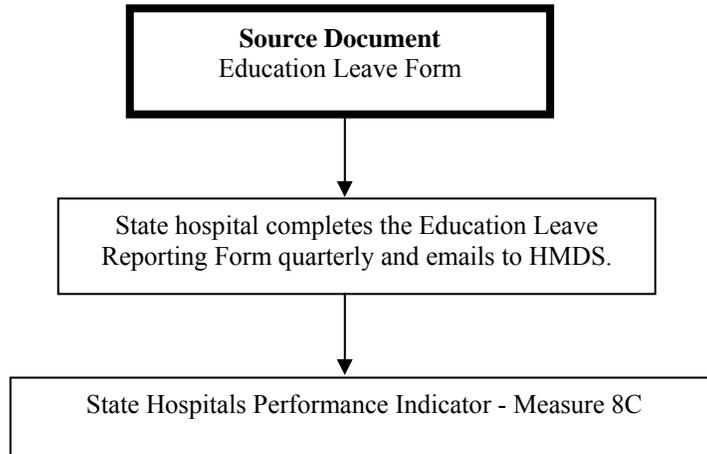
Report number of staff members currently utilizing education leave and the area of study.

Performance Measure Operational Definition: The statewide number of staff members currently utilizing education leave will be maintained.

Performance Measure Formula: No formula, continuous variable.

Performance Measure Data Display and Chart Description: Table shows number of staff members currently utilizing education leave and the area of study for individual state hospitals and system-wide.

Data Flow:



**Measure 8C - Staff Members Utilizing Education Leave
All State Hospitals - FY2014**

	Q1	Q2	Q3	Q4
Austin State Hospital	7			
Big Spring State Hospital	5			
El Paso Psychiatric Center	0			
Kerrville State Hospital	2			
North Texas State Hospital	29			
Rio Grande State Center	0			
Rusk State Hospital	14			
San Antonio State Hospital	10			
Terrell State Hospital				
Waco Center for Youth	1			
TCID	8			
All State Hospitals	76			
	Q1	Q2	Q3	Q4
Associate Degree	0			
Coding	0			
Criminal Justice	0			
Dietician/Nutrition	0			
Engineering	0			
IT	0			
Medical Doctor	2			
Nursing	55			
Nurse Practitioner	0			
O. Therapy	0			
Pharmacist	2			
Pharmacy Tech	0			
Phlebotomy	0			
Post-Doctoral Neuropsychology	0			
Psychology	2			
Public Health	0			
Rehabilitation	0			
Social Work	7			
Sociology	0			
Therapeutic Recreation	1			
Other	7			
All State Hospitals	76			

GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Report satisfaction surveys from child patients and their parent(s) or the legally authorized representative. Satisfaction with treatment and safe milieu provided in state psychiatric hospitals will be demonstrated by achieving the average score on the Patient Satisfaction Surveys (PSAT).

- 1. An average score of “4” on the Parent Satisfaction Survey**
- 2. An average score of “1.7” on the Children Satisfaction Survey**

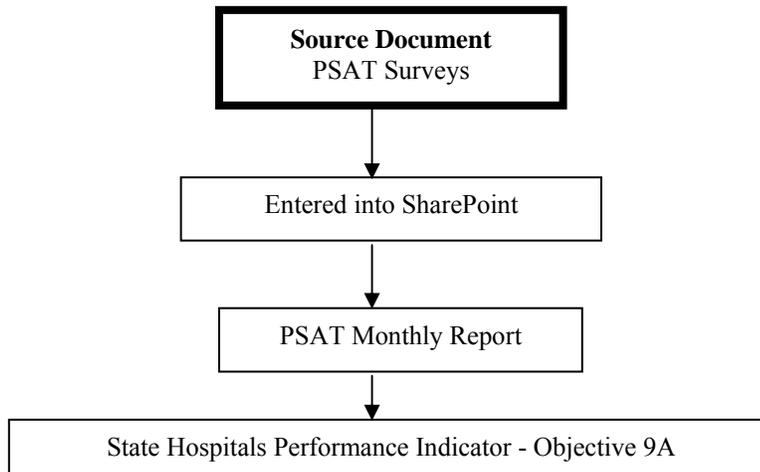
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

Performance Objective Formula: PSAT System gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

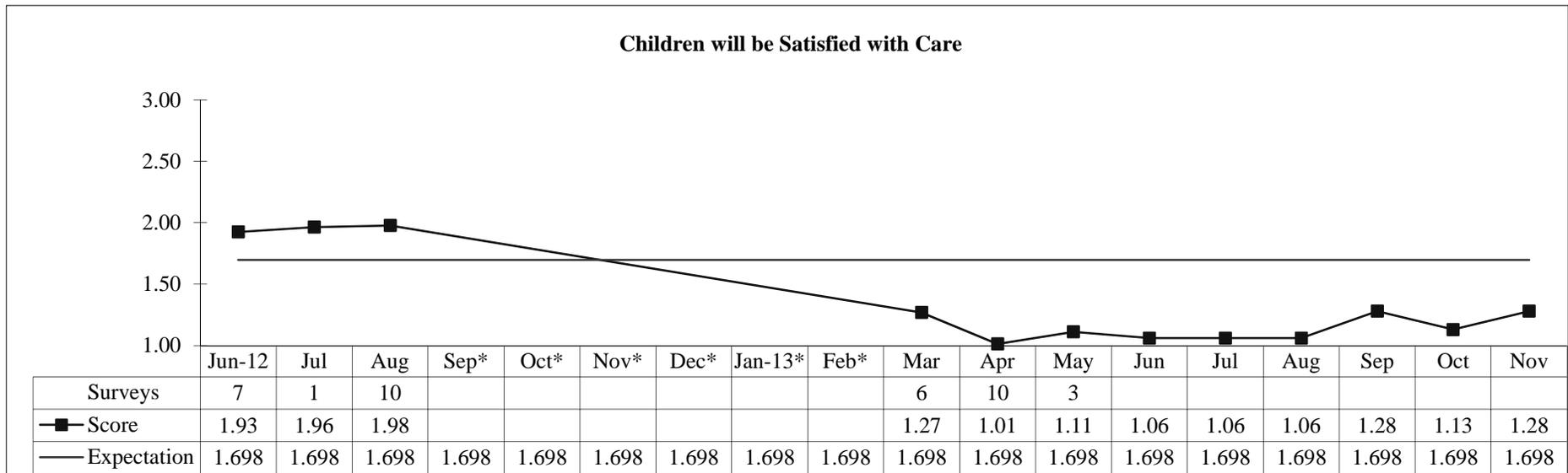
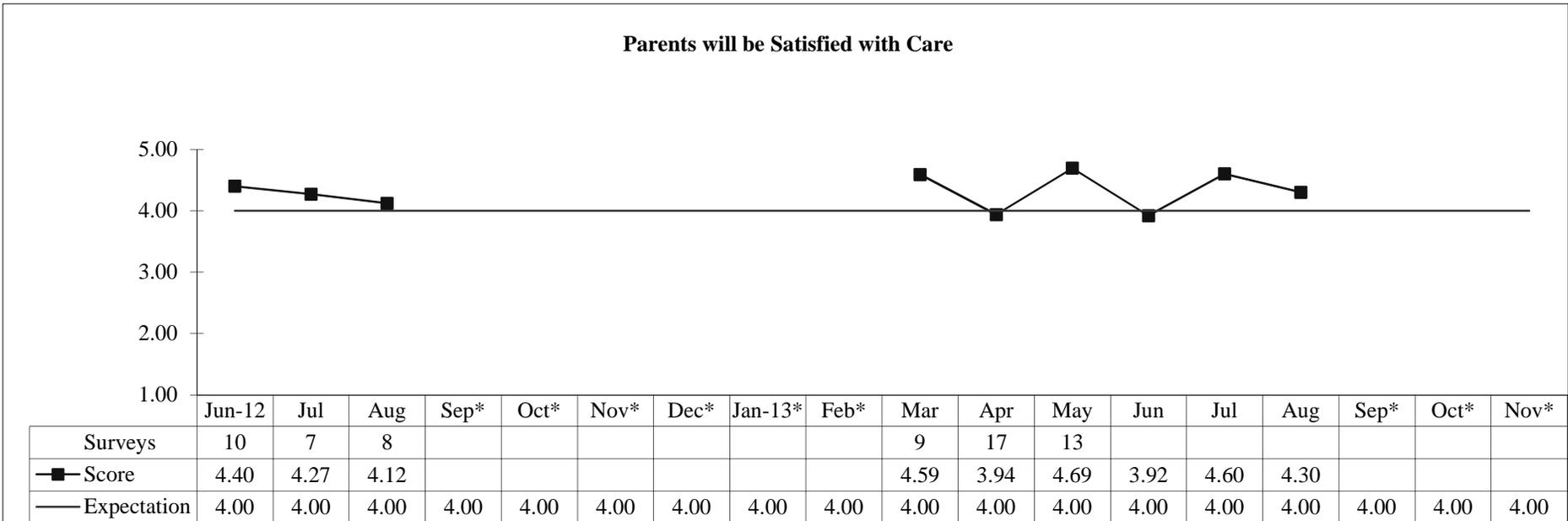
Performance Objective Data Display and Chart Description:

- ◆ Bar chart showing scores for individual state hospitals.
- ◆ Line chart with monthly data points of children scores and parent scores for individual state hospitals and system-wide.

Data Flow:

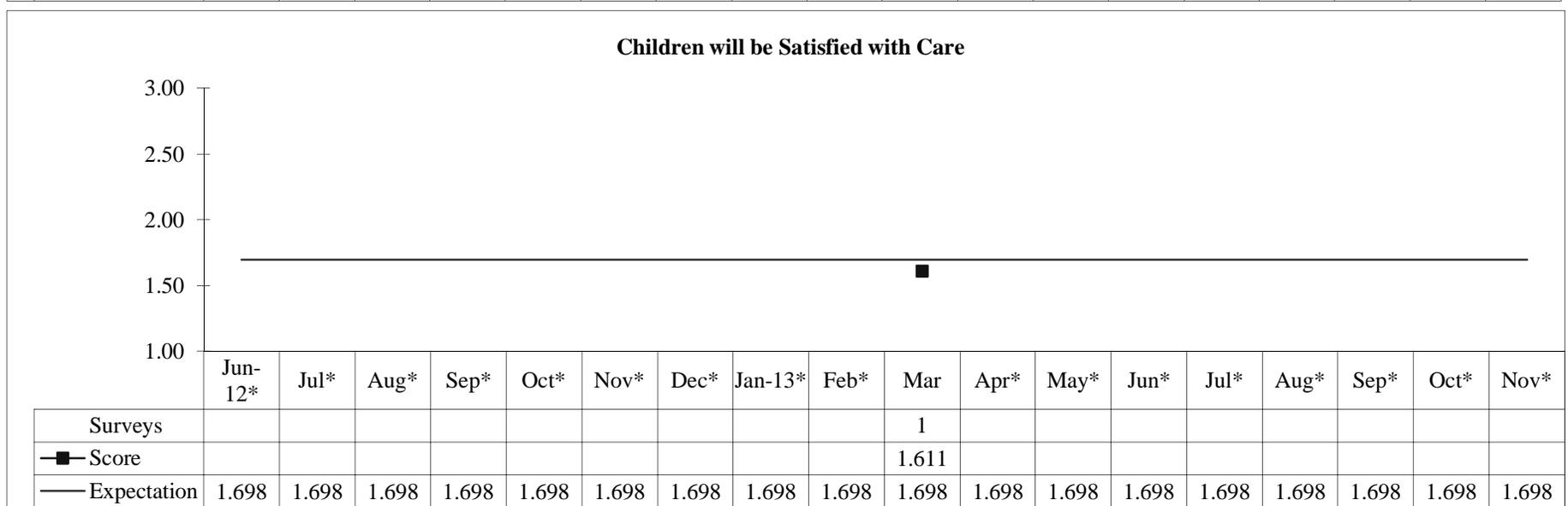
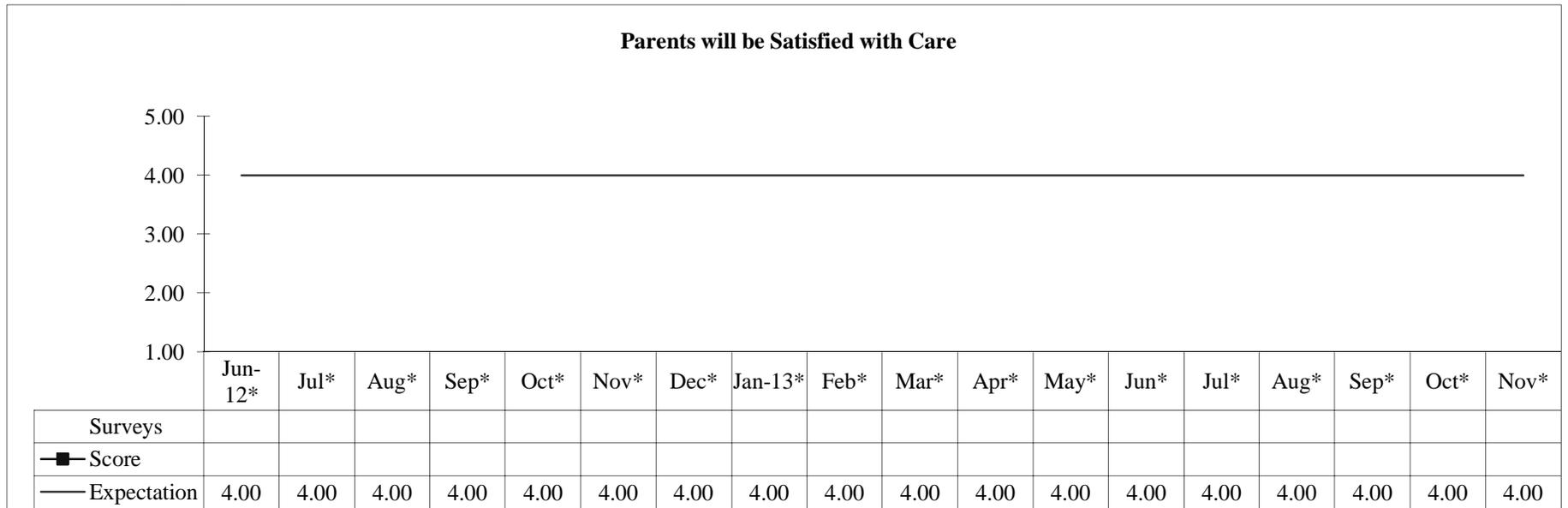


