

Health and Human Services Commission
Department of State Health Services
State Hospitals Section
Mission, Vision, Goals and
2009 Work Plan

Statewide Performance Indicators
1st Quarter FY 2009

TABLE OF CONTENTS

| | |
|---|--------|
| Mission/Overview..... | |
| State Hospitals Section FY2009 Management Plan | |
| Legislative Budget Board Performance Measures | |
| Operational Definitions & Data..... | |
| GOAL 1: Provide Leadership | |
| Performance Objective IA: Outside Medical Cost..... | O - 1A |
| Performance Objective IB: Accreditation and Certification..... | O - 1B |
| Performance Objective 1C: FY 2009 Revenue Estimates | O - 1C |
| Performance Objective 1E: General Revenue & Third Party ADC..... | O - 1E |
| Performance Measure 1A: Average Cost per Patient..... | M - 1A |
| Performance Measure 1B: Average Cost per Bed Day | M - 1B |
| Performance Measure 1C: Average Daily Census | M - 1C |
| Performance Measure 1D: Inpatient Days at TCID..... | M - 1D |
| GOAL 2: Recognize and Respect the Rights of Each Patient By Conducting Business in an Ethical Manner | |
| Performance Objective 2A: Client Abuse/Neglect Rates | O - 2A |
| Performance Objective 2C: Patient Complaints | O - 2C |
| GOAL 3: Provide Individualized and Evidence Based Treatment | |
| Performance Objective 3A: Restraint /Seclusion Data | O - 3A |
| Performance Objective 3B: Restraint & Seclusion Assessment | O - 3B |
| Performance Objective 3D: Medication Algorithm | O - 3D |
| Performance Objective 3E: Data Integrity Review Measures | O - 3E |
| Performance Measure 3A: % Patient Whose GAF Stabilized or Increased | M - 3A |
| Performance Measure 3D: Use of Medication Algorithm Rating Scales | M - 3D |
| GOAL 4: Implement an Effective and Safe Medication Management System that Improves The Quality of Care, Treatment, and Services | |
| Performance Objective 4A: Medication Errors..... | O - 4A |
| Performance Measure 4A: Patients Receiving New Generation Medication | M - 4A |
| Performance Measure 4B: Cost of Antipsychotic Medications..... | M - 4B |
| Performance Measure 4C: TCID Cost of Tuberculosis Medications..... | M - 4C |
| GOAL 5: Assure Continuum of Care | |
| Performance Objective 5A: Dually Diagnosed Patients | O - 5A |
| Performance Measure 5A: Admissions/Discharges/New to the System..... | M - 5A |
| Performance Measure 5B: % of Forensic/Non-Forensic Discharges Ret'd to the Community..... | M - 5B |
| Performance Measure 5C: TCID Admissions and ALOS | M - 5C |
| Performance Measure 5D: Average Length of Stay at State Hospitals at Discharge | M - 5D |
| GOAL 6: Implement an Integrated Patient Safety Program | |
| Performance Objective 6B: Workers Compensation Cost..... | O - 6B |
| Performance Objective 6C: Employee Injuries Resulting In A Worker Comp Claim | O - 6C |
| Performance Objective 6D: Patient Injured During Restraint or Seclusion..... | O - 6D |
| Performance Objective 6E: Employees Injured During Restraint or Seclusion | O - 6E |
| Performance Objective 6F: Rate for Unauthorized Departures | O - 6F |
| Performance Objective 6G: Fall Injuries | O - 6G |
| Performance Measure 6A: Healthcare Associated Infection Data..... | M - 6A |
| Performance Measure 6B: Patient Injury Rates | M - 6B |
| Performance Measure 6C: Employee Injury Rates..... | M - 6C |
| GOAL 8: Assure a Competent Workforce | |
| Performance Objective 8A: 95% Staff up-to-date on Training | O - 8A |
| Performance Measure 8A: Staff Turnover Rates for Critical Shortage Staff..... | M - 8A |
| Performance Measure 8B: Vacancies for Critical Shortage Staff..... | M - 8B |
| GOAL 9: Improve Organizational Performance | |
| Performance Objective 9A: Children and Parents Satisfaction | O - 9A |
| Performance Objective 9B: Adult and Adolescent Satisfaction | O - 9B |
| Performance Objective 9E: Facility Support Performance Indicators | O - 9E |
| Appendix A & B..... | |

THE MISSION OF TEXAS STATE GOVERNMENT

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

HEALTH AND HUMAN SERVICES PRIORITY GOAL

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

HEALTH AND HUMAN SERVICES

OVERVIEW

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

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

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

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

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

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

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

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

Enable the aging, people with disabilities, including those with mental retardation 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 MHSAD Division is to support the agency mission to improve health and well-being in Texas. The Mental Health and Substance Abuse Division serves Texans by providing leadership and oversight for mental health or substance abuse services by building resiliency, and facilitating recovery in homes and communities.

**DSHS
STATE HOSPITALS SECTION**

VISION

The State Hospitals Section will be a partnership of consumers, family members, volunteers, policy makers and service providers that work together to provide quality services that are responsive to each patient's needs and preferences in eleven state hospitals.

GOALS

Goal 1 – Provide Leadership

Goal 2 – Recognize and Respect the Rights of Each Patient by Conducting Business in an Ethical Manner

Goal 3 – Provide Individualized and Evidence Based Treatment

Goal 4 – Implement an Effective and Safe Medication Management System that Improves the Quality of Care, Treatment and Services

Goal 5 – Assure Continuum of Care

Goal 6 – Implement an Integrated Patient Safety Program

Goal 7 – Obtain, Manage and Use Information

Goal 8 – Assure a Competent Workforce

Goal 9 – Improve Organizational Performance

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

| HOW DO WE KNOW QUALITY SERVICES ARE BEING PROVIDED? | | | | |
|--|--|--|---|---|
| Customers Are Asked | Accreditation and Certification Are Maintained | Key Functions of State Hospitals Are Identified and Measurable Performance Indicators Are Established | Priority Focus Areas Are Reviewed | Qualified and Diverse Workforce Are Maintained |
| <ul style="list-style-type: none"> - Patients - Families - Guardians - LMHA's and LMRAs - Courts - Staff - Legislature - Advocates - Third Party Payers - Volunteers - Students - Hospital Districts - Regional Public Health Authority - Department of Aging and Disability Services State Schools for Mental Retardation | <ul style="list-style-type: none"> - Medicare - Joint Commission - Medicaid - ICF/MR - CAP - Agency Clinical & Administrative Performance Indicator Compliance | <p style="text-align: center;"><u>Patient-Focused Functions</u></p> <ul style="list-style-type: none"> A1 Ethics, Rights, & Responsibilities A2 Provision of Care A3 Continuity of Care A4 Medication Management A5 Surveillance, Prevention & Control of Infection <p style="text-align: center;"><u>Organizational Functions</u></p> <ul style="list-style-type: none"> B1 Leadership B2 Management of Information B3 Management of Human Resources B4 Management of Environment B5 Improving Organizational Performance Through Customer Satisfaction <p style="text-align: center;"><u>Structures with Functions</u></p> <ul style="list-style-type: none"> C1 Medical Staff C2 Nursing | <ul style="list-style-type: none"> - Assessment and Care/Services - Communication - Credentialed Practitioners - Equipment Use - Infection Control - Information Management - Medication Management - Organization Structure - Orientation and Training - Rights and Ethics - Physical Environment - Quality Improvements - Expertise & Activity - Patient Safety - Staffing | <p>Assess Competence *Skills/Job Professional & Cultural</p> <p>Assess Performance *Grant clinical Privileges *Set expectations for education & training & ensure this continuing knowledge acquisition process *Implement strategies to ensure our workforce is - recognized - treated - rewarded in a manner that reflects a commitment to valuing workforce diversity.</p> |

STATE HOSPITALS SECTION

FY2009 MANAGEMENT PLAN

The State Hospitals Section FY 2009 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. Reports on these “Statewide Performance Indicators” are prepared by the Hospital Management Data Services of the State Hospitals Section.

HEALTH & HUMAN SERVICES COMMISSION DEPARTMENT

**STATE HEALTH SERVICES MENTAL HEALTH &
SUBSTANCE ABUSE DIVISION**

STATE HOSPITALS SECTION

GOALS AND PERFORMANCE OBJECTIVES AND MEASURES

GOAL 1

PROVIDE LEADERSHIP:

The leadership of the state hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on 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.

Performance Objectives:

Key Functions

- A. **EACH STATE HOSPITAL WILL MONITOR OUTSIDE MEDICAL COSTS FOR CIVIL AND FORENSIC PATIENTS USING THE OUTSIDE MEDICAL COST WEB DATABASE AND REPORT FINDINGS TO THE GOVERNING BODY.** **B1**

- B. **STATE HOSPITALS WILL MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, INSTITUTE OF MENTAL DISEASES (IMD) CERTIFICATION AND INTERMEDIATE CARE FACILITY-MENTAL RETARDATION (ICF/MR) CERTIFICATION (where appropriate) DURING FY 2009.** **B1**

- C. **FY 2009 REVENUE TARGETS FOR MEDICARE, TEXAS HEALTH STEPS, INSTITUTE FOR MENTAL DISEASES (IMD), AND PRIVATE SOURCE FUNDS WILL BE MET BY EACH STATE HOSPITAL, SO AS, TO SATISFY SPECIFIC METHODS OF FINANCE.** **B1**

- D. The State Hospitals Section will update the Funding Methodology which identifies the relationship between the State Mental Health Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2009. **B1**
- E. **EACH STATE HOSPITAL'S INPATIENT SERVICE WILL OPERATE A PROJECTED GENERAL REVENUE AVERAGE DAILY CENSUS (ADC) AND THIRD PARTY ADC WITHIN THE FUNDS THAT ARE ALLOCATED AND PROJECTED.** **B1**
- F. The State Hospitals FY09 Governing Body Bylaws Template will be revised and approved by August 1, 2009. **B1**
- G. **Each State Hospital will analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually to the Governing Body.** **B1**
- H. State Hospitals Section will work with DSHS and DADS to develop a funding methodology for patients admitted on consignment from the state school system. **B1**
- I. **Each State Hospital will 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.** **B1**
- J. The Forensic Services Committee, in collaboration with internal and external stakeholders, will facilitate the identification of needs to be addressed toward an improved forensic continuum of care. A report summarizing the process used to identify needs, the stakeholders involved, findings and recommendations, will be submitted to the Director of the State Hospital Section by April 1, 2009. **B1**
- K. The Forensic Services Committee will identify needs and opportunities for coordinating shared training of inpatient staff and community based staff on forensic issues, and make recommendations for same to the Director of State Hospitals by January 1, 2009. **B1**
- L. The Forensic Services Committee will recommend a psychiatric security review process for use by Transitional Forensic Programs when transferring transitional forensic program patients to community services to the Executive Committee of the Governing Body by June 1, 2009. **B1**
- M. **Each State Hospital will report progress on implementation of the Six Core Strategies and Philosophy of restraint and seclusion reduction to the Governing Body twice annually.** **B1**

- N. In reviewing cultural competency for FY09, each State Hospital will complete the Joint Commission Self Assessment Tool included in the “One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Population” by reporting to COC by December 31, 2008.

Performance Measures:

Key Functions

- | | |
|--|----|
| A. AVERAGE COST PER PATIENT SERVED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL. | B1 |
| B. AVERAGE COST PER OCCUPIED BED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL. | B1 |
| C. AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL. | B1 |
| D. NUMBER OF INPATIENT DAYS AT TCID WILL BE CALCULATED AND REPORTED. | B1 |
| E. Texas Center for Infectious Disease (TCID) and Rio Grande State Center/ South Texas Healthcare System (RGSC/STHCS) average cost of outpatient visits will be calculated and reported to the Governing Body. | B1 |
| F. Texas Center for Infectious Disease (TCID) contract cost will be calculated and reported to the Governing Body. | B1 |

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.

Performance Objectives:

Key Functions

- | | |
|---|----|
| A. STATE HOSPITALS WILL DEMONSTRATE A MEASURABLE DOWNWARD TREND OF CONFIRMED ALLEGATIONS OF ABUSE OR NEGLECT WITH A GOAL OF ZERO. | A1 |
|---|----|

- B. **Each State Hospital will report the findings of all Medicare and Joint Commission complaint visits/contacts. Plans of correction for substantiated complaints will be evaluated by the Clinical Performance Improvement Committee (CPIC) to identify system issues and/or opportunities for system improvements.** **A1**
- C. **EACH STATE HOSPITAL WILL ANALYZE PATIENT COMPLAINTS.** **A1**
- D. **Each State Hospital will report progress on implementation of peer support services.** **A1**

GOAL 3

PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT:

The State Hospitals will ensure hospital staff, in conjunction with the patients and patient’s local health authority, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient’s needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients’ family (with the patient’s authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.

Performance Objectives:

Key Functions

- A. **EACH STATE HOSPITAL WILL DEMONSTRATE A MEASURABLE DOWNWARD TREND IN THE USE OF RESTRAINTS AND/OR SECLUSION WITH A GOAL OF ZERO.** **A1,A2**
- B. **THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT WILL BE UTILIZED TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.** **A2**
- C. **Each State Hospital will implement the State Hospitals’ “Guidelines for Recognition and Response to Changes in a Patient’s Condition” and report progress toward implementation to the Governing Body.** **A2**
- D. **PATIENTS WILL BE TREATED IN ACCORDANCE WITH MEDICATION GUIDELINES AS MEASURED BY: MATCHING DIAGNOSIS TO APPROPRIATE ALGORITHM AT THE TIME OF DISCHARGE.** **A2, A4**

- E. EACH STATE HOSPITAL WILL MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES. MEASURES INCLUDE RESTRAINT/SECLUSION, ELOPEMENT, LEAVES, INJURIES, MEDICATION ALGORITHM, COMMITMENT STATUS, OFFENSE CODES, COUNTY OF RESIDENCE, NRI SATISFACTION SURVEYS, MR/MI PLACEMENT AND CWS ASSESSMENTS TIMEFRAMES. A2

Performance Measures:

Key Functions

A. GLOBAL ASSESSMENT OF FUNCTIONS (GAF):

IMPROVEMENT IN PATIENT TREATMENT OUTCOMES IN STATE MENTAL HEALTH HOSPITALS WILL BE MEASURED BY SHOWING:

- THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED.
- THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABLIZED. A2

B. TCID will report the number of patients treated to cure to the Governing Body. A2

C. TCID will analyze Hansen’s Program data to identify vulnerabilities and opportunities for improvement. Findings will be reported semiannually at the Governing Body meeting. A2

D. USE OF MEDICATION ALGORITHM RATING SCALES AS MEASURED BY PERCENT OF PATIENTS WITH TWO SCORES ON DIFFERENT DATES. (PREFERENCE AT LEAST ON ADMISSION AND ON DISCHARGE). A2, A4

GOAL 4

IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES:

An effective and safe medication management system involves multiple services and disciplines working closely together to reduce practice variation, errors, and misuse. Hospitals monitor medication management processes, standardize equipment and processes associated with medication management and handle all medication in the same manner.

Performance Objectives:

Key Functions

- A. EACH STATE HOSPITAL WILL IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS PER 1000 BED DAYS. A4
- B. Each State Hospital will evaluate their medication management systems and report annually to the Governing Body. A4
- C. Each State Hospital will implement the State Hospitals' "Guidelines for Anticoagulant Management Programs" and report progress toward implementation to the Governing Body. A4

Performance Measures:

Key Functions

- A. THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTICS MEDICATION WILL BE MEASURED. B4
- B. THE COST OF ANTIPSYCHOTIC MEDICATIONS WILL BE TRACKED AND ANALYZED. B4
- C. THE COST OF TB MEDICATIONS WILL BE TRACKED AND ANALYZED BY TCID. B4

GOAL 5

ASSURE CONTINUUM OF CARE:

All State Hospitals will collaborate and work cooperatively with designated local 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.

Performance Objectives:

Key Functions

- A. ALL DUALY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND MENTAL RETARDATION IN STATE MENTAL HEALTH HOSPITALS WILL BE DISCHARGED OR TRANSFERRED WITHIN 30 DAYS OF BEING PLACED ON THE "PATIENTS DETERMINED TO NO LONGER BE IN NEED OF INPATIENT HOSPITALIZATION" LIST. A3
- B. Each State Mental Health Hospital will maintain a current Utilization Management Agreement with their Local Mental Health Authorities. A3

C. At the end of each quarter, patients having been in the State Mental Health Hospital over 365 days, will be 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. The progress of placements from Category 3 will be reviewed at each Governing Body meeting. A3

Performance Measures:

Key Functions

A. NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM WILL BE CALCULATED AND REPORTED FOR EACH HOSPITAL. A3

B. PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY WILL BE CALCULATED.

- 7 days or less,
- 8 to 30 days,
- 31 to 90 days,
- greater than 90 days A3

C. TCID WILL REPORT:

- NUMBER OF ADMISSIONS
- AVERAGE LENGTH OF STAY
- NUMBER OF OUTPATIENT ADMISSIONS
- NUMBER OF DISCHARGES BY CATEGORIES
 - TUBERCULOSES
 - MULTI-DRUG RELATED TUBERCULOSES (MDRTB)
 - EXTENSIVELY DRUG RESISTANT TUBERCULOSIS (XDRTB) A3

D. AVERAGE LENGTH OF STAY IN THE HOSPITAL WILL BE CALCULATED ON A QUARTERLY BASIS FOR THOSE PATIENTS:

- ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND,
- ALL DISCHARGES A3

GOAL 6

IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM:

The State Hospitals address the safety of all patients and all staff. Safety priorities should be integrated into all relevant hospital processes, functions and services. The program should improve safety by reducing the risk of system and process failures.

Performance Objectives:

Key Functions

- A. Each State Hospital will maintain a prioritized budget list to address needed environmental and physical plant improvements but for which no centralized designated funds have been allocated. **B4**
- B. **STATE HOSPITALS WILL MANAGE WORKERS' COMPENSATION CLAIM EXPENSES SO THAT AN INDIVIDUAL HOSPITAL'S TOTAL FY2009 CLAIMS EXPENSE WILL BE AT OR BELOW THE DOLLAR TARGET AMOUNT ESTABLISHED FOR THAT HOSPITAL.** **B4**
- C. **EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WILL SHOW A MEASURABLE DOWNWARD TREND WITH A GOAL OF ZERO.** **B4**
- D. **THE RATE OF PATIENT INJURIES IN MENTAL HEALTH HOSPITALS RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WILL SHOW A MEASURABLE DOWNWARD TREND WITH A GOAL OF ZERO.** **B4**
- E. **EMPLOYEES IN MENTAL HEALTH HOSPITALS INJURED DURING RESTRAINT OR SECLUSION WILL SHOW A MEASURABLE DOWNWARD TREND WITH A GOAL OF ZERO.** **B4**
- F. **THE RATE OF UNAUTHORIZED DEPARTURES WILL SHOW A MEASURABLE DOWNWARD TREND WITH A GOAL OF ZERO.** **B4**
- G. **ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND IMPLEMENT IMPROVEMENT EFFORTS TO DEMONSTRATE A MEASURABLE DOWNWARD TREND WITH A GOAL OF ZERO.** **B4**
- H. During FY09, the COC will recommend standardized processes for suicide assessment and reassessment. **B4**

Performance Measures:

Key Functions

- A. **HOSPITAL INFECTION CONTROL PROFESSIONALS (ICPS) WILL COLLECT AND COMPARE DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.** B4
- B. **RATE OF PATIENT INJURIES WILL BE CALCULATED, TRENDED AND REVIEWED FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES AS FOLLOWS:**
- Age 0 – 17
 - Age 18 – 64
 - Age 65 – older
- C. **RATE OF ON THE JOB EMPLOYEE INJURIES WILL BE CALCULATED, TRENDED AND REVIEWED FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES AS FOLLOWS: AGE 18-39; 40-64; 65-OLDER.** B4
- D. **Each hospital will collect and maintain data on employee compliance with influenza immunization, to include the percentage of employees currently immunized and the percentage of those who have signed declination at monthly intervals during the influenza season.** B4
- E. **Hospitals will monitor the rate of pneumococcal and influenza immunization for those patients identified as high risk.** B4
- F. **COC will develop guidelines for each hospital to use regarding the 2009 Joint Commission National Safety Goals addressing MDRO by December 31, 2008.** B4

GOAL 7

OBTAIN, MANAGE AND USE INFORMATION:

Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals will obtain, analyze, manage and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, safety, governance, management and support processes.

Performance Objectives:

Key Functions

- A. CPIC will review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY09. **B2**
- B. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than August 31, 2009. **B2**
- C. **State Hospitals will 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 percent of the average monthly discharges. These data are trended and performance improvement initiatives are taken as appropriate.** **B2**
- D. **Each hospital will analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency and report annually to the Governing Body.** **B2**
- E. **Each State Hospital will monitor and analyze the CRS downtime and its effect on patient care and safety and report to the Governing Body.** **B2**
- F. State Hospitals Section, in conjunction with IT Operations and DSHS Legal Services will 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. **B2**
- G. **State Hospitals will evaluate and report annually to the Governing Body on their use of video conferencing.** **B2**

GOAL 8

ASSURE A COMPETENT WORKFORCE:

The State Hospital 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.

Performance Objectives:

Key Functions

- A. **95 PERCENT OF ALL STAFF WILL BE CURRENT WITH CORE AND SPECIALTY TRAINING AT ALL TIMES.** B3
- B. **95 percent of all staff will have current date performance evaluations on file at all times. State Hospitals will report on the status of performance evaluations annually to the Governing Body.** B3

Performance Measures:

Key Functions

- A. **“STAFF TURNOVER” RATES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED.** B3
- B. **NUMBER OF STATEWIDE VACANCIES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED.** B3

GOAL 9

IMPROVE ORGANIZATIONAL PERFORMANCE:

Performance improvement focuses on outcomes of care, treatment and services. This goal focuses on designing an effective and continuous program to systematically measure performance through data collection, assess current performance and improve performance, patient safety and business process outcomes.

Performance Objectives:

Key Function

- A. **CHILD PATIENTS AND THEIR PARENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE WILL BE SATISFIED WITH THE TREATMENT AND SAFE MILIEU PROVIDED IN STATE MENTAL HEALTH HOSPITALS BY ACHIEVING THE FOLLOWING AVERAGE RESPONSE ON THE PATIENT SATISFACTION SURVEYS (PSAT):**
 - **AN AVERAGE SCORE OF “4” ON THE PARENT SATISFACTION SURVEY,**
 - **AN AVERAGE SCORE OF “1.7” ON THE CHILDREN SATISFACTION SURVEY.** B6
- B. **ADULT AND ADOLESCENT PATIENTS WILL BE SATISFIED WITH THEIR CARE AT STATE MENTAL HEALTH HOSPITALS AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF 3.60 ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).** B6

- C. All State Hospitals will monitor and evaluate compliance with the Joint Commission compliance with the 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 Clinical Performance Improvement Committee (CPIC) and reported to the Executive Committee of the Governing Body. **B6**
- D. **Hospitals will conduct a minimum of one patient tracer for each treatment team during FY09. Data collected utilizing tracer methodology will follow the care that individual patients receive as well as evaluate patient care systems and processes. Information collected will be evaluated by CPIC and reported to the Executive Committee of the Governing Body.** **B6**
- E. **EACH STATE HOSPITAL WILL CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS AND REPORT RESULTS TO THE GOVERNING BODY.** **B6**

**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-1E**
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.**

↓

GOAL 1: Provide Leadership

Performance Objective 1A:

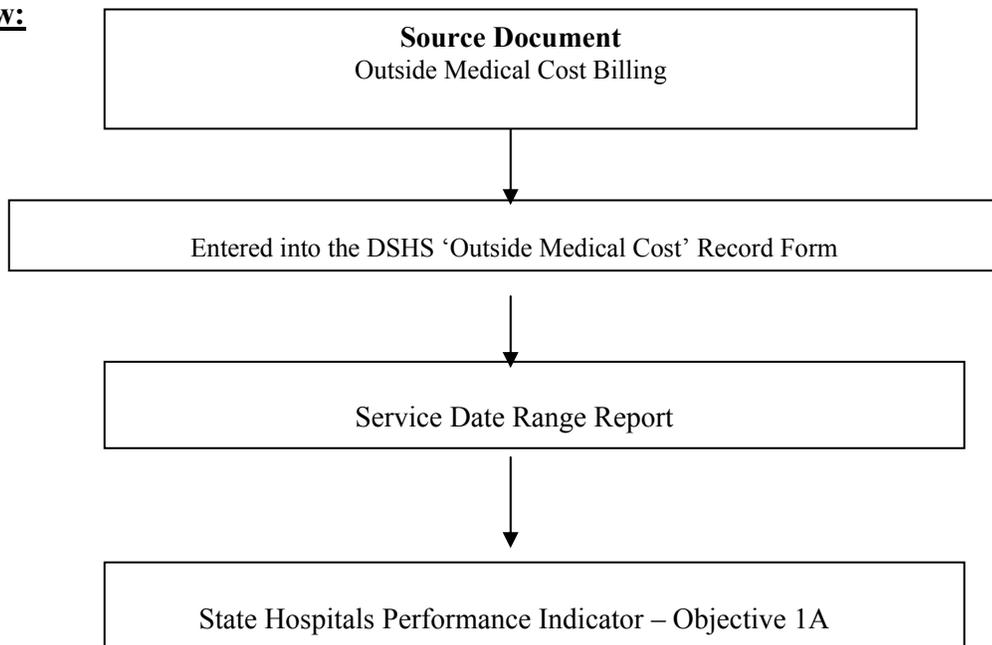
Each state hospital will monitor outside medical costs for civil and forensic patients using the outside medical cost web database and report findings to the governing body.

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:



**Objective 1A - Outside Medical Cost
All State Hospitals**

Outside Medical Cost - FY 2009

Data Not Available

| Facility | Q1 | Q2 | Q3 | Q4 | FYTD |
|-----------------|-----------|-----------|-----------|-----------|-------------|
| ASH | | | | | |
| BSSH | | | | | |
| EPPC | | | | | |
| KSH | | | | | |
| NTSH | | | | | |
| RGSC | | | | | |
| RSH | | | | | |
| SASH | | | | | |
| TSH | | | | | |
| WCFY | | | | | |
| STHCS | | | | | |
| TCID | | | | | |
| All SH | | | | | |

Performance Objective 1B:

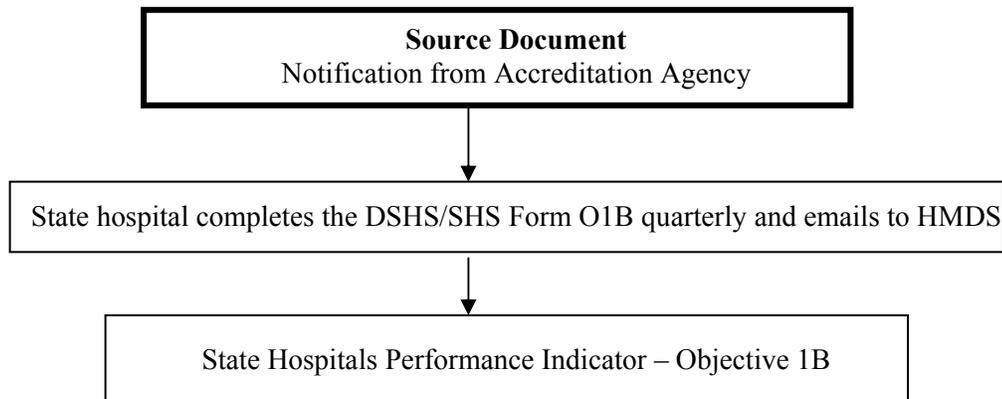
State hospitals will maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2009.

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 November 30, 2008)**

| | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | TCID | WCFY |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| JC Accreditation | | | | | | | | | | | |
| Date of accreditation: | Jul-06 | Mar-06 | Nov-06 | Oct-06 | Feb-07 | Jul-08 | Jan-07 | Apr-07 | Apr-07 | Dec-06 | Jul-07 |
| Years accredited: | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Unannounced Visit/Complaint FY09 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicare Certification | | | | | | | | | | | |
| No. certified beds: | 201 | 156 | 23 | 48 | 100 | 27 | 166 | 208 | 94 | 72 | N/A |
| No. of Complaint Visits for Q1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A |
| No. of Complaint Visits for FY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A |
| Date of CMS On-Site Survey | | Jan-02 | | Feb-07 | Sep-07 | May-08 | | Jan-06 | Mar-08 | | |
| Date of last IMD Review: | Apr-08 | Jul-07 | N/A | Dec-07 | Jul-08 | N/A | Oct-07 | Oct-07 | May-08 | N/A | N/A |
| IMD certified beds* | 50 | 27 | N/A | 38 | 40 | N/A | 28 | 48 | 44 | N/A | N/A |
| Date of TVFC Audit:** | | | | | | | | | | | Oct-08 |
| ICF-MR Certification | | | | | | | | | | | |
| Last date certified: | N/A | N/A | N/A | N/A | N/A | Nov-08 | 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 1C:

FY2009 revenue targets for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds will be met by each state hospital, so as, to satisfy specific methods of finance.

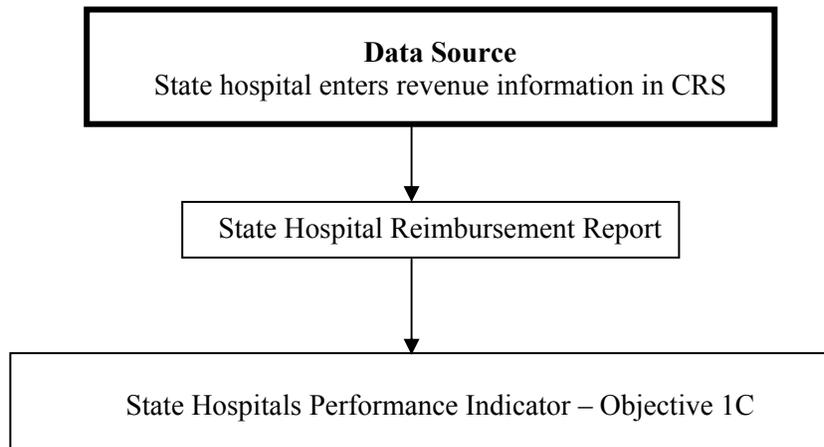
Performance Objective Operational Definition: The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

Performance Objective Formula: Collections per individual category and total collections are reported monthly in CRS.

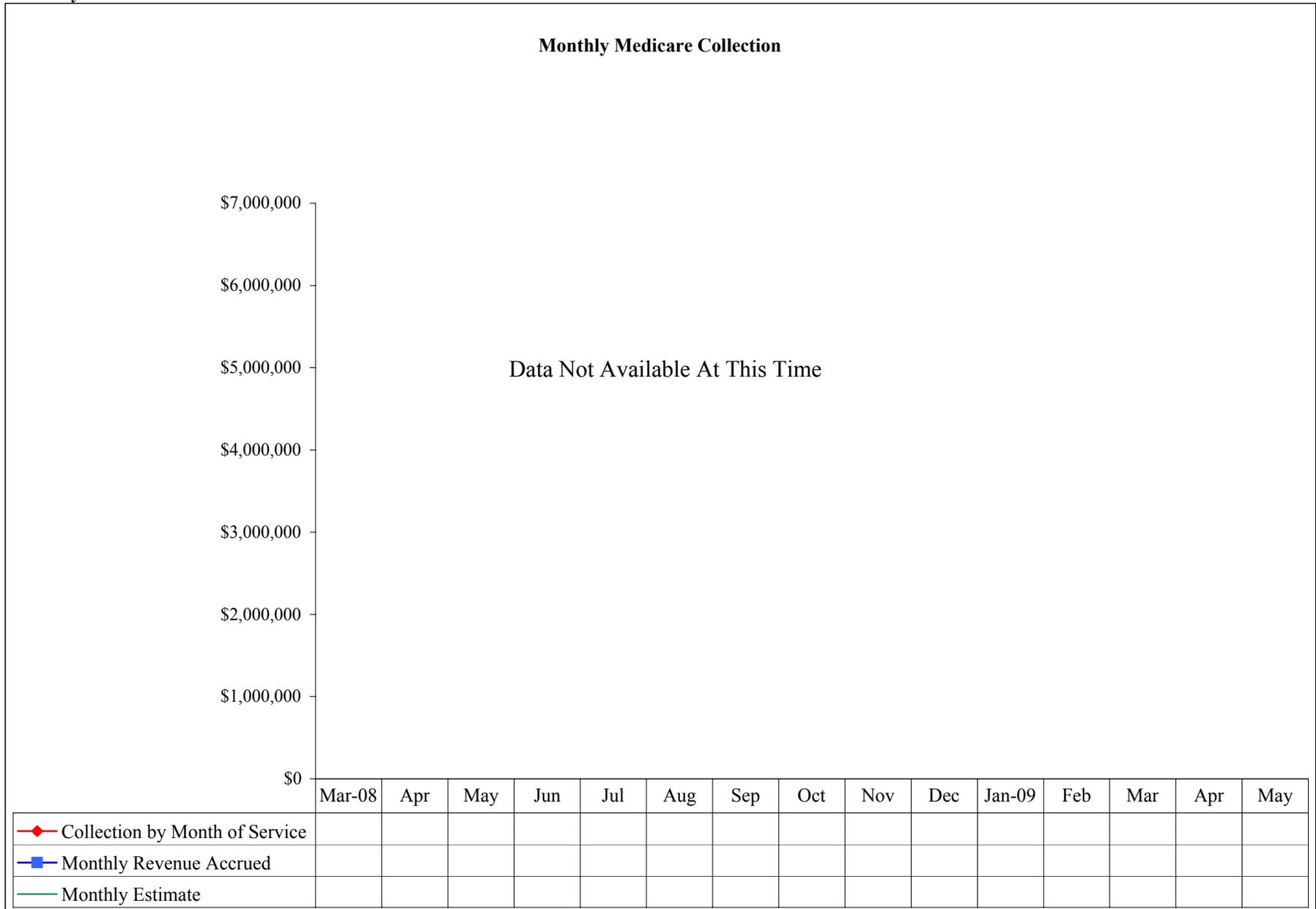
Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 1C - FY 2009 Revenue Estimates
All State Hospitals
Monthly Medicare Estimate



Performance Objective 1E:

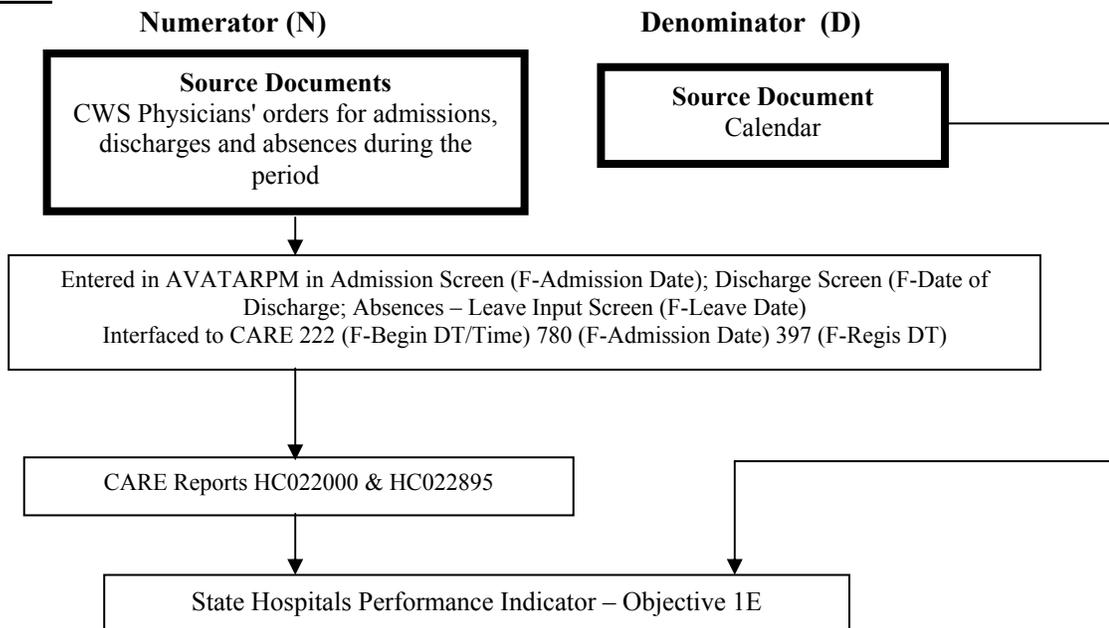
Each state hospital-inpatient services will operate a projected General Revenue ADC and Third Party ADC within the funds that are allocated and projected.

Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC for FY08. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC. Care Report HC022864 uses same extract as the hospital allocation methodology reports (NTSH Vernon Campus is not included in the extract). 3rd Party Average Census includes exempt bed days with exemption codes 05,09,10,11,12,13,15.

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

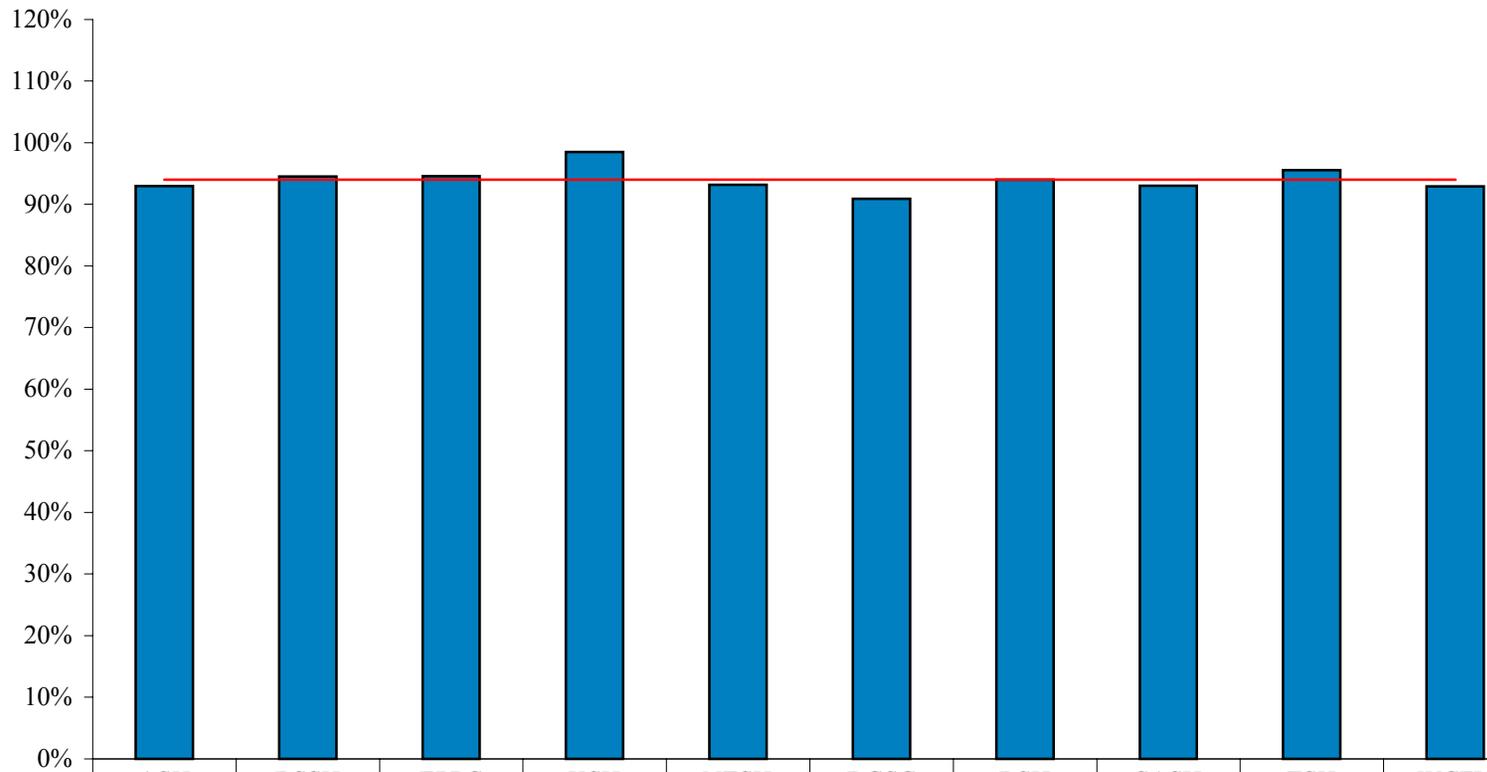
Performance Objective Data Display and Chart Description: Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

Data Flow:



Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals - As of November 30, 2008

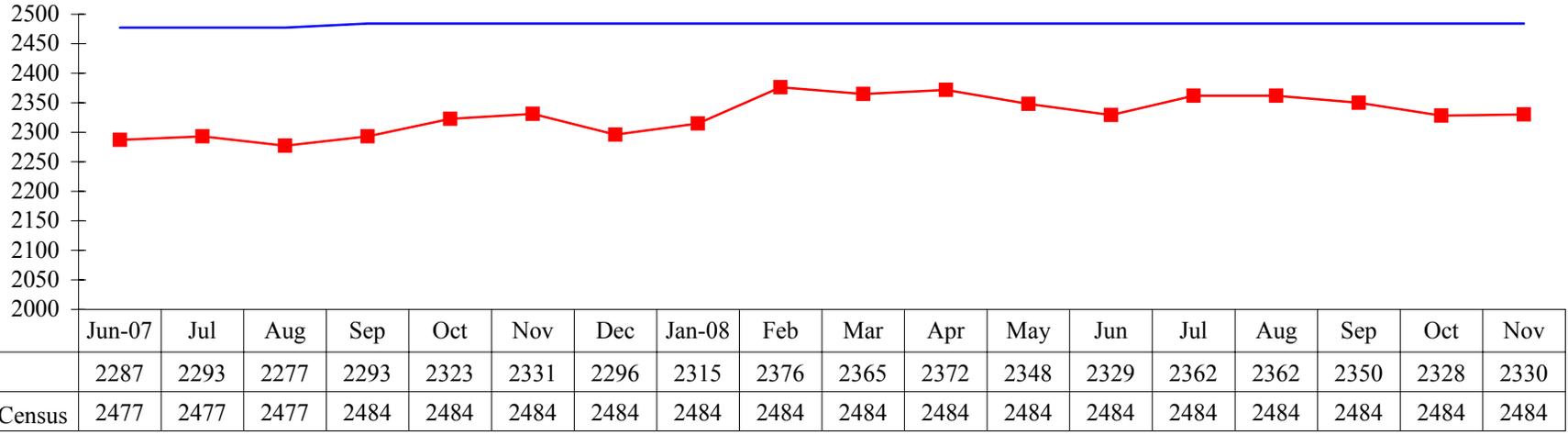
**Average Daily Census As Percent of Adjusted Funded Census
FY 2009**



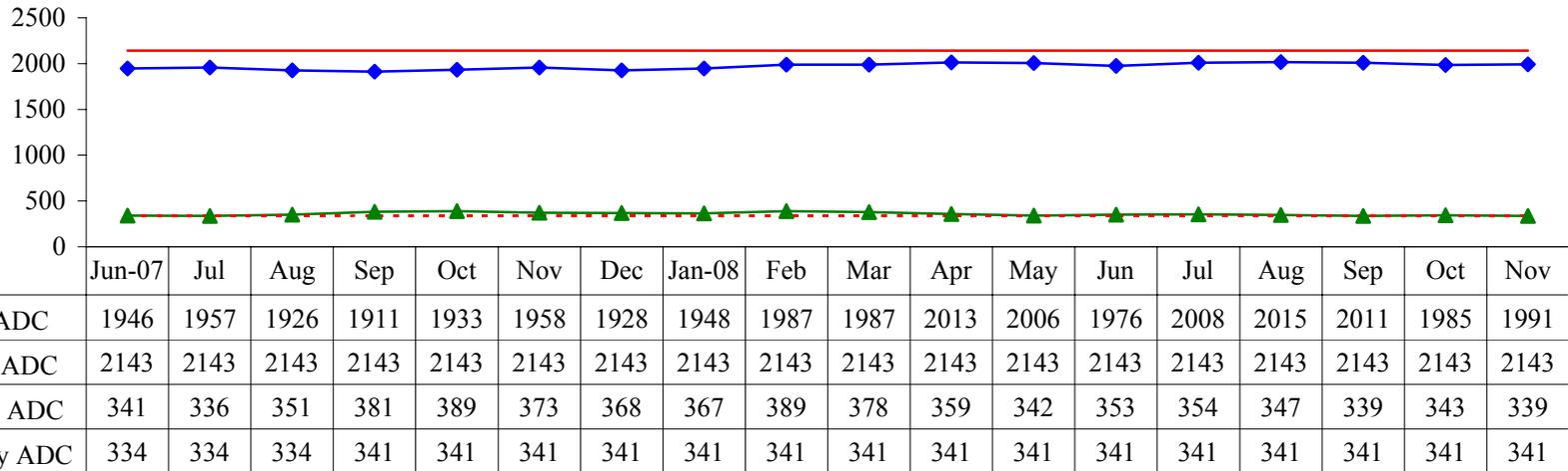
| | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | WCFY |
|---------------------|-----|------|------|-----|------|------|-----|------|-----|------|
| % Occupancy | 93% | 95% | 95% | 99% | 93% | 91% | 94% | 93% | 96% | 93% |
| ADC | 278 | 189 | 70 | 199 | 574 | 50 | 315 | 281 | 302 | 79 |
| Funded Census | 299 | 200 | 74 | 202 | 616 | 55 | 335 | 302 | 316 | 85 |
| All State Hospitals | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% |

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

Average Daily Census

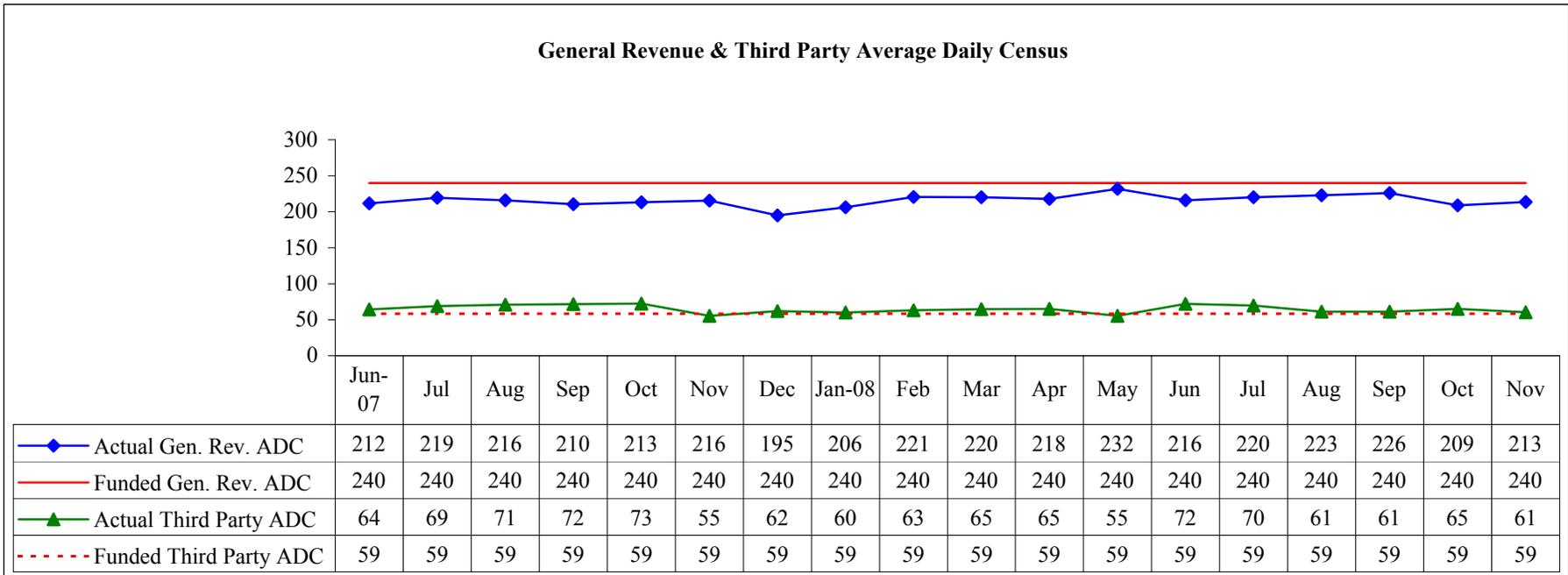
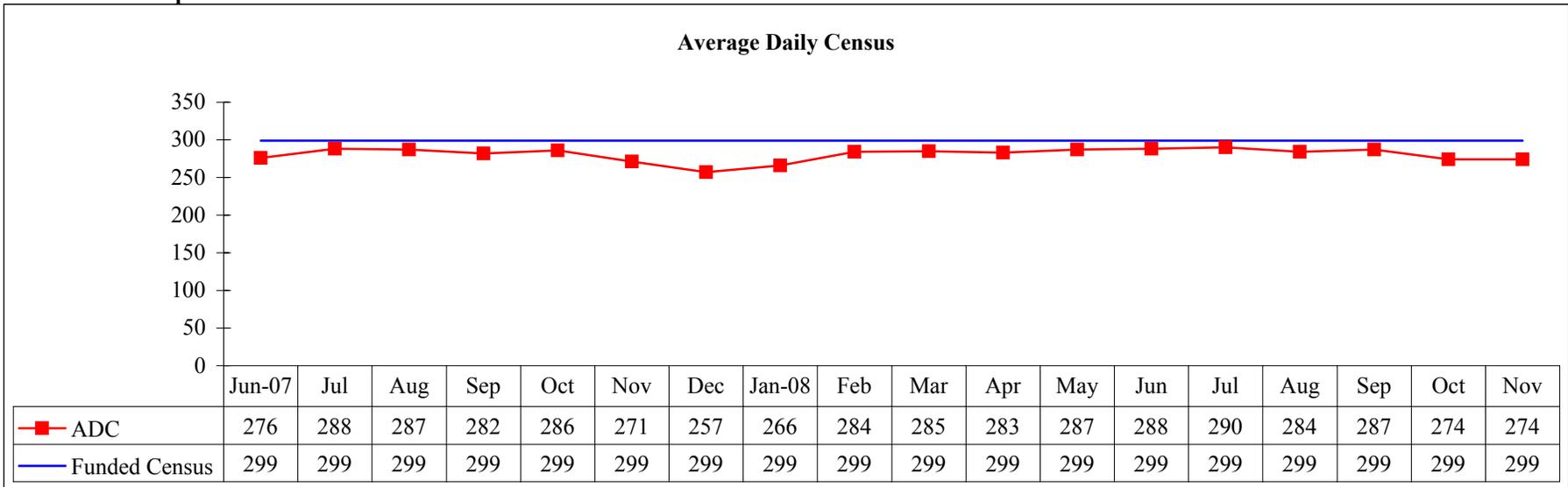


General Revenue & Third Party Average Daily Census



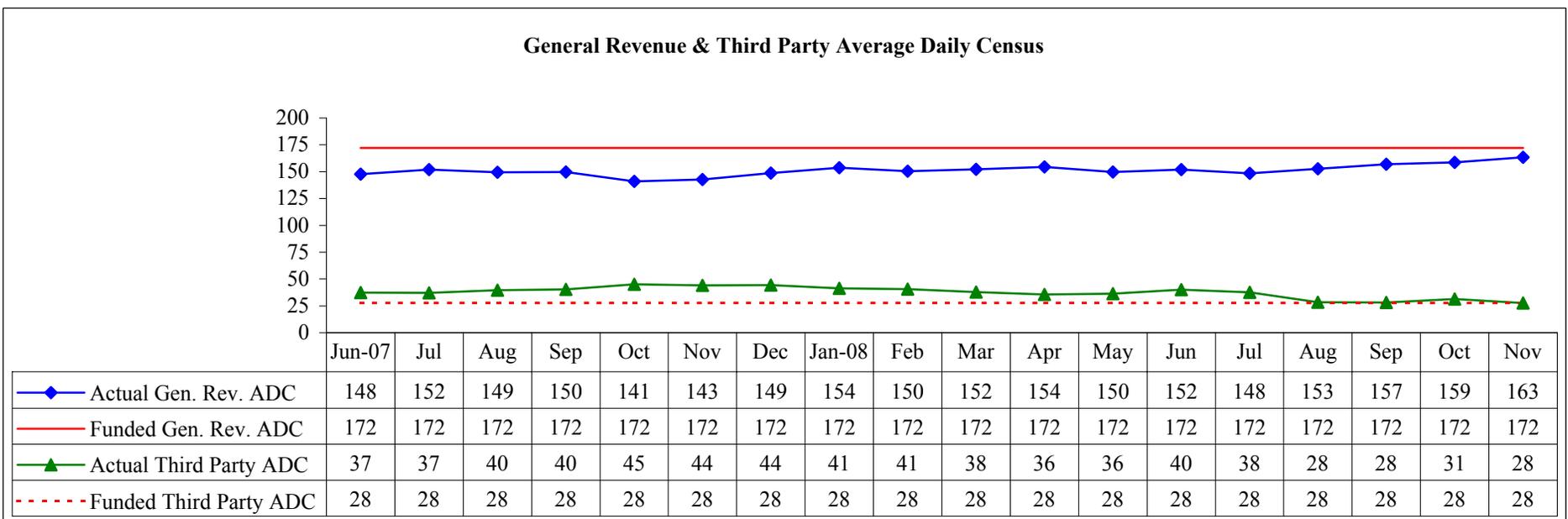
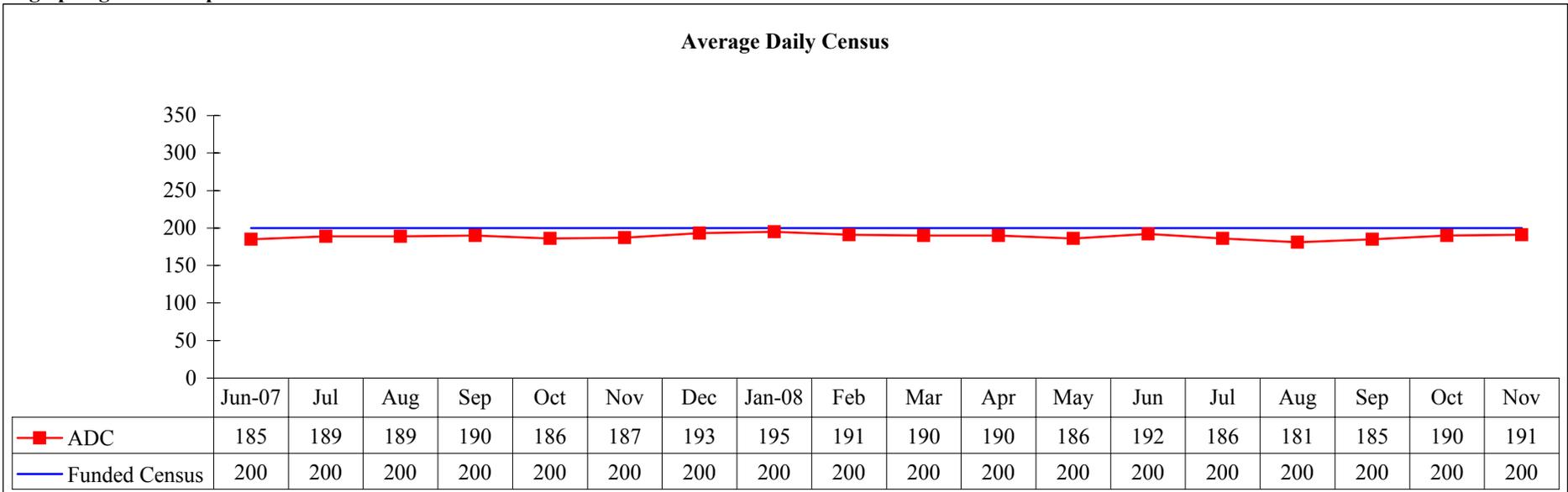
FY07 data revised using new coding

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



FY07 data revised using new coding

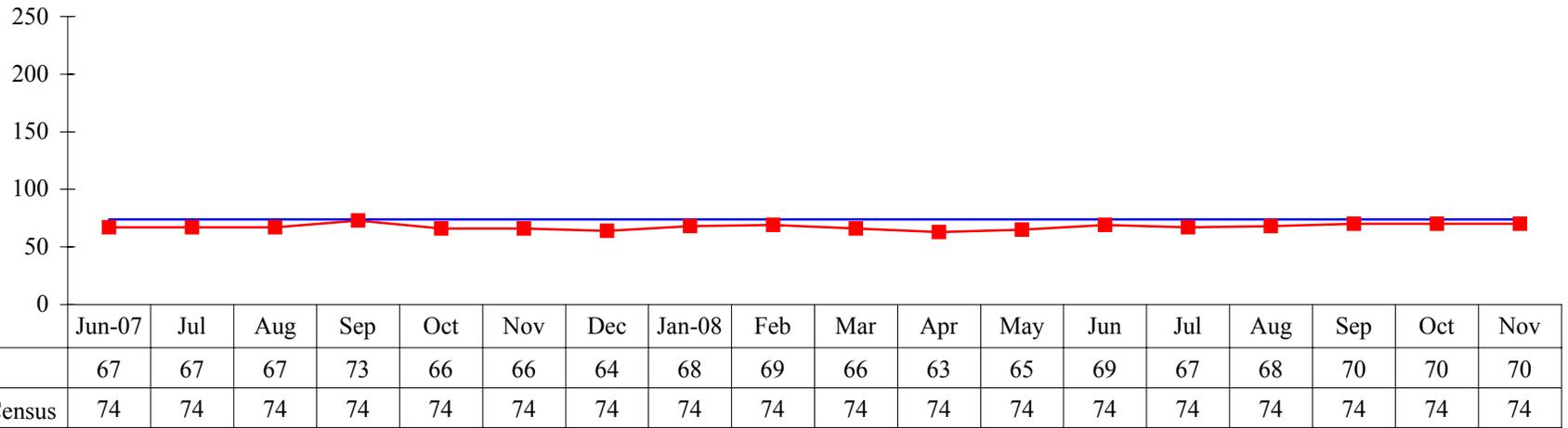
Objective 1E & Measure 1C - Average Daily Census
Big Spring State Hospital



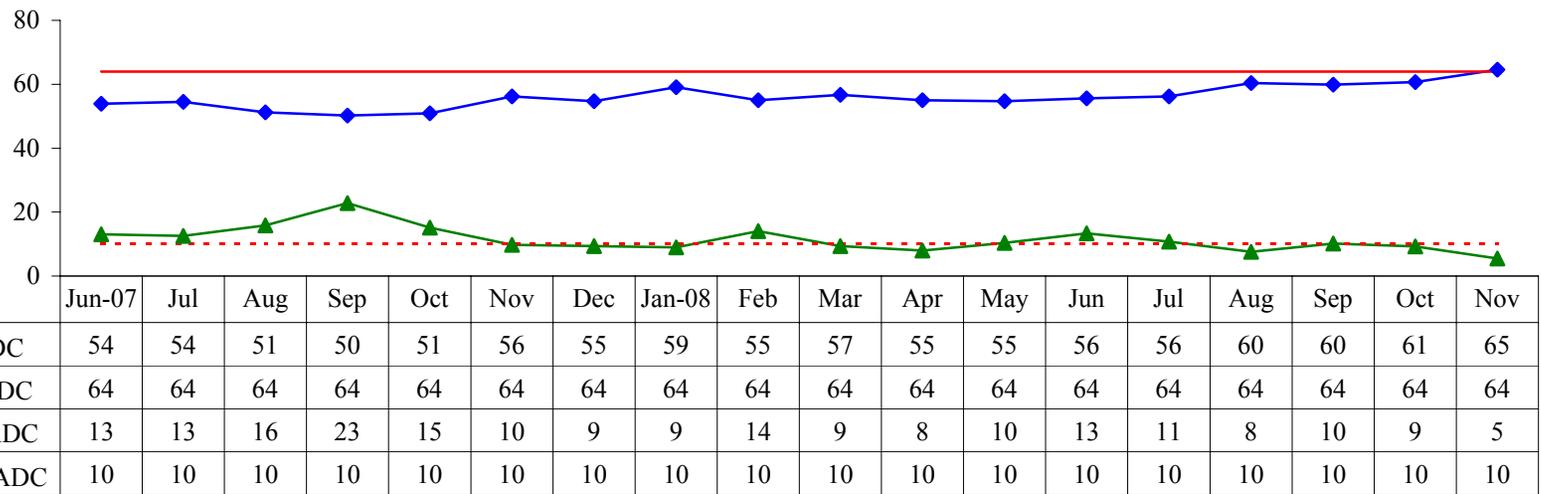
FY07 data revised using new coding

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

Average Daily Census

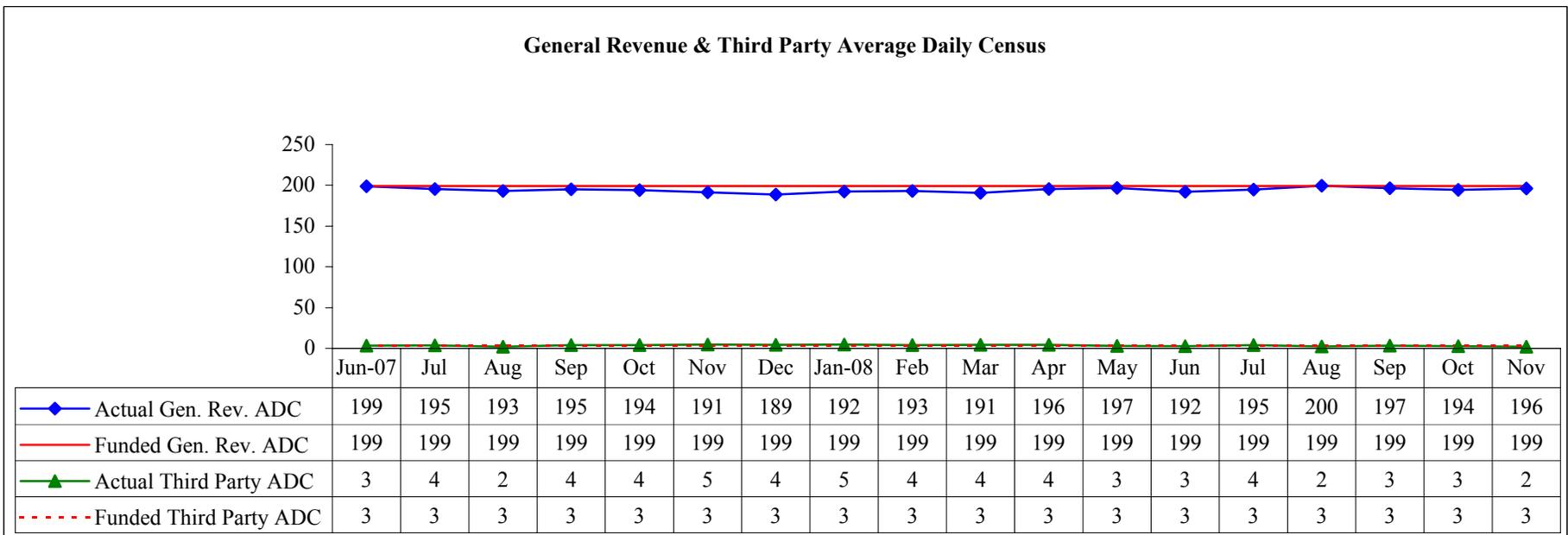
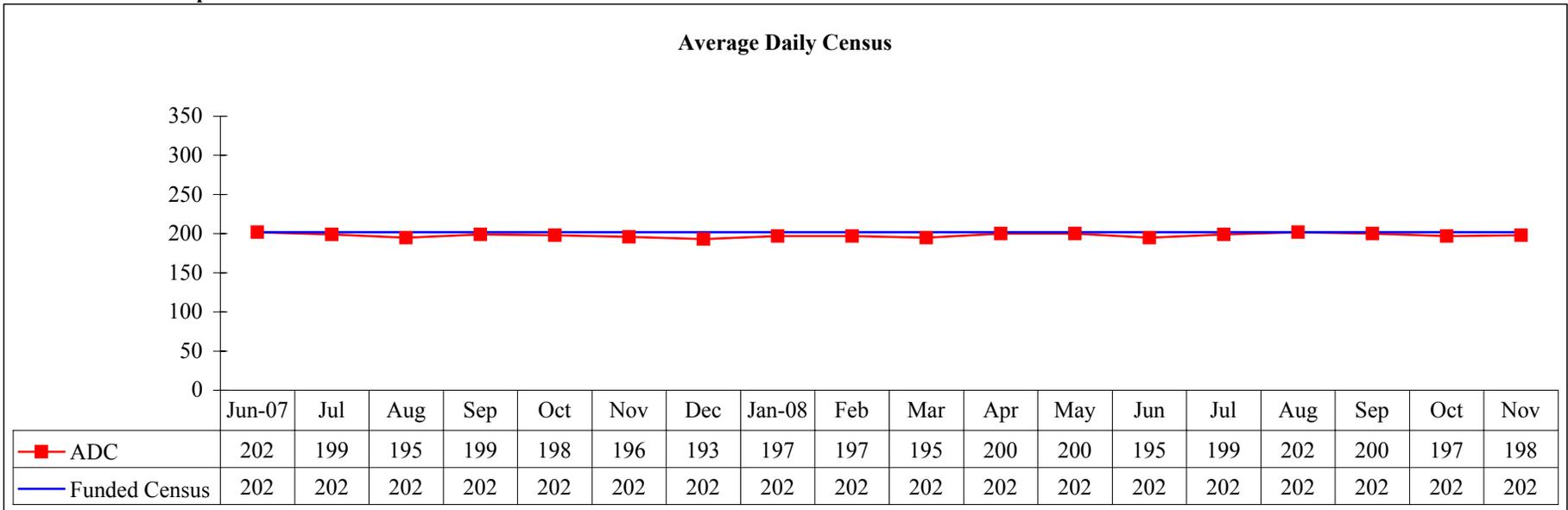


General Revenue & Third Party Average Daily Census



FY07 data revised using new coding

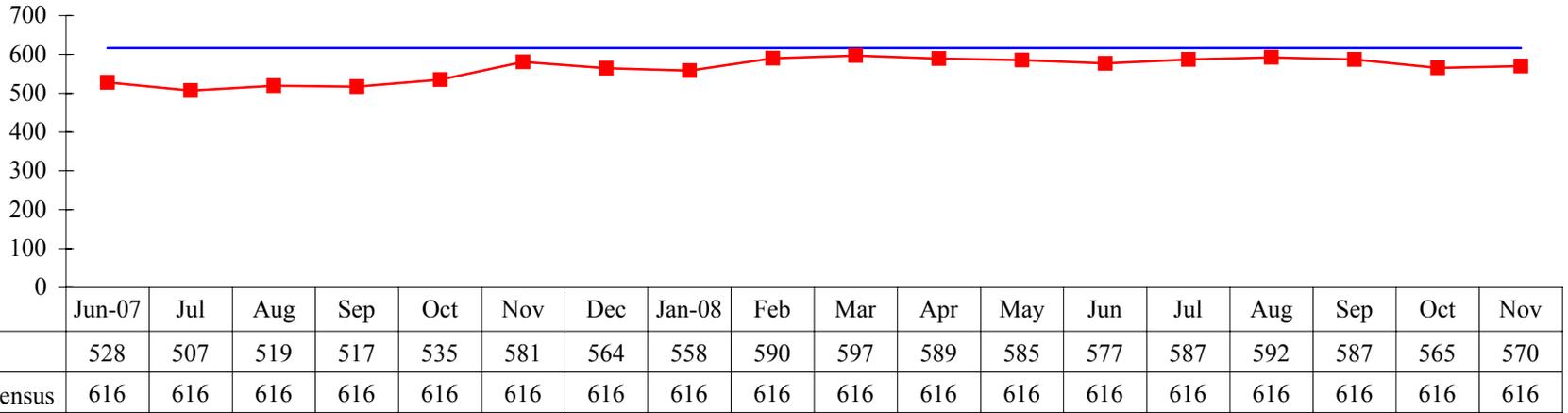
**Objective 1E & Measure 1C - Average Daily Census
Kerrville State Hospital**



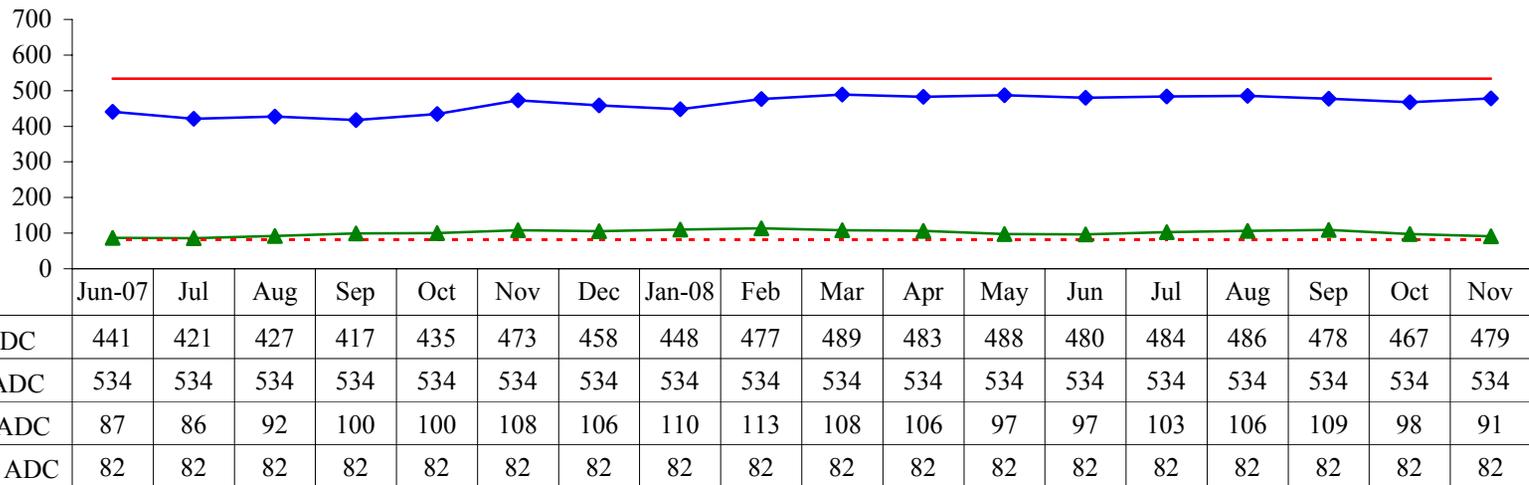
FY07 data revised using new coding

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

Average Daily Census

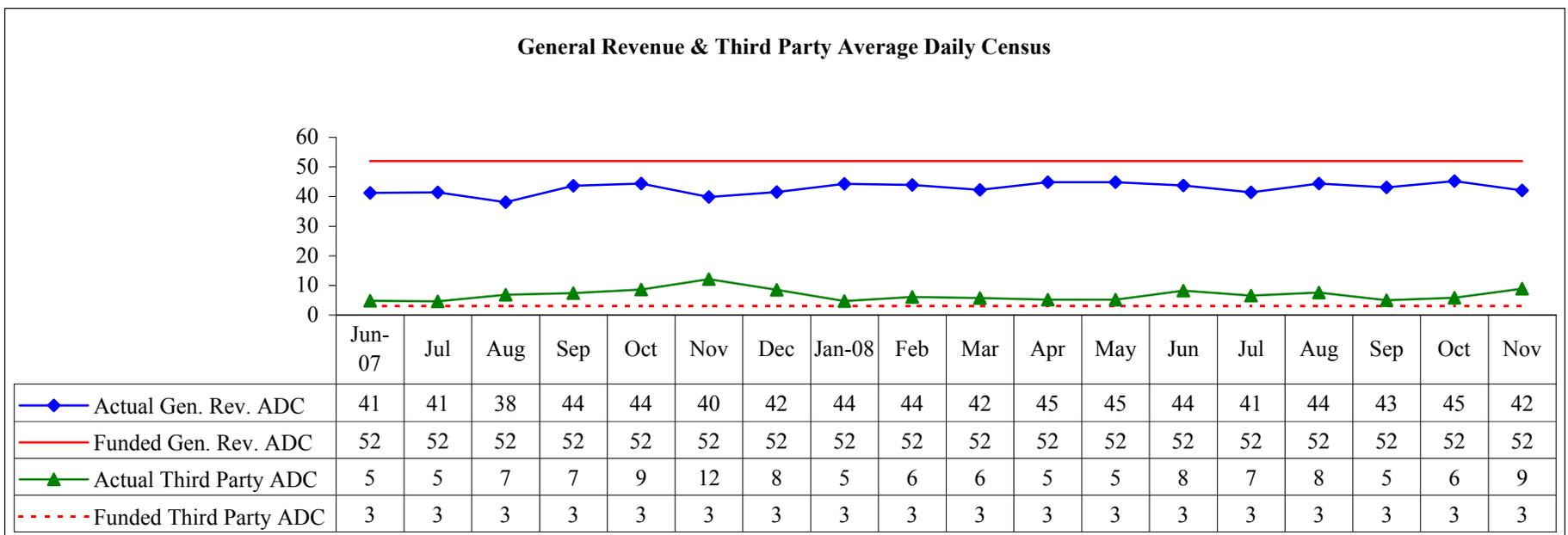
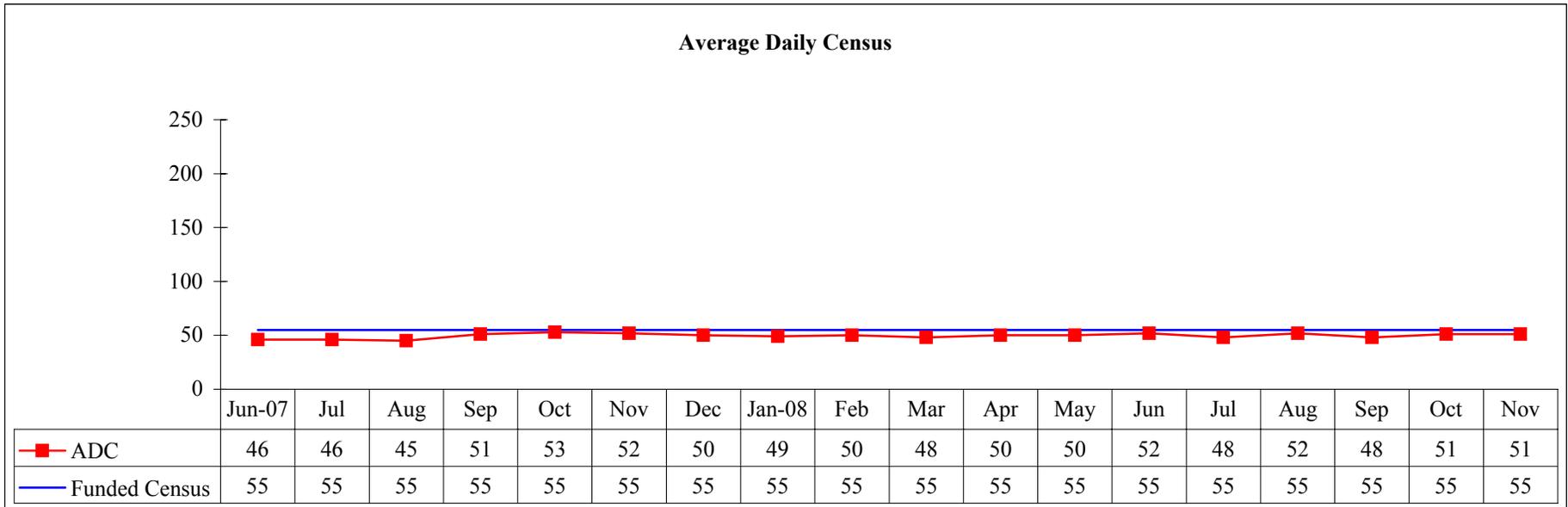


General Revenue & Third Party Average Daily Census



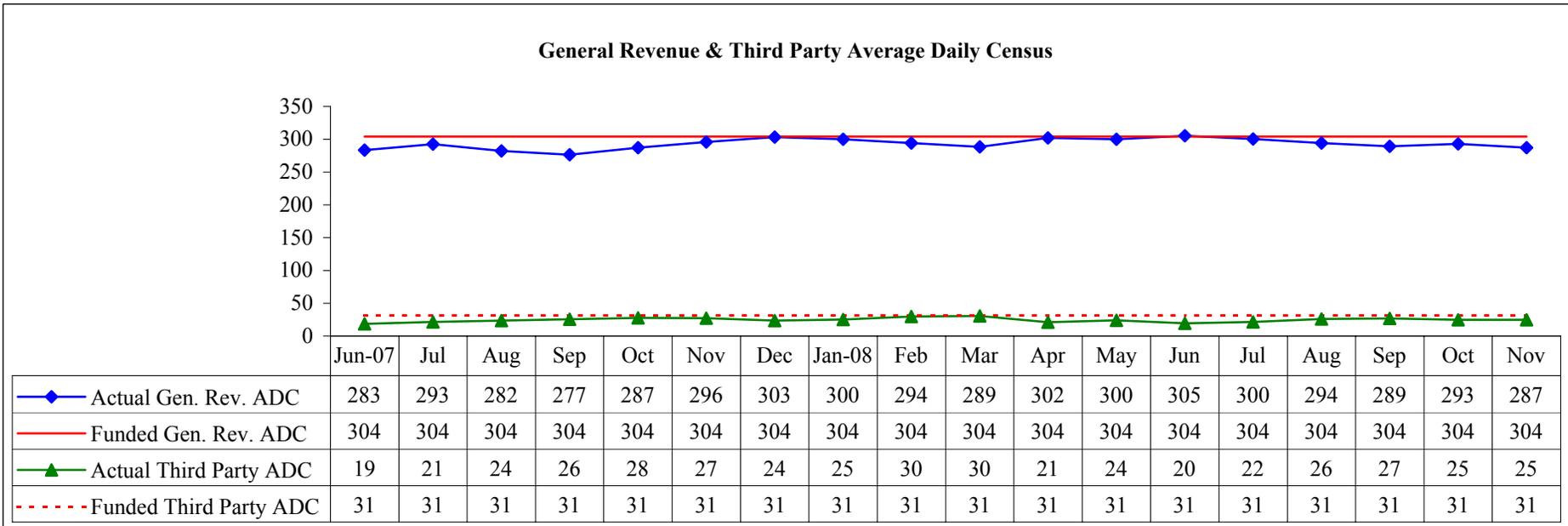
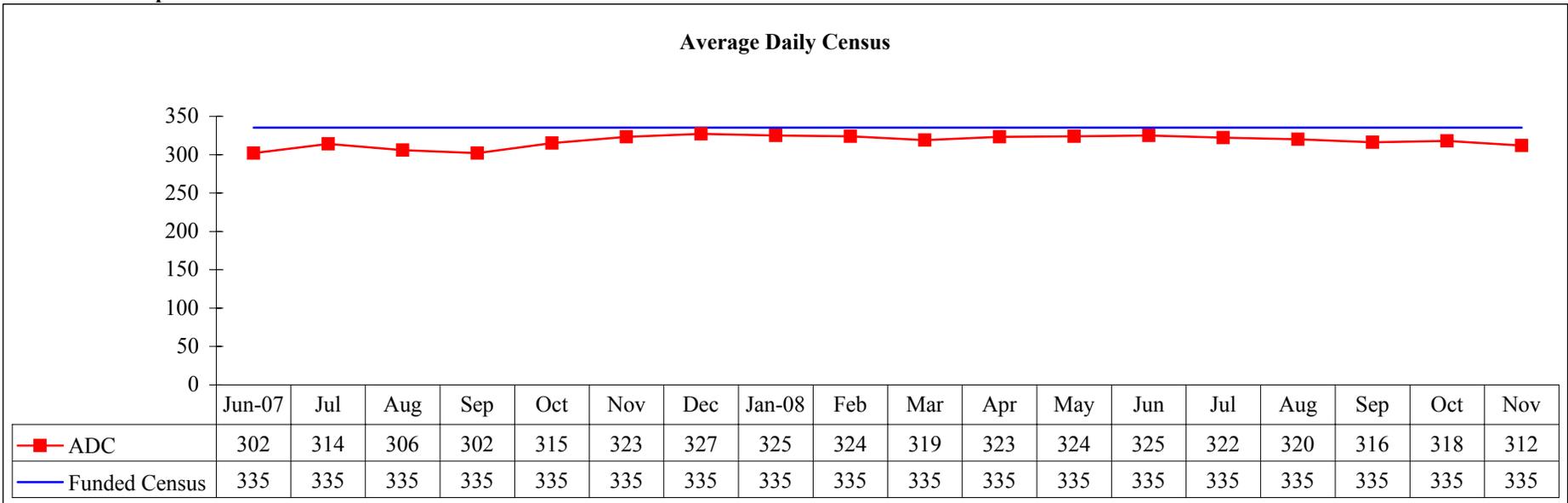
FY07 data revised using new coding

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



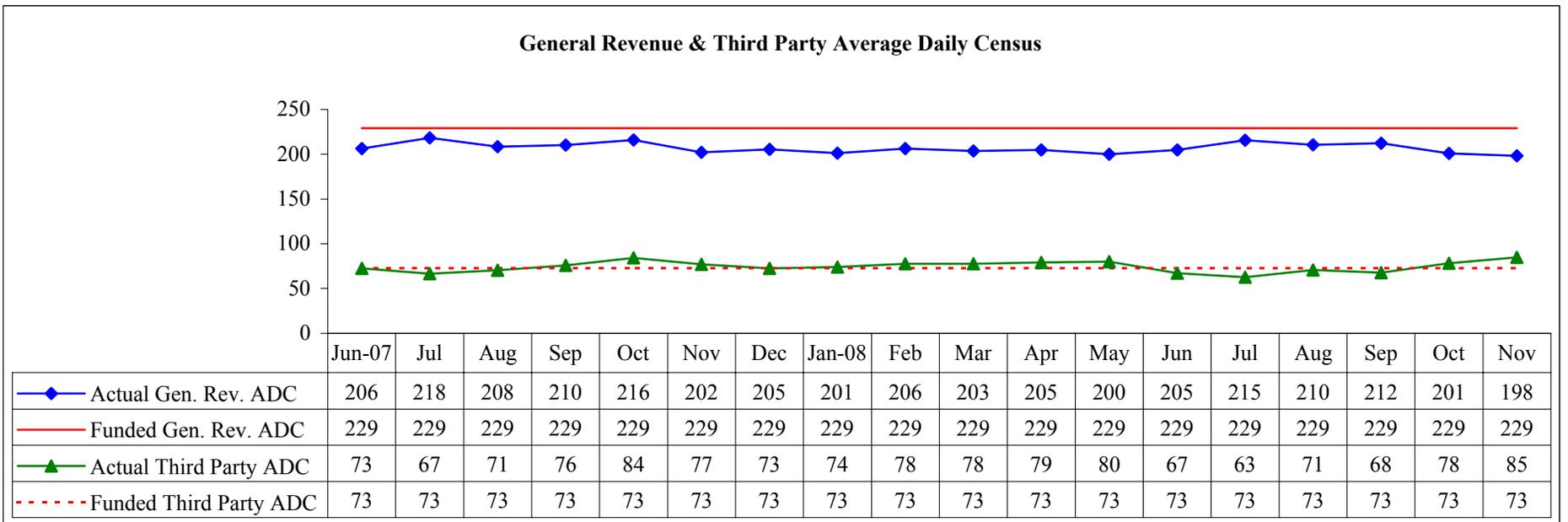
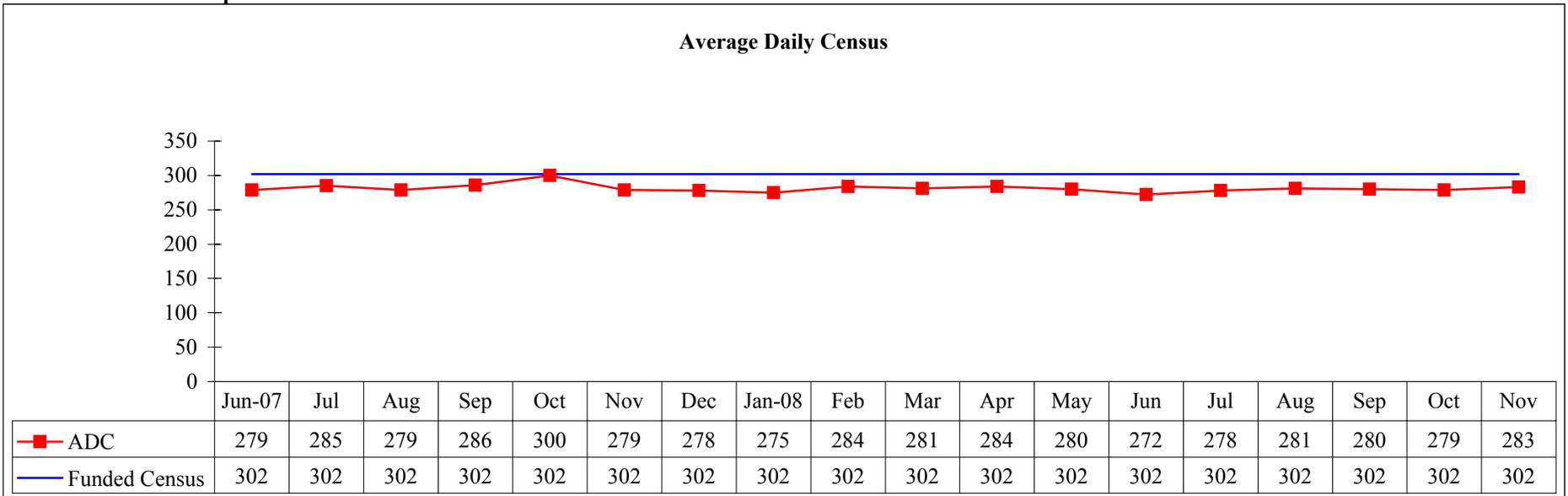
FY07 data revised using new coding

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



FY07 data revised using new coding

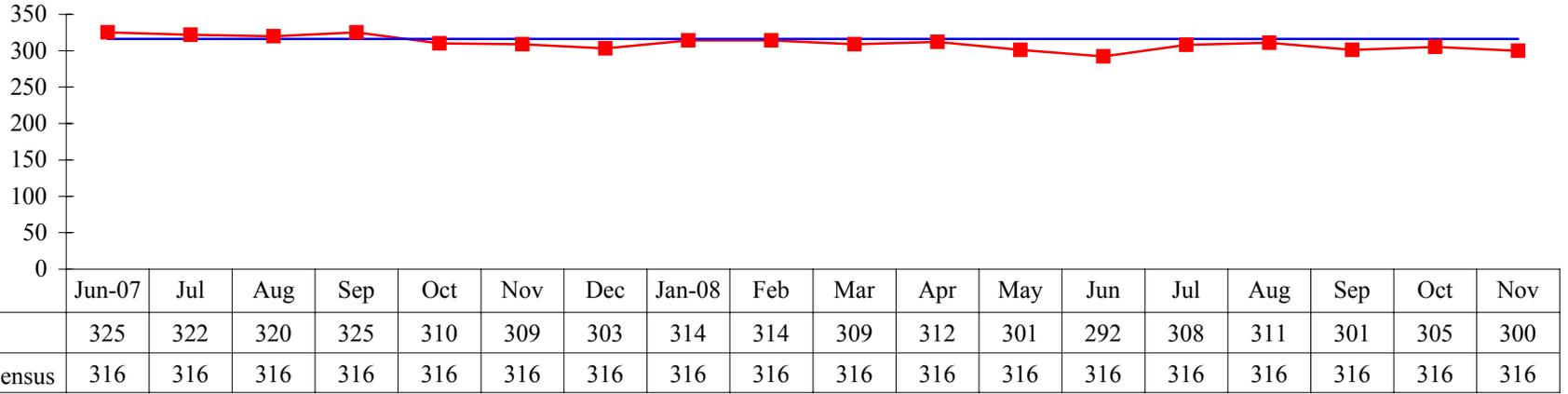
Objective 1E & Measure 1C - Average Daily Census
San Antonio State Hospital



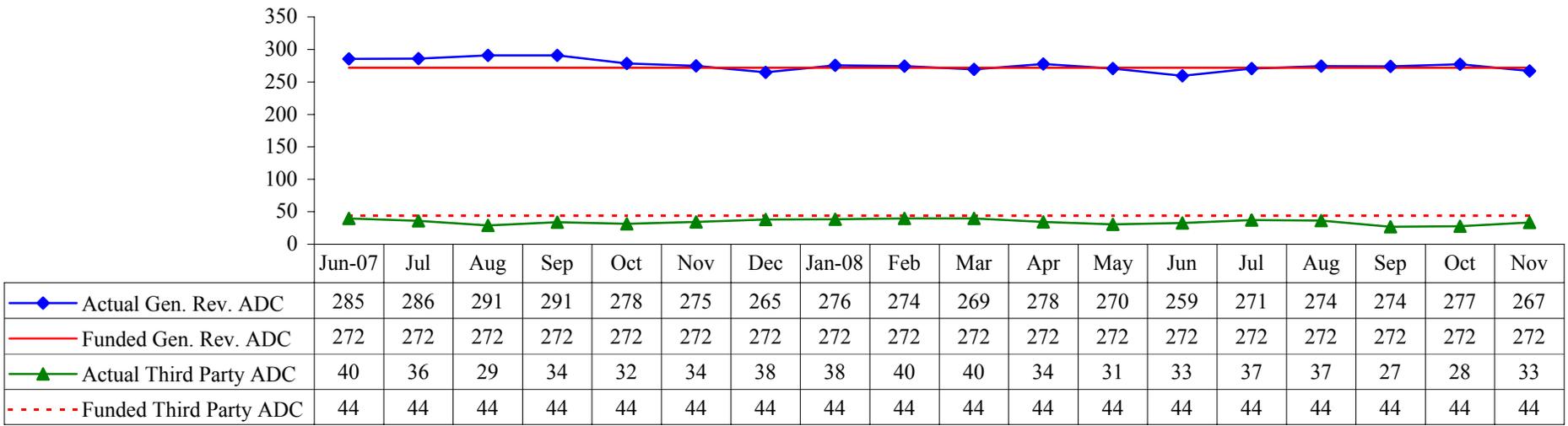
FY07 data revised using new coding

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

Average Daily Census

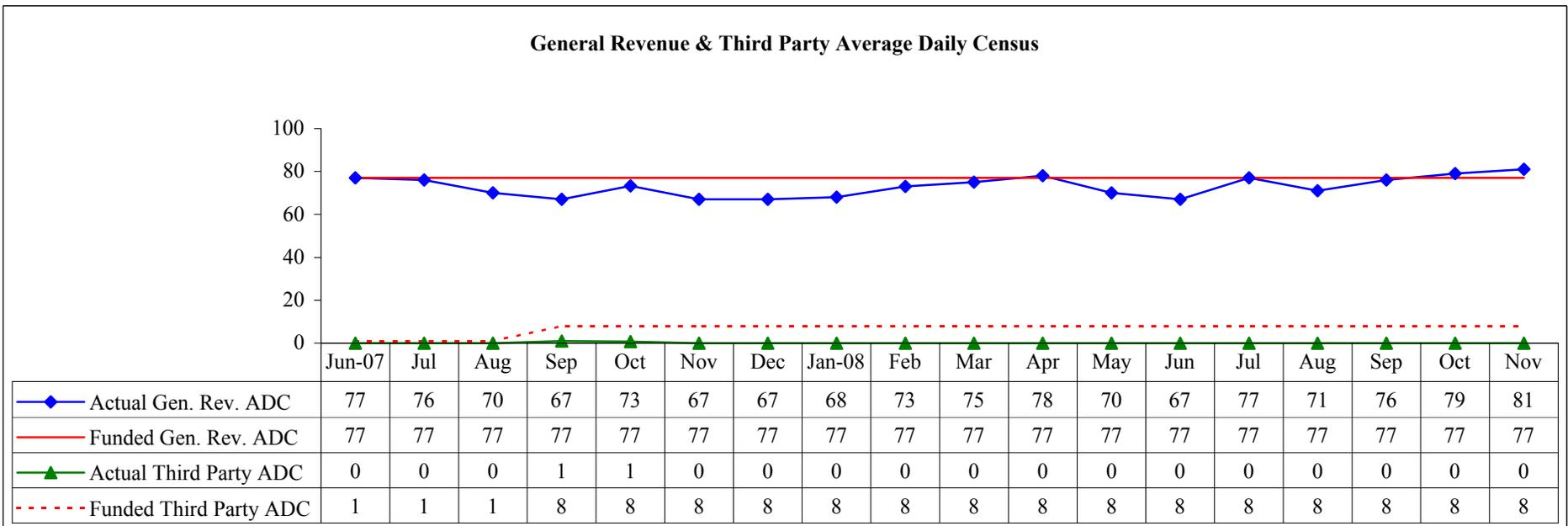
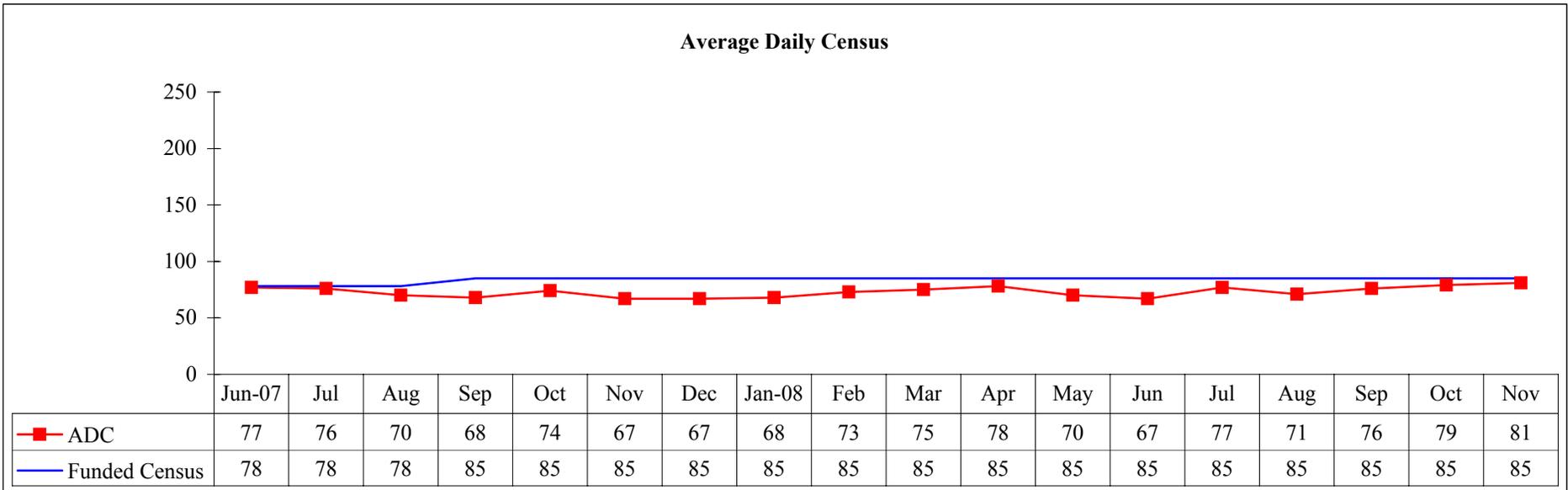


General Revenue & Third Party Average Daily Census



FY07 data revised using new coding

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



FY07 data revised using new coding

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

| | FY07 | | | | FY08 | | | | FY09 | | | |
|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Austin State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 20 | 20 | 20 | 20 | 22 | 23 | 24 | 25 | 23 | | | |
| LBB Cost/Bed Day | \$375 | \$387 | \$392 | \$397 | \$395 | \$435 | \$393 | \$380 | \$394 | | | |
| Average Cost | \$7,675 | \$7,878 | \$7,820 | \$7,862 | \$8,697 | \$10,140 | \$9,335 | \$9,419 | \$9,078 | | | |
| Big Spring State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 39 | 36 | 42 | 39 | 39 | 41 | 39 | 43 | 42 | | | |
| LBB Cost/Bed Day | \$354 | \$369 | \$377 | \$377 | \$364 | \$395 | \$389 | \$384 | \$373 | | | |
| Average Cost | \$13,850 | \$13,427 | \$15,717 | \$14,579 | \$14,201 | \$16,207 | \$15,034 | \$16,422 | \$15,723 | | | |
| El Paso Psychiatric Center | | | | | | | | | | | | |
| Avg. Patient Days | 19 | 22 | 21 | 20 | 19 | 19 | 20 | 23 | 22 | | | |
| LBB Cost/Bed Day | \$469 | \$467 | \$461 | \$504 | \$447 | \$507 | \$530 | \$516 | \$451 | | | |
| Average Cost | \$8,736 | \$10,252 | \$9,529 | \$10,247 | \$8,674 | \$9,734 | \$10,717 | \$12,098 | \$9,818 | | | |
| Kerrville State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 63 | 66 | 65 | 65 | 65 | 67 | 68 | 66 | 68 | | | |
| LBB Cost/Bed Day | \$337 | \$329 | \$345 | \$333 | \$328 | \$351 | \$338 | \$342 | \$342 | | | |
| Average Cost | \$21,373 | \$21,693 | \$22,473 | \$21,726 | \$21,275 | \$23,678 | \$22,871 | \$22,750 | \$23,219 | | | |
| North Texas State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 47 | 46 | 46 | 46 | 45 | 45 | 46 | 44 | 44 | | | |
| LBB Cost/Bed Day | \$349 | \$388 | \$382 | \$416 | \$387 | \$407 | \$364 | \$343 | \$361 | | | |
| Average Cost | \$16,363 | \$17,961 | \$17,706 | \$19,000 | \$17,471 | \$18,193 | \$16,546 | \$15,188 | \$16,047 | | | |
| Rusk State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 37 | 42 | 37 | 37 | 38 | 43 | 38 | 40 | 40 | | | |
| LBB Cost/Bed Day | \$361 | \$387 | \$368 | \$371 | \$343 | \$377 | \$364 | \$325 | \$338 | | | |
| Average Cost | \$13,351 | \$16,137 | \$13,686 | \$13,701 | \$12,894 | \$16,366 | \$14,013 | \$12,873 | \$13,512 | | | |
| San Antonio State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 25 | 34 | 27 | 28 | 29 | 30 | 29 | 29 | 30 | | | |
| LBB Cost/Bed Day | \$398 | \$397 | \$429 | \$431 | \$404 | \$444 | \$409 | \$410 | \$393 | | | |
| Average Cost | \$10,121 | \$13,542 | \$11,716 | \$12,148 | \$11,663 | \$13,467 | \$12,004 | \$11,835 | \$11,888 | | | |

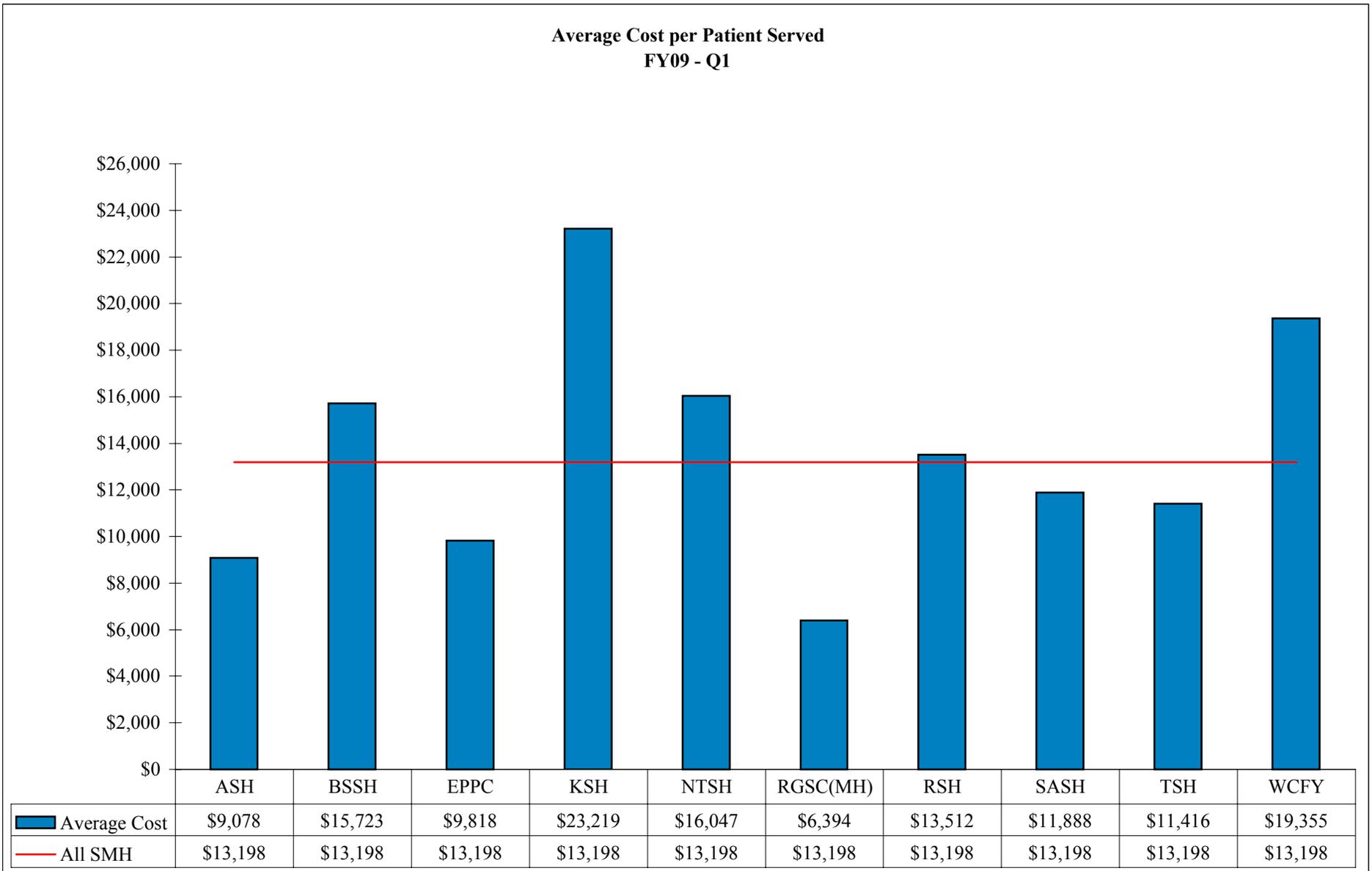
Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

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

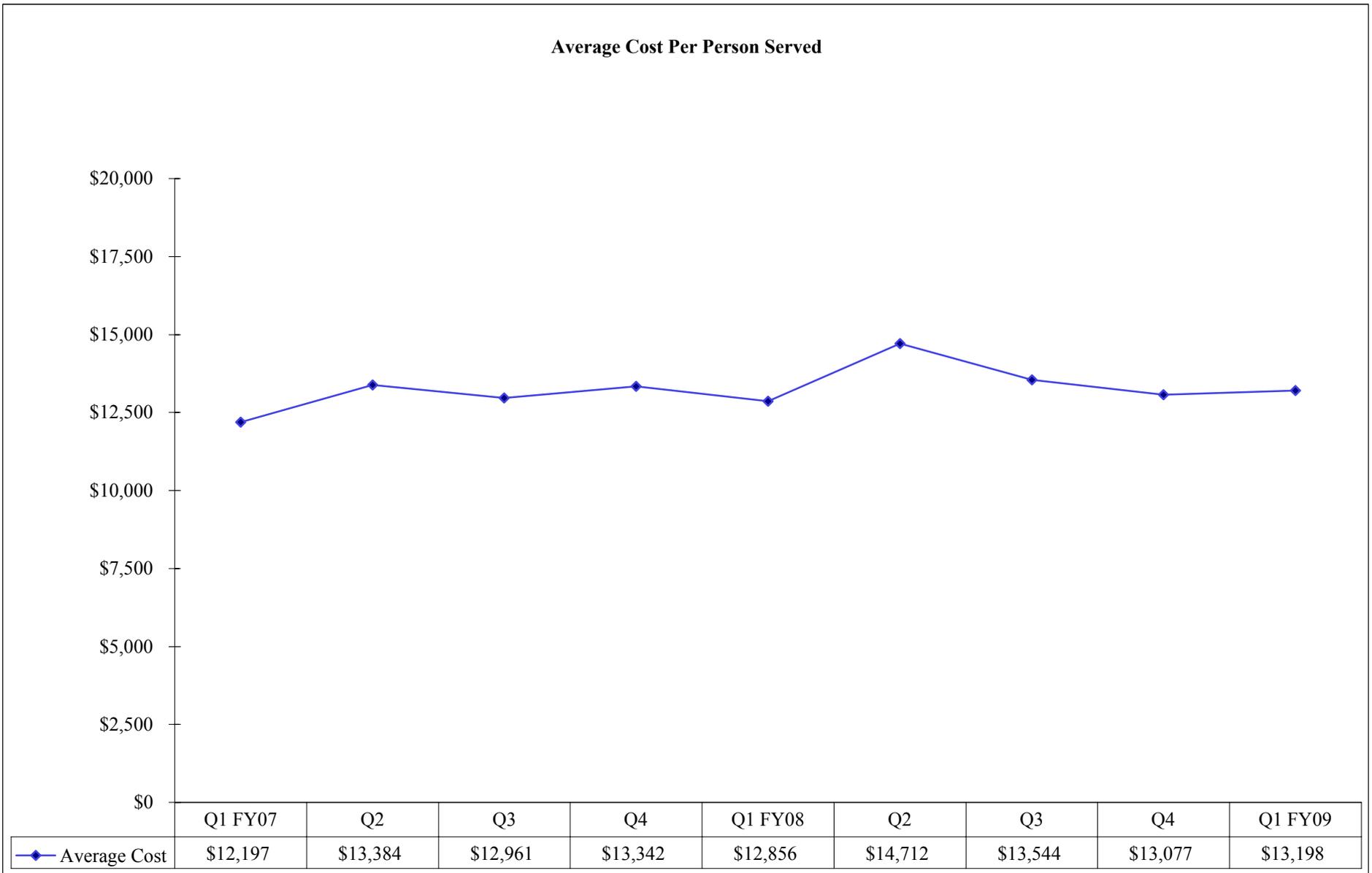
| | FY07 | | | | FY08 | | | | FY09 | | | |
|--|----------|----------|----------|----------|----------|-----------|-----------|-----------|----------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Terrell State Hospital | | | | | | | | | | | | |
| Avg. Patient Days | 31 | 29 | 31 | 32 | 31 | 31 | 31 | 30 | 31 | | | |
| LBB Cost/Bed Day | \$350 | \$361 | \$354 | \$361 | \$351 | \$395 | \$377 | \$368 | \$373 | | | |
| Average Cost | \$10,843 | \$10,578 | \$10,935 | \$11,647 | \$11,024 | \$12,277 | \$11,598 | \$10,886 | \$11,416 | | | |
| Waco Center for Youth | | | | | | | | | | | | |
| Avg. Patient Days | 62 | 61 | 59 | 56 | 62 | 54 | 65 | 51 | 63 | | | |
| LBB Cost/Bed Day | \$306 | \$363 | \$333 | \$404 | \$339 | \$424 | \$362 | \$364 | \$305 | | | |
| Average Cost | \$18,892 | \$22,093 | \$19,484 | \$22,804 | \$20,927 | \$22,820 | \$23,472 | \$18,534 | \$19,355 | | | |
| Rio Grande State Center (MH) | | | | | | | | | | | | |
| Avg. Patient Days | 15 | 14 | 16 | 12 | 16 | 14 | 13 | 16 | 15 | | | |
| LBB Cost/Bed Day | \$402 | \$412 | \$519 | \$537 | \$382 | \$493 | \$478 | \$408 | \$427 | | | |
| Average Cost | \$5,946 | \$5,682 | \$8,231 | \$6,519 | \$6,140 | \$6,927 | \$6,073 | \$6,613 | \$6,394 | | | |
| All MH Hospitals | | | | | | | | | | | | |
| Avg. Patient Days | 34 | 35 | 34 | 34 | 35 | 36 | 36 | 36 | 36 | | | |
| LBB Cost/Bed Day | \$362 | \$381 | \$383 | \$396 | \$373 | \$409 | \$381 | \$367 | \$369 | | | |
| Average Cost | \$12,197 | \$13,384 | \$12,961 | \$13,342 | \$12,856 | \$14,712 | \$13,544 | \$13,077 | \$13,198 | | | |
| Texas Center for Infectious Disease | | | | | | | | | | | | |
| Avg. Patient Days | | | | | 150 | 144 | 192 | 153 | 159 | | | |
| LBB Cost/Bed Day | | | | | \$524 | \$864 | \$633 | \$798 | \$527 | | | |
| Average Cost | | | | | \$78,600 | \$124,416 | \$121,317 | \$122,280 | \$83,590 | | | |

LBB Cost - total facility expense minus benefits and depreciation

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

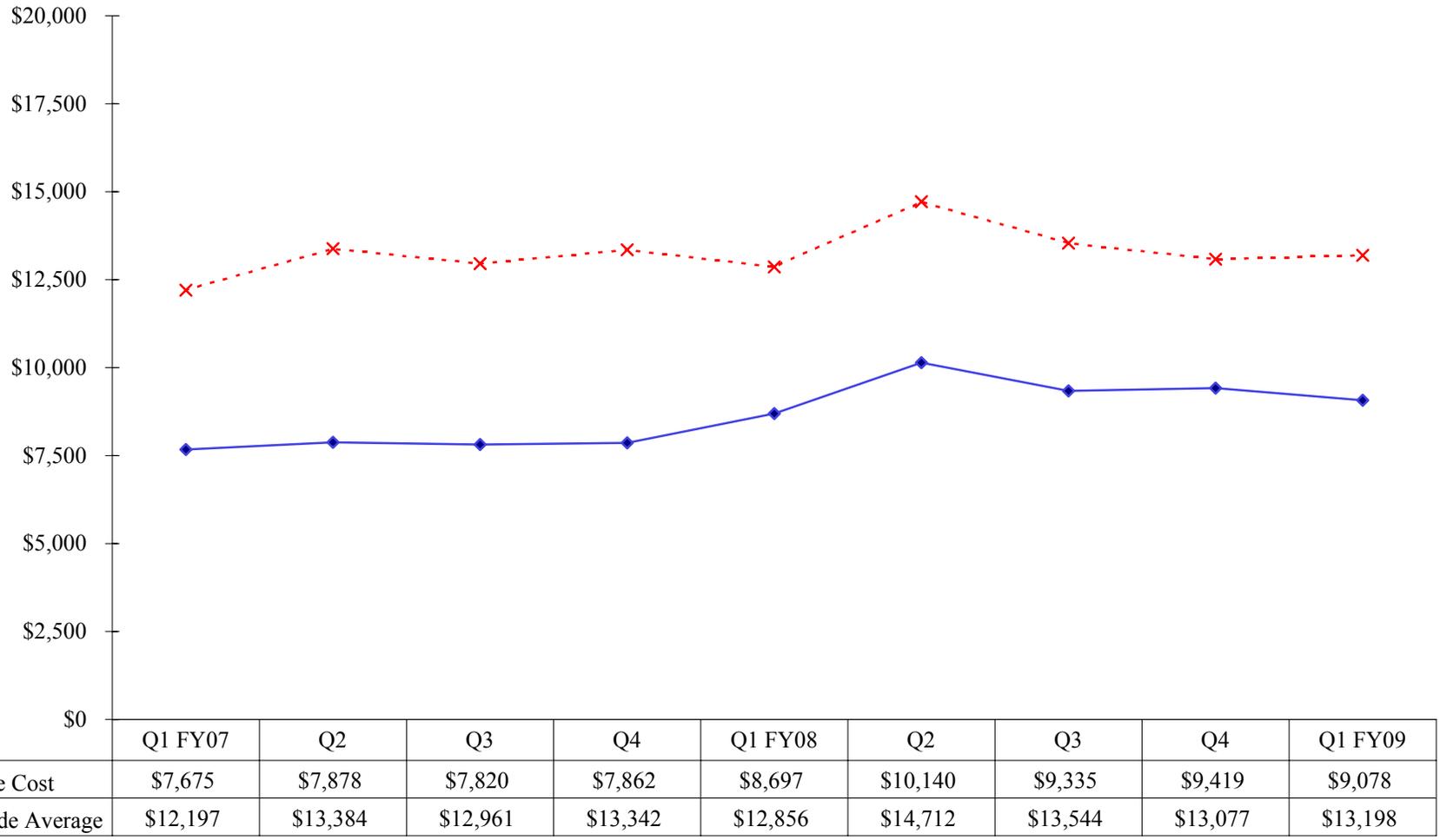


Measure 1A - Average Cost Per Patient Served
All State MH Hospitals



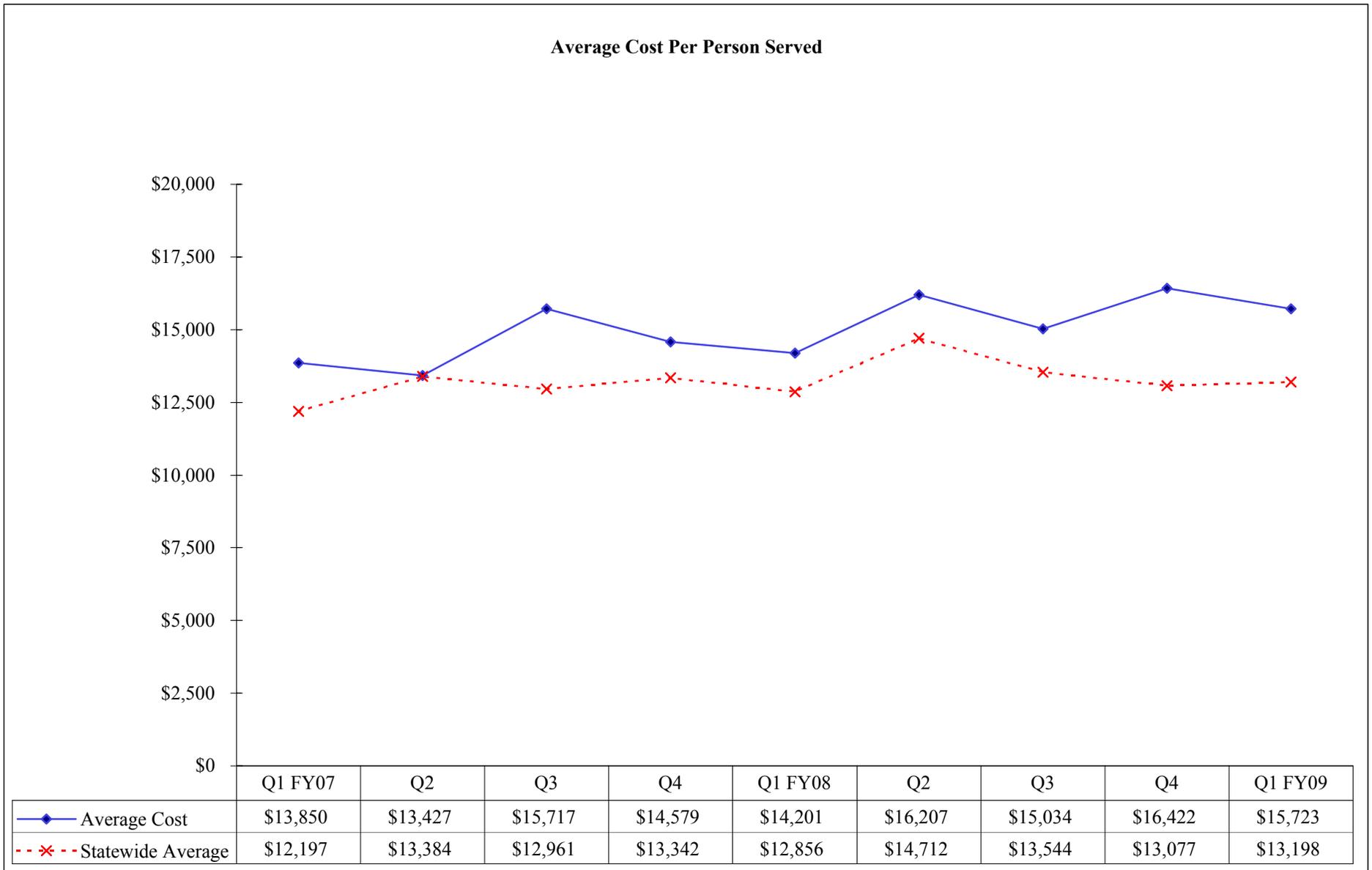
**Measure 1A - Average Cost Per Patient Served
Austin State Hospital**

Average Cost Per Person Served

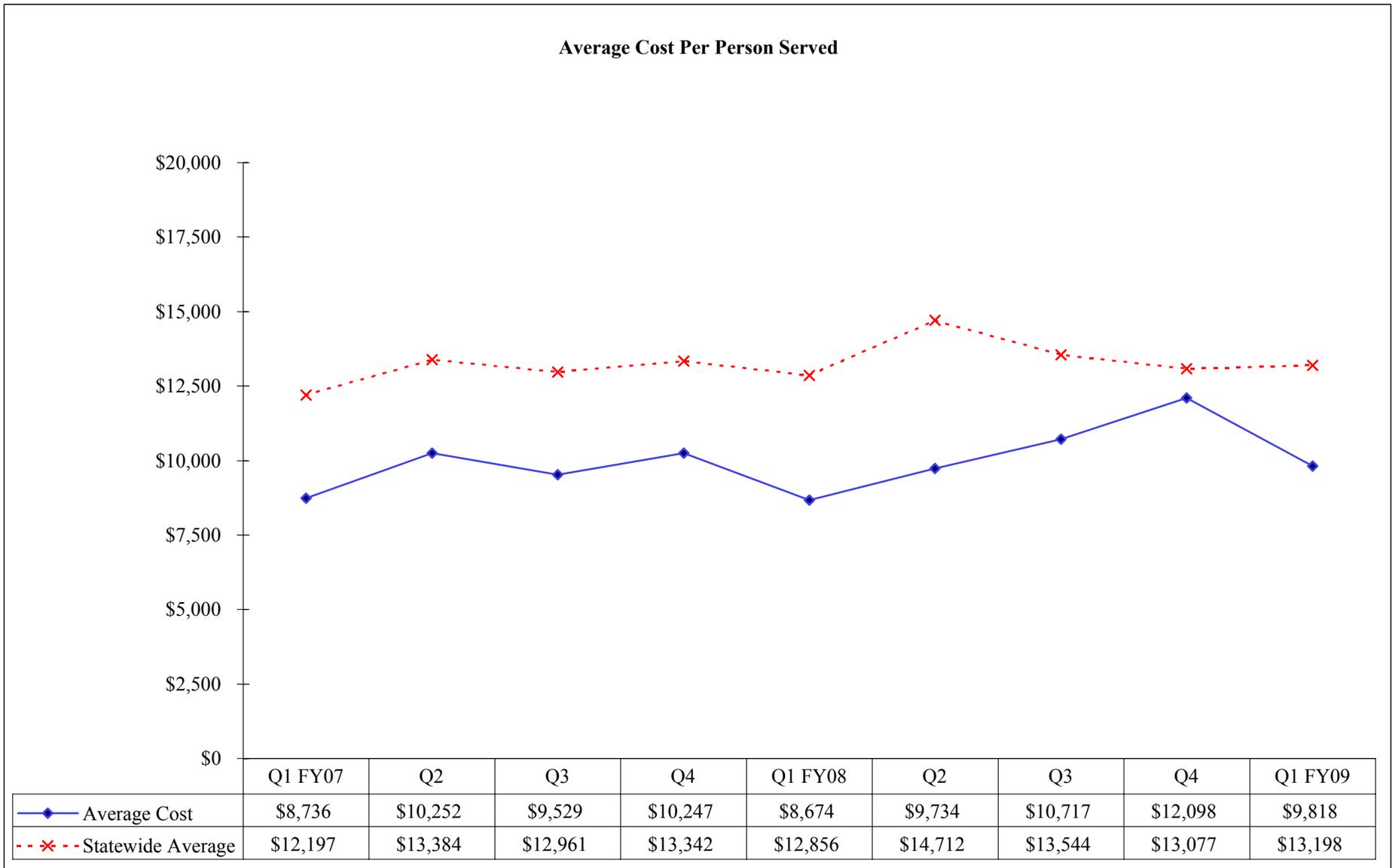


Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

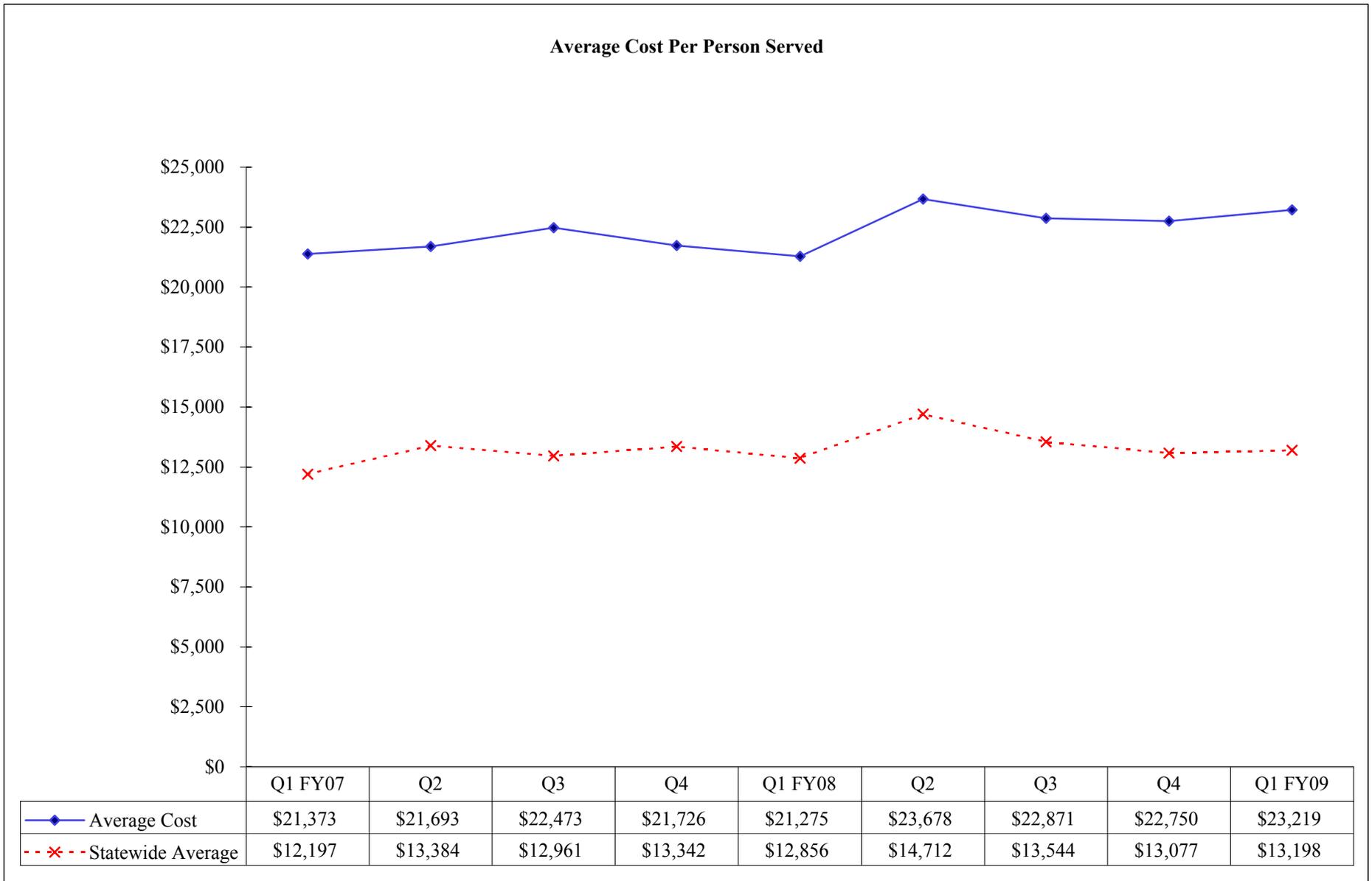
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



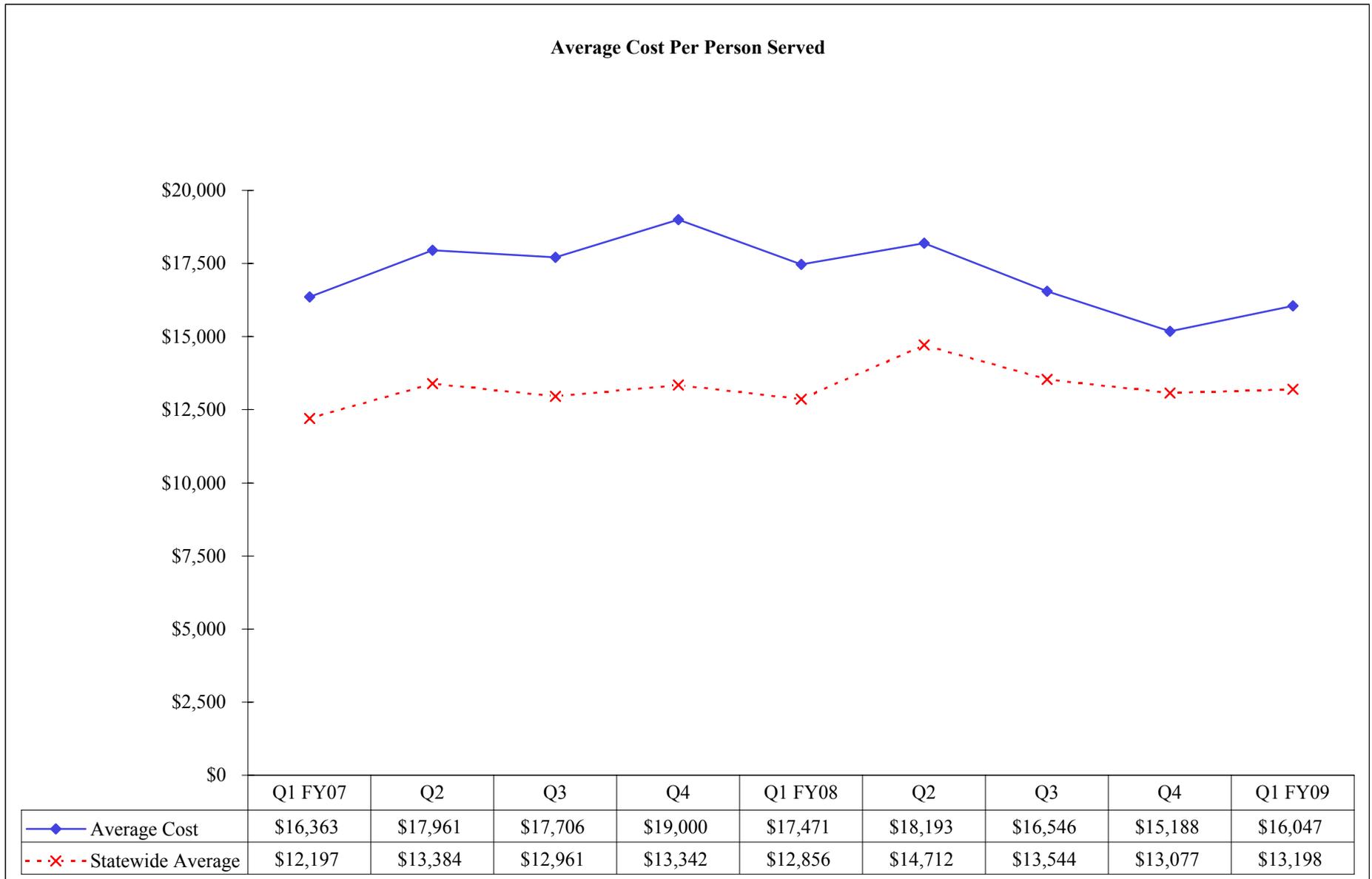
Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center



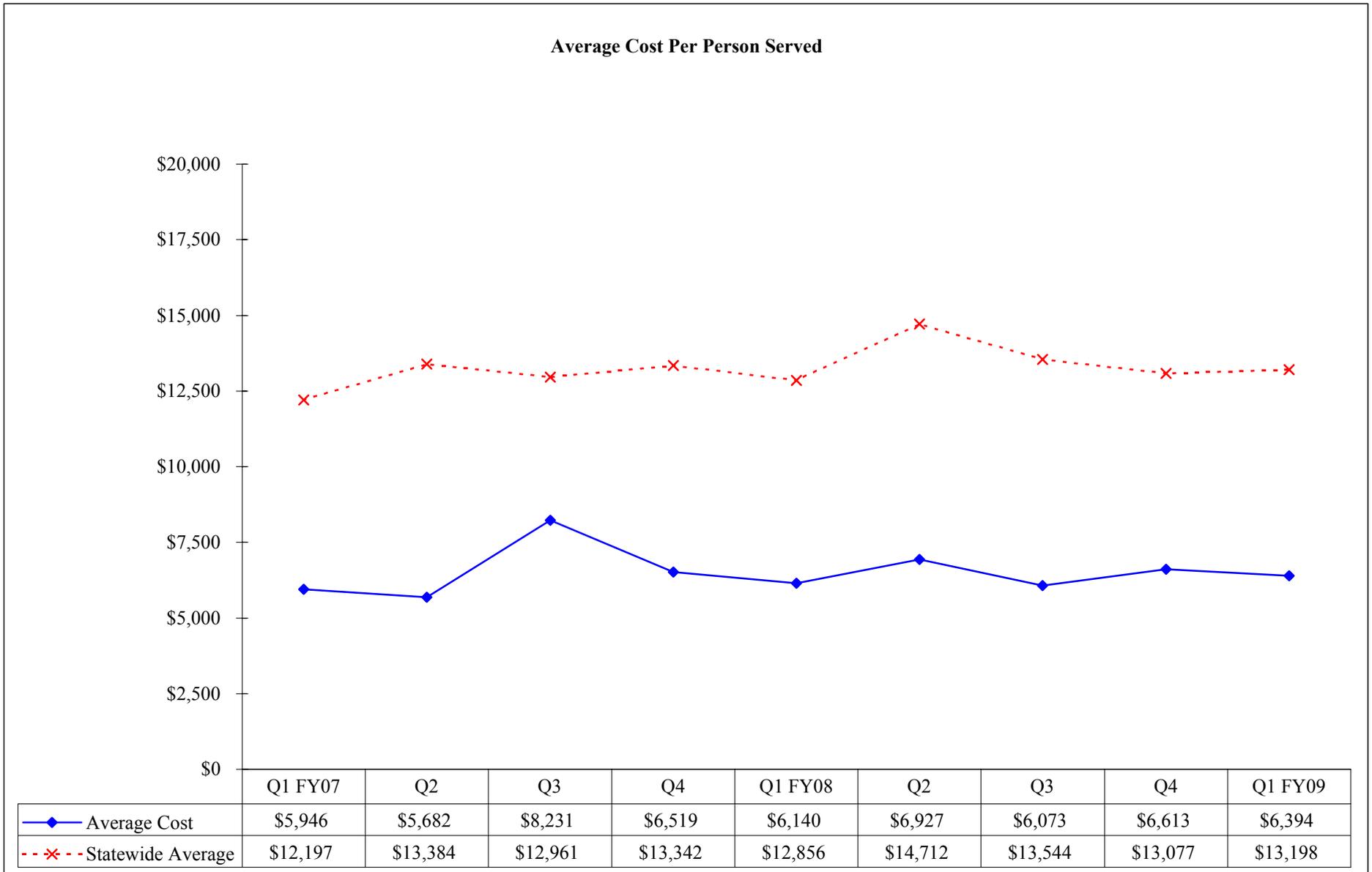
Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital



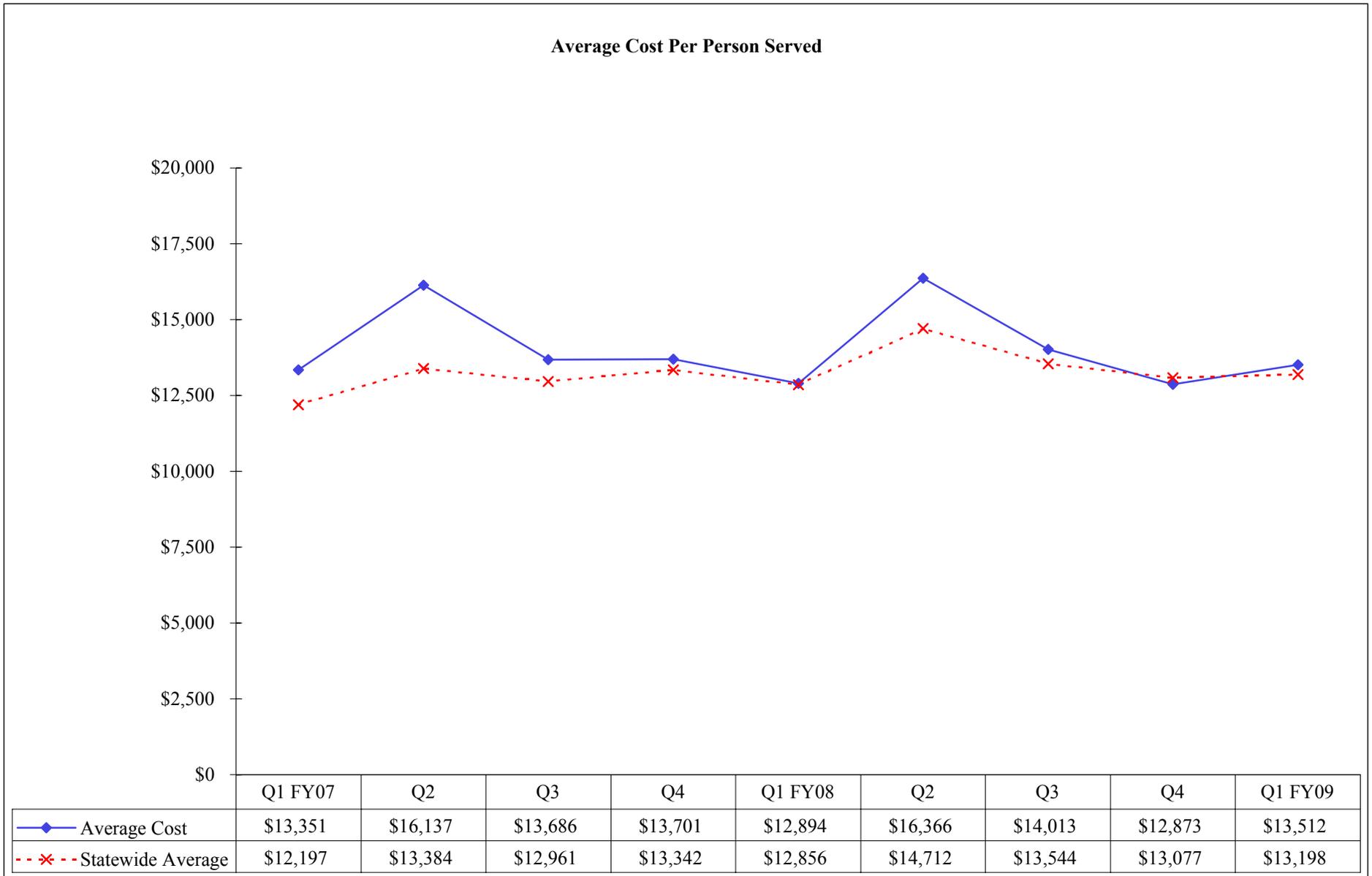
Measure 1A - Average Cost Per Patient Served
North Texas State Hospital



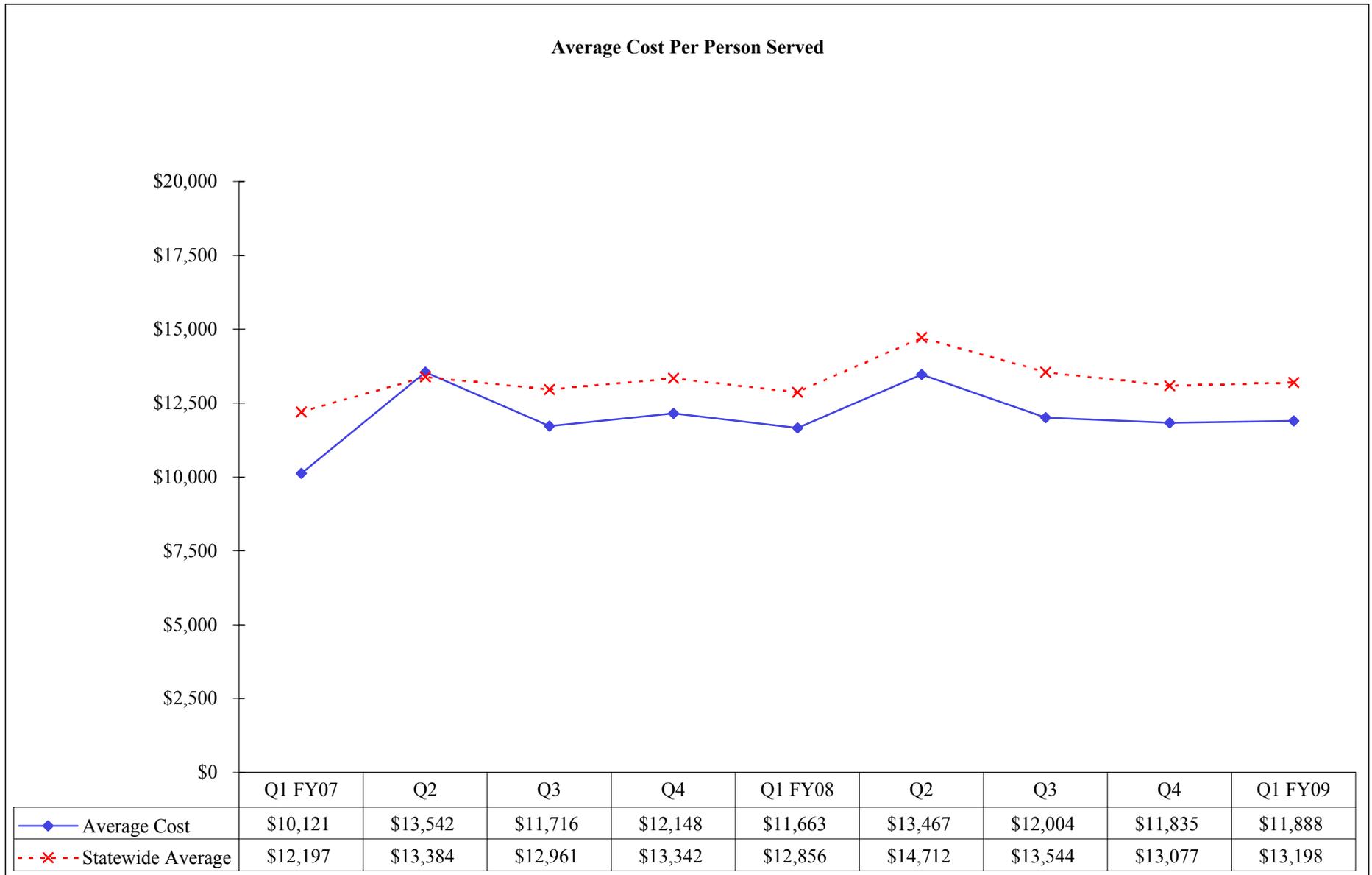
Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)



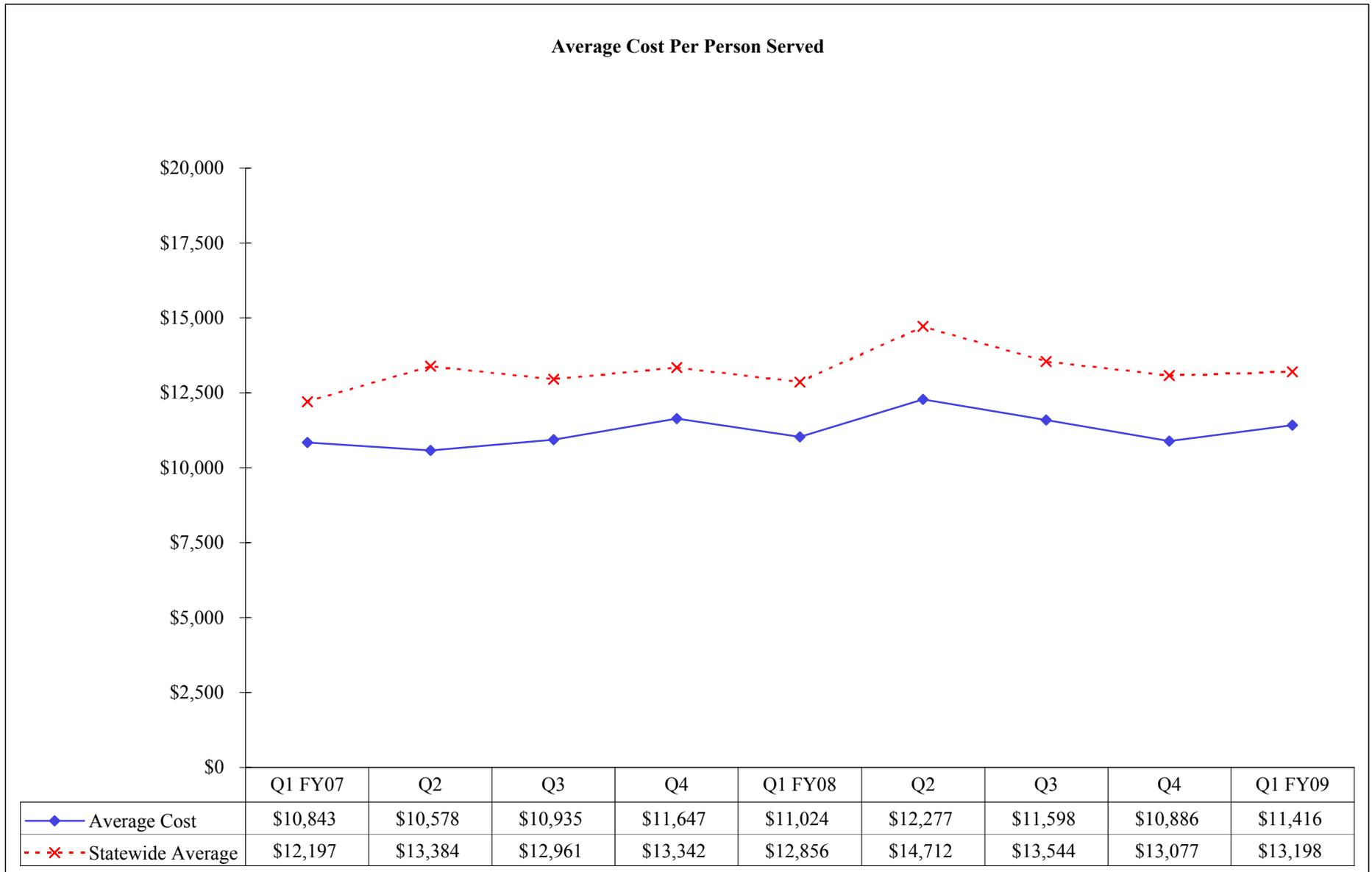
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



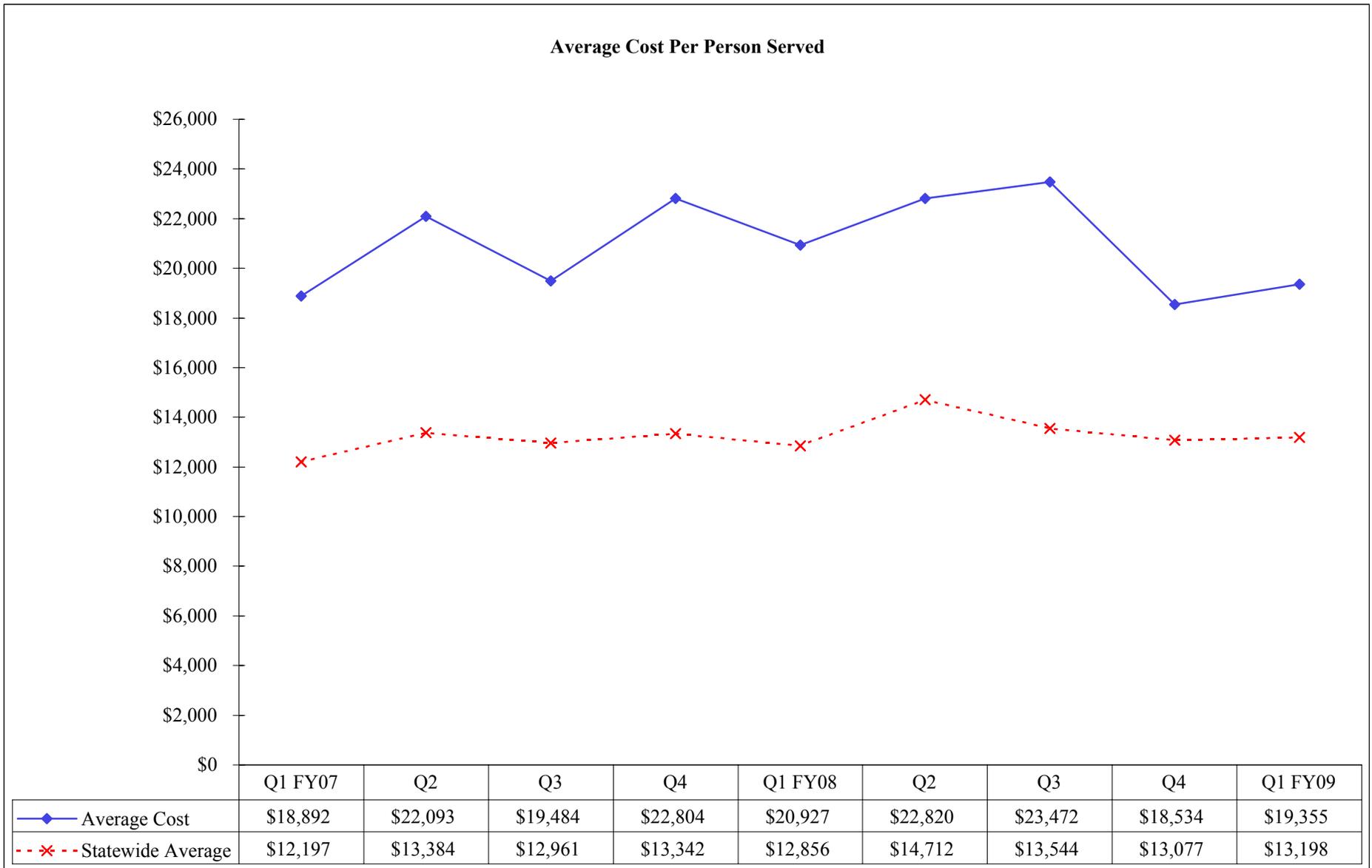
Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



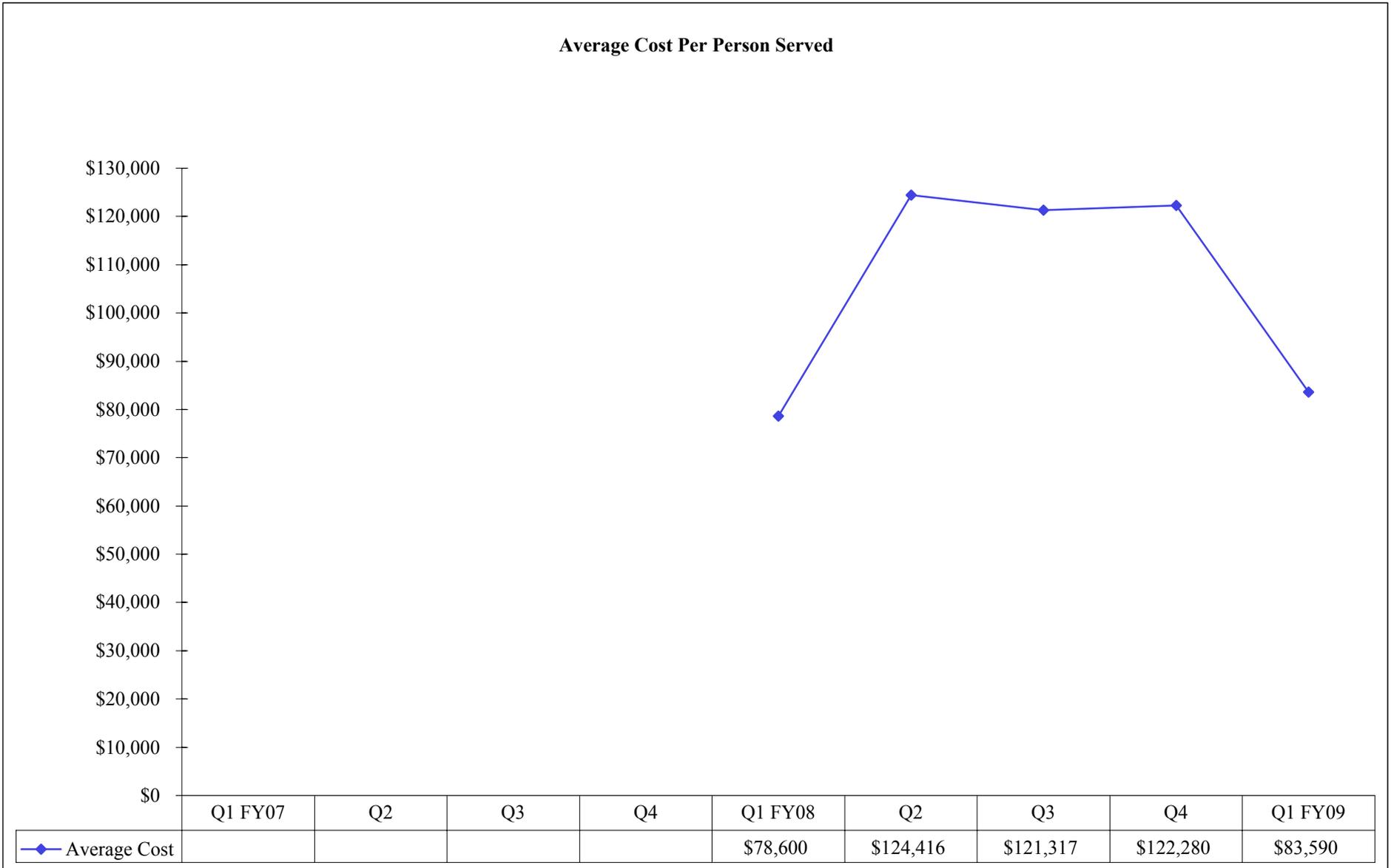
Measure 1A - Average Cost Per Patient Served
Terrell State Hospital



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



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



Performance Measure 1B:

Average cost per occupied bed day will be calculated and reported for each state hospital.

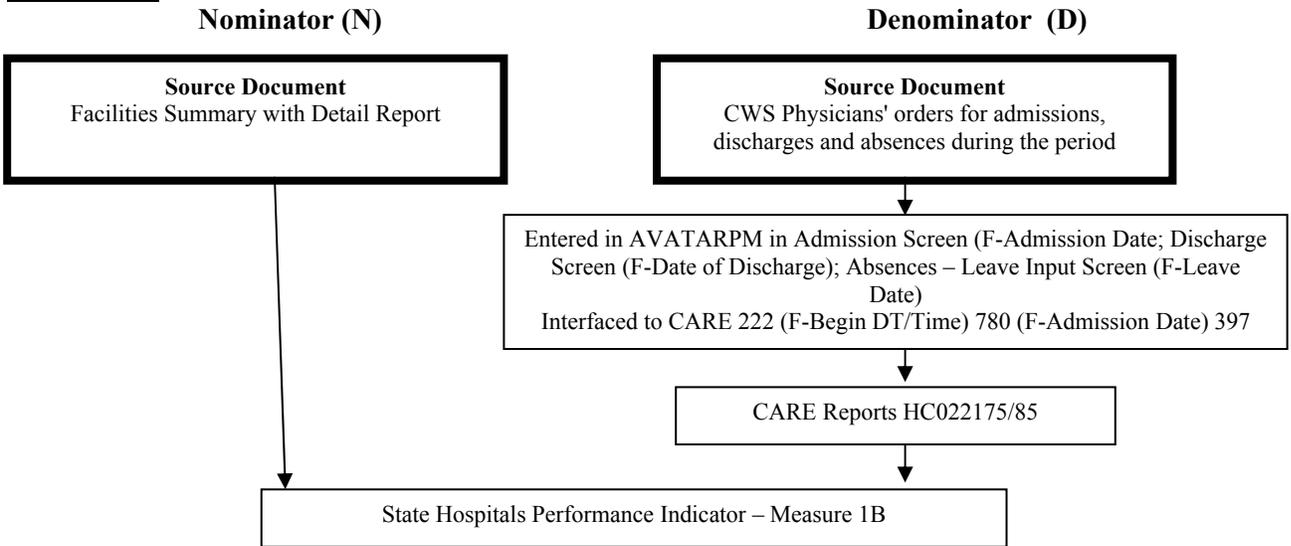
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

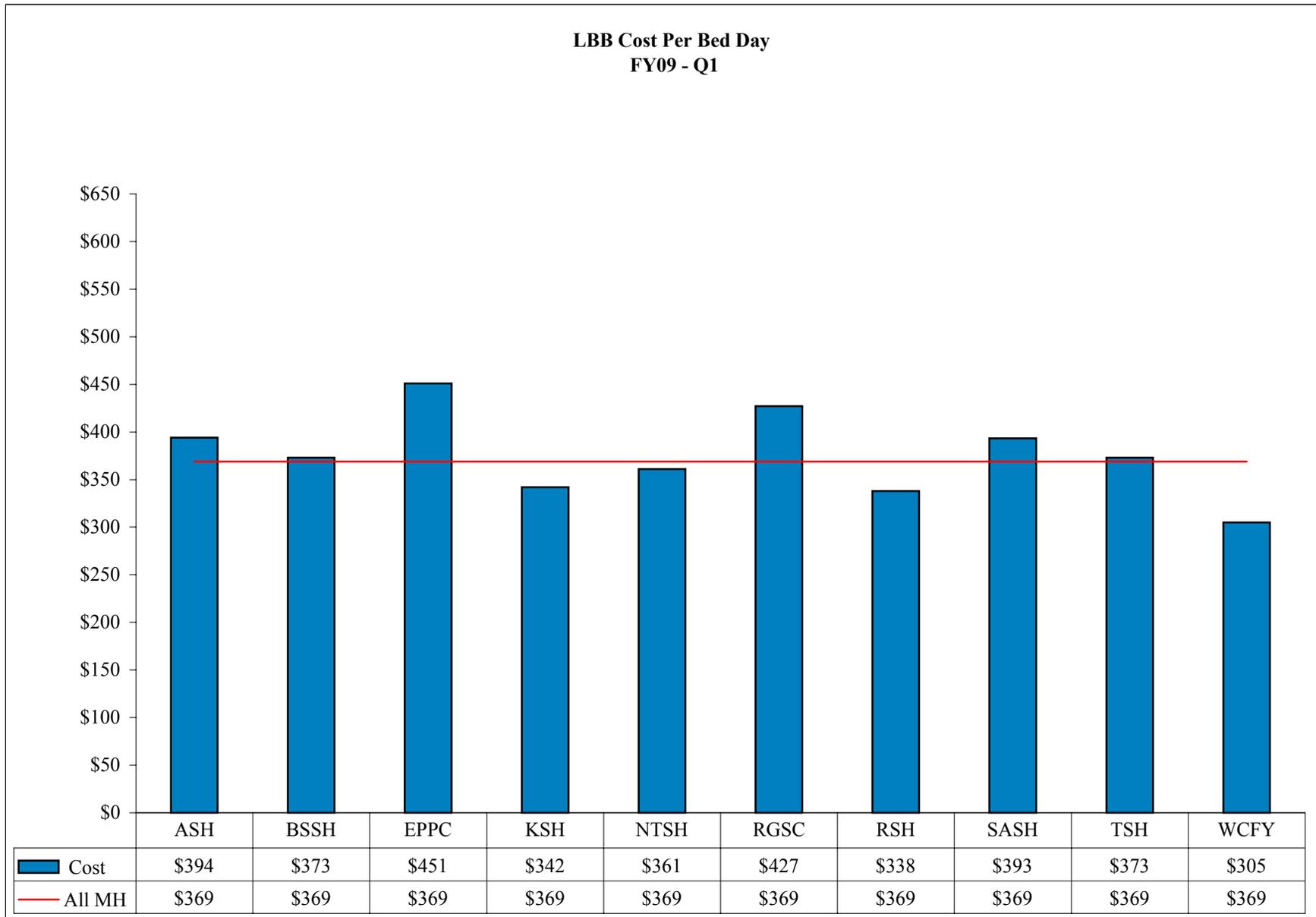
Performance Measure Data Display and Chart Description:

- ◆ 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 - FY09



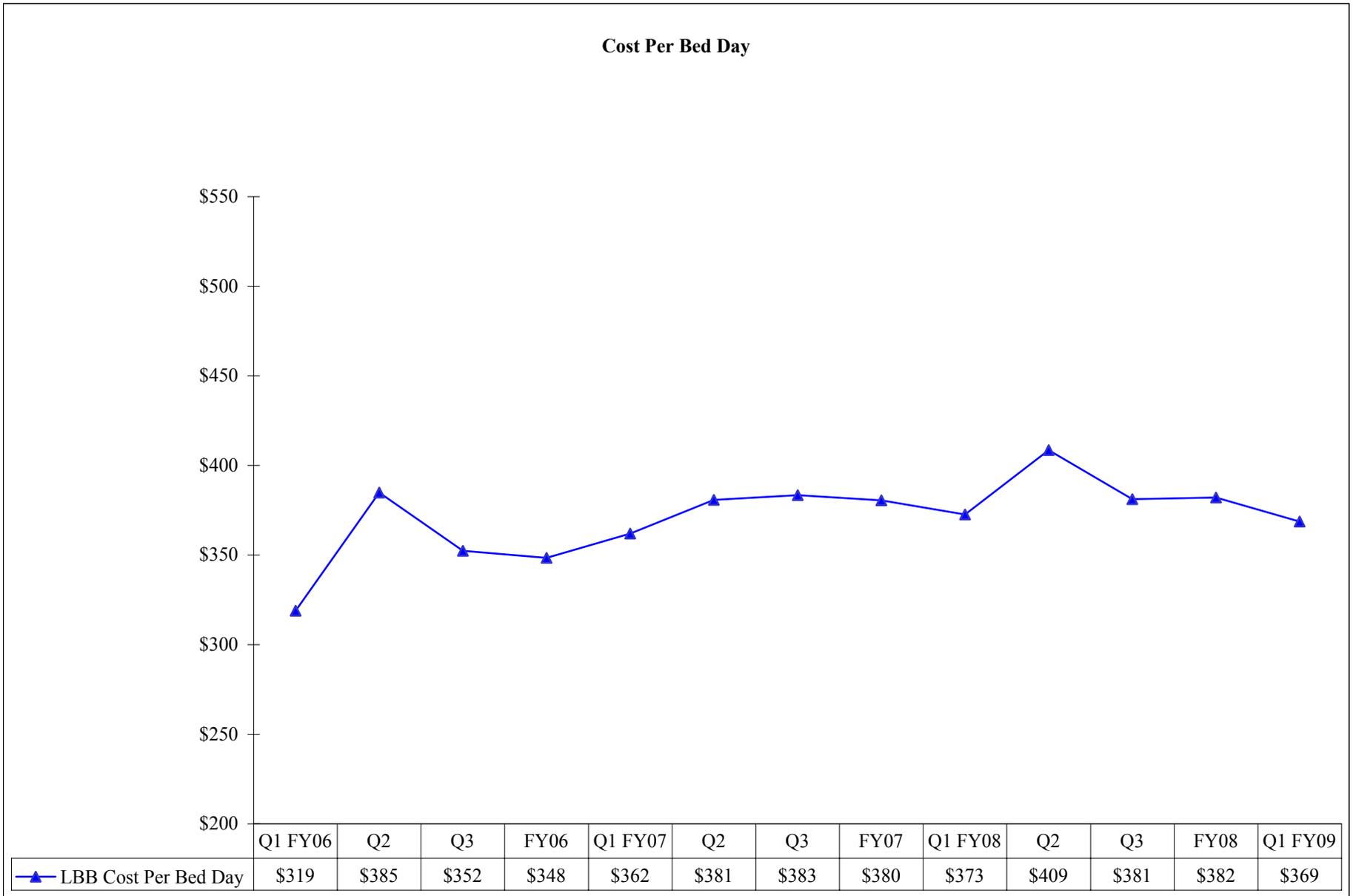
Measure 1B - Cost Per Bed Day

All State Hospitals

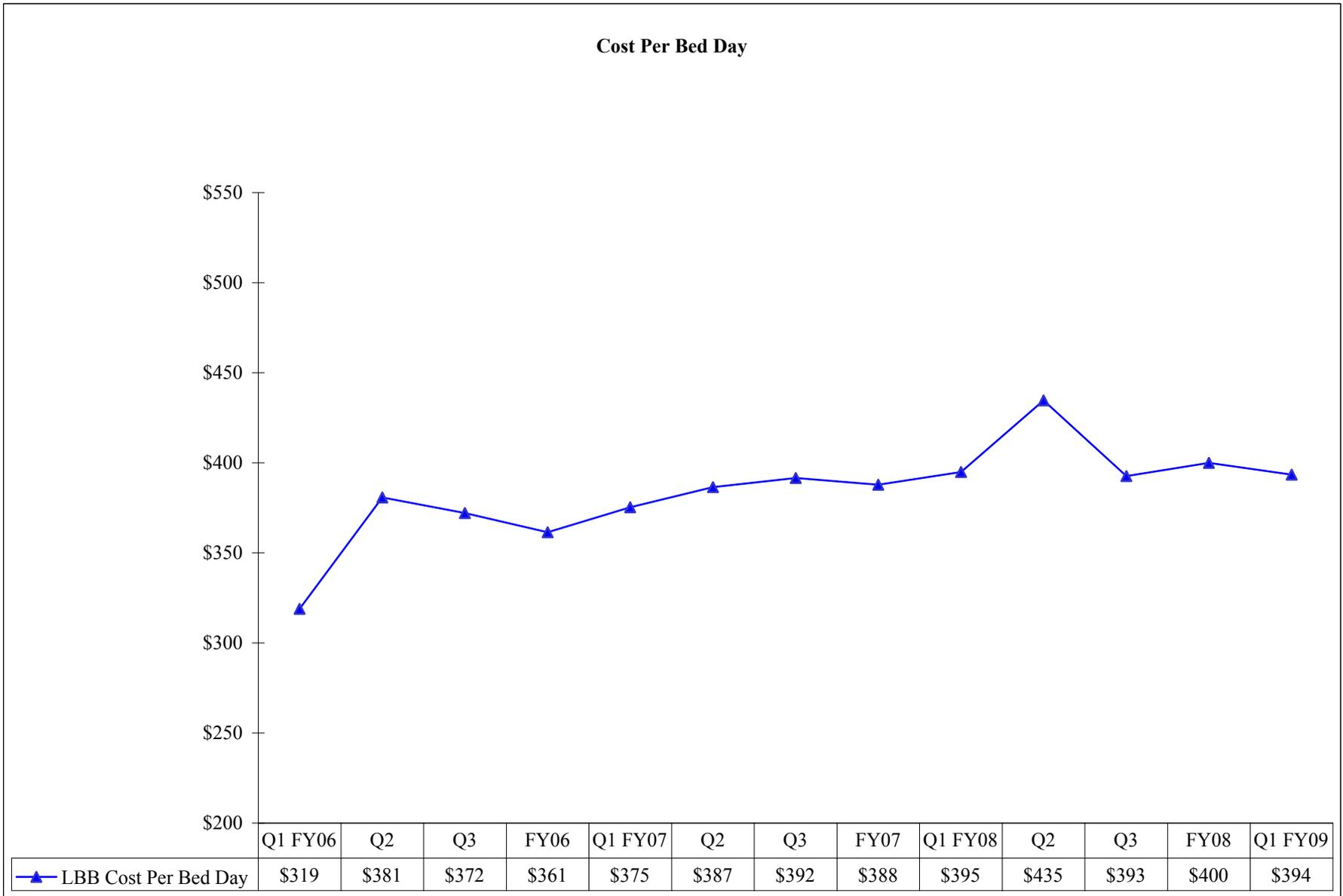
| | FY06 | | | | FY07 | | | | FY08 | | | | FY09 | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|----|----|
| | Q1 | Q2 | Q3 | FY | Q1 | Q2 | Q3 | FY | Q1 | Q2 | Q3 | FY | Q1 | Q2 | Q3 | FY |
| Austin State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$319 | \$381 | \$372 | \$361 | \$375 | \$387 | \$392 | \$388 | \$395 | \$435 | \$393 | \$400 | \$394 | | | |
| Big Spring State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$334 | \$381 | \$336 | \$345 | \$354 | \$369 | \$377 | \$369 | \$364 | \$395 | \$389 | \$383 | \$373 | | | |
| El Paso Psychiatric Center | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$431 | \$453 | \$463 | \$451 | \$469 | \$467 | \$461 | \$475 | \$447 | \$507 | \$530 | \$500 | \$451 | | | |
| Kerrville State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$289 | \$334 | \$342 | \$328 | \$337 | \$329 | \$345 | \$336 | \$328 | \$351 | \$338 | \$340 | \$342 | | | |
| North Texas State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$303 | \$356 | \$331 | \$331 | \$349 | \$388 | \$382 | \$383 | \$387 | \$407 | \$364 | \$375 | \$361 | | | |
| Rusk State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$298 | \$346 | \$339 | \$331 | \$361 | \$387 | \$368 | \$371 | \$343 | \$377 | \$364 | \$353 | \$338 | | | |
| San Antonio State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$341 | \$486 | \$357 | \$396 | \$398 | \$397 | \$429 | \$414 | \$404 | \$444 | \$409 | \$417 | \$393 | | | |
| Terrell State Hospital | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$302 | \$361 | \$340 | \$333 | \$350 | \$361 | \$354 | \$357 | \$351 | \$395 | \$377 | \$373 | \$373 | | | |
| Waco Center for Youth* | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$292 | \$304 | \$302 | \$309 | \$306 | \$363 | \$333 | \$351 | \$339 | \$424 | \$362 | \$372 | \$305 | | | |
| Rio Grande State Center (MH) | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$606 | \$926 | \$677 | \$458 | \$402 | \$412 | \$519 | \$469 | \$382 | \$493 | \$478 | \$439 | \$427 | | | |
| All State MH Hospitals | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | \$319 | \$385 | \$352 | \$348 | \$362 | \$381 | \$383 | \$380 | \$373 | \$409 | \$381 | \$382 | \$369 | | | |
| Texas Center for Infectious Disease | | | | | | | | | | | | | | | | |
| LBB Cost Per Bed Day | | | | | | | | | \$524 | \$864 | \$633 | \$704 | \$527 | | | |

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

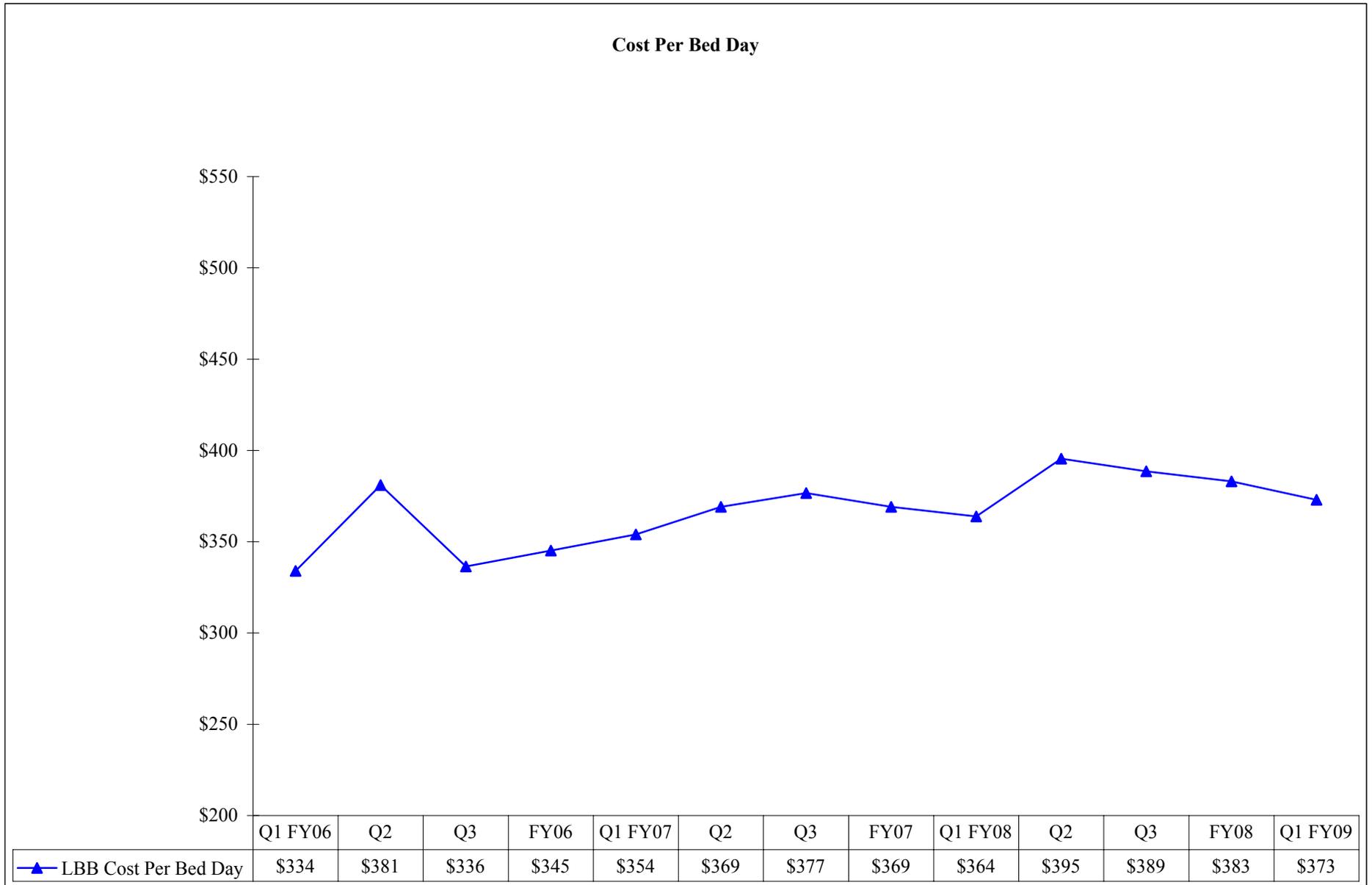
Measure 1B - Cost Per Bed Day
All State MH Hospitals



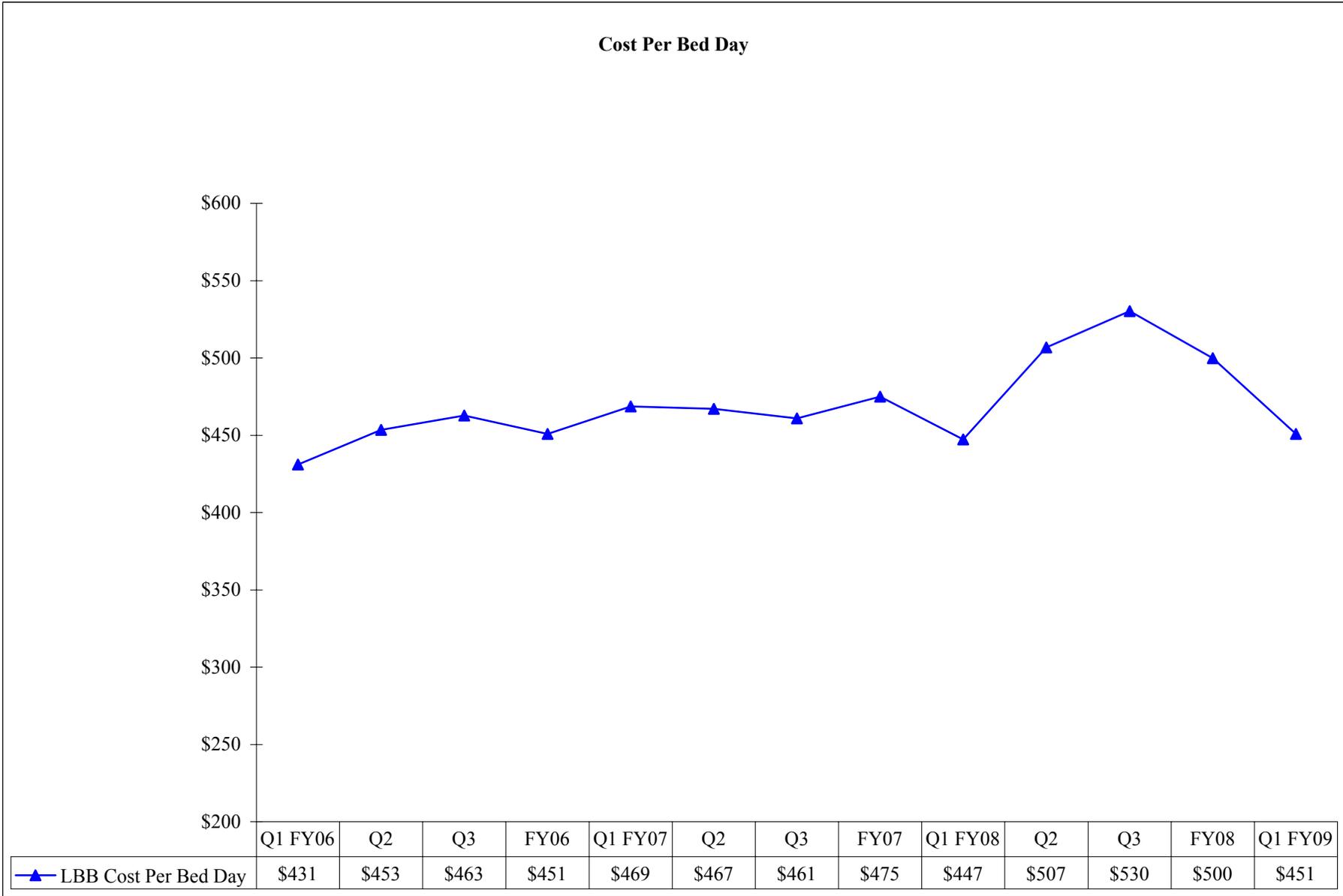
Measure 1B - Cost Per Bed Day
Austin State Hospital



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

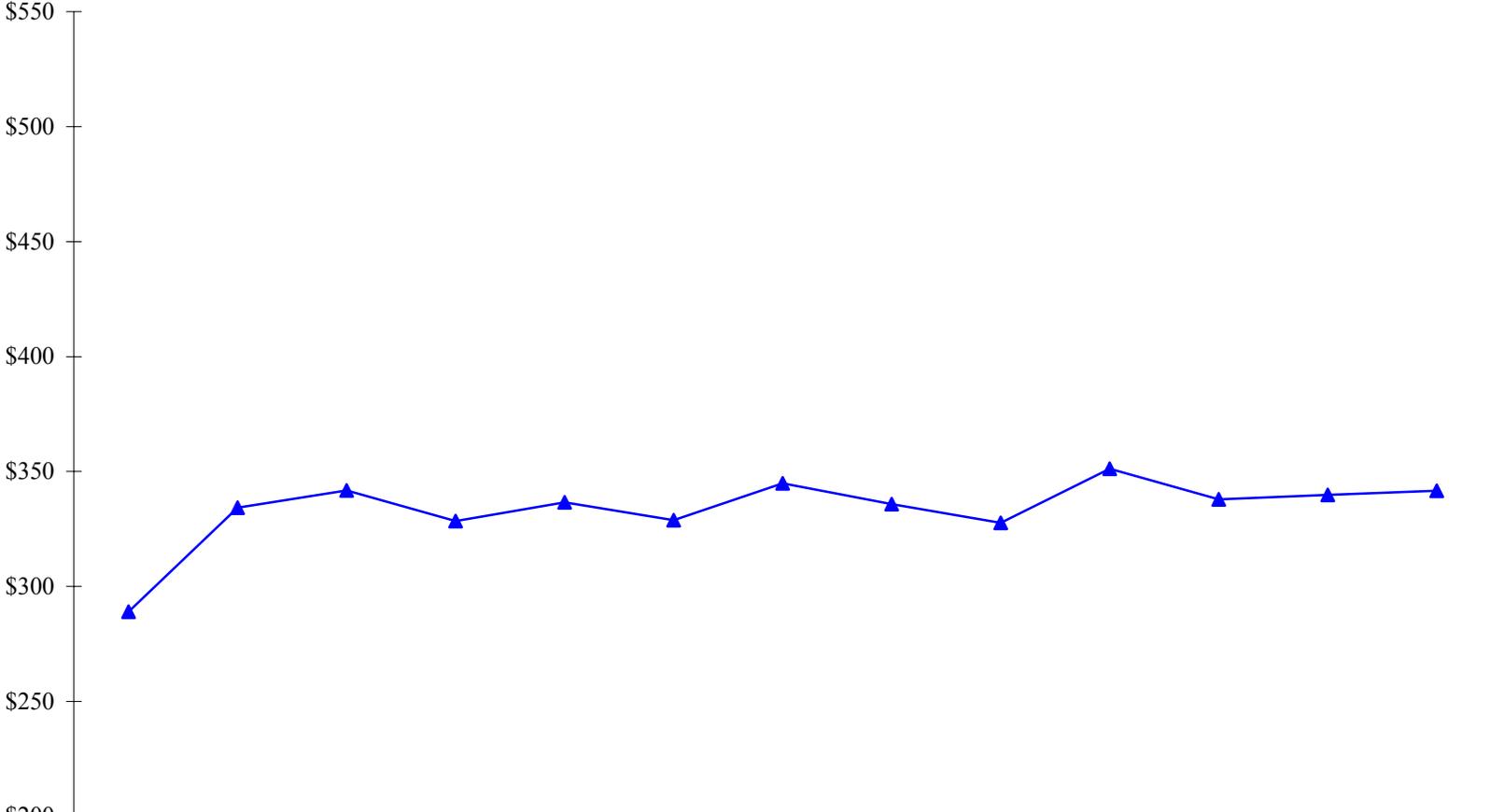


Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center



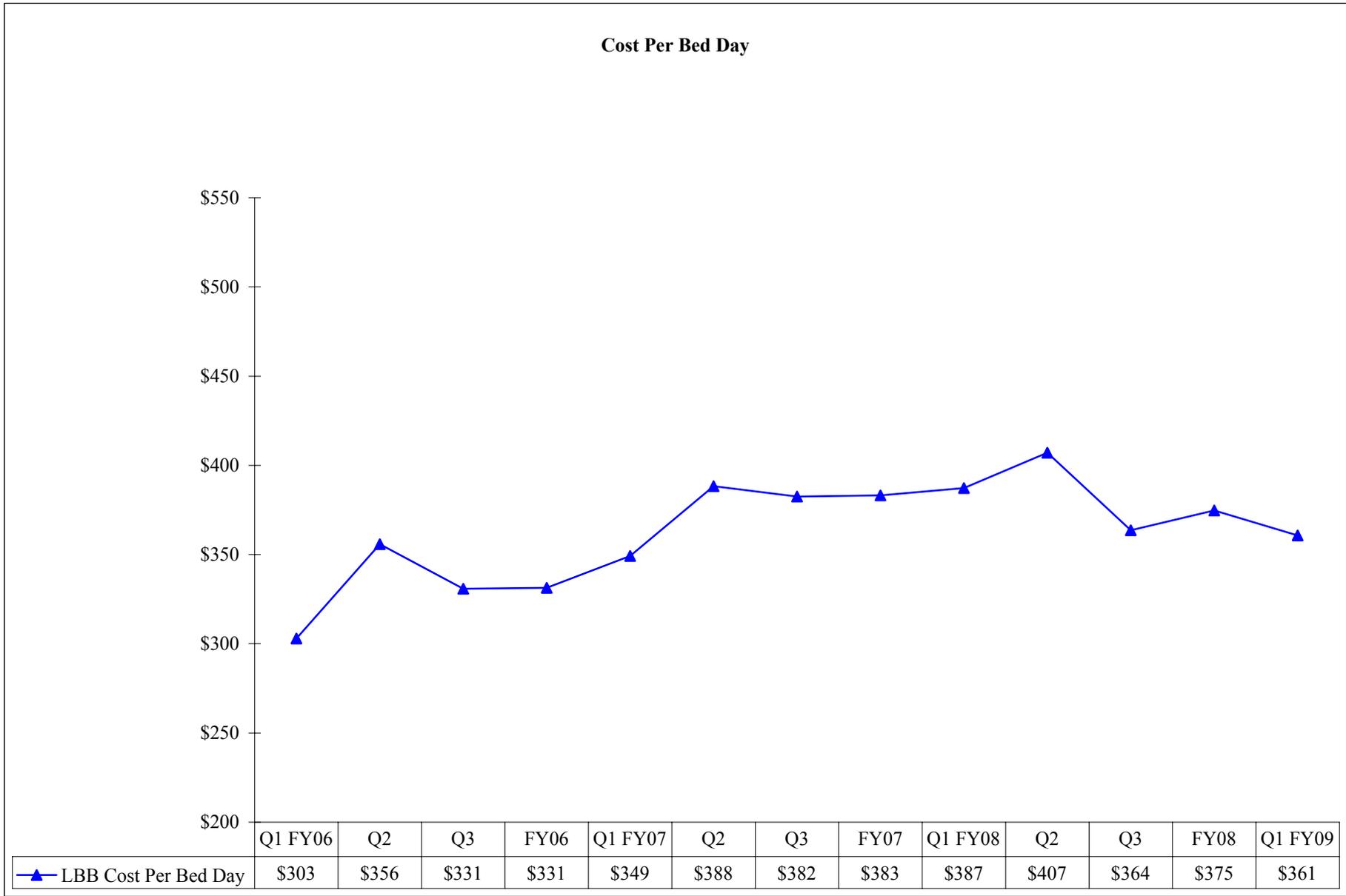
**Measure 1B - Cost Per Bed Day
Kerrville State Hospital**

Cost Per Bed Day

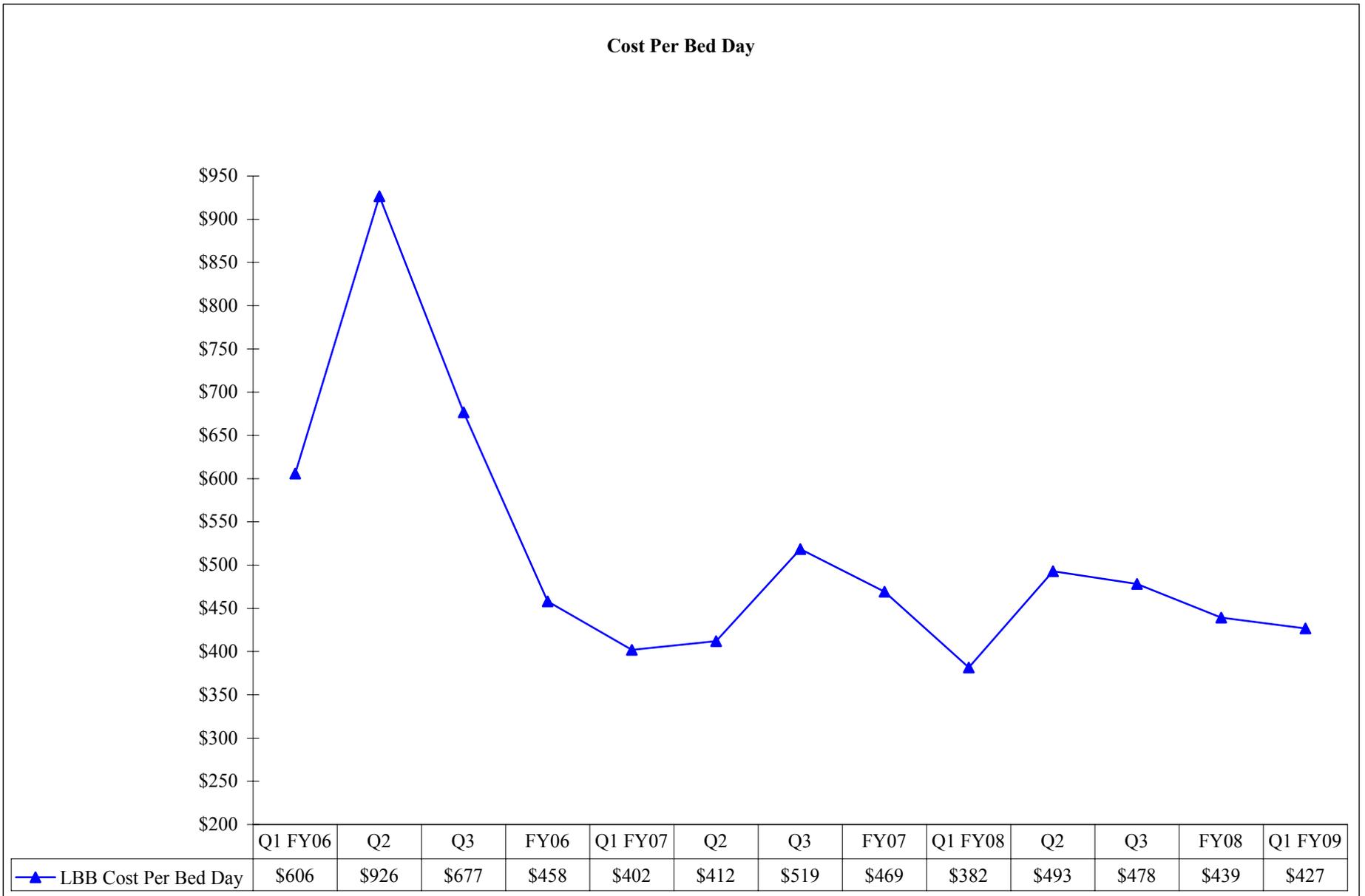


| | Q1 FY06 | Q2 | Q3 | FY06 | Q1 FY07 | Q2 | Q3 | FY07 | Q1 FY08 | Q2 | Q3 | FY08 | Q1 FY09 |
|----------------------|---------|-------|-------|-------|---------|-------|-------|-------|---------|-------|-------|-------|---------|
| LBB Cost Per Bed Day | \$289 | \$334 | \$342 | \$328 | \$337 | \$329 | \$345 | \$336 | \$328 | \$351 | \$338 | \$340 | \$342 |

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

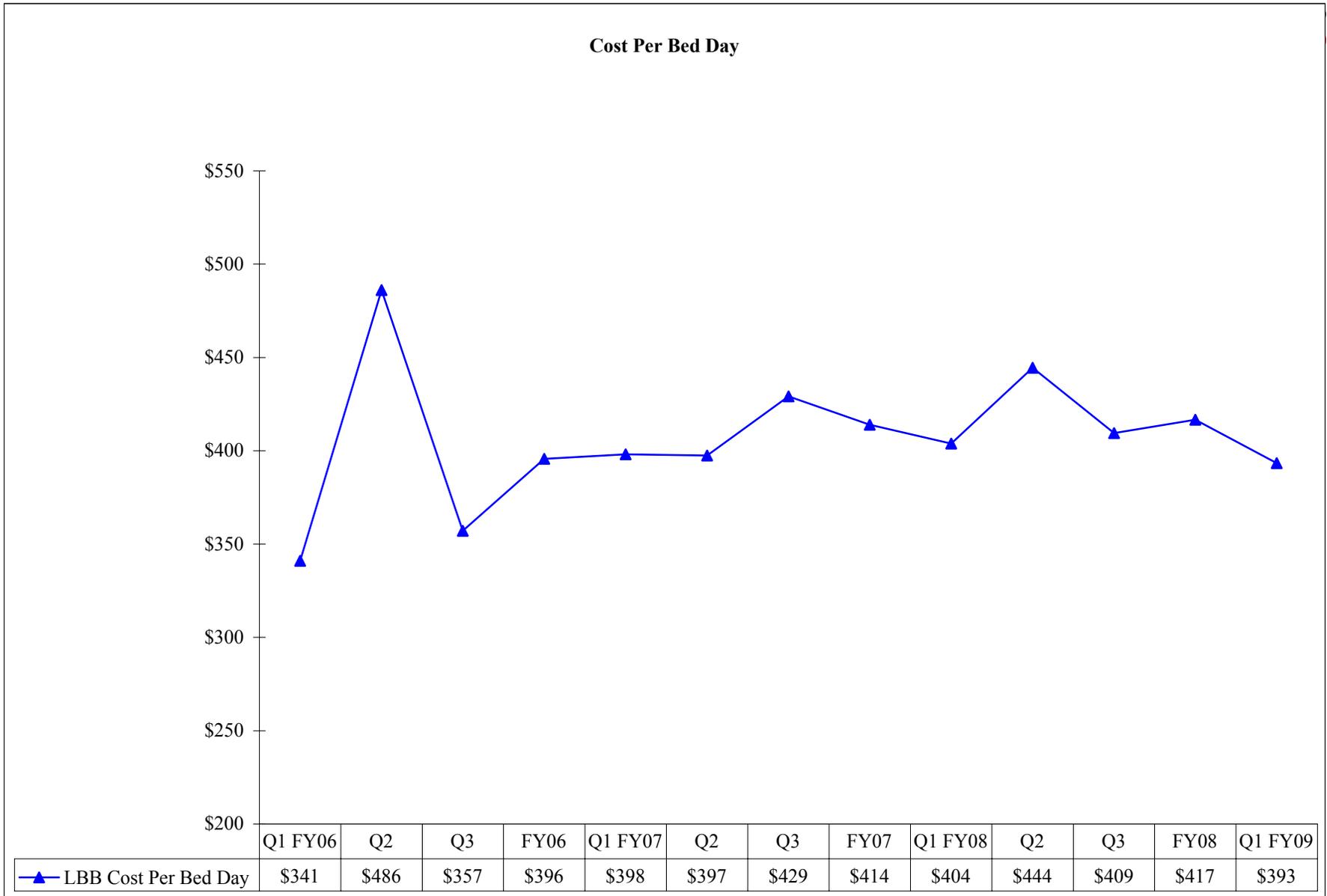


Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)

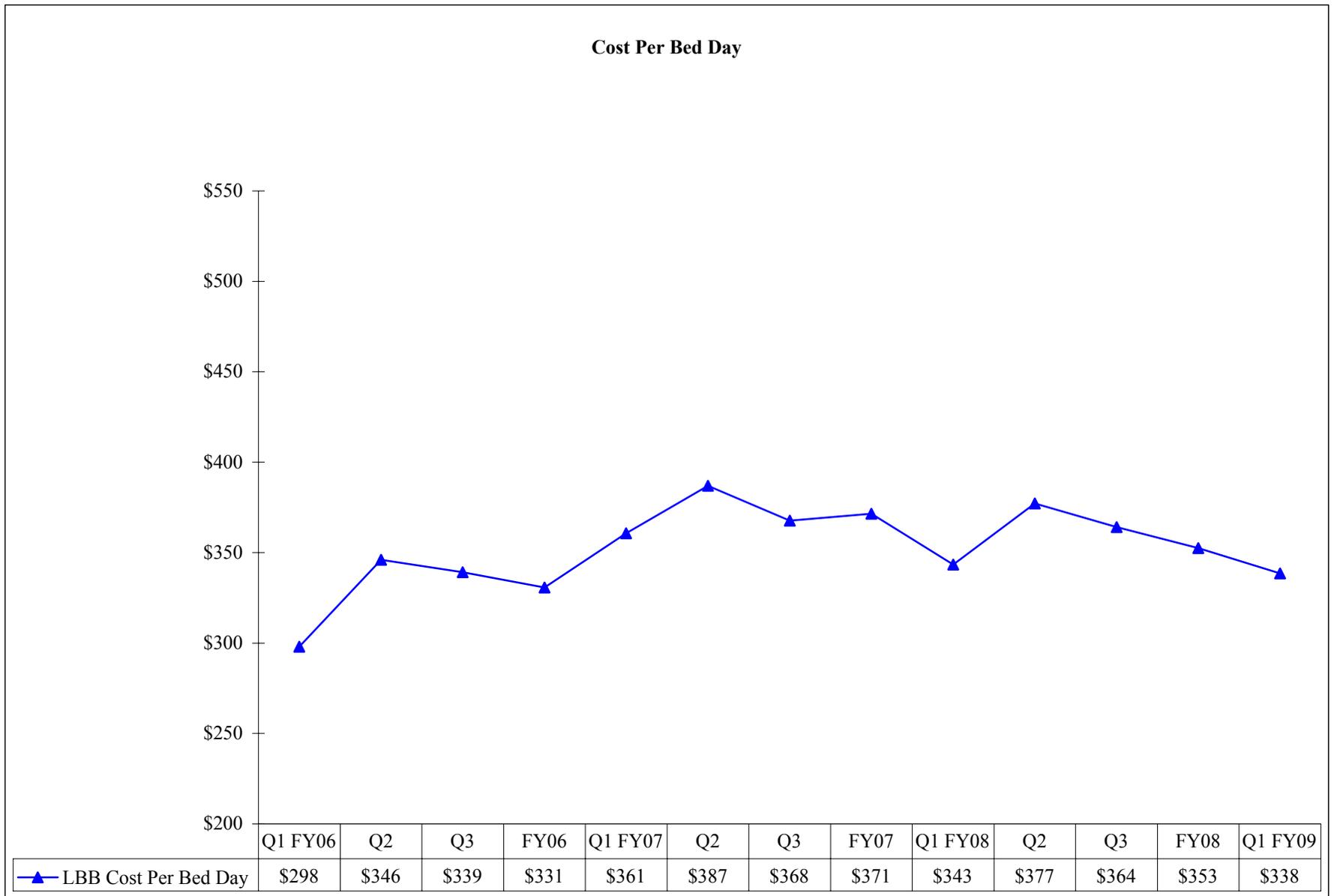


Source: Financial Statistical Report - Fiscal Services;
 FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

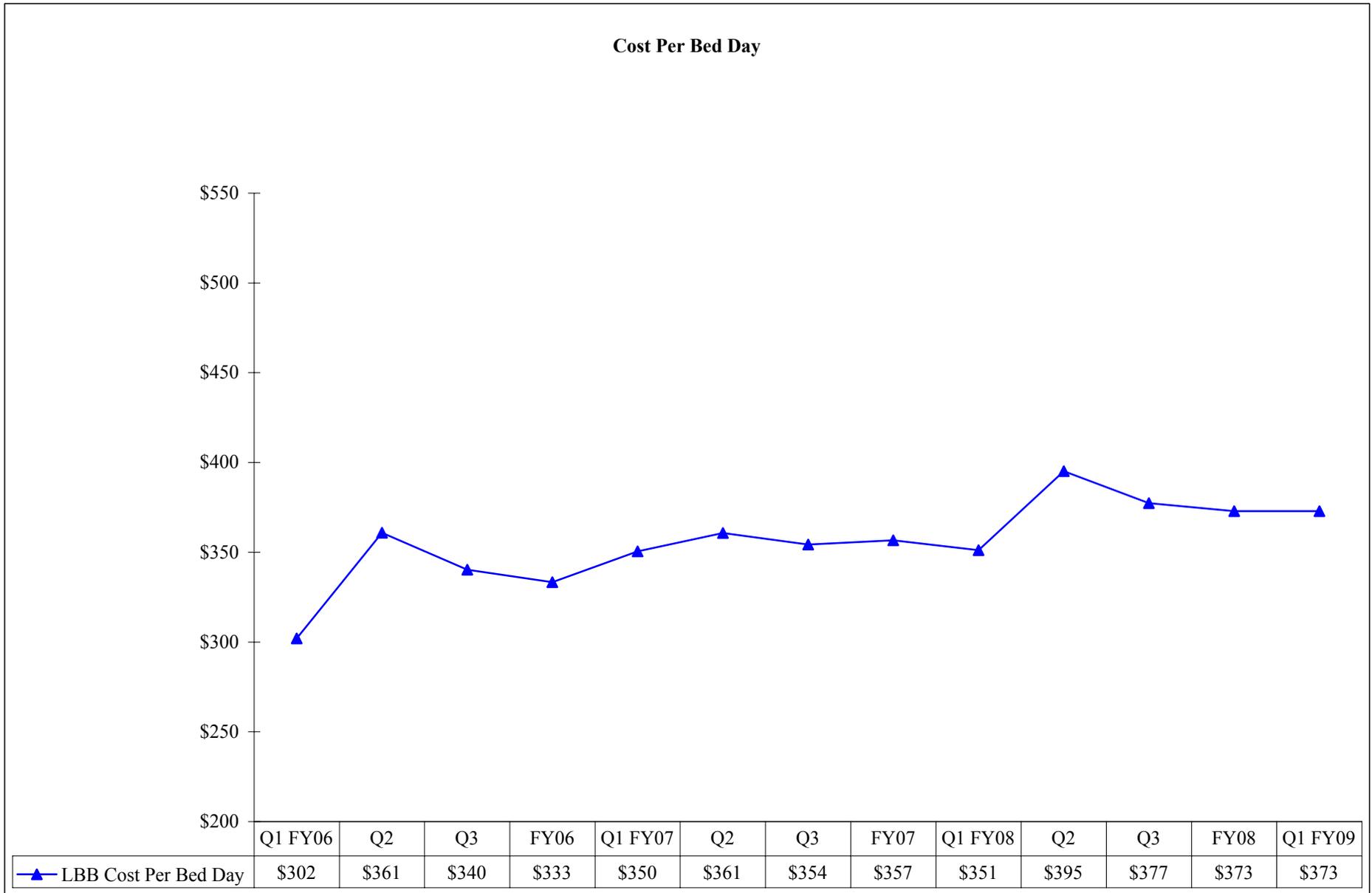
Measure 1B - Cost Per Bed Day
San Antonio State Hospital



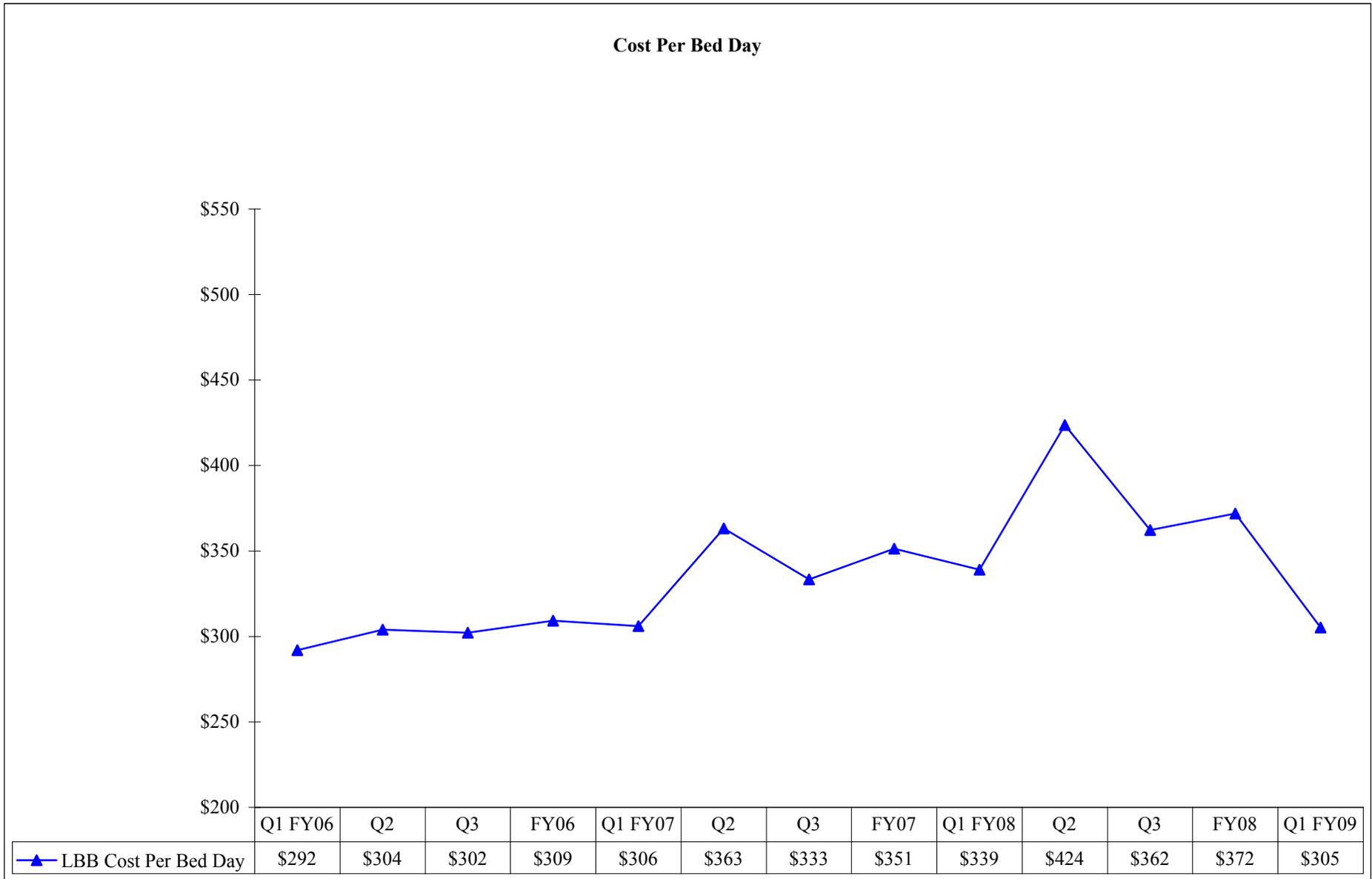
Measure 1B - Cost Per Bed Day
Rusk State Hospital



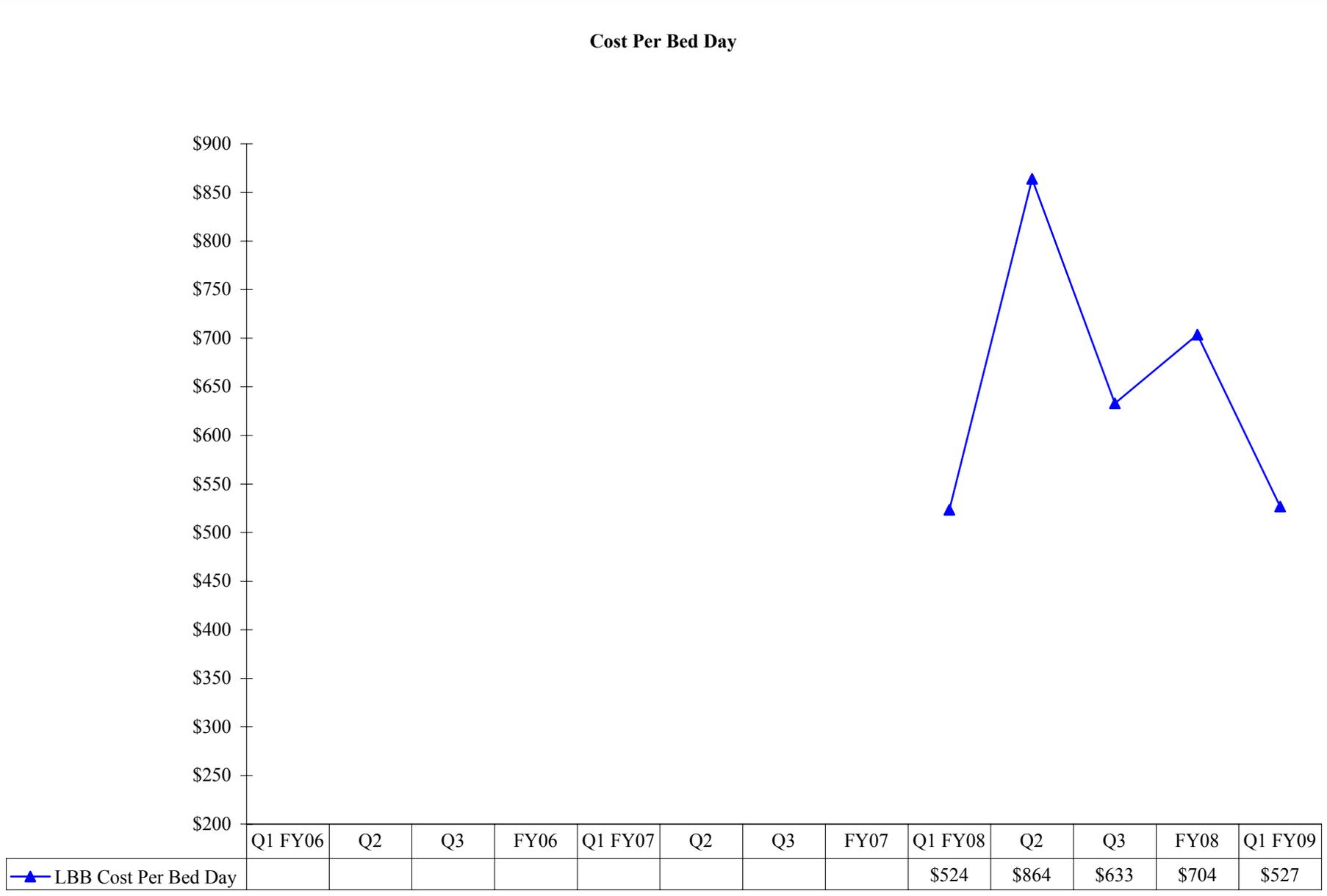
Measure 1B - Cost Per Bed Day
Terrell State Hospital



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



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



Performance Measure 1C:

Average daily census of campus-based services will be calculated and reported for each state hospital.

