

**Health and Human Services Commission**  
**Department of State Health Services**  
*State Hospitals Section*  
**Mission, Vision, Goals and**  
**2013 Management Plan**

**Statewide Performance Indicators**  
**2nd Quarter FY 2013**

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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), 78<sup>th</sup> 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

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

**STATE HOSPITALS SECTION**

**FY2013 MANAGEMENT PLAN**

The State Hospitals Section FY 2013 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 Hospitals 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	2013 Indicator	Responsibility
<p><b>GOAL 1: PROVIDE LEADERSHIP</b> 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	Develop HHSAS codes to improve reporting on outside medical costs.	State Hospitals Section
O - 1B	<b>MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY13.</b>	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, 2013.	State Hospitals Section
O - 1D	<b>OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT IS 95% OF THE ALLOCATED BEDS FOR THE HOSPITAL INPATIENT SERVICES.</b>	Psychiatric Hospitals
O - 1E	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2013.	State Hospitals Section
O - 1F	Evaluate implementation of Dangerousness Review Board operations at the combined Maximum Security Units at NTSB and RSH and report to Executive Committee Governing Body by January 1, 2013.	Forensic Services Committee
O - 1G	Identify opportunities and strategies to work with courts regarding patients "found not likely to regain competency" and make recommendations for same to the Executive Committee Governing Body by January 1, 2013.	Forensic Services Committee
O - 1H	<b>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 FY13.</b>	State Hospitals
O - 1I	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 - 1J	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 Section
O - 1K	<b>Report on strategies to improve/increase utilization of residential beds.</b>	BSSH, RSH & SASH
M - 1A	<b>CALCULATE AVERAGE COST PER PATIENT SERVED.</b>	State Hospitals
M - 1B	<b>CALCULATE COST PER OCCUPIED BED.</b>	State Hospitals
M - 1C	<b>CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.</b>	State Hospitals

Goals, Objectives, Measures	2013 Indicator	Responsibility
M - 1D	<b>CALCULATE NUMBER OF INPATIENT DAYS.</b>	<b>TCID</b>
M - 1E	<b>Calculate average cost of outpatient visits.</b>	<b>TCID and RGSC</b>
M - 1F	<b>Calculate contract cost.</b>	<b>TCID</b>
M - 1G	<b>MONITOR OUTSIDE MEDICAL COSTS FOR ALL PATIENTS.</b>	<b>State Hospitals</b>
M - 1H	<b>REPORT FY13 COLLECTIONS COMPARISON TO FY12 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.</b>	<b>State Hospitals</b>
M - 1I	<b>Monitor utilization of residential beds (% capacity and turnover).</b>	<b>BSSH, RSH &amp; SASH</b>

**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.

O - 2A	<b>REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.</b>	<b>State Hospitals</b>
O - 2B	<b>Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.).</b>	<b>State Hospitals</b>
O - 2C	<b>ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.</b>	<b>State Hospitals</b>
O - 2D	Effective June 11, 2012, OIG began investigating abuse, neglect, and exploitation to determine if criminal activity has occurred. Results of their findings are reported and analyzed.	<b>State Hospitals</b>
O - 2E	Implement the Consumer Services and Rights Protection Services policy on responding to patient rights violations.	<b>State Hospitals</b>
O - 2F	Implement the SHS Guidelines for Abuse, Neglect, and Exploitation Incidents: Centralized Reporting, Assessing Risk and Taking Action to Protect Patients During DFPS Investigations.	<b>State Hospitals</b>
O - 2G	Implement the CPI Patient Rights Monitoring Instrument to assure protection of patient rights.	<b>State Hospitals</b>
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.	<b>HMDRS</b>

**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.

Goals, Objectives, Measures	2013 Indicator	Responsibility
O - 3A	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE WITH A GOAL OF ZERO.	State Hospitals
O - 3B	UTILIZE THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.	Psychiatric Hospitals
O - 3C	Implement recovery planning monitoring instrument to assure person-centered recovery planning.	Psychiatric Hospitals
O - 3D	Implement medical treatment planning monitoring instrument to assure appropriate medical treatment.	Psychiatric Hospitals
O - 3E	Ensure establishment of (suicide prevention officer led) facility based phone conferencing/roundtable review of current literature and facility practices related to suicide prevention efforts within the facilities.	COC
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
<p><b>GOAL 4: IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES</b> 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
O - 4E	Report compliance with Core Measure of polypharmacy number and documentation of rationale at discharge.	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. Hospitals will report cost by hospital units and prescribing practitioners to the Governing Body.	Psychiatric Hospitals

Goals, Objectives, Measures	2013 Indicator	Responsibility
M - 4C	ANALYZE AND REPORT THE COST OF TB MEDICATIONS.	TCID
<p><b>GOAL 5: ASSURE CONTINUUM OF CARE</b> 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
O - 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 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.	Psychiatric Hospitals
O - 5D	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 Hospitals Section no later than January 15, 2013, and must be implementable within existing statutory and fiscal constraints.	Forensic Services Committee
M - 5A	CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.	State Hospitals
M - 5B	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.	Psychiatric Hospitals
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

Goals, Objectives, Measures	2013 Indicator	Responsibility
<b>GOAL 6: IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM</b> 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	<b>MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.</b>	State Hospitals
O - 6C	<b>REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.</b>	State Hospitals
O - 6D	<b>REDUCE THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.</b>	State Hospitals
O - 6E	<b>ANALYZE THE NUMBER OF EMPLOYEE INJURIES THAT ARE THE RESULT OF PATIENT AGGRESSION.</b>	State Hospitals
O - 6F	<b>REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.</b>	State Hospitals
O - 6G	<b>ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND TO REDUCE THE RATE OF FALLS DURING FY13 BY 10% AS COMPARED TO FY12.</b>	State Hospitals
O - 6H	Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.	State Hospitals
M - 6A	<b>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.</b>	State Hospitals
M - 6B	<b>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.</b>	State Hospitals
<b>GOAL 7: OBTAIN, MANAGE AND USE INFORMATION</b> 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.		
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY13.	CPIC
O - 7B	<b>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.</b>	State Hospitals

Goals, Objectives, Measures	2013 Indicator	Responsibility
O - 7C	<b>Report on implementation and effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.</b>	State Hospitals
O - 7D	Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.	State Hospitals Section
O - 7E	<b>Report implementation of electronic medical record.</b>	TCID
O - 7F	<b>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.</b>	State Hospital
O - 7G	<b>MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.</b>	State Hospitals
O - 7H	Upgrade to the MyAVATAR version of AVATAR.	State Hospital Section
<p><b>GOAL 8: ASSURE A COMPETENT WORKFORCE</b> 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	<b>ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.</b>	State Hospitals
O - 8B	<b>ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.</b>	State Hospitals
M - 8A	<b>COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.</b>	State Hospitals
M - 8B	<b>COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).</b>	State Hospitals
M - 8C	<b>REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)</b>	State Hospitals
<p><b>GOAL 9: IMPROVE ORGANIZATIONAL PERFORMANCE</b> 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	2013 Indicator	Responsibility
O - 9A	REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(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 FY13. 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 FY13.	State Hospitals
O - 9E	CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.	State Hospitals
O - 9F	Monitor and analyze patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit, including the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.	State Hospitals
O - 9G	Develop standard definitions for 1:1 and related special precautions by November 30, 2012.	COC
O - 9H	Continue baseline studies of usage of precautions across the system for later recommendations.	State Hospitals
<b>GOAL 10: INFECTION CONTROL</b> 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).		
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	Hospital Medical Executive Committee conducts and documents a risk assessment for Vaccine Preventable Diseases.	State Hospitals
O - 10C	Develop a 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
M - 10A	COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.	State Hospitals

Goals, Objectives, Measures	2013 Indicator	Responsibility
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:**

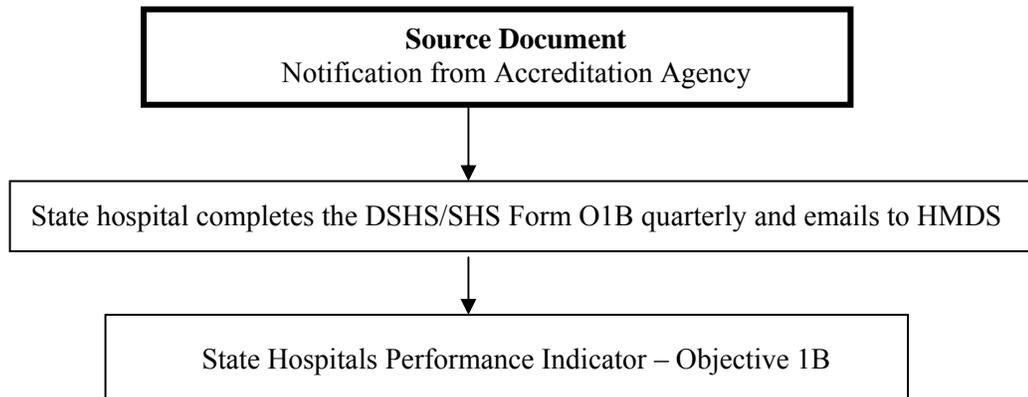
**Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2013.**

**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 Hospitals 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 February 28, 2013)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
<b>JC Accreditation</b>											
Date of accreditation:	Nov-12	Apr-12	Nov-09	Sep-12	Feb-13	Jun-11	Feb-13	May-10	Apr-10	Aug-12	Jun-10
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY13	1	1	2	0	1	0	1	0	0	0	0
<b>Medicare Certification</b>											
No. certified beds:	201	156	41	48	100	55	106	136	94	75	N/A
No. of Complaint Visits for Q2	0	0	0	0	0	0	1	0	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	1	0	0	0	N/A
Date of CMS On-Site Survey	Nov-12	Jun-09	Jan-09	Sep-12	Sep-07	May-08		Jul-11	Mar-08	Aug-11	
Date of last IMD Review:	Mar-12	Aug-11	Aug-11	Dec-08	Dec-12	N/A	Nov-11	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:**											Sep-12
<b>ICF-MR Certification</b>											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-12	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.**

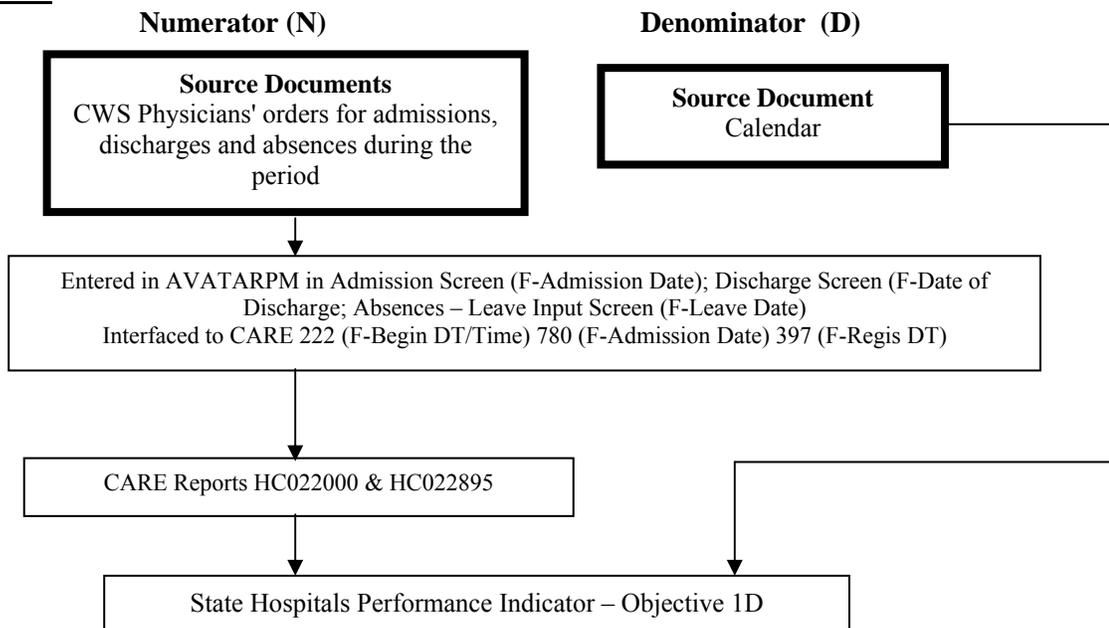
**Performance Objective Operational Definition:** DSHS Hospital Section will project total ADC, GR ADC and 3<sup>rd</sup> Party ADC. Extract report will divide episodes into 3<sup>rd</sup> Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3<sup>rd</sup> Party ADC. Care Report HC022864 uses same extract as the hospital allocation methodology reports (NTSH Vernon Campus is not included in the extract). 3<sup>rd</sup> 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:**

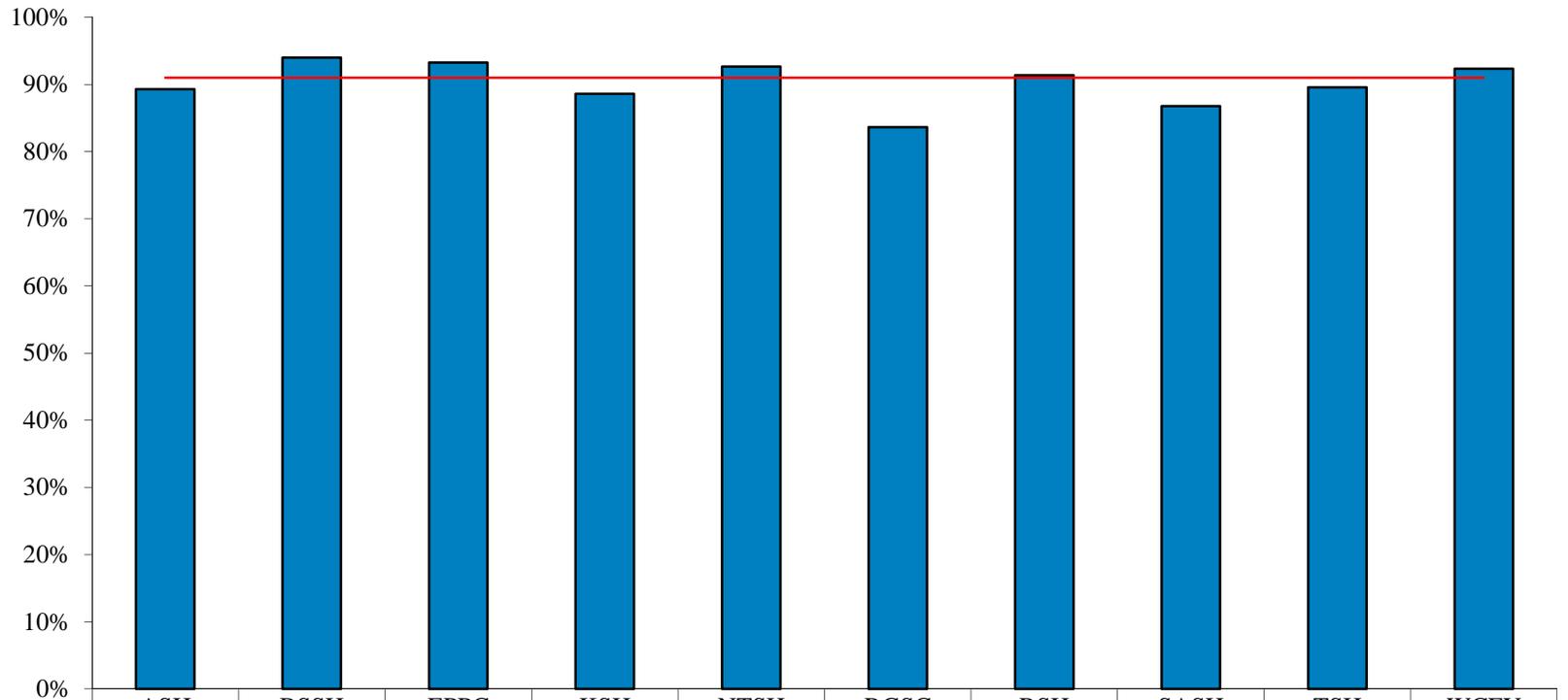
Chart with monthly data points of actual General Revenue and 3<sup>rd</sup> Party average daily census and funded census for individual state hospital and system-wide.

**Data Flow:**



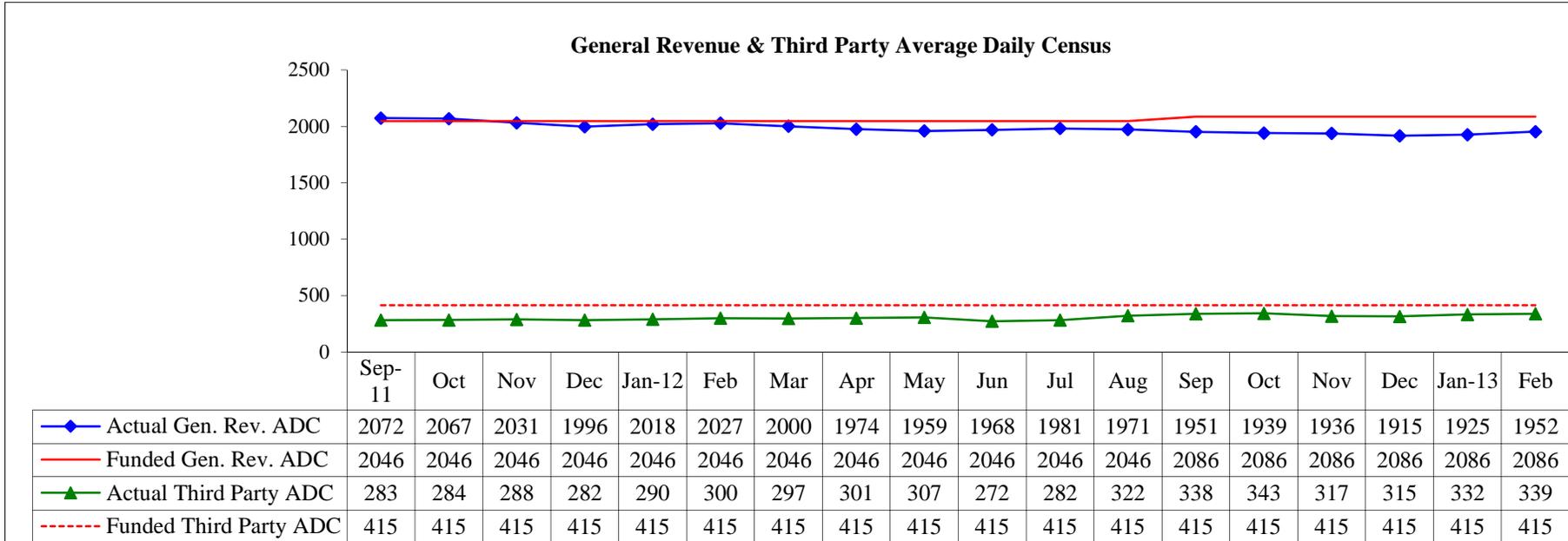
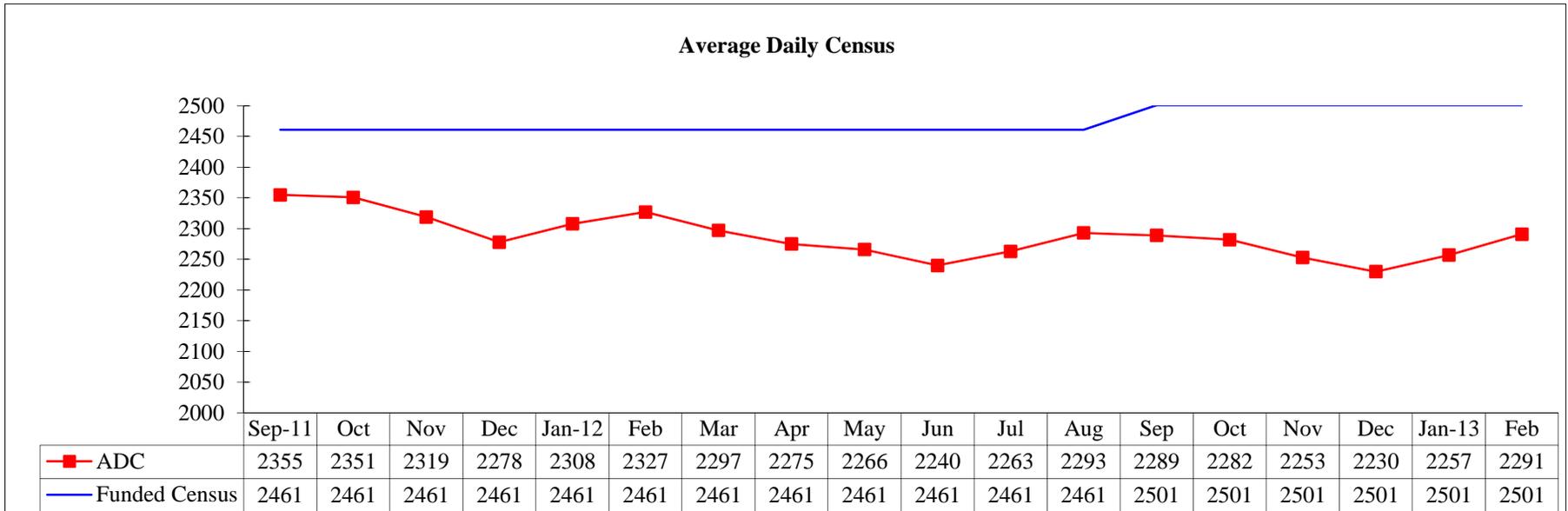
**Objective 1D & Measure 1C - Average Daily Census**  
**All State MH Hospitals - As of February 28, 2013**

**Average Daily Census As Percent of Adjusted Funded Census  
FY 2013**



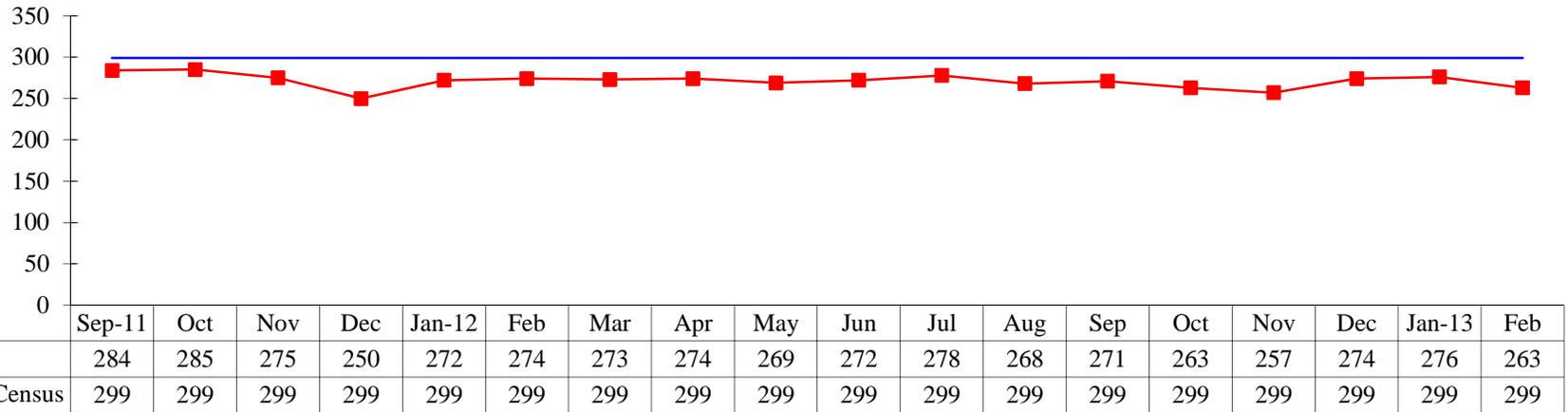
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	89%	94%	93%	89%	93%	84%	91%	87%	90%	92%
ADC	267	188	69	179	593	46	306	262	283	72
Funded Census	299	200	74	202	640	55	335	302	316	78
All State Hospitals	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

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

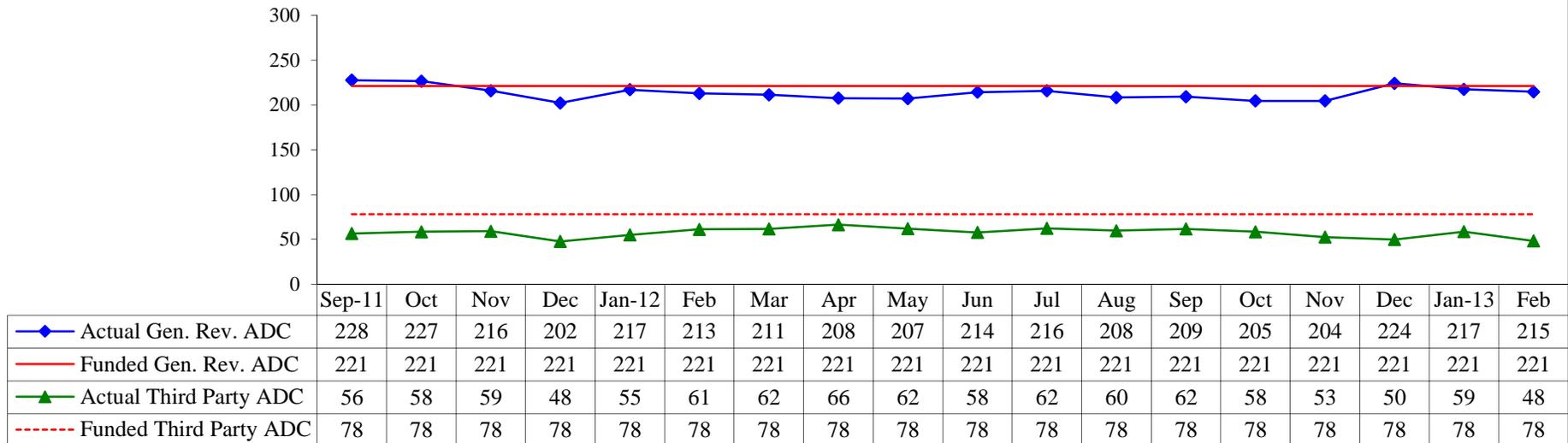


**Objective 1D & Measure 1C - Average Daily Census**  
**Austin State Hospital**

**Average Daily Census**

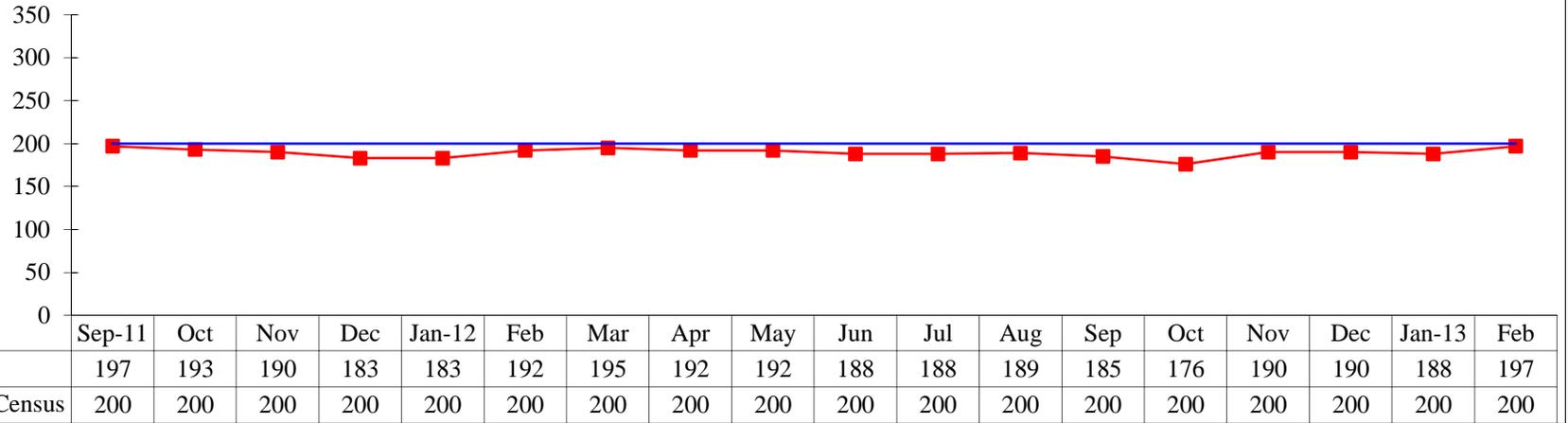


**General Revenue & Third Party Average Daily Census**

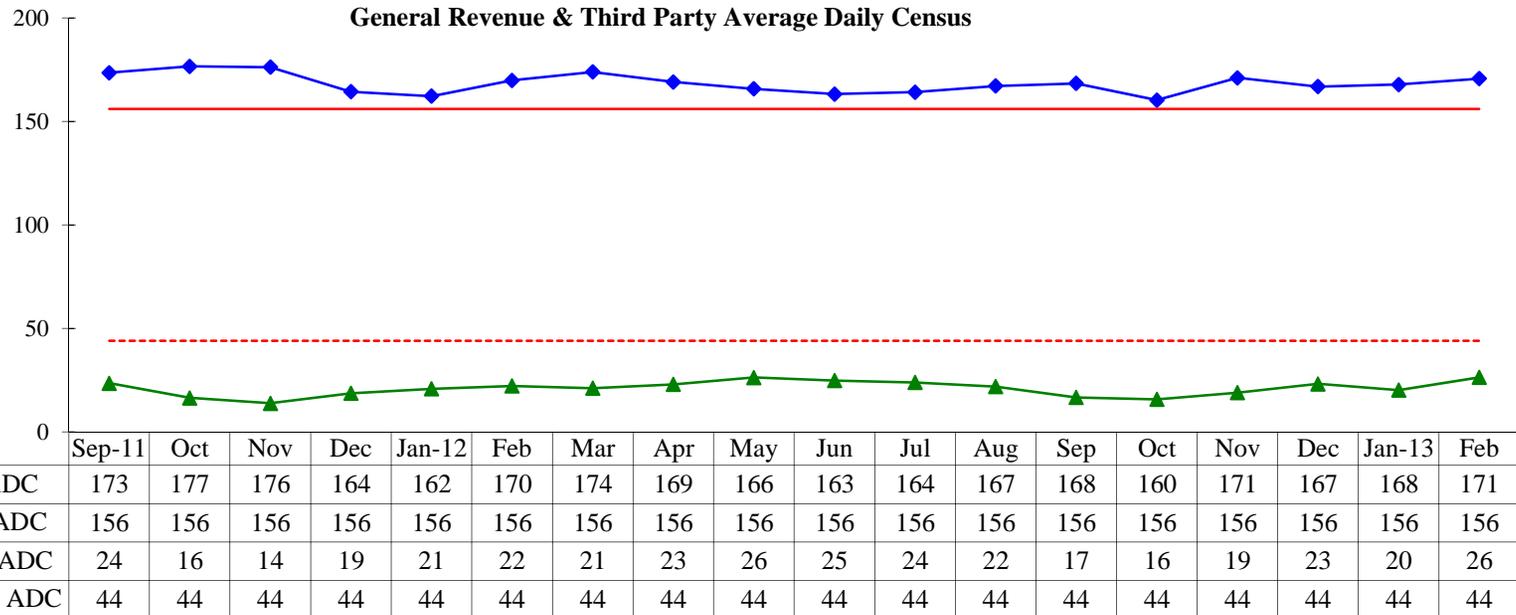


**Objective 1D & Measure 1C - Average Daily Census**  
**Big Spring State Hospital**

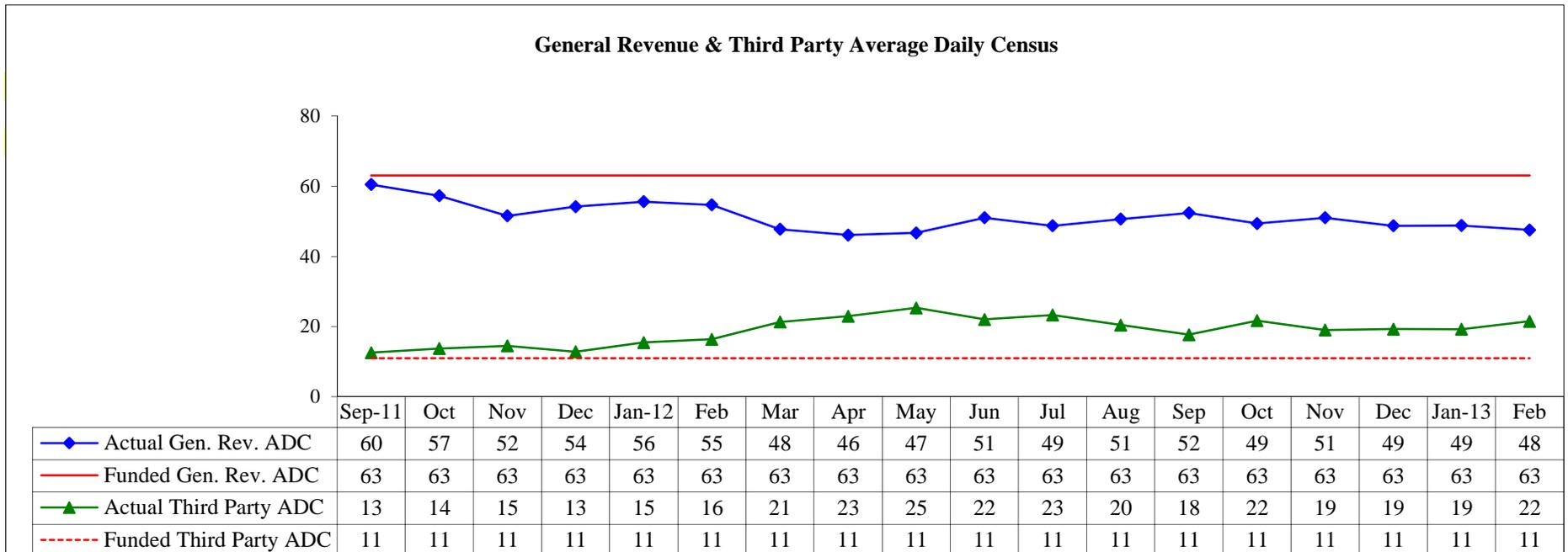
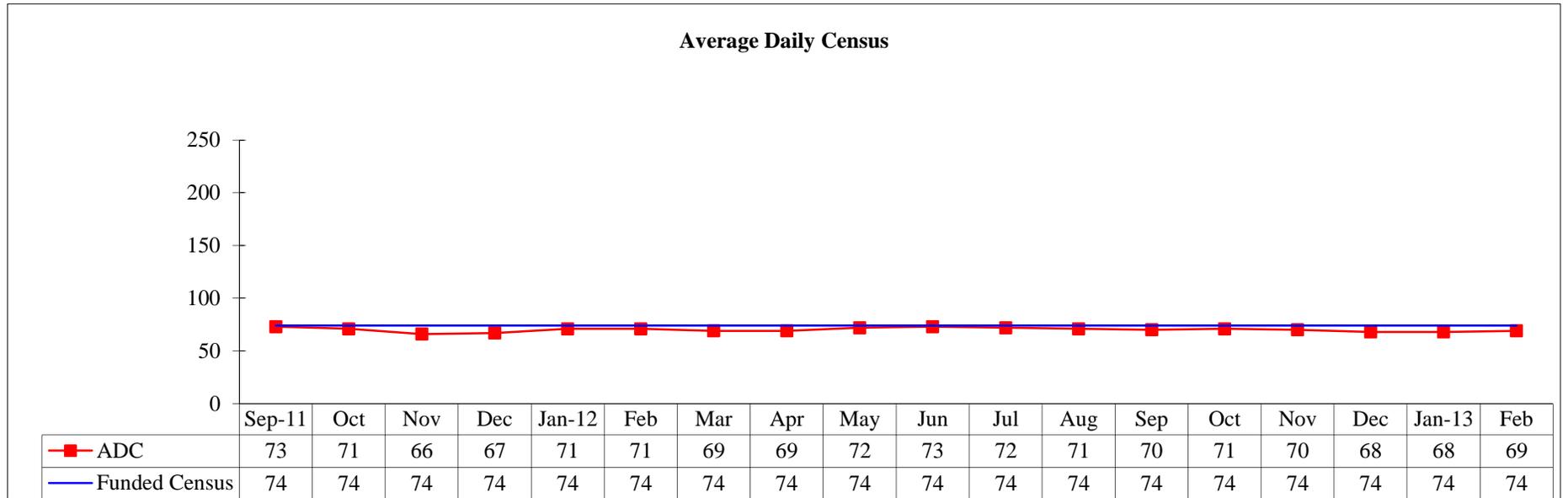
**Average Daily Census**



**General Revenue & Third Party Average Daily Census**

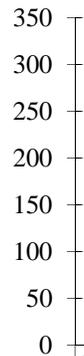


**Objective 1D & Measure 1C - Average Daily Census**  
**El Paso Psychiatric Center**



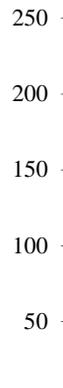
**Objective 1D & Measure 1C - Average Daily Census**  
**Kerrville State Hospital**

**Average Daily Census**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
■ ADC	191	190	193	194	192	186	186	184	182	182	183	179	174	176	177	181	182	186
— Funded Census	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202

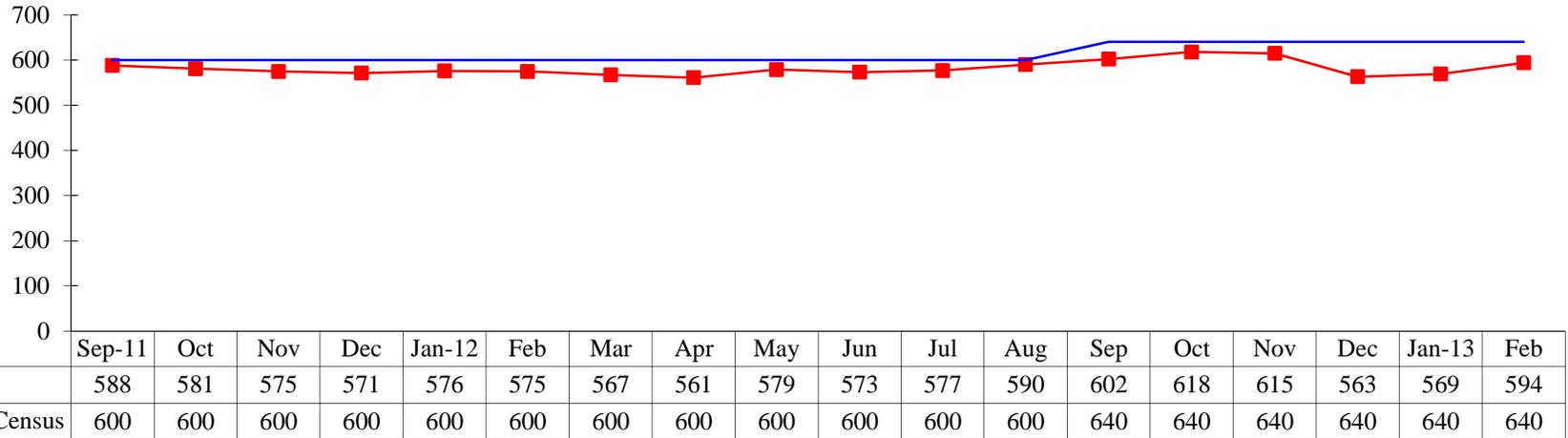
**General Revenue & Third Party Average Daily Census**



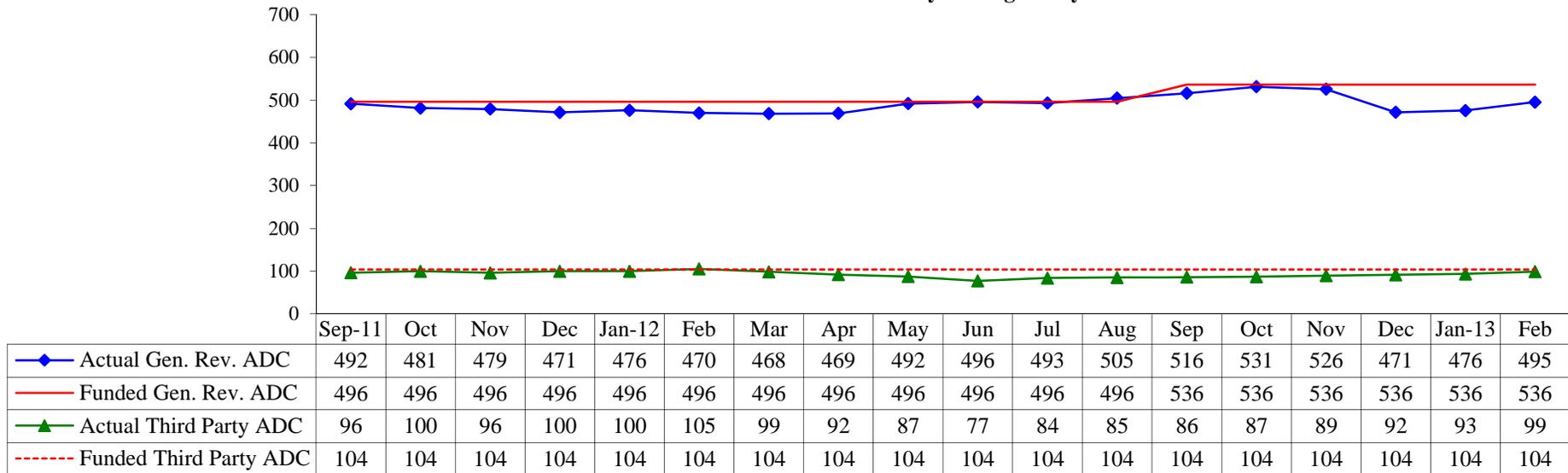
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
◆ Actual Gen. Rev. ADC	191	190	193	194	192	186	186	184	182	182	183	179	174	176	177	181	182	186
— Funded Gen. Rev. ADC	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199
▲ Actual Third Party ADC	0	0	0	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**

**Average Daily Census**

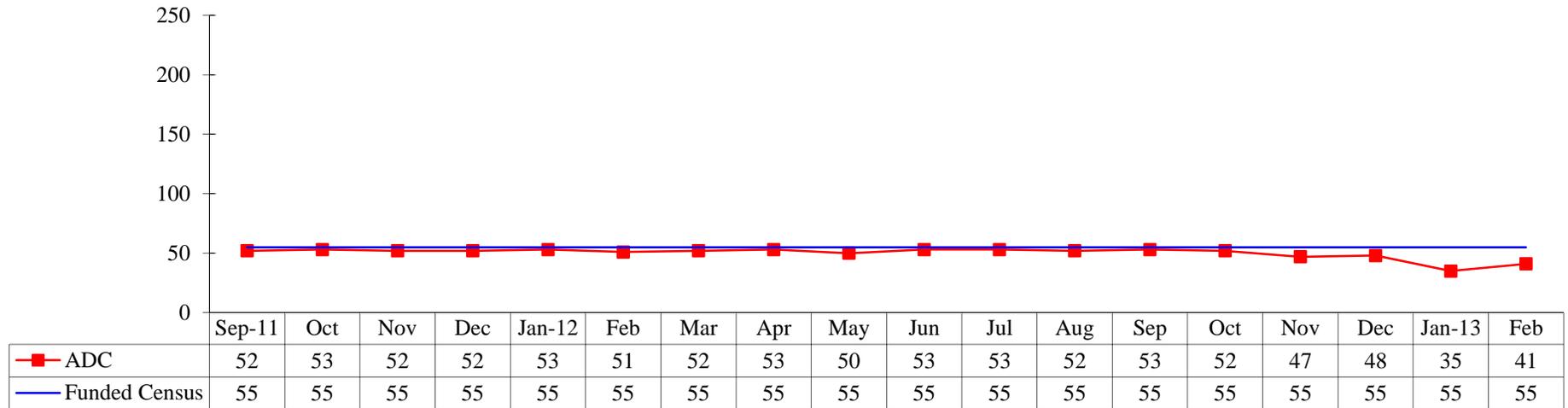


**General Revenue & Third Party Average Daily Census**

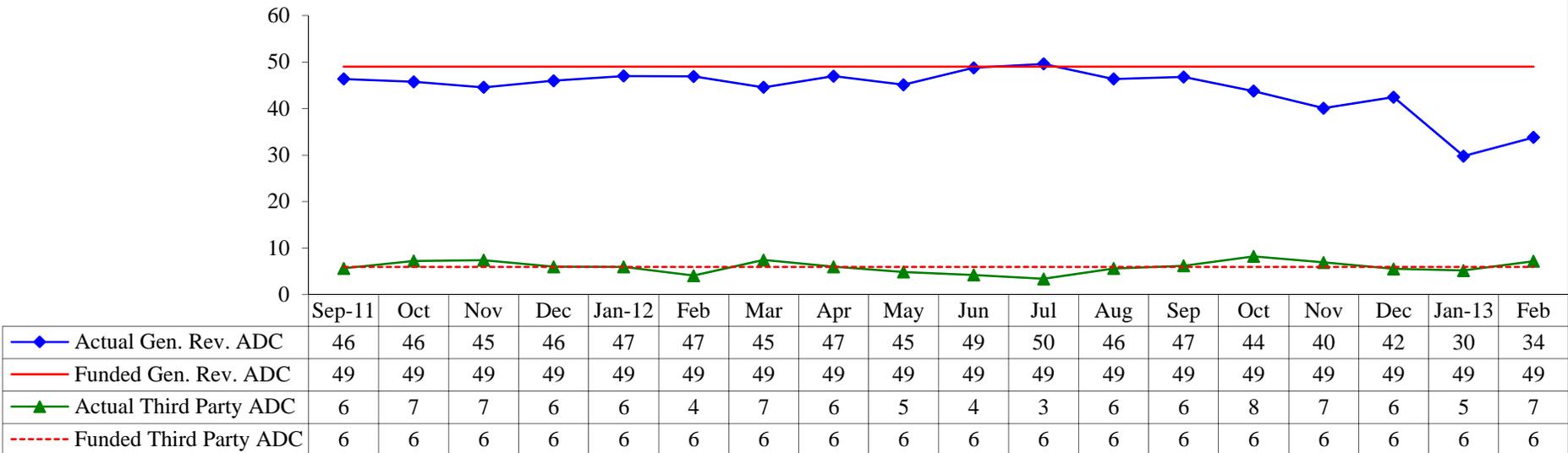


**Objective 1D & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**

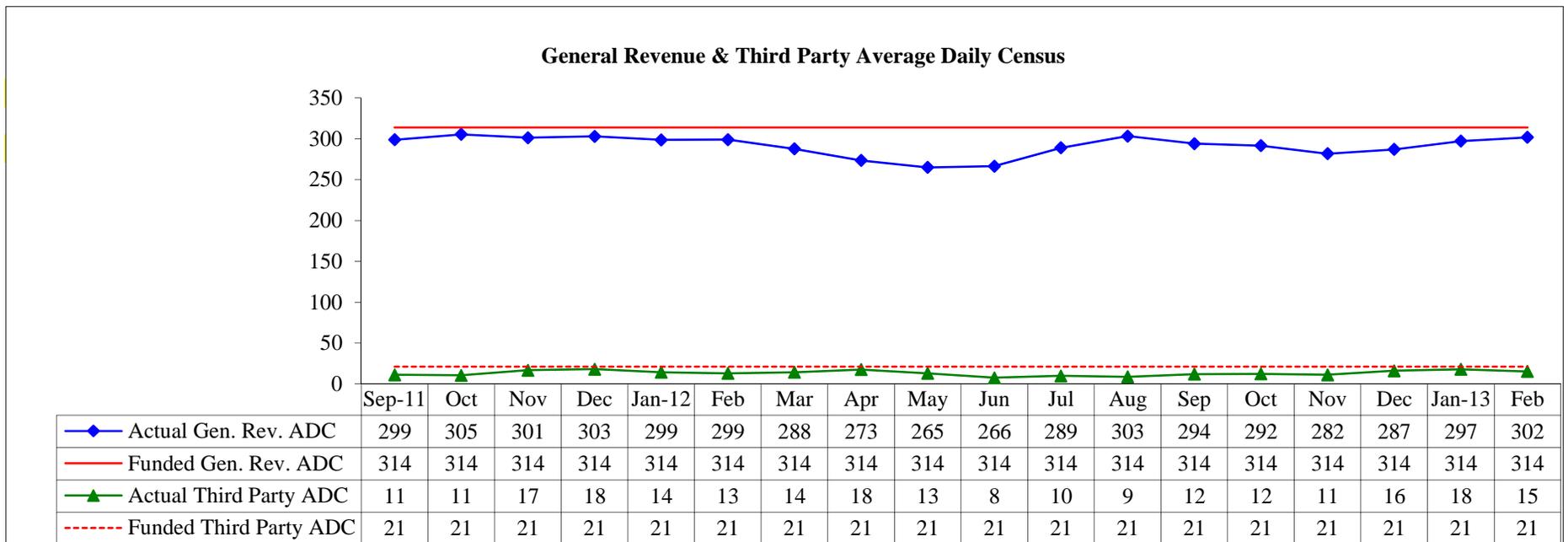
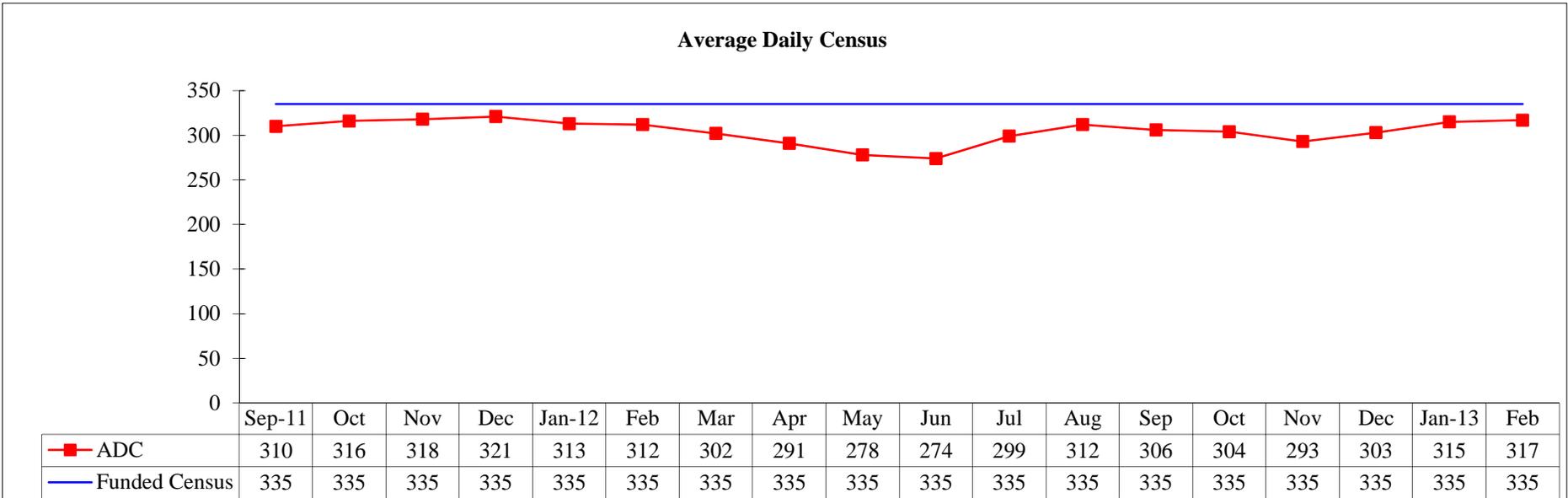
**Average Daily Census**



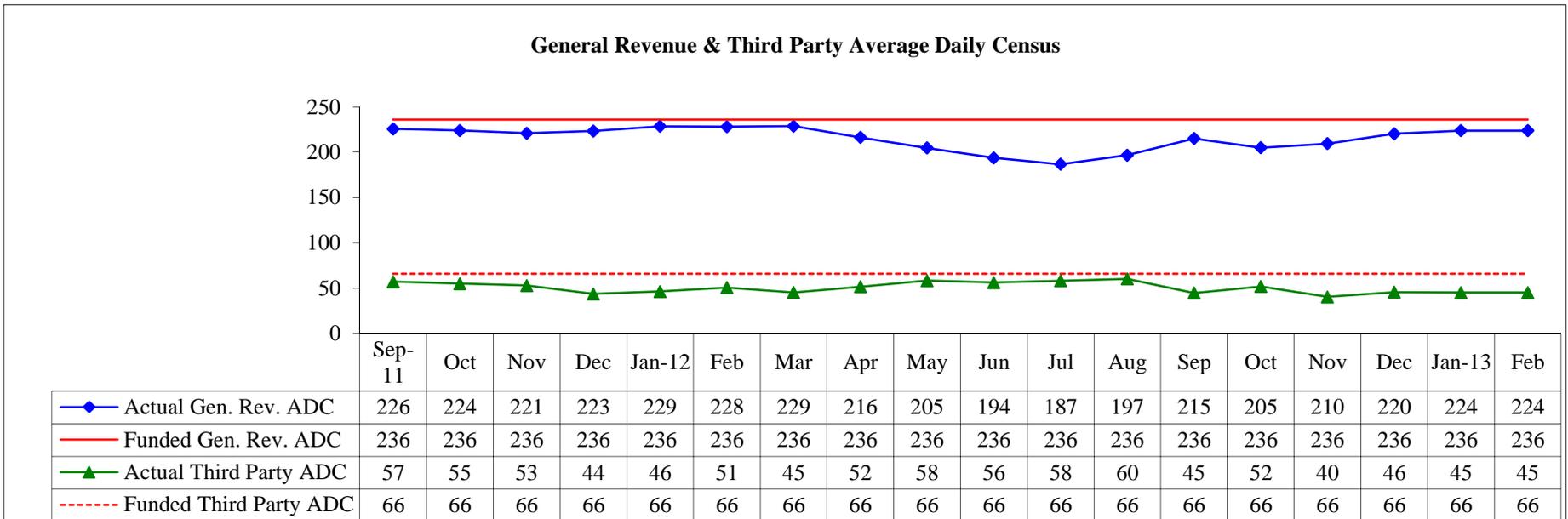
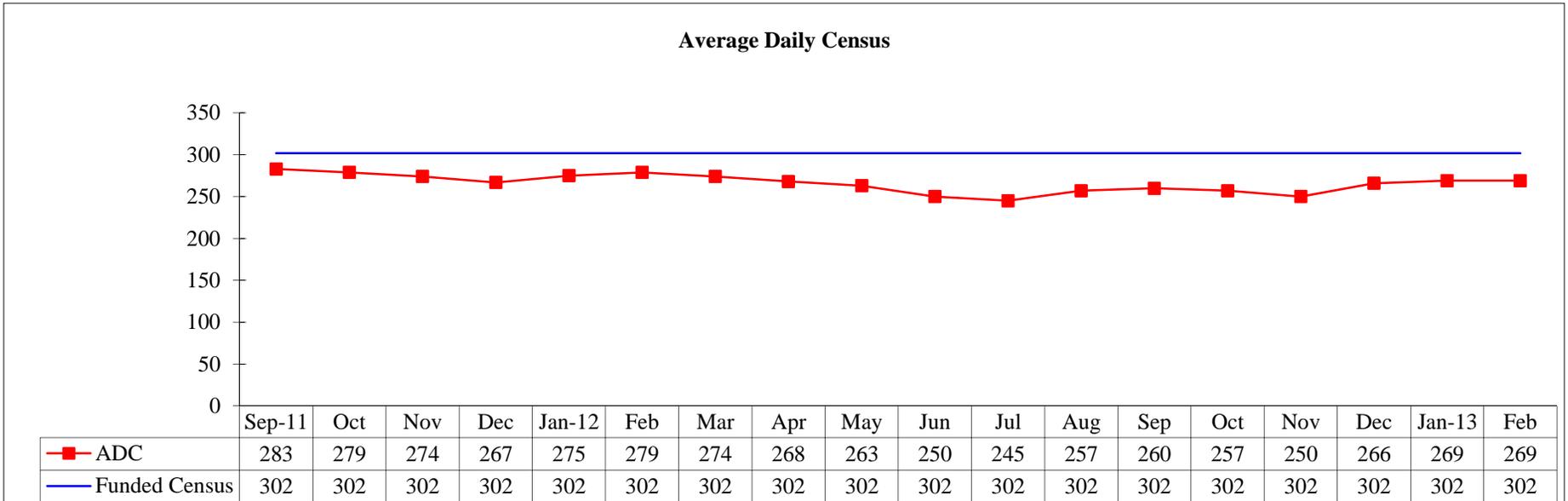
**General Revenue & Third Party Average Daily Census**



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

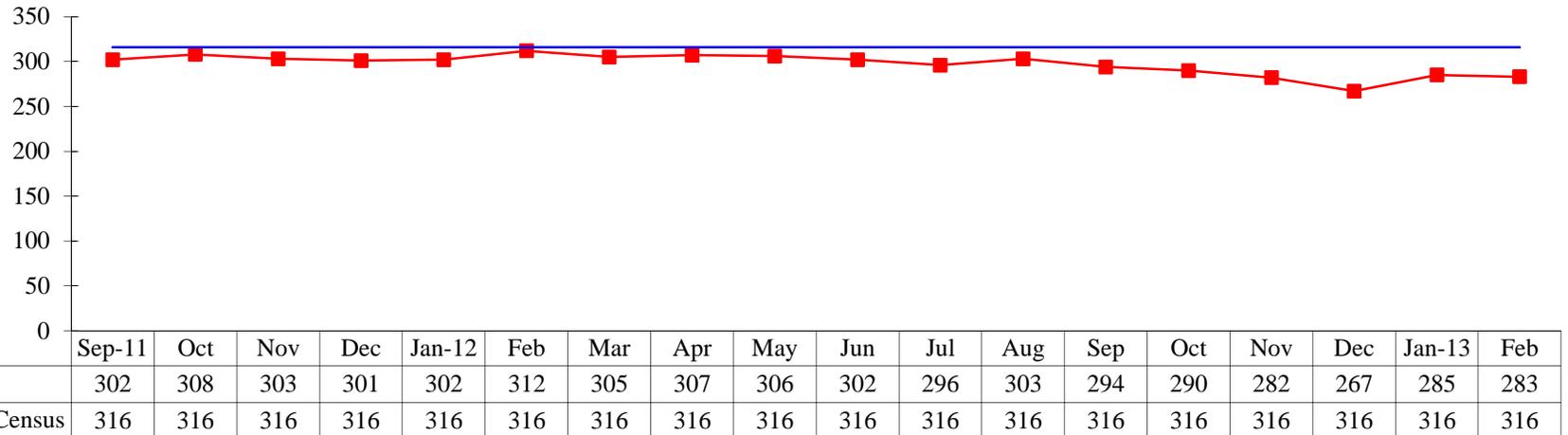


**Objective 1D & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**

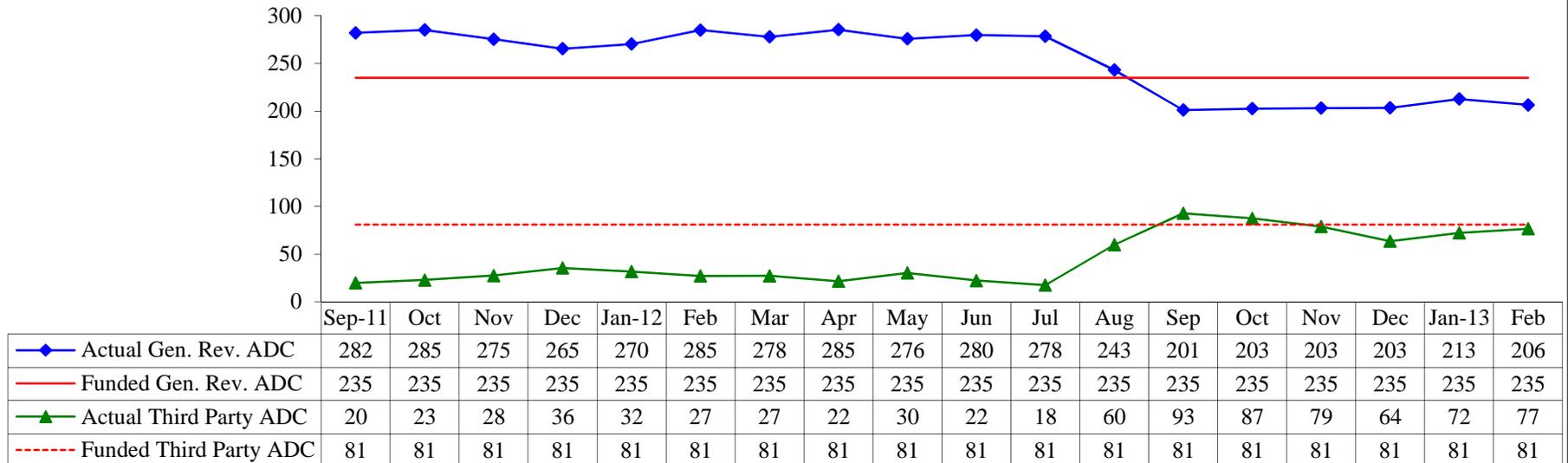


**Objective 1D & Measure 1C - Average Daily Census**  
**Terrell State Hospital**

**Average Daily Census**

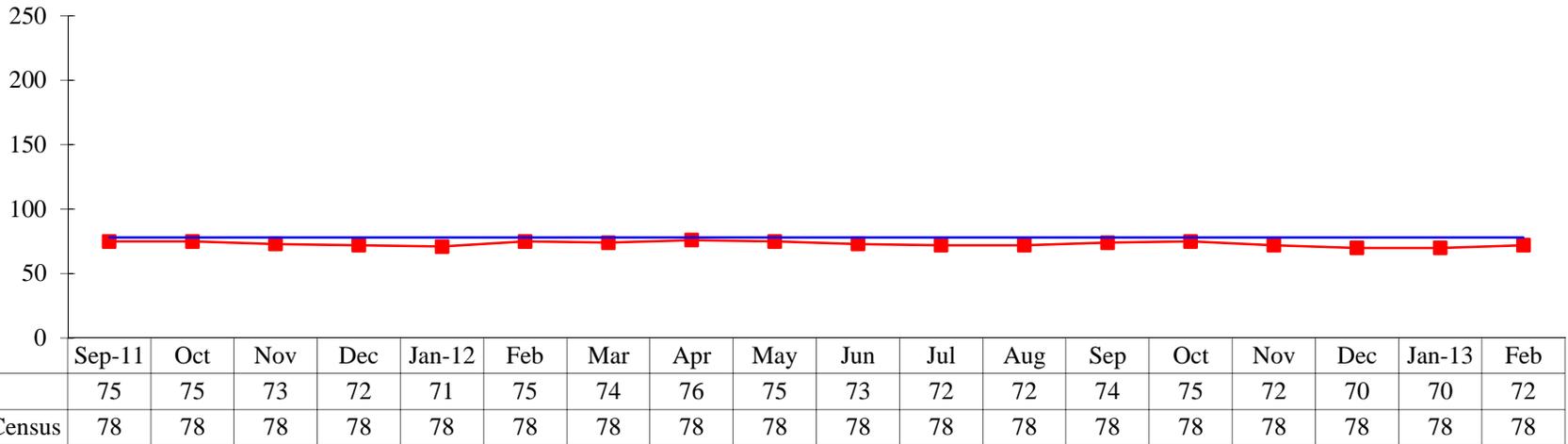


**General Revenue & Third Party Average Daily Census**

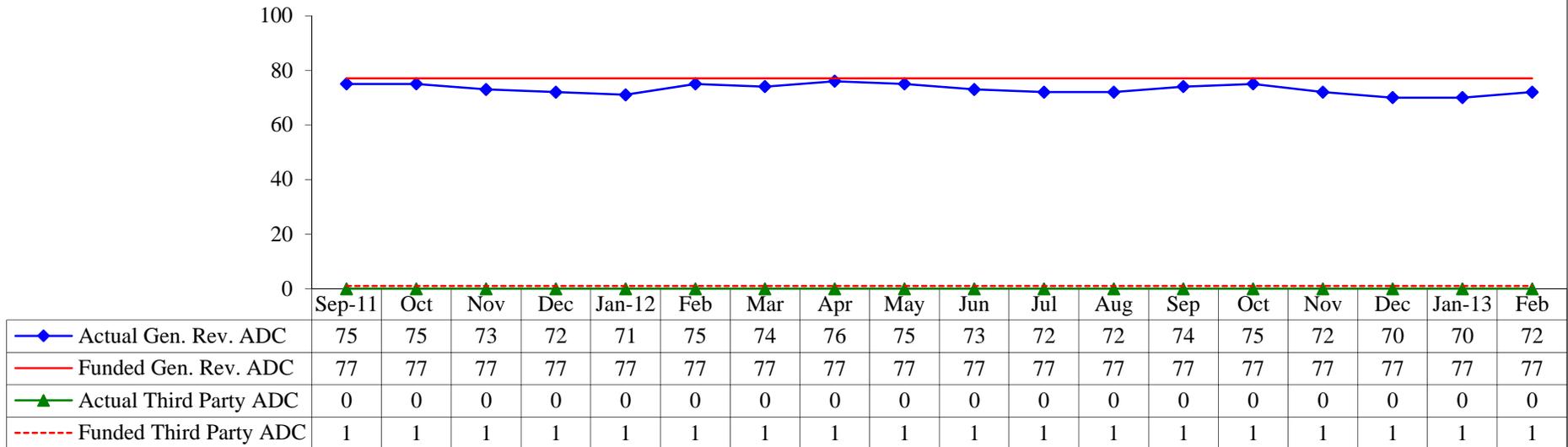


**Objective 1D & Measure 1C - Average Daily Census  
Waco Center For Youth**

**Average Daily Census**



**General Revenue & Third Party Average Daily Census**



**Performance Measure 1A:**

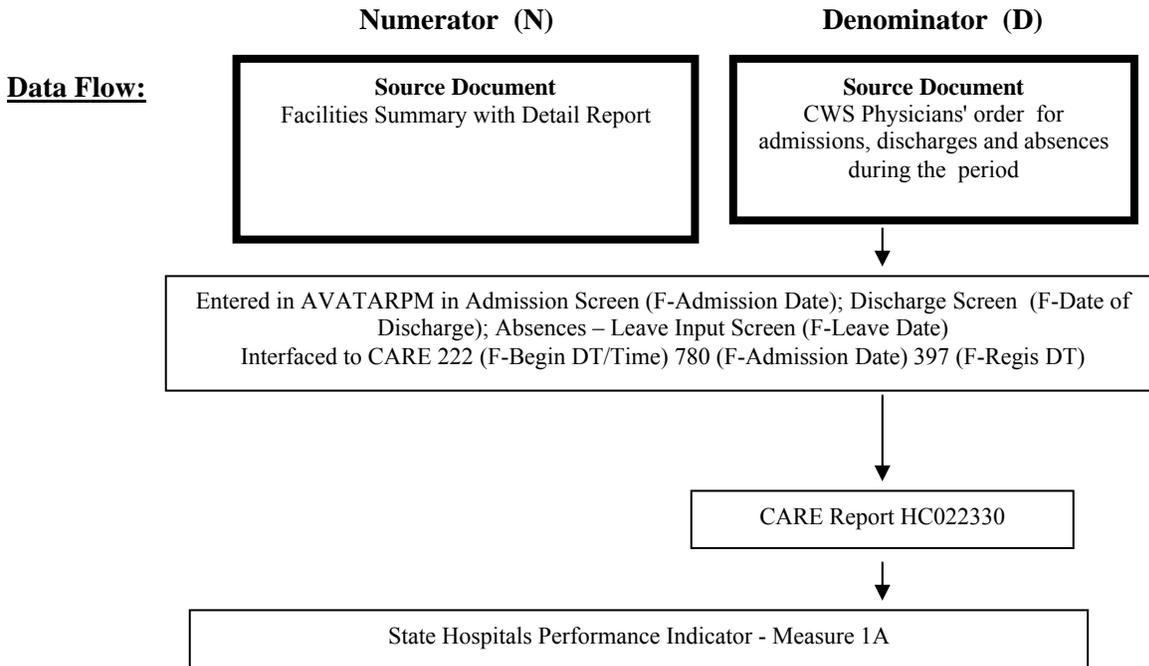
**Calculate average cost per patient served.**

**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**

	FY11				FY12				FY13			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Avg. Patient Days	23	22	23	22	24	24	22	22	22	23		
LBB Cost/Bed Day	\$425	\$492	\$477	\$473	\$448	\$487	\$477	\$433	\$436	\$498		
Average Cost	\$9,589	\$11,008	\$10,964	\$10,534	\$10,783	\$11,735	\$10,695	\$9,732	\$9,754	\$11,239		
<b>Big Spring State Hospital</b>												
Avg. Patient Days	47	44	43	42	48	47	50	45	44	42		
LBB Cost/Bed Day	\$369	\$406	\$393	\$418	\$376	\$417	\$403	\$397	\$399	\$407		
Average Cost	\$17,187	\$17,688	\$17,023	\$17,681	\$17,843	\$19,496	\$20,043	\$17,717	\$17,401	\$17,134		
<b>El Paso Psychiatric Center</b>												
Avg. Patient Days	30	32	24	23	21	22	21	20	19	20		
LBB Cost/Bed Day	\$448	\$527	\$506	\$514	\$485	\$528	\$501	\$498	\$474	\$538		
Average Cost	\$13,308	\$16,768	\$12,265	\$11,618	\$10,273	\$11,576	\$10,507	\$9,922	\$8,841	\$10,743		
<b>Kerrville State Hospital</b>												
Avg. Patient Days	87	83	81	83	78	81	81	83	82	82		
LBB Cost/Bed Day	\$337	\$354	\$351	\$373	\$355	\$392	\$380	\$378	\$377	\$377		
Average Cost	\$29,267	\$29,411	\$28,344	\$31,070	\$27,796	\$31,748	\$30,685	\$31,490	\$30,769	\$31,043		
<b>North Texas State Hospital</b>												
Avg. Patient Days	47	47	47	45	46	47	45	47	51	46		
LBB Cost/Bed Day	\$364	\$399	\$384	\$395	\$372	\$399	\$400	\$385	\$398	\$384		
Average Cost	\$17,236	\$18,598	\$17,934	\$17,910	\$17,285	\$18,582	\$18,066	\$18,064	\$20,126	\$17,839		
<b>Rusk State Hospital</b>												
Avg. Patient Days	52	54	55	52	54	57	59	60	63	60		
LBB Cost/Bed Day	\$363	\$381	\$387	\$372	\$342	\$372	\$391	\$381	\$366	\$383		
Average Cost	\$19,000	\$20,720	\$21,429	\$19,202	\$18,478	\$21,345	\$22,904	\$22,896	\$23,089	\$22,855		
<b>San Antonio State Hospital</b>												
Avg. Patient Days	36	35	37	37	36	36	35	33	32	36		
LBB Cost/Bed Day	\$373	\$458	\$441	\$456	\$392	\$472	\$453	\$462	\$440	\$459		
Average Cost	\$13,556	\$16,053	\$16,266	\$16,680	\$14,230	\$17,008	\$15,832	\$15,085	\$13,955	\$16,714		

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

	FY11				FY12				FY13			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Avg. Patient Days	27	29	32	31	30	31	31	31	31	29		
LBB Cost/Bed Day	\$367	\$405	\$390	\$401	\$375	\$402	\$392	\$394	\$391	\$423		
Average Cost	\$10,009	\$11,654	\$12,558	\$12,372	\$11,126	\$12,295	\$12,250	\$12,239	\$12,082	\$12,201		
<b>Waco Center for Youth</b>												
Avg. Patient Days	60	57	60	56	57	58	60	53	66	54		
LBB Cost/Bed Day	\$324	\$424	\$392	\$399	\$349	\$397	\$407	\$396	\$352	\$435		
Average Cost	\$19,479	\$24,316	\$23,649	\$22,382	\$19,988	\$23,184	\$24,199	\$21,190	\$23,339	\$23,615		
<b>Rio Grande State Center (MH)</b>												
Avg. Patient Days	15	17	17	16	15	16	15	17	14	17		
LBB Cost/Bed Day	\$496	\$503	\$480	\$494	\$470	\$516	\$521	\$544	\$645	\$853		
Average Cost	\$7,432	\$8,504	\$7,950	\$7,657	\$6,911	\$8,381	\$7,908	\$9,083	\$9,304	\$14,191		
<b>All MH Hospitals</b>												
Avg. Patient Days	39	39	39	38	39	39	39	37	37	38		
LBB Cost/Bed Day	\$375	\$419	\$407	\$415	\$384	\$409	\$418	\$395	\$407	\$427		
Average Cost	\$14,479	\$16,182	\$16,076	\$15,892	\$15,007	\$16,136	\$16,340	\$14,607	\$15,224	\$16,312		
<b>Texas Center for Infectious Disease</b>												
Avg. Patient Days	105	184	144	193	189	173	213	180	209	146		
LBB Cost/Bed Day	\$750	\$720	\$511	\$1,114	\$713	\$685	\$586	\$640	\$648	\$741		
Average Cost	\$78,974	\$132,731	\$73,519	\$214,985	\$134,693	\$118,491	\$124,916	\$115,141	\$135,503	\$108,119		

LBB Cost - total facility expense minus benefits  
Q1 FY13 revised

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

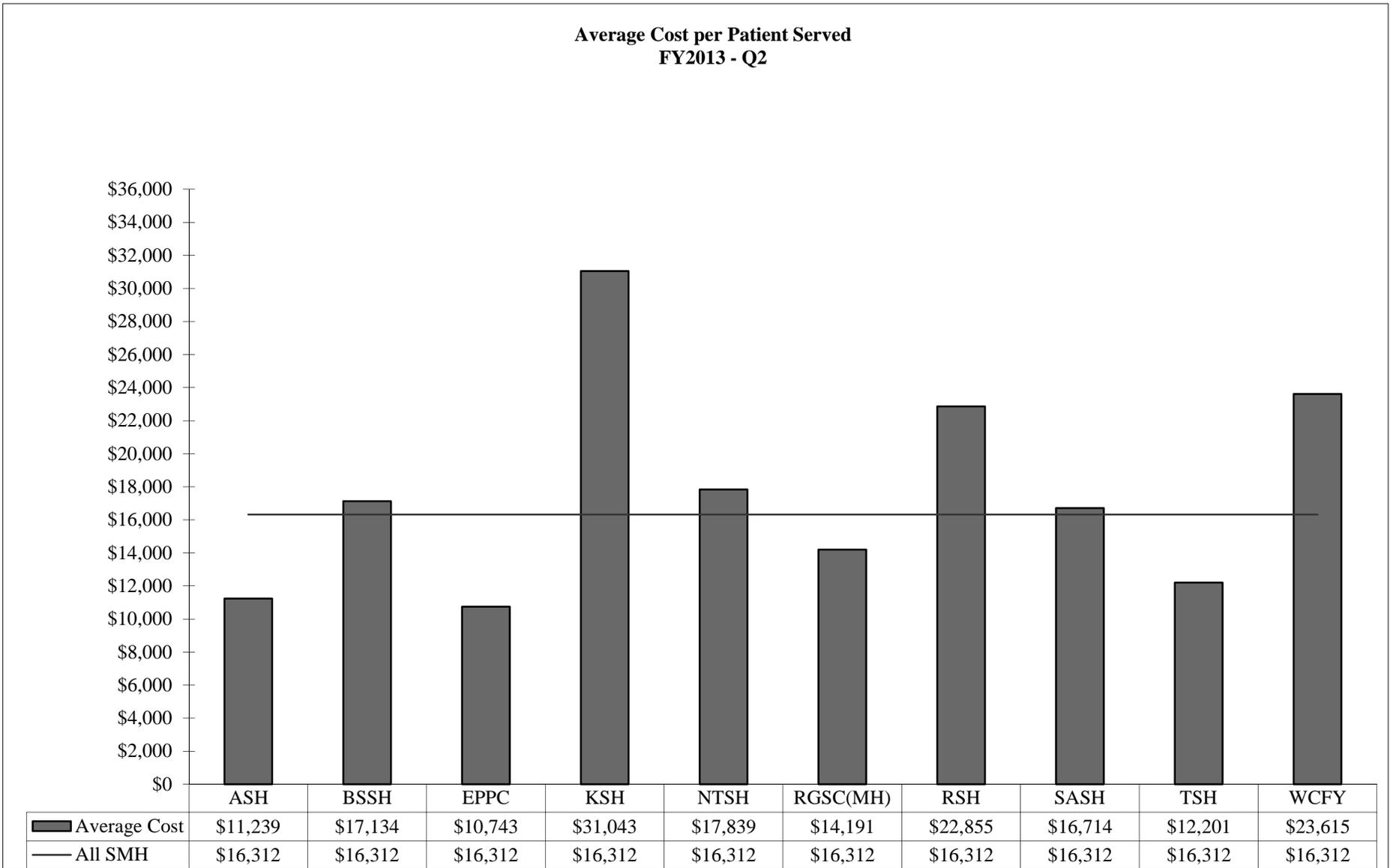


Table: Hospital Management Data Services

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

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

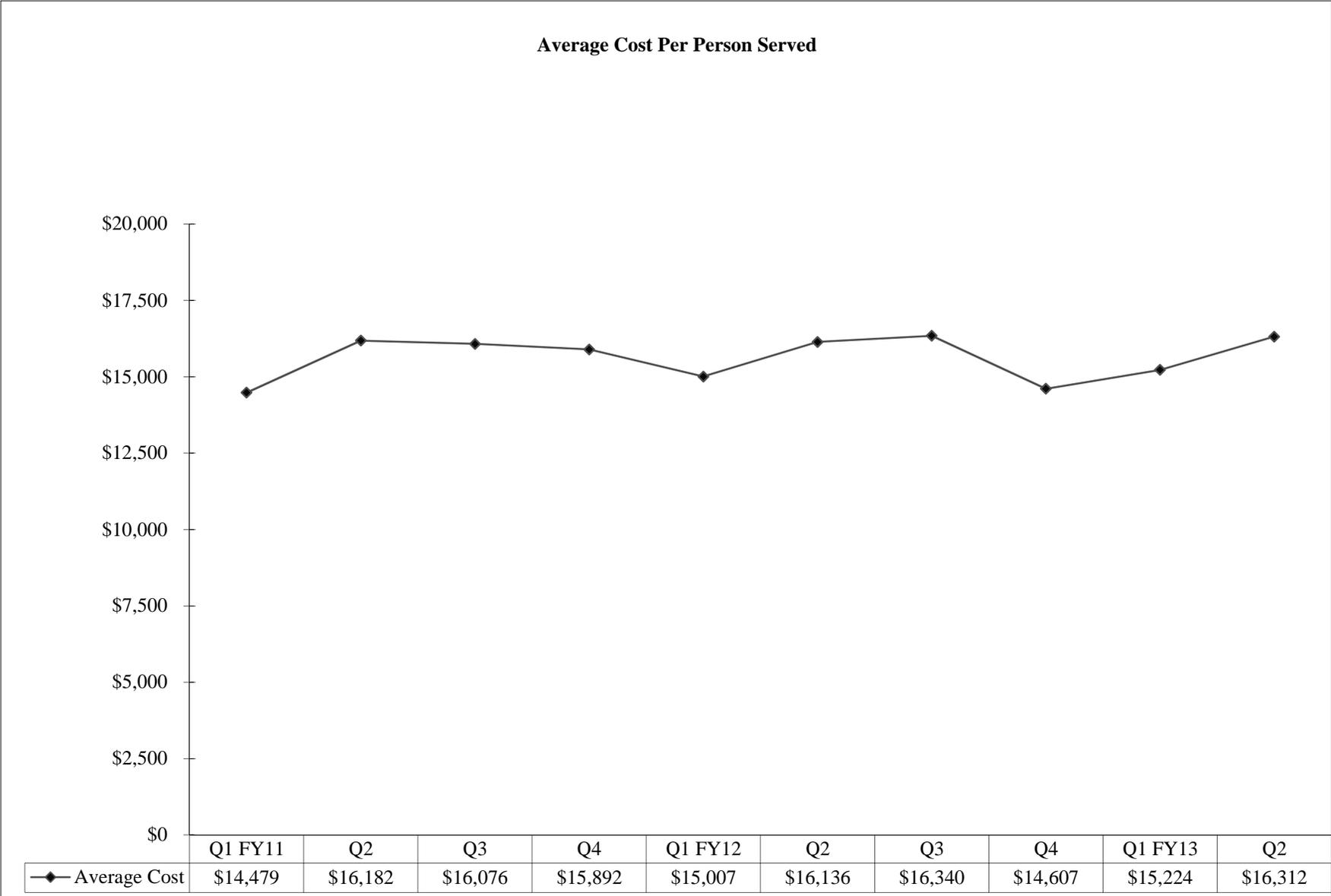
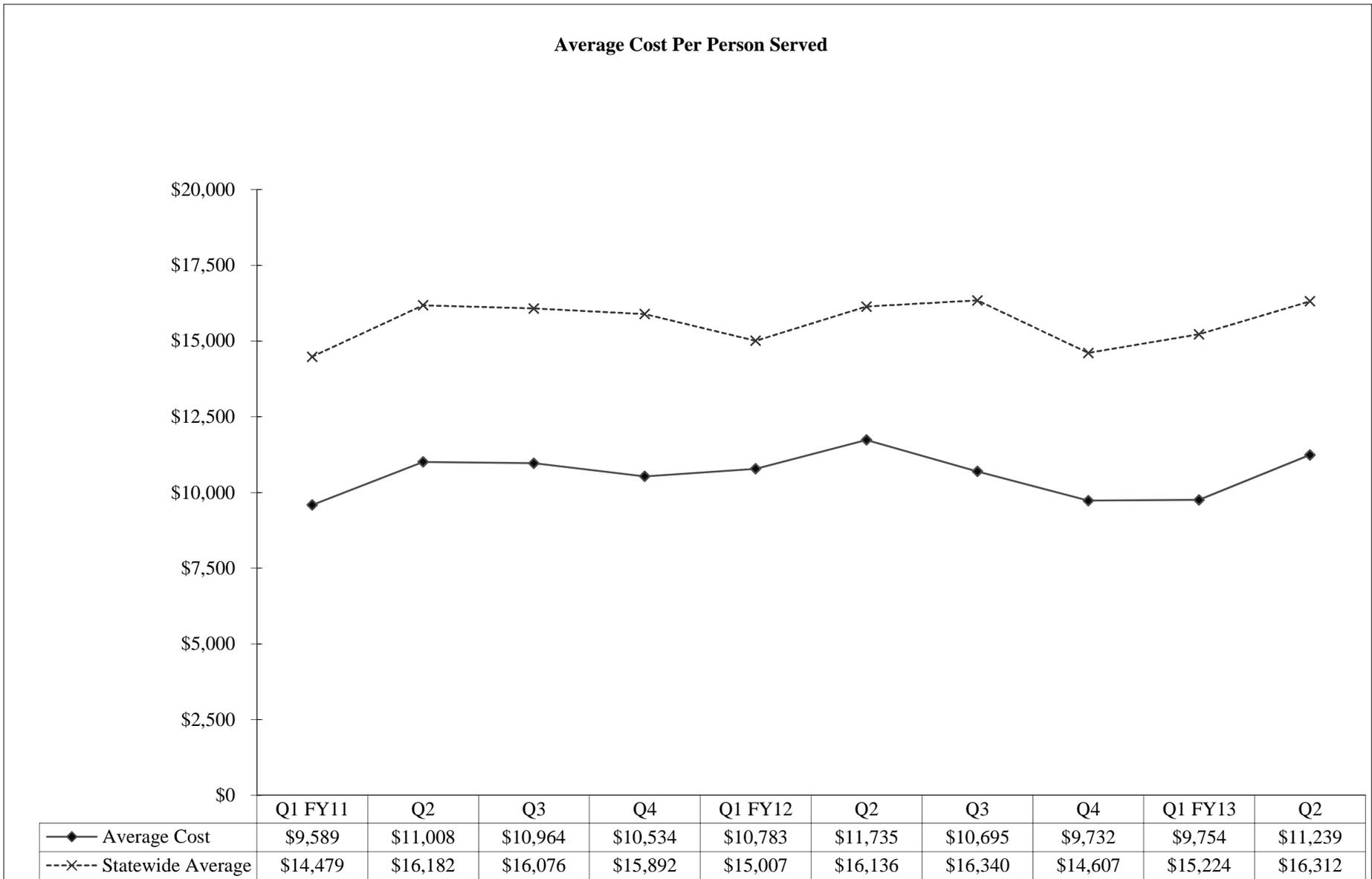


Table: Hospital Management Data Services

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

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



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

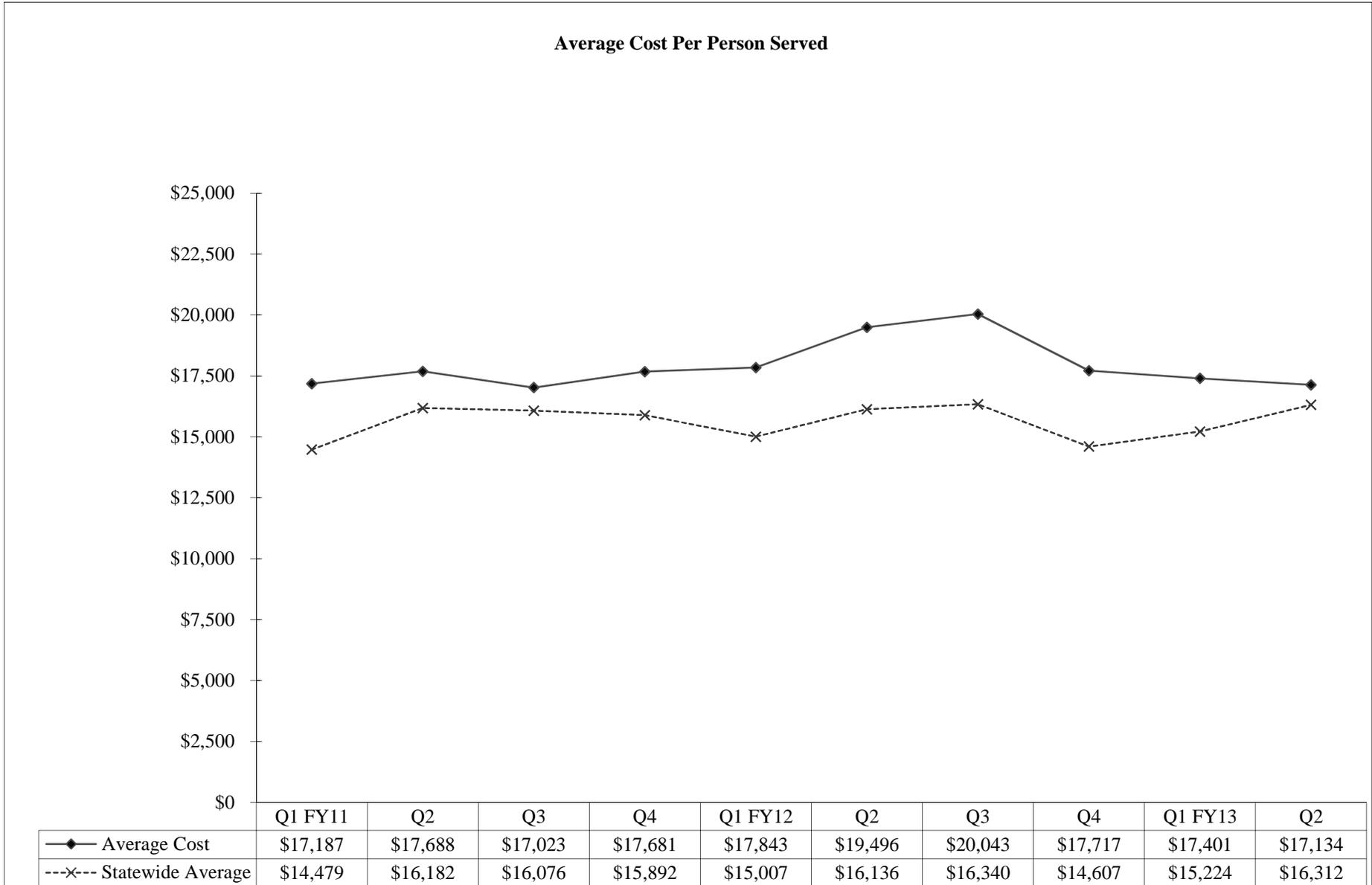
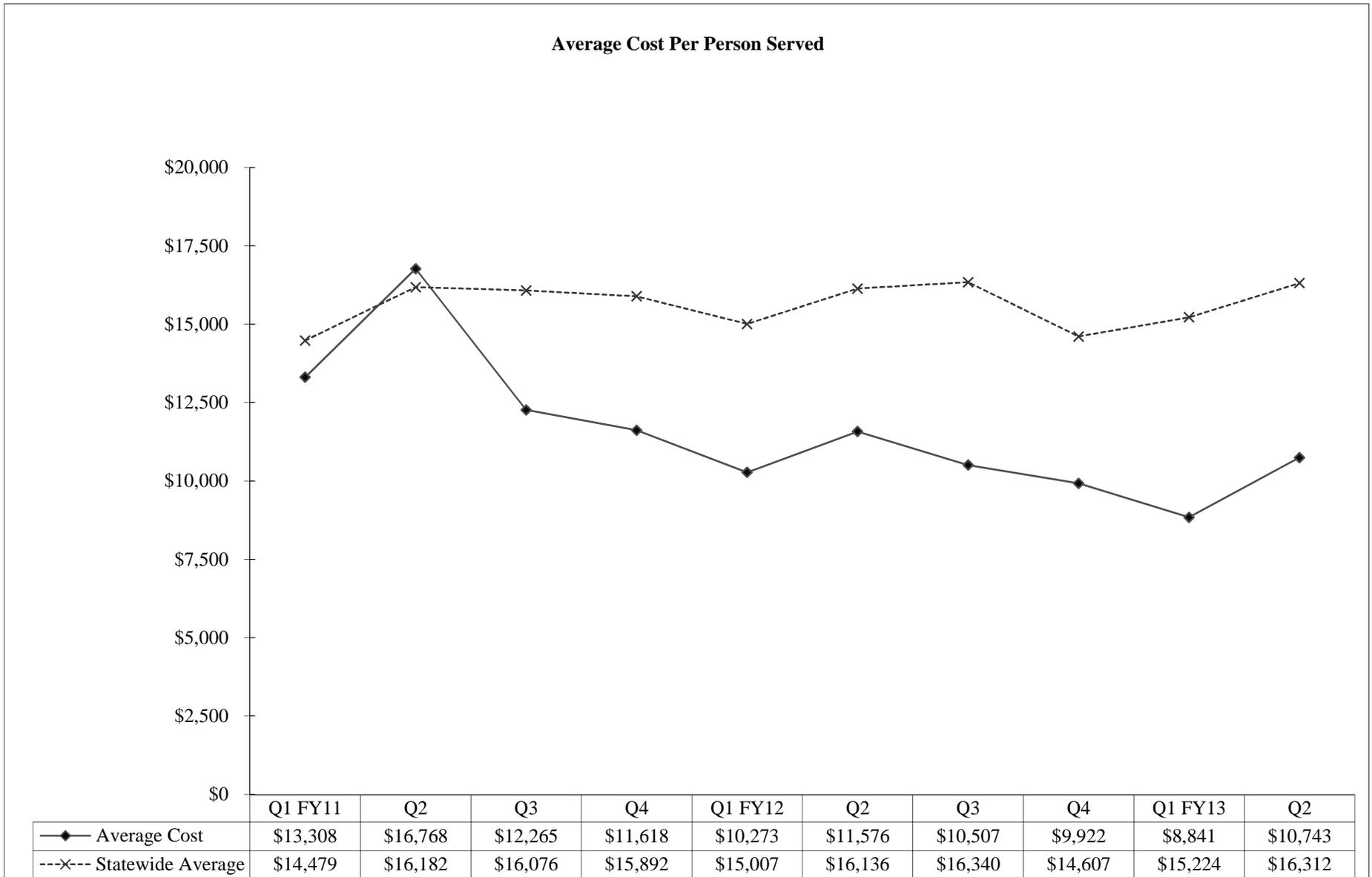


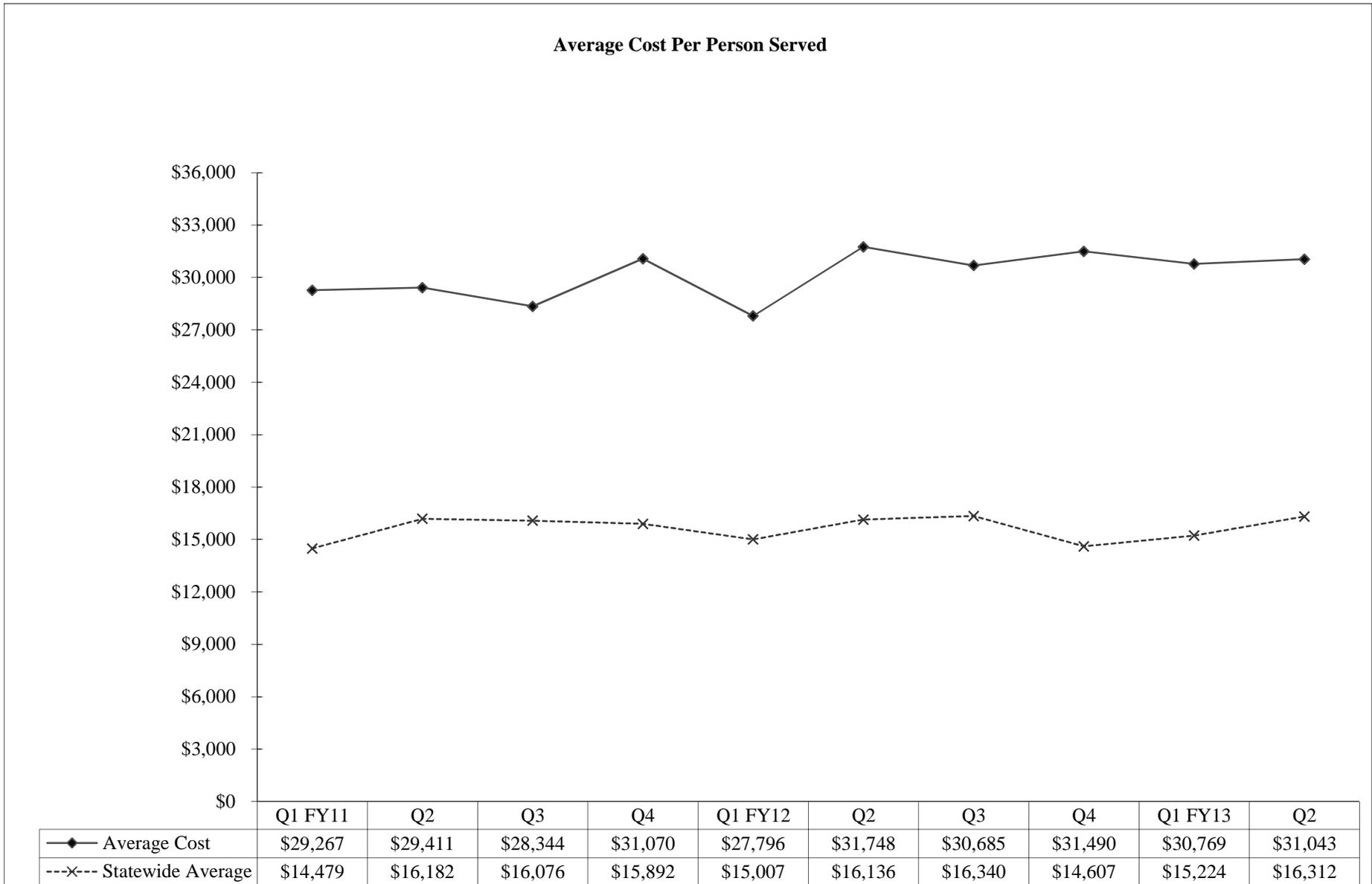
Table: Hospital Management Data Services

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

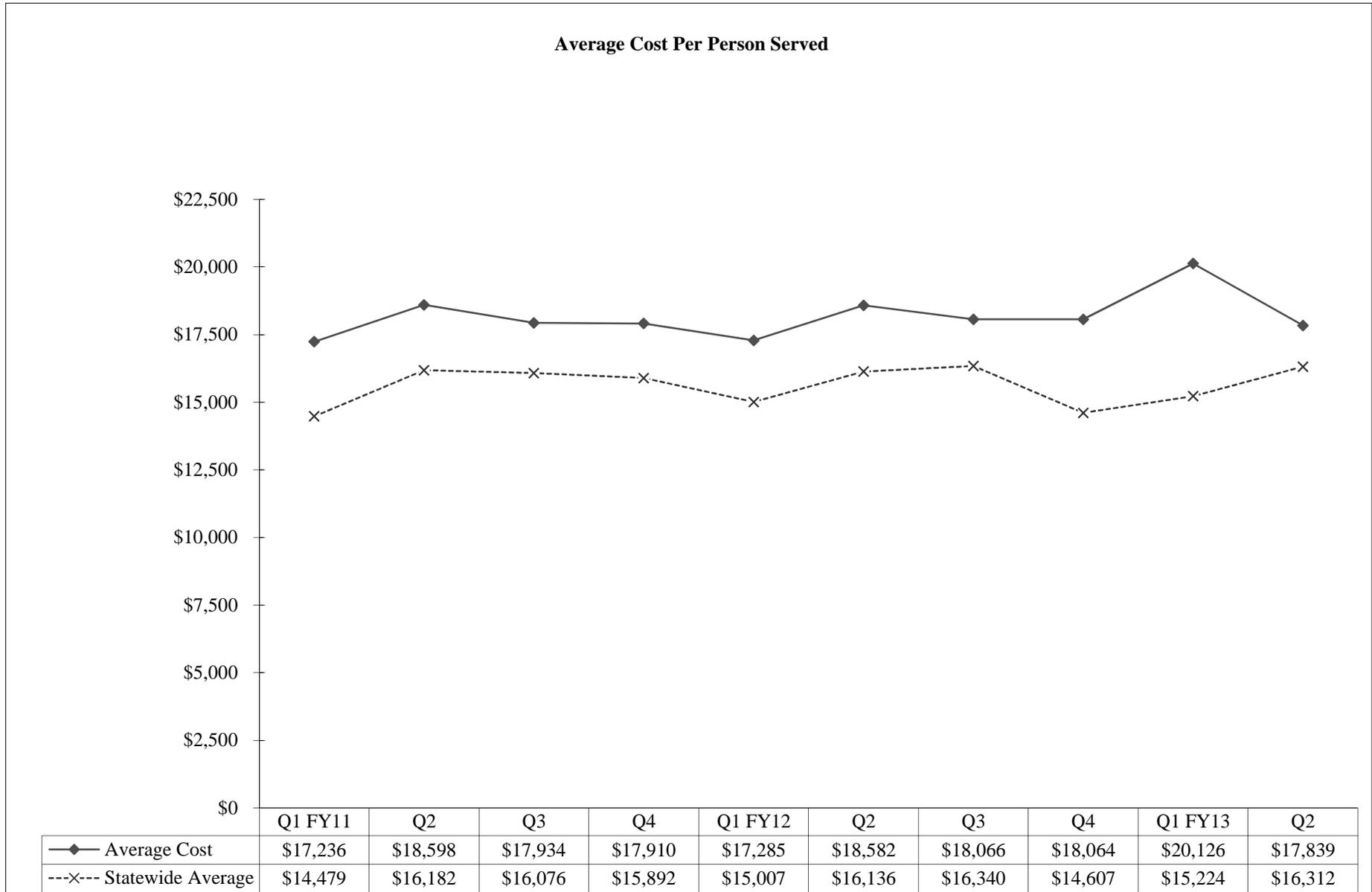
**Measure 1A - Average Cost Per Patient Served**  
**El Paso Psychiatric Center**



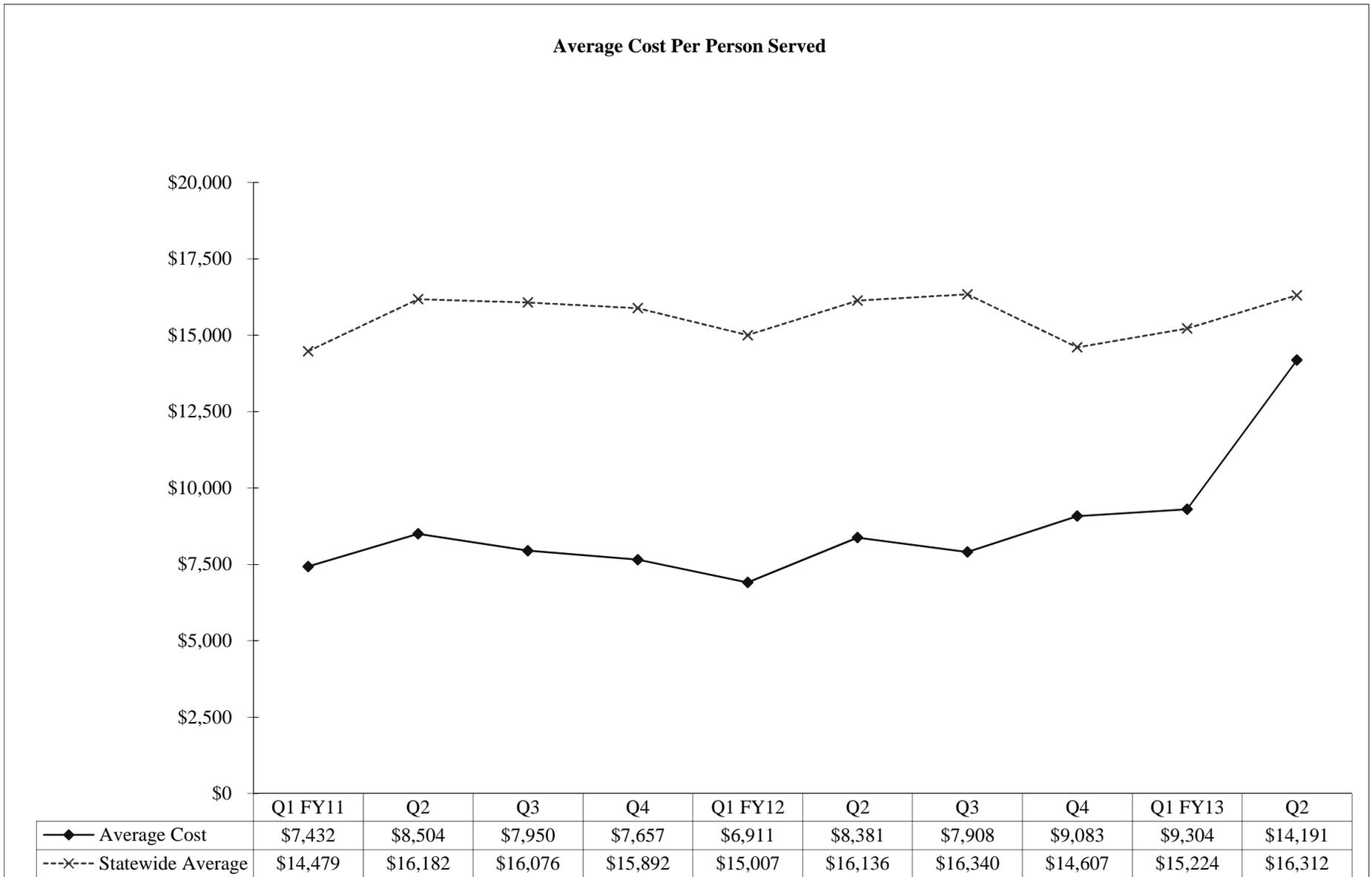
**Measure 1A - Average Cost Per Patient Served**  
**Kerrville State Hospital**



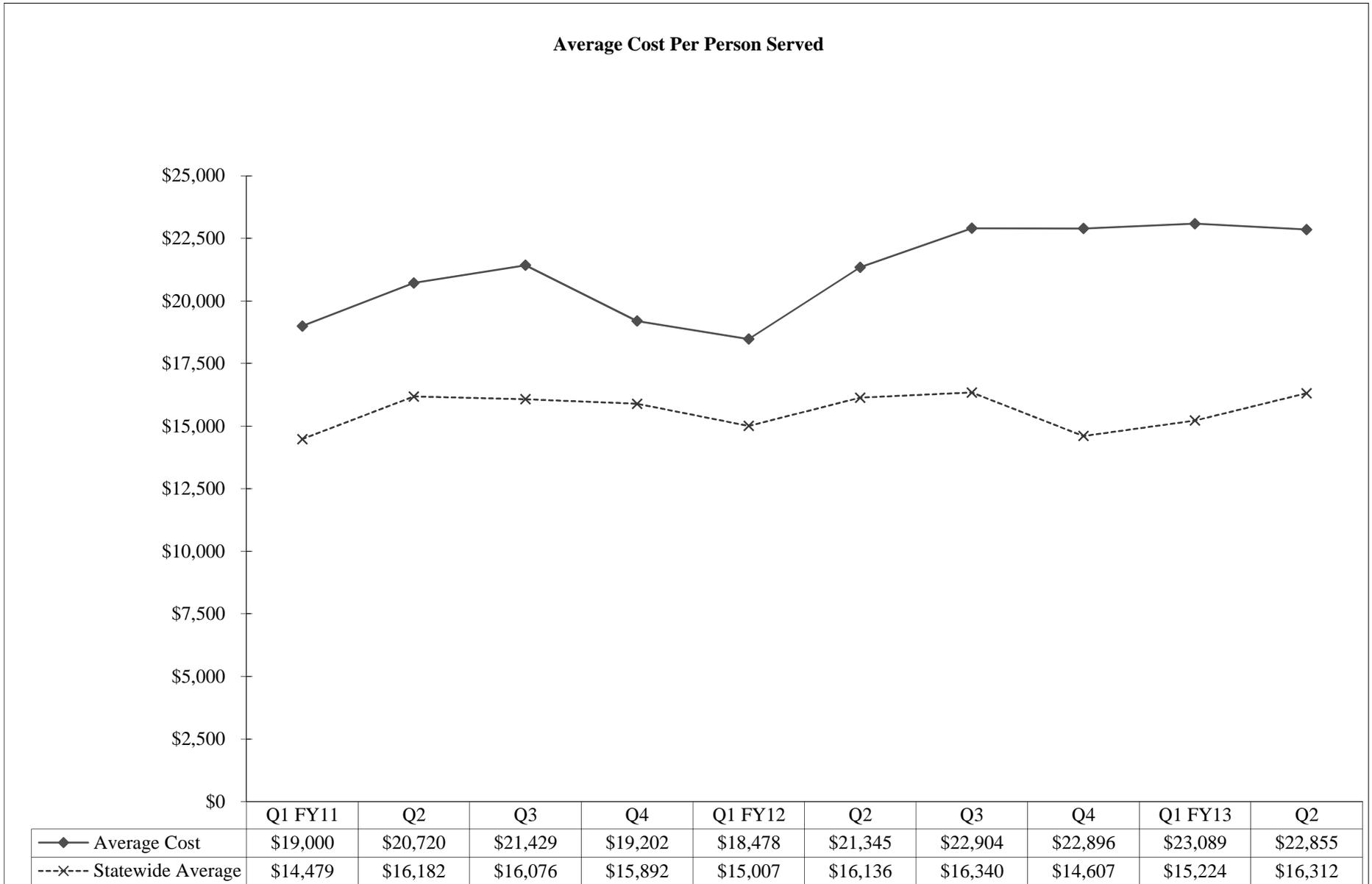
**Measure 1A - Average Cost Per Patient Served**  
**North Texas State Hospital**



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

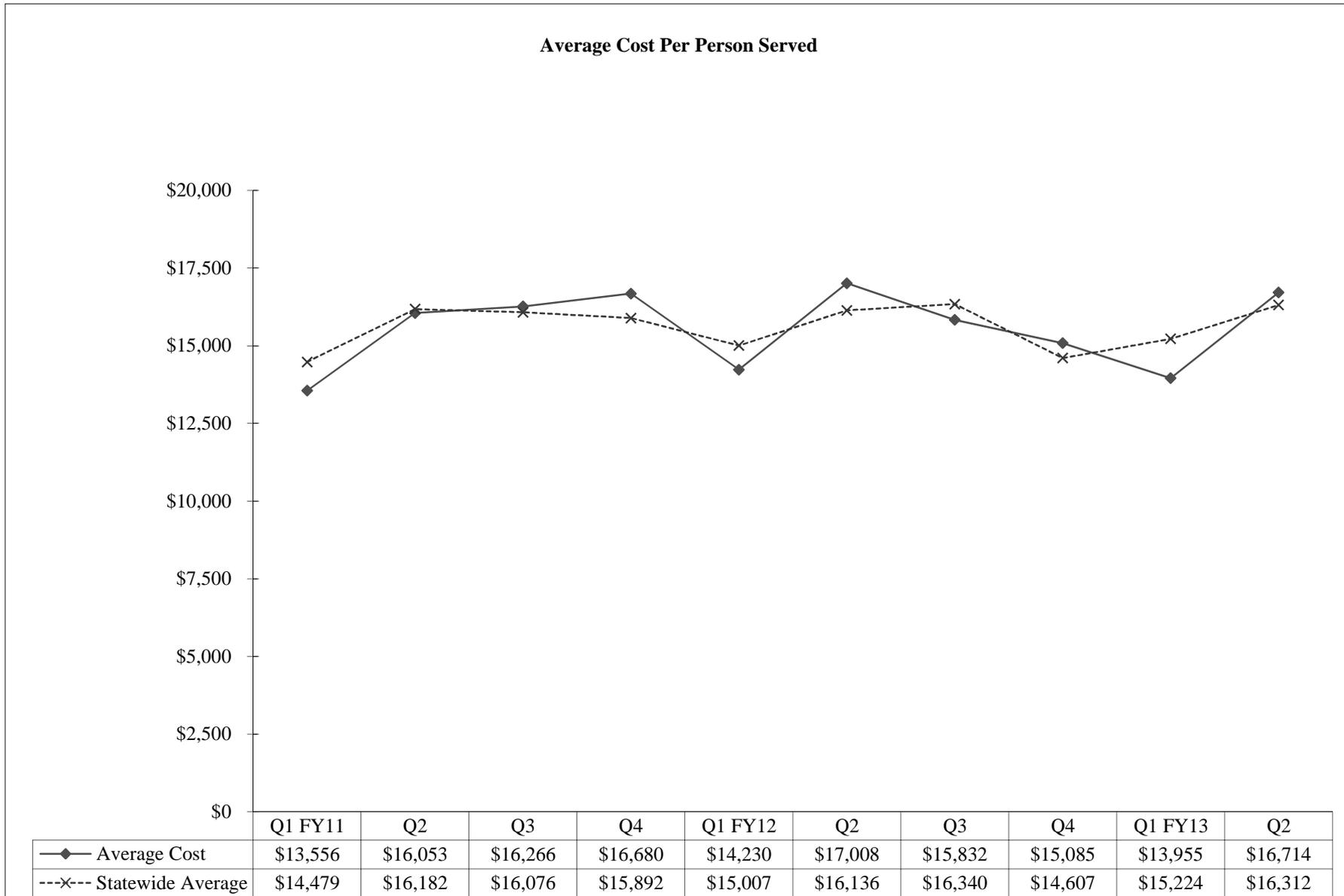


**Measure 1A - Average Cost Per Patient Served**  
**Rusk State Hospital**



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**

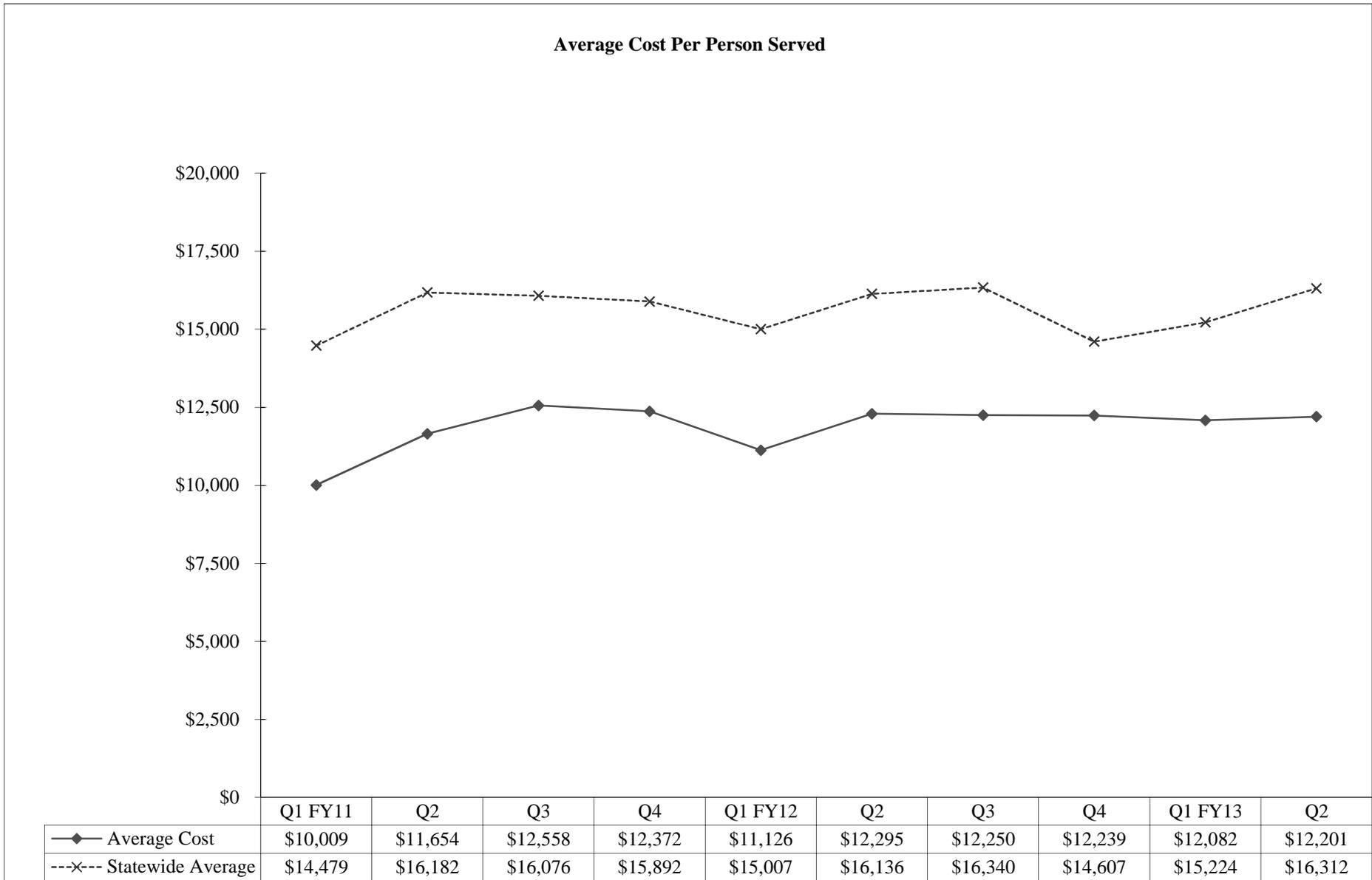
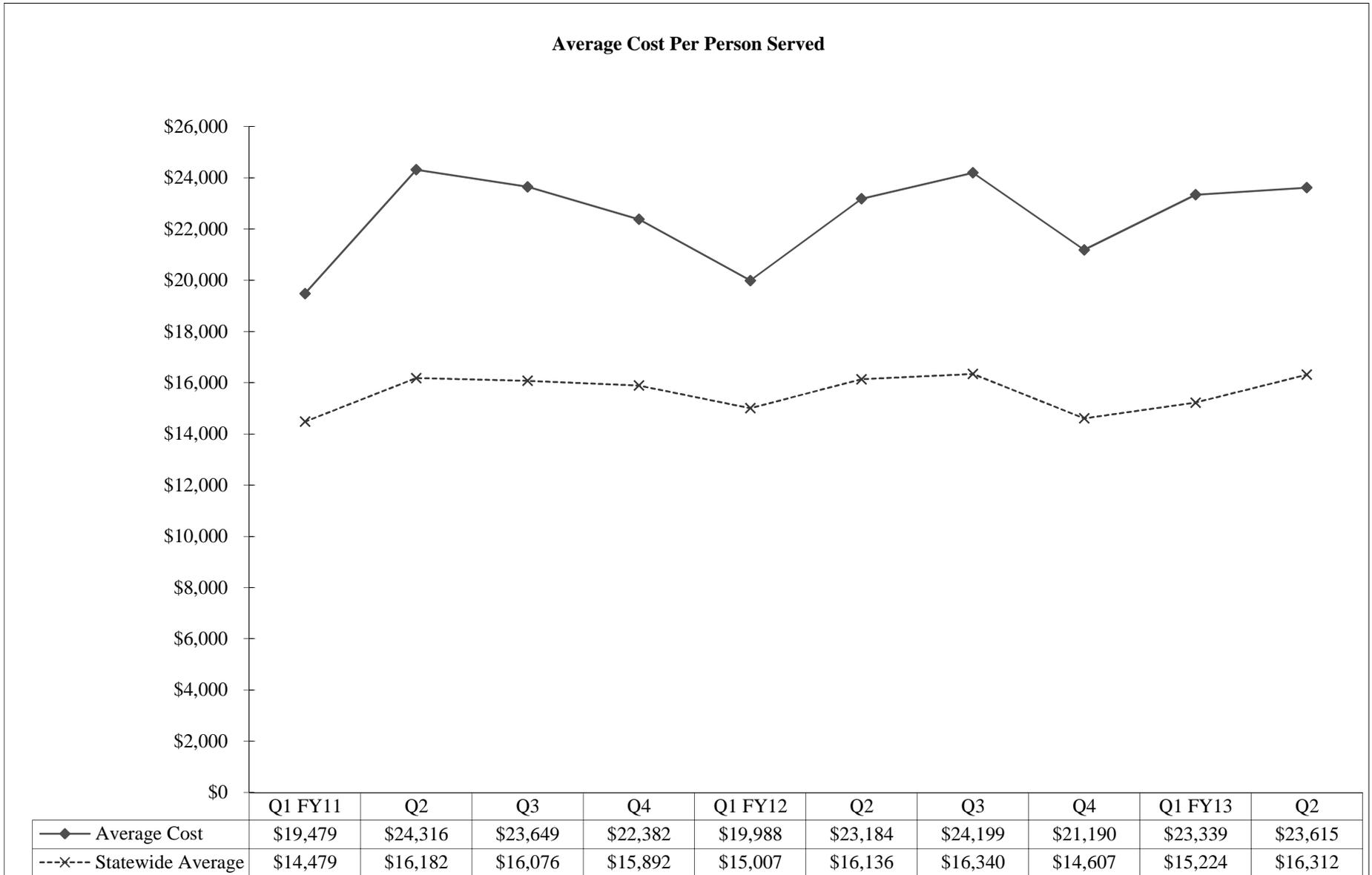


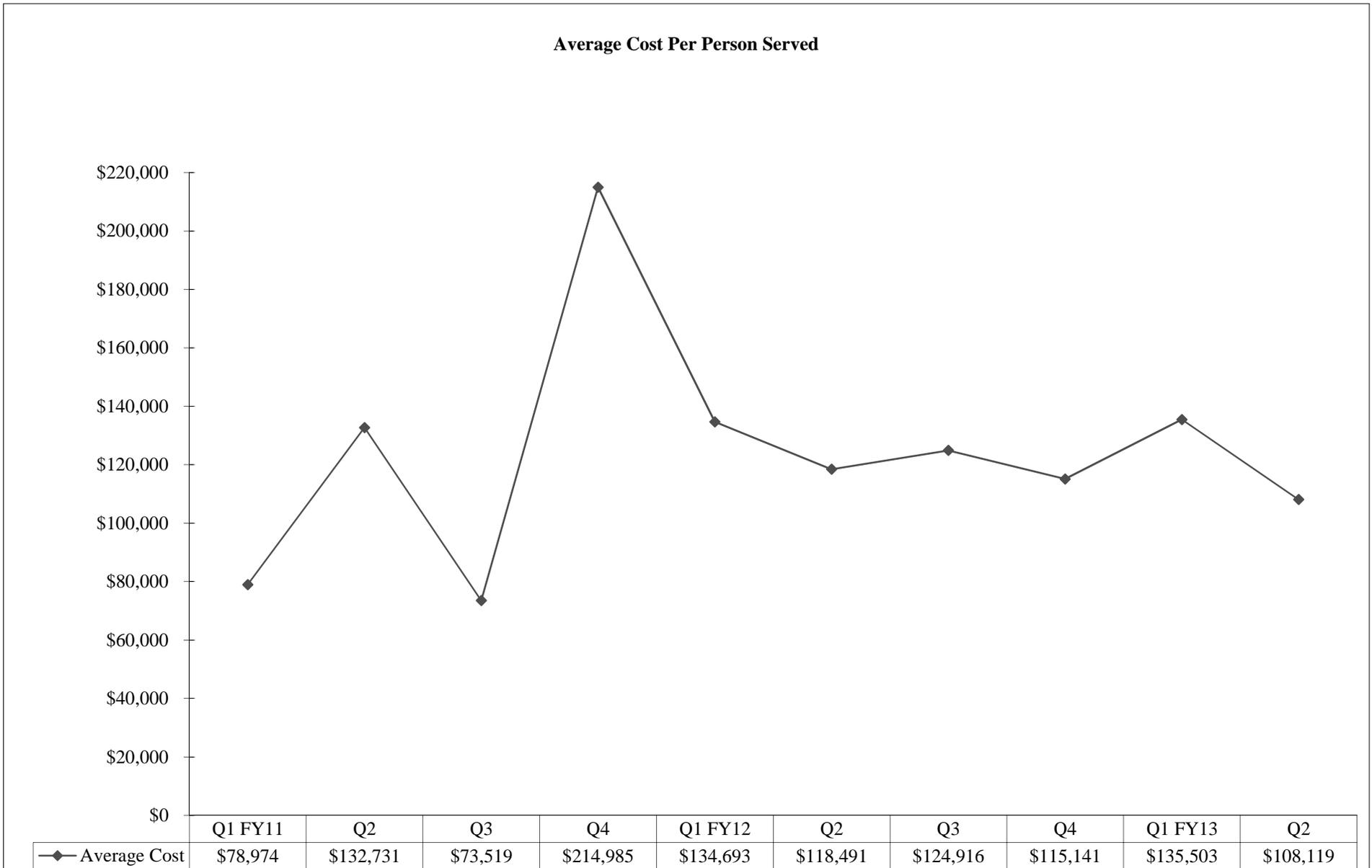
Table: Hospital Management Data Services

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**



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

**Performance Measure 1B:**

**Calculate cost per occupied bed.**

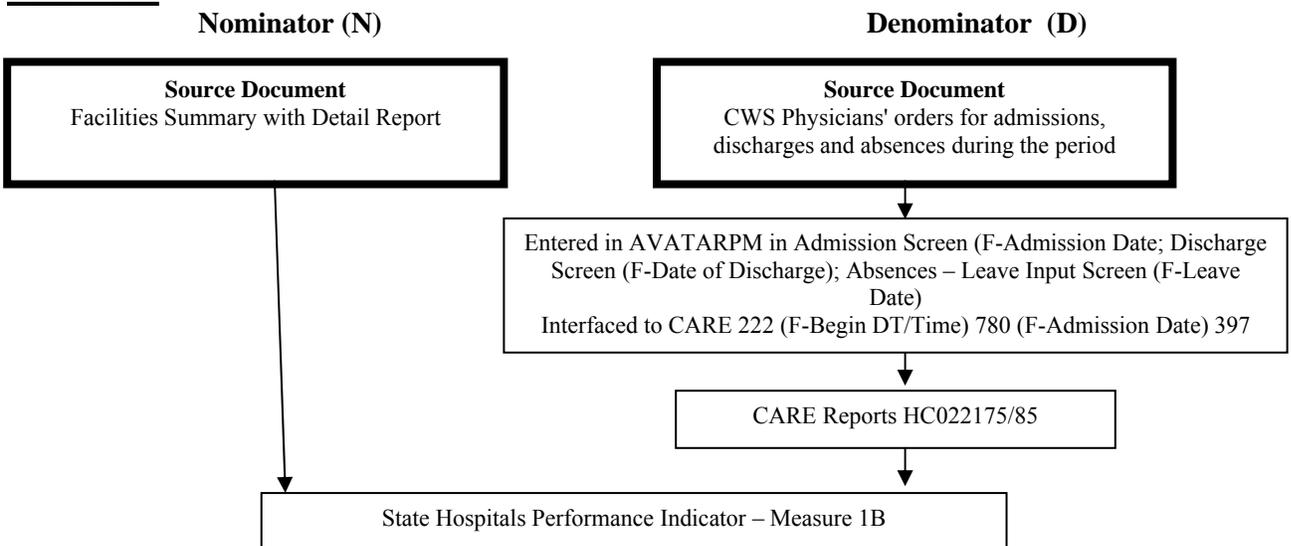
**Performance Measure Operational Definition:** The state hospital average cost per occupied bed day.

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

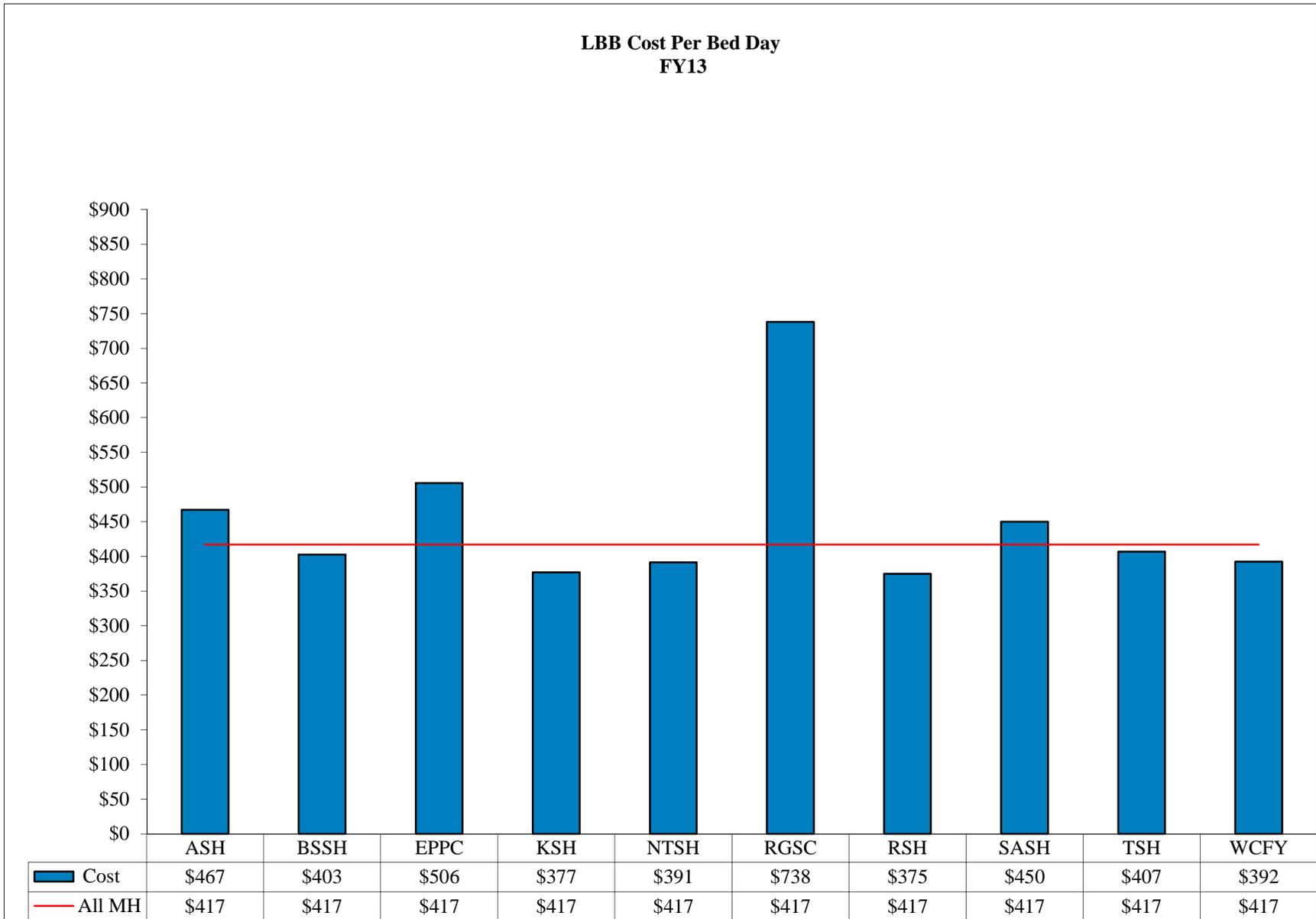
**Performance Measure Data Display and Chart Description:**

- ◆ 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 - FYTD13 (As of February 28, 2013)**



**Measure 1B - Cost Per Bed Day**

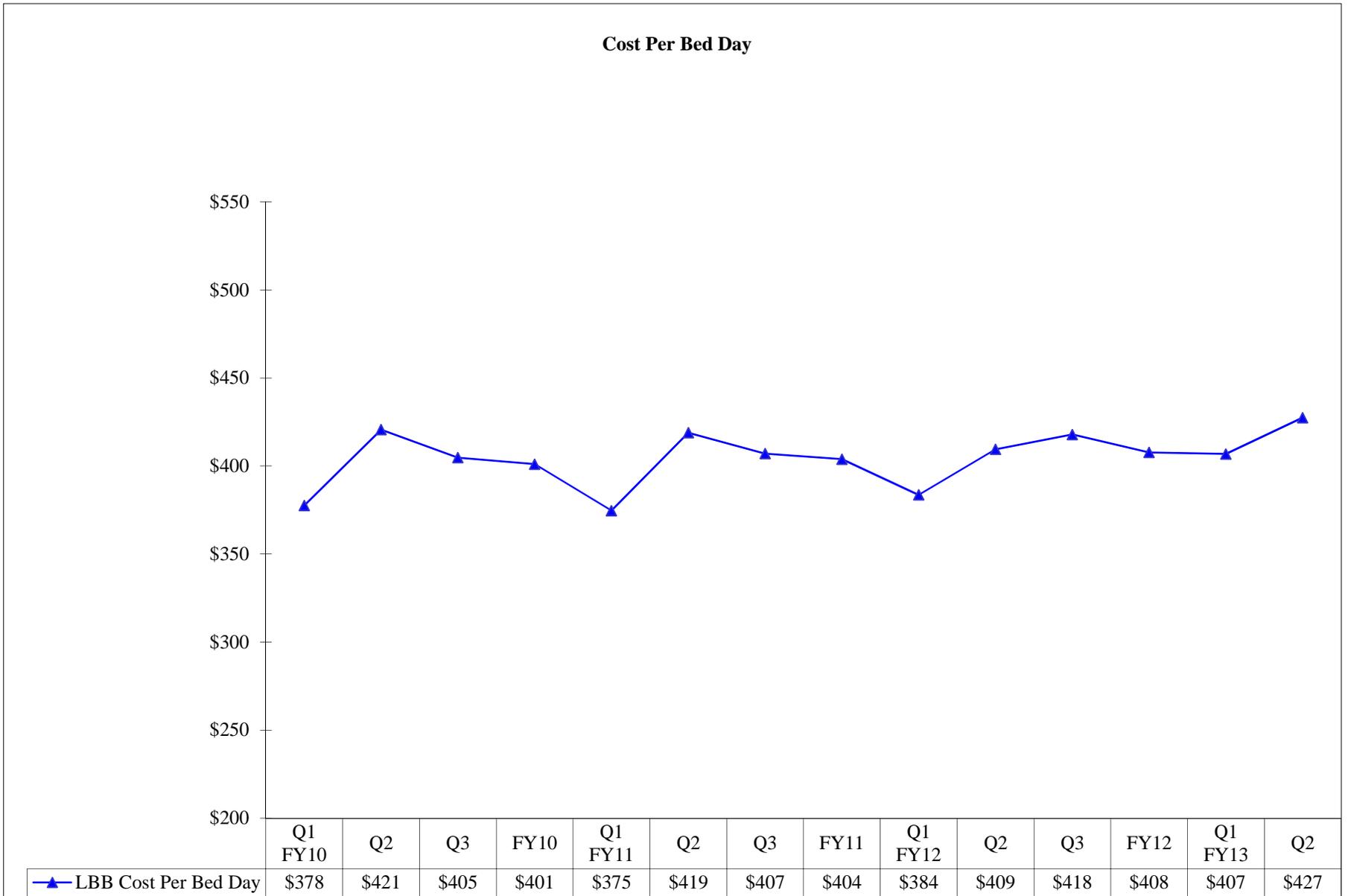
**All State Hospitals**

	FY10				FY11				FY12				FY13			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
<b>Austin State Hospital</b>																
LBB Cost Per Bed Day	\$426	\$463	\$459	\$450	\$425	\$492	\$477	\$467	\$448	\$487	\$477	\$461	\$436	\$498		
<b>Big Spring State Hospital</b>																
LBB Cost Per Bed Day	\$380	\$408	\$404	\$396	\$369	\$406	\$393	\$396	\$376	\$417	\$403	\$398	\$399	\$407		
<b>El Paso Psychiatric Center</b>																
LBB Cost Per Bed Day	\$460	\$561	\$482	\$501	\$448	\$527	\$506	\$499	\$485	\$528	\$501	\$503	\$474	\$538		
<b>Kerrville State Hospital</b>																
LBB Cost Per Bed Day	\$353	\$356	\$348	\$350	\$337	\$354	\$351	\$354	\$355	\$392	\$380	\$376	\$377	\$377		
<b>North Texas State Hospital</b>																
LBB Cost Per Bed Day	\$359	\$396	\$380	\$378	\$364	\$399	\$384	\$385	\$372	\$399	\$400	\$389	\$398	\$384		
<b>Rusk State Hospital</b>																
LBB Cost Per Bed Day	\$365	\$397	\$384	\$383	\$363	\$381	\$387	\$376	\$342	\$372	\$391	\$371	\$366	\$383		
<b>San Antonio State Hospital</b>																
LBB Cost Per Bed Day	\$395	\$501	\$449	\$451	\$373	\$458	\$441	\$432	\$392	\$472	\$453	\$444	\$440	\$459		
<b>Terrell State Hospital</b>																
LBB Cost Per Bed Day	\$354	\$397	\$388	\$378	\$367	\$405	\$390	\$391	\$375	\$402	\$392	\$391	\$391	\$423		
<b>Waco Center for Youth*</b>																
LBB Cost Per Bed Day	\$372	\$401	\$423	\$392	\$324	\$424	\$392	\$384	\$349	\$397	\$407	\$387	\$352	\$435		
<b>Rio Grande State Center (MH)</b>																
LBB Cost Per Bed Day	\$445	\$477	\$471	\$479	\$496	\$503	\$480	\$493	\$470	\$516	\$521	\$513	\$645	\$853		
<b>All State MH Hospitals</b>																
LBB Cost Per Bed Day	\$378	\$421	\$405	\$401	\$375	\$419	\$407	\$404	\$384	\$409	\$418	\$408	\$407	\$427		
<b>Texas Center for Infectious Disease</b>																
LBB Cost Per Bed Day	\$874	\$799	\$622	\$725	\$750	\$720	\$511	\$646	\$713	\$685	\$586	\$656	\$648	\$741		

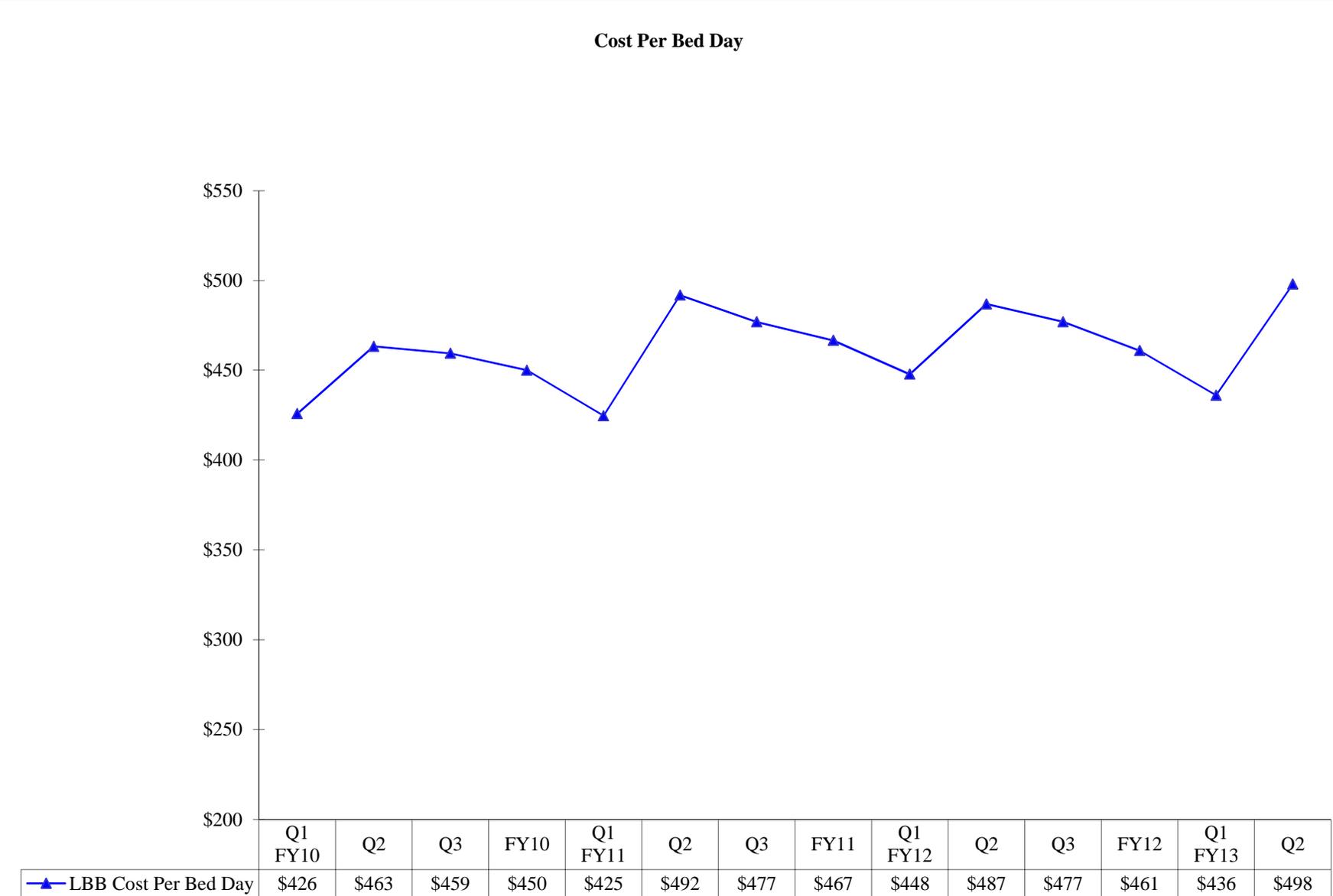
Q1 FY13 revised

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits

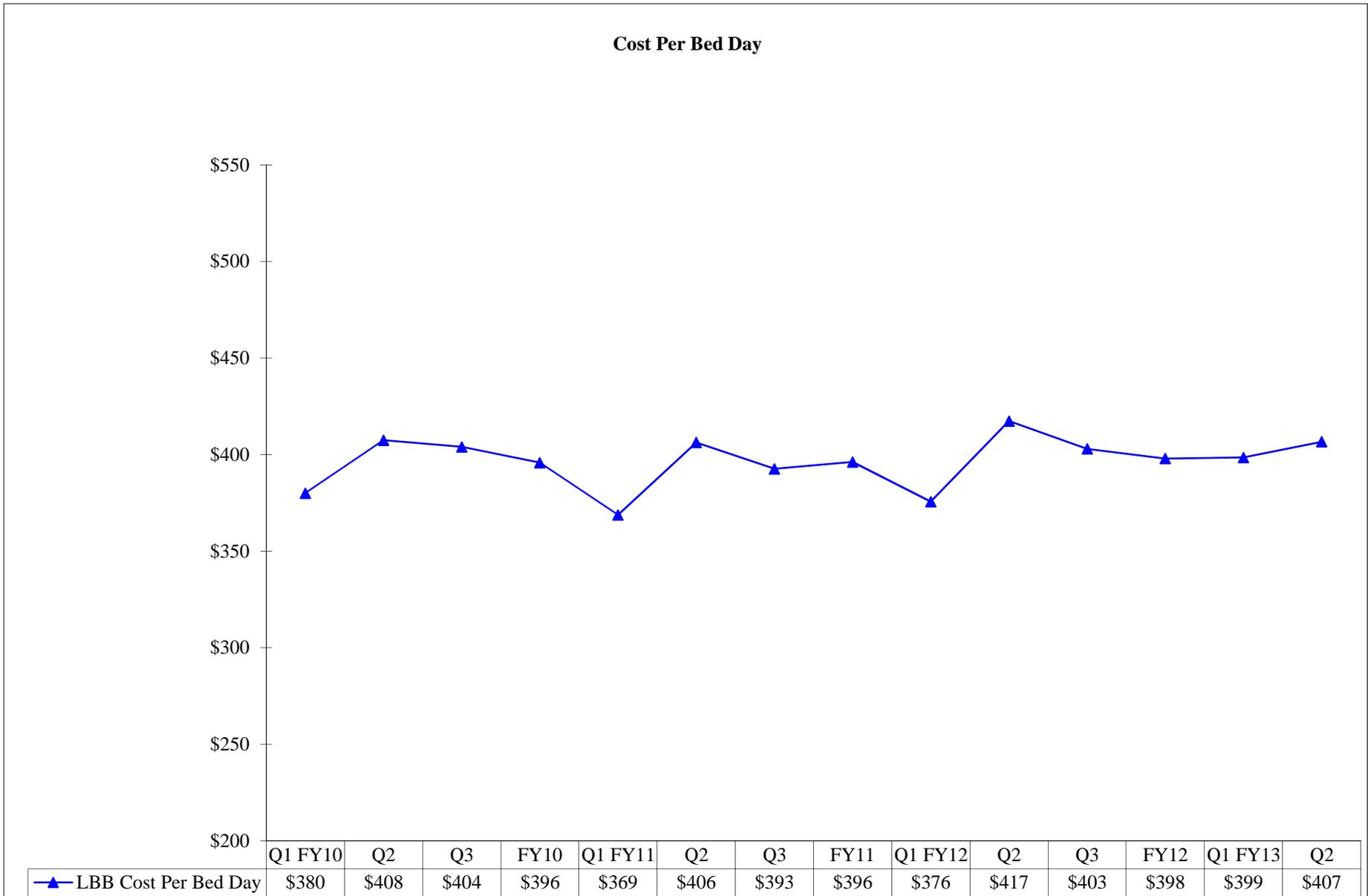
**Measure 1B - Cost Per Bed Day**  
**All State MH Hospitals**



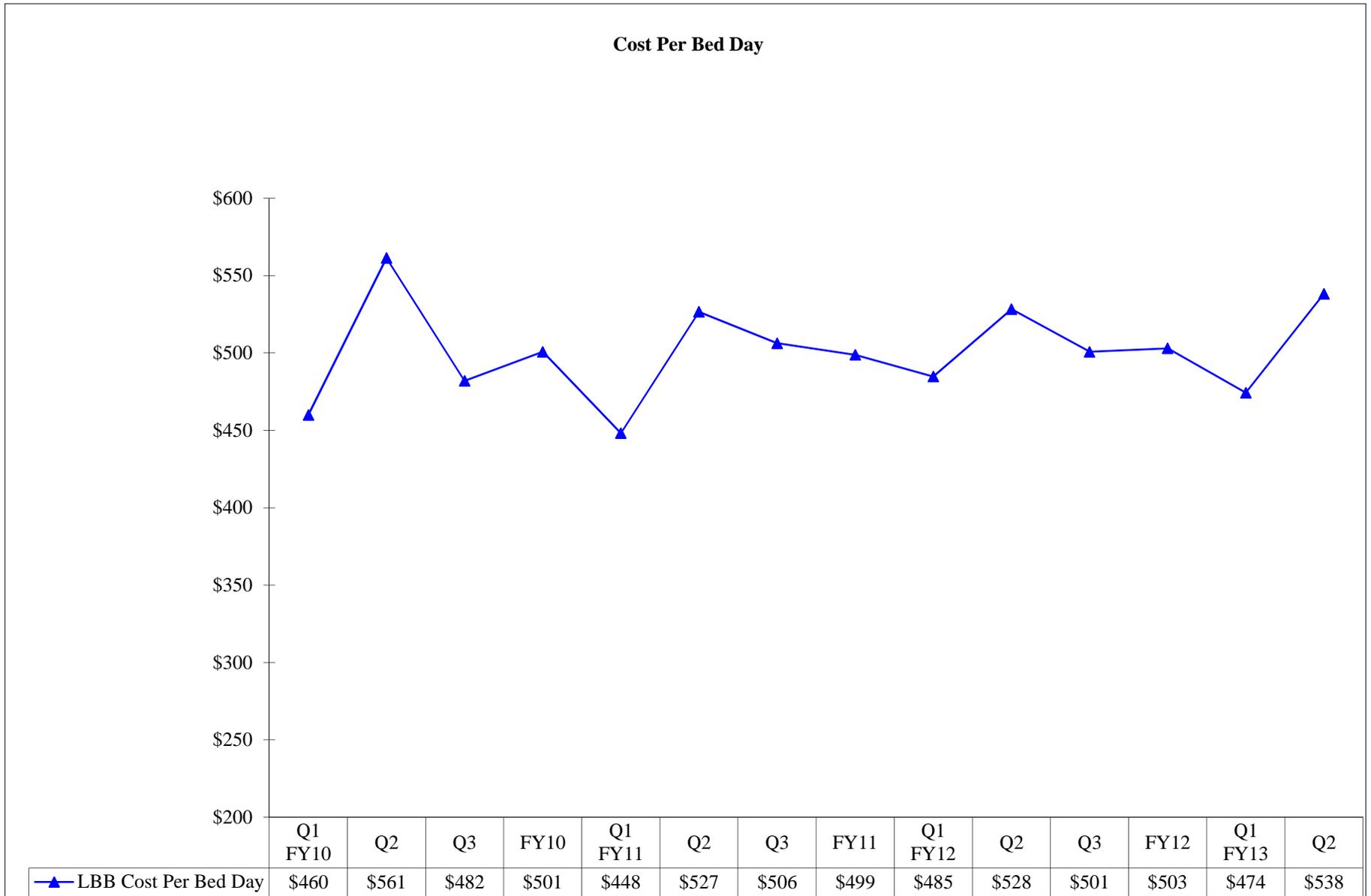
**Measure 1B - Cost Per Bed Day  
Austin State Hospital**



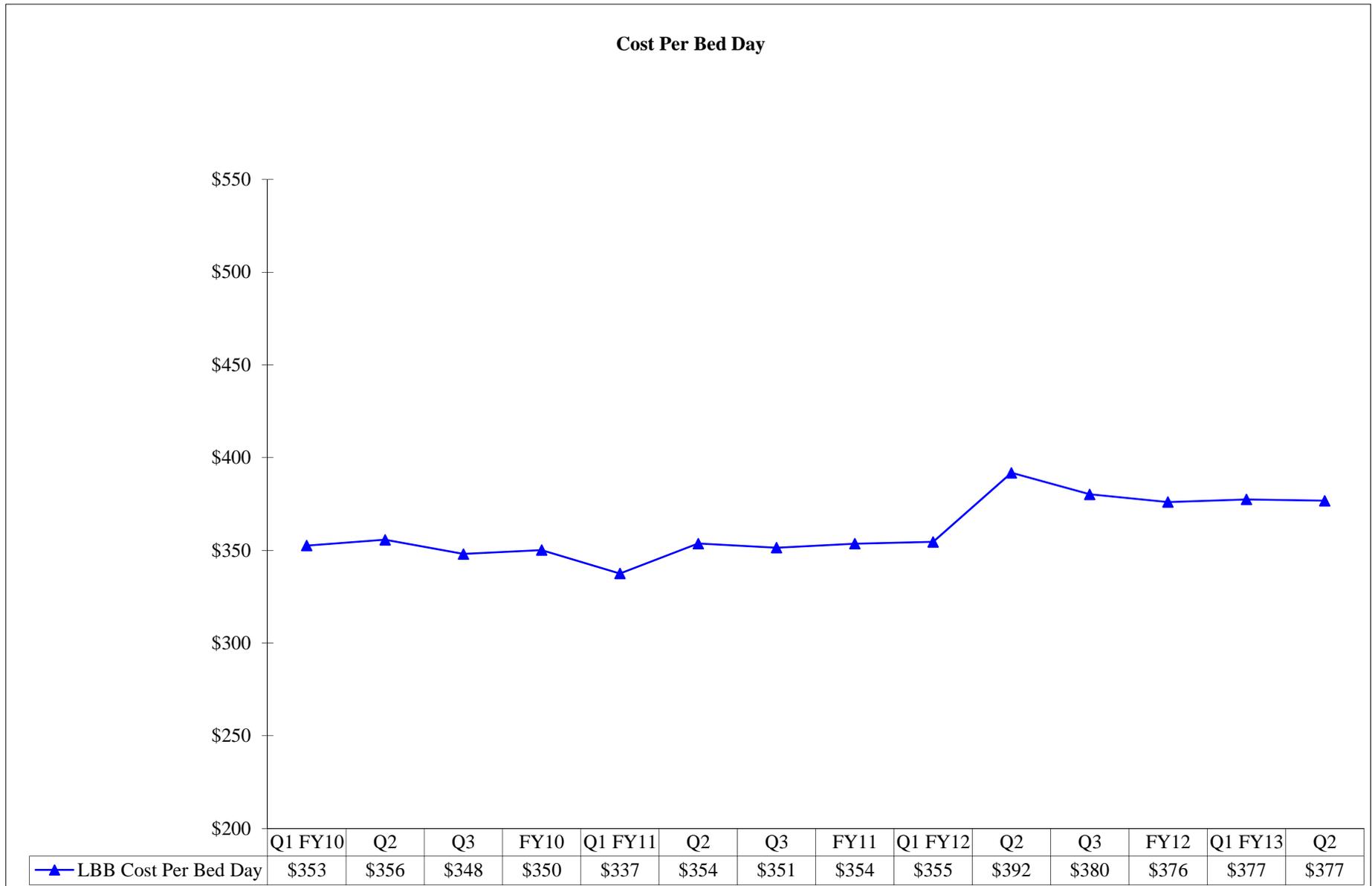
**Measure 1B - Cost Per Bed Day**  
**Big Spring State Hospital**



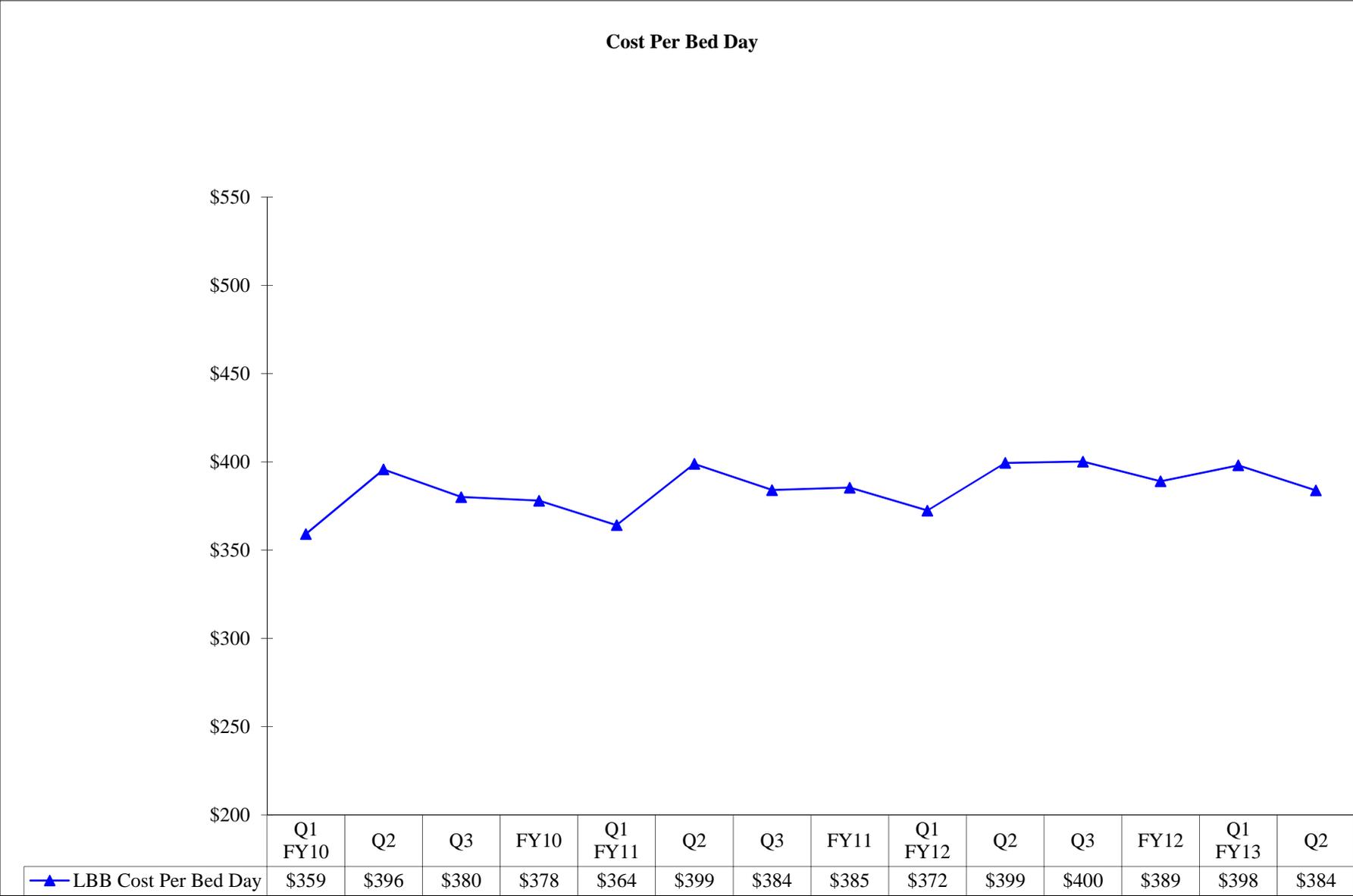
**Measure 1B - Cost Per Bed Day**  
**El Paso Psychiatric Center**



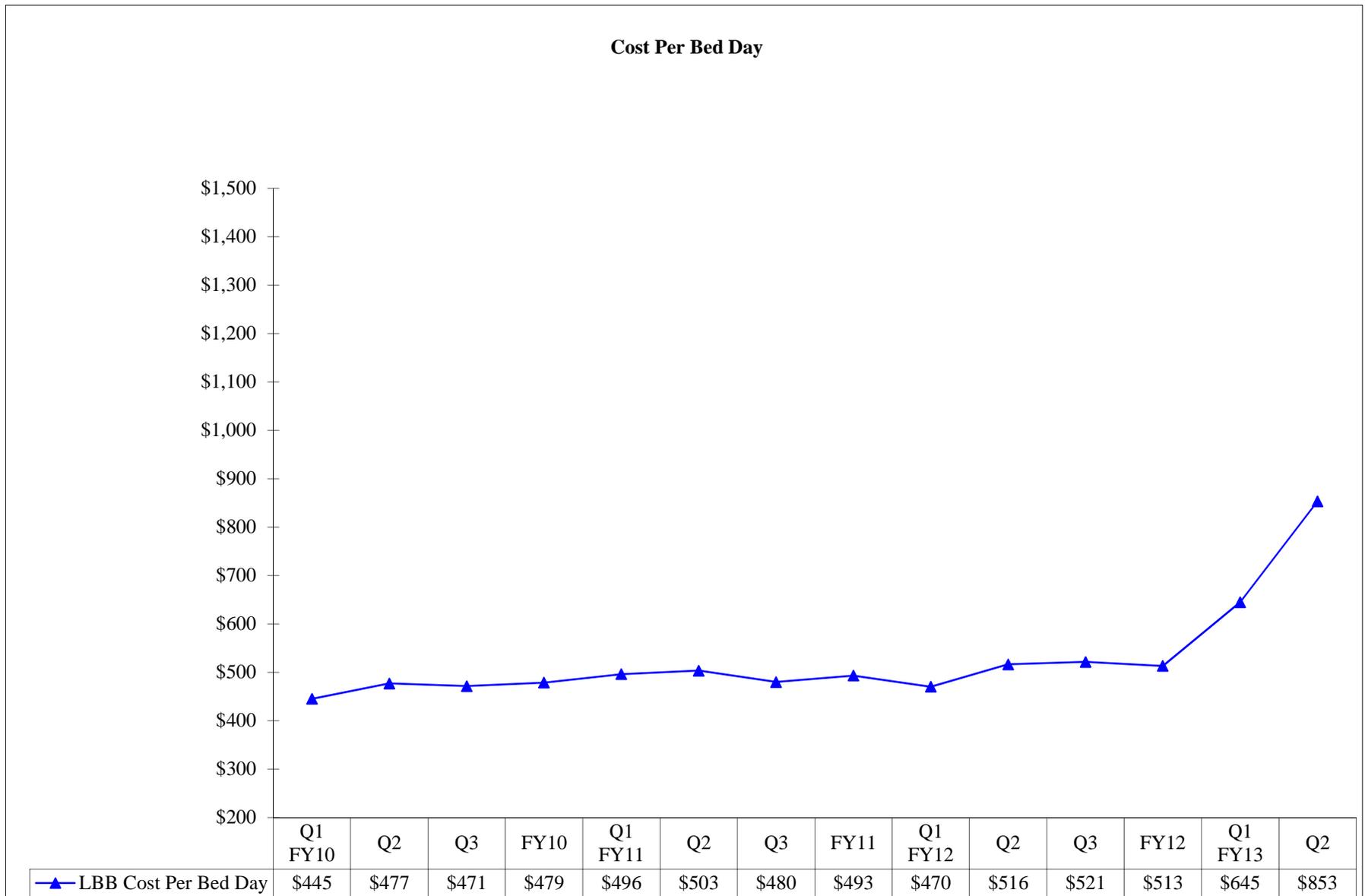
**Measure 1B - Cost Per Bed Day**  
**Kerrville State Hospital**



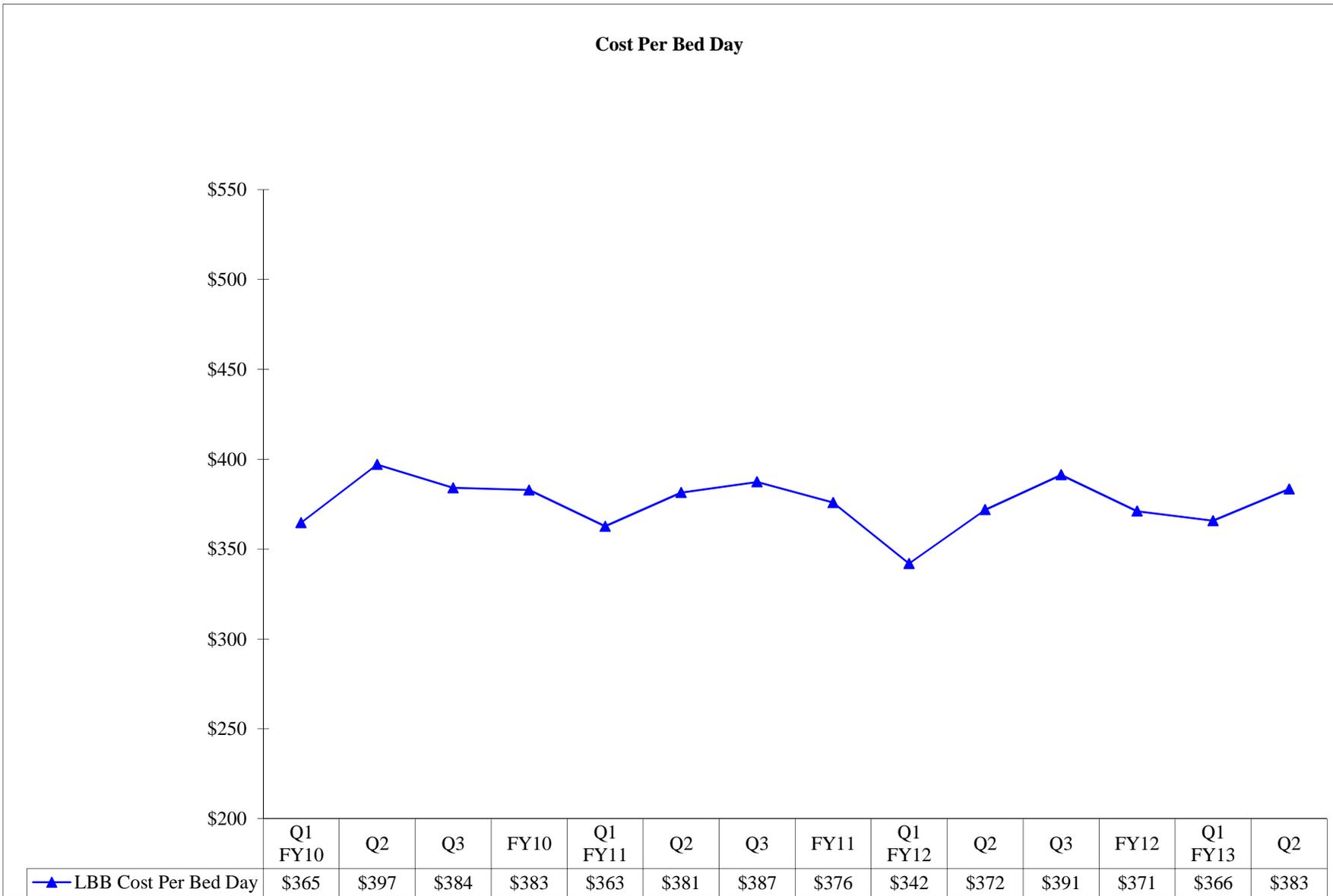
**Measure 1B - Cost Per Bed Day**  
**North Texas State Hospital**



**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**

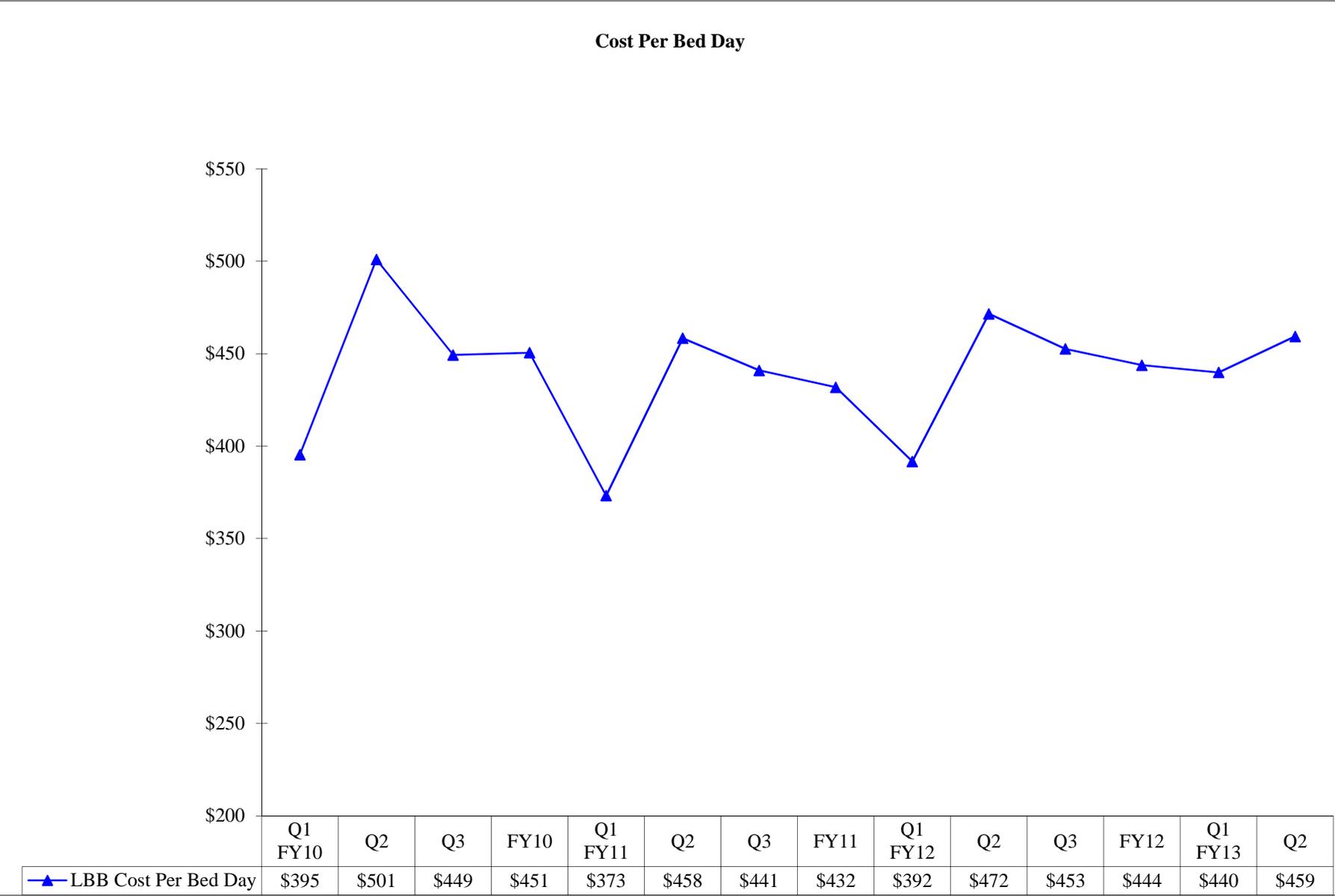
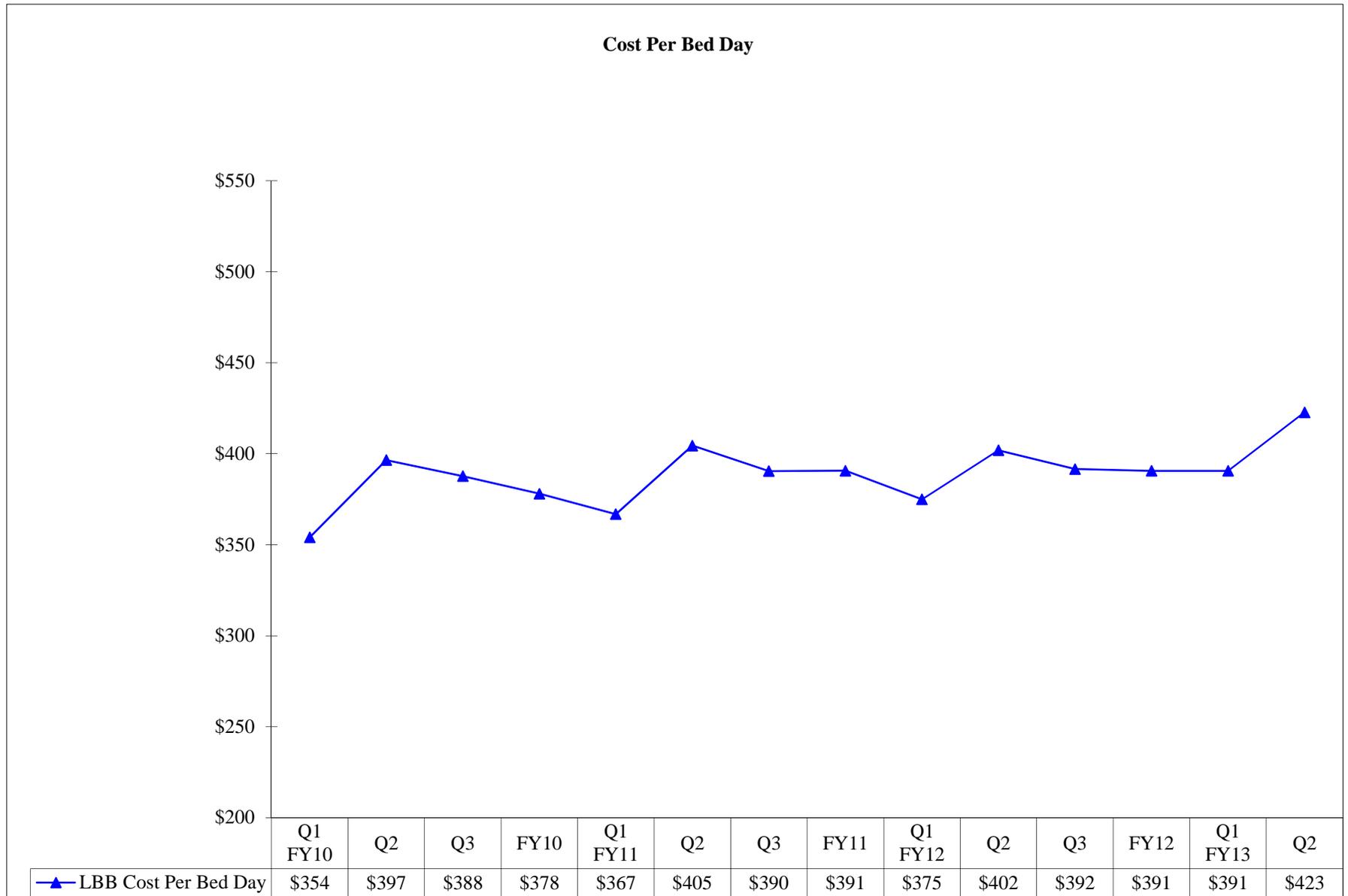


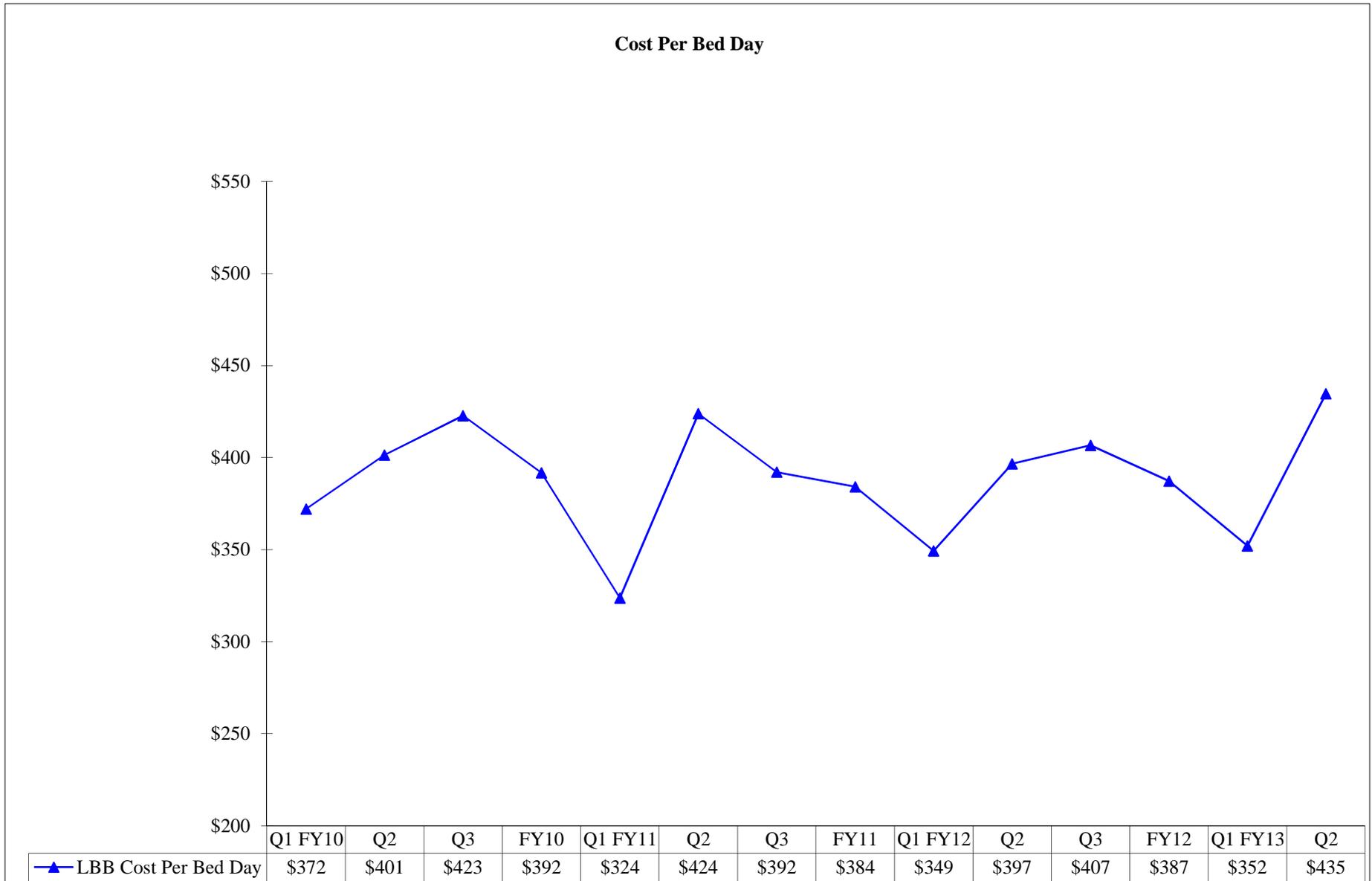
Chart: Hospital Management Data Services

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

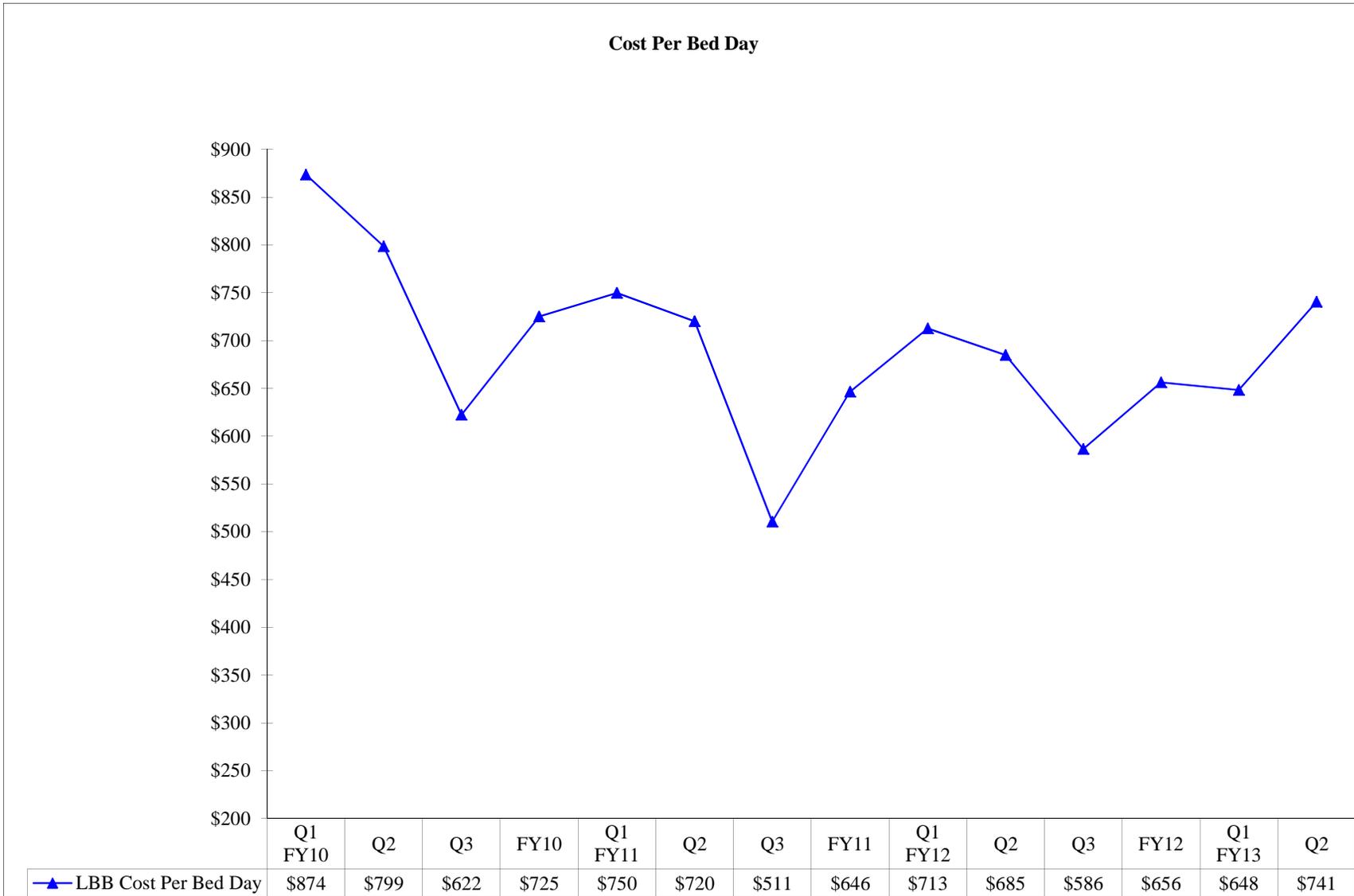
**Measure 1B - Cost Per Bed Day**  
**Terrell State Hospital**



**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

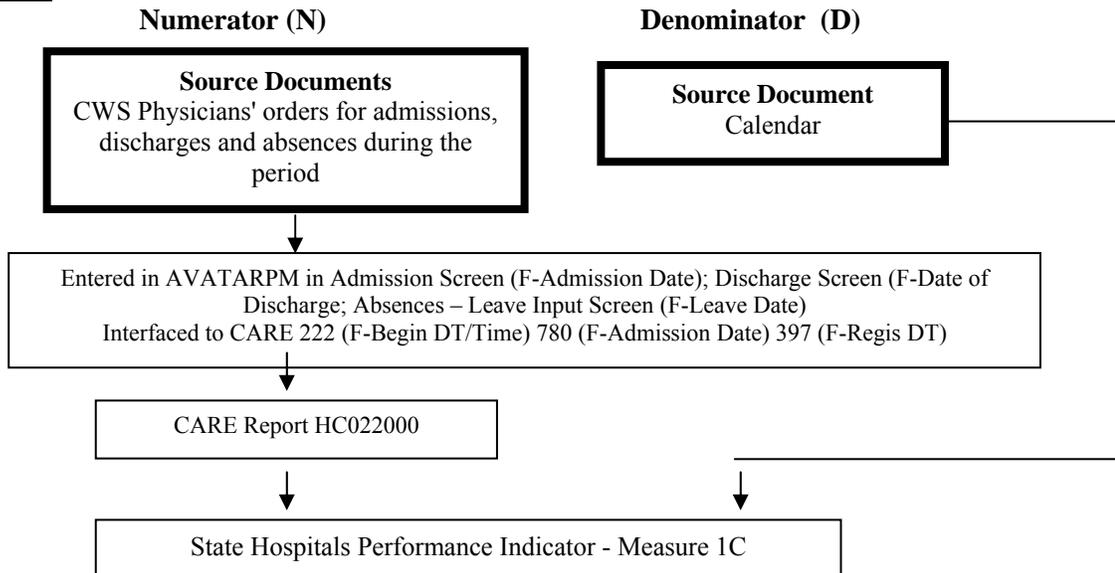
D = number of calendar days in the month

**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 1E for charts**

**Data Flow:**



**Performance Measure 1D:**

**Calculate number of inpatient days.**

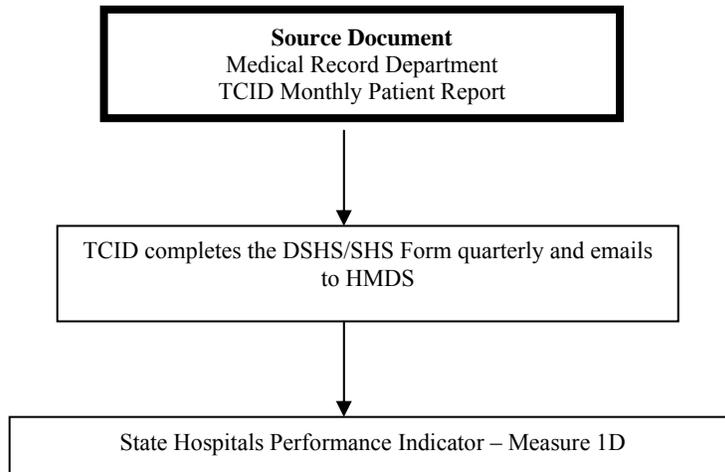
**Performance Measure Operational Definition:** TCID inpatient days will be monitored.