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State MH Hospitals



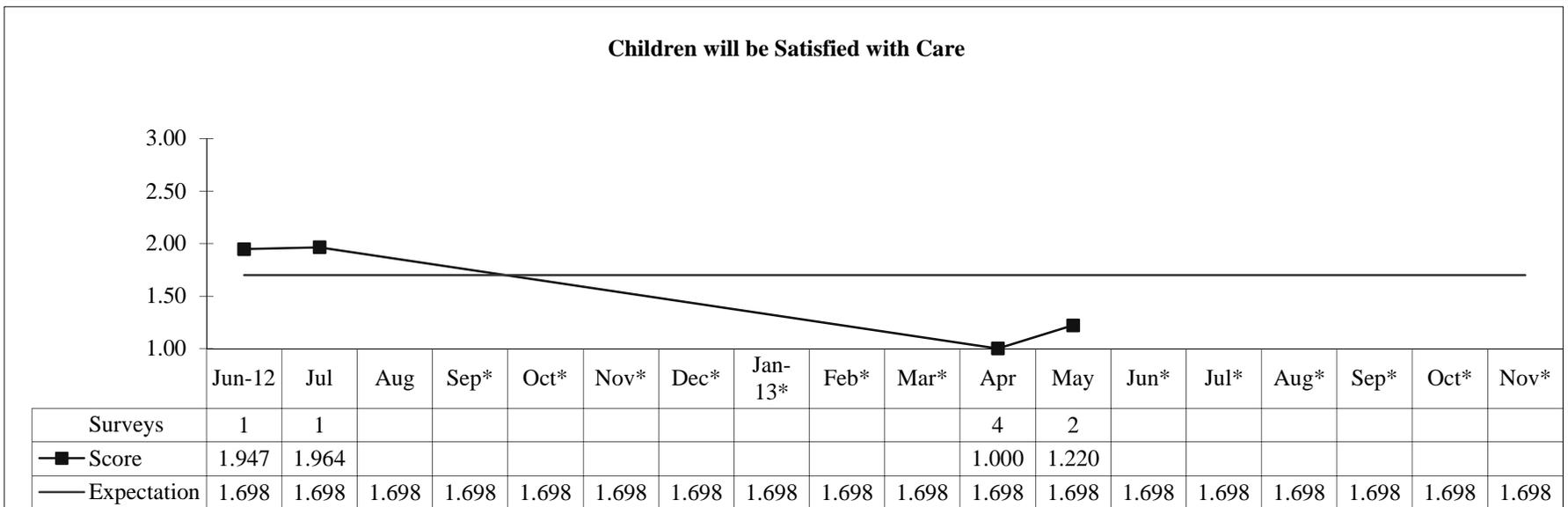
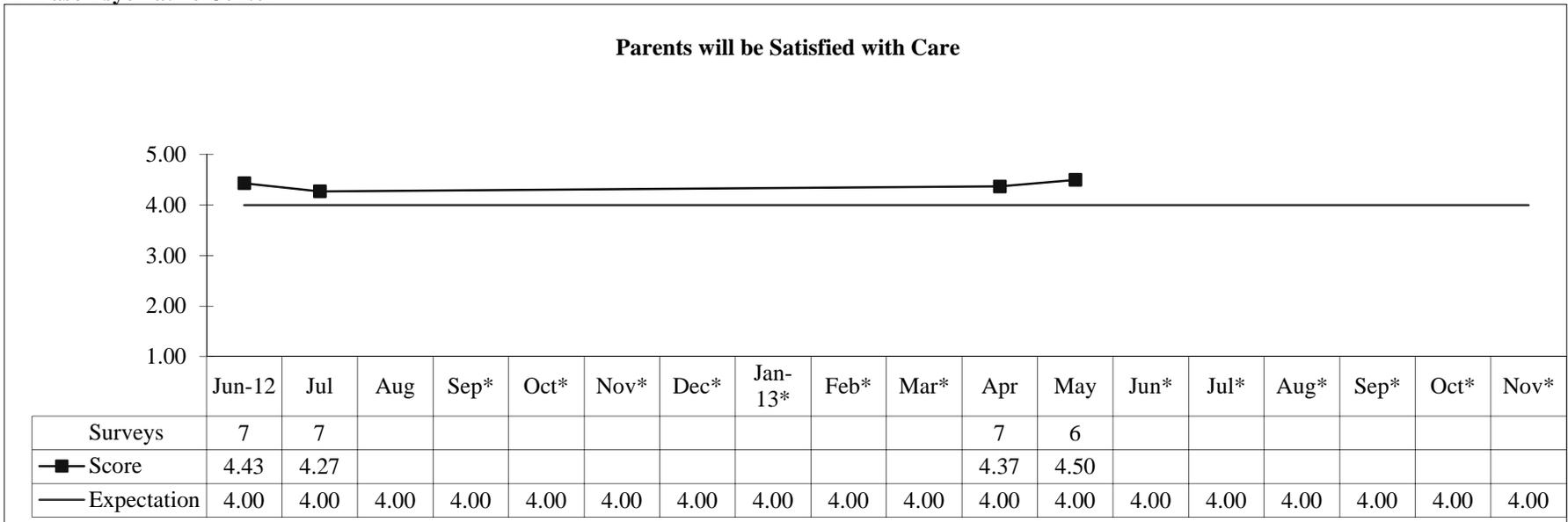
PSAT software is not compatible to Windows 2010. Hospitals started entering PSAT in SharePoint March 2013.
 Chart: Hospital Management Data Services

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



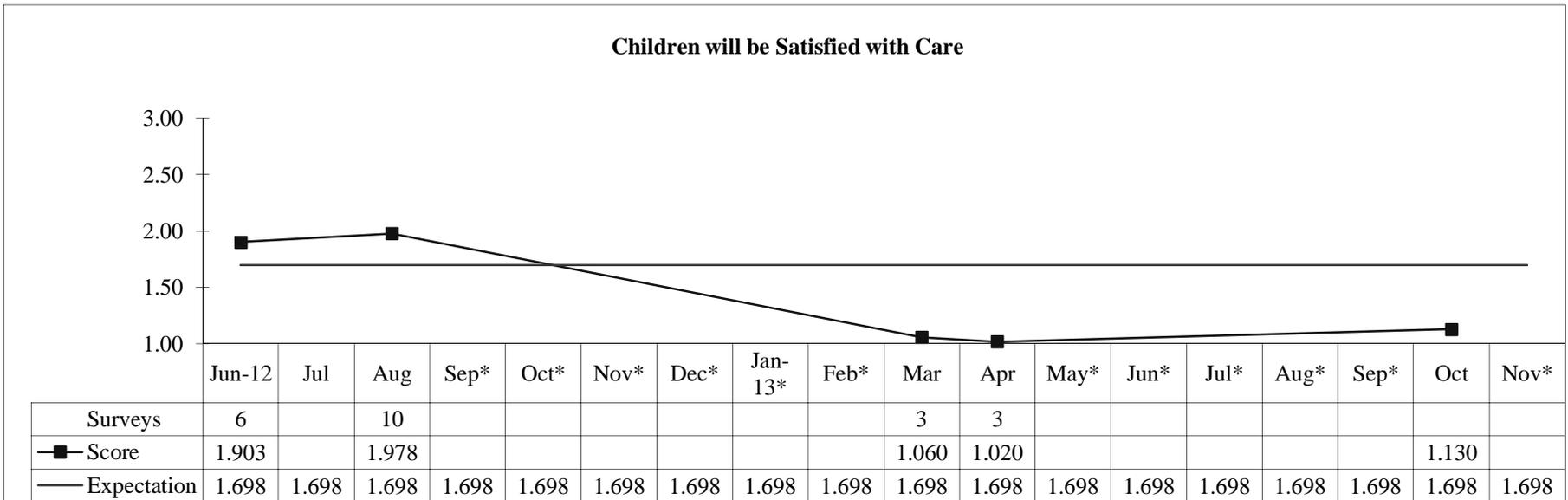
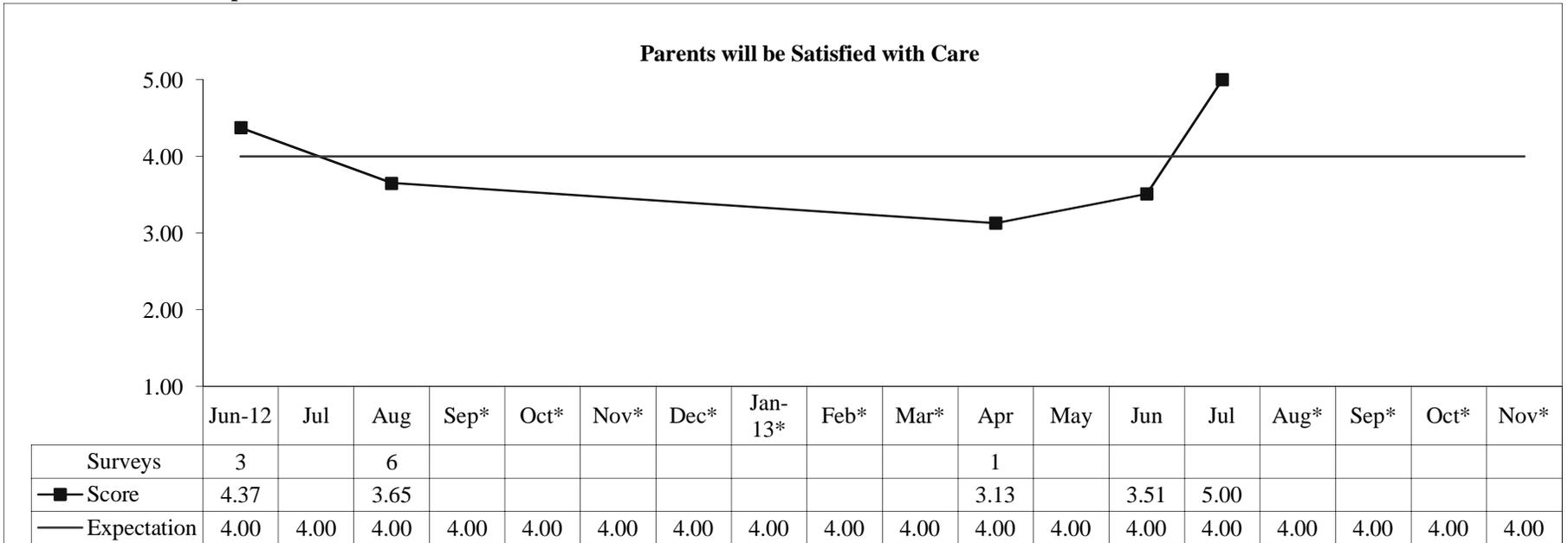
*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
El Paso Psychiatric Center