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

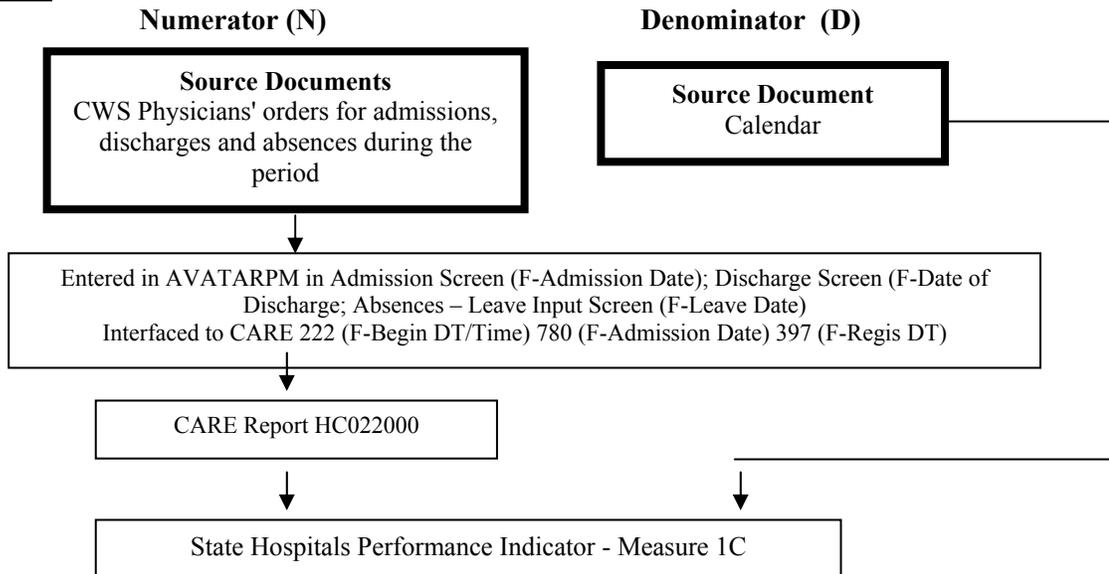
D = number of calendar days in the month

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:

Number of inpatient days at TCID will be calculated and reported.

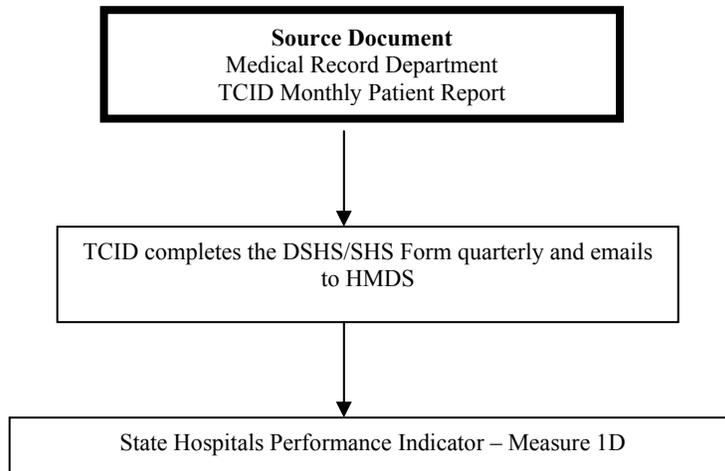
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

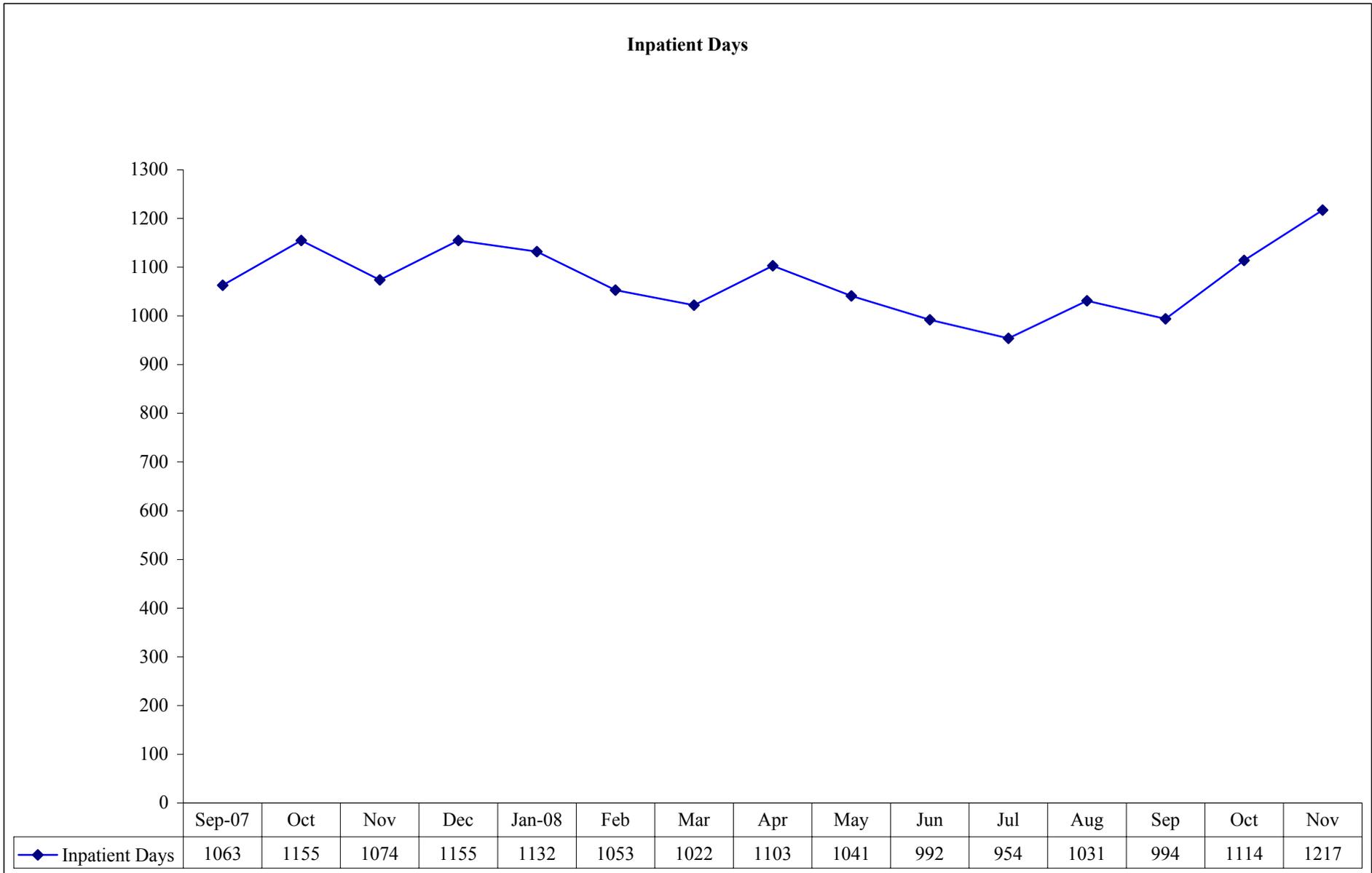
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID



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

Performance Objective 2A:

State hospitals will demonstrate a measurable downward trend of confirmed allegations of abuse or neglect with a goal of zero.

Performance Objective Operational Definition: The state hospital rate of confirmed closed abuse and neglect cases as documented on the AN-1-A form per 1,000 bed days per FY. Note: Data on an individual abuse/neglect case can only be entered into the CANRS system after a final determination has been made. Therefore, the number of cases, number of confirmations, and rate of confirmed cases reflect only those cases whose final determination has been made. Numbers for each of these categories will increase for prior quarters until a determination has been made for all cases for a given quarter. Data displayed does not include cases that are pending.

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

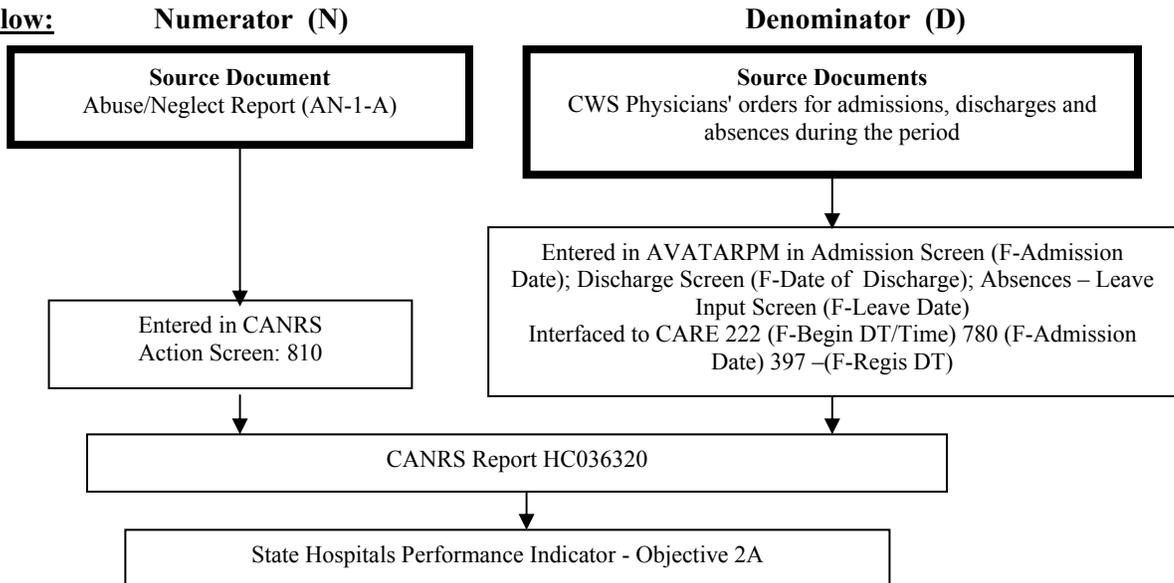
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

N = number of confirmed closed cases per FY (when multiple confirmations are entered for a single case number on a single day, they are counted only as one in the abuse/neglect category incident (class I, II, verbal) of the most severe incident). D = number of bed days per FY 1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:

Table shows cases, confirmations and rate by abuse/neglect category for individual state hospitals.

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State Hospitals - As of November 30, 2008

| Facility | FY00 | FY01 | FY02 | FY03 | FY04 | FY05 | FY06 | FY07 | FY08 | FY09 | | | | |
|------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|----------|-----------|---------|-------|
| | Total | Total | Total | Total | Total | Total | Total | Total | Total | Class I | Class II | Class III | Neglect | Total |
| All State Hospitals | | | | | | | | | | | | | | |
| Total Cases | 2419 | 2260 | 2387 | 2188 | 1476 | 1536 | 1617 | 1431 | 1251 | 41 | 119 | 48 | 57 | 265 |
| Total Confirmed | 220 | 211 | 193 | 175 | 76 | 117 | 112 | 137 | 132 | 2 | 2 | 3 | 10 | 17 |
| Total Confirmed Rate/1000 Bed Days | 0.22 | 0.24 | 0.23 | 0.21 | 0.09 | 0.13 | 0.13 | 0.16 | 0.15 | 0.00 | 0.00 | 0.01 | 0.04 | 0.08 |

Performance Objective 2C:

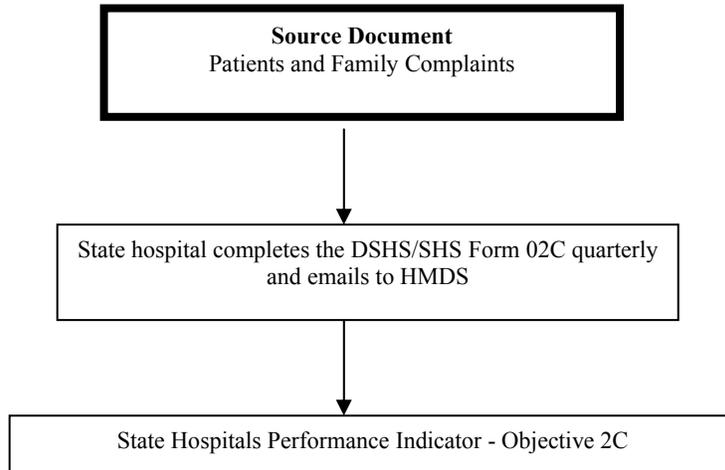
Each state hospital will analyze patient complaints.

Performance Objective Operational Definition: Total number of complaints from state hospitals per quarter regarding property, respect, discharge, medication, treatment team and/or plan and an “other” category will be tracked and analyzed.

Performance Objective Data Display and Chart Description:

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

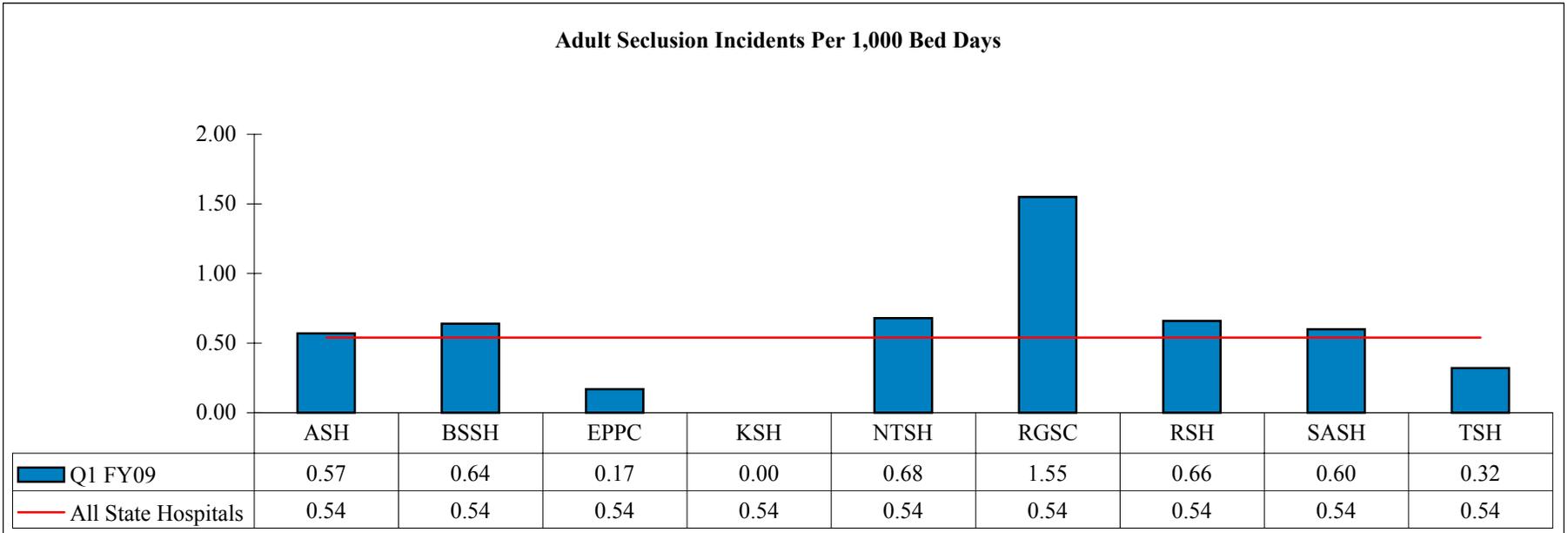
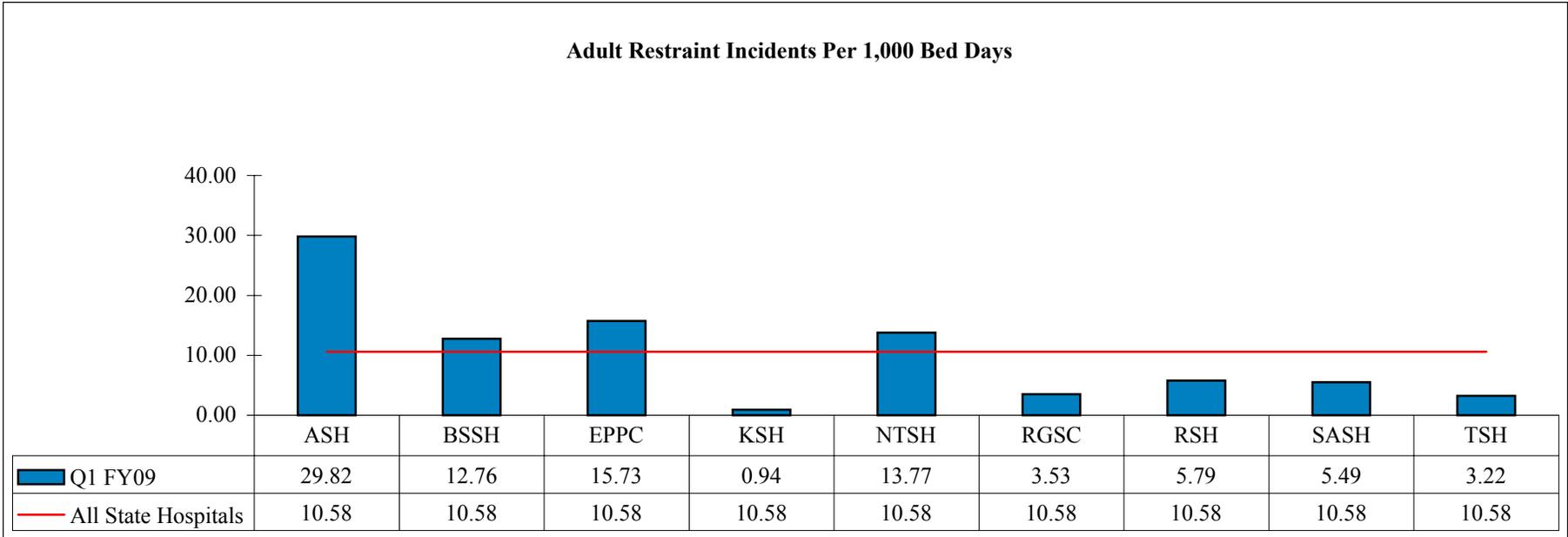
Data Flow:



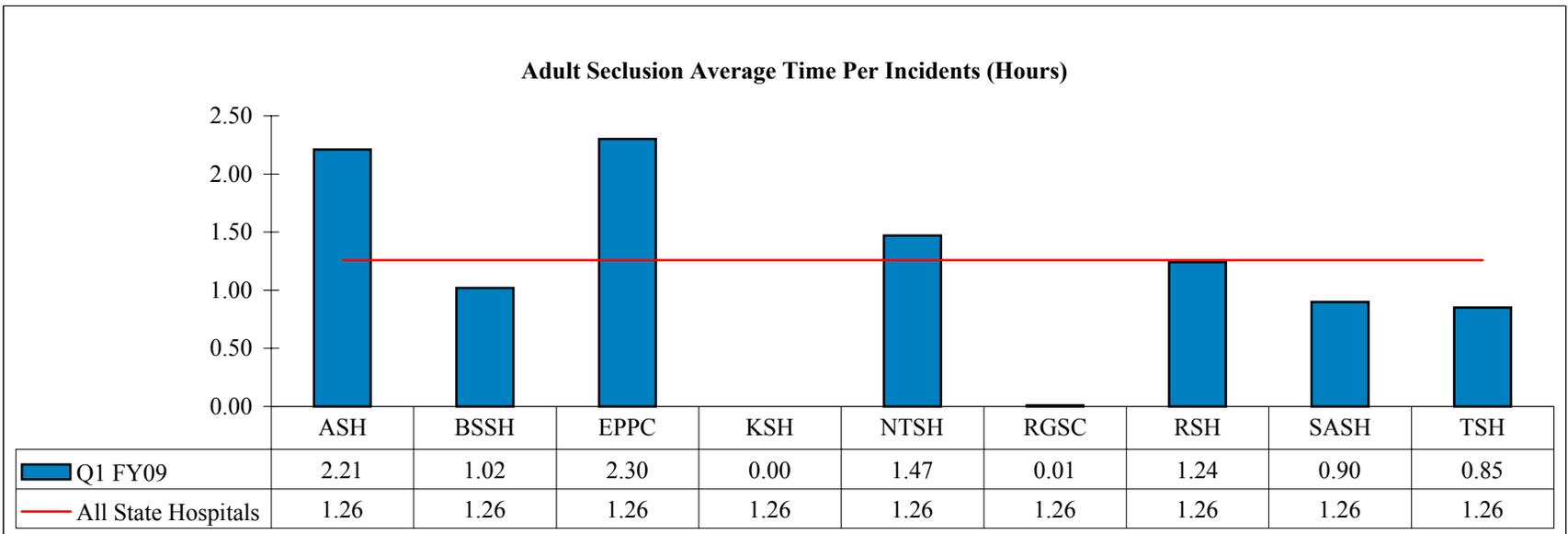
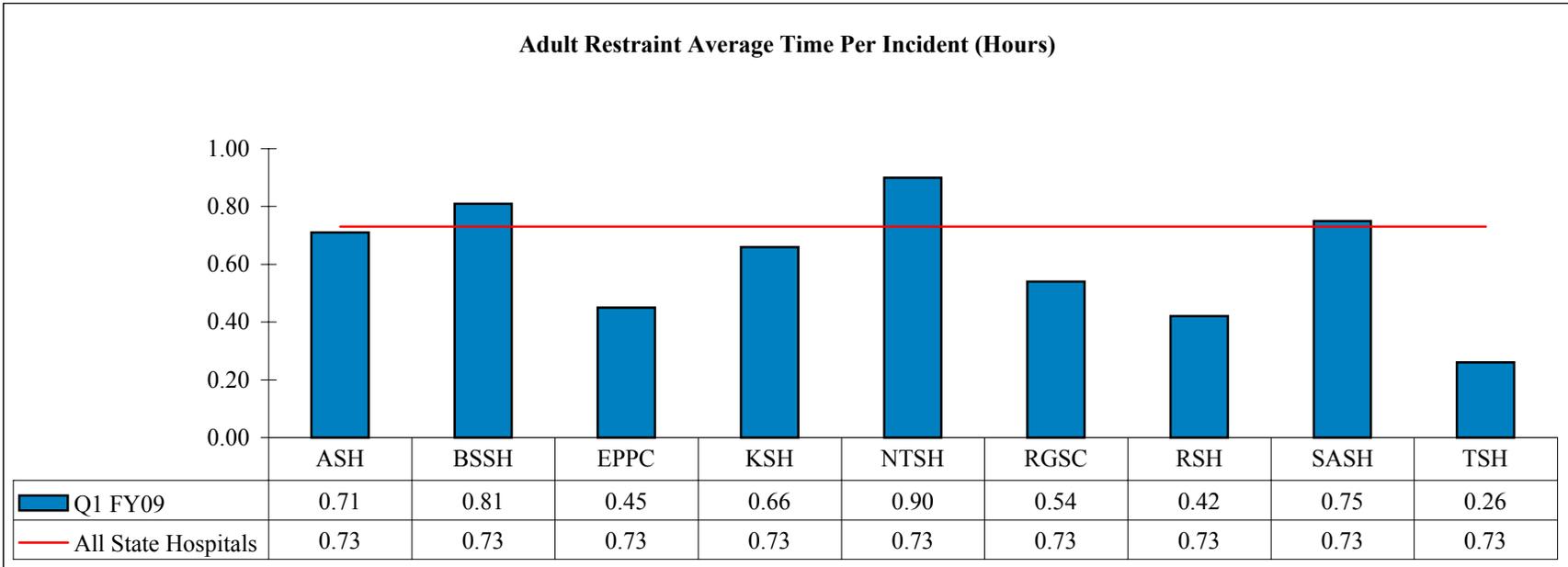
Objective 2C - Patient Complaints
All State Hospitals - Q1 FY09

| Complaints | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | TCID | WCFY | System Total |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|---------------------|
| Property | 13 | 8 | 9 | 7 | 40 | 4 | 24 | 7 | 10 | 0 | 3 | 125 |
| Per 1,000 Bed Days | 0.51 | 0.47 | 1.41 | 0.39 | 0.77 | 0.88 | 0.84 | 0.27 | 0.36 | 0.00 | 0.42 | 0.58 |
| Respect | 3 | 12 | 7 | 9 | 19 | 1 | 46 | 9 | 57 | 2 | 6 | 171 |
| Per 1,000 Bed Days | 0.12 | 0.70 | 1.10 | 0.50 | 0.36 | 0.22 | 1.60 | 0.35 | 2.07 | 0.60 | 0.84 | 0.79 |
| Discharge | 18 | 21 | 8 | 2 | 54 | 8 | 52 | 12 | 6 | 0 | 1 | 182 |
| Per 1,000 Bed Days | 0.71 | 1.22 | 1.25 | 0.11 | 1.04 | 1.77 | 1.81 | 0.47 | 0.22 | 0.00 | 0.14 | 0.84 |
| Medication | 1 | 9 | 6 | 5 | 48 | 1 | 57 | 3 | 6 | 0 | 0 | 136 |
| Per 1,000 Bed Days | 0.04 | 0.52 | 0.94 | 0.28 | 0.92 | 0.22 | 1.99 | 0.12 | 0.22 | 0.00 | 0.00 | 0.63 |
| Treatment Team/Planning | 0 | 32 | 8 | 13 | 45 | 10 | 15 | 13 | 9 | 0 | 25 | 170 |
| Per 1,000 Bed Days | 0.00 | 1.86 | 1.25 | 0.72 | 0.86 | 2.21 | 0.52 | 0.51 | 0.33 | 0.00 | 3.49 | 0.79 |
| Others | 73 | 26 | 19 | 13 | 114 | 14 | 121 | 52 | 31 | 1 | 11 | 475 |
| Per 1,000 Bed Days | 2.88 | 1.51 | 2.98 | 0.72 | 2.19 | 3.09 | 4.22 | 2.04 | 1.13 | 0.30 | 1.54 | 2.20 |
| Total | 108 | 108 | 57 | 49 | 320 | 38 | 315 | 96 | 119 | 3 | 46 | 1259 |
| Per 1,000 Bed Days | 4.26 | 6.29 | 8.93 | 2.71 | 6.13 | 8.39 | 10.99 | 3.76 | 4.33 | 0.90 | 6.42 | 5.83 |

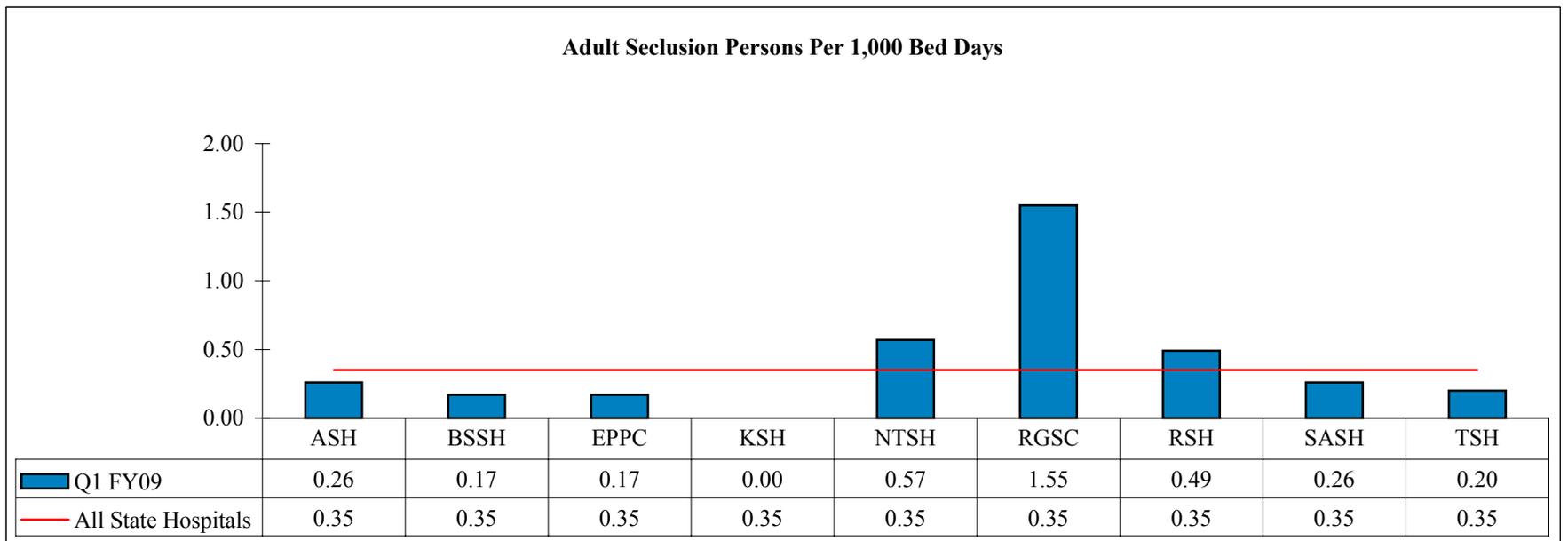
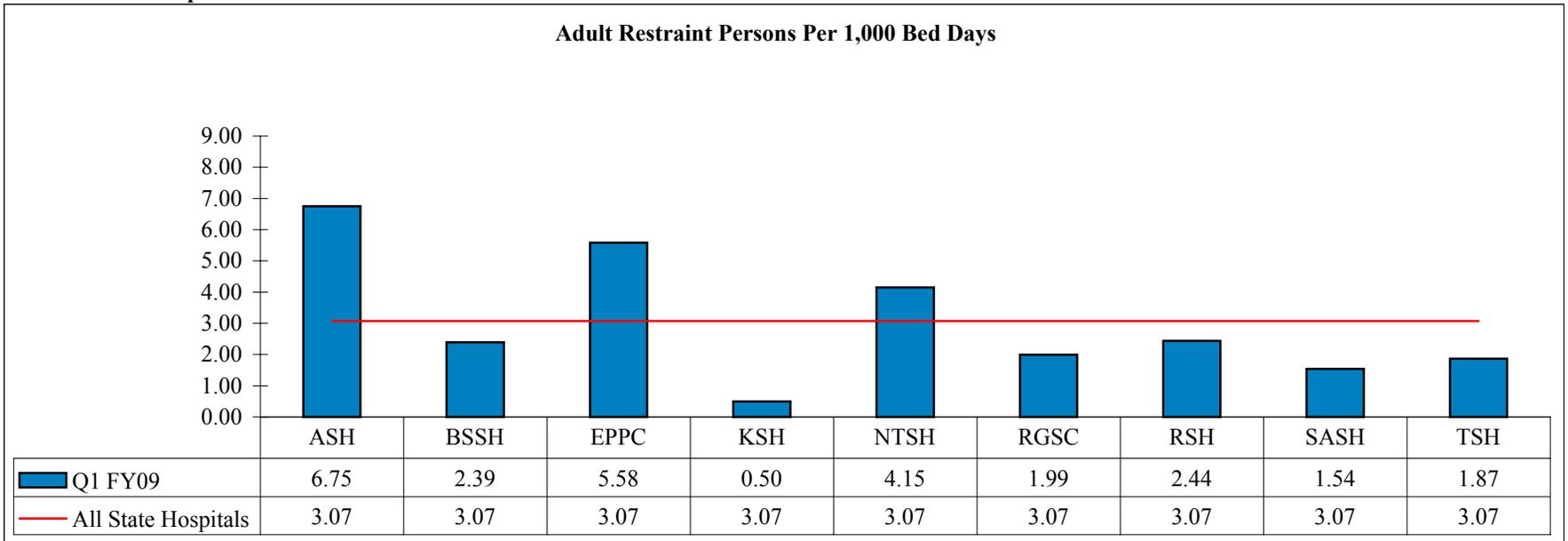
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



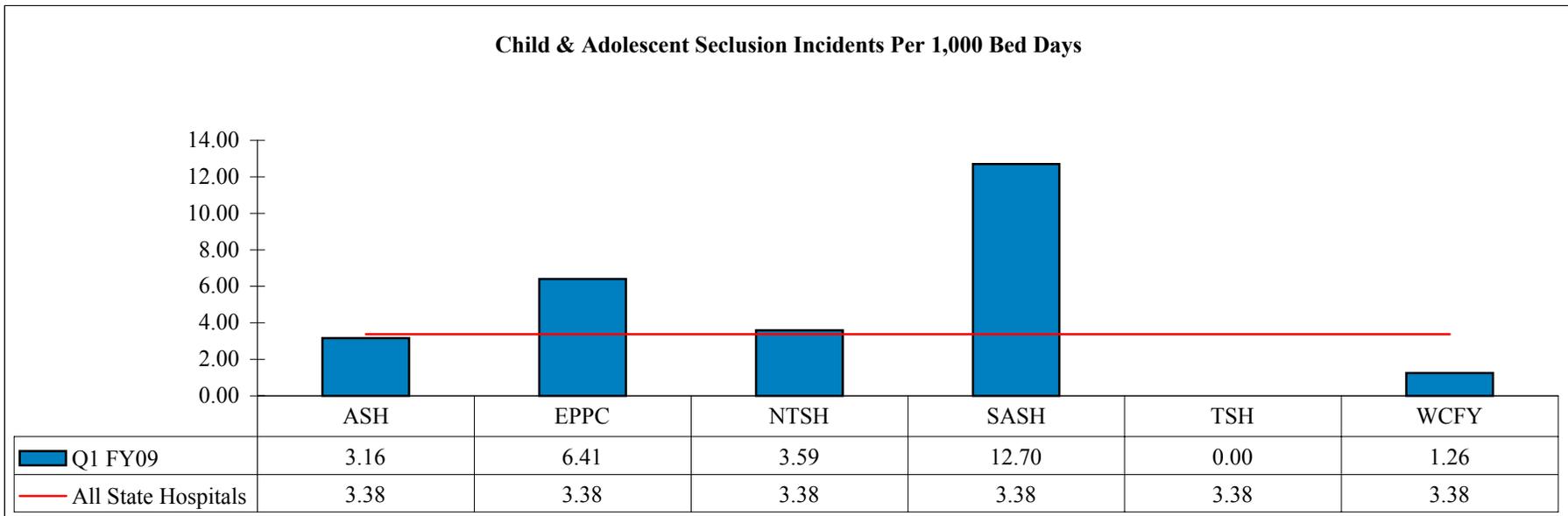
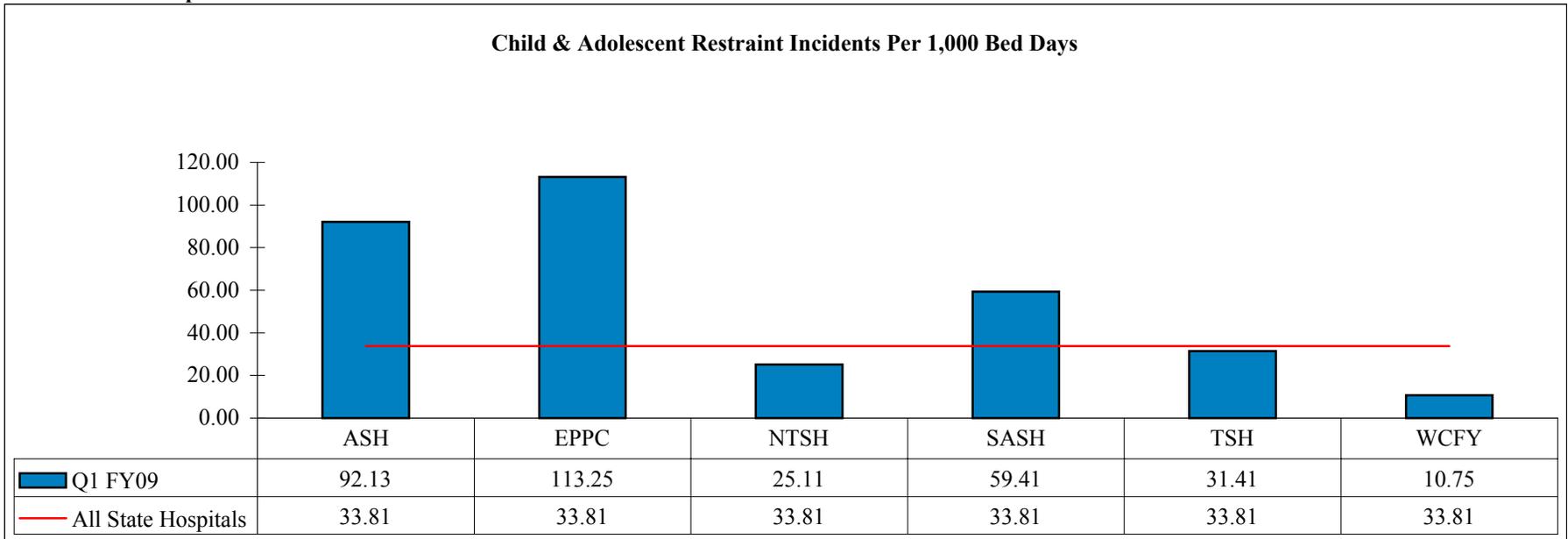
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



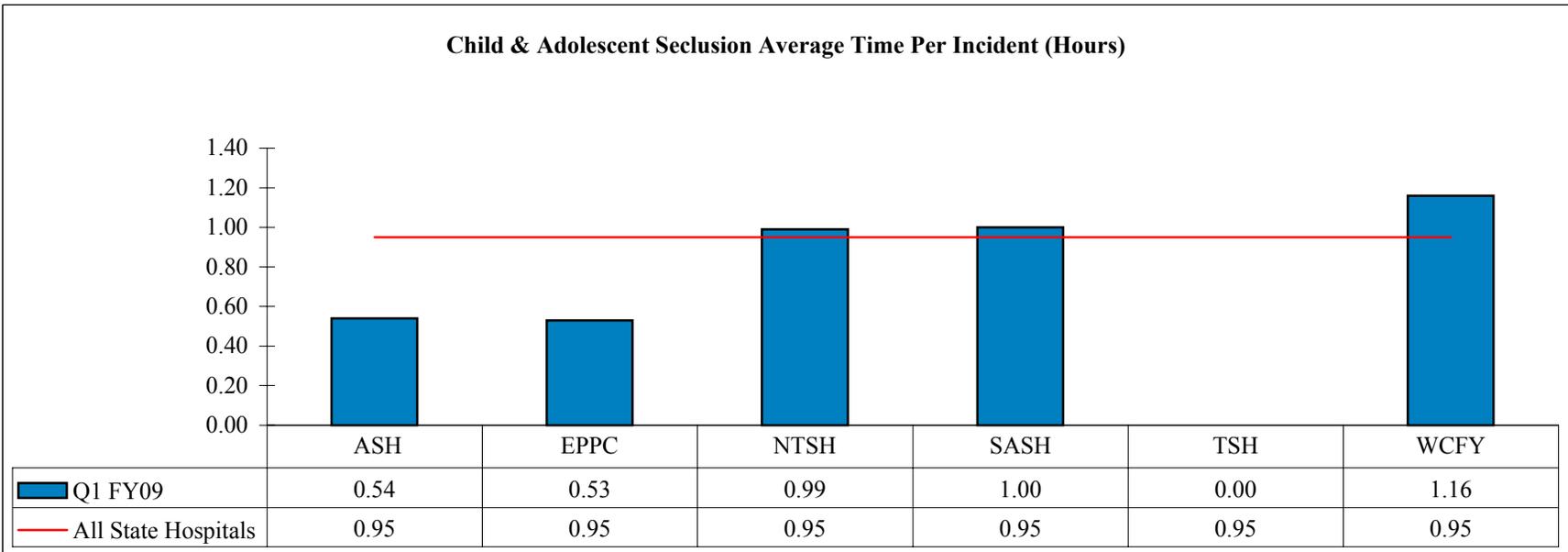
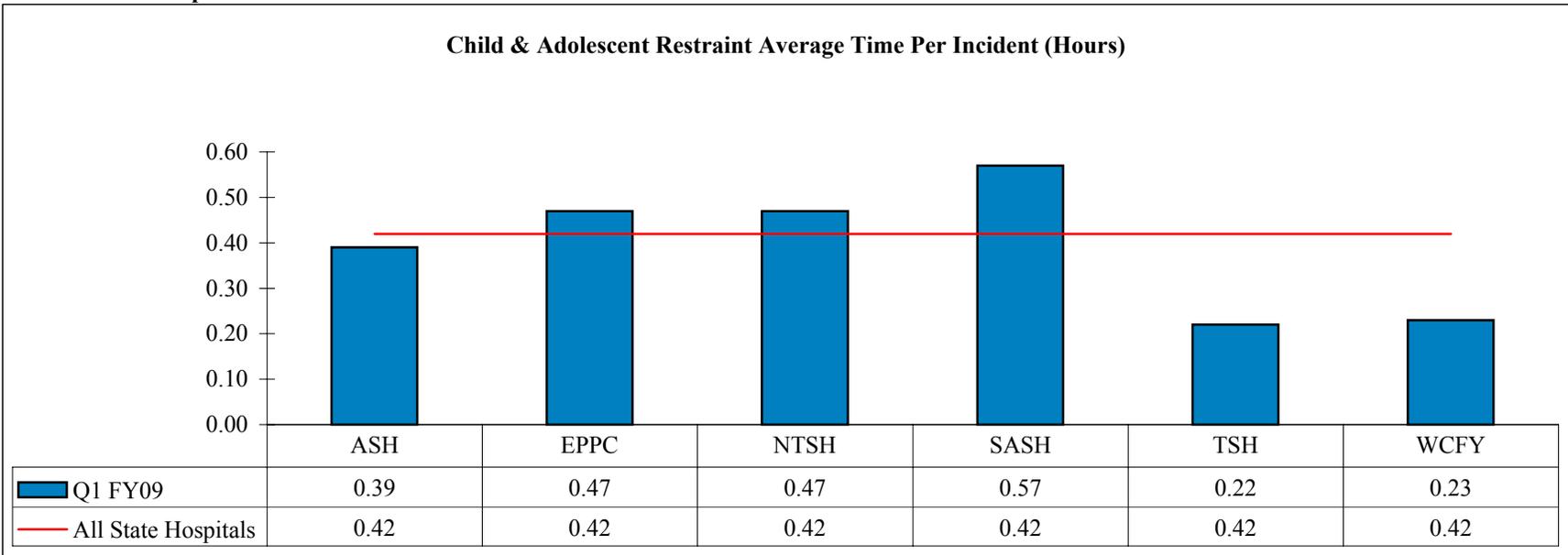
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



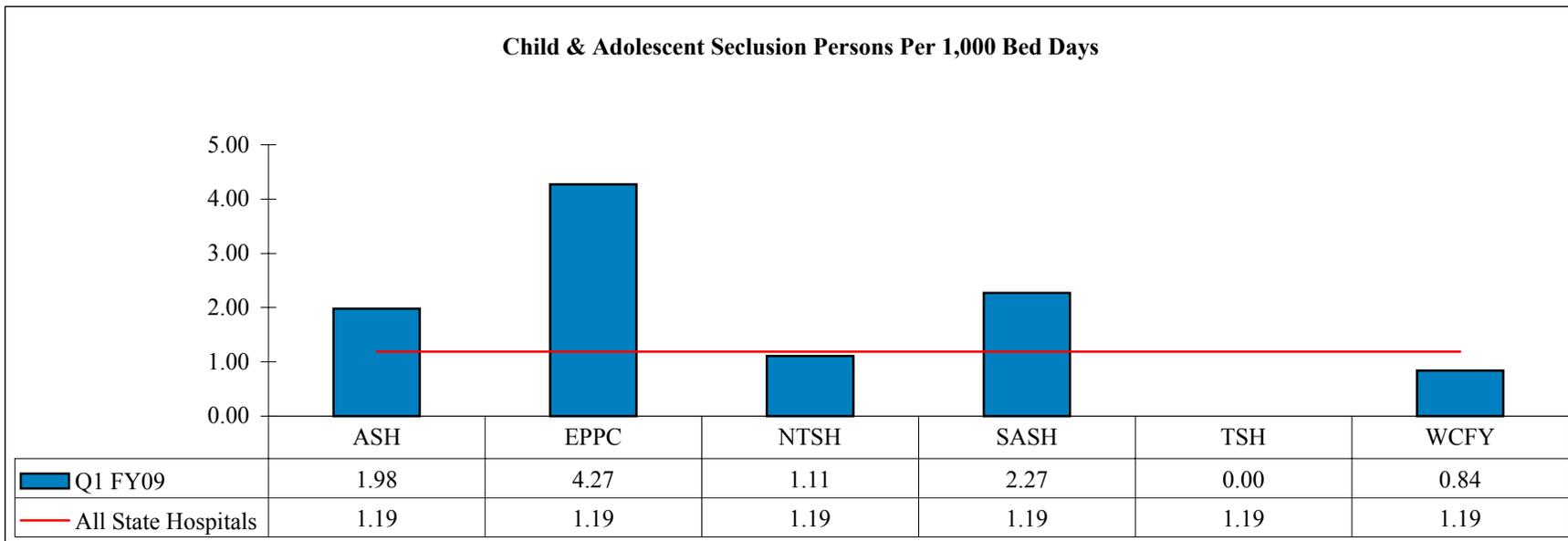
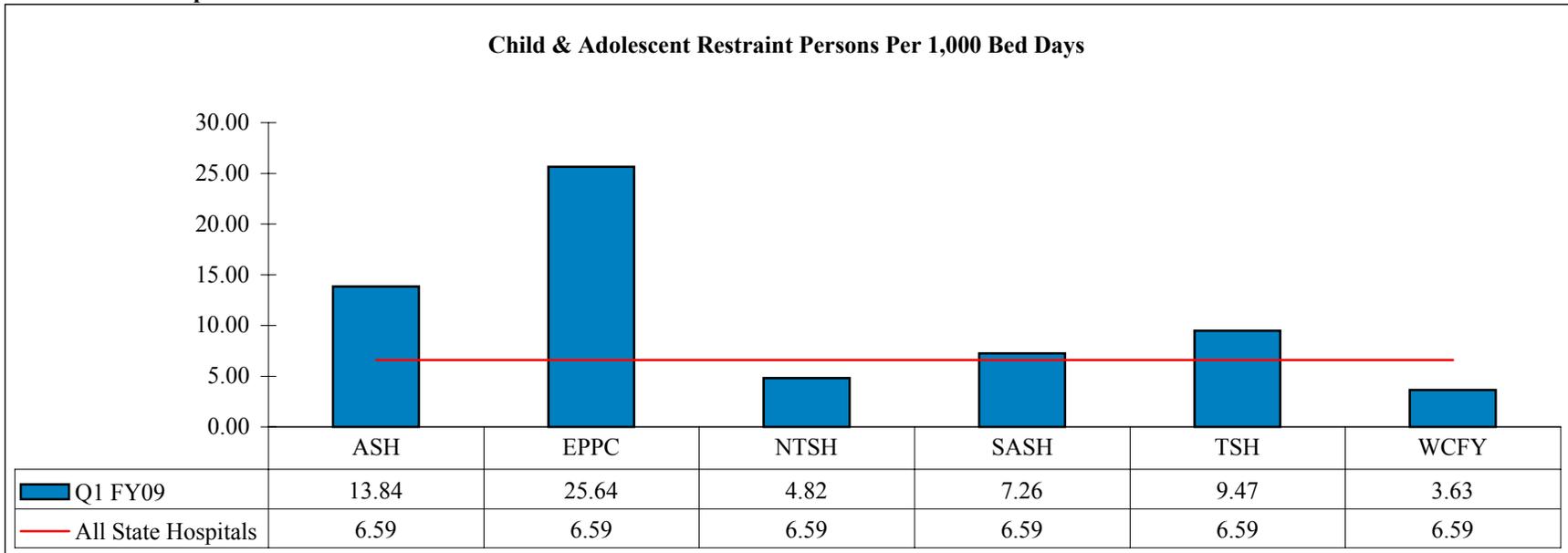
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



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 - FY09

| | Fiscal Year 2009 | | | | | | | | | | | |
|-------------------------------------|---------------------|----|----|----|-------------------|----|----|----|-------------------------|----|----|----|
| | Number of Incidents | | | | Number of Persons | | | | Total Hours for Quarter | | | |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Austin State Hospital | | | | | | | | | | | | |
| Child/Adolescent Bed Days | 2,529 | | | | 2,529 | | | | 2,529 | | | |
| Bed Days in Quarter-All Other Units | 22,800 | | | | 22,800 | | | | 22,800 | | | |
| Restraint Involving Children | 26 | | | | 5 | | | | 6.8 | | | |
| Restraint Involving Adolescents | 207 | | | | 30 | | | | 85.1 | | | |
| Restraint Involving Adults | 680 | | | | 154 | | | | 484.2 | | | |
| Seclusion Involving Children | 4 | | | | 3 | | | | 2.3 | | | |
| Seclusion Involving Adolescents | 4 | | | | 2 | | | | 2.0 | | | |
| Seclusion Involving Adults | 13 | | | | 6 | | | | 28.7 | | | |
| Big Spring State Hospital | | | | | | | | | | | | |
| Bed Days in Quarter | 17,162 | | | | 17,162 | | | | 17,162 | | | |
| Restraint Involving Adults | 219 | | | | 41 | | | | 176.7 | | | |
| Seclusion Involving Adults | 11 | | | | 3 | | | | 11.2 | | | |
| El Paso Psychiatric Center | | | | | | | | | | | | |
| Child/Adolescent Bed Days | 468 | | | | 468 | | | | 468 | | | |
| Bed Days in Quarter-All Other Units | 5,912 | | | | 5,912 | | | | 5,912 | | | |
| Restraint Involving Children | 19 | | | | 4 | | | | 6.5 | | | |
| Restraint Involving Adolescents | 34 | | | | 8 | | | | 18.2 | | | |
| Restraint Involving Adults | 93 | | | | 33 | | | | 42.3 | | | |
| Seclusion Involving Children | 1 | | | | 1 | | | | 0.4 | | | |
| Seclusion Involving Adolescents | 2 | | | | 1 | | | | 1.2 | | | |
| Seclusion Involving Adults | 1 | | | | 1 | | | | 2.3 | | | |
| Kerrville State Hospital | | | | | | | | | | | | |
| Bed Days in Quarter | 18,079 | | | | 18,079 | | | | 18,079 | | | |
| Restraint Involving Adults | 17 | | | | 9 | | | | 11.2 | | | |
| Seclusion Involving Adults | 0 | | | | 0 | | | | 0.0 | | | |

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY09

| | Fiscal Year 2009 | | | | | | | | | | | |
|--------------------------------------|---------------------|----|----|----|-------------------|----|----|----|-------------------------|----|----|----|
| | Number of Incidents | | | | Number of Persons | | | | Total Hours for Quarter | | | |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| North Texas State Hospital | | | | | | | | | | | | |
| Child/Adolescent Bed Days | 8,083 | | | | 8,083 | | | | 8,083 | | | |
| Bed Days in Quarter-All Other Units | 44,086 | | | | 44,086 | | | | 44,086 | | | |
| Restraint Involving Children | 1 | | | | 1 | | | | 0.0 | | | |
| Restraint Involving Adolescents | 202 | | | | 38 | | | | 95.2 | | | |
| Restraint Involving Adults | 607 | | | | 183 | | | | 546.8 | | | |
| Seclusion Involving Children | 2 | | | | 1 | | | | 1.6 | | | |
| Seclusion Involving Adolescents | 27 | | | | 8 | | | | 27.0 | | | |
| Seclusion Involving Adults | 30 | | | | 25 | | | | 44.1 | | | |
| Rio Grande State Center | | | | | | | | | | | | |
| Bed Days in Quarter | 4,530 | | | | 4,530 | | | | 4,530 | | | |
| Restraint Involving Adults | 16 | | | | 9 | | | | 8.7 | | | |
| Seclusion Involving Adults | 7 | | | | 7 | | | | 0.1 | | | |
| Rusk State Hospital | | | | | | | | | | | | |
| Bed Days in Quarter | 28,667 | | | | 28,667 | | | | 28,667 | | | |
| Restraint Involving Adults | 166 | | | | 70 | | | | 69.6 | | | |
| Seclusion Involving Adults | 19 | | | | 14 | | | | 23.6 | | | |
| San Antonio State Hospital | | | | | | | | | | | | |
| Child/Adolescent Bed Days in Quarter | 2,205 | | | | 2,205 | | | | 2,205 | | | |
| Bed Days in Quarter-All Other Units | 23,324 | | | | 23,324 | | | | 23,324 | | | |
| Restraint Involving Adolescents | 131 | | | | 16 | | | | 74.7 | | | |
| Restraint Involving Adults | 128 | | | | 36 | | | | 96.6 | | | |
| Seclusion Involving Adolescents | 28 | | | | 5 | | | | 28.1 | | | |
| Seclusion Involving Adults | 14 | | | | 6 | | | | 12.6 | | | |

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY09

Fiscal Year 2009

| | Number of Incidents | | | | Number of Persons | | | | Total Hours for Quarter | | | |
|--------------------------------------|---------------------|----|----|----|-------------------|----|----|----|-------------------------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Terrell State Hospital | | | | | | | | | | | | |
| Child/Adolescent Bed Days in Quarter | 2,324 | | | | 2,324 | | | | 2,324 | | | |
| Bed Days in Quarter-All Other Units | 25,163 | | | | 25,163 | | | | 25,163 | | | |
| Restraint Involving Children | 0 | | | | 0 | | | | 0.0 | | | |
| Restraint Involving Adolescents | 73 | | | | 22 | | | | 15.7 | | | |
| Restraint Involving Adults | 81 | | | | 47 | | | | 21.0 | | | |
| Seclusion Involving Children | 0 | | | | 0 | | | | 0.0 | | | |
| Seclusion Involving Adolescents | 0 | | | | 0 | | | | 0.0 | | | |
| Seclusion Involving Adults | 8 | | | | 5 | | | | 6.8 | | | |
| Waco Center For Youth | | | | | | | | | | | | |
| Child/Adolescent Bed Days in Quarter | 7,166 | | | | 7,166 | | | | 7,166 | | | |
| Restraint Involving Adolescents | 77 | | | | 26 | | | | 17.8 | | | |
| Seclusion Involving Adolescents | 9 | | | | 6 | | | | 10.4 | | | |
| All State MH Hospitals | | | | | | | | | | | | |
| Child/Adolescent Bed Days | 22,775 | | | | 22,775 | | | | 22,775 | | | |
| Bed Days in Quarter-All Other Units | 189,723 | | | | 189,723 | | | | 189,723 | | | |
| Restraint Involving Children | 46 | | | | 10 | | | | 13.3 | | | |
| Restraint Involving Adolescents | 724 | | | | 140 | | | | 306.7 | | | |
| Restraint Involving Adults | 2,007 | | | | 582 | | | | 1,457.1 | | | |
| Seclusion Involving Children | 7 | | | | 5 | | | | 4.3 | | | |
| Seclusion Involving Adolescents | 70 | | | | 22 | | | | 68.7 | | | |
| Seclusion Involving Adults | 103 | | | | 67 | | | | 129.4 | | | |

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 2009

| | Number of Incidents | | | | Number of Persons | | | |
|-------------------------------------|---------------------|----|----|----|-------------------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Austin State Hospital | | | | | | | | |
| < 5 Restraint Involving Children | 8 | | | | 5 | | | |
| < 5 Restraint Involving Adolescents | 42 | | | | 17 | | | |
| < 5 Restraint Involving Adults | 322 | | | | 127 | | | |
| Big Spring State Hospital | | | | | | | | |
| < 5 Restraint Involving Adults | 57 | | | | 24 | | | |
| El Paso Psychiatric Center | | | | | | | | |
| < 5 Restraint Involving Children | 6 | | | | 3 | | | |
| < 5 Restraint Involving Adolescents | 12 | | | | 3 | | | |
| < 5 Restraint Involving Adults | 63 | | | | 29 | | | |
| Kerrville State Hospital | | | | | | | | |
| < 5 Restraint Involving Adults | 6 | | | | 4 | | | |
| North Texas State Hospital | | | | | | | | |
| < 5 Restraint Involving Children | 1 | | | | 1 | | | |
| < 5 Restraint Involving Adolescents | 65 | | | | 26 | | | |
| < 5 Restraint Involving Adults | 217 | | | | 114 | | | |
| Rio Grande State Center | | | | | | | | |
| < 5 Restraint Involving Adults | 6 | | | | 5 | | | |
| Rusk State Hospital | | | | | | | | |
| < 5 Restraint Involving Adults | 96 | | | | 60 | | | |
| San Antonio State Hospital | | | | | | | | |
| < 5 Restraint Involving Adolescents | 45 | | | | 11 | | | |
| < 5 Restraint Involving Adults | 38 | | | | 20 | | | |
| Terrell State Hospital | | | | | | | | |
| < 5 Restraint Involving Children | 0 | | | | 0 | | | |
| < 5 Restraint Involving Adolescents | 31 | | | | 14 | | | |
| < 5 Restraint Involving Adults | 54 | | | | 38 | | | |
| Waco Center For Youth | | | | | | | | |
| < 5 Restraint Involving Adolescents | 20 | | | | 16 | | | |
| All State MH Hospitals | | | | | | | | |
| < 5 Restraint Involving Children | 15 | | | | 9 | | | |
| < 5 Restraint Involving Adolescents | 215 | | | | 87 | | | |
| < 5 Restraint Involving Adults | 859 | | | | 421 | | | |

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 2009

| | Number of Incidents | | | | FY Total |
|-----------------------------------|---------------------|----|----|----|----------|
| | Q1 | Q2 | Q3 | Q4 | |
| Austin State Hospital | | | | | |
| Personal Restraint | 544 | | | | 544 |
| Mechanical Restraint | 369 | | | | 369 |
| Seclusion | 21 | | | | 21 |
| Big Spring State Hospital | | | | | |
| Personal Restraint | 128 | | | | 128 |
| Mechanical Restraint | 91 | | | | 91 |
| Seclusion | 11 | | | | 11 |
| El Paso Psychiatric Center | | | | | |
| Personal Restraint | 90 | | | | 90 |
| Mechanical Restraint | 56 | | | | 56 |
| Seclusion | 4 | | | | 4 |
| Kerrville State Hospital | | | | | |
| Personal Restraint | 13 | | | | 13 |
| Mechanical Restraint | 4 | | | | 4 |
| Seclusion | 0 | | | | 0 |
| North Texas State Hospital | | | | | |
| Personal Restraint | 498 | | | | 498 |
| Mechanical Restraint | 312 | | | | 312 |
| Seclusion | 59 | | | | 59 |
| Rio Grande State Center | | | | | |
| Personal Restraint | 16 | | | | 16 |
| Mechanical Restraint | 0 | | | | 0 |
| Seclusion | 7 | | | | 7 |
| Rusk State Hospital | | | | | |
| Personal Restraint | 125 | | | | 125 |
| Mechanical Restraint | 41 | | | | 41 |
| Seclusion | 19 | | | | 19 |
| San Antonio State Hospital | | | | | |
| Personal Restraint | 143 | | | | 143 |
| Mechanical Restraint | 116 | | | | 116 |
| Seclusion | 44 | | | | 44 |

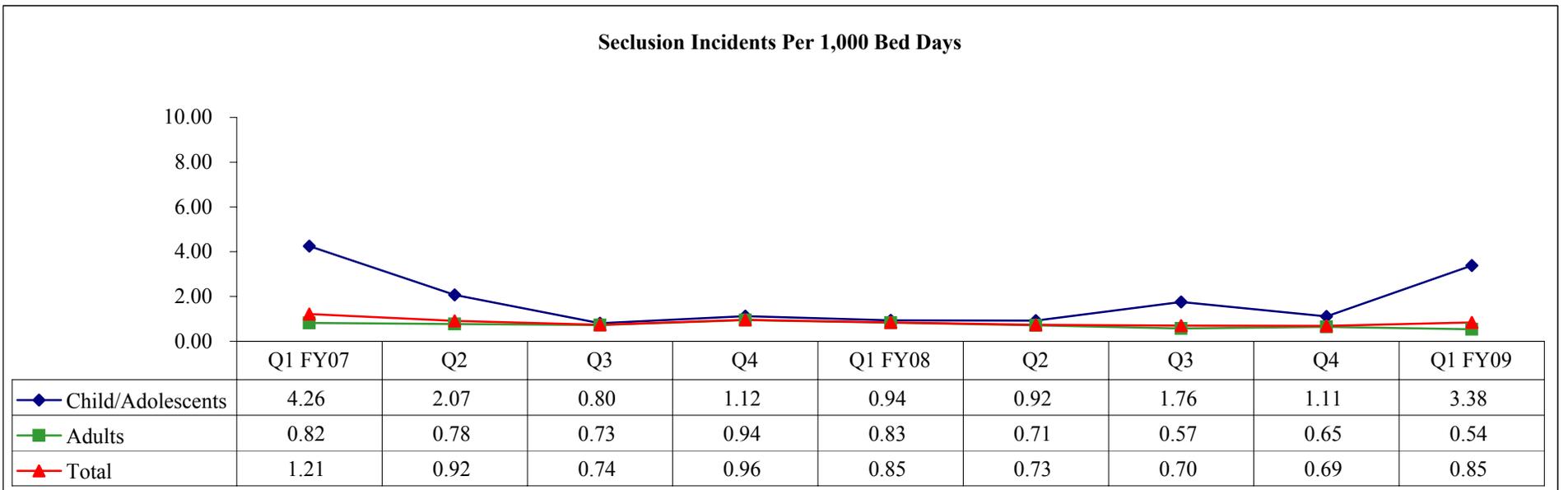
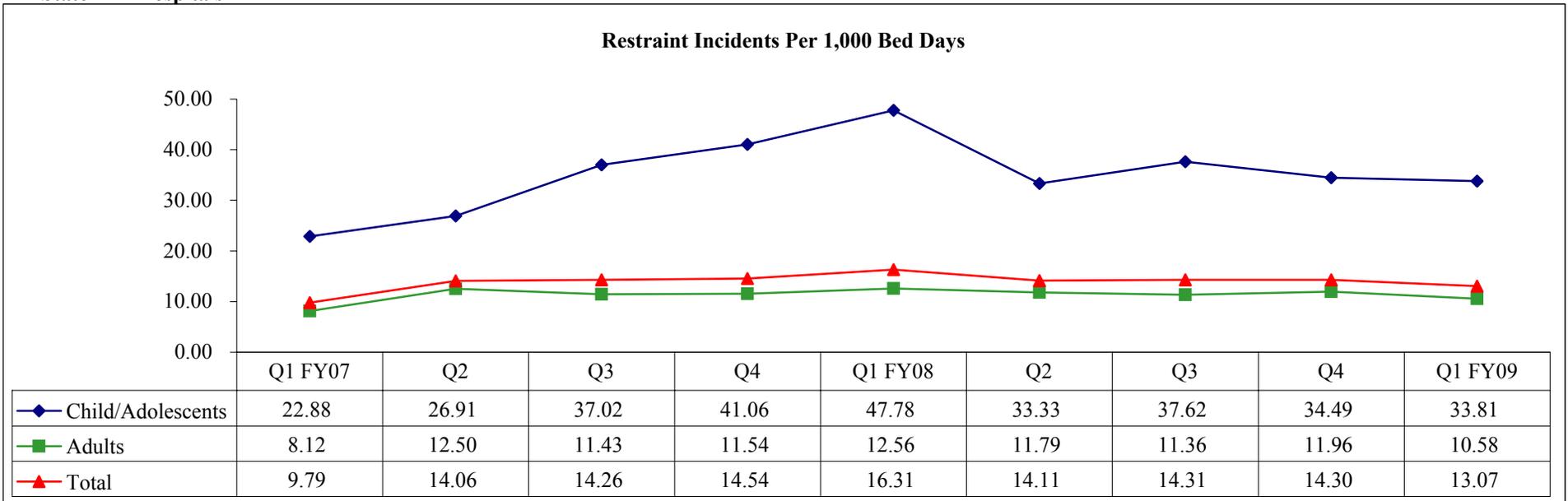
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Fiscal Year 2009

| | Number of Incidents | | | | FY Total |
|-------------------------------|---------------------|----|----|----|----------|
| | Q1 | Q2 | Q3 | Q4 | |
| Terrell State Hospital | | | | | |
| Personal Restraint | 133 | | | | 133 |
| Mechanical Restraint | 21 | | | | 21 |
| Seclusion | 8 | | | | 8 |
| Waco Center For Youth | | | | | |
| Personal Restraint | 66 | | | | 66 |
| Mechanical Restraint | 11 | | | | 11 |
| Seclusion | 9 | | | | 9 |
| All State MH Hospitals | | | | | |
| Personal Restraint | 1,756 | | | | 1,756 |
| Mechanical Restraint | 1,021 | | | | 1,021 |
| Seclusion | 182 | | | | 182 |

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

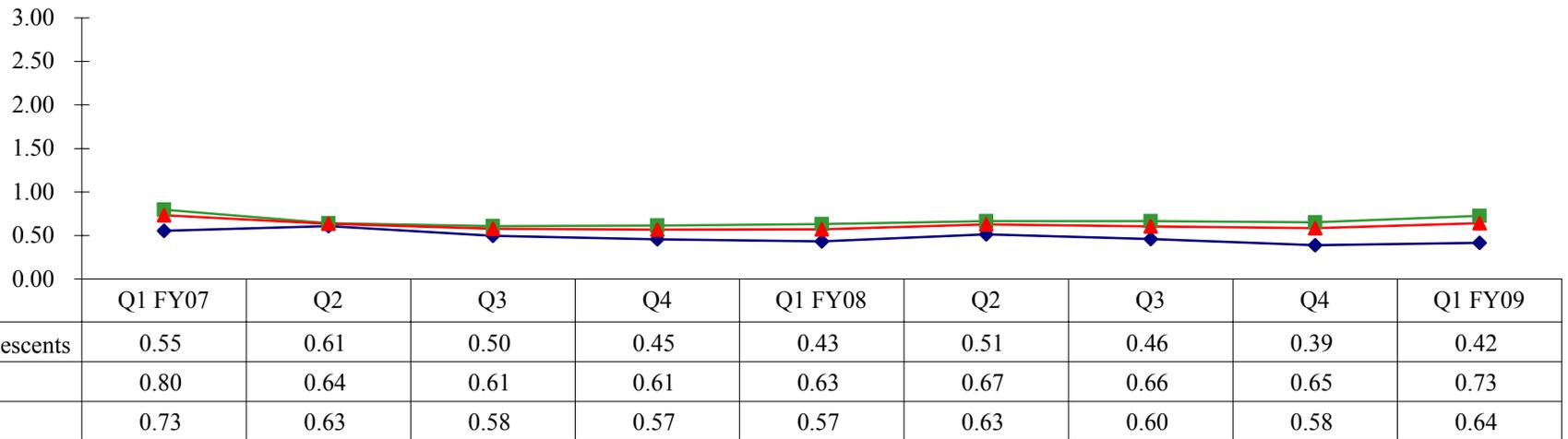


Change in reporting definition December 2006
 Table: Hospital Management Data Services

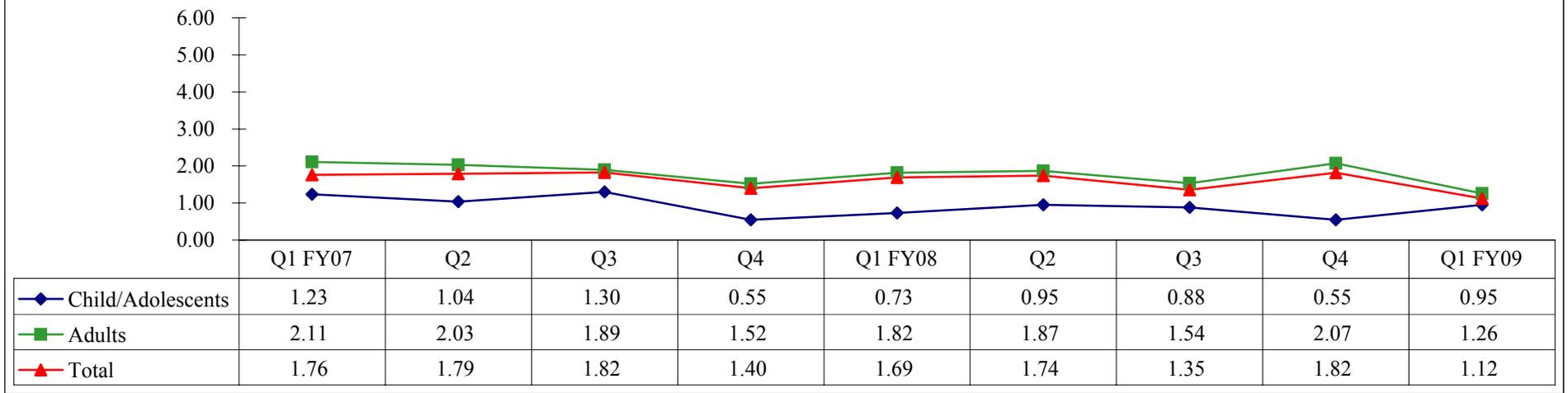
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

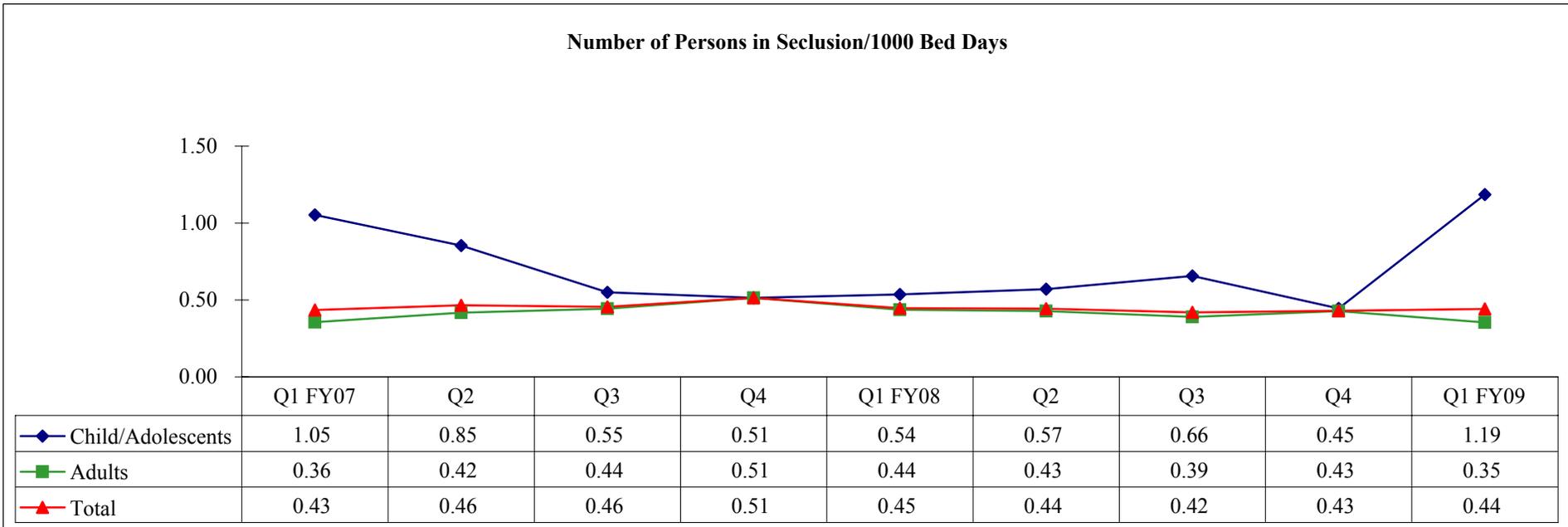
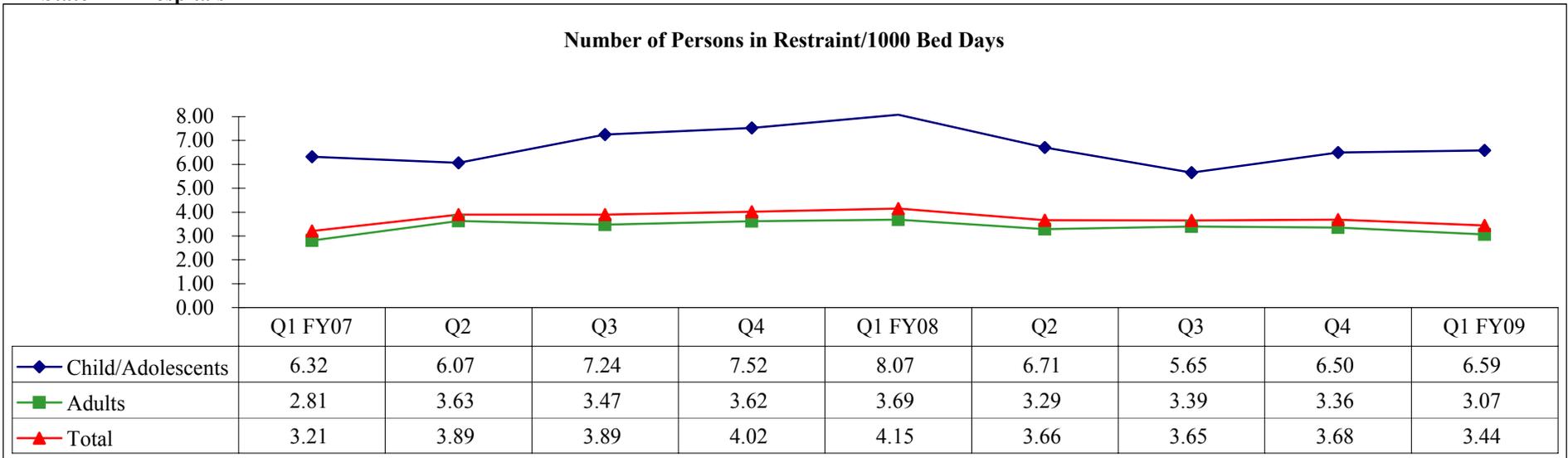


Average Number of Hours Per Incident in Seclusion

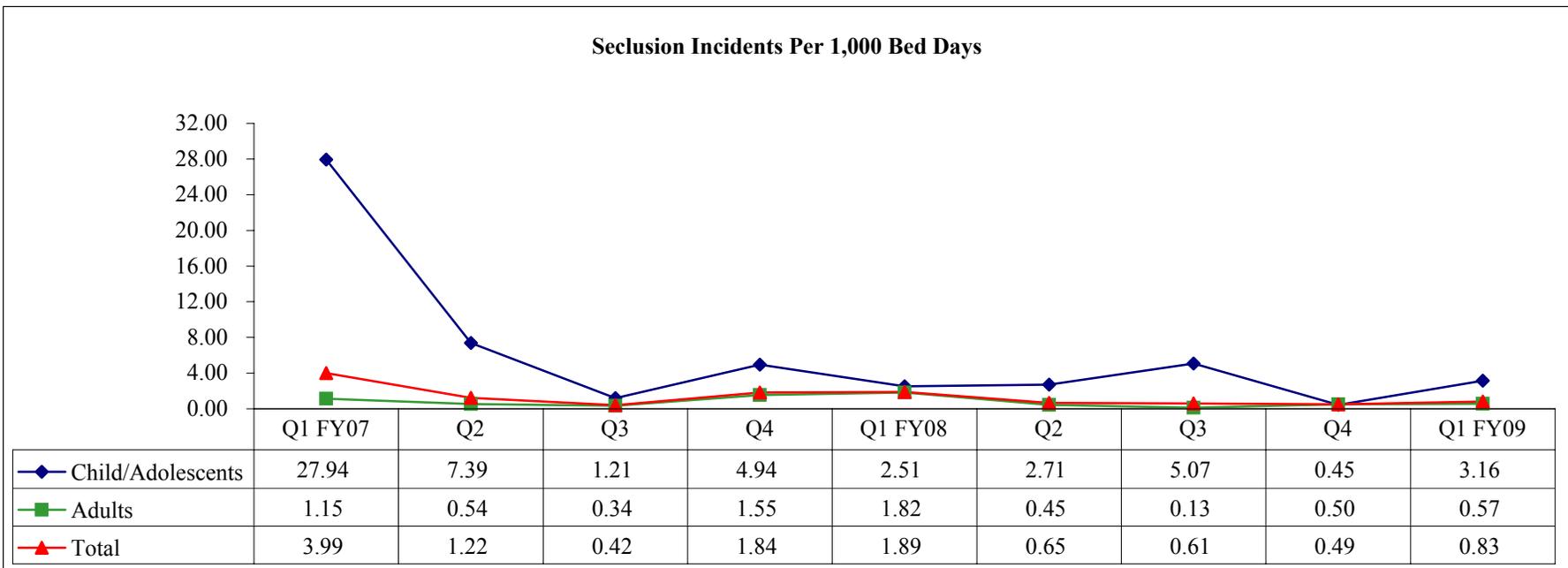
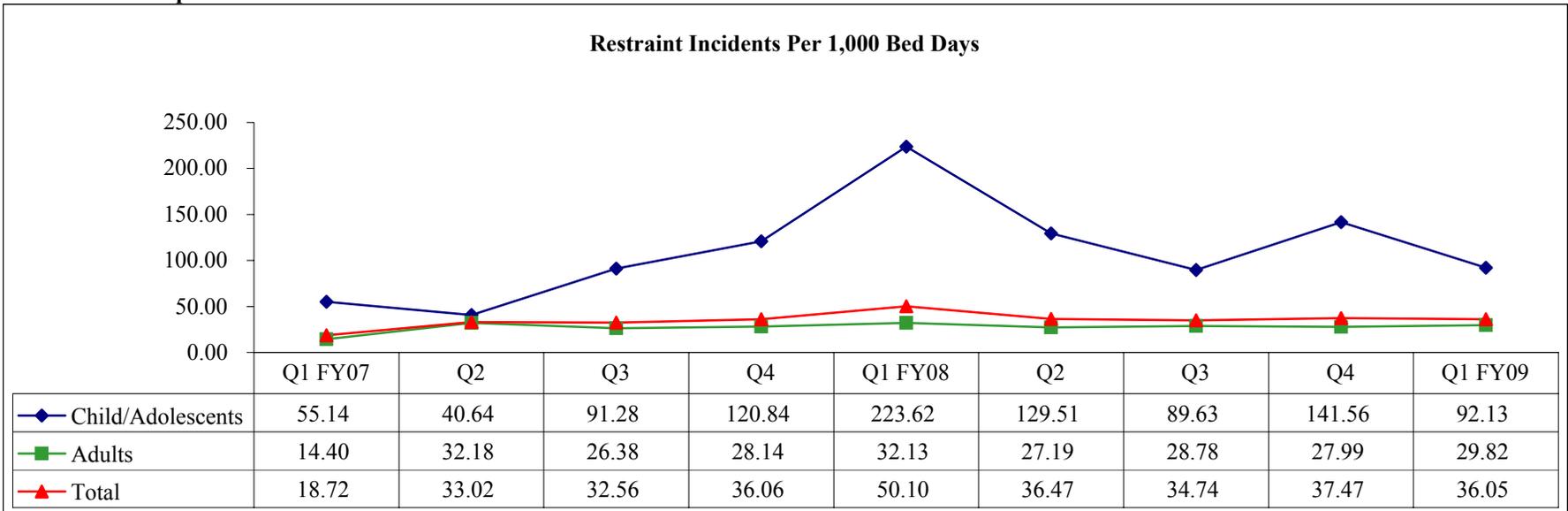


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



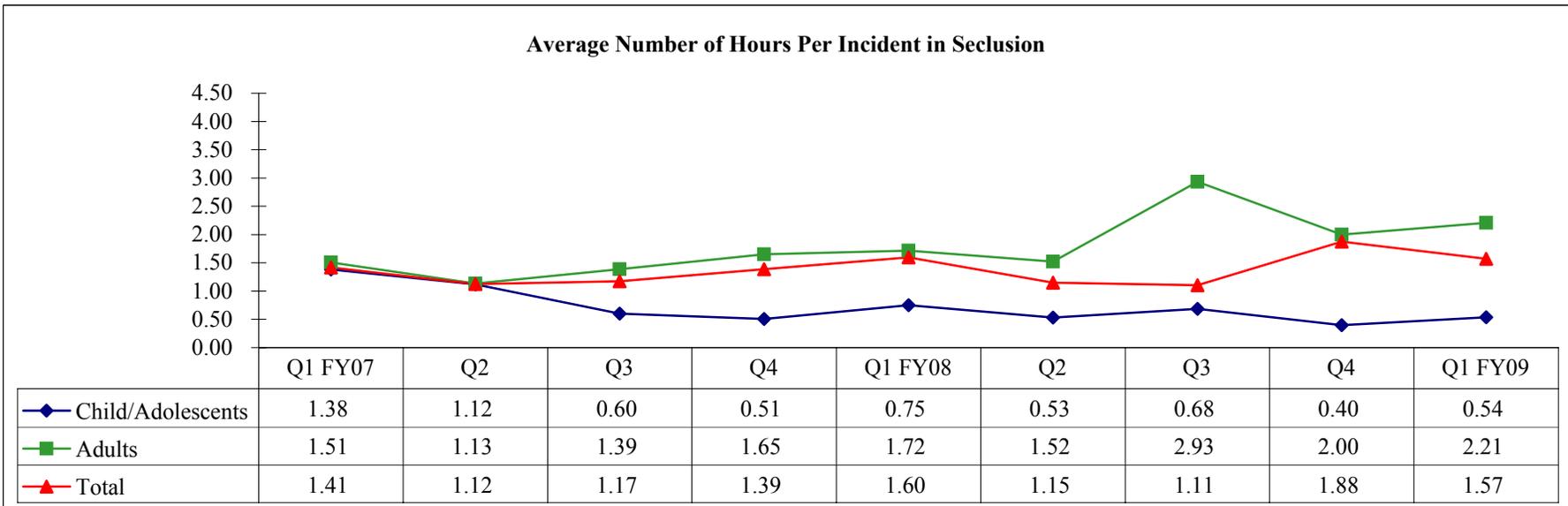
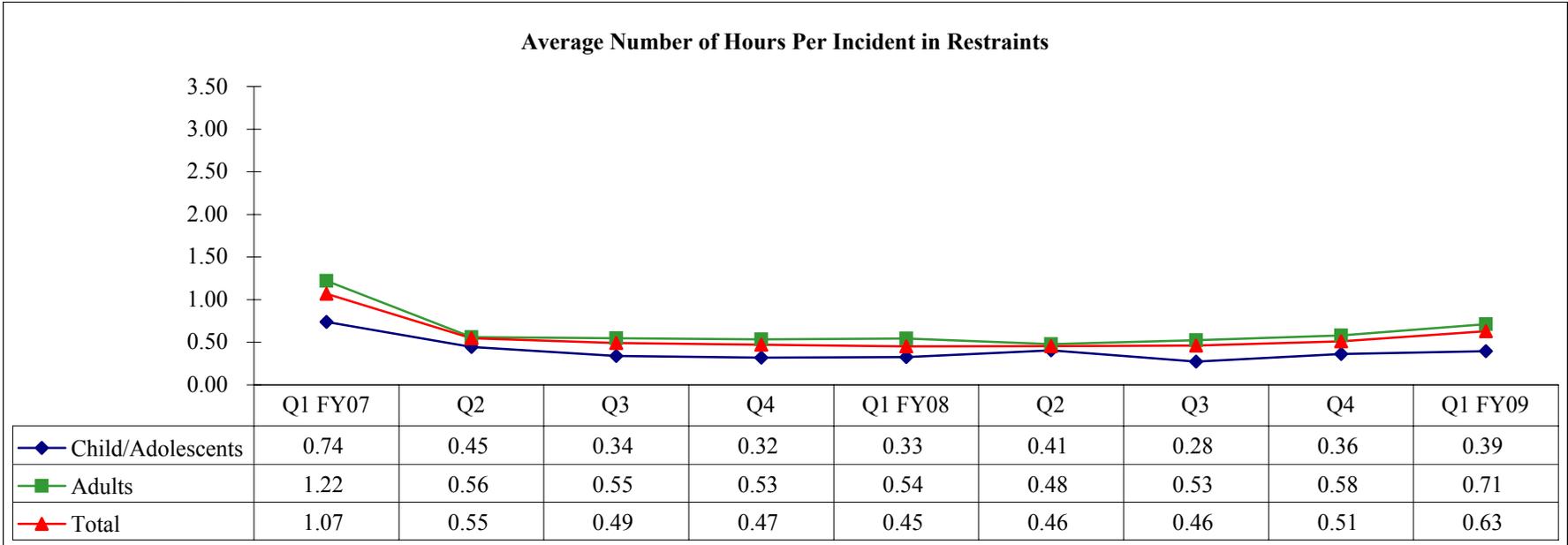
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital



Change in reporting definition December 2006
 Table: Hospital Management Data Services

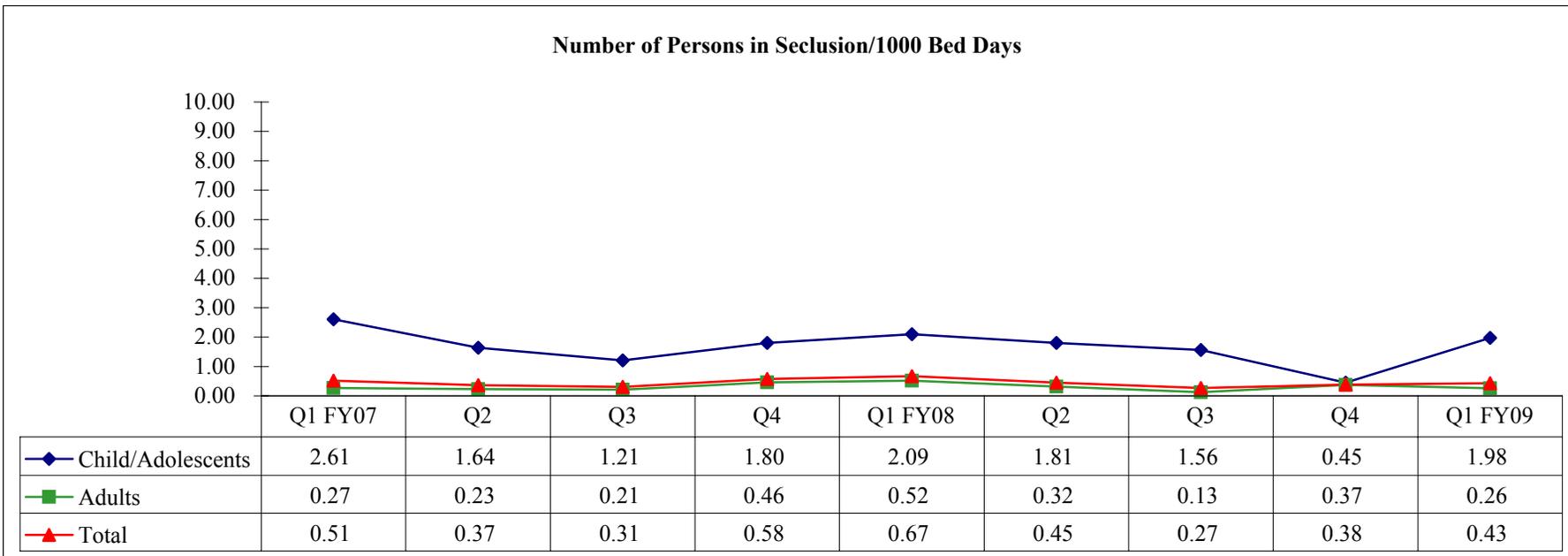
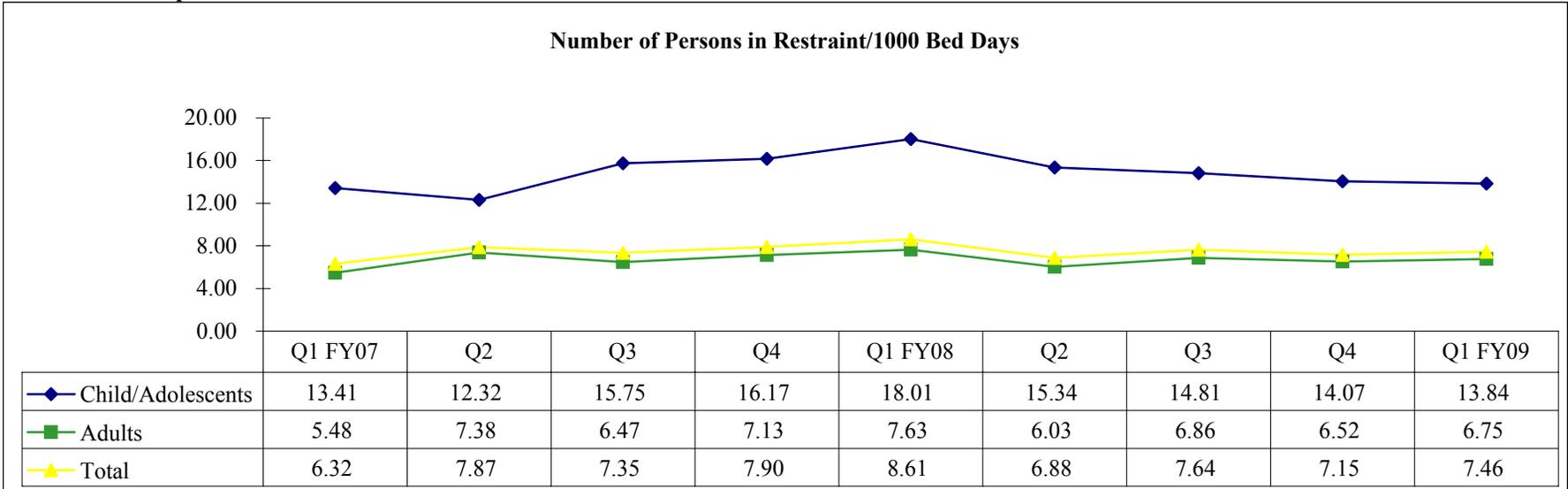
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 Access Database

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



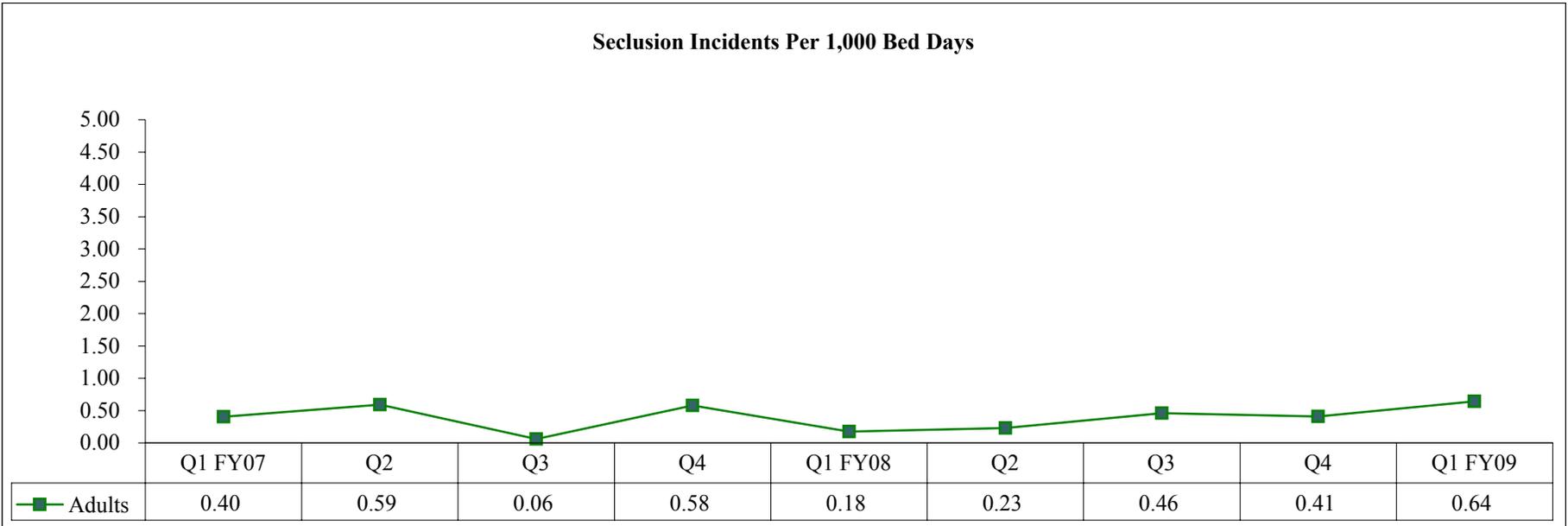
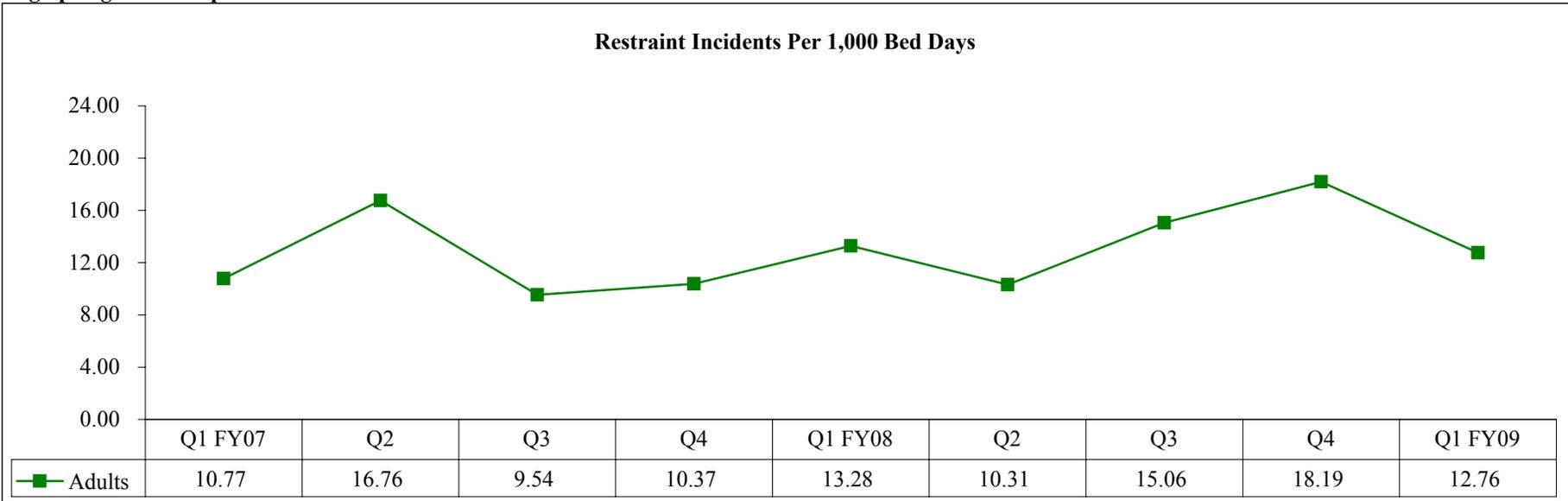
Objective 3A - Maintain Restraint and Seclusion Data

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

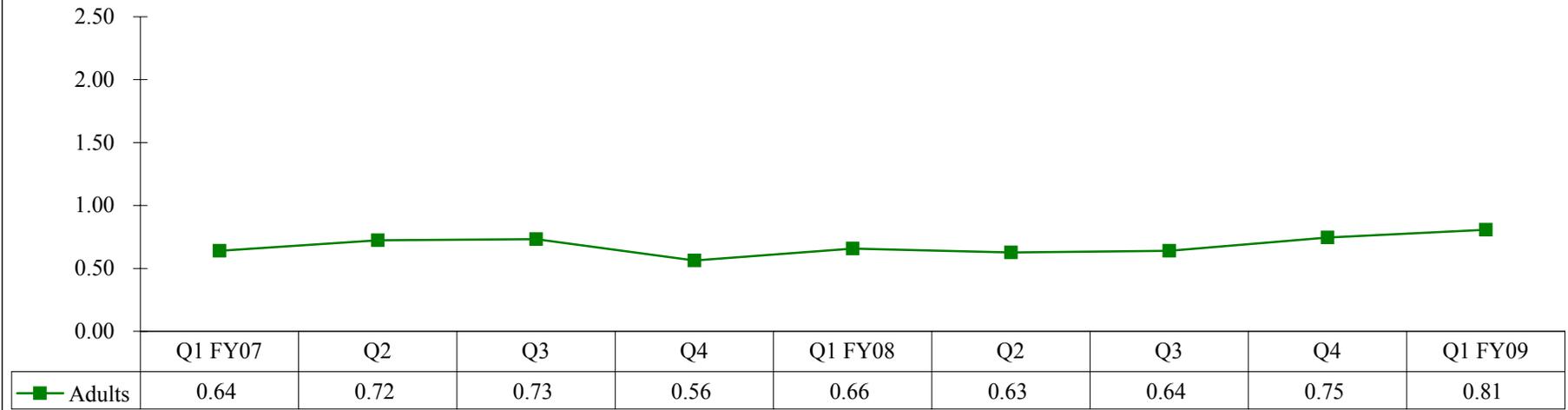


Change in reporting definition December 2006
 Table: Hospital Management Data Services

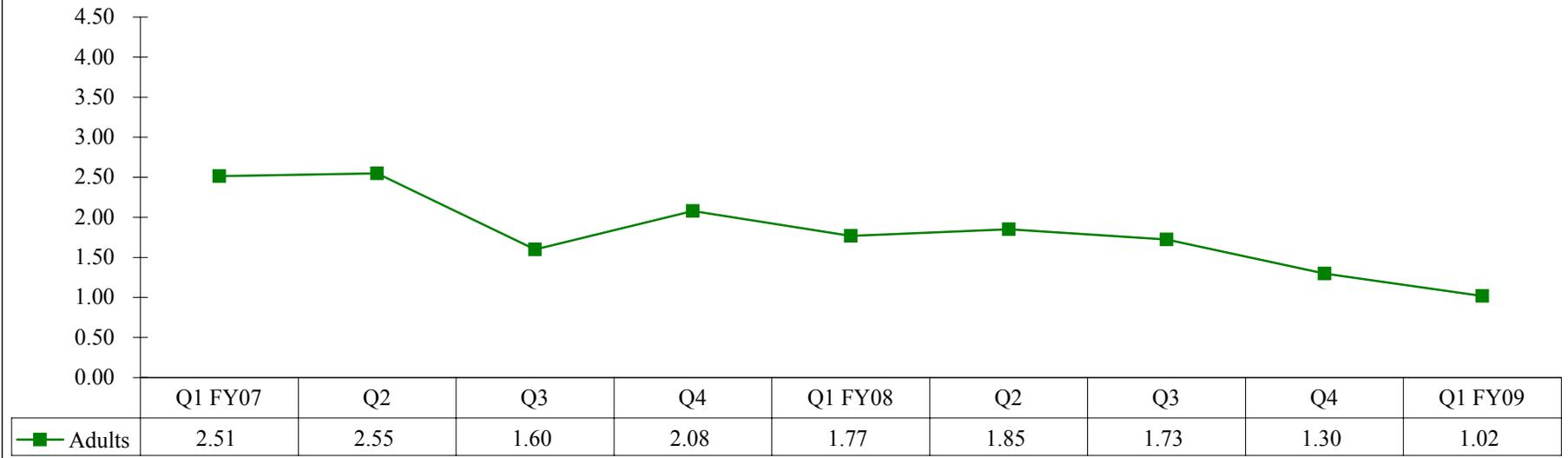
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

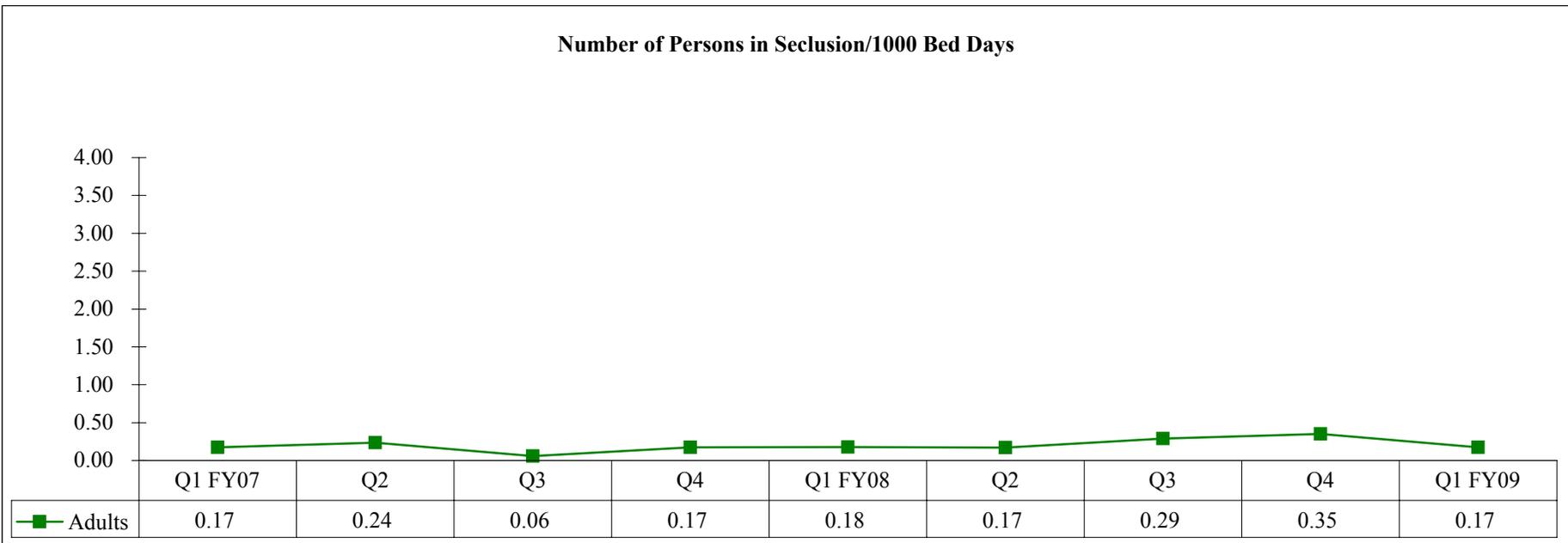
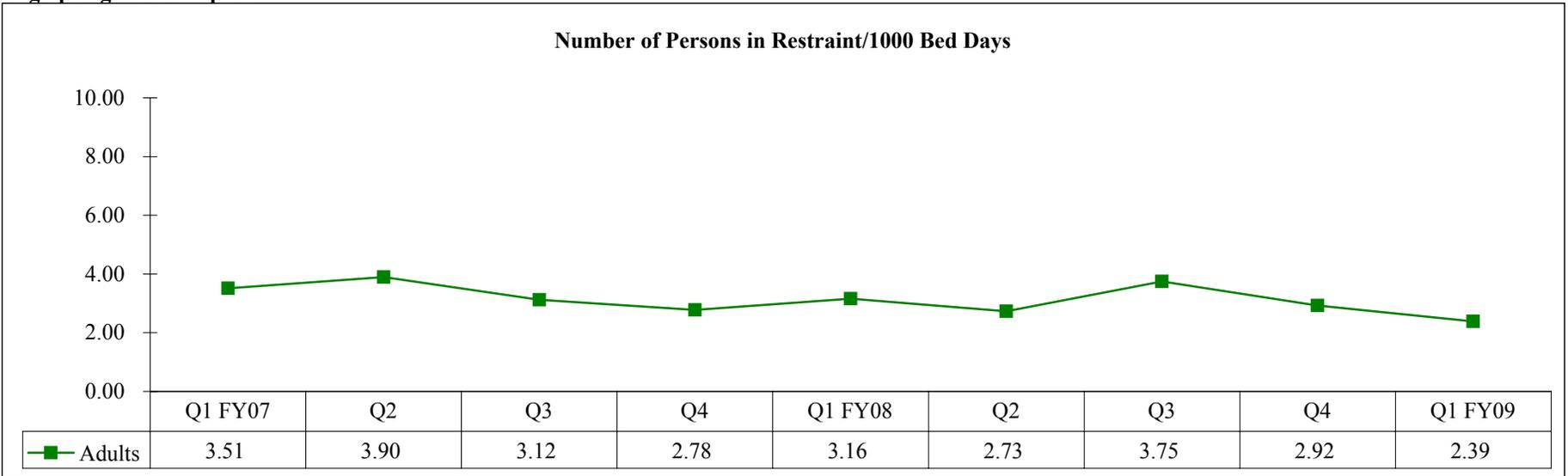


Average Number of Hours Per Incident in Seclusion

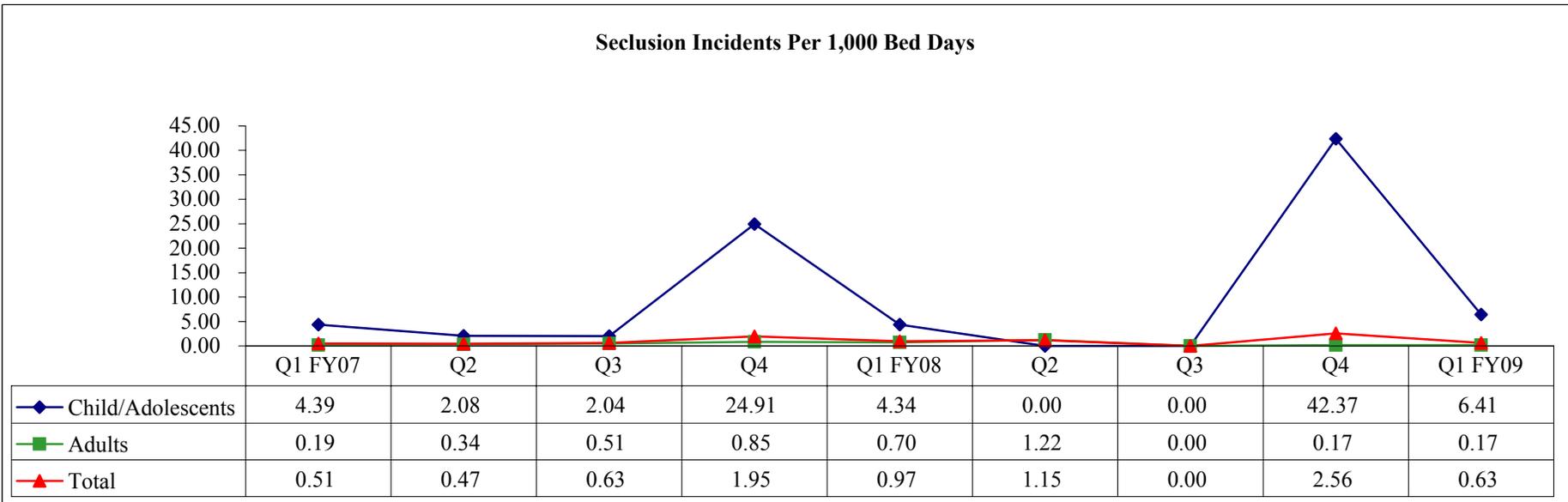
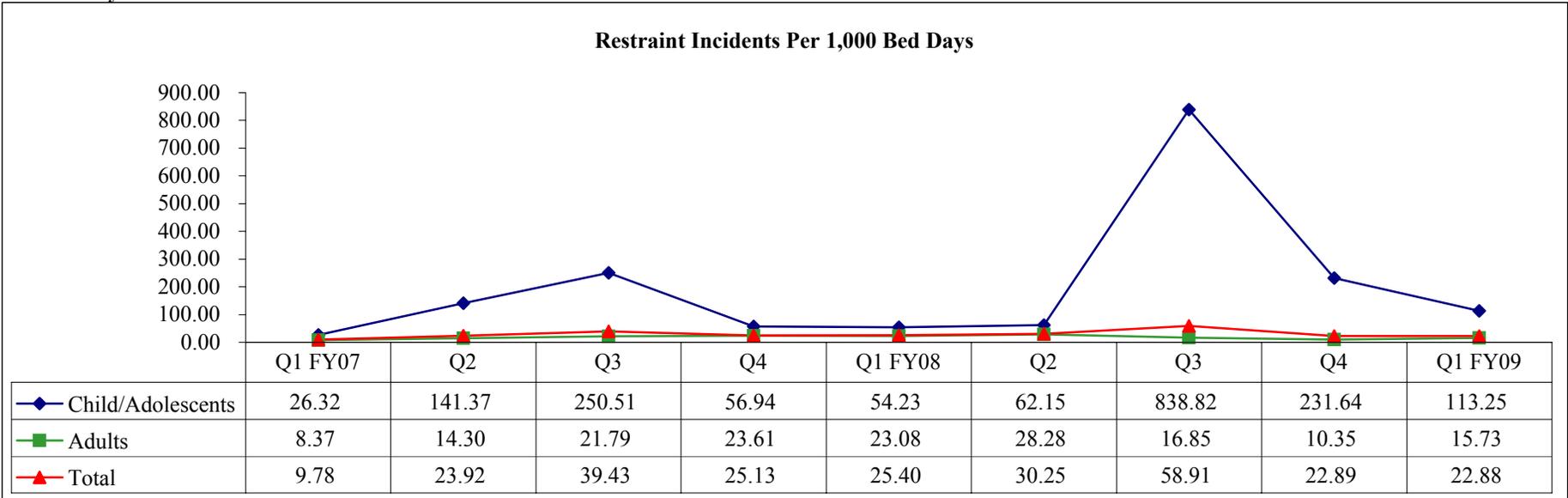


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



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



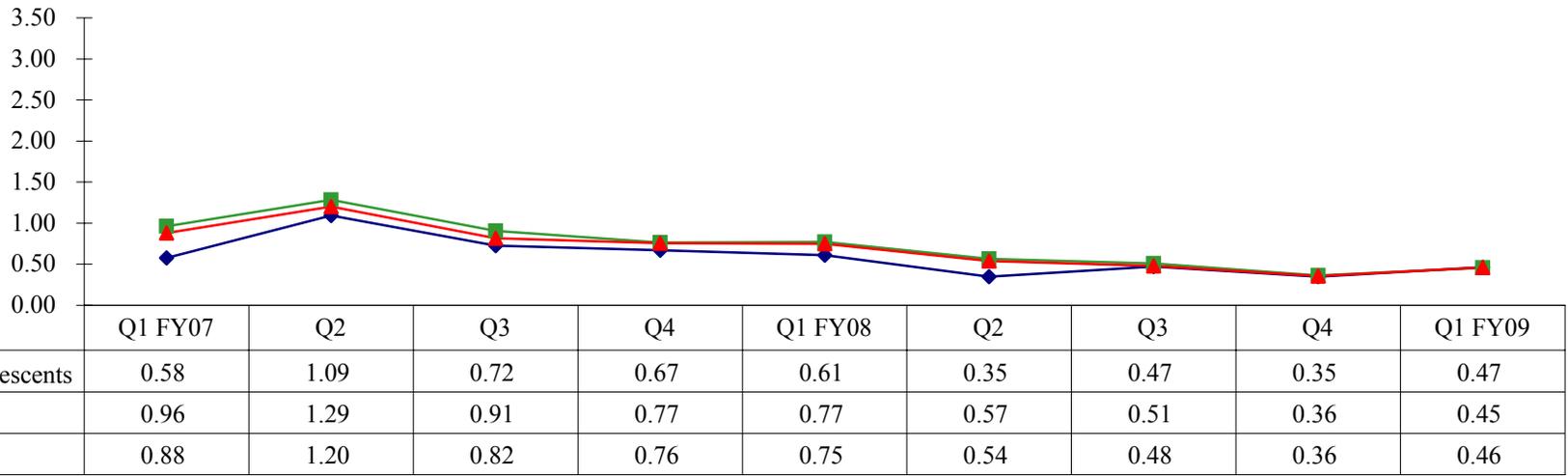
Change in reporting definition December 2006

Table: Hospital Management Data Services

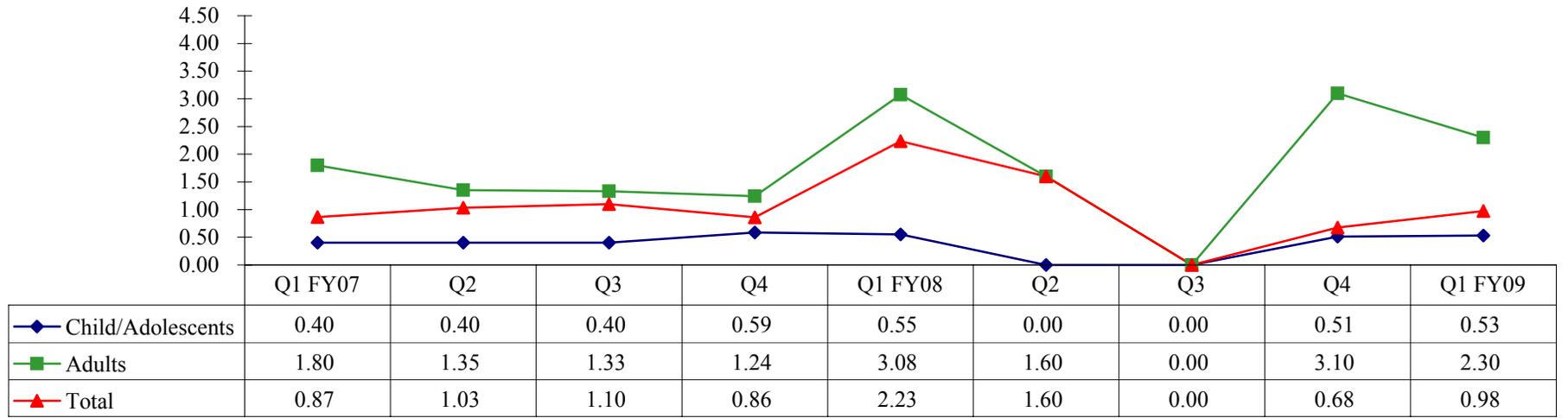
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

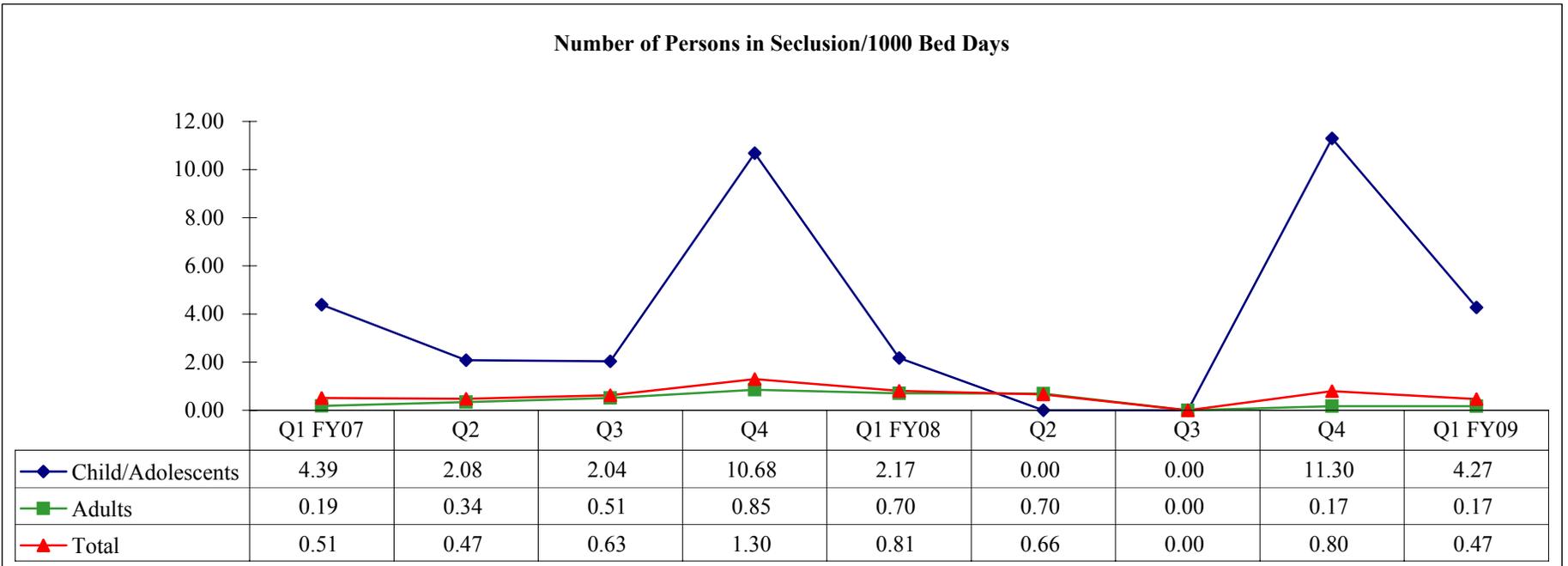
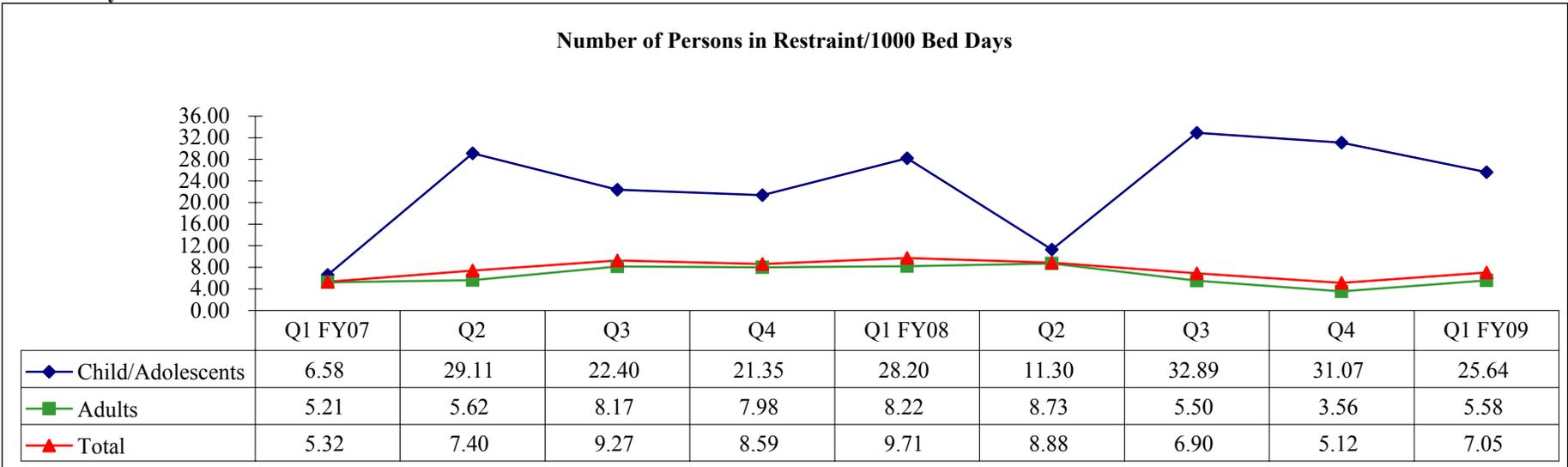


Average Number of Hours Per Incident in Seclusion

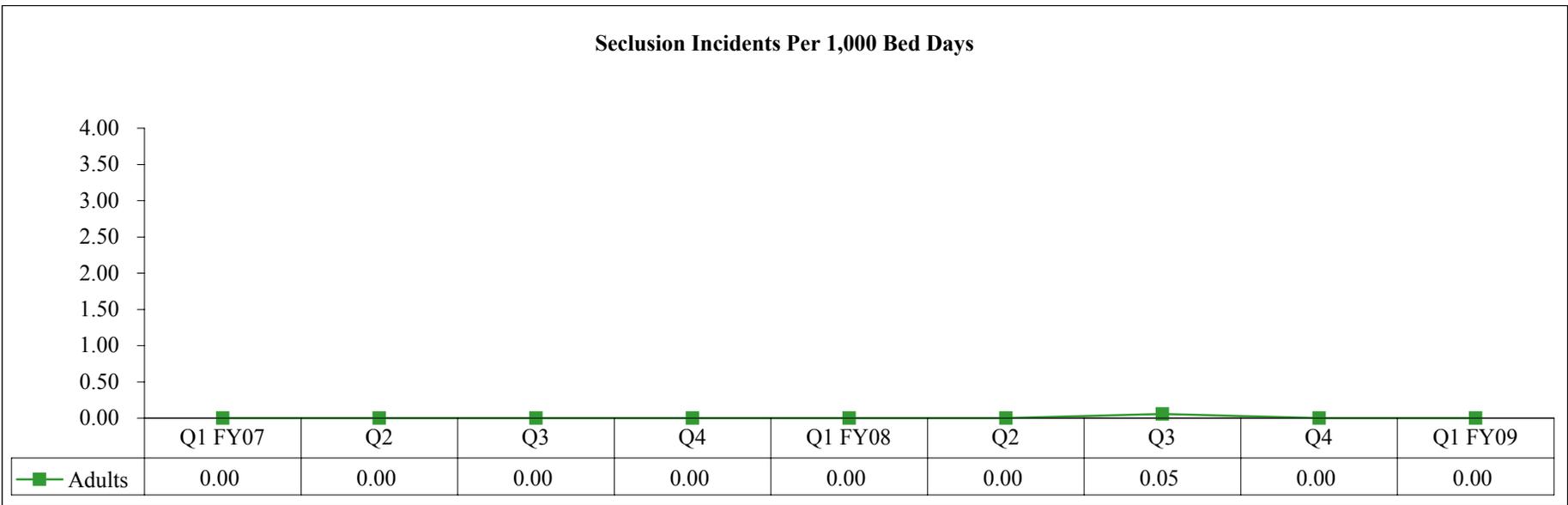
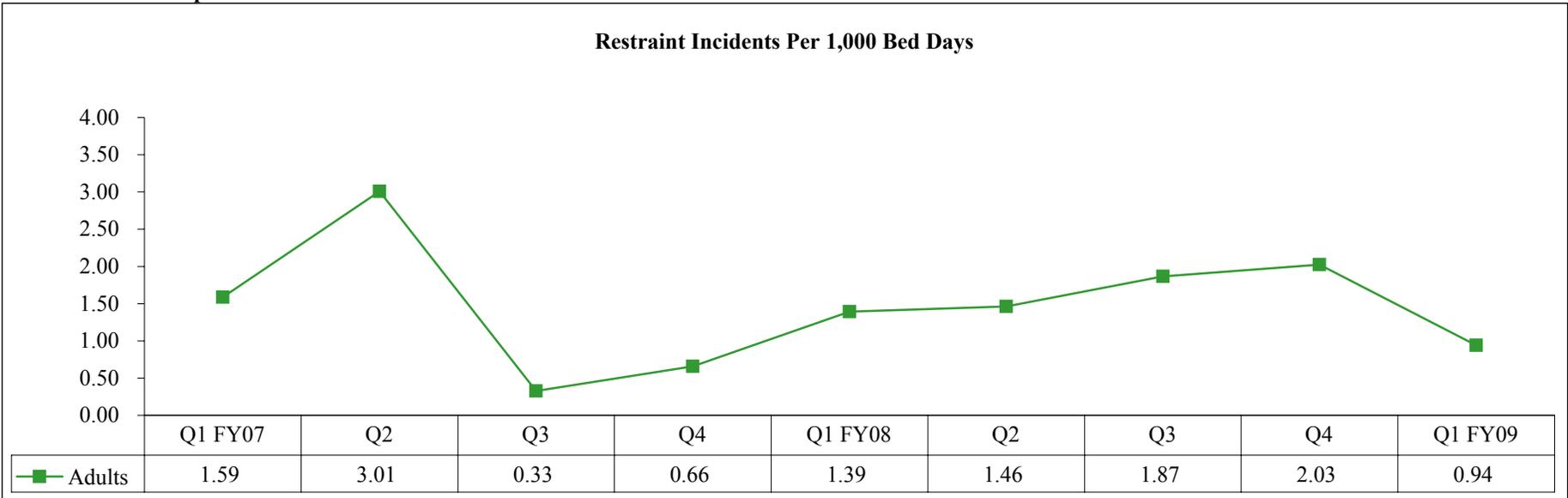


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



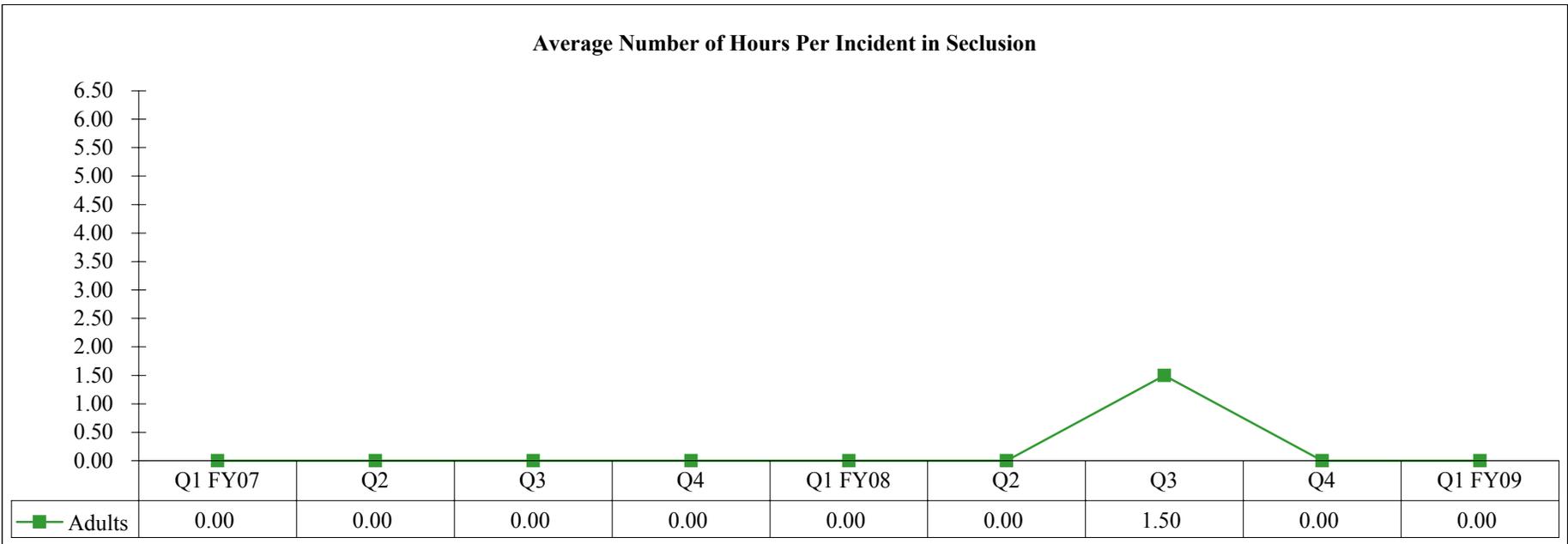
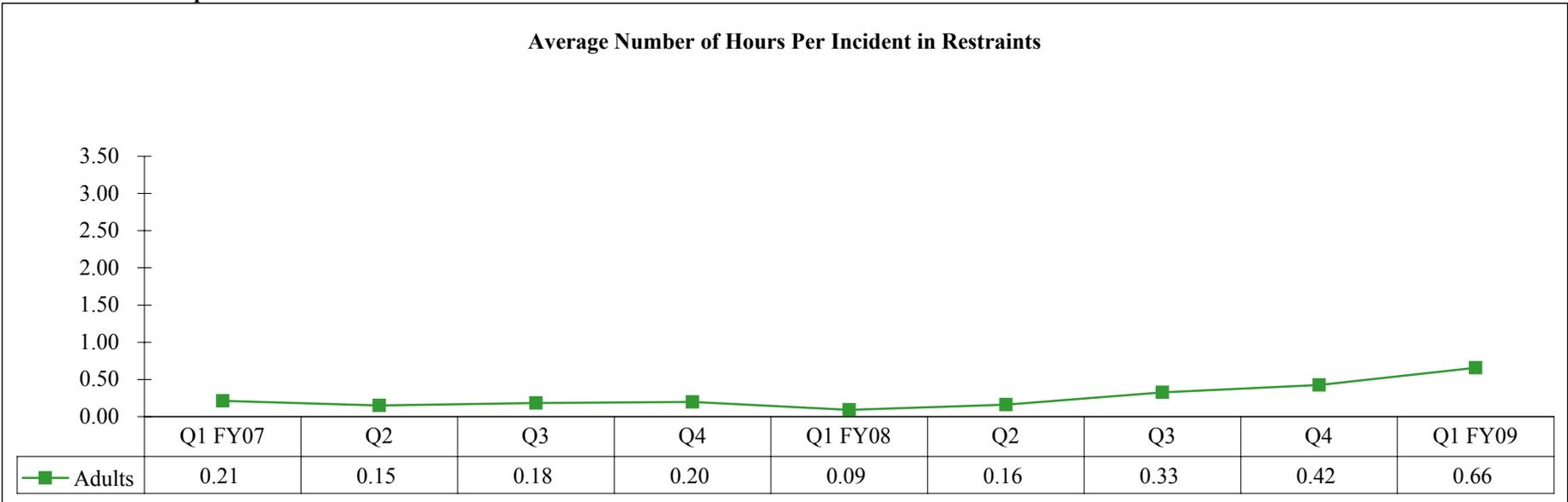
**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



Change in reporting definition December 2006

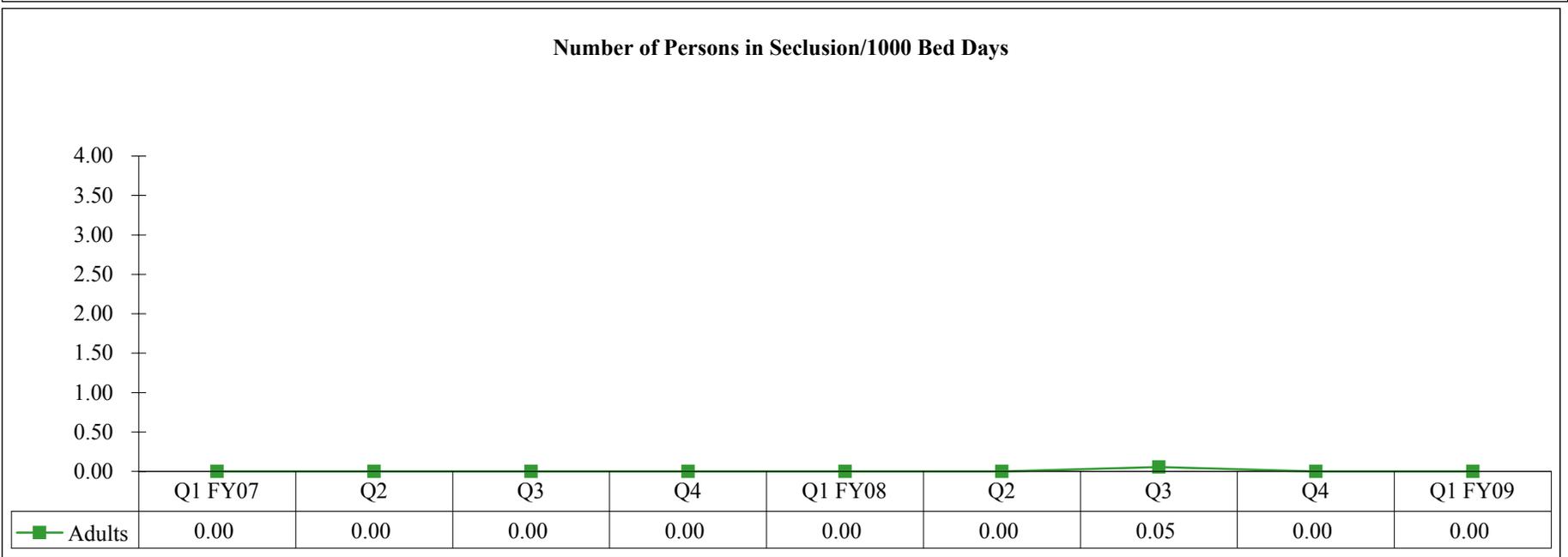
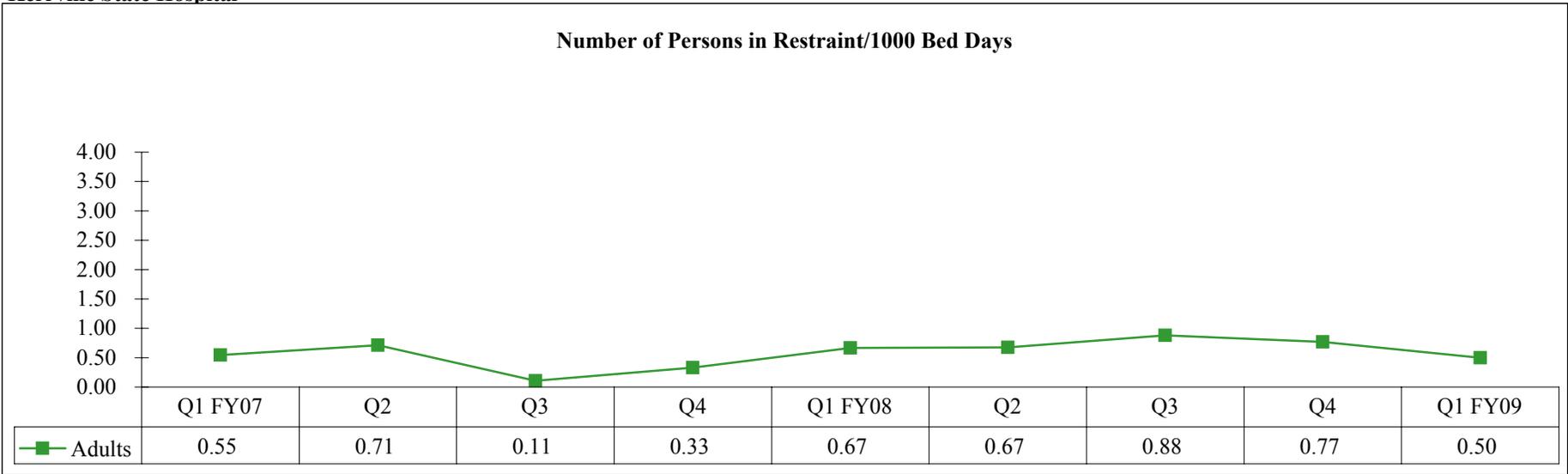
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

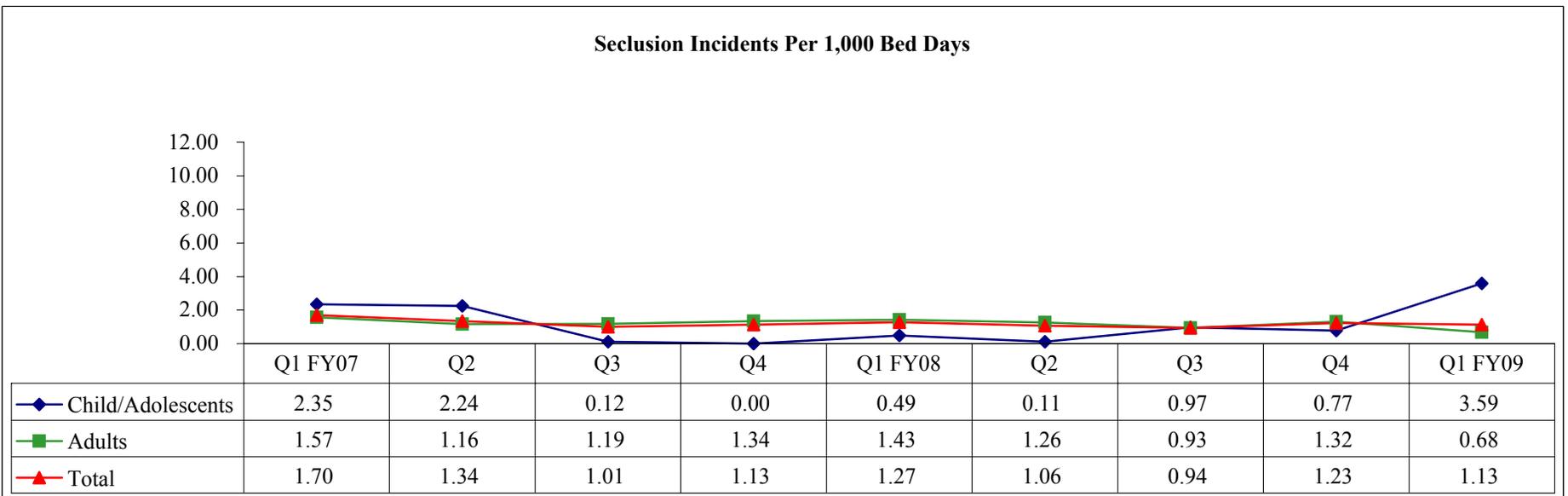
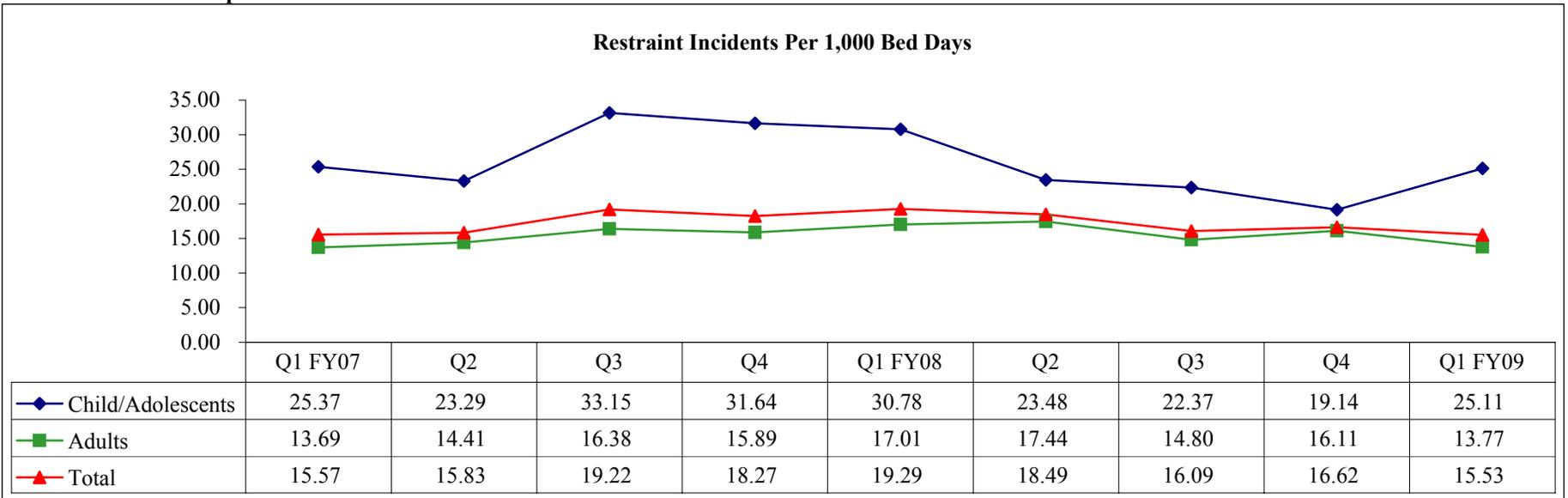


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



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

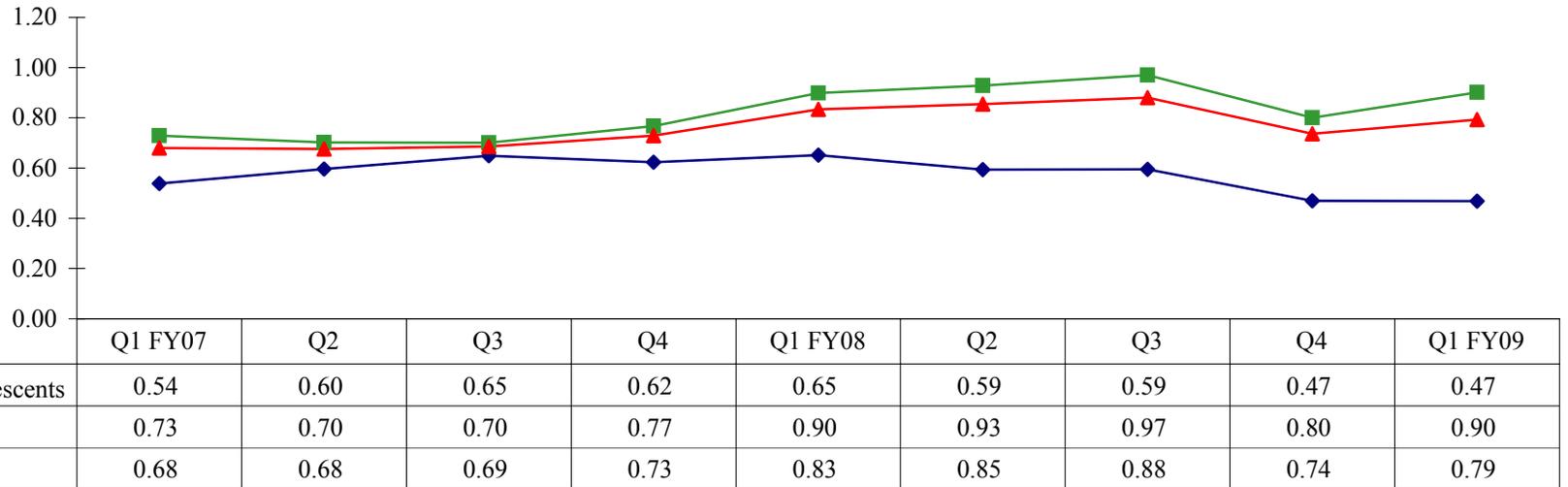


Change in reporting definition December 2006

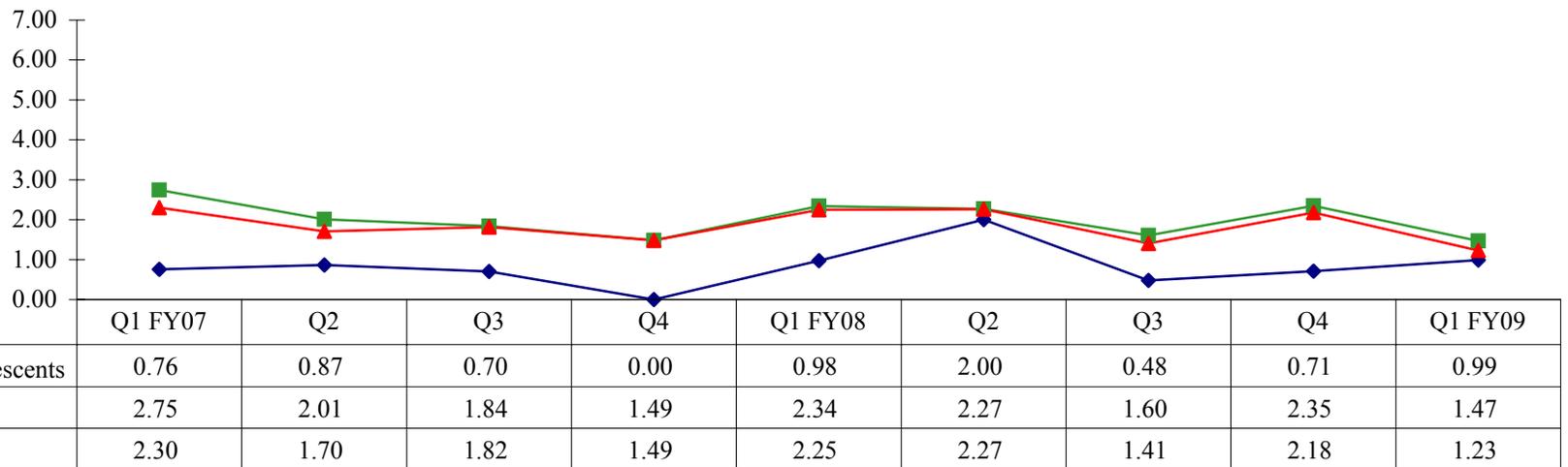
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

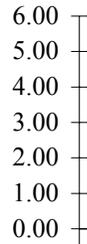


Average Number of Hours Per Incident in Seclusion



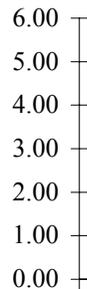
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Number of Persons in Restraint/1000 Bed Days



| | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 5.29 | 4.61 | 5.72 | 3.89 | 5.01 | 5.23 | 3.24 | 4.87 | 4.82 |
| ■ Adults | 3.73 | 4.11 | 4.26 | 4.60 | 4.24 | 4.10 | 4.24 | 4.22 | 4.15 |
| ▲ Total | 3.98 | 4.19 | 4.50 | 4.49 | 4.36 | 4.30 | 4.07 | 4.33 | 4.26 |

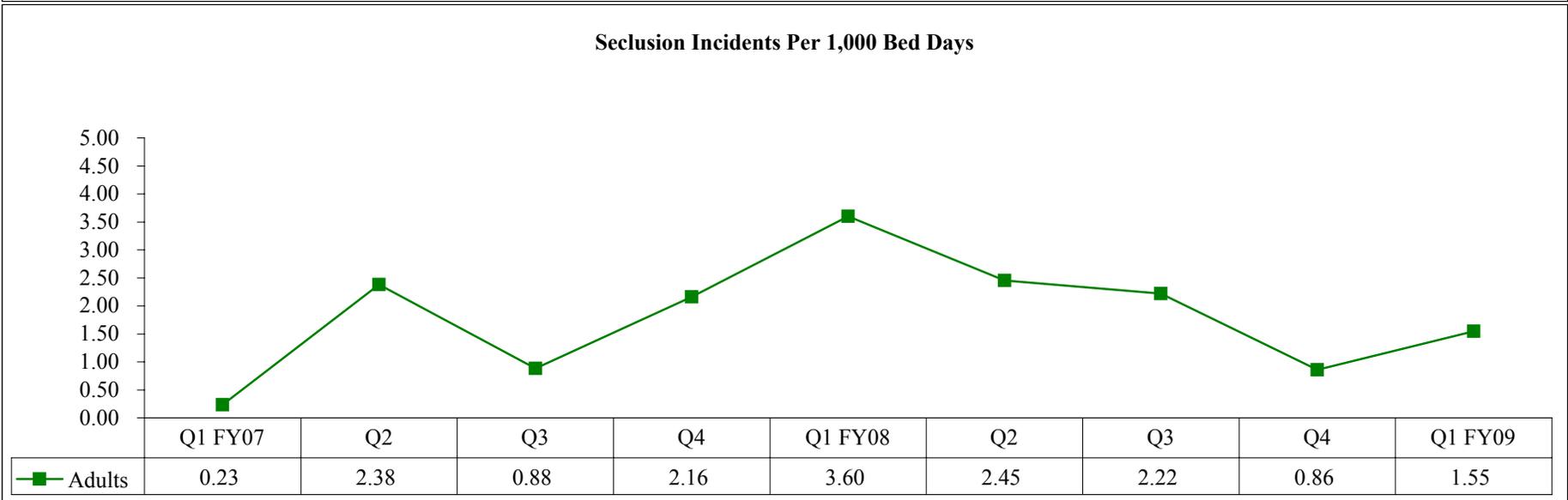
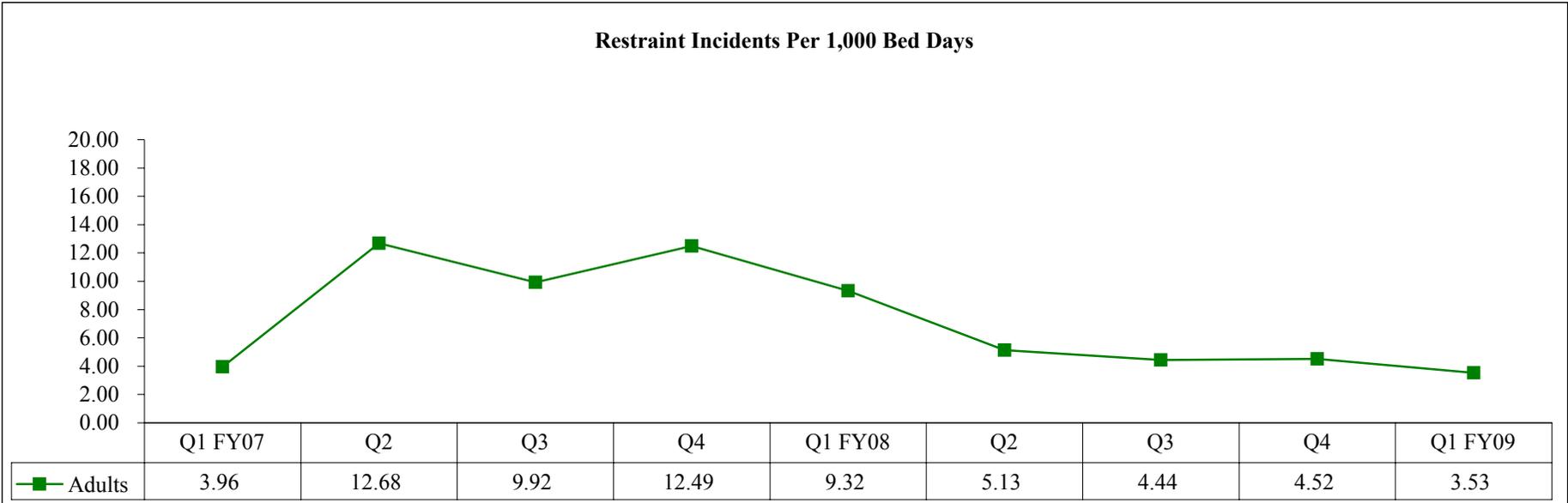
Number of Persons in Seclusion/1000 Bed Days



| | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 1.41 | 1.12 | 0.12 | 0.00 | 0.12 | 0.11 | 0.54 | 0.44 | 1.11 |
| ■ Adults | 0.45 | 0.50 | 0.67 | 0.74 | 0.75 | 0.54 | 0.56 | 0.65 | 0.57 |
| ▲ Total | 0.60 | 0.60 | 0.57 | 0.63 | 0.65 | 0.46 | 0.55 | 0.61 | 0.65 |

Objective 3A - Maintain Restraint and Seclusion Data

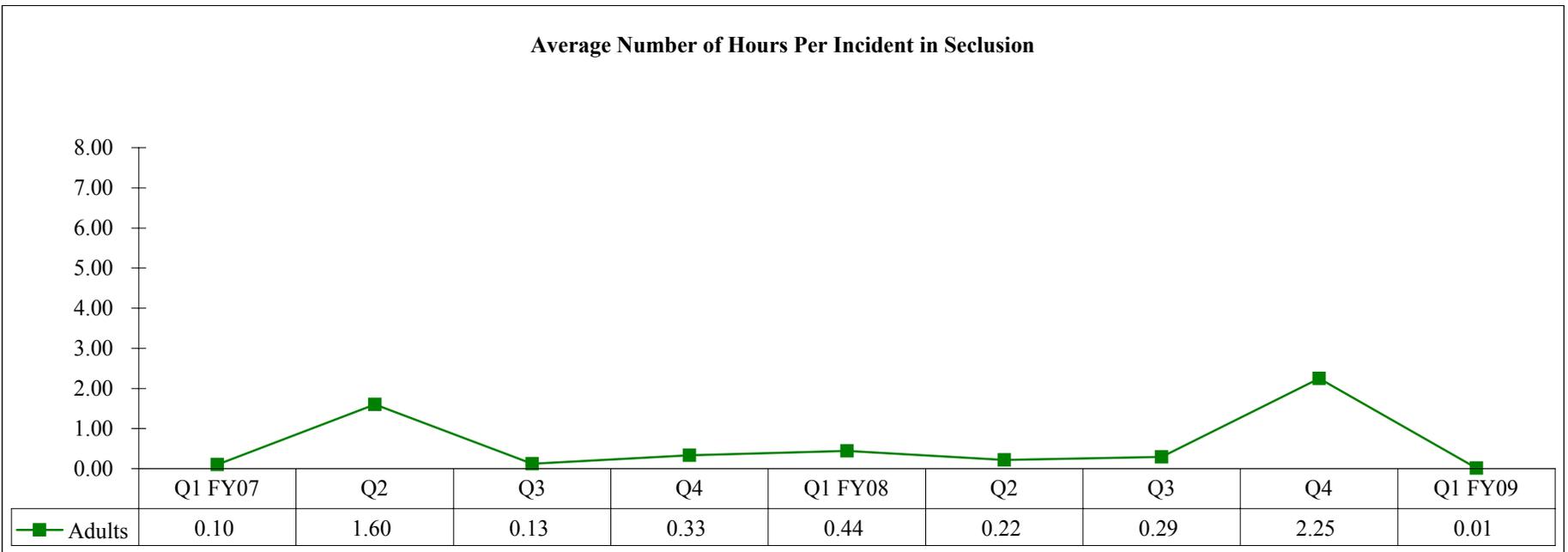
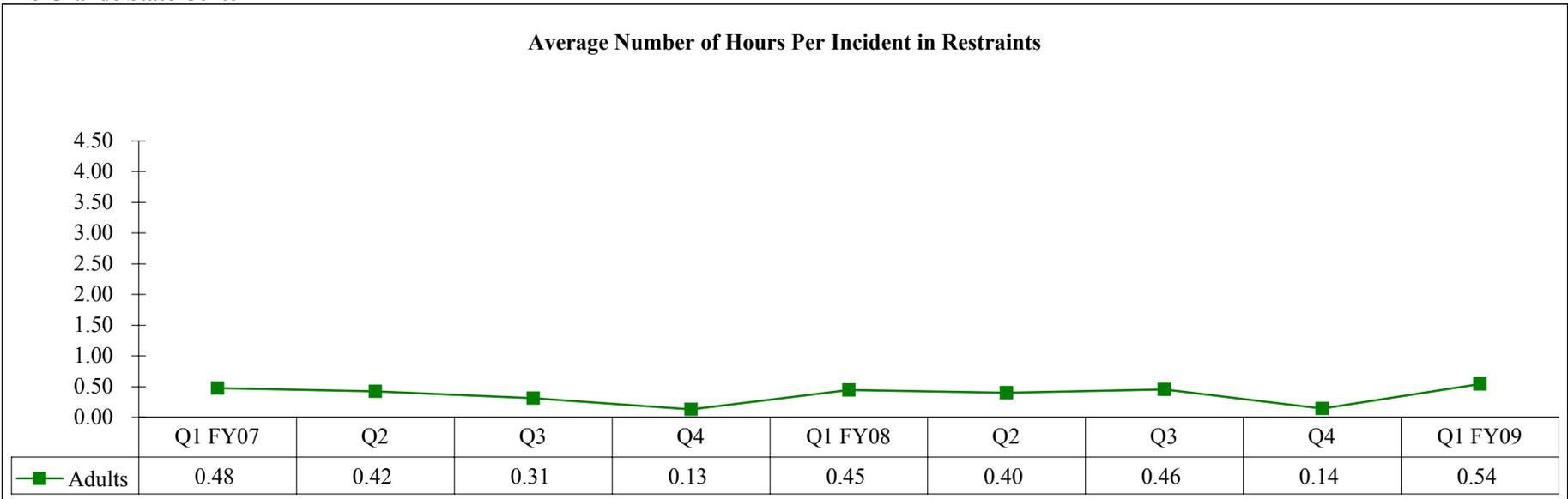
Rio Grande State Center



Change in reporting definition December 2006

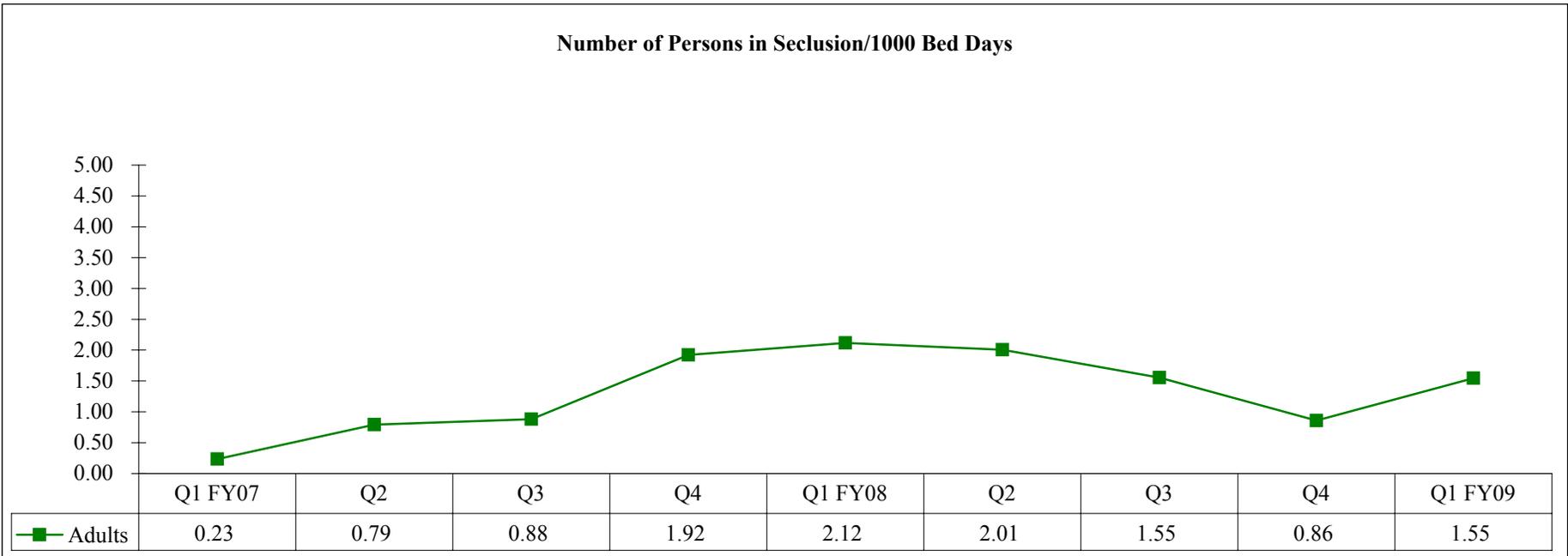
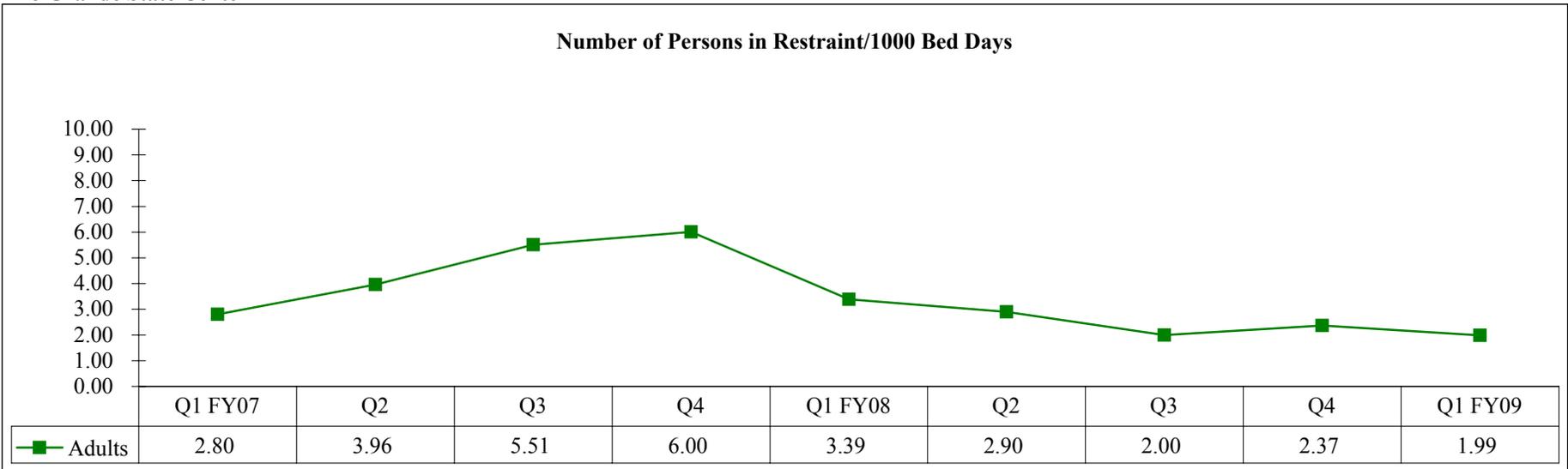
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

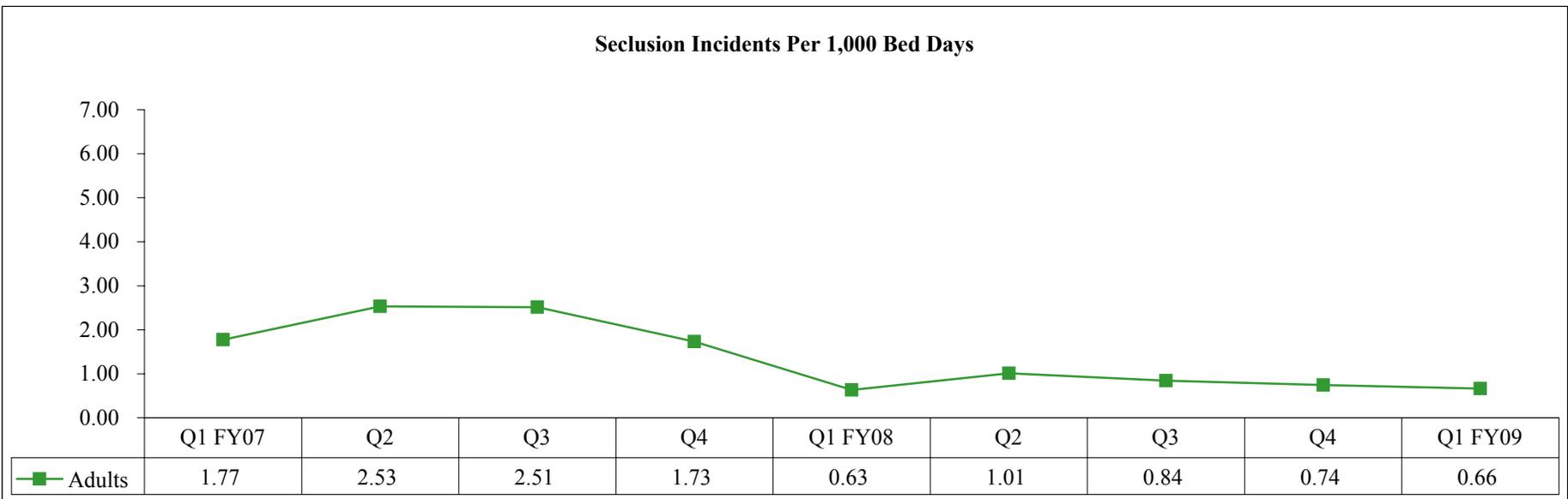
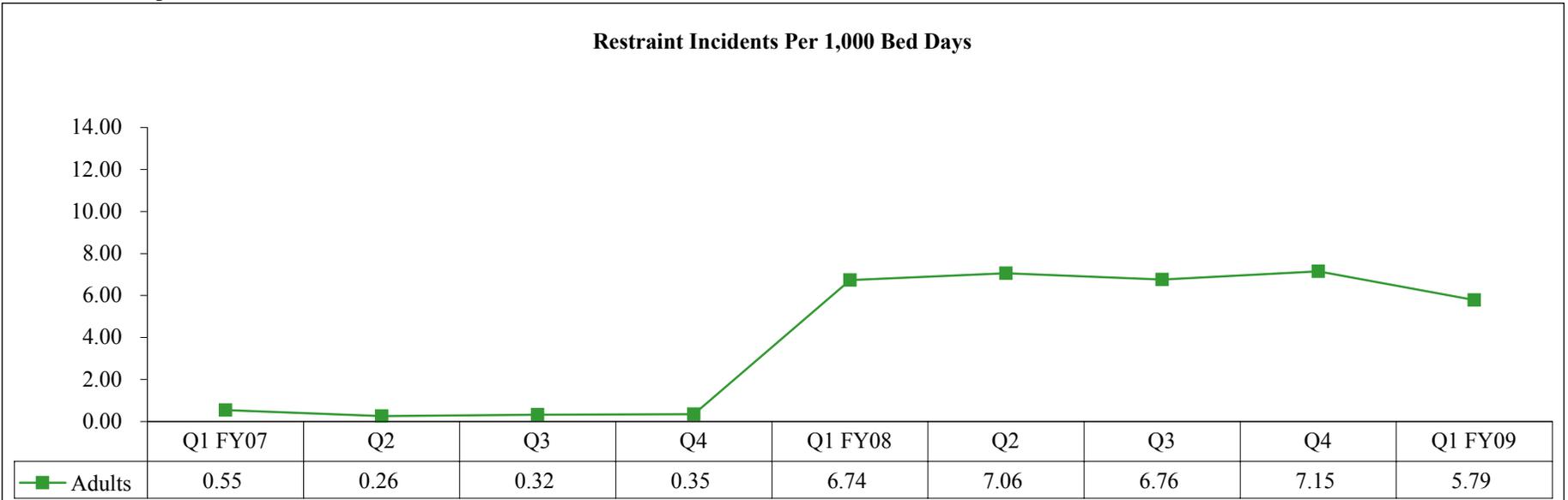


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



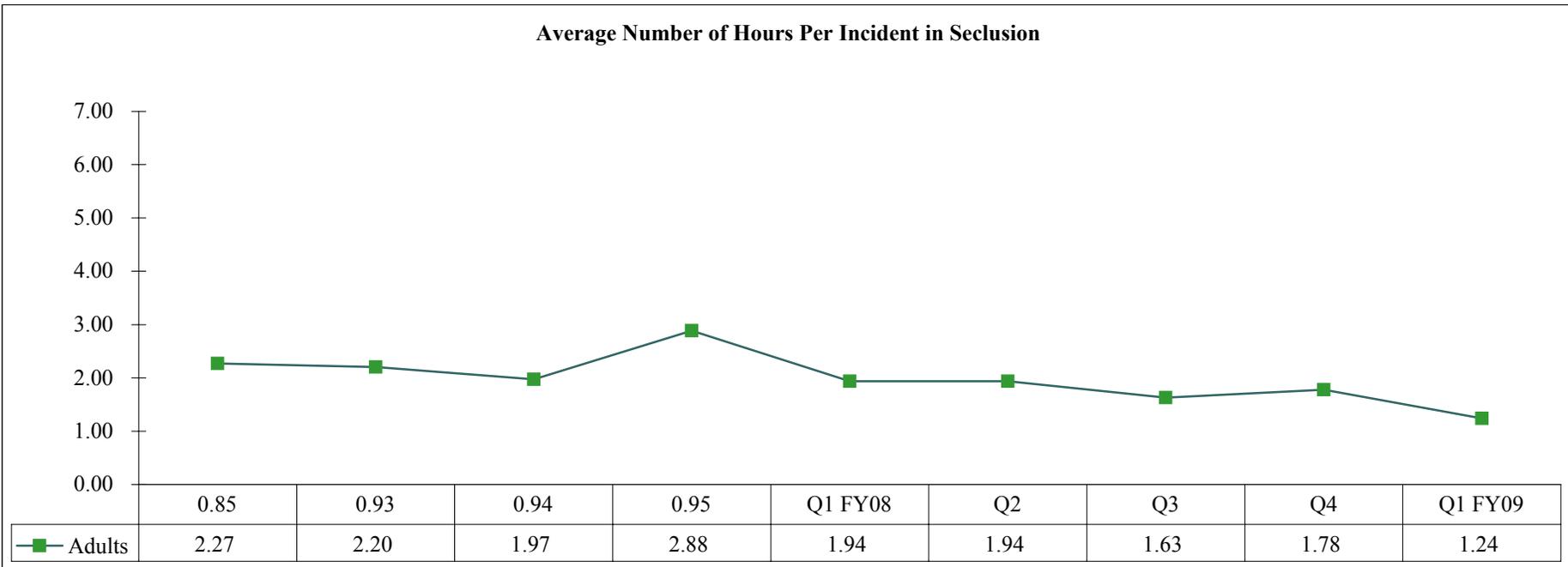
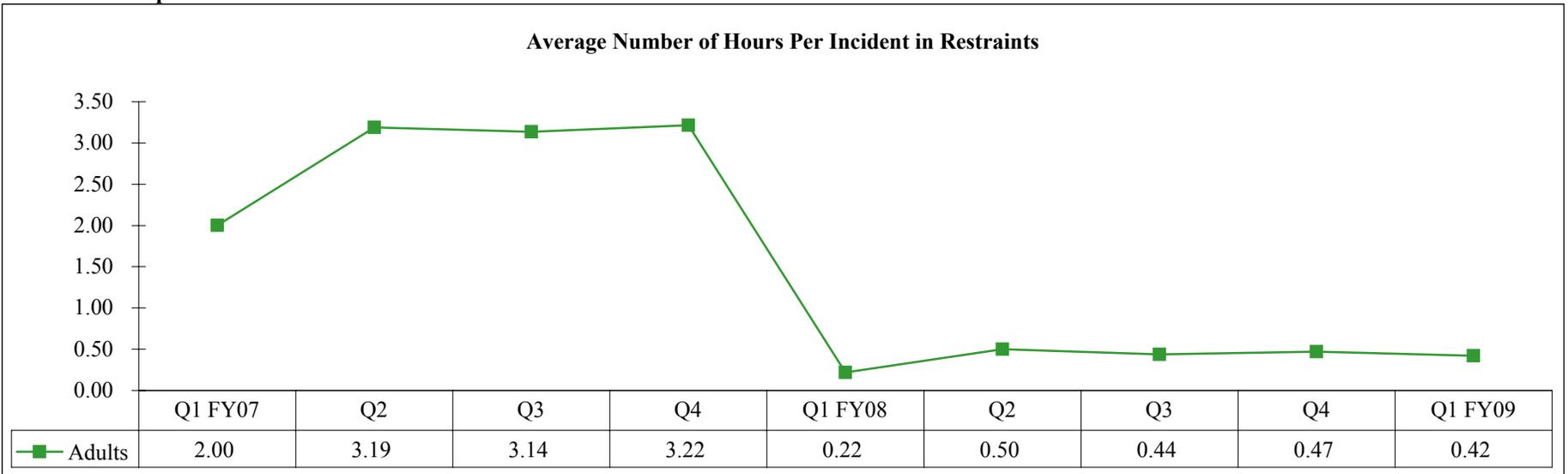
**Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital**