**Performance Measure Formula:** No formula – continuous variable.

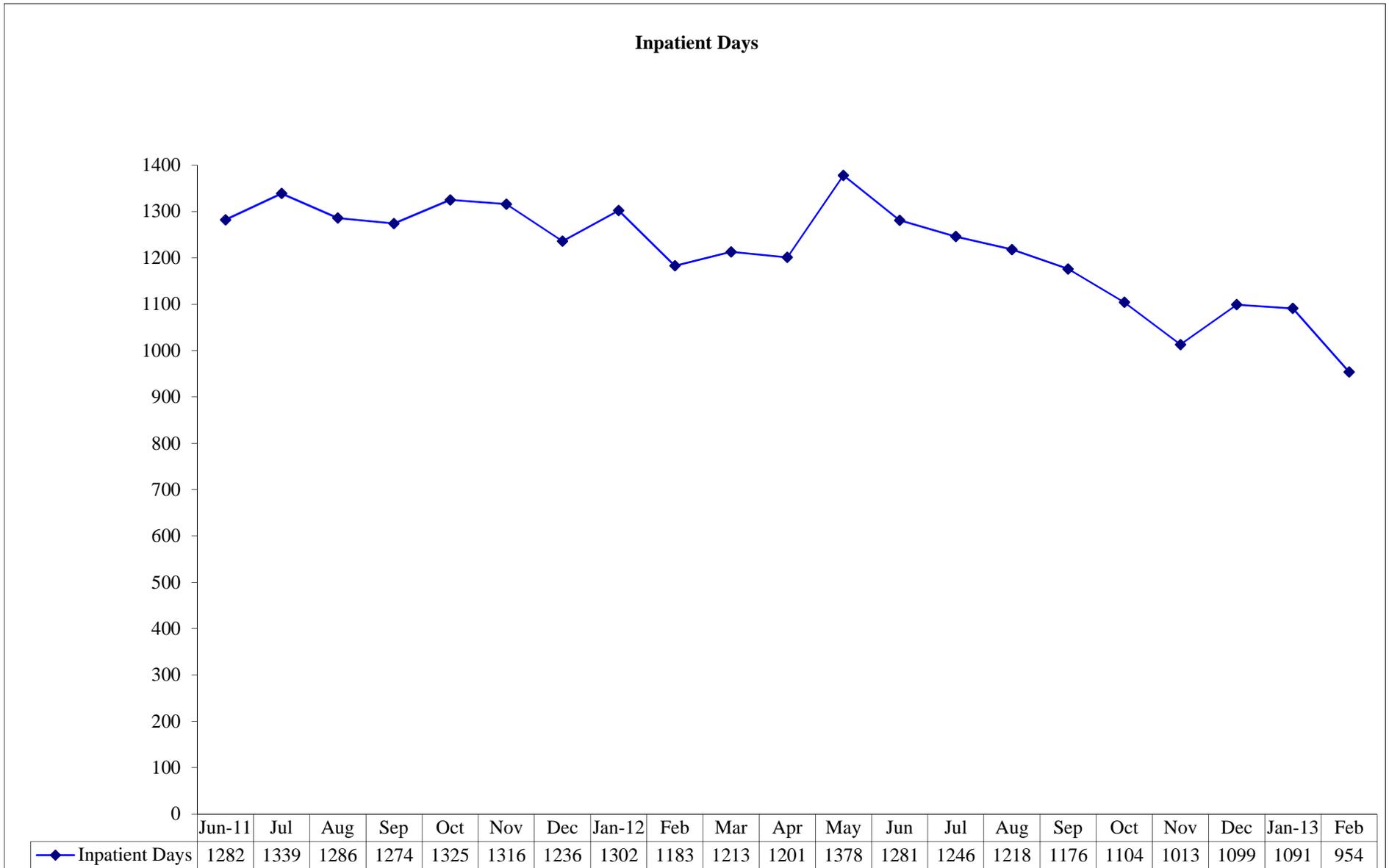
**Performance Measure Data Display and Chart Description:**

Table shows monthly numbers of inpatient days at TCID.

**Data Flow:**



**Measure 1D - Number of Inpatient Days**  
**TCID**



**Performance Measure 1G:**

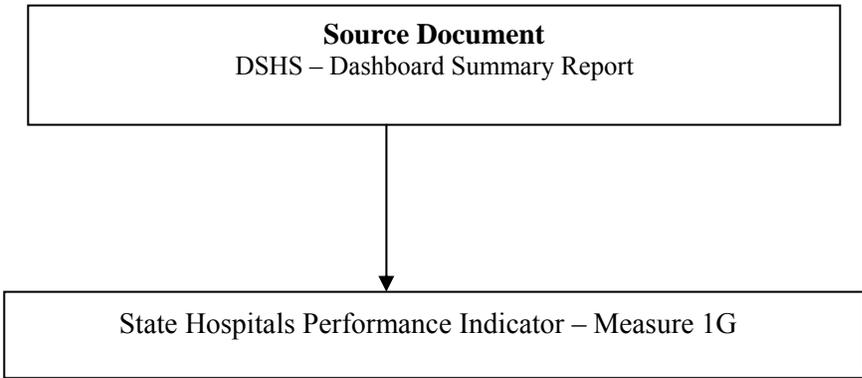
**Monitor outside medical costs for all patients.**

**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**

Facility	FY2012					FY2013				
	Q1	Q2	Q3	Q4	FY	Q1	Q2	Q3	Q4	FY
<b>ASH</b>	\$431,106	\$655,933	\$843,366	\$516,063	\$2,446,468	\$426,465	\$611,742			\$1,038,207
<b>BSSH</b>	\$81,475	\$74,419	\$132,740	\$91,436	\$380,070	\$77,052	\$88,764			\$165,816
<b>EPPC</b>	\$41,779	\$76,877	\$96,956	\$64,746	\$280,358	\$42,530	\$85,643			\$128,173
<b>KSH</b>	\$83,827	\$344,782	\$176,959	\$235,040	\$840,608	\$202,323	\$200,128			\$402,451
<b>NTSH</b>	\$323,539	\$503,052	\$631,190	\$355,934	\$1,813,715	\$204,087	\$770,456			\$974,543
<b>RGSC</b>	\$54,434	\$87,672	\$92,473	\$136,545	\$371,124	\$86,060	\$201,286			\$287,346
<b>RSH</b>	\$294,137	\$495,444	\$440,732	\$507,488	\$1,737,801	\$437,449	\$456,163			\$893,612
<b>SASH</b>	\$151,810	\$164,925	\$270,642	\$233,415	\$820,792	\$79,543	\$316,521			\$396,064
<b>TSH</b>	\$31,516	\$119,465	\$135,993	\$107,920	\$394,894	\$26,566	\$108,943			\$135,509
<b>WCFY</b>	\$10,032	\$18,749	\$19,737	\$22,495	\$71,013	\$8,127	\$17,030			\$25,157
<b>All SH</b>	<b>\$1,503,655</b>	<b>\$2,541,318</b>	<b>\$2,840,788</b>	<b>\$2,271,082</b>	<b>\$9,156,843</b>	<b>\$1,590,202</b>	<b>\$2,856,676</b>			<b>\$4,446,878</b>

**Performance Measure 1H:**

**Report FY13 collections comparison to FY12 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.**

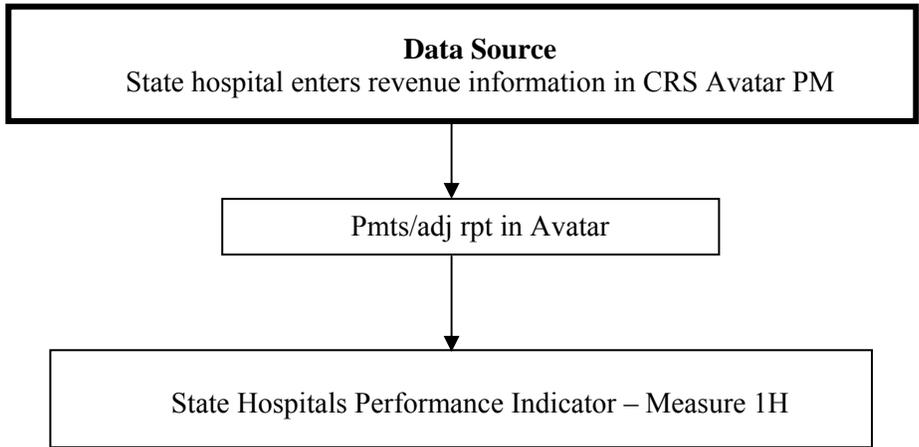
**Performance Objective Operational Definition:** The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

**Performance Objective Formula:** No formula.

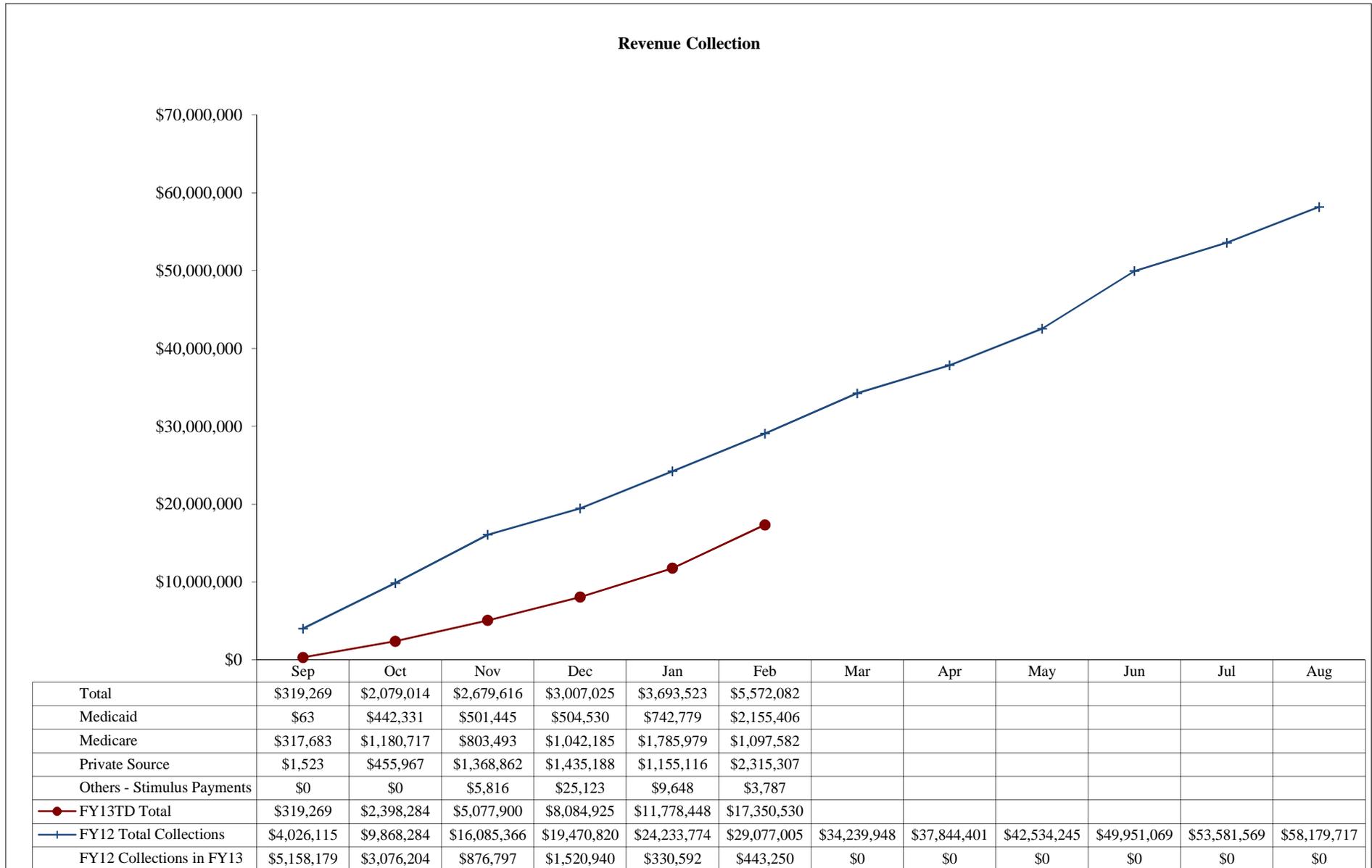
**Performance Objective Data Display and Chart Description:**

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

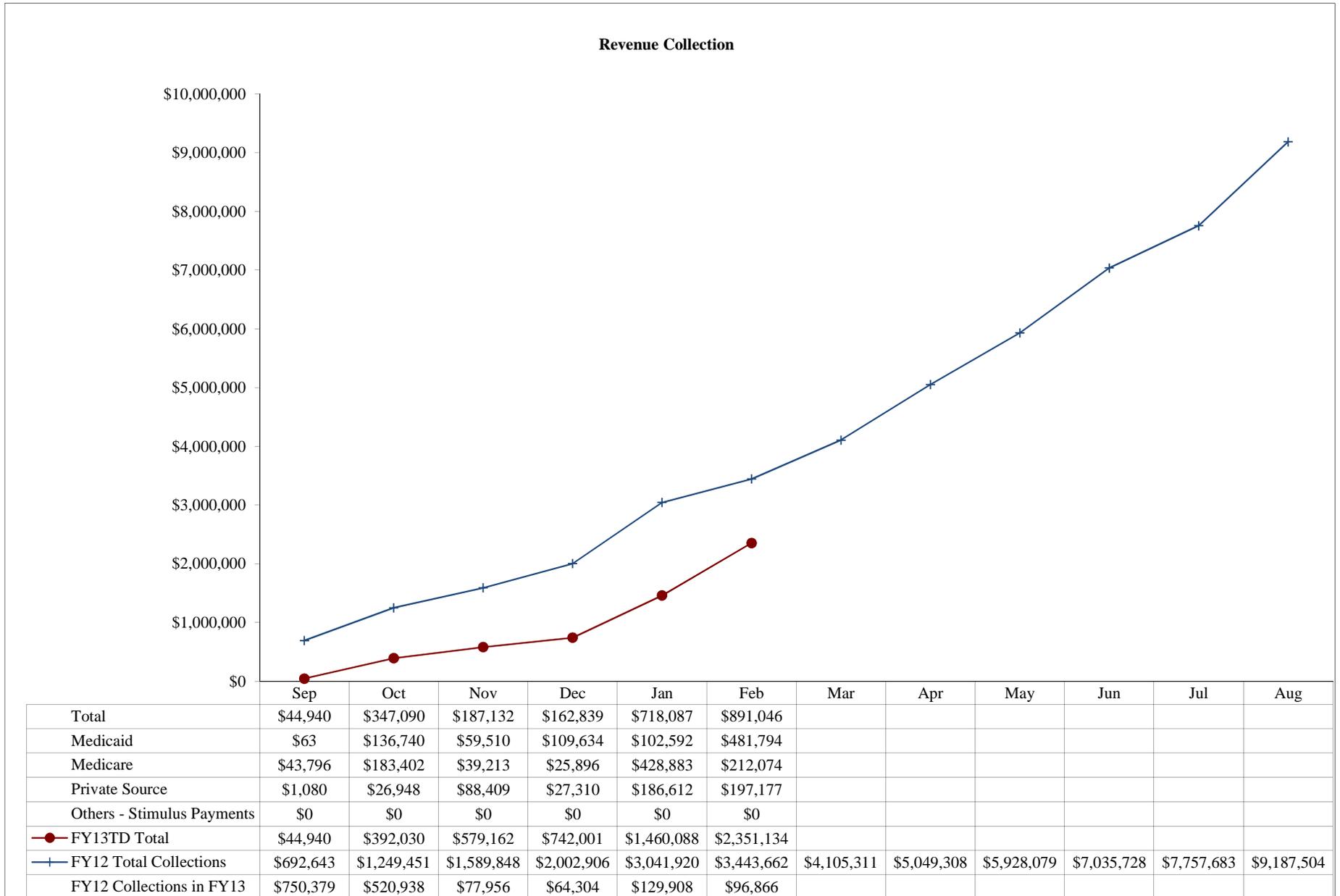
**Data Flow:**



**Measure 1H - FY2013 Revenue Targets**  
**All MH Facilities**

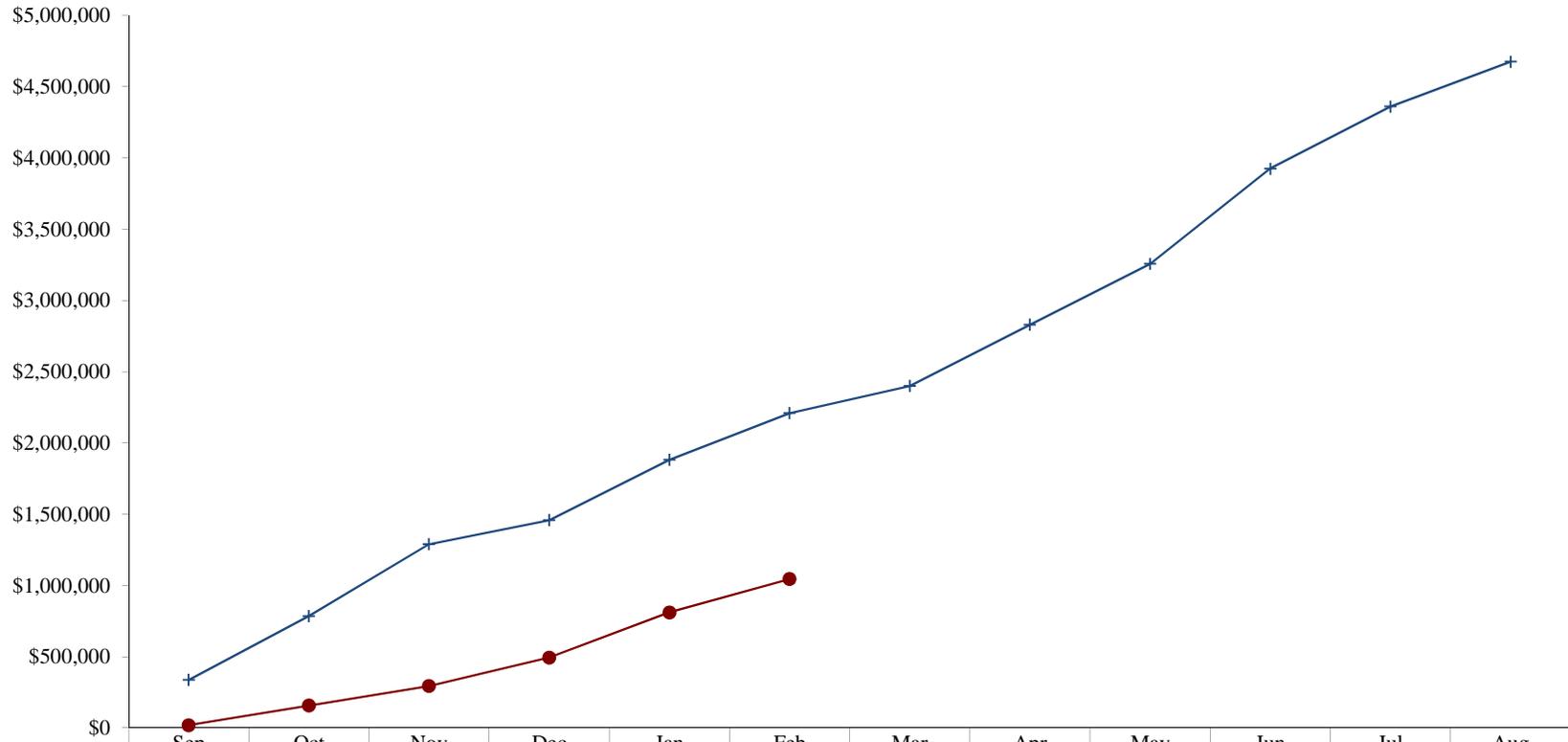


**Measure 1H - FY2013 Revenue Targets**  
**Austin State Hospital**



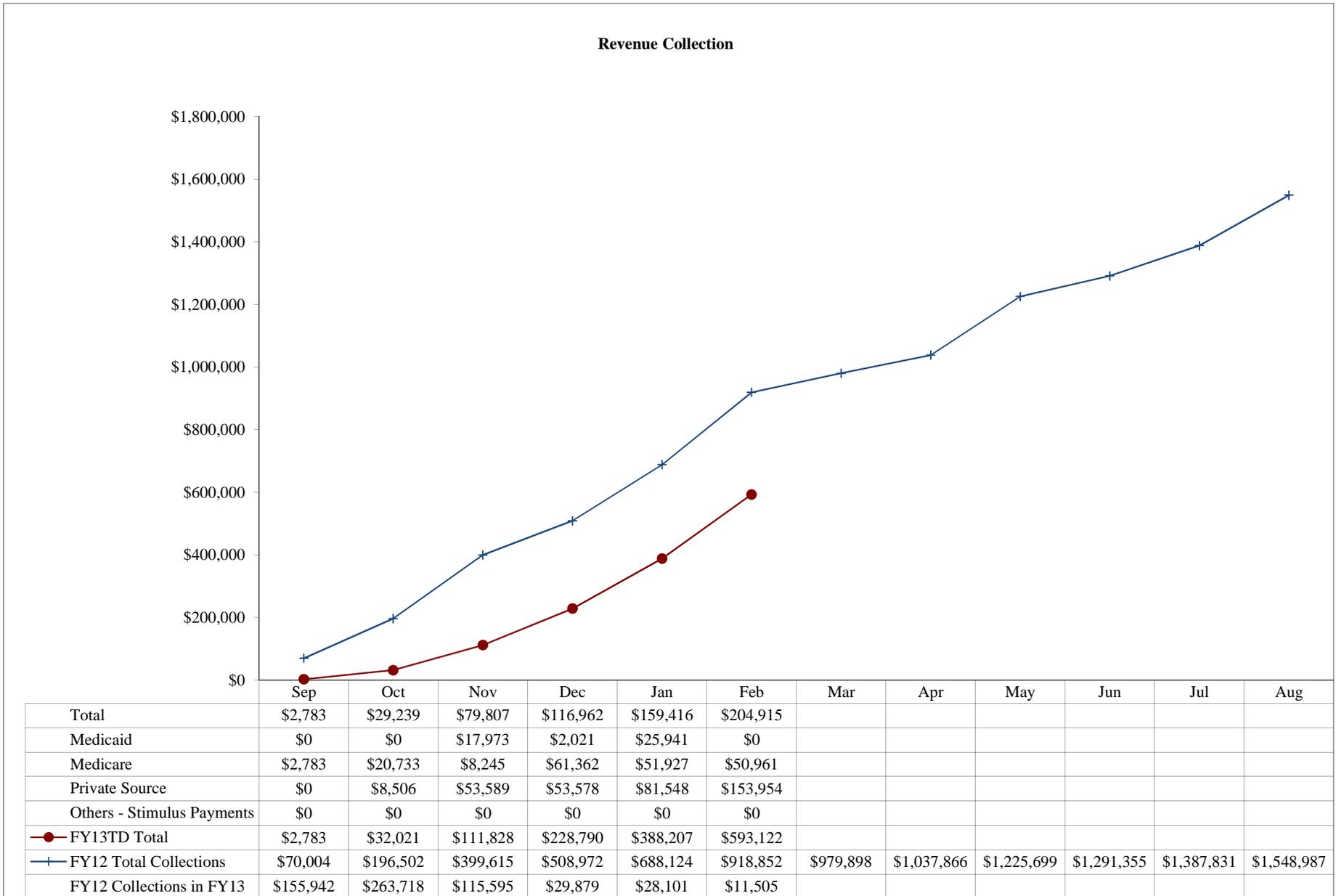
**Measure 1H - FY2013 Revenue Targets**  
**Big Spring State Hospital**

**Revenue Collection**

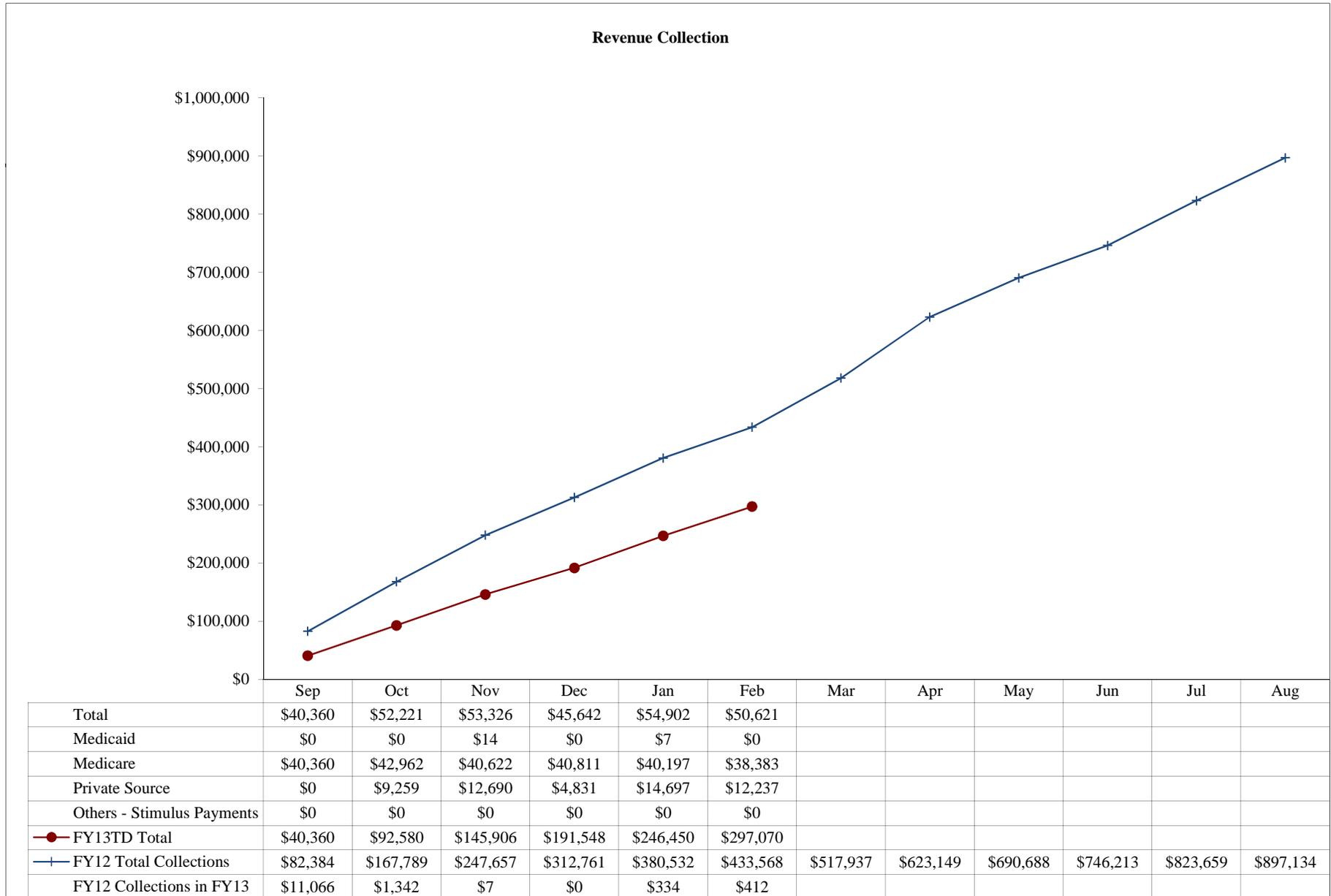


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$19,275	\$138,047	\$137,227	\$199,847	\$316,160	\$234,330						
Medicaid	\$0	\$0	\$2,840	\$291	\$9,090	\$9,461						
Medicare	\$19,275	\$112,660	\$114,107	\$140,835	\$249,966	\$158,784						
Private Source	\$0	\$25,387	\$20,280	\$58,721	\$57,104	\$66,085						
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0						
● FY13TD Total	\$19,275	\$157,322	\$294,549	\$494,396	\$810,556	\$1,044,887						
+ FY12 Total Collections	\$337,811	\$785,571	\$1,289,184	\$1,458,022	\$1,881,791	\$2,209,123	\$2,398,116	\$2,828,754	\$3,256,871	\$3,924,868	\$4,359,459	\$4,673,821
FY12 Collections in FY13	\$260,485	\$125,610	\$130,236	\$73,334	\$18,984	\$82,123						

**Measure 1H - FY2013 Revenue Targets**  
**El Paso Psychiatric Center**

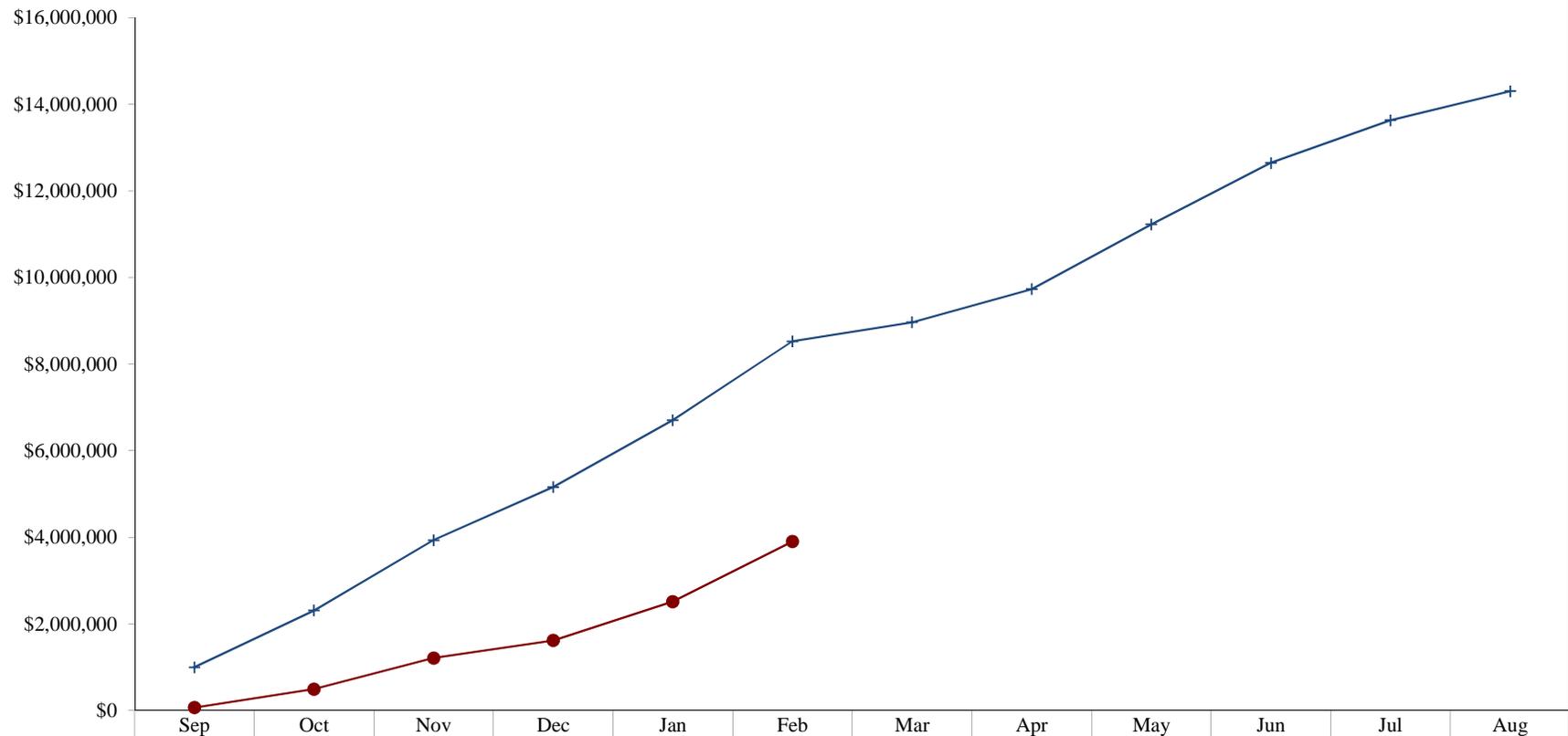


**Measure 1H - FY2013 Revenue Targets**  
**Kerrville State Hospital**



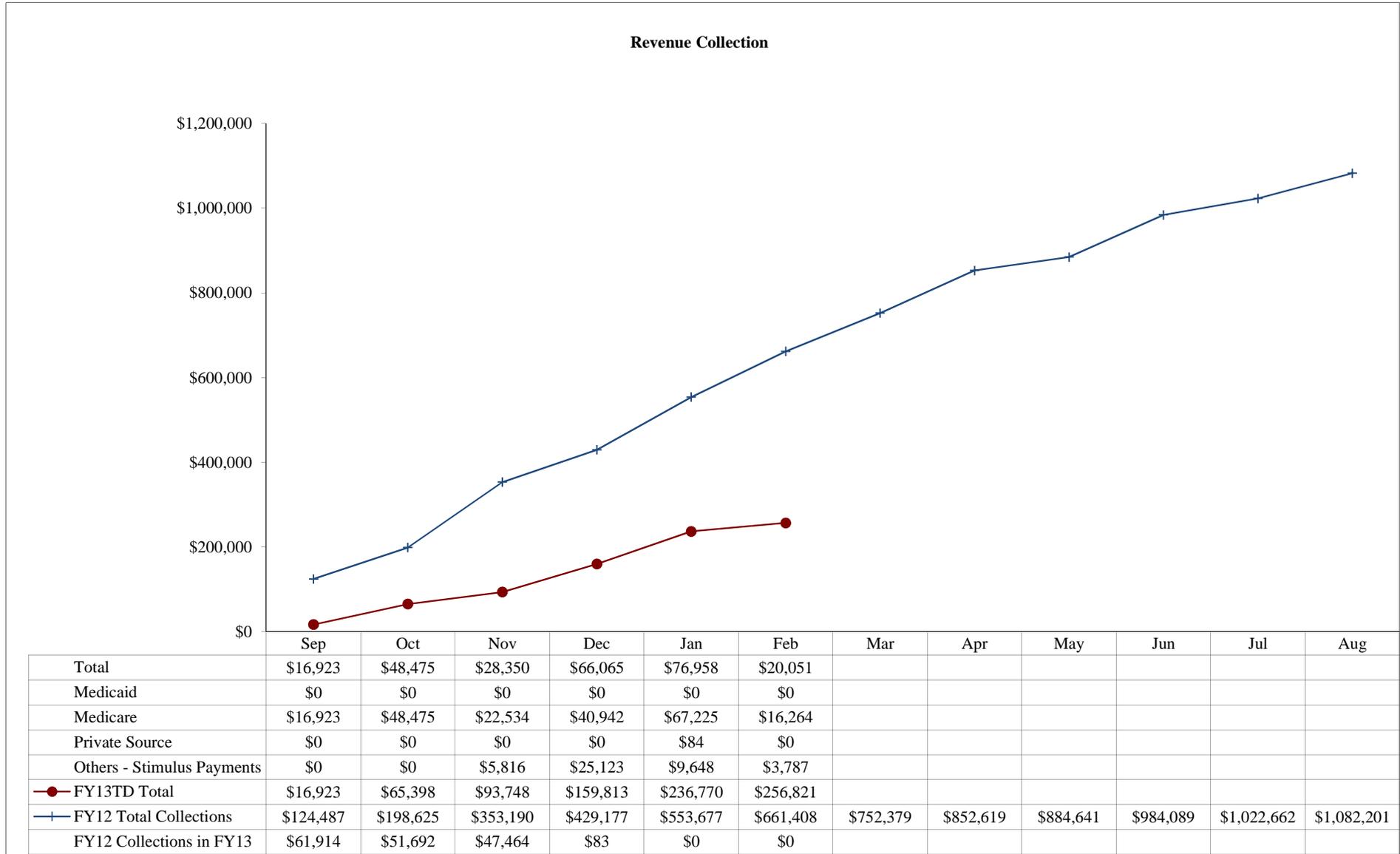
**Measure 1H - FY2013 Revenue Targets**  
**North Texas State Hospital**

**Revenue Collection**



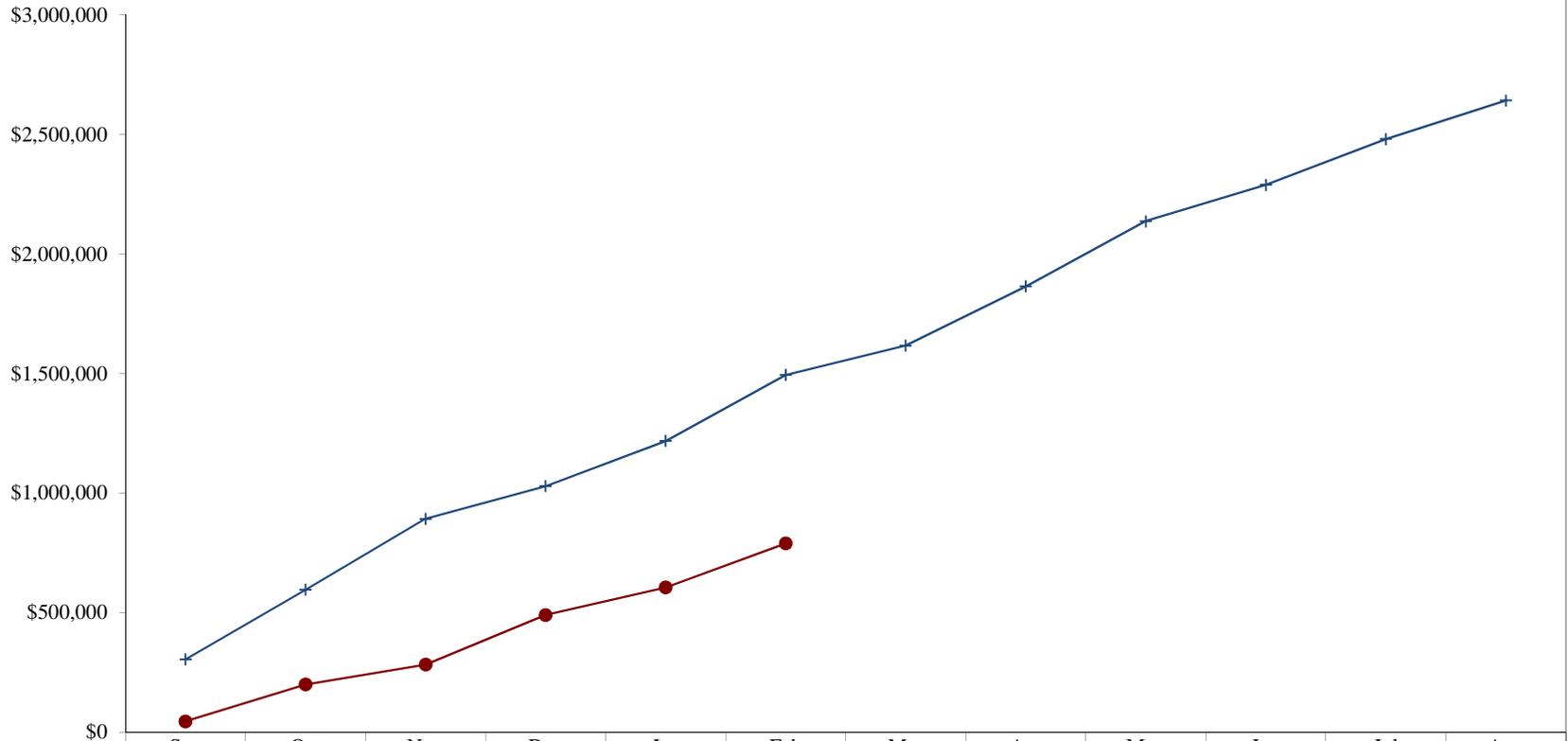
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$66,556	\$424,715	\$719,319	\$406,825	\$895,421	\$1,386,060						
Medicaid	\$0	\$145,646	\$346,371	\$231,848	\$242,872	\$1,249,911						
Medicare	\$66,148	\$190,457	\$310,019	\$120,920	\$429,578	\$66,649						
Private Source	\$409	\$88,611	\$62,929	\$54,056	\$222,971	\$69,500						
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0						

**Measure 1H - FY2013 Revenue Targets**  
**Rio Grande State Center**



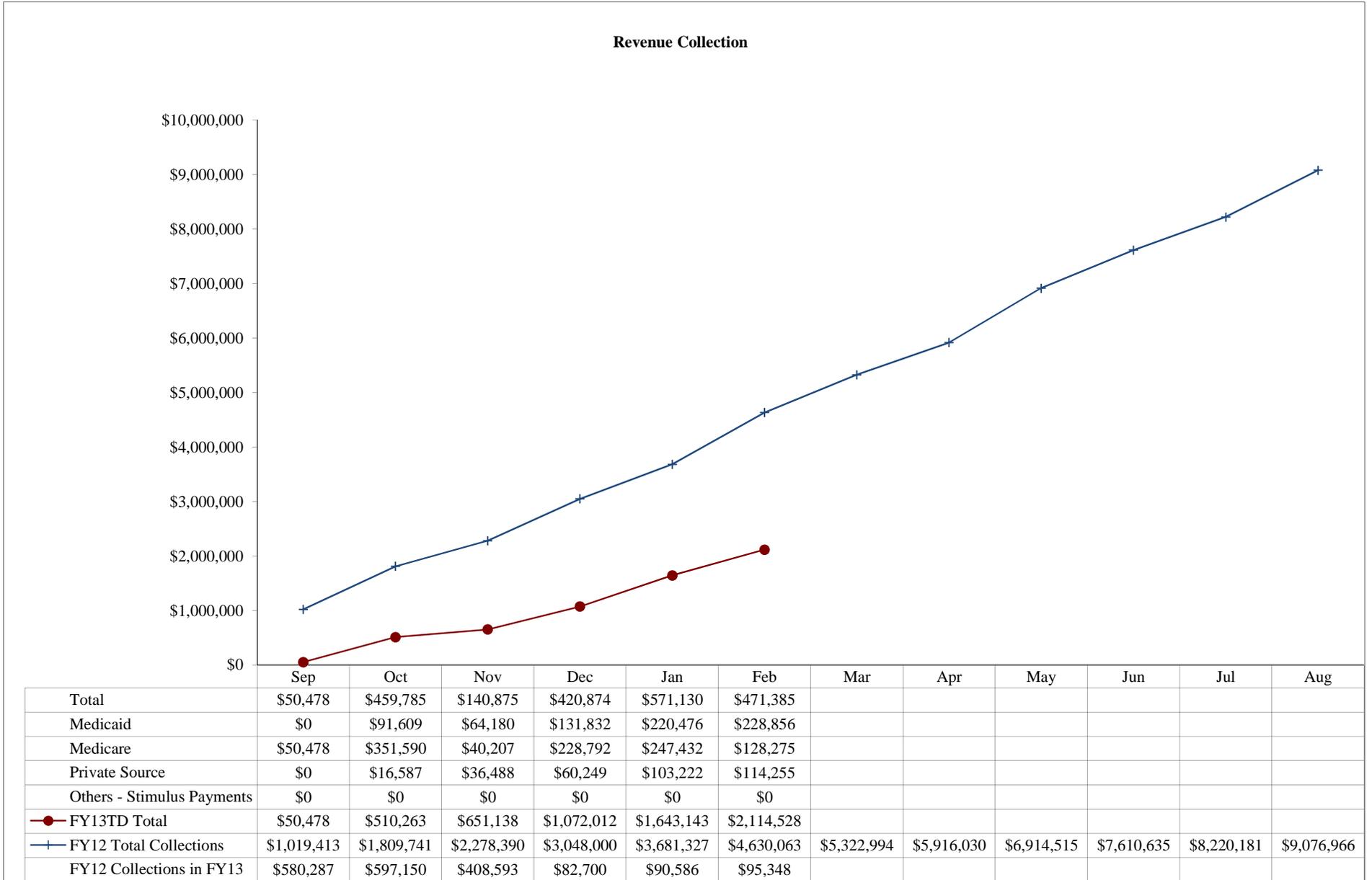
**Measure 1H - FY2013 Revenue Targets**  
**Rusk State Hospital**

**Revenue Collection**



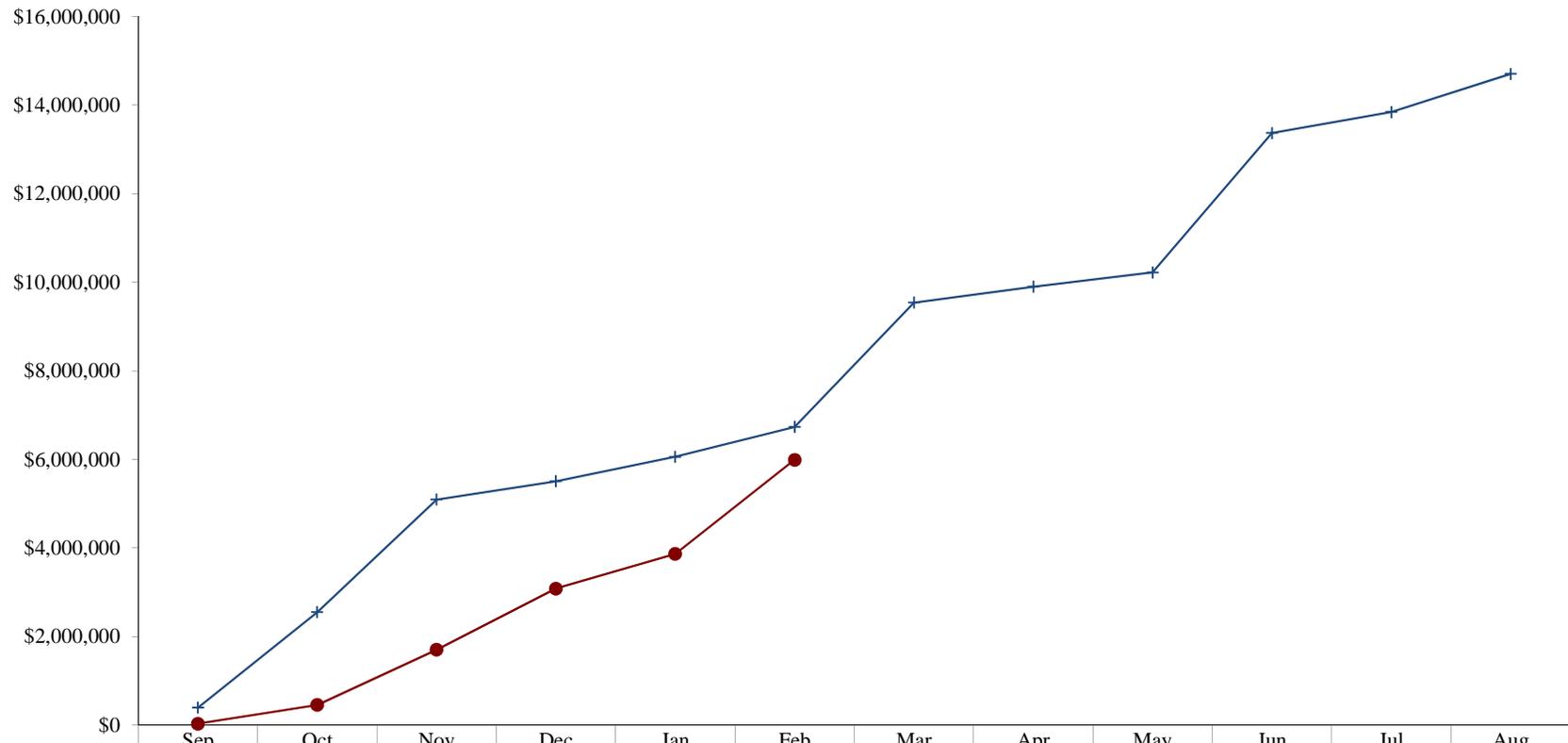
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$44,542	\$154,046	\$83,427	\$207,561	\$114,853	\$184,599						
Medicaid	\$0	\$13,286	\$10,558	\$0	\$40,639	\$66,684						
Medicare	\$44,542	\$125,740	\$54,072	\$162,798	\$58,927	\$71,268						
Private Source	\$0	\$15,019	\$18,797	\$44,762	\$15,288	\$46,647						
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0						
● FY13TD Total	\$44,542	\$198,587	\$282,014	\$489,575	\$604,428	\$789,027						
+ FY12 Total Collections	\$303,900	\$594,521	\$891,588	\$1,028,092	\$1,217,263	\$1,493,511	\$1,616,505	\$1,863,762	\$2,137,188	\$2,289,388	\$2,480,282	\$2,641,760
FY12 Collections in FY13	\$106,609	\$147,024	\$20,972	\$1,829	\$2,225	\$21,701						

**Measure 1H - FY2013 Revenue Targets**  
**San Antonio State Hospital**



**Measure 1H - FY2013 Revenue Targets**  
**Terrell State Hospital**

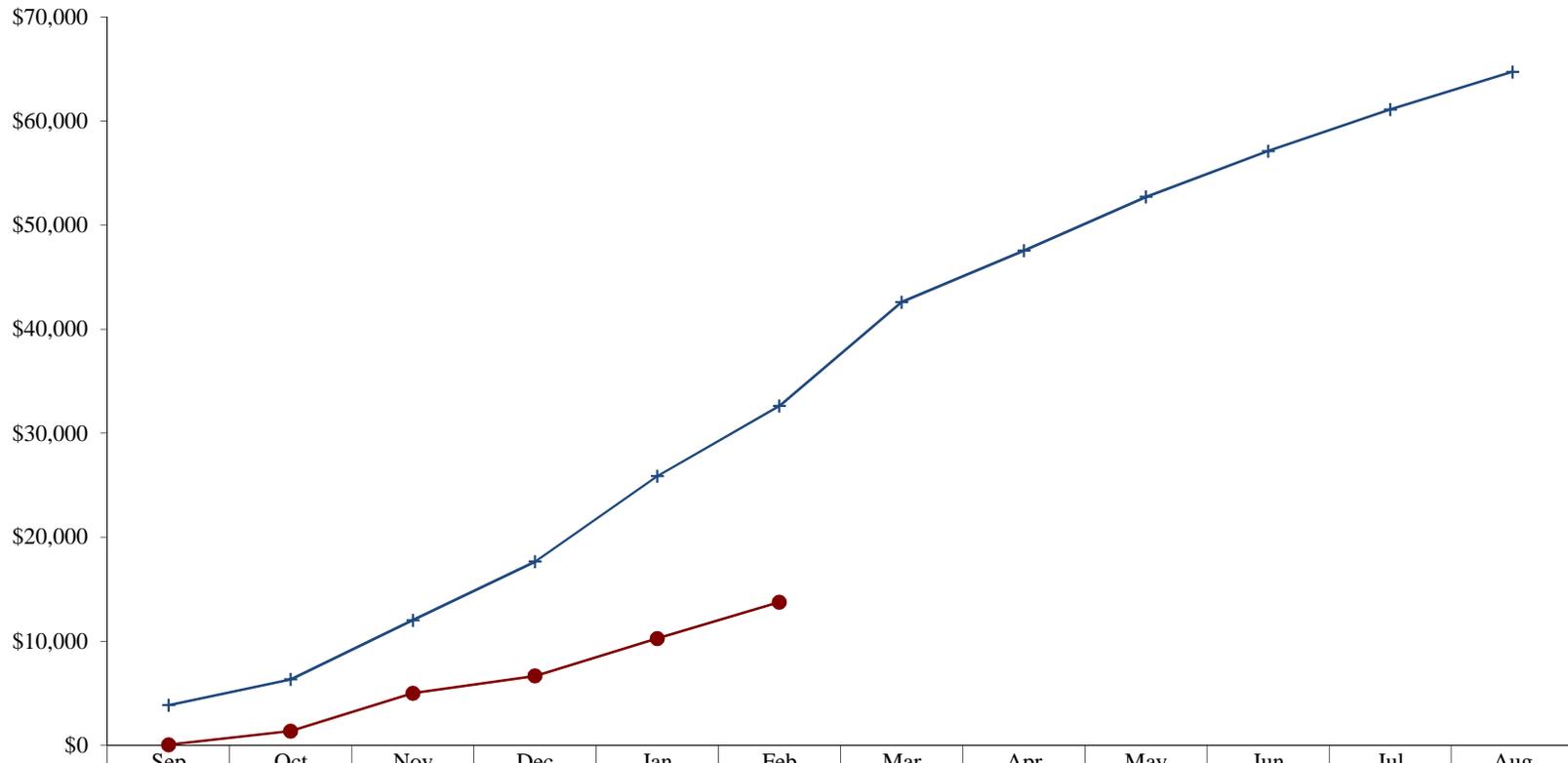
**Revenue Collection**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$33,380	\$424,091	\$1,246,493	\$1,378,752	\$783,001	\$2,125,584						
Medicaid	\$0	\$55,050	\$0	\$28,903	\$101,161	\$118,700						
Medicare	\$33,380	\$104,698	\$174,473	\$219,827	\$211,843	\$354,924						
Private Source	\$0	\$264,343	\$1,072,021	\$1,130,021	\$469,997	\$1,651,961						
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0						
<b>● FY13TD Total</b>	\$33,380	\$457,471	\$1,703,964	\$3,082,716	\$3,865,717	\$5,991,301						
<b>+ FY12 Total Collections</b>	\$396,213	\$2,551,947	\$5,094,474	\$5,505,855	\$6,059,817	\$6,731,734	\$9,540,639	\$9,898,484	\$10,221,142	\$13,366,473	\$13,842,524	\$14,705,343
FY12 Collections in FY13	\$2,710,377	\$174,150	\$18,542	\$1,217,930	\$41,384	\$3,048						

**Measure 1H - FY2013 Revenue Targets**  
**Waco Center For Youth**

**Revenue Collection**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$34	\$1,307	\$3,659	\$1,659	\$3,594	\$3,492						
Medicaid	\$0	\$0	\$0	\$0	\$0	\$0						
Medicare	\$0	\$0	\$0	\$0	\$0	\$0						
Private Source	\$34	\$1,307	\$3,659	\$1,659	\$3,594	\$3,492						
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0						

***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.

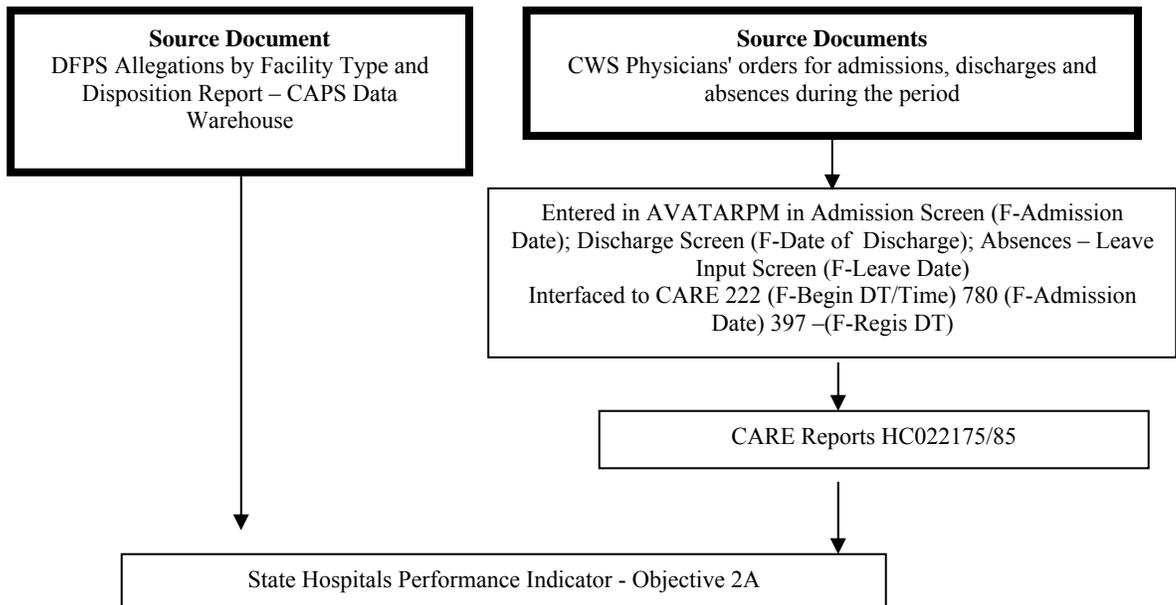
**Performance Objective Data Display and Chart Description:**

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:**

**Numerator (N)**

**Denominator (D)**



**Objective 2A - Abuse/Neglect Rate**  
**All State MH Hospitals - As of February 28, 2013**

Facility	FY11					FY12					FY13				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
<b>All State Hospitals</b>															
Completed Investigations	538	533	486	611	2168	681	833	615	654	2783	545	700			1245
Total Confirmed	48	71	40	38	197	41	55	40	49	185	39	57			96
Total Confirmed Rate/1000 Bed Days	0.23	0.34	0.19	0.18	0.23	0.19	0.26	0.19	0.23	0.22	0.19	0.28			0.23

**Performance Objective 2C:**

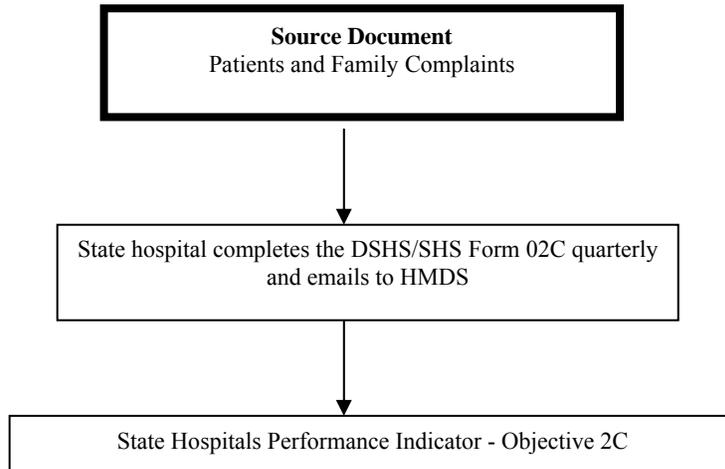
**Analyze patient complaints and grievances.**

**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 FY13**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	45	25	3	9	7	0	25	9	31	0	1	<b>155</b>
<b>Per 1,000 Bed Days</b>	<b>1.88</b>	<b>1.50</b>	<b>0.47</b>	<b>0.56</b>	<b>0.13</b>	<b>0.00</b>	<b>0.91</b>	<b>0.39</b>	<b>1.18</b>	<b>0.00</b>	<b>0.15</b>	<b>0.74</b>
Respect	25	0	0	6	4	14	21	10	55	1	2	<b>138</b>
<b>Per 1,000 Bed Days</b>	<b>1.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.38</b>	<b>0.07</b>	<b>3.04</b>	<b>0.77</b>	<b>0.44</b>	<b>2.09</b>	<b>0.30</b>	<b>0.30</b>	<b>0.66</b>
Discharge	30	7	5	0	10	8	29	6	60	0	0	<b>155</b>
<b>Per 1,000 Bed Days</b>	<b>1.25</b>	<b>0.42</b>	<b>0.78</b>	<b>0.00</b>	<b>0.18</b>	<b>1.74</b>	<b>1.06</b>	<b>0.26</b>	<b>2.29</b>	<b>0.00</b>	<b>0.00</b>	<b>0.74</b>
Medication	16	1	1	0	7	6	19	5	33	0	0	<b>88</b>
<b>Per 1,000 Bed Days</b>	<b>0.67</b>	<b>0.06</b>	<b>0.16</b>	<b>0.00</b>	<b>0.13</b>	<b>1.30</b>	<b>0.69</b>	<b>0.22</b>	<b>1.26</b>	<b>0.00</b>	<b>0.00</b>	<b>0.42</b>
Treatment Team/Planning	13	39	2	12	7	0	29	99	71	0	1	<b>273</b>
<b>Per 1,000 Bed Days</b>	<b>0.54</b>	<b>2.33</b>	<b>0.31</b>	<b>0.75</b>	<b>0.13</b>	<b>0.00</b>	<b>1.06</b>	<b>4.32</b>	<b>2.70</b>	<b>0.00</b>	<b>0.15</b>	<b>1.30</b>
HIPAA	7	0	0	2	1	1	3	3	2	0	0	<b>19</b>
<b>Per 1,000 Bed Days</b>	<b>0.29</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>	<b>0.02</b>	<b>0.22</b>	<b>0.11</b>	<b>0.13</b>	<b>0.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.09</b>
Others	78	16	12	6	24	0	62	106	150	0	16	<b>470</b>
<b>Per 1,000 Bed Days</b>	<b>3.25</b>	<b>0.96</b>	<b>1.87</b>	<b>0.38</b>	<b>0.43</b>	<b>0.00</b>	<b>2.26</b>	<b>4.63</b>	<b>5.71</b>	<b>0.00</b>	<b>2.39</b>	<b>2.24</b>
Total	214	88	23	35	60	29	188	238	402	1	20	1298
<b>Per 1,000 Bed Days</b>	<b>8.92</b>	<b>5.26</b>	<b>3.59</b>	<b>2.19</b>	<b>1.08</b>	<b>6.30</b>	<b>6.86</b>	<b>10.39</b>	<b>15.31</b>	<b>0.30</b>	<b>2.99</b>	<b>6.18</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q1 FY13**

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	1	1	0	0	7	0	0	0	0	0	0	9
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>
Respect	1	0	8	0	7	0	0	0	0	0	0	16
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.00</b>	<b>1.25</b>	<b>0.00</b>	<b>0.13</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.08</b>
Discharge	17	0	2	0	7	0	2	0	1	0	0	29
<b>Per 1,000 Bed Days</b>	<b>0.71</b>	<b>0.00</b>	<b>0.31</b>	<b>0.00</b>	<b>0.13</b>	<b>0.00</b>	<b>0.07</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.14</b>
Medication	9	0	5	0	13	0	0	0	0	0	0	27
<b>Per 1,000 Bed Days</b>	<b>0.38</b>	<b>7.00</b>	<b>0.78</b>	<b>0.00</b>	<b>0.23</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>
Treatment Team/Planning	6	7	4	0	10	0	0	1	0	0	0	28
<b>Per 1,000 Bed Days</b>	<b>0.25</b>	<b>0.42</b>	<b>0.62</b>	<b>0.00</b>	<b>0.18</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>
HIPAA	6	0	1	0	0	0	0	0	0	0	0	7
<b>Per 1,000 Bed Days</b>	<b>0.25</b>	<b>0.00</b>	<b>0.16</b>	<b>0.00</b>	<b>0.03</b>							
Others	11	0	1	0	23	0	0	0	0	0	0	35
<b>Per 1,000 Bed Days</b>	<b>0.46</b>	<b>0.00</b>	<b>0.16</b>	<b>0.00</b>	<b>0.41</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.17</b>
Total	51	8	21	0	67	0	2	1	1	0	0	151
<b>Per 1,000 Bed Days</b>	<b>2.13</b>	<b>0.48</b>	<b>3.28</b>	<b>0.00</b>	<b>1.20</b>	<b>0.00</b>	<b>0.07</b>	<b>0.04</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.72</b>

**Objective 2C - Patient Complaints & Patient Grievances  
All State Hospitals - Q2 FY13**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	26	18	5	11	1	1	27	13	12	0	0	<b>114</b>
<b>Per 1,000 Bed Days</b>	<b>1.07</b>	<b>1.04</b>	<b>0.81</b>	<b>0.67</b>	<b>0.02</b>	<b>0.27</b>	<b>0.96</b>	<b>0.54</b>	<b>0.48</b>	<b>0.00</b>	<b>0.00</b>	<b>0.55</b>
Respect	11	8	0	6	0	0	47	1	43	2	0	<b>118</b>
<b>Per 1,000 Bed Days</b>	<b>0.45</b>	<b>0.46</b>	<b>0.00</b>	<b>0.36</b>	<b>0.00</b>	<b>0.00</b>	<b>1.68</b>	<b>0.04</b>	<b>1.72</b>	<b>0.64</b>	<b>0.00</b>	<b>0.57</b>
Discharge	19	1	4	1	12	1	20	4	25	0	0	<b>87</b>
<b>Per 1,000 Bed Days</b>	<b>0.78</b>	<b>0.06</b>	<b>0.65</b>	<b>0.06</b>	<b>0.23</b>	<b>0.27</b>	<b>0.71</b>	<b>0.17</b>	<b>1.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.42</b>
Medication	16	0	0	1	5	0	28	2	24	1	0	<b>77</b>
<b>Per 1,000 Bed Days</b>	<b>0.66</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>	<b>0.10</b>	<b>0.00</b>	<b>1.00</b>	<b>0.08</b>	<b>0.96</b>	<b>0.32</b>	<b>0.00</b>	<b>0.37</b>
Treatment Team/Plann	7	13	6	12	6	2	13	46	58	0	0	<b>163</b>
<b>Per 1,000 Bed Days</b>	<b>0.29</b>	<b>0.75</b>	<b>0.98</b>	<b>0.73</b>	<b>0.12</b>	<b>0.54</b>	<b>0.46</b>	<b>1.91</b>	<b>2.32</b>	<b>0.00</b>	<b>0.00</b>	<b>0.79</b>
HIPAA	5	1	0	1	1	0	0	0	0	0	0	<b>8</b>
<b>Per 1,000 Bed Days</b>	<b>0.20</b>	<b>0.06</b>	<b>0.00</b>	<b>0.06</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>
Others	73	14	12	12	25	2	92	45	82	0	0	<b>357</b>
<b>Per 1,000 Bed Days</b>	<b>2.99</b>	<b>0.81</b>	<b>1.95</b>	<b>0.73</b>	<b>0.48</b>	<b>0.54</b>	<b>3.28</b>	<b>1.87</b>	<b>3.27</b>	<b>0.00</b>	<b>0.00</b>	<b>1.73</b>
<b>Total</b>	<b>157</b>	<b>55</b>	<b>27</b>	<b>44</b>	<b>50</b>	<b>6</b>	<b>227</b>	<b>111</b>	<b>244</b>	<b>3</b>	<b>0</b>	<b>924</b>
<b>Per 1,000 Bed Days</b>	<b>6.44</b>	<b>3.19</b>	<b>4.39</b>	<b>2.67</b>	<b>0.97</b>	<b>1.61</b>	<b>8.10</b>	<b>4.60</b>	<b>9.74</b>	<b>0.95</b>	<b>0.00</b>	<b>4.48</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q2 FY13**

<b>Grievances</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	0	1	0	0	8	0	1	3	0	0	0	<b>13</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.15</b>	<b>0.00</b>	<b>0.04</b>	<b>0.12</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>
Respect	0	0	2	0	6	0	4	0	0	0	0	<b>12</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.33</b>	<b>0.00</b>	<b>0.12</b>	<b>0.00</b>	<b>0.14</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>
Discharge	14	0	0	0	2	0	3	0	0	0	0	<b>19</b>
<b>Per 1,000 Bed Days</b>	<b>0.57</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.09</b>
Medication	10	0	4	0	13	0	0	0	0	0	0	<b>27</b>
<b>Per 1,000 Bed Days</b>	<b>0.41</b>	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>	<b>0.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>
Treatment Team/Plann	3	6	4	0	12	1	3	0	0	0	0	<b>29</b>
<b>Per 1,000 Bed Days</b>	<b>0.12</b>	<b>0.35</b>	<b>0.65</b>	<b>0.00</b>	<b>0.23</b>	<b>0.27</b>	<b>0.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.14</b>
HIPAA	1	3	0	0	0	0	5	0	0	0	0	<b>9</b>
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.17</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.18</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>
Others	3	4	1	0	49	0	4	1	0	0	0	<b>62</b>
<b>Per 1,000 Bed Days</b>	<b>0.12</b>	<b>0.23</b>	<b>0.16</b>	<b>0.00</b>	<b>0.95</b>	<b>0.00</b>	<b>0.14</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.30</b>
<b>Total</b>	<b>31</b>	<b>14</b>	<b>11</b>	<b>0</b>	<b>90</b>	<b>1</b>	<b>20</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>171</b>
<b>Per 1,000 Bed Days</b>	<b>1.27</b>	<b>0.81</b>	<b>1.79</b>	<b>0.00</b>	<b>1.74</b>	<b>0.27</b>	<b>0.71</b>	<b>0.17</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.83</b>

Objective 2C - Patient Complaints & Patient Grievances  
 All State Hospitals - As of February 28, 2013

**FY13 - Complaints**

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	71	43	8	20	8	1	52	22	43	0	1	<b>269</b>
<b>Per 1,000 Bed Days</b>	<b>1.47</b>	<b>1.27</b>	<b>0.64</b>	<b>0.62</b>	<b>0.07</b>	<b>0.12</b>	<b>0.94</b>	<b>0.47</b>	<b>0.84</b>	<b>0.00</b>	<b>0.08</b>	<b>0.65</b>
Respect	36	8	0	12	4	14	68	11	98	3	2	<b>256</b>
<b>Per 1,000 Bed Days</b>	<b>0.74</b>	<b>0.24</b>	<b>0.00</b>	<b>0.37</b>	<b>0.04</b>	<b>1.68</b>	<b>1.23</b>	<b>0.23</b>	<b>1.91</b>	<b>0.47</b>	<b>0.15</b>	<b>0.61</b>
Discharge	49	8	9	1	22	9	49	10	85	0	0	<b>242</b>
<b>Per 1,000 Bed Days</b>	<b>1.01</b>	<b>0.24</b>	<b>0.72</b>	<b>0.03</b>	<b>0.20</b>	<b>1.08</b>	<b>0.88</b>	<b>0.21</b>	<b>1.66</b>	<b>0.00</b>	<b>0.00</b>	<b>0.58</b>
Medication	32	1	1	1	12	6	47	7	57	1	0	<b>165</b>
<b>Per 1,000 Bed Days</b>	<b>0.66</b>	<b>0.03</b>	<b>0.08</b>	<b>0.03</b>	<b>0.11</b>	<b>0.72</b>	<b>0.85</b>	<b>0.15</b>	<b>1.11</b>	<b>0.16</b>	<b>0.00</b>	<b>0.40</b>
Treatment Team/Planning	20	52	8	24	13	2	42	145	129	0	1	<b>436</b>
<b>Per 1,000 Bed Days</b>	<b>0.41</b>	<b>1.53</b>	<b>0.64</b>	<b>0.74</b>	<b>0.12</b>	<b>0.24</b>	<b>0.76</b>	<b>3.08</b>	<b>2.51</b>	<b>0.00</b>	<b>0.08</b>	<b>1.05</b>
HIPAA	12	1	0	3	2	1	3	3	2	0	0	<b>27</b>
<b>Per 1,000 Bed Days</b>	<b>0.25</b>	<b>0.03</b>	<b>0.00</b>	<b>0.09</b>	<b>0.02</b>	<b>0.12</b>	<b>0.05</b>	<b>0.06</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>
Others	151	30	24	18	49	2	154	151	232	0	16	<b>827</b>
<b>Per 1,000 Bed Days</b>	<b>3.12</b>	<b>0.88</b>	<b>1.91</b>	<b>0.55</b>	<b>0.46</b>	<b>0.24</b>	<b>2.78</b>	<b>3.21</b>	<b>4.52</b>	<b>0.00</b>	<b>1.23</b>	<b>1.99</b>
<b>Total</b>	<b>371</b>	<b>143</b>	<b>50</b>	<b>79</b>	<b>110</b>	<b>35</b>	<b>415</b>	<b>349</b>	<b>646</b>	<b>4</b>	<b>20</b>	<b>2222</b>
<b>Per 1,000 Bed Days</b>	<b>7.67</b>	<b>4.21</b>	<b>3.98</b>	<b>2.43</b>	<b>1.02</b>	<b>4.20</b>	<b>7.49</b>	<b>7.42</b>	<b>12.59</b>	<b>0.62</b>	<b>1.53</b>	<b>5.34</b>

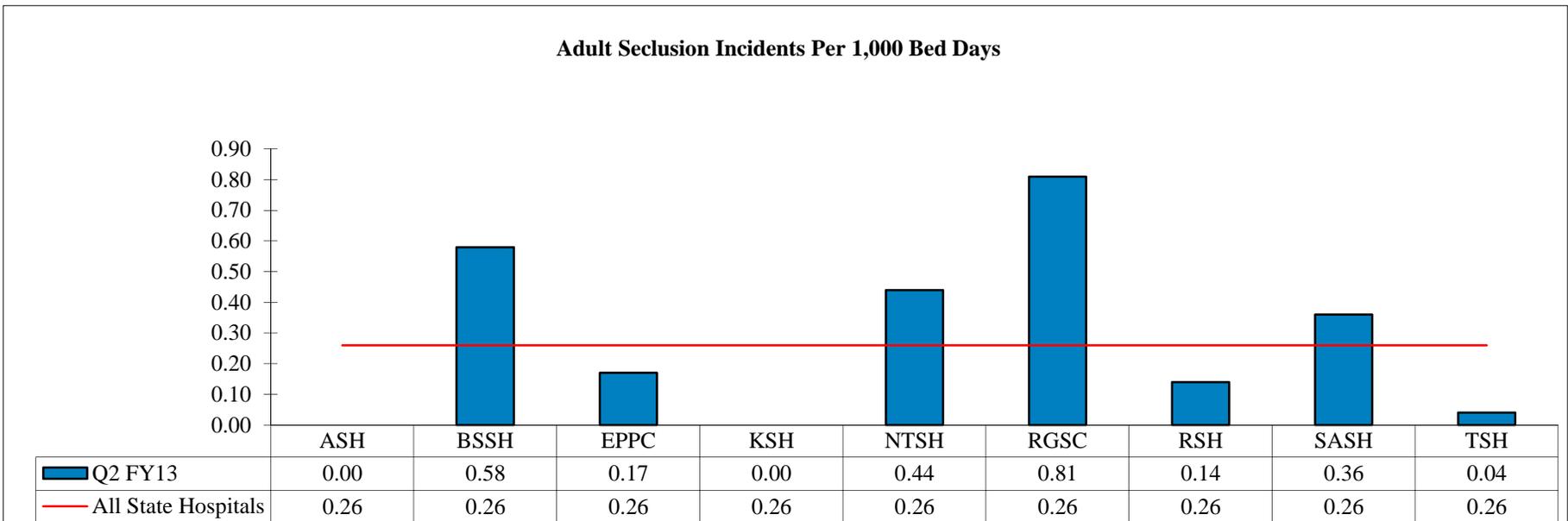
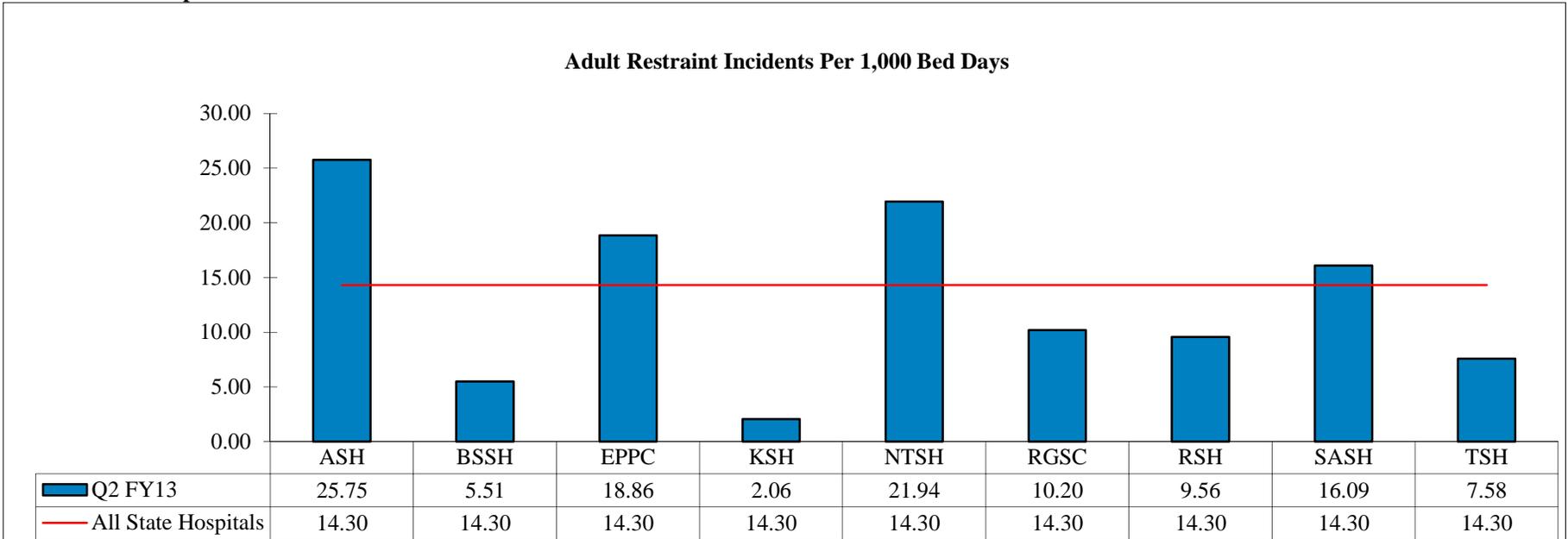
**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - As of February 28, 2013**

**FY13 - Grievances**

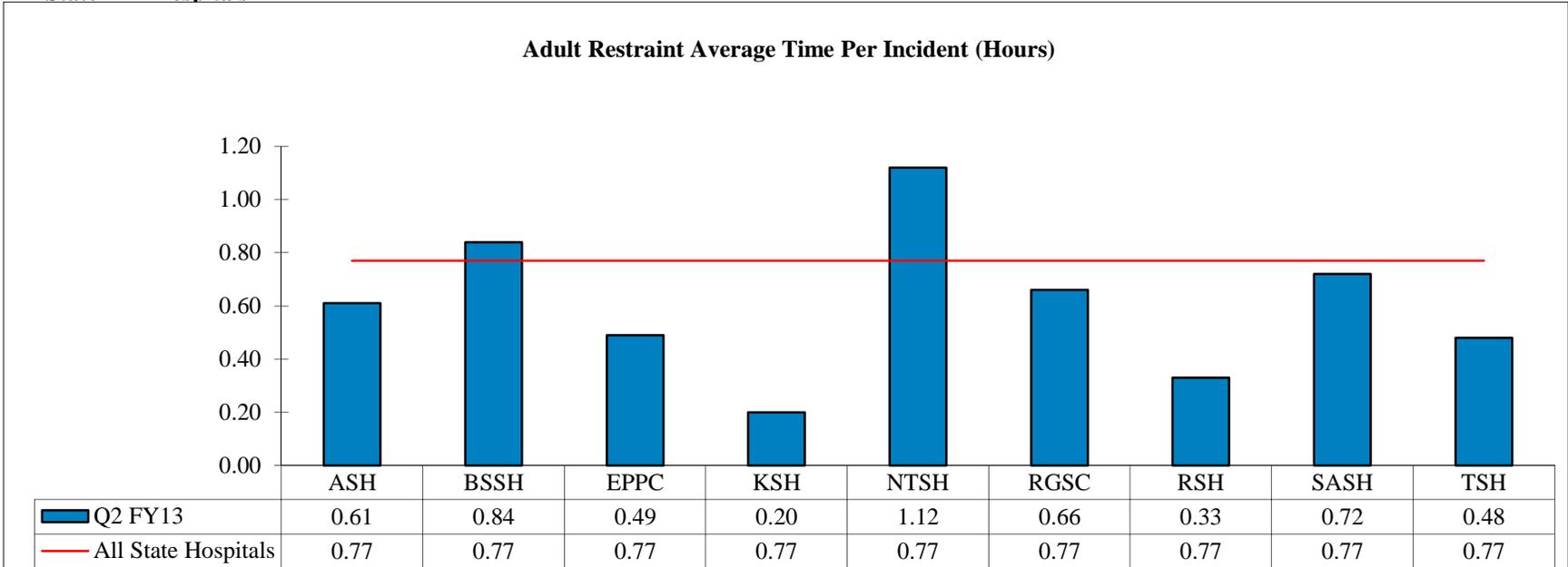
Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	1	2	0	0	15	0	1	3	0	0	0	22
<b>Per 1,000 Bed Days</b>	<b>0.02</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.14</b>	<b>0.00</b>	<b>0.02</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>
Respect	1	0	10	0	13	0	4	0	0	0	0	28
<b>Per 1,000 Bed Days</b>	<b>0.02</b>	<b>0.00</b>	<b>0.80</b>	<b>0.00</b>	<b>0.12</b>	<b>0.00</b>	<b>0.07</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.07</b>
Discharge	31	0	2	0	9	0	5	0	1	0	0	48
<b>Per 1,000 Bed Days</b>	<b>0.64</b>	<b>0.00</b>	<b>0.16</b>	<b>0.00</b>	<b>0.08</b>	<b>0.00</b>	<b>0.09</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.12</b>
Medication	19	0	9	0	26	0	0	0	0	0	0	54
<b>Per 1,000 Bed Days</b>	<b>0.39</b>	<b>0.00</b>	<b>0.72</b>	<b>0.00</b>	<b>0.24</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>
Treatment Team/Planning	9	13	8	0	22	1	3	1	0	0	0	57
<b>Per 1,000 Bed Days</b>	<b>0.19</b>	<b>0.38</b>	<b>0.64</b>	<b>0.00</b>	<b>0.20</b>	<b>0.12</b>	<b>0.05</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.14</b>
HIPAA	7	3	1	0	0	0	5	0	0	0	0	16
<b>Per 1,000 Bed Days</b>	<b>0.14</b>	<b>0.09</b>	<b>0.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.09</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>
Others	14	4	2	0	72	0	4	1	0	0	0	97
<b>Per 1,000 Bed Days</b>	<b>0.29</b>	<b>0.12</b>	<b>0.16</b>	<b>0.00</b>	<b>0.67</b>	<b>0.00</b>	<b>0.07</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.23</b>
<b>Total</b>	<b>82</b>	<b>22</b>	<b>32</b>	<b>0</b>	<b>157</b>	<b>1</b>	<b>22</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>322</b>
<b>Per 1,000 Bed Days</b>	<b>1.69</b>	<b>0.65</b>	<b>2.55</b>	<b>0.00</b>	<b>1.46</b>	<b>0.12</b>	<b>0.40</b>	<b>0.11</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.77</b>



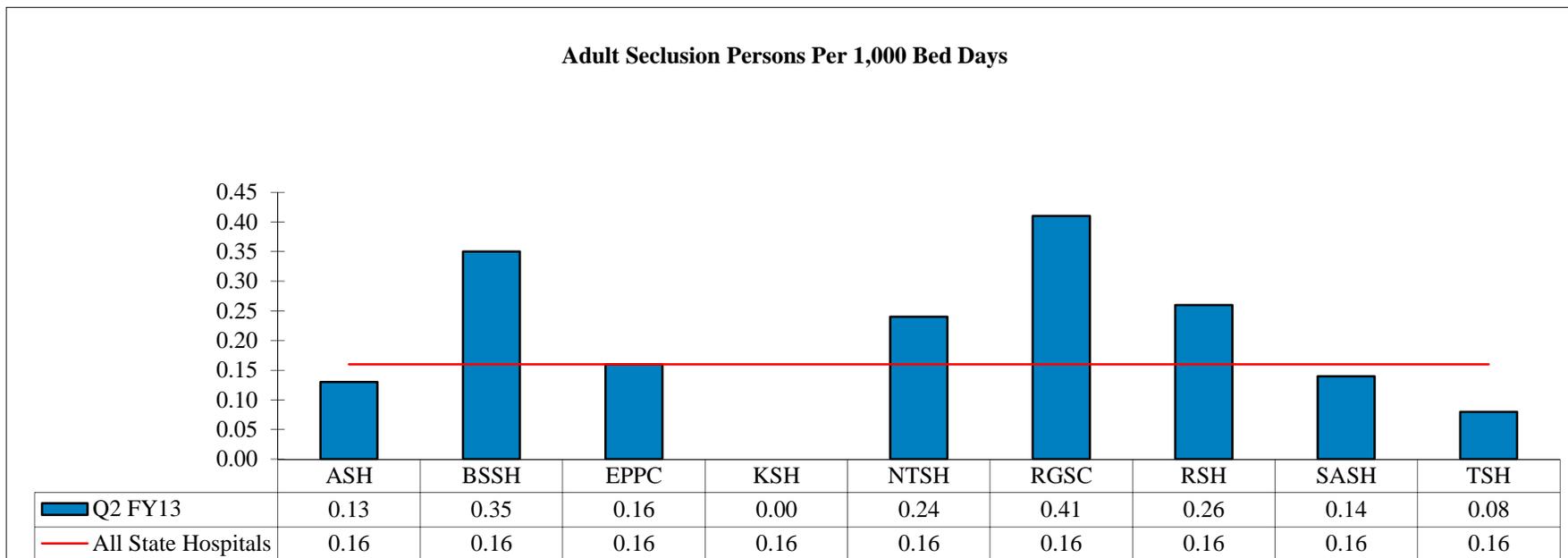
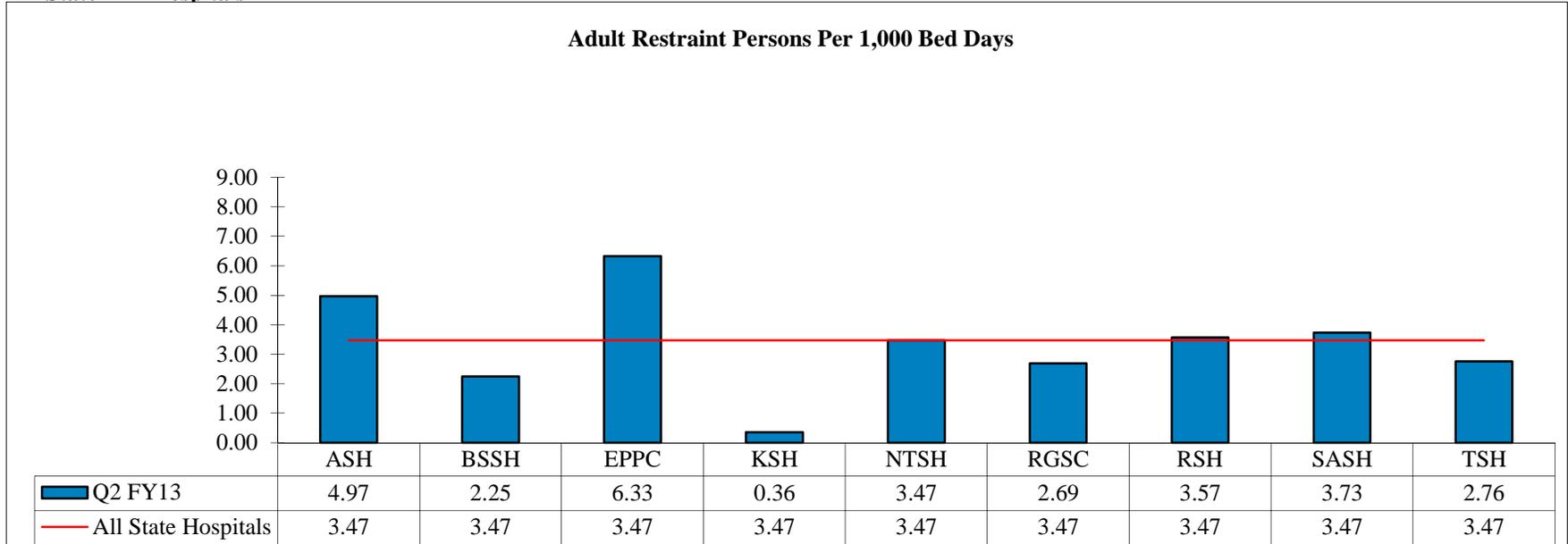
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



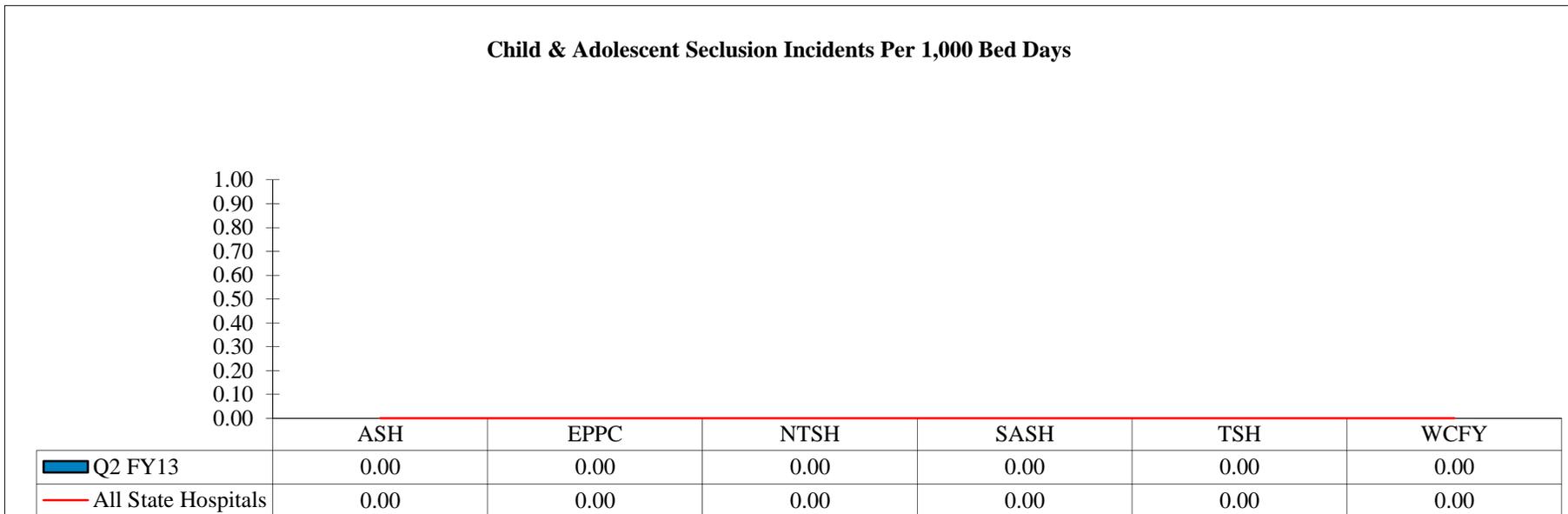
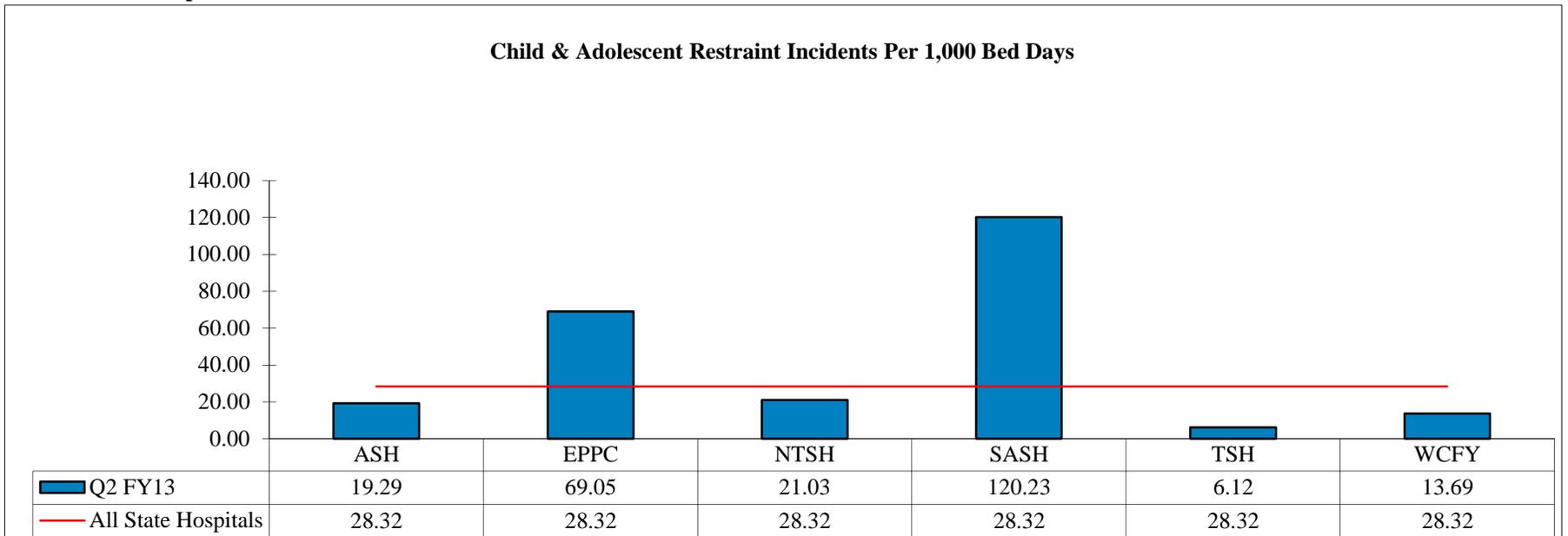
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



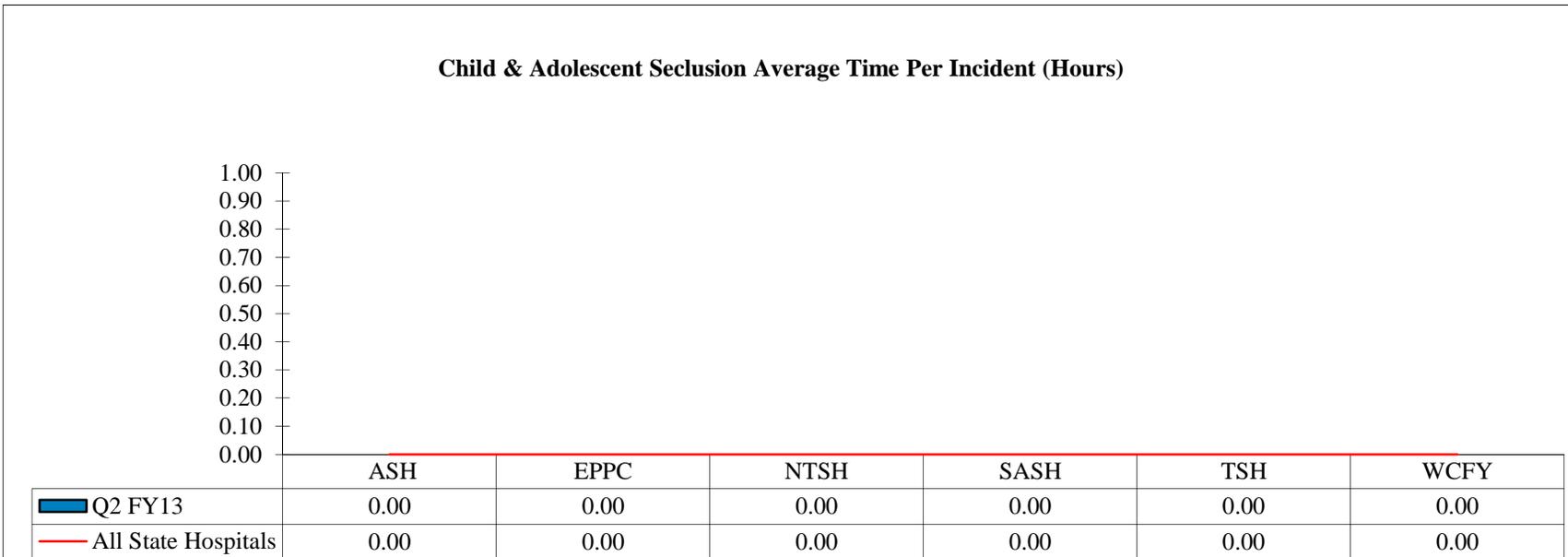
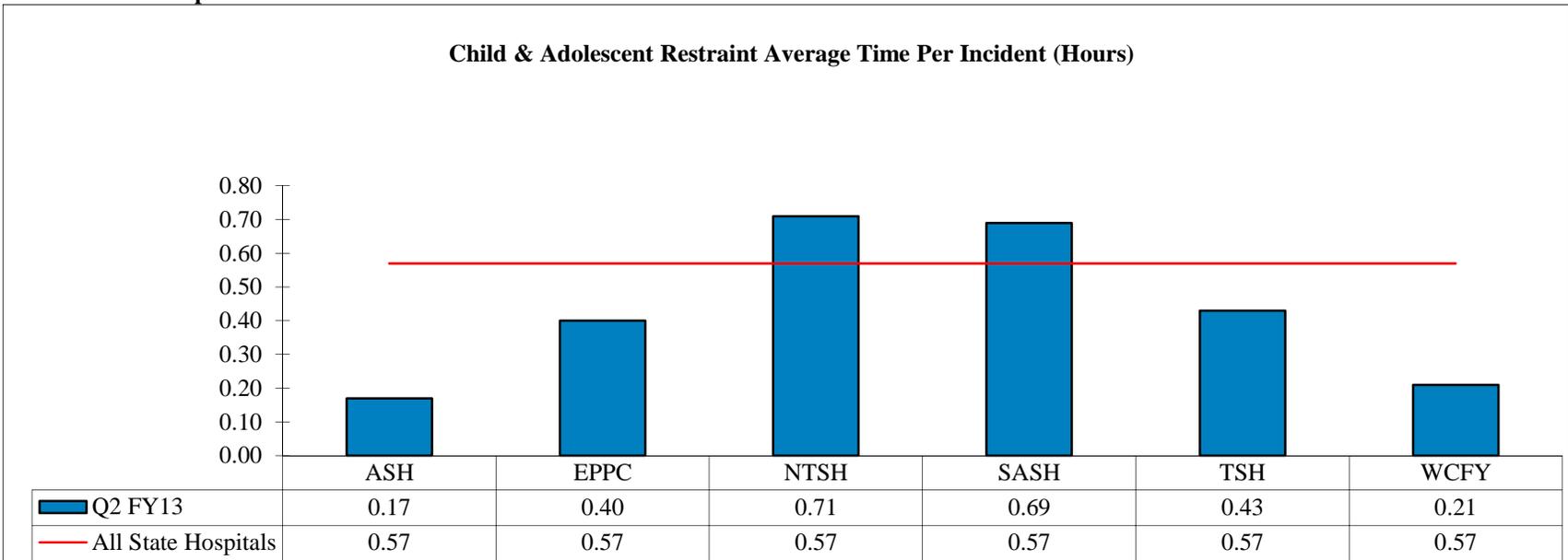
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



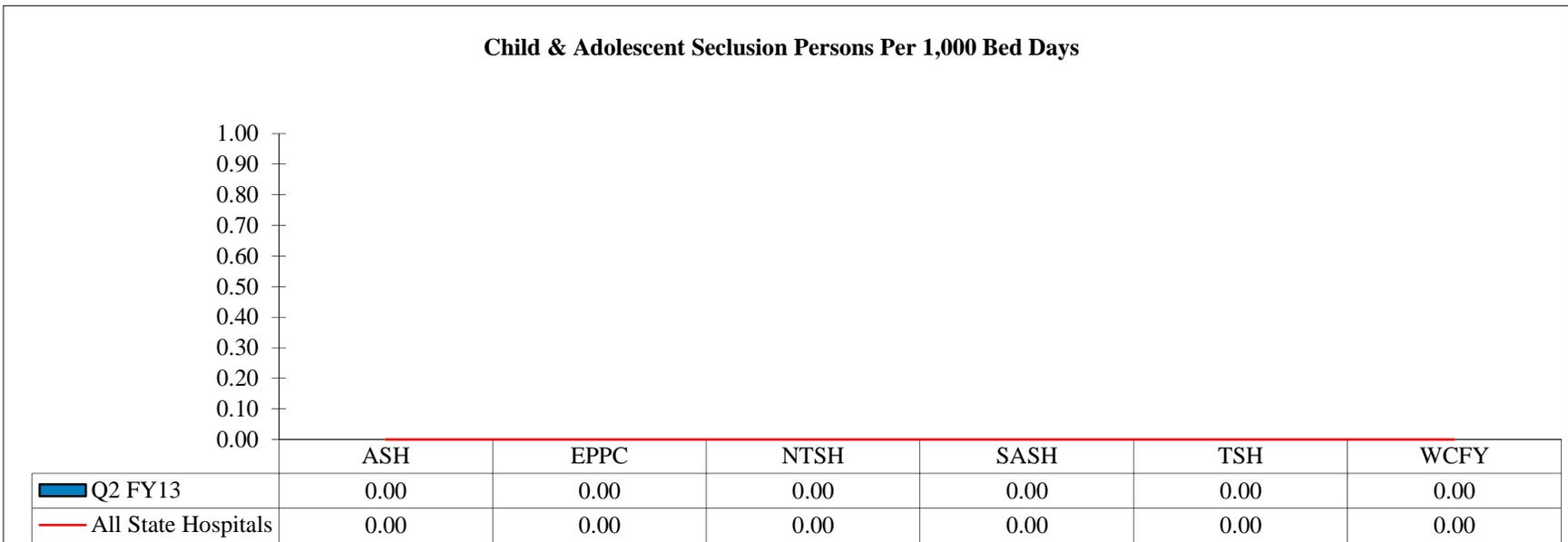
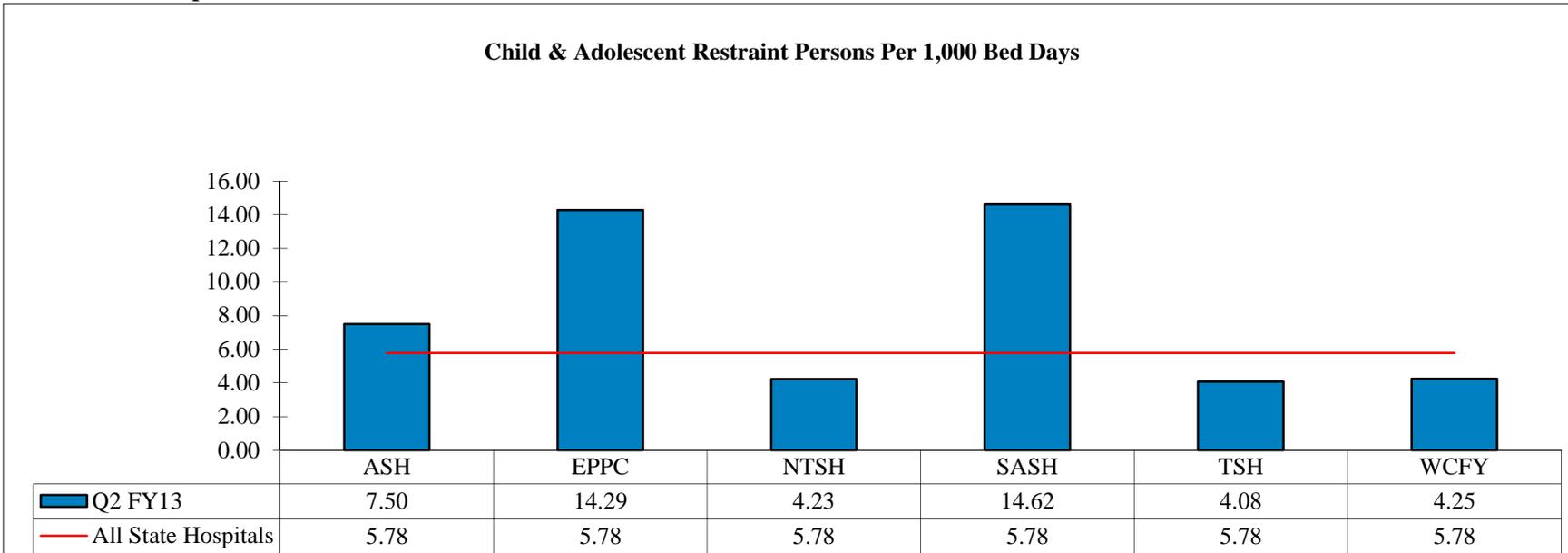
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



**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 - FY13**

	Fiscal Year 2013											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Child/Adolescent Bed Days	2,027	1,866	2,174	1,830	2,027	1,866	2,174	1,830	2,027	1,866	2,174	1,830
Bed Days in Quarter-All Other Units	21,965	22,526	23,141	23,661	21,965	22,526	23,141	23,661	21,965	22,526	23,141	23,661
Restraint Involving Children	0	0			0	0			0.0	0.0		
Restraint Involving Adolescents	57	36			17	14			10.2	6.1		
Restraint Involving Adults	575	580			117	124			363.3	354.5		
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	0.0
Seclusion Involving Adults	0	1	0	3	0	1	0	2	0.0	2.6	0.0	4.3
<b>Big Spring State Hospital</b>												
Bed Days in Quarter	16,721	17,234	18,029	18,167	16,721	17,234	18,029	18,167	16,721	17,234	18,029	18,167
Restraint Involving Adults	132	95			33	31			121.8	79.6		
Seclusion Involving Adults	2	10	3	73	1	6	2	5	5.2	16.6	2.1	104.0
<b>El Paso Psychiatric Center</b>												
Child/Adolescent Bed Days	347	420	387	402	347	420	387	402	347	420	387	402
Bed Days in Quarter-All Other Units	6,059	5,727	6,043	6,172	6,059	5,727	6,043	6,172	6,059	5,727	6,043	6,172
Restraint Involving Children	0	0			0	0			0.0	0.0		
Restraint Involving Adolescents	30	29			6	6			6.6	11.7		
Restraint Involving Adults	173	108			33	33			100.1	52.8		
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	0.0
Seclusion Involving Adults	2	1	2	1	1	1	2	1	2.9	0.5	0.5	0.6
<b>Kerrville State Hospital</b>												
Bed Days in Quarter	15,978	16,479	18,283	18,346	15,978	16,479	18,283	18,346	15,978	16,479	18,283	18,346
Restraint Involving Adults	19	34			11	9			3.13	6.8		
Seclusion Involving Adults	0	0	0	0	0	0	0	0	0.0	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 - FY13**

**Fiscal Year 2013**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>North Texas State Hospital</b>												
Child/Adolescent Bed Days	8,686	8,035			8,686	8,035			8,686	8,035		
Bed Days in Quarter-All Other Units	46,973	43,660			46,973	43,660			46,973	43,660		
Restraint Involving Children	0	0			0	0			0.0	0.00		
Restraint Involving Adolescents	287	169			34	34			181.8	119.8		
Restraint Involving Adults	858	958			162	191			920.3	1072.0		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	11	0			4	0			13.9	0.0		
Seclusion Involving Adults	71	19			15	8			189.2	48.1		
<b>Rio Grande State Center</b>												
Bed Days in Quarter	4,602	3,724			4,602	3,724			4,602	3,724		
Restraint Involving Adults	47	38			16	17			31.6	25.2		
Seclusion Involving Adults	2	3			2	3			1.4	0.9		
<b>Rusk State Hospital</b>												
Bed Days in Quarter	27,398	28,021			27,398	28,021			27,398	28,021		
Restraint Involving Adults	187	268			63	69			55.2	87.7		
Seclusion Involving Adults	8	4			5	4			28.6	8.0		
<b>San Antonio State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,176	2,121			2,176	2,121			2,176	2,121		
Bed Days in Quarter-All Other Units	20,737	21,998			20,737	21,998			20,737	21,998		
Restraint Involving Adolescents	317	255			34	31			207.0	176.6		
Restraint Involving Adults	214	354			88	94			111.9	256.4		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	2	8			2	6			2.5	12.6		

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

**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals - FY13**

**Fiscal Year 2013**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,168	1,962			2,168	1,962			2,168	1,962		
Bed Days in Quarter-All Other Units	24,090	23,089			24,090	23,089			24,090	23,089		
Restraint Involving Children	0	0			0	0			0.0	0.0		
Restraint Involving Adolescents	57	12			19	8			15.5	5.2		
Restraint Involving Adults	119	175			59	65			60.1	84.2		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	0	1			0	1			0.0	1.1		
<b>Waco Center For Youth</b>												
Child/Adolescent Bed Days in Quarter	6,696	6,356			6,696	6,356			6,696	6,356		
Restraint Involving Adolescents	90	87			34	27			18.9	18.1		
Seclusion Involving Adolescents	3	0			3	0			0.1	0.0		
<b>All State MH Hospitals</b>												
Child/Adolescent Bed Days	22,100	20,760			22,100	20,760			22,100	20,760		
Bed Days in Quarter-All Other Units	184,523	182,458			184,523	182,458			184,523	182,458		
Restraint Involving Children	0	0			0	0			0.0	0		
Restraint Involving Adolescents	838	588			144	120			440	337		
Restraint Involving Adults	2,324	2,610			582	633			1,767.3	2,019		
Seclusion Involving Children	0	0			0	0			0.0	0		
Seclusion Involving Adolescents	14	0			7	0			13.9	0		
Seclusion Involving Adults	87	47			26	30			229.8	90		

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 2013**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>								
< 5 Restraint Involving Children	0	0			0	0		
< 5 Restraint Involving Adolescents	25	12			11	8		
< 5 Restraint Involving Adults	279	280			103	110		
<b>Big Spring State Hospital</b>								
< 5 Restraint Involving Adults	46	37			23	18		
<b>El Paso Psychiatric Center</b>								
< 5 Restraint Involving Children	0	0			0	0		
< 5 Restraint Involving Adolescents	11	15			5	6		
< 5 Restraint Involving Adults	95	54			30	31		
<b>Kerrville State Hospital</b>								
< 5 Restraint Involving Adults	13	21			10	7		
<b>North Texas State Hospital</b>								
< 5 Restraint Involving Children	0	0			0	0		
< 5 Restraint Involving Adolescents	59	35			21	18		
< 5 Restraint Involving Adults	346	415			117	153		
<b>Rio Grande State Center</b>								
< 5 Restraint Involving Adults	14	11			11	9		
<b>Rusk State Hospital</b>								
< 5 Restraint Involving Adults	135	187			61	67		
<b>San Antonio State Hospital</b>								
< 5 Restraint Involving Adolescents	130	113			30	28		
< 5 Restraint Involving Adults	102	141			63	67		
<b>Terrell State Hospital</b>								
< 5 Restraint Involving Children	0	0			0	0		
< 5 Restraint Involving Adolescents	22	6			13	5		
< 5 Restraint Involving Adults	70	107			47	56		
<b>Waco Center For Youth</b>								
< 5 Restraint Involving Adolescents	46	36			27	17		
<b>All State MH Hospitals</b>								
< 5 Restraint Involving Children	0	0			0	0		
< 5 Restraint Involving Adolescents	293	217			107	82		
< 5 Restraint Involving Adults	1,100	1,253			465	518		

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 2013**

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Austin State Hospital</b>					
Personal Restraint	409	417			826
Mechanical Restraint	223	199			422
Seclusion	0	1			1
<b>Big Spring State Hospital</b>					
Personal Restraint	71	54			125
Mechanical Restraint	61	41			102
Seclusion	2	10			12
<b>El Paso Psychiatric Center</b>					
Personal Restraint	142	101			243
Mechanical Restraint	61	36			97
Seclusion	2	1			3
<b>Kerrville State Hospital</b>					
Personal Restraint	18	27			45
Mechanical Restraint	1	7			8
Seclusion	0	0			0
<b>North Texas State Hospital</b>					
Personal Restraint	697	659			1,356
Mechanical Restraint	448	468			916
Seclusion	82	19			101
<b>Rio Grande State Center</b>					
Personal Restraint	34	25			59
Mechanical Restraint	13	13			26
Seclusion	2	3			5
<b>Rusk State Hospital</b>					
Personal Restraint	151	198			349
Mechanical Restraint	36	70			106
Seclusion	8	4			12
<b>San Antonio State Hospital</b>					
Personal Restraint	332	377			709
Mechanical Restraint	199	232			431
Seclusion	2	8			10

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

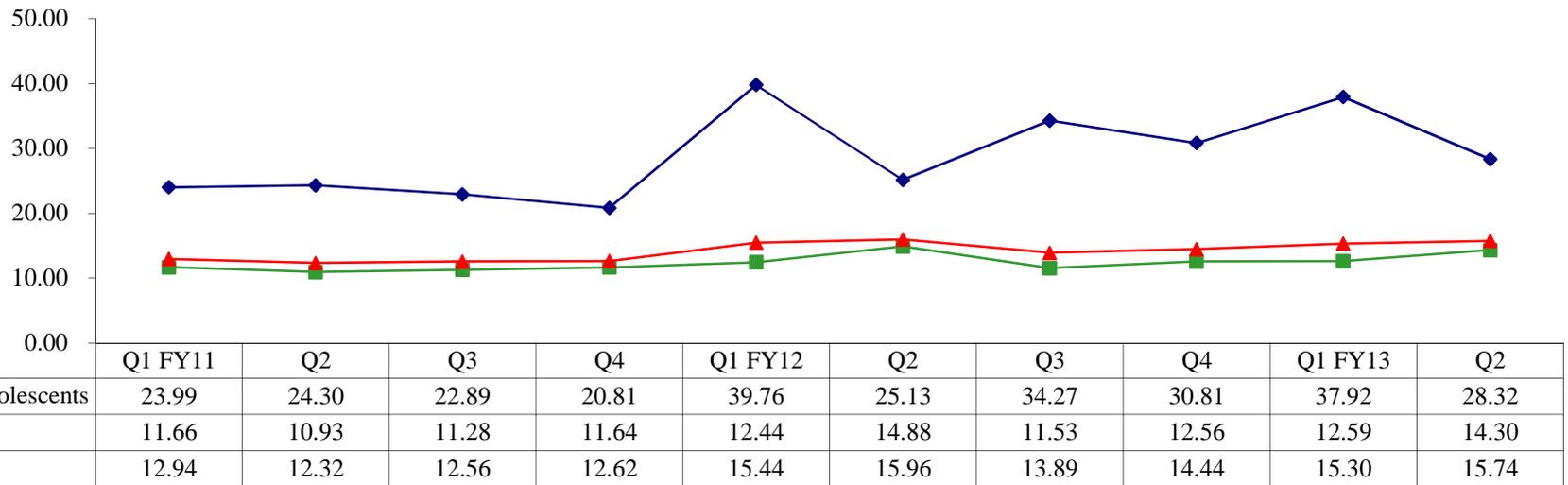
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

**Fiscal Year 2013**

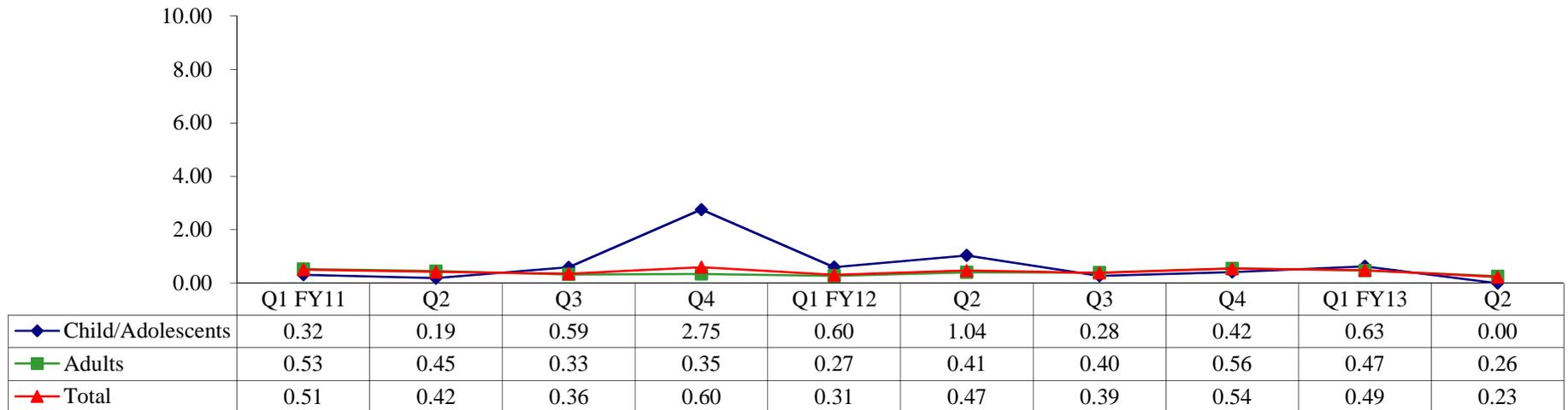
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Terrell State Hospital</b>					
Personal Restraint	125	138			263
Mechanical Restraint	51	49			100
Seclusion	0	1			1
<b>Waco Center For Youth</b>					
Personal Restraint	70	75			145
Mechanical Restraint	20	12			32
Seclusion	3	0			3
<b>All State MH Hospitals</b>					
Personal Restraint	2,049	2,071			4,120
Mechanical Restraint	1,113	1,127			2,240
Seclusion	101	47			148

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

**Restraint Incidents Per 1,000 Bed Days**

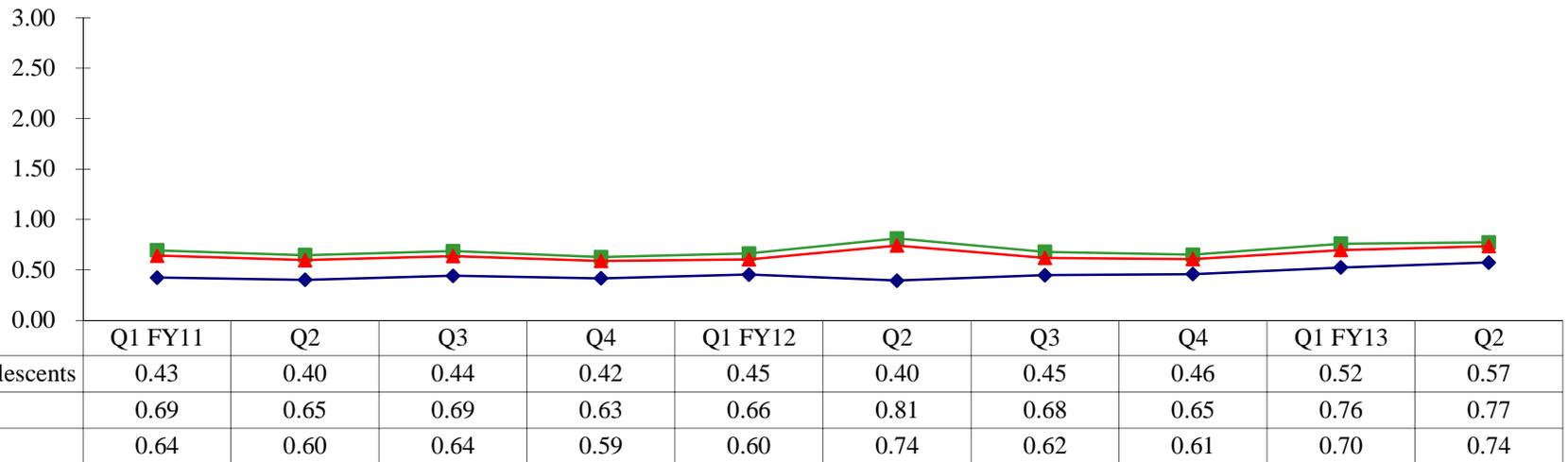


**Seclusion Incidents Per 1,000 Bed Days**

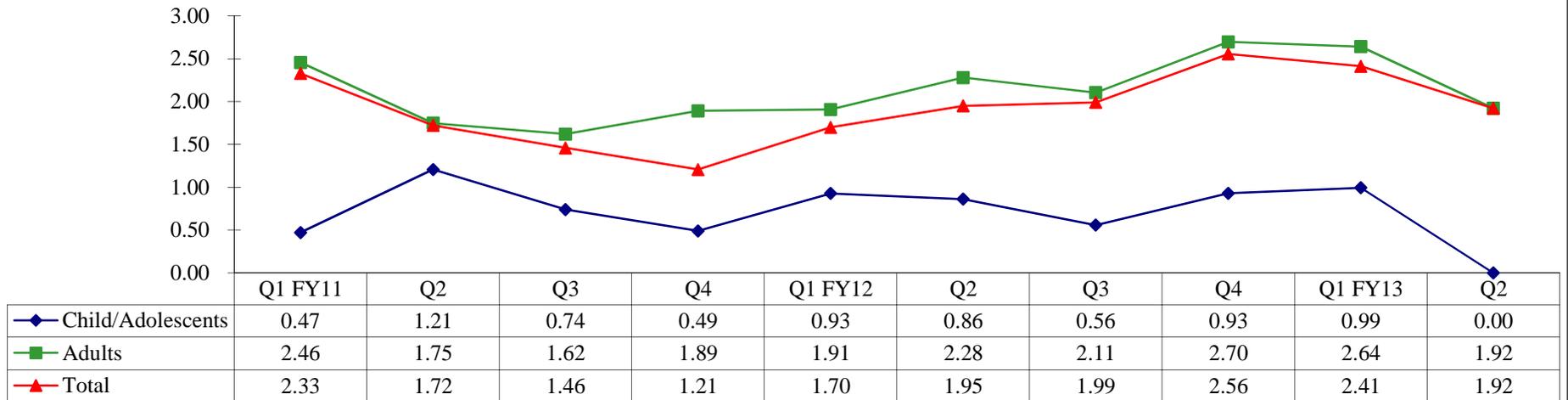


**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

**Average Number of Hours Per Incident in Restraints**



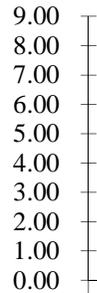
**Average Number of Hours Per Incident in Seclusion**



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

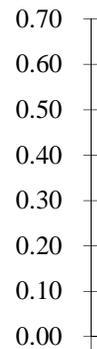
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

**Number of Persons in Restraint/1000 Bed Days**



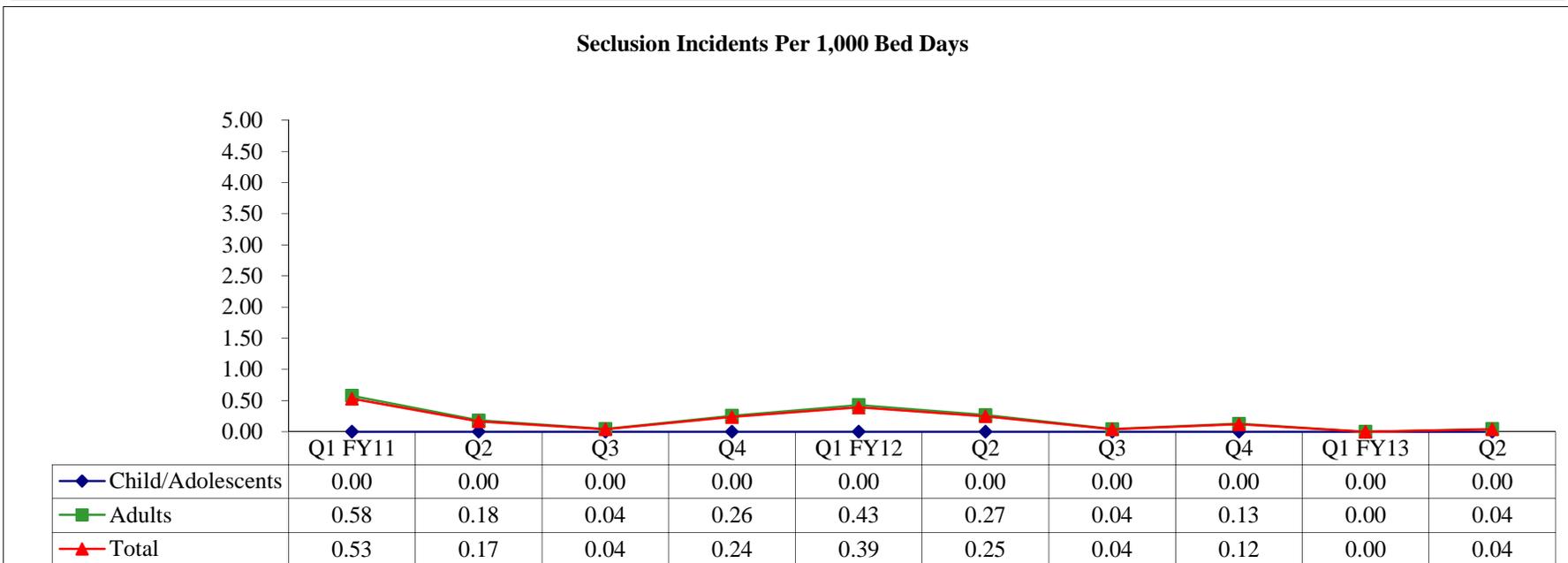
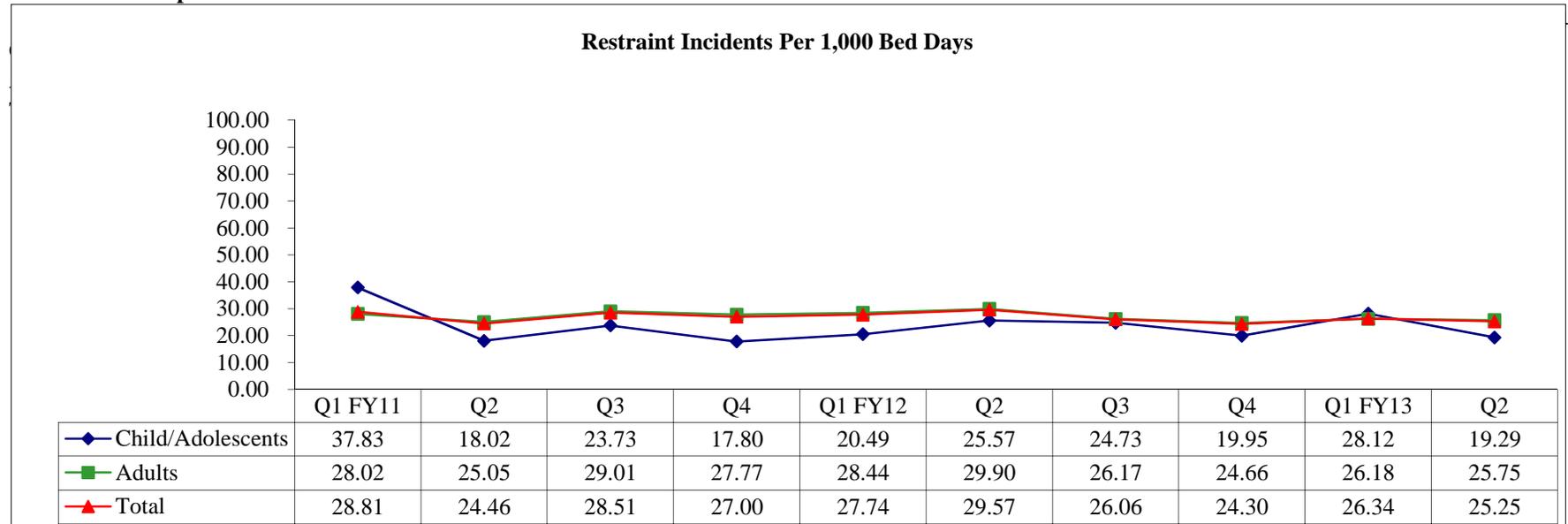
	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
◆ Child/Adolescents	6.43	5.48	5.94	5.29	7.10	5.70	6.85	6.27	6.52	5.78
■ Adults	2.87	3.18	3.00	3.10	3.31	3.47	3.13	3.29	3.15	3.47
▲ Total	3.24	3.42	3.33	3.34	3.73	3.70	3.52	3.60	3.51	3.71

**Number of Persons in Seclusion/1000 Bed Days**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
◆ Child/Adolescents	0.27	0.09	0.21	0.61	0.30	0.36	0.23	0.28	0.32	0.00
■ Adults	0.19	0.26	0.22	0.21	0.16	0.20	0.18	0.19	0.14	0.16
▲ Total	0.20	0.24	0.22	0.26	0.17	0.21	0.18	0.20	0.16	0.15

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

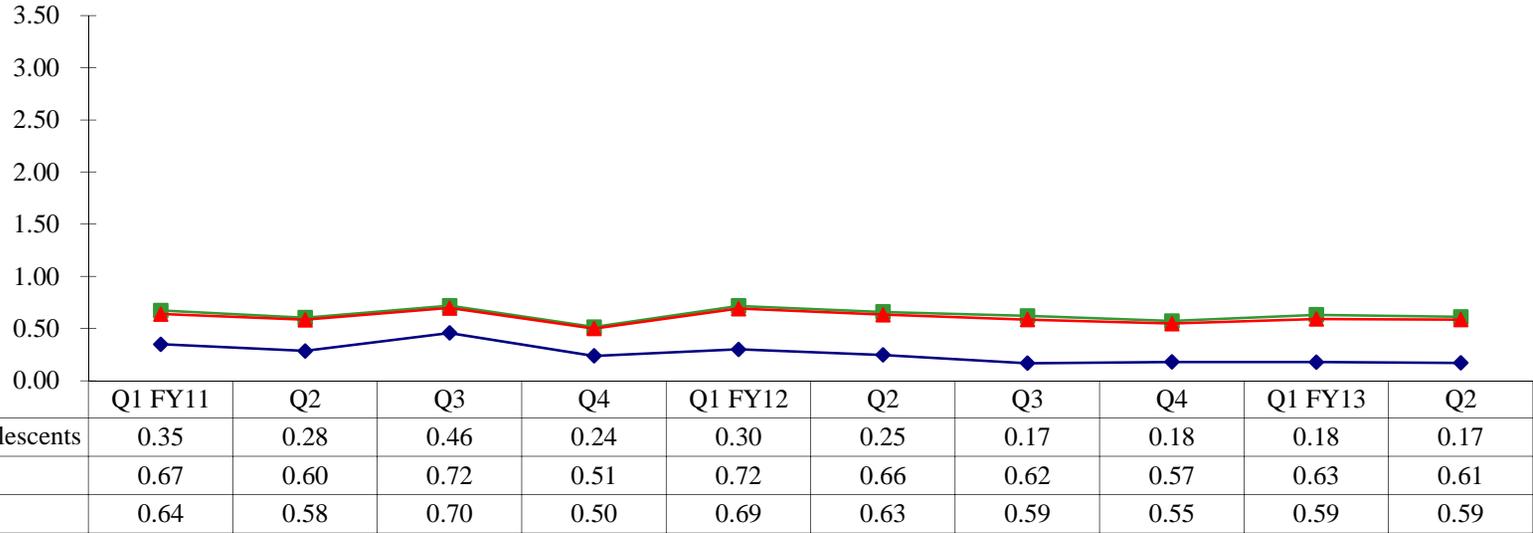


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

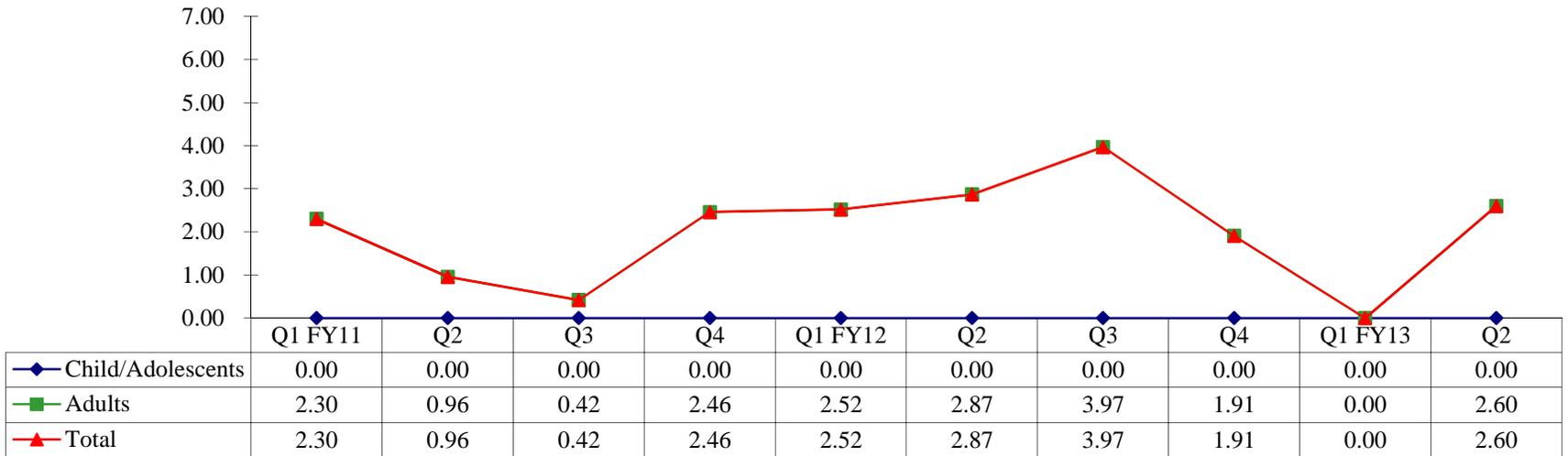
**Objective 3A - Maintain Restraint and Seclusion Data**

**Austin State Hospital**

**Average Number of Hours Per Incident in Restraints**



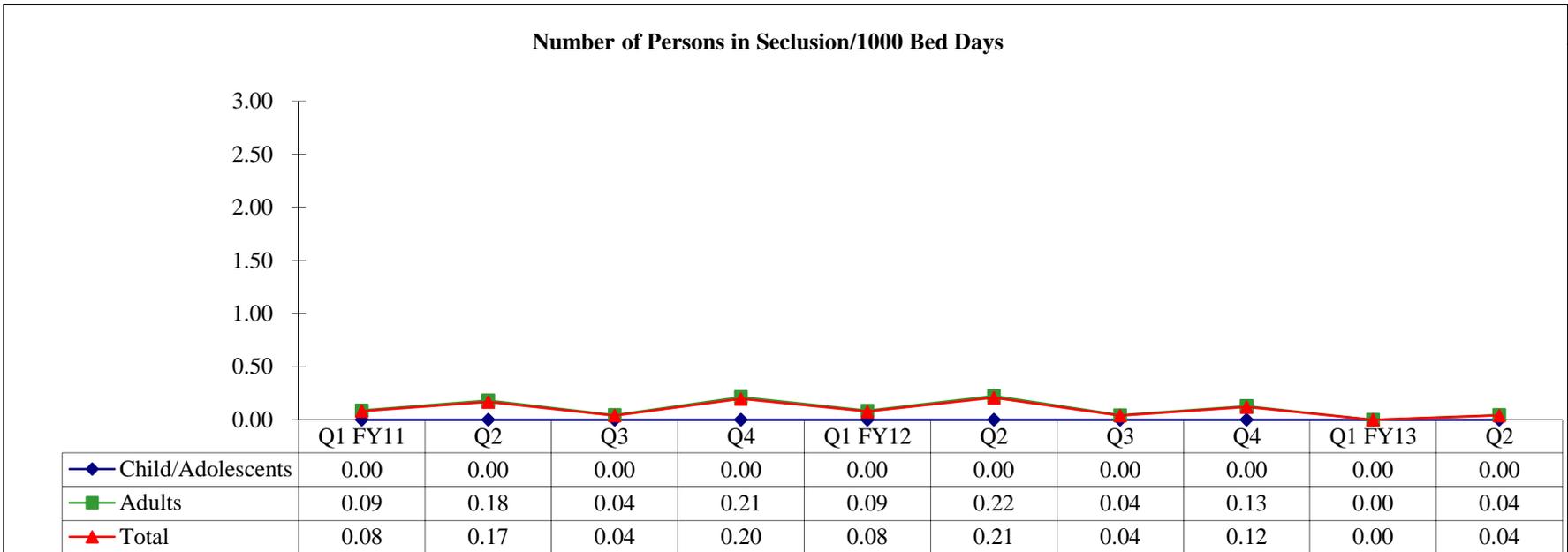
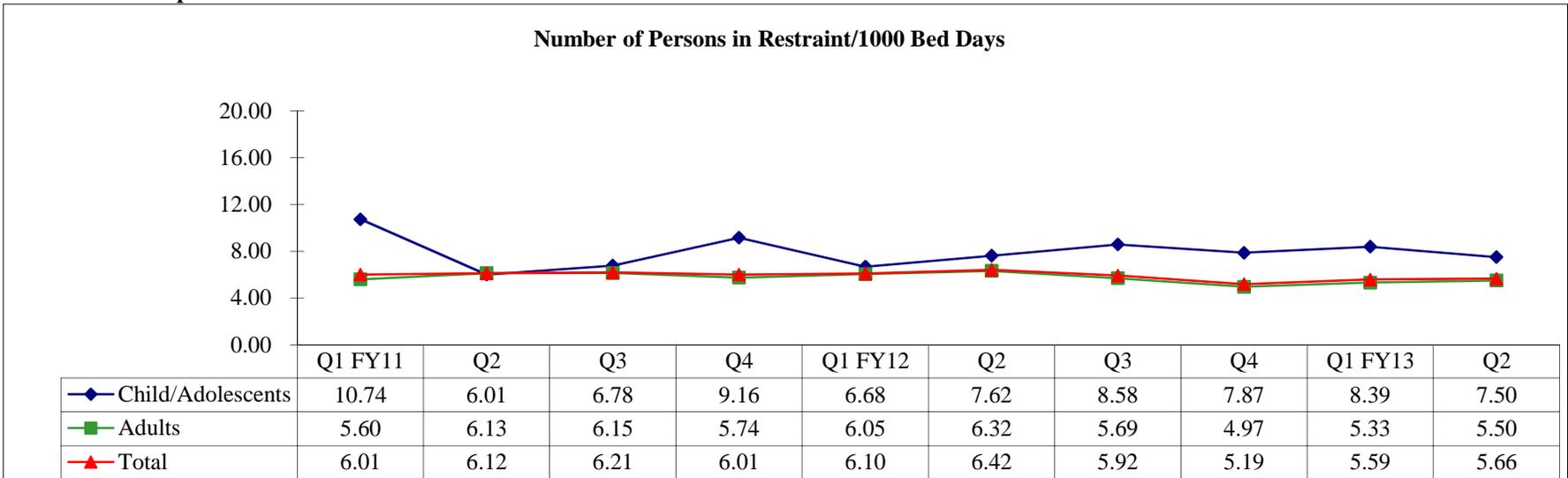
**Average Number of Hours Per Incident in Seclusion**



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

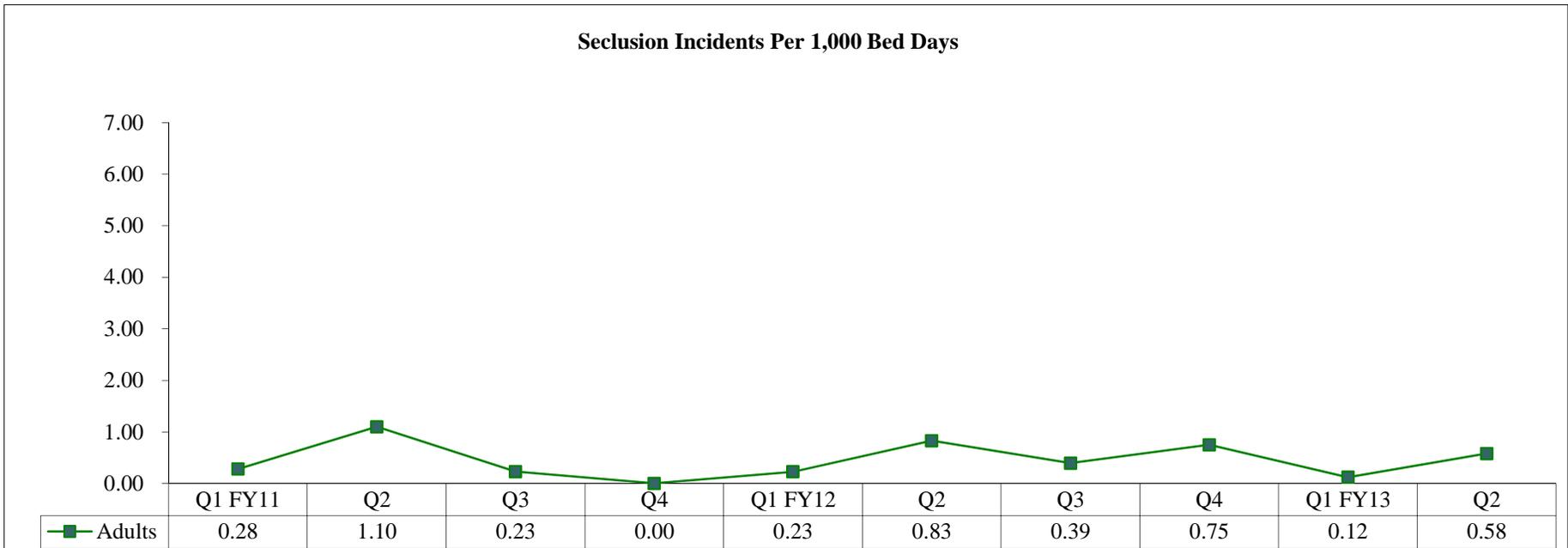
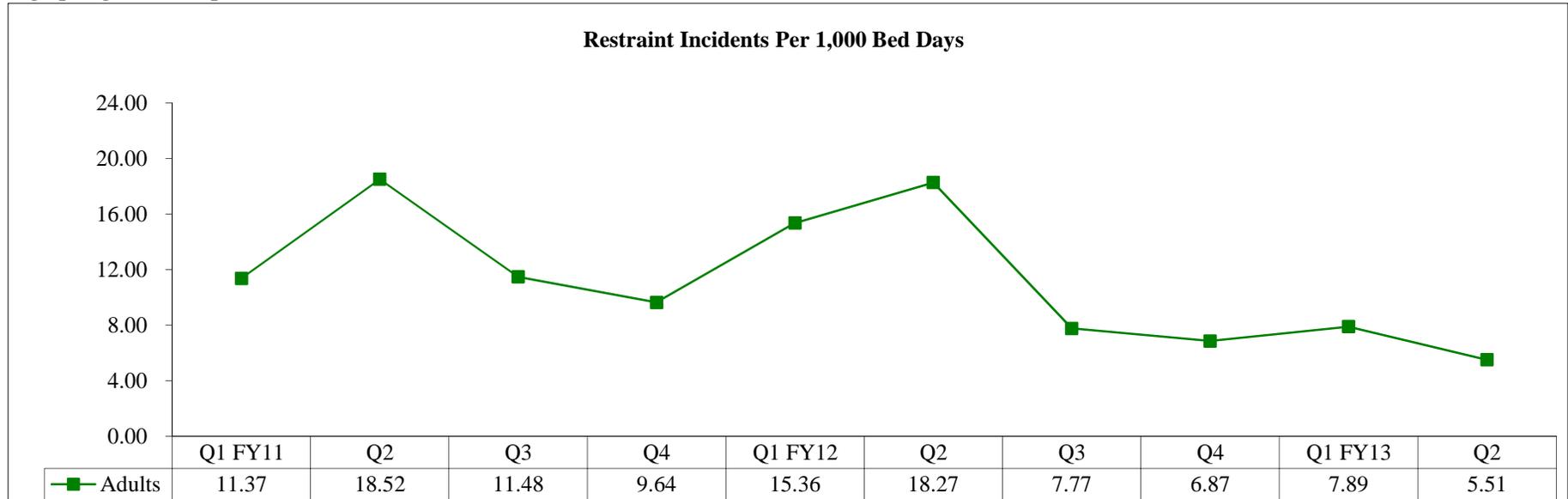
**Objective 3A - Maintain Restraint and Seclusion Data**

**Austin State Hospital**



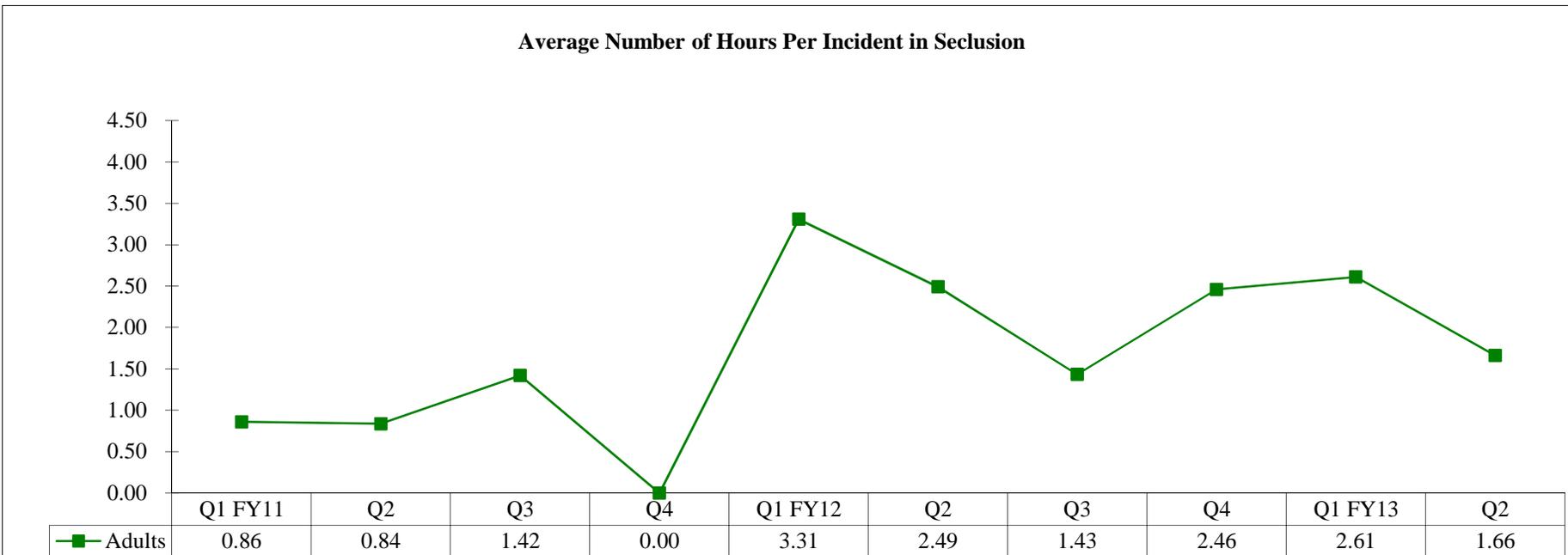
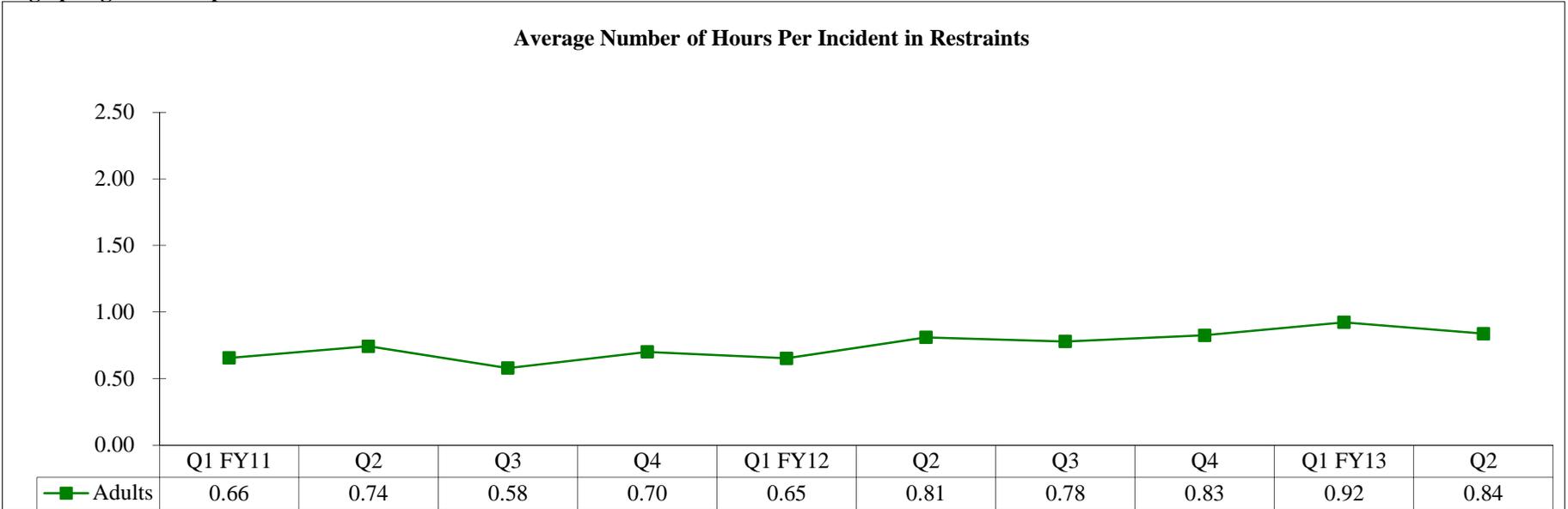
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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



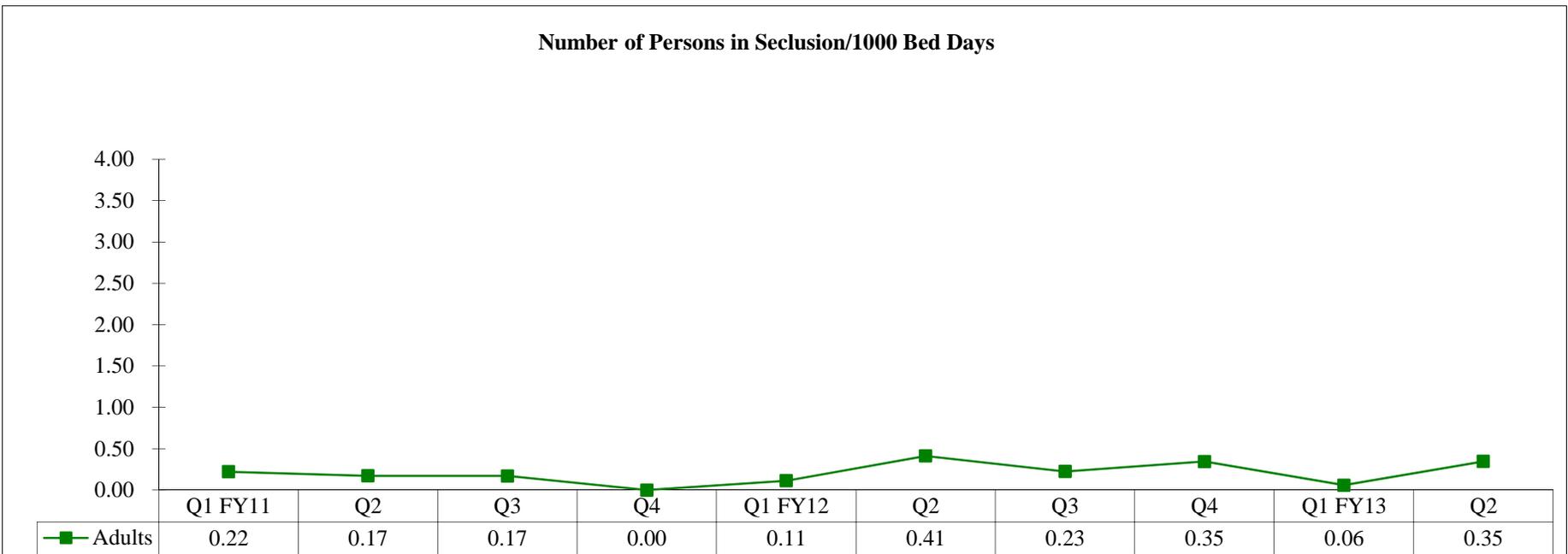
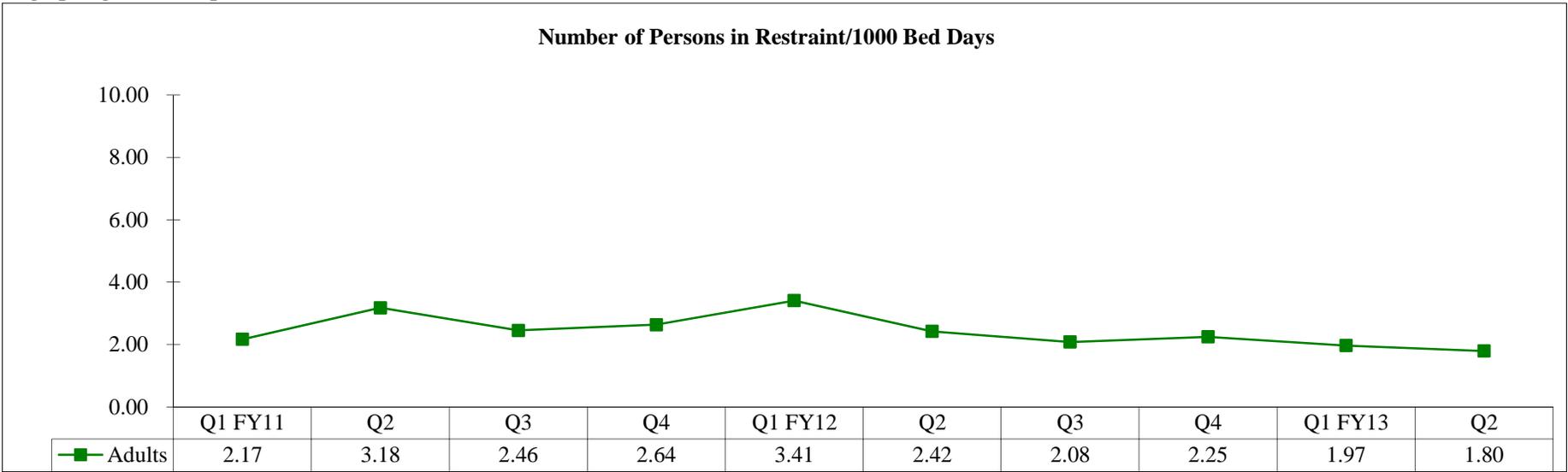
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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



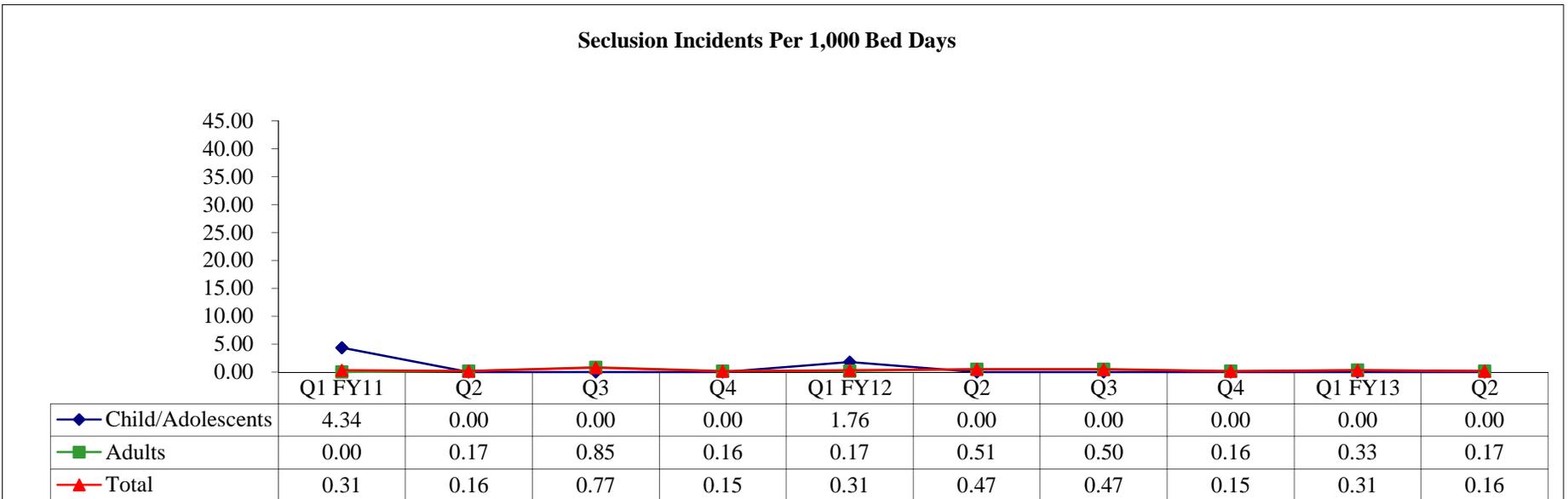
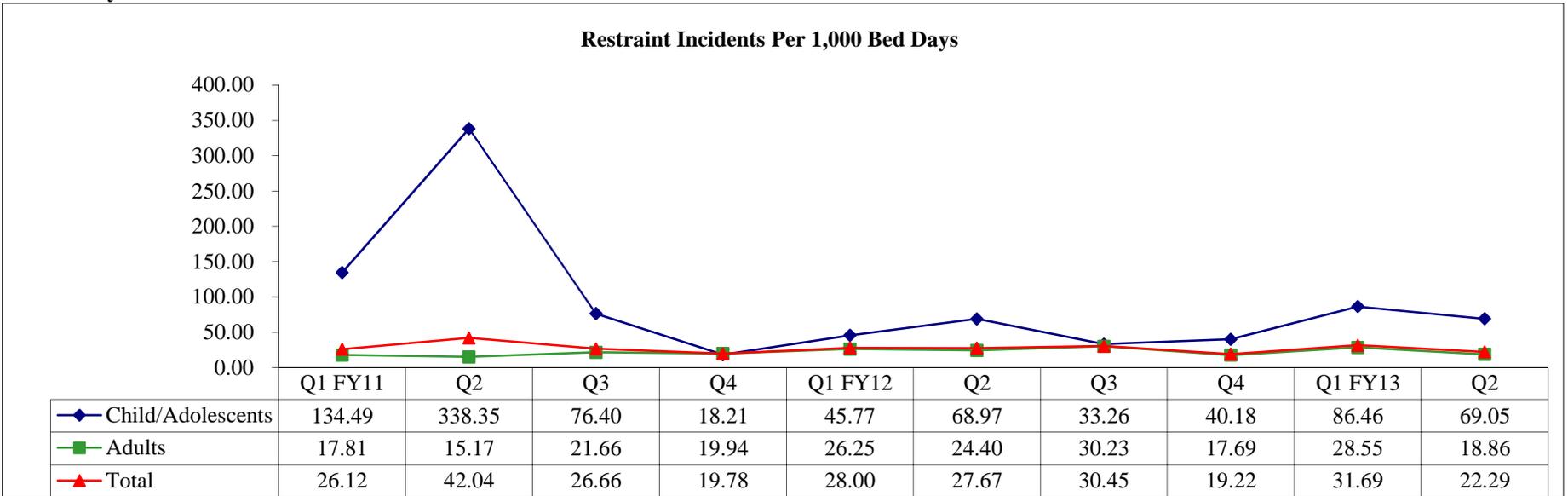
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



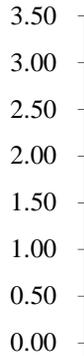
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



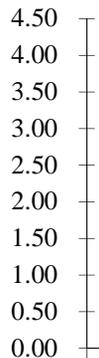
**Objective 3A - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**

**Average Number of Hours Per Incident in Restraints**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Child/Adolescents	0.31	0.41	0.35	2.58	0.18	0.30	0.28	0.20	0.22	0.40
Adults	0.25	0.39	0.37	0.41	0.22	0.66	0.36	0.33	0.58	0.49
Total	0.27	0.40	0.36	0.59	0.22	0.59	0.35	0.31	0.53	0.47

**Average Number of Hours Per Incident in Seclusion**

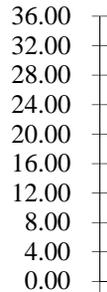


	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Child/Adolescents	0.05	0.00	0.00	0.00	0.25	0.00	0.00	0.00	0.00	0.00
Adults	0.00	1.28	2.35	2.00	2.50	4.44	0.27	2.75	1.44	0.50
Total	0.05	1.28	2.35	2.00	1.38	4.44	0.27	2.75	1.44	0.50

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

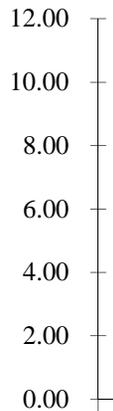
**Objective 3A - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**

**Number of Persons in Restraint/1000 Bed Days**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
◆ Child/Adolescents	30.37	20.68	16.98	4.97	5.28	6.47	6.24	13.39	17.29	14.29
■ Adults	4.49	3.24	4.43	6.59	5.87	5.80	6.55	6.33	5.45	5.76
▲ Total	6.34	4.69	5.58	6.44	5.82	5.85	6.53	6.81	6.09	6.34

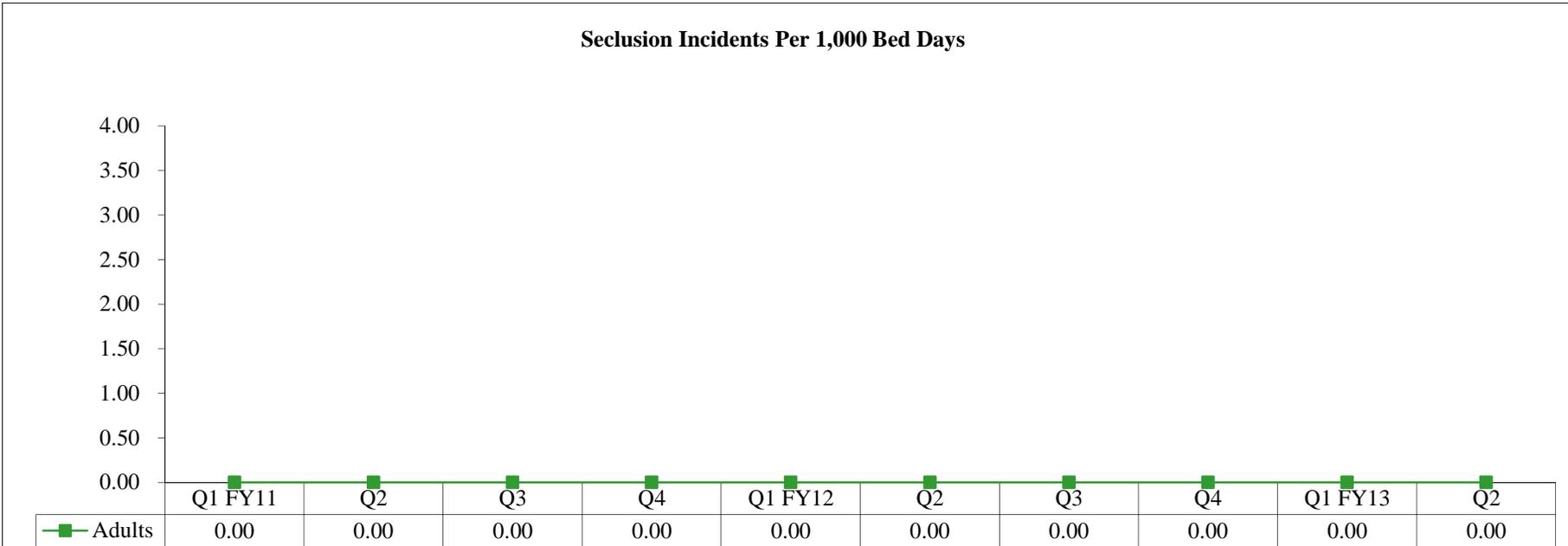
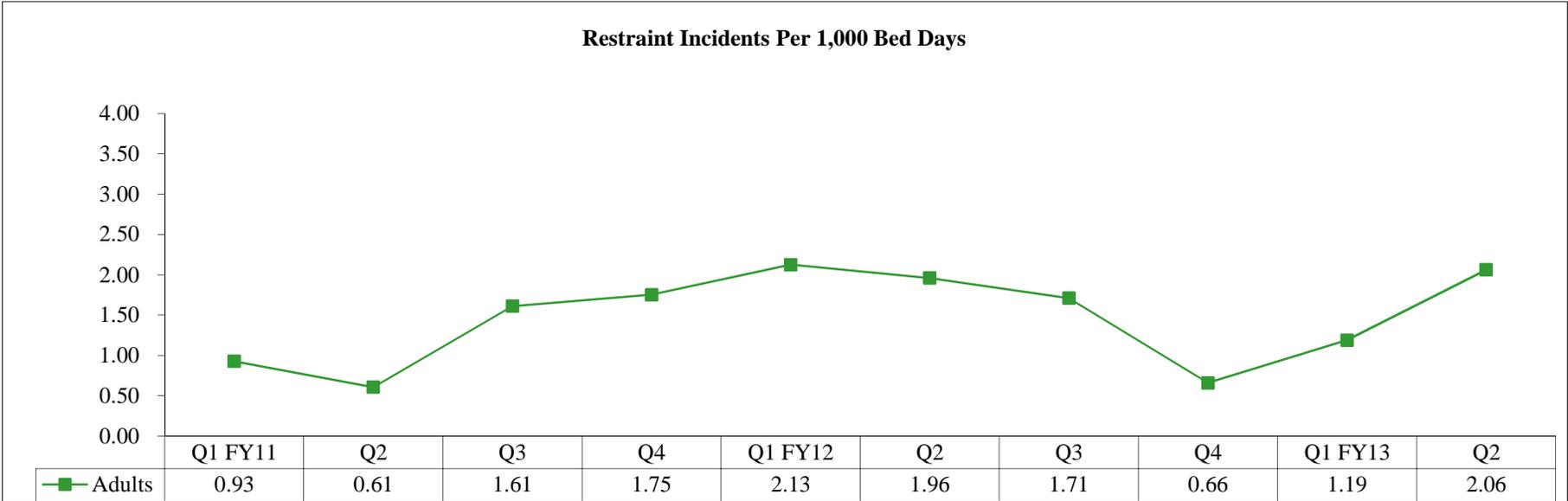
**Number of Persons in Seclusion/1000 Bed Days**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
◆ Child/Adolescents	4.34	0.00	0.00	0.00	1.76	0.00	0.00	0.00	0.00	0.00
■ Adults	0.00	0.17	0.51	0.16	0.17	0.17	0.50	0.16	0.17	0.17
▲ Total	0.31	0.16	0.46	0.15	0.31	0.16	0.47	0.15	0.16	0.16

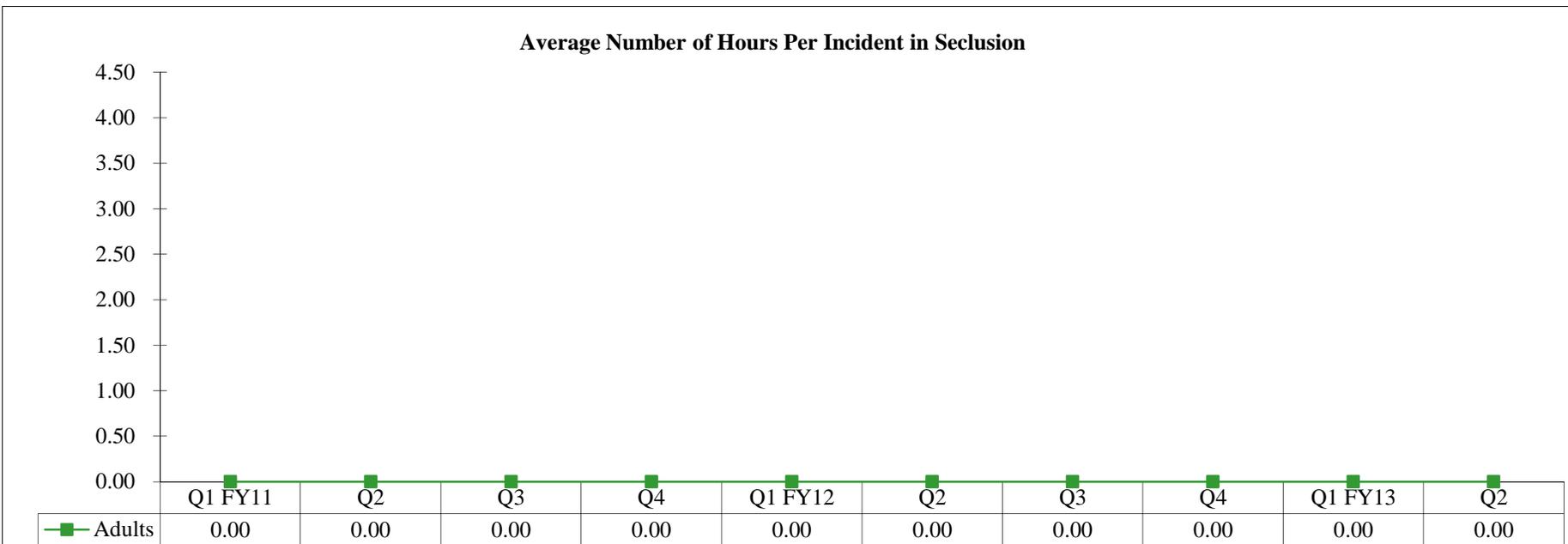
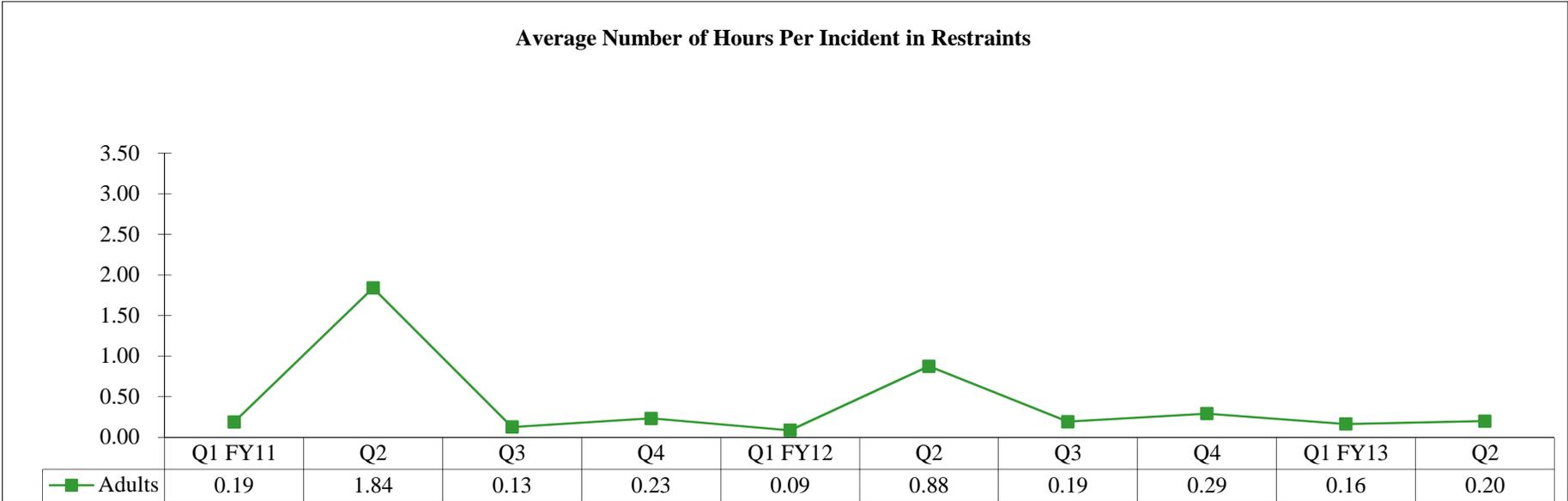
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



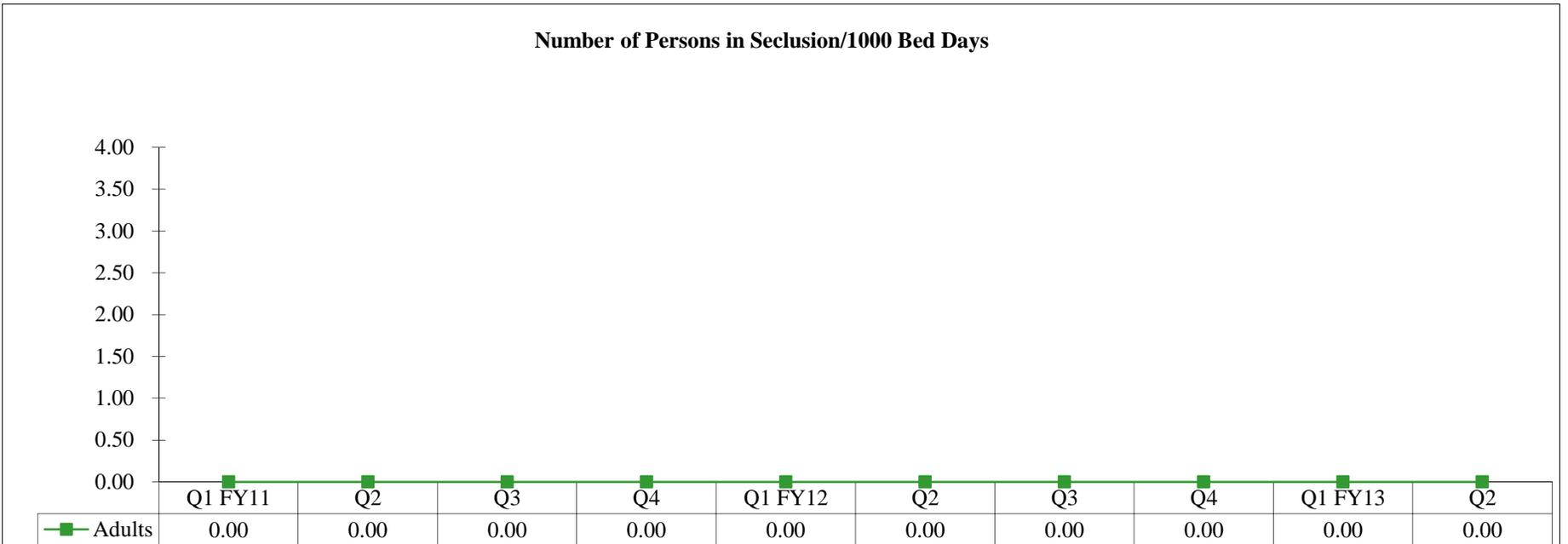
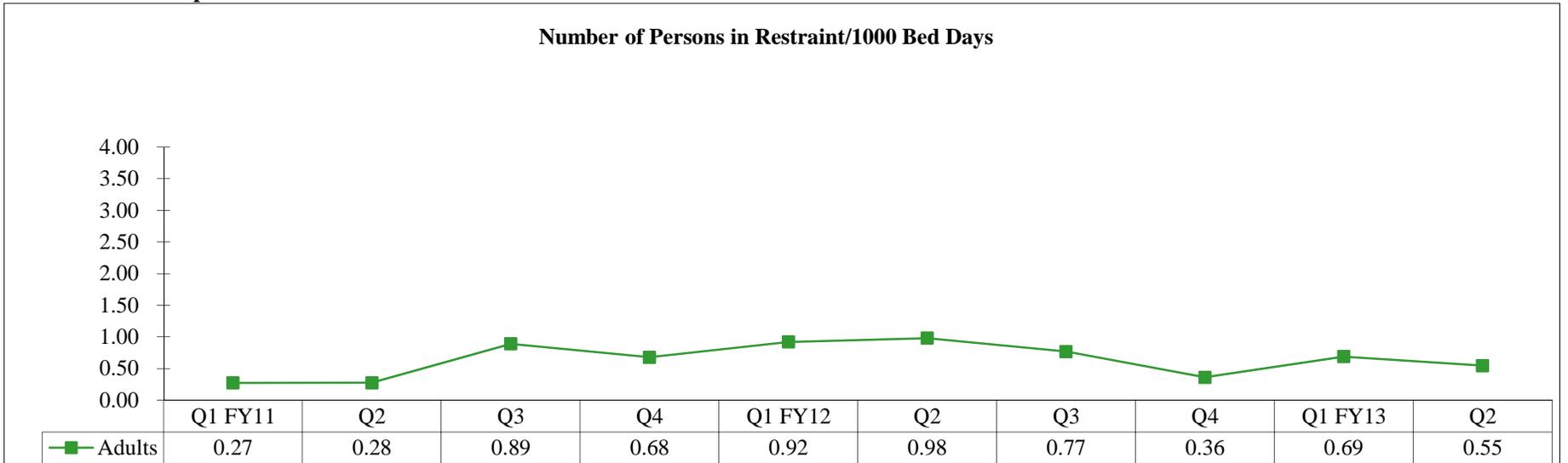
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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



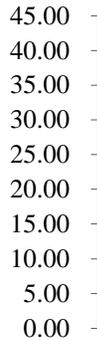
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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



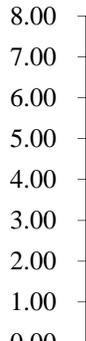
**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

**Restraint Incidents Per 1,000 Bed Days**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
◆ Child/Adolescents	21.21	16.26	13.27	13.57	28.08	14.34	22.09	22.93	33.04	21.03
■ Adults	15.92	11.23	15.59	15.34	13.87	20.97	13.22	15.23	18.27	21.94
▲ Total	16.77	12.03	15.23	15.04	16.25	19.90	14.49	16.40	20.57	21.80

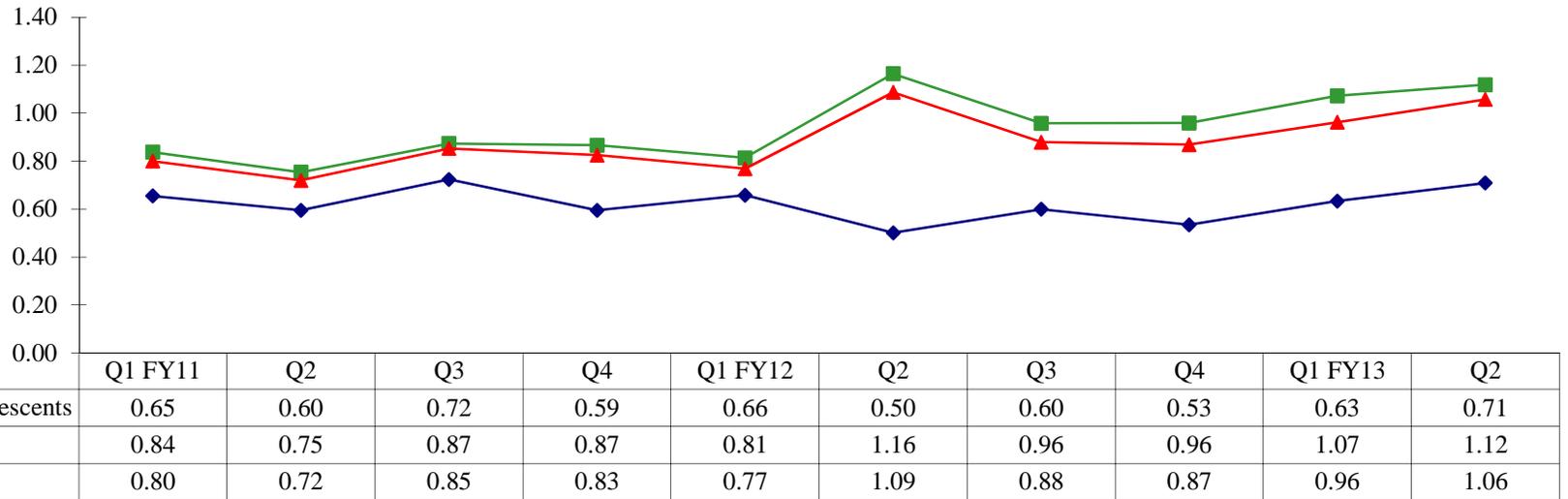
**Seclusion Incidents Per 1,000 Bed Days**



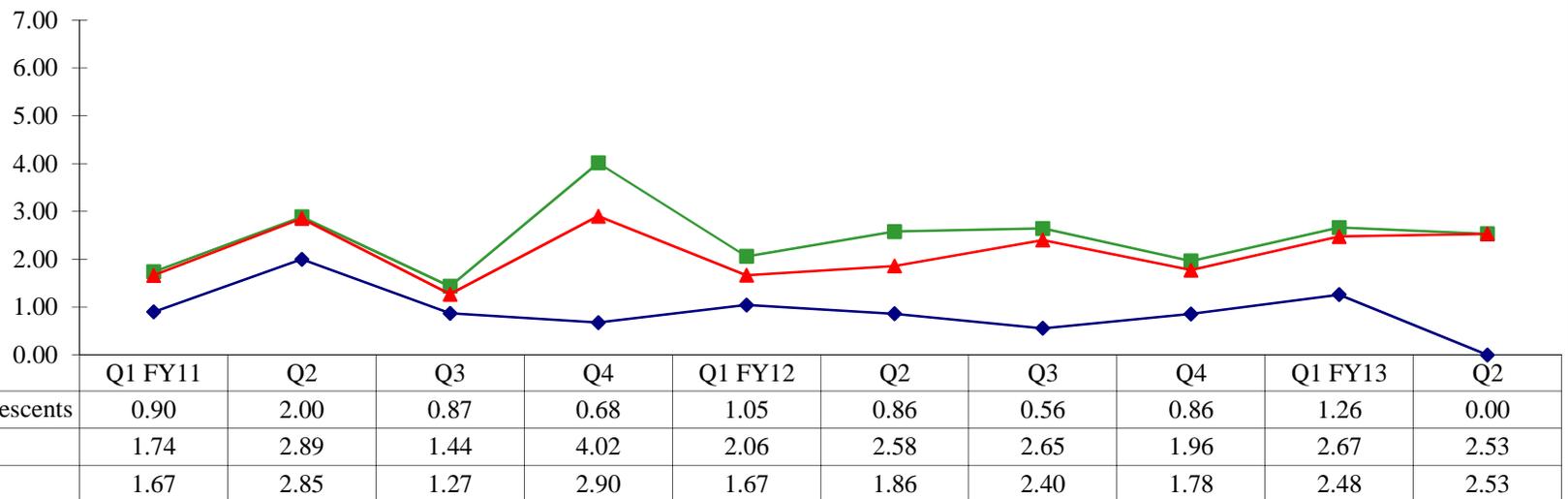
	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
◆ Child/Adolescents	0.24	0.12	1.32	0.56	1.35	2.73	0.80	0.99	1.27	0.00
■ Adults	0.47	0.58	0.60	0.23	0.43	0.73	1.03	0.86	1.51	0.44
▲ Total	0.44	0.50	0.71	0.28	0.59	1.05	0.99	0.88	1.47	0.37