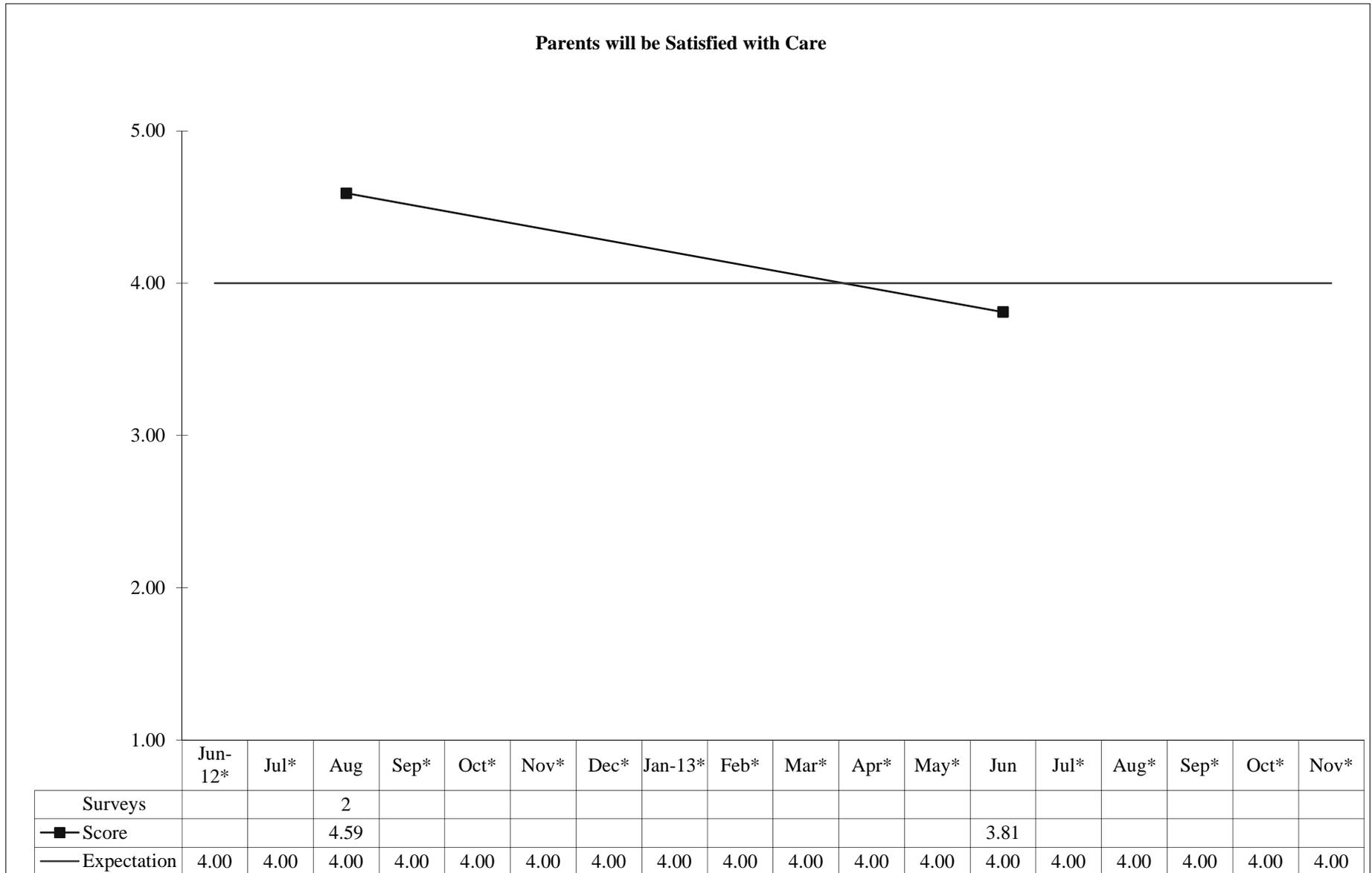
*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
North Texas State Hospital



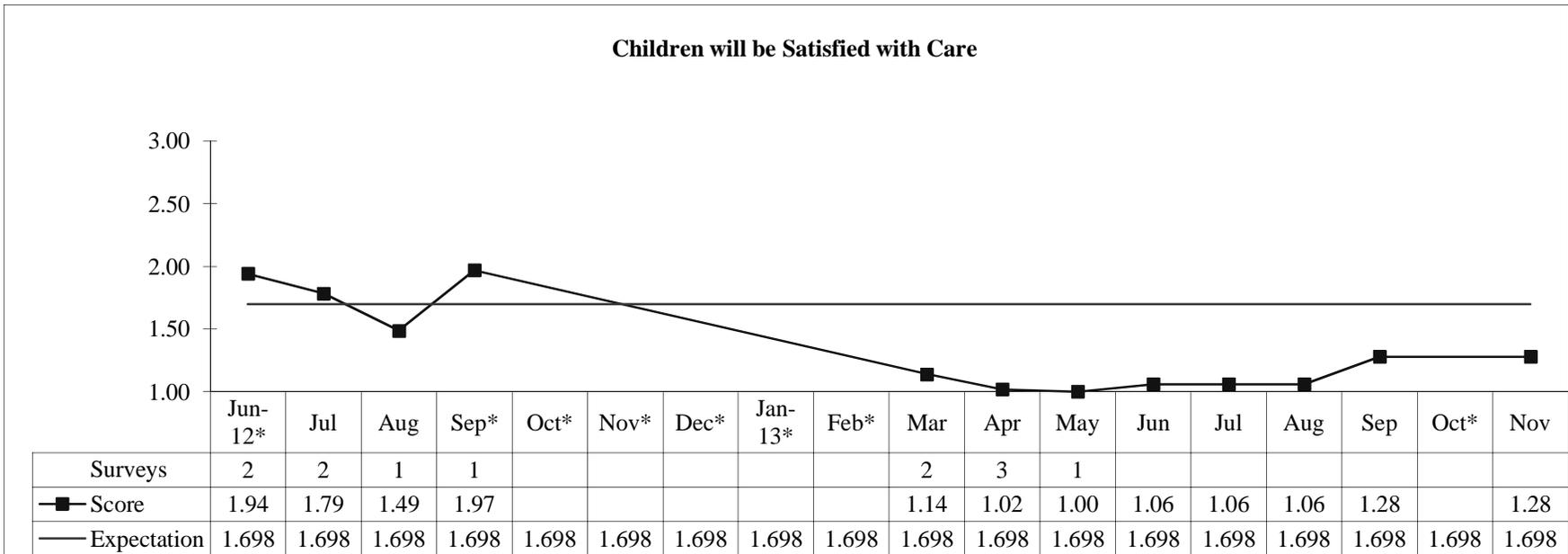
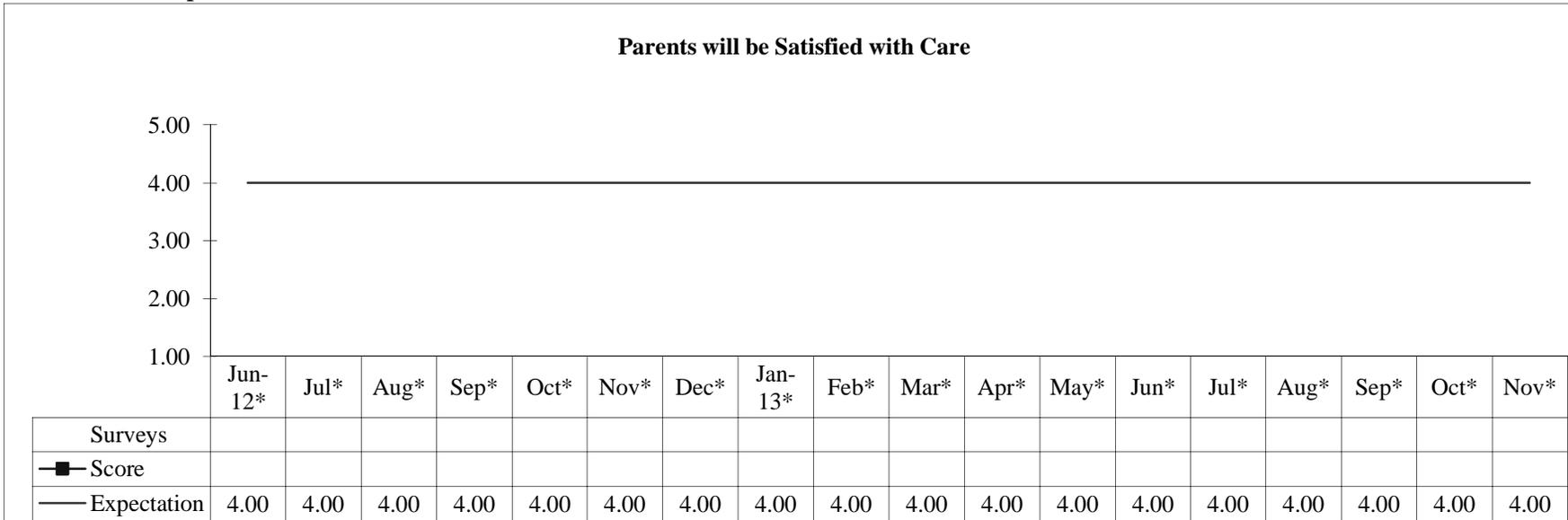
*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
San Antonio State Hospital



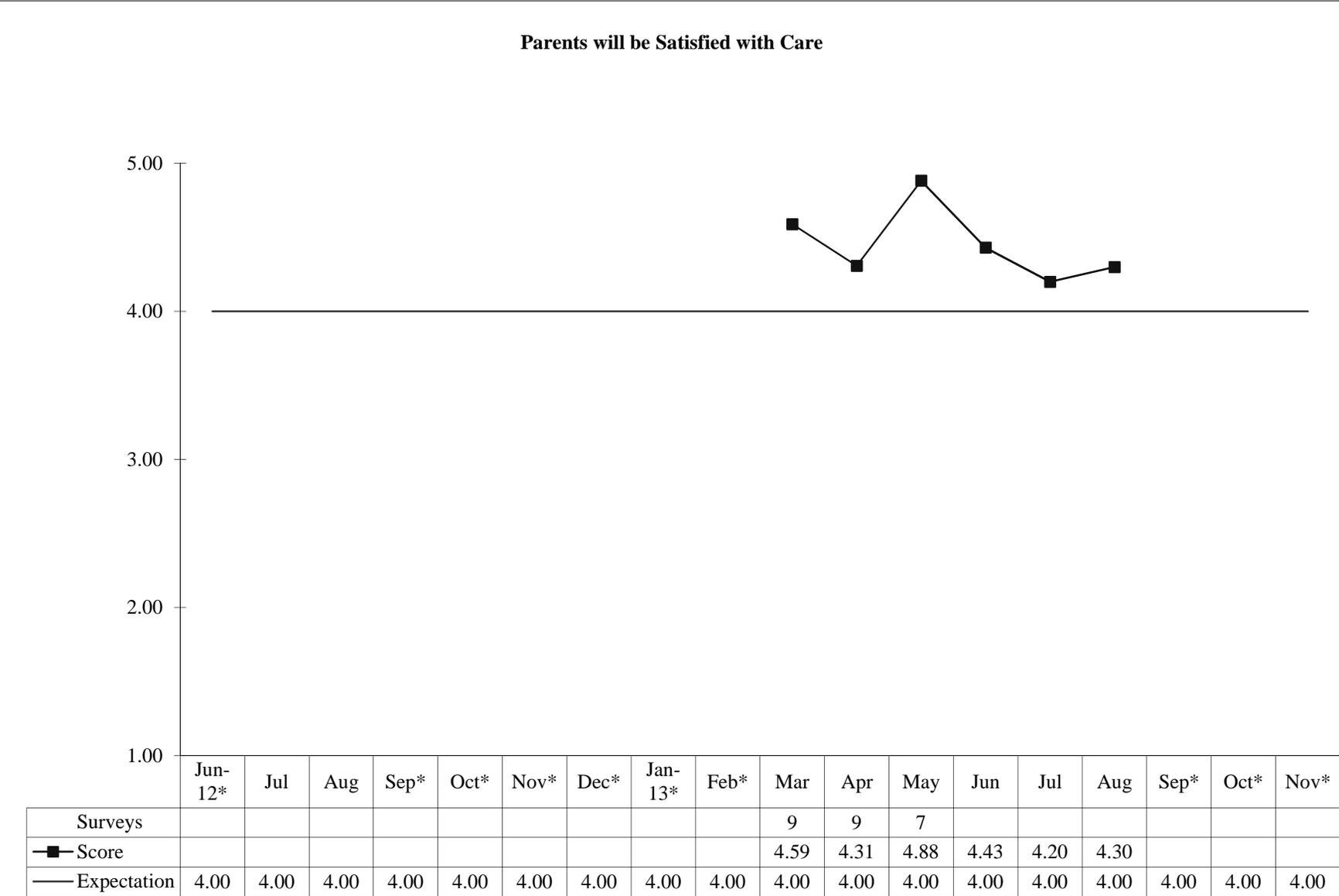
*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Terrell State Hospital



*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Waco Center for Youth



*No surveys submitted

Performance Objective 9B:

Report adults and adolescents patient satisfaction with their care as represented by achieving an average score of 3.60 on the Mental Health Statistics Improvement Project (MHSIP) NRI Inpatient Consumer Survey.

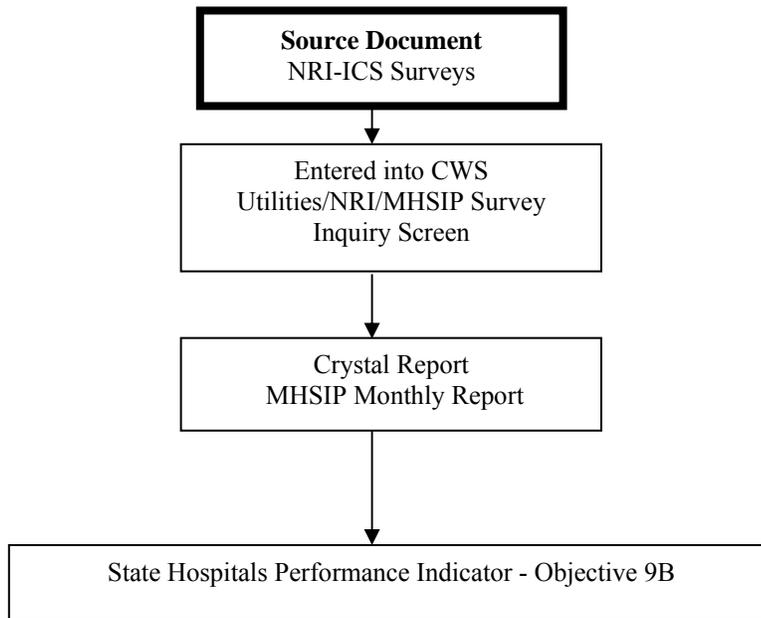
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

Performance Objective Formula: NRI-ICS gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- ◆ Bar chart showing scores for individual state hospitals.
- ◆ Bar chart showing percentages of discharges surveyed for individual state hospitals.
- ◆ Control chart with monthly data points of scores for individual state hospitals and system-wide.
- ◆ Chart shows number of surveys, number of discharges and the percentage of discharges surveyed for individual state hospitals.