Change in reporting definition December 2006

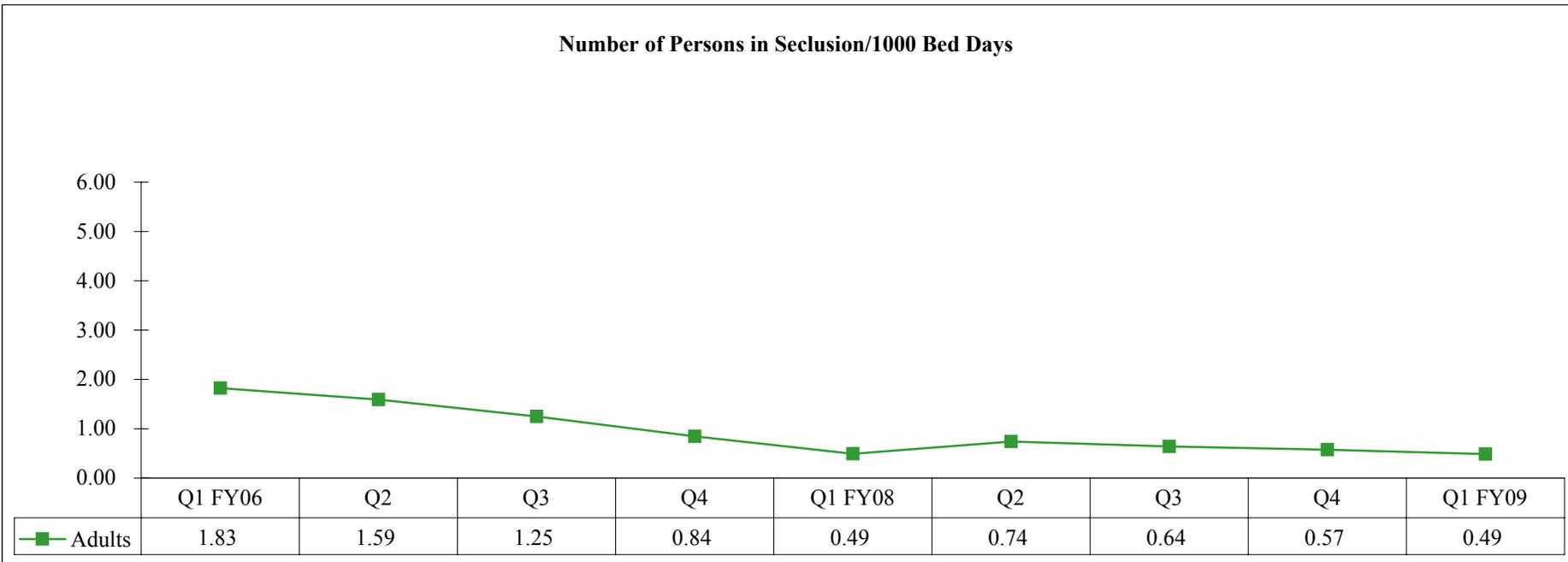
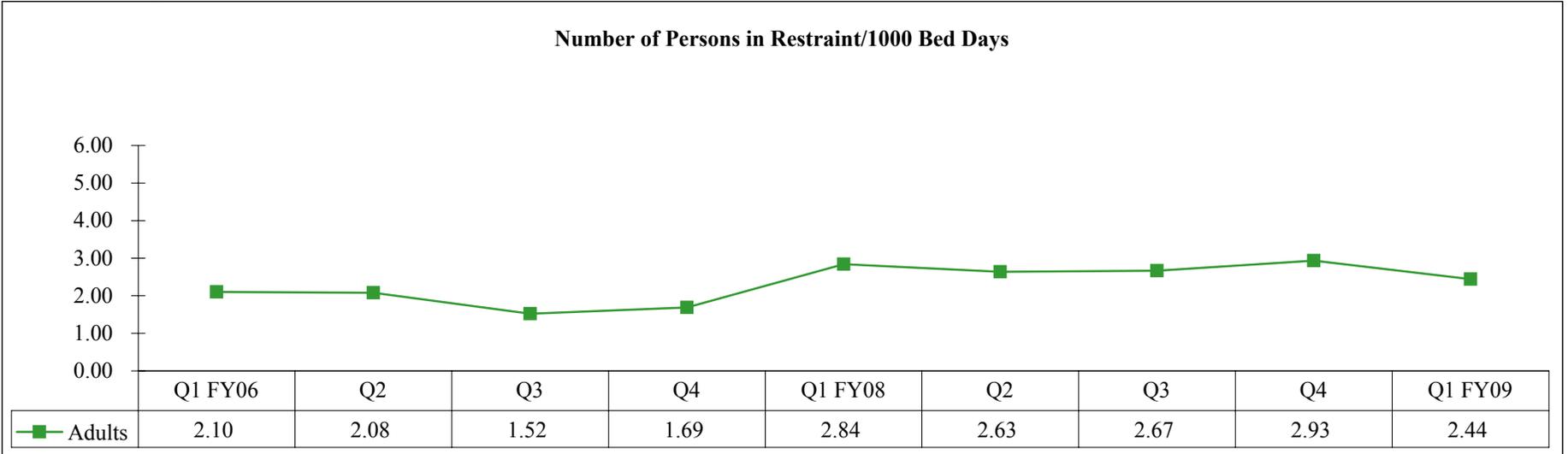
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Access Database

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

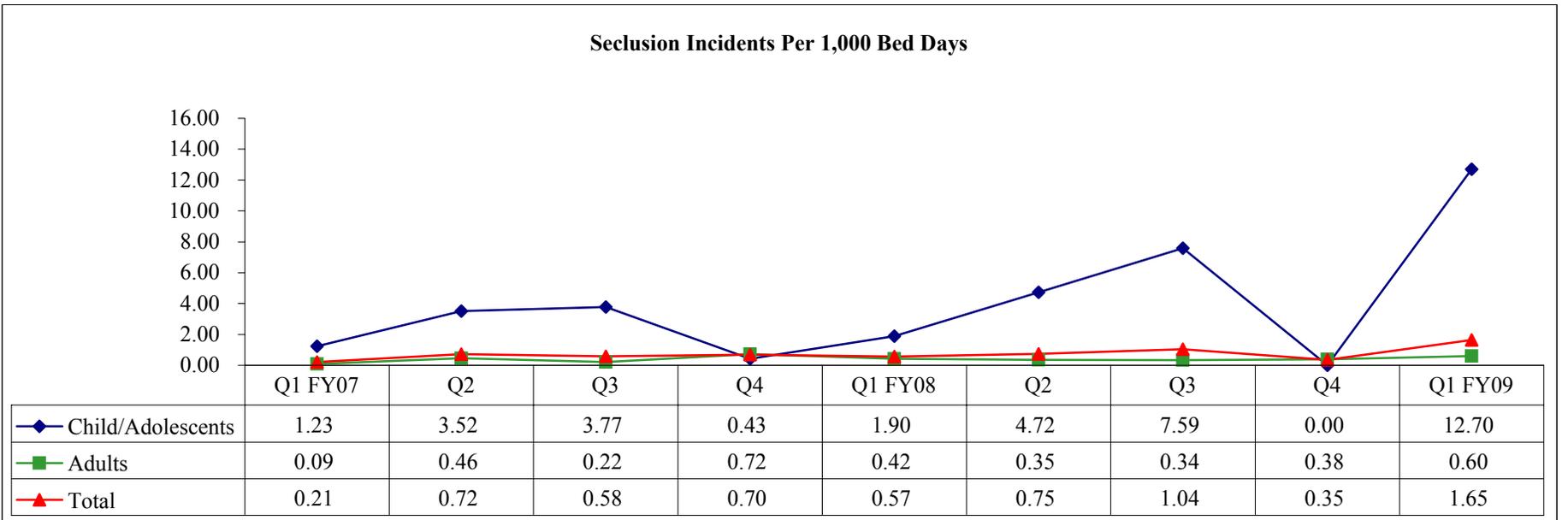
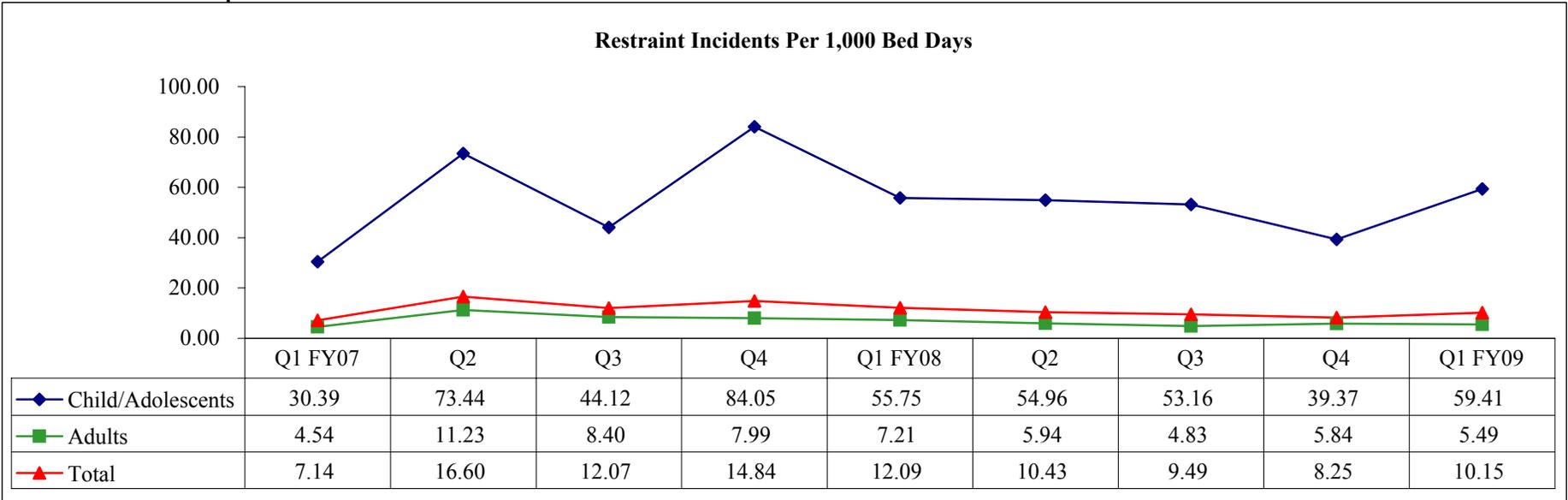


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



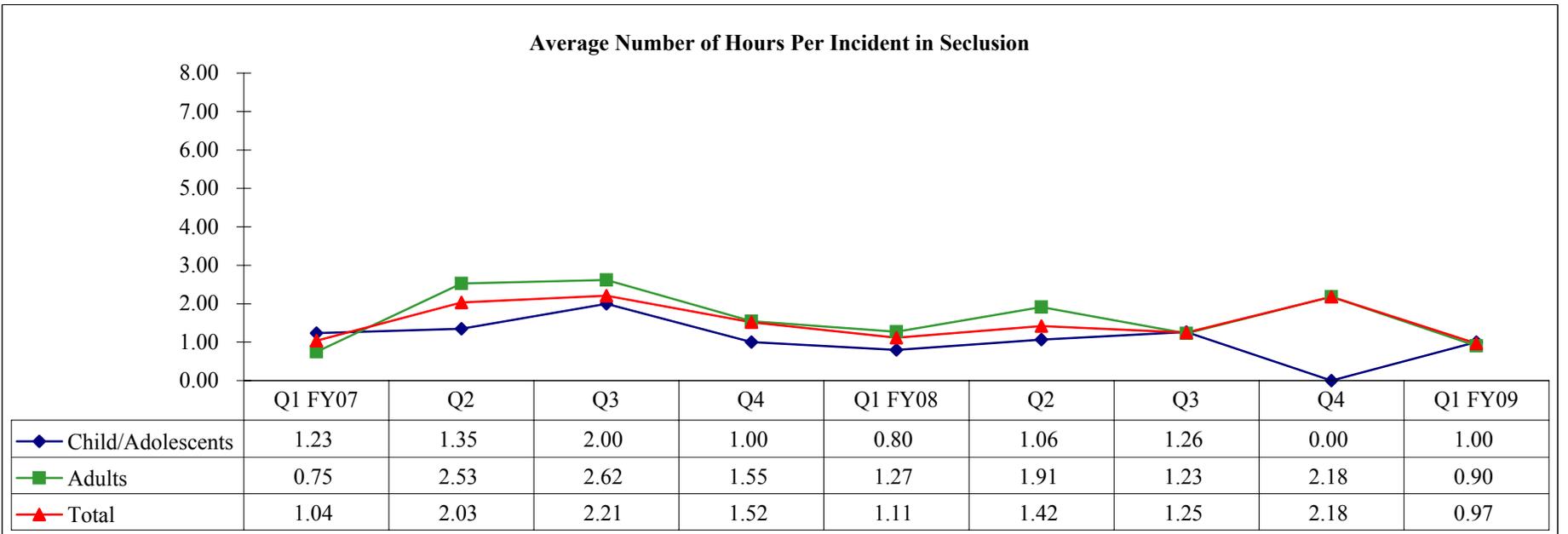
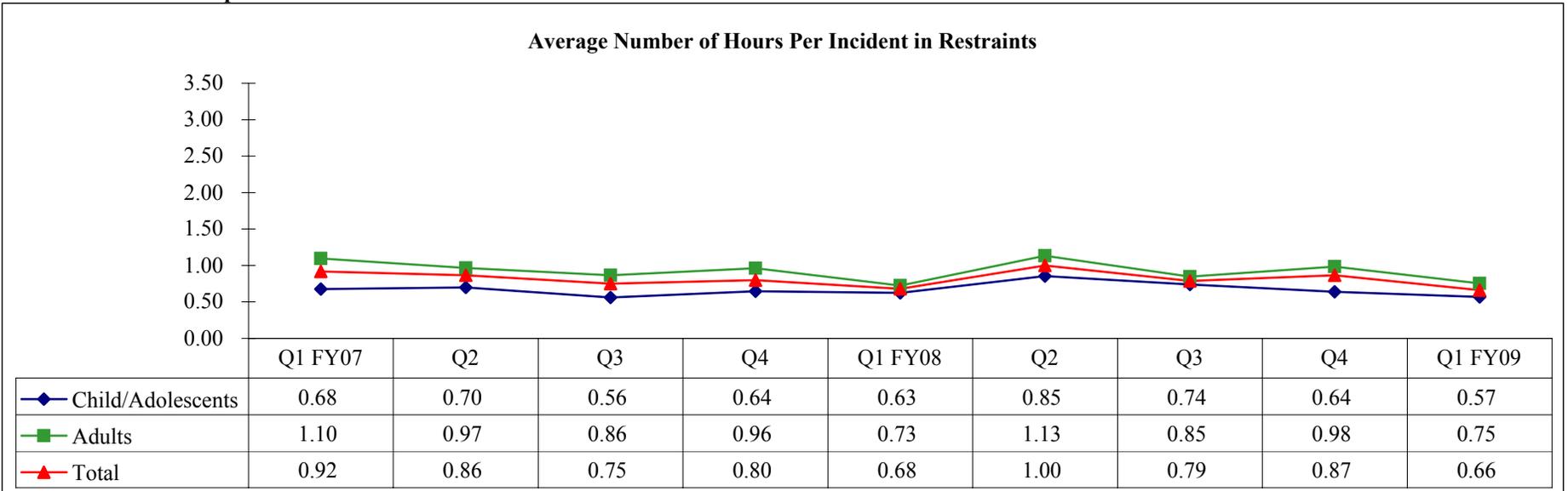
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



Change in reporting definition December 2006

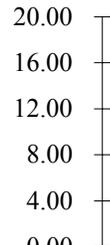
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



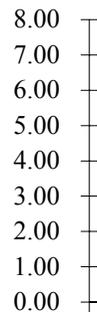
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Number of Persons in Restraint/1000 Bed Days



| | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|---------------------|---------|-------|-------|-------|---------|-------|------|-------|---------|
| ◆ Child/Adolescents | 9.03 | 12.31 | 11.69 | 15.44 | 13.65 | 11.16 | 8.39 | 10.39 | 7.26 |
| ■ Adults | 1.10 | 3.33 | 2.34 | 2.46 | 3.14 | 2.17 | 1.67 | 1.90 | 1.54 |
| ▲ Total | 1.90 | 4.10 | 3.30 | 3.63 | 4.19 | 2.99 | 2.32 | 2.51 | 2.04 |

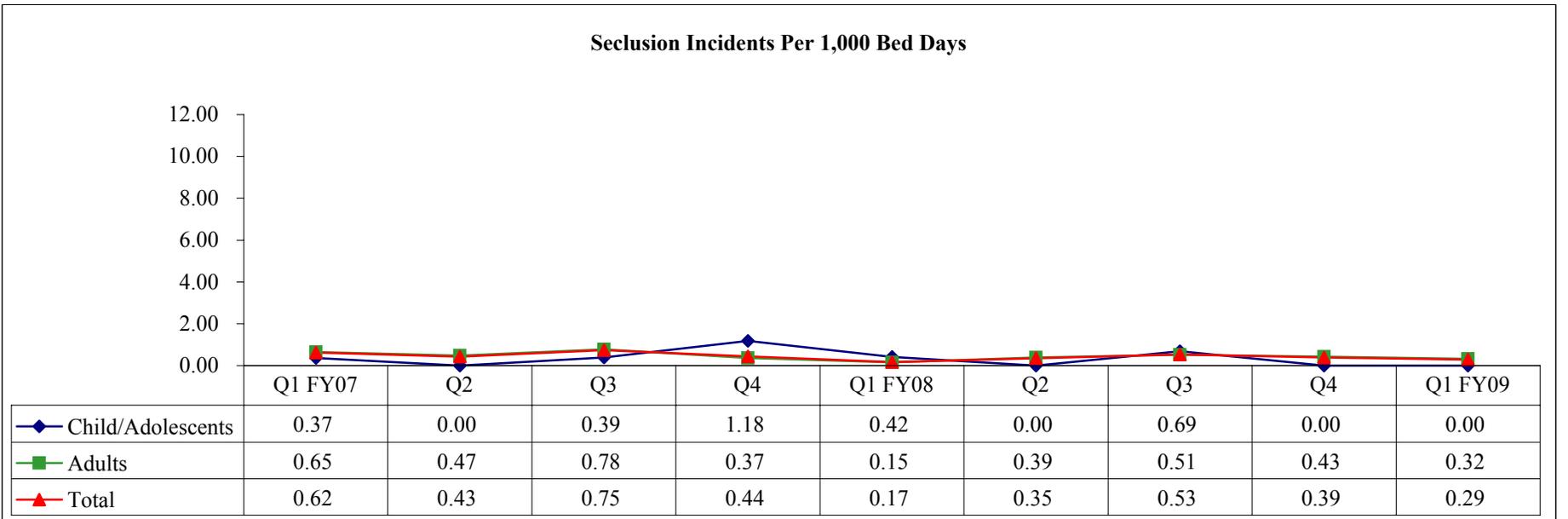
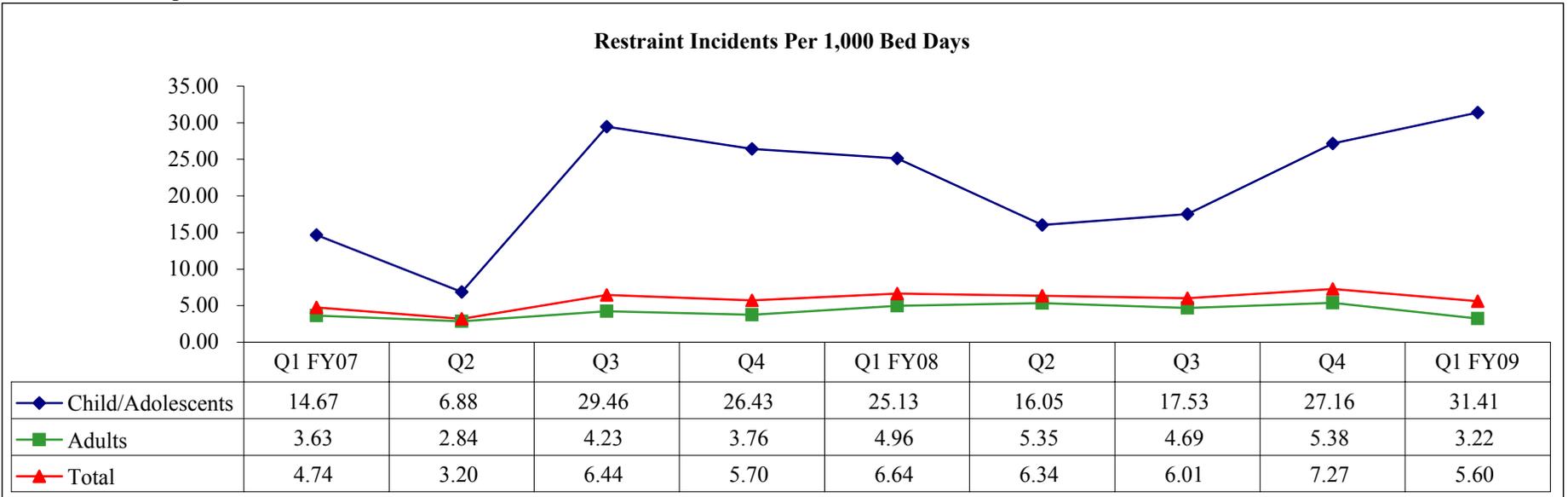
Number of Persons in Seclusion/1000 Bed Days



| | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 1.23 | 1.76 | 1.89 | 0.43 | 0.76 | 2.58 | 2.00 | 0.00 | 2.27 |
| ■ Adults | 0.09 | 0.37 | 0.17 | 0.25 | 0.21 | 0.26 | 0.26 | 0.34 | 0.26 |
| ▲ Total | 0.21 | 0.49 | 0.35 | 0.27 | 0.27 | 0.47 | 0.42 | 0.31 | 0.43 |

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

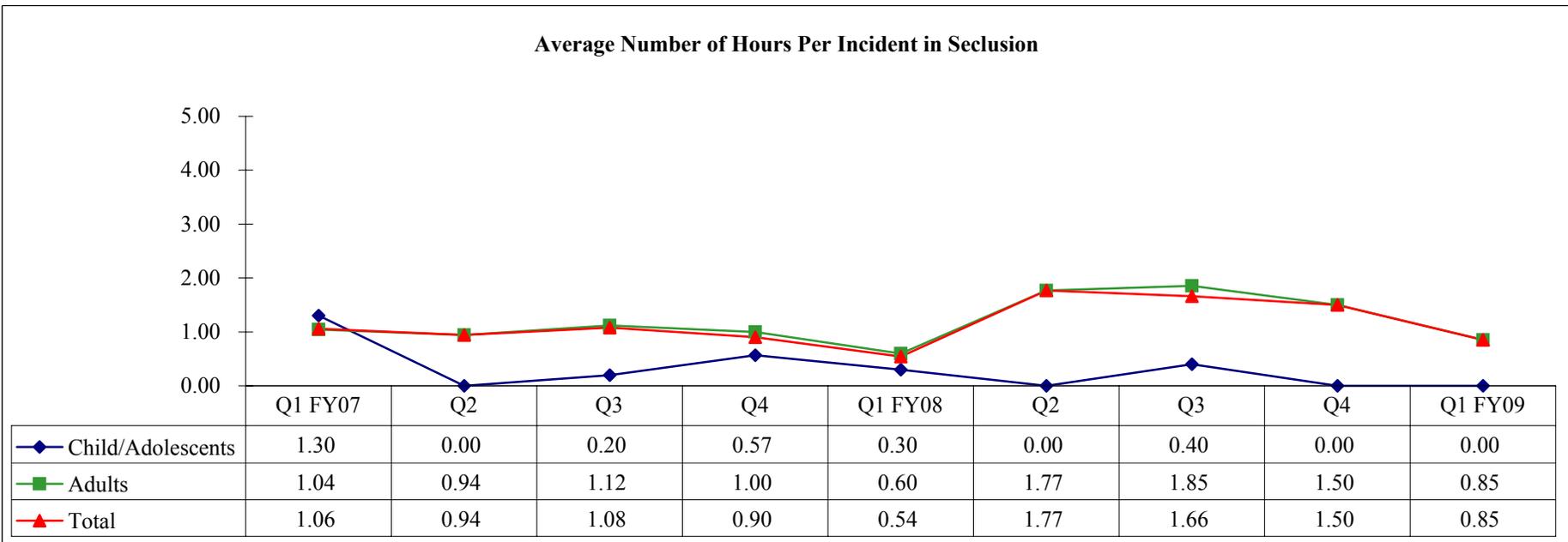
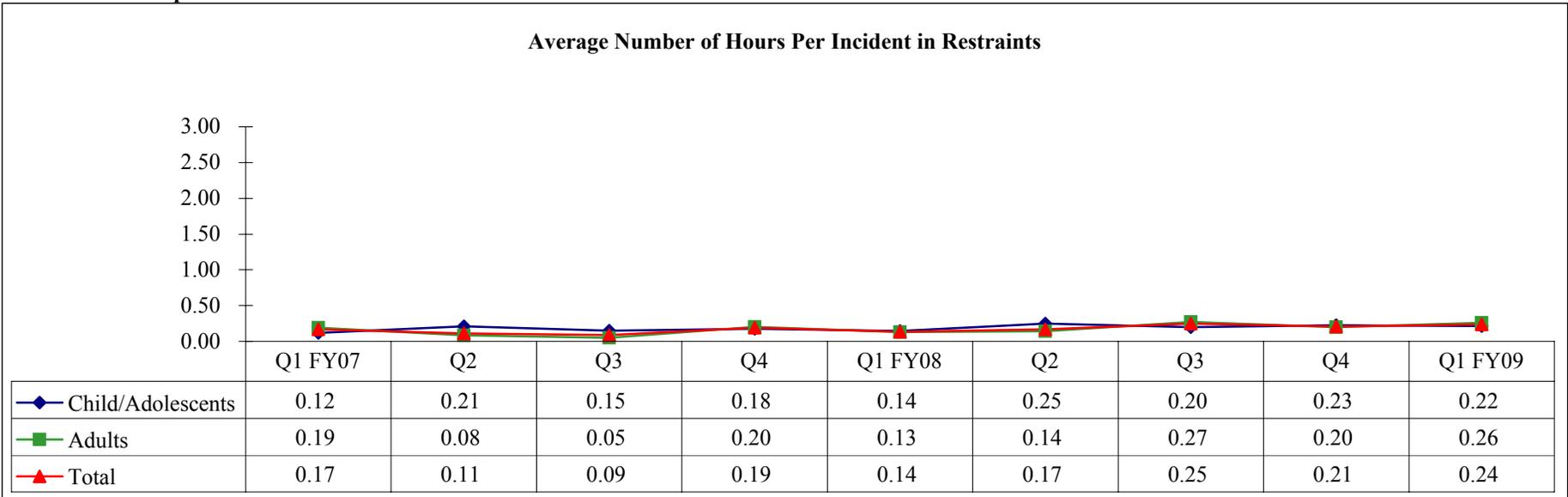
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



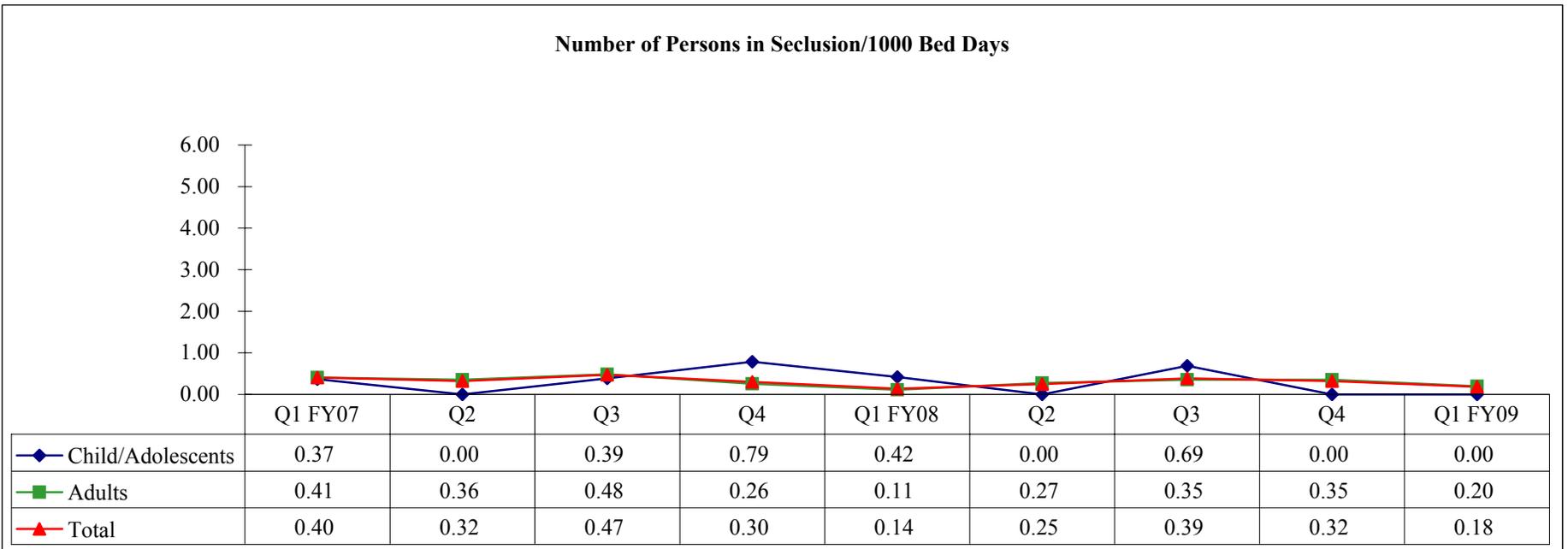
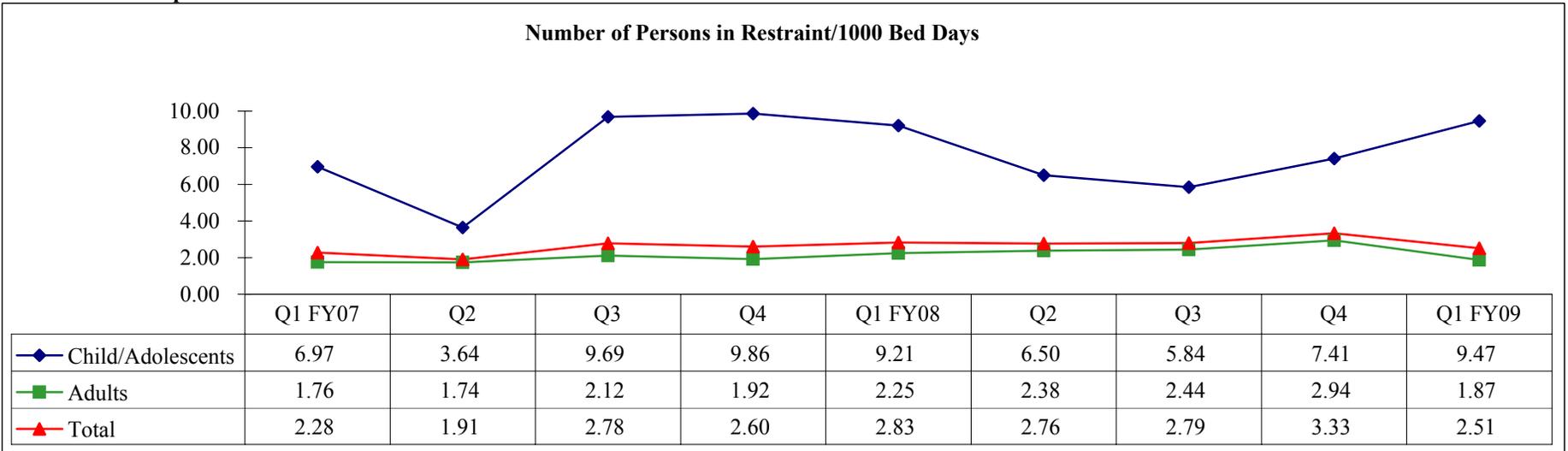
Change in reporting definition December 2006

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

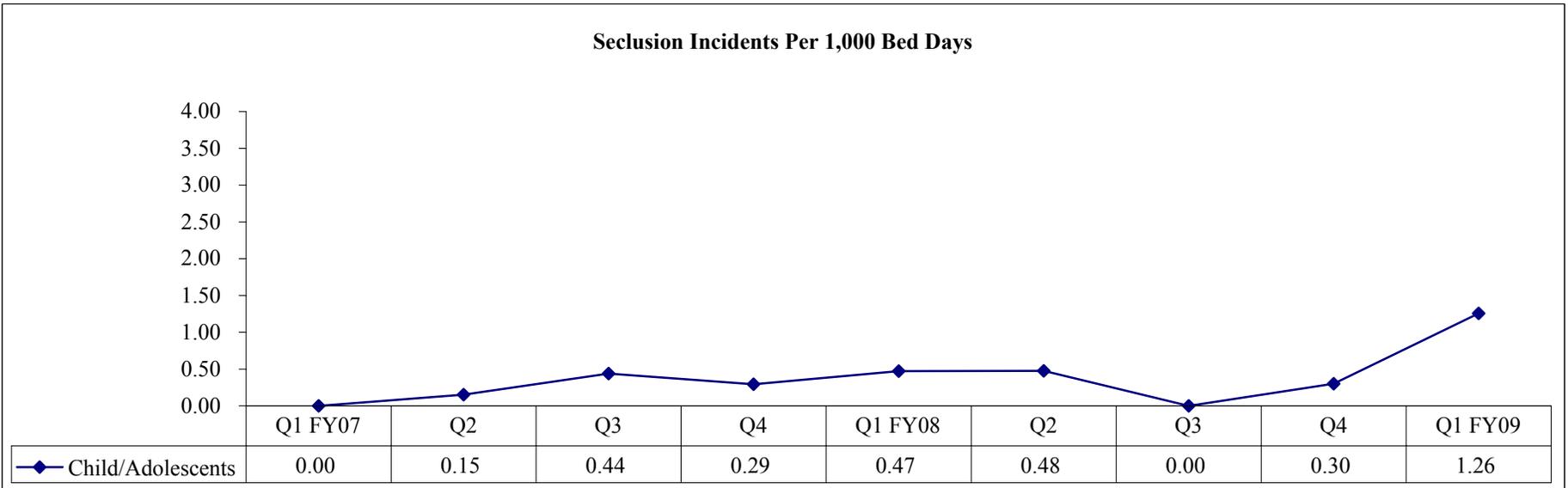
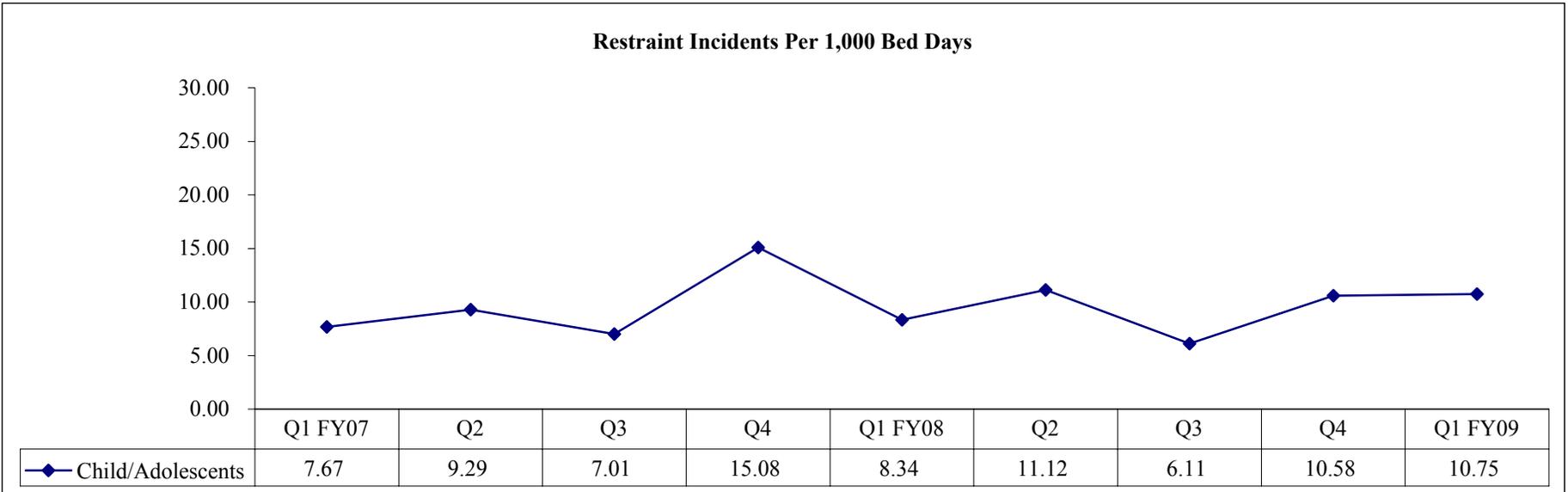
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



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



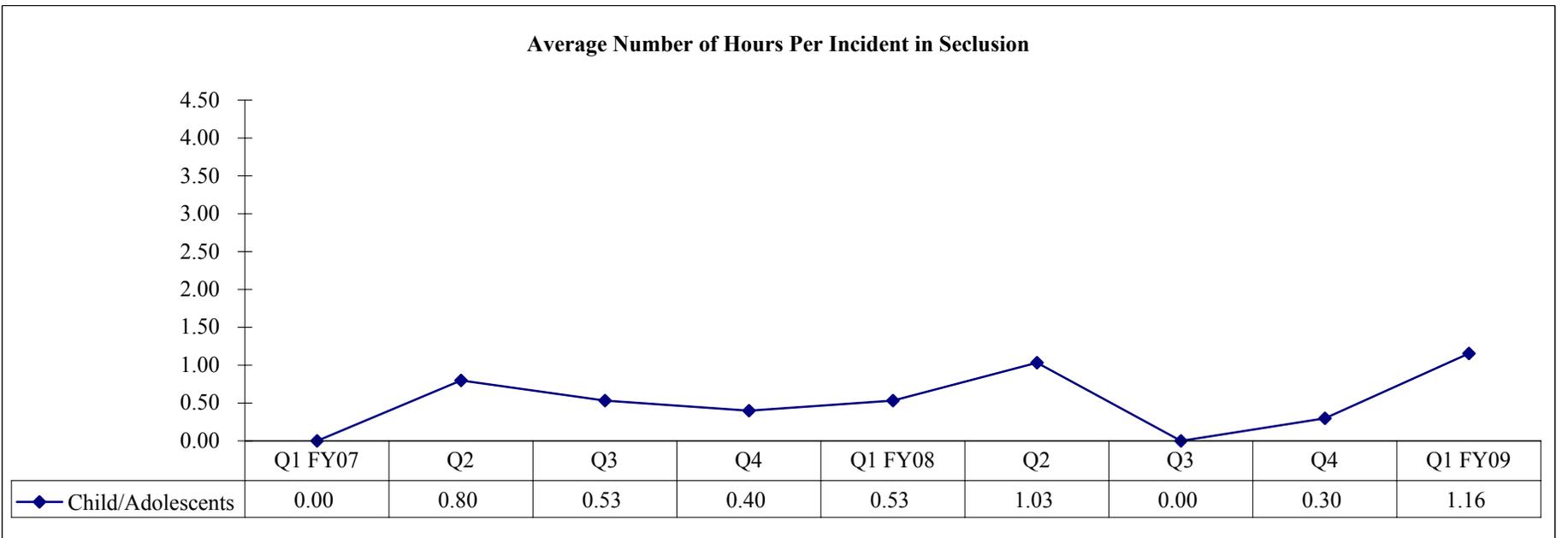
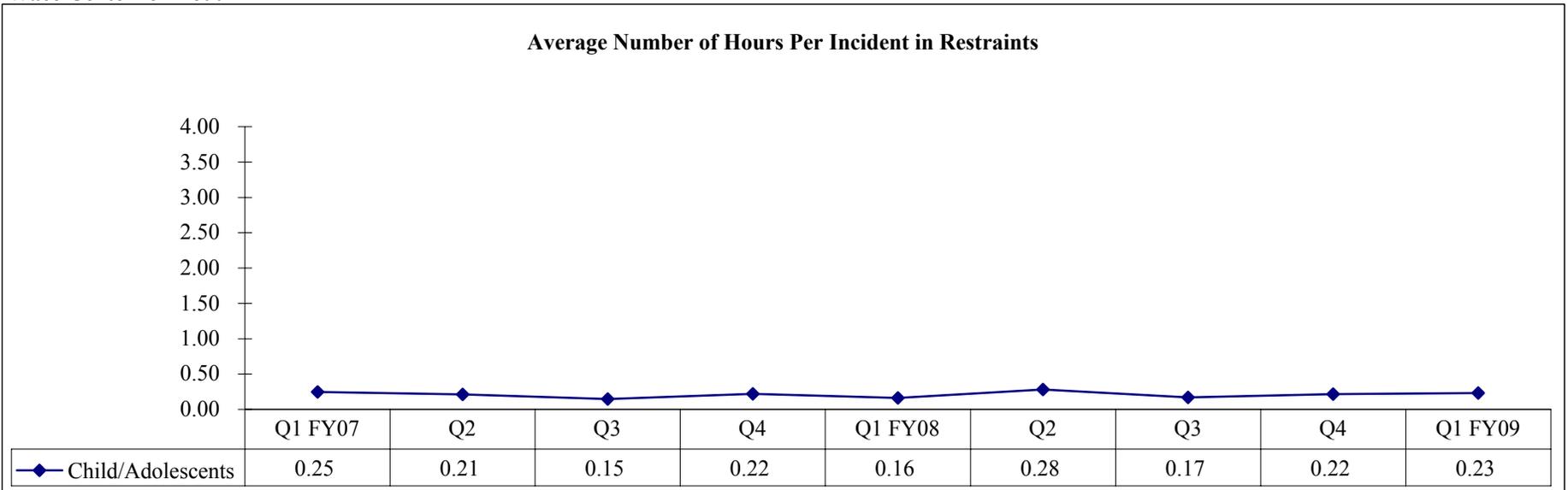
**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**



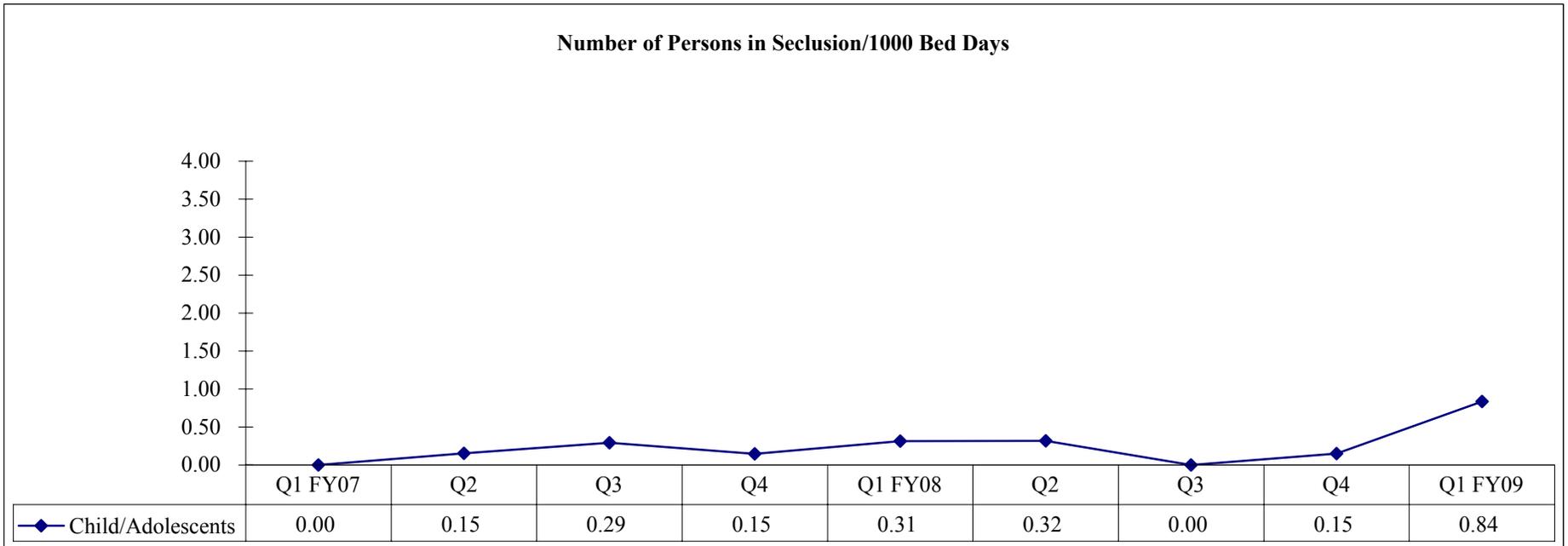
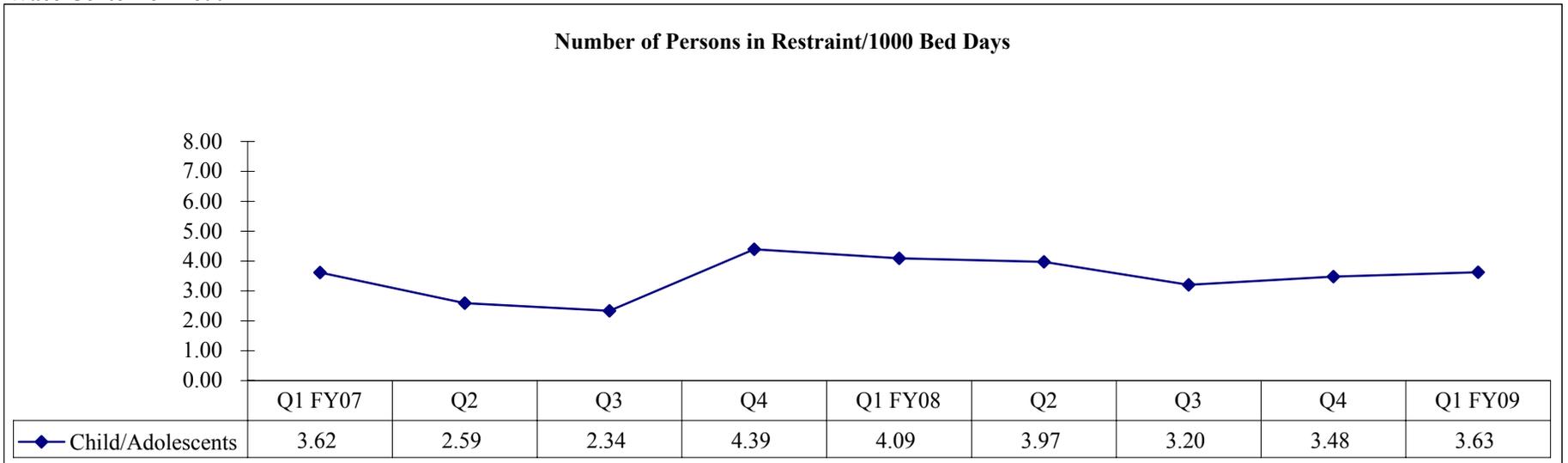
Change in reporting definition December 2006

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

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



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



Performance Objective 3B:

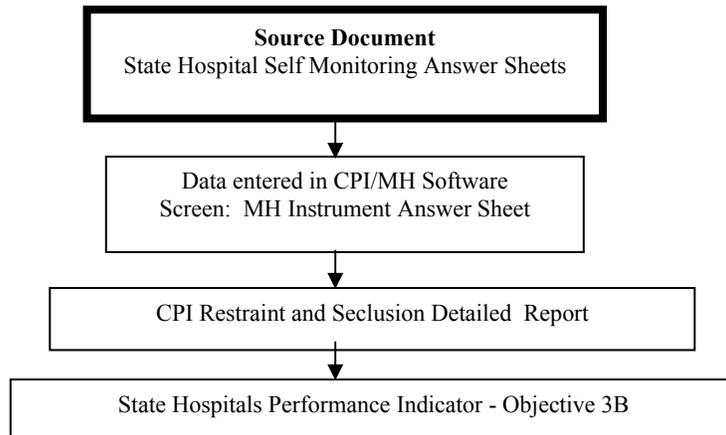
The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

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

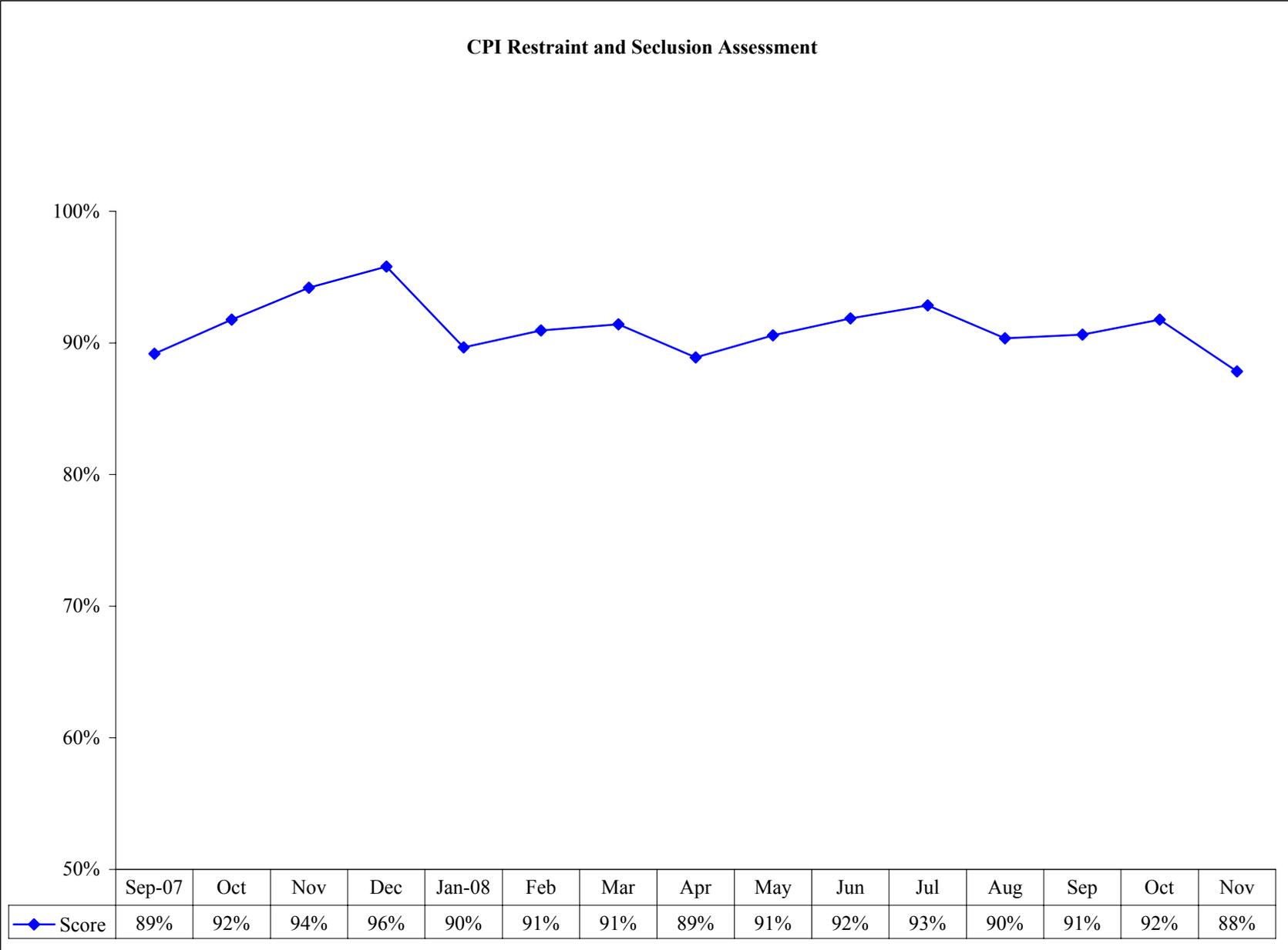
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

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

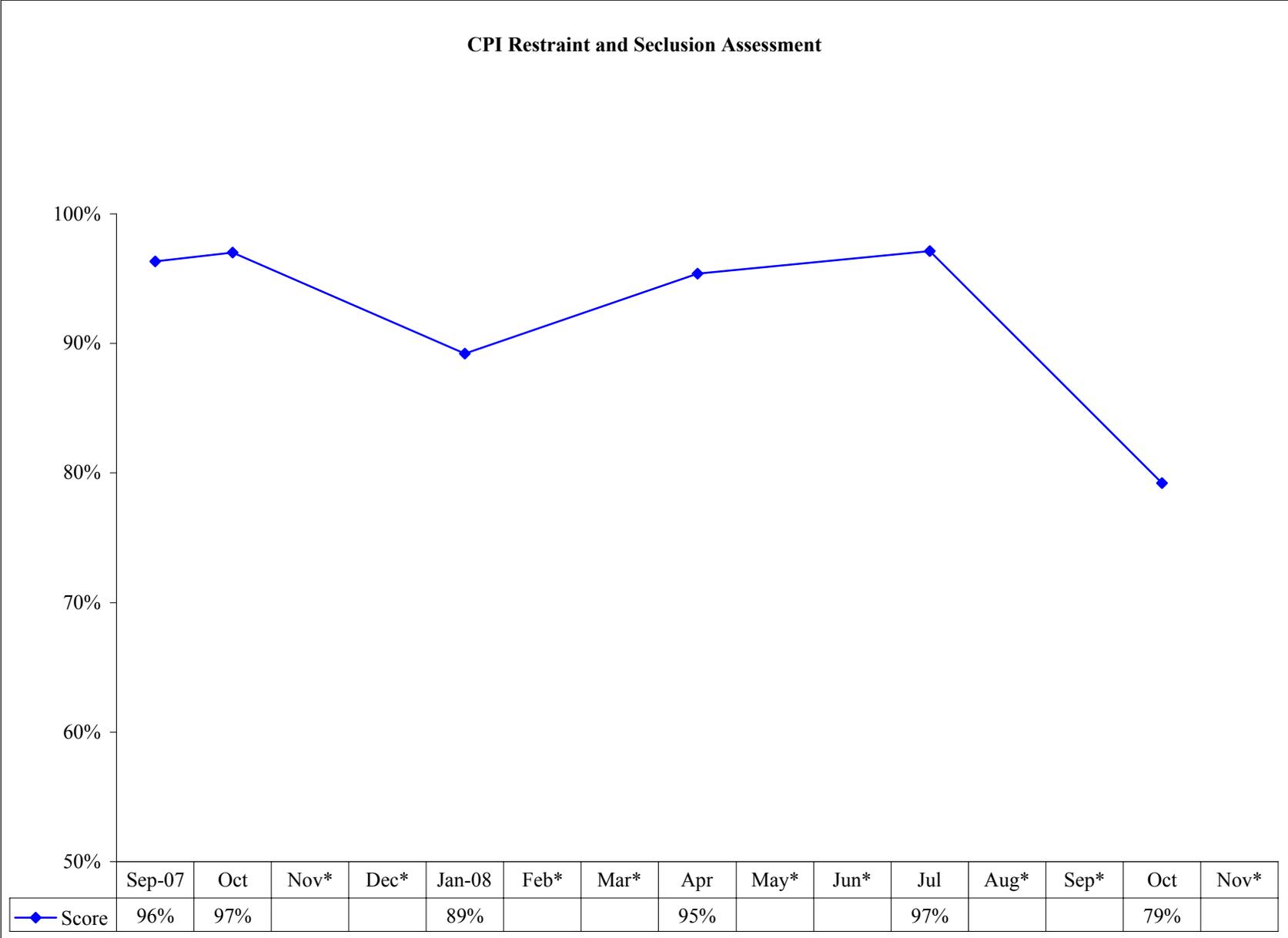
Data Flow:



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

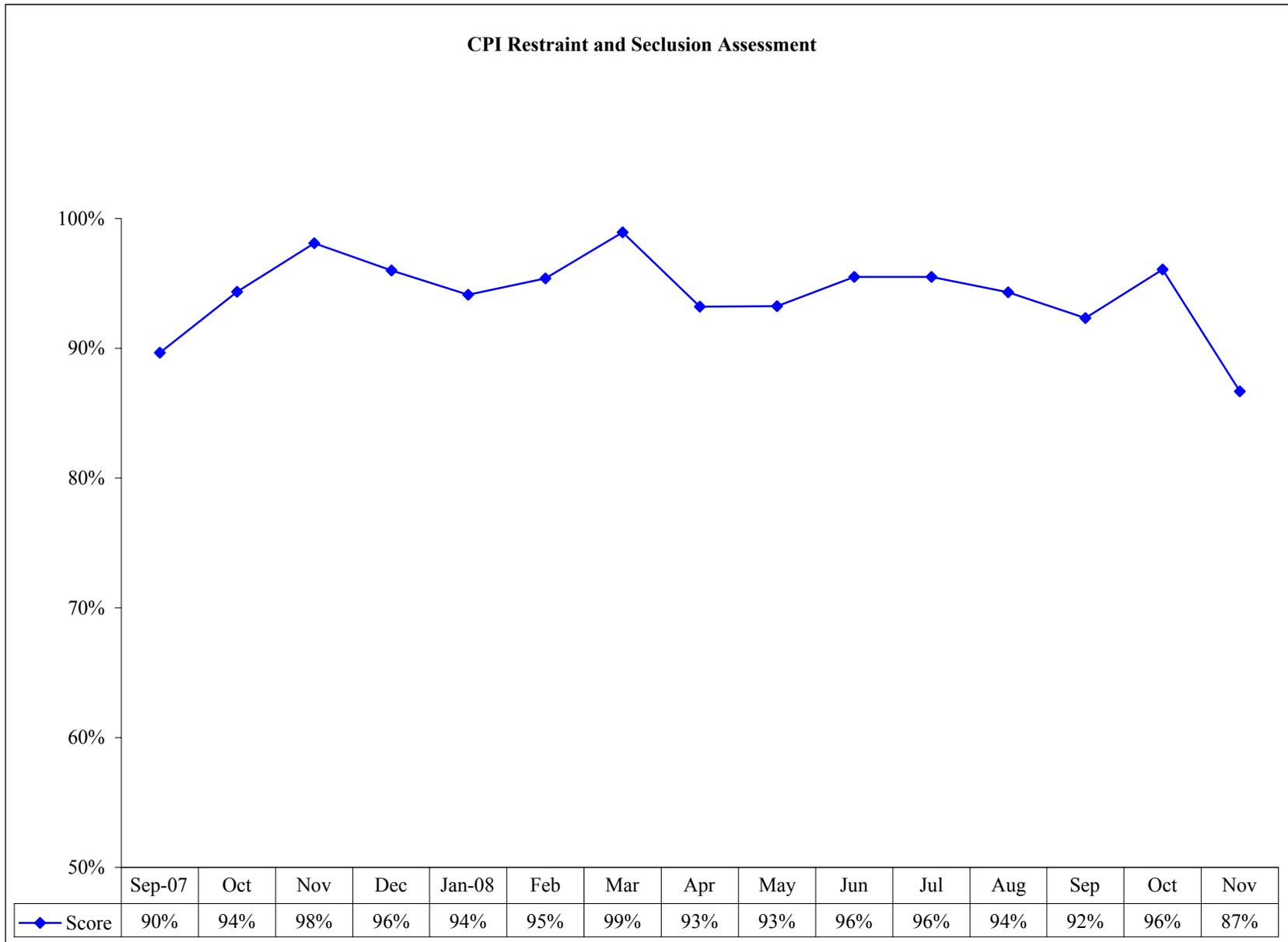


**Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital**

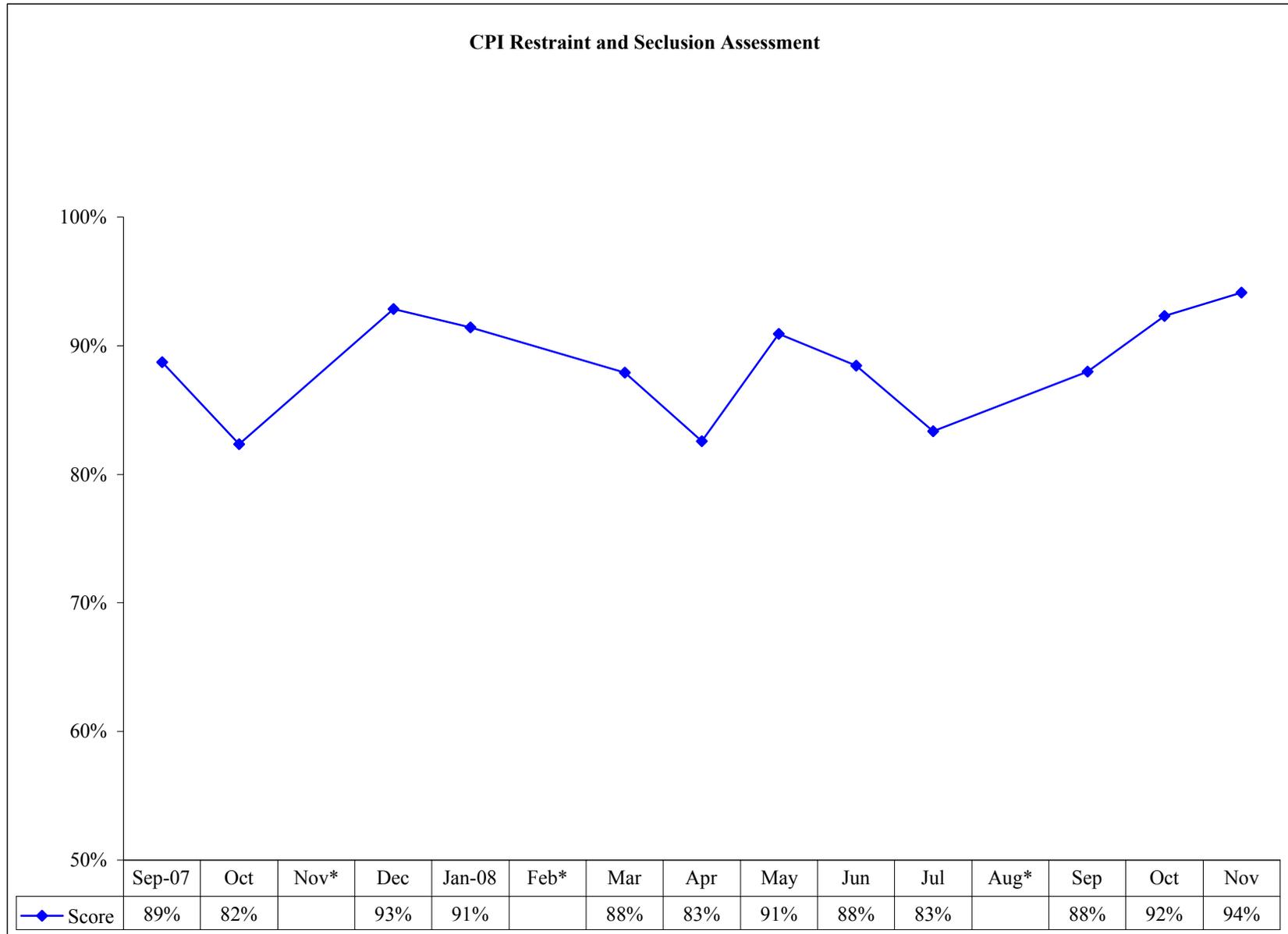


*No scores reported to HMDS.

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

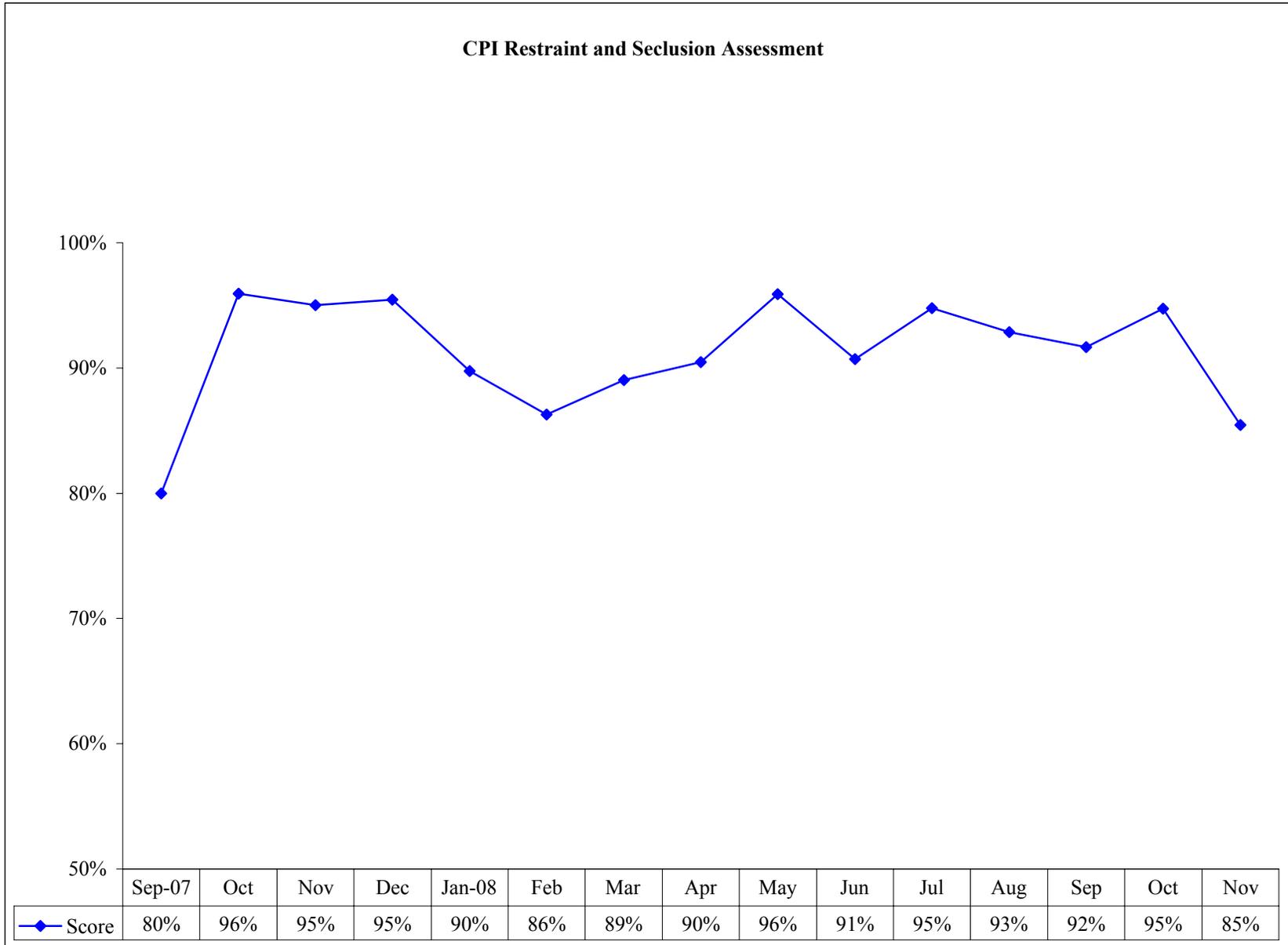


Objective 3B - Behavioral Restraint and Seclusion Assessment
El Paso Psychiatric Center

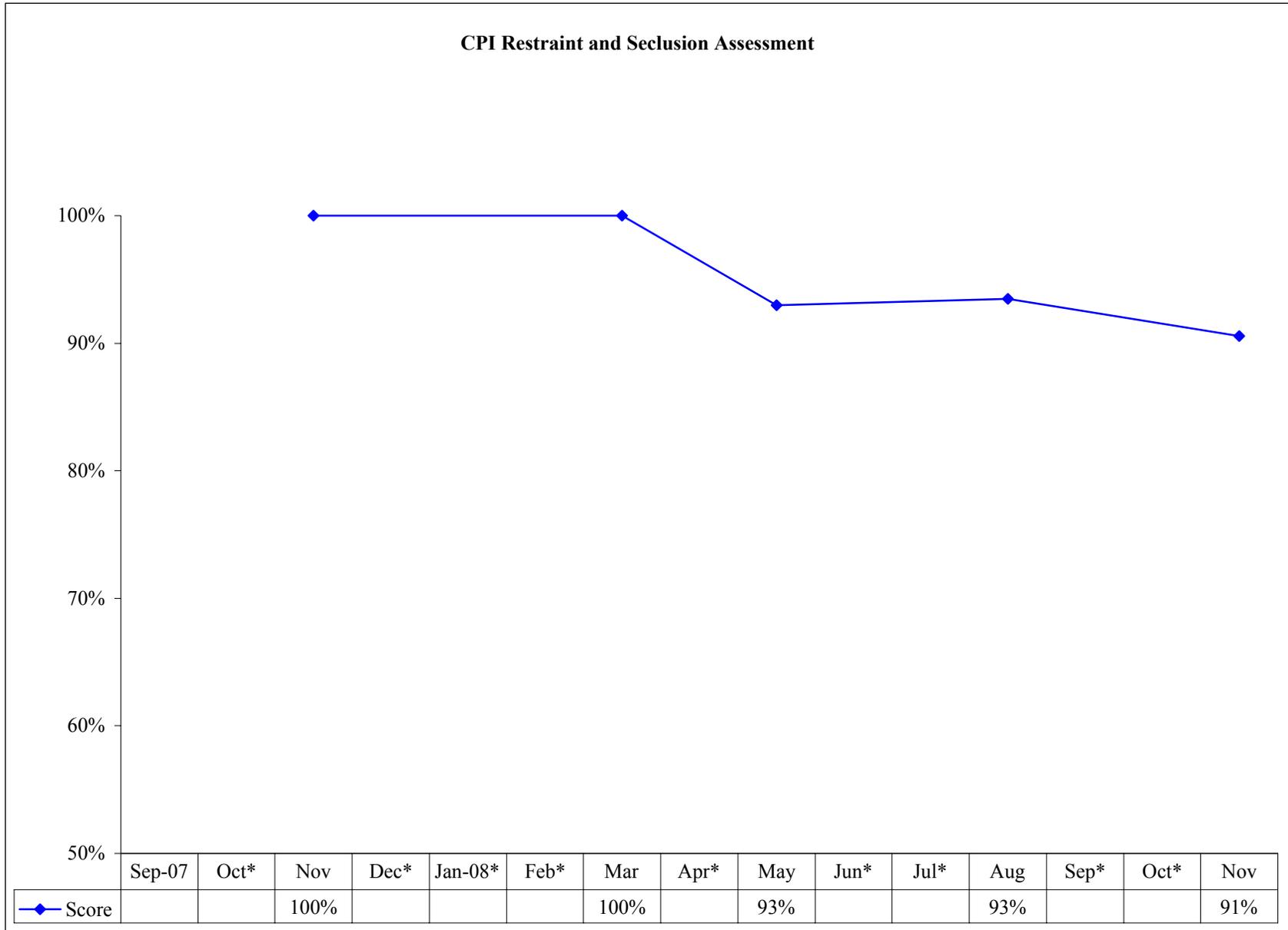


*No scores reported to HMDS.

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

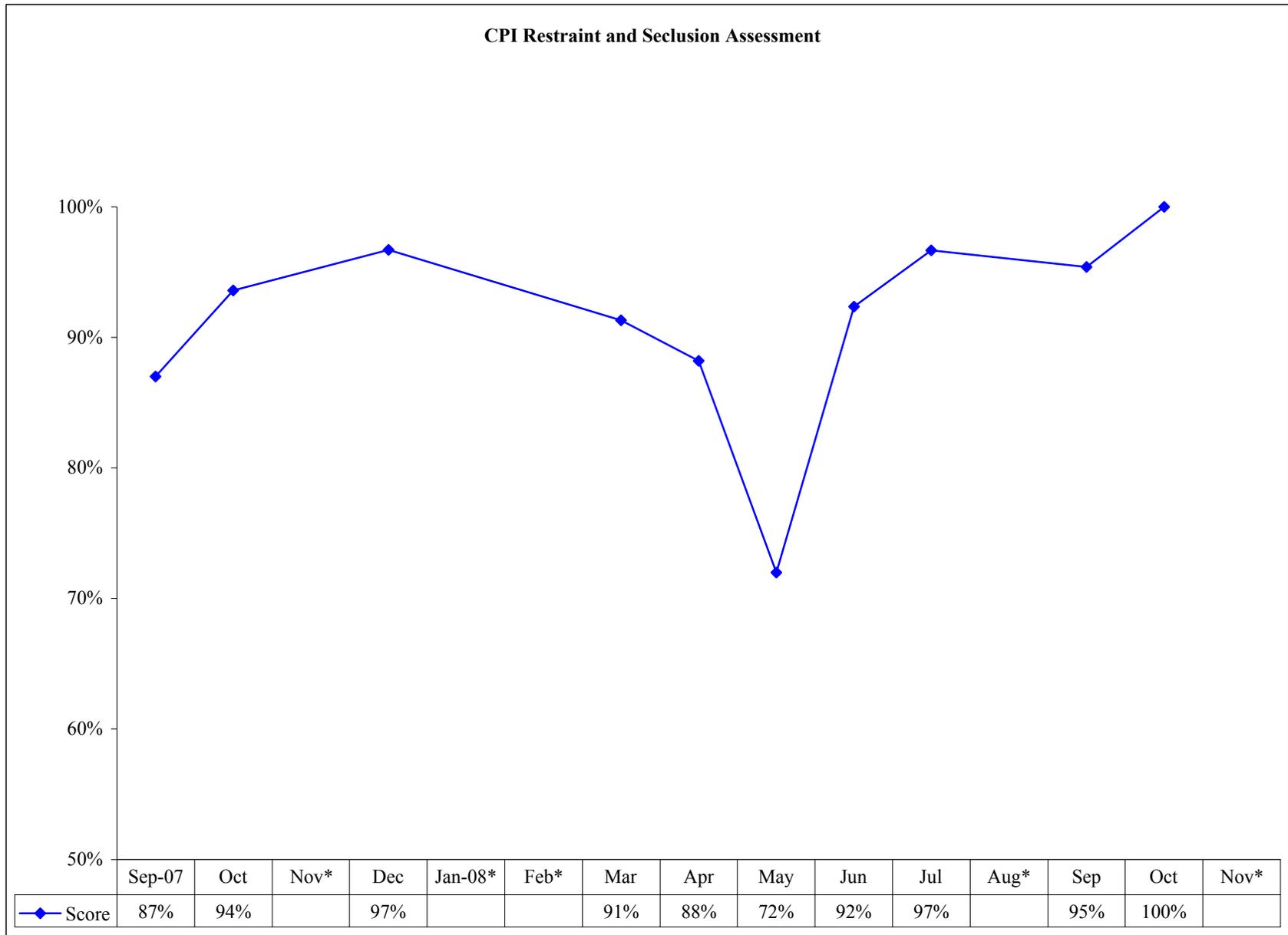


**Objective 3B - Behavioral Restraint and Seclusion Assessment
North Texas State Hospital**



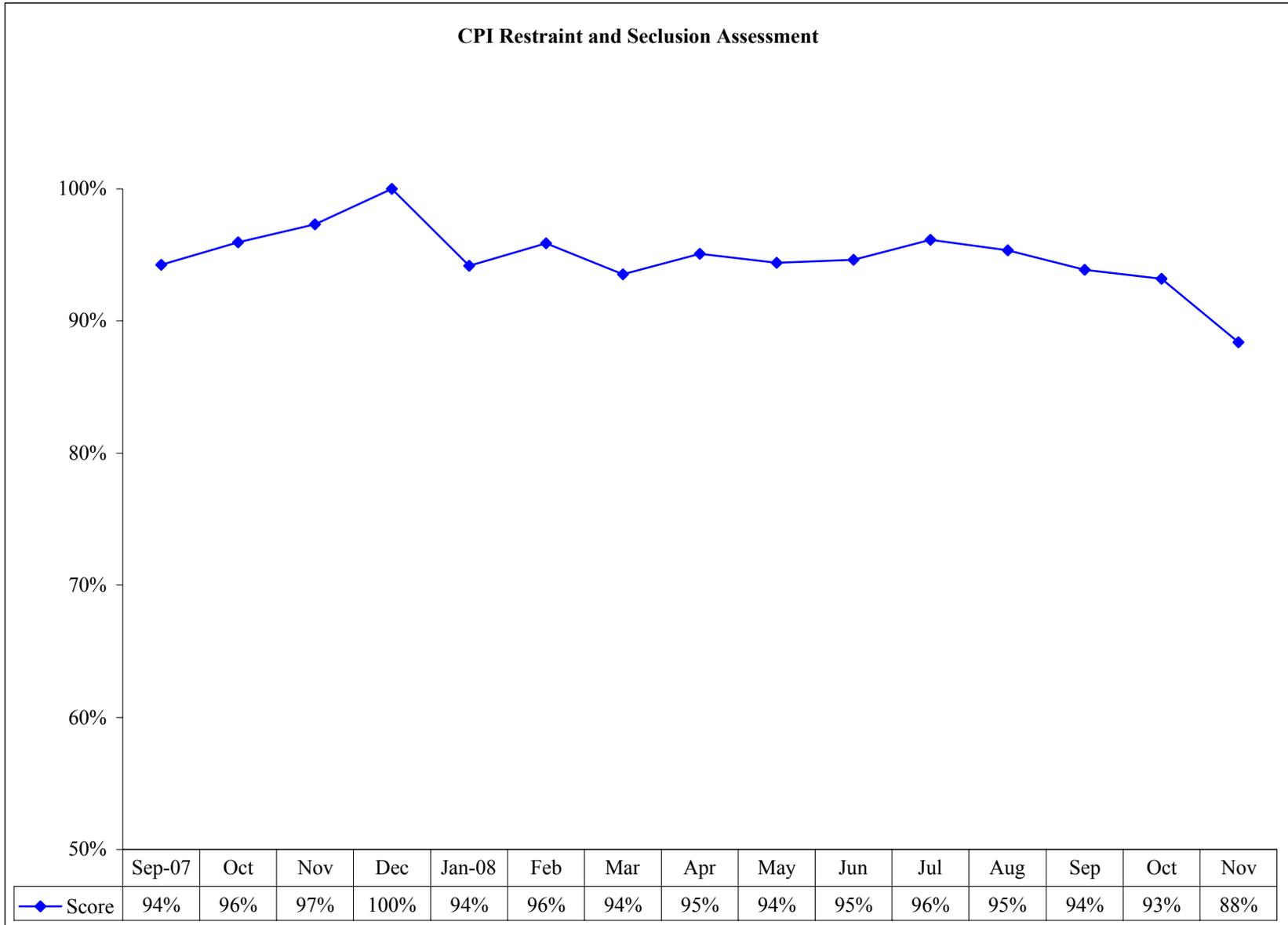
*No scores reported to HMDS.

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

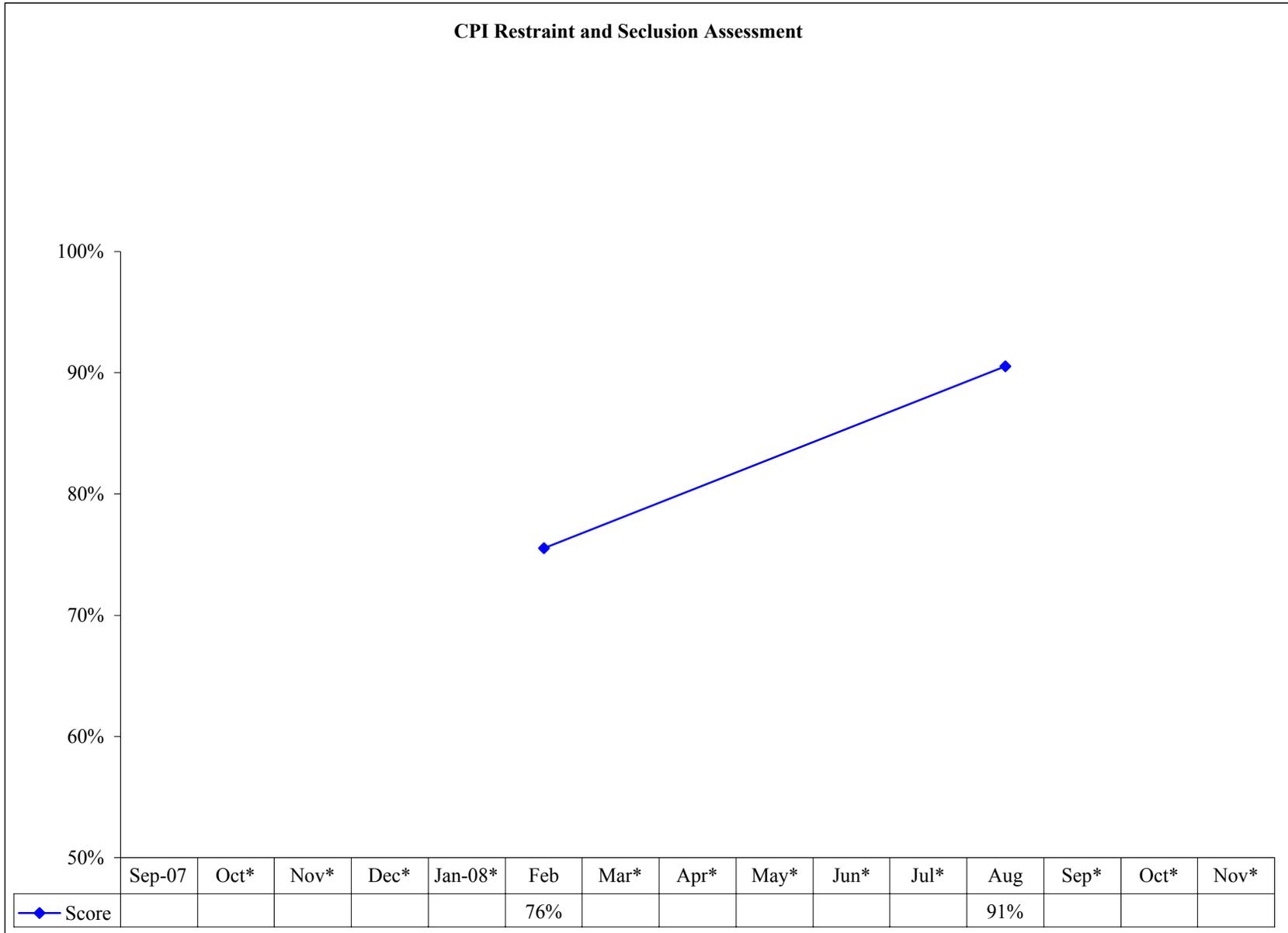


*No scores reported to HMDS.

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

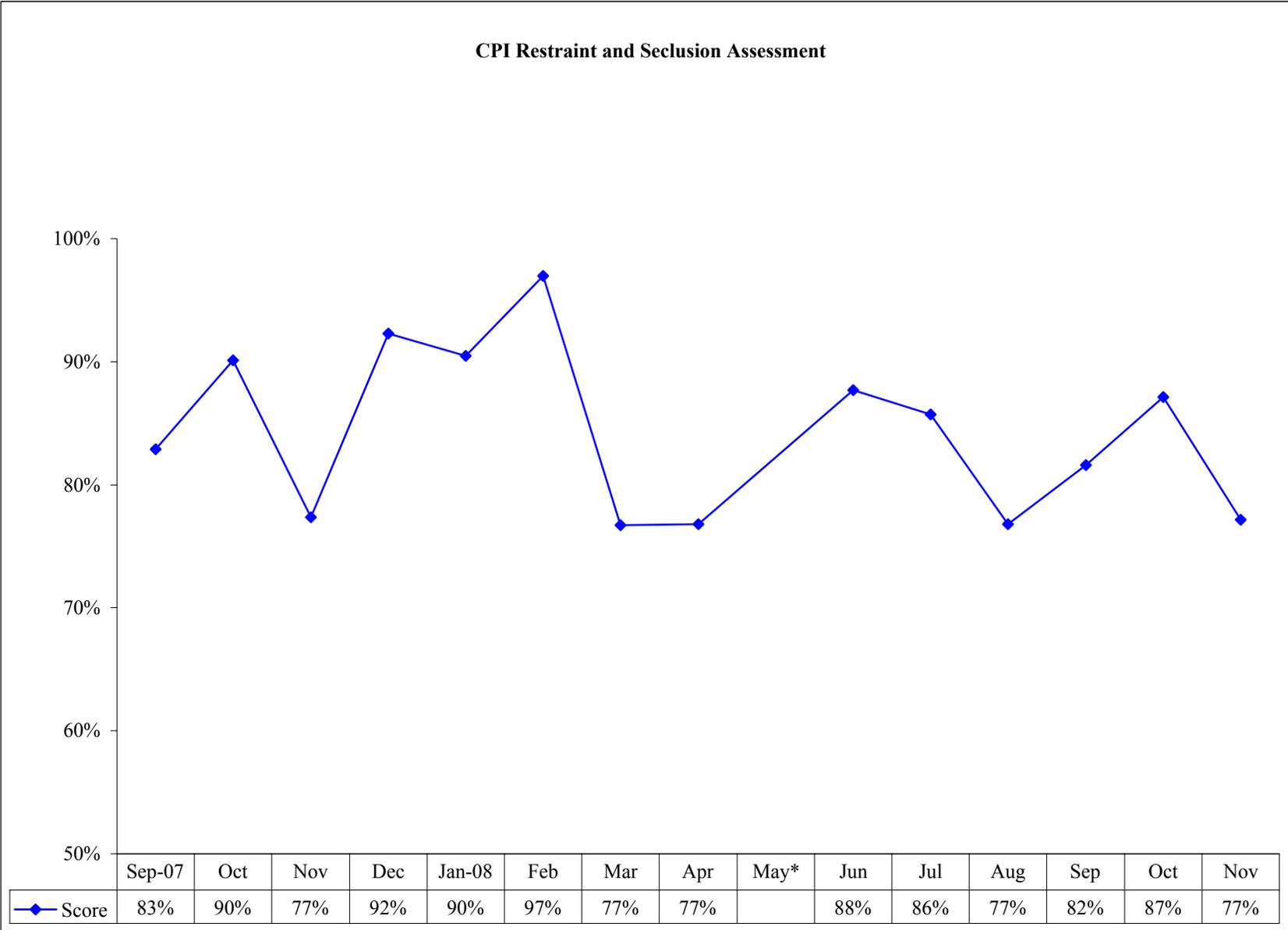


Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital



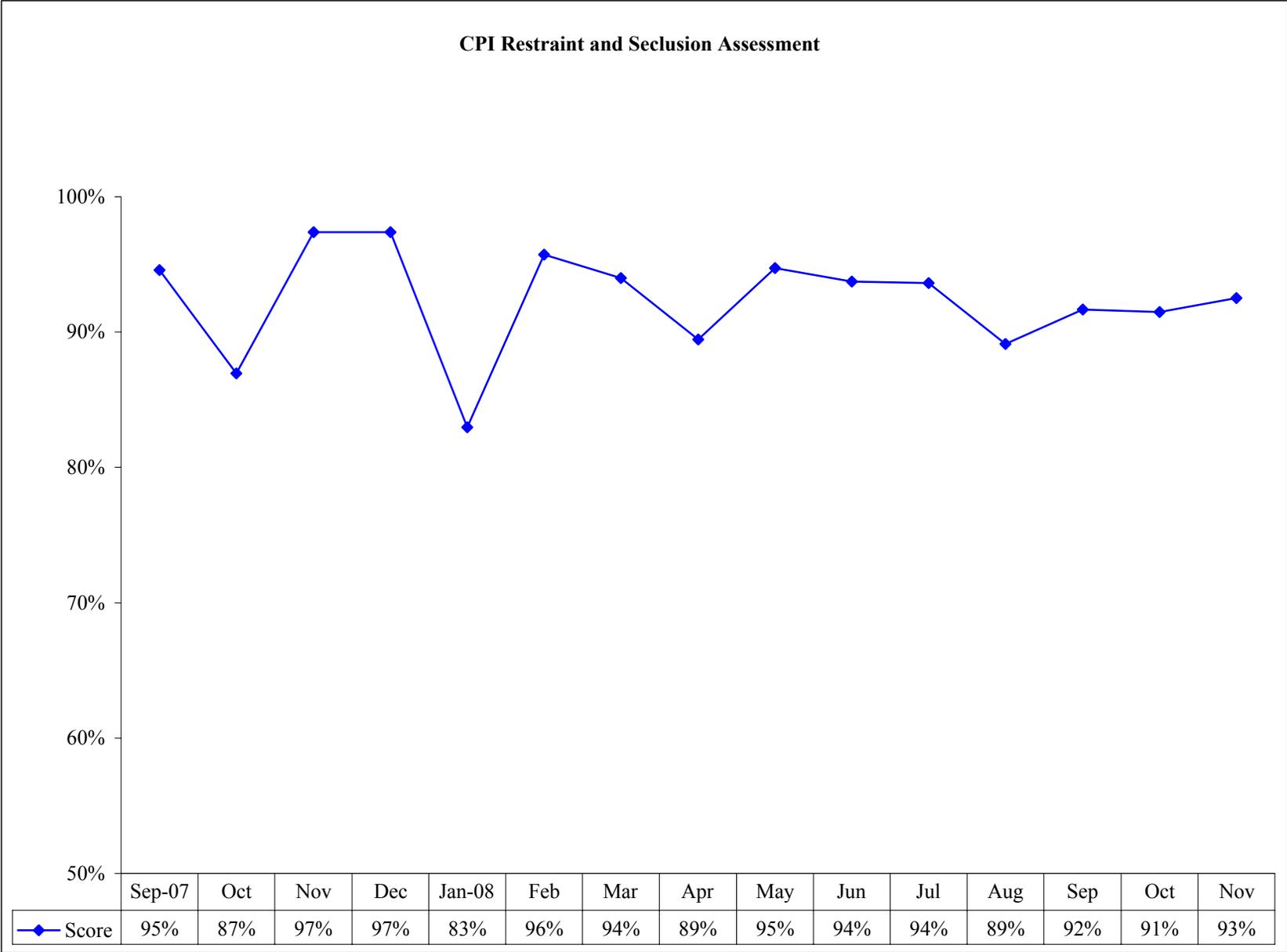
*No scores reported to HMDS.

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



*No scores reported to HMDS.

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



Performance Objective 3D:

Patients will be treated in accordance with medication guidelines as measured by: Matching diagnosis to appropriate algorithm at the time of discharge.

Performance Objective Operational Definition: Total of patients with episodes that are tracked by the Texas Implementation of Medication Algorithm (TIMA). The last diagnosis entered into CWS is the diagnosis that will be compared to the TIMA algorithm/stage documented on the Physicians Discharge Order/Note. The CRS report from which this data is derived counts all discharged adult patients (18 or over) with a principal diagnosis of 295.xx, 296.0x, 296.1x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7x, 296.8x, 300.4x (x being any number) and calculates the percentage of discharged adult patients that have legitimate TIMA information recorded on the latest finalized Physicians Discharge Order of the CWSS DSS. (NONE, N/A and OTHER are not considered valid algorithms).

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

R = rate of patients that are tracked by TIMA

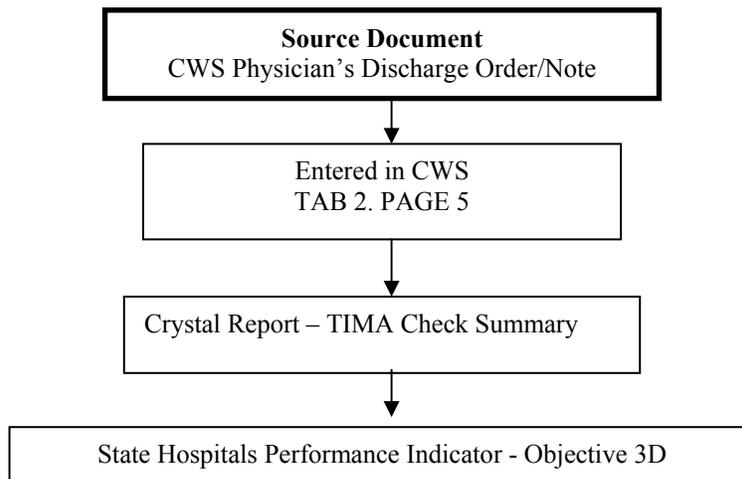
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

- ◆ Table shows the percent of patients with episodes that are tracked by TIMA for individual state hospitals.
- ◆ Chart with monthly data points of percent of patients with episodes that are tracked by TIMA, number of patients with episodes that should be tracked and number of patients with episodes that are tracked for individual state hospitals and system-wide.

Data Flow:



Objective 3D - Medication Algorithm (TIMA)
All State MH Hospitals

Percent of Patients with Episodes that are Tracked by TIMA

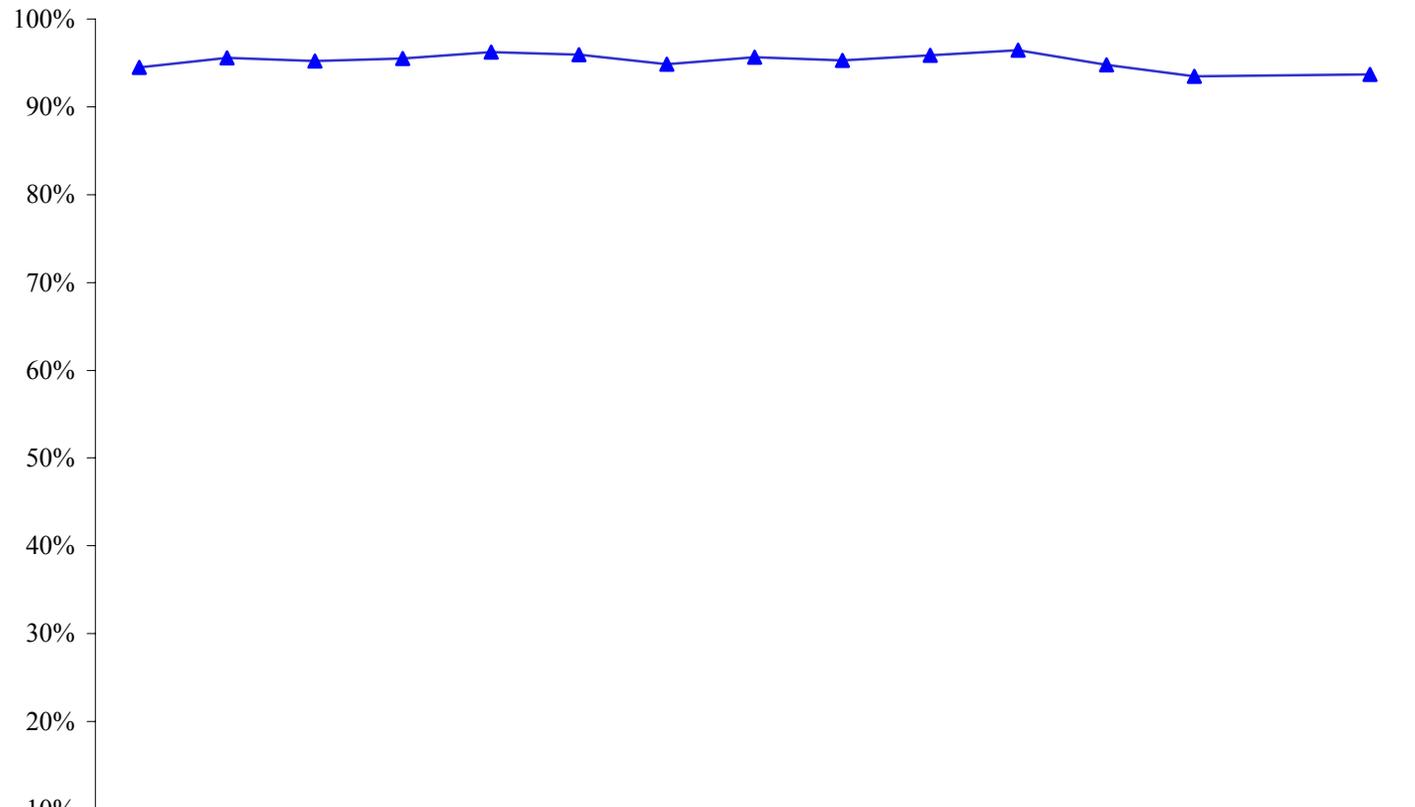
| Facility | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-----------------|---------------|------------|------------|------------|---------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| ASH | 93% | 95% | 97% | 99% | 99% | 99% | 97% | 95% | 94% | 98% | 99% | 96% | 90% | | 90% |
| BSSH | 98% | 93% | 88% | 87% | 90% | 96% | 89% | 96% | 88% | 91% | 91% | 96% | 88% | | 89% |
| EPPC | 98% | 100% | 100% | 96% | 97% | 99% | 99% | 100% | 99% | 100% | 100% | 98% | 97% | | 100% |
| KSH | 95% | 100% | 91% | 90% | 100% | 95% | 100% | 93% | 95% | 100% | 100% | 100% | 100% | | 100% |
| NTSH | 91% | 90% | 93% | 94% | 94% | 91% | 94% | 90% | 94% | 96% | 89% | 83% | 89% | | 87% |
| RGSC | 99% | 98% | 97% | 96% | 96% | 99% | 97% | 100% | 95% | 99% | 97% | 98% | 96% | | 93% |
| RSH | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | 100% | 100% | 100% | 99% | | 99% |
| SASH | 97% | 95% | 97% | 97% | 99% | 98% | 95% | 97% | 97% | 93% | 99% | 96% | 97% | | 93% |
| TSH | 88% | 93% | 90% | 92% | 92% | 89% | 88% | 92% | 96% | 92% | 94% | 92% | 93% | | 98% |
| All SH | 95% | 96% | 95% | 96% | 96% | 96% | 95% | 96% | 95% | 96% | 96% | 95% | 93% | | 94% |

WCFY is exempted - There are no algorithm/scores for children at this time.

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
All State MH Hospitals

Percent of Patients with Episodes that are Tracked by TIMA

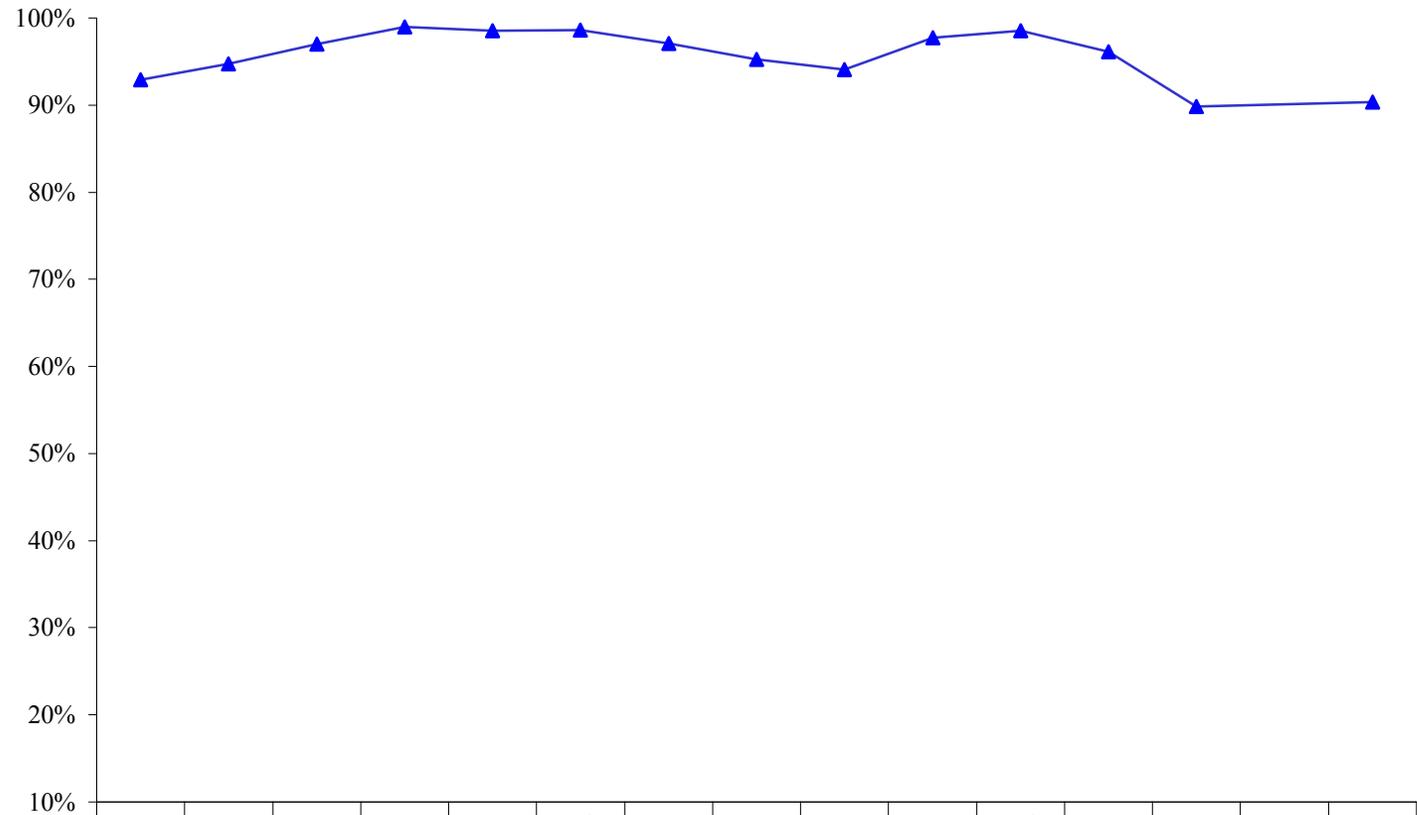


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|------|-----|-----|--------|------|-----|------|------|------|------|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 984 | 1087 | 947 | 868 | 976 | 1001 | 945 | 1105 | 1046 | 1037 | 1010 | 971 | 999 | | 874 |
| Patients with Episodes that are Tracked | 930 | 1039 | 902 | 829 | 939 | 960 | 896 | 1057 | 997 | 994 | 974 | 920 | 934 | | 819 |
| ▲ Percent Tracked by TIMA | 95% | 96% | 95% | 96% | 96% | 96% | 95% | 96% | 95% | 96% | 96% | 95% | 93% | | 94% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
Austin State Hospital

Percent of Patients with Episodes that are Tracked by TIMA

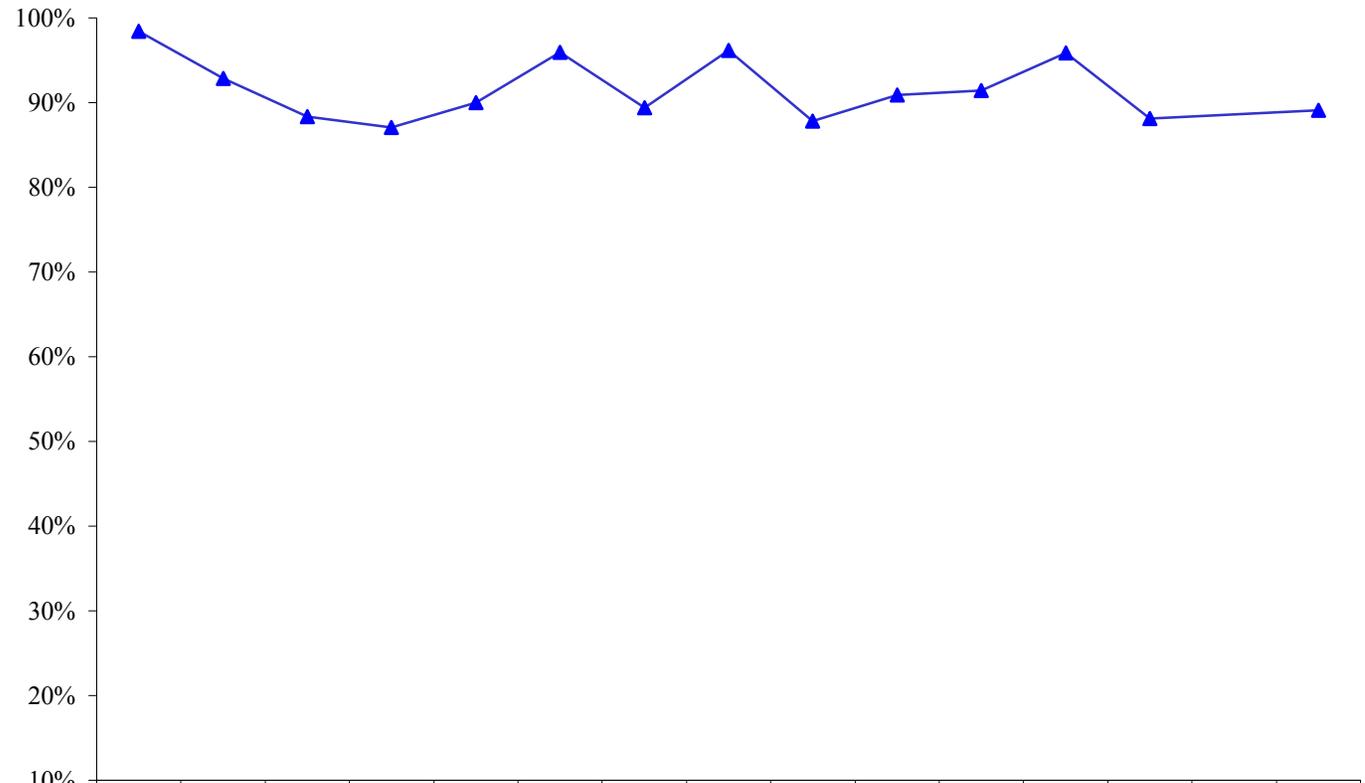


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 225 | 266 | 200 | 191 | 205 | 214 | 203 | 230 | 219 | 218 | 209 | 207 | 216 | | 207 |
| Patients with Episodes that are Tracked | 209 | 252 | 194 | 189 | 202 | 211 | 197 | 219 | 206 | 213 | 206 | 199 | 194 | | 187 |
| ▲ Percent Tracked by TIMA | 93% | 95% | 97% | 99% | 99% | 99% | 97% | 95% | 94% | 98% | 99% | 96% | 90% | | 90% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
Big Spring State Hospital

Percent of Patients with Episodes that are Tracked by TIMA

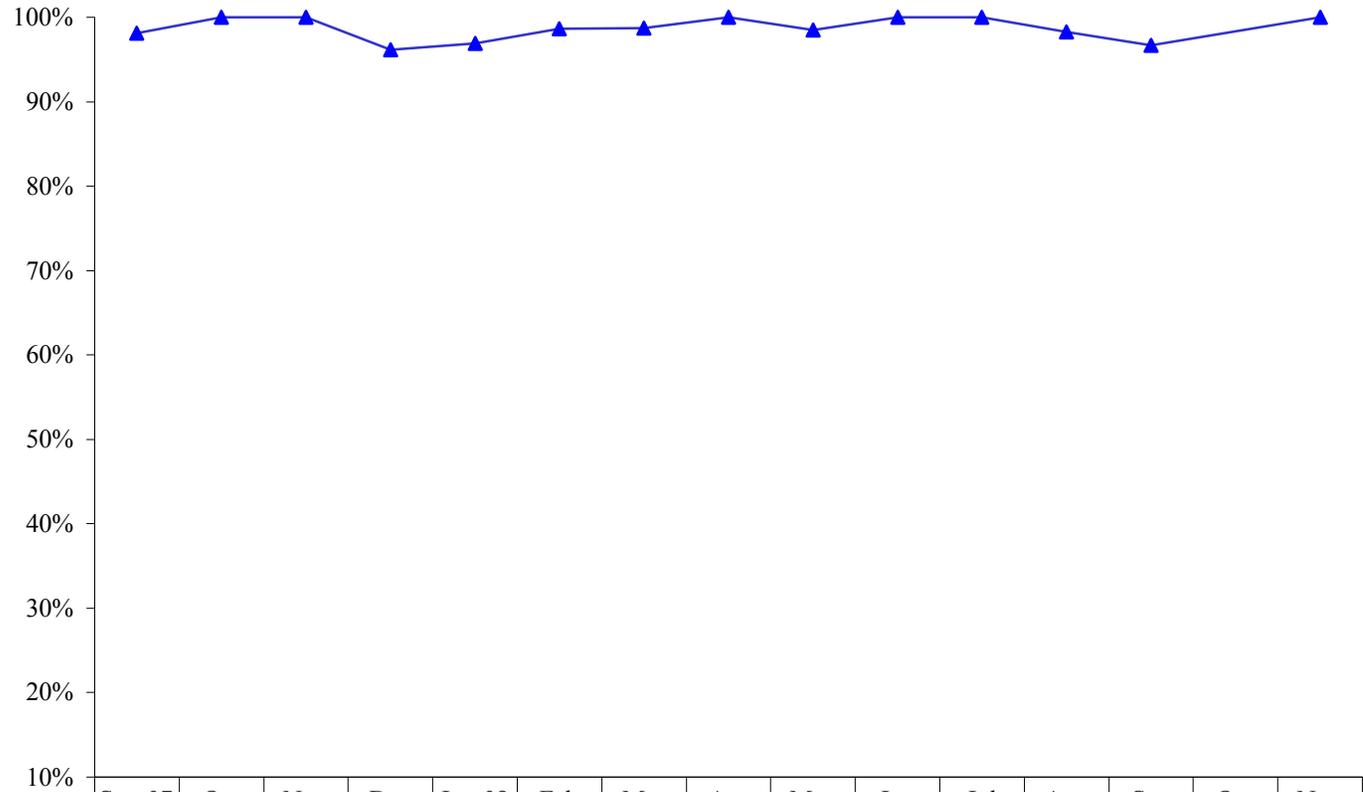


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 64 | 84 | 60 | 62 | 70 | 74 | 66 | 78 | 74 | 55 | 70 | 48 | 59 | | 55 |
| Patients with Episodes that are Tracked | 63 | 78 | 53 | 54 | 63 | 71 | 59 | 75 | 65 | 50 | 64 | 46 | 52 | | 49 |
| ▲ Percent Tracked by TIMA | 98% | 93% | 88% | 87% | 90% | 96% | 89% | 96% | 88% | 91% | 91% | 96% | 88% | | 89% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
El Paso Psychiatric Center

Percent of Patients with Episodes that are Tracked by TIMA

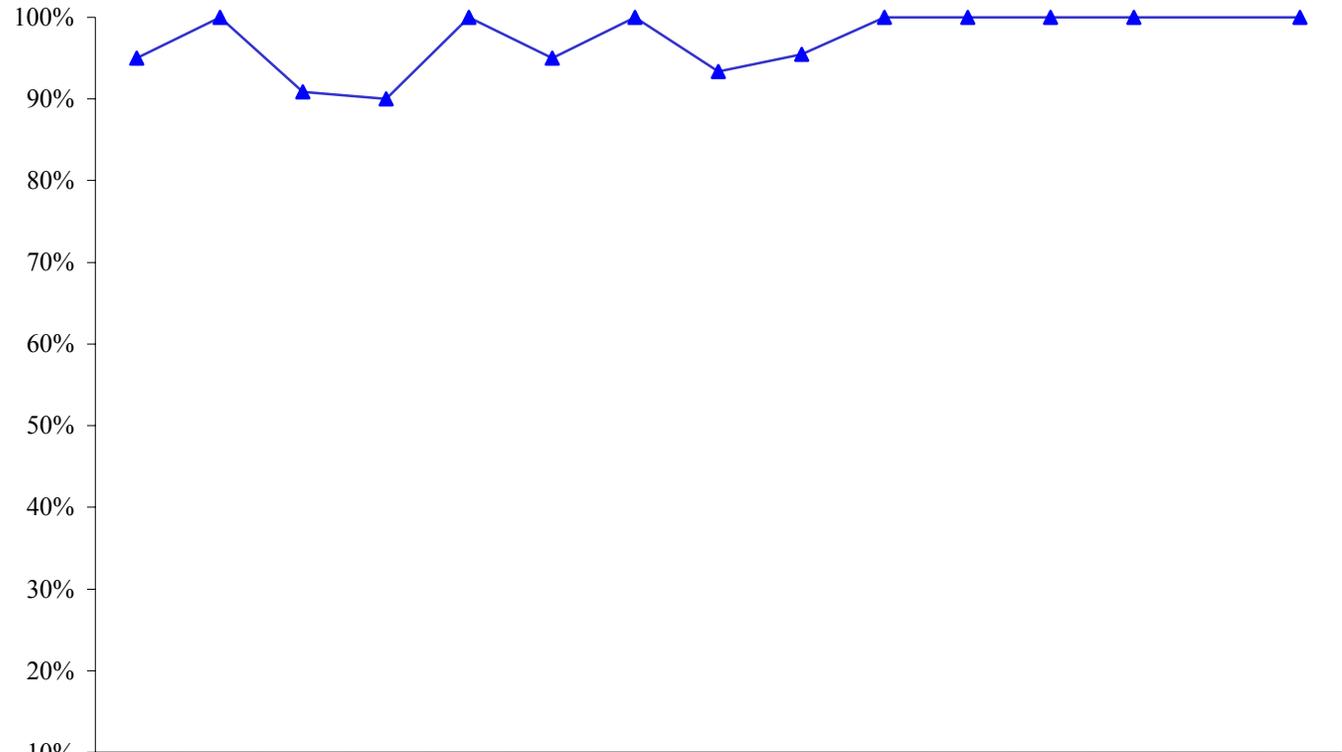


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|------|------|-----|--------|-----|-----|------|-----|------|------|-----|-----|-----|------|
| Patients with Episodes that Should be Tracked | 53 | 87 | 63 | 52 | 65 | 72 | 76 | 71 | 67 | 52 | 43 | 58 | 60 | | 51 |
| Patients with Episodes that are Tracked | 52 | 87 | 63 | 50 | 63 | 71 | 75 | 71 | 66 | 52 | 43 | 57 | 58 | | 51 |
| ▲ Percent Tracked by TIMA | 98% | 100% | 100% | 96% | 97% | 99% | 99% | 100% | 99% | 100% | 100% | 98% | 97% | | 100% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
Kerrville State Hospital

Percent of Patients with Episodes that are Tracked by TIMA

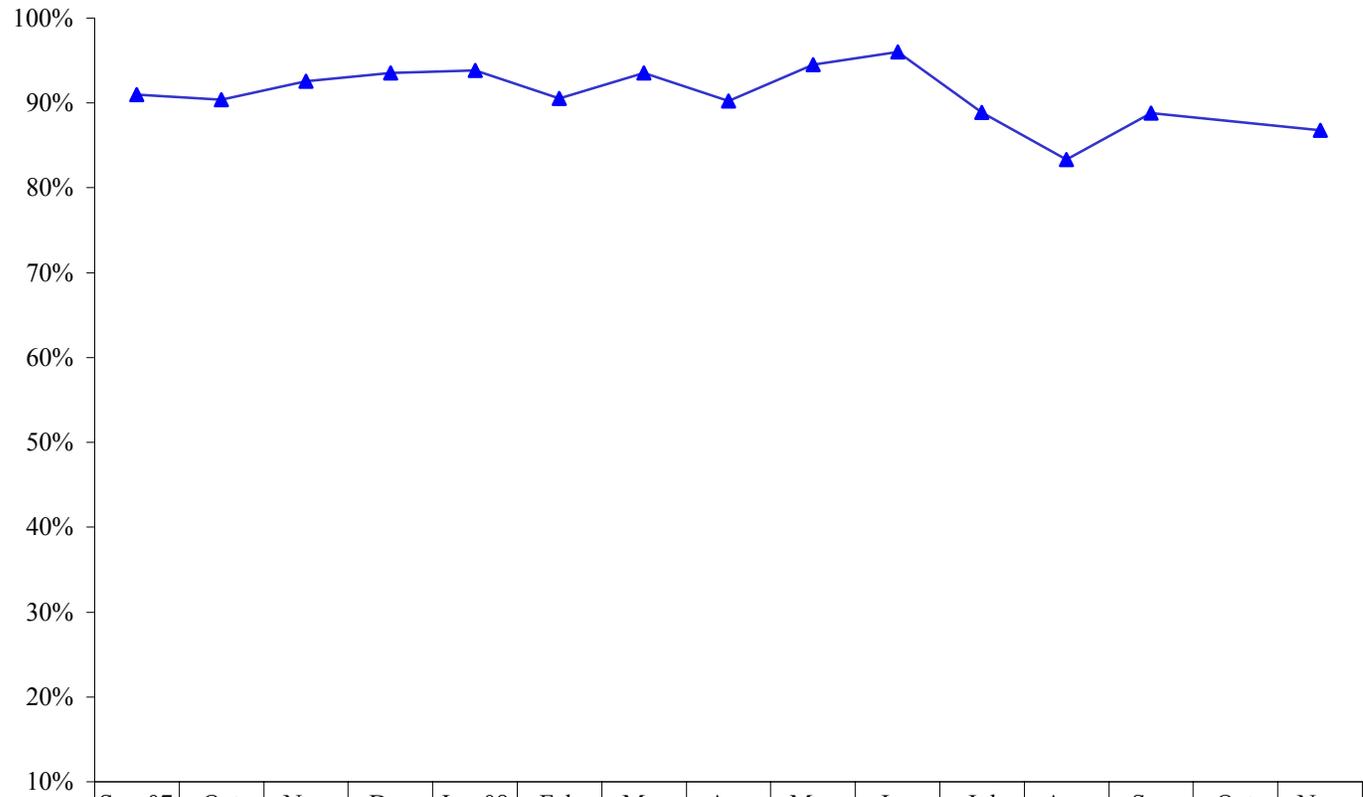


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|------|-----|-----|--------|-----|------|-----|-----|------|------|------|------|-----|------|
| Patients with Episodes that Should be Tracked | 20 | 26 | 11 | 20 | 17 | 20 | 10 | 15 | 22 | 24 | 18 | 16 | 15 | | 16 |
| Patients with Episodes that are Tracked | 19 | 26 | 10 | 18 | 17 | 19 | 10 | 14 | 21 | 24 | 18 | 16 | 15 | | 16 |
| ▲ Percent Tracked by TIMA | 95% | 100% | 91% | 90% | 100% | 95% | 100% | 93% | 95% | 100% | 100% | 100% | 100% | | 100% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
North Texas State Hospital

Percent of Patients with Episodes that are Tracked by TIMA

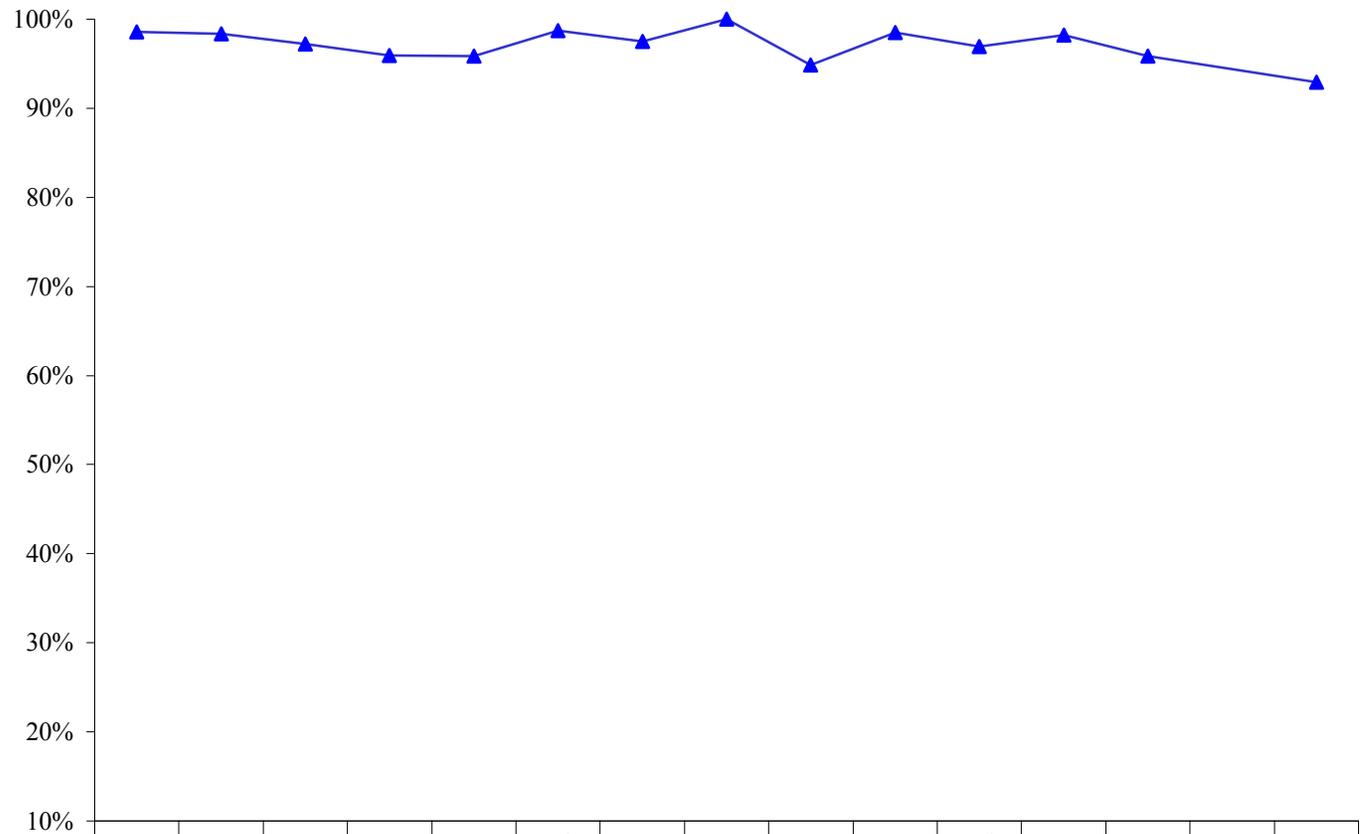


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 89 | 73 | 67 | 109 | 97 | 95 | 93 | 123 | 127 | 126 | 108 | 108 | 107 | | 91 |
| Patients with Episodes that are Tracked | 81 | 66 | 62 | 102 | 91 | 86 | 87 | 111 | 120 | 121 | 96 | 90 | 95 | | 79 |
| ▲ Percent Tracked by TIMA | 91% | 90% | 93% | 94% | 94% | 91% | 94% | 90% | 94% | 96% | 89% | 83% | 89% | | 87% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
Rio Grande State Center

Percent of Patients with Episodes that are Tracked by TIMA

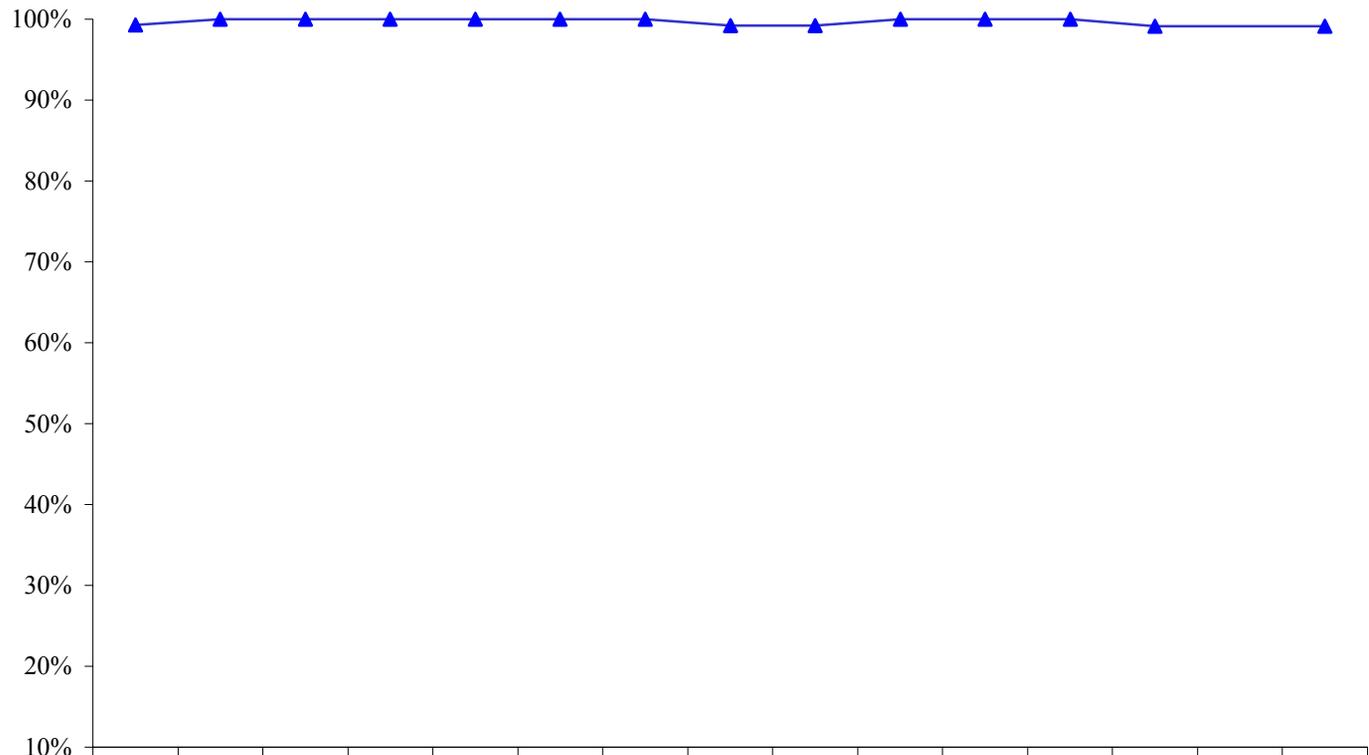


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|-----|-----|-----|--------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 69 | 62 | 71 | 74 | 72 | 79 | 79 | 80 | 78 | 68 | 65 | 56 | 72 | | 71 |
| Patients with Episodes that are Tracked | 68 | 61 | 69 | 71 | 69 | 78 | 77 | 80 | 74 | 67 | 63 | 55 | 69 | | 66 |
| ▲ Percent Tracked by TIMA | 99% | 98% | 97% | 96% | 96% | 99% | 97% | 100% | 95% | 99% | 97% | 98% | 96% | | 93% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
Rusk State Hospital

Percent of Patients with Episodes that are Tracked by TIMA

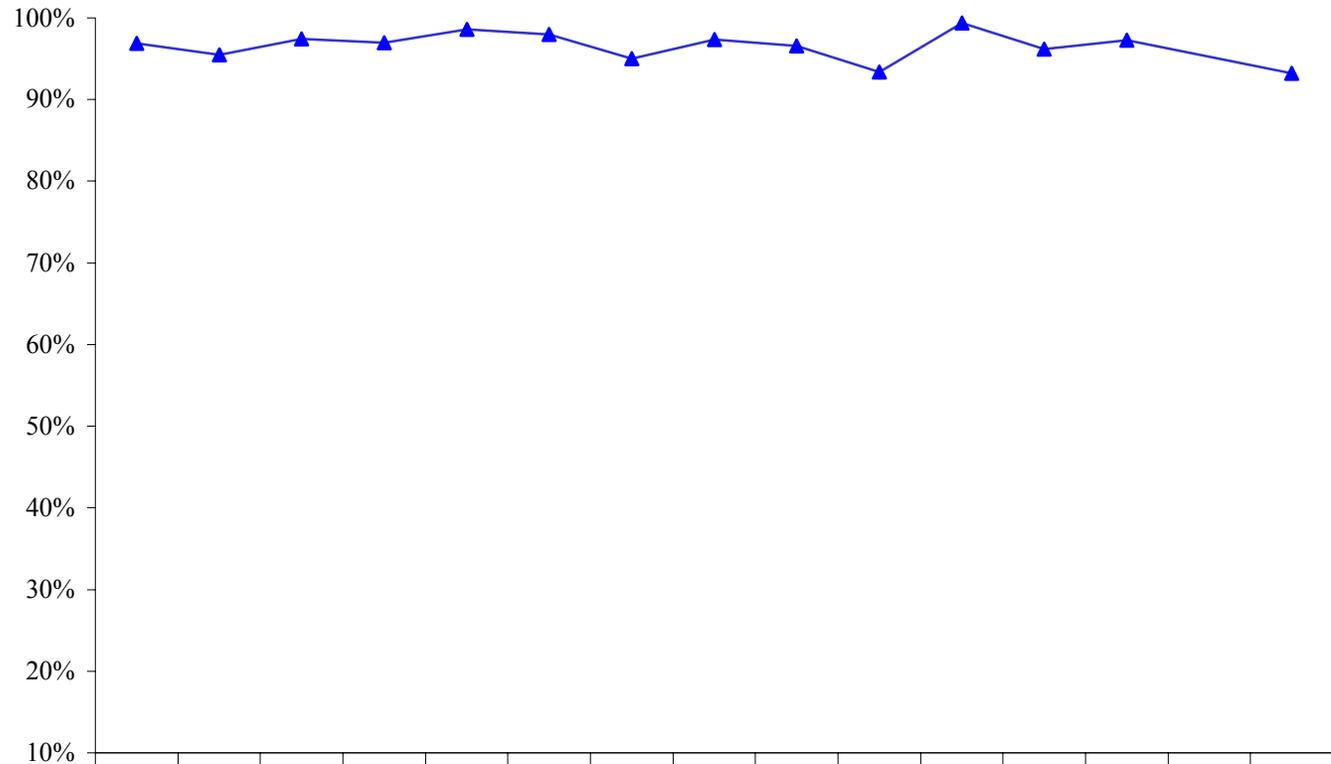


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|------|------|------|--------|------|------|-----|-----|------|------|------|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 136 | 141 | 117 | 86 | 131 | 119 | 120 | 126 | 132 | 121 | 131 | 130 | 113 | | 114 |
| Patients with Episodes that are Tracked | 135 | 141 | 117 | 86 | 131 | 119 | 120 | 125 | 131 | 121 | 131 | 130 | 112 | | 113 |
| ▲ Percent Tracked by TIMA | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | 100% | 100% | 100% | 99% | | 99% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
San Antonio State Hospital

Percent of Patients with Episodes that are Tracked by TIMA

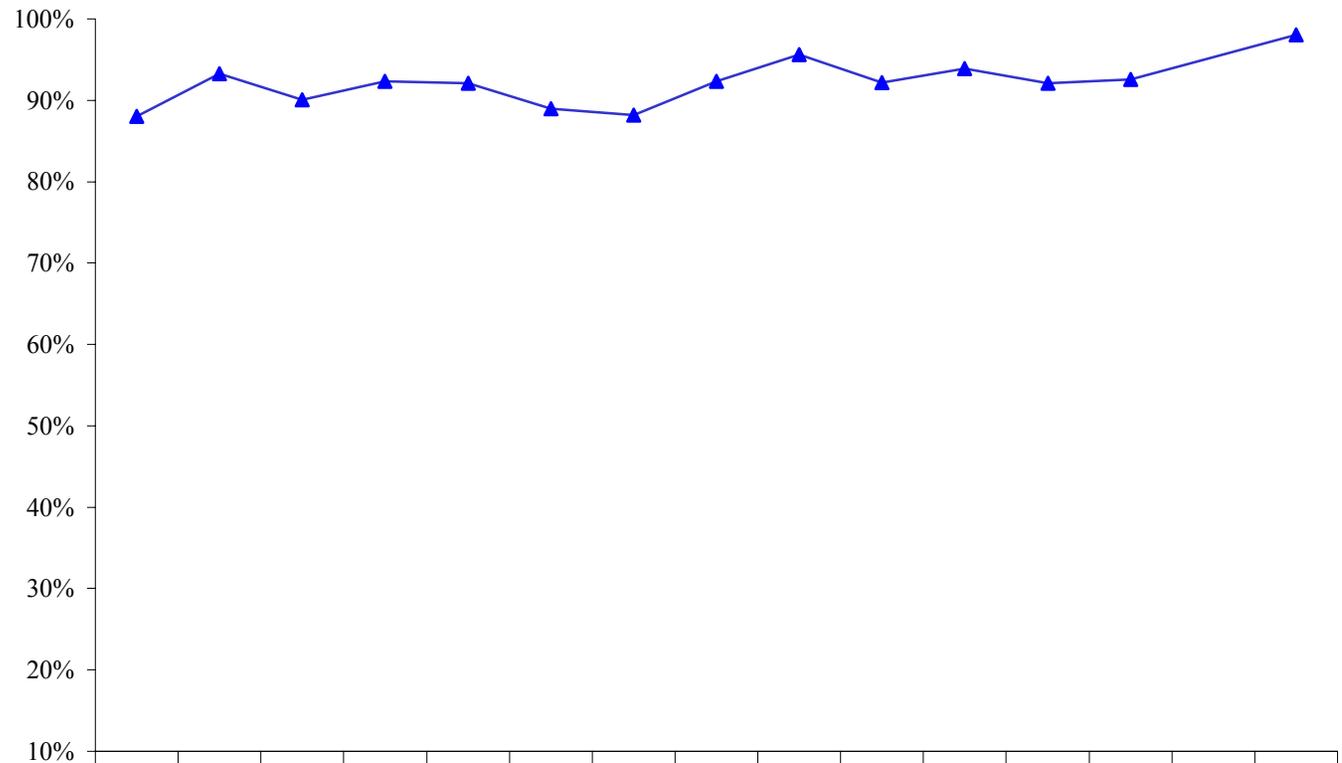


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 161 | 155 | 156 | 130 | 142 | 147 | 120 | 186 | 146 | 195 | 170 | 158 | 182 | | 118 |
| Patients with Episodes that are Tracked | 156 | 148 | 152 | 126 | 140 | 144 | 114 | 181 | 141 | 182 | 169 | 152 | 177 | | 110 |
| ▲ Percent Tracked by TIMA | 97% | 95% | 97% | 97% | 99% | 98% | 95% | 97% | 97% | 93% | 99% | 96% | 97% | | 93% |

October Data Unavailable

Objective 3D - Medication Algorithm (TIMA)
Terrell State Hospital

Percent of Patients with Episodes that are Tracked by TIMA



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Patients with Episodes that Should be Tracked | 167 | 193 | 202 | 144 | 177 | 181 | 178 | 196 | 181 | 178 | 196 | 190 | 175 | | 151 |
| Patients with Episodes that are Tracked | 147 | 180 | 182 | 133 | 163 | 161 | 157 | 181 | 173 | 164 | 184 | 175 | 162 | | 148 |
| ▲ Percent Tracked by TIMA | 88% | 93% | 90% | 92% | 92% | 89% | 88% | 92% | 96% | 92% | 94% | 92% | 93% | | 98% |

October Data Unavailable

Performance Objective 3E:

Each state hospital will maintain 95% compliance for Data Integrity Review (DIR) measures. Measures include restraint/seclusion, elopement, leaves, injuries, medication algorithm, commitment status, offense codes, county of residence, NRI satisfaction surveys, MR.MI placement and CWS assessments timeframes.

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:

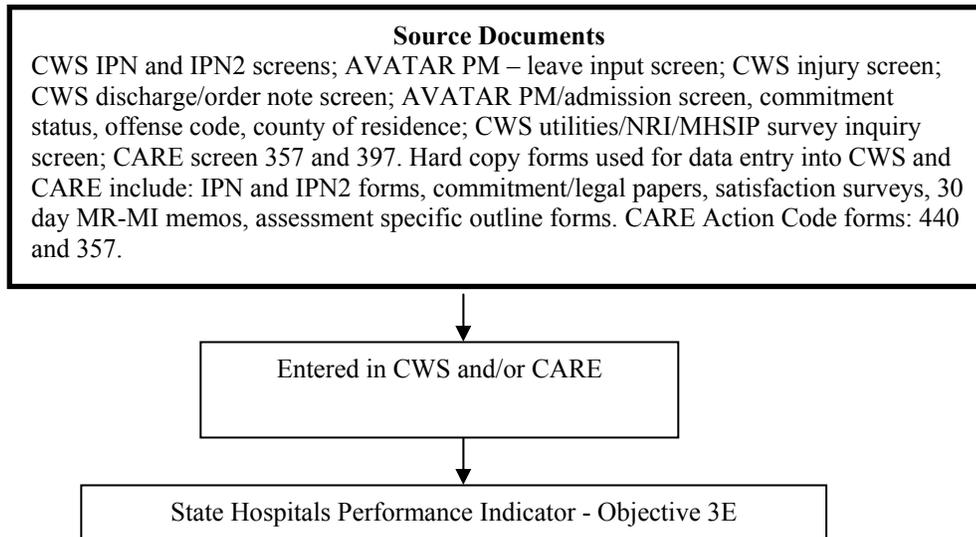
N = # of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.

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 3E - Data Integrity Review Measures
All State Hospitals - As of November 30, 2008

| Measure | NTSH 10/08 | KSH 12/08 | RSH 12/08 | ASH 1/09 | RGSC 2/09 | TSH 3/09 | WCY 4/09 | SASH 5/09 | EPPC 6/09 | BSH 7/09 | TCID 8/09 | TOTAL | System % |
|---------------------|------------|-----------|-----------|----------|-----------|----------|----------|-----------|-----------|----------|-----------|-------|----------|
| RESTR | 100 | 100 | | | | | | | | | | | |
| SECL | 100 | 100 | | | | | | | | | | | |
| LEAVE | 100 | 100 | | | | | | | | | | | |
| ELOPE | | 100 | | | | | | | | | | | |
| INJURY | 100 | 100 | | | | | | | | | | | |
| MR/MI Memo | 72.72 | | | | | | | | | | | | |
| MR/MI CARE | 77.27 | | | | | | | | | | | | |
| MR/MI Comb | 75 | | | | | | | | | | | | |
| # Admissions | | | | | | | | | | | | | |
| # Discharges | | | | | | | | | | | | | |
| Pts Tx To Cure | | | | | | | | | | | | | |
| Adm GAF | | | | | | | | | | | | | |
| DC GAF | | | | | | | | | | | | | |
| TIMA | 93.75 | 100 | | | | | | | | | | | |
| TIMA 2 MEAS | | | | | | | | | | | | | |
| NRI-S/A | 98.66 | 100 | | | | | | | | | | | |
| NRI-S/C | 100 | 100 | | | | | | | | | | | |
| COMMIT | 100 | 96.6 | | | | | | | | | | | |
| OFFENSE | 100 | 94.78 | | | | | | | | | | | |
| CTY RES | 100 | 90 | | | | | | | | | | | |
| % | 93.646154 | 98.307273 | | | | | | | | | | | |
| CWS Finalization | | | | | | | | | | | | | |
| AIMS | 95.65 | 100 | | | | | | | | | | | |
| NURSING | 97.1 | 100 | | | | | | | | | | | |
| MEDICAL HX | 97.1 | 100 | | | | | | | | | | | |
| PHYS EXAM | 96.14 | 100 | | | | | | | | | | | |
| DIAGNOSIS | 100 | 100 | | | | | | | | | | | |
| MENTAL S.E | 95.17 | 100 | | | | | | | | | | | |
| PSY EVAL | 96.14 | 100 | | | | | | | | | | | |
| SOCIAL HX | 99.52 | 100 | | | | | | | | | | | |
| Numerator | 1608 | 151 | | | | | | | | | | | |
| Denominator | 1656 | 151 | | | | | | | | | | | |
| % | 97.1 | 100 | | | | | | | | | | | |
| CWS Forms Finalized | | | | | | | | | | | | | |
| TX PLAN* | 73.33 | 0.047 | | | | | | | | | | | |
| TX PLAN REV | 32.14 | 50 | | | | | | | | | | | |
| CONSENT 9-7 | 92.59 | 100 | | | | | | | | | | | |
| RIGHTS 9-1 | 93.33 | 90 | | | | | | | | | | | |
| External Validation | | | | | | | | | | | | | |
| R/S-FAC | 89.5 | 89.88 | | | | | | | | | | | |
| R/S-HMDS | 87.92 | 88.56 | | | | | | | | | | | |
| RANGE | 1.58 | 1.01 | | | | | | | | | | | |
| VALIDATION | YES | YES | | | | | | | | | | | |

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

Yellow or Gray=less than 95%

Blank=N/A

*Measure to be reviewed by CPIC

Performance Measure 3A:

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

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

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

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

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

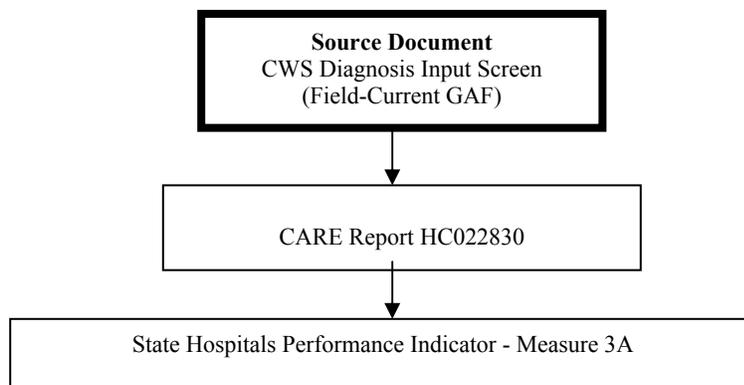
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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

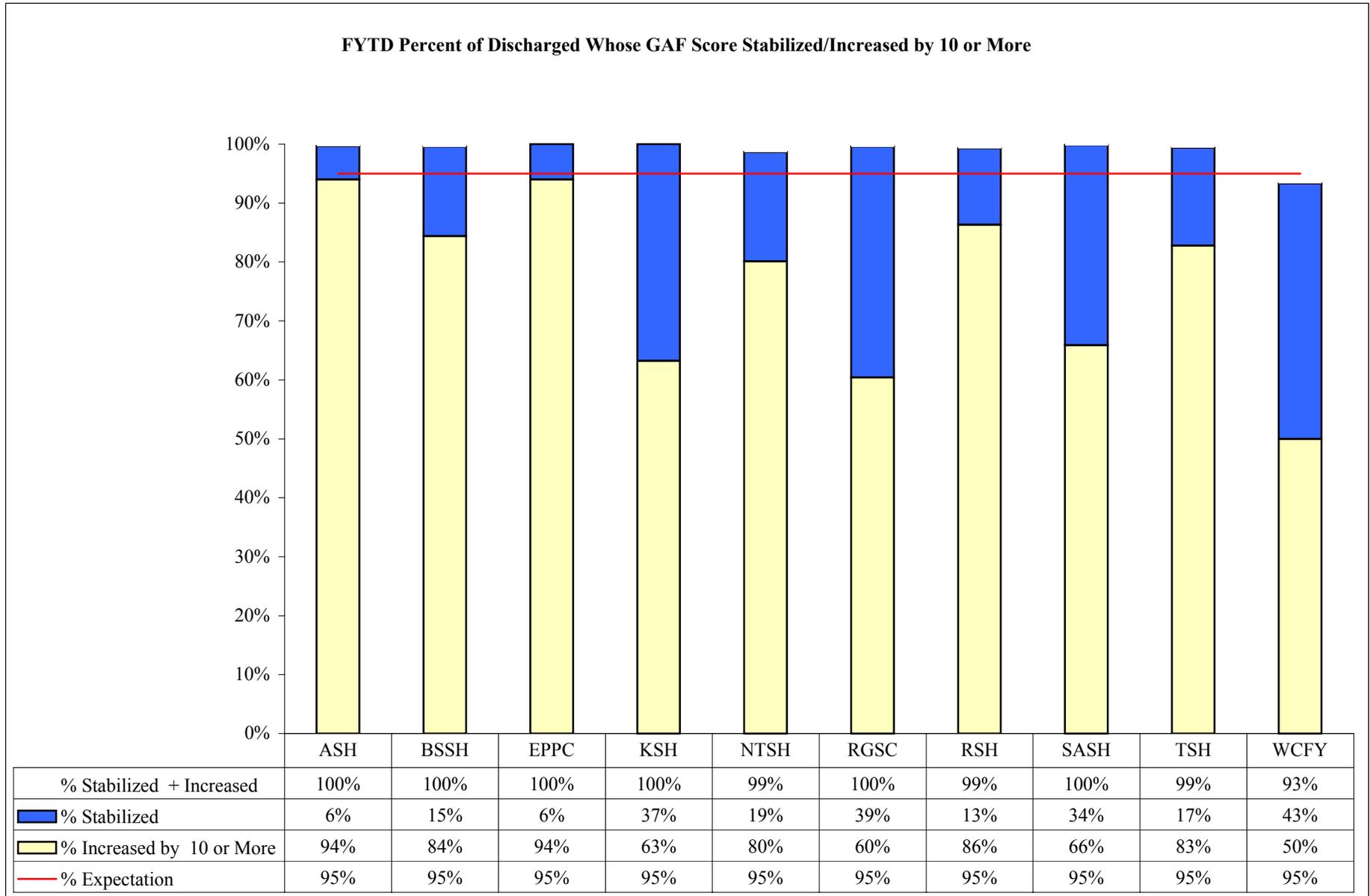
Performance Measure Data Display and Chart Description:

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

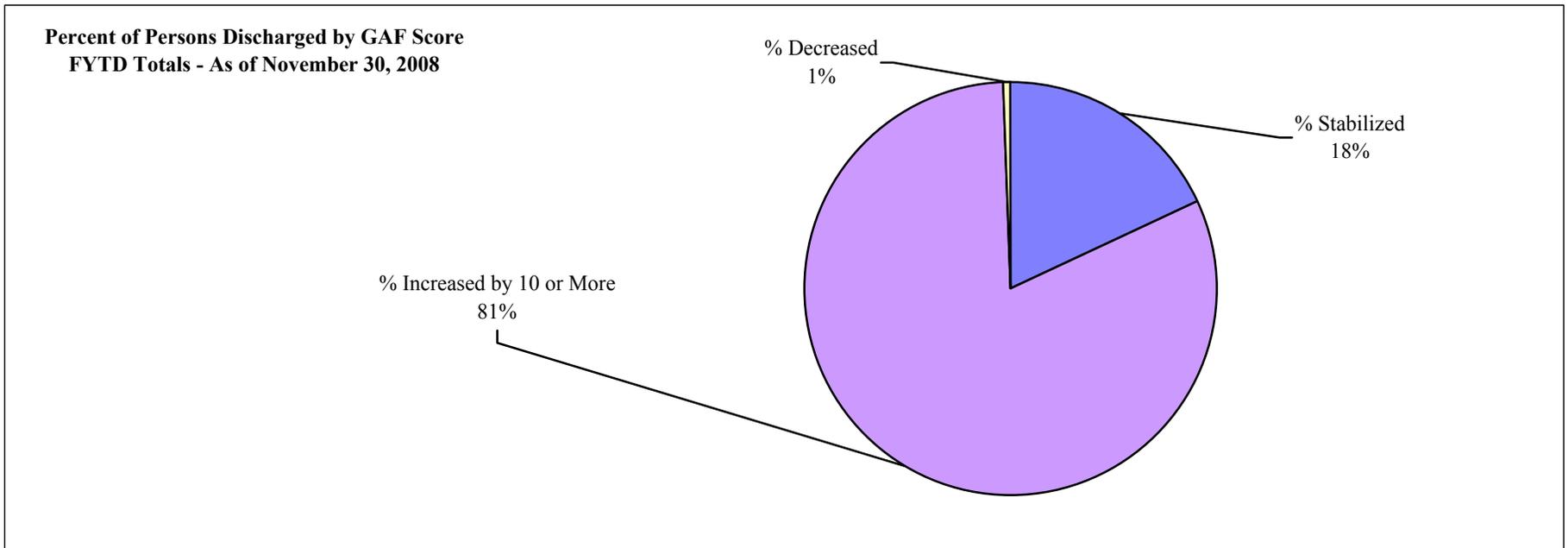
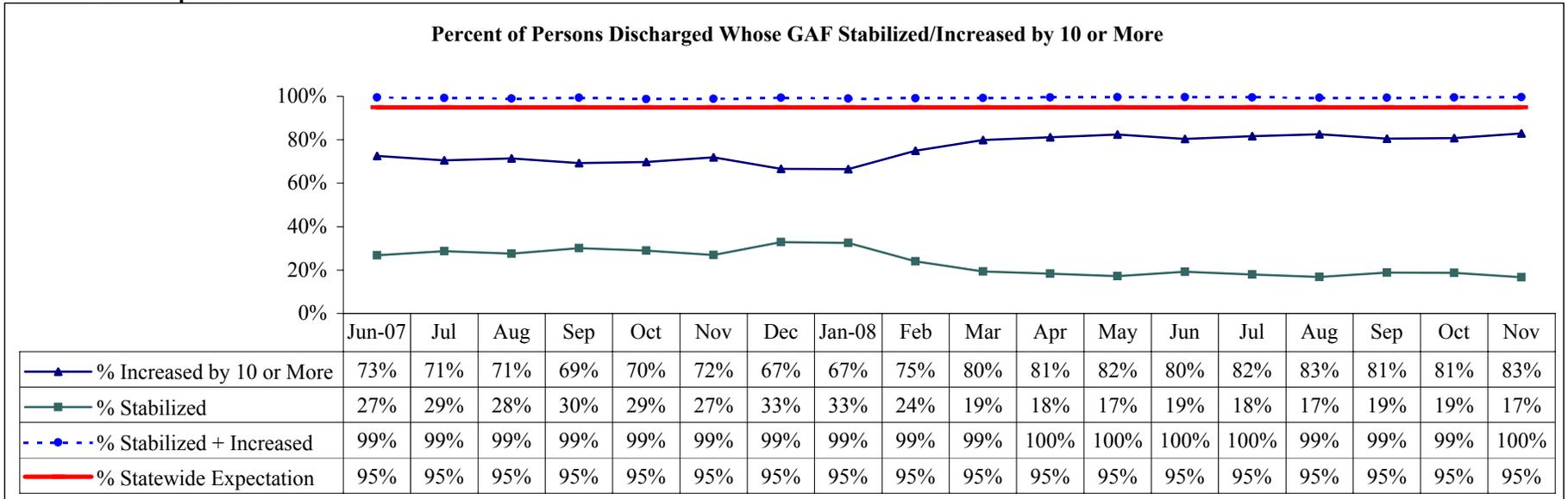
Data Flow:



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals - As of November 30, 2008

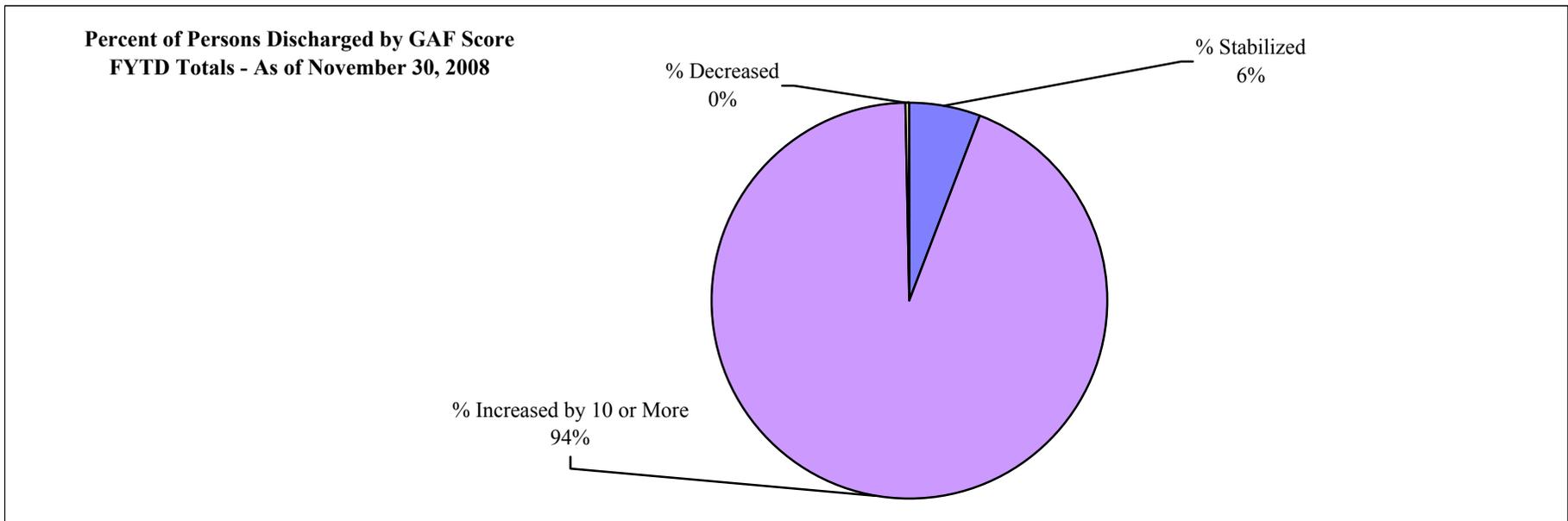
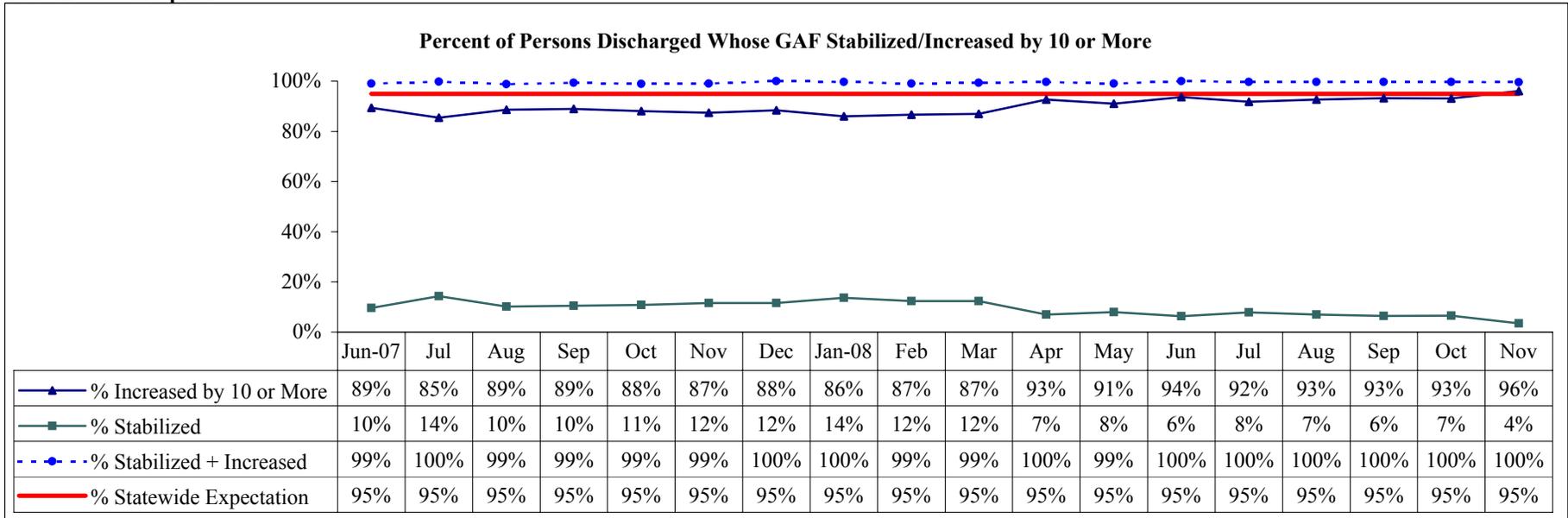


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals



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

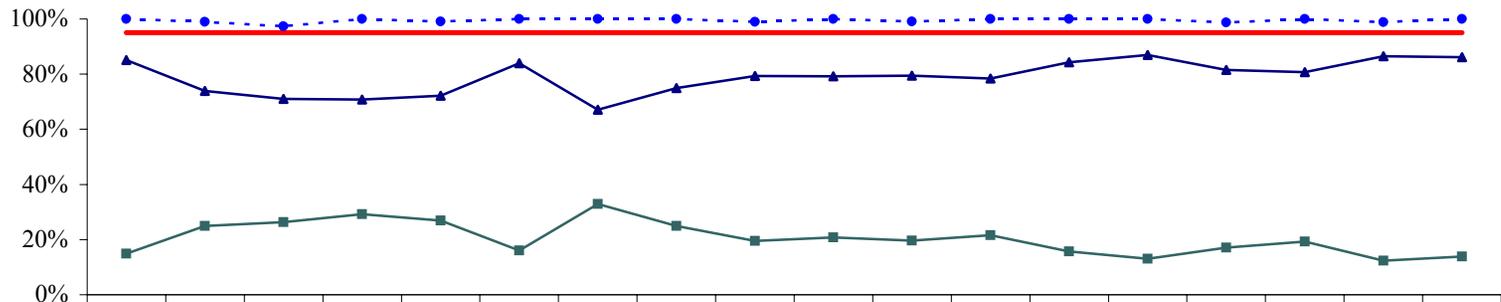
Austin State Hospital



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

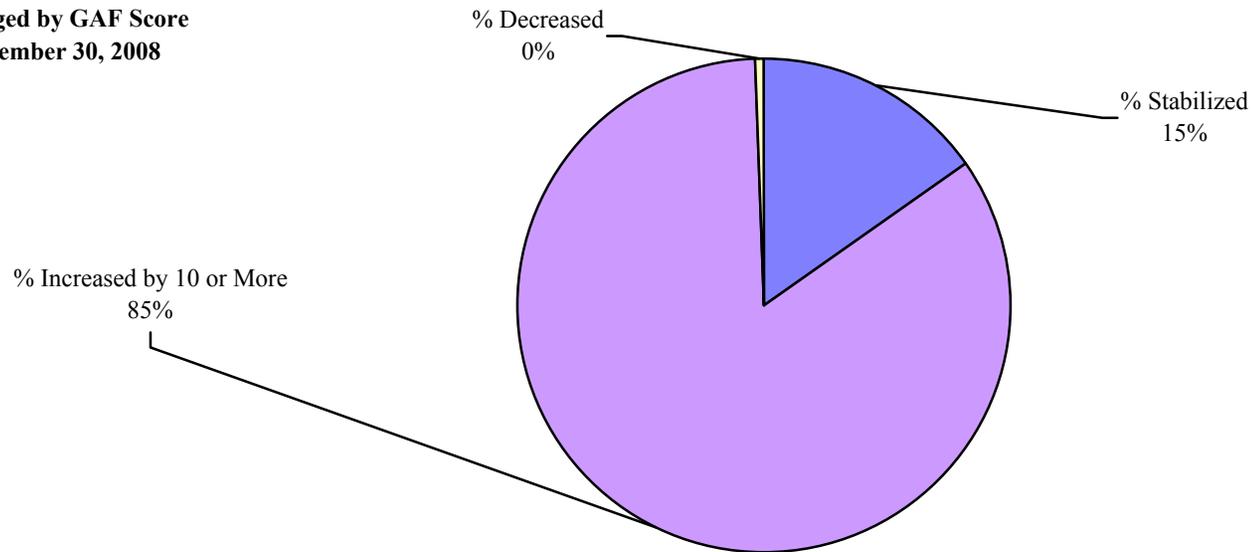
Big Spring State Hospital

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



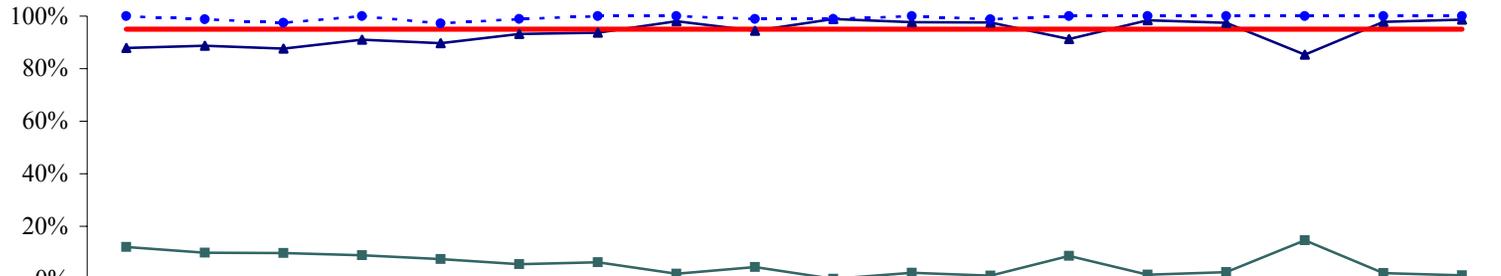
| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|-----|-----|------|-----|------|------|--------|-----|------|-----|------|------|------|-----|------|-----|------|
| —▲— % Increased by 10 or More | 85% | 74% | 71% | 71% | 72% | 84% | 67% | 75% | 79% | 79% | 79% | 78% | 84% | 87% | 82% | 81% | 87% | 86% |
| —■— % Stabilized | 15% | 25% | 26% | 29% | 27% | 16% | 33% | 25% | 20% | 21% | 20% | 22% | 16% | 13% | 17% | 19% | 12% | 14% |
| - - ● - - % Stabilized + Increased | 100% | 99% | 97% | 100% | 99% | 100% | 100% | 100% | 99% | 100% | 99% | 100% | 100% | 100% | 99% | 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 November 30, 2008



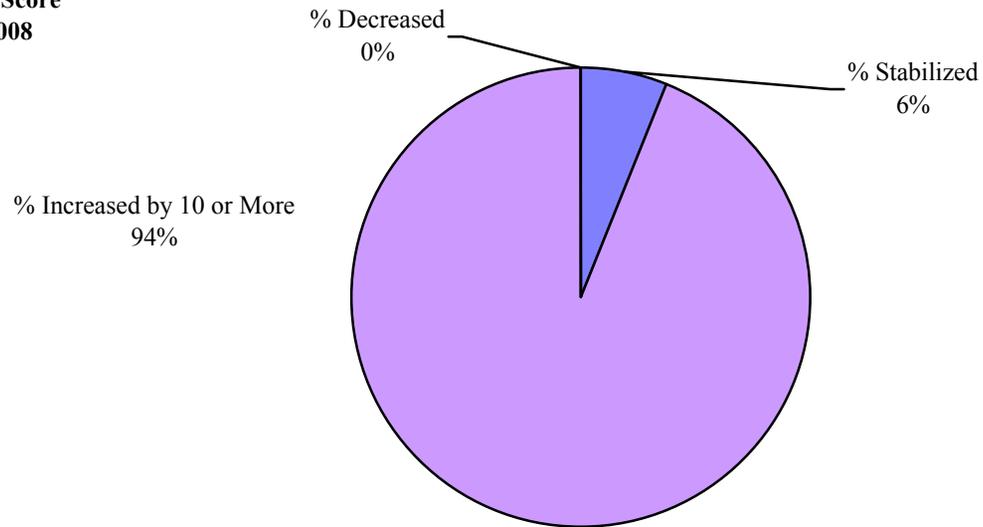
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

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



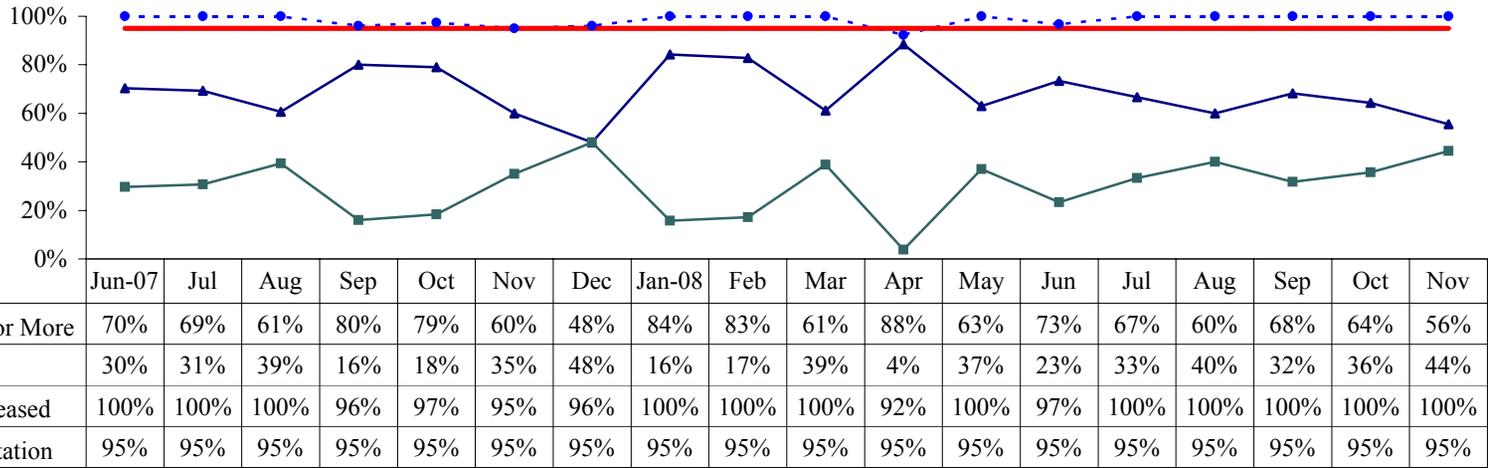
| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|-----|-----|------|-----|-----|------|--------|-----|-----|------|-----|------|------|------|------|------|------|
| —▲— % Increased by 10 or More | 88% | 89% | 88% | 91% | 90% | 93% | 94% | 98% | 94% | 99% | 98% | 98% | 91% | 98% | 97% | 85% | 98% | 99% |
| —■— % Stabilized | 12% | 10% | 10% | 9% | 7% | 6% | 6% | 2% | 4% | 0% | 2% | 1% | 9% | 2% | 3% | 15% | 2% | 1% |
| - - ● - - % Stabilized + Increased | 100% | 99% | 97% | 100% | 97% | 99% | 100% | 100% | 99% | 99% | 100% | 99% | 100% | 100% | 100% | 100% | 100% | 100% |
| — % Statewide Expectation | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2008

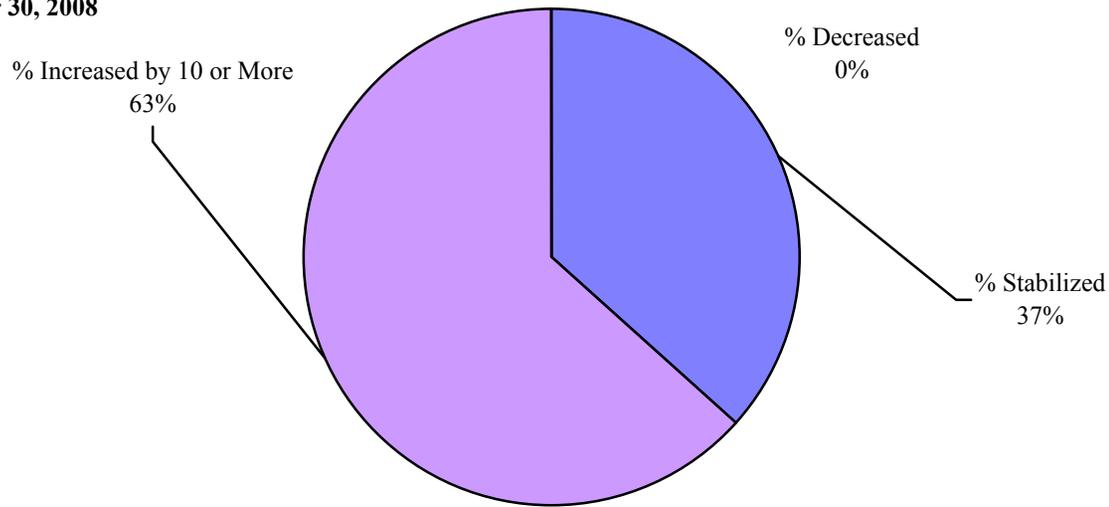


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

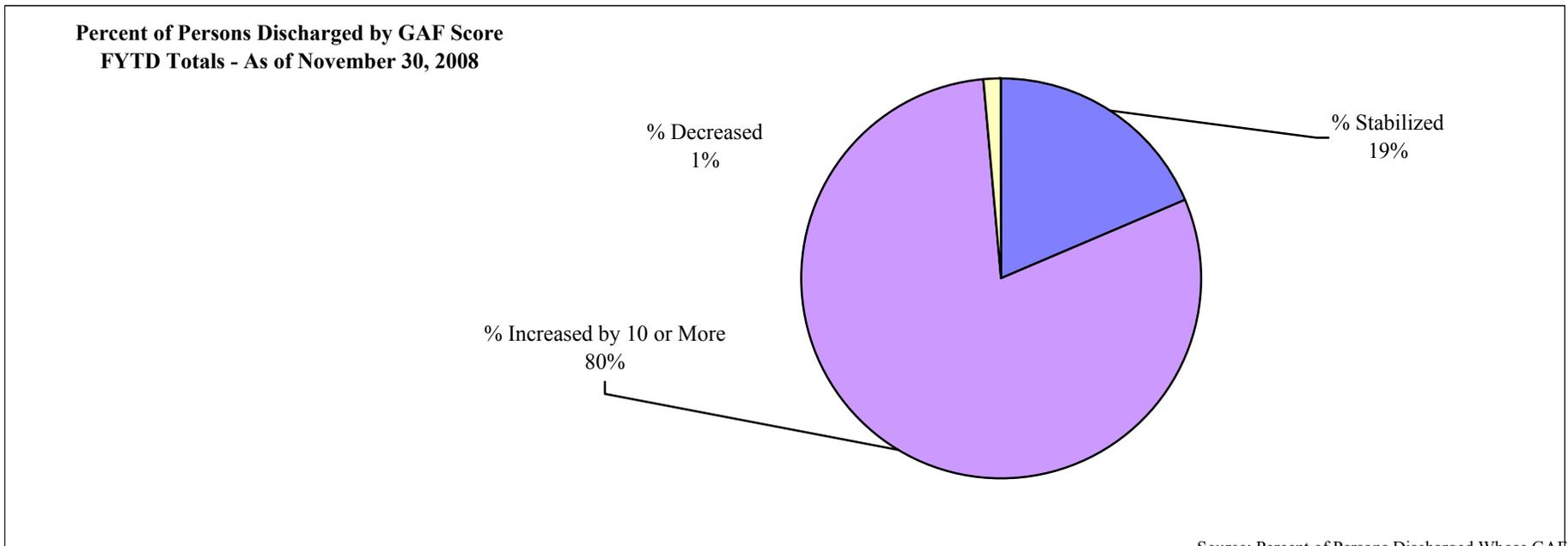
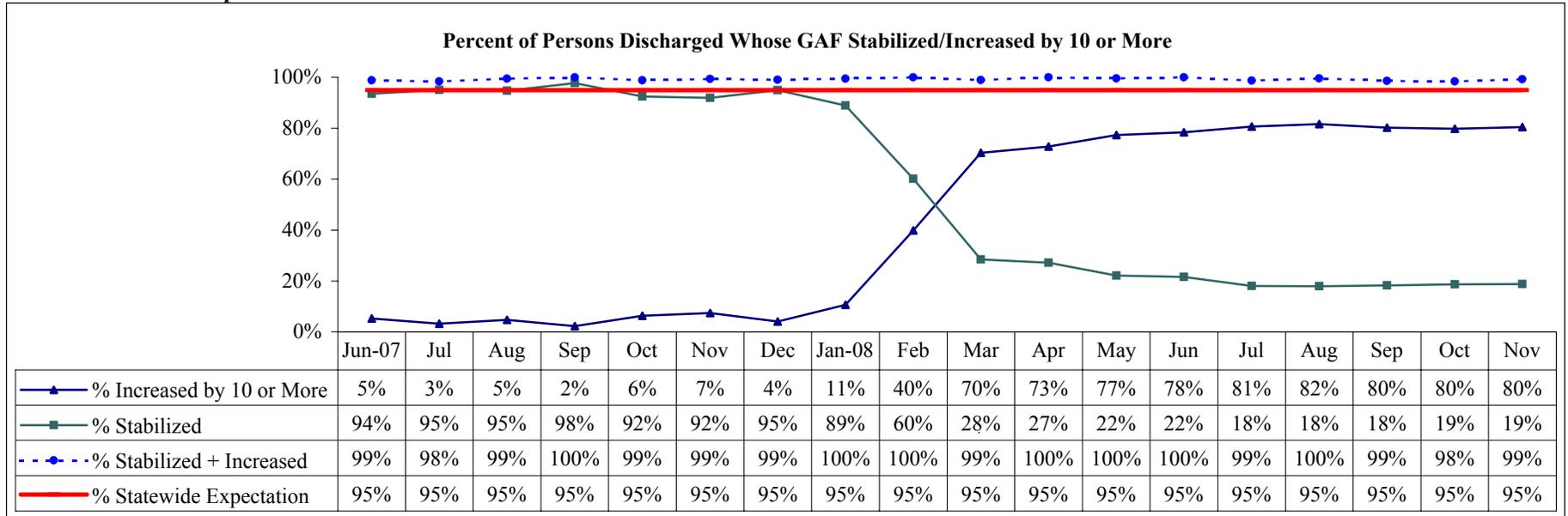
Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2008

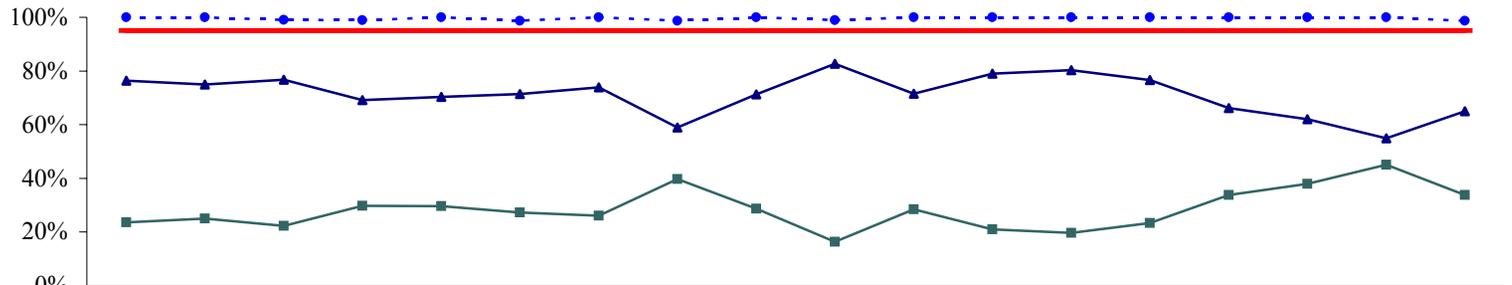


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital



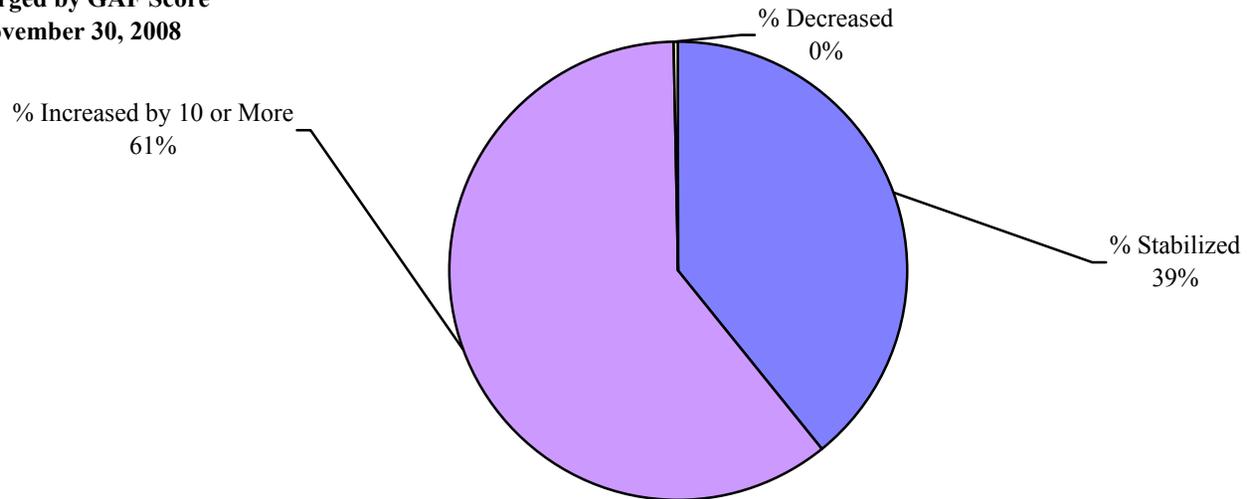
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

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



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|------|-----|-----|------|-----|------|--------|------|-----|------|------|------|------|------|------|------|-----|
| —▲— % Increased by 10 or More | 76% | 75% | 77% | 69% | 70% | 71% | 74% | 59% | 71% | 83% | 72% | 79% | 80% | 77% | 66% | 62% | 55% | 65% |
| —■— % Stabilized | 24% | 25% | 22% | 30% | 30% | 27% | 26% | 40% | 29% | 16% | 28% | 21% | 20% | 23% | 34% | 38% | 45% | 34% |
| - - ● - - % Stabilized + Increased | 100% | 100% | 99% | 99% | 100% | 99% | 100% | 99% | 100% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99% |
| — % Statewide Expectation | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2008

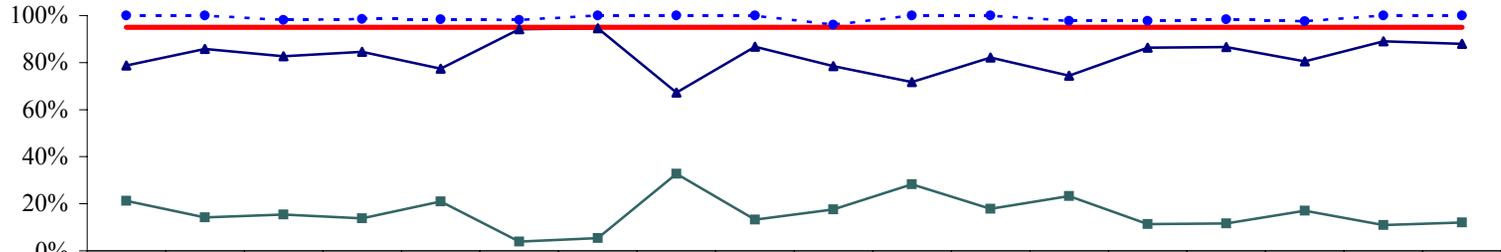


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

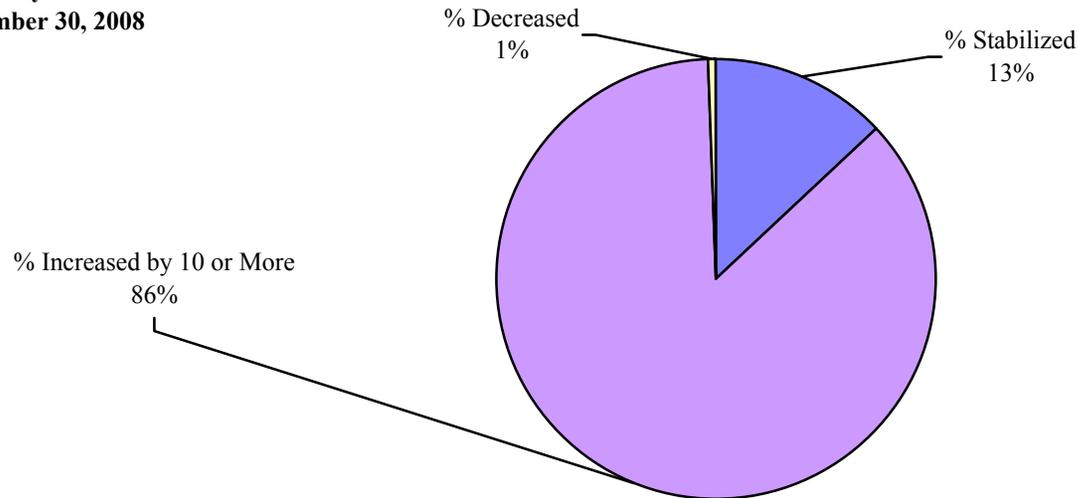
Rusk State Hospital

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



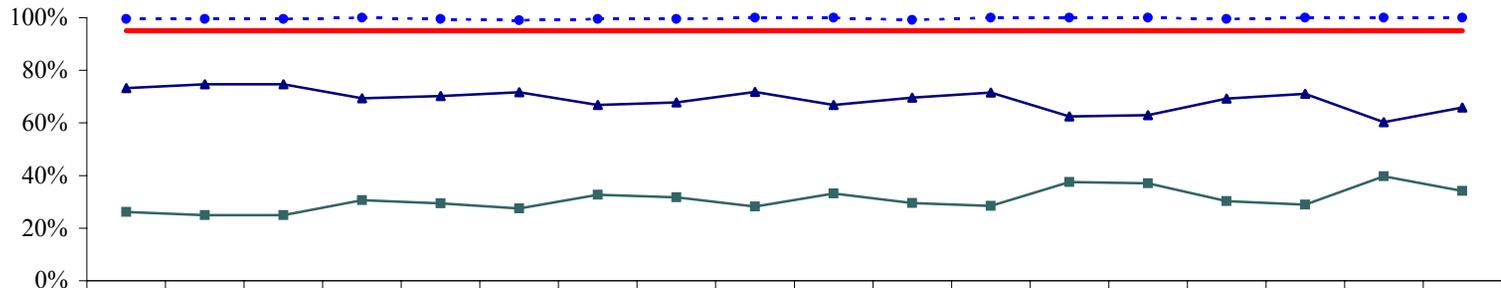
| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|------|-----|-----|-----|-----|------|--------|------|-----|------|------|-----|-----|-----|-----|------|------|
| —▲— % Increased by 10 or More | 79% | 86% | 83% | 85% | 77% | 94% | 95% | 67% | 87% | 78% | 72% | 82% | 74% | 86% | 87% | 80% | 89% | 88% |
| —■— % Stabilized | 21% | 14% | 15% | 14% | 21% | 4% | 5% | 33% | 13% | 18% | 28% | 18% | 23% | 11% | 12% | 17% | 11% | 12% |
| - - ● - - % Stabilized + Increased | 100% | 100% | 98% | 98% | 98% | 98% | 100% | 100% | 100% | 96% | 100% | 100% | 98% | 98% | 98% | 98% | 100% | 100% |
| — % Statewide Expectation | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |

**Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2008**



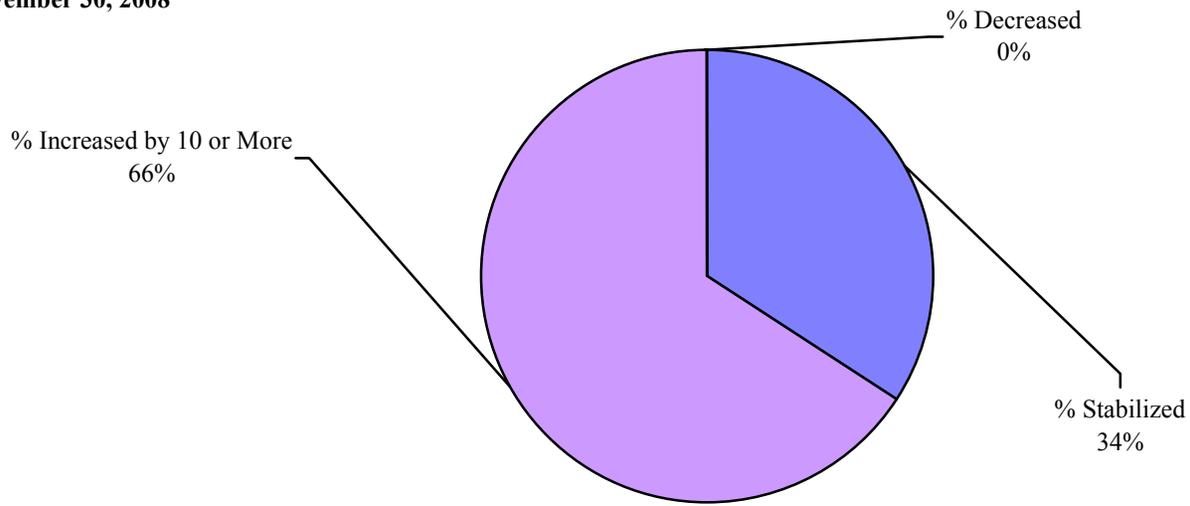
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital

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



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|------|------|------|------|-----|-----|--------|------|------|-----|------|------|------|-----|------|------|------|
| —▲— % Increased by 10 or More | 73% | 75% | 75% | 69% | 70% | 72% | 67% | 68% | 72% | 67% | 70% | 72% | 63% | 63% | 69% | 71% | 60% | 66% |
| —■— % Stabilized | 26% | 25% | 25% | 31% | 29% | 27% | 33% | 32% | 28% | 33% | 29% | 29% | 38% | 37% | 30% | 29% | 40% | 34% |
| - - ● - - % Stabilized + Increased | 100% | 100% | 100% | 100% | 100% | 99% | 99% | 100% | 100% | 100% | 99% | 100% | 100% | 100% | 99% | 100% | 100% | 100% |
| — % Statewide Expectation | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |

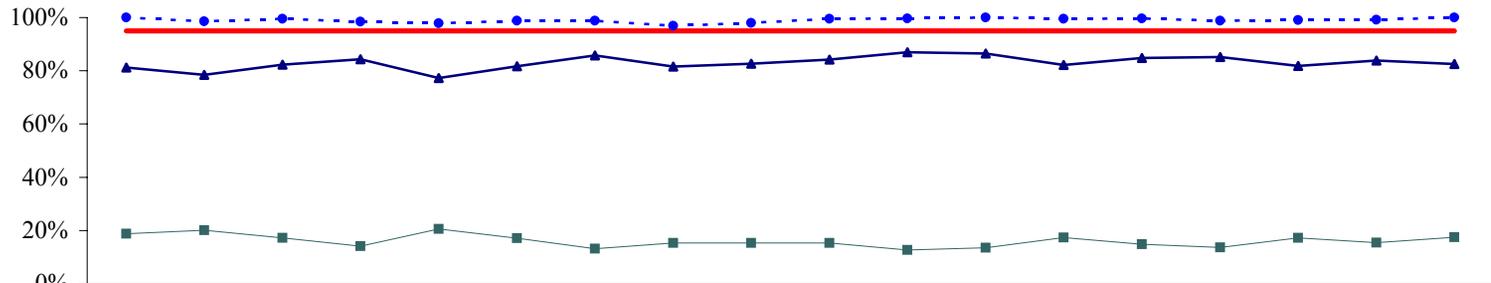
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2008



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

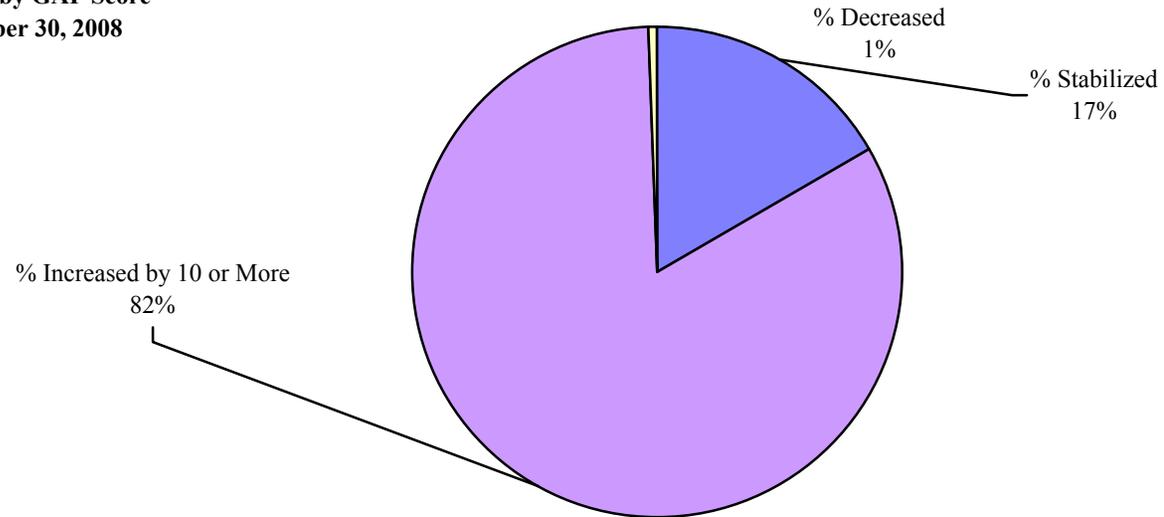
Terrell State Hospital

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



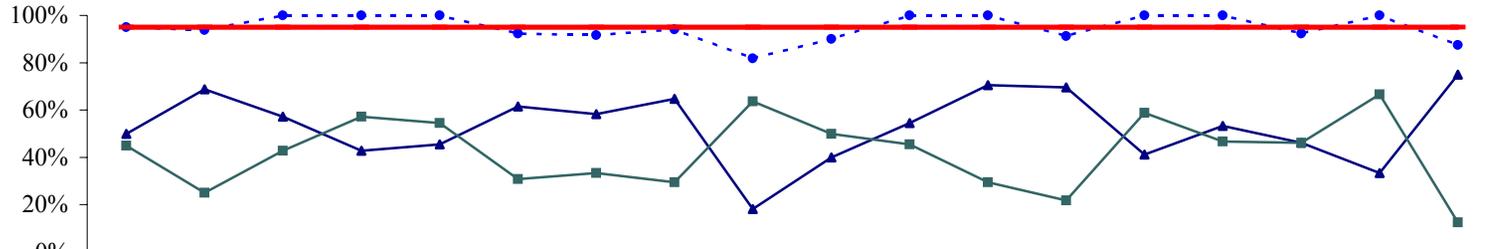
| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|-----|------|-----|-----|-----|-----|--------|-----|------|------|------|------|------|-----|-----|-----|------|
| —▲— % Increased by 10 or More | 81% | 79% | 82% | 84% | 77% | 82% | 86% | 82% | 83% | 84% | 87% | 86% | 82% | 85% | 85% | 82% | 84% | 83% |
| —■— % Stabilized | 19% | 20% | 17% | 14% | 21% | 17% | 13% | 15% | 15% | 15% | 13% | 14% | 17% | 15% | 14% | 17% | 15% | 17% |
| - - ● - - % Stabilized + Increased | 100% | 99% | 100% | 98% | 98% | 99% | 99% | 97% | 98% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | 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 November 30, 2008



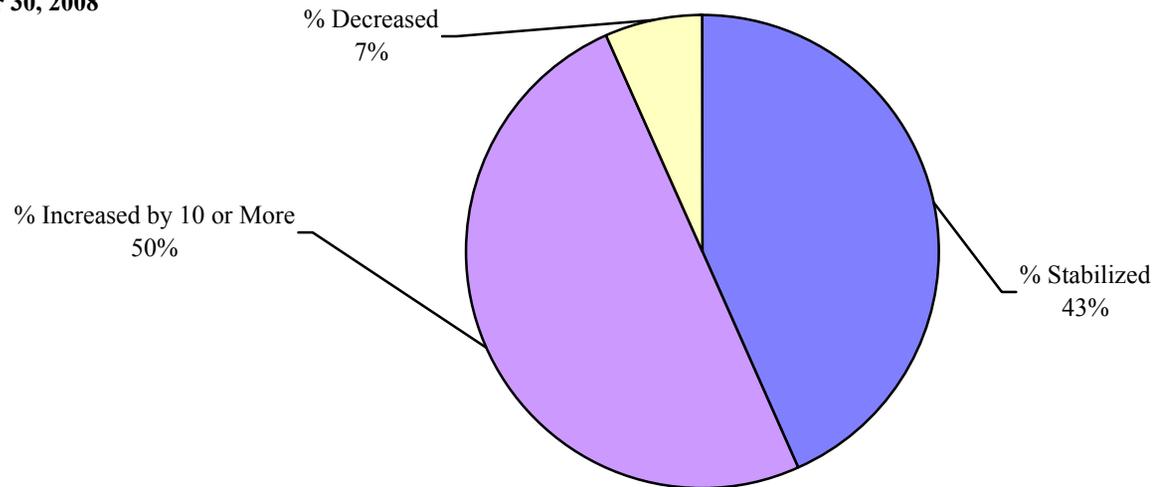
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------------|--------|-----|------|------|------|-----|-----|--------|-----|-----|------|------|-----|------|------|-----|------|-----|
| —▲— % Increased by 10 or More | 50% | 69% | 57% | 43% | 45% | 62% | 58% | 65% | 18% | 40% | 55% | 71% | 70% | 41% | 53% | 46% | 33% | 75% |
| —■— % Stabilized | 45% | 25% | 43% | 57% | 55% | 31% | 33% | 29% | 64% | 50% | 45% | 29% | 22% | 59% | 47% | 46% | 67% | 13% |
| - - ● - - % Stabilized + Increased | 95% | 94% | 100% | 100% | 100% | 92% | 92% | 94% | 82% | 90% | 100% | 100% | 91% | 100% | 100% | 92% | 100% | 88% |
| — % Statewide Expectation | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2008



Performance Measure 3D:

Use of medication algorithm rating scales as measured by percent of patients with two scores on different dates. (Preference at least on admission and on discharged)

Performance Measure Operational Definition: Total discharged patients with episodes that are tracked by the Texas Implementation of Medication Algorithm (TIMA). The last diagnosis entered into CWS is the diagnosis that will be compared to the TIMA algorithm/stage documented on the Physicians Discharge Order/Note. The CRS report from which this data is derived counts all discharged adult patients (18 or over) with a principal diagnosis of 295.xx, 296.0x, 296.1x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7x, 296.8x, 300.4x (x being any number) and calculates the percentage of discharged adult patients that have legitimate TIMA information recorded on the latest finalized Physicians Discharge Order of the CWSS DSS. (NONE, N/A and OTHER are not considered valid algorithms).