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

**Average Number of Hours Per Incident in Restraints**



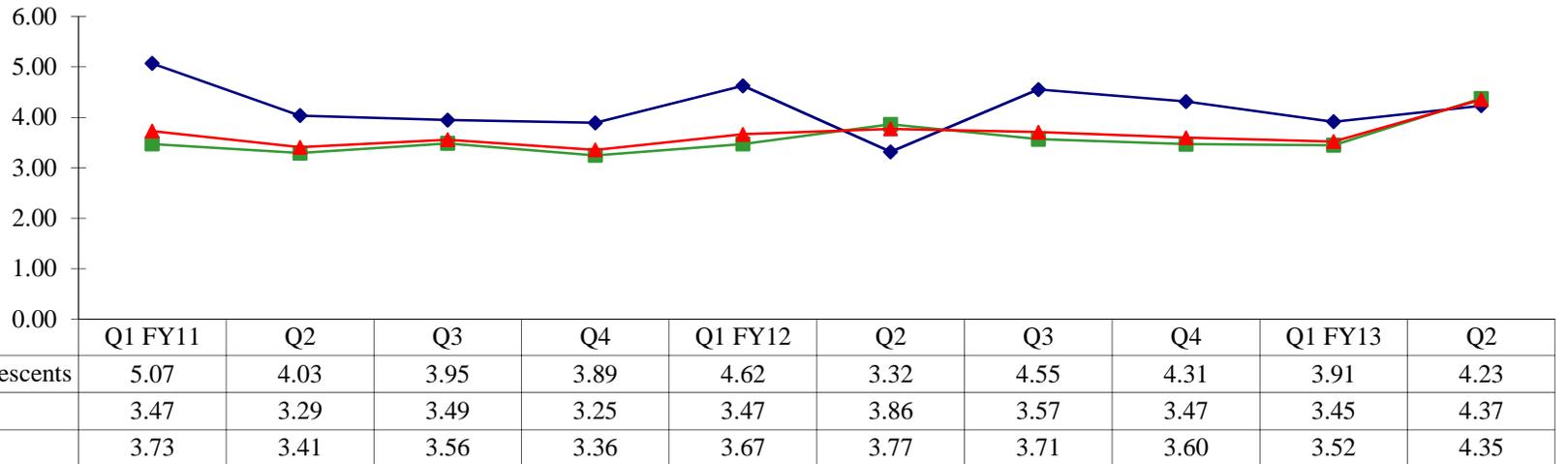
**Average Number of Hours Per Incident in Seclusion**



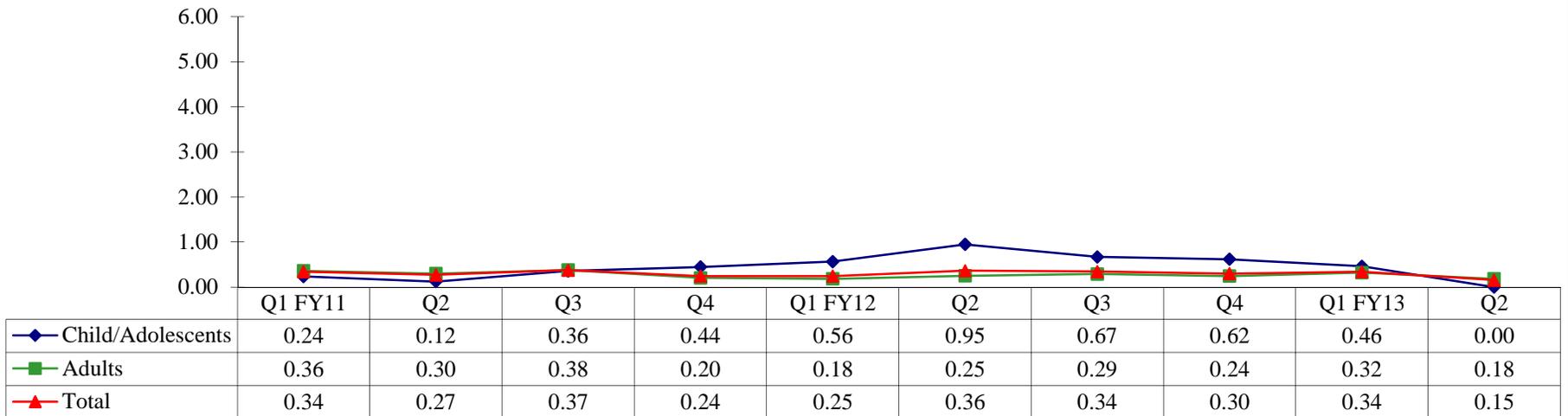
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

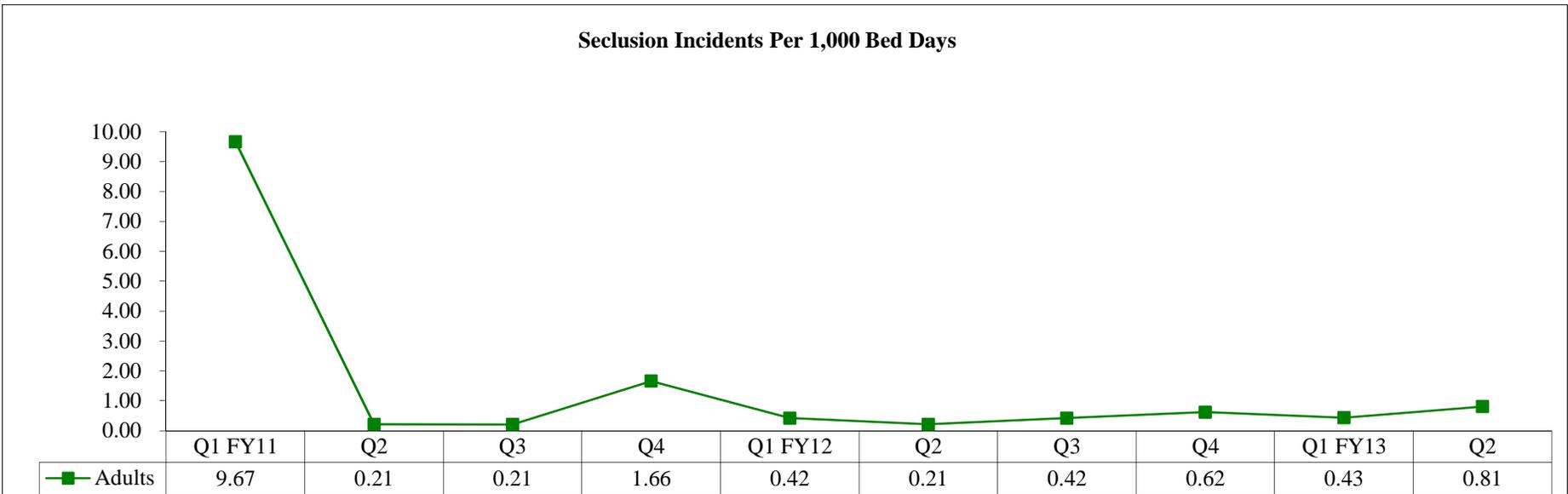
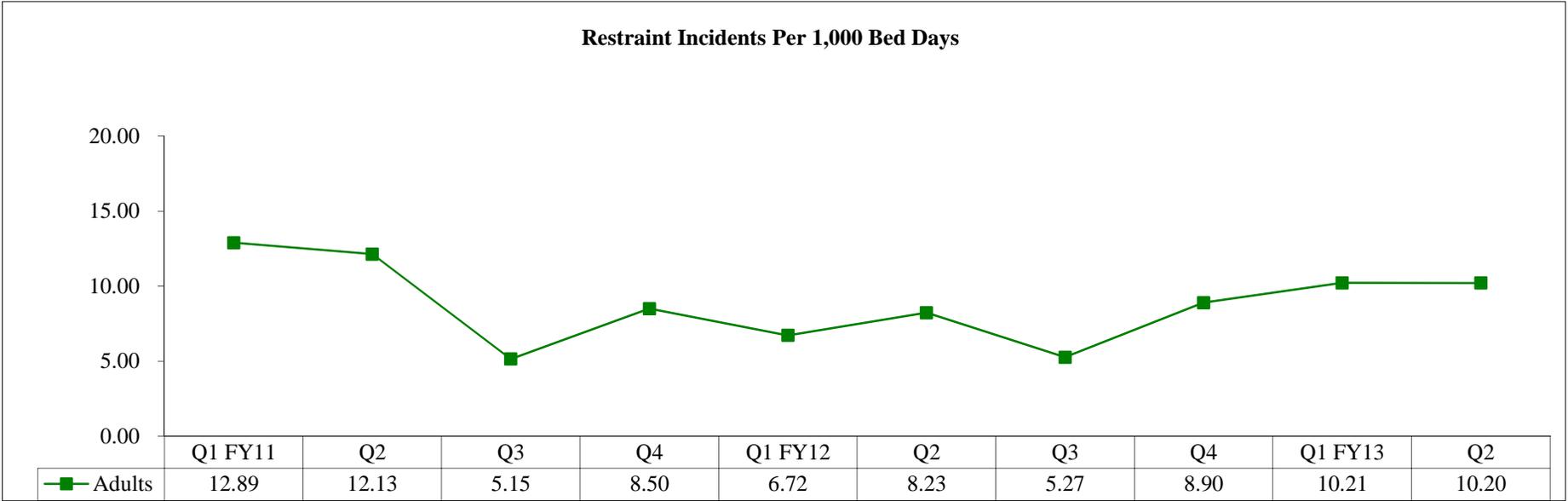
**Number of Persons in Restraint/1000 Bed Days**



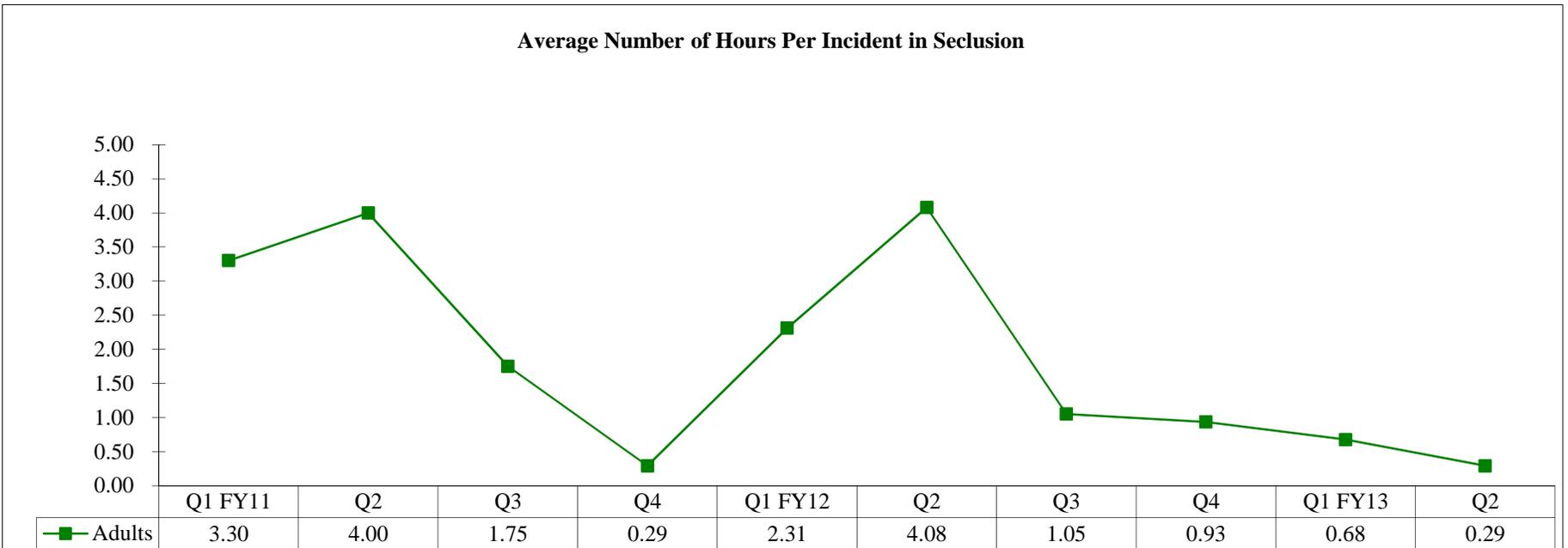
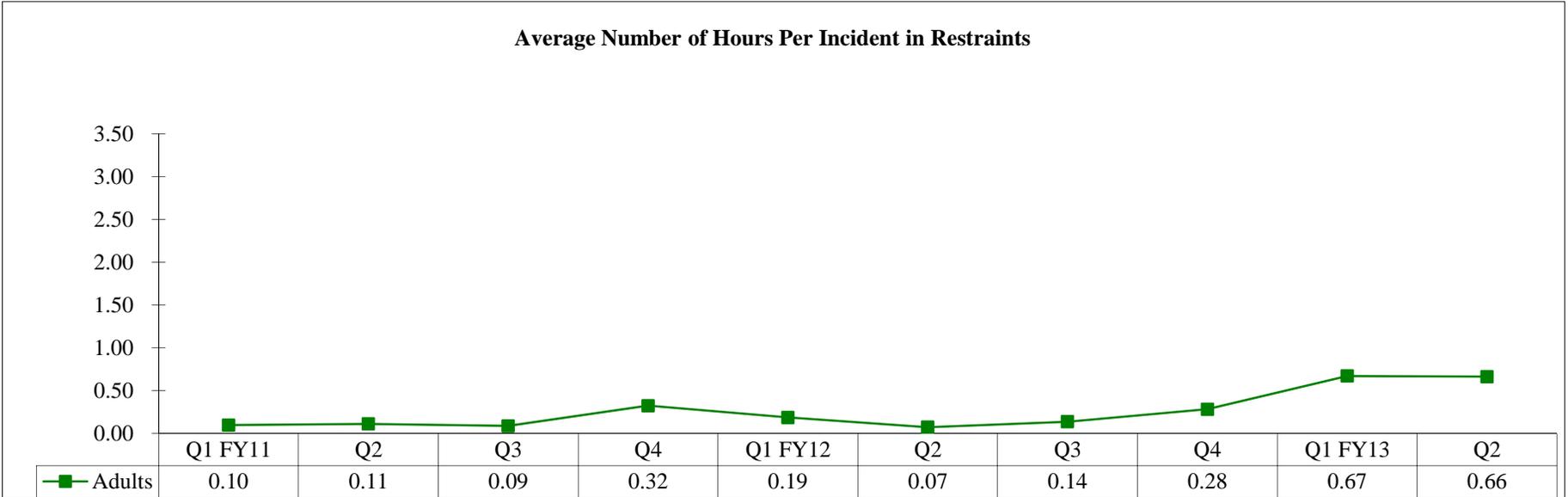
**Number of Persons in Seclusion/1000 Bed Days**



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

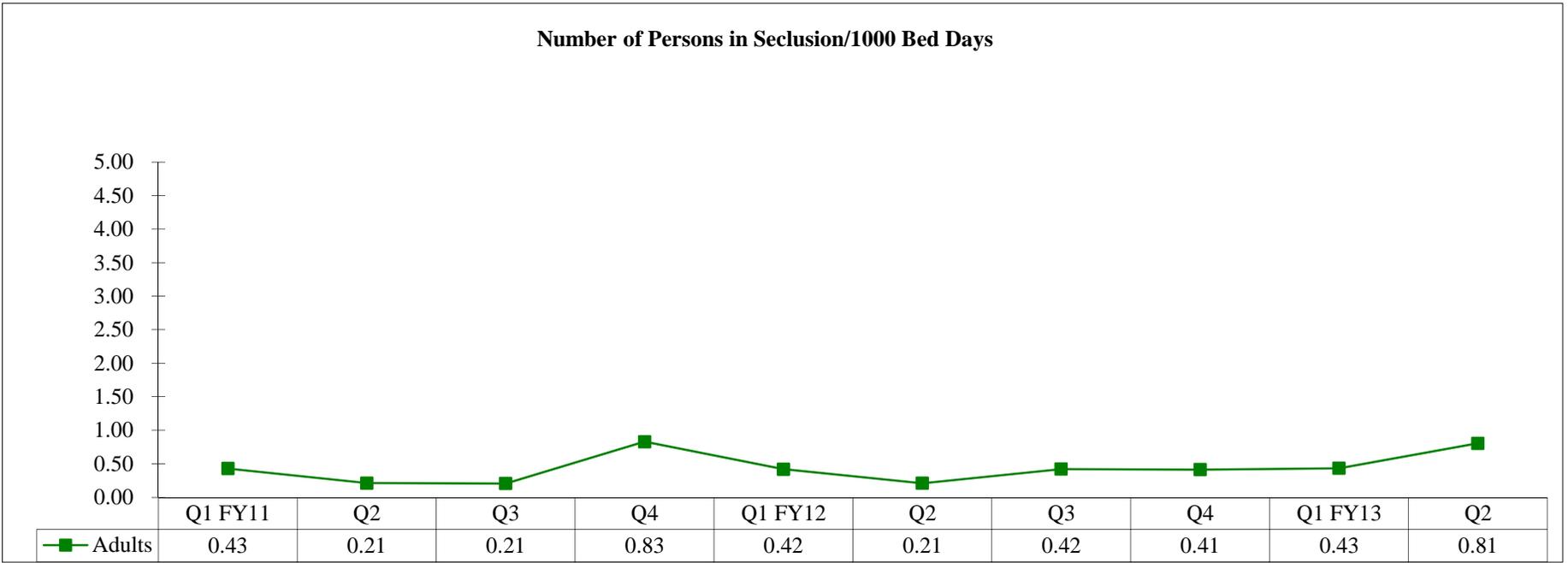
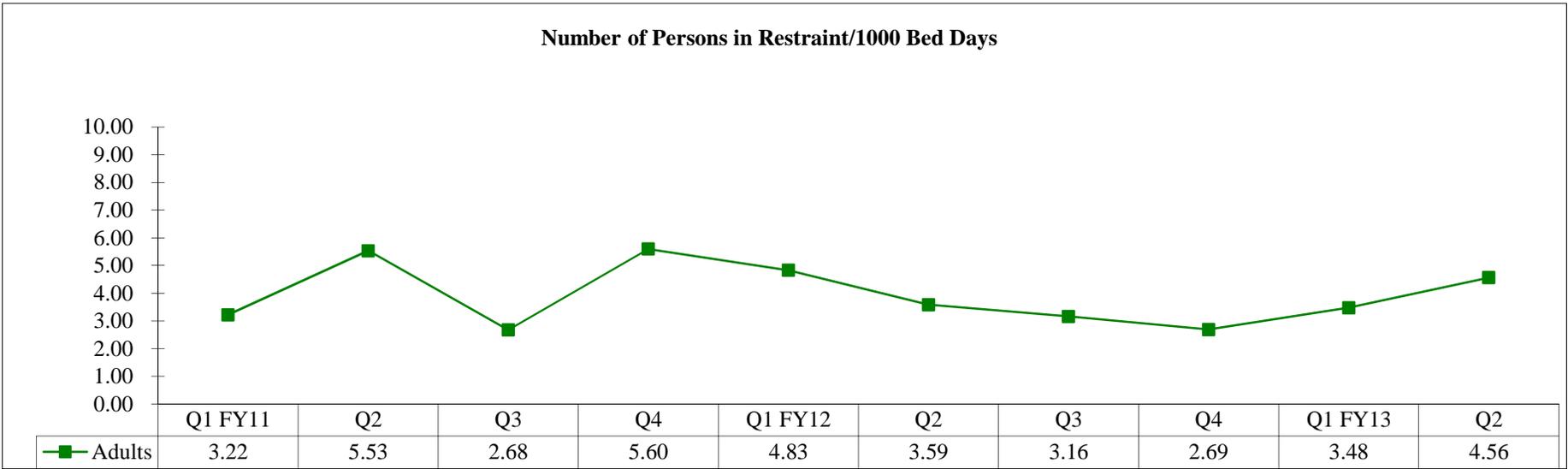


**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**

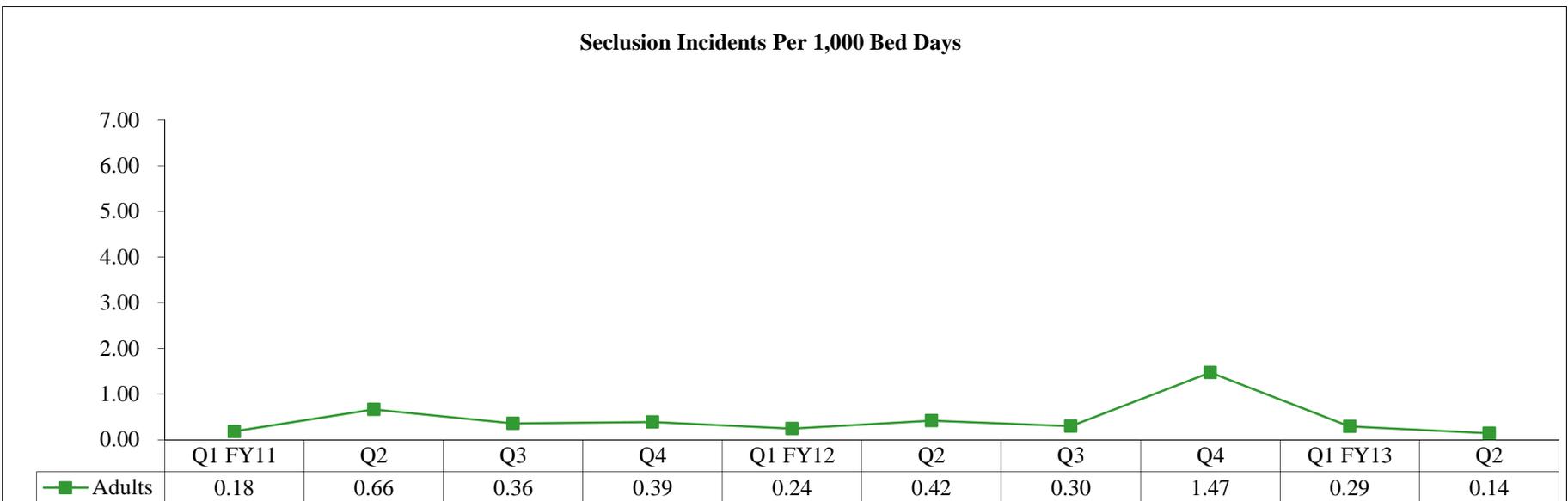
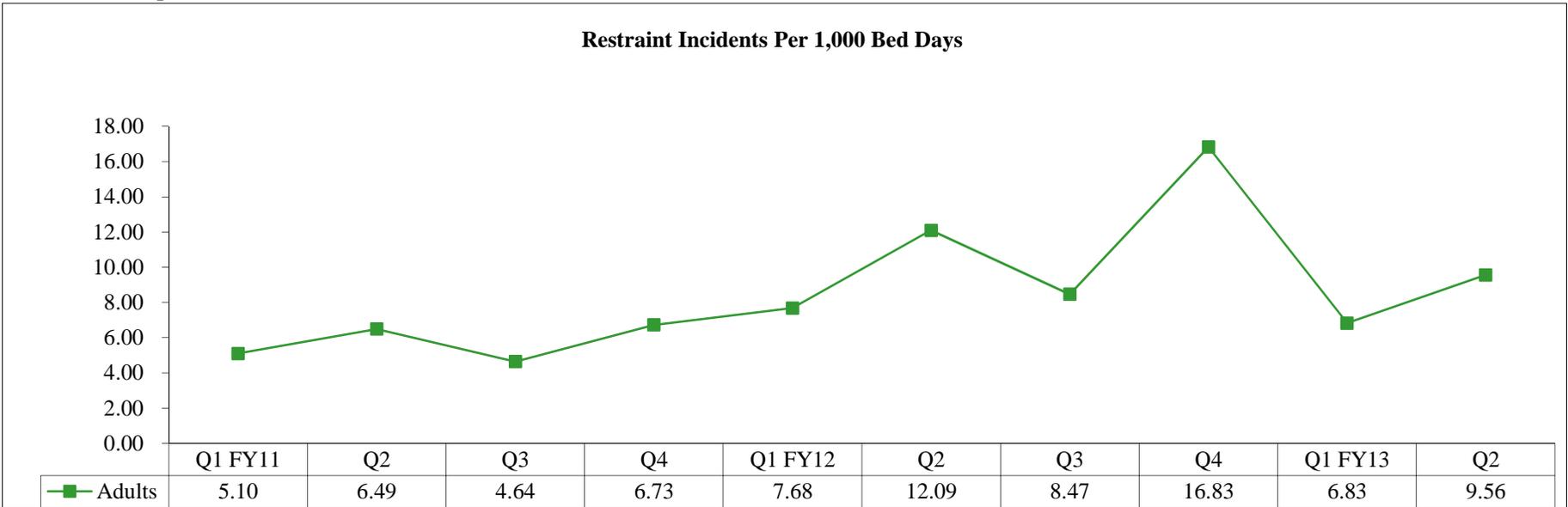


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

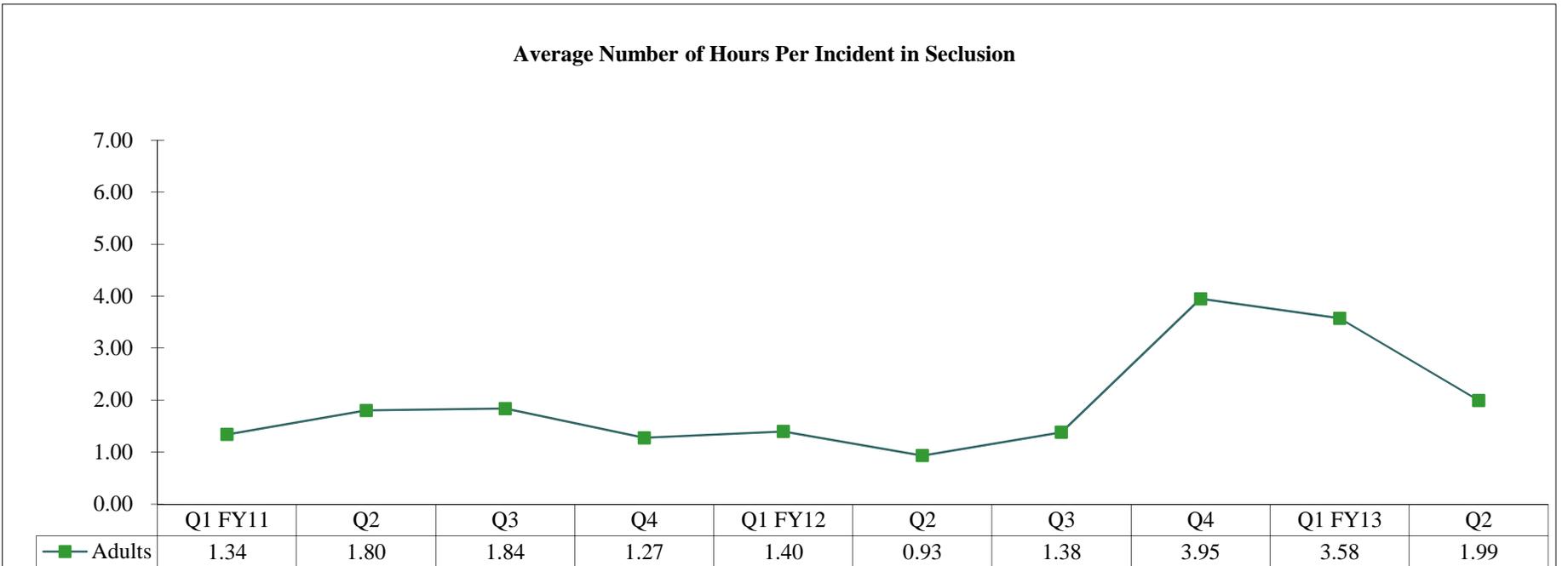
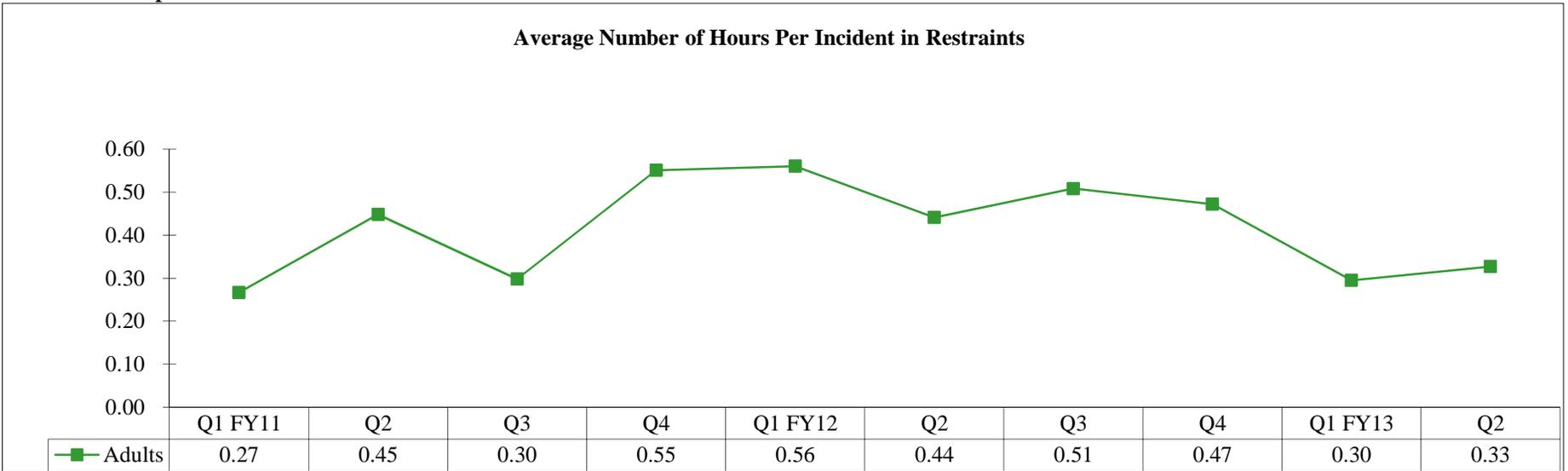
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**



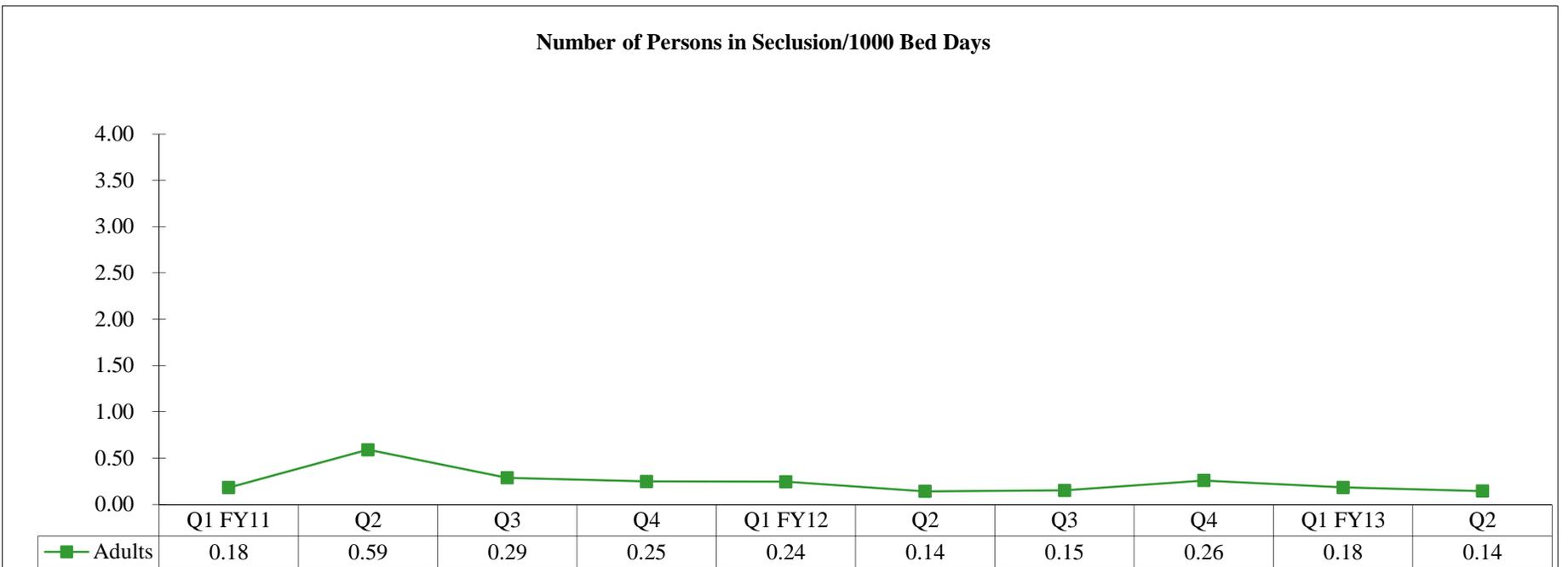
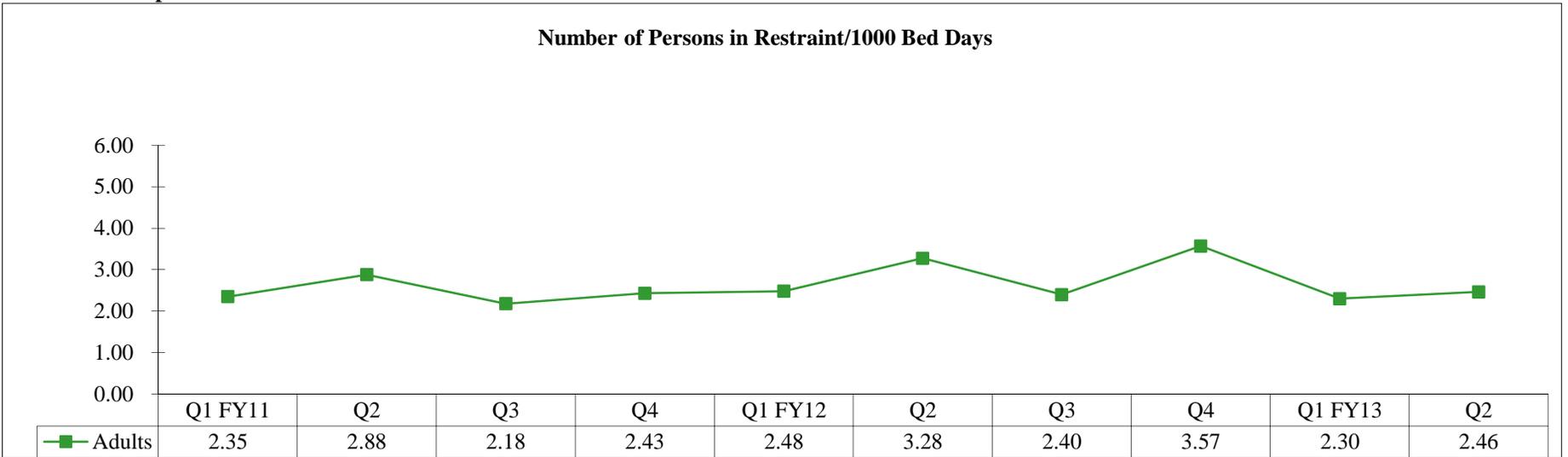
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



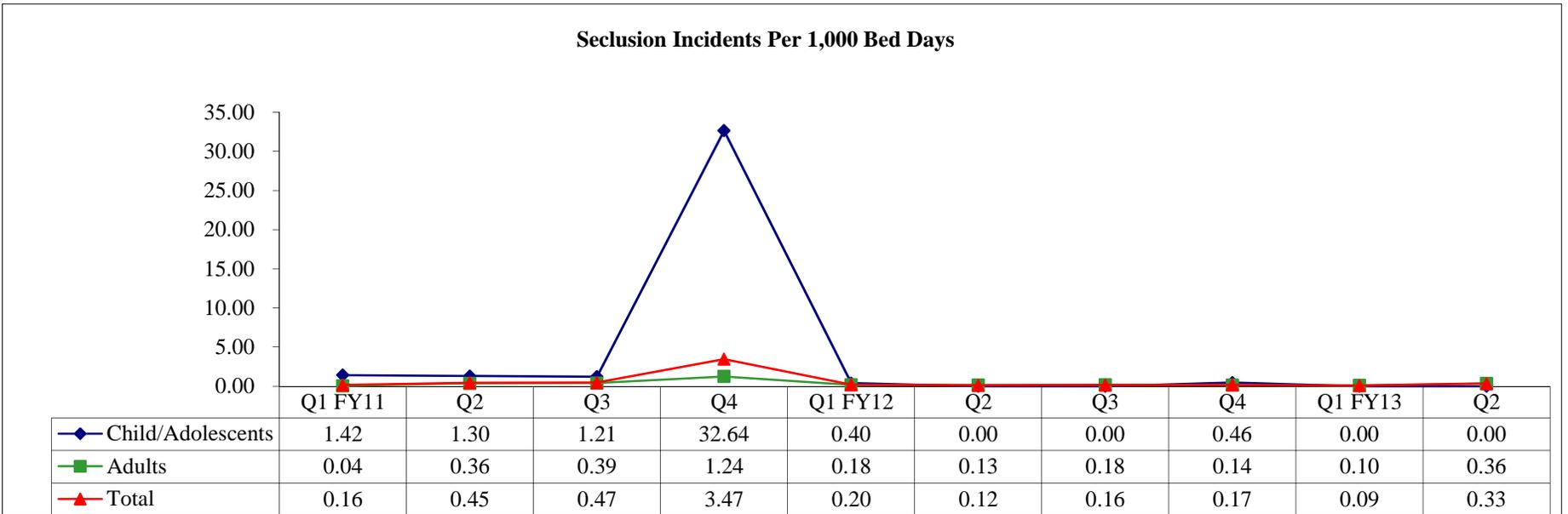
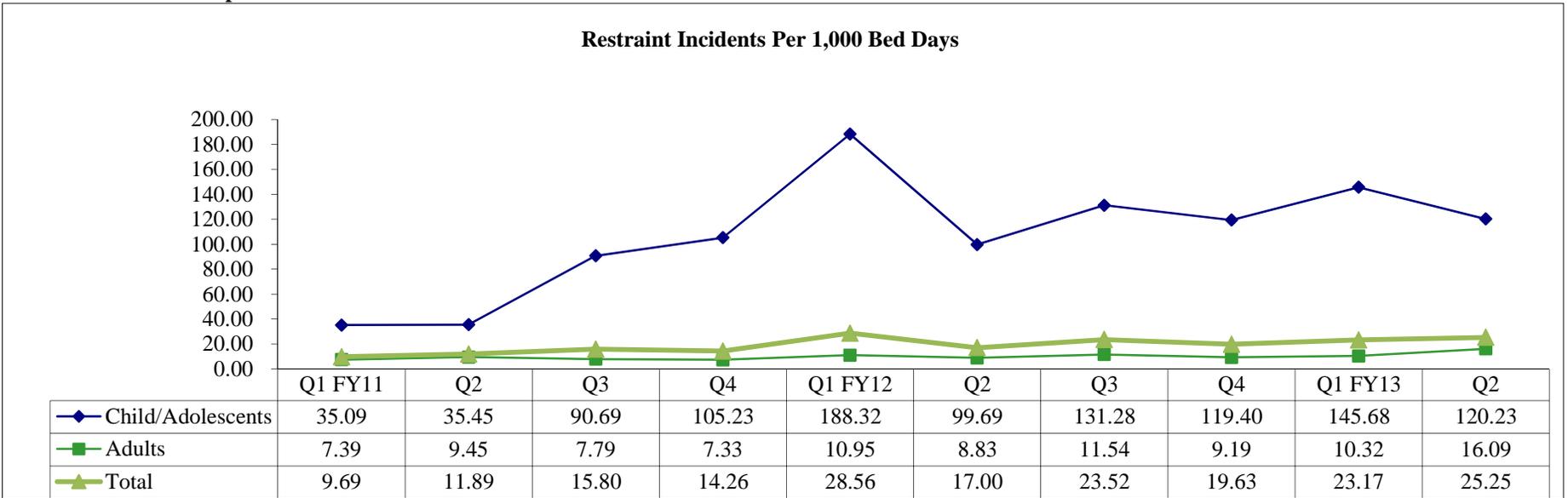
**Objective 3A - Maintain Restraint and Seclusion Data  
Rusk State Hospital**



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

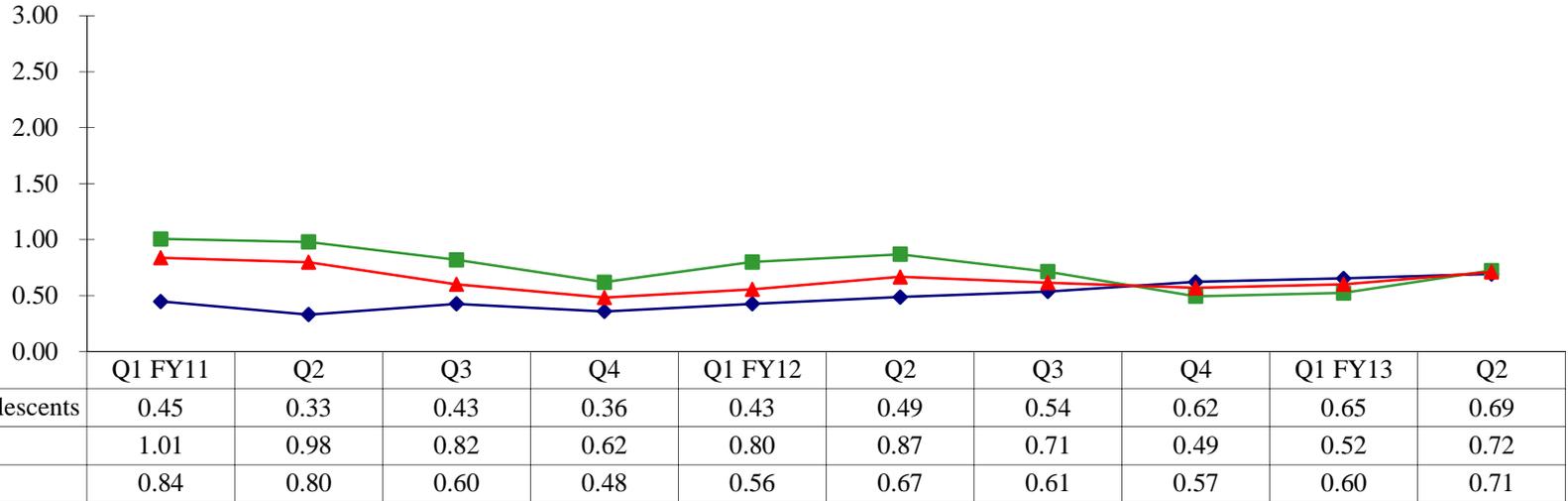


**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**

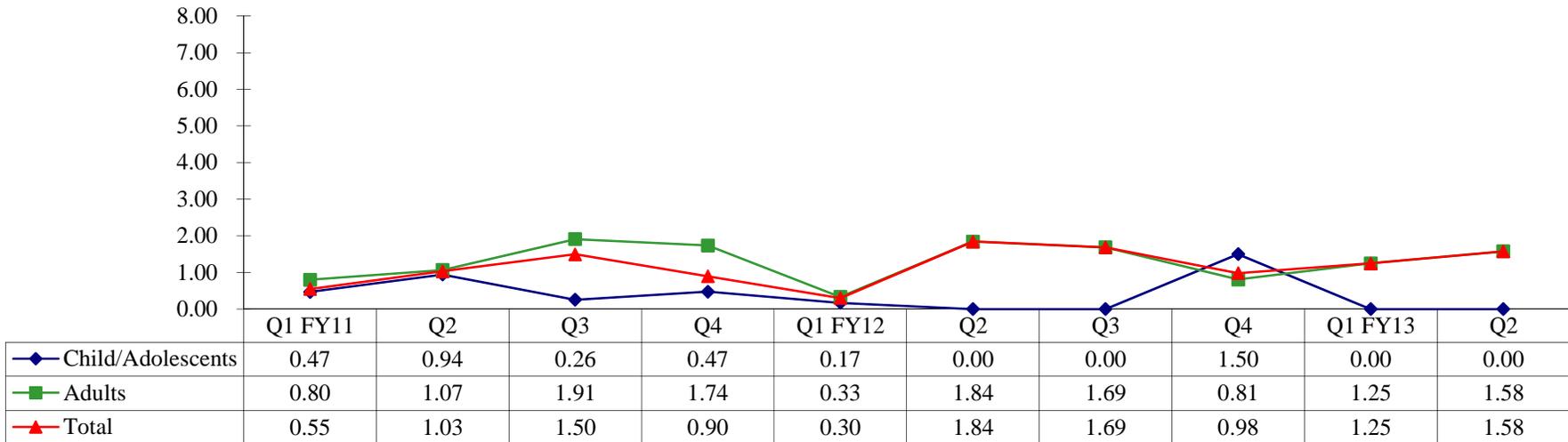


**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**

**Average Number of Hours Per Incident in Restraints**

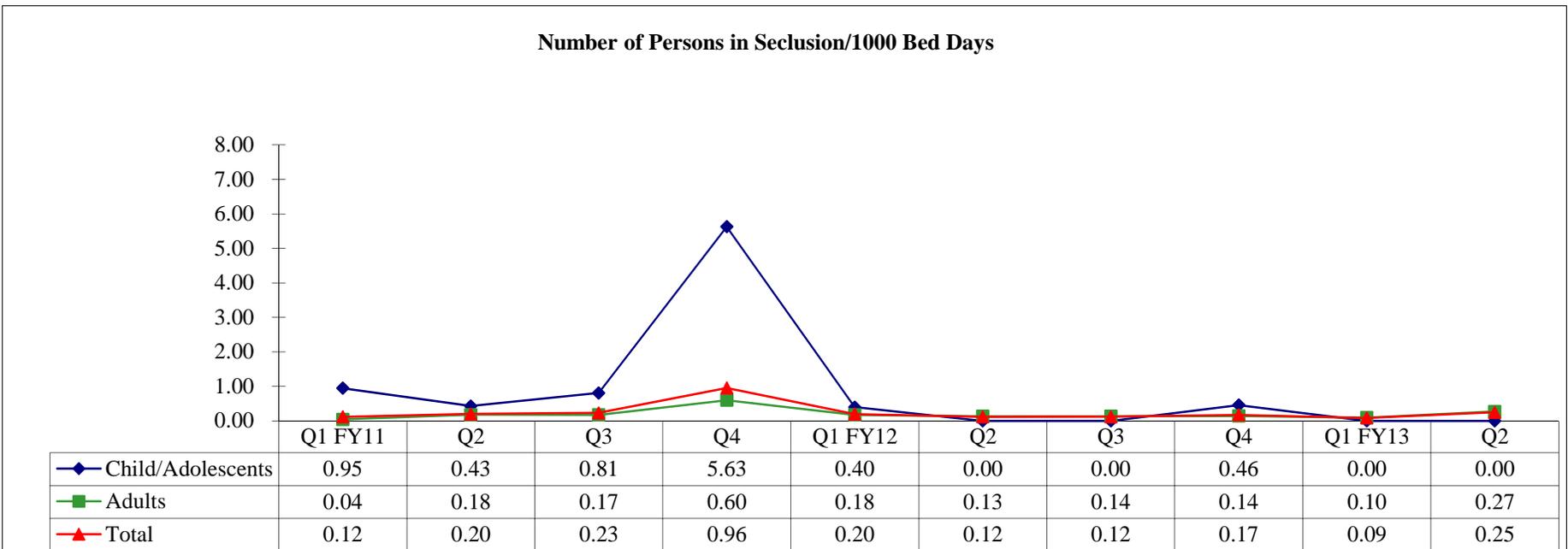
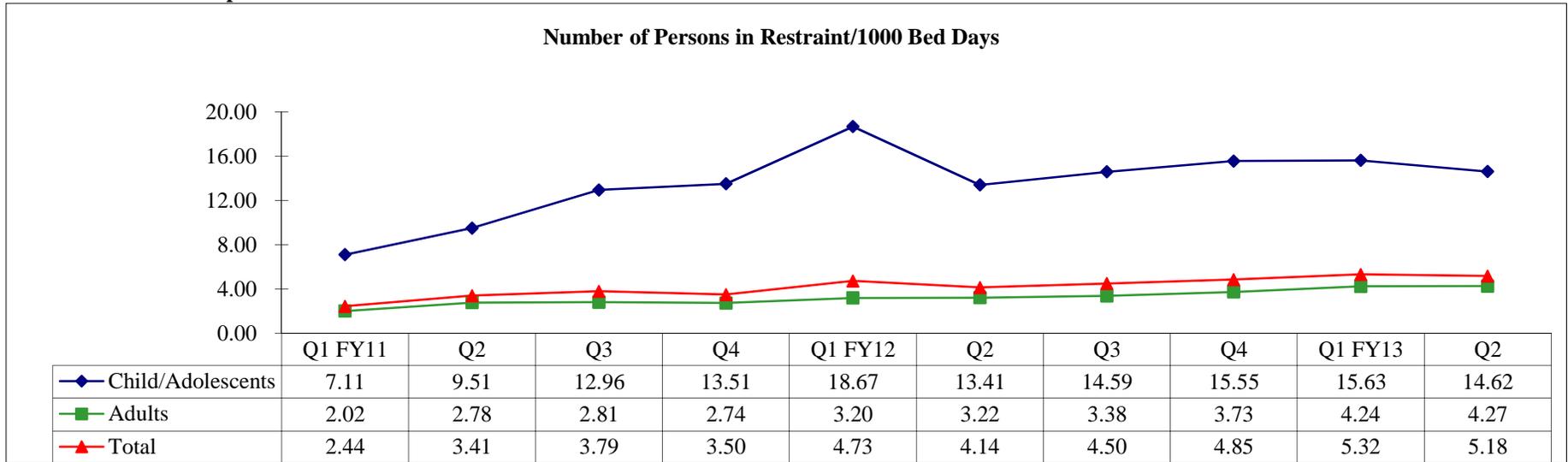


**Average Number of Hours Per Incident in Seclusion**

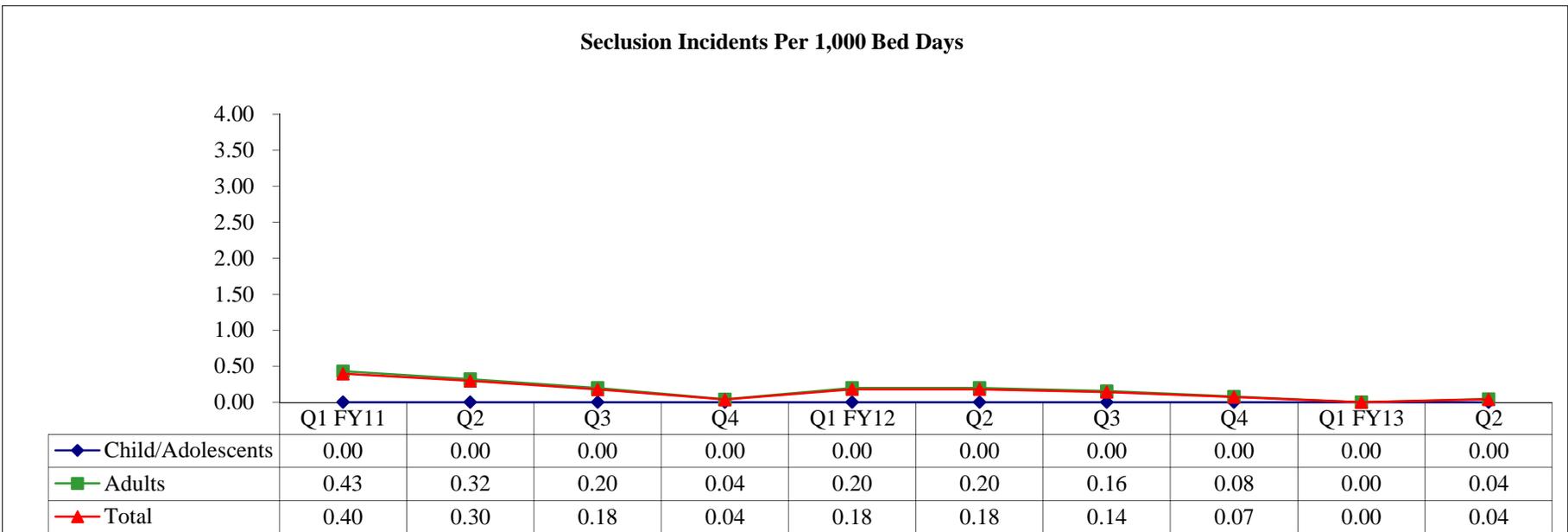
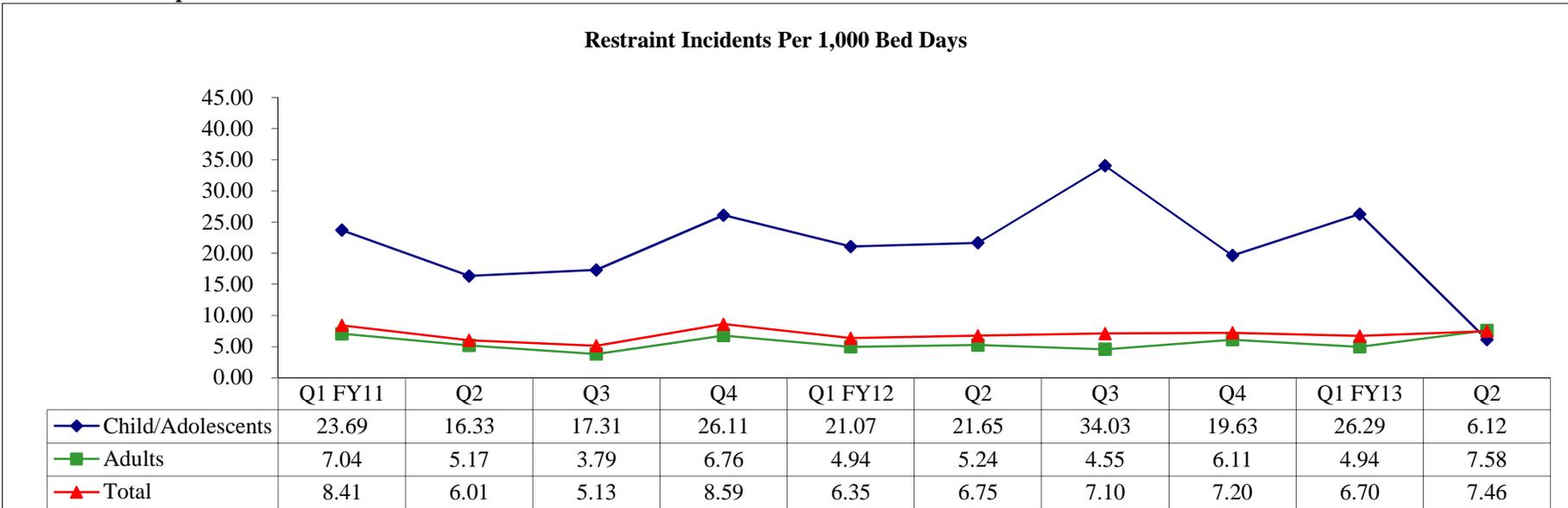


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



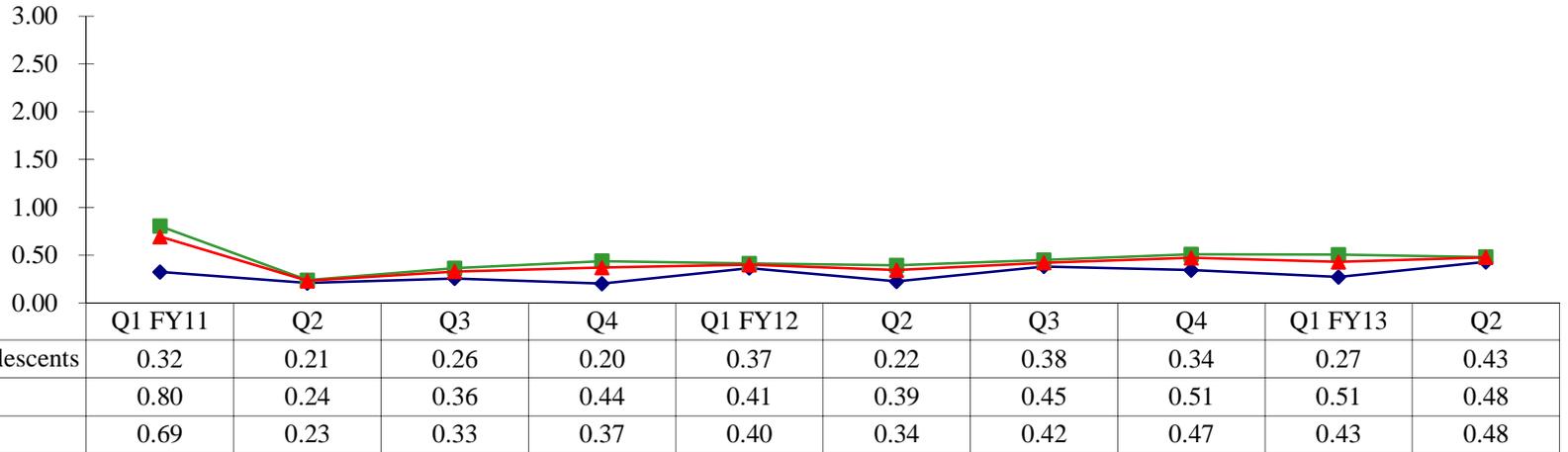
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



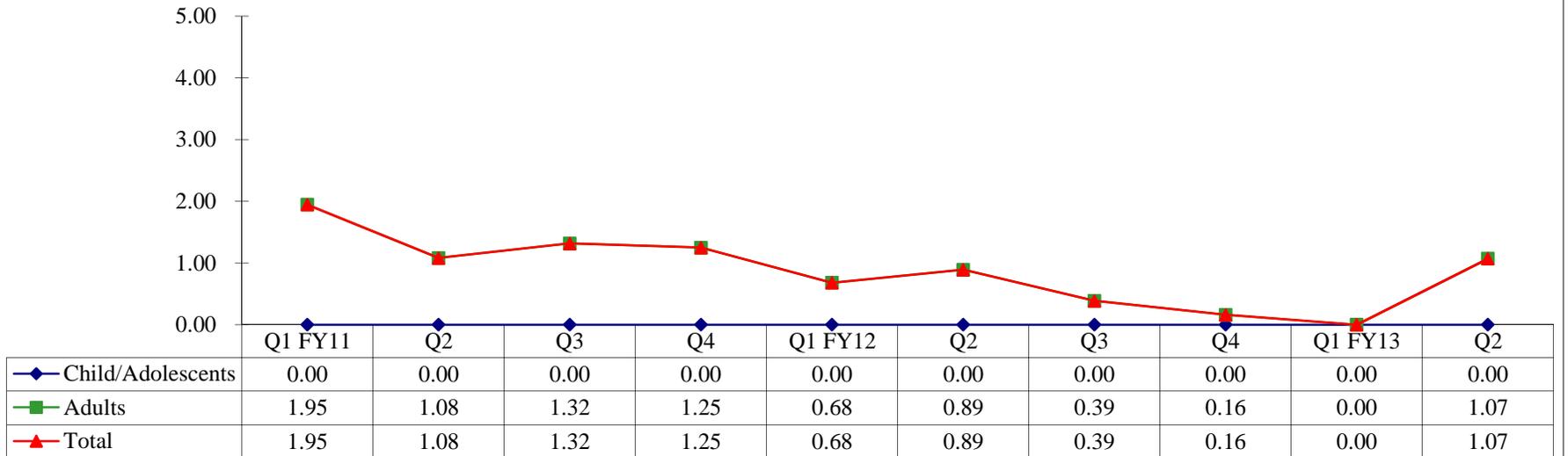
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

**Average Number of Hours Per Incident in Restraints**

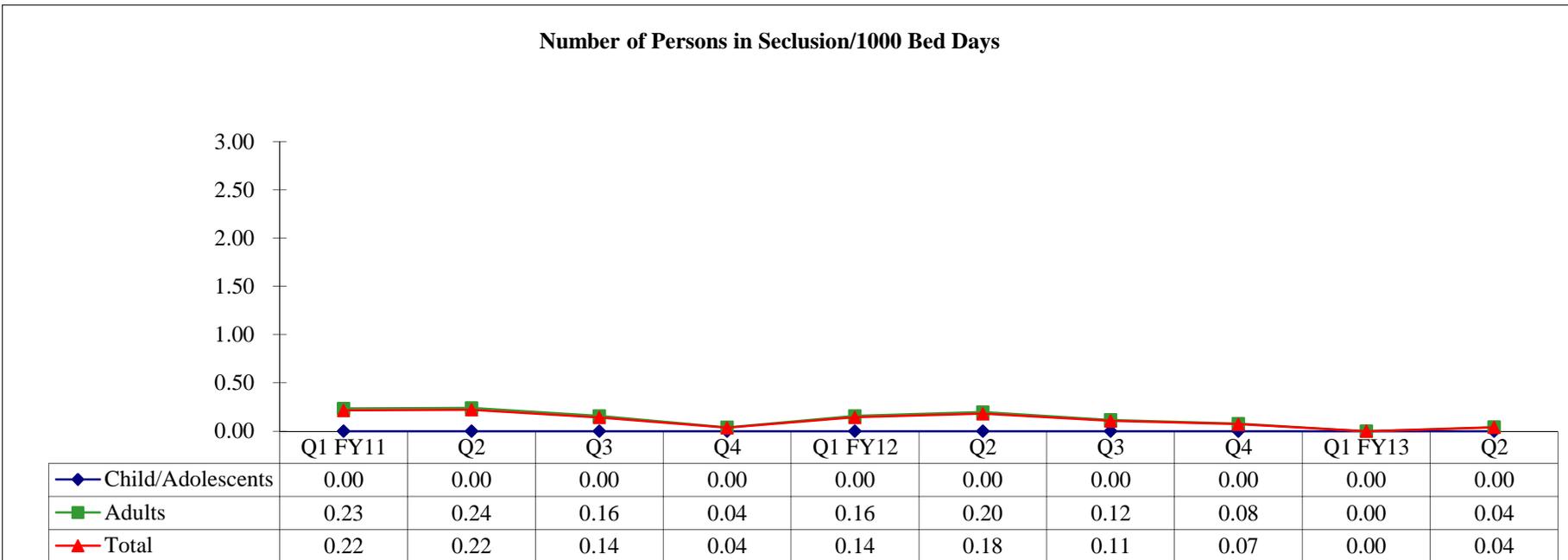
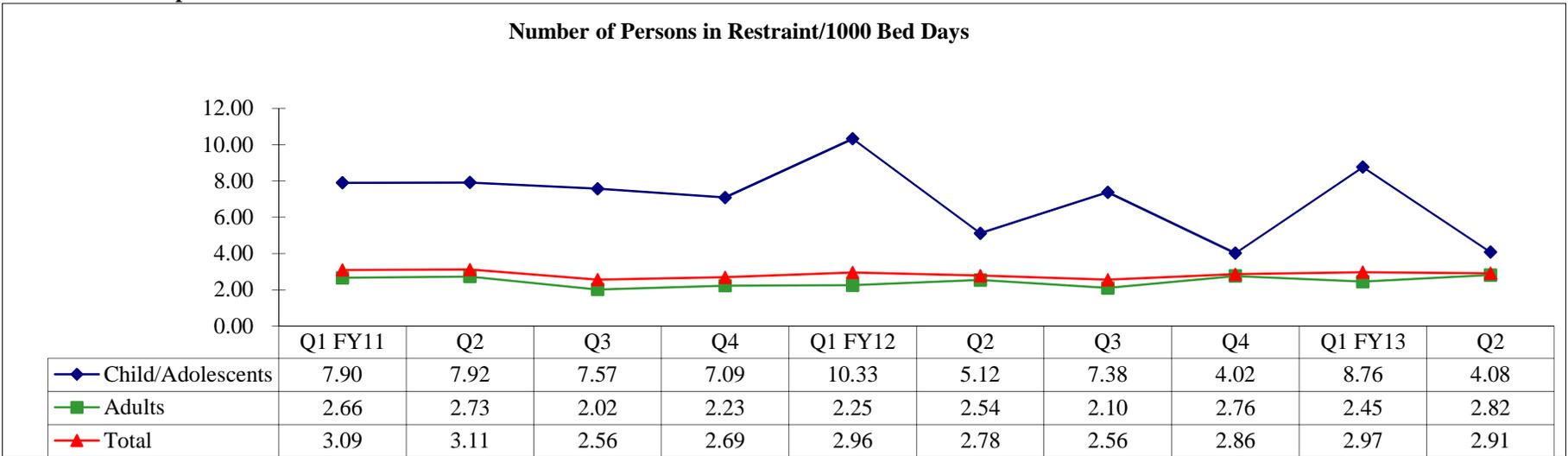


**Average Number of Hours Per Incident in Seclusion**

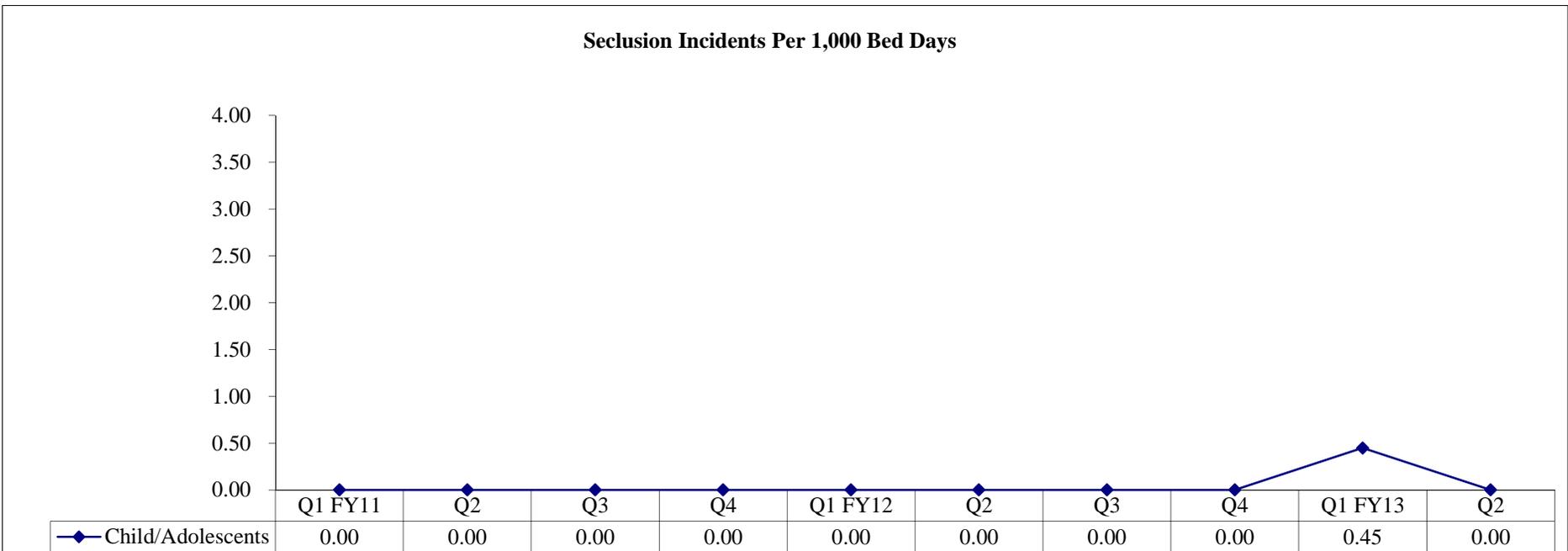
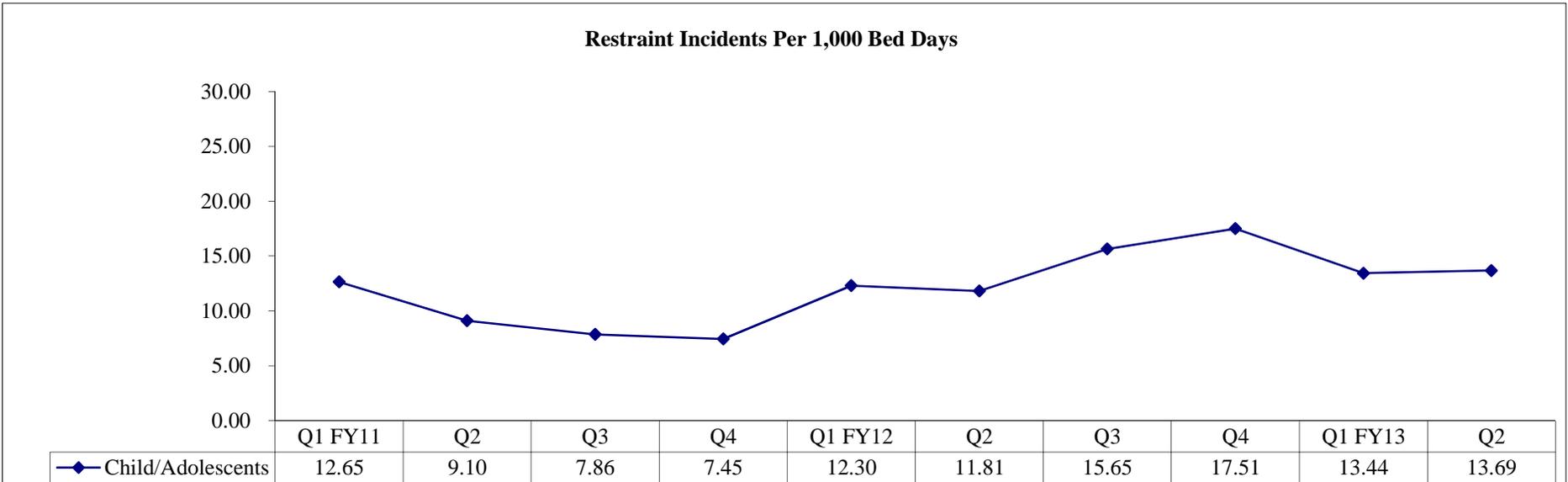


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

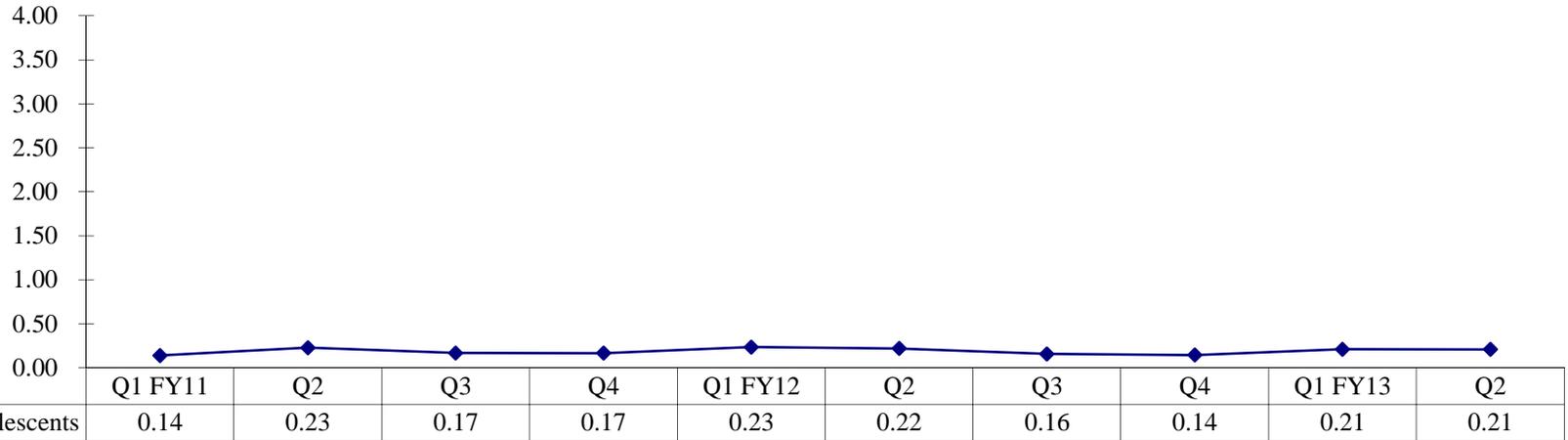


**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**

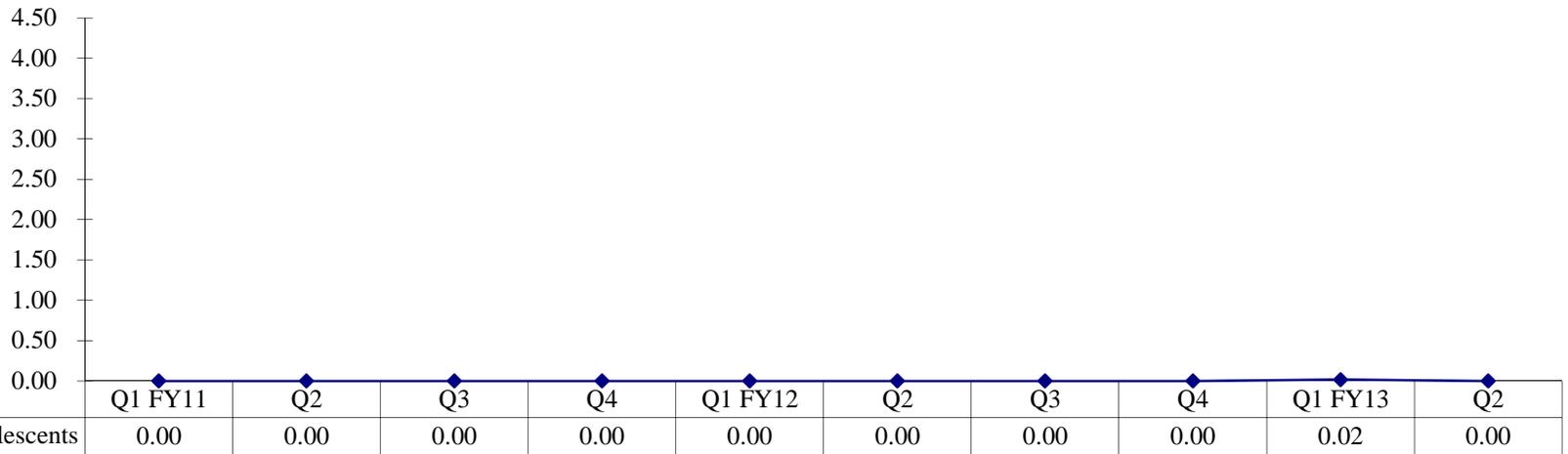


**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**

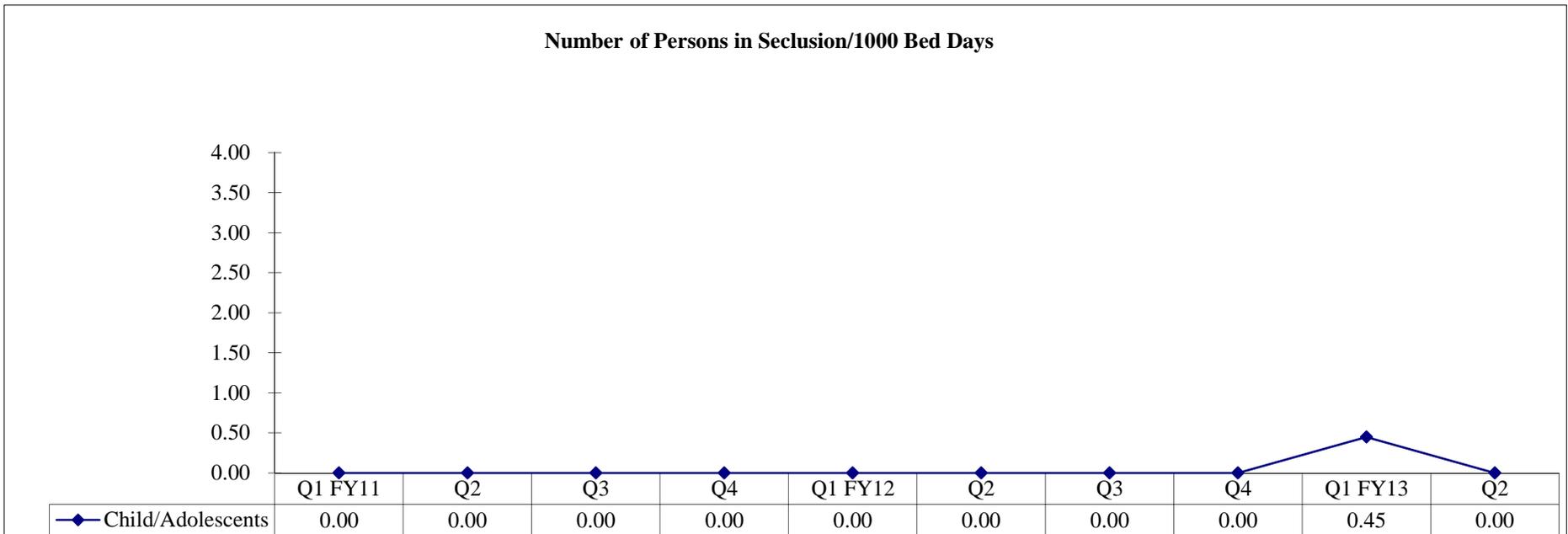
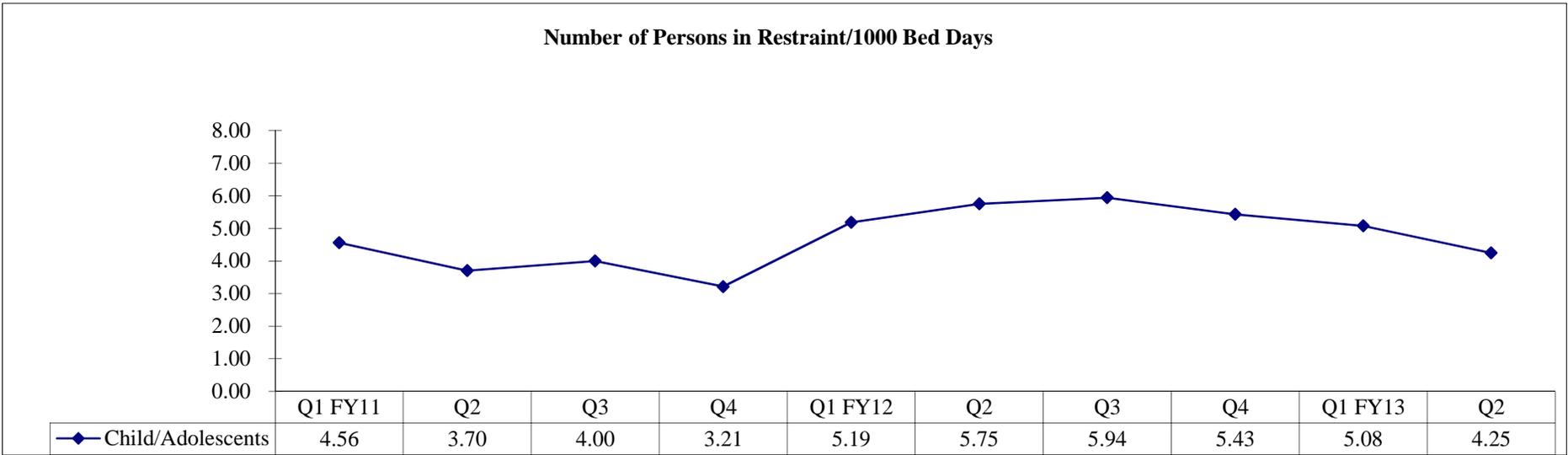
**Average Number of Hours Per Incident in Restraints**



**Average Number of Hours Per Incident in Seclusion**



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



**Performance Objective 3B:**

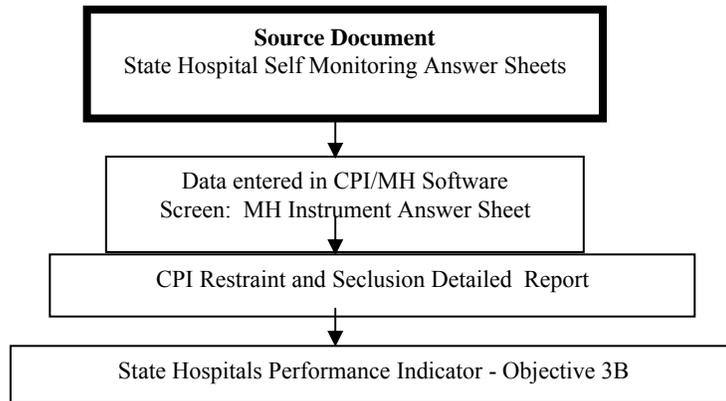
**Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.**

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

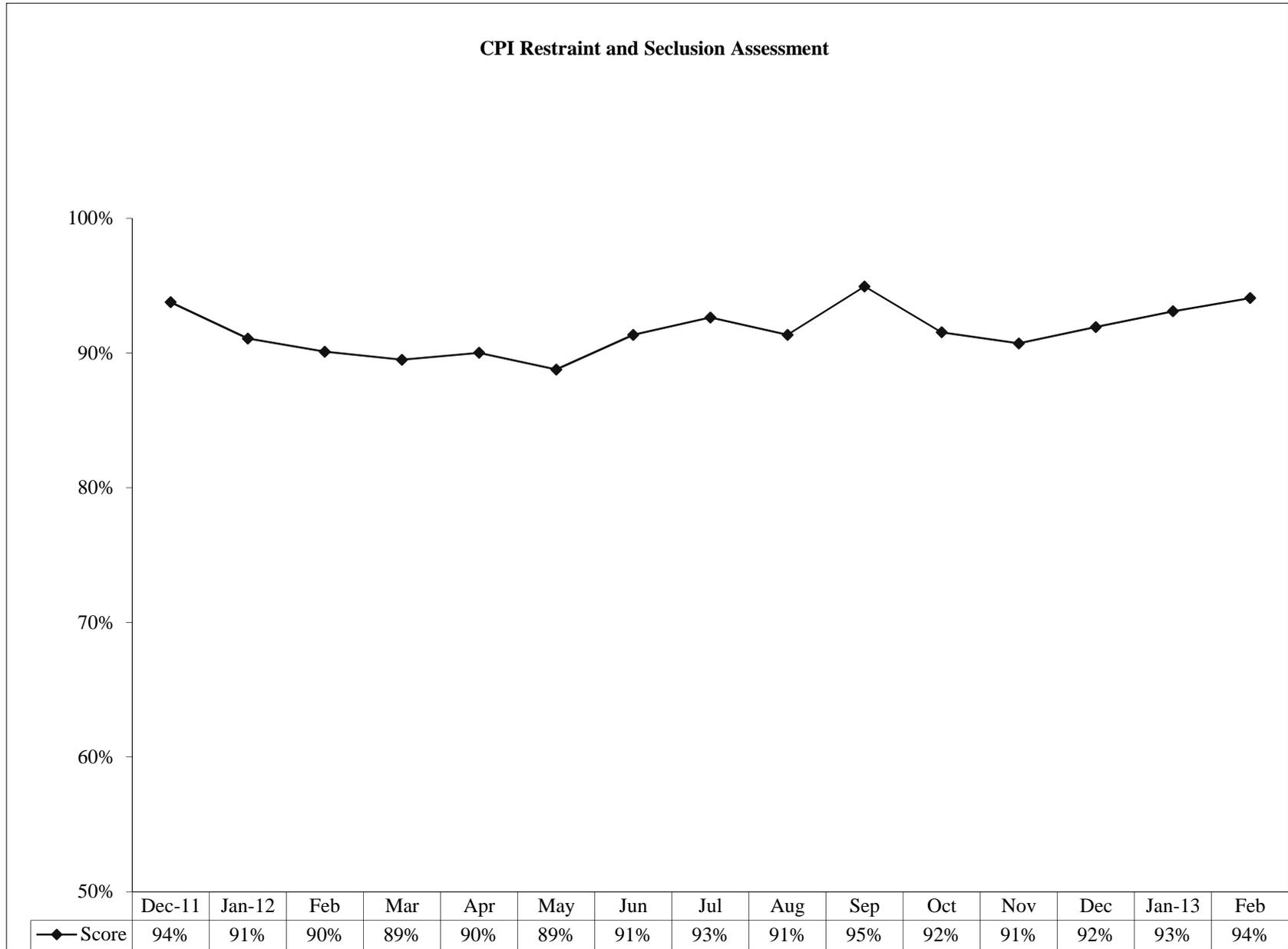
**Performance Objective Formula:** According to the CPI Restraint and Seclusion Monitoring instrument  $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$ .

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

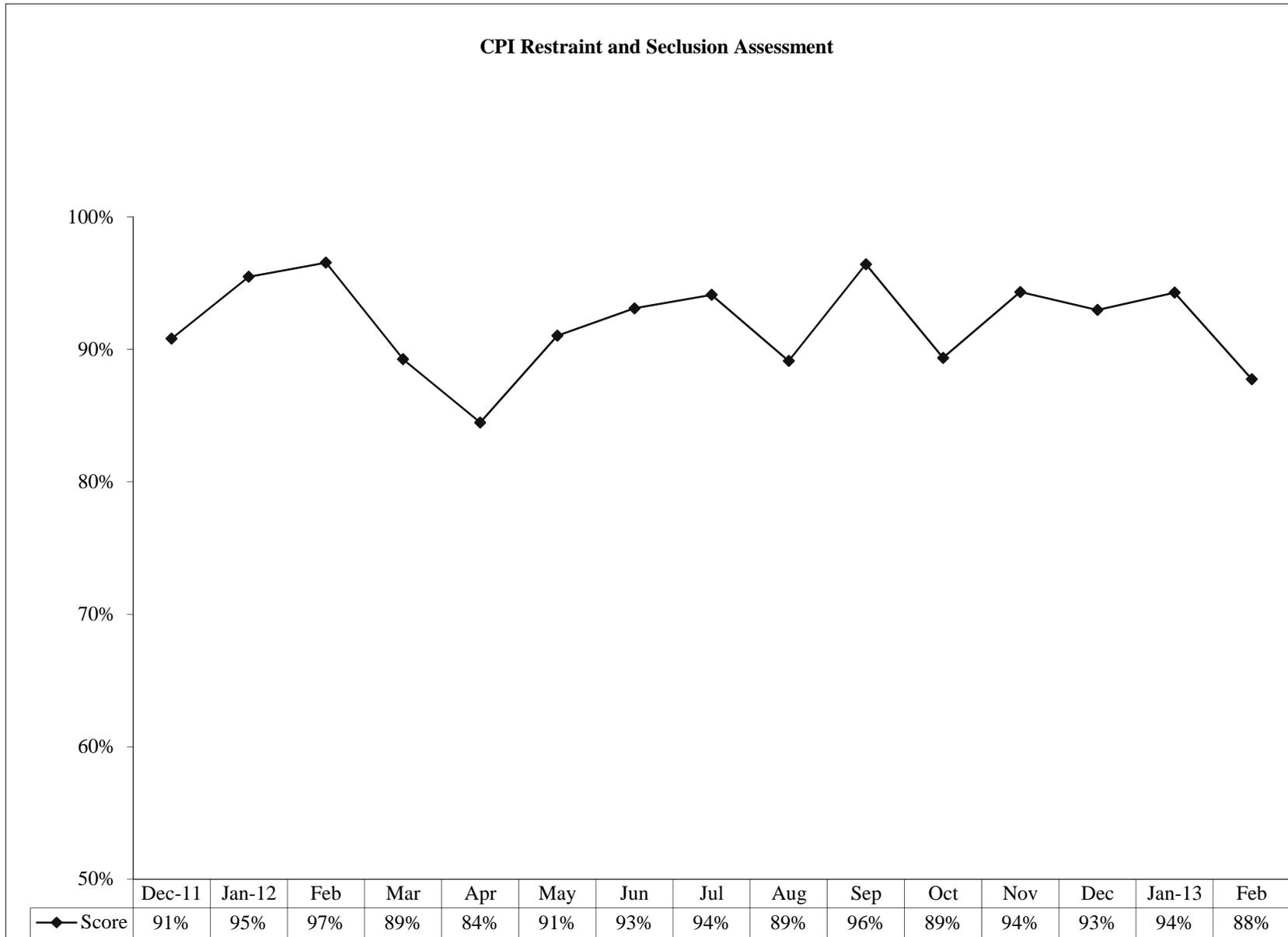
**Data Flow:**



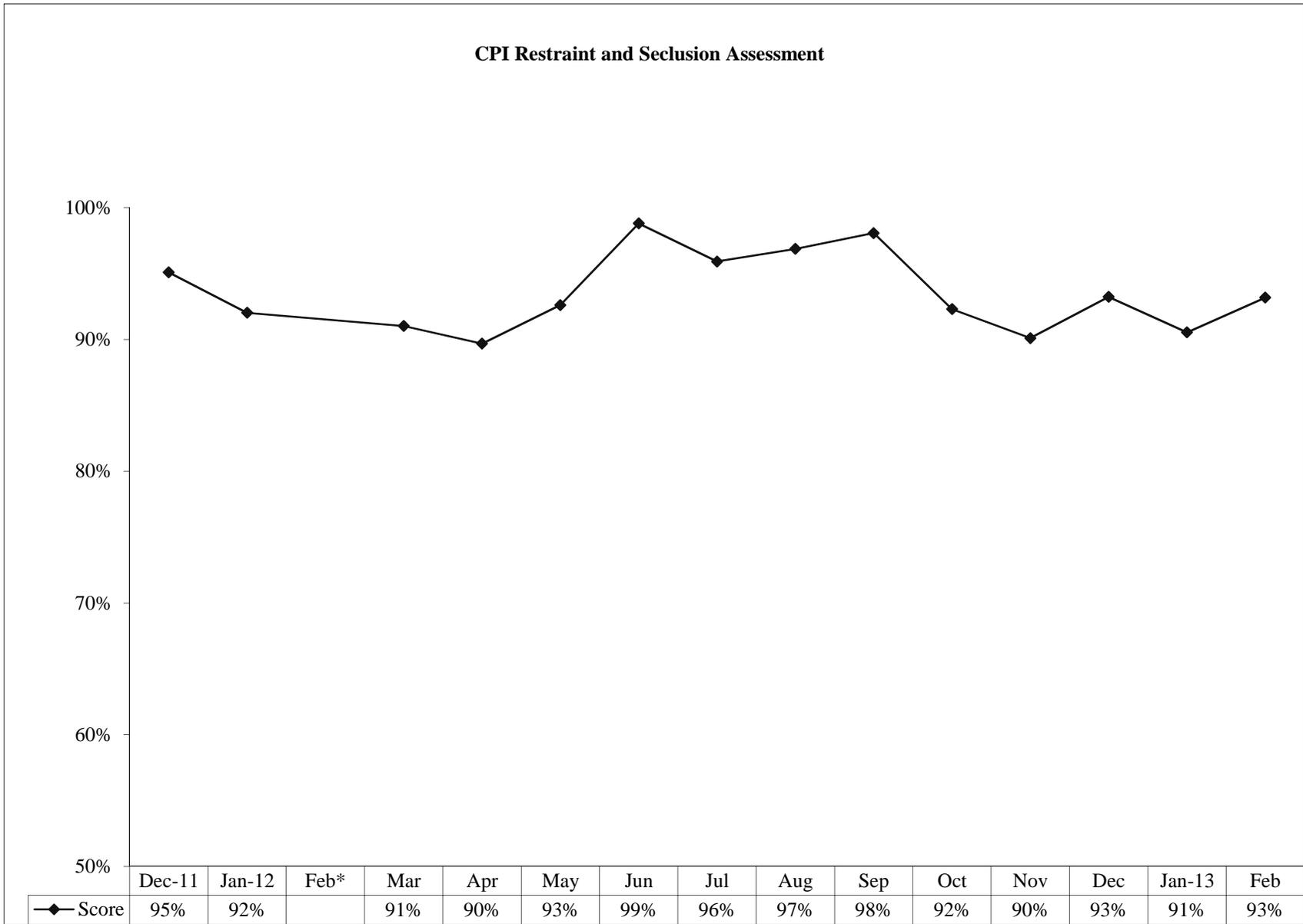
**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**All State MH Hospitals**



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

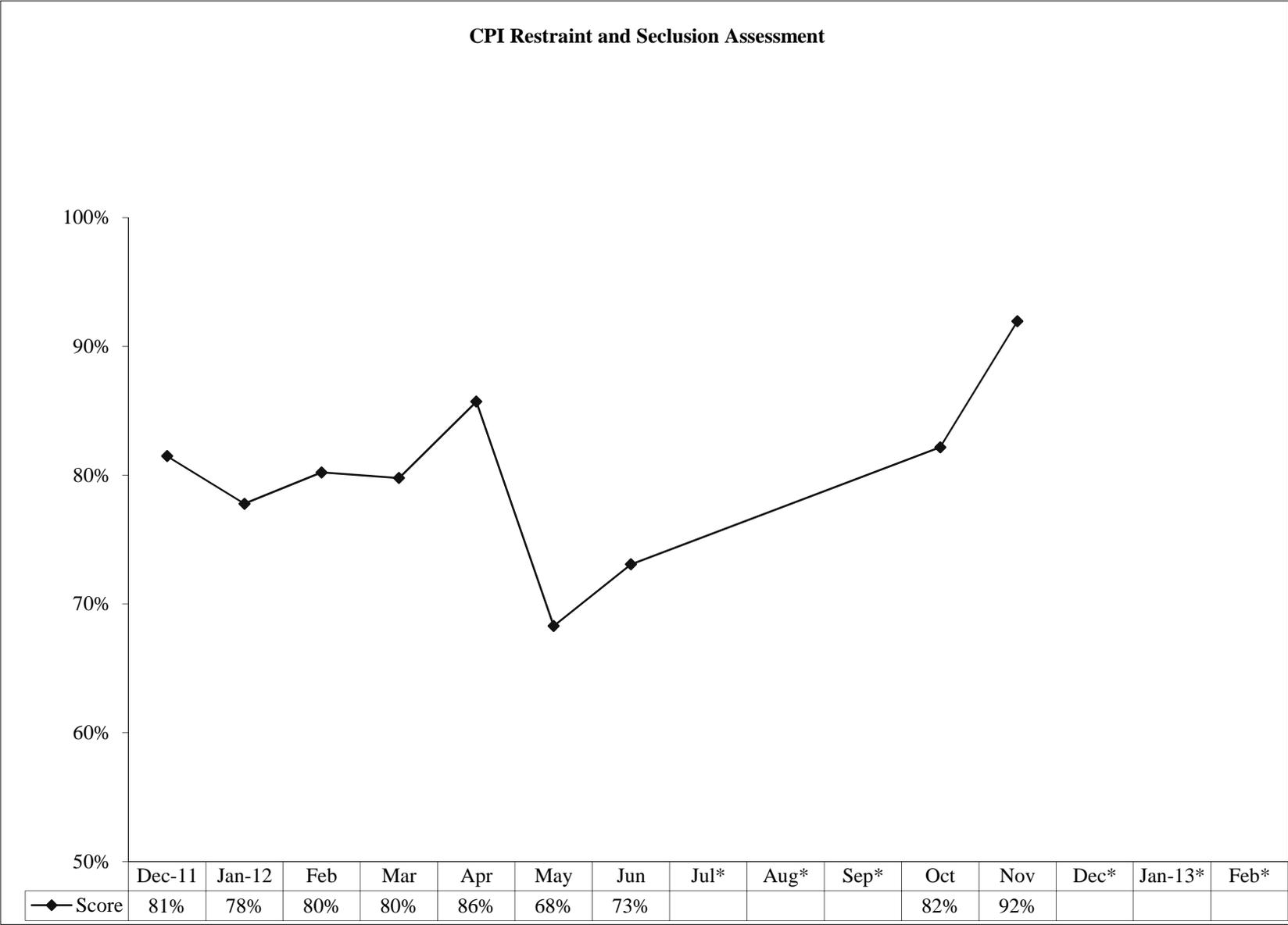


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Big Spring State Hospital**



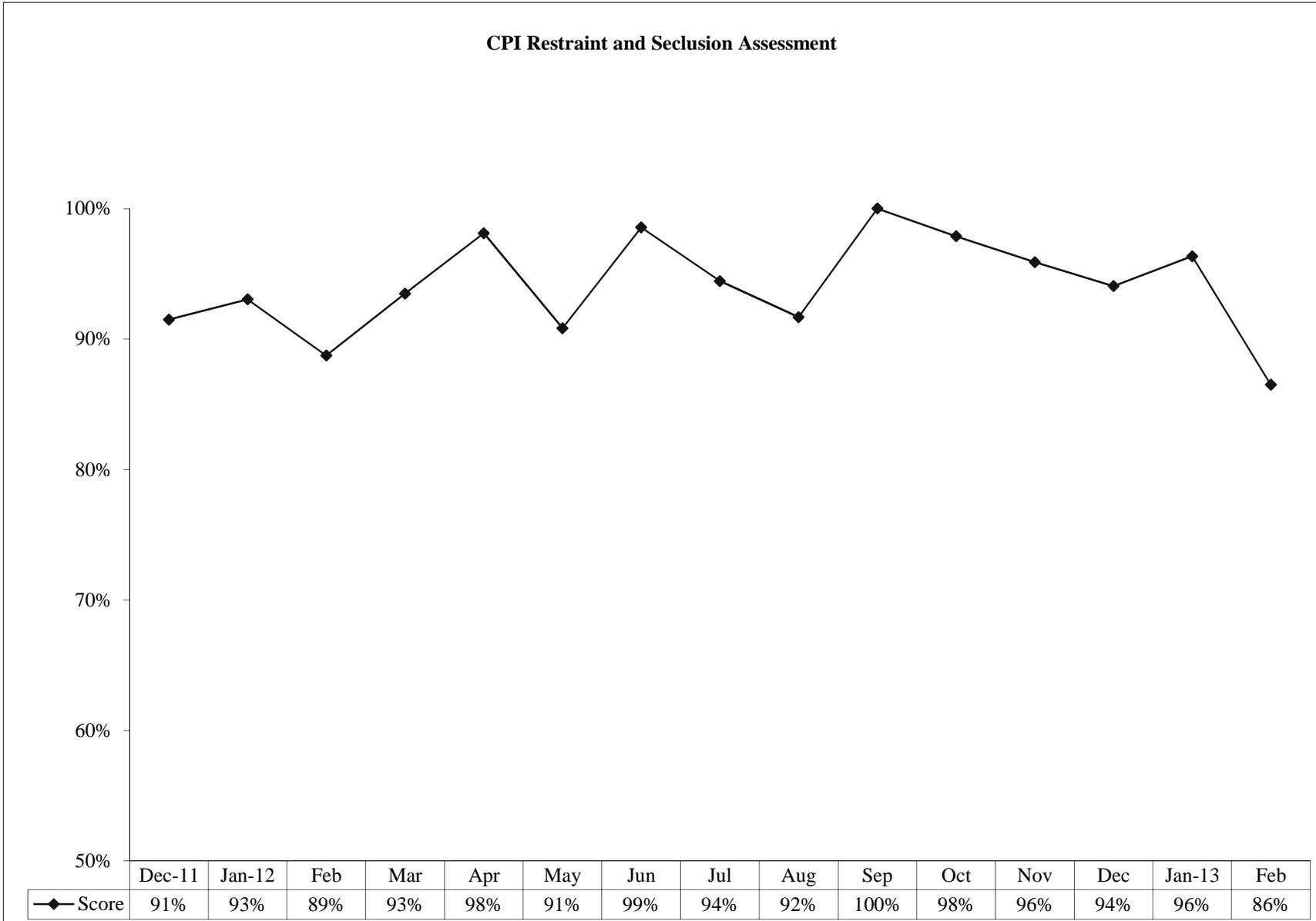
\*No scores reported to HMDS.

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

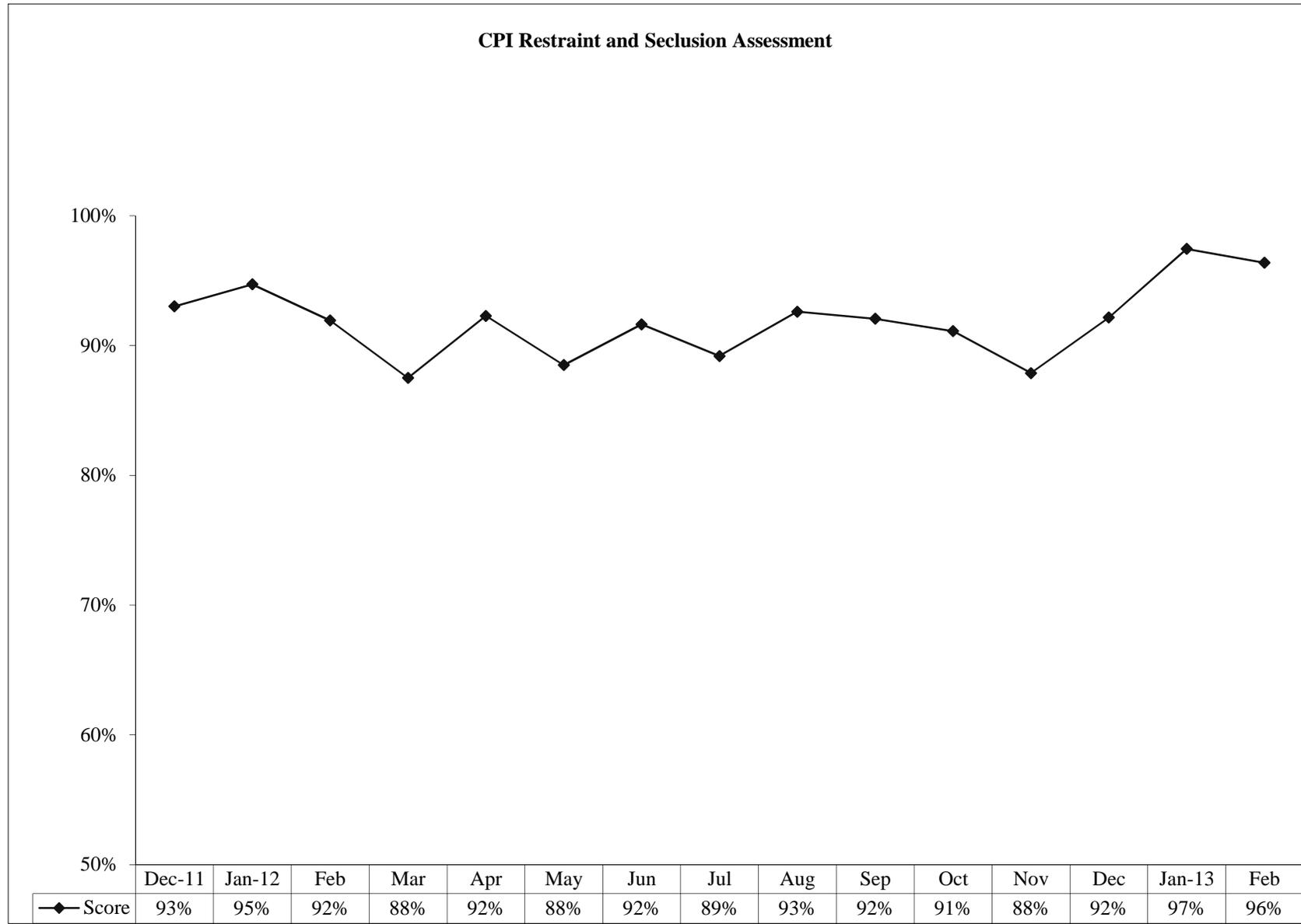


\*No scores reported to HMDS.

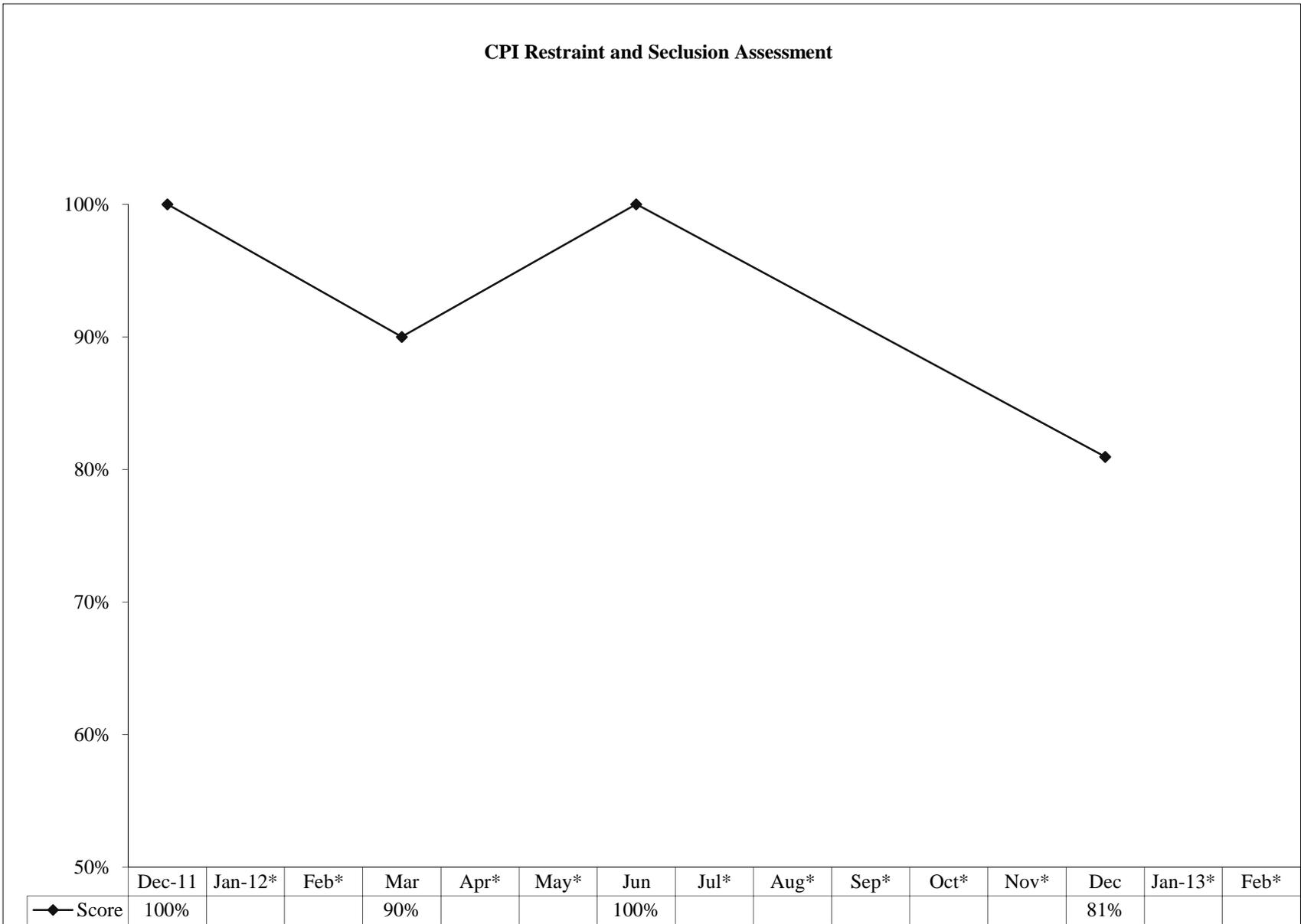
**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Kerrville State Hospital**



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

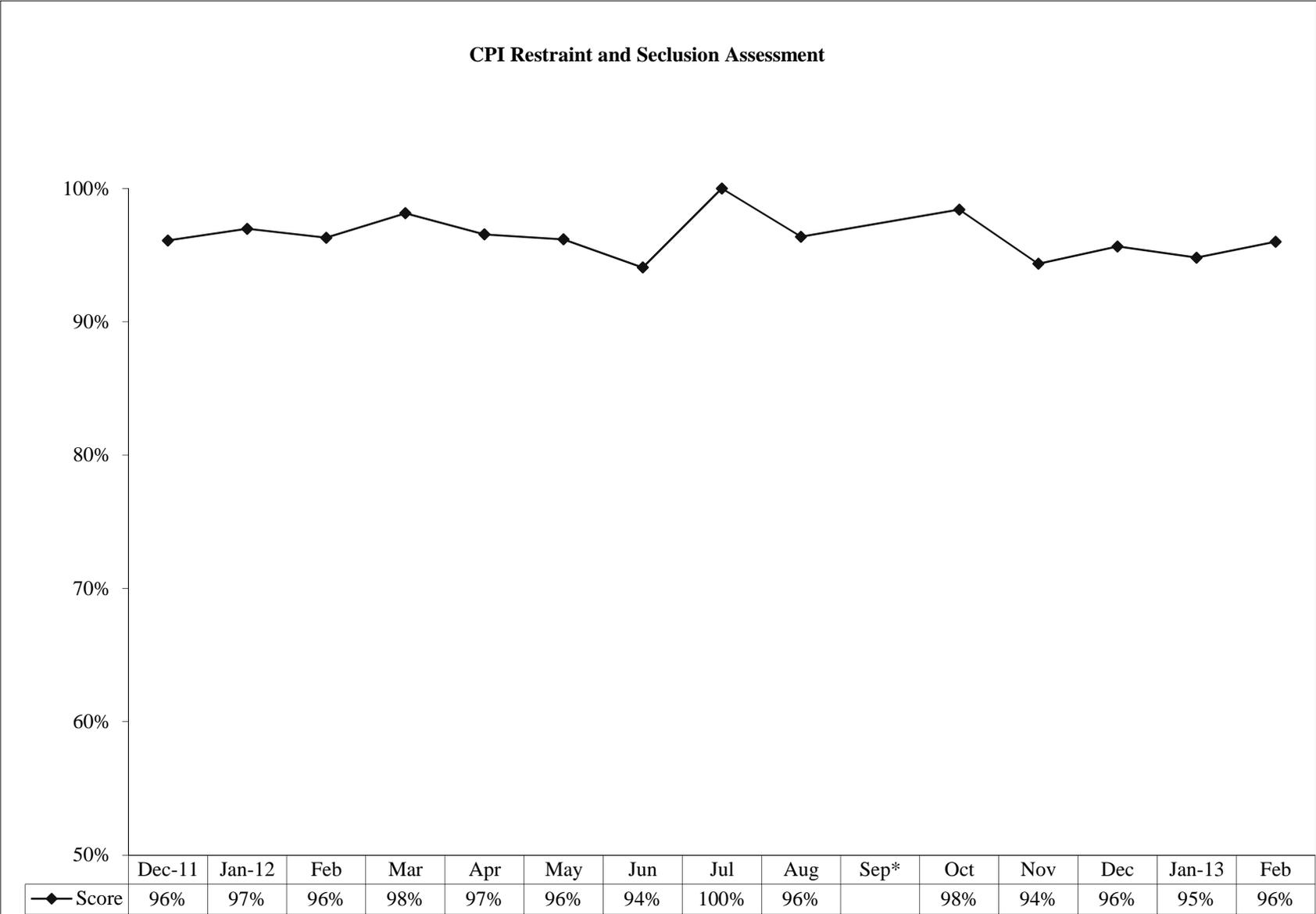


**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**Rio Grande State Center**

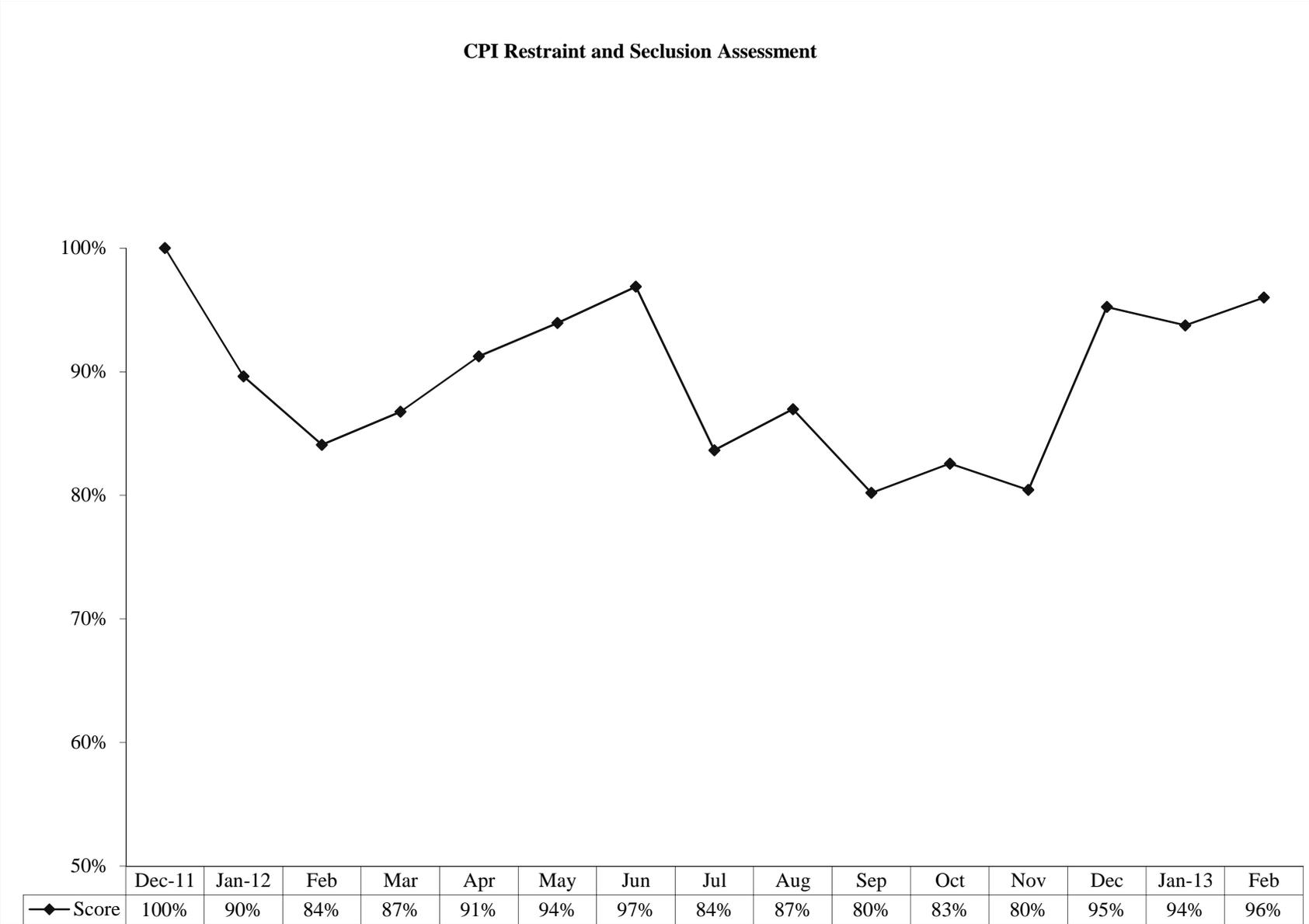


\*No scores reported to HMDS.

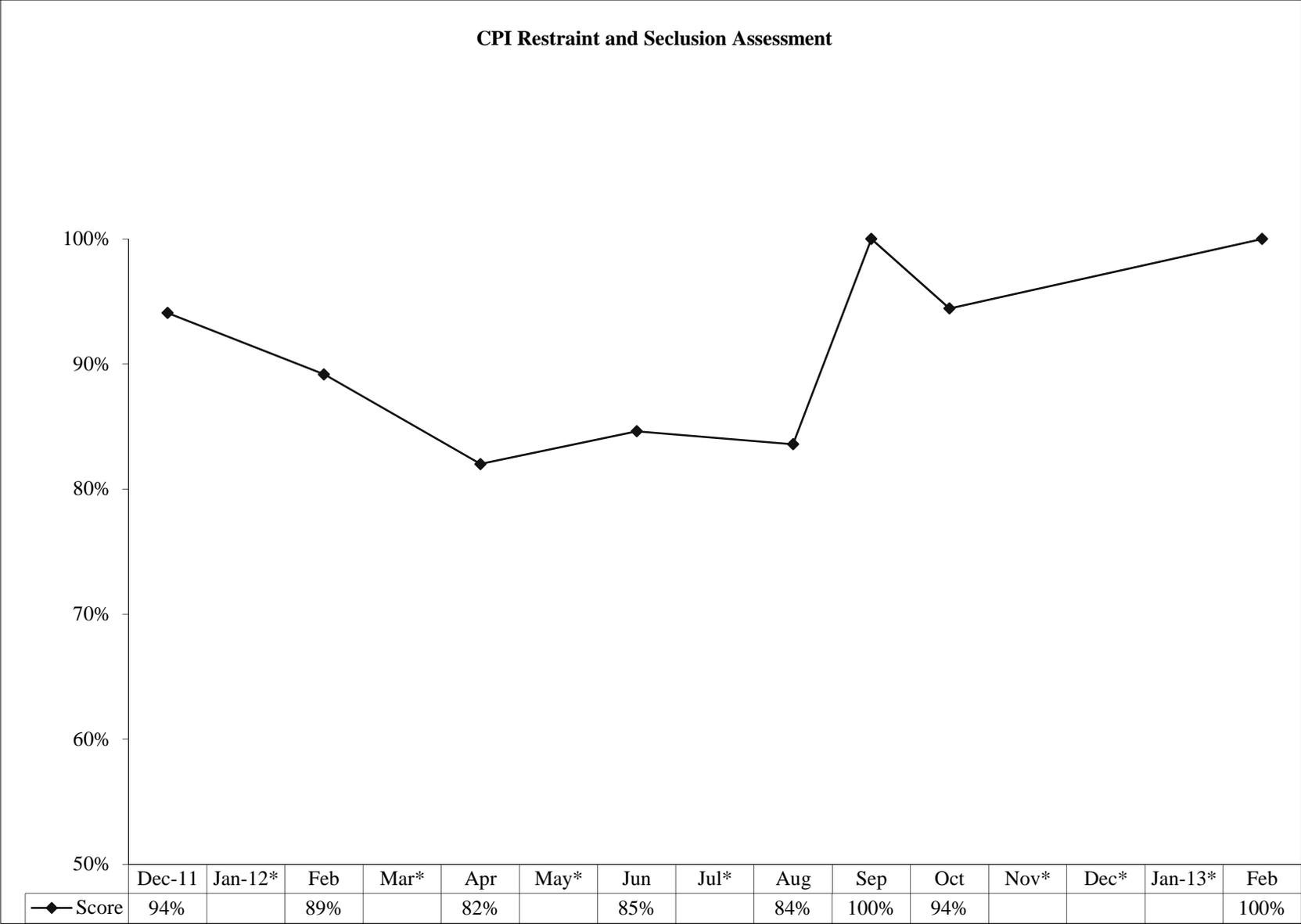
**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**Rusk State Hospital**



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

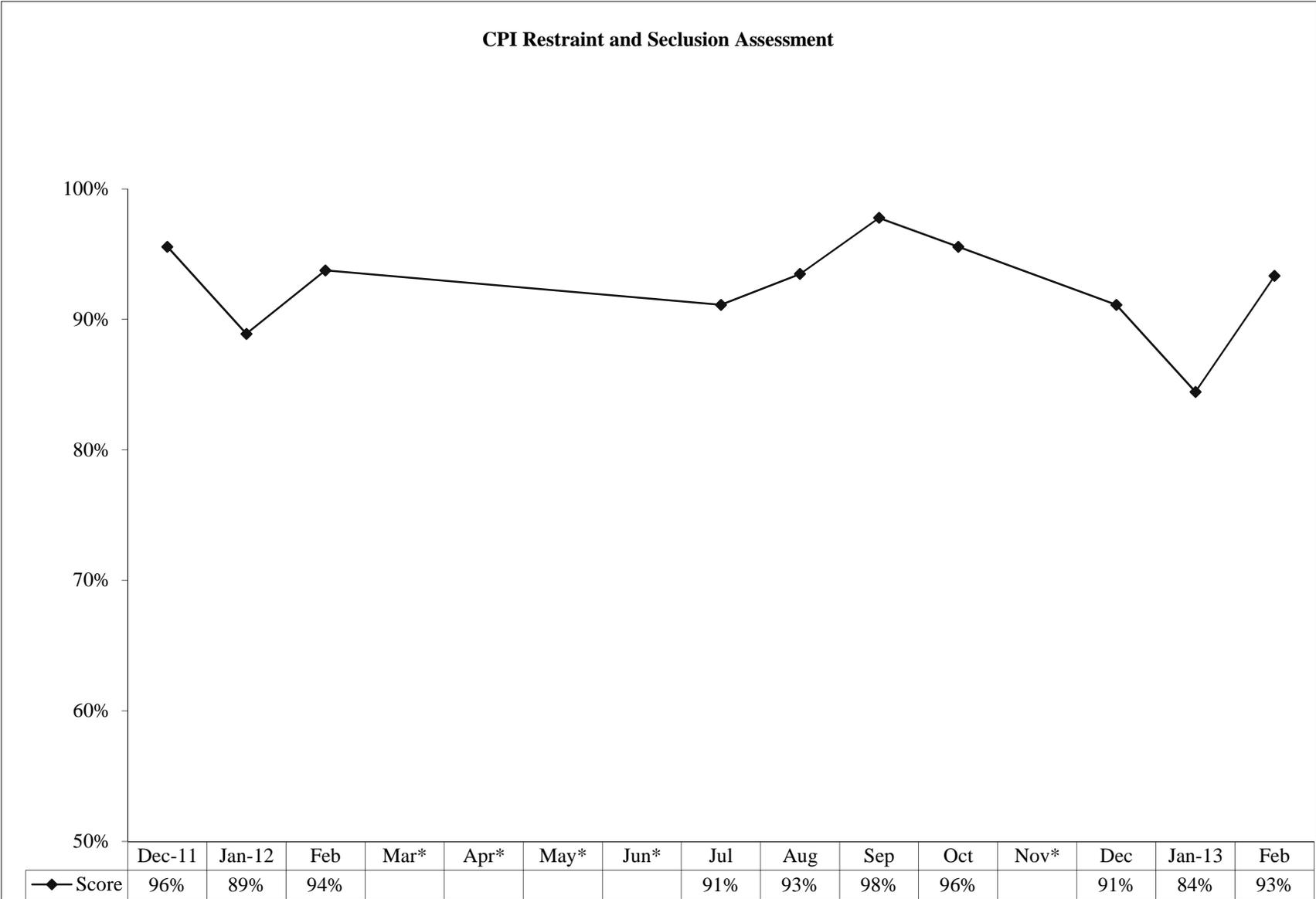


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Terrell State Hospital**



\*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.

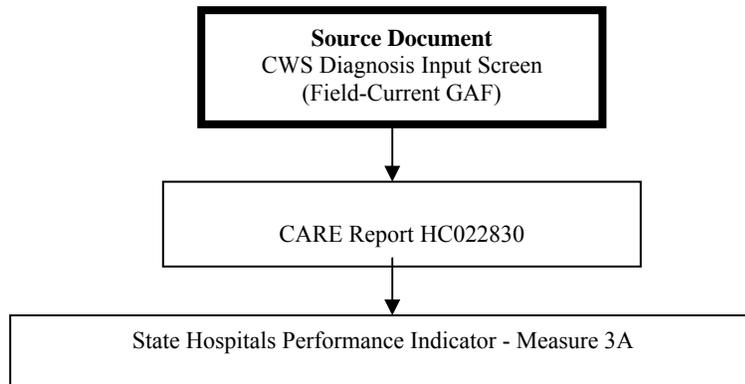
**Performance Measure Formula:  $R = (N/D)$**

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).

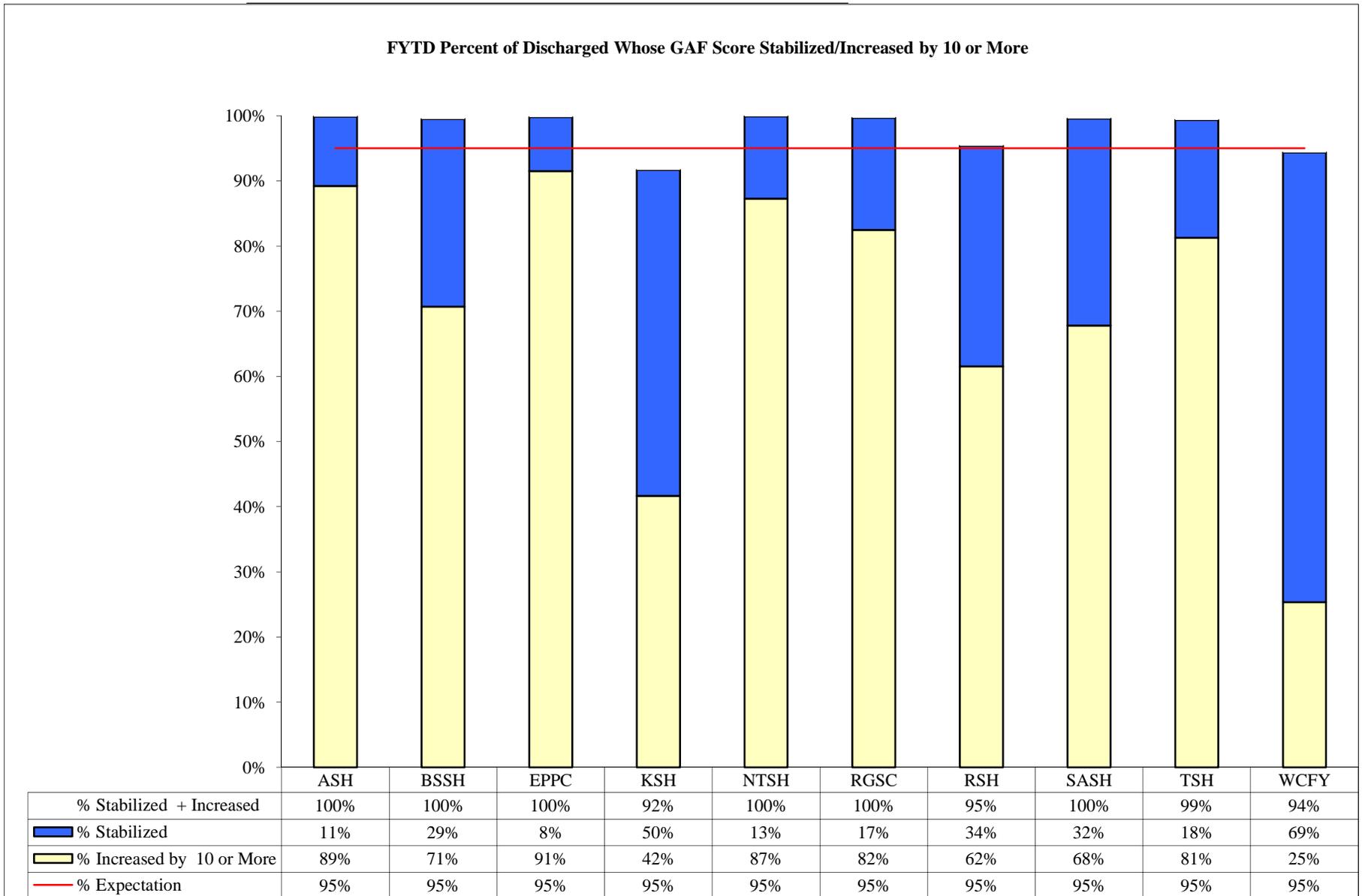
**Performance Measure Data Display and Chart Description:**

- ◆ 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.

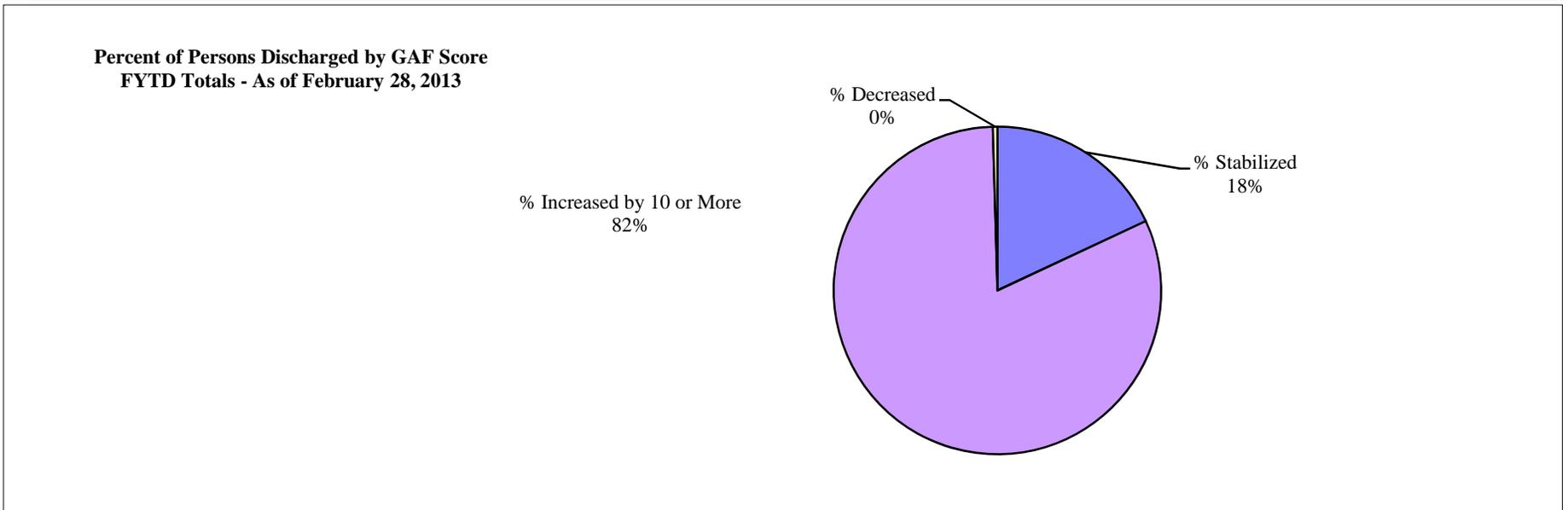
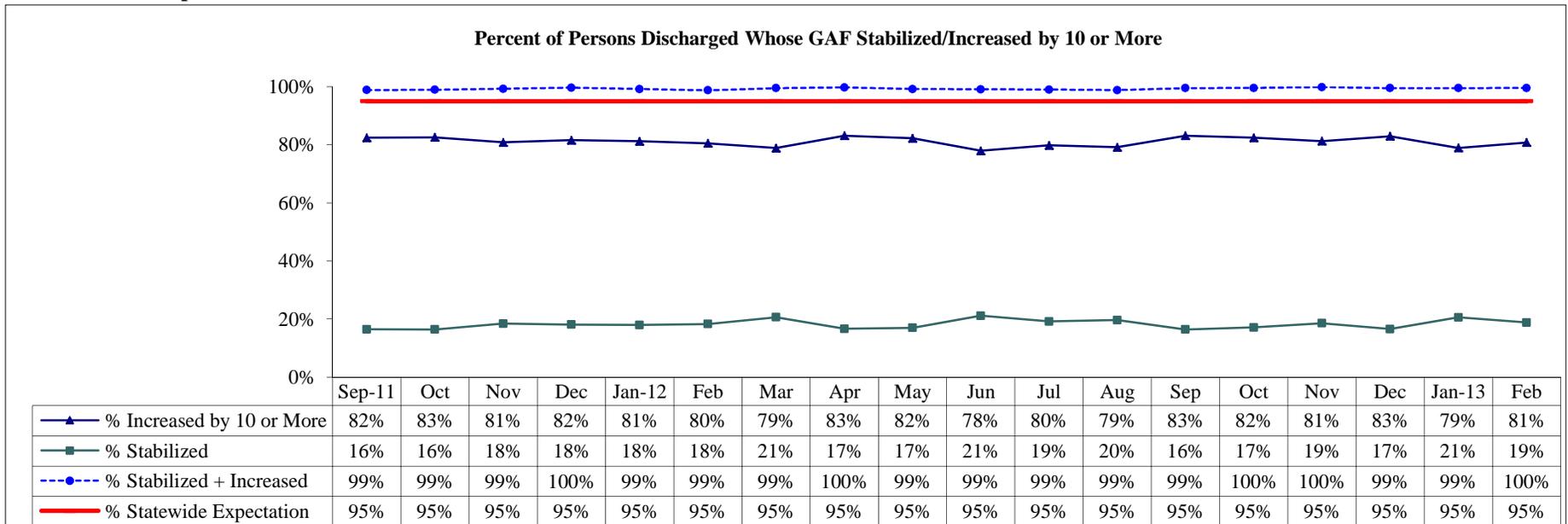
**Data Flow:**



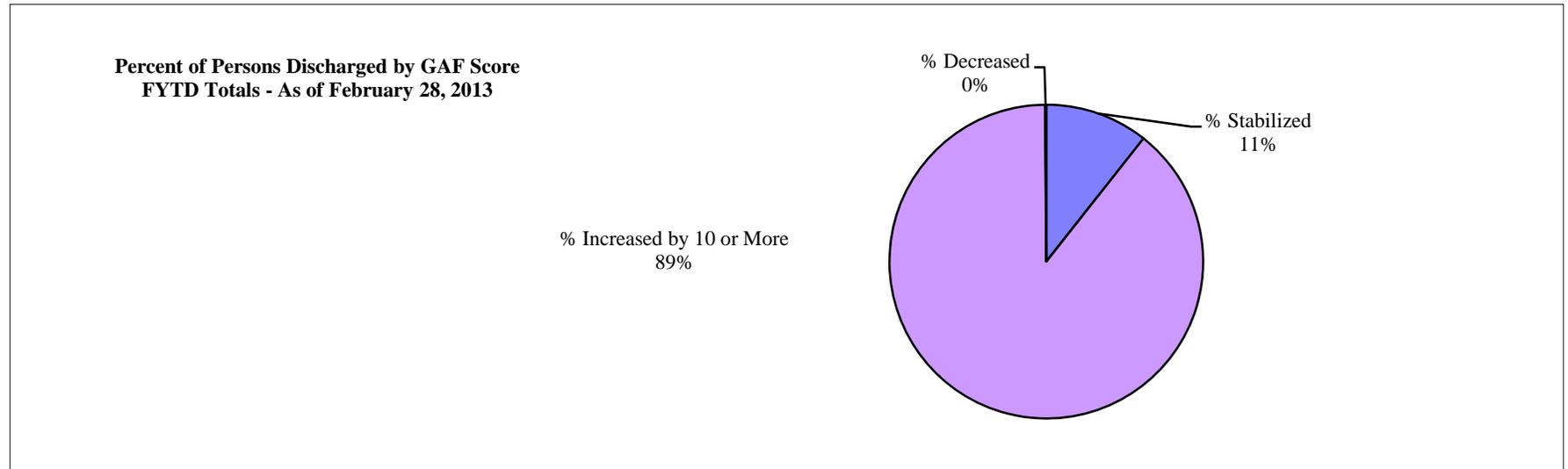
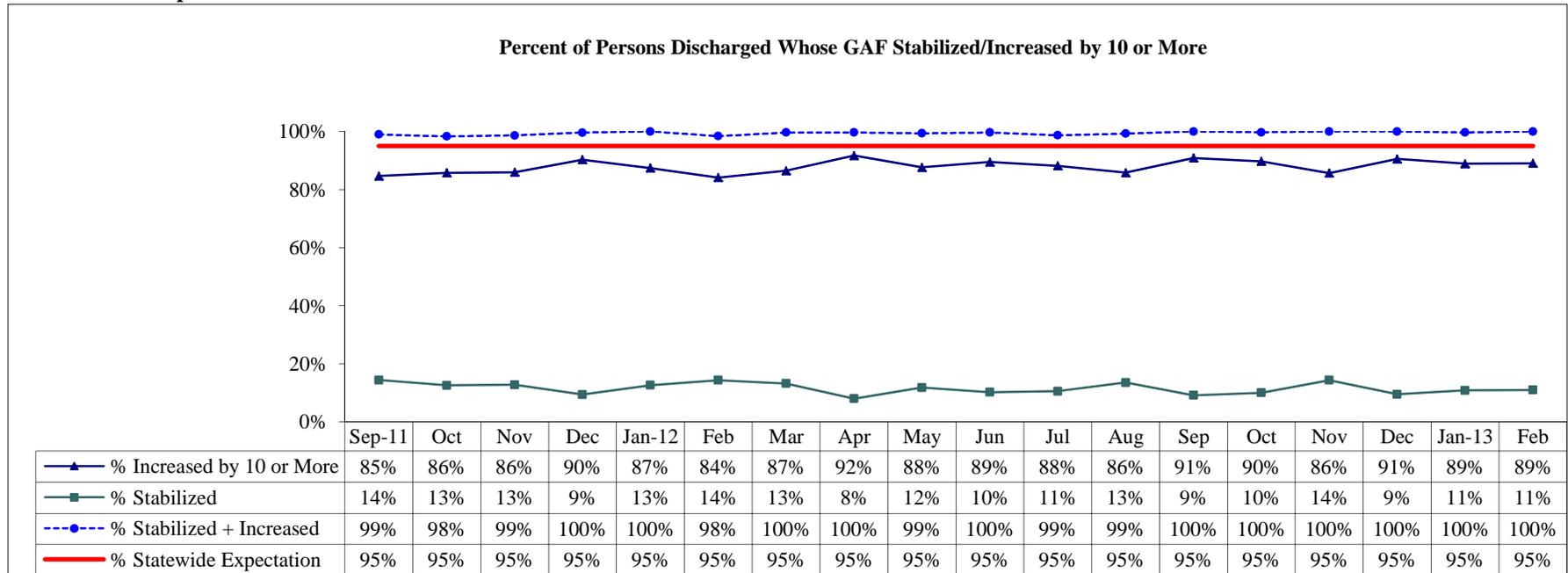
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**All State MH Hospitals - As of February 28, 2013**



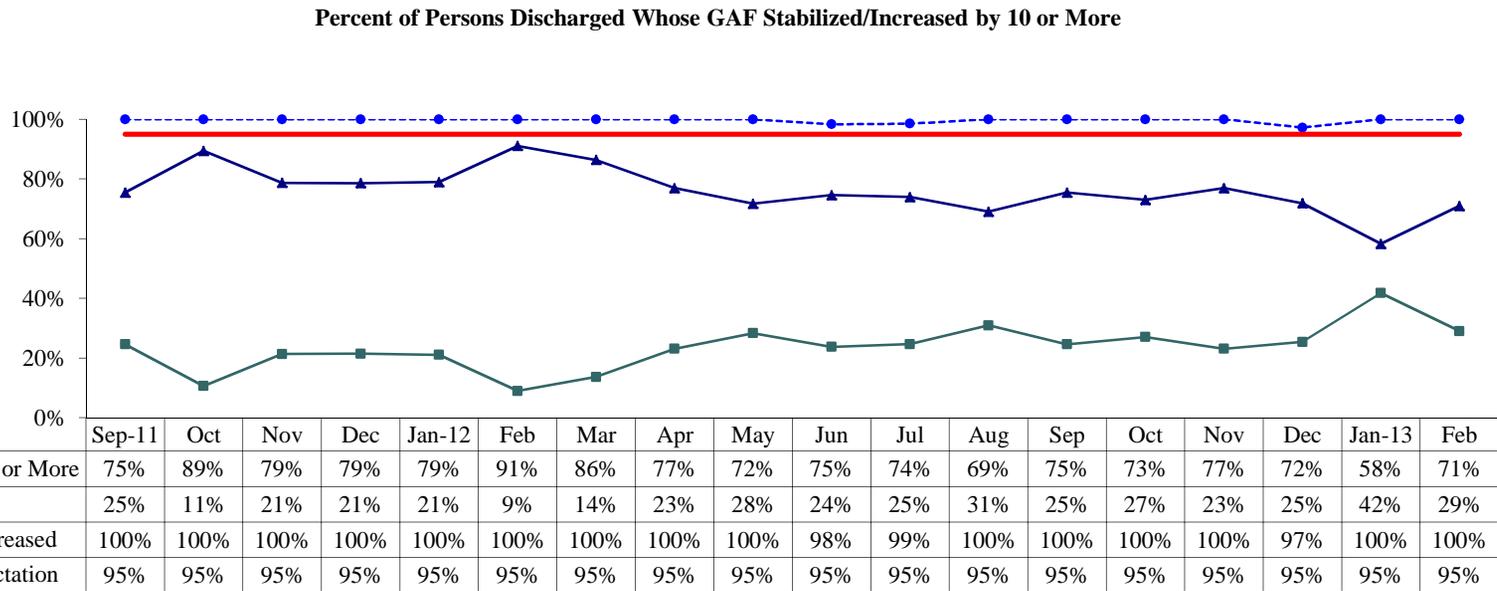
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**All State MH Hospitals**



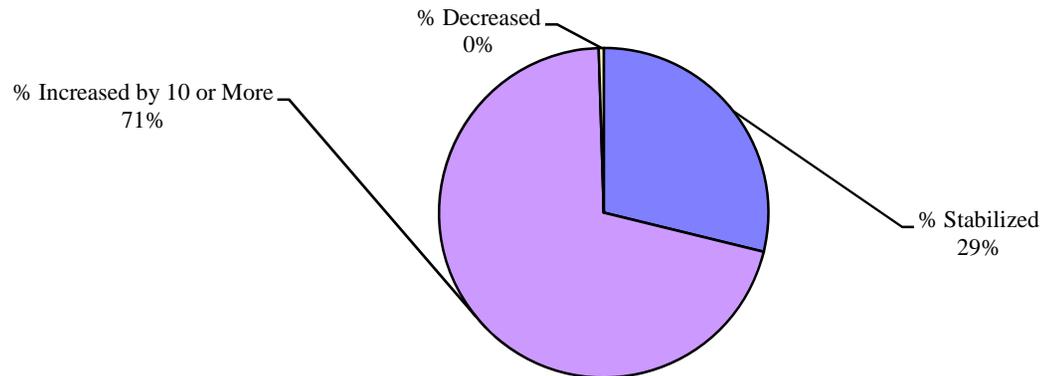
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Austin State Hospital**



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

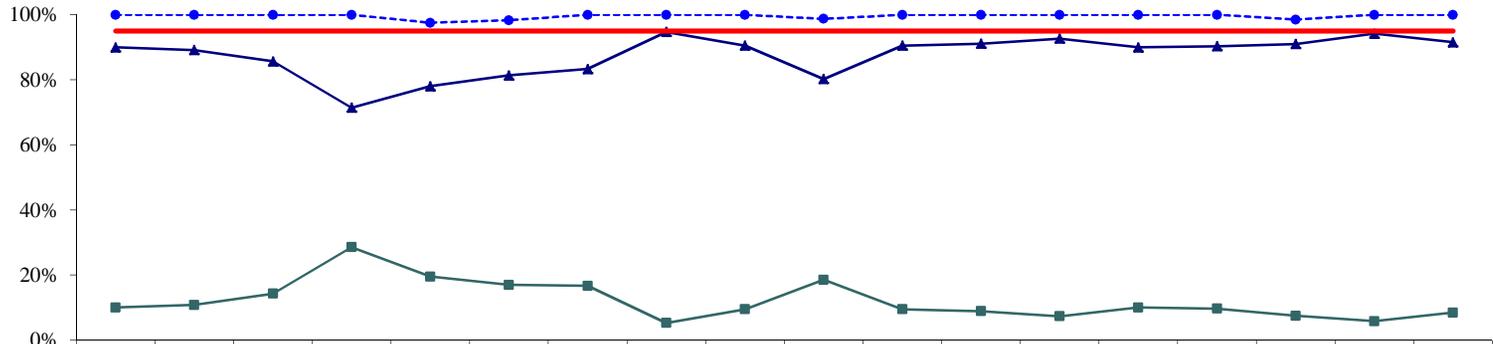


**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of February 28, 2013**



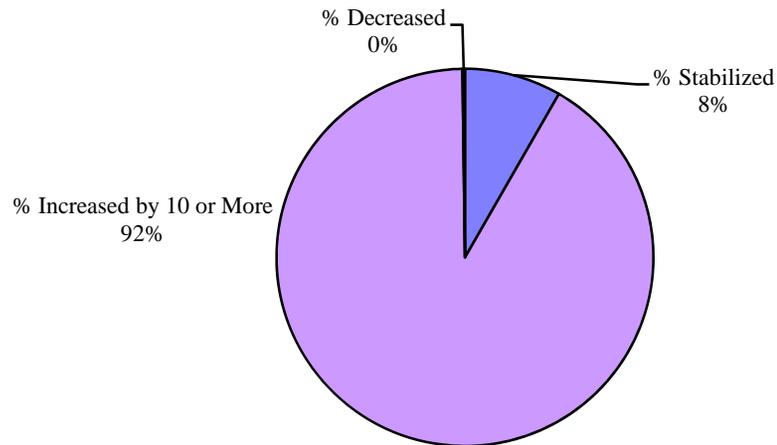
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**El Paso Psychiatric Center**

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

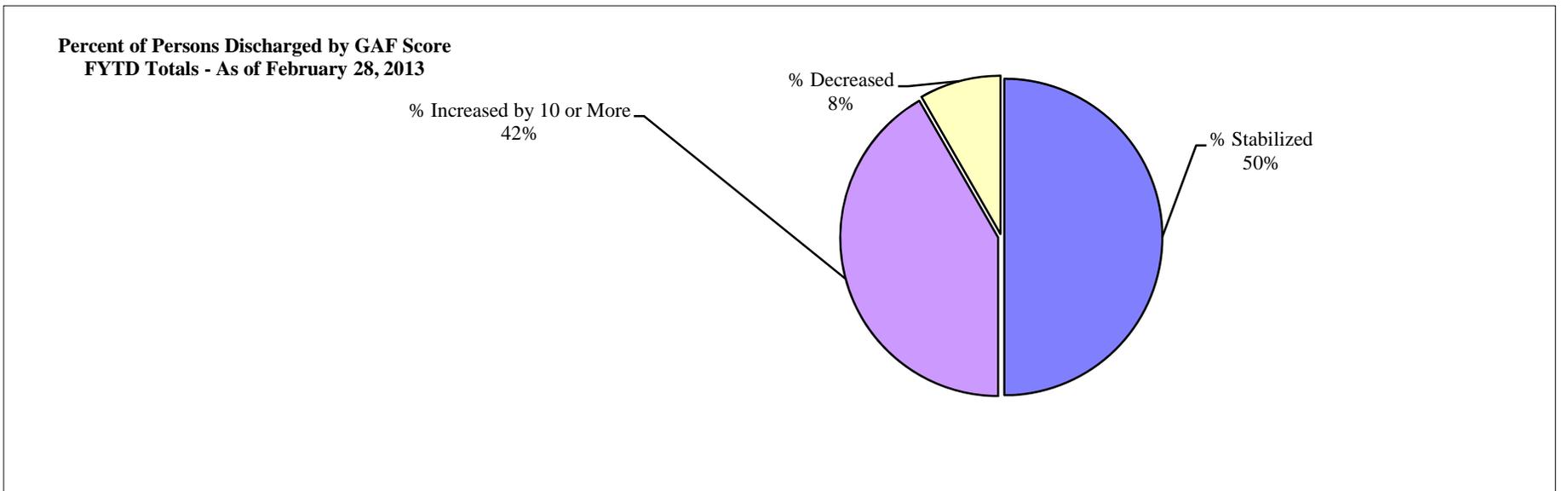
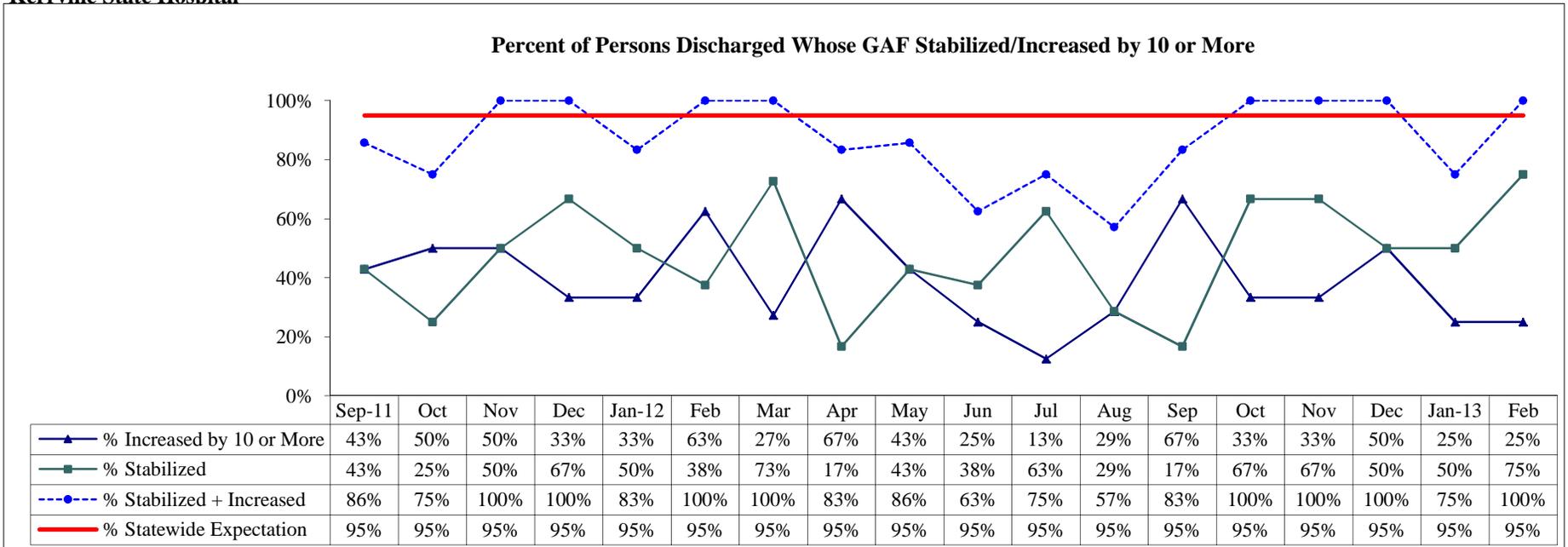


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
% Increased by 10 or More	90%	89%	86%	71%	78%	81%	83%	95%	91%	80%	91%	91%	93%	90%	90%	91%	94%	92%
% Stabilized	10%	11%	14%	29%	20%	17%	17%	5%	9%	19%	9%	9%	7%	10%	10%	7%	6%	8%
% Stabilized + Increased	100%	100%	100%	100%	98%	98%	100%	100%	100%	99%	100%	100%	100%	100%	100%	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 February 28, 2013**



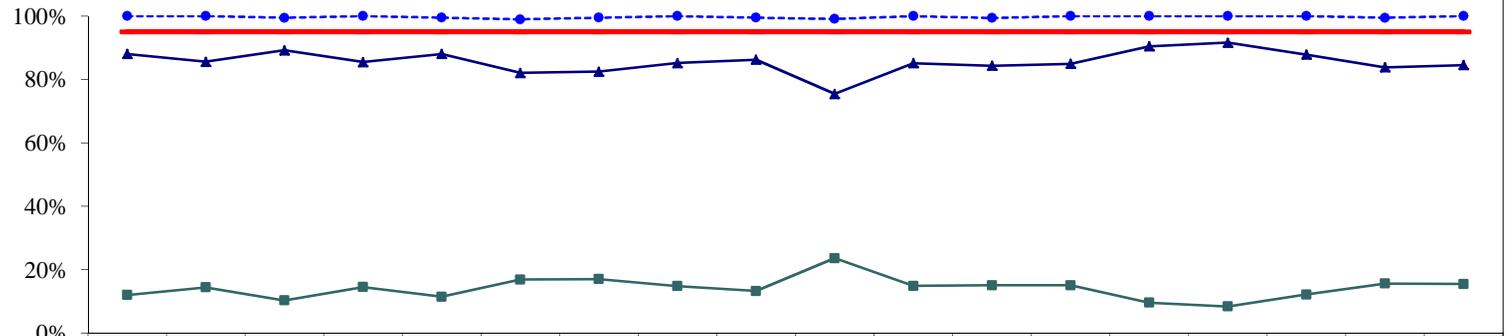
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Kerrville State Hospital**



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

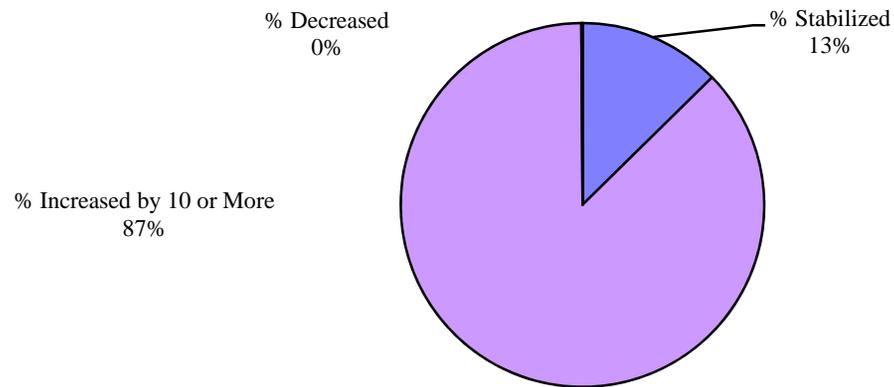
**North Texas State Hospital**

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



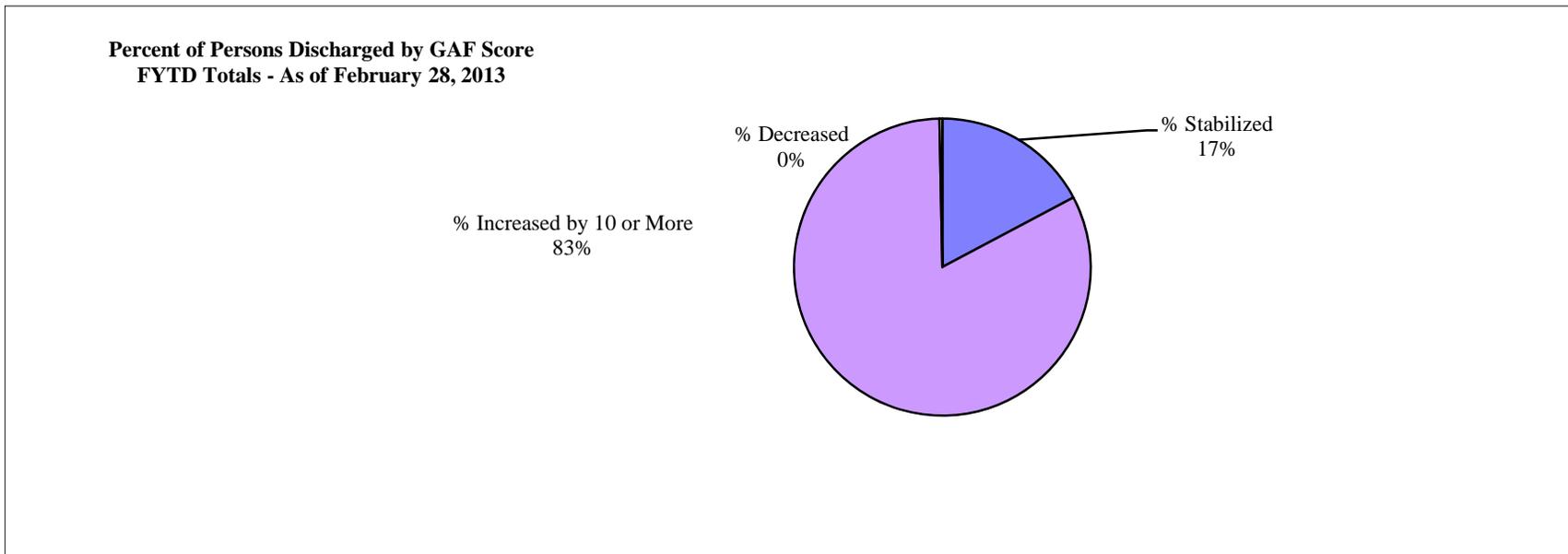
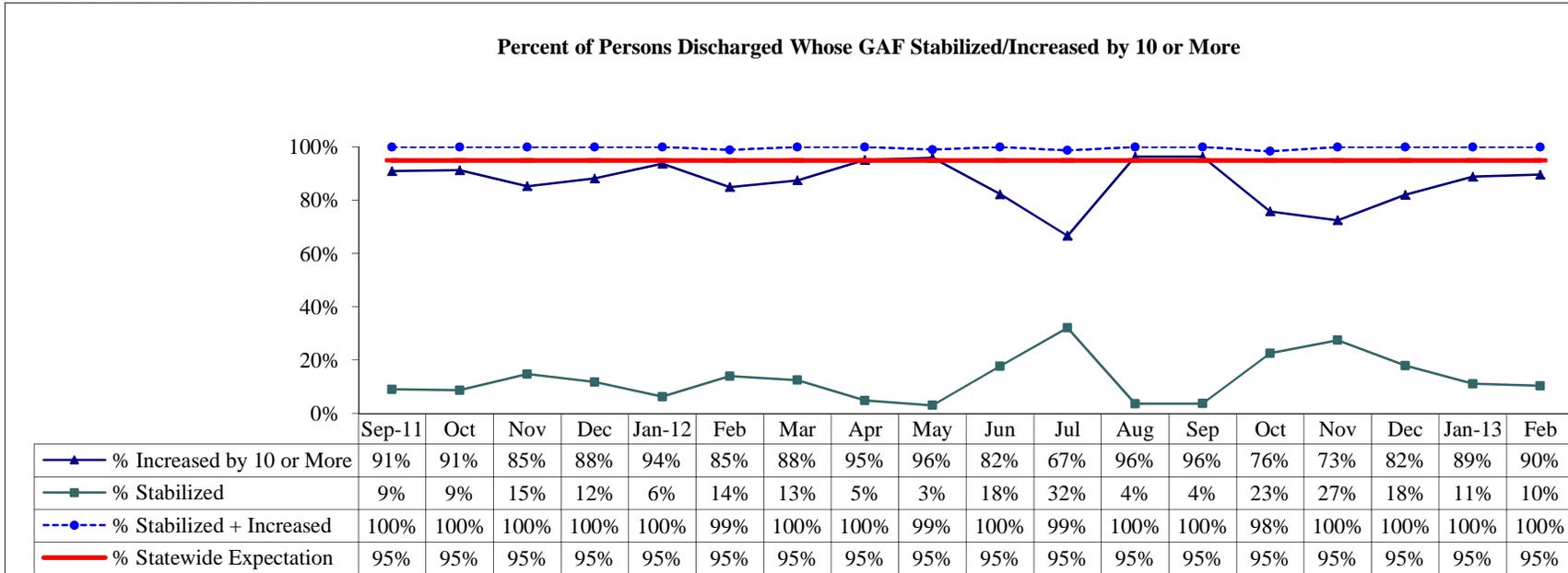
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
—▲— % Increased by 10 or More	88%	86%	89%	85%	88%	82%	82%	85%	86%	75%	85%	84%	85%	90%	92%	88%	84%	85%
—■— % Stabilized	12%	14%	10%	15%	11%	17%	17%	15%	13%	24%	15%	15%	15%	10%	8%	12%	16%	15%
- - ● - - % Stabilized + Increased	100%	100%	99%	100%	99%	99%	99%	100%	99%	99%	100%	99%	100%	100%	100%	100%	99%	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 February 28, 2013**



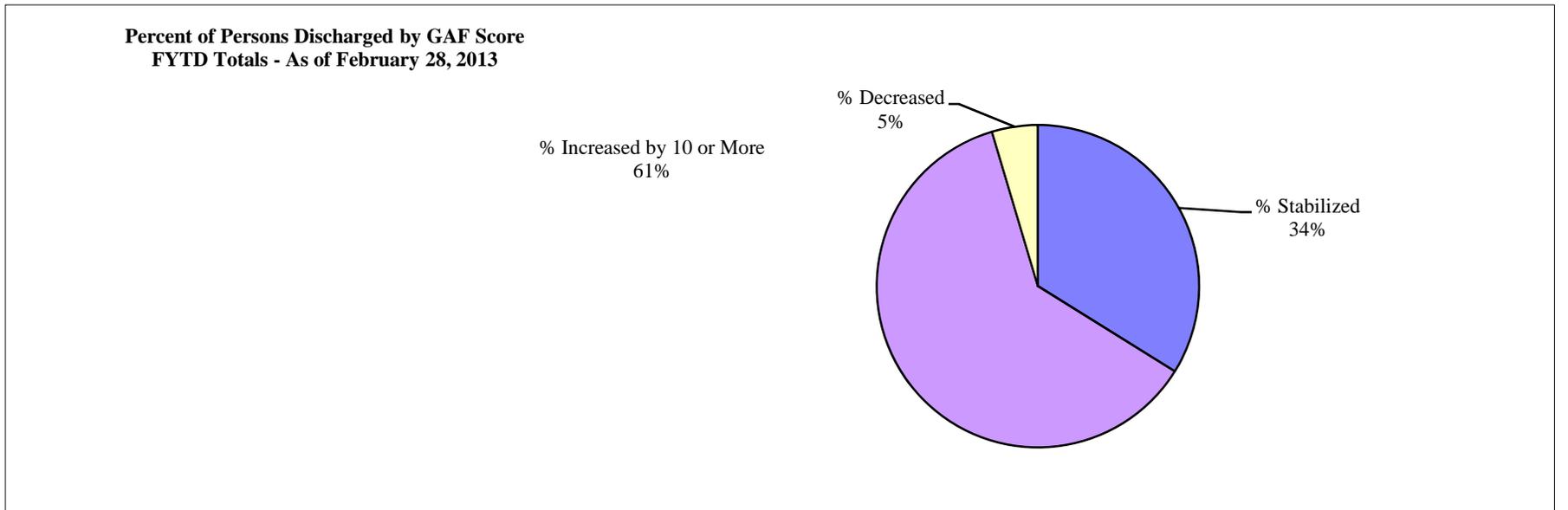
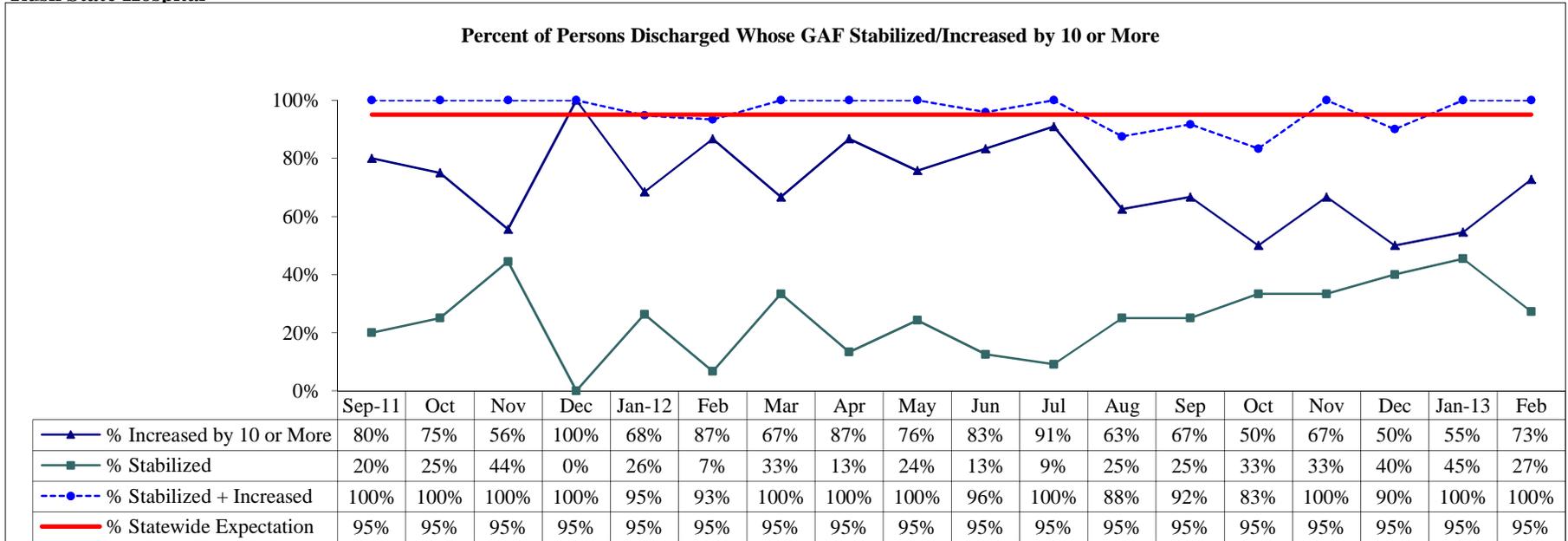
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**Rio Grande State Center**

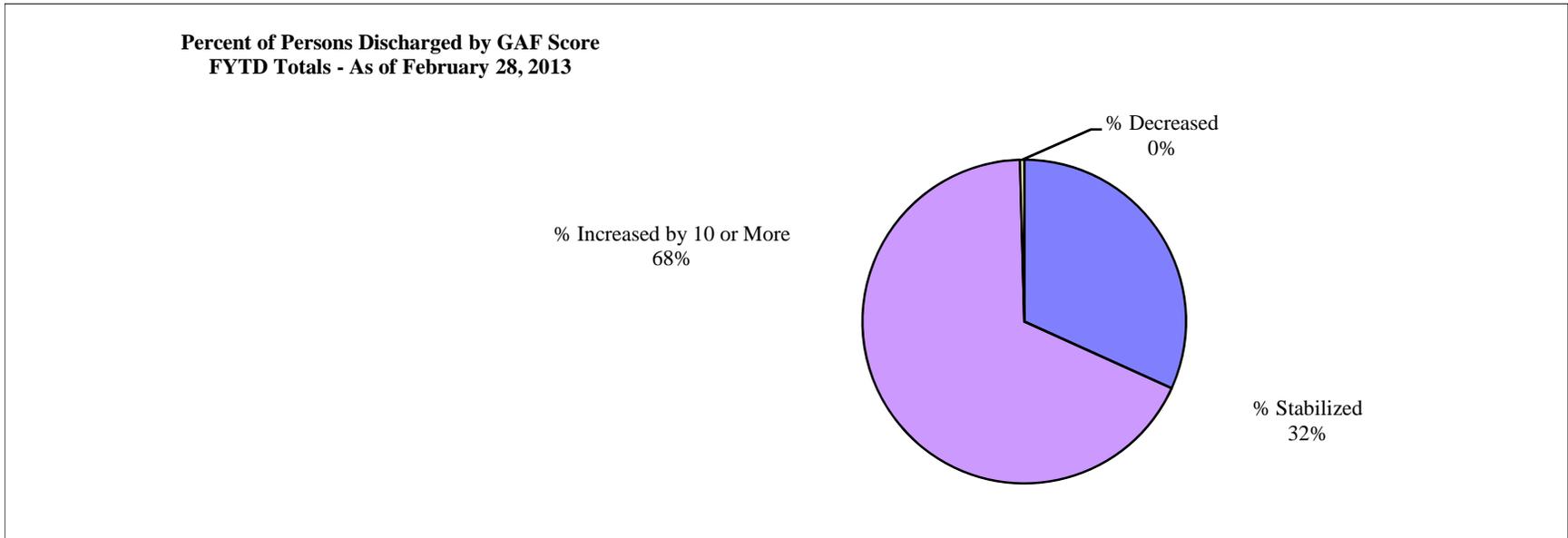
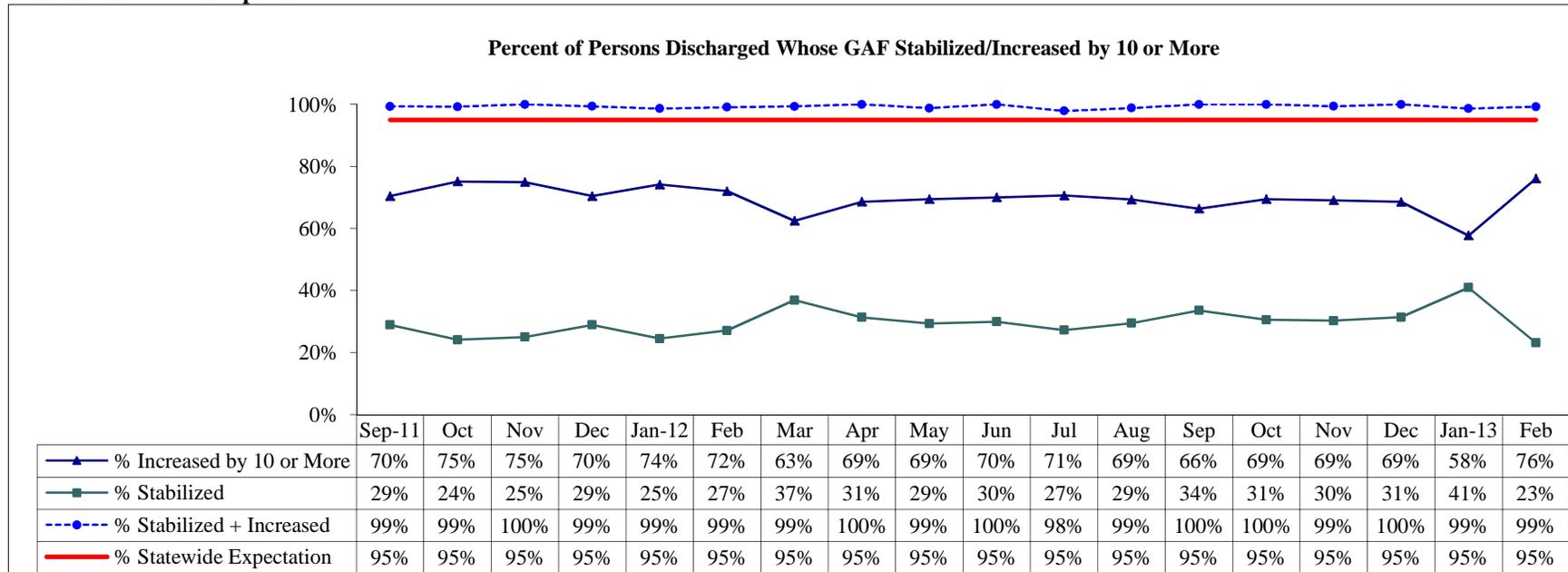


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

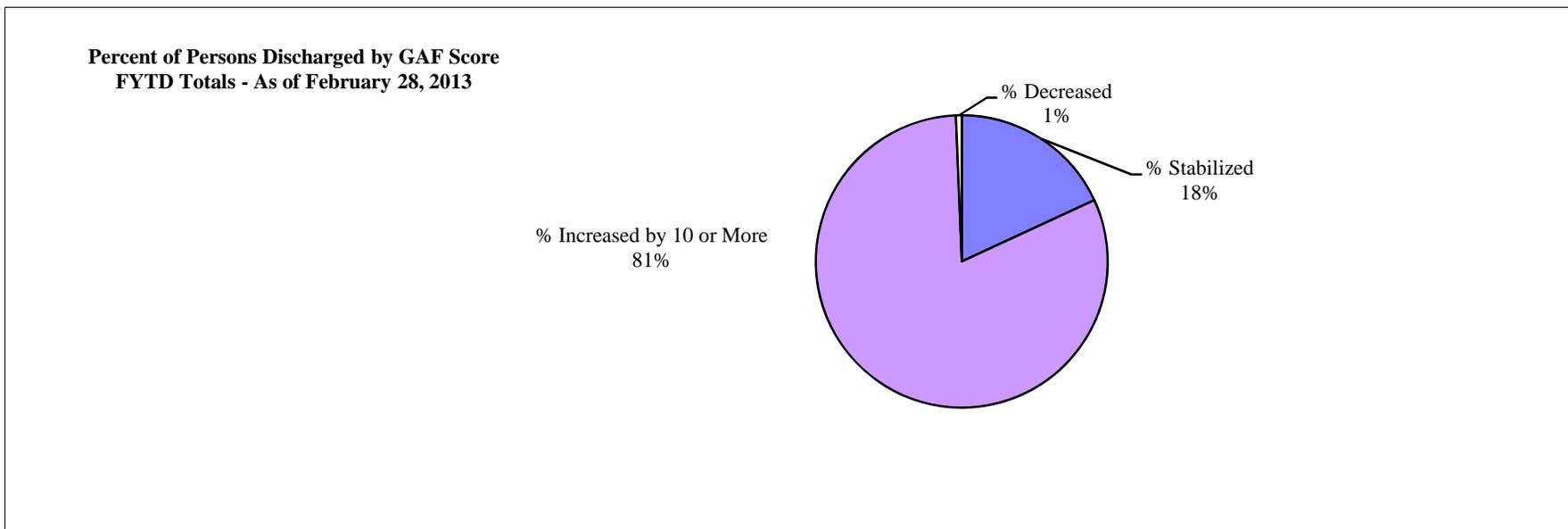
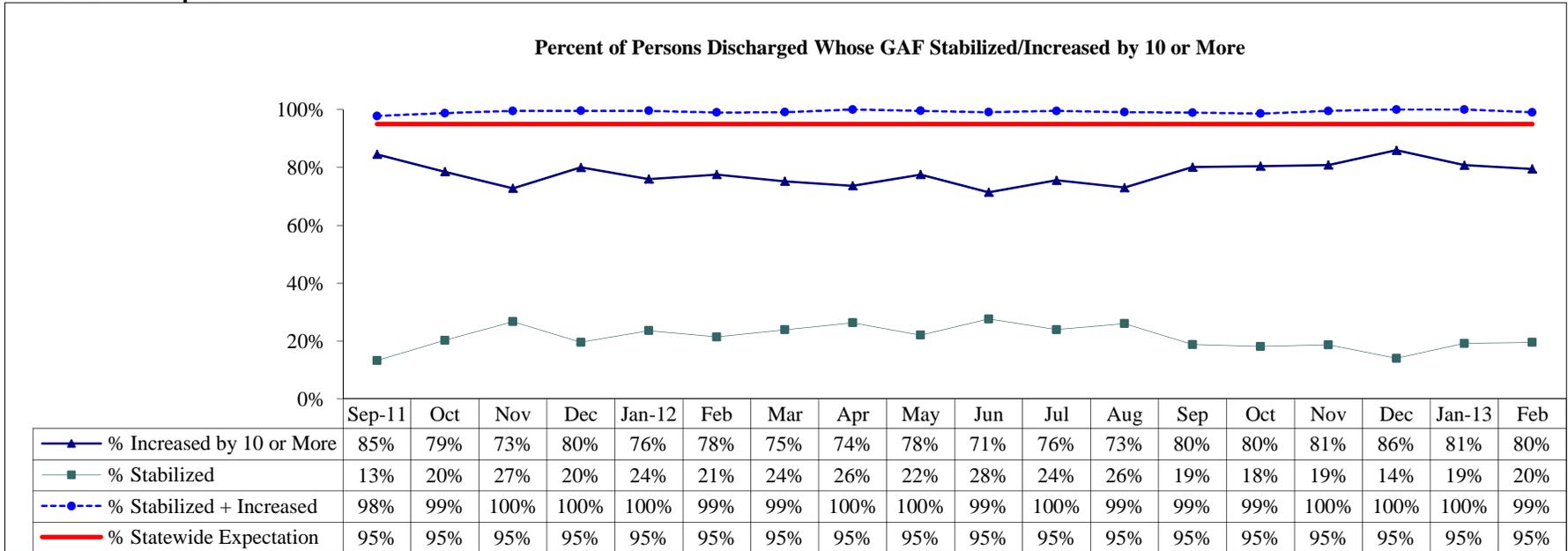
**Rusk State Hospital**



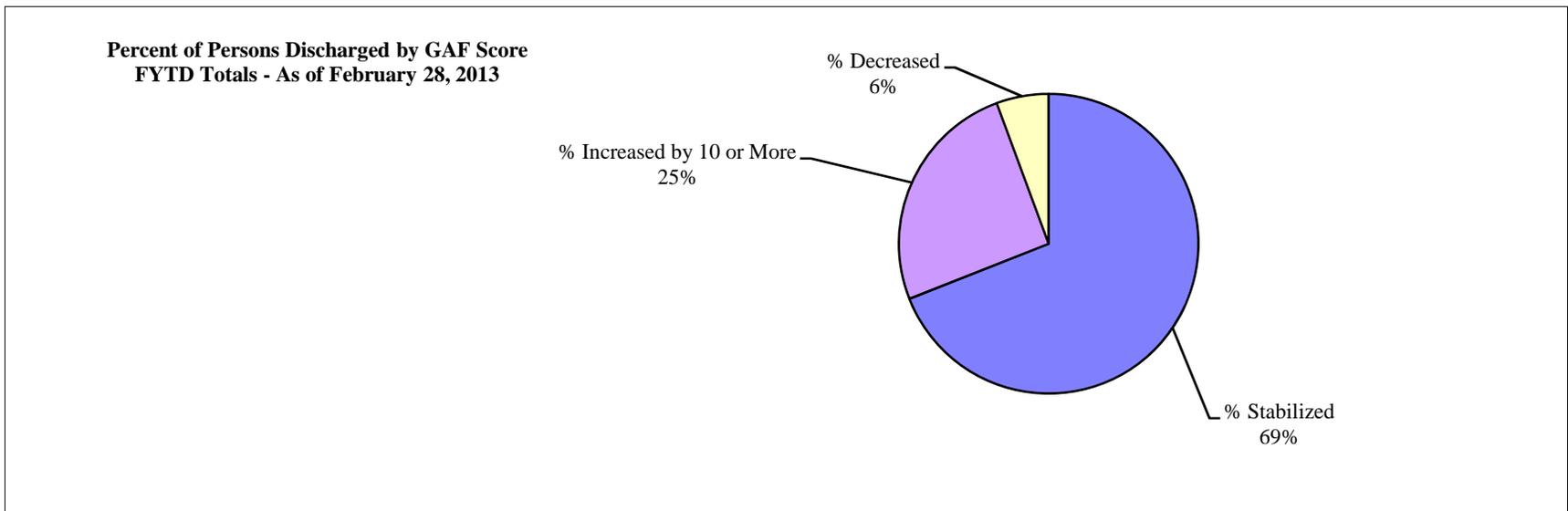
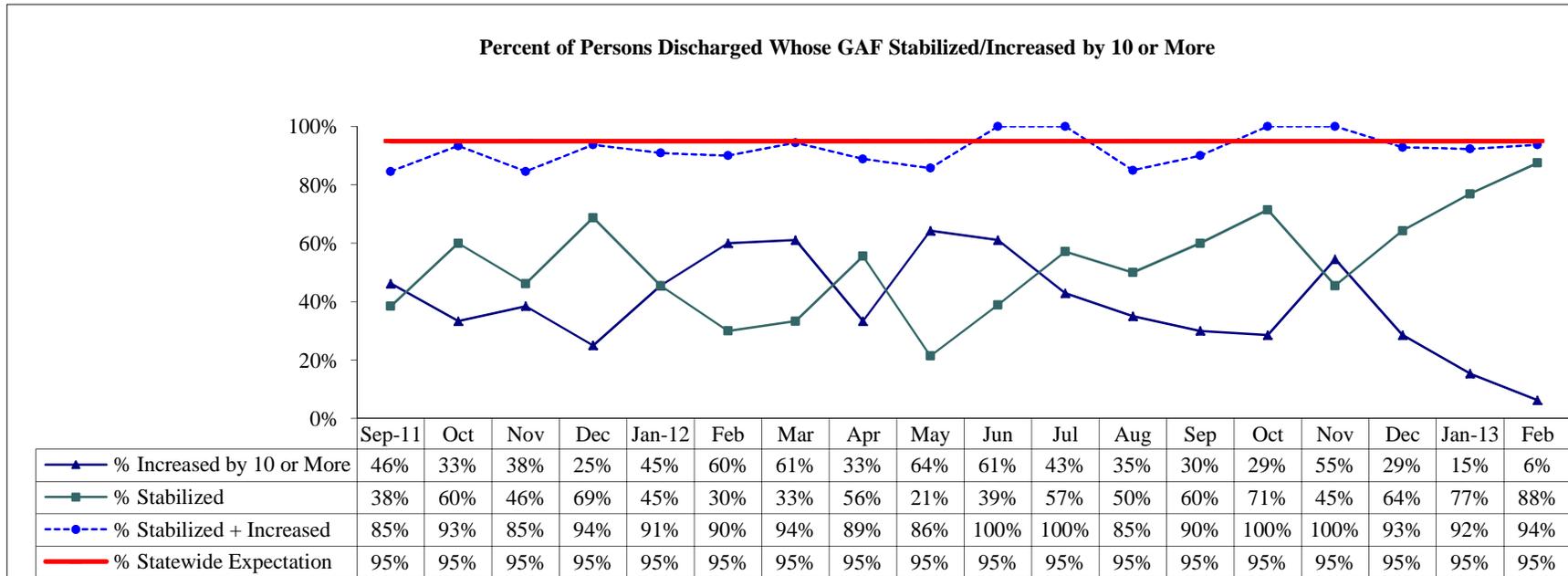
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**San Antonio State Hospital**