Data Flow:

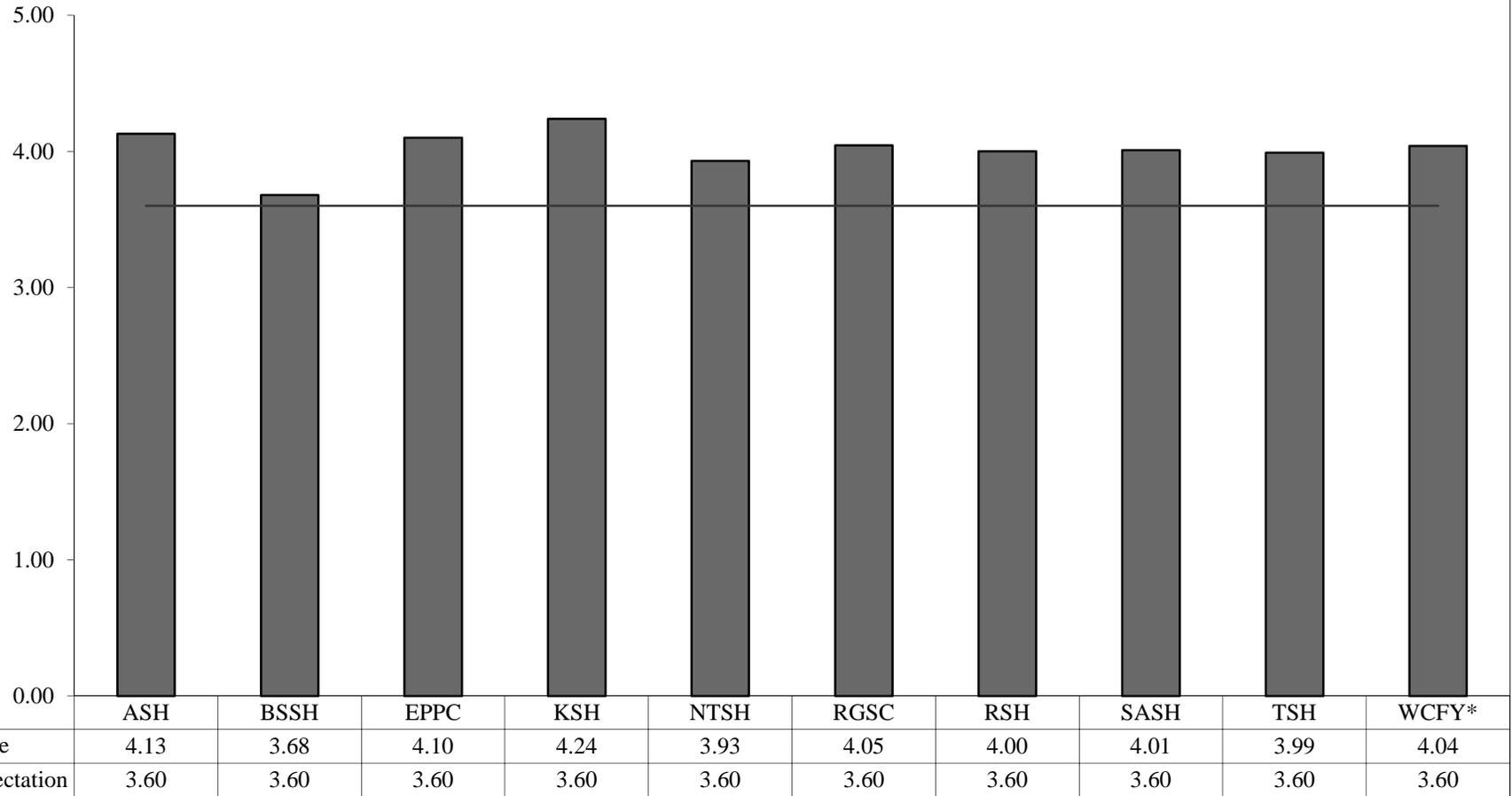


Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals

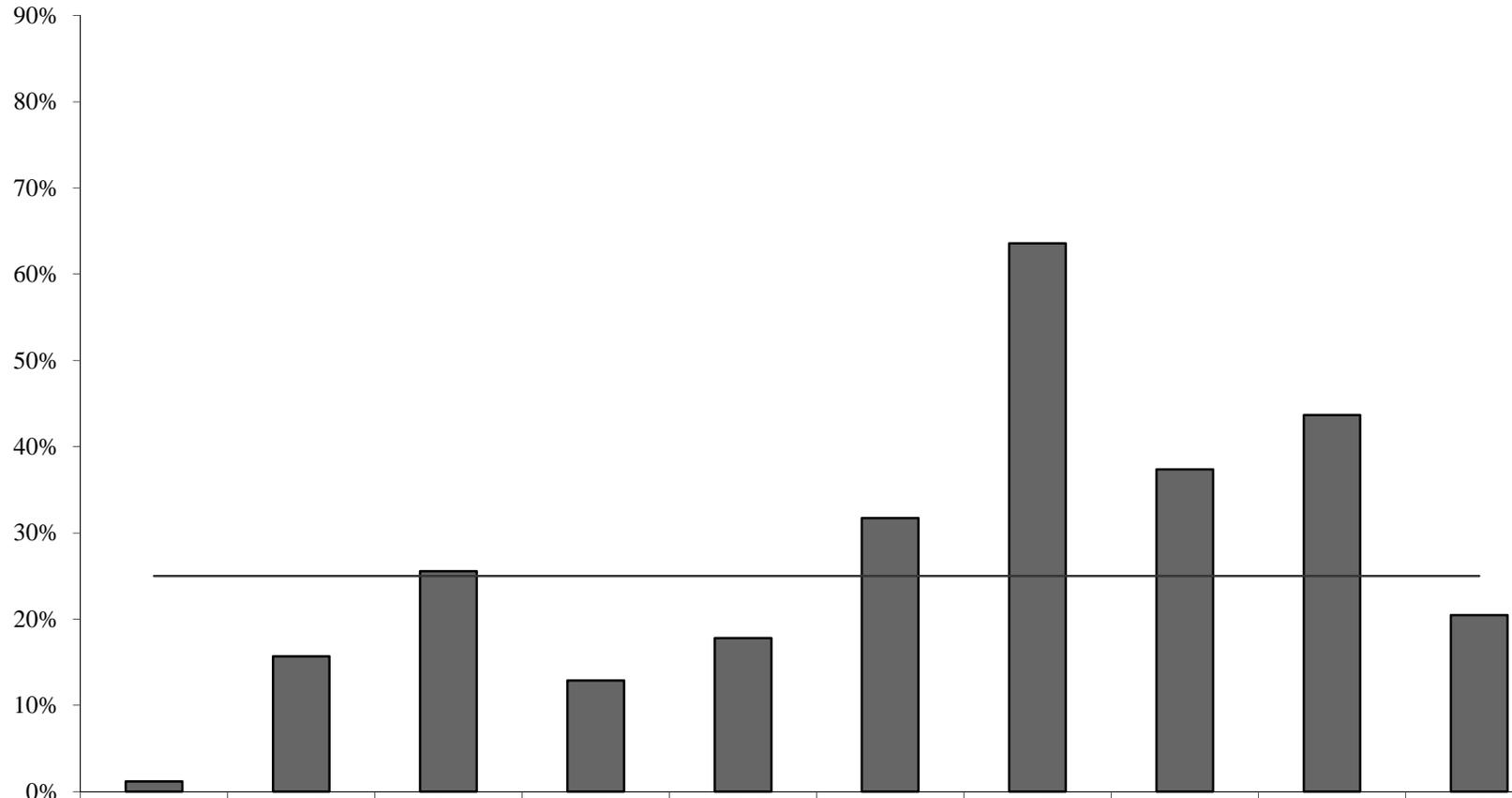
**Adults & Adolescents Survey
Q1 FY2014**



*WCFY - Adolescent Surveys Only

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State MH Hospitals

Percentage of Adult & Adolescent Surveys Completed
Q1 FY14



	ASH	BSSH	EPPC	KSH**	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	754	153	262	31	494	205	118	439	561	44
Surveys	9	24	67	4	88	65	75	164	245	9
█ % Surveyed	1%	16%	26%	13%	18%	32%	64%	37%	44%	20%
— Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only

**KSH - Provide surveys on request & offer them to annual reviews.

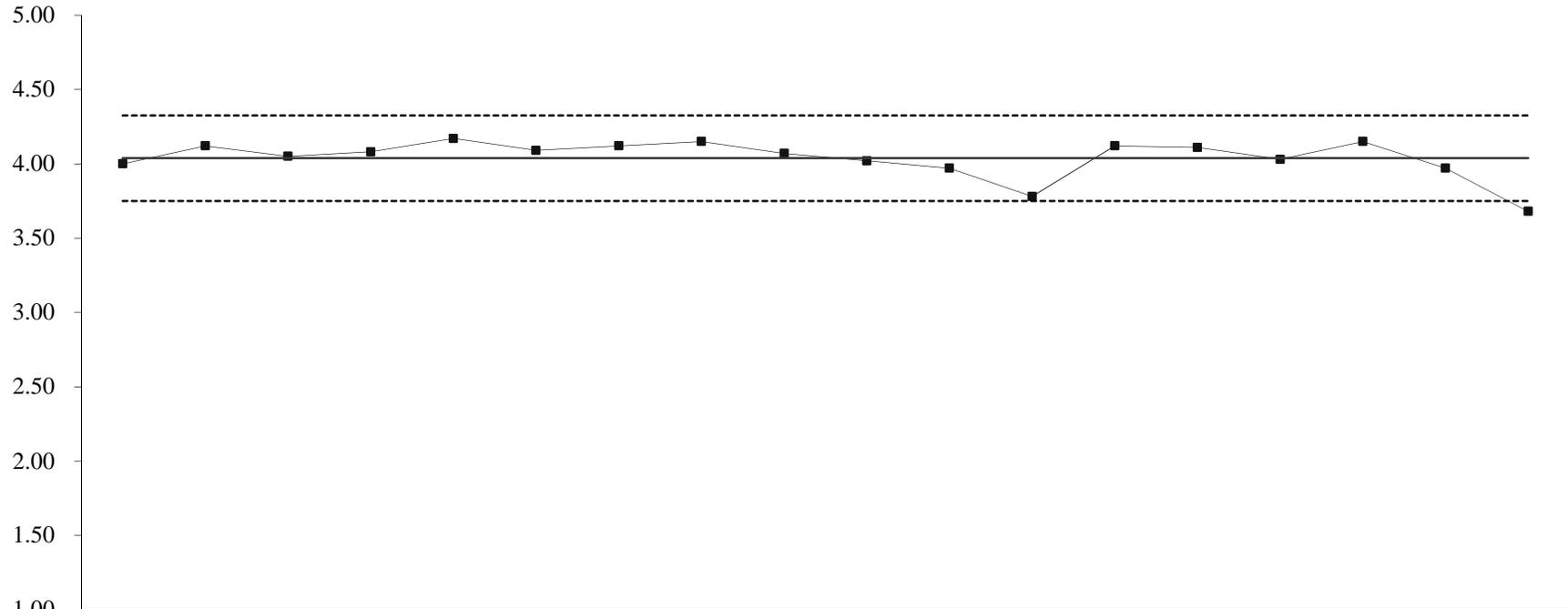
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals

Adults & Adolescents will be Satisfied with Care
 (Expectation is Average Score ≥ 3.60)



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	4.00	4.12	4.05	4.08	4.17	4.09	4.12	4.15	4.07	4.02	3.97	3.78	4.12	4.11	4.03	4.15	3.97	3.68
Surveys	493	475	403	377	522	463	272	350	340	365	437	390	376	356	293	278	290	182
Discharges	1217	1201	1290	1072	1302	1191	1077	1198	1139	1071	1158	1284	1095	1204	1189	10313	1131	899
% Sampled	41%	40%	31%	35%	40%	39%	25%	29%	30%	34%	38%	30%	34%	30%	25%	3%	26%	20%
----- UCL	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
———— Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
----- LCL	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75