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

R = rate of discharged patients that are tracked by TIMA

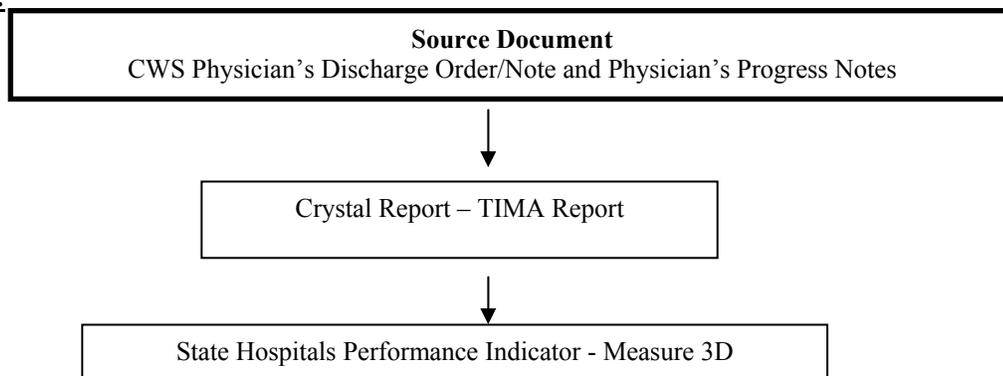
N = patients with episodes that are tracked by TIMA that have 2 rating scale scores on different dates

D = discharged patients with episodes that should be tracked by TIMA

Performance Measure Data Display and Chart Description:

- ◆ Table shows the percent of discharged patients with episodes that are tracked by TIMA for individual state hospitals.
- ◆ Chart with monthly data points of percent of discharged patients with episodes that are tracked by TIMA, number of patients with episodes that should be tracked and number of patients with episodes that are tracked for individual state hospitals and system-wide.

Data Flow:



Measure 3D - Use of Medication Algorithm Rating Scales
All State MH Hospitals

Data Not Available

| Facility | Sep-08 | Oct | Nov | Dec | Jan-09 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ASH | | | | | | | | | | | | | | | |
| BSSH | | | | | | | | | | | | | | | |
| EPPC | | | | | | | | | | | | | | | |
| KSH | | | | | | | | | | | | | | | |
| NTSH | | | | | | | | | | | | | | | |
| RGSC | | | | | | | | | | | | | | | |
| RSH | | | | | | | | | | | | | | | |
| SASH | | | | | | | | | | | | | | | |
| TSH | | | | | | | | | | | | | | | |
| All SH | | | | | | | | | | | | | | | |

WCFY is exempted - There are no algorithm/scores for children at this time.

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

Performance Objective 4A:

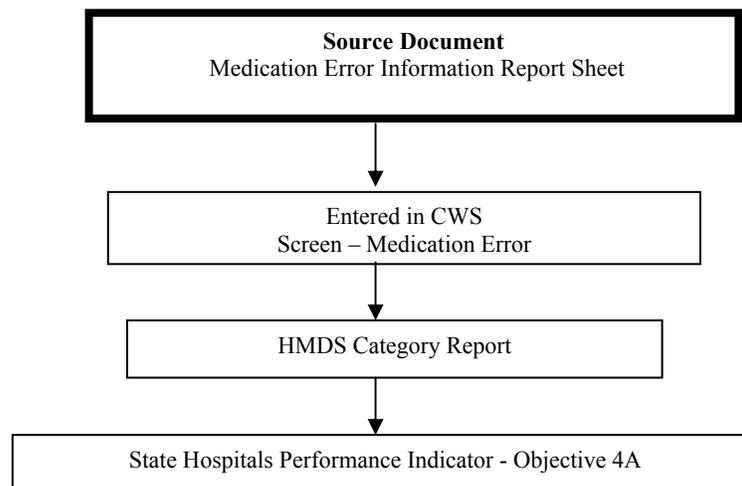
Each state hospital will identify, collect, aggregate, and analyze medication errors per 1,000 bed days.

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:



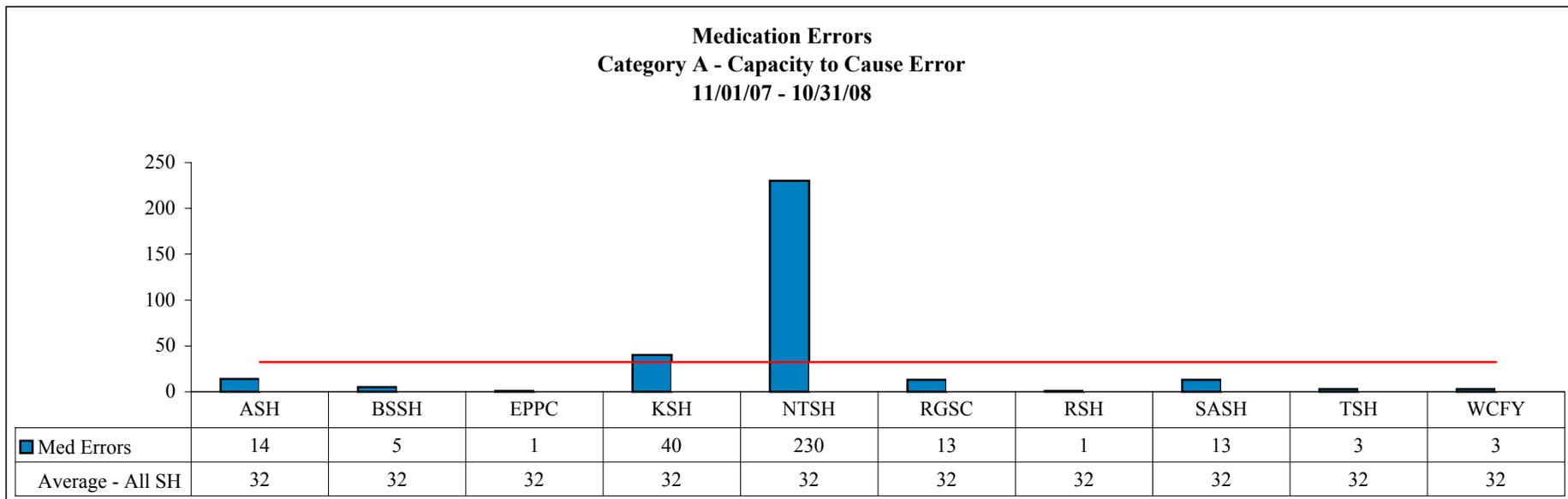
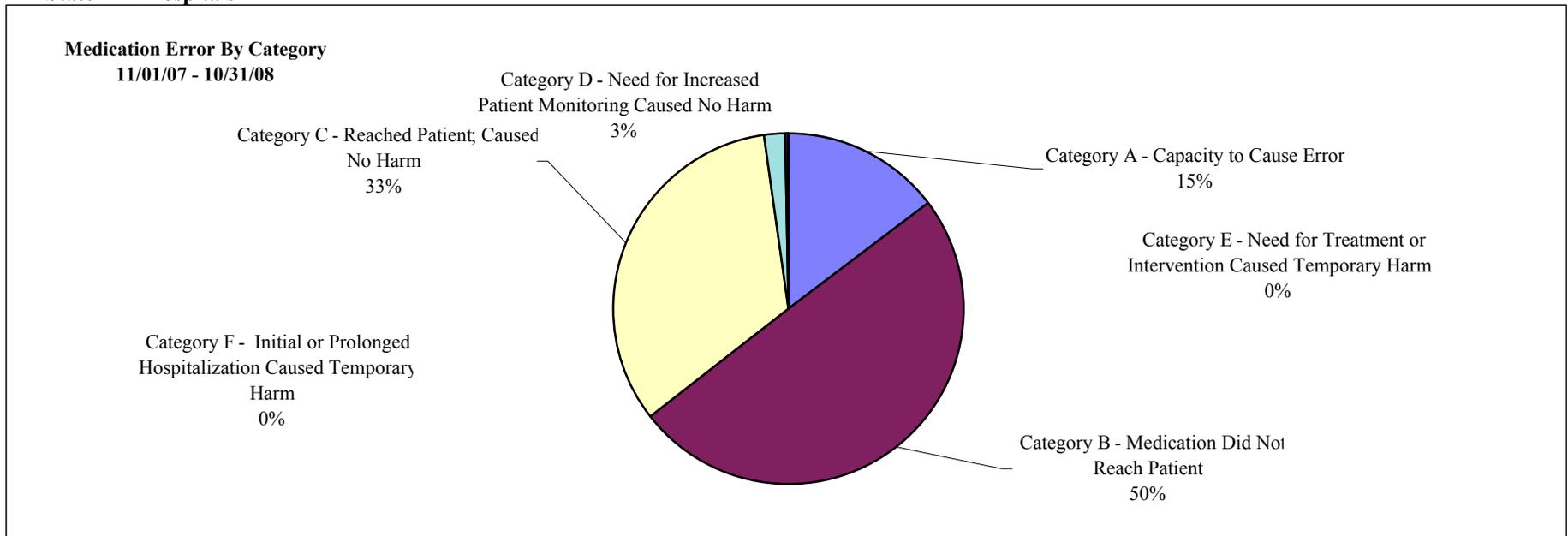
Objective 4A - Medication Variance Data
All State Hospitals

| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct |
|-----------------------------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| AUSTIN STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 37 | 43 | 25 | 45 | 26 | 28 | 20 | 22 | 22 | 26 | 17 | 10 | 17 | 22 |
| Bed Days in Month | 8466 | 8867 | 8117 | 7976 | 8228 | 8226 | 8816 | 8476 | 8901 | 8629 | 8985 | 8809 | 8612 | 8486 |
| Med Errors/1000 Bed Days | 4.37 | 4.85 | 3.08 | 5.64 | 3.16 | 3.40 | 2.27 | 2.60 | 2.47 | 3.01 | 1.89 | 1.14 | 1.97 | 2.59 |
| BIG SPRING STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 1 | 13 | 7 | 11 | 4 | 10 | 9 | 9 | 5 | 2 | 7 | 10 | 16 | 10 |
| Bed Days in Month | 5711 | 5773 | 5611 | 5986 | 6034 | 5541 | 5890 | 5694 | 5751 | 5750 | 5752 | 5596 | 5549 | 5891 |
| Falls/1000 Bed Days | 0.18 | 2.25 | 1.25 | 1.84 | 0.66 | 1.80 | 1.53 | 1.58 | 0.87 | 0.35 | 1.22 | 1.79 | 2.88 | 1.70 |
| EL PASO PSYCHIATRIC CENTER | | | | | | | | | | | | | | |
| Medication Errors | 8 | 5 | 18 | 7 | 5 | 9 | 9 | 7 | 7 | 3 | 5 | 6 | 0 | 0 |
| Bed Days in Month | 2192 | 2023 | 1965 | 1984 | 2097 | 2002 | 2057 | 1880 | 2004 | 2082 | 2078 | 2088 | 2113 | 2162 |
| Med Errors/1000 Bed Days | 3.65 | 2.47 | 9.16 | 3.53 | 2.38 | 4.50 | 4.38 | 3.72 | 3.49 | 1.44 | 2.41 | 2.87 | 0.00 | 0.00 |
| KERRVILLE STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 111 | 68 | 48 | 81 | 51 | 37 | 75 | 99 | 37 | 60 | 57 | 71 | 62 | 71 |
| Bed Days in Month | 5967 | 6145 | 5868 | 5984 | 6106 | 5714 | 6031 | 5986 | 6192 | 5841 | 6172 | 6258 | 6008 | 6120 |
| Med Errors/1000 Bed Days | 18.60 | 11.07 | 8.18 | 13.54 | 8.35 | 6.48 | 12.44 | 16.54 | 5.98 | 10.27 | 9.24 | 11.35 | 10.32 | 11.60 |
| NORTH TEXAS STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 38 | 79 | 75 | 95 | 55 | 40 | 73 | 44 | 46 | 29 | 56 | 54 | 28 | 47 |
| Bed Days in Month | 15514 | 16569 | 17424 | 17474 | 17308 | 17091 | 18475 | 17641 | 18136 | 17294 | 18184 | 18323 | 17577 | 17504 |
| Med Errors/1000 Bed Days | 2.45 | 4.77 | 4.30 | 5.44 | 3.18 | 2.34 | 3.95 | 2.49 | 2.54 | 1.68 | 3.08 | 2.95 | 1.59 | 2.69 |
| RIO GRANDE STATE CENTER | | | | | | | | | | | | | | |
| Medication Errors | 1 | 5 | 4 | 6 | 10 | 0 | 0 | 1 | 4 | 0 | 6 | 1 | 1 | 6 |
| Bed Days in Month | 1521 | 1636 | 1563 | 1535 | 1505 | 1444 | 1472 | 1491 | 1546 | 1552 | 1499 | 1599 | 1423 | 1584 |
| Med Errors/1000 Bed Days | 0.66 | 3.06 | 2.56 | 3.91 | 6.64 | 0.00 | 0.00 | 0.67 | 2.59 | 0.00 | 4.00 | 0.63 | 0.70 | 3.79 |
| RUSK STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 13 | 16 | 5 | 5 | 4 | 8 | 10 | 2 | 18 | 5 | 6 | 8 | 9 | 7 |
| Bed Days in Month | 9044 | 9763 | 9694 | 10120 | 10088 | 9398 | 9878 | 9686 | 10036 | 9736 | 9984 | 9927 | 9467 | 9849 |
| Med Errors/1000 Bed Days | 1.44 | 1.64 | 0.52 | 0.49 | 0.40 | 0.85 | 1.01 | 0.21 | 1.79 | 0.51 | 0.60 | 0.81 | 0.95 | 0.71 |
| SAN ANTONIO STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 14 | 10 | 11 | 13 | 15 | 10 | 23 | 19 | 6 | 16 | 4 | 2 | 12 | 4 |
| Bed Days in Month | 8564 | 9291 | 8368 | 8624 | 8535 | 8246 | 8720 | 8507 | 8684 | 8142 | 8608 | 8710 | 8407 | 8641 |
| Med Errors/1000 Bed Days | 1.63 | 1.08 | 1.31 | 1.51 | 1.76 | 1.21 | 2.64 | 2.23 | 0.69 | 1.97 | 0.46 | 0.23 | 1.43 | 0.46 |
| TERRELL STATE HOSPITAL | | | | | | | | | | | | | | |
| Medication Errors | 8 | 0 | 8 | 6 | 7 | 7 | 8 | 8 | 10 | 2 | 0 | 0 | 0 | 1 |
| Bed Days in Month | 9736 | 9604 | 9260 | 9383 | 9738 | 9098 | 9579 | 9348 | 9342 | 8744 | 9540 | 9629 | 9038 | 9460 |
| Med Errors/1000 Bed Days | 0.82 | 0.00 | 0.86 | 0.64 | 0.72 | 0.77 | 0.84 | 0.86 | 1.07 | 0.23 | 0.00 | 0.00 | 0.00 | 0.11 |

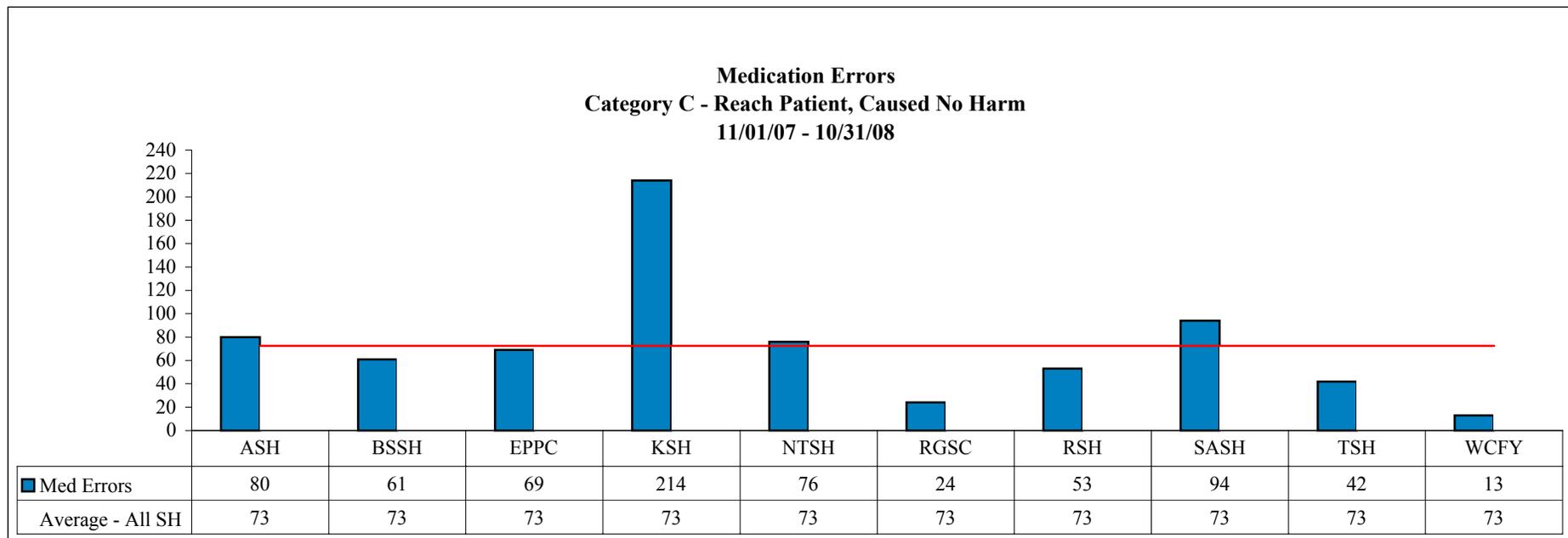
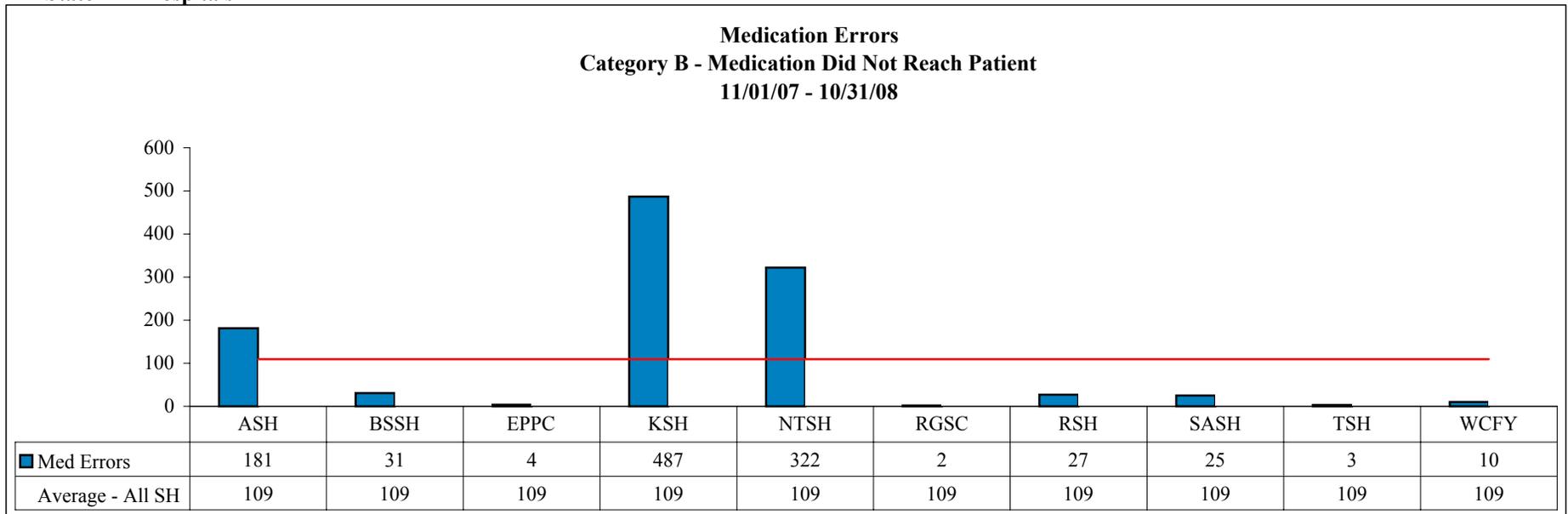
Objective 4A - Medication Variance Data
All State Hospitals

| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct |
|--|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| WACO CENTER FOR YOUTH | | | | | | | | | | | | | | |
| Medication Errors | 2 | 0 | 4 | 1 | 1 | 2 | 6 | 2 | 2 | 0 | 4 | 1 | 2 | 1 |
| Bed Days in Month | 2051 | 2309 | 1995 | 2088 | 2099 | 2109 | 2334 | 2351 | 2184 | 2012 | 2392 | 2210 | 2291 | 2453 |
| Med Errors/1000 Bed Days | 0.98 | 0.00 | 2.01 | 0.48 | 0.48 | 0.95 | 2.57 | 0.85 | 0.92 | 0.00 | 1.67 | 0.45 | 0.87 | 0.41 |
| TEXAS CENTER FOR INFECTIOUS DISEASE | | | | | | | | | | | | | | |
| Medication Errors | 5 | 0 | 2 | 7 | 3 | 3 | 0 | 3 | 3 | 2 | 7 | 2 | 3 | 5 |
| Bed Days in Month | 1063 | 1155 | 1074 | 1155 | 1132 | 1053 | 1022 | 1103 | 1041 | 992 | 954 | 1031 | 994 | 1114 |
| Med Errors/1000 Bed Days | 4.70 | 0.00 | 1.86 | 6.06 | 2.65 | 2.85 | 0.00 | 2.72 | 2.88 | 2.02 | 7.34 | 1.94 | 3.02 | 4.49 |
| ALL STATE HOSPITALS | | | | | | | | | | | | | | |
| Medication Errors | 238 | 239 | 207 | 277 | 181 | 154 | 233 | 216 | 160 | 145 | 169 | 165 | 150 | 174 |
| Bed Days in Month | 69829 | 73135 | 70939 | 72309 | 72870 | 69922 | 74274 | 72163 | 73817 | 70774 | 74148 | 74180 | 71479 | 73264 |
| Med Errors/1000 Bed Days | 3.41 | 3.27 | 2.92 | 3.83 | 2.48 | 2.20 | 3.14 | 2.99 | 2.17 | 2.05 | 2.28 | 2.22 | 2.10 | 2.37 |

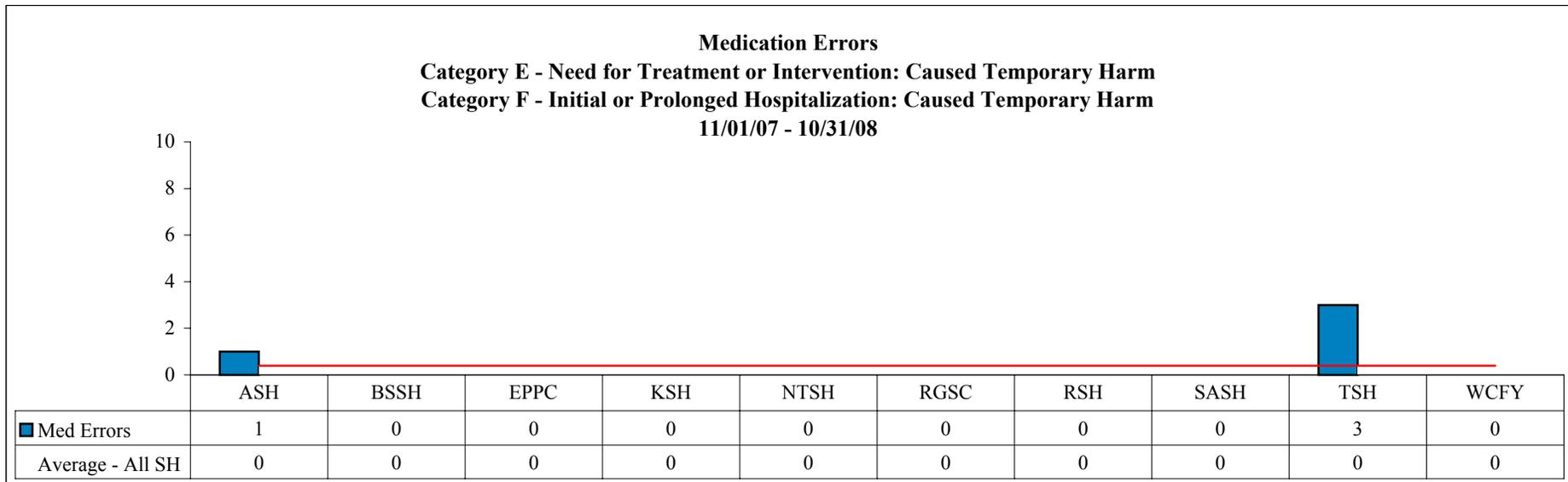
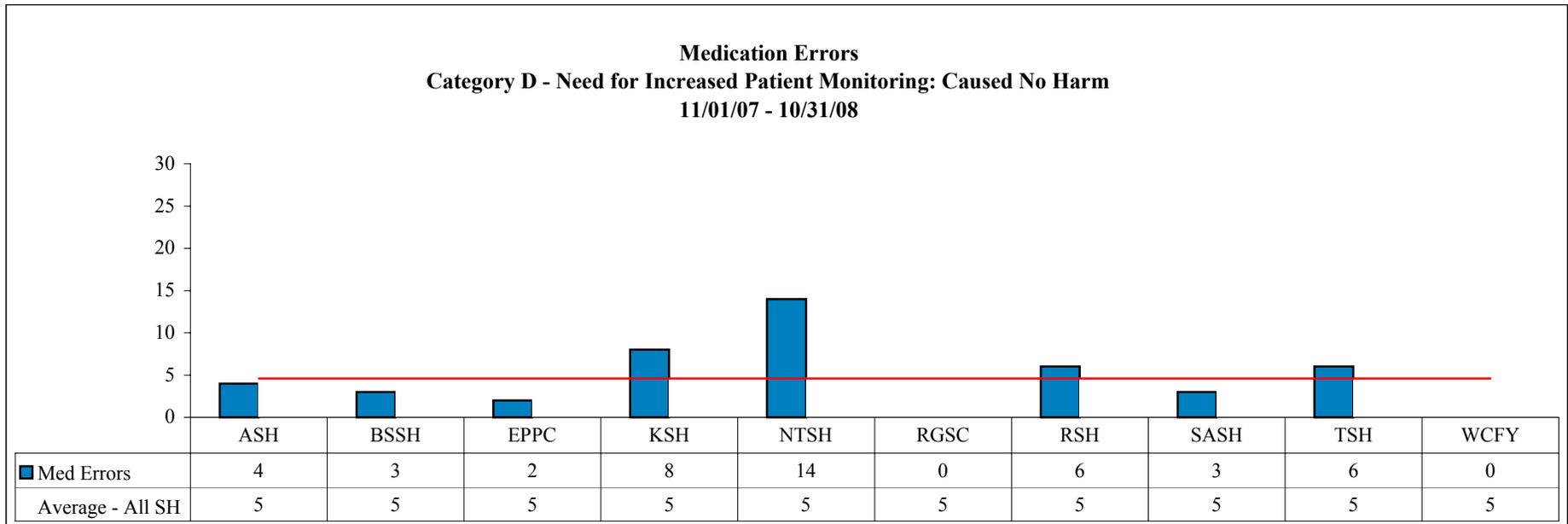
Objective 4A - Medication Variance Data
All State MH Hospitals



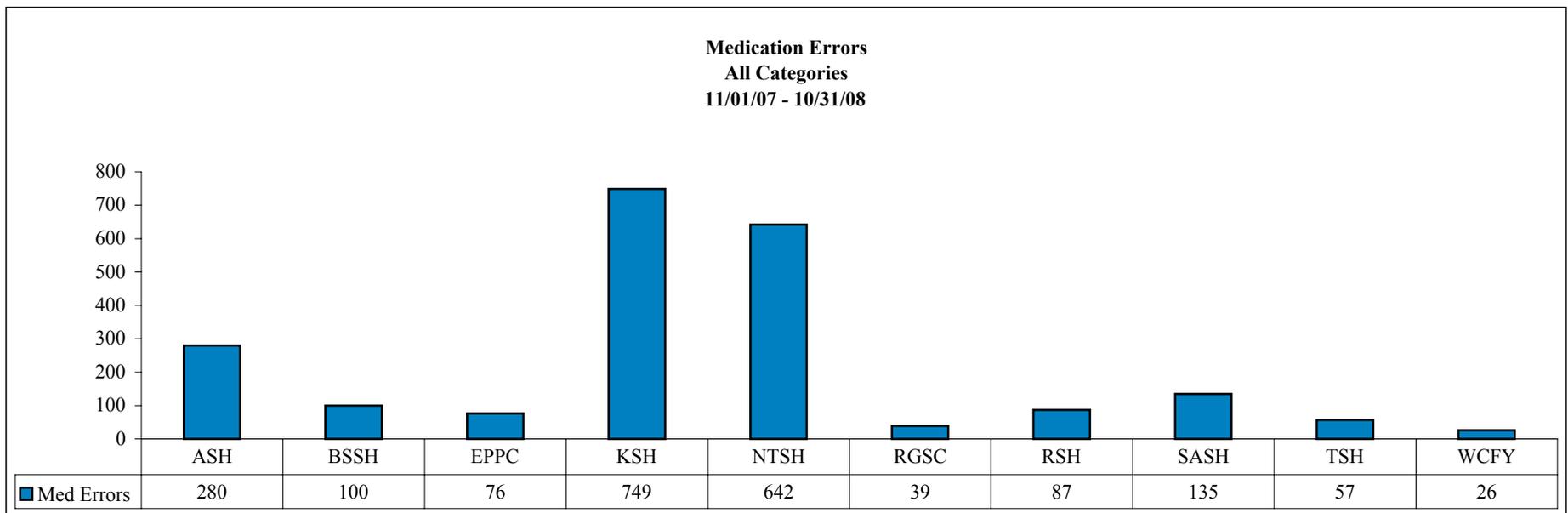
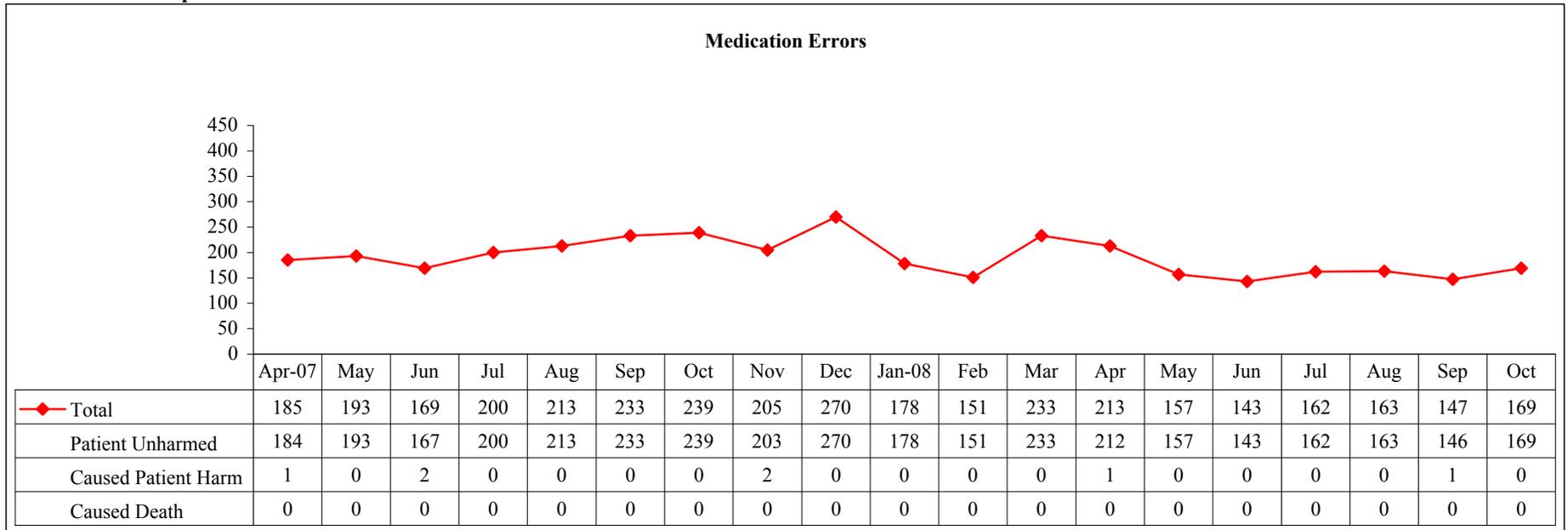
Objective 4A - Medication Variance Data
All State MH Hospitals



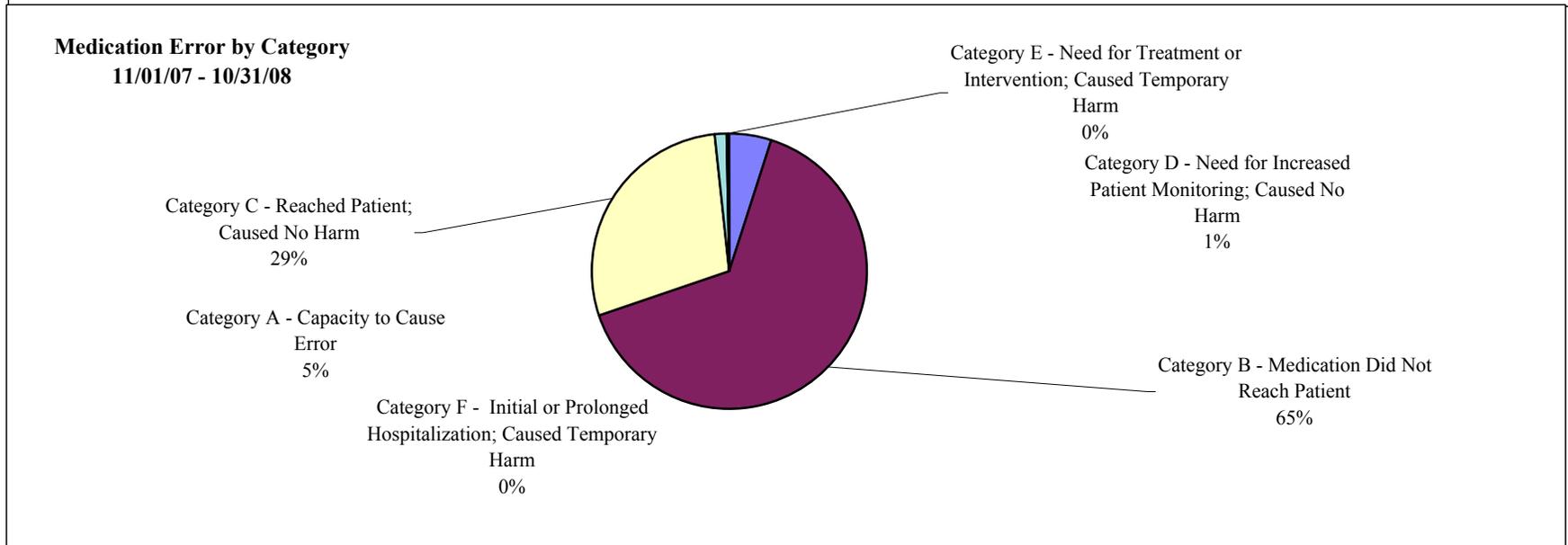
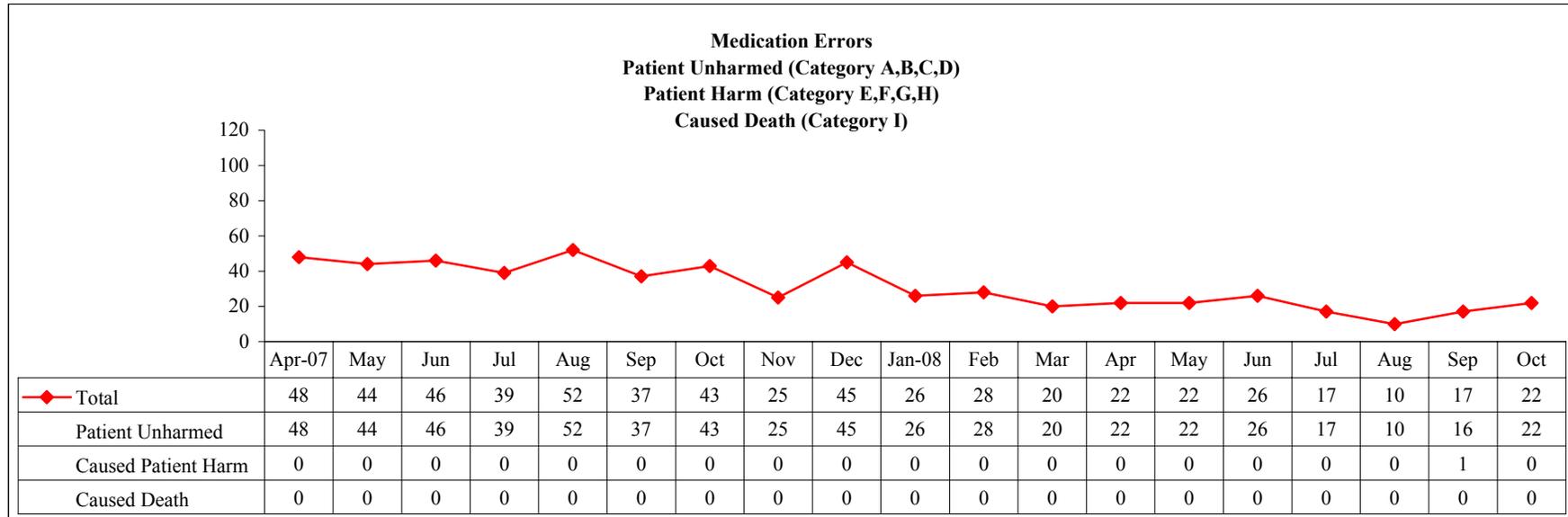
Objective 4A - Medication Variance Data
All State MH Hospitals



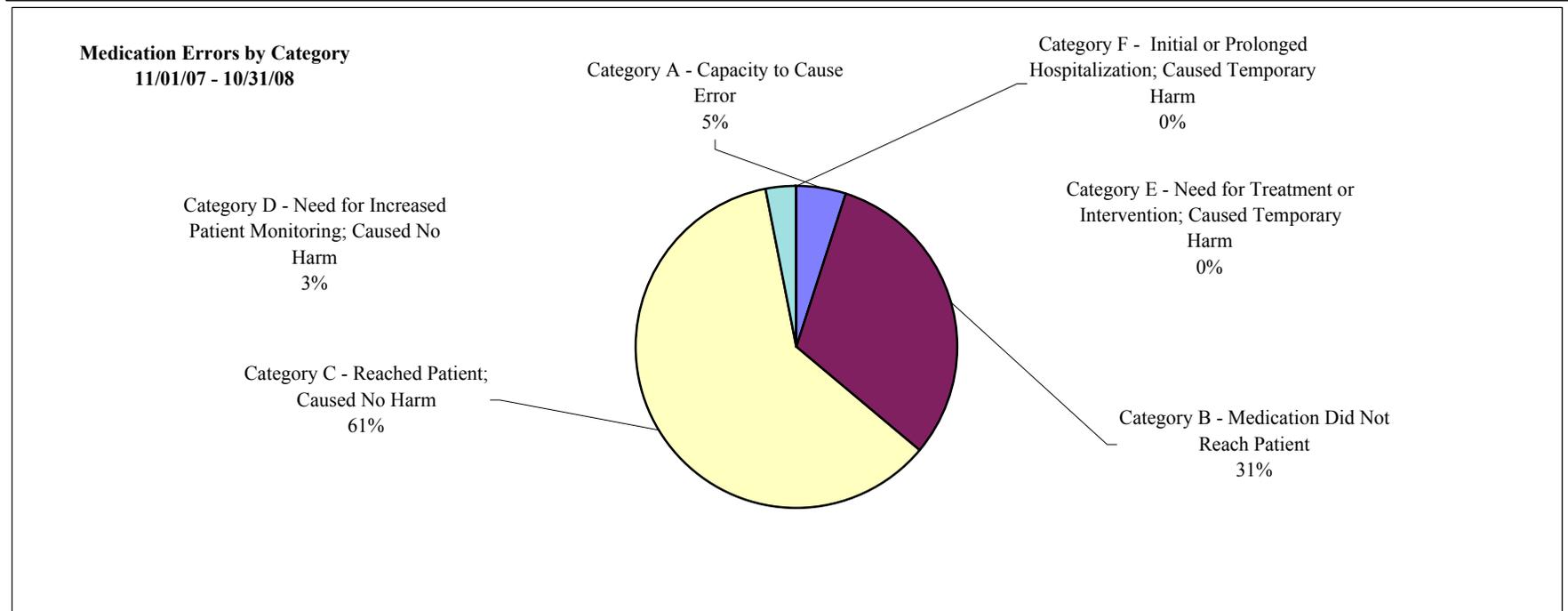
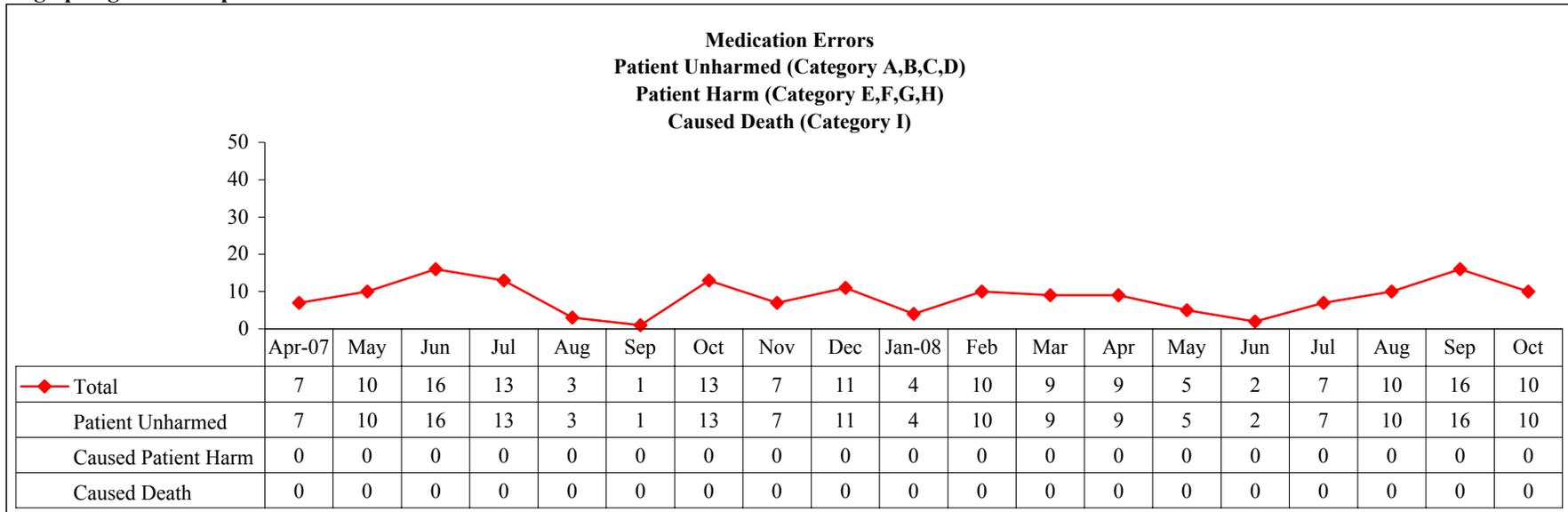
Objective 4A - Medication Variance Data
All State MH Hospitals



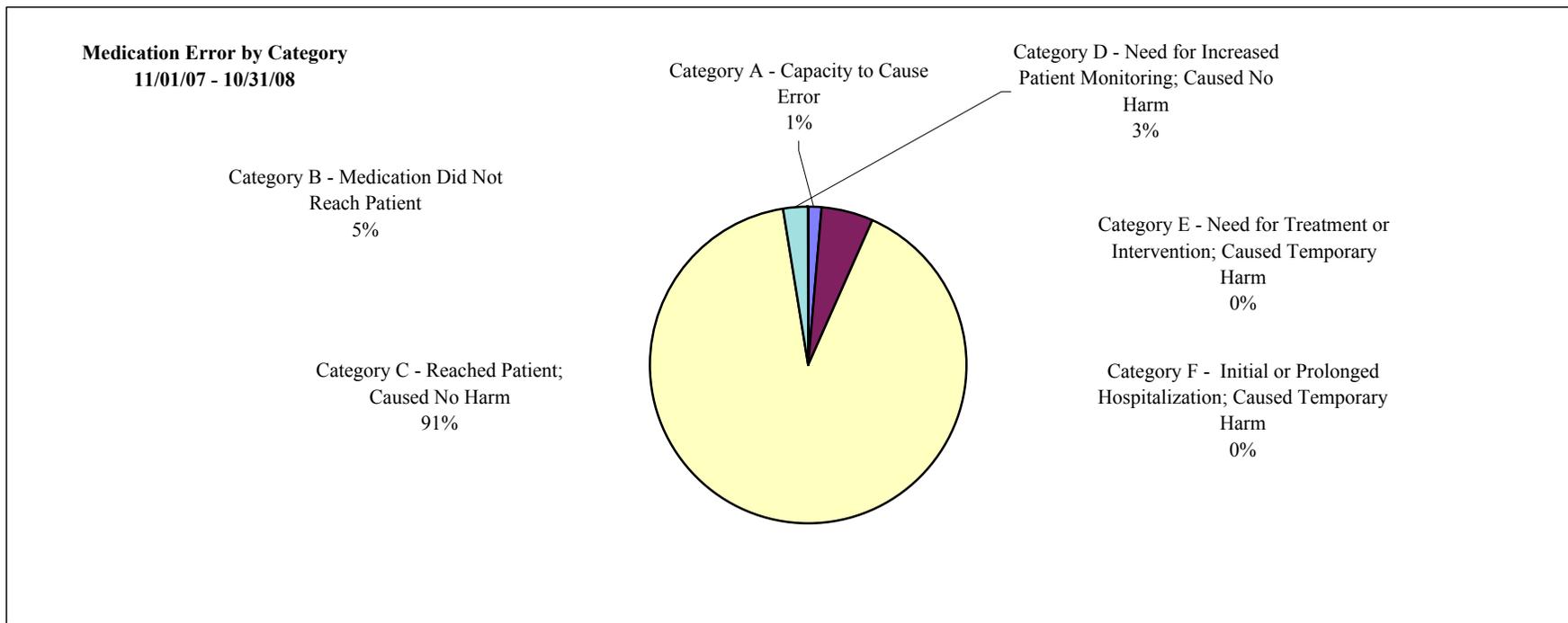
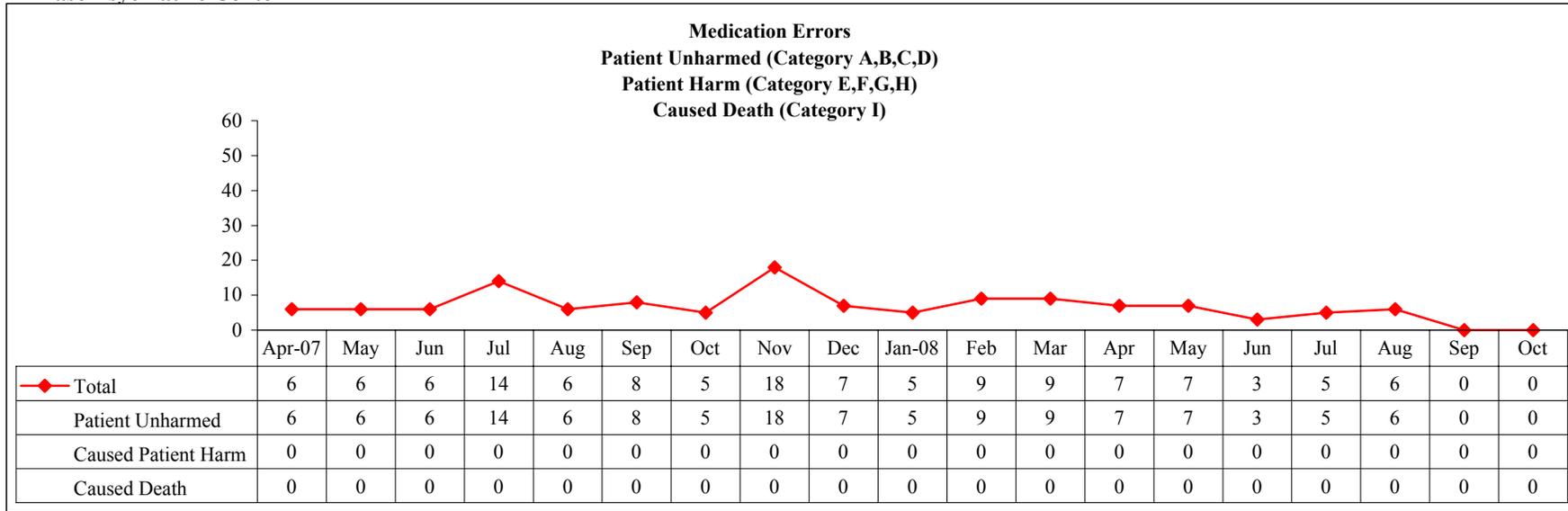
**Objective 4A - Medication Variance Data
Austin State Hospital**



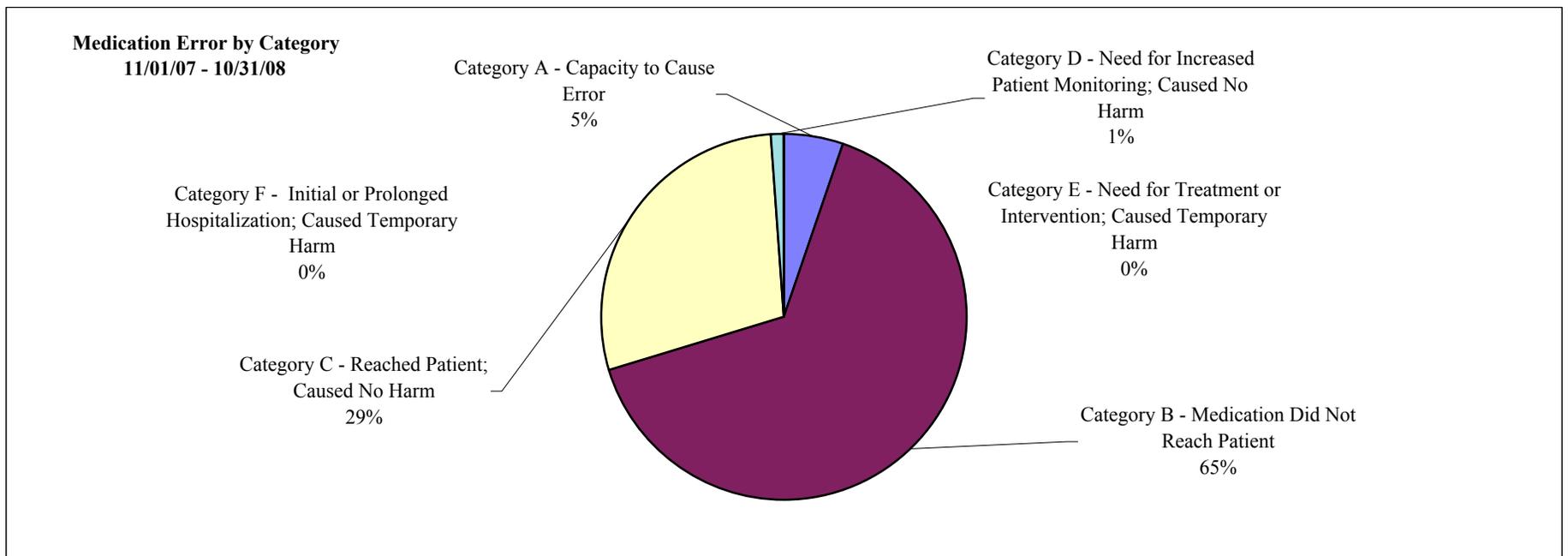
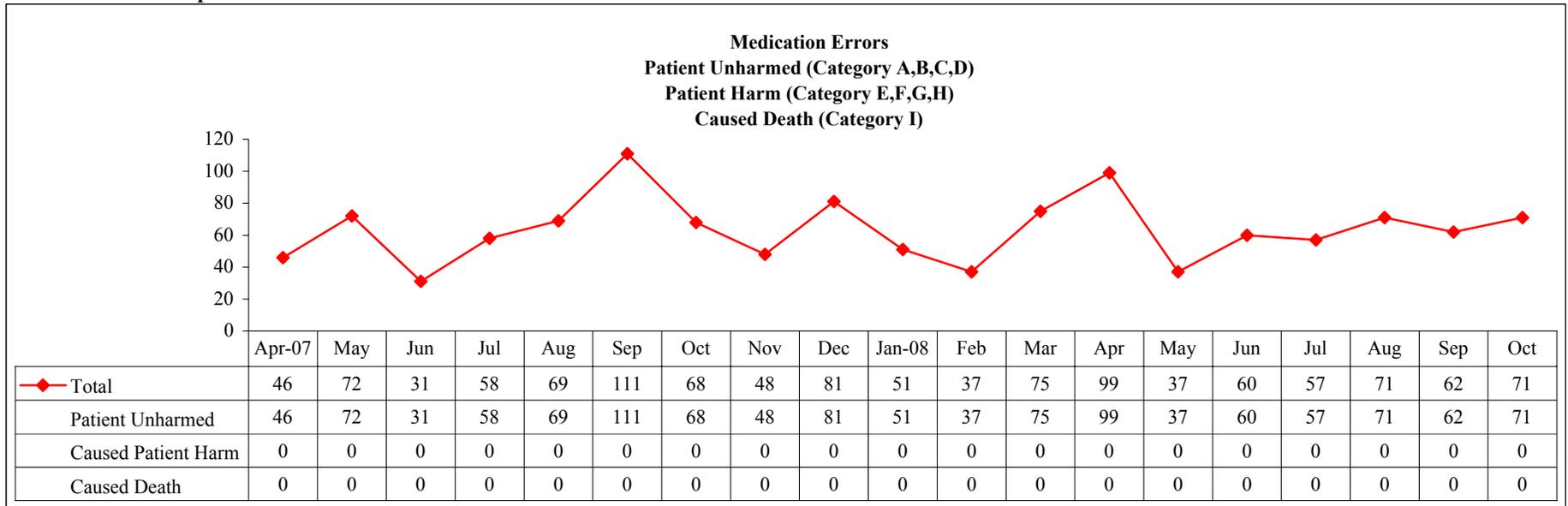
Objective 4A - Medication Variance Data
Big Spring State Hospital



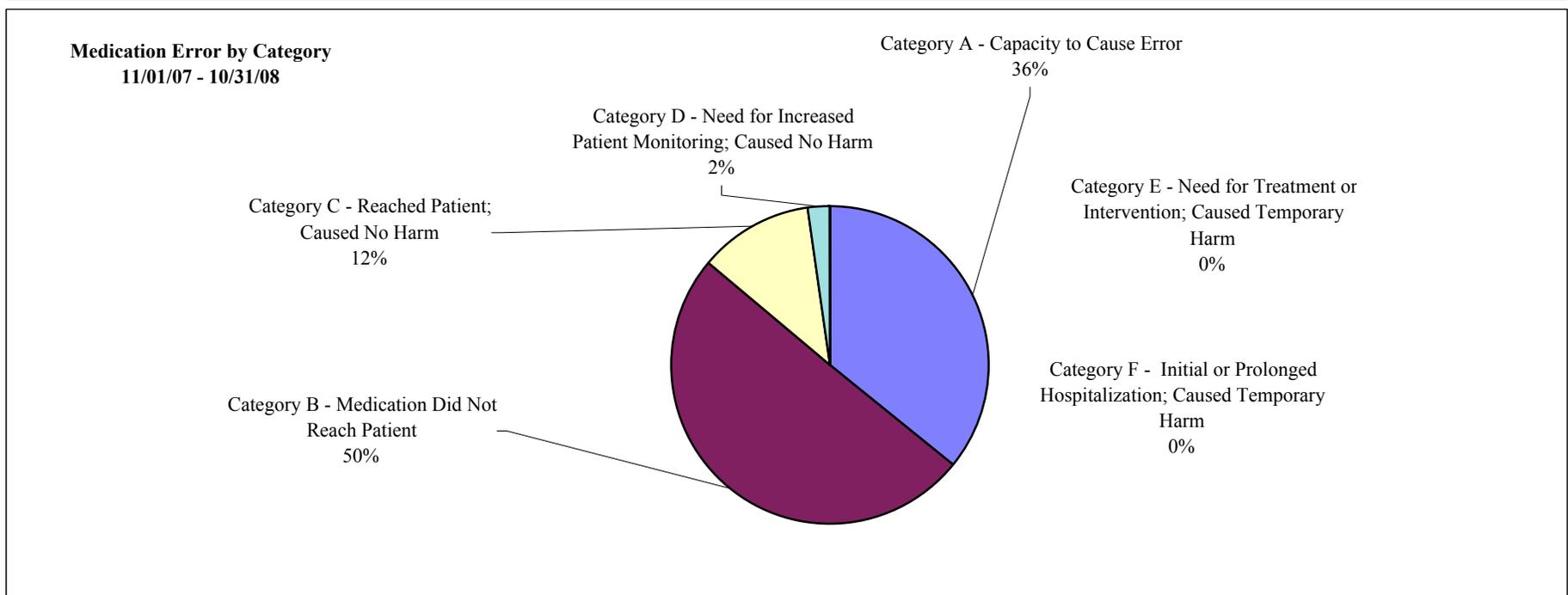
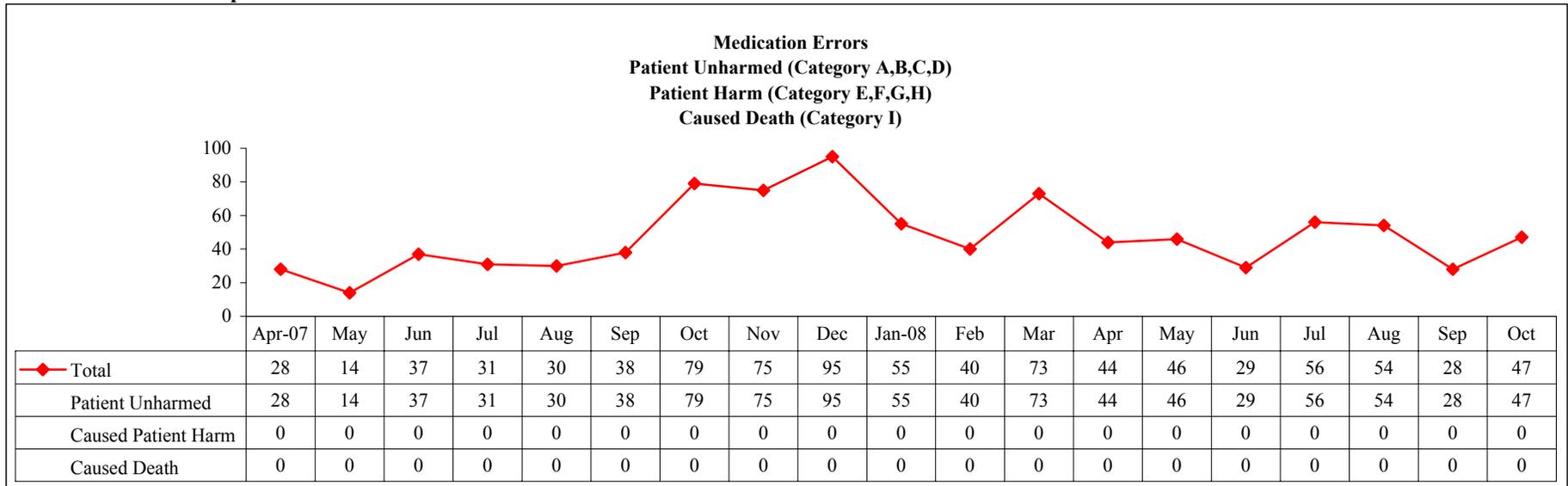
Objective 4A - Medication Variance Data
El Paso Psychiatric Center



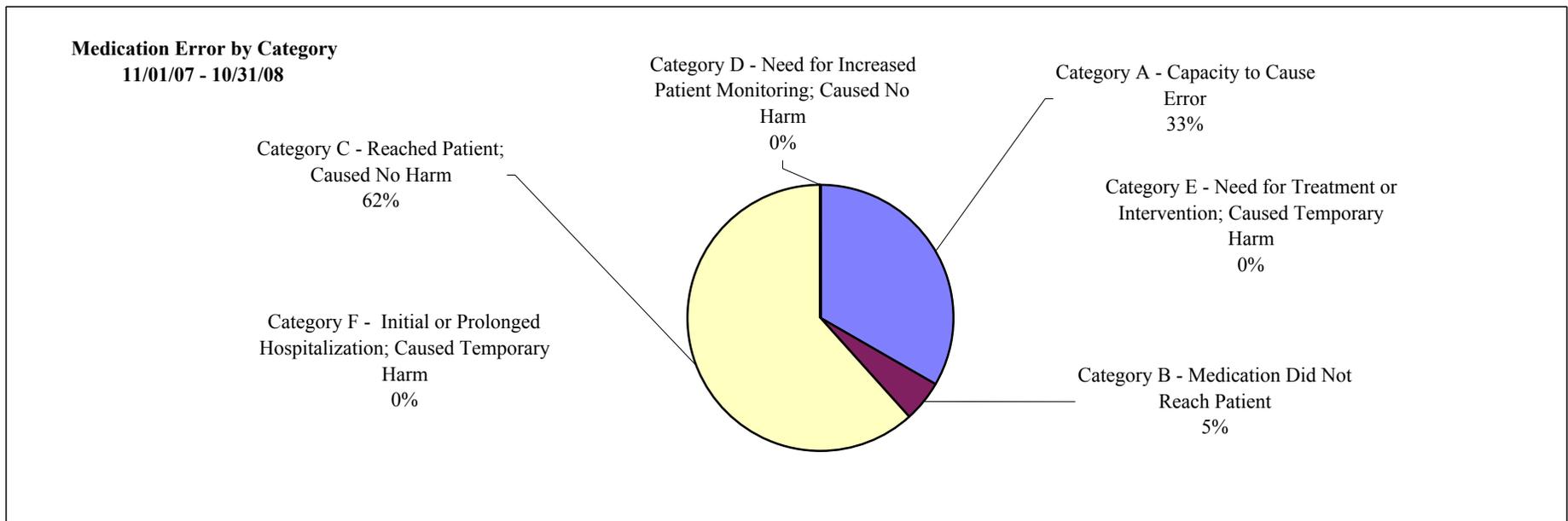
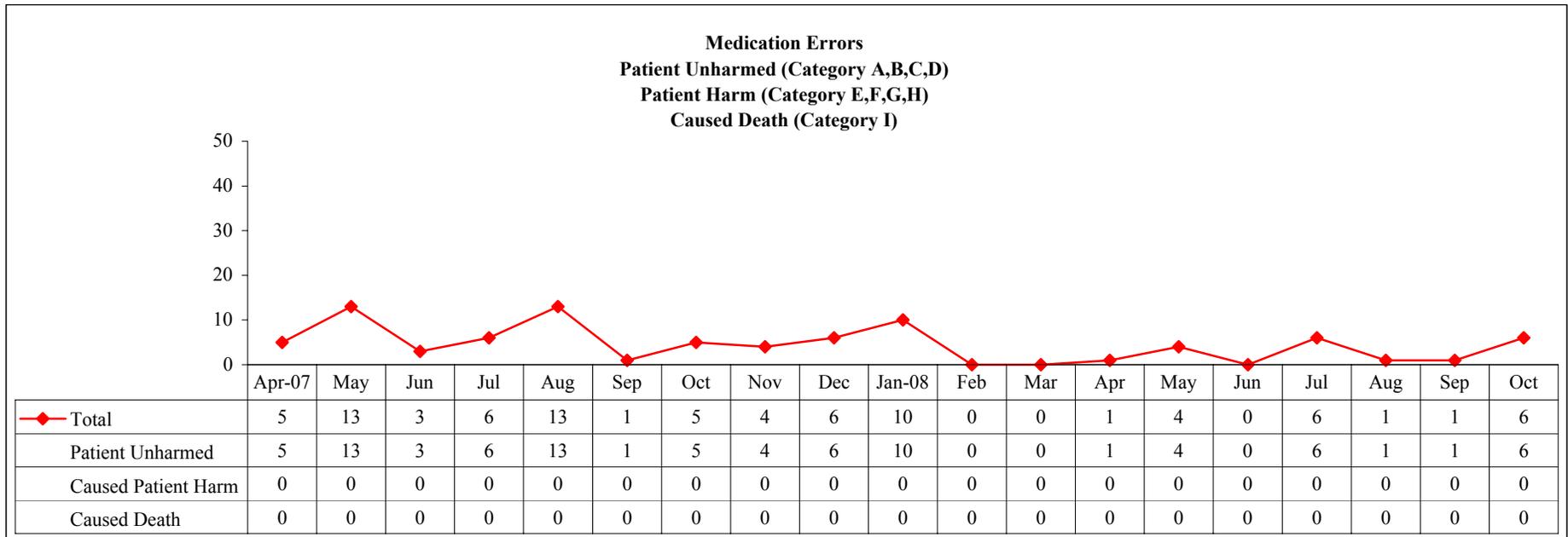
**Objective 4A - Medication Variance Data
Kerrville State Hospital**



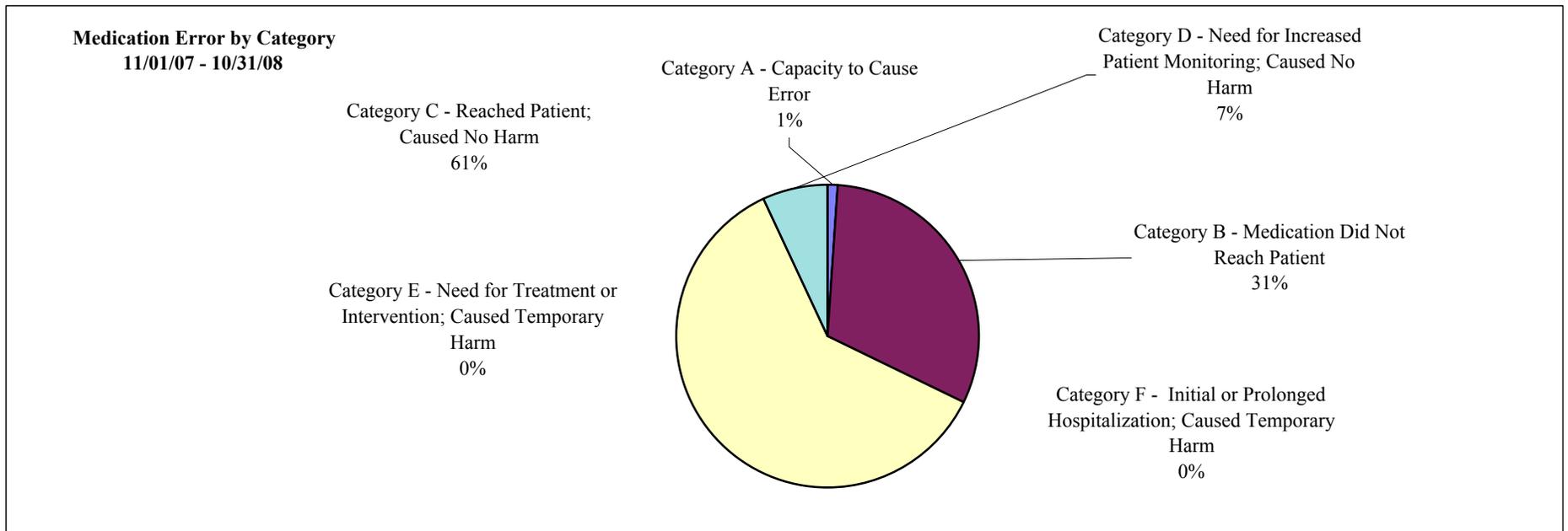
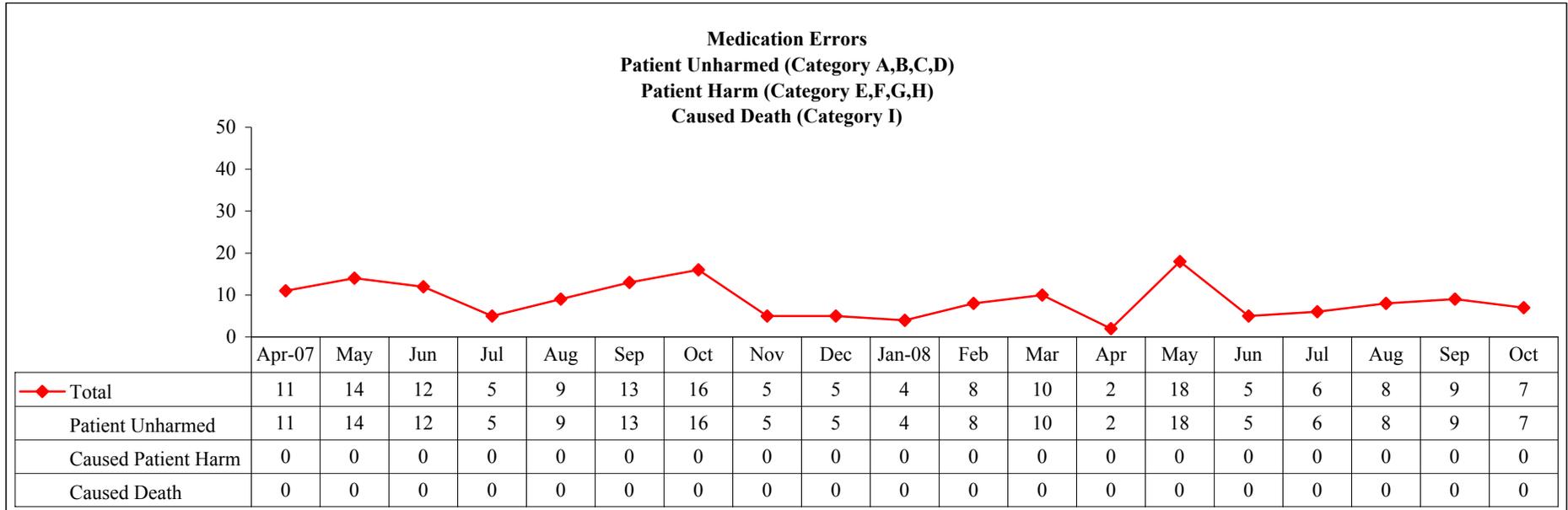
**Objective 4A - Medication Variance Data
North Texas State Hospital**



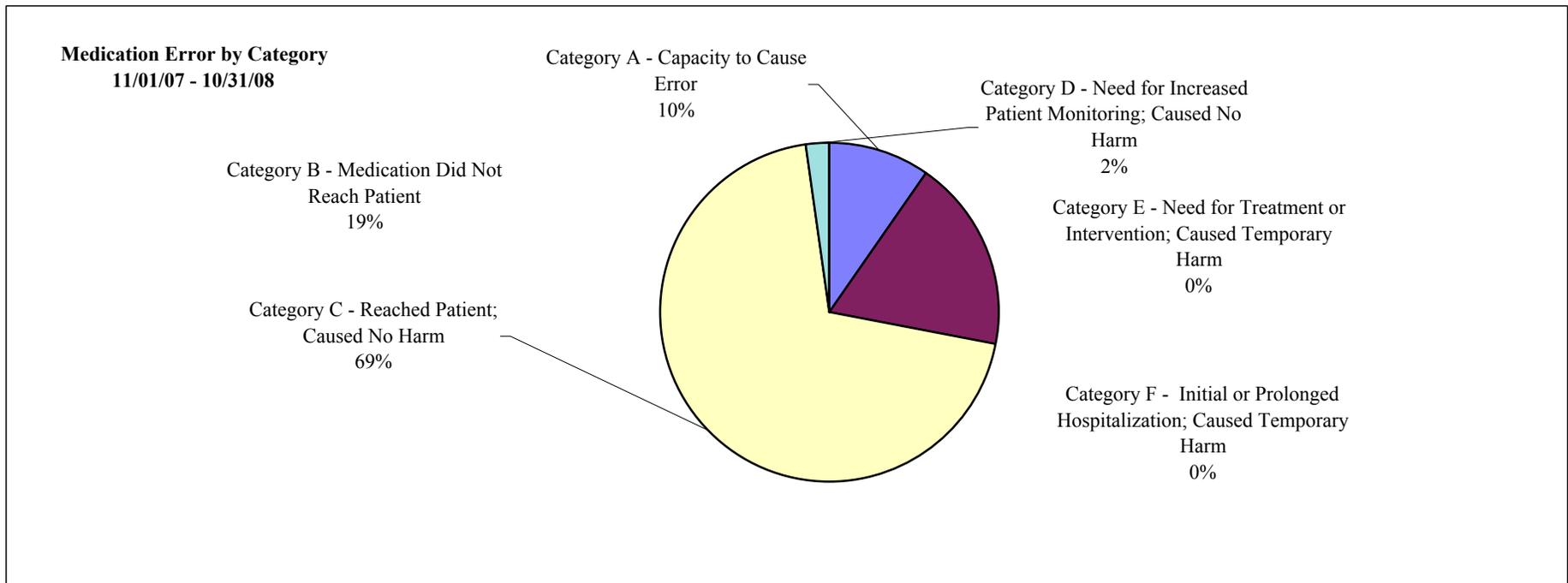
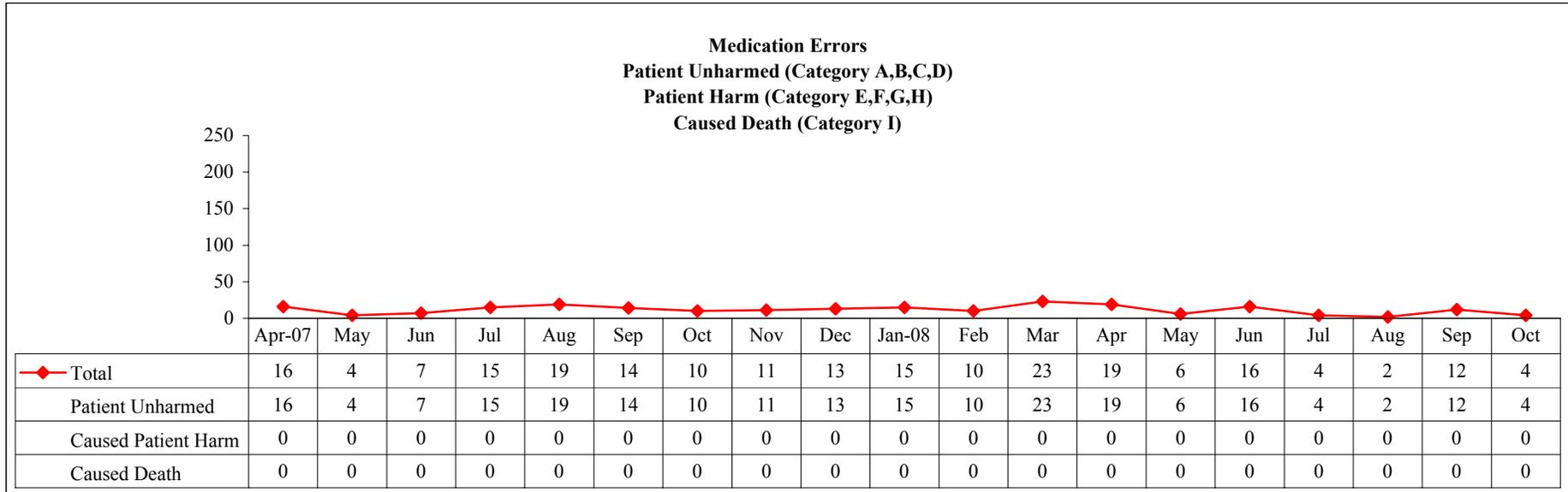
**Objective 4A - Medication Variance Data
Rio Grande State Center**



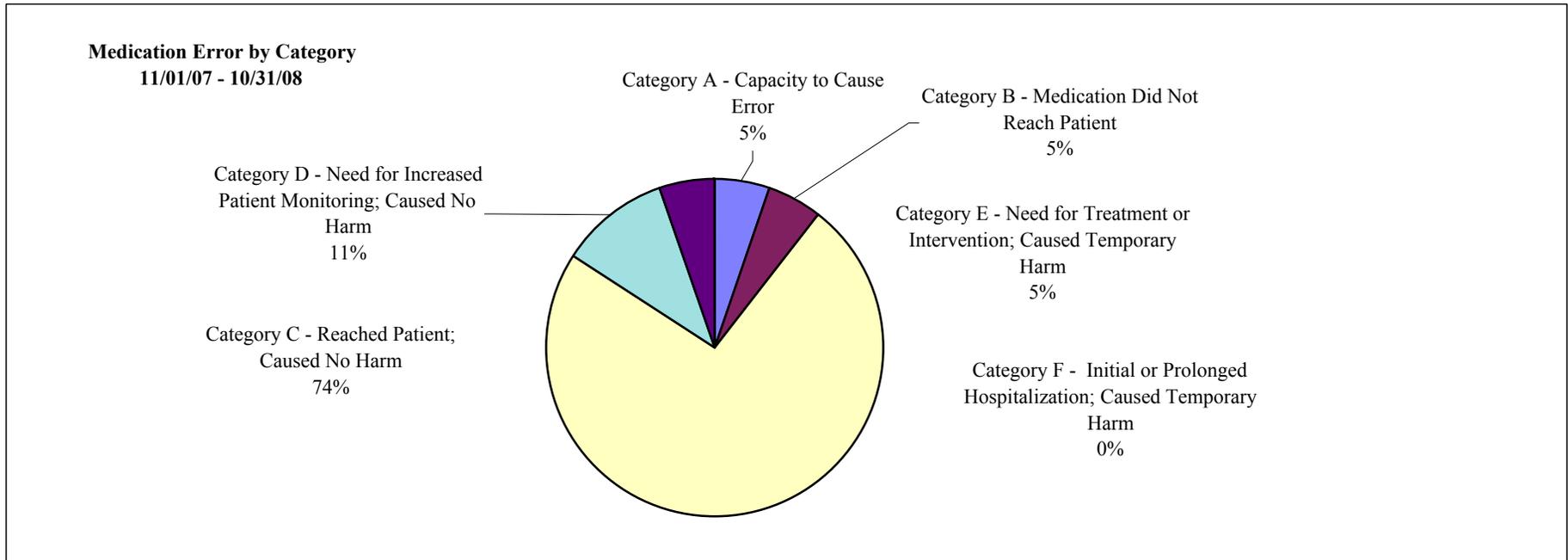
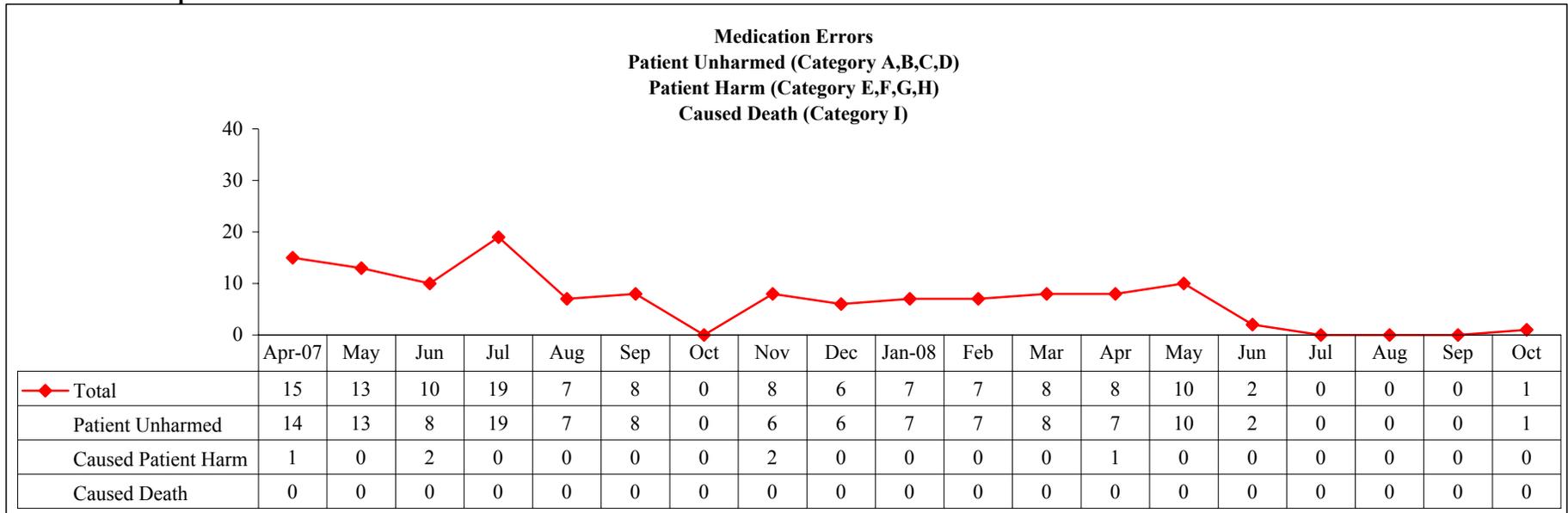
Objective 4A - Medication Variance Data
Rusk State Hospital



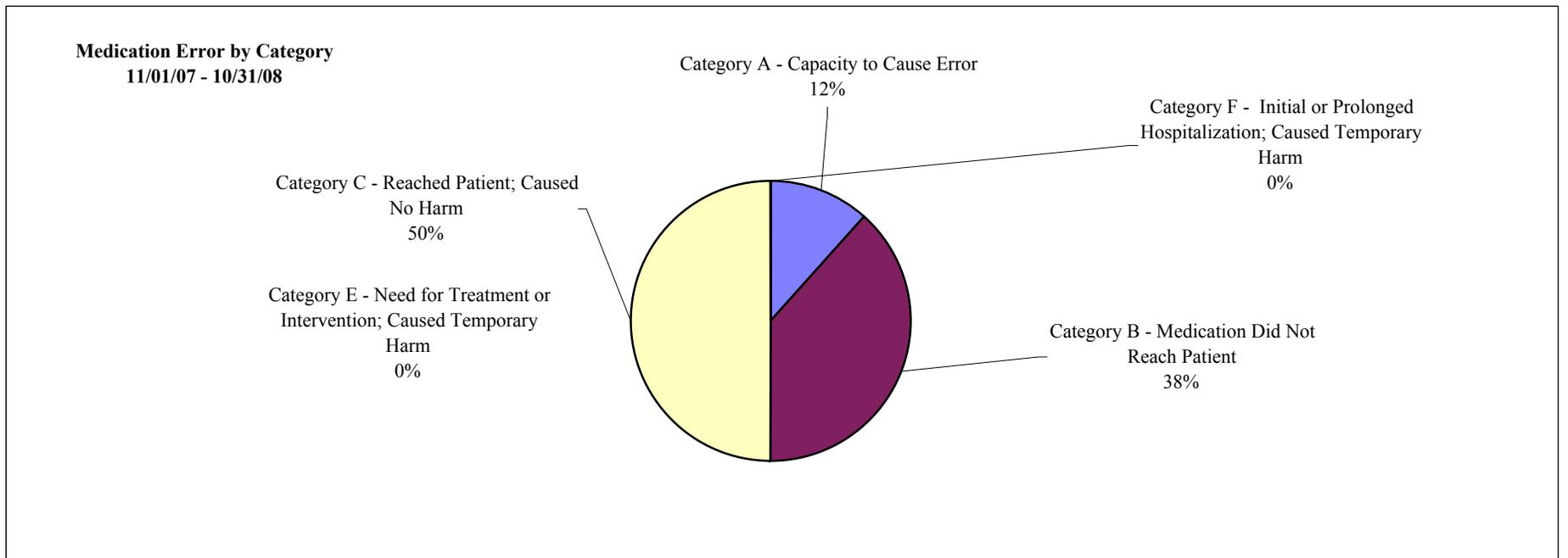
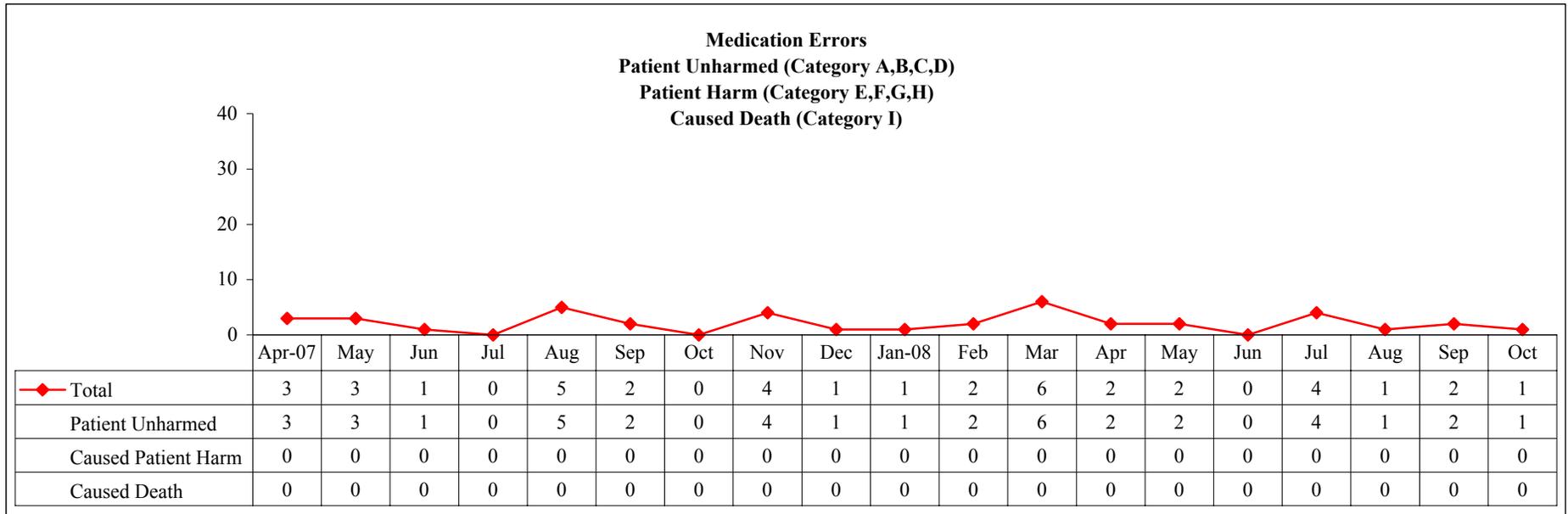
**Objective 4A - Medication Variance Data
San Antonio State Hospital**



Objective 4A - Medication Variance Data
Terrell State Hospital



**Objective 4A - Medication Variance Data
Waco Center for Youth**



Performance Measure 4A:

The number of patients receiving new generation atypical antipsychotic medication will be measured.

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

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

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

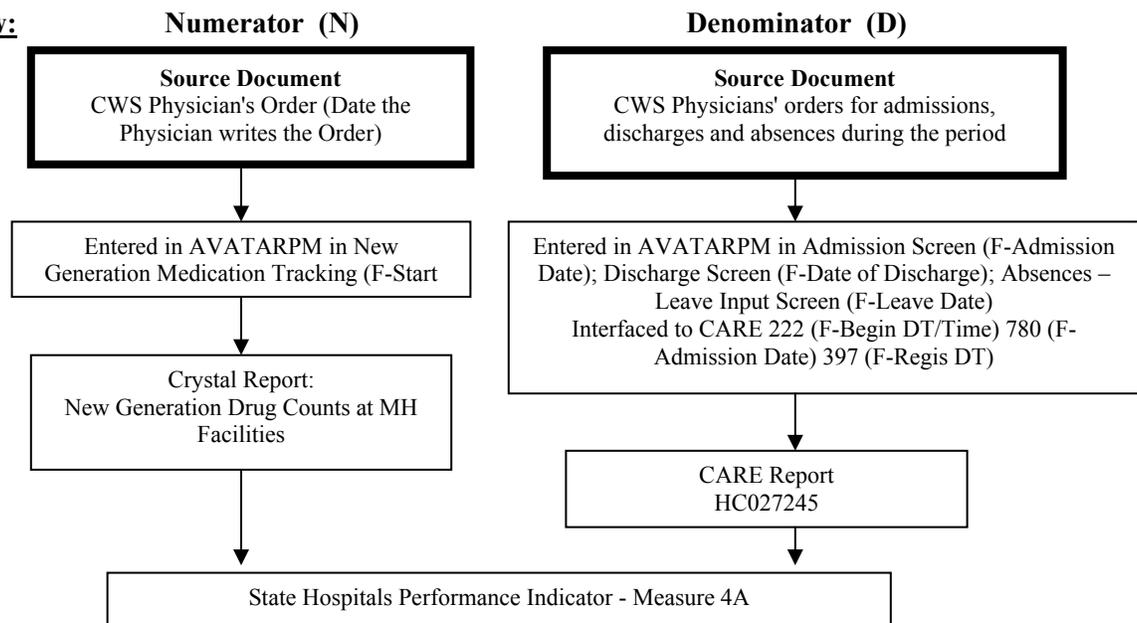
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

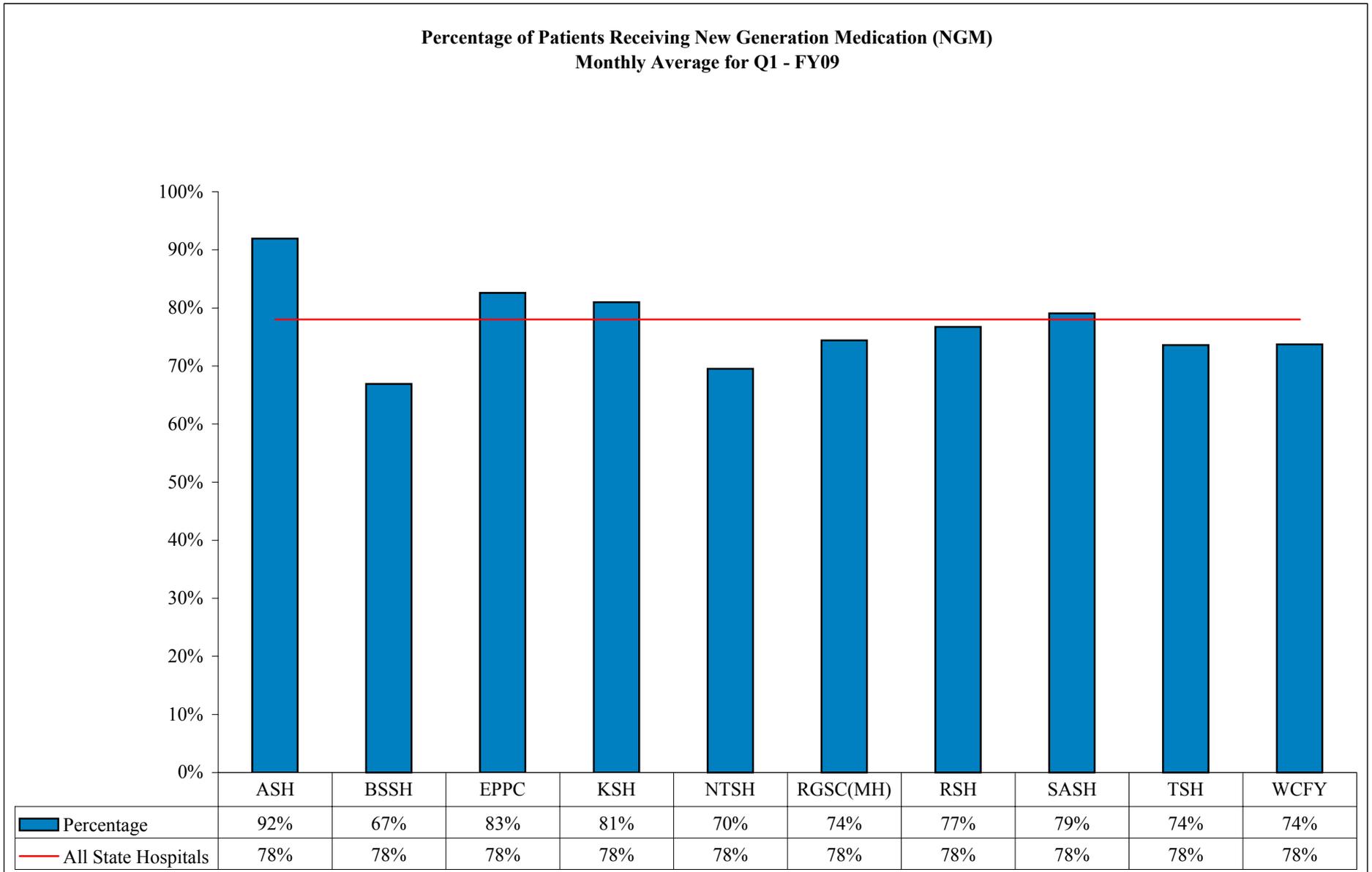
Performance Measure Data Display and Chart Description:

- ◆ 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:

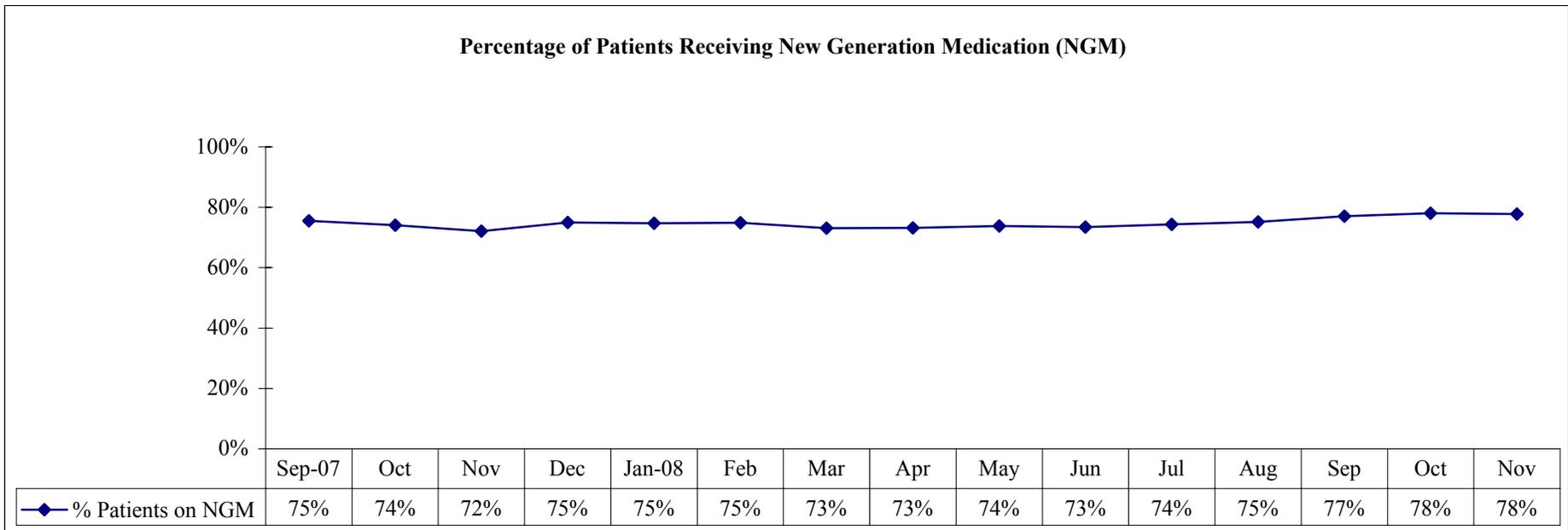
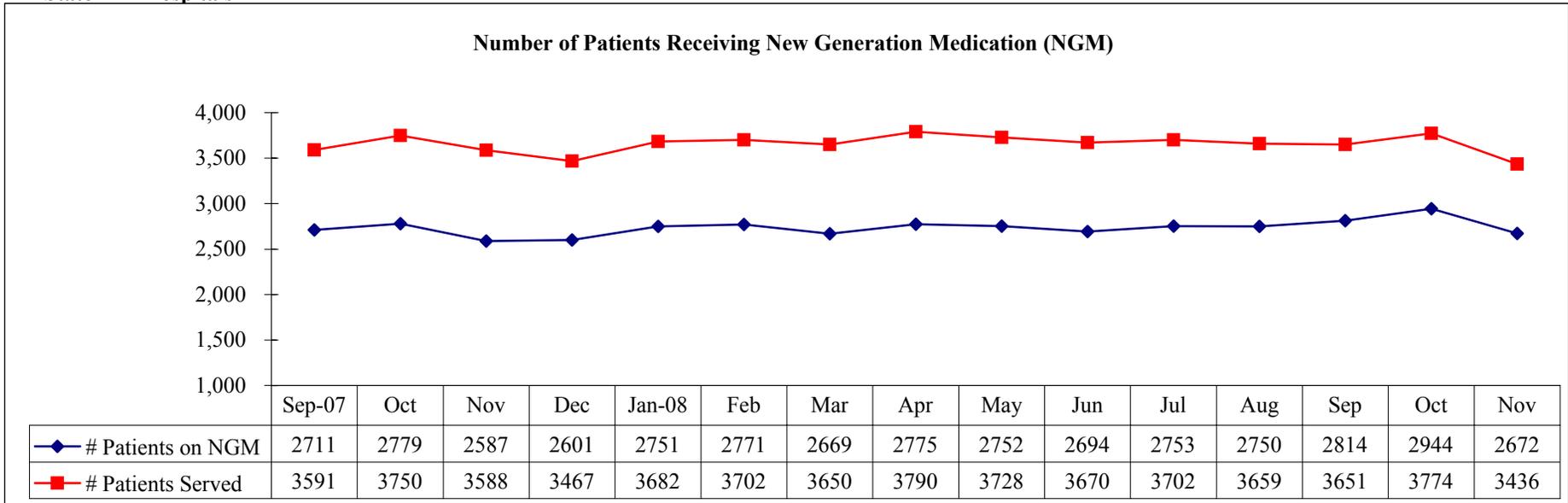


Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals



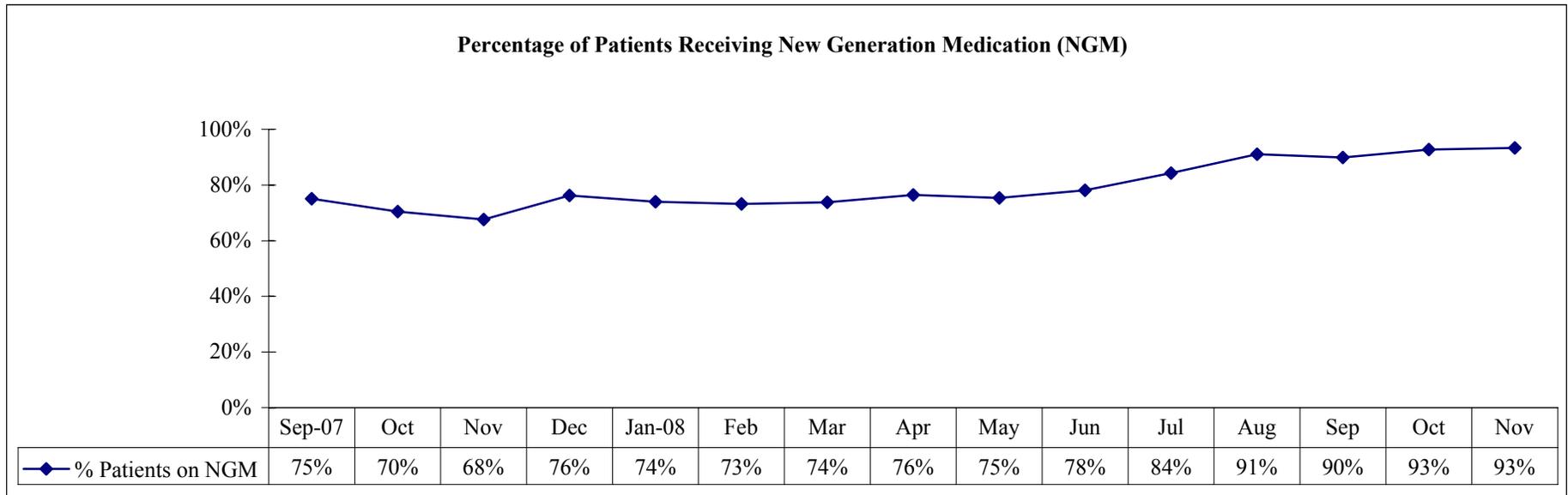
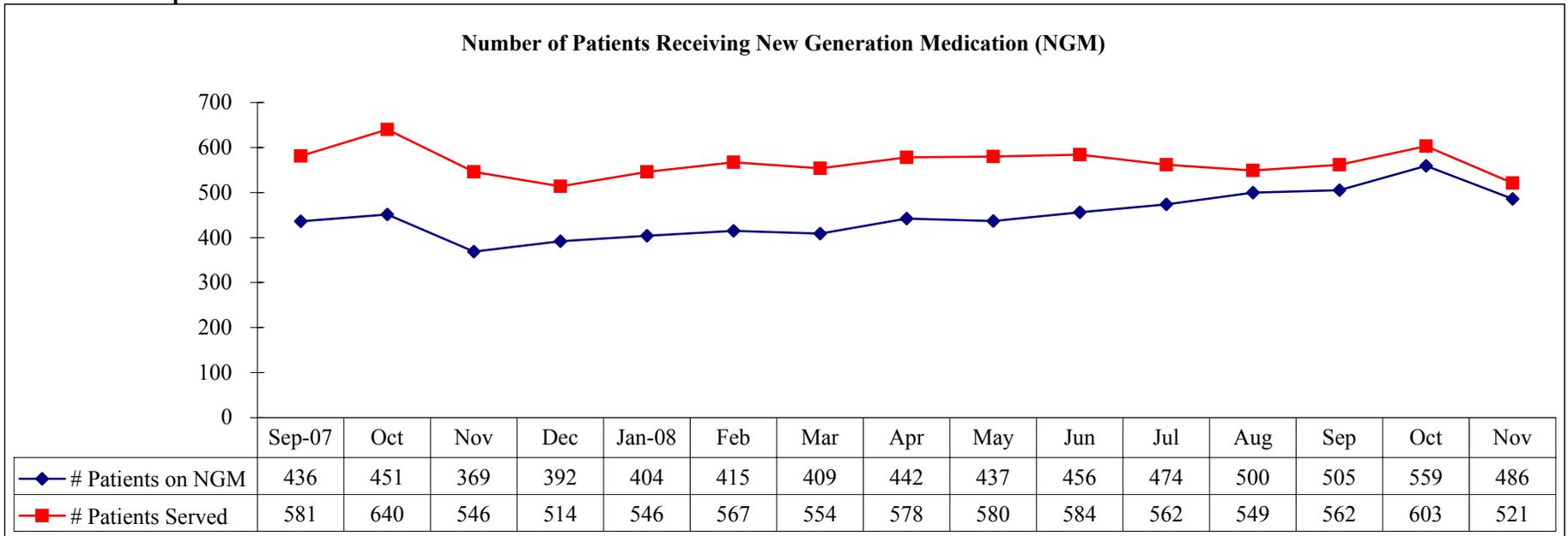
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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)

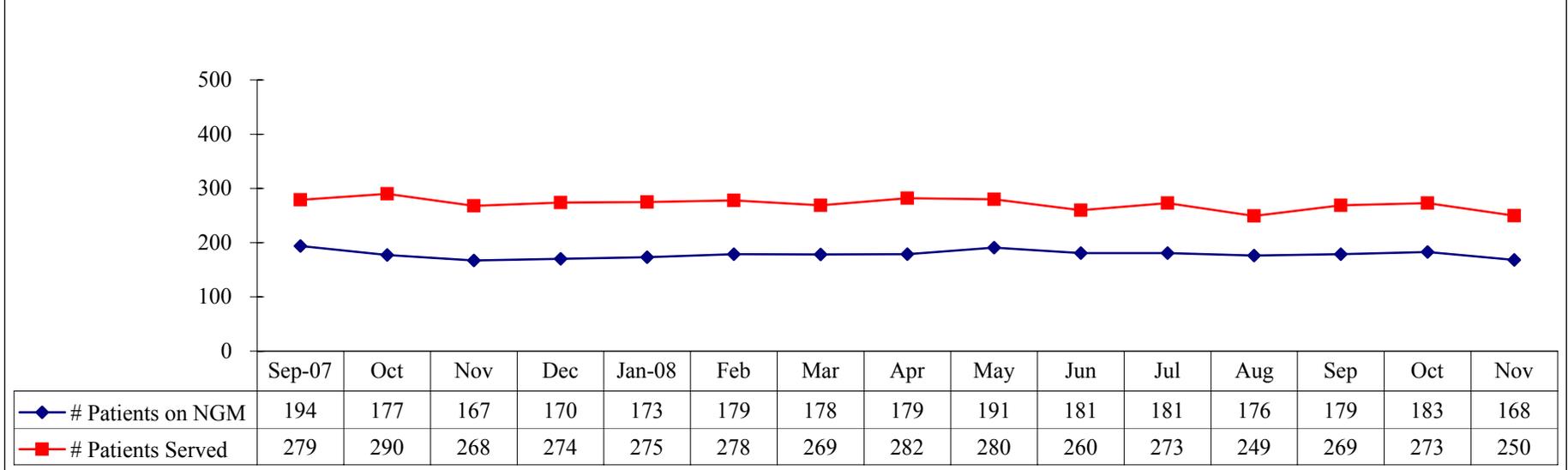
Measure 4A - Patients Receiving New Generation Medication (NGM)
Austin State Hospital



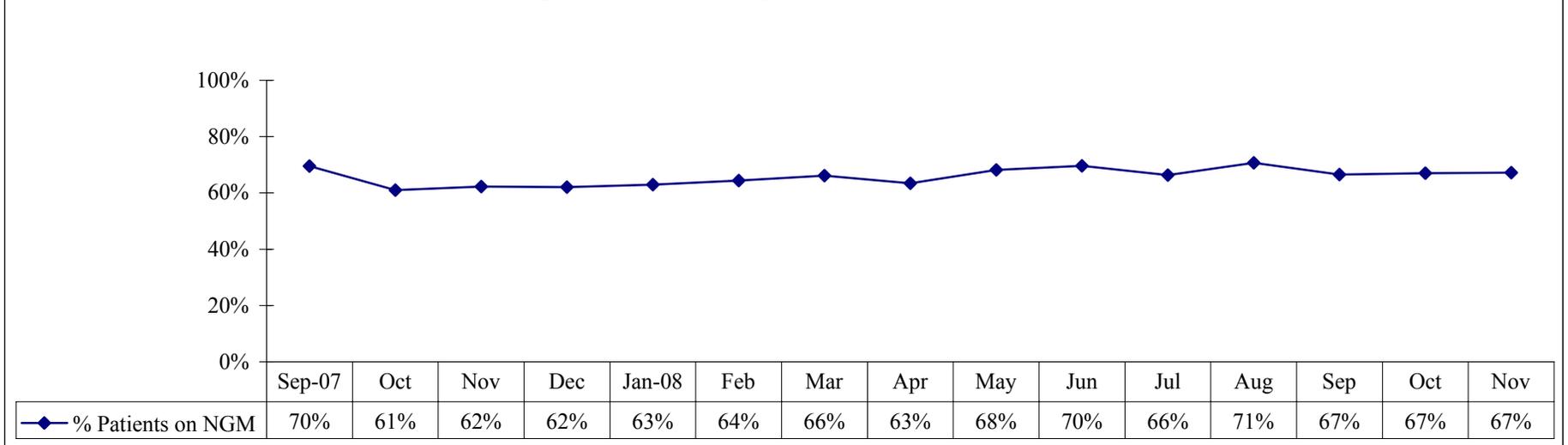
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)

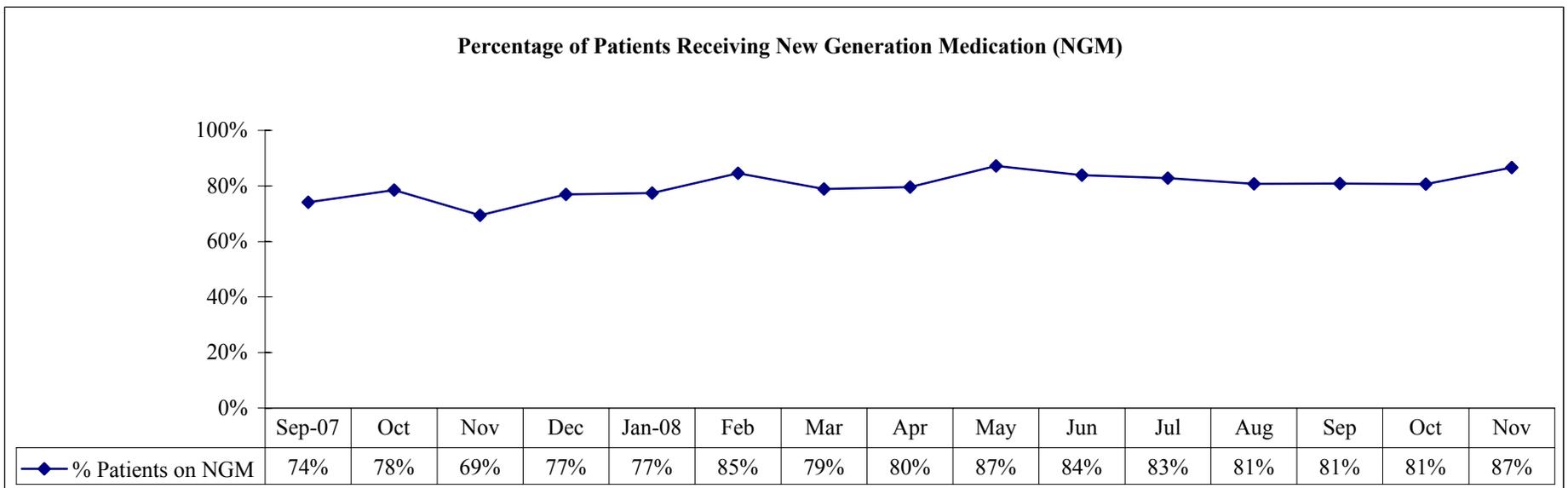
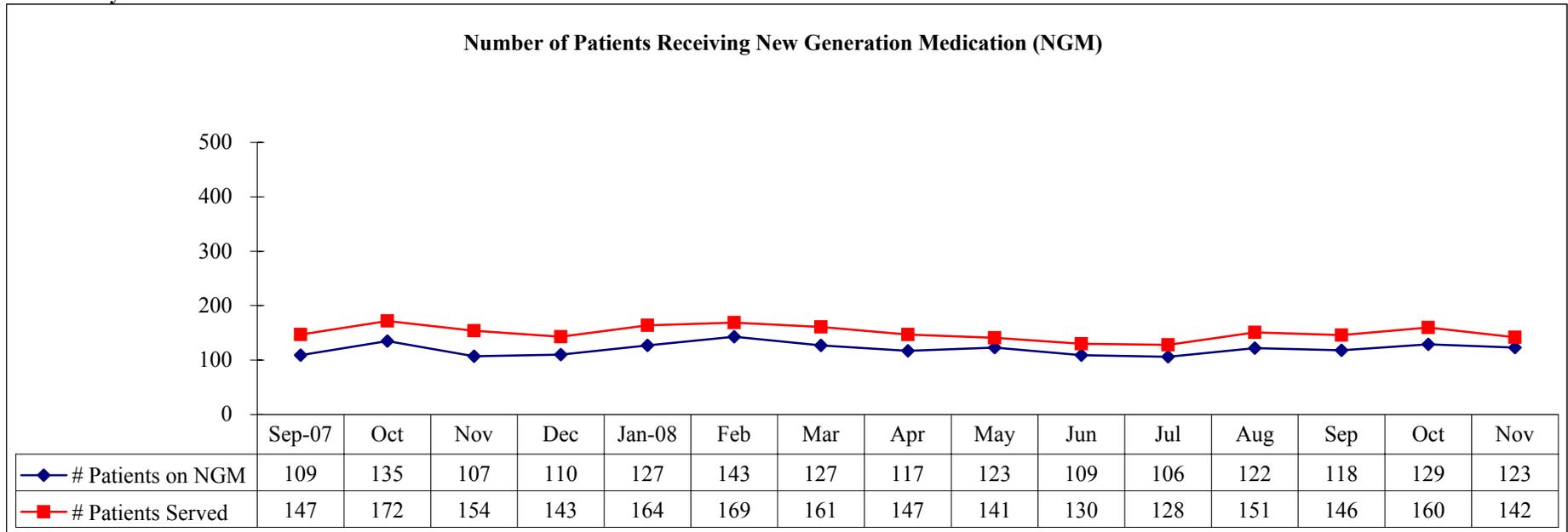


Percentage of Patients Receiving New Generation Medication (NGM)



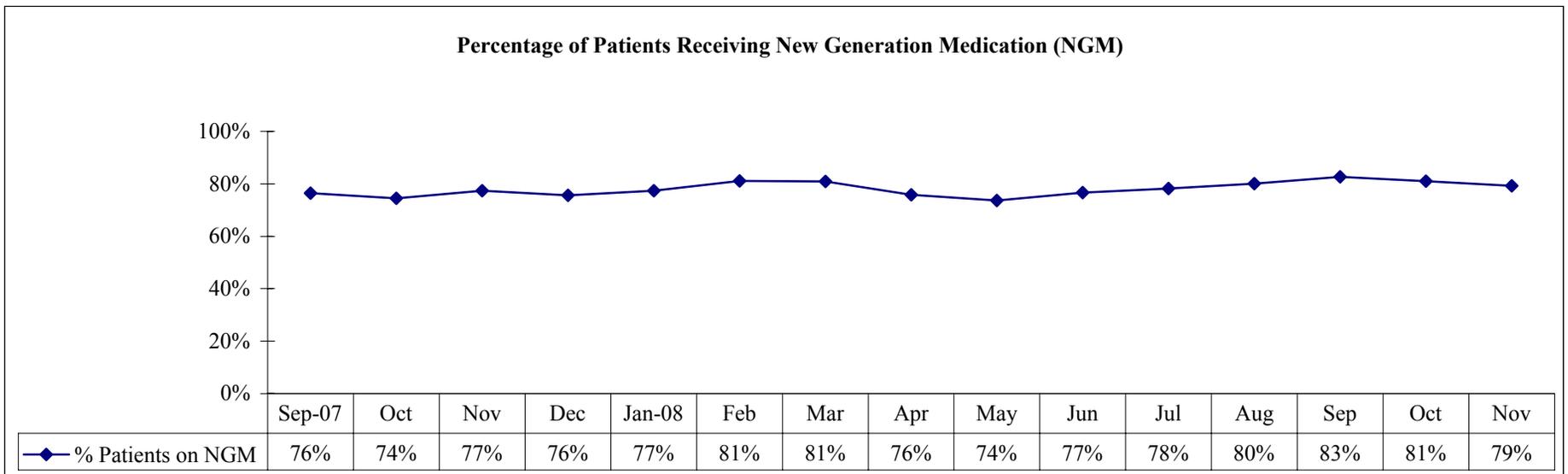
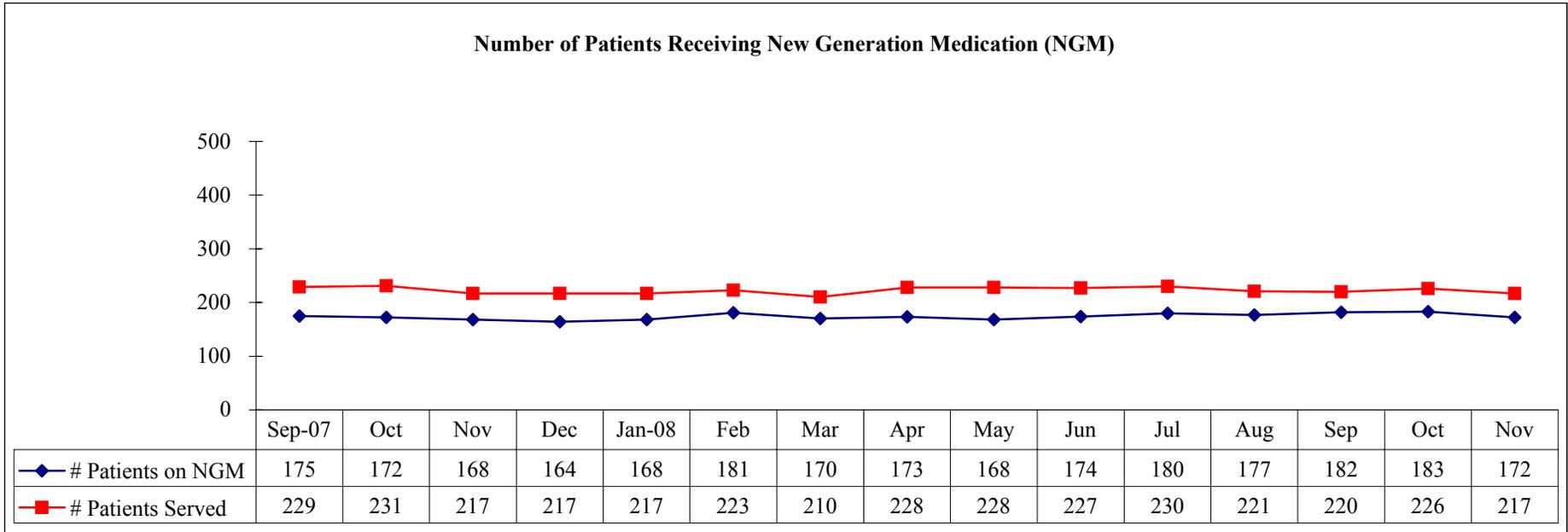
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



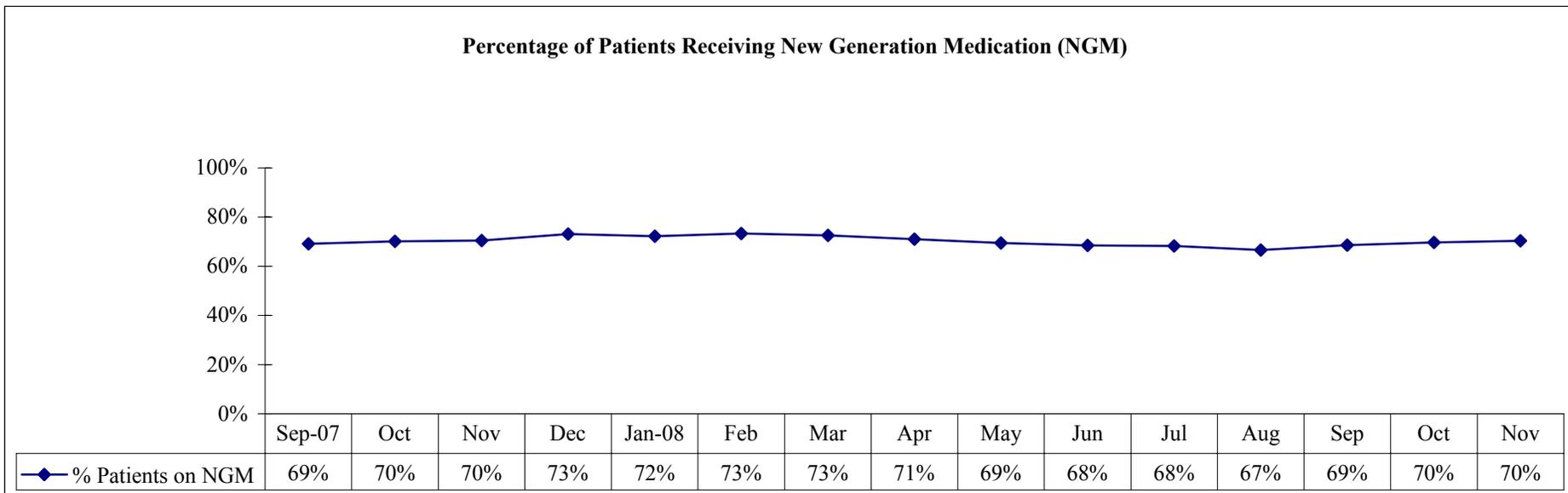
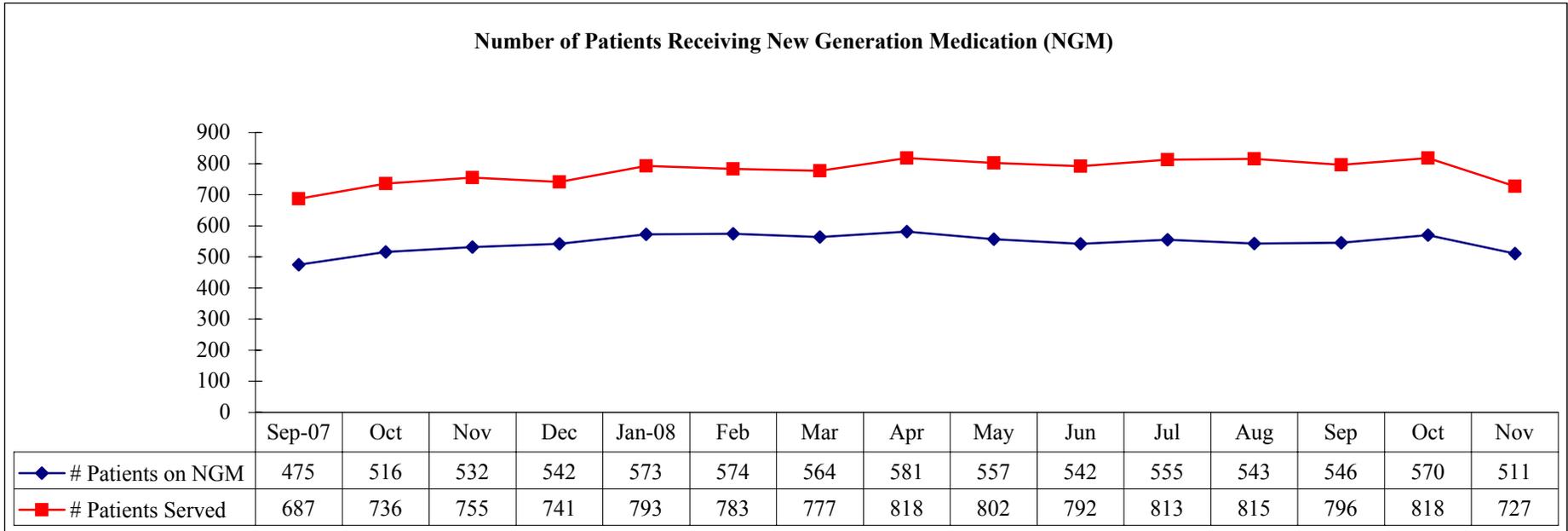
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



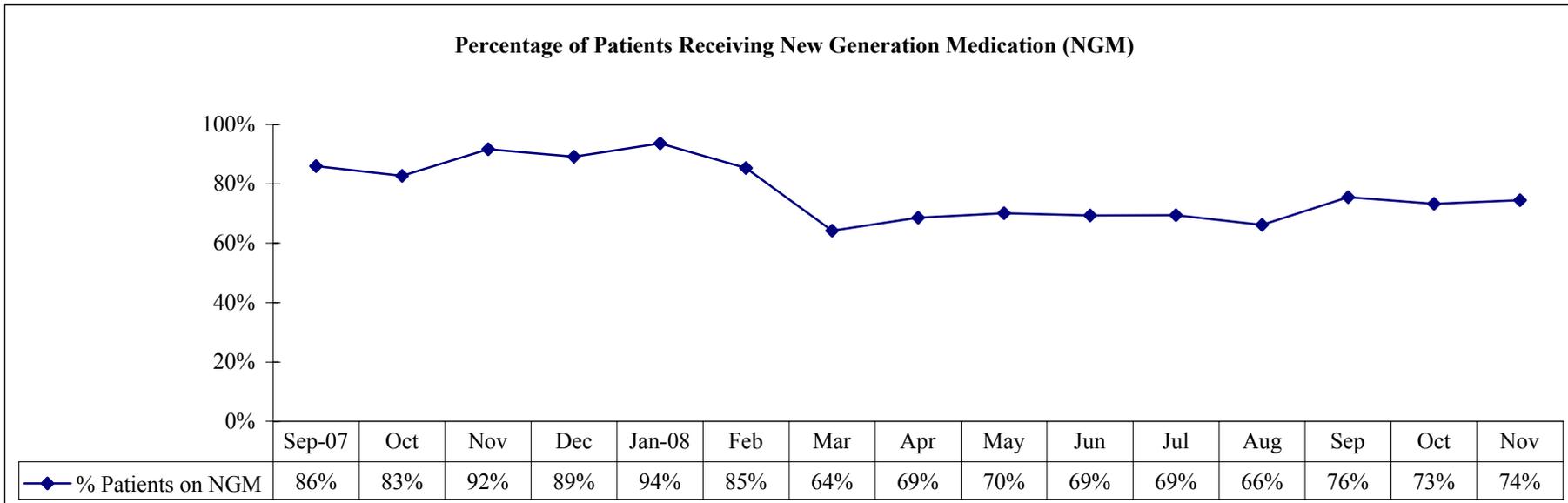
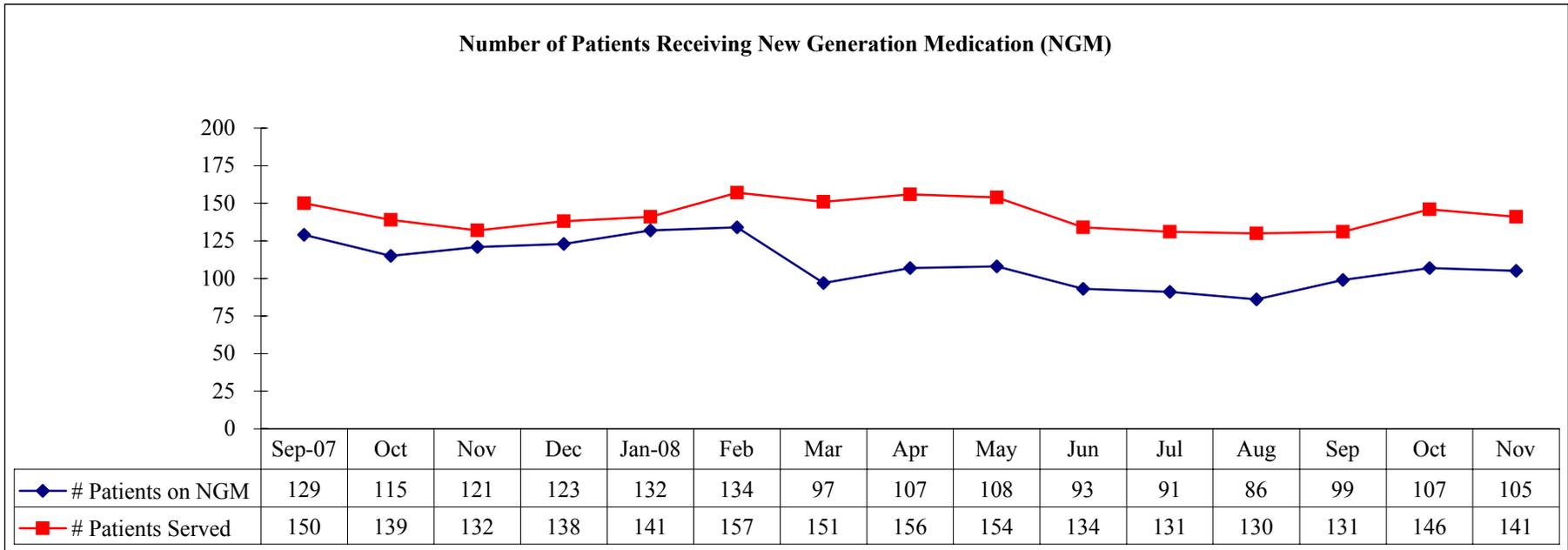
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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

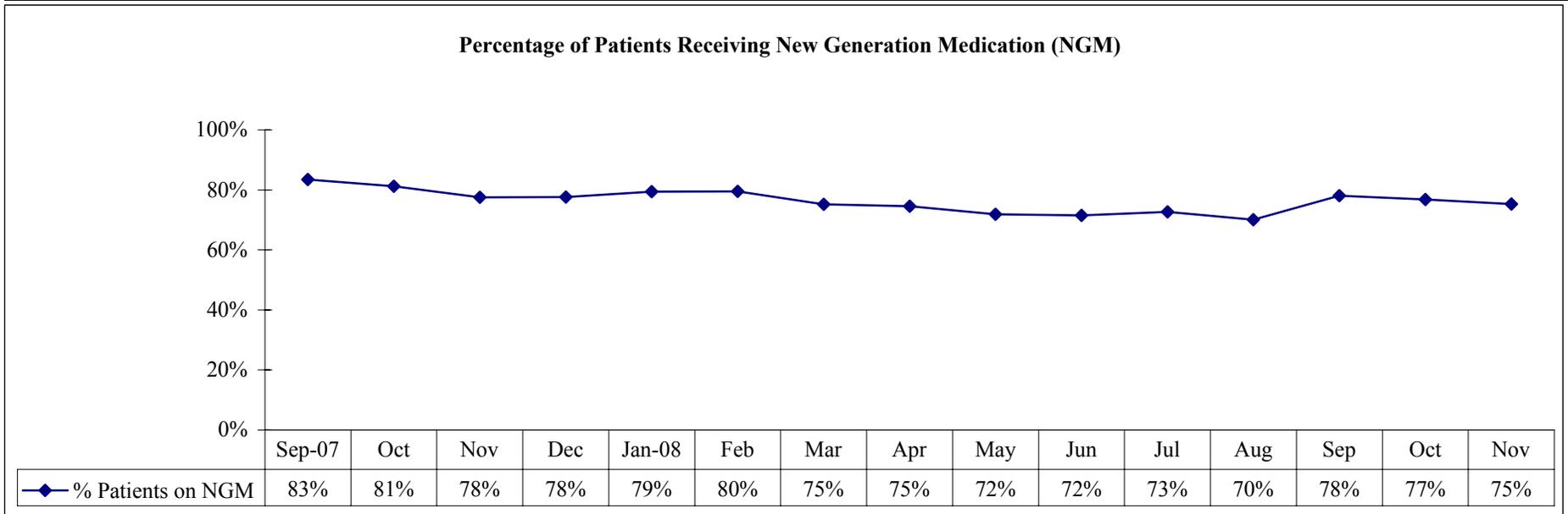
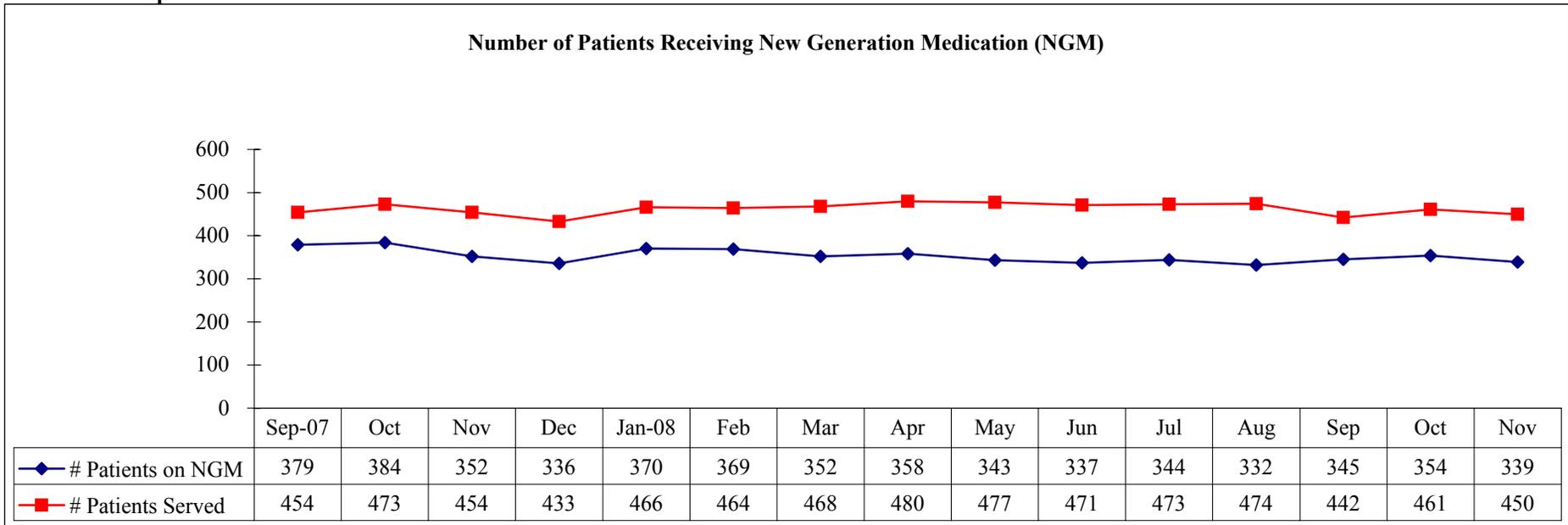
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



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

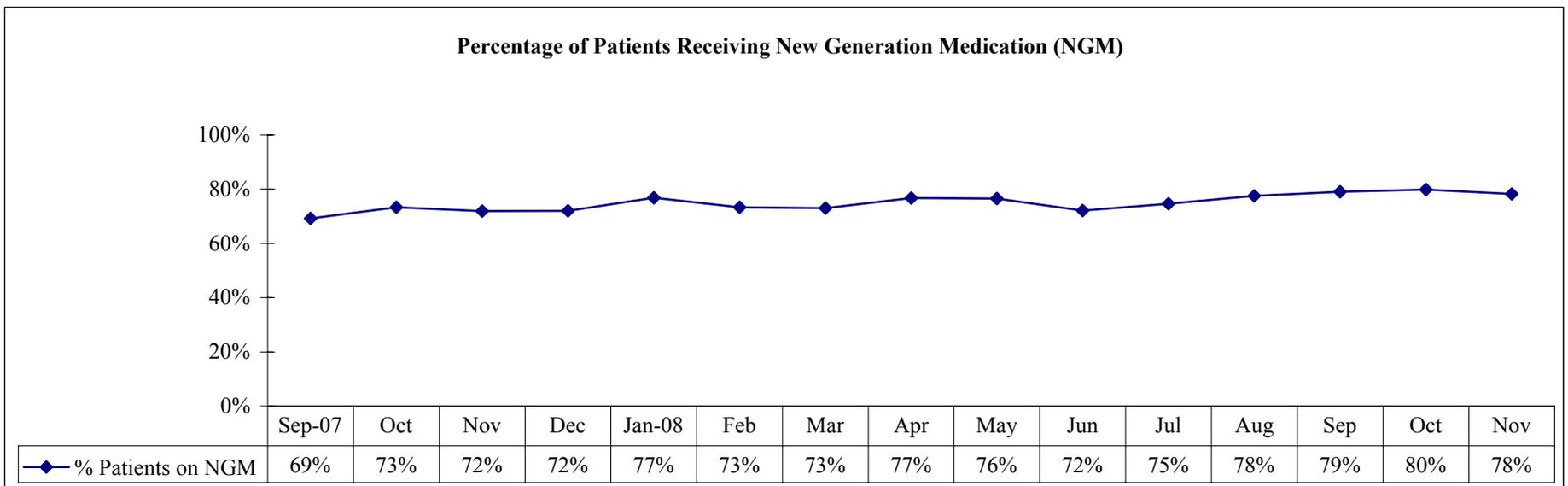
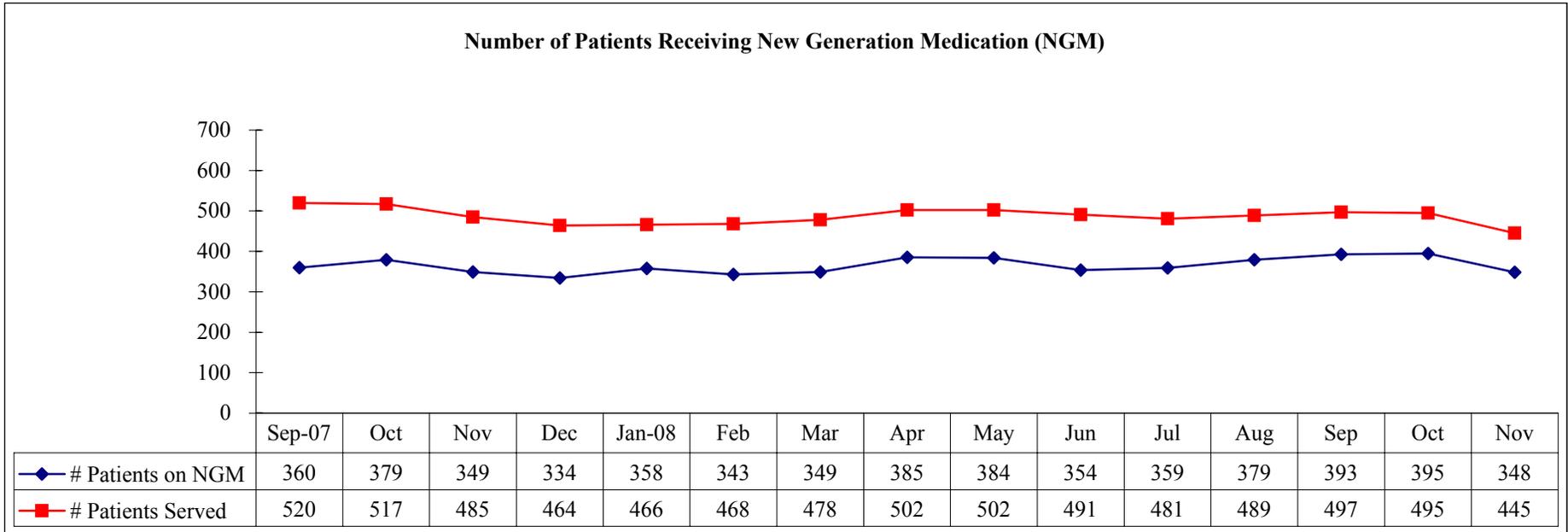
Measure 4A - Patients Receiving New Generation Medication (NGM)

Rusk State Hospital



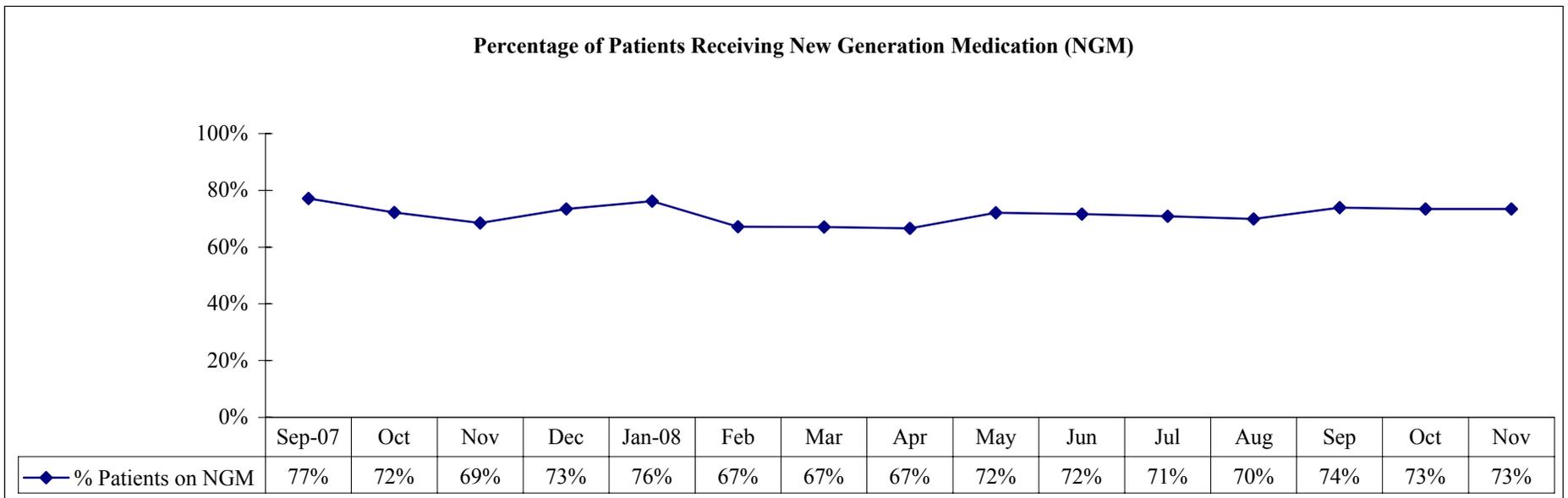
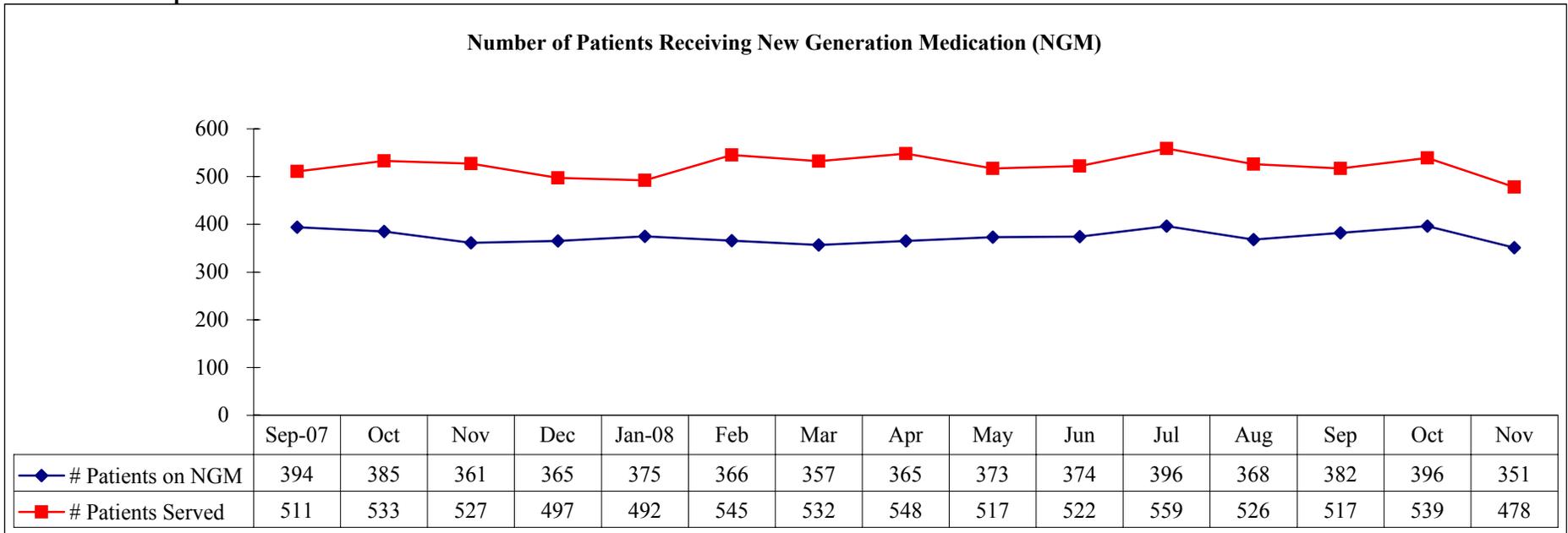
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

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



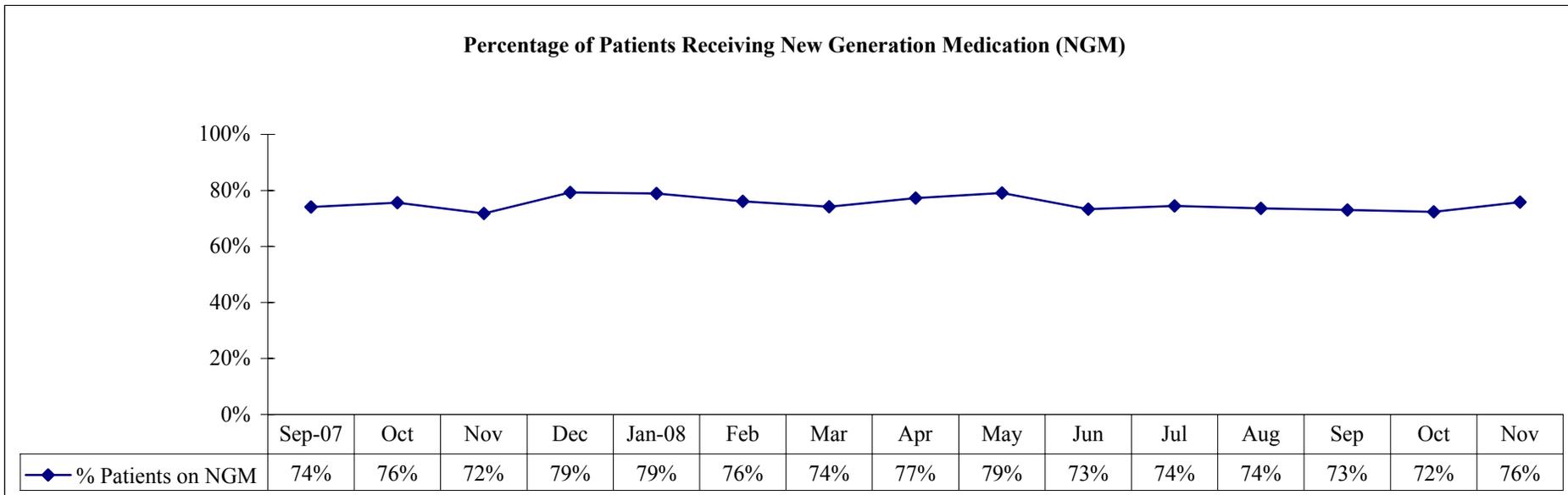
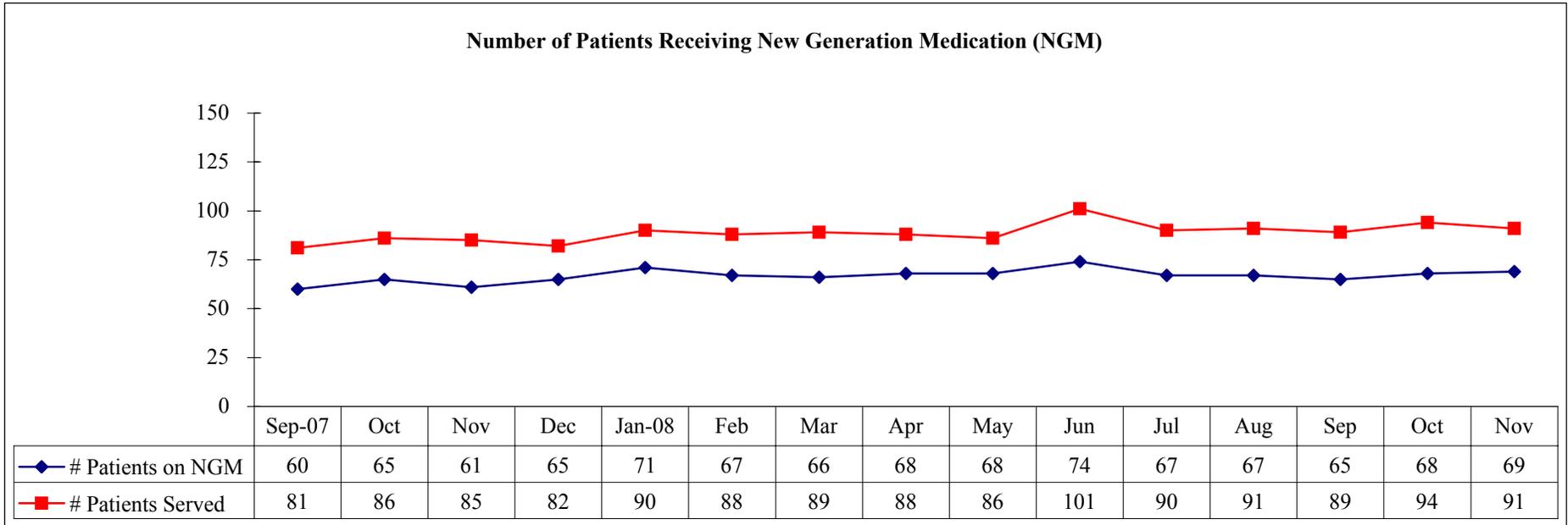
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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:

The costs of antipsychotic medications will be tracked and analyzed.

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

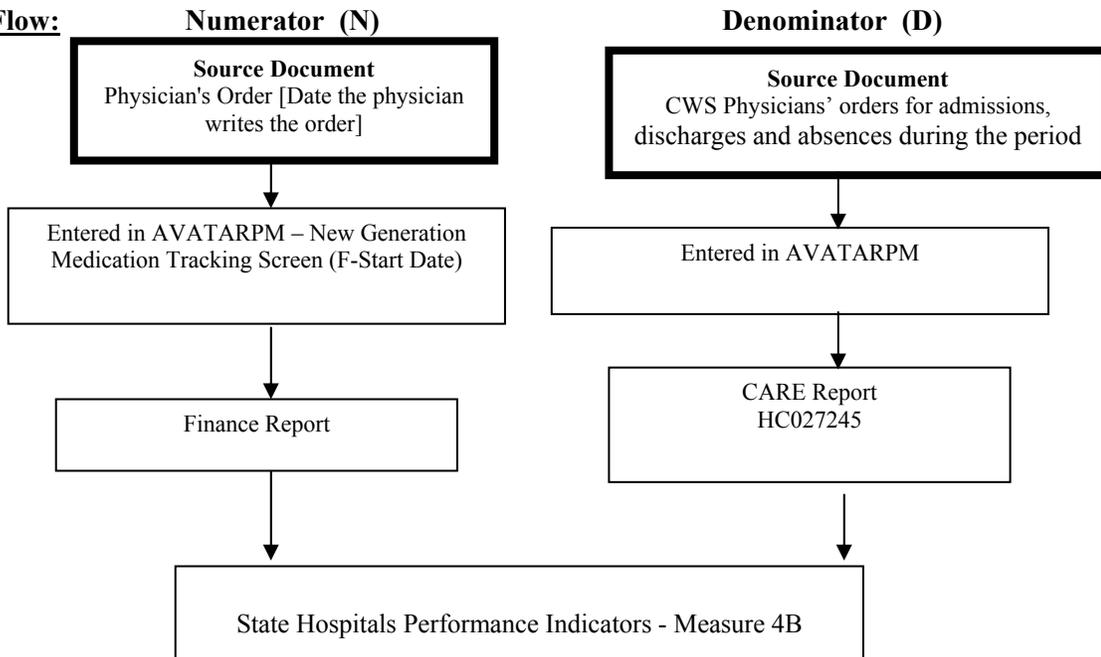
Performance Measure Formula: $\frac{N}{D}$ (Dollar Amount)
D (Unduplicated Persons Served)

N = total dollar amount spent on new generation medications per hospital per month.

D = total number of unduplicated persons served per hospital per month.

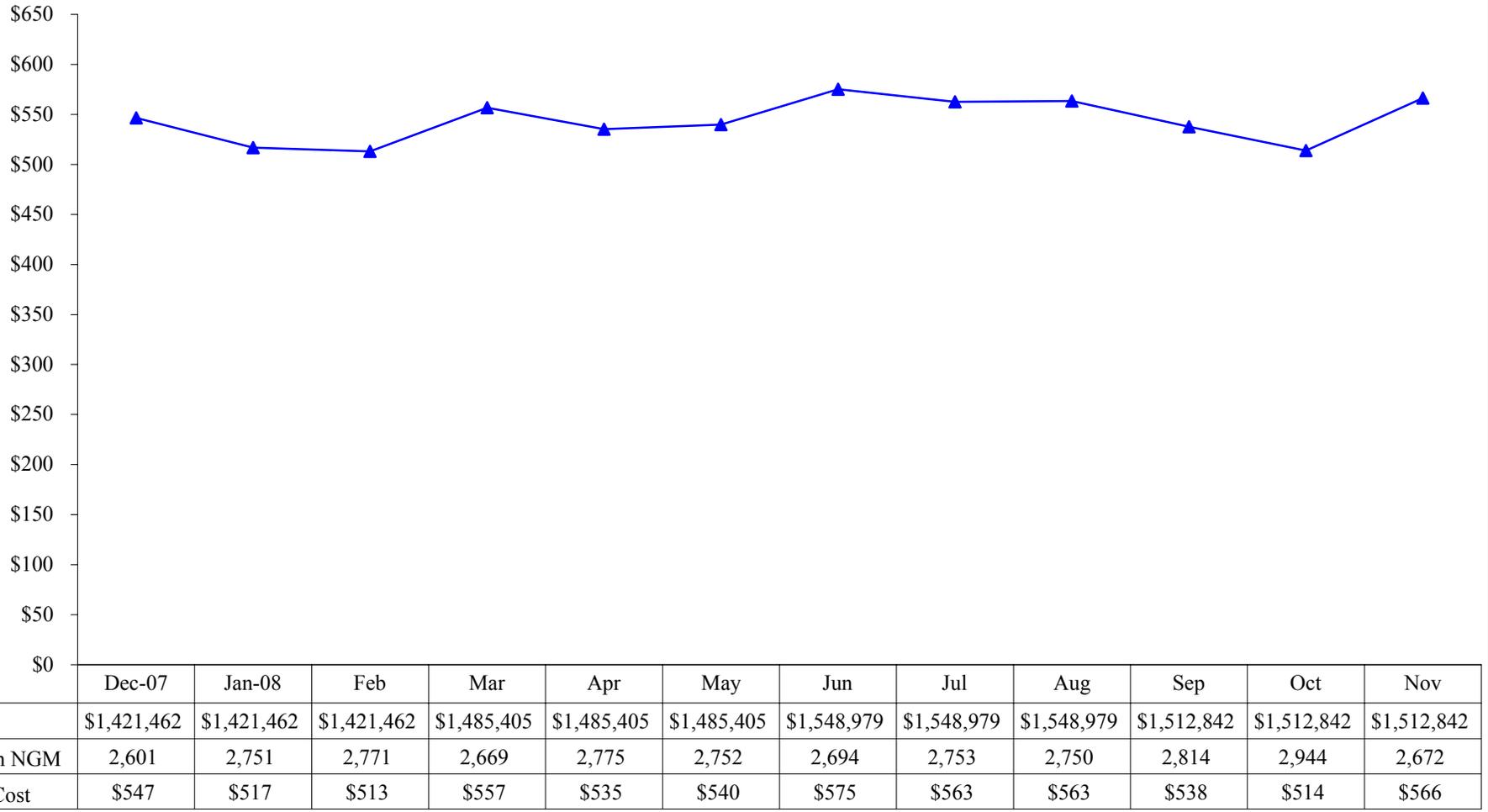
Performance Measure Data Display and Chart Description:

Data Flow:



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

Average Cost of Antipsychotic Medications per Patient per Month



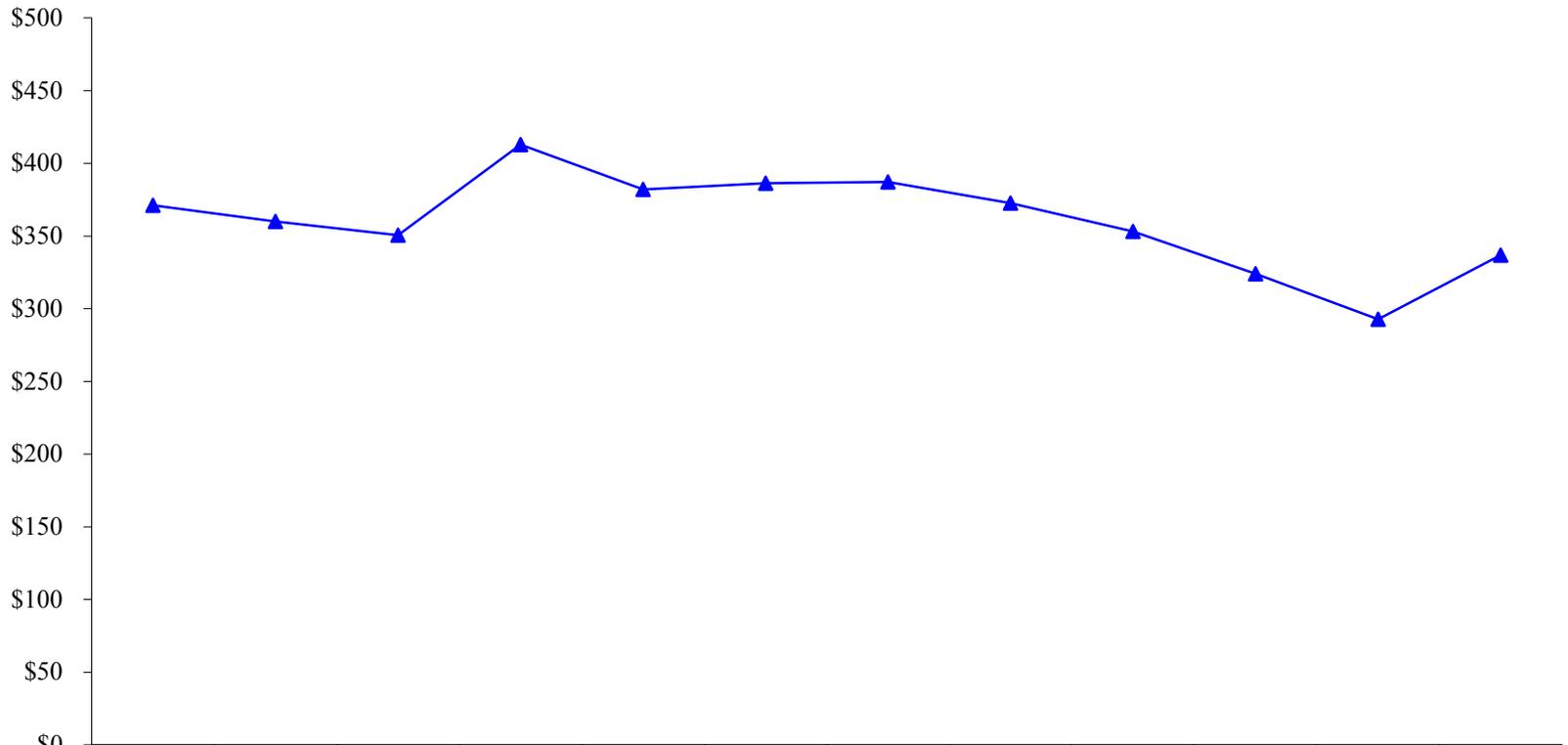
* Average Monthly Cost per Quarter

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



| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost* | \$145,451 | \$145,451 | \$145,451 | \$168,831 | \$168,831 | \$168,831 | \$176,576 | \$176,576 | \$176,576 | \$163,660 | \$163,660 | \$163,660 |
| # of Pts on NGM | 392 | 404 | 415 | 409 | 442 | 437 | 456 | 474 | 500 | 505 | 559 | 486 |
| ▲ Average Cost per Patient | \$371 | \$360 | \$350 | \$413 | \$382 | \$386 | \$387 | \$373 | \$353 | \$324 | \$293 | \$337 |

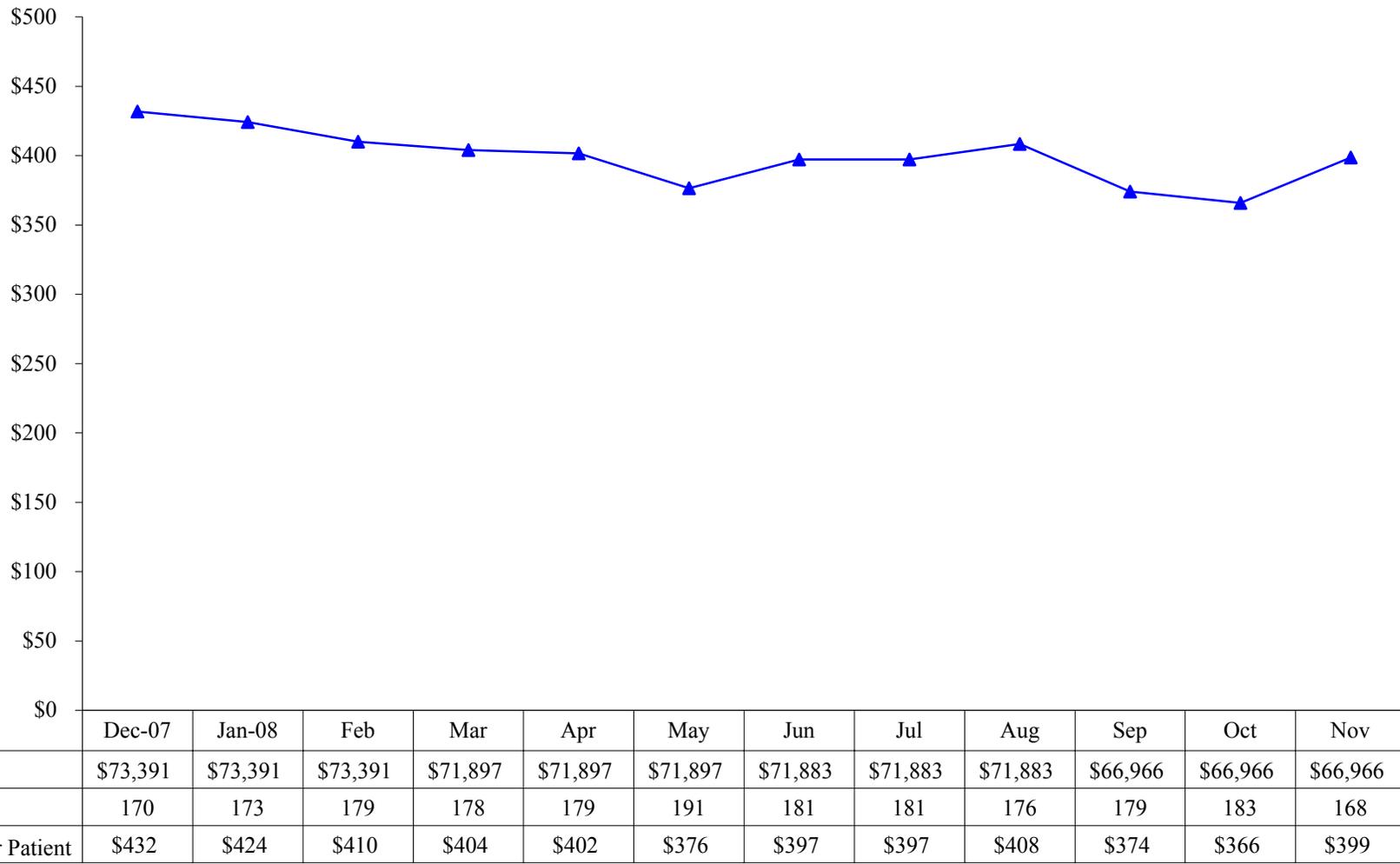
* Average Monthly Cost per Quarter

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

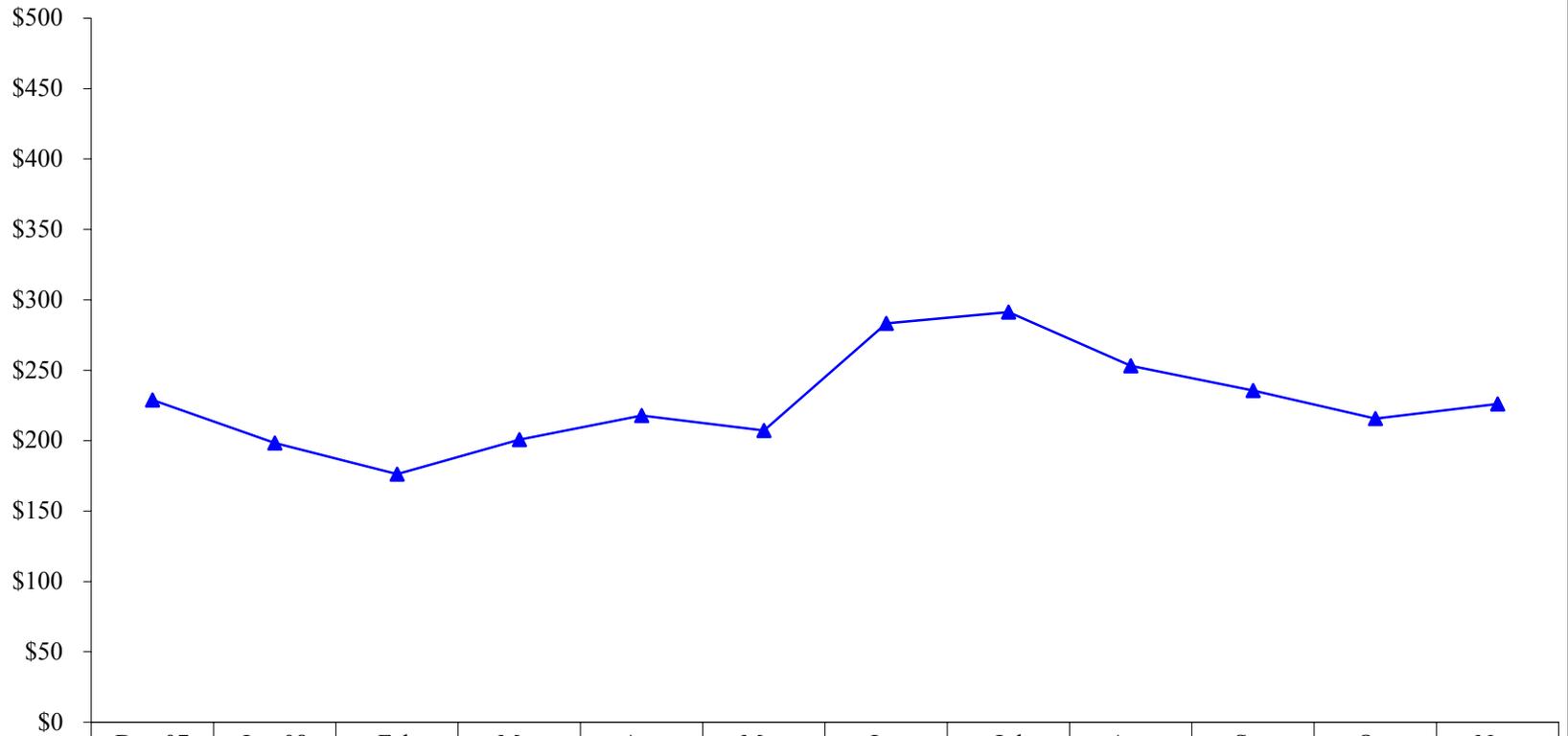


* Average Monthly Cost per Quarter
 Chart: Hospital Management Data Services

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
El Paso Psychiatric Center

Average Cost of Antipsychotic Medications per Patient per Month

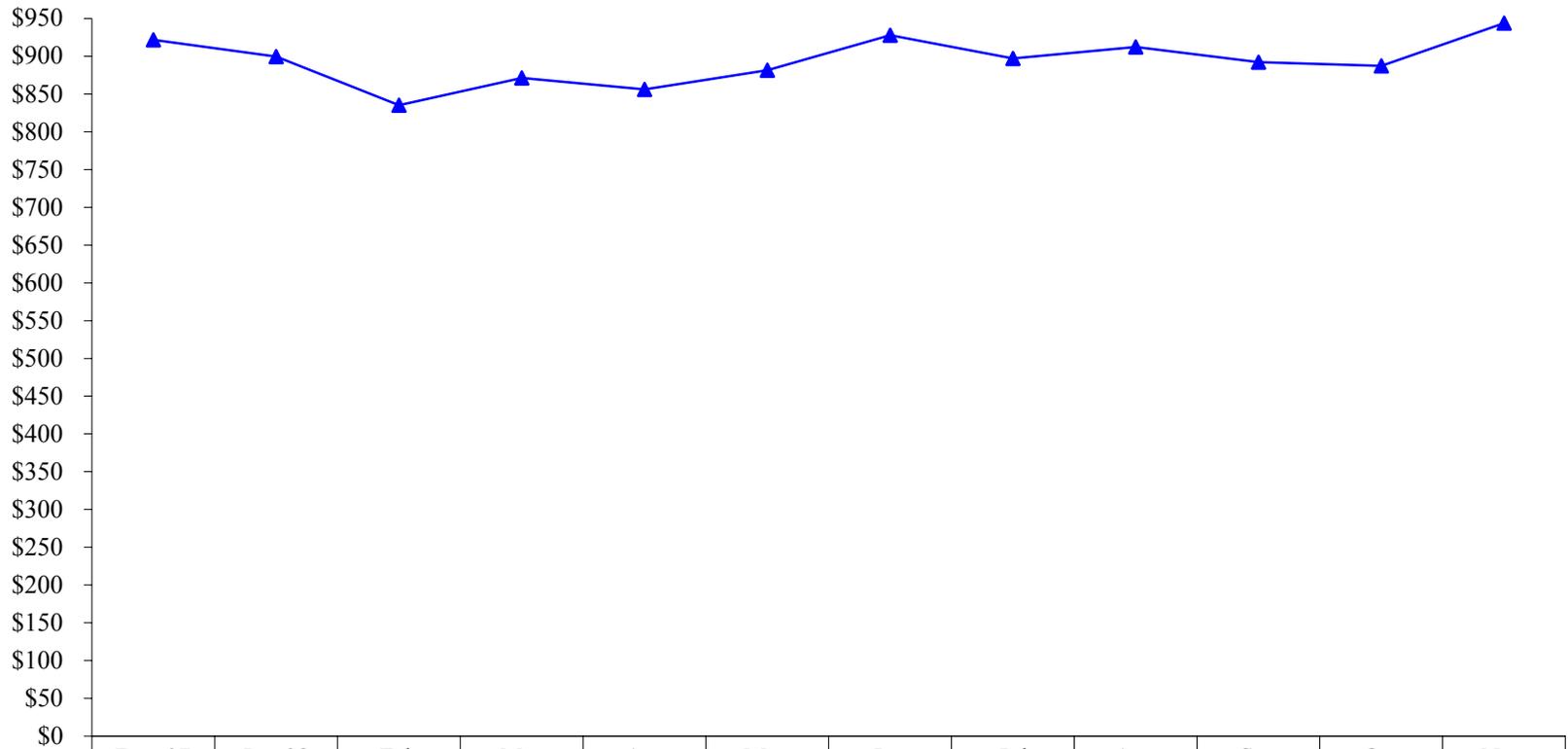


| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cost* | \$25,185 | \$25,185 | \$25,185 | \$25,482 | \$25,482 | \$25,482 | \$30,876 | \$30,876 | \$30,876 | \$27,807 | \$27,807 | \$27,807 |
| # of Pts on NGM | 110 | 127 | 143 | 127 | 117 | 123 | 109 | 106 | 122 | 118 | 129 | 123 |
| ▲ Average Cost per Patient | \$229 | \$198 | \$176 | \$201 | \$218 | \$207 | \$283 | \$291 | \$253 | \$236 | \$216 | \$226 |

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

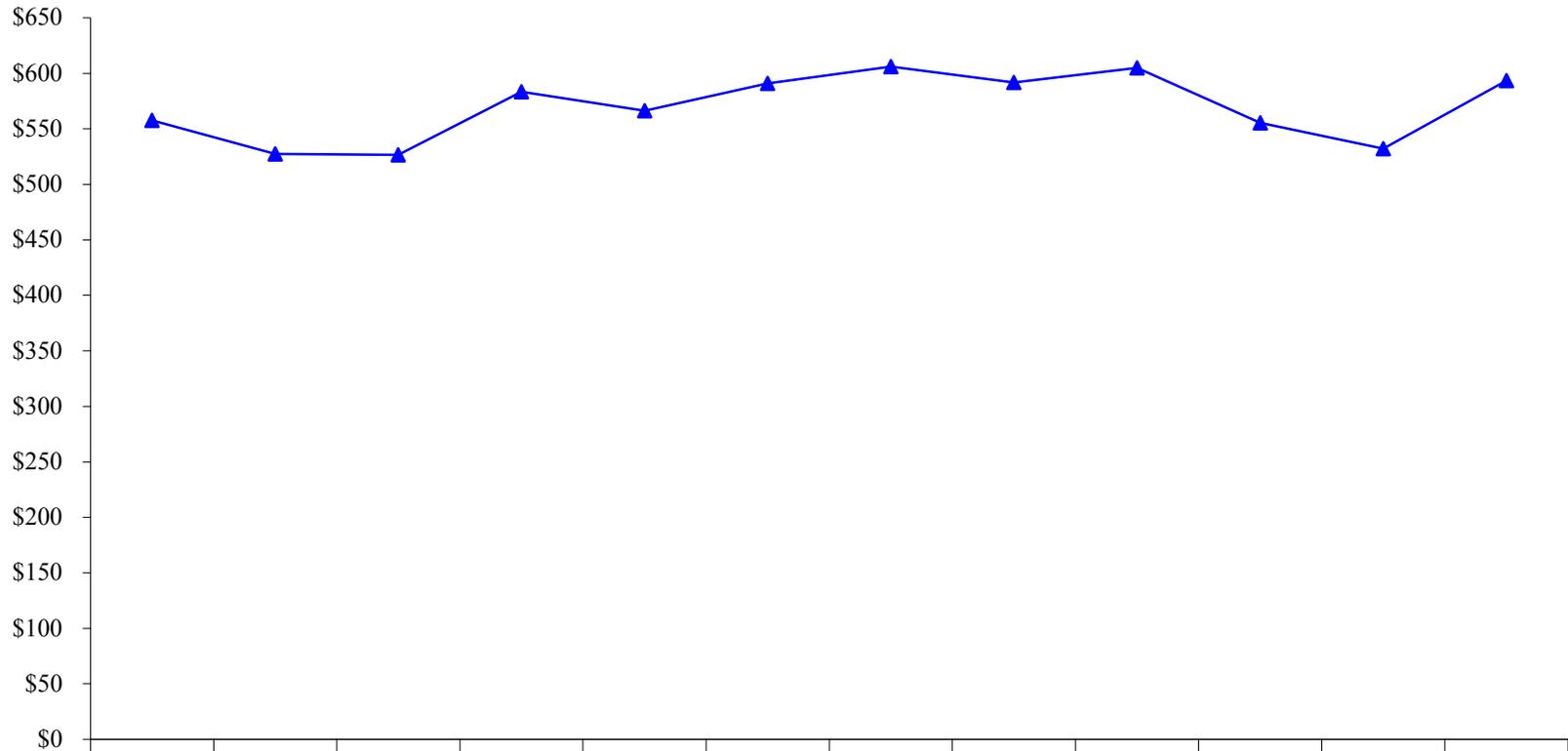


| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost* | \$151,136 | \$151,136 | \$151,136 | \$148,106 | \$148,106 | \$148,106 | \$161,454 | \$161,454 | \$161,454 | \$162,367 | \$162,367 | \$162,367 |
| # of Pts on NGM | 164 | 168 | 181 | 170 | 173 | 168 | 174 | 180 | 177 | 182 | 183 | 172 |
| —▲ Average Cost per Patient | \$922 | \$900 | \$835 | \$871 | \$856 | \$882 | \$928 | \$897 | \$912 | \$892 | \$887 | \$944 |

* Average Monthly Cost per Quarter

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

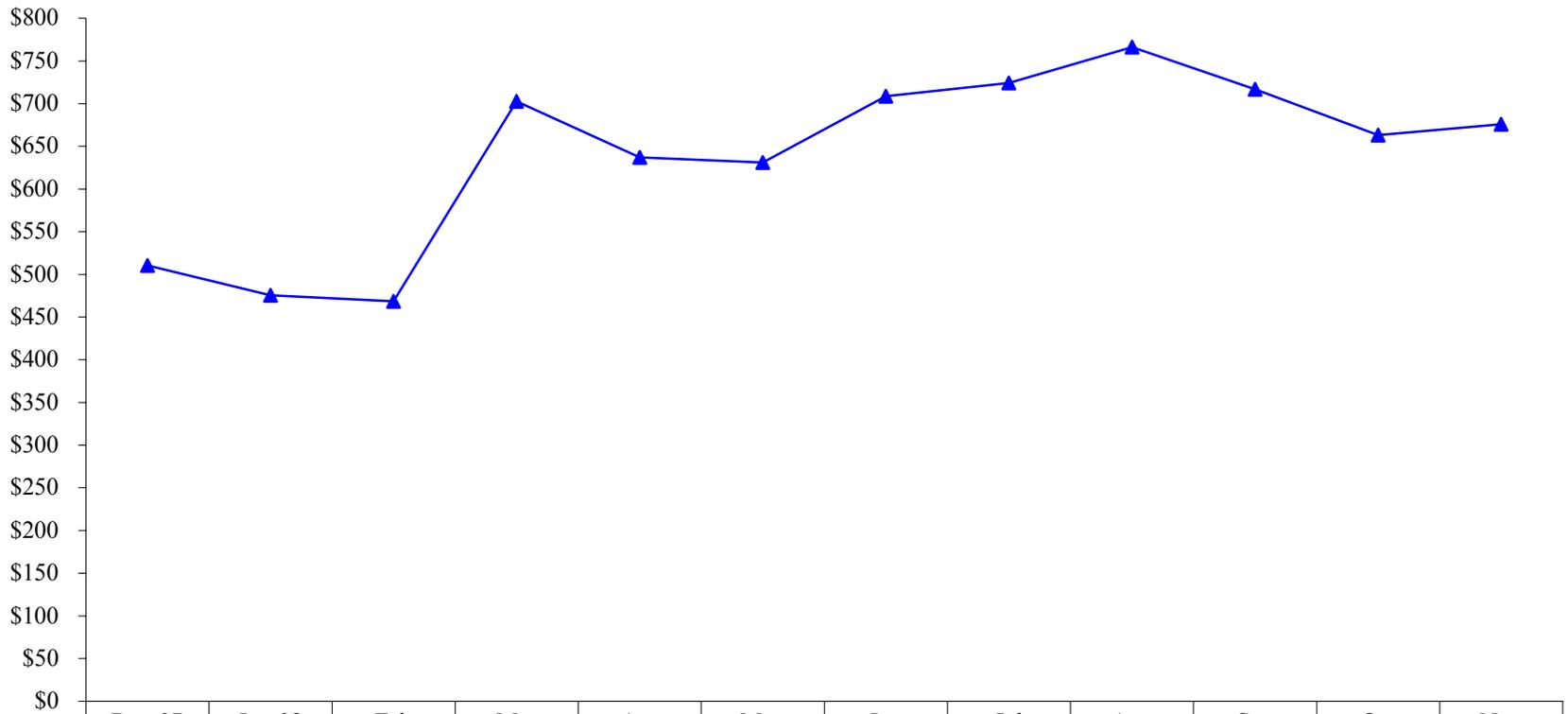
Average Cost of Antipsychotic Medications per Patient per Month



* 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

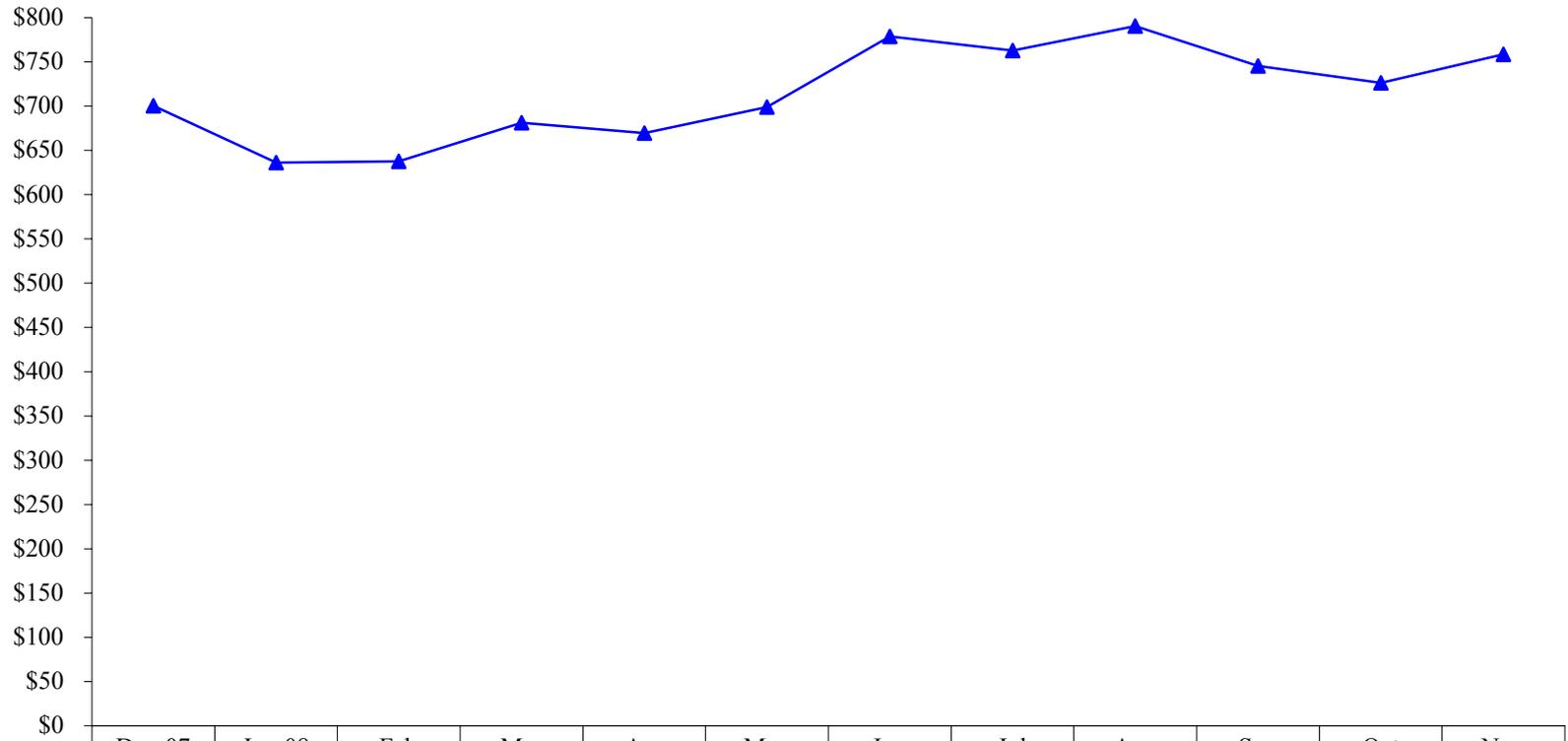


| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cost* | \$62,781 | \$62,781 | \$62,781 | \$68,163 | \$68,163 | \$68,163 | \$65,899 | \$65,899 | \$65,899 | \$70,961 | \$70,961 | \$70,961 |
| # of Pts on NGM | 123 | 132 | 134 | 97 | 107 | 108 | 93 | 91 | 86 | 99 | 107 | 105 |
| ▲ Average Cost per Patient | \$510 | \$476 | \$469 | \$703 | \$637 | \$631 | \$709 | \$724 | \$766 | \$717 | \$663 | \$676 |

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

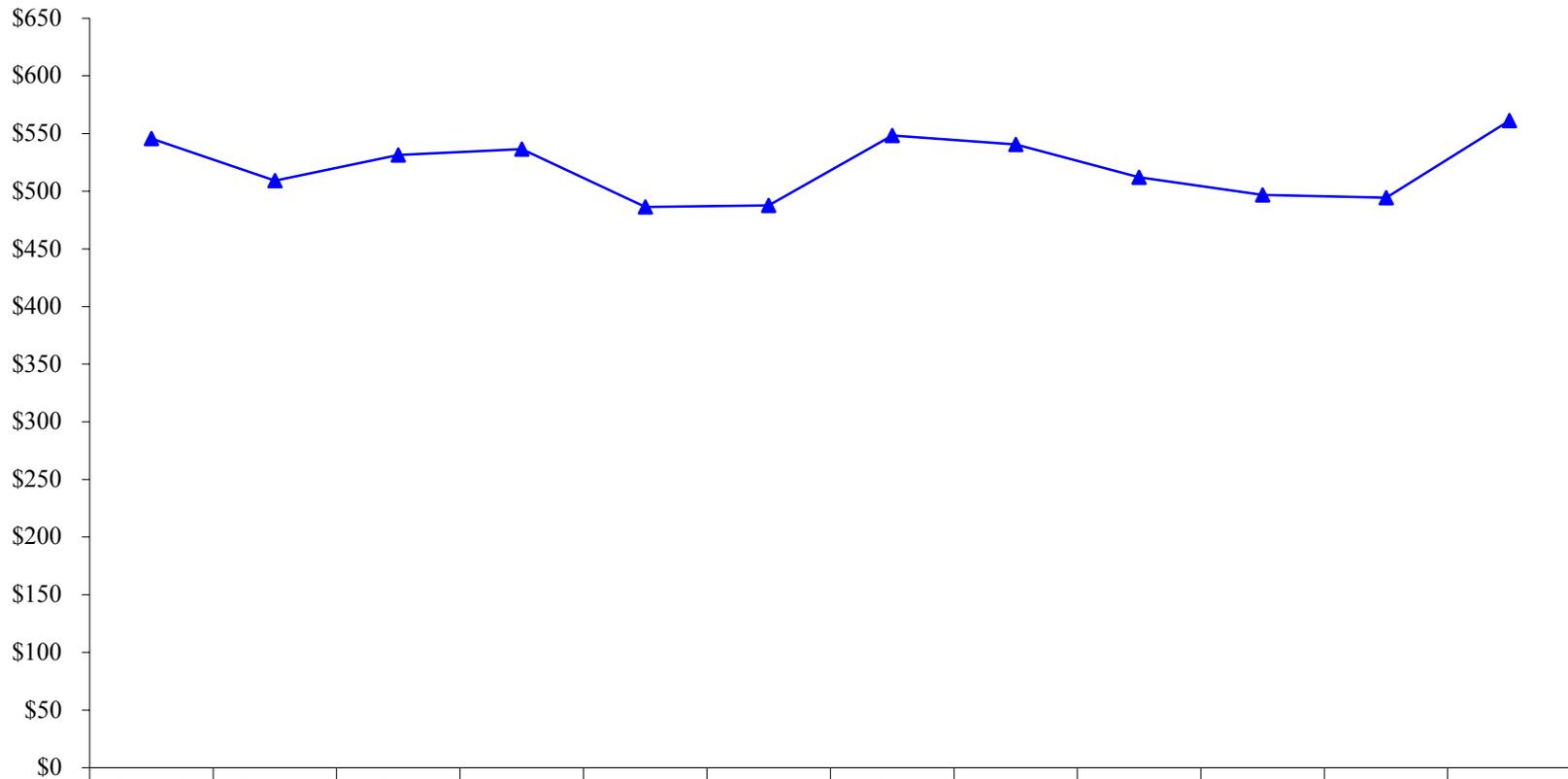


| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost* | \$235,361 | \$235,361 | \$235,361 | \$239,766 | \$239,766 | \$239,766 | \$262,403 | \$262,403 | \$262,403 | \$257,113 | \$257,113 | \$257,113 |
| # of Pts on NGM | 336 | 370 | 369 | 352 | 358 | 343 | 337 | 344 | 332 | 345 | 354 | 339 |
| ▲ Average Cost per Patient | \$700 | \$636 | \$638 | \$681 | \$670 | \$699 | \$779 | \$763 | \$790 | \$745 | \$726 | \$758 |

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

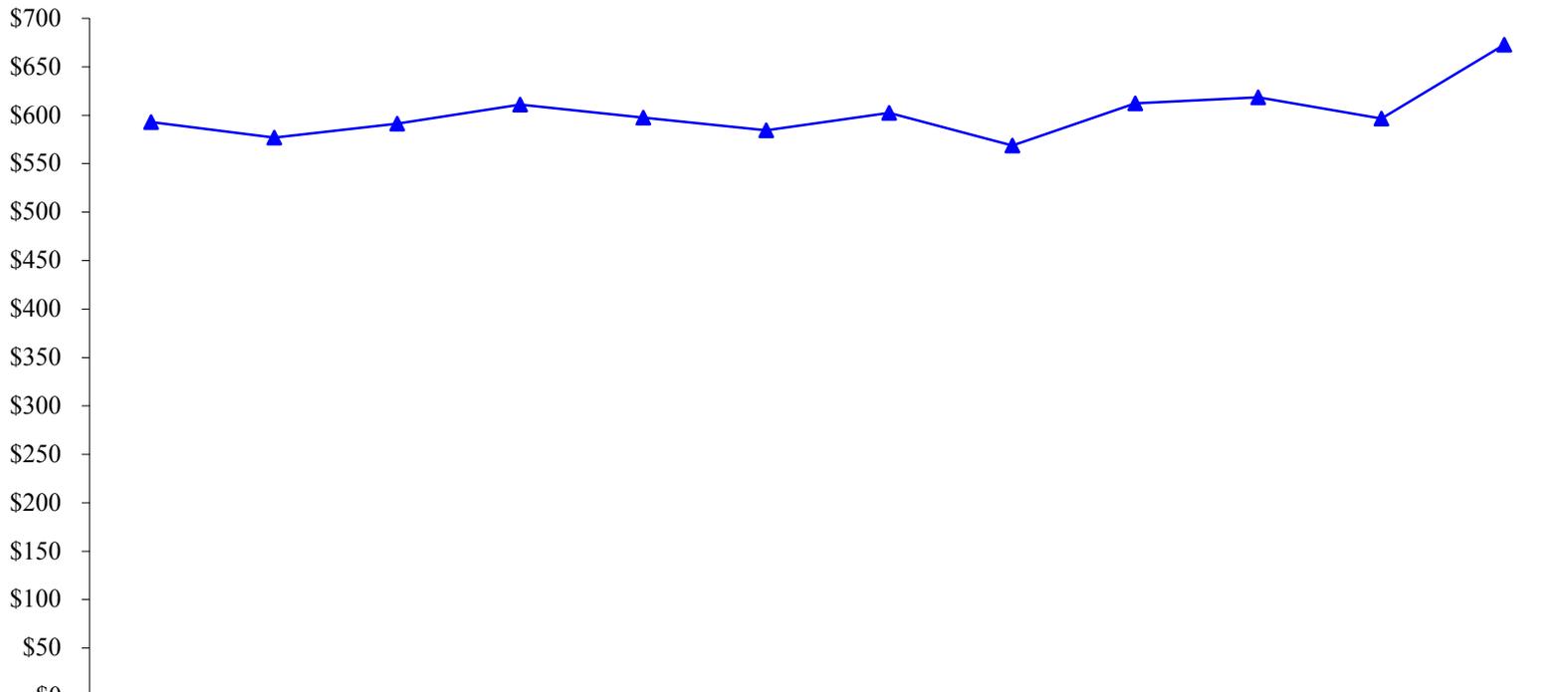


| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost* | \$182,257 | \$182,257 | \$182,257 | \$187,274 | \$187,274 | \$187,274 | \$194,082 | \$194,082 | \$194,082 | \$195,253 | \$195,253 | \$195,253 |
| # of Pts on NGM | 334 | 358 | 343 | 349 | 385 | 384 | 354 | 359 | 379 | 393 | 395 | 348 |
| ▲ Average Cost per Patient | \$546 | \$509 | \$531 | \$537 | \$486 | \$488 | \$548 | \$541 | \$512 | \$497 | \$494 | \$561 |

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

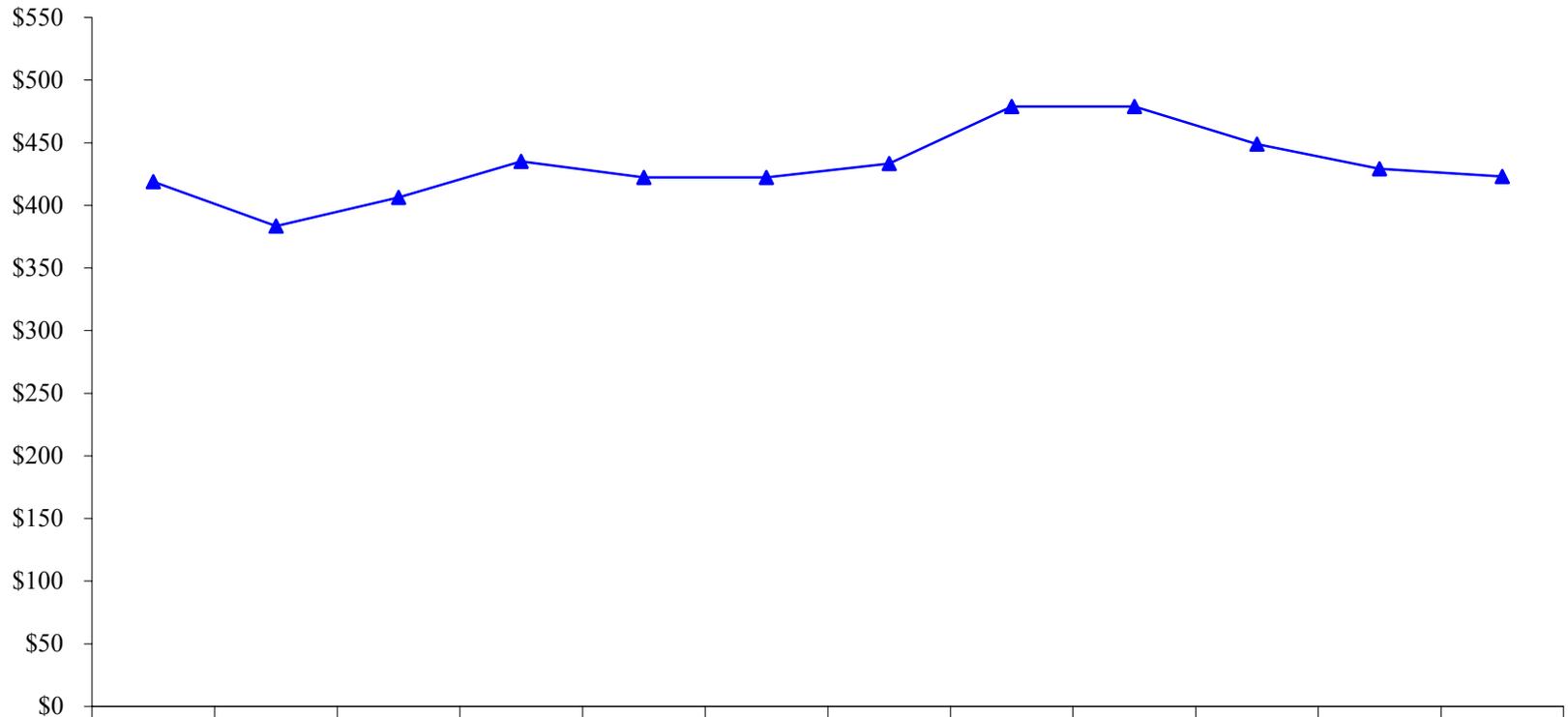


| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost* | \$216,393 | \$216,393 | \$216,393 | \$218,071 | \$218,071 | \$218,071 | \$225,273 | \$225,273 | \$225,273 | \$236,222 | \$236,222 | \$236,222 |
| # of Pts on NGM | 365 | 375 | 366 | 357 | 365 | 373 | 374 | 396 | 368 | 382 | 396 | 351 |
| ▲ Average Cost per Patient | \$593 | \$577 | \$591 | \$611 | \$597 | \$585 | \$602 | \$569 | \$612 | \$618 | \$597 | \$673 |

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month



| | Dec-07 | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cost* | \$27,230 | \$27,230 | \$27,230 | \$28,717 | \$28,717 | \$28,717 | \$32,081 | \$32,081 | \$32,081 | \$29,186 | \$29,186 | \$29,186 |
| # of Pts on NGM | 65 | 71 | 67 | 66 | 68 | 68 | 74 | 67 | 67 | 65 | 68 | 69 |
| ▲ Average Cost per Patient | \$419 | \$384 | \$406 | \$435 | \$422 | \$422 | \$434 | \$479 | \$479 | \$449 | \$429 | \$423 |

* Average Monthly Cost per Quarter

Performance Measure 4C:

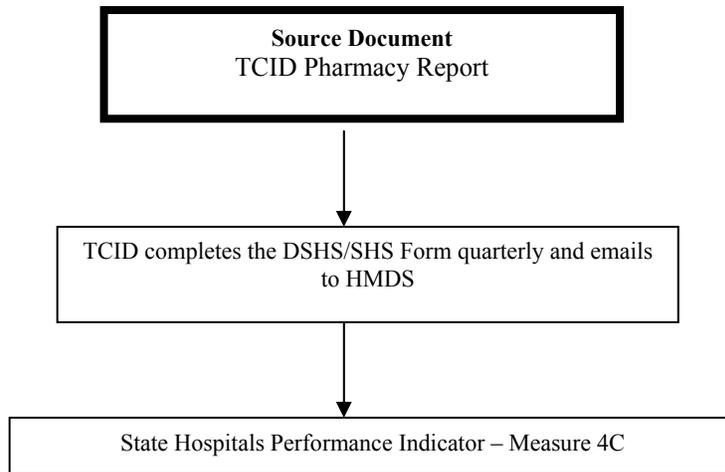
The cost of TB medications will be tracked and analyzed by TCID.