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



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



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

**Performance Objective 4B:**

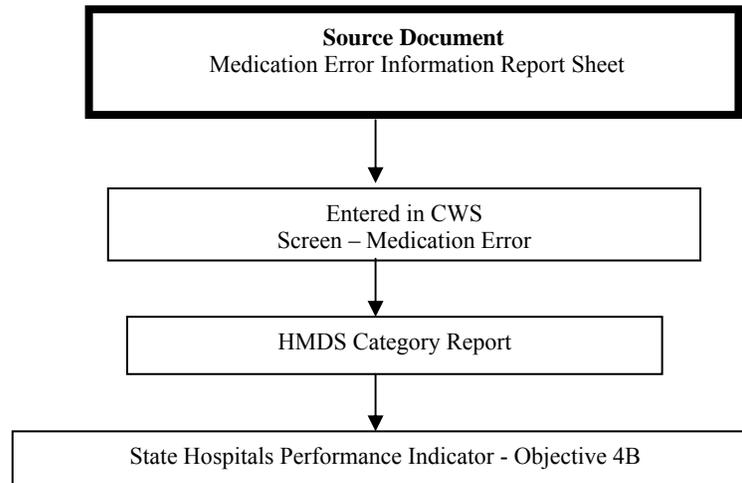
**Identify, collect, aggregate, and analyze medication errors.**

**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:**



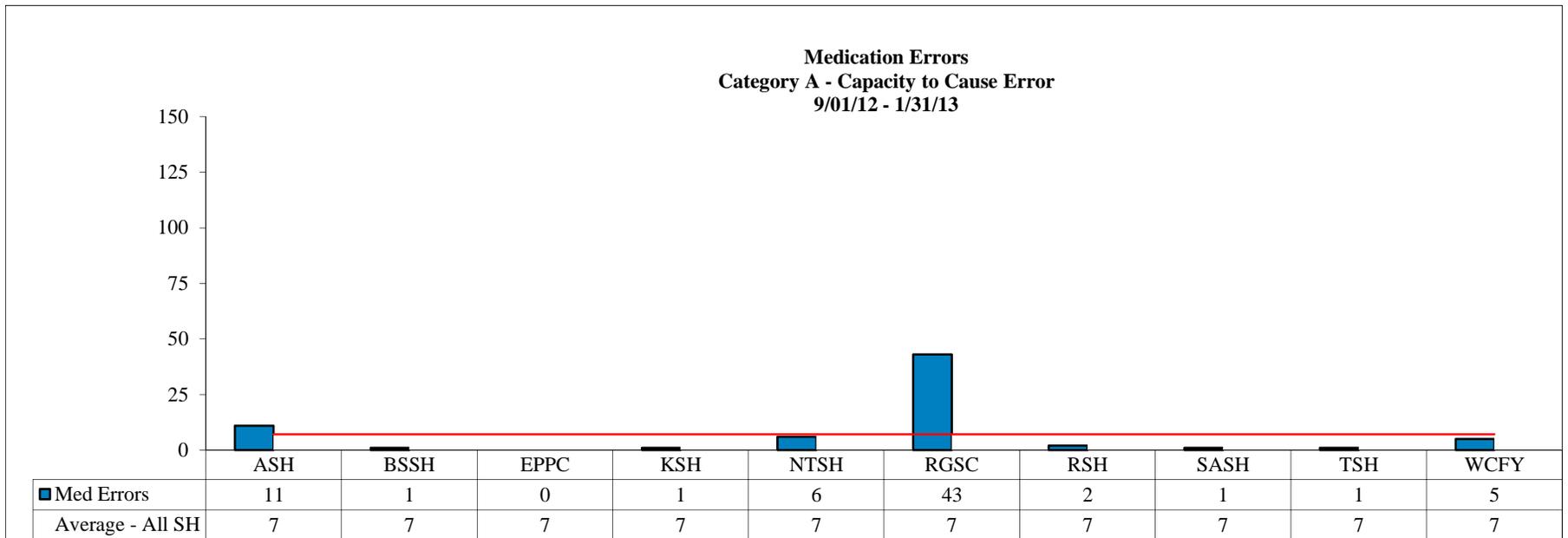
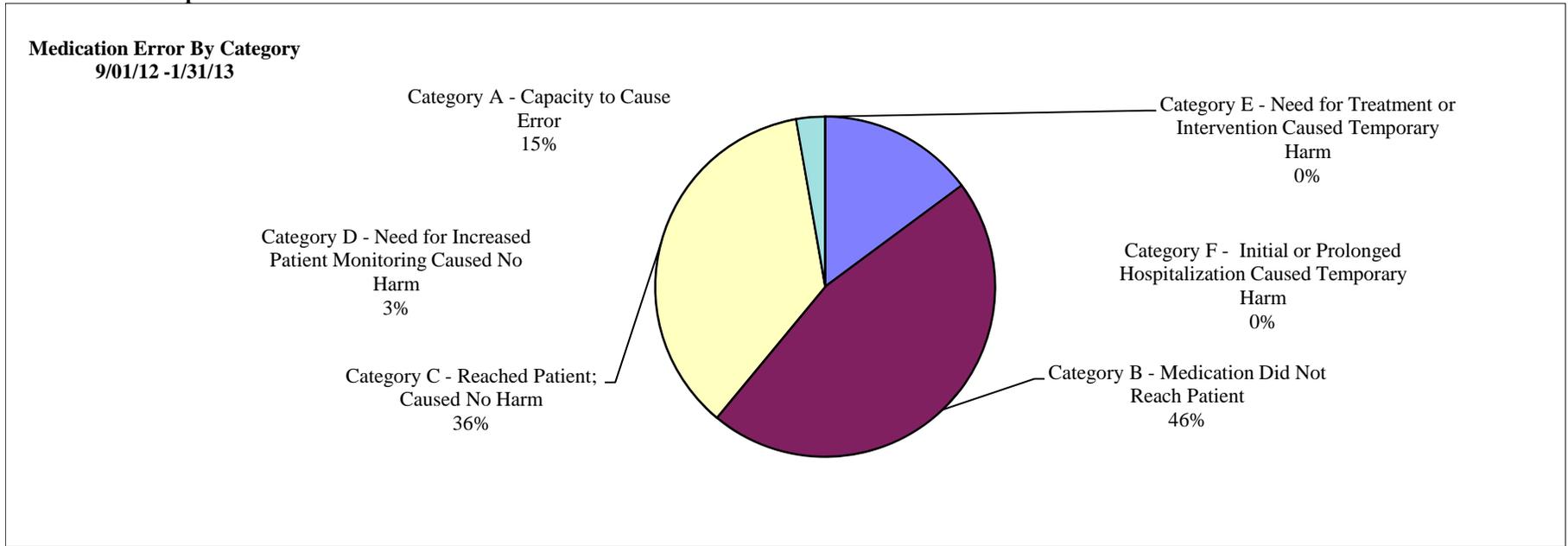
**Objective 4B - Medication Variance Data  
All State Hospitals**

	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13
<b>AUSTIN STATE HOSPITAL</b>														
Medication Errors	32	56	57	37	21	15	8	6	5	5	5	12	22	23
Bed Days in Month	7762	8444	7938	8448	8204	8333	8147	8610	8301	8124	8153	7715	8477	8545
Med Errors/1000 Bed Days	4.12	6.63	7.18	4.38	2.56	1.80	0.98	0.70	0.60	0.62	0.61	1.56	2.60	2.69
<b>BIG SPRING STATE HOSPITAL</b>														
Medication Errors	11	8	6	13	8	9	9	12	9	7	7	4	11	7
Bed Days in Month	5666	5684	5559	6044	5773	5938	5642	5823	5867	5556	5451	5714	5893	5819
Falls/1000 Bed Days	1.94	1.41	1.08	2.15	1.39	1.52	1.60	2.06	1.53	1.26	1.28	0.70	1.87	1.20
<b>EL PASO PSYCHIATRIC CENTER</b>														
Medication Errors	0	3	2	7	0	6	4	2	6	8	2	3	6	0
Bed Days in Month	2069	2208	2048	2144	2065	2227	2196	2223	2190	2105	2196	2105	2102	2107
Med Errors/1000 Bed Days	0.00	1.36	0.98	3.26	0.00	2.69	1.82	0.90	2.74	3.80	0.91	1.43	2.85	0.00
<b>KERRVILLE STATE HOSPITAL</b>														
Medication Errors	28	35	28	22	38	36	34	24	37	21	53	28	28	27
Bed Days in Month	6001	5946	5392	5776	5517	5650	5457	5663	5546	5209	5465	5304	5620	5639
Med Errors/1000 Bed Days	4.67	5.89	5.19	3.81	6.89	6.37	6.23	4.24	6.67	4.03	9.70	5.28	4.98	4.79
<b>NORTH TEXAS STATE HOSPITAL</b>														
Medication Errors	16	38	59	18	27	22	26	23	28	19	35	33	22	27
Bed Days in Month	17687	17857	16673	17562	16813	17950	17195	17869	18284	18065	19153	18441	17444	17619
Med Errors/1000 Bed Days	0.90	2.13	3.54	1.02	1.61	1.23	1.51	1.29	1.53	1.05	1.83	1.79	1.26	1.53
<b>RIO GRANDE STATE CENTER</b>														
Medication Errors	2	4	5	10	16	21	40	77	63	95	6	8	4	22
Bed Days in Month	1617	1642	1482	1600	1584	1563	1576	1636	1619	1590	1610	1402	1474	1095
Med Errors/1000 Bed Days	1.24	2.44	3.37	6.25	10.10	13.44	25.38	47.07	38.91	59.75	3.73	5.71	2.71	20.09
<b>RUSK STATE HOSPITAL</b>														
Medication Errors	1	5	6	5	3	4	8	7	3	10	4	7	3	4
Bed Days in Month	9953	9694	9054	9362	8726	8606	8210	9279	9671	9174	9430	8794	9394	9754
Med Errors/1000 Bed Days	0.10	0.52	0.66	0.53	0.34	0.46	0.97	0.75	0.31	1.09	0.42	0.80	0.32	0.41
<b>SAN ANTONIO STATE HOSPITAL</b>														
Medication Errors	2	10	9	7	6	5	6	5	8	1	5	5	4	4
Bed Days in Month	8266	8528	8089	8480	8033	8147	7513	7585	7976	7469	7955	7489	8252	8331
Med Errors/1000 Bed Days	0.24	1.17	1.11	0.83	0.75	0.61	0.80	0.66	1.00	0.13	0.63	0.67	0.48	0.48
<b>TERRELL STATE HOSPITAL</b>														
Medication Errors	30	49	39	41	20	54	44	0	34	10	24	16	19	5
Bed Days in Month	9324	9354	9036	9465	9203	9484	9058	9173	9391	8810	8999	8449	8283	8840
Med Errors/1000 Bed Days	3.22	5.24	4.32	4.33	2.17	5.69	4.86	0.00	3.62	1.14	2.67	1.89	2.29	0.57

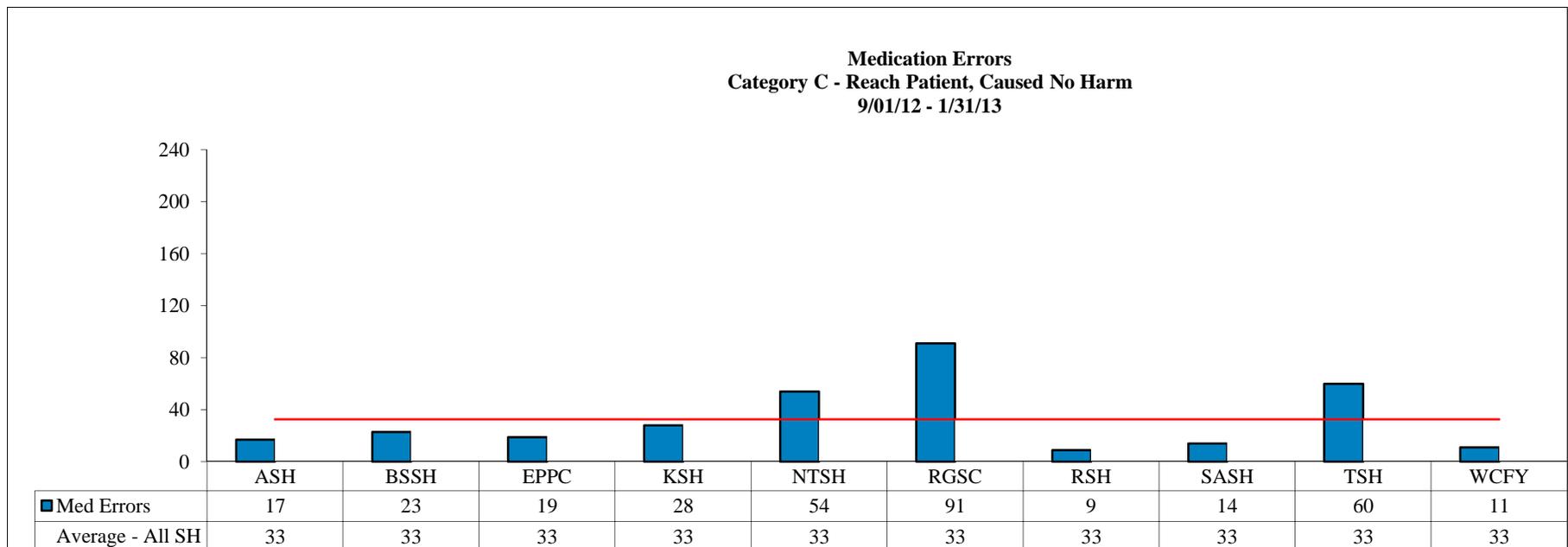
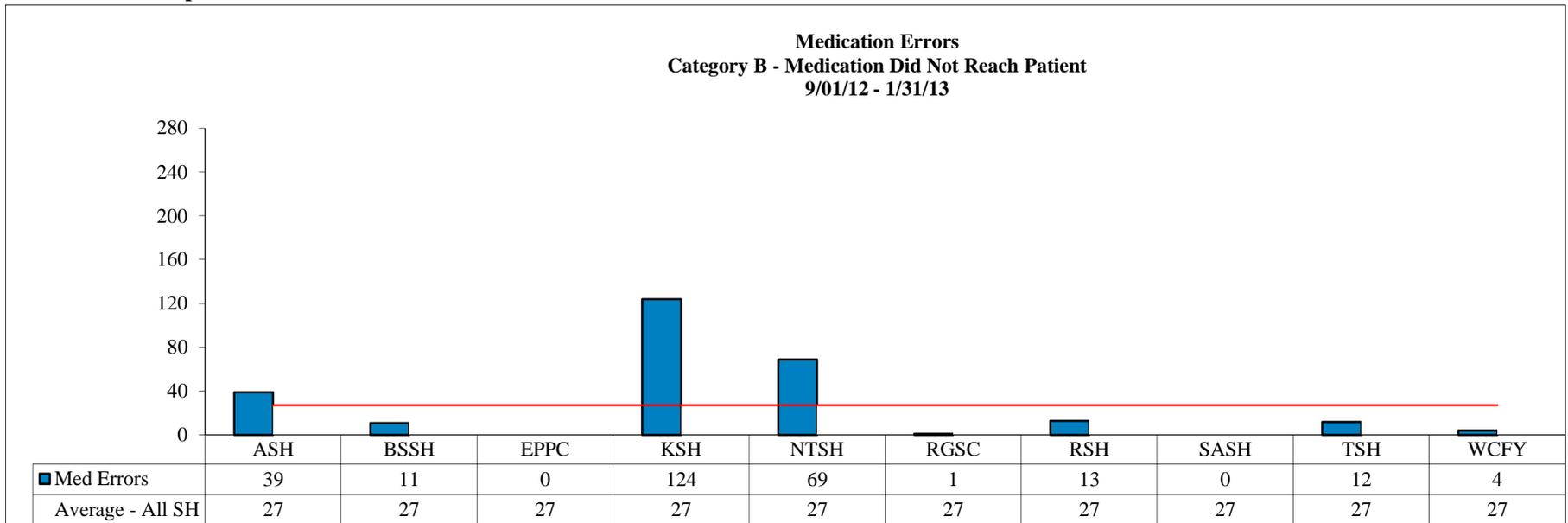
**Objective 4B - Medication Variance Data**  
**All State Hospitals**

	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13
<b>WACO CENTER FOR YOUTH</b>														
Medication Errors	5	1	2	1	5	0	0	0	0	7	3	5	3	2
Bed Days in Month	2240	2202	2162	2287	2278	2334	2183	2221	2221	2222	2311	2163	2169	2176
Med Errors/1000 Bed Days	2.23	0.45	0.93	0.44	2.19	0.00	0.00	0.00	0.00	3.15	1.30	2.31	1.38	0.92
<b>TEXAS CENTER FOR INFECTIOUS DISEASE</b>														
Medication Errors	2	5	2	4	3	3	1	7	0	0	1		7	3
Bed Days in Month	1236	1302	1183	1213	1201	1378	1281	1246	1218	1176	1104	1013	1099	1091
Med Errors/1000 Bed Days	1.62	3.84	1.69	3.30	2.50	2.18	0.78	5.62	0.00	0.00	0.91	0.00	6.37	2.75
<b>ALL STATE HOSPITALS</b>														
Medication Errors	129	214	215	165	147	175	180	163	193	183	145	121	129	124
Bed Days in Month	71821	72861	68616	72381	69397	71610	68458	71328	72284	69500	71827	68589	70207	71016
Med Errors/1000 Bed Days	1.80	2.94	3.13	2.28	2.12	2.44	2.63	2.29	2.67	2.63	2.02	1.76	1.84	1.75

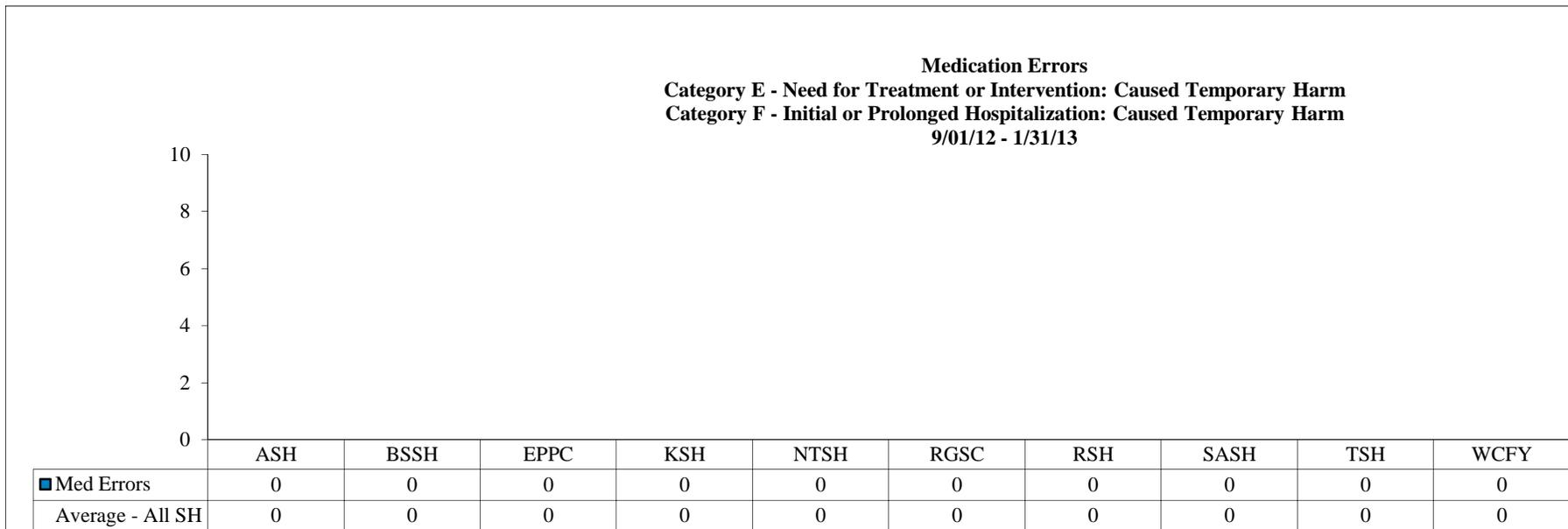
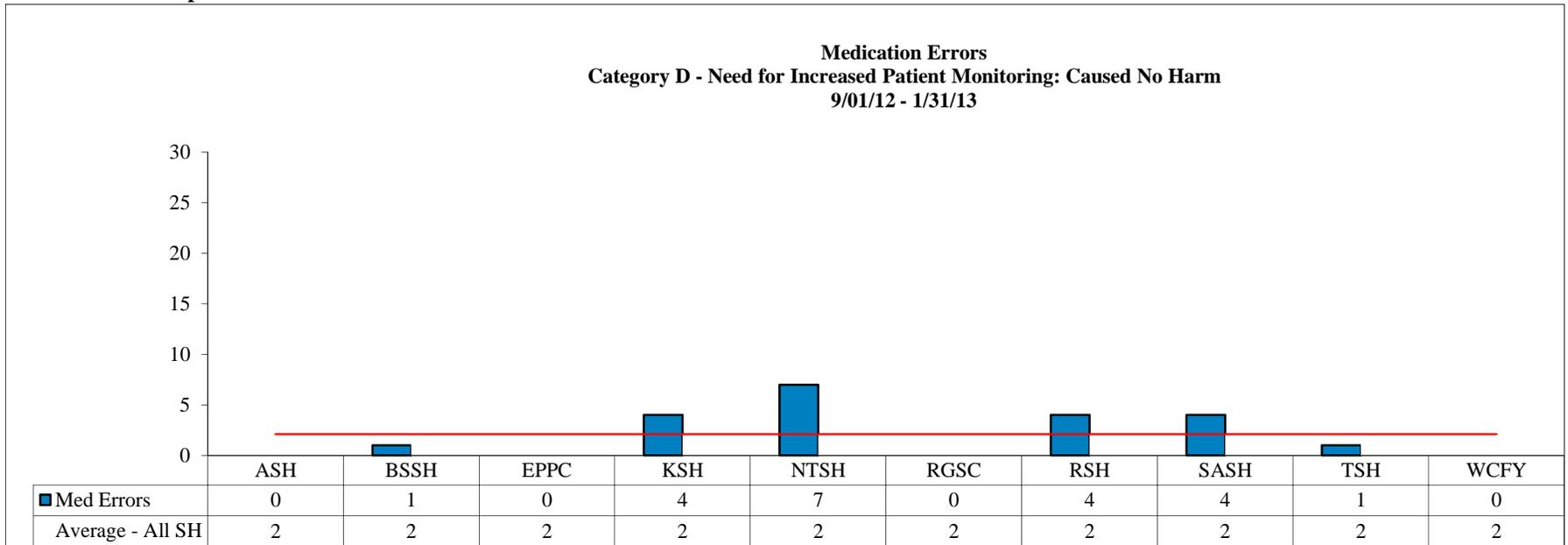
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



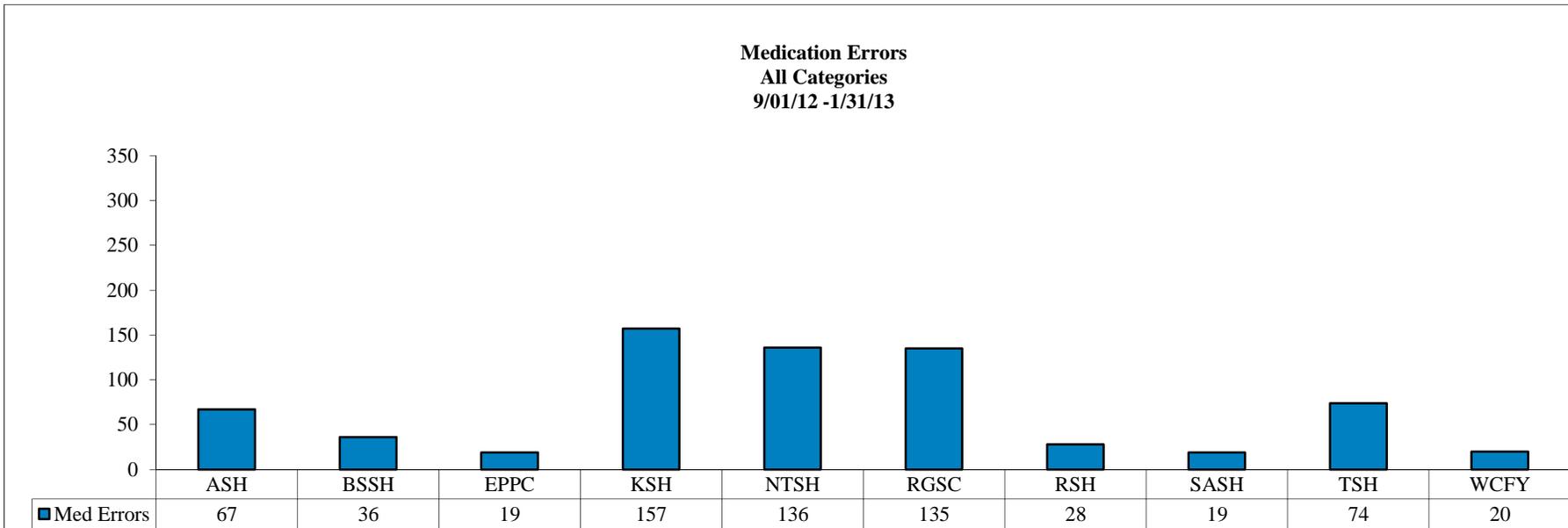
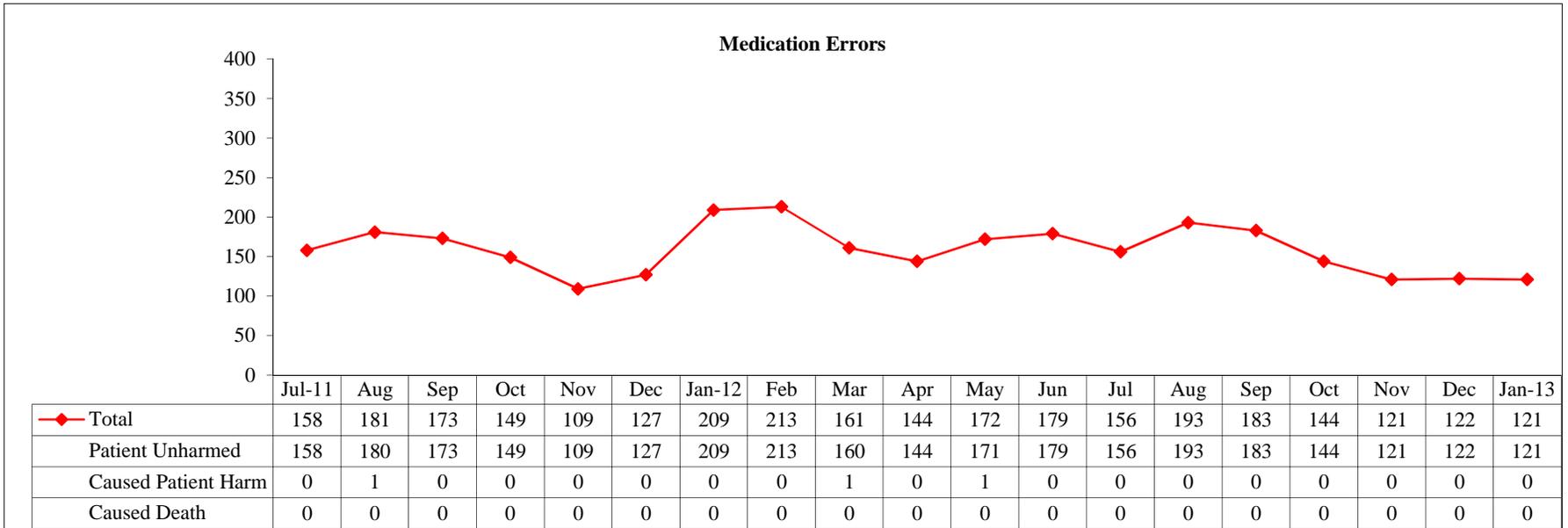
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



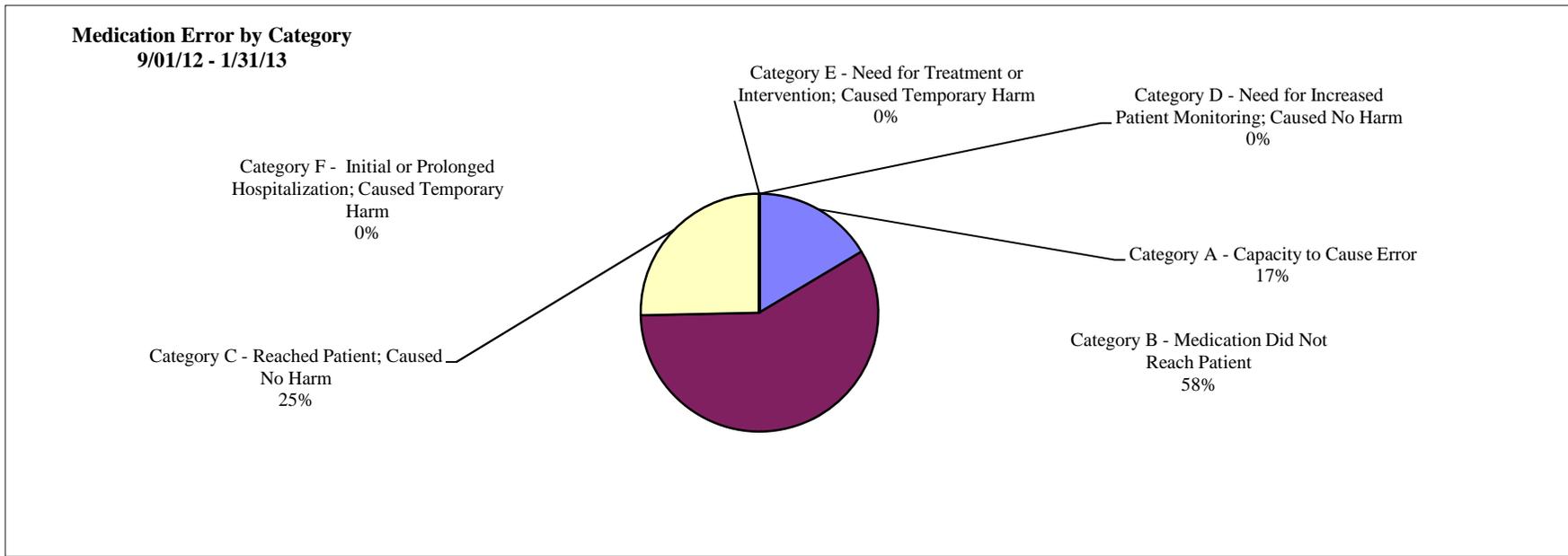
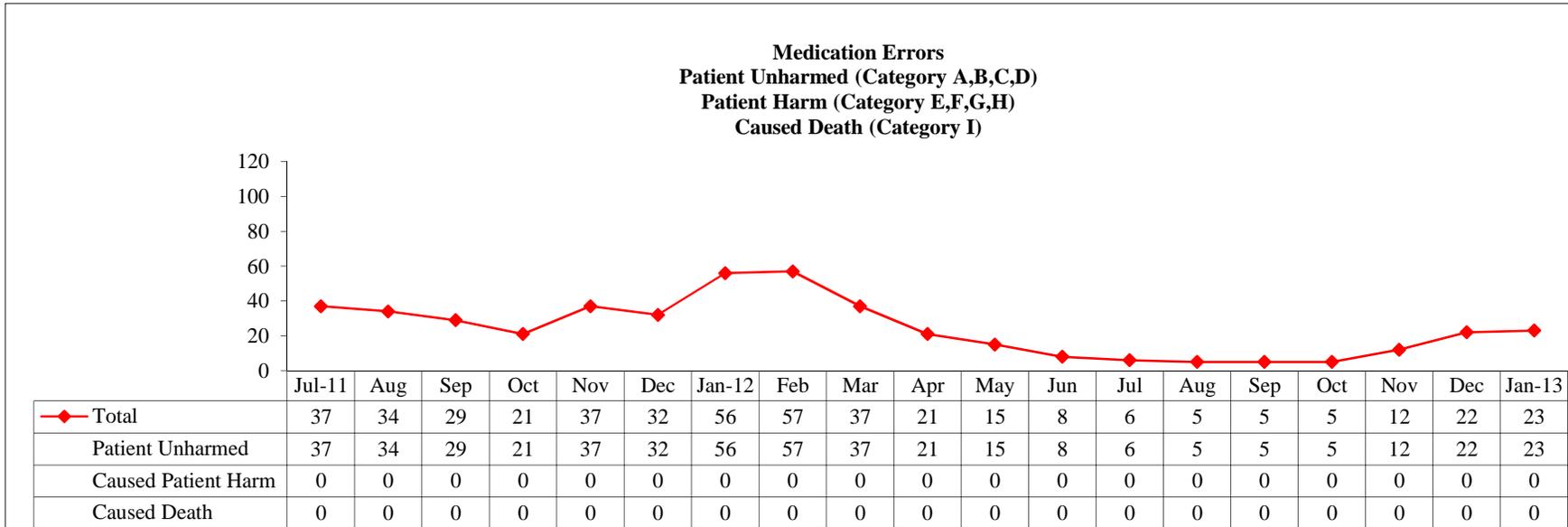
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



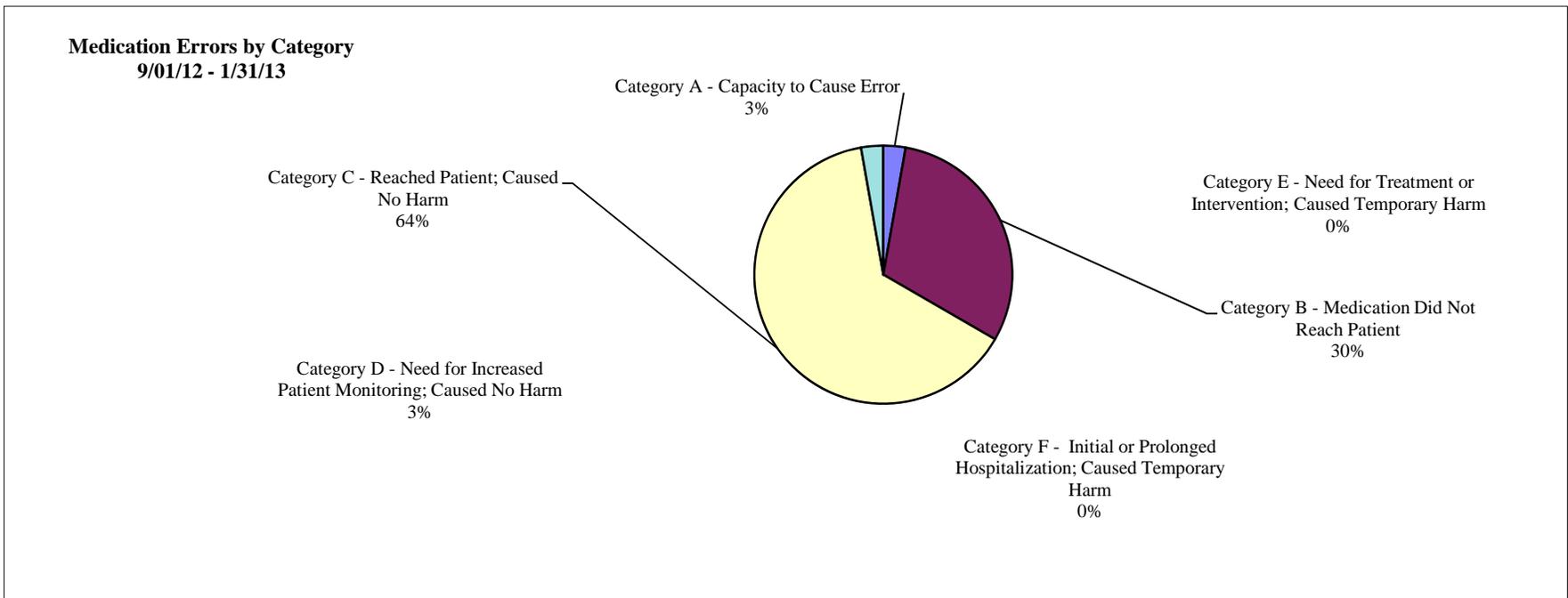
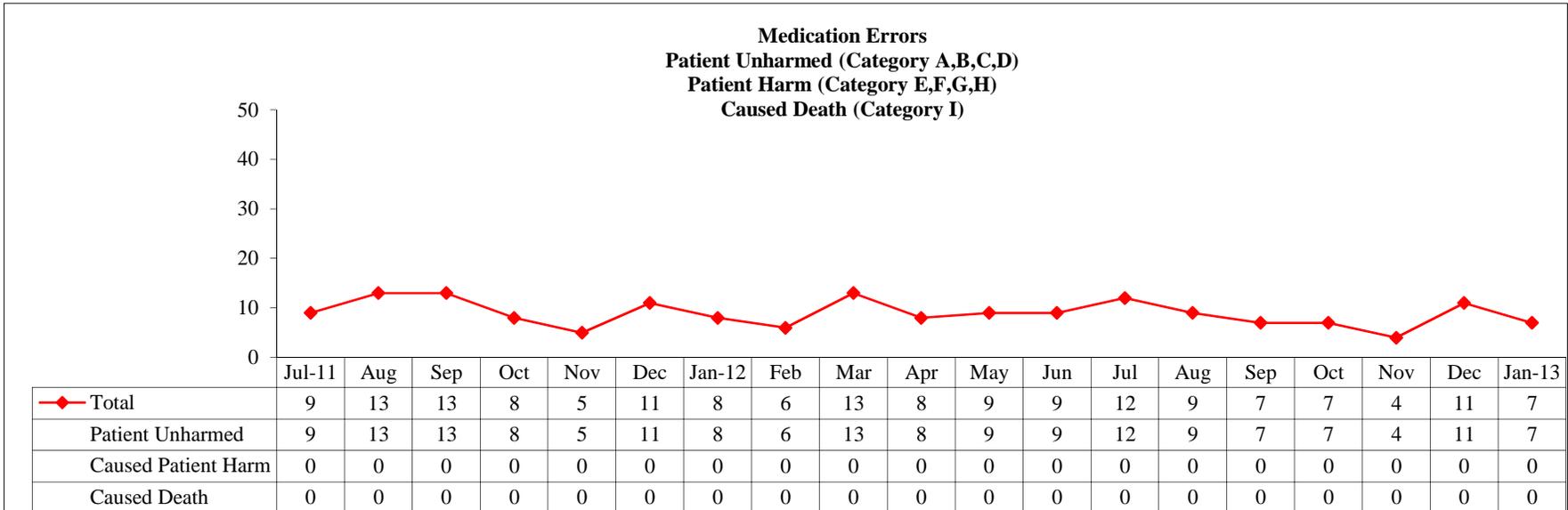
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



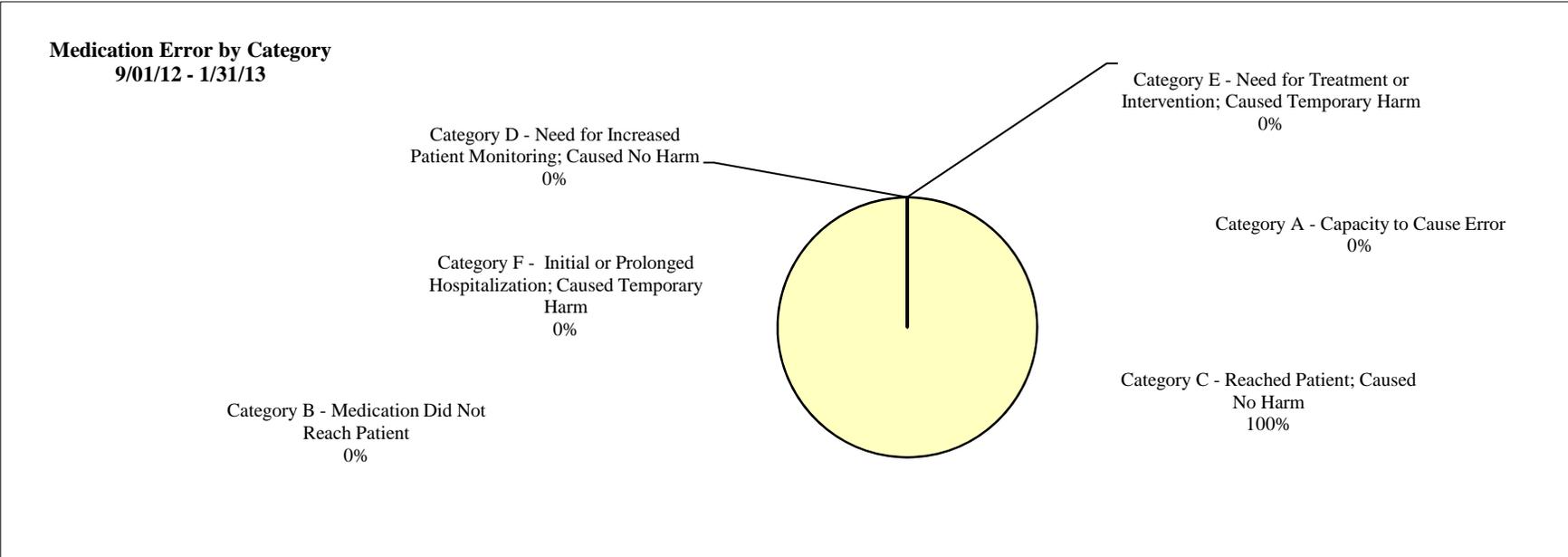
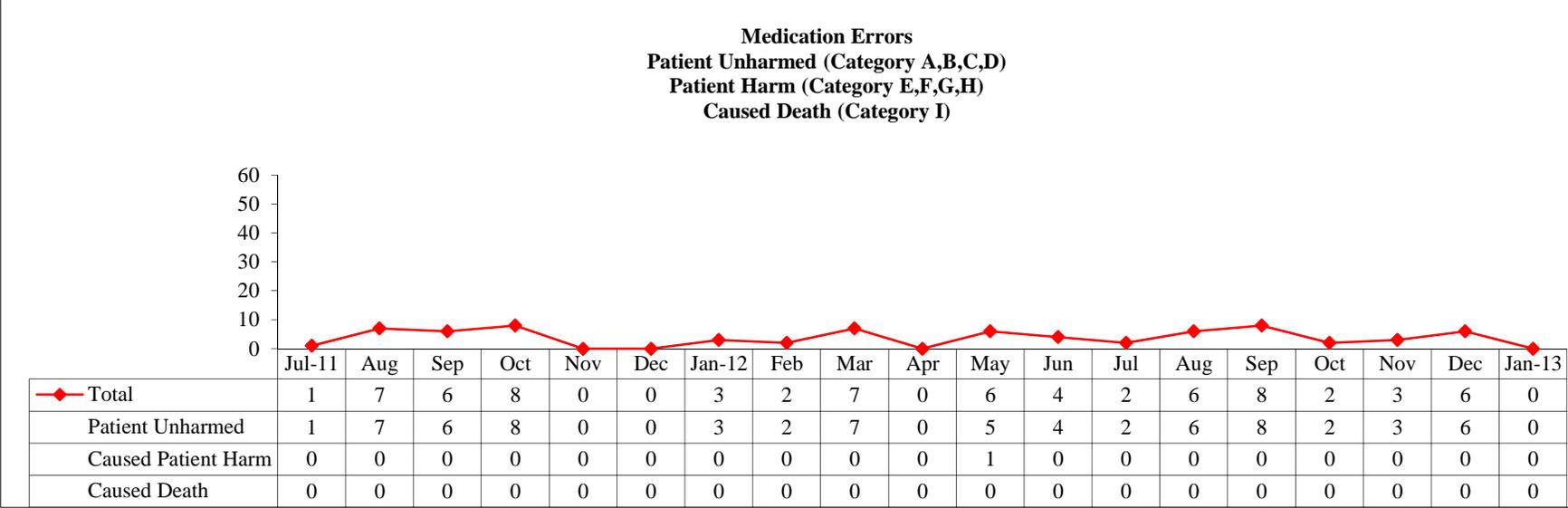
**Objective 4B - Medication Variance Data  
Austin State Hospital**



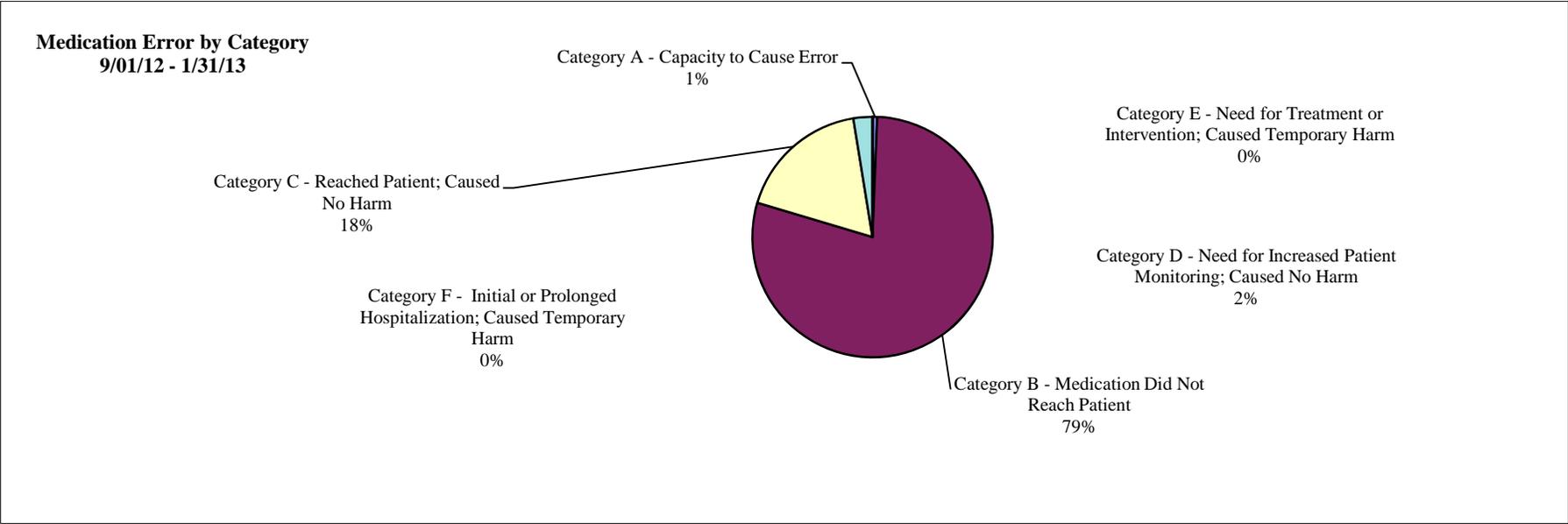
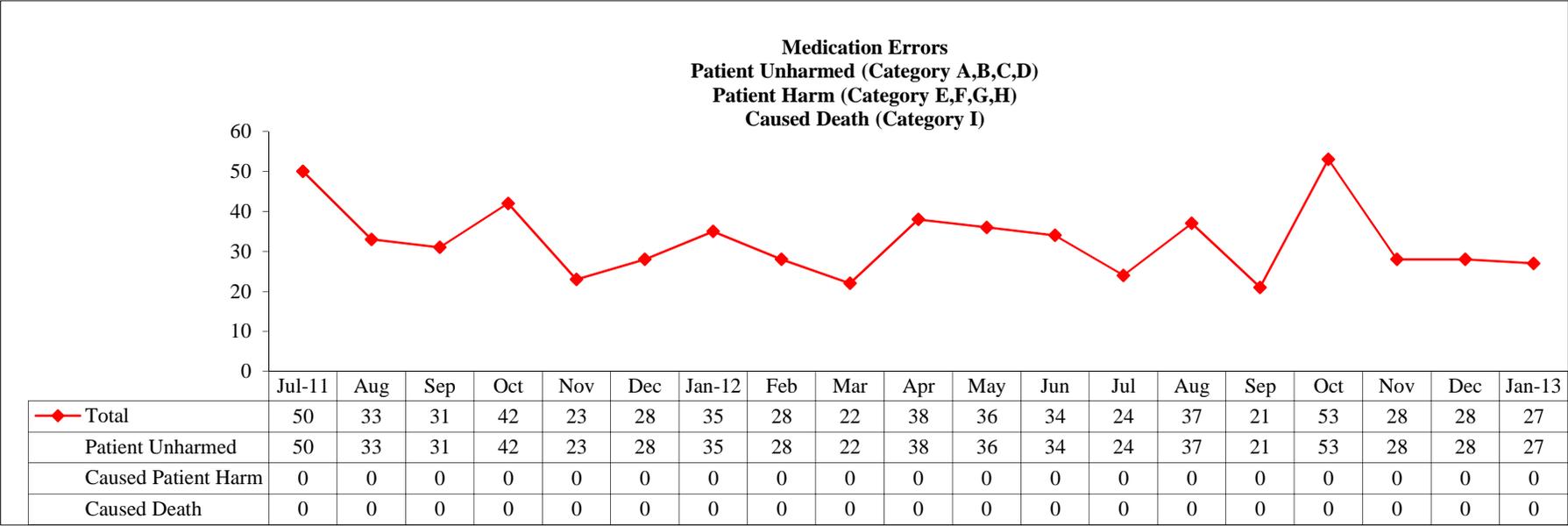
**Objective 4B - Medication Variance Data**  
**Big Spring State Hospital**



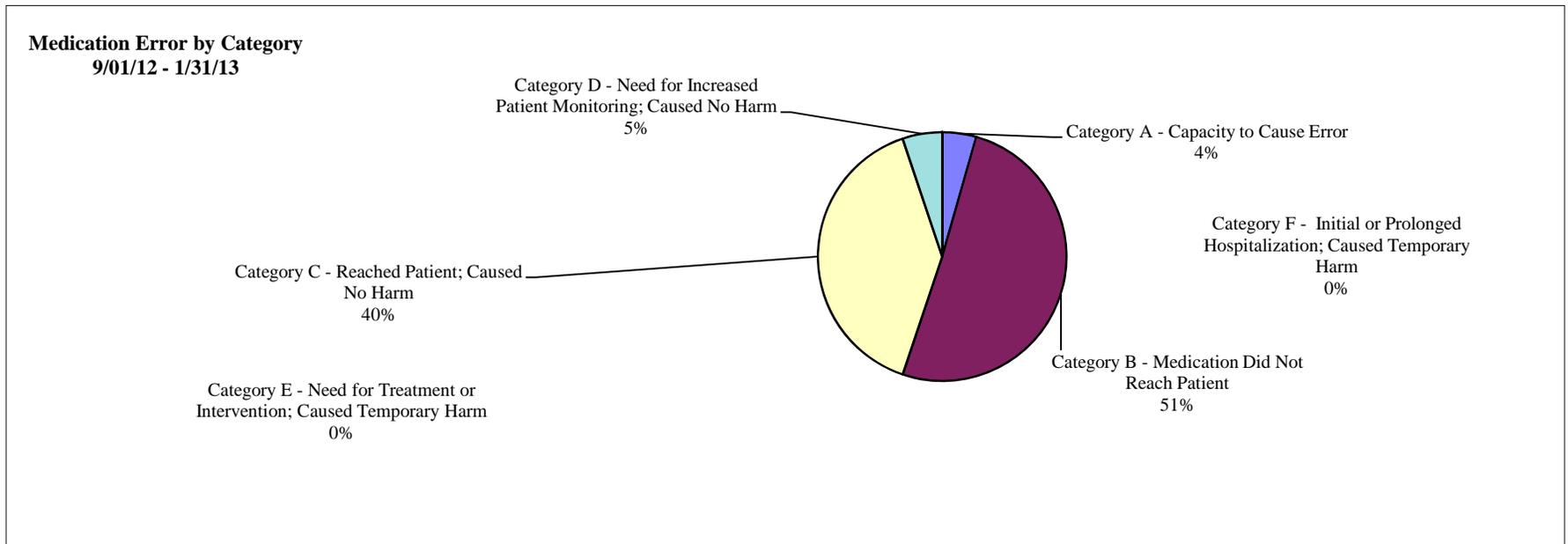
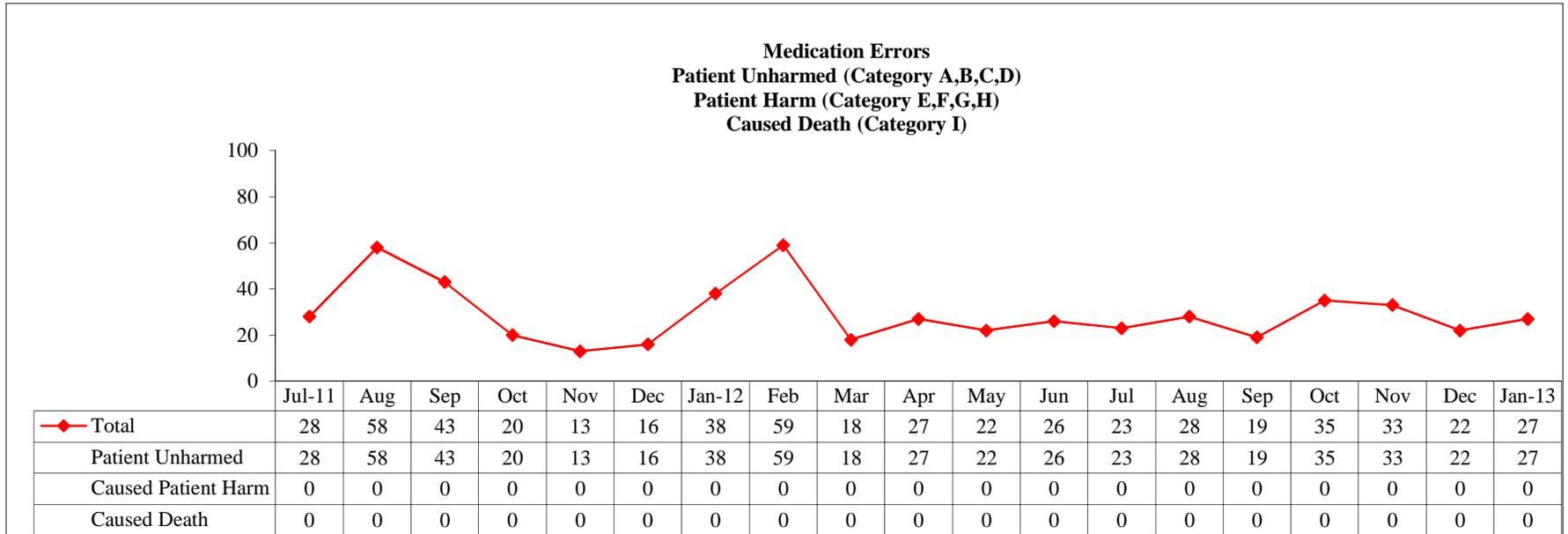
**Objective 4B - Medication Variance Data**  
**El Paso Psychiatric Center**



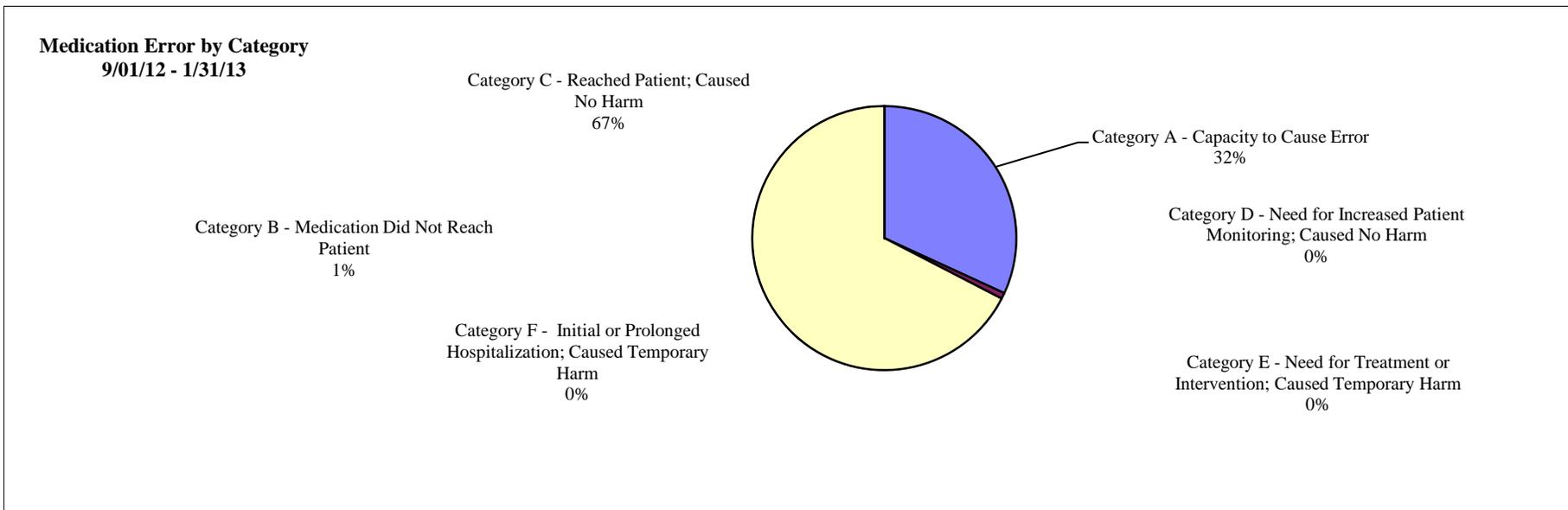
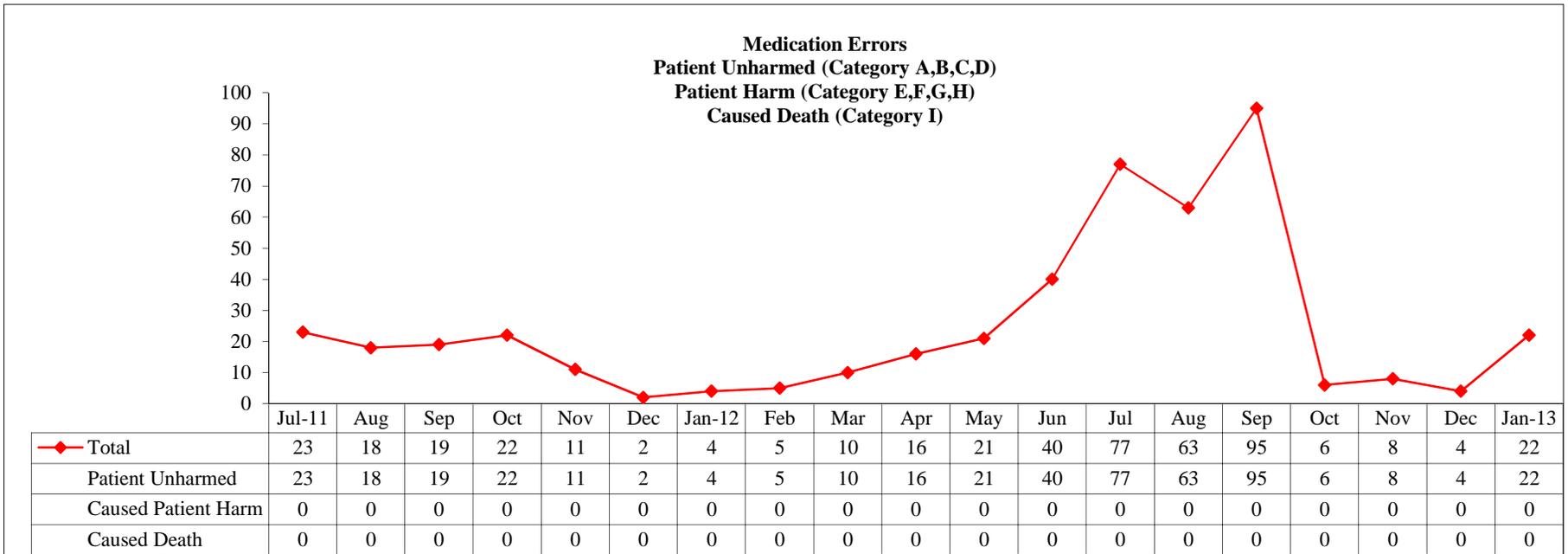
**Objective 4B - Medication Variance Data**  
**Kerrville State Hospital**



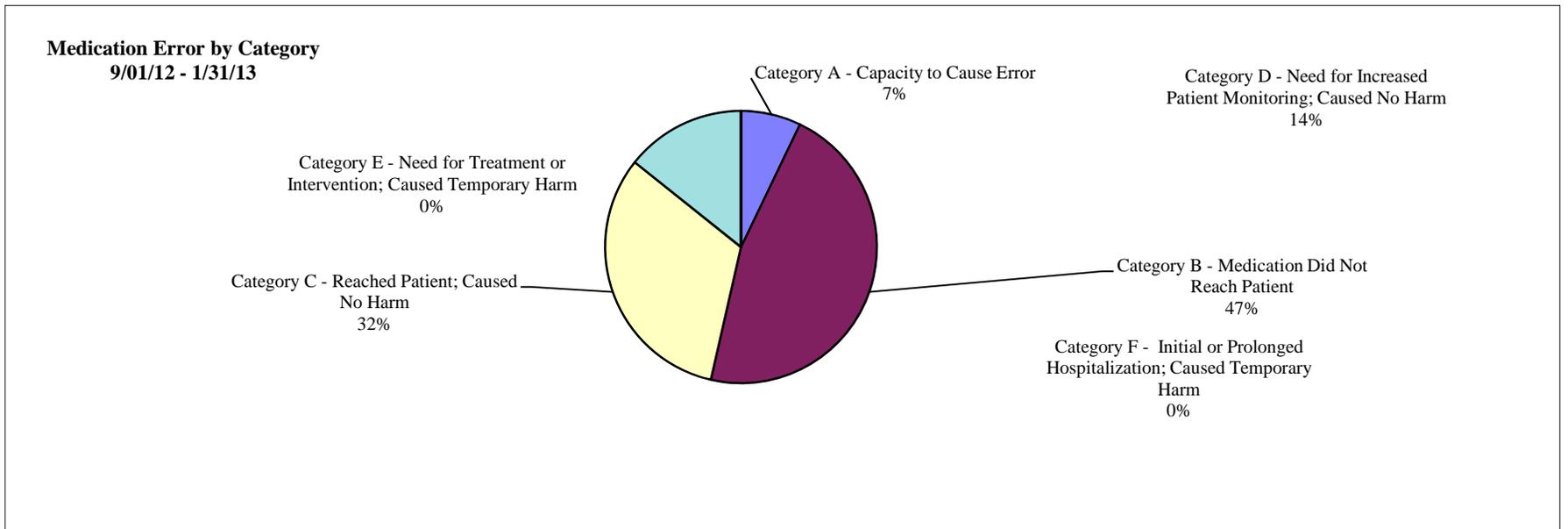
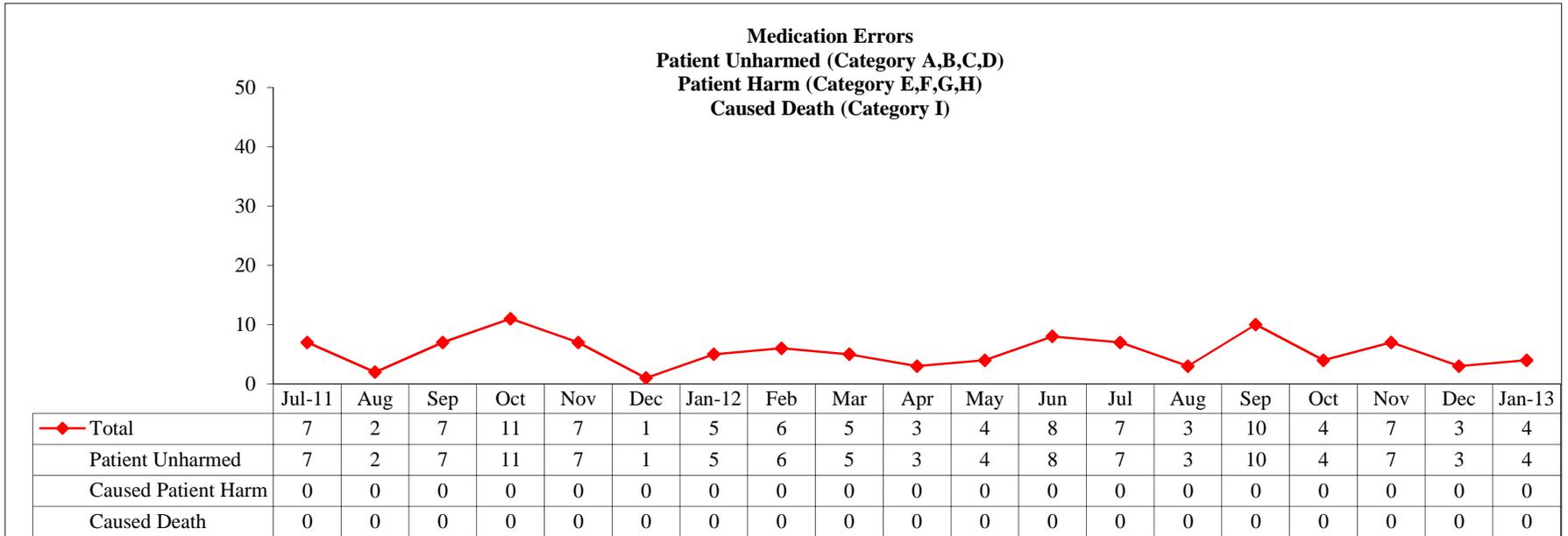
**Objective 4B - Medication Variance Data**  
**North Texas State Hospital**



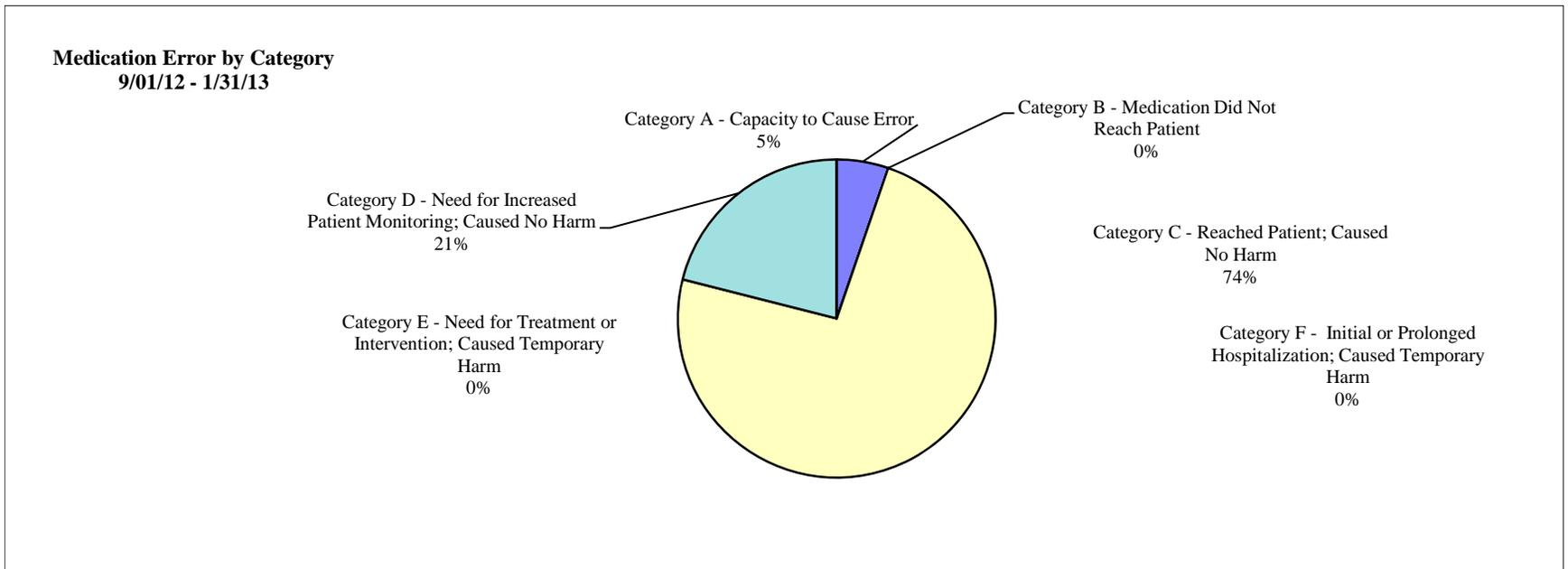
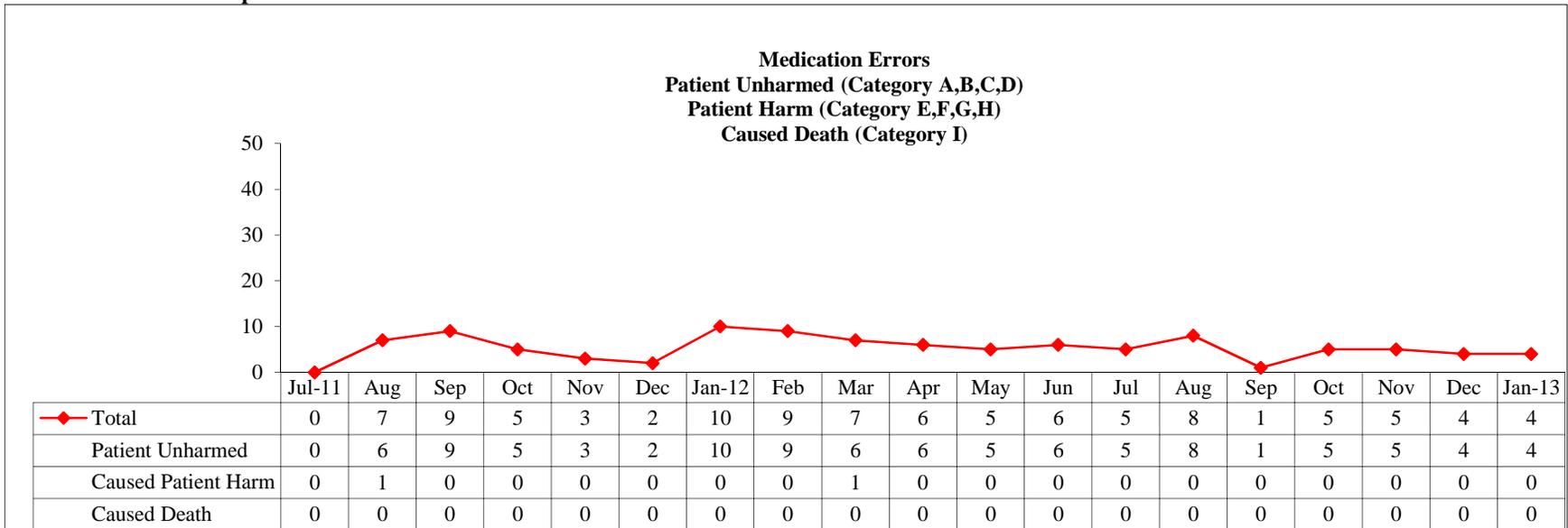
**Objective 4B - Medication Variance Data**  
**Rio Grande State Center**



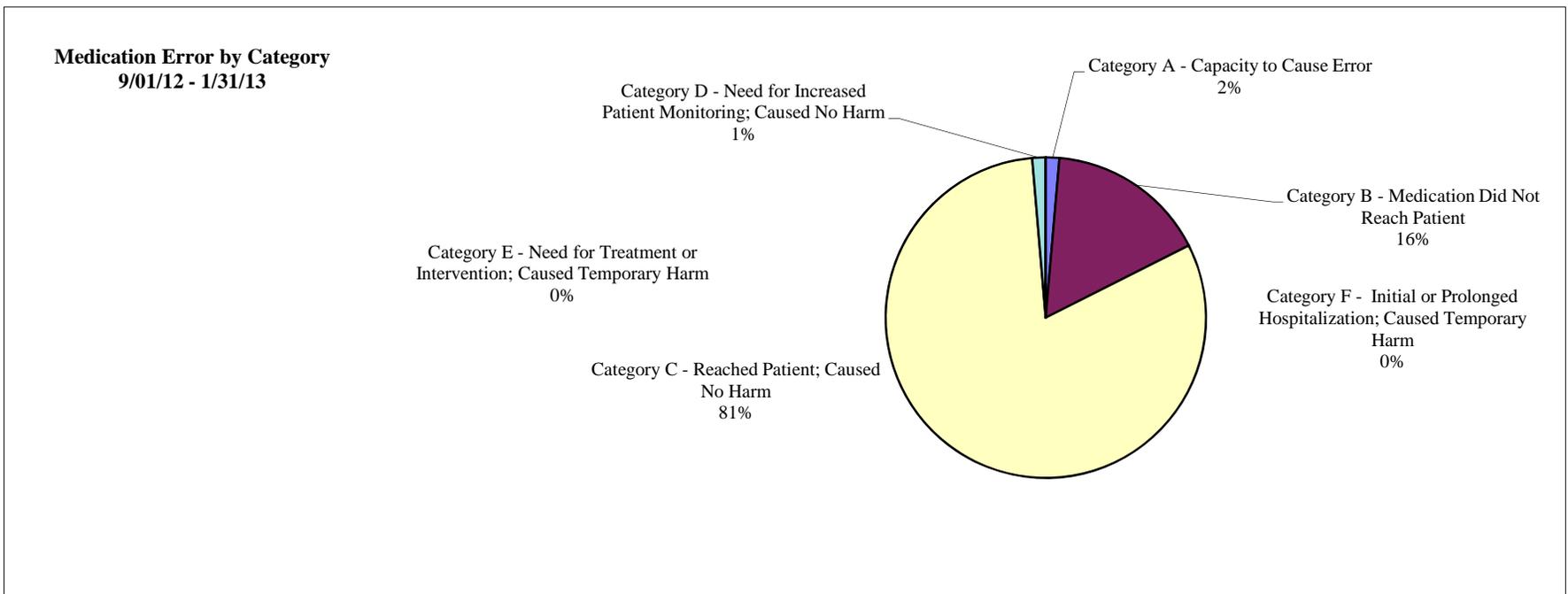
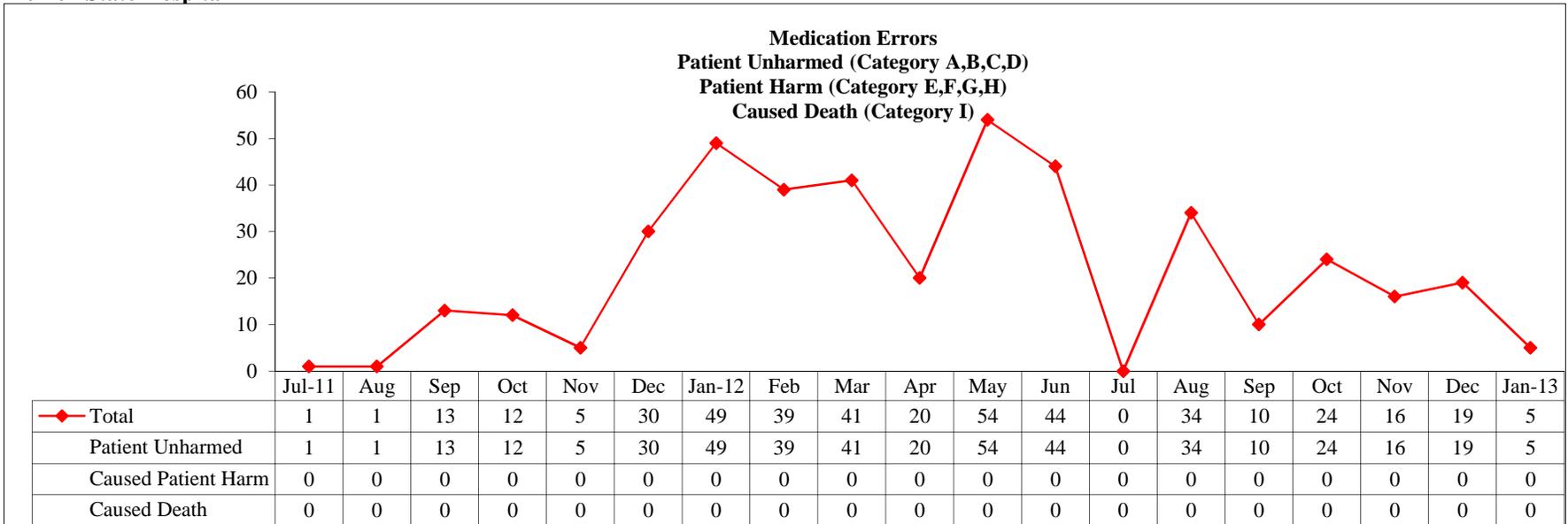
**Objective 4B - Medication Variance Data**  
**Rusk State Hospital**



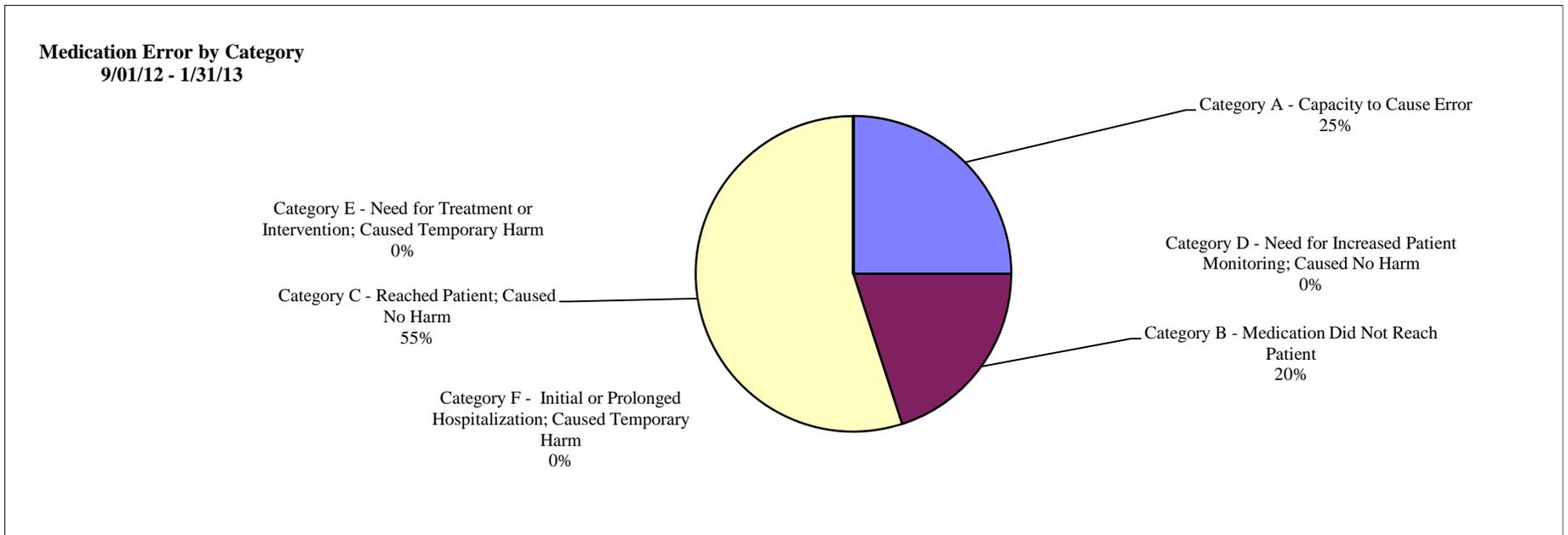
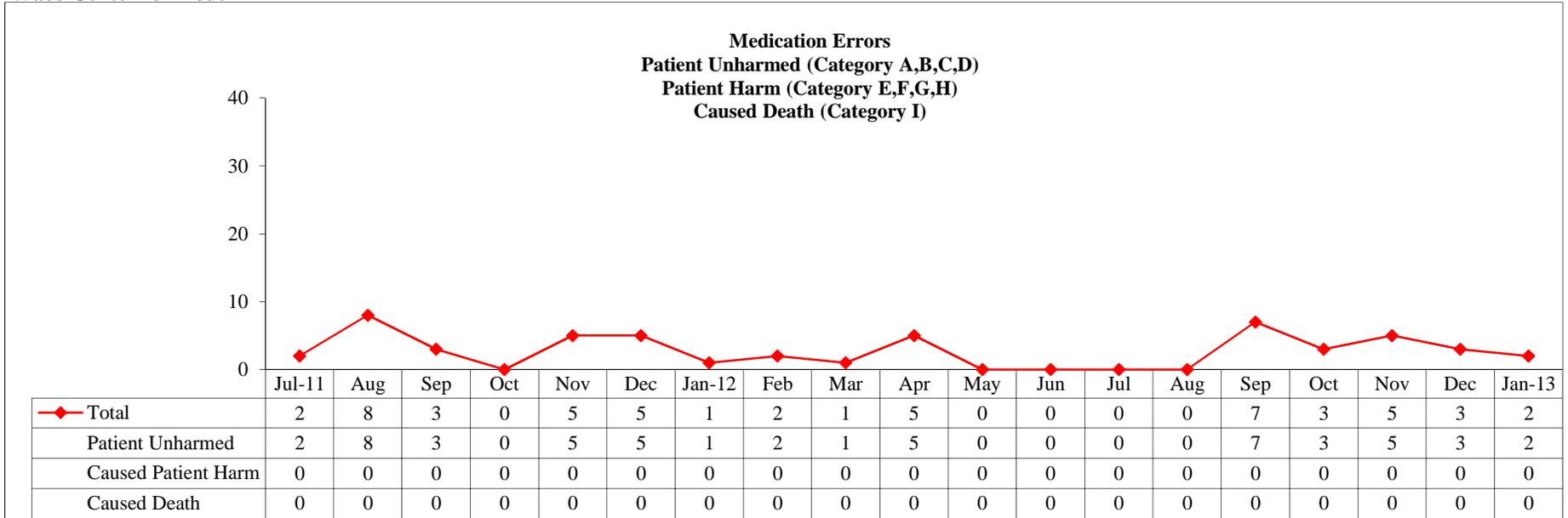
**Objective 4B - Medication Variance Data**  
**San Antonio State Hospital**



**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

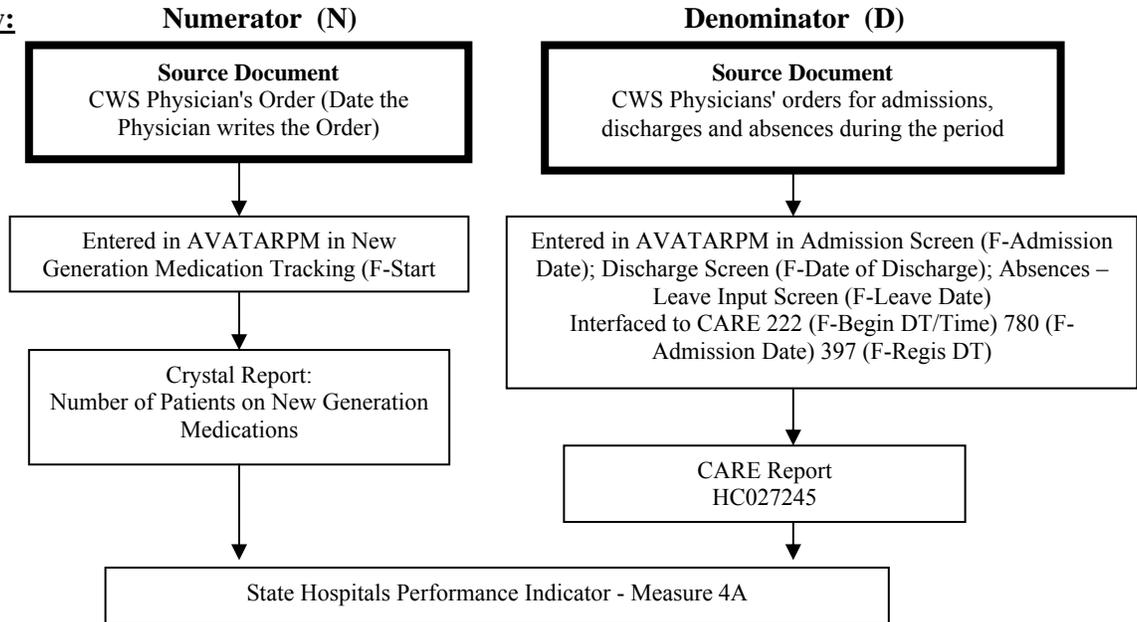
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

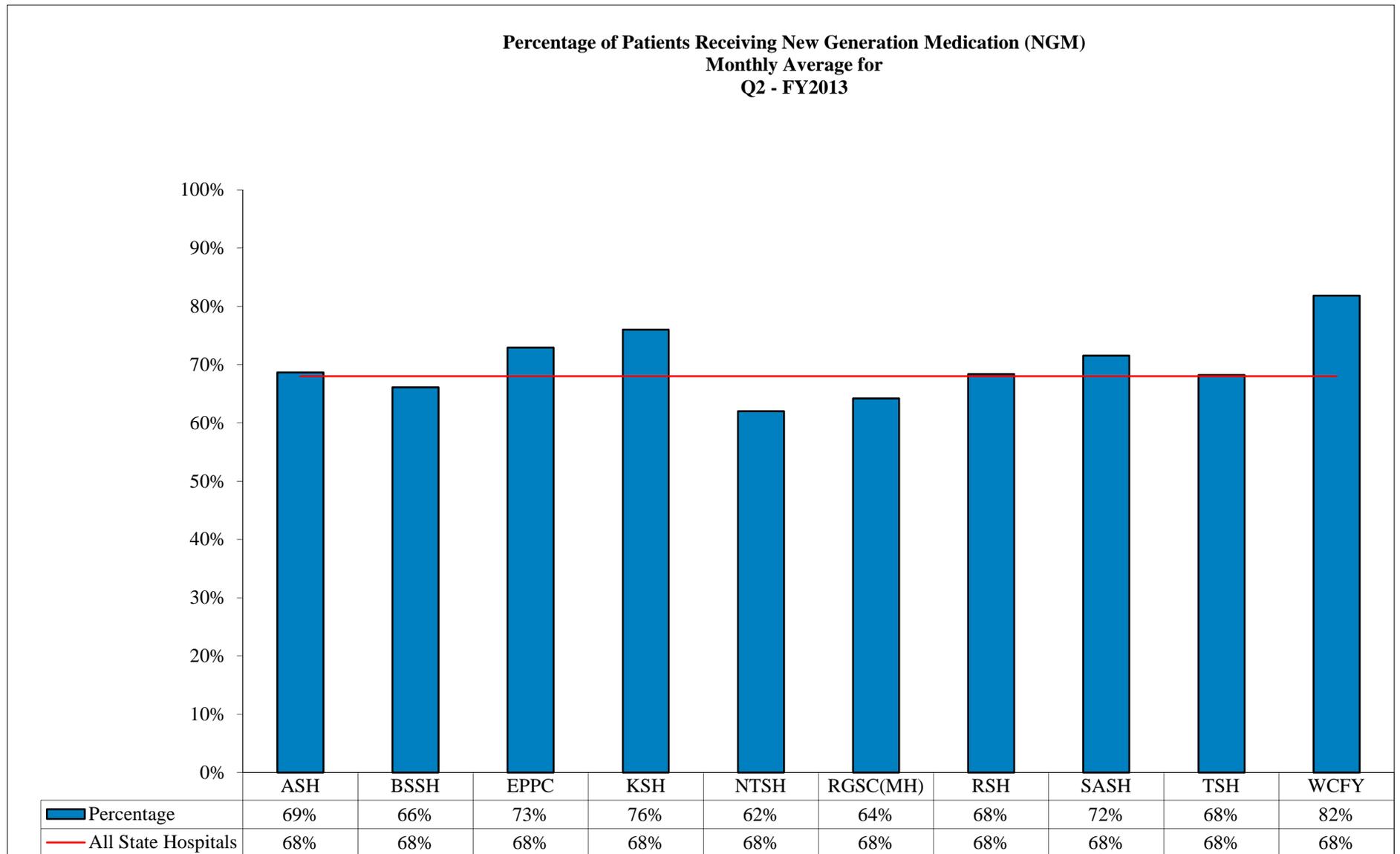
**Performance Measure Data Display and Chart Description:**

- ◆ 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:**

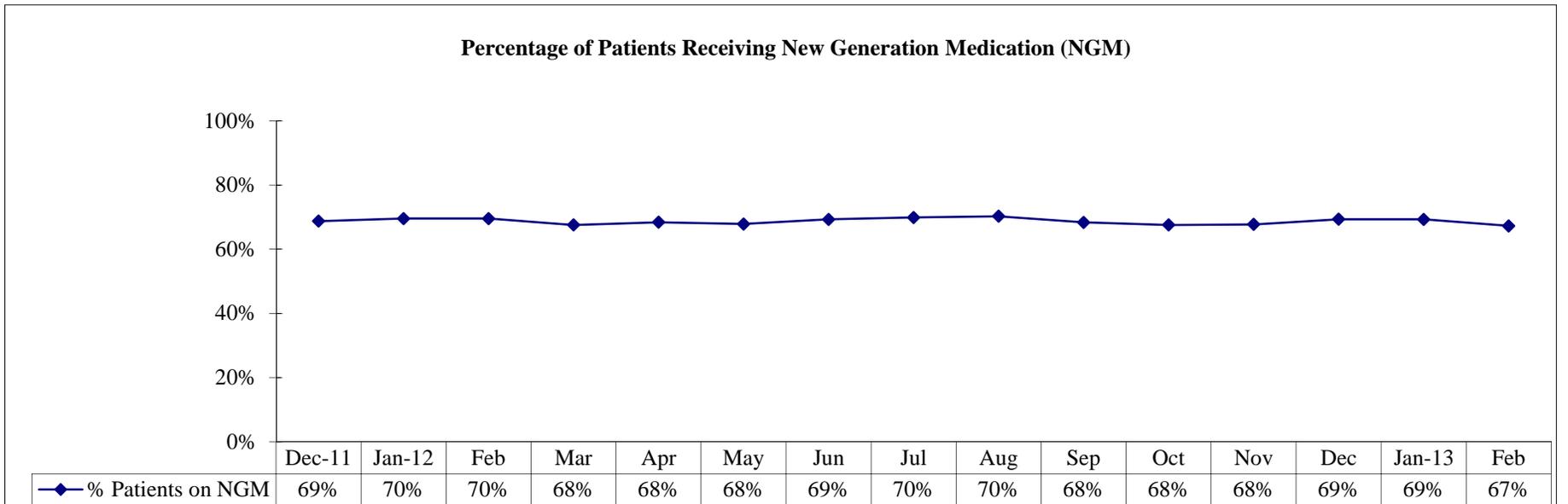
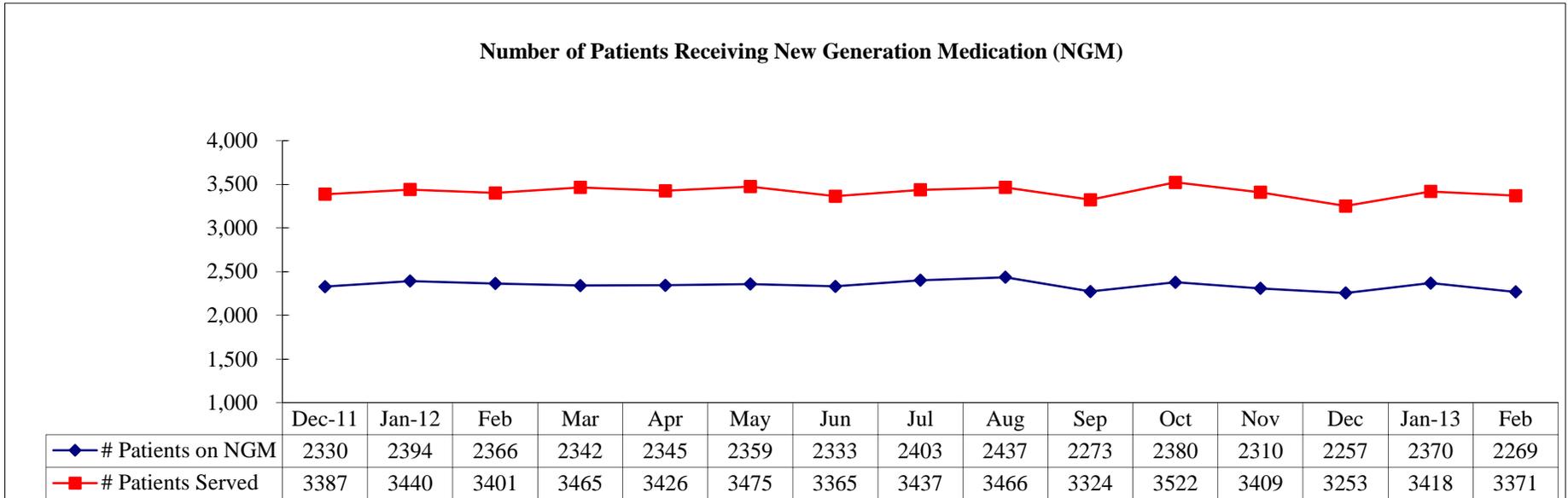


**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**All State MH Hospitals**



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

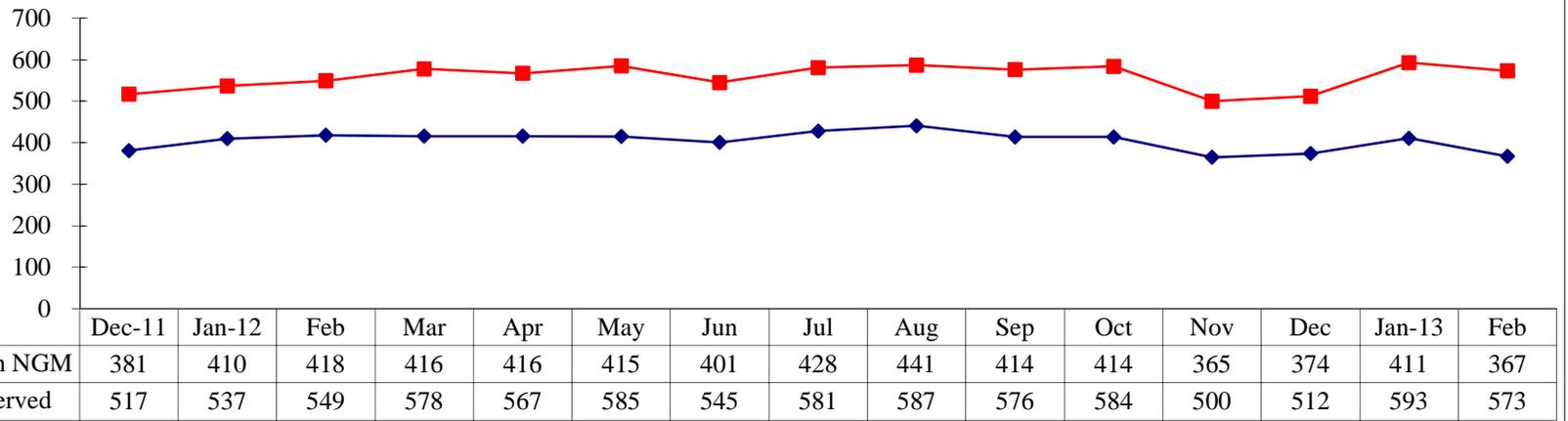
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**All State MH Hospitals**



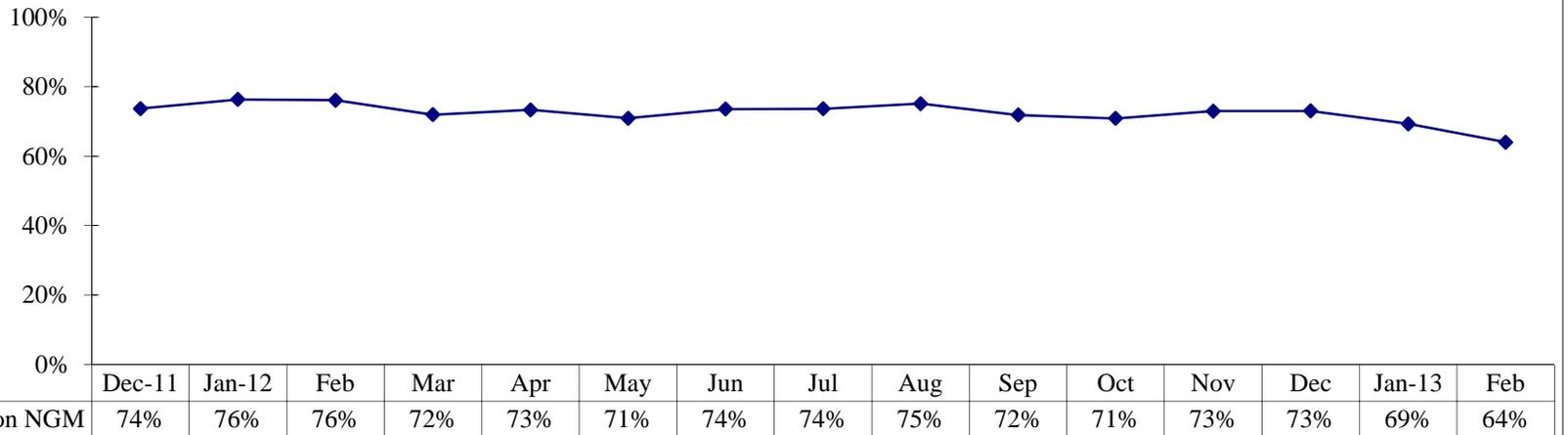
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

**Number of Patients Receiving New Generation Medication (NGM)**



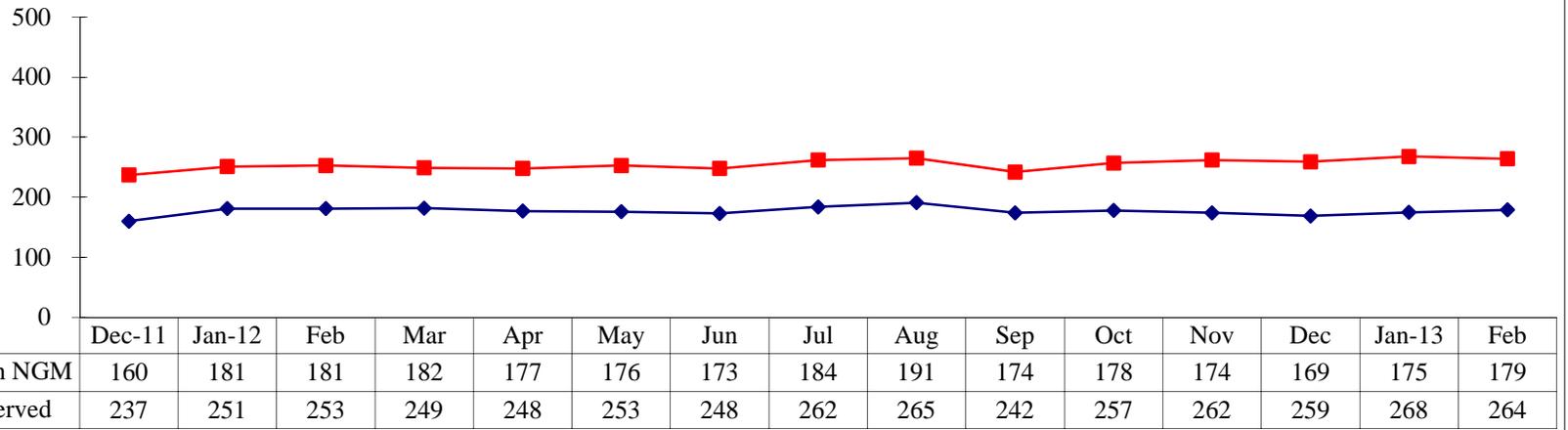
**Percentage of Patients Receiving New Generation Medication (NGM)**



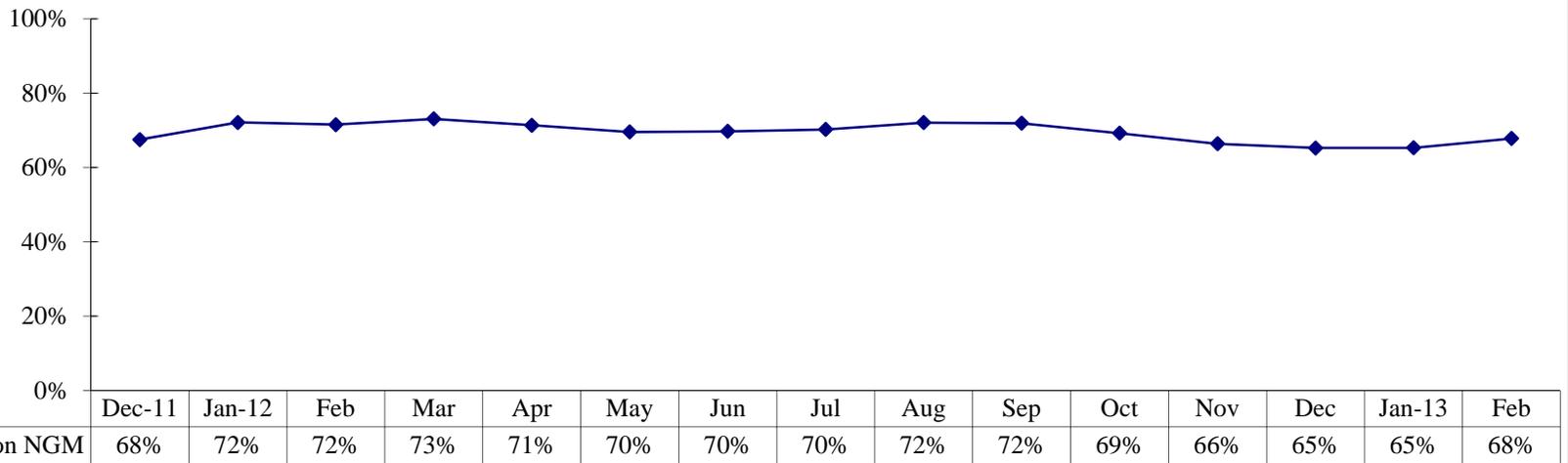
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

**Number of Patients Receiving New Generation Medication (NGM)**

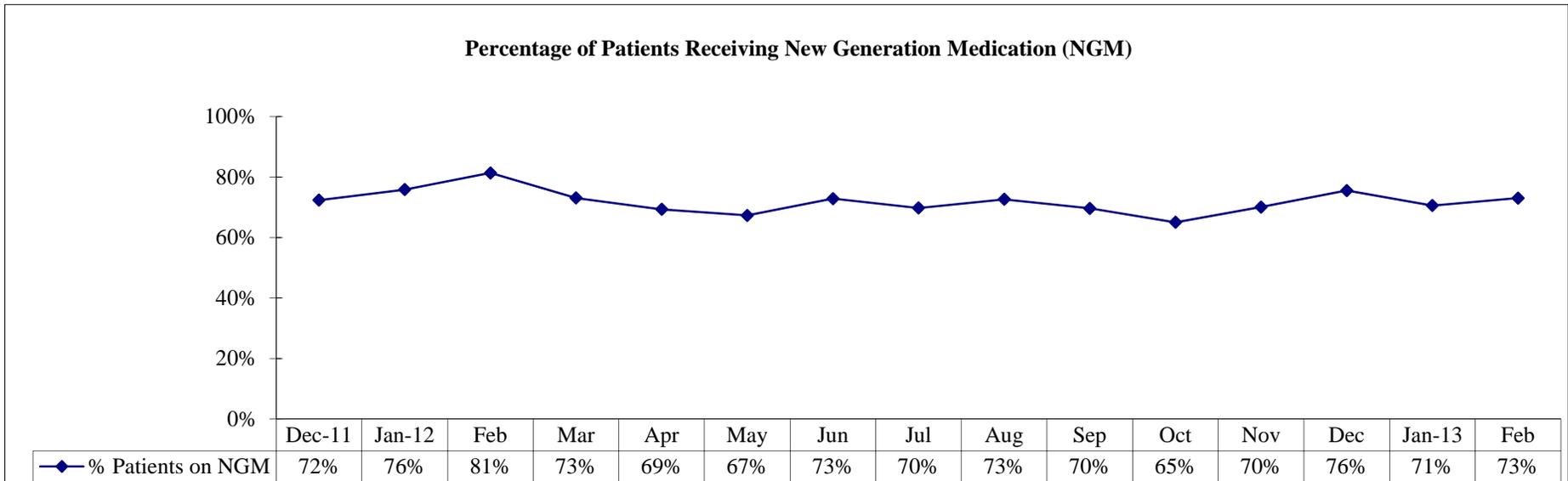
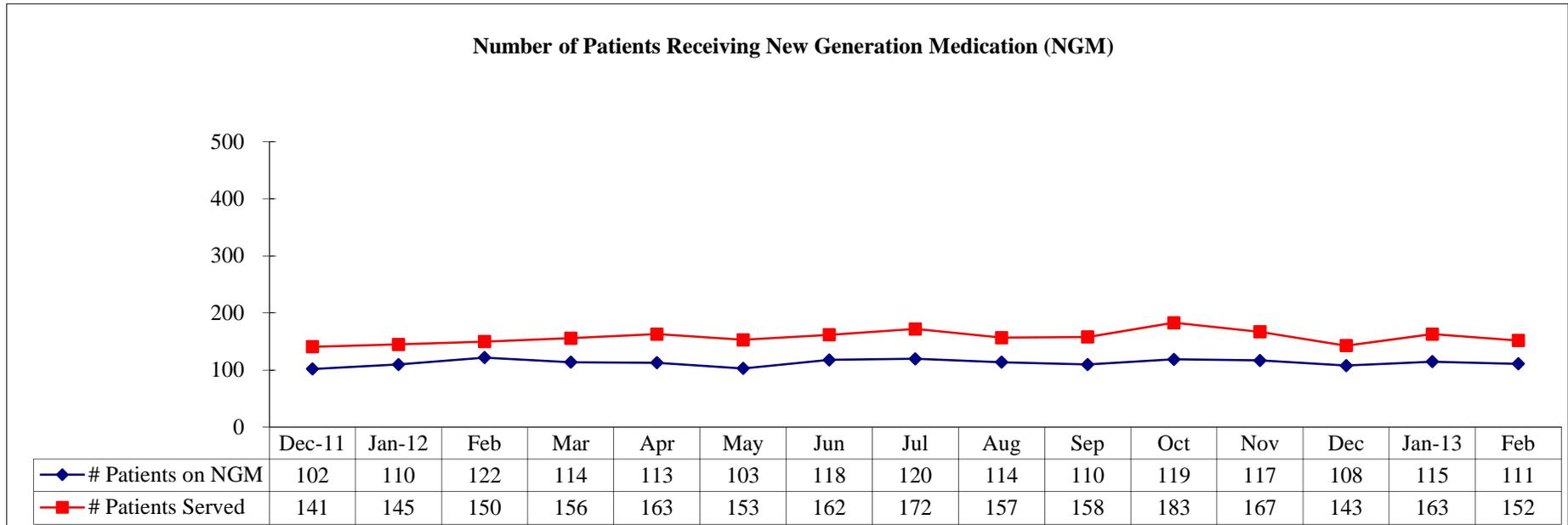


**Percentage of Patients Receiving New Generation Medication (NGM)**



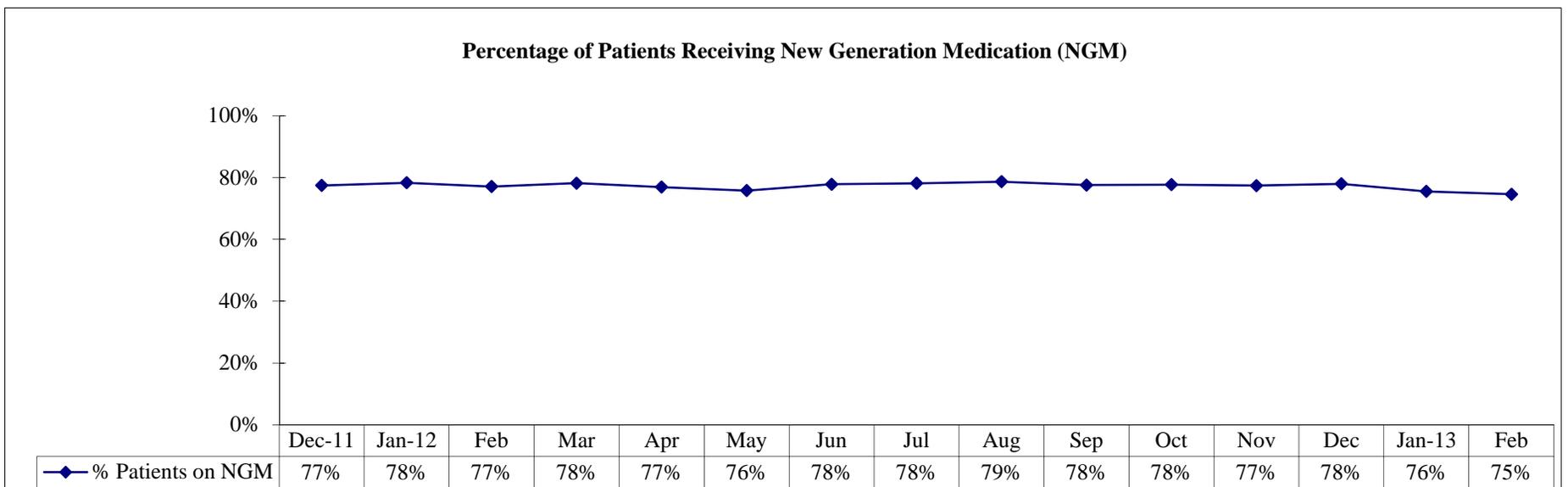
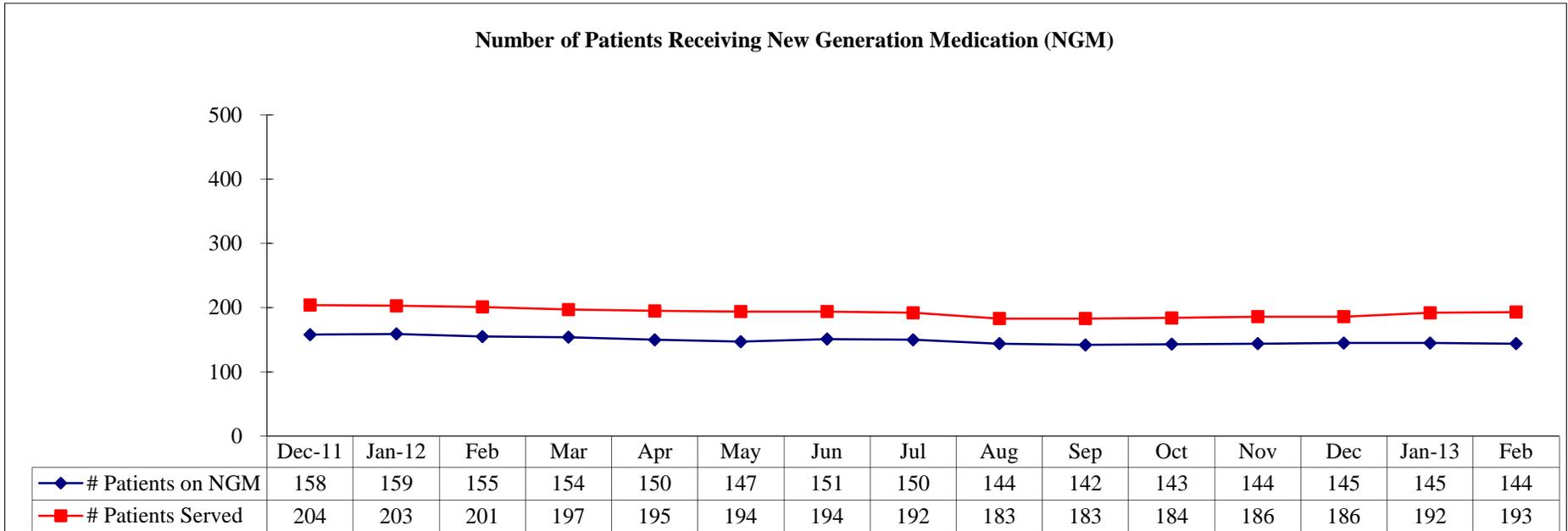
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

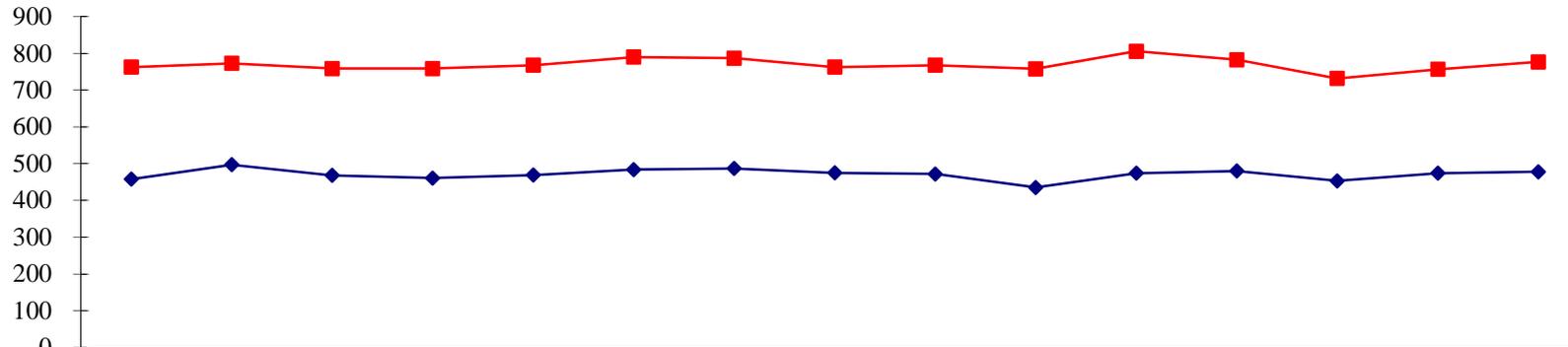
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Kerrville State Hospital**



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

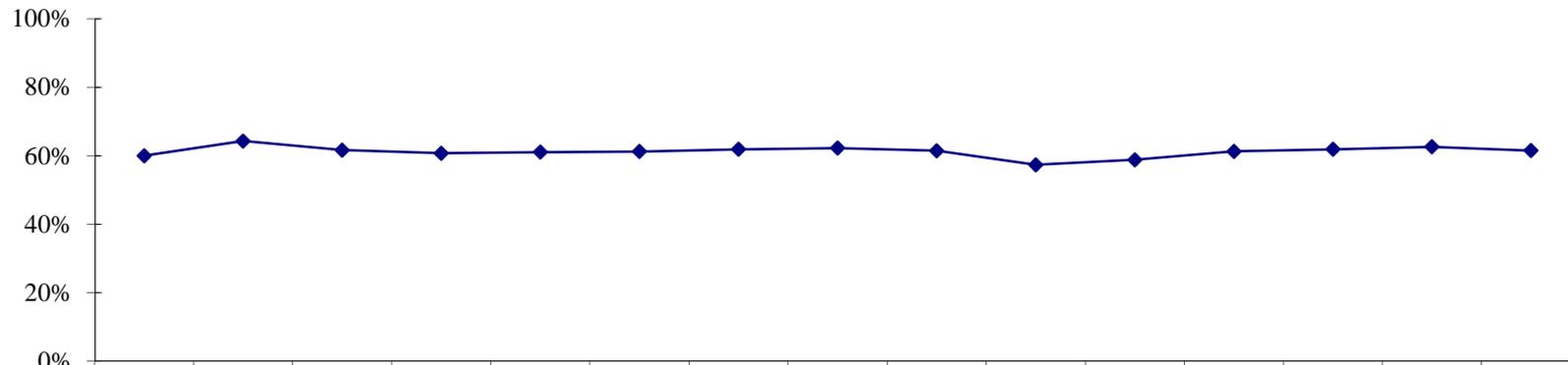
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**North Texas State Hospital**

**Number of Patients Receiving New Generation Medication (NGM)**



# Patients on NGM	458	497	468	461	469	484	487	475	472	435	474	480	453	474	478
# Patients Served	763	773	759	759	768	790	787	763	768	758	806	783	732	757	777

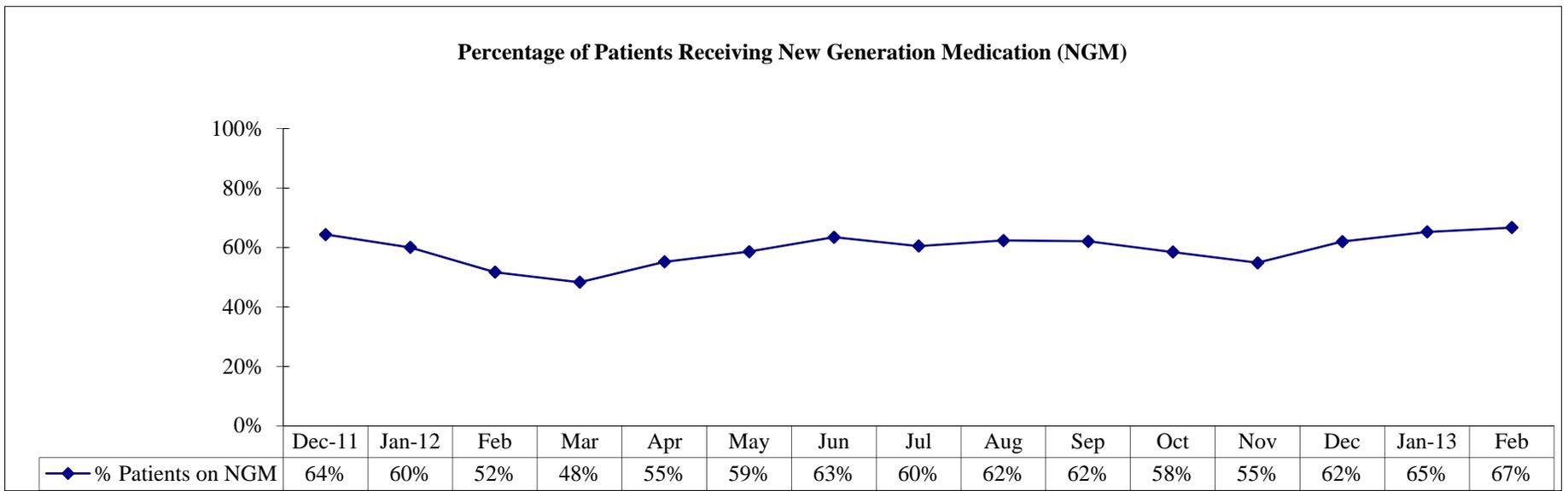
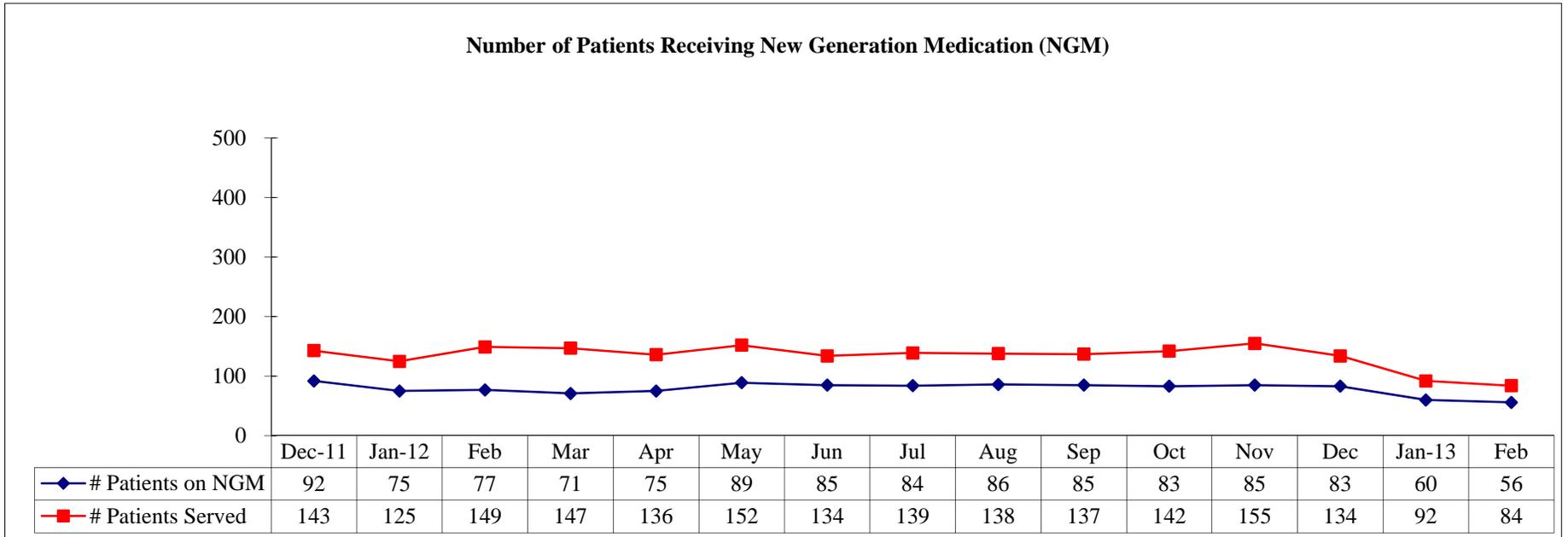
**Percentage of Patients Receiving New Generation Medication (NGM)**



% Patients on NGM	60%	64%	62%	61%	61%	61%	62%	62%	61%	57%	59%	61%	62%	63%	62%
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Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

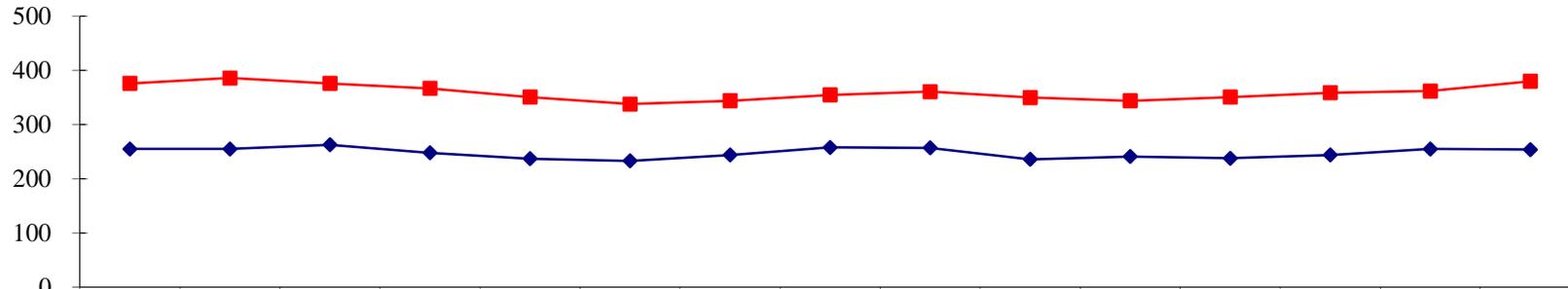
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Rio Grande State Center**



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

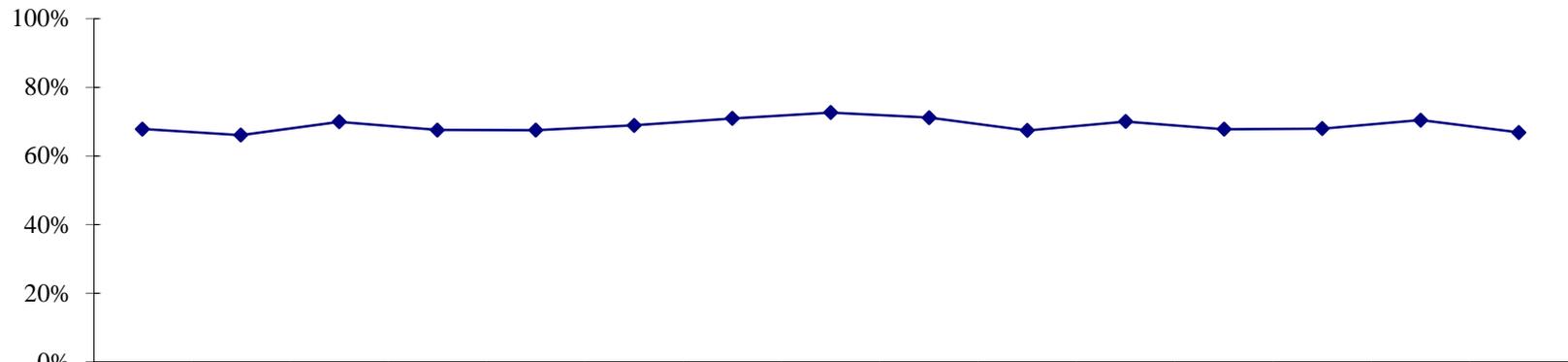
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Rusk State Hospital**

**Number of Patients Receiving New Generation Medication (NGM)**



	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
# Patients on NGM	255	255	263	248	237	233	244	258	257	236	241	238	244	255	254
# Patients Served	376	386	376	367	351	338	344	355	361	350	344	351	359	362	380

**Percentage of Patients Receiving New Generation Medication (NGM)**

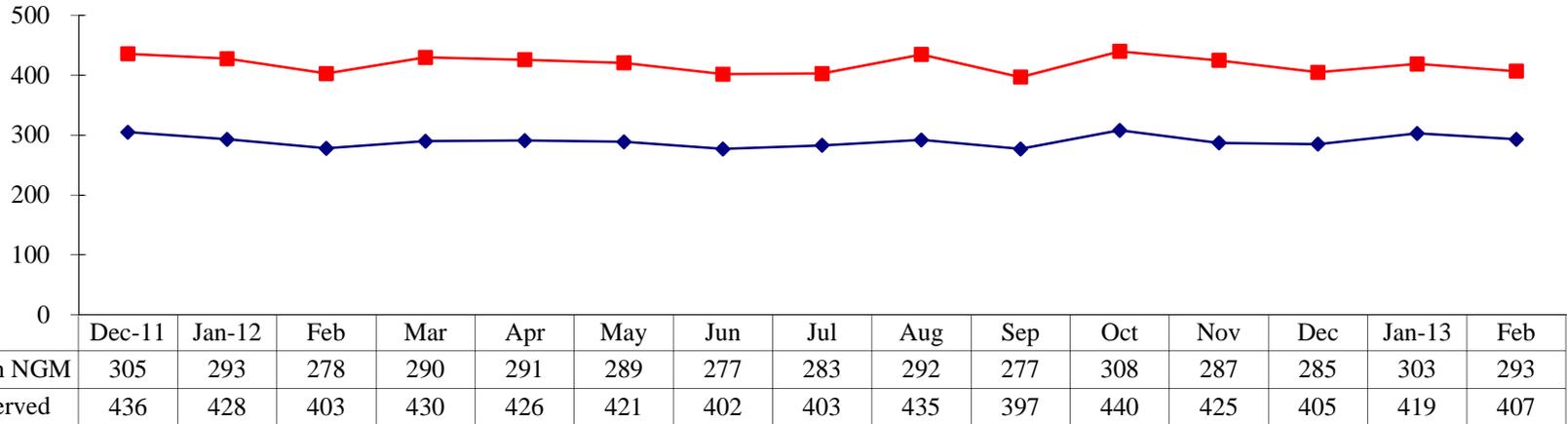


	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
% Patients on NGM	68%	66%	70%	68%	68%	69%	71%	73%	71%	67%	70%	68%	68%	70%	67%

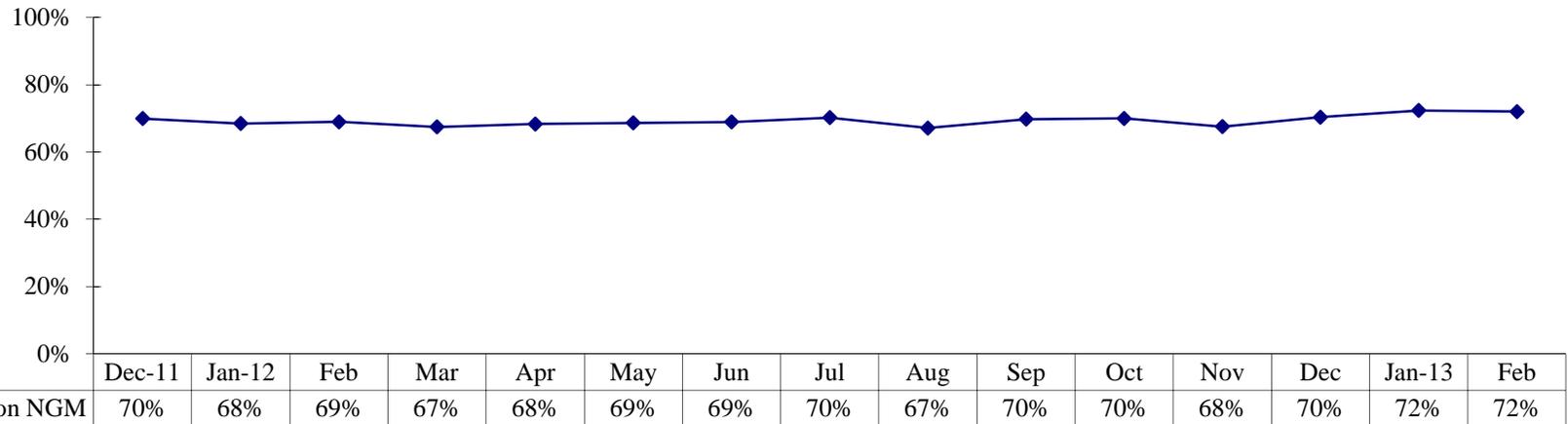
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

**Number of Patients Receiving New Generation Medication (NGM)**



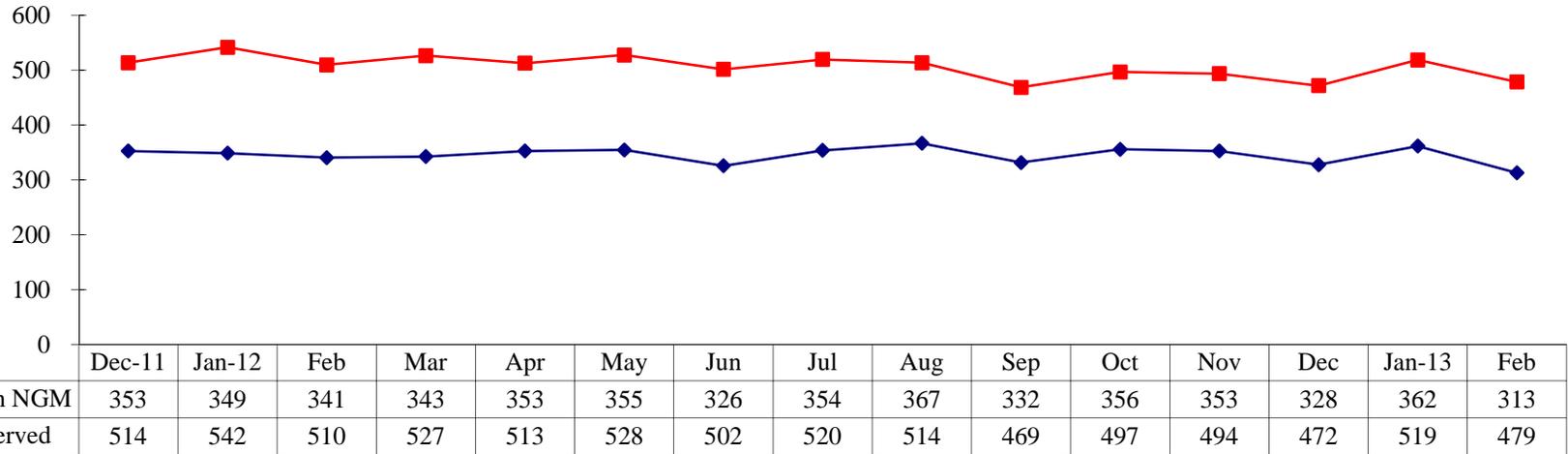
**Percentage of Patients Receiving New Generation Medication (NGM)**



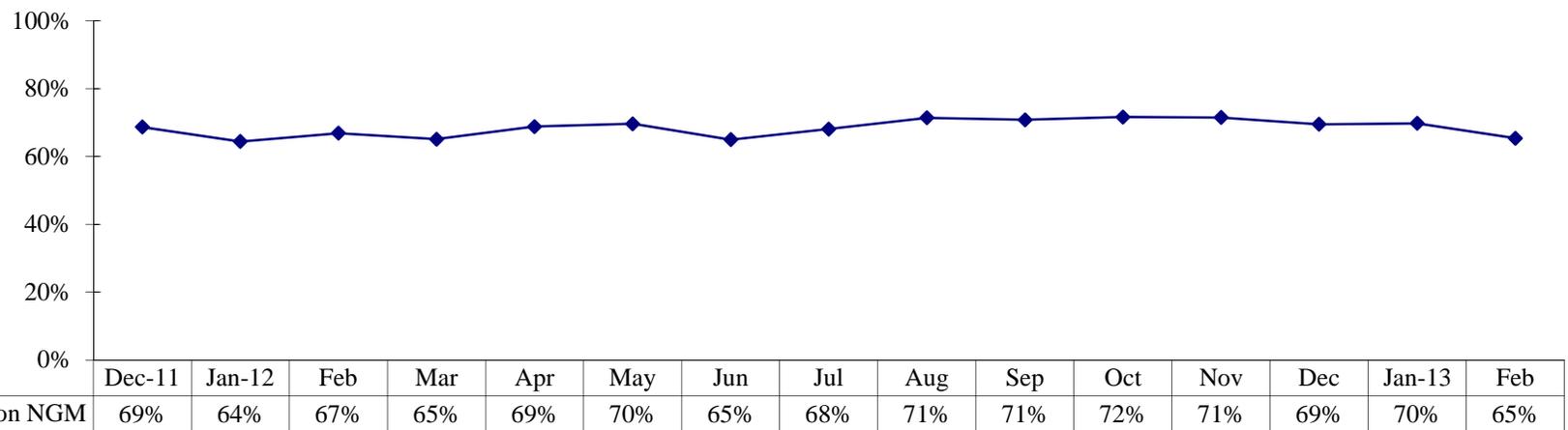
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

**Number of Patients Receiving New Generation Medication (NGM)**

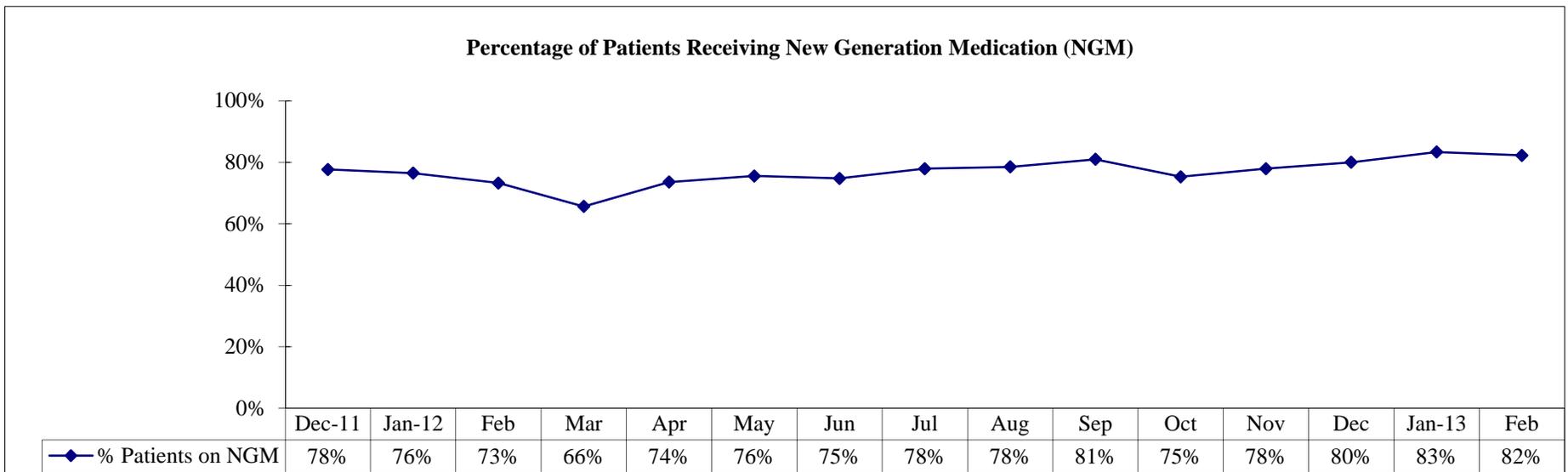
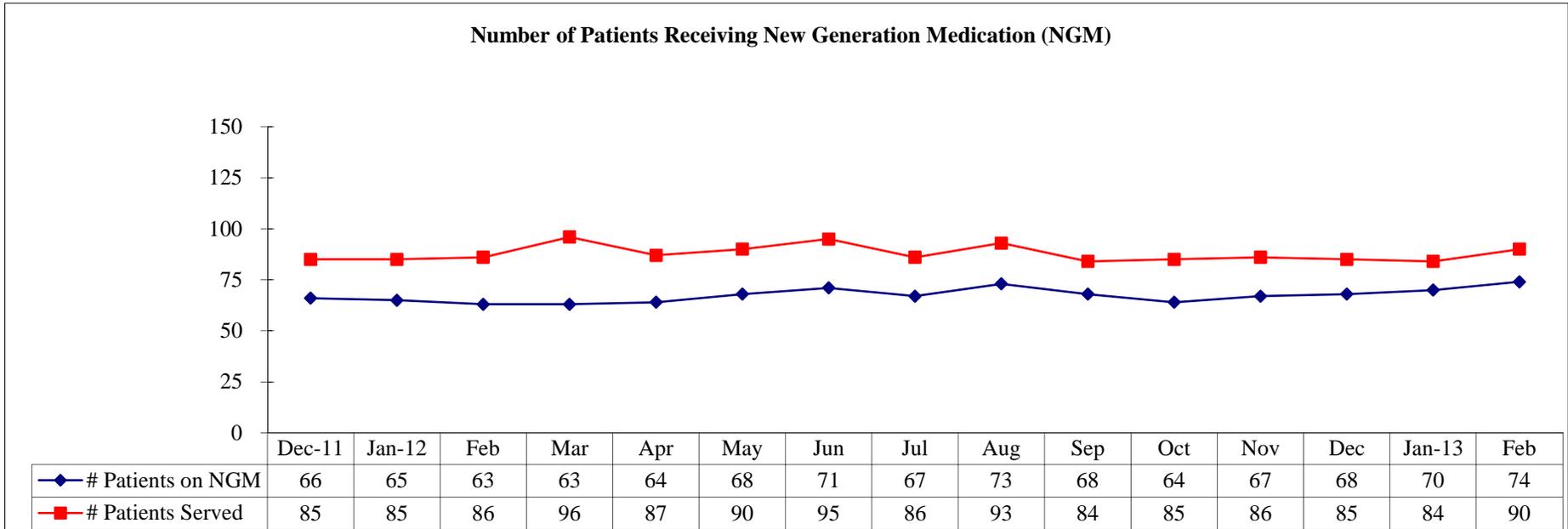


**Percentage of Patients Receiving New Generation Medication (NGM)**



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. Hospitals will report cost by hospital units and prescribing practitioners to the Governing Body.**

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

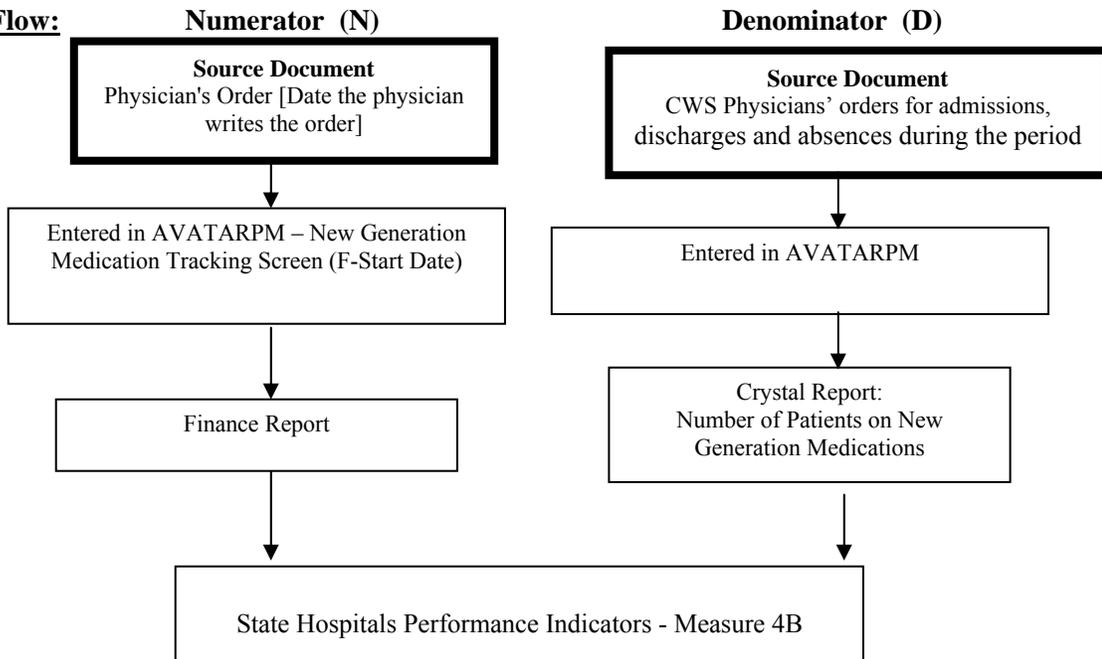
**Performance Measure Formula:**  $\frac{N}{D}$  (Dollar Amount)  
D (Unduplicated Persons Receiving NGM)

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:**

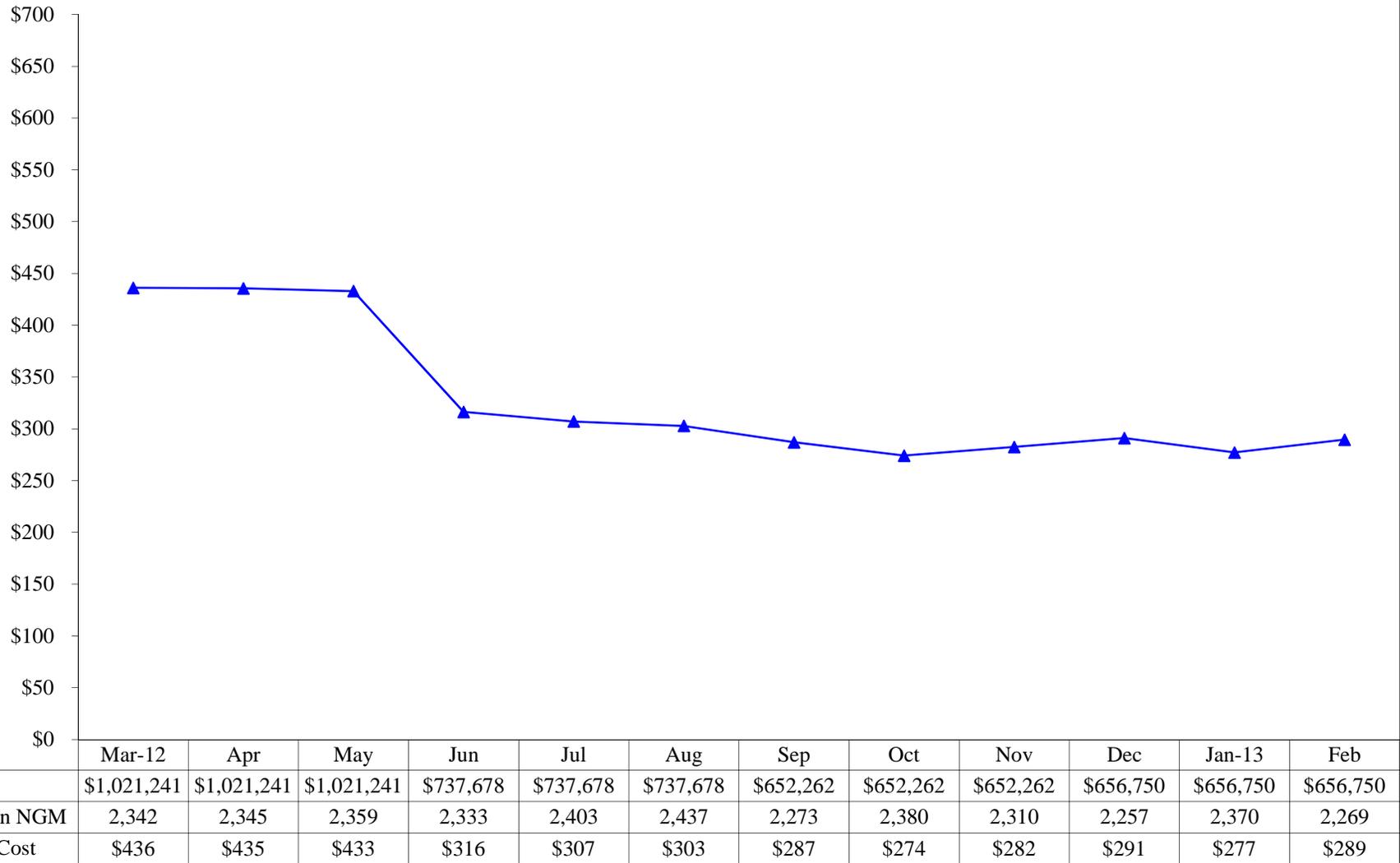
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

**Data Flow:**



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

**Average Cost of Antipsychotic Medications per Patient per Month**



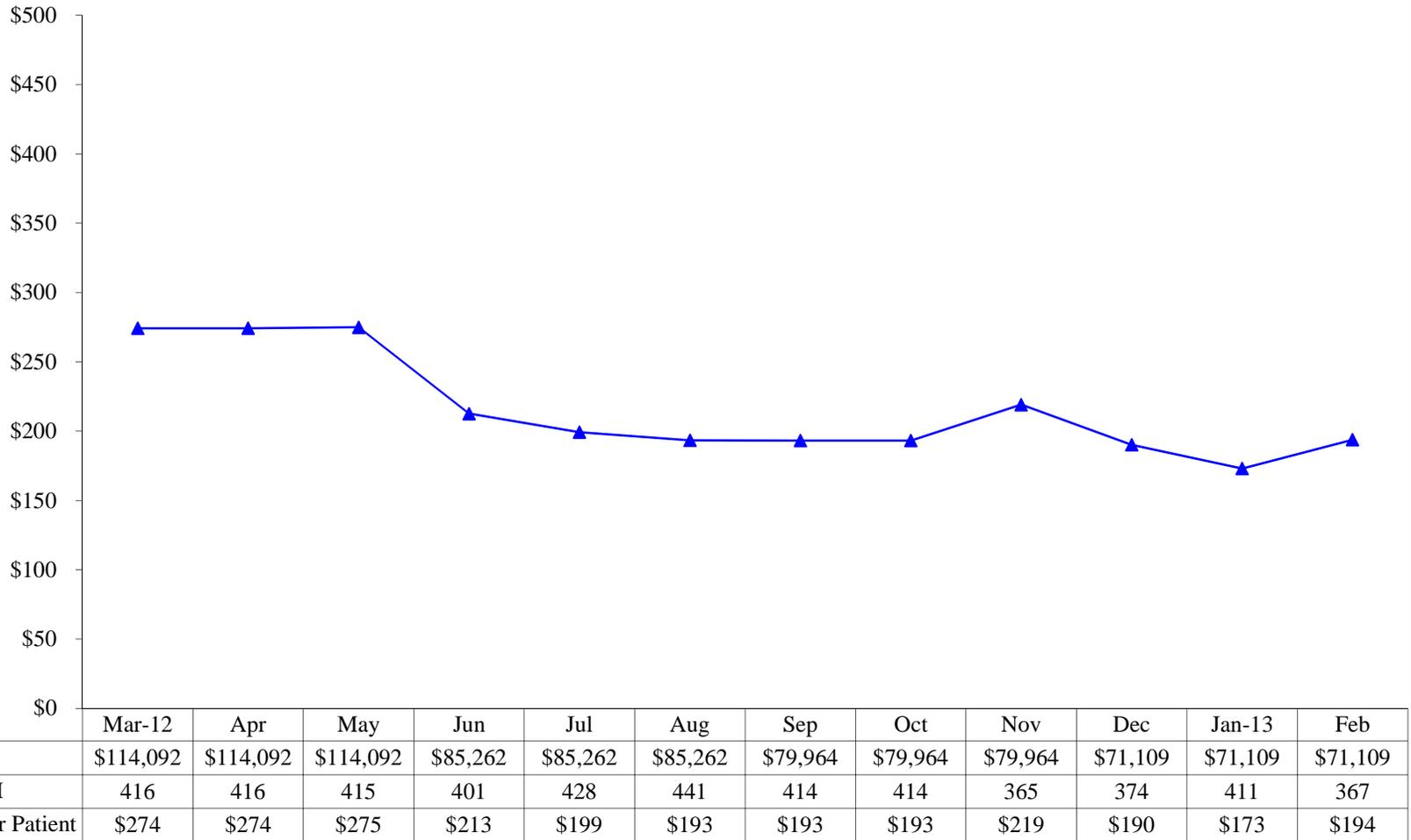
\* Average Monthly Cost per Quarter

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**



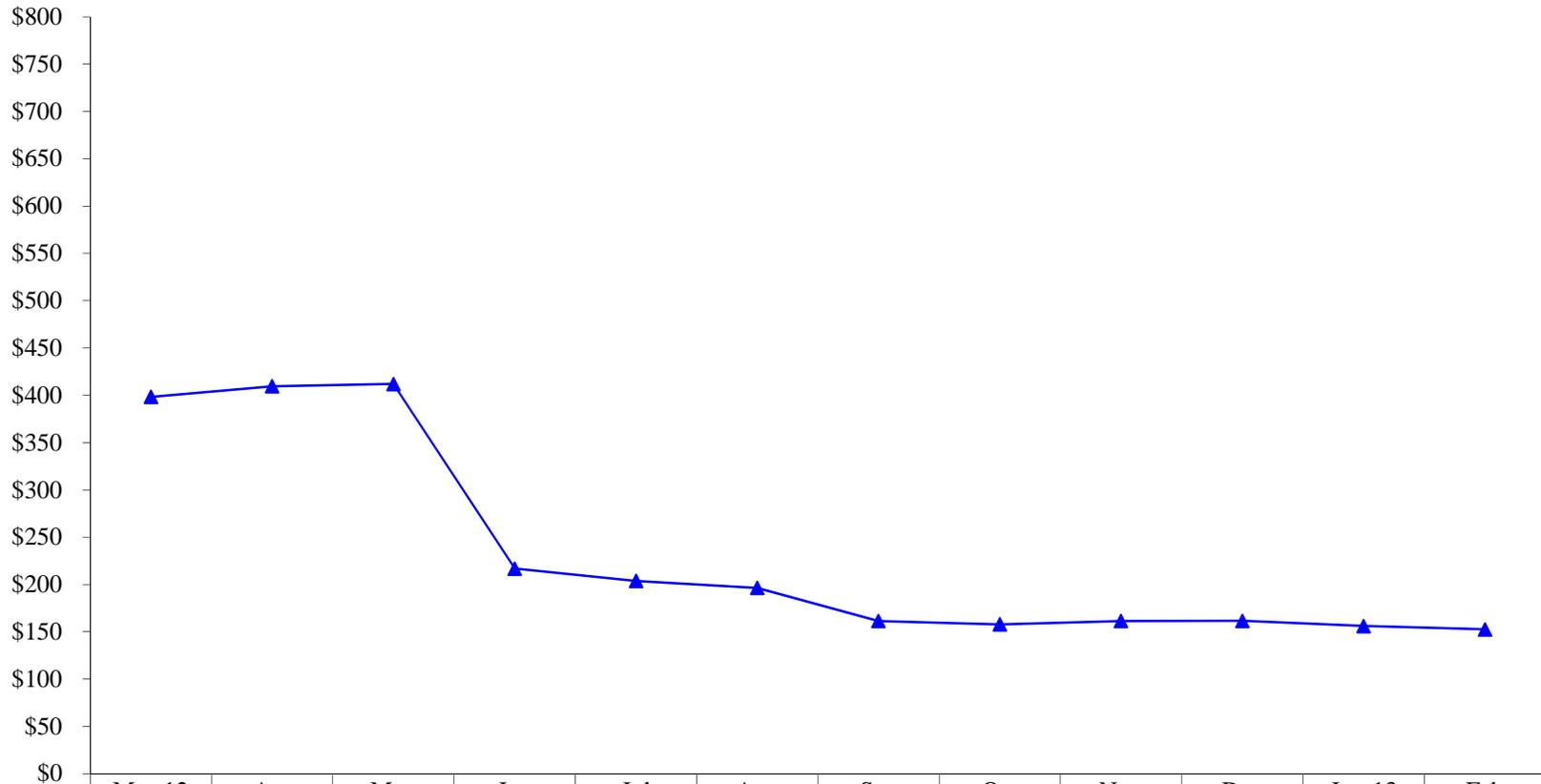
\* Average Monthly Cost per Quarter

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**

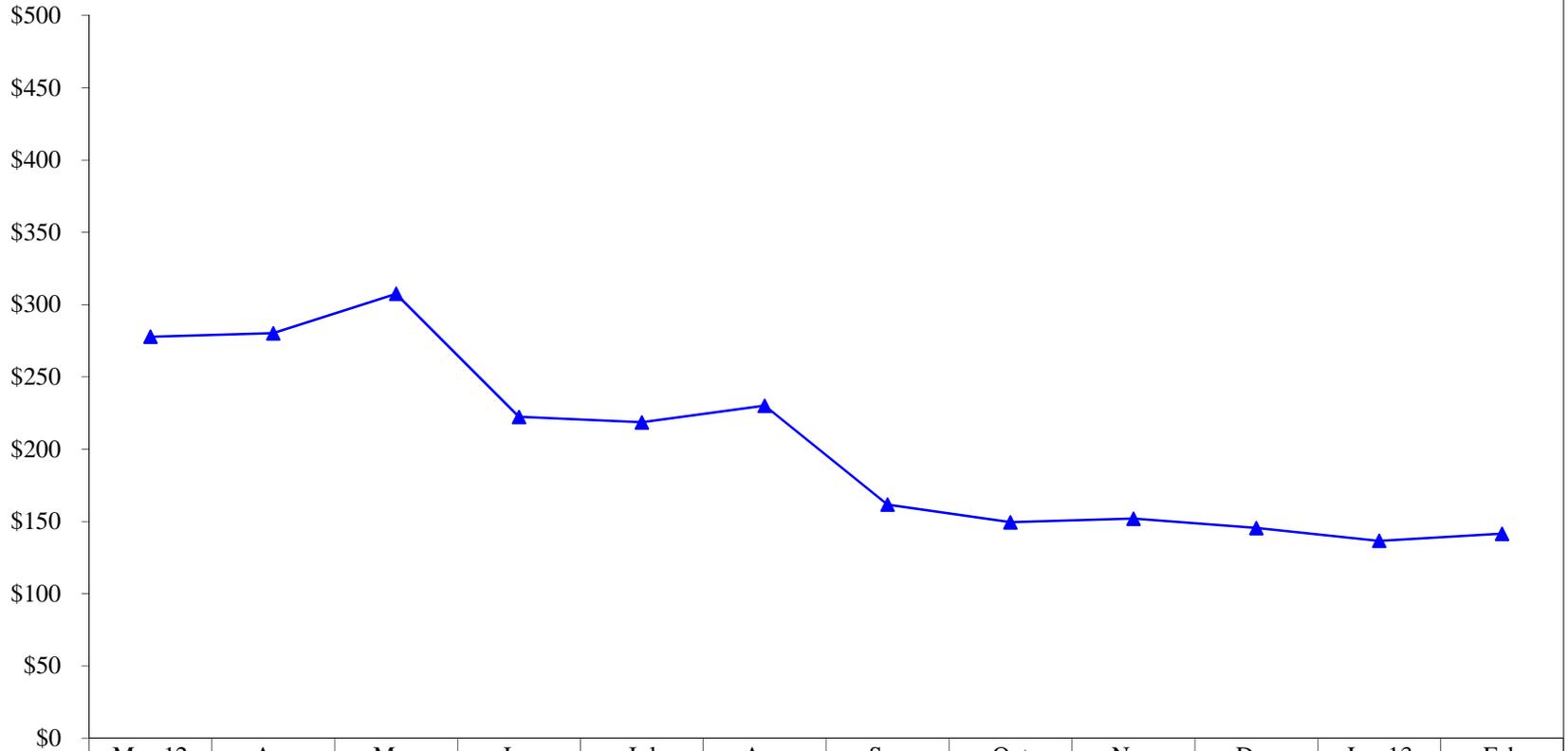


	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$72,503	\$72,503	\$72,503	\$37,511	\$37,511	\$37,511	\$28,105	\$28,105	\$28,105	\$27,319	\$27,319	\$27,319
# of Pts on NGM	182	177	176	173	184	191	174	178	174	169	175	179
▲ Average Cost per Patient	\$398	\$410	\$412	\$217	\$204	\$196	\$162	\$158	\$162	\$162	\$156	\$153

\* Average Monthly Cost per Quarter

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

**Average Cost of Antipsychotic Medications per Patient per Month**

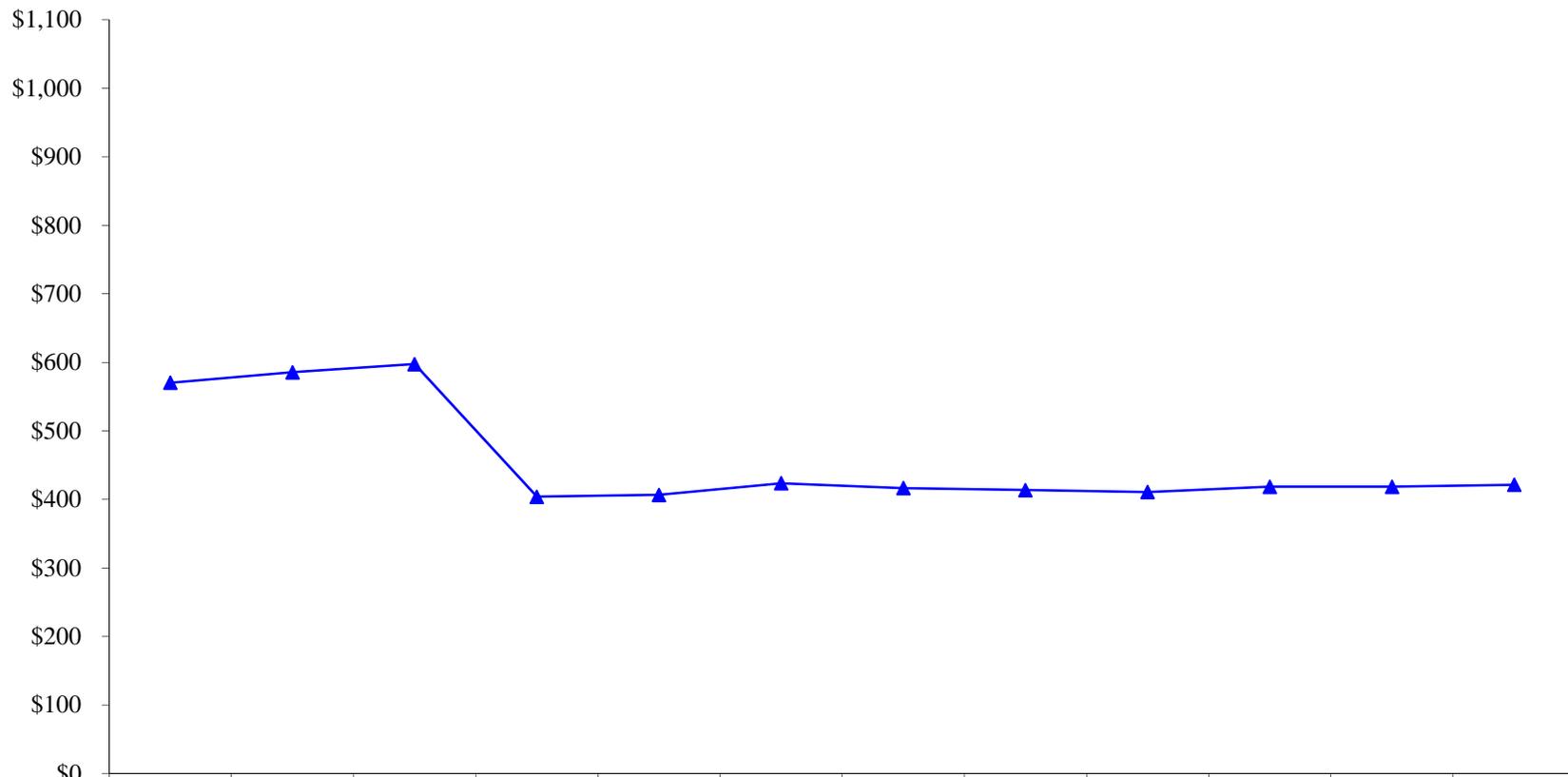


	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$31,670	\$31,670	\$31,670	\$26,236	\$26,236	\$26,236	\$17,785	\$17,785	\$17,785	\$15,710	\$15,710	\$15,710
# of Pts on NGM	114	113	103	118	120	114	110	119	117	108	115	111
▲ Average Cost per Patient	\$278	\$280	\$307	\$222	\$219	\$230	\$162	\$149	\$152	\$145	\$137	\$142

\* Average Monthly Cost per Quarter

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

**Average Cost of Antipsychotic Medications per Patient per Month**

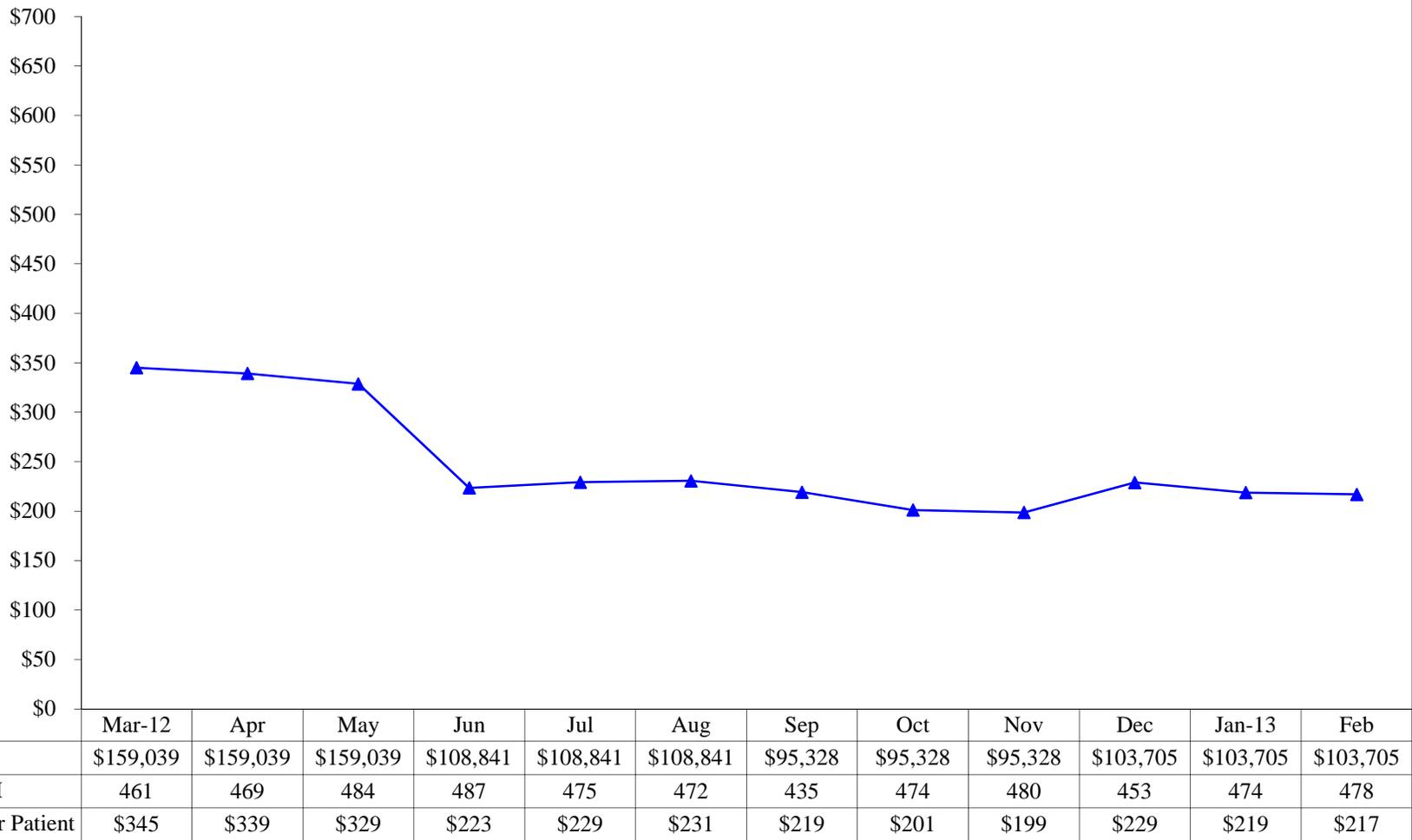


	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$87,840	\$87,840	\$87,840	\$61,016	\$61,016	\$61,016	\$59,167	\$59,167	\$59,167	\$60,690	\$60,690	\$60,690
# of Pts on NGM	154	150	147	151	150	144	142	143	144	145	145	144
—▲ Average Cost per Patient	\$570	\$586	\$598	\$404	\$407	\$424	\$417	\$414	\$411	\$419	\$419	\$421

\* Average Monthly Cost per Quarter

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

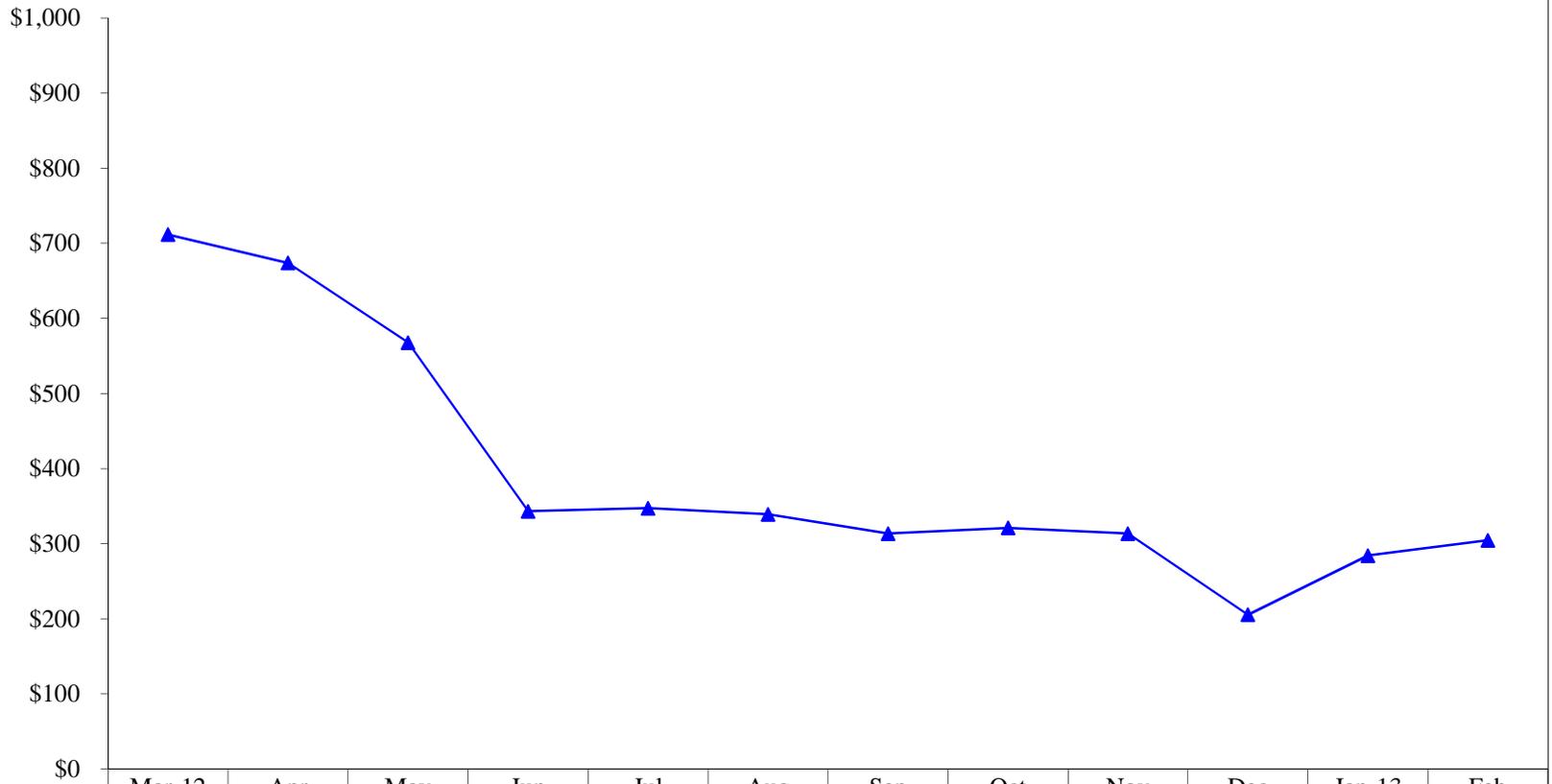
**Average Cost of Antipsychotic Medications per Patient per Month**



\* 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**

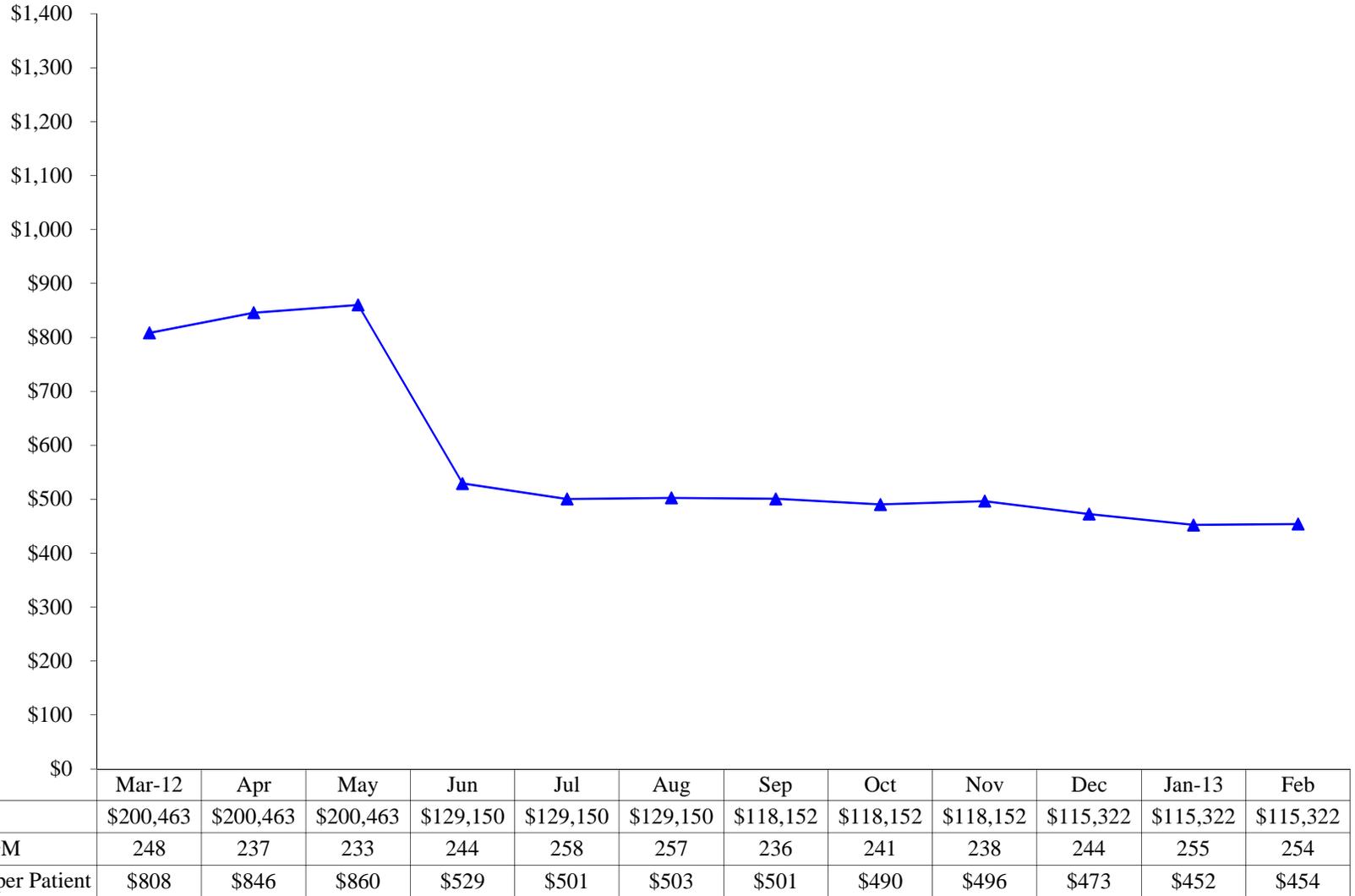


	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$50,528	\$50,528	\$50,528	\$29,165	\$29,165	\$29,165	\$26,639	\$26,639	\$26,639	\$17,057	\$17,057	\$17,057
# of Pts on NGM	71	75	89	85	84	86	85	83	85	83	60	56
▲ Average Cost per Patient	\$712	\$674	\$568	\$343	\$347	\$339	\$313	\$321	\$313	\$206	\$284	\$305

\* Average Monthly Cost per Quarter

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

**Average Cost of Antipsychotic Medications per Patient per Month**

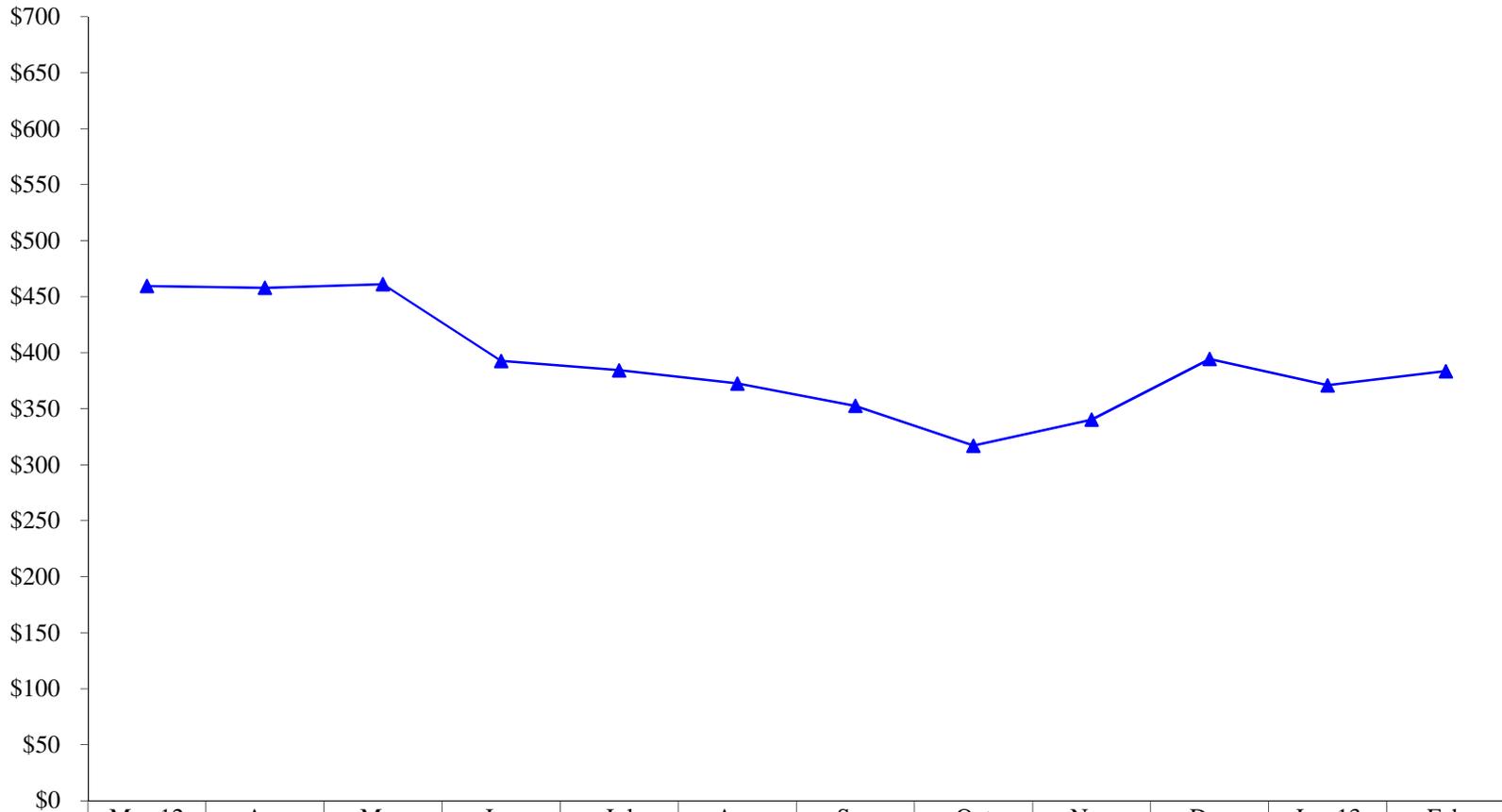


\* Average Monthly Cost per Quarter

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**



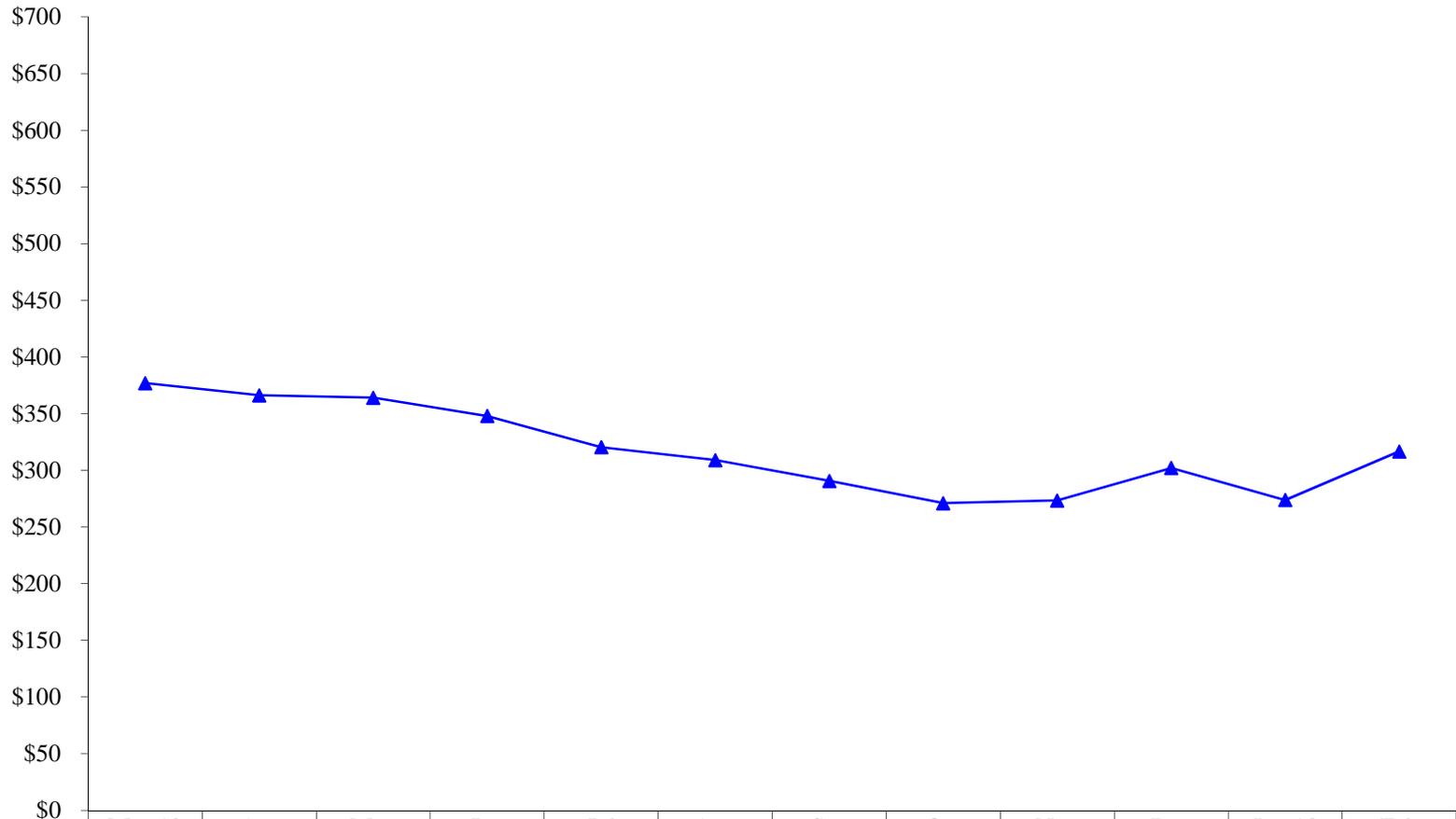
	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$133,262	\$133,262	\$133,262	\$108,769	\$108,769	\$108,769	\$97,668	\$97,668	\$97,668	\$112,390	\$112,390	\$112,390
# of Pts on NGM	290	291	289	277	283	292	277	308	287	285	303	293
▲ Average Cost per Patient	\$460	\$458	\$461	\$393	\$384	\$372	\$353	\$317	\$340	\$394	\$371	\$384

\* 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**

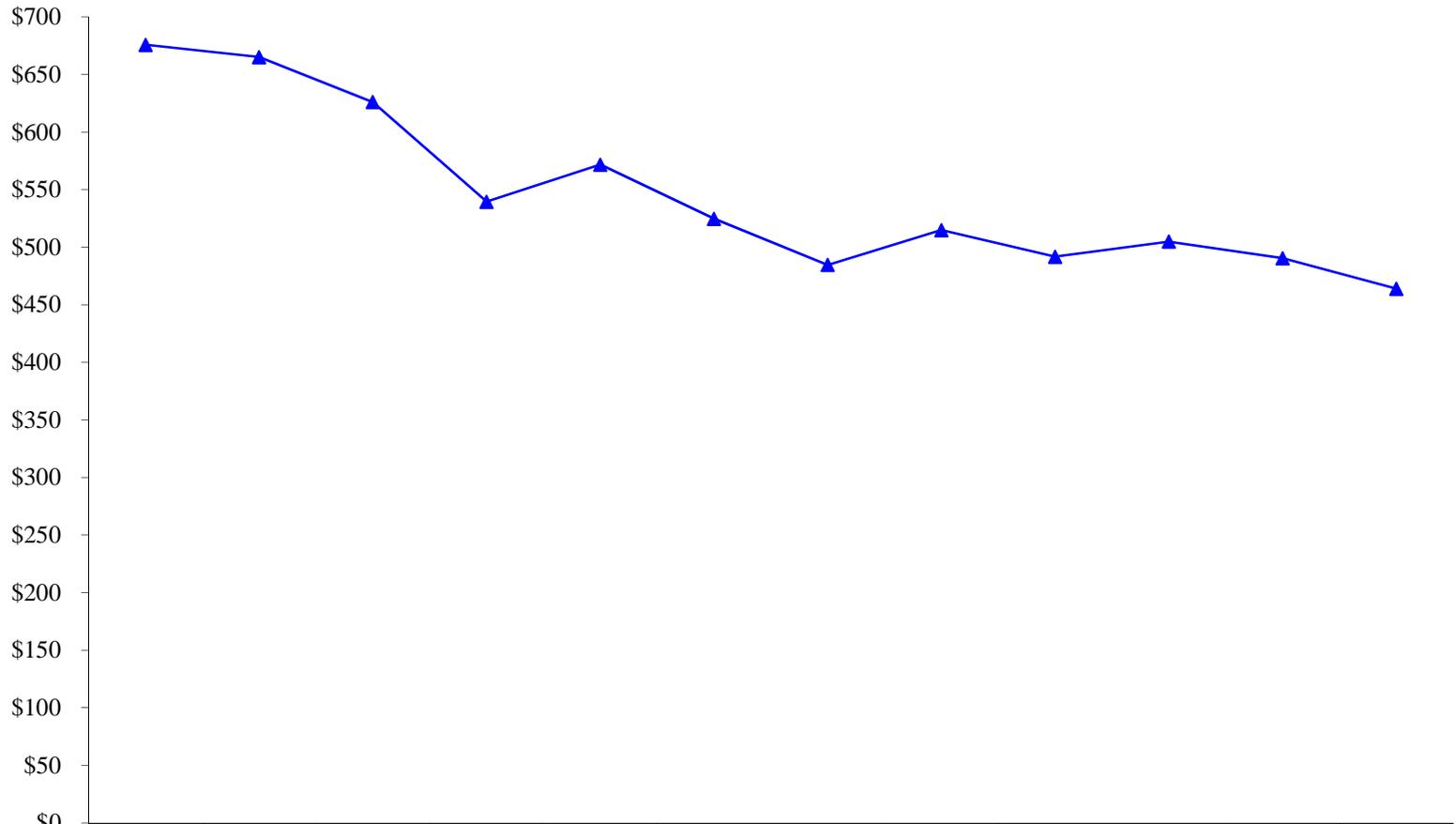


	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$129,270	\$129,270	\$129,270	\$113,422	\$113,422	\$113,422	\$96,501	\$96,501	\$96,501	\$99,114	\$99,114	\$99,114
# of Pts on NGM	343	353	355	326	354	367	332	356	353	328	362	313
▲ Average Cost per Patient	\$377	\$366	\$364	\$348	\$320	\$309	\$291	\$271	\$273	\$302	\$274	\$317

\* Average Monthly Cost per Quarter

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

**Average Cost of Antipsychotic Medications per Patient per Month**



	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Cost*	\$42,576	\$42,576	\$42,576	\$38,307	\$38,307	\$38,307	\$32,954	\$32,954	\$32,954	\$34,334	\$34,334	\$34,334
# of Pts on NGM	63	64	68	71	67	73	68	64	67	68	70	74
▲ Average Cost per Patient	\$676	\$665	\$626	\$540	\$572	\$525	\$485	\$515	\$492	\$505	\$490	\$464

\* Average Monthly Cost per Quarter

**Performance Measure 4C:**

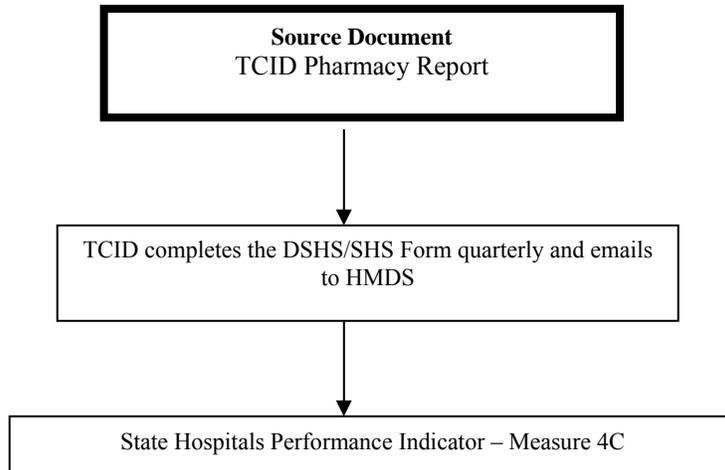
**Analyze and report the cost of TB medications.**

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

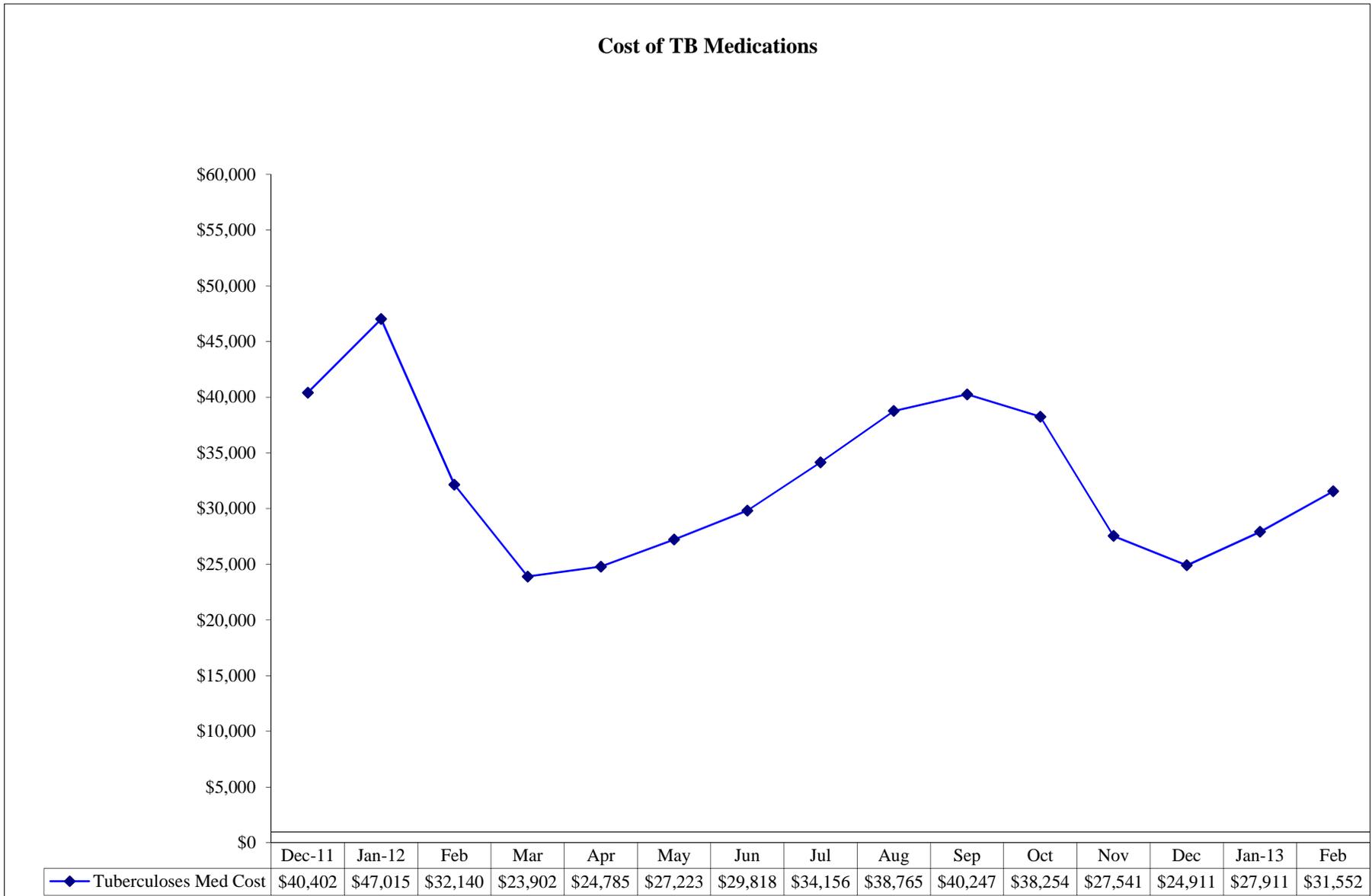
**Performance Measure Formula:** No formula – continuous variable.