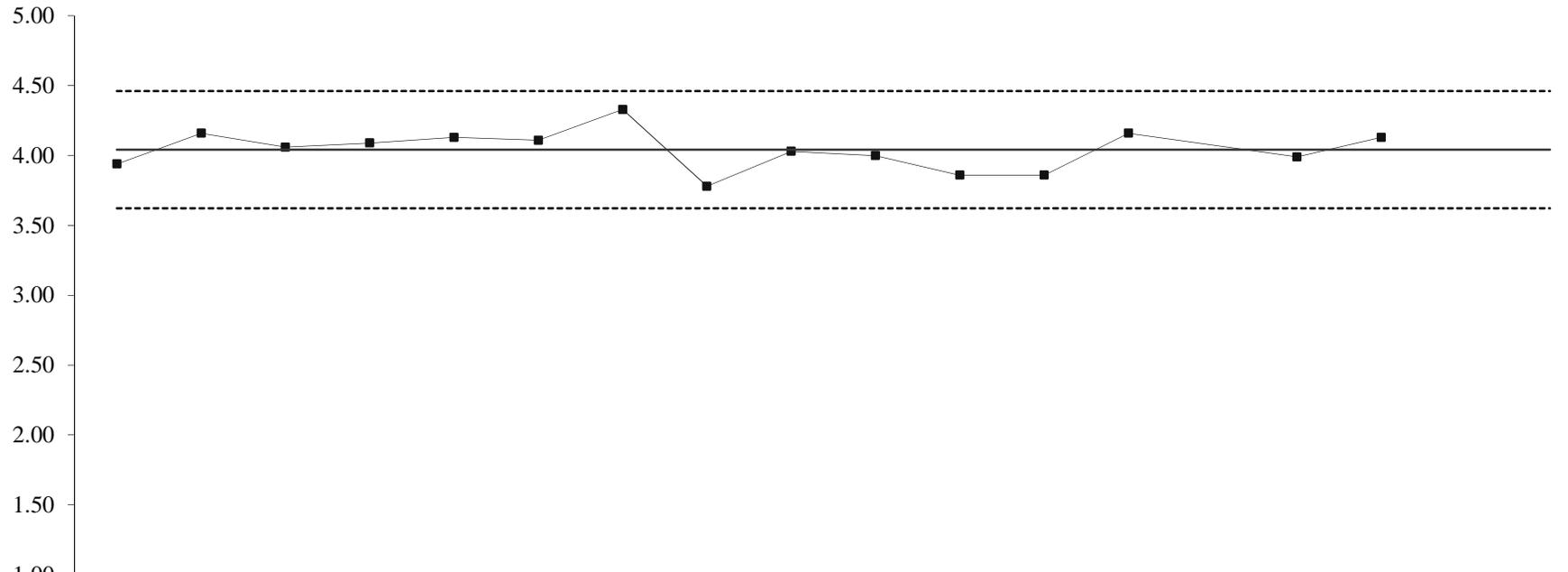
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Austin State Hospital

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥3.60)**

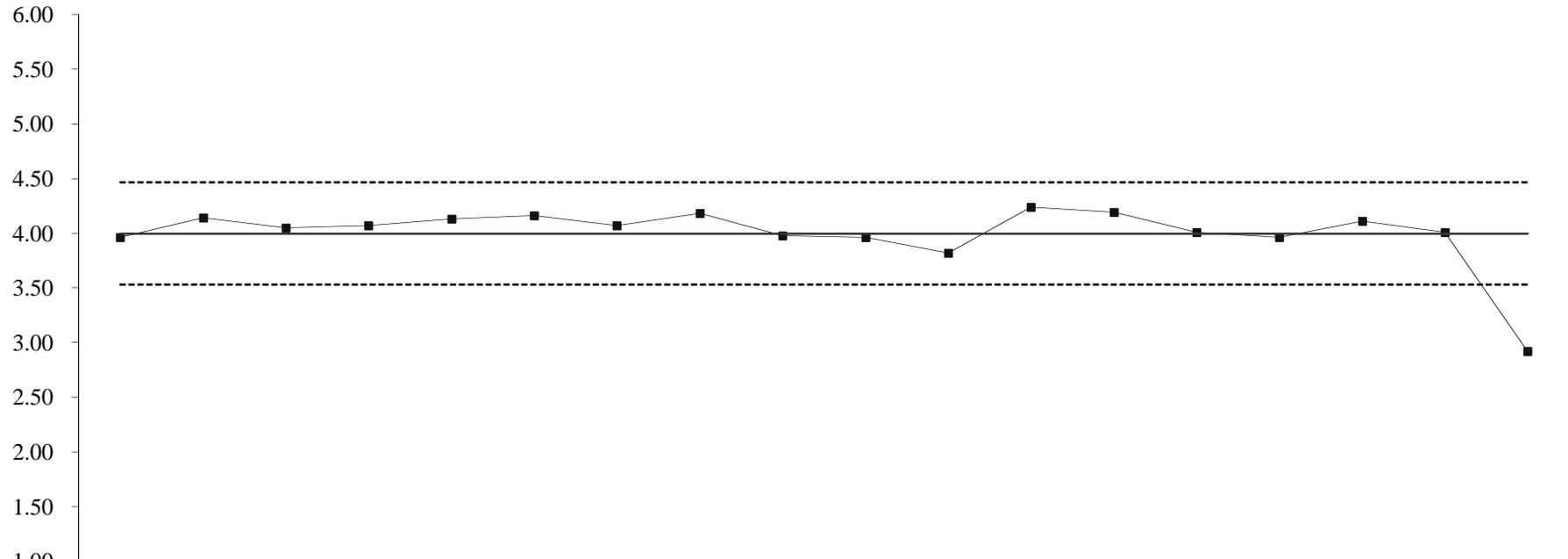


	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul*	Aug	Sep	Oct*	Nov*
—■— Score	3.94	4.16	4.06	4.09	4.13	4.11	4.33	3.78	4.03	4.00	3.86	3.86	4.16		3.99	4.13		
Surveys	77	115	41	69	116	80	6	9	45	79	98	18	37	0	40	9	0	0
Discharges	295	318	353	298	352	252	254	325	336	301	296	329	252	307	292	262	248	244
% Sampled	26%	36%	12%	23%	33%	32%	2%	3%	13%	26%	33%	5%	15%	0%	14%	3%	0%	0%
----- UCL	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46
———— Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
----- LCL	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62

*No Survey Done

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Big Spring State Hospital

Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
■ Score	3.96	4.14	4.05	4.07	4.13	4.16	4.07	4.18	3.98	3.96	3.82	4.24	4.19	4.01	3.96	4.11	4.01	2.92
Surveys	16	14	13	12	26	12	15	19	12	19	15	15	8	4	5	8	10	6
Discharges	65	73	89	62	78	70	74	82	67	67	73	80	43	58	66	53	60	40
% Sampled	25%	19%	15%	19%	33%	17%	20%	23%	18%	28%	21%	19%	19%	7%	8%	15%	17%	15%
----- UCL	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46
—— Avg	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
----- LCL	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53

Source: HC022020;

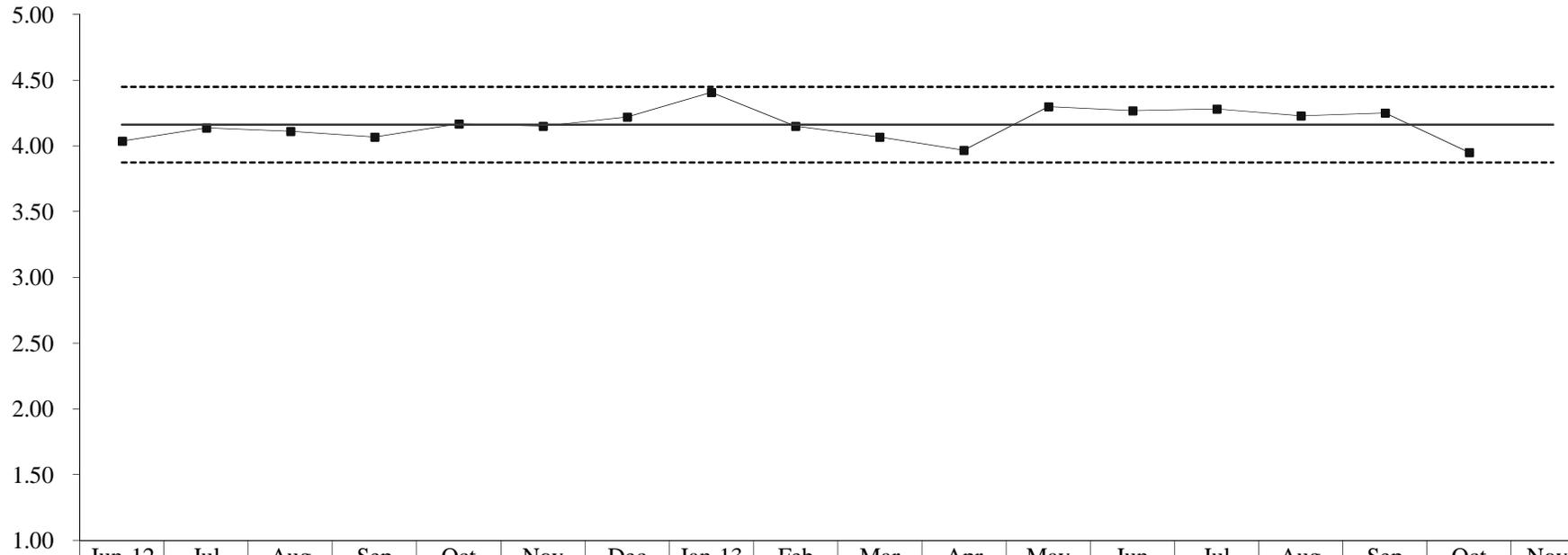
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

El Paso Psychiatric Center

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)**



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*
Score	4.04	4.14	4.11	4.07	4.17	4.15	4.22	4.41	4.15	4.07	3.97	4.30	4.27	4.28	4.23	4.25	3.95	
Surveys	33	46	26	33	30	33	24	27	21	24	24	25	26	29	30	34	33	0
Discharges	91	109	95	88	114	103	85	97	83	79	92	88	90	93	108	95	87	80
% Sampled	36%	42%	27%	55%	26%	32%	55%	28%	25%	55%	26%	28%	29%	31%	28%	36%	38%	0%
----- UCL	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45
———— Avg	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16
----- LCL	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88	3.88

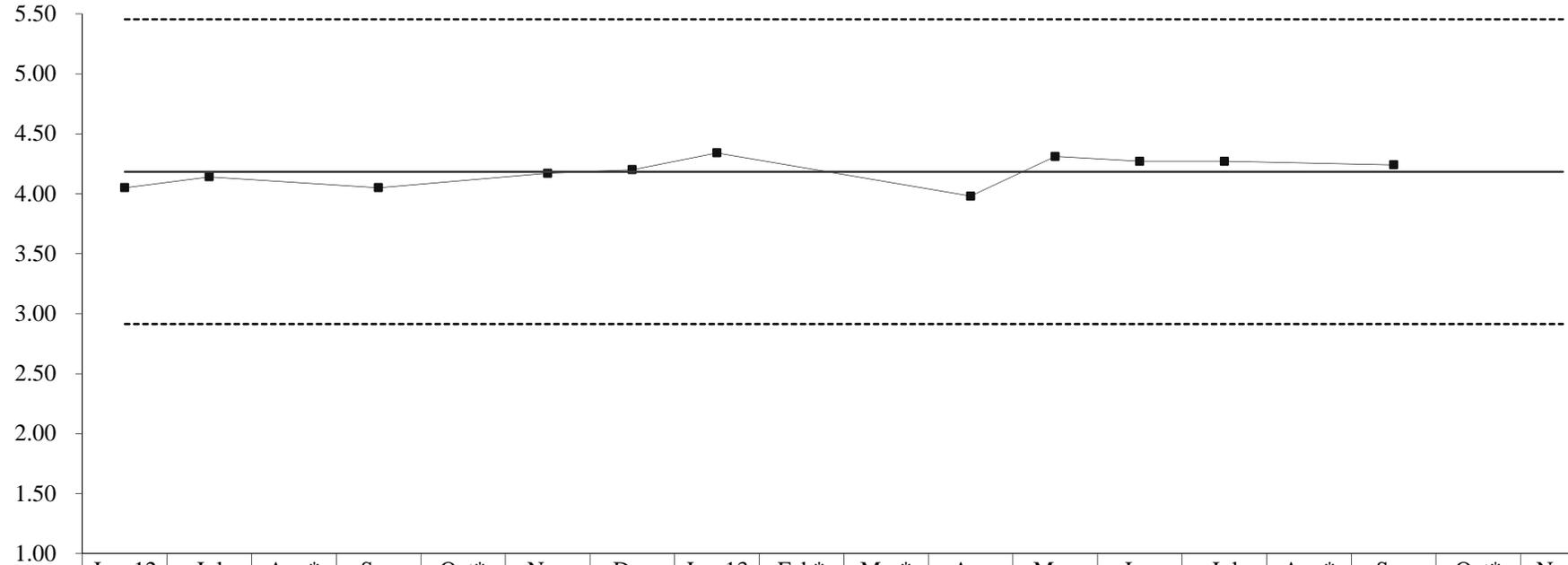
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Kerrville State Hospital

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)**



	Jun-12	Jul	Aug*	Sep	Oct*	Nov	Dec	Jan-13	Feb*	Mar*	Apr	May	Jun	Jul	Aug*	Sep	Oct*	Nov*
■ Score	4.05	4.14		4.05		4.17	4.20	4.34			3.98	4.31	4.27	4.27		4.24		
Surveys	4	3	0	2	0	4	2	2			2	3	1	2	0	4	0	0
Discharges	8	8	7	6	4	5	2	4	4	2	7	5	8	6	5	12	15	4
% Sampled	50%	38%	0%	33%	0%	80%	100%	50%	0%	0%	29%	60%	13%	33%	0%	33%	0%	0%
----- UCL	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45	5.45
———— Avg	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
----- LCL	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91

KSH provides surveys on request and offer them to annual reviews.

