

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

**Statewide Performance Indicators**  
**3rd Quarter FY 2014**

## TABLE OF CONTENTS

Mission/Overview.....	
State Hospital Section FY2014 Management Plan.....	
Legislative Budget Board Performance Measures.....	
Operational Definitions & Data.....	
<b>GOAL 1:      <i>Provide Leadership</i></b>	
Performance Objective IB: Accreditation and Certification.....	O - 1B
Performance Objective 1D: General Revenue & Third Party ADC.....	O - 1D
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
Performance Measure 1G: Monitor Outside Medical Costs.....	M - 1G
Performance Measure 1H: Report FY14 Revenue Collections.....	M - 1H
<b>GOAL 2:      <i>Recognize and Respect the Rights of Each Patient By Conducting Business in an Ethical Manner</i></b>	
Performance Objective 2A: Client Abuse/Neglect Rates.....	O - 2A
Performance Objective 2C: Patient Complaints & Grievances.....	O - 2C
<b>GOAL 3:      <i>Provide Individualized and Evidence Based Treatment</i></b>	
Performance Objective 3A: Restraint /Seclusion Data.....	O - 3A
Performance Objective 3B: Restraint & Seclusion Assessment.....	O - 3B
Performance Measure 3A: % Patient Whose GAF Stabilized or Increased.....	M - 3A
<b>GOAL 4:      <i>Implement an Effective and Safe Medication Management System that Improves The Quality of Care, Treatment, and Services</i></b>	
Performance Objective 4B: Medication Errors.....	O - 4B
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
<b>GOAL 5:      <i>Assure Continuum of Care</i></b>	
Performance Objective 5A: Dually Diagnosed Patients.....	O - 5A
Performance Objective 5C: Patients Hospitalized Over 365 Days.....	O - 5C
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
<b>GOAL 6:      <i>Implement an Integrated Patient Safety Program</i></b>	
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 Injuries Resulted by Patient Aggression.....	O - 6E
Performance Objective 6F: Rate for Unauthorized Departures.....	O - 6F
Performance Objective 6G: Fall Injuries.....	O - 6G
Performance Measure 6A: Patient Injury Rates.....	M - 6A
Performance Measure 6B: Employee Injury Rates.....	M - 6B
<b>GOAL 7:      <i>Obtain, Manage and Use Information</i></b>	
Performance Objective 7F: Data Integrity Review Measures.....	O - 7F
<b>GOAL 8:      <i>Assure a Competent Workforce</i></b>	
Performance Objective 8A: 95% Staff Current Training Requirements.....	O - 8A
Performance Objective 8B: 95% Staff Current Performance Evaluation.....	O - 8B
Performance Measure 8A: Staff Turnover Rates for Critical Shortage Staff.....	M - 8A
Performance Measure 8B: Vacancies for Critical Shortage Staff.....	M - 8B
Performance Measure 8C: Staff Utilizing Education Leave.....	M - 8C
<b>GOAL 9:      <i>Improve Organizational Performance</i></b>	

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  
**GOAL 10: Infection Control**  
Performance Measure 10A: Data on Healthcare Associated Infections ..... M - 10A  
  
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), 78<sup>th</sup> Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system.

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

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

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

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

# HEALTH AND HUMAN SERVICES COMMISSION

## MISSION

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

## HHS SYSTEM STRATEGIC GOALS

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

### **Preserve, enhance and maintain independence:**

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

### **Promote and protect good health:**

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

### **Achieve economic self-sufficiency:**

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

### **Ensure safety and dignity:**

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

## **DEPARTMENT OF STATE HEALTH SERVICES (DSHS)**

### **VISION**

A healthy Texas.

### **MISSION**

To improve health and well-being in Texas.

### **GOALS**

#### **Goal 1: Preparedness and Prevention Services**

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

#### **Goal 2: Community Health Services**

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

#### **Goal 3: Hospital Services**

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

#### **Goal 4: Consumer Protection Services**

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

## **DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION**

### **MISSION**

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

### **GOALS**

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

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

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

- SERVICE
- TRAINING
- EXTERNAL REVIEW
- WORK ENVIRONMENT

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

## STATE HOSPITAL SECTION

### FY2014 MANAGEMENT PLAN

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

#### **PERFORMANCE OBJECTIVES:**

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

#### **PERFORMANCE MEASURES:**

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

#### **REQUIRED REPORTING TO GOVERNING BODY:**

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

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

### LEGISLATIVE BUDGET BOARD PERFORMANCE MEASURES Directly Relating to State Hospitals

#### **Outcome Measures:**

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

**Reported Annually to the LBB.\***

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

**Reported Annually to the LBB.**

#### **Output Measures:**

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

**Reported Quarterly to the LBB.\***

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

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

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

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

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

#### **Efficiency Measures:**

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

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

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

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

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

#### **Explanatory Measures:**

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

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

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

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

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

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

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

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

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

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

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

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

## *GOAL 1: Provide Leadership*

### **Performance Objective 1B:**

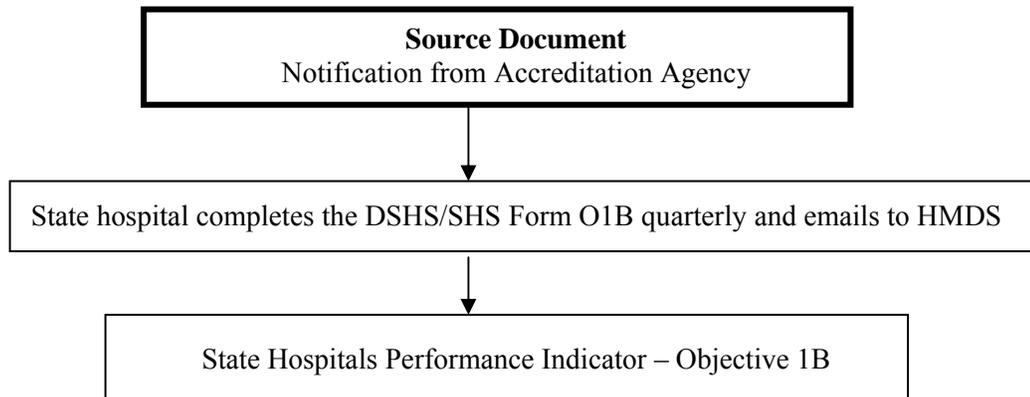
**Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2014.**

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

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

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

### **Data Flow:**



**Objective 1B - Maintain Accreditation and Certifications**

(As of May 31, 2014)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
<b>JC Accreditation</b>											
Date of accreditation:	Nov-12	Apr-12	Feb-13	Sep-12	Feb-13	Jun-11	Feb-13	May-13	Jun-13	Aug-12	May-13
Unannounced Visit/Complaint FY14	0	0	1	0	1	0	1	0	1	0	0
<b>Medicare Certification</b>											
No. certified beds:	201	156	41	48	100	55	106	136	74	40	N/A
No. of Complaint Visits for Q3	0	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	1	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Nov-12	Jun-09	Jan-09	Sep-12	Sep-07	May-08	Dec-12	Jul-11	Sep-13	Aug-11	
Date of last IMD Review:	Mar-12	Oct-13	Aug-11	Dec-08	Dec-12	N/A	Nov-13	Oct-11	Sep-12	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Sep-13
<b>ICF-MR Certification</b>											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-13	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

**Performance Objective 1D:**

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

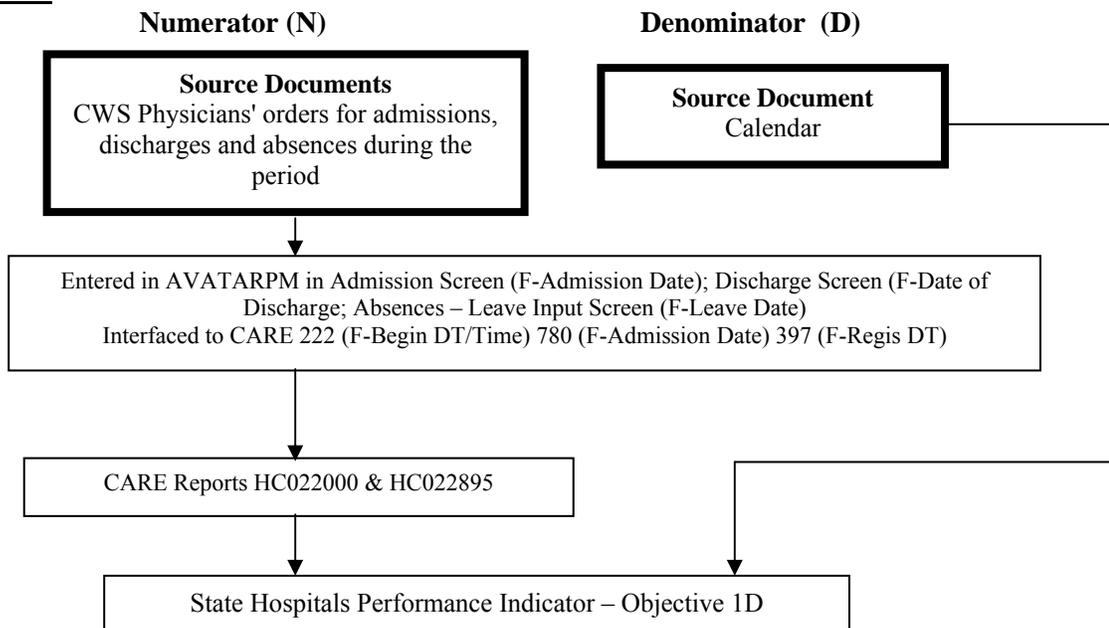
**Performance Objective Operational Definition:** DSHS Hospital Section will project total ADC, GR ADC and 3<sup>rd</sup> Party ADC. Extract report will divide episodes into 3<sup>rd</sup> Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3<sup>rd</sup> Party ADC. Care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

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

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

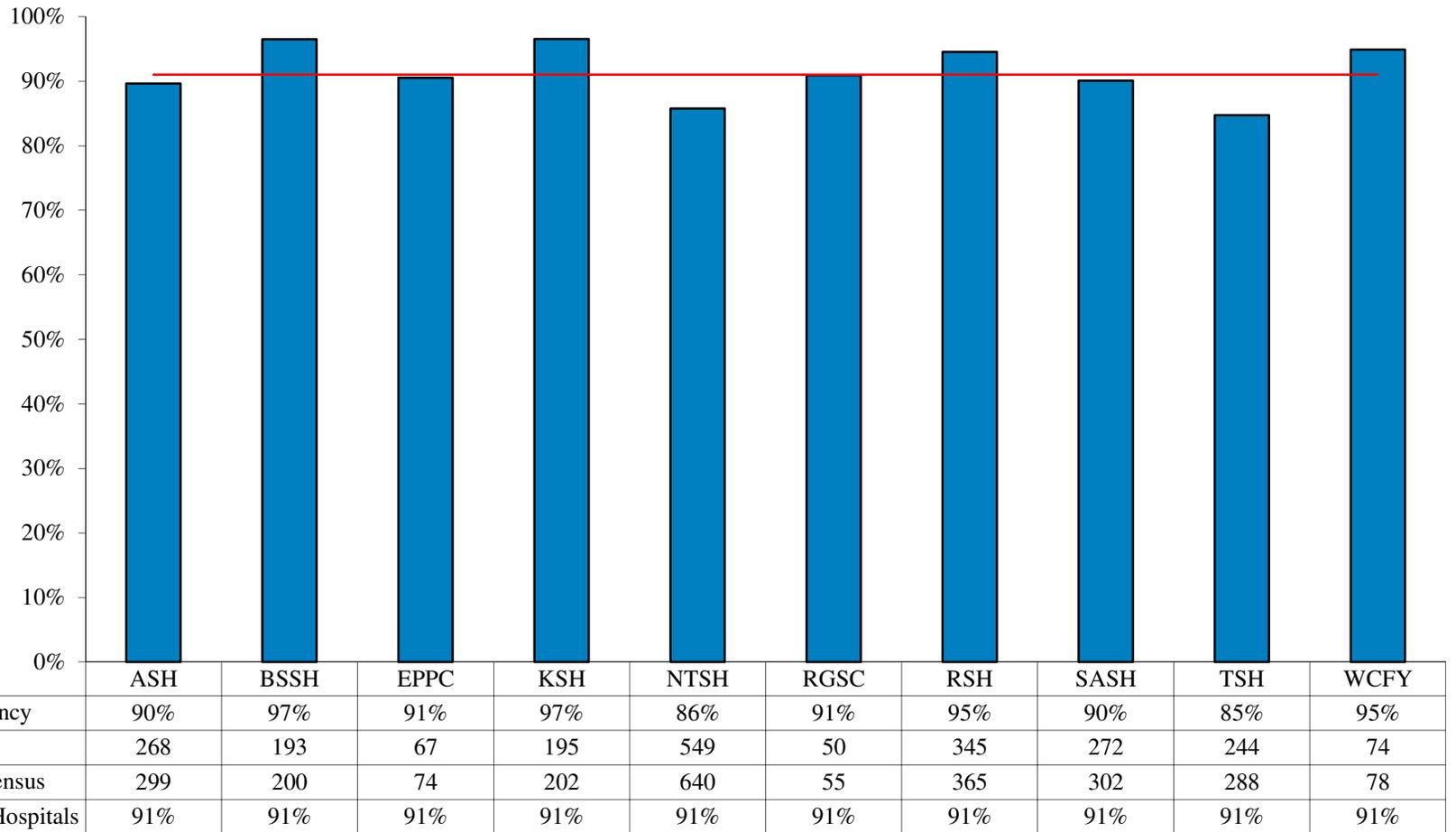
Chart with monthly data points of actual General Revenue and 3<sup>rd</sup> Party average daily census and funded census for individual state hospital and system-wide.

**Data Flow:**

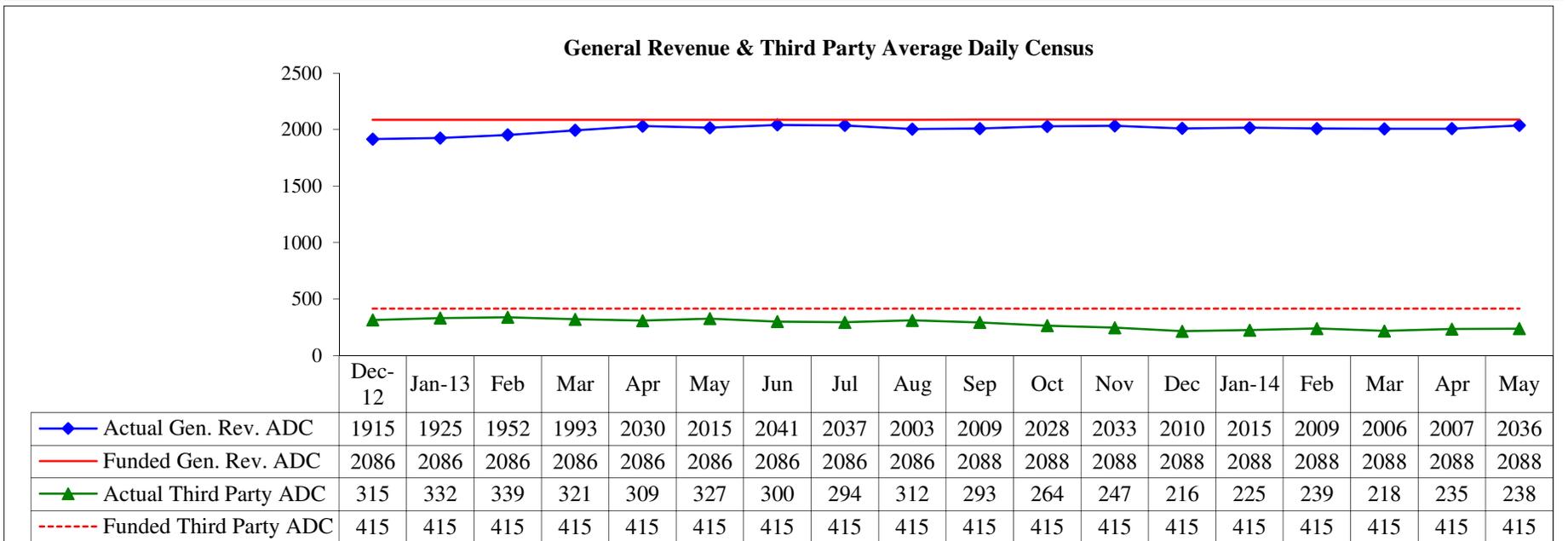
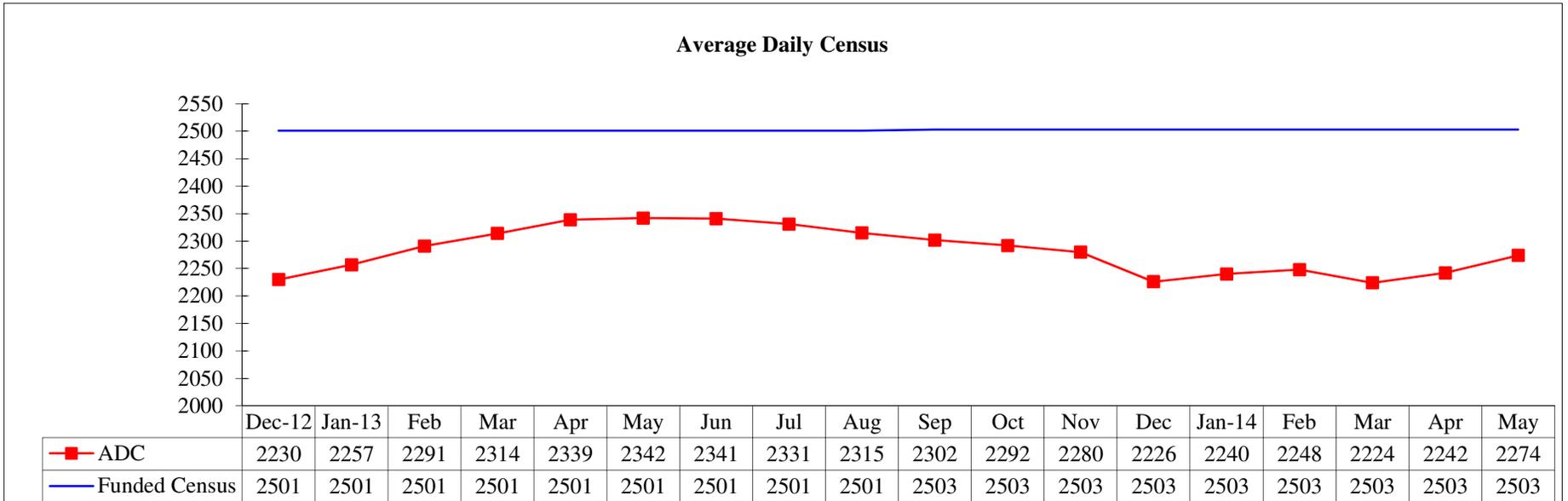


**Objective 1D & Measure 1C - Average Daily Census  
All State MH Hospitals - As of May 31, 2014**

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



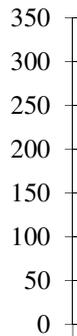
**Objective 1D & Measure 1C - Average Daily Census**  
**All State MH Hospitals**



**Objective 1D & Measure 1C - Average Daily Census**

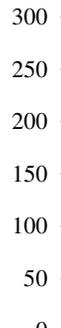
**Austin State Hospital**

**Average Daily Census**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
ADC	274	276	263	262	269	277	273	272	265	269	283	278	262	269	269	258	267	261
Funded Census	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299

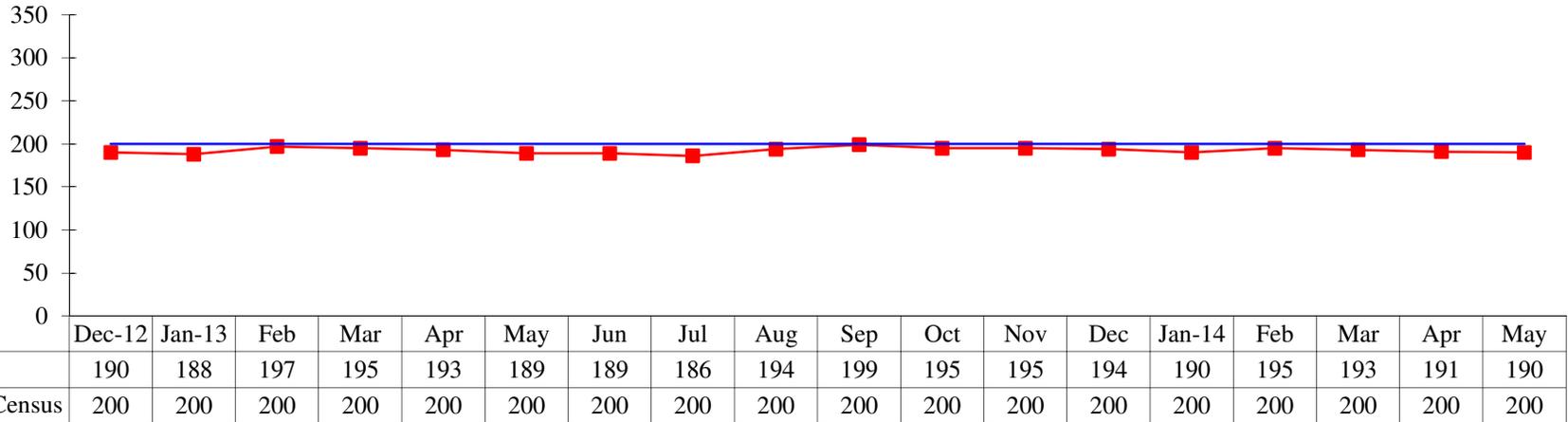
**General Revenue & Third Party Average Daily Census**



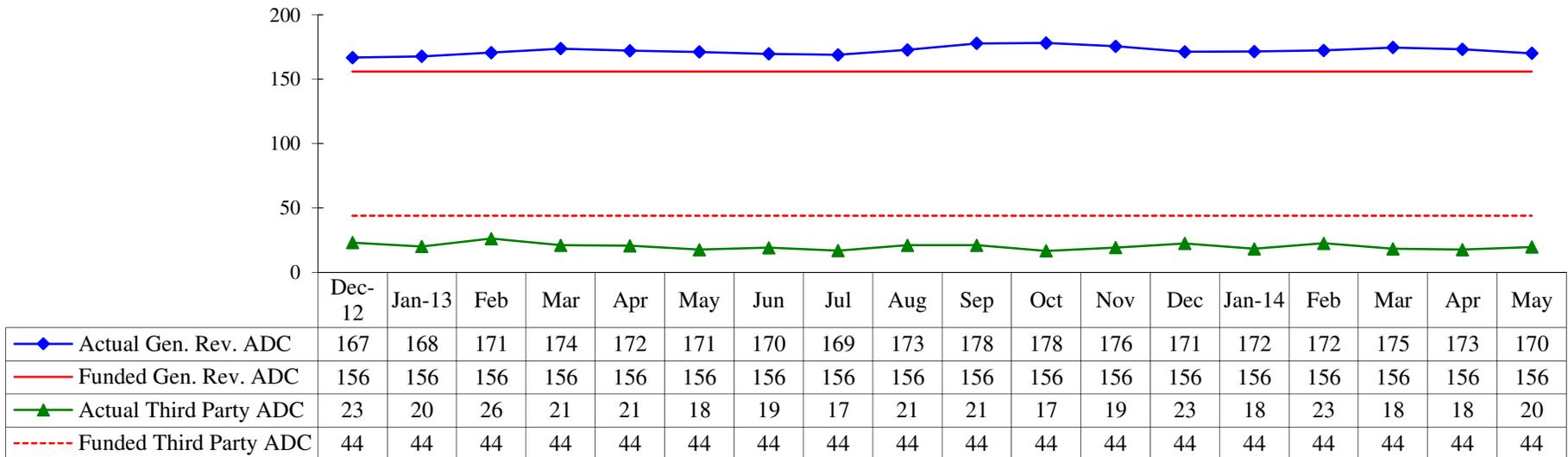
	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	224	217	215	215	217	220	220	215	210	220	235	232	230	235	222	212	216	211
Funded Gen. Rev. ADC	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221
Actual Third Party ADC	50	59	48	47	52	57	54	57	55	49	48	46	32	34	47	46	51	50
Funded Third Party ADC	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78

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

**Average Daily Census**

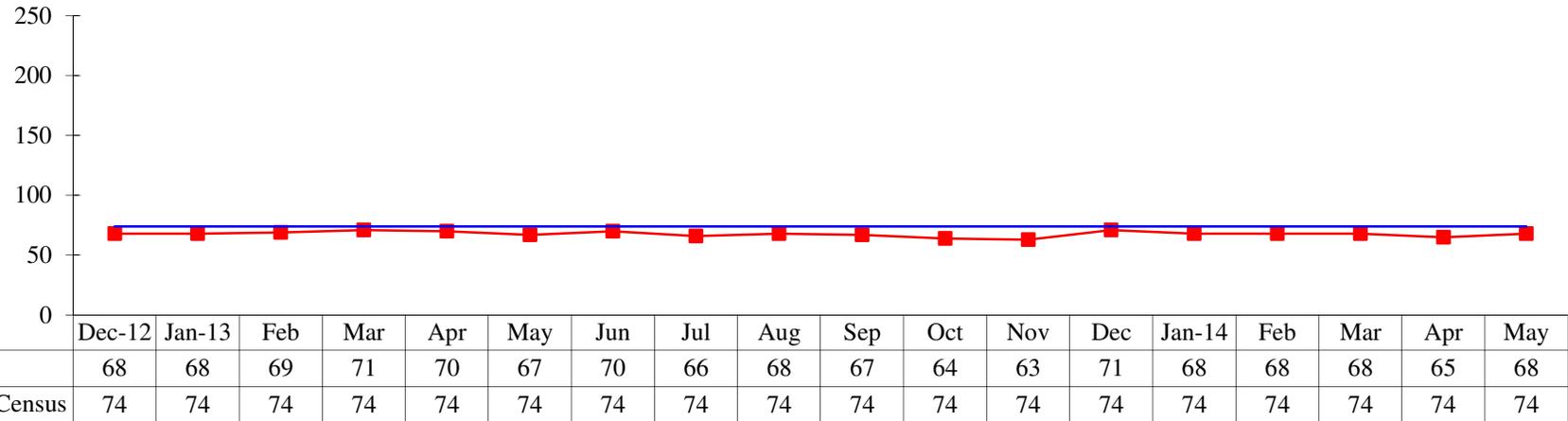


**General Revenue & Third Party Average Daily Census**

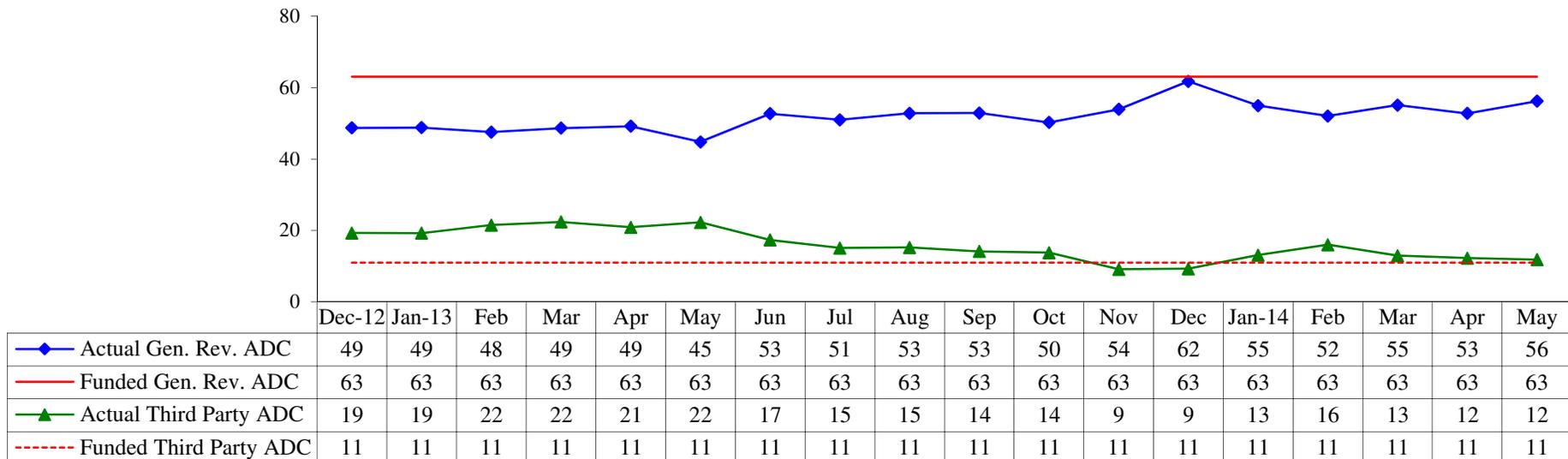


**Objective 1D & Measure 1C - Average Daily Census**  
**El Paso Psychiatric Center**

**Average Daily Census**

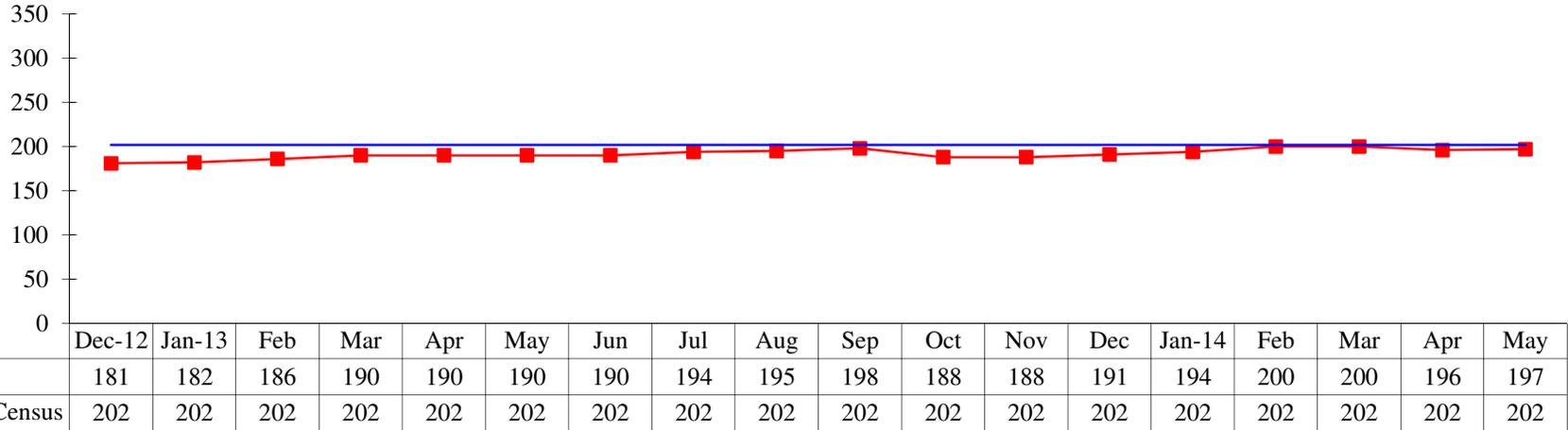


**General Revenue & Third Party Average Daily Census**

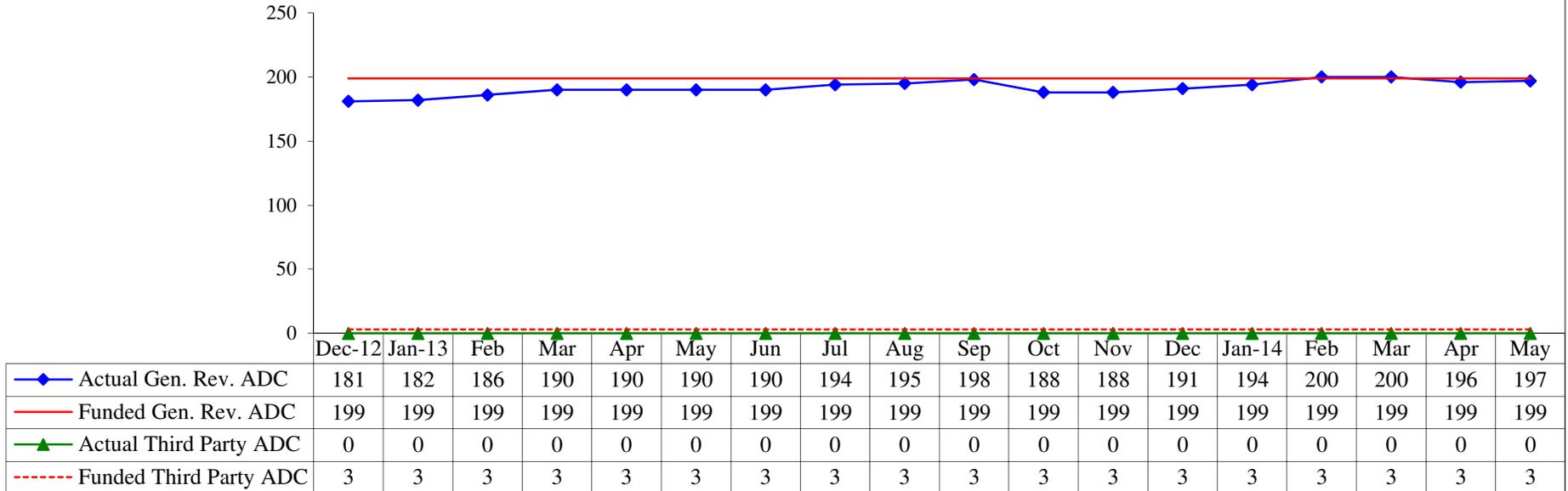


**Objective 1D & Measure 1C - Average Daily Census**  
**Kerrville State Hospital**

**Average Daily Census**

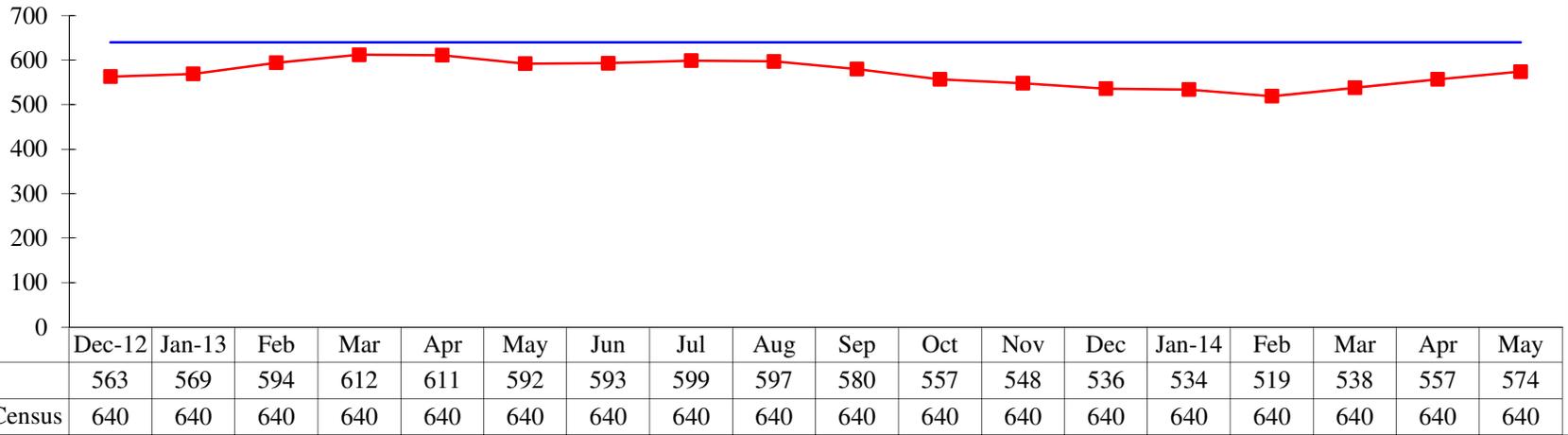


**General Revenue & Third Party Average Daily Census**

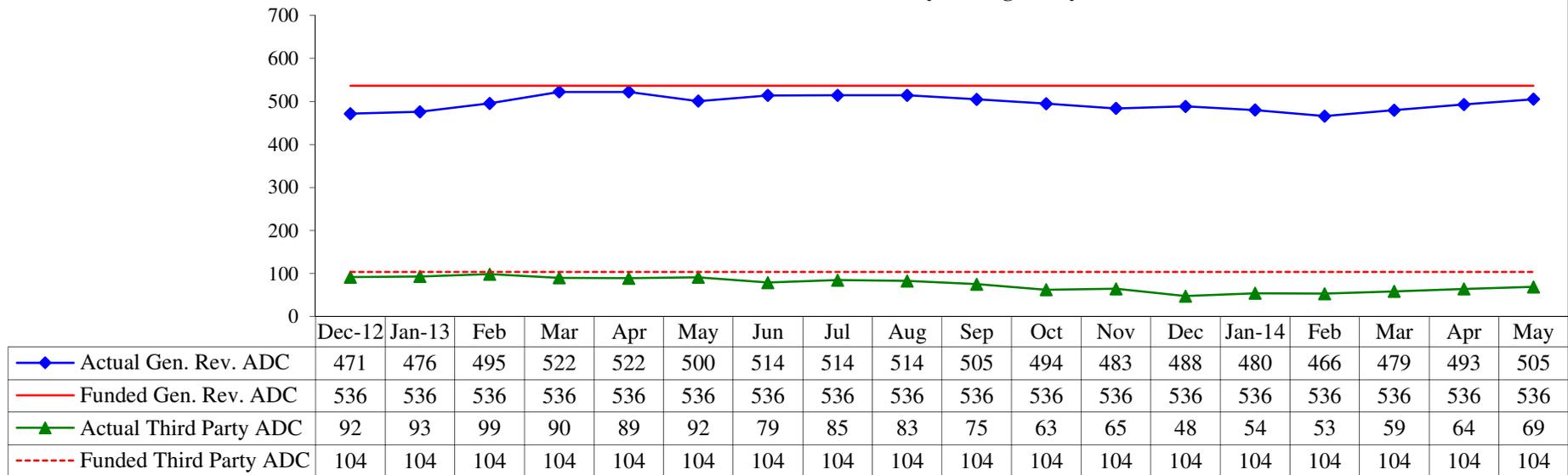


**Objective 1D & Measure 1C - Average Daily Census**  
**North Texas State Hospital**

**Average Daily Census**

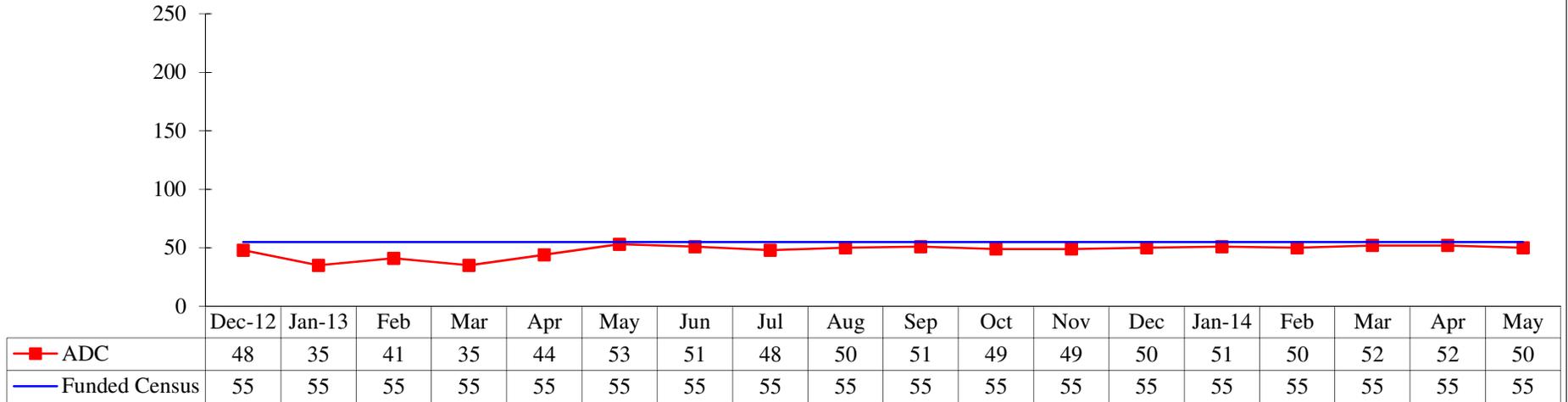


**General Revenue & Third Party Average Daily Census**

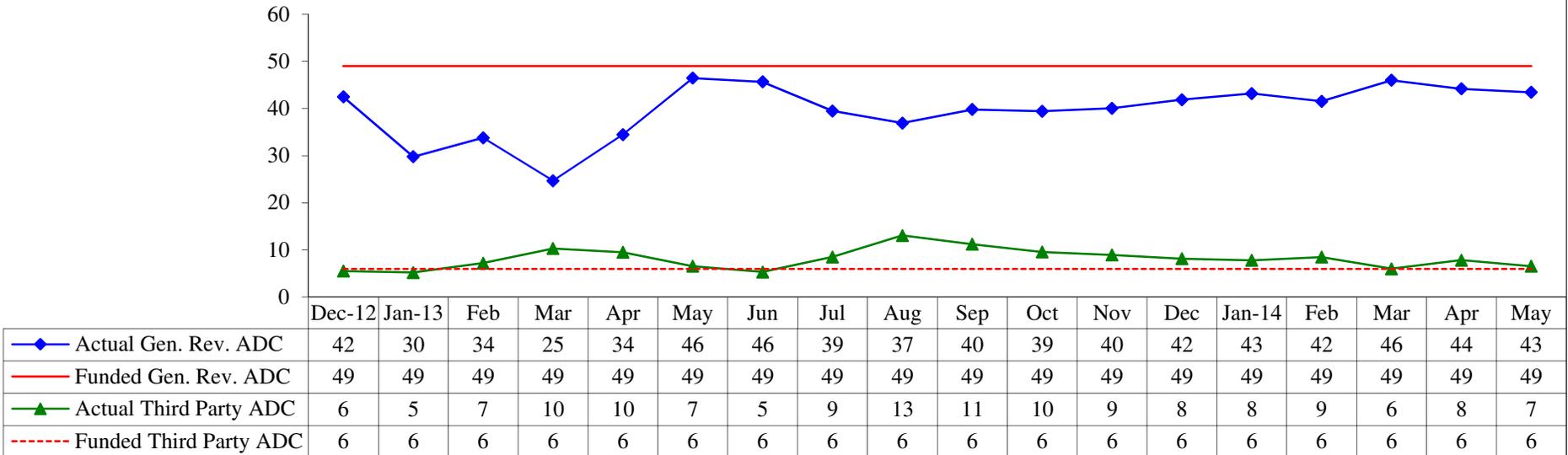


**Objective 1D & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**

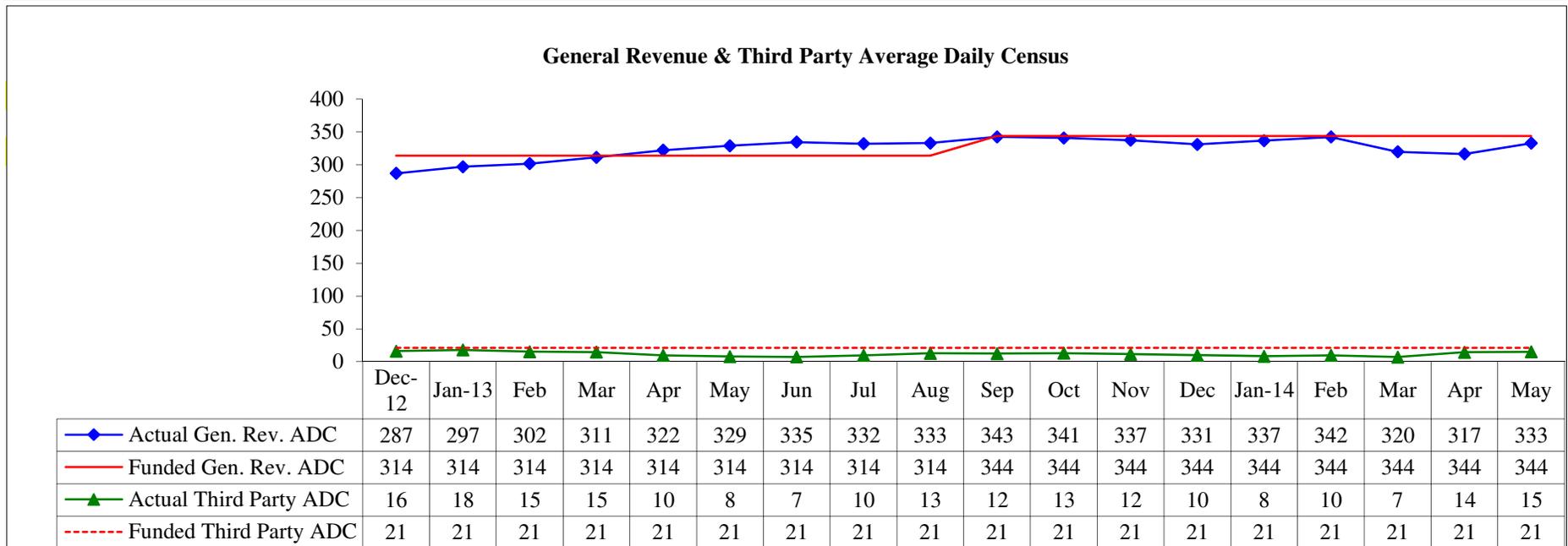
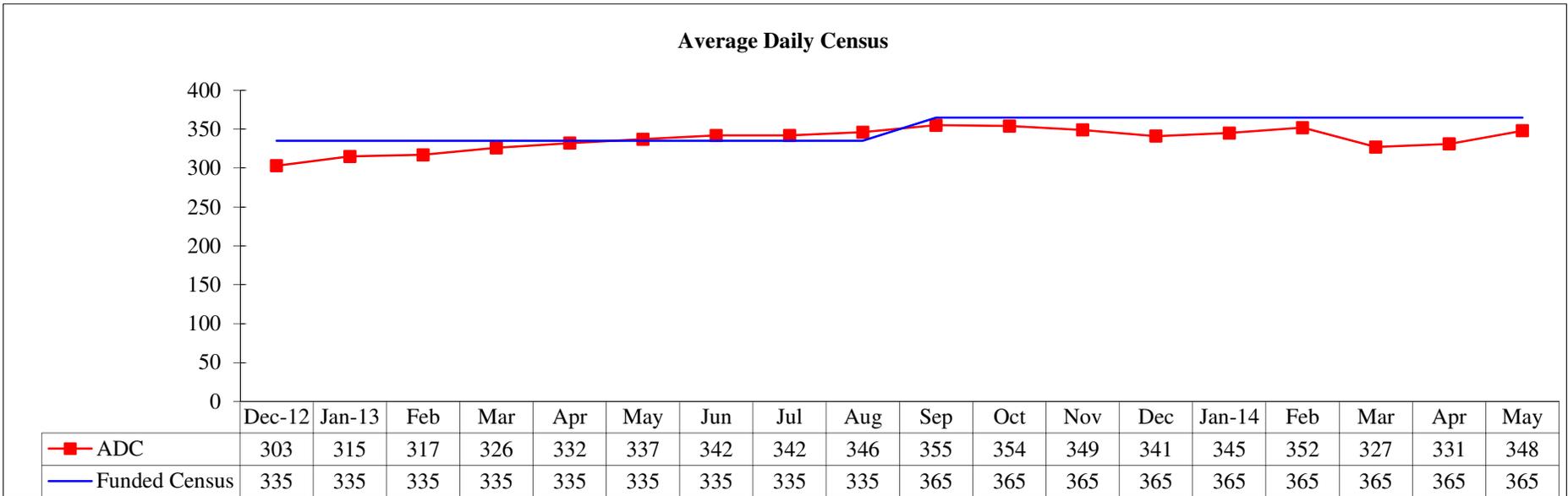
**Average Daily Census**



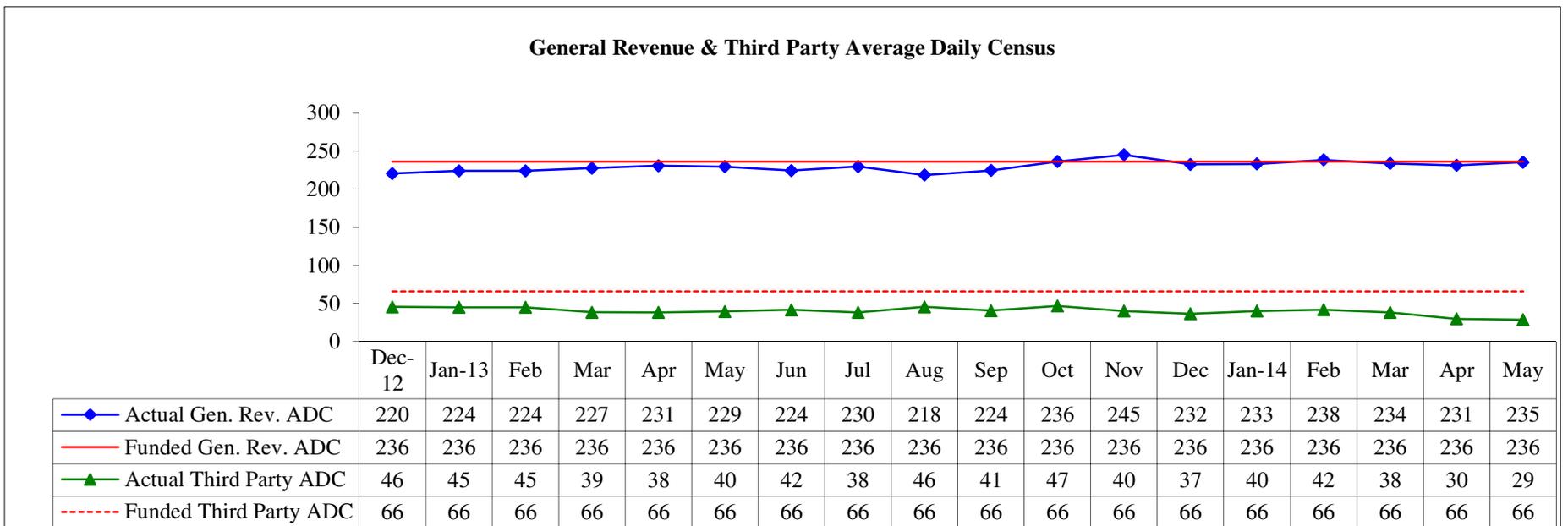
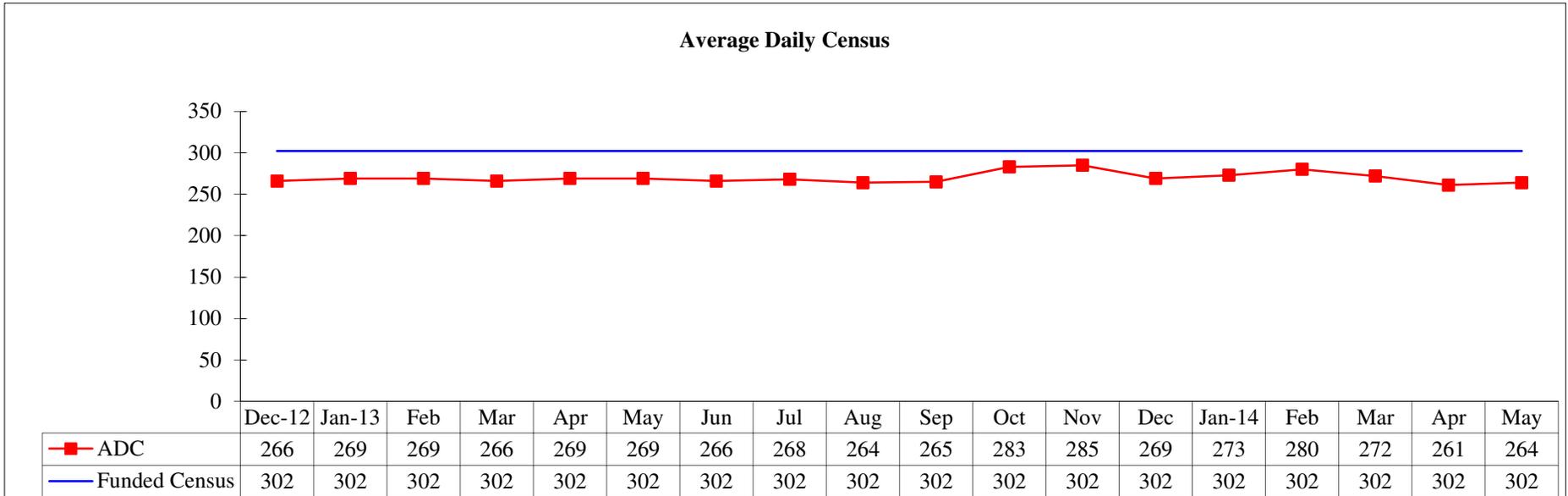
**General Revenue & Third Party Average Daily Census**