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

Performance Measure Formula: No formula – continuous variable.

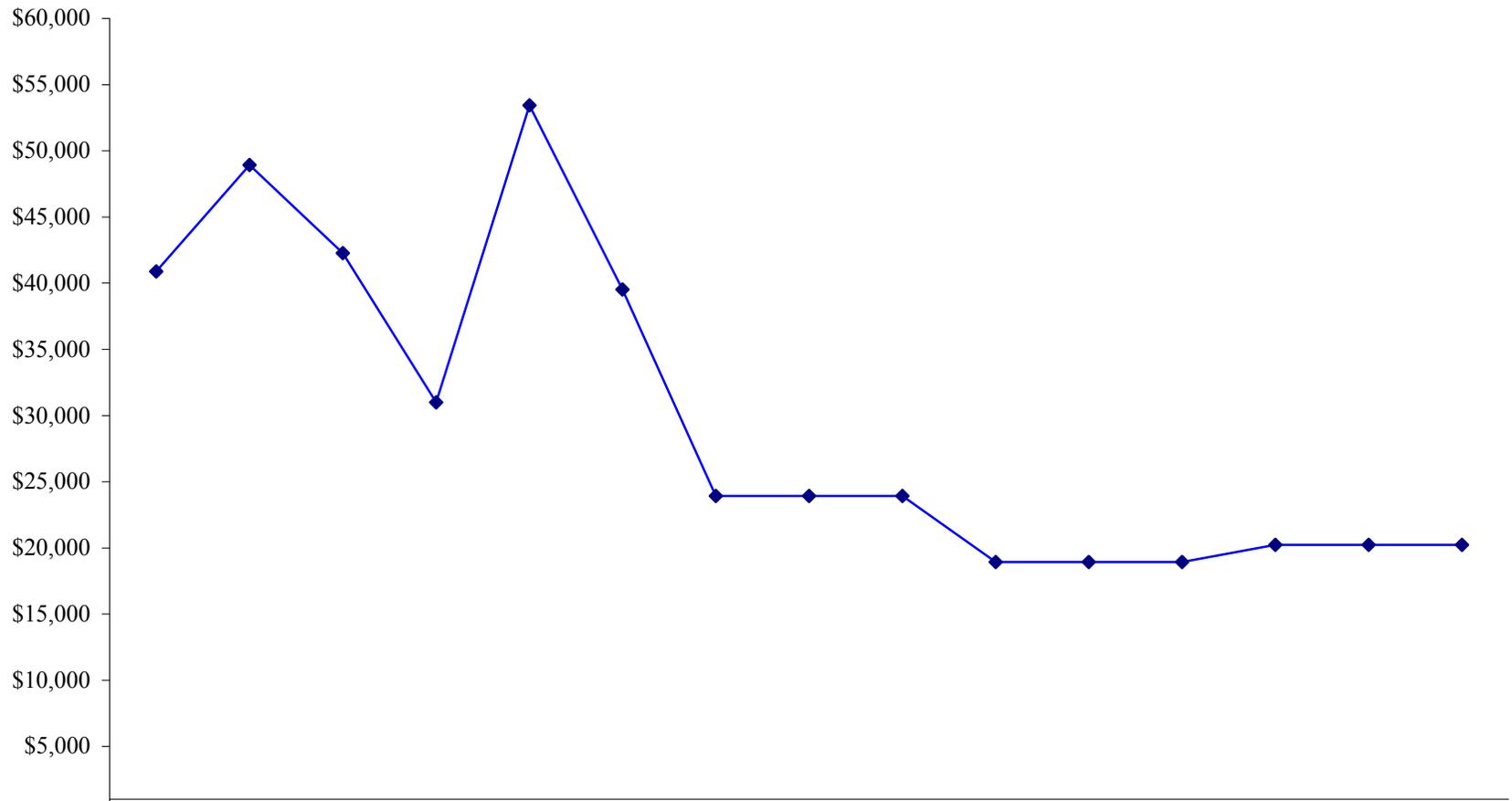
Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



Measure 4C - Cost of TB Medications
TCID

Cost of TB Medications



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| ◆ Tuberculoses Med Cost | \$40,882 | \$48,921 | \$42,268 | \$30,994 | \$53,441 | \$39,529 | \$23,933 | \$23,933 | \$23,933 | \$18,932 | \$18,932 | \$18,932 | \$20,238 | \$20,238 | \$20,238 |

GOAL 5: Assure Continuum of Care

Performance Objective 5A:

All dually diagnosed patients with mental illness and mental retardation in state mental health hospitals will be discharged or transferred within 30 days of being placed on the “Patients Determined To No Longer Be In Need Of Inpatient Hospitalization” list.

Performance Objective Operational Definition: All civilly committed dually diagnosed patients with mental illness and mental retardation 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.

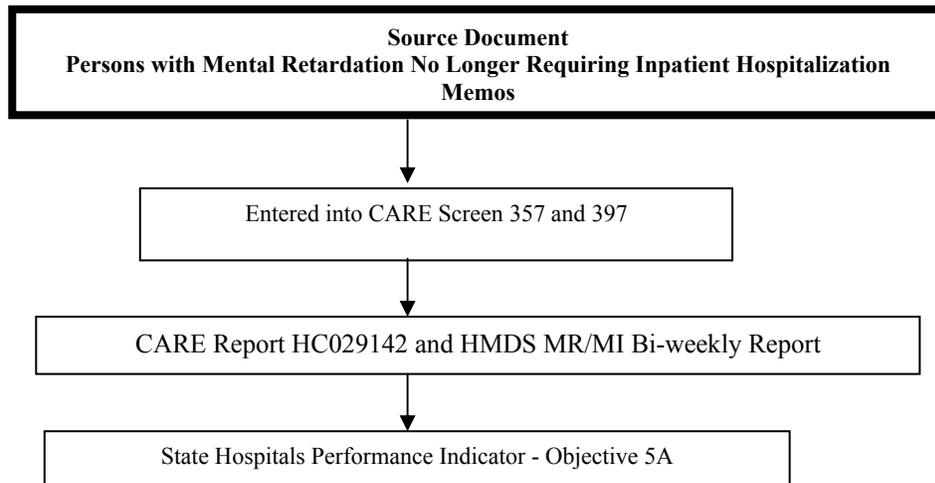
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

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:

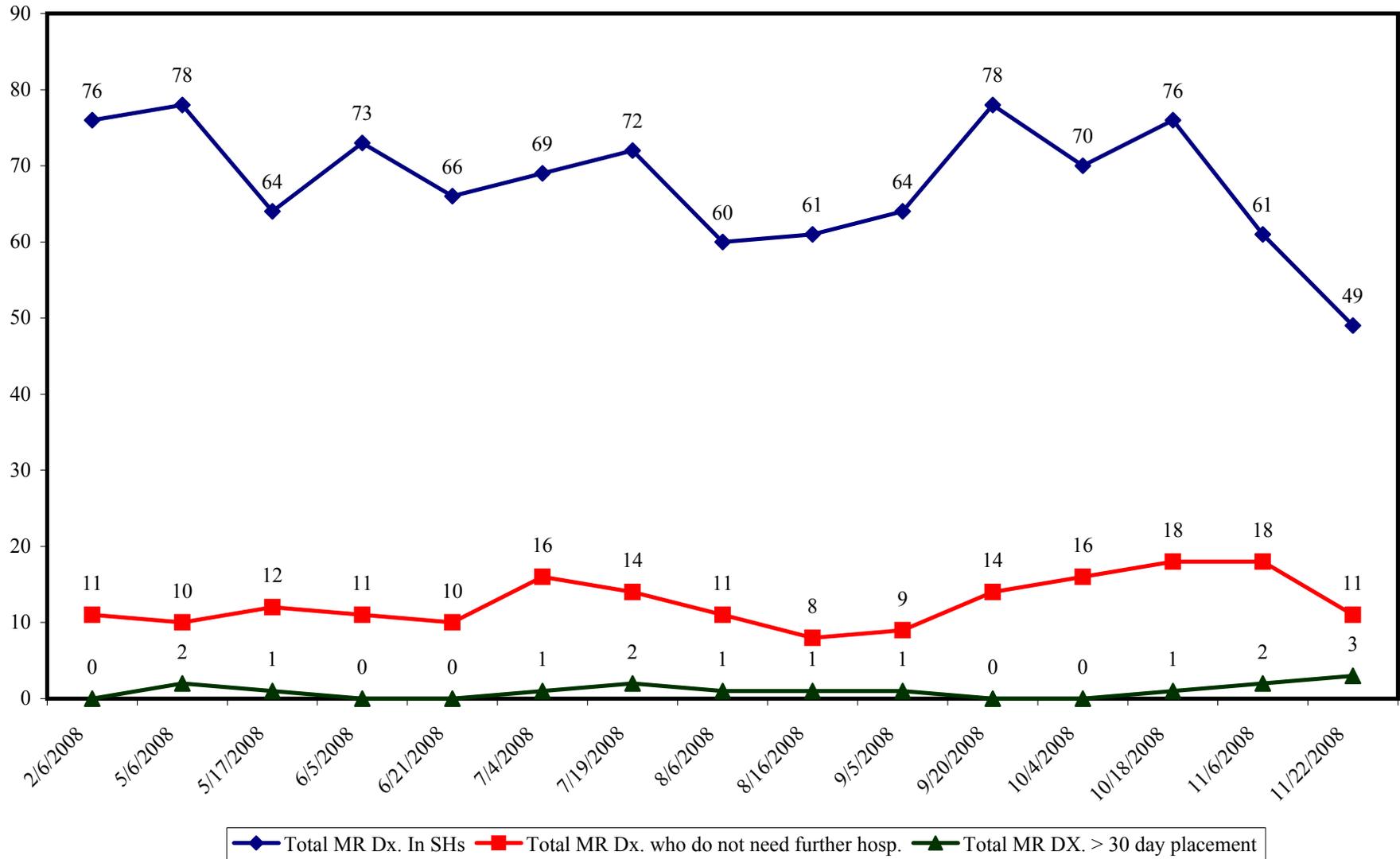
- ◆ Chart with persons with MR Diagnosis in state mental health hospitals.

Data Flow:



Objective 5A - MR/MI
All State MH Hospitals

Persons with MR Diagnosis in State MH Hospitals



Performance Measure 5A:

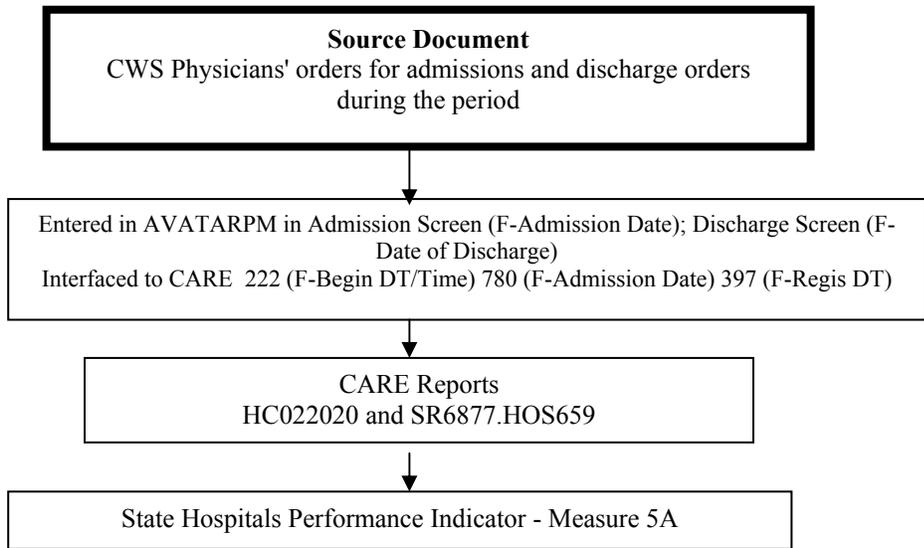
Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each hospital.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:

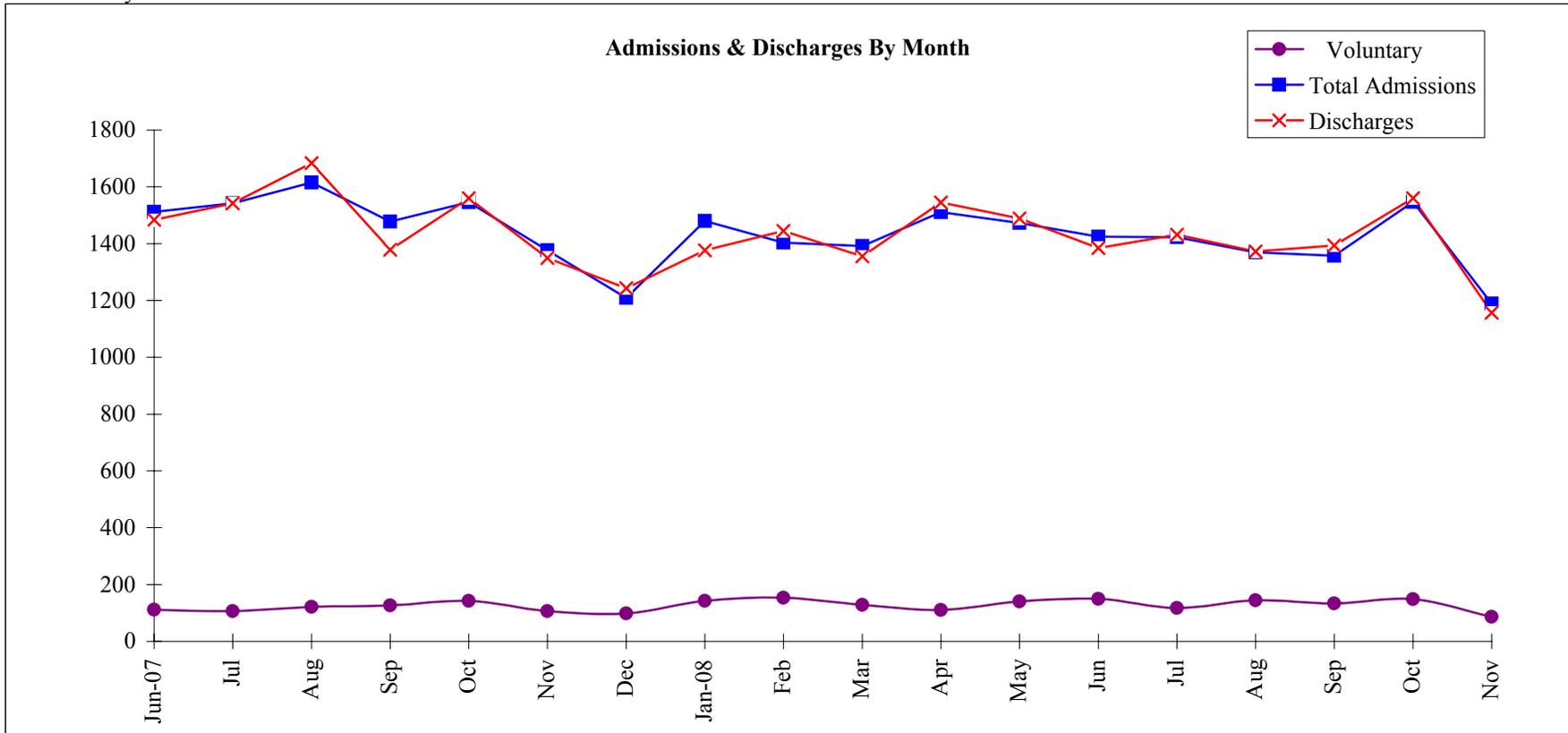


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State MH Hospitals

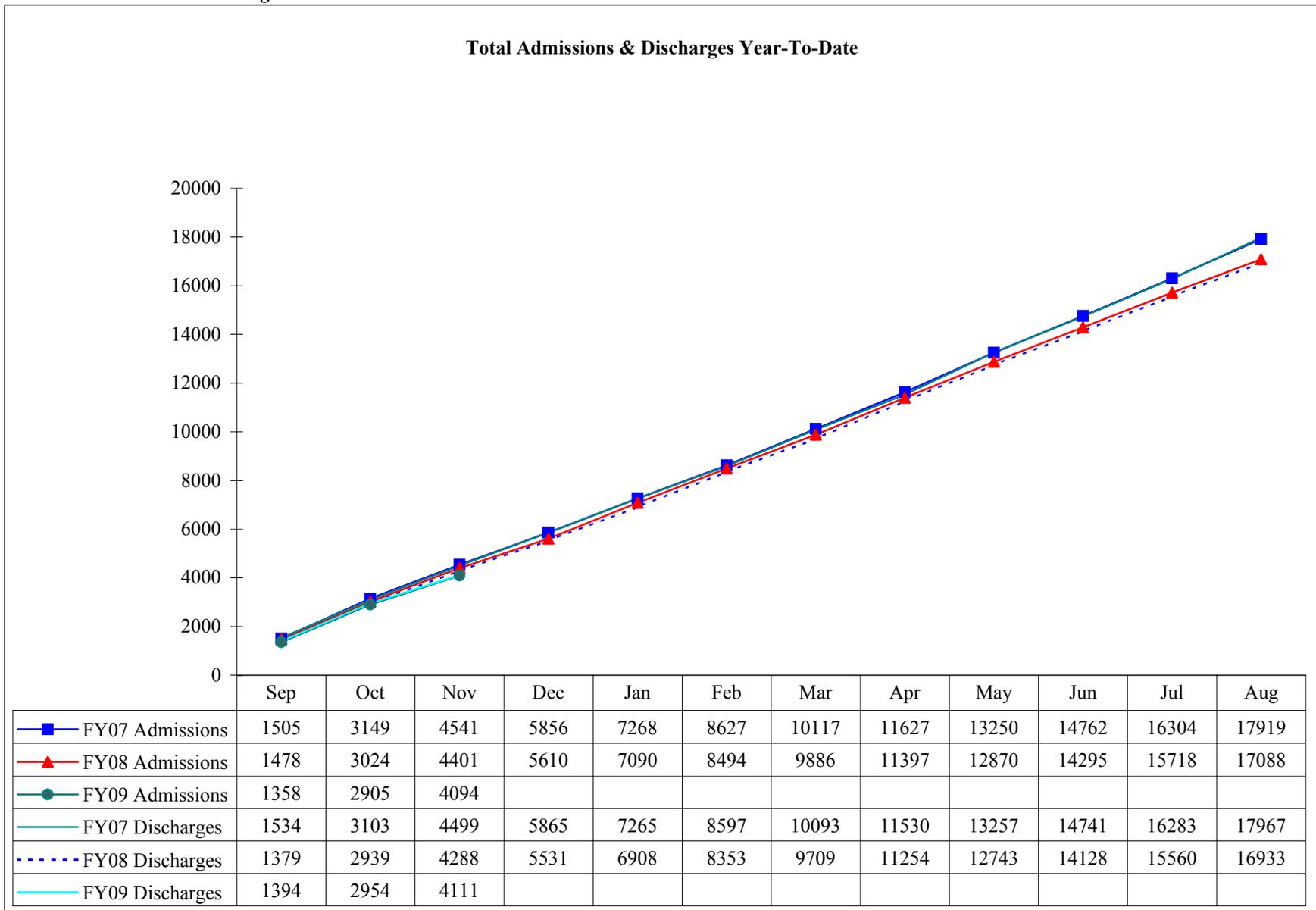
Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Admissions | 1512 | 1542 | 1615 | 1478 | 1546 | 1377 | 1209 | 1480 | 1404 | 1392 | 1511 | 1473 | 1425 | 1423 | 1370 | 1358 | 1547 | 1189 |
| Voluntary | 111 | 106 | 121 | 126 | 142 | 106 | 98 | 142 | 154 | 128 | 110 | 140 | 149 | 117 | 144 | 133 | 148 | 86 |
| Involuntary | 1401 | 1436 | 1494 | 1352 | 1404 | 1271 | 1111 | 1338 | 1250 | 1264 | 1401 | 1333 | 1276 | 1306 | 1226 | 1225 | 1399 | 1103 |
| OPC | 340 | 361 | 406 | 314 | 353 | 321 | 265 | 331 | 333 | 336 | 366 | 327 | 336 | 376 | 332 | 338 | 358 | 277 |
| Emergency | 748 | 807 | 759 | 724 | 677 | 615 | 594 | 624 | 643 | 662 | 697 | 665 | 602 | 580 | 593 | 651 | 696 | 589 |
| Temporary | 165 | 160 | 190 | 153 | 147 | 122 | 98 | 145 | 124 | 116 | 156 | 152 | 155 | 158 | 143 | 136 | 128 | 98 |
| Extended | 1 | 3 | 6 | 5 | 10 | 2 | 4 | 4 | 5 | 6 | 3 | 5 | 2 | 4 | 4 | 3 | 6 | 3 |
| 46.02/46.03 | 130 | 96 | 115 | 143 | 189 | 194 | 132 | 213 | 131 | 132 | 164 | 162 | 155 | 164 | 133 | 79 | 199 | 118 |
| Order for MR S | 17 | 9 | 18 | 13 | 28 | 17 | 18 | 21 | 14 | 12 | 15 | 22 | 26 | 24 | 21 | 18 | 12 | 18 |
| Discharges | 1484 | 1542 | 1684 | 1379 | 1560 | 1349 | 1243 | 1377 | 1445 | 1356 | 1545 | 1489 | 1385 | 1432 | 1373 | 1394 | 1560 | 1157 |
| % New to System | 46% | 45% | 45% | 44% | 45% | 45% | 45% | 46% | 46% | 46% | 46% | 46% | 44% | 45% | 46% | 49% | 46% | 46% |



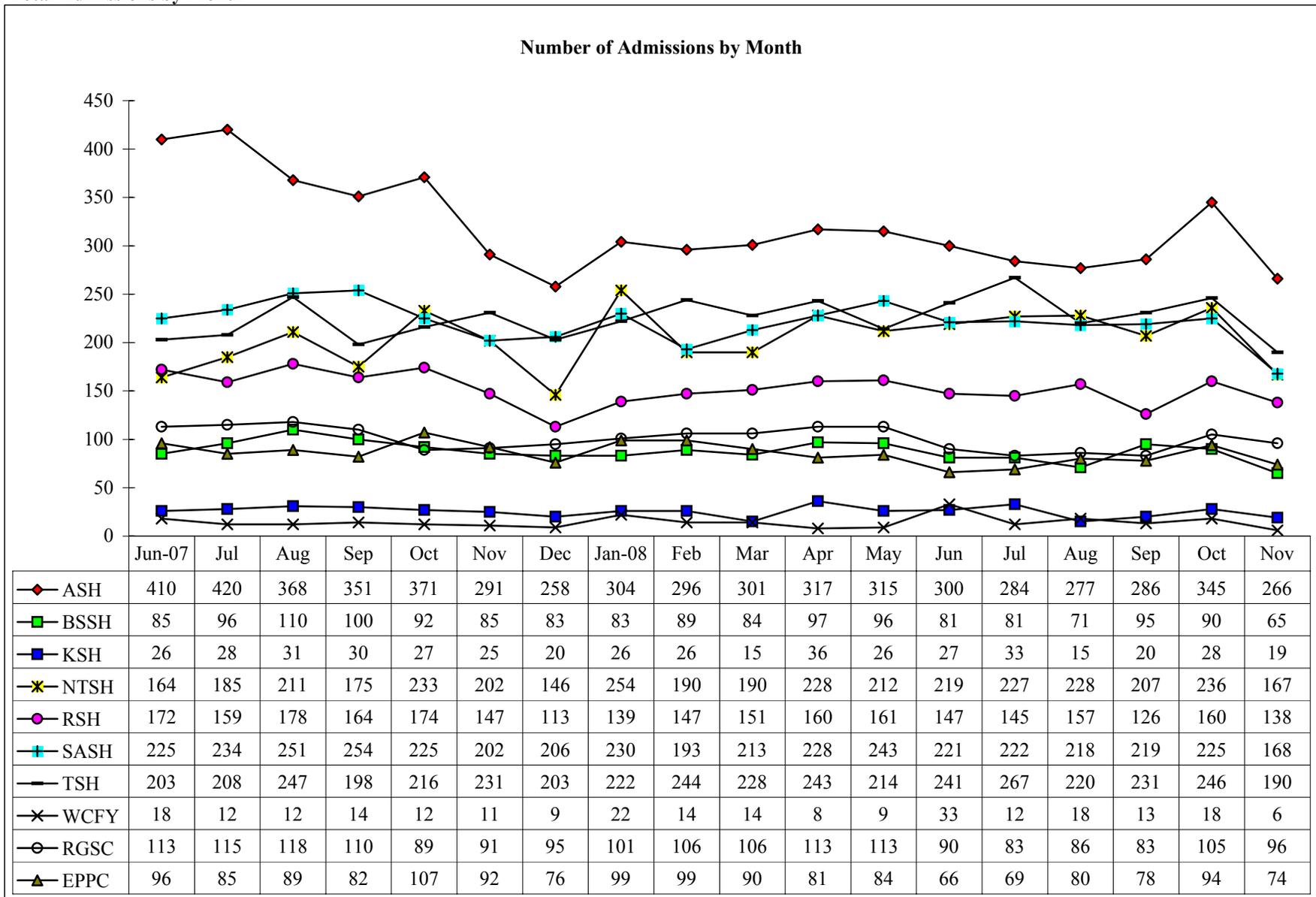
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

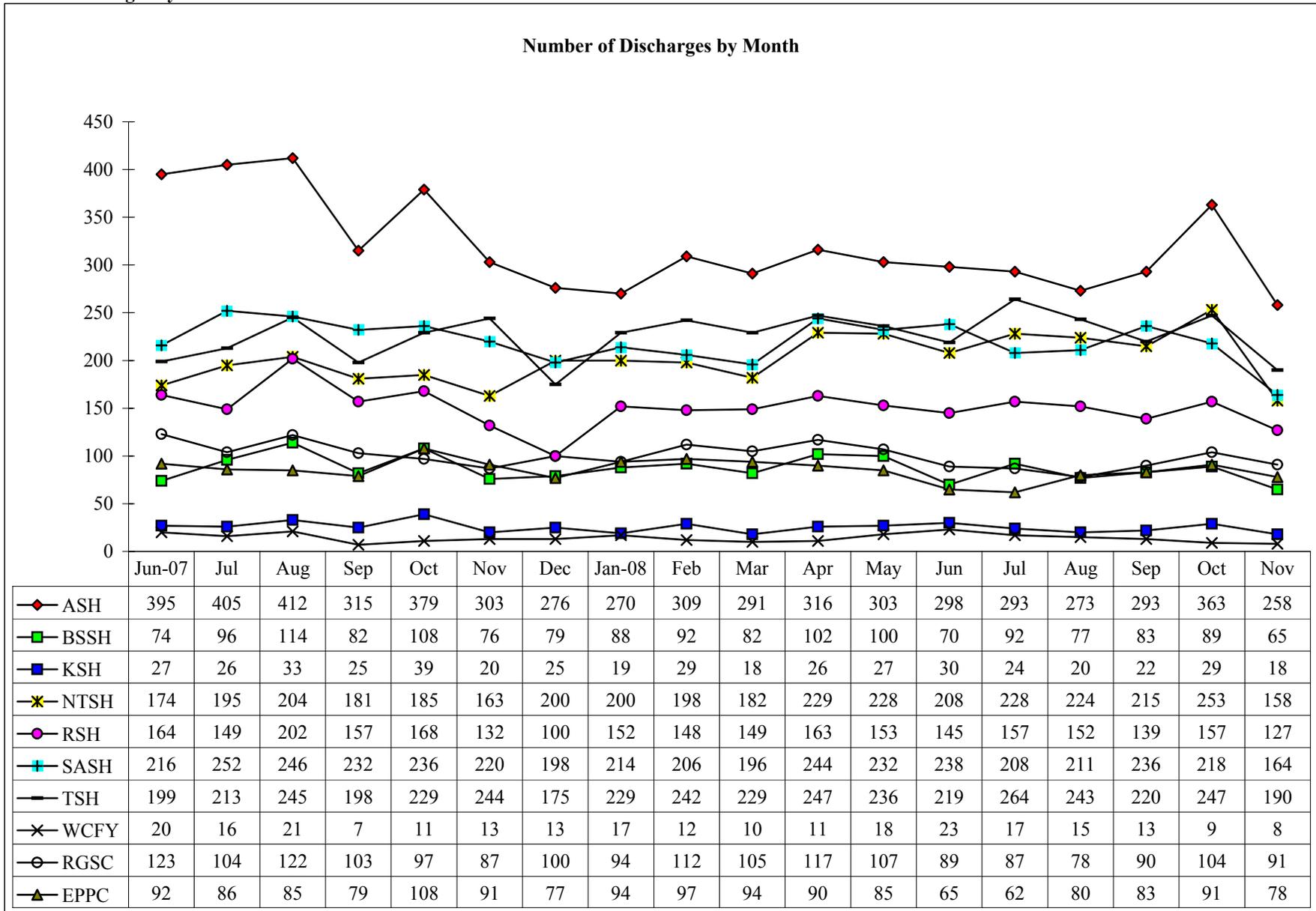


Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



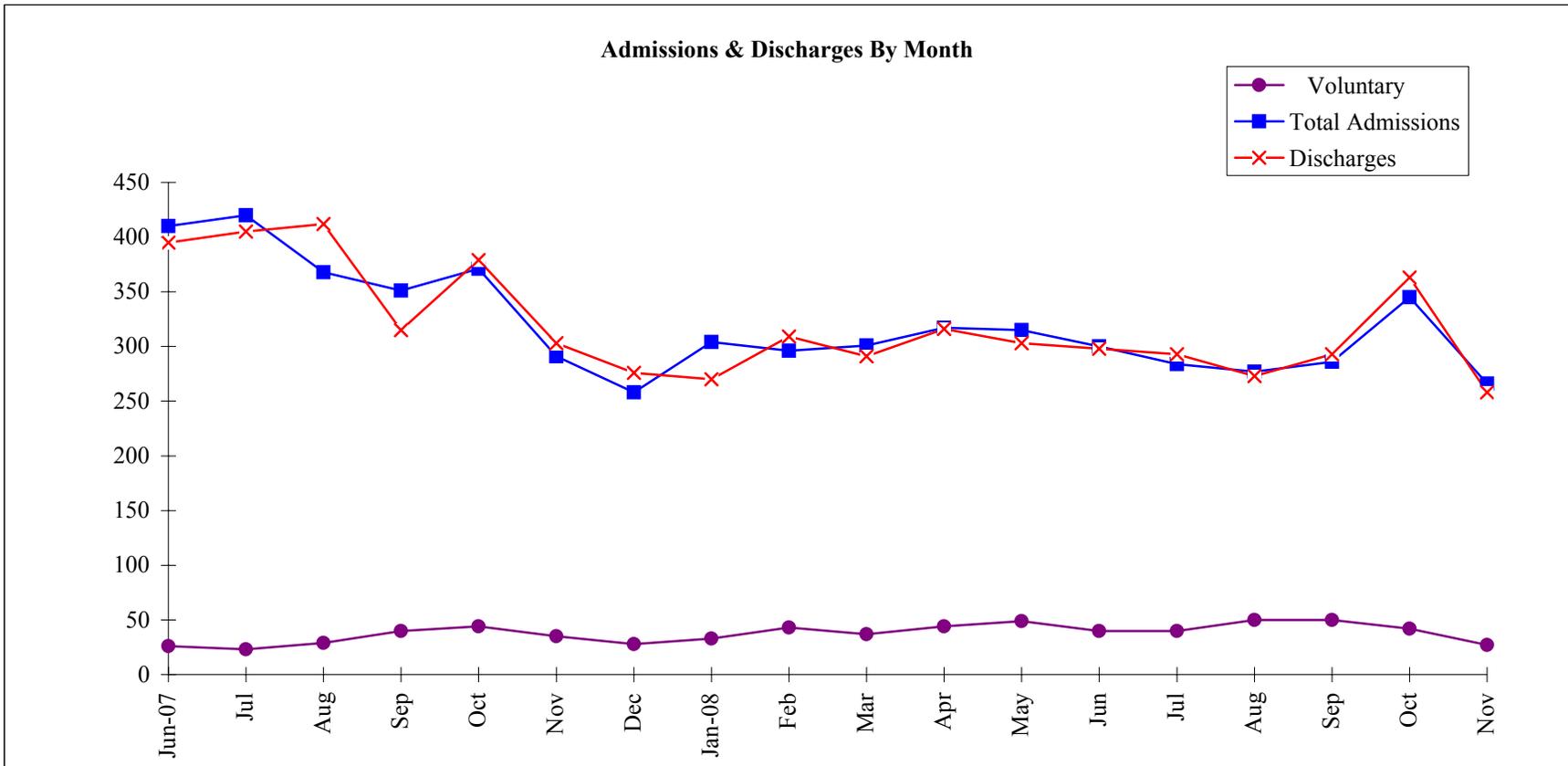
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

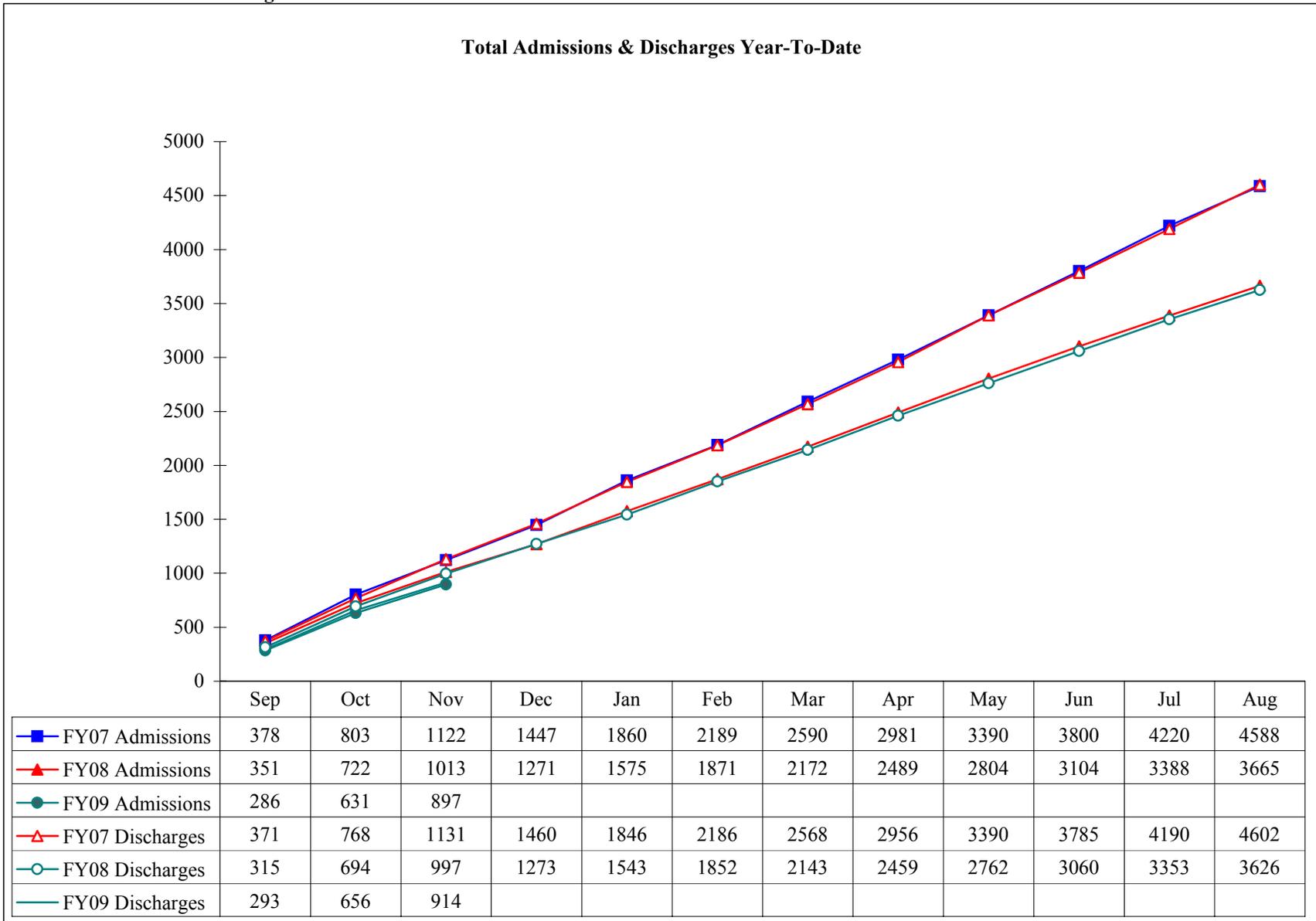
Austin State Hospital

Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 410 | 420 | 368 | 351 | 371 | 291 | 258 | 304 | 296 | 301 | 317 | 315 | 300 | 284 | 277 | 286 | 345 | 266 |
| Voluntary | 26 | 23 | 29 | 40 | 44 | 35 | 28 | 33 | 43 | 37 | 44 | 49 | 40 | 40 | 50 | 50 | 42 | 27 |
| Involuntary | 384 | 397 | 339 | 311 | 327 | 256 | 230 | 271 | 253 | 264 | 273 | 266 | 260 | 244 | 227 | 236 | 303 | 239 |
| OPC | 44 | 55 | 38 | 40 | 40 | 20 | 15 | 23 | 15 | 14 | 21 | 22 | 22 | 19 | 24 | 19 | 16 | 20 |
| Emergency | 295 | 299 | 266 | 237 | 249 | 197 | 182 | 188 | 200 | 211 | 208 | 198 | 174 | 177 | 159 | 194 | 244 | 188 |
| Temporary | 33 | 33 | 25 | 24 | 20 | 22 | 14 | 19 | 21 | 20 | 30 | 23 | 39 | 25 | 22 | 16 | 14 | 9 |
| Extended | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| 46.02/46.03 | 11 | 9 | 8 | 10 | 16 | 15 | 18 | 41 | 16 | 18 | 13 | 20 | 23 | 18 | 20 | 7 | 28 | 20 |
| Order for MR | 1 | 1 | 1 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 5 | 2 | 0 | 1 | 2 |
| Discharges | 395 | 405 | 412 | 315 | 379 | 303 | 276 | 270 | 309 | 291 | 316 | 303 | 298 | 293 | 273 | 293 | 363 | 258 |
| % New to System | 48% | 45% | 42% | 46% | 47% | 40% | 49% | 45% | 48% | 44% | 49% | 46% | 44% | 44% | 44% | 50% | 47% | 52% |



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

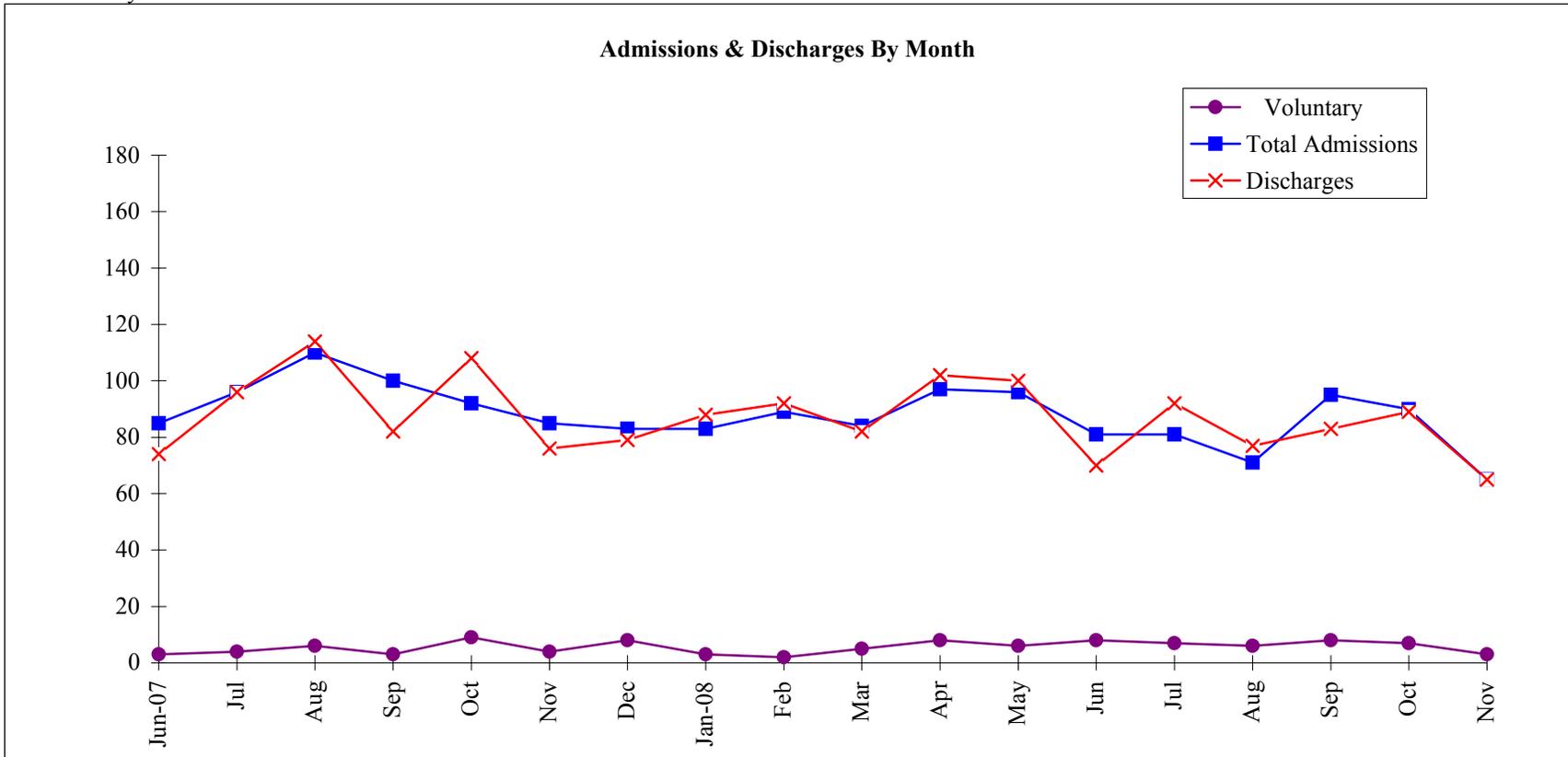


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

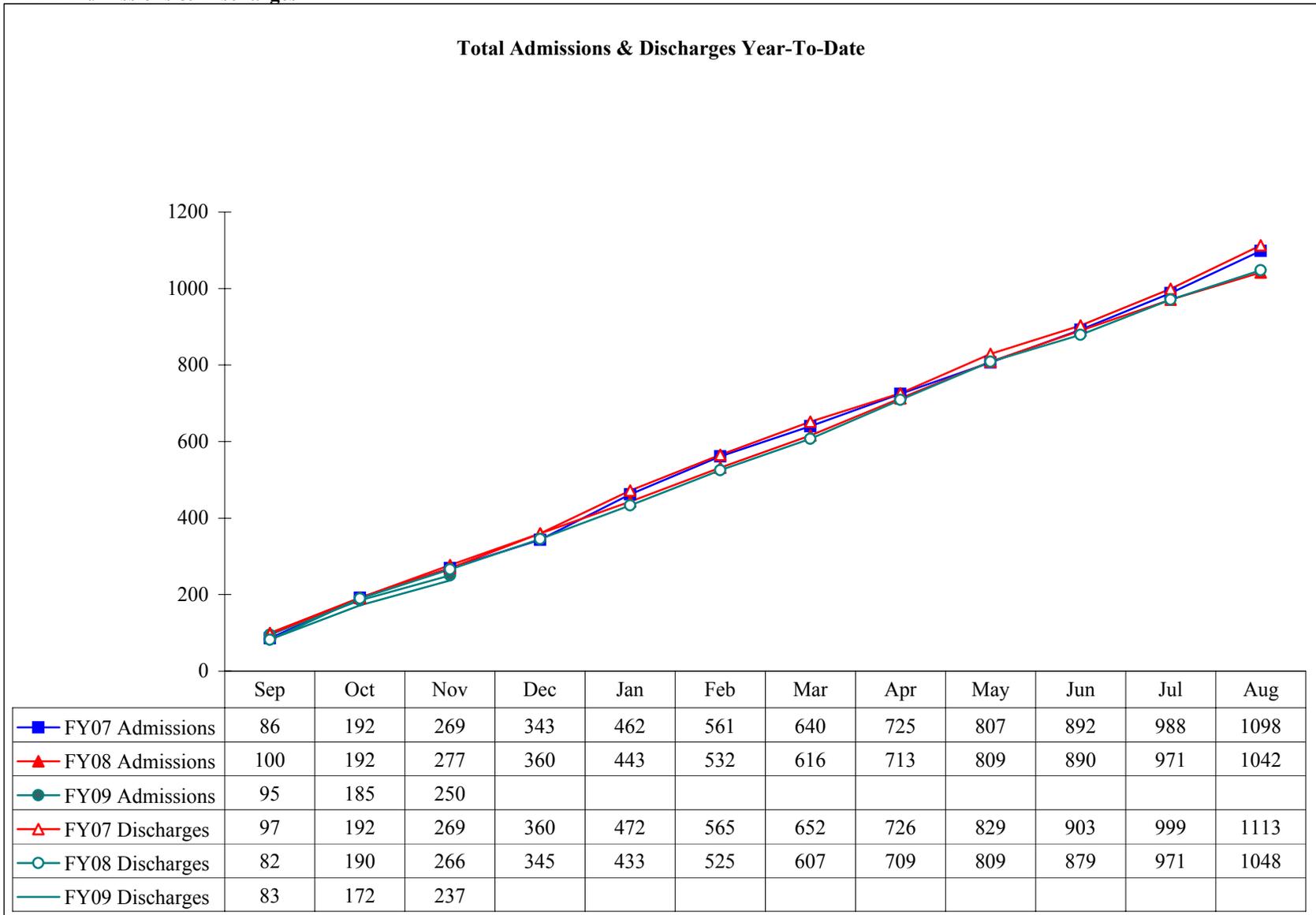
Big Spring State Hospital

Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 85 | 96 | 110 | 100 | 92 | 85 | 83 | 83 | 89 | 84 | 97 | 96 | 81 | 81 | 71 | 95 | 90 | 65 |
| Voluntary | 3 | 4 | 6 | 3 | 9 | 4 | 8 | 3 | 2 | 5 | 8 | 6 | 8 | 7 | 6 | 8 | 7 | 3 |
| Involuntary | 82 | 92 | 104 | 97 | 83 | 81 | 75 | 80 | 87 | 79 | 89 | 90 | 73 | 74 | 65 | 87 | 83 | 62 |
| OPC | 9 | 10 | 7 | 9 | 7 | 12 | 8 | 6 | 7 | 7 | 2 | 8 | 8 | 8 | 5 | 12 | 3 | 5 |
| Emergency | 48 | 68 | 74 | 71 | 50 | 48 | 54 | 62 | 61 | 58 | 67 | 58 | 50 | 53 | 49 | 65 | 64 | 48 |
| Temporary | 0 | 2 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Extended | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| 46.02/46.03 | 24 | 10 | 19 | 15 | 23 | 18 | 8 | 11 | 17 | 12 | 19 | 16 | 11 | 9 | 9 | 9 | 16 | 8 |
| Order for MR | 1 | 2 | 3 | 1 | 1 | 1 | 4 | 1 | 2 | 2 | 1 | 7 | 3 | 4 | 2 | 0 | 0 | 0 |
| Discharges | 74 | 96 | 114 | 82 | 108 | 76 | 79 | 88 | 92 | 82 | 102 | 100 | 70 | 92 | 77 | 83 | 89 | 65 |
| % New to System | 41% | 46% | 51% | 38% | 45% | 39% | 40% | 46% | 34% | 44% | 40% | 42% | 31% | 38% | 39% | 45% | 42% | 34% |



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

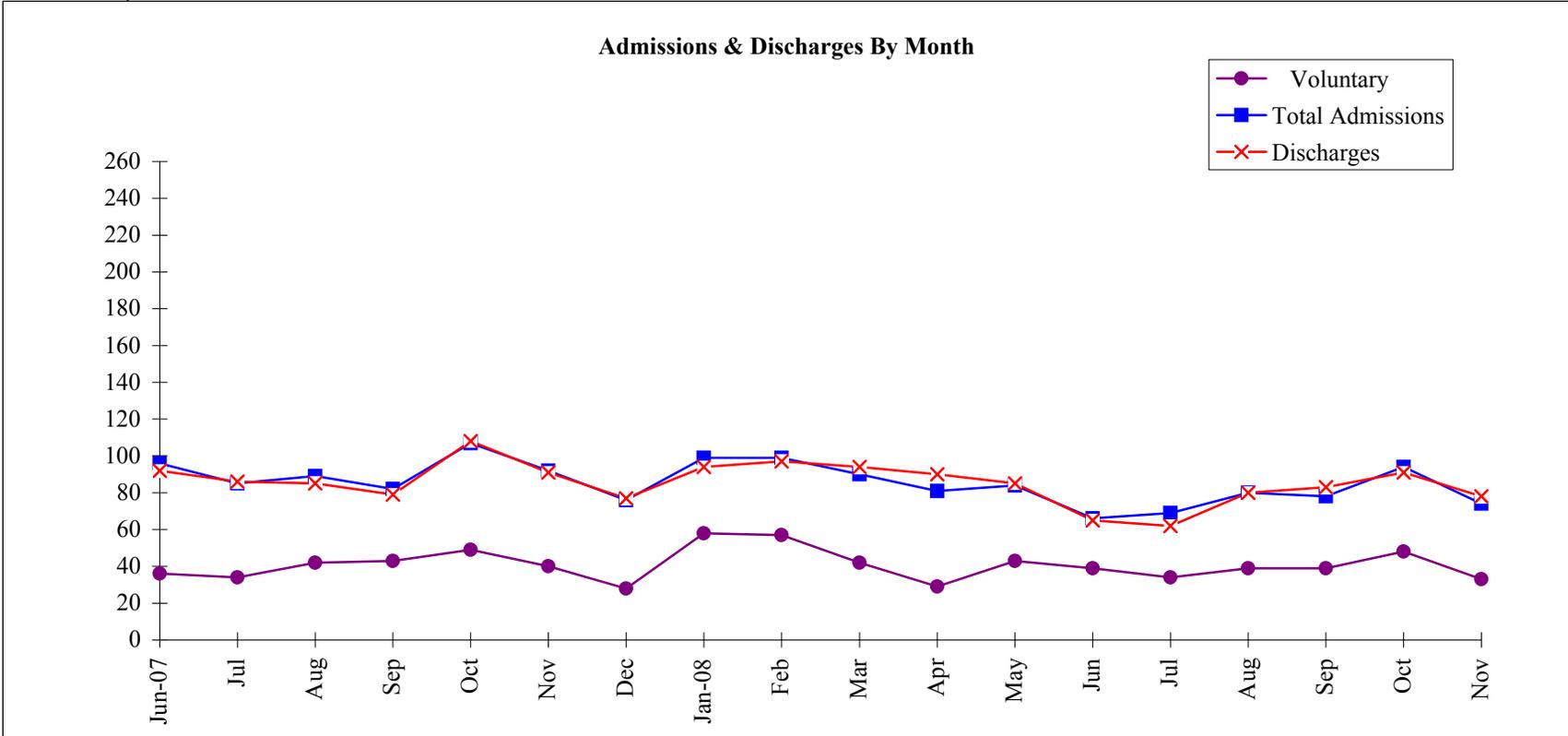


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

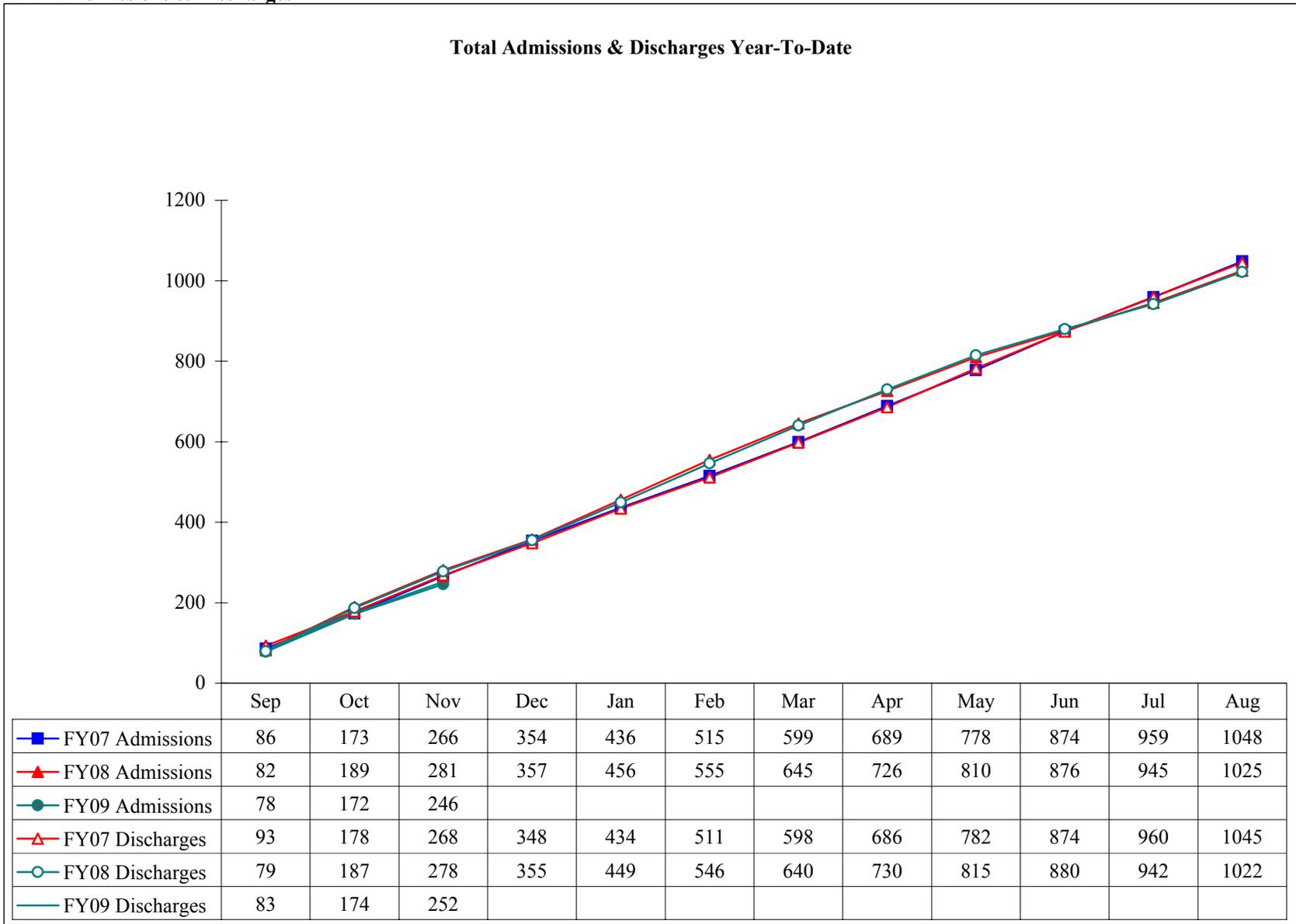
El Paso Psychiatric Center

Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 96 | 85 | 89 | 82 | 107 | 92 | 76 | 99 | 99 | 90 | 81 | 84 | 66 | 69 | 80 | 78 | 94 | 74 |
| Voluntary | 36 | 34 | 42 | 43 | 49 | 40 | 28 | 58 | 57 | 42 | 29 | 43 | 39 | 34 | 39 | 39 | 48 | 33 |
| Involuntary | 60 | 51 | 47 | 39 | 58 | 52 | 48 | 41 | 42 | 48 | 52 | 41 | 27 | 35 | 41 | 39 | 46 | 41 |
| OPC | 6 | 5 | 7 | 2 | 2 | 5 | 1 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 |
| Emergency | 52 | 44 | 37 | 37 | 51 | 43 | 39 | 38 | 40 | 44 | 49 | 38 | 26 | 29 | 33 | 37 | 41 | 41 |
| Temporary | 0 | 1 | 1 | 0 | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 2 | 1 | 2 | 1 | 0 | 1 | 0 |
| Extended | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 0 |
| 46.02/46.03 | 2 | 1 | 2 | 0 | 2 | 3 | 7 | 0 | 1 | 2 | 1 | 0 | 0 | 3 | 4 | 1 | 2 | 0 |
| Order for MR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discharges | 92 | 86 | 85 | 79 | 108 | 91 | 77 | 94 | 97 | 94 | 90 | 85 | 65 | 62 | 80 | 83 | 91 | 78 |
| % New to System | 48% | 36% | 43% | 45% | 39% | 52% | 50% | 52% | 49% | 43% | 36% | 39% | 45% | 39% | 52% | 49% | 53% | 41% |



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

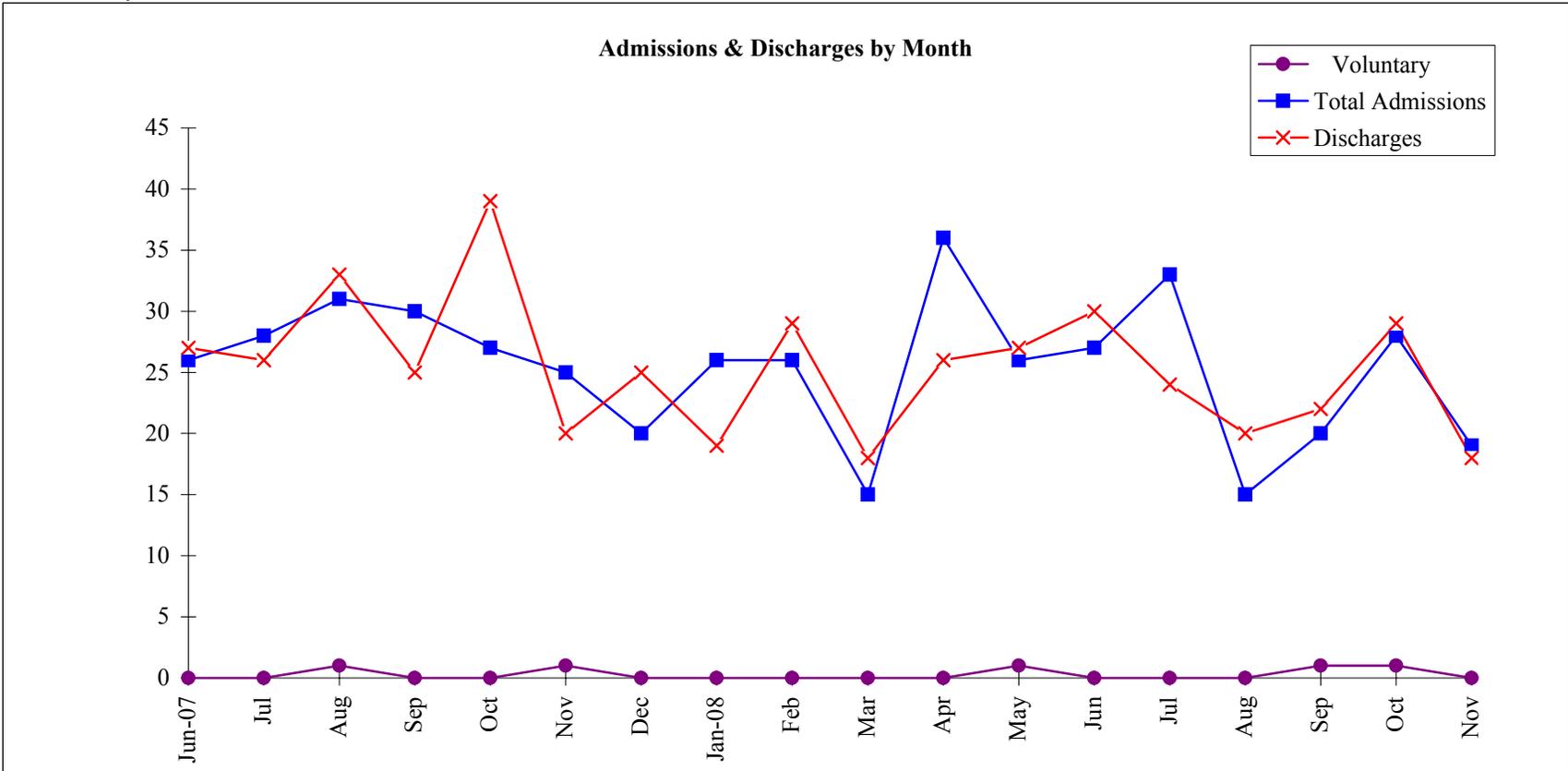


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

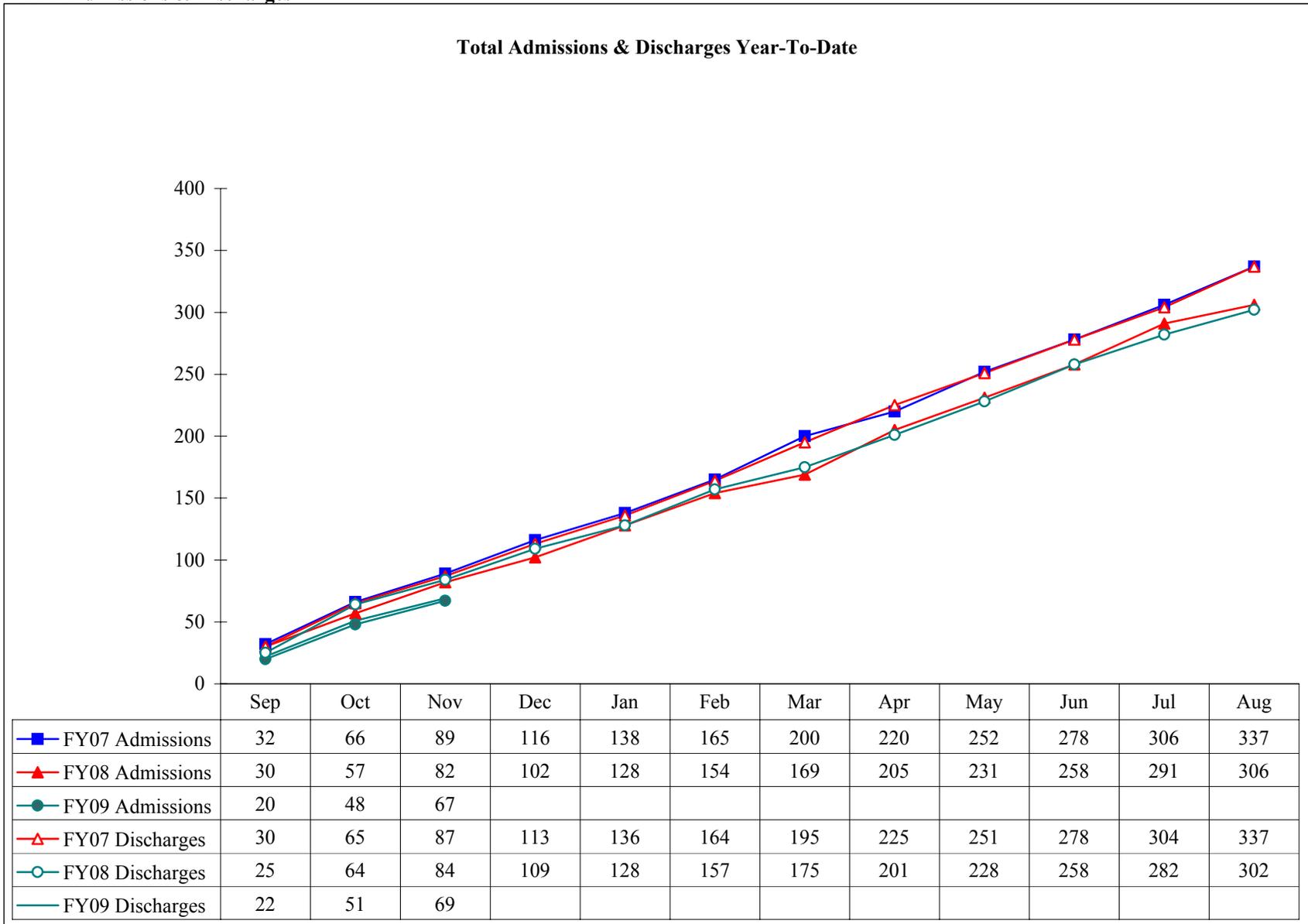
Kerrville State Hospital

Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 26 | 28 | 31 | 30 | 27 | 25 | 20 | 26 | 26 | 15 | 36 | 26 | 27 | 33 | 15 | 20 | 28 | 19 |
| Voluntary | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 |
| Involuntary | 26 | 28 | 30 | 30 | 27 | 24 | 20 | 26 | 26 | 15 | 36 | 25 | 27 | 33 | 15 | 19 | 27 | 19 |
| OPC | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Emergency | 21 | 20 | 17 | 21 | 21 | 20 | 15 | 15 | 23 | 8 | 19 | 16 | 18 | 21 | 15 | 18 | 19 | 16 |
| Temporary | 1 | 4 | 4 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Extended | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46.02/46.03 | 4 | 4 | 9 | 6 | 4 | 2 | 5 | 10 | 3 | 7 | 14 | 8 | 9 | 12 | 0 | 0 | 8 | 3 |
| Order for MR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discharges | 27 | 26 | 33 | 25 | 39 | 20 | 25 | 19 | 29 | 18 | 26 | 27 | 30 | 24 | 20 | 22 | 29 | 18 |
| % New to System | 54% | 46% | 42% | 40% | 52% | 28% | 20% | 35% | 54% | 20% | 36% | 58% | 30% | 45% | 40% | 60% | 29% | 26% |



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

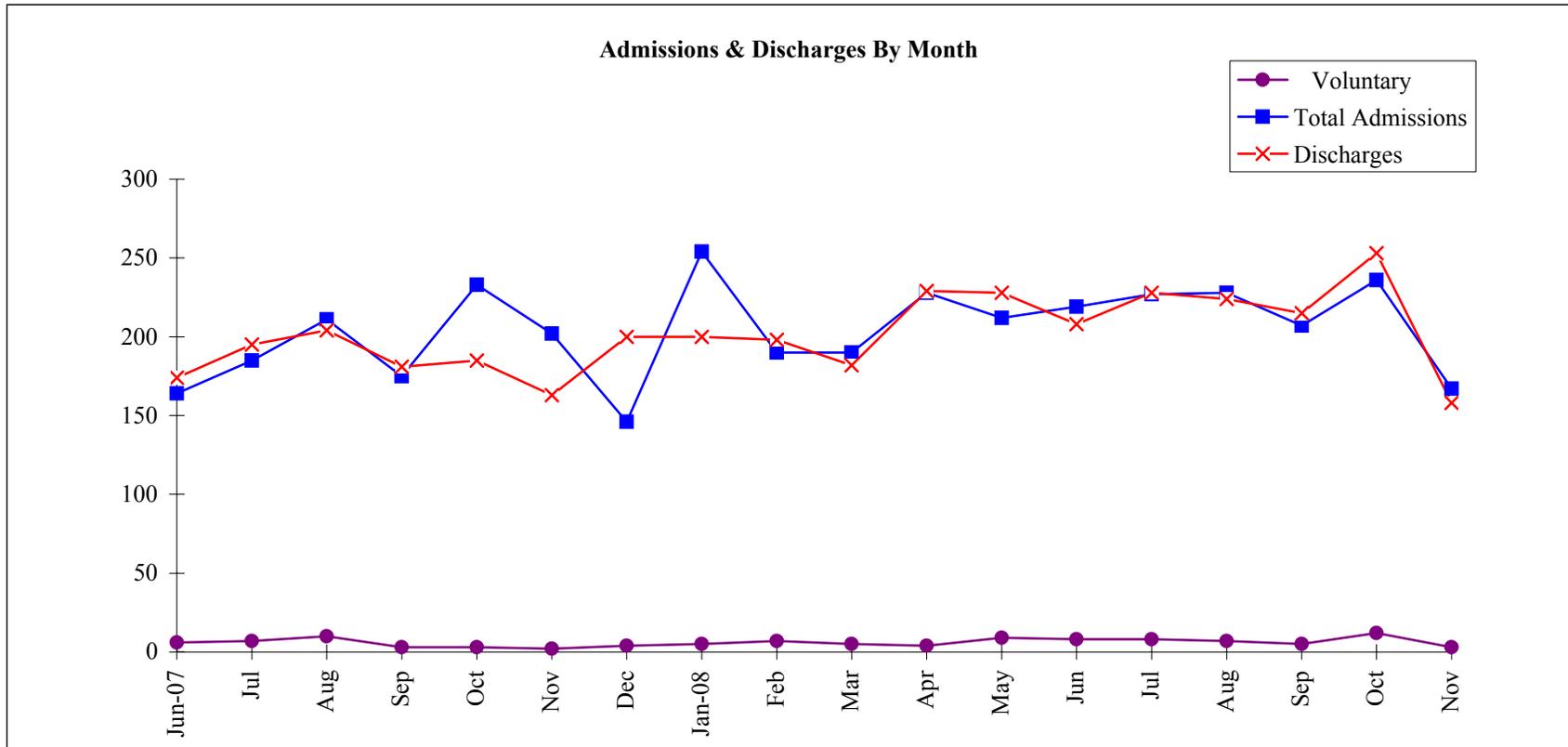


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

North Texas State Hospital

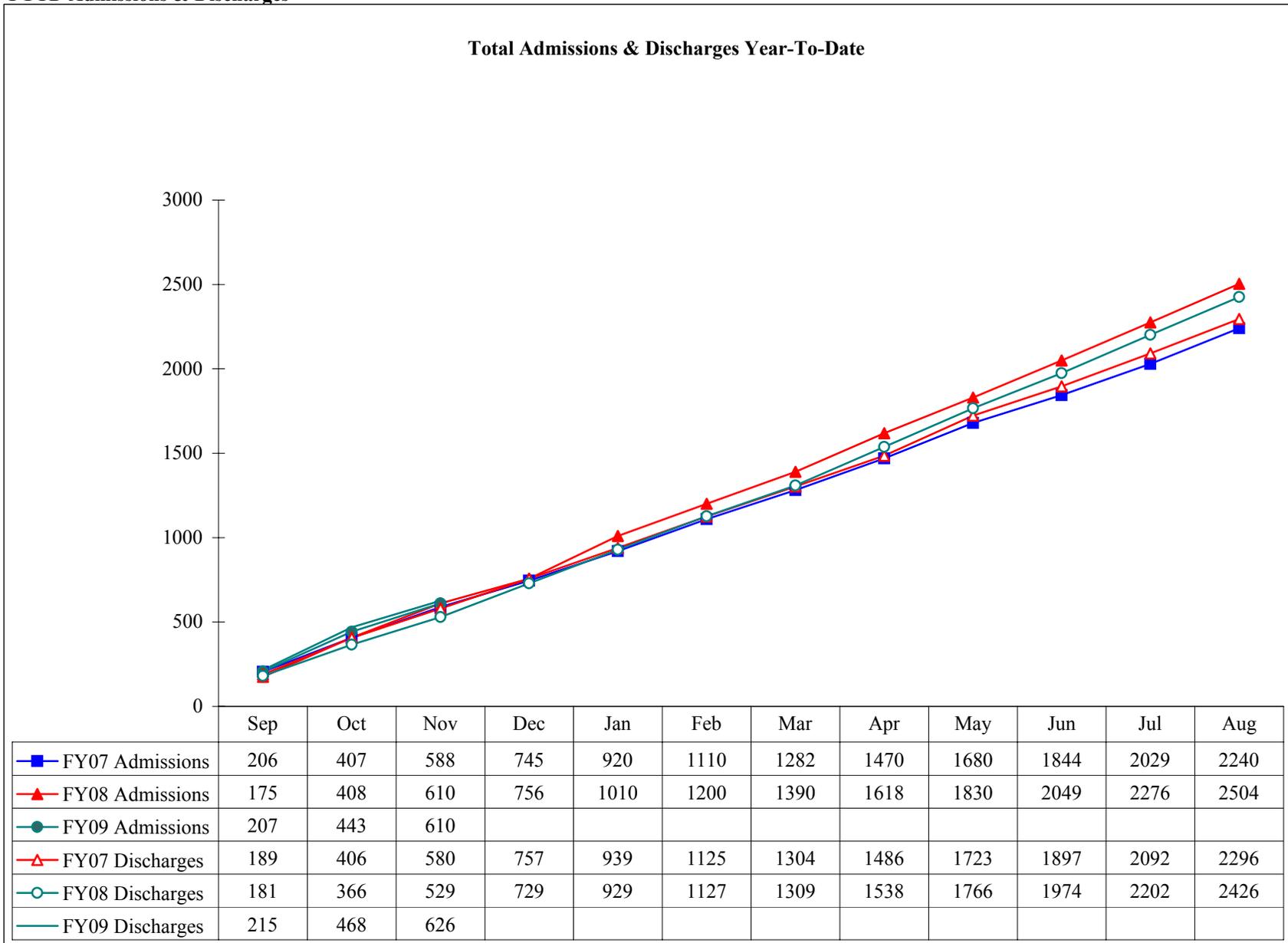
Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 164 | 185 | 211 | 175 | 233 | 202 | 146 | 254 | 190 | 190 | 228 | 212 | 219 | 227 | 228 | 207 | 236 | 167 |
| Voluntary | 6 | 7 | 10 | 3 | 3 | 2 | 4 | 5 | 7 | 5 | 4 | 9 | 8 | 8 | 7 | 5 | 12 | 3 |
| Involuntary | 158 | 178 | 201 | 172 | 230 | 200 | 142 | 249 | 183 | 185 | 224 | 203 | 211 | 219 | 221 | 202 | 224 | 164 |
| OPC | 13 | 12 | 21 | 12 | 23 | 13 | 15 | 20 | 17 | 24 | 31 | 12 | 17 | 17 | 20 | 13 | 17 | 11 |
| Emergency | 38 | 58 | 57 | 51 | 44 | 57 | 38 | 45 | 47 | 49 | 58 | 57 | 53 | 55 | 80 | 68 | 51 | 43 |
| Temporary | 43 | 48 | 57 | 42 | 46 | 53 | 44 | 65 | 53 | 50 | 54 | 50 | 54 | 53 | 67 | 53 | 61 | 42 |
| Extended | 0 | 1 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46.02/46.03 | 52 | 54 | 55 | 56 | 91 | 65 | 33 | 103 | 54 | 51 | 68 | 72 | 70 | 82 | 41 | 52 | 86 | 55 |
| Order for MR | 12 | 5 | 11 | 10 | 23 | 12 | 12 | 16 | 12 | 10 | 11 | 11 | 17 | 12 | 13 | 16 | 9 | 13 |
| Discharges | 174 | 195 | 204 | 181 | 185 | 163 | 200 | 200 | 198 | 182 | 229 | 228 | 208 | 228 | 224 | 215 | 253 | 158 |
| % New to System | 50% | 41% | 48% | 46% | 47% | 56% | 46% | 44% | 47% | 51% | 49% | 50% | 48% | 48% | 50% | 51% | 44% | 53% |



Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



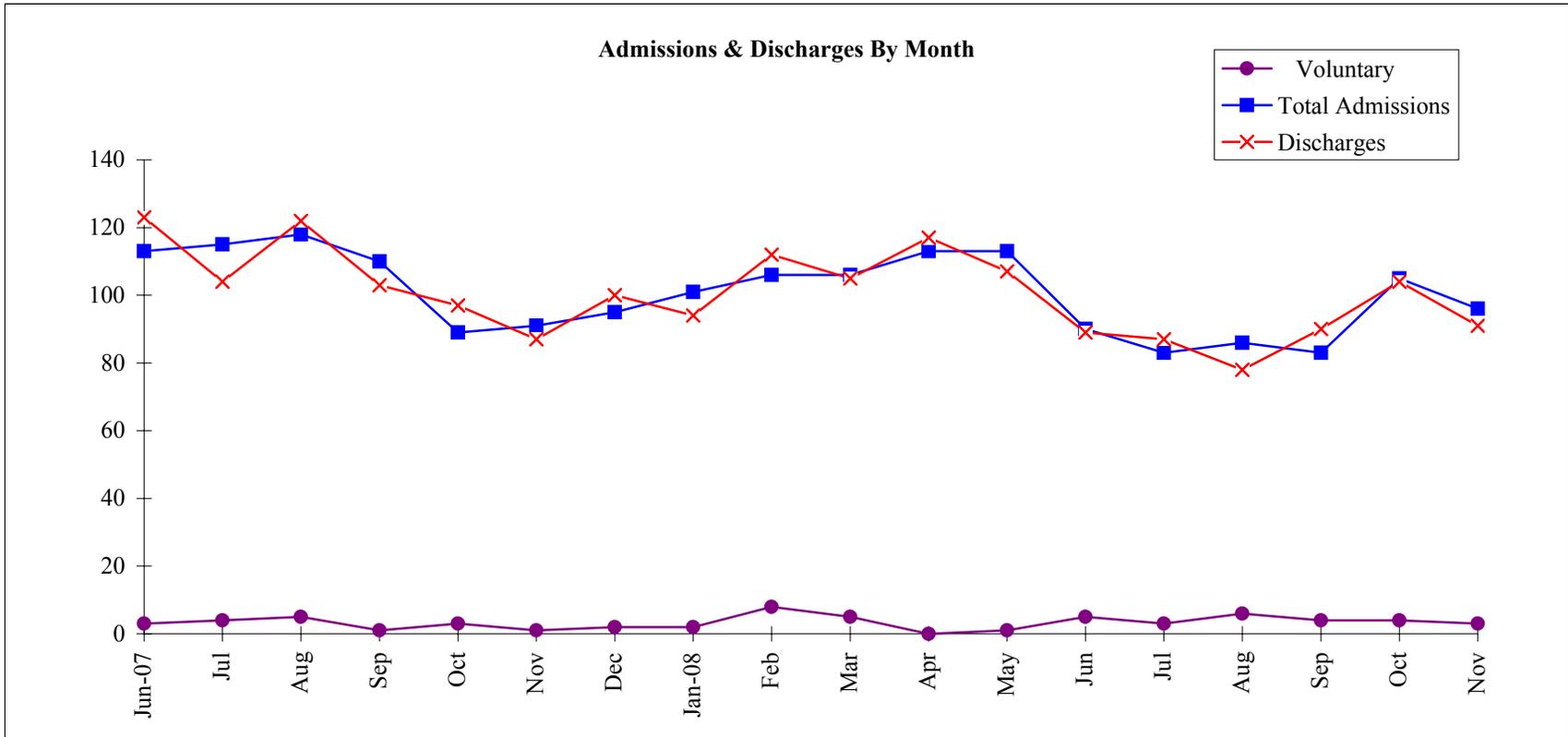
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

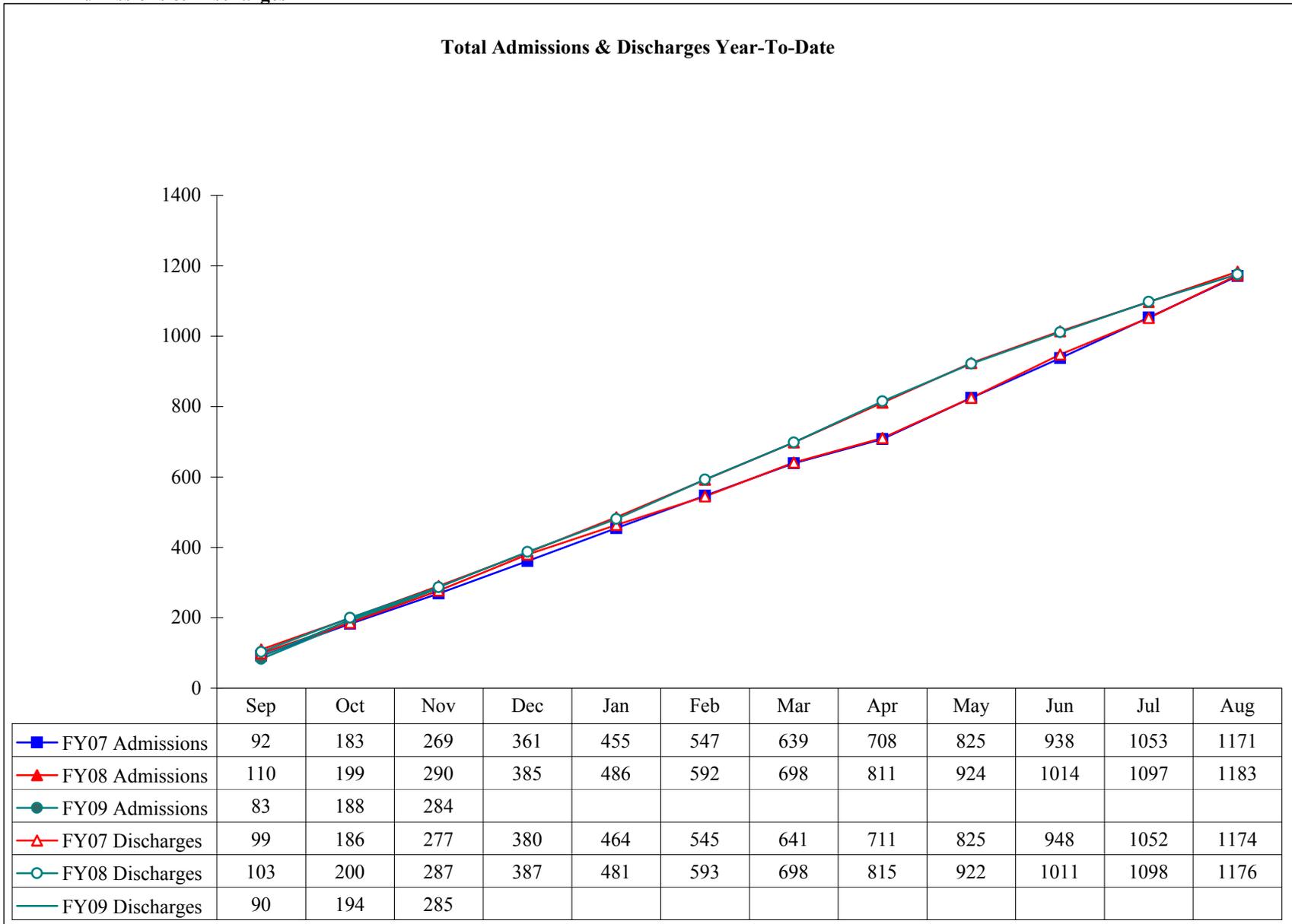
Rio Grande State Center

Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 113 | 115 | 118 | 110 | 89 | 91 | 95 | 101 | 106 | 106 | 113 | 113 | 90 | 83 | 86 | 83 | 105 | 96 |
| Voluntary | 3 | 4 | 5 | 1 | 3 | 1 | 2 | 2 | 8 | 5 | 0 | 1 | 5 | 3 | 6 | 4 | 4 | 3 |
| Involuntary | 110 | 111 | 113 | 109 | 86 | 90 | 93 | 99 | 98 | 101 | 113 | 112 | 85 | 80 | 80 | 79 | 101 | 93 |
| OPC | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 3 | 2 | 2 | 1 | 1 | 0 | 3 | 0 | 0 | 2 | 1 |
| Emergency | 109 | 109 | 112 | 108 | 83 | 90 | 90 | 91 | 96 | 98 | 112 | 109 | 82 | 74 | 77 | 77 | 99 | 90 |
| Temporary | 1 | 1 | 1 | 1 | 1 | 0 | 3 | 5 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 0 | 0 |
| Extended | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46.02/46.03 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Order for MR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 |
| Discharges | 123 | 104 | 122 | 103 | 97 | 87 | 100 | 94 | 112 | 105 | 117 | 107 | 89 | 87 | 78 | 90 | 104 | 91 |
| % New to System | 52% | 49% | 44% | 44% | 40% | 37% | 51% | 42% | 56% | 51% | 43% | 50% | 46% | 53% | 48% | 48% | 40% | 47% |



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

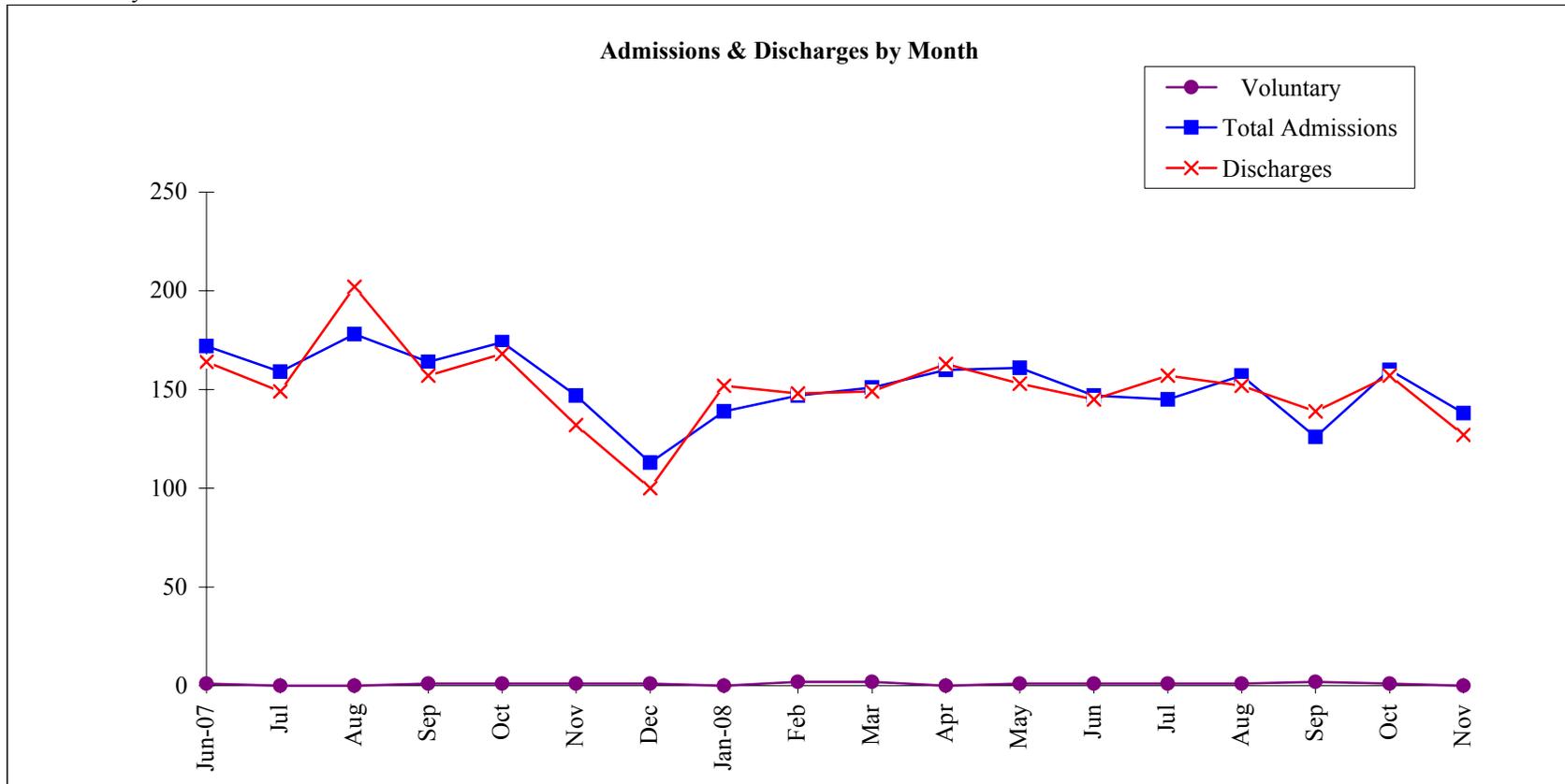


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rusk State Hospital

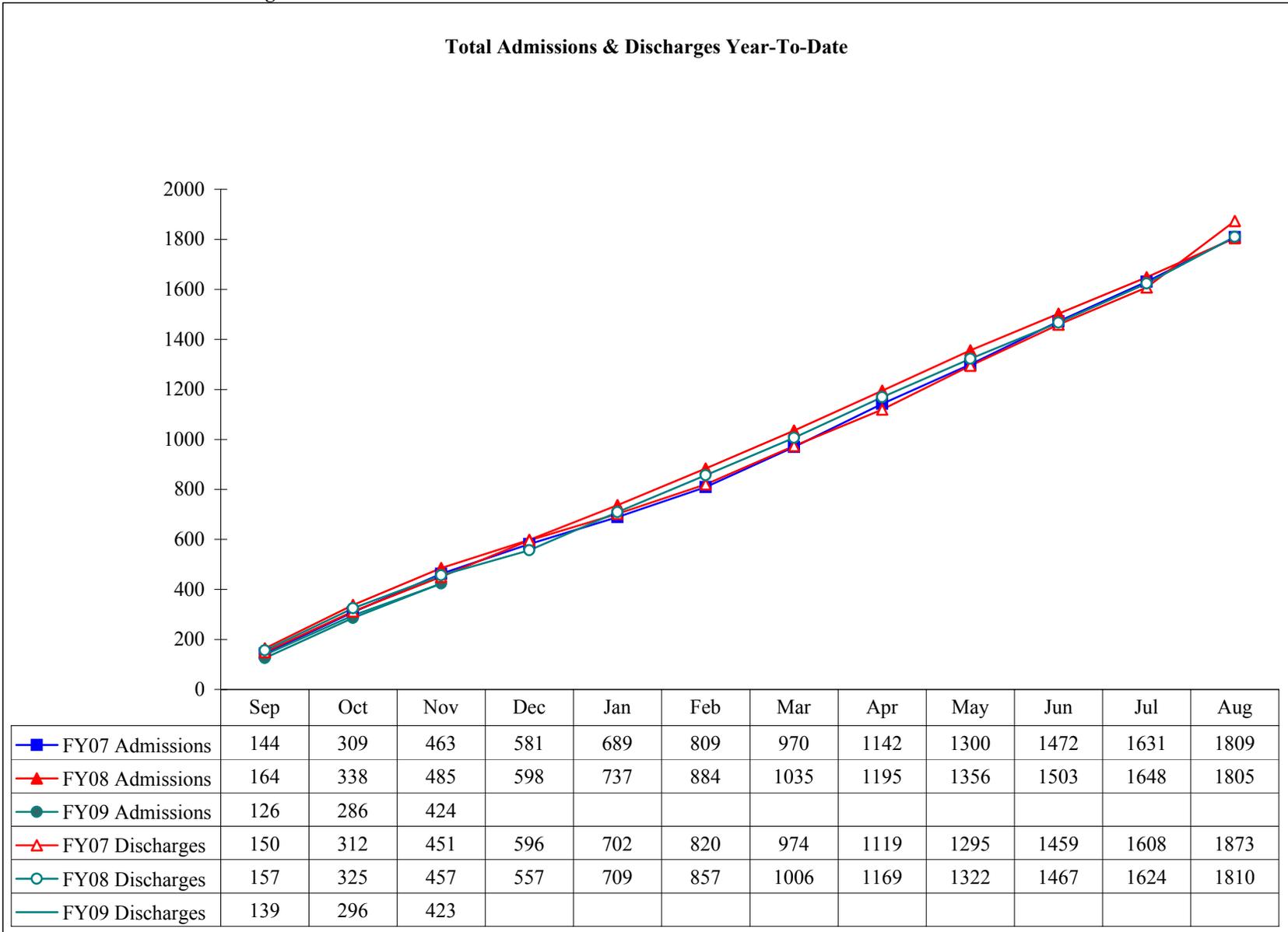
Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 172 | 159 | 178 | 164 | 174 | 147 | 113 | 139 | 147 | 151 | 160 | 161 | 147 | 145 | 157 | 126 | 160 | 138 |
| Voluntary | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 2 | 0 | 1 | 1 | 1 | 1 | 2 | 1 | 0 |
| Involuntary | 171 | 159 | 178 | 163 | 173 | 146 | 112 | 139 | 145 | 149 | 160 | 160 | 146 | 144 | 156 | 124 | 159 | 138 |
| OPC | 57 | 43 | 69 | 56 | 57 | 33 | 28 | 45 | 45 | 54 | 64 | 53 | 45 | 60 | 54 | 36 | 35 | 33 |
| Emergency | 73 | 82 | 76 | 62 | 53 | 40 | 51 | 59 | 56 | 64 | 63 | 54 | 59 | 52 | 62 | 73 | 77 | 66 |
| Temporary | 21 | 20 | 20 | 15 | 17 | 9 | 7 | 13 | 10 | 8 | 10 | 25 | 14 | 12 | 7 | 10 | 10 | 15 |
| Extended | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| 46.02/46.03 | 20 | 14 | 12 | 29 | 45 | 64 | 26 | 21 | 32 | 22 | 23 | 28 | 28 | 19 | 32 | 5 | 37 | 24 |
| Order for MR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discharges | 164 | 149 | 202 | 157 | 168 | 132 | 100 | 152 | 148 | 149 | 163 | 153 | 145 | 157 | 152 | 139 | 157 | 127 |
| % New to System | 46% | 49% | 49% | 43% | 45% | 46% | 40% | 46% | 39% | 54% | 54% | 48% | 40% | 55% | 48% | 55% | 49% | 40% |



Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

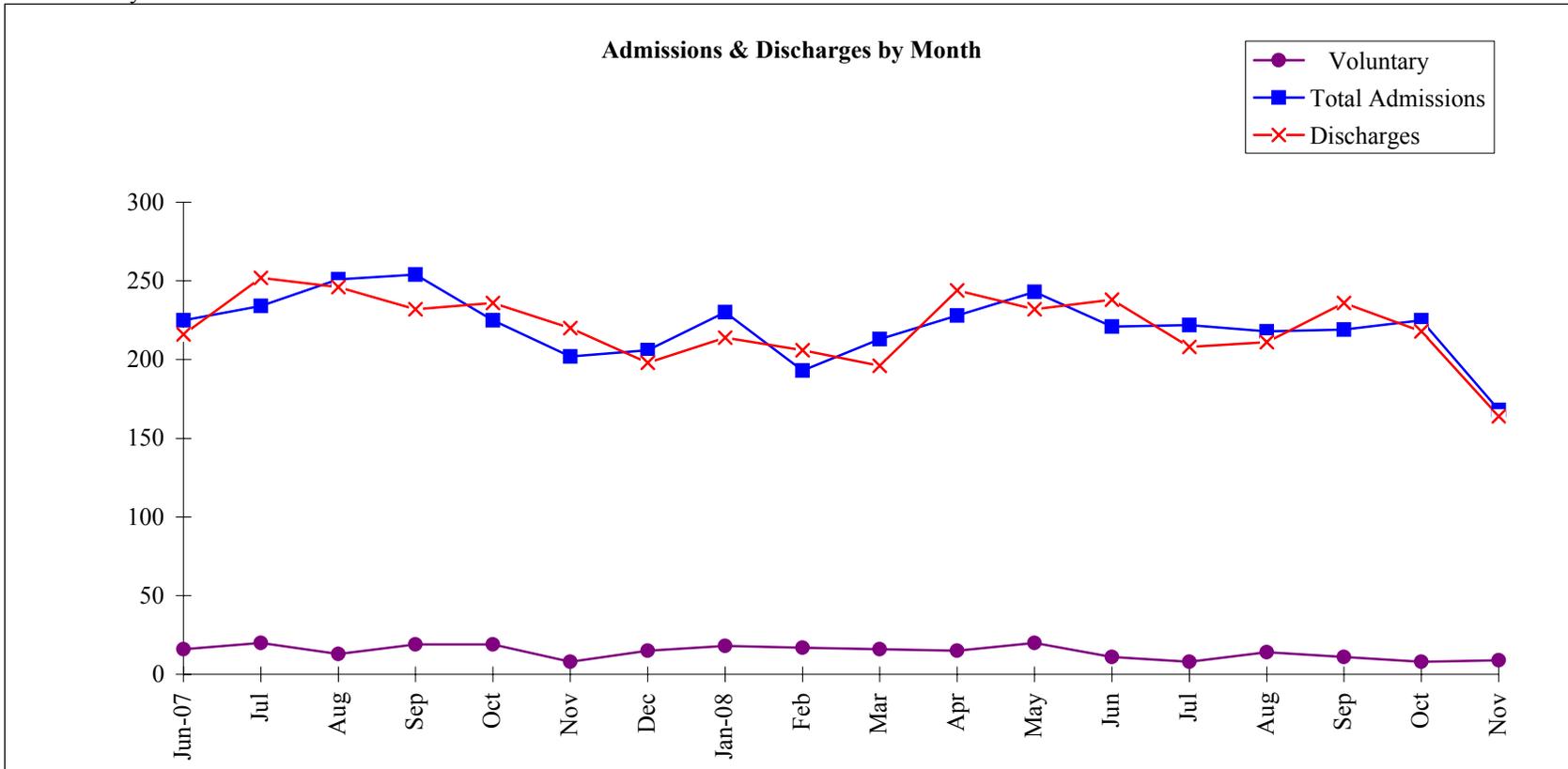


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

San Antonio State Hospital

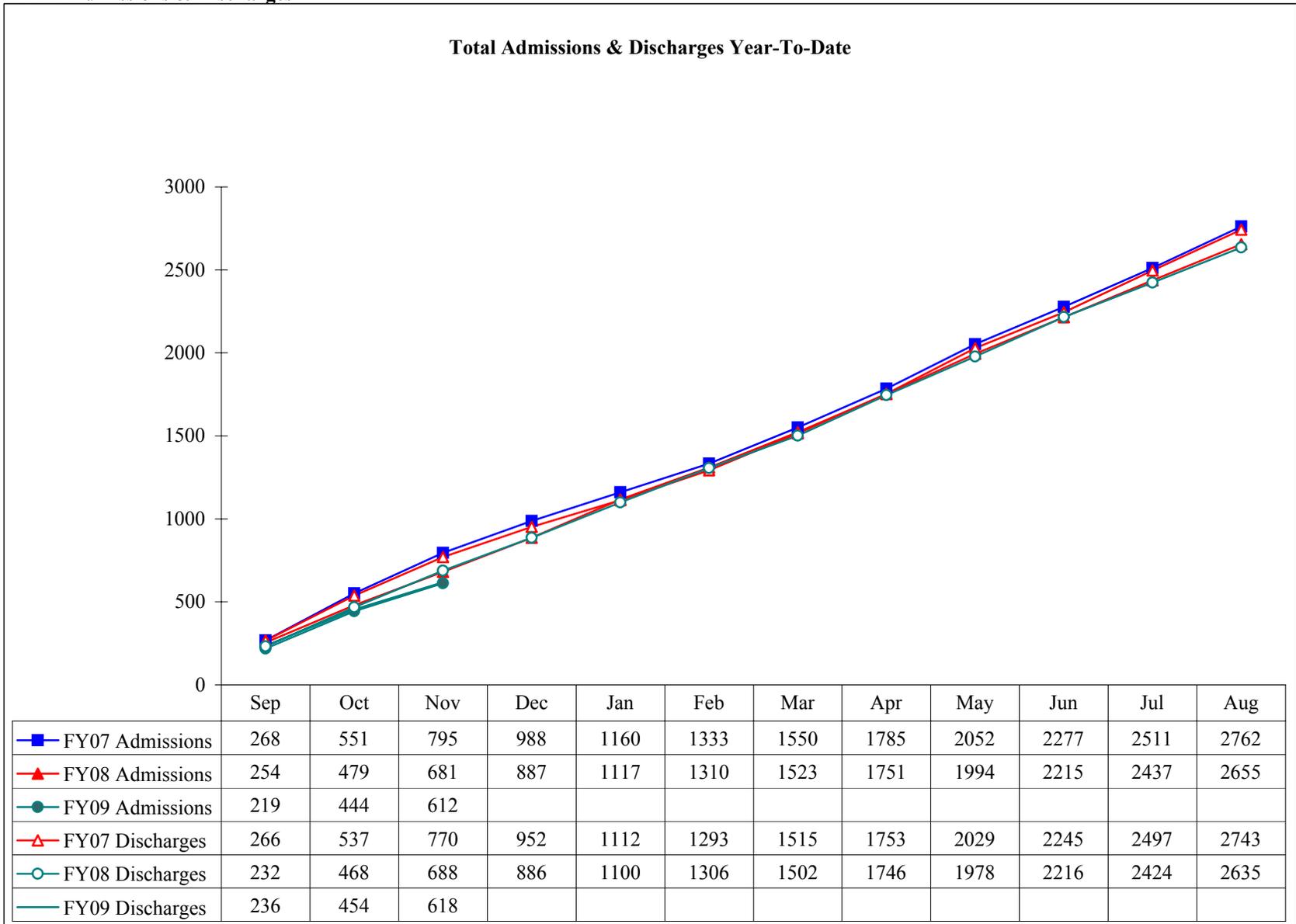
Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 225 | 234 | 251 | 254 | 225 | 202 | 206 | 230 | 193 | 213 | 228 | 243 | 221 | 222 | 218 | 219 | 225 | 168 |
| Voluntary | 16 | 20 | 13 | 19 | 19 | 8 | 15 | 18 | 17 | 16 | 15 | 20 | 11 | 8 | 14 | 11 | 8 | 9 |
| Involuntary | 209 | 214 | 238 | 235 | 206 | 194 | 191 | 212 | 176 | 197 | 213 | 223 | 210 | 214 | 204 | 208 | 217 | 159 |
| OPC | 67 | 76 | 91 | 69 | 52 | 55 | 47 | 58 | 64 | 51 | 72 | 70 | 55 | 77 | 64 | 68 | 96 | 48 |
| Emergency | 106 | 122 | 111 | 127 | 118 | 112 | 113 | 120 | 101 | 121 | 107 | 121 | 122 | 104 | 103 | 102 | 91 | 85 |
| Temporary | 26 | 14 | 28 | 23 | 27 | 14 | 12 | 13 | 11 | 19 | 22 | 19 | 23 | 27 | 22 | 32 | 23 | 21 |
| Extended | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 46.02/46.03 | 7 | 0 | 3 | 14 | 4 | 11 | 18 | 17 | 0 | 6 | 10 | 10 | 6 | 4 | 10 | 4 | 5 | 4 |
| Order for MR | 3 | 1 | 3 | 2 | 3 | 2 | 1 | 4 | 0 | 0 | 2 | 3 | 4 | 2 | 4 | 2 | 2 | 1 |
| Discharges | 216 | 252 | 246 | 232 | 236 | 220 | 198 | 214 | 206 | 196 | 244 | 232 | 238 | 208 | 211 | 236 | 218 | 164 |
| % New to System | 42% | 45% | 43% | 46% | 46% | 51% | 42% | 47% | 42% | 44% | 42% | 45% | 42% | 40% | 43% | 48% | 45% | 46% |



Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

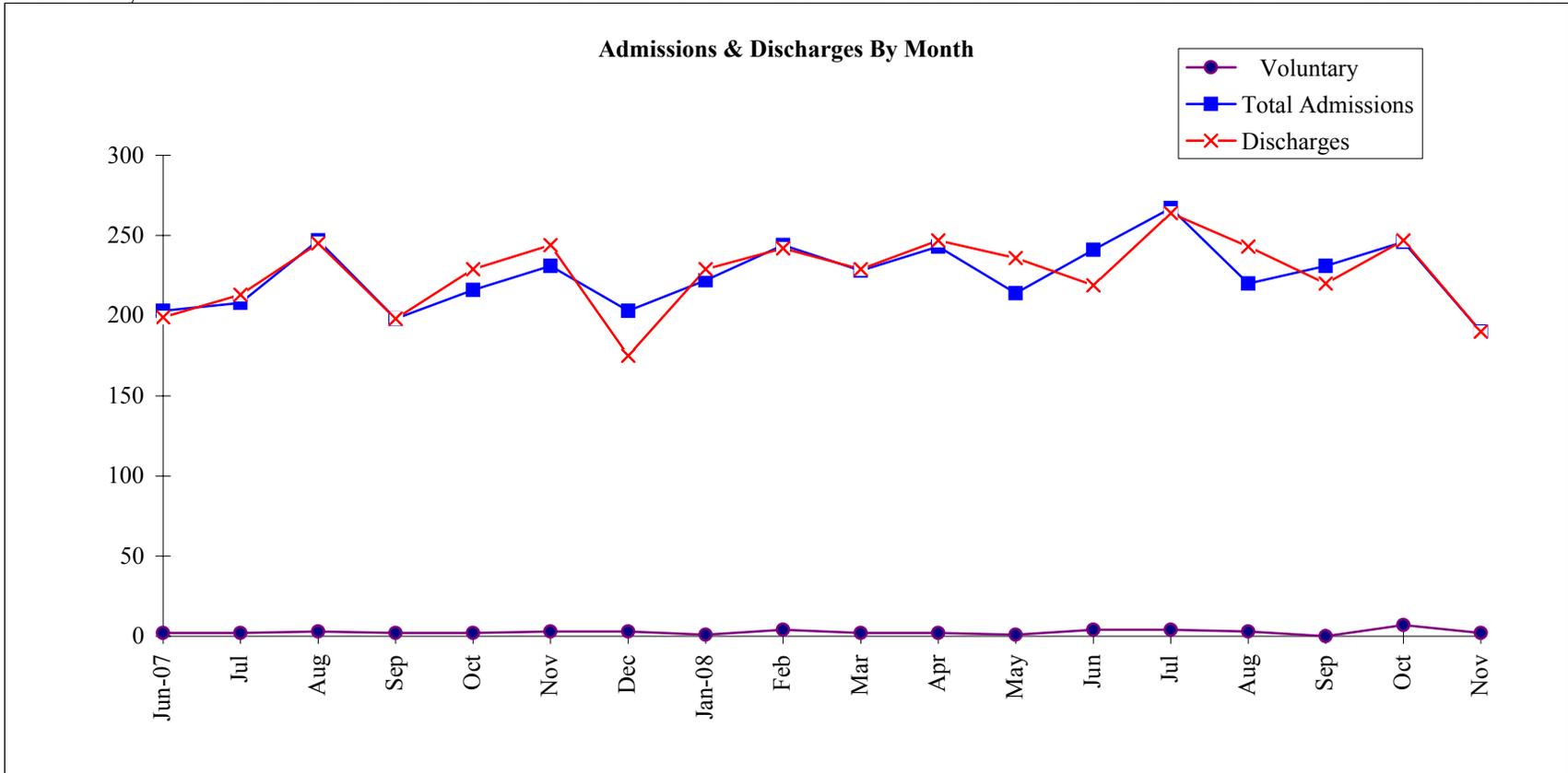


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

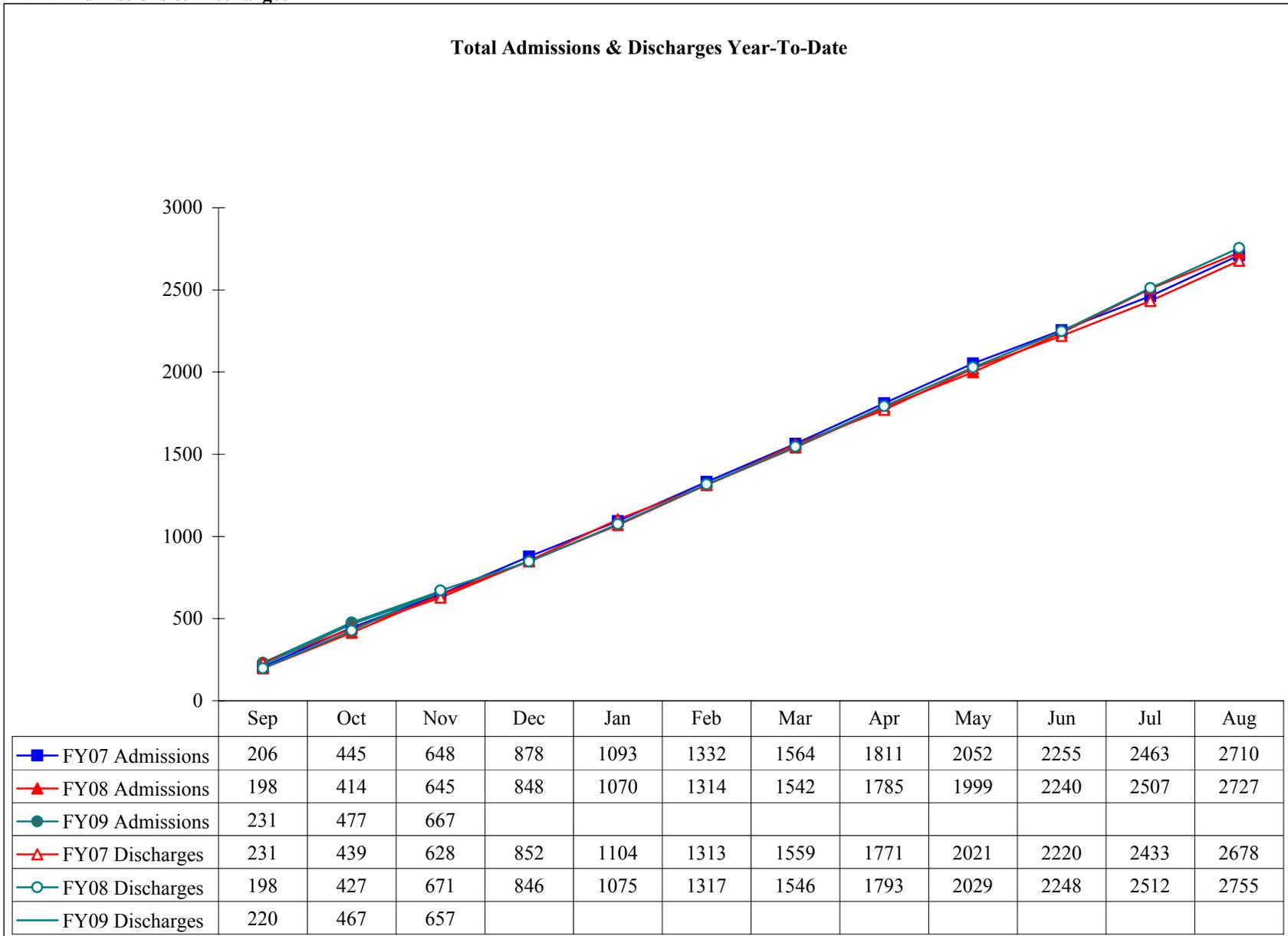
Terrell State Hospital

Admissions by Month

| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 203 | 208 | 247 | 198 | 216 | 231 | 203 | 222 | 244 | 228 | 243 | 214 | 241 | 267 | 220 | 231 | 246 | 190 |
| Voluntary | 2 | 2 | 3 | 2 | 2 | 3 | 3 | 1 | 4 | 2 | 2 | 1 | 4 | 4 | 3 | 0 | 7 | 2 |
| Involuntary | 201 | 206 | 244 | 196 | 214 | 228 | 200 | 221 | 240 | 226 | 241 | 213 | 237 | 263 | 217 | 231 | 239 | 188 |
| OPC | 144 | 159 | 173 | 126 | 170 | 182 | 151 | 173 | 182 | 183 | 171 | 159 | 189 | 192 | 163 | 189 | 189 | 159 |
| Emergency | 6 | 5 | 9 | 10 | 8 | 8 | 12 | 6 | 19 | 9 | 14 | 14 | 18 | 15 | 15 | 17 | 10 | 12 |
| Temporary | 40 | 37 | 53 | 44 | 31 | 21 | 17 | 29 | 29 | 18 | 39 | 31 | 21 | 37 | 22 | 23 | 19 | 11 |
| Extended | 1 | 1 | 2 | 3 | 1 | 1 | 3 | 3 | 2 | 3 | 1 | 1 | 1 | 2 | 1 | 1 | 4 | 2 |
| 46.02/46.03 | 10 | 4 | 7 | 13 | 4 | 16 | 17 | 10 | 8 | 13 | 16 | 8 | 8 | 17 | 16 | 1 | 17 | 4 |
| Order for MR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Discharges | 199 | 213 | 245 | 198 | 229 | 244 | 175 | 229 | 242 | 229 | 247 | 236 | 219 | 264 | 243 | 220 | 247 | 190 |
| % New to System | 38% | 44% | 44% | 37% | 40% | 38% | 47% | 46% | 46% | 43% | 44% | 45% | 46% | 40% | 45% | 45% | 45% | 44% |



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

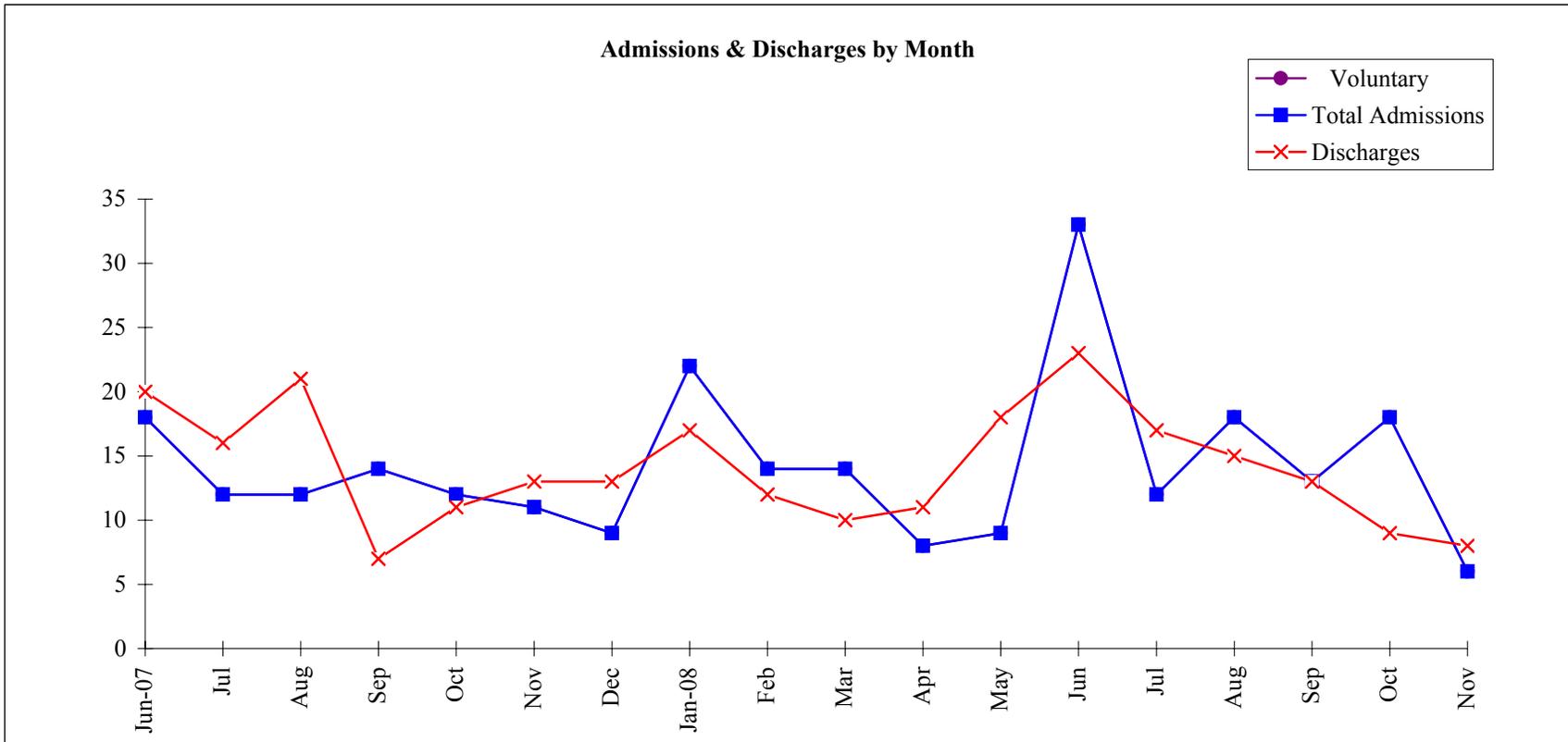


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

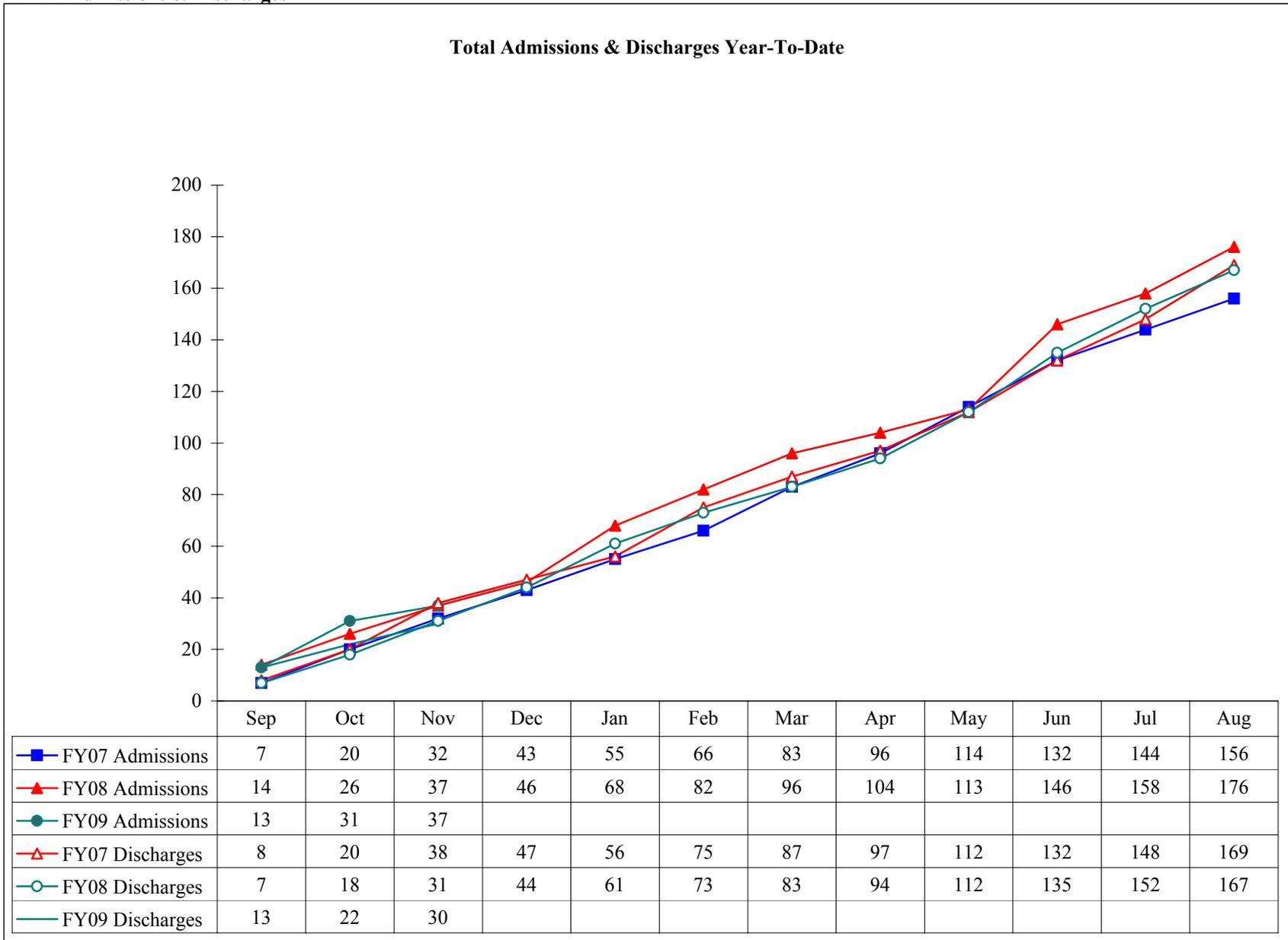
Waco Center for Youth

Admissions by Month

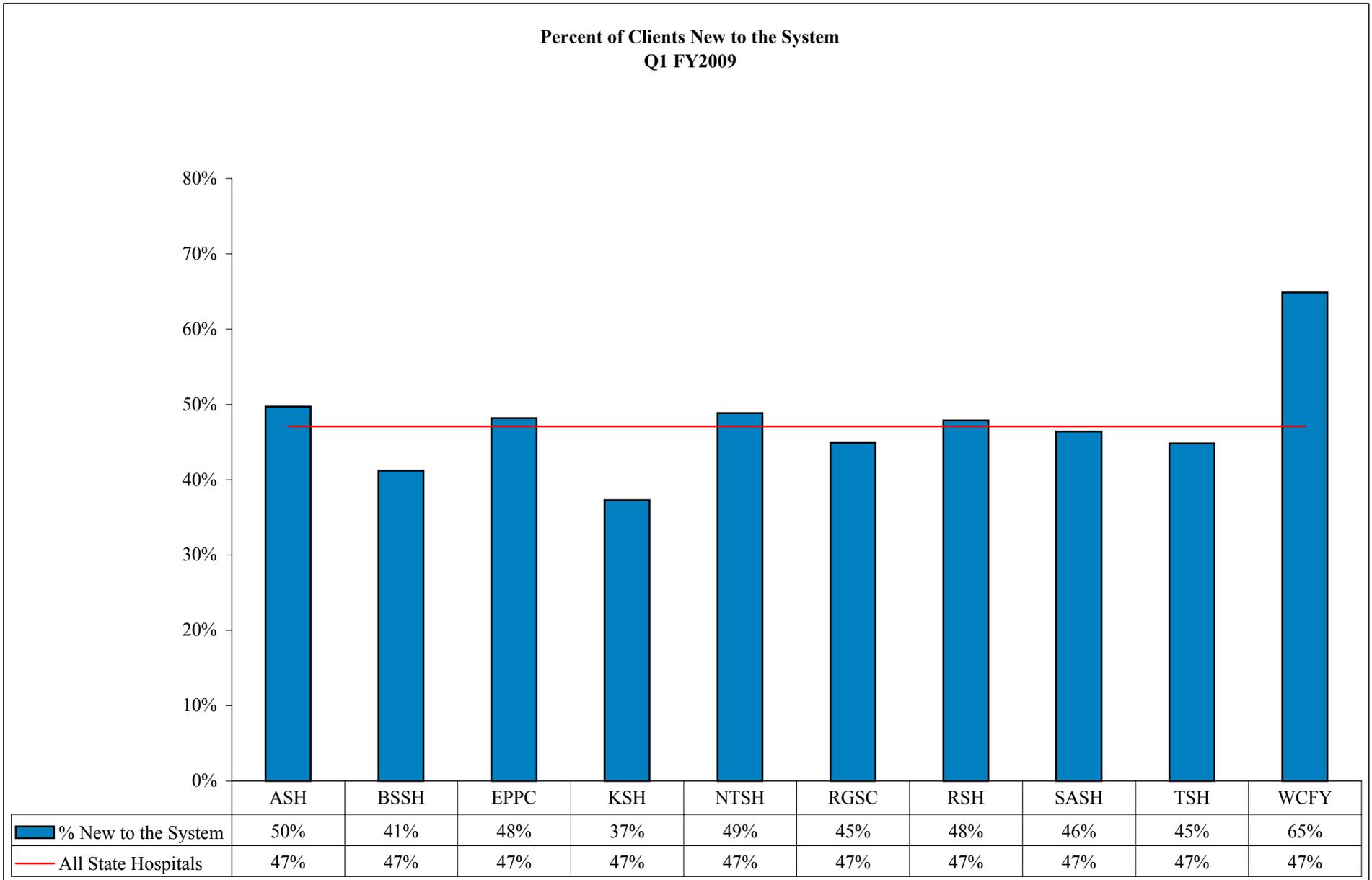
| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 18 | 12 | 12 | 14 | 12 | 11 | 9 | 22 | 14 | 14 | 8 | 9 | 33 | 12 | 18 | 13 | 18 | 6 |
| Voluntary | 18 | 12 | 12 | 14 | 12 | 11 | 9 | 22 | 14 | 14 | 8 | 9 | 33 | 12 | 18 | 13 | 18 | 6 |
| 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 |
| 46.02/46.03 | 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 | 20 | 16 | 21 | 7 | 11 | 13 | 13 | 17 | 12 | 10 | 11 | 18 | 23 | 17 | 15 | 13 | 9 | 8 |
| % New to System | 39% | 42% | 58% | 57% | 58% | 82% | 56% | 68% | 29% | 50% | 50% | 44% | 67% | 58% | 61% | 69% | 61% | 67% |



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



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



Performance Measure 5B:

Percent of forensic/non forensic discharges returned to the community will be calculated 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

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

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

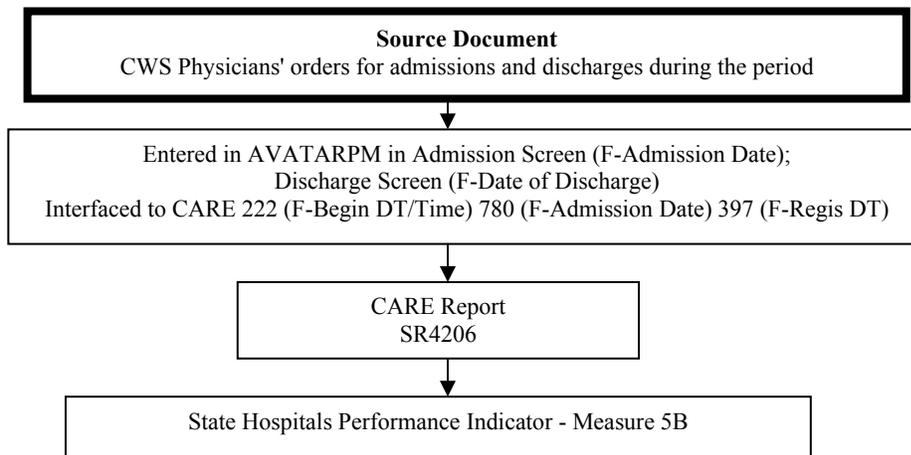
D = total persons discharged during the quarter

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

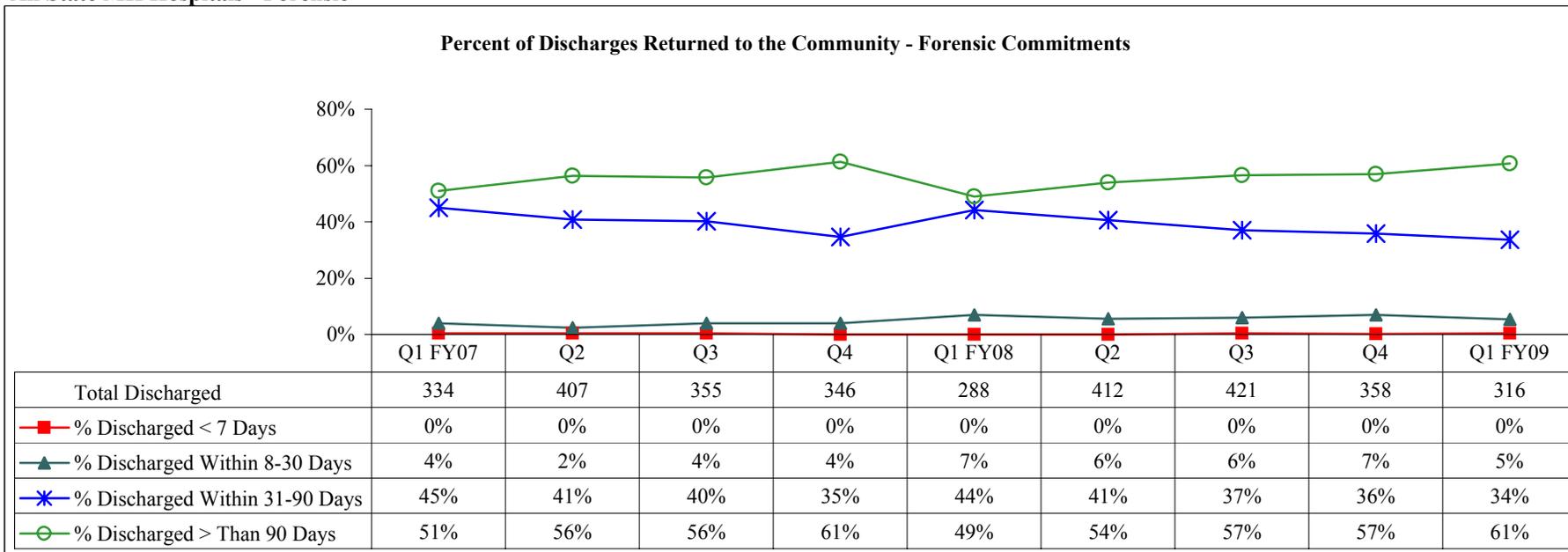
Performance Measure Data Display and Chart Description:

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

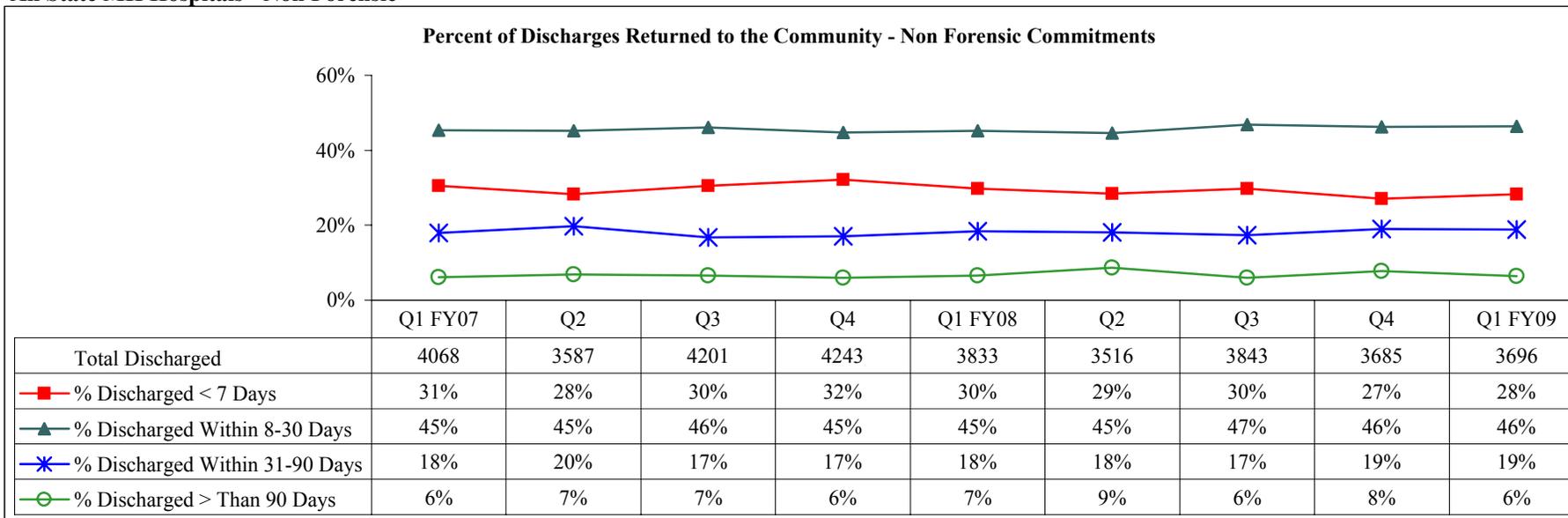
Data Flow:



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



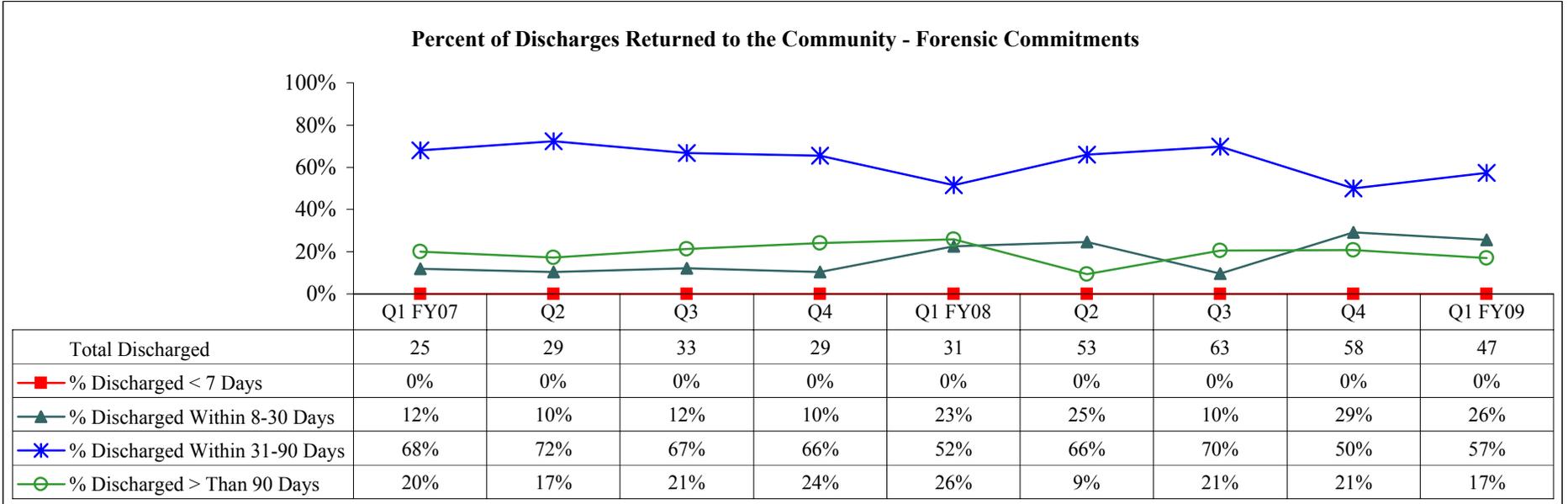
Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Non Forensic



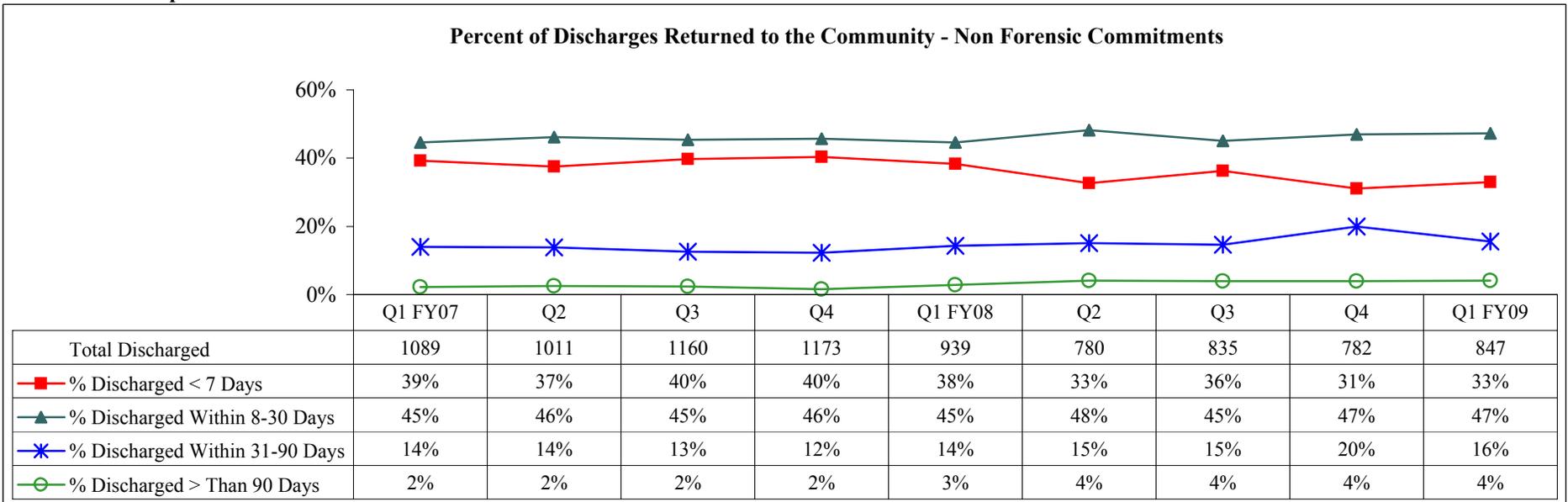
Total Discharges do not include transfers or DMAs

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

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

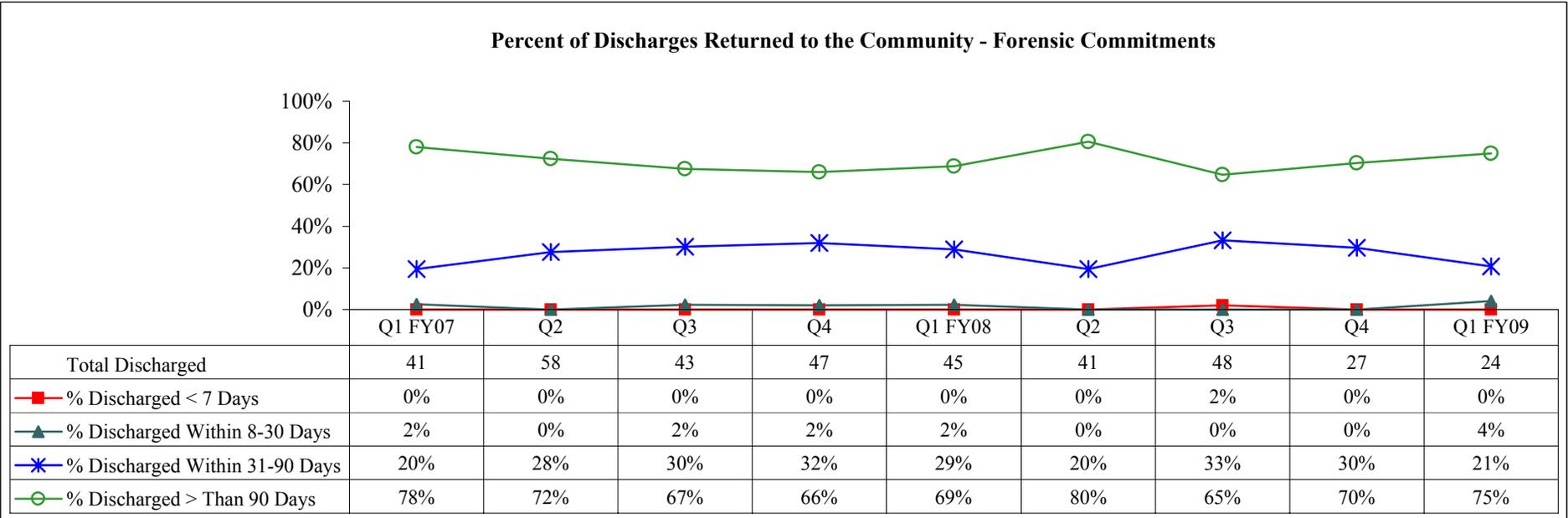


Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

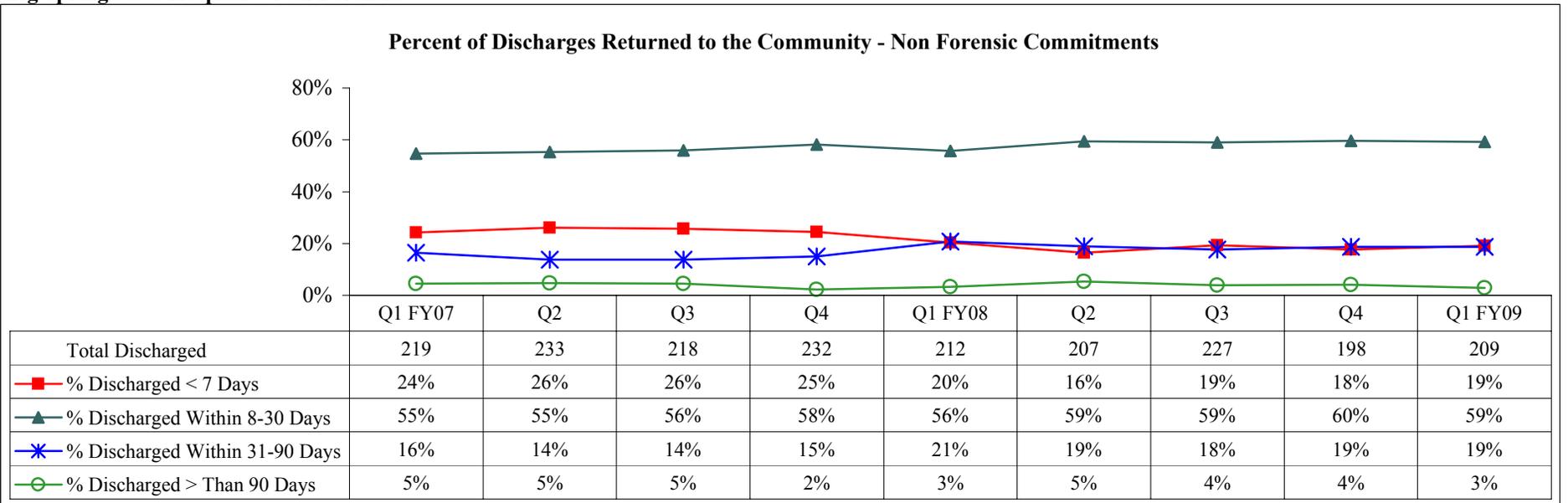


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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

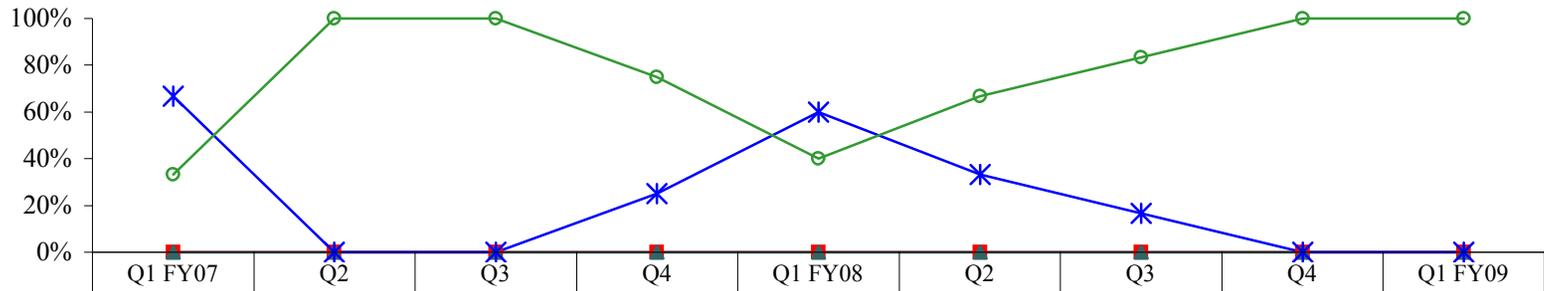


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

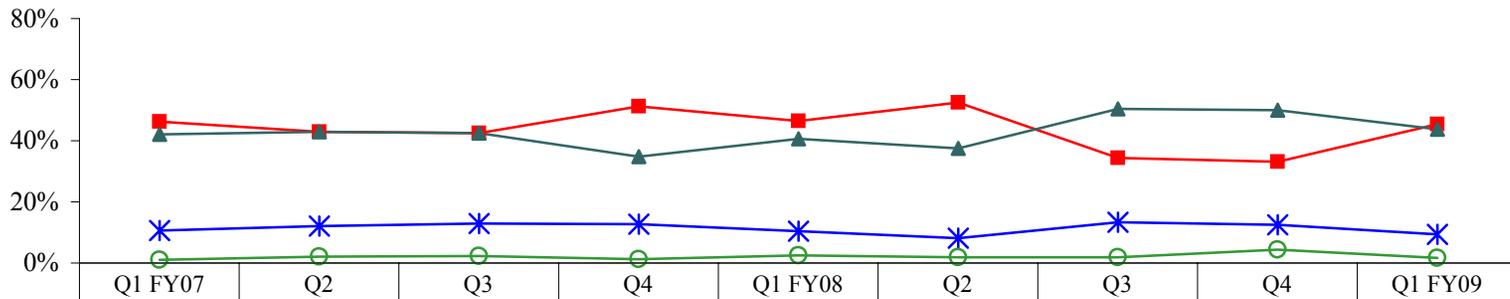


| | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|----------------------------------|---------|------|------|-----|---------|-----|-----|------|---------|
| Total Discharged | 3 | 4 | 3 | 4 | 5 | 9 | 6 | 4 | 3 |
| ■ % Discharged < 7 Days | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| ▲ % Discharged Within 8-30 Days | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| ✱ % Discharged Within 31-90 Days | 67% | 0% | 0% | 25% | 60% | 33% | 17% | 0% | 0% |
| ○ % Discharged > Than 90 Days | 33% | 100% | 100% | 75% | 40% | 67% | 83% | 100% | 100% |

Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Non Forensic

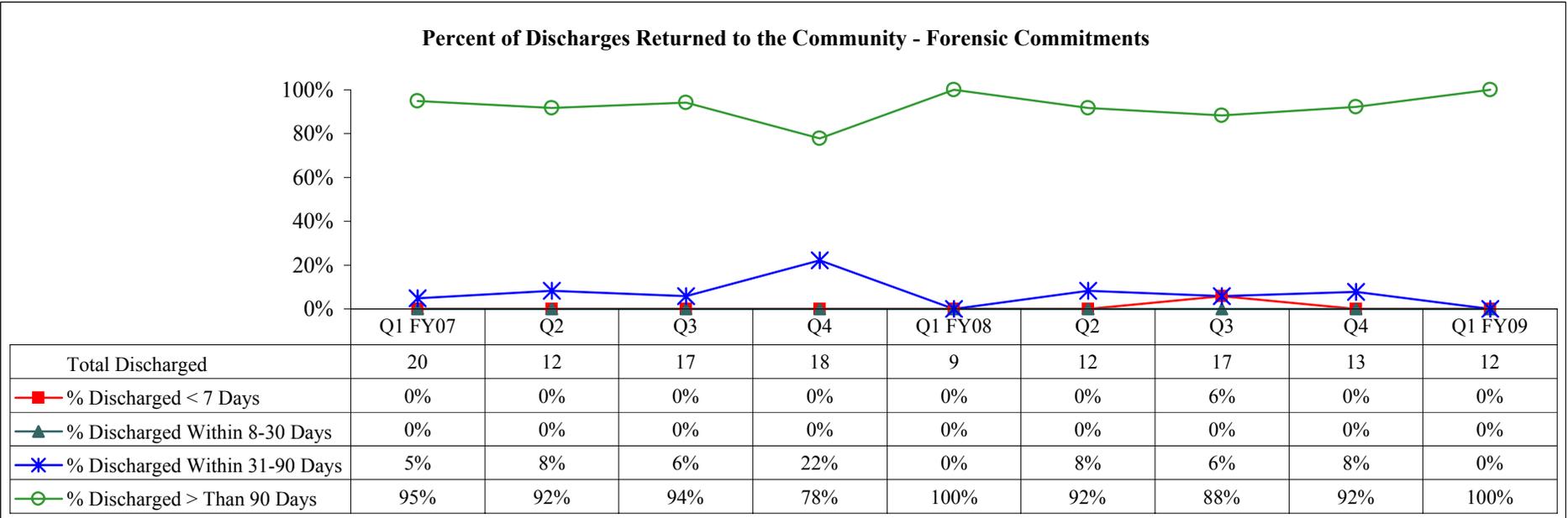
Percent of Discharges Returned to the Community - Non Forensic Commitments



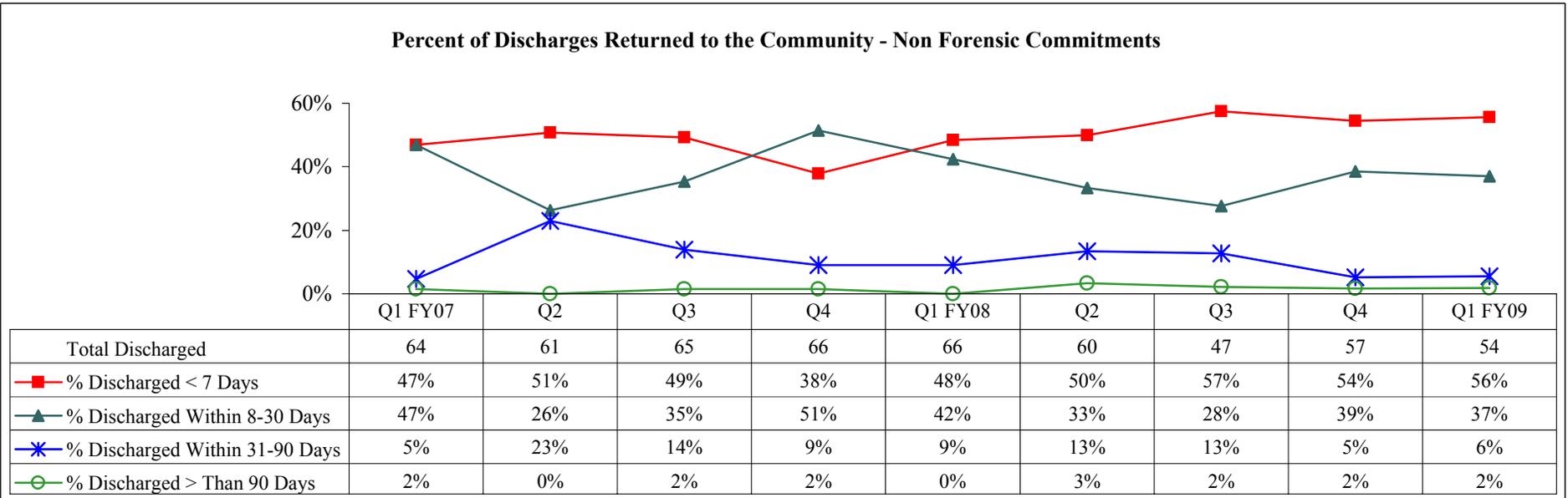
| | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|----------------------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Total Discharged | 273 | 240 | 271 | 259 | 280 | 259 | 264 | 208 | 247 |
| ■ % Discharged < 7 Days | 46% | 43% | 42% | 51% | 46% | 53% | 34% | 33% | 45% |
| ▲ % Discharged Within 8-30 Days | 42% | 43% | 42% | 35% | 41% | 37% | 50% | 50% | 44% |
| ✱ % Discharged Within 31-90 Days | 11% | 12% | 13% | 13% | 10% | 8% | 13% | 13% | 9% |
| ○ % Discharged > Than 90 Days | 1% | 2% | 2% | 1% | 3% | 2% | 2% | 4% | 2% |

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

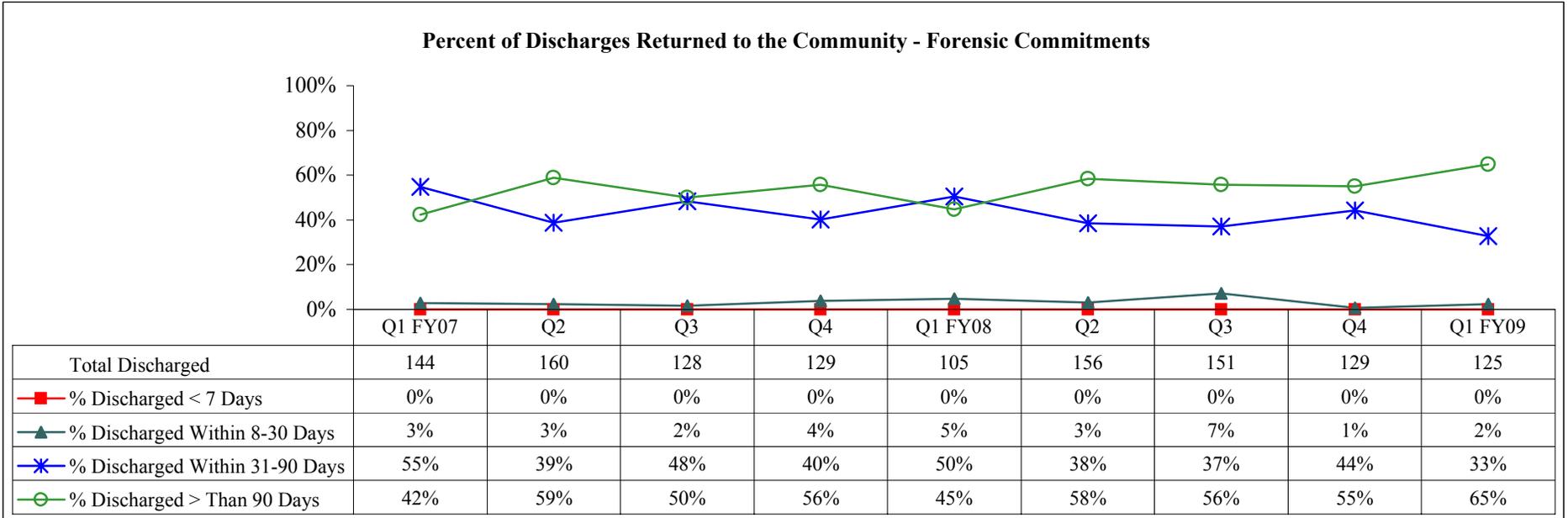
Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Forensic



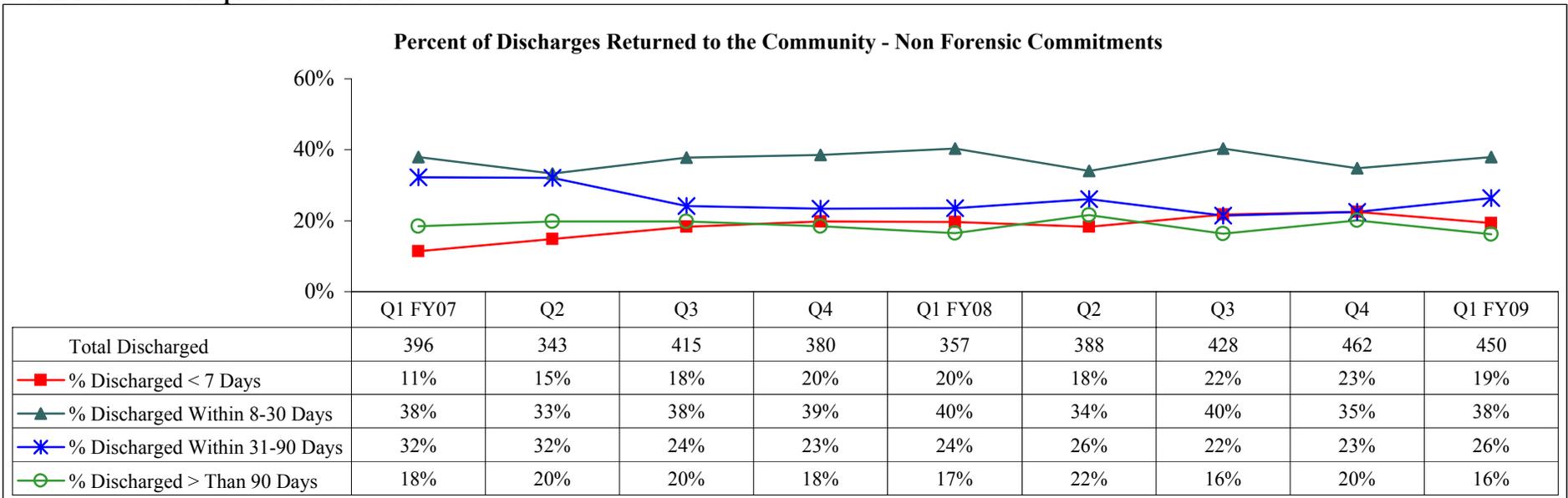
Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic



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

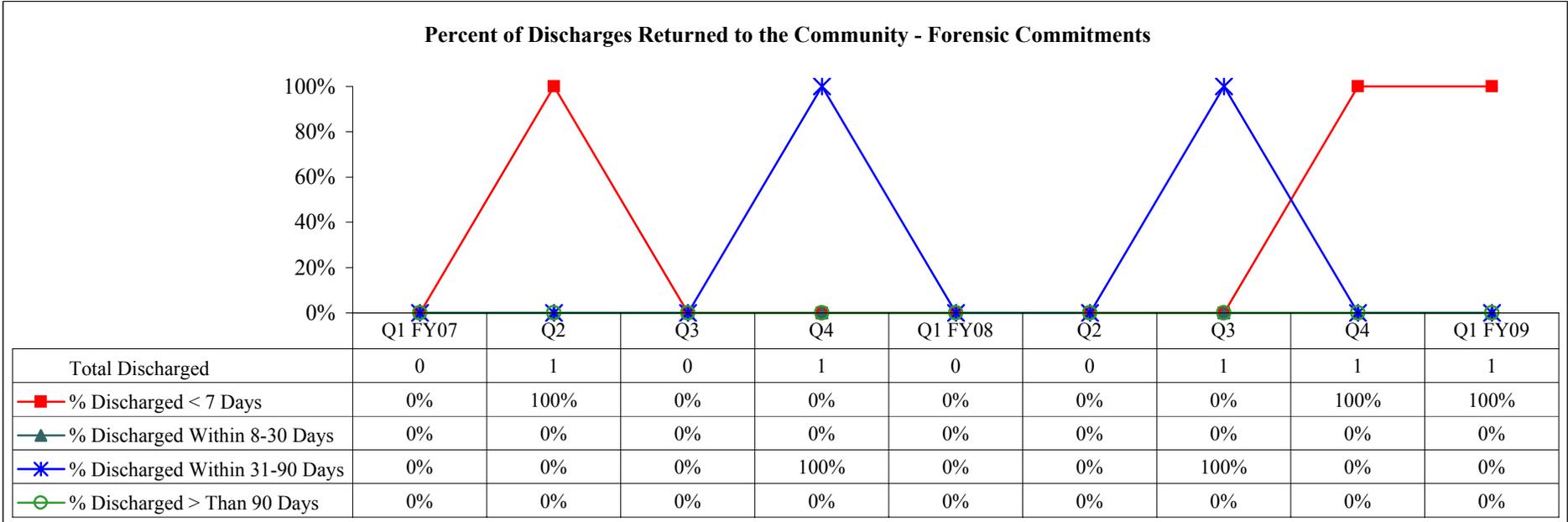


Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic

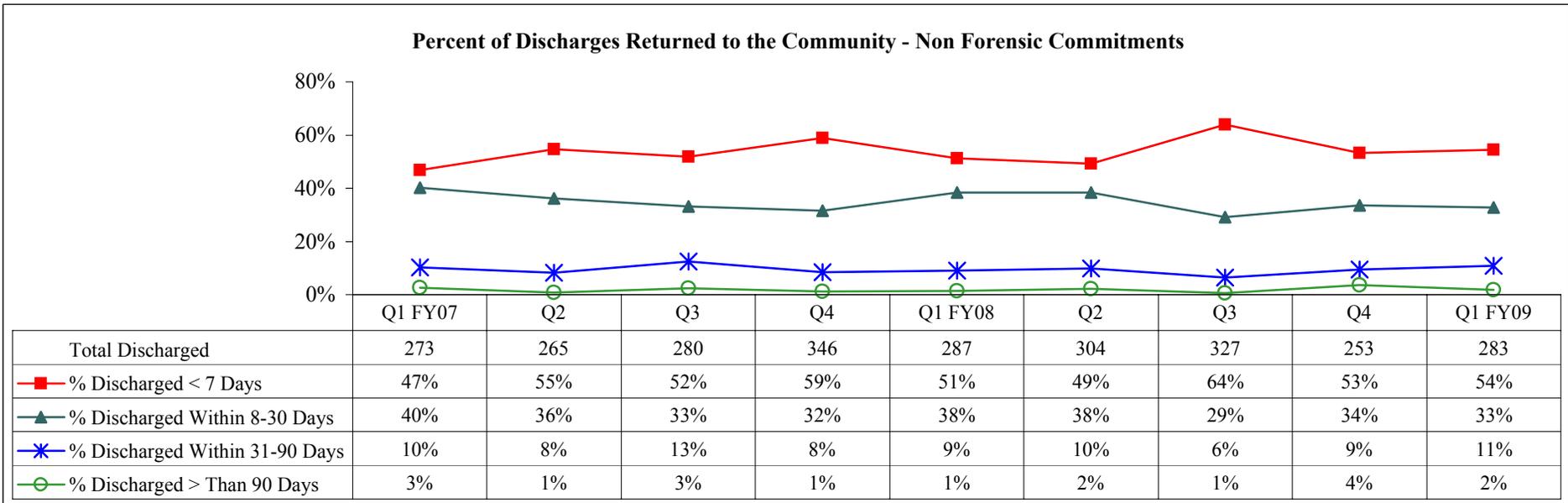


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

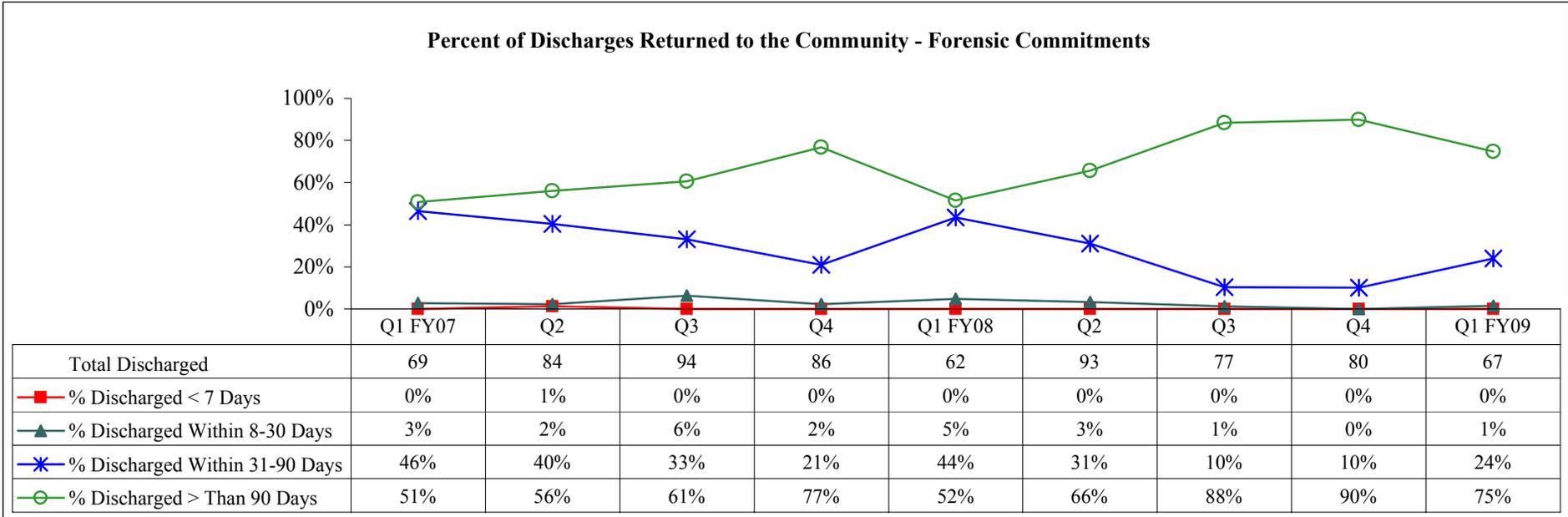


Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic

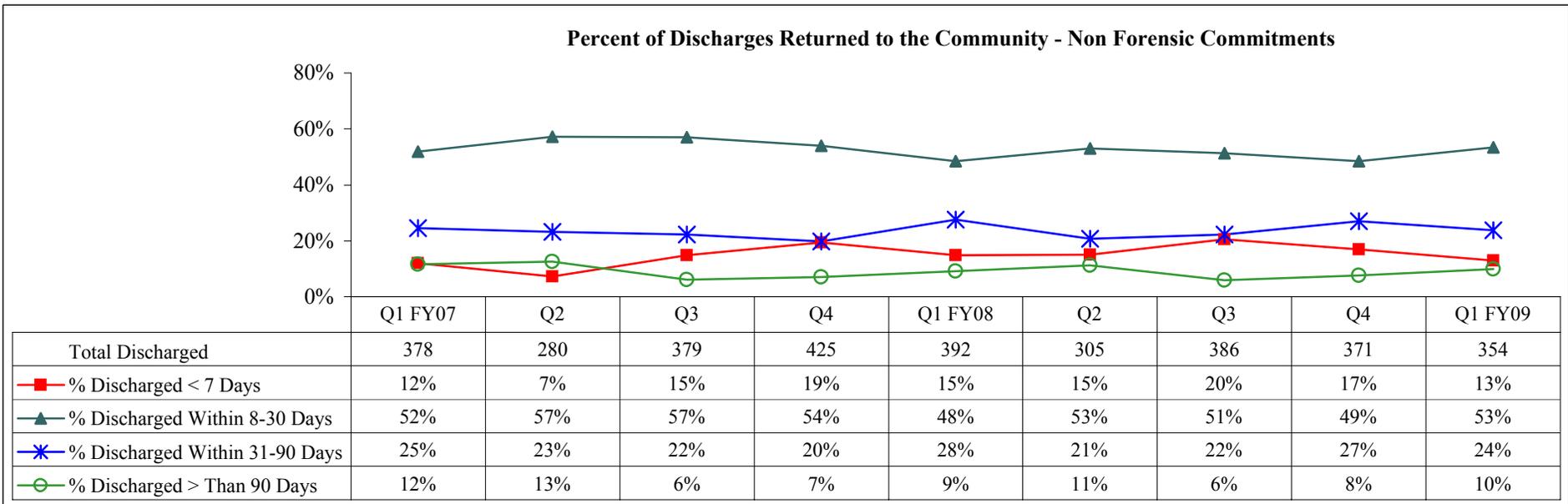


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

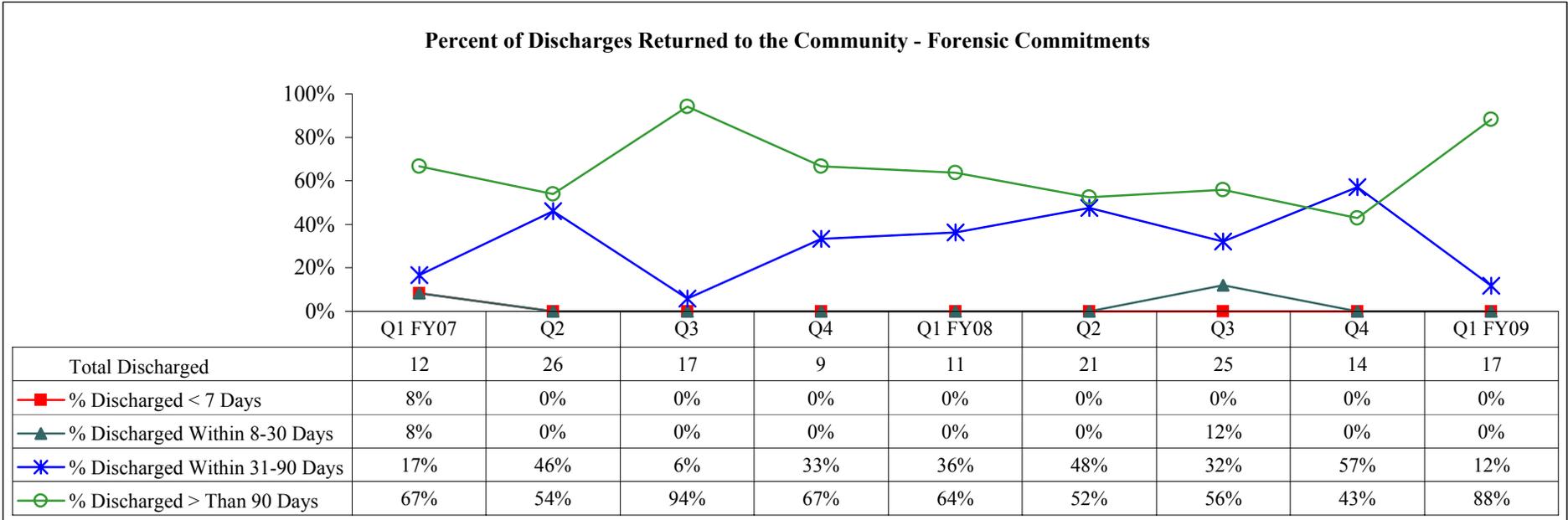


Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

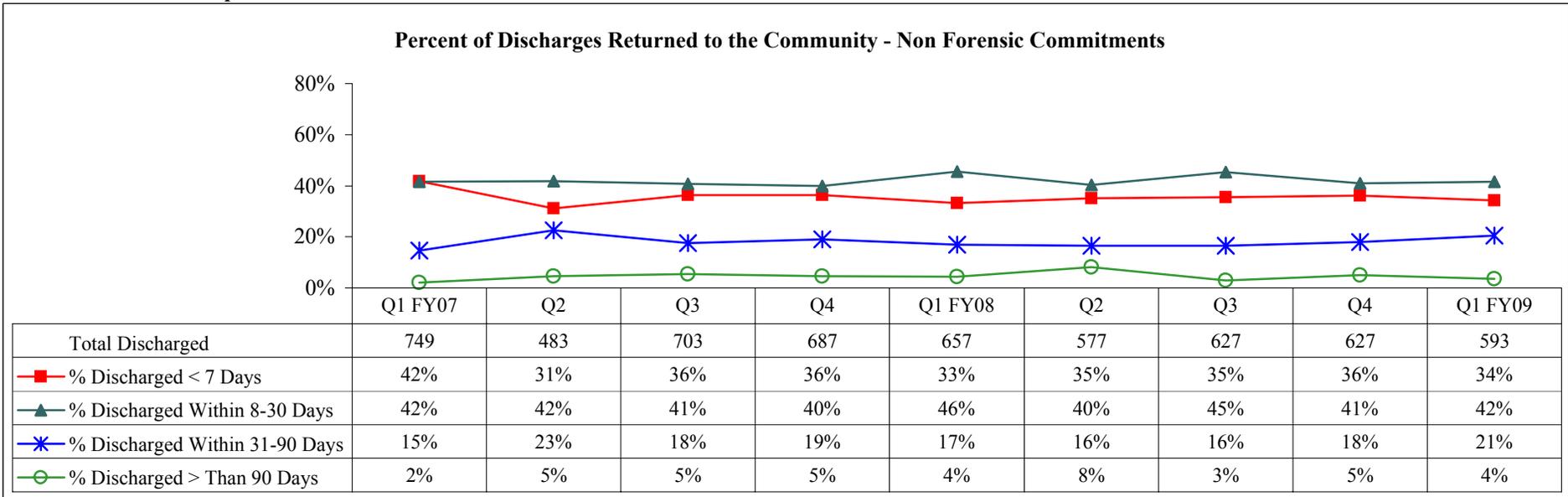


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

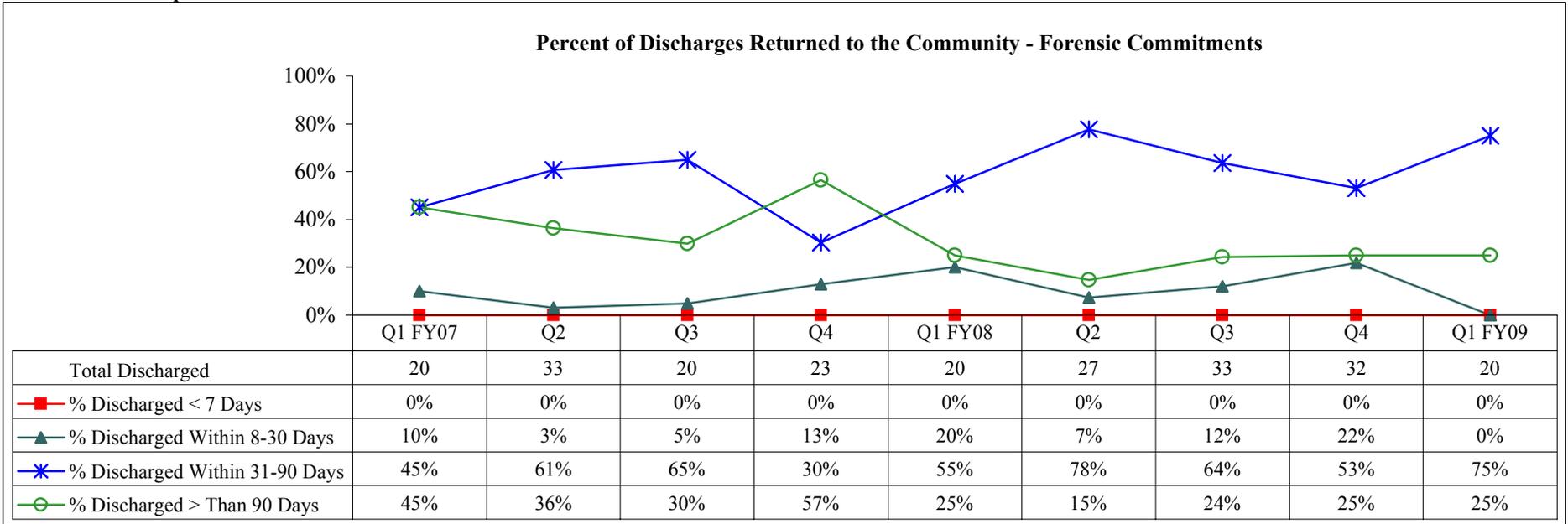


Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

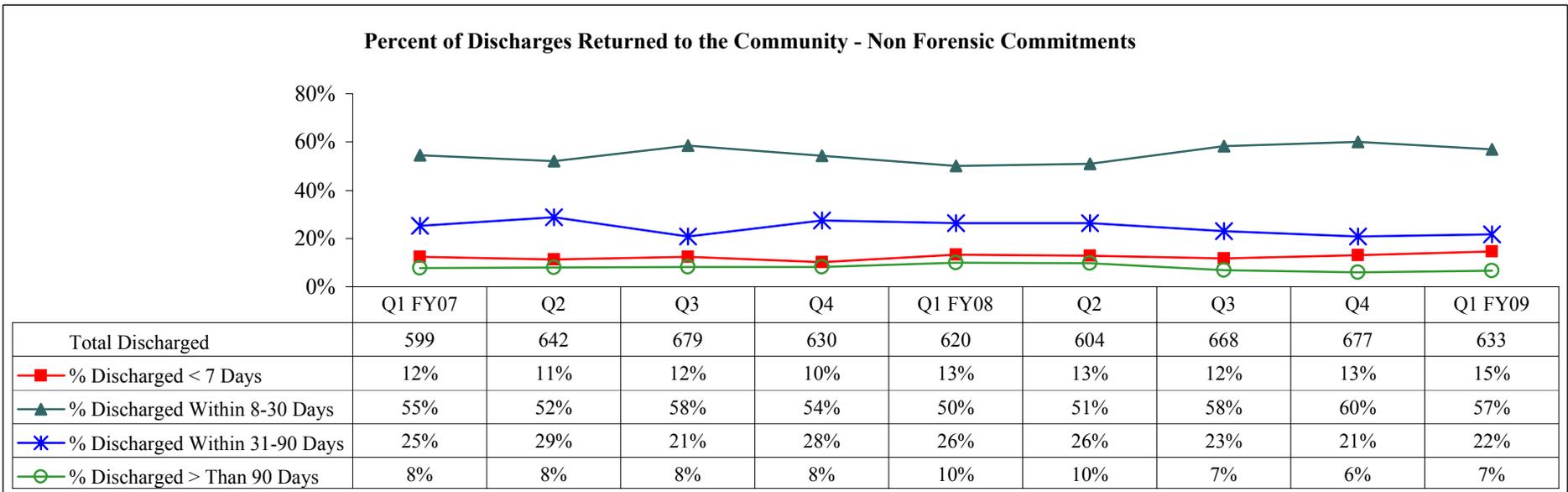


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

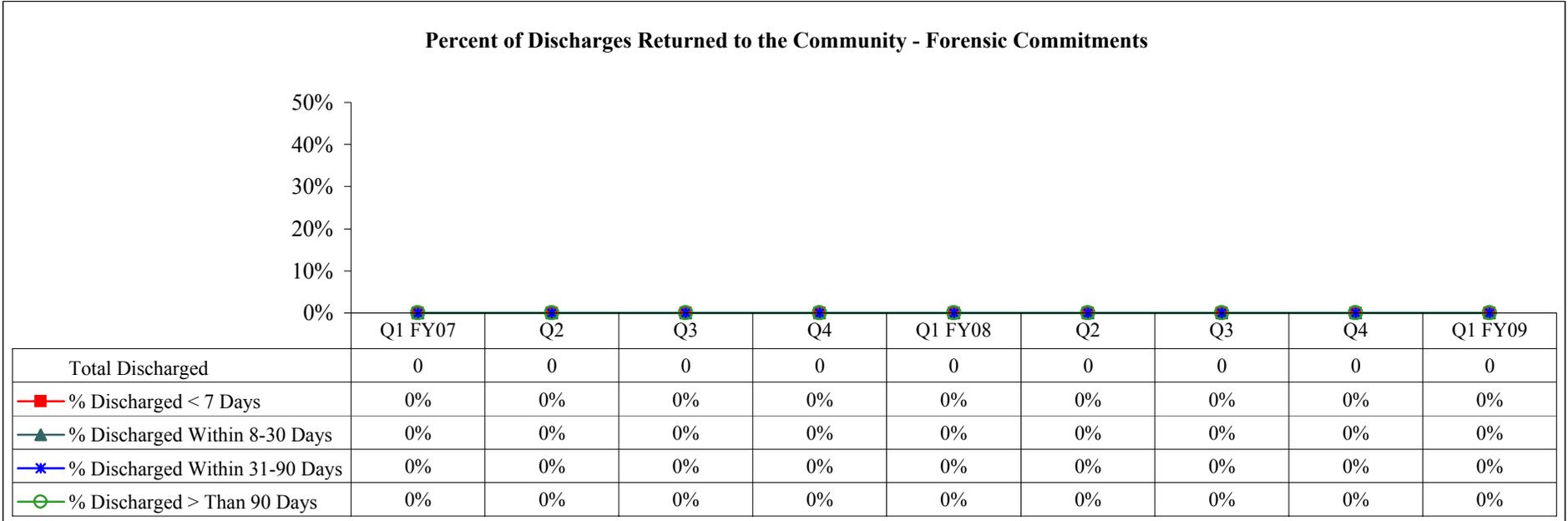


Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

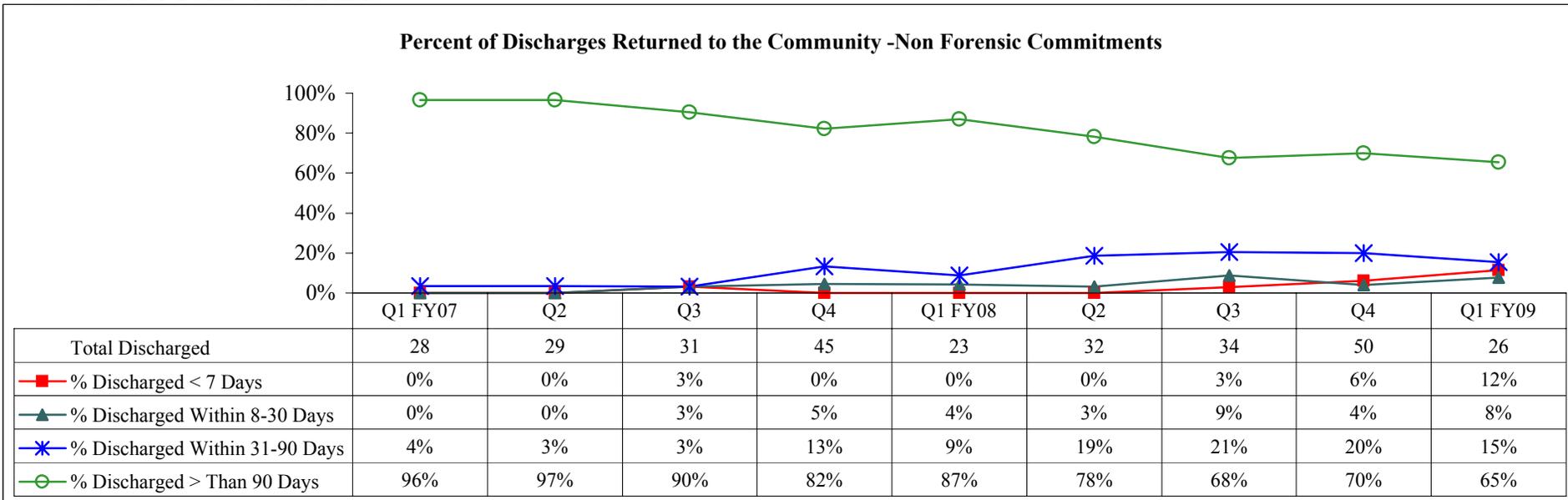


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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:

TCID will report: number of admissions; average length of stay; number of outpatient admissions; number of inpatient admissions by categories (tuberculoses, multi-drug resistant tuberculoses, and extensively drug related tuberculosis.