*No Survey Done

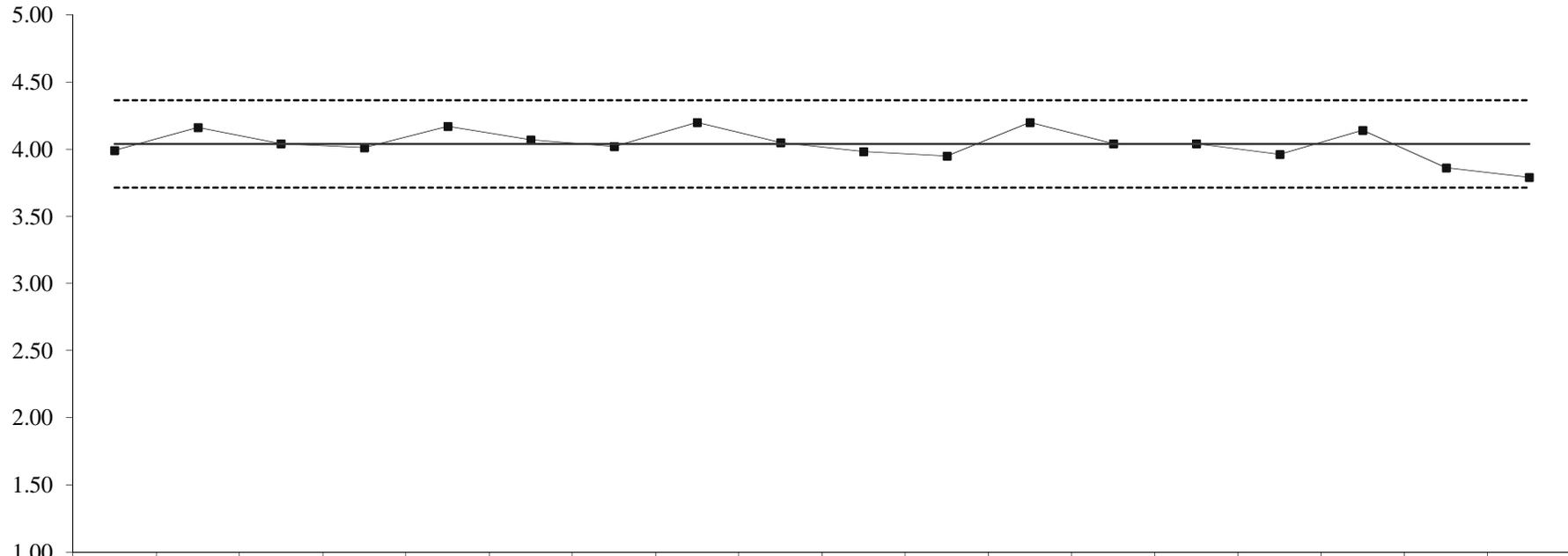
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

North Texas State Hospital

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)**



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Score	3.99	4.16	4.04	4.01	4.17	4.07	4.02	4.20	4.05	3.98	3.95	4.20	4.04	4.04	3.96	4.14	3.86	3.79
Surveys	38	14	36	22	14	21	27	36	25	30	36	27	36	32	28	20	47	21
Discharges	219	177	179	150	189	189	181	174	174	174	180	201	199	188	192	168	193	133
% Sampled	17%	8%	20%	15%	7%	11%	15%	21%	14%	17%	20%	13%	18%	17%	15%	12%	24%	16%
UCL	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36
Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
LCL	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71

Source: HC022020;

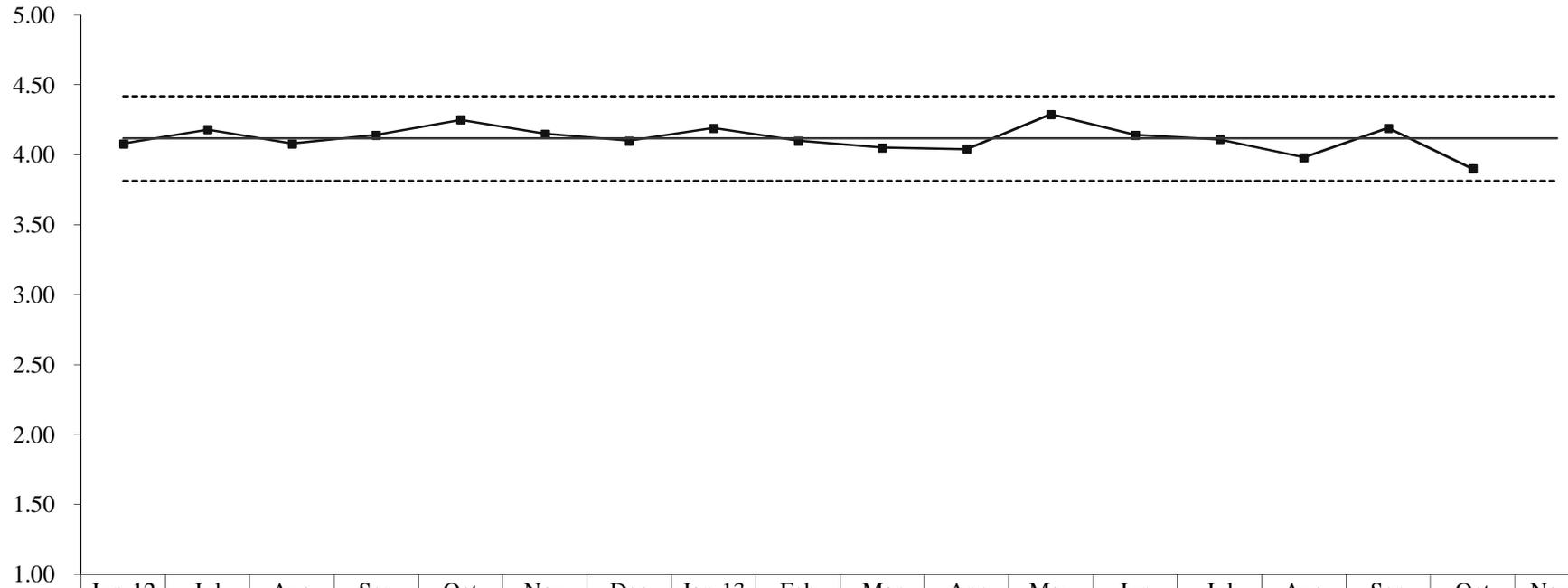
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rio Grande State Center

**Adults & Adolescents will be Satisfied With Care
(Expectation is Average Score ≥3.60)**



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*
—■ Score	4.08	4.18	4.08	4.14	4.25	4.15	4.10	4.19	4.10	4.05	4.04	4.29	4.14	4.11	3.98	4.19	3.90	
Surveys	40	43	49	49	60	48	51	15	21	22	38	50	56	43	25	45	20	0
Discharges	81	94	97	87	102	113	91	62	52	48	69	91	91	75	74	81	80	44
% Sampled	49%	46%	51%	56%	59%	42%	56%	24%	40%	46%	55%	55%	62%	57%	34%	56%	25%	0%
----- UCL	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42
—— Avg	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
----- LCL	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81

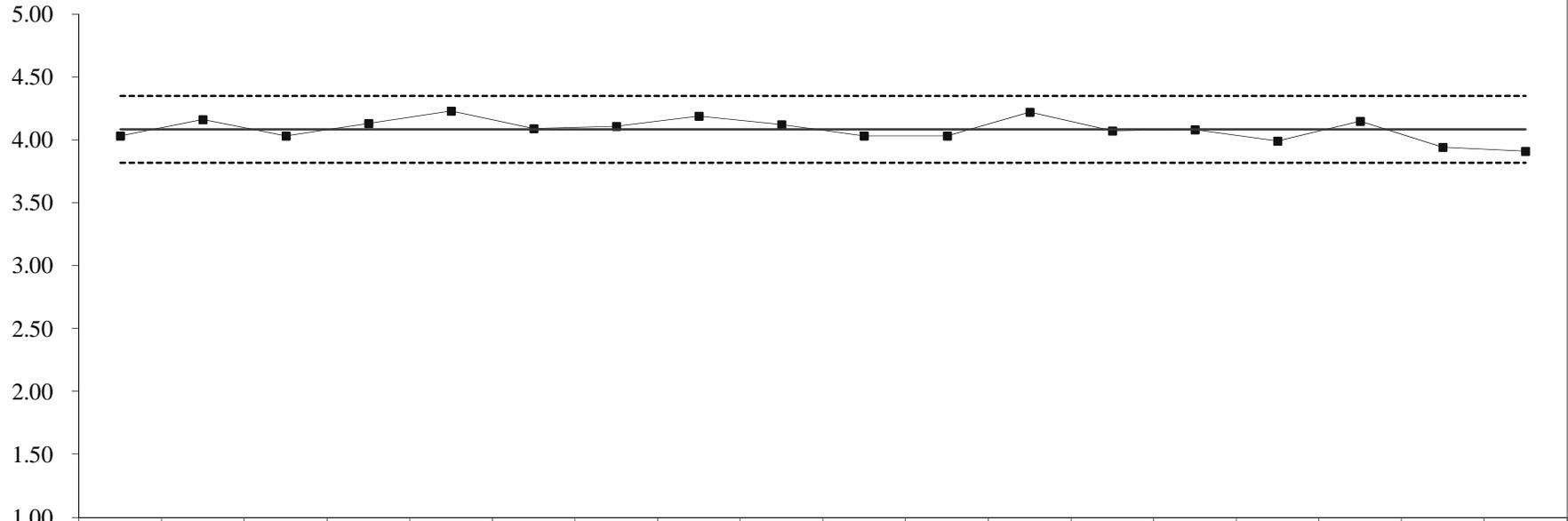
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rusk State Hospital

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)**



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Score	4.03	4.16	4.03	4.13	4.23	4.09	4.11	4.19	4.12	4.03	4.03	4.22	4.07	4.08	3.99	4.15	3.94	3.91
Surveys	29	22	36	24	36	43	31	30	32	25	32	24	37	45	36	26	32	17
Discharges	60	44	50	47	39	57	48	46	58	45	62	55	63	71	64	43	43	32
% Sampled	48%	50%	72%	51%	92%	75%	65%	65%	55%	56%	52%	44%	59%	63%	56%	60%	74%	53%
UCL	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35
Avg	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08
LCL	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82

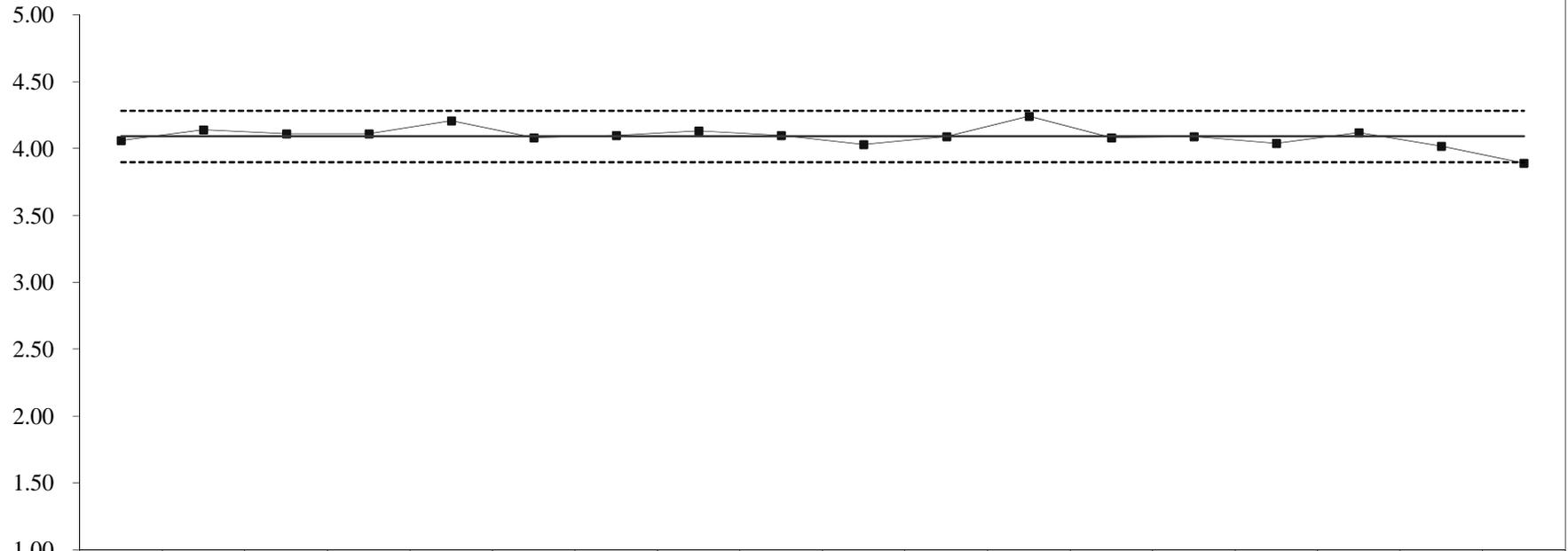
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

San Antonio State Hospital

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)**



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
■ Score	4.06	4.14	4.11	4.11	4.21	4.08	4.10	4.13	4.10	4.03	4.09	4.24	4.08	4.09	4.04	4.12	4.02	3.89
Surveys	75	65	78	52	83	62	35	58	53	50	62	82	58	70	46	56	51	57
Discharges	163	147	179	138	207	174	143	150	144	133	150	181	135	151	175	141	168	130
% Sampled	46%	44%	44%	38%	40%	36%	24%	39%	37%	38%	41%	45%	43%	46%	26%	40%	30%	44%
----- UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
———— Avg	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09
----- LCL	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90