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

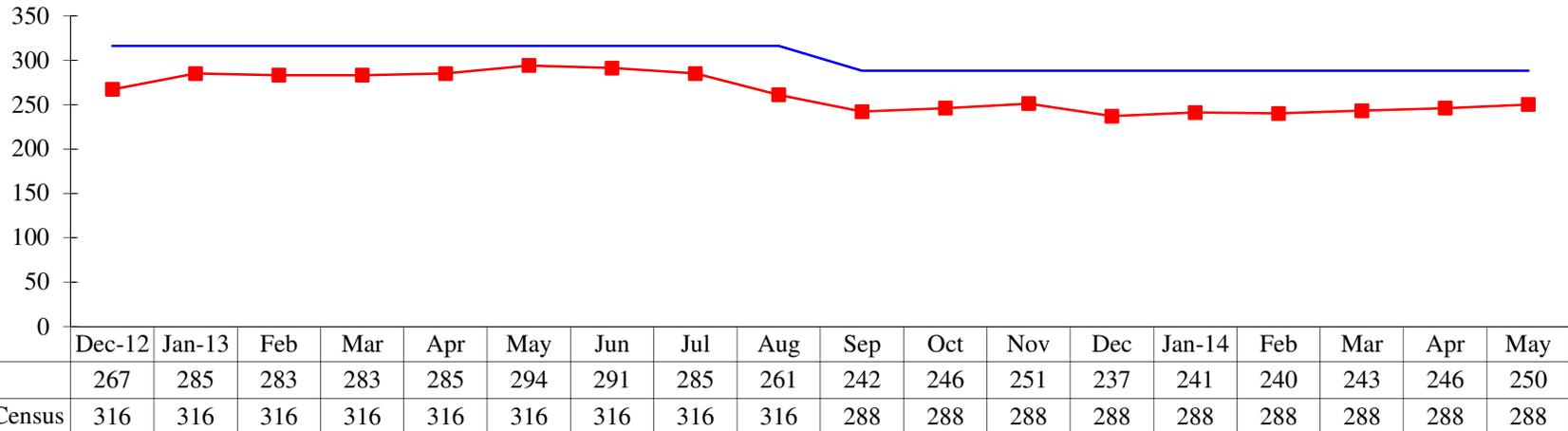


**Objective 1D & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**

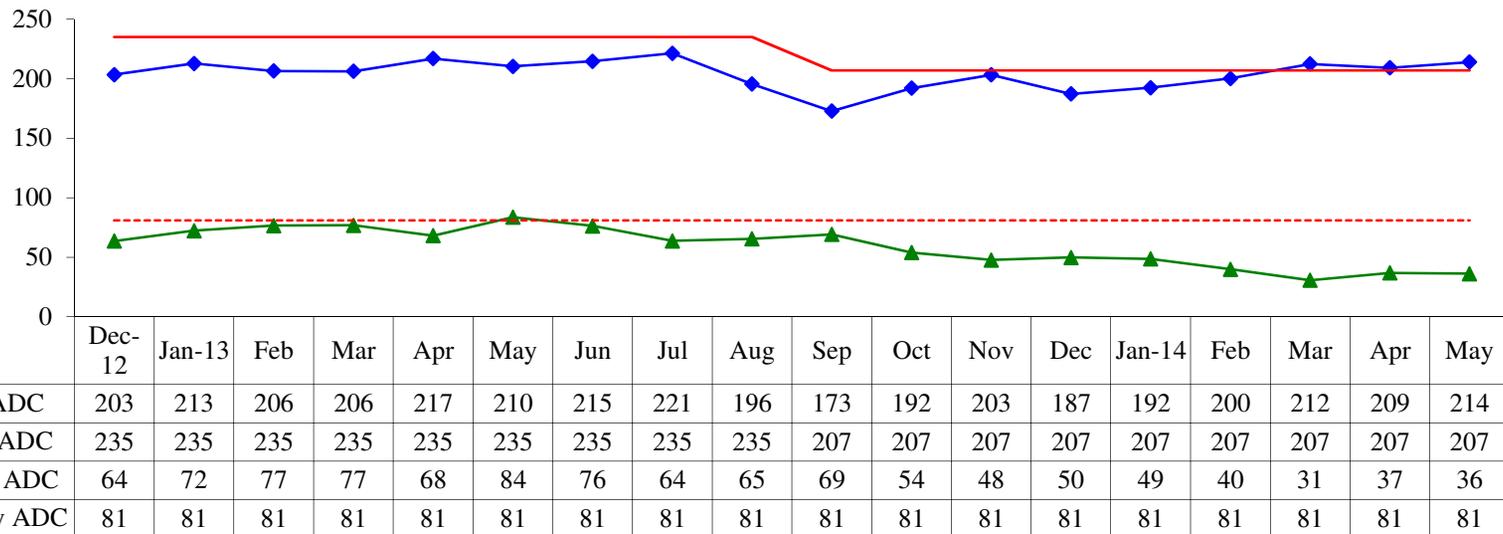


**Objective 1D & Measure 1C - Average Daily Census**  
**Terrell State Hospital**

**Average Daily Census**

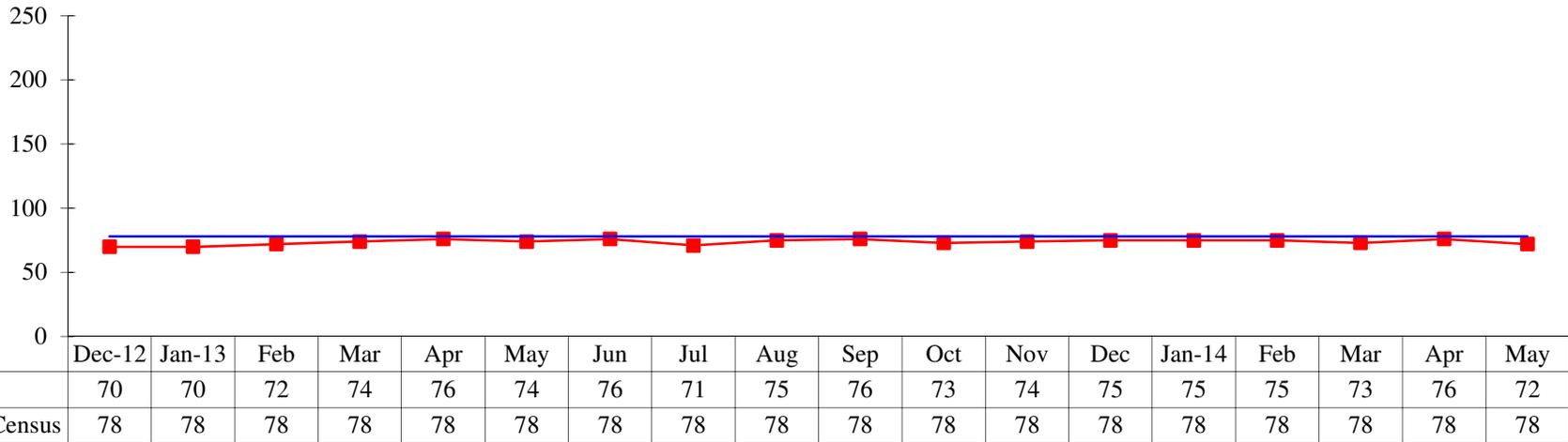


**General Revenue & Third Party Average Daily Census**

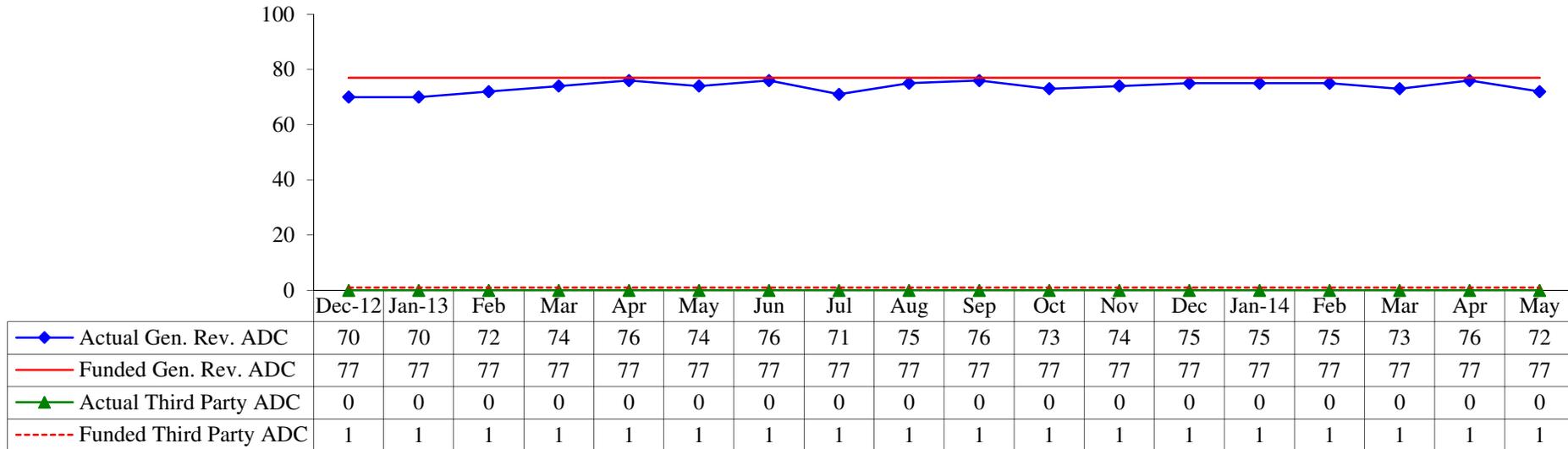


**Objective 1D & Measure 1C - Average Daily Census  
Waco Center For Youth**

**Average Daily Census**



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



**Performance Measure 1A:**

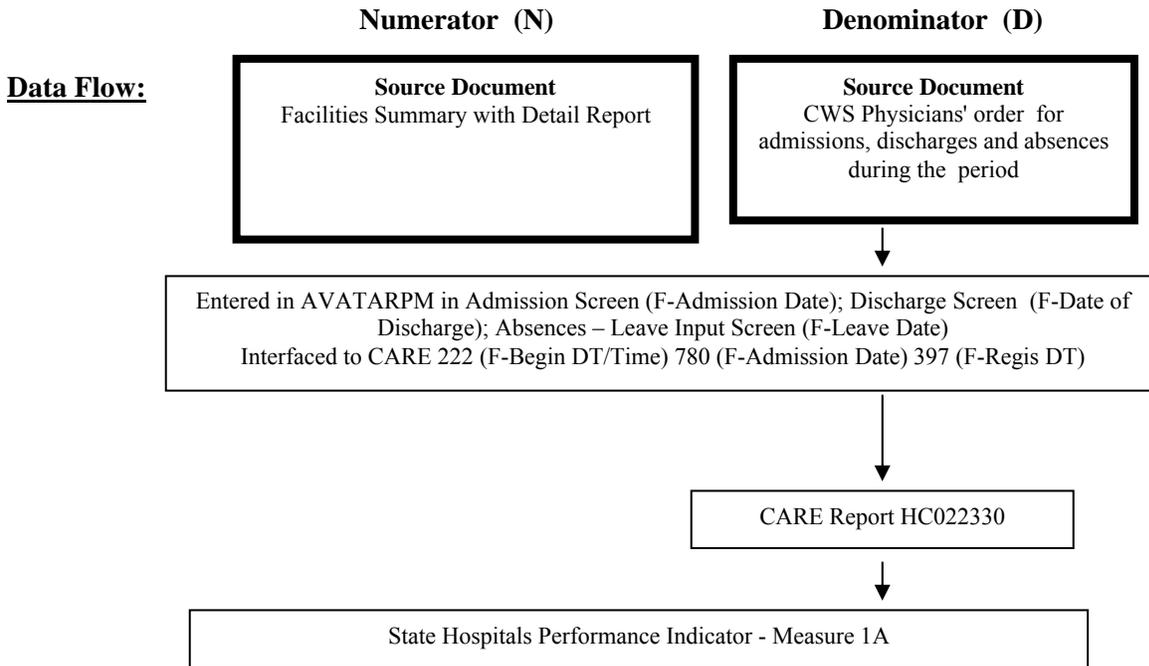
**Calculate average cost per patient served.**

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

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

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

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



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

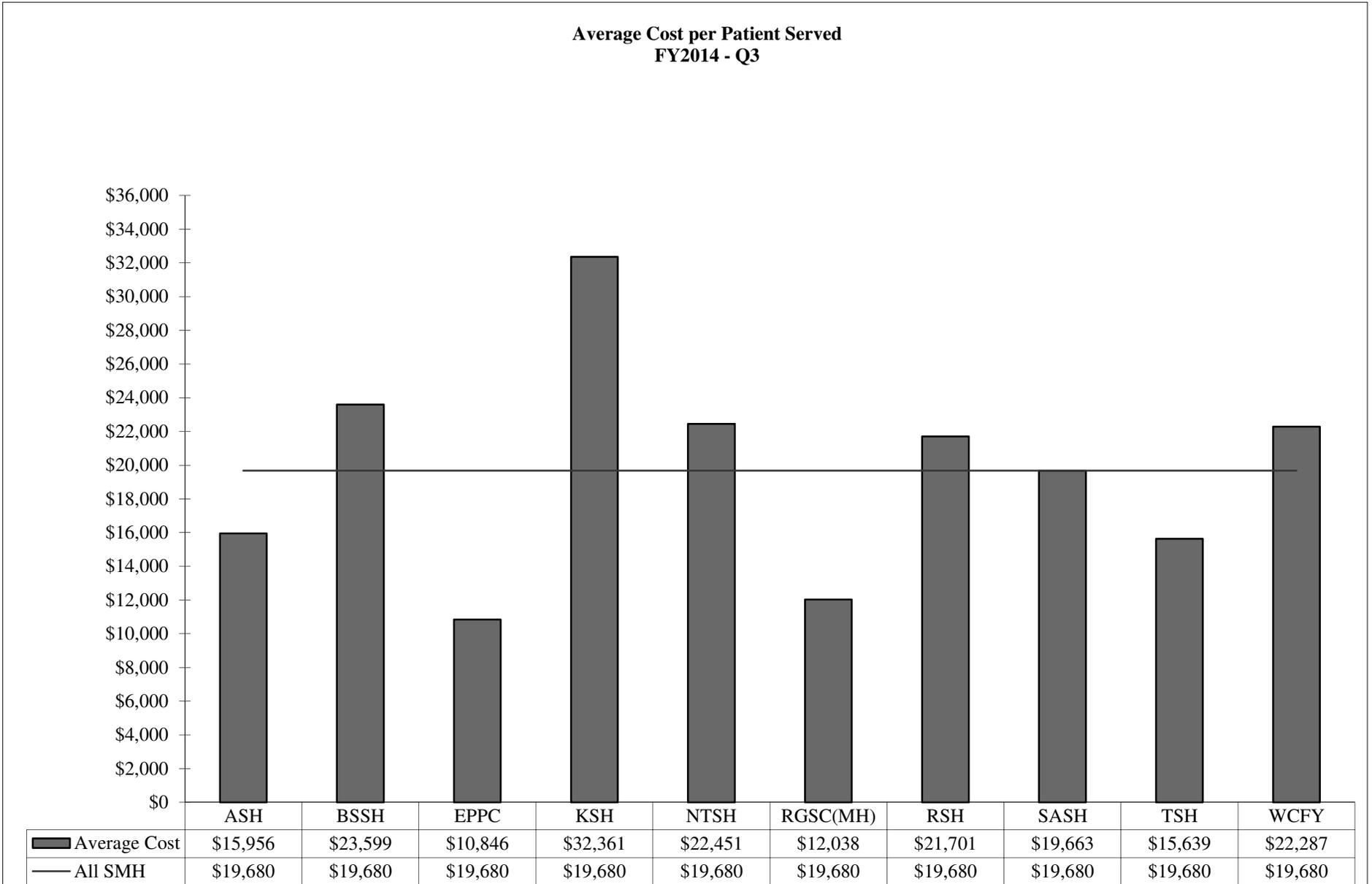
	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Avg. Patient Days	24	24	22	22	22	23	22	25	26	27	31	
LBB Cost/Bed Day	\$448	\$487	\$477	\$433	\$436	\$498	\$490	\$477	\$438	\$524	\$518	
Average Cost	\$10,783	\$11,735	\$10,695	\$9,732	\$9,754	\$11,239	\$10,956	\$11,703	\$11,582	\$14,059	\$15,956	
<b>Big Spring State Hospital</b>												
Avg. Patient Days	48	47	50	45	44	42	46	49	52	53	54	
LBB Cost/Bed Day	\$376	\$417	\$403	\$397	\$399	\$407	\$418	\$440	\$389	\$447	\$436	
Average Cost	\$17,843	\$19,496	\$20,043	\$17,717	\$17,401	\$17,134	\$19,029	\$21,446	\$20,318	\$23,866	\$23,599	
<b>El Paso Psychiatric Center</b>												
Avg. Patient Days	21	22	21	20	19	20	21	19	19	22	20	
LBB Cost/Bed Day	\$485	\$528	\$501	\$498	\$474	\$538	\$536	\$552	\$523	\$588	\$536	
Average Cost	\$10,273	\$11,576	\$10,507	\$9,922	\$8,841	\$10,743	\$11,287	\$10,417	\$9,745	\$13,085	\$10,846	
<b>Kerrville State Hospital</b>												
Avg. Patient Days	78	81	81	83	82	82	84	80	78	84	85	
LBB Cost/Bed Day	\$355	\$392	\$380	\$378	\$377	\$377	\$374	\$389	\$369	\$408	\$382	
Average Cost	\$27,796	\$31,748	\$30,685	\$31,490	\$30,769	\$31,043	\$31,409	\$31,312	\$28,776	\$34,056	\$32,361	
<b>North Texas State Hospital</b>												
Avg. Patient Days	46	47	45	47	51	46	49	48	50	51	50	
LBB Cost/Bed Day	\$372	\$399	\$400	\$385	\$398	\$384	\$385	\$405	\$399	\$469	\$445	
Average Cost	\$17,285	\$18,582	\$18,066	\$18,064	\$20,126	\$17,839	\$18,998	\$19,520	\$20,093	\$24,060	\$22,451	
<b>Rusk State Hospital</b>												
Avg. Patient Days	54	57	59	60	63	60	62	59	70	64	59	
LBB Cost/Bed Day	\$342	\$372	\$391	\$381	\$366	\$383	\$342	\$391	\$321	\$362	\$366	
Average Cost	\$18,478	\$21,345	\$22,904	\$22,896	\$23,089	\$22,855	\$21,064	\$22,998	\$22,409	\$23,351	\$21,701	
<b>San Antonio State Hospital</b>												
Avg. Patient Days	36	36	35	33	32	36	36	35	37	35	40	
LBB Cost/Bed Day	\$392	\$472	\$453	\$462	\$440	\$459	\$454	\$491	\$416	\$491	\$491	
Average Cost	\$14,230	\$17,008	\$15,832	\$15,085	\$13,955	\$16,714	\$16,333	\$17,382	\$15,374	\$17,264	\$19,663	

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

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Avg. Patient Days	30	31	31	31	31	29	28	31	29	30	31	
LBB Cost/Bed Day	\$375	\$402	\$392	\$394	\$391	\$423	\$405	\$442	\$459	\$537	\$499	
Average Cost	\$11,126	\$12,295	\$12,250	\$12,239	\$12,082	\$12,201	\$11,541	\$13,608	\$13,340	\$15,870	\$15,639	
<b>Waco Center for Youth</b>												
Avg. Patient Days	57	58	60	53	66	54	65	58	57	65	56	
LBB Cost/Bed Day	\$349	\$397	\$407	\$396	\$352	\$435	\$375	\$424	\$352	\$421	\$399	
Average Cost	\$19,988	\$23,184	\$24,199	\$21,190	\$23,339	\$23,615	\$24,299	\$24,461	\$19,957	\$27,295	\$22,287	
<b>Rio Grande State Center (MH)</b>												
Avg. Patient Days	15	16	15	17	14	17	17	17	19	29	23	
LBB Cost/Bed Day	\$470	\$516	\$521	\$544	\$645	\$853	\$816	\$483	\$499	\$524	\$528	
Average Cost	\$6,911	\$8,381	\$7,908	\$9,083	\$9,304	\$14,191	\$13,989	\$8,083	\$9,402	\$15,387	\$12,038	
<b>All MH Hospitals</b>												
Avg. Patient Days	39	39	39	37	37	38	39	40	42	42	44	
LBB Cost/Bed Day	\$384	\$409	\$418	\$395	\$407	\$427	\$415	\$422	\$401	\$465	\$450	
Average Cost	\$15,007	\$16,136	\$16,340	\$14,607	\$15,224	\$16,312	\$16,345	\$16,887	\$16,754	\$19,665	\$19,680	
<b>Texas Center for Infectious Disease</b>												
Avg. Patient Days	189	173	213	180	209	146	189	141	223	158	192	
LBB Cost/Bed Day	\$713	\$685	\$586	\$640	\$648	\$741	\$932	\$812	\$978	\$850	\$771	
Average Cost	\$134,693	\$118,491	\$124,916	\$115,141	\$135,503	\$108,119	\$176,463	\$114,510	\$218,085	\$134,340	\$147,709	

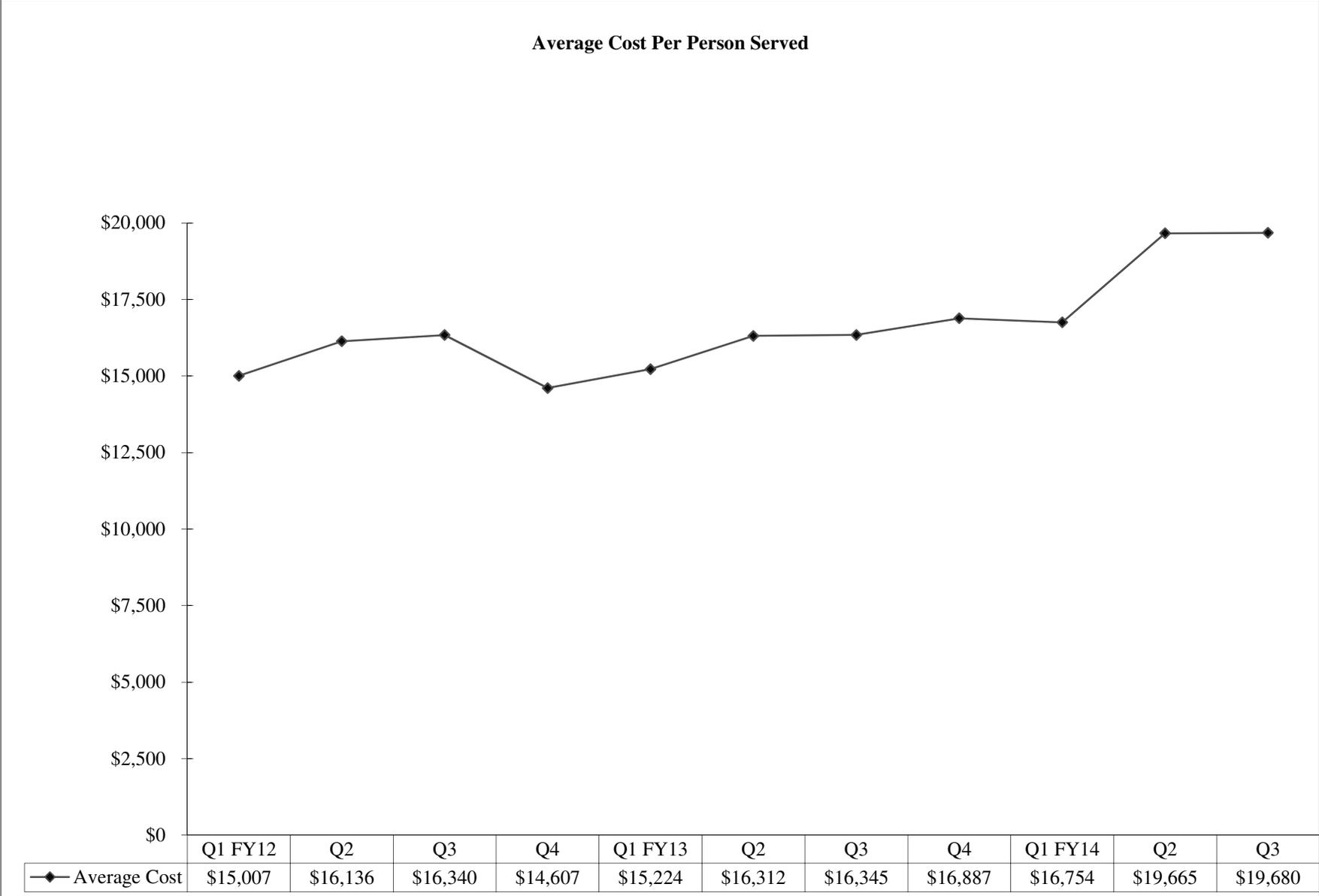
LBB Cost - total facility expense minus benefits

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



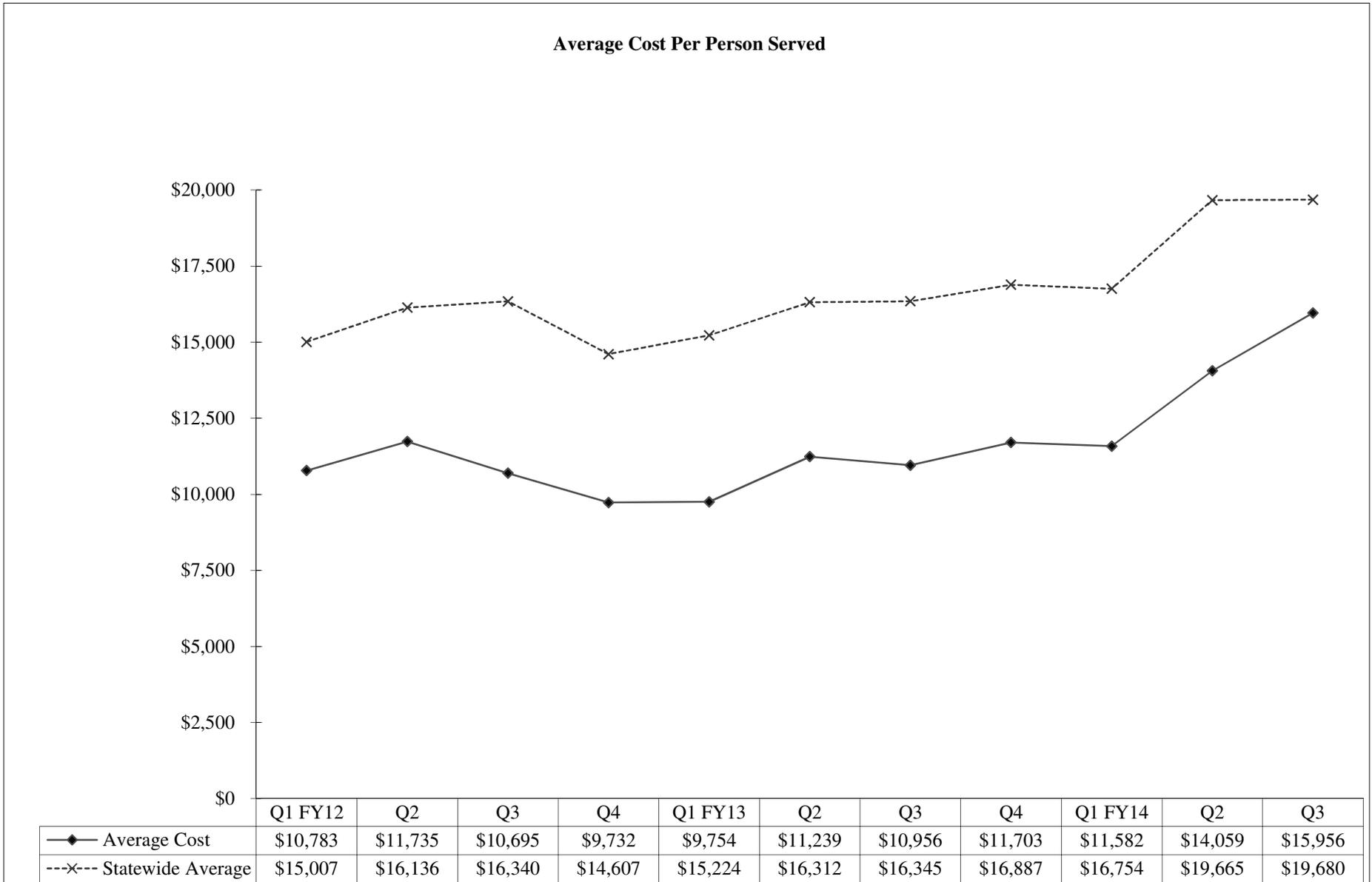
Source: CARE Report HC022330,  
Financial Statistical Report-Fiscal Services;  
DSHS Budgeting Forecasting Dept.

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

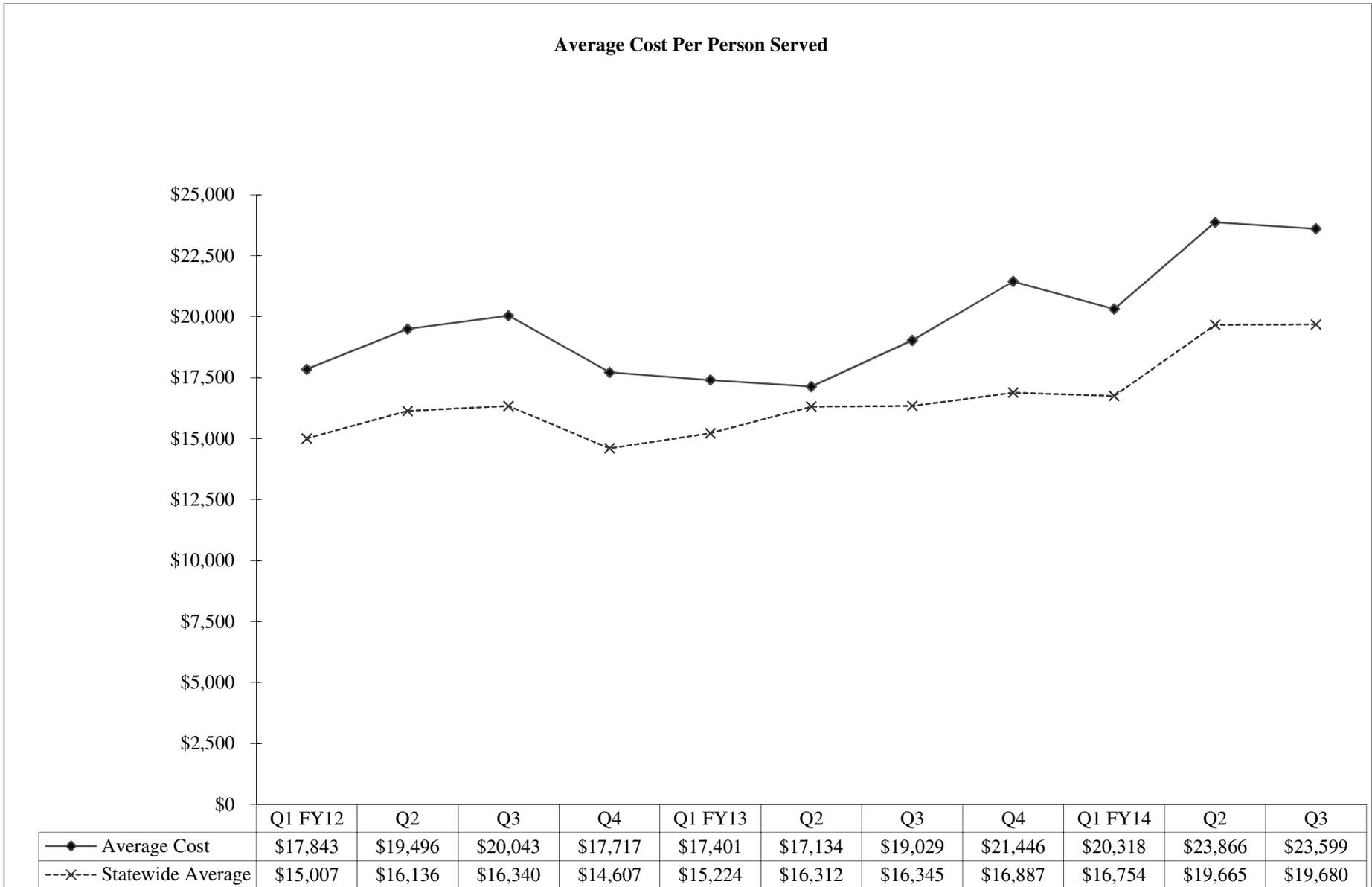


Source: CARE Report HC022330,  
Financial Statistical Report-Fiscal Services;  
DSHS Budgeting Forecasting Dept.

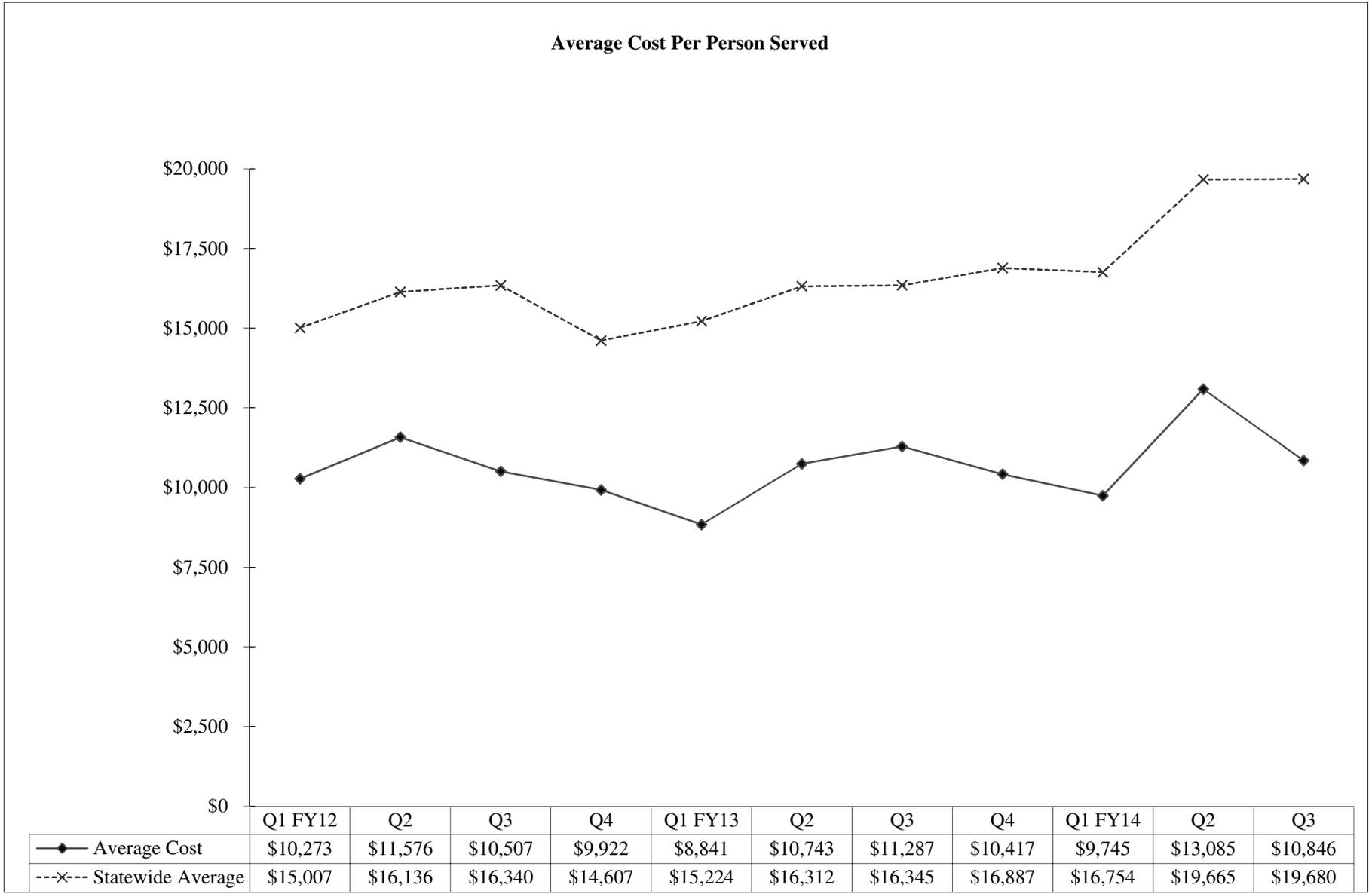
**Measure 1A - Average Cost Per Patient Served  
Austin State Hospital**



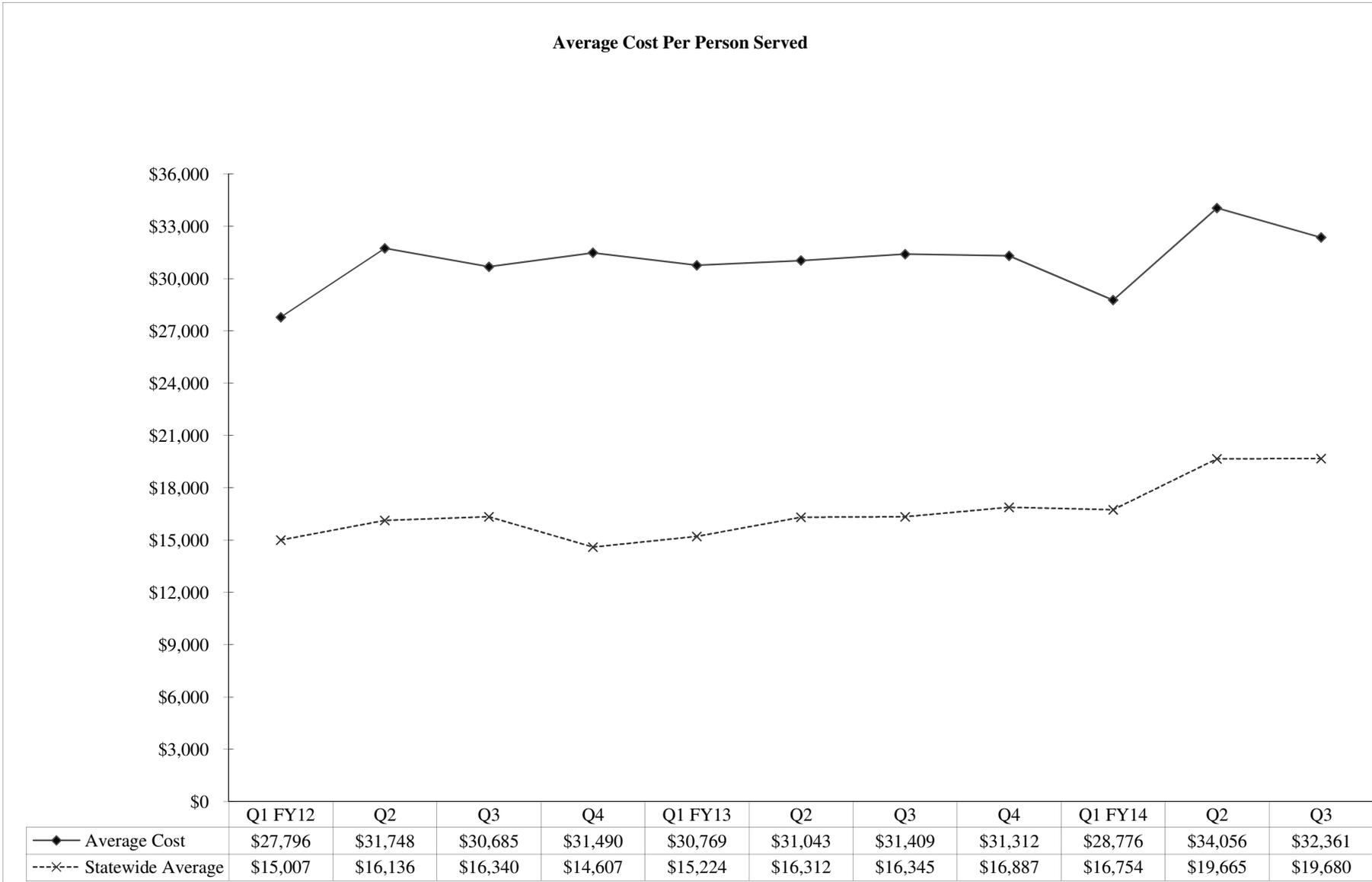
**Measure 1A - Average Cost Per Patient Served**  
**Big Spring State Hospital**



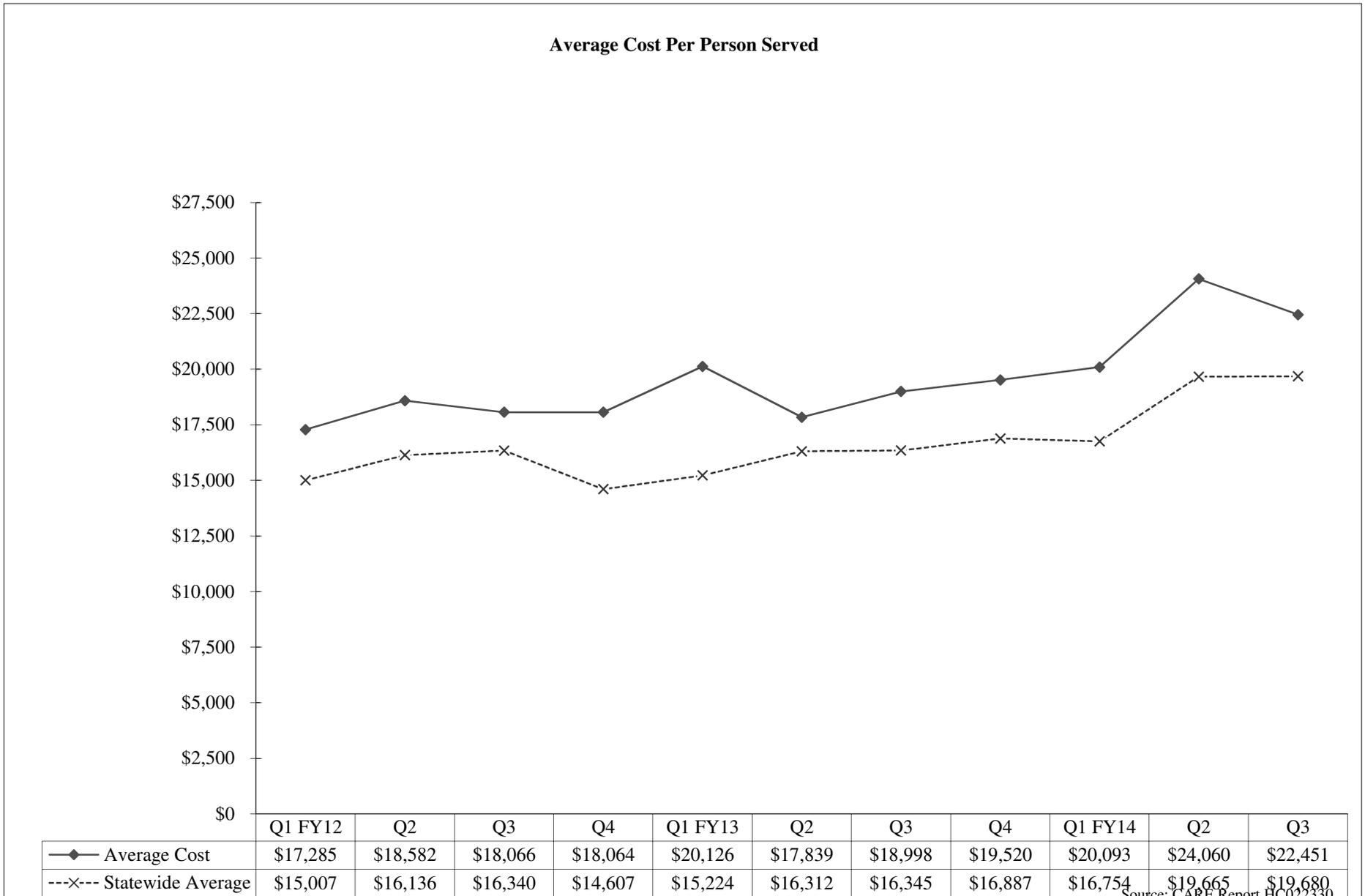
**Measure 1A - Average Cost Per Patient Served**  
**El Paso Psychiatric Center**



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

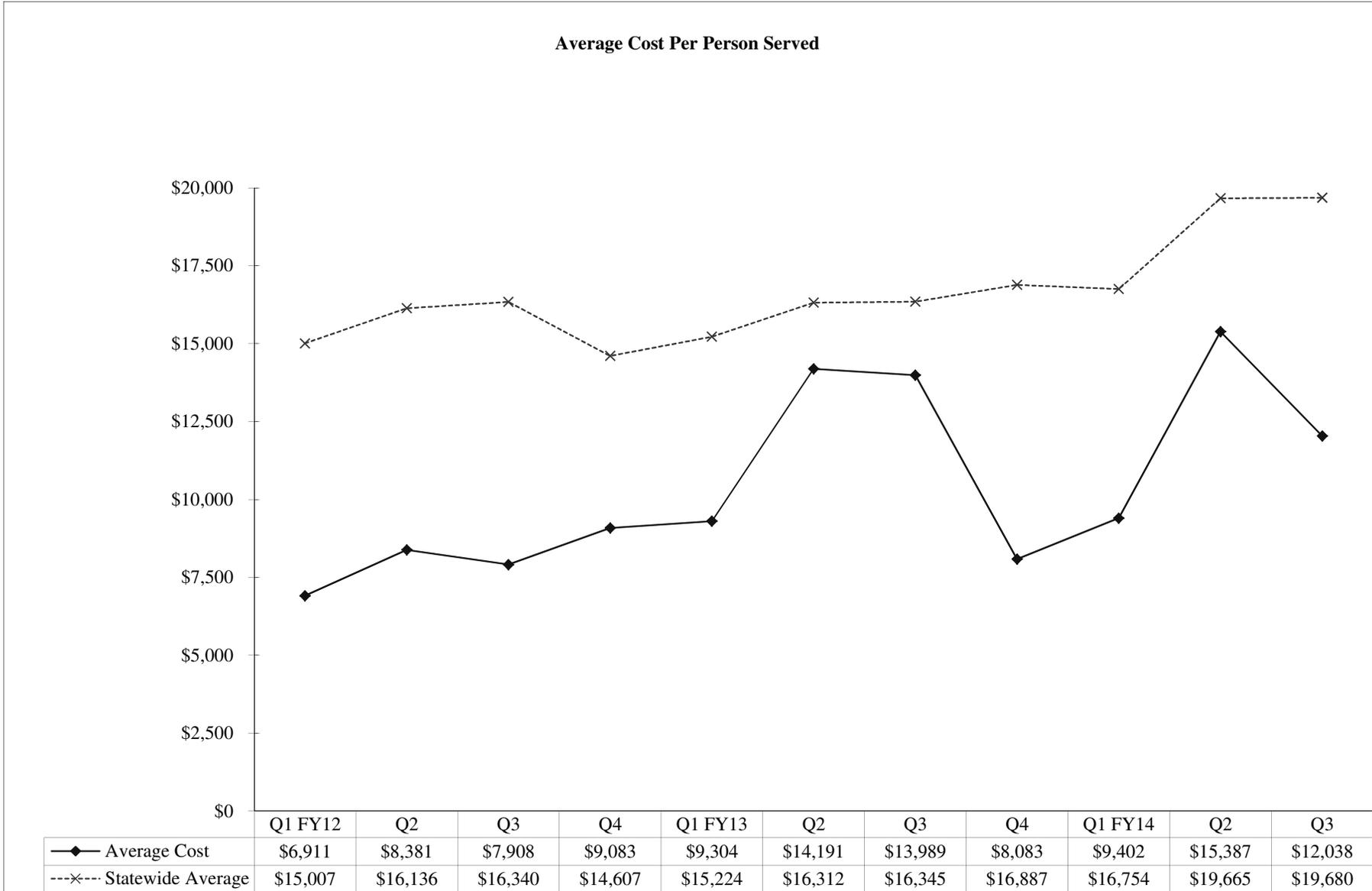


**Measure 1A - Average Cost Per Patient Served**  
**North Texas State Hospital**

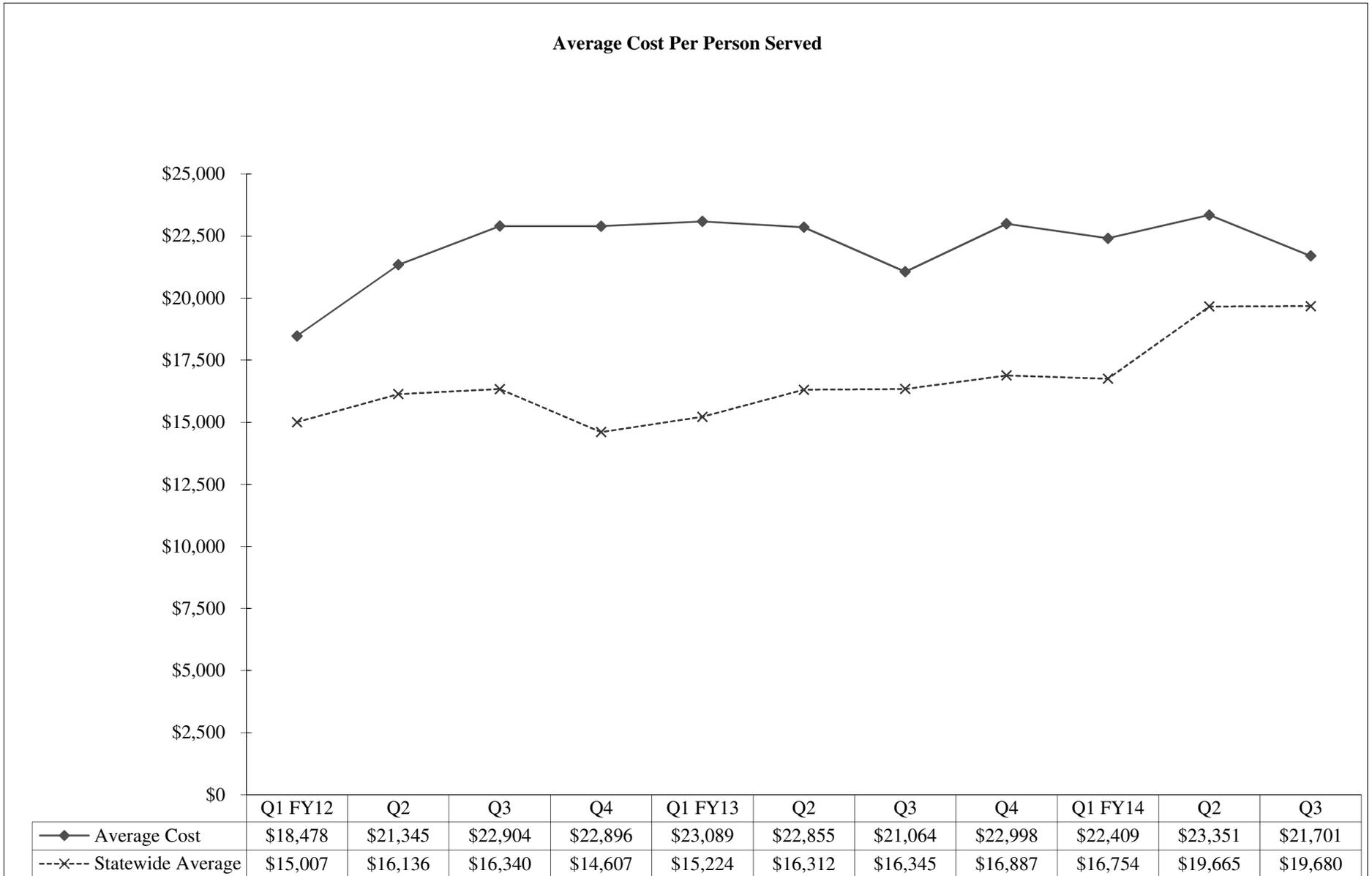


Source: CARE Report HC022330,  
 Financial Statistical Report-Fiscal Services;  
 DSHS Budgeting Forecasting Dept.

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



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



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

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

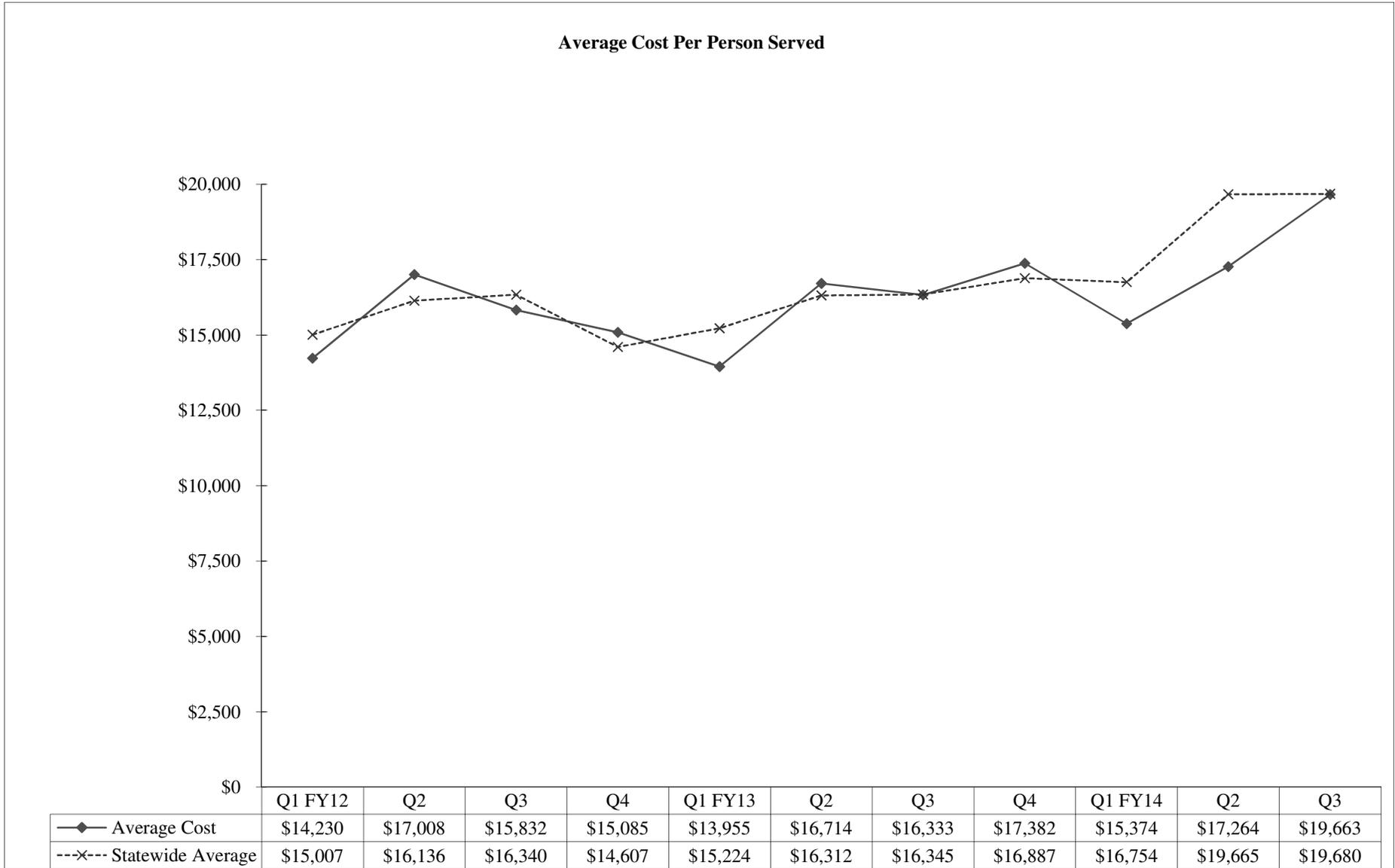


Table: Hospital Management Data Services

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

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

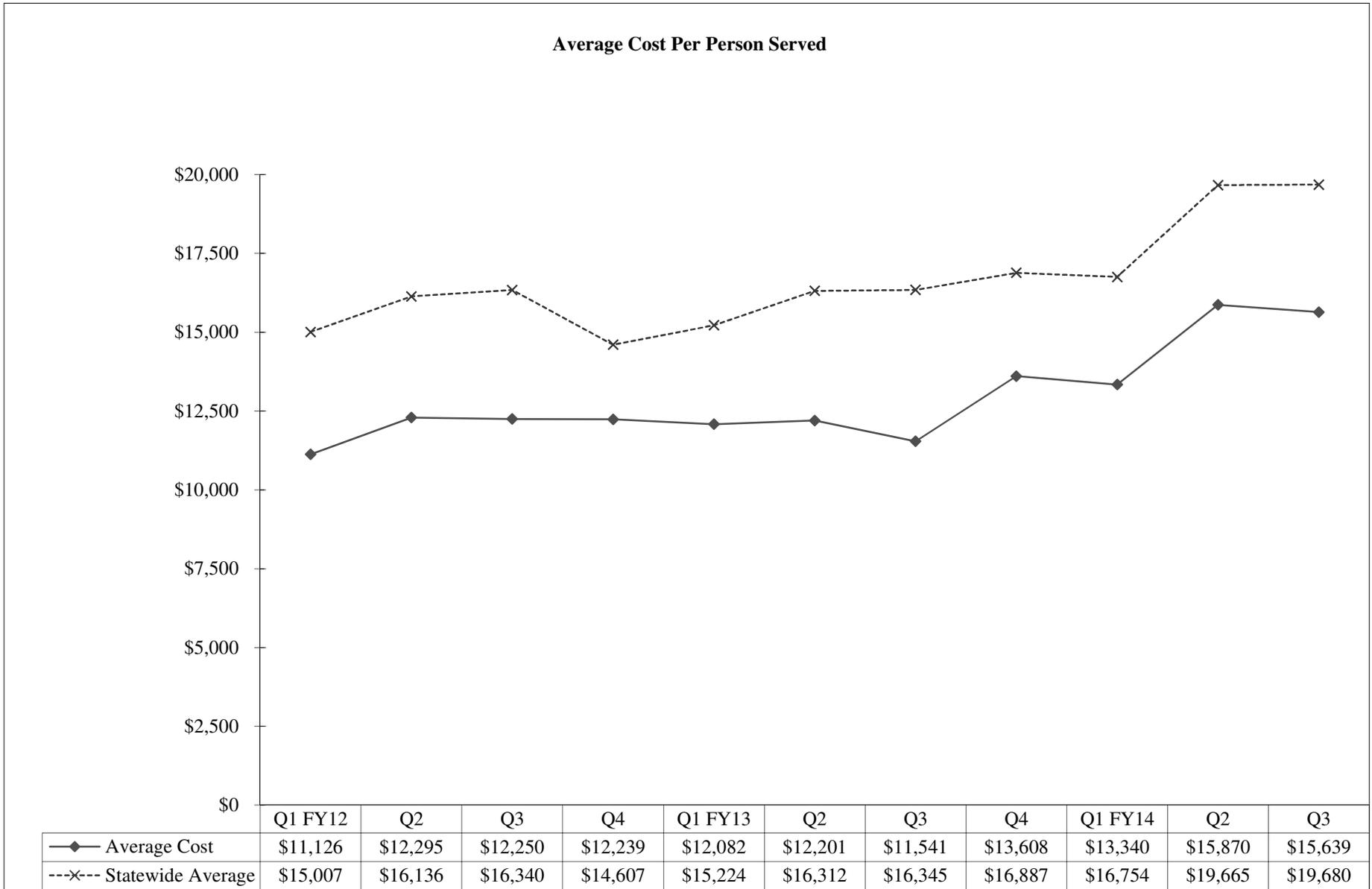
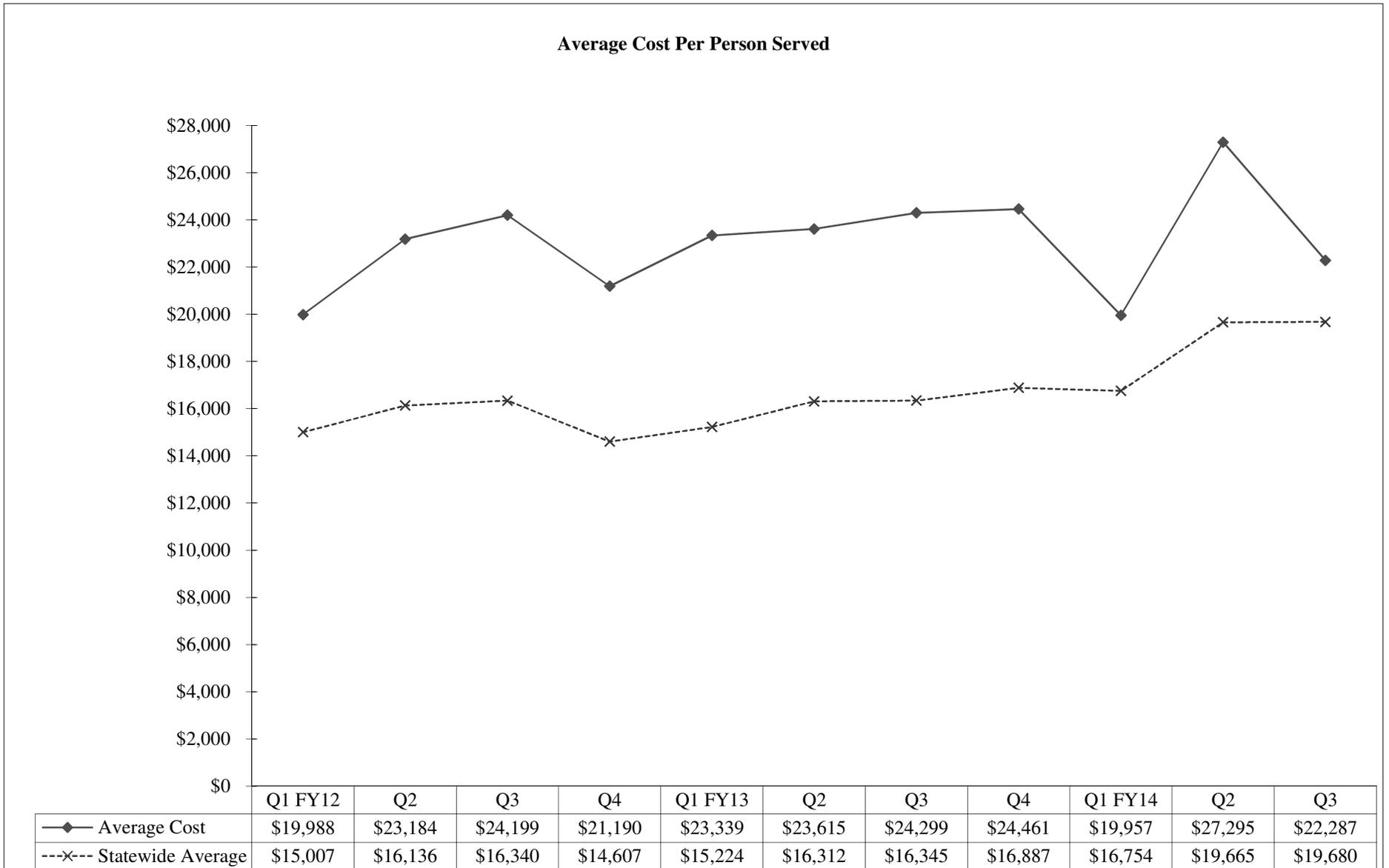


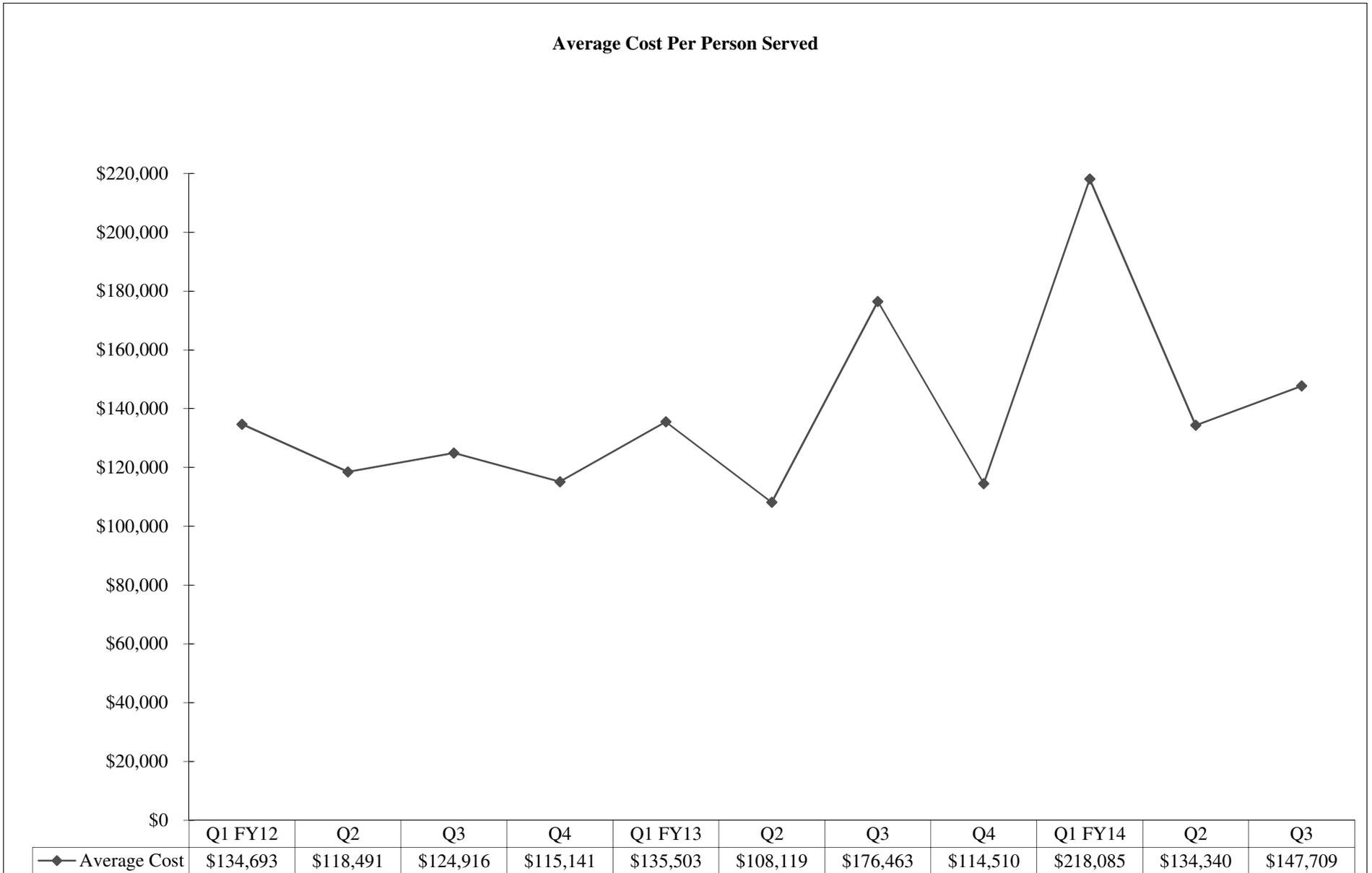
Table: Hospital Management Data Services

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

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



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



**Performance Measure 1B:**

**Calculate cost per occupied bed.**

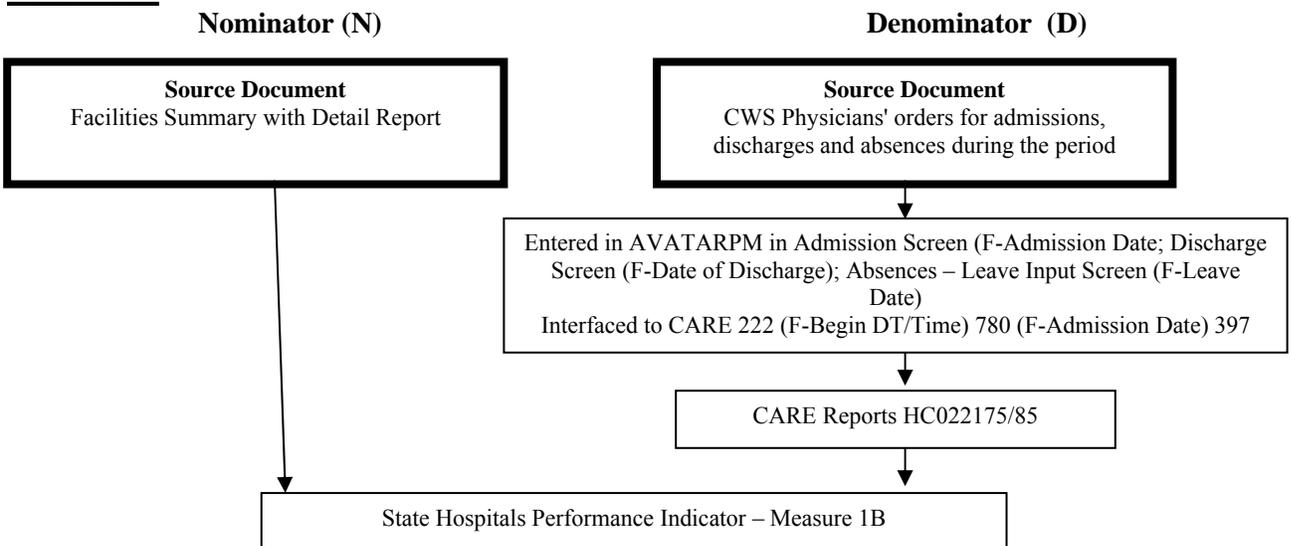
**Performance Measure Operational Definition:** The state hospital average cost per occupied bed day.