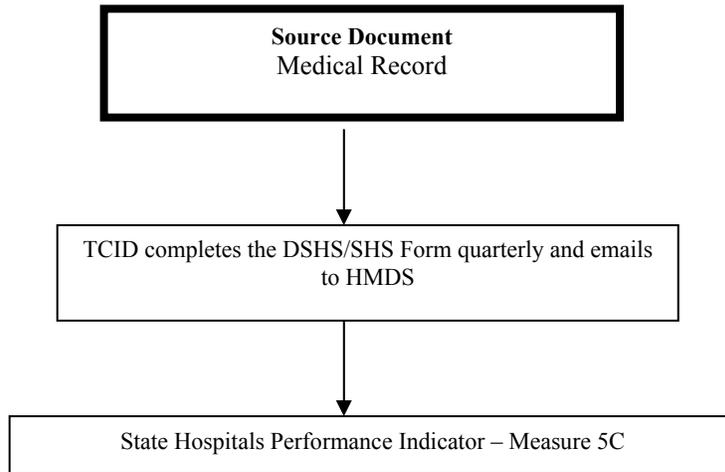
Performance Measure Operational Definition:

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

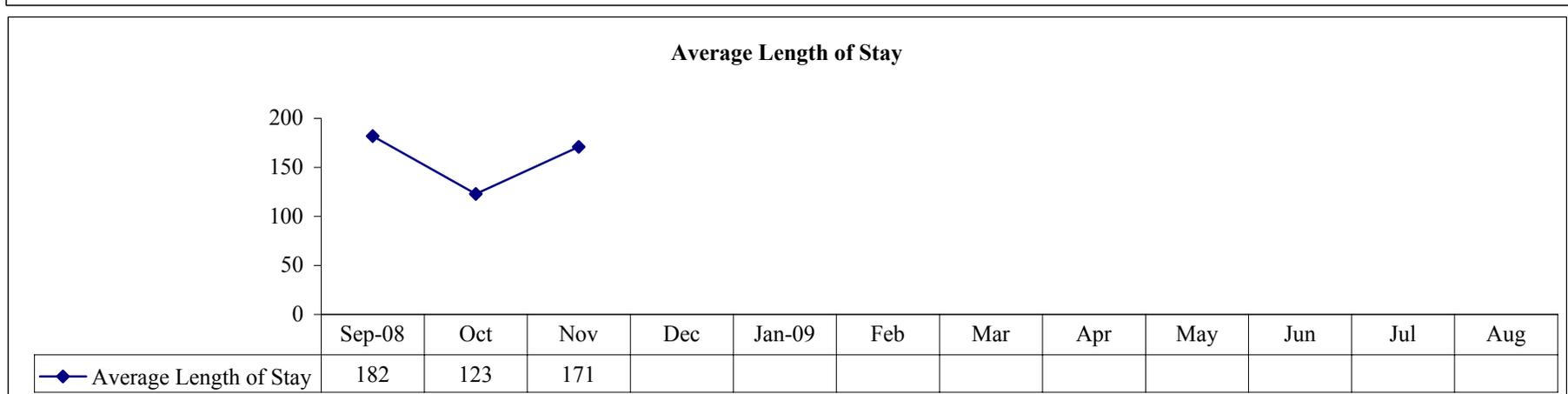
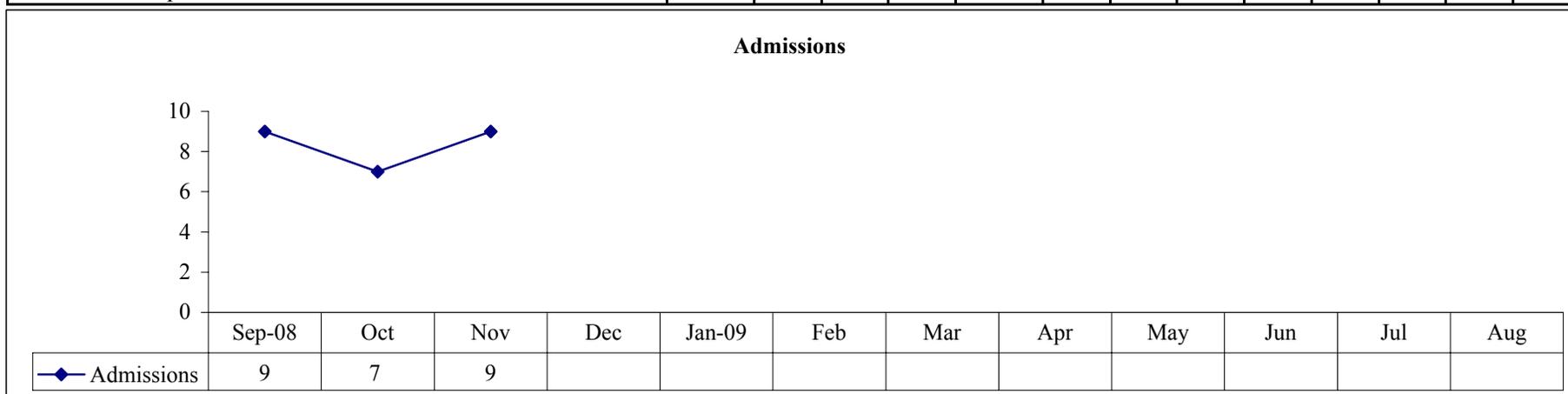
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



Measure 5C - Admissions and Average Length of Stay
TCID - FY09

| | Sep-08 | Oct | Nov | Dec | Jan-09 | Feb | Mar | Apr | May | Jun | Jul | Aug | FY |
|--|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|------|
| Admissions | 9 | 7 | 9 | | | | | | | | | | 25 |
| Average Length of Stay | 182 | 123 | 171 | | | | | | | | | | 39.7 |
| Number of Patients Admitted for Inpatient Care & Treatment | 9 | 7 | 9 | | | | | | | | | | 25 |
| Tuberculoses | 9 | 7 | 9 | | | | | | | | | | 25 |
| Multi-drug related tuberculoses | 1 | 0 | 1 | | | | | | | | | | 2 |
| Extensively drug related tuberculosis | 0 | 0 | 0 | | | | | | | | | | 0 |
| Number of Outpatient Admissions | 4 | 6 | 4 | | | | | | | | | | 14 |



Performance Measure 5D:

Average length of stay in the hospital will be calculated on a quarterly basis for those patients: Admitted and discharged within 12 months, and all discharges.

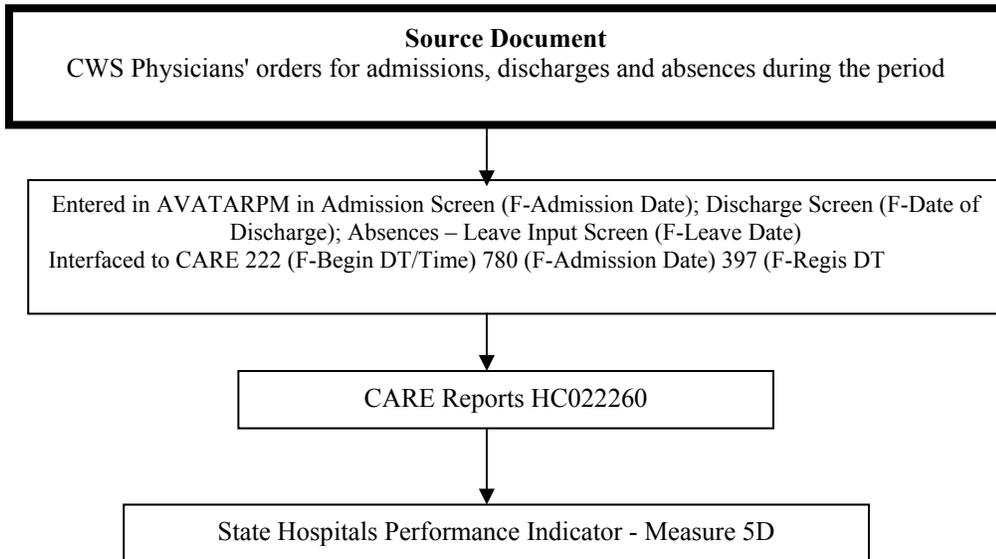
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

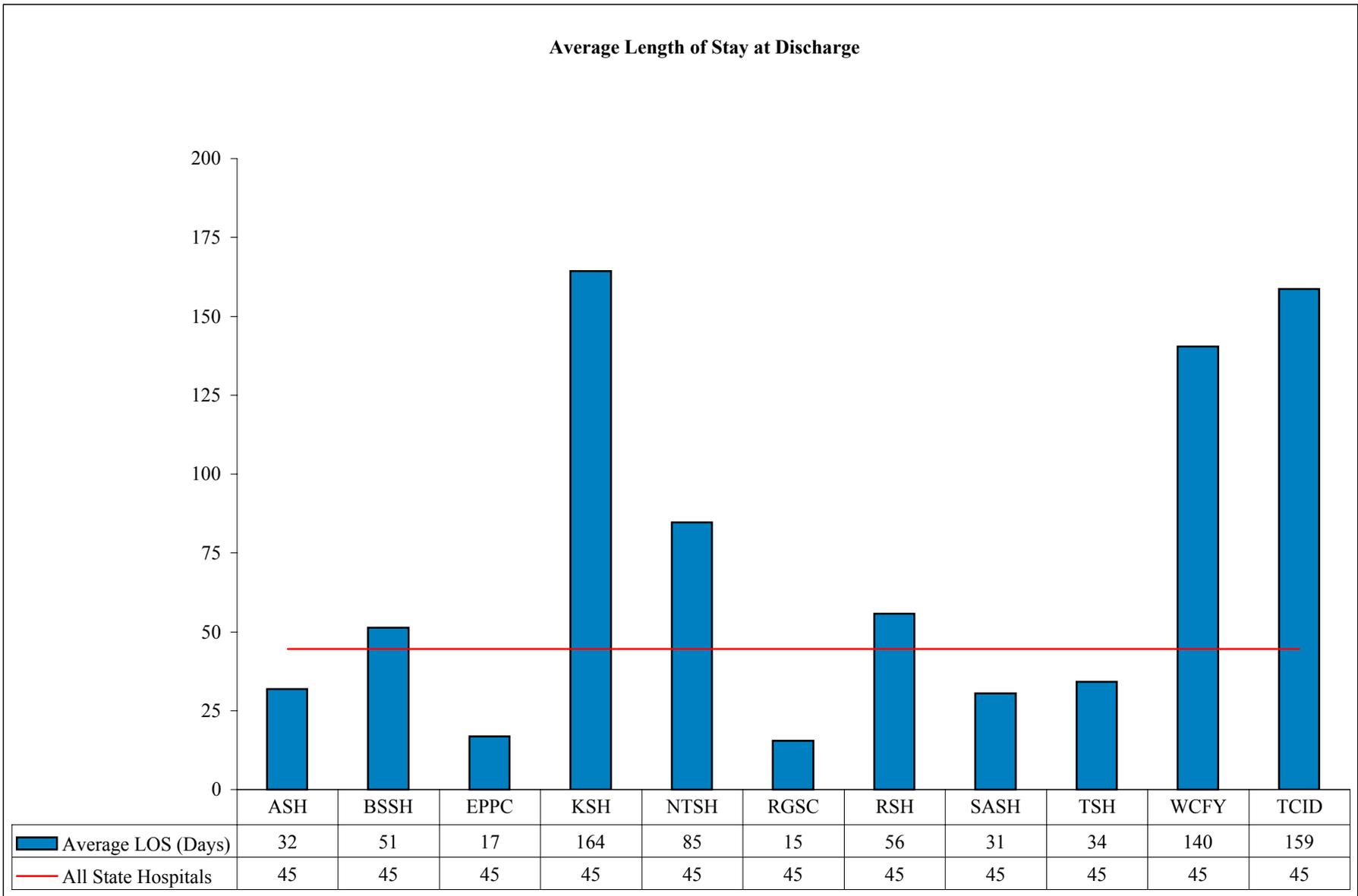
Performance Measure Data Display and Chart Description:

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

Data Flow:



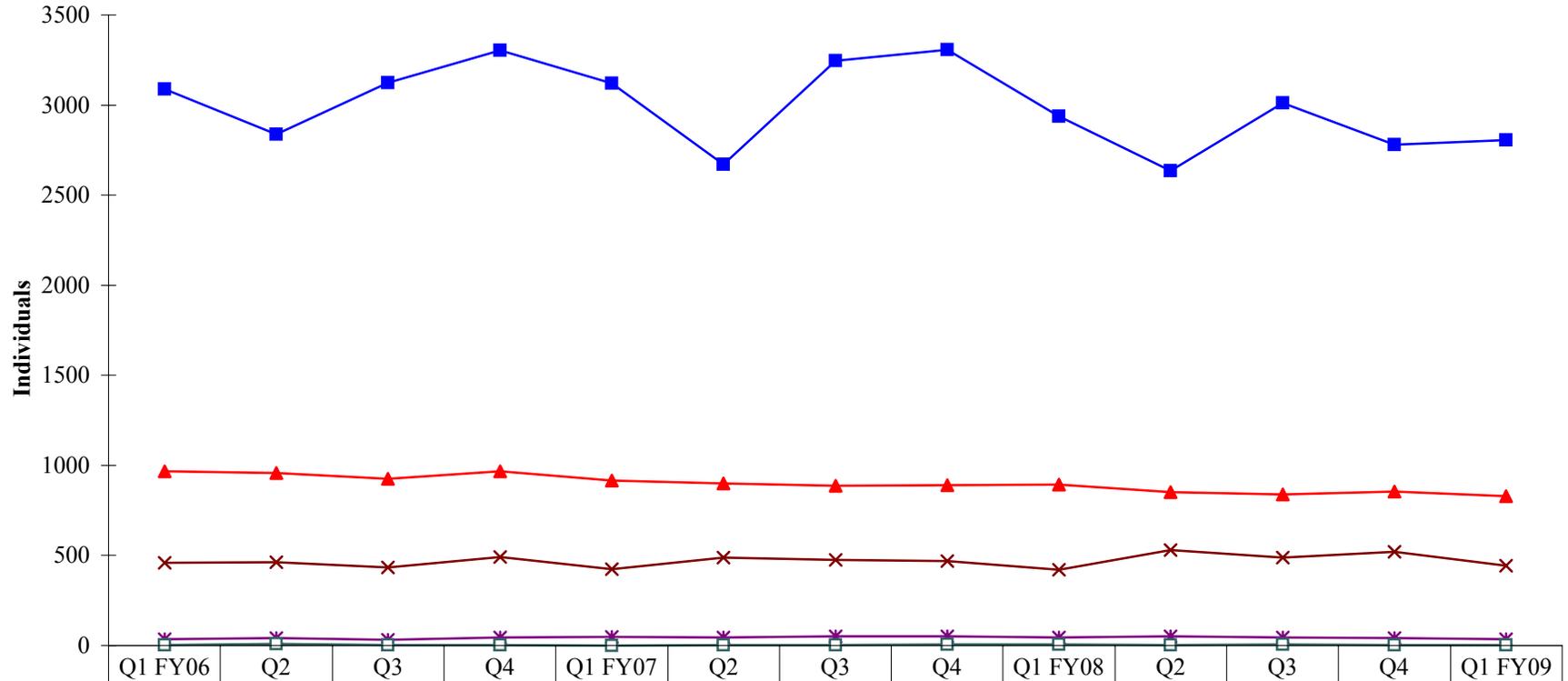
**Measure 5D - Average Length of Stay at Discharge
All State Hospitals**



TCID - not included in All State Hospitals Average

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

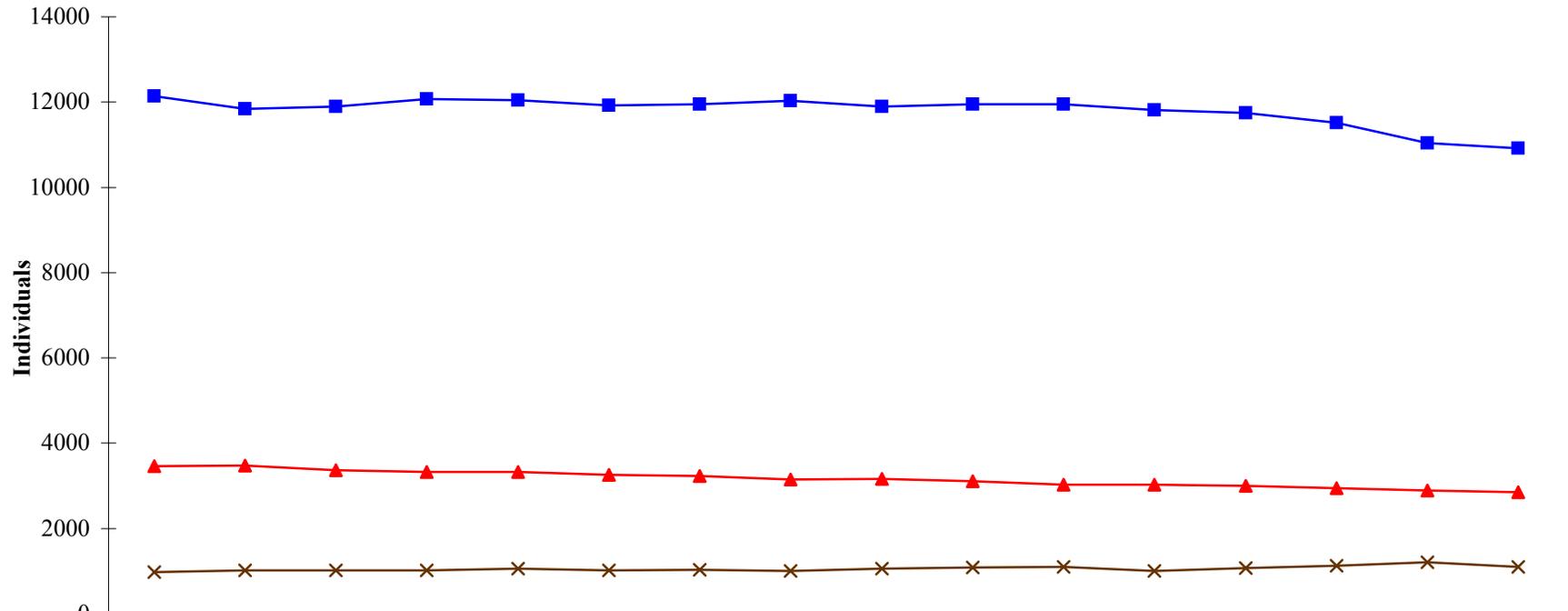
Average Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-------------------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|
| Average LOS | 42 | 53 | 39 | 44 | 41 | 47 | 43 | 43 | 45 | 49 | 48 | 47 | 45 |
| ■ 30 Days or Less | 3089 | 2838 | 3123 | 3303 | 3121 | 2670 | 3247 | 3307 | 2937 | 2635 | 3012 | 2780 | 2805 |
| ▲ 31 - 90 Days | 969 | 957 | 927 | 969 | 917 | 900 | 888 | 890 | 894 | 851 | 840 | 854 | 829 |
| ✕ 91 - 365 Days | 458 | 462 | 435 | 493 | 424 | 488 | 477 | 469 | 422 | 529 | 490 | 522 | 443 |
| ✱ 1 - 5 Years | 35 | 43 | 33 | 46 | 48 | 44 | 51 | 51 | 44 | 53 | 44 | 41 | 35 |
| □ Over 5 Years | 2 | 10 | 2 | 4 | 1 | 4 | 3 | 5 | 5 | 4 | 8 | 3 | 3 |

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

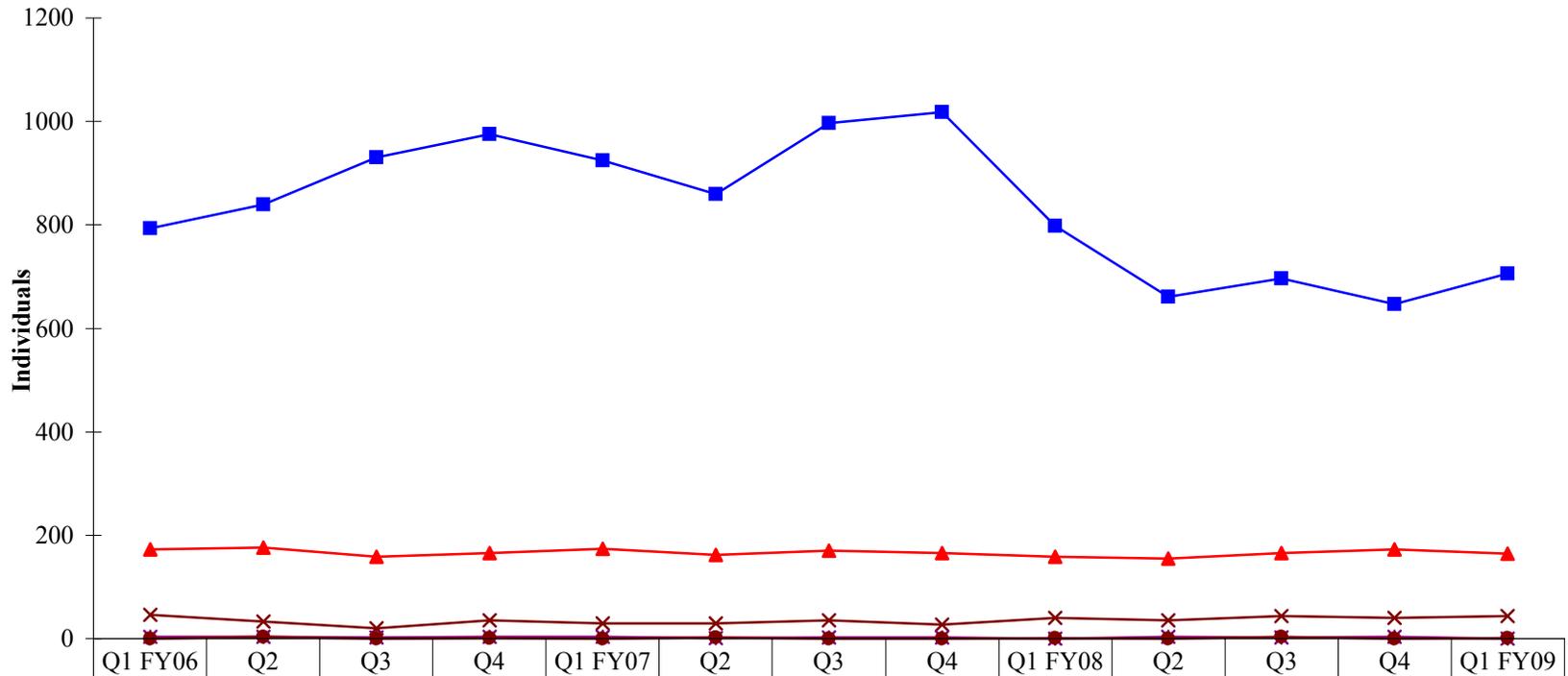
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 27 | 28 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 28 | 29 | 28 |
| ■ 30 Days or Less | 12141 | 11837 | 11899 | 12067 | 12044 | 11925 | 11949 | 12034 | 11890 | 11955 | 11948 | 11816 | 11751 | 11516 | 11040 | 10922 |
| ▲ 31-90 Days | 3462 | 3475 | 3361 | 3332 | 3324 | 3260 | 3227 | 3153 | 3158 | 3109 | 3031 | 3026 | 3006 | 2949 | 2898 | 2847 |
| × 91-365 Days | 974 | 1016 | 1020 | 1021 | 1056 | 1020 | 1037 | 999 | 1056 | 1086 | 1104 | 1011 | 1079 | 1131 | 1202 | 1101 |

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

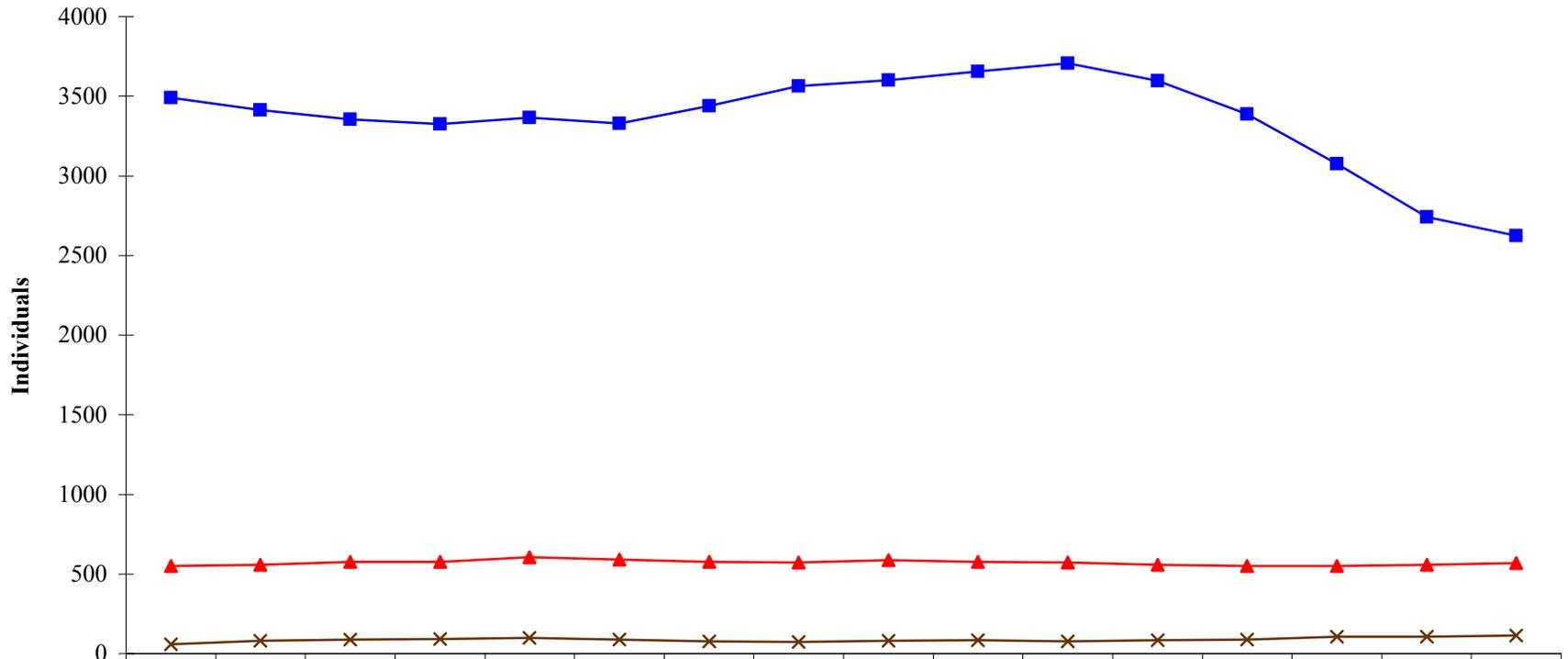
Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-------------------|---------|-----|-----|-----|---------|-----|-----|------|---------|-----|-----|-----|---------|
| Average LOS | 26 | 43 | 19 | 25 | 23 | 27 | 21 | 19 | 24 | 26 | 38 | 28 | 32 |
| ■ 30 Days or Less | 793 | 840 | 931 | 975 | 924 | 860 | 997 | 1018 | 798 | 661 | 696 | 647 | 706 |
| ▲ 31 - 90 Days | 173 | 176 | 158 | 166 | 174 | 162 | 170 | 165 | 158 | 155 | 166 | 173 | 164 |
| × 91 - 365 Days | 46 | 33 | 20 | 35 | 30 | 30 | 35 | 27 | 40 | 35 | 44 | 40 | 44 |
| * 1 - 5 Years | 4 | 3 | 2 | 3 | 4 | 1 | 2 | 2 | 0 | 4 | 2 | 4 | 0 |
| ● Over 5 Years | 0 | 4 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 3 | 0 | 1 |

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

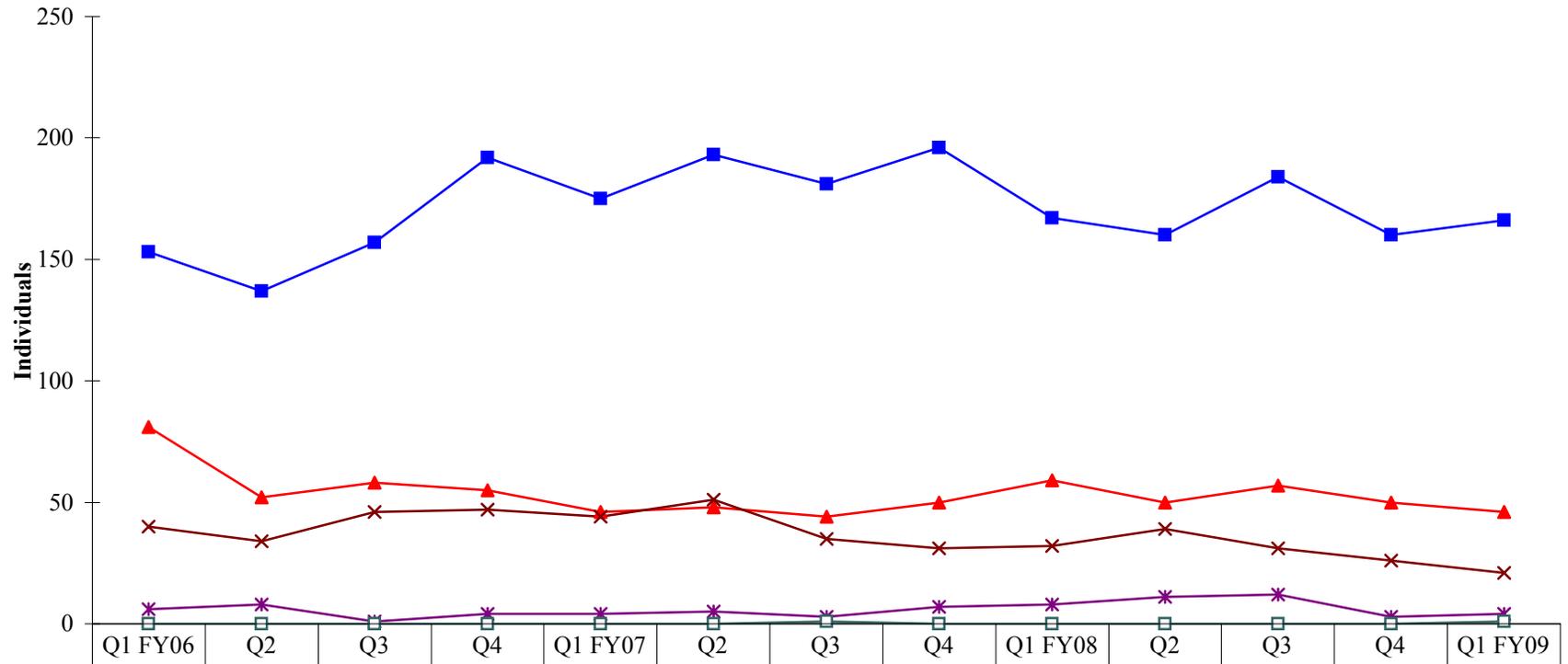
Average Length of Stay For Admitted and Discharged During Prior 12 Months



| | 3/04- 2/05 | 6/04- 5/05 | 9/04- 8/05 | 12/04- 11/05 | 3/05- 2/06 | 6/05- 5/06 | 9/05- 8/06 | 12/05- 11/06 | 3/06- 2/07 | 6/06- 5/07 | 9/06- 8/07 | 12/06- 11/07 | 3/07- 2/08 | 6/07- 5/08 | 9/07- 8/08 | 12/07- 11/08 |
|-------------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|-----------------|
| Average LOS | 17 | 18 | 18 | 18 | 19 | 18 | 18 | 17 | 17 | 17 | 17 | 17 | 18 | 19 | 20 | 21 |
| ■ 30 Days or Less | 3490 | 3412 | 3354 | 3326 | 3365 | 3329 | 3440 | 3562 | 3600 | 3656 | 3708 | 3596 | 3386 | 3075 | 2742 | 2625 |
| ▲ 31-90 Days | 550 | 557 | 577 | 577 | 605 | 591 | 577 | 571 | 587 | 576 | 574 | 557 | 549 | 552 | 557 | 568 |
| × 91-365 Days | 59 | 82 | 87 | 92 | 99 | 88 | 78 | 73 | 79 | 83 | 78 | 83 | 89 | 106 | 105 | 115 |

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

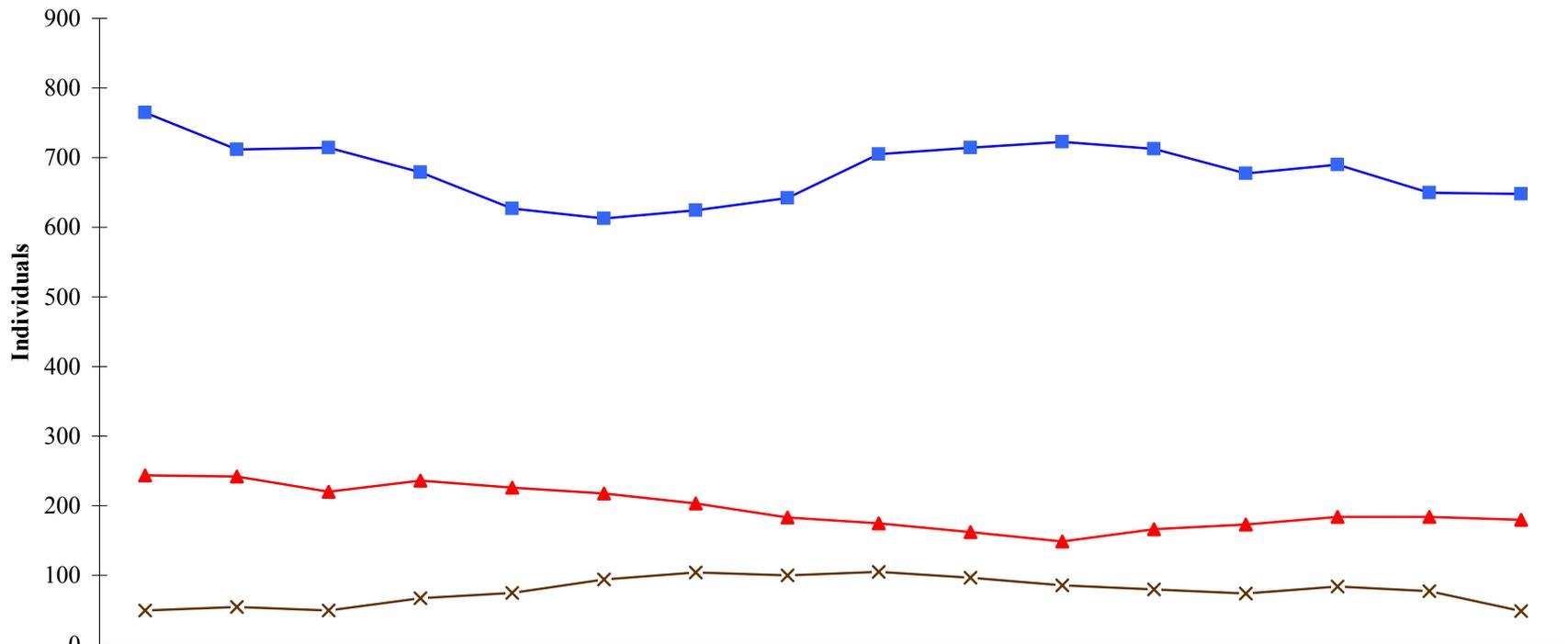
Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS | 57 | 60 | 48 | 52 | 60 | 51 | 71 | 52 | 54 | 67 | 62 | 47 | 51 |
| 30 Days or Less | 153 | 137 | 157 | 192 | 175 | 193 | 181 | 196 | 167 | 160 | 184 | 160 | 166 |
| 31 - 90 Days | 81 | 52 | 58 | 55 | 46 | 48 | 44 | 50 | 59 | 50 | 57 | 50 | 46 |
| 91 - 365 Days | 40 | 34 | 46 | 47 | 44 | 51 | 35 | 31 | 32 | 39 | 31 | 26 | 21 |
| 1 - 5 Years | 6 | 8 | 1 | 4 | 4 | 5 | 3 | 7 | 8 | 11 | 12 | 3 | 4 |
| Over 5 Years | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |

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

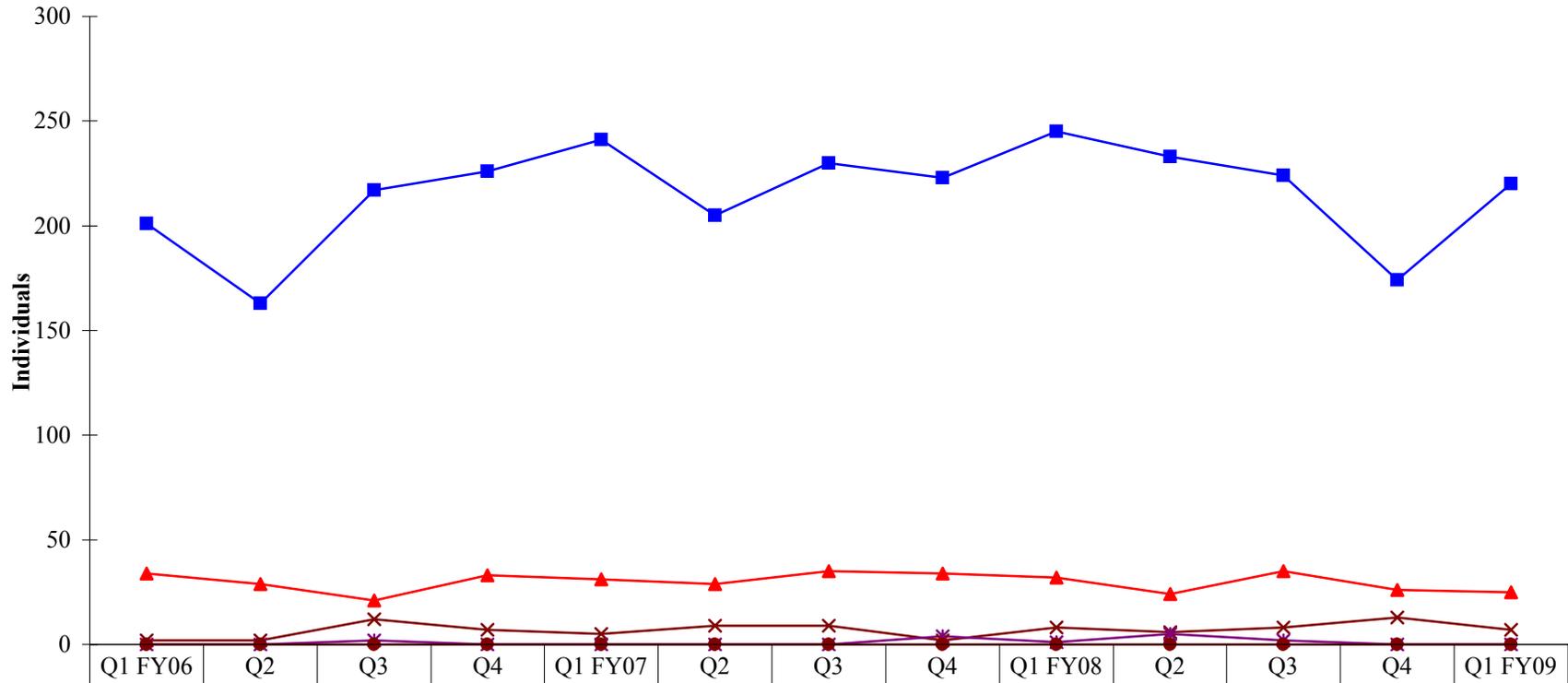
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 28 | 28 | 27 | 30 | 31 | 34 | 36 | 34 | 33 | 31 | 30 | 29 | 29 | 31 | 31 | 27 |
| ■ 30 Days or Less | 765 | 712 | 714 | 679 | 627 | 613 | 624 | 642 | 705 | 714 | 723 | 713 | 677 | 690 | 650 | 648 |
| ▲ 31-90 Days | 244 | 242 | 220 | 236 | 226 | 218 | 203 | 183 | 175 | 162 | 149 | 166 | 173 | 184 | 184 | 180 |
| × 91-365 Days | 50 | 55 | 50 | 67 | 75 | 94 | 104 | 100 | 105 | 97 | 86 | 80 | 74 | 84 | 77 | 49 |

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

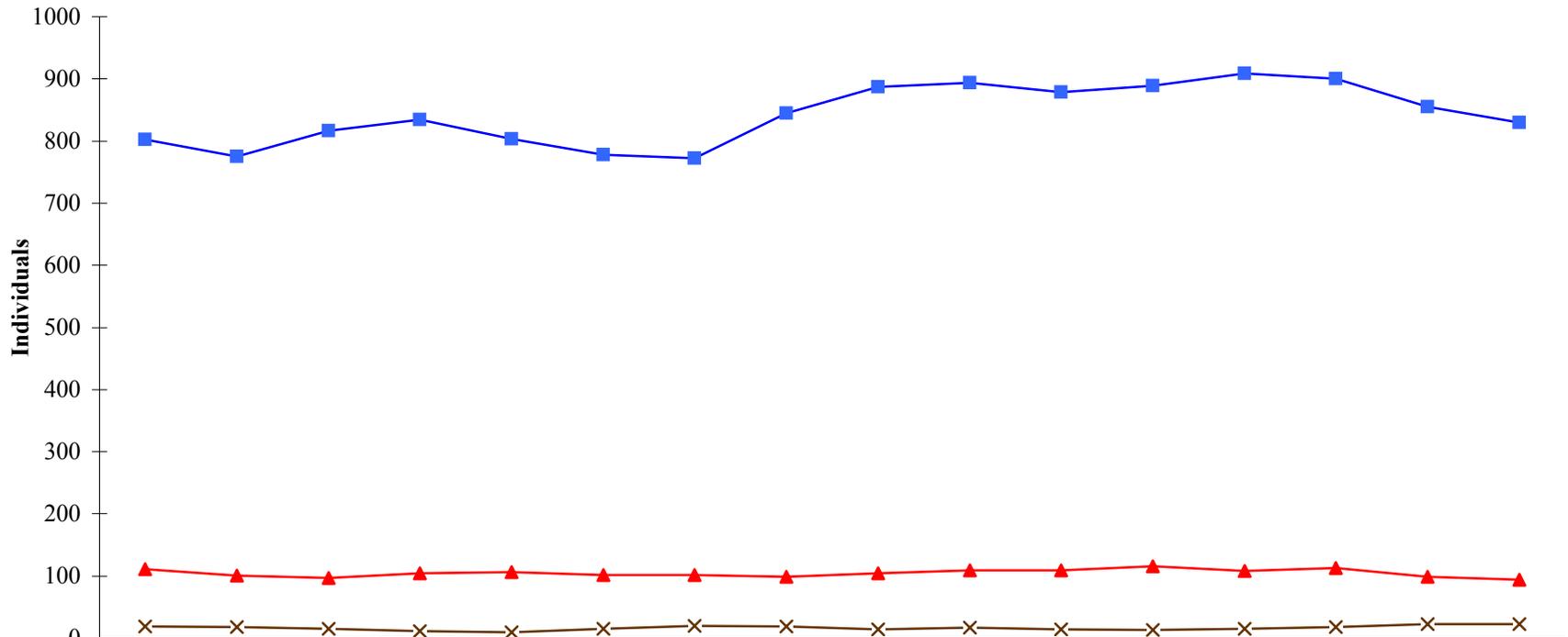
Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS | 17 | 17 | 25 | 19 | 17 | 21 | 19 | 24 | 18 | 27 | 27 | 22 | 17 |
| 30 Days or Less | 201 | 163 | 217 | 226 | 241 | 205 | 230 | 223 | 245 | 233 | 224 | 174 | 220 |
| 31 - 90 Days | 34 | 29 | 21 | 33 | 31 | 29 | 35 | 34 | 32 | 24 | 35 | 26 | 25 |
| 91 - 365 Days | 2 | 2 | 12 | 7 | 5 | 9 | 9 | 2 | 8 | 6 | 8 | 13 | 7 |
| 1 - 5 Years | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 4 | 1 | 5 | 2 | 0 | 0 |
| Over 5 Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

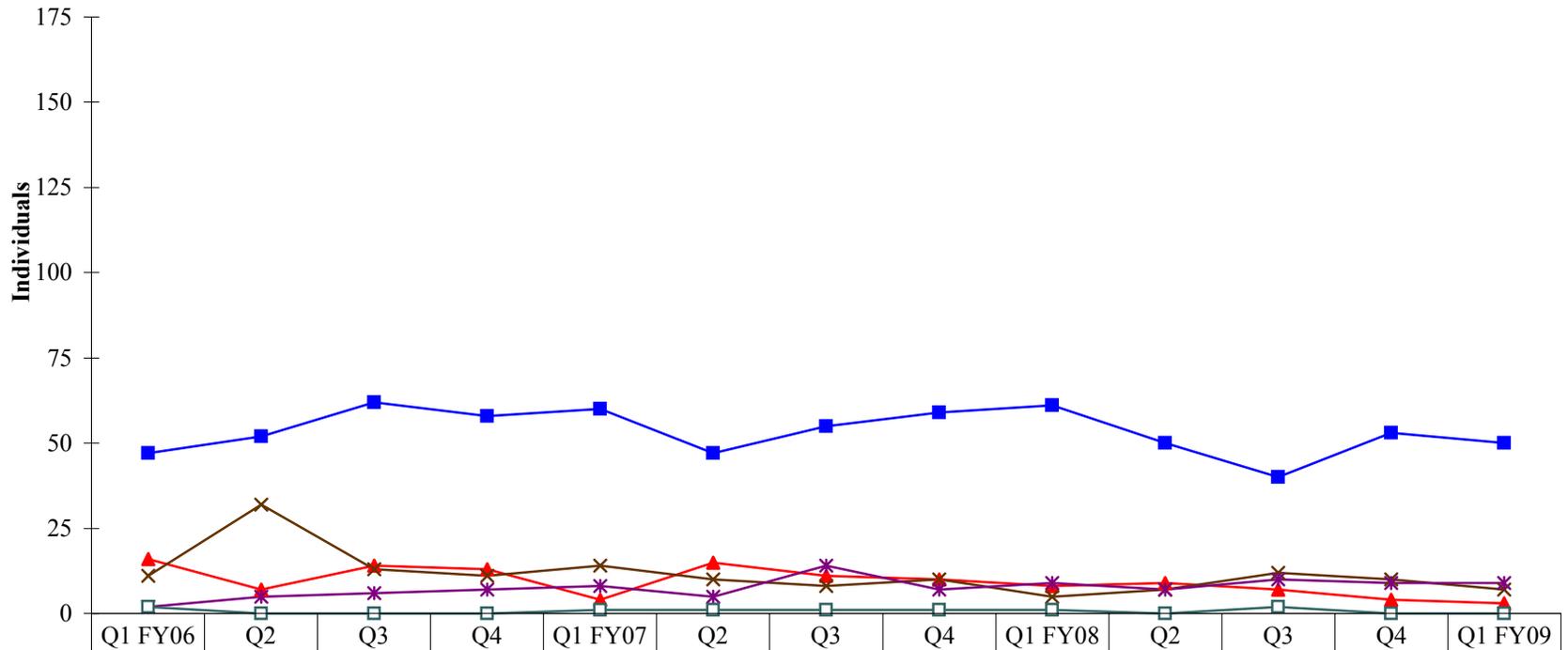
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 17 | 17 | 16 | 15 | 15 | 16 | 17 | 16 | 15 | 16 | 15 | 15 | 15 | 15 | 16 | 16 |
| ■ 30 Days or Less | 802 | 775 | 817 | 834 | 803 | 778 | 772 | 845 | 887 | 894 | 879 | 889 | 909 | 900 | 855 | 830 |
| ▲ 31-90 Days | 111 | 101 | 97 | 104 | 106 | 102 | 102 | 99 | 104 | 109 | 109 | 116 | 108 | 113 | 99 | 94 |
| × 91-365 Days | 19 | 18 | 15 | 11 | 9 | 15 | 20 | 19 | 14 | 17 | 14 | 13 | 15 | 18 | 23 | 23 |

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

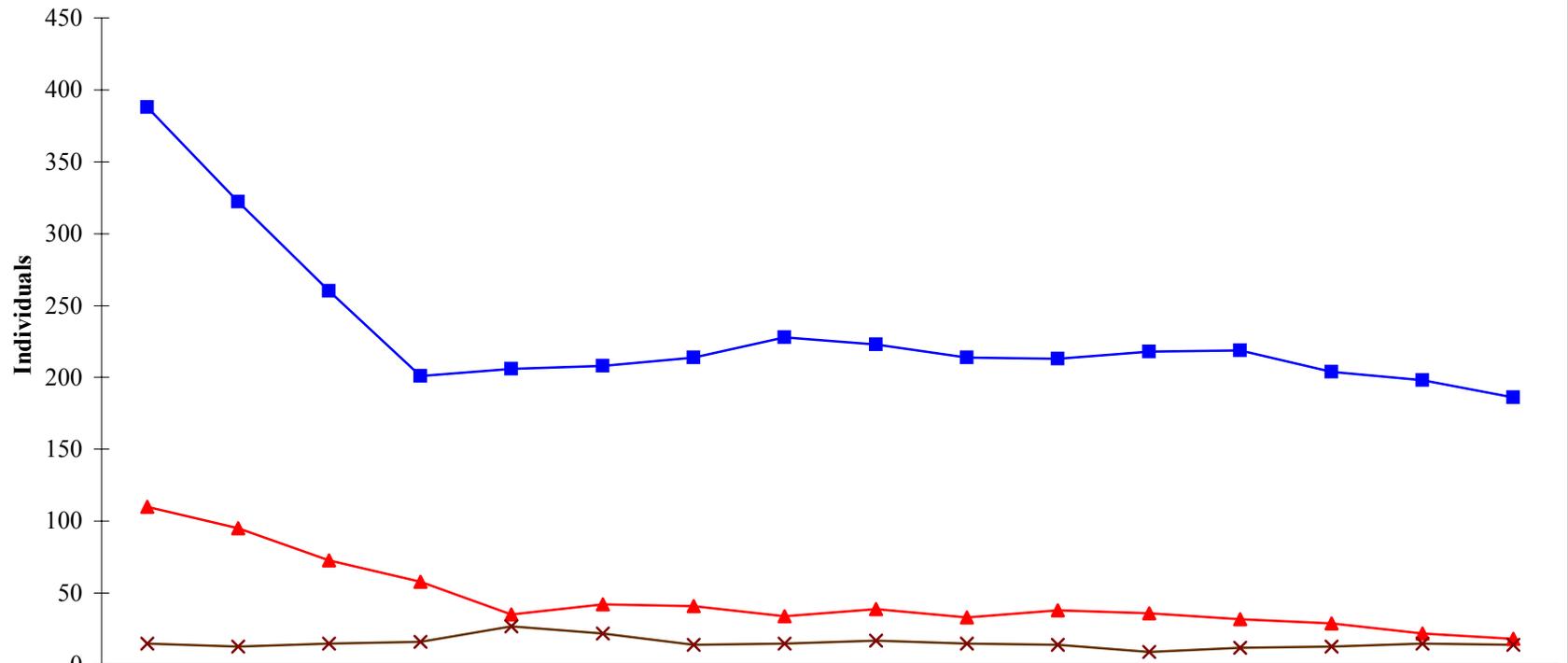
Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-------------------|---------|-----|----|-----|---------|-----|-----|-----|---------|----|-----|-----|---------|
| Average LOS | 144 | 135 | 93 | 109 | 119 | 113 | 162 | 128 | 145 | 92 | 220 | 123 | 164 |
| ■ 30 Days or Less | 47 | 52 | 62 | 58 | 60 | 47 | 55 | 59 | 61 | 50 | 40 | 53 | 50 |
| ▲ 31 - 90 Days | 16 | 7 | 14 | 13 | 4 | 15 | 11 | 10 | 8 | 9 | 7 | 4 | 3 |
| × 91 - 365 Days | 11 | 32 | 13 | 11 | 14 | 10 | 8 | 10 | 5 | 7 | 12 | 10 | 7 |
| * 1 - 5 Years | 2 | 5 | 6 | 7 | 8 | 5 | 14 | 7 | 9 | 7 | 10 | 9 | 9 |
| □ Over 5 Years | 2 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 0 |

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

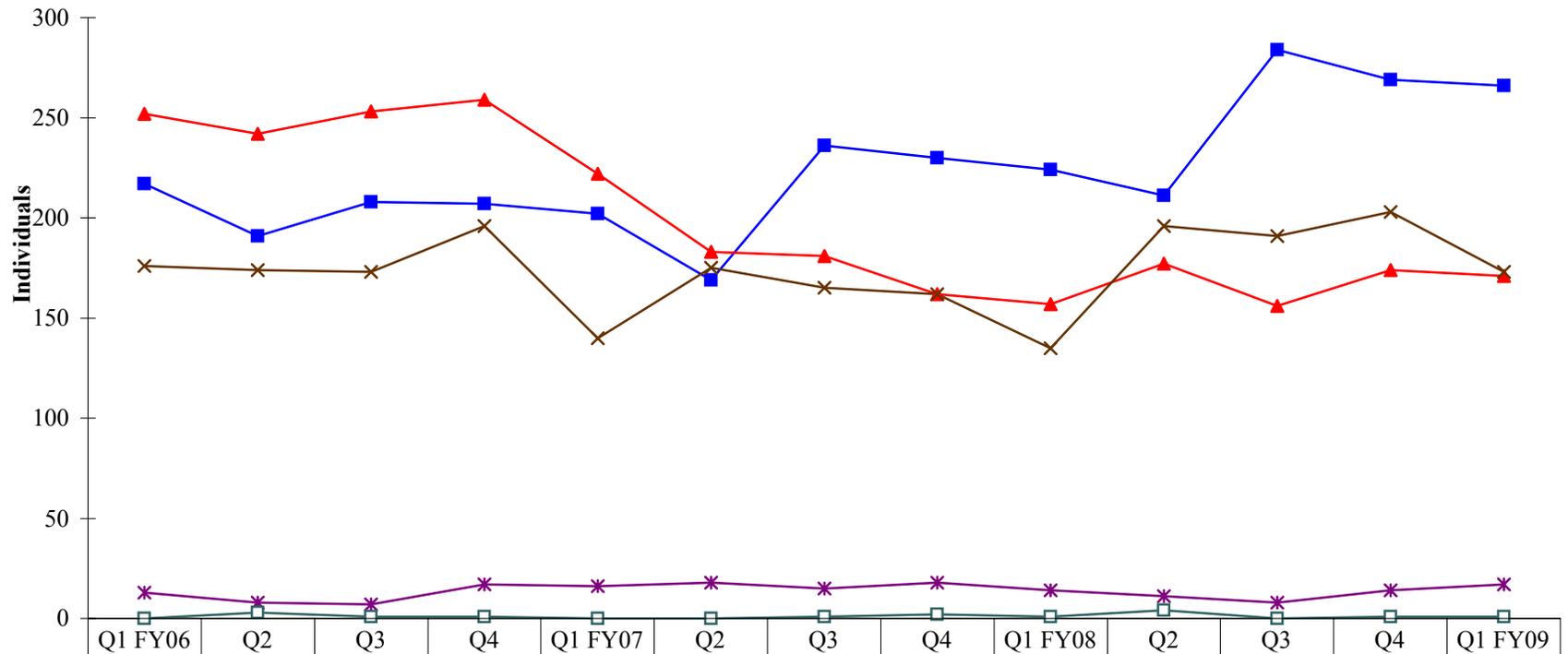
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04- 2/05 | 6/04- 5/05 | 9/04- 8/05 | 12/04- 11/05 | 3/05- 2/06 | 6/05- 5/06 | 9/05- 8/06 | 12/05- 11/06 | 3/06- 2/07 | 6/06- 5/07 | 9/06- 8/07 | 12/06- 11/07 | 3/07- 2/08 | 6/07- 5/08 | 9/07- 8/08 | 12/07- 11/08 |
|-------------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|-----------------|
| Average LOS | 27 | 29 | 30 | 33 | 36 | 31 | 25 | 23 | 23 | 22 | 24 | 20 | 22 | 22 | 23 | 21 |
| ■ 30 Days or Less | 388 | 322 | 260 | 201 | 206 | 208 | 214 | 228 | 223 | 214 | 213 | 218 | 219 | 204 | 198 | 186 |
| ▲ 31-90 Days | 110 | 95 | 73 | 58 | 35 | 42 | 41 | 34 | 39 | 33 | 38 | 36 | 32 | 29 | 22 | 18 |
| × 91-365 Days | 15 | 13 | 15 | 16 | 27 | 22 | 14 | 15 | 17 | 15 | 14 | 9 | 12 | 13 | 15 | 14 |

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

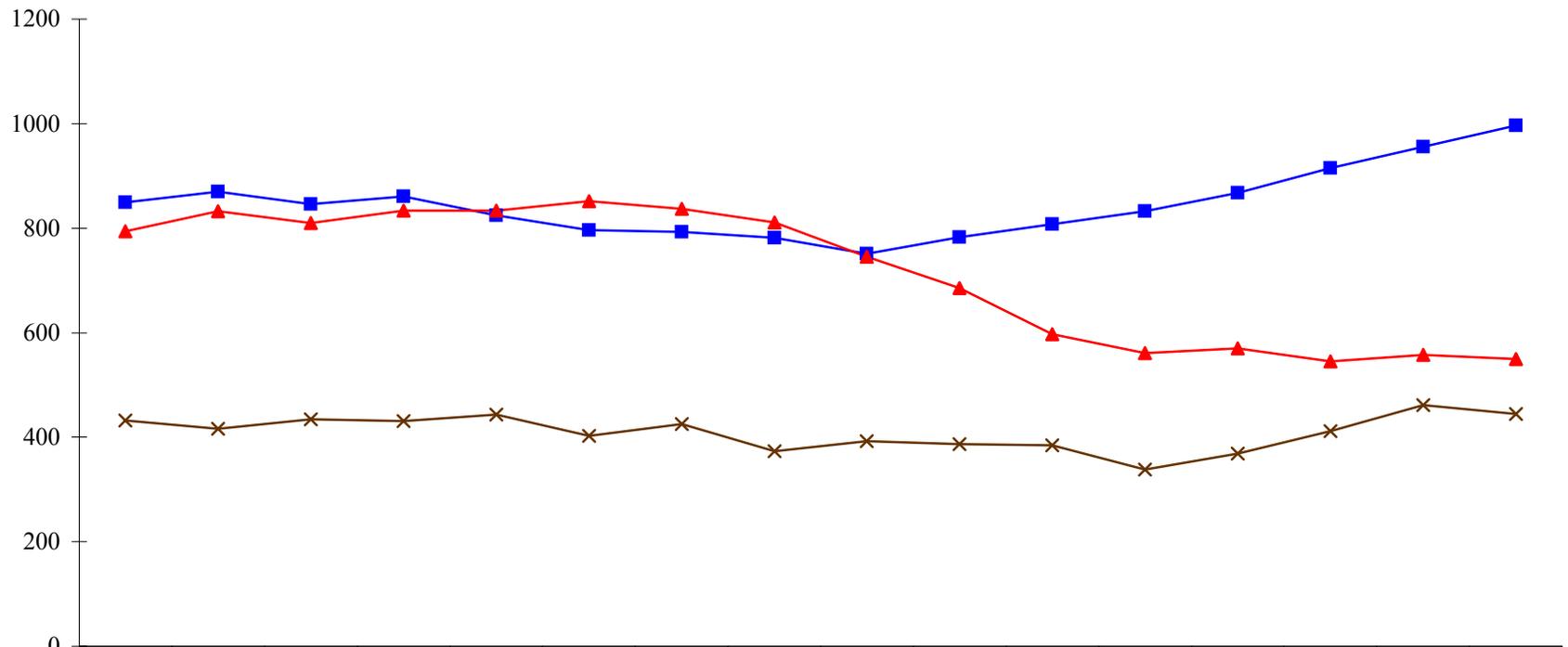
Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS | 81 | 91 | 83 | 91 | 80 | 95 | 86 | 97 | 90 | 100 | 74 | 87 | 85 |
| ■ 30 Days or Less | 217 | 191 | 208 | 207 | 202 | 169 | 236 | 230 | 224 | 211 | 284 | 269 | 266 |
| ▲ 31 - 90 Days | 252 | 242 | 253 | 259 | 222 | 183 | 181 | 162 | 157 | 177 | 156 | 174 | 171 |
| × 91 - 365 Days | 176 | 174 | 173 | 196 | 140 | 175 | 165 | 162 | 135 | 196 | 191 | 203 | 173 |
| * 1 - 5 Years | 13 | 8 | 7 | 17 | 16 | 18 | 15 | 18 | 14 | 11 | 8 | 14 | 17 |
| □ Over 5 Years | 0 | 3 | 1 | 1 | 0 | 0 | 1 | 2 | 1 | 4 | 0 | 1 | 1 |

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

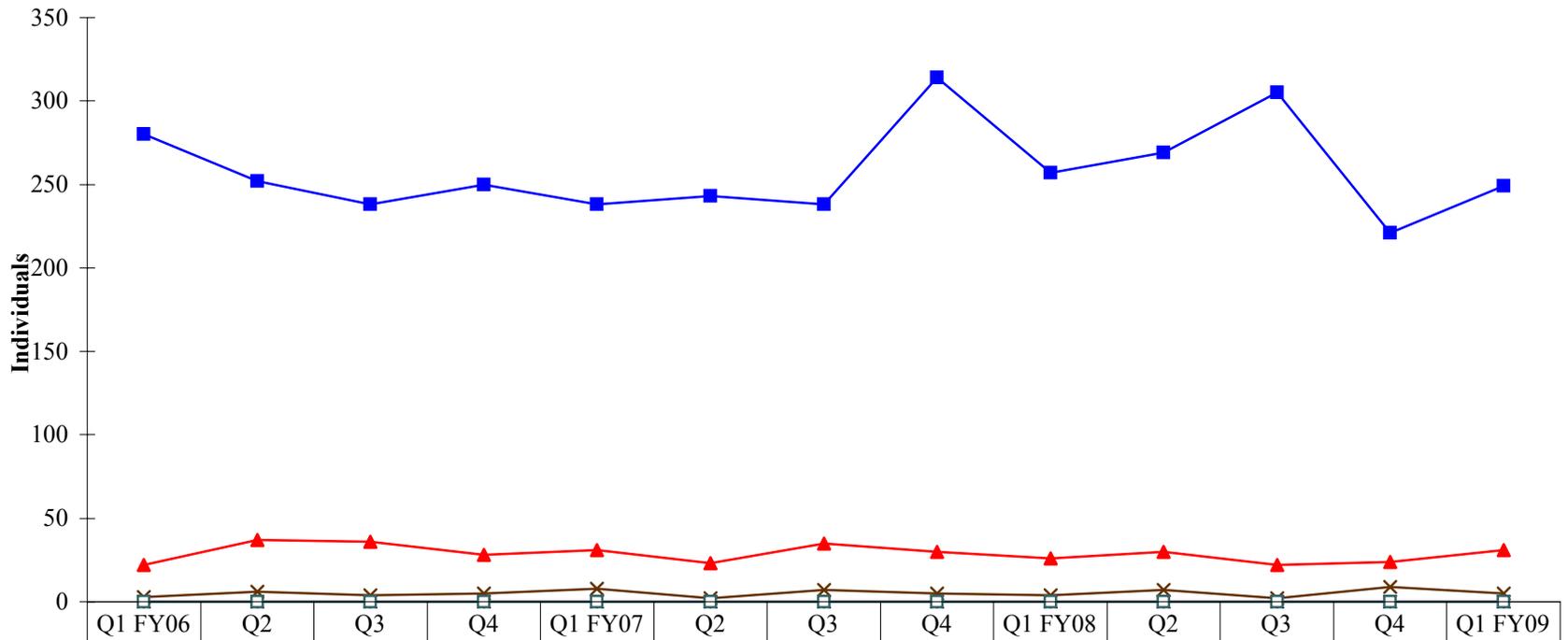
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 56 | 55 | 54 | 56 | 56 | 56 | 57 | 55 | 56 | 56 | 54 | 52 | 51 | 53 | 54 | 52 |
| ■ 30 Days or Less | 849 | 870 | 846 | 861 | 824 | 796 | 793 | 781 | 751 | 783 | 807 | 832 | 867 | 915 | 956 | 996 |
| ▲ 31-90 Days | 794 | 832 | 810 | 834 | 834 | 852 | 837 | 811 | 745 | 685 | 597 | 561 | 570 | 545 | 558 | 550 |
| ✕ 91-365 Days | 432 | 416 | 434 | 431 | 443 | 403 | 425 | 373 | 392 | 387 | 385 | 338 | 369 | 412 | 461 | 445 |

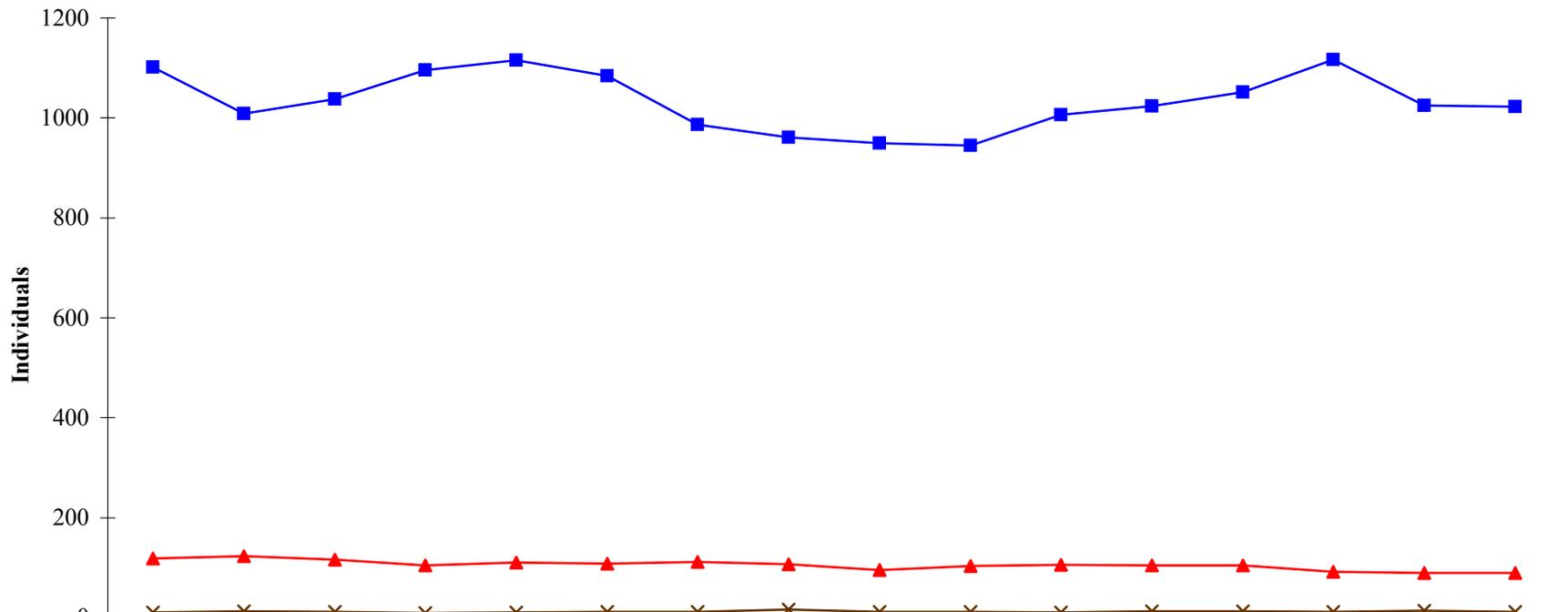
**Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center**

Average Length of Stay at Discharge by Category



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

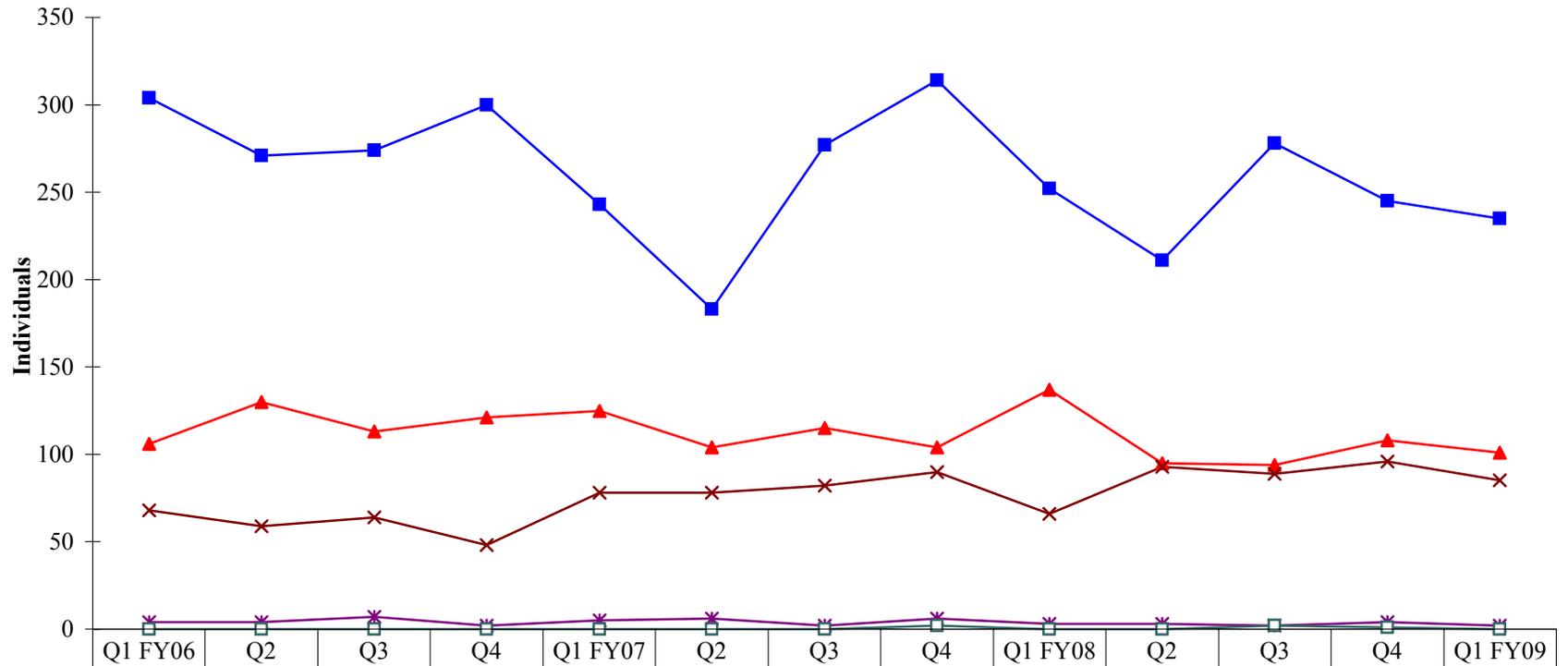
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 13 | 14 | 13 | 12 | 12 | 12 | 13 | 14 | 13 | 14 | 13 | 13 | 13 | 12 | 13 | 12 |
| ■ 30 Days or Less | 1101 | 1008 | 1037 | 1096 | 1115 | 1084 | 986 | 961 | 949 | 945 | 1006 | 1024 | 1052 | 1116 | 1025 | 1022 |
| ▲ 31-90 Days | 118 | 123 | 116 | 104 | 110 | 108 | 111 | 107 | 95 | 103 | 106 | 104 | 104 | 92 | 89 | 89 |
| × 91-365 Days | 10 | 13 | 12 | 9 | 11 | 12 | 12 | 16 | 12 | 12 | 11 | 13 | 13 | 12 | 14 | 12 |

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

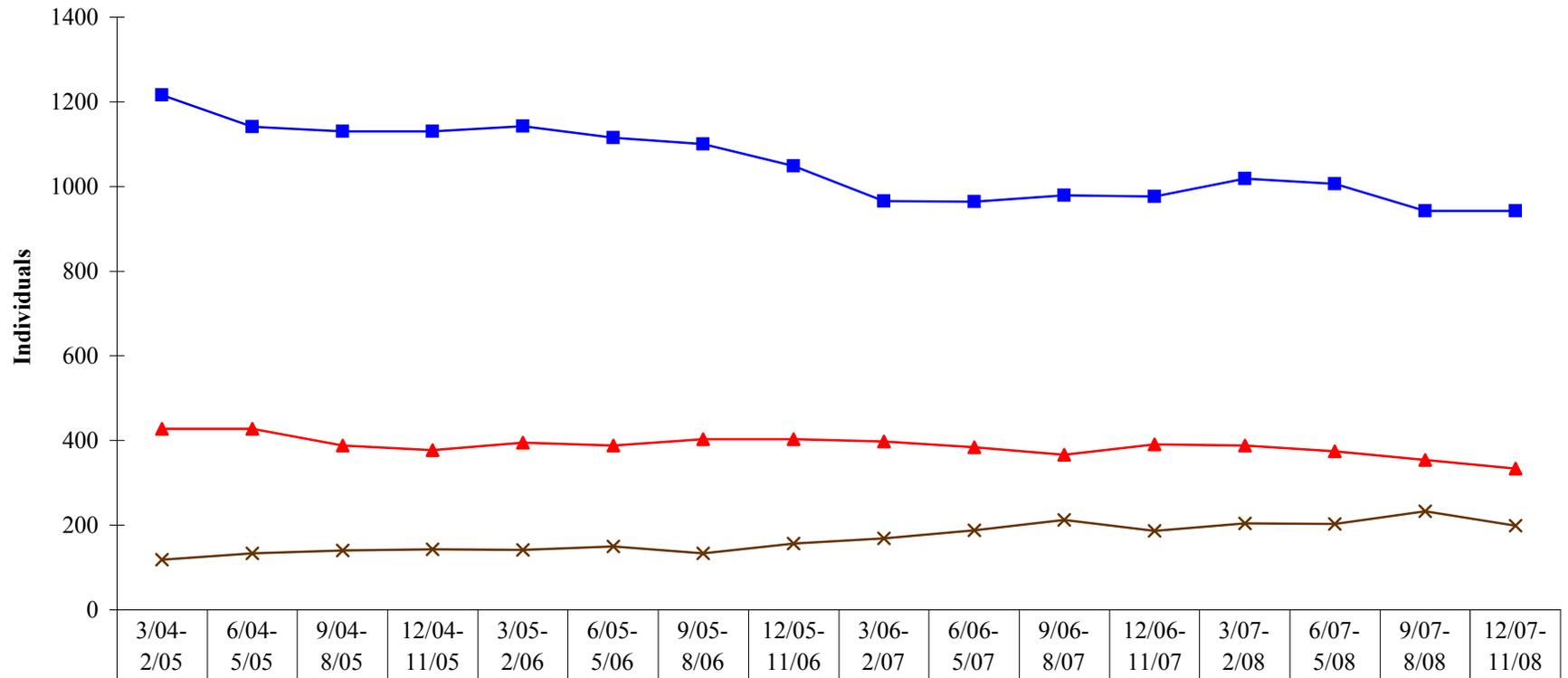
Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS | 51 | 47 | 50 | 42 | 57 | 64 | 48 | 59 | 50 | 60 | 67 | 65 | 56 |
| 30 Days or Less | 304 | 271 | 274 | 300 | 243 | 183 | 277 | 314 | 252 | 211 | 278 | 245 | 235 |
| 31 - 90 Days | 106 | 130 | 113 | 121 | 125 | 104 | 115 | 104 | 137 | 95 | 94 | 108 | 101 |
| 91 - 365 Days | 68 | 59 | 64 | 48 | 78 | 78 | 82 | 90 | 66 | 93 | 89 | 96 | 85 |
| 1 - 5 Years | 4 | 4 | 7 | 2 | 5 | 6 | 2 | 6 | 3 | 3 | 2 | 4 | 2 |
| Over 5 Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 1 | 0 |

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

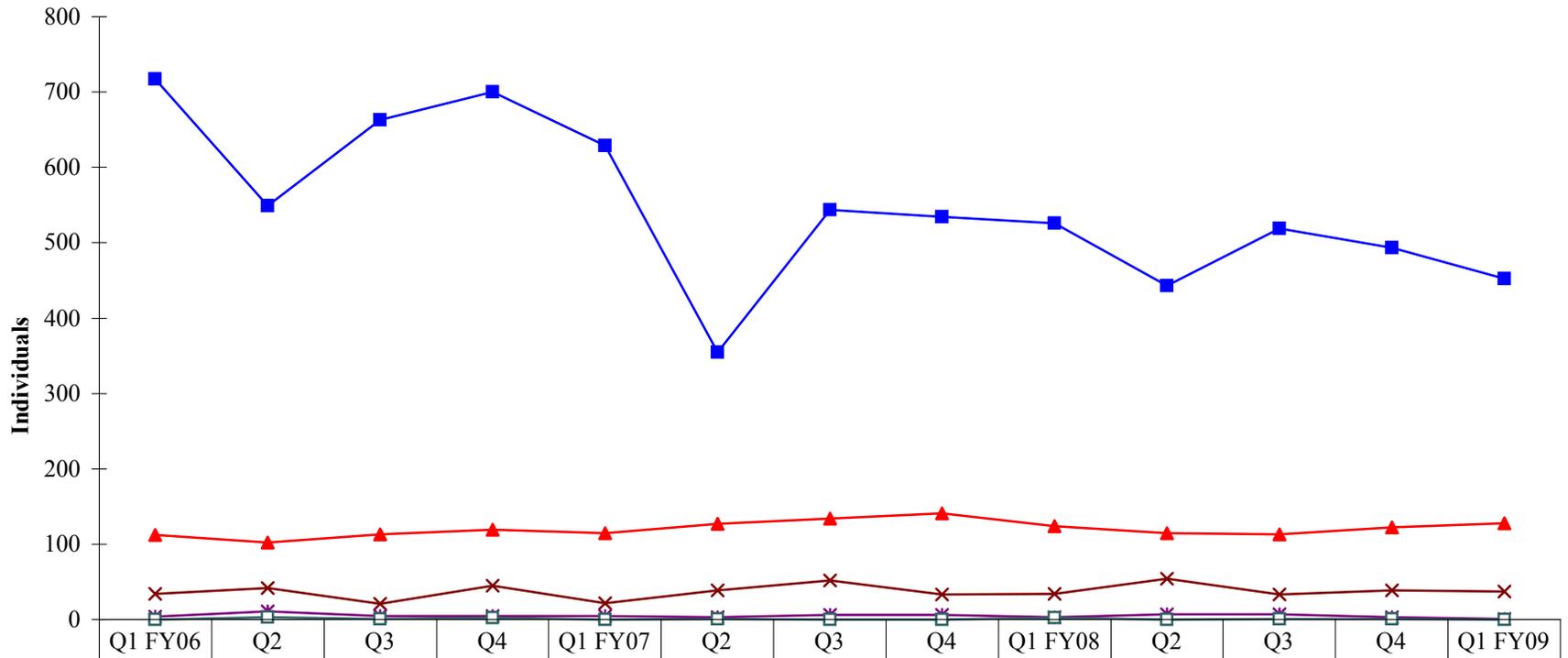
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-----------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 31 | 33 | 33 | 33 | 33 | 34 | 33 | 36 | 38 | 38 | 39 | 38 | 38 | 38 | 40 | 38 |
| 30 Days or Less | 1216 | 1141 | 1131 | 1130 | 1142 | 1116 | 1100 | 1048 | 966 | 964 | 979 | 977 | 1018 | 1007 | 943 | 943 |
| 31-90 Days | 428 | 427 | 388 | 377 | 395 | 388 | 403 | 403 | 397 | 384 | 366 | 391 | 388 | 375 | 354 | 333 |
| 91-365 Days | 118 | 133 | 140 | 143 | 141 | 150 | 134 | 157 | 169 | 188 | 212 | 187 | 204 | 203 | 233 | 199 |

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

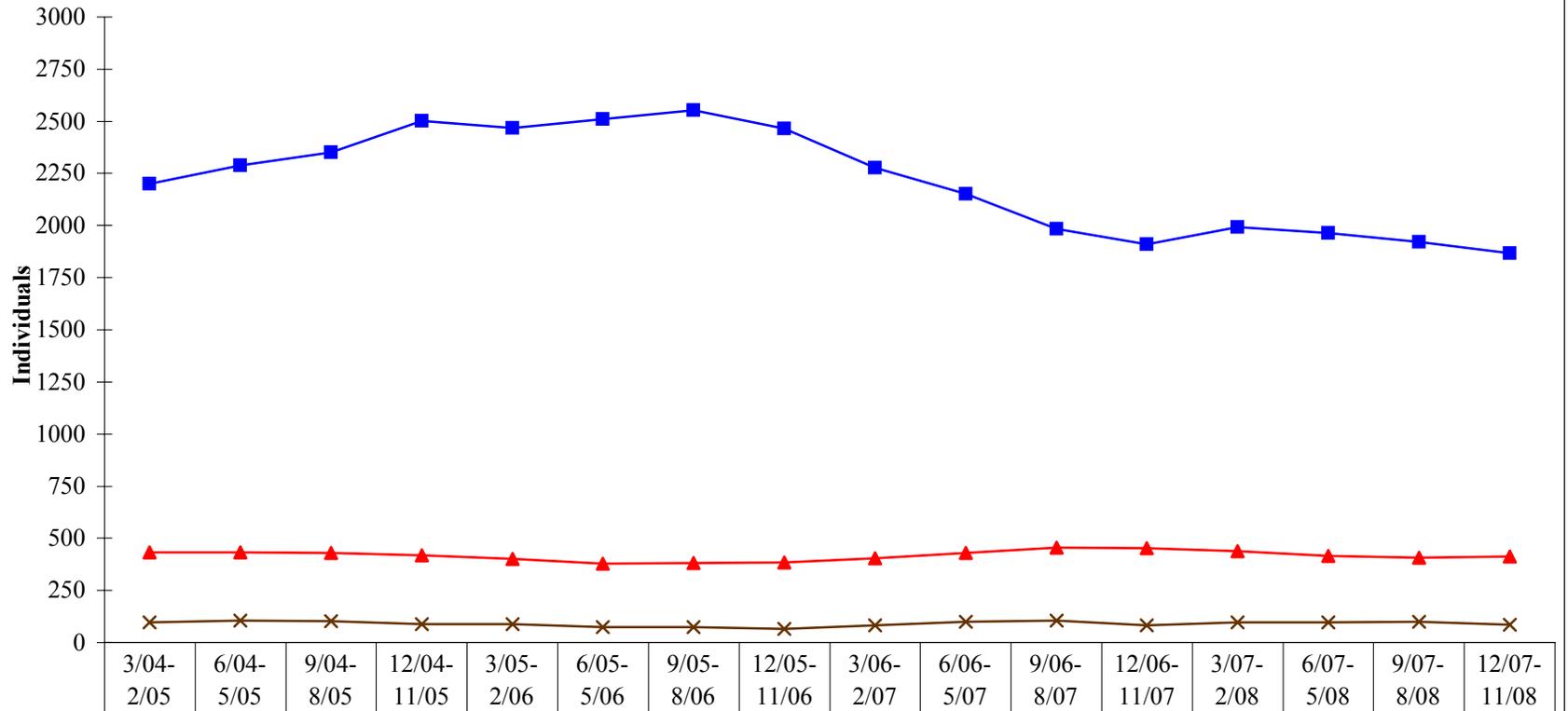
Length of Stay at Discharge by Category



| Average LOS | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| 30 Days or Less | 717 | 549 | 663 | 700 | 629 | 355 | 544 | 534 | 526 | 443 | 519 | 493 | 452 |
| 31 - 90 Days | 112 | 102 | 113 | 119 | 115 | 127 | 134 | 141 | 124 | 115 | 113 | 122 | 128 |
| 91 - 365 Days | 34 | 42 | 21 | 45 | 22 | 39 | 52 | 33 | 34 | 54 | 33 | 39 | 37 |
| 1 - 5 Years | 4 | 11 | 5 | 5 | 5 | 3 | 6 | 6 | 3 | 7 | 7 | 3 | 1 |
| Over 5 Years | 0 | 3 | 1 | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 1 | 0 |

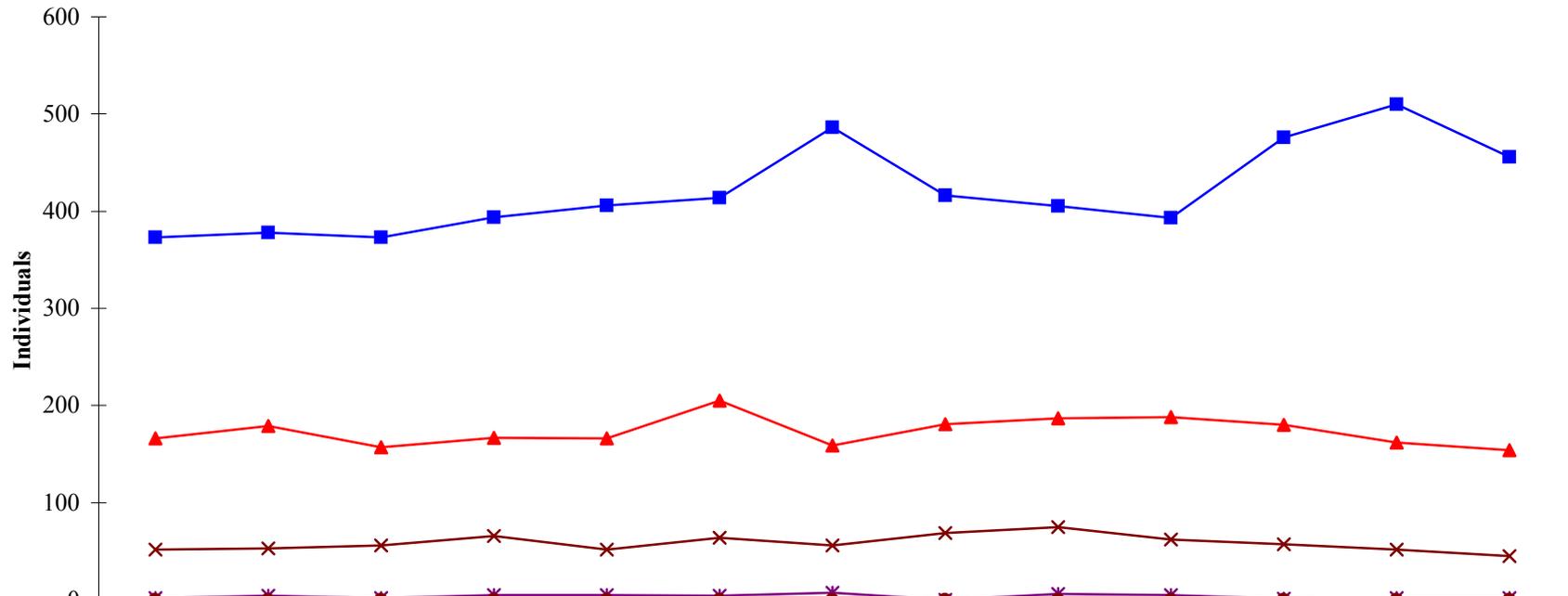
Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

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



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

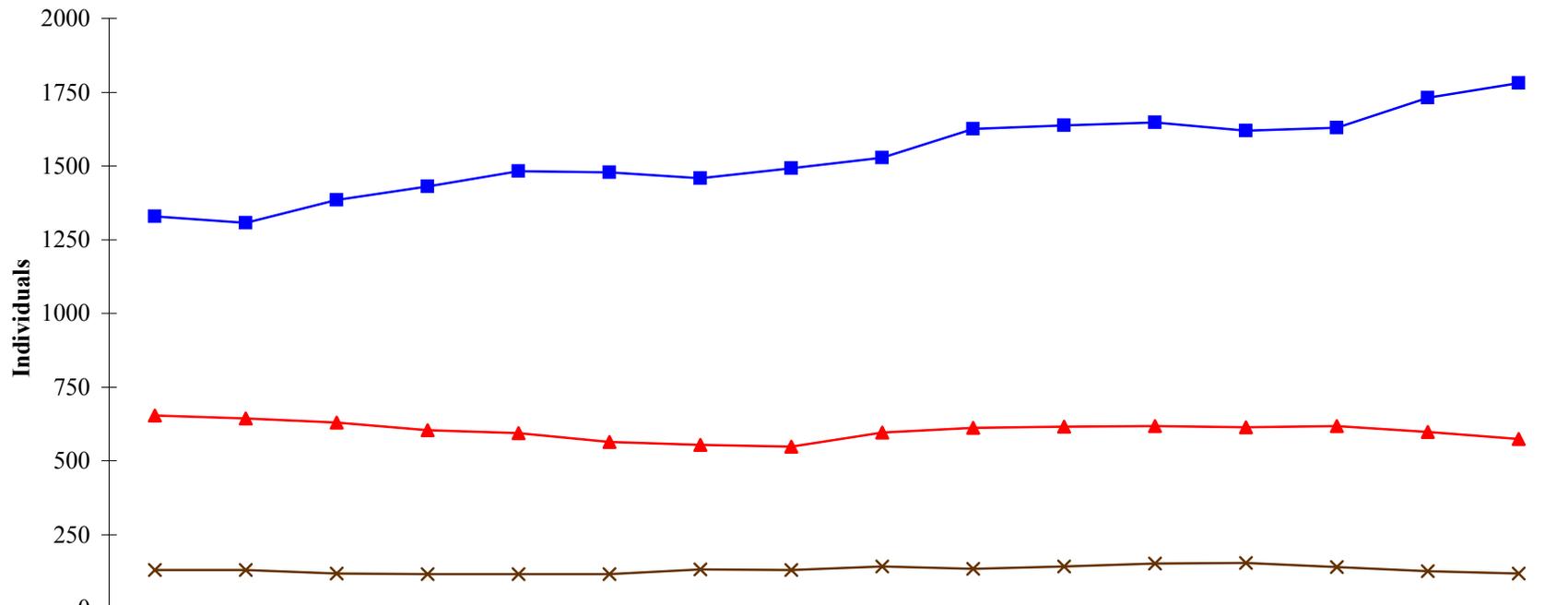
Average Length of Stay at Discharge by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS | 39 | 43 | 39 | 43 | 40 | 42 | 41 | 40 | 47 | 43 | 36 | 34 | 34 |
| ■ 30 Days or Less | 373 | 378 | 373 | 394 | 406 | 414 | 486 | 416 | 405 | 393 | 476 | 510 | 456 |
| ▲ 31 - 90 Days | 166 | 179 | 157 | 167 | 166 | 205 | 159 | 181 | 187 | 188 | 180 | 162 | 154 |
| × 91 - 365 Days | 52 | 53 | 56 | 66 | 52 | 64 | 56 | 69 | 75 | 62 | 57 | 52 | 45 |
| * 1 - 5 Years | 2 | 4 | 2 | 5 | 5 | 4 | 7 | 0 | 6 | 5 | 1 | 2 | 2 |
| ● Over 5 Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

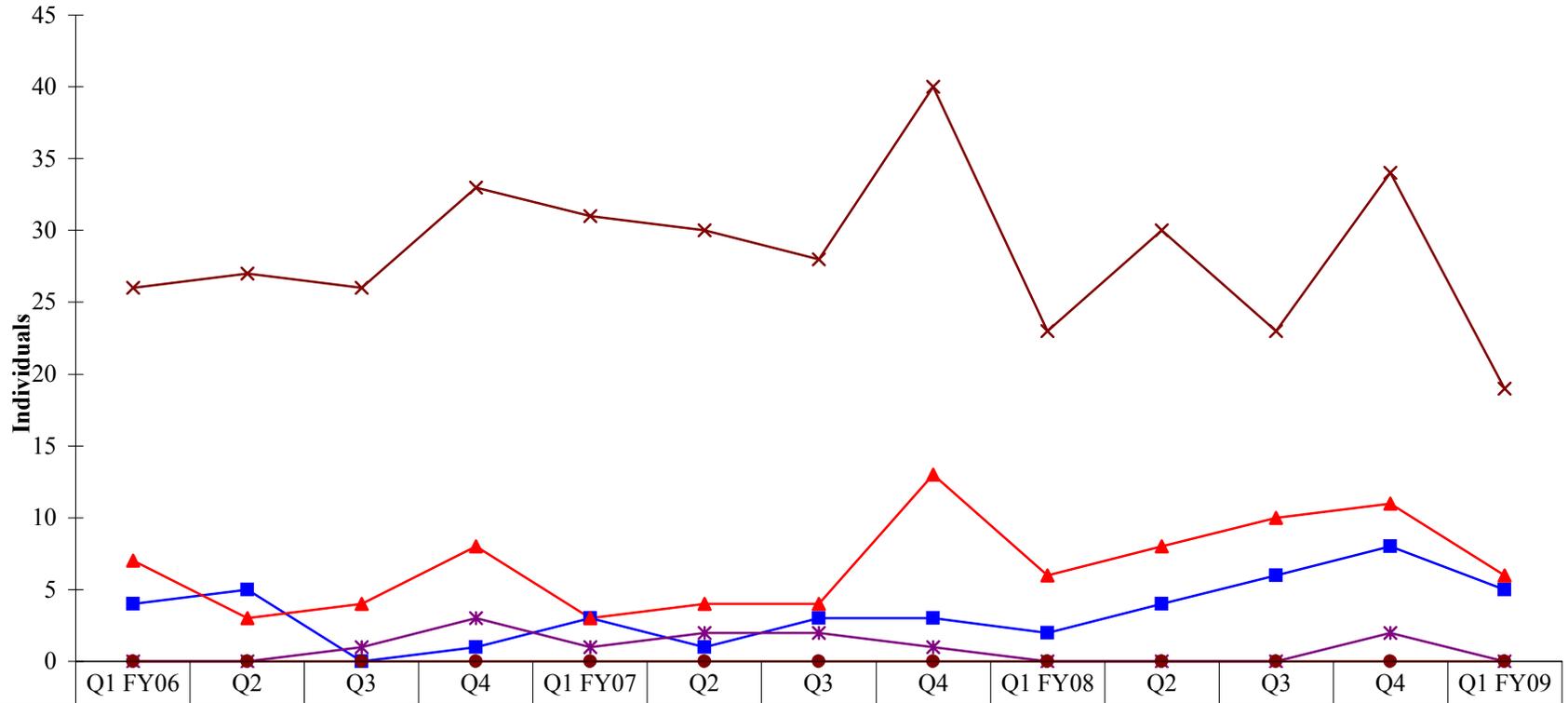
Average Length of Stay for Admitted and Discharged During Prior 12 Months



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 33 | 33 | 32 | 31 | 31 | 30 | 31 | 31 | 32 | 31 | 31 | 32 | 32 | 31 | 30 | 29 |
| ■ 30 Days or Less | 1328 | 1307 | 1385 | 1431 | 1482 | 1479 | 1458 | 1493 | 1527 | 1625 | 1638 | 1648 | 1619 | 1630 | 1731 | 1781 |
| ▲ 31-90 Days | 653 | 644 | 629 | 603 | 593 | 564 | 554 | 547 | 596 | 611 | 615 | 617 | 614 | 617 | 598 | 574 |
| × 91-365 Days | 130 | 130 | 117 | 115 | 115 | 116 | 131 | 129 | 141 | 133 | 142 | 152 | 153 | 139 | 126 | 117 |

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

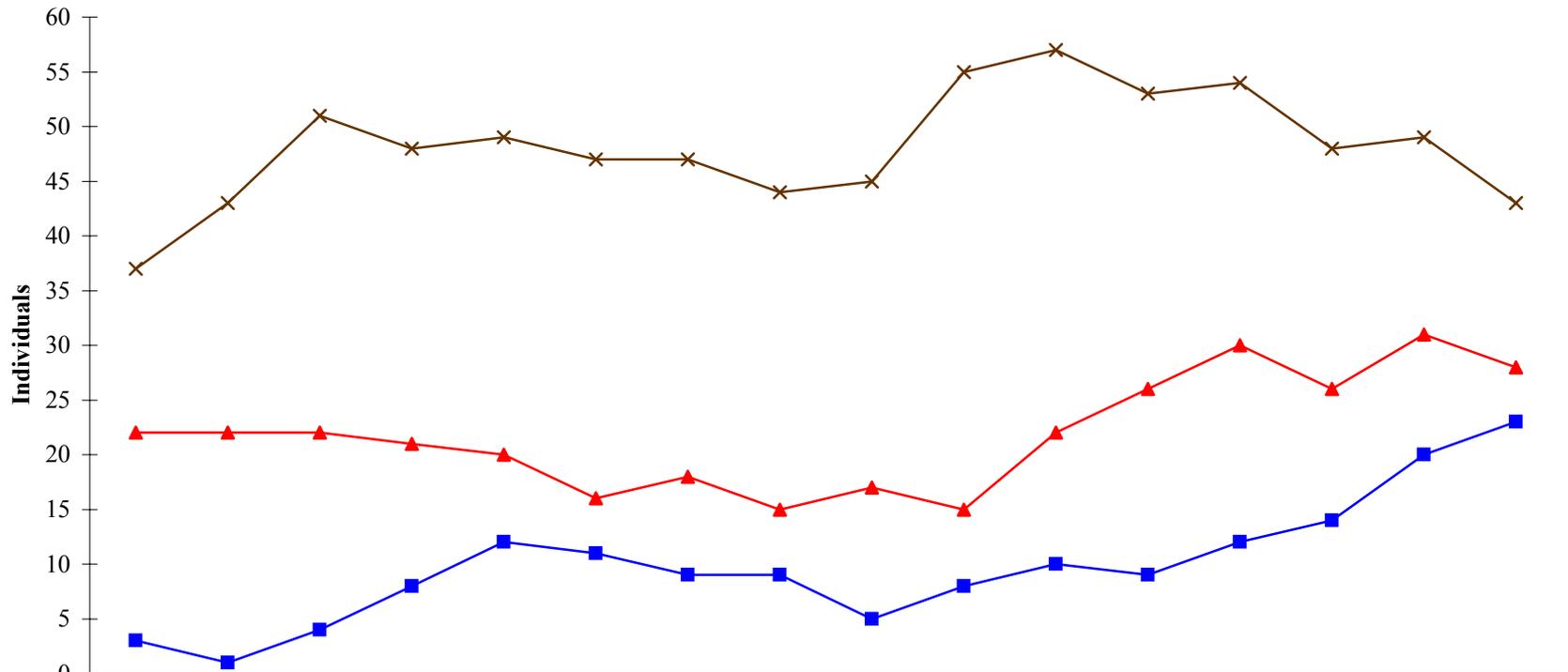
Average Length of Stay by Category



| | Q1 FY06 | Q2 | Q3 | Q4 | Q1 FY07 | Q2 | Q3 | Q4 | Q1 FY08 | Q2 | Q3 | Q4 | Q1 FY09 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS | 145 | 166 | 193 | 218 | 167 | 207 | 182 | 157 | 160 | 149 | 144 | 151 | 140 |
| 30 Days or Less | 4 | 5 | 0 | 1 | 3 | 1 | 3 | 3 | 2 | 4 | 6 | 8 | 5 |
| 31 - 90 Days | 7 | 3 | 4 | 8 | 3 | 4 | 4 | 13 | 6 | 8 | 10 | 11 | 6 |
| 91 - 365 Days | 26 | 27 | 26 | 33 | 31 | 30 | 28 | 40 | 23 | 30 | 23 | 34 | 19 |
| 1 - 5 Years | 0 | 0 | 1 | 3 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 2 | 0 |
| Over 5 Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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



| | 3/04-2/05 | 6/04-5/05 | 9/04-8/05 | 12/04-11/05 | 3/05-2/06 | 6/05-5/06 | 9/05-8/06 | 12/05-11/06 | 3/06-2/07 | 6/06-5/07 | 9/06-8/07 | 12/06-11/07 | 3/07-2/08 | 6/07-5/08 | 9/07-8/08 | 12/07-11/08 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS | 131 | 152 | 129 | 123 | 119 | 128 | 133 | 134 | 130 | 131 | 125 | 121 | 117 | 114 | 106 | 95 |
| ■ 30 Days or Less | 3 | 1 | 4 | 8 | 12 | 11 | 9 | 9 | 5 | 8 | 10 | 9 | 12 | 14 | 20 | 23 |
| ▲ 31-90 Days | 22 | 22 | 22 | 21 | 20 | 16 | 18 | 15 | 17 | 15 | 22 | 26 | 30 | 26 | 31 | 28 |
| ✕ 91-365 Days | 37 | 43 | 51 | 48 | 49 | 47 | 47 | 44 | 45 | 55 | 57 | 53 | 54 | 48 | 49 | 43 |

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

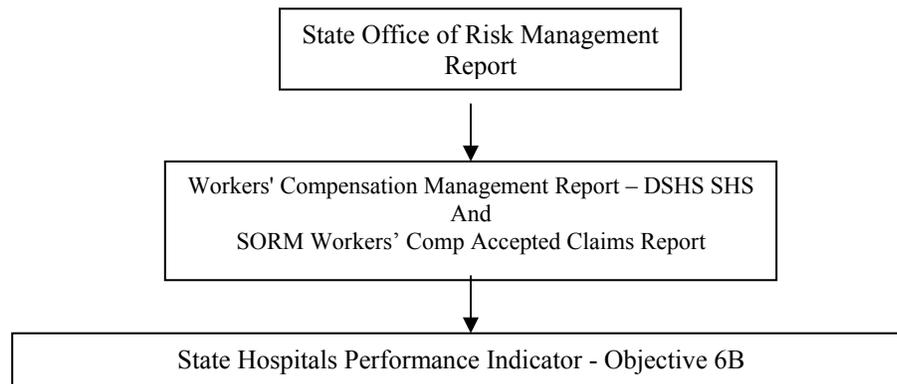
State hospitals will manage workers' compensation claim expenses so that an individual hospital's total FY 2009 claims expense will be at or below the dollar target amount established for that hospital.

Performance Objective Operational Definition: Total workers compensation claim expenses filed for FY 2008 will not exceed the target amounts specified for each state hospital by System Risk Management. 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.

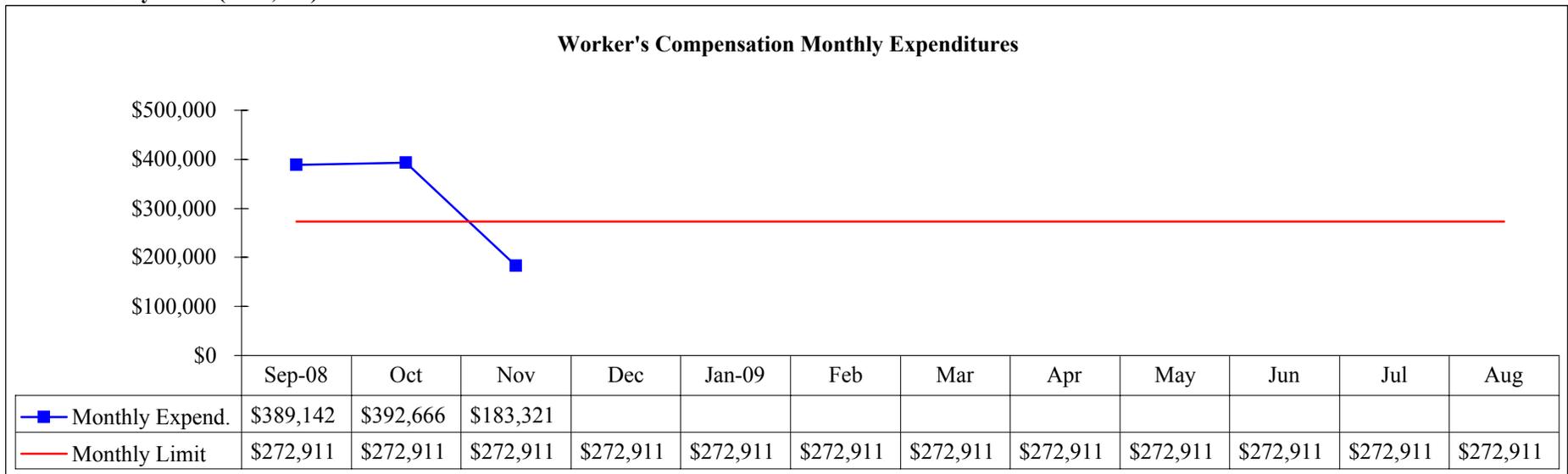
Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of claim expenses with targets for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of FYTD claim expenses with targets for individual state hospitals and system-wide.

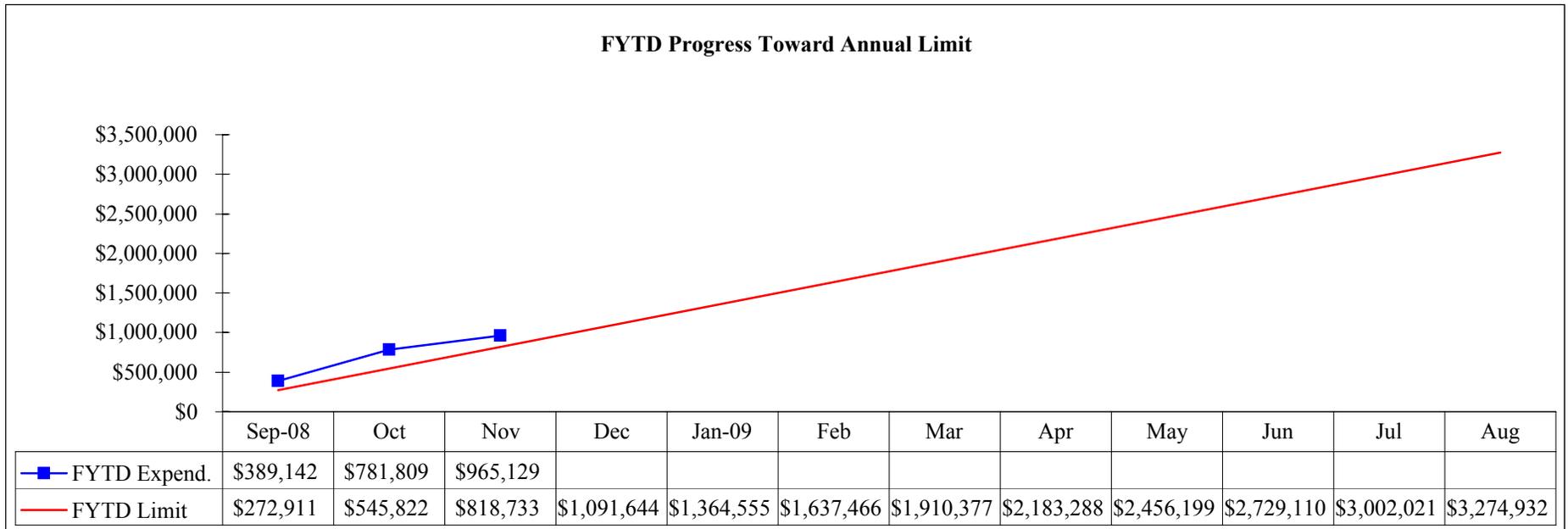
Data Flow:



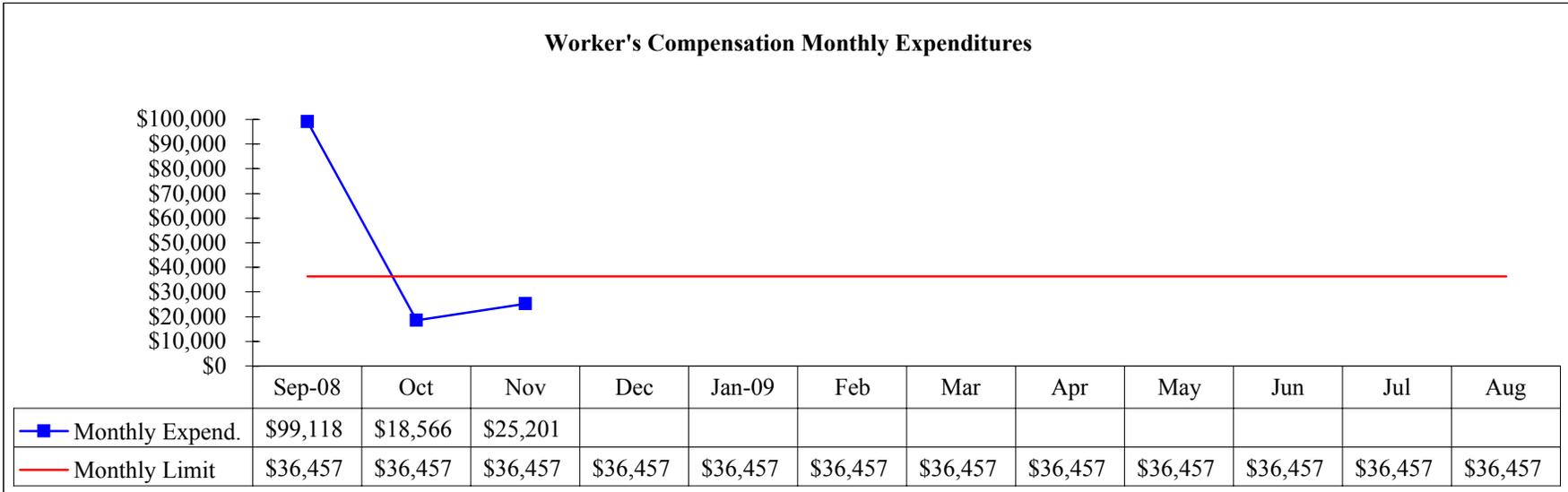
Objective 6B - Workers Compensation
All State Hospitals
FY09 Monthly Limit (\$272,911)



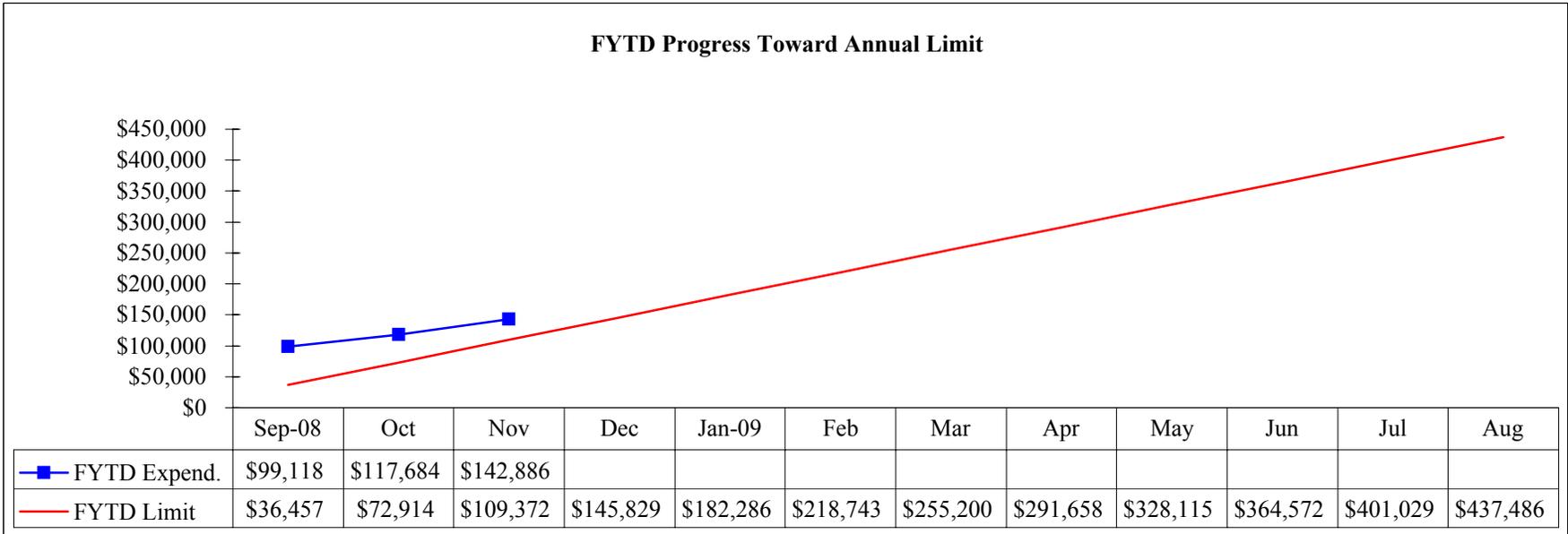
FYTD Progress Toward Annual Limit (\$3,274,932)



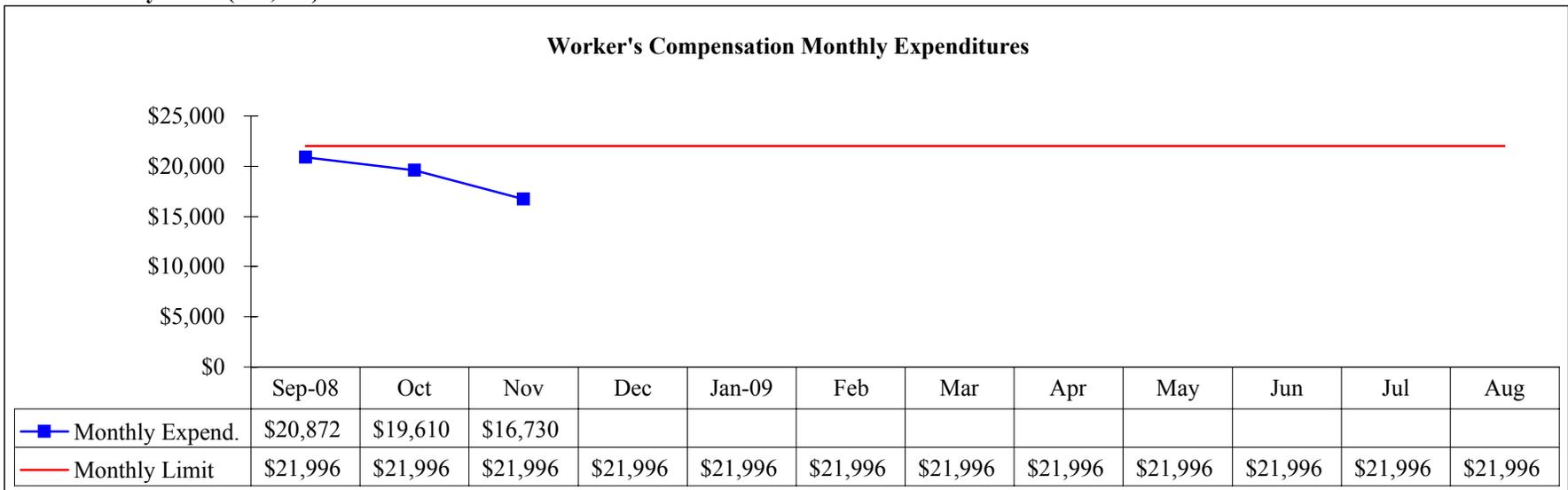
Objective 6B - Workers Compensation
Austin State Hospital
FY09 Monthly Limit (\$36,457)



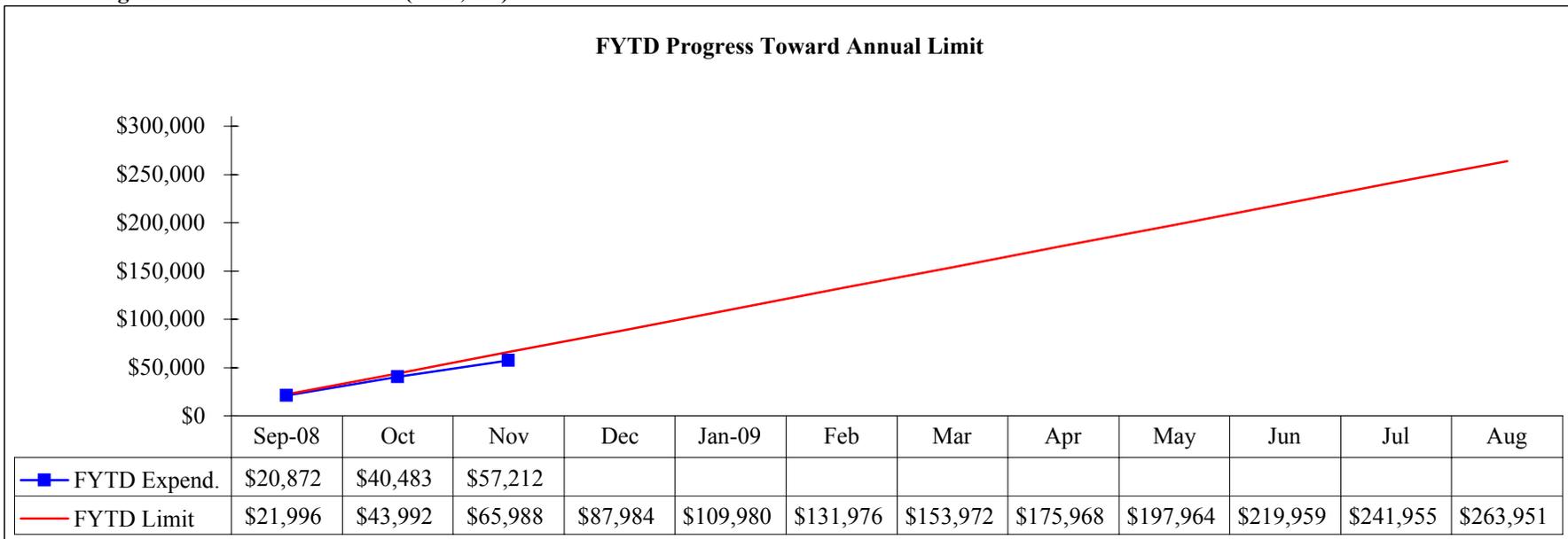
FYTD Progress Toward Annual Limit (\$437,486)



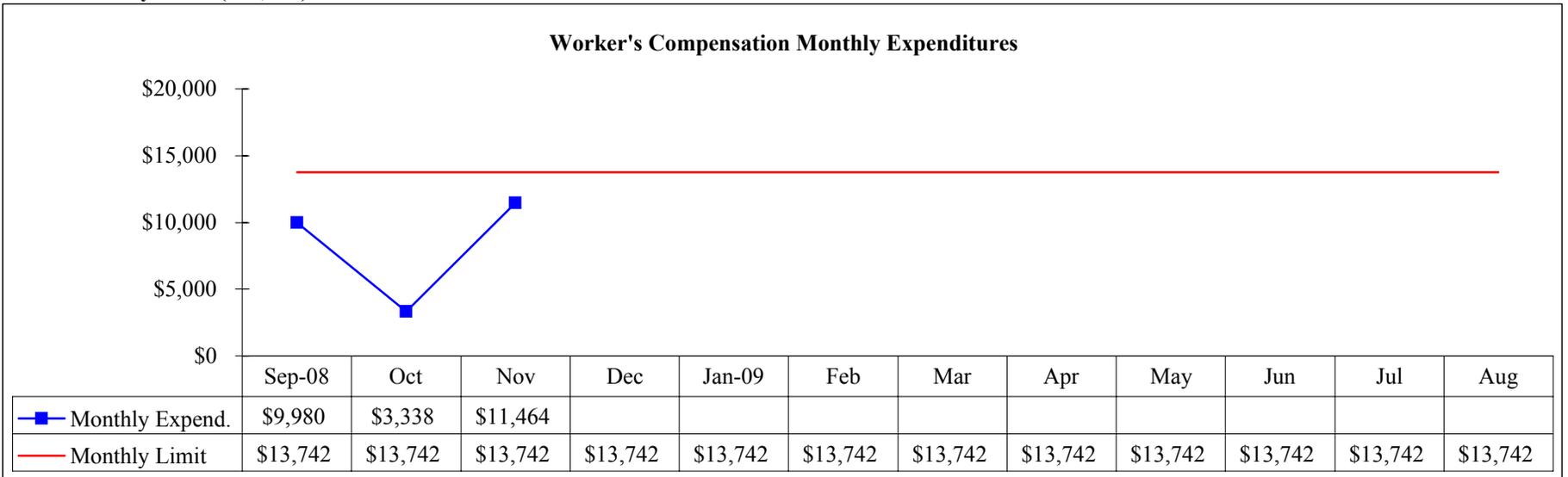
Objective 6B - Workers Compensation
Big Spring State Hospital
FY09 Monthly Limit (\$21,996)



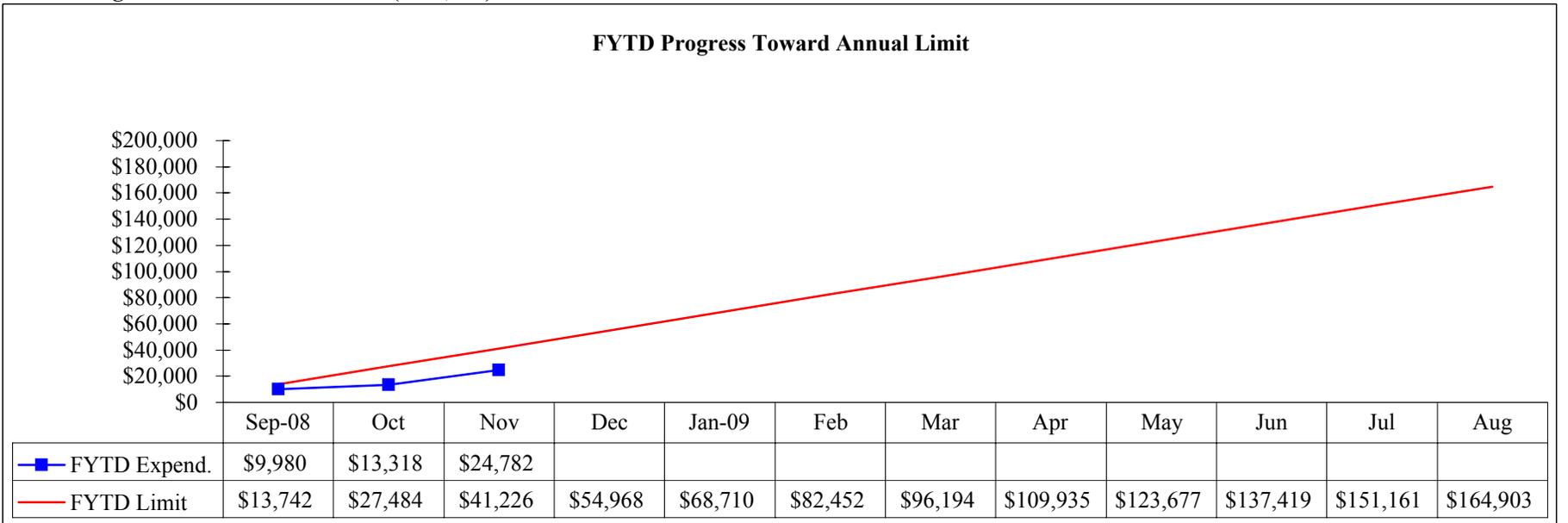
FYTD Progress Toward Annual Limit (\$263,951)



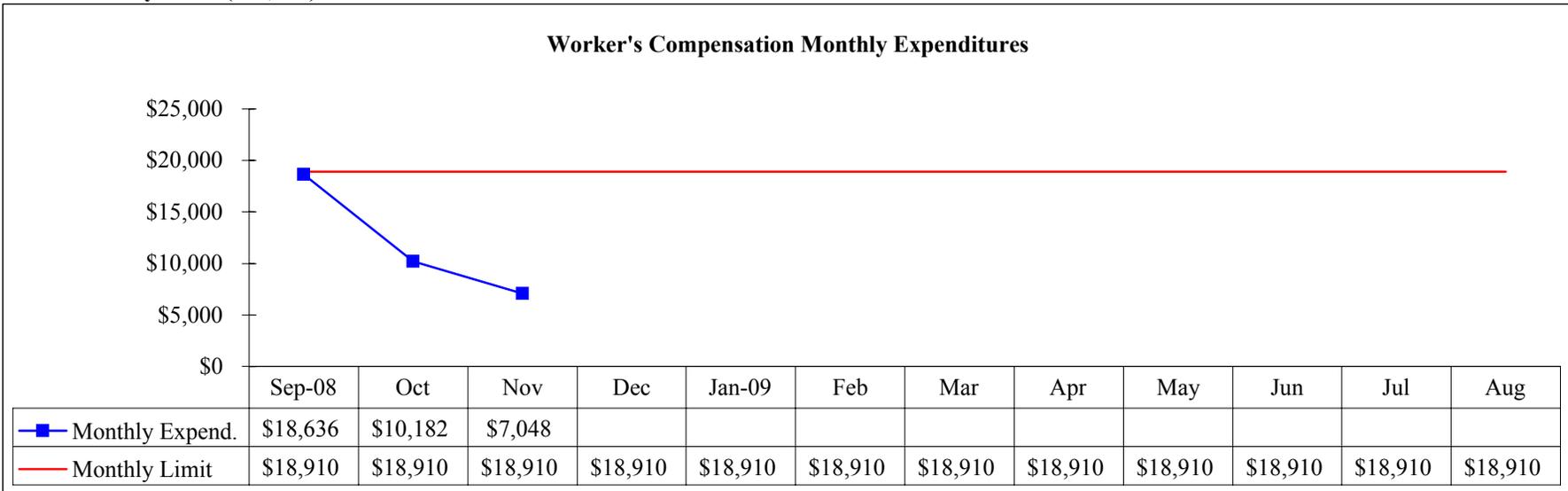
Objective 6B - Workers Compensation
El Paso Psychiatric Center
FY09 Monthly Limit (\$13,742)



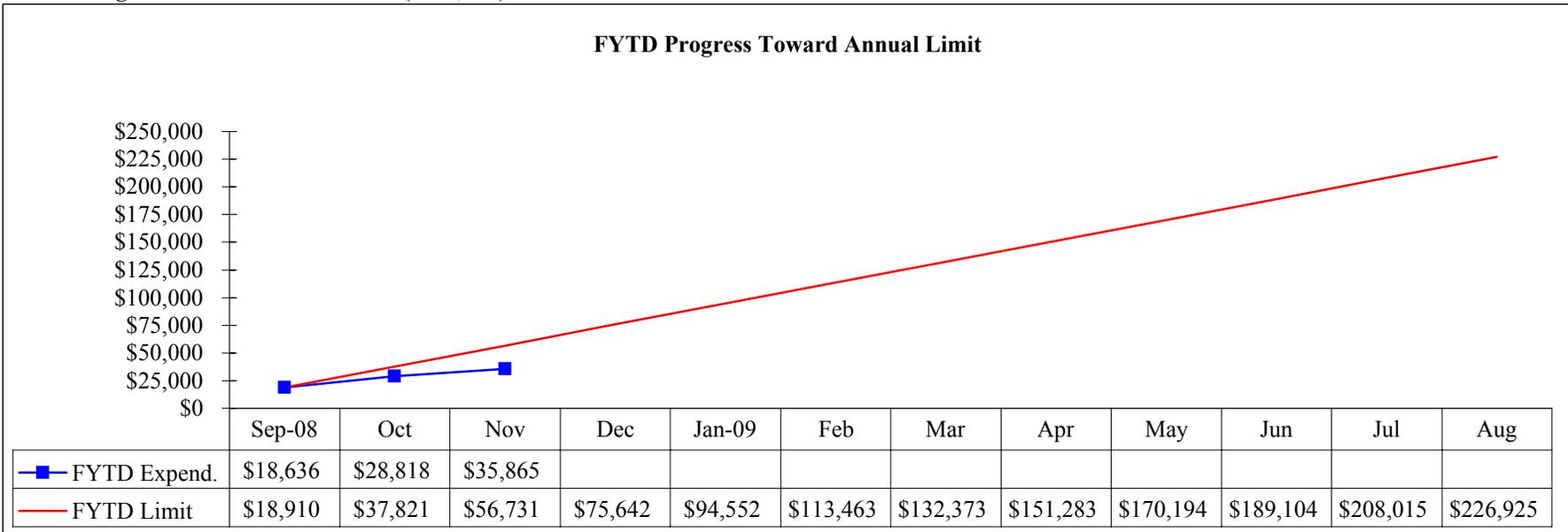
FYTD Progress Toward Annual Limit (\$164,903)



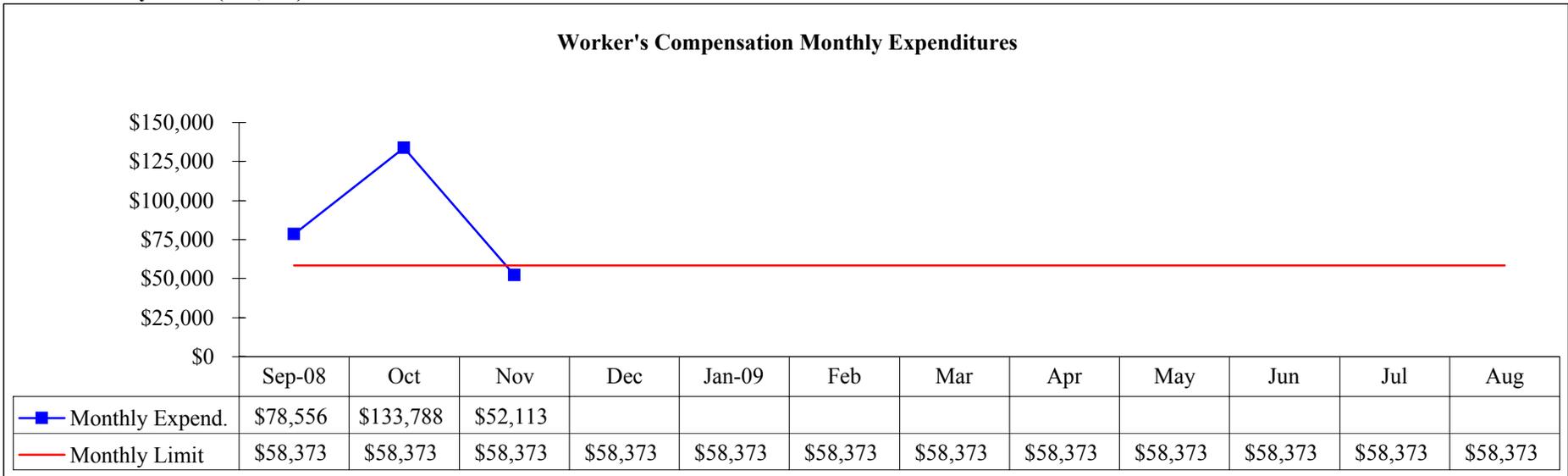
Objective 6B - Workers Compensation
Kerrville State Hospital
FY09 Monthly Limit (\$18,910)



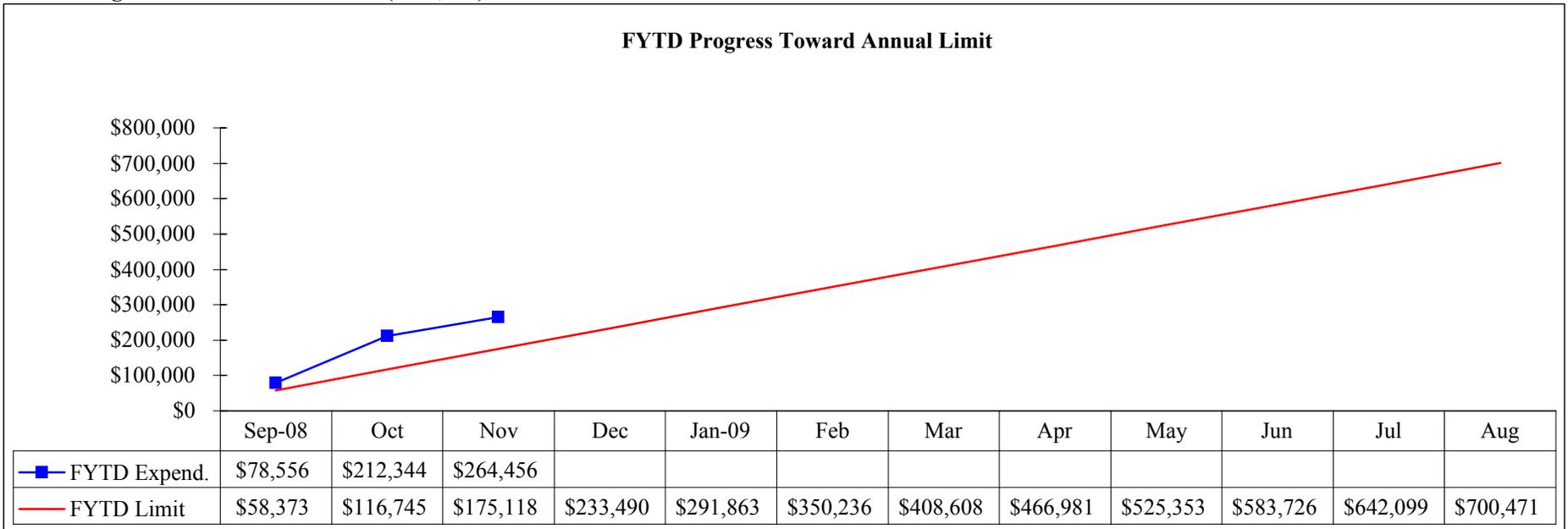
FYTD Progress Toward Annual Limit (\$226,925)



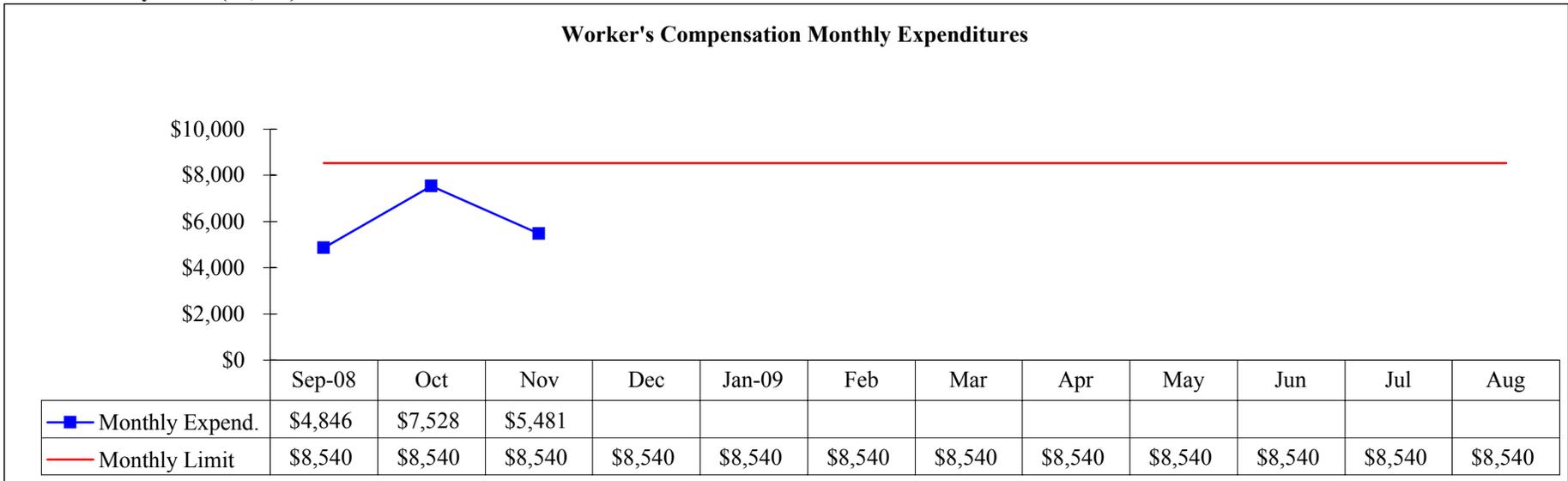
Objective 6B - Workers Compensation
North Texas State Hospital
FY09 Monthly Limit (\$58,373)



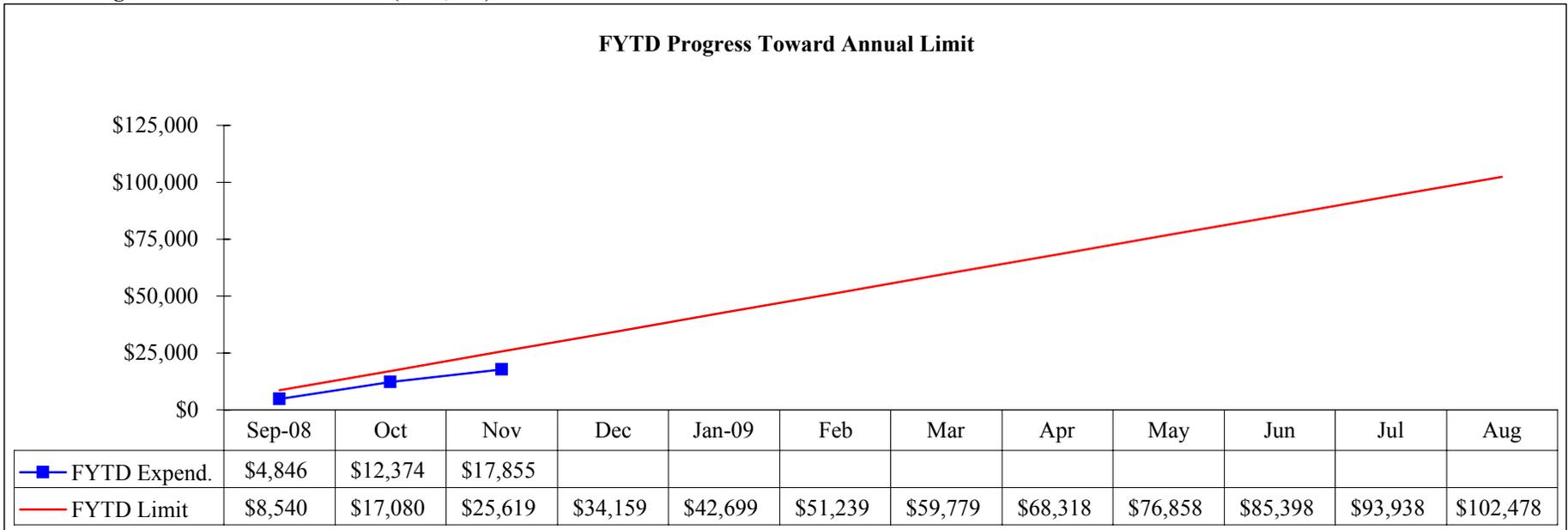
FYTD Progress Toward Annual Limit (\$700,471)



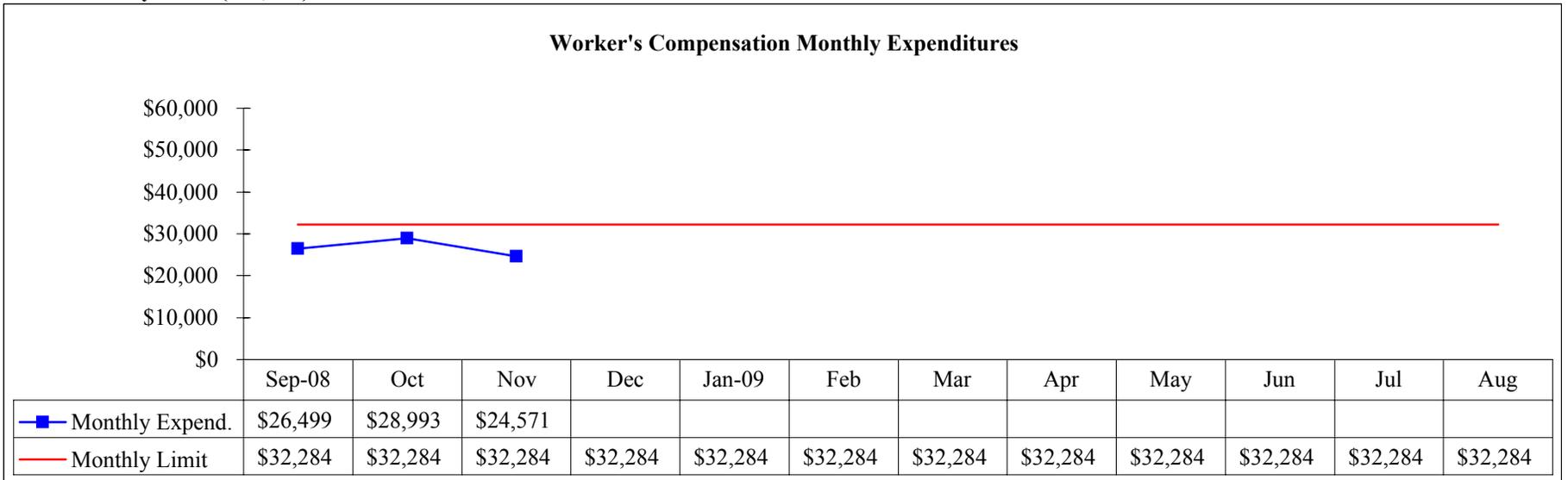
Objective 6B - Workers Compensation
Rio Grande State Center
FY09 Monthly Limit (\$8,540)



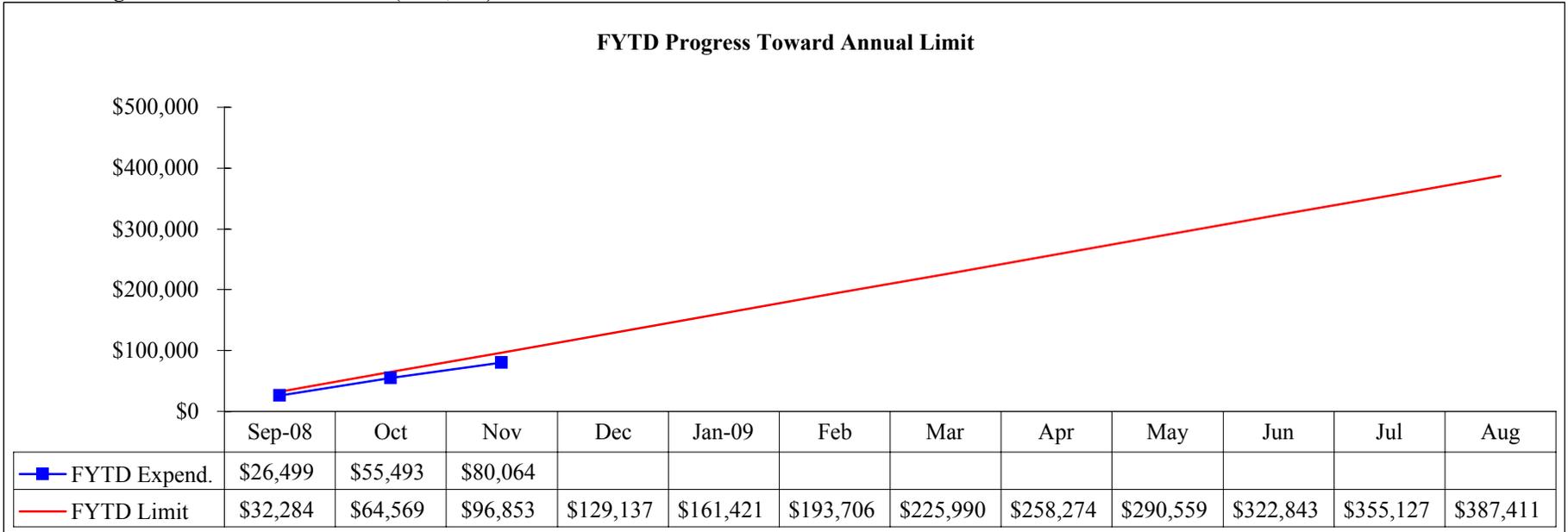
FYTD Progress Toward Annual Limit (\$102,478)



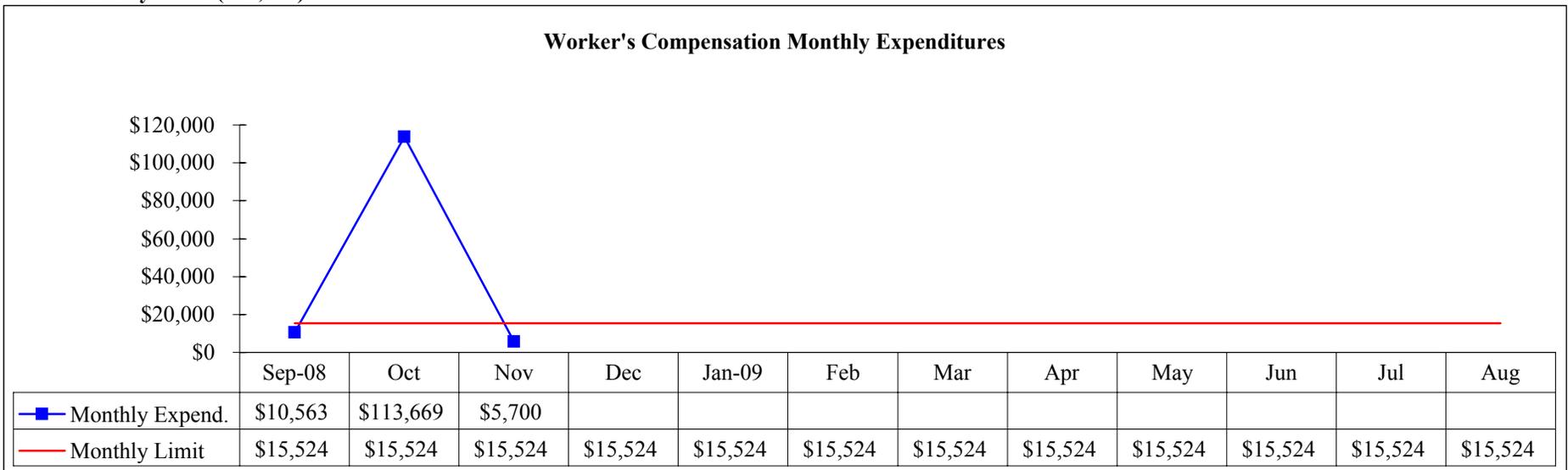
Objective 6B - Workers Compensation
Rusk State Hospital
FY09 Monthly Limit (\$32,284)



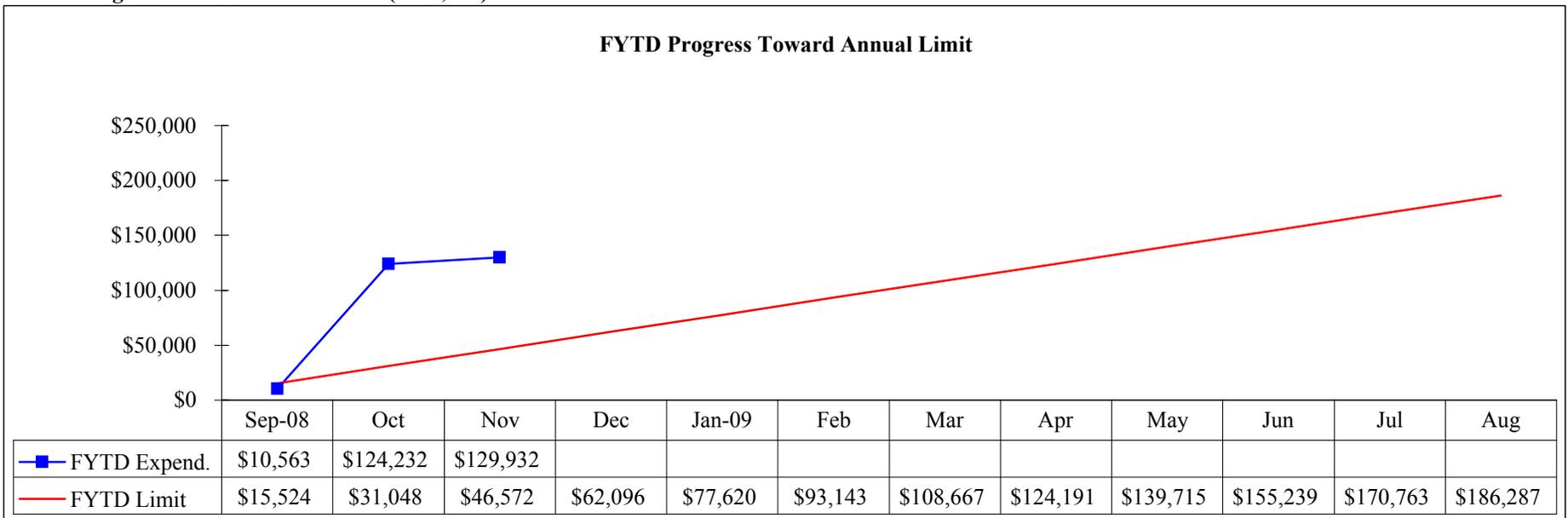
FYTD Progress Toward Annual Limit (\$387,411)



Objective 6B - Workers Compensation
San Antonio State Hospital
FY09 Monthly Limit (\$15,524)



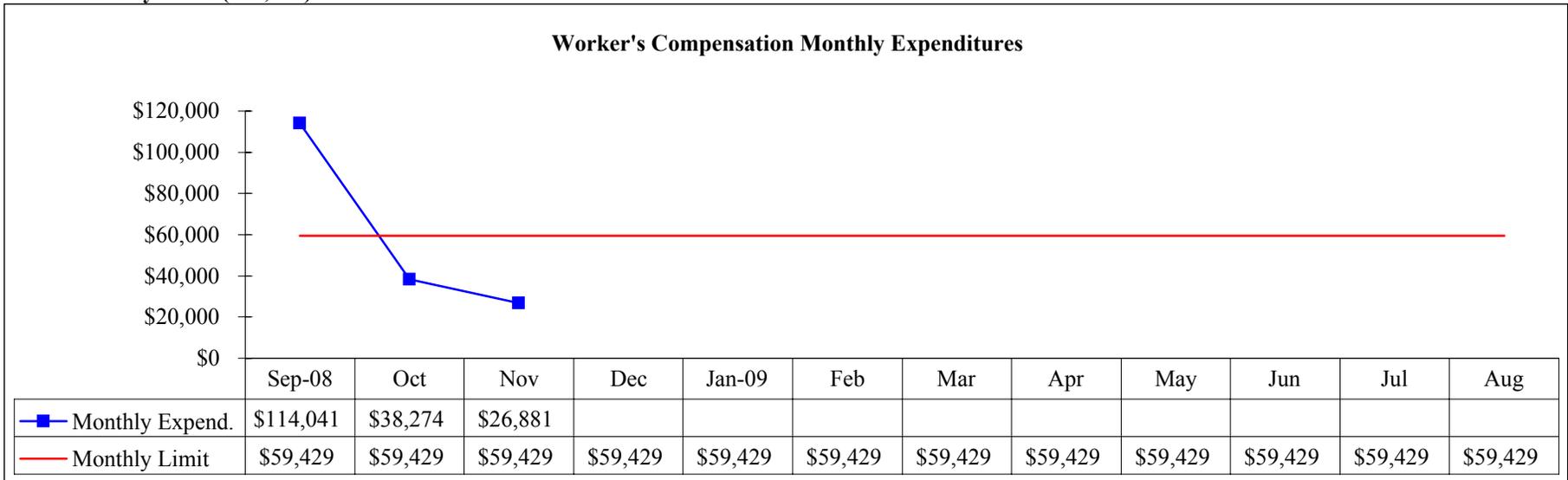
FYTD Progress Toward Annual Limit (\$186,287)



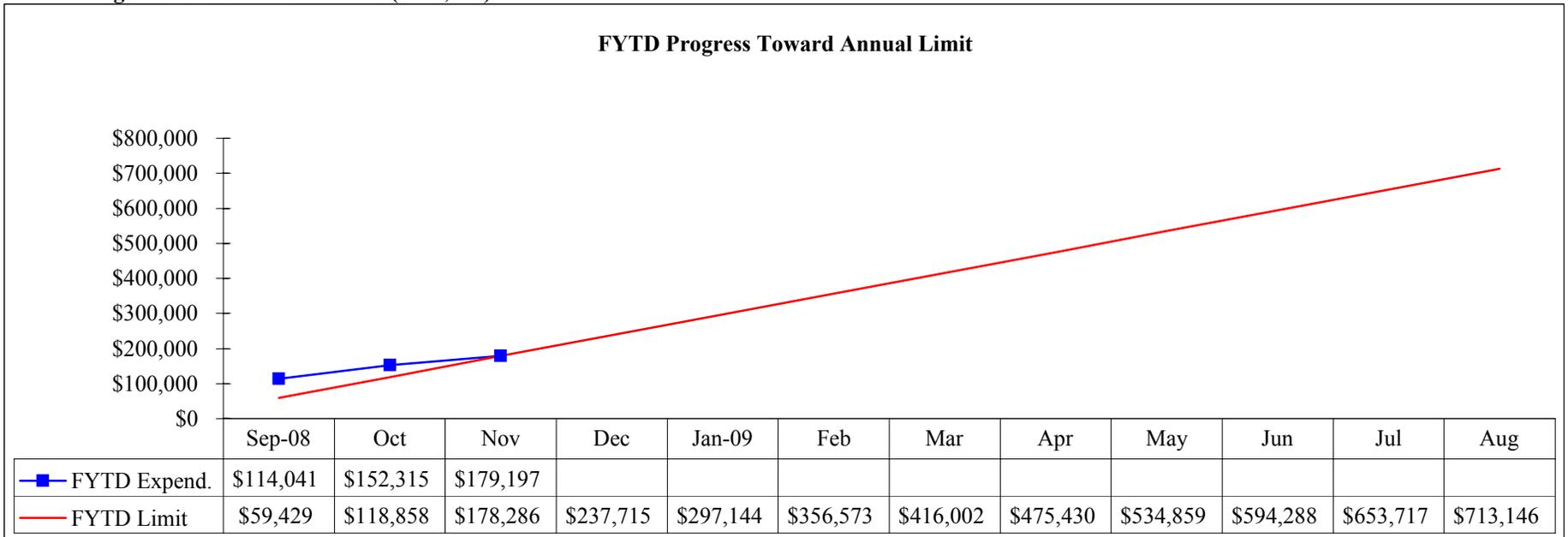
Objective 6B - Workers Compensation

Terrell State Hospital

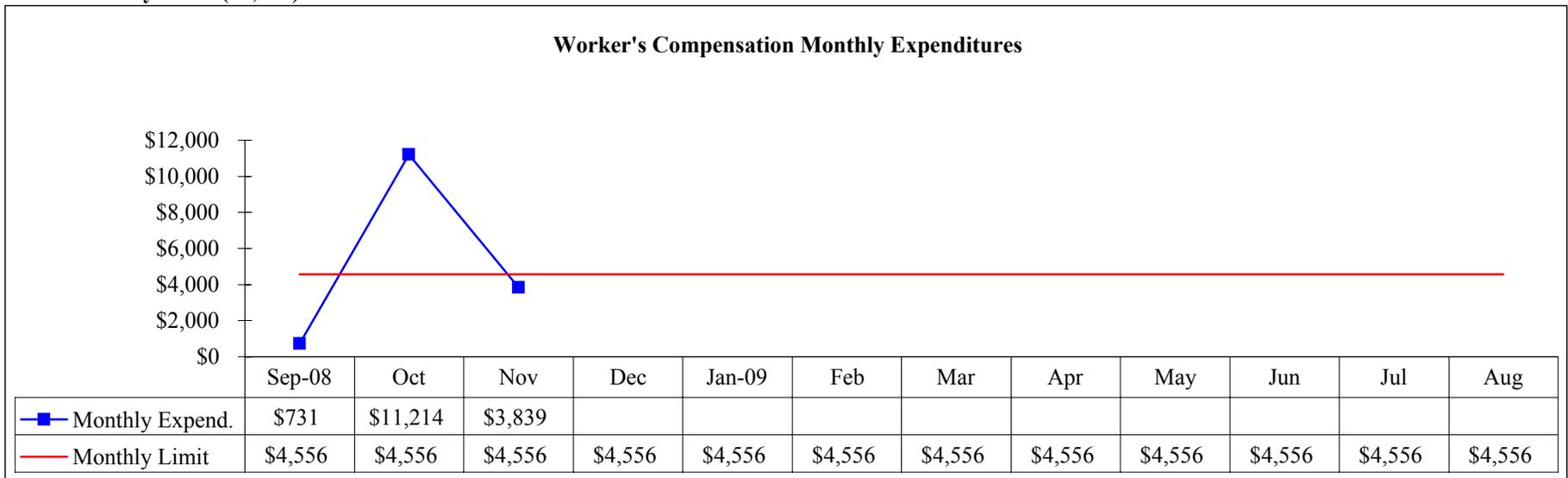
FY09 Monthly Limit (\$59,429)



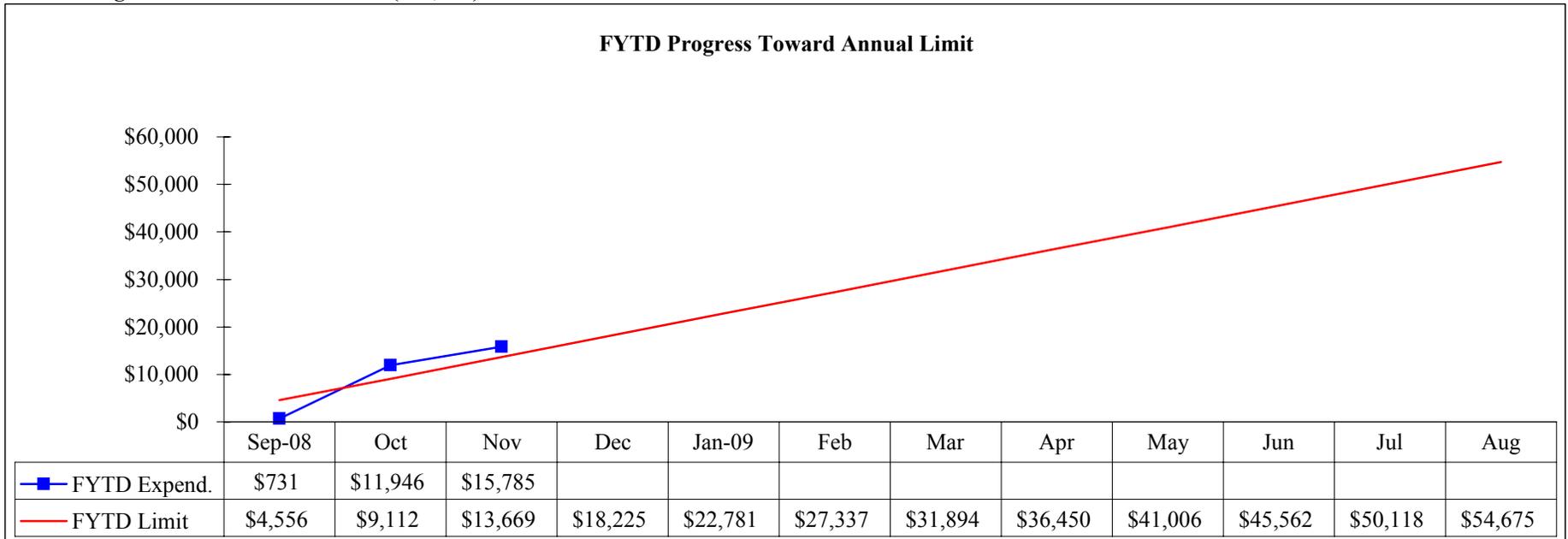
FYTD Progress Toward Annual Limit (\$713,146)



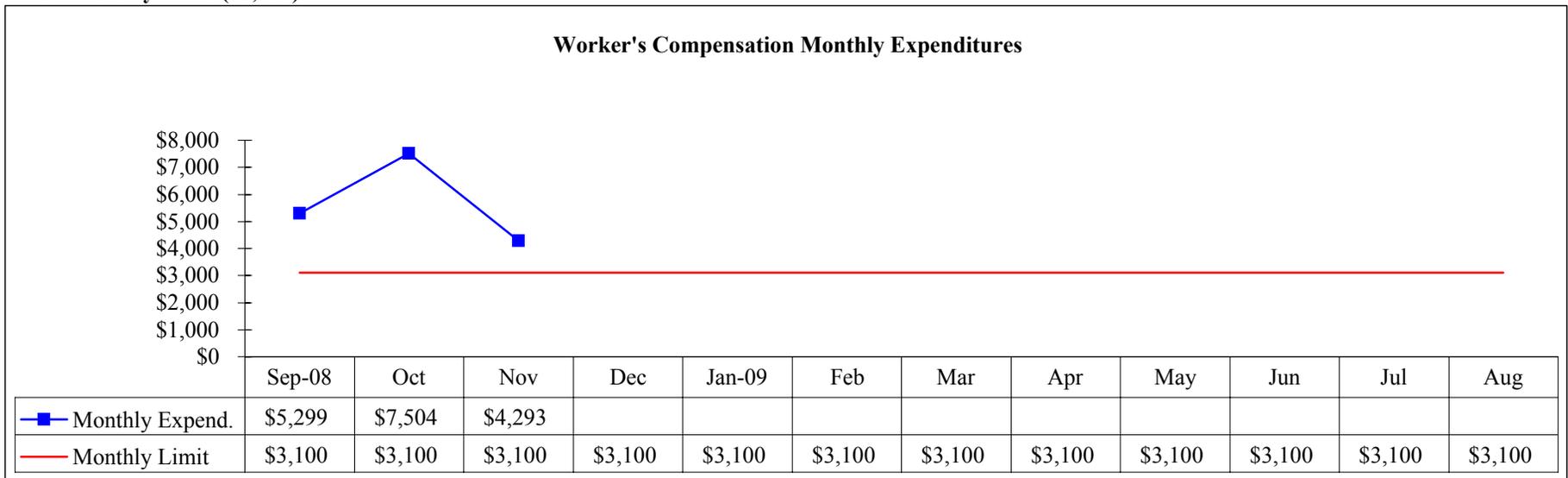
Objective 6B - Workers Compensation
Waco Center for Youth
FY09 Monthly Limit (\$4,556)



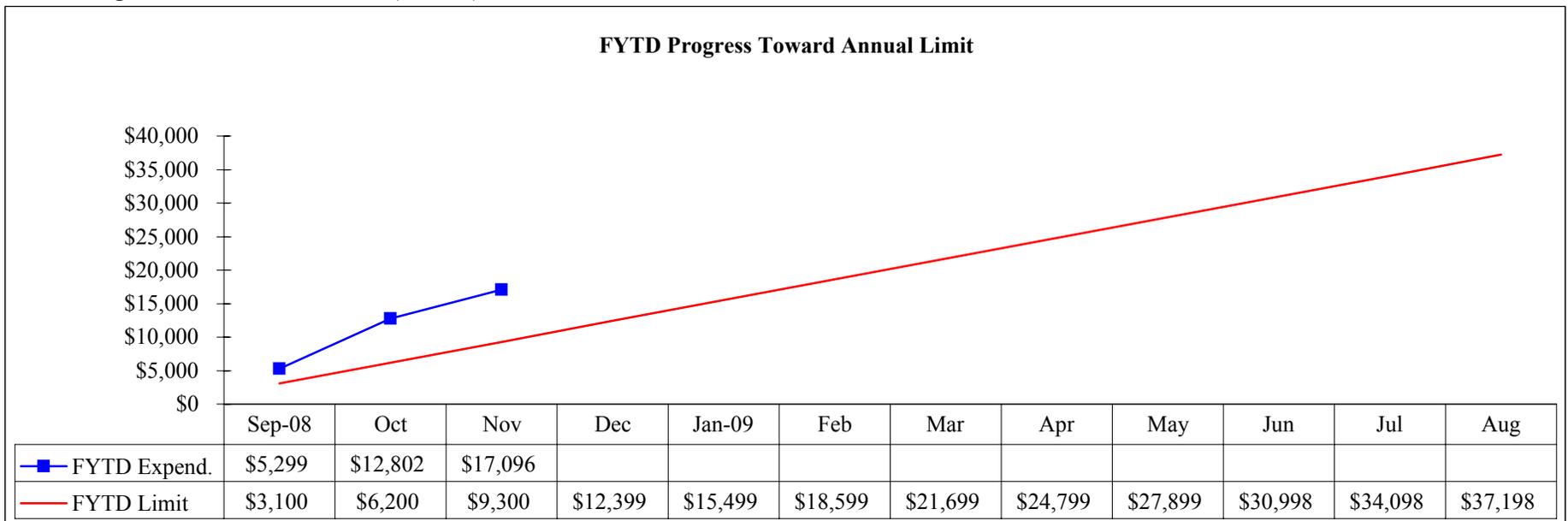
FYTD Progress Toward Annual Limit (\$54,675)



Objective 6B - Workers Compensation
Texas Center for Infectious Disease
FY09 Monthly Limit (\$3,100)



FYTD Progress Toward Annual Limit (\$37,198)



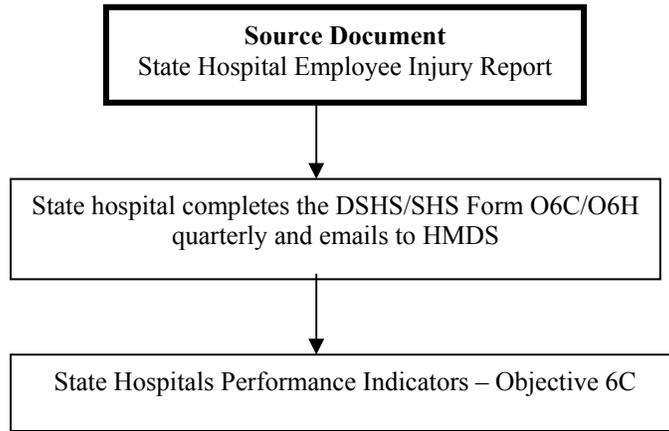
Performance Objective 6C:

Employee injuries resulting in a workers' compensation claim will show a measurable downward trend with a goal of zero.