Source: HC022020;

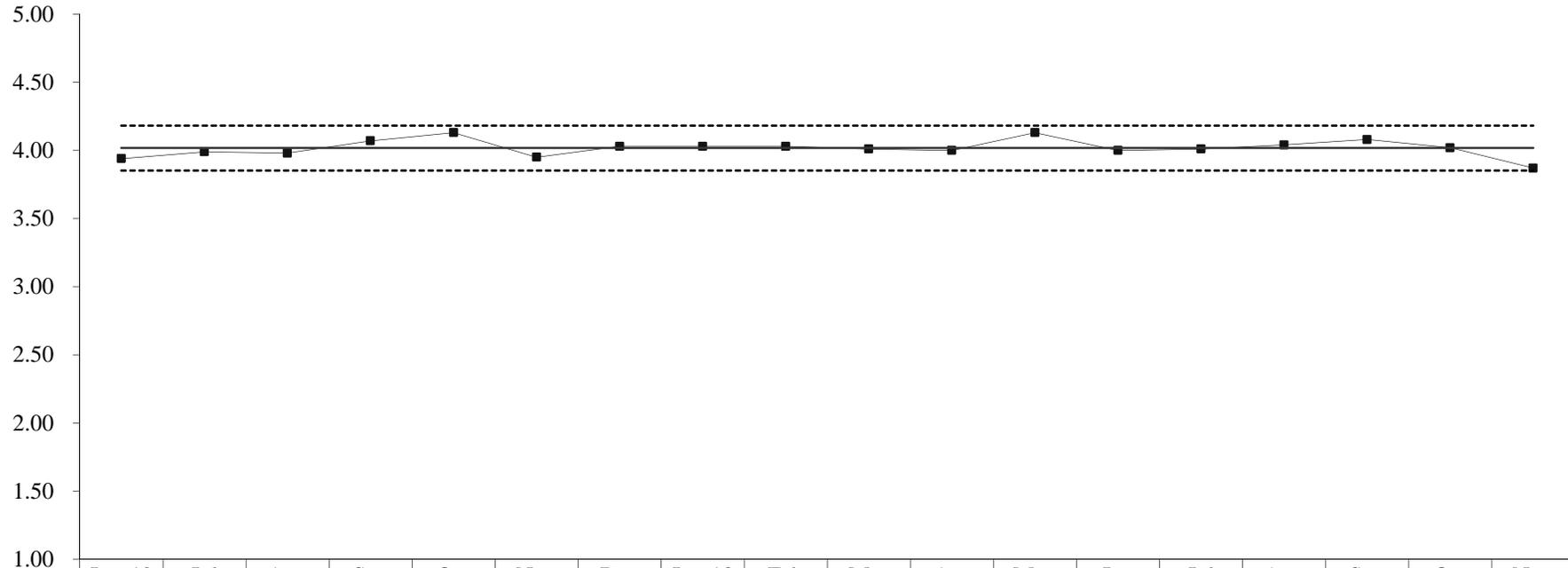
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Terrell State Hospital

Adults & Adolescents will be Satisfied with Care
 (Expectation is Average Score ≥ 3.60)



	Jun-12	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Score	3.94	3.99	3.98	4.07	4.13	3.95	4.03	4.03	4.03	4.01	4.00	4.13	4.00	4.01	4.04	4.08	4.02	3.87
Surveys	172	151	118	114	156	156	80	153	131	116	126	146	116	131	77	69	95	81
Discharges	217	217	220	186	210	217	185	245	205	210	222	245	204	238	200	160	218	183
% Sampled	79%	70%	54%	61%	74%	72%	43%	62%	64%	55%	57%	60%	57%	55%	39%	43%	44%	44%
UCL	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
Avg	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
LCL	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85

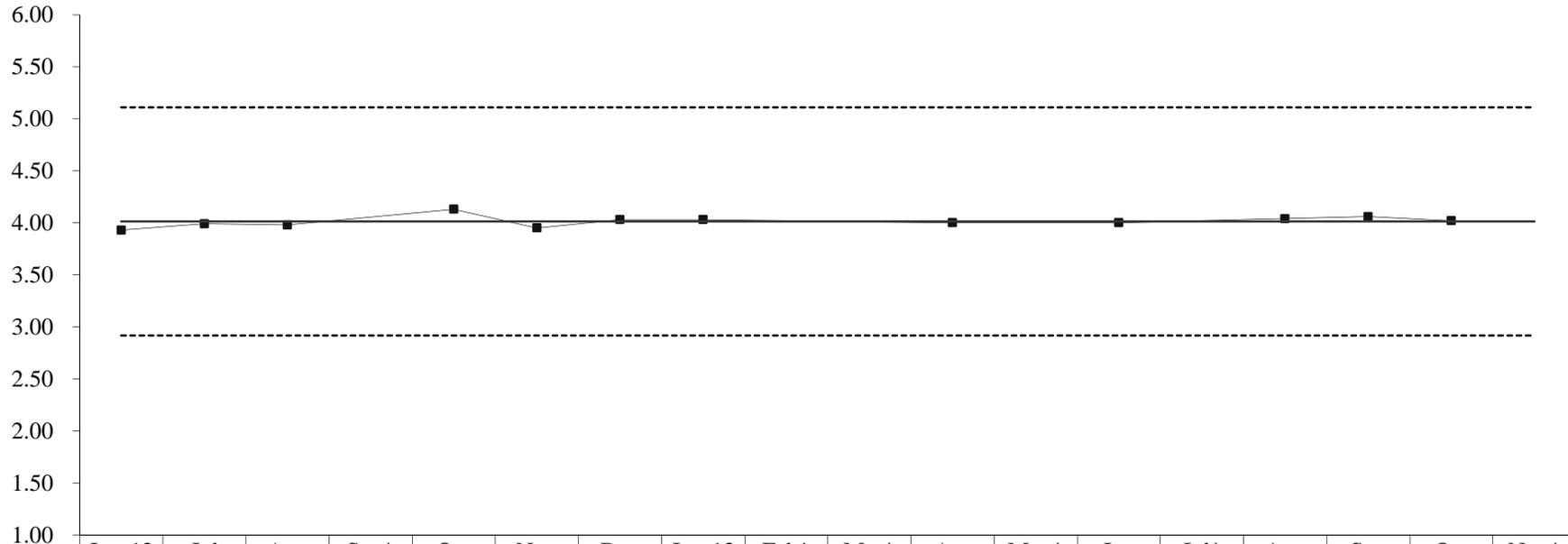
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Waco Center for Youth

**Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)**



	Jun-12	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-13	Feb*	Mar*	Apr	May*	Jun	Jul*	Aug	Sep	Oct	Nov*
—■— Score	3.93	3.99	3.98		4.13	3.95	4.03	4.03			4.00		4.00		4.04	4.06	4.02	
Surveys	9	2	6	0	1	4	1	1			4		1	0	6	7	2	0
Discharges	18	14	21	10	7	11	14	13	16	12	7	9	10	17	13	16	19	9
% Sampled	50%	14%	29%	0%	14%	36%	7%	8%	0%	0%	57%	0%	10%	0%	46%	44%	11%	0%
----- UCL	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11
———— Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
----- LCL	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92

*No Survey Done

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Performance Objective 9E:

Conduct regularly scheduled assessments of Facility Support Systems through the FSPI process.

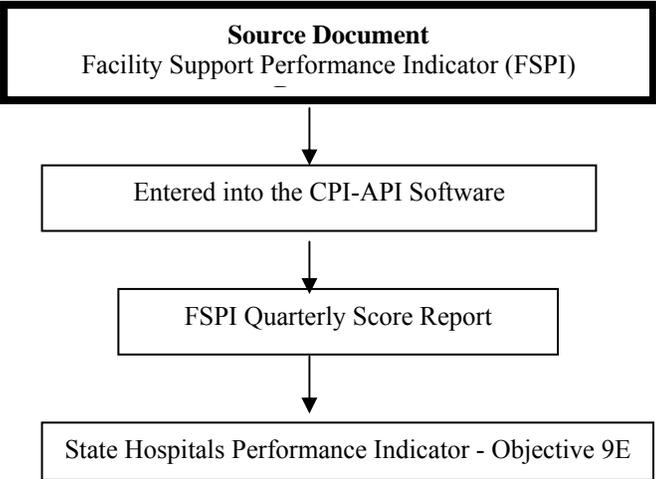
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: $[(\# \text{ of yes} + \# \text{ of no with justification}) / (\# \text{ of NA} - \text{Contract Facility})] \times 100$.

Performance Objective Data Display and Chart Description:

- ◆ Table shows the assessment score for individual state hospitals and system-wide
- ◆ Chart shows the assessment score for individual state hospitals.

Data Flow:

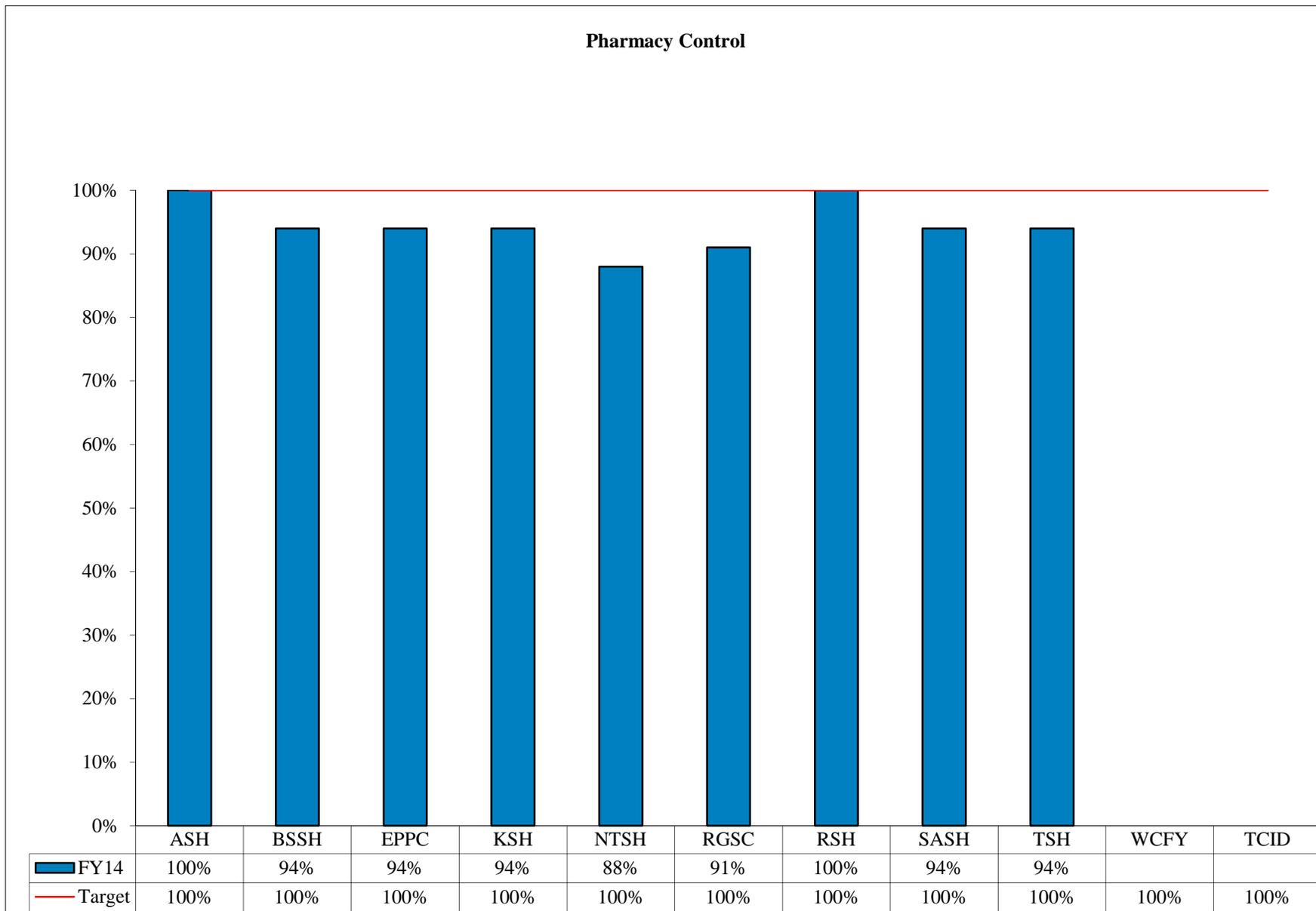


Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2014

	Q1		Q2		Q3		Q4
	Pharmacy Control	Medication Room Controls	Procurement Card Controls	Competency Training and Development	Food Service Management and Food Inventory	State Hospital Facility Contracts Management	Facility Risk Management
Compliance Target	100%	100%	100%	100%	100%	100%	100%
State Hospital Totals	94%	96%					
Austin State Hospital	100%	100%					
Big Spring State Hospital	94%	100%					
El Paso Psychiatric Center	94%	100%					
Kerrville State Hospital	94%	88%					
North Texas State Hospital	88%	100%					
Rio Grande State Center	91%	86%					
Rusk State Hospital	100%	100%					
San Antonio State Hospital	94%	100%					
Terrell State Hospital	94%	100%					
Waco Center For Youth	CF	83%					
Texas Center for Infectious Disease	CF	100%					