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

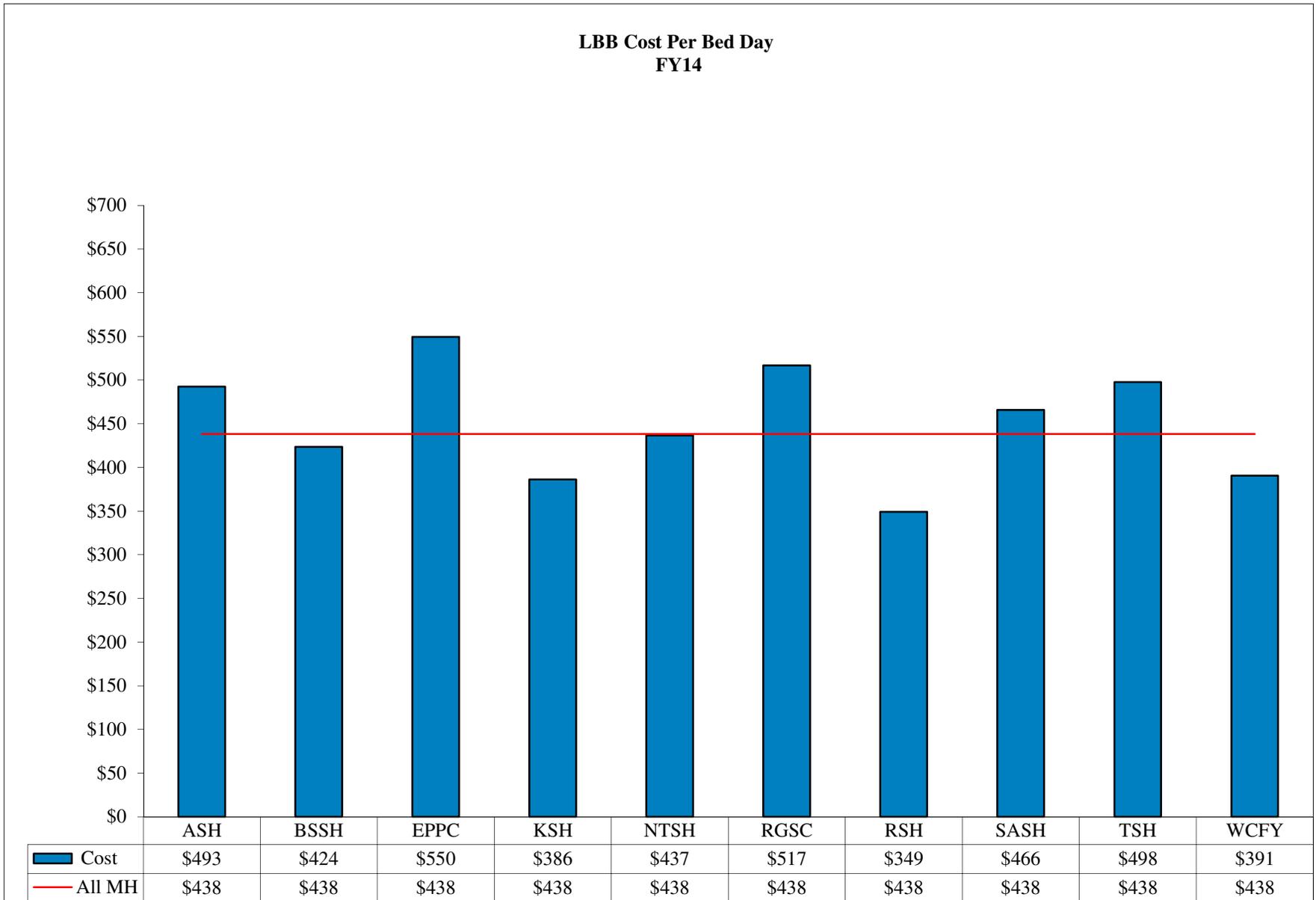
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**



**Measure 1B - Cost Per Bed Day**  
**All State MH Hospitals - FYTD14 (As of May 31, 2014)**



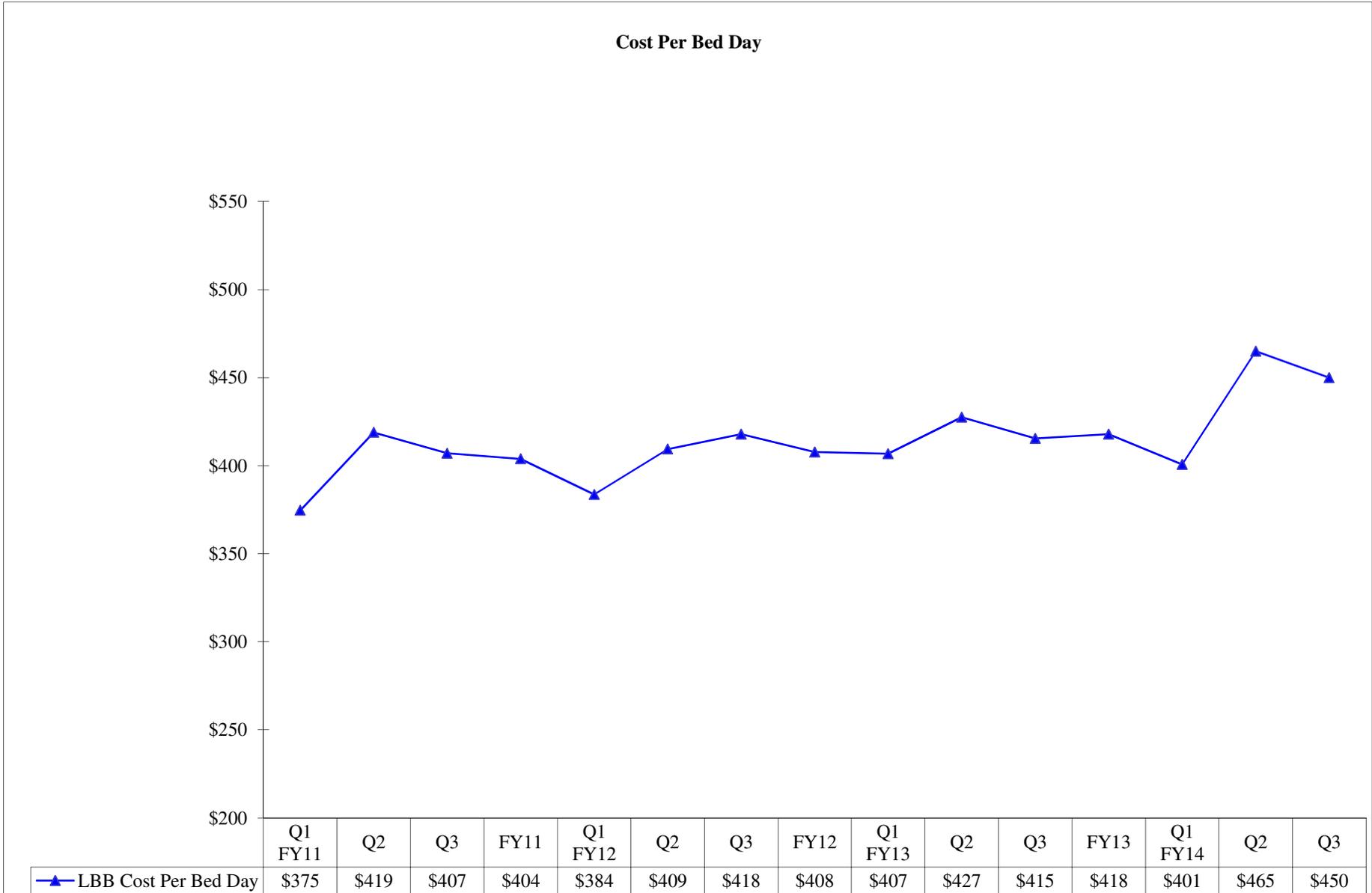
**Measure 1B - Cost Per Bed Day**

**All State Hospitals**

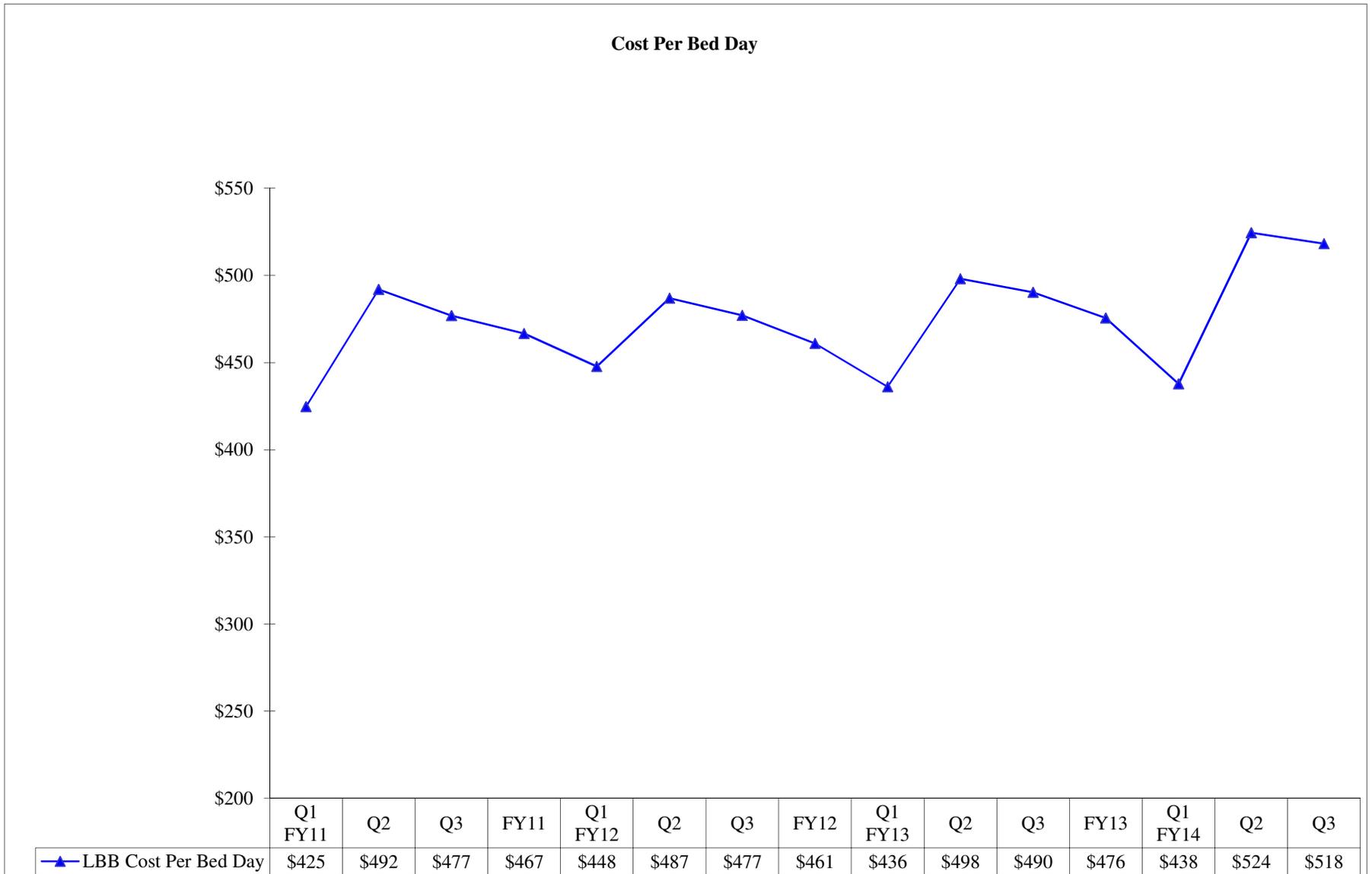
	FY11				FY12				FY13				FY14			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
<b>Austin State Hospital</b>																
LBB Cost Per Bed Day	\$425	\$492	\$477	\$467	\$448	\$487	\$477	\$461	\$436	\$498	\$490	\$476	\$438	\$524	\$518	
<b>Big Spring State Hospital</b>																
LBB Cost Per Bed Day	\$369	\$406	\$393	\$396	\$376	\$417	\$403	\$398	\$399	\$407	\$418	\$416	\$389	\$447	\$436	
<b>El Paso Psychiatric Center</b>																
LBB Cost Per Bed Day	\$448	\$527	\$506	\$499	\$485	\$528	\$501	\$503	\$474	\$538	\$536	\$525	\$523	\$588	\$536	
<b>Kerrville State Hospital</b>																
LBB Cost Per Bed Day	\$337	\$354	\$351	\$354	\$355	\$392	\$380	\$376	\$377	\$377	\$374	\$379	\$369	\$408	\$382	
<b>North Texas State Hospital</b>																
LBB Cost Per Bed Day	\$364	\$399	\$384	\$385	\$372	\$399	\$400	\$389	\$398	\$384	\$385	\$393	\$399	\$469	\$445	
<b>Rusk State Hospital</b>																
LBB Cost Per Bed Day	\$363	\$381	\$387	\$376	\$342	\$372	\$391	\$371	\$366	\$383	\$342	\$371	\$321	\$362	\$366	
<b>San Antonio State Hospital</b>																
LBB Cost Per Bed Day	\$373	\$458	\$441	\$432	\$392	\$472	\$453	\$444	\$440	\$459	\$454	\$461	\$416	\$491	\$491	
<b>Terrell State Hospital</b>																
LBB Cost Per Bed Day	\$367	\$405	\$390	\$391	\$375	\$402	\$392	\$391	\$391	\$423	\$405	\$415	\$459	\$537	\$499	
<b>Waco Center for Youth*</b>																
LBB Cost Per Bed Day	\$324	\$424	\$392	\$384	\$349	\$397	\$407	\$387	\$352	\$435	\$375	\$396	\$352	\$421	\$399	
<b>Rio Grande State Center (MH)</b>																
LBB Cost Per Bed Day	\$496	\$503	\$480	\$493	\$470	\$516	\$521	\$513	\$645	\$853	\$816	\$540	\$499	\$524	\$528	
<b>All State MH Hospitals</b>																
LBB Cost Per Bed Day	\$375	\$419	\$407	\$404	\$384	\$409	\$418	\$408	\$407	\$427	\$415	\$418	\$401	\$465	\$450	
<b>Texas Center for Infectious Disease</b>																
LBB Cost Per Bed Day	\$750	\$720	\$511	\$646	\$713	\$685	\$586	\$656	\$648	\$741	\$932	\$787	\$978	\$850	\$771	

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits

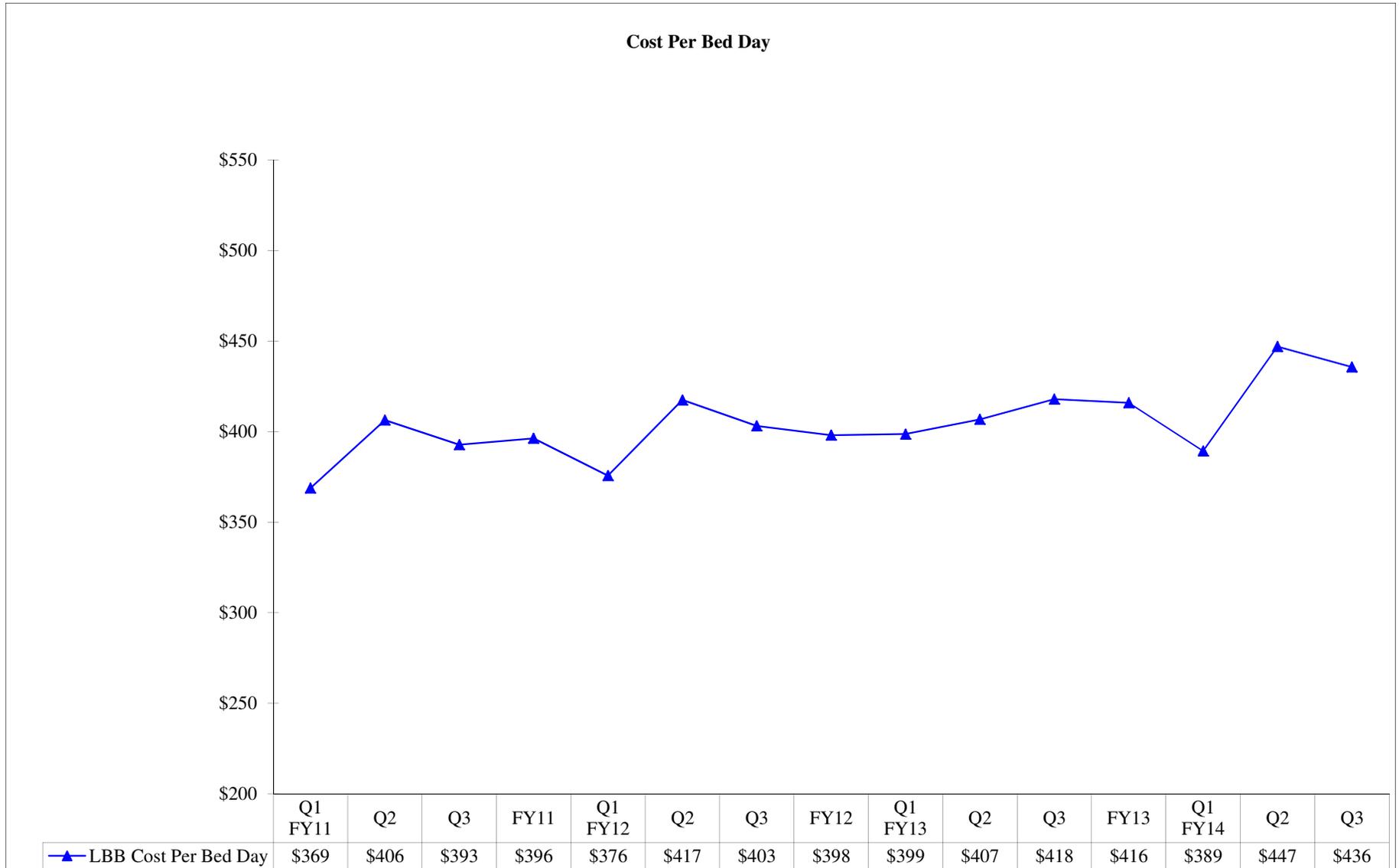
**Measure 1B - Cost Per Bed Day**  
**All State MH Hospitals**



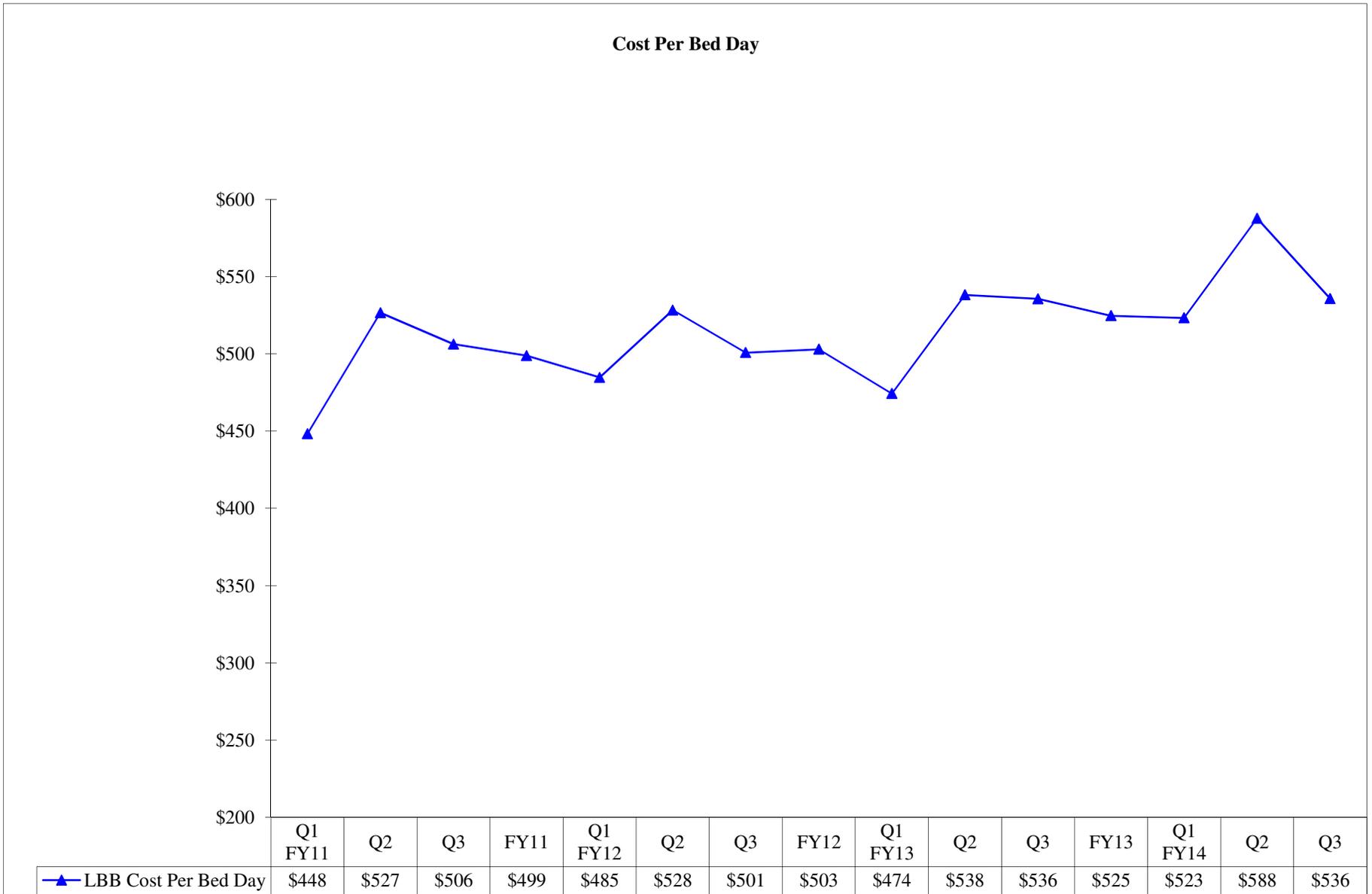
**Measure 1B - Cost Per Bed Day  
Austin State Hospital**



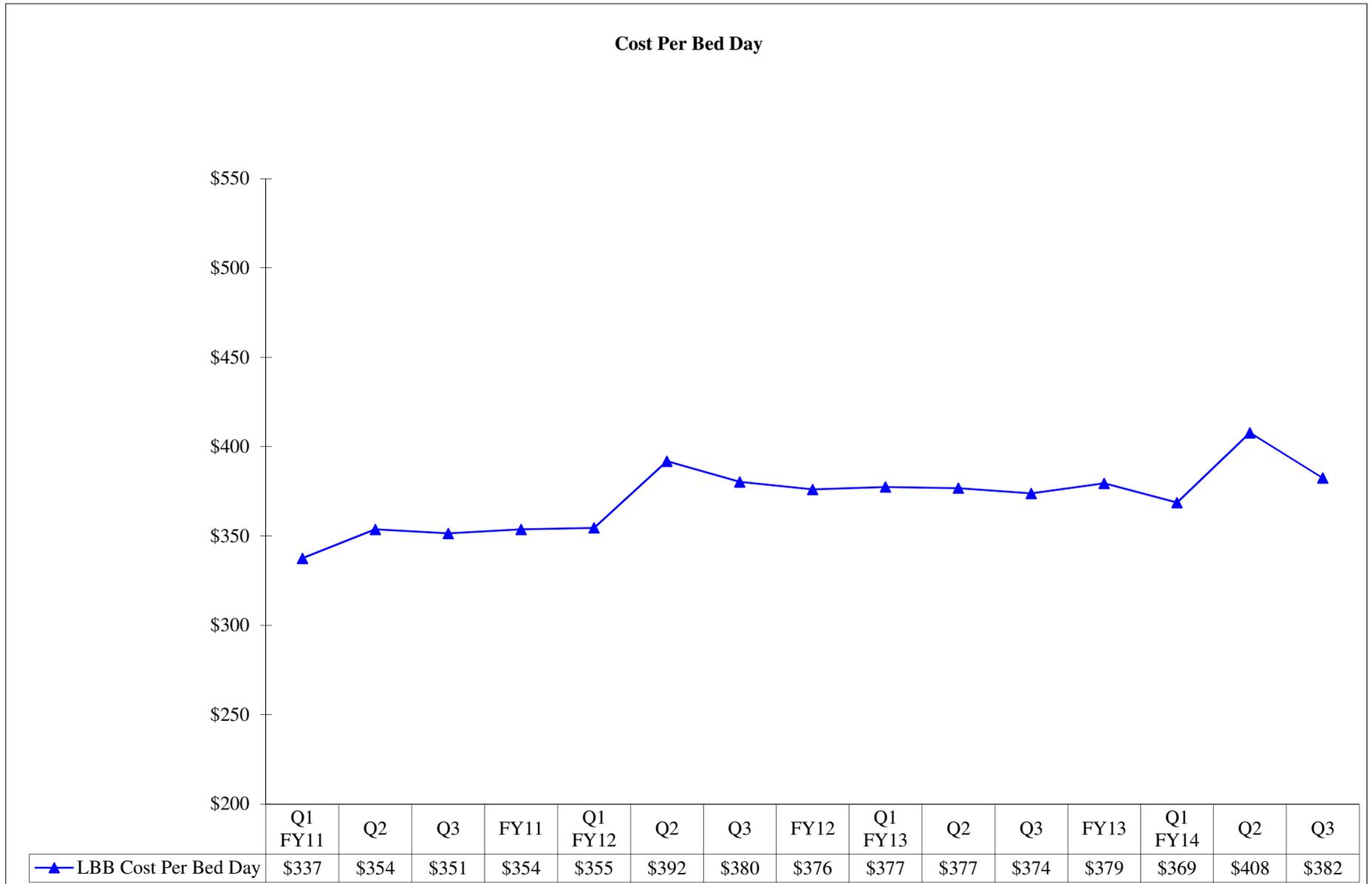
**Measure 1B - Cost Per Bed Day**  
**Big Spring State Hospital**



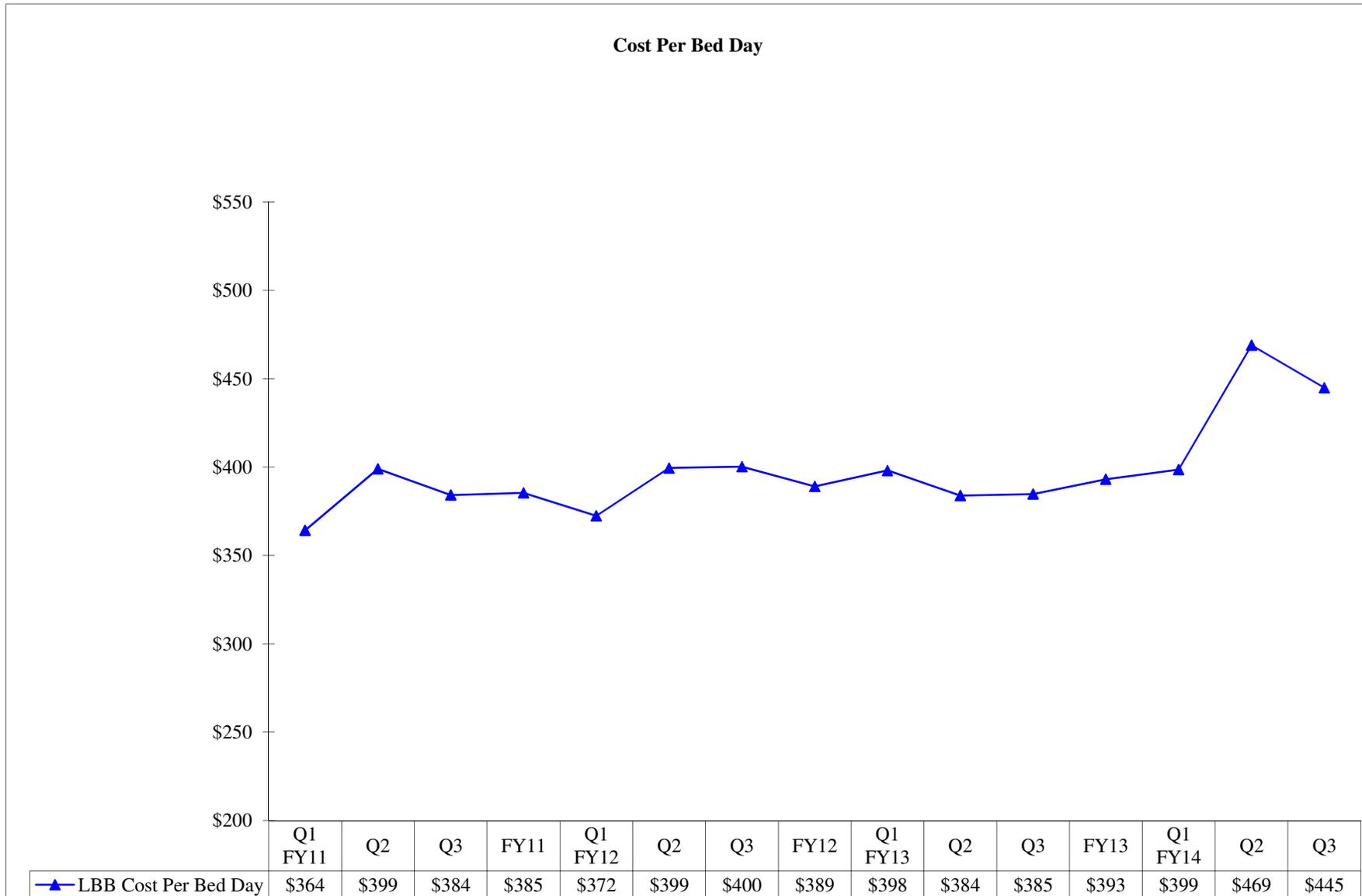
**Measure 1B - Cost Per Bed Day  
El Paso Psychiatric Center**



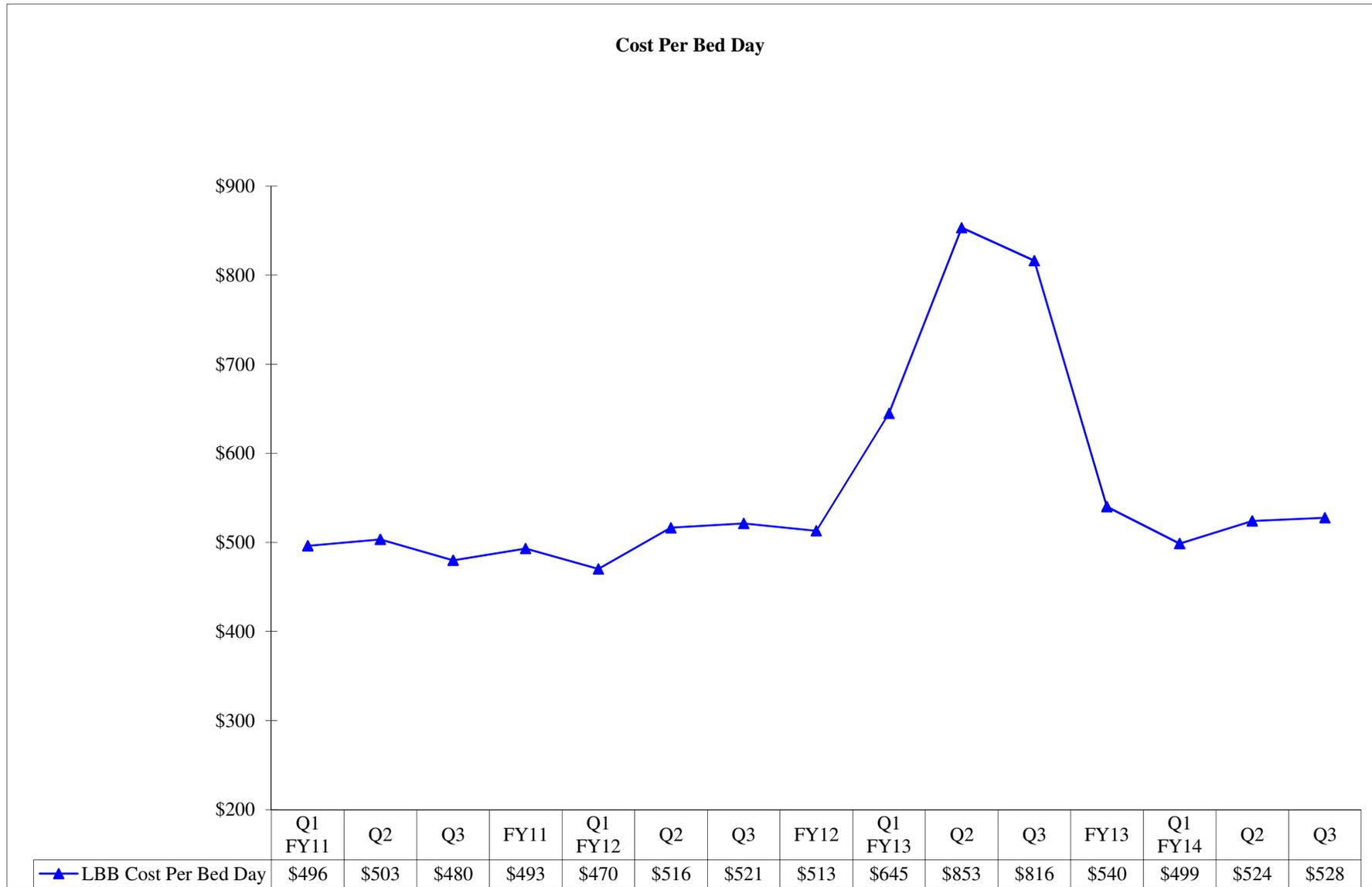
**Measure 1B - Cost Per Bed Day**  
**Kerrville State Hospital**



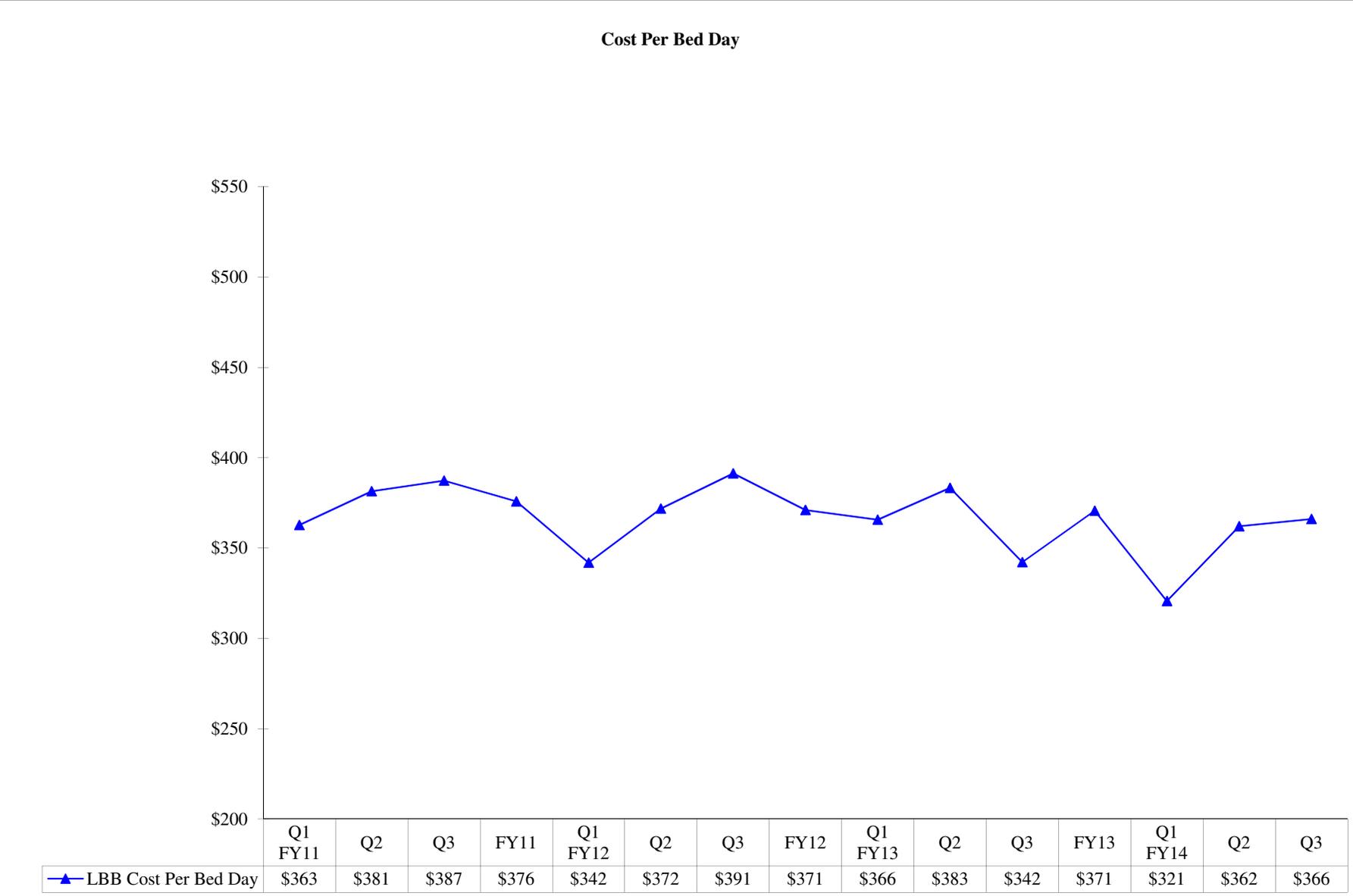
**Measure 1B - Cost Per Bed Day**  
**North Texas State Hospital**



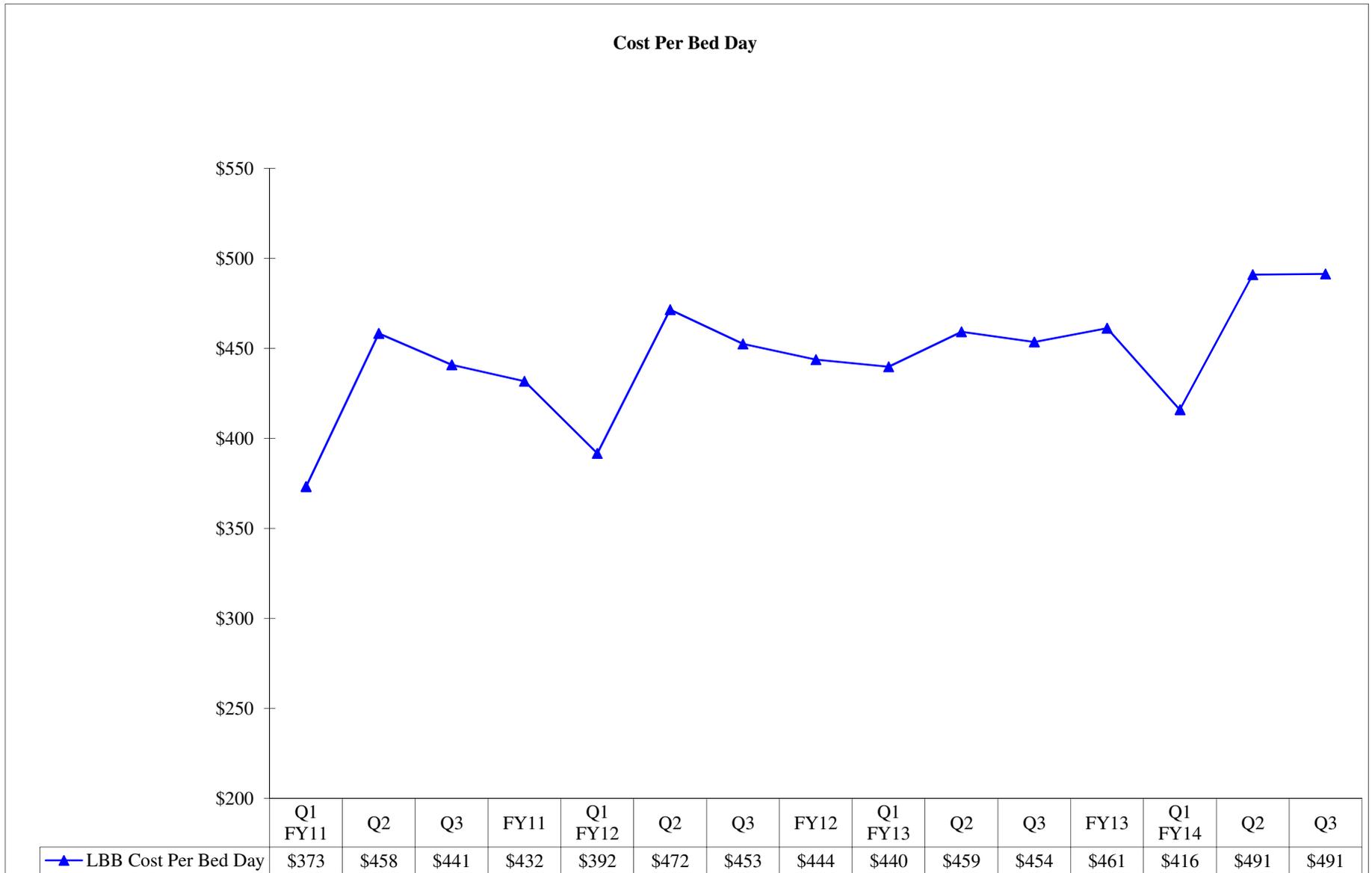
**Measure 1B - Cost Per Bed Day**  
**Rio Grande State Center (MH only)**



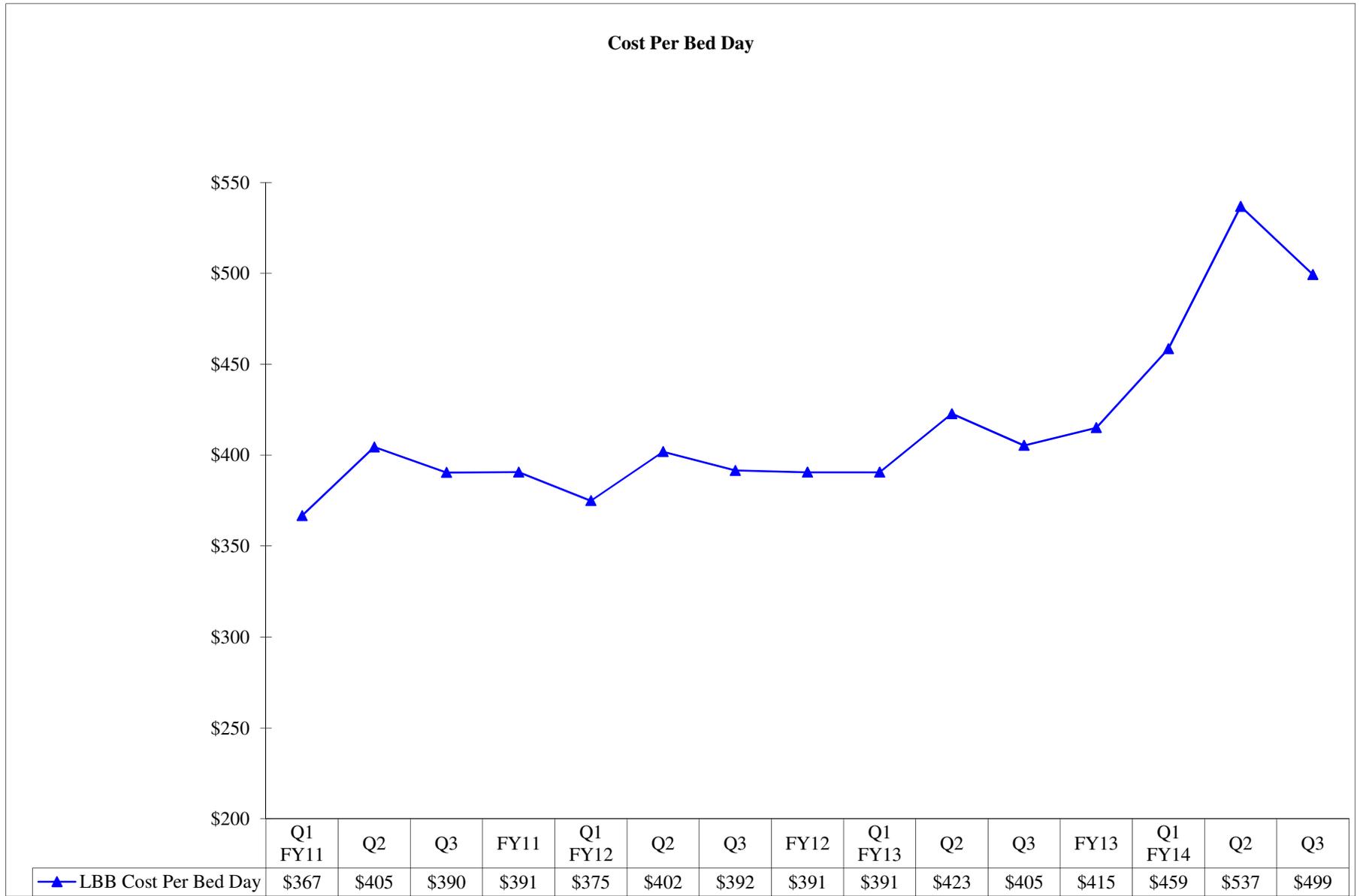
**Measure 1B - Cost Per Bed Day**  
**Rusk State Hospital**



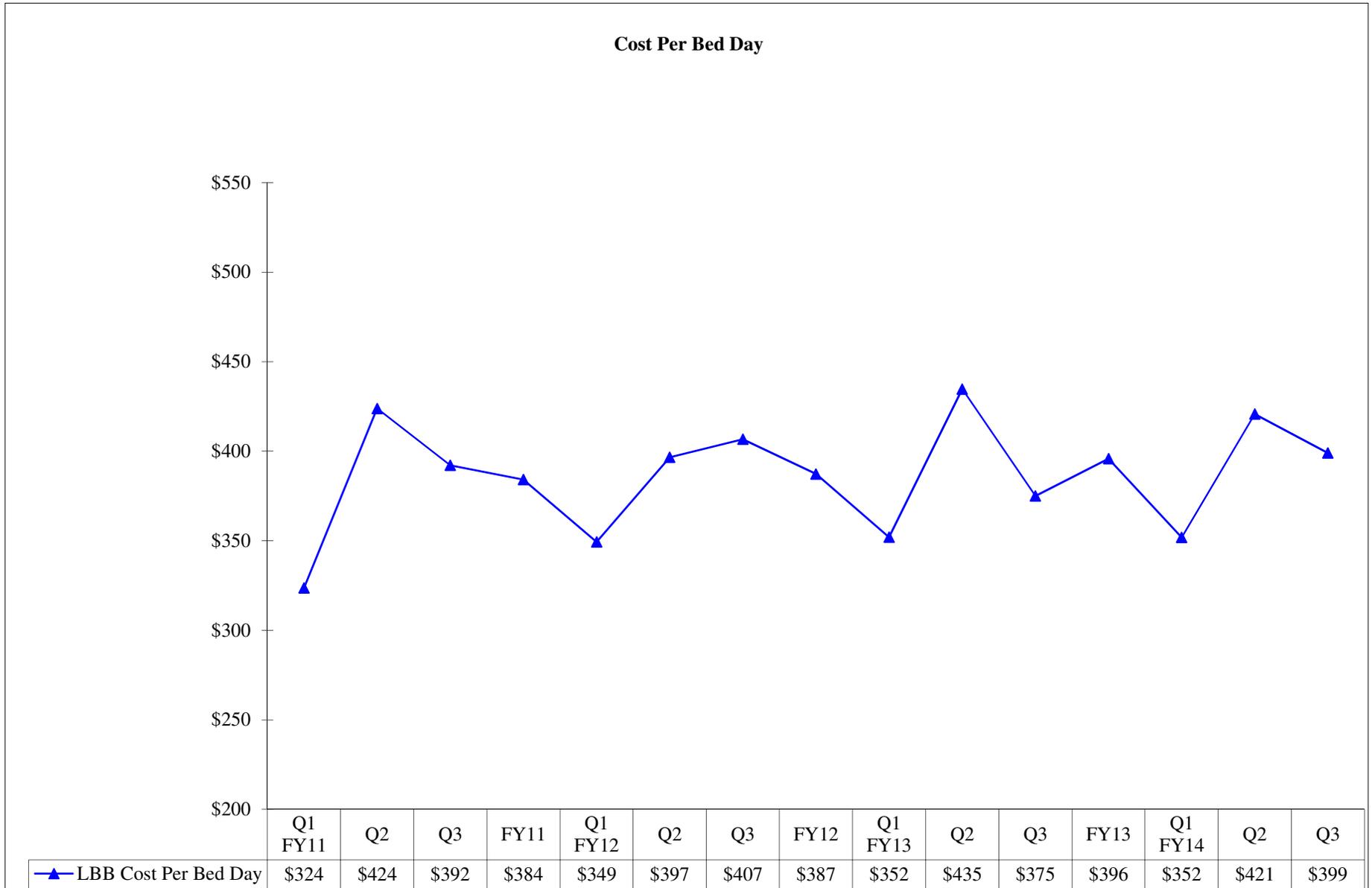
**Measure 1B - Cost Per Bed Day**  
**San Antonio State Hospital**



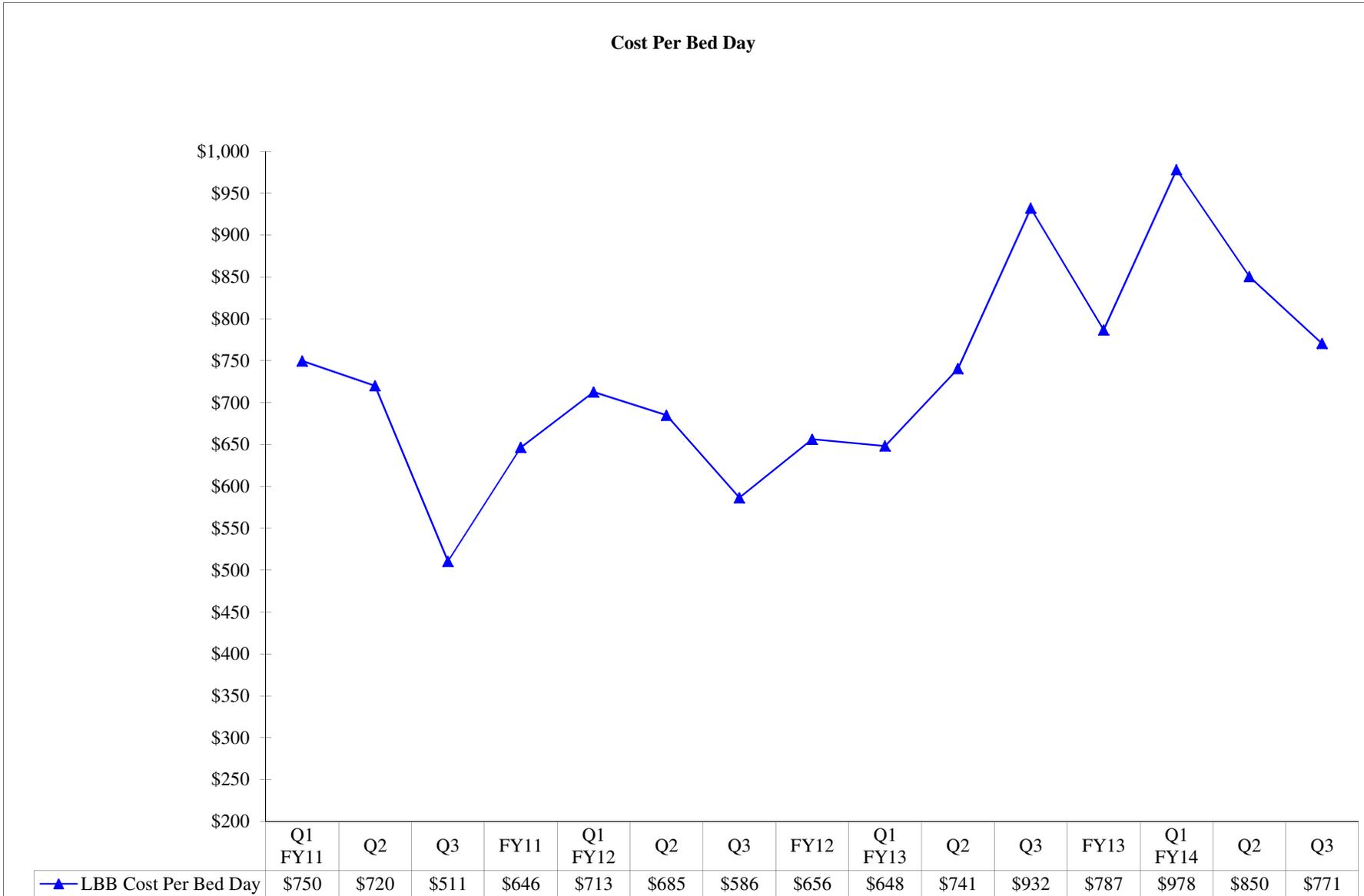
**Measure 1B - Cost Per Bed Day**  
**Terrell State Hospital**



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



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



**Performance Measure 1C:**

**Calculate average daily census of campus-based services.**

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

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

C = average daily census

N = number of bed days

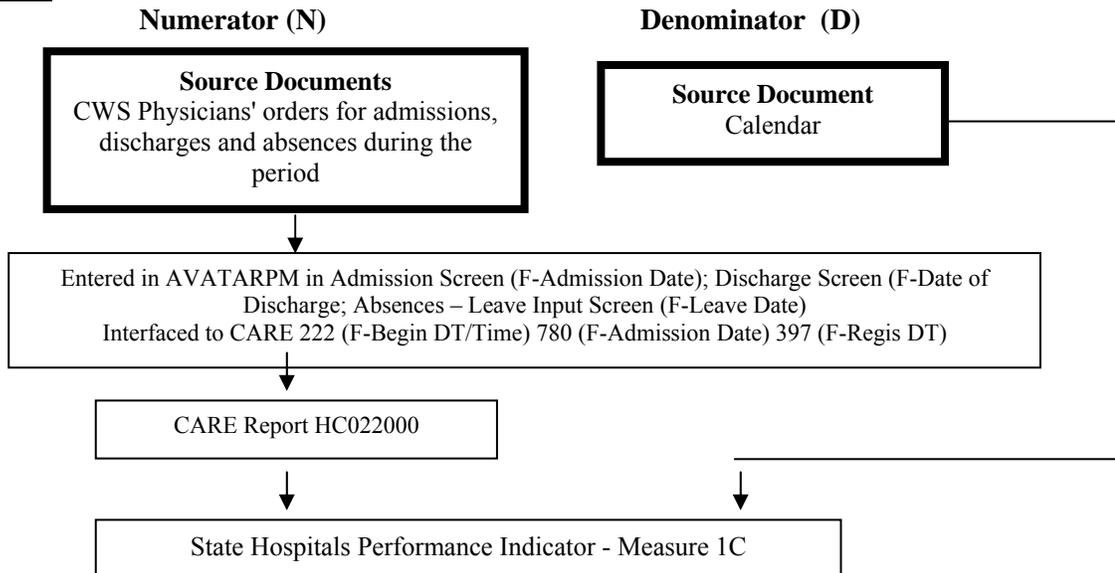
D = number of calendar days in the month

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

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

**See Objective 1D for charts**

**Data Flow:**



**Performance Measure 1D:**

**Calculate number of inpatient days.**

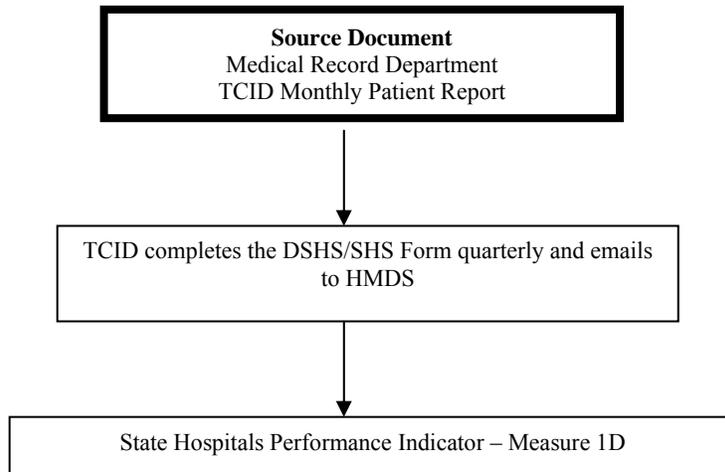
**Performance Measure Operational Definition:** TCID inpatient days will be monitored.