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

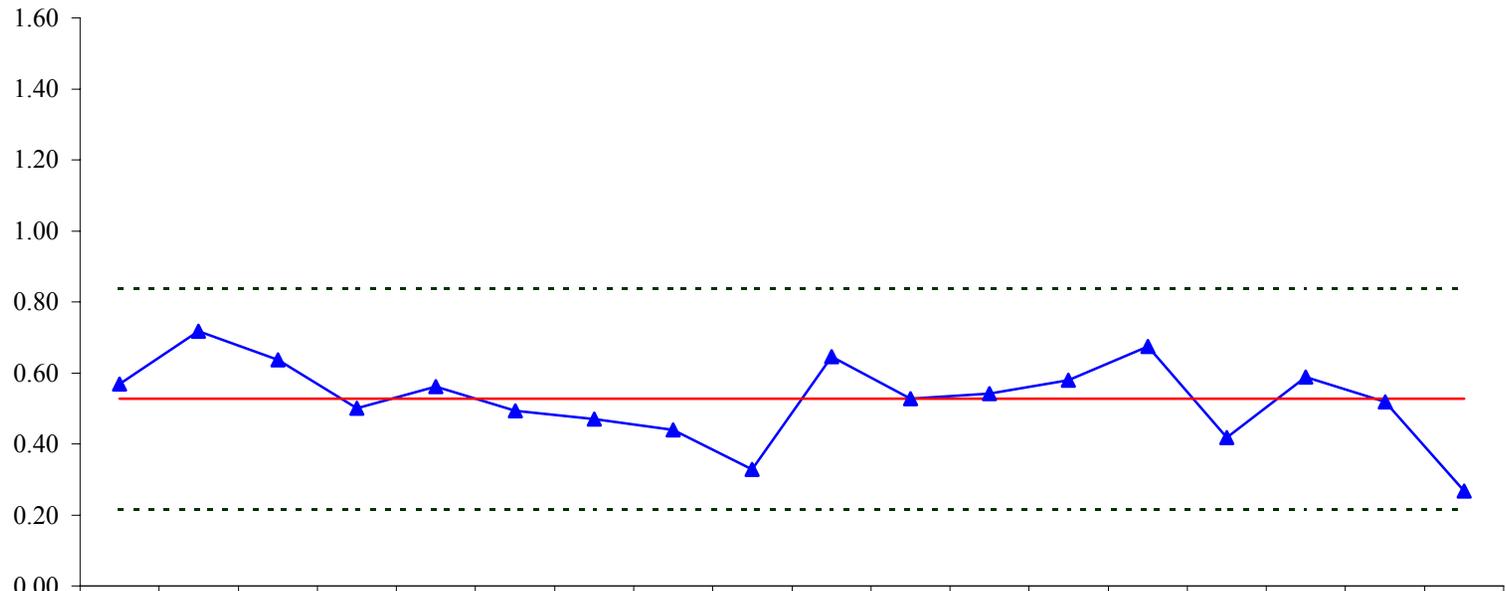
Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:



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

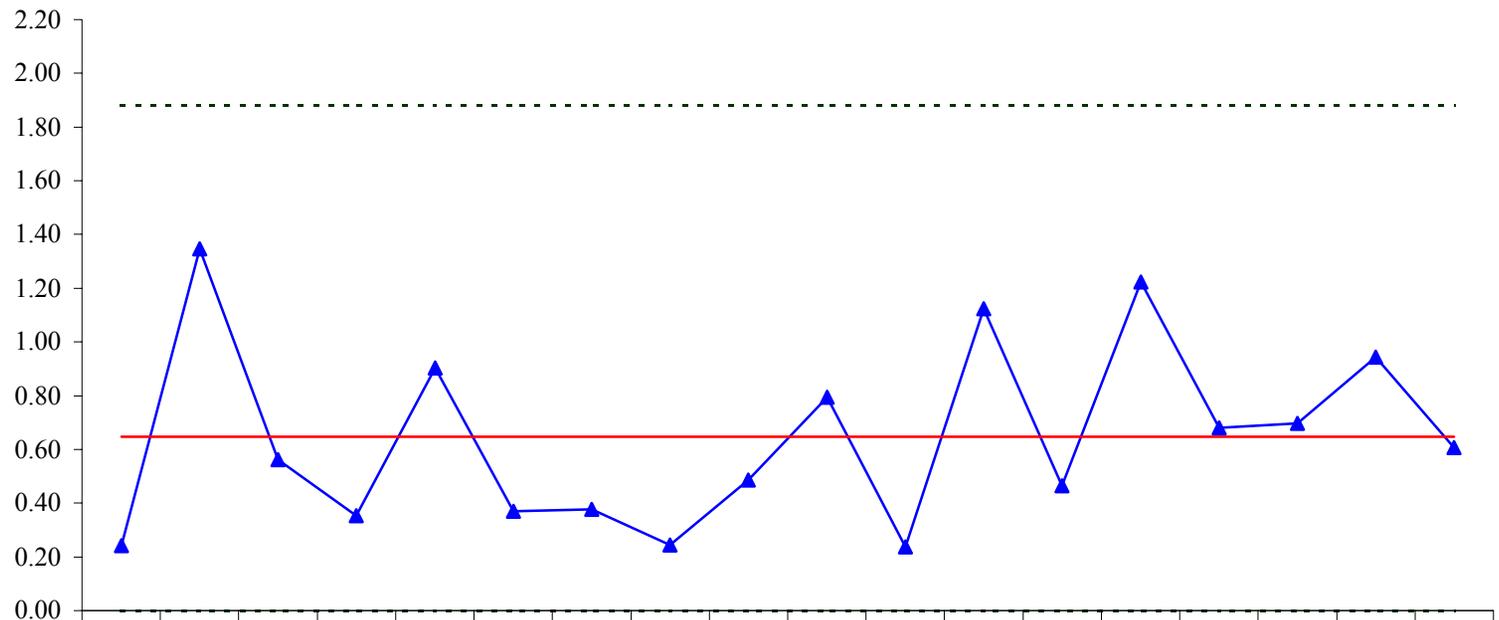
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 169 | 194 | 187 | 175 | 186 | 158 | 167 | 168 | 148 | 205 | 176 | 162 | 187 | 175 | 159 | 172 | 167 | 123 |
| Injuries Resulting in a WCC | 39 | 51 | 45 | 35 | 41 | 35 | 34 | 32 | 23 | 48 | 38 | 40 | 41 | 50 | 31 | 42 | 38 | 19 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.57 | 0.72 | 0.64 | 0.50 | 0.56 | 0.49 | 0.47 | 0.44 | 0.33 | 0.65 | 0.53 | 0.54 | 0.58 | 0.67 | 0.42 | 0.59 | 0.52 | 0.27 |
| -----UCL | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 | 0.84 |
| — Avg | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 | 0.53 |
| -----LCL | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 | 0.22 |

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

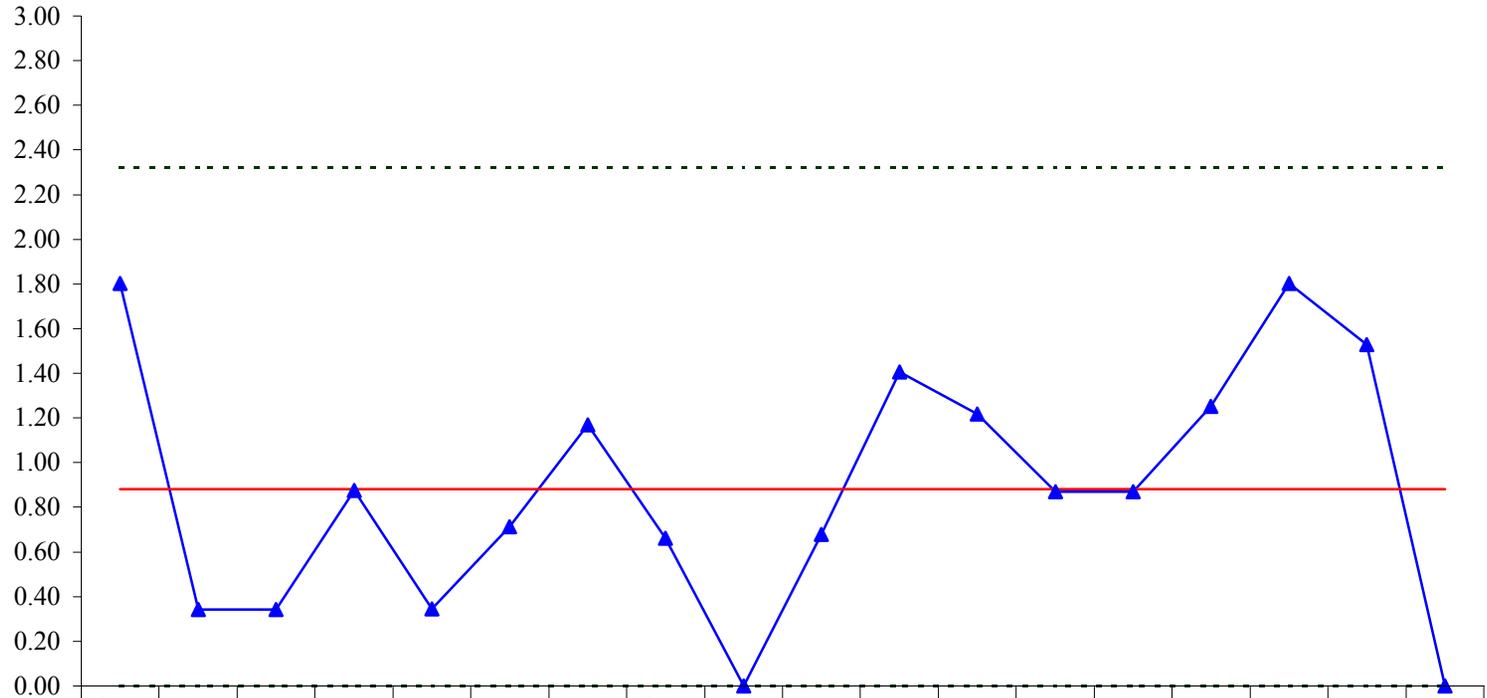
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 2 | 13 | 5 | 3 | 9 | 5 | 5 | 2 | 4 | 8 | 2 | 10 | 6 | 19 | 9 | 6 | 8 | 5 |
| Injuries Resulting in a WCC | 2 | 12 | 5 | 3 | 8 | 3 | 3 | 2 | 4 | 7 | 2 | 10 | 4 | 11 | 6 | 6 | 8 | 5 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.24 | 1.35 | 0.56 | 0.35 | 0.90 | 0.37 | 0.38 | 0.24 | 0.49 | 0.79 | 0.24 | 1.12 | 0.46 | 1.22 | 0.68 | 0.70 | 0.94 | 0.61 |
| - - - - - UCL | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 | 1.88 |
| — Avg | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 | 0.65 |
| - - - - - LCL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

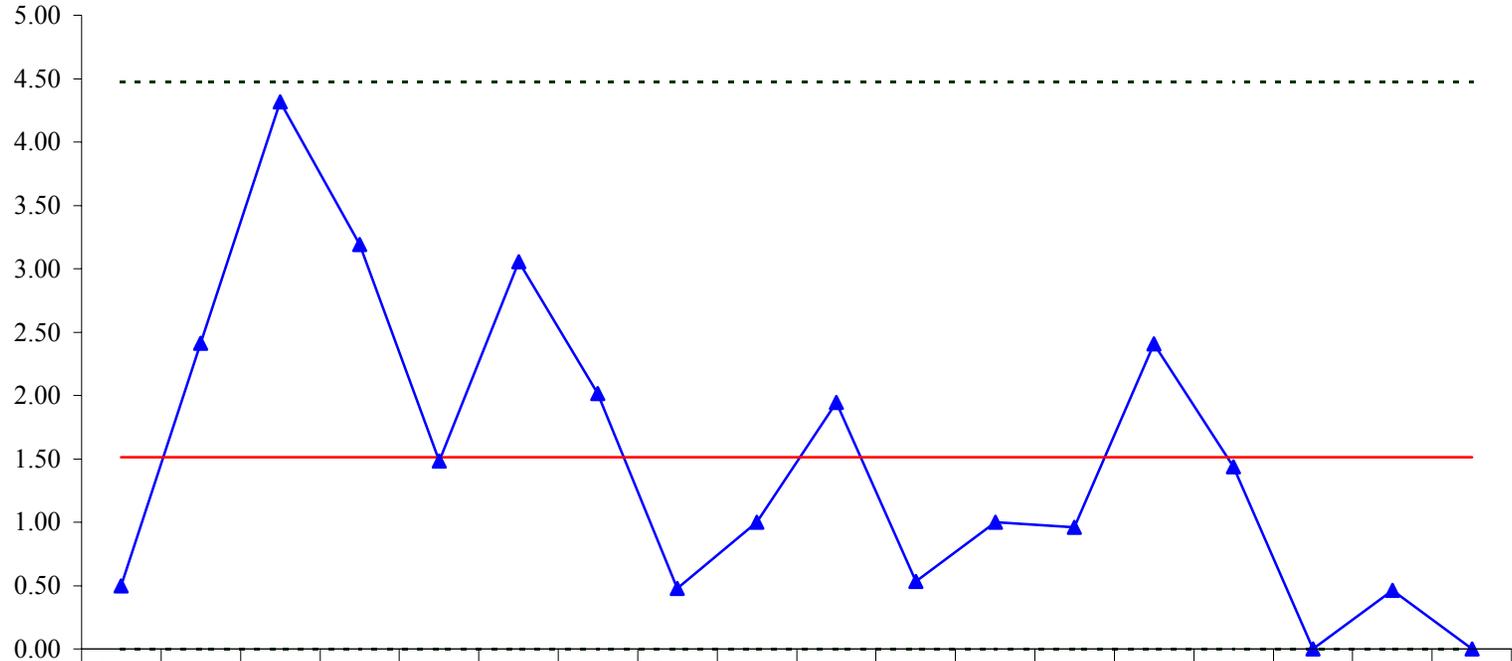
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 13 | 17 | 23 | 15 | 18 | 15 | 16 | 20 | 12 | 21 | 25 | 19 | 24 | 16 | 20 | 18 | 23 | 6 |
| Injuries Resulting in a WCC | 10 | 2 | 2 | 5 | 2 | 4 | 7 | 4 | 0 | 4 | 8 | 7 | 5 | 5 | 7 | 10 | 9 | 0 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 1.80 | 0.34 | 0.34 | 0.88 | 0.35 | 0.71 | 1.17 | 0.66 | 0.00 | 0.68 | 1.40 | 1.22 | 0.87 | 0.87 | 1.25 | 1.80 | 1.53 | 0.00 |
| -----UCL | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 | 2.32 |
| — Avg | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 | 0.88 |
| -----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
El Paso Psychiatric Center

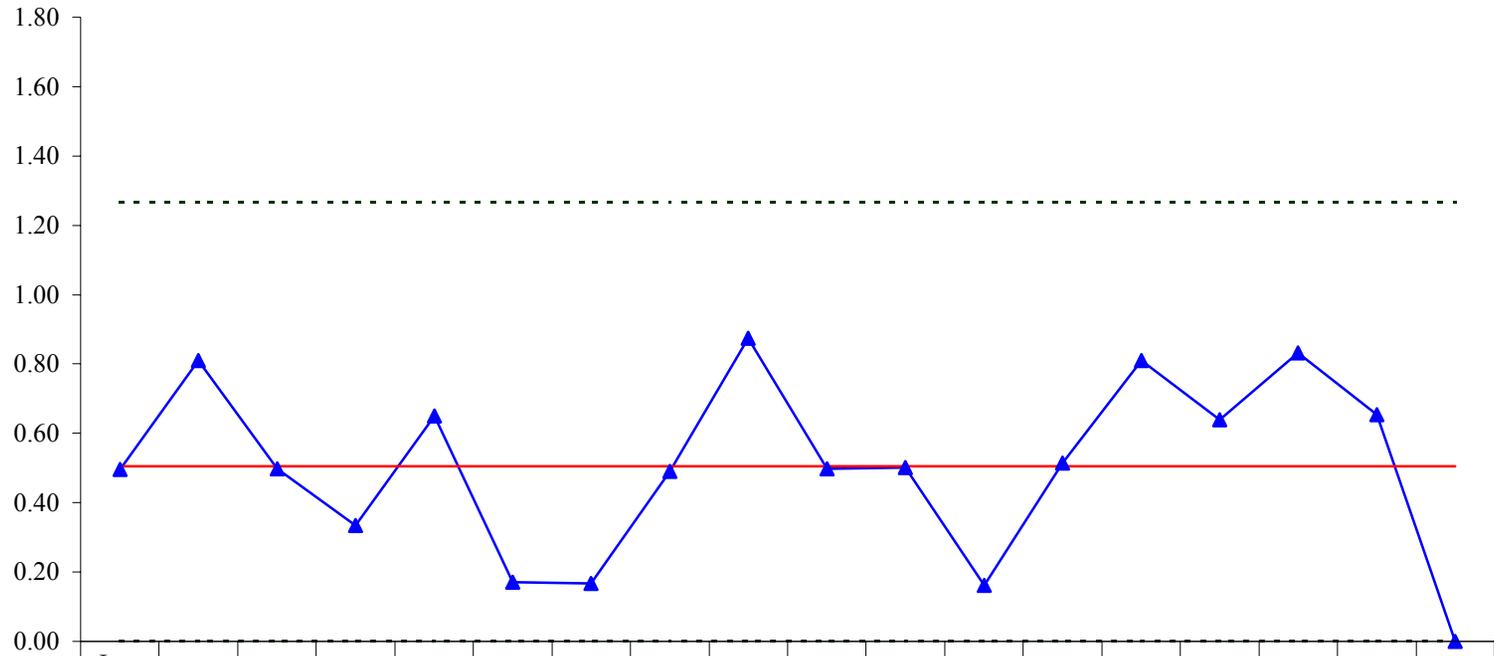
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 8 | 7 | 15 | 11 | 5 | 14 | 7 | 15 | 5 | 7 | 15 | 5 | 5 | 9 | 6 | 8 | 5 | 4 |
| Injuries Resulting in a WCC | 1 | 5 | 9 | 7 | 3 | 6 | 4 | 1 | 2 | 4 | 1 | 2 | 2 | 5 | 3 | 0 | 1 | 0 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.50 | 2.41 | 4.32 | 3.19 | 1.48 | 3.05 | 2.02 | 0.48 | 1.00 | 1.94 | 0.53 | 1.00 | 0.96 | 2.41 | 1.44 | 0.00 | 0.46 | 0.00 |
| -----UCL | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 | 4.48 |
| -----Avg | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 | 1.51 |
| -----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

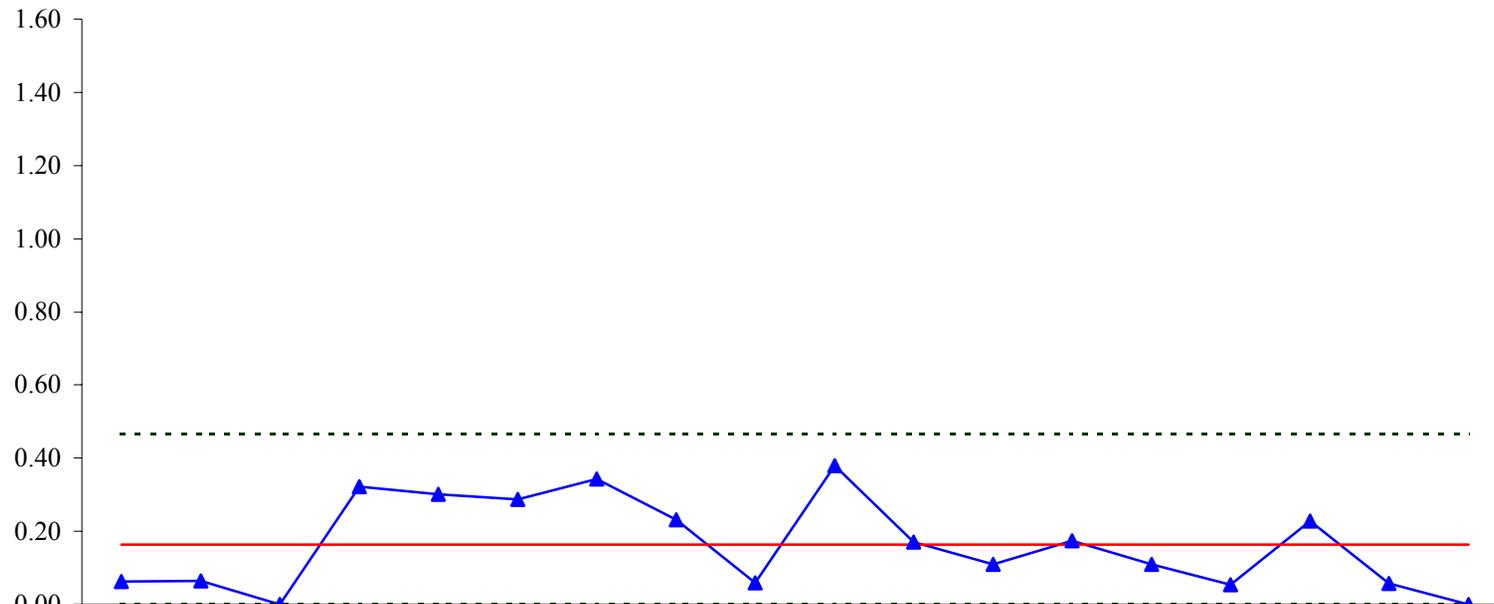
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 11 | 12 | 7 | 11 | 10 | 4 | 4 | 7 | 14 | 12 | 13 | 6 | 7 | 11 | 9 | 6 | 8 | 7 |
| Injuries Resulting in a WCC | 3 | 5 | 3 | 2 | 4 | 1 | 1 | 3 | 5 | 3 | 3 | 1 | 3 | 5 | 4 | 5 | 4 | 0 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.50 | 0.81 | 0.50 | 0.34 | 0.65 | 0.17 | 0.17 | 0.49 | 0.88 | 0.50 | 0.50 | 0.16 | 0.51 | 0.81 | 0.64 | 0.83 | 0.65 | 0.00 |
| -----UCL | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 | 1.27 |
| — Avg | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 |
| -----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
North Texas State Hospital

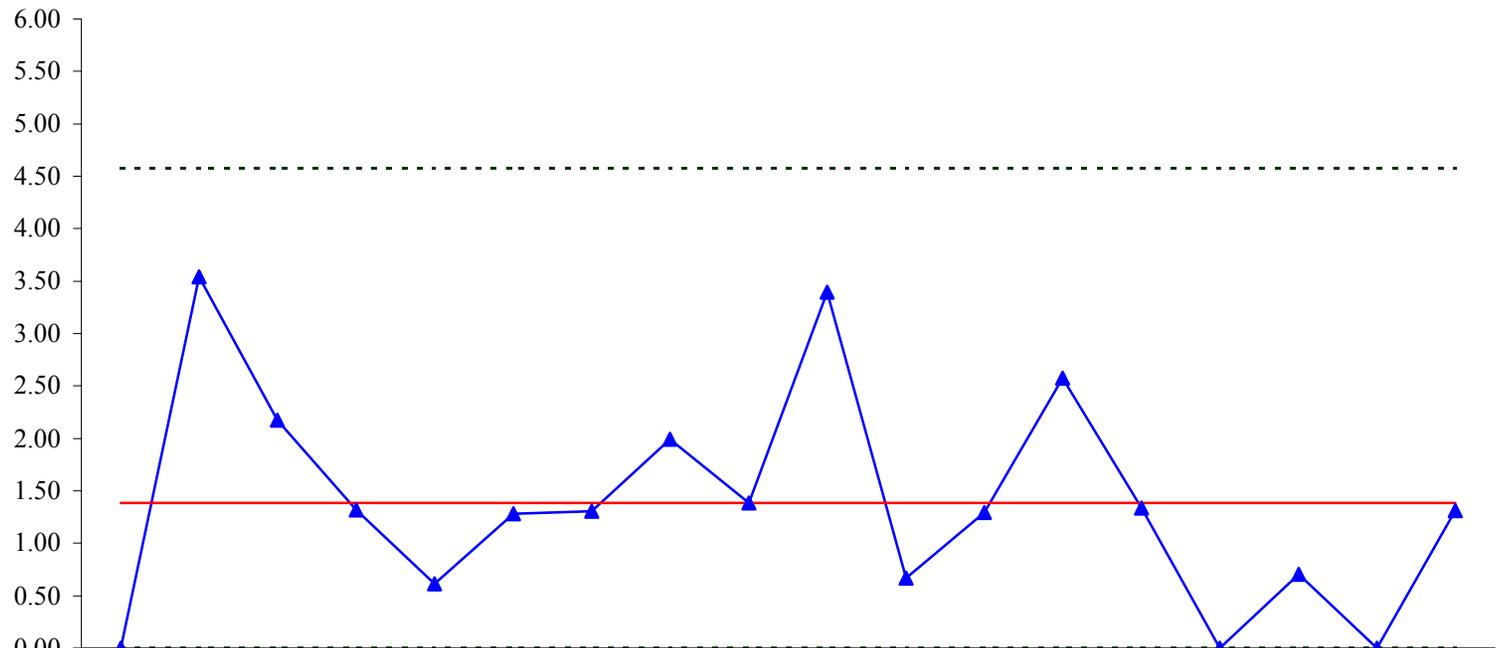
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 23 | 31 | 28 | 36 | 33 | 36 | 43 | 27 | 16 | 49 | 30 | 34 | 34 | 33 | 35 | 41 | 26 | 23 |
| Injuries Resulting in a WCC | 1 | 1 | 0 | 5 | 5 | 5 | 6 | 4 | 1 | 7 | 3 | 2 | 3 | 2 | 1 | 4 | 1 | 0 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.06 | 0.06 | 0.00 | 0.32 | 0.30 | 0.29 | 0.34 | 0.23 | 0.06 | 0.38 | 0.17 | 0.11 | 0.17 | 0.11 | 0.05 | 0.23 | 0.06 | 0.00 |
| -----UCL | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 |
| — Avg | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 | 0.16 |
| -----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
Rio Grande State Center

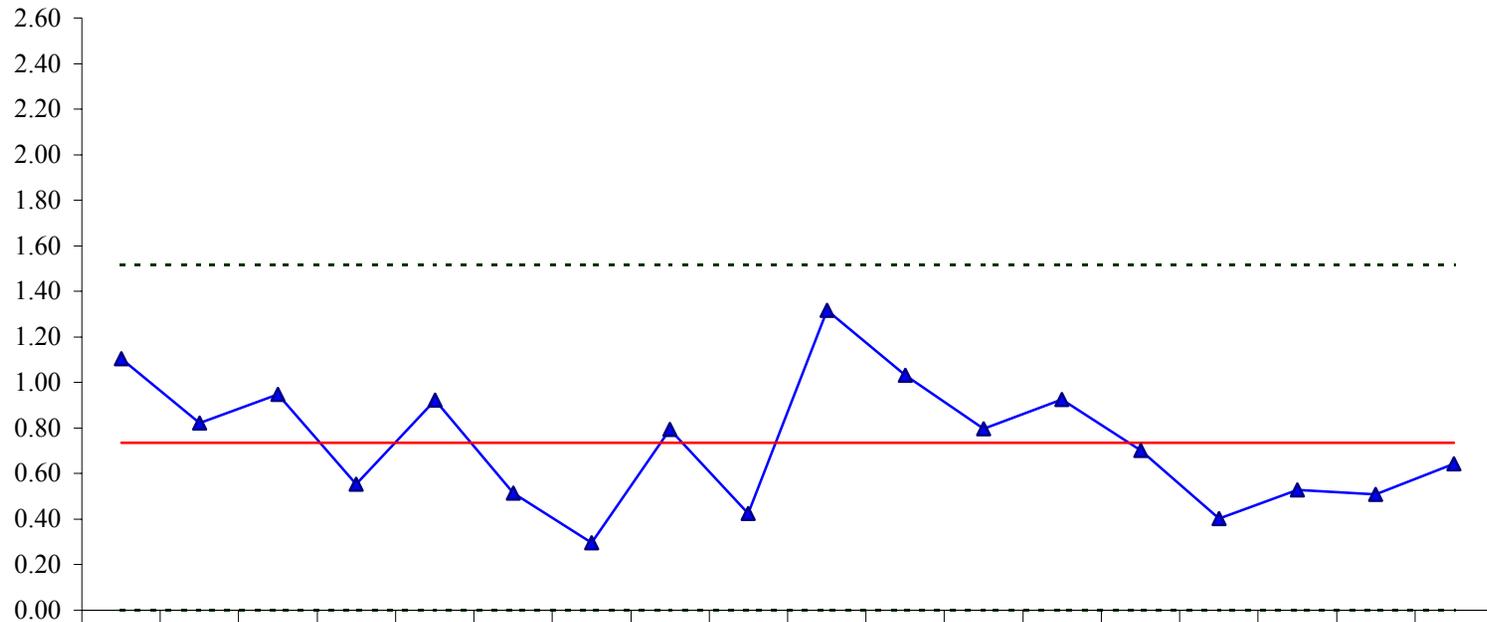
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 2 | 13 | 8 | 17 | 7 | 7 | 11 | 10 | 5 | 16 | 12 | 10 | 7 | 8 | 6 | 4 | 8 | 9 |
| Injuries Resulting in a WCC | 0 | 5 | 3 | 2 | 1 | 2 | 2 | 3 | 2 | 5 | 1 | 2 | 4 | 2 | 0 | 1 | 0 | 2 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.00 | 3.54 | 2.17 | 1.31 | 0.61 | 1.28 | 1.30 | 1.99 | 1.39 | 3.40 | 0.67 | 1.29 | 2.58 | 1.33 | 0.00 | 0.70 | 0.00 | 1.31 |
| ----- UCL | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 | 4.58 |
| — Avg | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 | 1.38 |
| ----- LCL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

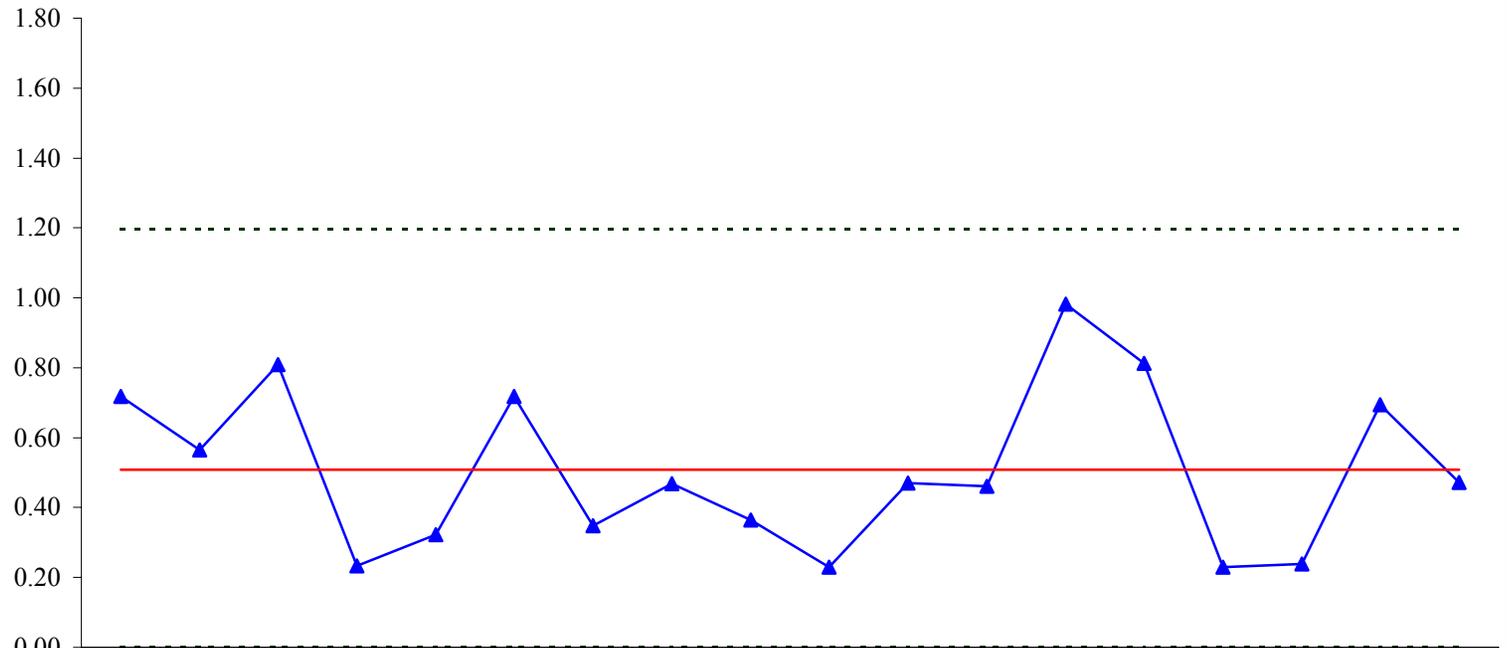
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 46 | 27 | 24 | 31 | 41 | 30 | 27 | 31 | 37 | 55 | 35 | 25 | 44 | 27 | 16 | 27 | 40 | 32 |
| Injuries Resulting in a WCC | 10 | 8 | 9 | 5 | 9 | 5 | 3 | 8 | 4 | 13 | 10 | 8 | 9 | 7 | 4 | 5 | 5 | 6 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 1.10 | 0.82 | 0.95 | 0.55 | 0.92 | 0.52 | 0.30 | 0.79 | 0.43 | 1.32 | 1.03 | 0.80 | 0.92 | 0.70 | 0.40 | 0.53 | 0.51 | 0.64 |
| UCL | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 | 1.52 |
| — Avg | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 |
| ----- 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
San Antonio State Hospital

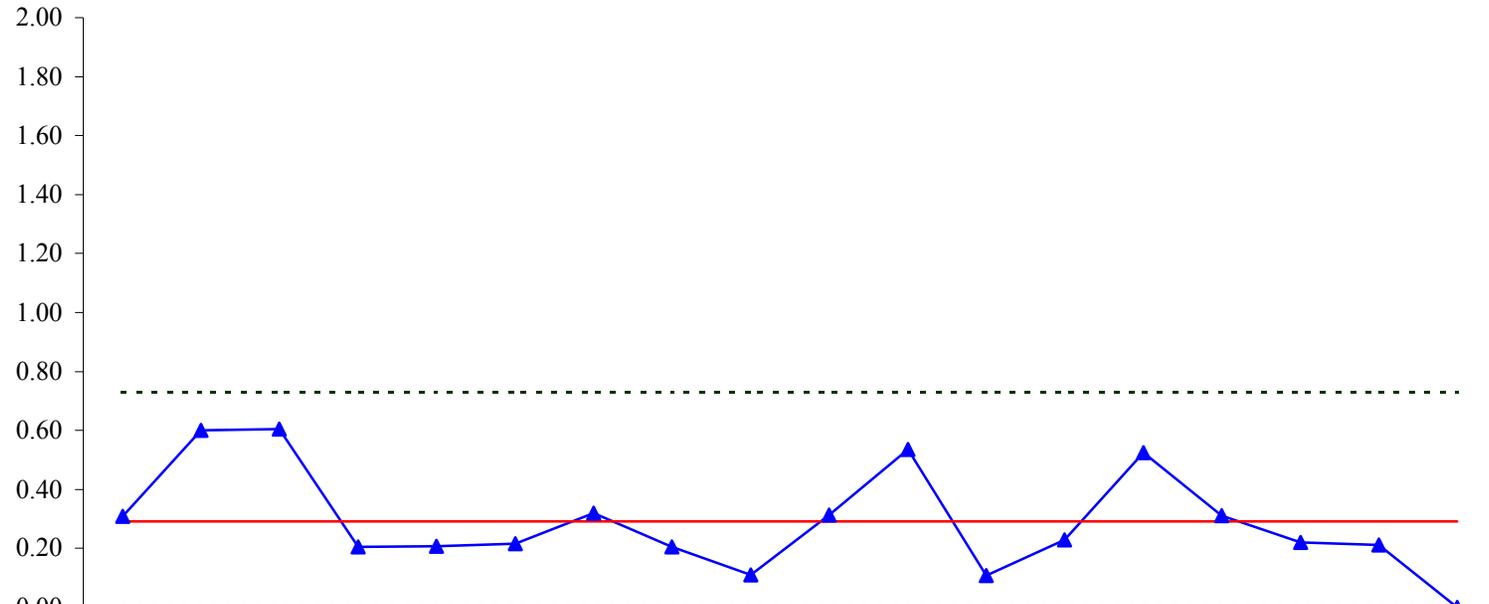
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 28 | 34 | 28 | 23 | 28 | 30 | 23 | 25 | 18 | 18 | 15 | 22 | 24 | 20 | 21 | 31 | 29 | 20 |
| Injuries Resulting in a WCC | 6 | 5 | 7 | 2 | 3 | 6 | 3 | 4 | 3 | 2 | 4 | 4 | 8 | 7 | 2 | 2 | 6 | 4 |
| —▲— Emp. Inj.(WCC)/1000 Bed Days | 0.72 | 0.57 | 0.81 | 0.23 | 0.32 | 0.72 | 0.35 | 0.47 | 0.36 | 0.23 | 0.47 | 0.46 | 0.98 | 0.81 | 0.23 | 0.24 | 0.69 | 0.47 |
| ----- UCL | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 |
| — Avg | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 | 0.51 |
| ----- 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

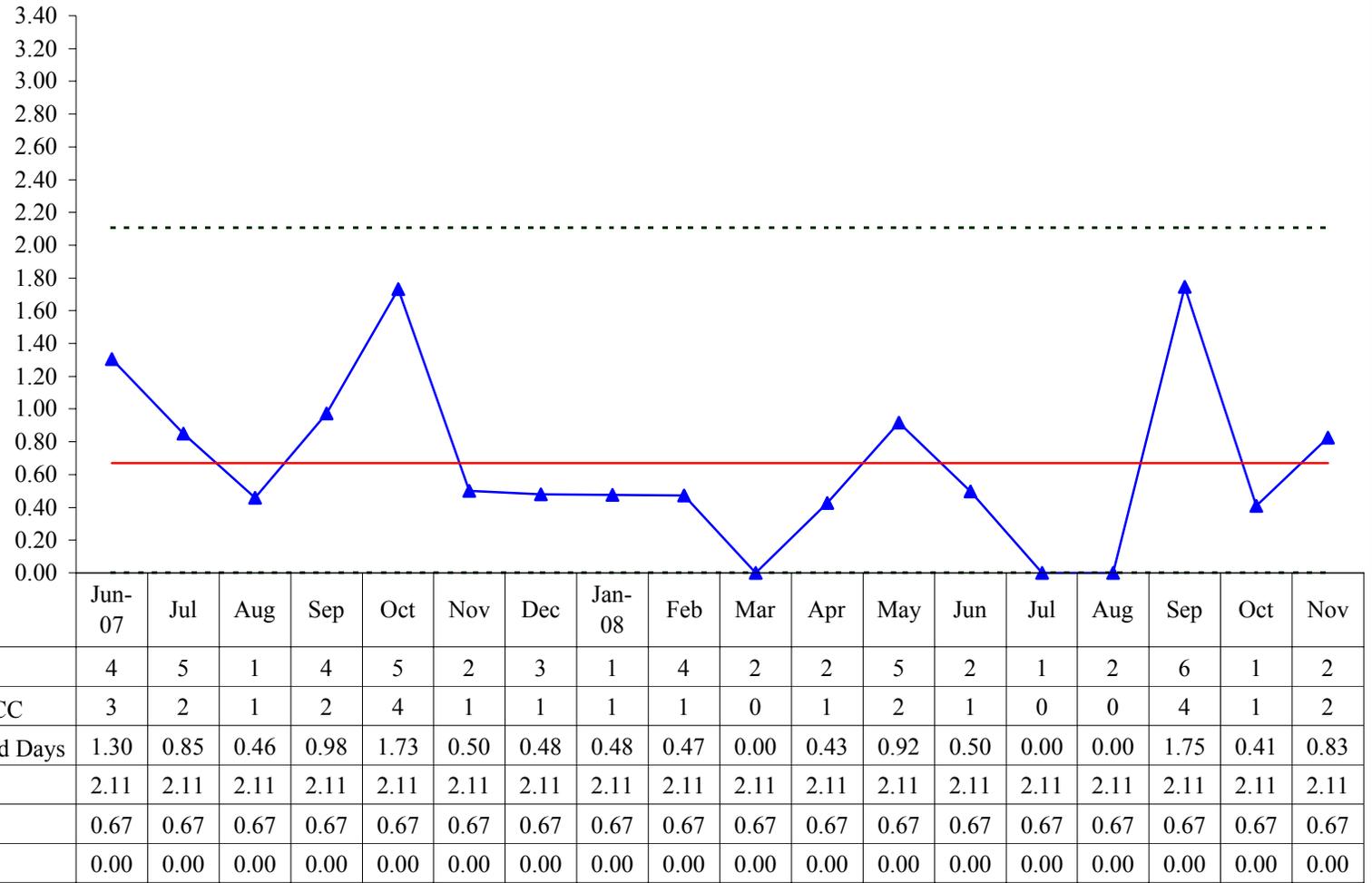
Employee Injuries Resulting in a Workers' Compensation Claim



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 32 | 35 | 48 | 23 | 29 | 13 | 27 | 28 | 31 | 16 | 26 | 23 | 34 | 29 | 32 | 21 | 17 | 15 |
| Injuries Resulting in a WCC | 3 | 6 | 6 | 2 | 2 | 2 | 3 | 2 | 1 | 3 | 5 | 1 | 2 | 5 | 3 | 2 | 2 | 0 |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.31 | 0.60 | 0.60 | 0.21 | 0.21 | 0.22 | 0.32 | 0.21 | 0.11 | 0.31 | 0.53 | 0.11 | 0.23 | 0.52 | 0.31 | 0.22 | 0.21 | 0.00 |
| ----- UCL | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 |
| — Avg | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 | 0.29 |
| 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 |

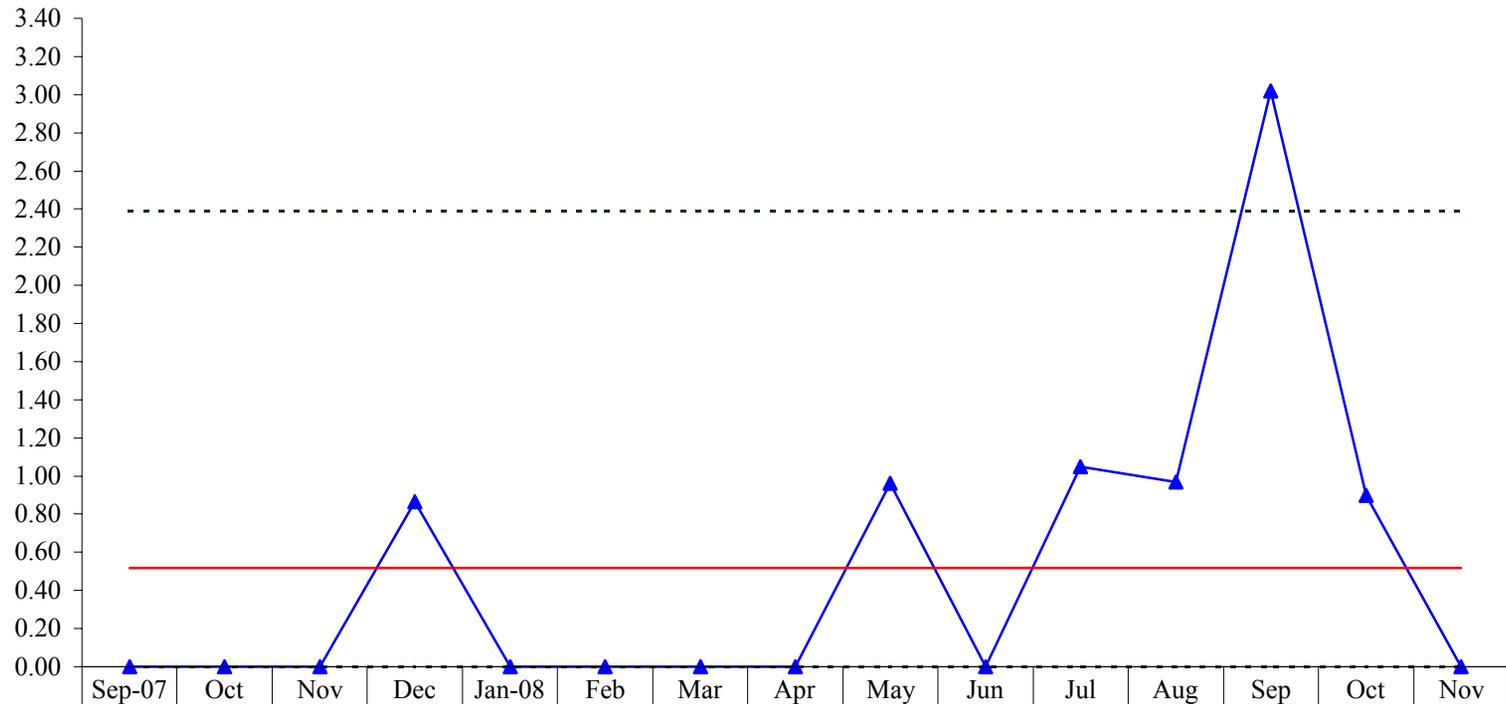
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

Employee Injuries Resulting in a Workers' Compensation Claim



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

Employee Injuries Resulting in a Workers' Compensation Claim



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 3 | 0 | 2 | 3 | 4 | 2 | 0 |
| Injuries Resulting in a WCC | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 3 | 1 | 0 |
| Emp. Inj.(WCC)/1000 Bed Days | 0.00 | 0.00 | 0.00 | 0.87 | 0.00 | 0.00 | 0.00 | 0.00 | 0.96 | 0.00 | 1.05 | 0.97 | 3.02 | 0.90 | 0.00 |
| UCL | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 | 2.39 |
| Avg | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 |
| 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 |

Performance Objective 6D:

The rate of patient injuries in mental health hospitals related to behavioral seclusion and restraint will show a measurable downward trend 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: $R=(N/D) \times 1000$

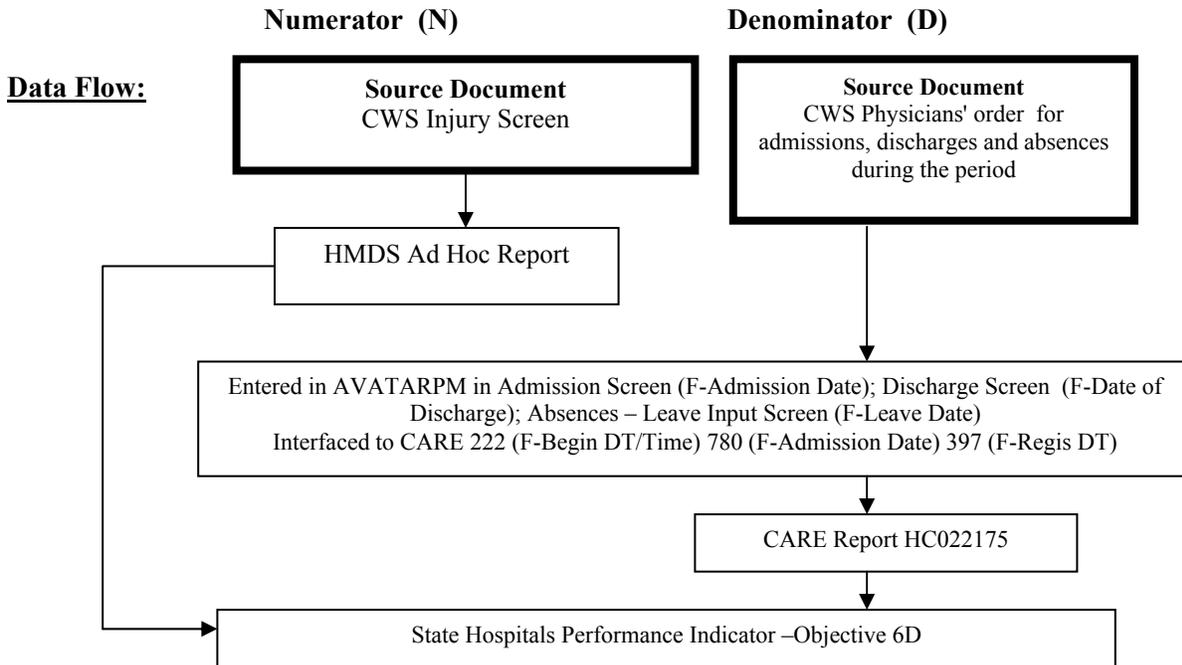
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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 - FY2009

| Hospital | Q1 | | | | | | | Q2 | | | | | | | Q3 | | | | | | | Q4 | | | | | | | | | | | | | |
|------------------|-----|-------|-----------|--------|------------------|-------|------------|-----|-------|-----------|--------|------------------|-------|-------|-----|-------|-----------|--------|------------------|-------|-------|-----|-------|-----------|--------|------------------|-------|-------|--|--|--|--|--|--|--|
| | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | Total | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | Total | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | Total | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | Total | | | | | | | |
| ALL SH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Restraint | 3 | 29 | 52 | 4 | 0 | 0 | 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seclusion | 0 | 4 | 0 | 0 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 3 | 33 | 52 | 4 | 0 | 0 | 92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per 1000 Beddays | | | | | | | 0.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Performance Objective 6E:

Employees in mental health hospitals injured during restraint or seclusion will show a measurable downward trend with a goal of zero.

Performance Objective Operational Definition: The mental health hospital rate of employees injured during restraint or seclusion per 1,000 bed days.

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

R = rate of employees injured during restraint or seclusion per 1000 bed days per month

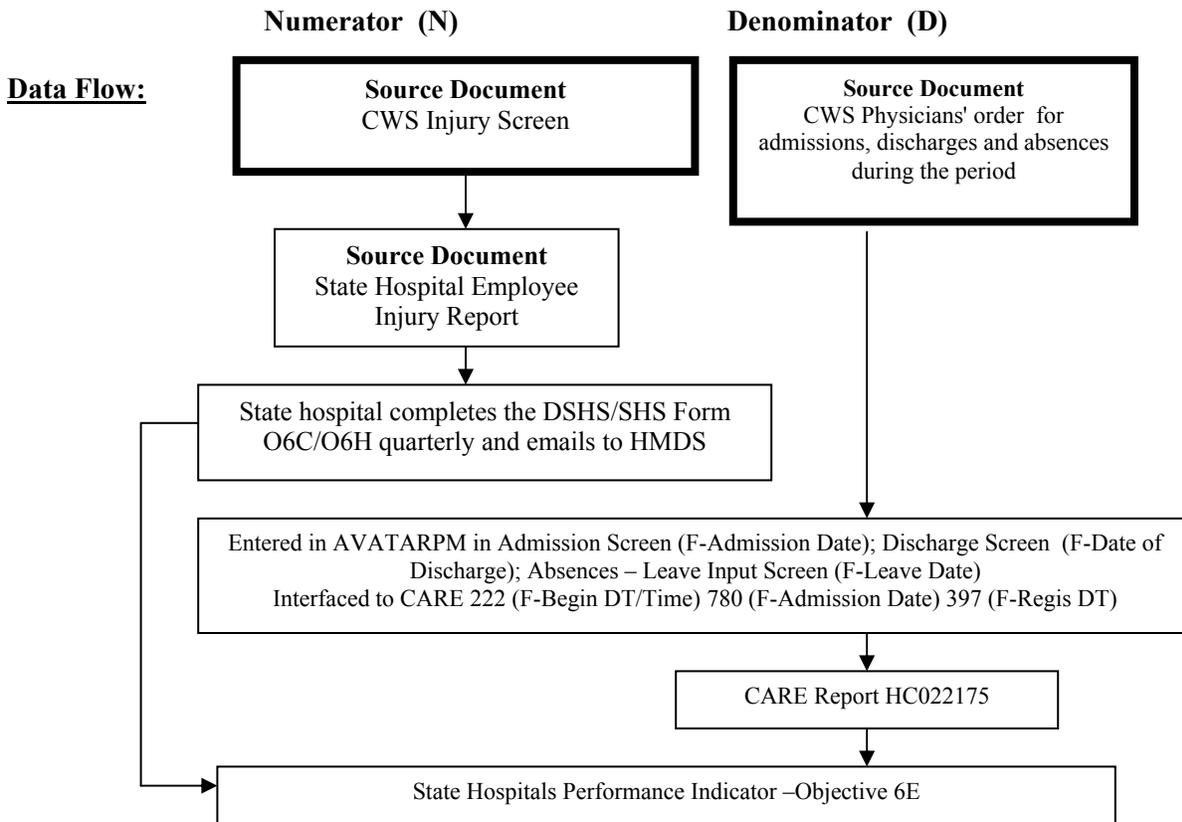
N = number of employees injured during restraint or seclusion per month

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

Performance Objective Data Display and Chart Description:

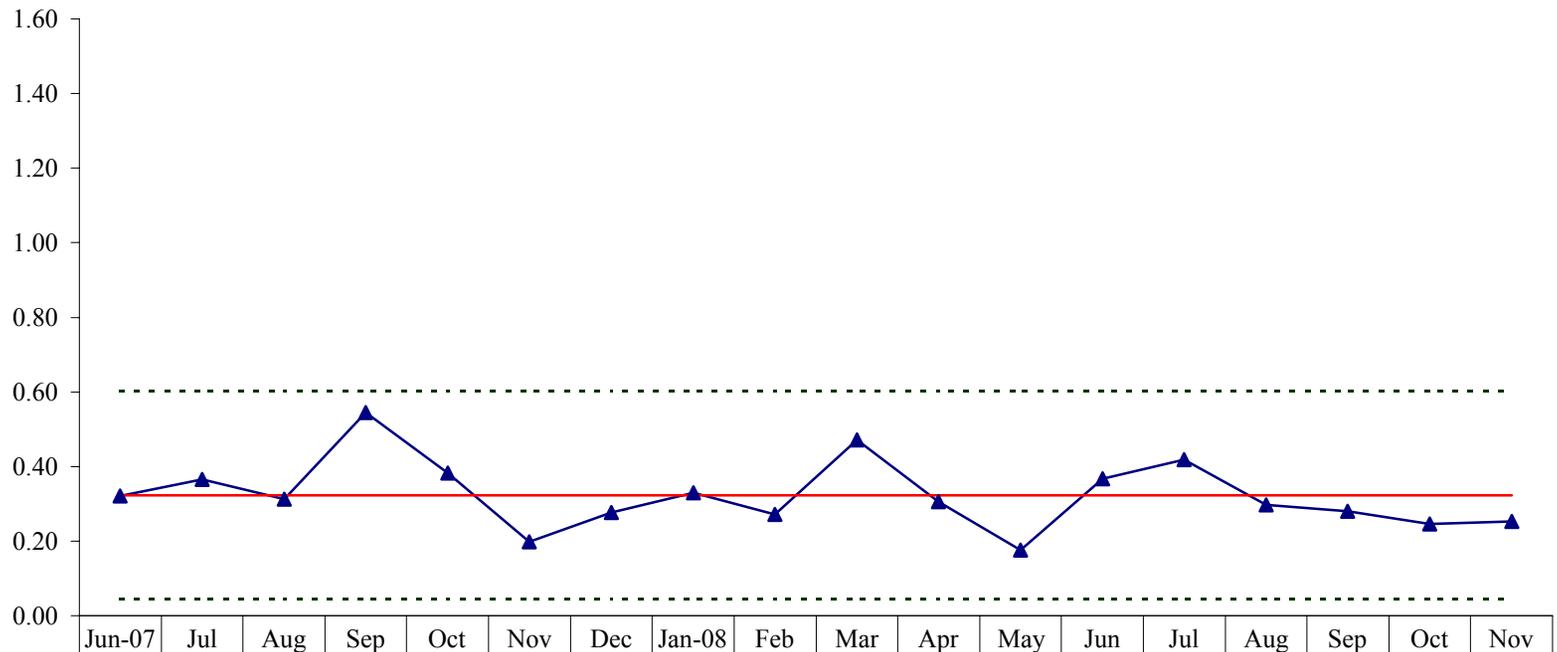
Chart with monthly data points showing total employee injuries, injuries associated with restraint or seclusion and rate per 1,000 bed days.

See Objective 6C for charts.



**Objective 6E - Employees Injured During Restraint or Seclusion
All State Hospitals**

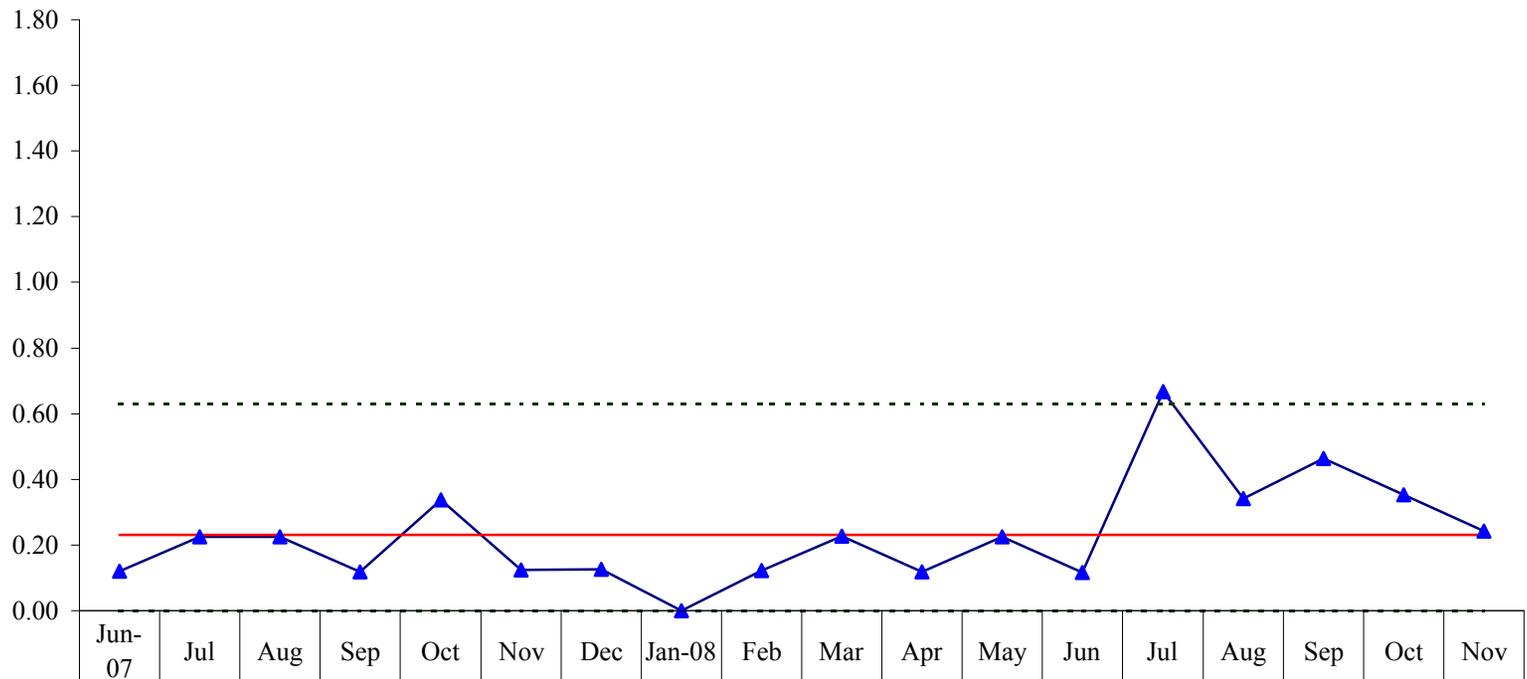
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 169 | 194 | 187 | 175 | 186 | 158 | 167 | 168 | 148 | 205 | 176 | 162 | 187 | 175 | 159 | 172 | 167 | 123 |
| Injuries Associated with R/S | 22 | 26 | 22 | 38 | 28 | 14 | 20 | 24 | 19 | 35 | 22 | 13 | 26 | 31 | 22 | 20 | 18 | 18 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.32 | 0.37 | 0.31 | 0.54 | 0.38 | 0.20 | 0.28 | 0.33 | 0.27 | 0.47 | 0.30 | 0.18 | 0.37 | 0.42 | 0.30 | 0.28 | 0.25 | 0.25 |
| -----UCL | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 | 0.60 |
| — Avg | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 |
| -----LCL | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 | 0.04 |

Objective 6E - Employees Injured During Restraint or Seclusion
Austin State Hospital

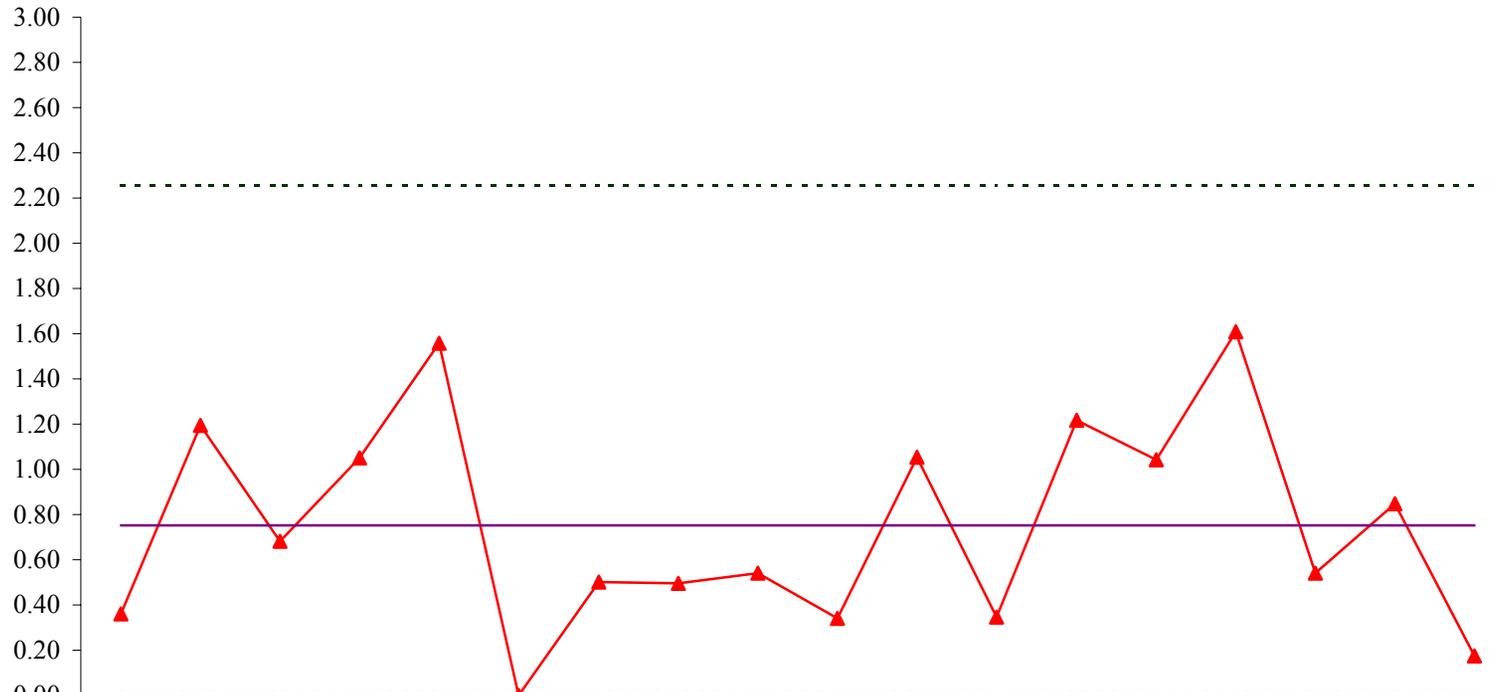
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 2 | 13 | 5 | 3 | 9 | 5 | 5 | 2 | 4 | 8 | 2 | 10 | 6 | 19 | 9 | 6 | 8 | 5 |
| Injuries Associated with R/S | 1 | 2 | 2 | 1 | 3 | 1 | 1 | 0 | 1 | 2 | 1 | 2 | 1 | 6 | 3 | 4 | 3 | 2 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.12 | 0.22 | 0.22 | 0.12 | 0.34 | 0.12 | 0.13 | 0.00 | 0.12 | 0.23 | 0.12 | 0.22 | 0.12 | 0.67 | 0.34 | 0.46 | 0.35 | 0.24 |
| ----- UCL | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 |
| — Avg | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 | 0.23 |
| ----- 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 Injured During Restraint or Seclusion
Big Spring State Hospital**

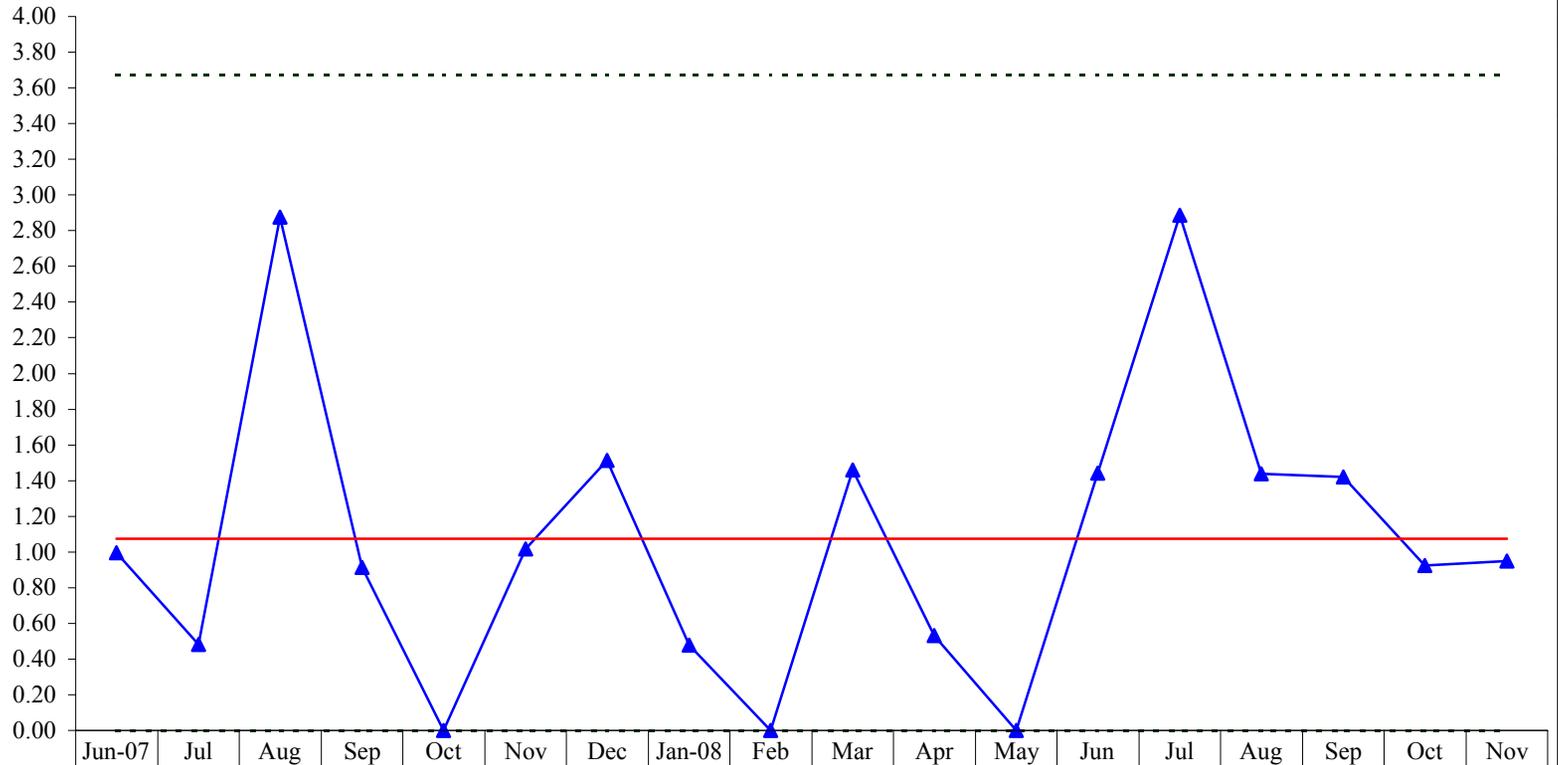
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 13 | 17 | 23 | 15 | 18 | 15 | 16 | 20 | 12 | 21 | 25 | 19 | 24 | 16 | 20 | 18 | 23 | 6 |
| Injuries Associated with R/S | 2 | 7 | 4 | 6 | 9 | 0 | 3 | 3 | 3 | 2 | 6 | 2 | 7 | 6 | 9 | 3 | 5 | 1 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.36 | 1.20 | 0.68 | 1.05 | 1.56 | 0.00 | 0.50 | 0.50 | 0.54 | 0.34 | 1.05 | 0.35 | 1.22 | 1.04 | 1.61 | 0.54 | 0.85 | 0.17 |
| -----UCL | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 | 2.26 |
| — Avg | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 |
| -----LCL | 0.00 | 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 Injured During Restraint or Seclusion
El Paso Psychiatric Center

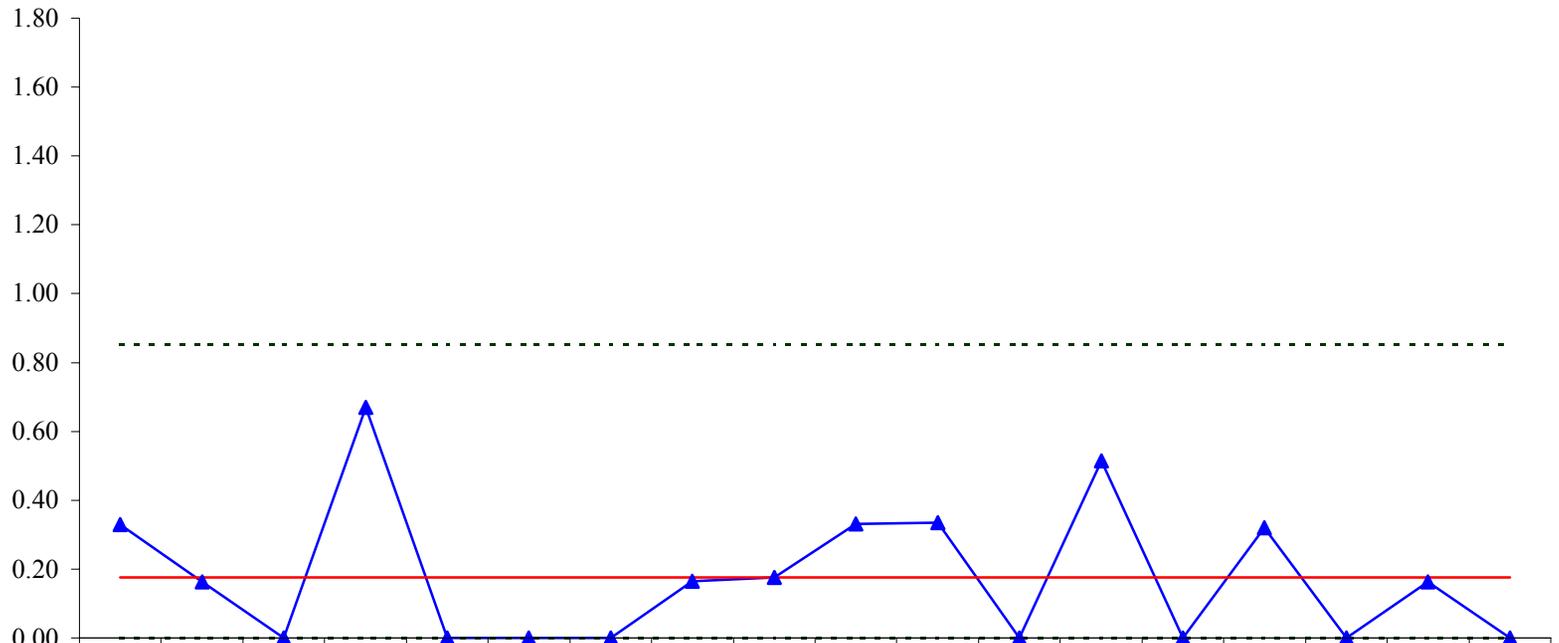
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 8 | 7 | 15 | 11 | 5 | 14 | 7 | 15 | 5 | 7 | 15 | 5 | 5 | 9 | 6 | 8 | 5 | 4 |
| Injuries Associated with R/S | 2 | 1 | 6 | 2 | 0 | 2 | 3 | 1 | 0 | 3 | 1 | 0 | 3 | 6 | 3 | 3 | 2 | 2 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 1.00 | 0.48 | 2.88 | 0.91 | 0.00 | 1.02 | 1.51 | 0.48 | 0.00 | 1.46 | 0.53 | 0.00 | 1.44 | 2.89 | 1.44 | 1.42 | 0.93 | 0.95 |
| -----UCL | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 |
| — Avg | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 | 1.07 |
| -----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 Injured During Restraint or Seclusion
Kerrville State Hospital**

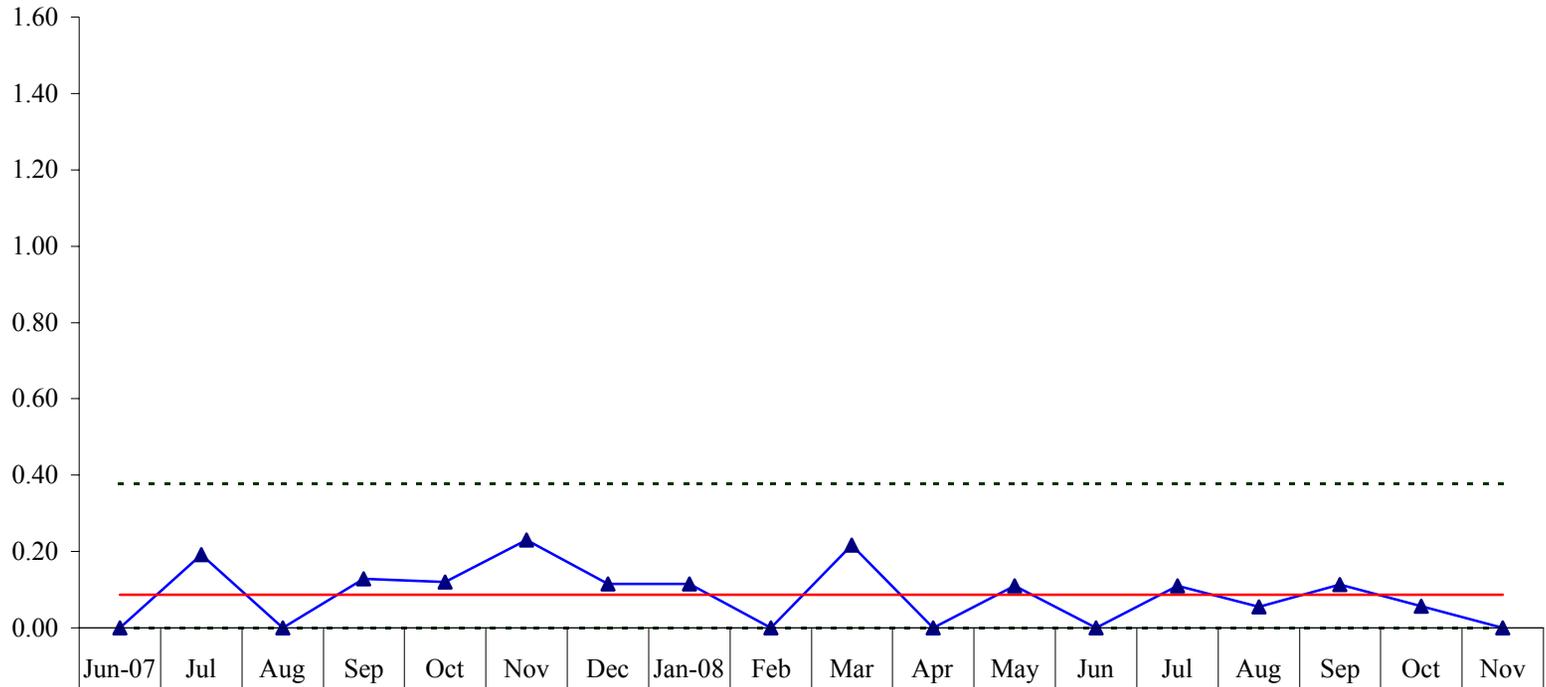
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 11 | 12 | 7 | 11 | 10 | 4 | 4 | 7 | 14 | 12 | 13 | 6 | 7 | 11 | 9 | 6 | 8 | 7 |
| Injuries Associated with R/S | 2 | 1 | 0 | 4 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 3 | 0 | 2 | 0 | 1 | 0 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.33 | 0.16 | 0.00 | 0.67 | 0.00 | 0.00 | 0.00 | 0.16 | 0.18 | 0.33 | 0.33 | 0.00 | 0.51 | 0.00 | 0.32 | 0.00 | 0.16 | 0.00 |
| -----UCL | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 |
| — Avg | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 |
| -----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 Injured During Restraint or Seclusion
North Texas State Hospital**

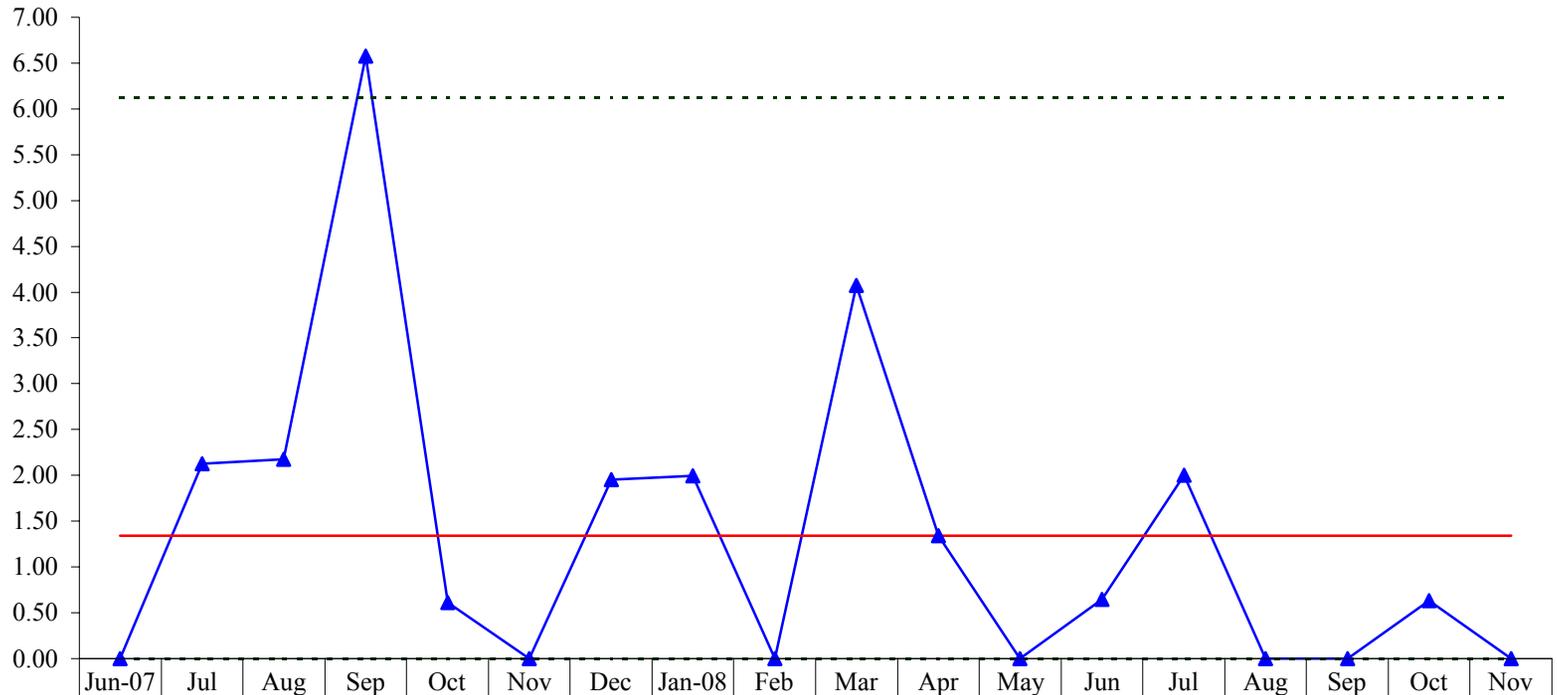
Employee Injured During Restraint or Seclusion



| | | | | | | | | | | | | | | | | | | |
|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 23 | 31 | 28 | 36 | 33 | 36 | 43 | 27 | 16 | 49 | 30 | 34 | 34 | 33 | 35 | 41 | 26 | 23 |
| Injuries Associated with R/S | 0 | 3 | 0 | 2 | 2 | 4 | 2 | 2 | 0 | 4 | 0 | 2 | 0 | 2 | 1 | 2 | 1 | 0 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.00 | 0.19 | 0.00 | 0.13 | 0.12 | 0.23 | 0.11 | 0.12 | 0.00 | 0.22 | 0.00 | 0.11 | 0.00 | 0.11 | 0.05 | 0.11 | 0.06 | 0.00 |
| -----UCL | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 |
| -----Avg | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 | 0.09 |
| -----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 Injured During Restraint or Seclusion
Rio Grande State Center**

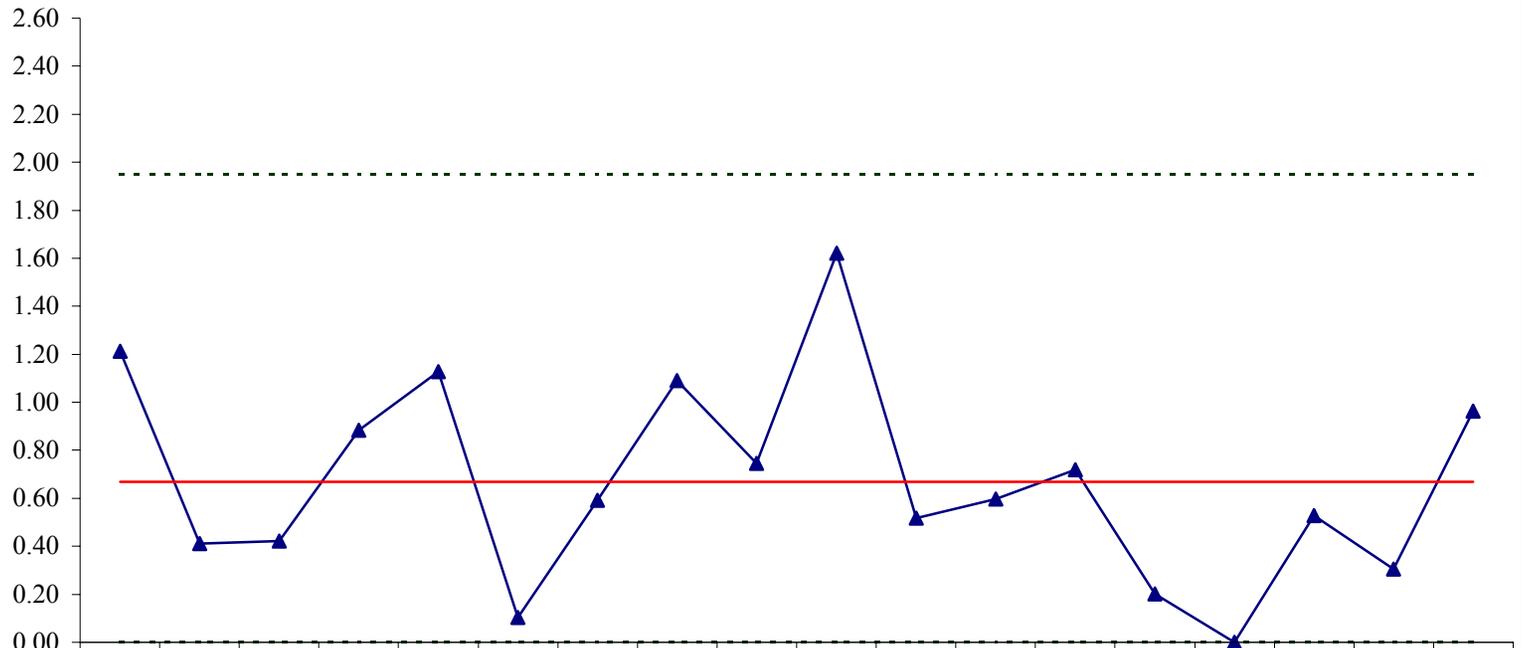
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 2 | 13 | 8 | 17 | 7 | 7 | 11 | 10 | 5 | 16 | 12 | 10 | 7 | 8 | 6 | 4 | 8 | 9 |
| Injuries Associated with R/S | 0 | 3 | 3 | 10 | 1 | 0 | 3 | 3 | 0 | 6 | 2 | 0 | 1 | 3 | 0 | 0 | 1 | 0 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.00 | 2.12 | 2.17 | 6.57 | 0.61 | 0.00 | 1.95 | 1.99 | 0.00 | 4.08 | 1.34 | 0.00 | 0.64 | 2.00 | 0.00 | 0.00 | 0.63 | 0.00 |
| -----UCL | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 | 6.12 |
| — Avg | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 | 1.34 |
| -----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 Injured During Restraint or Seclusion
Rusk State Hospital**

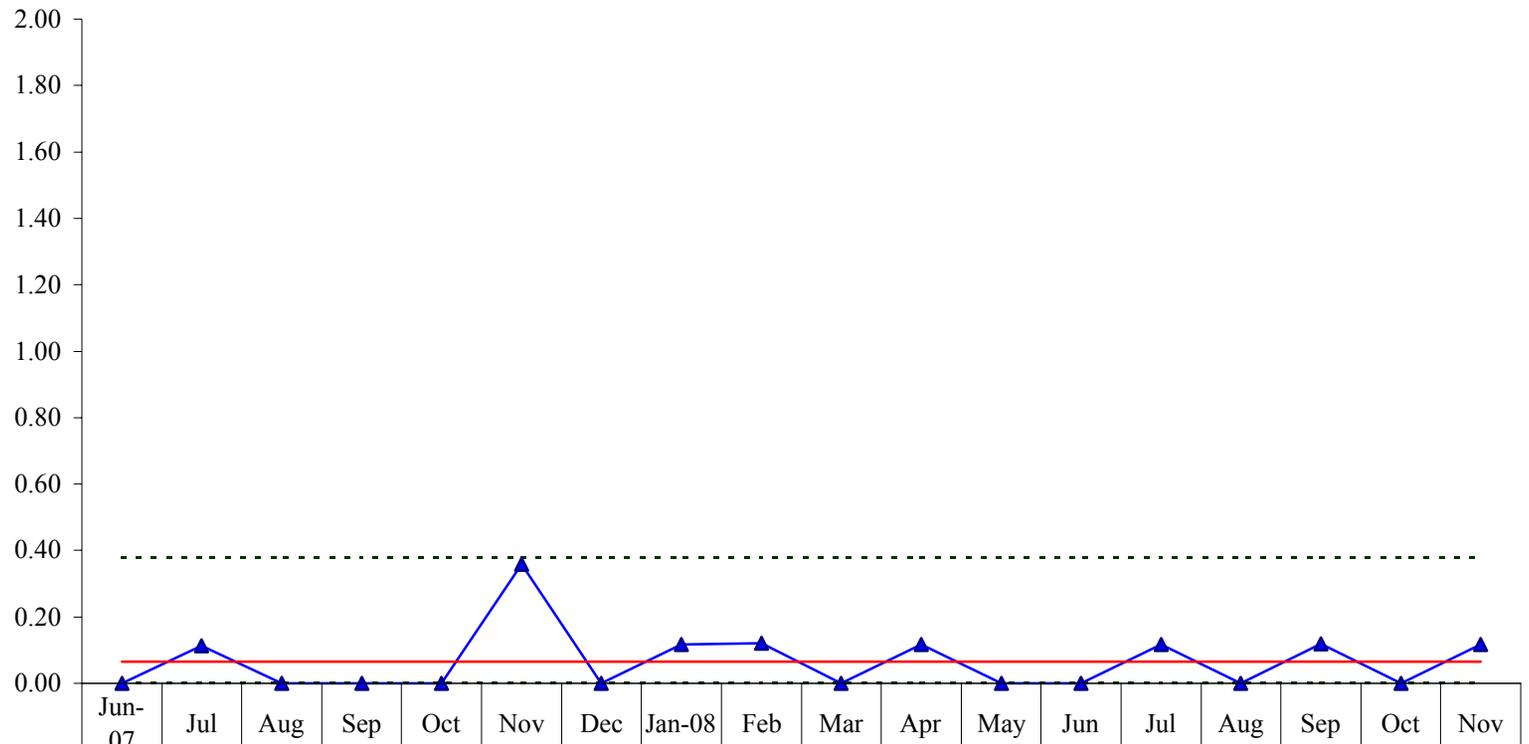
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 46 | 27 | 24 | 31 | 41 | 30 | 27 | 31 | 37 | 55 | 35 | 25 | 44 | 27 | 16 | 27 | 40 | 32 |
| Injuries Associated with R/S | 11 | 4 | 4 | 8 | 11 | 1 | 6 | 11 | 7 | 16 | 5 | 6 | 7 | 2 | 0 | 5 | 3 | 9 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 1.21 | 0.41 | 0.42 | 0.88 | 1.13 | 0.10 | 0.59 | 1.09 | 0.74 | 1.62 | 0.52 | 0.60 | 0.72 | 0.20 | 0.00 | 0.53 | 0.30 | 0.96 |
| -----UCL | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 | 1.95 |
| — Avg | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 | 0.67 |
| -----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 Injured During Restraint or Seclusion
San Antonio State Hospital

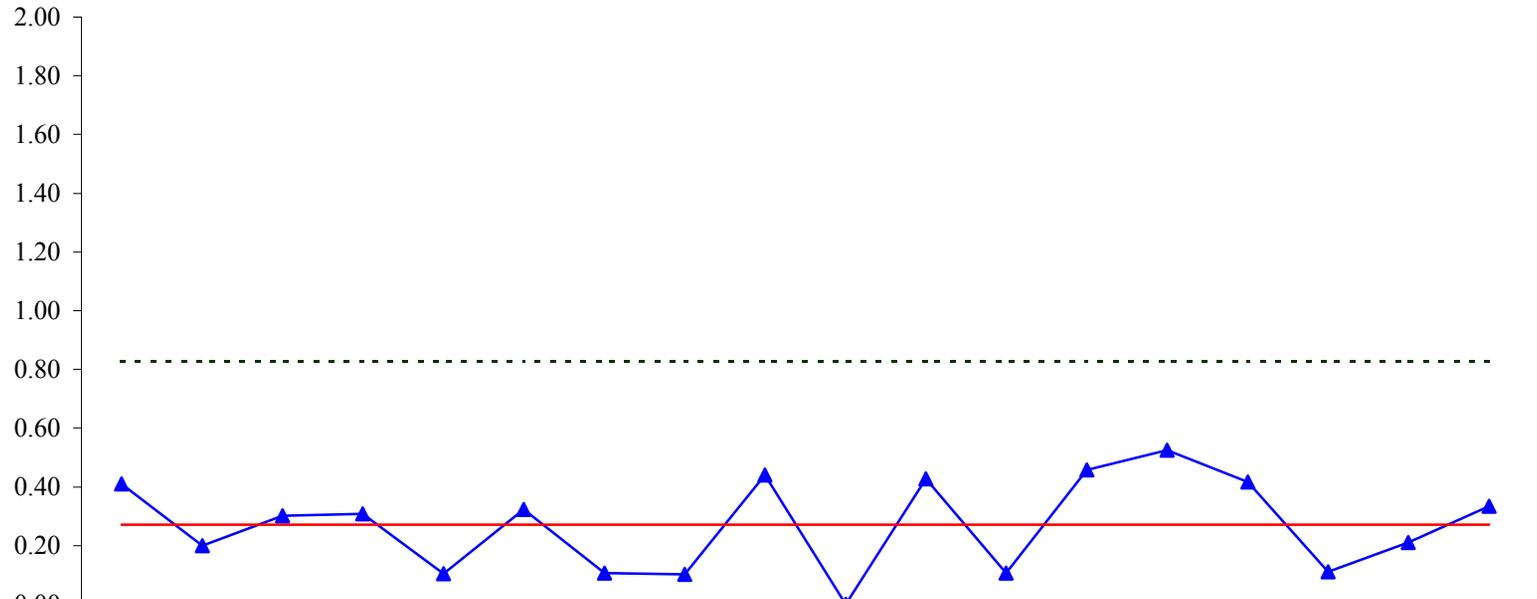
Employee Injured During Restraint or Seclusion



| | | | | | | | | | | | | | | | | | | |
|------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 28 | 34 | 28 | 23 | 28 | 30 | 23 | 25 | 18 | 18 | 15 | 22 | 24 | 20 | 21 | 31 | 29 | 20 |
| Injuries Associated with R/S | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 |
| Emp. Inj.(RS)/1000 Bed Days | 0.00 | 0.11 | 0.00 | 0.00 | 0.00 | 0.36 | 0.00 | 0.12 | 0.12 | 0.00 | 0.12 | 0.00 | 0.00 | 0.12 | 0.00 | 0.12 | 0.00 | 0.12 |
| UCL | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 | 0.38 |
| Avg | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 |
| 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 Injured During Restraint or Seclusion
Terrell State Hospital

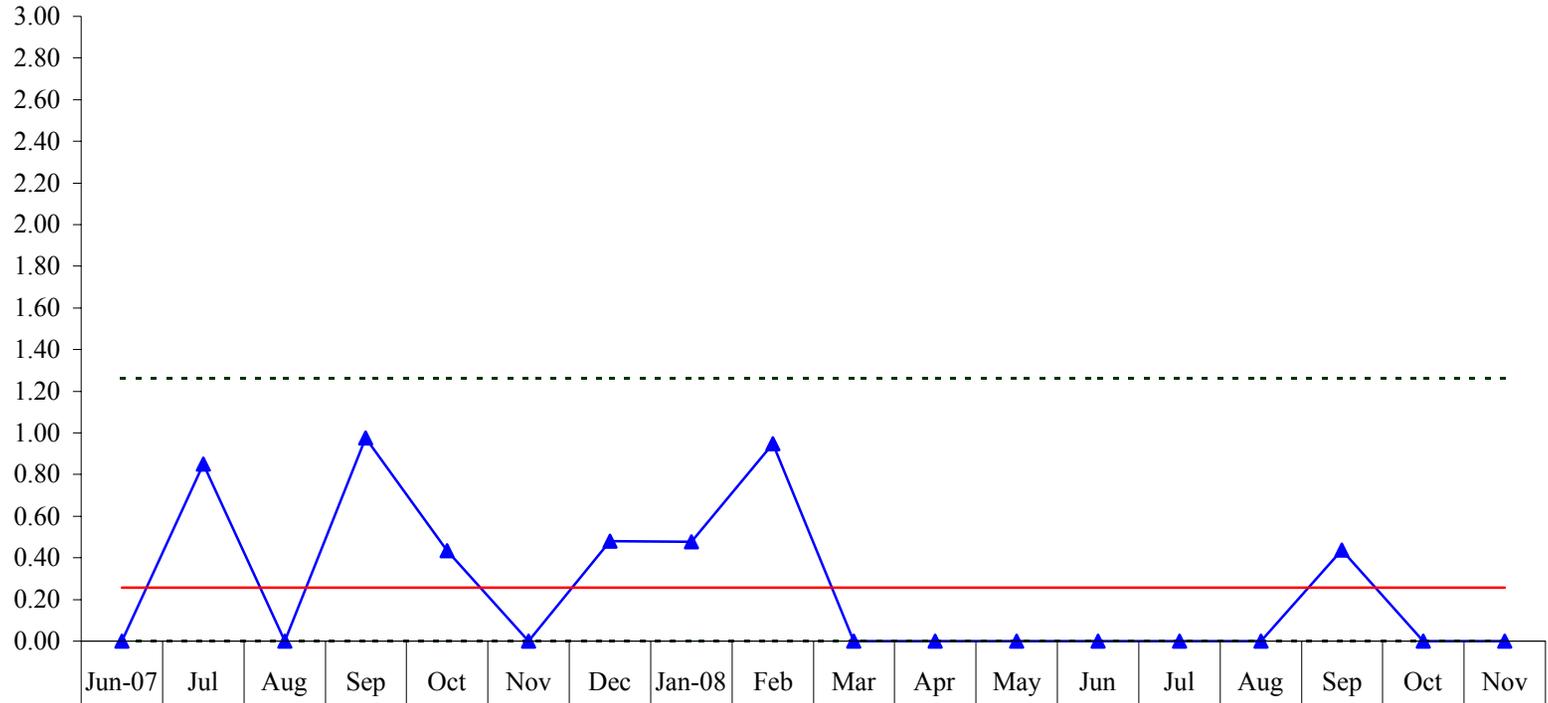
Employee Injured During Restraint or Seclusion



| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 32 | 35 | 48 | 23 | 29 | 13 | 27 | 28 | 31 | 16 | 26 | 23 | 34 | 29 | 32 | 21 | 17 | 15 |
| Injuries Associated with R/S | 4 | 2 | 3 | 3 | 1 | 3 | 1 | 1 | 4 | 0 | 4 | 1 | 4 | 5 | 4 | 1 | 2 | 3 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.41 | 0.20 | 0.30 | 0.31 | 0.10 | 0.32 | 0.11 | 0.10 | 0.44 | 0.00 | 0.43 | 0.11 | 0.46 | 0.52 | 0.42 | 0.11 | 0.21 | 0.33 |
| ----- UCL | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 |
| ----- 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 |

**Objective 6E - Employees Injured During Restraint or Seclusion
Waco Center for Youth**

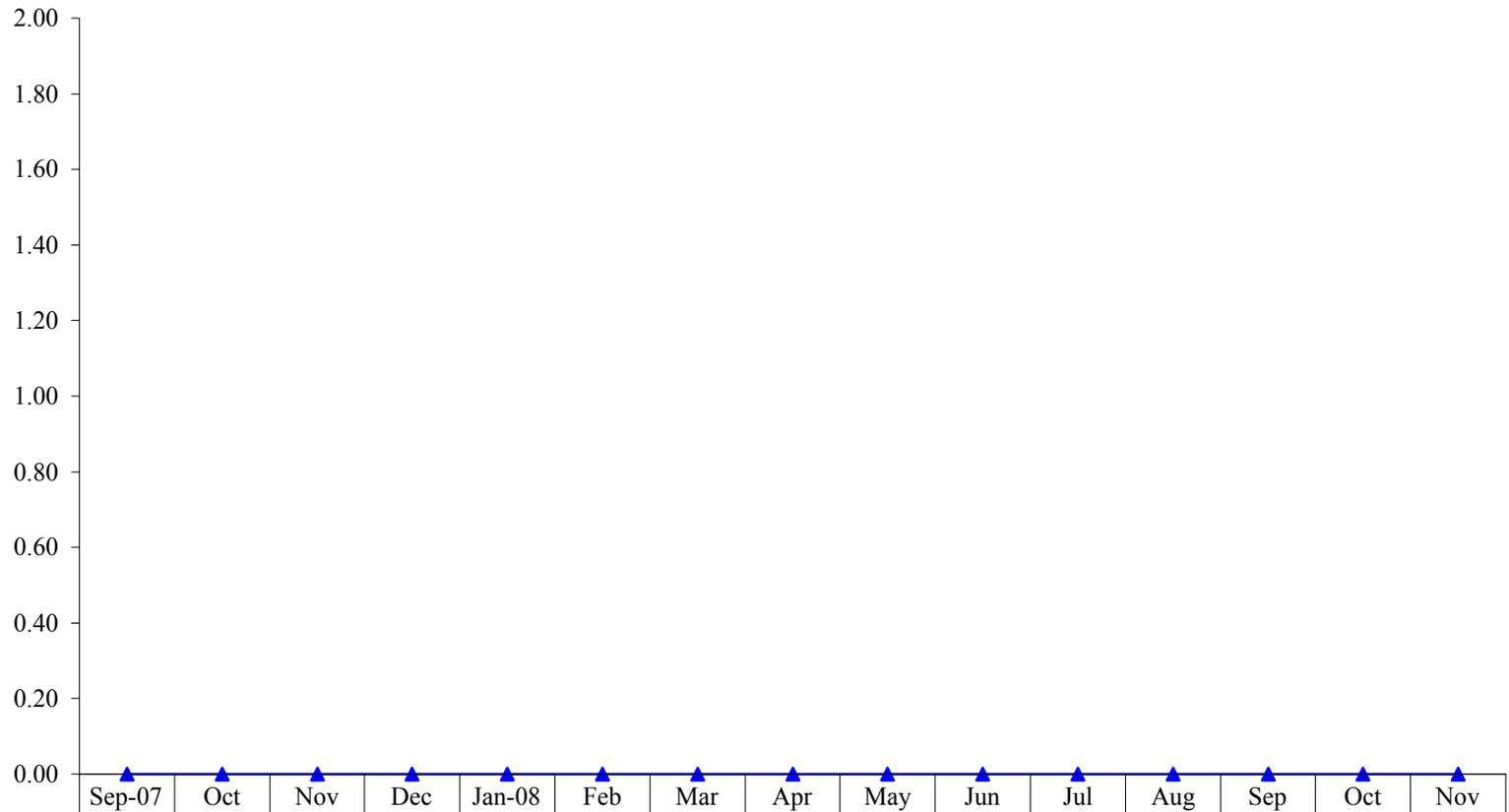
Employee Injured During Restraint or Seclusion



| | | | | | | | | | | | | | | | | | | |
|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 4 | 5 | 1 | 4 | 5 | 2 | 3 | 1 | 4 | 2 | 2 | 5 | 2 | 1 | 2 | 6 | 1 | 2 |
| Injuries Associated with R/S | 0 | 2 | 0 | 2 | 1 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.00 | 0.85 | 0.00 | 0.98 | 0.43 | 0.00 | 0.48 | 0.48 | 0.95 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.44 | 0.00 | 0.00 |
| -----UCL | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 | 1.26 |
| -----Avg | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 | 0.26 |
| -----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 Injured During Restraint or Seclusion
Texas Center for Infectious Disease**

Employee Injured During Restraint or Seclusion



| | | | | | | | | | | | | | | | |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 3 | 0 | 2 | 3 | 4 | 2 | 0 |
| Injuries Associated with R/S | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| —▲ Emp. Inj.(RS)/1000 Bed Days | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Performance Objective 6F:

The rate of Unauthorized Departures will show a measurable downward trend 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

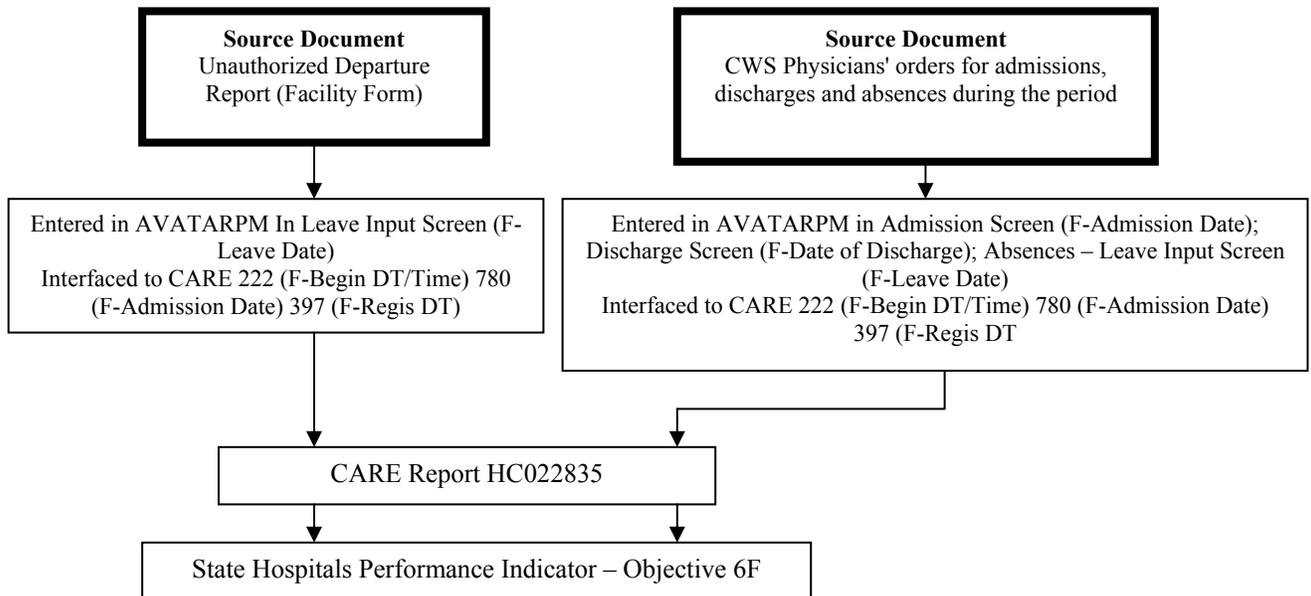
Performance Objective Data Display and Chart Description:

- ◆ 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 | Sep | Oct | Nov | Dec | Jan-09 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|-----------------------------------|--------|--------|--------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Unauthorized Departures Incidents | 18 | 16 | 7 | | | | | | | | | |
| Unauthorized Departures Persons | 17 | 15 | 6 | | | | | | | | | |
| Bed Days in Month | 70520 | 72155 | 69878 | | | | | | | | | |
| Incidents/1000 Bed Days | 0.2552 | 0.2217 | 0.1002 | | | | | | | | | |

Performance Objective 6G:

Analyze and evaluate the effectiveness of the fall reduction program and implement improvement efforts to demonstrate a measurable downward trend with a goal of zero.

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

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

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

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

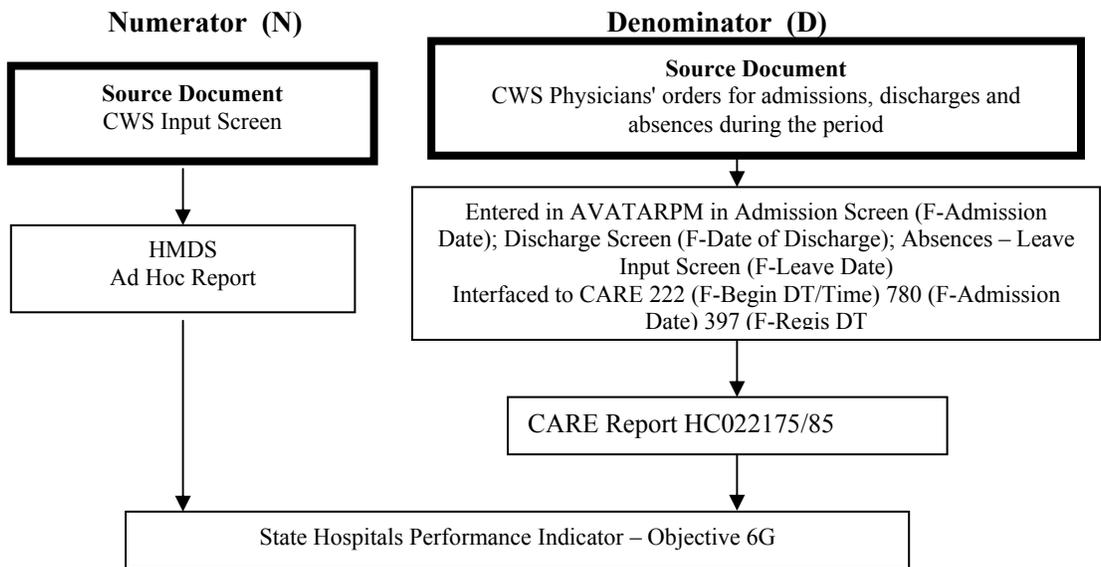
1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

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

Chart shows percent of injuries to number of falls for individual state hospitals and system-wide.

Data Flow:



Objective 6G - Rate of Falls
All State Hospitals

| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| ALL STATE HOSPITALS | | | | | | | | | | | | | | | |
| All Falls | 145 | 117 | 89 | 130 | 133 | 104 | 146 | 127 | 115 | 135 | 116 | 151 | 158 | 169 | 146 |
| Bed Days in Month | 69829 | 73135 | 70939 | 72309 | 72870 | 69922 | 74274 | 72163 | 73817 | 70774 | 74148 | 74180 | 71479 | 73264 | 71080 |
| Falls/1000 Bed Days | 2.08 | 1.60 | 1.25 | 1.80 | 1.83 | 1.49 | 1.97 | 1.76 | 1.56 | 1.91 | 1.56 | 2.04 | 2.21 | 2.31 | 2.05 |

Performance Measure 6A:

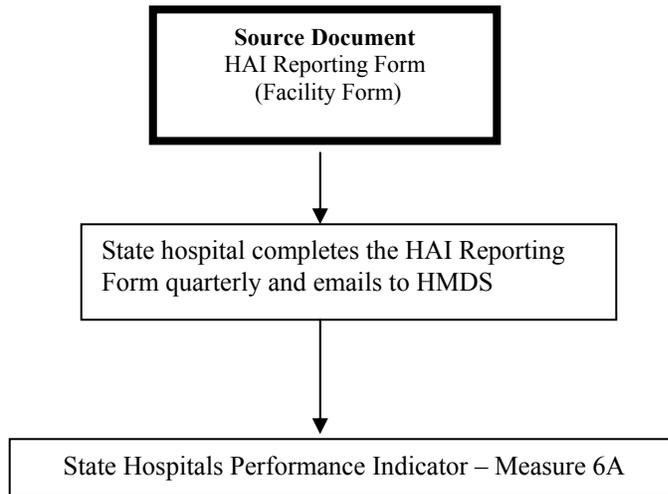
Hospital infection control professionals (ICPS) will collect and compare data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

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 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 0 - 17

| Nosocomial Infection Type | ASH | EPPC | NTSH | SASH | TSH | WCFY | System Total |
|---|------------|-------------|-------------|-------------|------------|-------------|---------------------|
| Urinary Tract Infection | 0 | 1 | 1 | 1 | 1 | 0 | 4 |
| Surgical Site Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pneumonia | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blood Stream Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bone and Joint Infections | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Central Nervous System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cardiovascular System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ear, Eyes, Nose, Throat Infection | 0 | 0 | 2 | 2 | 4 | 1 | 9 |
| Gastrointestinal System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lower Respiratory Infection, other than Pneumonia | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reproductive Tract Infection | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Skin and Soft Tissue Infection | 0 | 0 | 0 | 4 | 1 | 4 | 9 |
| Systemic Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 1 | 3 | 7 | 6 | 6 | 23 |
| Rate Per 1,000 Beddays | 0.0 | 1.9 | 0.3 | 2.5 | 2.1 | 1.0 | 0.9 |

| | | | | | | | |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|
| Rate Per 1,000 Beddays - FY07 | 0.7 | 1.2 | 1.2 | 2.4 | 3.0 | 2.5 | 1.9 |
| Rate Per 1,000 Beddays - FY08 | 1.0 | 1.4 | 0.7 | 1.9 | 1.4 | 2.1 | 1.4 |

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 18 - 64

| Nosocomial Infection Type | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | TCID | System Total |
|---|------------|-------------|-------------|------------|-------------|-------------|------------|-------------|------------|-------------|---------------------|
| Urinary Tract Infection | 4 | 18 | 1 | 1 | 8 | 1 | 5 | 5 | 4 | 0 | 47 |
| Surgical Site Infection | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Pneumonia | 1 | 0 | 0 | 1 | 0 | 0 | 4 | 1 | 1 | 0 | 8 |
| Blood Stream Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bone and Joint Infections | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Central Nervous System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cardiovascular System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ear, Eyes, Nose, Throat Infection | 4 | 25 | 4 | 8 | 14 | 0 | 15 | 6 | 9 | 0 | 85 |
| Gastrointestinal System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lower Respiratory Infection, other than Pneumonia | 0 | 8 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 11 |
| Reproductive Tract Infection | 0 | 5 | 1 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 11 |
| Skin and Soft Tissue Infection | 7 | 19 | 4 | 6 | 3 | 0 | 10 | 6 | 9 | 0 | 64 |
| Systemic Infection | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| Total | 16 | 78 | 10 | 18 | 26 | 1 | 35 | 22 | 24 | 1 | 231 |
| Rate Per 1,000 Beddays | 0.7 | 6.6 | 2.4 | 1.5 | 0.5 | 0.2 | 1.3 | 1.0 | 0.9 | 0.3 | 1.3 |

| | | | | | | | | | | | |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Rate Per 1,000 Beddays - FY07 | 0.4 | 3.4 | 1.5 | 1.1 | 0.7 | 0.7 | 2.5 | 2.7 | 2.4 | 2.3 | 1.7 |
| Rate Per 1,000 Beddays - FY08 | 0.9 | 4.5 | 3.1 | 1.3 | 0.5 | 2.6 | 2.3 | 1.9 | 2 | 0.4 | 2.3 |

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 65+

| Nosocomial Infection Type | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | System Total |
|---|------------|-------------|-------------|------------|-------------|-------------|------------|-------------|------------|---------------------|
| Urinary Tract Infection | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 5 | 1 | 11 |
| Surgical Site Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pneumonia | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Blood Stream Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bone and Joint Infections | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Central Nervous System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cardiovascular System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ear, Eyes, Nose, Throat Infection | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 5 |
| Gastrointestinal System Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lower Respiratory Infection, other than Pneumonia | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 2 |
| Reproductive Tract Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skin and Soft Tissue Infection | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 3 | 0 | 5 |
| Systemic Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 2 | 1 | 0 | 5 | 1 | 0 | 2 | 13 | 1 | 25 |
| Rate Per 1,000 Beddays | 0.3 | 0.4 | 0.0 | 7.7 | 0.5 | 0.0 | 1.5 | 17.0 | 1.7 | 1.6 |
| Rate Per 1,000 Beddays - FY07 | 1.2 | 3.1 | 2.9 | 2.1 | 0.8 | 0.0 | 1.2 | 3.8 | 2.6 | 2.2 |
| Rate Per 1,000 Beddays - FY08 | 0.6 | 3.0 | 1.0 | 2.0 | 1.1 | 0.0 | 1.3 | 8.1 | 3.9 | 3.0 |

Performance Measure 6B:

Rate of patient injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows: 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

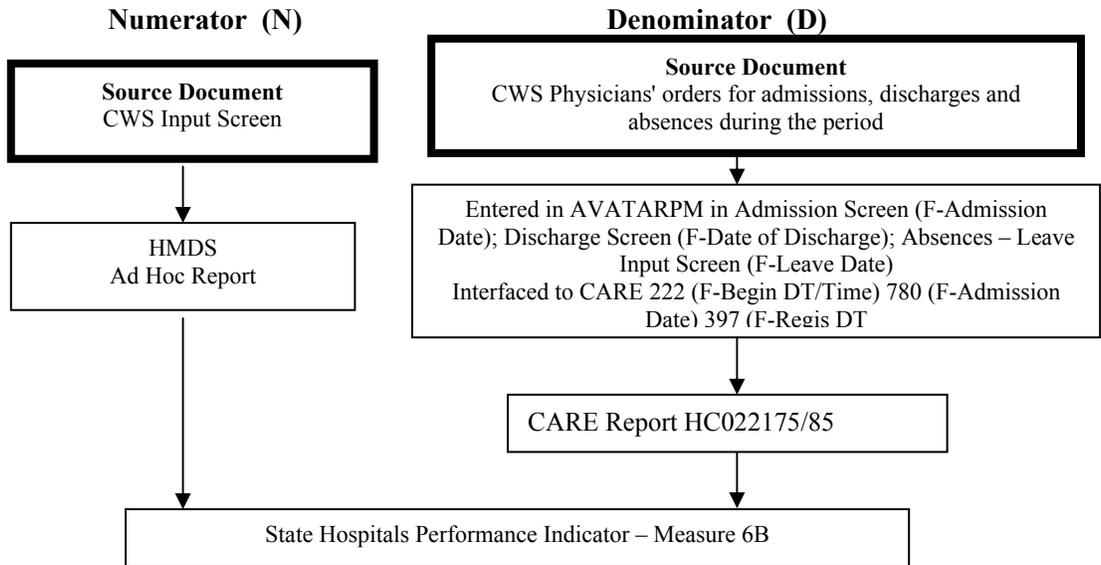
N = number of injuries D = number of bed days per FY quarter

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 6B - Patient Injuries

All Mental Health Hospitals - FY09

| Hospital | Q1 | | | | | | | Q2 | | | | | | | Q3 | | | | | | | Q4 | | | | | | | |
|-----------------------|-----------|-------------|------------|-----------|------------------|----------|-------------|-----|-------|-----------|--------|------------------|-------|---|-----|-------|-----------|--------|------------------|-------|---|-----|-------|-----------|--------|------------------|-------|---|--|
| | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | * | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | * | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | * | N/A | No Tx | First Aid | Med Tx | Hospital-ization | Fatal | * | |
| ALL MH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accident | 17 | 380 | 365 | 30 | 1 | 0 | 793 | | | | | | | | | | | | | | | | | | | | | | |
| Another Client | 16 | 396 | 244 | 20 | 0 | 0 | 676 | | | | | | | | | | | | | | | | | | | | | | |
| Alleged Abuse/Neglect | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee/Accident | 1 | 11 | 16 | 3 | 0 | 0 | 31 | | | | | | | | | | | | | | | | | | | | | | |
| Medical Condition | 3 | 29 | 20 | 0 | 0 | 0 | 52 | | | | | | | | | | | | | | | | | | | | | | |
| Self Inflicted | 20 | 158 | 232 | 17 | 3 | 0 | 430 | | | | | | | | | | | | | | | | | | | | | | |
| Undetermined | 31 | 209 | 75 | 8 | 1 | 0 | 324 | | | | | | | | | | | | | | | | | | | | | | |
| Visitor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Total | 88 | 1183 | 952 | 78 | 5 | 0 | 2306 | | | | | | | | | | | | | | | | | | | | | | |
| Rate/1000 Bed Days | 0.41 | 5.57 | 4.48 | 0.37 | 0.02 | 0.00 | 0.39 | | | | | | | | | | | | | | | | | | | | | | |

N/A = Not Available

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

Measure 6B - Patient Injuries

All State Hospitals

| Hospitals | Q1 FY09 | | | | | | | Q2 | | | | | | | Q3 | | | | | | | FYTD | | | | | | |
|---------------|-----------|-------------|------------|-----------|------------------|----------|-------------|-----|-------|-----------|--------|------------------|-------|-------|-----|-------|-----------|--------|------------------|-------|-------|------|-------|-----------|--------|------------------|-------|-------|
| | N/A | No Tx | First Aid | Med Tx | hospital-ization | Fatal | Total | N/A | No Tx | First Aid | Med Tx | hospital-ization | Fatal | Total | N/A | No Tx | First Aid | Med Tx | hospital-ization | Fatal | Total | N/A | No Tx | First Aid | Med Tx | hospital-ization | Fatal | Total |
| ALL SH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age 0-17 | 8 | 156 | 246 | 10 | 0 | 0 | 420 | | | | | | | | | | | | | | | | | | | | | |
| Age 18-64 | 76 | 968 | 659 | 65 | 5 | 0 | 1773 | | | | | | | | | | | | | | | | | | | | | |
| Age 65-olde | 4 | 59 | 47 | 3 | 0 | 0 | 113 | | | | | | | | | | | | | | | | | | | | | |
| Total | 88 | 1183 | 952 | 78 | 5 | 0 | 2306 | | | | | | | | | | | | | | | | | | | | | |

N/A = Not Available

Source: Unduplicated Client Days (HC022175); and HMDS CWS Report - q_xt_PatientInjuries_PI_age

Performance Measure 6C:

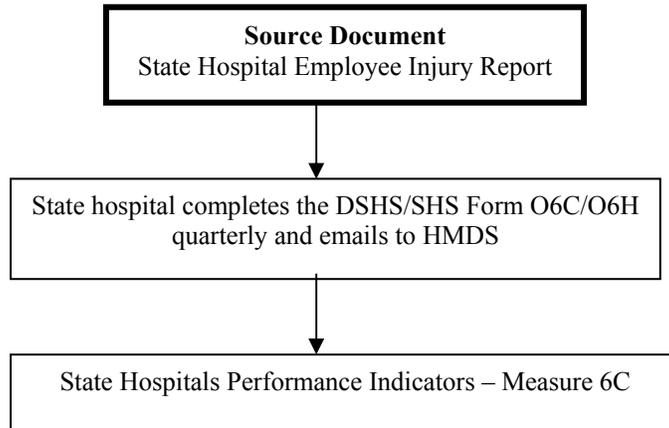
**Rate of on the job employee injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows:
Ages: 18 – 39; 40 – 64 and 65 – older.**

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 and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



Measure 6C - Employee Injuries
All State Hospitals - Q1 FY09

| | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | TCID | WCFY | System Total |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Age 18-39 | 10 | 26 | 14 | 4 | 33 | 6 | 45 | 25 | 22 | 1 | 2 | 188 |
| Per 1,000 Bed Days | 0.39 | 1.51 | 2.19 | 0.22 | 0.63 | 1.32 | 1.57 | 0.98 | 0.80 | 0.30 | 0.28 | 0.87 |
| Age 40-64 | 9 | 20 | 3 | 17 | 44 | 15 | 51 | 54 | 31 | 5 | 7 | 256 |
| Per 1,000 Bed Days | 0.36 | 1.17 | 0.47 | 0.94 | 0.84 | 3.31 | 1.78 | 2.12 | 1.13 | 1.50 | 0.98 | 1.19 |
| Age 65 - Older | 0 | 1 | 0 | 0 | 13 | 0 | 3 | 0 | 0 | 0 | 0 | 17 |
| Per 1,000 Bed Days | 0.00 | 0.06 | 0.00 | 0.00 | 0.25 | 0.00 | 0.10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.08 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Per 1,000 Bed Days | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | 19 | 47 | 17 | 21 | 90 | 21 | 99 | 80 | 53 | 6 | 9 | 462 |
| Per 1,000 Bed Days | 0.75 | 2.74 | 2.66 | 1.16 | 1.73 | 4.64 | 3.45 | 3.13 | 1.93 | 1.80 | 1.26 | 2.14 |

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

95 percent of all staff will be current with CORE and specialty training at all times.

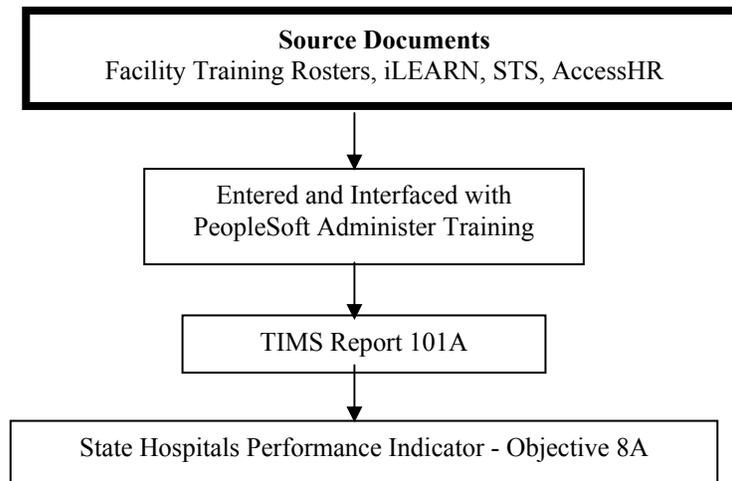
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up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

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

Performance Objective Data Display and Chart Description:

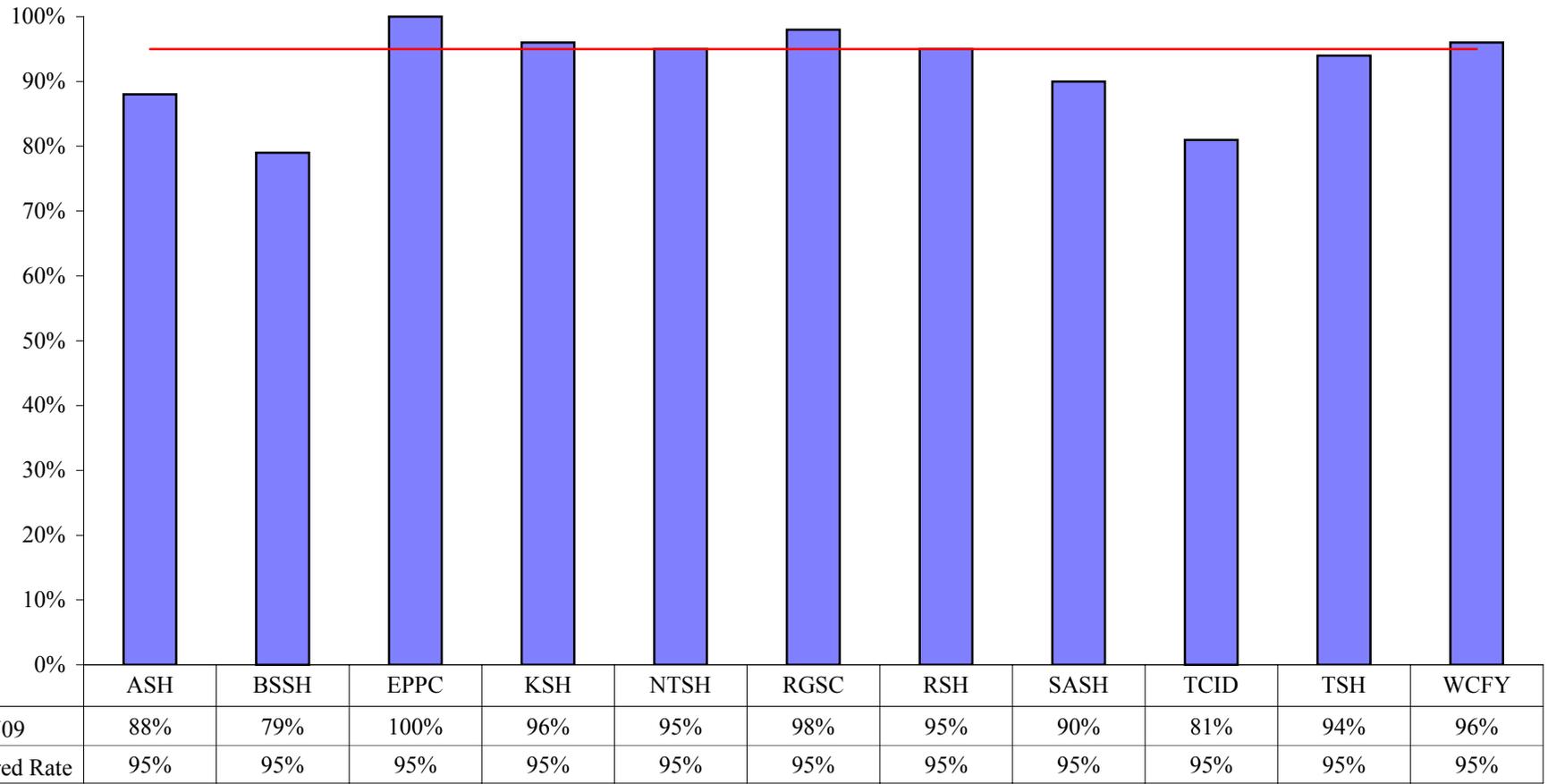
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



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

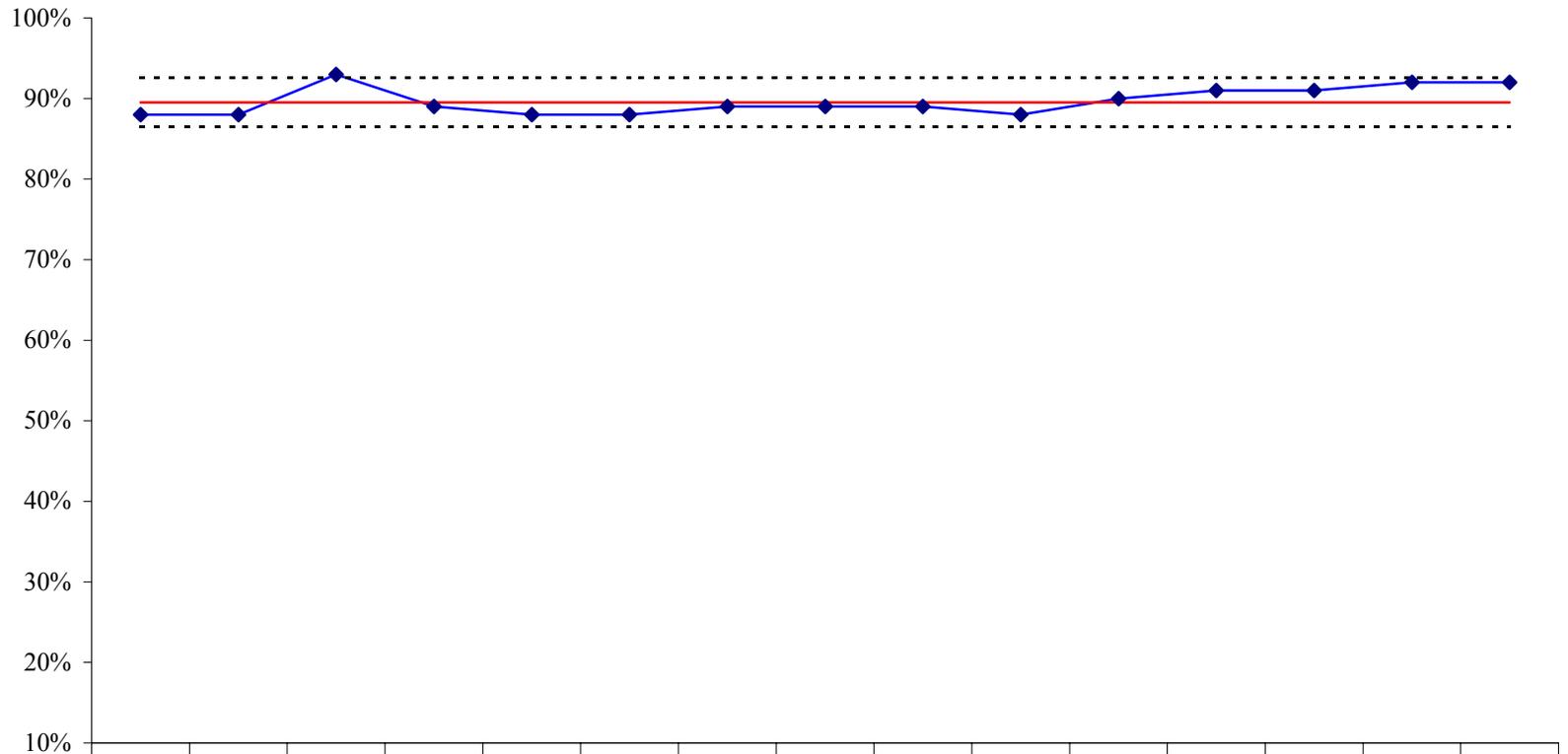
**CORE and Specialty Training
(As of November 30, 2008)**



As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 88% | 88% | 93% | 89% | 88% | 88% | 89% | 89% | 89% | 88% | 90% | 91% | 91% | 92% | 92% |
| - - - - - UCL | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% |
| — Avg | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% |
| - - - - - LCL | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% |

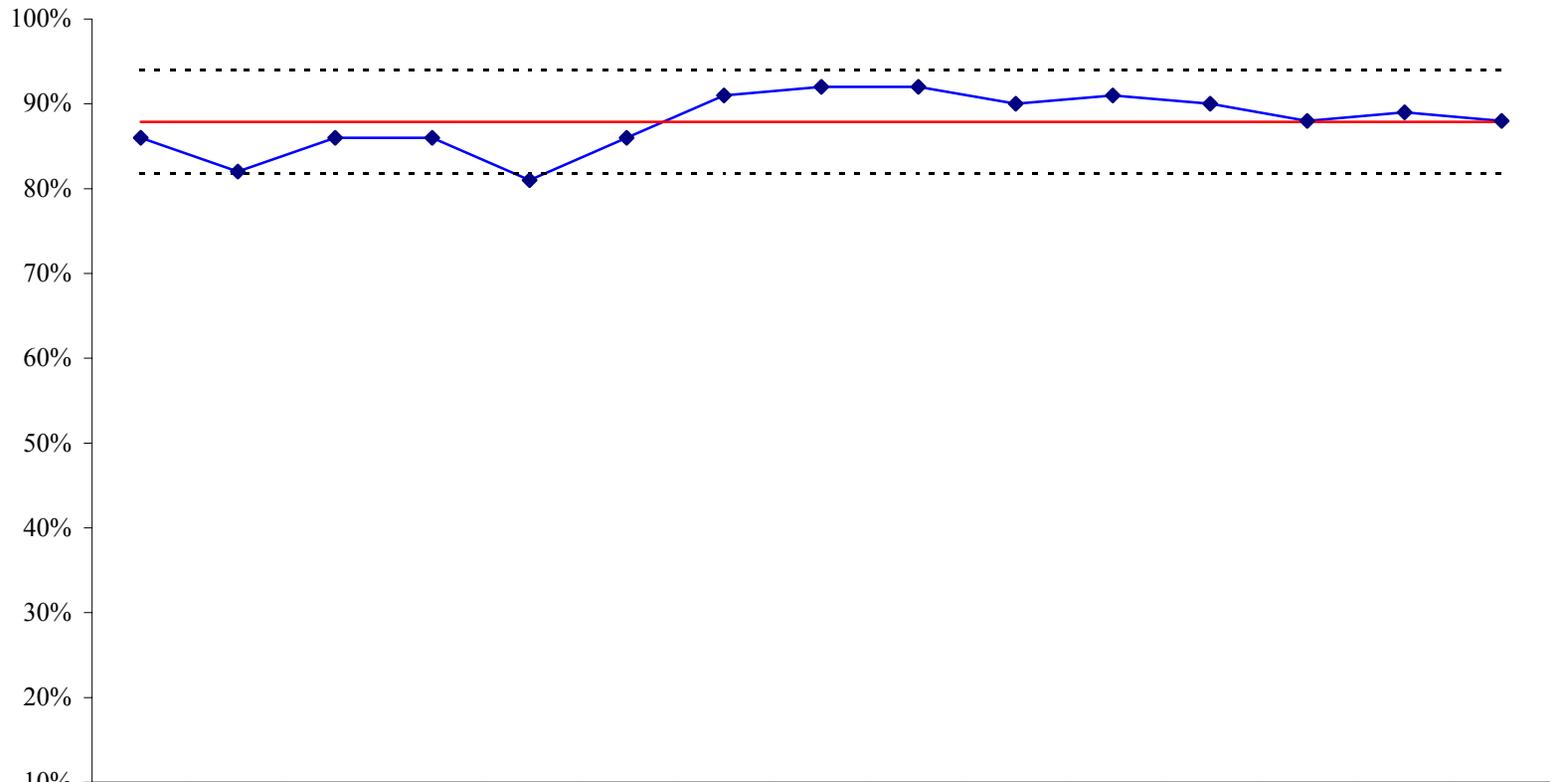
As of September 1, 2007 CORE and Specialty Training reported

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

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

Percentage of CORE and Specialty Training Completed

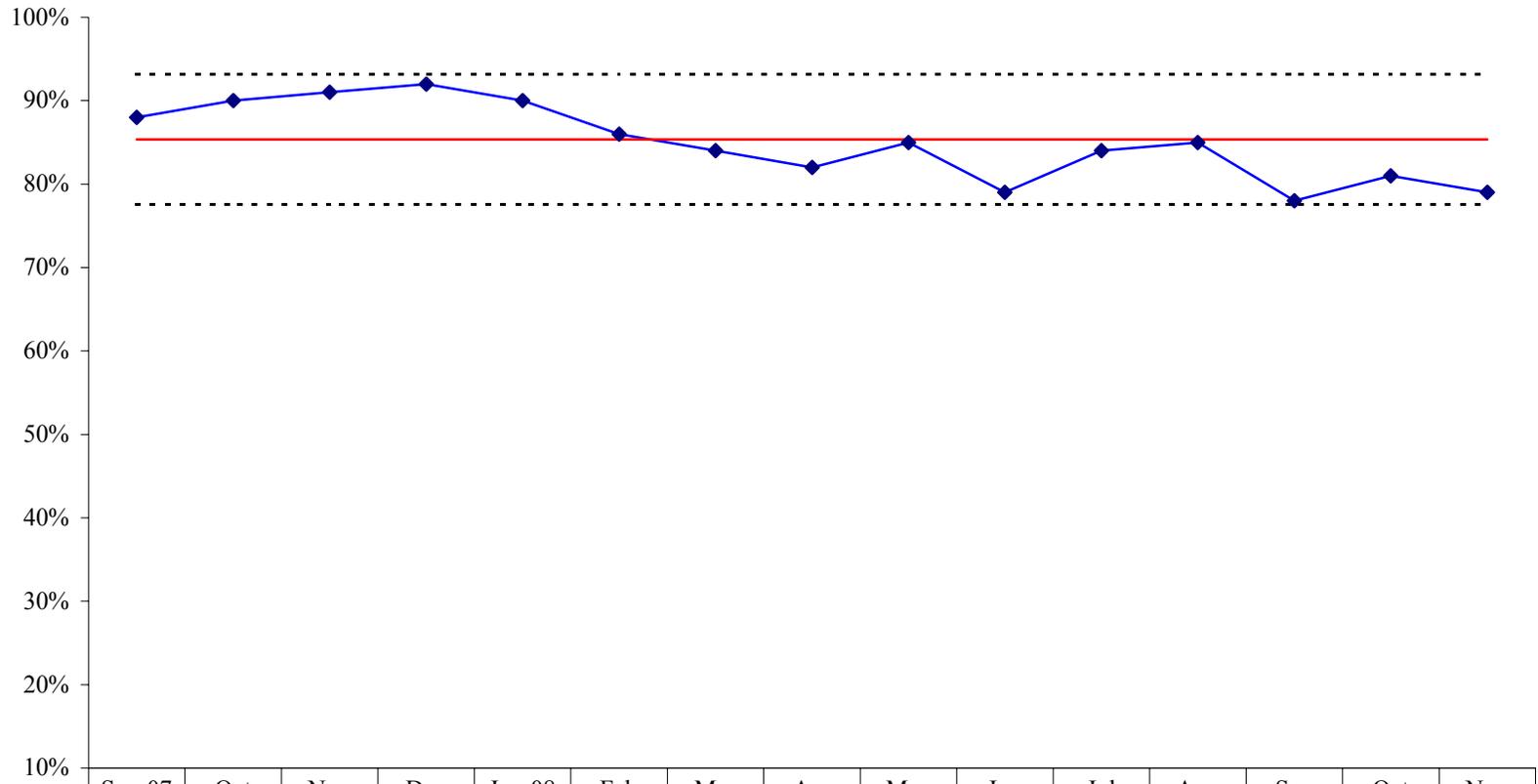


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 86% | 82% | 86% | 86% | 81% | 86% | 91% | 92% | 92% | 90% | 91% | 90% | 88% | 89% | 88% |
| ----- UCL | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% |
| ----- Avg | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% |
| ----- LCL | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% | 82% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

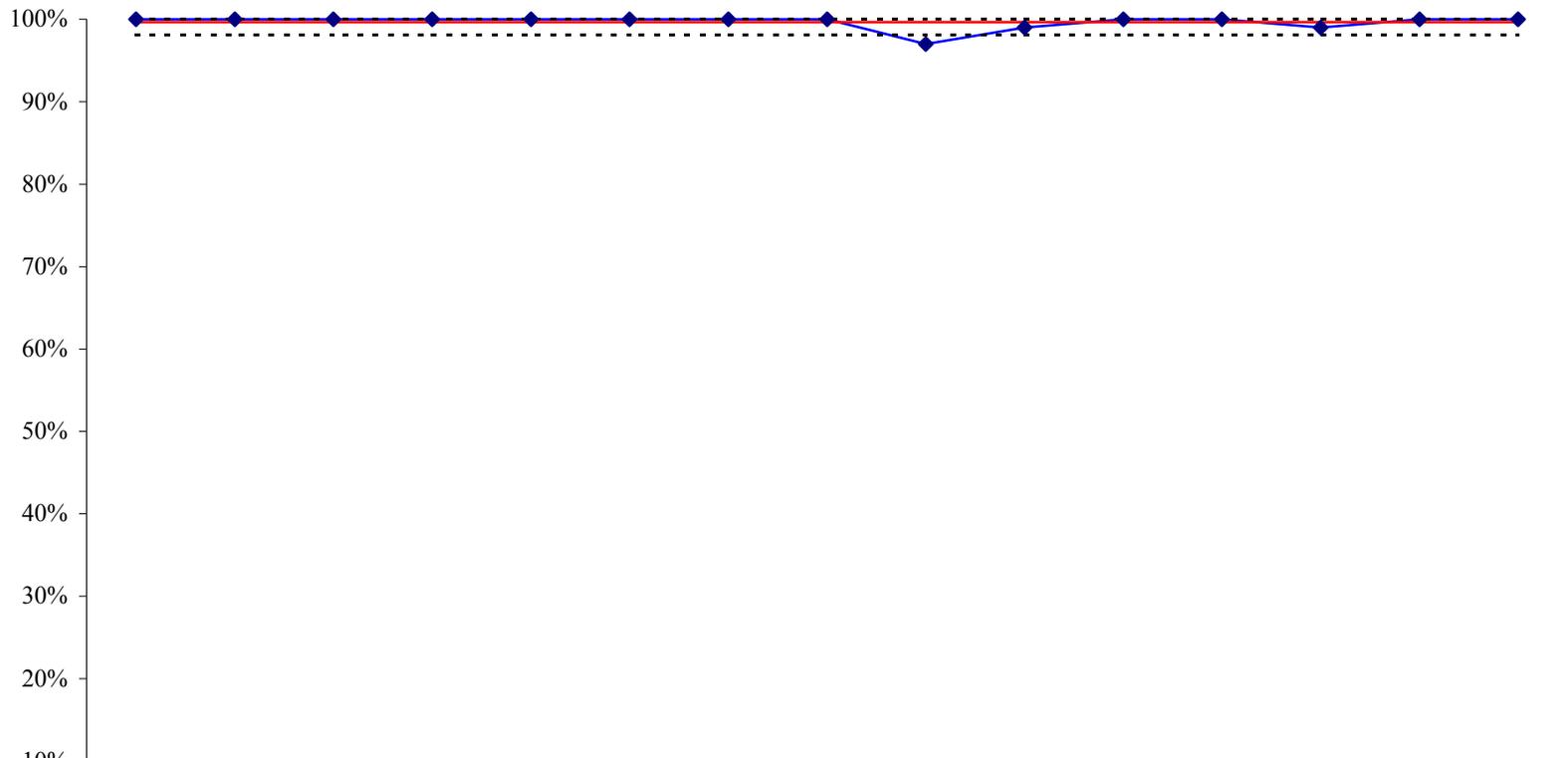


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 88% | 90% | 91% | 92% | 90% | 86% | 84% | 82% | 85% | 79% | 84% | 85% | 78% | 81% | 79% |
| ----- UCL | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% |
| ———— Avg | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% |
| ----- LCL | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% | 78% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

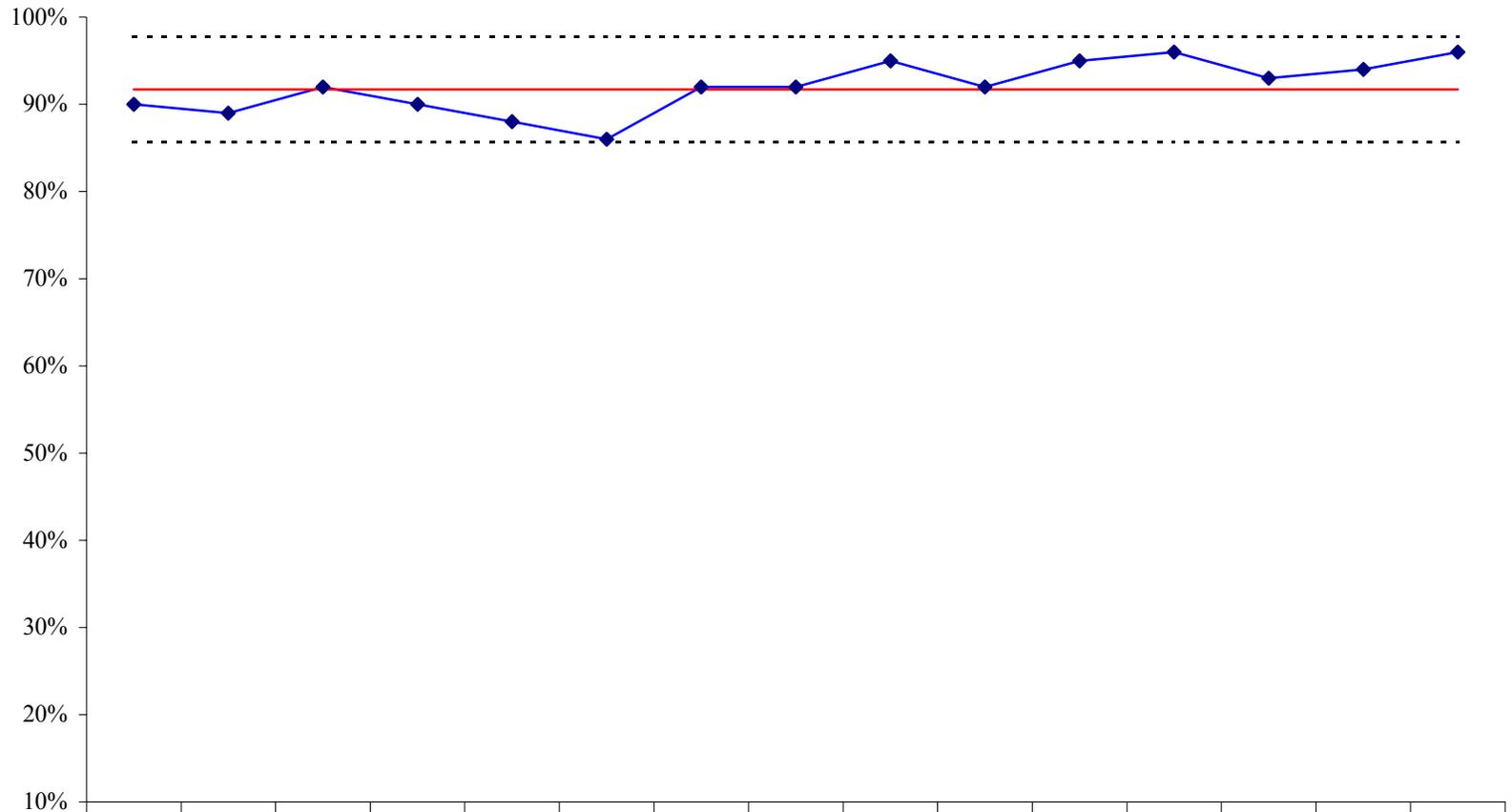


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ◆ % Training Completed | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 99% | 100% | 100% | 99% | 100% | 100% |
| ----- UCL | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| — Avg | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ----- LCL | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

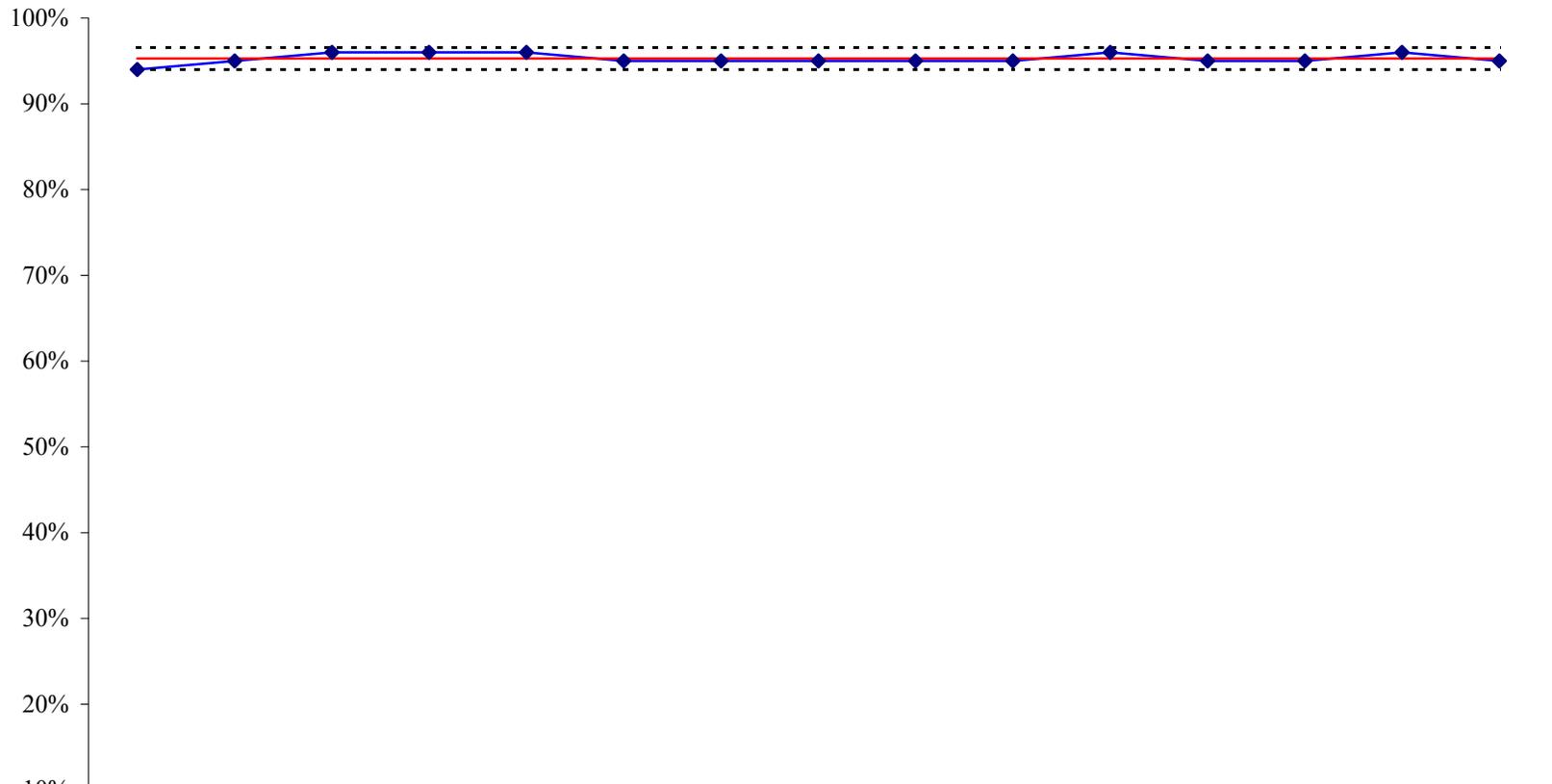


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 90% | 89% | 92% | 90% | 88% | 86% | 92% | 92% | 95% | 92% | 95% | 96% | 93% | 94% | 96% |
| -----UCL | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% |
| — Avg | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% |
| - - - - -LCL | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% | 86% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

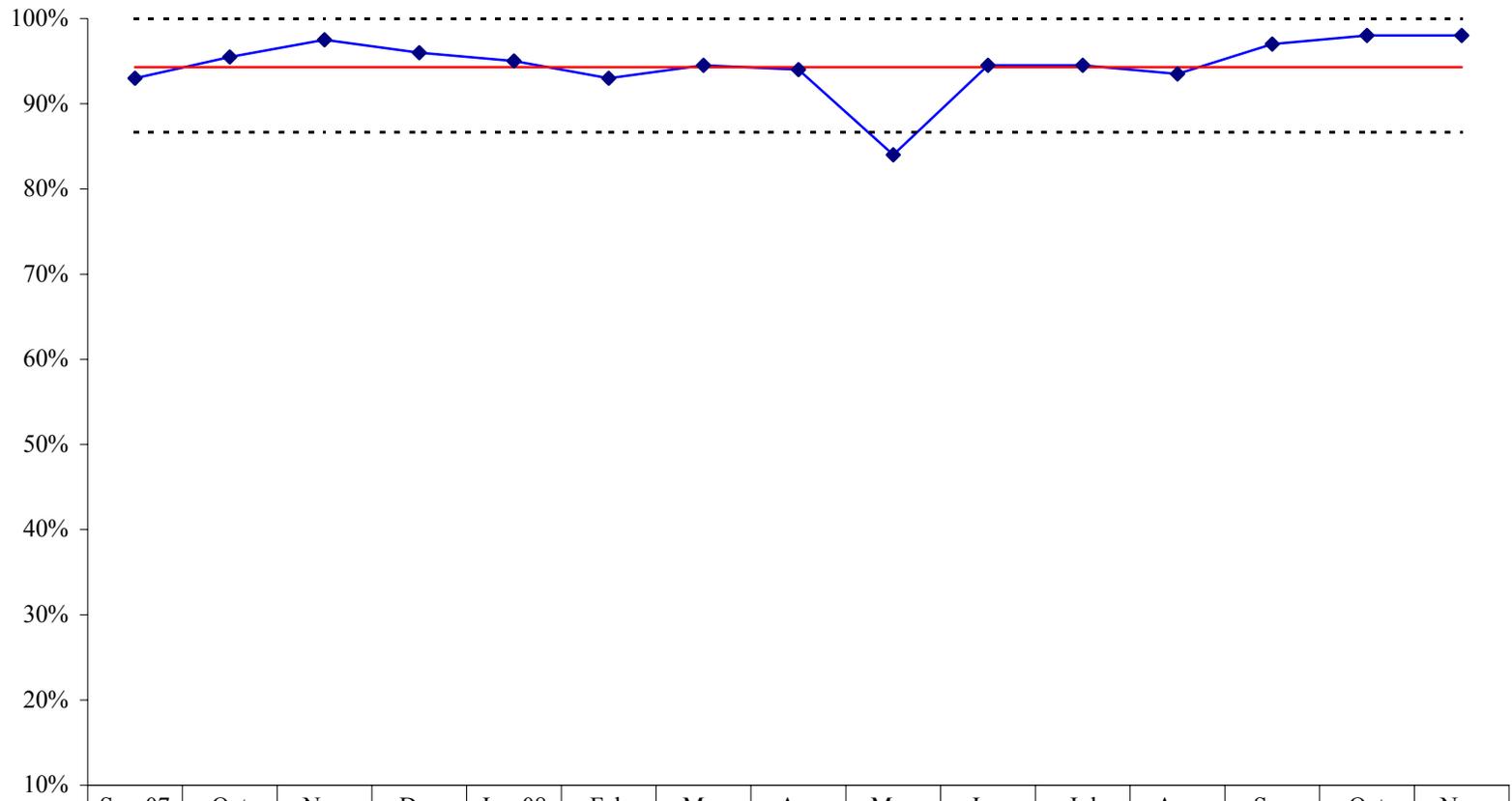


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 94% | 95% | 96% | 96% | 96% | 95% | 95% | 95% | 95% | 95% | 96% | 95% | 95% | 96% | 95% |
| ----- UCL | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| — Avg | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| LCL | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% | 94% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

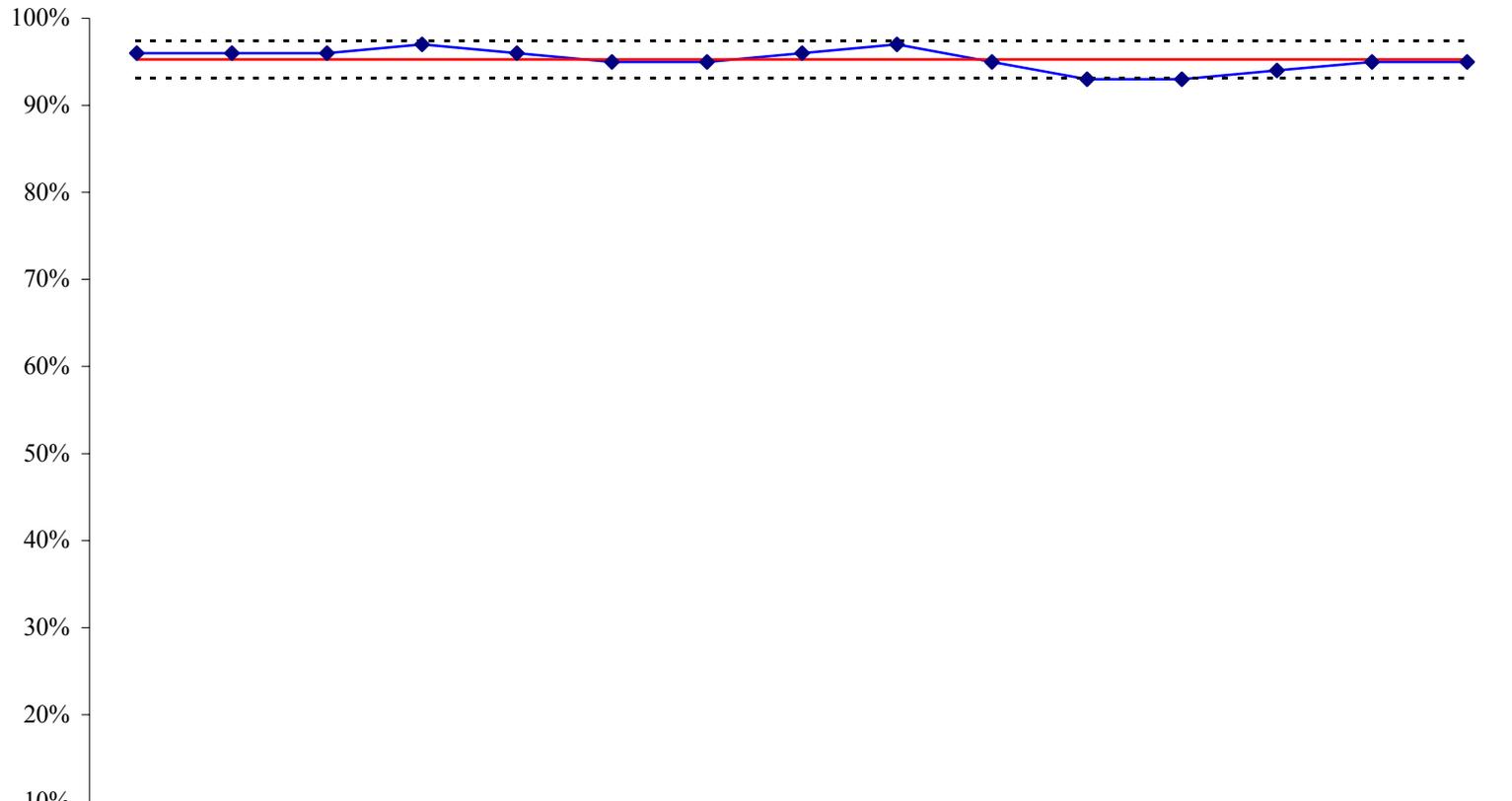


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ◆ % Training Completed | 93% | 96% | 98% | 96% | 95% | 93% | 95% | 94% | 84% | 95% | 95% | 94% | 97% | 98% | 98% |
| ----- 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 | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% | 87% |

As of September 1, 2007 CORE and Specialty Training reported

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

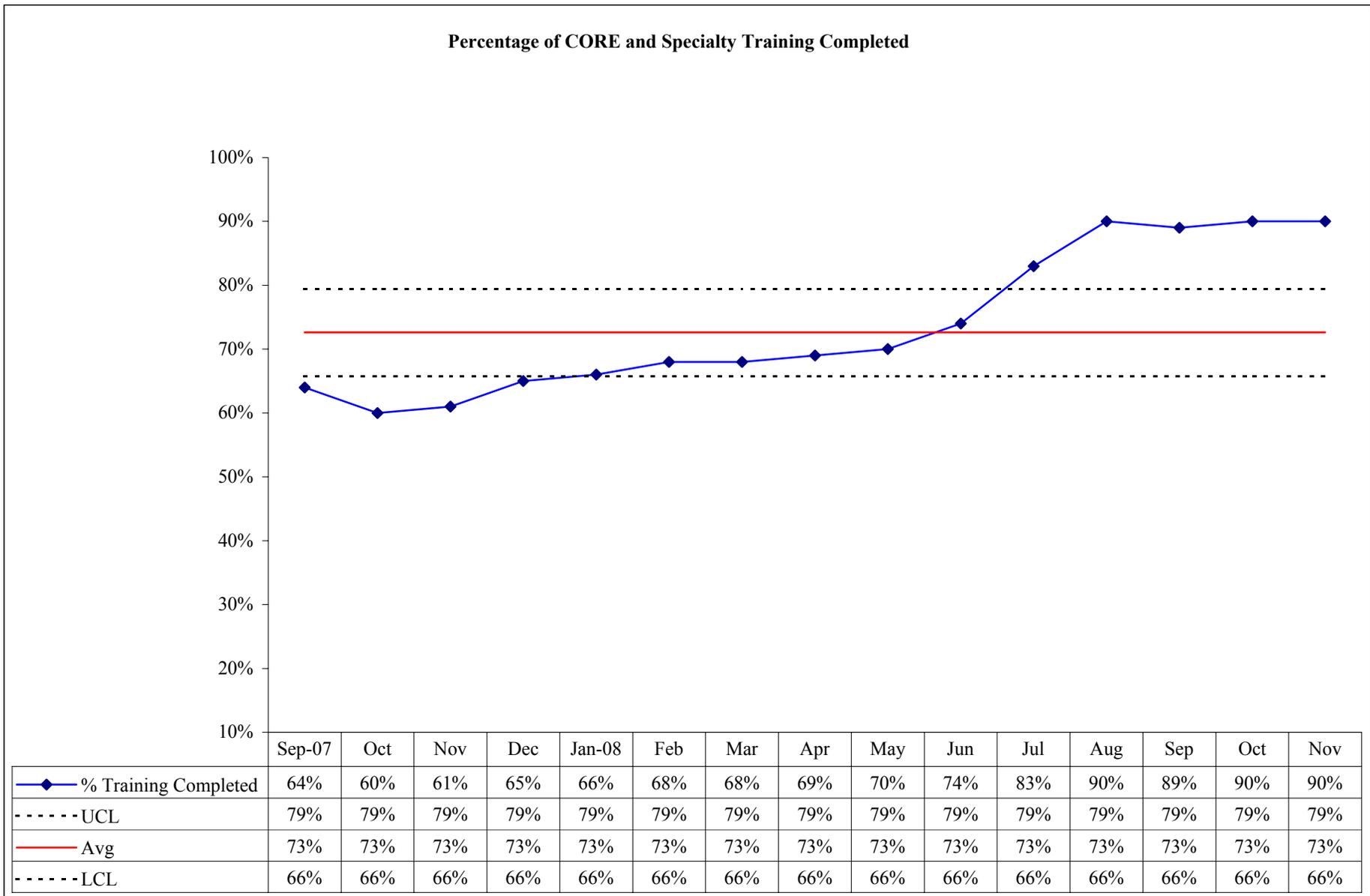
Percentage of CORE and Specialty Training Completed



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 96% | 96% | 96% | 97% | 96% | 95% | 95% | 96% | 97% | 95% | 93% | 93% | 94% | 95% | 95% |
| ----- UCL | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| — Avg | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| ----- LCL | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% |

As of September 1, 2007 CORE and Specialty Training reported

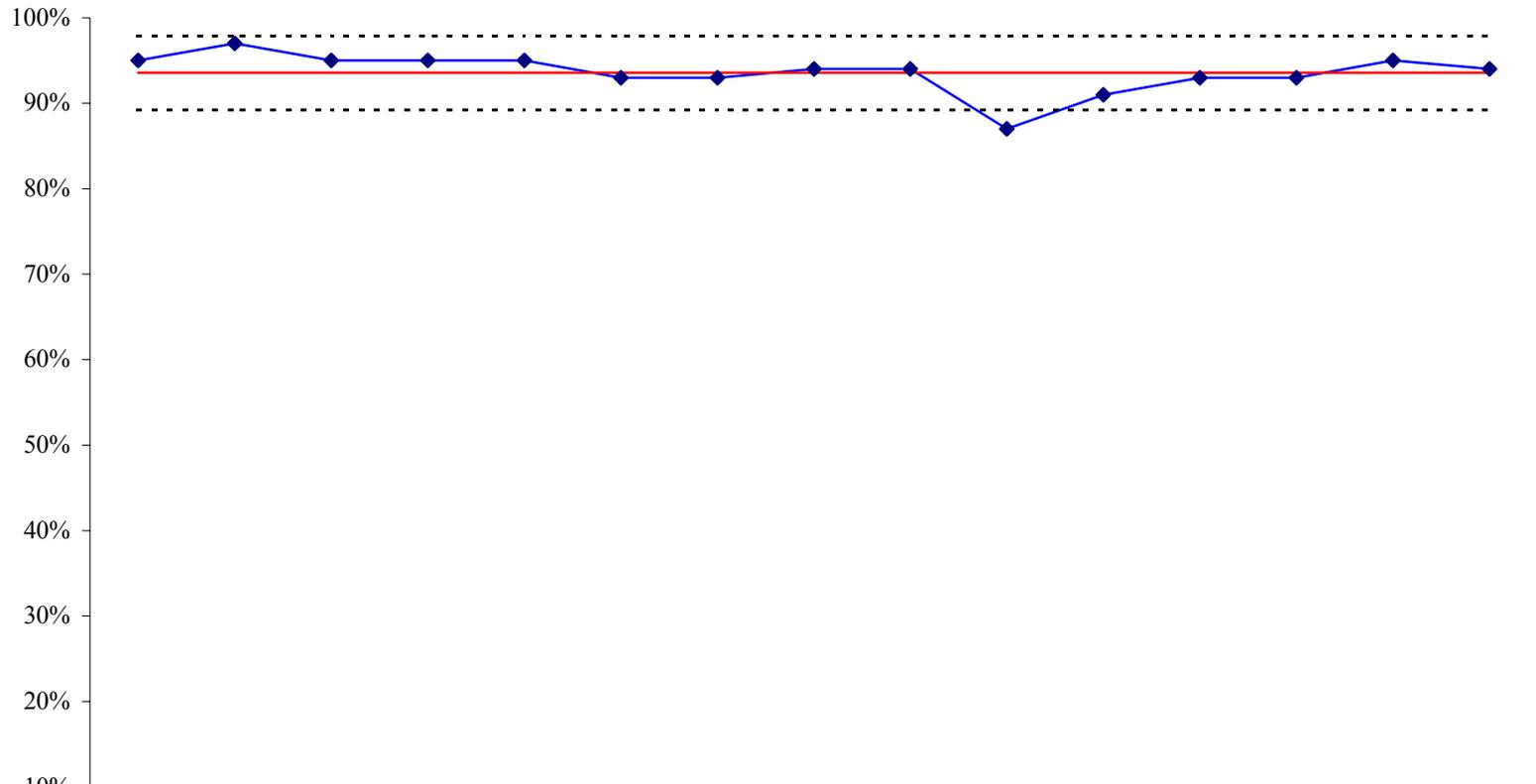
Objective 8A - Staff Current With CORE and Specialty Training
San Antonio State Hospital



As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

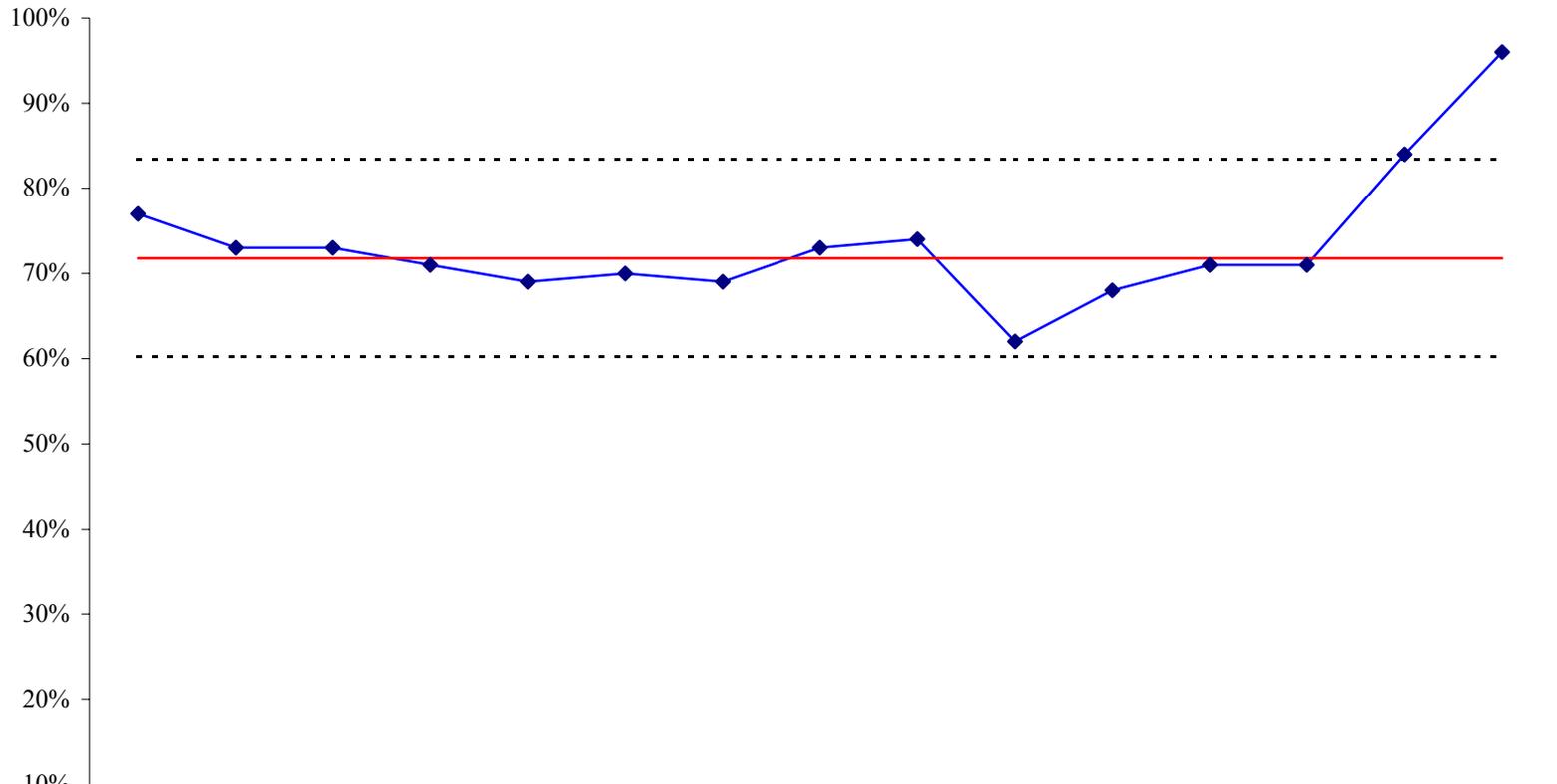


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 95% | 97% | 95% | 95% | 95% | 93% | 93% | 94% | 94% | 87% | 91% | 93% | 93% | 95% | 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 | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% | 89% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

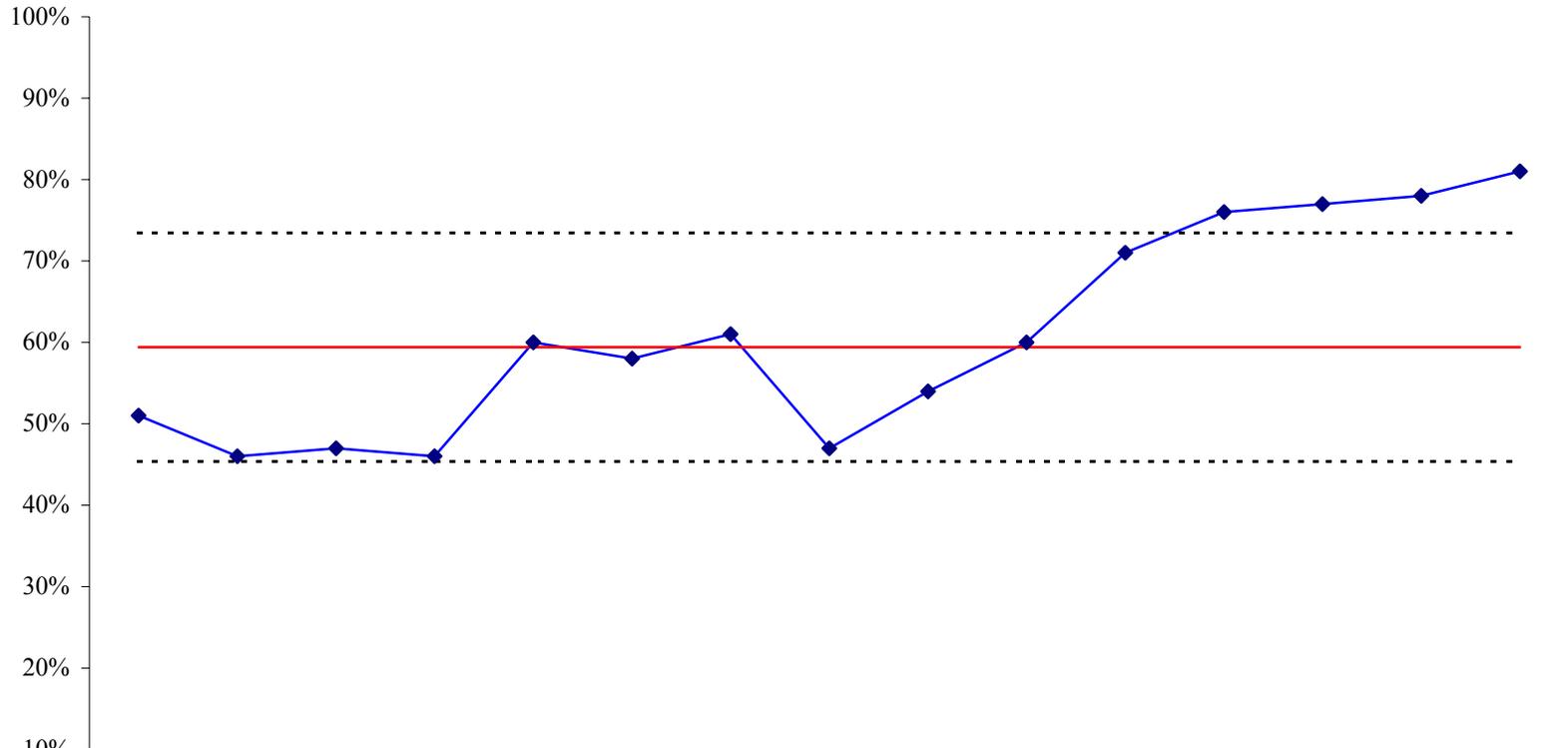


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 77% | 73% | 73% | 71% | 69% | 70% | 69% | 73% | 74% | 62% | 68% | 71% | 71% | 84% | 96% |
| ----- UCL | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% | 83% |
| — Avg | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% |
| ----- LCL | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 51% | 46% | 47% | 46% | 60% | 58% | 61% | 47% | 54% | 60% | 71% | 76% | 77% | 78% | 81% |
| -----UCL | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% | 73% |
| — Avg | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% | 59% |
| -----LCL | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% | 45% |

As of September 1, 2007 CORE and Specialty Training reported

Performance Measure 8A:

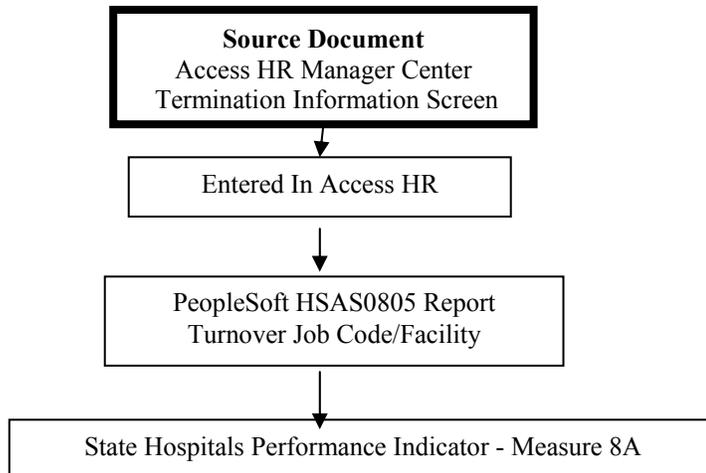
“Staff Turnover” rates for critical shortage staff will be maintained and reported.

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.