*CF = Contract Facility

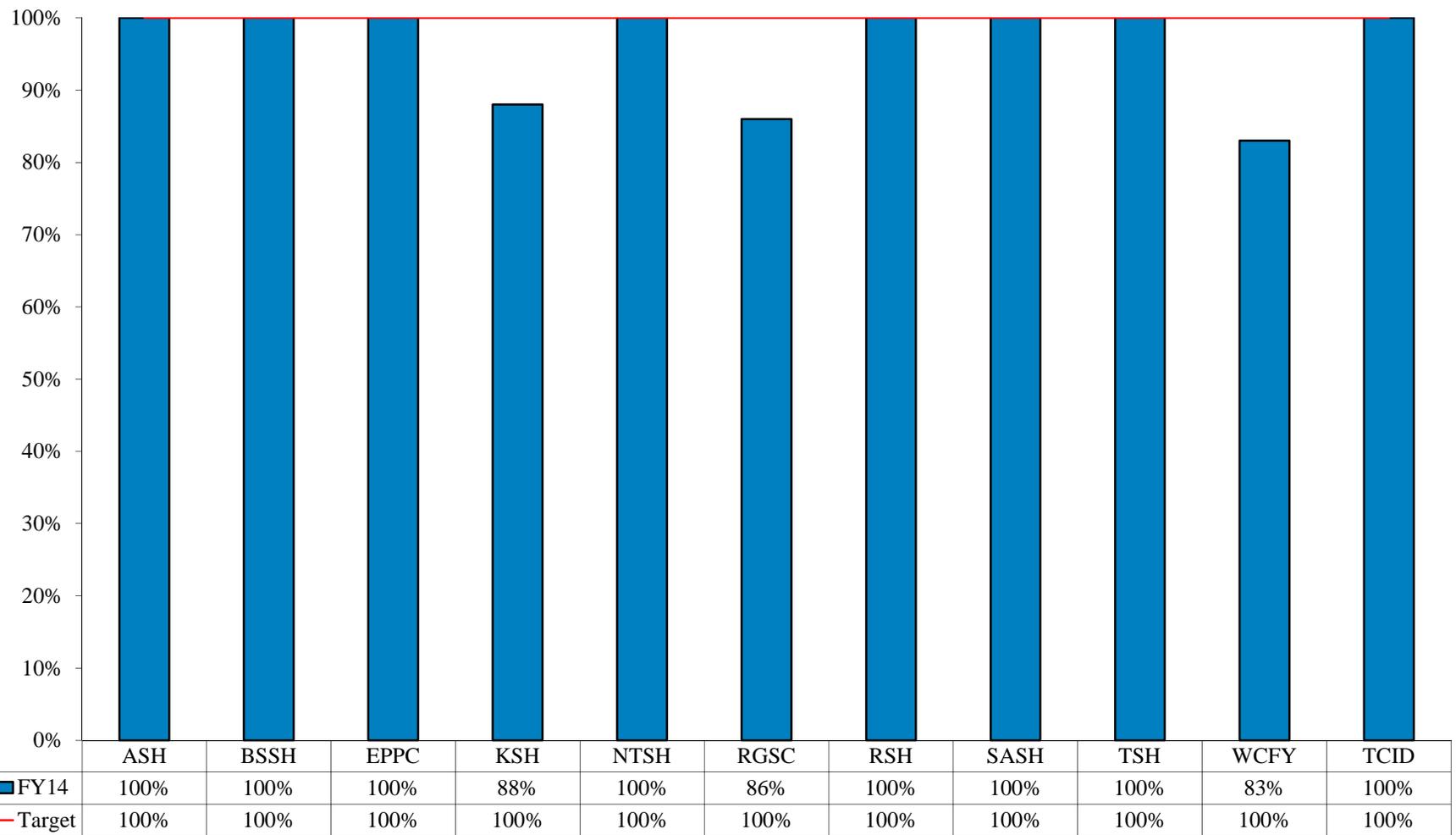
Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2014
Pharmacy Control



WCFY & TCID - Contract Facility

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2014
Medication Room Controls

Medication Room Controls



GOAL 10: Infection Control

Performance Measure 10A:

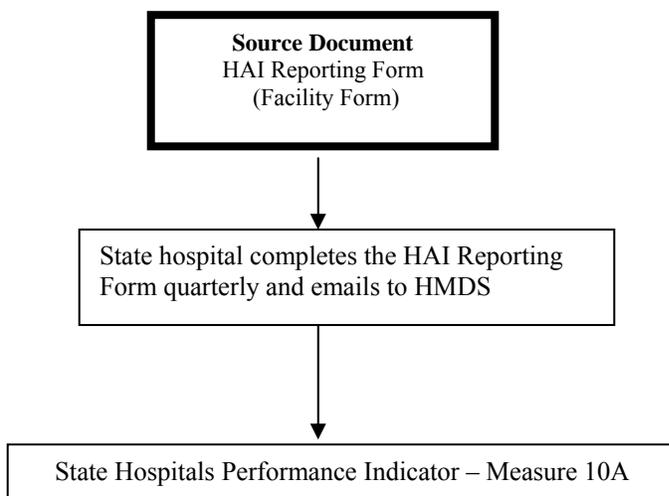
Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

Performance Measure Operational Definition: The state hospital rate of healthcare associated infection rates will be collected quarterly.

Performance Measure Data Display and Chart Description:

Table shows quarterly numbers of nosocomial infection type by ages 0-17, 18-64 and 64+ by the individual state hospitals and system-wide.

Data Flow:



**Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014**

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	0	0	0	5	5
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	1	0	0	1	2	3	7
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection,other than Pneumonia	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	1	0	1	0	7	9
Systemic Infection	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	1	1	0	2	2	15	21
Rate Per 1,000 Beddays	0.5	2.4	0.0	0.9	0.8	2.2	1.0

**Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014**

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	1	14	0	6	4	1	1	1	3	0	31
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	1	1	0	2	0	1	2	2	0	0	9
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	3	25	0	3	2	1	27	6	5	0	72
Gastrointestinal System Infection	0	2	0	1	1	0	0	0	0	0	4
Lower Respiratory Infection,other than Pneumonia	1	9	0	0	2	0	0	0	0	0	12
Reproductive Tract Infection	0	15	0	0	0	0	0	5	0	0	20
Skin and Soft Tissue Infection	0	20	2	0	7	1	10	19	5	0	64
Systemic Infection	0	0	0	9	0	0	0	0	0	1	10
Other	0	0	0	0	0	0	0	0	0	0	0
Total	6	86	2	21	16	4	40	33	13	1	222
Rate Per 1,000 Beddays	0.3	5.3	0.4	1.3	0.4	0.9	1.3	1.6	0.7	0.3	1.2

**Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014**

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	1	2	0	2	2	0	0	1	0	8
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	1	3	0	0	0	0	3	0	1	8
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0
Lower Respiratory Infection,other than Pneumonia	0	0	0	0	0	0	0	0	0	0
Reproductive Tract Infection	0	2	0	0	0	0	0	0	0	2
Skin and Soft Tissue Infection	0	1	0	0	1	0	0	3	0	5
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	2	8	0	2	3	0	3	4	1	23
Rate Per 1,000 Beddays	0.9	4.5	0.0	1.2	2.1	0.0	1.6	2.0	0.9	1.8

Texas Center for Infectious Disease (TCID) Data Sheet

FY13

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	36	34	39	37	36
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0	0
O 3A	Number of Patients Restrained	0	0	0	0	0
O 4B	Number of Medication Errors	3	16	12	2	33
O 4B	Number of Medication Errors that Reached the Patient	0	12	5	2	19
M 5A	Number of New Patients to System	16	16	19	12	63
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	0
M 6A	Number of Patient Injuries	1	7	1	11	20
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	12	10	6	8	36
M 10A	Facility Healthcare Associated Infection	0	1	2	1	4

FY14

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	35				35
O 2A	Number of Abuse/Neglect Allegations	0				0
O 3A	Number of Patients Restrained	0				0
O 4B	Number of Medication Errors	13				13
O 4B	Number of Medication Errors that Reached the Patient	12				12
M 5A	Number of New Patients to System	15				15
O 6D	Number of Patient Injuries during Restraint	0				0
M 6A	Number of Patient Injuries	11				11
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	6				6
M 10A	Facility Healthcare Associated Infection	2				2

Appendix B - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?

One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How many causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?

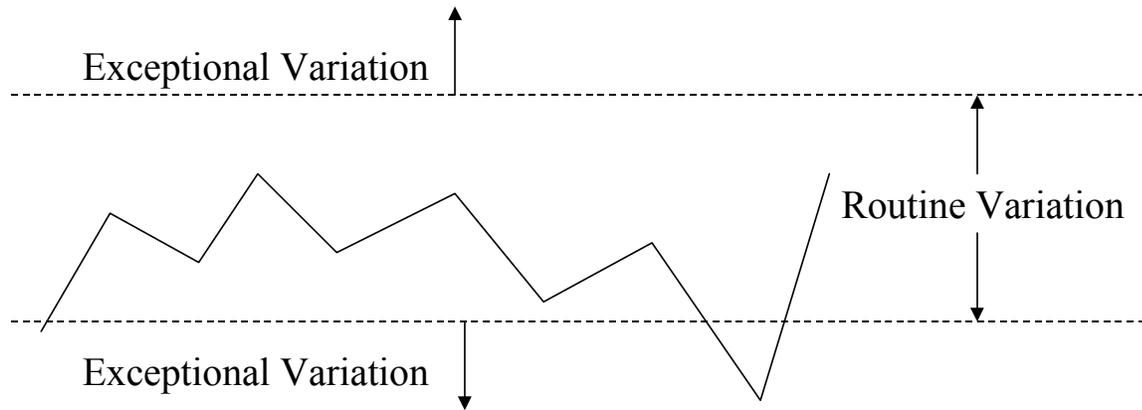
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

While every process displays variation, some processes display predictable variation, while others display unpredictable variation.

Don Wheeler, Building Continual Improvement.

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

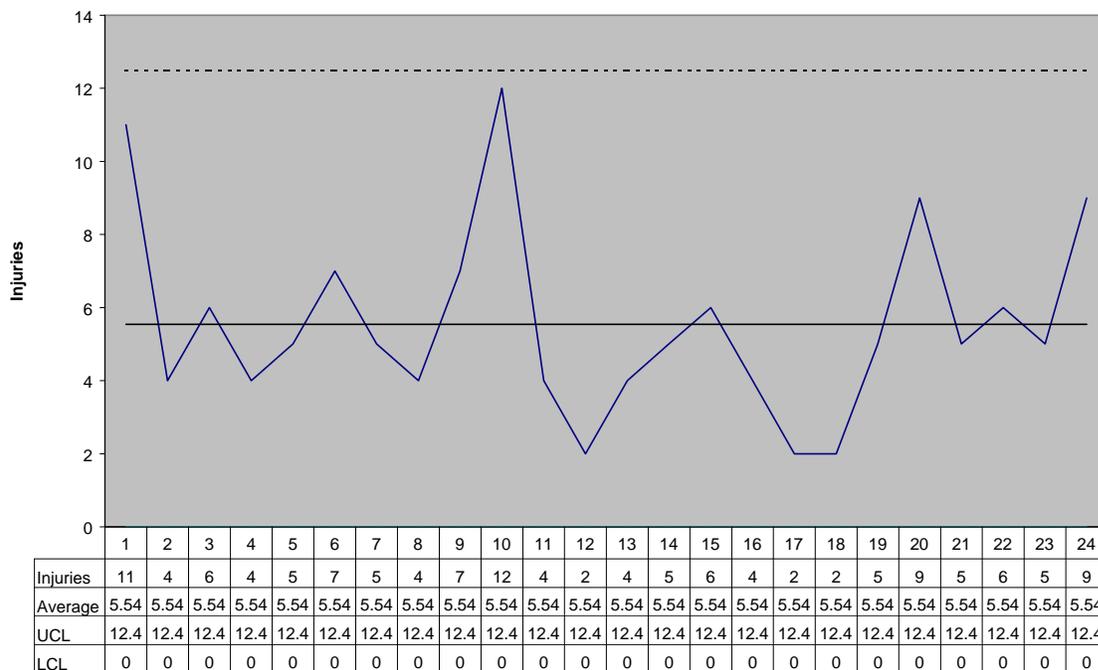
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?

The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.

The XmR Chart for Monthly Injuries



Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values. In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

Month	Injuries	Moving Ranges	UCL	LCL	LCL
1	11		12.48	-1.40	0
2	4	7	12.48	-1.40	0
3	6	2	12.48	-1.40	0
4	4	2	12.48	-1.40	0
5	5	1	12.48	-1.40	0
6	7	2	12.48	-1.40	0
7	5	2	12.48	-1.40	0
8	4	1	12.48	-1.40	0
9	7	3	12.48	-1.40	0
10	12	5	12.48	-1.40	0
11	4	8	12.48	-1.40	0
12	2	2	12.48	-1.40	0
13	4	2	12.48	-1.40	0
14	5	1	12.48	-1.40	0
15	6	1	12.48	-1.40	0
16	4	2	12.48	-1.40	0
17	2	2	12.48	-1.40	0
18	2	0	12.48	-1.40	0
19	5	3	12.48	-1.40	0
20	9	4	12.48	-1.40	0
21	5	4	12.48	-1.40	0
22	6	1	12.48	-1.40	0
23	5	1	12.48	-1.40	0
24	9	4	12.48	-1.40	0
Average	5.54	2.61			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are called *Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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