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

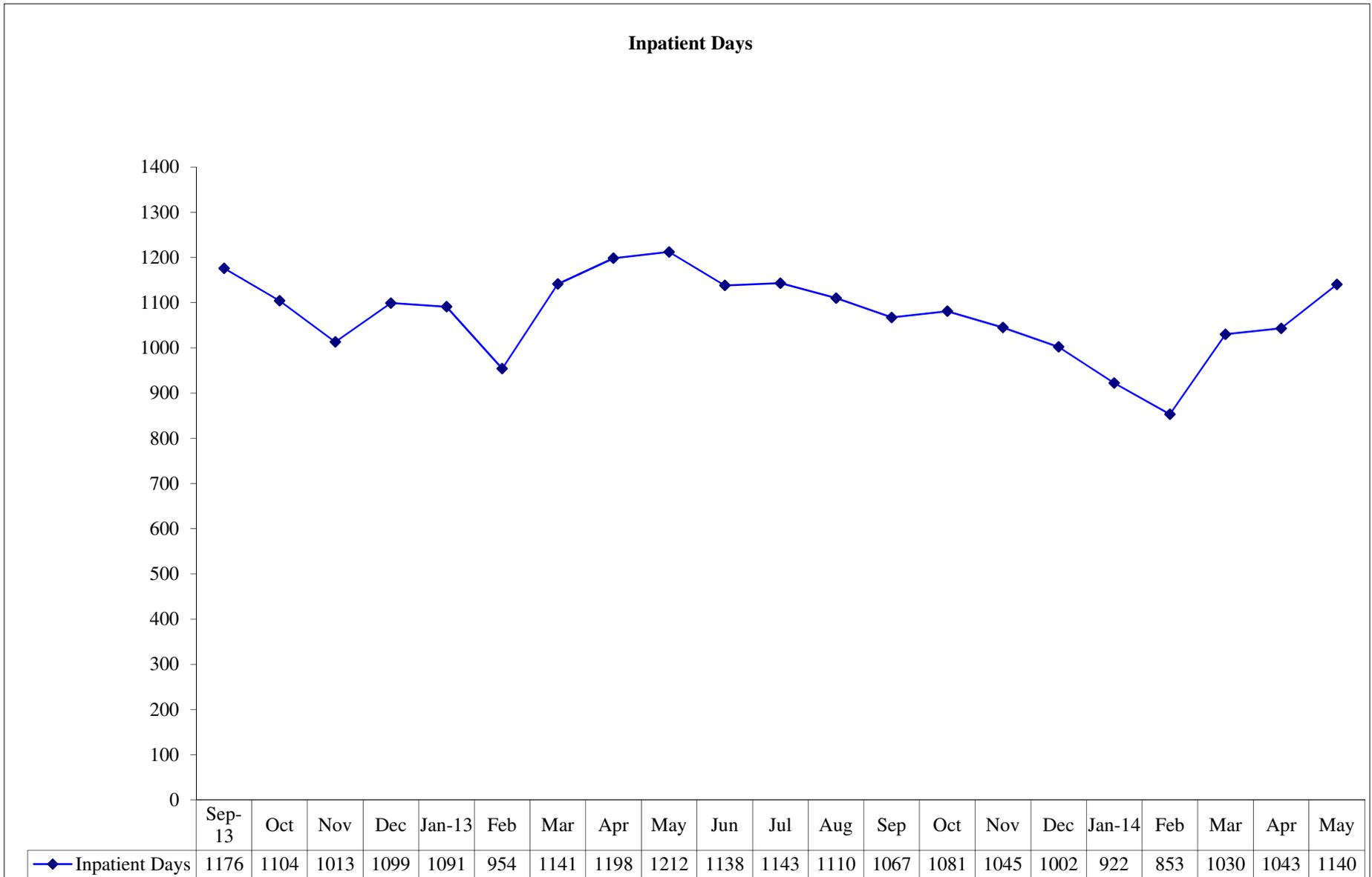
**Performance Measure Data Display and Chart Description:**

Table shows monthly numbers of inpatient days at TCID.

**Data Flow:**



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



**Performance Measure 1G:**

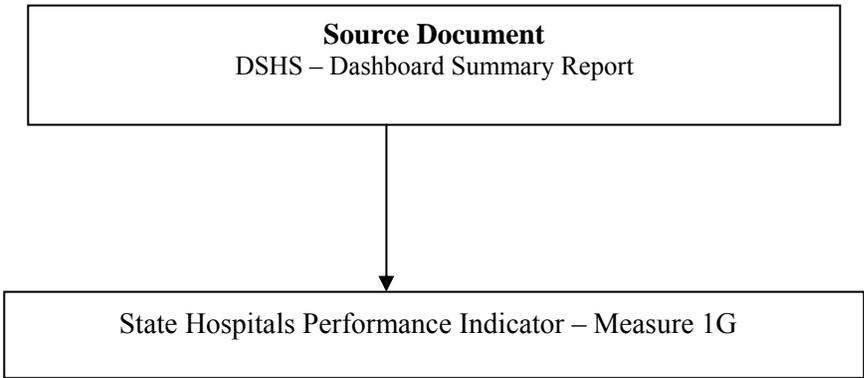
**To monitor and analyze outside medical costs for civil, forensic and IDD patients.**

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

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

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

**Data Flow:**



**Measure 1G - Outside Medical Cost**  
**All State Hospitals**

**Outside Medical Cost**

**FY2013**

**FY2014**

<b>Facility</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
<b>ASH</b>	\$426,465	\$611,742	\$1,031,204	\$430,021	\$2,499,432	\$296,834	\$825,493	\$829,167		\$1,951,494
<b>BSSH</b>	\$77,052	\$88,764	\$126,377	\$112,288	\$404,481	\$91,865	\$133,754	\$198,941		\$424,560
<b>EPPC</b>	\$42,530	\$85,643	\$59,184	\$89,511	\$276,868	\$47,924	\$73,791	\$69,856		\$191,571
<b>KSH</b>	\$202,323	\$200,128	\$367,767	\$239,010	\$1,009,228	\$186,817	\$426,576	\$283,290		\$896,683
<b>NTSH</b>	\$204,087	\$770,456	\$538,101	\$523,145	\$2,035,789	\$134,650	\$312,268	\$681,072		\$1,127,990
<b>RGSC</b>	\$86,060	\$201,286	\$245,151	\$57,551	\$590,048	\$54,513	\$54,303	\$122,543		\$231,359
<b>RSH</b>	\$437,449	\$456,163	\$236,575	\$1,657,600	\$2,787,787	\$311,514	\$359,829	\$540,669		\$1,212,012
<b>SASH</b>	\$79,543	\$316,521	\$124,430	\$324,277	\$844,771	\$129,917	\$424,589	\$387,705		\$942,211
<b>TSH</b>	\$26,566	\$108,943	\$140,537	\$127,665	\$403,711	\$55,445	\$105,074	\$154,966		\$315,485
<b>WCFY</b>	\$8,127	\$17,030	\$19,164	\$14,528	\$58,849	\$8,144	\$23,480	\$4,969		\$36,593
<b>All SH</b>	<b>\$1,590,202</b>	<b>\$2,856,676</b>	<b>\$2,888,490</b>	<b>\$3,575,596</b>	<b>\$10,910,964</b>	<b>\$1,317,623</b>	<b>\$2,739,157</b>	<b>\$3,273,178</b>		<b>\$7,329,958</b>

**Performance Measure 1H:**

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

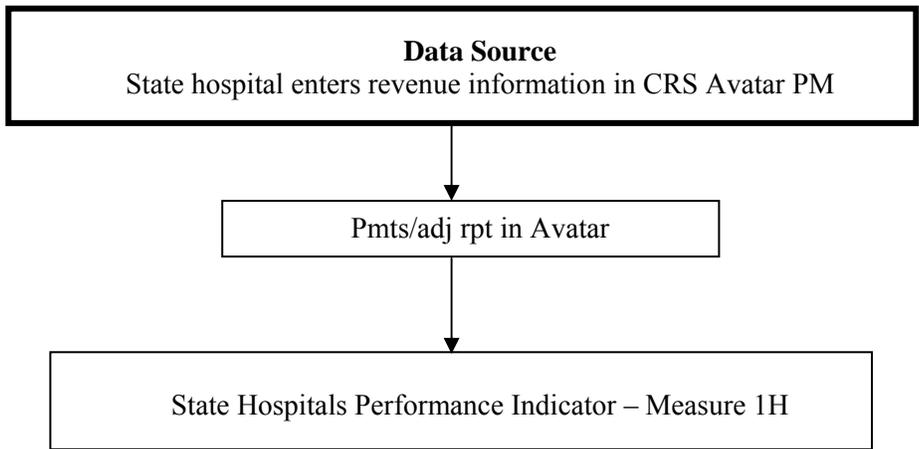
**Performance Objective Operational Definition:** The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

**Performance Objective Formula:** No formula.

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

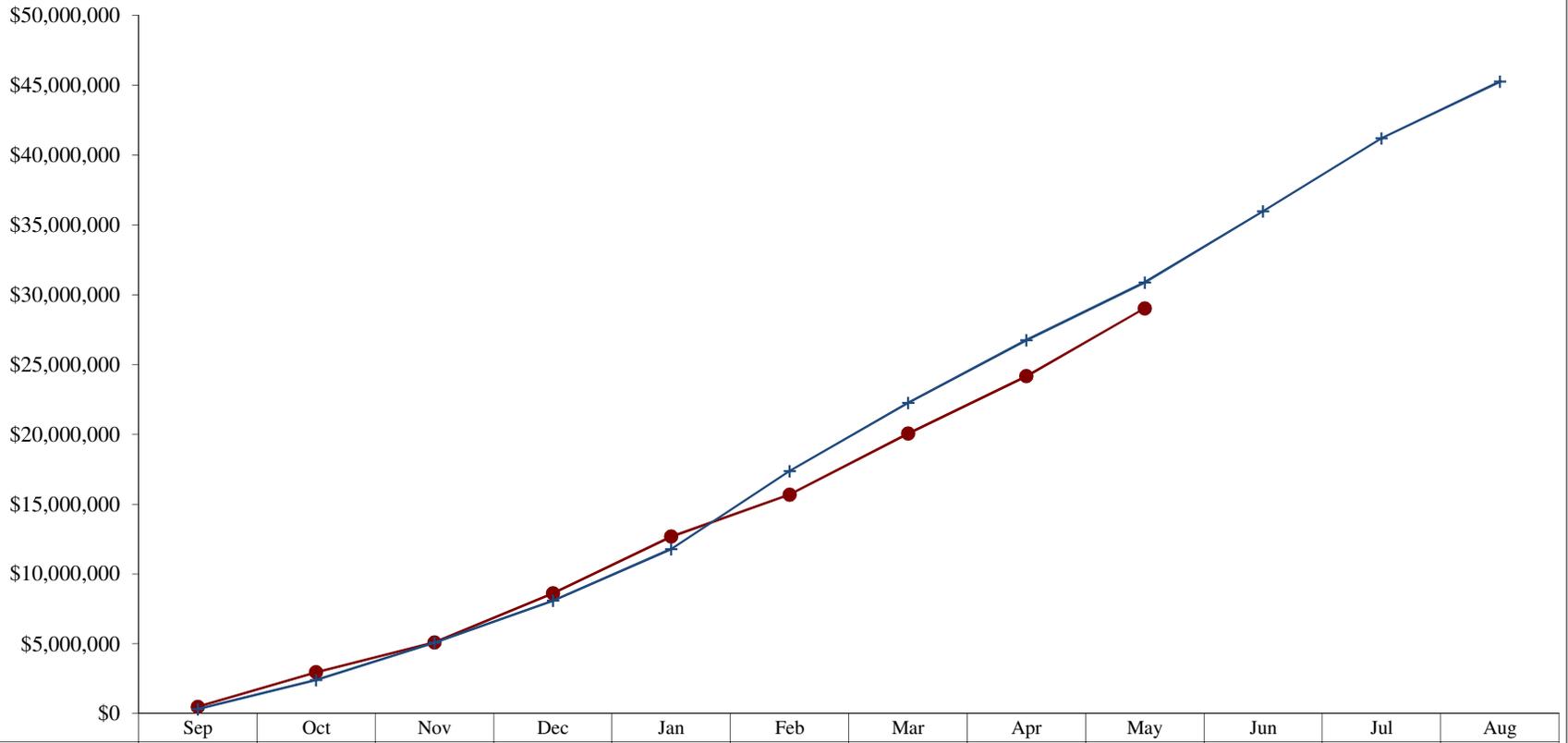
- ◆ Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

**Data Flow:**



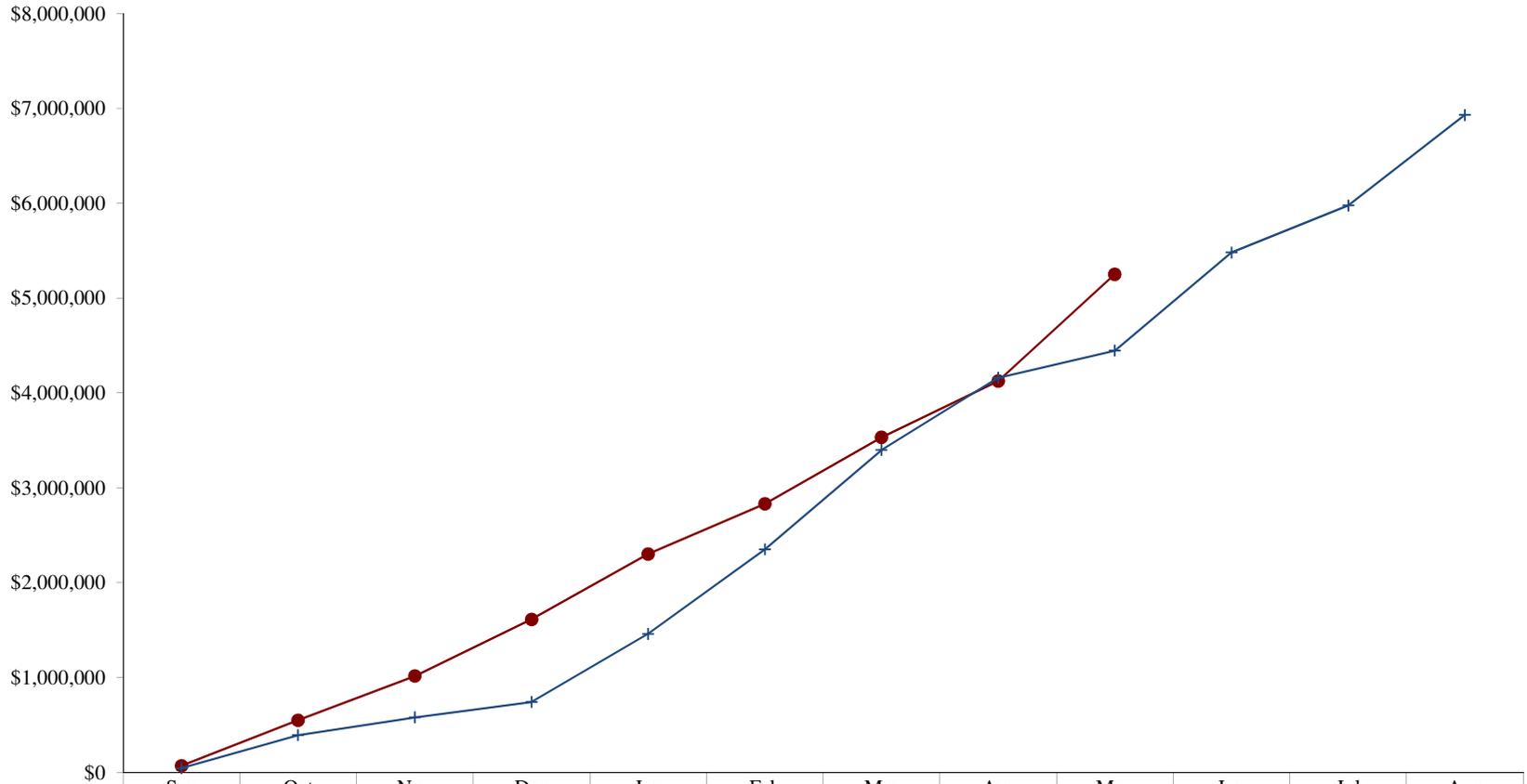
**Measure 1H - FY2014 Revenue Targets**  
**All MH Facilities**

**Revenue Collection**



**Measure 1H - FY2014 Revenue Targets**  
**Austin State Hospital**

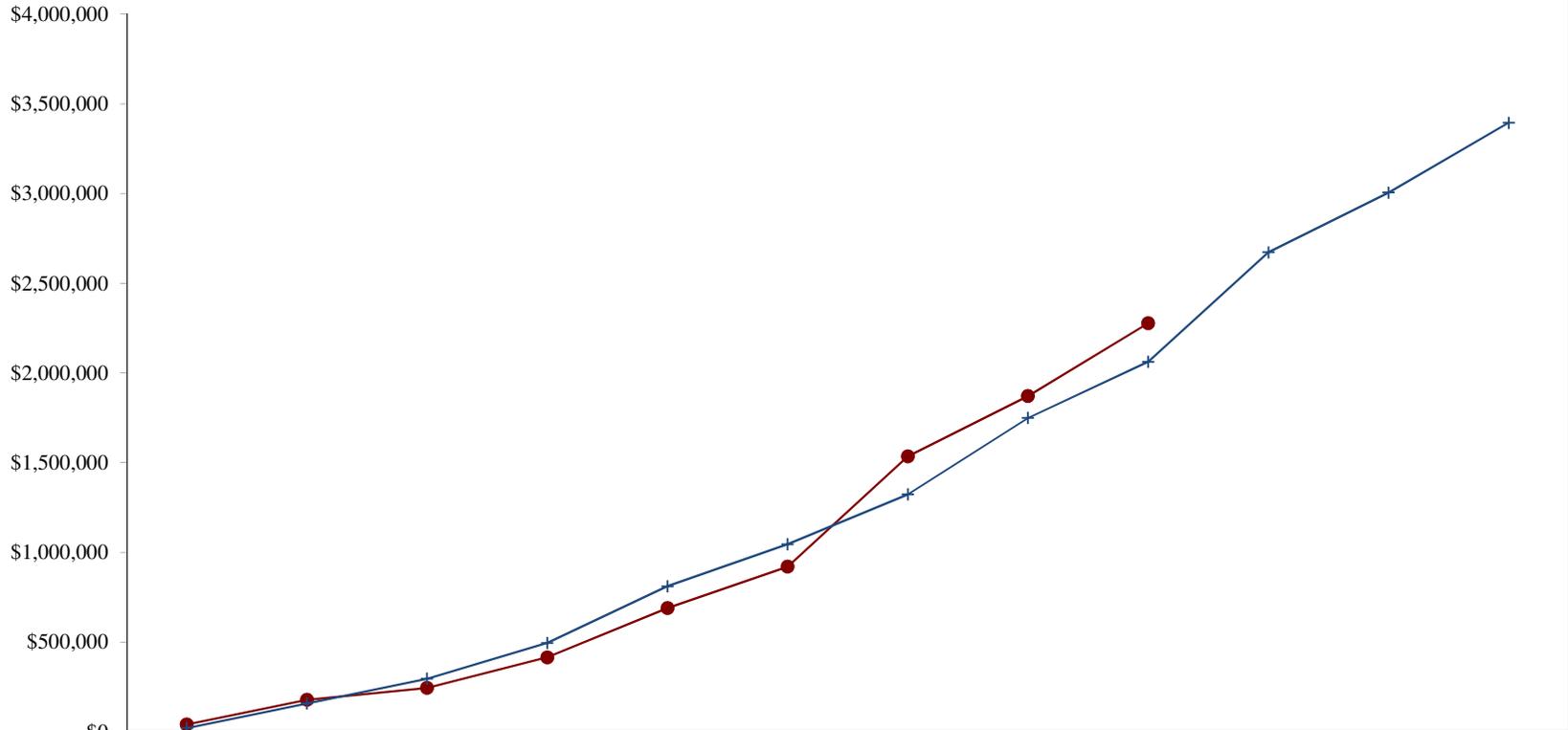
**Revenue Collection**



Total	\$69,515	\$479,791	\$466,646	\$596,752	\$689,757	\$529,252	\$700,655	\$592,861	\$1,127,692			
Medicaid	\$22,204	\$89,894	\$37,591	\$91,825	\$88,398	\$3,525	\$55,150	\$121,727	\$358,054			
Medicare	\$47,311	\$336,744	\$325,708	\$404,457	\$398,796	\$398,356	\$473,872	\$249,267	\$638,870			
Private Source	\$0	\$53,153	\$103,347	\$100,471	\$202,180	\$127,372	\$171,422	\$221,608	\$130,439			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$383	\$0	\$210	\$259	\$330			
<b>FY14TD Total</b>	\$69,515	\$549,306	\$1,015,952	\$1,612,704	\$2,302,461	\$2,831,713	\$3,532,368	\$4,125,228	\$5,252,921			
<b>FY13 Total Collections</b>	\$44,940	\$392,030	\$579,162	\$742,001	\$1,460,088	\$2,351,134	\$3,398,263	\$4,158,853	\$4,446,846	\$5,482,364	\$5,977,358	\$6,933,397
<b>FY13 Collections in FY14</b>	\$809,759	\$847,793	\$237,698	\$48,660	\$457,136	\$143,563	\$43,012.74	\$1,082.83	\$33,196.84			

**Measure 1H - FY2014 Revenue Targets**  
**Big Spring State Hospital**

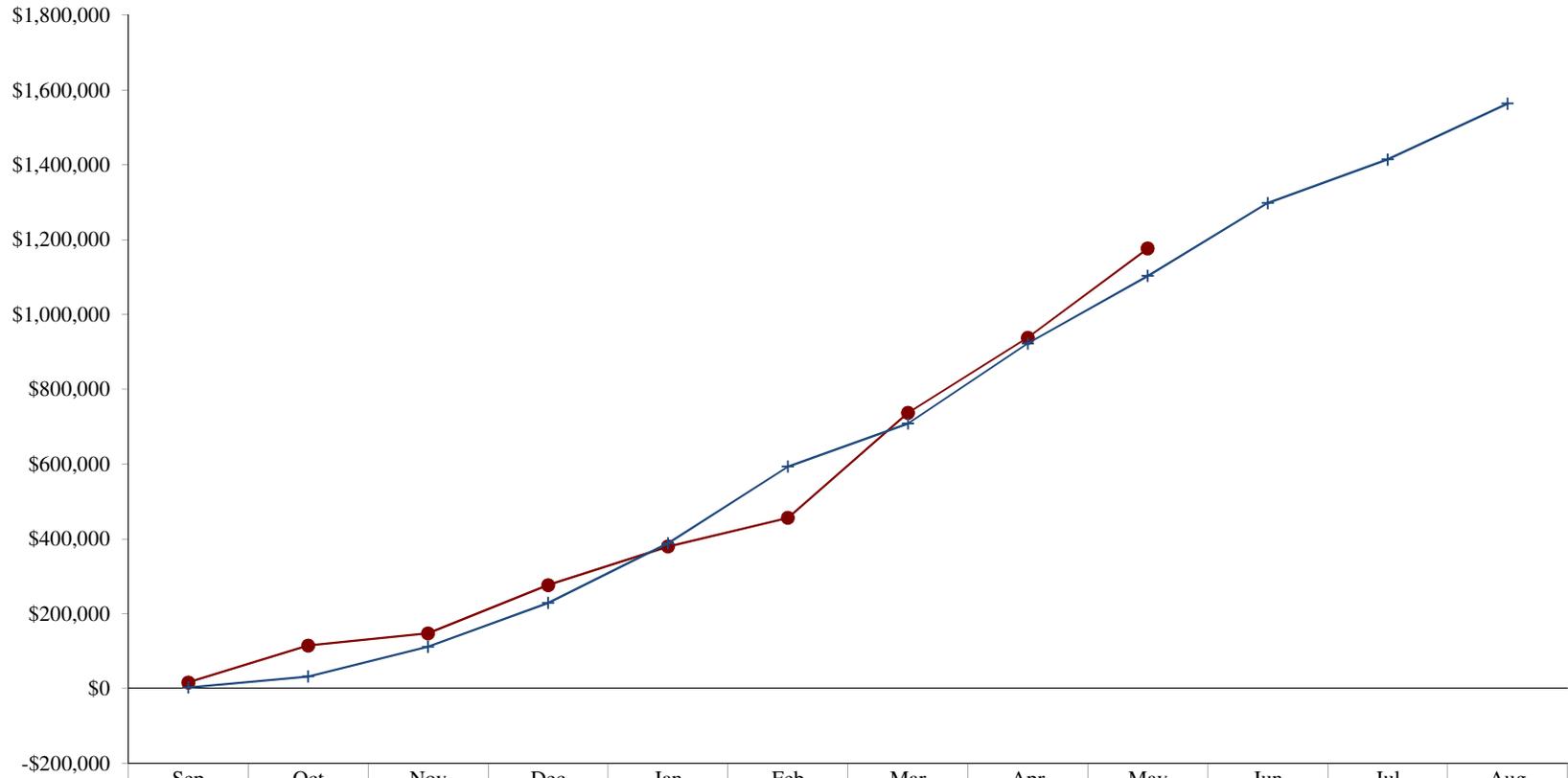
**Revenue Collection**



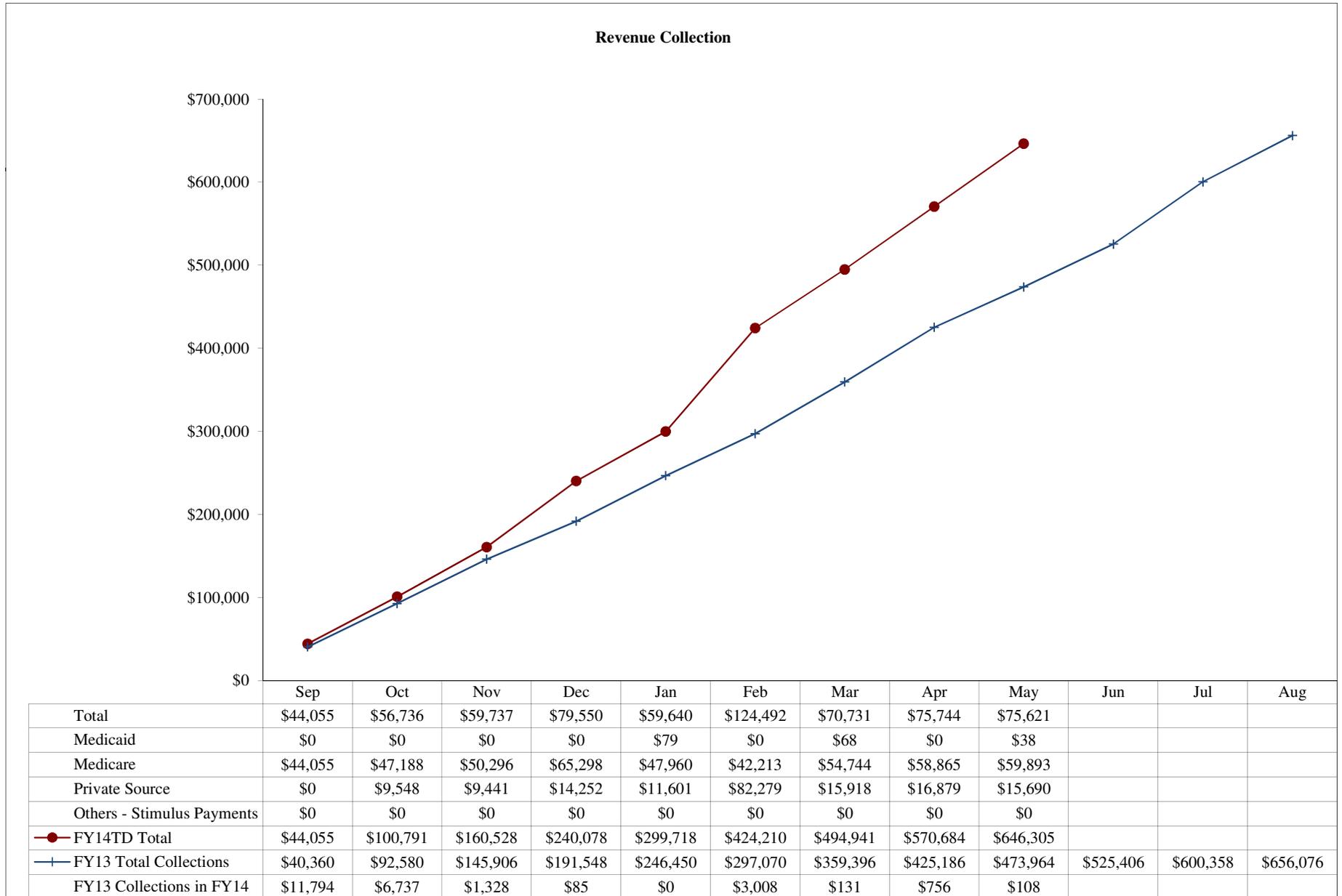
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$40,136	\$137,111	\$67,051	\$170,200	\$274,308	\$230,813	\$614,620	\$336,327	\$406,844			
Medicaid	\$0	\$0	\$14,720	\$185	\$267	\$13,891	\$27,456	\$7,155	\$13,482			
Medicare	\$39,371	\$120,989	\$27,379	\$77,212	\$92,433	\$159,203	\$175,969	\$134,340	\$214,591			
Private Source	\$765	\$8,079	\$18,507	\$66,640	\$111,896	\$57,720	\$411,195	\$194,832	\$178,771			
Others - Stimulus Payments	\$0	\$8,043	\$6,445	\$26,164	\$69,712	\$0	\$0	\$0	\$0			
● FY14TD Total	\$40,136	\$177,247	\$244,298	\$414,498	\$688,806	\$919,619	\$1,534,239	\$1,870,566	\$2,277,410			
+ FY13 Total Collections	\$19,275	\$157,322	\$294,549	\$494,396	\$810,556	\$1,044,887	\$1,322,263	\$1,748,944	\$2,061,864	\$2,672,170	\$3,004,796	\$3,393,847
FY13 Collections in FY14	\$125,345	\$306,646	\$179,692	\$239,238	\$79,907	\$96,615	\$22,730	\$32,799	\$14,694			

**Measure 1H - FY2014 Revenue Targets**  
**El Paso Psychiatric Center**

**Revenue Collection**

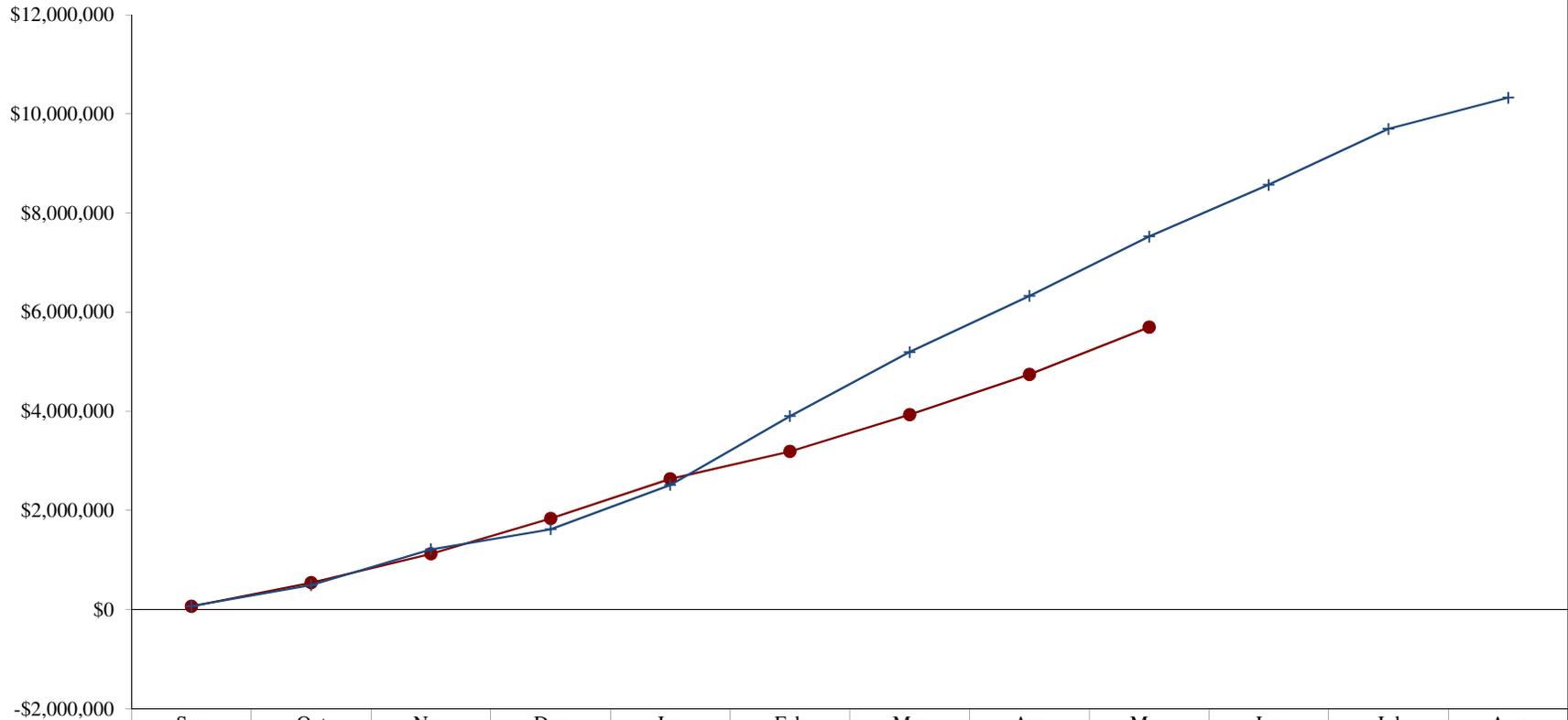


**Measure 1H - FY2014 Revenue Targets**  
**Kerrville State Hospital**



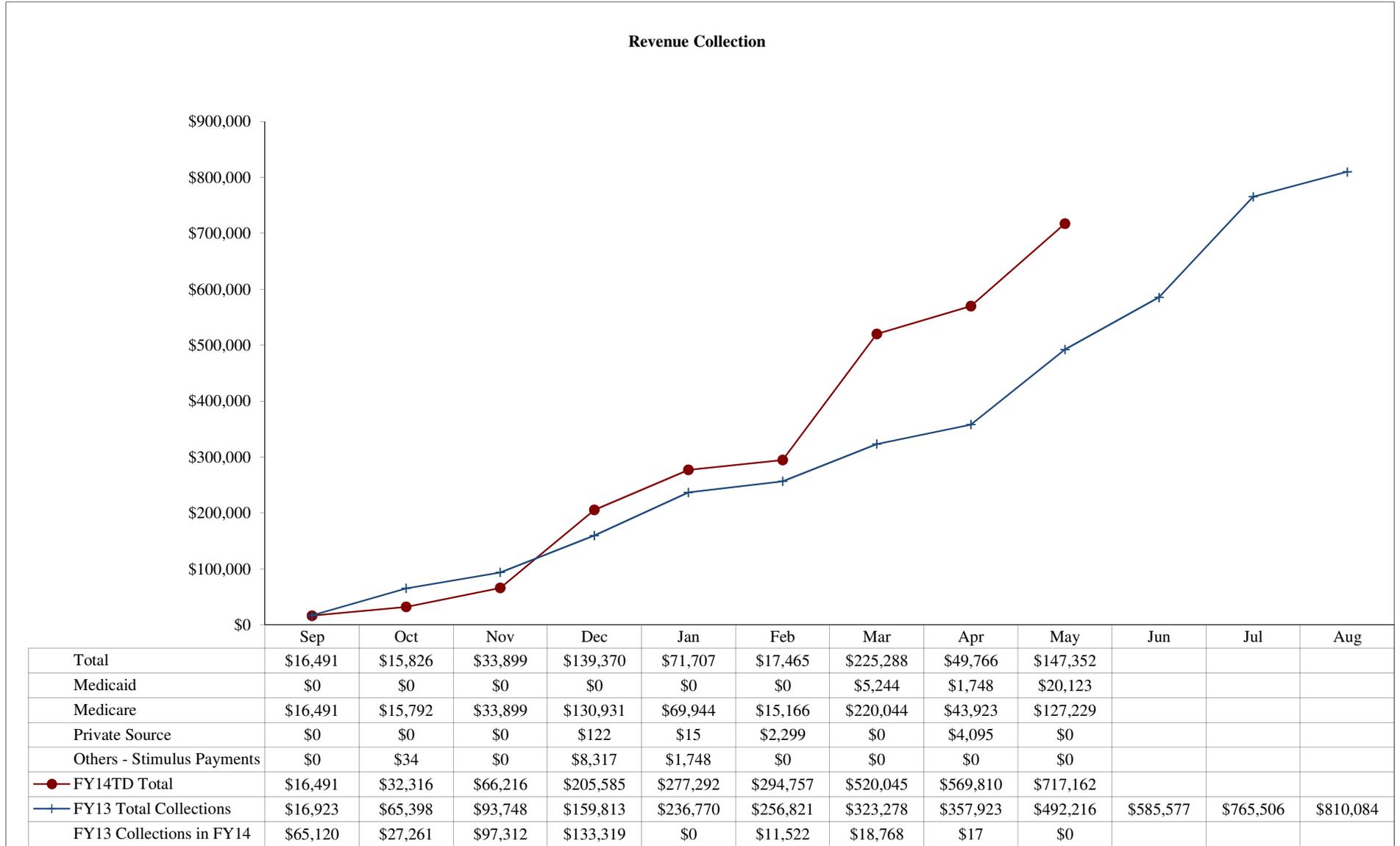
**Measure 1H - FY2014 Revenue Targets**  
**North Texas State Hospital**

**Revenue Collection**



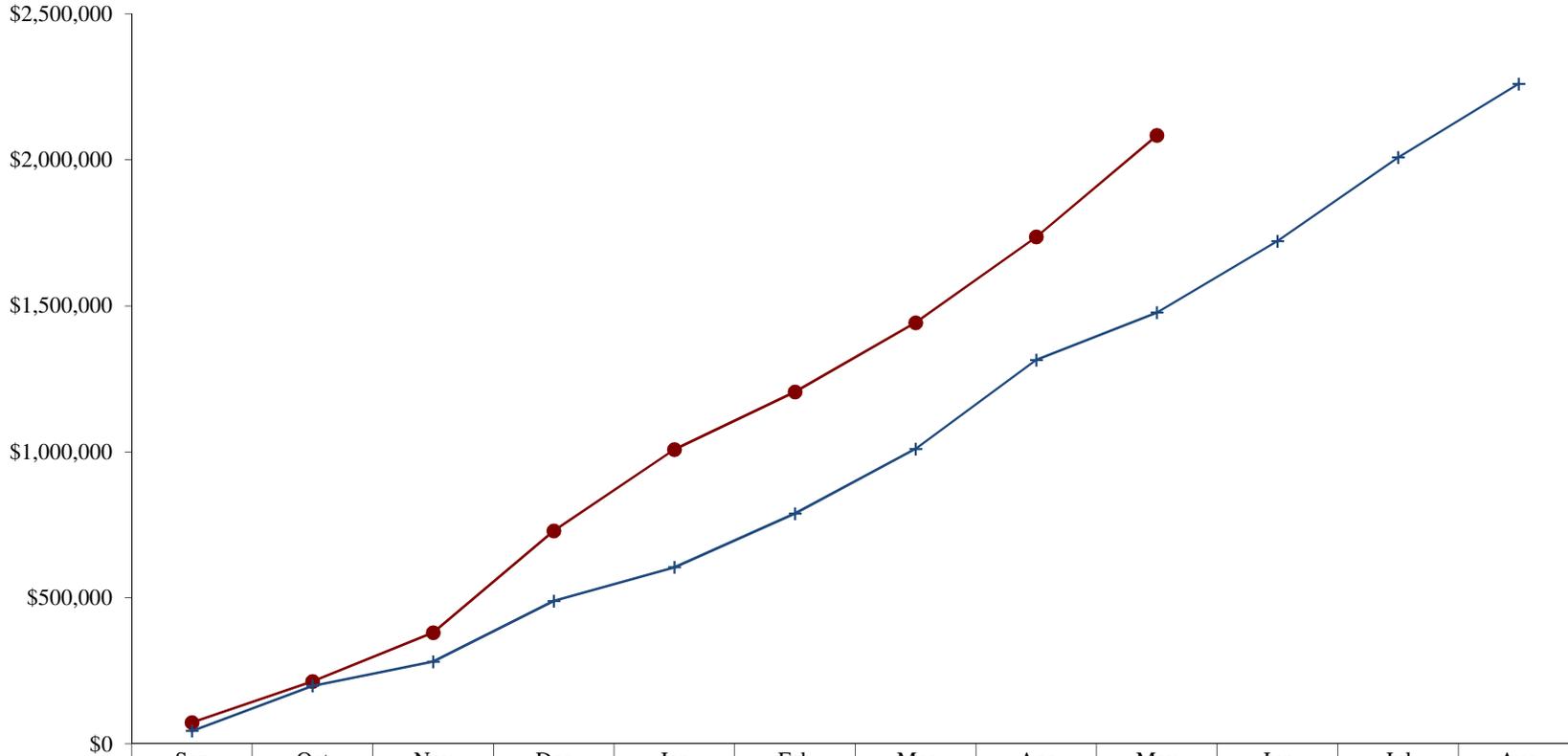
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$62,992	\$477,811	\$582,808	\$711,914	\$798,405	\$555,086	\$742,079	\$812,866	\$950,501			
Medicaid	\$0	\$357,629	\$323,986	\$192,990	\$397,406	\$305,063	\$270,791	\$427,586	\$512,017			
Medicare	\$62,992	\$56,826	\$188,172	\$445,793	\$268,326	\$208,433	\$420,015	\$289,891	\$393,536			
Private Source	\$0	\$27,638	\$52,431	\$49,700	\$54,625	\$41,590	\$48,324	\$59,320	\$44,467			
Others - Stimulus Payments	\$0	\$35,719	\$18,219	\$23,431	\$78,049	\$0	\$2,949	\$36,068	\$482			
● FY14TD Total	\$62,992	\$540,804	\$1,123,611	\$1,835,525	\$2,633,930	\$3,189,016	\$3,931,096	\$4,743,962	\$5,694,463			
+ FY13 Total Collections	\$66,556	\$491,272	\$1,210,590	\$1,617,415	\$2,512,836	\$3,898,896	\$5,192,950	\$6,326,772	\$7,527,149	\$8,570,214	\$9,697,772	\$10,328,639
FY13 Collections in FY14	\$871,919	\$208,800	\$446,191	\$102,602	\$8,456	\$44,612	(\$44,244)	\$204,058	\$68,081			

**Measure 1H - FY2014 Revenue Targets**  
**Rio Grande State Center**



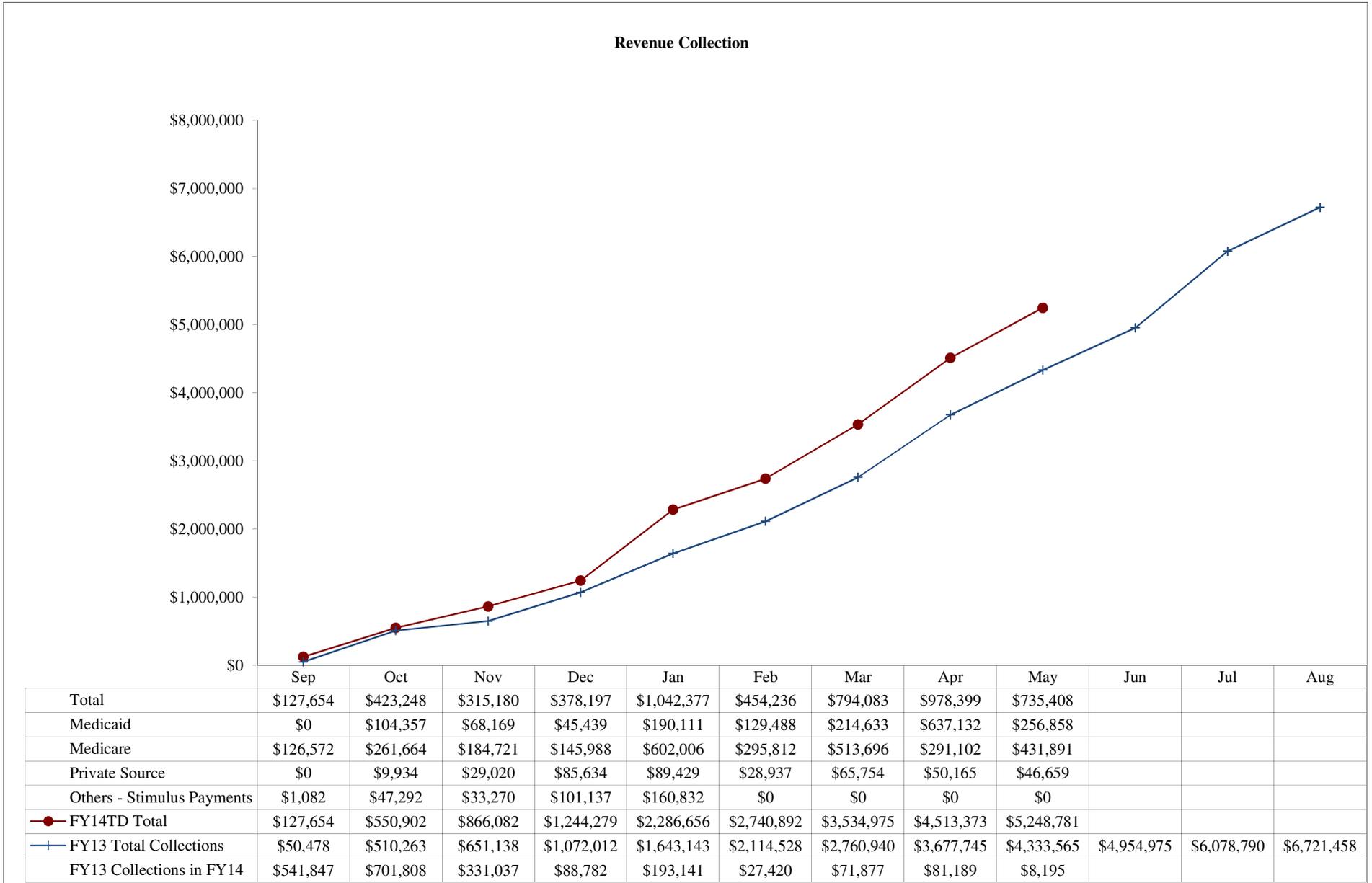
**Measure 1H - FY2014 Revenue Targets**  
**Rusk State Hospital**

**Revenue Collection**



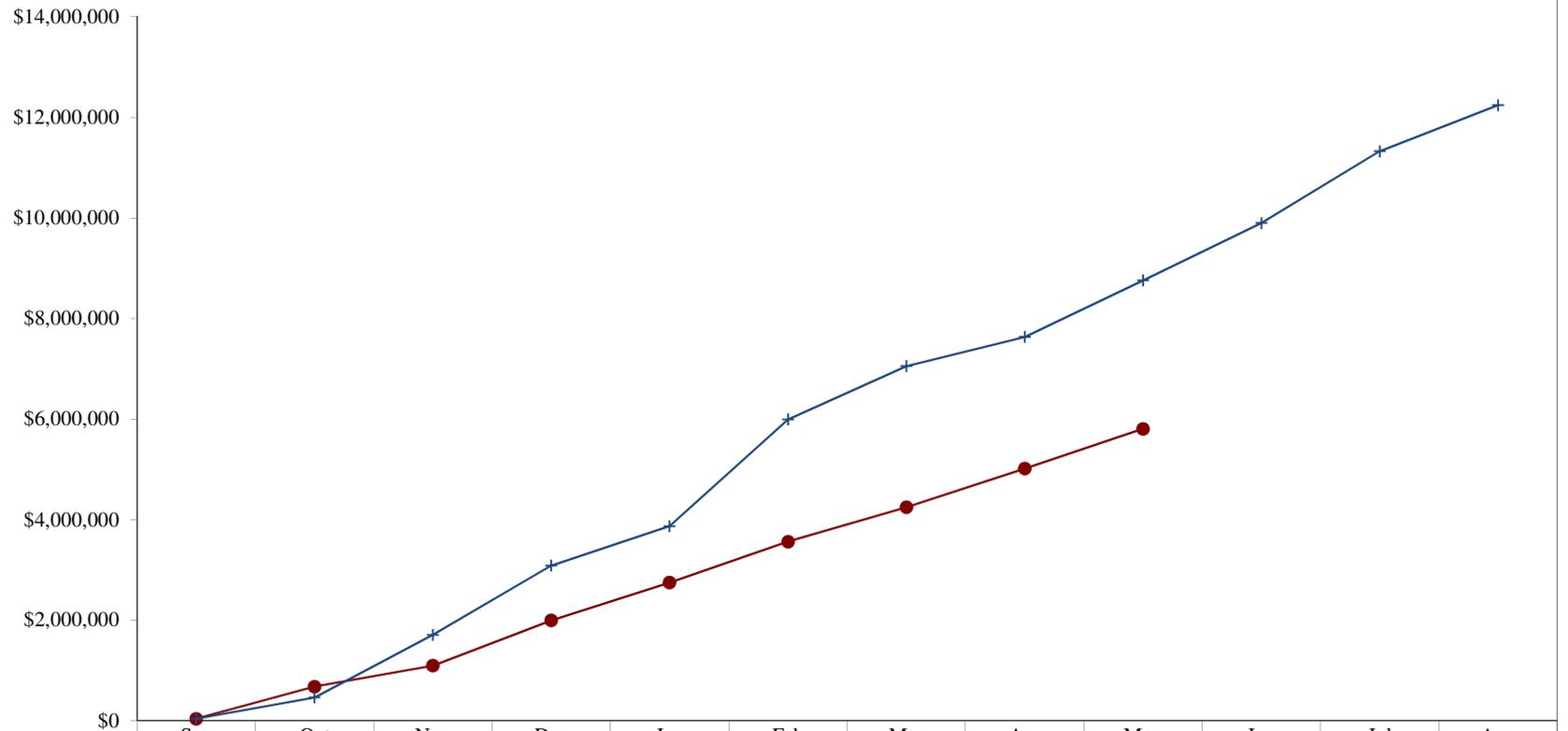
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$73,313	\$140,858	\$166,507	\$348,895	\$278,157	\$197,129	\$237,133	\$293,677	\$347,249			
Medicaid	\$0	\$21,679	\$0	\$0	\$0	\$0	\$4	\$65,373	\$92,208			
Medicare	\$73,313	\$100,952	\$134,135	\$298,915	\$260,577	\$181,666	\$175,895	\$183,849	\$190,685			
Private Source	\$0	\$18,227	\$32,371	\$49,981	\$17,580	\$15,463	\$61,234	\$44,455	\$64,357			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
<b>—●— FY14TD Total</b>	\$73,313	\$214,171	\$380,678	\$729,573	\$1,007,730	\$1,204,859	\$1,441,991	\$1,735,669	\$2,082,918			
<b>—+— FY13 Total Collections</b>	\$44,542	\$198,587	\$282,014	\$489,575	\$604,428	\$789,027	\$1,009,753	\$1,314,419	\$1,477,000	\$1,721,472	\$2,007,627	\$2,259,589
FY13 Collections in FY14	\$169,272	\$119,660	\$83,158	\$10,155	\$16,947	\$160	\$20,296	\$42,270	\$9,299			