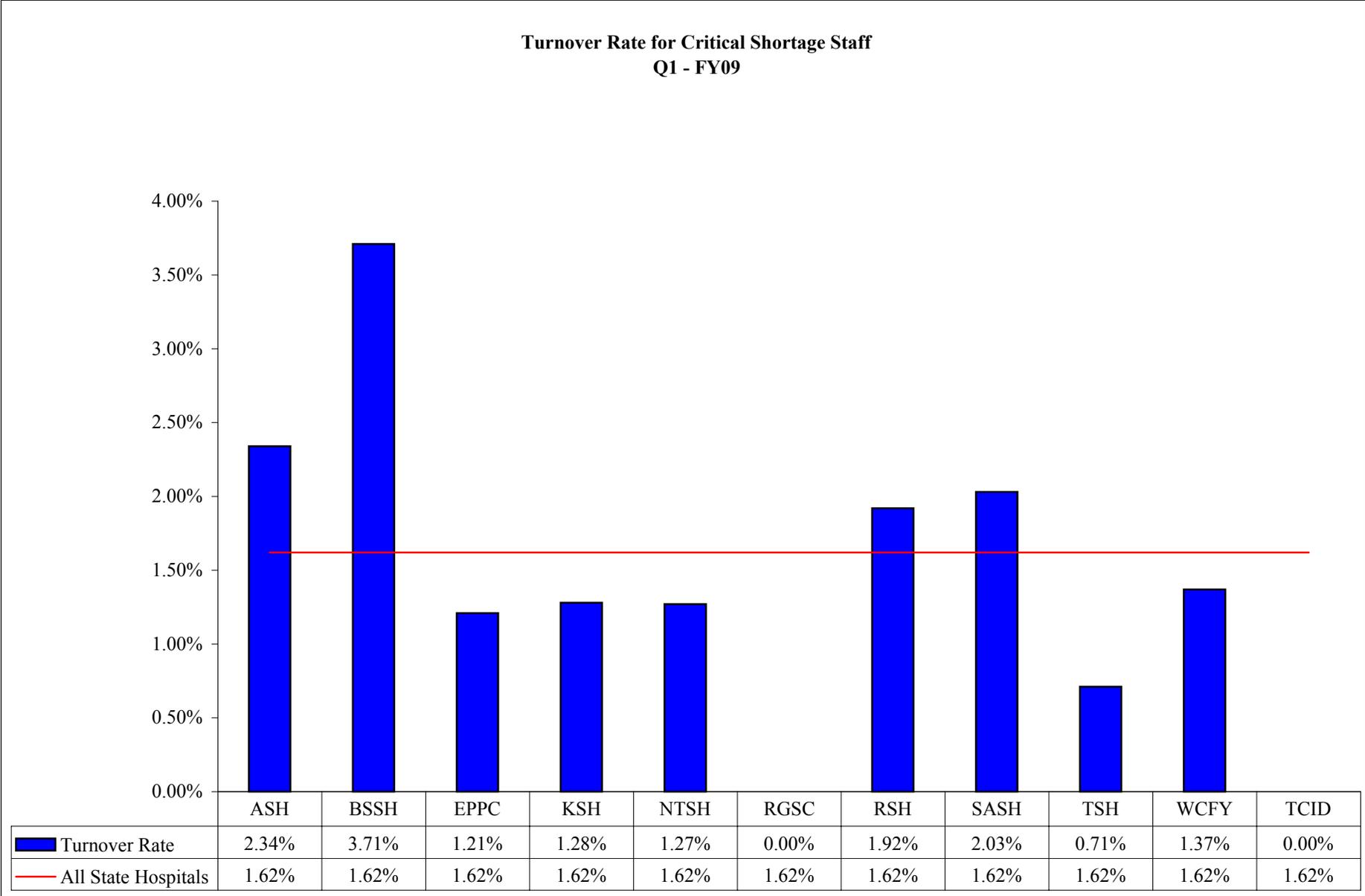
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

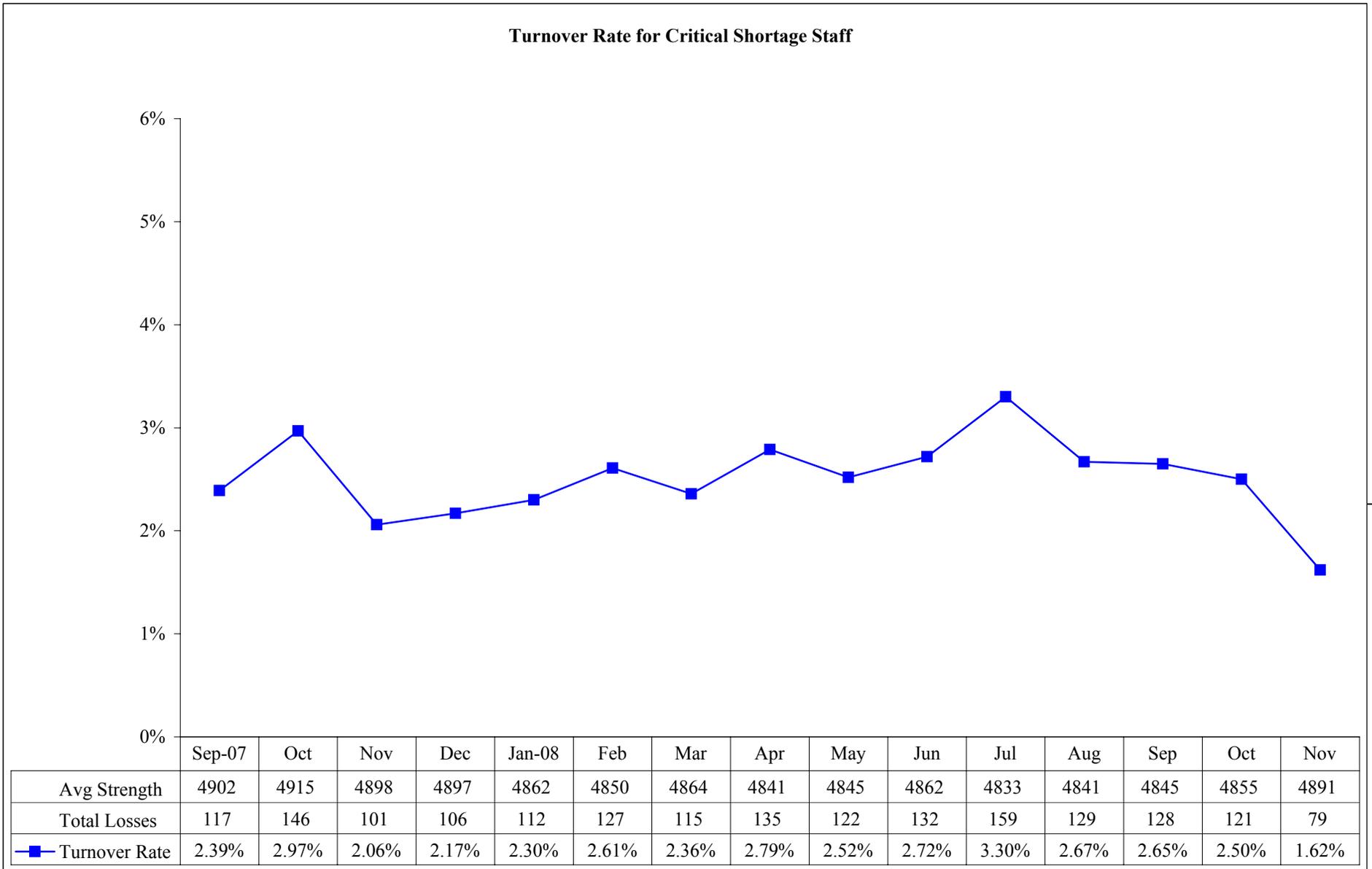
Data Flow:



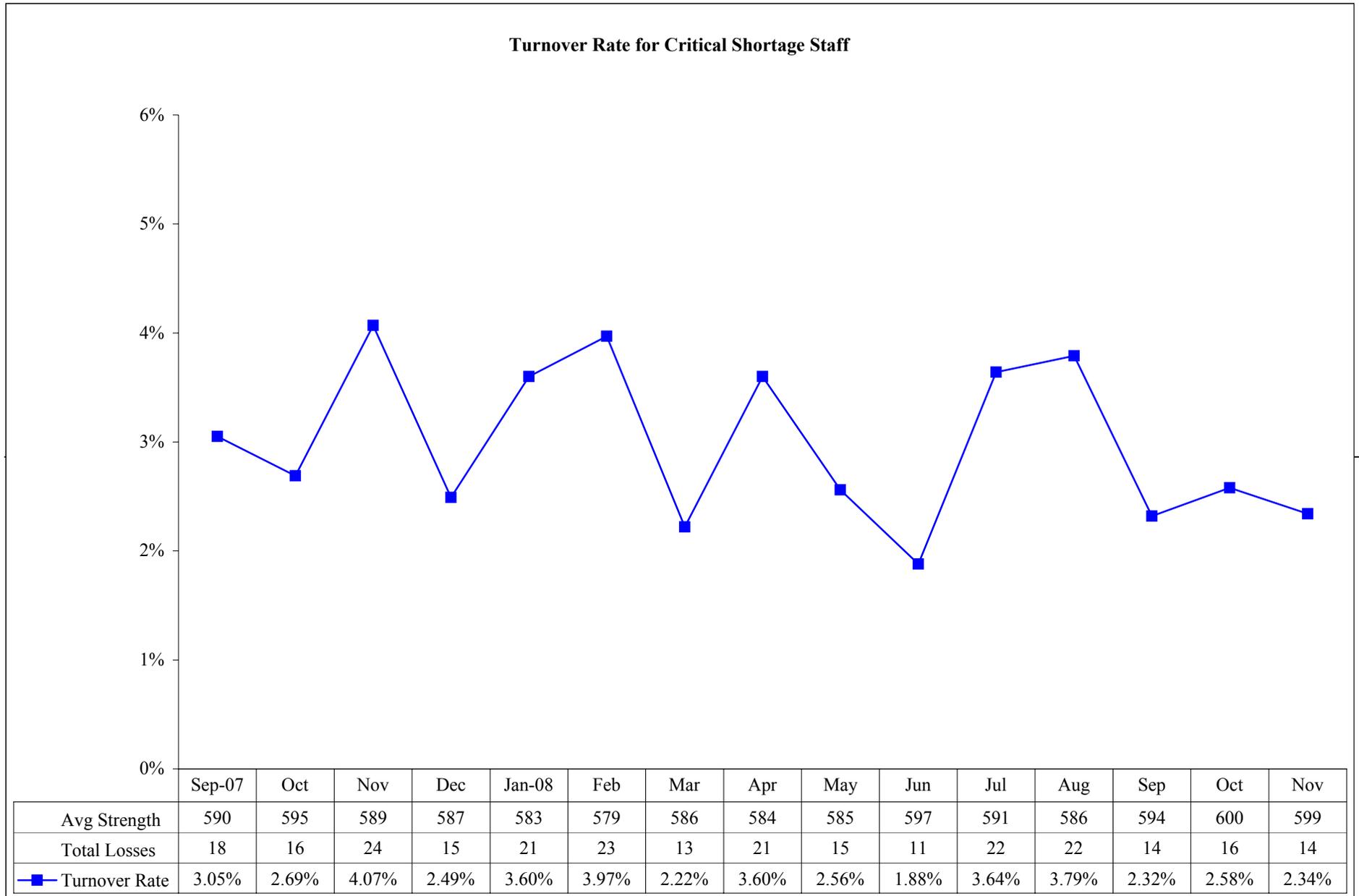
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of November 30, 2008**



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

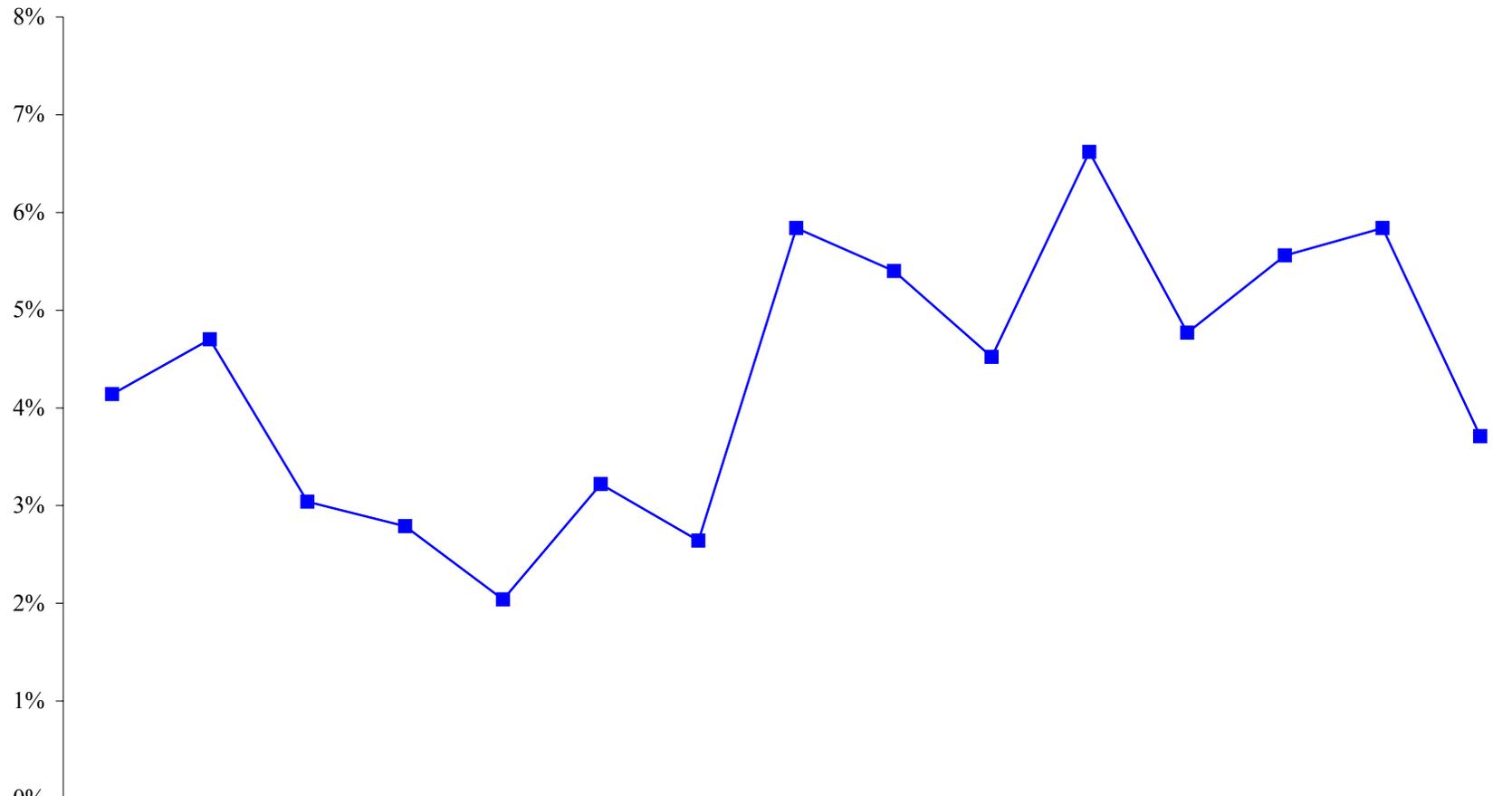


**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



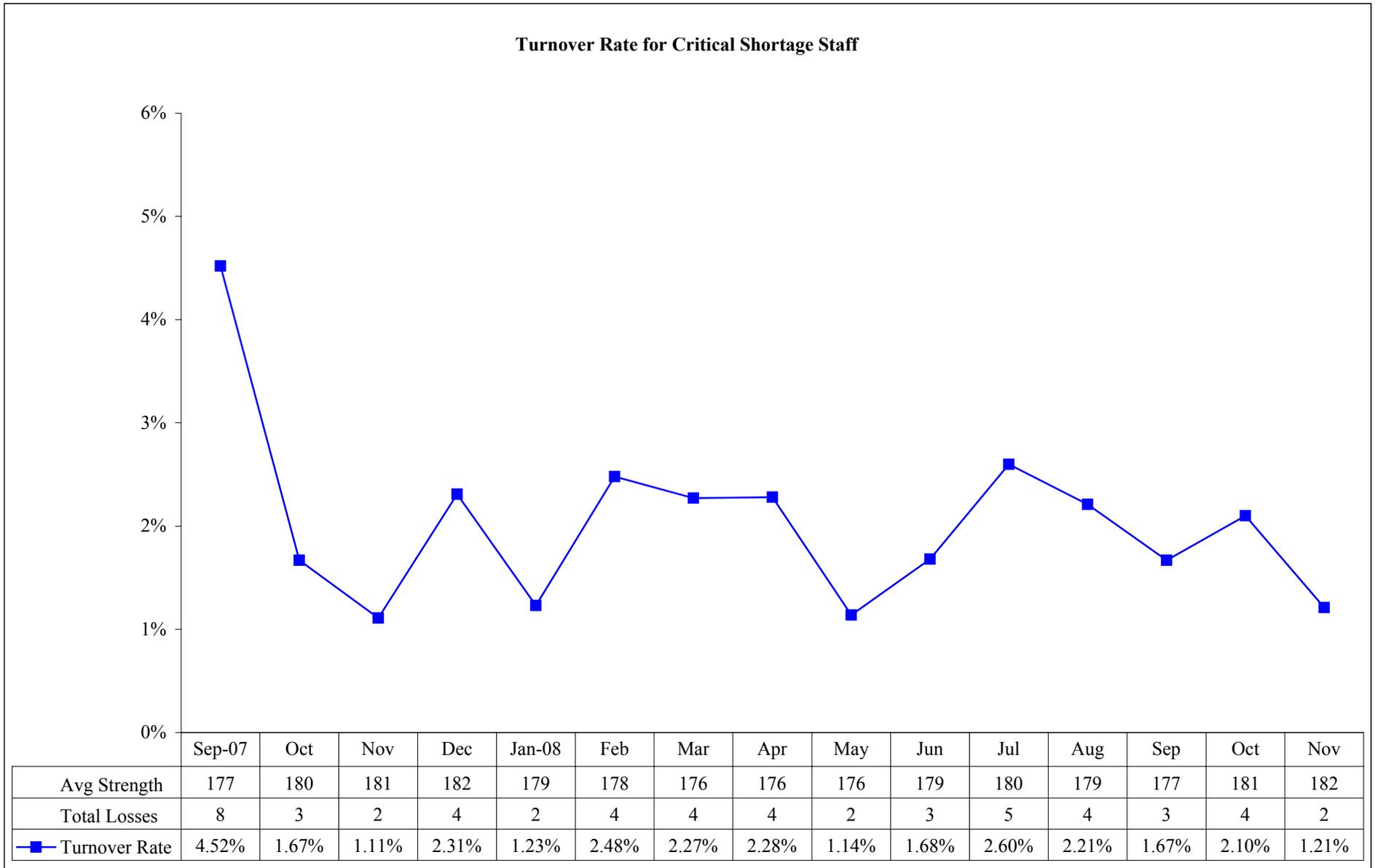
Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital

Turnover Rate for Critical Shortage Staff

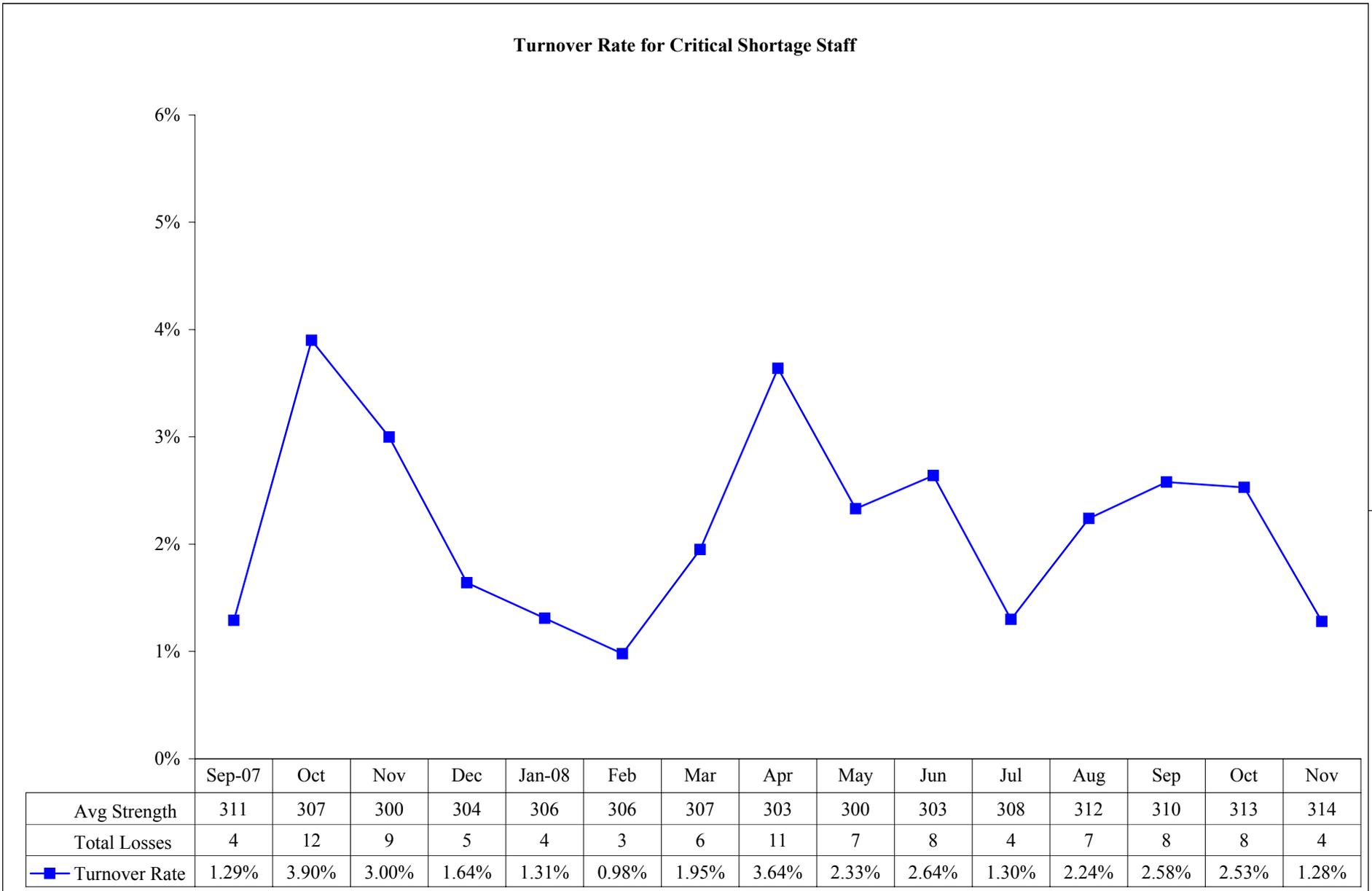


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-----------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Avg Strength | 362 | 362 | 362 | 359 | 362 | 373 | 379 | 377 | 370 | 376 | 378 | 377 | 378 | 377 | 377 |
| Total Losses | 15 | 17 | 11 | 10 | 7 | 12 | 10 | 22 | 20 | 17 | 25 | 18 | 21 | 22 | 14 |
| ■ Turnover Rate | 4.14% | 4.70% | 3.04% | 2.79% | 2.04% | 3.22% | 2.64% | 5.84% | 5.40% | 4.52% | 6.62% | 4.77% | 5.56% | 5.84% | 3.71% |

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

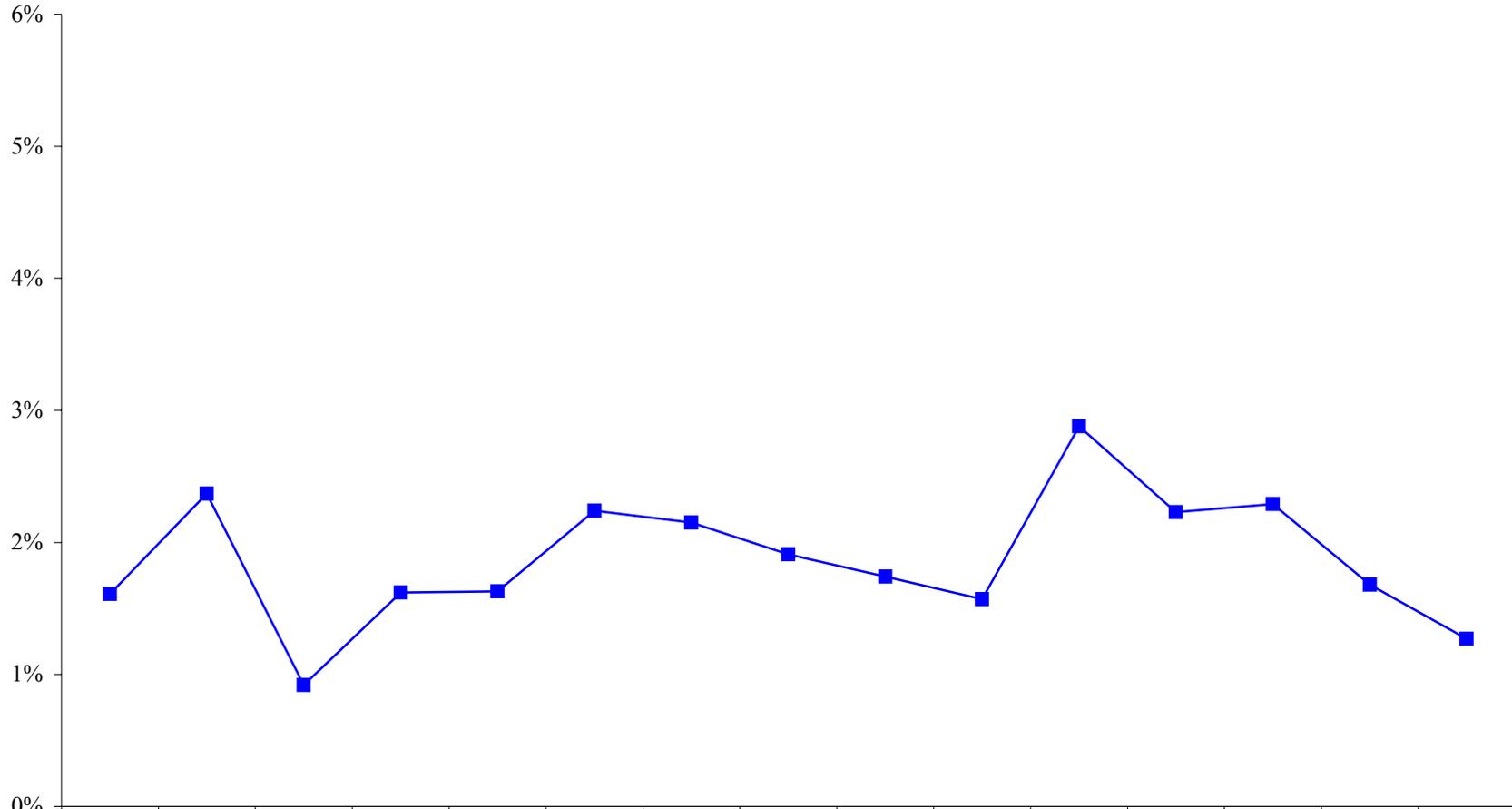


**Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital**



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

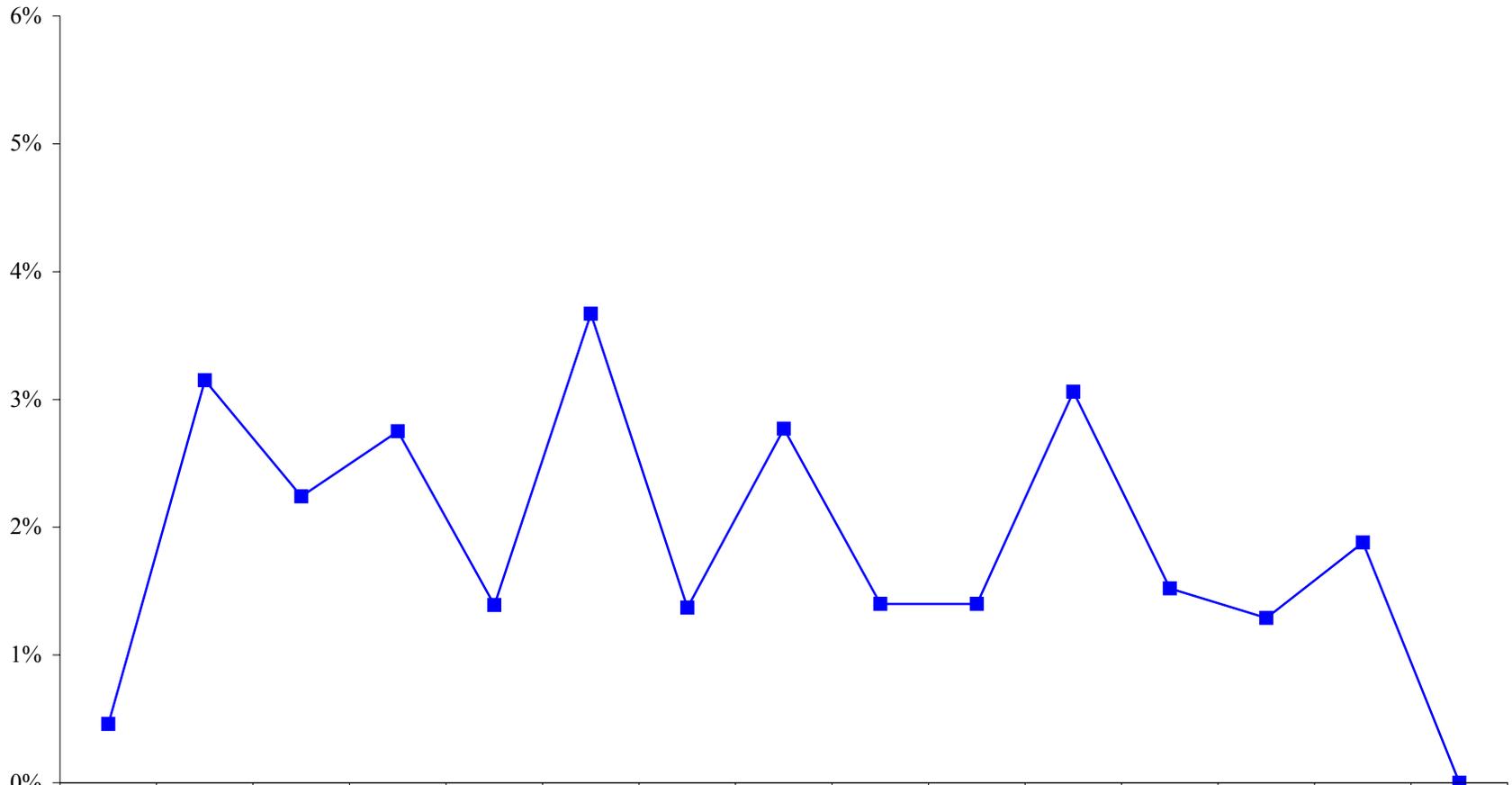
Turnover Rate for Critical Shortage Staff



| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-----------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Avg Strength | 1308 | 1310 | 1305 | 1296 | 1286 | 1272 | 1259 | 1256 | 1264 | 1271 | 1252 | 1257 | 1251 | 1247 | 1260 |
| Total Losses | 21 | 31 | 12 | 21 | 21 | 29 | 27 | 24 | 22 | 20 | 36 | 28 | 29 | 21 | 16 |
| ■ Turnover Rate | 1.61% | 2.37% | 0.92% | 1.62% | 1.63% | 2.24% | 2.15% | 1.91% | 1.74% | 1.57% | 2.88% | 2.23% | 2.29% | 1.68% | 1.27% |

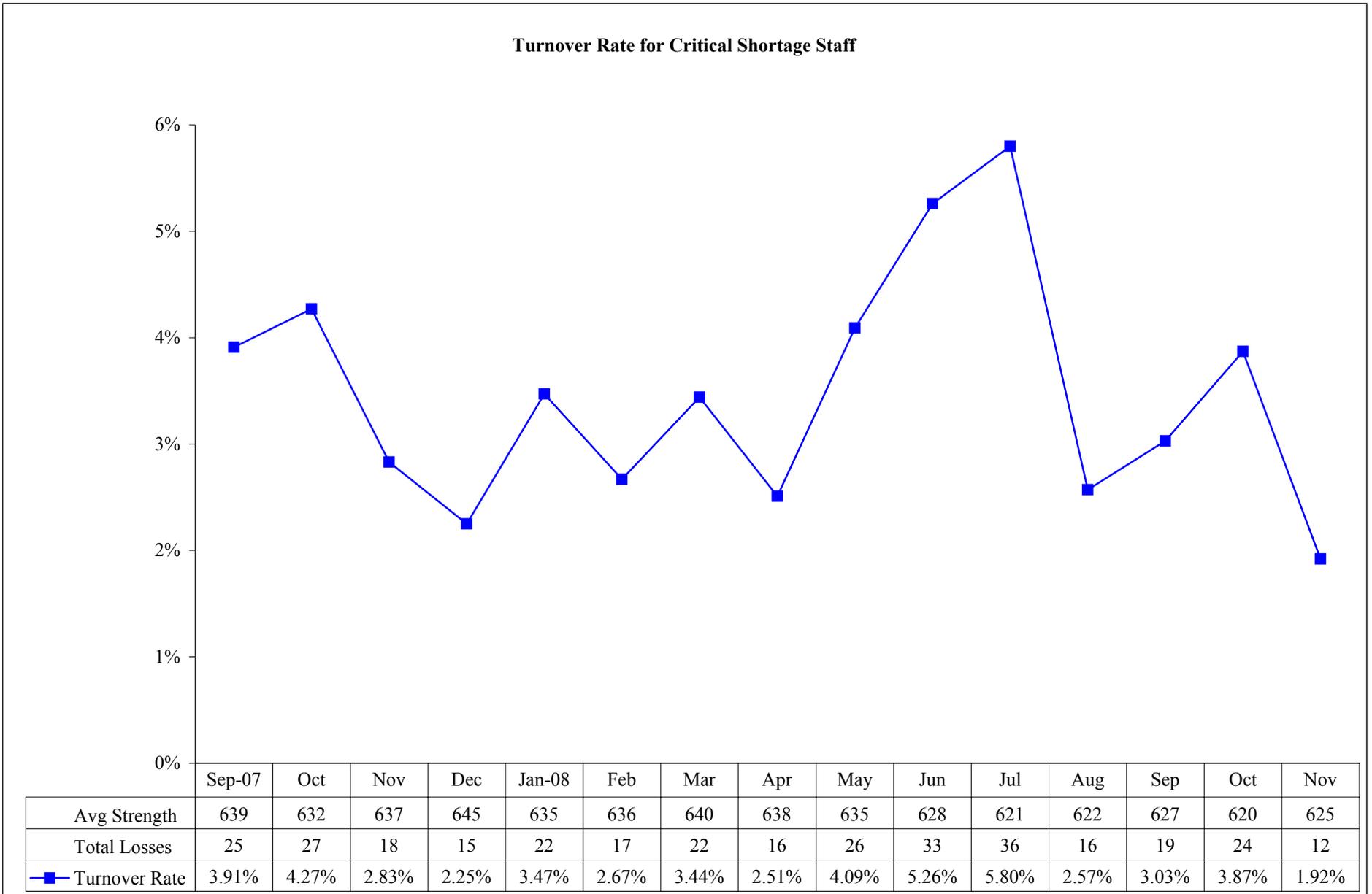
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center**

Turnover Rate for Critical Shortage Staff

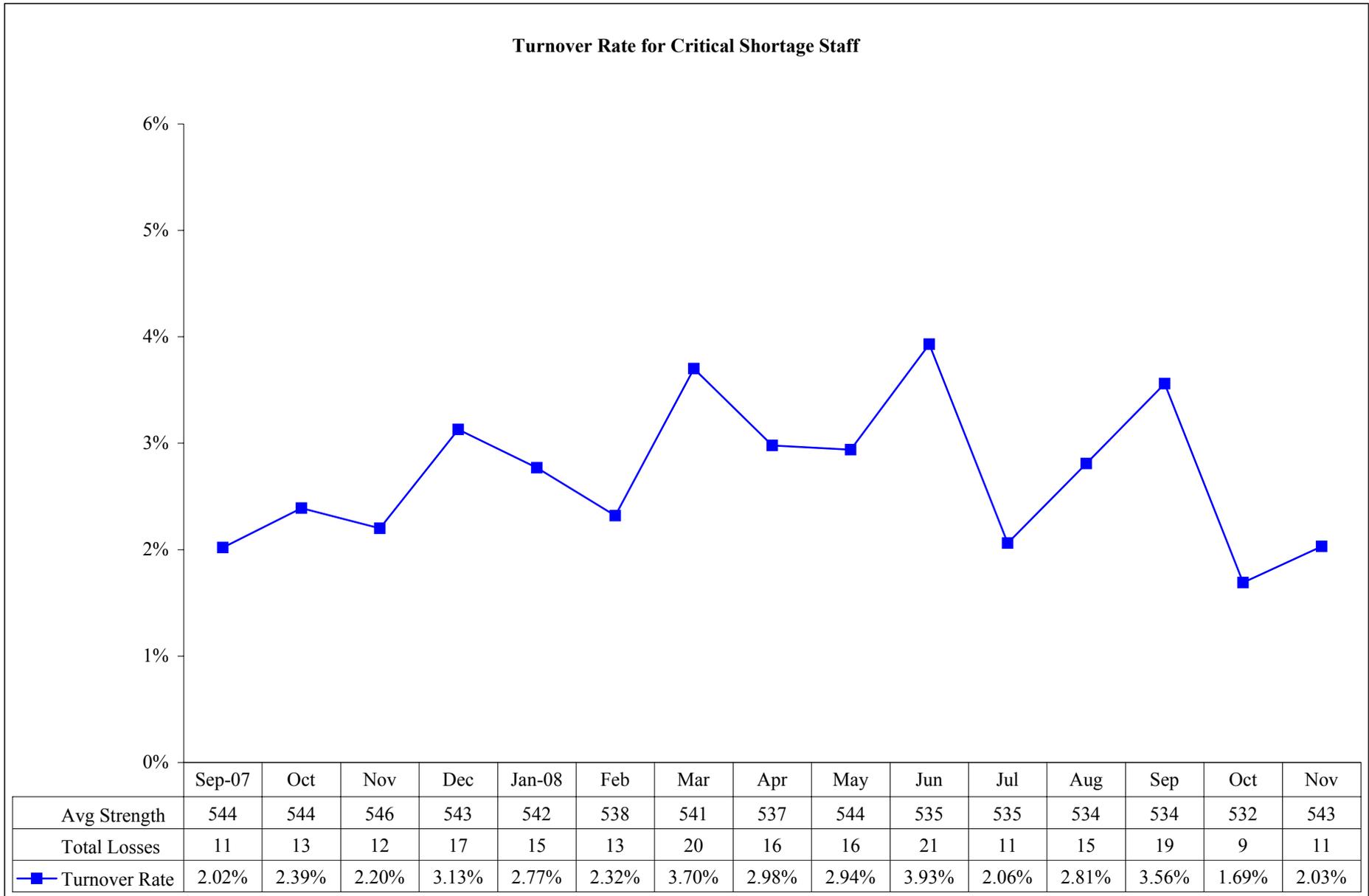


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-----------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Avg Strength | 215 | 222 | 223 | 218 | 216 | 218 | 218 | 216 | 214 | 214 | 212 | 213 | 213 | 213 | 215 |
| Total Losses | 1 | 7 | 5 | 6 | 3 | 8 | 3 | 6 | 3 | 3 | 7 | 3 | 3 | 4 | 0 |
| ■ Turnover Rate | 0.46% | 3.15% | 2.24% | 2.75% | 1.39% | 3.67% | 1.37% | 2.77% | 1.40% | 1.40% | 3.06% | 1.52% | 1.29% | 1.88% | 0.00% |

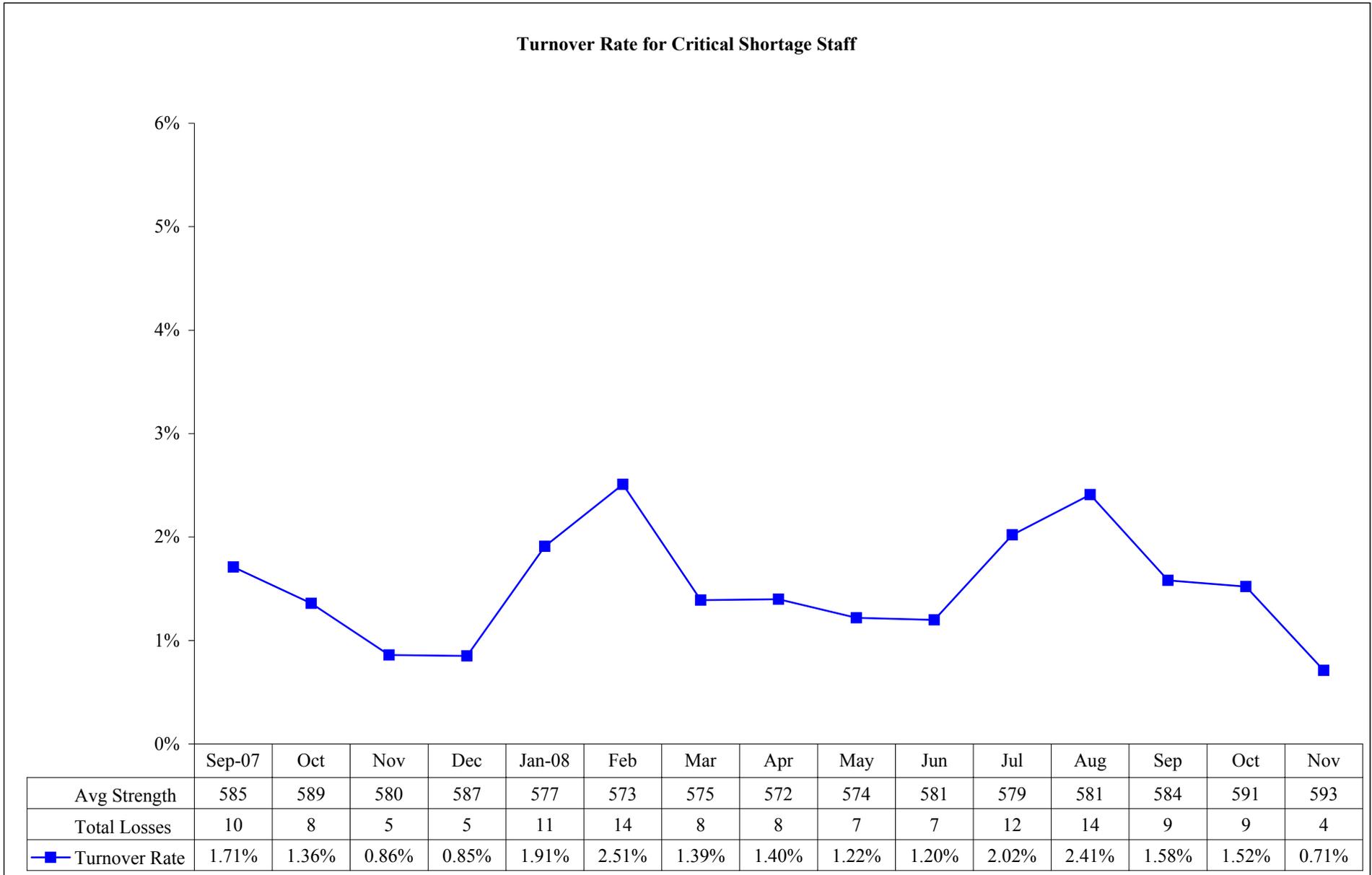
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital**



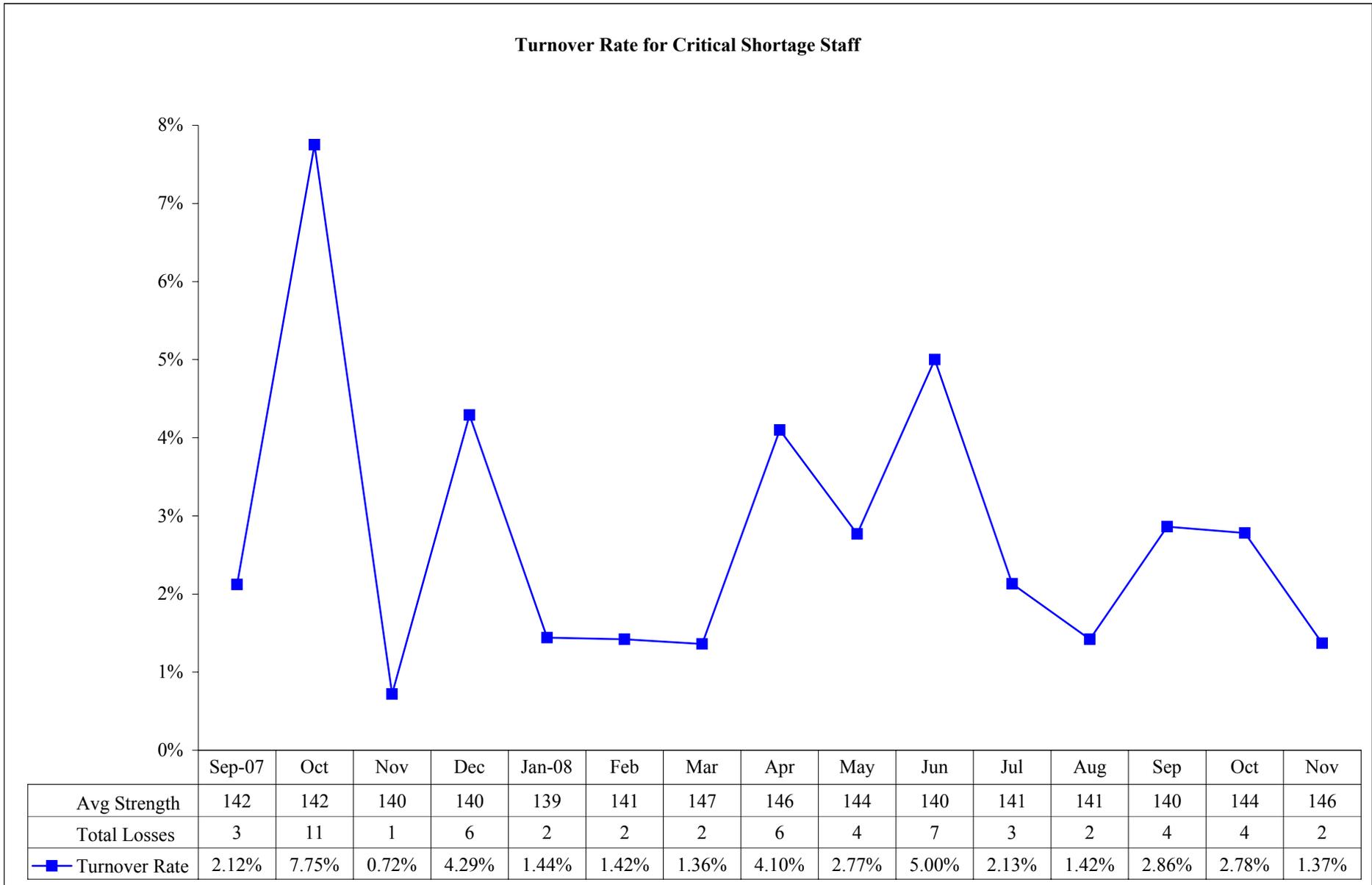
Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital



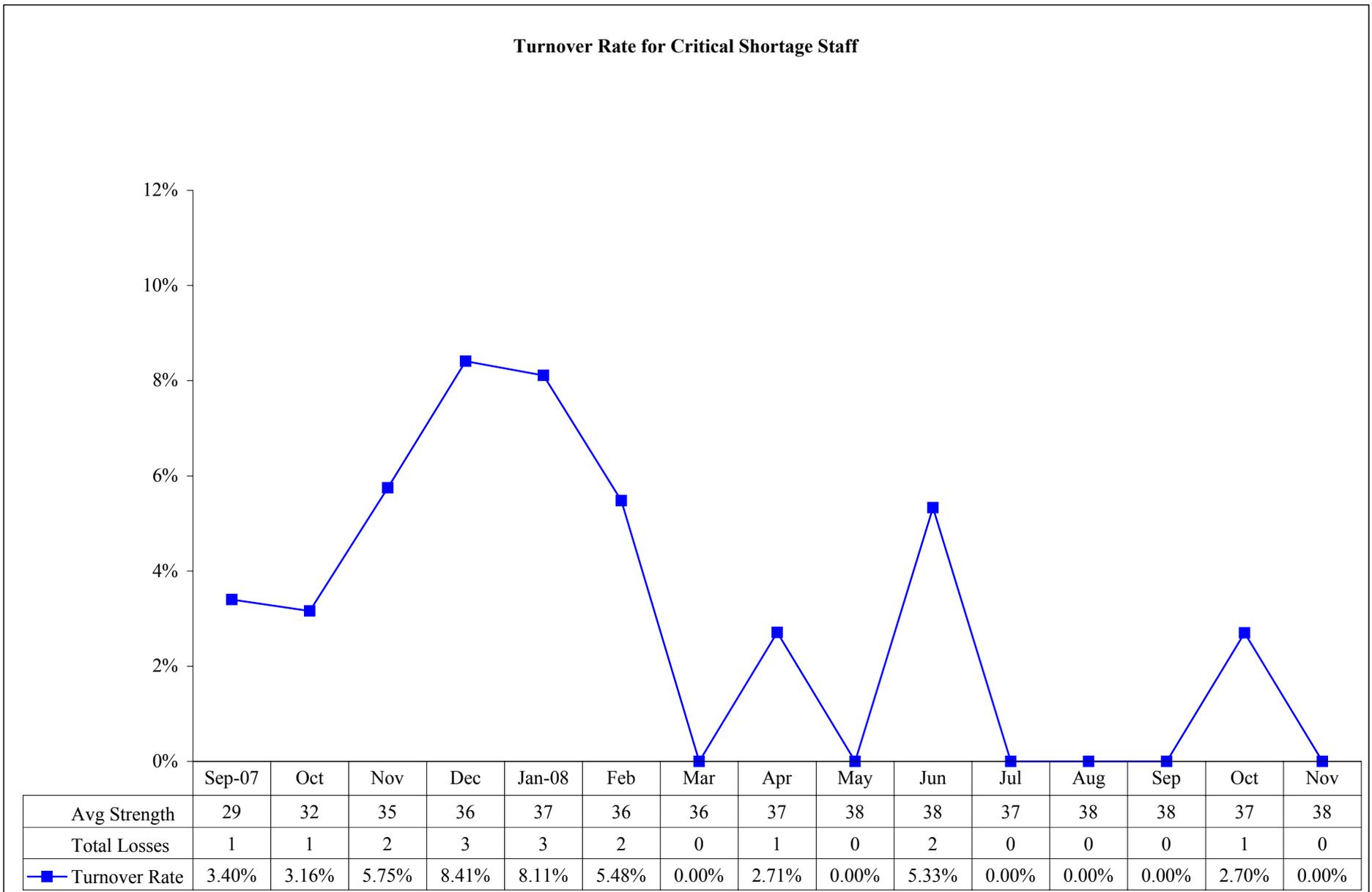
**Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital**



**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:

Number of statewide vacancies for critical shortage staff will be maintained and reported.

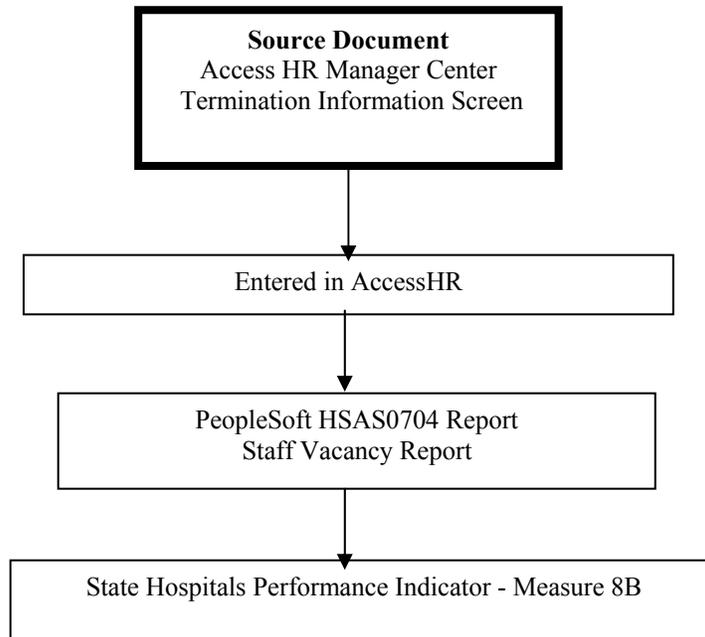
Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula:

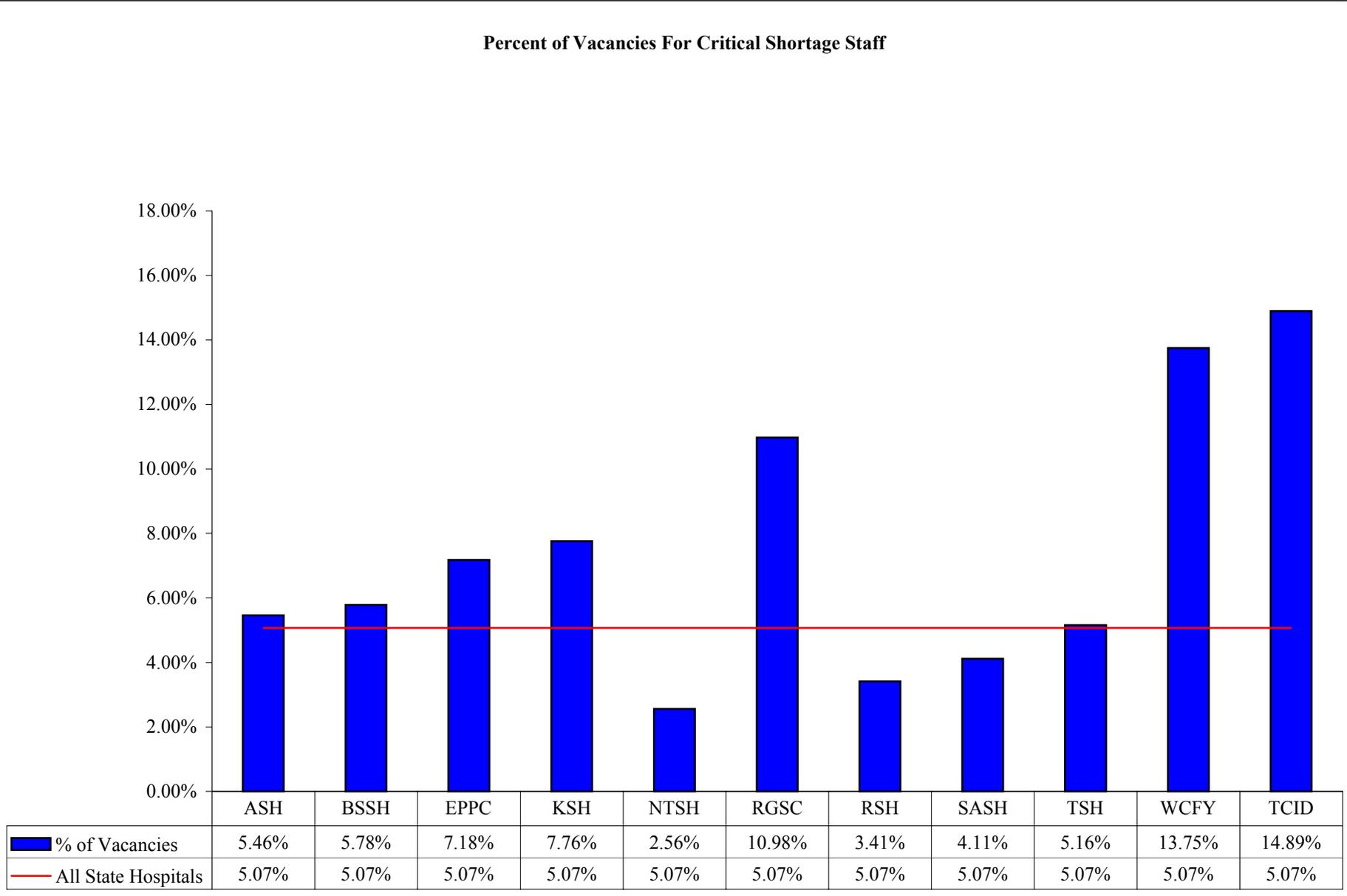
Performance Measure Data Display and Chart Description:

Table shows vacancies rate for individual state hospitals and system-wide.

Data Flow:

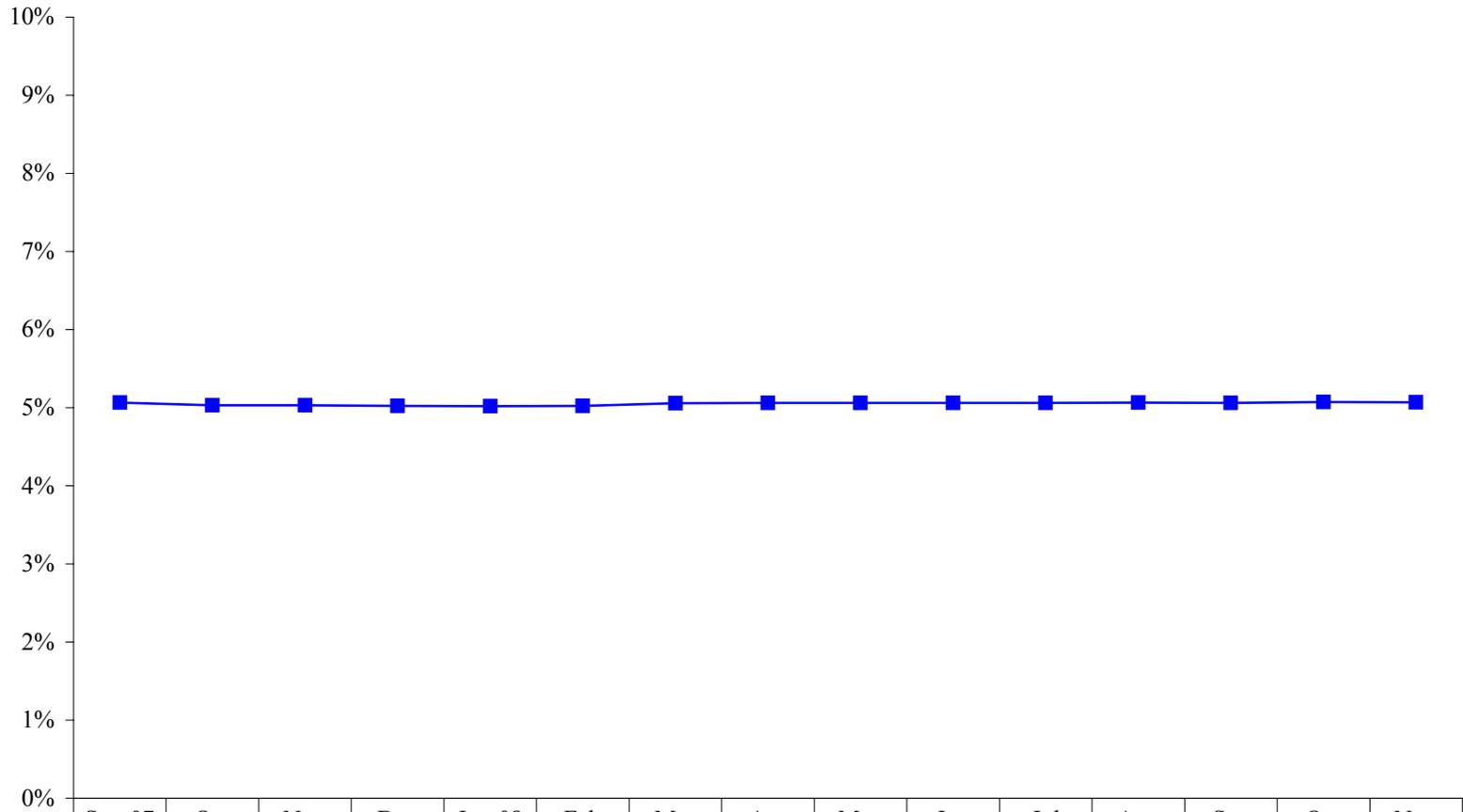


**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of November 30, 2008**



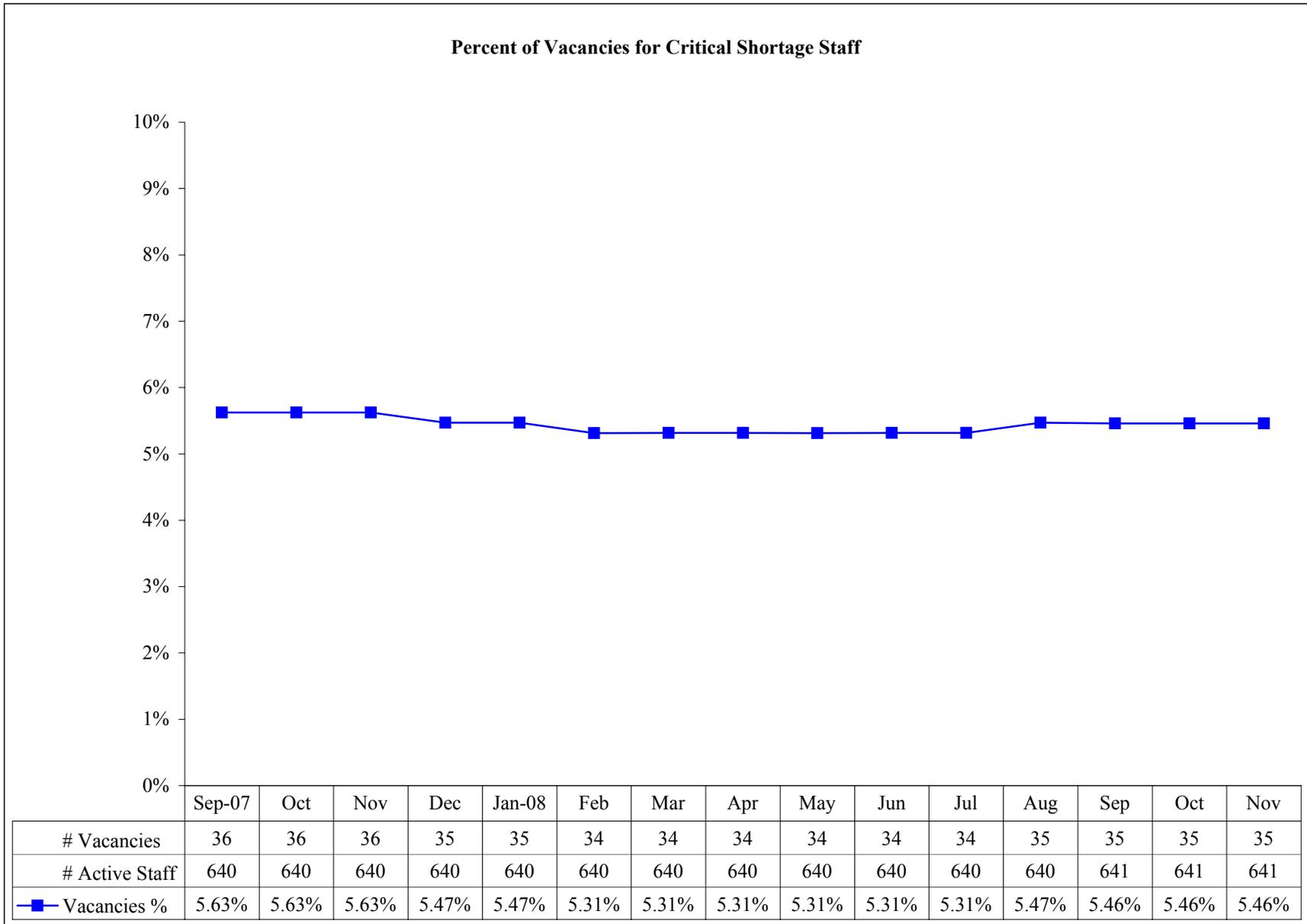
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

Percent of Vacancies for Critical Shortage Staff

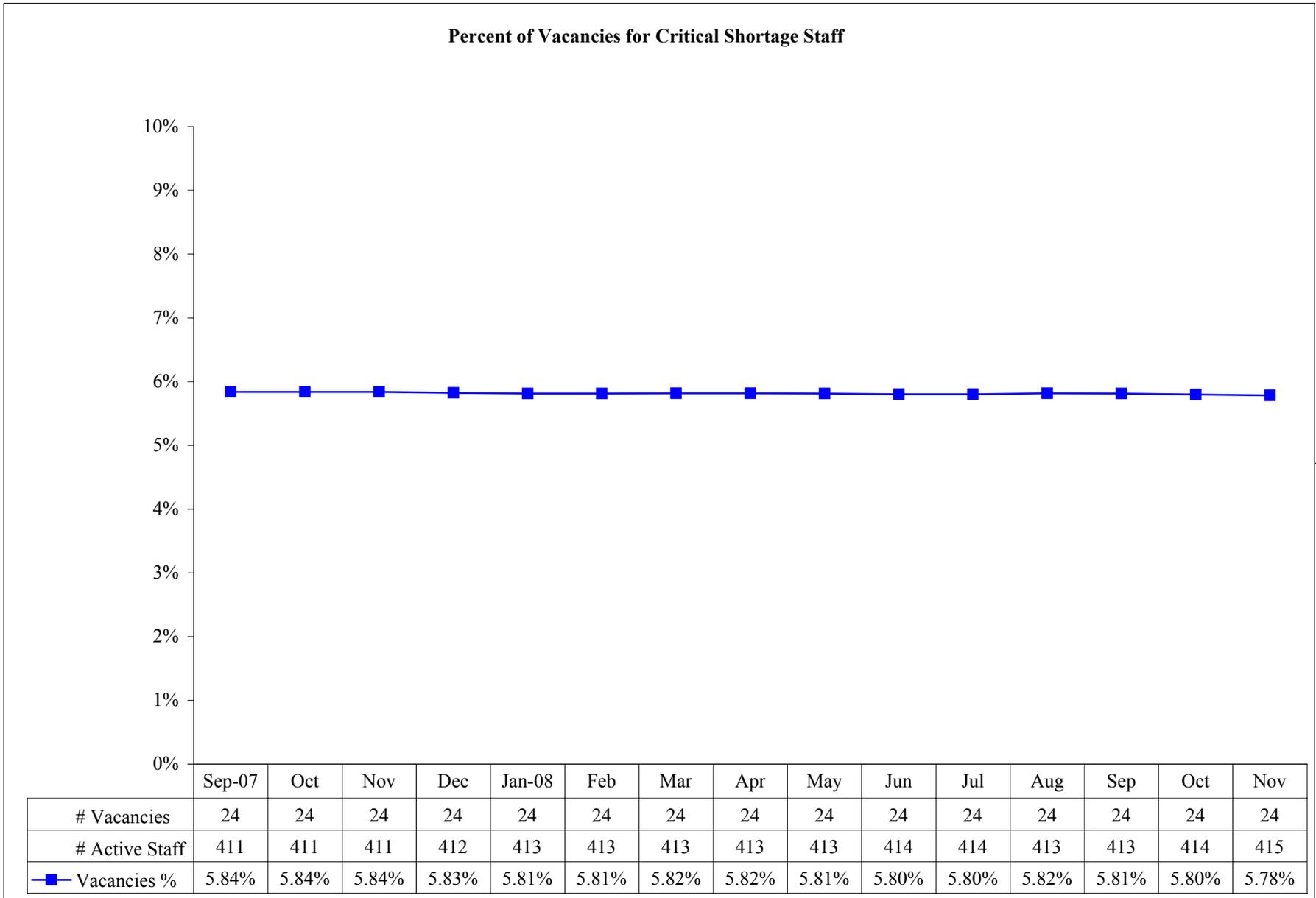


| | Sep-07 | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|----------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| # of Vacancies | 275 | 273 | 273 | 271 | 271 | 269 | 270 | 270 | 270 | 270 | 270 | 270 | 270 | 270 | 270 |
| # Active Staff | 5428 | 5426 | 5426 | 5397 | 5400 | 5356 | 5337 | 5333 | 5333 | 5333 | 5333 | 5332 | 5334 | 5323 | 5326 |
| ■ Vacancies % | 5.07% | 5.03% | 5.03% | 5.02% | 5.02% | 5.02% | 5.06% | 5.06% | 5.06% | 5.06% | 5.06% | 5.06% | 5.06% | 5.07% | 5.07% |

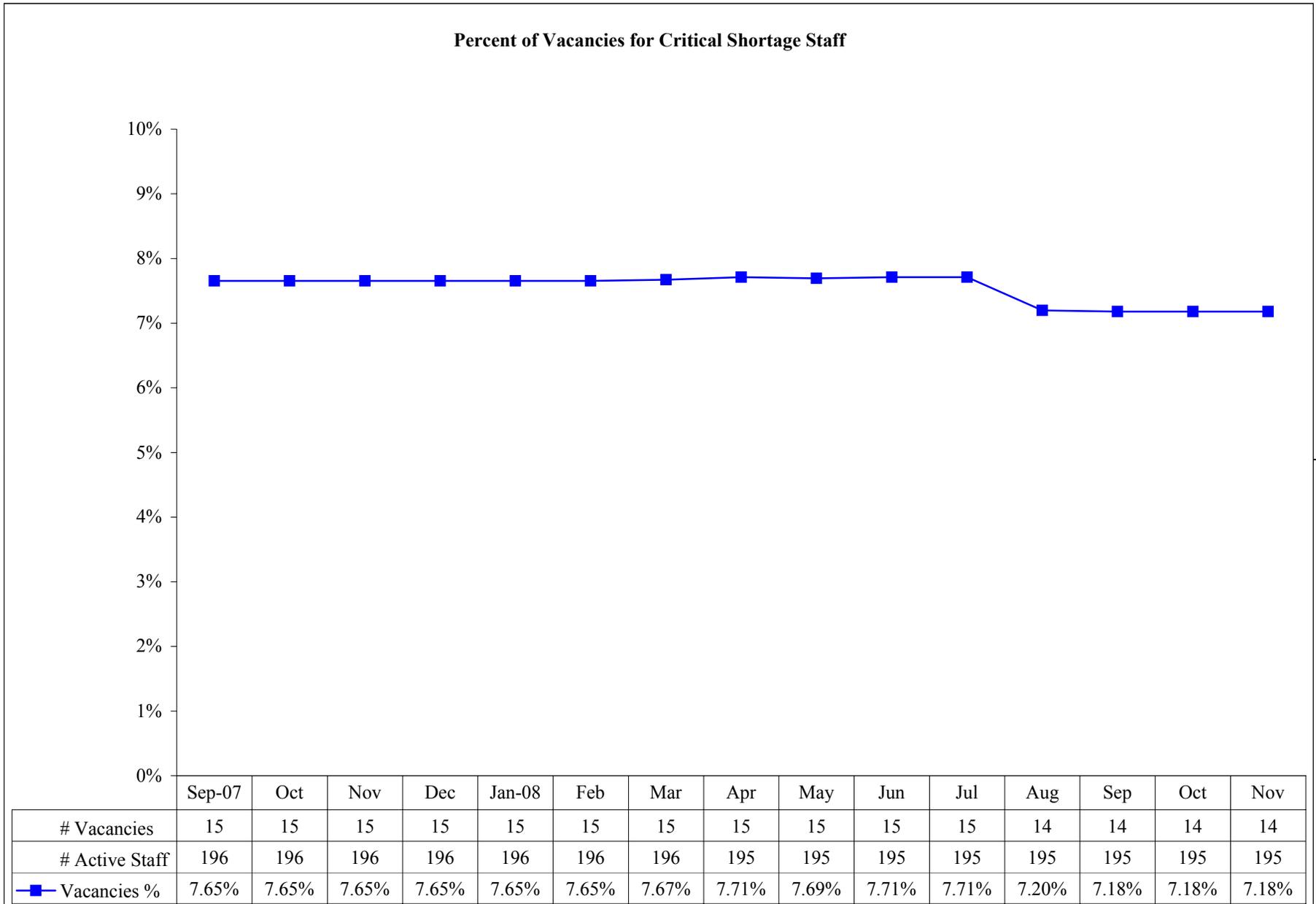
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



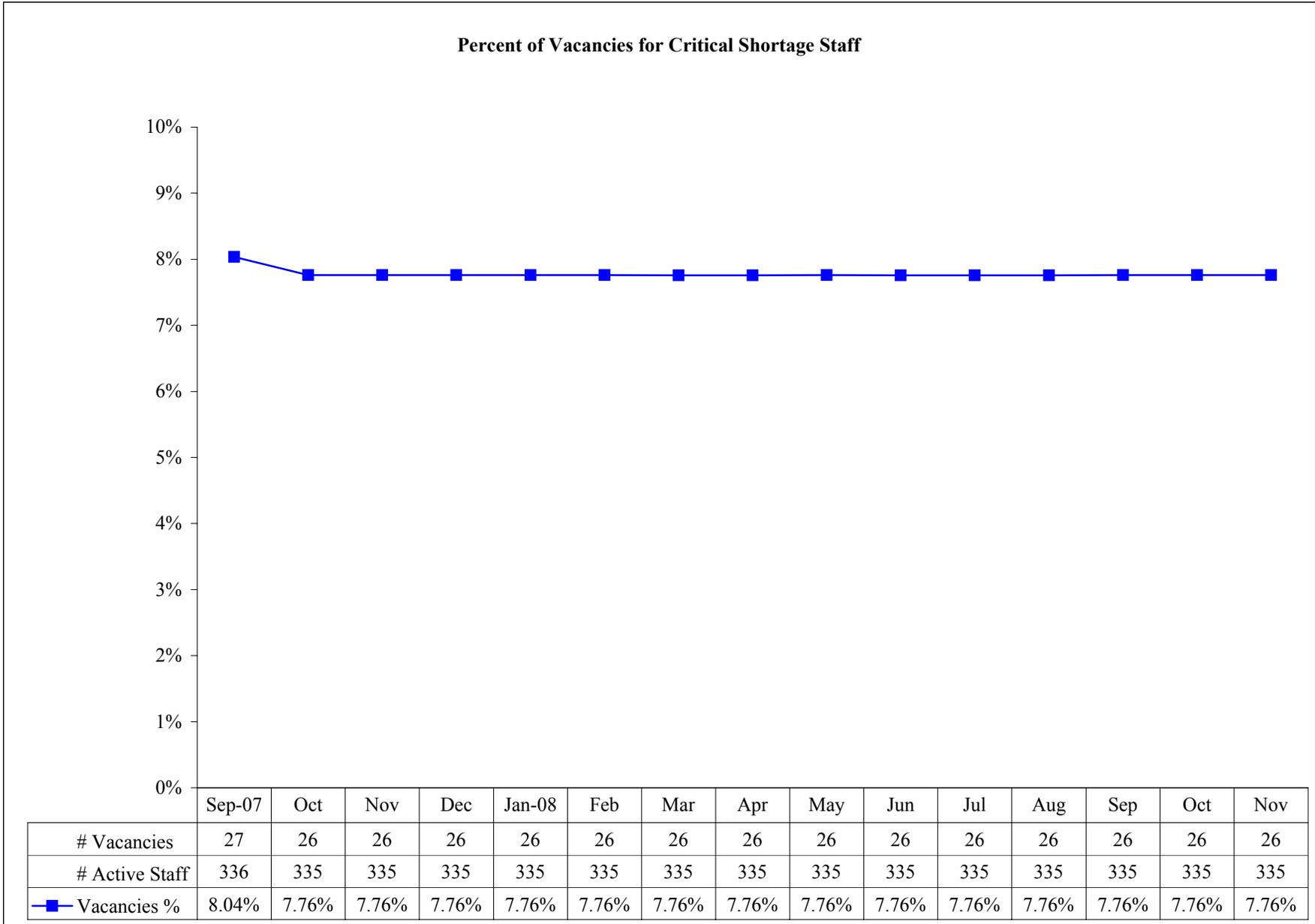
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



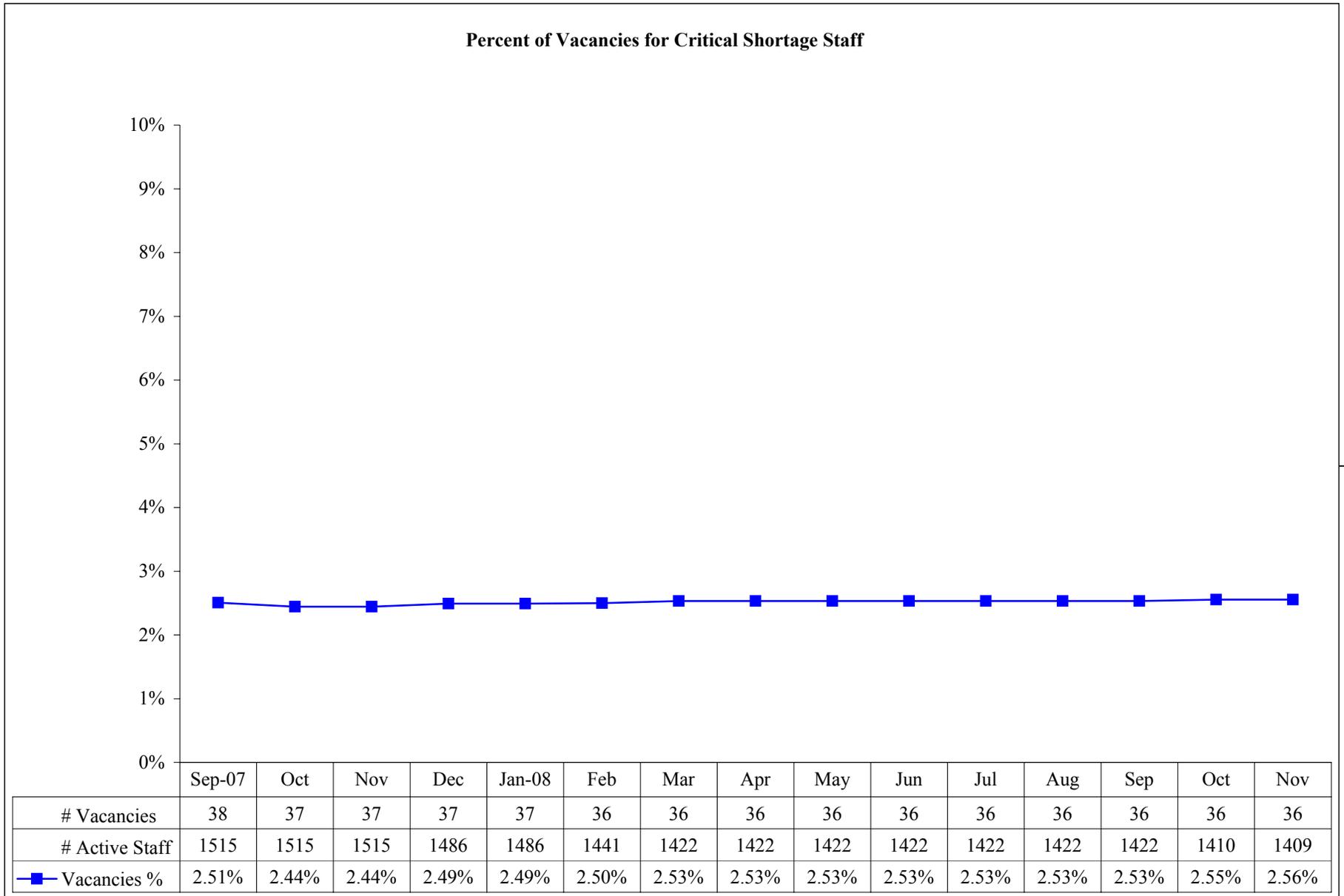
Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center



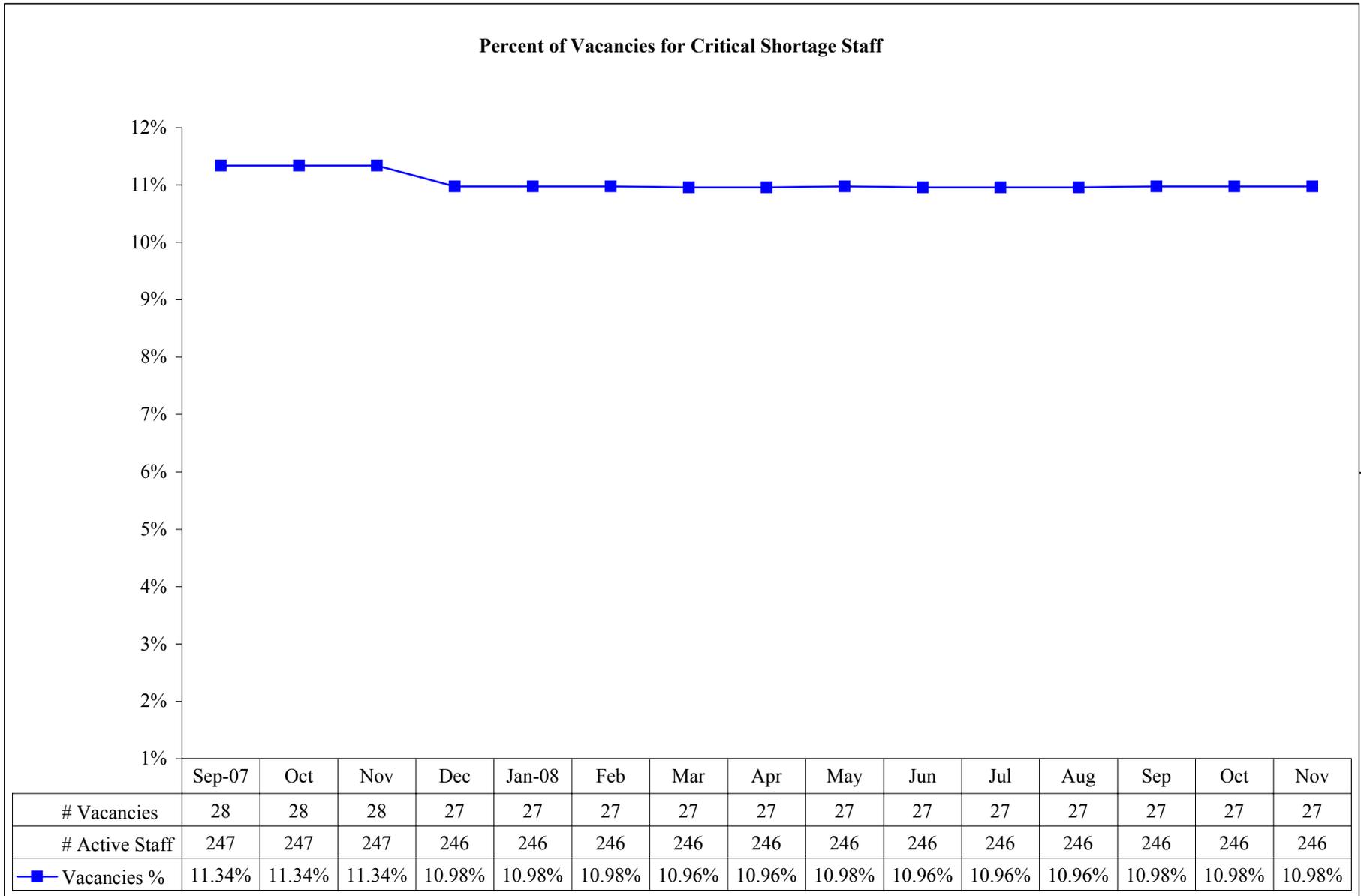
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



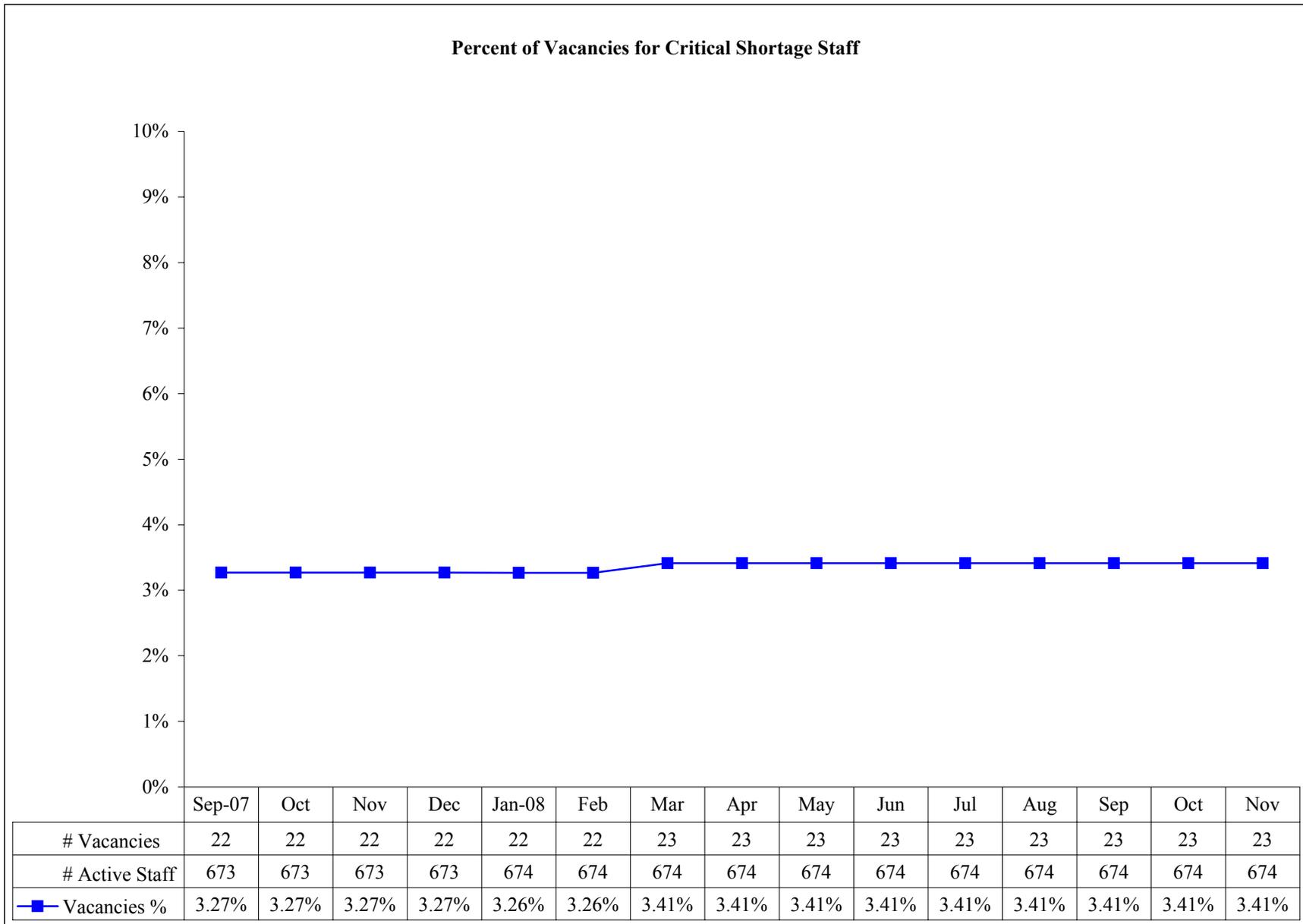
Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital



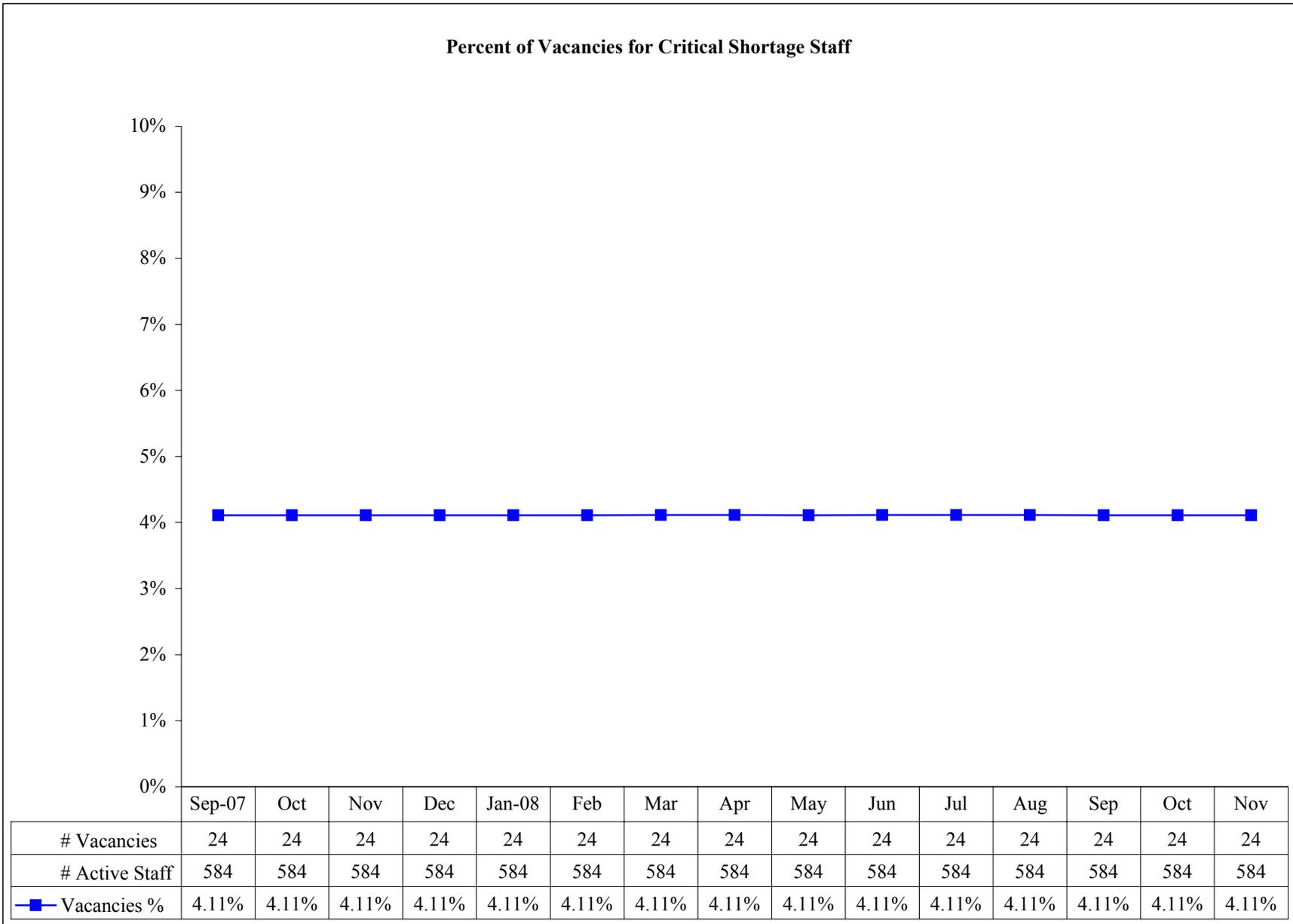
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



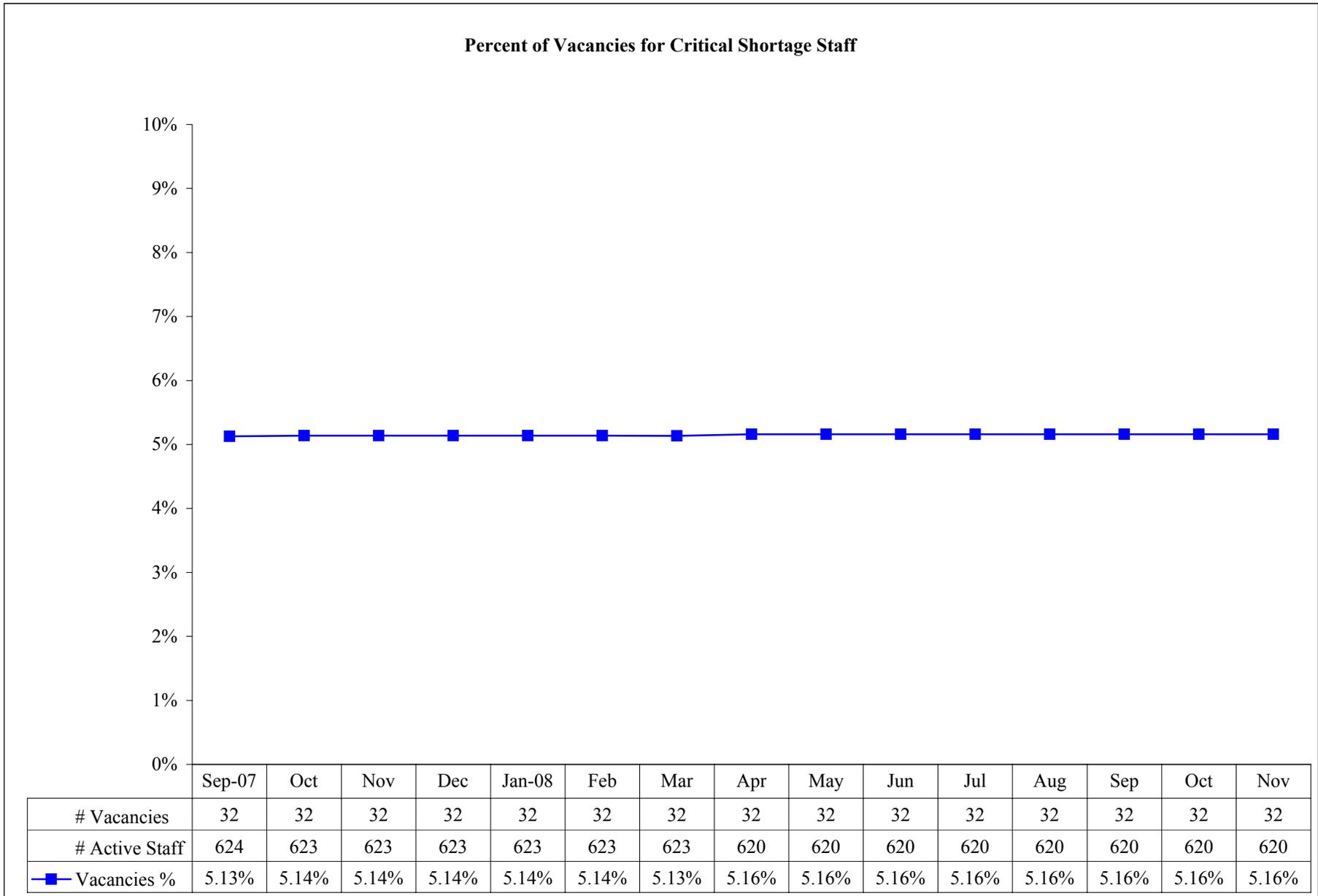
**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**



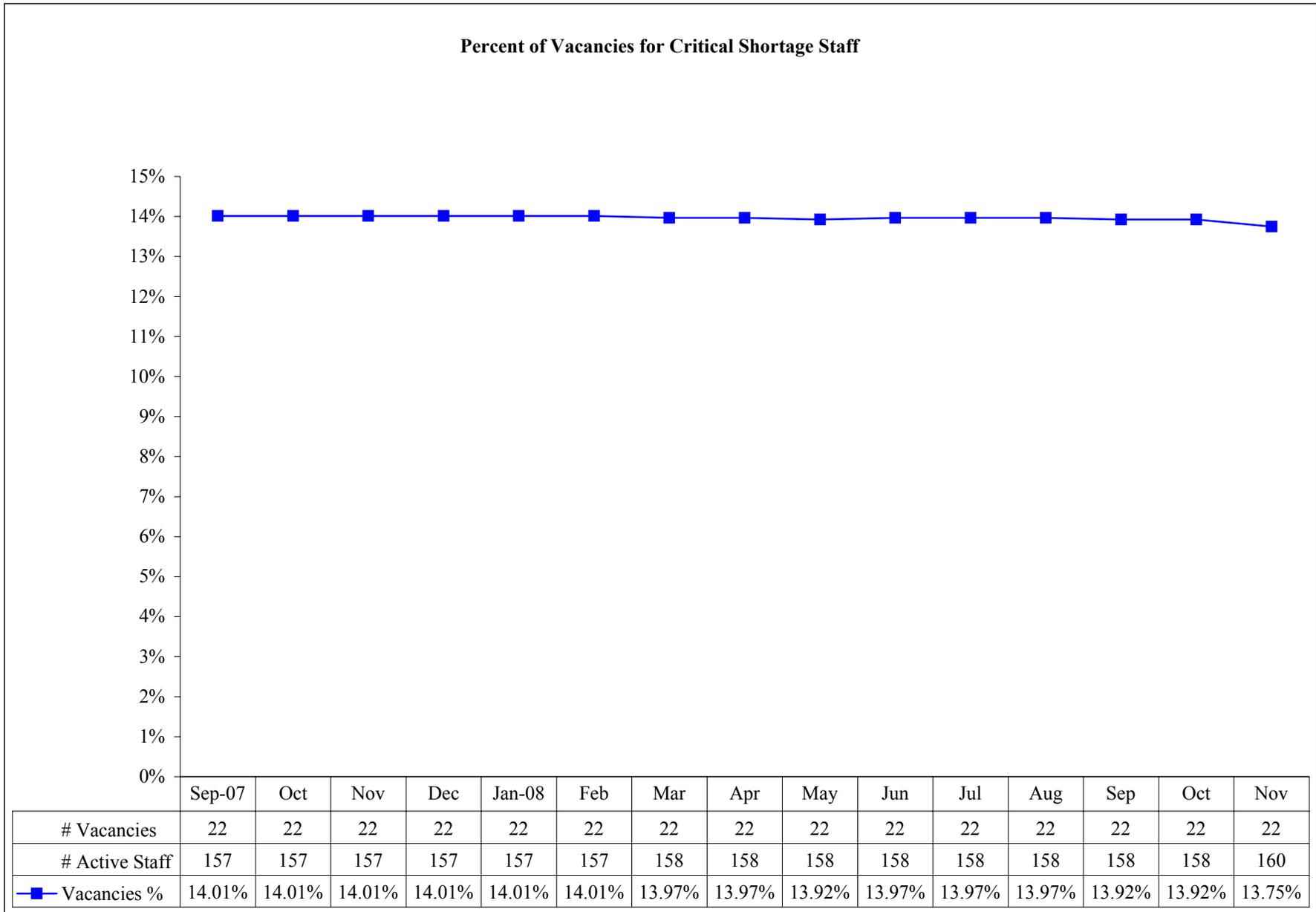
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



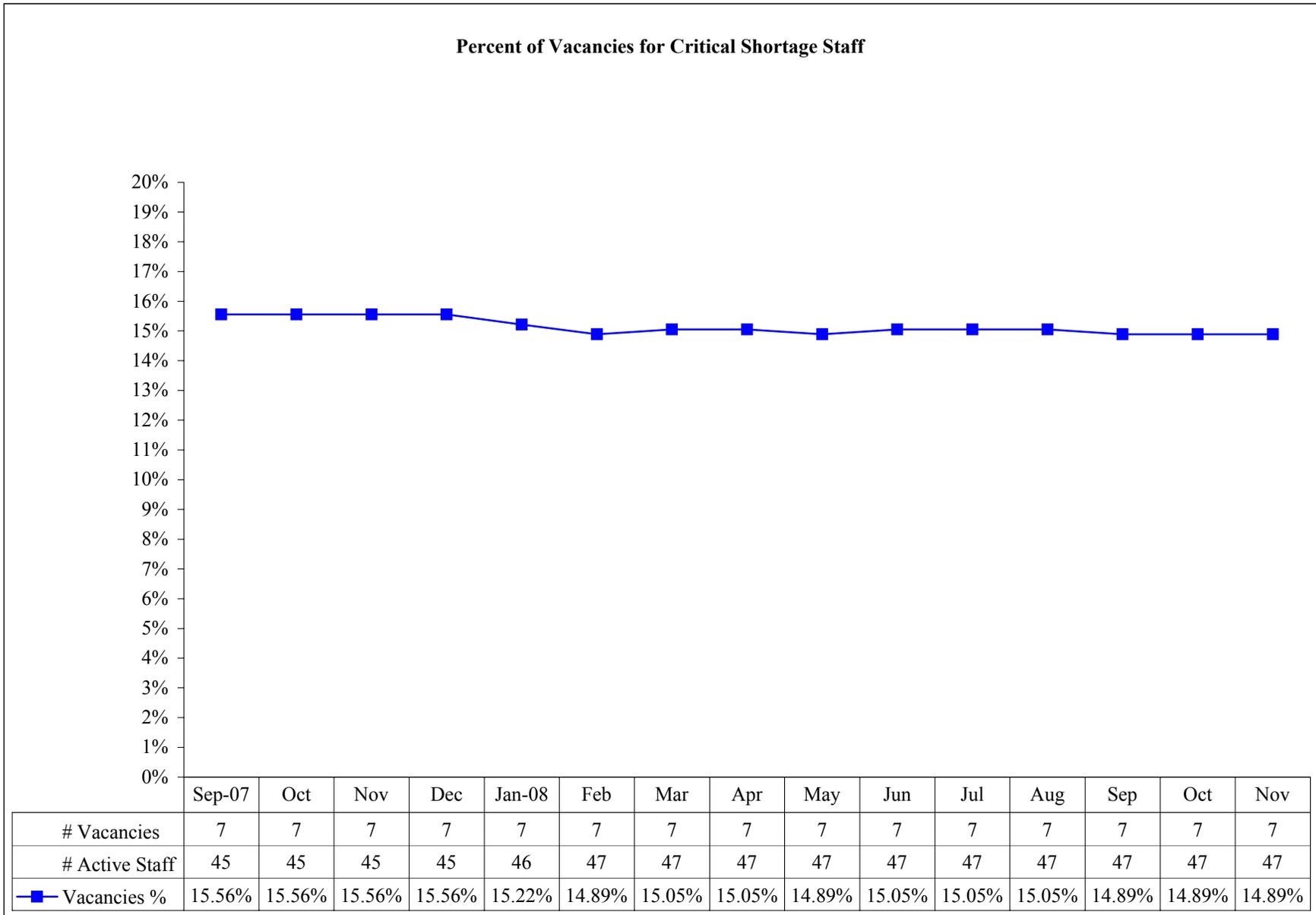
**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**



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



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



GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Child patients and their parent(s) or the legally authorized representative will be satisfied with the treatment and safe milieu provided by in state mental health hospitals by achieving the following average response on the Patient Satisfaction Surveys (PSAT).

- 1. An average score of “4” on the Parent Satisfaction Survey**
- 2. An average score of “1.698” on the Children Satisfaction Survey**

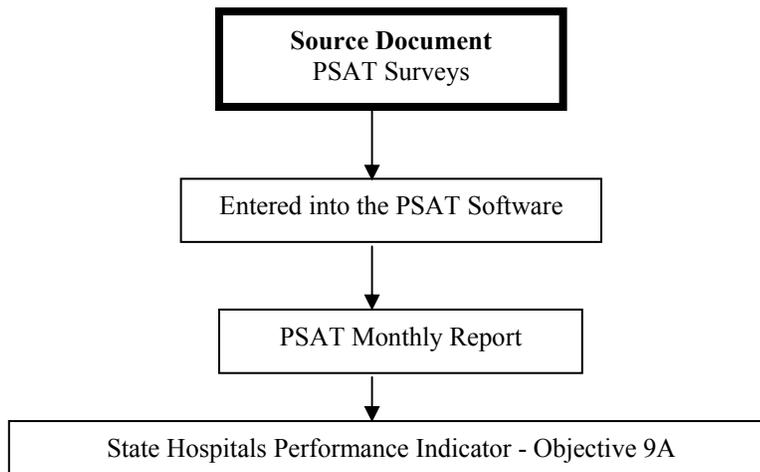
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

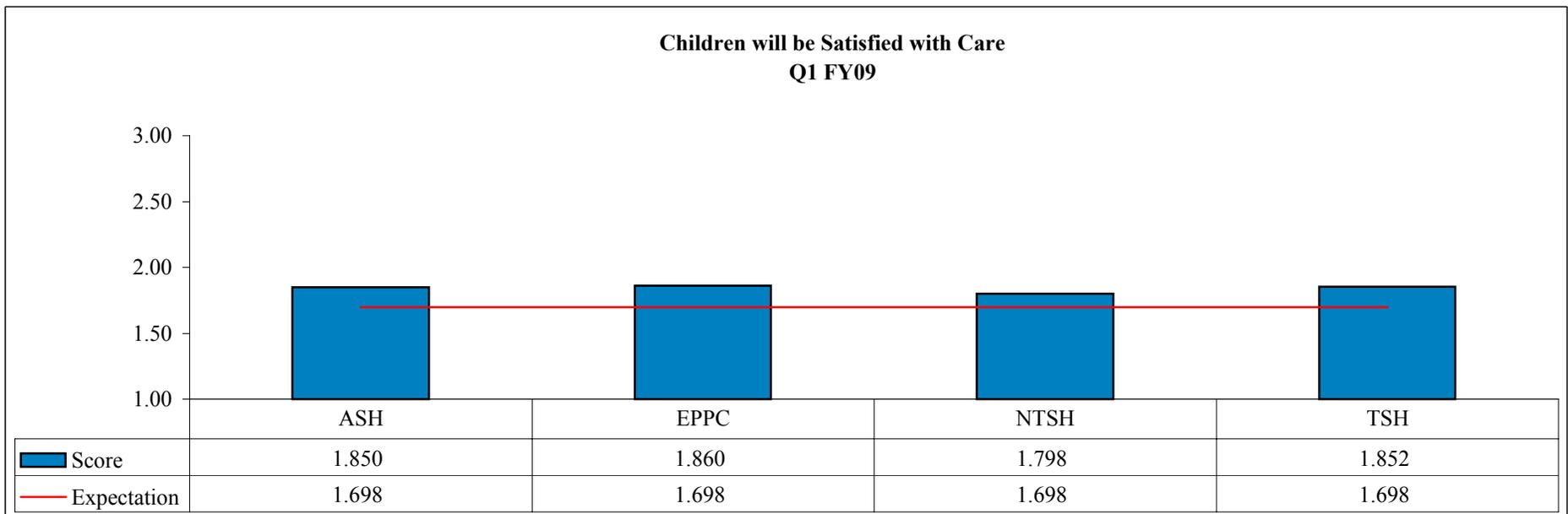
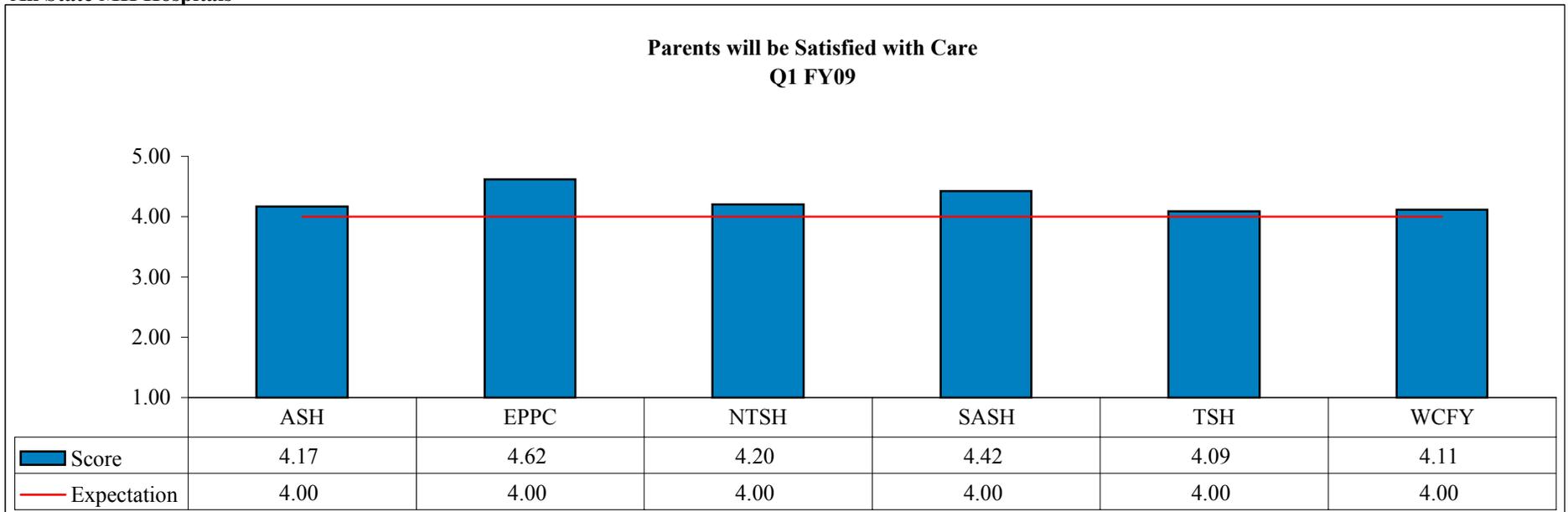
Performance Objective Data Display and Chart Description:

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

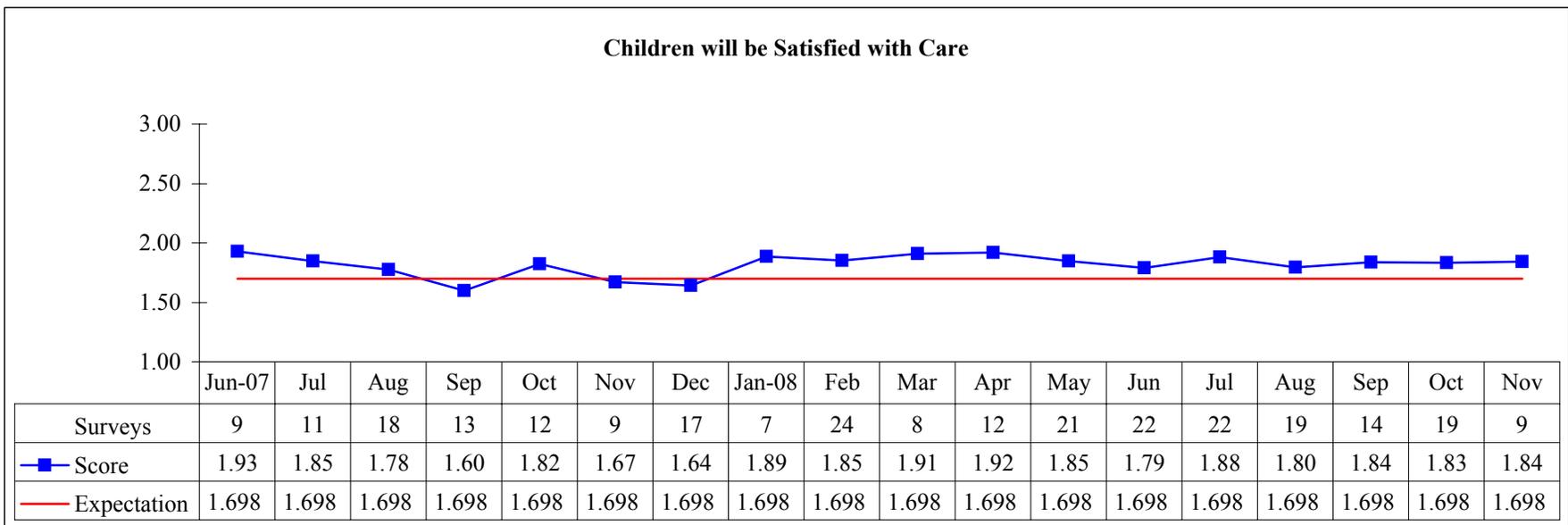
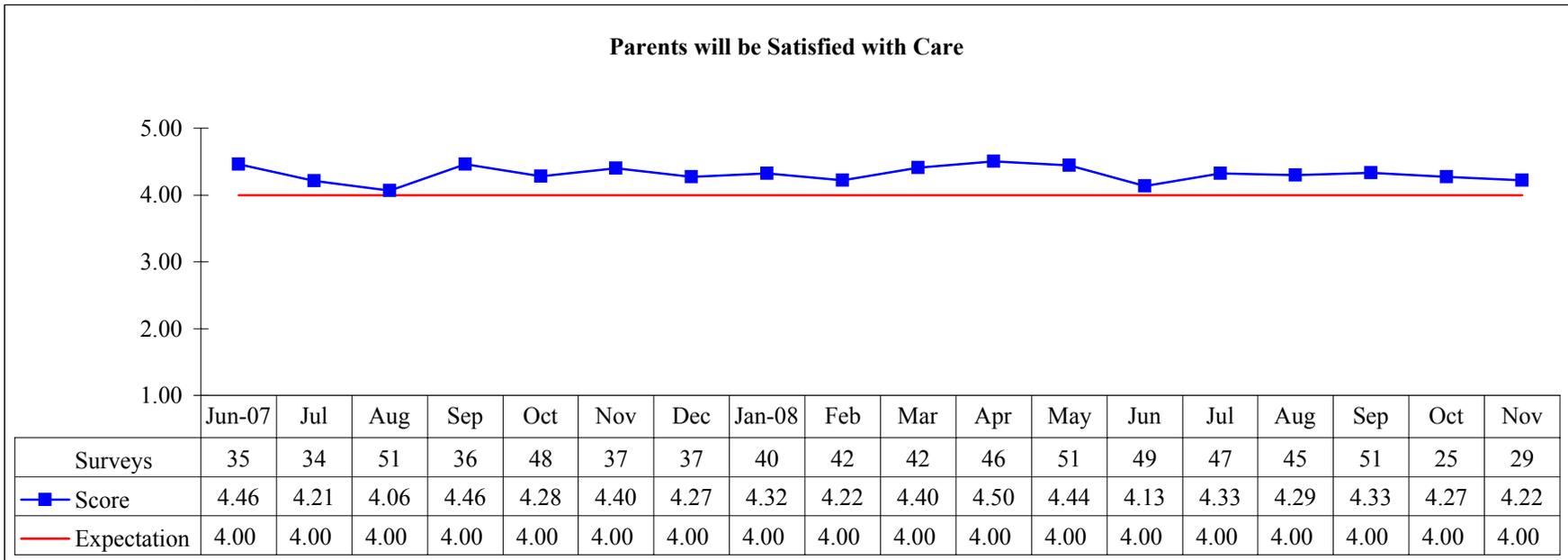
Data Flow:



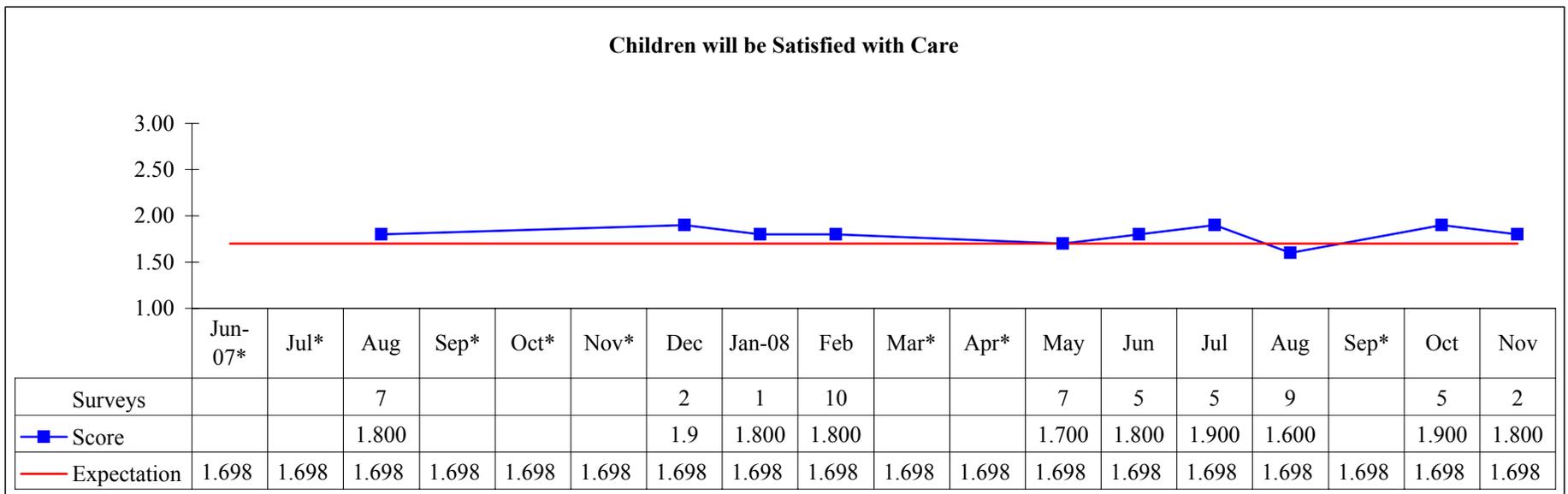
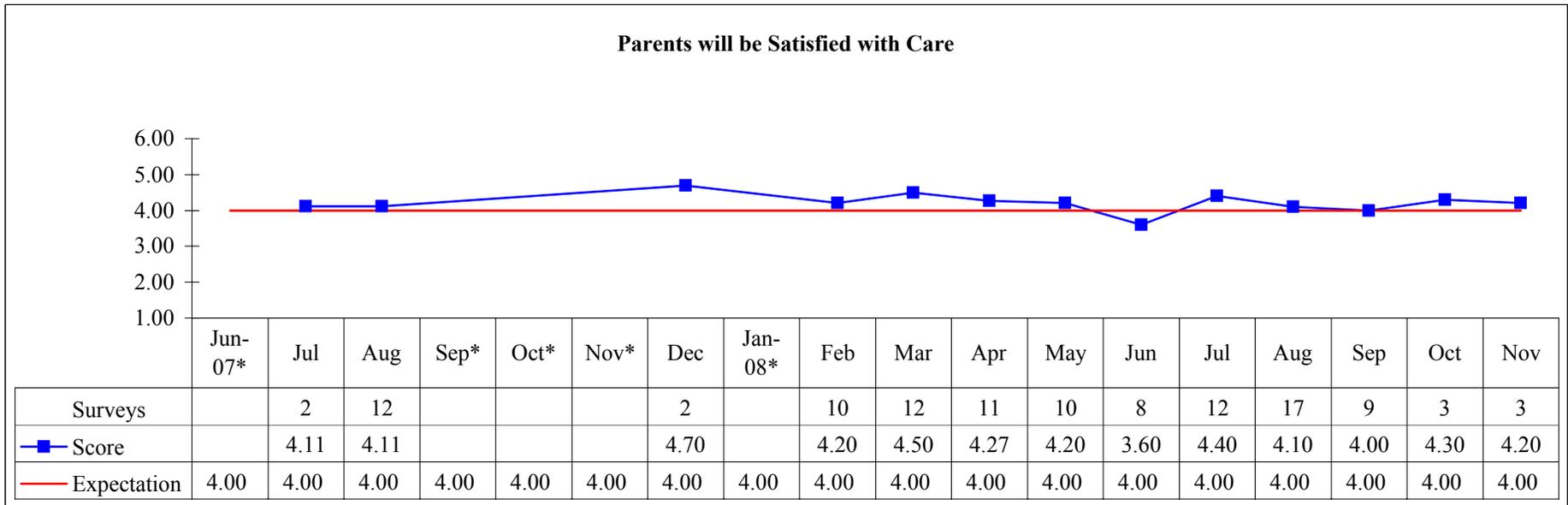
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State MH Hospitals



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

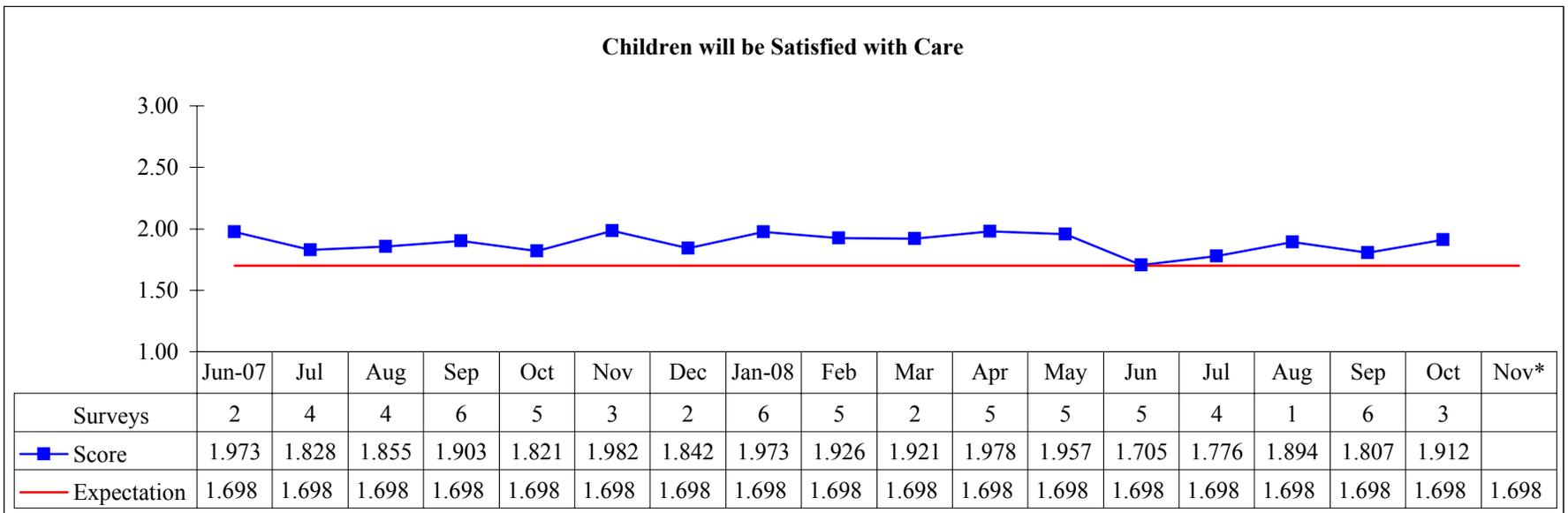
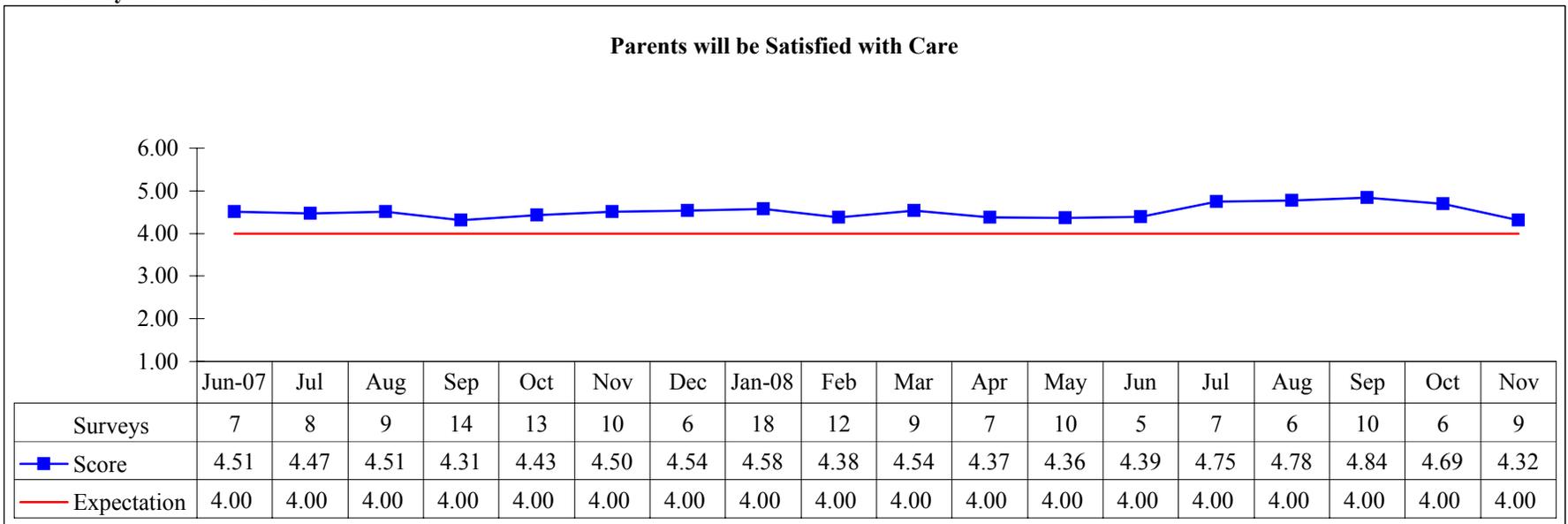


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



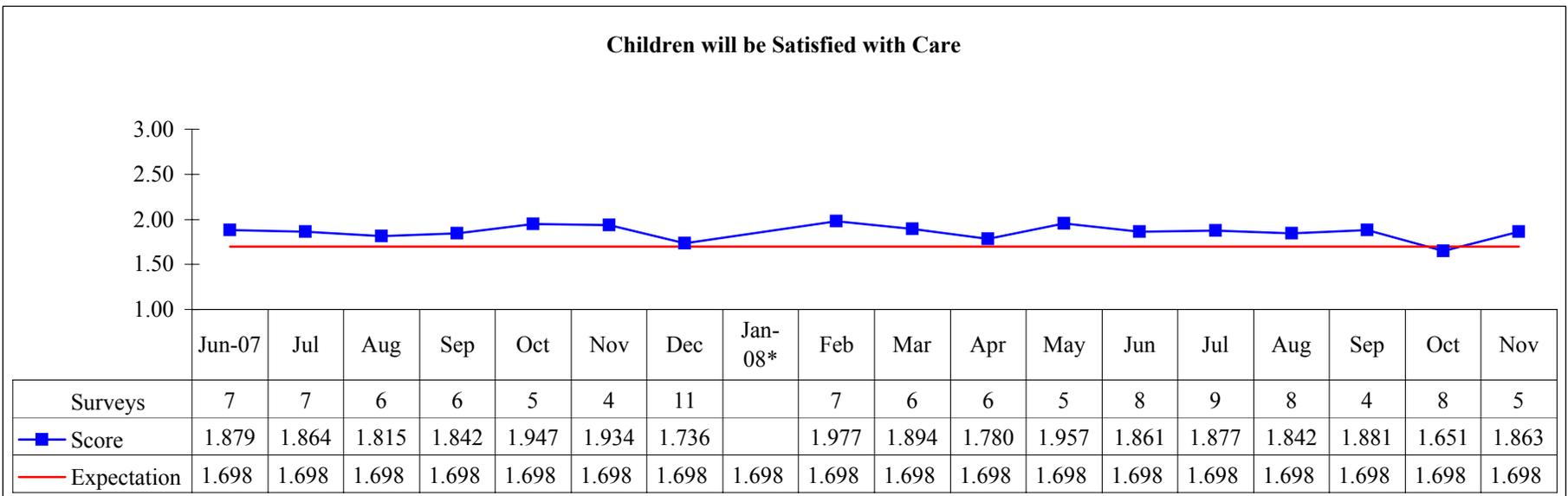
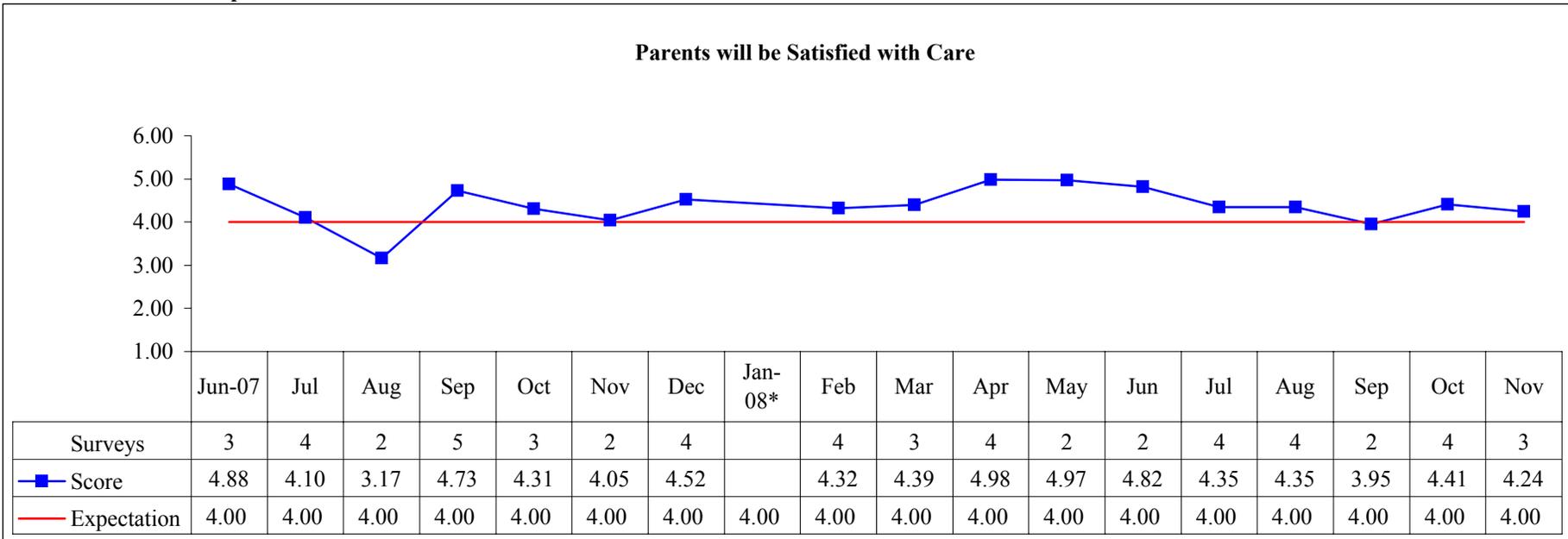
*No surveys submitted

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



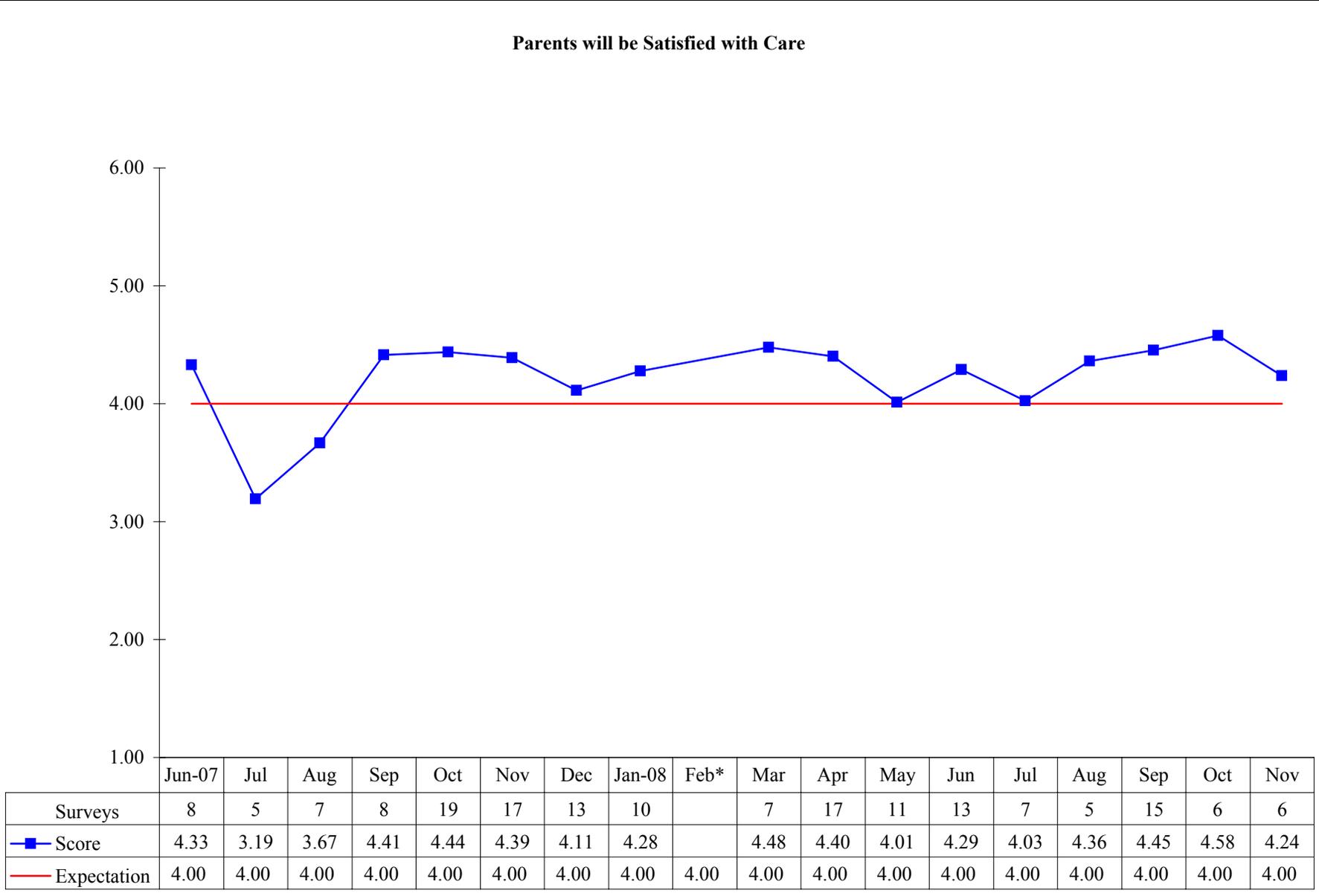
*No surveys submitted

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



*No surveys submitted

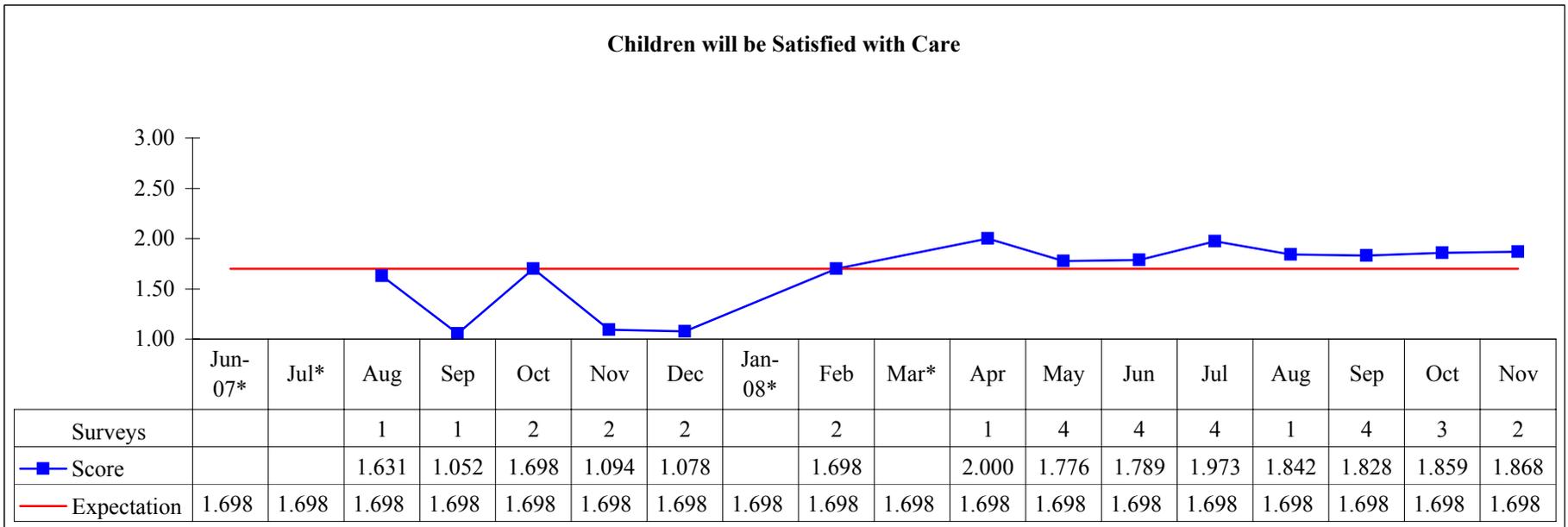
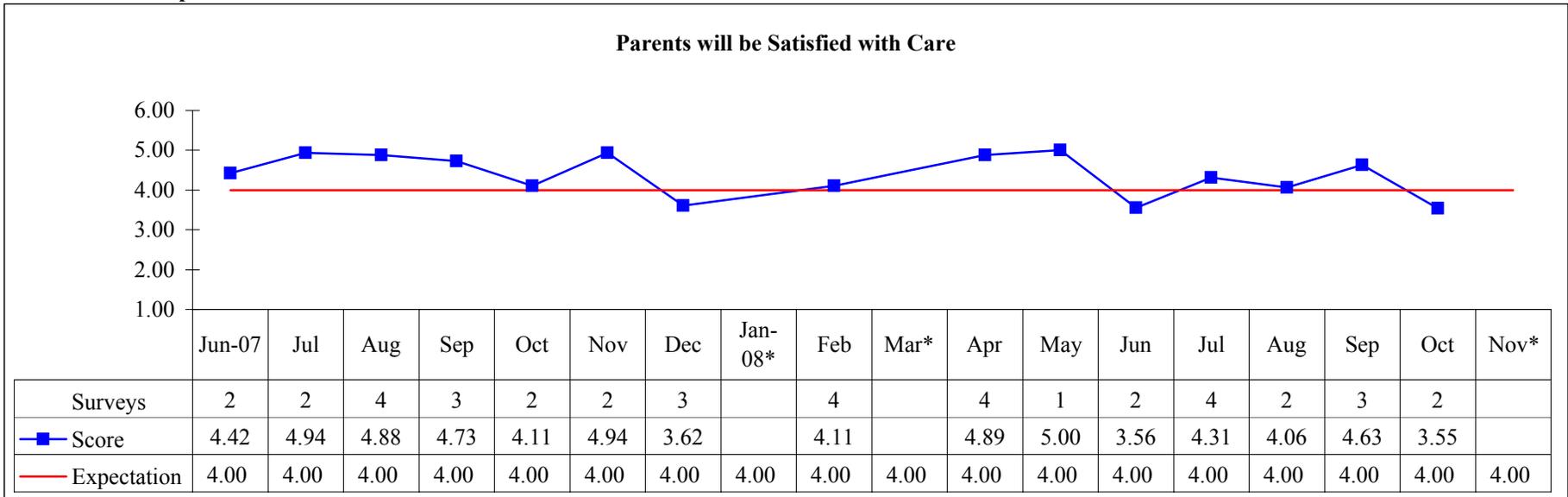
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
San Antonio State Hospital



*No surveys submitted

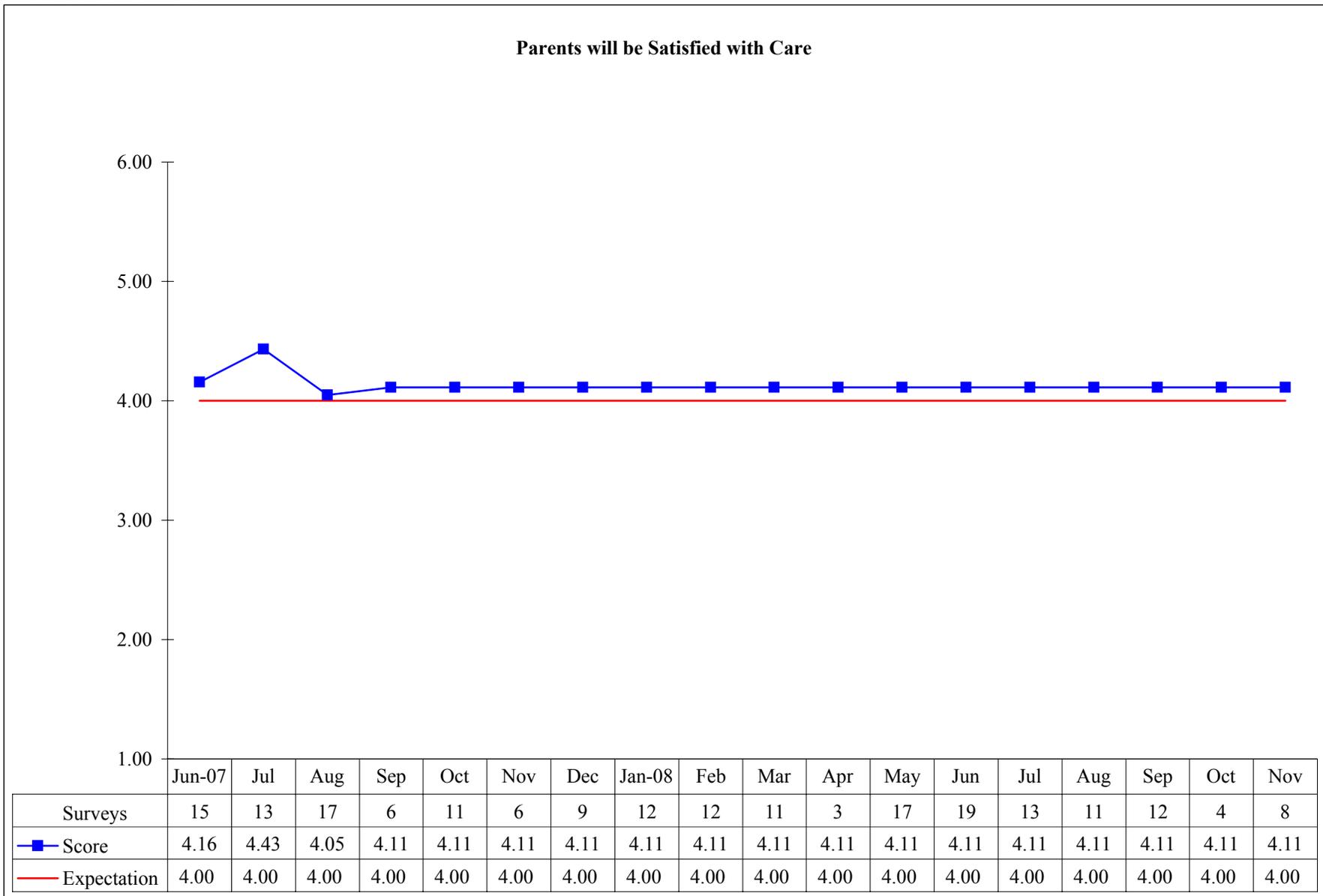
Source: PSAT

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



*No surveys submitted

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



Performance Objective 9B:

Adults and adolescents patients will be satisfied with their care at state mental health hospitals as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (MHSIP).

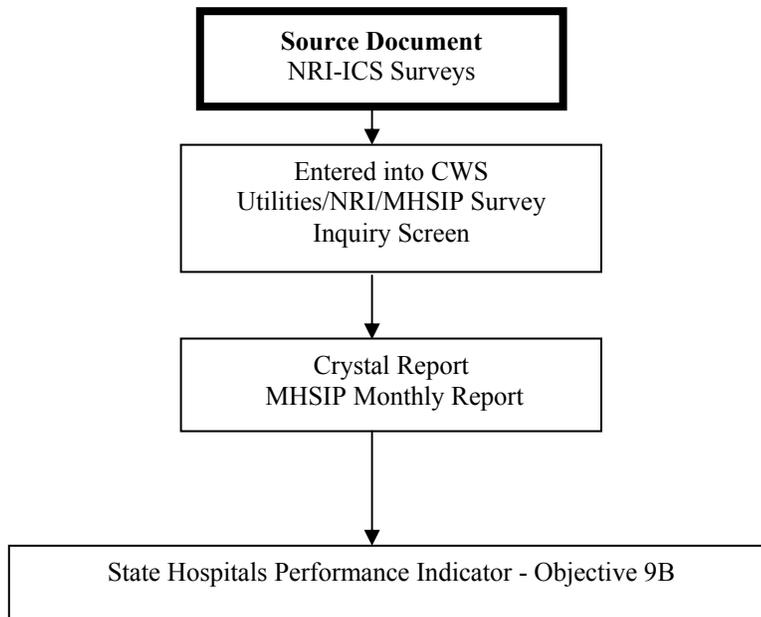
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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.

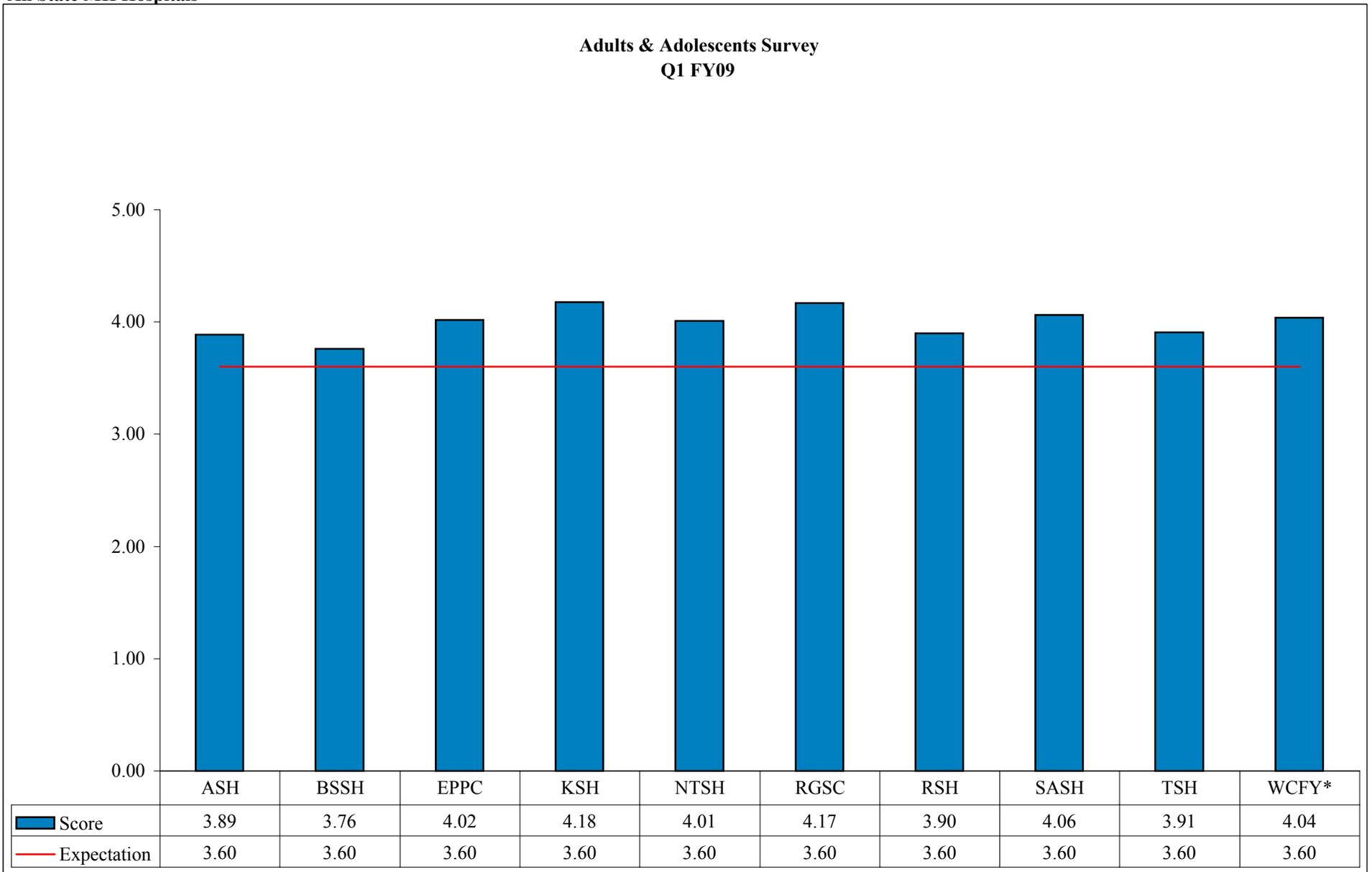
Performance Objective Data Display and Chart Description:

- ◆ 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

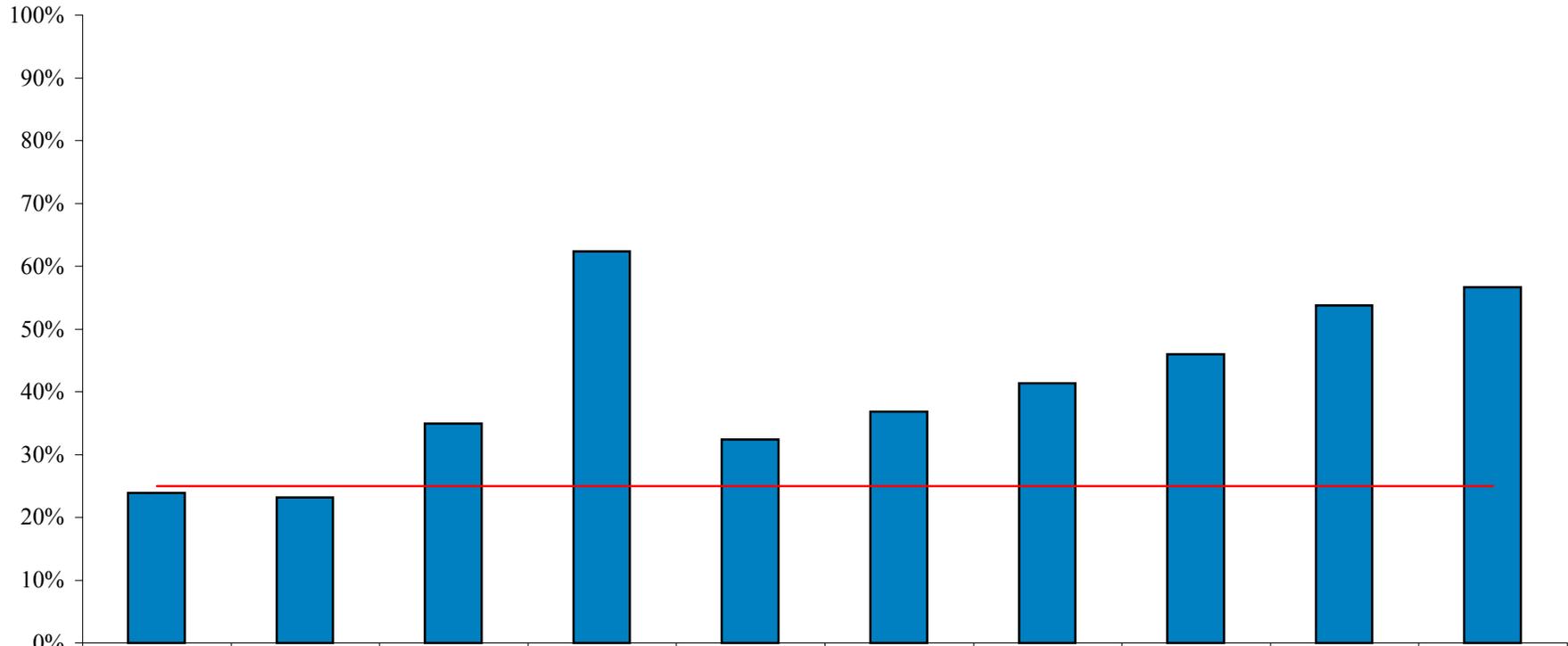


*WCFY - Adolescent Surveys Only

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

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

Percentage of Adult & Adolescent Surveys Completed
Q1 FY09



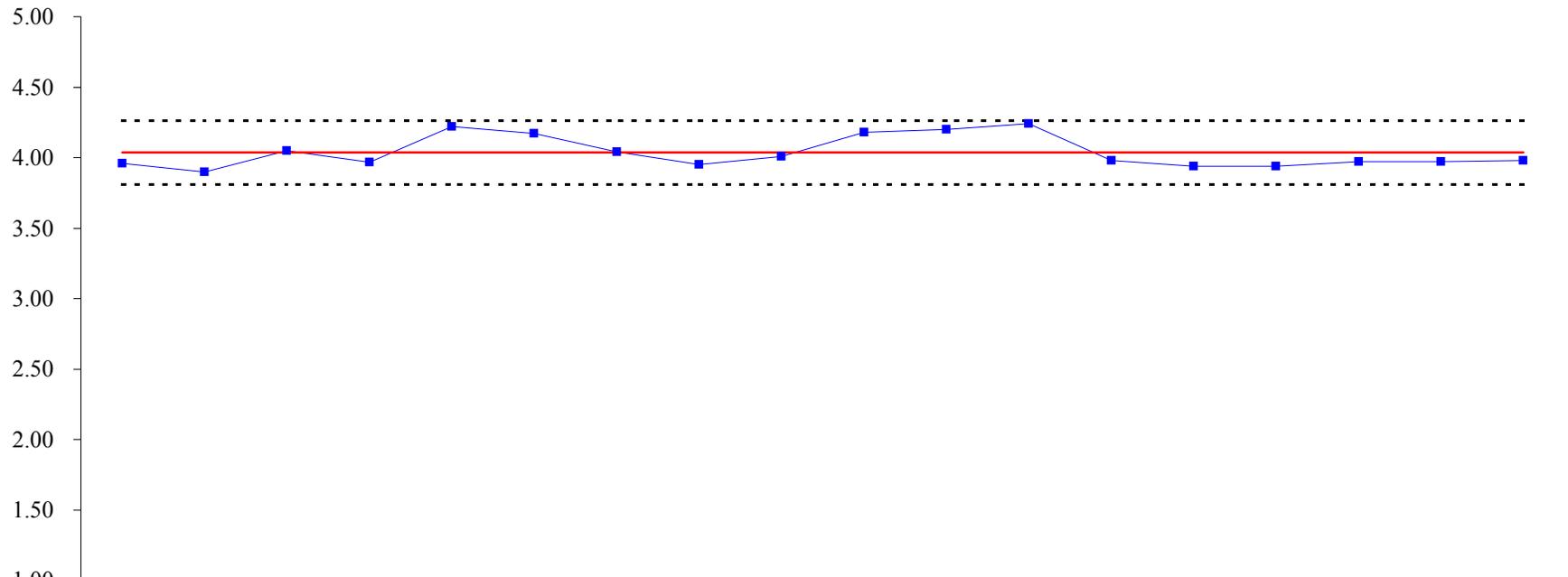
| | ASH | BSSH | EPPC | KSH | NTSB | RGSC | RSH | SASH | TSH | WCFY* |
|-------------|-----|------|------|-----|------|------|-----|------|-----|-------|
| Discharges | 914 | 237 | 252 | 69 | 626 | 285 | 423 | 618 | 657 | 30 |
| Surveys | 218 | 55 | 88 | 43 | 203 | 105 | 175 | 284 | 353 | 17 |
| % Surveyed | 24% | 23% | 35% | 62% | 32% | 37% | 41% | 46% | 54% | 57% |
| Expectation | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% |

*WCFY - Adolescent Surveys Only

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
(FY2009 Expectation is Average Score ≥ 3.60)

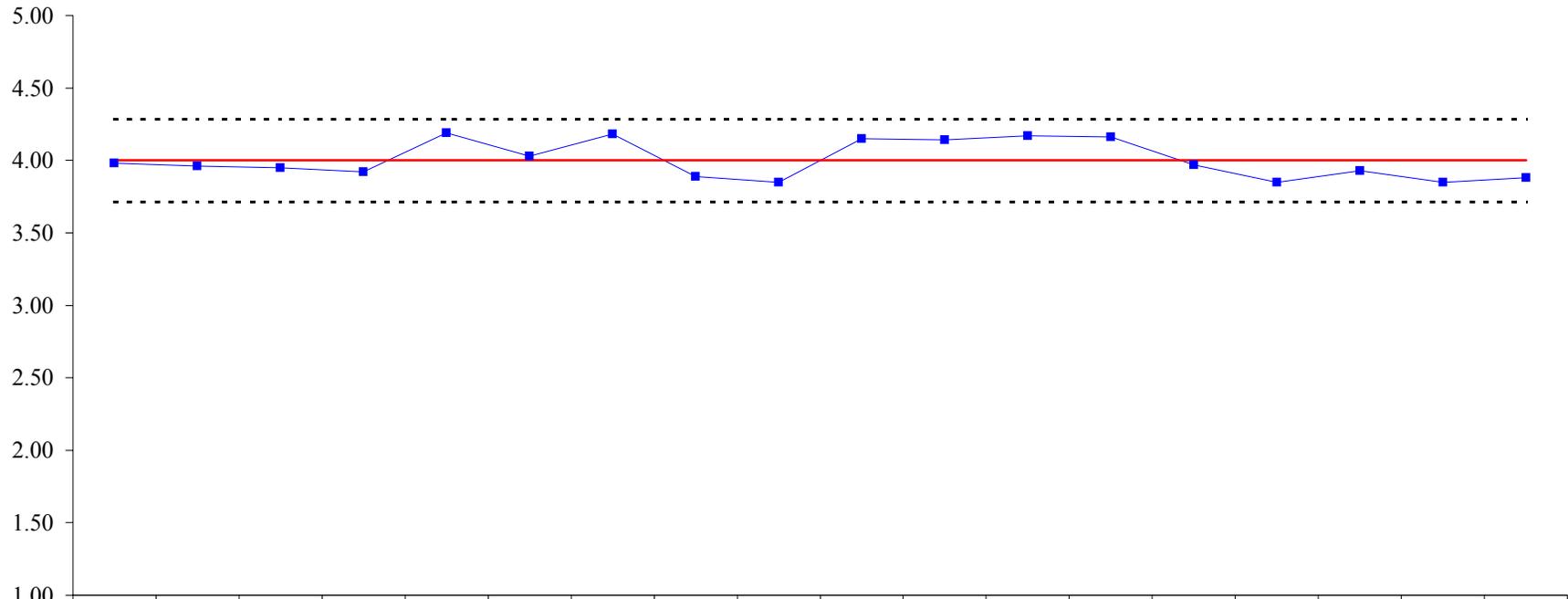


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 3.96 | 3.90 | 4.05 | 3.97 | 4.22 | 4.17 | 4.04 | 3.95 | 4.01 | 4.18 | 4.20 | 4.24 | 3.98 | 3.94 | 3.94 | 3.97 | 3.97 | 3.98 |
| Surveys | 512 | 456 | 536 | 545 | 456 | 389 | 410 | 527 | 478 | 489 | 560 | 570 | 481 | 536 | 518 | 543 | 562 | 436 |
| Discharges | 1484 | 1542 | 1684 | 1379 | 1560 | 1349 | 1243 | 1377 | 1445 | 1356 | 1545 | 1489 | 1385 | 1432 | 1373 | 1394 | 1560 | 1157 |
| % Sampled | 35% | 30% | 32% | 40% | 29% | 29% | 33% | 38% | 33% | 36% | 36% | 38% | 35% | 37% | 38% | 39% | 36% | 38% |
| ----- UCL | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 |
| — Avg | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 | 4.04 |
| ----- LCL | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 |

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 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
(FY2009 Expectation is Average Score ≥ 3.60)

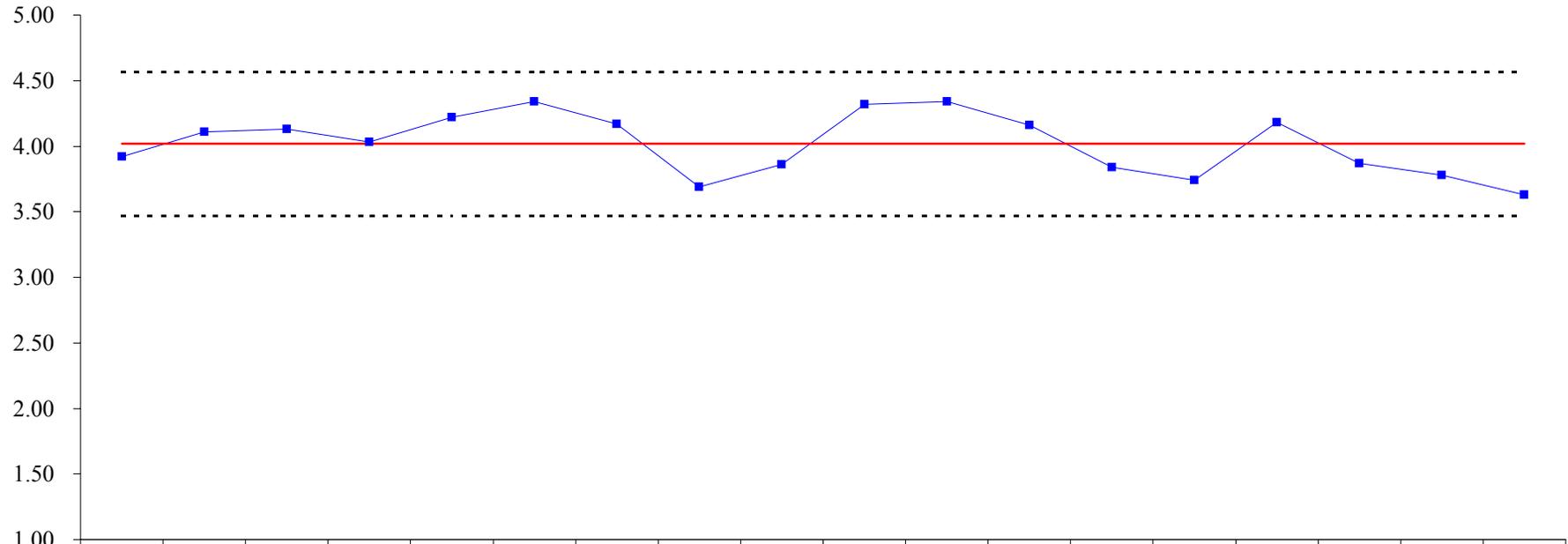


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 3.98 | 3.96 | 3.95 | 3.92 | 4.19 | 4.03 | 4.18 | 3.89 | 3.85 | 4.15 | 4.14 | 4.17 | 4.16 | 3.97 | 3.85 | 3.93 | 3.85 | 3.88 |
| Surveys | 69 | 77 | 80 | 72 | 81 | 79 | 56 | 101 | 108 | 83 | 98 | 75 | 90 | 64 | 53 | 81 | 79 | 58 |
| Discharges | 395 | 405 | 412 | 315 | 379 | 303 | 276 | 270 | 309 | 291 | 316 | 303 | 298 | 293 | 273 | 293 | 363 | 258 |
| % Sampled | 17% | 19% | 19% | 23% | 21% | 26% | 20% | 37% | 35% | 29% | 31% | 25% | 30% | 22% | 19% | 28% | 22% | 22% |
| - - - - 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 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 |
| - - - - LCL | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 |

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
(FY2009 Expectation is Average Score ≥ 3.60)

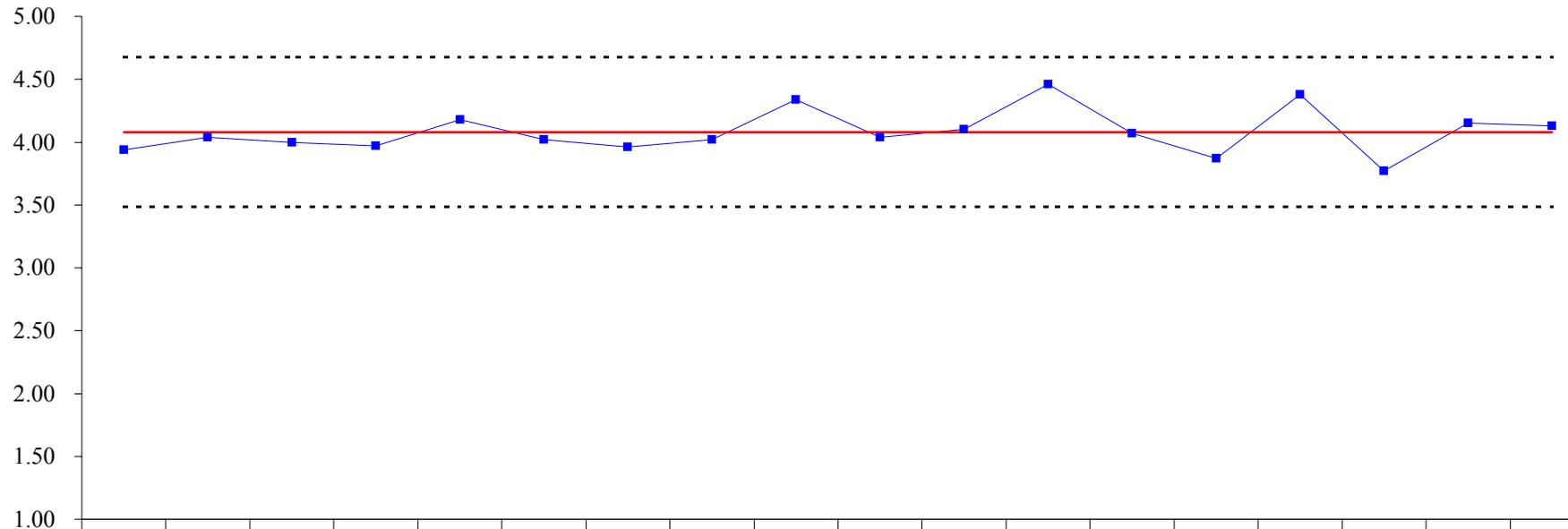


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 3.92 | 4.11 | 4.13 | 4.03 | 4.22 | 4.34 | 4.17 | 3.69 | 3.86 | 4.32 | 4.34 | 4.16 | 3.84 | 3.74 | 4.18 | 3.87 | 3.78 | 3.63 |
| Surveys | 24 | 29 | 37 | 22 | 30 | 17 | 18 | 24 | 26 | 29 | 19 | 33 | 12 | 24 | 22 | 27 | 19 | 9 |
| Discharges | 74 | 96 | 114 | 82 | 108 | 76 | 79 | 88 | 92 | 82 | 102 | 100 | 70 | 92 | 77 | 83 | 89 | 65 |
| % Sampled | 32% | 30% | 32% | 27% | 28% | 22% | 23% | 27% | 28% | 35% | 19% | 33% | 17% | 26% | 29% | 33% | 21% | 14% |
| ----- UCL | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 |
| — Avg | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 | 4.02 |
| ----- LCL | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 | 3.47 |

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 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
(FY2009 Expectation is Average Score ≥ 3.60)

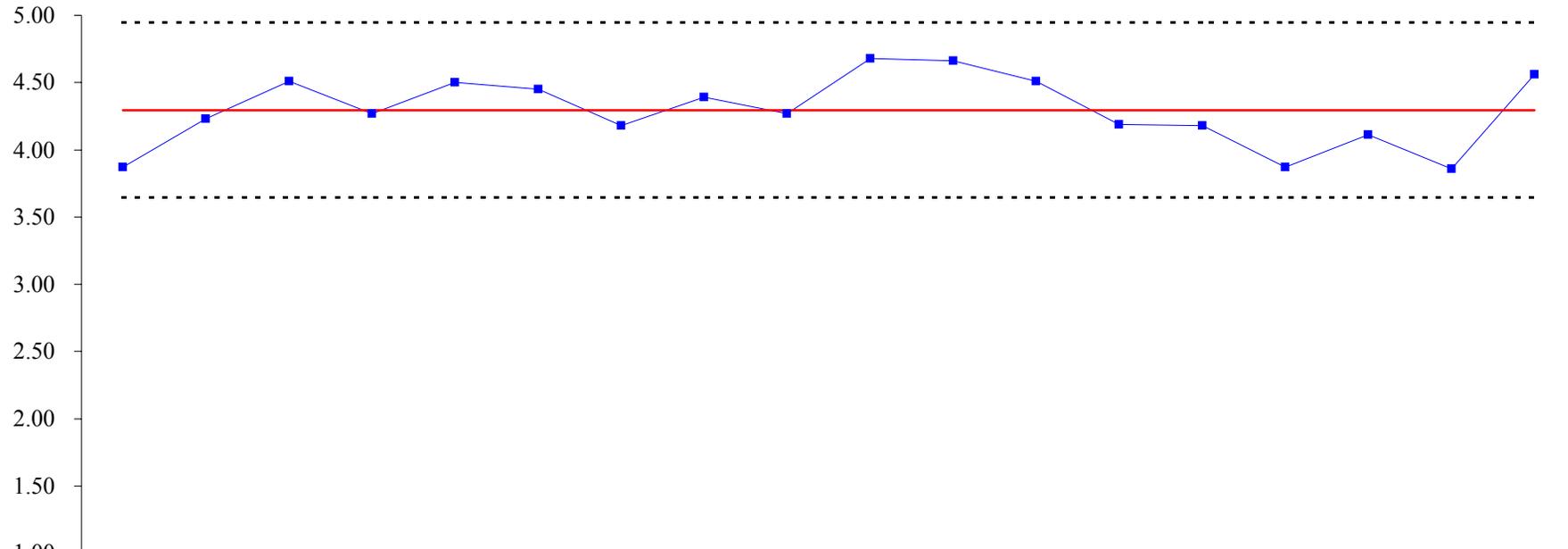


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ■ Score | 3.94 | 4.04 | 4.00 | 3.97 | 4.18 | 4.02 | 3.96 | 4.02 | 4.34 | 4.04 | 4.10 | 4.46 | 4.07 | 3.87 | 4.38 | 3.77 | 4.15 | 4.13 |
| Surveys | 43 | 51 | 40 | 66 | 49 | 18 | 26 | 50 | 7 | 37 | 34 | 30 | 20 | 29 | 35 | 23 | 31 | 34 |
| Discharges | 92 | 86 | 85 | 79 | 108 | 91 | 77 | 94 | 97 | 94 | 90 | 85 | 65 | 62 | 80 | 83 | 91 | 78 |
| % Sampled | 47% | 59% | 47% | 84% | 45% | 20% | 34% | 53% | 7% | 55% | 38% | 35% | 55% | 47% | 44% | 55% | 34% | 44% |
| UCL | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 | 4.68 |
| — Avg | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 | 4.08 |
| LCL | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 | 3.48 |

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

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

Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)

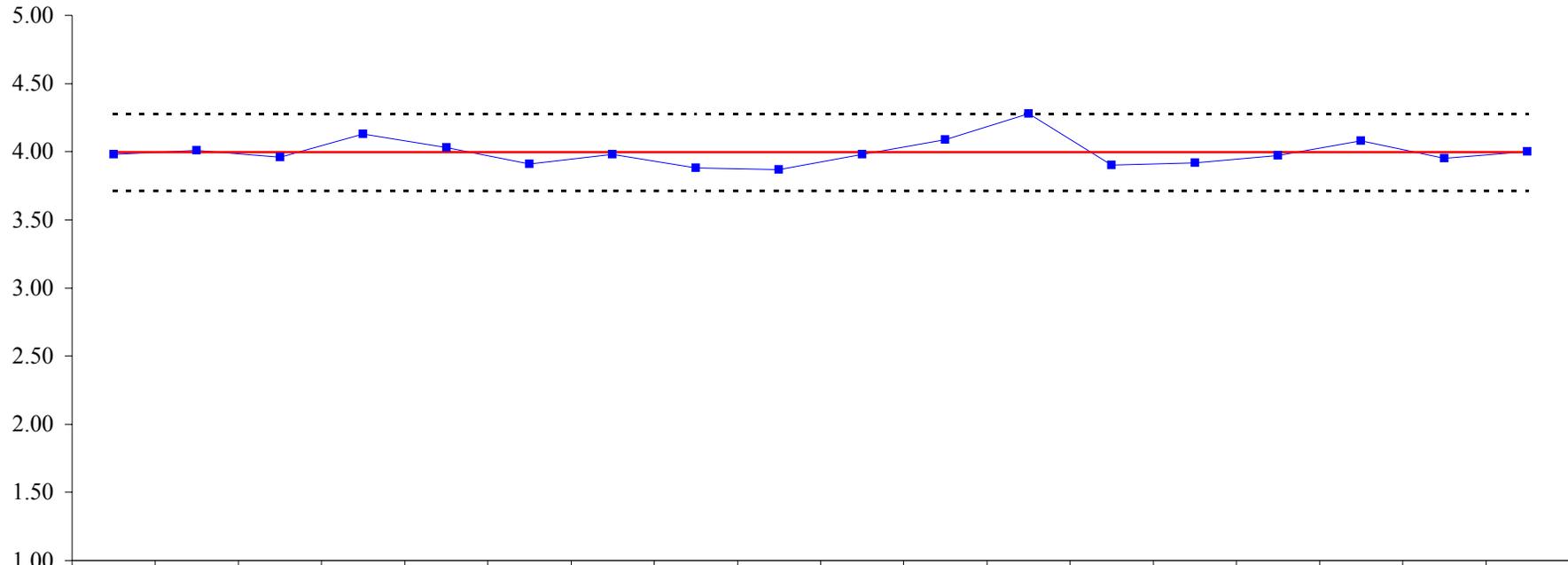


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 3.87 | 4.23 | 4.51 | 4.27 | 4.50 | 4.45 | 4.18 | 4.39 | 4.27 | 4.68 | 4.66 | 4.51 | 4.19 | 4.18 | 3.87 | 4.11 | 3.86 | 4.56 |
| Surveys | 20 | 22 | 16 | 17 | 29 | 16 | 18 | 12 | 24 | 10 | 20 | 23 | 22 | 24 | 19 | 18 | 15 | 10 |
| Discharges | 27 | 26 | 33 | 25 | 39 | 20 | 25 | 19 | 29 | 18 | 26 | 27 | 30 | 24 | 20 | 22 | 29 | 18 |
| % Sampled | 74% | 85% | 48% | 68% | 74% | 80% | 72% | 63% | 83% | 56% | 77% | 85% | 73% | 100% | 95% | 82% | 52% | 56% |
| ----- UCL | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 | 4.95 |
| — Avg | 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 |
| ----- 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 |

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
(FY2009 Expectation is Average Score ≥ 3.60)

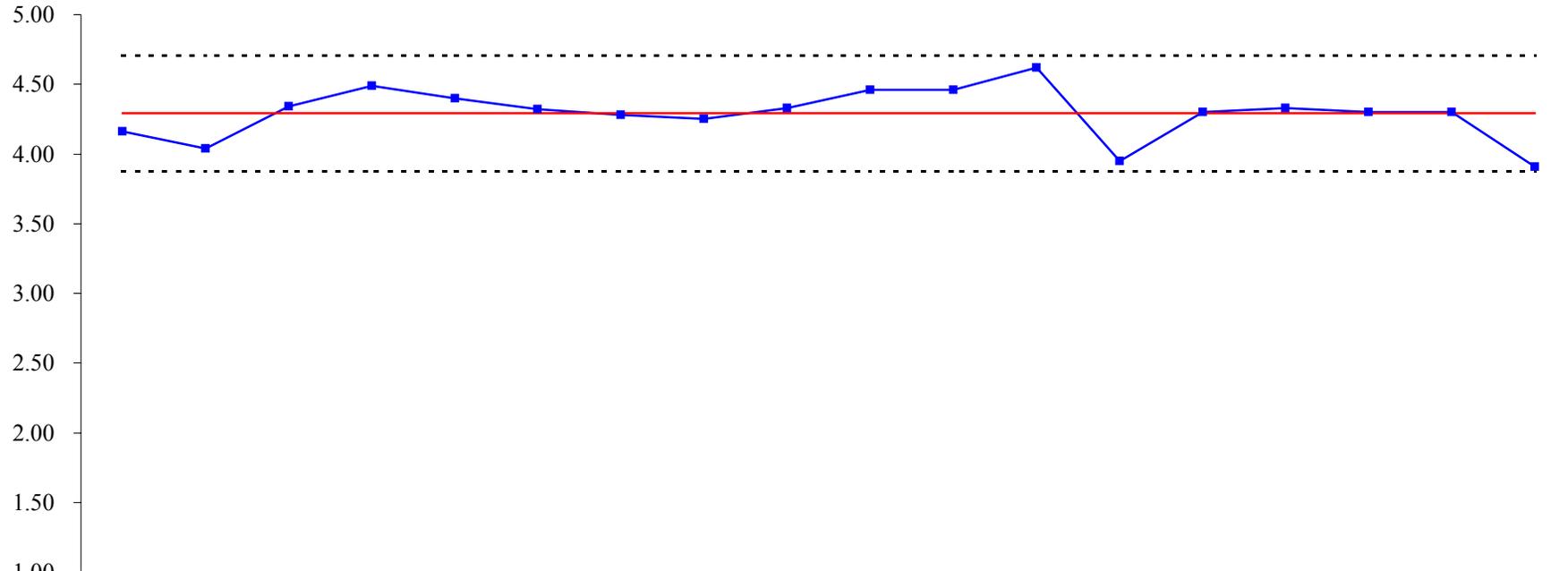


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 3.98 | 4.01 | 3.96 | 4.13 | 4.03 | 3.91 | 3.98 | 3.88 | 3.87 | 3.98 | 4.09 | 4.28 | 3.90 | 3.92 | 3.97 | 4.08 | 3.95 | 4.00 |
| Surveys | 71 | 41 | 49 | 50 | 43 | 33 | 50 | 42 | 37 | 41 | 62 | 54 | 27 | 50 | 44 | 61 | 103 | 39 |
| Discharges | 174 | 195 | 204 | 181 | 185 | 163 | 200 | 200 | 198 | 182 | 229 | 228 | 208 | 228 | 224 | 215 | 253 | 158 |
| % Sampled | 41% | 21% | 24% | 28% | 23% | 20% | 25% | 21% | 19% | 23% | 27% | 24% | 13% | 22% | 20% | 28% | 41% | 25% |
| ----- 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 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 |
| ----- LCL | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 | 3.71 |

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

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rio Grande State Center

Adults & Adolescents will be Satisfied With Care
(FY2009 Expectation is Average Score ≥ 3.60)

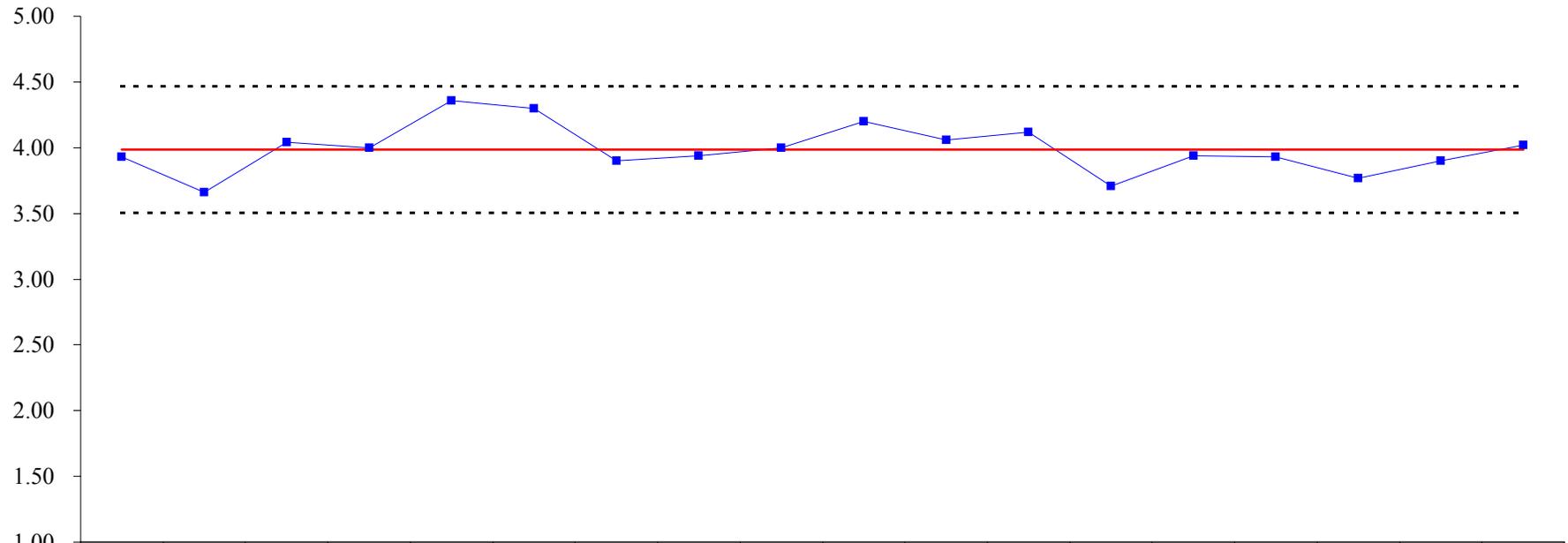


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 4.16 | 4.04 | 4.34 | 4.49 | 4.40 | 4.32 | 4.28 | 4.25 | 4.33 | 4.46 | 4.46 | 4.62 | 3.95 | 4.30 | 4.33 | 4.30 | 4.30 | 3.91 |
| Surveys | 43 | 15 | 14 | 26 | 19 | 40 | 50 | 57 | 63 | 57 | 58 | 47 | 37 | 36 | 25 | 49 | 25 | 31 |
| Discharges | 123 | 104 | 122 | 103 | 97 | 87 | 100 | 94 | 112 | 105 | 117 | 107 | 89 | 87 | 78 | 90 | 104 | 91 |
| % Sampled | 35% | 14% | 11% | 25% | 20% | 46% | 50% | 61% | 56% | 54% | 50% | 44% | 42% | 41% | 32% | 54% | 24% | 34% |
| -----UCL | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 | 4.71 |
| — Avg | 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 |
| -----LCL | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 | 3.88 |

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 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
(FY2009 Expectation is Average Score ≥ 3.60)

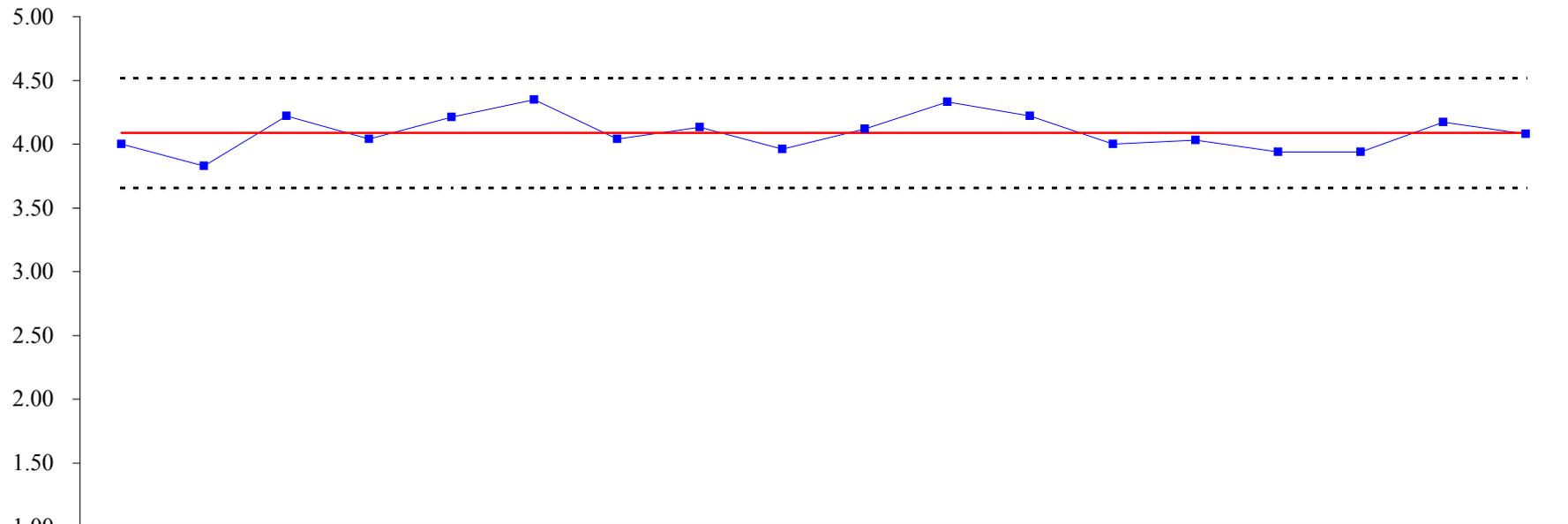


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 3.93 | 3.66 | 4.04 | 4.00 | 4.36 | 4.30 | 3.90 | 3.94 | 4.00 | 4.20 | 4.06 | 4.12 | 3.71 | 3.94 | 3.93 | 3.77 | 3.90 | 4.02 |
| Surveys | 70 | 65 | 91 | 75 | 73 | 72 | 49 | 64 | 40 | 59 | 60 | 81 | 52 | 69 | 66 | 49 | 65 | 61 |
| Discharges | 164 | 149 | 202 | 157 | 168 | 132 | 100 | 152 | 148 | 149 | 163 | 153 | 145 | 157 | 152 | 139 | 157 | 127 |
| % Sampled | 43% | 44% | 45% | 48% | 43% | 55% | 49% | 42% | 27% | 40% | 37% | 53% | 36% | 44% | 43% | 35% | 41% | 48% |
| ----- UCL | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 | 4.47 |
| ----- 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 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 | 3.51 |

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

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

Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)

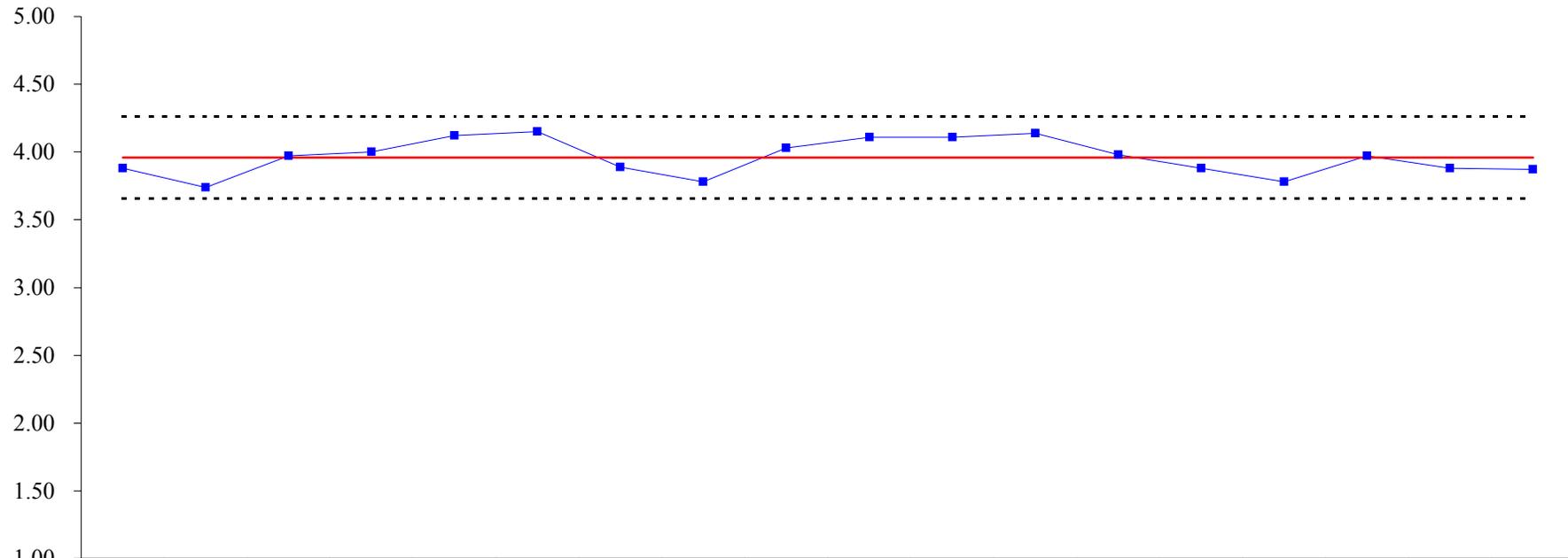


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|---------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | 4.00 | 3.83 | 4.22 | 4.04 | 4.21 | 4.35 | 4.04 | 4.13 | 3.96 | 4.12 | 4.33 | 4.22 | 4.00 | 4.03 | 3.94 | 3.94 | 4.17 | 4.08 |
| Surveys | 80 | 63 | 65 | 102 | 27 | 28 | 51 | 58 | 42 | 66 | 69 | 94 | 90 | 71 | 104 | 117 | 90 | 77 |
| Discharges | 216 | 252 | 246 | 232 | 236 | 220 | 198 | 214 | 206 | 196 | 244 | 232 | 238 | 208 | 211 | 236 | 218 | 164 |
| % Sampled | 37% | 25% | 26% | 44% | 11% | 13% | 26% | 27% | 20% | 34% | 28% | 41% | 38% | 34% | 49% | 50% | 41% | 47% |
| - - - - - UCL | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 | 4.52 |
| — 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 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 |

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
(FY2009 Expectation is Average Score ≥ 3.60)

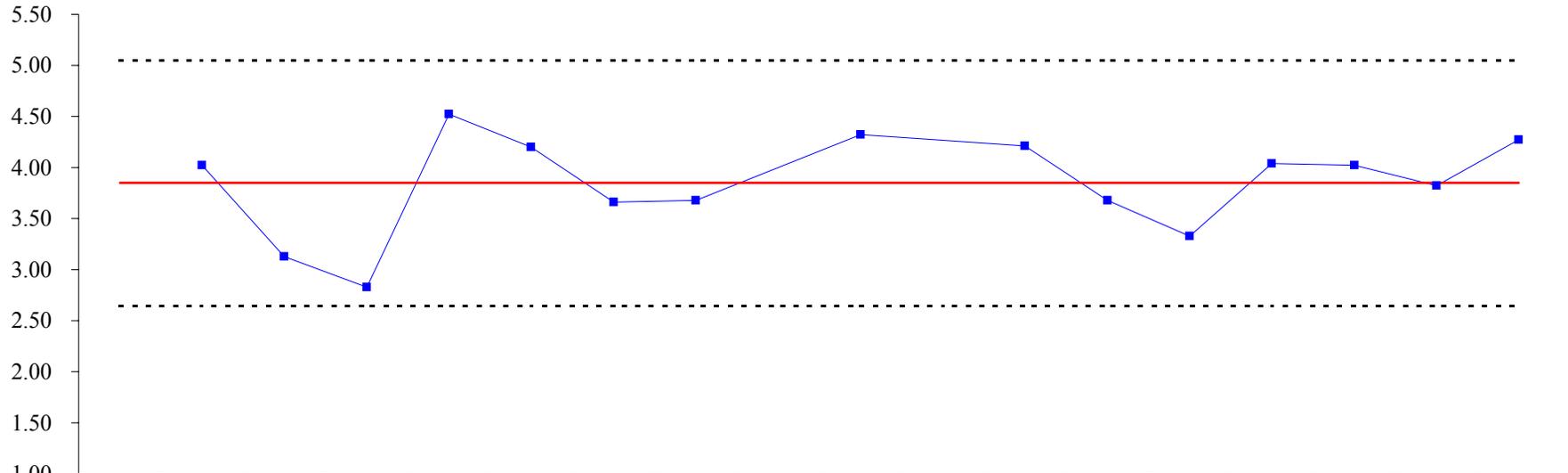


| | Jun-07 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ■ Score | 3.88 | 3.74 | 3.97 | 4.00 | 4.12 | 4.15 | 3.89 | 3.78 | 4.03 | 4.11 | 4.11 | 4.14 | 3.98 | 3.88 | 3.78 | 3.97 | 3.88 | 3.87 |
| Surveys | 92 | 85 | 140 | 114 | 102 | 84 | 89 | 115 | 131 | 106 | 140 | 130 | 110 | 156 | 137 | 111 | 130 | 112 |
| Discharges | 199 | 213 | 245 | 198 | 229 | 244 | 175 | 229 | 242 | 229 | 247 | 236 | 219 | 264 | 243 | 220 | 247 | 190 |
| % Sampled | 46% | 40% | 57% | 58% | 45% | 34% | 51% | 50% | 54% | 46% | 57% | 55% | 50% | 59% | 56% | 50% | 53% | 59% |
| ----- UCL | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 | 4.26 |
| — 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 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 | 3.66 |

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

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Waco Center for Youth

Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



| | Jun-07* | Jul | Aug | Sep | Oct | Nov | Dec | Jan-08 | Feb* | Mar | Apr* | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------|---------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score | | 4.02 | 3.13 | 2.83 | 4.52 | 4.20 | 3.66 | 3.68 | | 4.32 | | 4.21 | 3.68 | 3.33 | 4.04 | 4.02 | 3.82 | 4.27 |
| Surveys | 0 | 8 | 4 | 1 | 3 | 2 | 3 | 4 | 0 | 1 | 0 | 3 | 21 | 13 | 13 | 7 | 5 | 5 |
| Discharges | 20 | 16 | 21 | 7 | 11 | 13 | 13 | 17 | 12 | 10 | 11 | 18 | 23 | 17 | 15 | 13 | 9 | 8 |
| % Sampled | 0% | 50% | 19% | 14% | 27% | 15% | 23% | 24% | 0% | 10% | 0% | 17% | 91% | 76% | 87% | 54% | 56% | 63% |
| ----- UCL | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 |
| — Avg | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 |
| ----- LCL | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 | 2.64 |

*No Survey Done

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

Performance Objective 9E:

Each state hospital will conduct regularly scheduled assessments of Facility Support Systems through the FSPI process and report results to the Governing Body.

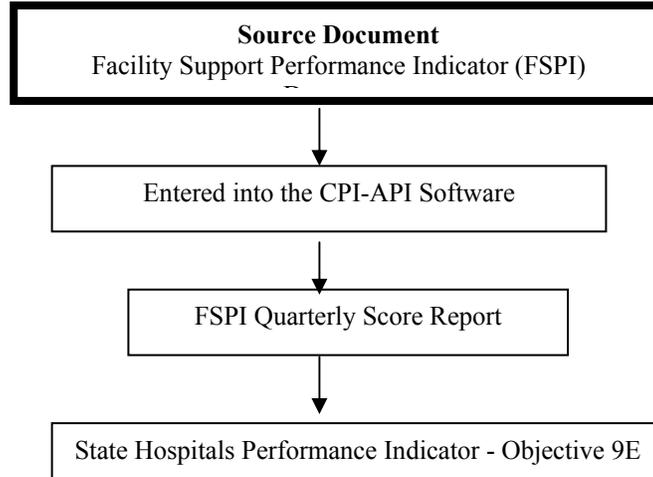
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

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:

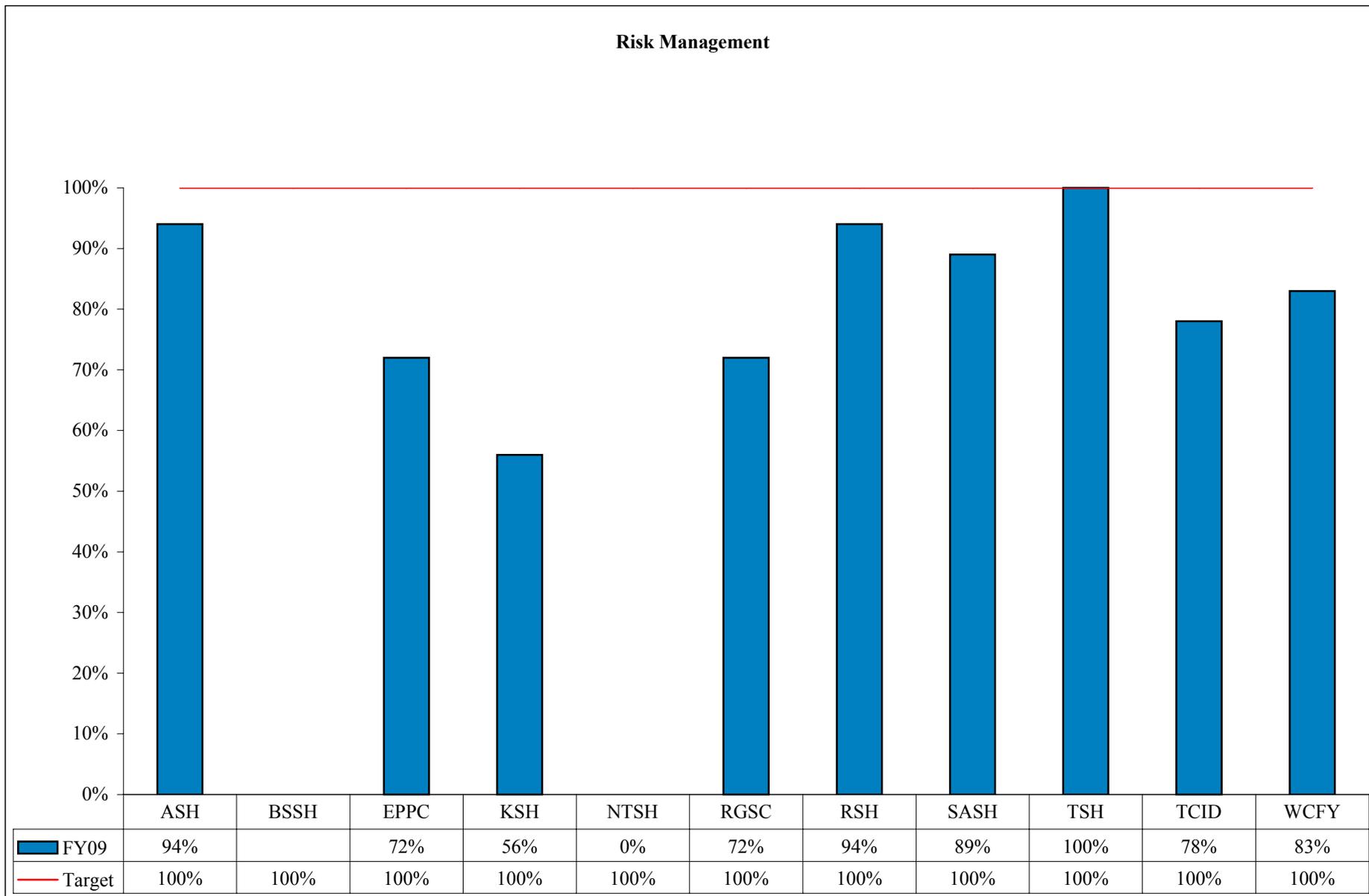


Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2009

| | Q1 | Q2 | | | Q3 | | | Q4 | |
|-------------------------------------|-----------------|------------------|--------------------------------------|---------------------|----------------------------|------------------------------|---------------------|---------------|------------|
| | Risk Management | Fleet Management | Consumer Monies/ Personal Effects | Vocational Services | Food Service Management | Food Inventory Management | Community Relations | Cash Receipts | Petty Cash |
| Compliance Target | 100% | | | | | | | | |
| State Hospital Totals | 74% | | | | | | | | |
| Austin State Hospital | 94% | | | | | | | | |
| Big Spring State Hospital | | | | | | | | | |
| El Paso Psychiatric Center | 72% | | | | | | | | |
| Kerrville State Hospital | 56% | | | | | | | | |
| North Texas State Hospital | 0% | | | | | | | | |
| Rio Grande State Center | 72% | | | | | | | | |
| Rusk State Hospital | 94% | | | | | | | | |
| San Antonio State Hospital | 89% | | | | | | | | |
| Terrell State Hospital | 100% | | | | | | | | |
| Texas Center for Infectious Disease | 78% | | | | | | | | |
| Waco Center For Youth | 83% | | | | | | | | |

*CF = Contract Facility

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2009
Risk Management



Texas Center for Infectious Disease (TCID) Data Sheet

FY08

| | | Q1 | Q2 | Q3 | Q4 | FY |
|------|---|----|----|----|----|-----------|
| M 1C | Average Daily Census | 36 | 37 | 35 | 32 | 35 |
| O 2A | Number of Abuse/Neglect Allegations | 1 | 0 | 0 | 0 | 1 |
| O 3A | Number of Patients Restrained | 0 | 0 | 0 | 0 | 0 |
| O 4A | Number of Medication Errors | 7 | 13 | 6 | 11 | 37 |
| O 4A | Number of Medication Errors that Received the Patient | 3 | 11 | 4 | 8 | 26 |
| M 5A | Number of New Patients to System | 19 | 16 | 20 | 16 | 71 |
| O 6D | Number of Patient Injuries during Restraint | 0 | 0 | 0 | 0 | 0 |
| M 6A | Facility Healthcare Associated Infection Rates | 3 | 5 | 0 | 0 | 8 |
| M 6B | Number of Patient Injuries | 6 | 1 | 6 | 9 | 22 |
| O 9B | Number of Patient Satisfaction Surveys Completed at Discharge | 9 | 11 | 5 | 9 | 34 |

FY09

| | | Q1 | Q2 | Q3 | Q4 | FY |
|------|---|----|----|----|----|-----------|
| M 1C | Average Daily Census | 37 | | | | 35 |
| O 2A | Number of Abuse/Neglect Allegations | 0 | | | | 0 |
| O 3A | Number of Patients Restrained | 0 | | | | 0 |
| O 4A | Number of Medication Errors | 13 | | | | 13 |
| O 4A | Number of Medication Errors that Received the Patient | 11 | | | | 11 |
| M 5A | Number of New Patients to System | 25 | | | | 25 |
| O 6D | Number of Patient Injuries during Restraint | 0 | | | | 0 |
| M 6A | Facility Healthcare Associated Infection Rates | 1 | | | | 1 |
| M 6B | Number of Patient Injuries | 7 | | | | 7 |
| O 9B | Number of Patient Satisfaction Surveys Completed at Discharge | 9 | | | | 9 |

Appendix B - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?

One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How many causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?

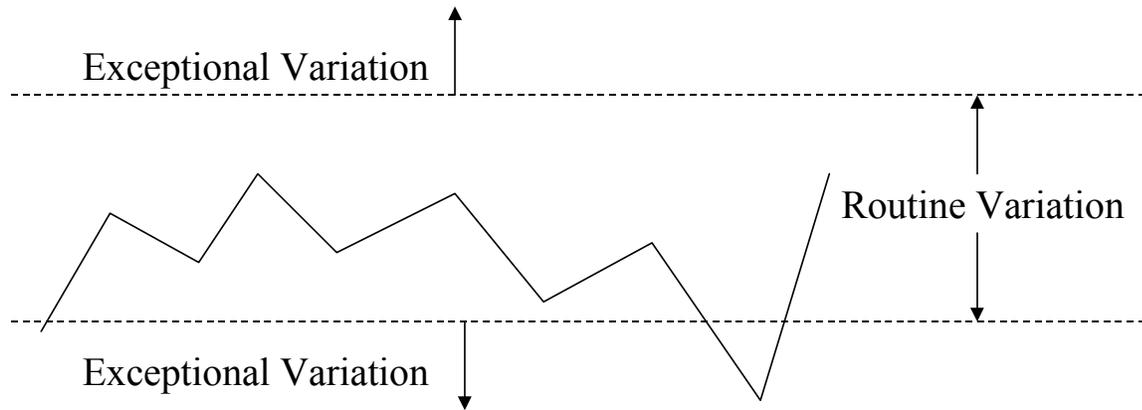
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

While every process displays variation, some processes display predictable variation, while others display unpredictable variation.

Don Wheeler, Building Continual Improvement.

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

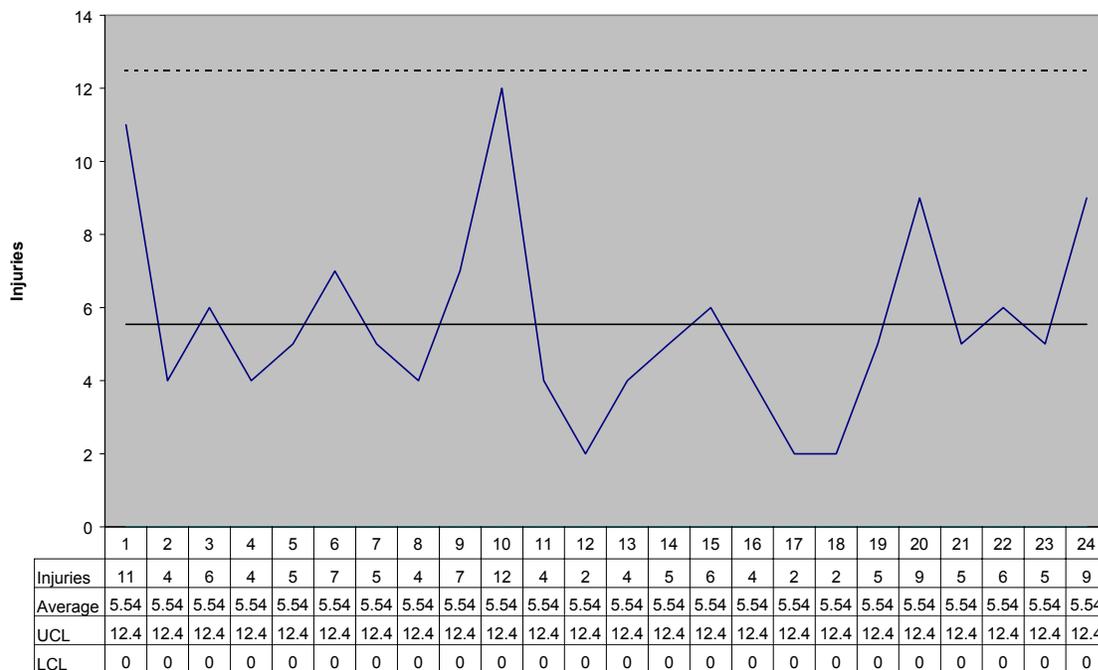
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?

The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.

The XmR Chart for Monthly Injuries



Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values. In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

| Month | Injuries | Moving Ranges | UCL | LCL | LCL |
|----------------|-------------|---------------|-------|-------|-----|
| 1 | 11 | | 12.48 | -1.40 | 0 |
| 2 | 4 | 7 | 12.48 | -1.40 | 0 |
| 3 | 6 | 2 | 12.48 | -1.40 | 0 |
| 4 | 4 | 2 | 12.48 | -1.40 | 0 |
| 5 | 5 | 1 | 12.48 | -1.40 | 0 |
| 6 | 7 | 2 | 12.48 | -1.40 | 0 |
| 7 | 5 | 2 | 12.48 | -1.40 | 0 |
| 8 | 4 | 1 | 12.48 | -1.40 | 0 |
| 9 | 7 | 3 | 12.48 | -1.40 | 0 |
| 10 | 12 | 5 | 12.48 | -1.40 | 0 |
| 11 | 4 | 8 | 12.48 | -1.40 | 0 |
| 12 | 2 | 2 | 12.48 | -1.40 | 0 |
| 13 | 4 | 2 | 12.48 | -1.40 | 0 |
| 14 | 5 | 1 | 12.48 | -1.40 | 0 |
| 15 | 6 | 1 | 12.48 | -1.40 | 0 |
| 16 | 4 | 2 | 12.48 | -1.40 | 0 |
| 17 | 2 | 2 | 12.48 | -1.40 | 0 |
| 18 | 2 | 0 | 12.48 | -1.40 | 0 |
| 19 | 5 | 3 | 12.48 | -1.40 | 0 |
| 20 | 9 | 4 | 12.48 | -1.40 | 0 |
| 21 | 5 | 4 | 12.48 | -1.40 | 0 |
| 22 | 6 | 1 | 12.48 | -1.40 | 0 |
| 23 | 5 | 1 | 12.48 | -1.40 | 0 |
| 24 | 9 | 4 | 12.48 | -1.40 | 0 |
| Average | 5.54 | 2.61 | | | |

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are called *Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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