**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.

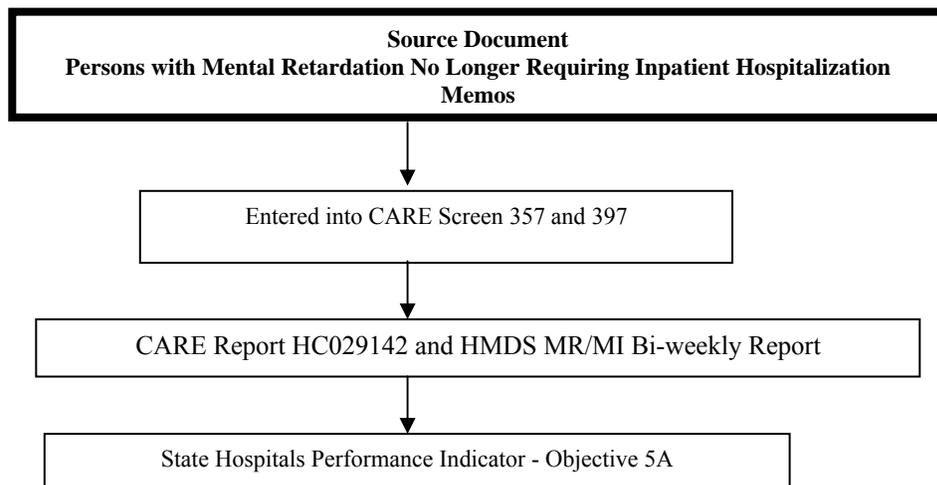
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

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.

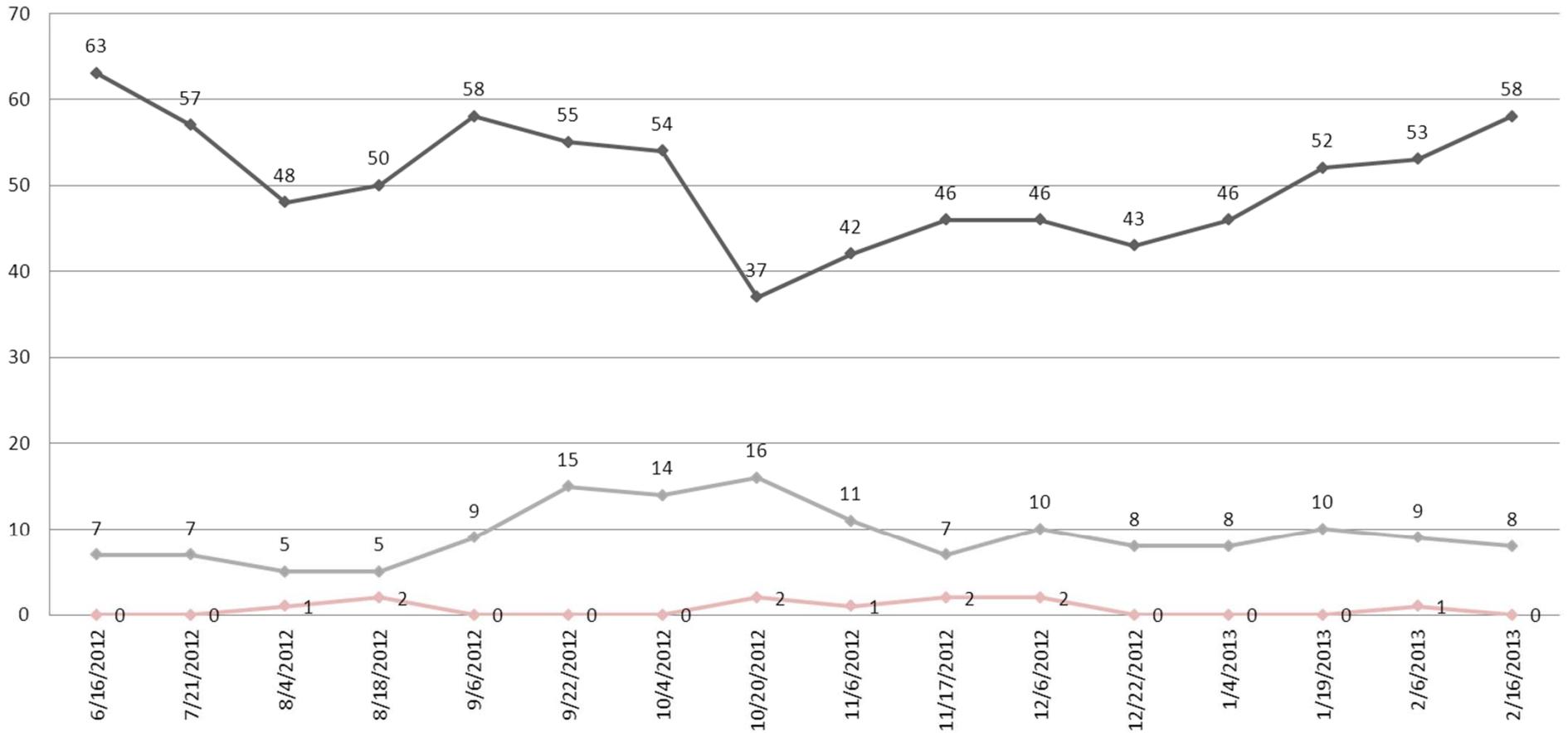
### **Data Flow:**



**Performance Objective - 5A**  
**All State MH Hospitals**

### Persons with IDD Diagnosis in State Mental Hospitals

◆ Total IDD Dx. In SHs    
 ◆ Total IDD Dx. who do not need further hosp.    
 ◆ Total IDD DX. > 30 day placement



**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.**

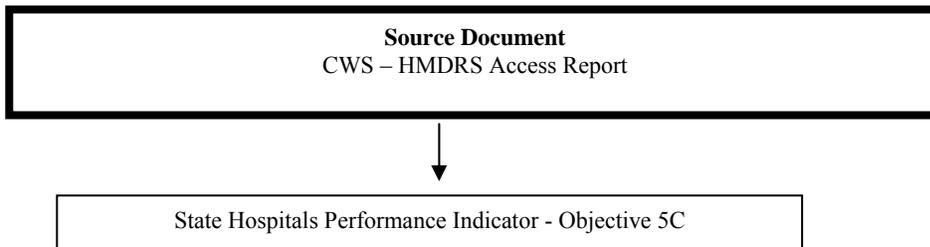
**The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.**

**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 - FY2013**

	FY12				FY13			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	45	46	45	50	40	37		
Big Spring State Hospital	97	105	108	101	100	105		
El Paso Psychiatric Center	6	6	6	7	7	9		
Kerrville State Hospital	160	155	147	147	153	156		
North Texas State Hospital	86	89	101	100	94	101		
Rio Grande State Center	0	1	2	2	2	3		
Rusk State Hospital	153	158	154	151	153	139		
San Antonio State Hospital	93	89	81	71	71	75		
Terrell State Hospital	32	31	29	29	28	30		
Waco Center for Youth	0	0	0	0	0	1		
<b>All State Hospitals</b>	<b>672</b>	<b>680</b>	<b>673</b>	<b>658</b>	<b>648</b>	<b>656</b>	<b>0</b>	<b>0</b>

**Performance Measure 5A:**

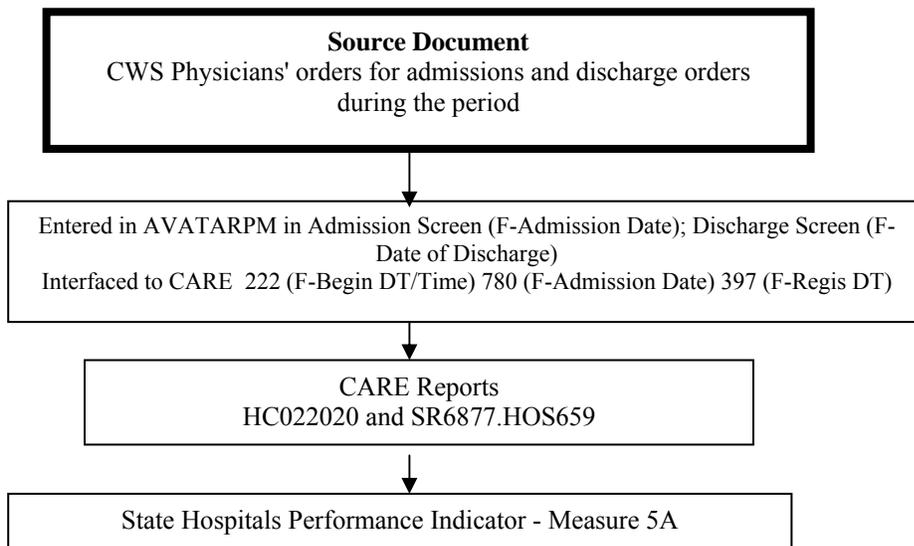
**Calculate and report number and type of all admissions and discharges, and, the percentage of patients new to the system.**

**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:**

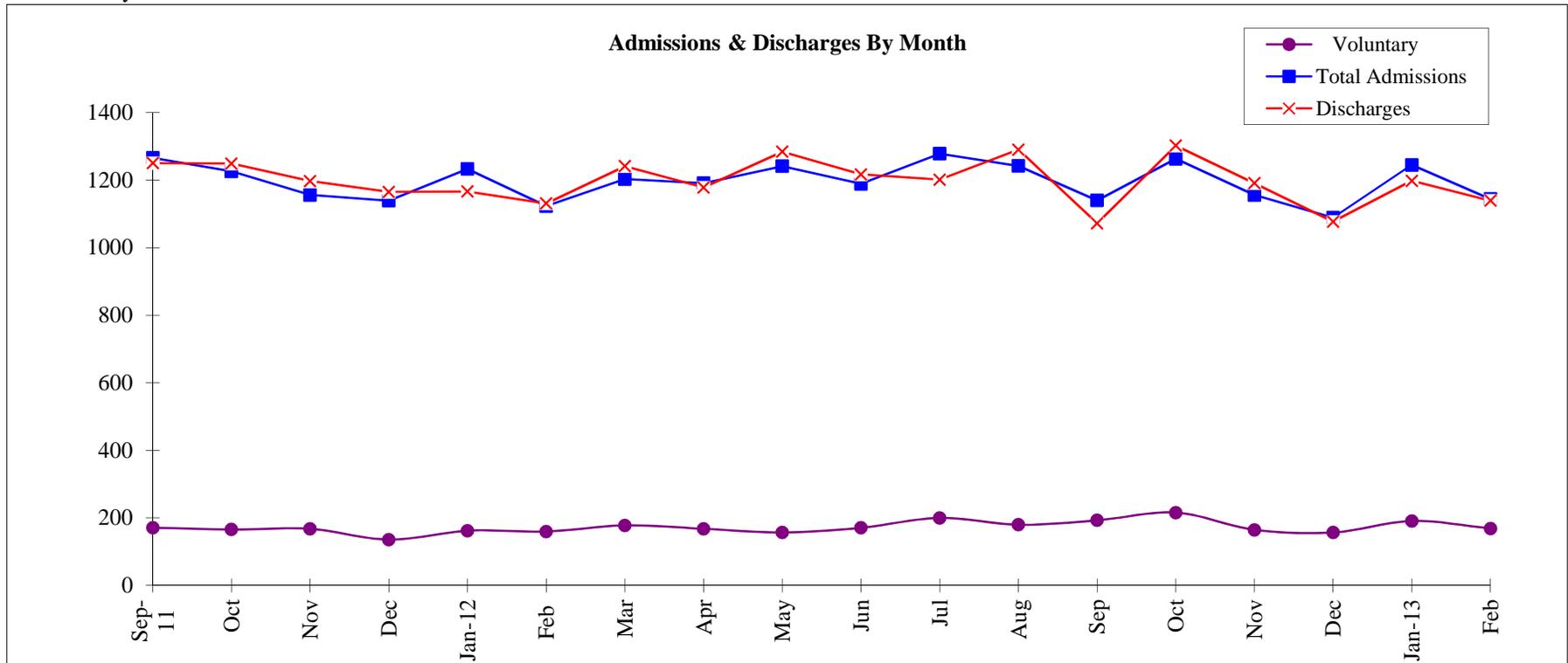


## Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

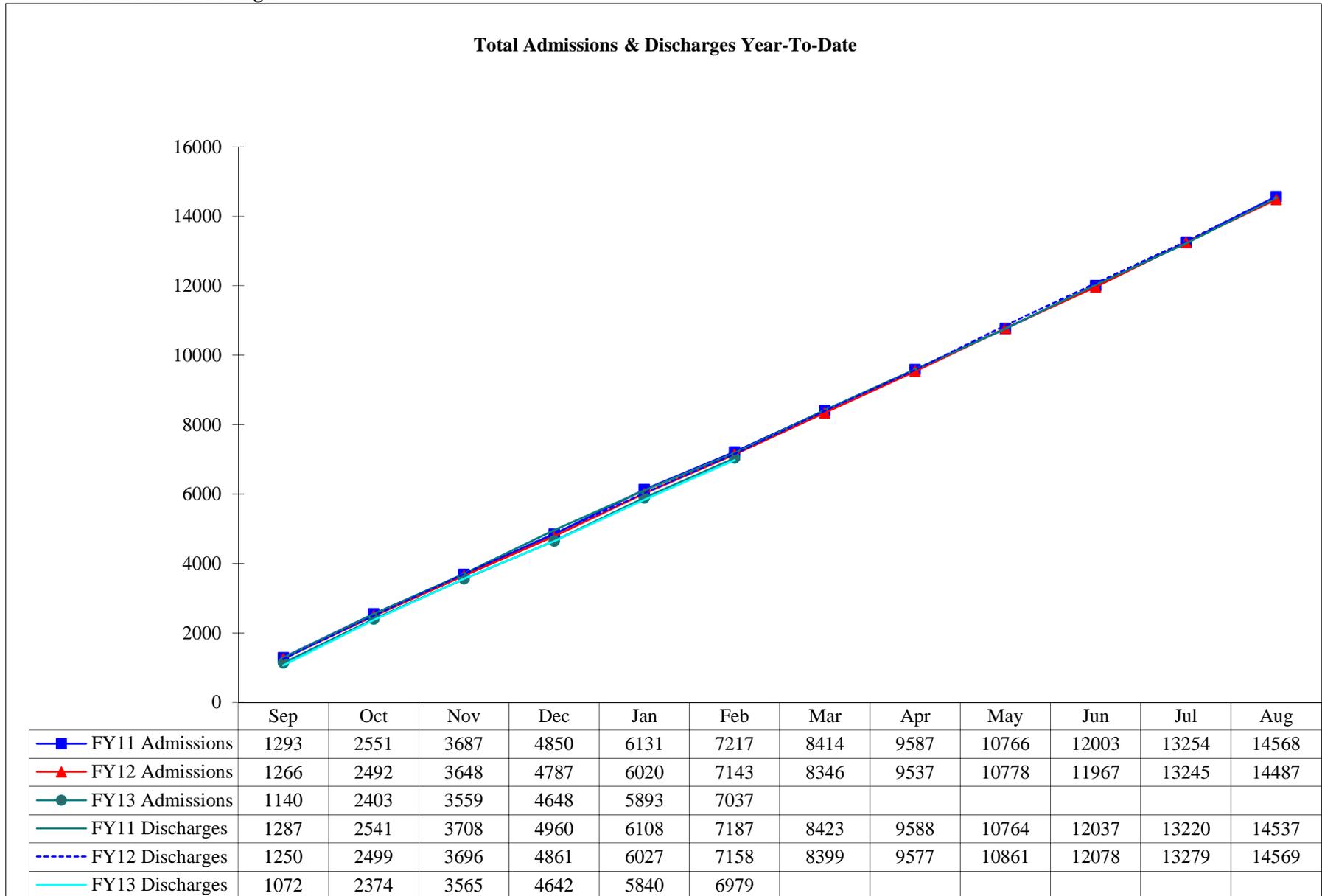
### All State MH Hospitals

#### Admissions by Month

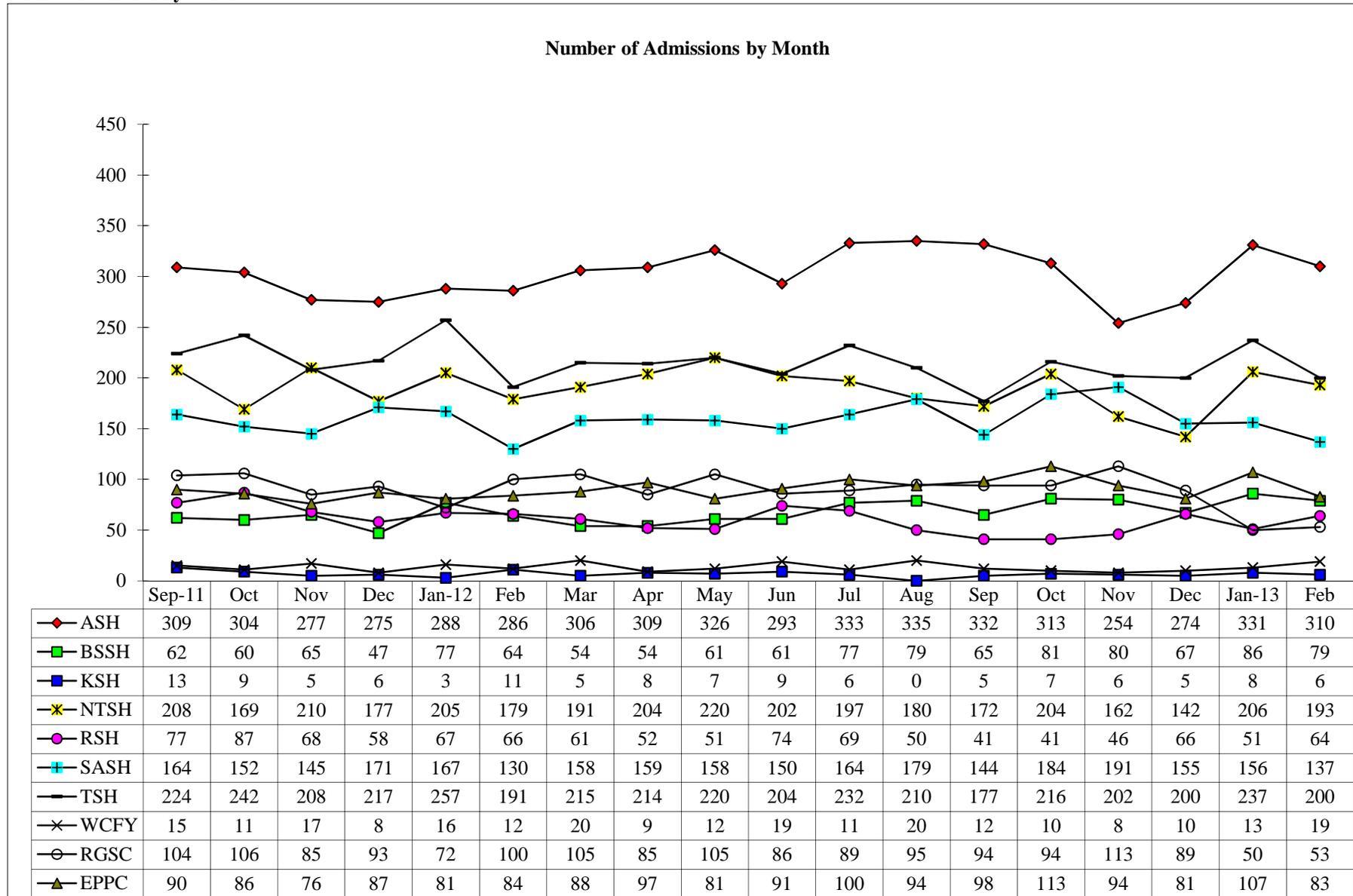
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	1266	1226	1156	1139	1233	1123	1203	1191	1241	1189	1278	1242	1140	1263	1156	1089	1245	1144
Voluntary	171	166	168	136	162	160	178	168	157	171	200	180	193	216	165	157	191	169
Involuntary	1095	1060	988	1003	1071	963	1025	1023	1084	1018	1078	1062	947	1047	991	932	1054	975
OPC	313	311	274	312	333	269	280	281	307	260	326	261	196	243	228	221	254	246
Emergency	529	530	459	473	485	454	513	507	519	516	454	566	536	537	520	510	528	459
Temporary	111	99	90	85	90	80	83	94	89	76	88	86	69	97	66	71	85	71
Extended	3	4	4	2	4	6	3	0	7	5	4	0	4	5	2	2	6	7
Forensic	122	102	137	121	142	141	135	123	133	138	185	137	129	148	156	119	161	168
Order for MR S	17	14	24	10	17	13	11	18	29	23	21	12	13	17	19	9	20	24
Discharges	1250	1249	1197	1165	1166	1131	1241	1178	1284	1217	1201	1290	1072	1302	1191	1077	1198	1139
% New to System	50%	52%	48%	49%	48%	49%	49%	50%	49%	48%	47%	49%	52%	51%	49%	48%	49%	48%



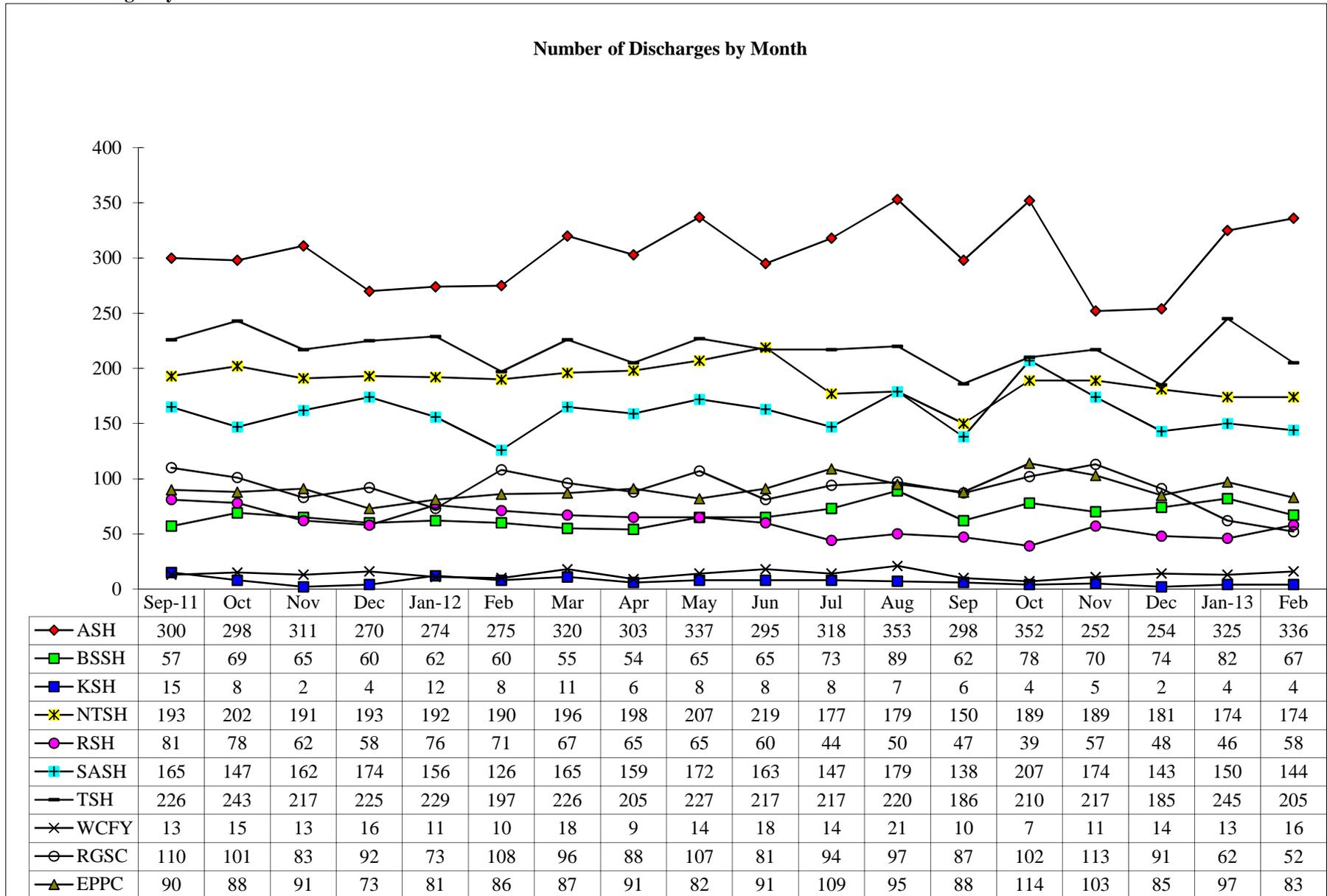
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**All State MH Hospitals**  
**FYTD Admissions & Discharges**



**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**

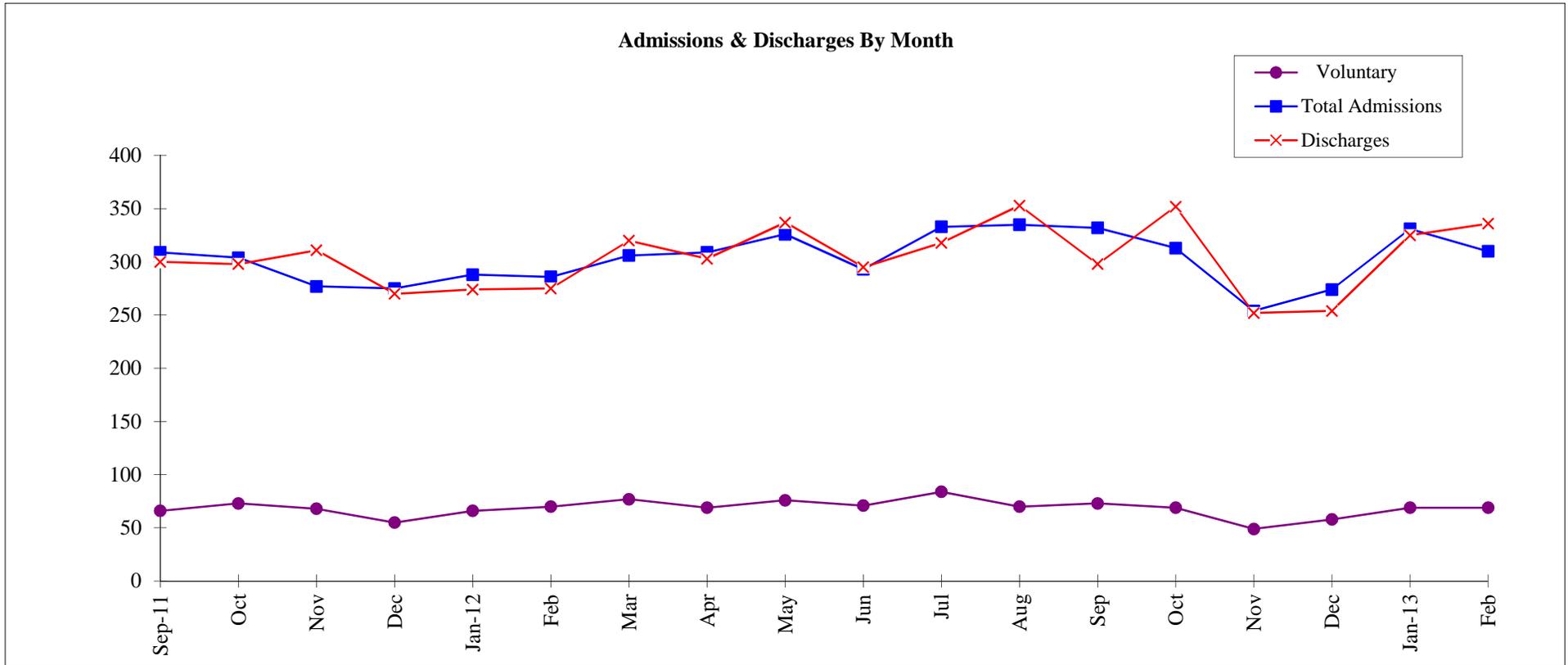


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Austin State Hospital**

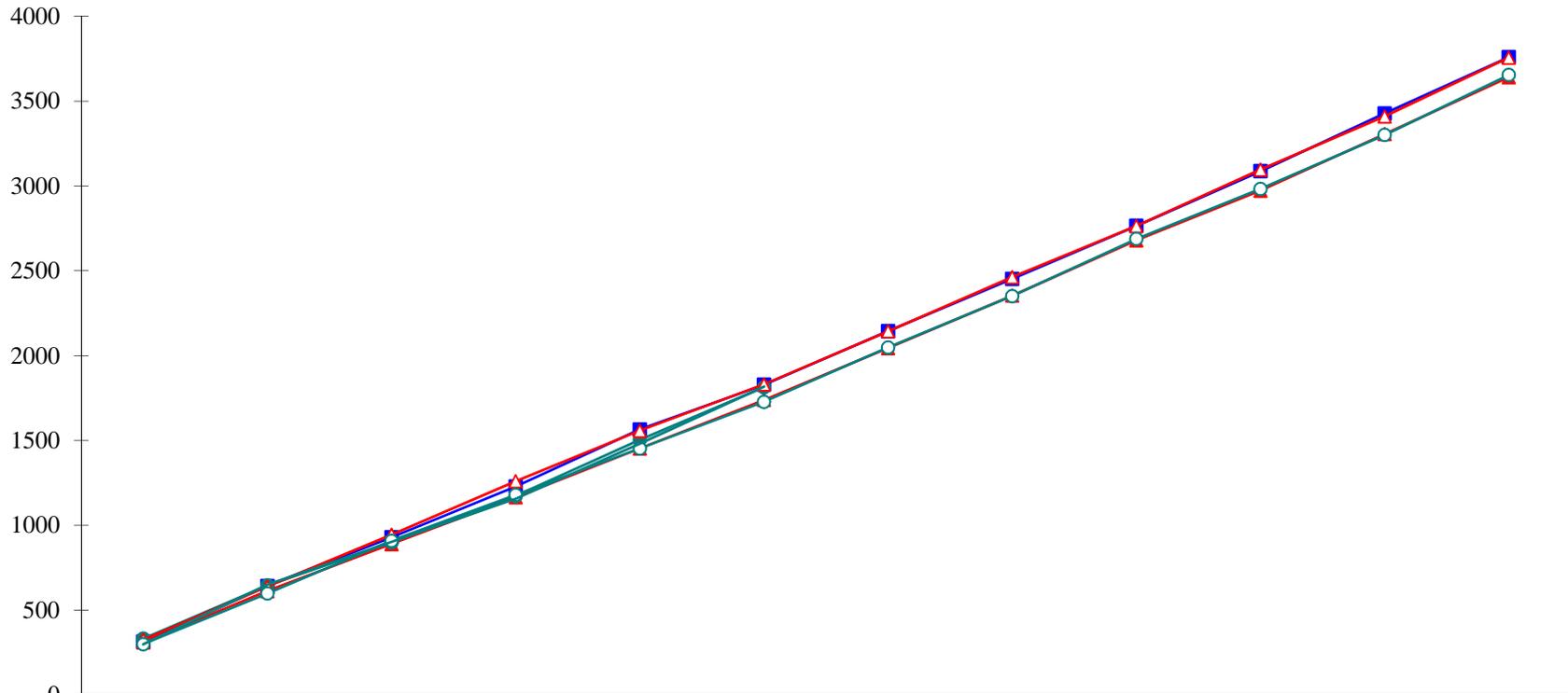
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	309	304	277	275	288	286	306	309	326	293	333	335	332	313	254	274	331	310
Voluntary	66	73	68	55	66	70	77	69	76	71	84	70	73	69	49	58	69	69
Involuntary	243	231	209	220	222	216	229	240	250	222	249	265	259	244	205	216	262	241
OPC	23	15	9	14	16	9	9	8	7	5	11	5	10	9	7	4	5	6
Emergency	189	183	177	176	175	172	186	203	206	189	205	232	226	201	167	190	222	202
Temporary	13	14	7	9	15	10	10	14	9	12	10	11	8	13	9	6	12	7
Extended	1	0	0	1	0	2	1	0	2	0	0	0	0	1	0	2	0	1
Forensic	17	19	16	20	16	22	23	15	26	16	22	17	15	20	21	14	23	25
Order for MR Svc	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0
Discharges	300	298	311	270	274	275	320	303	337	295	318	353	298	352	252	254	325	336
% New to System	49%	47%	47%	49%	47%	55%	54%	46%	52%	51%	50%	52%	55%	50%	50%	47%	52%	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**



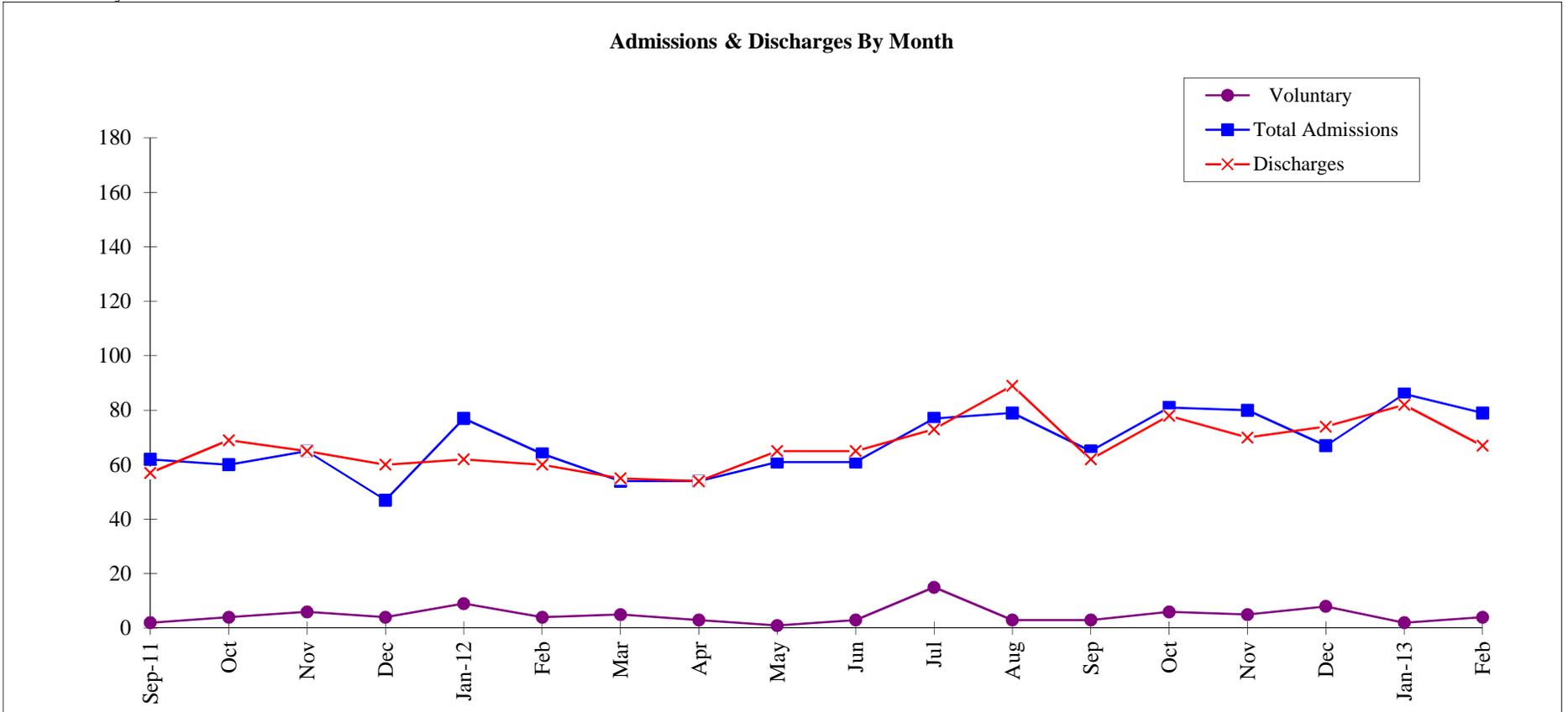
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY11 Admissions	315	643	929	1228	1565	1829	2145	2453	2765	3087	3428	3759
▲ FY12 Admissions	309	613	890	1165	1453	1739	2045	2354	2680	2973	3306	3641
● FY13 Admissions	332	645	899	1173	1504	1814						
▲ FY11 Discharges	325	639	945	1260	1558	1831	2144	2463	2764	3097	3410	3757
○ FY12 Discharges	300	598	909	1179	1453	1728	2048	2351	2688	2983	3301	3654
— FY13 Discharges	298	650	902	1156	1481	1817						

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

**Big Spring State Hospital**

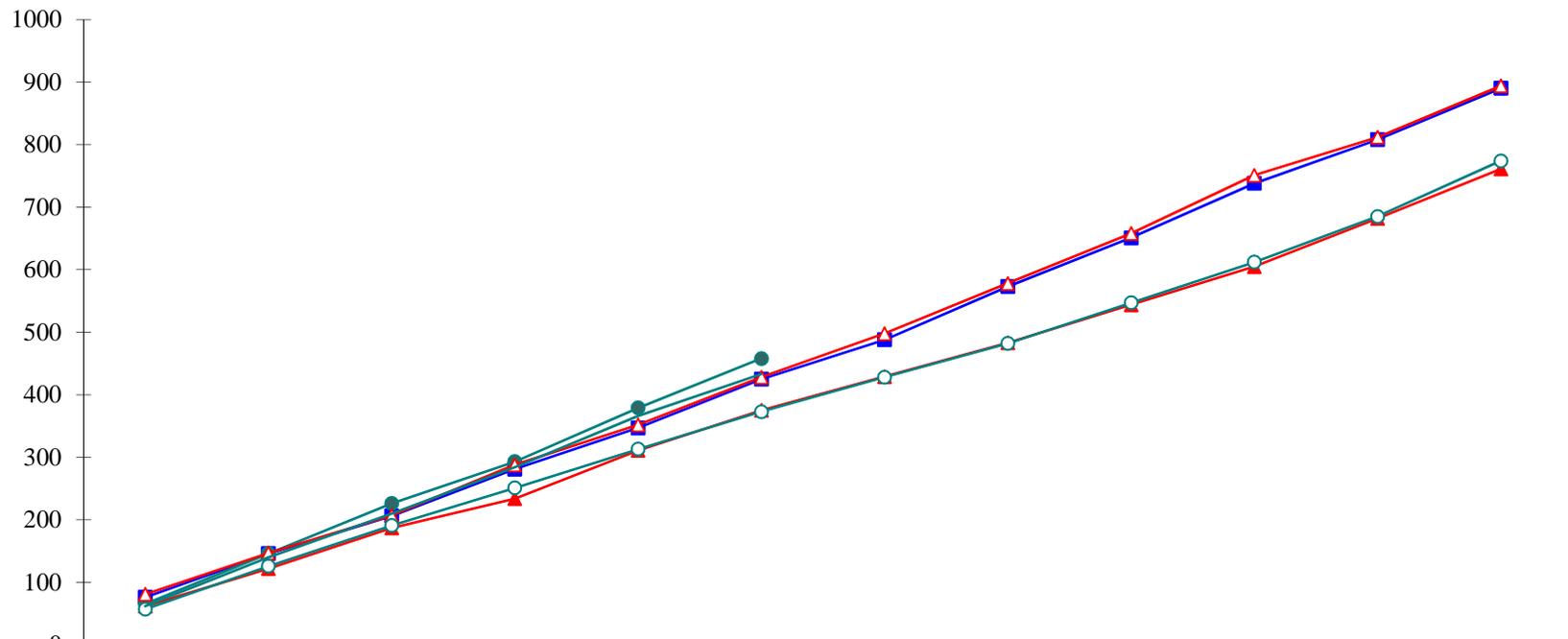
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	62	60	65	47	77	64	54	54	61	61	77	79	65	81	80	67	86	79
Voluntary	2	4	6	4	9	4	5	3	1	3	15	3	3	6	5	8	2	4
Involuntary	60	56	59	43	68	60	49	51	60	58	62	76	62	75	75	59	84	75
OPC	7	6	3	1	5	4	2	4	8	5	18	10	4	6	6	8	14	8
Emergency	46	45	41	34	43	42	34	40	42	43	40	57	51	56	60	44	64	53
Temporary	1	1	3	2	2	0	1	0	0	1	1	0	0	0	0	0	0	0
Extended	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	1	2
Forensic	6	4	9	4	14	14	10	7	10	9	3	8	7	13	8	7	5	8
Order for MR	0	0	3	2	2	0	2	0	0	0	0	1	0	0	0	0	0	4
Discharges	57	69	65	60	62	60	55	54	65	65	73	89	62	78	70	74	82	67
% New to System	47%	45%	40%	43%	43%	39%	46%	54%	48%	44%	44%	48%	48%	58%	40%	42%	53%	53%



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

**Total Admissions & Discharges Year-To-Date**



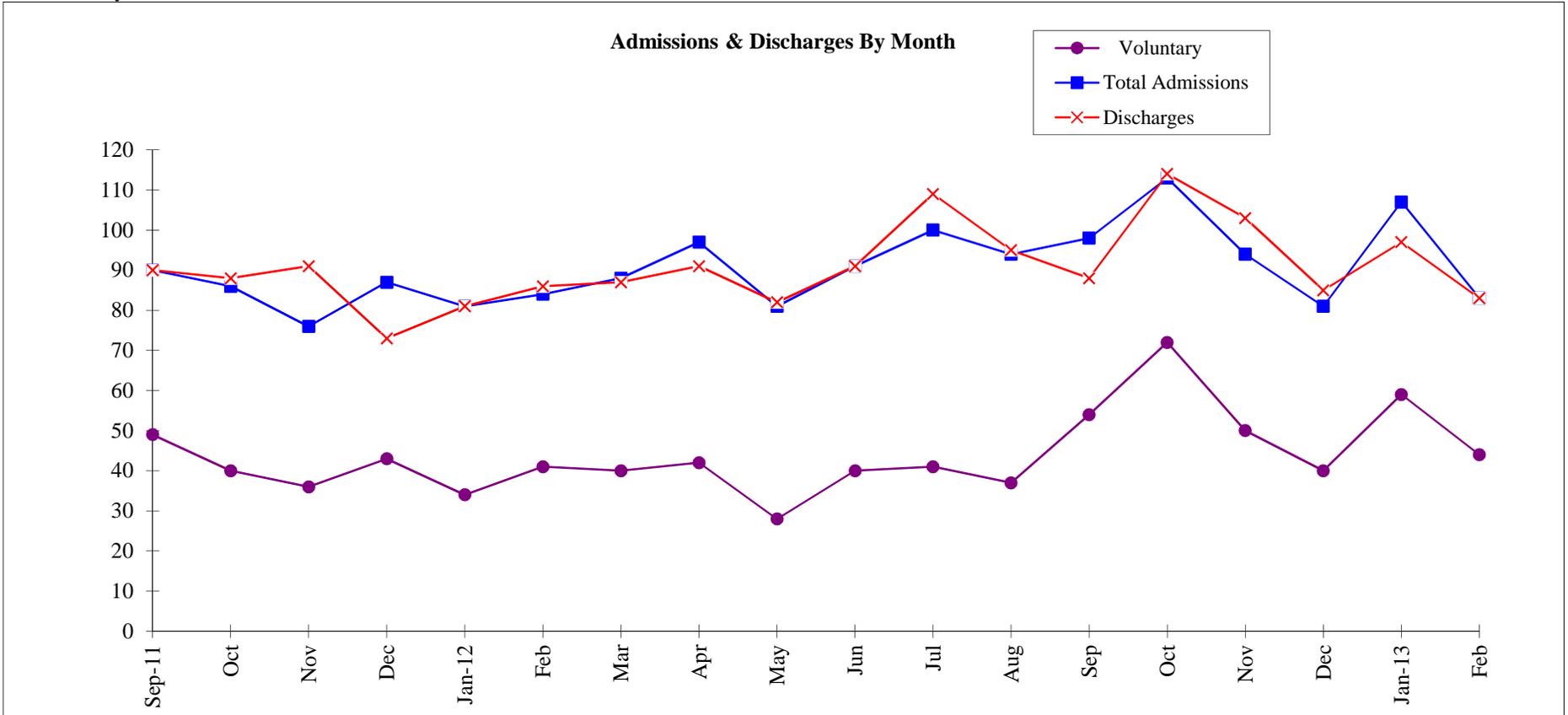
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY11 Admissions	76	146	206	281	347	425	488	573	651	738	808	890
▲ FY12 Admissions	62	122	187	234	311	375	429	483	544	605	682	761
● FY13 Admissions	65	146	226	293	379	458						
▲ FY11 Discharges	81	147	207	288	352	428	498	578	658	751	812	894
○ FY12 Discharges	57	126	191	251	313	373	428	482	547	612	685	774
● FY13 Discharges	62	140	210	284	366	433						

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

**El Paso Psychiatric Center**

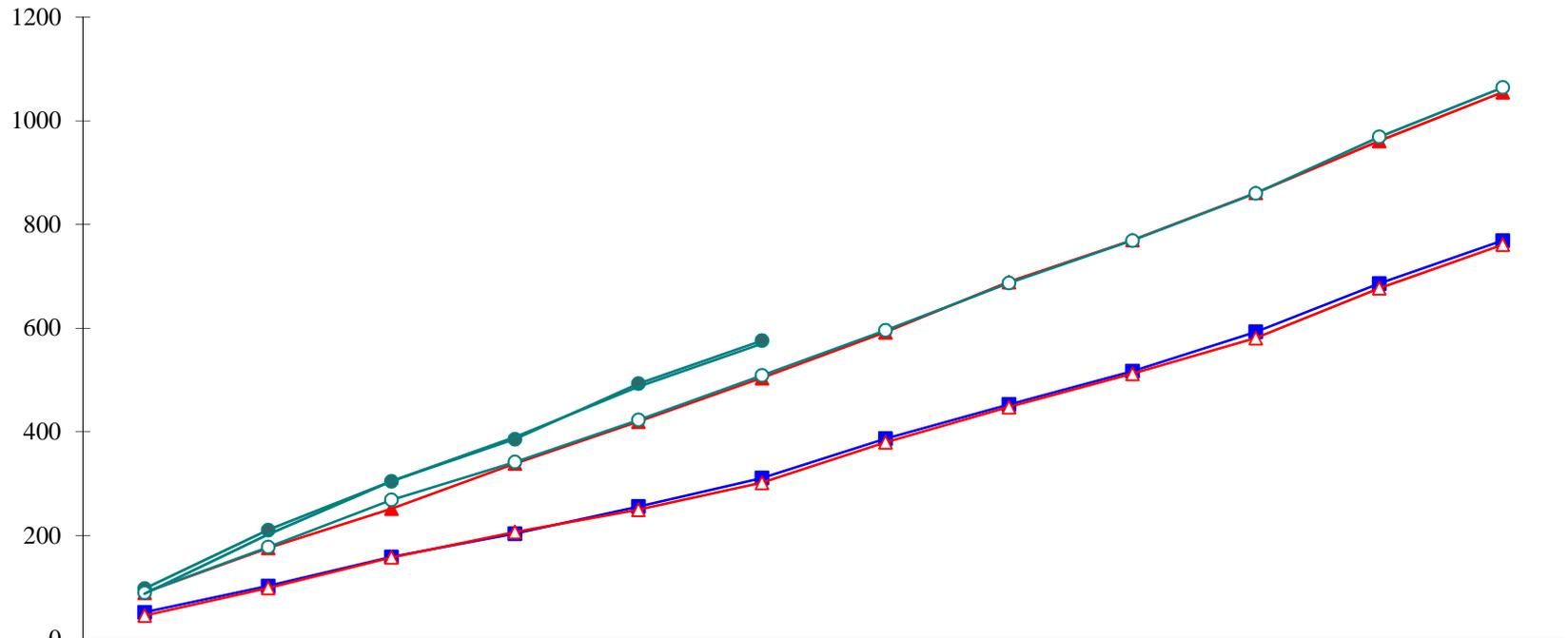
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	90	86	76	87	81	84	88	97	81	91	100	94	98	113	94	81	107	83
Voluntary	49	40	36	43	34	41	40	42	28	40	41	37	54	72	50	40	59	44
Involuntary	41	46	40	44	47	43	48	55	53	51	59	57	44	41	44	41	48	39
OPC	21	29	21	8	22	14	10	13	23	27	37	13	14	13	19	15	9	13
Emergency	16	13	14	29	21	24	32	38	28	21	13	41	29	25	22	19	33	24
Temporary	1	2	2	2	1	0	2	1	1	3	5	1	1	1	2	4	1	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Forensic	3	2	3	5	3	5	4	3	1	0	4	2	0	2	1	3	4	1
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	90	88	91	73	81	86	87	91	82	91	109	95	88	114	103	85	97	83
% New to System	51%	49%	51%	48%	42%	60%	44%	49%	51%	59%	53%	48%	55%	64%	59%	53%	51%	45%



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

**Total Admissions & Discharges Year-To-Date**



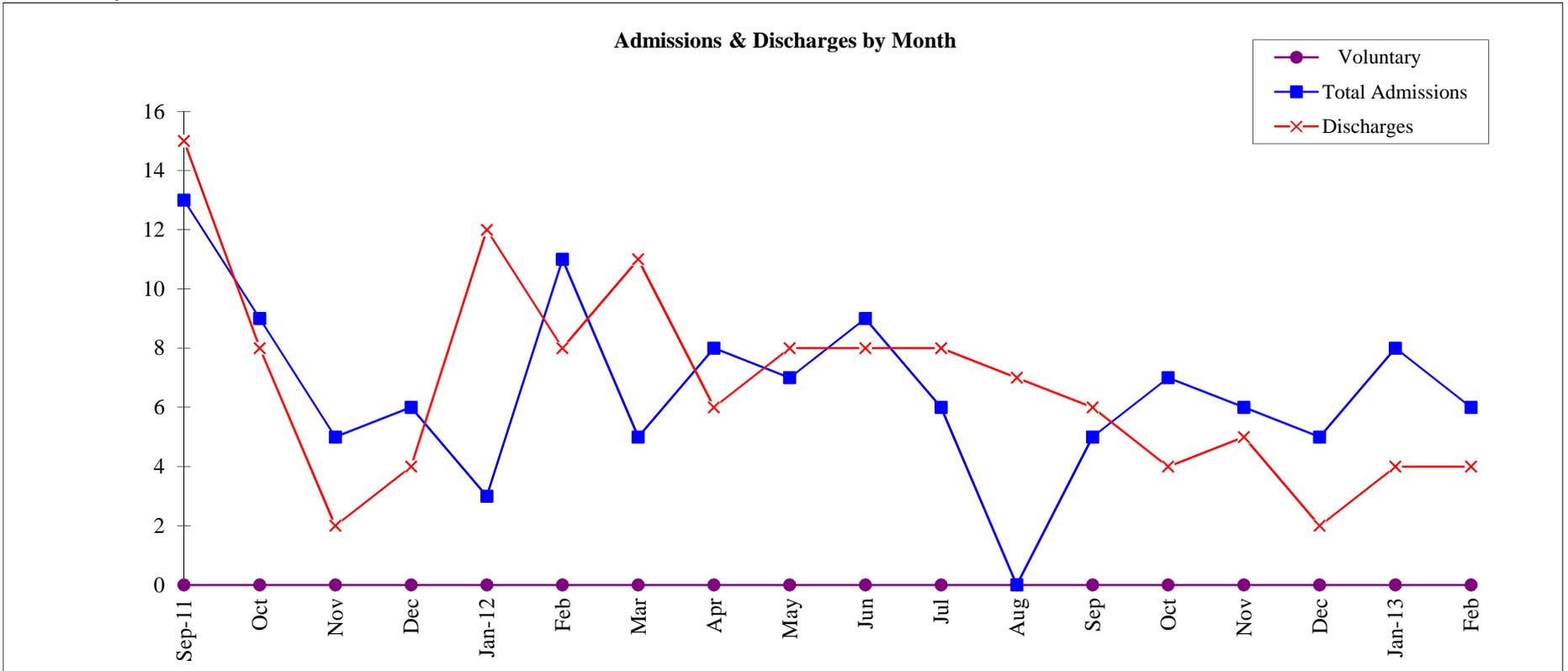
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY11 Admissions	52	103	159	204	256	311	387	453	517	593	686	769
▲ FY12 Admissions	90	176	252	339	420	504	592	689	770	861	961	1055
● FY13 Admissions	98	211	305	386	493	576						
△ FY11 Discharges	46	99	158	207	250	302	380	448	512	581	677	761
○ FY12 Discharges	90	178	269	342	423	509	596	687	769	860	969	1064
— FY13 Discharges	88	202	305	390	487	570						

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

**Kerrville State Hospital**

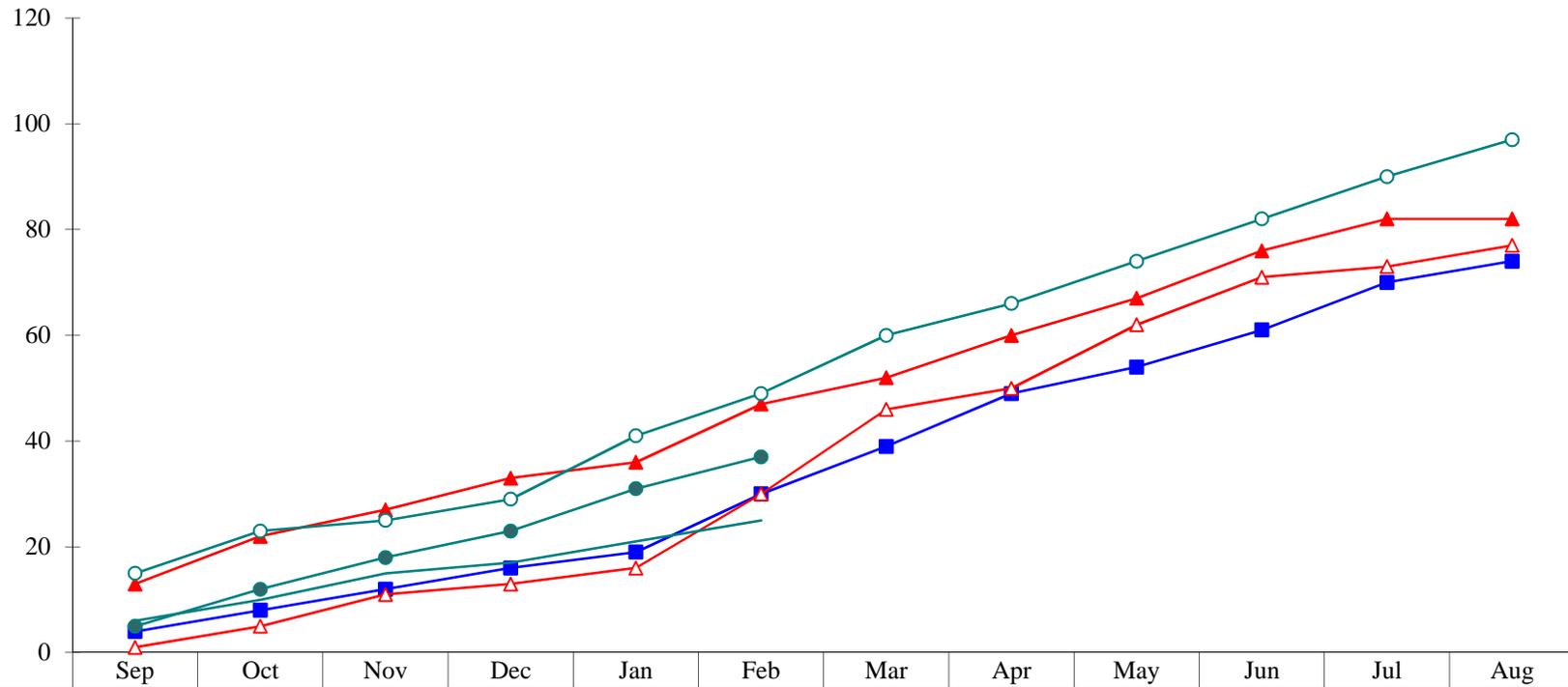
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	13	9	5	6	3	11	5	8	7	9	6	0	5	7	6	5	8	6
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	13	9	5	6	3	11	5	8	7	9	6	0	5	7	6	5	8	6
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	13	9	5	6	3	11	5	8	7	9	6	0	5	7	6	5	8	6
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	15	8	2	4	12	8	11	6	8	8	8	7	6	4	5	2	4	4
% New to System	0%	0%	0%	0%	0%	0%	0%	0%	0%	11%	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**



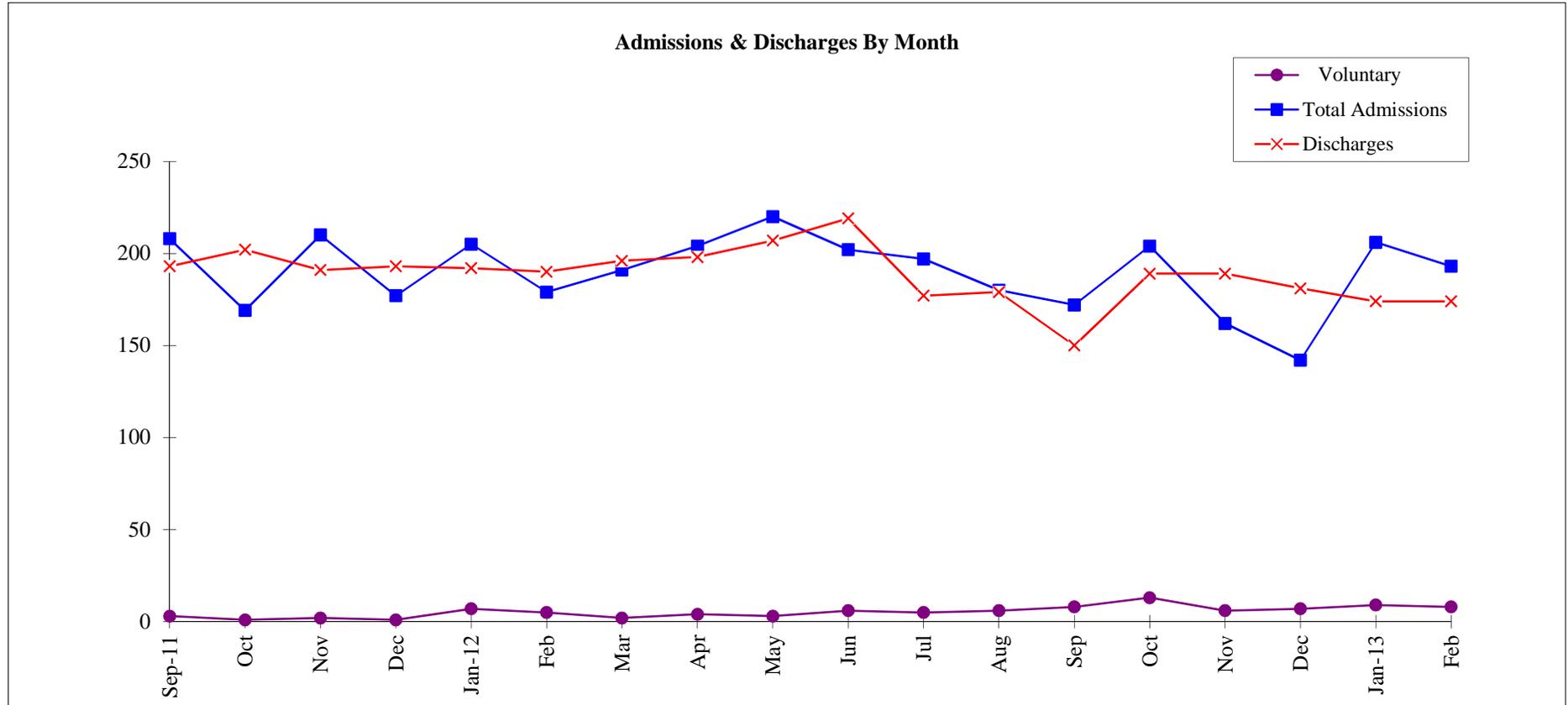
■ FY11 Admissions	4	8	12	16	19	30	39	49	54	61	70	74
▲ FY12 Admissions	13	22	27	33	36	47	52	60	67	76	82	82
● FY13 Admissions	5	12	18	23	31	37						
△ FY11 Discharges	1	5	11	13	16	30	46	50	62	71	73	77
○ FY12 Discharges	15	23	25	29	41	49	60	66	74	82	90	97
— FY13 Discharges	6	10	15	17	21	25						

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

**North Texas State Hospital**

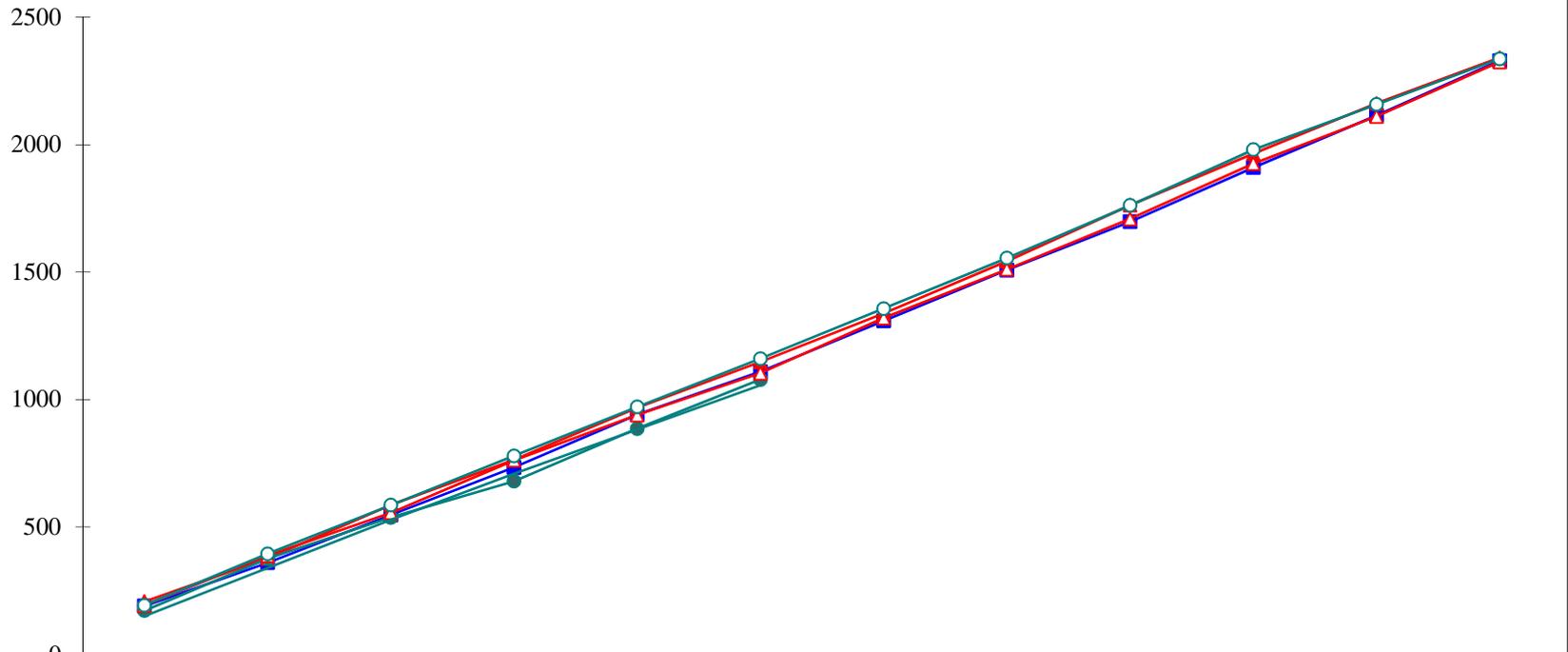
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	208	169	210	177	205	179	191	204	220	202	197	180	172	204	162	142	206	193
Voluntary	3	1	2	1	7	5	2	4	3	6	5	6	8	13	6	7	9	8
Involuntary	205	168	208	176	198	174	189	200	217	196	192	174	164	191	156	135	197	185
OPC	24	22	30	24	27	27	21	20	20	13	23	26	22	19	23	16	17	25
Emergency	55	57	45	43	47	33	61	60	53	80	40	44	44	45	47	49	58	43
Temporary	61	42	49	48	48	49	45	47	48	32	39	34	36	55	26	33	33	26
Extended	0	2	0	0	1	2	1	0	3	0	1	0	2	1	0	0	2	0
Forensic	51	34	68	53	62	56	57	59	68	53	73	63	48	57	49	29	71	74
Order for MR	14	11	16	8	13	7	4	14	25	18	16	7	12	14	11	8	16	17
Discharges	193	202	191	193	192	190	196	198	207	219	177	179	150	189	189	181	174	174
% New to System	50%	60%	47%	51%	50%	49%	53%	54%	54%	51%	46%	47%	54%	53%	58%	46%	52%	49%



**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**



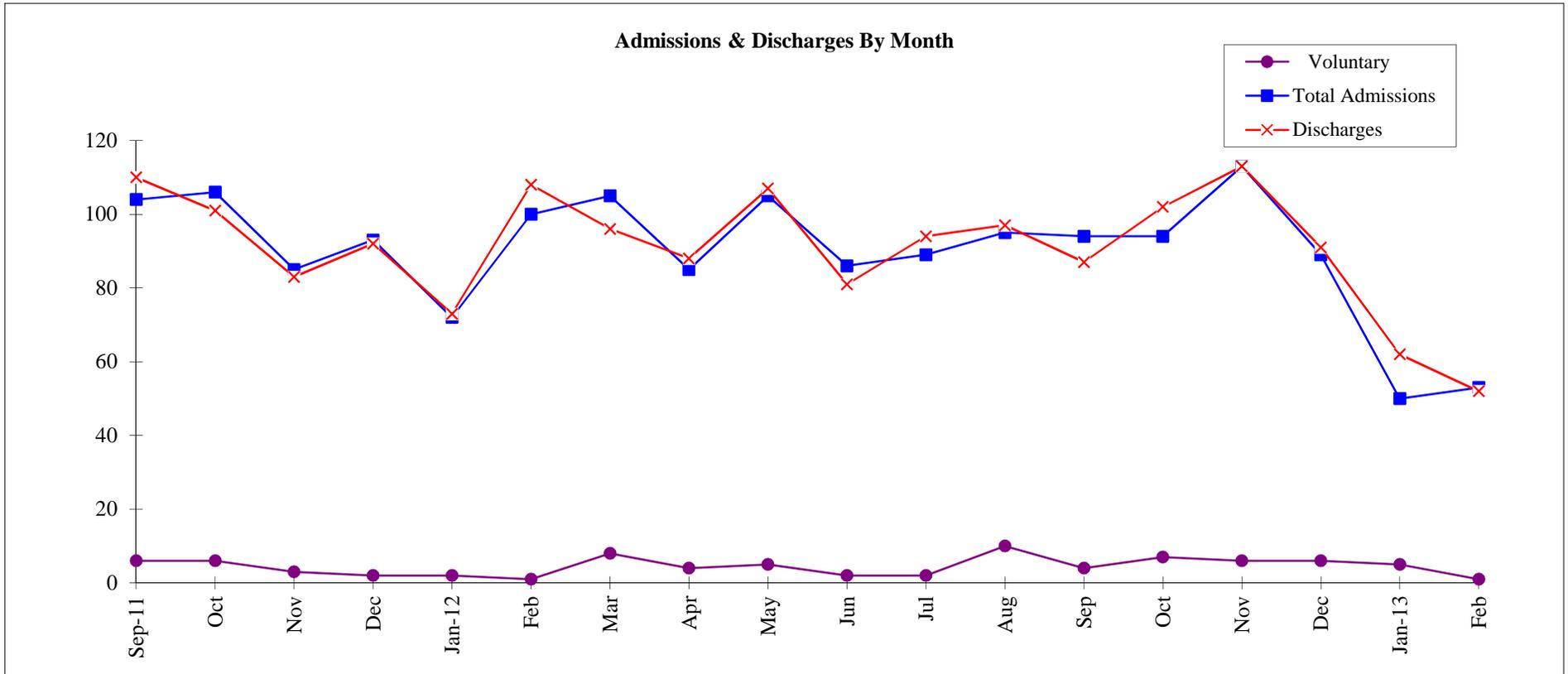
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY11 Admissions	190	360	547	734	941	1110	1309	1508	1698	1911	2115	2330
▲ FY12 Admissions	208	377	587	764	969	1148	1339	1543	1763	1965	2162	2342
● FY13 Admissions	172	376	538	680	886	1079						
△ FY11 Discharges	192	388	556	762	940	1104	1320	1511	1709	1926	2111	2325
○ FY12 Discharges	193	395	586	779	971	1161	1357	1555	1762	1981	2158	2337
— FY13 Discharges	150	339	528	709	883	1057						

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

**Rio Grande State Center**

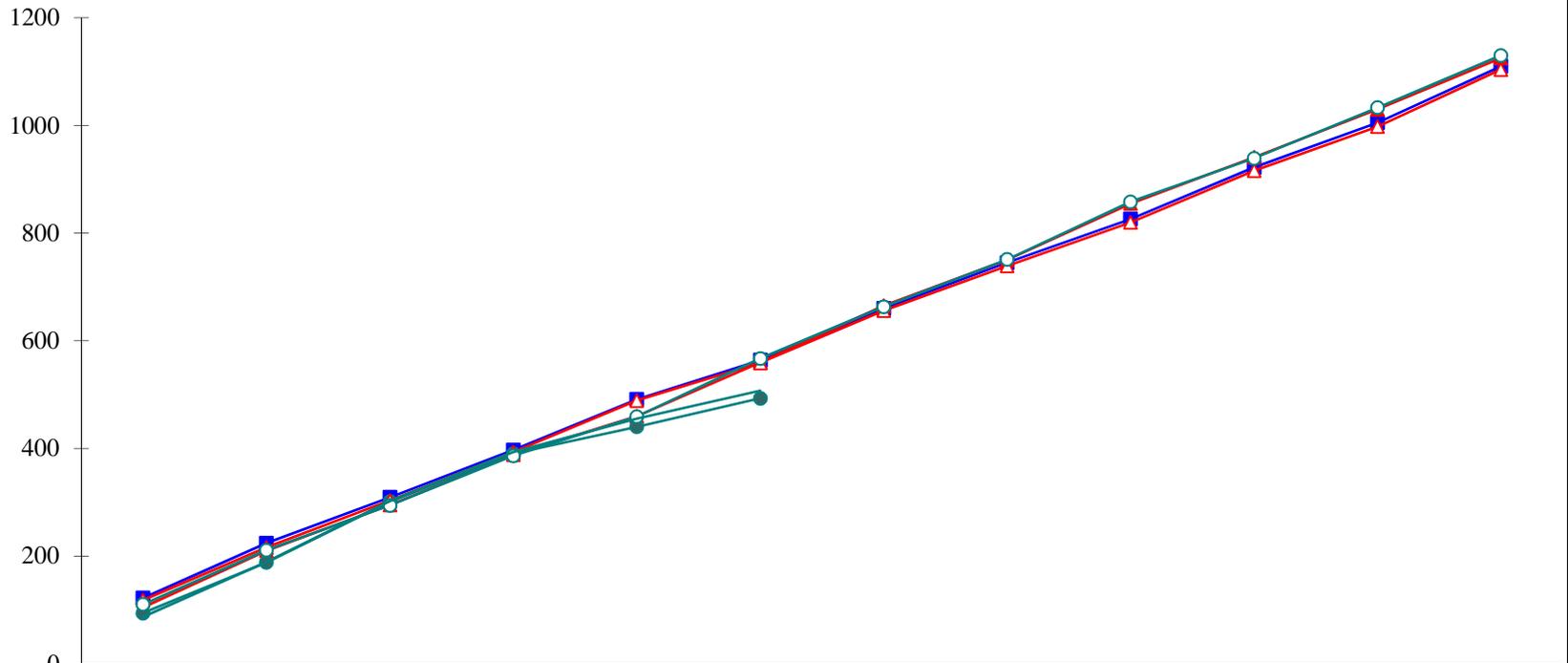
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	104	106	85	93	72	100	105	85	105	86	89	95	94	94	113	89	50	53
Voluntary	6	6	3	2	2	1	8	4	5	2	2	10	4	7	6	6	5	1
Involuntary	98	100	82	91	70	99	97	81	100	84	87	85	90	87	107	83	45	52
OPC	2	1	0	1	0	2	1	0	1	0	1	1	0	0	1	0	0	0
Emergency	94	99	79	87	69	96	95	79	92	78	75	80	87	84	101	81	39	49
Temporary	1	0	0	1	0	1	0	1	5	1	4	3	0	0	1	1	1	1
Extended	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Forensic	0	0	3	2	1	0	1	1	2	5	7	1	3	3	4	1	3	2
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Discharges	110	101	83	92	73	108	96	88	107	81	94	97	87	102	113	91	62	52
% New to System	56%	60%	54%	59%	60%	52%	55%	51%	50%	55%	45%	52%	61%	49%	53%	61%	49%	28%



**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**Rio Grande State Center**  
**FYTD Admissions & Discharges**

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY11 Admissions	122	224	309	397	491	564	660	745	826	922	1005	1110
—▲— FY12 Admissions	104	210	295	388	460	560	665	750	855	941	1030	1125
—●— FY13 Admissions	94	188	301	390	440	493						
—▲— FY11 Discharges	118	216	303	393	489	559	656	739	820	916	998	1104
—○— FY12 Discharges	110	211	294	386	459	567	663	751	858	939	1033	1130
—■— FY13 Discharges	87	189	302	393	455	507						

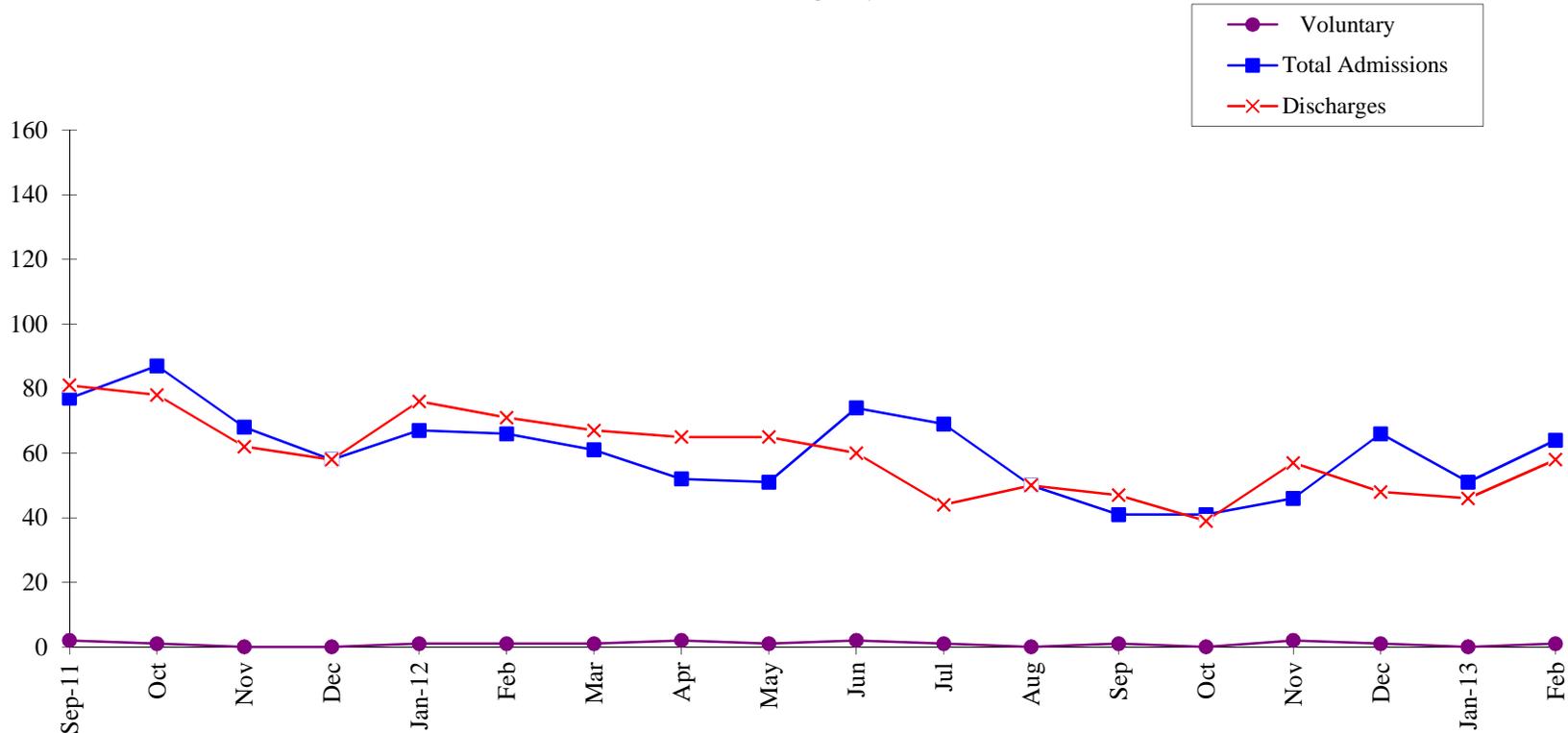
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rusk State Hospital**

**Admissions by Month**

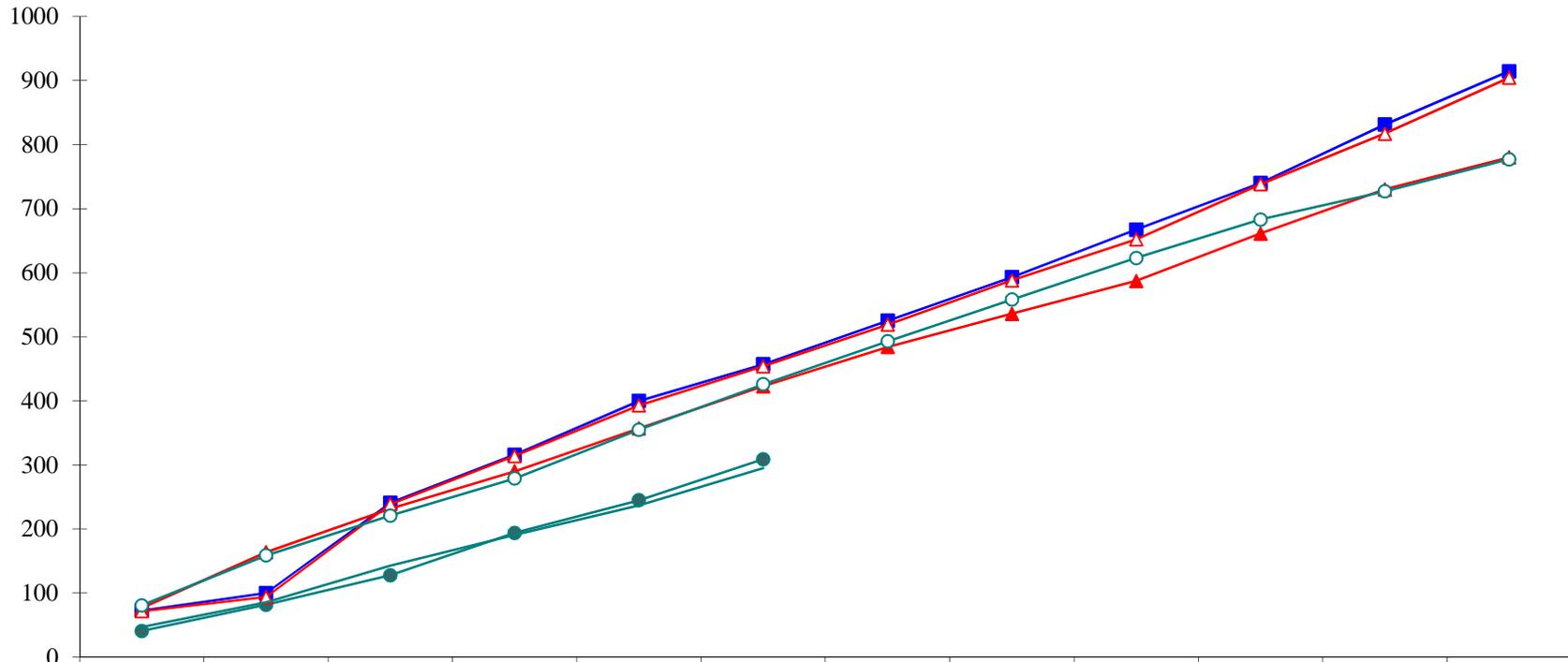
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	77	87	68	58	67	66	61	52	51	74	69	50	41	41	46	66	51	64
Voluntary	2	1	0	0	1	1	1	2	1	2	1	0	1	0	2	1	0	1
Involuntary	75	86	68	58	66	65	60	50	50	72	68	50	40	41	44	65	51	63
OPC	14	21	15	18	18	26	16	18	21	18	10	12	5	10	5	9	8	15
Emergency	40	41	28	28	28	17	26	18	22	20	10	19	11	19	8	25	21	19
Temporary	6	9	10	5	4	8	4	8	4	7	4	5	5	3	2	5	5	4
Extended	1	2	0	1	0	1	1	0	0	1	2	0	0	0	0	0	0	0
Forensic	14	13	15	6	16	13	13	6	3	26	42	14	19	9	29	26	17	25
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	81	78	62	58	76	71	67	65	65	60	44	50	47	39	57	48	46	58
% New to System	56%	53%	47%	53%	54%	36%	44%	42%	45%	39%	46%	38%	27%	54%	52%	48%	33%	48%

**Admissions & Discharges by Month**



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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY11 Admissions	73	100	241	316	400	457	525	593	667	740	831	914
—▲— FY12 Admissions	77	164	232	290	357	423	484	536	587	661	730	780
—●— FY13 Admissions	41	82	128	194	245	309						
—△— FY11 Discharges	72	94	239	314	393	454	519	588	652	738	817	904
—○— FY12 Discharges	81	159	221	279	355	426	493	558	623	683	727	777
—●— FY13 Discharges	47	86	143	191	237	295						

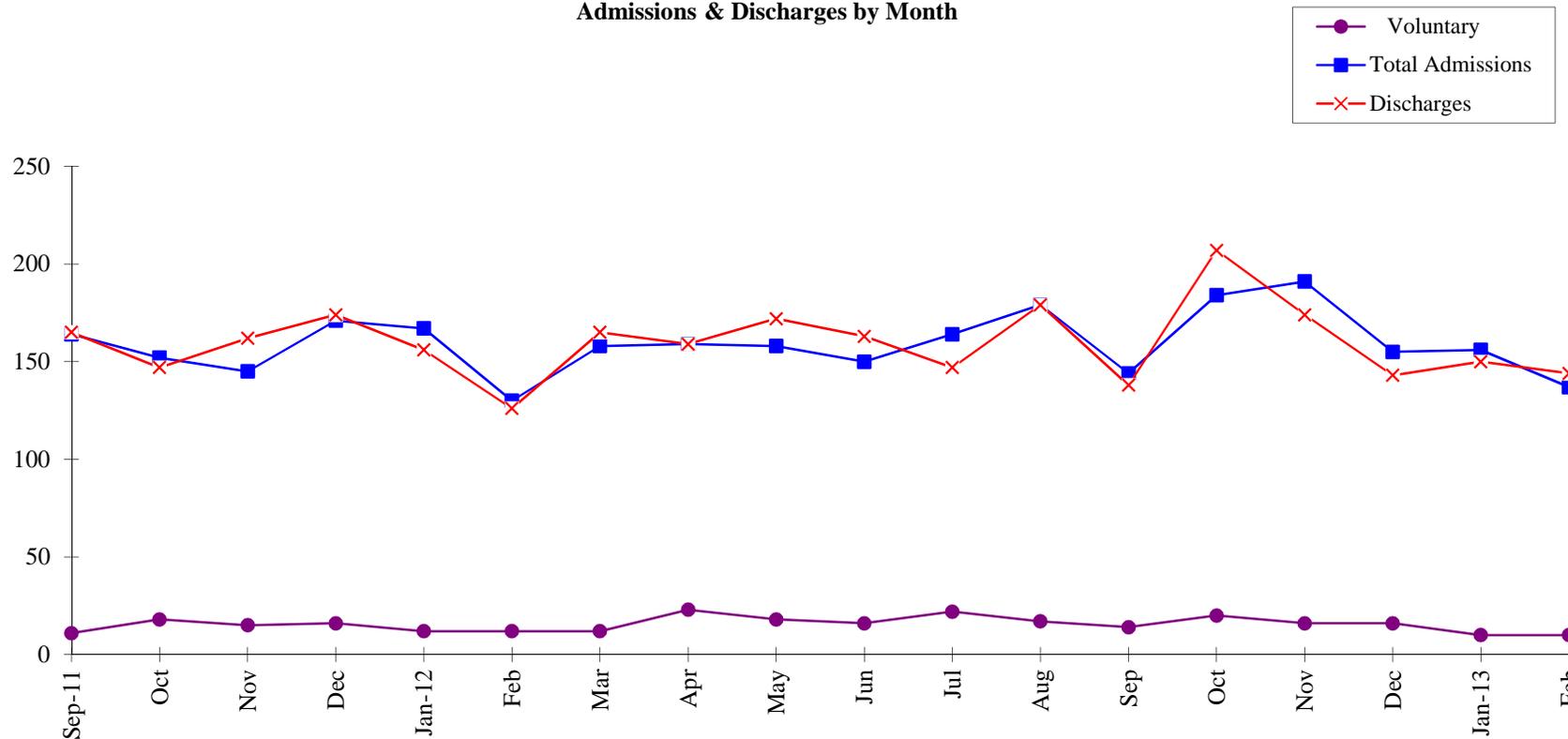
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**San Antonio State Hospital**

**Admissions by Month**

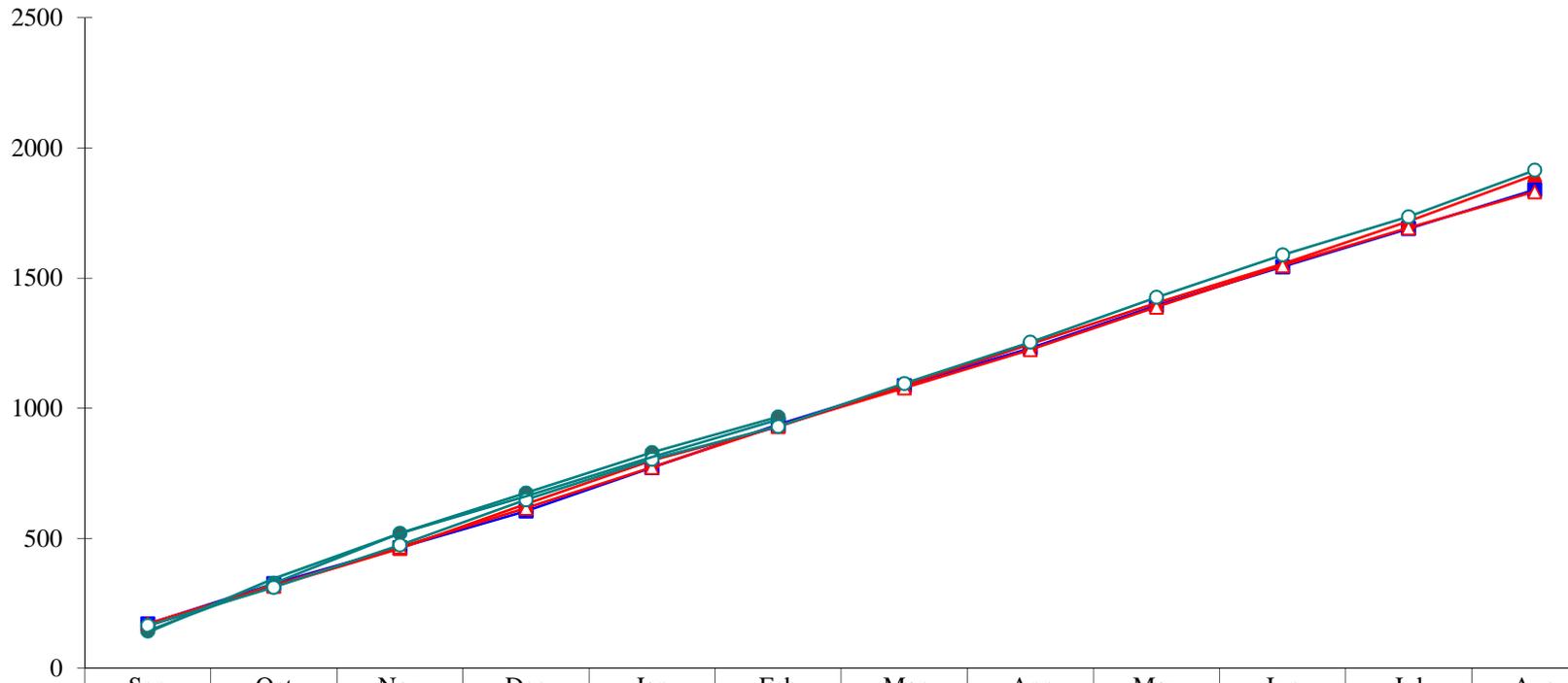
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	164	152	145	171	167	130	158	159	158	150	164	179	144	184	191	155	156	137
Voluntary	11	18	15	16	12	12	12	23	18	16	22	17	14	20	16	16	10	10
Involuntary	153	134	130	155	155	118	146	136	140	134	142	162	130	164	175	139	146	127
OPC	45	33	33	63	41	35	46	51	49	42	48	35	18	18	21	19	22	21
Emergency	78	76	69	71	90	63	70	64	71	69	57	86	77	98	107	87	82	62
Temporary	19	17	15	10	10	8	15	12	11	10	18	21	15	20	18	17	22	25
Extended	0	0	3	0	1	1	0	0	2	3	0	0	1	3	0	0	1	2
Forensic	8	5	5	11	11	6	10	5	3	5	15	16	18	22	22	15	16	14
Order for MR	3	3	5	0	2	5	5	4	4	5	4	4	1	3	7	1	3	3
Discharges	165	147	162	174	156	126	165	159	172	163	147	179	138	207	174	143	150	144
% New to System	51%	58%	44%	49%	50%	51%	50%	52%	44%	40%	50%	49%	46%	51%	45%	48%	44%	48%

**Admissions & Discharges by Month**



**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**



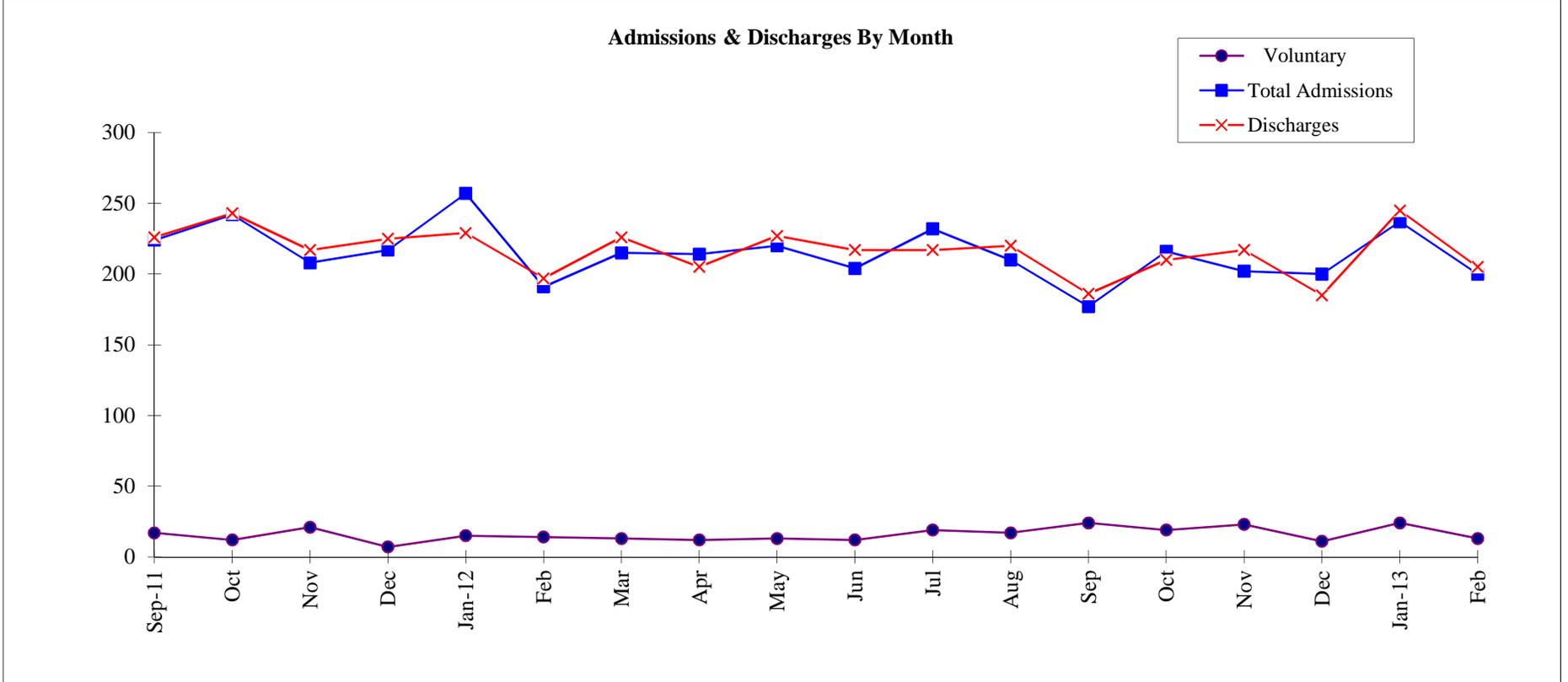
—■— FY11 Admissions	171	326	464	605	772	937	1087	1231	1395	1543	1690	1839
—▲— FY12 Admissions	164	316	461	632	799	929	1087	1246	1404	1554	1718	1897
—●— FY13 Admissions	144	328	519	674	830	967						
—△— FY11 Discharges	172	319	467	616	773	932	1078	1225	1389	1548	1693	1832
—○— FY12 Discharges	165	312	474	648	804	930	1095	1254	1426	1589	1736	1915
—■— FY13 Discharges	138	345	519	662	812	956						

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

**Terrell State Hospital**

**Admissions by Month**

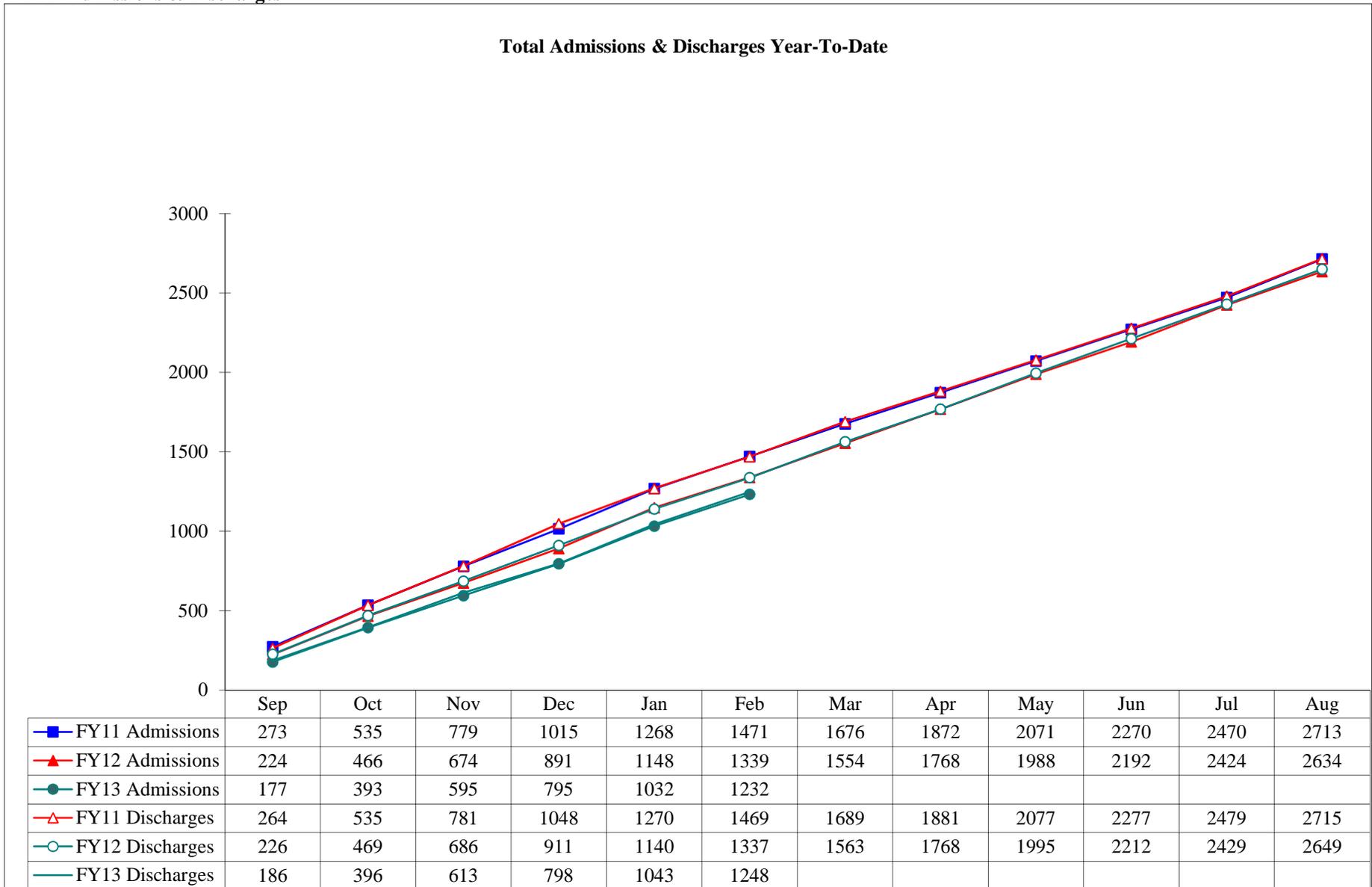
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	224	242	208	217	257	191	215	214	220	204	232	210	177	216	202	200	237	200
Voluntary	17	12	21	7	15	14	13	12	13	12	19	17	24	19	23	11	24	13
Involuntary	207	230	187	210	242	177	202	202	207	192	213	193	153	197	179	189	213	187
OPC	177	184	163	183	204	152	175	167	178	150	178	159	123	168	146	150	179	158
Emergency	11	16	6	5	12	7	9	5	5	16	14	7	11	9	8	15	9	7
Temporary	9	14	4	8	10	4	6	11	11	10	7	11	4	5	8	5	11	8
Extended	0	0	1	0	0	0	0	0	0	1	1	0	1	0	1	0	0	1
Forensic	10	16	13	14	16	14	12	19	13	15	13	16	14	15	16	19	14	13
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	226	243	217	225	229	197	226	205	227	217	217	220	186	210	217	185	245	205
% New to System	54%	48%	48%	47%	46%	45%	45%	46%	48%	49%	44%	45%	53%	46%	43%	49%	48%	47%



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

**Terrell State Hospital**

**FYTD Admissions & Discharges**

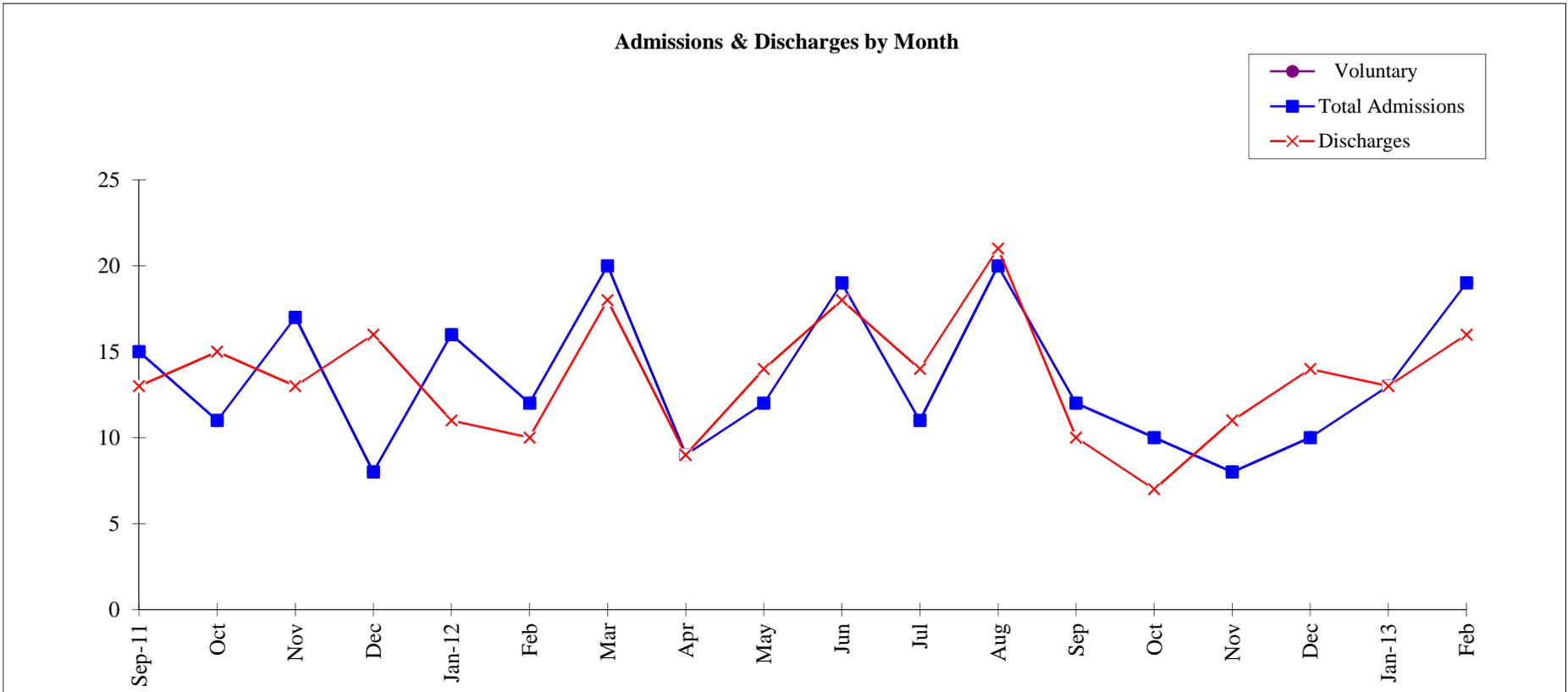


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Waco Center for Youth**

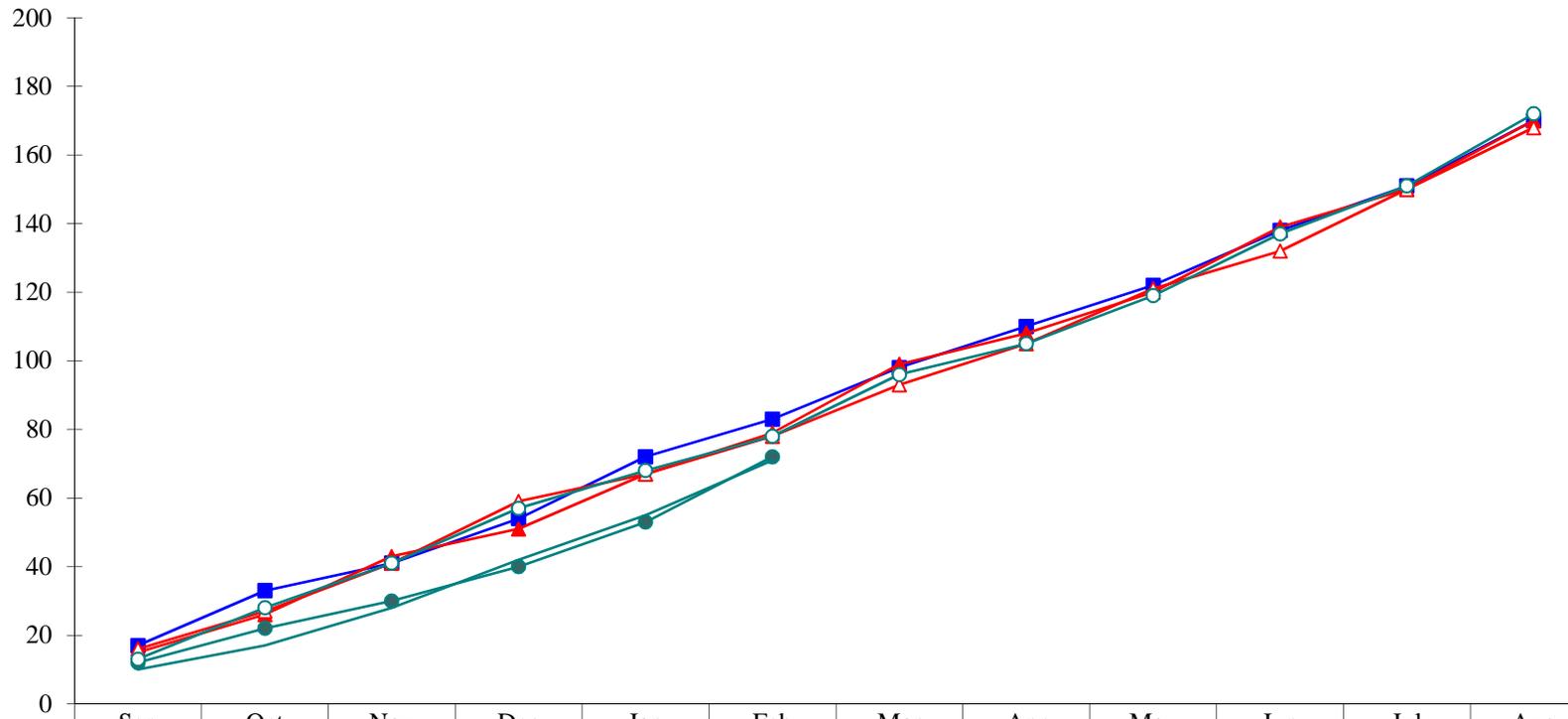
**Admissions by Month**

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Admissions	15	11	17	8	16	12	20	9	12	19	11	20	12	10	8	10	13	19
Voluntary	15	11	17	8	16	12	20	9	12	19	11	20	12	10	8	10	13	19
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	13	15	13	16	11	10	18	9	14	18	14	21	10	7	11	14	13	16
% New to System	53%	82%	53%	50%	44%	58%	40%	22%	50%	58%	55%	55%	58%	50%	38%	30%	23%	63%



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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY11 Admissions	17	33	41	54	72	83	98	110	122	138	151	170
▲ FY12 Admissions	15	26	43	51	67	79	99	108	120	139	150	170
● FY13 Admissions	12	22	30	40	53	72						
△ FY11 Discharges	16	27	41	59	67	78	93	105	121	132	150	168
○ FY12 Discharges	13	28	41	57	68	78	96	105	119	137	151	172
— FY13 Discharges	10	17	28	42	55	71						

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

**Percent of Clients New to the System  
Q2 FY2013**



**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:**

$$\text{Rate} = (N/D) \times 100$$

N = # persons discharged during time frame

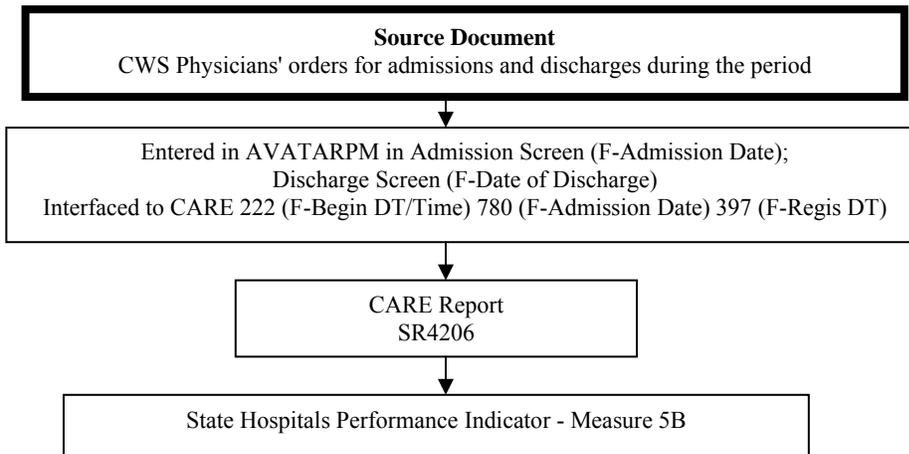
D = total persons discharged during the quarter

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).

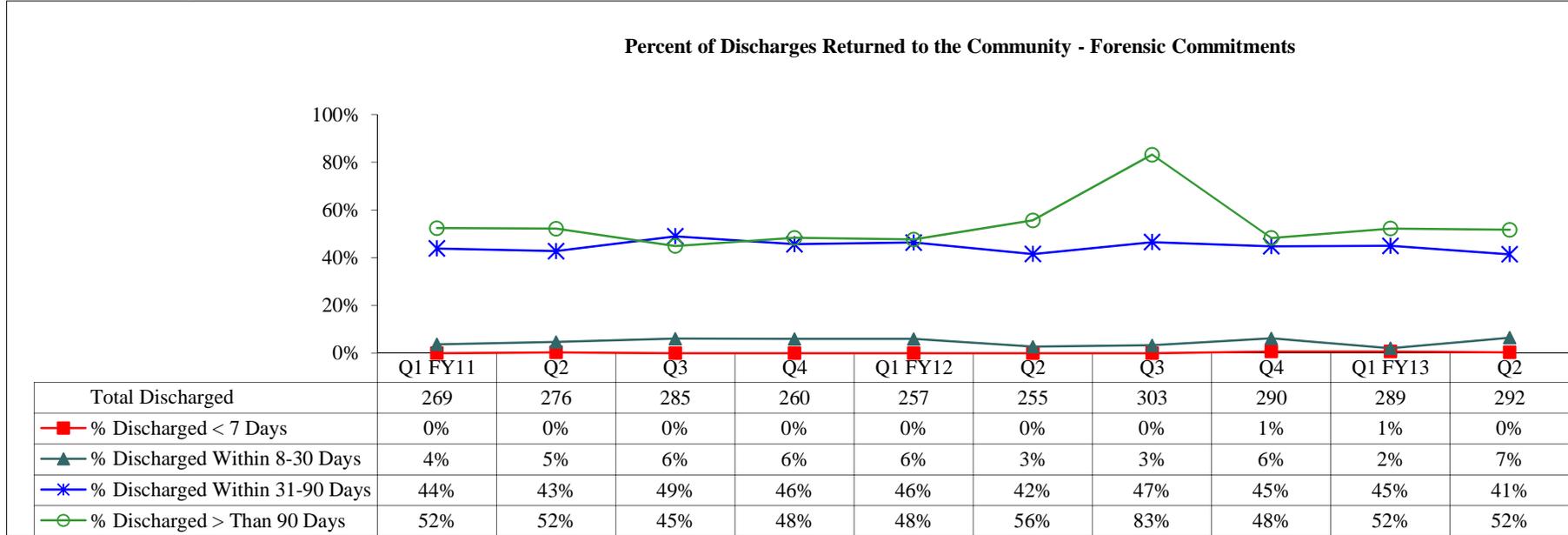
**Performance Measure Data Display and Chart Description:**

- ◆ 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.

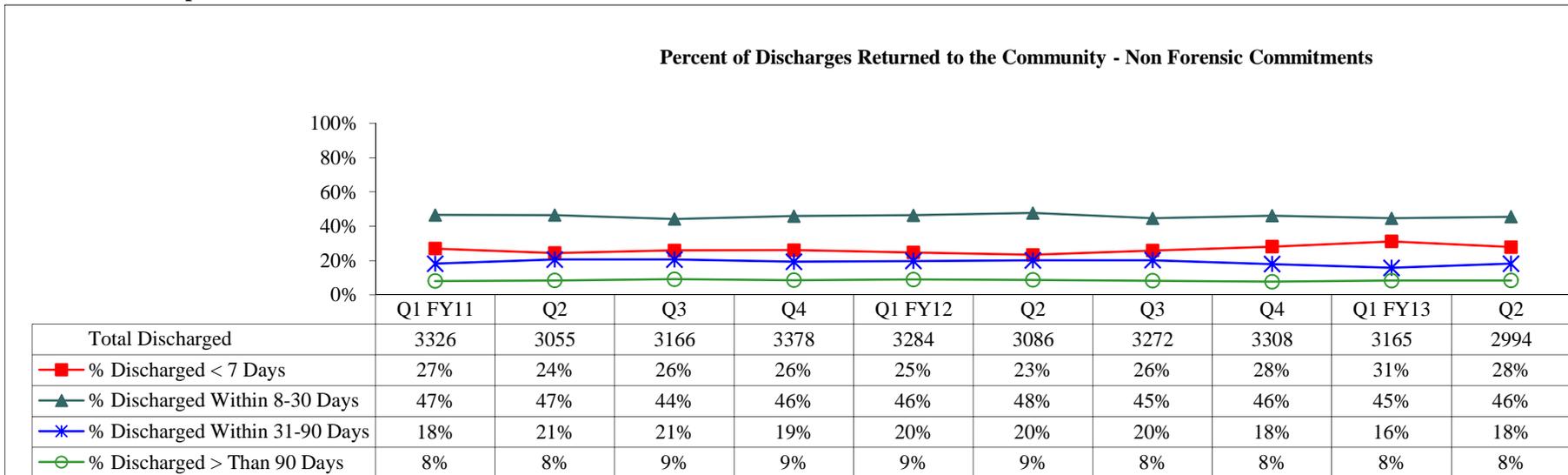
**Data Flow:**



**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**

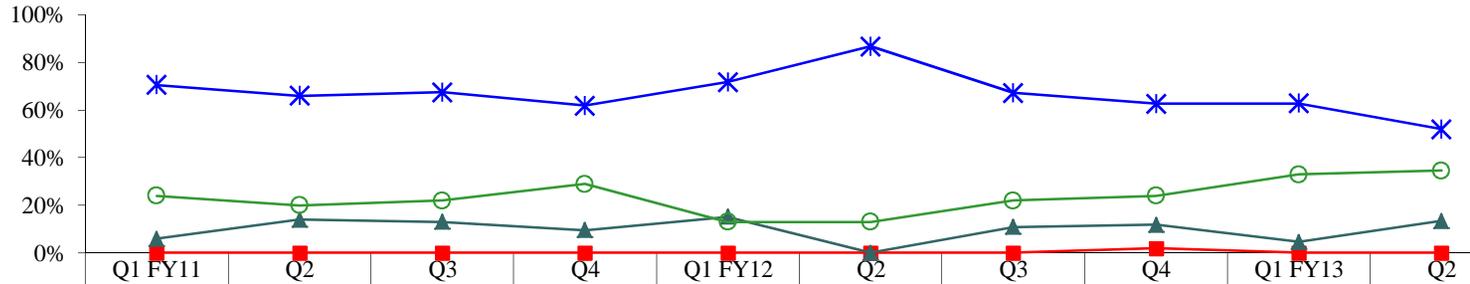


Total Discharges do not include transfers or DMAs

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

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

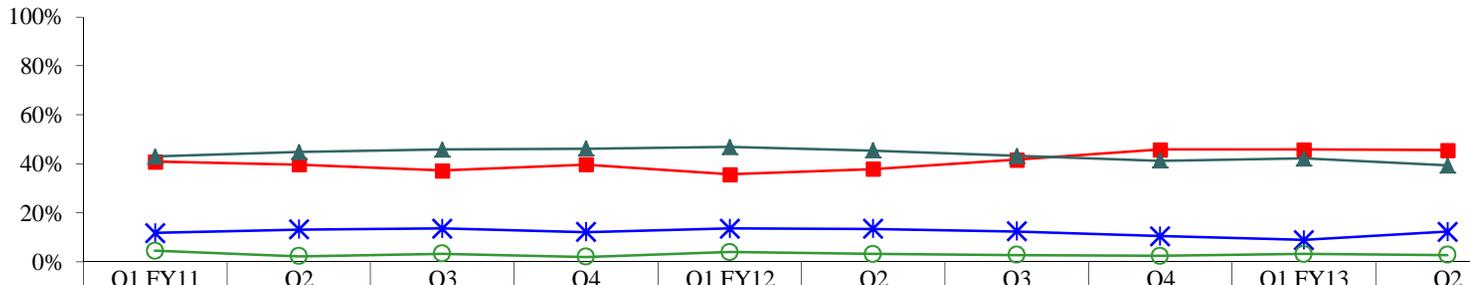
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Total Discharged	34	35	37	42	46	38	55	51	43	52
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%
% Discharged Within 8-30 Days	6%	14%	13%	10%	15%	0%	11%	12%	5%	13%
% Discharged Within 31-90 Days	71%	66%	68%	62%	72%	87%	67%	63%	63%	52%
% Discharged > Than 90 Days	24%	20%	22%	29%	13%	13%	22%	24%	33%	35%

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

**Percent of Discharges Returned to the Community - Non Forensic Commitments**

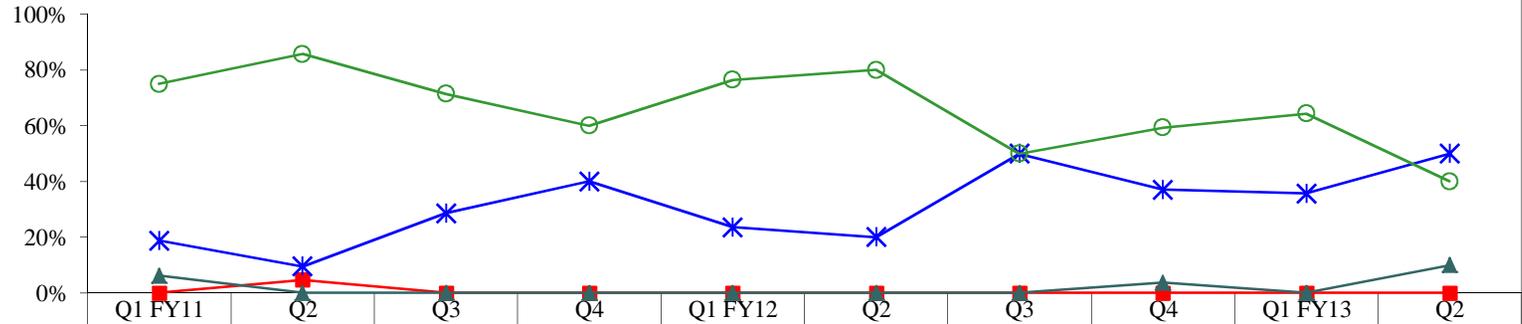


	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Total Discharged	883	822	867	912	818	763	881	898	830	831
% Discharged < 7 Days	41%	40%	37%	40%	36%	38%	42%	46%	46%	46%
% Discharged Within 8-30 Days	43%	45%	46%	46%	47%	45%	43%	41%	42%	39%
% Discharged Within 31-90 Days	12%	13%	14%	12%	14%	14%	12%	10%	9%	12%
% Discharged > Than 90 Days	4%	2%	3%	2%	4%	3%	3%	2%	3%	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**

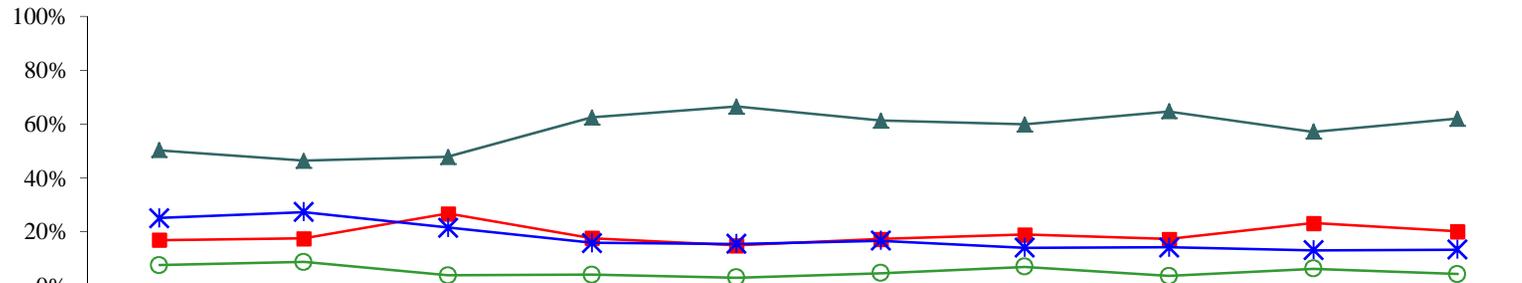
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	16	21	14	10	17	20	24	27	14	10
■ % Discharged < 7 Days	0%	5%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	6%	0%	0%	0%	0%	0%	0%	4%	0%	10%
✱ % Discharged Within 31-90 Days	19%	10%	29%	40%	24%	20%	50%	37%	36%	50%
○ % Discharged > Than 90 Days	75%	86%	71%	60%	76%	80%	50%	59%	64%	40%

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

**Percent of Discharges Returned to the Community - Non Forensic Commitments**

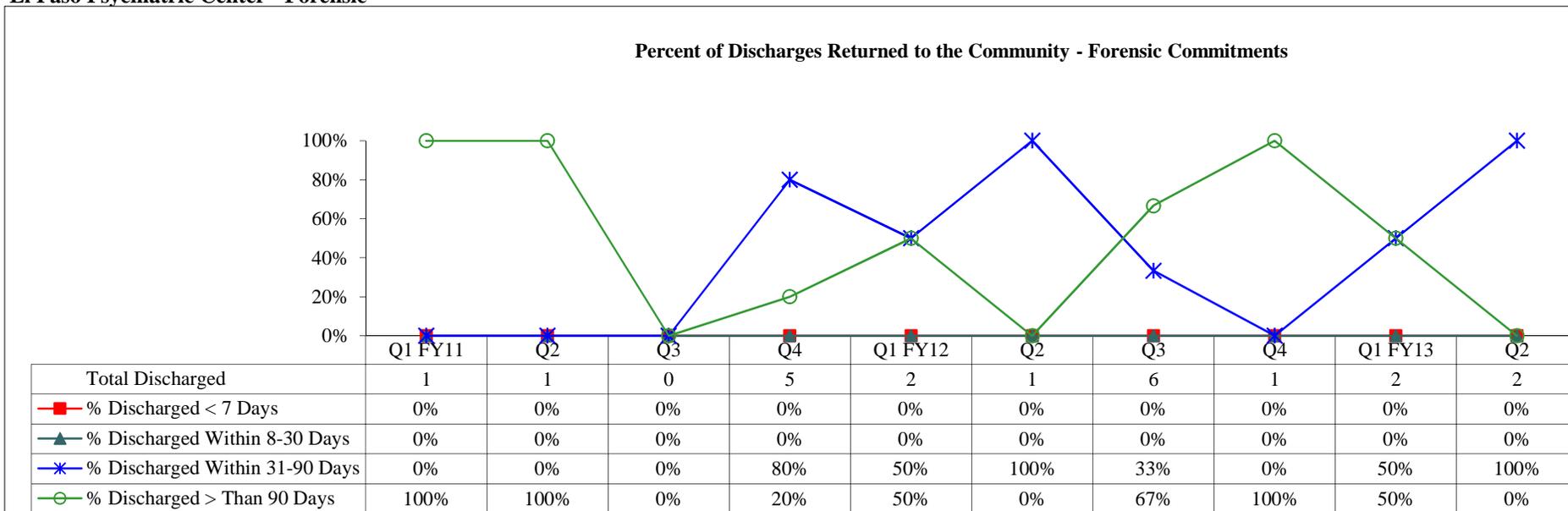


Total Discharged	183	183	209	221	167	150	142	196	189	208
■ % Discharged < 7 Days	17%	17%	27%	18%	15%	17%	19%	17%	23%	20%
▲ % Discharged Within 8-30 Days	50%	46%	48%	62%	66%	61%	60%	65%	57%	62%
✱ % Discharged Within 31-90 Days	25%	27%	22%	16%	16%	17%	14%	14%	13%	13%
○ % Discharged > Than 90 Days	8%	9%	4%	4%	3%	5%	7%	4%	6%	4%

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

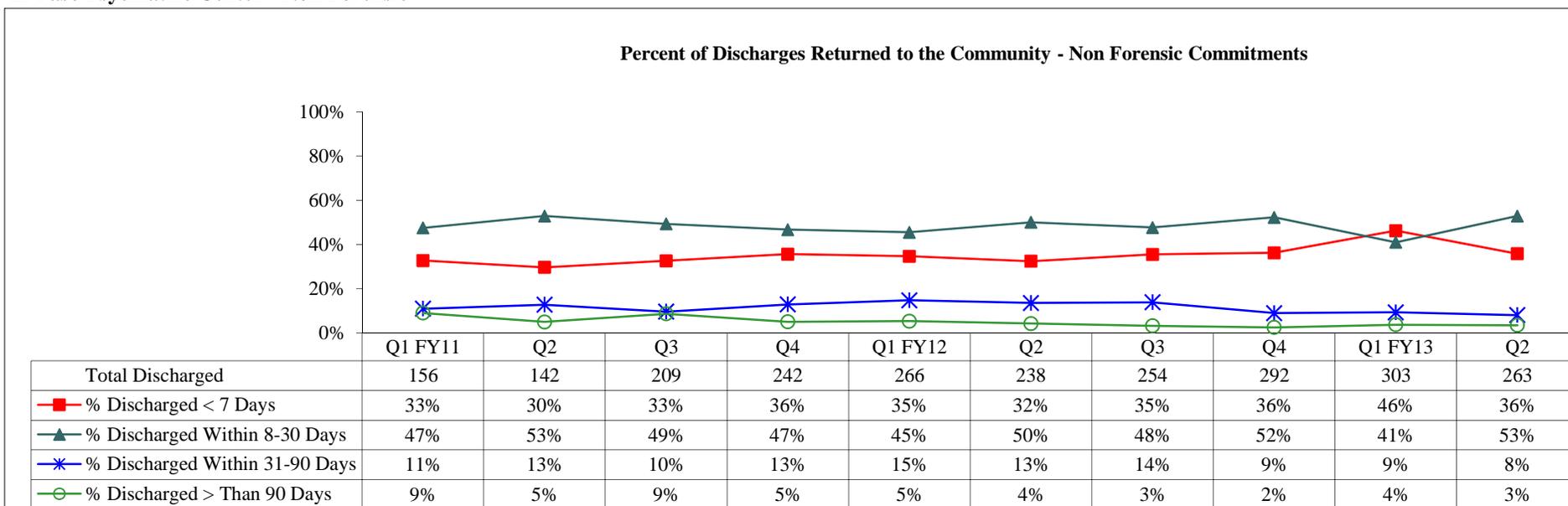
**Measure 5B - Percent of Discharges Returned to the Community**

**El Paso Psychiatric Center - Forensic**



**Measure 5B - Percent of Discharges Returned to the Community**

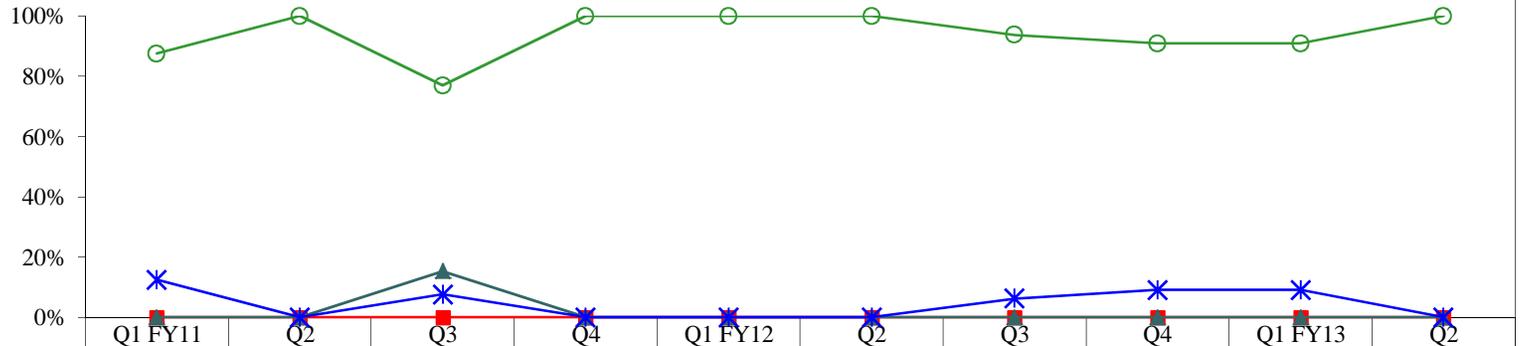
**El Paso Psychiatric Center - Non Forensic**



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

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

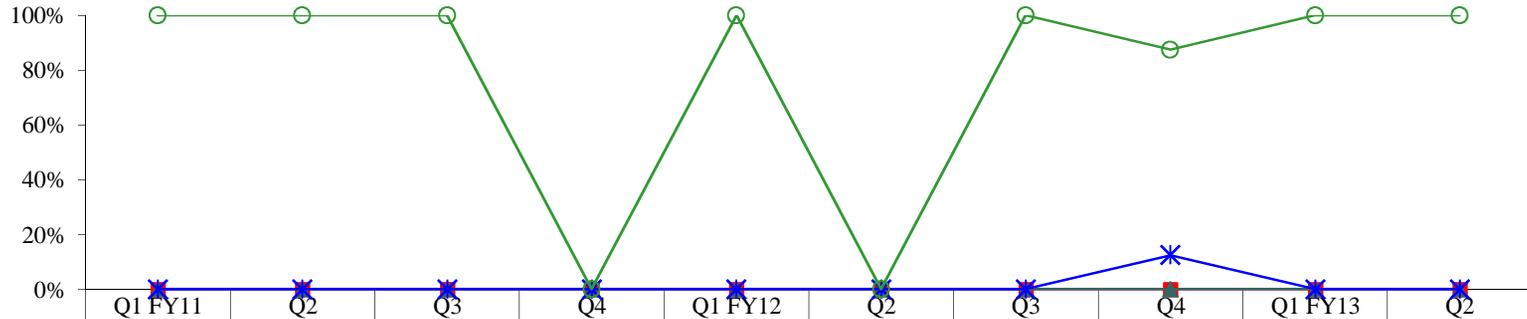
**Percent of Discharges Returned to the Community - Forensic Commitments**



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

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

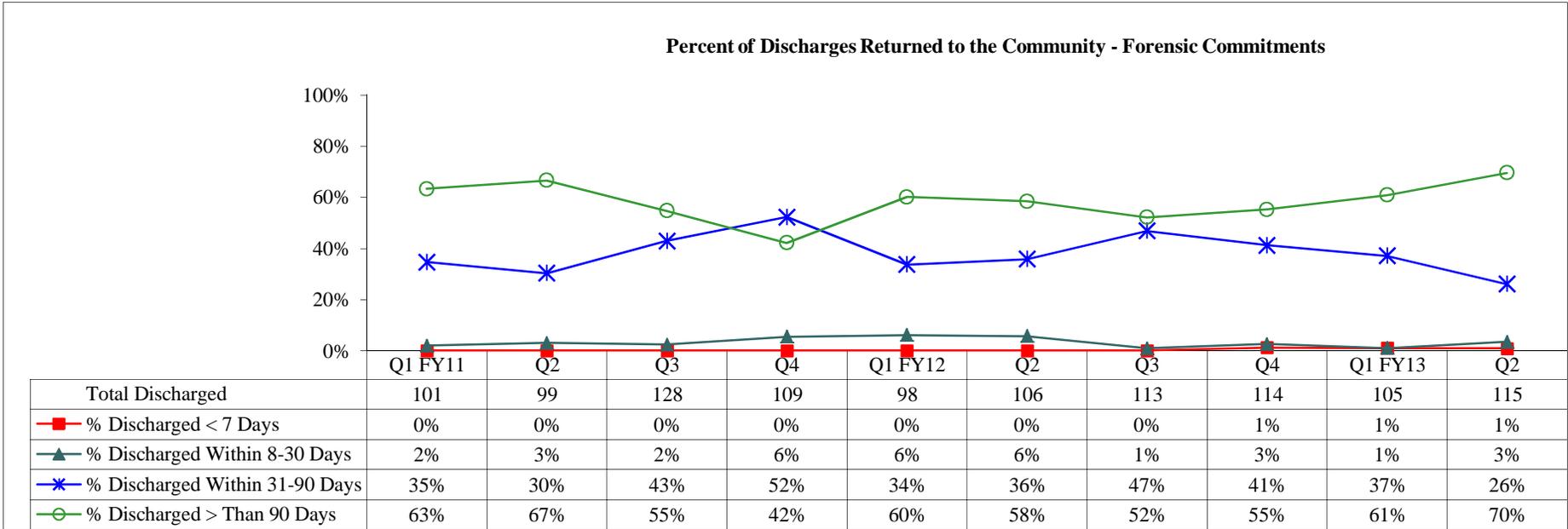
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



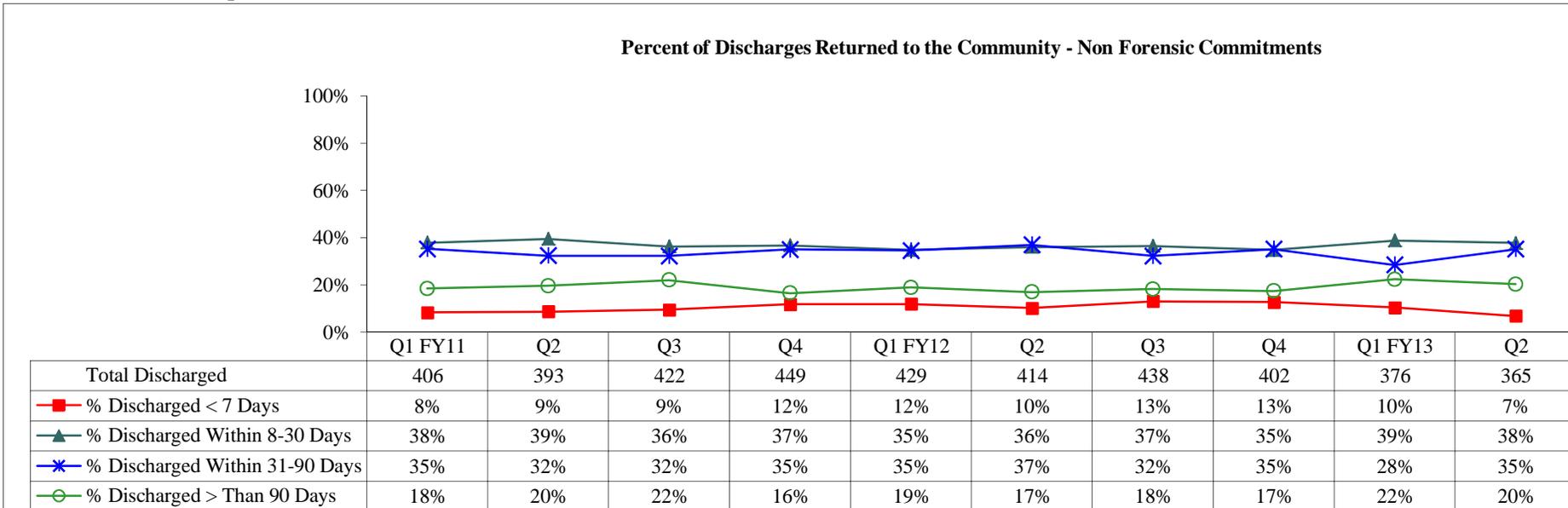
Total Discharged	2	2	6	0	4	0	1	8	1	1
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
✱ % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	13%	0%	0%
○ % Discharged > Than 90 Days	100%	100%	100%	0%	100%	0%	100%	88%	100%	100%

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**



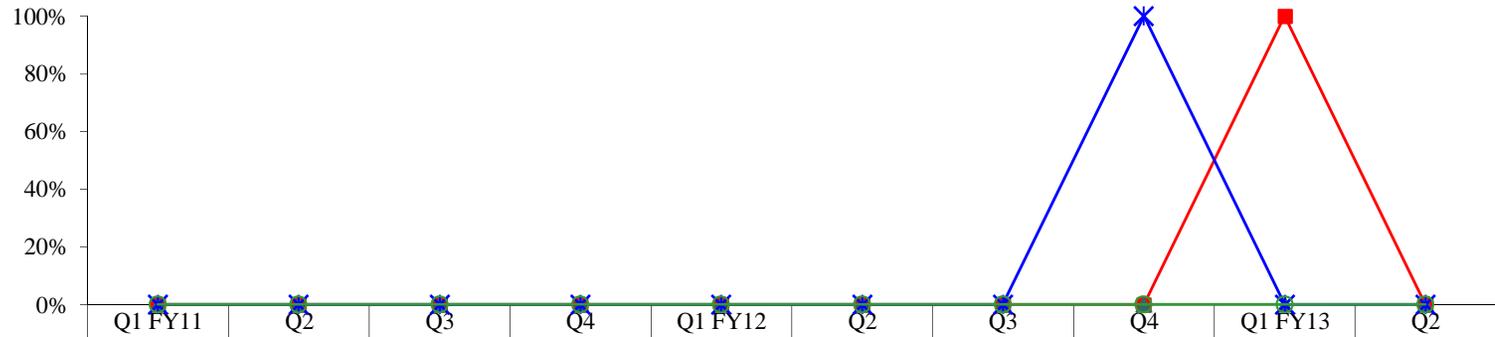
**Measure 5B - Percent of Discharges Returned to the Community**  
**North Texas State Hospital - Non Forensic**



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**

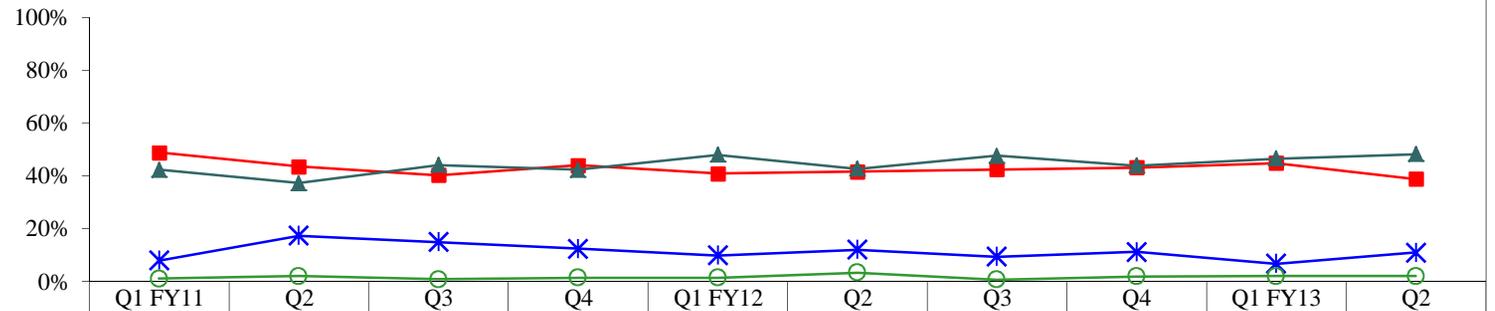
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	0	0	0	0	0	0	0	1	1	0
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%
○ % Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

**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**

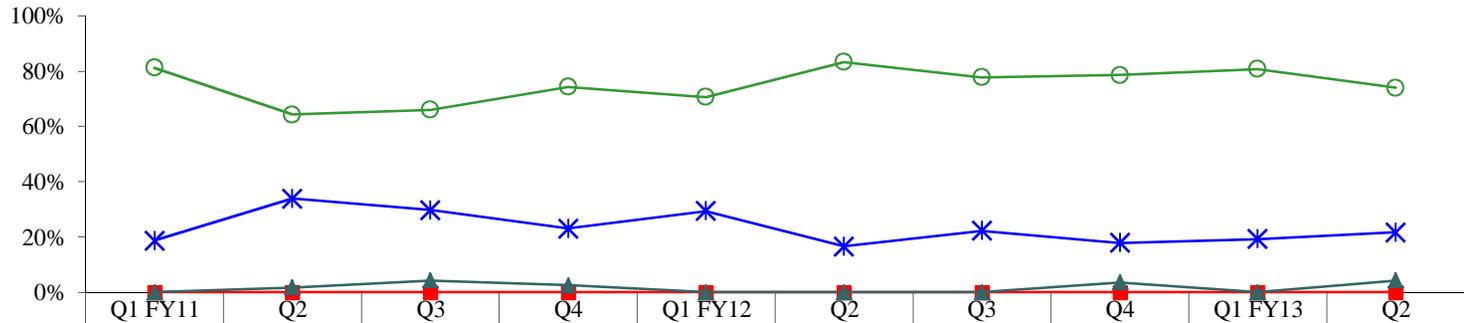


Total Discharged	303	255	261	284	294	272	288	269	299	201
■ % Discharged < 7 Days	49%	44%	40%	44%	41%	42%	42%	43%	45%	39%
▲ % Discharged Within 8-30 Days	42%	37%	44%	42%	48%	43%	48%	44%	46%	48%
* % Discharged Within 31-90 Days	8%	17%	15%	12%	10%	12%	9%	11%	7%	11%
○ % Discharged > Than 90 Days	1%	2%	1%	1%	1%	3%	1%	2%	2%	2%

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

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

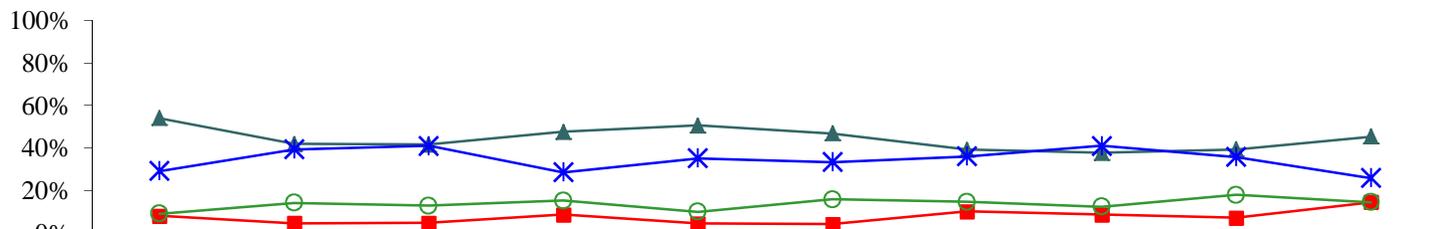
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	48	56	47	39	34	30	36	28	52	46
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	2%	4%	3%	0%	0%	0%	4%	0%	4%
✱ % Discharged Within 31-90 Days	19%	34%	30%	23%	29%	17%	22%	18%	19%	22%
○ % Discharged > Than 90 Days	81%	64%	66%	74%	71%	83%	78%	79%	81%	74%

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

**Percent of Discharges Returned to the Community - Non Forensic Commitments**

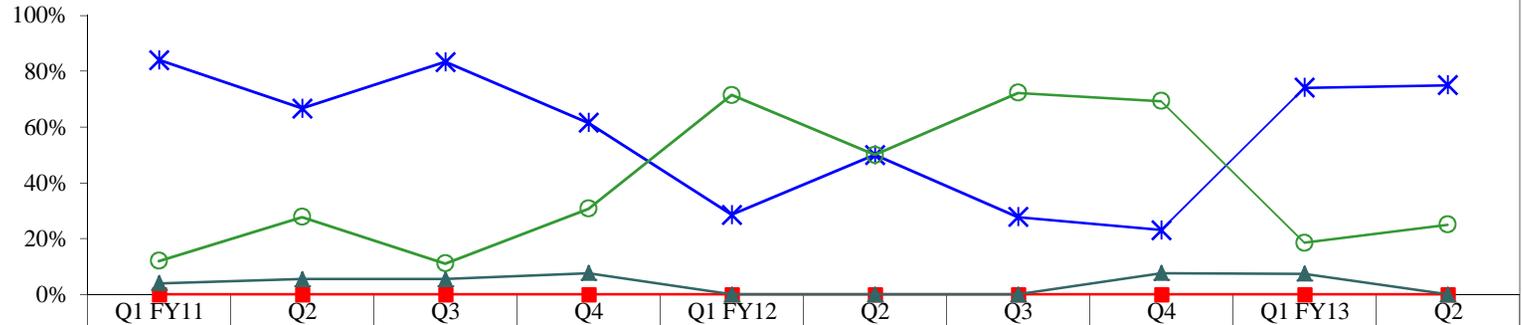


Total Discharged	189	155	149	210	182	171	158	122	84	97
■ % Discharged < 7 Days	8%	5%	5%	9%	4%	4%	10%	9%	7%	14%
▲ % Discharged Within 8-30 Days	54%	42%	42%	48%	51%	47%	39%	38%	39%	45%
✱ % Discharged Within 31-90 Days	29%	39%	41%	29%	35%	33%	36%	41%	36%	26%
○ % Discharged > Than 90 Days	9%	14%	13%	15%	10%	16%	15%	12%	18%	14%

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**

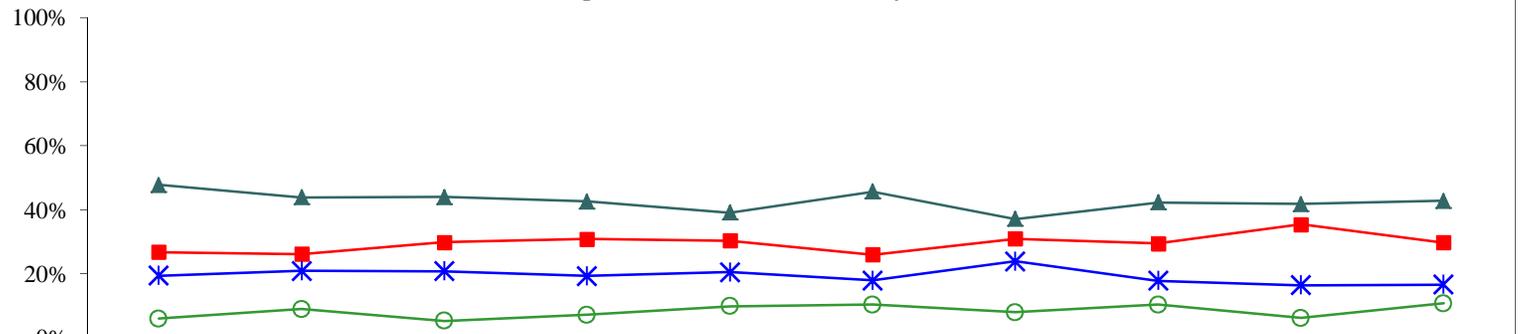
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	25	18	18	13	14	16	18	13	27	20
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	4%	6%	6%	8%	0%	0%	0%	8%	7%	0%
✱ % Discharged Within 31-90 Days	84%	67%	83%	62%	29%	50%	28%	23%	74%	75%
○ % Discharged > Than 90 Days	12%	28%	11%	31%	71%	50%	72%	69%	19%	25%

**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**

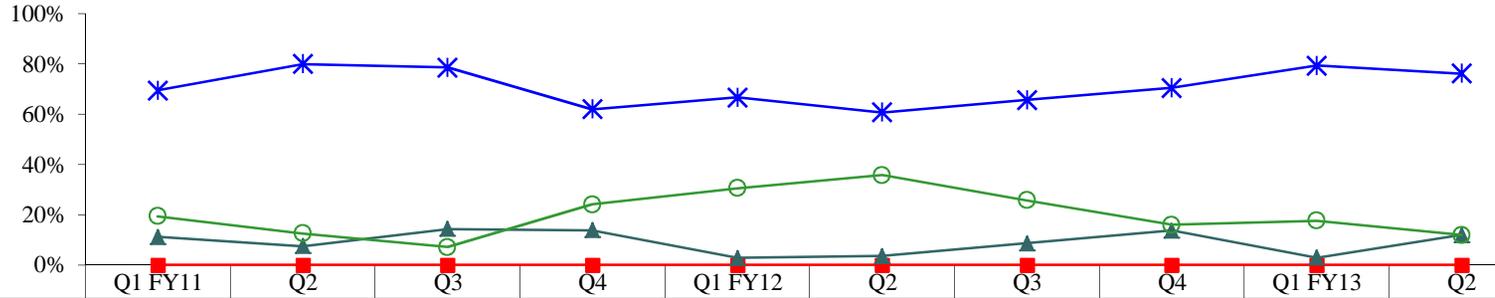


Total Discharged	433	435	432	418	447	435	465	472	485	409
■ % Discharged < 7 Days	27%	26%	30%	31%	30%	26%	31%	29%	35%	30%
▲ % Discharged Within 8-30 Days	48%	44%	44%	43%	39%	46%	37%	42%	42%	43%
✱ % Discharged Within 31-90 Days	19%	21%	21%	19%	21%	18%	24%	18%	16%	17%
○ % Discharged > Than 90 Days	6%	9%	5%	7%	10%	10%	8%	10%	6%	11%

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

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

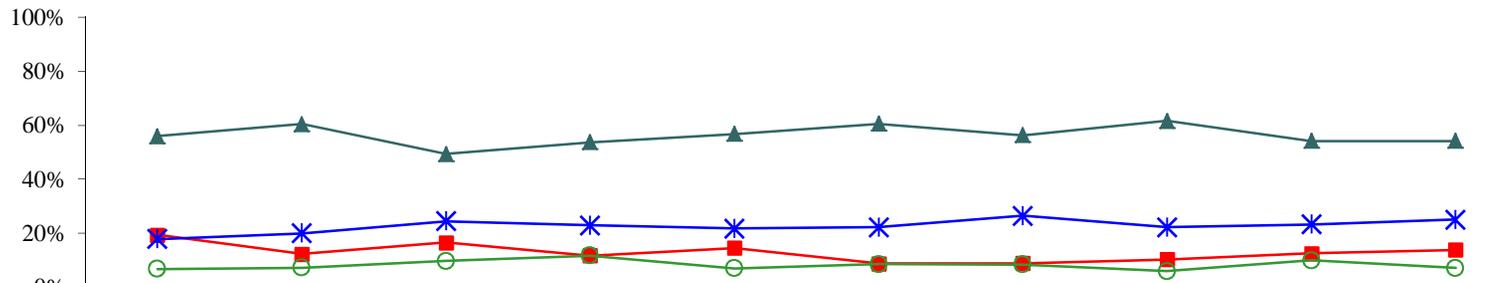
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Total Discharged	36	40	28	29	36	28	35	44	34	42
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	11%	8%	14%	14%	3%	4%	9%	14%	3%	12%
* % Discharged Within 31-90 Days	69%	80%	79%	62%	67%	61%	66%	70%	79%	76%
○ % Discharged > Than 90 Days	19%	13%	7%	24%	31%	36%	26%	16%	18%	12%

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

**Percent of Discharges Returned to the Community - Non Forensic Commitments**

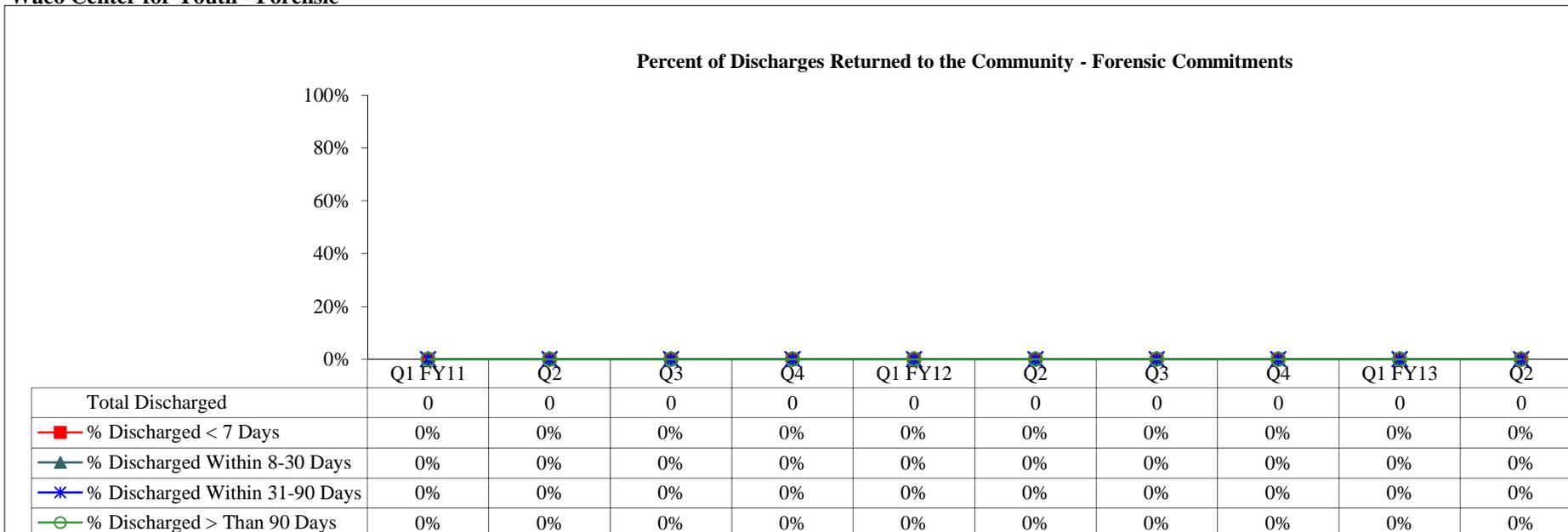


	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Total Discharged	736	640	569	598	641	608	606	604	572	580
■ % Discharged < 7 Days	19%	12%	17%	12%	15%	9%	9%	10%	13%	14%
▲ % Discharged Within 8-30 Days	56%	60%	49%	54%	57%	61%	56%	62%	54%	54%
* % Discharged Within 31-90 Days	18%	20%	24%	23%	22%	22%	26%	22%	23%	25%
○ % Discharged > Than 90 Days	7%	7%	10%	12%	7%	9%	8%	6%	10%	7%

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

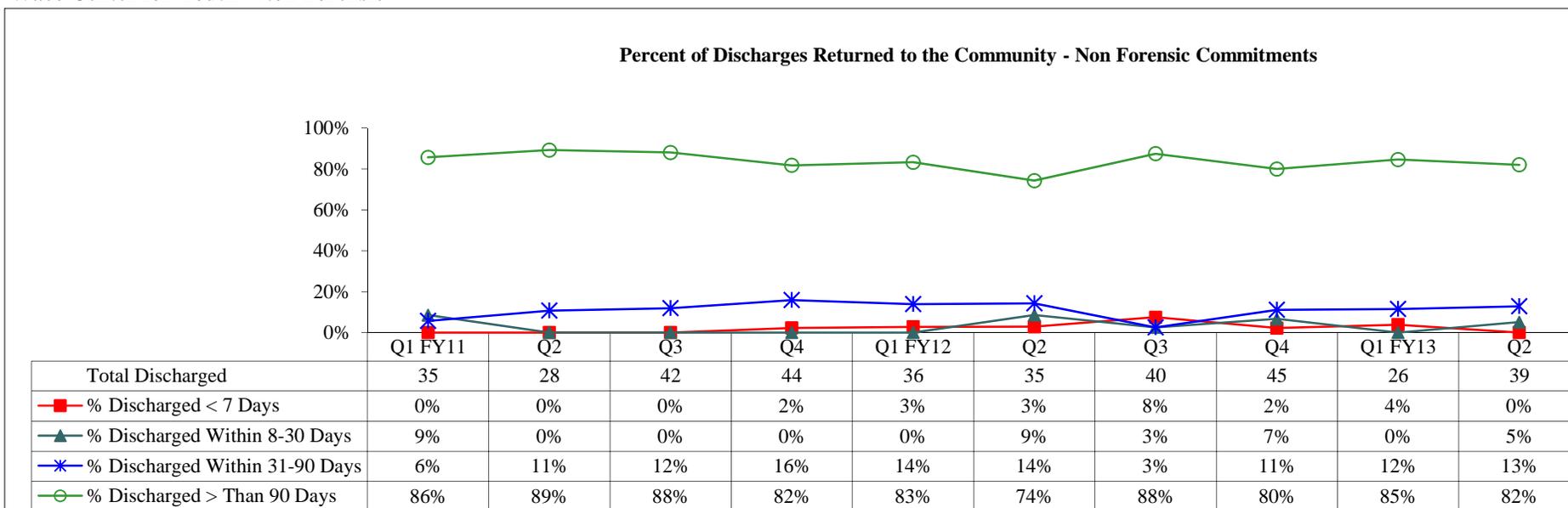
**Measure 5B - Percent of Discharges Returned to the Community**

**Waco Center for Youth - Forensic**



**Measure 5B - Percent of Discharges Returned to the Community**

**Waco Center for Youth - Non Forensic**



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]).**

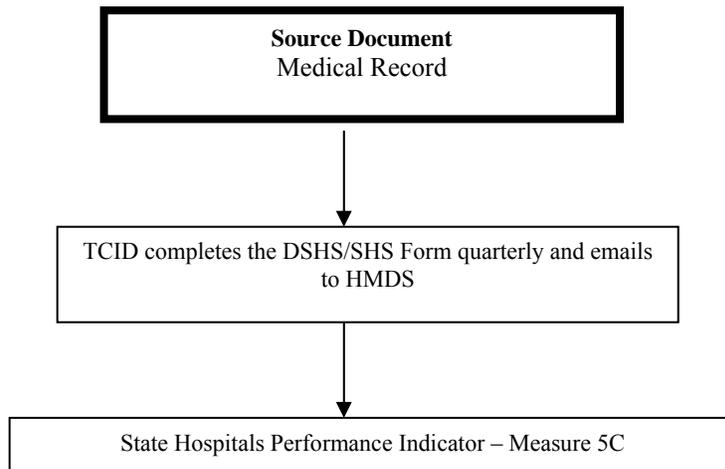
**Performance Measure Operational Definition:** Data reported by TCID.

**Performance Measure Formula:** No formula – continuous variable.

**Performance Measure Data Display and Chart Description:**

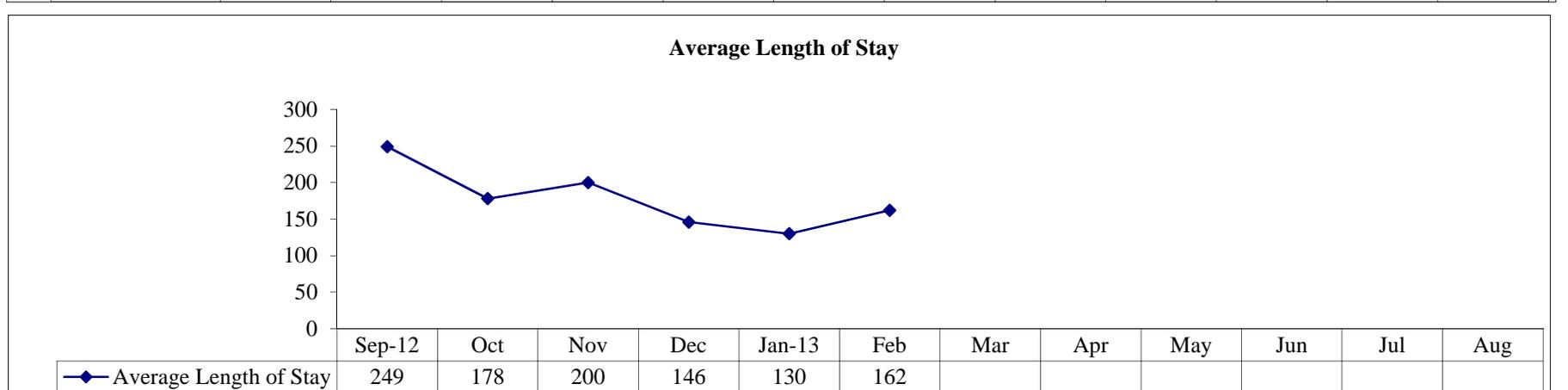
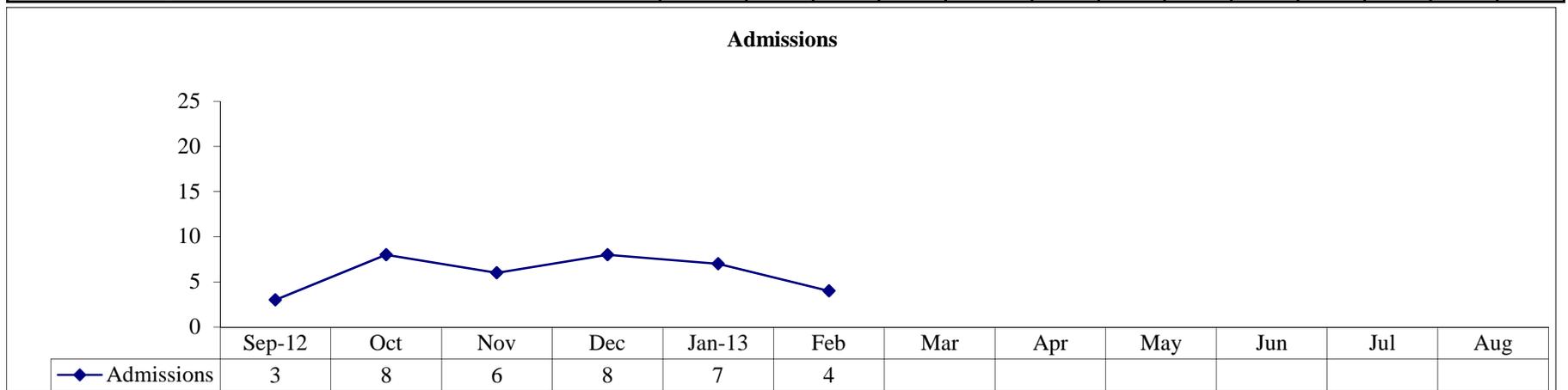
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

**Data Flow:**



**Measure 5C - Admissions and Average Length of Stay  
TCID - FY13**

	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	3	8	6	8	7	4							36
Average Length of Stay	249	178	200	146	130	162							178
Number of Patients Admitted for Inpatient Care & Treatment	3	8	6	8	7	4							36
Tuberculosis	3	6	6	6	7	4							32
Multi-drug resistant tuberculosis	0	2	0	2	0	0							4
Extensively drug resistant tuberculosis	0	0	0	0	0	0							0
Number of Outpatient Admissions (Encounters)	0	0	1	2	1	1							5



**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.**

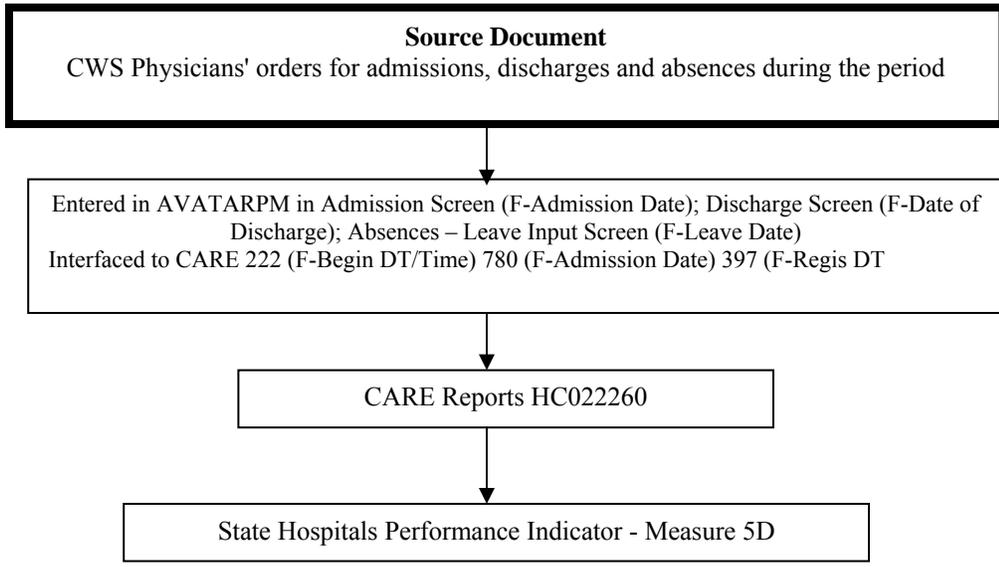
**Performance Measure Operational Definition:** The state hospital average length of stay at discharged using admissions, absence and discharge data.