**Measure 1H - FY2014 Revenue Targets**  
**San Antonio State Hospital**



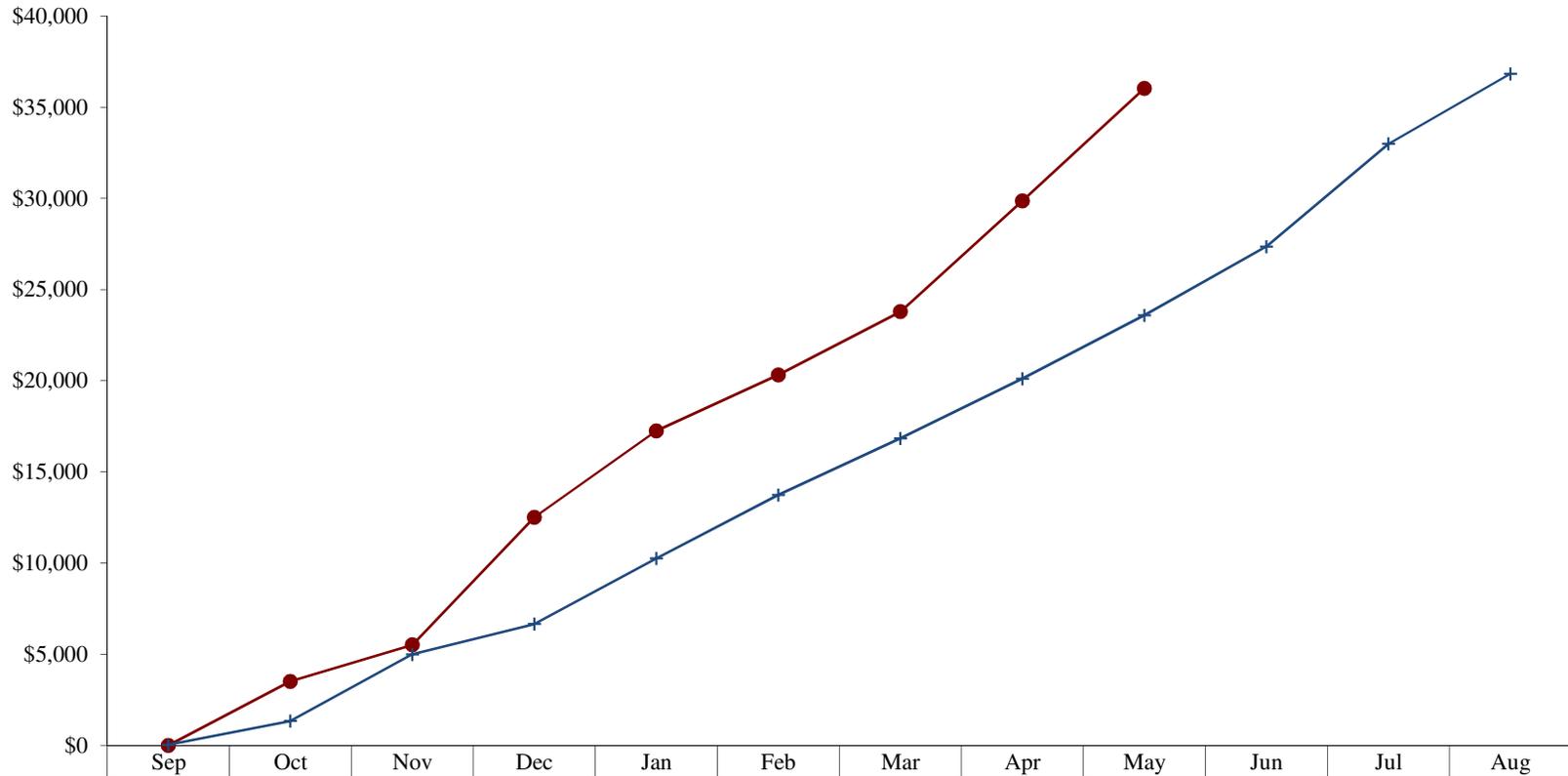
**Measure 1H - FY2014 Revenue Targets**  
**Terrell State Hospital**

**Revenue Collection**



**Measure 1H - FY2014 Revenue Targets**  
**Waco Center For Youth**

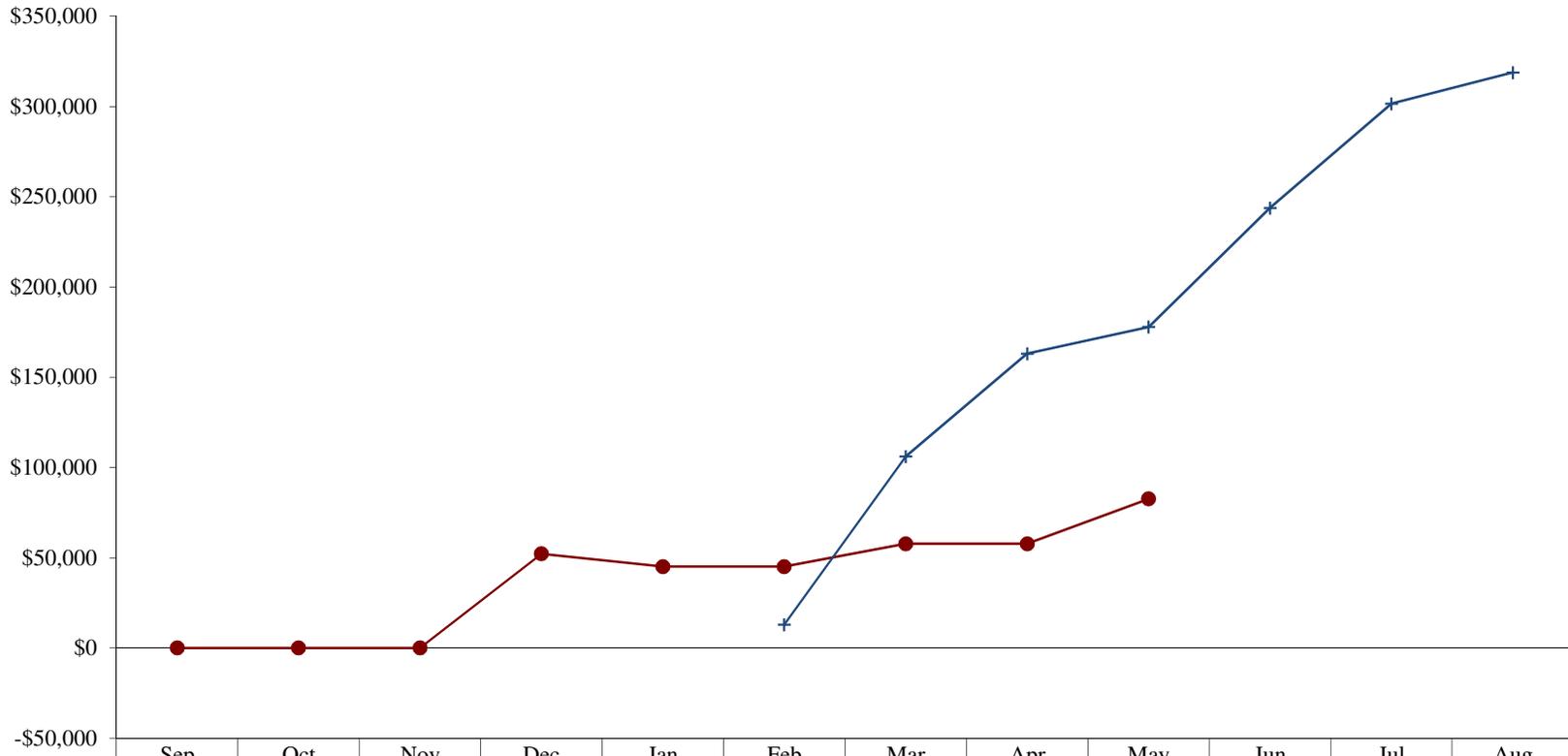
**Revenue Collection**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$0	\$3,509	\$2,003	\$7,002	\$4,736	\$3,071	\$3,467	\$6,080	\$6,173			
Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Private Source	\$0	\$3,509	\$2,003	\$7,002	\$4,736	\$3,071	\$3,467	\$6,080	\$6,158			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15			
<b>● FY14TD Total</b>	\$0	\$3,509	\$5,512	\$12,514	\$17,249	\$20,321	\$23,787	\$29,868	\$36,041			
<b>+ FY13 Total Collections</b>	\$34	\$1,341	\$4,999	\$6,658	\$10,252	\$13,744	\$16,842	\$20,118	\$23,591	\$27,364	\$32,997	\$36,841
FY13 Collections in FY14	\$3,783	\$346	\$107	\$300	\$0	\$0	\$120	\$0	\$2,779			

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

**Revenue Collection**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$0	\$0	\$0	\$52,186	-\$7,107	\$3	\$12,659	\$19	\$24,897			
Medicaid	\$0	\$0	\$0	\$0	\$0	\$3	\$0	\$0	\$0			
Medicare	\$0	\$0	\$0	\$148	\$183	\$0	\$4,922	\$0	\$0			
Private Source	\$0	\$0	\$0	\$52,038	-\$7,290	\$0	\$7,737	\$19	\$0			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,897			
● FY14TD Total	\$0	\$0	\$0	\$52,186	\$45,079	\$45,083	\$57,741	\$57,760	\$82,657			
+ FY13 Total Collections						\$12,919	\$106,178	\$163,091	\$177,885	\$243,795	\$301,622	\$318,860
FY13 Collections in FY14	\$0	\$22,478	\$0	\$76,289	\$19,546	\$0	\$10,641	\$32	\$0			

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

**Performance Objective 2A:**

**Reduce the rate of confirmed allegations of abuse and neglect.**

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

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

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

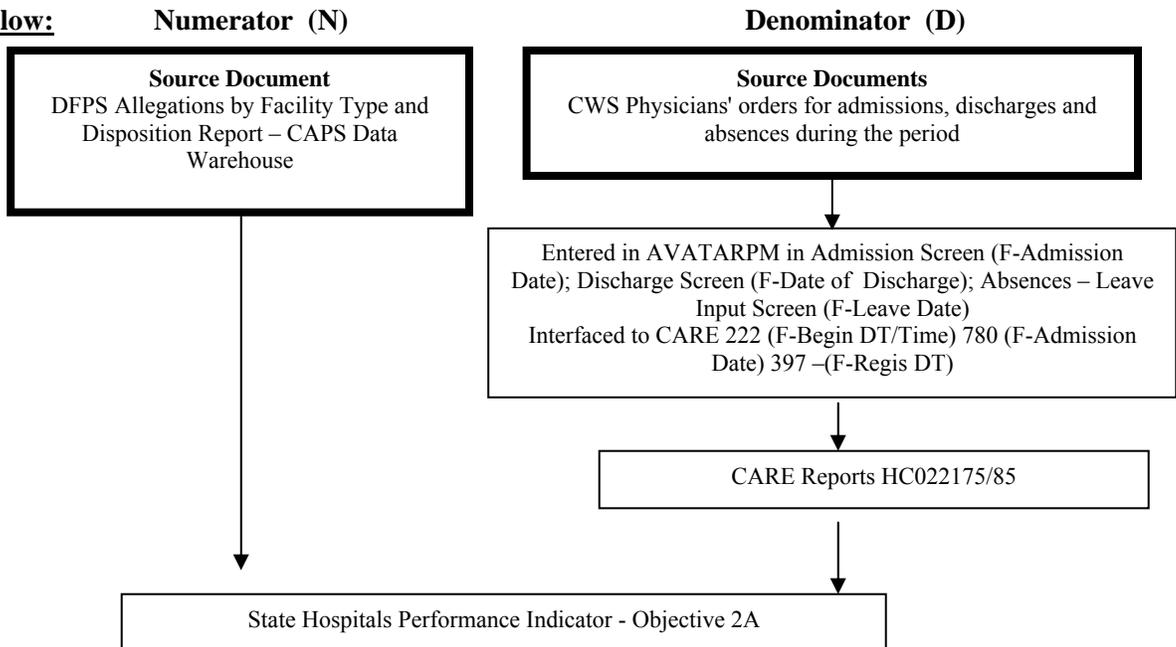
N = number of confirmed closed cases per FY

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

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

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

**Data Flow:**



**Objective 2A - Abuse/Neglect Rate**  
**All State MH Hospitals - As of May 31, 2014**

Facility	FY12					FY13					FY14				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
<b>All State Hospitals</b>															
Completed Investigations	681	833	615	654	2783	545	667	633	728	2573	694	708	725		2127
Total Confirmed	41	55	40	49	185	39	57	66	66	228	51	56	59		166
Total Confirmed Rate/1000 Bed Days	0.19	0.26	0.19	0.23	0.22	0.19	0.28	0.31	0.31	0.27	0.24	0.28	0.29		0.27

**Performance Objective 2C:**

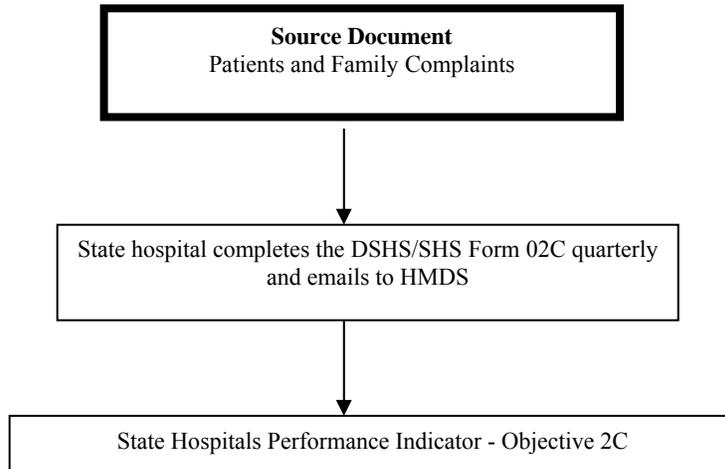
**Analyze patient complaints and grievances.**

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

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

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

**Data Flow:**



**Objective 2C - Patient Complaints**  
**All State Hospitals - Q3 FY14**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	17	10	3	2	4	0	24	4	3	0	7	<b>74</b>
<b>Per 1,000 Bed Days</b>	<b>0.71</b>	<b>0.57</b>	<b>0.49</b>	<b>0.11</b>	<b>0.08</b>	<b>0.00</b>	<b>0.78</b>	<b>0.16</b>	<b>0.13</b>	<b>0.00</b>	<b>1.03</b>	<b>0.35</b>
Respect	6	18	1	4	6	6	27	5	6	5	19	<b>103</b>
<b>Per 1,000 Bed Days</b>	<b>0.25</b>	<b>1.02</b>	<b>0.16</b>	<b>0.22</b>	<b>0.12</b>	<b>1.28</b>	<b>0.88</b>	<b>0.20</b>	<b>0.26</b>	<b>1.56</b>	<b>2.80</b>	<b>0.49</b>
Discharge	19	1	10	1	12	3	31	3	5	0	1	<b>86</b>
<b>Per 1,000 Bed Days</b>	<b>0.79</b>	<b>0.06</b>	<b>1.63</b>	<b>0.05</b>	<b>0.23</b>	<b>0.64</b>	<b>1.01</b>	<b>0.12</b>	<b>0.22</b>	<b>0.00</b>	<b>0.15</b>	<b>0.41</b>
Medication	21	3	0	0	7	1	21	6	0	0	4	<b>63</b>
<b>Per 1,000 Bed Days</b>	<b>0.87</b>	<b>0.17</b>	<b>0.00</b>	<b>0.00</b>	<b>0.14</b>	<b>0.21</b>	<b>0.68</b>	<b>0.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.59</b>	<b>0.30</b>
Treatment Team/Planning	6	4	2	4	4	0	2	8	20	0	12	<b>62</b>
<b>Per 1,000 Bed Days</b>	<b>0.25</b>	<b>0.23</b>	<b>0.33</b>	<b>0.22</b>	<b>0.08</b>	<b>0.00</b>	<b>0.06</b>	<b>0.33</b>	<b>0.88</b>	<b>0.00</b>	<b>1.77</b>	<b>0.30</b>
HIPAA	1	0	0	0	3	0	3	0	3	0	0	<b>10</b>
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.10</b>	<b>0.00</b>	<b>0.13</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>
Others	58	8	5	10	79	4	89	49	36	0	67	<b>405</b>
<b>Per 1,000 Bed Days</b>	<b>2.41</b>	<b>0.45</b>	<b>0.81</b>	<b>0.55</b>	<b>1.54</b>	<b>0.85</b>	<b>2.89</b>	<b>2.00</b>	<b>1.59</b>	<b>0.00</b>	<b>9.89</b>	<b>1.93</b>
Total	128	44	21	21	115	14	197	75	73	5	110	803
<b>Per 1,000 Bed Days</b>	<b>5.31</b>	<b>2.50</b>	<b>3.42</b>	<b>1.15</b>	<b>2.25</b>	<b>2.98</b>	<b>6.39</b>	<b>3.07</b>	<b>3.22</b>	<b>1.56</b>	<b>16.24</b>	<b>3.83</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q3 FY14**

<b>Grievances</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	0	0	2	2	6	0	0	0	1	0	0	<b>11</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.33</b>	<b>0.11</b>	<b>0.12</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>
Respect	0	1	1	0	7	0	5	0	0	0	0	<b>14</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.16</b>	<b>0.00</b>	<b>0.14</b>	<b>0.00</b>	<b>0.16</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.07</b>
Discharge	18	0	1	0	0	0	0	0	0	0	0	<b>19</b>
<b>Per 1,000 Bed Days</b>	<b>0.75</b>	<b>0.00</b>	<b>0.16</b>	<b>0.00</b>	<b>0.09</b>							
Medication	17	0	5	0	11	0	1	0	0	0	0	<b>34</b>
<b>Per 1,000 Bed Days</b>	<b>0.71</b>	<b>0.00</b>	<b>0.81</b>	<b>0.00</b>	<b>0.22</b>	<b>0.00</b>	<b>0.03</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.16</b>
Treatment Team/Planning	3	1	10	0	5	0	0	0	0	0	0	<b>19</b>
<b>Per 1,000 Bed Days</b>	<b>0.12</b>	<b>0.06</b>	<b>1.63</b>	<b>0.00</b>	<b>0.10</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.09</b>
HIPAA	1	0	0	0	2	0	2	0	0	0	0	<b>5</b>
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.02</b>
Others	3	1	3	0	71	0	1	0	0	0	0	<b>79</b>
<b>Per 1,000 Bed Days</b>	<b>0.12</b>	<b>0.06</b>	<b>0.49</b>	<b>0.00</b>	<b>1.39</b>	<b>0.00</b>	<b>0.03</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.38</b>
<b>Total</b>	<b>42</b>	<b>3</b>	<b>22</b>	<b>2</b>	<b>102</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>181</b>
<b>Per 1,000 Bed Days</b>	<b>1.74</b>	<b>0.17</b>	<b>3.58</b>	<b>0.11</b>	<b>1.99</b>	<b>0.00</b>	<b>0.29</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.86</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - As of May 31, 2014**

**FY14 - Complaints**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	54	40	7	8	15	5	51	15	47	0	16	<b>258</b>
<b>Per 1,000 Bed Days</b>	<b>0.74</b>	<b>0.76</b>	<b>0.38</b>	<b>0.15</b>	<b>0.10</b>	<b>0.36</b>	<b>0.54</b>	<b>0.20</b>	<b>0.71</b>	<b>0.00</b>	<b>0.79</b>	<b>0.41</b>
Respect	22	62	4	11	7	18	78	6	26	6	97	<b>337</b>
<b>Per 1,000 Bed Days</b>	<b>0.30</b>	<b>1.17</b>	<b>0.22</b>	<b>0.21</b>	<b>0.05</b>	<b>1.31</b>	<b>0.83</b>	<b>0.08</b>	<b>0.39</b>	<b>0.65</b>	<b>4.79</b>	<b>0.54</b>
Discharge	61	12	20	3	74	10	72	9	86	0	2	<b>349</b>
<b>Per 1,000 Bed Days</b>	<b>0.83</b>	<b>0.23</b>	<b>1.10</b>	<b>0.06</b>	<b>0.49</b>	<b>0.73</b>	<b>0.77</b>	<b>0.12</b>	<b>1.29</b>	<b>0.00</b>	<b>0.10</b>	<b>0.56</b>
Medication	44	19	2	7	19	7	54	11	42	0	8	<b>213</b>
<b>Per 1,000 Bed Days</b>	<b>0.60</b>	<b>0.36</b>	<b>0.11</b>	<b>0.13</b>	<b>0.13</b>	<b>0.51</b>	<b>0.57</b>	<b>0.15</b>	<b>0.63</b>	<b>0.00</b>	<b>0.39</b>	<b>0.34</b>
Treatment Team/Planning	25	46	4	9	9	3	13	70	97	1	44	<b>321</b>
<b>Per 1,000 Bed Days</b>	<b>0.34</b>	<b>0.87</b>	<b>0.22</b>	<b>0.17</b>	<b>0.06</b>	<b>0.22</b>	<b>0.14</b>	<b>0.94</b>	<b>1.46</b>	<b>0.11</b>	<b>2.17</b>	<b>0.51</b>
HIPAA	10	2	0	0	5	0	5	0	7	0	0	<b>29</b>
<b>Per 1,000 Bed Days</b>	<b>0.14</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.03</b>	<b>0.00</b>	<b>0.05</b>	<b>0.00</b>	<b>0.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>
Others	168	37	16	42	175	20	295	132	246	0	176	<b>1307</b>
<b>Per 1,000 Bed Days</b>	<b>2.29</b>	<b>0.70</b>	<b>0.88</b>	<b>0.79</b>	<b>1.17</b>	<b>1.46</b>	<b>3.14</b>	<b>1.78</b>	<b>3.69</b>	<b>0.00</b>	<b>8.69</b>	<b>2.09</b>
<b>Total</b>	<b>384</b>	<b>218</b>	<b>53</b>	<b>80</b>	<b>304</b>	<b>63</b>	<b>568</b>	<b>243</b>	<b>551</b>	<b>7</b>	<b>343</b>	<b>2814</b>
<b>Per 1,000 Bed Days</b>	<b>5.24</b>	<b>4.13</b>	<b>2.91</b>	<b>1.51</b>	<b>2.03</b>	<b>4.59</b>	<b>6.04</b>	<b>3.27</b>	<b>8.27</b>	<b>0.76</b>	<b>16.93</b>	<b>4.50</b>

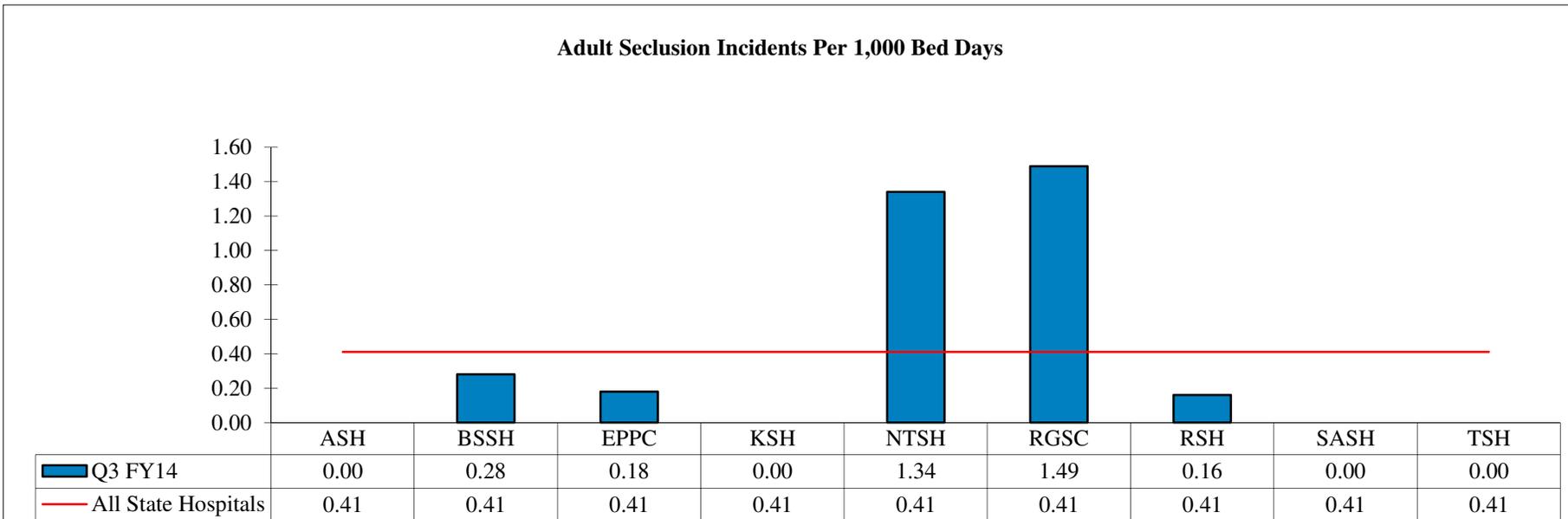
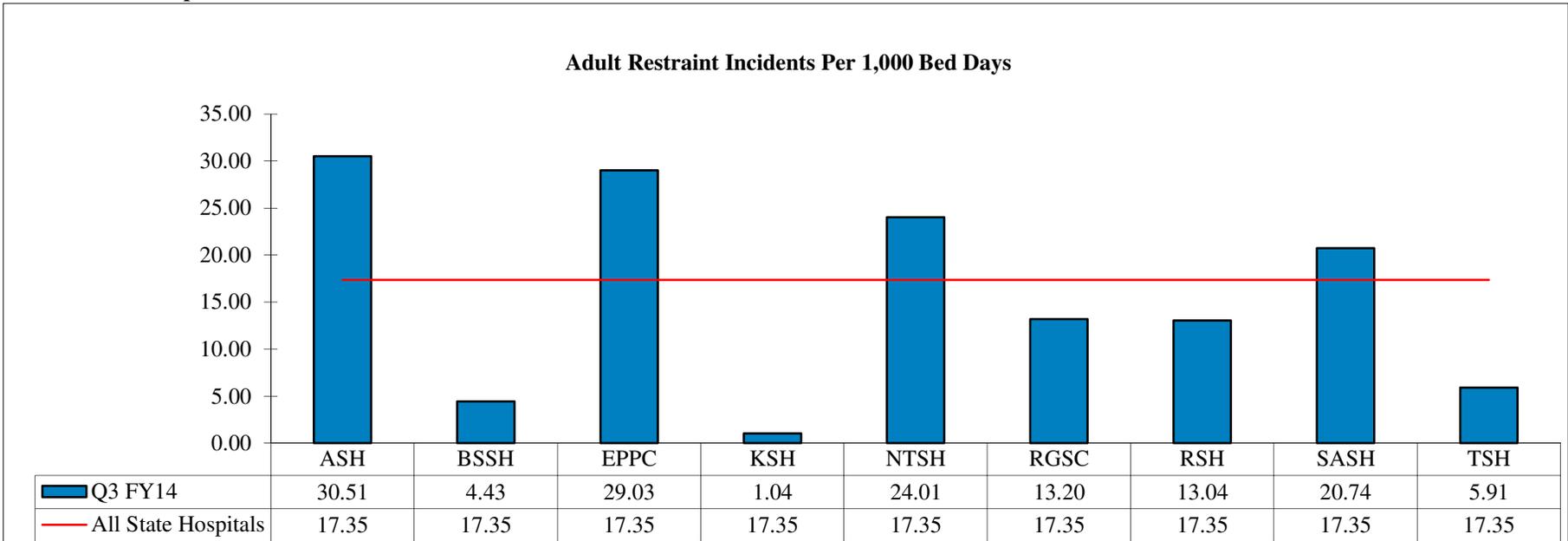
**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - As of May 31, 2014**

**FY14 - Grievances**

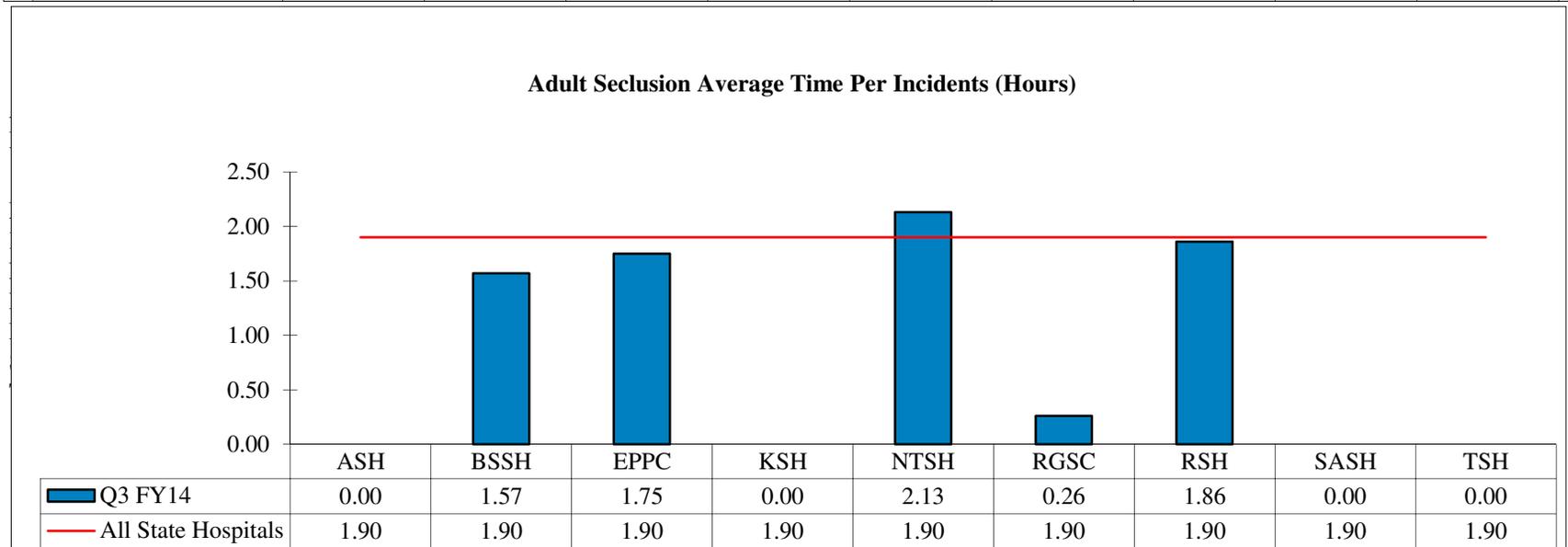
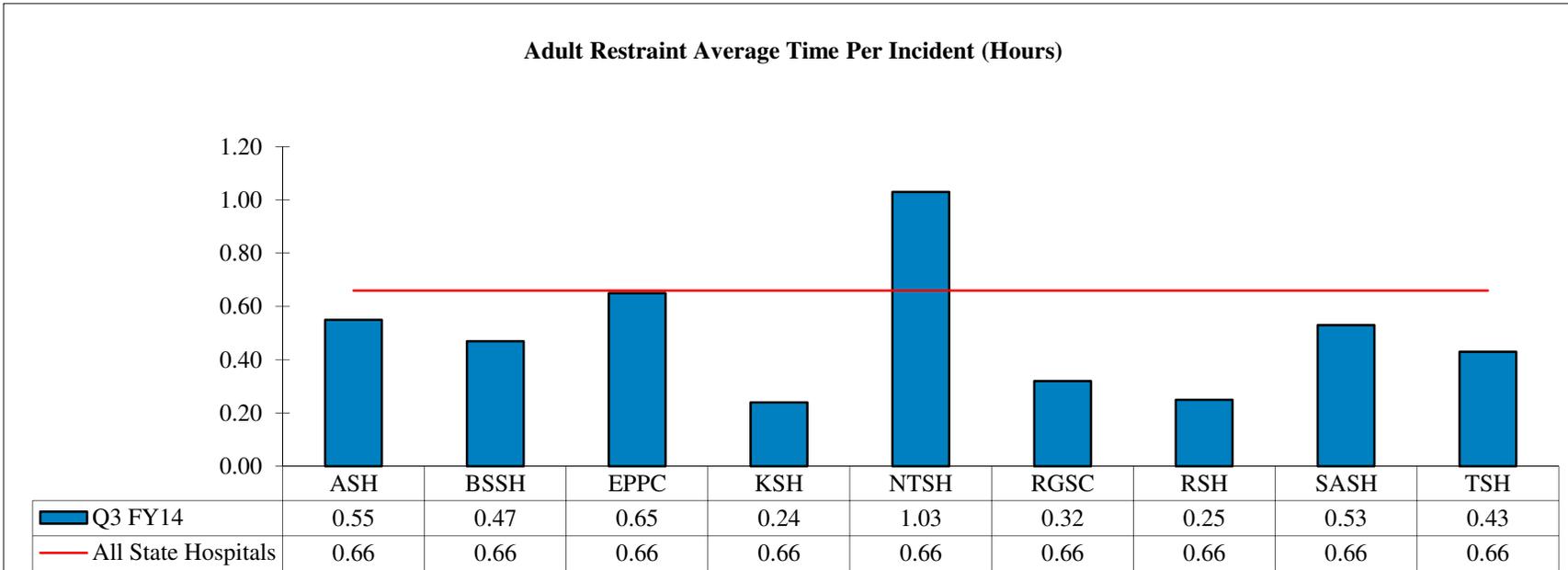
Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	3	10	3	32	0	1	1	1	0	0	<b>51</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.55</b>	<b>0.06</b>	<b>0.21</b>	<b>0.00</b>	<b>0.01</b>	<b>0.01</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.08</b>
Respect	0	2	10	1	26	0	6	0	0	0	0	<b>45</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.04</b>	<b>0.55</b>	<b>0.02</b>	<b>0.17</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.07</b>
Discharge	54	1	7	0	1	0	1	0	1	0	0	<b>65</b>
<b>Per 1,000 Bed Days</b>	<b>0.74</b>	<b>0.02</b>	<b>0.38</b>	<b>0.00</b>	<b>0.01</b>	<b>0.00</b>	<b>0.01</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.10</b>
Medication	36	0	14	0	45	0	1	0	0	0	0	<b>96</b>
<b>Per 1,000 Bed Days</b>	<b>0.49</b>	<b>0.00</b>	<b>0.77</b>	<b>0.00</b>	<b>0.30</b>	<b>0.00</b>	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.15</b>
Treatment Team/Planning	11	2	21	0	22	0	0	3	0	0	0	<b>59</b>
<b>Per 1,000 Bed Days</b>	<b>0.15</b>	<b>0.04</b>	<b>1.15</b>	<b>0.00</b>	<b>0.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.09</b>
HIPAA	8	0	0	0	7	0	3	0	0	0	0	<b>18</b>
<b>Per 1,000 Bed Days</b>	<b>0.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>	<b>0.00</b>	<b>0.03</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.03</b>
Others	8	6	7	1	356	0	8	0	5	0	0	<b>391</b>
<b>Per 1,000 Bed Days</b>	<b>0.11</b>	<b>0.11</b>	<b>0.38</b>	<b>0.02</b>	<b>2.37</b>	<b>0.00</b>	<b>0.09</b>	<b>0.00</b>	<b>0.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.63</b>
<b>Total</b>	<b>117</b>	<b>14</b>	<b>69</b>	<b>5</b>	<b>489</b>	<b>0</b>	<b>20</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>725</b>
<b>Per 1,000 Bed Days</b>	<b>1.60</b>	<b>0.27</b>	<b>3.79</b>	<b>0.09</b>	<b>3.26</b>	<b>0.00</b>	<b>0.21</b>	<b>0.05</b>	<b>0.11</b>	<b>0.00</b>	<b>0.00</b>	<b>1.16</b>



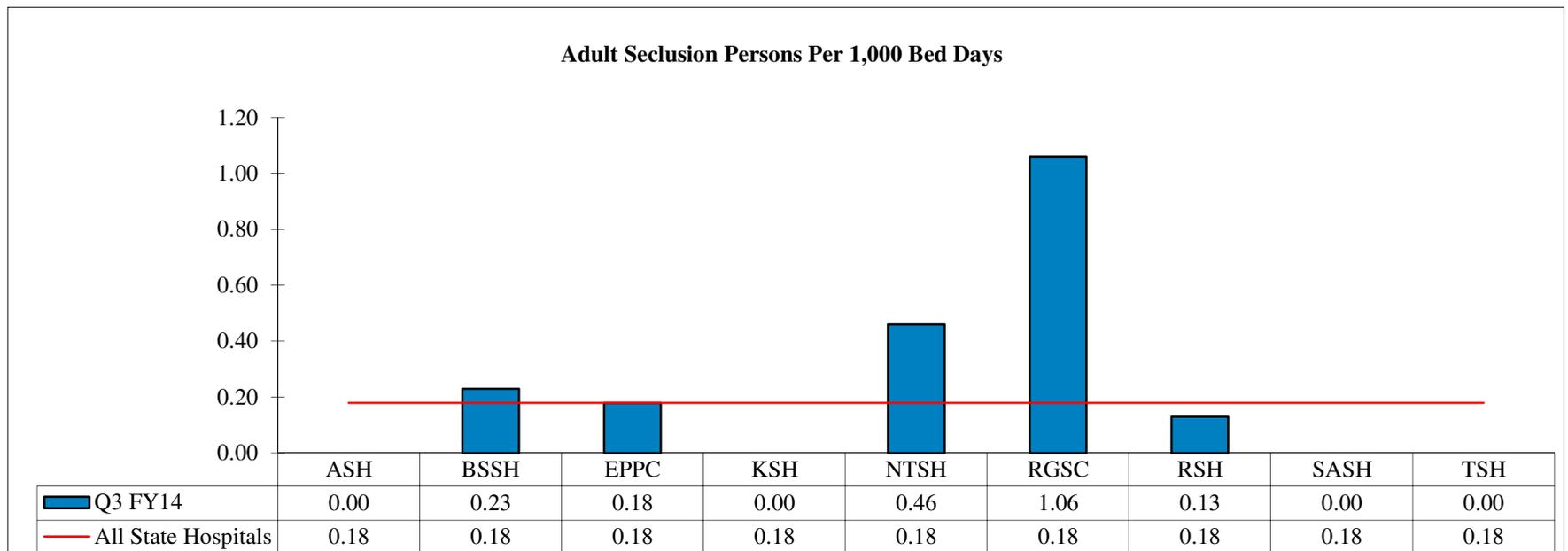
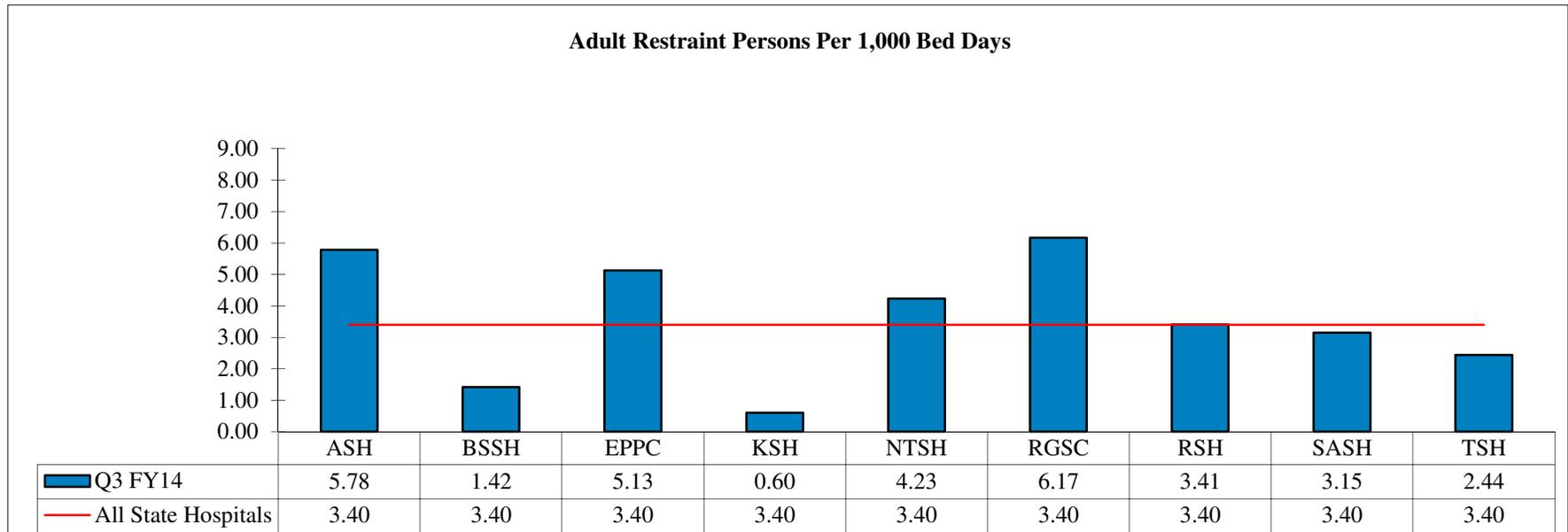
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



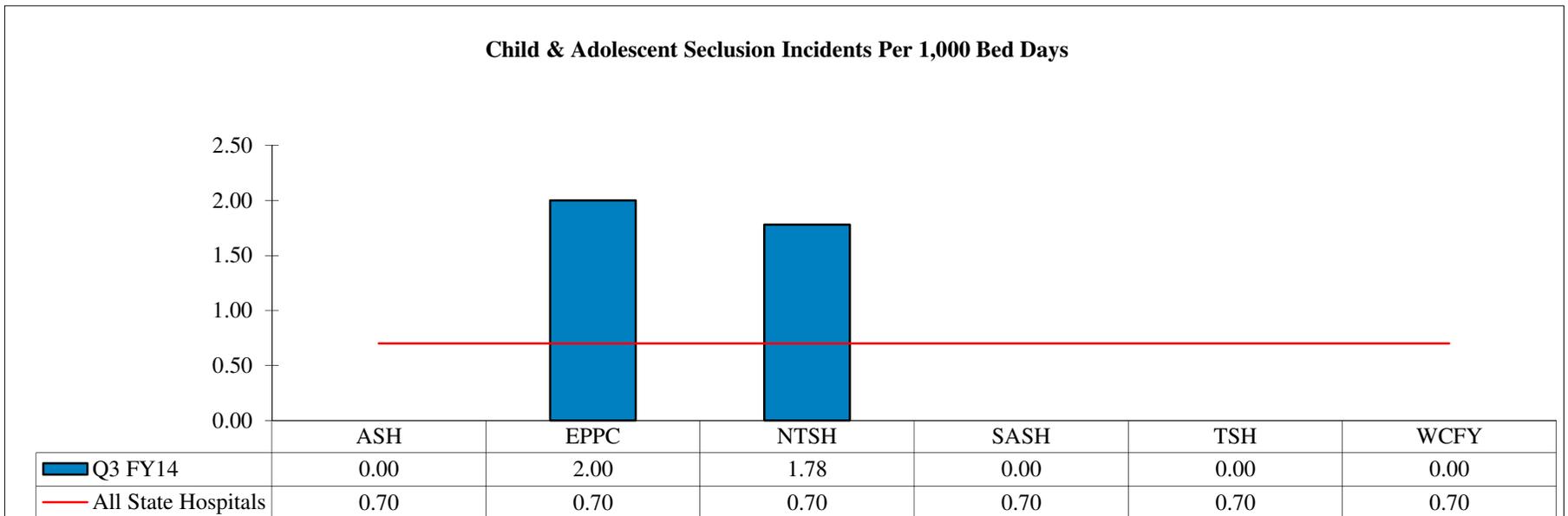
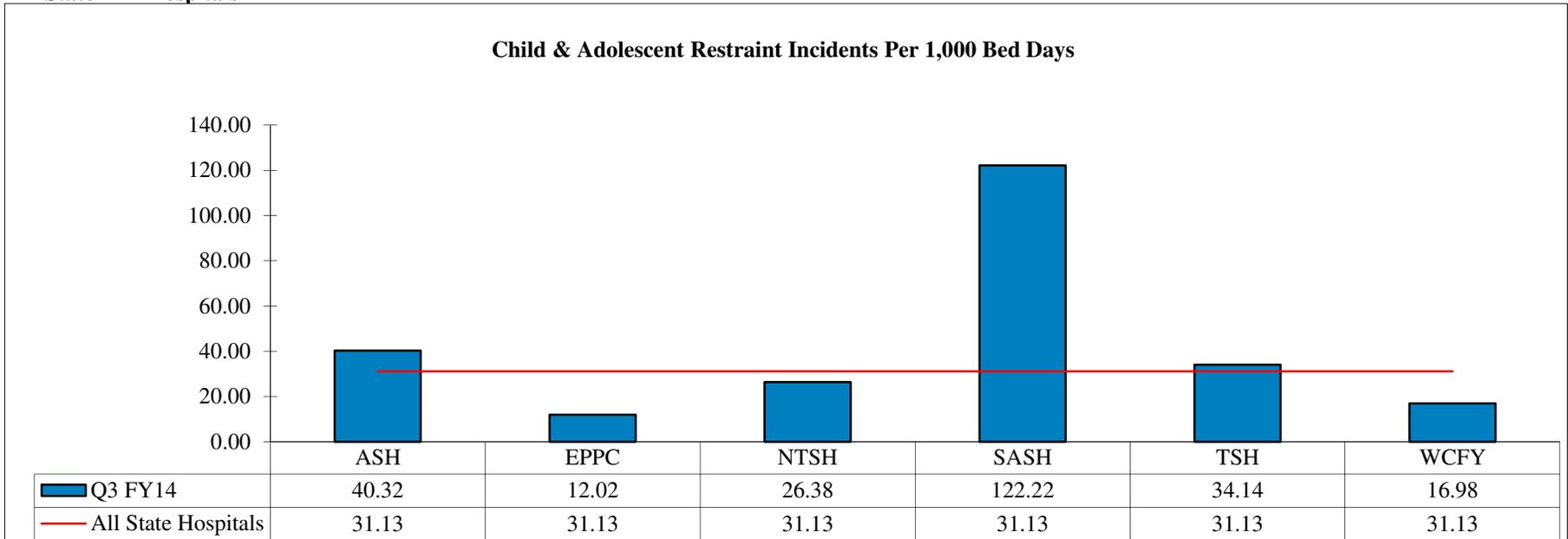
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



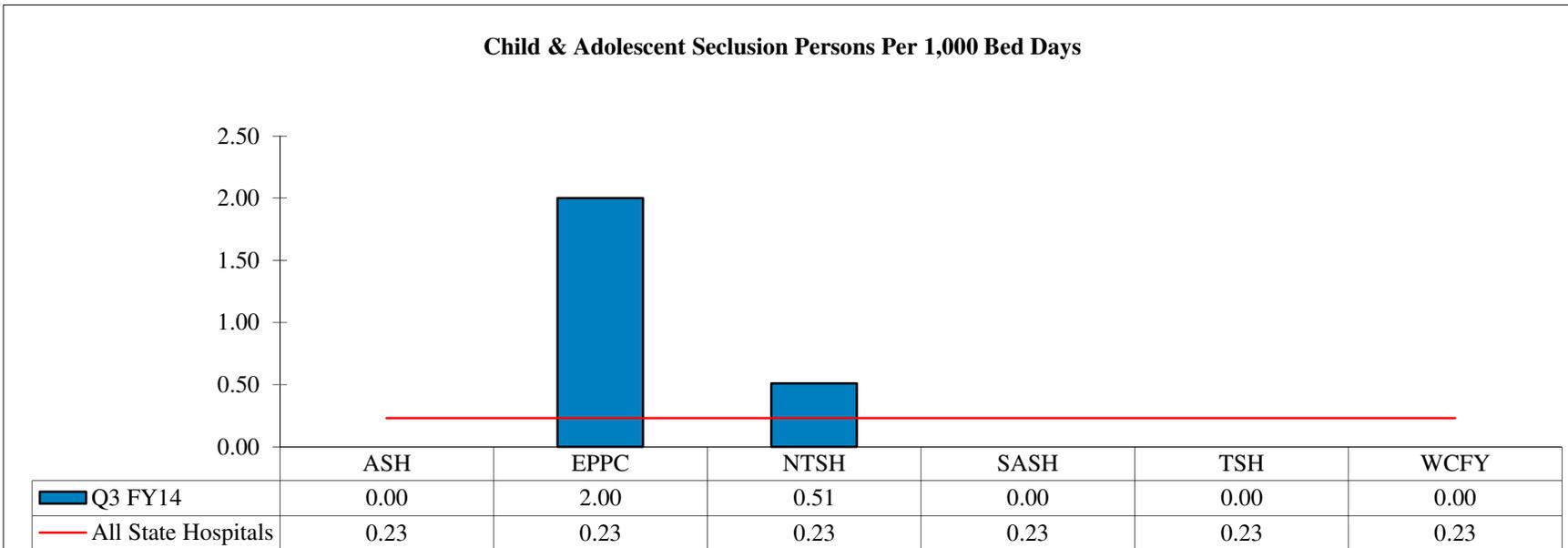
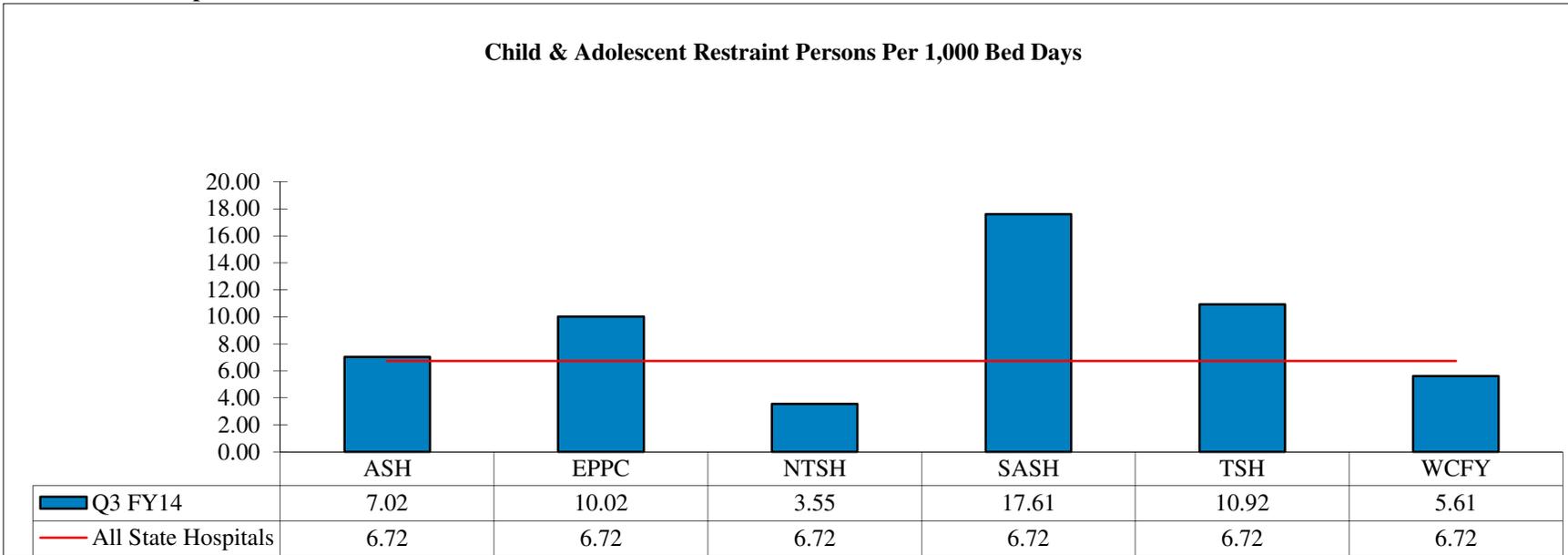
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



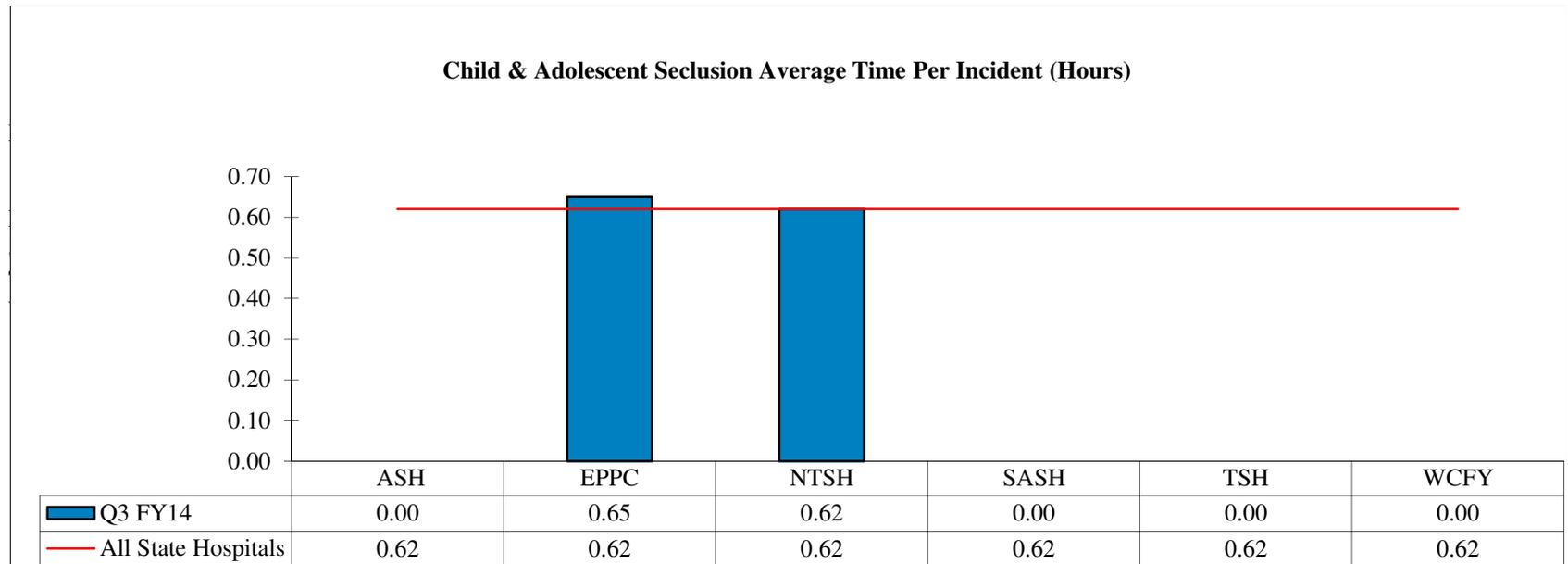
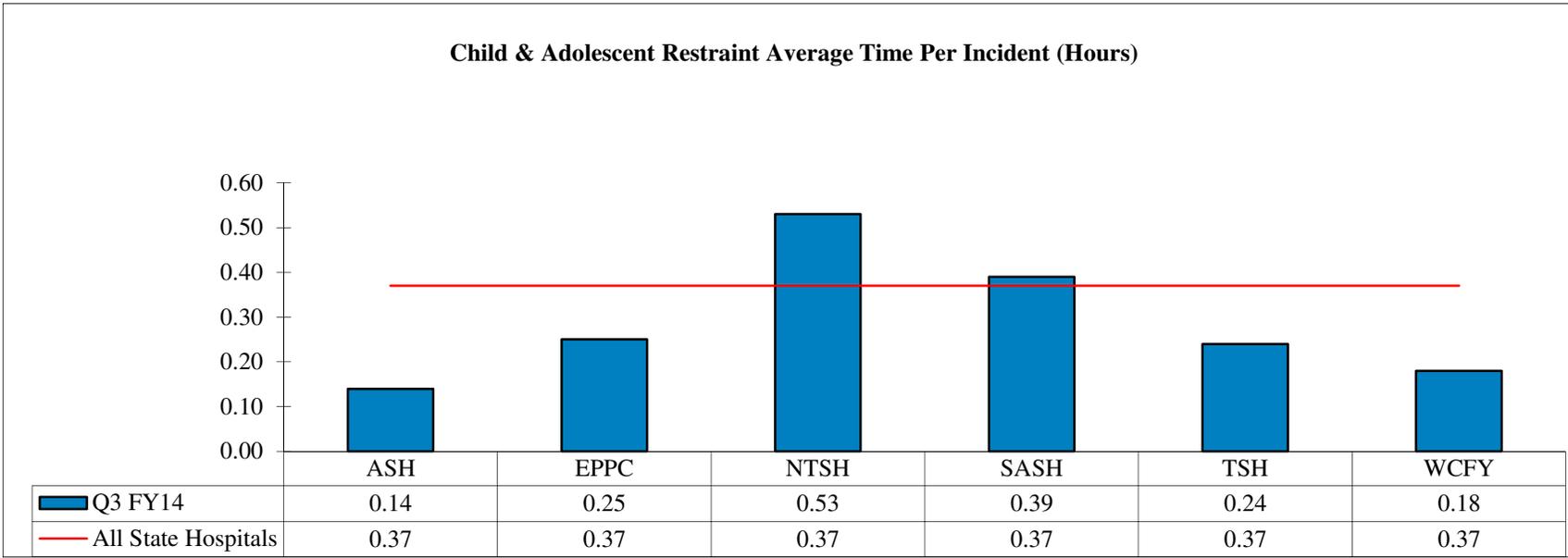
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



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



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



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

	Fiscal Year 2014											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Child/Adolescent Bed Days	2,122	2,092	2,137		2,122	2,092	2,137		2,122	2,092	2,137	
Bed Days in Quarter-All Other Units	23,061	21,890	21,973		23,061	21,890	21,973		23,061	21,890	21,973	
Restraint Involving Children	0	2	2		0	2	1		0.0	0.1	0.07	
Restraint Involving Adolescents	17	45	25		10	13	14		2.9	14.3	3.62	
Restraint Involving Adults	800	944	861		136	133	127		434.4	563.9	477.42	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adolescents	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adults	0	0	0		0	0	0		0.0	0.0	0.0	
<b>Big Spring State Hospital</b>												
Bed Days in Quarter	17,855	17,353	17,606		17,855	17,353	17,606		17,855	17,353	17,606	
Restraint Involving Adults	126	83	78		38	31	25		96.1	49.9	36.93	
Seclusion Involving Adults	8	4	5		3	2	4		36.8	8.4	7.9	
<b>El Paso Psychiatric Center</b>												
Child/Adolescent Bed Days	417	456	499		417	456	499		417	456	499	
Bed Days in Quarter-All Other Units	5,445	5,733	5,650		5,445	5,733	5,650		5,445	5,733	5,650	
Restraint Involving Children	35	0	2		1	0	1		4.9	0.0	0.4	
Restraint Involving Adolescents	21	25	4		3	3	4		12.1	21.6	1.1	
Restraint Involving Adults	89	168	164		26	40	29		36.4	91.0	106.38	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adolescents	0	0	1		0	0	1		0.0	0.0	0.65	
Seclusion Involving Adults	0	1	1		0	1	1		0.0	0.5	1.75	
<b>Kerrville State Hospital</b>												
Bed Days in Quarter	17,407	17,539	18,193		17,407	17,539	18,193		17,407	17,539	18,193	
Restraint Involving Adults	19	14	19		14	9	11		0.62	1.1	4.47	
Seclusion Involving Adults	0	0	0		0	0	0		0.0	0.0	0.0	