**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.

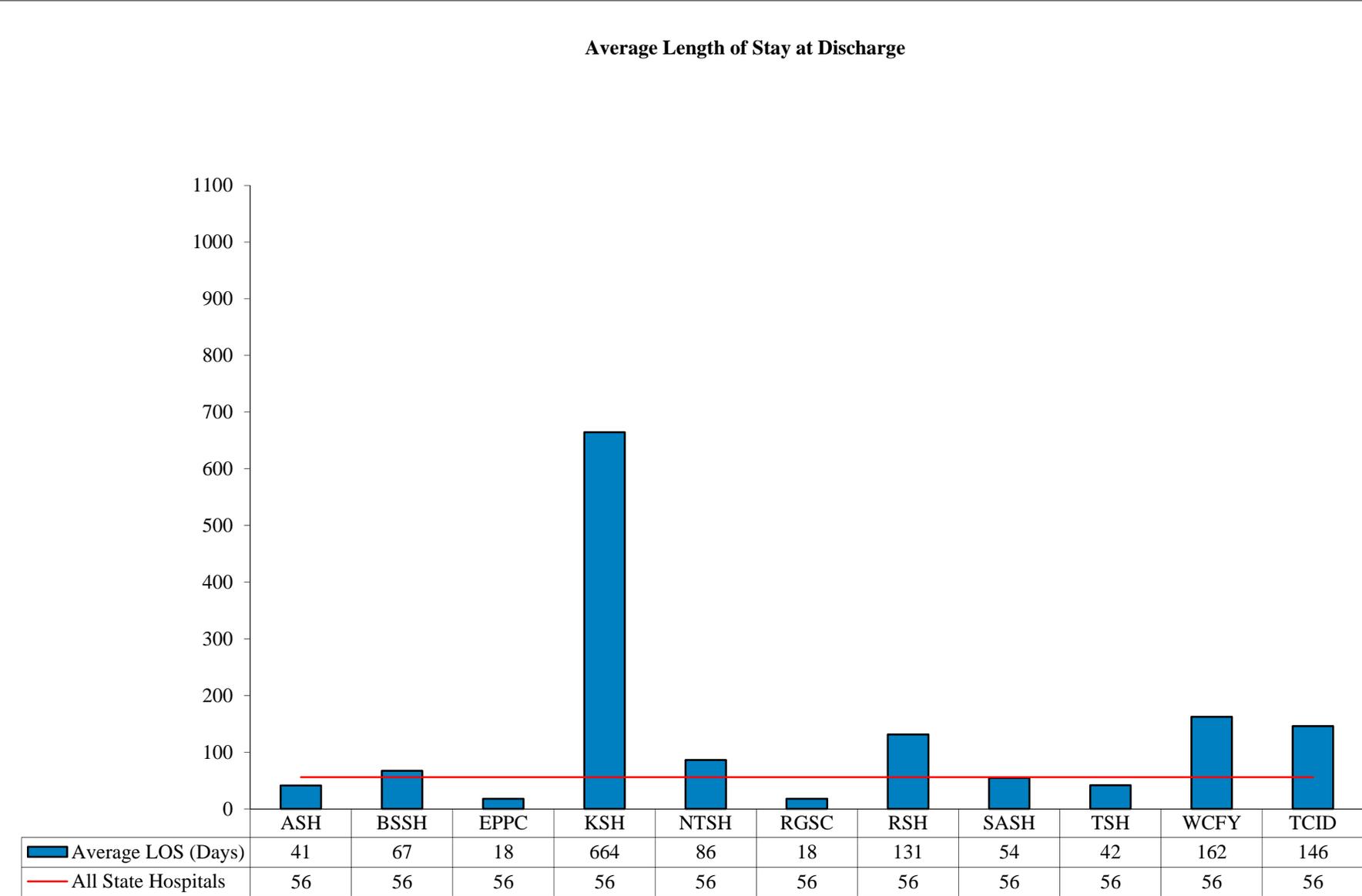
**Performance Measure Data Display and Chart Description:**

- ◆ 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:**

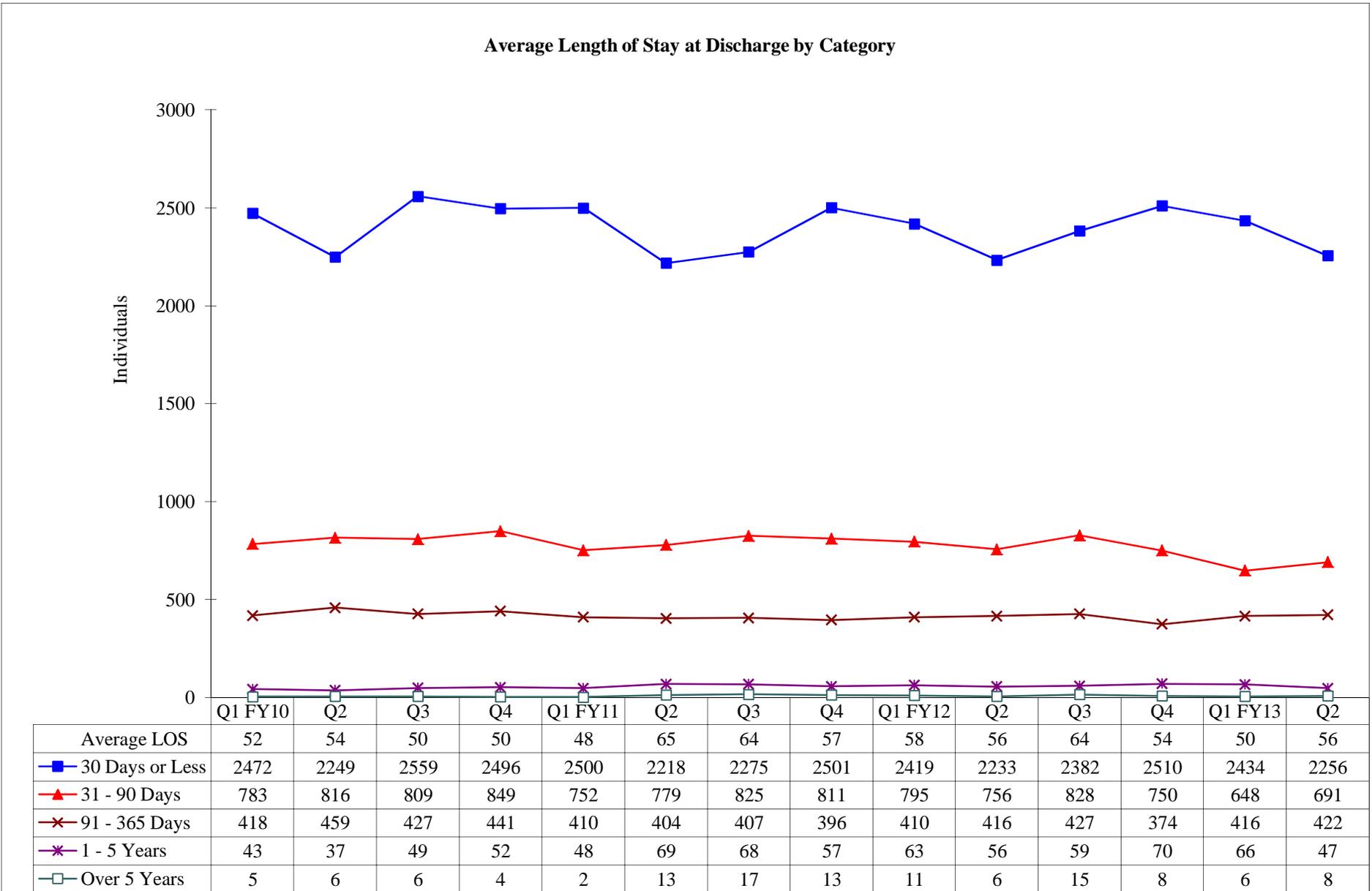


**Measure 5D - Average Length of Stay at Discharge  
All State Hospitals**



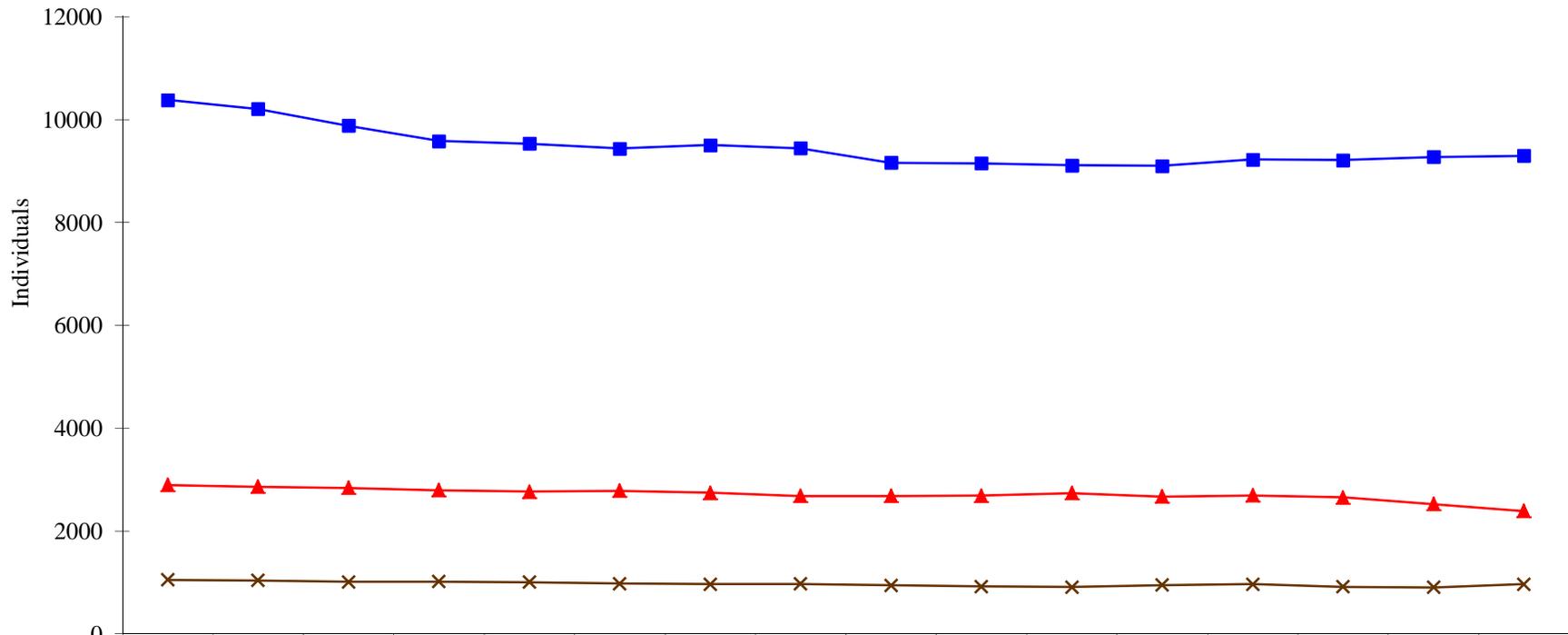
TCID - not included in All State Hospitals Average

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



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

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



	6/08-5/09	9/08-8/09	12/08-11/09	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
Average LOS	29	29	29	29	29	29	29	29	30	30	30	31	31	30	29	29
30 Days or Less	10380	10205	9882	9583	9530	9438	9506	9440	9158	9150	9108	9096	9222	9211	9274	9293
31-90 Days	2891	2859	2835	2791	2762	2781	2742	2681	2680	2682	2732	2669	2688	2652	2518	2383
91-365 Days	1047	1035	1006	1011	999	973	962	968	942	918	906	947	962	909	898	962

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

**Average Length of Stay for All Residents**

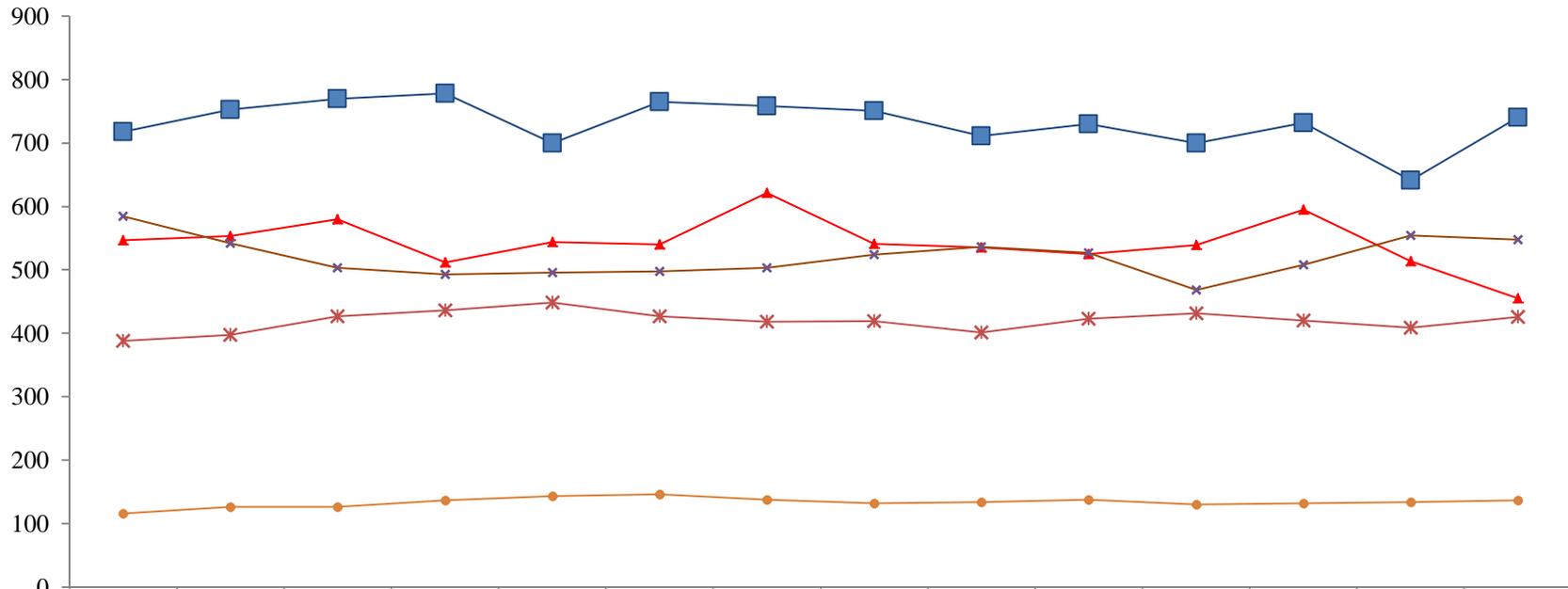
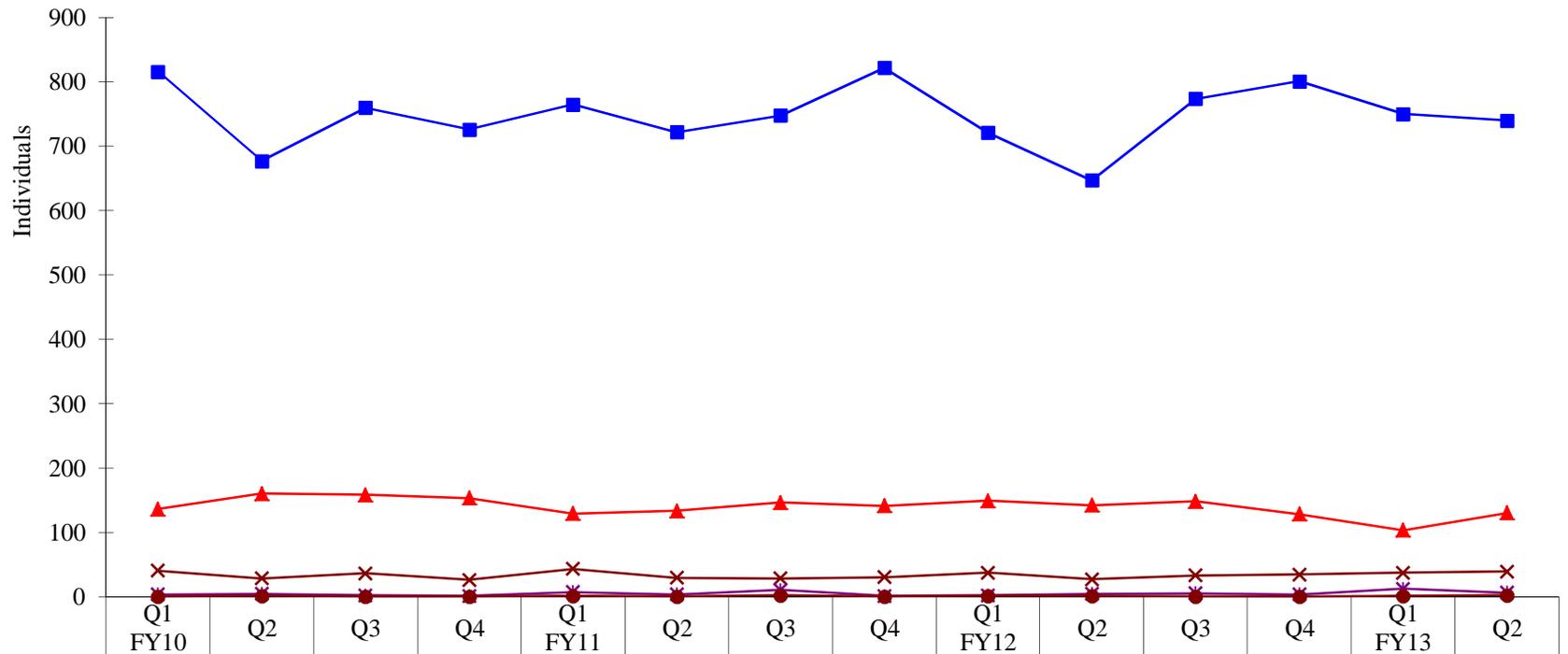


Chart: Hospital Management Data Services

Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

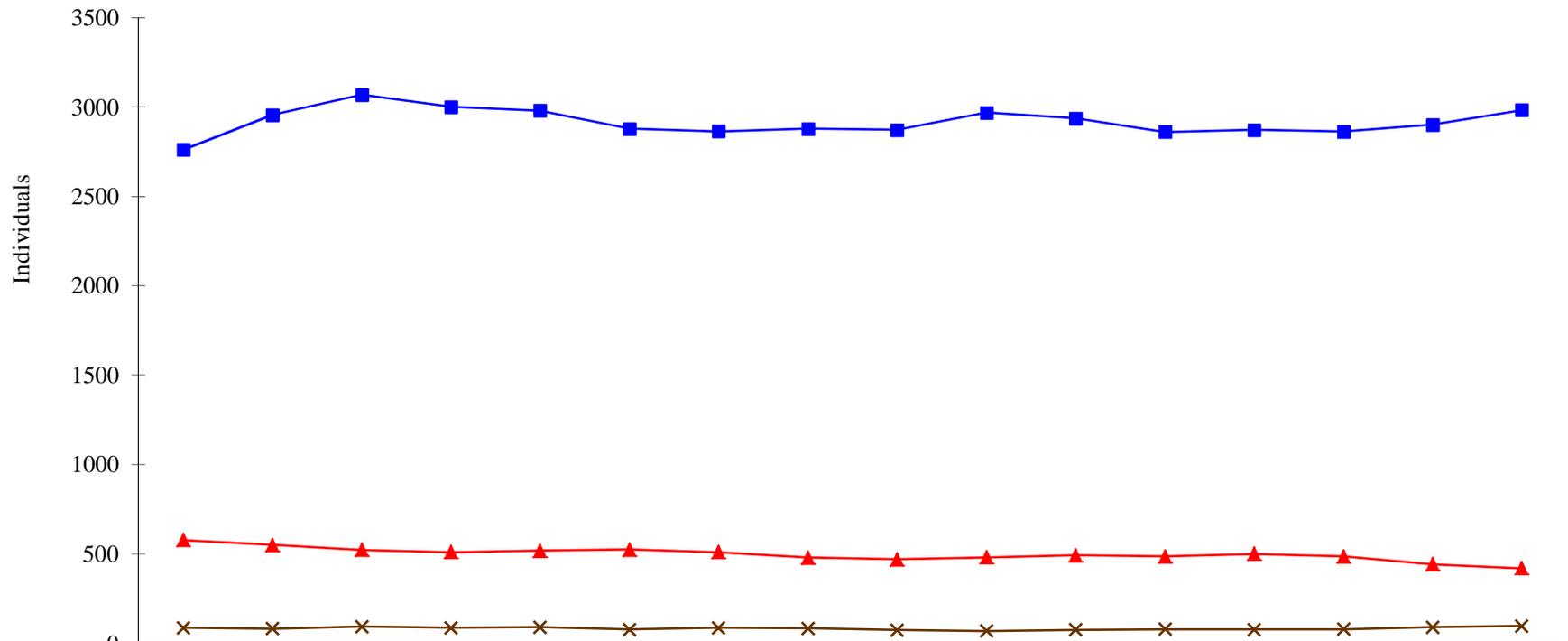
**Length of Stay at Discharge by Category**



Average LOS	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	24	31	23	21	28	23	39	21	29	27	23	21	33	41
30 Days or Less	816	677	760	726	765	722	748	822	721	647	774	801	750	740
31 - 90 Days	136	160	158	153	129	133	146	141	149	142	148	128	103	130
91 - 365 Days	40	28	36	26	43	29	28	30	37	27	33	34	37	39
1 - 5 Years	3	4	2	1	7	3	10	1	2	4	5	3	12	6
Over 5 Years	0	1	0	0	1	0	2	0	1	1	0	0	1	2

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

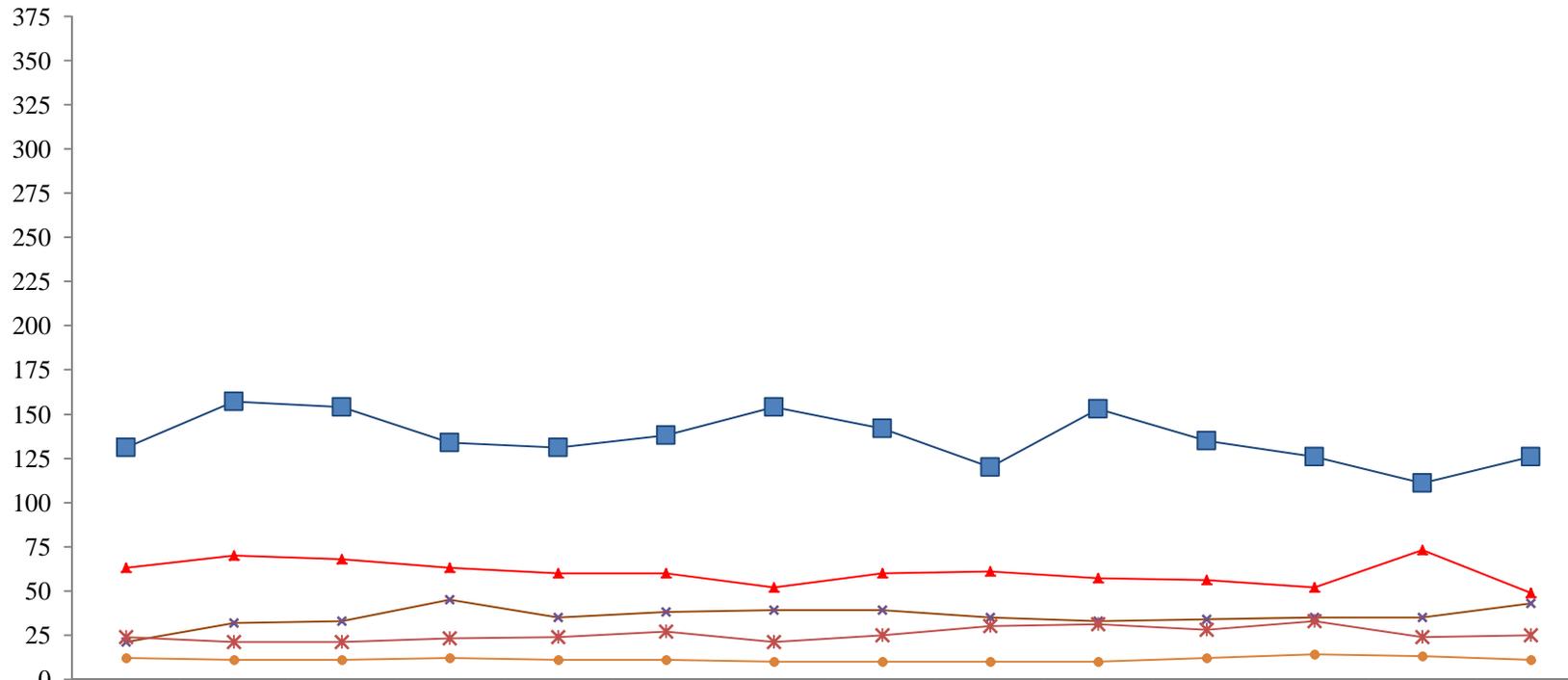
**Average Length of Stay For Admitted and Discharged During Prior 12 Months**



	6/08-5/09	9/08-8/09	12/08-11/09	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
Average LOS	21	19	19	19	19	19	19	19	18	18	18	19	18	18	18	17
■ 30 Days or Less	2762	2956	3069	3002	2980	2879	2865	2879	2873	2969	2937	2862	2872	2863	2901	2983
▲ 31-90 Days	577	550	523	510	518	524	510	479	469	481	492	486	500	486	442	419
× 91-365 Days	86	81	93	87	89	76	86	83	74	68	75	78	77	79	89	96

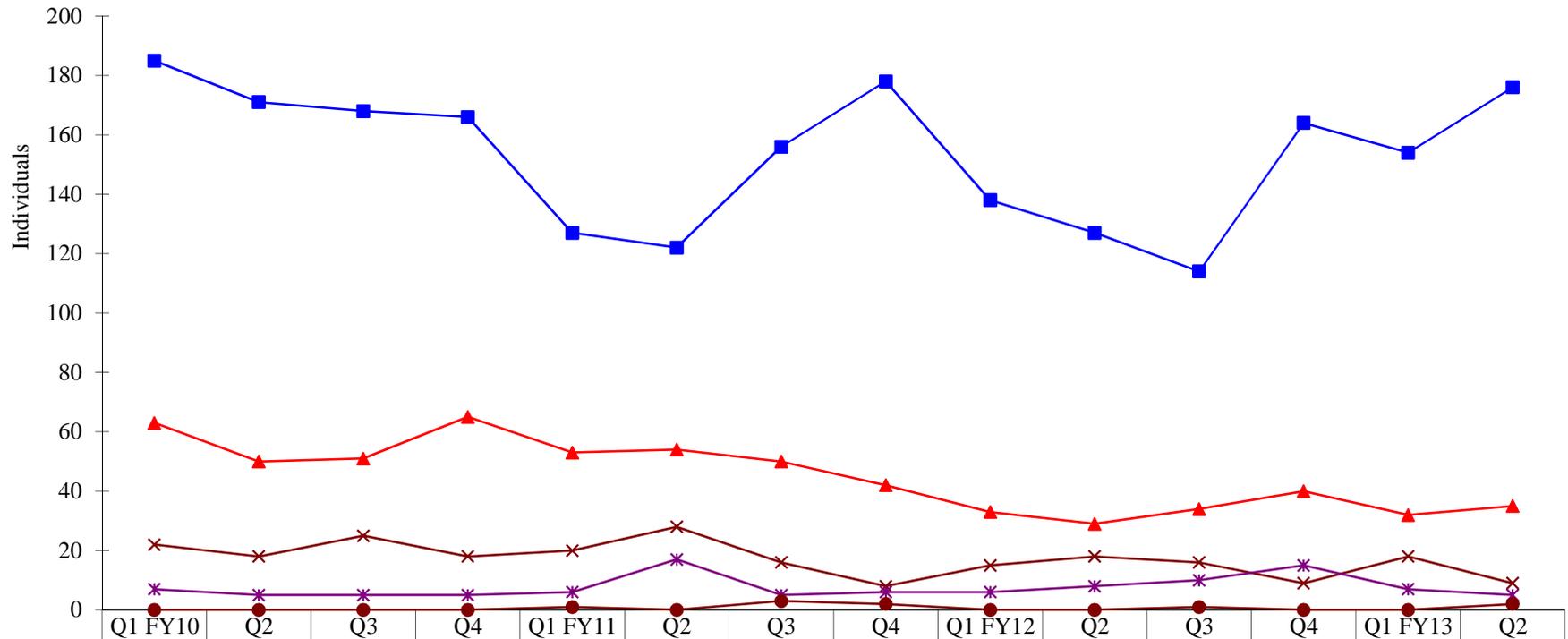
**Measure 5D - Average Length of Stay at Discharge  
Austin State Hospital**

**Average Length of Stay for All Residents**



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

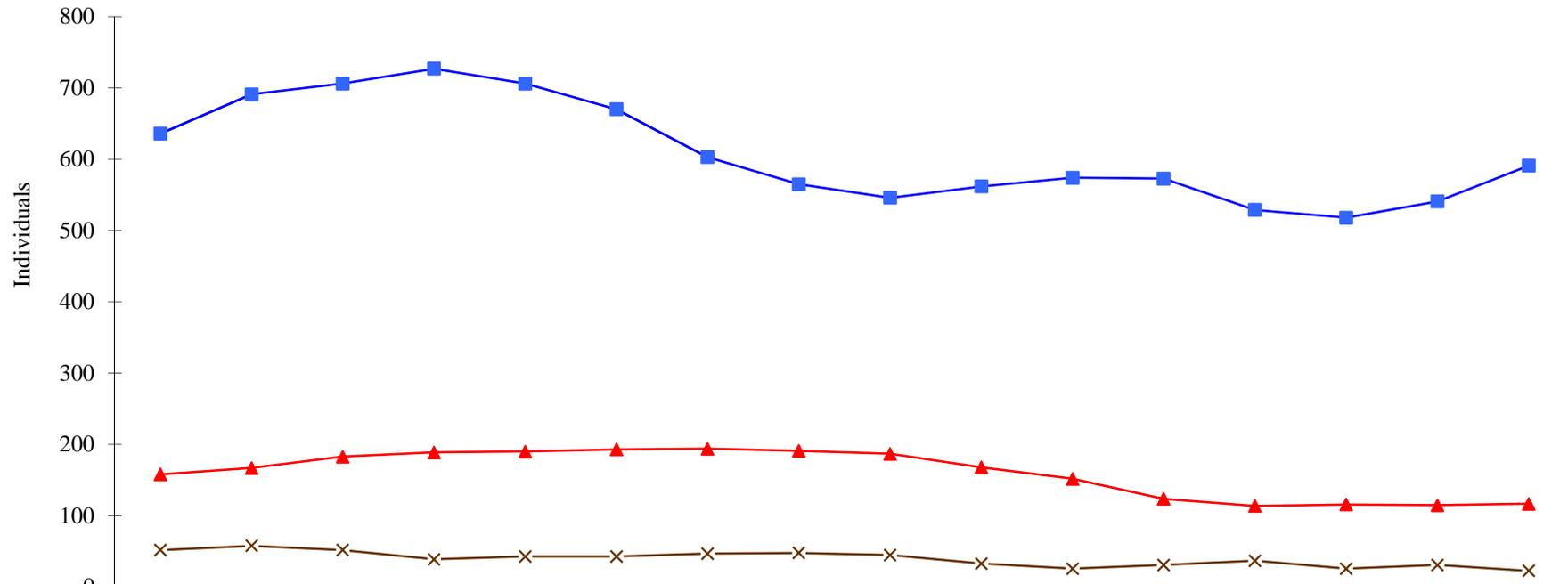
**Length of Stay at Discharge by Category**



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	56	46	54	49	71	105	84	75	55	69	103	74	57	67
■ 30 Days or Less	185	171	168	166	127	122	156	178	138	127	114	164	154	176
▲ 31 - 90 Days	63	50	51	65	53	54	50	42	33	29	34	40	32	35
× 91 - 365 Days	22	18	25	18	20	28	16	8	15	18	16	9	18	9
* 1 - 5 Years	7	5	5	5	6	17	5	6	6	8	10	15	7	5
● Over 5 Years	0	0	0	0	1	0	3	2	0	0	1	0	0	2

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

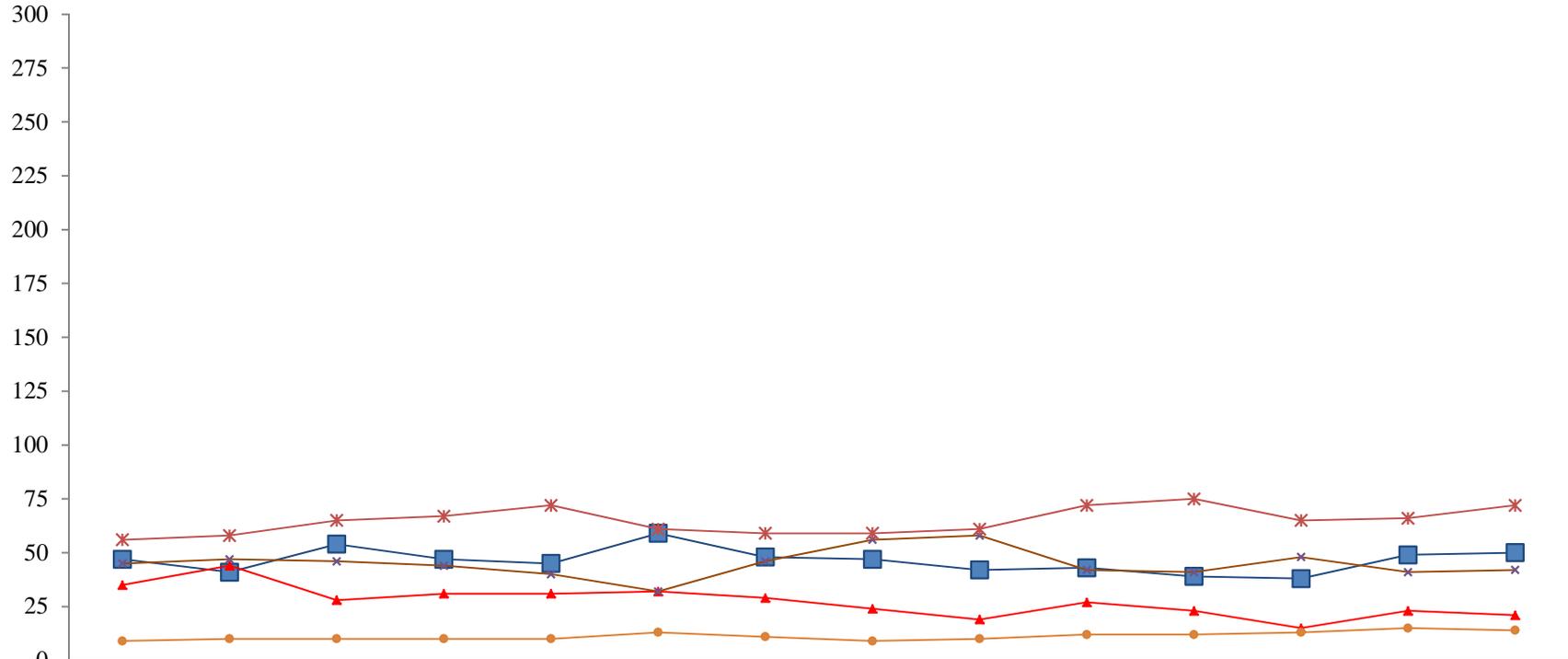
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	6/08-5/09	9/08-8/09	12/08-11/09	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
Average LOS	27	27	27	24	25	25	28	29	29	27	26	25	28	25	26	23
—■— 30 Days or Less	636	691	706	727	706	670	603	565	546	562	574	573	529	518	541	591
—▲— 31-90 Days	158	167	183	189	190	193	194	191	187	168	152	124	114	116	115	117
—×— 91-365 Days	52	58	52	39	43	43	47	48	45	33	26	31	37	26	31	23

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

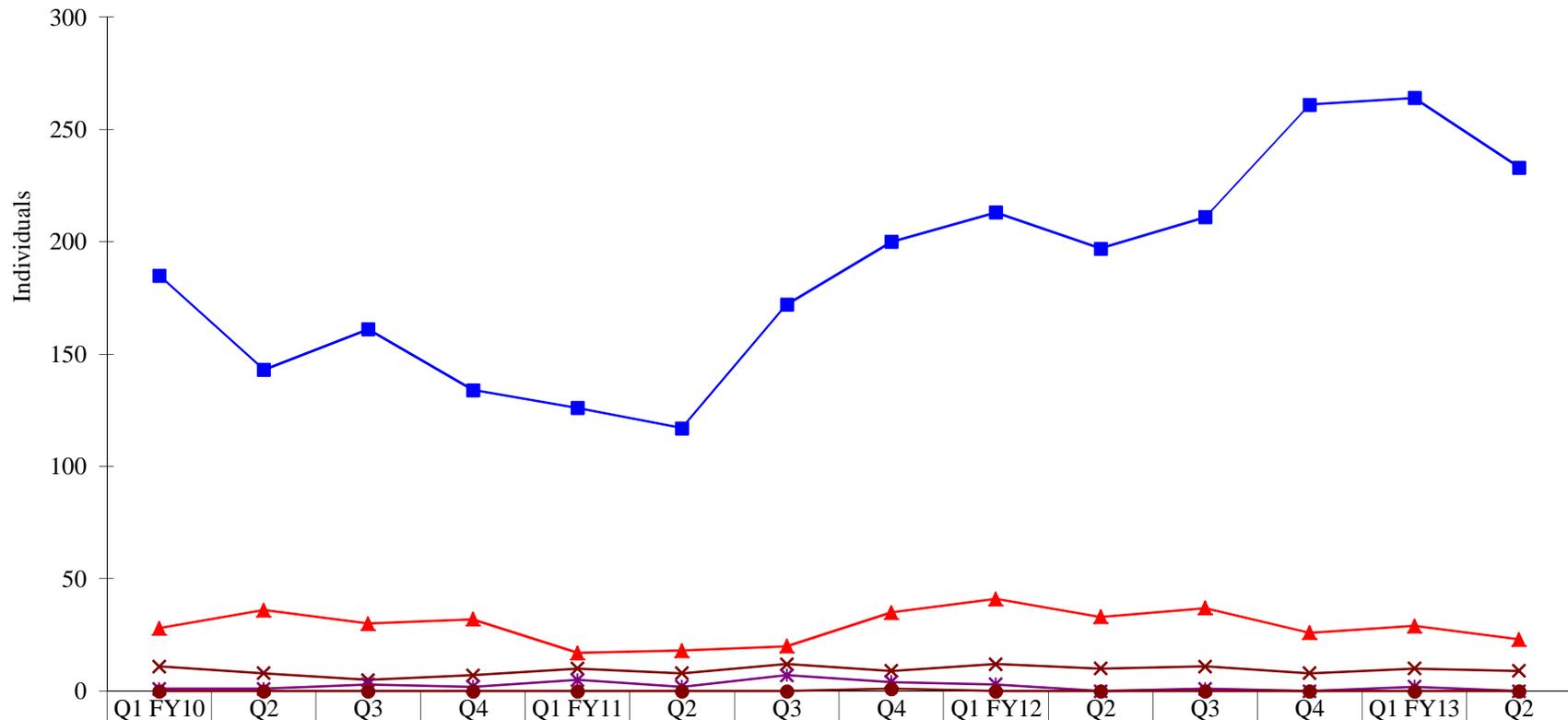
**Average Length of Stay for All Residents**



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	406	421	437	475	494	467	467	461	511	518	533	568	548	544
30 Days or Less	47	41	54	47	45	59	48	47	42	43	39	38	49	50
31 - 90 Days	35	44	28	31	31	32	29	24	19	27	23	15	23	21
91 - 365 Days	45	47	46	44	40	32	46	56	58	42	41	48	41	42
1 - 5 Years	56	58	65	67	72	61	59	59	61	72	75	65	66	72
Over 5 Years	9	10	10	10	10	13	11	9	10	12	12	13	15	14

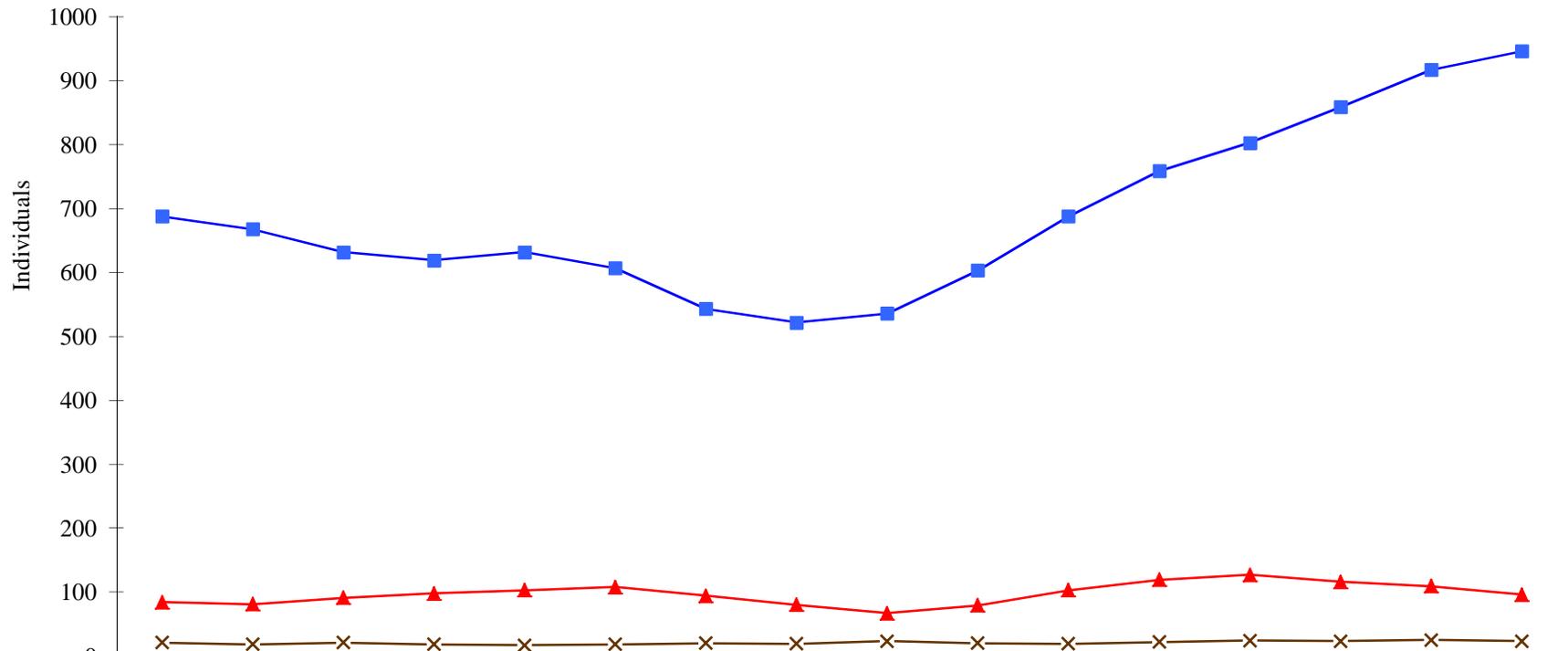
**Measure 5D - Average Length of Stay at Discharge**  
**El Paso Psychiatric Center**

**Length of Stay at Discharge by Category**



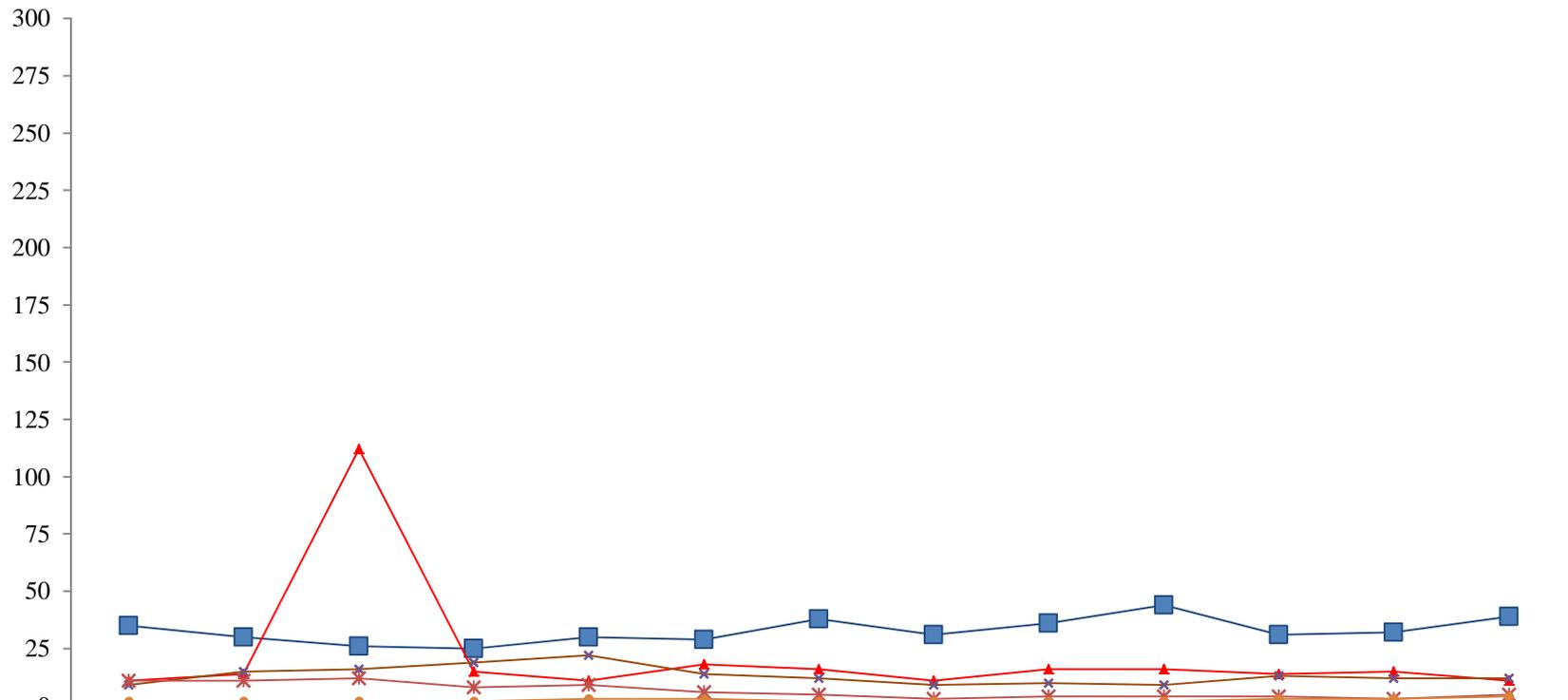
**Measure 5D - Average Length of Stay at Discharge**  
**El Paso Psychiatric Center**

**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**

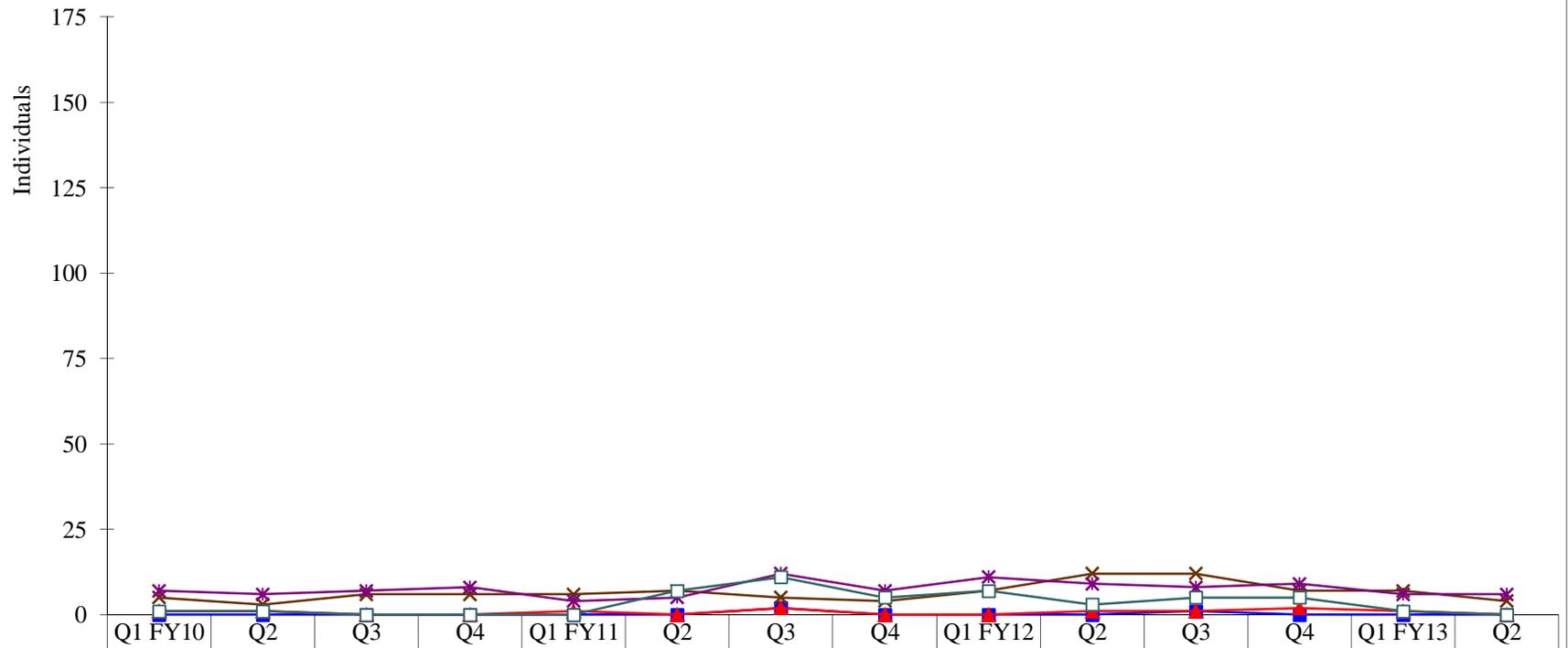


	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	250	241	278	264	248	230	183	221	195	181	234	233	233
■ 30 Days or Less	35	30	26	25	30	29	38	31	36	44	31	32	39
▲ 31 - 90 Days	11	14	112	15	11	18	16	11	16	16	14	15	11
✱ 91 - 365 Days	9	15	16	19	22	14	12	9	10	9	13	12	12
✖ 1 - 5 Years	11	11	12	8	9	6	5	3	4	4	4	3	5
◆ Over 5 Years	2	2	2	2	3	3	2	2	2	2	3	3	4

Source:

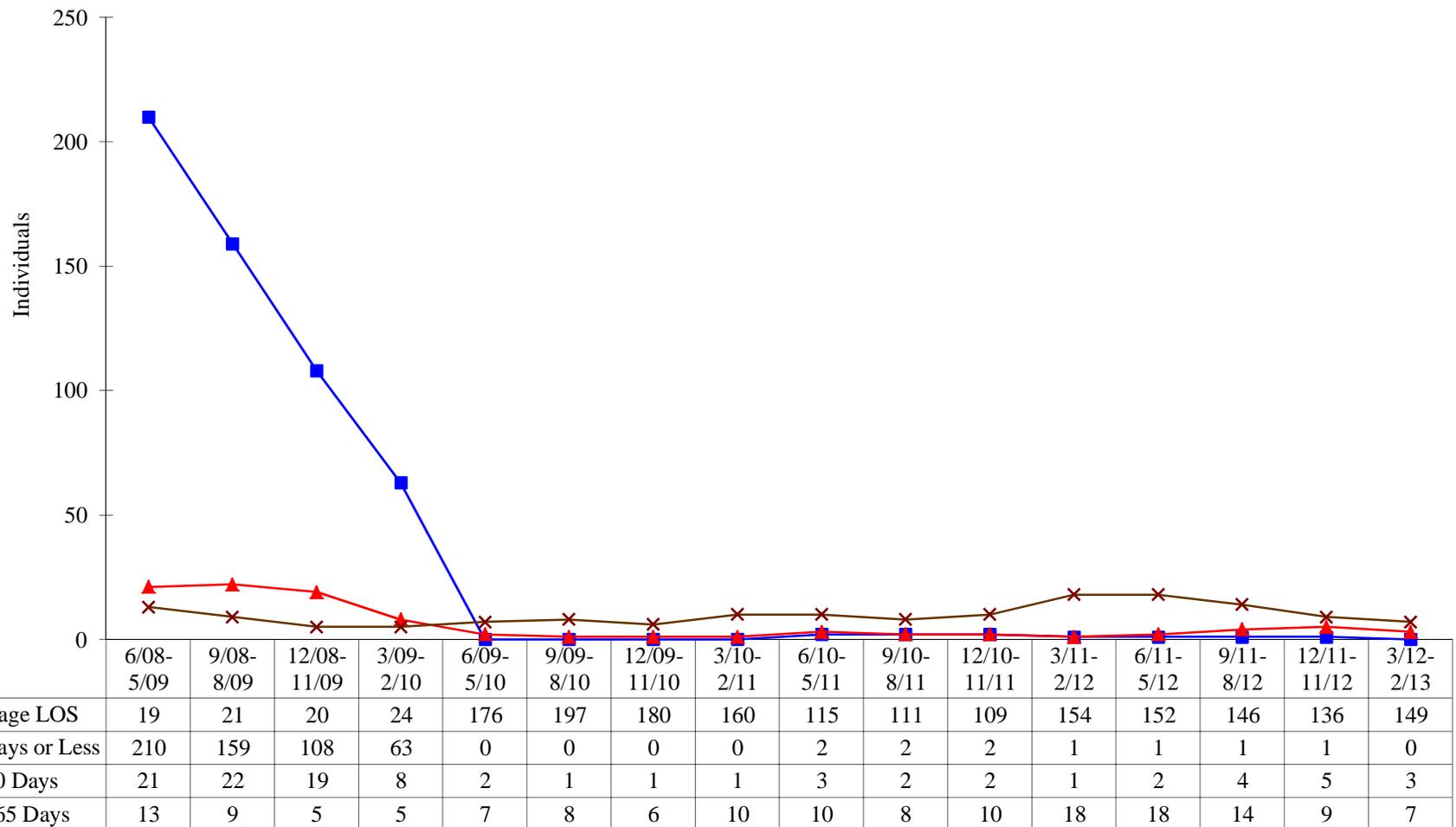
**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

**Length of Stay at Discharge by Category**



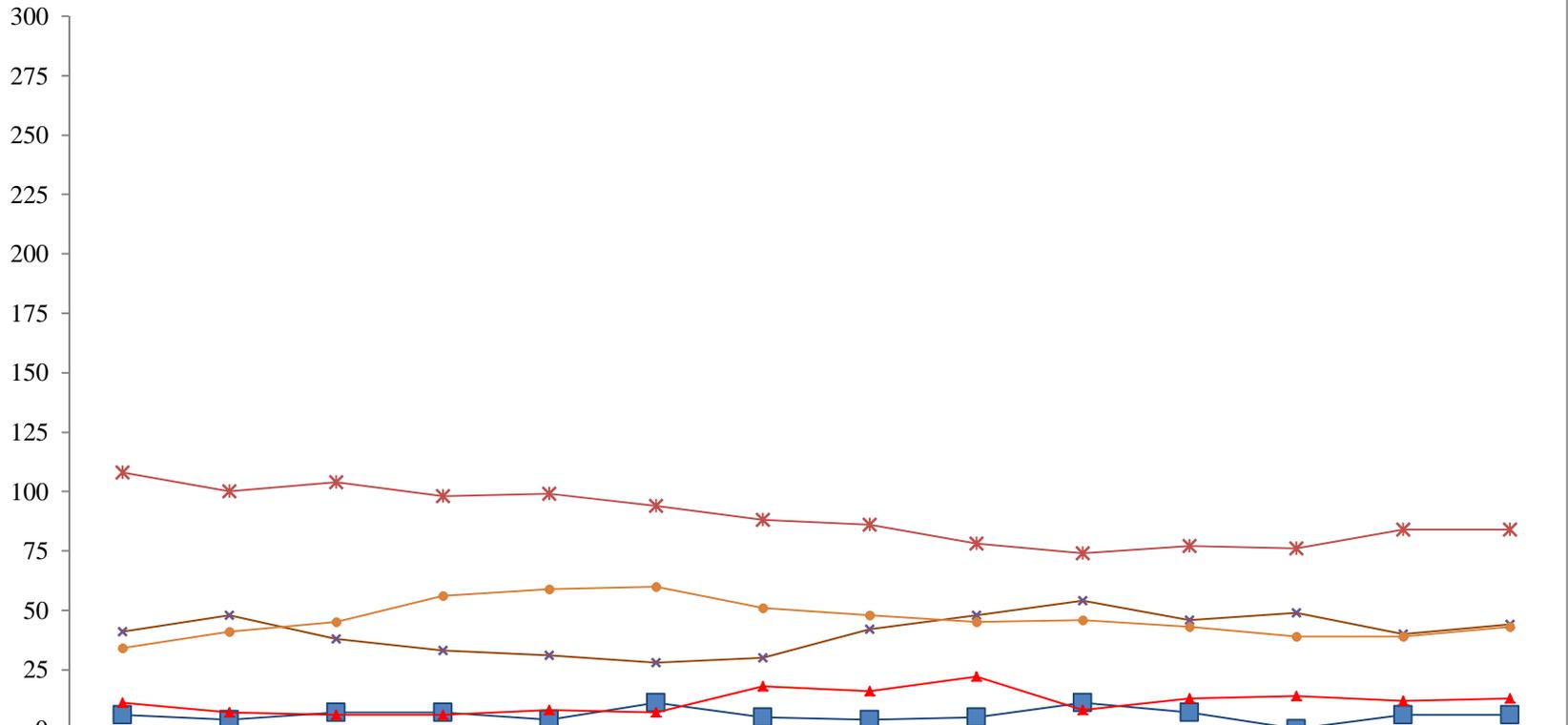
**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

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



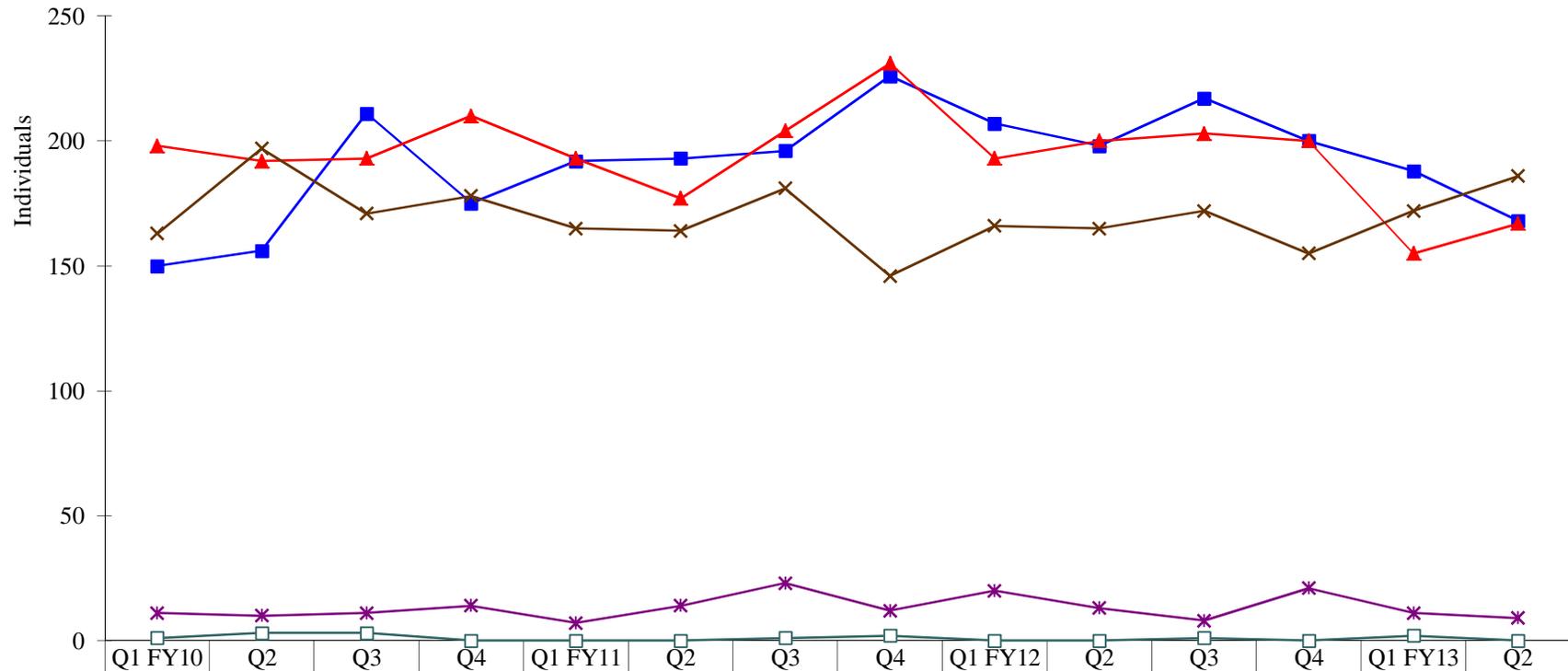
**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

**Average Length of Stay for All Residents**



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

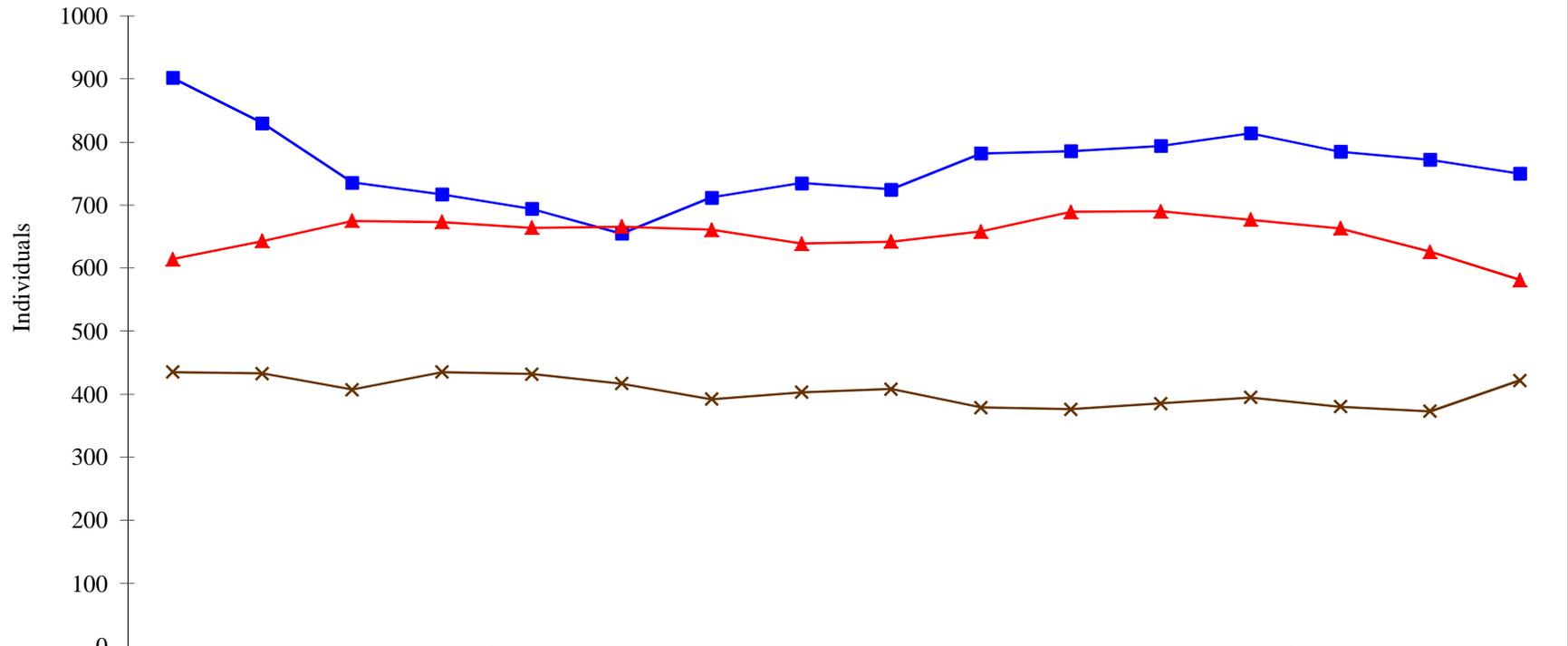
**Length of Stay at Discharge by Category**



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	93	104	100	90	84	87	96	83	89	84	86	90	91	86
■ 30 Days or Less	150	156	211	175	192	193	196	226	207	198	217	200	188	168
▲ 31 - 90 Days	198	192	193	210	193	177	204	231	193	200	203	200	155	167
× 91 - 365 Days	163	197	171	178	165	164	181	146	166	165	172	155	172	186
* 1 - 5 Years	11	10	11	14	7	14	23	12	20	13	8	21	11	9
□ Over 5 Years	1	3	3	0	0	0	1	2	0	0	1	0	2	0

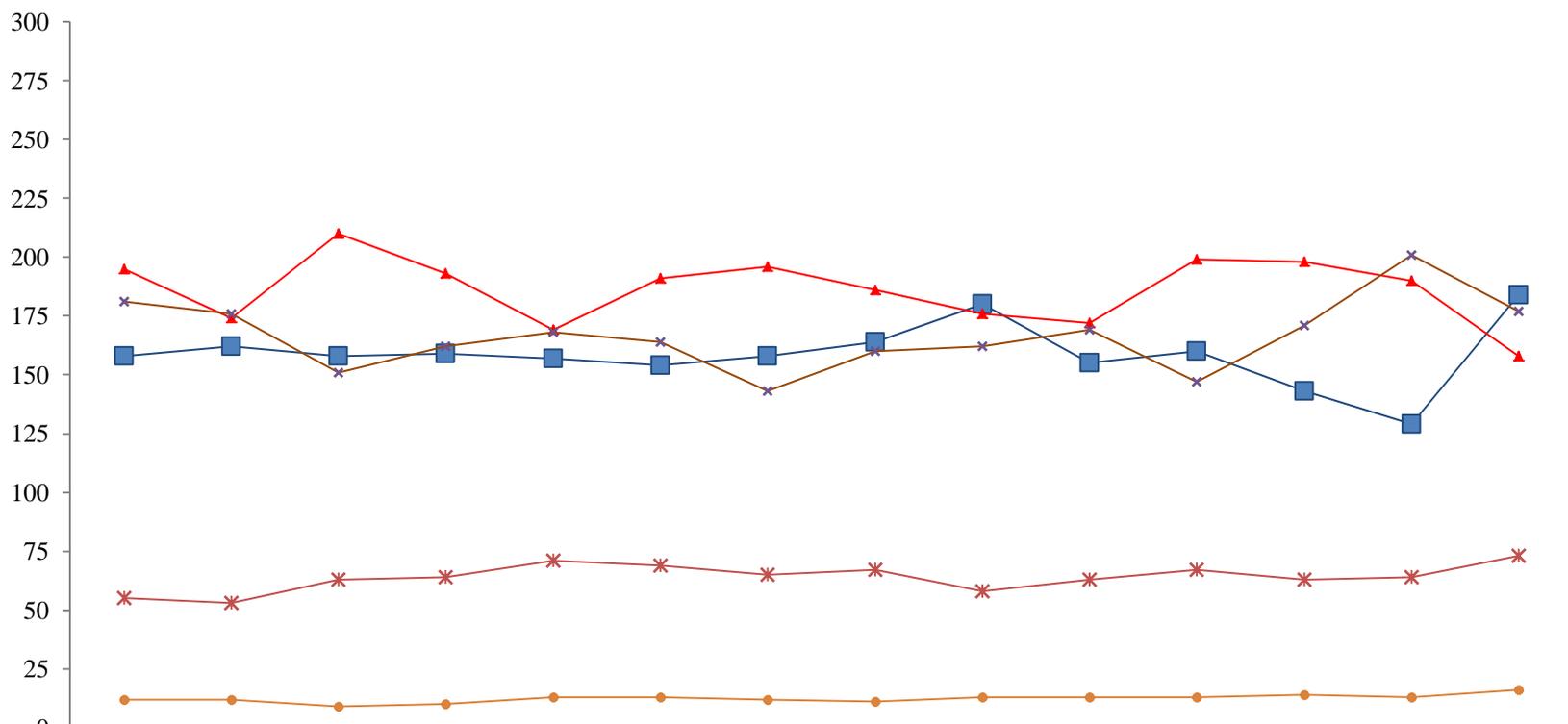
**Measure 5D - Average Length of Stay at Discharge**  
**North Texas State Hospital**

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



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

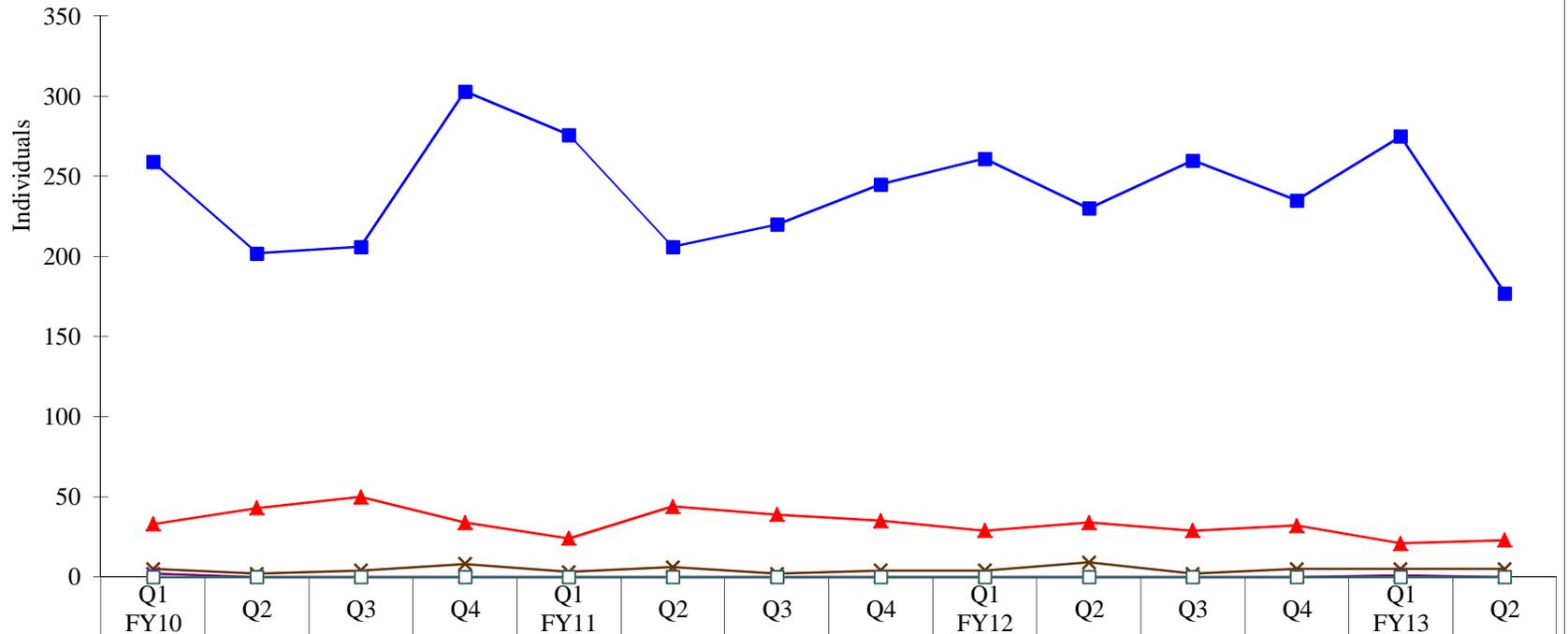
**Average Length of Stay for All Residents**



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	215	214	201	206	220	221	220	218	219	232	228	230	239	245
■ 30 Days or Less	158	162	158	159	157	154	158	164	180	155	160	143	129	184
▲ 31 - 90 Days	195	174	210	193	169	191	196	186	176	172	199	198	190	158
✱ 91 - 365 Days	181	176	151	162	168	164	143	160	162	169	147	171	201	177
✱ 1 - 5 Years	55	53	63	64	71	69	65	67	58	63	67	63	64	73
● Over 5 Years	12	12	9	10	13	13	12	11	13	13	13	14	13	16

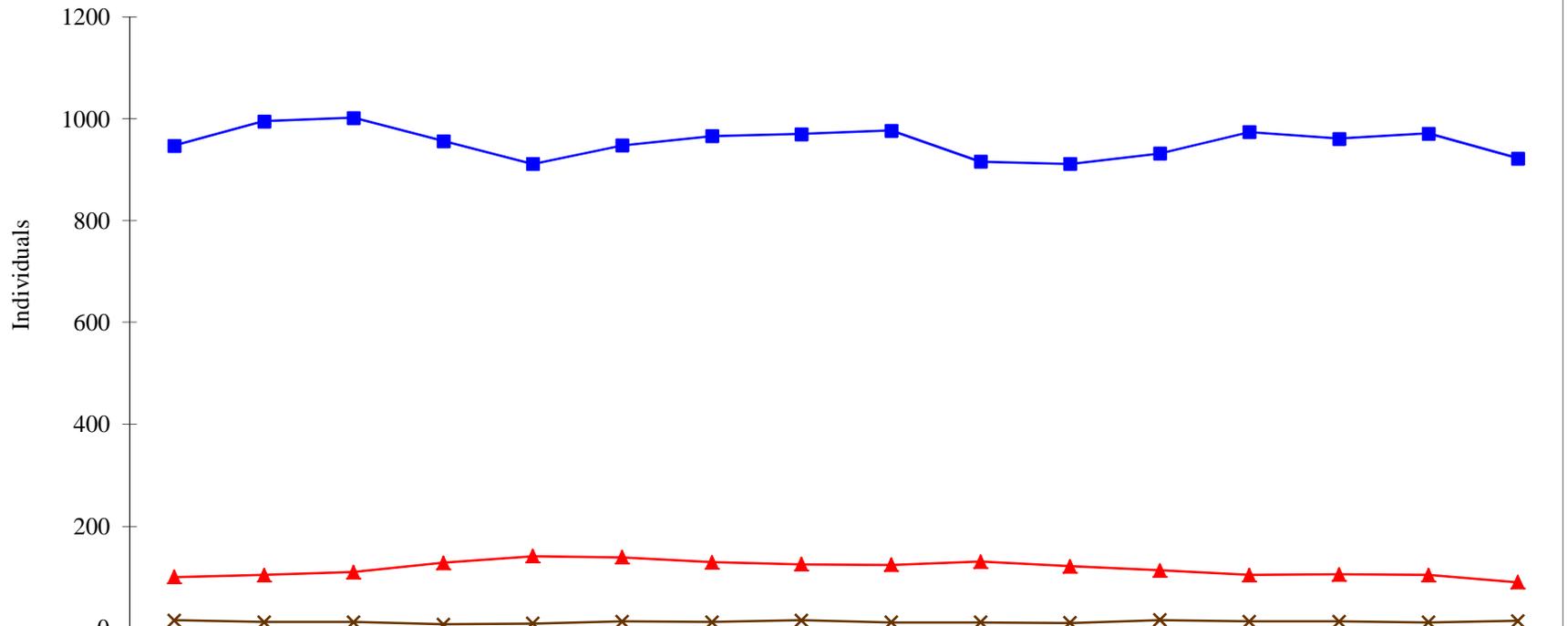
**Measure 5D - Average Length of Stay at Discharge  
Rio Grande State Center**

**Average Length of Stay at Discharge by Category**



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

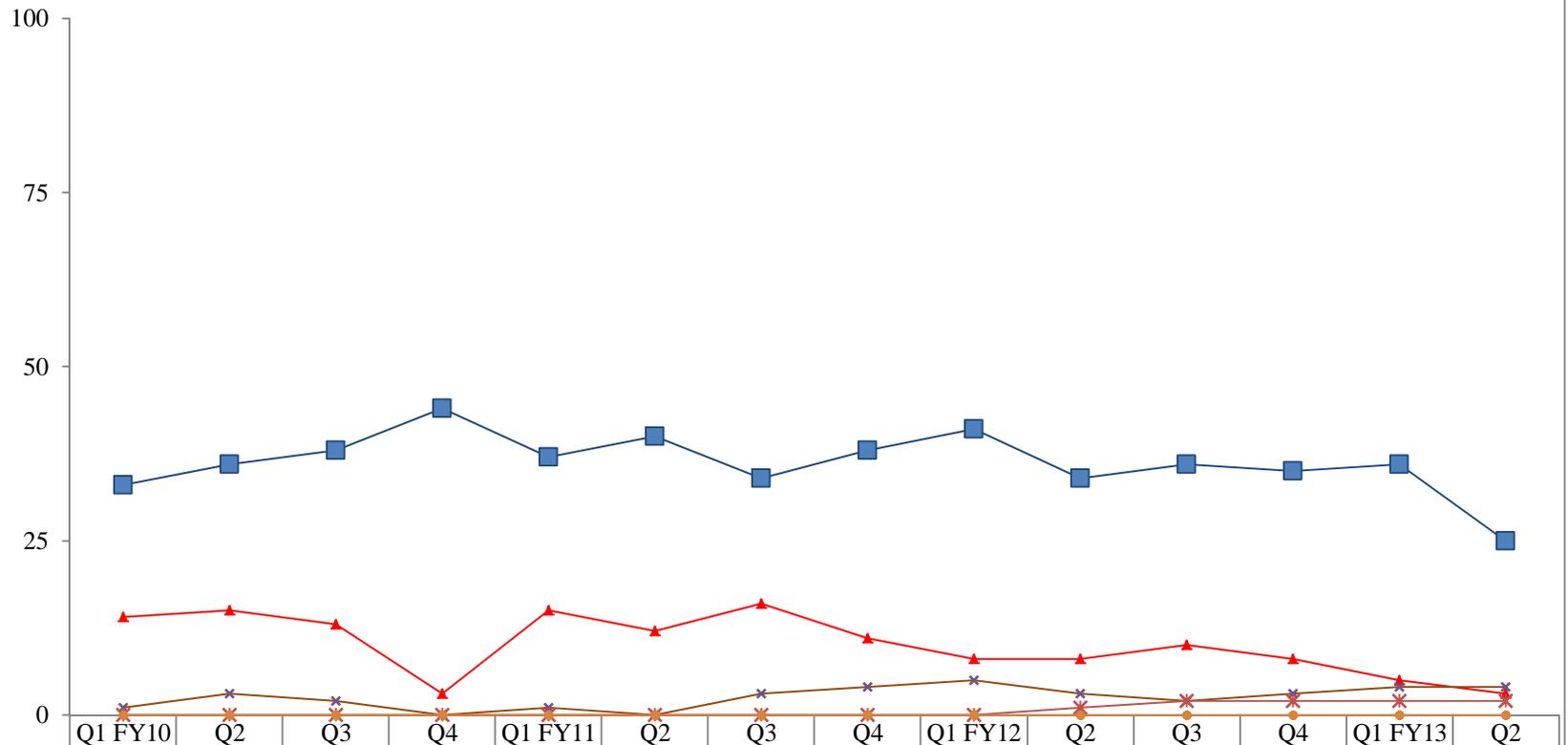
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	6/08-5/09	9/08-8/09	12/08-11/09	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
Average LOS	13	13	14	14	15	16	15	15	15	16	15	16	15	15	14	15
■ 30 Days or Less	947	995	1002	956	911	948	966	970	977	916	911	932	974	961	971	922
▲ 31-90 Days	100	104	110	128	141	139	129	125	124	130	121	113	104	105	104	90
× 91-365 Days	15	12	12	7	9	13	12	15	11	11	10	16	13	13	11	14

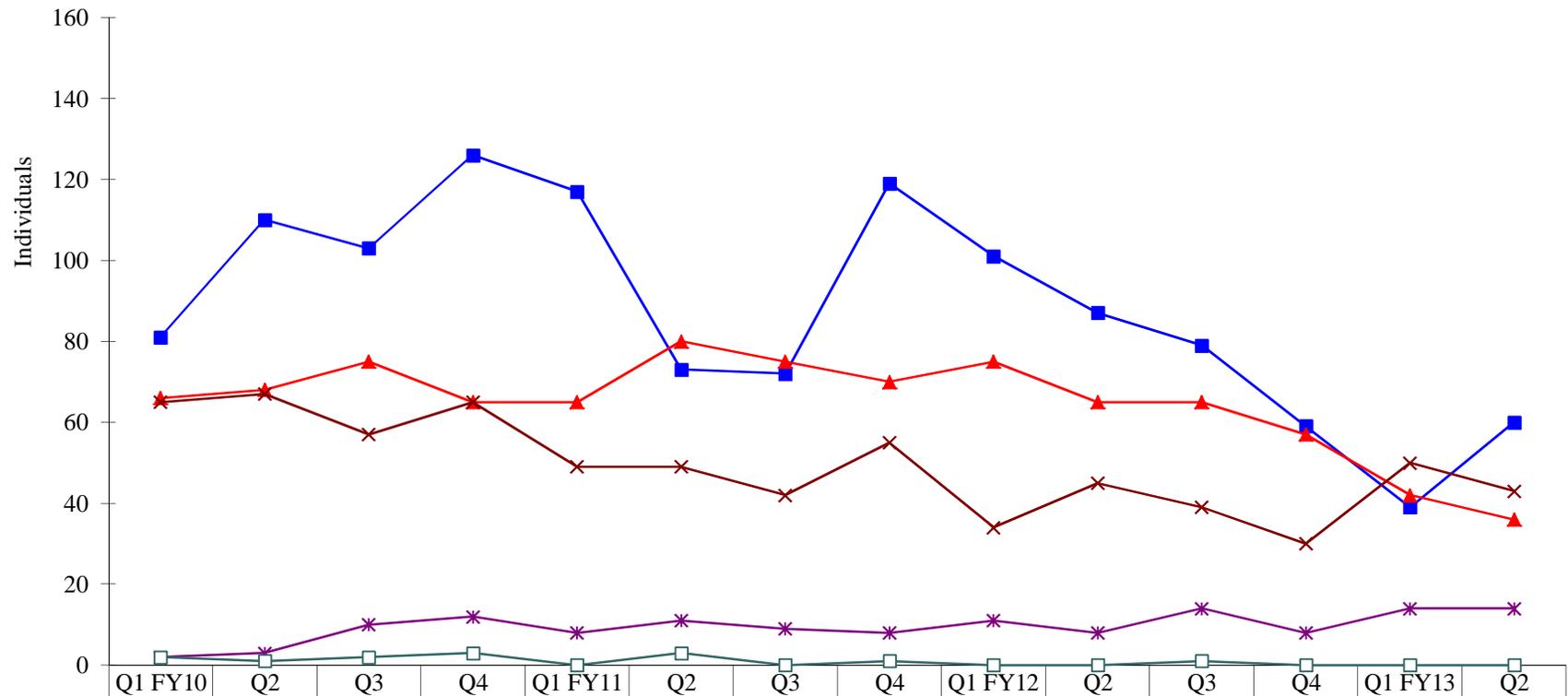
**Measure 5D - Average Length of Stay at Discharge  
Rio Grande State Center**

**Average Length of Stay for All Residents**



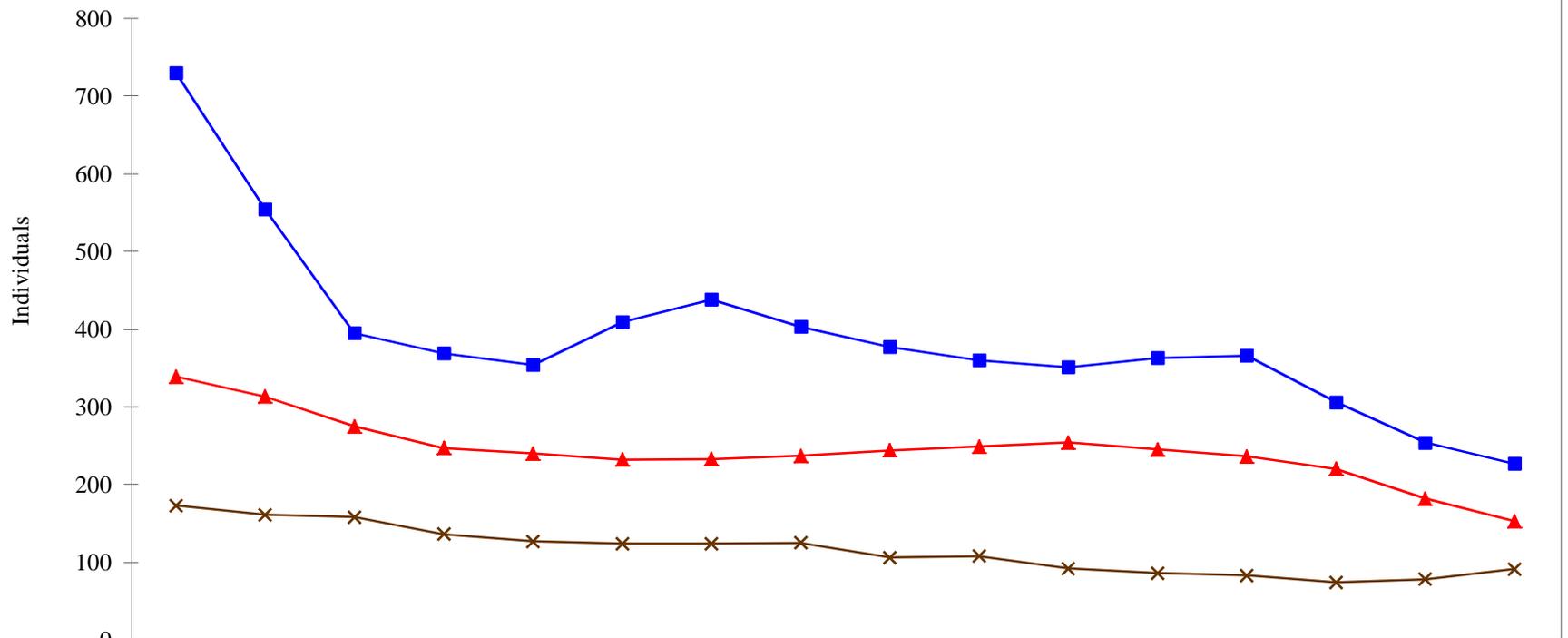
**Measure 5D - Average Length of Stay at Discharge**  
**Rusk State Hospital**

**Length of Stay at Discharge by Category**



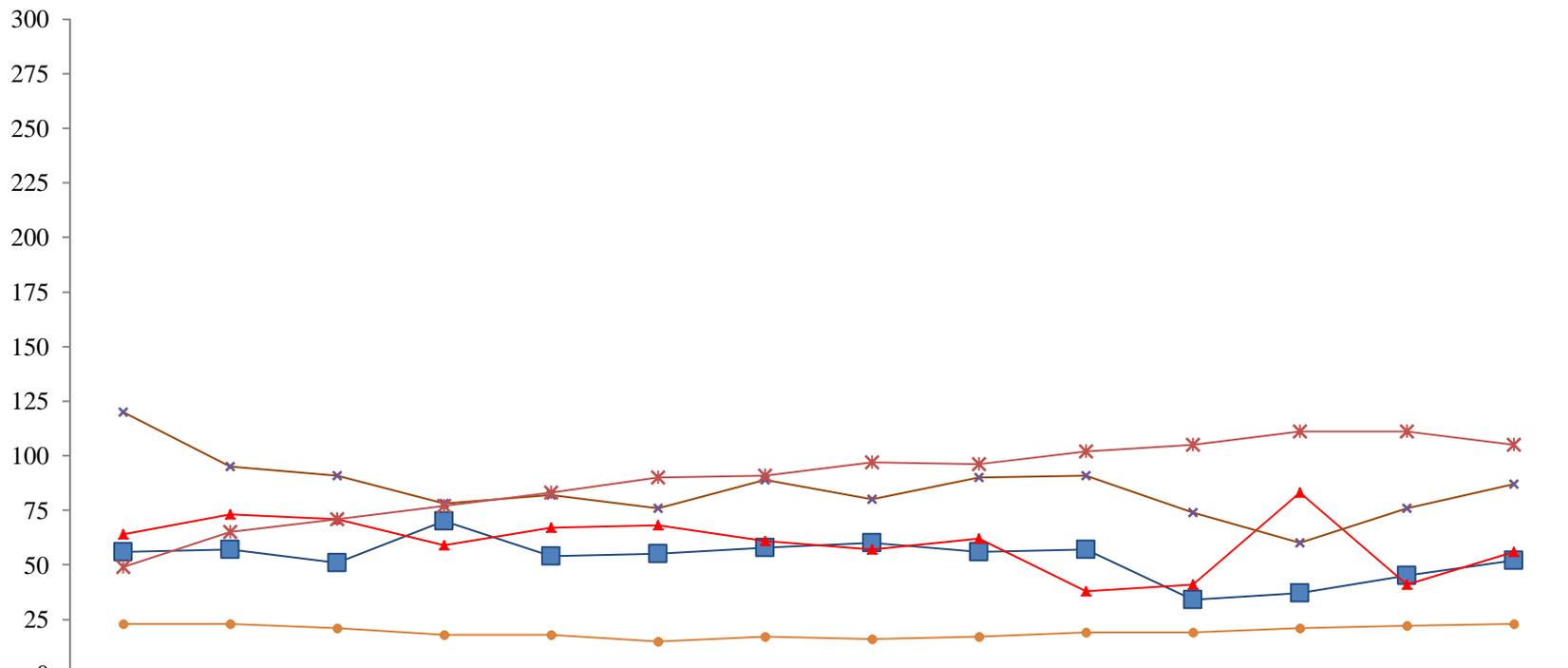
**Measure 5D - Average Length of Stay at Discharge**  
**Rusk State Hospital**

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

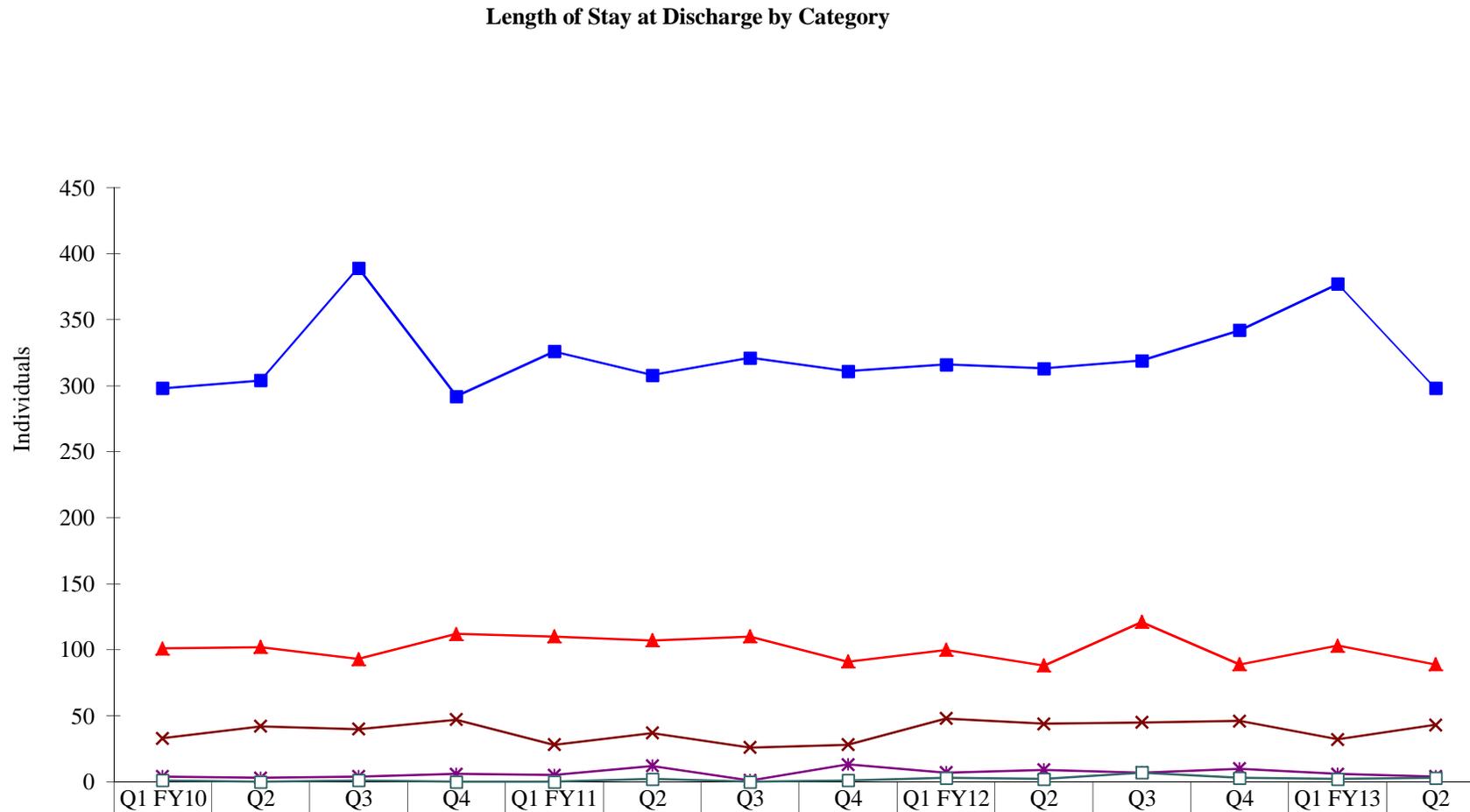


**Measure 5D - Average Length of Stay at Discharge  
Rusk State Hospital**

**Average Length of Stay for All Residents**



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



Average LOS	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
30 Days or Less	298	304	389	292	326	308	321	311	316	313	319	342	377	298
31 - 90 Days	101	102	93	112	110	107	110	91	100	88	121	89	103	89
91 - 365 Days	33	42	40	47	28	37	26	28	48	44	45	46	32	43
1 - 5 Years	4	3	4	6	5	12	1	13	7	9	7	10	6	4
Over 5 Years	1	0	1	0	0	2	0	1	3	2	7	3	2	3

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

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

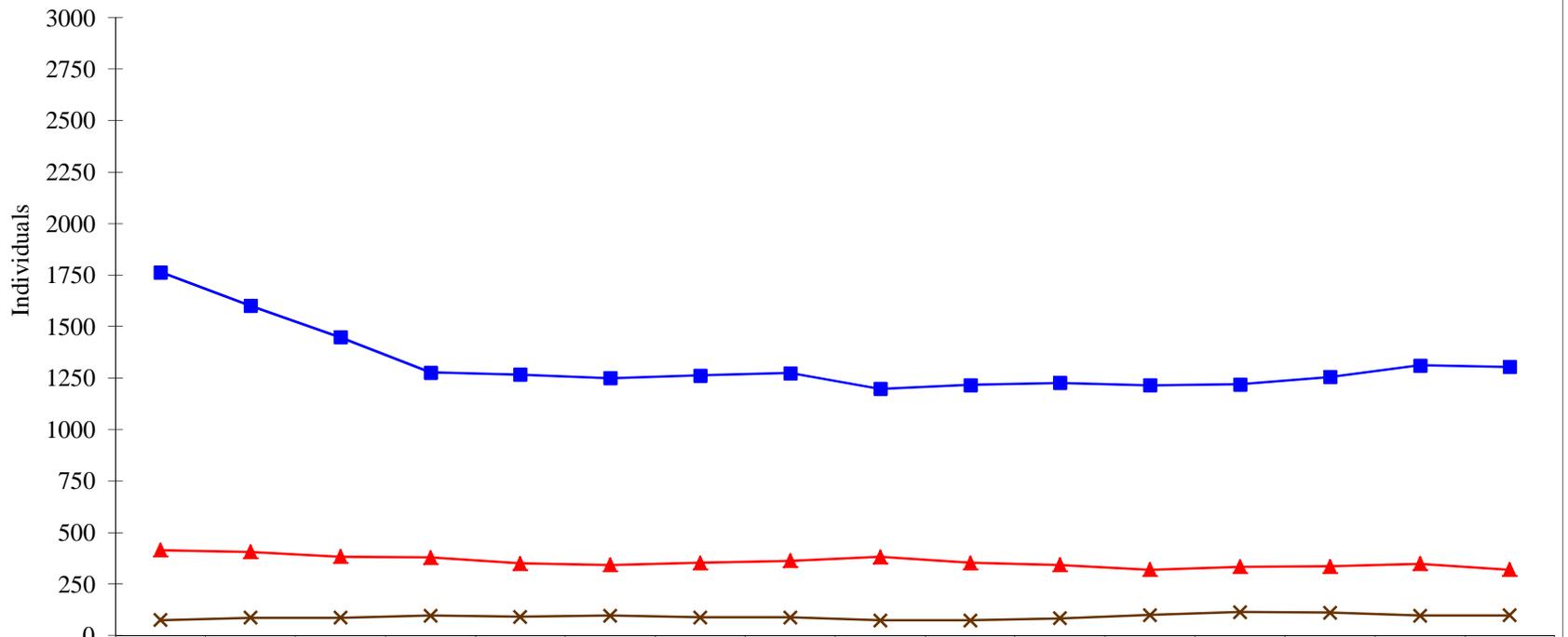
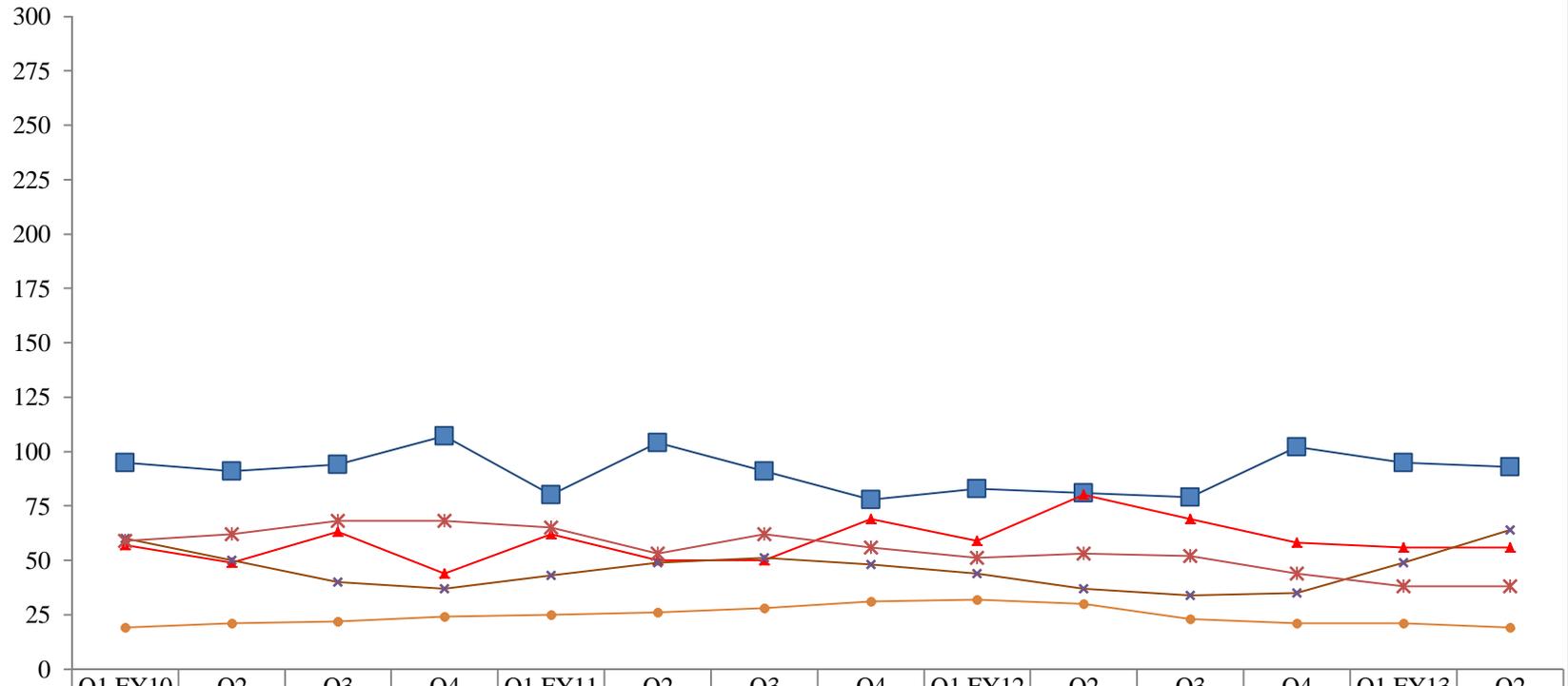


Chart: Hospital Management Data Services

Source: Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

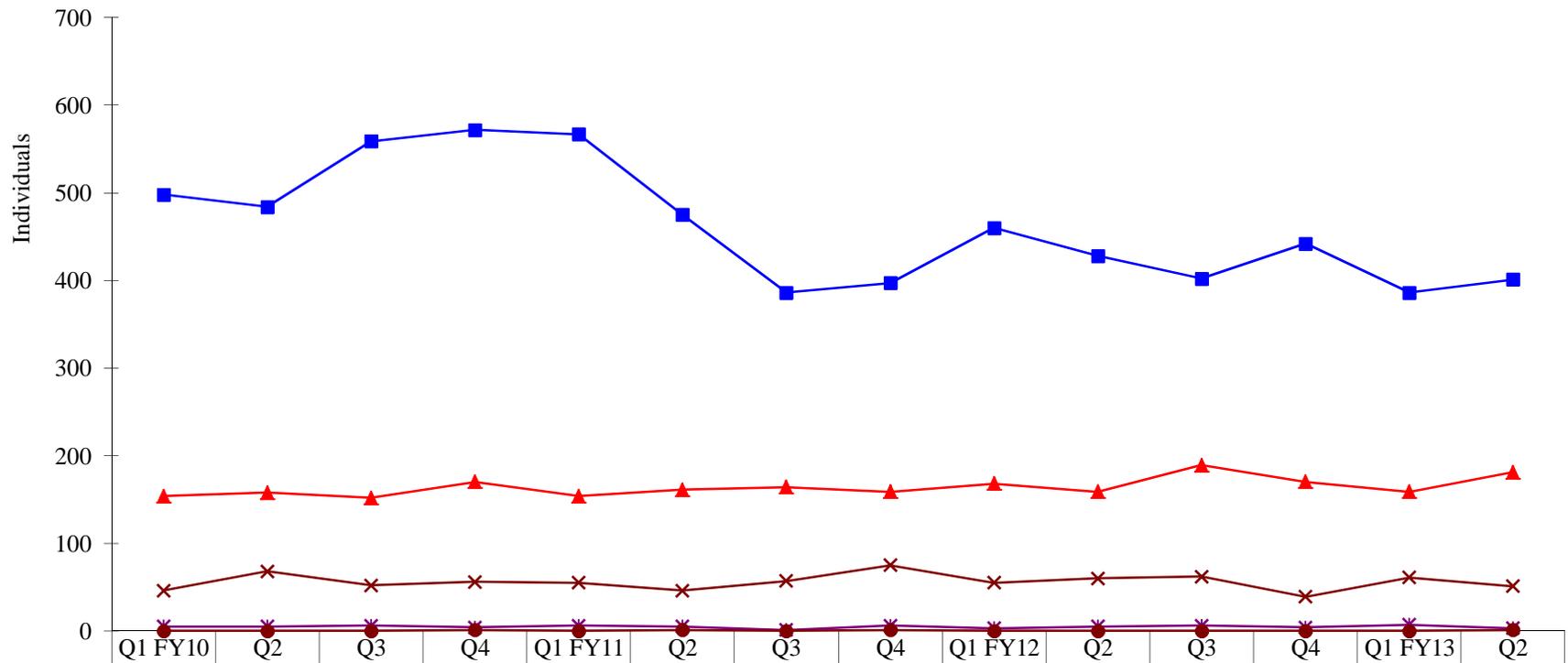
**Average Length of Stay for All Residents**



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	446	494	487	515	549	513	553	551	563	534	509	467	431	414
■ 30 Days or Less	95	91	94	107	80	104	91	78	83	81	79	102	95	93
▲ 31 - 90 Days	57	49	63	44	62	50	50	69	59	80	69	58	56	56
◆ 91 - 365 Days	60	50	40	37	43	49	51	48	44	37	34	35	49	64
* 1 - 5 Years	59	62	68	68	65	53	62	56	51	53	52	44	38	38
● Over 5 Years	19	21	22	24	25	26	28	31	32	30	23	21	21	19

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

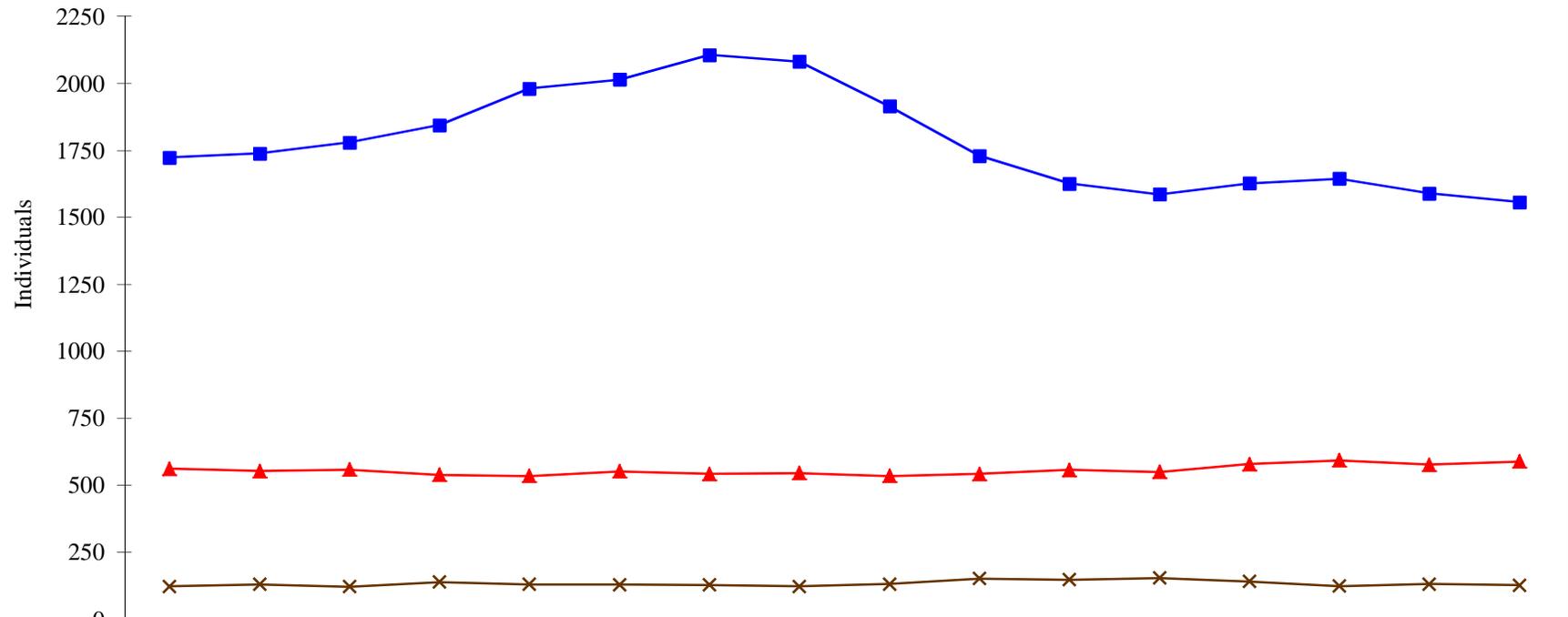
**Average Length of Stay at Discharge by Category**



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	36	39	35	38	36	42	39	53	37	42	44	37	49	42
■ 30 Days or Less	498	484	559	572	567	475	386	397	460	428	402	442	386	401
▲ 31 - 90 Days	154	158	152	170	154	161	164	159	168	159	189	170	159	181
× 91 - 365 Days	46	68	52	56	55	46	57	75	55	60	62	39	61	51
* 1 - 5 Years	5	5	6	4	6	5	1	6	3	5	6	4	7	3
● Over 5 Years	0	0	0	1	0	1	0	1	0	0	0	0	0	1

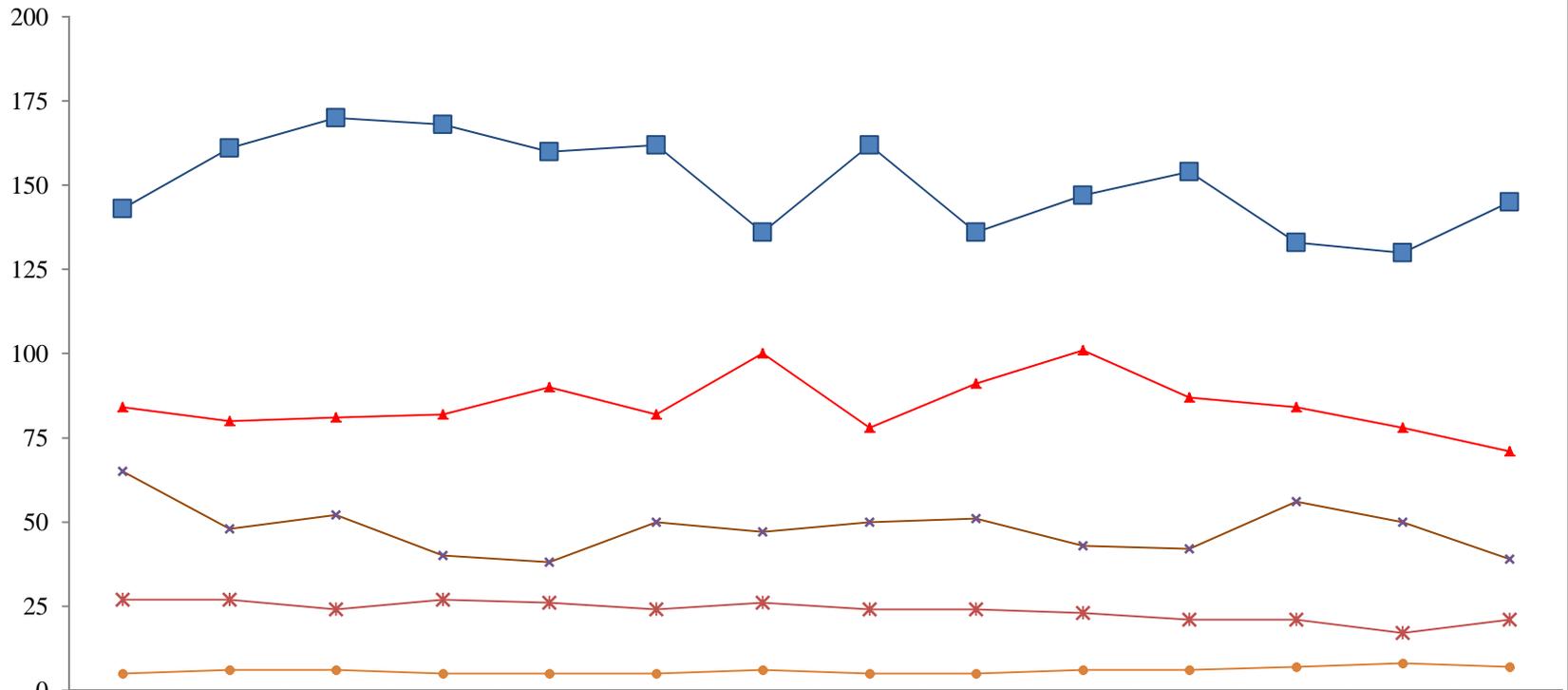
**Measure 5D - Average Length of Stay at Discharge**  
**Terrell State Hospital**

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



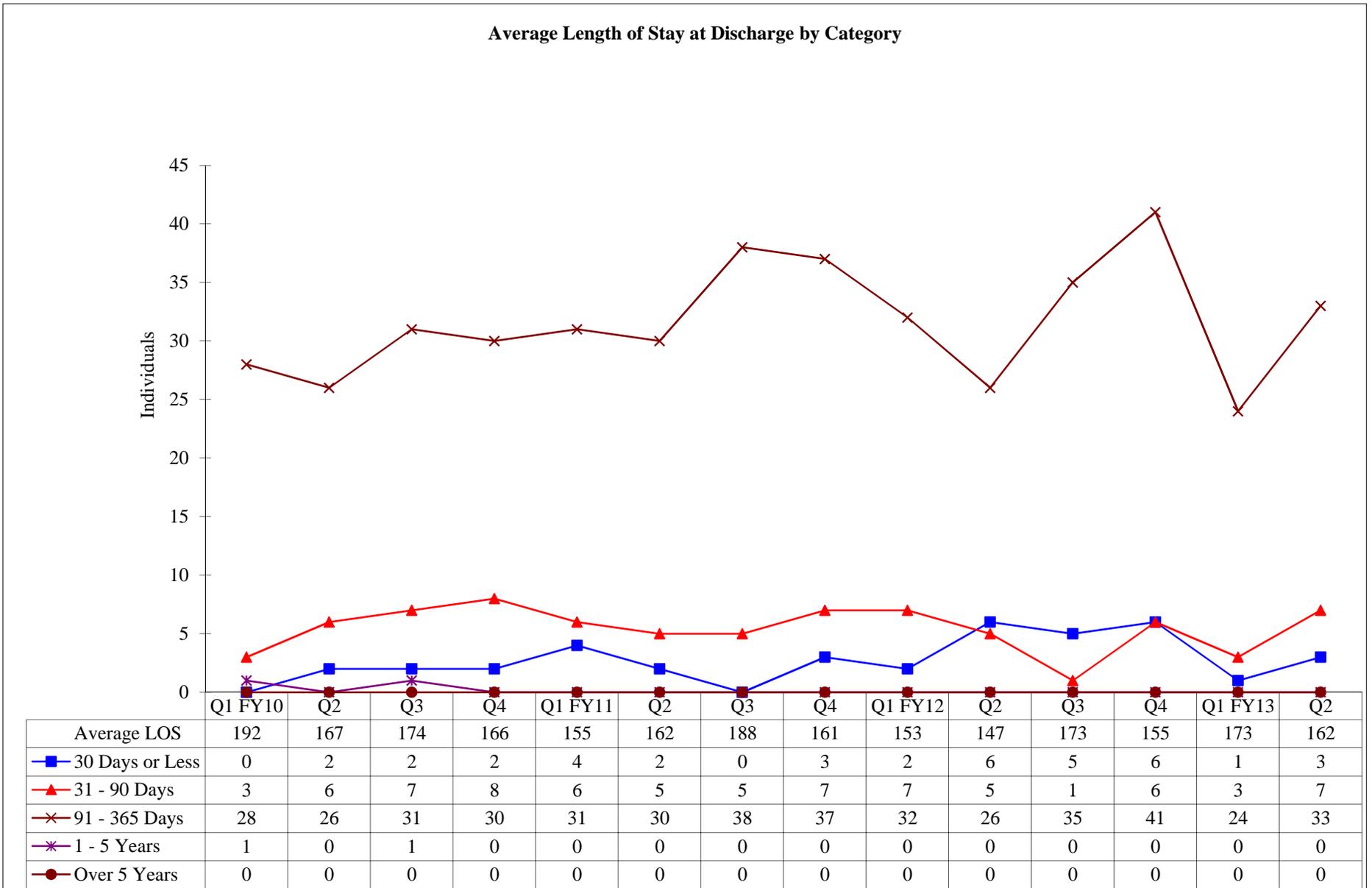
**Measure 5D - Average Length of Stay at Discharge  
Terrell State Hospital**

**Average Length of Stay for All Residents**



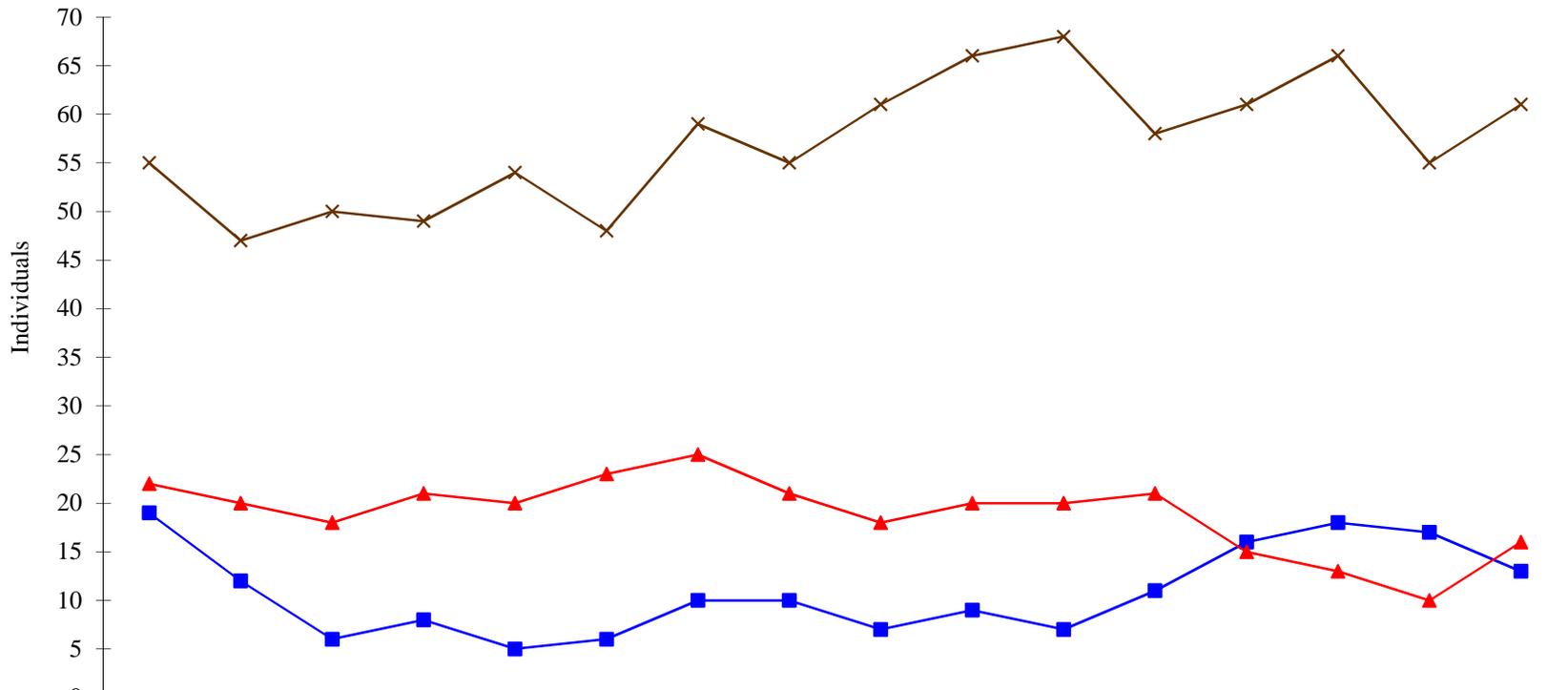
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2
Average LOS	165	164	163	163	164	156	175	156	169	162	165	182	181	175
■ 30 Days or Less	143	161	170	168	160	162	136	162	136	147	154	133	130	145
▲ 31 - 90 Days	84	80	81	82	90	82	100	78	91	101	87	84	78	71
✱ 91 - 365 Days	65	48	52	40	38	50	47	50	51	43	42	56	50	39
✱ 1 - 5 Years	27	27	24	27	26	24	26	24	24	23	21	21	17	21
● Over 5 Years	5	6	6	5	5	5	6	5	5	6	6	7	8	7

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



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

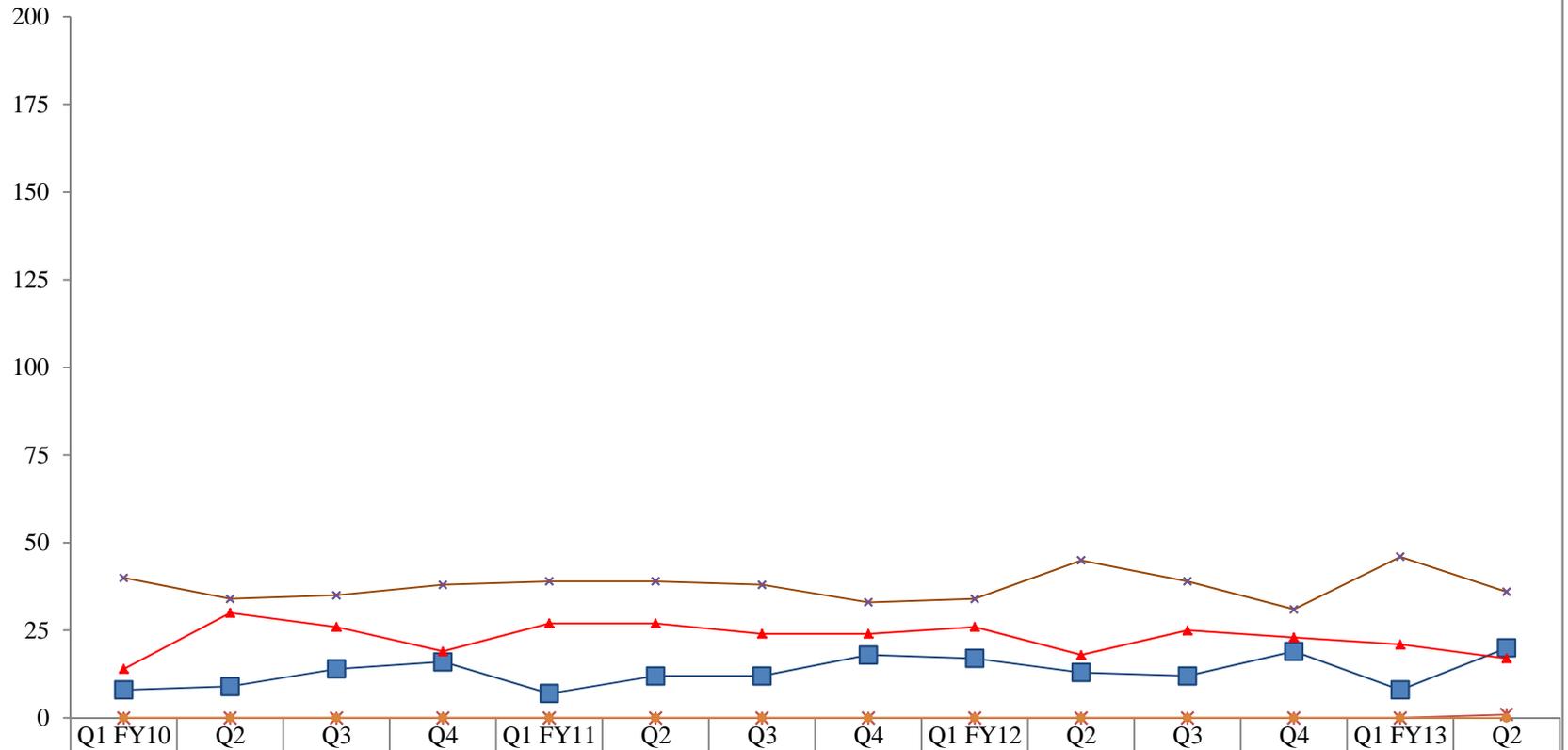
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	6/08-5/09	9/08-8/09	12/08-11/09	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
Average LOS	125	120	138	128	138	132	132	124	142	138	137	128	134	135	123	134
■ 30 Days or Less	19	12	6	8	5	6	10	10	7	9	7	11	16	18	17	13
▲ 31-90 Days	22	20	18	21	20	23	25	21	18	20	20	21	15	13	10	16
× 91-365 Days	55	47	50	49	54	48	59	55	61	66	68	58	61	66	55	61

**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:**

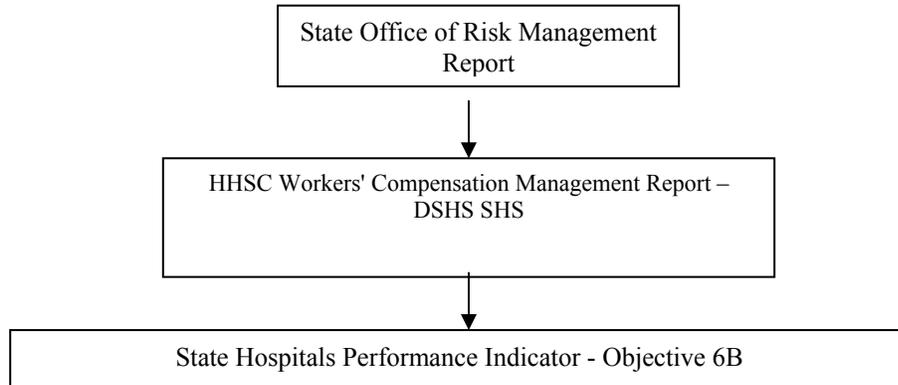
**Maintain workers' compensation claim expense per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.**

**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:**

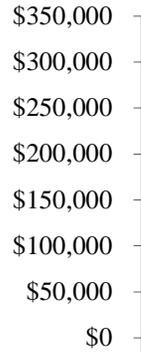
- ◆ Chart with monthly data points of claim expenses for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of cost per FTE for individual state hospitals and system-wide.

### **Data Flow:**



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

**Worker's Compensation Monthly Expenditures**



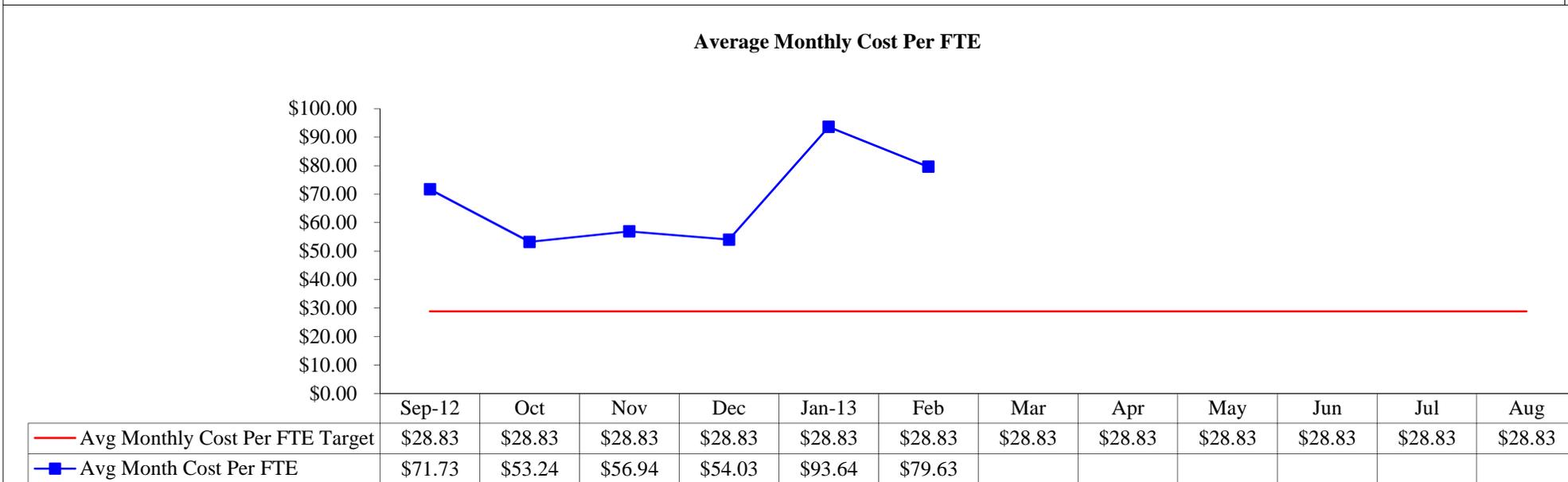
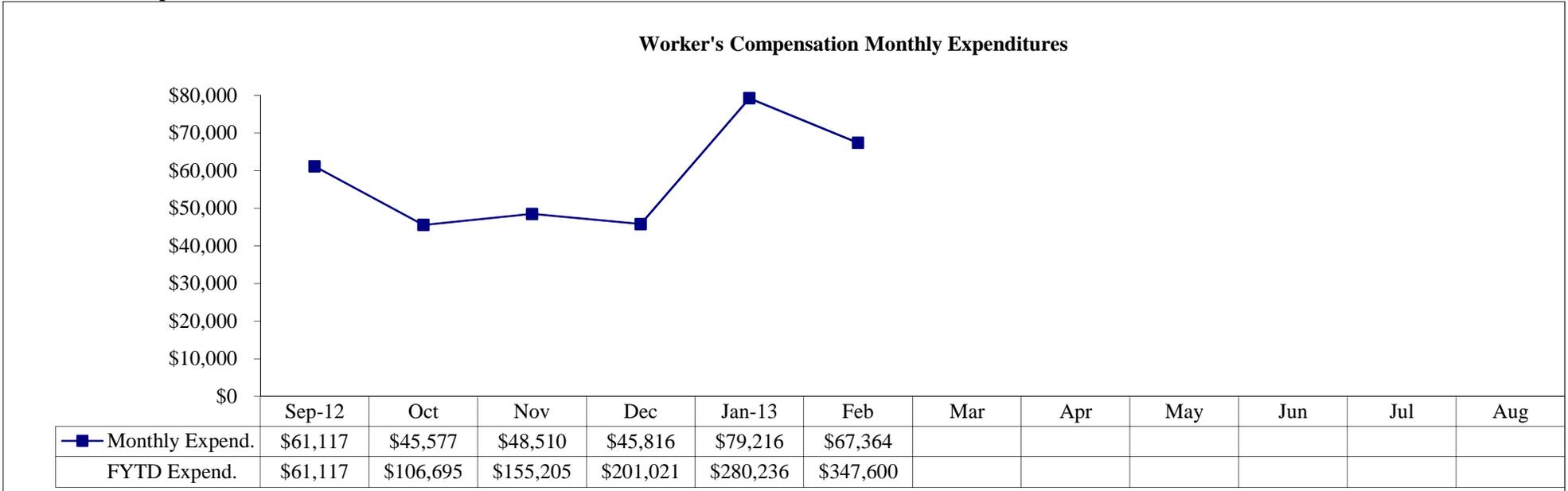
	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$281,961	\$269,845	\$288,454	\$269,001	\$302,540	\$259,026						
FYTD Expend.	\$281,961	\$551,806	\$840,260	\$1,109,262	\$1,411,801	\$1,670,828						

**Average Monthly Cost Per FTE**



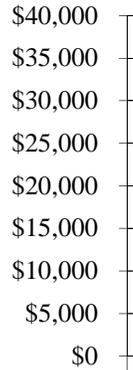
	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
Avg Monthly Cost Per FTE	\$36.32	\$34.64	\$37.05	\$34.56	\$38.87	\$33.18						

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



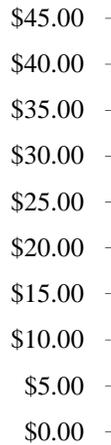
**Objective 6B - Workers Compensation  
Big Spring State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$22,908	\$17,966	\$22,311	\$11,730	\$23,042	\$12,954						
FYTD Expend.	\$22,908	\$40,874	\$63,185	\$74,916	\$97,958	\$110,912						

**Average Monthly Cost Per FTE**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
—■— Avg Month Cost Per FTE	\$41.13	\$31.80	\$39.63	\$20.95	\$41.22	\$23.17						

**Objective 6B - Workers Compensation**  
**El Paso Psychiatric Center**

**Worker's Compensation Monthly Expenditures**

\$60,000  
 \$55,000  
 \$50,000  
 \$45,000  
 \$40,000  
 \$35,000  
 \$30,000  
 \$25,000  
 \$20,000  
 \$15,000  
 \$10,000  
 \$5,000  
 \$0

	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$21,628	\$2,866	\$8,680	\$53,175	\$15,938	\$17,689						
FYTD Expend.	\$21,628	\$24,493	\$33,173	\$86,348	\$102,286	\$119,976						

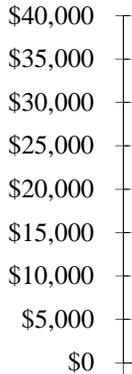
**Average Monthly Cost Per FTE**

\$250.00  
 \$200.00  
 \$150.00  
 \$100.00  
 \$50.00  
 \$0.00

	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
■ Avg Month Cost Per FTE	\$86.86	\$11.55	\$35.14	\$215.28	\$64.79	\$67.26						

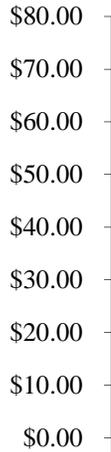
**Objective 6B - Workers Compensation  
Kerrville State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$10,433	\$22,688	\$19,608	\$39,100	\$11,418	\$31,549						
FYTD Expend.	\$10,433	\$33,122	\$52,730	\$91,830	\$103,248	\$134,797						

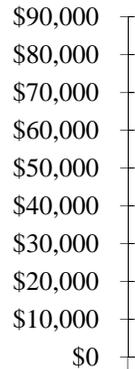
**Average Monthly Cost Per FTE**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
Avg Month Cost Per FTE	\$19.95	\$42.65	\$37.00	\$73.77	\$21.54	\$59.53						

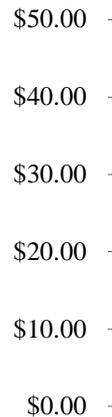
**Objective 6B - Workers Compensation**  
**North Texas State Hospital**

**Worker's Compensation Monthly Expenditures**



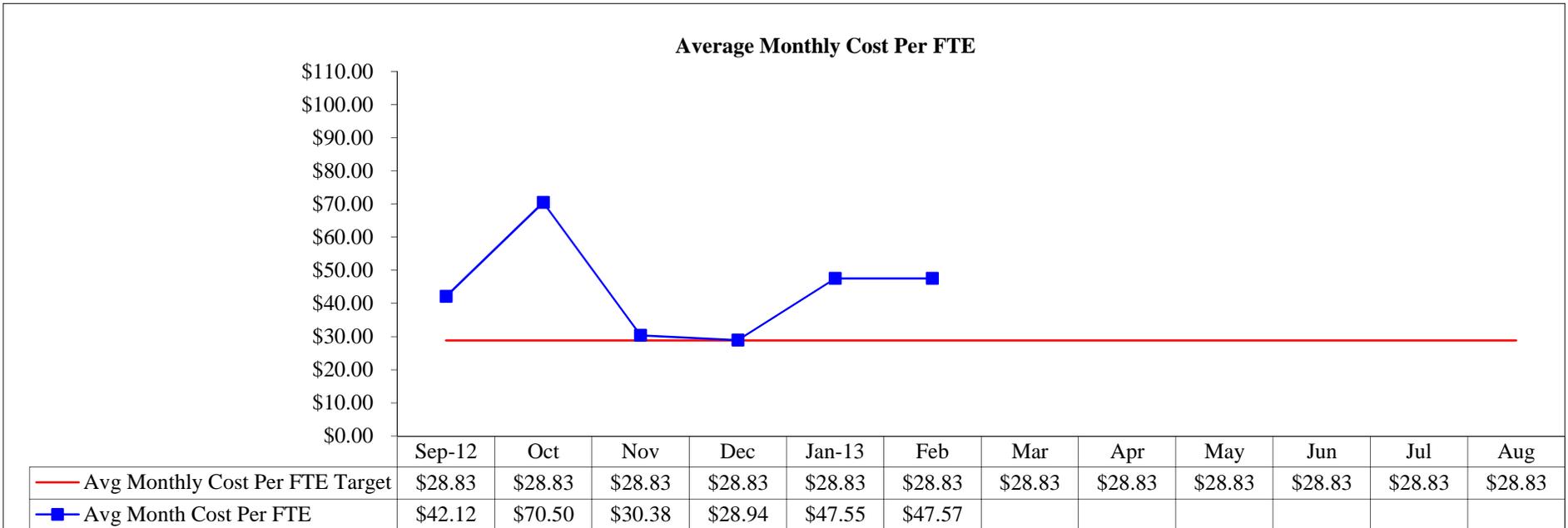
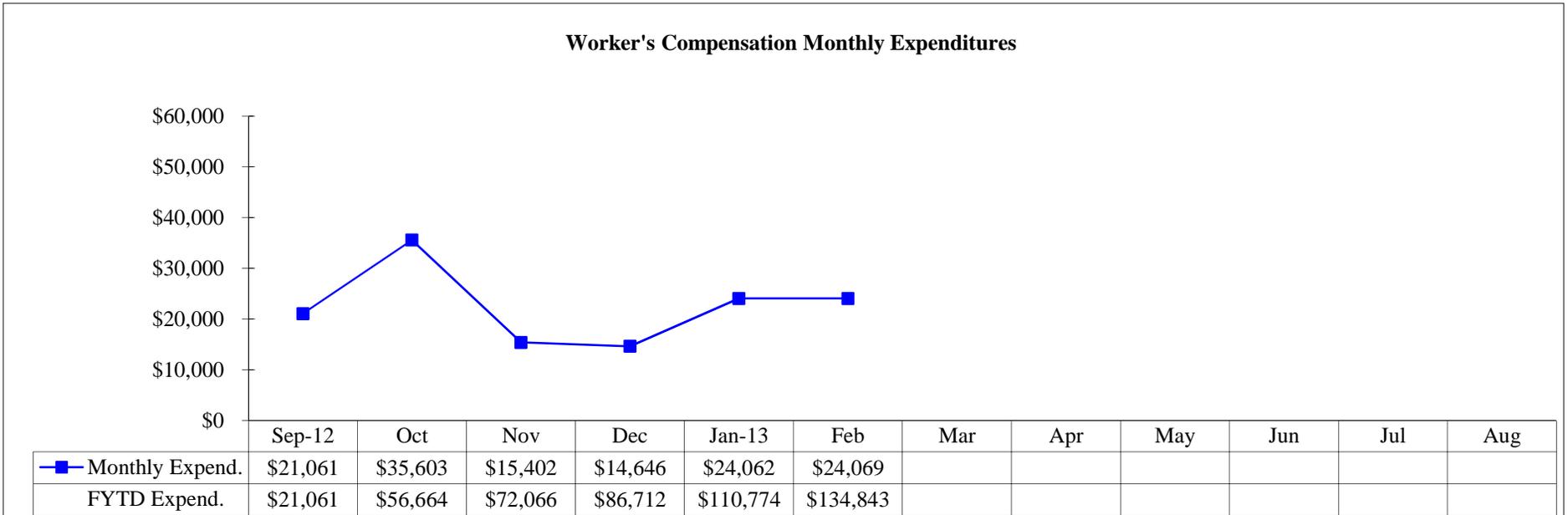
	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$52,699	\$58,855	\$44,792	\$29,692	\$29,585	\$26,093						
FYTD Expend.	\$52,699	\$111,554	\$156,346	\$186,038	\$215,623	\$241,716						

**Average Monthly Cost Per FTE**



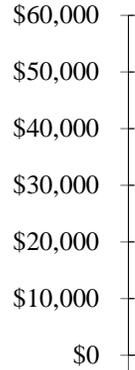
	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
—■— Avg Month Cost Per FTE	\$25.91	\$29.02	\$22.09	\$14.60	\$14.51	\$12.77						

**Objective 6B - Workers Compensation**  
**Rio Grande State Center**



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

**Worker's Compensation Monthly Expenditures**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$27,380	\$21,698	\$27,274	\$32,378	\$32,828	\$17,213						
FYTD Expend.	\$27,380	\$49,077	\$76,351	\$108,728	\$141,556	\$158,770						

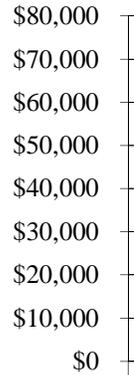
**Average Monthly Cost Per FTE**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
—■— Avg Month Cost Per FTE	\$28.91	\$22.84	\$28.71	\$34.08	\$34.59	\$18.14						

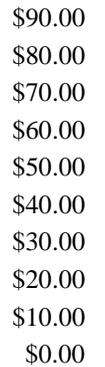
**Objective 6B - Workers Compensation  
San Antonio State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$30,097	\$30,349	\$68,120	\$14,779	\$37,005	\$19,338						
FYTD Expend.	\$30,097	\$60,445	\$128,565	\$143,344	\$180,349	\$199,687						

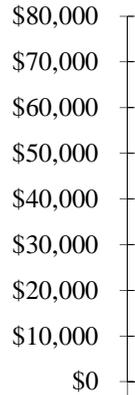
**Average Monthly Cost Per FTE**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
—■— Avg Month Cost Per FTE	\$35.79	\$36.17	\$81.29	\$17.61	\$44.00	\$22.97						

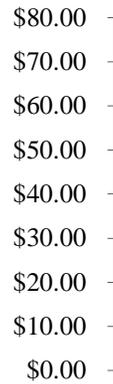
**Objective 6B - Workers Compensation  
Terrell State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$31,682	\$30,370	\$29,151	\$25,373	\$47,573	\$38,589						
FYTD Expend.	\$31,682	\$62,052	\$91,204	\$116,577	\$164,150	\$202,738						

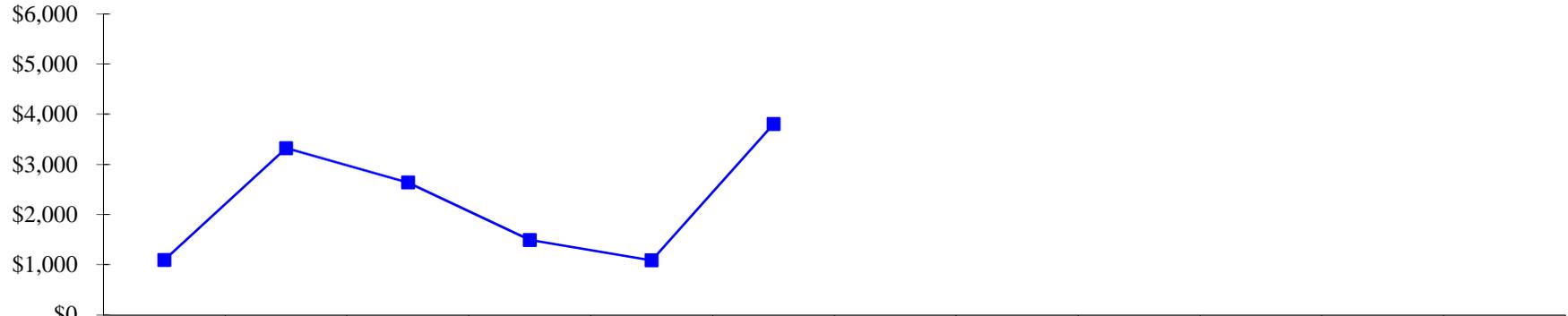
**Average Monthly Cost Per FTE**



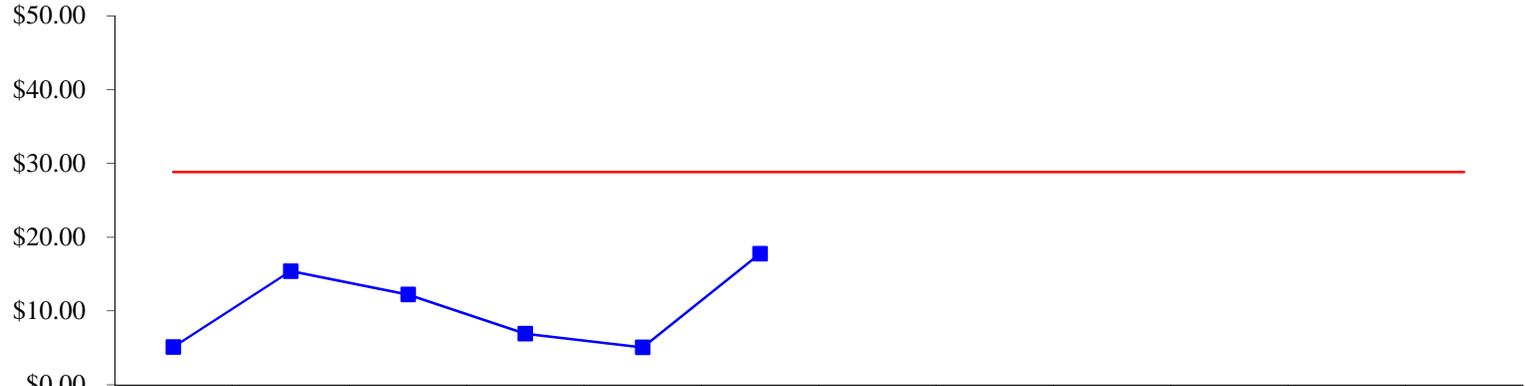
	Sep-12	Oct	Nov	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83	\$28.83
—■— Avg Month Cost Per FTE	\$35.72	\$34.01	\$32.54	\$28.32	\$53.15	\$43.12						

**Objective 6B - Workers Compensation  
Waco Center for Youth**

**Worker's Compensation Monthly Expenditures**

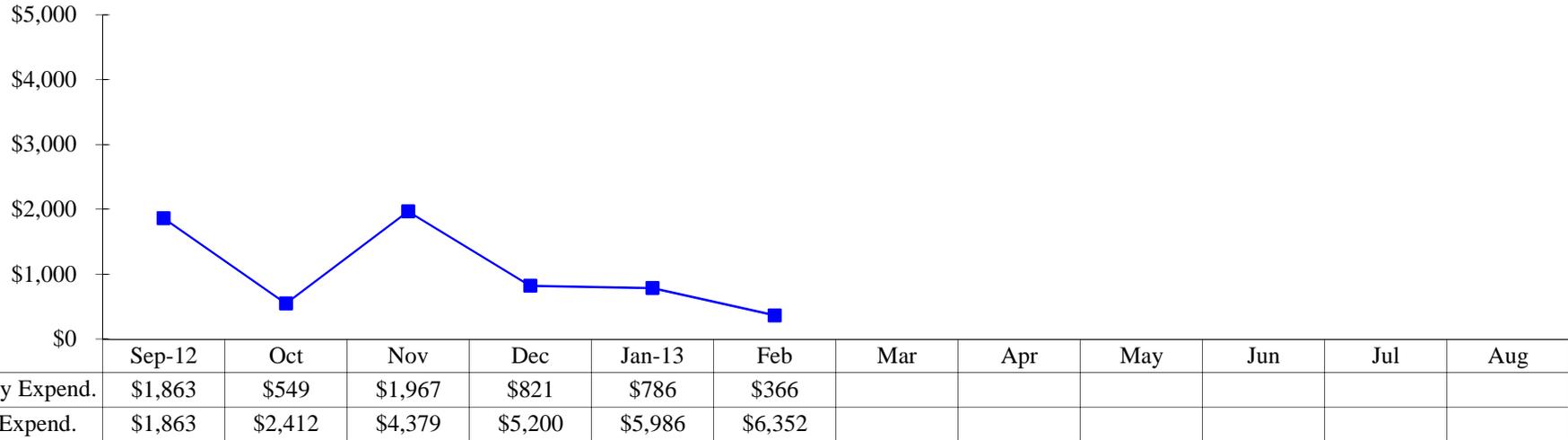


**Average Monthly Cost Per FTE**

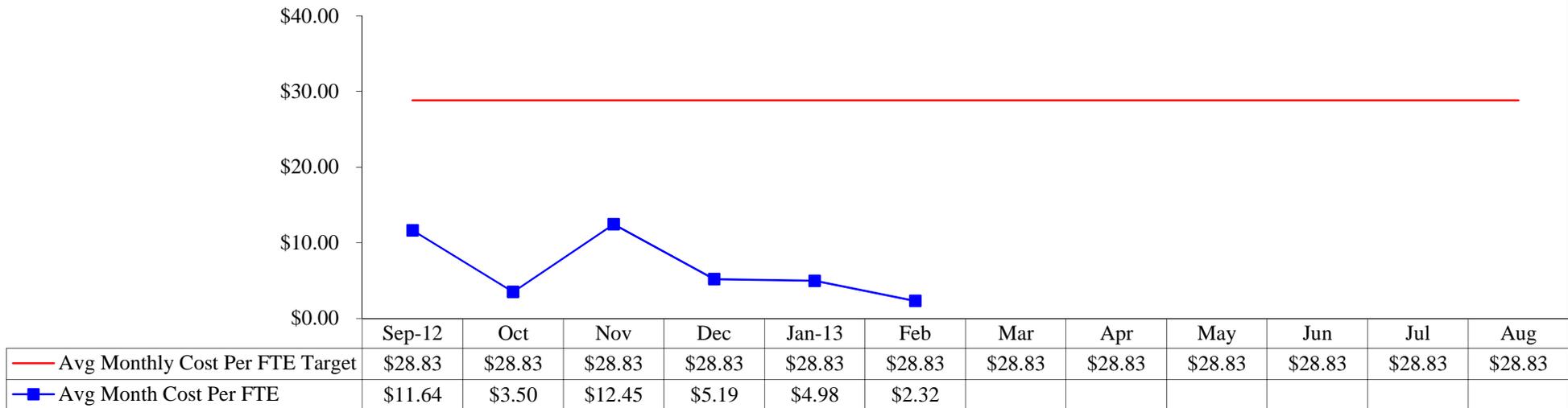


**Objective 6B - Workers Compensation  
Texas Center for Infectious Disease**

**Worker's Compensation Monthly Expenditures**



**Average Monthly Cost Per FTE**



**Performance Objective 6C:**

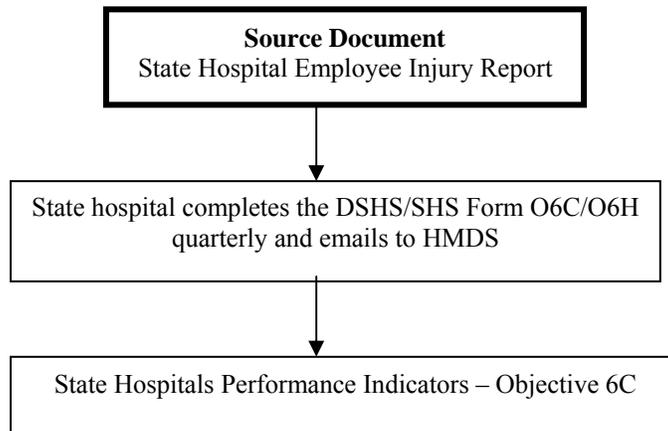
**Reduce employee injuries resulting in a workers' compensation claim with a goal of zero.**

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

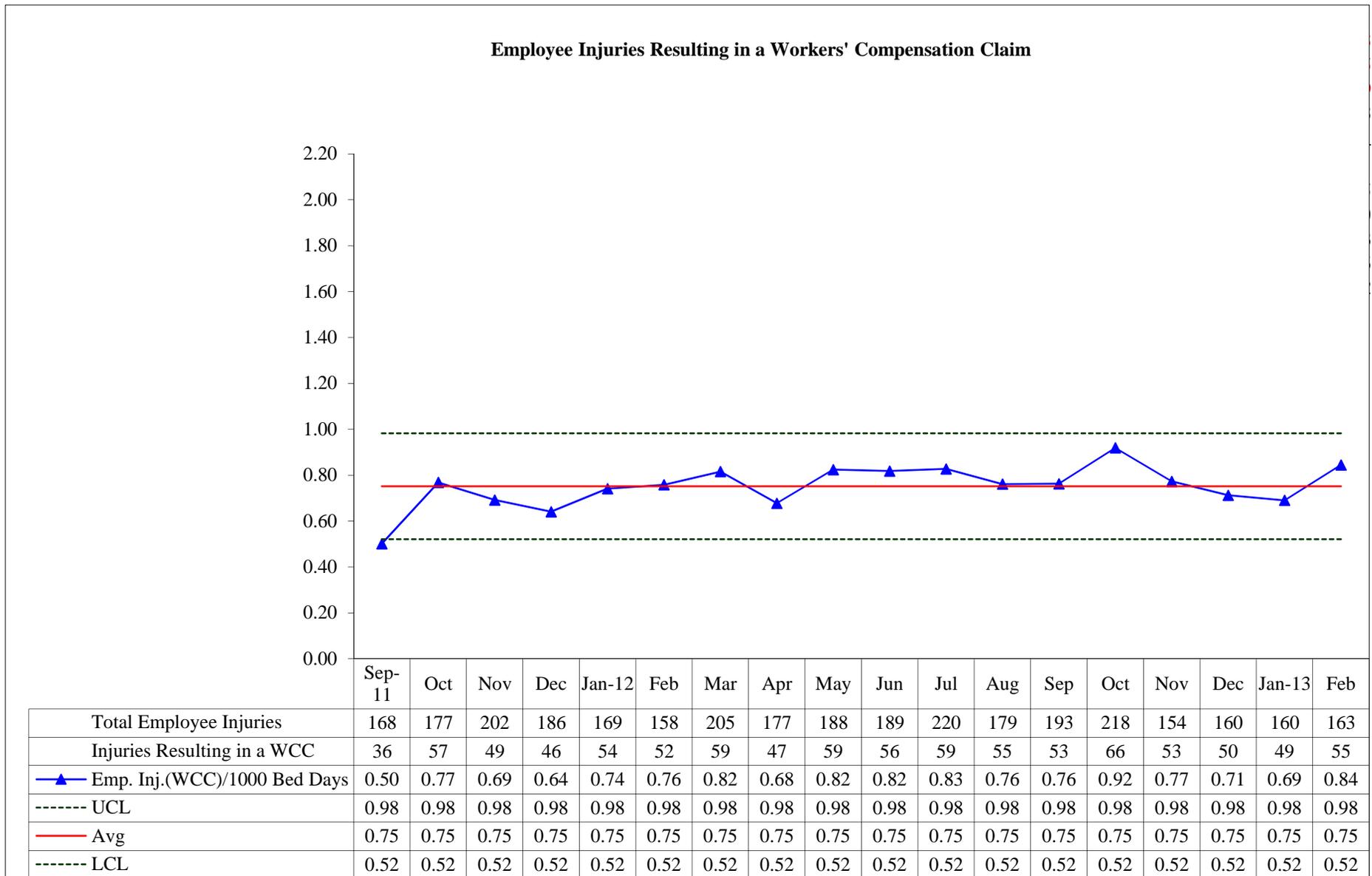
**Performance Objective Data Display and Chart Description:**

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:**

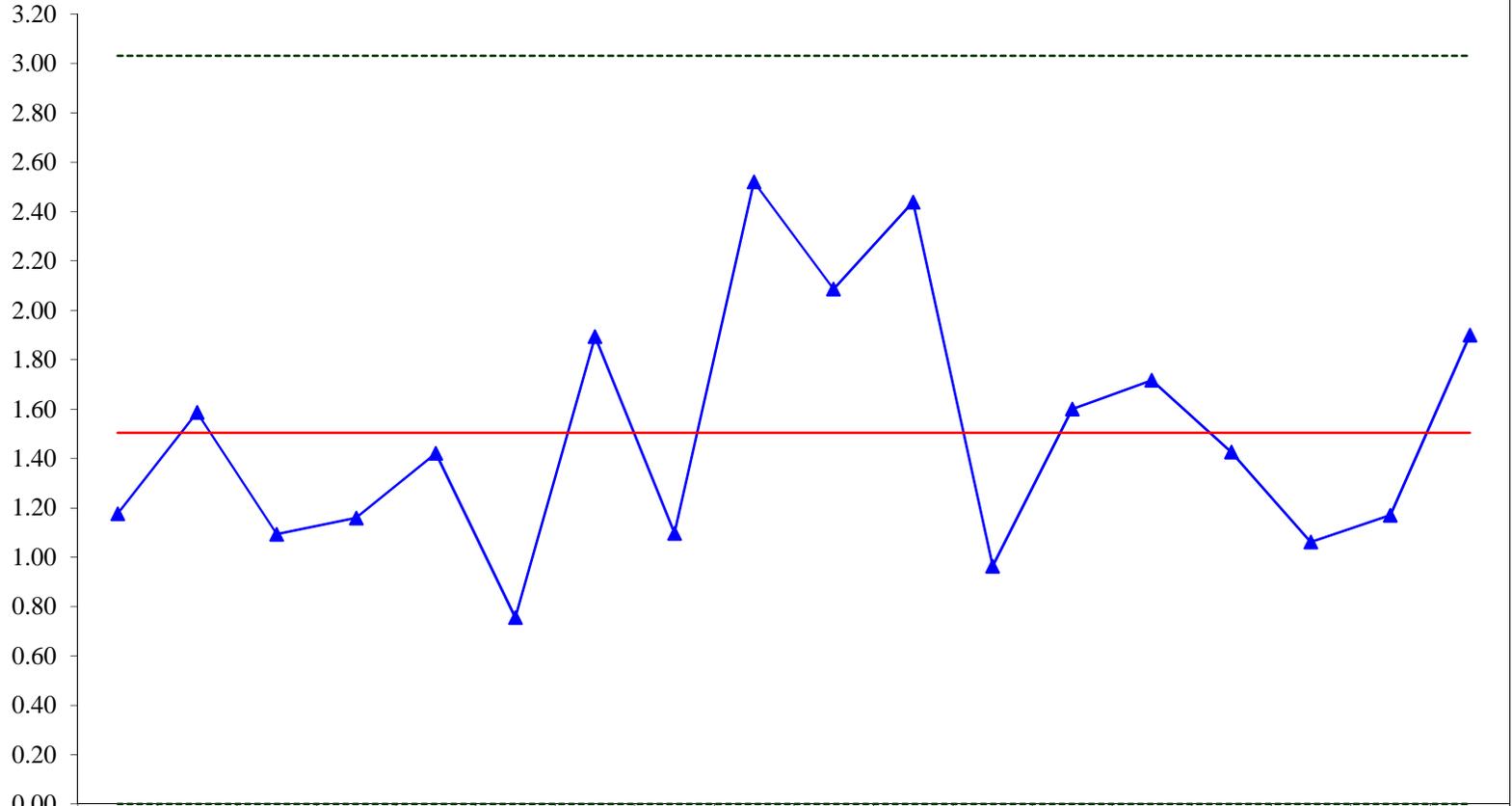


**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**All State Hospitals**



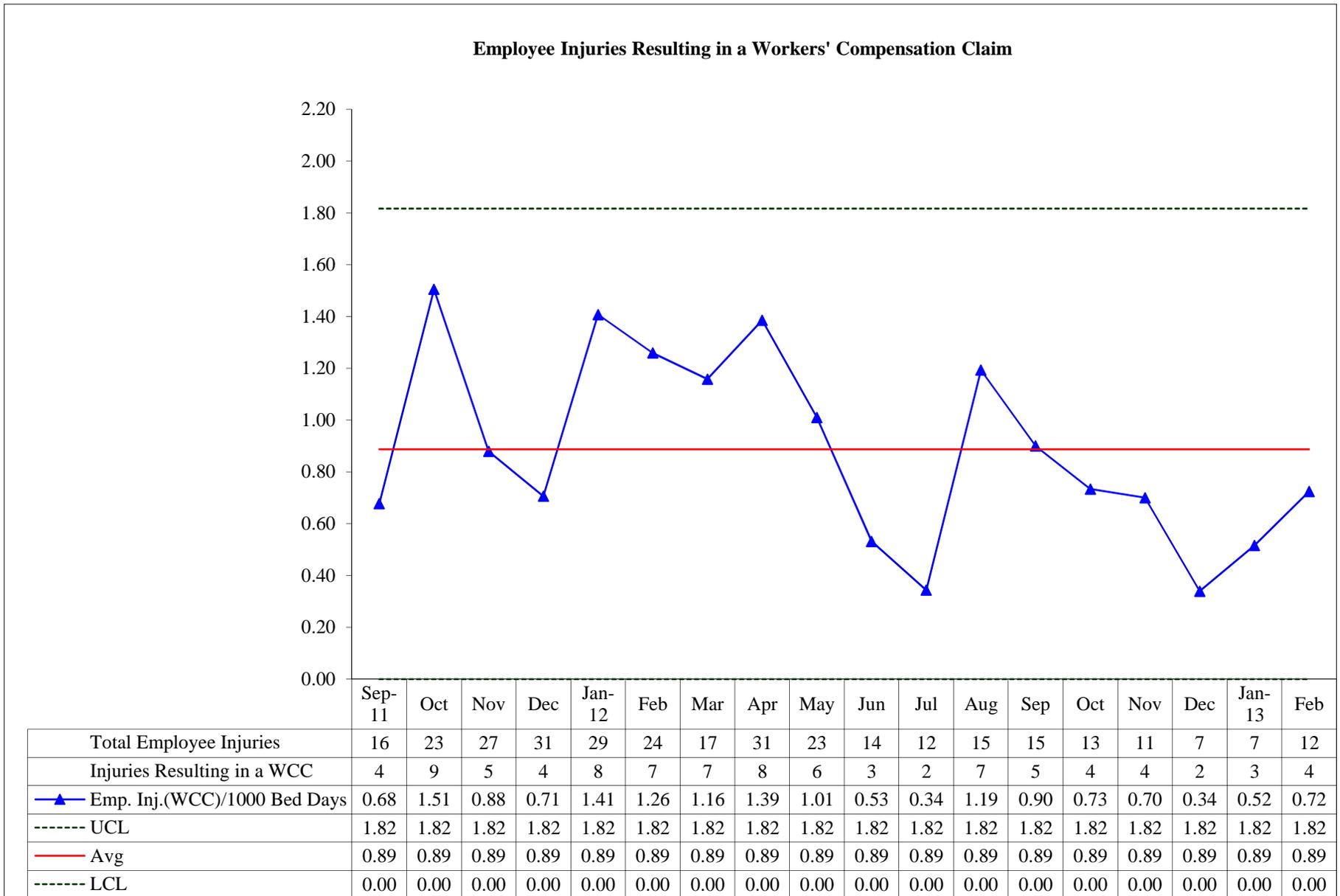
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**Austin State Hospital**

**Employee Injuries Resulting in a Workers' Compensation Claim**



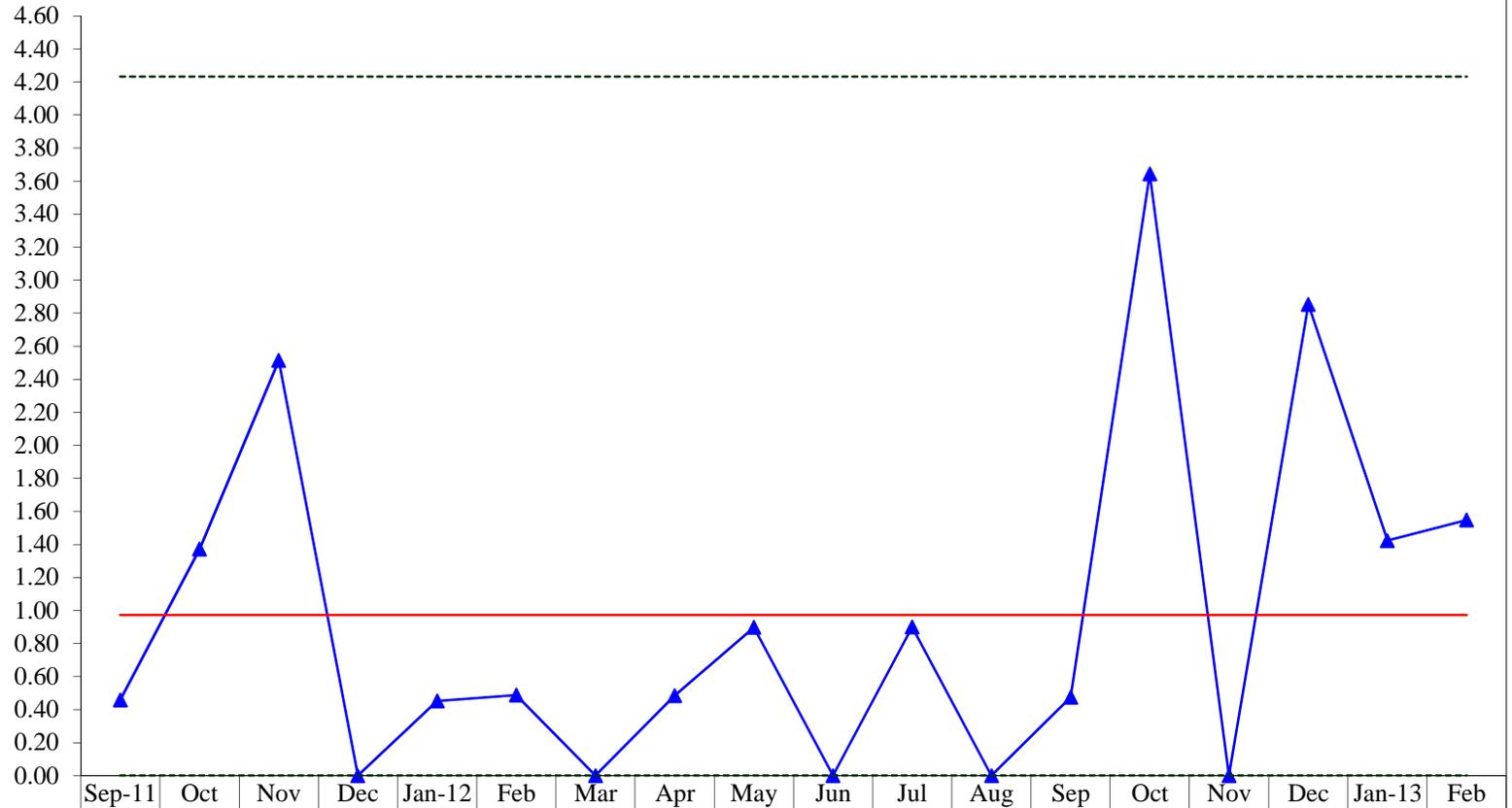
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb	
Total Employee Injuries	11	16	21	10	17	7	16	9	21	17	21	8	13	14	11	9	10	14	
Injuries Resulting in a WCC	10	14	9	9	12	6	16	9	21	17	21	8	13	14	11	9	10	14	
▲ Emp. Inj.(WCC)/1000 Bed Days	1.18	1.59	1.09	1.16	1.42	0.76	1.89	1.10	2.52	2.09	2.44	0.96	1.60	1.72	1.43	1.06	1.17	1.90	
----- UCL	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03
— Avg	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
----- 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	0.00

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



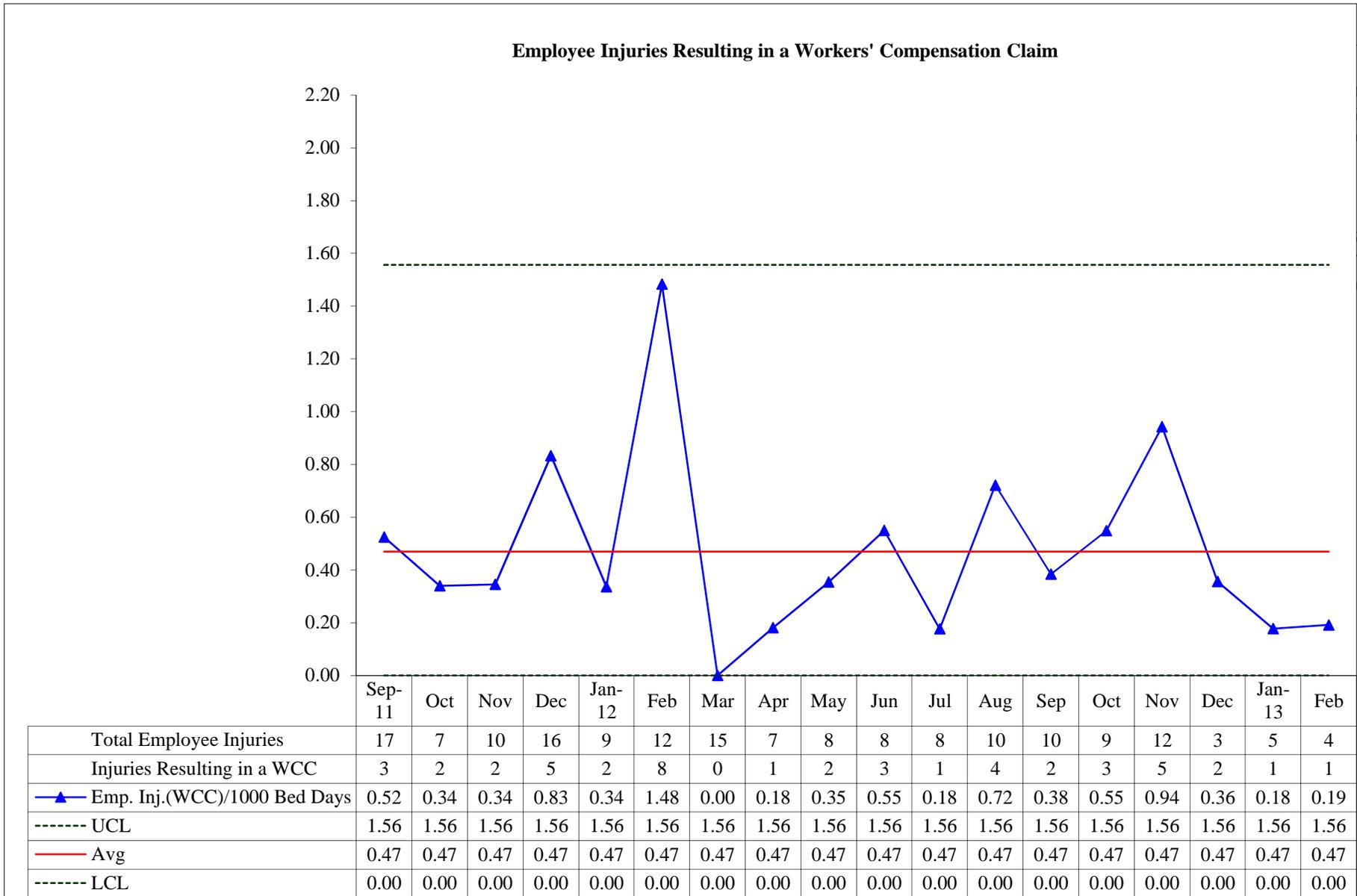
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**El Paso Psychiatric Center**

**Employee Injuries Resulting in a Workers' Compensation Claim**



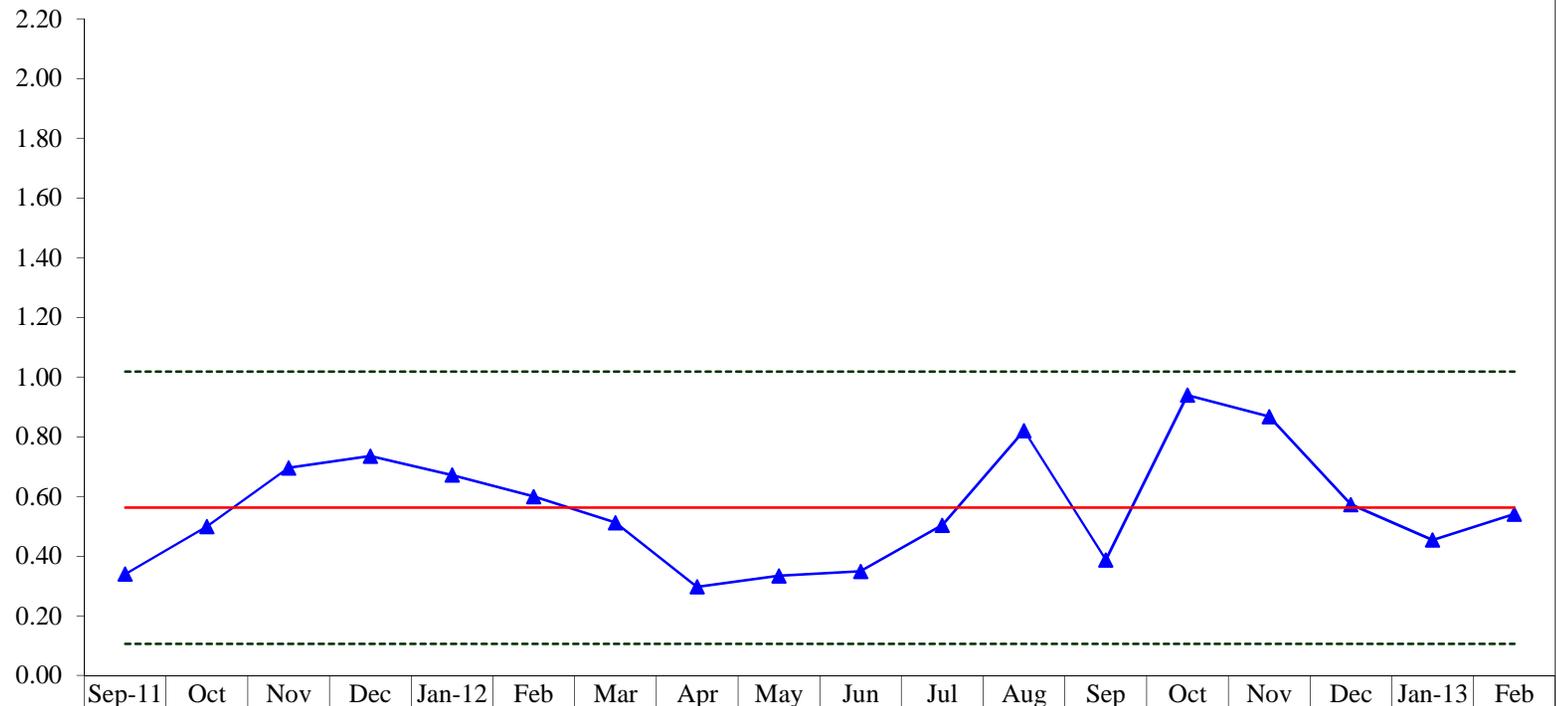
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	10	8	17	10	6	4	4	1	7	1	4	3	9	17	2	8	6	6
Injuries Resulting in a WCC	1	3	5	0	1	1	0	1	2	0	2	0	1	8	0	6	3	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.46	1.37	2.51	0.00	0.45	0.49	0.00	0.48	0.90	0.00	0.90	0.00	0.48	3.64	0.00	2.85	1.42	1.55
----- UCL	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23
----- Avg	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
----- 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**

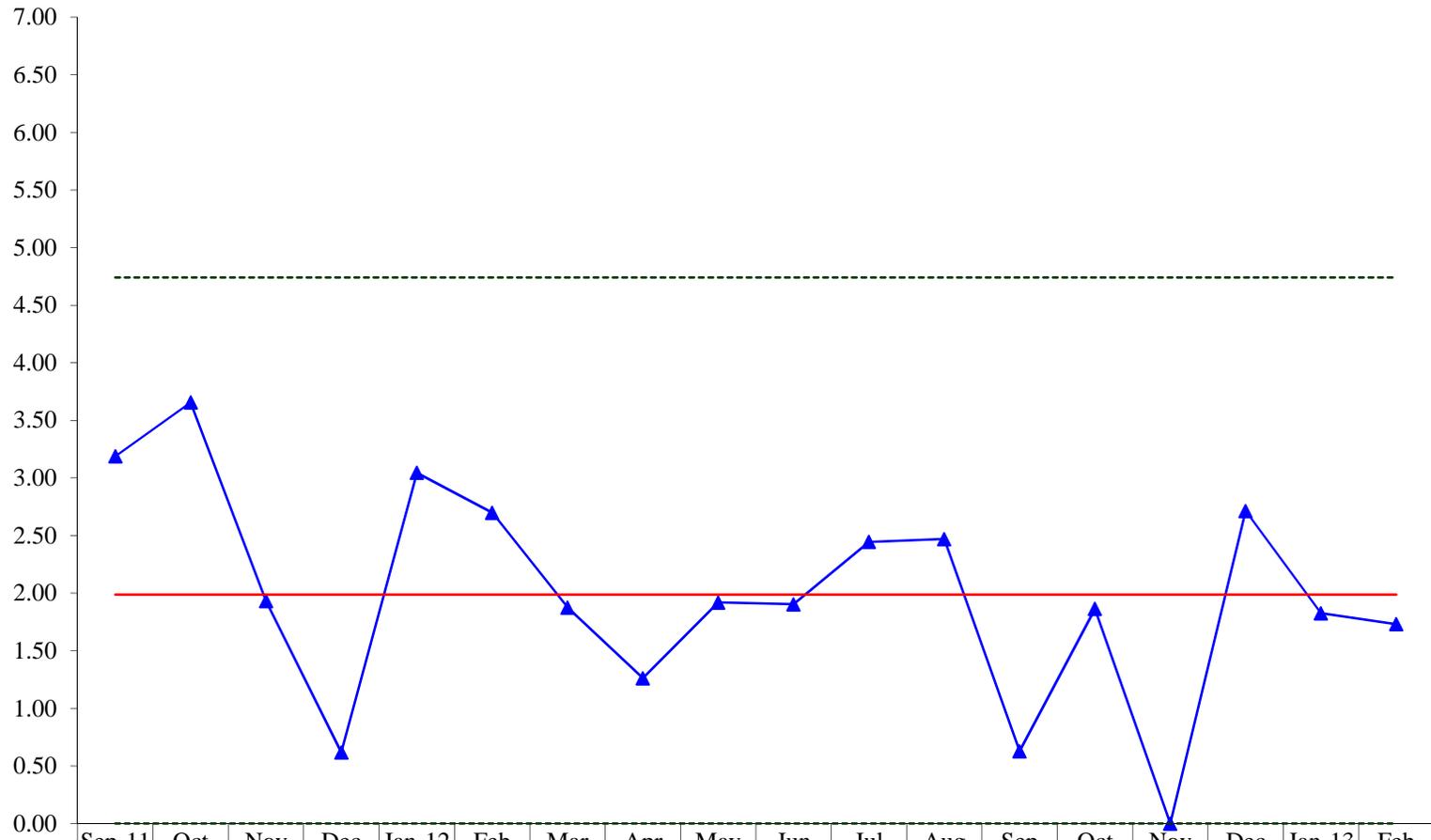
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	32	24	31	33	28	25	38	21	21	28	44	30	33	45	33	33	35	25
Injuries Resulting in a WCC	6	9	12	13	12	10	9	5	6	6	9	15	7	18	16	10	8	9
▲ Emp. Inj.(WCC)/1000 Bed Days	0.34	0.50	0.70	0.74	0.67	0.60	0.51	0.30	0.33	0.35	0.50	0.82	0.39	0.94	0.87	0.57	0.45	0.54
----- UCL	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
----- Avg	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56
----- LCL	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11

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

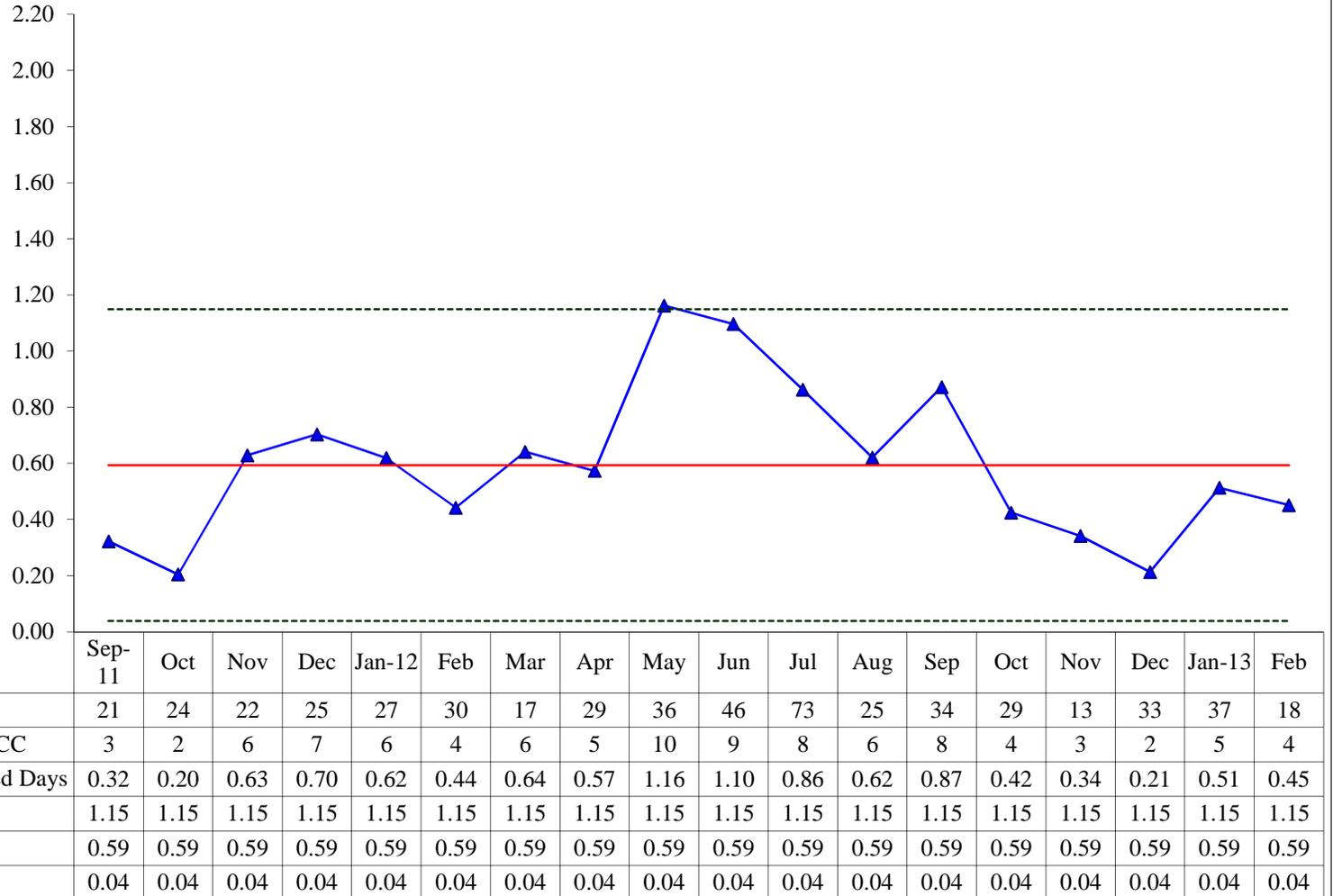
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	21	24	20	21	14	21	28	16	17	21	13	25	14	25	14	20	14	21
Injuries Resulting in a WCC	5	6	3	1	5	4	3	2	3	3	4	4	1	3	0	4	2	2
▲ Emp. Inj.(WCC)/1000 Bed Days	3.19	3.66	1.93	0.62	3.05	2.70	1.88	1.26	1.92	1.90	2.44	2.47	0.63	1.86	0.00	2.71	1.83	1.73
----- UCL	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74	4.74
----- Avg	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
----- 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