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

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

**Fiscal Year 2014**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>North Texas State Hospital</b>												
Child/Adolescent Bed Days	7,295	6,339	7,886		7,295	6,339	7,886		7,295	6,339	7,886	
Bed Days in Quarter-All Other Units	43,780	41,339	43,274		43,780	41,339	43,274		43,780	41,339	43,274	
Restraint Involving Children	0	3	4		0	1	1		0.0	0.32	0.33	
Restraint Involving Adolescents	251	165	204		30	21	27		151.3	106.7	110.52	
Restraint Involving Adults	897	892	1039		164	159	183		1,542.0	943.2	1068.53	
Seclusion Involving Children	0	2	6		0	1	1		0.0	1.1	3.3	
Seclusion Involving Adolescents	0	4	8		0	1	3		0.0	2.2	5.33	
Seclusion Involving Adults	56	58	58		17	19	20		256.2	158.7	123.28	
<b>Rio Grande State Center</b>												
Bed Days in Quarter	4,505	4,524	4,697		4,505	4,524	4,697		4,505	4,524	4,697	
Restraint Involving Adults	71	43	62		22	18	29		38.4	16.1	19.65	
Seclusion Involving Adults	3	0	7		3	0	5		12.3	0.0	1.8	
<b>Rusk State Hospital</b>												
Bed Days in Quarter	32,077	31,149	30,831		32,077	31,149	30,831		32,077	31,149	30,831	
Restraint Involving Adults	380	342	402		80	94	105		79.7	86.3	101.17	
Seclusion Involving Adults	9	7	5		5	4	4		7.9	9.2	9.3	
<b>San Antonio State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,185	2,160	1,931		2,185	2,160	1,931		2,185	2,160	1,931	
Bed Days in Quarter-All Other Units	23,062	22,485	22,519		23,062	22,485	22,519		23,062	22,485	22,519	
Restraint Involving Adolescents	160	93	236		32	22	34		51.1	30.0	91.4	
Restraint Involving Adults	380	347	467		82	68	71		281.8	240.0	247.92	
Seclusion Involving Adolescents	0	0	0		0	0	0		0.0	0.0	0	
Seclusion Involving Adults	1	4	0		1	2	0		0.8	5.1	0	

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

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

**Fiscal Year 2014**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,485	2,191	2,197		2,485	2,191	2,197		2,485	2,191	2,197	
Bed Days in Quarter-All Other Units	19,913	19,325	20,477		19,913	19,325	20,477		19,913	19,325	20,477	
Restraint Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Restraint Involving Adolescents	48	32	75		17	16	24		11.8	4.8	18.3	
Restraint Involving Adults	125	142	121		57	51	50		34.9	80.1	51.83	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adolescents	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adults	2	1	0		1	1	0		1.4	0.3	0	
<b>Waco Center For Youth</b>												
Child/Adolescent Bed Days in Quarter	6,745	6,743	6,774		6,745	6,743	6,774		6,745	6,743	6,774	
Restraint Involving Adolescents	69	57	115		30	28	38		11.1	5.7	20.17	
Seclusion Involving Adolescents	0	0	0		0	0	0		0.0	0.0	0.0	
<b>All State MH Hospitals</b>												
Child/Adolescent Bed Days	21,249	19,981	21,424	0	21,249	19,981	21,424	0	21,249	19,981	21,424	0
Bed Days in Quarter-All Other Units	187,105	181,337	185,220	0	187,105	181,337	185,220	0	187,105	181,337	185,220	0
Restraint Involving Children	35	5	8		1	3	3		4.9	0.5	0.8	
Restraint Involving Adolescents	566	417	659		122	103	141		240	183.1	245.2	
Restraint Involving Adults	2,887	2,975	3,213		619	603	630		2,544.3	2,071.6	2,114.3	
Seclusion Involving Children	0	2	6	0	0	1	1	0	0.0	1.1	3.3	0.0
Seclusion Involving Adolescents	0	4	9	0	0	1	4	0	0.0	2.2	6.0	0.0
Seclusion Involving Adults	79	75	76	0	30	29	34	0	315.4	182.3	144.0	0.0

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

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

**Fiscal Year 2014**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>								
< 5 Restraint Involving Children	0	1	2		0	1	1	
< 5 Restraint Involving Adolescents	7	12	6		6	9	5	
< 5 Restraint Involving Adults	451	493	484		120	122	122	
<b>Big Spring State Hospital</b>								
< 5 Restraint Involving Adults	61	44	37		28	21	21	
<b>El Paso Psychiatric Center</b>								
< 5 Restraint Involving Children	13	0	1		1	0	1	
< 5 Restraint Involving Adolescents	8	8	3		3	3	3	
< 5 Restraint Involving Adults	57	92	82		25	36	26	
<b>Kerrville State Hospital</b>								
< 5 Restraint Involving Adults	18	7	10		13	6	9	
<b>North Texas State Hospital</b>								
< 5 Restraint Involving Children	0	1	3		0	1	1	
< 5 Restraint Involving Adolescents	54	34	57		19	13	19	
< 5 Restraint Involving Adults	398	353	468		132	124	156	
<b>Rio Grande State Center</b>								
< 5 Restraint Involving Adults	16	8	8		12	7	7	
<b>Rusk State Hospital</b>								
< 5 Restraint Involving Adults	311	260	291		79	92	103	
<b>San Antonio State Hospital</b>								
< 5 Restraint Involving Adolescents	92	51	118		30	19	29	
< 5 Restraint Involving Adults	177	145	189		68	54	48	
<b>Terrell State Hospital</b>								
< 5 Restraint Involving Children	0	0	0		0	0	0	
< 5 Restraint Involving Adolescents	19	11	28		11	8	17	
< 5 Restraint Involving Adults	82	85	78		51	45	42	
<b>Waco Center For Youth</b>								
< 5 Restraint Involving Adolescents	42	27	57		20	20	25	
<b>All State MH Hospitals</b>								
< 5 Restraint Involving Children	13	2	6		1	2	3	
< 5 Restraint Involving Adolescents	222	143	269		89	72	98	
< 5 Restraint Involving Adults	1,571	1,487	1,647		528	507	534	

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

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

**Fiscal Year 2014**

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Austin State Hospital</b>					
Personal Restraint	579	682	625		1,886
Mechanical Restraint	238	309	263		810
Seclusion	0	0	0		0
<b>Big Spring State Hospital</b>					
Personal Restraint	77	60	53		190
Mechanical Restraint	49	23	25		97
Seclusion	8	4	5		17
<b>El Paso Psychiatric Center</b>					
Personal Restraint	107	136	109		352
Mechanical Restraint	38	57	61		156
Seclusion	0	1	2		3
<b>Kerrville State Hospital</b>					
Personal Restraint	16	14	17		47
Mechanical Restraint	3	0	2		5
Seclusion	0	0	0		0
<b>North Texas State Hospital</b>					
Personal Restraint	708	658	802		2,168
Mechanical Restraint	440	402	446		1,288
Seclusion	56	64	72		192
<b>Rio Grande State Center</b>					
Personal Restraint	52	31	52		135
Mechanical Restraint	19	12	10		41
Seclusion	3	0	7		10
<b>Rusk State Hospital</b>					
Personal Restraint	314	272	320		906
Mechanical Restraint	66	70	82		218
Seclusion	9	7	5		21
<b>San Antonio State Hospital</b>					
Personal Restraint	355	278	441		1,074
Mechanical Restraint	185	162	262		609
Seclusion	1	4	0		5

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

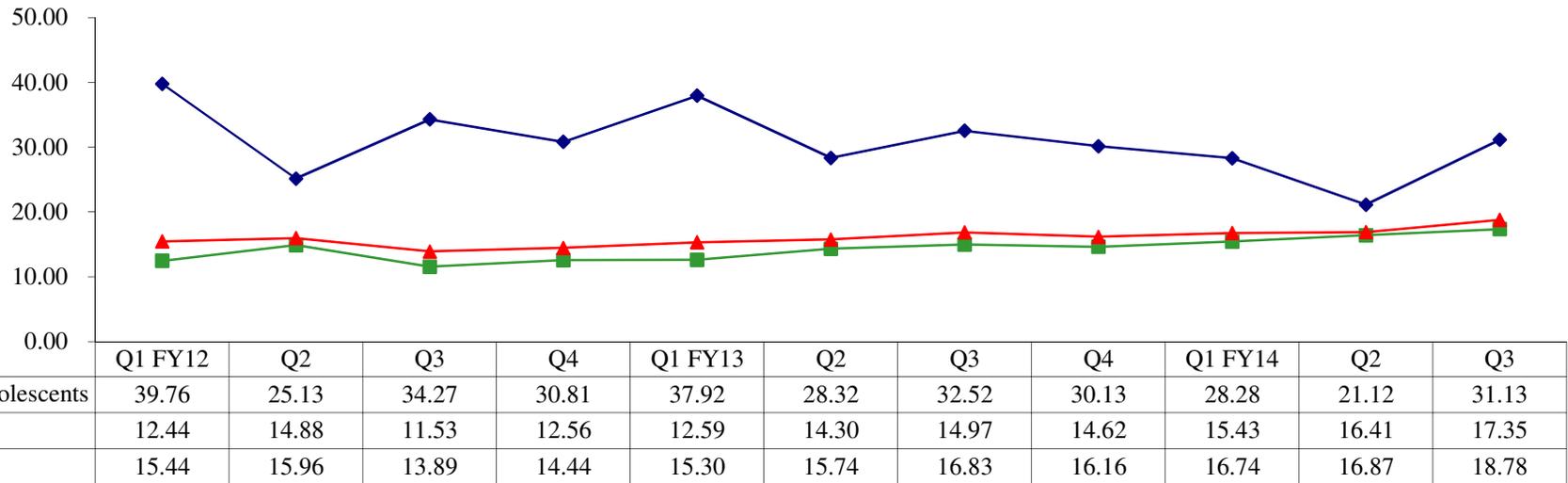
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

**Fiscal Year 2014**

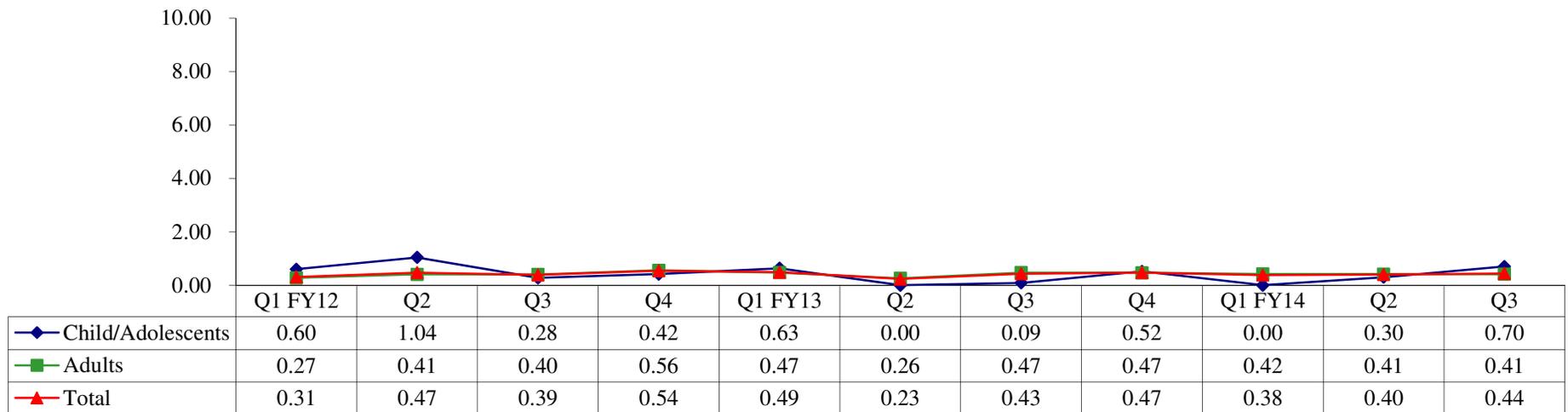
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Terrell State Hospital</b>					
Personal Restraint	136	128	155		419
Mechanical Restraint	37	46	41		124
Seclusion	2	1	0		3
<b>Waco Center For Youth</b>					
Personal Restraint	62	56	102		220
Mechanical Restraint	7	1	13		21
Seclusion	0	0	0		0
<b>All State MH Hospitals</b>					
Personal Restraint	2,406	2,315	2,676	0	7,397
Mechanical Restraint	1,082	1,082	1,205	0	3,369
Seclusion	79	81	91	0	251

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

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



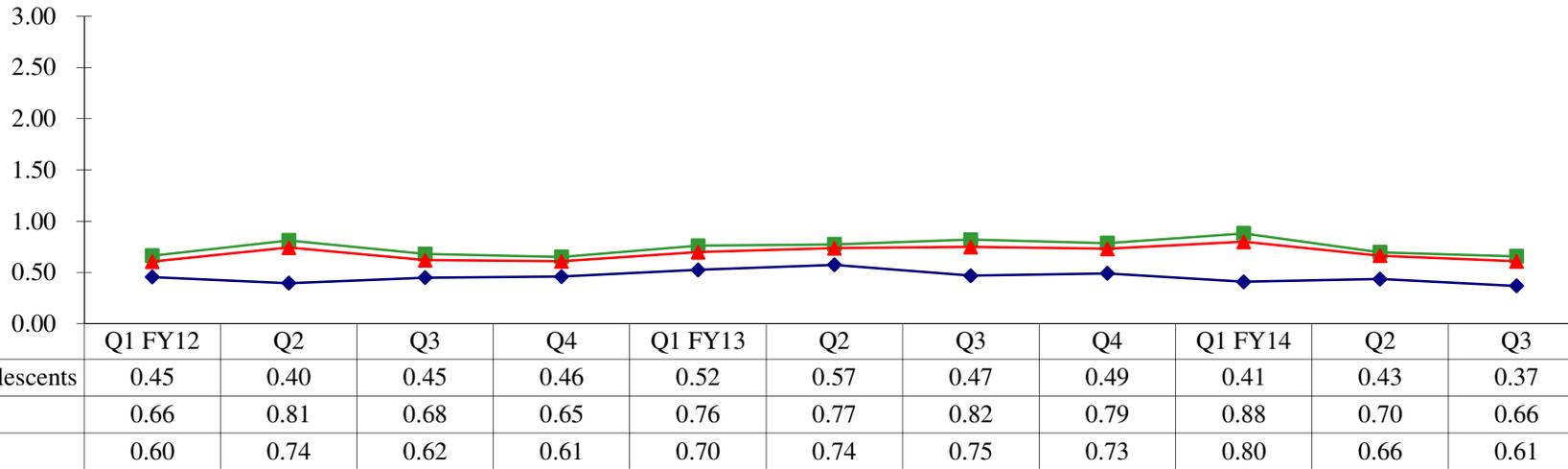
**Seclusion Incidents Per 1,000 Bed Days**



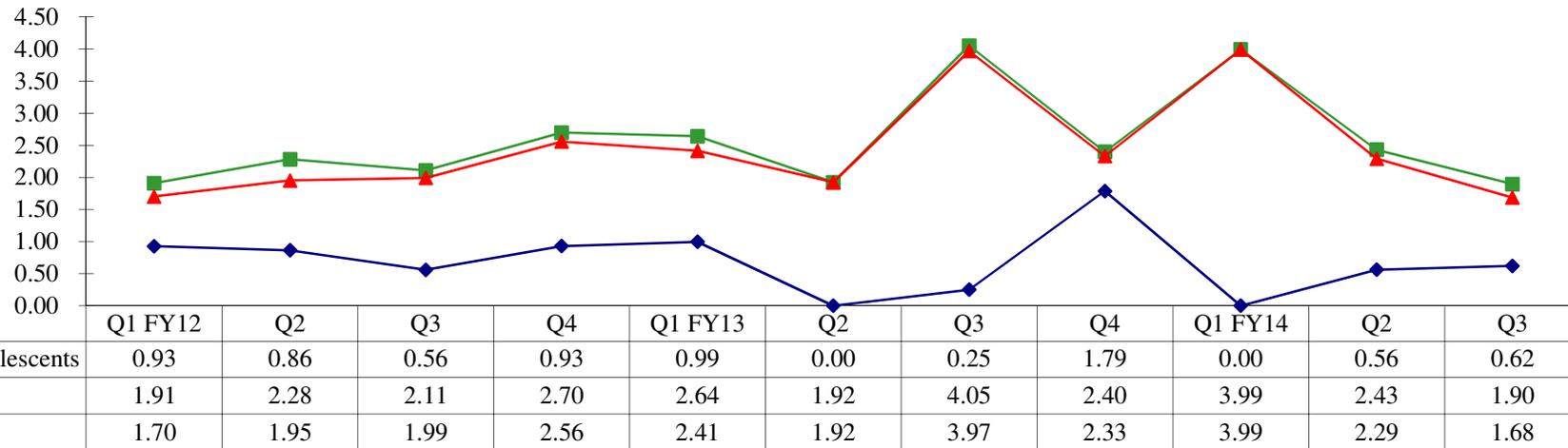
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

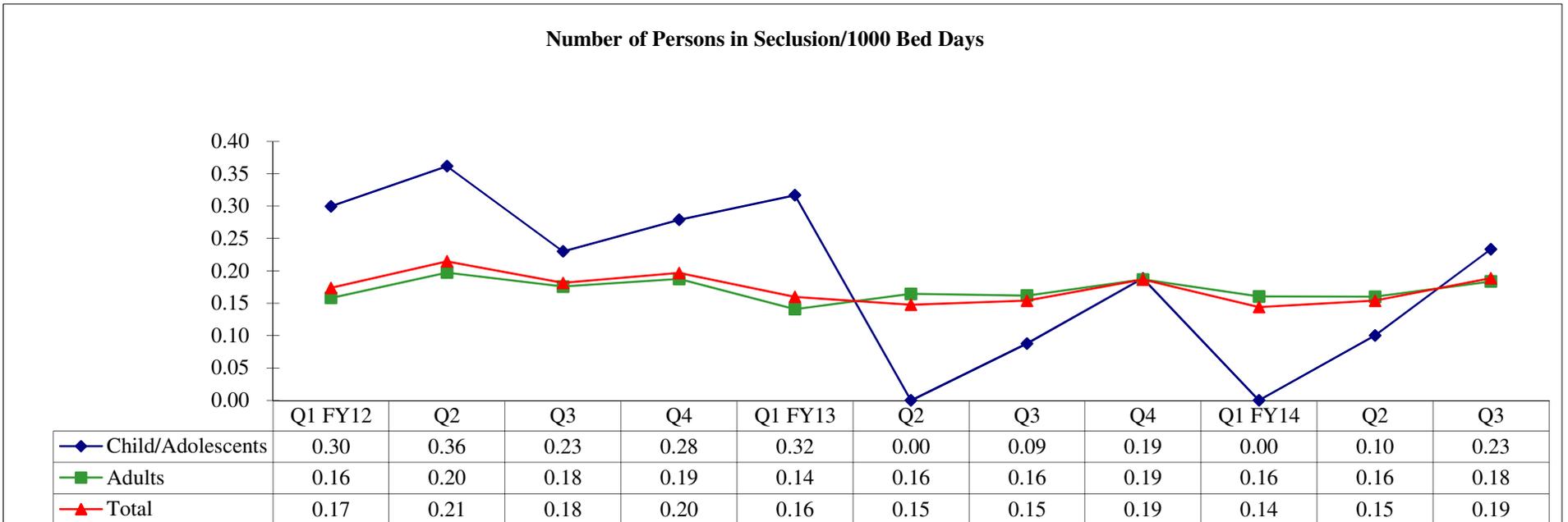
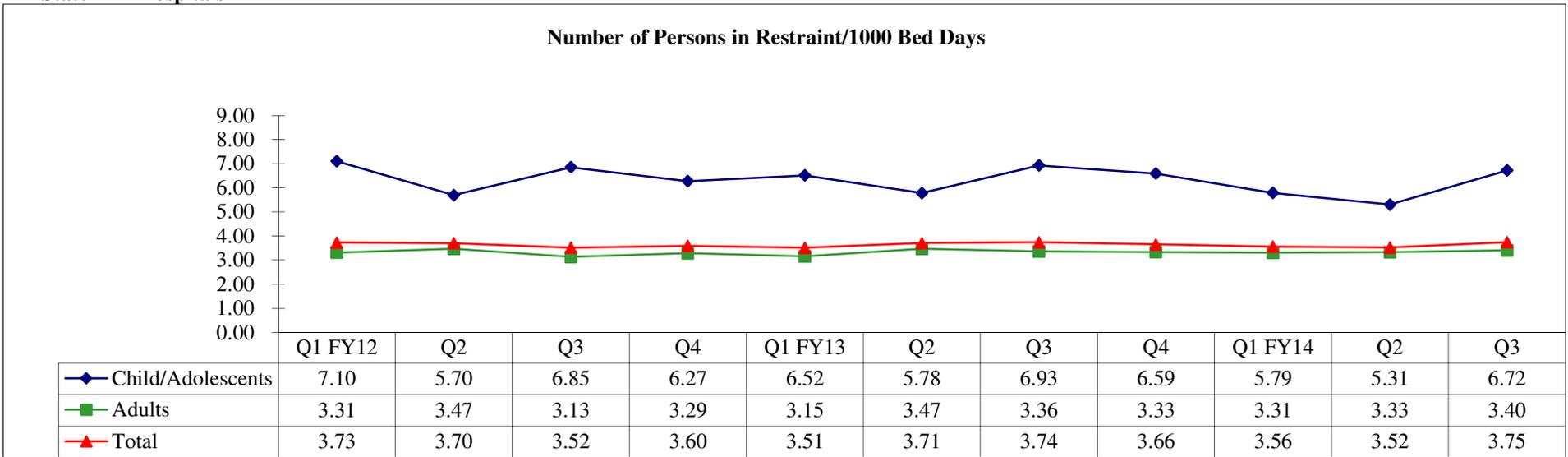


**Average Number of Hours Per Incident in Seclusion**



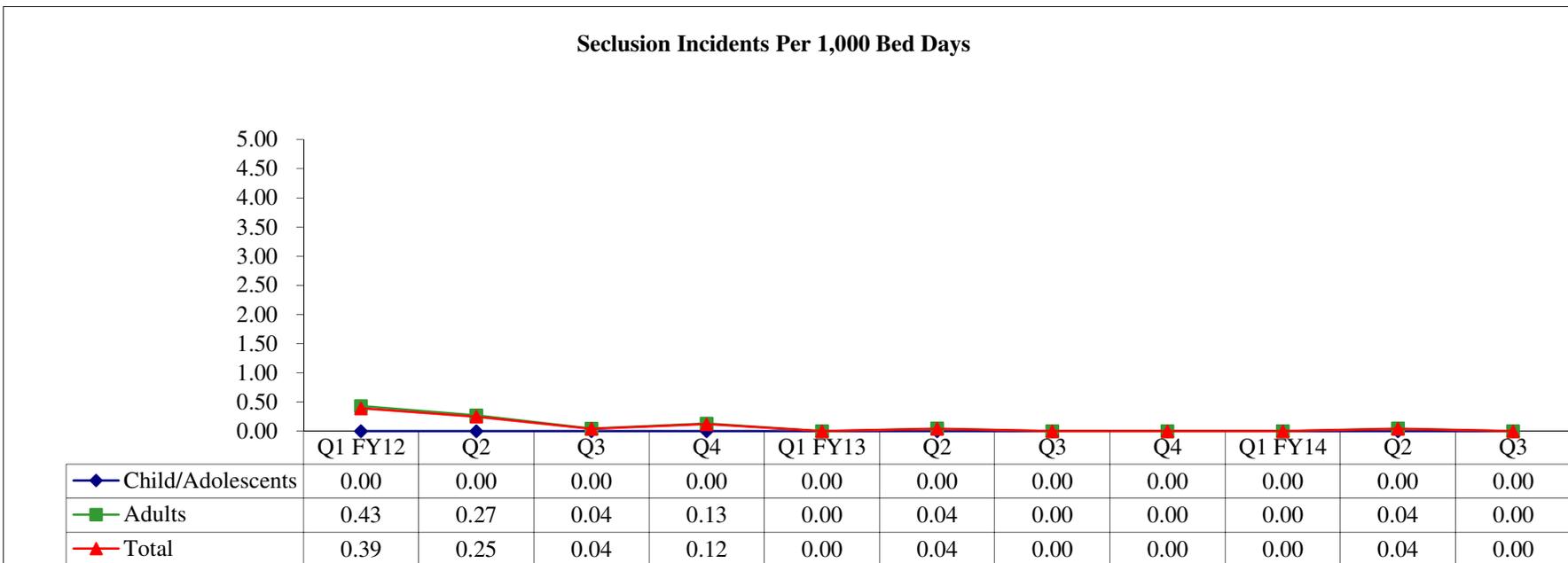
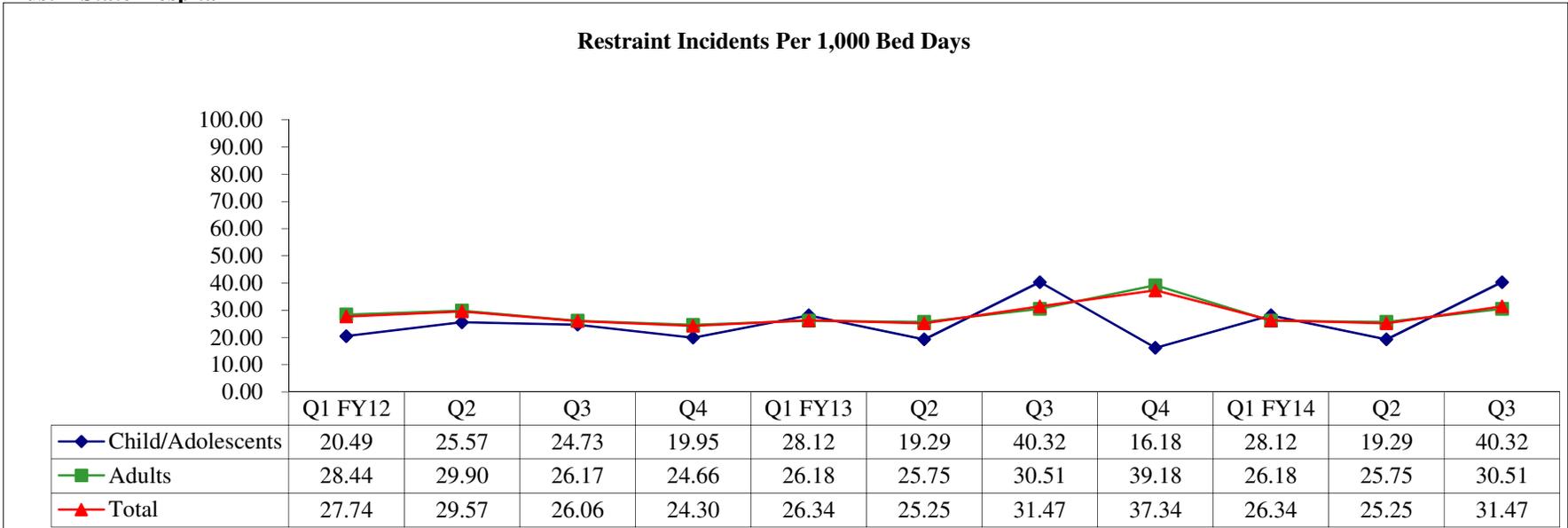
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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

**Austin State Hospital**

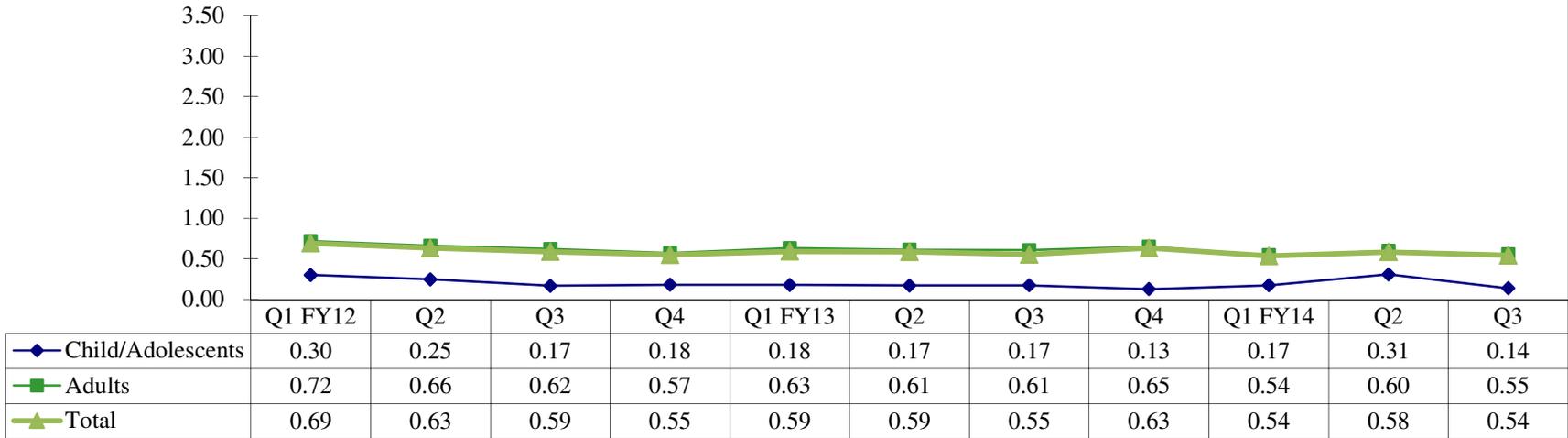


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

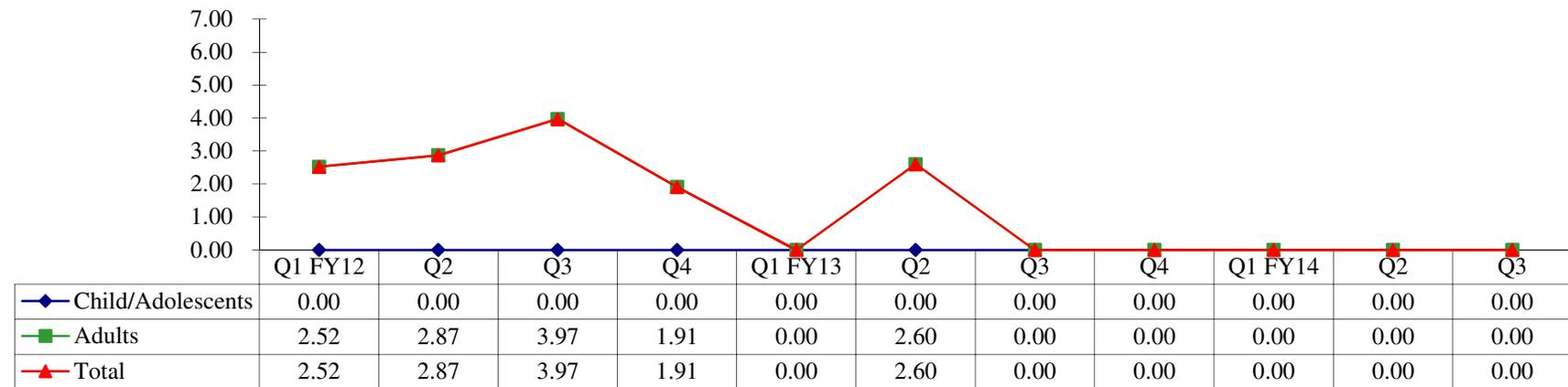
**Objective 3A - Maintain Restraint and Seclusion Data**

**Austin State Hospital**

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

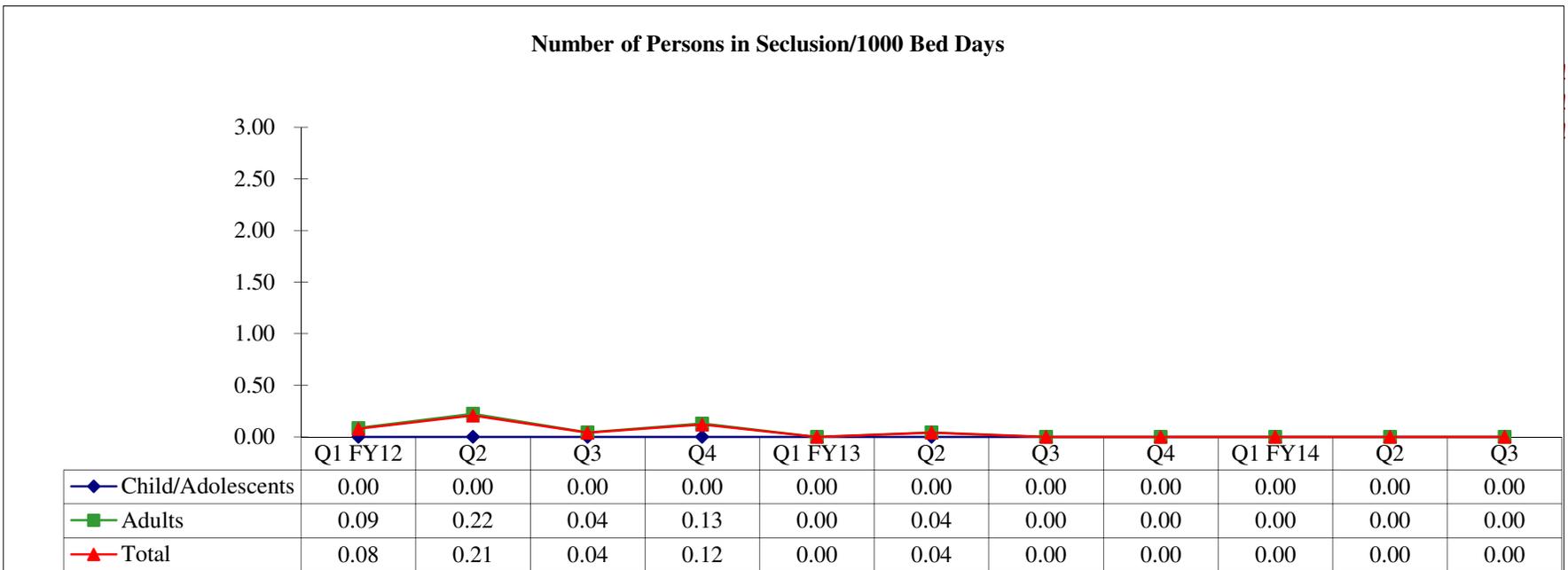
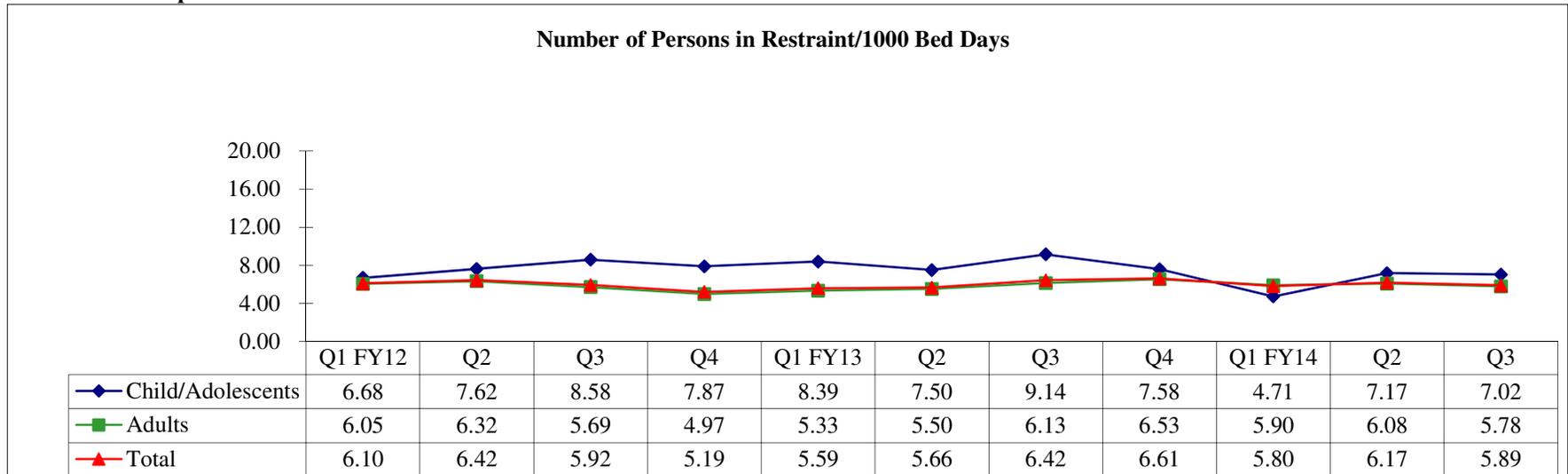


**Average Number of Hours Per Incident in Seclusion**

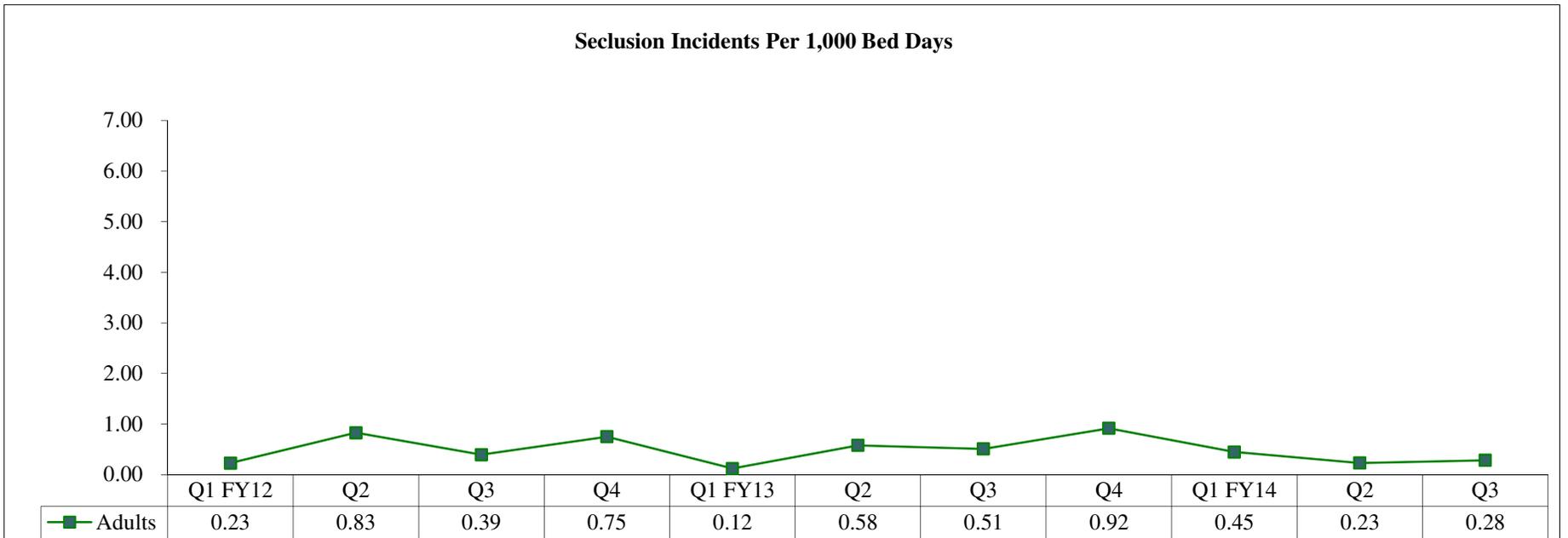
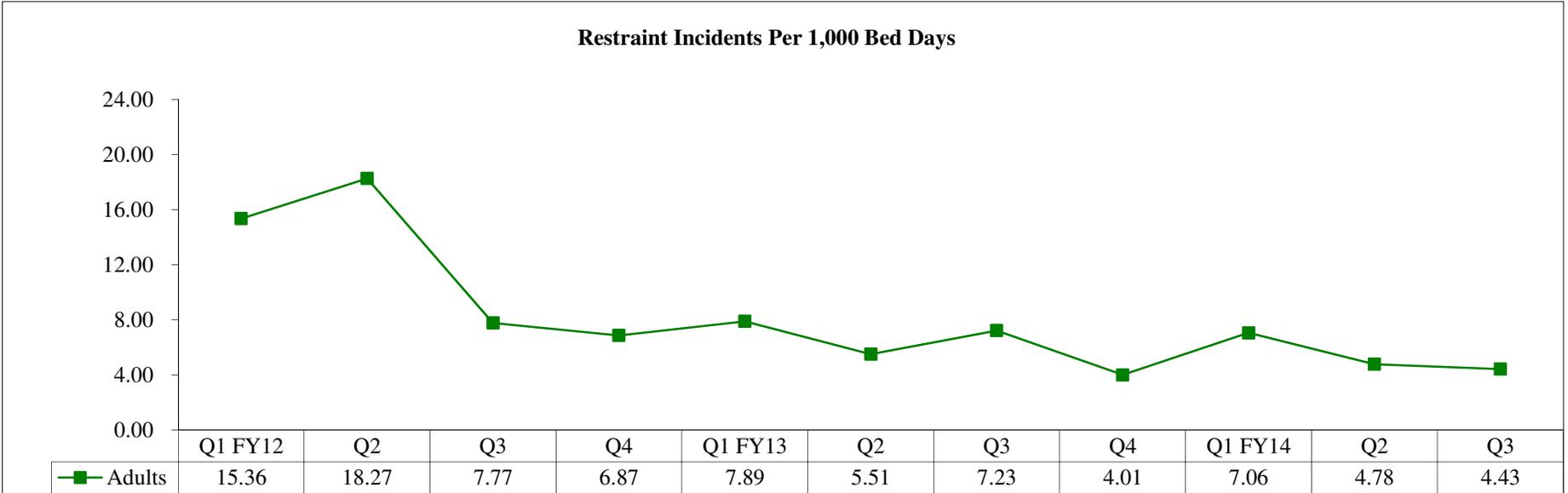


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

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



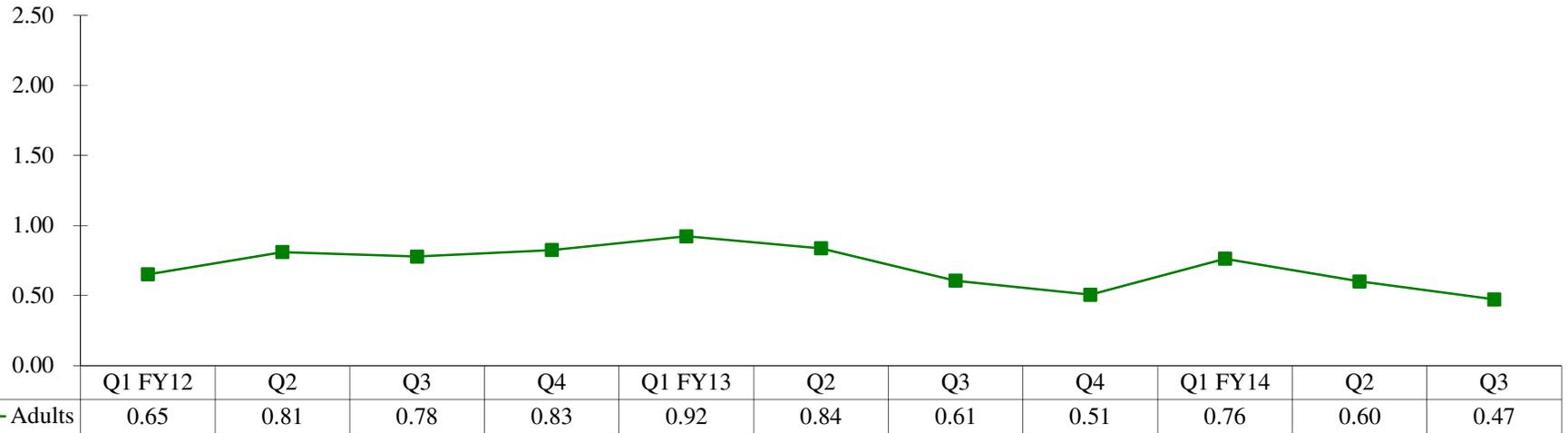
**Objective 3A - Maintain Restraint and Seclusion Data  
Big Spring State Hospital**



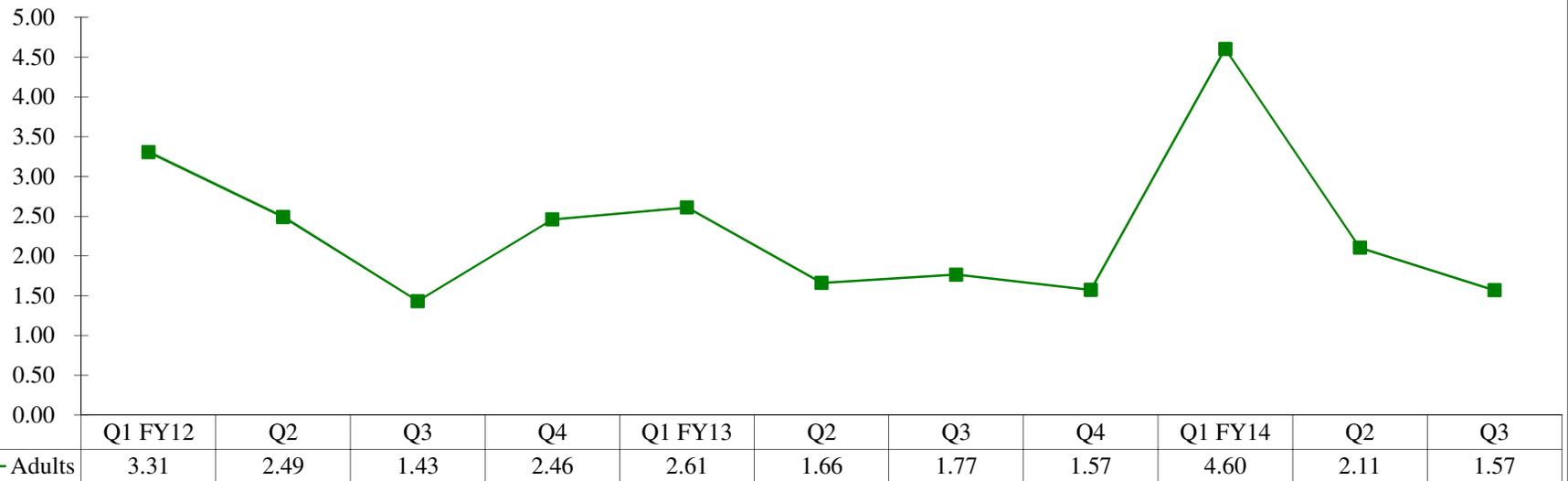
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

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

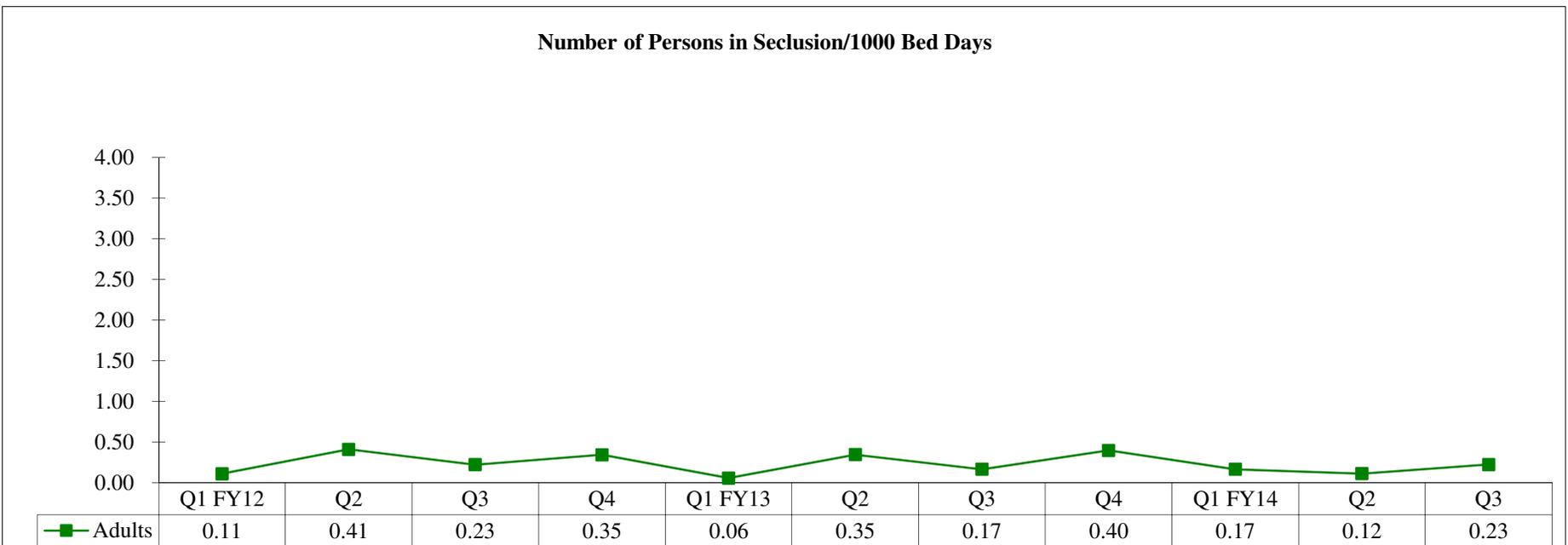
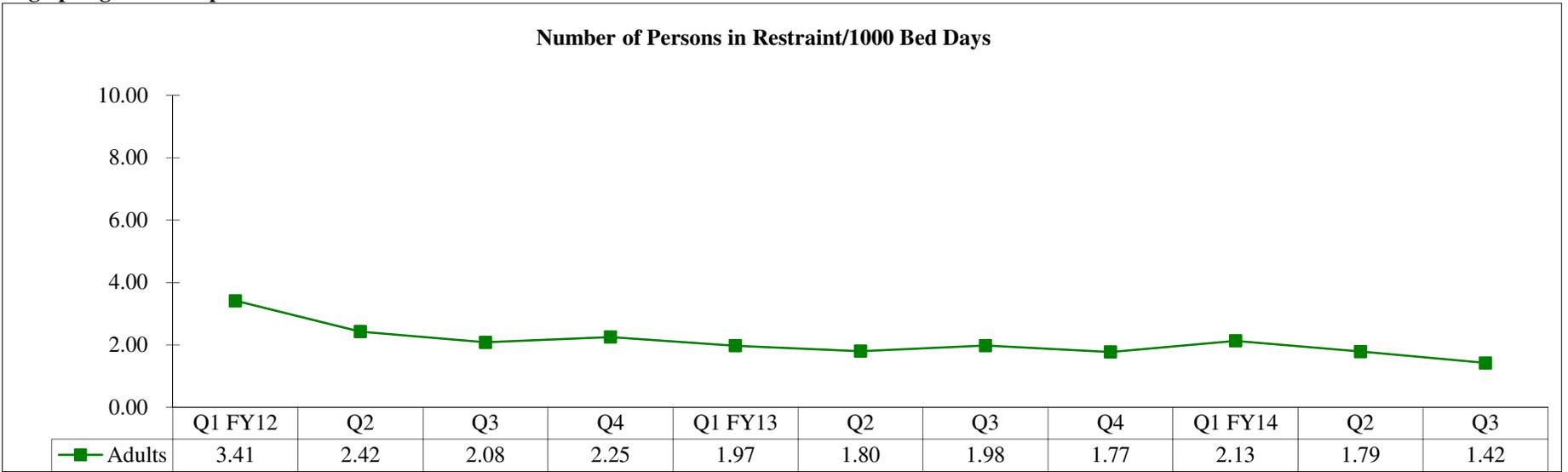


**Average Number of Hours Per Incident in Seclusion**



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

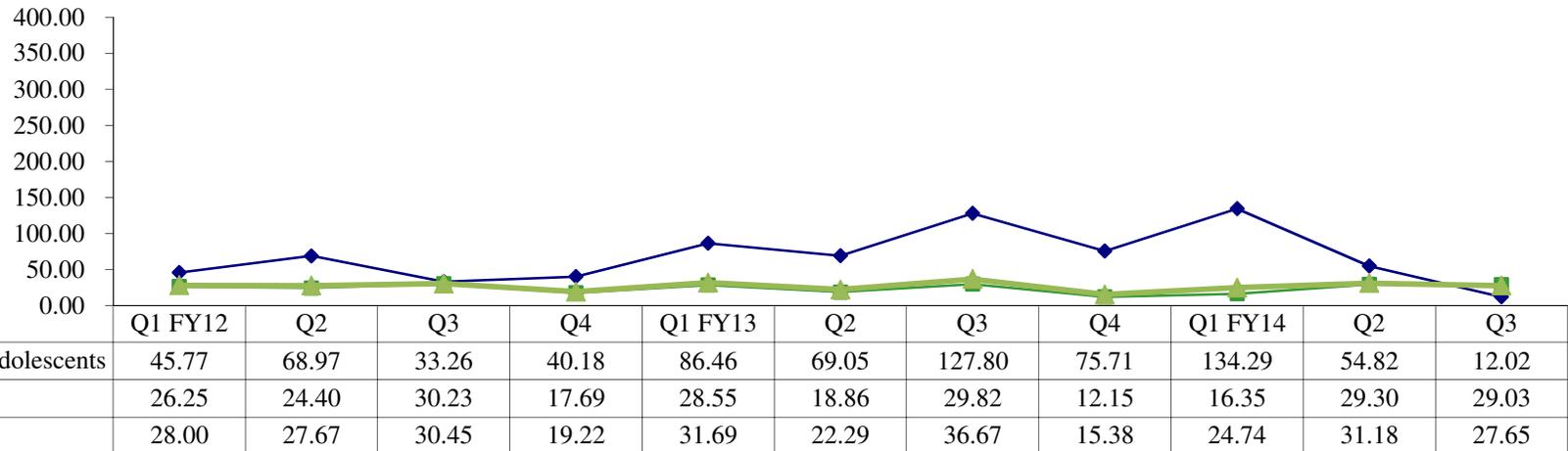
**Objective 3A - Maintain Restraint and Seclusion Data  
Big Spring State Hospital**



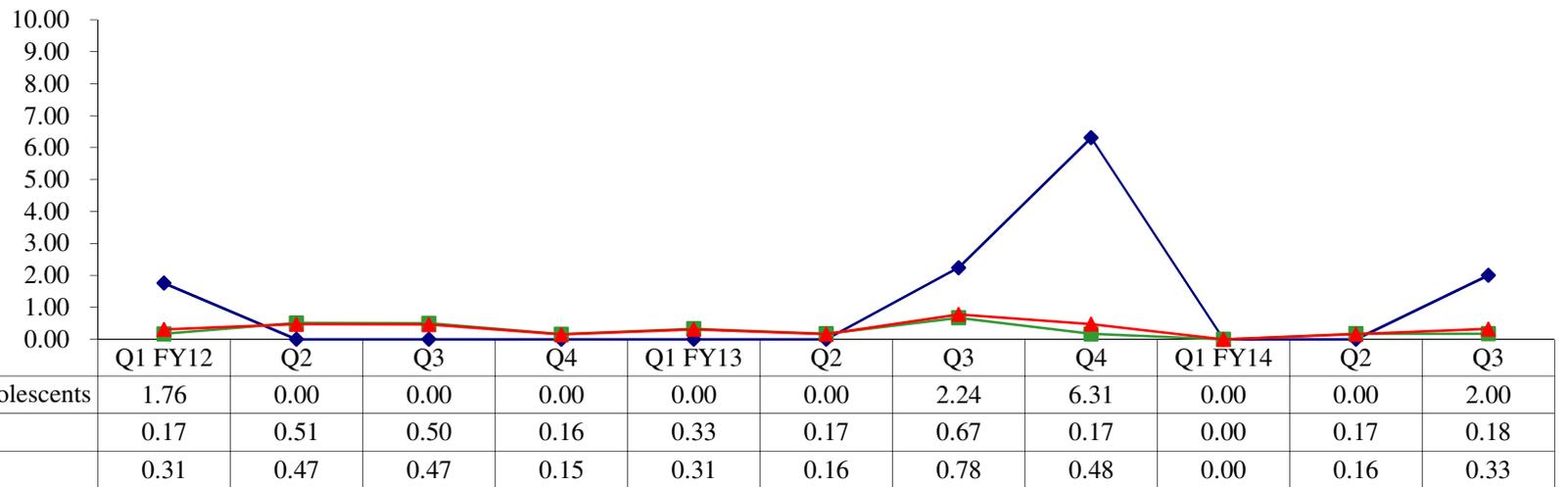
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

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



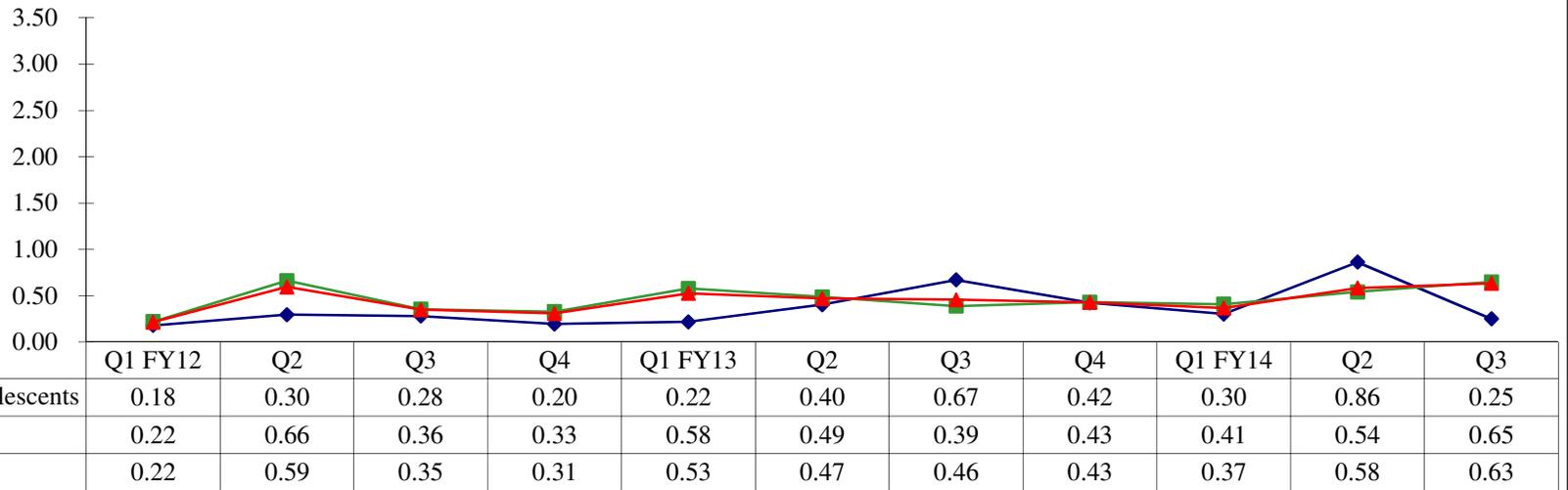
**Seclusion Incidents Per 1,000 Bed Days**



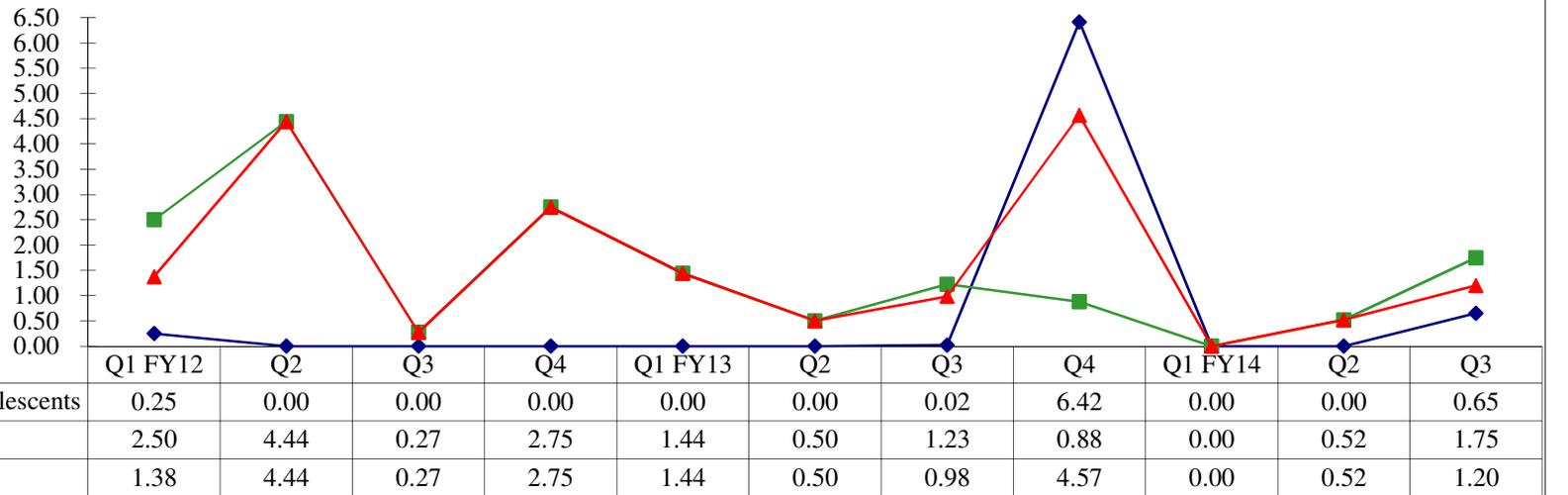
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

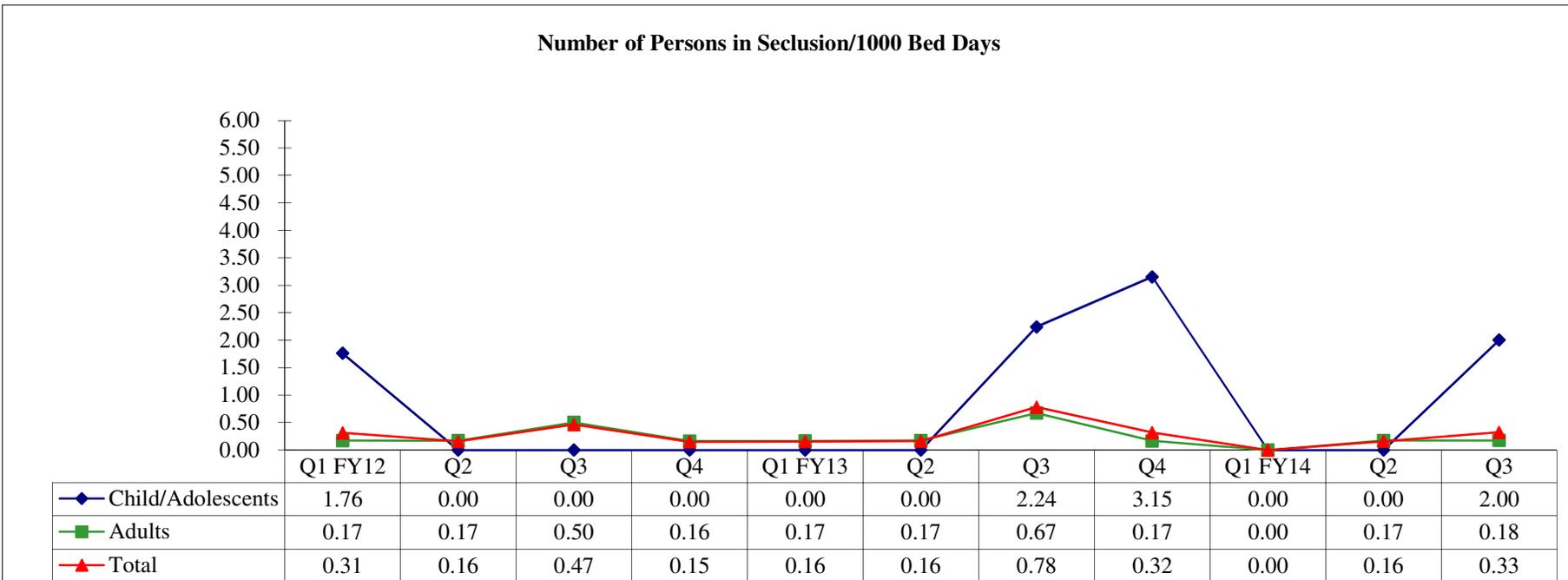
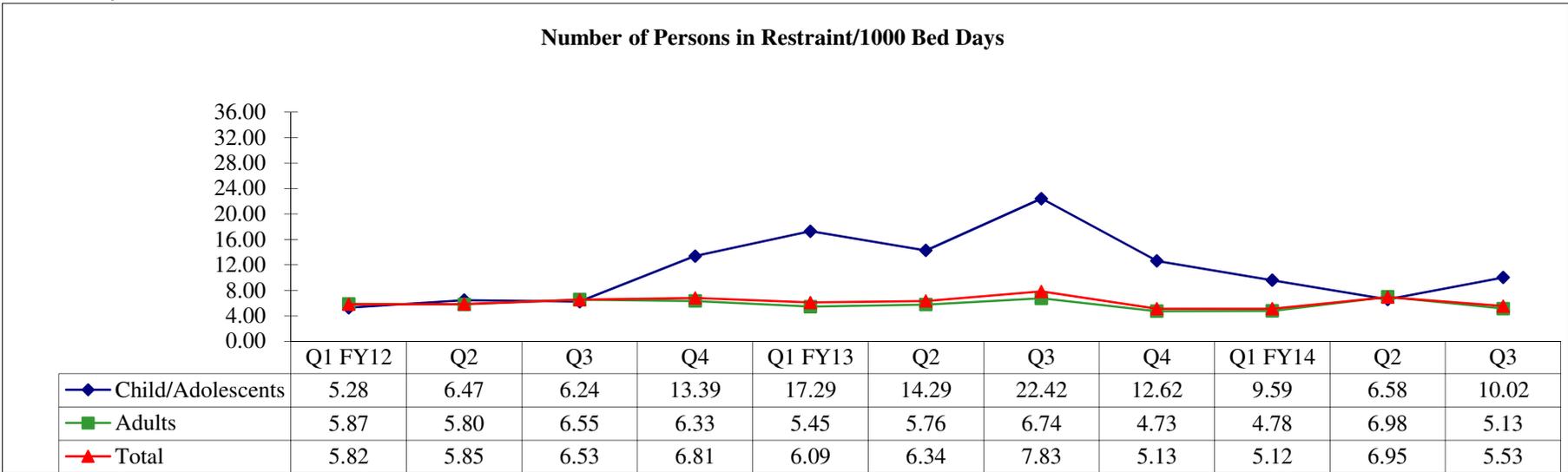


**Average Number of Hours Per Incident in Seclusion**



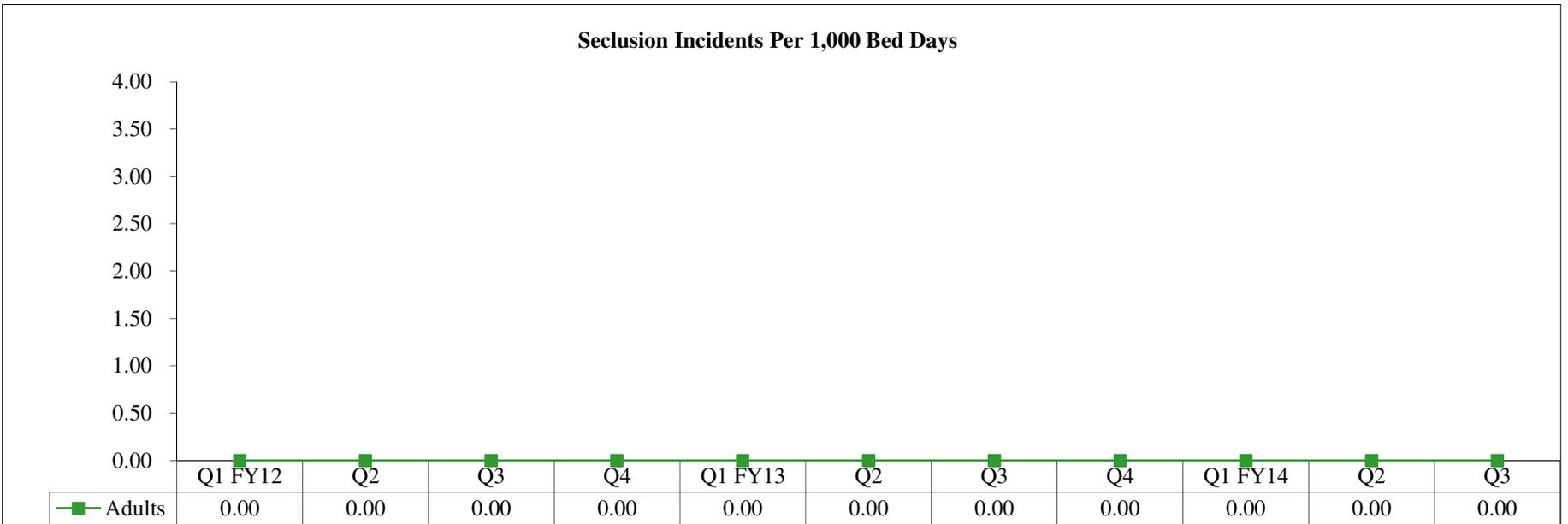
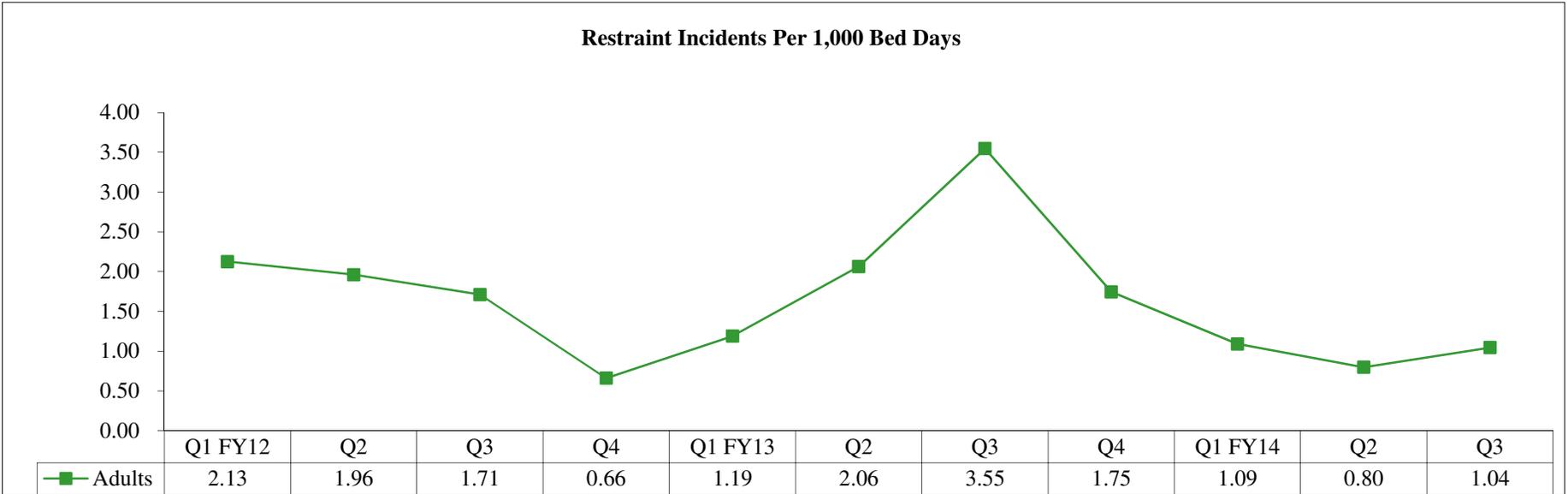
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

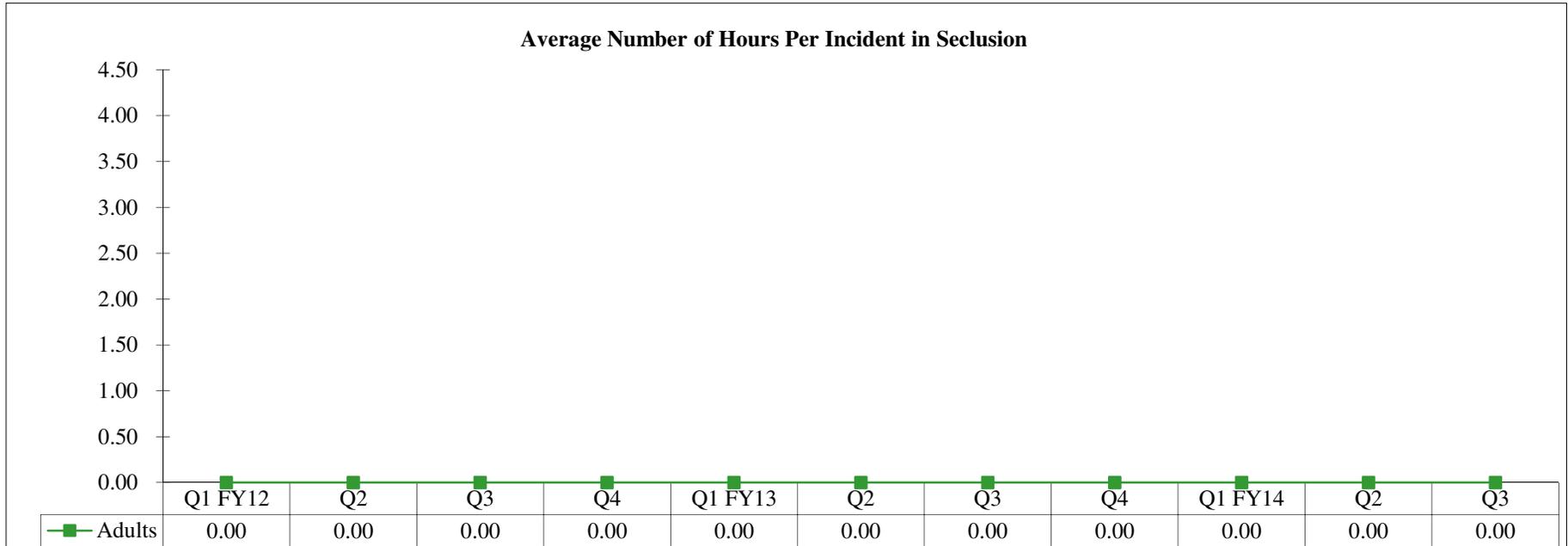
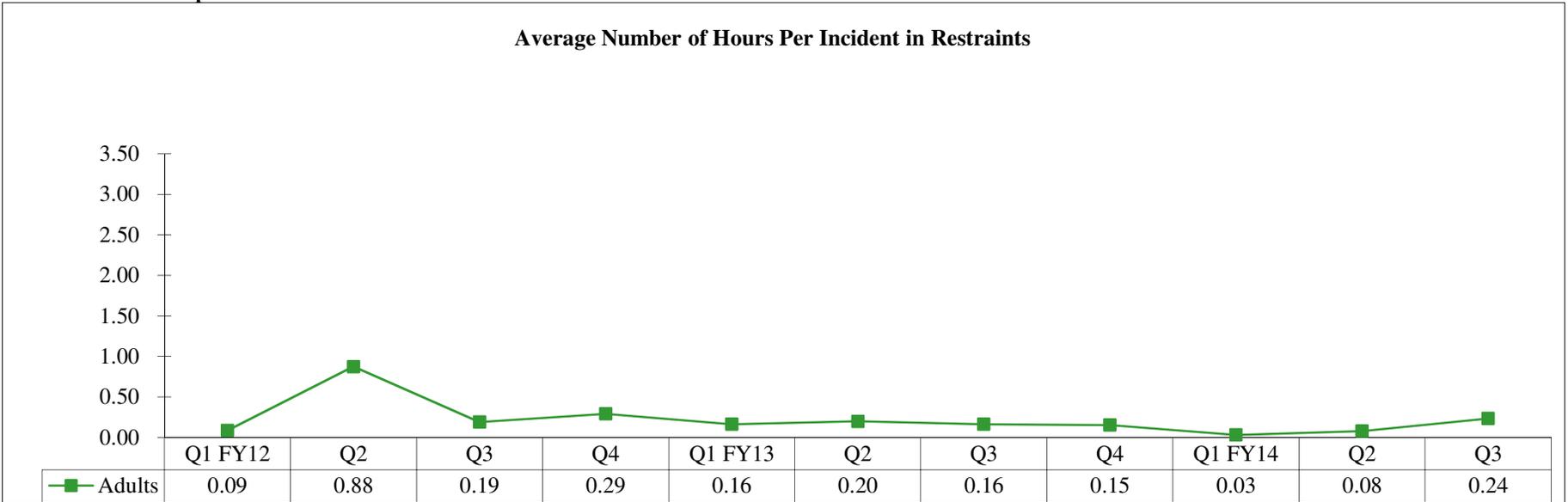


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

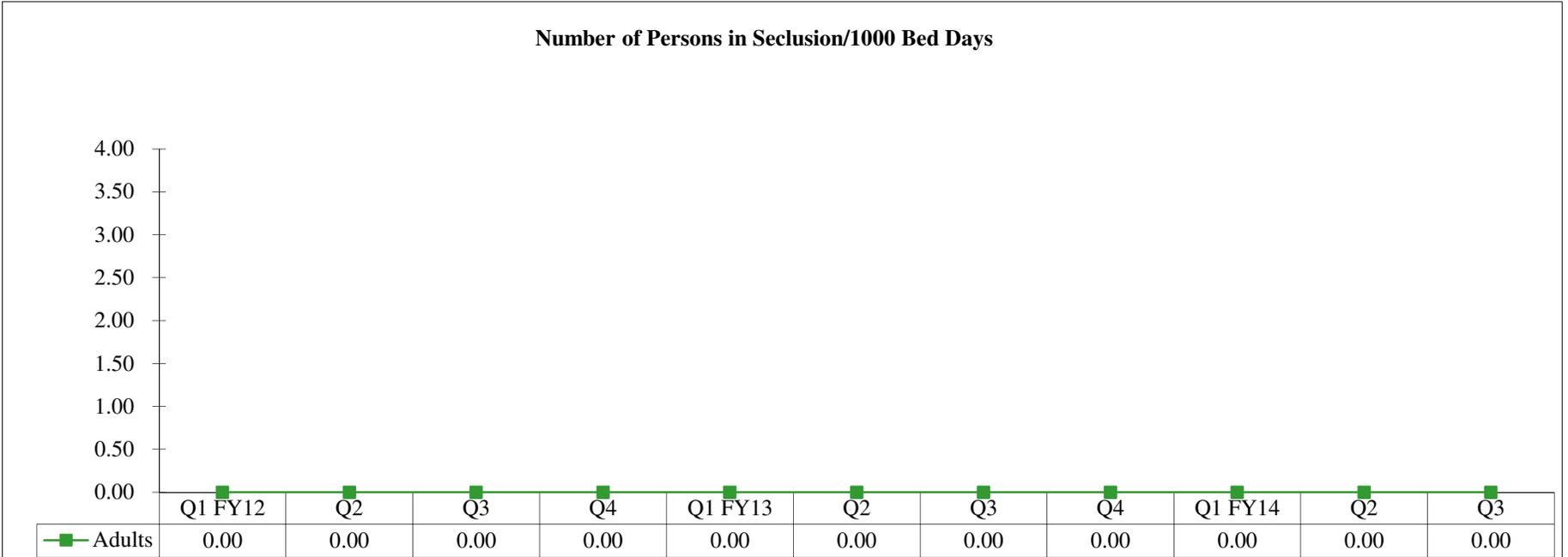
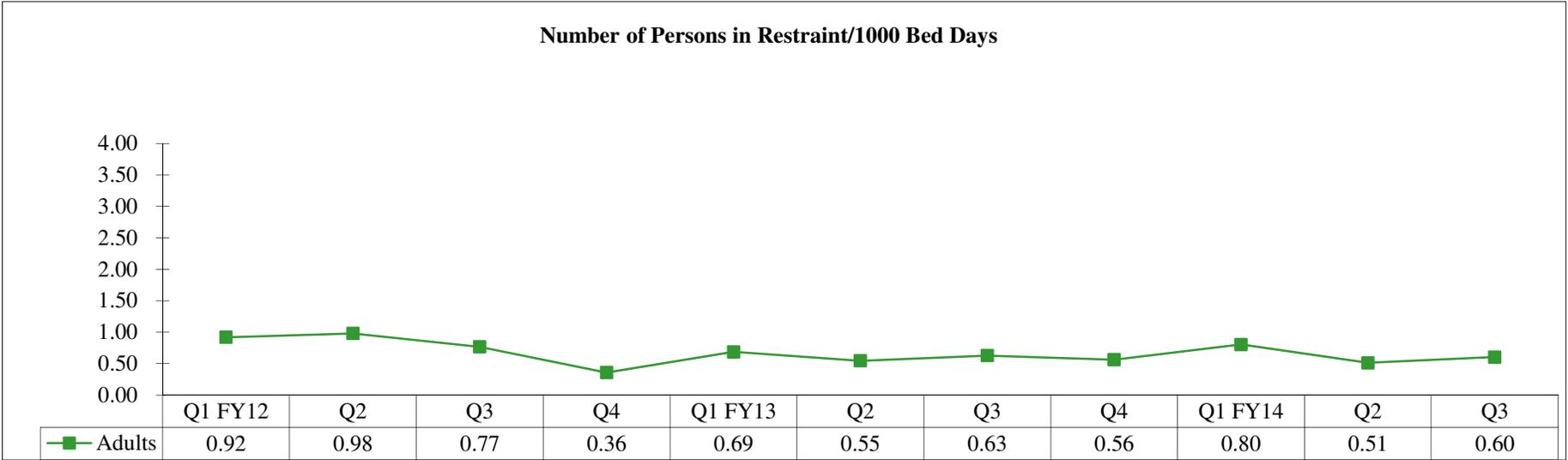


**Objective 3A - Maintain Restraint and Seclusion Data  
Kerrville State Hospital**



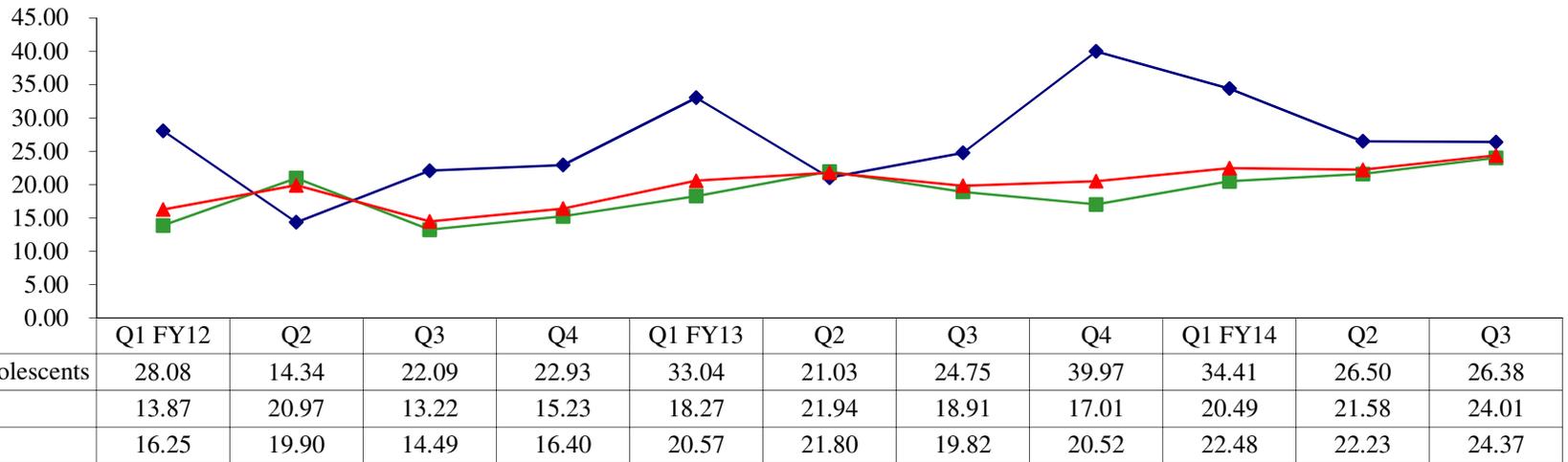
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

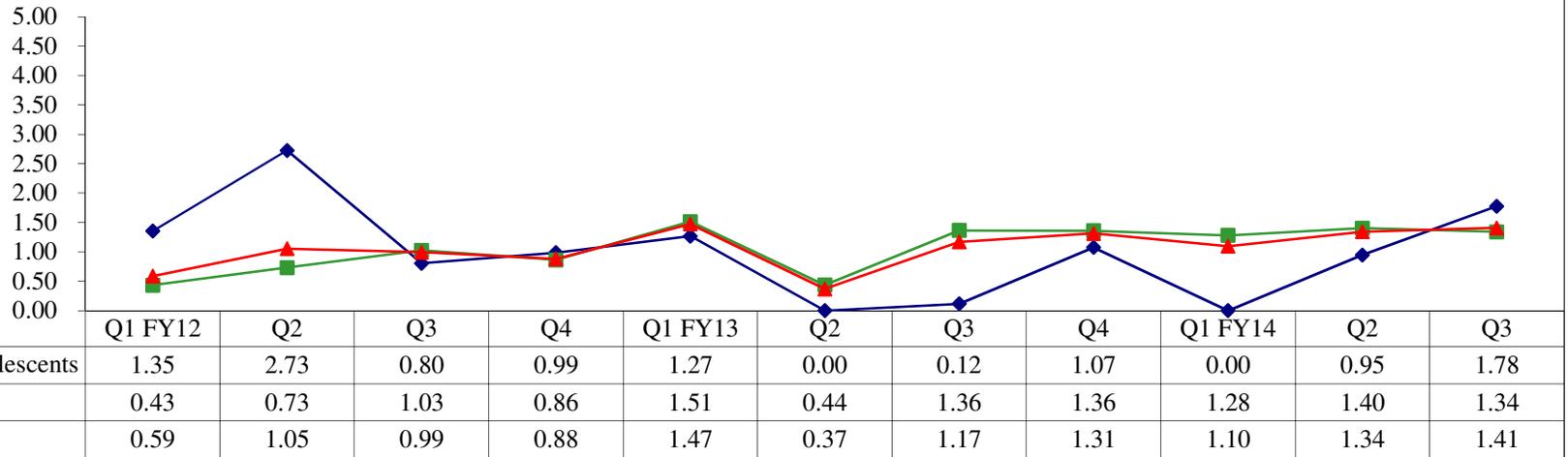


**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

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



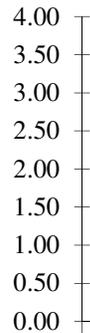
**Seclusion Incidents Per 1,000 Bed Days**



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

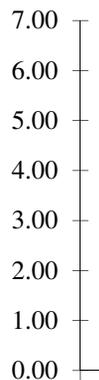
**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

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



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
◆ Child/Adolescents	0.66	0.50	0.60	0.53	0.63	0.71	0.67	0.67	0.60	0.64	0.53
■ Adults	0.81	1.16	0.96	0.96	1.07	1.12	1.43	1.46	1.72	1.06	1.03
▲ Total	0.77	1.09	0.88	0.87	0.96	1.06	1.28	1.23	1.47	0.99	0.95

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

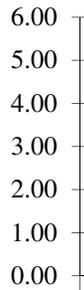


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
◆ Child/Adolescents	1.05	0.86	0.56	0.86	1.26	0.00	0.48	0.76	0.00	0.56	0.62
■ Adults	2.06	2.58	2.65	1.96	2.67	2.53	5.06	2.88	4.57	2.74	2.13
▲ Total	1.67	1.86	2.40	1.78	2.48	2.53	4.99	2.61	4.57	2.53	1.83

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

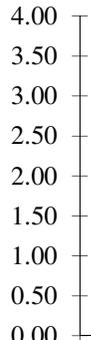
**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

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



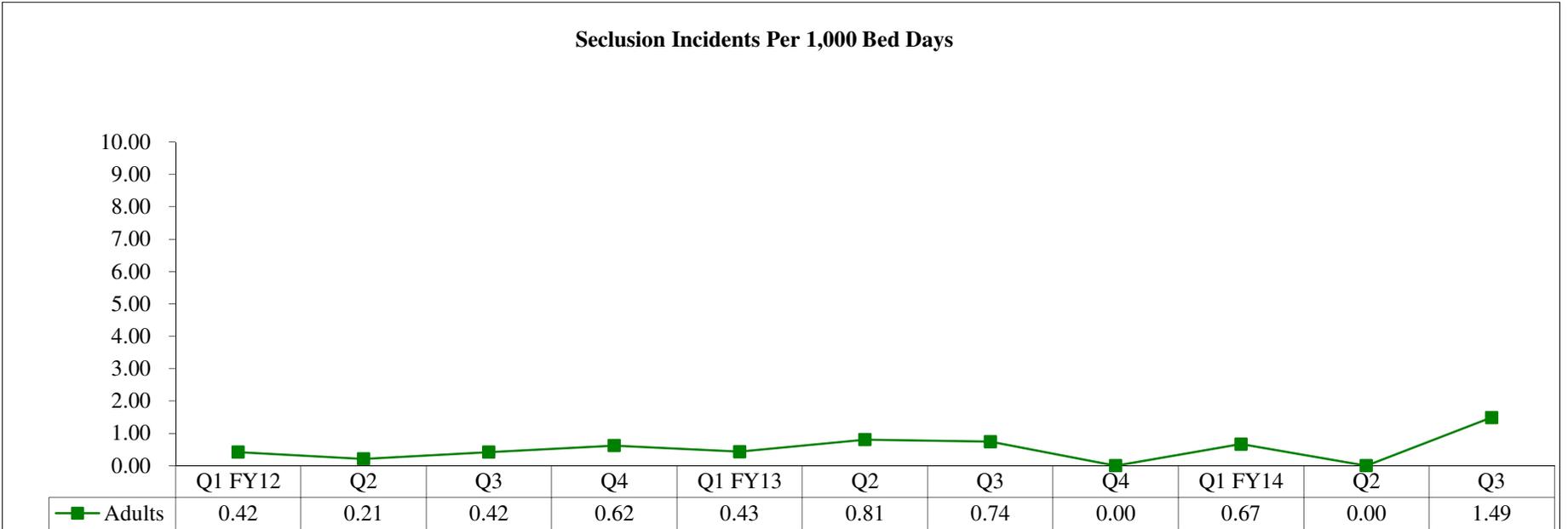
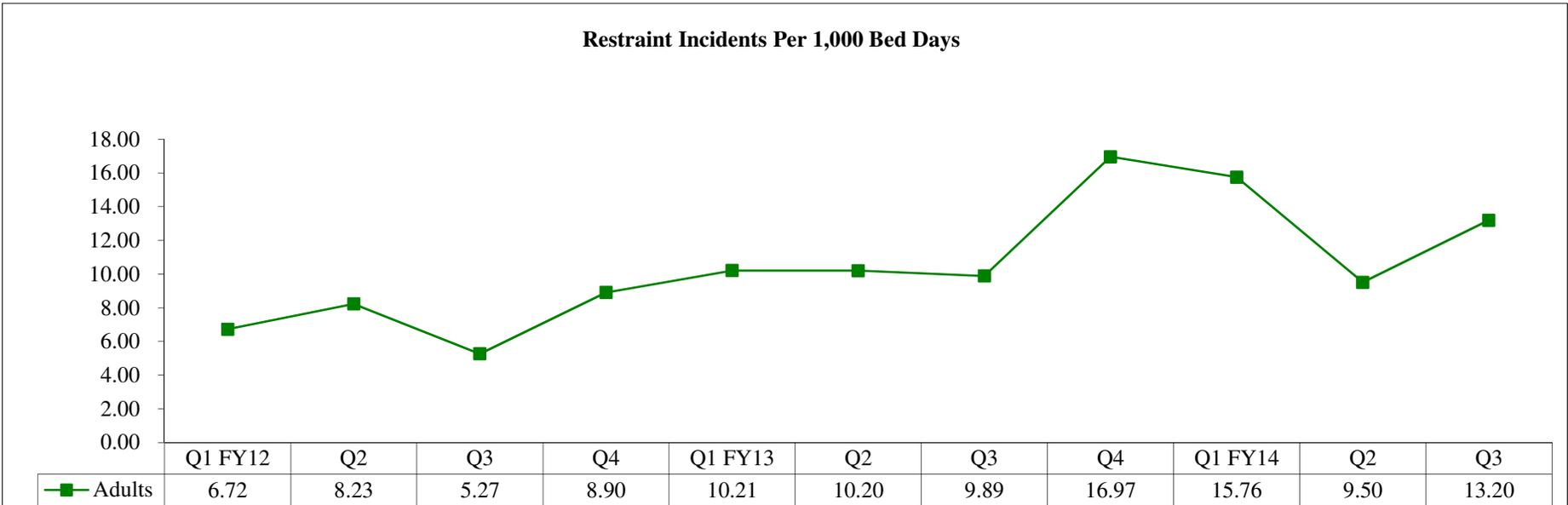
	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
◆ Child/Adolescents	4.62	3.32	4.55	4.31	3.91	4.23	5.07	5.85	4.11	3.47	3.55
■ Adults	3.47	3.86	3.57	3.47	3.45	4.37	3.51	3.55	3.75	3.85	4.23
▲ Total	3.67	3.77	3.71	3.60	3.52	4.35	3.76	3.90	3.80	3.80	4.12

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



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
◆ Child/Adolescents	0.56	0.95	0.67	0.62	0.46	0.00	0.12	0.36	0.00	0.32	0.51
■ Adults	0.18	0.25	0.29	0.24	0.32	0.18	0.32	0.41	0.39	0.46	0.46
▲ Total	0.25	0.36	0.34	0.30	0.34	0.15	0.29	0.40	0.33	0.44	0.47

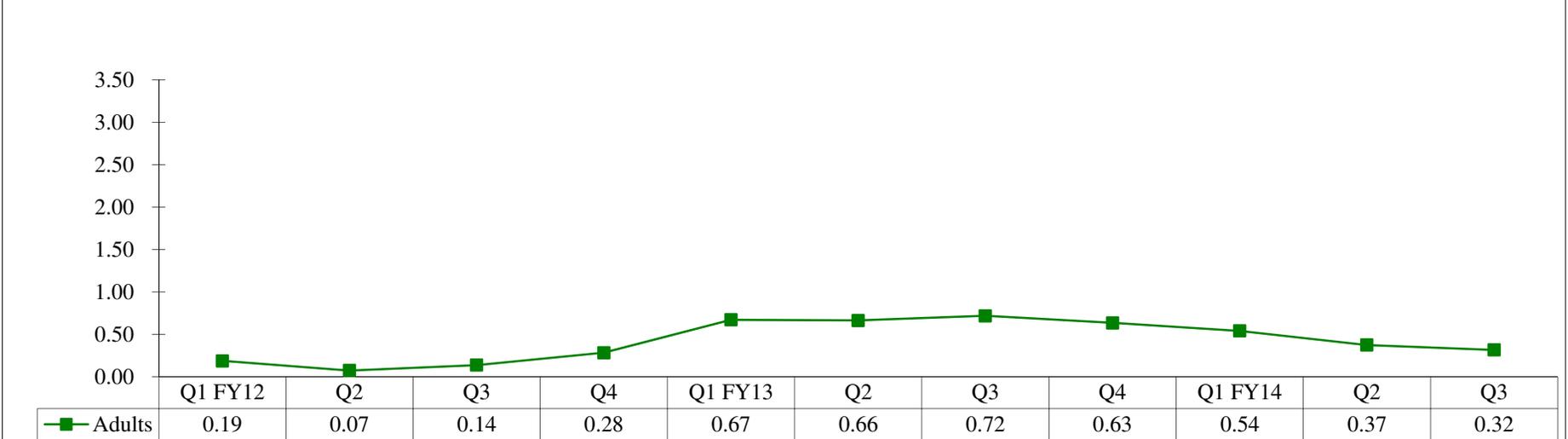
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**



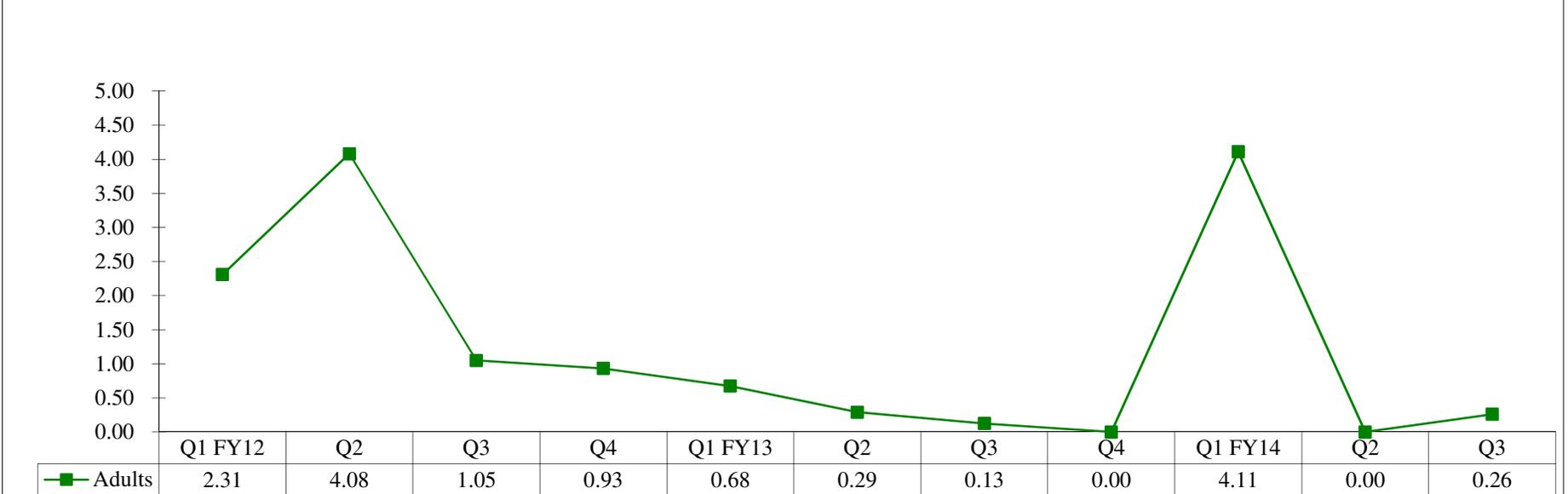
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

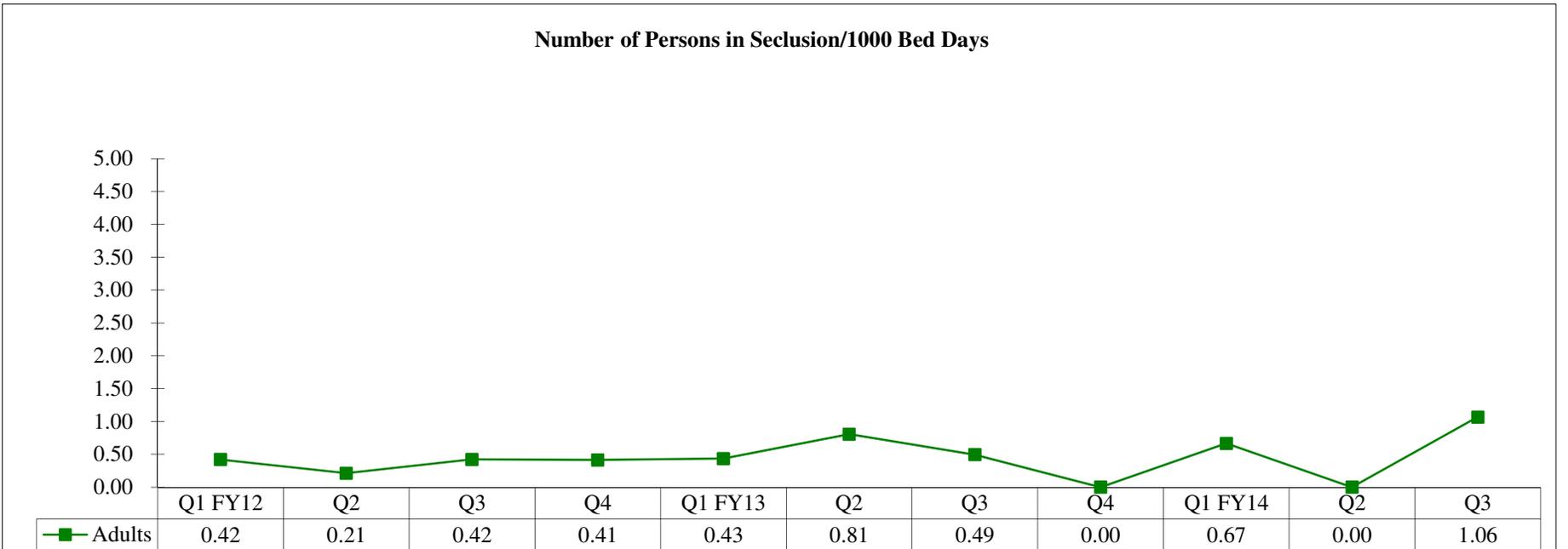
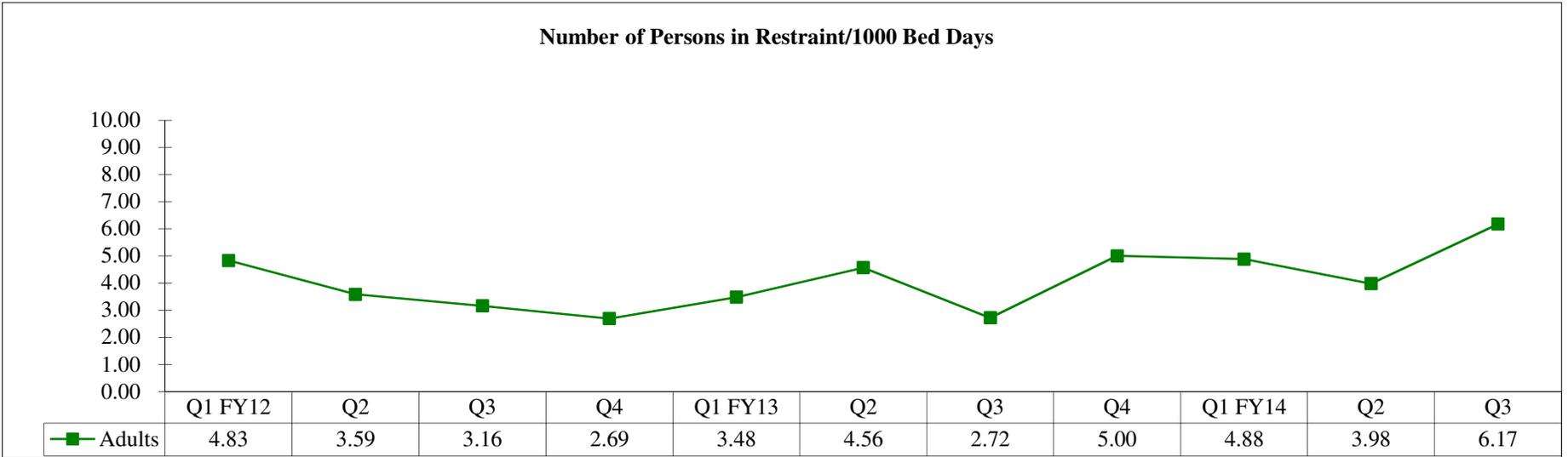


**Average Number of Hours Per Incident in Seclusion**



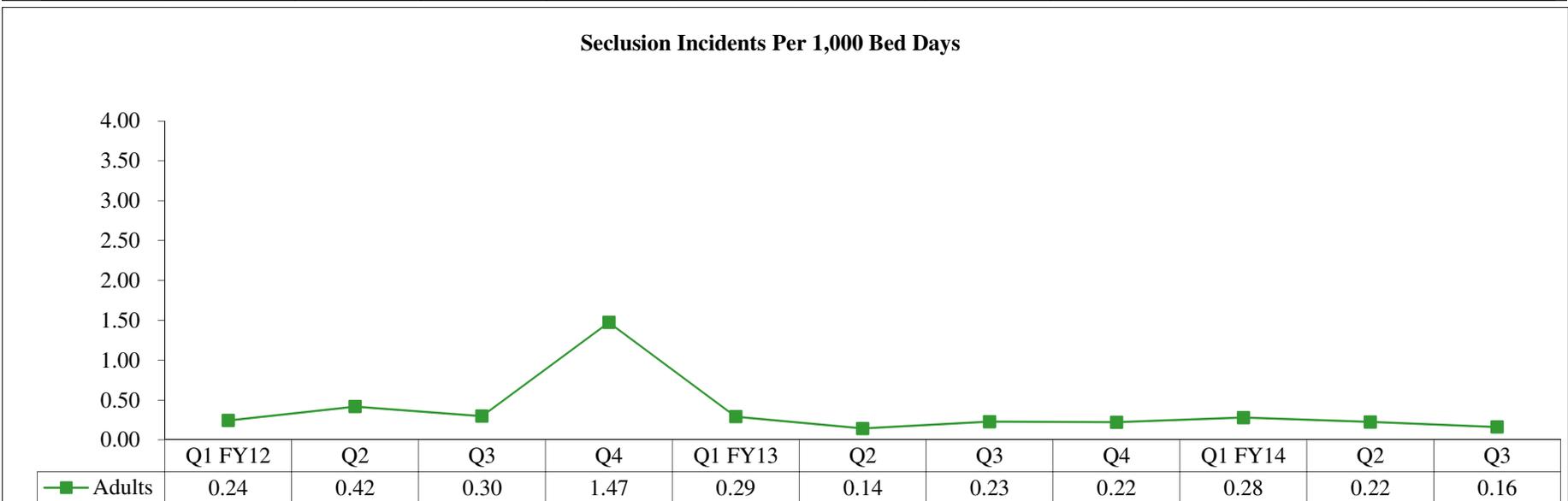
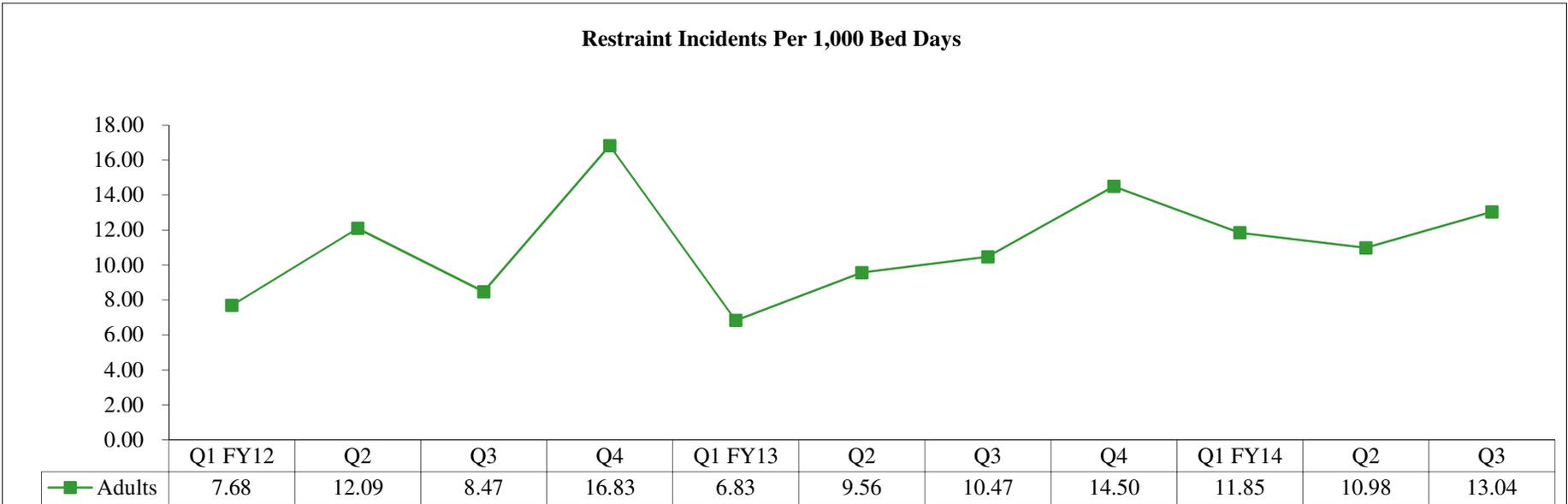
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

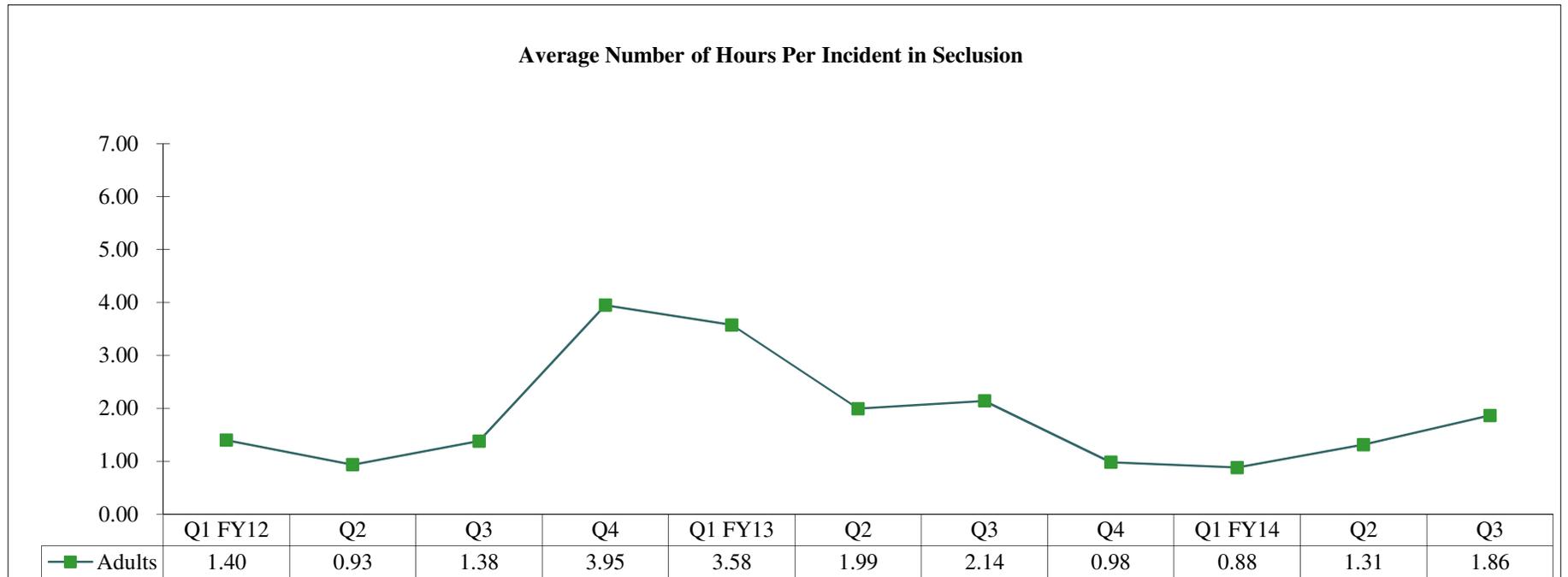
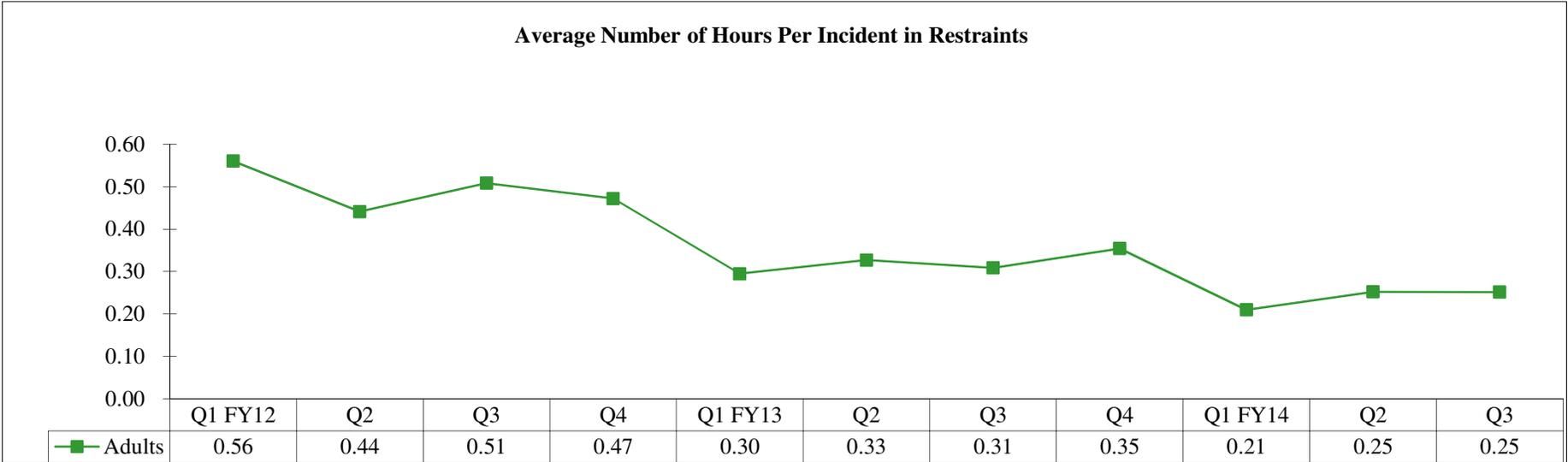


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

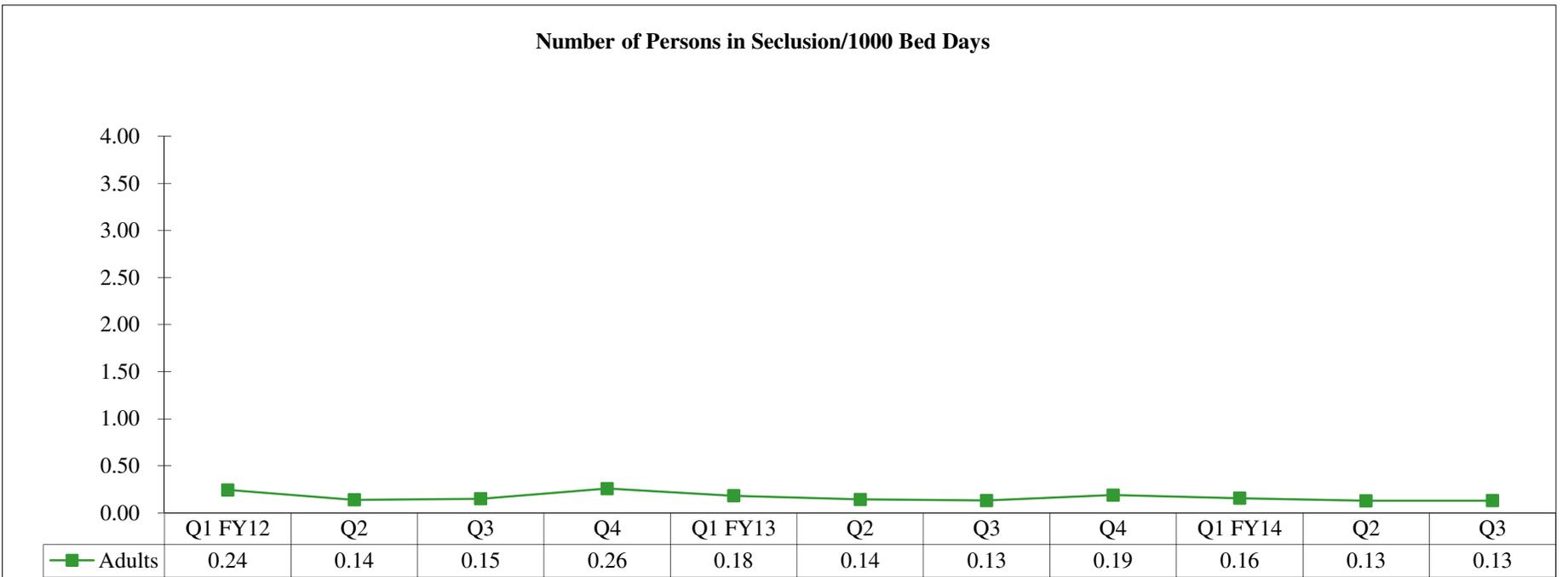
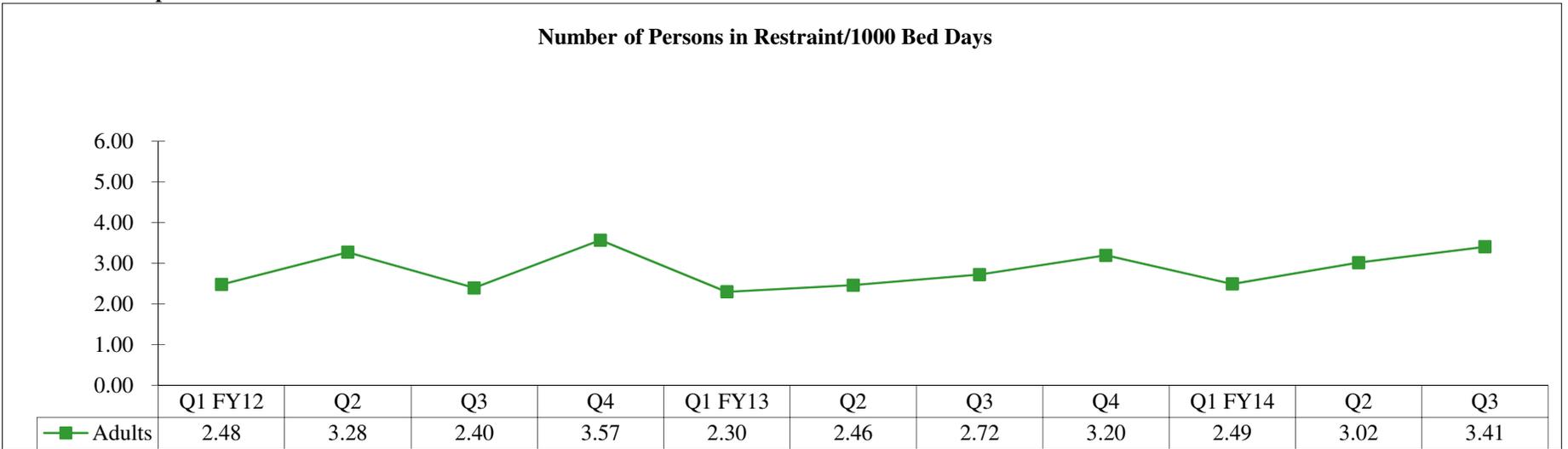