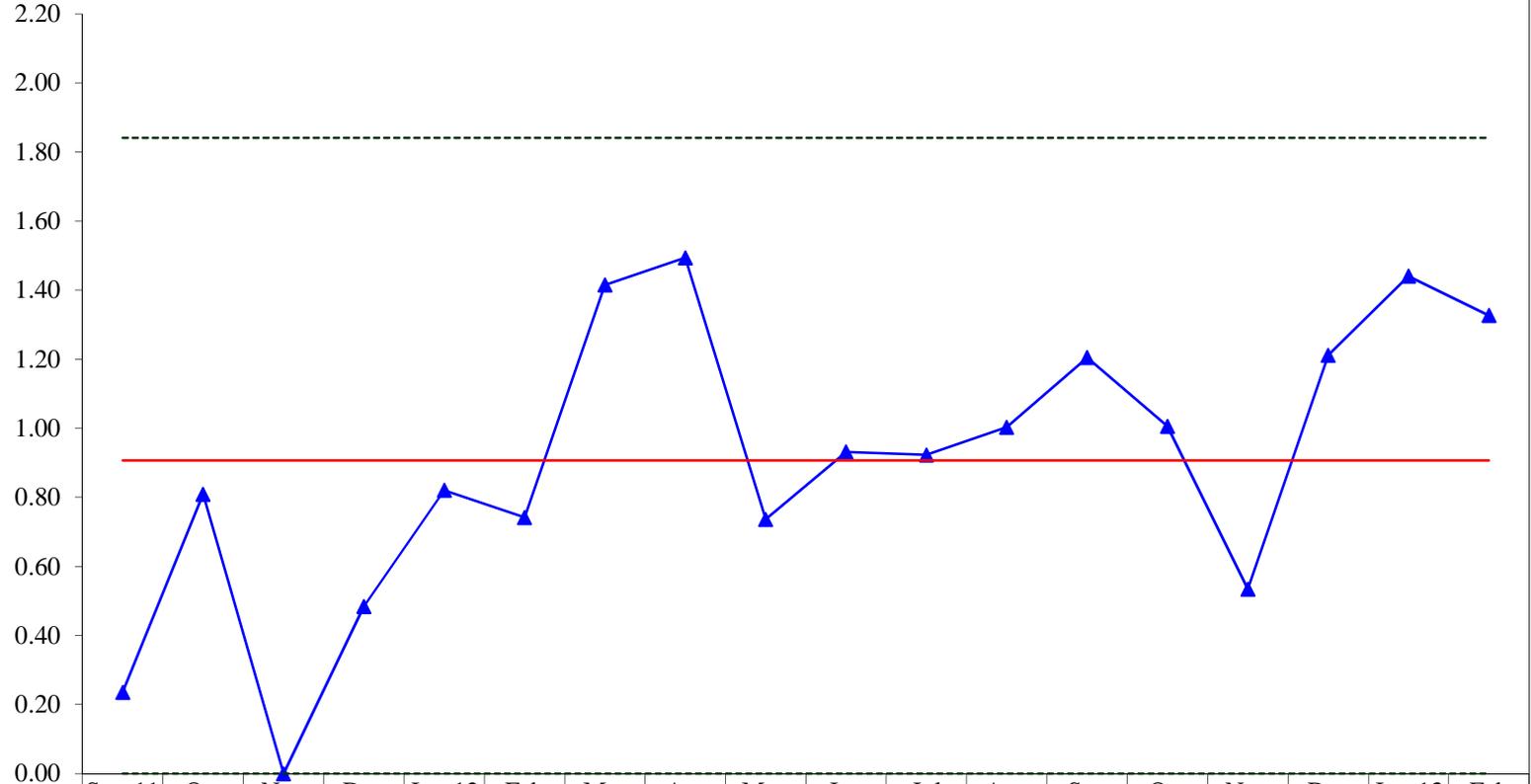
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**Rusk State Hospital**

**Employee Injuries Resulting in a Workers' Compensation Claim**



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

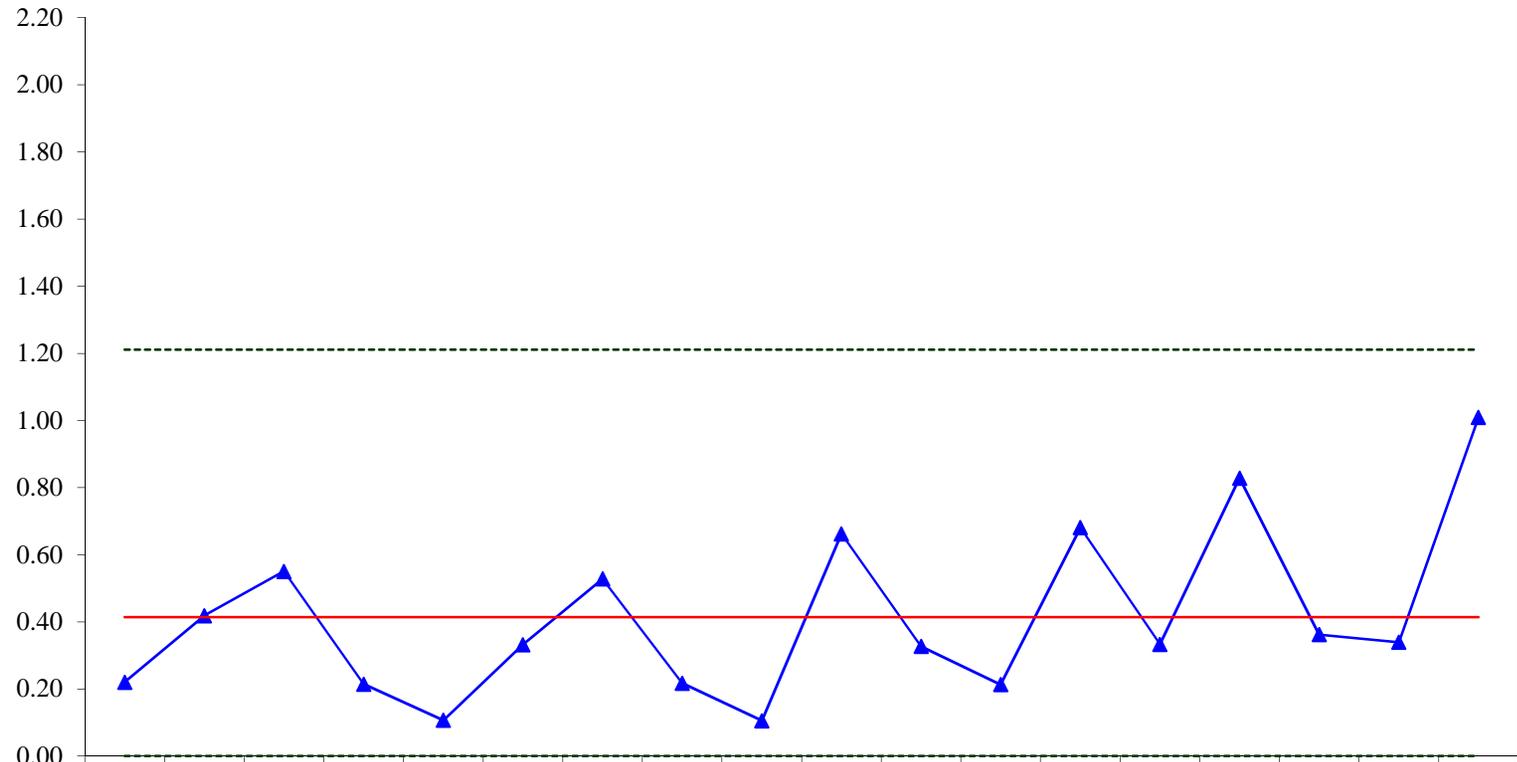
**Employee Injuries Resulting in a Workers' Compensation Claim**



Total Employee Injuries	13	17	15	12	11	15	29	22	25	23	26	28	22	24	22	19	24	29
Injuries Resulting in a WCC	2	7	0	4	7	6	12	12	6	7	7	8	9	8	4	10	12	10
----- UCL	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84	1.84
----- 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  
Terrell State Hospital**

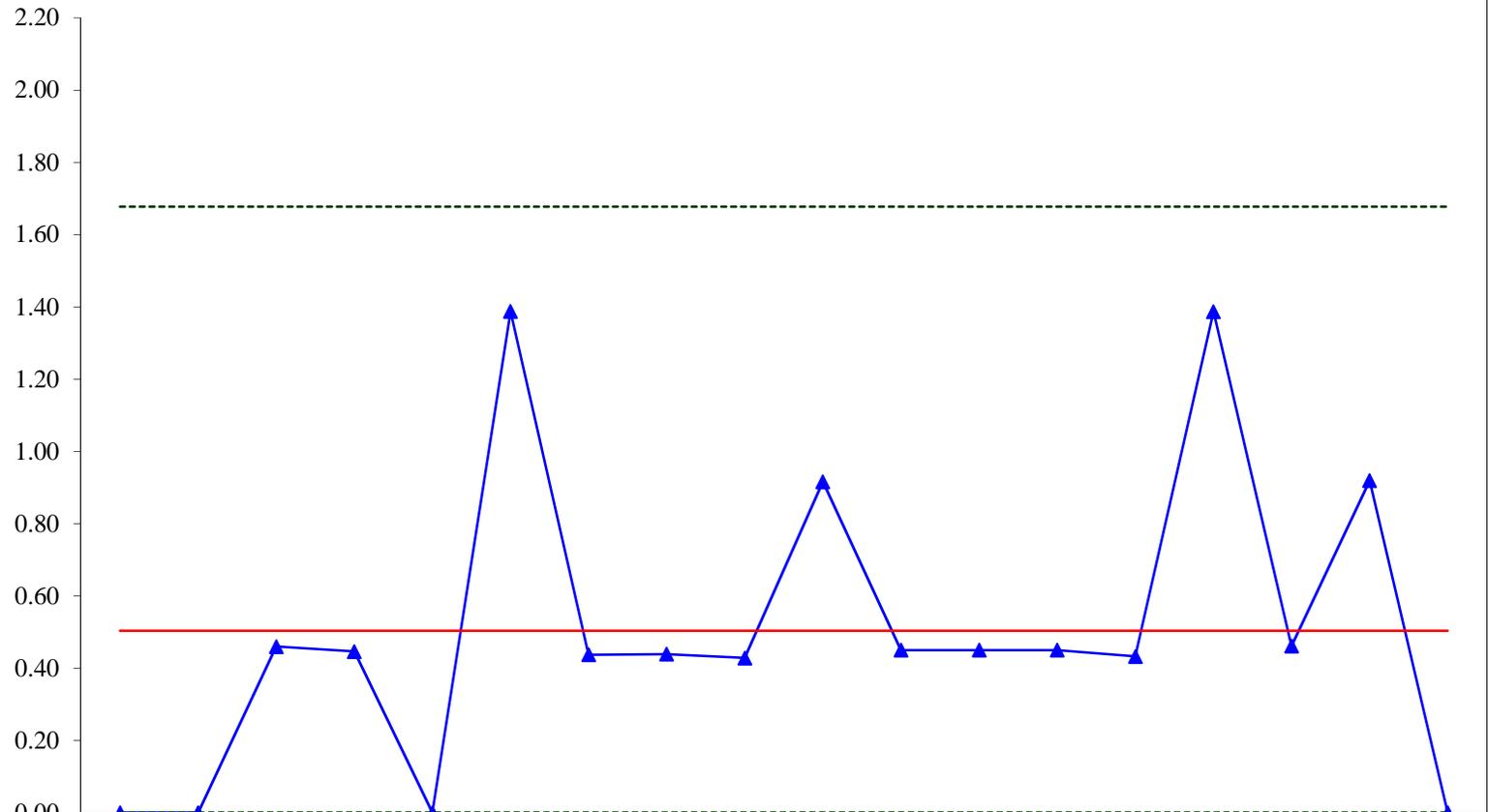
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	22	27	34	22	28	15	33	35	23	25	16	31	40	37	29	24	19	34
Injuries Resulting in a WCC	2	4	5	2	1	3	5	2	1	6	3	2	6	3	7	3	3	8
▲ Emp. Inj.(WCC)/1000 Bed Days	0.22	0.42	0.55	0.21	0.11	0.33	0.53	0.22	0.11	0.66	0.33	0.21	0.68	0.33	0.83	0.36	0.34	1.01
----- UCL	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
----- Avg	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41
----- 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**

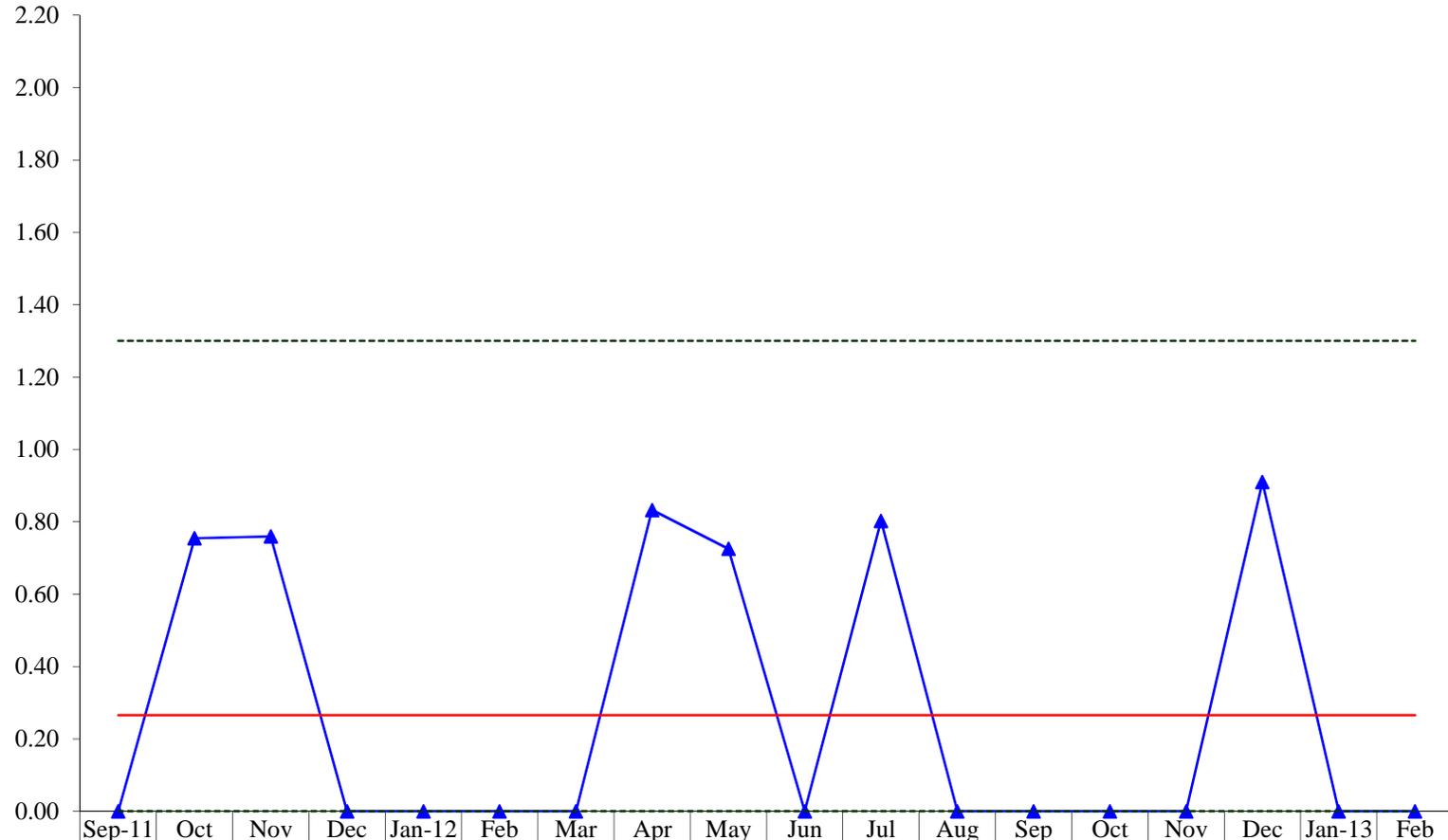
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	4	6	2	4	0	5	7	5	5	6	2	4	3	4	7	2	3	0
Injuries Resulting in a WCC	0	0	1	1	0	3	1	1	1	2	1	1	1	1	3	1	2	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.00	0.46	0.45	0.00	1.39	0.44	0.44	0.43	0.92	0.45	0.45	0.45	0.43	1.39	0.46	0.92	0.00
----- UCL	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68
— Avg	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
----- 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**



Total Employee Injuries	1	1	3	2	0	0	1	1	2	0	1	0	0	1	0	2	0	0
Injuries Resulting in a WCC	0	1	1	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.75	0.76	0.00	0.00	0.00	0.00	0.83	0.73	0.00	0.80	0.00	0.00	0.00	0.00	0.91	0.00	0.00
----- UCL	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30
----- Avg	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27
----- 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 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:  $R=(N/D) \times 1000$**

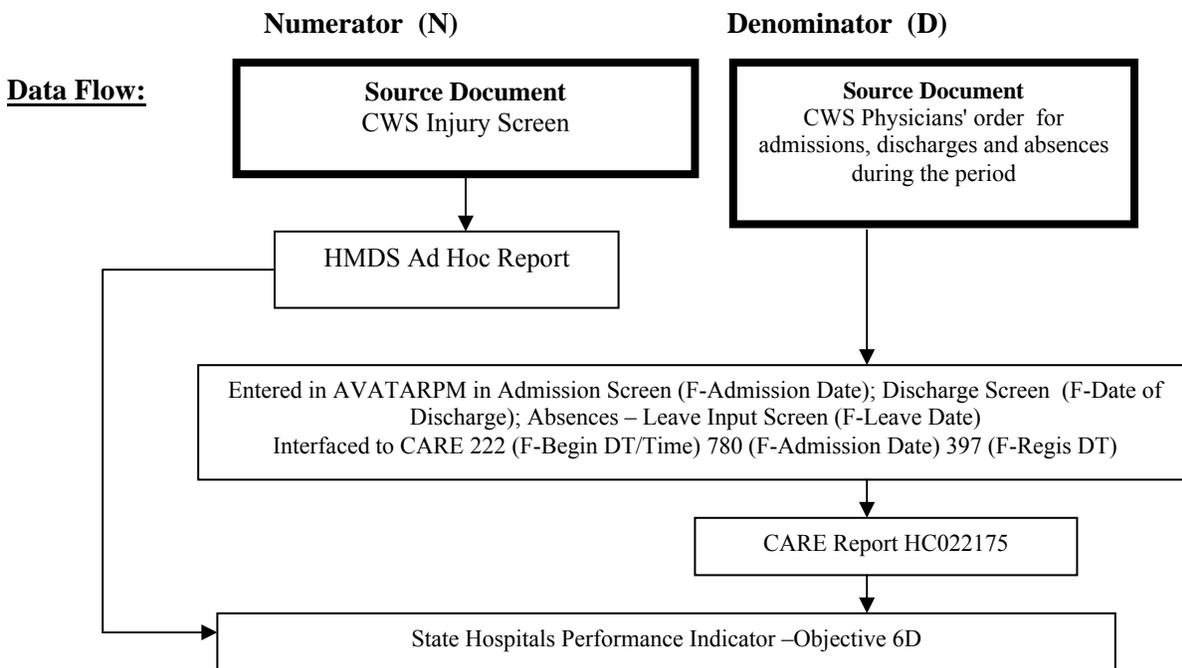
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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	
<b>All State MH Hospitals</b>																													
Restraint	1	52	47	4	0	0	<b>104</b>	2	52	58	3	0	0	<b>115</b>															
Seclusion	0	1	1	0	0	0	<b>2</b>	0	1	3	0	0	0	<b>4</b>															
<b>Total</b>	<b>1</b>	<b>53</b>	<b>48</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>106</b>	<b>2</b>	<b>53</b>	<b>61</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>119</b>															
Per 1000 Beddays							<b>0.5</b>							<b>0.6</b>															

**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:**  $R = (N/D) \times 1,000$

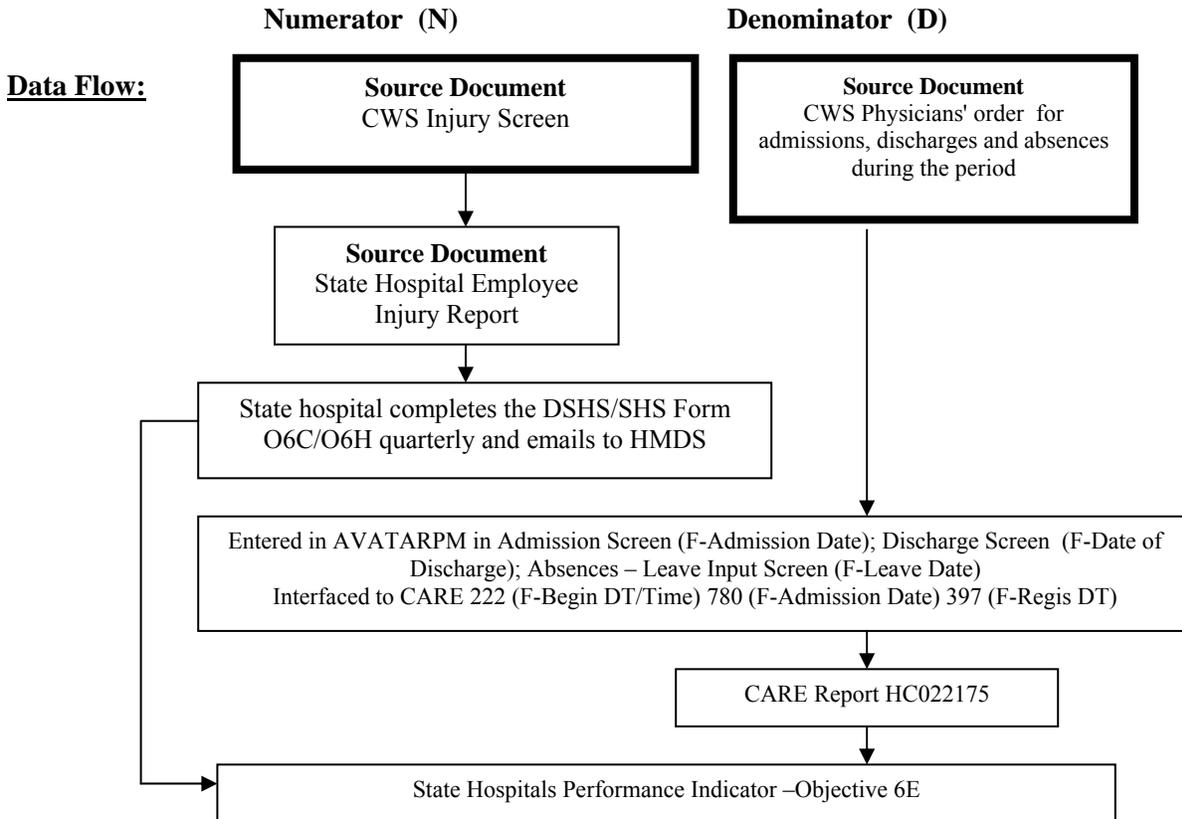
R = rate of employees injured by patient aggression per 1000 bed days per month

N = number of employees injured by patient aggression per month

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

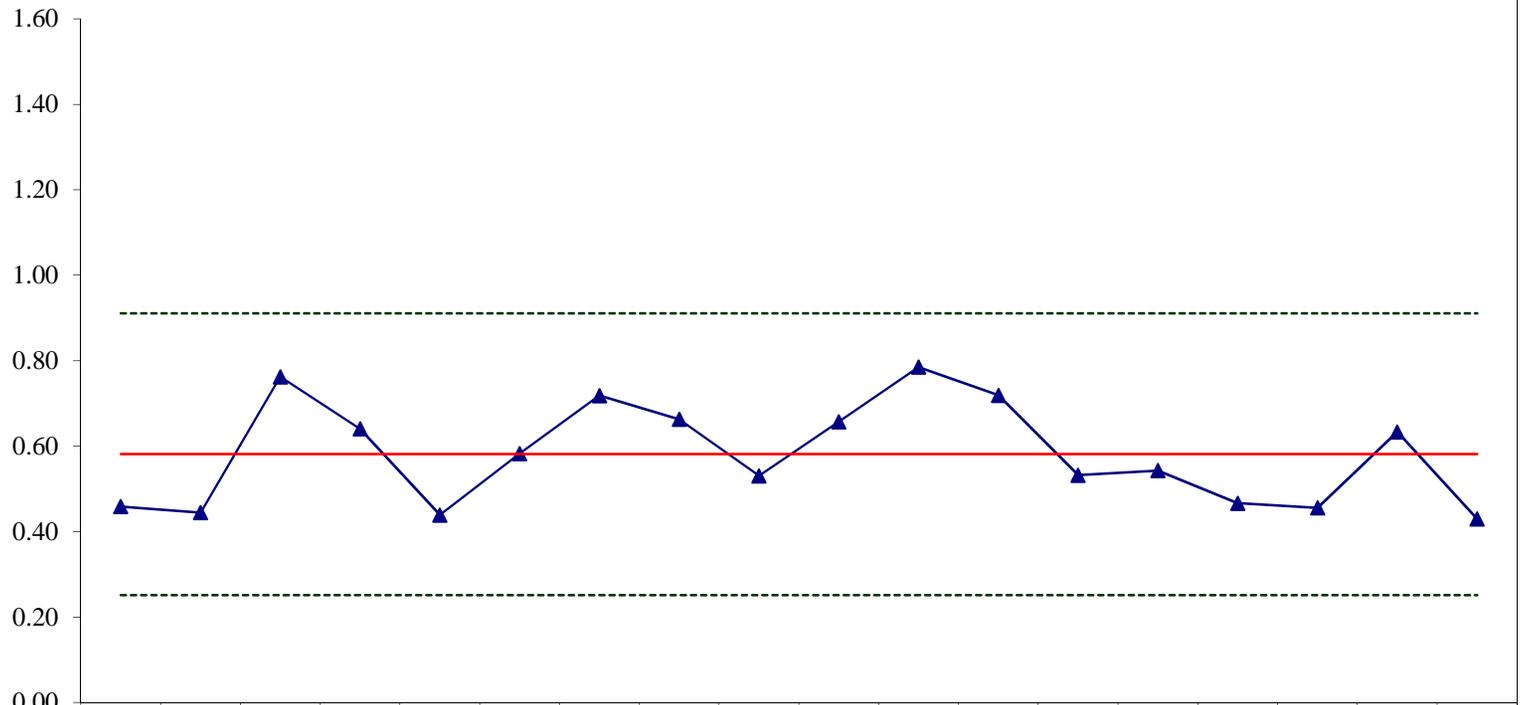
**Performance Objective Data Display and Chart Description:**

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



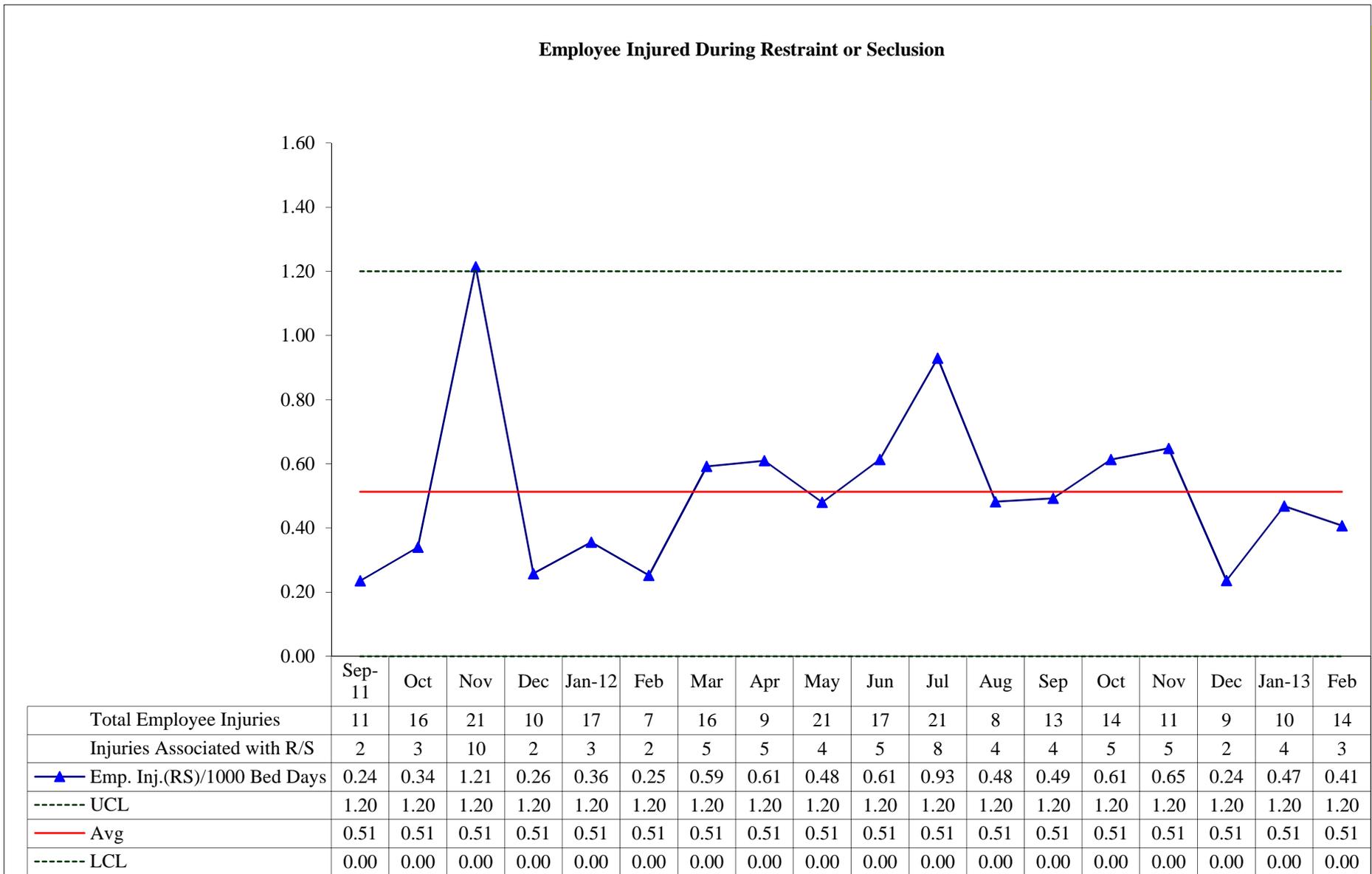
**Objective 6E - Employees Injuries Resulted by Patient Aggression  
All State Hospitals**

**Employee Injured During Restraint or Seclusion**



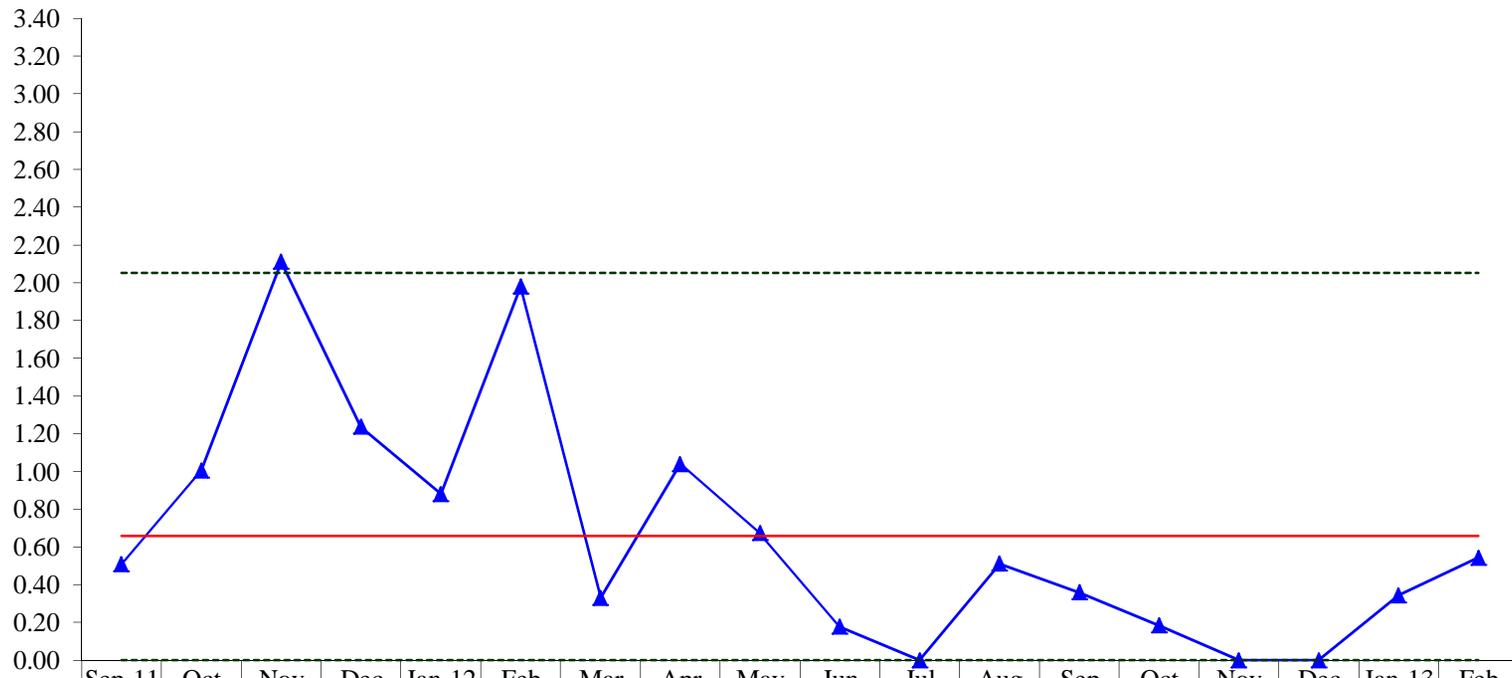
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	168	177	202	186	169	158	205	177	188	189	220	179	193	218	154	160	160	163
Injuries Associated with R/S	33	33	54	46	32	40	52	46	38	45	56	52	37	39	32	32	45	28
▲ Emp. Inj.(RS)/1000 Bed Days	0.46	0.44	0.76	0.64	0.44	0.58	0.72	0.66	0.53	0.66	0.79	0.72	0.53	0.54	0.47	0.46	0.63	0.43
----- UCL	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91
— Avg	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
- - - - - 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**



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

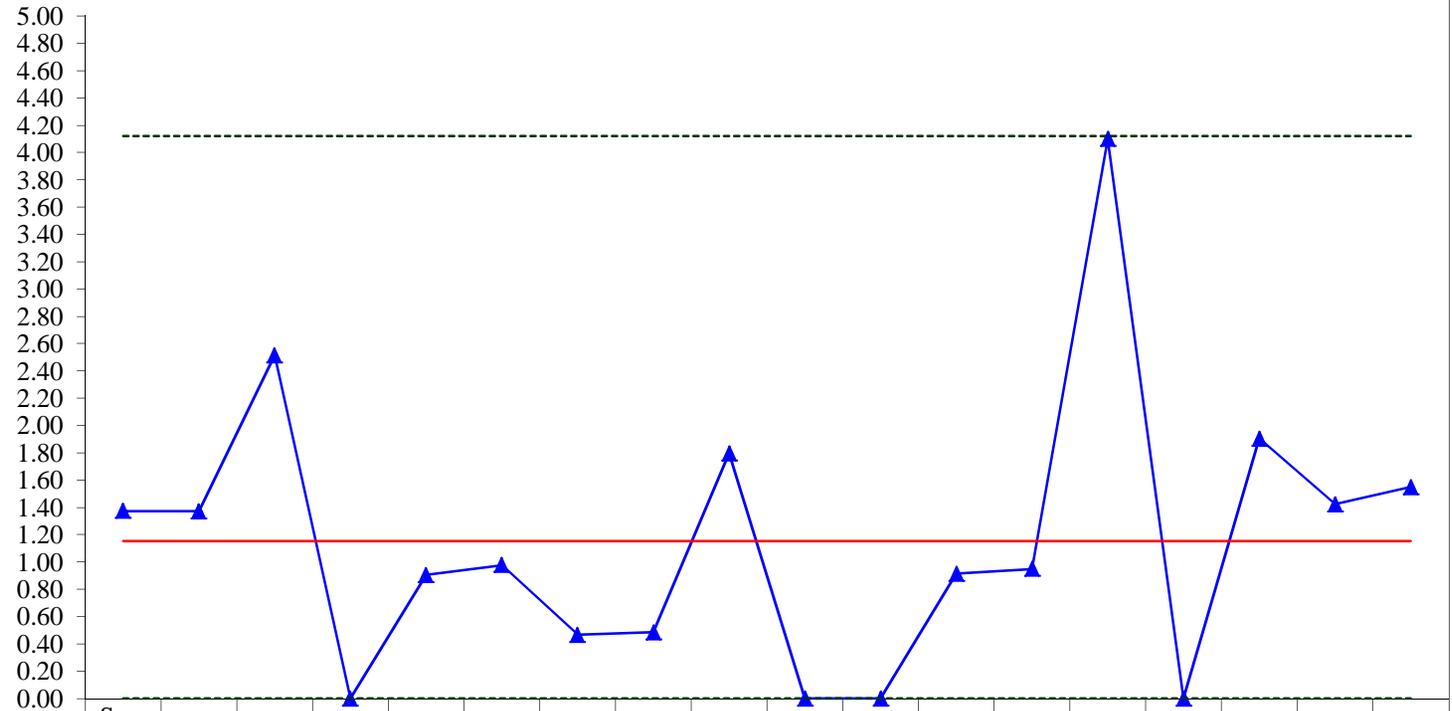
**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	16	23	27	31	29	24	17	31	23	14	12	15	15	13	11	7	7	12
Injuries Associated with R/S	3	6	12	7	5	11	2	6	4	1	0	3	2	1	0	0	2	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.51	1.00	2.11	1.24	0.88	1.98	0.33	1.04	0.67	0.18	0.00	0.51	0.36	0.18	0.00	0.00	0.34	0.54
----- UCL	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05
— Avg	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66
----- 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**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	10	8	17	10	6	4	4	1	7	1	4	3	9	17	2	8	6	6
Injuries Associated with R/S	3	3	5	0	2	2	1	1	4	0	0	2	2	9	0	4	3	3
▲ Emp. Inj.(RS)/1000 Bed Days	1.37	1.37	2.51	0.00	0.91	0.98	0.47	0.48	1.80	0.00	0.00	0.91	0.95	4.10	0.00	1.90	1.42	1.55
----- UCL	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
----- Avg	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
----- 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**

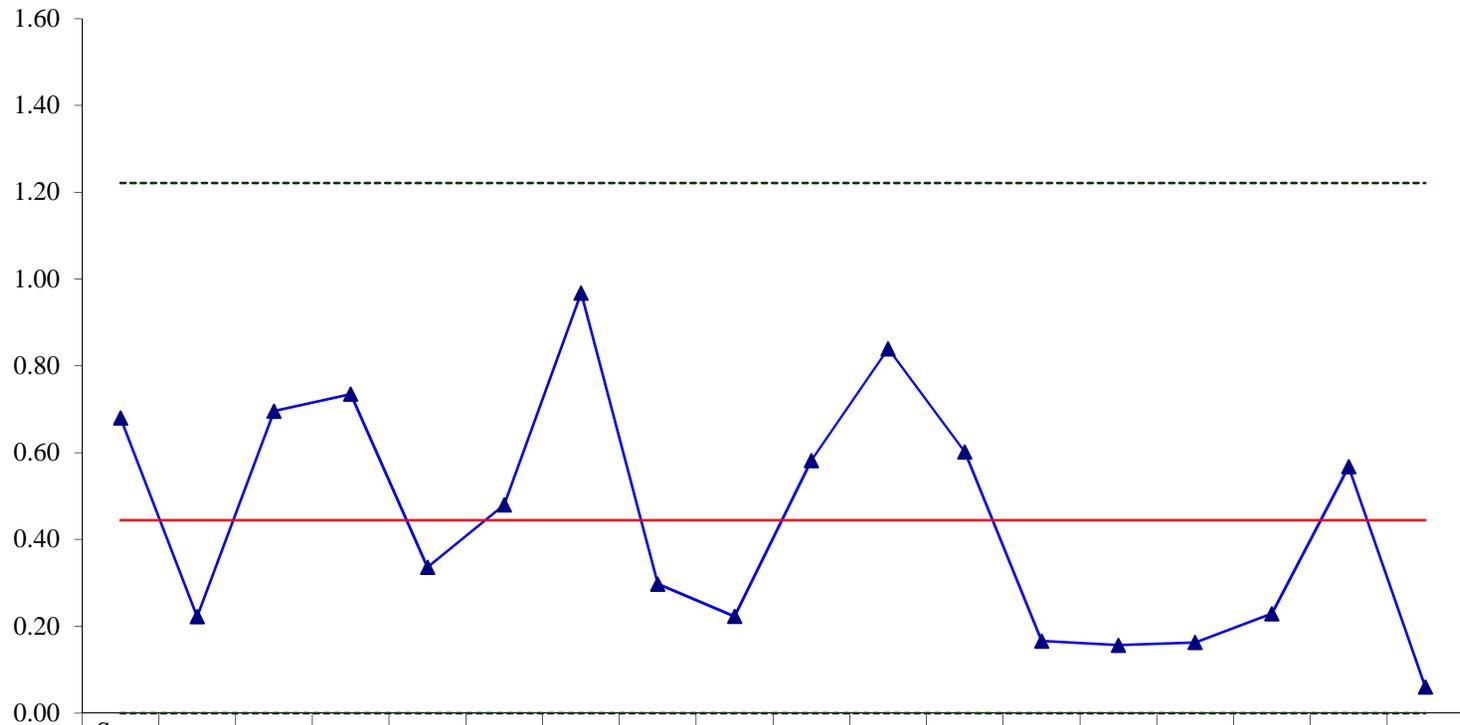
**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	17	7	10	16	9	12	15	7	8	8	8	10	10	9	12	3	5	4
Injuries Associated with R/S	1	1	4	7	2	1	4	1	0	1	1	0	0	0	1	0	0	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.17	0.17	0.69	1.17	0.34	0.19	0.69	0.18	0.00	0.18	0.18	0.00	0.00	0.00	0.19	0.00	0.00	0.38
----- UCL	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93
----- Avg	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
----- 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**

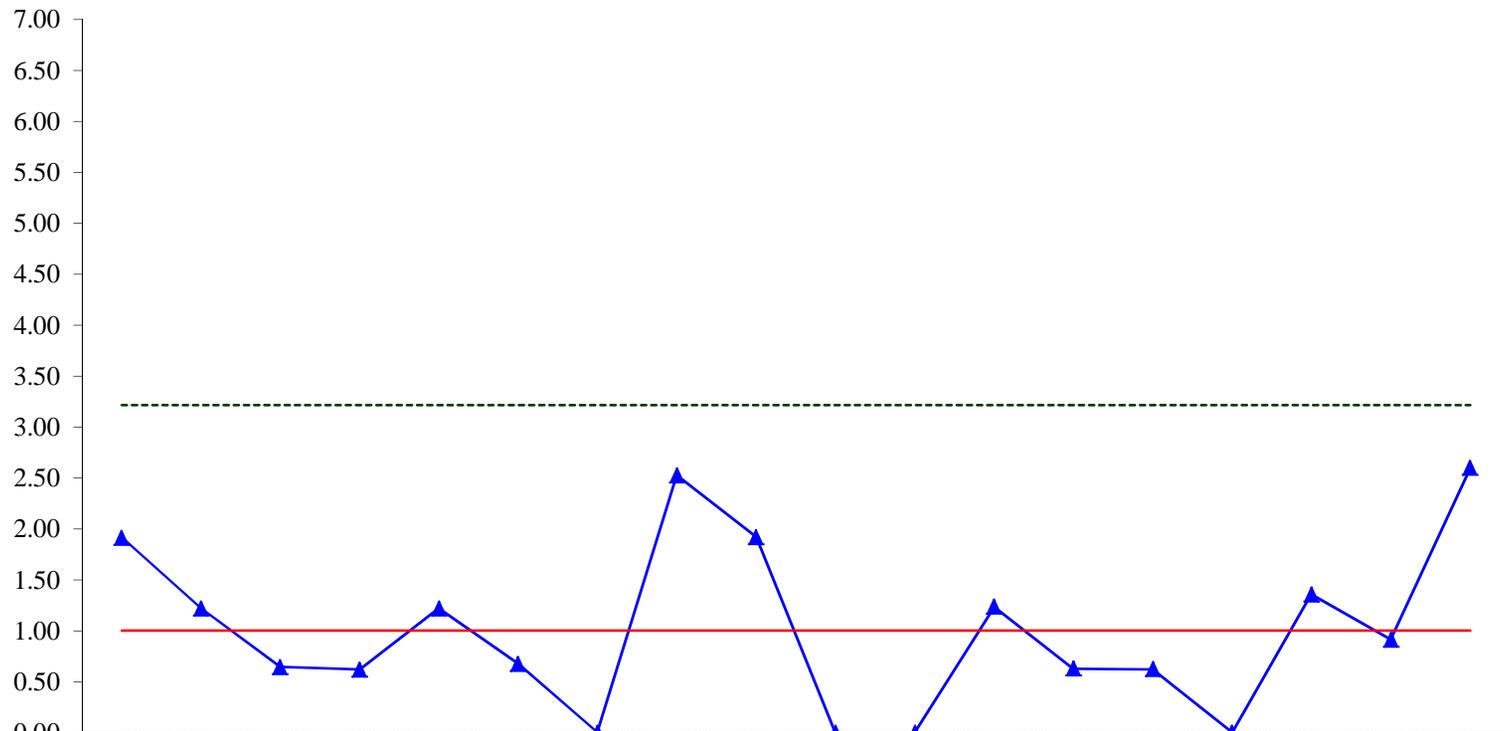
**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	32	24	31	33	28	25	38	21	21	28	44	30	33	45	33	33	35	25
Injuries Associated with R/S	12	4	12	13	6	8	17	5	4	10	15	11	3	3	3	4	10	1
▲ Emp. Inj.(RS)/1000 Bed Days	0.68	0.22	0.70	0.74	0.34	0.48	0.97	0.30	0.22	0.58	0.84	0.60	0.17	0.16	0.16	0.23	0.57	0.06
----- UCL	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22
— Avg	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44
----- 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**

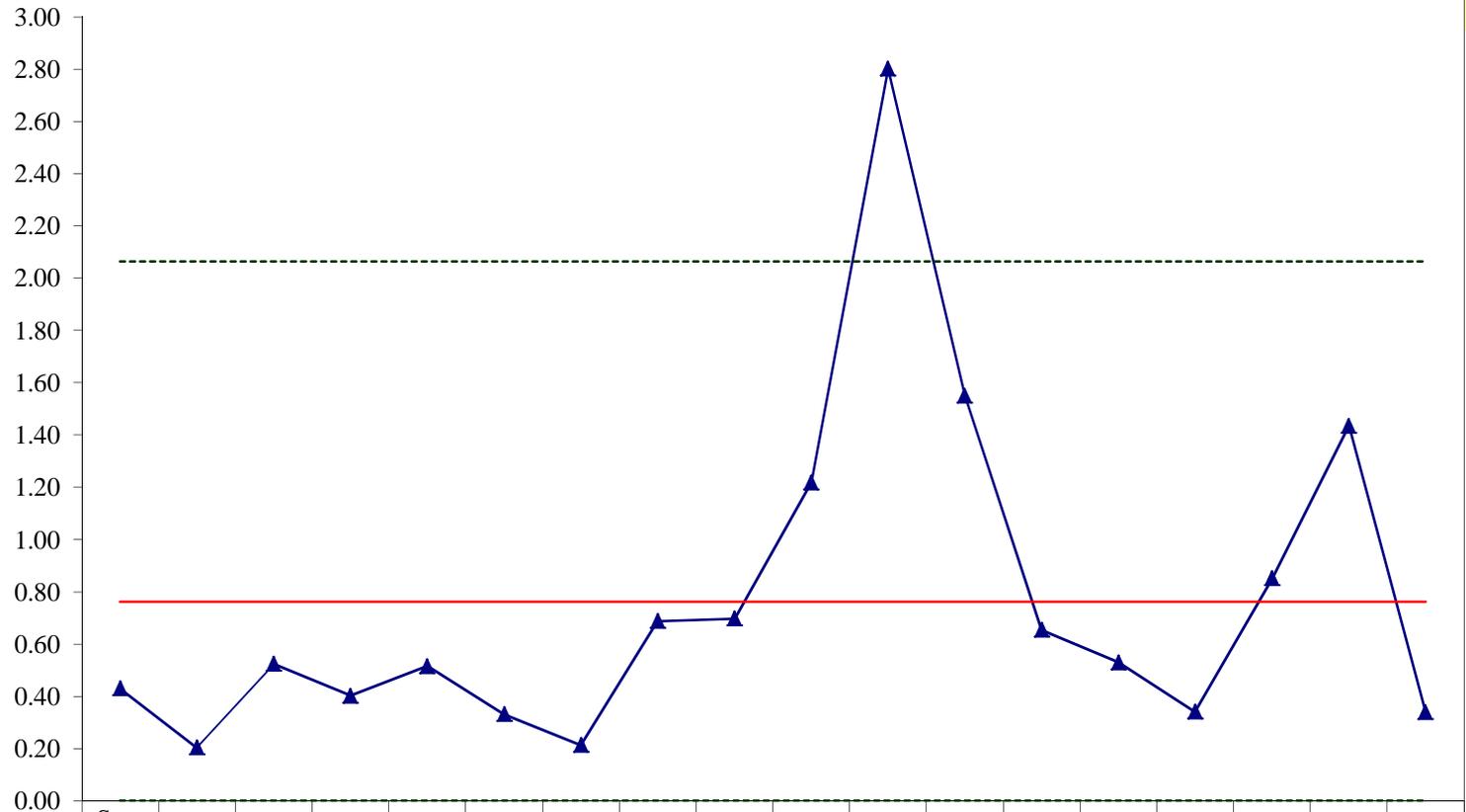
**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	21	24	20	21	14	21	28	16	17	21	13	25	14	25	14	20	14	21
Injuries Associated with R/S	3	2	1	1	2	1	0	4	3	0	0	2	1	1	0	2	1	3
▲ Emp. Inj.(RS)/1000 Bed Days	1.91	1.22	0.64	0.62	1.22	0.67	0.00	2.53	1.92	0.00	0.00	1.24	0.63	0.62	0.00	1.36	0.91	2.60
----- UCL	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21	3.21
— Avg	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
----- 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**

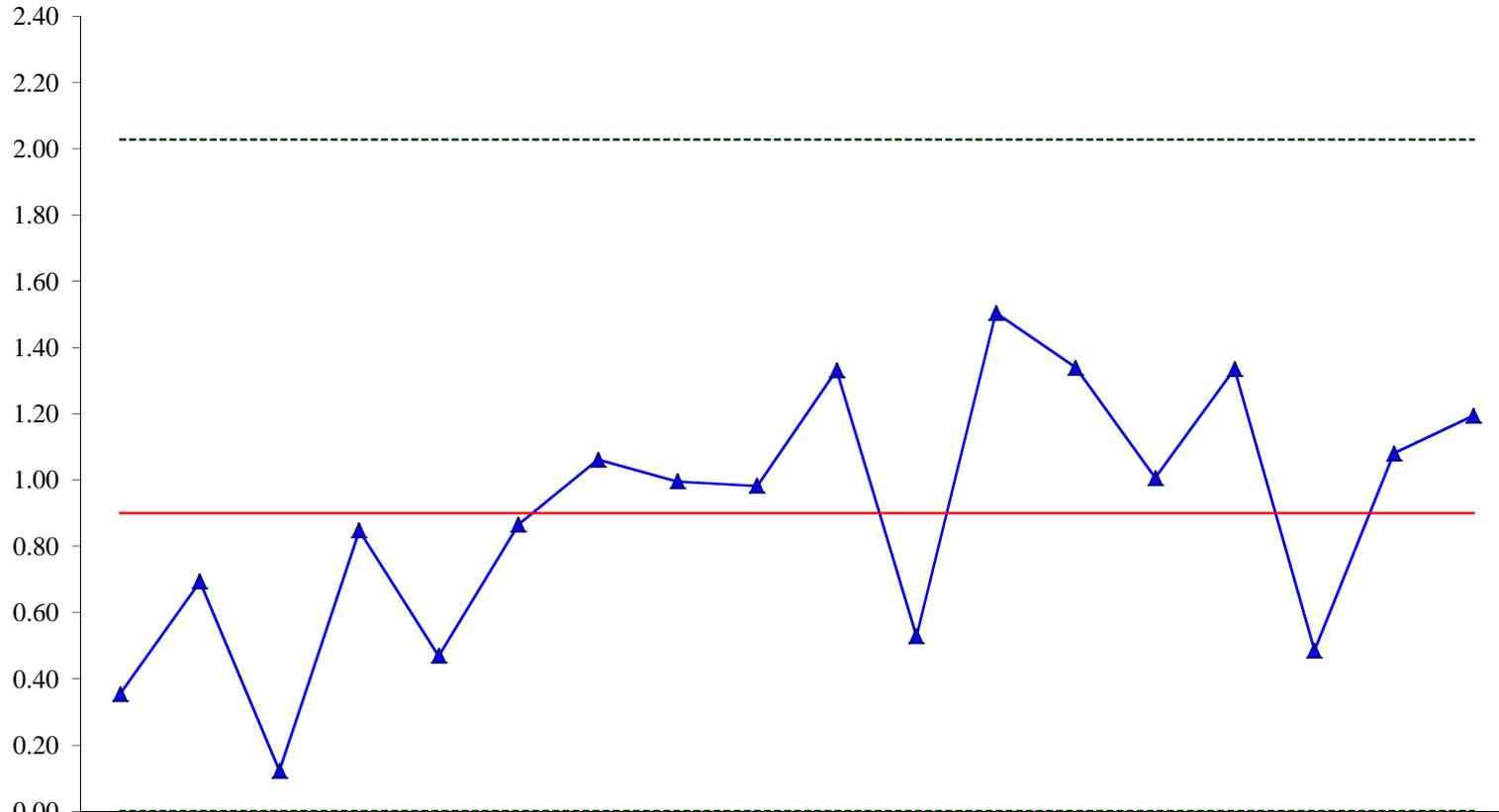
**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	21	24	22	25	27	30	17	29	36	46	73	25	34	29	13	33	37	18
Injuries Associated with R/S	4	2	5	4	5	3	2	6	6	10	26	15	6	5	3	8	14	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.43	0.20	0.52	0.40	0.52	0.33	0.21	0.69	0.70	1.22	2.80	1.55	0.65	0.53	0.34	0.85	1.44	0.34
----- UCL	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07
— Avg	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
----- 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**

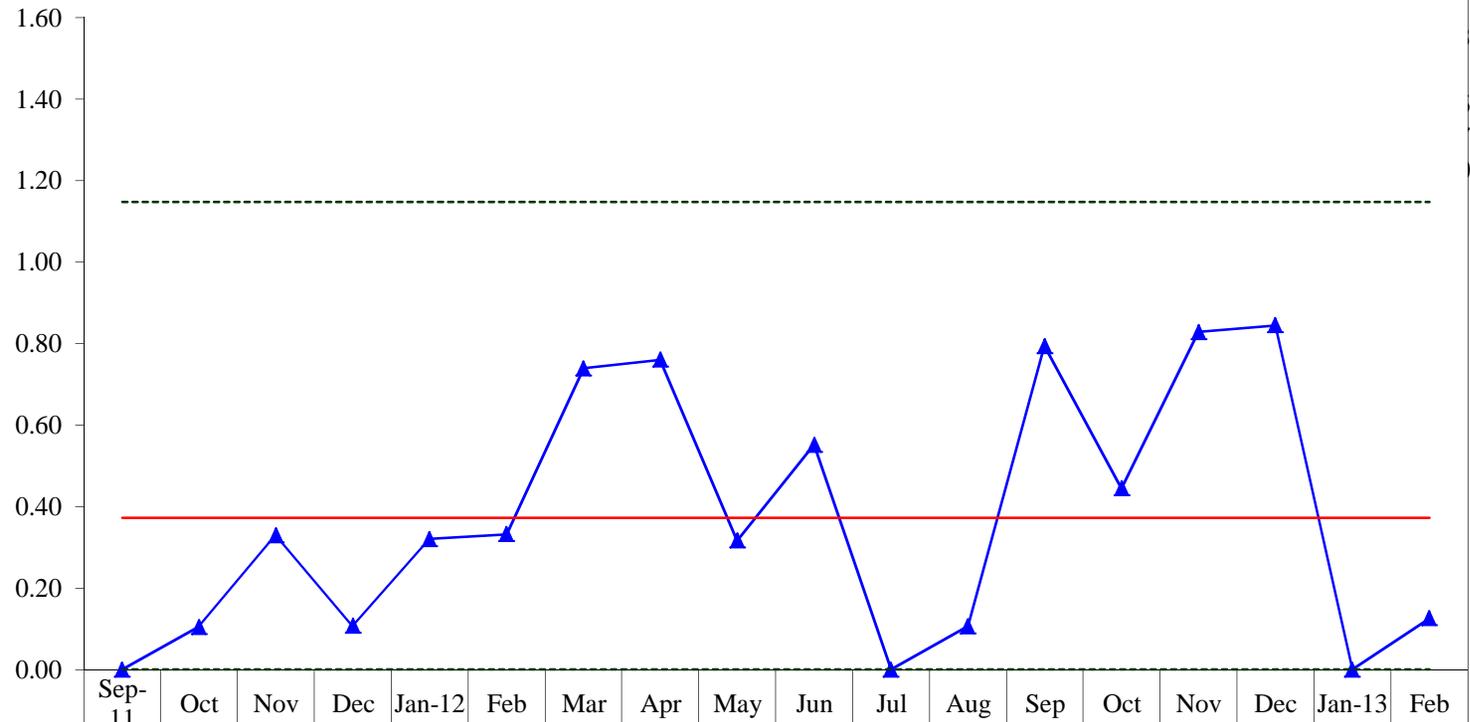
**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	13	17	15	12	11	15	29	22	25	23	26	28	22	24	22	19	24	29
Injuries Associated with R/S	3	6	1	7	4	7	9	8	8	10	4	12	10	8	10	4	9	9
▲ Emp. Inj.(RS)/1000 Bed Days	0.35	0.69	0.12	0.85	0.47	0.87	1.06	1.00	0.98	1.33	0.53	1.50	1.34	1.01	1.34	0.48	1.08	1.19
----- UCL	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03
— 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  
Terrell State Hospital**

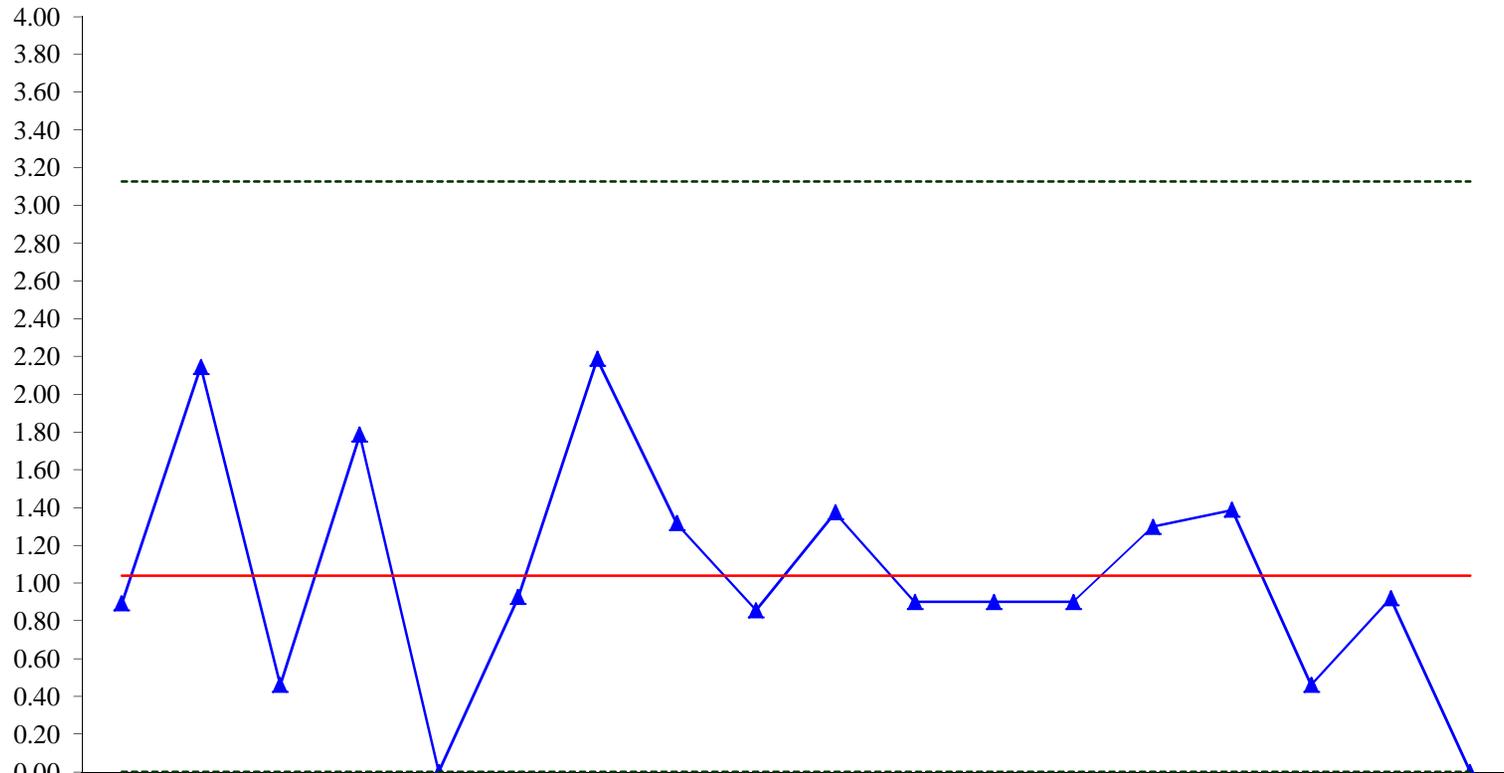
**Employee Injured During Restraint or Seclusion**



Total Employee Injuries	22	27	34	22	28	15	33	35	23	25	16	31	40	37	29	24	19	34	
Injuries Associated with R/S	0	1	3	1	3	3	7	7	3	5	0	1	7	4	7	7	0	1	
Emp. Inj.(RS)/1000 Bed Days	0.00	0.10	0.33	0.11	0.32	0.33	0.74	0.76	0.32	0.55	0.00	0.11	0.79	0.44	0.83	0.85	0.00	0.13	
UCL	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
Avg	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37
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	0.00

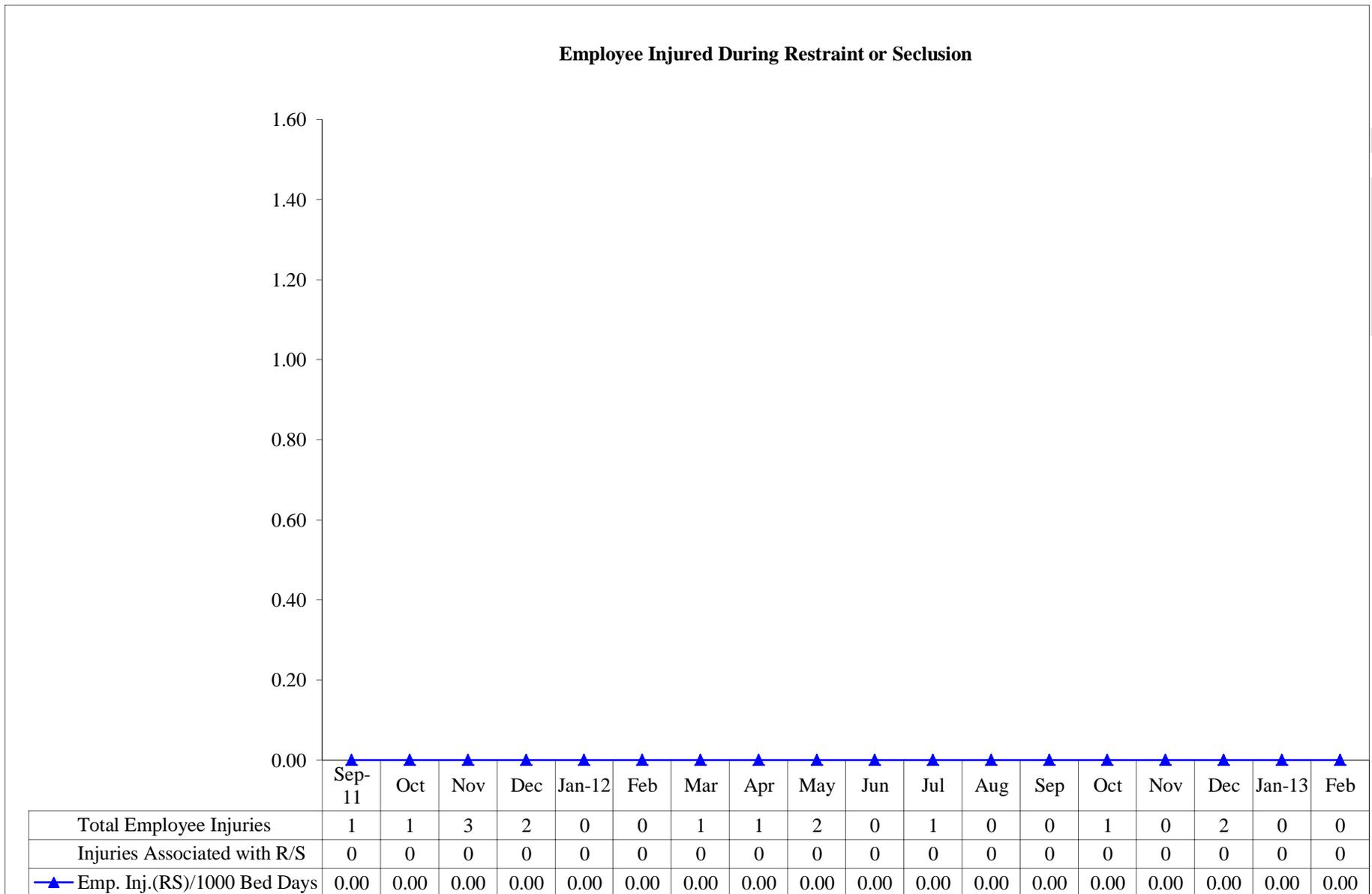
**Objective 6E - Employees Injuries Resulted by Patient Aggression**  
**Waco Center for Youth**

**Employee Injured During Restraint or Seclusion**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Total Employee Injuries	4	6	2	4	0	5	7	5	5	6	2	4	3	4	7	2	3	0
Injuries Associated with R/S	2	5	1	4	0	2	5	3	2	3	2	2	2	3	3	1	2	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.89	2.14	0.46	1.79	0.00	0.93	2.19	1.32	0.86	1.37	0.90	0.90	0.90	1.30	1.39	0.46	0.92	0.00
----- UCL	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13	3.13
— Avg	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04
----- 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**



**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

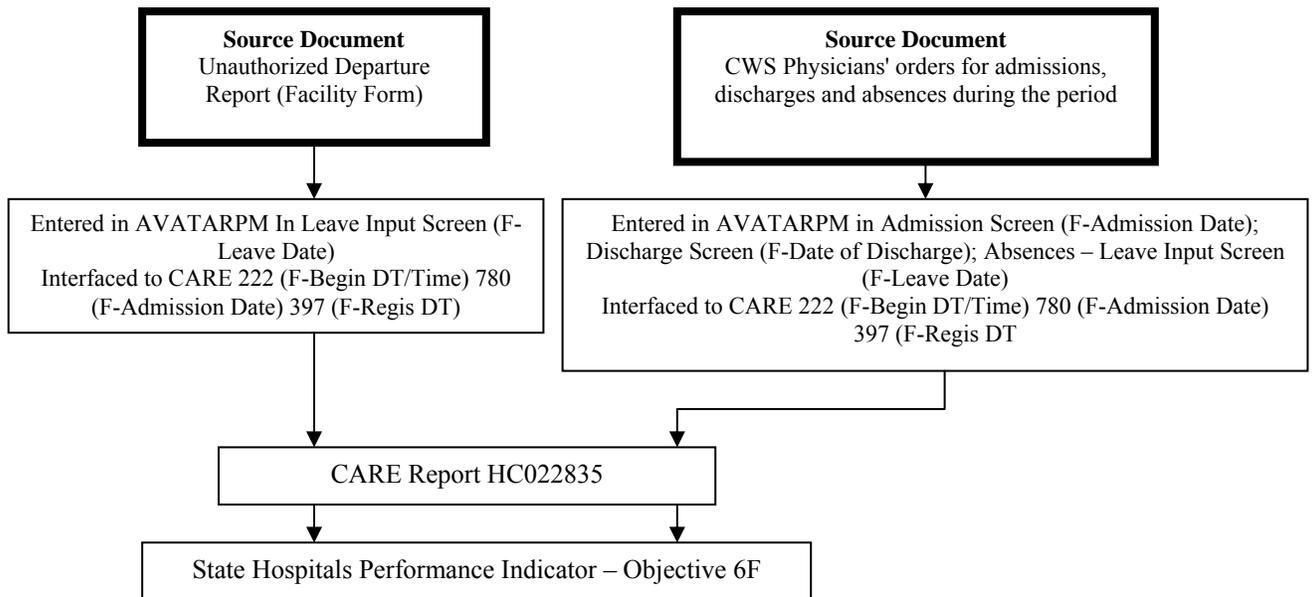
**Performance Objective Data Display and Chart Description:**

- ◆ 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	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Unauthorized Departures Incidents	20	27	39	22	31	20	28	30	29	22	19	15
Unauthorized Departures Persons	20	21	33	22	30	18	28	25	27	21	18	14
Bed Days in Month	71189	68245	70258	67190	70112	71078	68653	70775	67597	69126	69951	64199
Incidents/1000 Bed Days	0.28	0.40	0.56	0.33	0.44	0.28	0.41	0.42	0.43	0.32	0.27	0.23

**Performance Objective 6G:**

**Analyze and evaluate the effectiveness of the fall reduction program and to reduce the rate of falls during FY13 by 10% as compared to FY12.**

**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

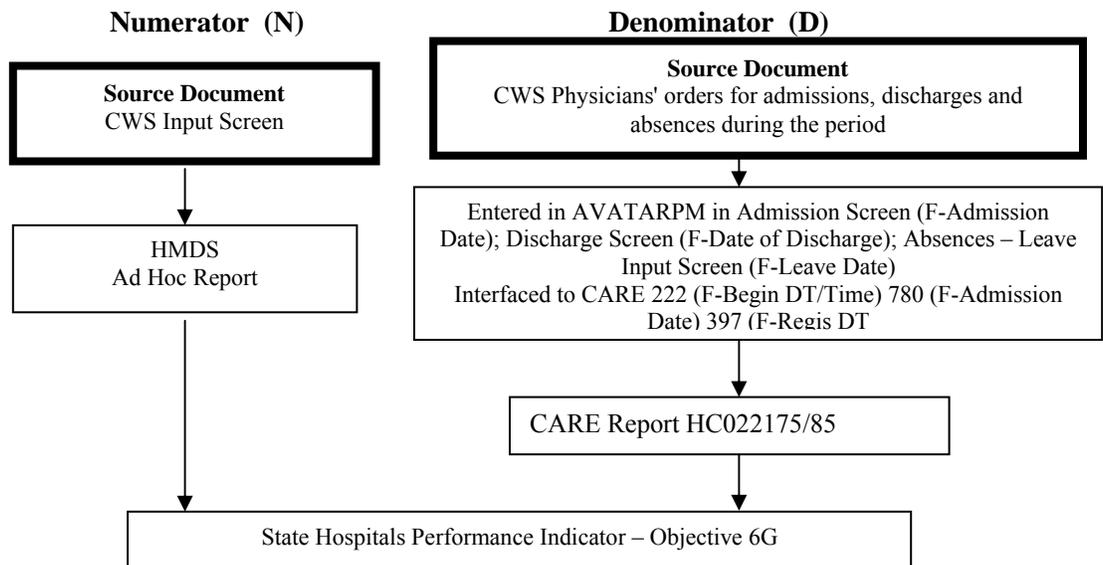
N = number of fall injuries D = number of bed days per FY quarter

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**

	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
<b>ALL STATE HOSPITALS</b>															
All Falls	146	162	135	147	176	168	133	175	174	159	136	140	135	142	161
Bed Days in Month	71821	72861	68616	72381	69397	71610	68458	71328	72284	69500	71827	68589	70207	71016	65139
Falls/1000 Bed Days	2.03	2.22	1.97	2.03	2.54	2.35	1.94	2.45	2.41	2.29	1.89	2.04	1.92	2.00	2.47

**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

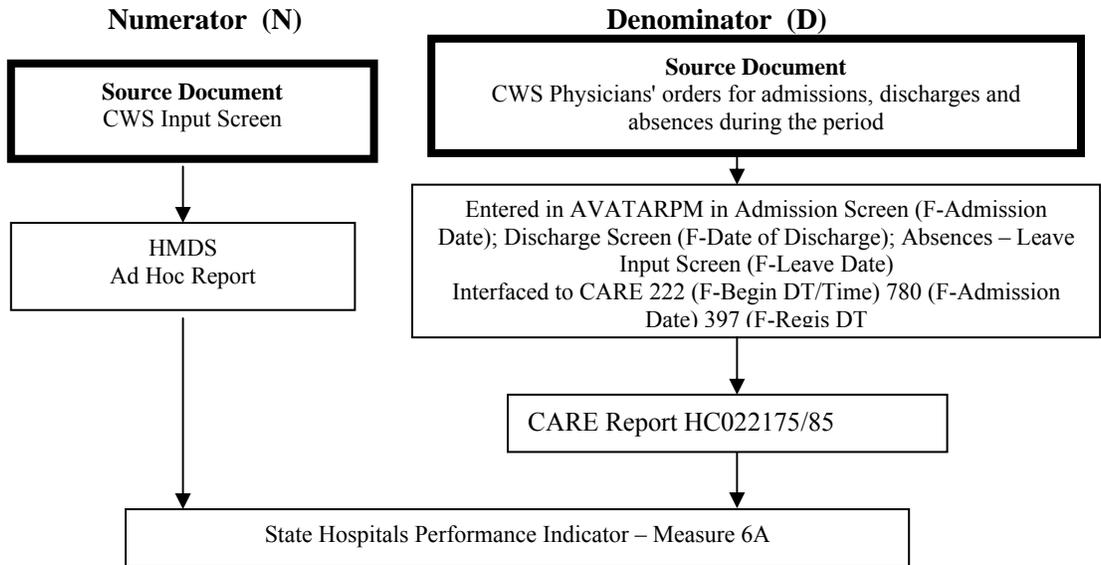
N = number of injuries D = number of bed days per FY quarter

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	*	
<b>ALL MH</b>																													
Accident	1	451	385	34	2	0	<b>873</b>	2	490	334	21	1	0	<b>848</b>															
Another Client	1	522	264	30	0	0	<b>817</b>	0	504	288	15	0	0	<b>807</b>															
Alleged Abuse/Neglec																													
Employee/Accident	0	15	4	0	0	0	<b>19</b>	0	13	9	2	0	0	<b>24</b>															
Medical Condition	0	39	23	10	2	0	<b>74</b>	0	30	14	7	0	0	<b>51</b>															
Self Inflicted	0	233	300	26	1	0	<b>560</b>	0	264	273	24	0	0	<b>561</b>															
Undetermined	35	265	90	14	2	0	<b>406</b>	23	252	104	22	2	0	<b>403</b>															
Visitor	0	0	0	0	0	0	<b>0</b>	0	0	0	0	0	0	<b>0</b>															
<b>Total</b>	<b>37</b>	<b>1525</b>	<b>1066</b>	<b>114</b>	<b>7</b>	<b>0</b>	<b>2749</b>	<b>25</b>	<b>1553</b>	<b>1022</b>	<b>91</b>	<b>3</b>	<b>0</b>	<b>2694</b>															
Rate/1000 Bed Days	0.18	7.38	5.16	0.55	0.03	0.00	<b>0.59</b>	0.12	7.52	4.95	0.44	0.01	0.00	<b>0.46</b>															

N/A = Not Available

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

**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.**

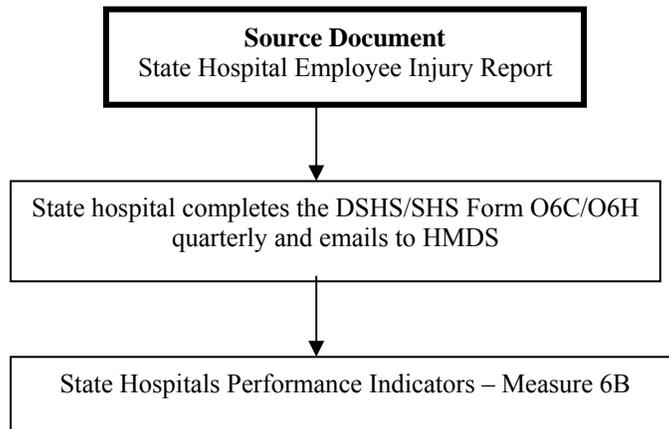
**Performance Measure Operational Definition:** The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

**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 - Q2 FY13**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	16	14	12	8	51	28	38	38	25	0	4	234
<b>Per 1,000 Bed Days</b>	<b>0.66</b>	<b>0.81</b>	<b>1.95</b>	<b>0.49</b>	<b>0.99</b>	<b>7.52</b>	<b>1.36</b>	<b>1.58</b>	<b>1.00</b>	<b>0.00</b>	<b>0.63</b>	<b>1.13</b>
Age 40-64	17	12	8	3	37	27	48	30	52	2	1	237
<b>Per 1,000 Bed Days</b>	<b>0.70</b>	<b>0.70</b>	<b>1.30</b>	<b>0.18</b>	<b>0.72</b>	<b>7.25</b>	<b>1.71</b>	<b>1.24</b>	<b>2.08</b>	<b>0.64</b>	<b>0.16</b>	<b>1.15</b>
Age 65 - Older	0	0	0	1	5	0	2	4	0	0	0	12
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>	<b>0.10</b>	<b>0.00</b>	<b>0.07</b>	<b>0.17</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>	<b>33</b>	<b>26</b>	<b>20</b>	<b>12</b>	<b>93</b>	<b>55</b>	<b>88</b>	<b>72</b>	<b>77</b>	<b>2</b>	<b>5</b>	<b>483</b>
<b>Per 1,000 Bed Days</b>	<b>1.35</b>	<b>1.51</b>	<b>3.25</b>	<b>0.73</b>	<b>1.80</b>	<b>14.77</b>	<b>3.14</b>	<b>2.99</b>	<b>3.07</b>	<b>0.64</b>	<b>0.79</b>	<b>2.34</b>

**Measure 6B - Employee Injuries**  
**All State Hospitals - FY13**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
<b>Q1 Total Injuries</b>	<b>38</b>	<b>39</b>	<b>28</b>	<b>31</b>	<b>111</b>	<b>53</b>	<b>76</b>	<b>68</b>	<b>106</b>	<b>1</b>	<b>14</b>	<b>565</b>
# Injuries Associated with Patient Aggression/No Restraint	11	15	13	4	76	34	39	23	60	0	2	277
	29%	38%	46%	13%	68%	64%	51%	34%	57%	0%	14%	49%
<b>Q2 Total Injuries</b>	<b>33</b>	<b>26</b>	<b>20</b>	<b>12</b>	<b>93</b>	<b>55</b>	<b>88</b>	<b>72</b>	<b>77</b>	<b>2</b>	<b>5</b>	<b>483</b>
# Injuries Associated with Patient Aggression/No Restraint	16	10	7	1	52	27	25	21	45	0	0	204
	48%	38%	35%	8%	56%	49%	28%	29%	58%	0%	0%	42%
<b>Q3 Total Injuries</b>												
# Injuries Associated with Patient Aggression/No Restraint												
<b>Q4 Total Injuries</b>												
# Injuries Associated with Patient Aggression/No Restraint												
<b>FY Total Injuries</b>	<b>71</b>	<b>65</b>	<b>48</b>	<b>43</b>	<b>204</b>	<b>108</b>	<b>164</b>	<b>140</b>	<b>183</b>	<b>3</b>	<b>19</b>	<b>1048</b>
# Injuries Associated with Patient Aggression/No Restraint	27	25	20	5	128	61	64	44	105	0	2	481
	38%	38%	42%	12%	63%	56%	39%	31%	57%	0%	11%	46%

**Measure 6B - Employee Injuries**  
**All State Hospitals**

**FY2013**

	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Age 18-39	34	38	32	20	105	52	79	60	72	0	12	<b>504</b>
<b>Per 1,000 Bed Days</b>	<b>0.70</b>	<b>1.12</b>	<b>2.55</b>	<b>0.62</b>	<b>0.98</b>	<b>6.25</b>	<b>1.43</b>	<b>1.28</b>	<b>1.40</b>	<b>0.00</b>	<b>0.92</b>	<b>1.21</b>
Age 40-64	37	26	15	20	91	56	83	54	110	3	6	<b>501</b>
<b>Per 1,000 Bed Days</b>	<b>0.76</b>	<b>0.77</b>	<b>1.19</b>	<b>0.62</b>	<b>0.85</b>	<b>6.73</b>	<b>1.50</b>	<b>1.15</b>	<b>2.14</b>	<b>0.47</b>	<b>0.46</b>	<b>1.20</b>
Age 65 - Older	0	1	1	3	8	0	2	26	1	0	1	<b>43</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.03</b>	<b>0.08</b>	<b>0.09</b>	<b>0.07</b>	<b>0.00</b>	<b>0.04</b>	<b>0.55</b>	<b>0.02</b>	<b>0.00</b>	<b>0.08</b>	<b>0.10</b>
Unknown	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Total	71	65	48	43	204	108	164	140	183	3	19	<b>1048</b>
<b>Per 1,000 Bed Days</b>	<b>1.47</b>	<b>1.91</b>	<b>3.82</b>	<b>1.32</b>	<b>1.90</b>	<b>12.97</b>	<b>2.96</b>	<b>2.98</b>	<b>3.57</b>	<b>0.47</b>	<b>1.46</b>	<b>2.52</b>

**Measure 6B - Employee Injuries**  
**All State Hospitals - FY13**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
<b>Q1 Total Injuries</b>	<b>38</b>	<b>39</b>	<b>28</b>	<b>31</b>	<b>111</b>	<b>53</b>	<b>76</b>	<b>68</b>	<b>106</b>	<b>1</b>	<b>14</b>	<b>565</b>
# Injuries Associated with Patient Aggression/No Restraint	11	15	13	4	76	34	39	23	60	0	2	277
<b>Per 1,000 Bed days</b>	<b>0.46</b>	<b>0.90</b>	<b>2.03</b>	<b>0.25</b>	<b>1.37</b>	<b>7.39</b>	<b>1.42</b>	<b>1.00</b>	<b>2.29</b>	<b>0.00</b>	<b>0.30</b>	<b>1.32</b>
<b>Q2 Total Injuries</b>	<b>33</b>	<b>26</b>	<b>20</b>	<b>12</b>	<b>93</b>	<b>55</b>	<b>88</b>	<b>72</b>	<b>77</b>	<b>2</b>	<b>5</b>	<b>483</b>
# Injuries Associated with Patient Aggression/No Restraint	16	10	7	1	52	27	25	21	45	0	0	204
<b>Per 1,000 Bed days</b>	<b>0.66</b>	<b>0.58</b>	<b>1.14</b>	<b>0.06</b>	<b>1.01</b>	<b>7.25</b>	<b>0.89</b>	<b>0.87</b>	<b>1.80</b>	<b>0.00</b>	<b>0.00</b>	<b>0.99</b>
<b>Q3 Total Injuries</b>												0
# Injuries Associated with Patient Aggression/No Restraint												0
<b>Per 1,000 Bed days</b>												#DIV/0!
<b>Q4 Total Injuries</b>												0
# Injuries Associated with Patient Aggression/No Restraint												0
<b>Per 1,000 Bed days</b>												#DIV/0!
<b>FY Total Injuries</b>	<b>71</b>	<b>65</b>	<b>48</b>	<b>43</b>	<b>204</b>	<b>108</b>	<b>164</b>	<b>140</b>	<b>183</b>	<b>3</b>	<b>19</b>	<b>1048</b>
# Injuries Associated with Patient Aggression/No Restraint	27	25	20	5	128	61	64	44	105	0	2	481
<b>Per 1,000 Bed days</b>	<b>0.56</b>	<b>0.74</b>	<b>1.59</b>	<b>0.15</b>	<b>1.19</b>	<b>7.33</b>	<b>1.15</b>	<b>0.94</b>	<b>2.05</b>	<b>0.00</b>	<b>0.15</b>	<b>1.16</b>

## ***GOAL 7: Obtain, Manage and Use Information***

### **Performance Objective 7G:**

**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:

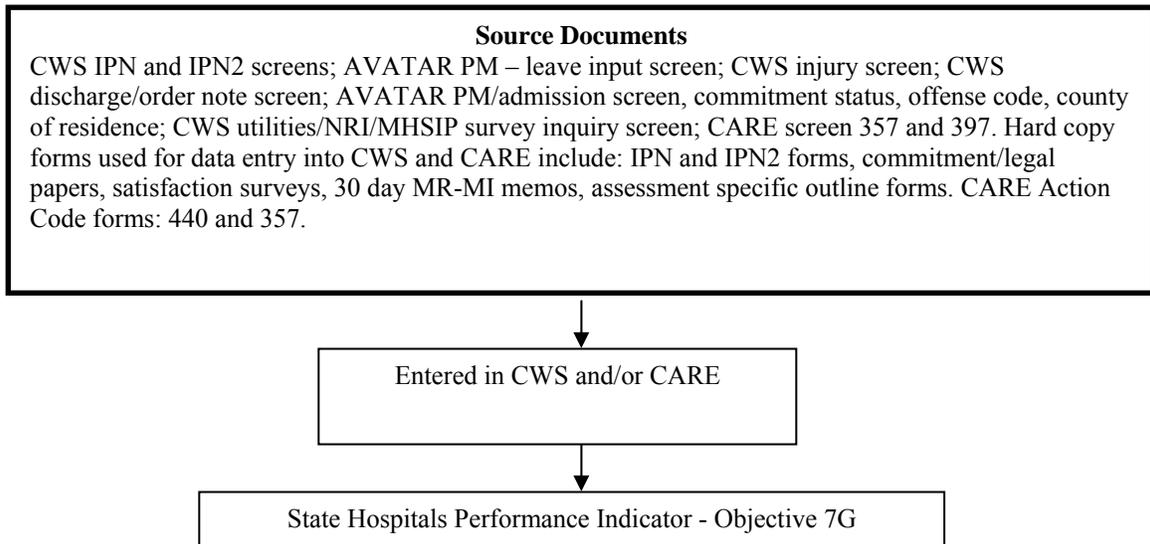
$N$  = # of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.

$D$  = 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 7G - Data Integrity Review Measures**  
**All State Hospitals - As of February 28, 2013**

Measure	ASH 2/11	RGSC 3/11	TSH 5/11	WCY 6/11	SASH 7/11	EPPC 8/11	BSH 9/11	TCID 10/11	NTSH 12/11	RSH 2/12	KSH 4/12
RESTR	100	100	100	100	100	100	100	NA	NA	100	NA
SECL	100	100	100	100	NA	100	100	NA	NA	100	NA
LEAVE	100	NA	100	100	100	NA	100	NA	100	100	100
ELOPE	100	NA	100	100	100	NA	100	100	100	100	100
INJURY	100	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	0	100	NA	100	0	100	NA	NA	NA	NA
MR/MI CARE	NA	100	100	NA	100	100	100	NA	NA	NA	NA
MR/MI Comb	NA	50	100	NA	100	0	100	NA	NA	NA	NA
NRI-S/A	100	100	100	NA	100	100	100	NA	100	98	99
NRI-S/C	100	NA	100	100	100		100	NA	100	NA	NA
COMMIT	100	100	100	100	100	100	100	NA	100	100	100
OFFENSE	100	100	100	NA	100	100	100	NA	100	100	100
CTY RES	97	100	97	100	100	100	100	NA	100	99	99
%	99.70	85.00	99.77	100	100.00	80.00	100.00	100.00	100.00	99.67	99.71
CWS Finalization											
AIMS	95	95	100	100	99	98	100	NA	94	100	100
NURSING	92	95	97	100	97	98	100	100	98	100	85
MEDICAL HX	95	96	96	93	99	97	99	100	92	100	100
PHYS EXAM	95	96	97	100	99	97	99	100	93	100	100
DIAGNOSIS	96	95	97	100	97	100	98	NA	99	100	100
MENTAL S.E	97	95	97	87	99	100	99	NA	97	100	100
PSY EVAL	95	95	97	100	98	100	98	100	94	99	92
SOCIAL HX	99	99	94	93	97	100	99	100	99	100	100
SUICIDE ASSESSMENT-Admit											
Numerator	2735	729	1957	116	1130	506	672	102	1447	581	31
Denominator	2880	765	2018	120	1152	512	680	102	1512	584	32
%	95	95	97	97	98	99	99	97	96	99	97
CWS Forms Finalized											
TX PLAN*	97	100	100	100	100	100	100	NA	100	100	100
TX PLAN REV	100	56	100	100	100	100	100	NA	100	100	100
CONSENT 9-7	100	100	100	100	100	100	100	NA	100	100	100
RIGHTS 9-1	100	100	97	100	100	100	100	NA	100	100	100
External Validation											
R/S VALIDATION	YES	YES	YES	YES	YES	YES	YES	NA	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.**

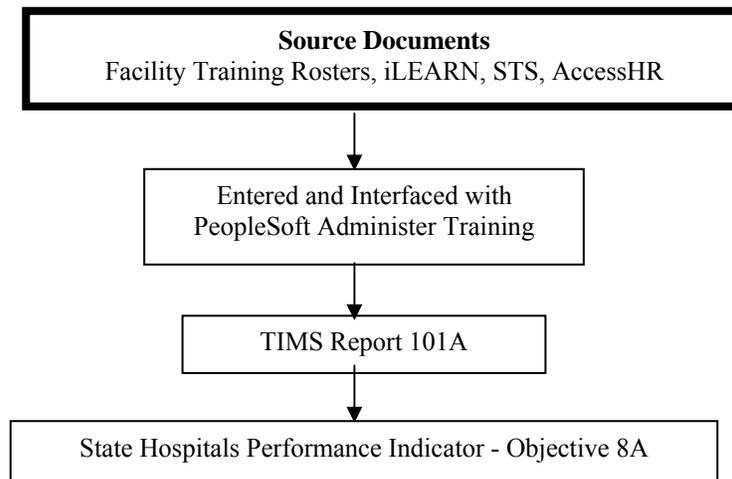
**Performance Objective Operational Definition:** The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered 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:**

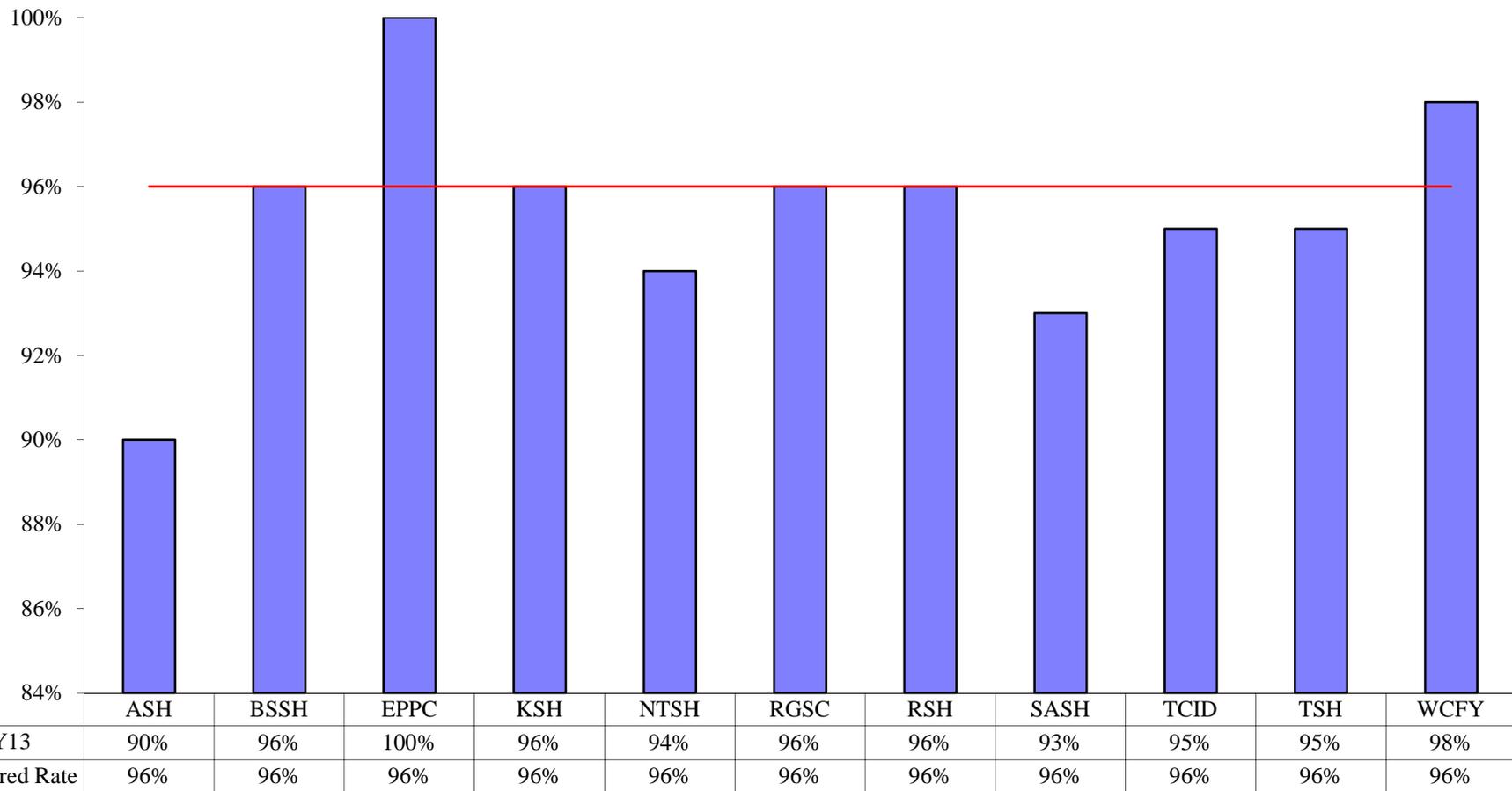
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

### **Data Flow:**



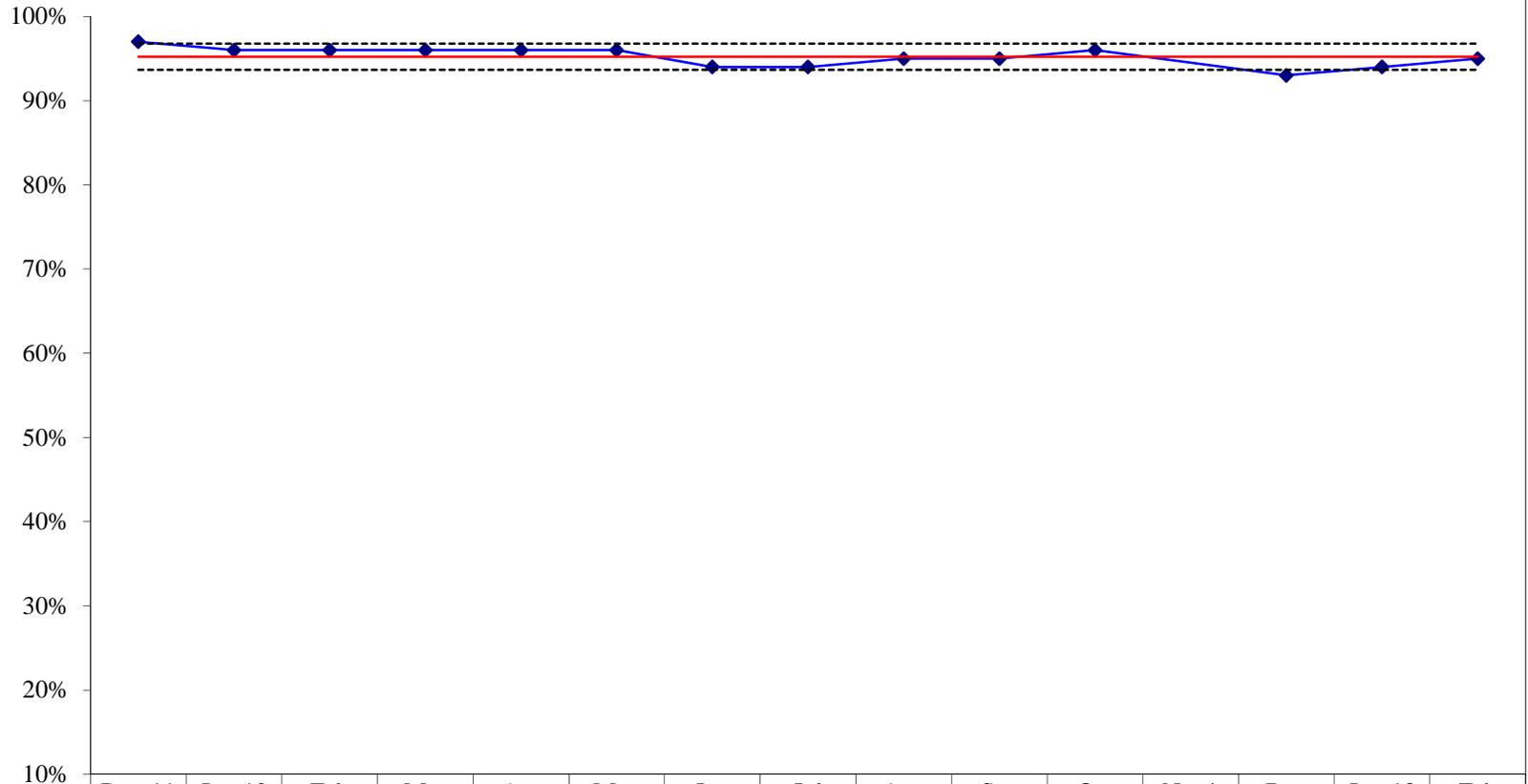
**Objective 8A - Staff Current With CORE and Specialty Training  
All State Hospitals**

**CORE and Specialty Training  
(As of February 28, 2013)**



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

**Percentage of CORE and Specialty Training Completed**

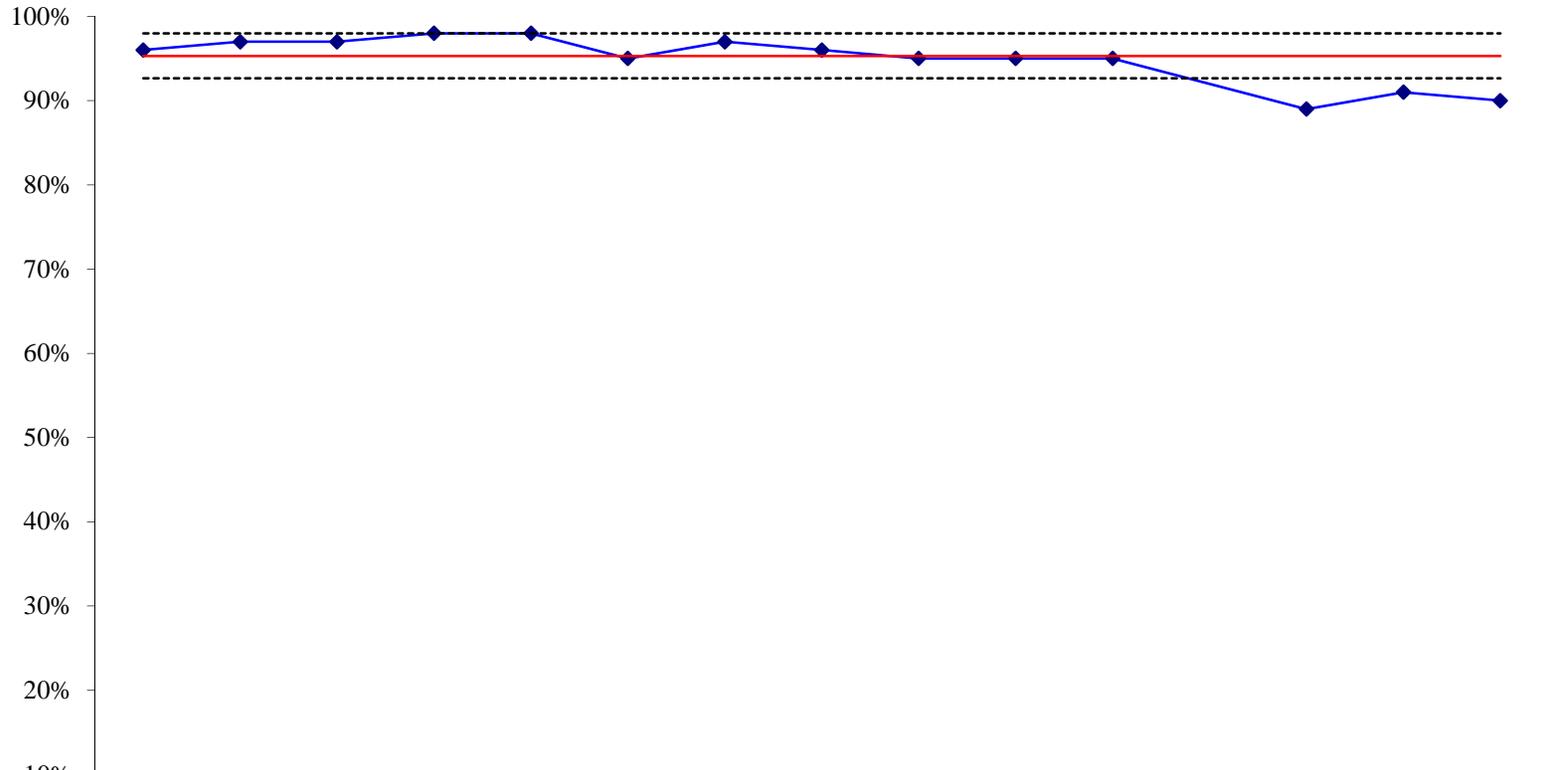


	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
◆ % Training Completed	97%	96%	96%	96%	96%	96%	94%	94%	95%	95%	96%		93%	94%	95%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

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**

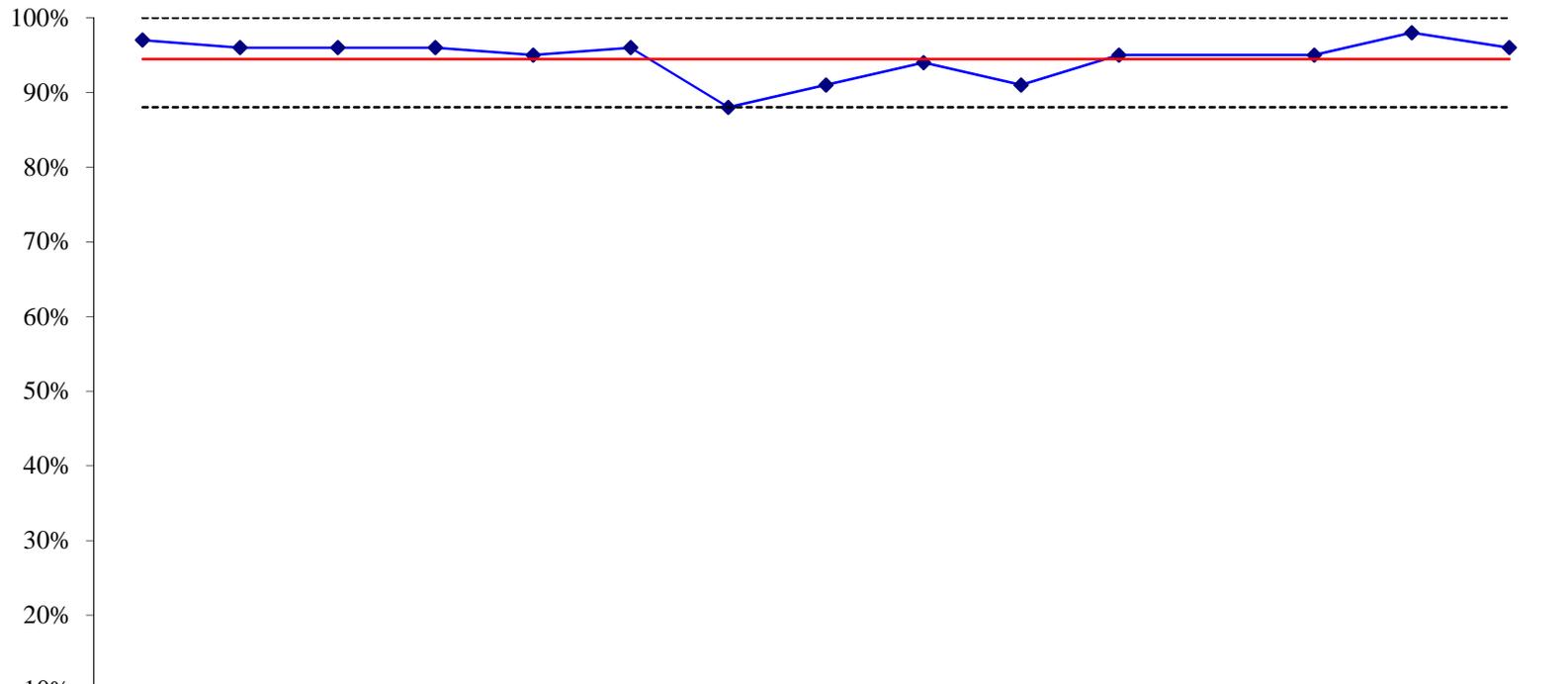


	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
% Training Completed	96%	97%	97%	98%	98%	95%	97%	96%	95%	95%	95%		89%	91%	90%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
LCL	93%	93%	93%	93%	93%	93%	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**  
**Big Spring State Hospital**

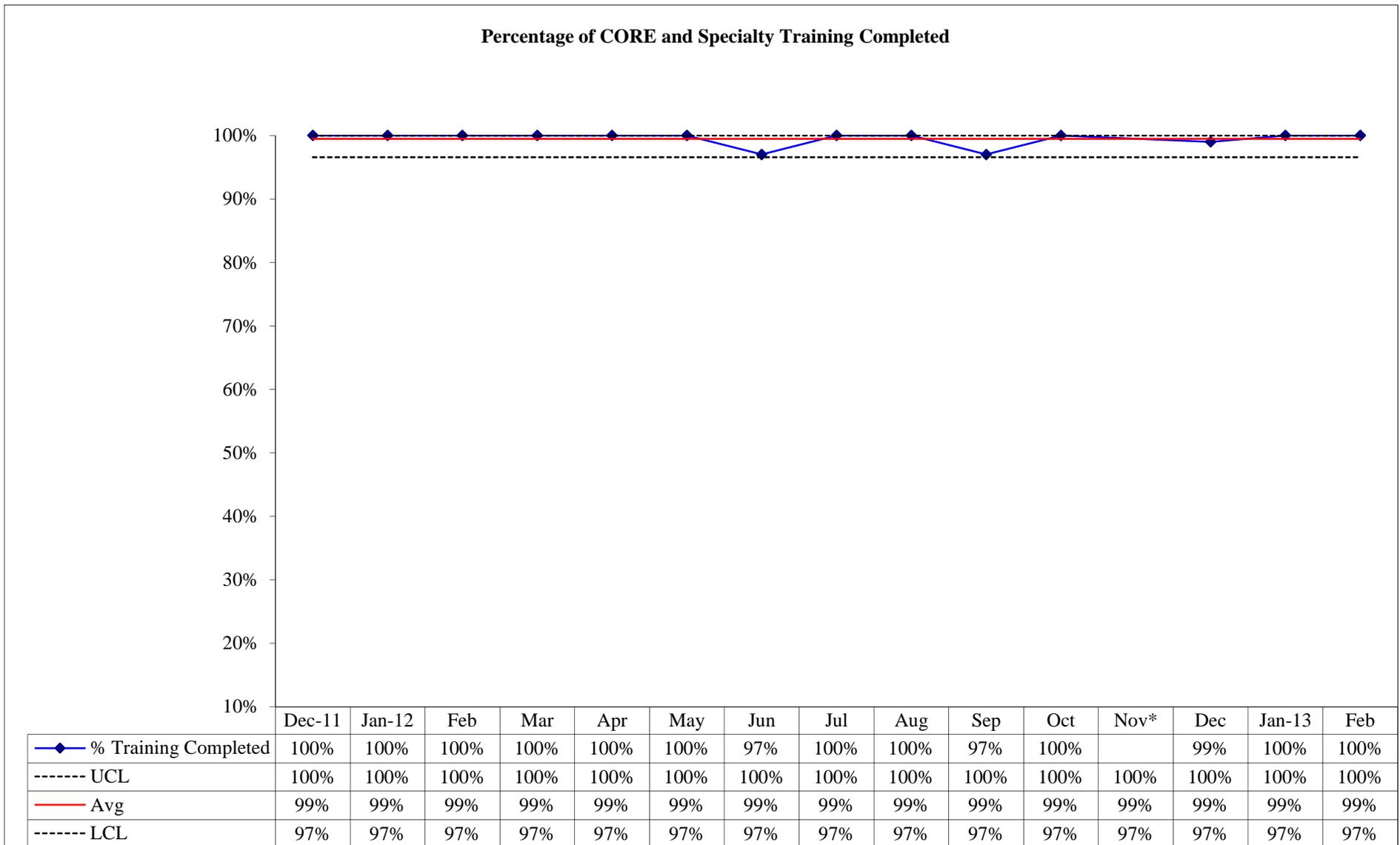
**Percentage of CORE and Specialty Training Completed**



	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
◆ % Training Completed	97%	96%	96%	96%	95%	96%	88%	91%	94%	91%	95%		95%	98%	96%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

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

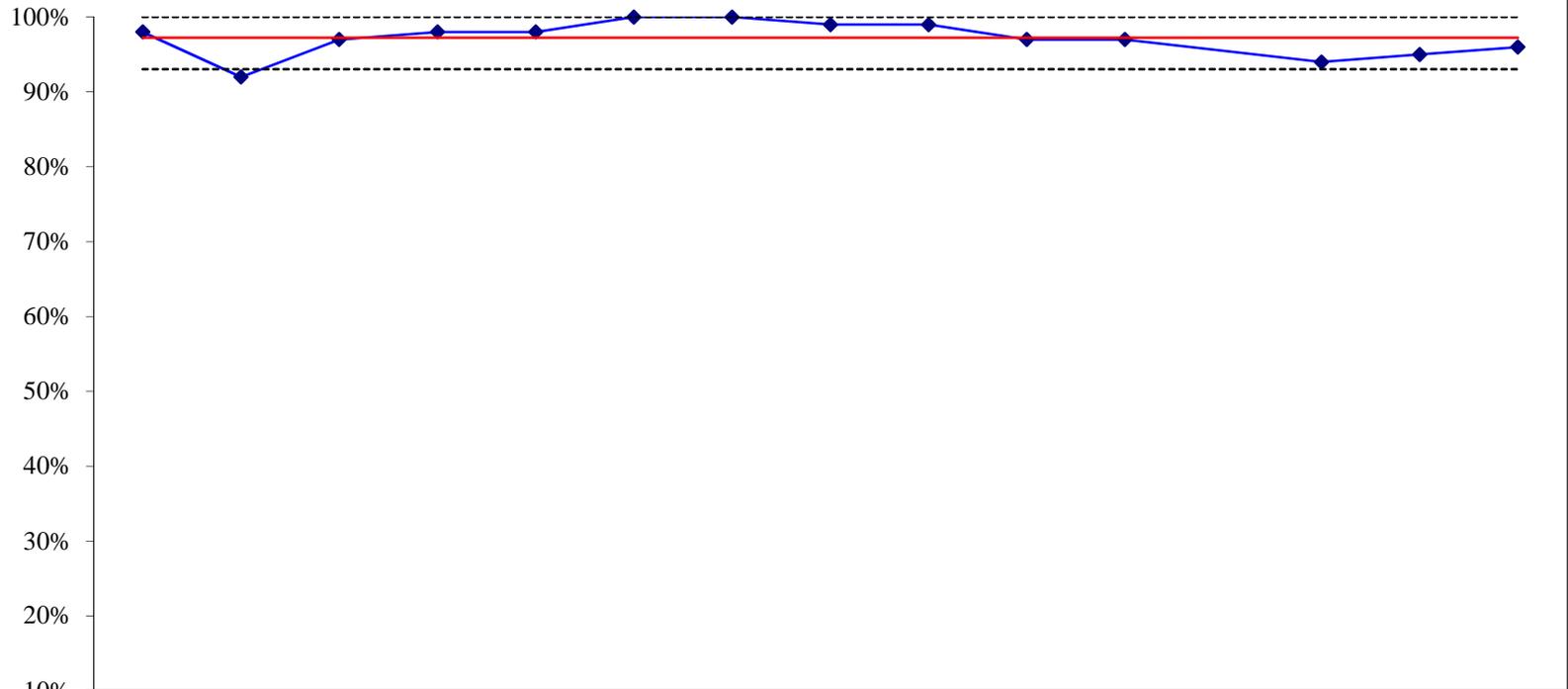
**Objective 8A - Staff Current With CORE and Specialty Training**  
**El Paso Psychiatric Center**



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**

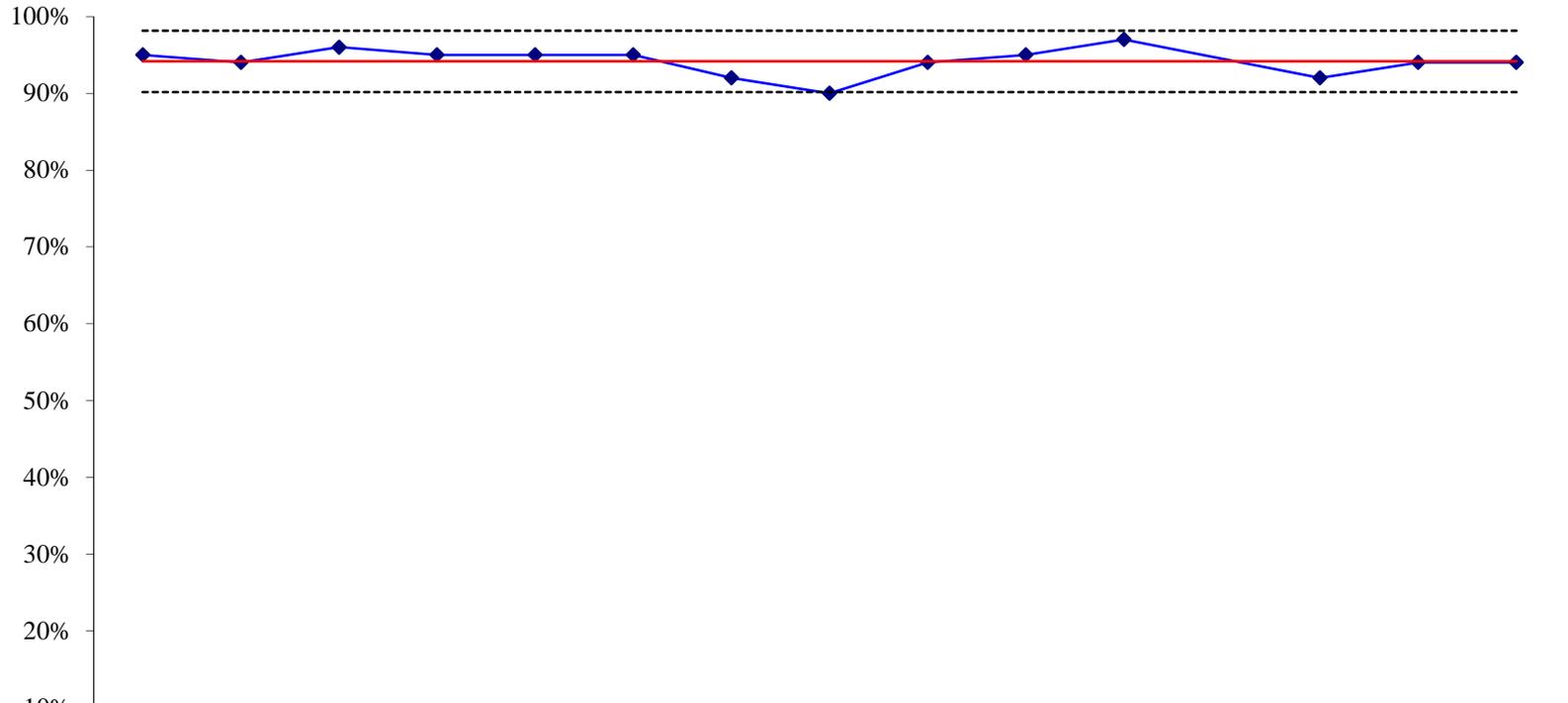


	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
◆ % Training Completed	98%	92%	97%	98%	98%	100%	100%	99%	99%	97%	97%		94%	95%	96%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	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**  
**North Texas State Hospital**

**Percentage of CORE and Specialty Training Completed**

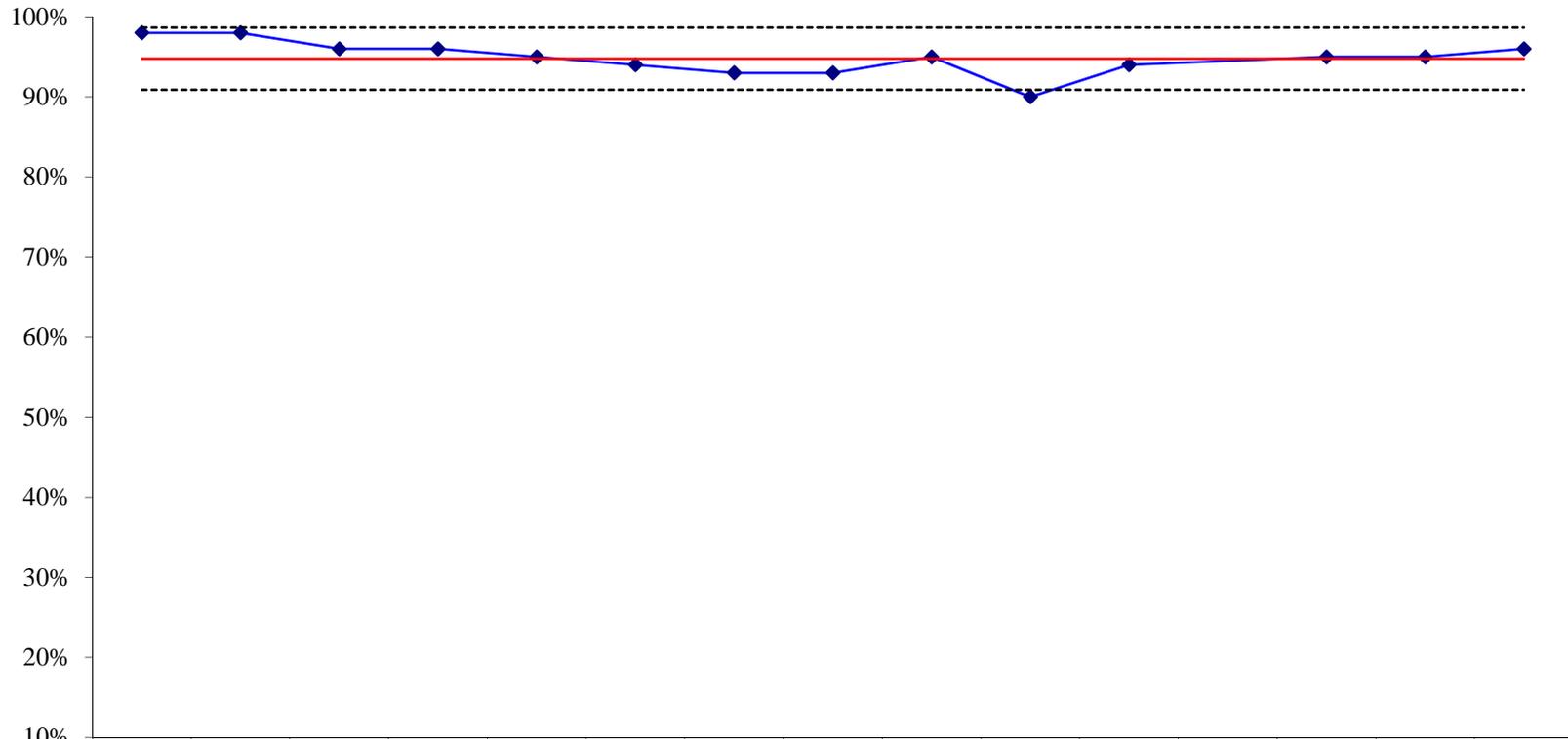


	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
% Training Completed	95%	94%	96%	95%	95%	95%	92%	90%	94%	95%	97%		92%	94%	94%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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**

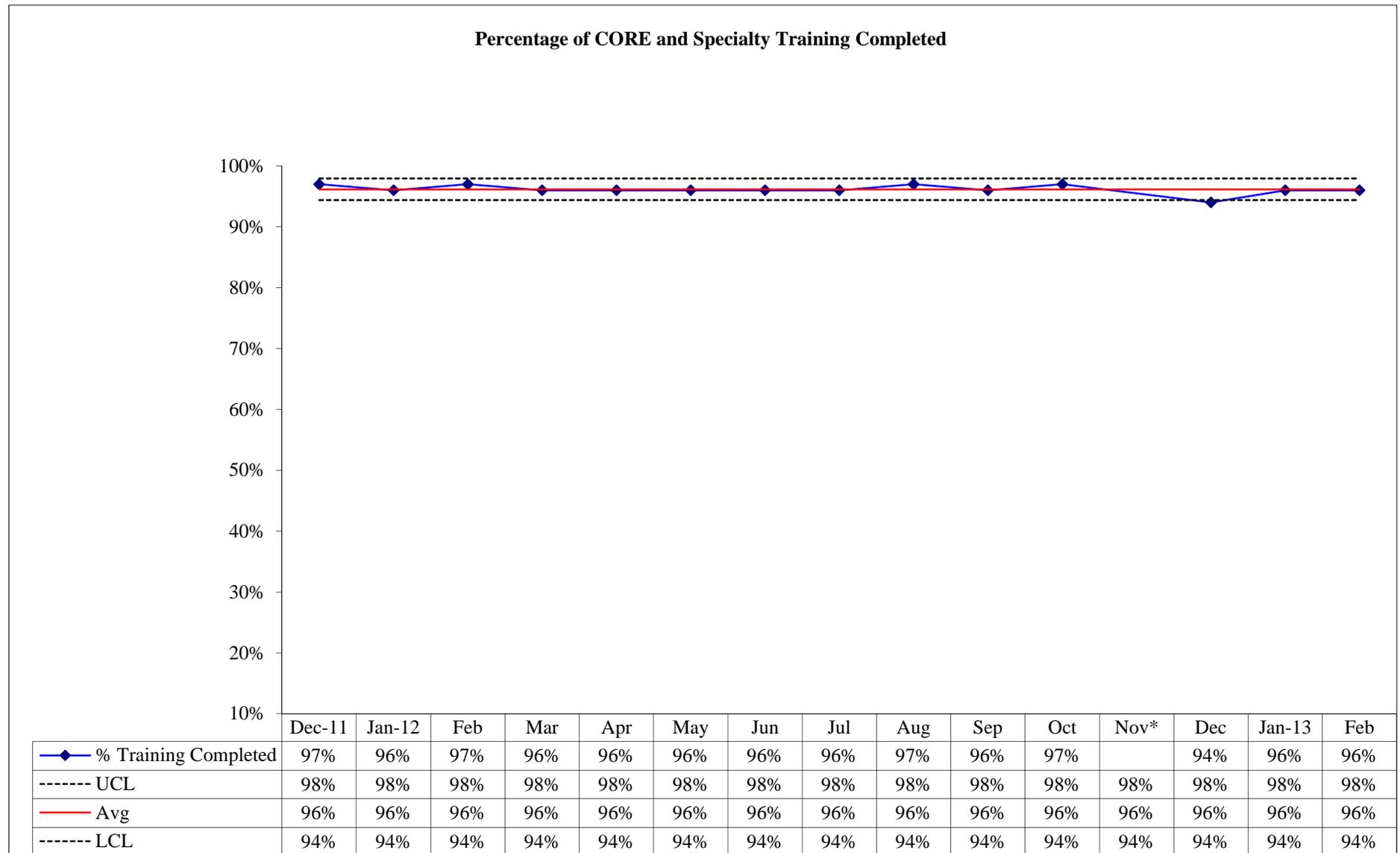
**Percentage of CORE and Specialty Training Completed**



	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
◆ % Training Completed	98%	98%	96%	96%	95%	94%	93%	93%	95%	90%	94%		95%	95%	96%
----- 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%

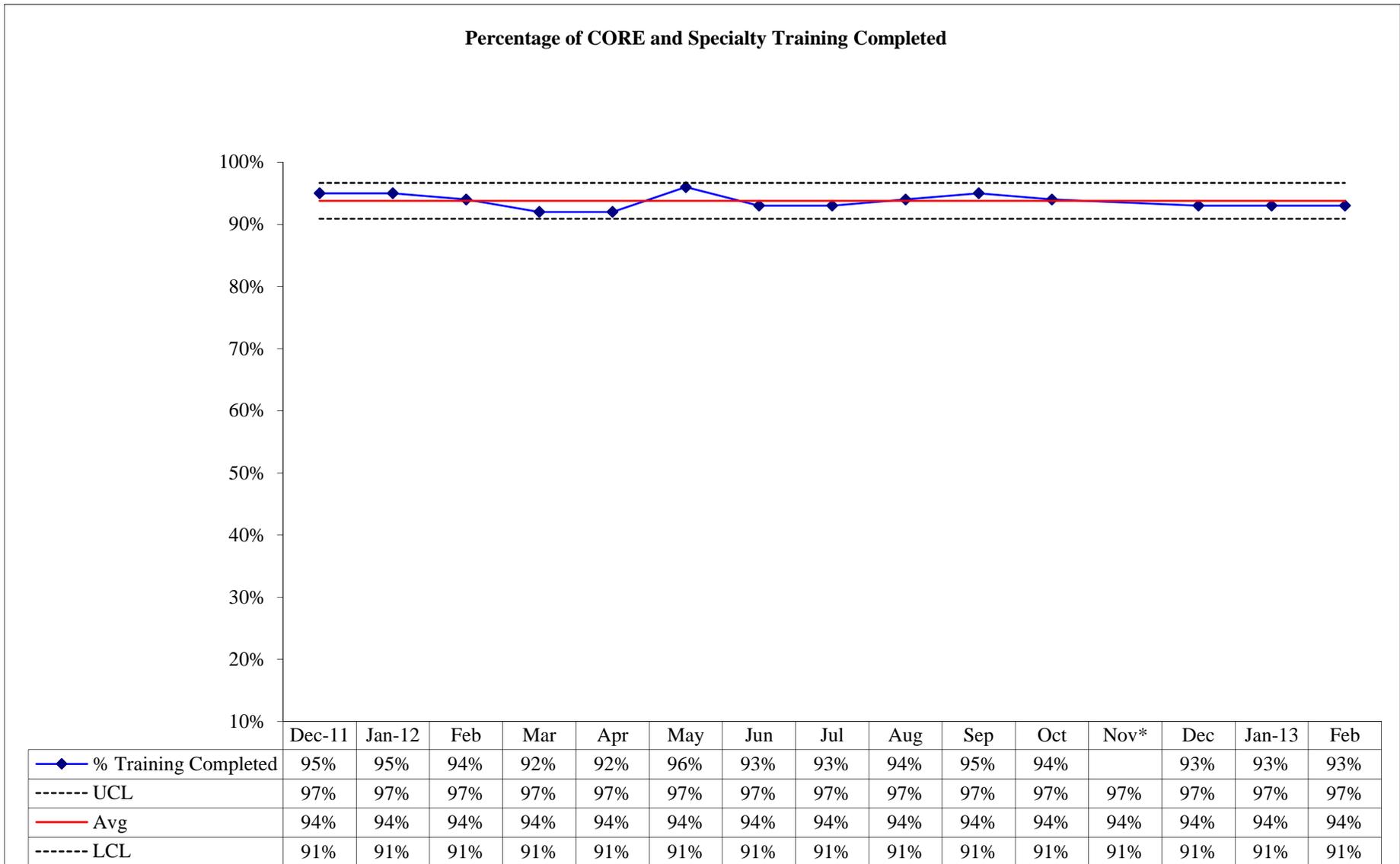
Due to converting to CAPPS, November report is unavailable at this time.

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



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

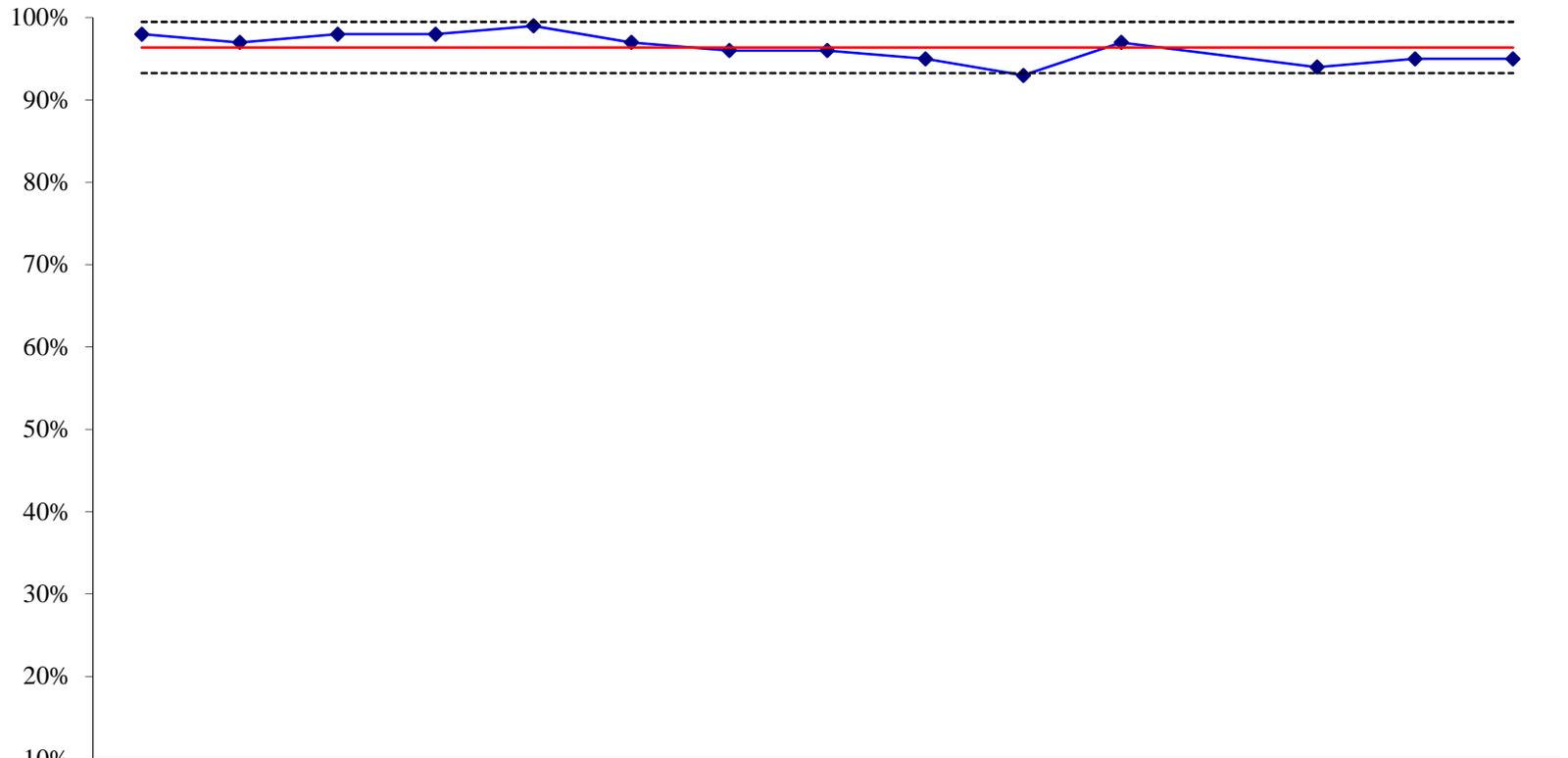
**Objective 8A - Staff Current With CORE and Specialty Training**  
**San Antonio State Hospital**



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**

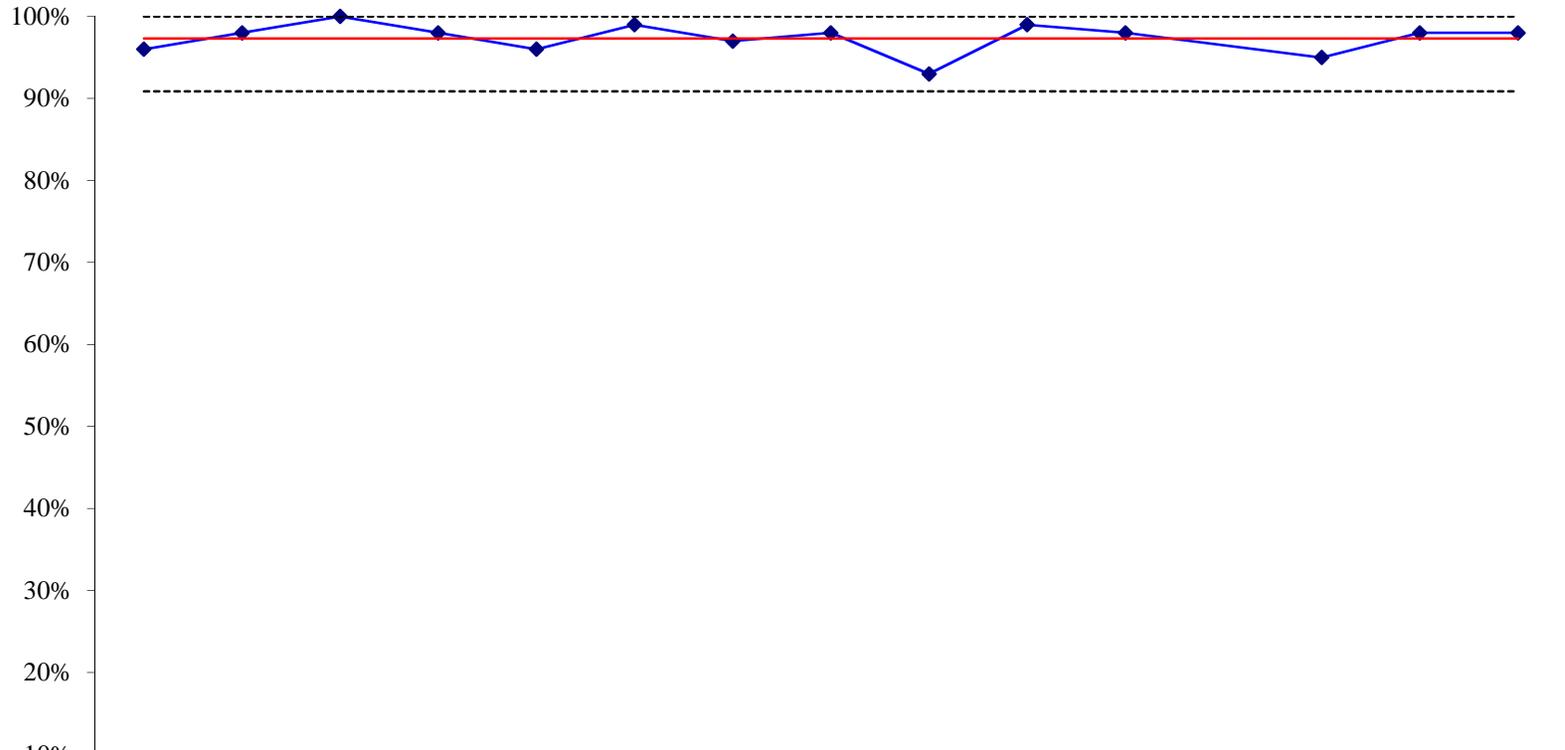


	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
◆ % Training Completed	98%	97%	98%	98%	99%	97%	96%	96%	95%	93%	97%		94%	95%	95%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	93%	93%	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**  
**Waco Center for Youth**

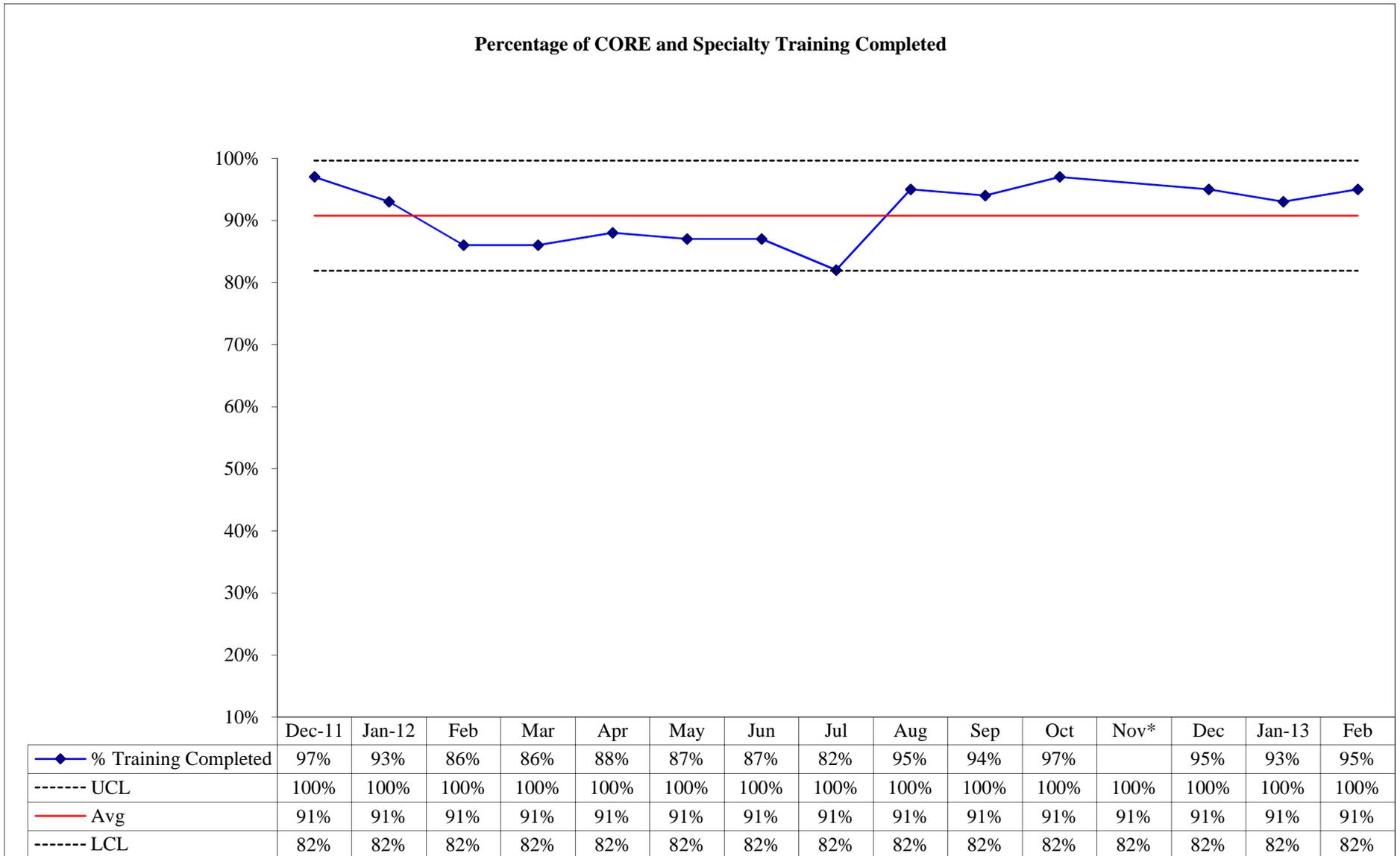
**Percentage of CORE and Specialty Training Completed**



	Dec-11	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-13	Feb
◆ % Training Completed	96%	98%	100%	98%	96%	99%	97%	98%	93%	99%	98%		95%	98%	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	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**  
**Texas Center for Infectious Disease**



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

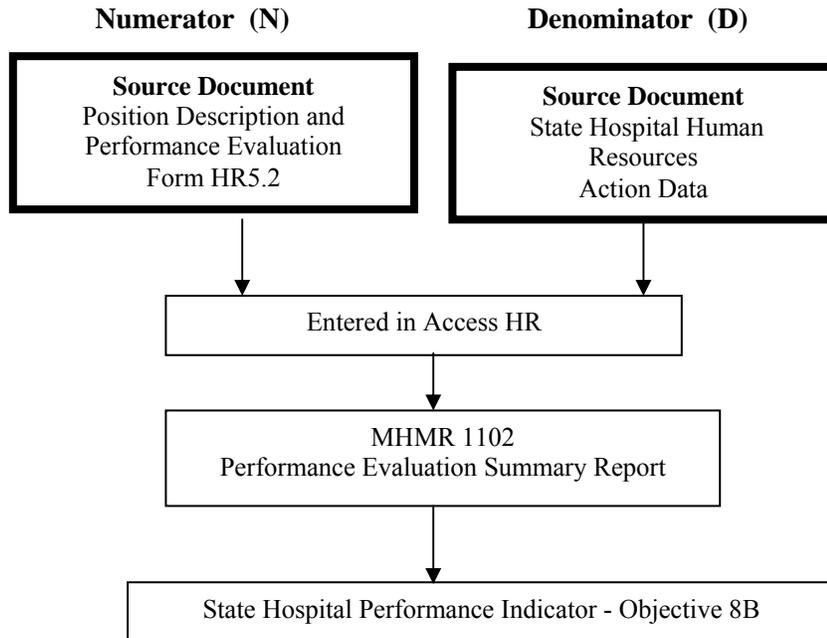
N = number of employees with current evaluations on the last day of the month

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**

	FY11				FY12				FY13			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%		
Big Spring State Hospital	99%	98%	98%	100%	98%	98%	98%	97%	100%	99%		
El Paso Psychiatric Center	95%	80%	91%	97%	98%	95%	95%	91%	91%			
Kerrville State Hospital	92%	91%	91%	95%	93%	90%	96%	97%	97%	93%		
North Texas State Hospital	81%	81%	80%		96%	97%	97%	94%	89%			
Rio Grande State Center	82%	80%	82%	76%	92%	96%	94%	91%	90%	89%		
Rusk State Hospital	96%	95%	100%	95%	100%	90%	99%	96%	94%	98%		
San Antonio State Hospital	87%	74%	81%	89%	89%	86%	90%	89%	89%	88%		
Terrell State Hospital	85%	93%	91%	93%	89%	89%	93%	91%	89%			
Waco Center for Youth	96%	96%	97%	96%	97%	95%	91%	95%	93%	96%		
TCID	91%		51%	43%	55%	73%	74%	71%	57%	54%		
All State Hospitals	91%	88%	87%	88%	92%	92%	93%	92%	90%	90%		

Q2 FY13 - CAPPS report unavailable at this time, data received from hospitals

**Performance Measure 8A:**

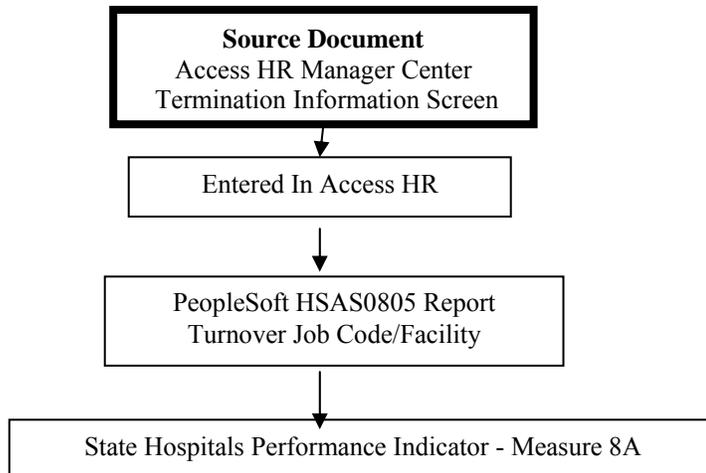
**Collect, analyze and report staff turnover rates for critical shortage staff.**

**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.

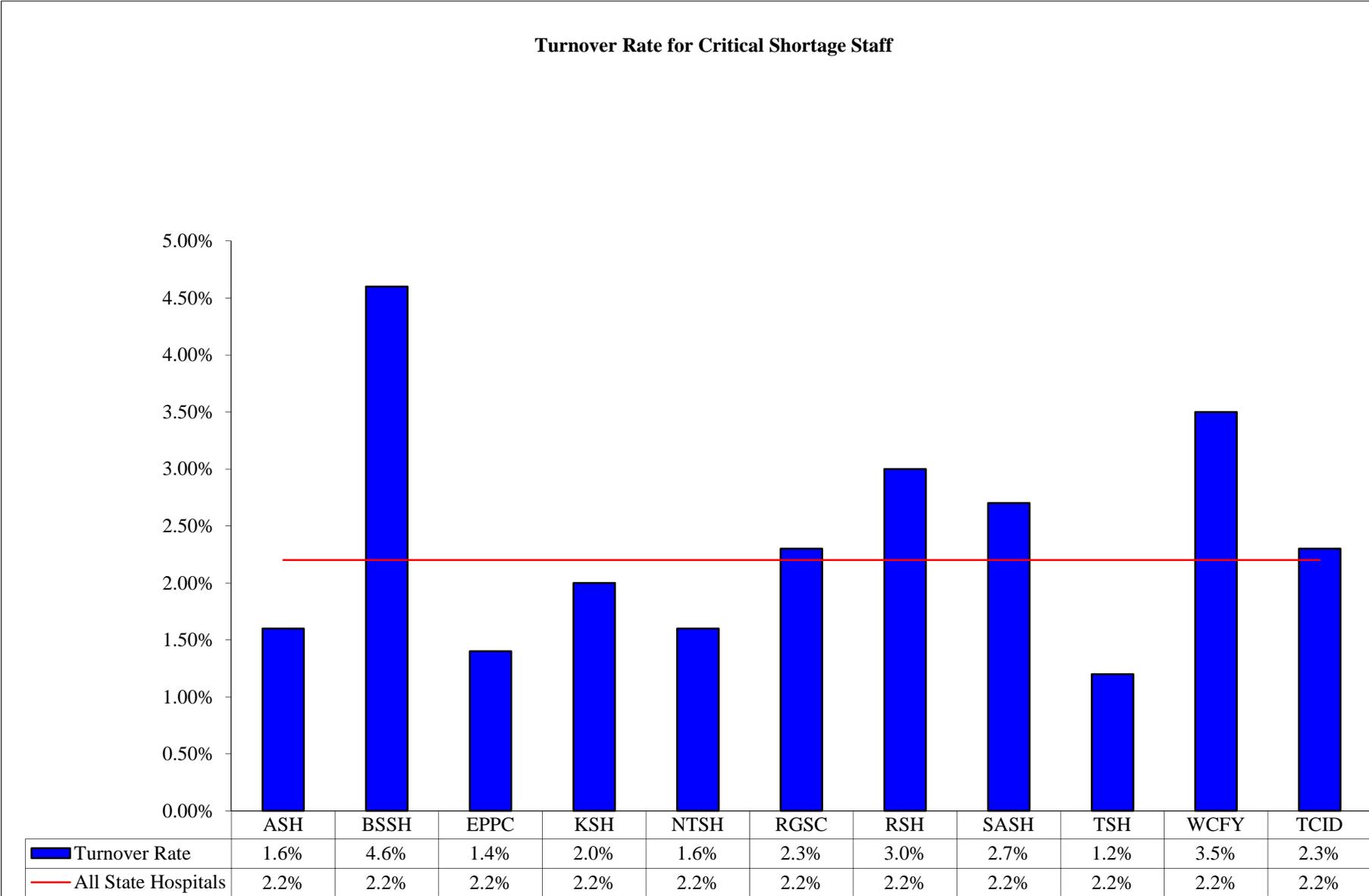
**Performance Measure Formula:** The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100].

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

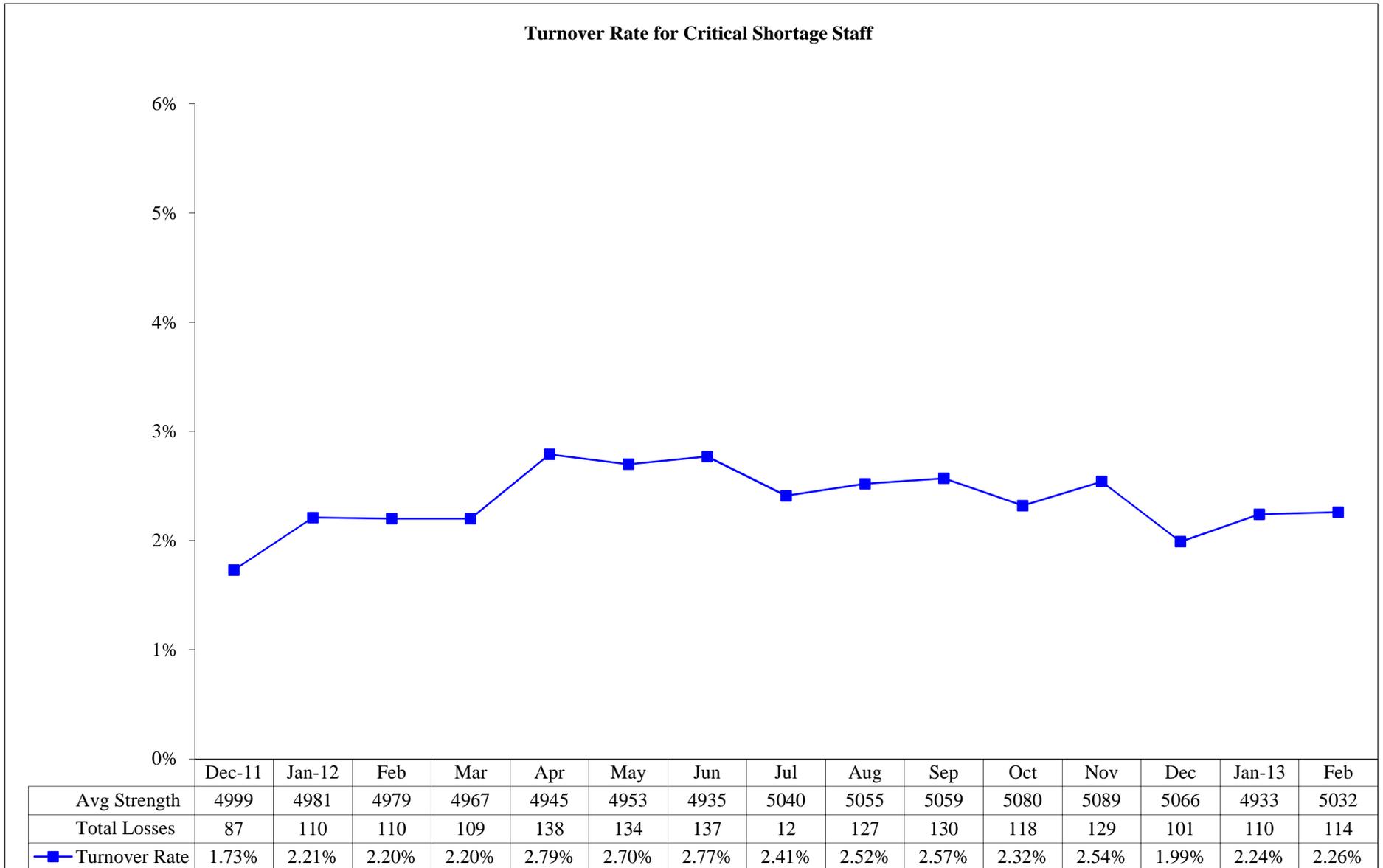
**Data Flow:**



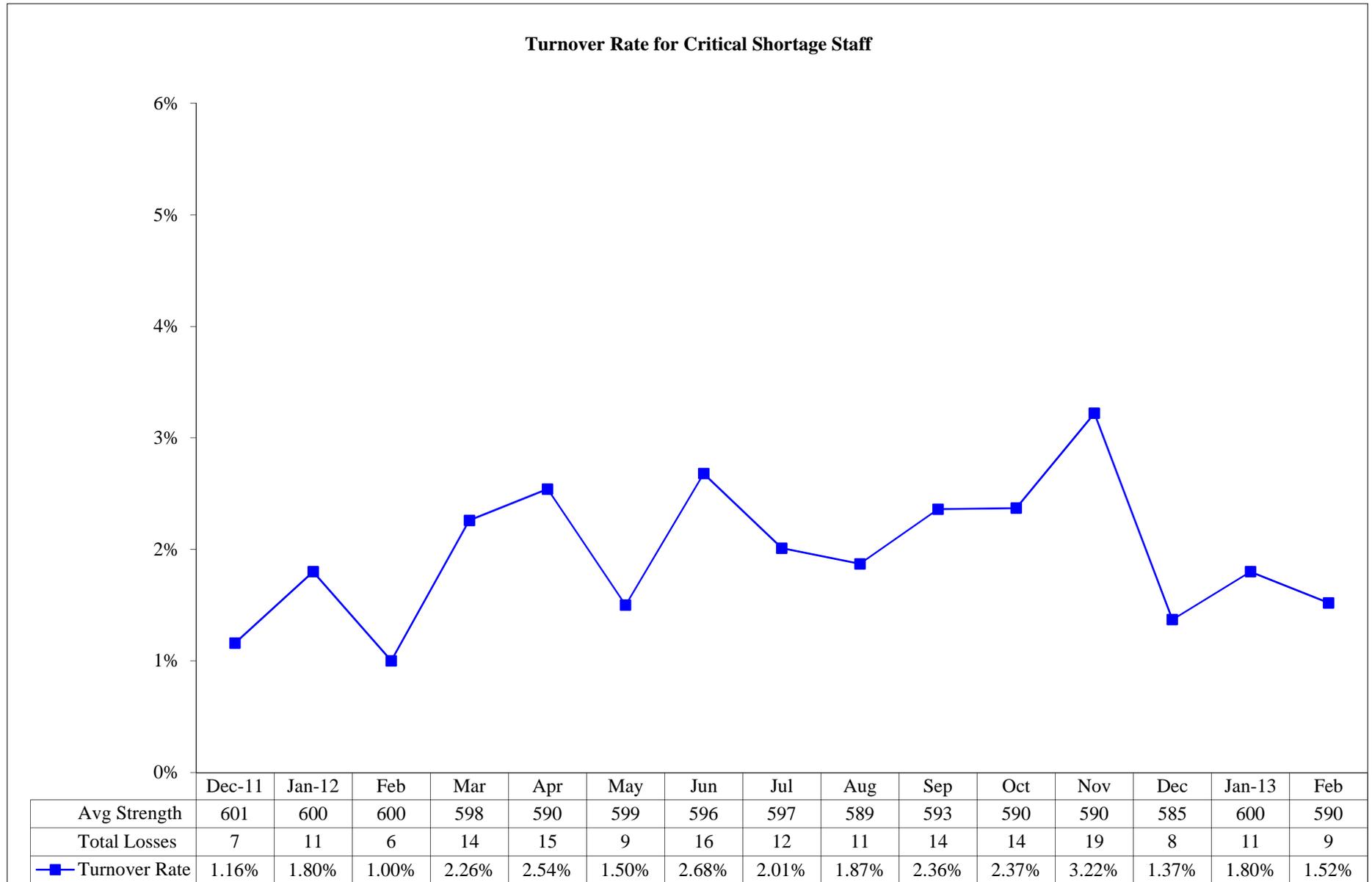
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals - FY13 Q2 Average**



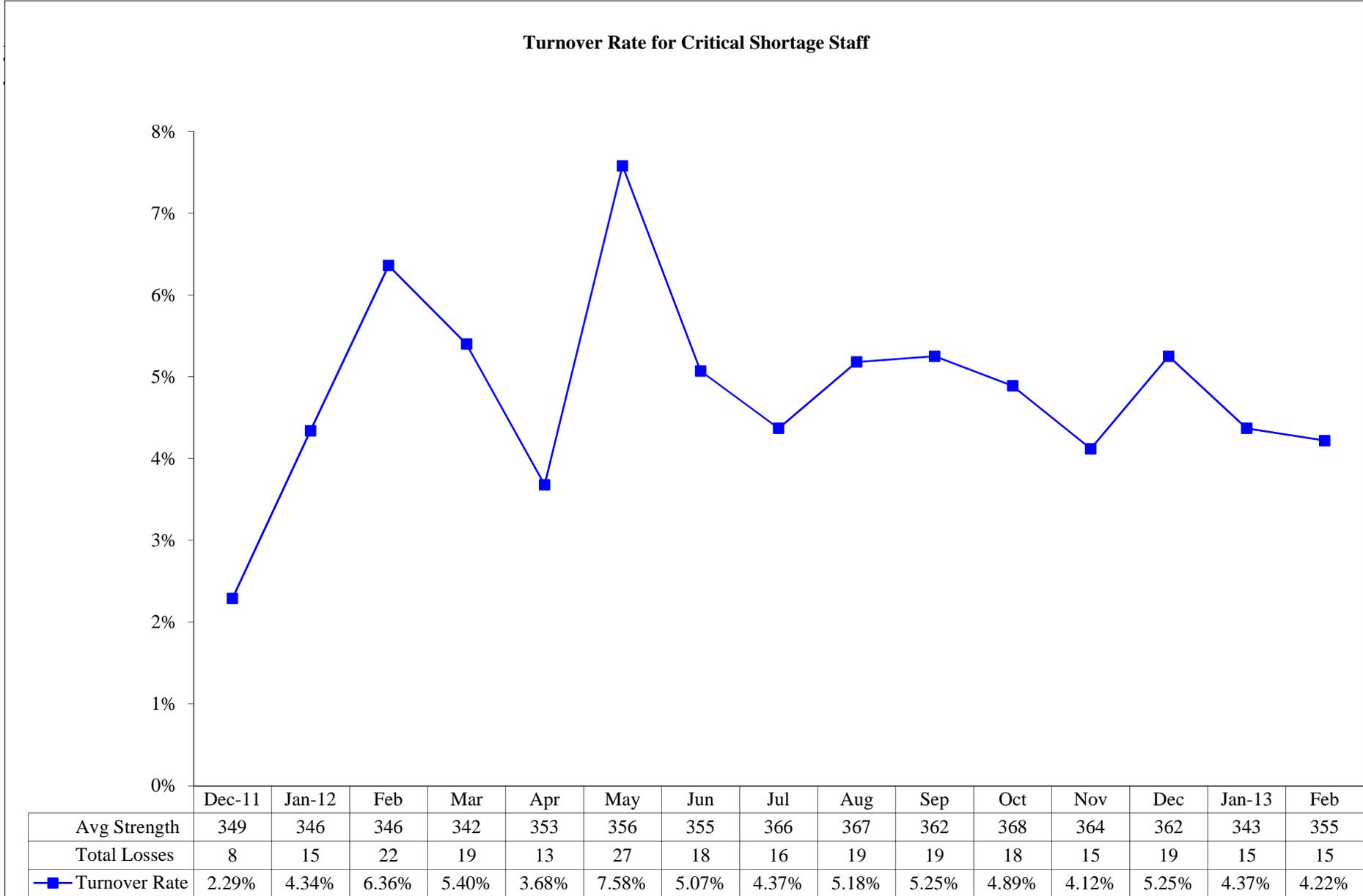
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals**



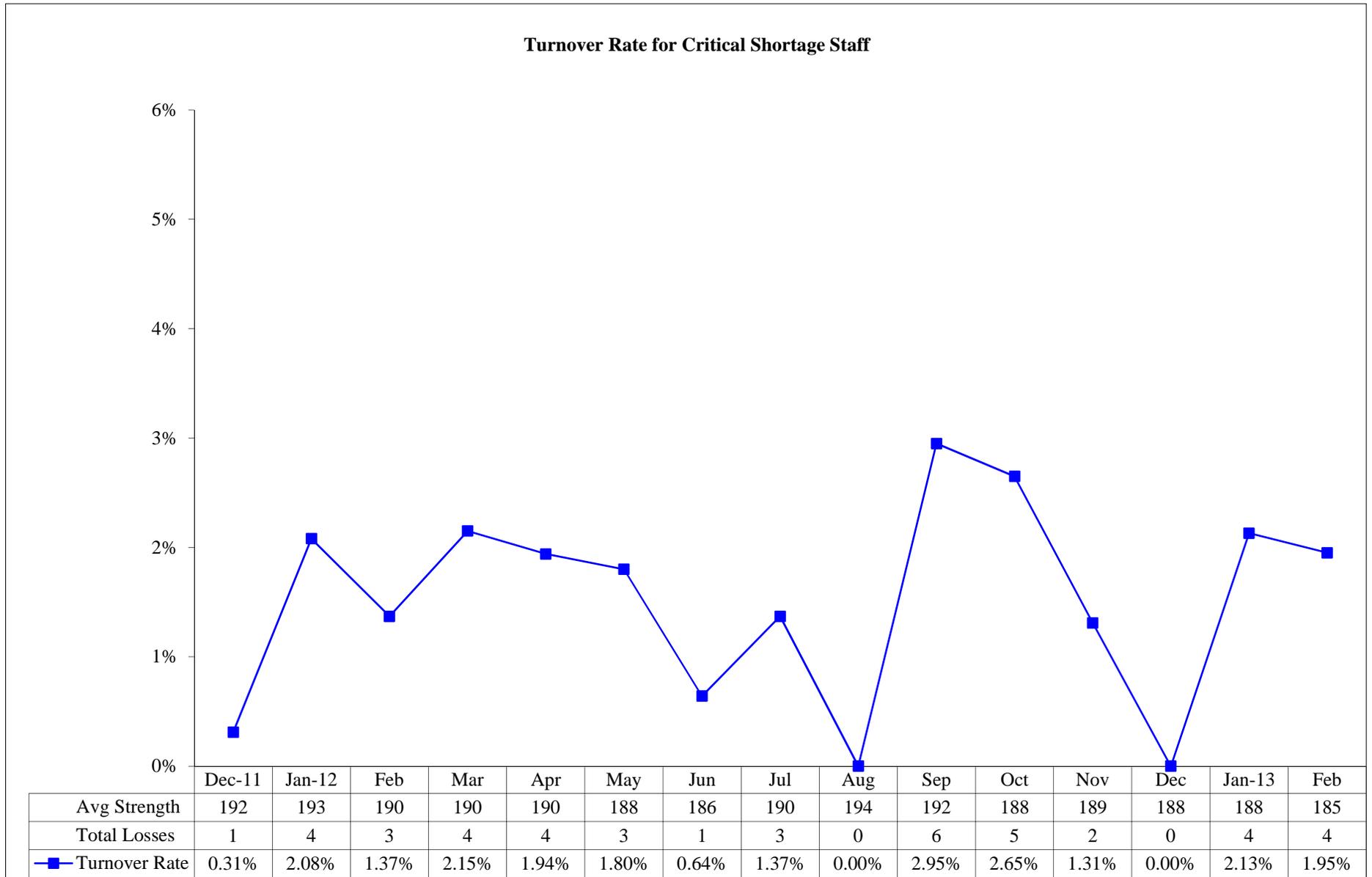
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Austin State Hospital**



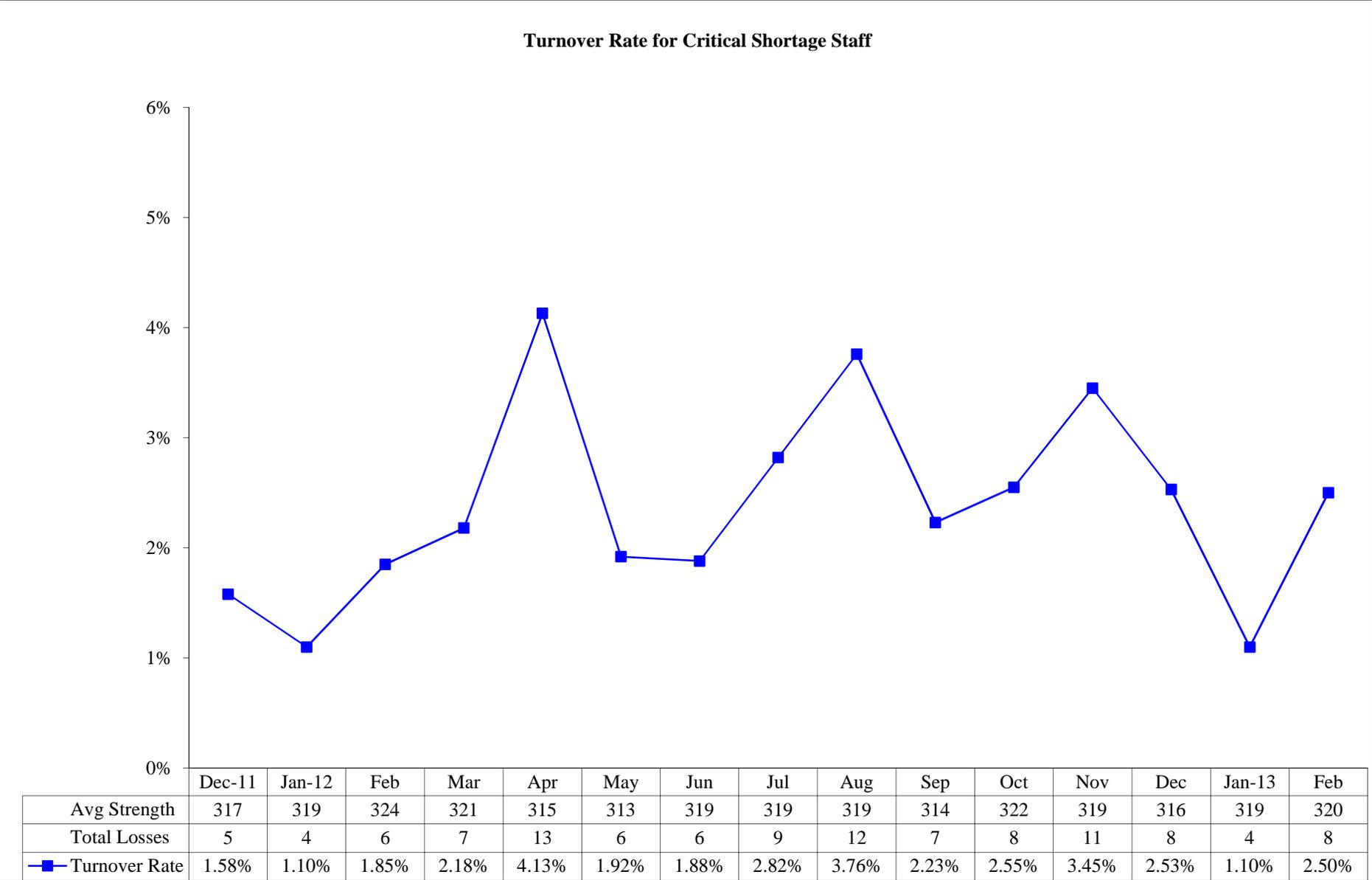
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Big Spring State Hospital**



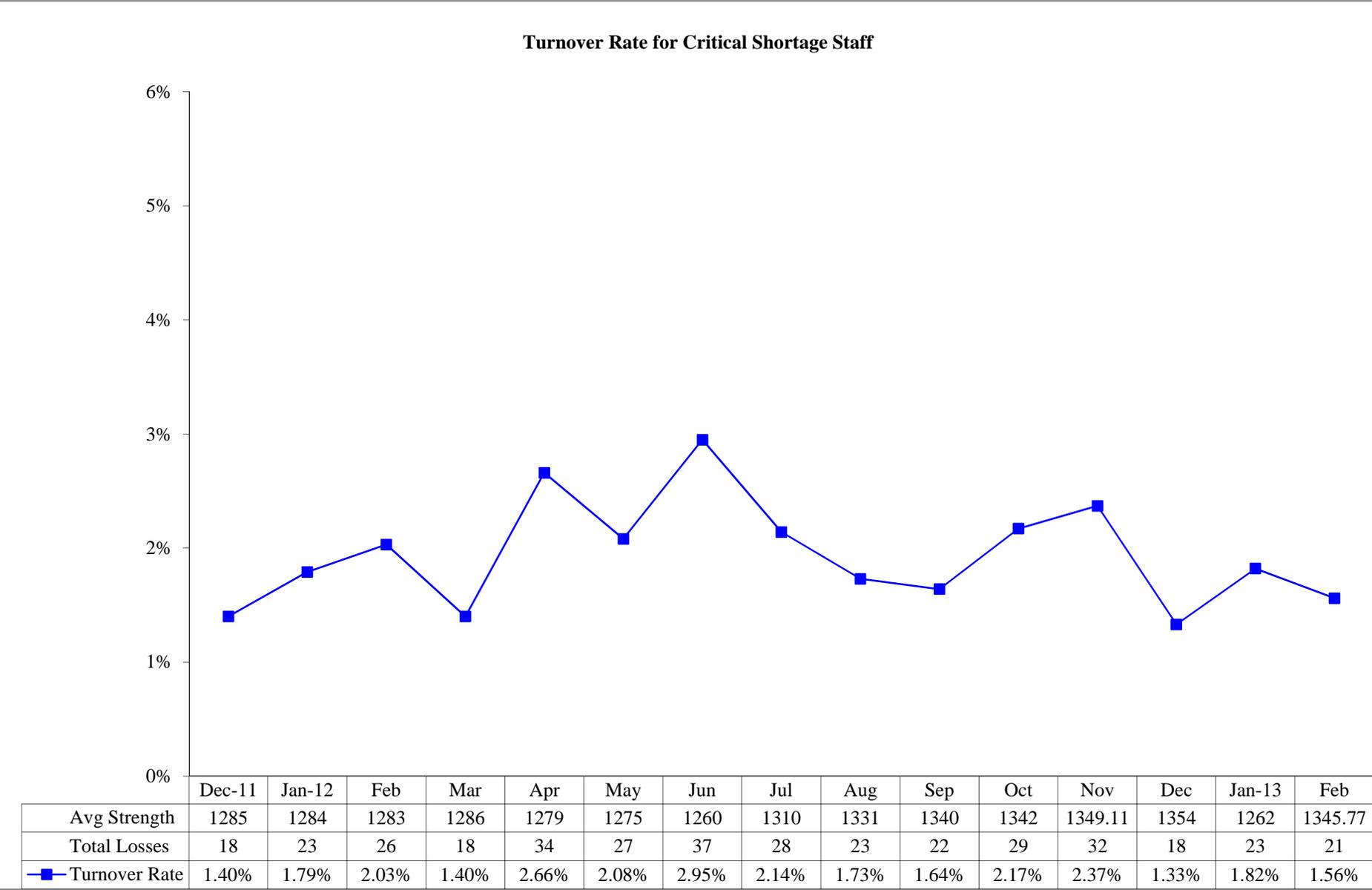
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**El Paso Psychiatric Center**



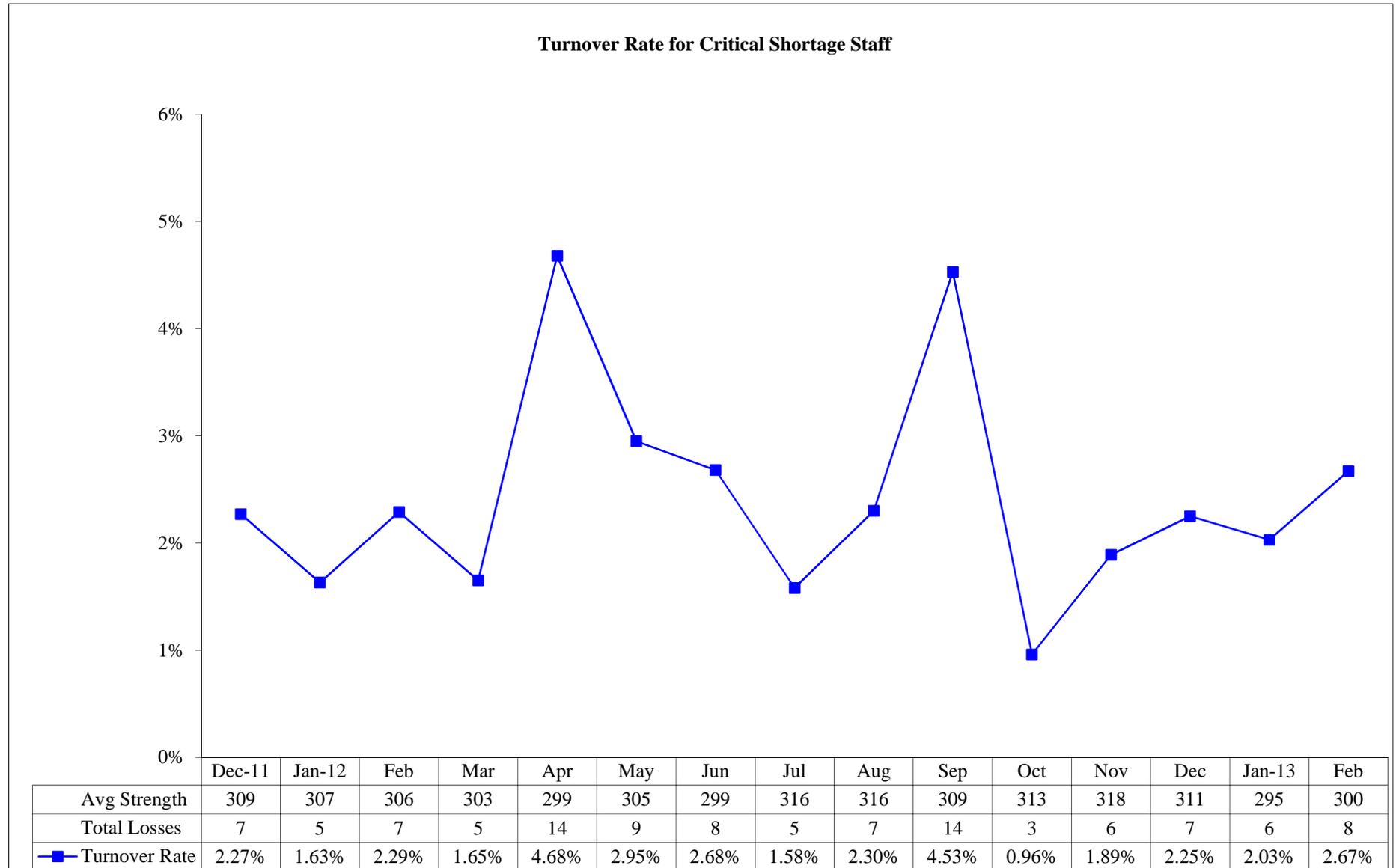
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Kerrville State Hospital**



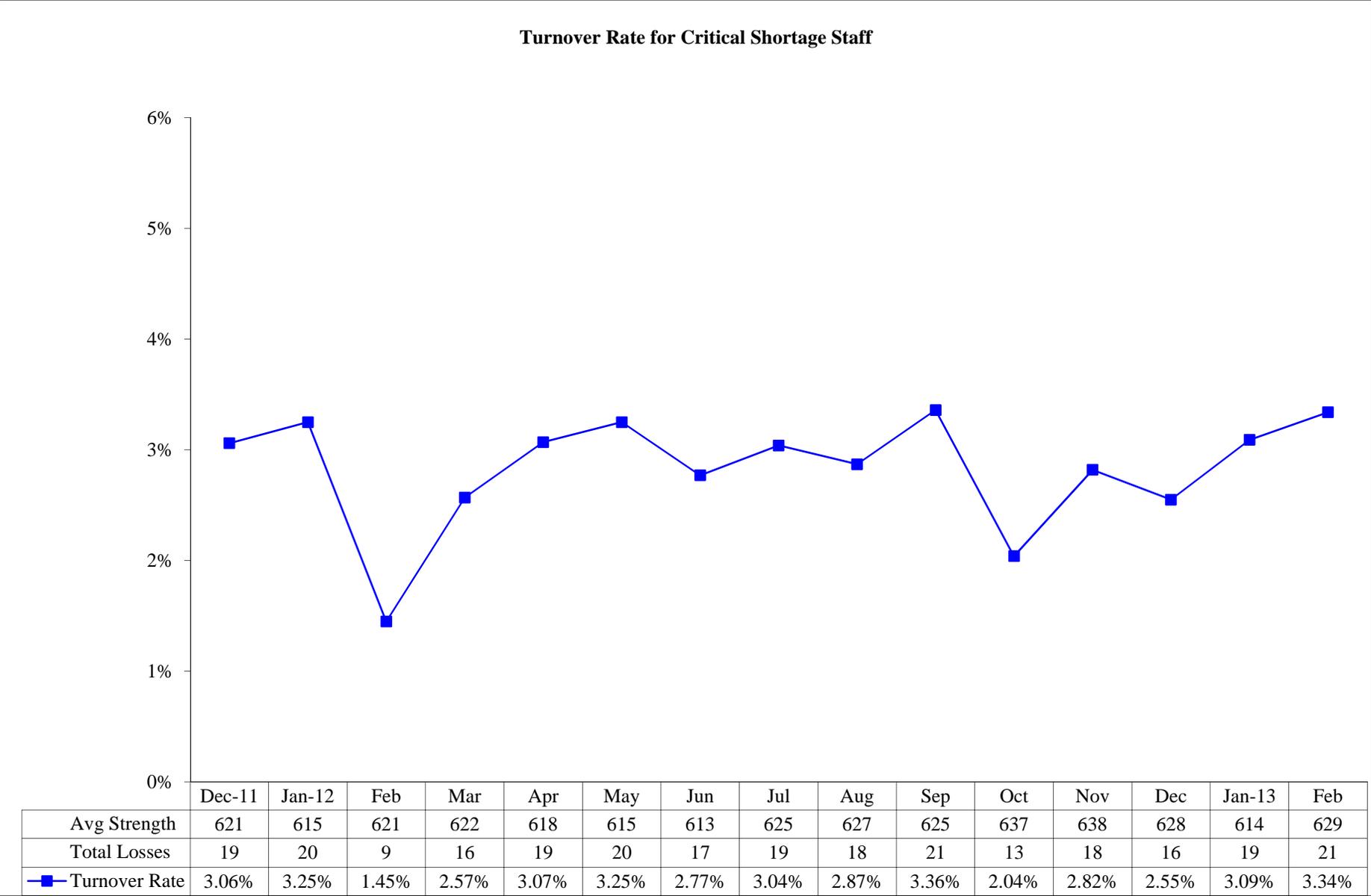
**Measure 8A - Turnover Rate for Critical Shortage Staff  
North Texas State Hospital**



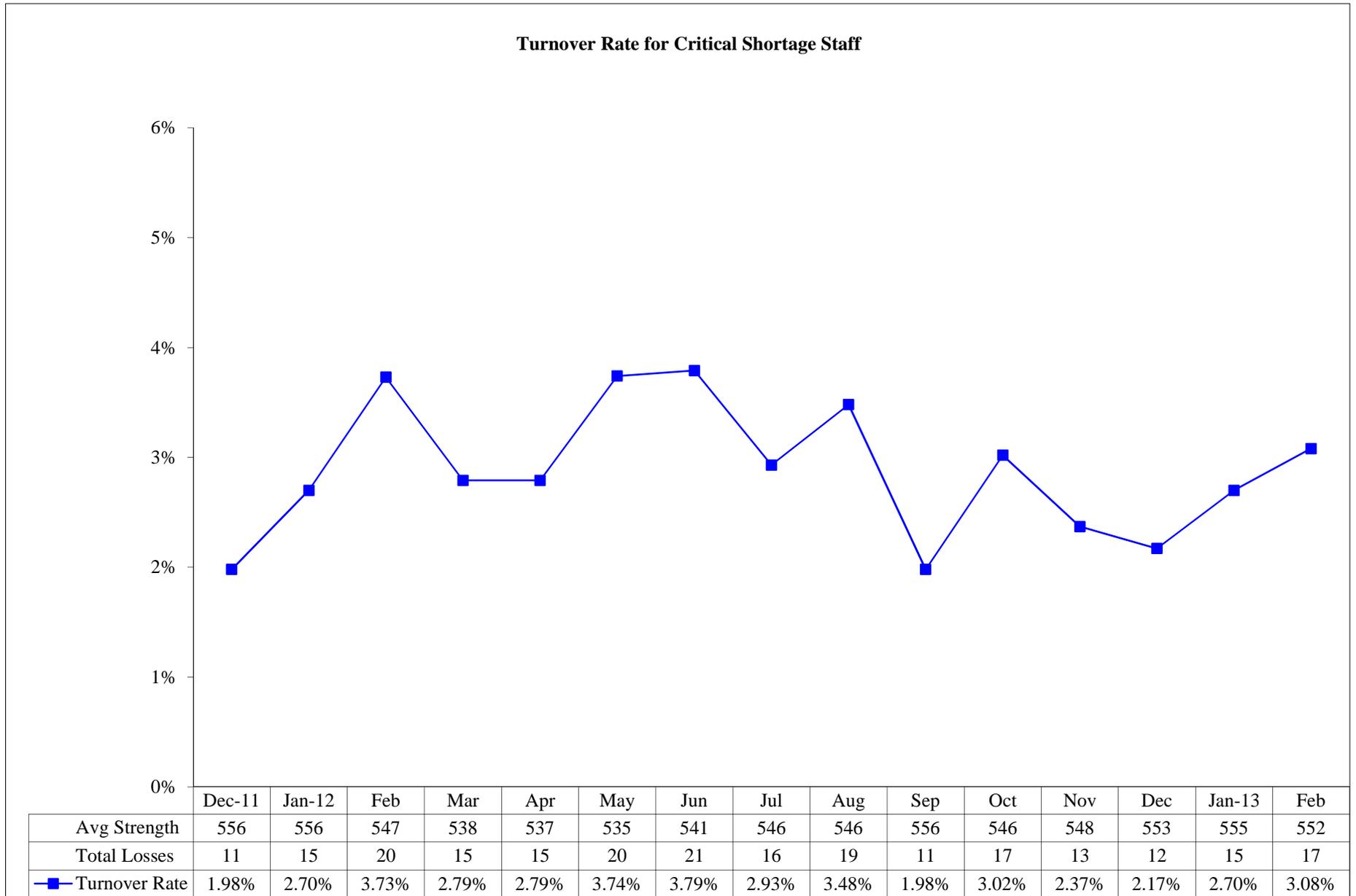
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**Rio Grande State Center**



**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**

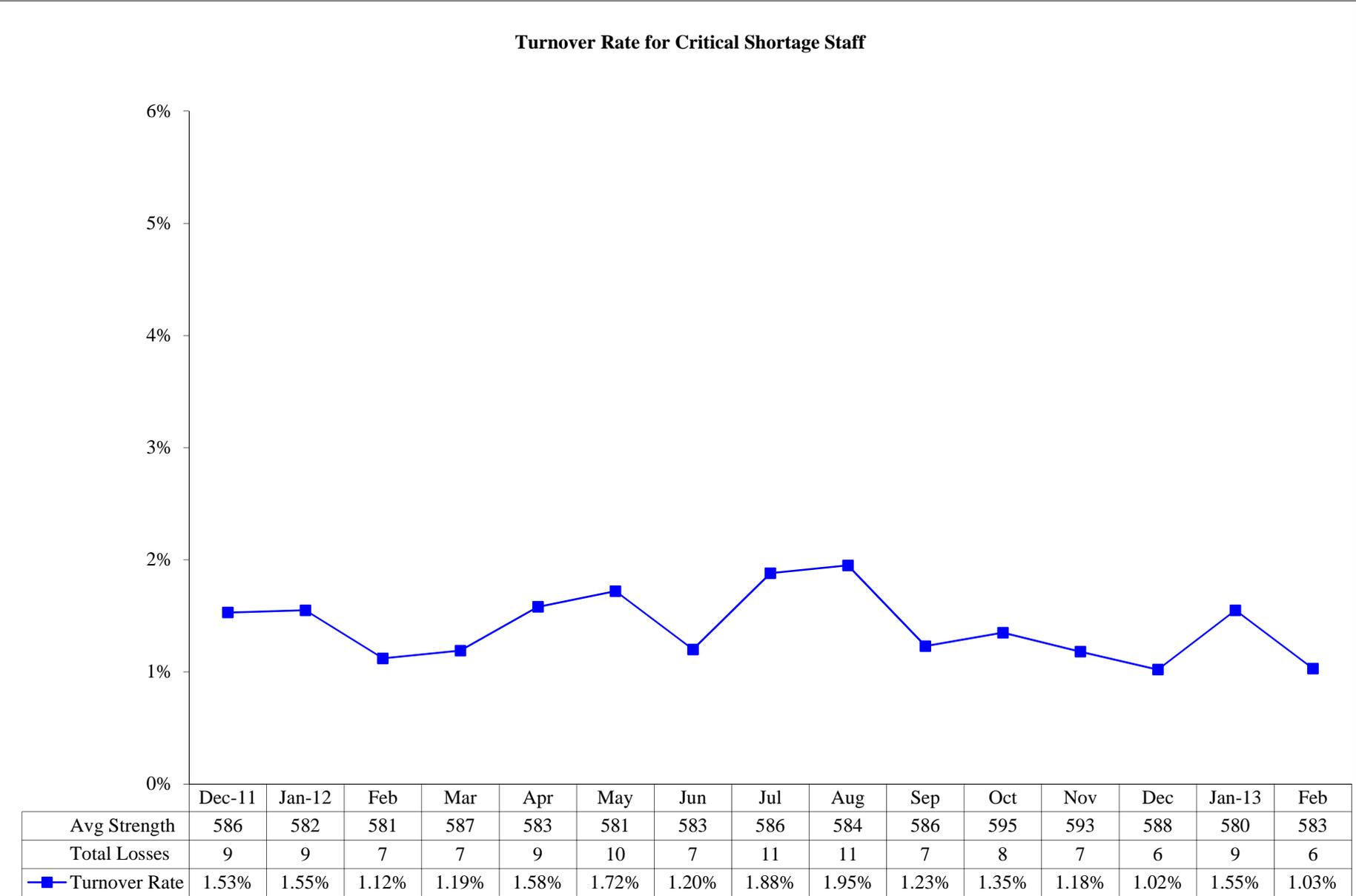
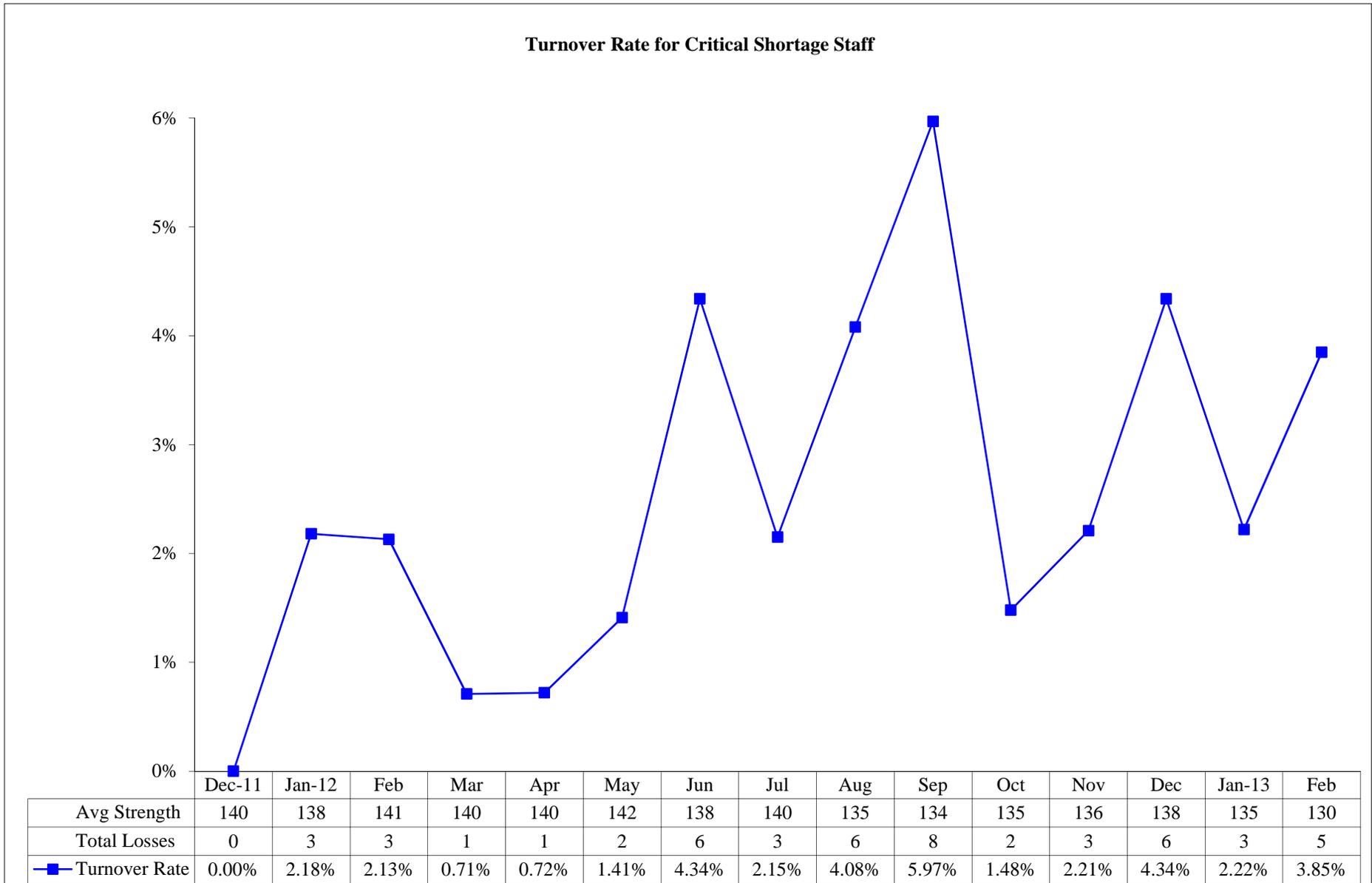


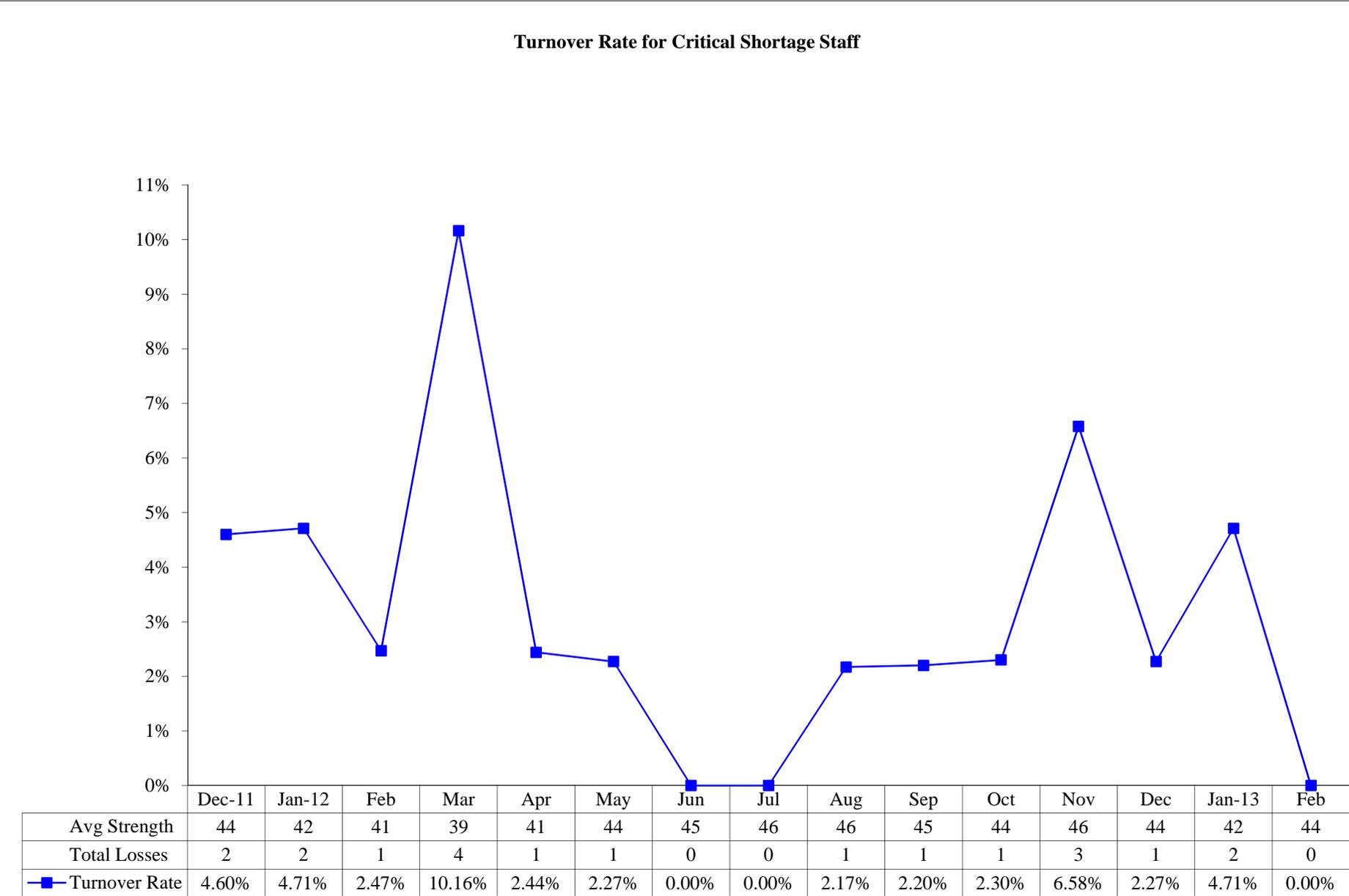
Chart: Hospital Management Data Services

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.

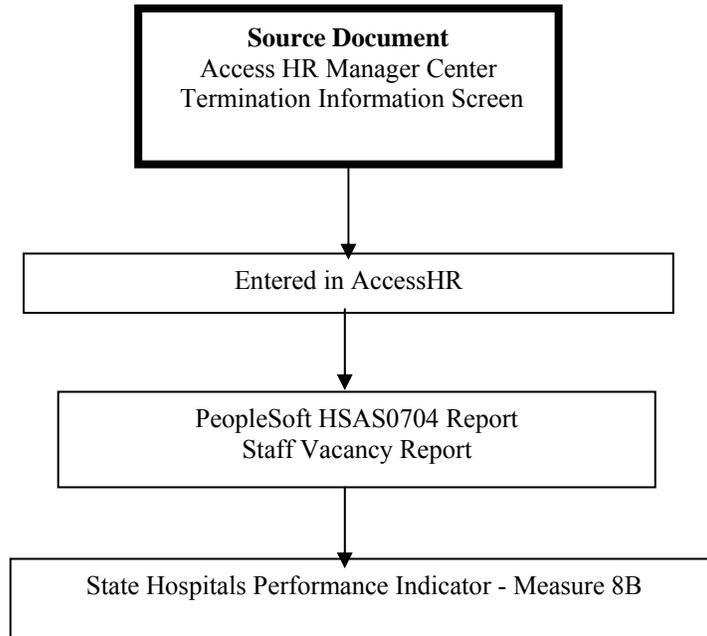
**Performance Measure Formula:**

**Performance Measure Data Display and Chart Description:**

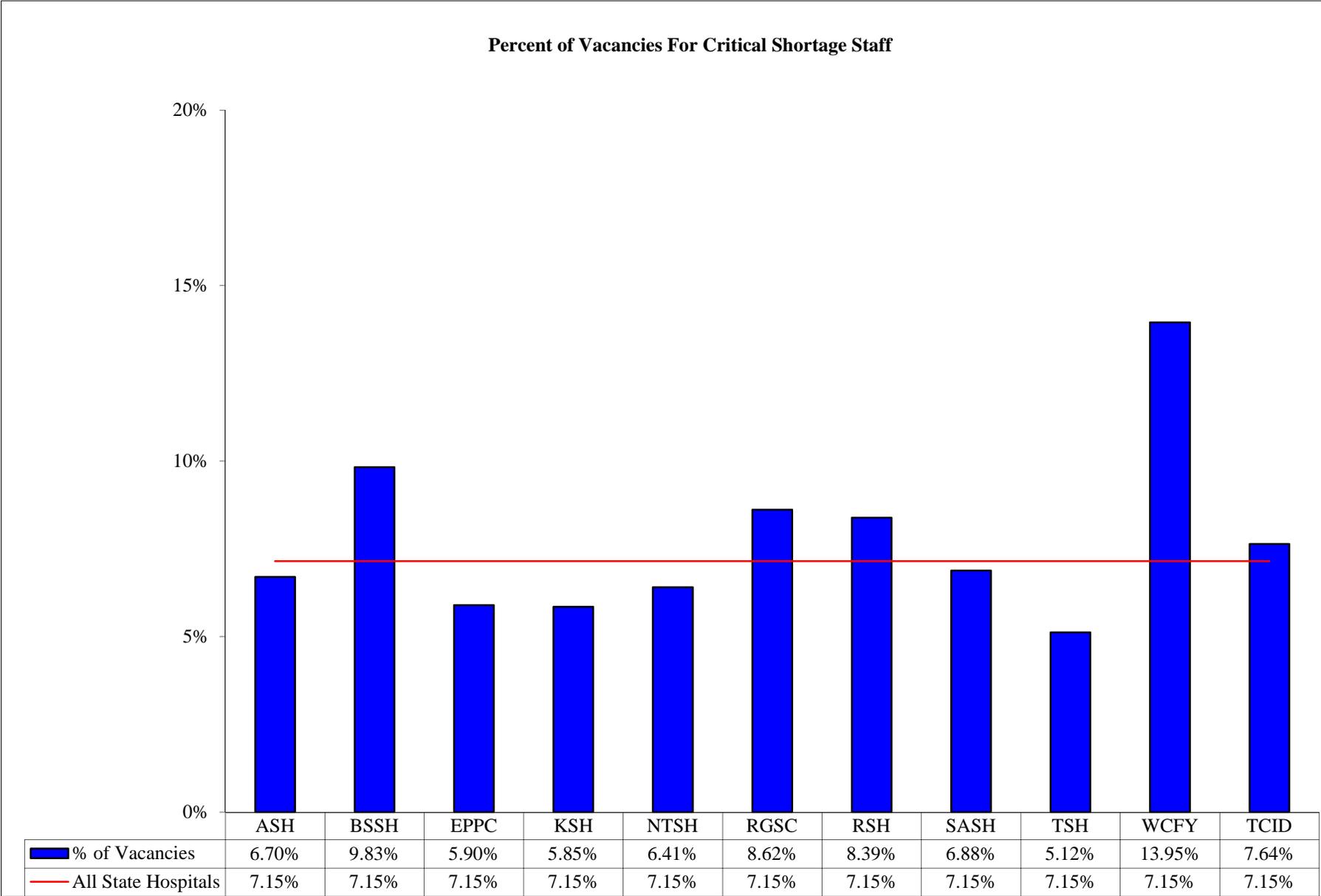
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of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

**Data Flow:**

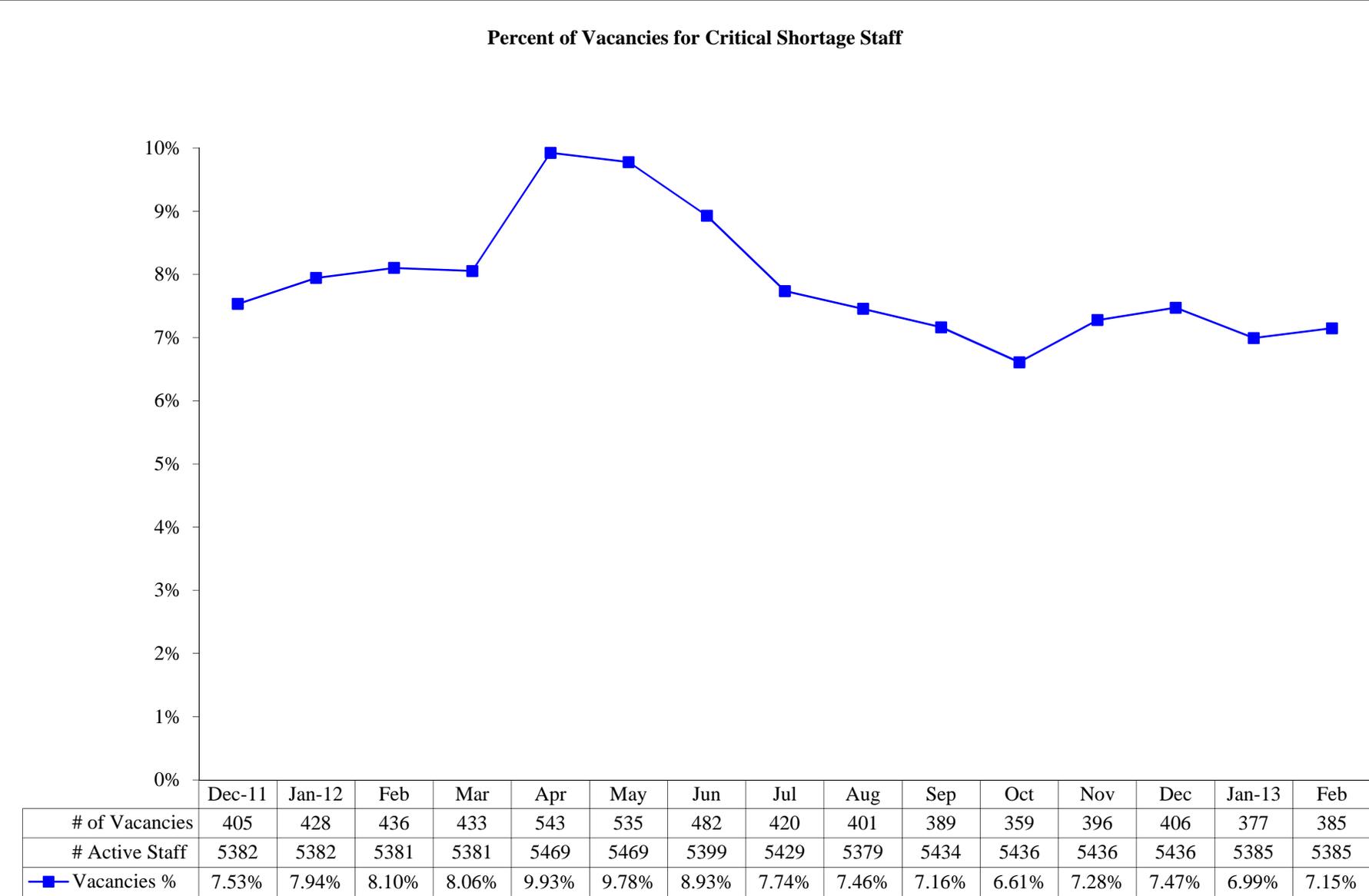
**Data Flow:**



**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of February 28, 2013**

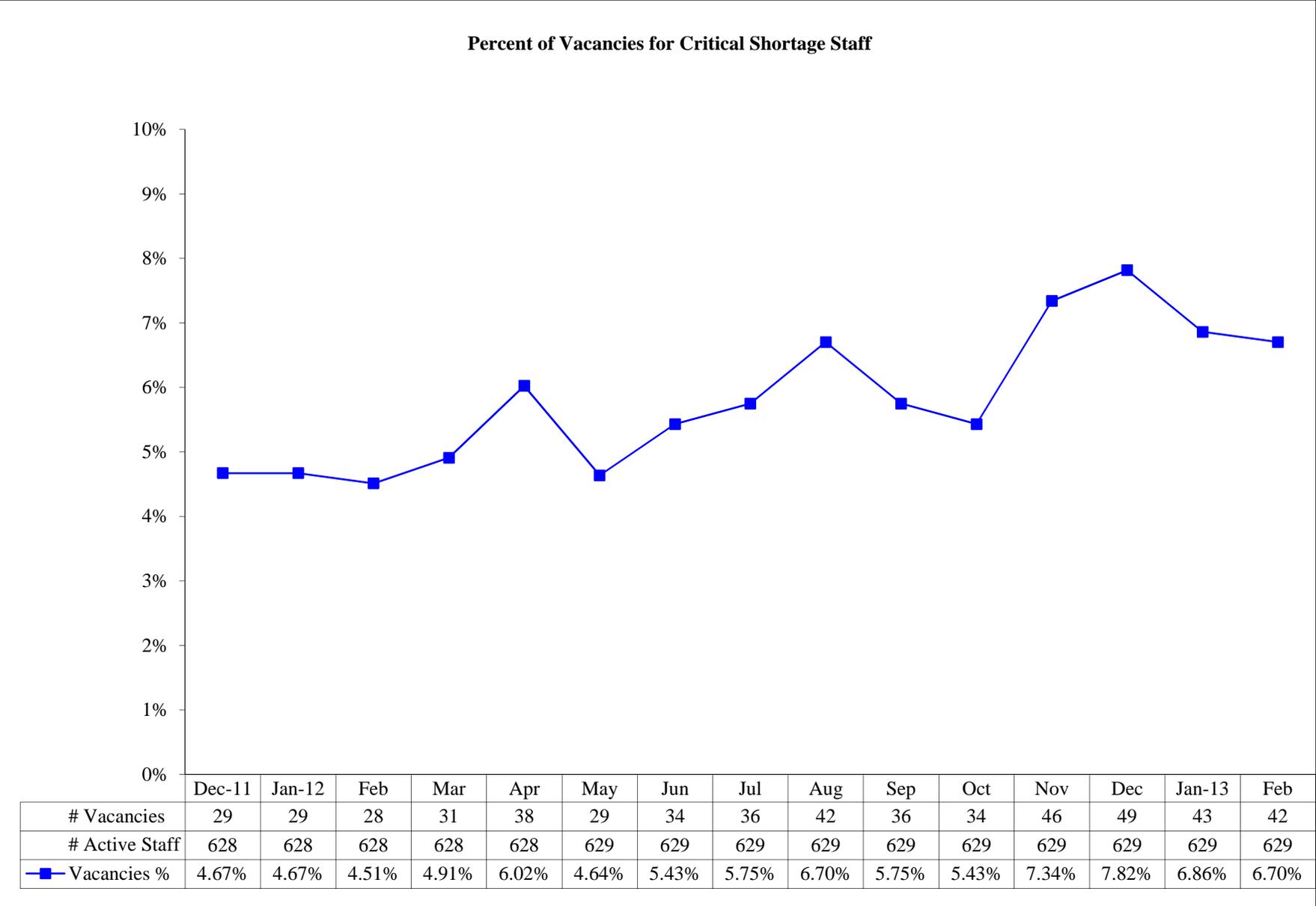


**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals**

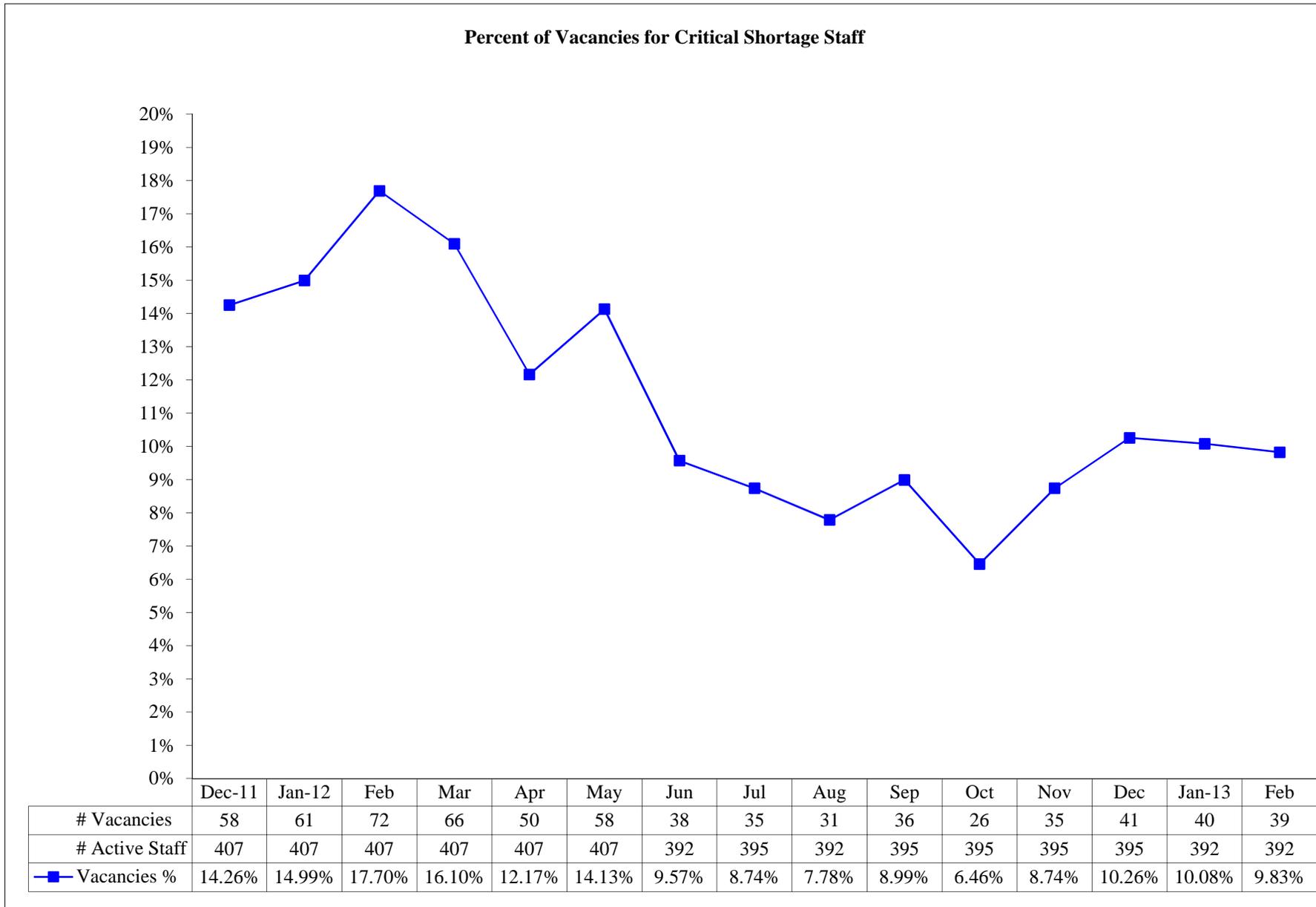


Additional staff added in April at NTSH (97) and RSH (35) due to expanding maximum security beds

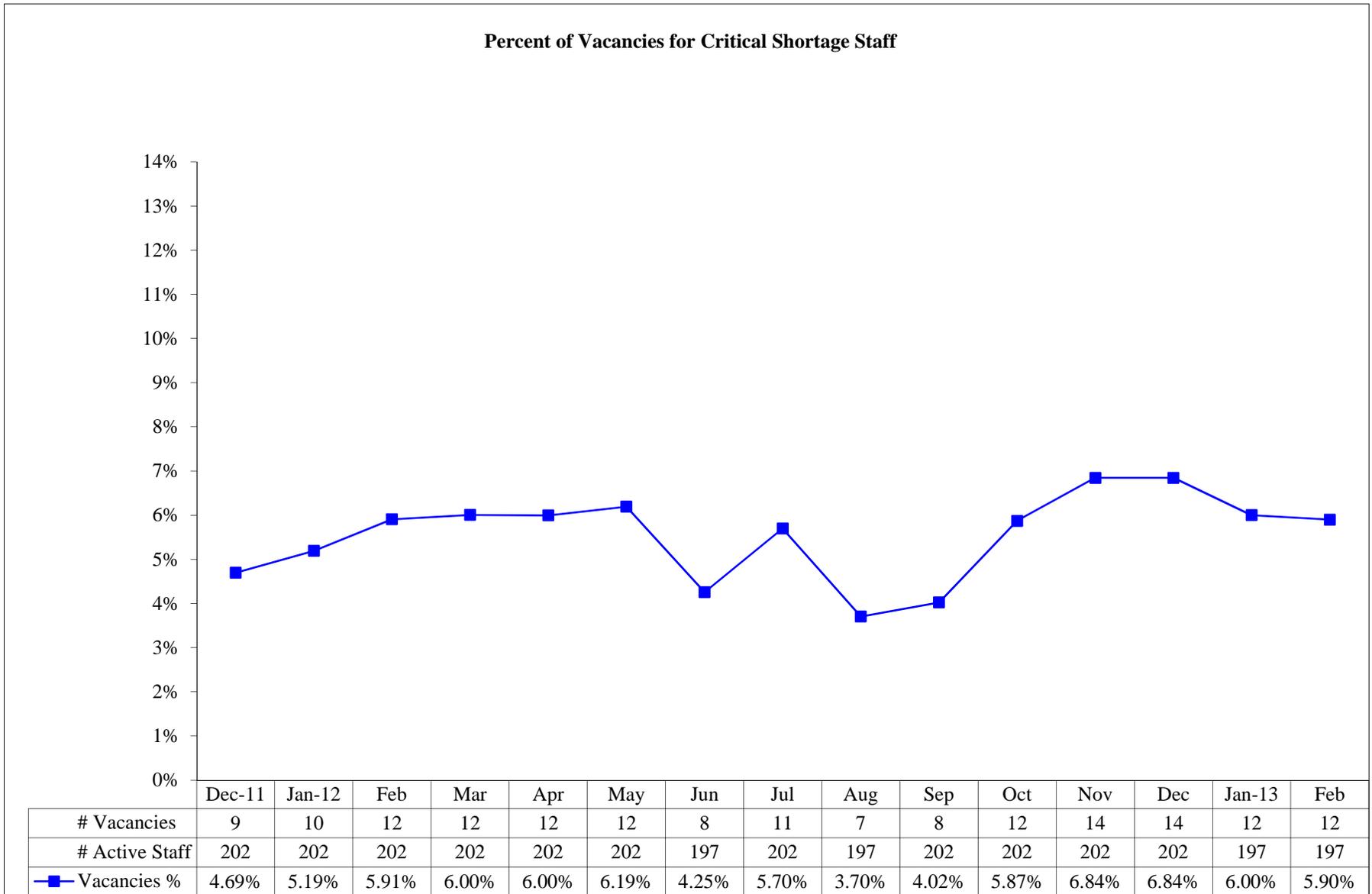
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



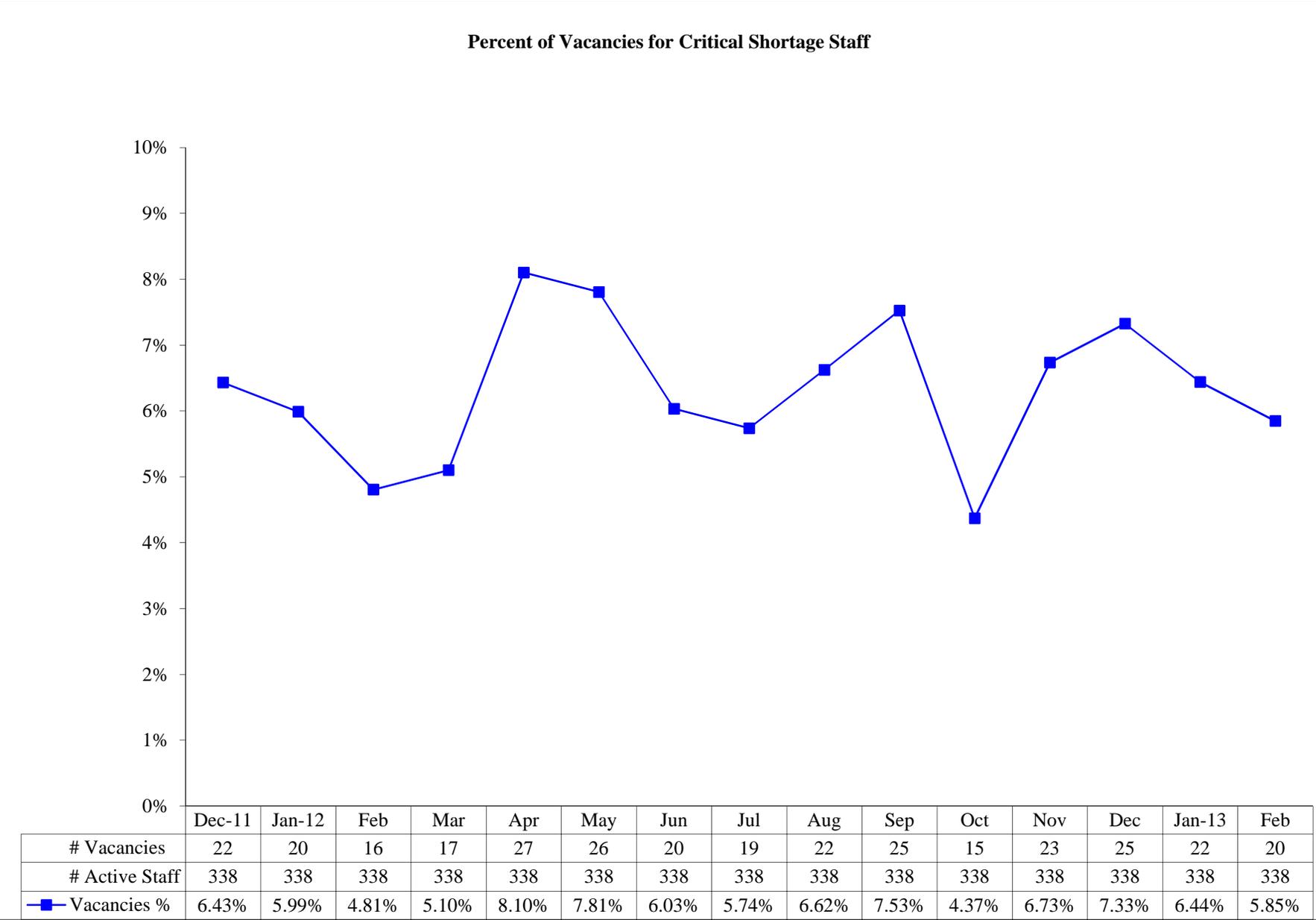
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



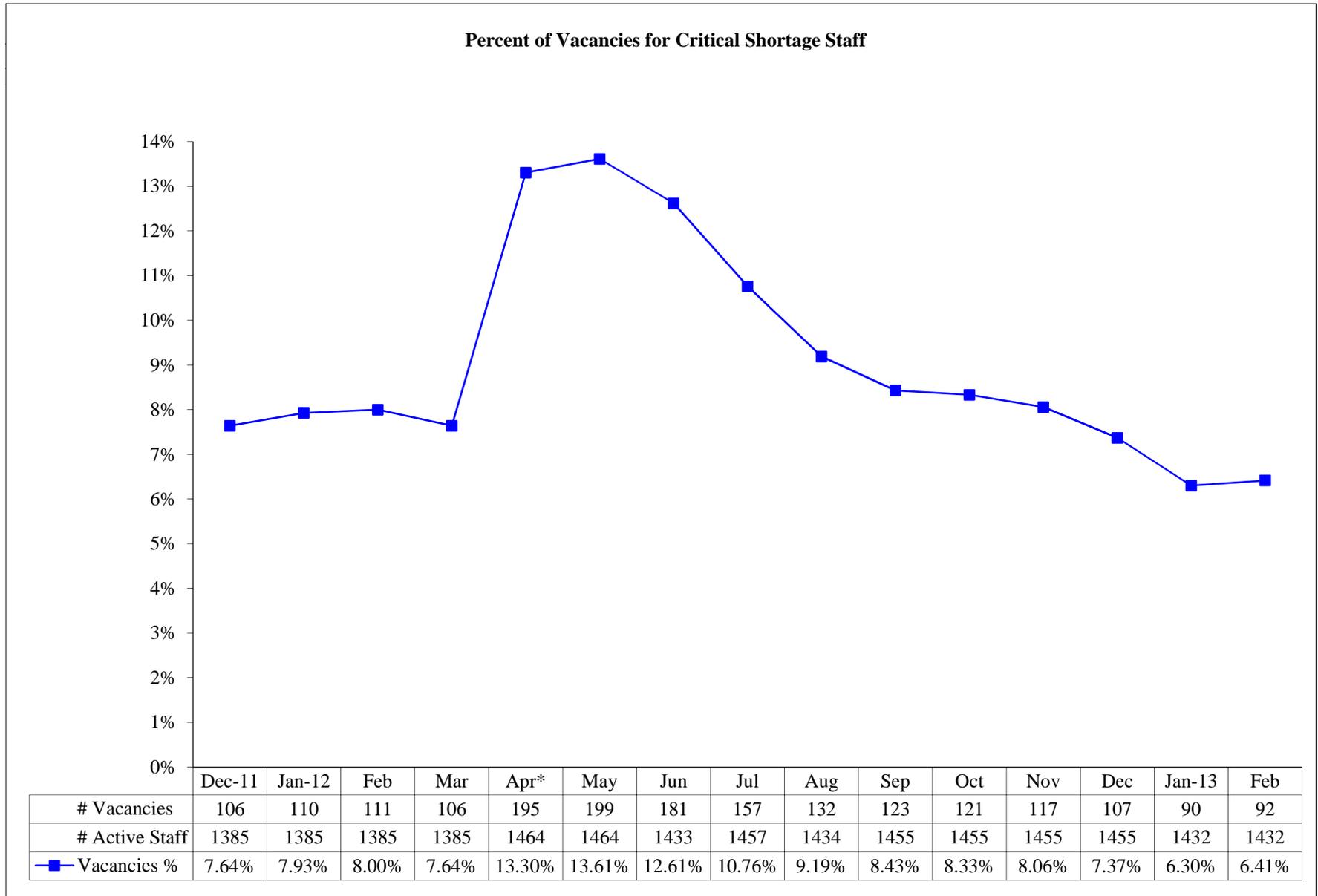
**Measure 8B - Vacancies for Critical Shortage Staff  
El Paso Psychiatric Center**



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

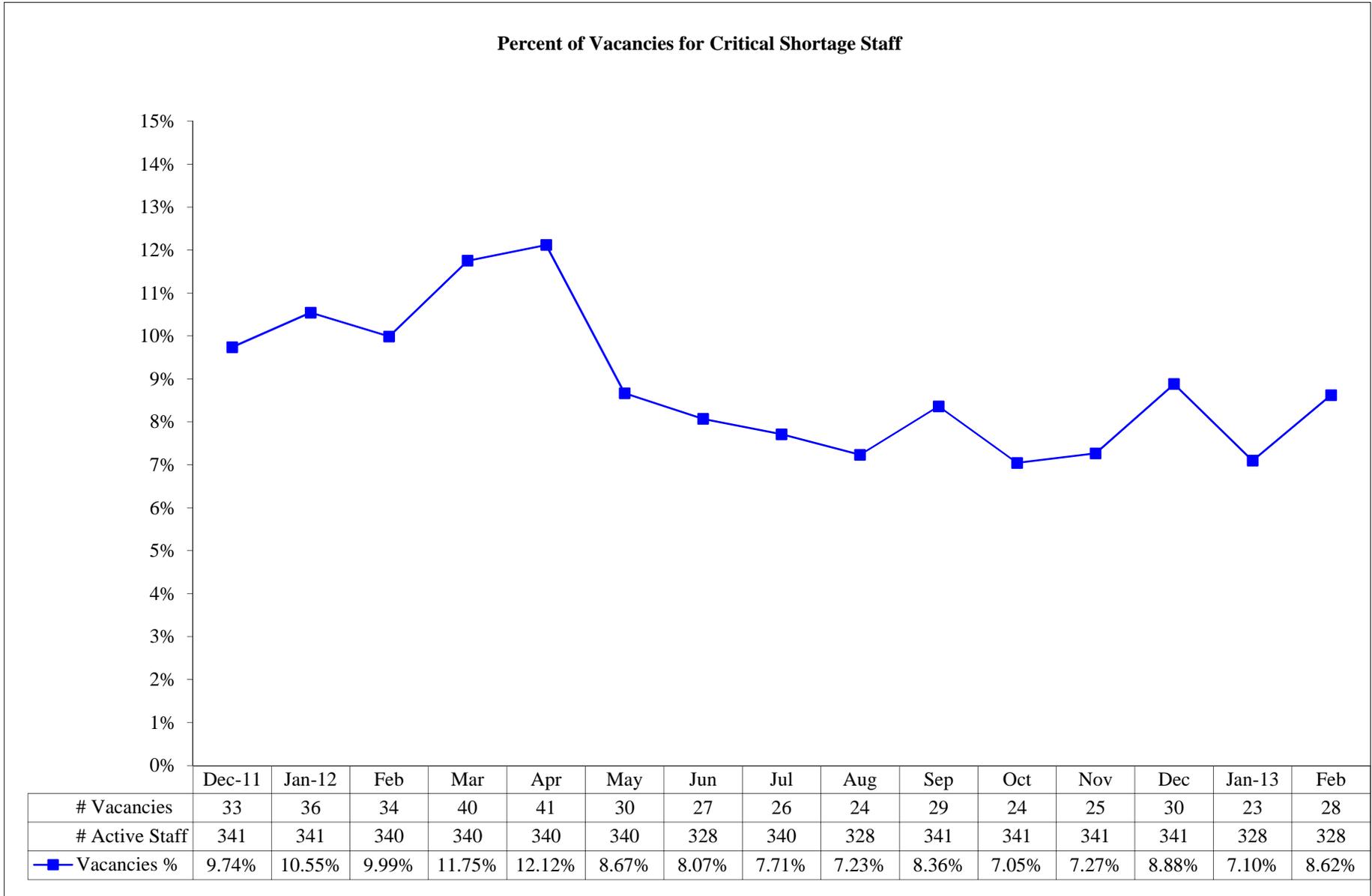


**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**

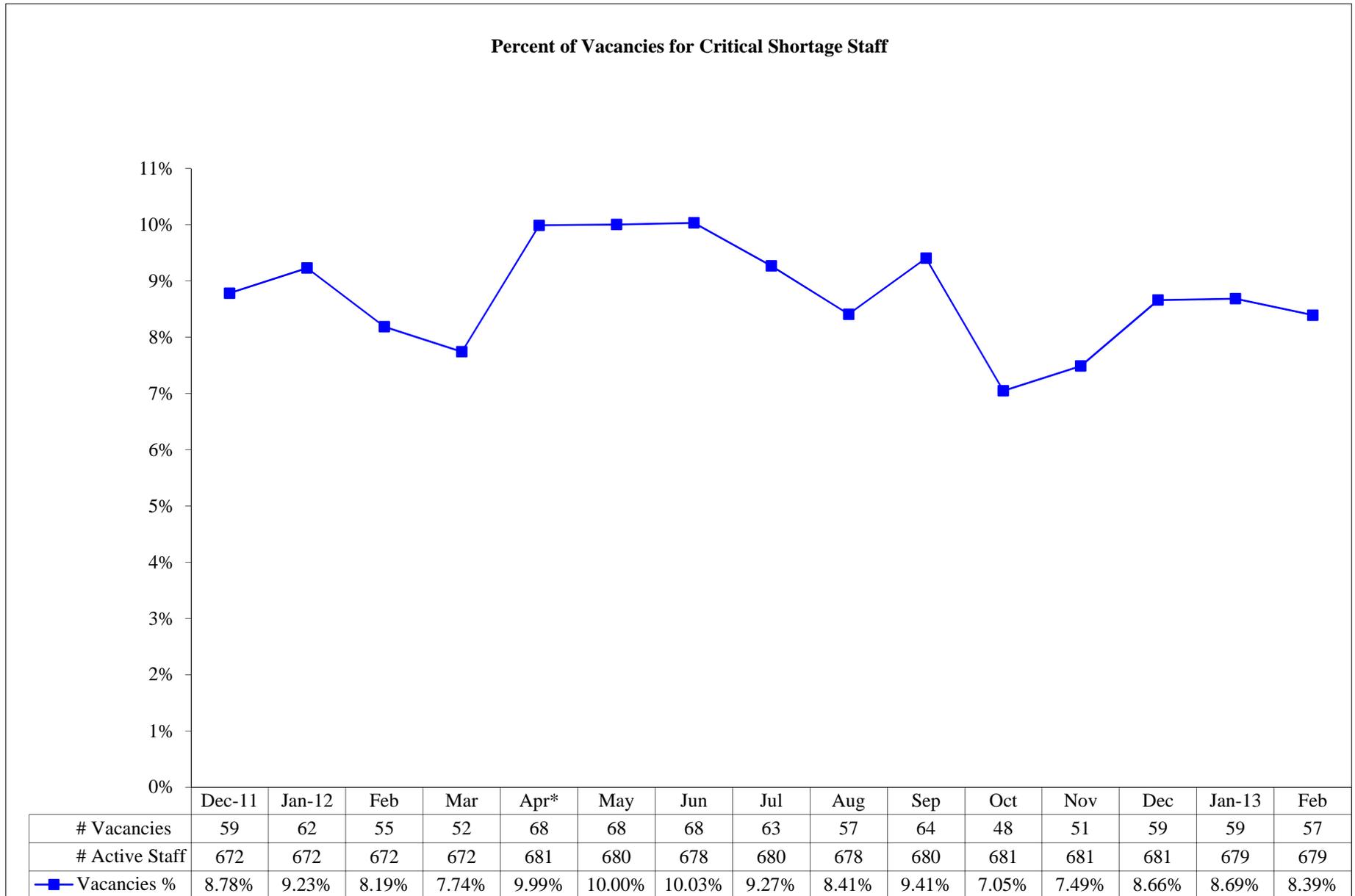


\*Apr - additional 97 staff added

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

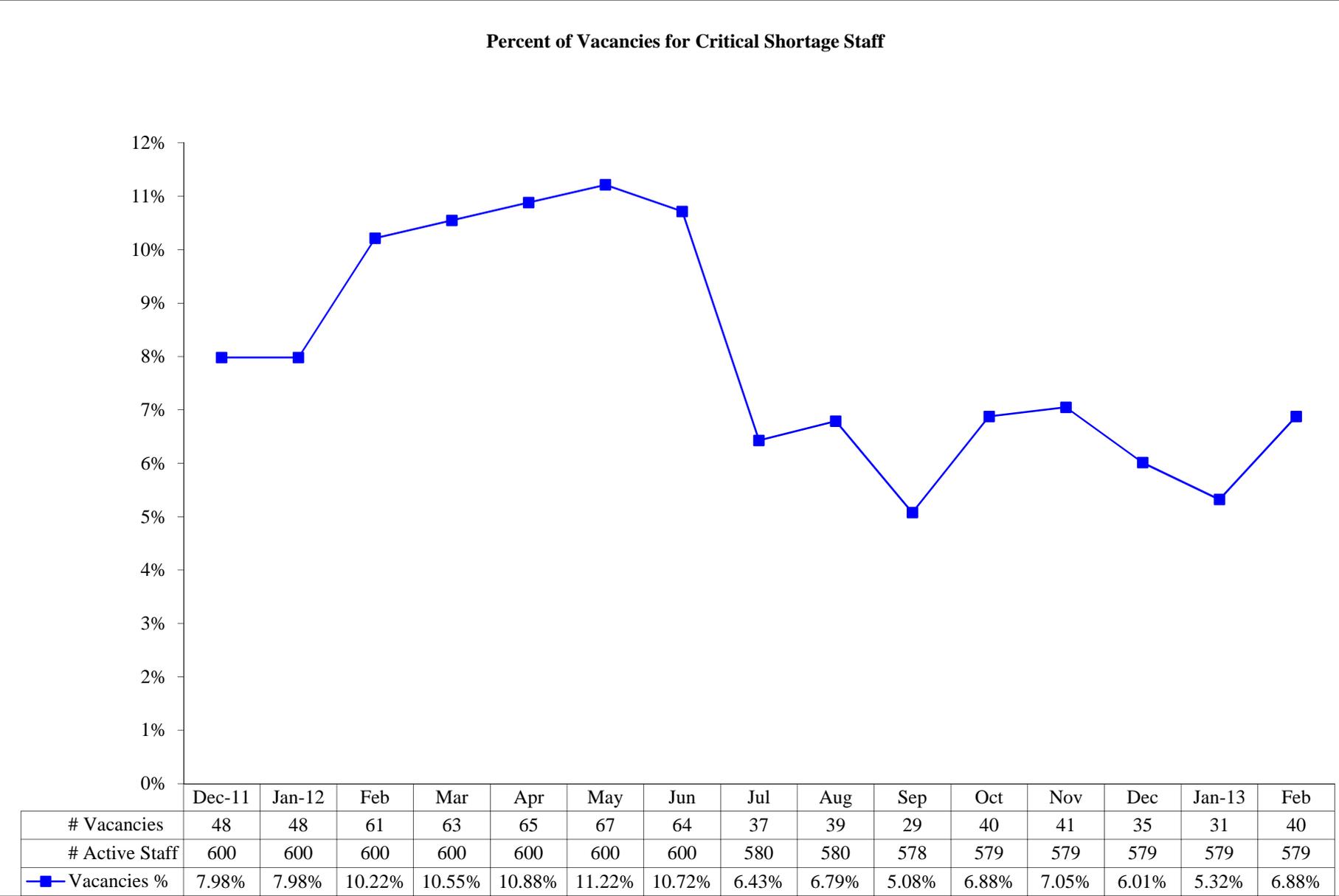


**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**

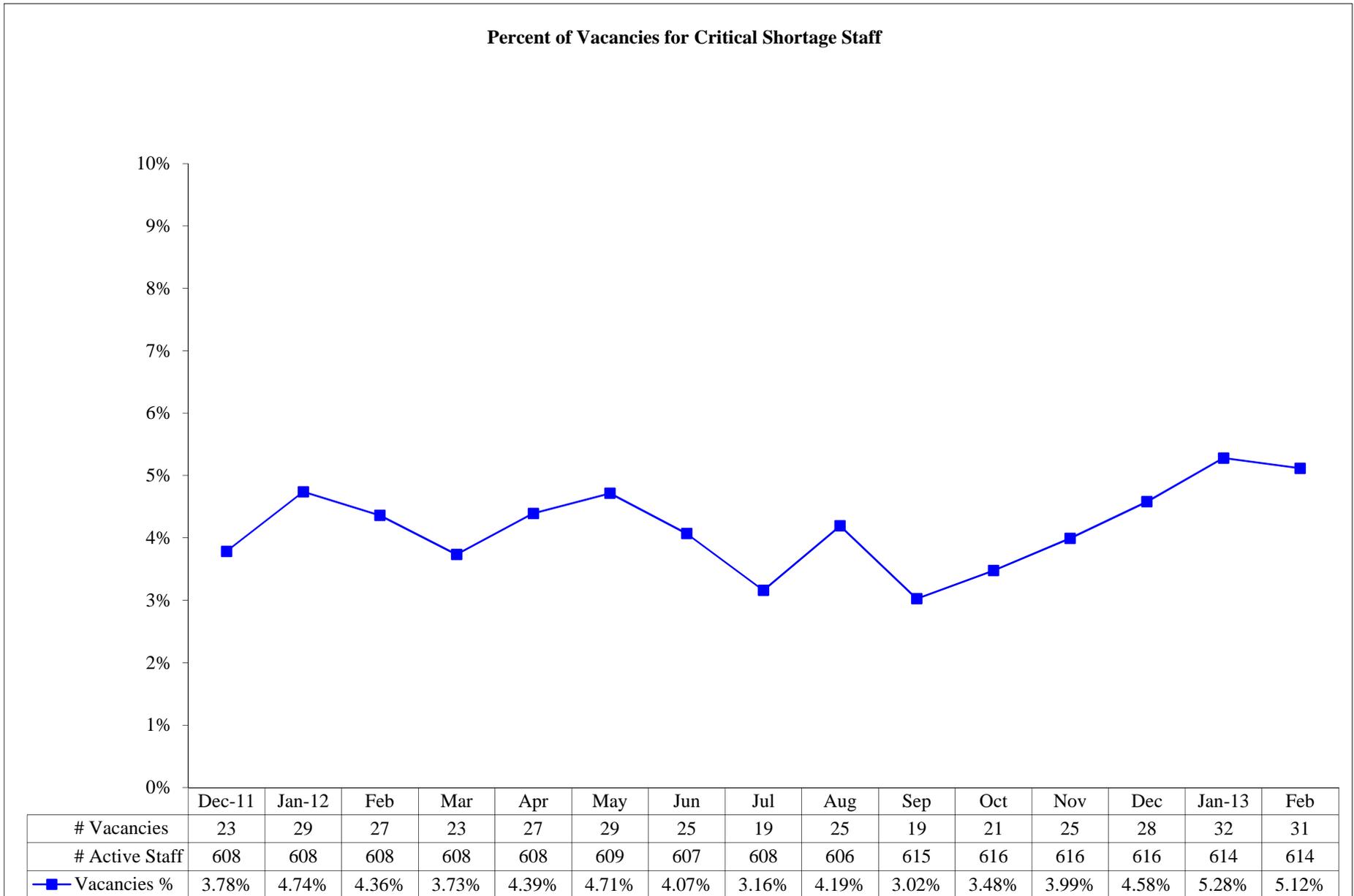


\*Apr - additional 35 staff added

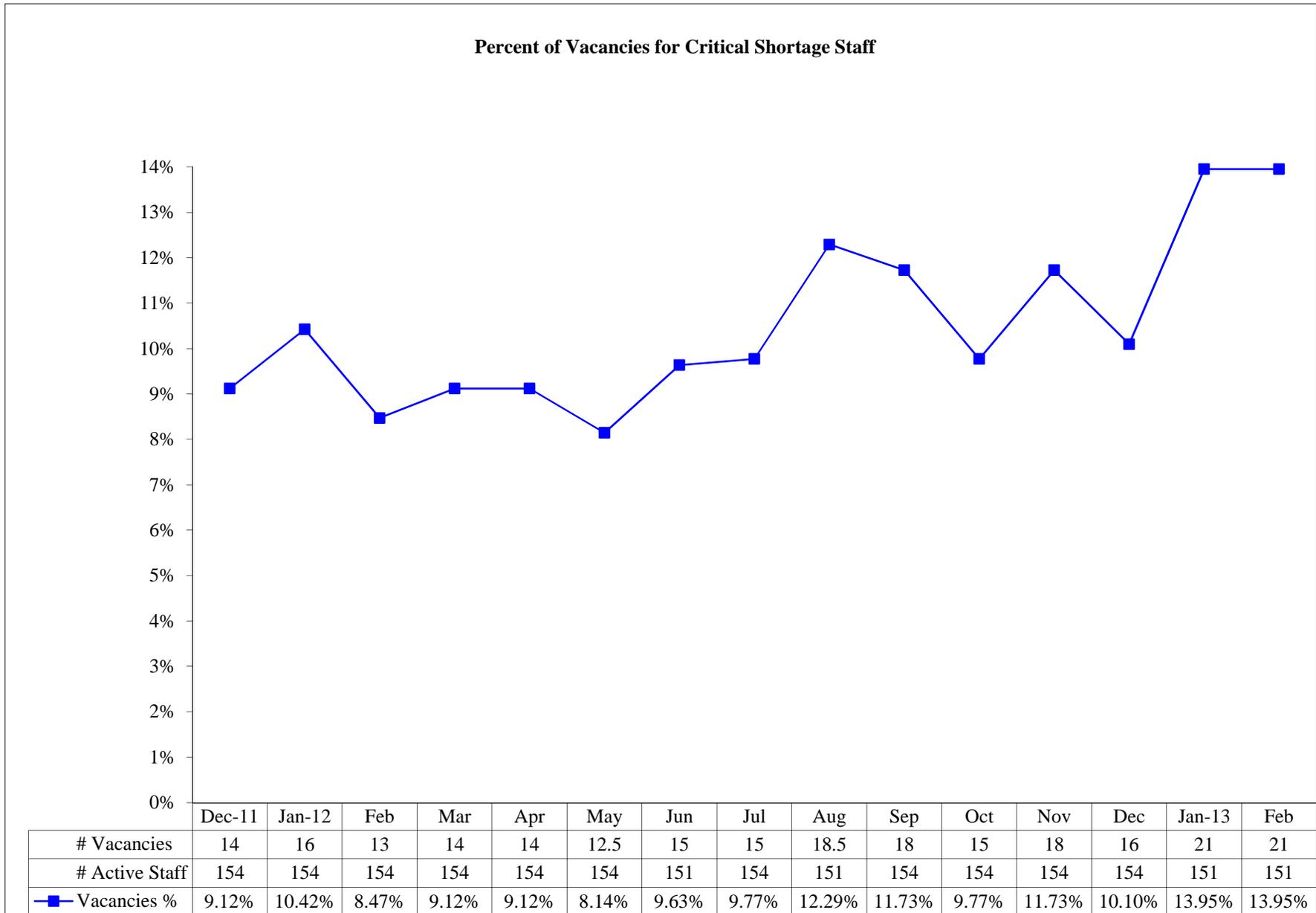
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



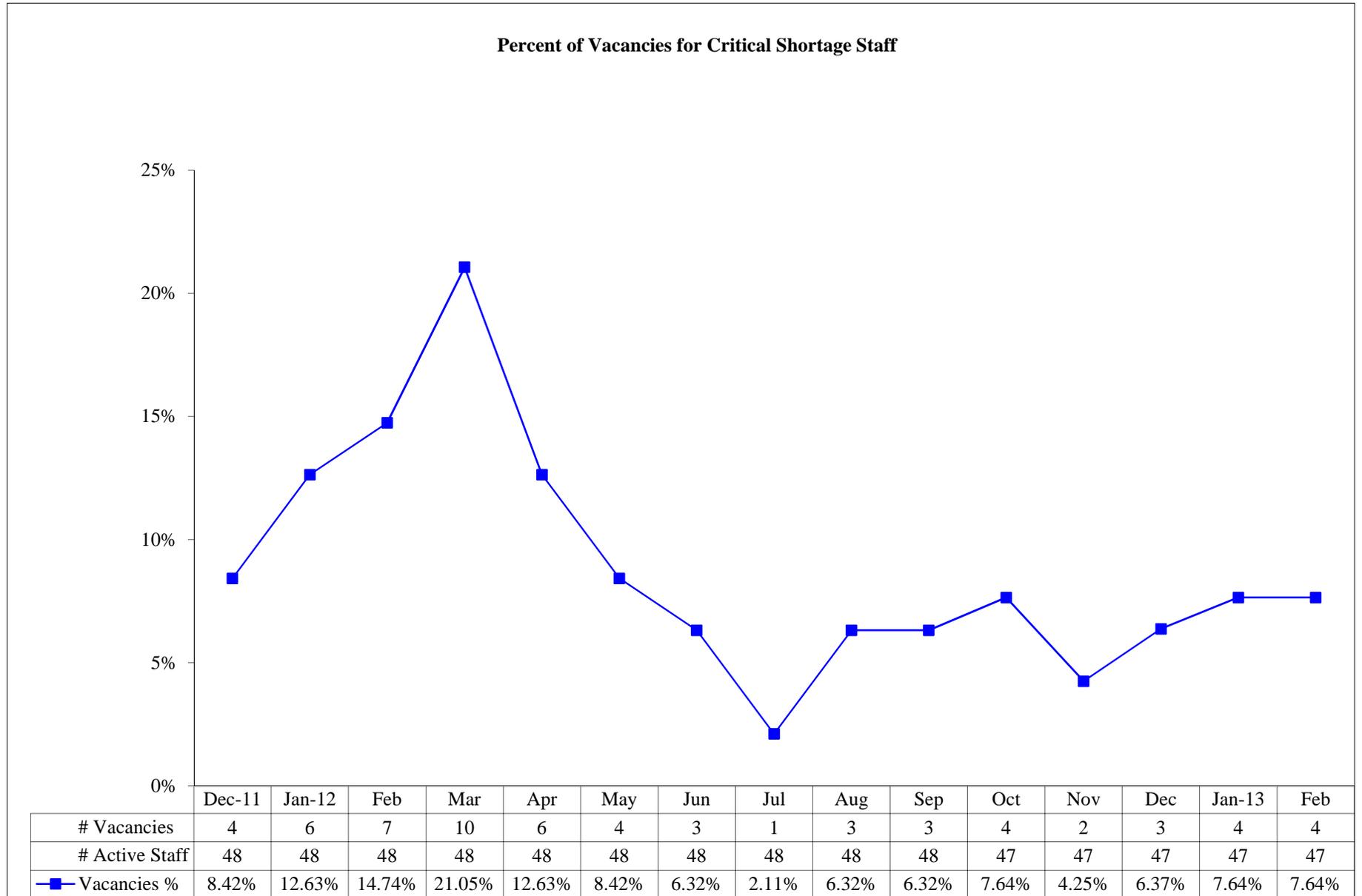
**Measure 8B - Vacancies for Critical Shortage Staff  
Terrell State Hospital**



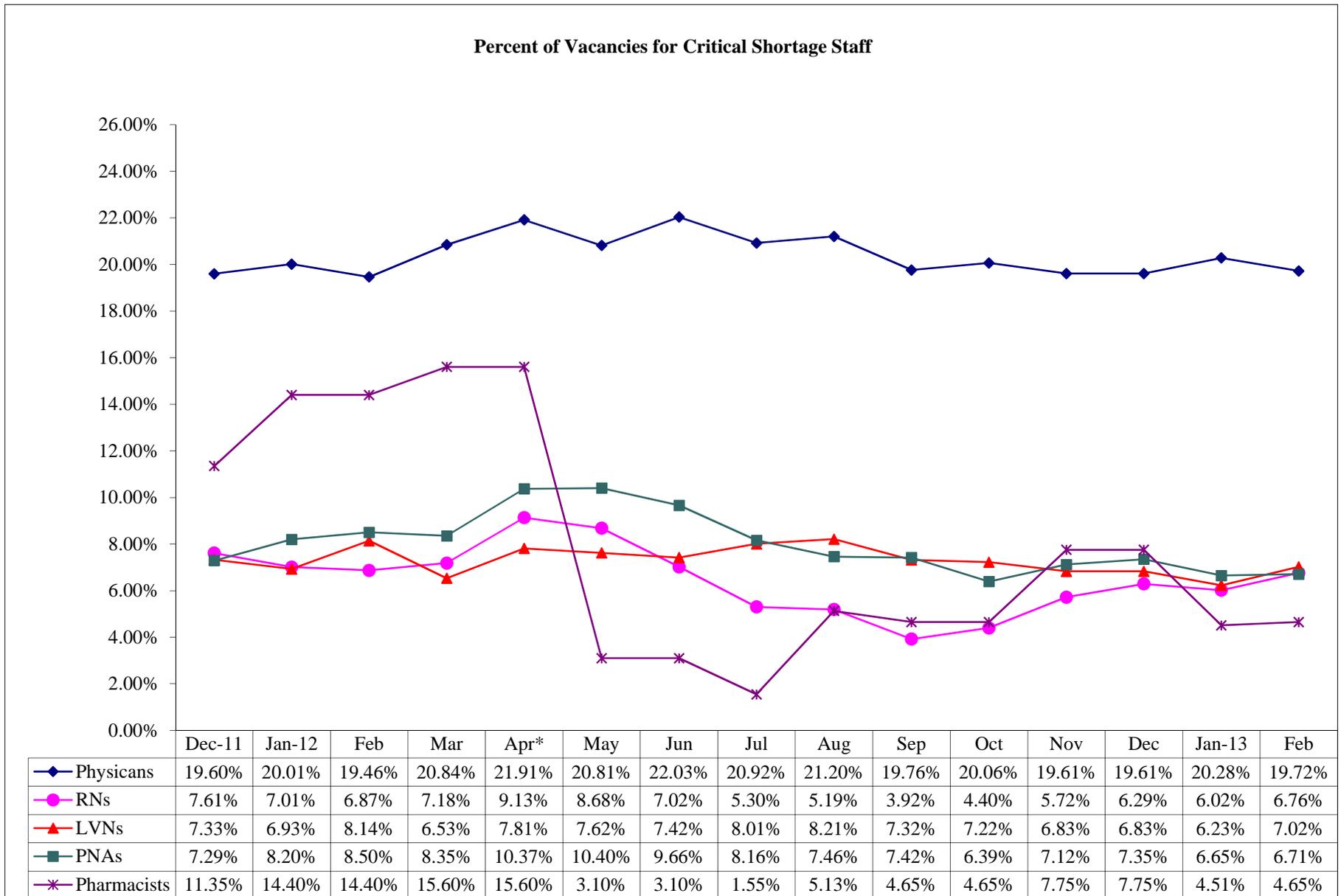
**Measure 8B - Vacancies for Critical Shortage Staff  
Waco Center for Youth**



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



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

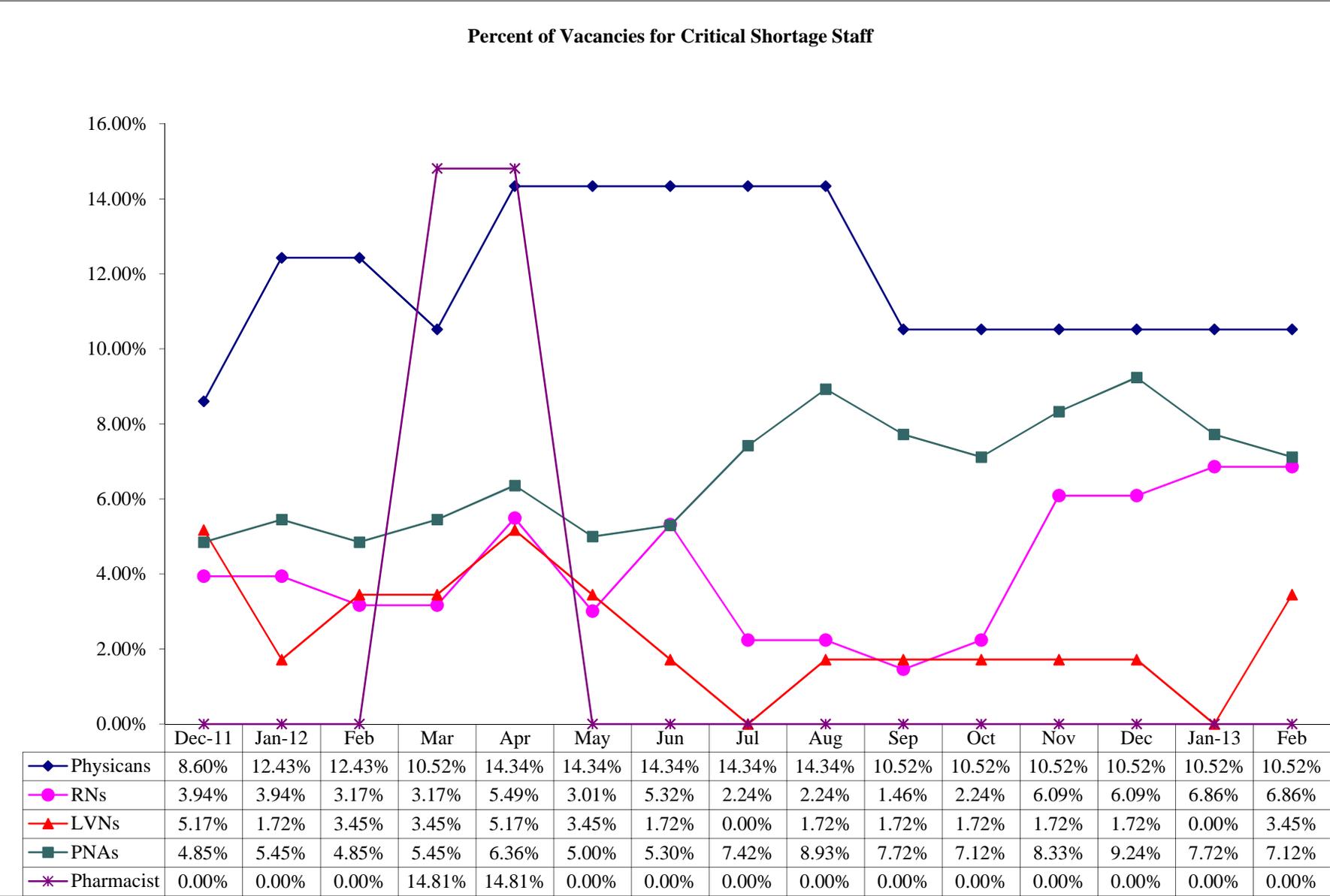


\*Apr - Additional 97 staff added at NTSH and 35 additional staff added at RSH

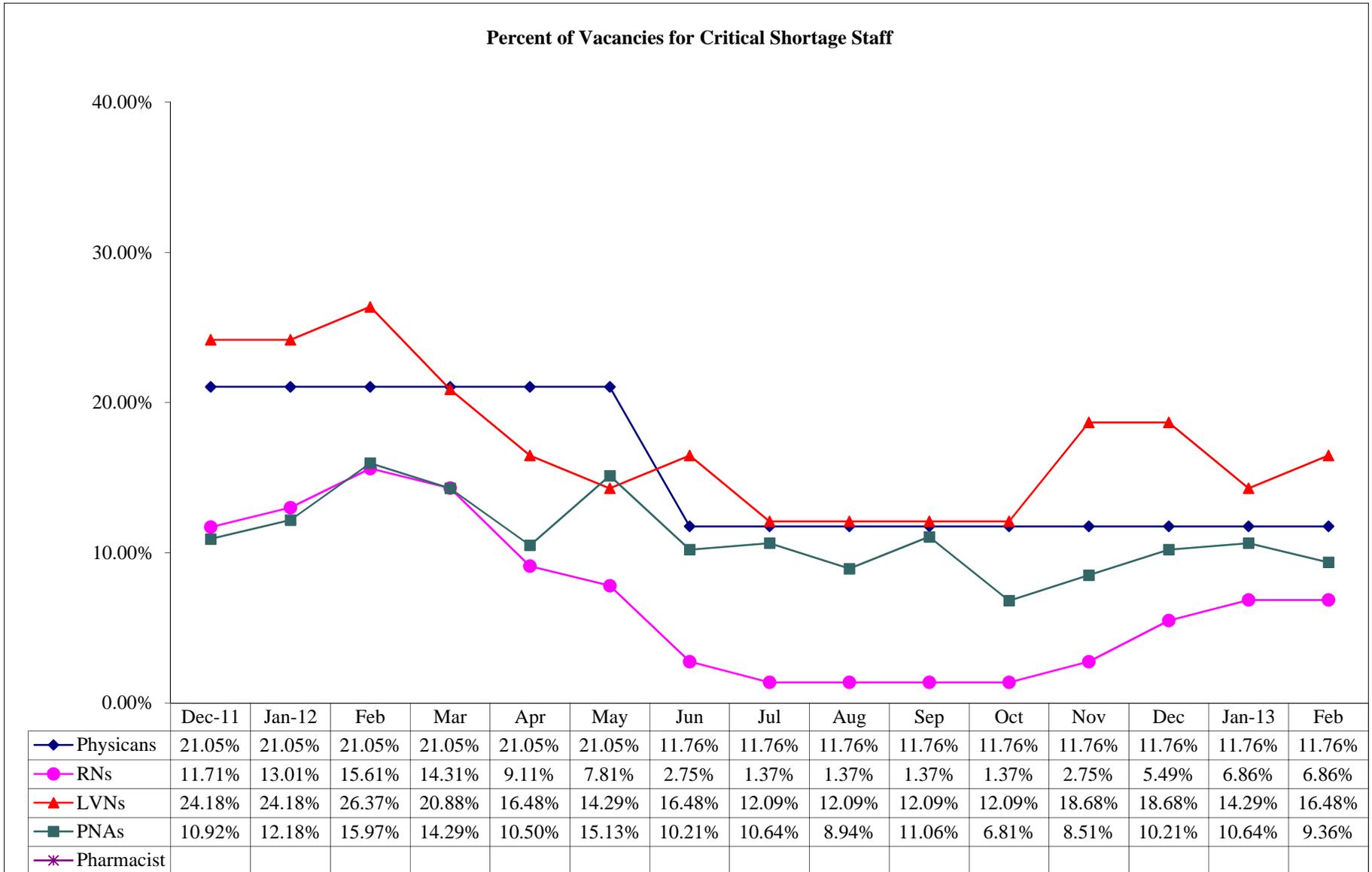
Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

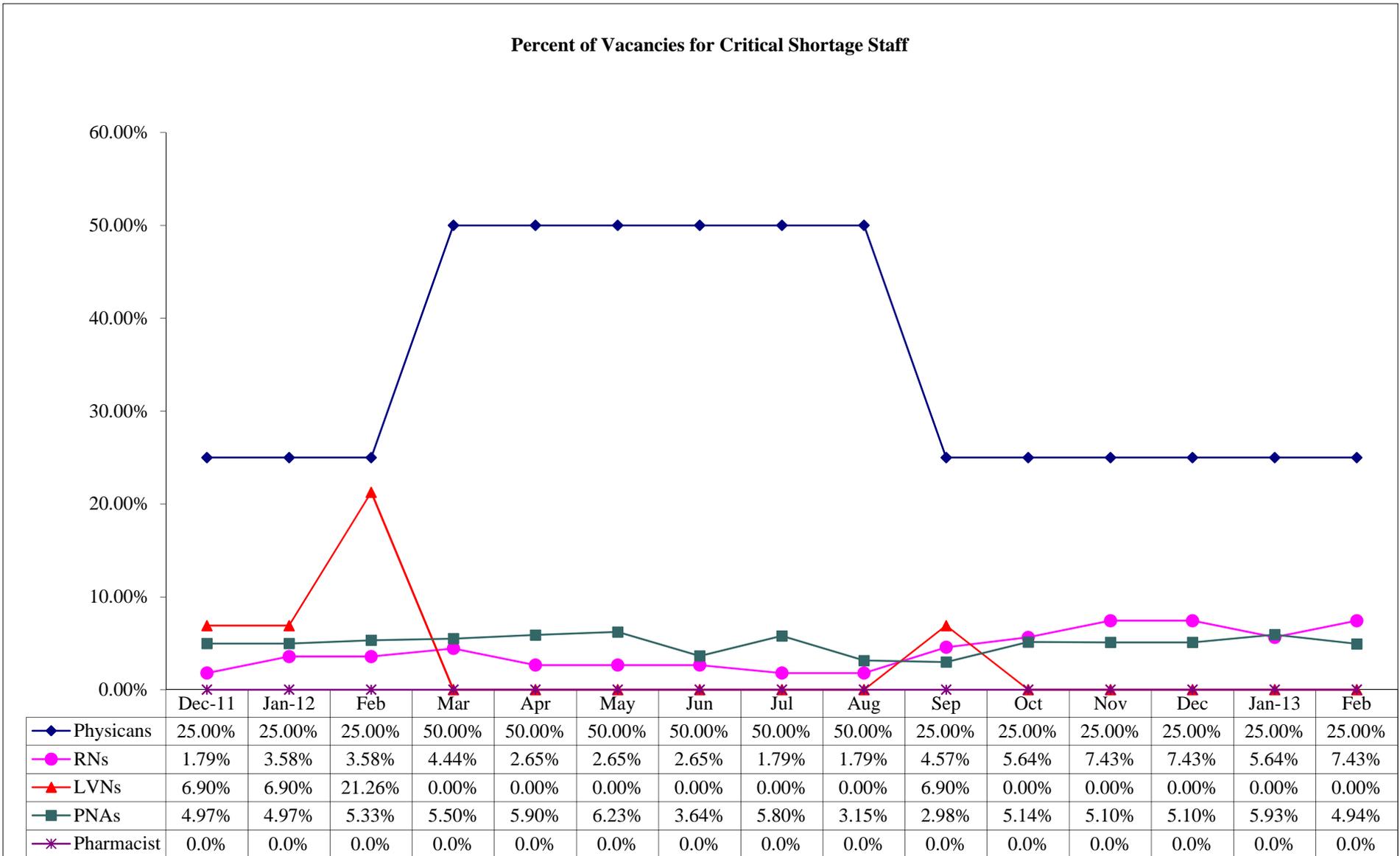


**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**

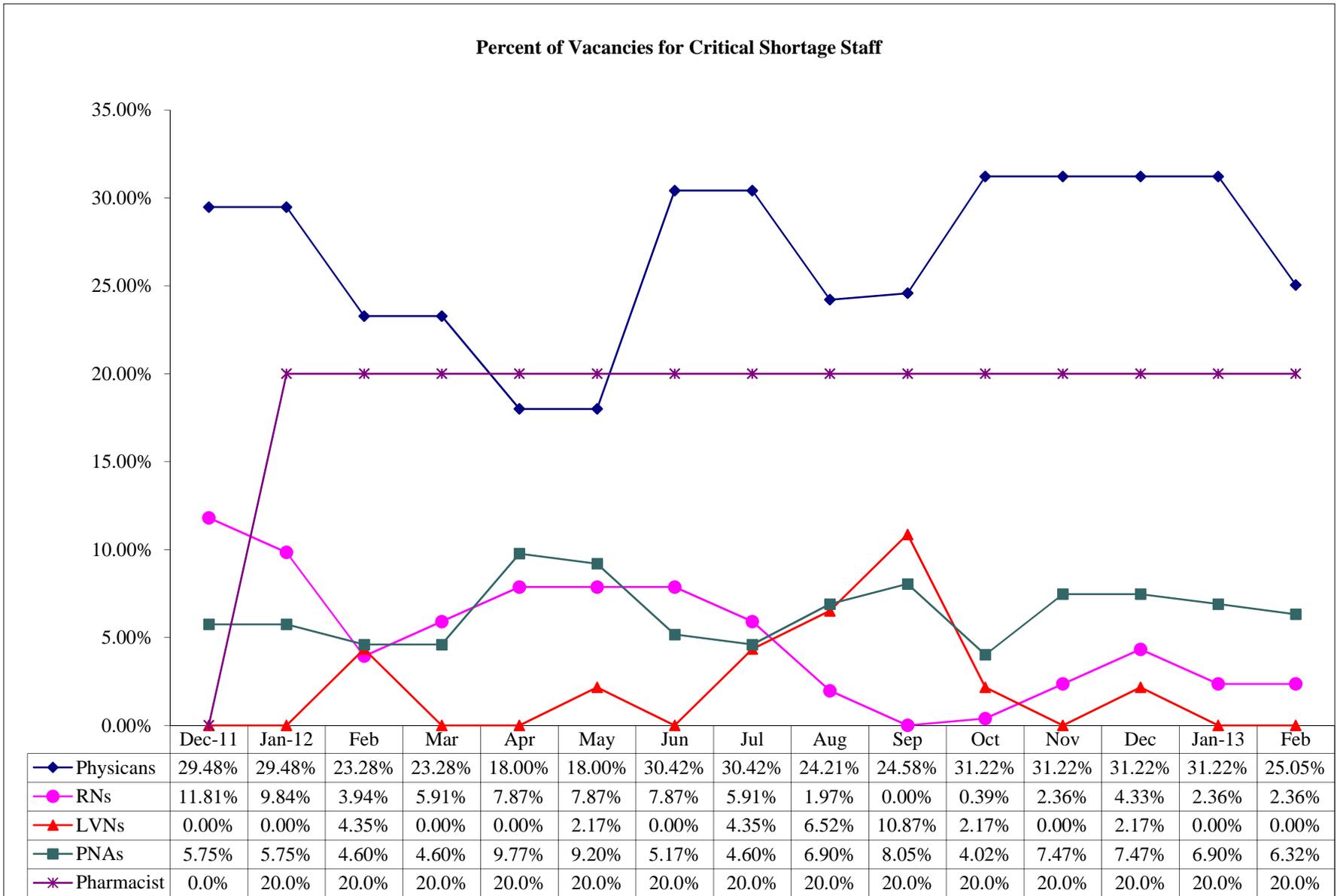


Pharmacist - privatized

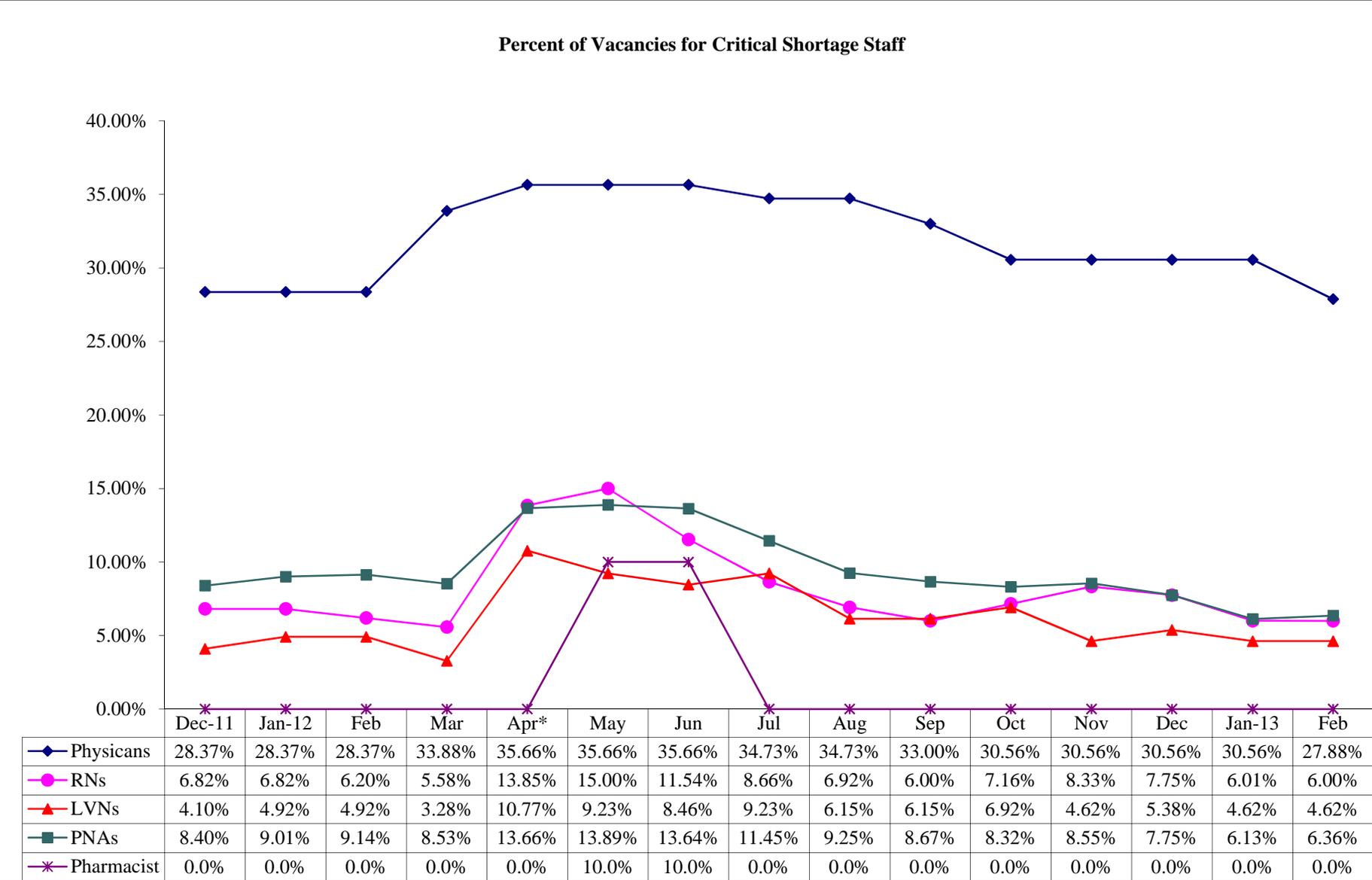
**Measure 8B - Vacancies for Critical Shortage Staff**  
**El Paso Psychiatric Center**



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

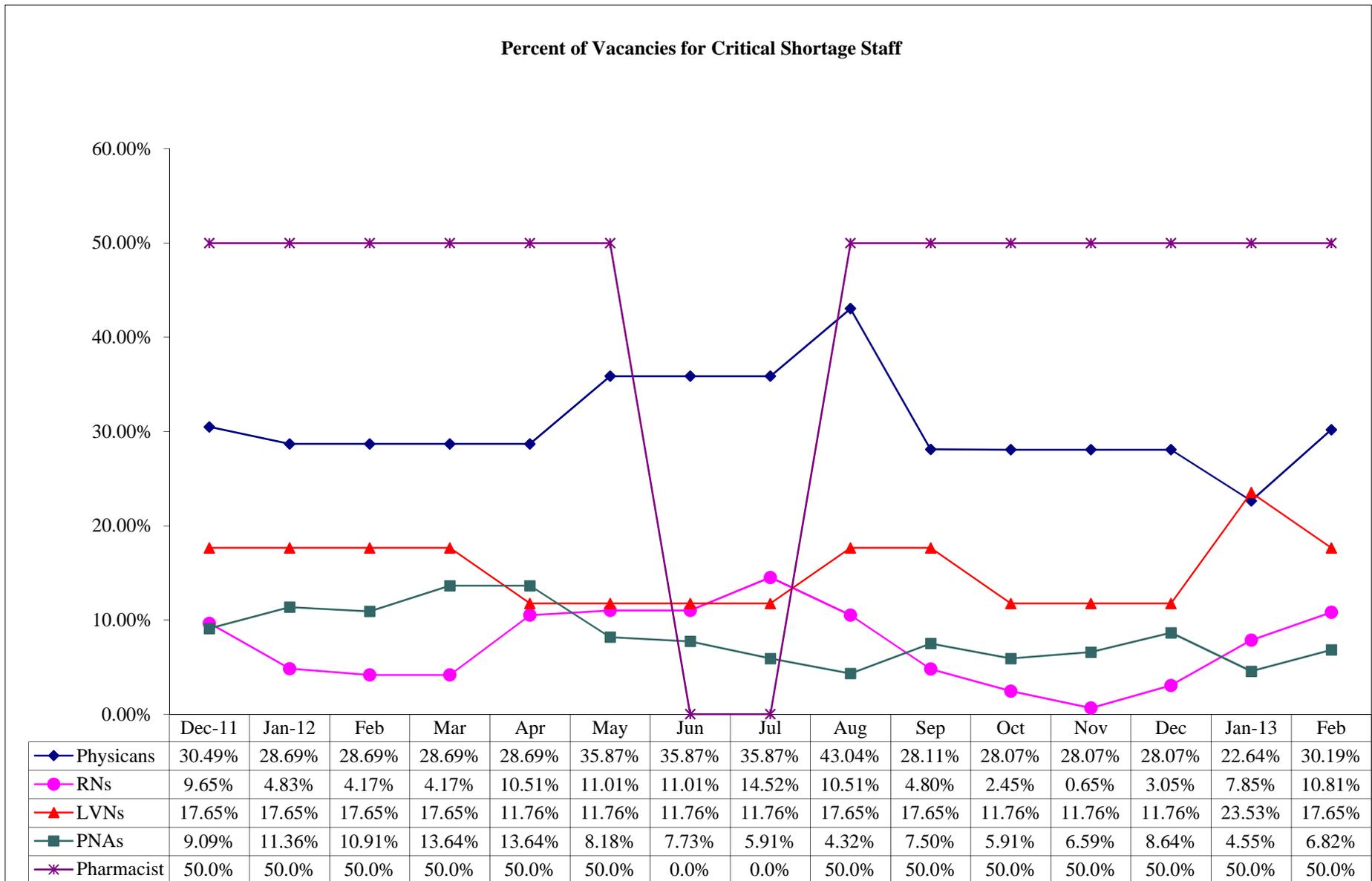


**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**

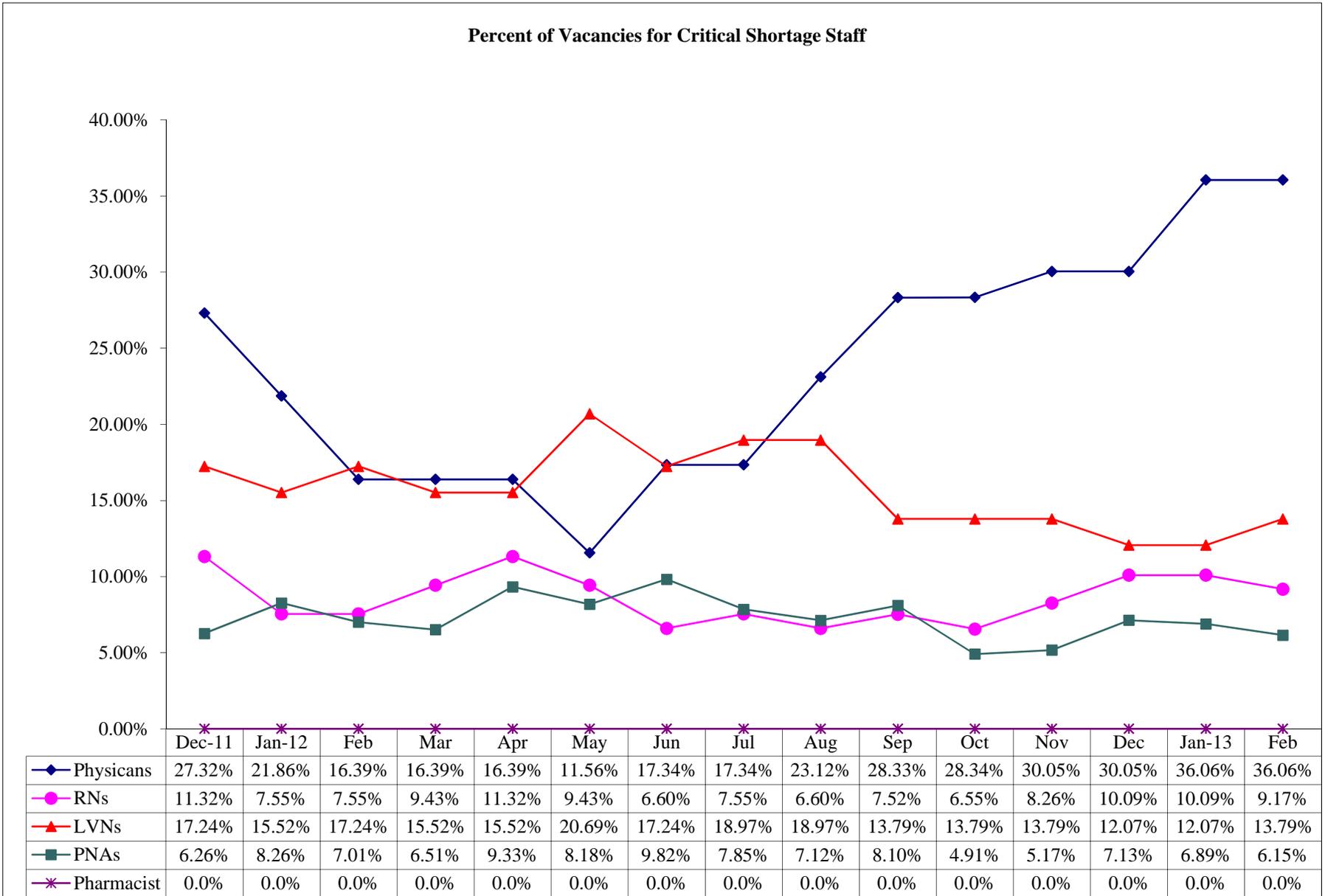


\*Apr - Additional 97 staff added

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

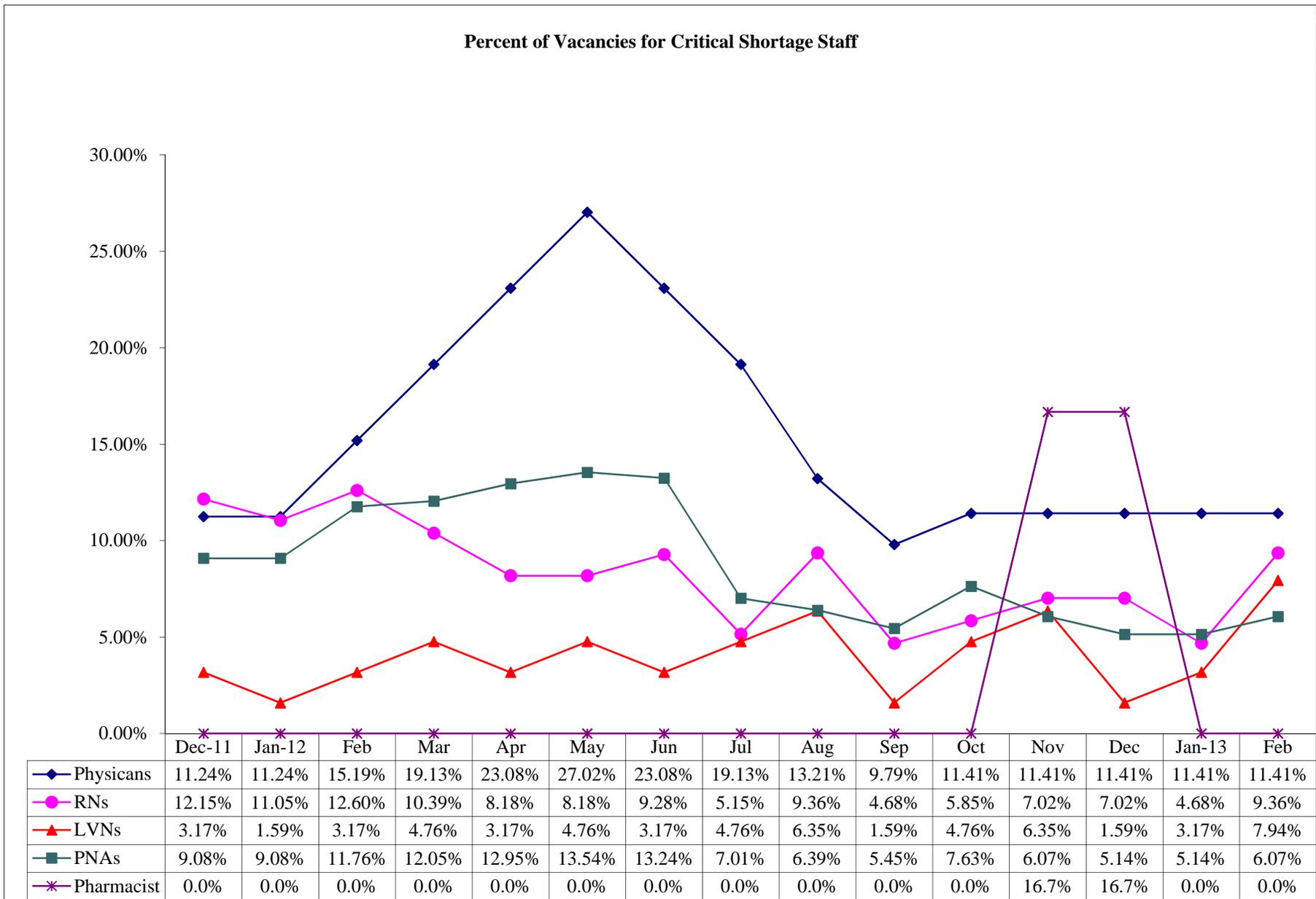


**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**

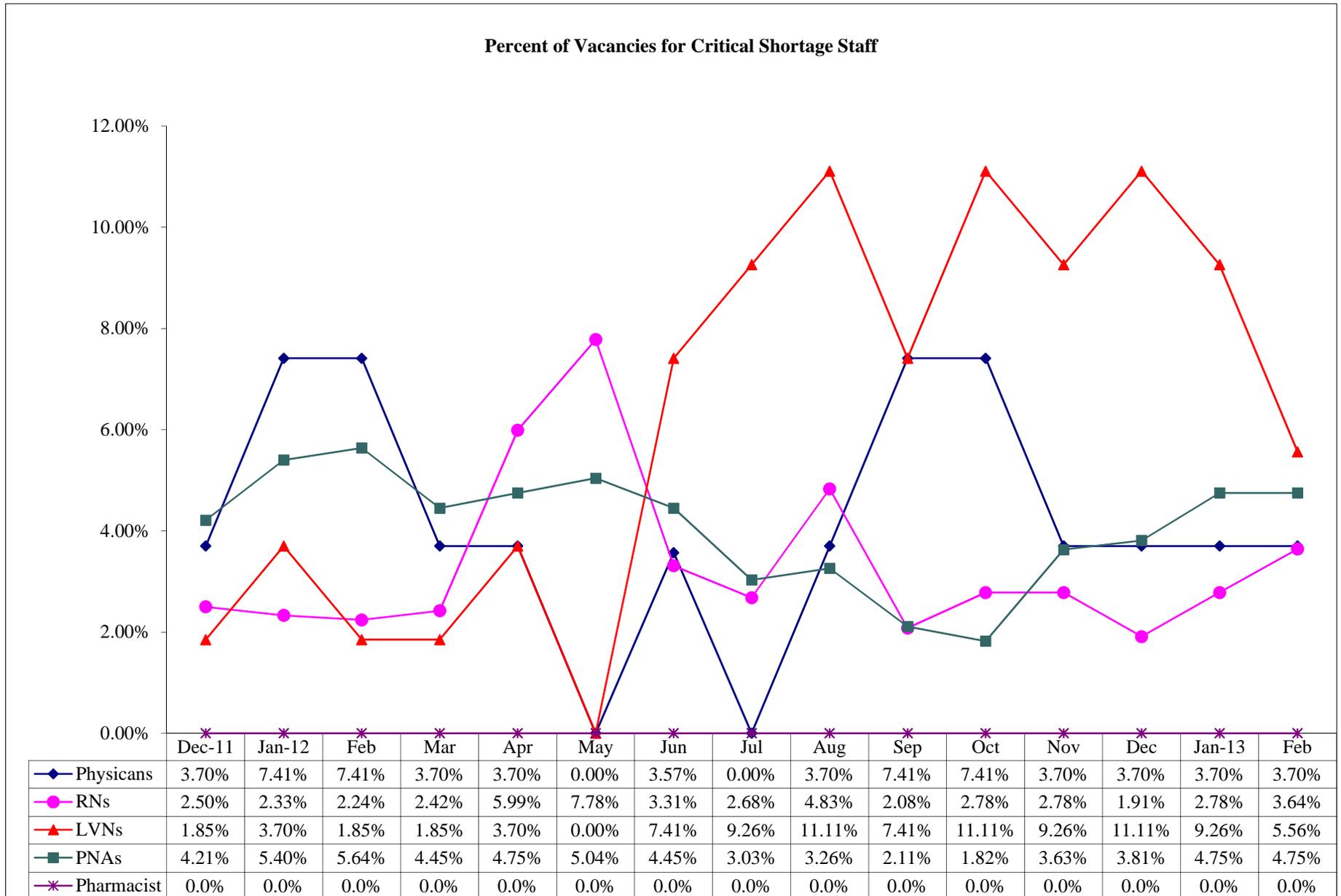


\*Apr - Additional 35 staff added

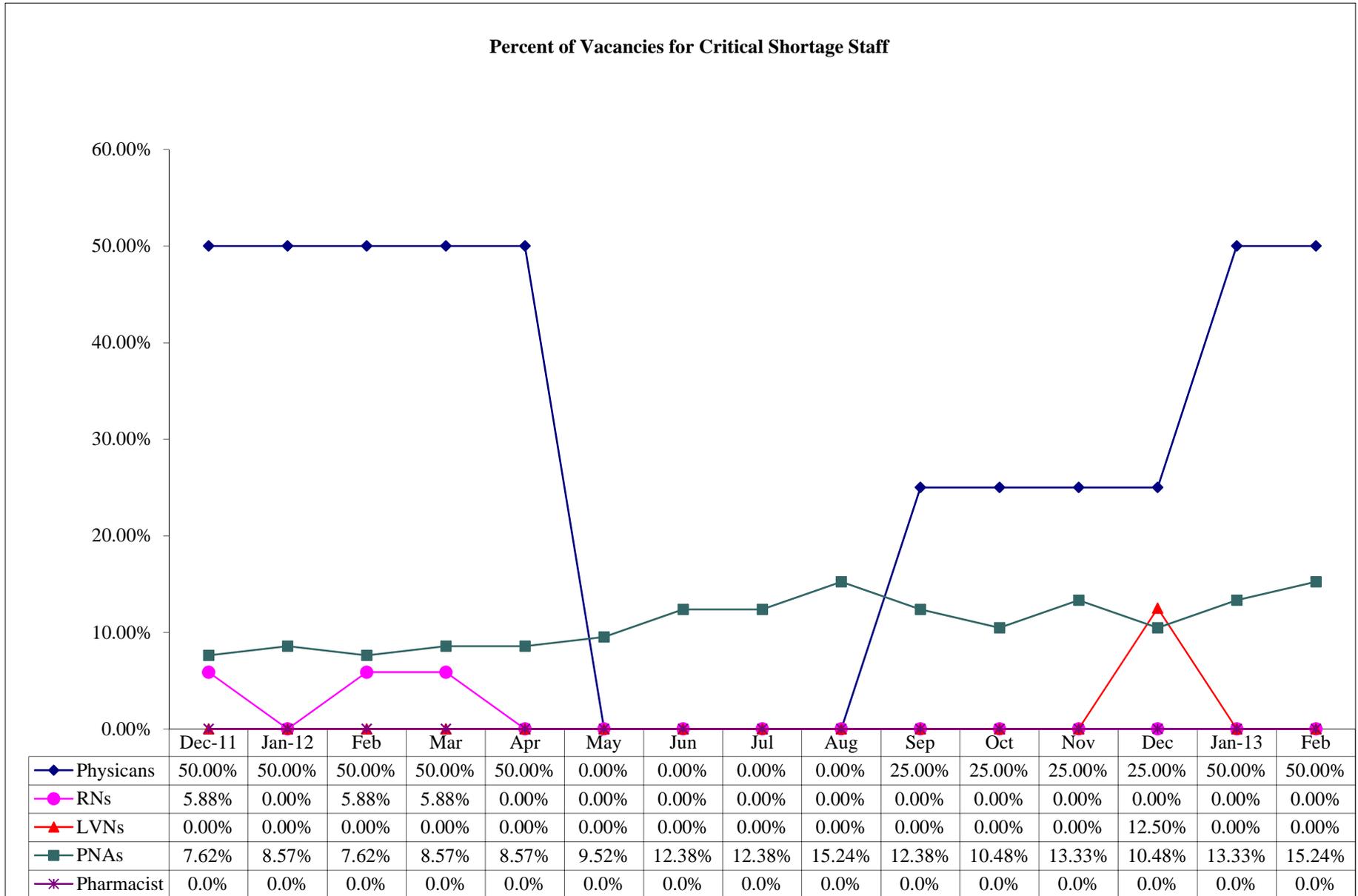
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



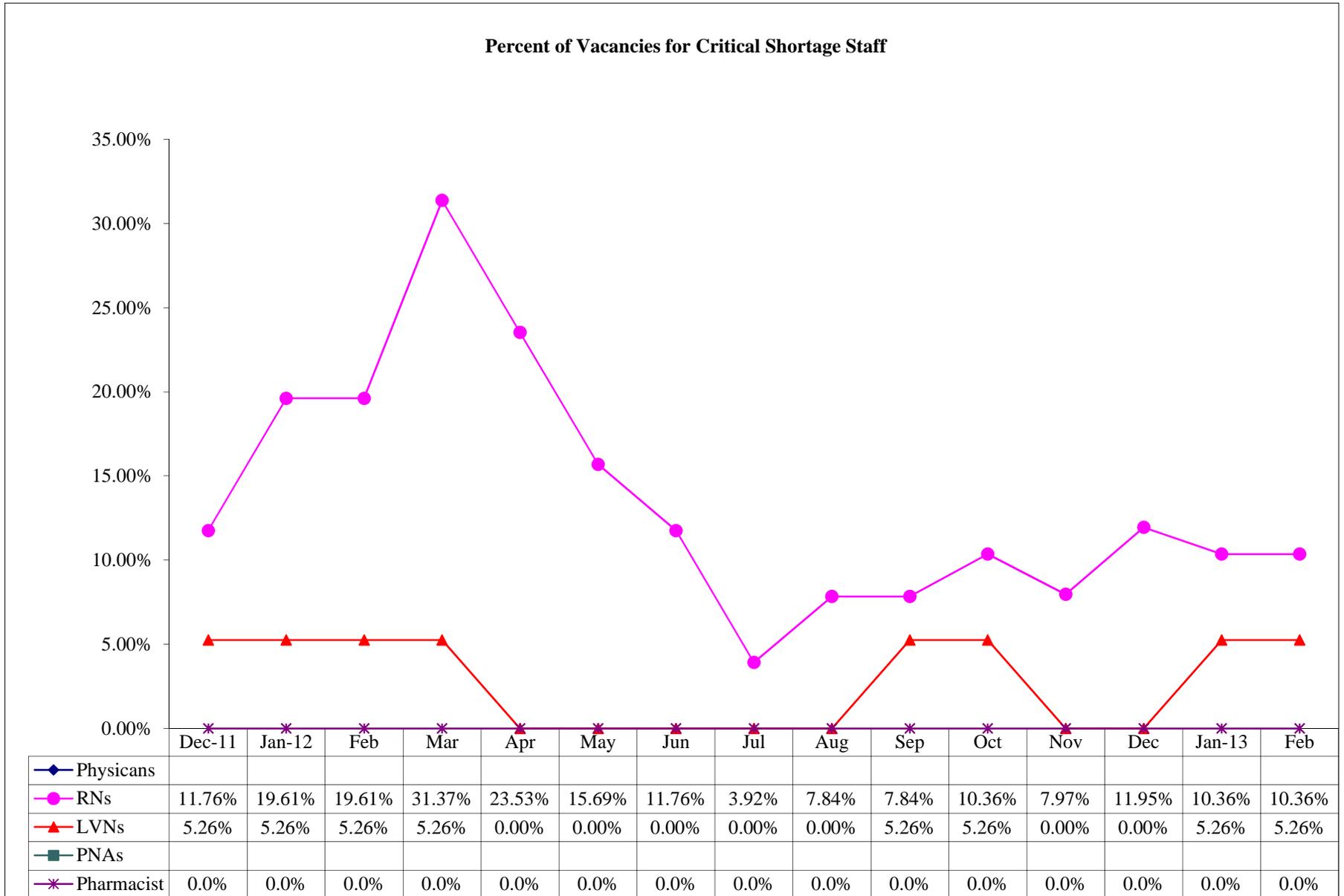
**Measure 8B - Vacancies for Critical Shortage Staff**  
**Terrell State Hospital**



**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:**

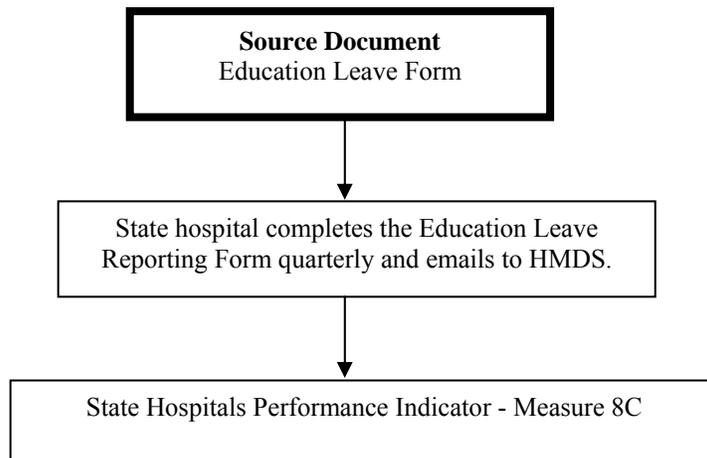
**Report number of staff members currently utilizing education leave and the area of study.**

**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 - FY2013**

	Q1	Q2	Q3	Q4
Austin State Hospital	9	12		
Big Spring State Hospital	4	8		
El Paso Psychiatric Center	1	1		
Kerrville State Hospital	1	2		
North Texas State Hospital	32	39		
Rio Grande State Center	0	0		
Rusk State Hospital	21	13		
San Antonio State Hospital	2	1		
Terrell State Hospital	14	10		
Waco Center for Youth	1	1		
TCID	3	5		
<b>All State Hospitals</b>	<b>88</b>	<b>92</b>	<b>0</b>	<b>0</b>
	Q1	Q2	Q3	Q4
Associate Degree	0	0		
Coding	0	0		
Criminal Justice	0	0		
Dietician/Nutrition	0	0		
Engineering	2	2		
IT	1	1		
Management	0	0		
Nursing	68	68		
Nurse Practitioner	3	2		
O. Therapy	0	0		
Pharmacist	1	1		
Pharmacy Tech	1	1		
Phlebotomy	0	0		
Post-Doctoral Neuropsychology	1	1		
Psychology	2	4		
Public Health	0	0		
Rehabilitation	0	2		
Social Work	7	6		
Sociology	0	0		
Therapeutic Recreation	0	0		
Other	2	4		
<b>All State Hospitals</b>	<b>88</b>	<b>92</b>	<b>0</b>	<b>0</b>

## ***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**

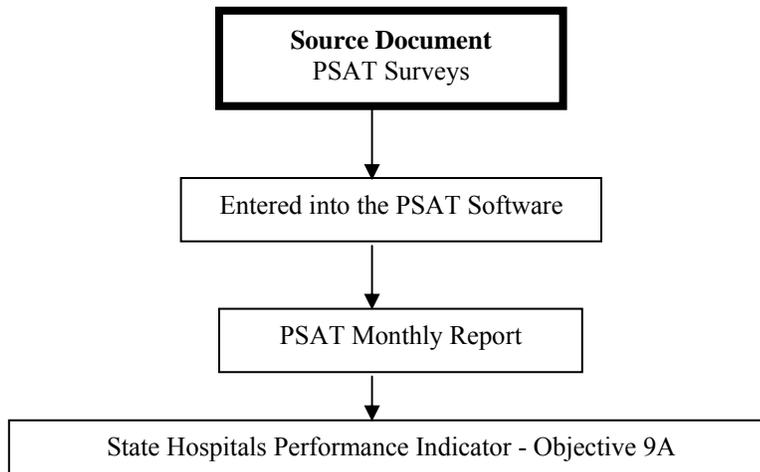
**Performance Objective Operational Definition:** At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

**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:**



**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.**

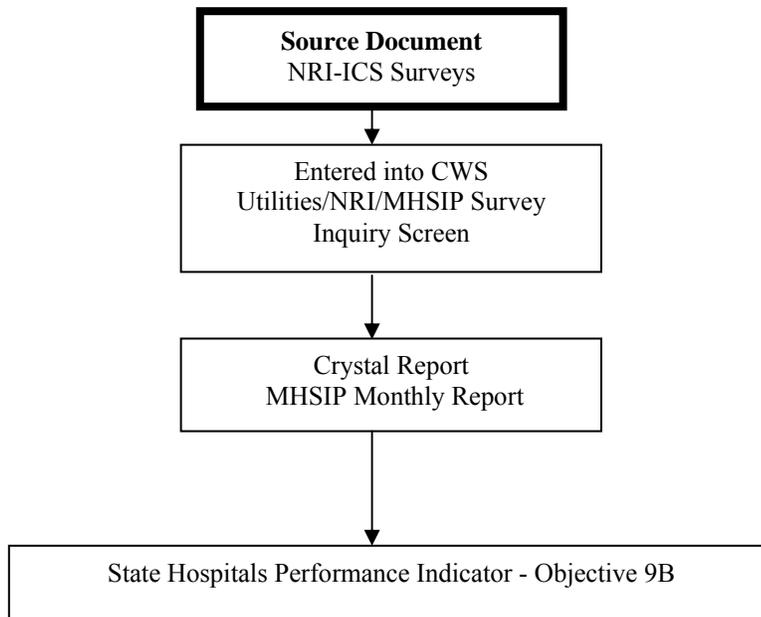
**Performance Objective Operational Definition:** At least 25% of discharges should be sampled each month for adult and adolescent patients.

**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:**

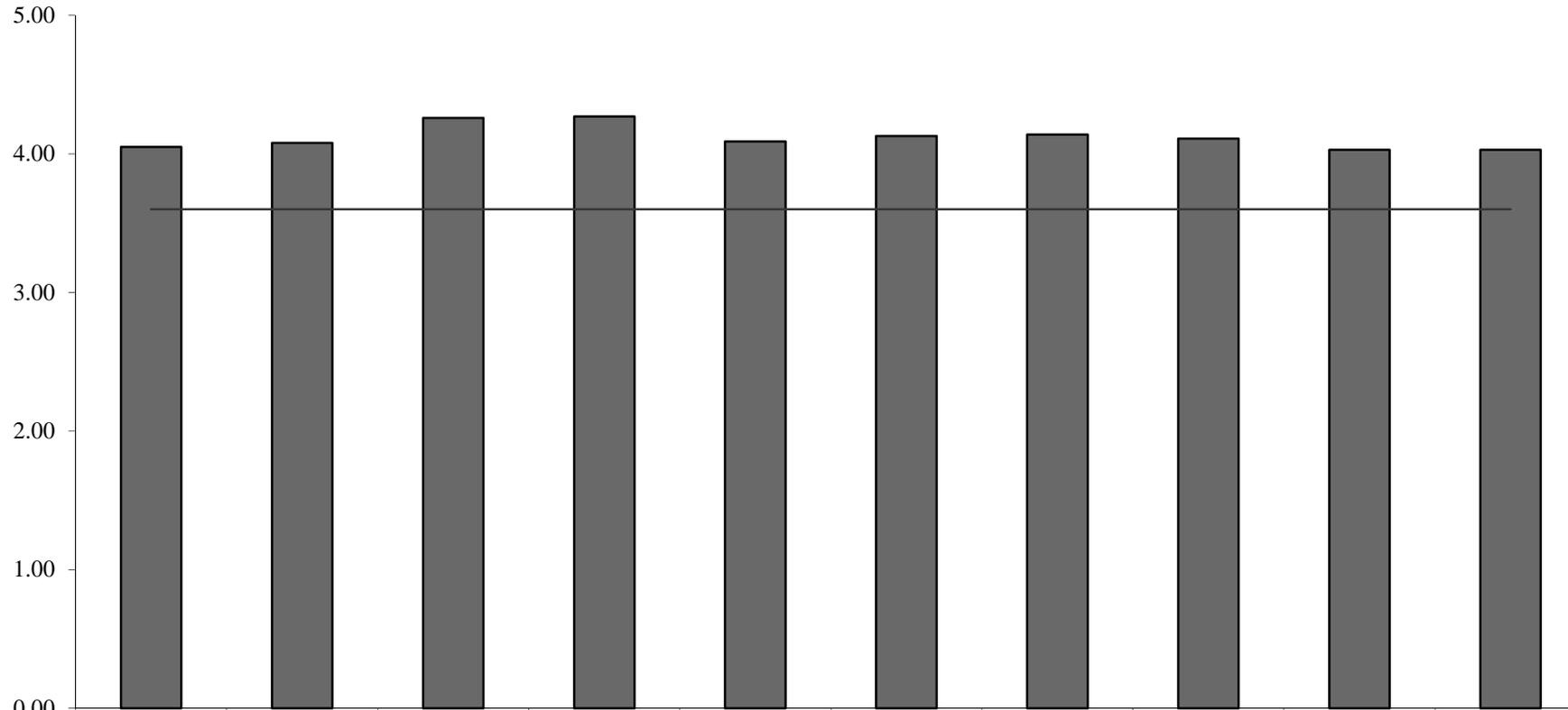
- ◆ Bar chart showing scores for individual state hospitals.
- ◆ Bar chart showing percentages of discharges surveyed for individual state hospitals.
- ◆ Control chart with monthly data points of scores for individual state hospitals and system-wide.
- ◆ Chart shows number of surveys, number of discharges 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  
 Q2 FY2013**

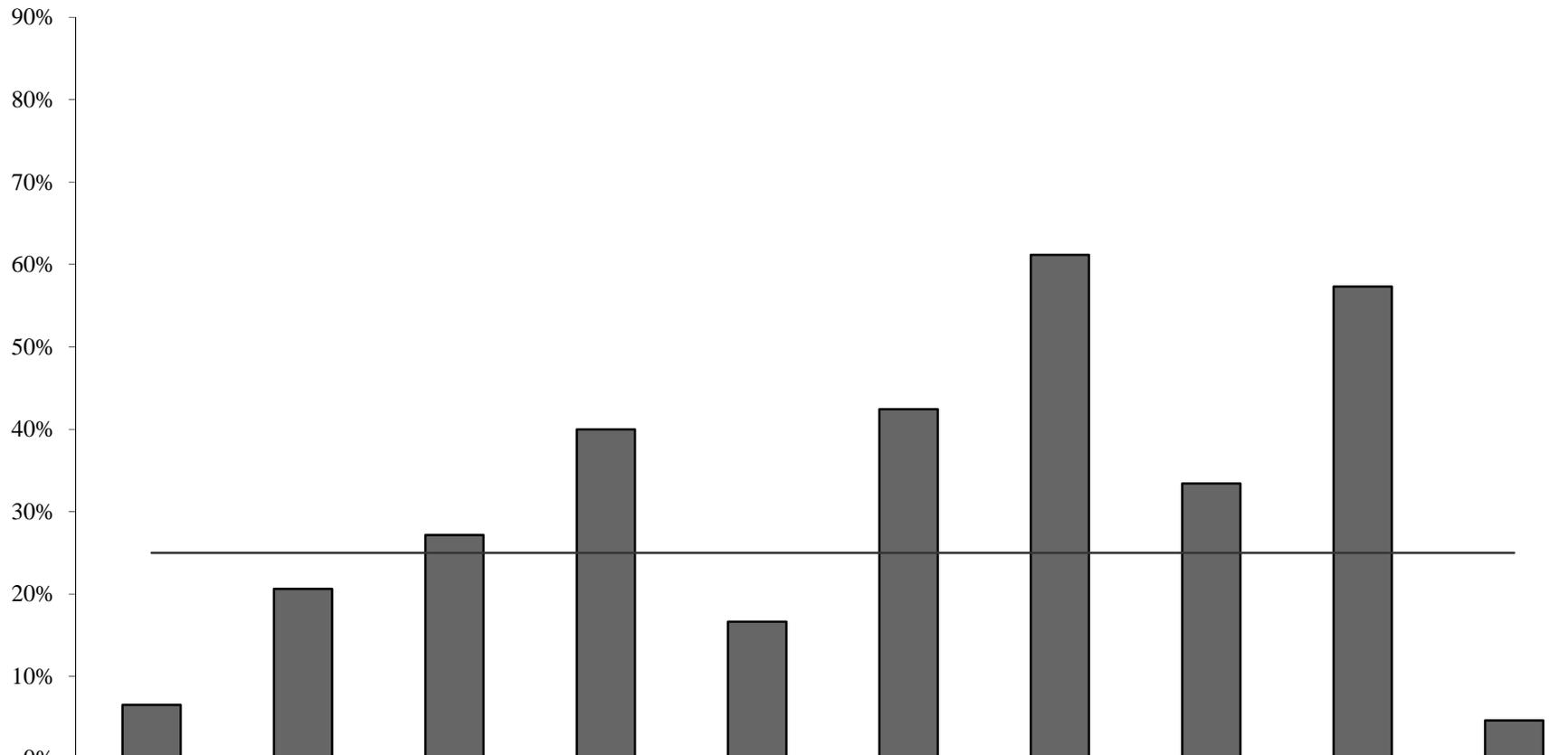


■ Score	4.05	4.08	4.26	4.27	4.09	4.13	4.14	4.11	4.03	4.03
— Expectation	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

\*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**  
**Q2 FY13**



	ASH	BSSH	EPPC	KSH**	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	915	223	265	10	529	205	152	437	635	43
Surveys	60	46	72	4	88	87	93	146	364	2
█ % Surveyed	7%	21%	27%	40%	17%	42%	61%	33%	57%	5%
— 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.

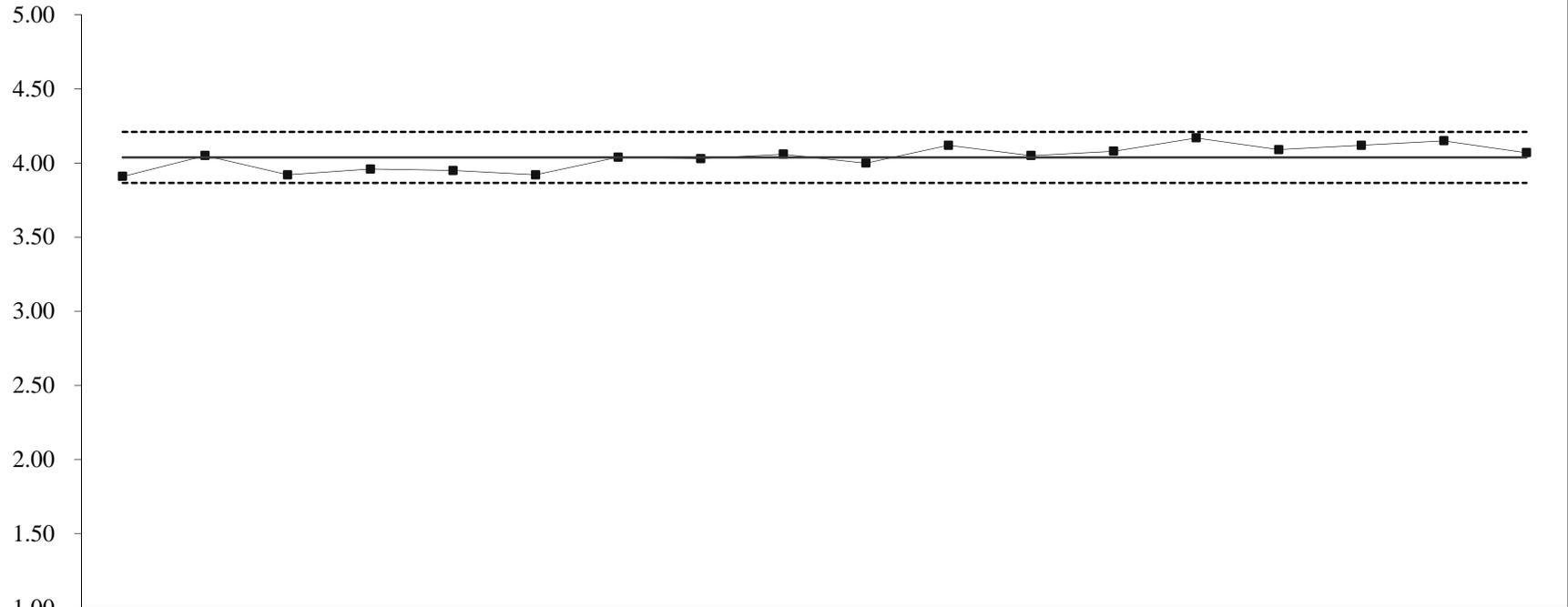
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

**Adults and Adolescents will be Satisfied with Care**

**All State MH Hospitals**

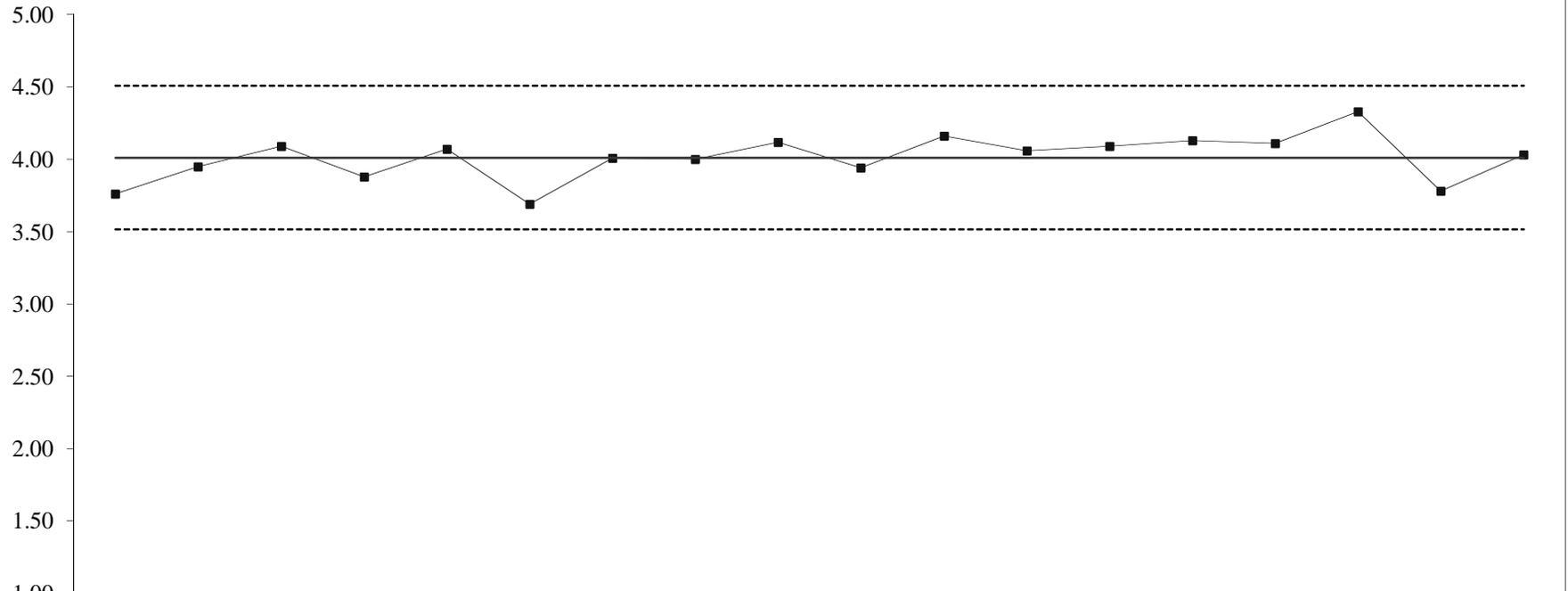
**Adults & Adolescents will be Satisfied with Care  
(Expectation is Average Score  $\geq 3.60$ )**



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)**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
■ Score	3.76	3.95	4.09	3.88	4.07	3.69	4.01	4.00	4.12	3.94	4.16	4.06	4.09	4.13	4.11	4.33	3.78	4.03
Surveys	63	52	7	50	66	10	91	105	69	77	115	41	69	116	80	6	9	45
Discharges	300	298	311	270	274	275	320	303	337	295	318	353	298	352	252	254	325	336
% Sampled	21%	17%	2%	19%	24%	4%	28%	35%	20%	26%	36%	12%	23%	33%	32%	2%	3%	13%
----- UCL	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51
———— 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	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52

Source: HC022020;

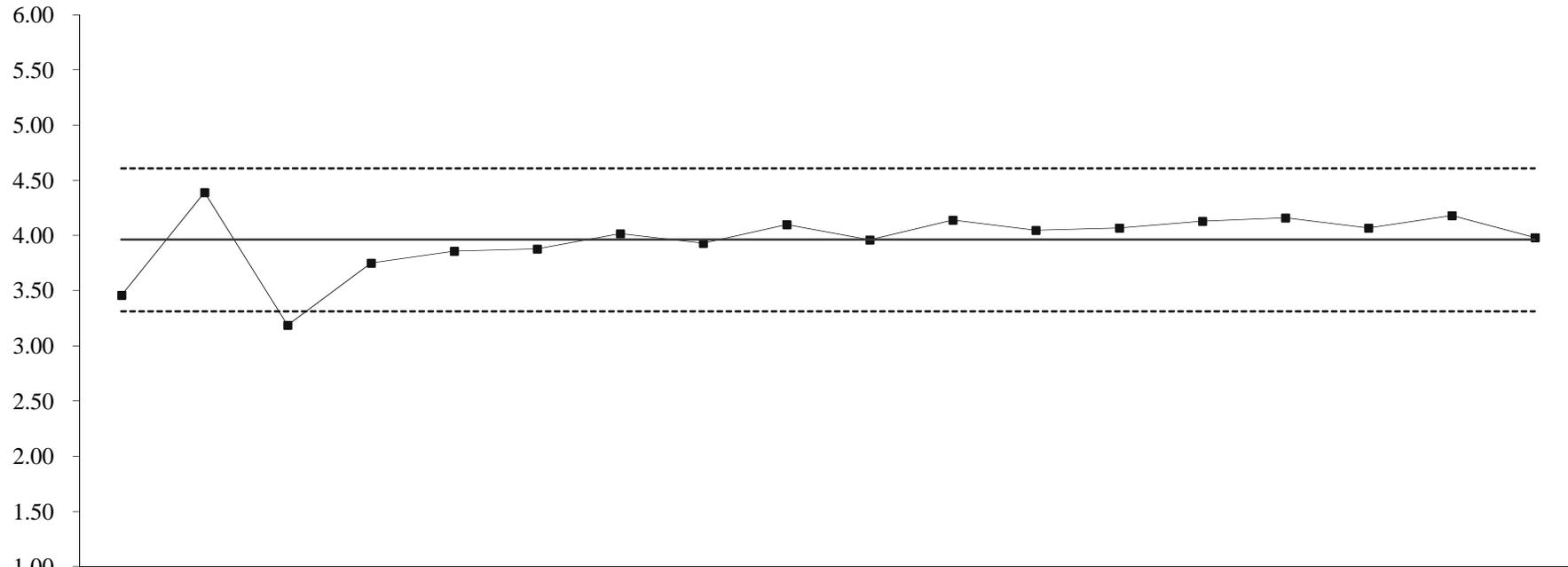
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

**Adults and Adolescents will be Satisfied with Care**

**Big Spring State Hospital**

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



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
—■— Score	3.46	4.39	3.19	3.75	3.86	3.88	4.02	3.93	4.10	3.96	4.14	4.05	4.07	4.13	4.16	4.07	4.18	3.98
Surveys	15	11	8	10	13	12	5	9	15	16	14	13	12	26	12	15	19	12
Discharges	57	69	65	60	62	60	55	54	65	65	73	89	62	78	70	74	82	67
% Sampled	26%	16%	12%	17%	21%	20%	9%	17%	23%	25%	19%	15%	19%	33%	17%	20%	23%	18%
----- UCL	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61
———— Avg	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96
----- LCL	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31	3.31

Source: HC022020;

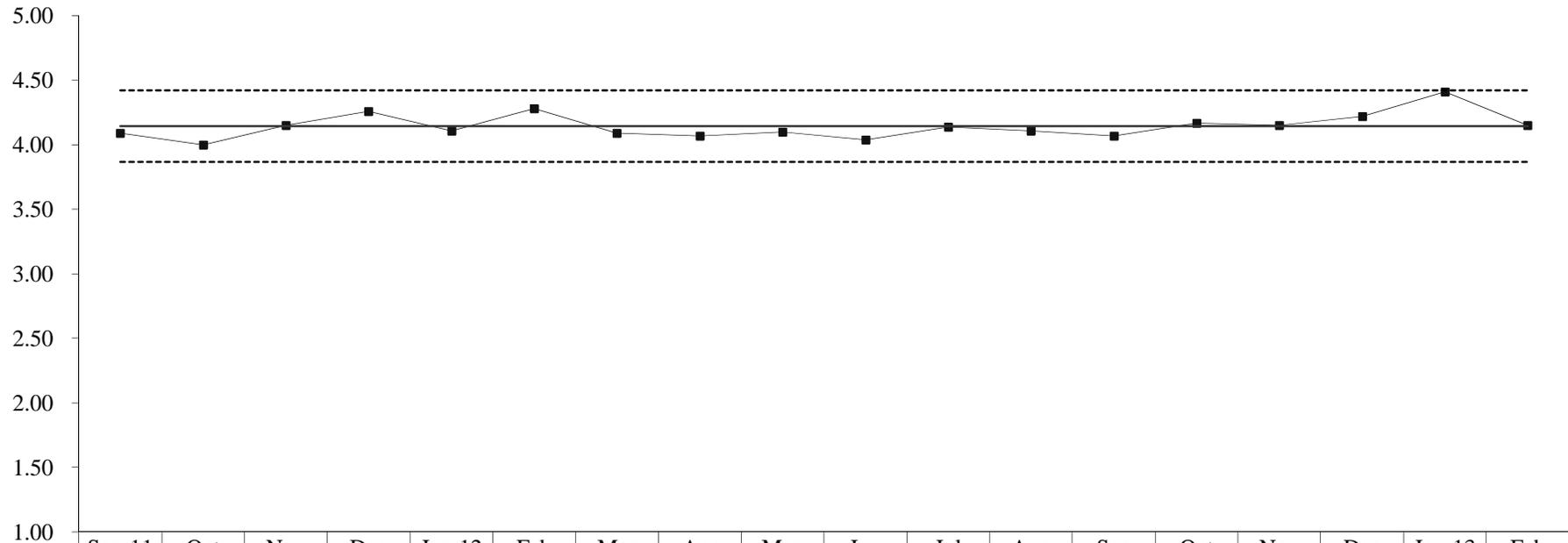
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

**Adults and Adolescents will be Satisfied with Care**

**El Paso Psychiatric Center**

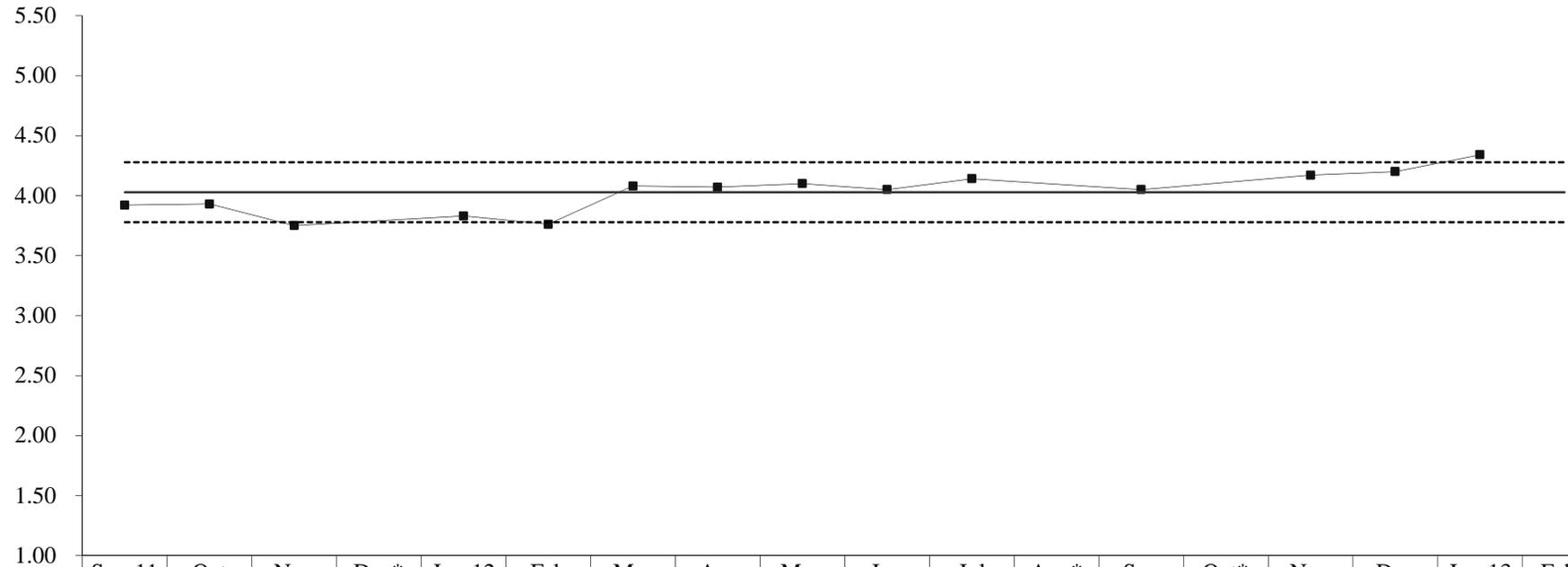
**Adults & Adolescents will be Satisfied with Care**  
 (Expectation is Average Score  $\geq 3.60$ )



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
■ Score	4.09	4.00	4.15	4.26	4.11	4.28	4.09	4.07	4.10	4.04	4.14	4.11	4.07	4.17	4.15	4.22	4.41	4.15
Surveys	23	33	18	27	20	28	18	26	17	33	46	26	33	30	33	24	27	21
Discharges	90	88	91	73	81	86	87	91	82	91	109	95	88	114	103	85	97	83
% Sampled	26%	38%	20%	37%	25%	33%	55%	29%	21%	55%	42%	27%	55%	26%	32%	28%	28%	25%
----- 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	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15
----- LCL	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87

**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  $\geq 3.60$ )**



	Sep-11	Oct	Nov	Dec*	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug*	Sep	Oct*	Nov	Dec	Jan-13	Feb*
Score	3.92	3.93	3.75		3.83	3.76	4.08	4.07	4.10	4.05	4.14		4.05		4.17	4.20	4.34	
Surveys	6	1	1	0	5	6	5	3	2	4	3	0	2	0	4	2	2	
Discharges	15	8	2	4	12	8	11	6	8	8	8	7	6	4	5	2	4	4
% Sampled	40%	13%	50%	0%	42%	75%	45%	50%	25%	50%	38%	0%	33%	0%	80%	100%	50%	0%
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	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03
LCL	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78

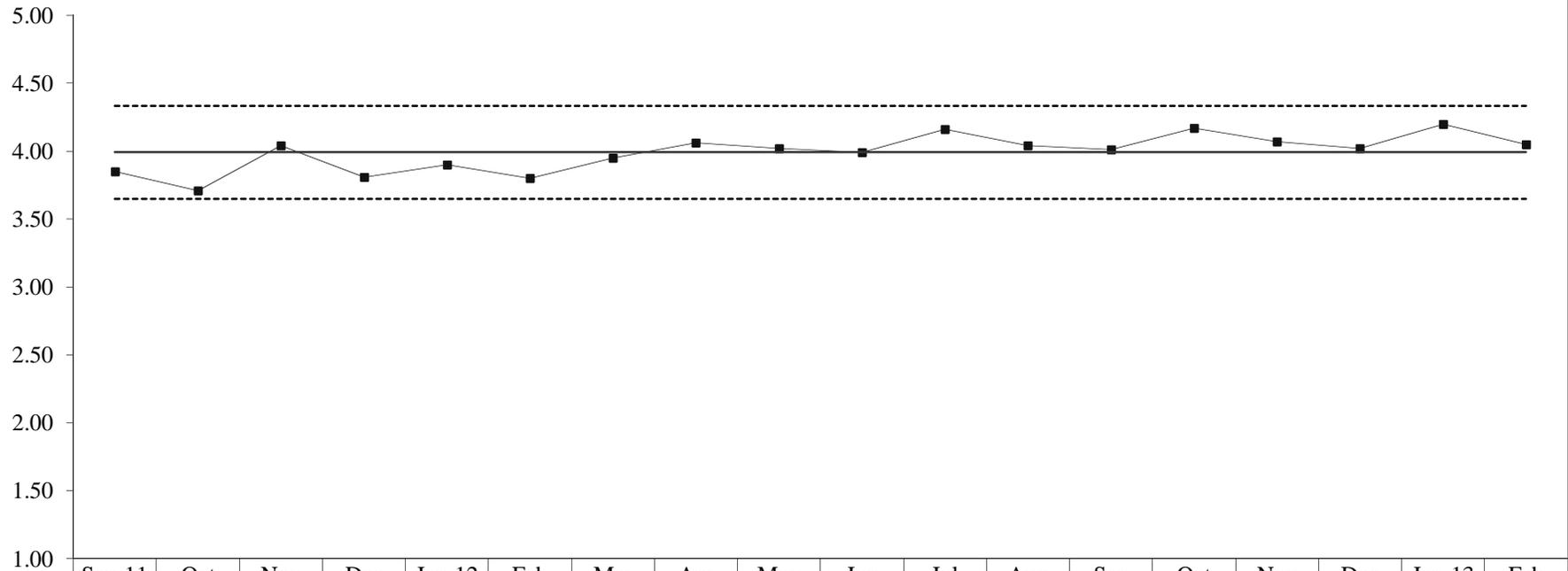
KSH provides surveys on request and offer them to annual reviews.

\*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  $\geq 3.60$ )**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
Score	3.85	3.71	4.04	3.81	3.90	3.80	3.95	4.06	4.02	3.99	4.16	4.04	4.01	4.17	4.07	4.02	4.20	4.05
Surveys	41	48	18	27	29	25	46	42	30	38	14	36	22	14	21	27	36	25
Discharges	193	202	191	193	192	190	196	198	207	219	177	179	150	189	189	181	174	174
% Sampled	21%	24%	9%	14%	15%	13%	23%	21%	14%	17%	8%	20%	15%	7%	11%	15%	21%	14%
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	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
LCL	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65

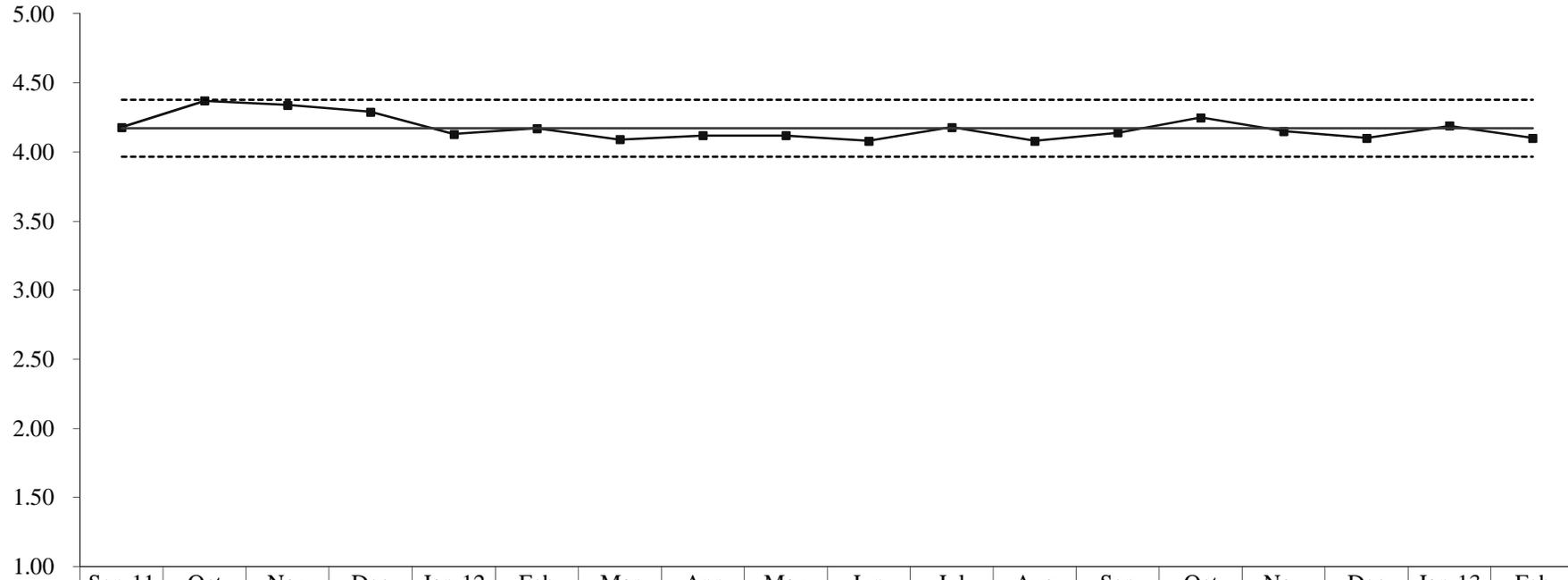
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**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  $\geq 3.60$ )**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
—■ Score	4.18	4.37	4.34	4.29	4.13	4.17	4.09	4.12	4.12	4.08	4.18	4.08	4.14	4.25	4.15	4.10	4.19	4.10
Surveys	60	50	41	36	43	58	38	43	65	40	43	49	49	60	48	51	15	21
Discharges	110	101	83	92	73	108	96	88	107	81	94	97	87	102	113	91	62	52
% Sampled	55%	50%	49%	39%	59%	54%	40%	49%	61%	49%	46%	51%	56%	59%	42%	56%	24%	40%
----- UCL	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38
—— Avg	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17
----- LCL	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96

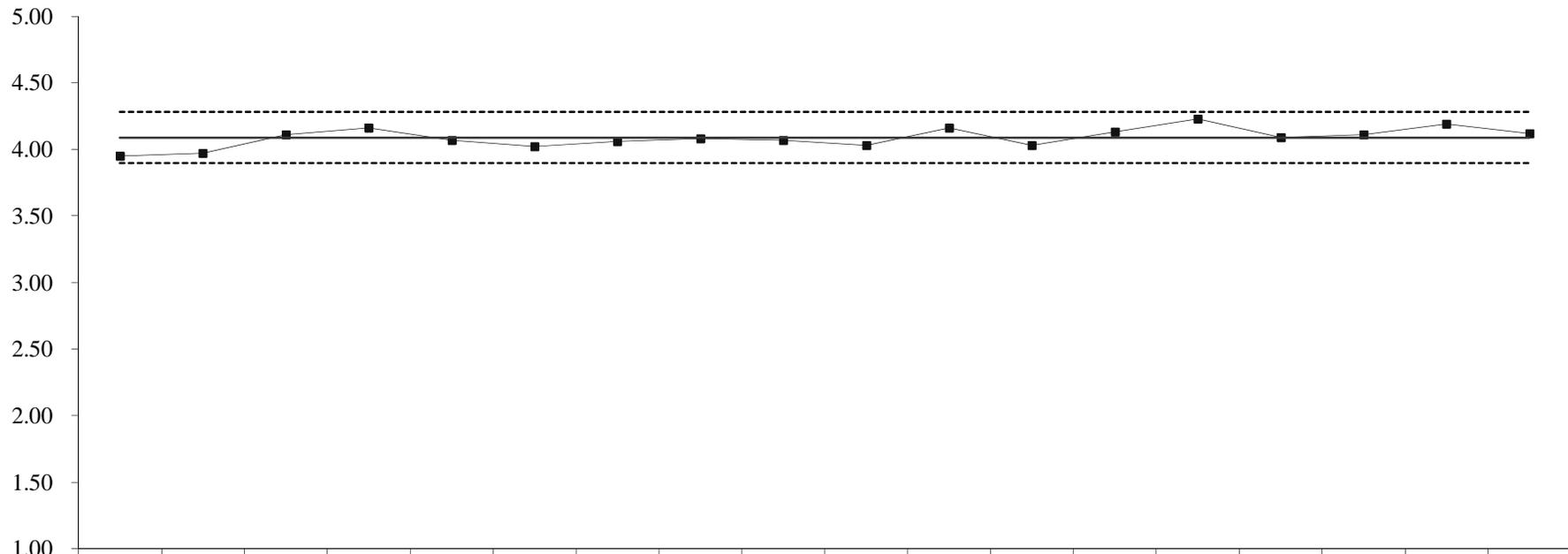
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**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  $\geq 3.60$ )



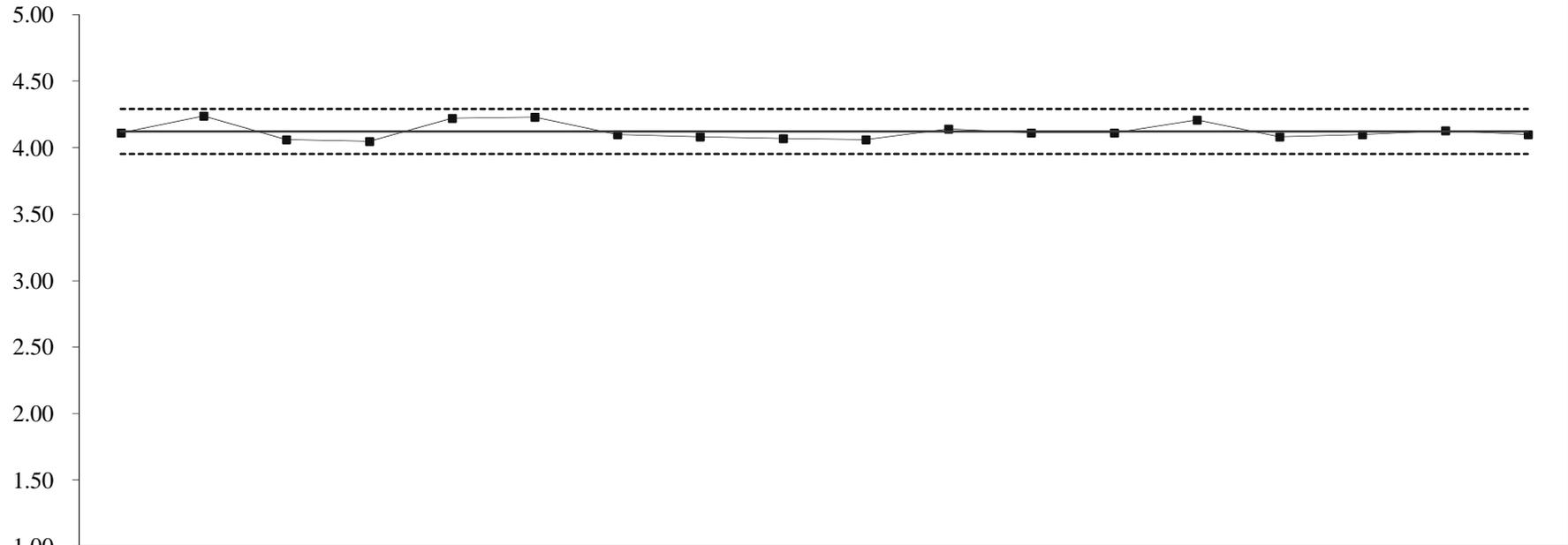
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
—■— Score	3.95	3.97	4.11	4.16	4.07	4.02	4.06	4.08	4.07	4.03	4.16	4.03	4.13	4.23	4.09	4.11	4.19	4.12
Surveys	42	62	42	41	59	48	40	40	44	29	22	36	24	36	43	31	30	32
Discharges	81	78	62	58	76	71	67	65	65	60	44	50	47	39	57	48	46	58
% Sampled	52%	79%	68%	71%	78%	68%	60%	62%	68%	48%	50%	72%	51%	92%	75%	65%	65%	55%
----- 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

**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  $\geq 3.60$ )**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
■ Score	4.11	4.24	4.06	4.05	4.22	4.23	4.10	4.08	4.07	4.06	4.14	4.11	4.11	4.21	4.08	4.10	4.13	4.10
Surveys	76	62	76	82	69	56	59	77	73	75	65	78	52	83	62	35	58	53
Discharges	165	147	162	174	156	126	165	159	172	163	147	179	138	207	174	143	150	144
% Sampled	46%	42%	47%	47%	44%	44%	36%	48%	42%	46%	44%	44%	38%	40%	36%	24%	39%	37%
----- UCL	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29
———— 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	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95

Source: HC022020;

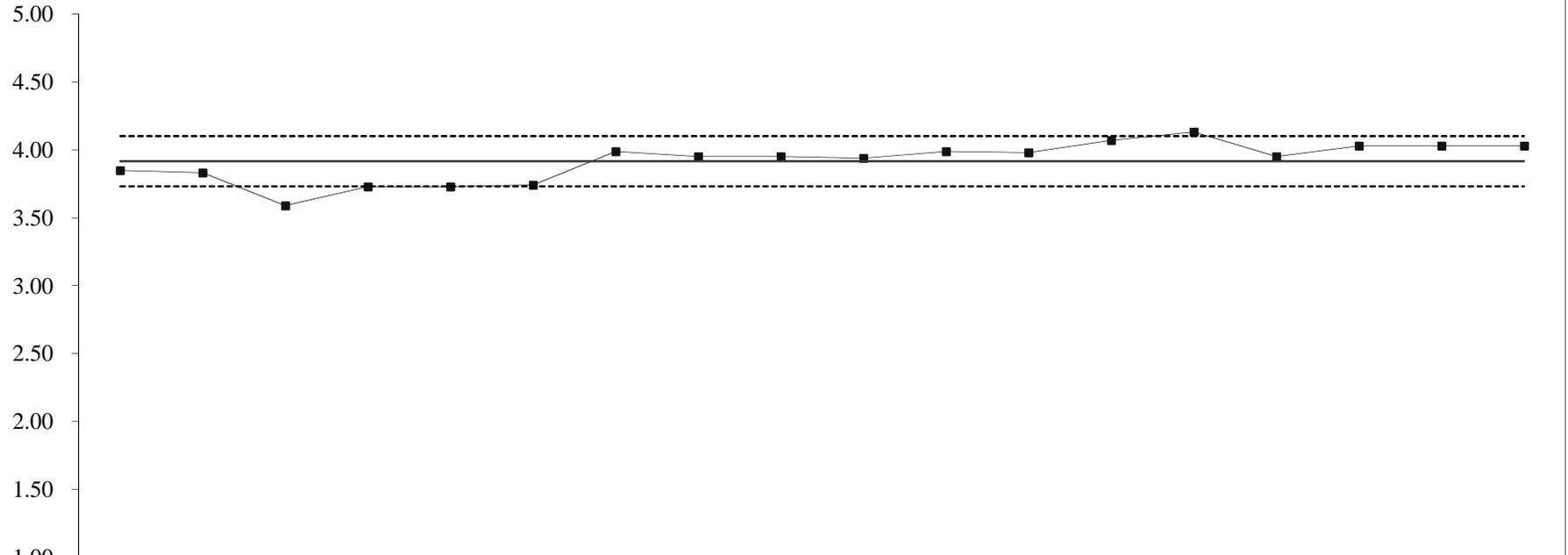
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**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  $\geq 3.60$ )**



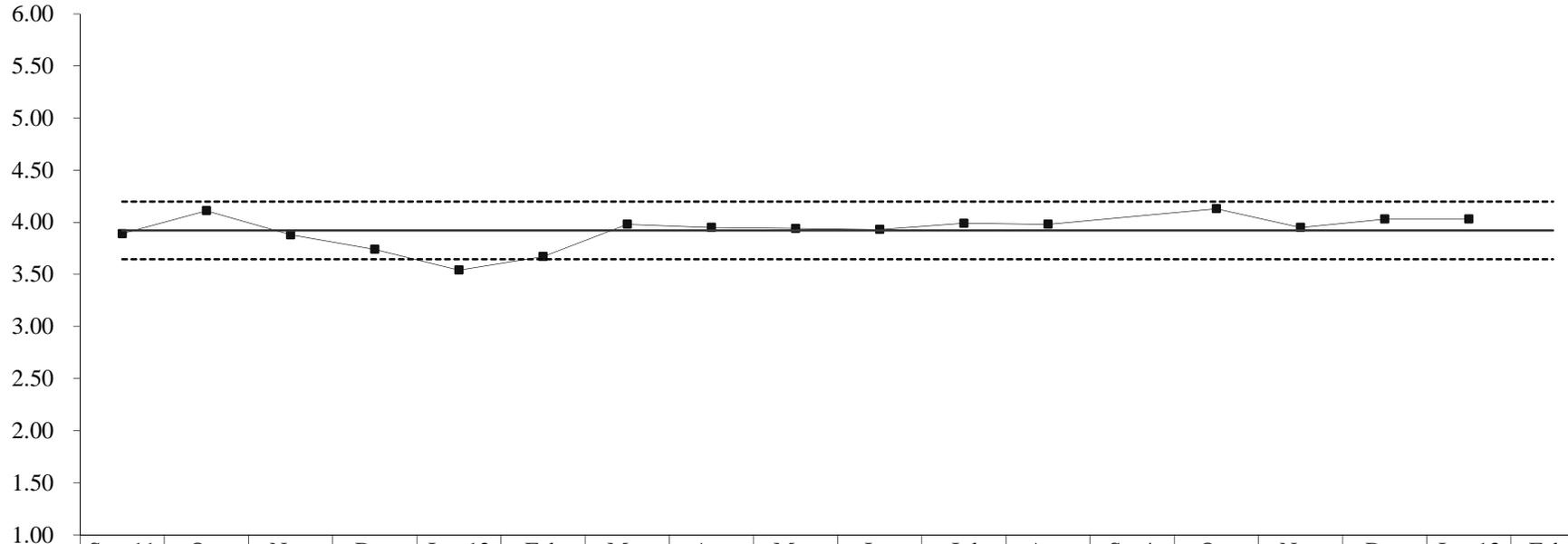
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-13	Feb
■ Score	3.85	3.83	3.59	3.73	3.73	3.74	3.99	3.95	3.95	3.94	3.99	3.98	4.07	4.13	3.95	4.03	4.03	4.03
Surveys	193	187	198	173	168	160	169	141	177	172	151	118	114	156	156	80	153	131
Discharges	226	243	217	225	229	197	226	205	227	217	217	220	186	210	217	185	245	205
% Sampled	85%	77%	91%	77%	73%	81%	75%	69%	78%	79%	70%	54%	61%	74%	72%	43%	62%	64%
----- UCL	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
———— Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
----- LCL	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73

**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  $\geq 3.60$ )**



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-13	Feb*
—■— Score	3.89	4.11	3.88	3.74	3.54	3.67	3.98	3.95	3.94	3.93	3.99	3.98		4.13	3.95	4.03	4.03	
Surveys	5	4	2	4	2	10	11	7	10	9	2	6	0	1	4	1	1	
Discharges	13	15	13	16	11	10	18	9	14	18	14	21	10	7	11	14	13	16
% Sampled	38%	27%	15%	25%	18%	100%	61%	78%	71%	50%	14%	29%	0%	14%	36%	7%	8%	0%
----- UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
———— Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
----- LCL	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64

\*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.**

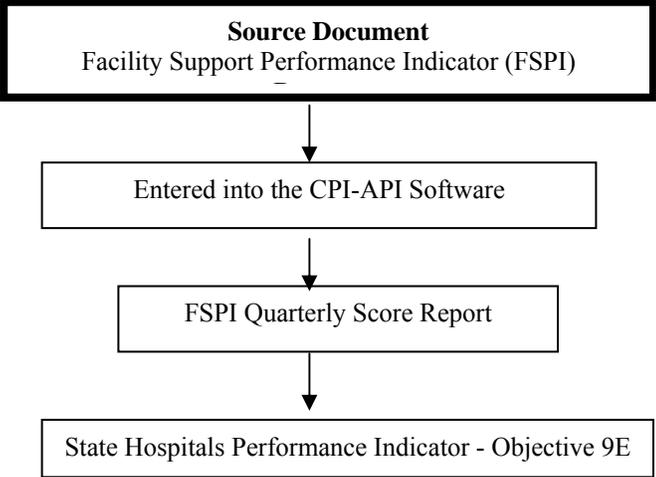
**Performance Objective Operational Definition:** The state hospital performs the self-assessment once per fiscal year according to the schedule.

**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:**

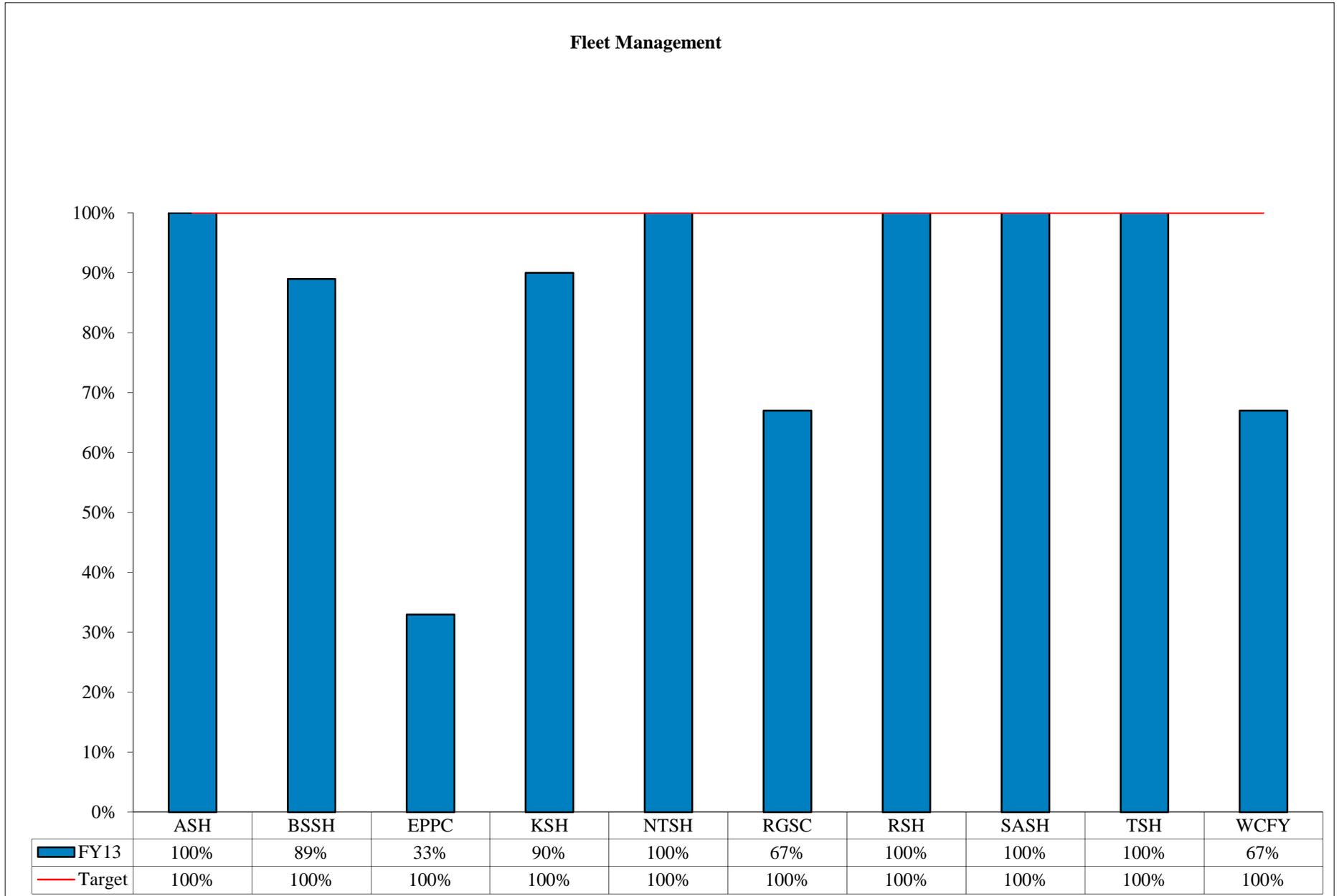


**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2013**

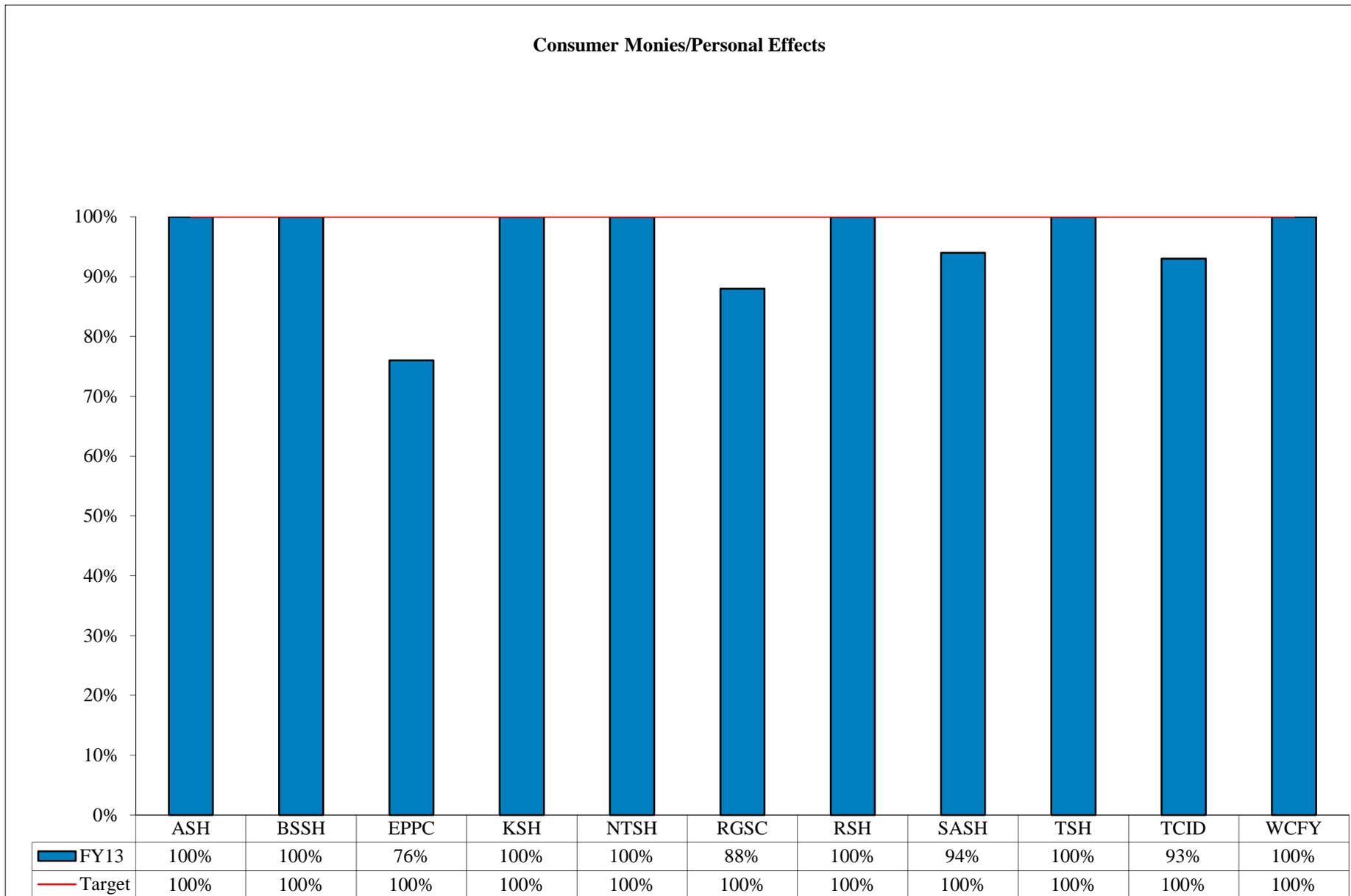
	Q1	Q2		Q3		Q4	
	Facility Risk Management	Fleet Management	Consumer Monies/ Personal Effects	Food Service Management	Food Inventory	Cash Receipts	Petty Cash
Compliance Target	100%	100%	100%	100%	100%	100%	100%
<b>State Hospital Totals</b>	<b>64%</b>	<b>85%</b>	<b>87%</b>				
Austin State Hospital	50%	100%	100%				
Big Spring State Hospital	25%	89%	100%				
El Paso Psychiatric Center	45%	33%	76%				
Kerrville State Hospital	82%	90%	100%				
North Texas State Hospital	83%	100%	100%				
Rio Grande State Center	91%	67%	88%				
Rusk State Hospital	73%	100%	100%				
San Antonio State Hospital	45%	100%	94%				
Terrell State Hospital	75%	100%	100%				
Waco Center For Youth	75%	67%	100%				
Texas Center for Infectious Disease	CF	CF	93%				

\*CF = Contract Facility

**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2013**  
**Fleet Management**



**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2013**  
**Consumer Monies/Personal Effects**



## ***GOAL 10: Infection Control***

### **Performance Measure 10A:**

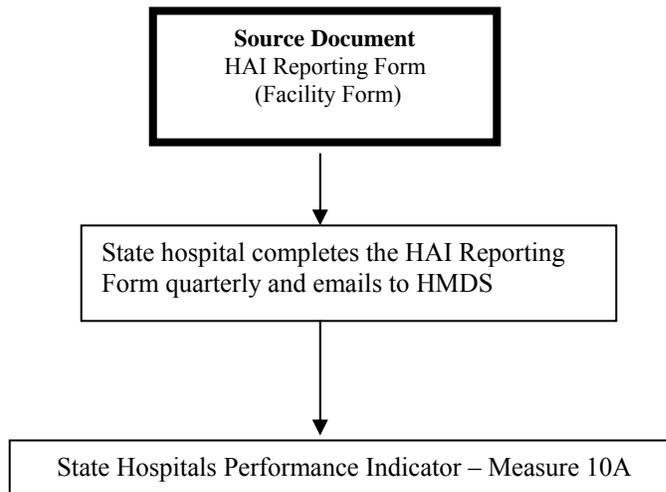
**Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.**

**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 - Q2**

**Age 0 - 17**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>EPPC</b>	<b>NTSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Urinary Tract Infection	0	0	0	0	0	1	<b>1</b>
Surgical Site Infection	0	0	0	0	0	0	<b>0</b>
Pneumonia	0	0	0	0	0	0	<b>0</b>
Blood Stream Infection	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	0	1	1	1	3	5	<b>11</b>
Gastrointestinal System Infection	0	0	0	0	0	0	<b>0</b>
Lower Respiratory Infection, other than Pneumonia	0	0	1	0	0	1	<b>2</b>
Reproductive Tract Infection	0	0	0	2	0	0	<b>2</b>
Skin and Soft Tissue Infection	4	0	0	1	0	0	<b>5</b>
Systemic Infection	0	0	0	0	0	0	<b>0</b>
Other	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>21</b>
<b>* Rate Per 1,000 Beddays</b>							

\*The data tables were not consistently capturing date of birth's at the time this data was extracted so some ages are unavailable.

**Measure 10A - Healthcare Associated Infection Rate  
All State Hospitals - Q2**

**Age 18 - 64**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>System Total</b>
Urinary Tract Infection	1	12	0	2	5	5	0	9	3	1	<b>38</b>
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Pneumonia	1	0	0	3	0	3	0	1	0	0	<b>8</b>
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	3	14	1	15	5	2	13	6	9	0	<b>68</b>
Gastrointestinal System Infection	0	1	0	1	0	2	0	0	0	0	<b>4</b>
Lower Respiratory Infection, other than Pneumonia	2	17	0	5	19	0	2	1	0	0	<b>46</b>
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Reproductive Tract Infection	3	13	0	0	0	0	0	5	0	0	<b>21</b>
Skin and Soft Tissue Infection	0	22	0	7	1	3	2	16	2	0	<b>53</b>
Other	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>10</b>	<b>79</b>	<b>1</b>	<b>33</b>	<b>30</b>	<b>15</b>	<b>17</b>	<b>38</b>	<b>14</b>	<b>1</b>	<b>238</b>
<b>* Rate Per 1,000 Beddays</b>											

\*The data tables were not consistently capturing date of birth's at the time this data was extracted so some ages are unavailable

**Measure 10A - Healthcare Associated Infection Rate  
All State Hospitals - Q2**

**Age 65+**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>System Total</b>
Urinary Tract Infection	1	1	0	2	1	0	0	0	1	0	<b>6</b>
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Pneumonia	1	0	0	2	0	0	0	0	0	0	<b>3</b>
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	0	3	0	6	0	0	1	1	0	0	<b>11</b>
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Lower Respiratory Infection, other than Pneumonia	0	0	0	7	1	0	0	0	0	0	<b>8</b>
Reproductive Tract Infection	0	3	0	0	0	0	0	1	0	0	<b>4</b>
Skin and Soft Tissue Infection	2	0	0	1	0	0	0	2	0	0	<b>5</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Other	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>18</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>37</b>
<b>* Rate Per 1,000 Beddays</b>											

\*The data tables were not consistently capturing date of birth's at the time this data was extracted so some ages are unavailable.

## Texas Center for Infectious Disease (TCID) Data Sheet

**FY12**

		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
M 1C	Average Daily Census	43	41	41	41	<b>41</b>
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0	<b>0</b>
O 3A	Number of Patients Restrained	0	0	0	0	<b>0</b>
O 4B	Number of Medication Errors	6	9	10	8	<b>33</b>
O 4B	Number of Medication Errors that Reached the Patient	3	9	9	5	<b>26</b>
M 5A	Number of New Patients to System	23	14	22	17	<b>76</b>
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	<b>0</b>
M 6A	Number of Patient Injuries	2	3	12	1	<b>18</b>
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	9	11	6	8	<b>34</b>
M 10A	Facility Healthcare Associated Infection	0	6	0	0	<b>6</b>

**FY13**

		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
M 1C	Average Daily Census	36	34			<b>35</b>
O 2A	Number of Abuse/Neglect Allegations	0	0			<b>0</b>
O 3A	Number of Patients Restrained	0	0			<b>0</b>
O 4B	Number of Medication Errors	3	16			<b>19</b>
O 4B	Number of Medication Errors that Reached the Patient	0	12			<b>12</b>
M 5A	Number of New Patients to System	16	16			<b>32</b>
O 6D	Number of Patient Injuries during Restraint	0	0			<b>0</b>
M 6A	Number of Patient Injuries	1	7			<b>8</b>
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	12	10			<b>22</b>
M 10A	Facility Healthcare Associated Infection	0	1			<b>1</b>

## Appendix B - Control Chart Analysis

Starting with the 1<sup>st</sup> 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 3<sup>rd</sup> 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?**

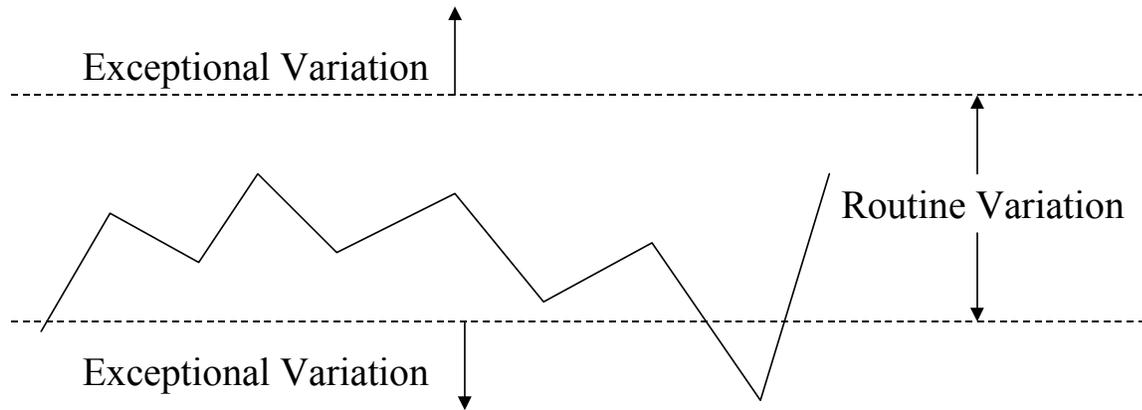
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. 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.

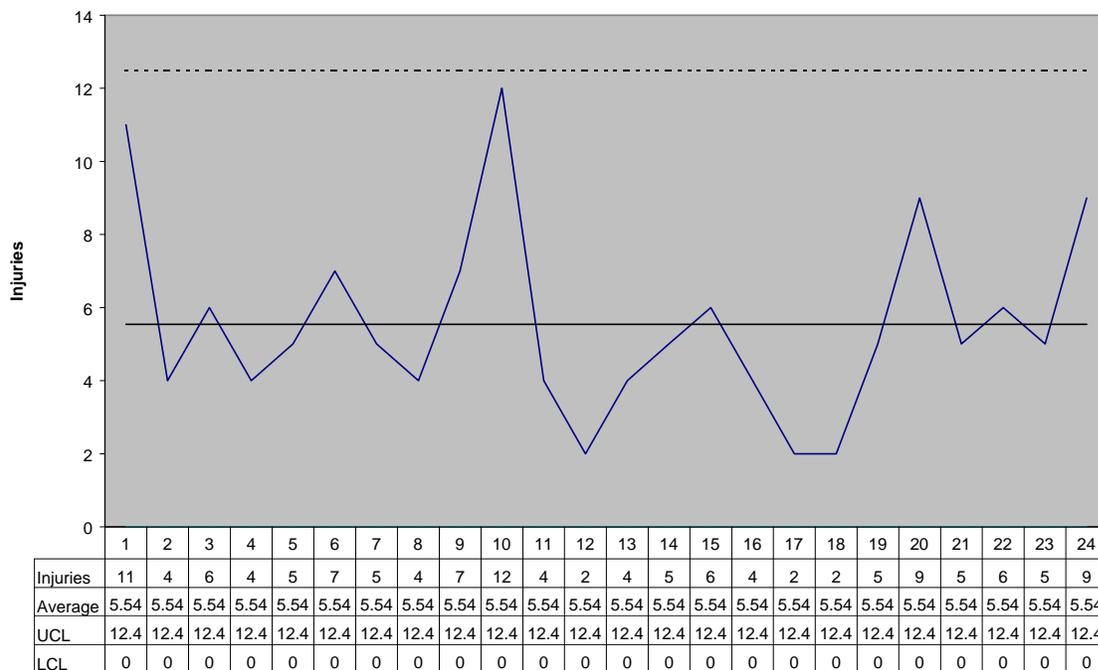
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition 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
<b>Average</b>	<b>5.54</b>	<b>2.61</b>			

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!

#### Reference on Statistical Process Control

- X Carey, RG and Lloyd, RC. Measuring Quality Improvement in Healthcare, A guide to Statistical Process Control Applications, *Quality Resources*, New York 1995
- X Gitlow, H and Gitlow, S. Tools and Methods for the Improvement of Quality, *Richard D. Irwin, Inc.*, Homewood, IL 1989
- X Wheeler, DJ and Chambers, DS. Understanding Statistical Process Control, *SPC Press*, Knoxville, Tennessee 1992
- X Wheeler, DJ and Poling SR. Building Continual Improvement: A Guide for Business. *SPC Press*, Knoxville, Tennessee 1998
- X Grant, EL and Leavenworth, RS. Statistical Quality Control, *McGraw-Hill Book Company*, New York 1980
- X Montgomery, DC. Introduction to Statistical Quality Control, *John Wiley & Sons*, New York 1991
- X Pitt, Hy. SPC for the Rest of Us - A Personal Path to Statistical Process Control, *Addison-Wesley Publishing Company* 1994
- X Finison, LJ, Finison, KS, and Bliersbach CM. The Use of Control Charts to Improve Healthcare Quality, *Journal of Health Quality*, Vol. 15, No. 1, 9-23, January/February 1993
- X Woodall, WH. Control Charts Based on Attribute Data: Bibliography and Review, *Journal of Quality Technology*, Vol. 29, No. 2, 172-183, April 1997
- X Sellick, Jr., JA. □The Use of Statistical Process Control Charts in Hospital Epidemiology,□ *Infection Control and Hospital Epidemiology*, Vol. 14, No. 11, 649-656, 1993