**Objective 3A - Maintain Restraint and Seclusion Data  
Rusk State Hospital**



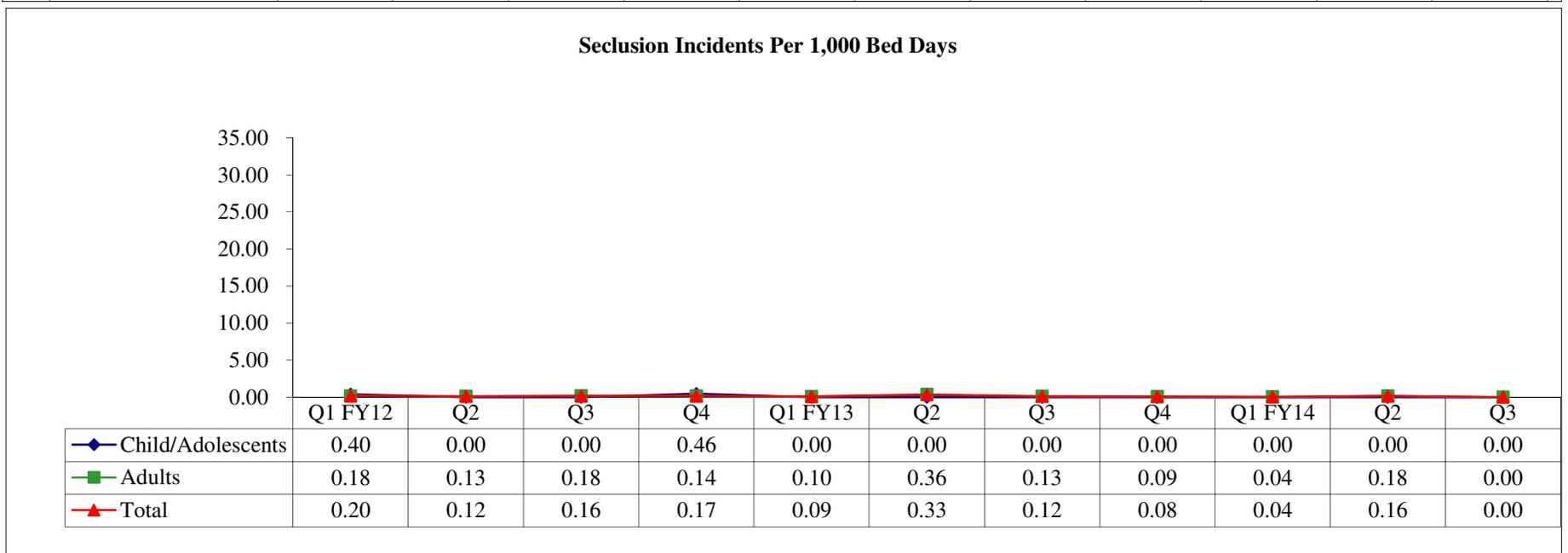
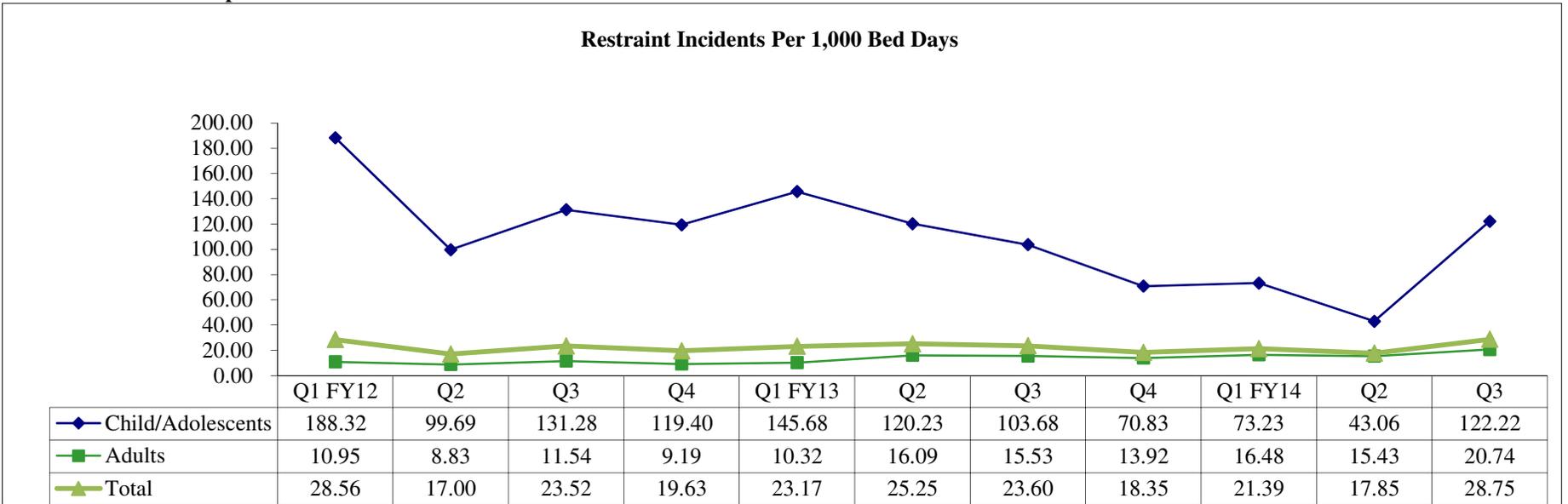
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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



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

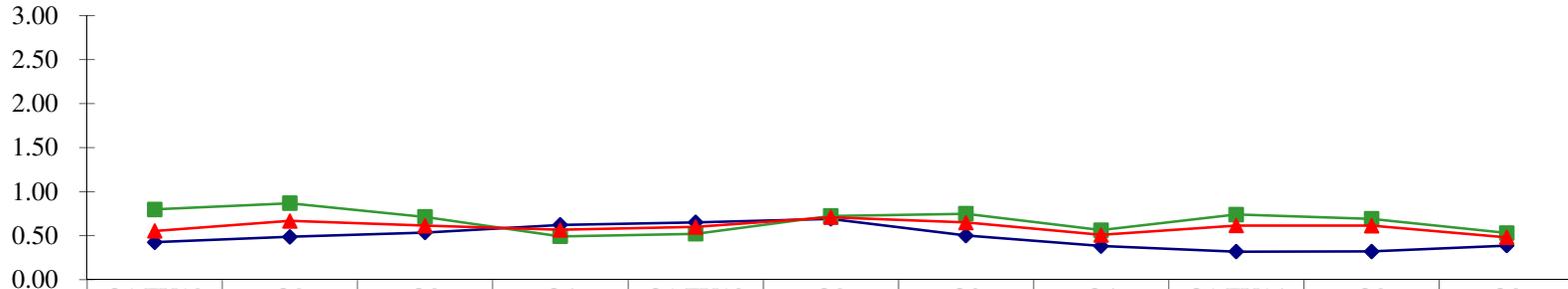
**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**



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

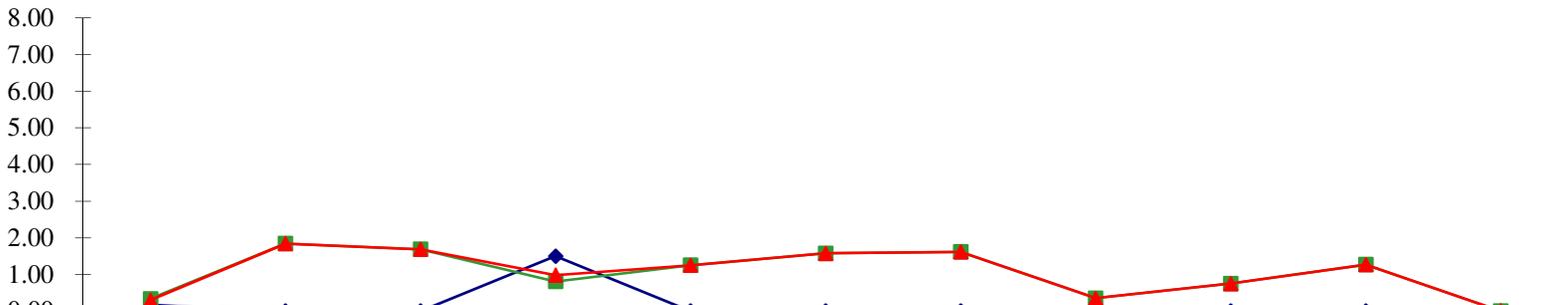
**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**

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



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Child/Adolescents	0.43	0.49	0.54	0.62	0.65	0.69	0.50	0.38	0.32	0.32	0.39
Adults	0.80	0.87	0.71	0.49	0.52	0.72	0.75	0.56	0.74	0.69	0.53
Total	0.56	0.67	0.61	0.57	0.60	0.71	0.65	0.51	0.62	0.61	0.48

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

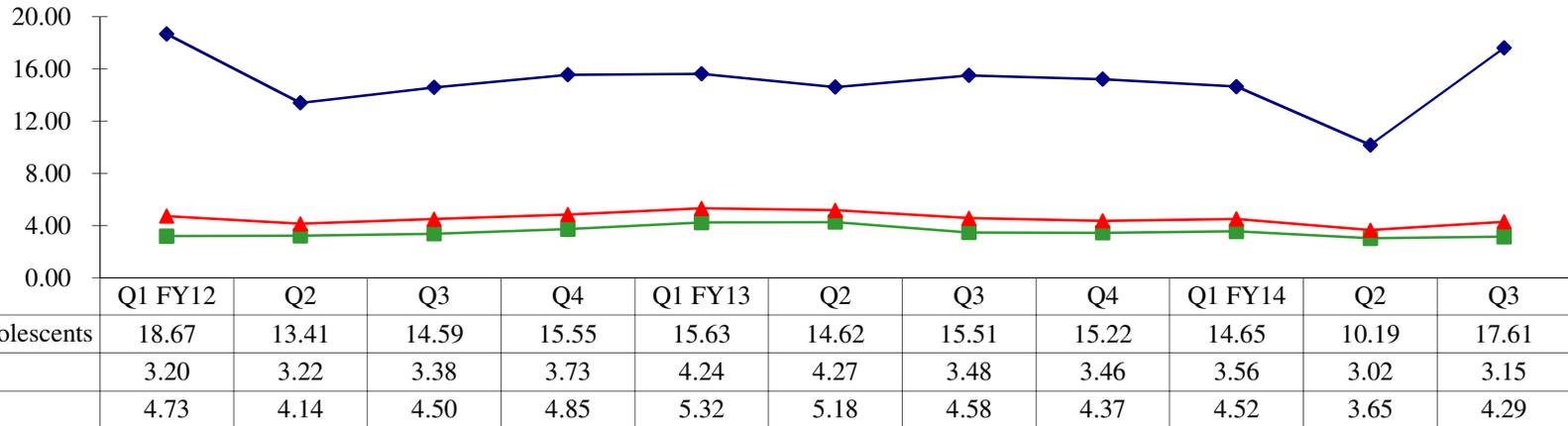


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Child/Adolescents	0.17	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	0.33	1.84	1.69	0.81	1.25	1.58	1.62	0.35	0.75	1.27	0.00
Total	0.30	1.84	1.69	0.98	1.25	1.58	1.62	0.35	0.75	1.27	0.00

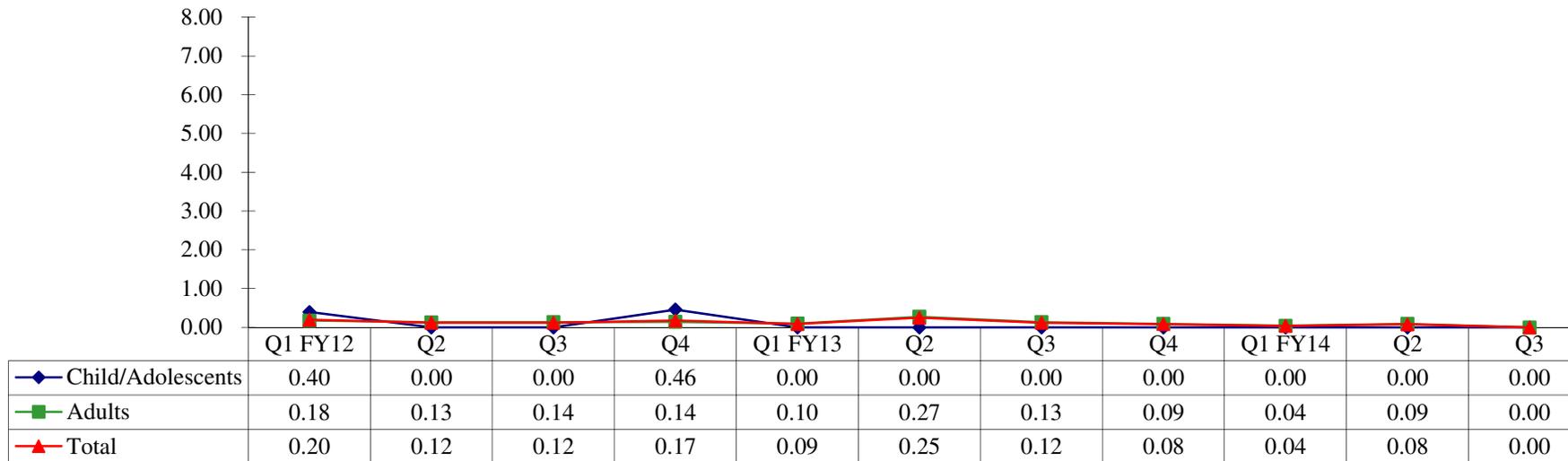
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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



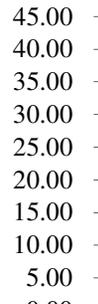
**Number of Persons in Seclusion/1000 Bed Days**



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

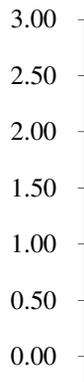
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**

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



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
◆ Child/Adolescents	21.07	21.65	34.03	19.63	26.29	6.12	22.76	16.24	19.32	14.61	34.14
■ Adults	4.94	5.24	4.55	6.11	4.94	7.58	9.23	4.79	6.28	7.35	5.91
▲ Total	6.35	6.75	7.10	7.20	6.70	7.46	10.34	5.61	7.72	8.09	8.64

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

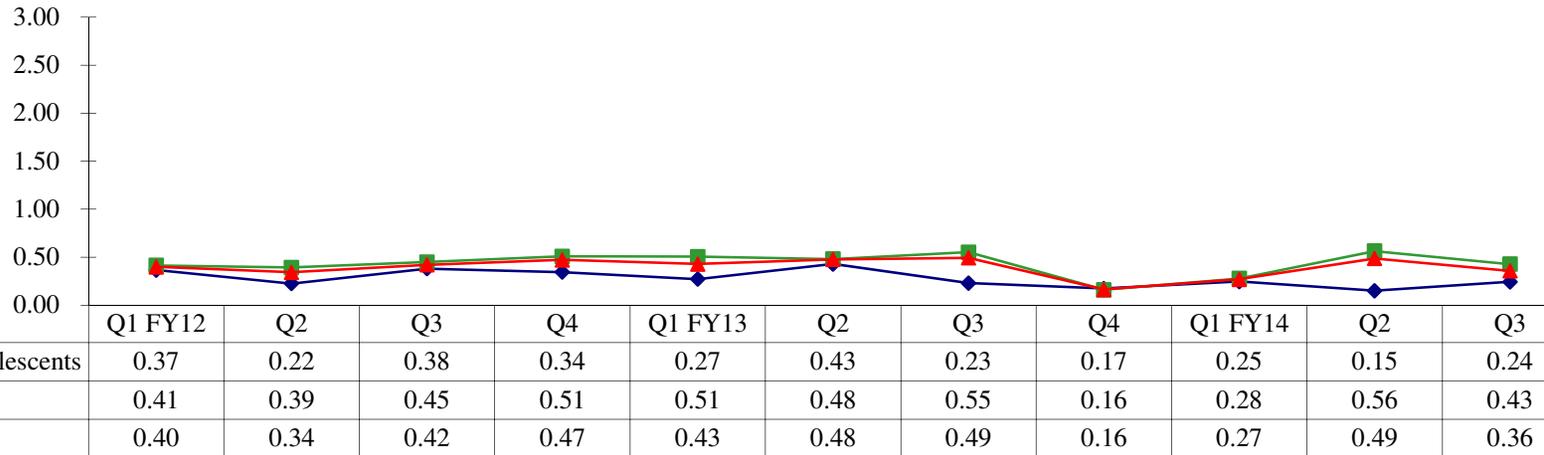


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
◆ Child/Adolescents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
■ Adults	0.20	0.20	0.16	0.08	0.00	0.04	0.00	0.04	0.10	0.05	0.00
▲ Total	0.18	0.18	0.14	0.07	0.00	0.04	0.00	0.04	0.09	0.05	0.00

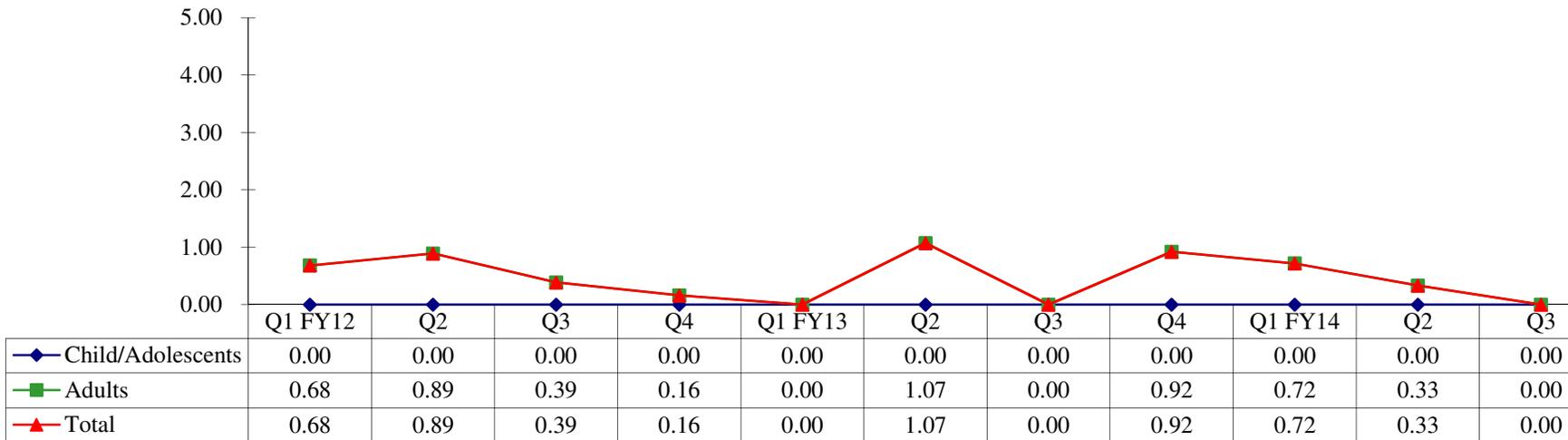
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

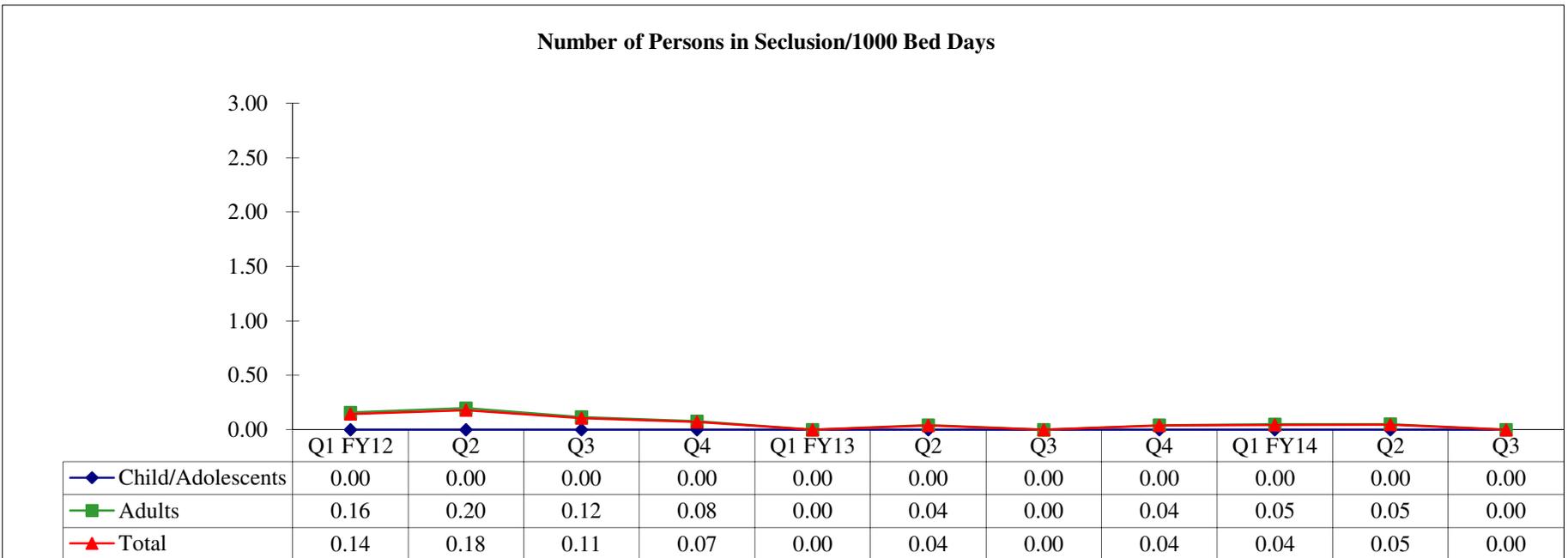
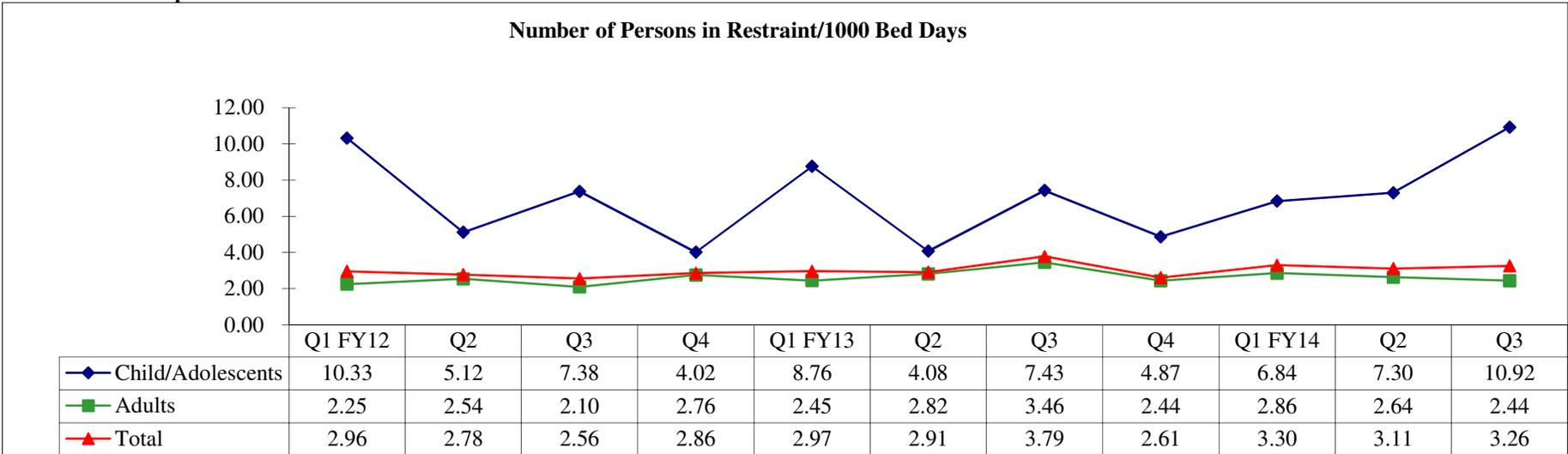


**Average Number of Hours Per Incident in Seclusion**

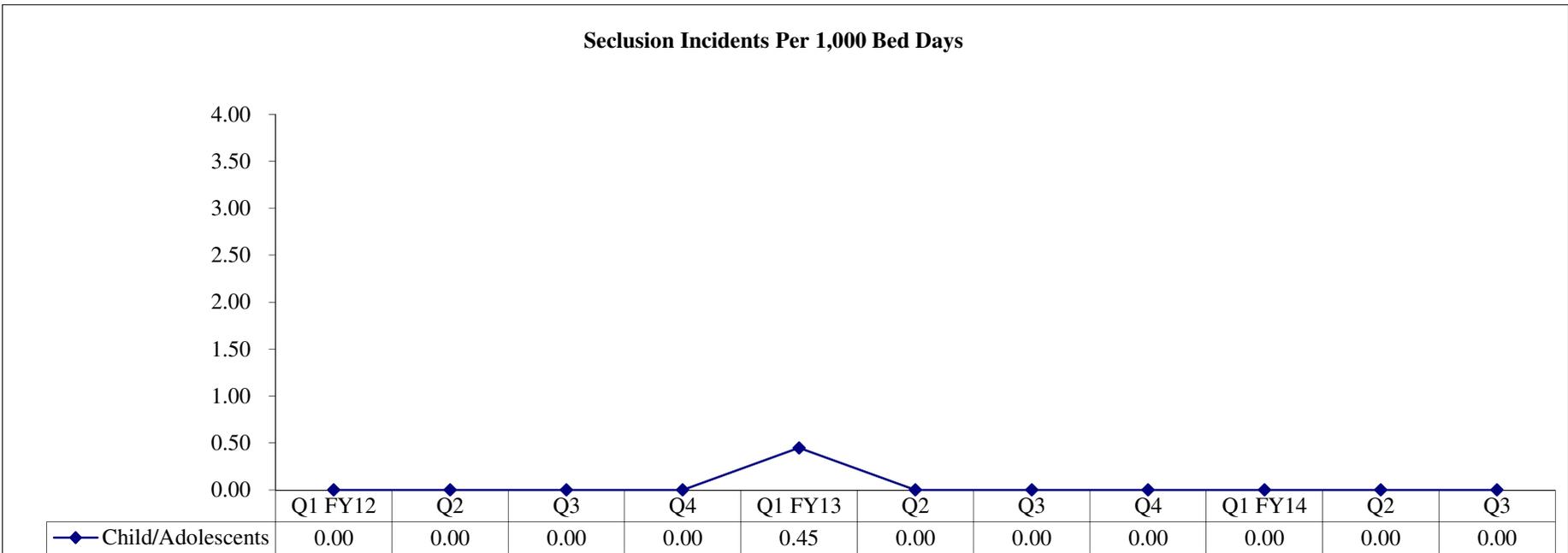
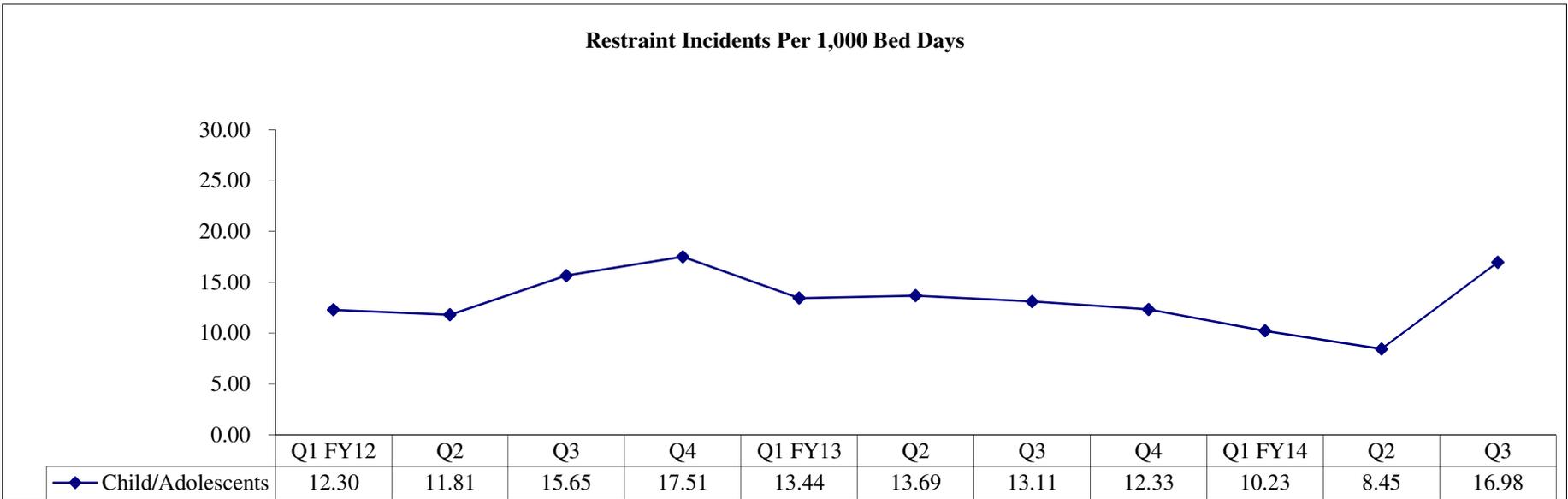


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

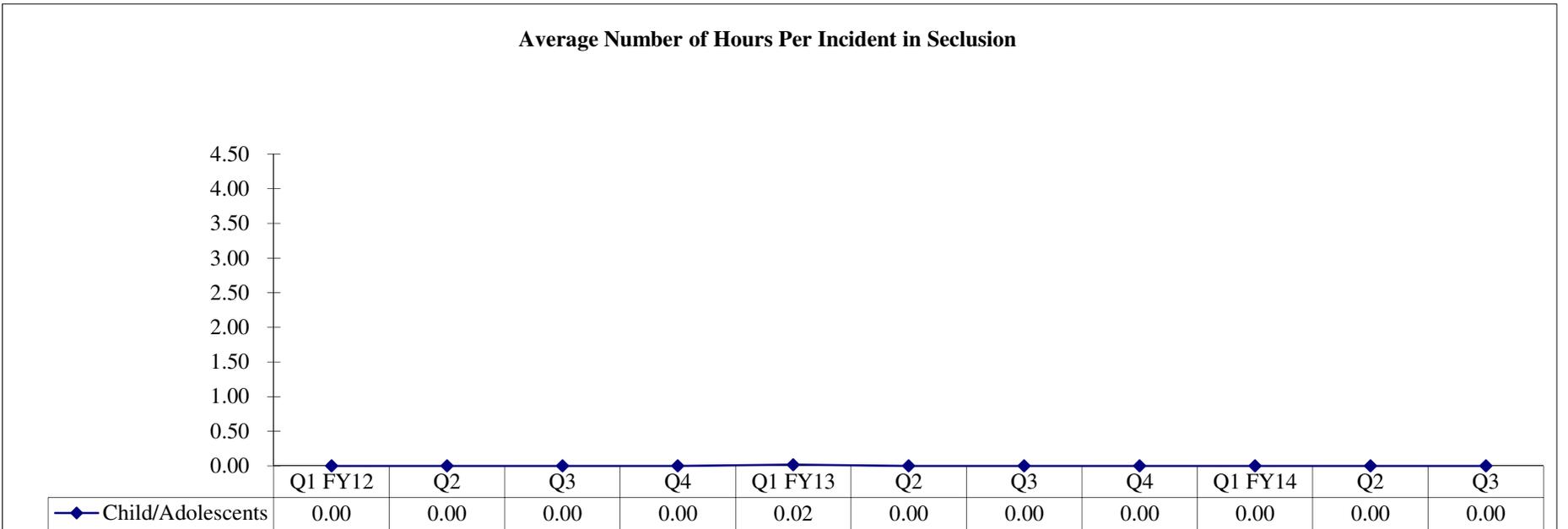
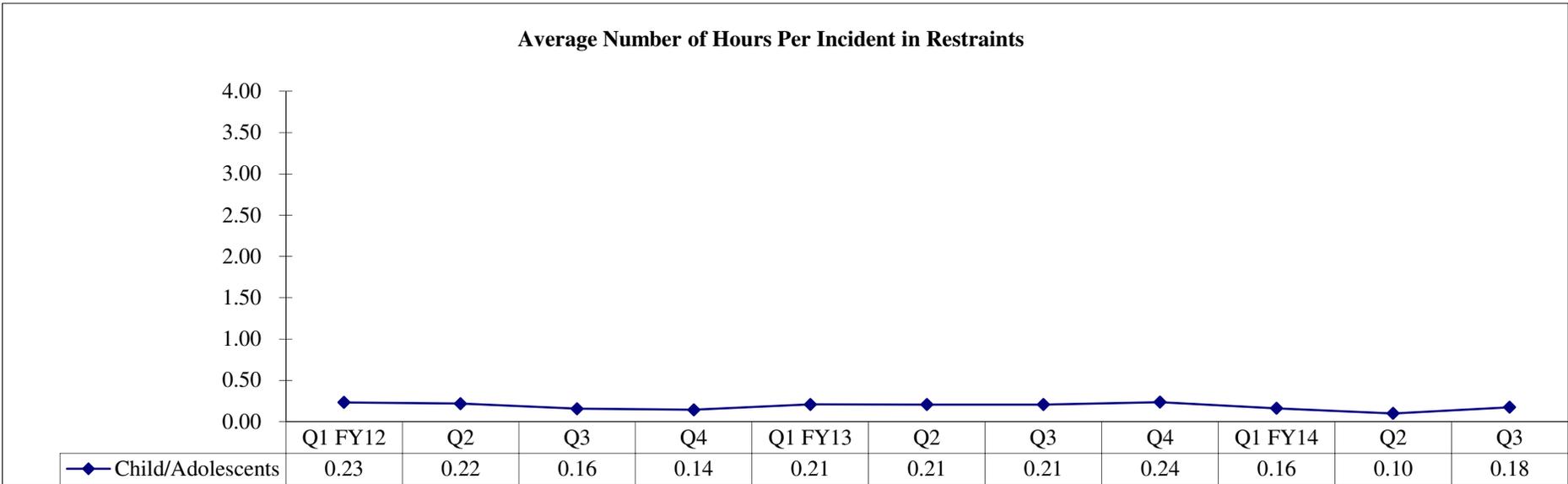
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



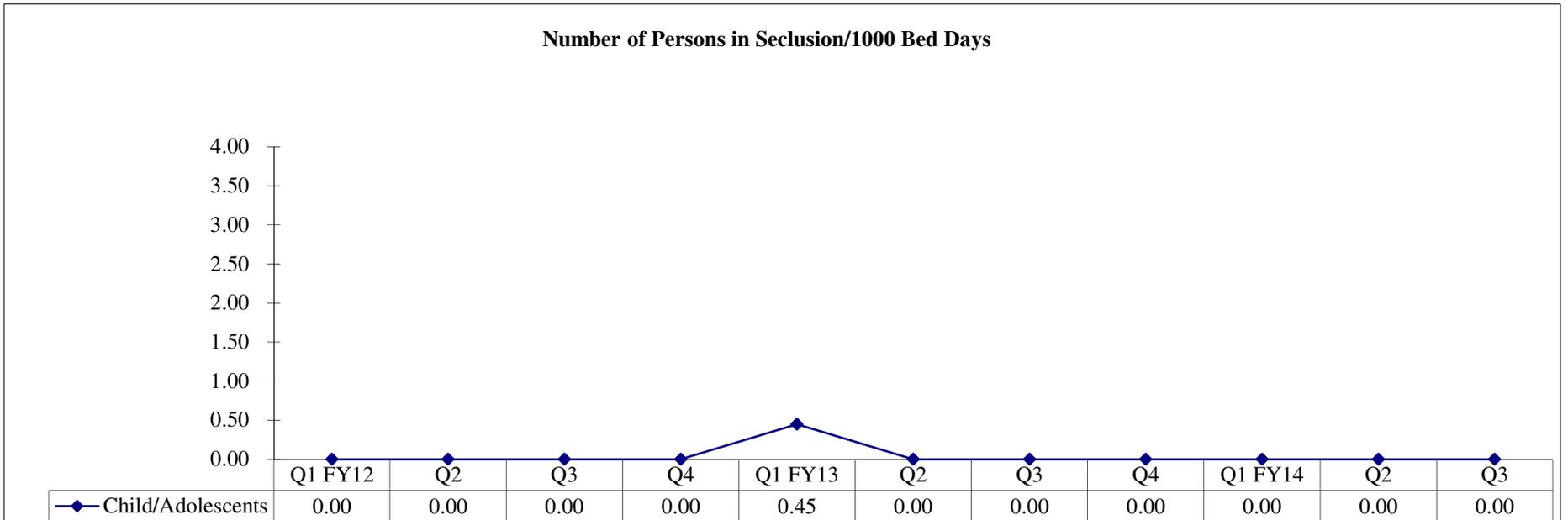
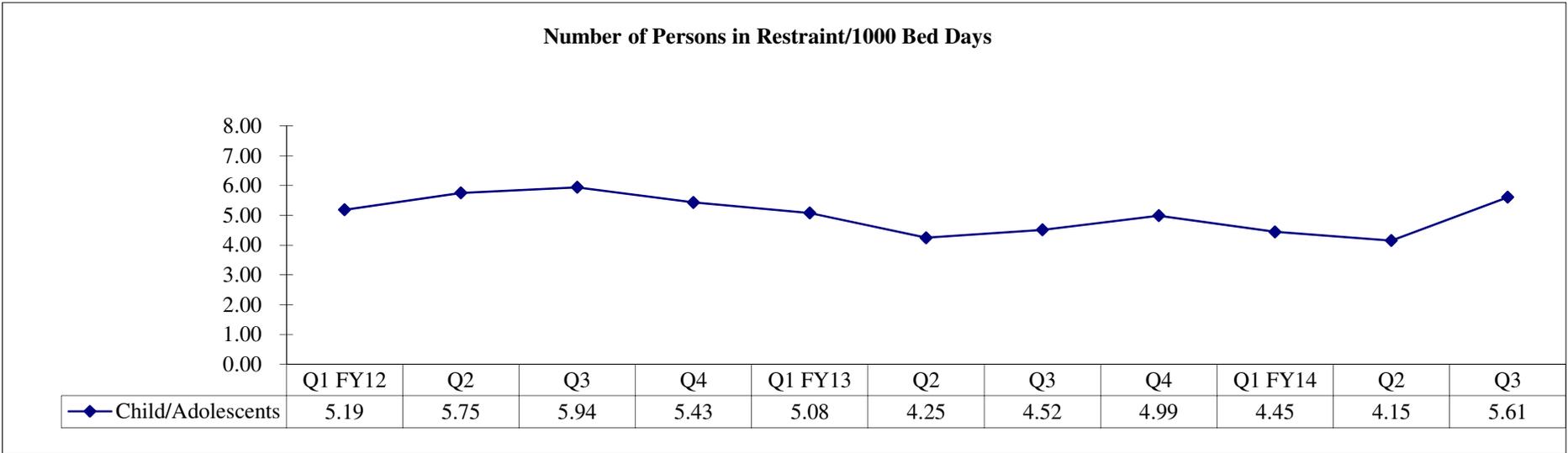
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Waco Center for Youth**



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



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



**Performance Objective 3B:**

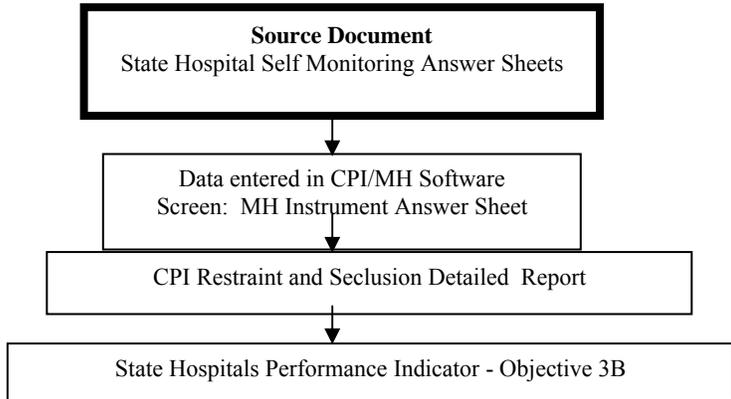
**Utilize the Behavioral Restraint and Seclusion Monitoring Instrument for violent self-destructive behavior to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.**

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

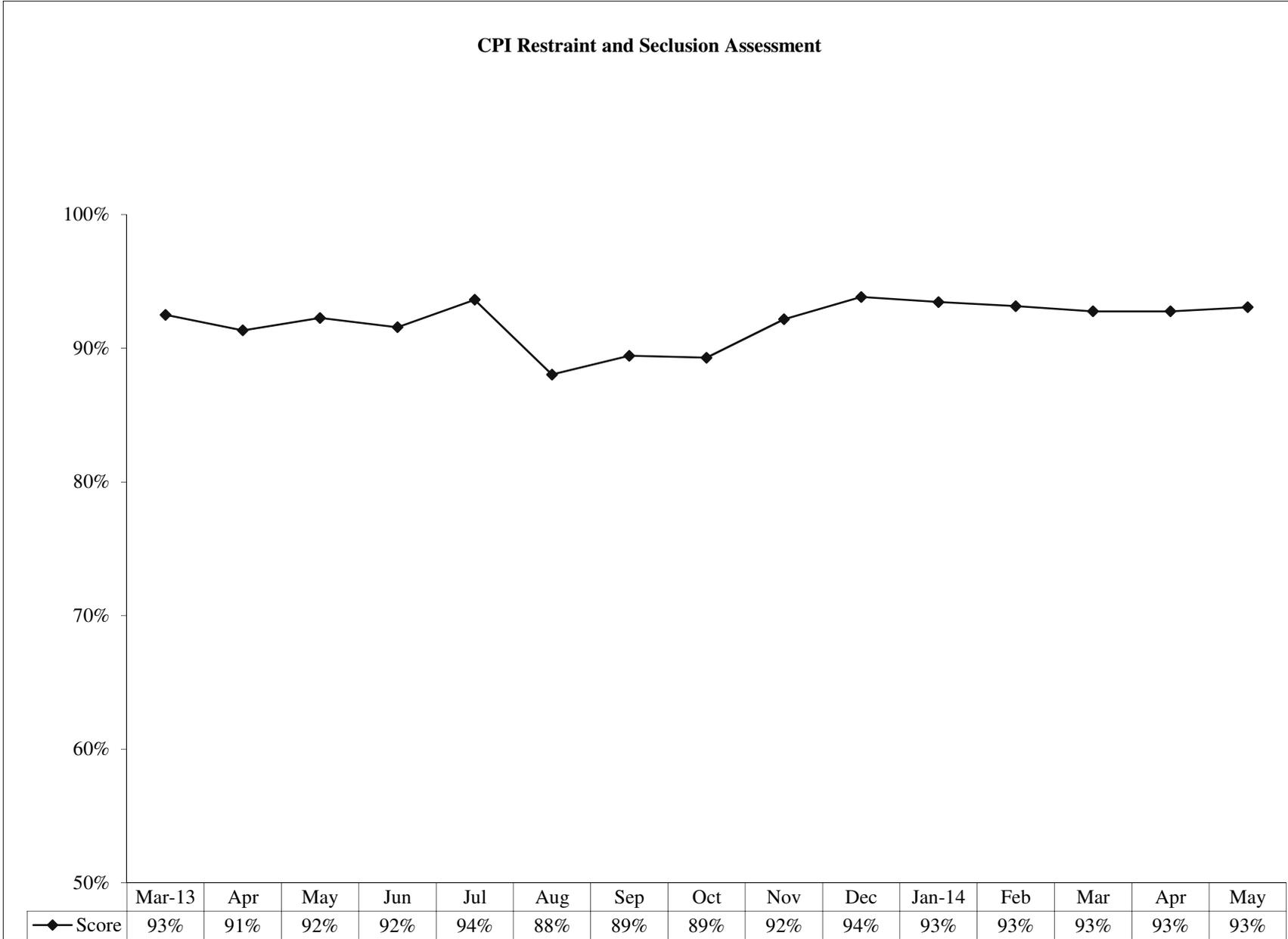
**Performance Objective Formula:** According to the CPI Restraint and Seclusion Monitoring instrument  $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$ .

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

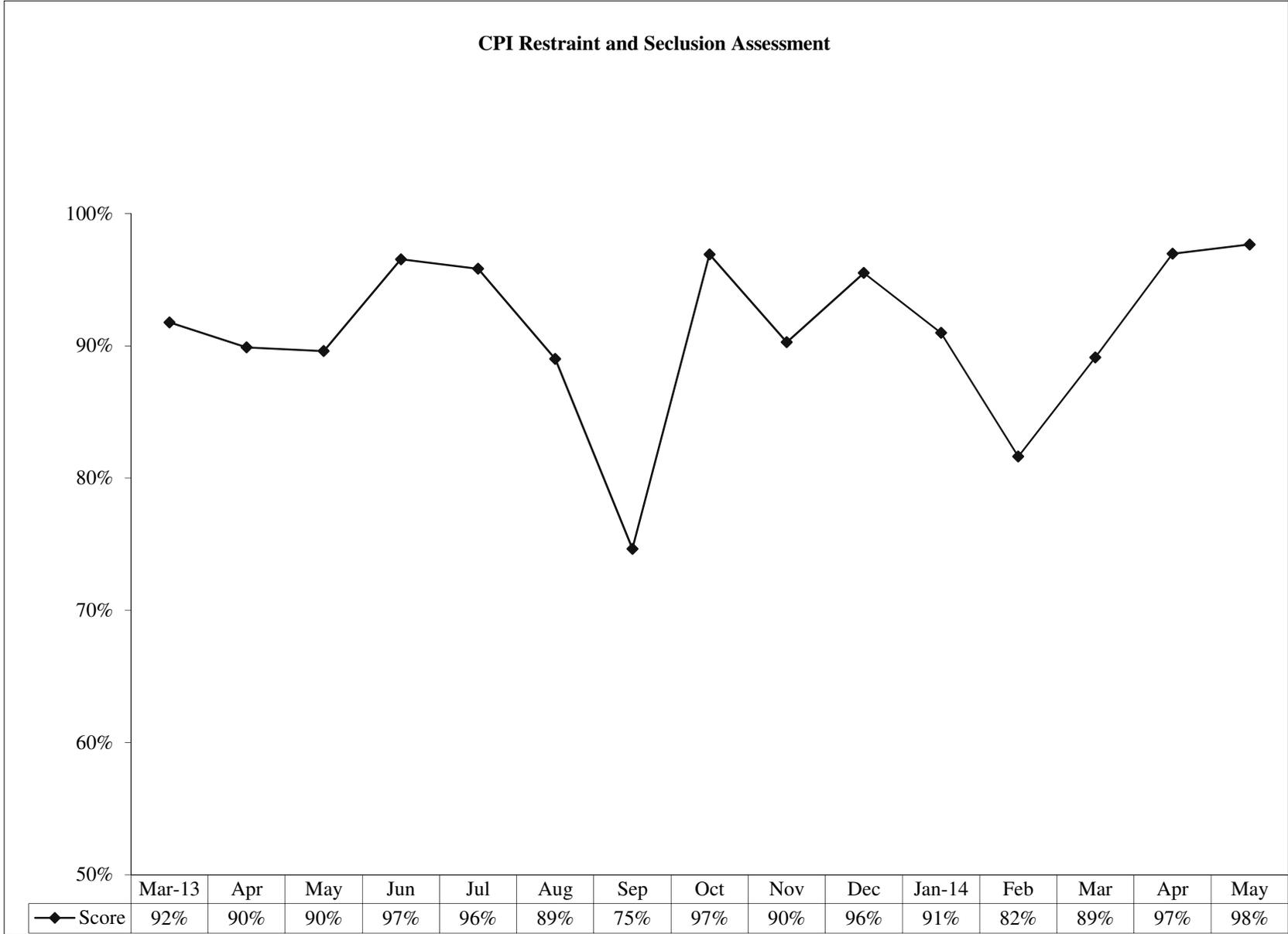
**Data Flow:**



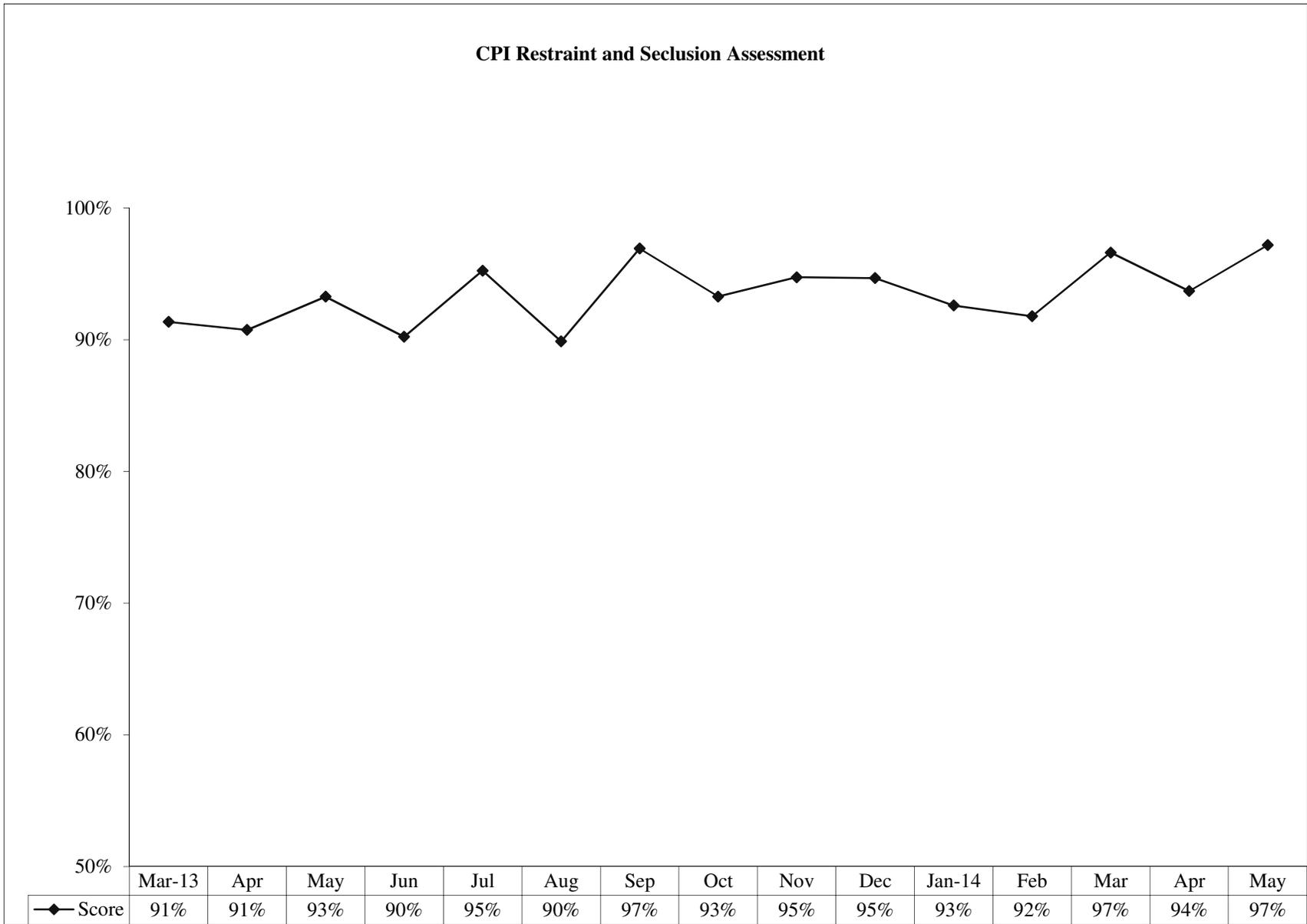
**Objective 3B - Behavioral Restraint and Seclusion Assessment  
All State MH Hospitals**



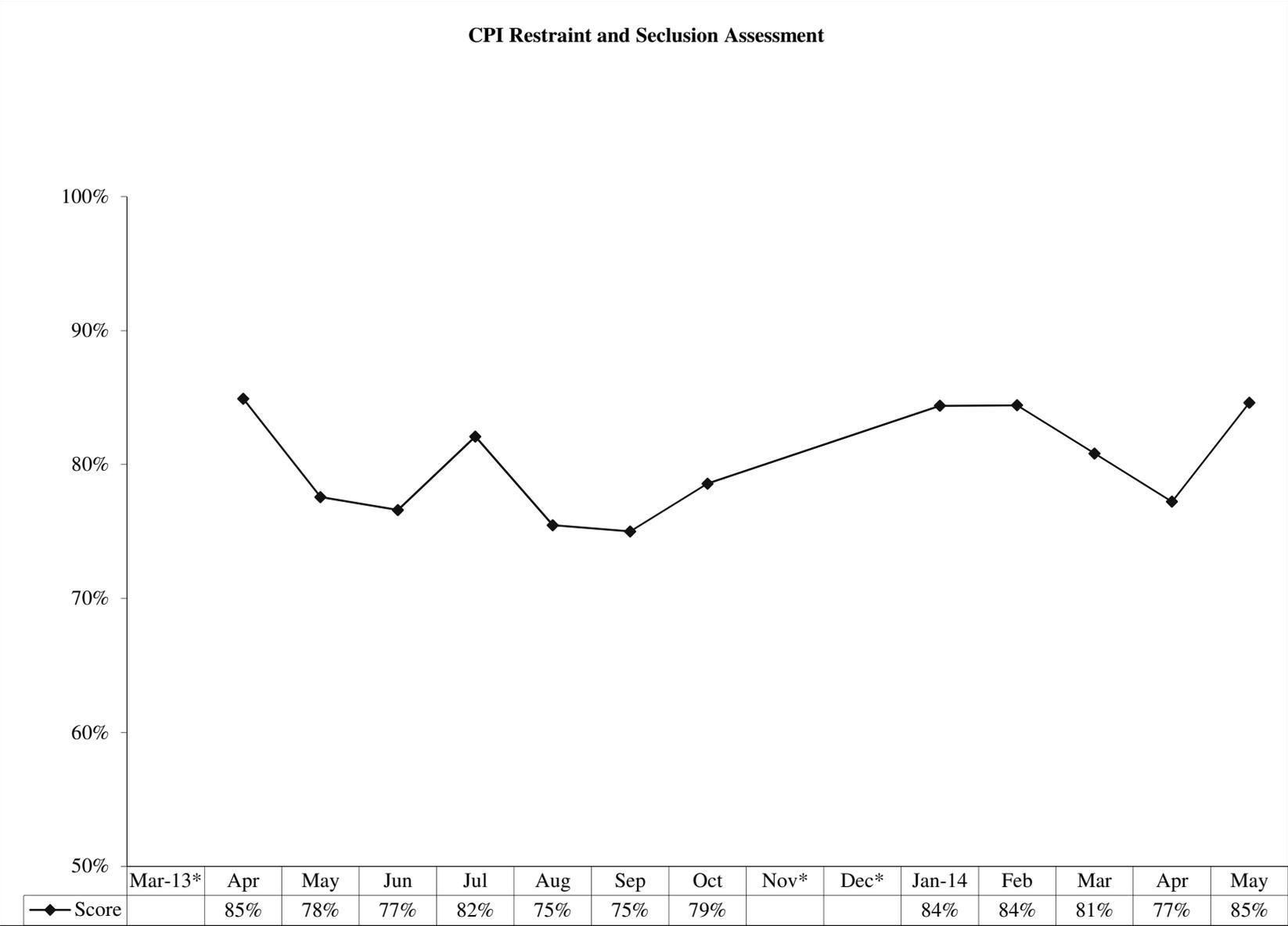
**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Austin State Hospital**



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

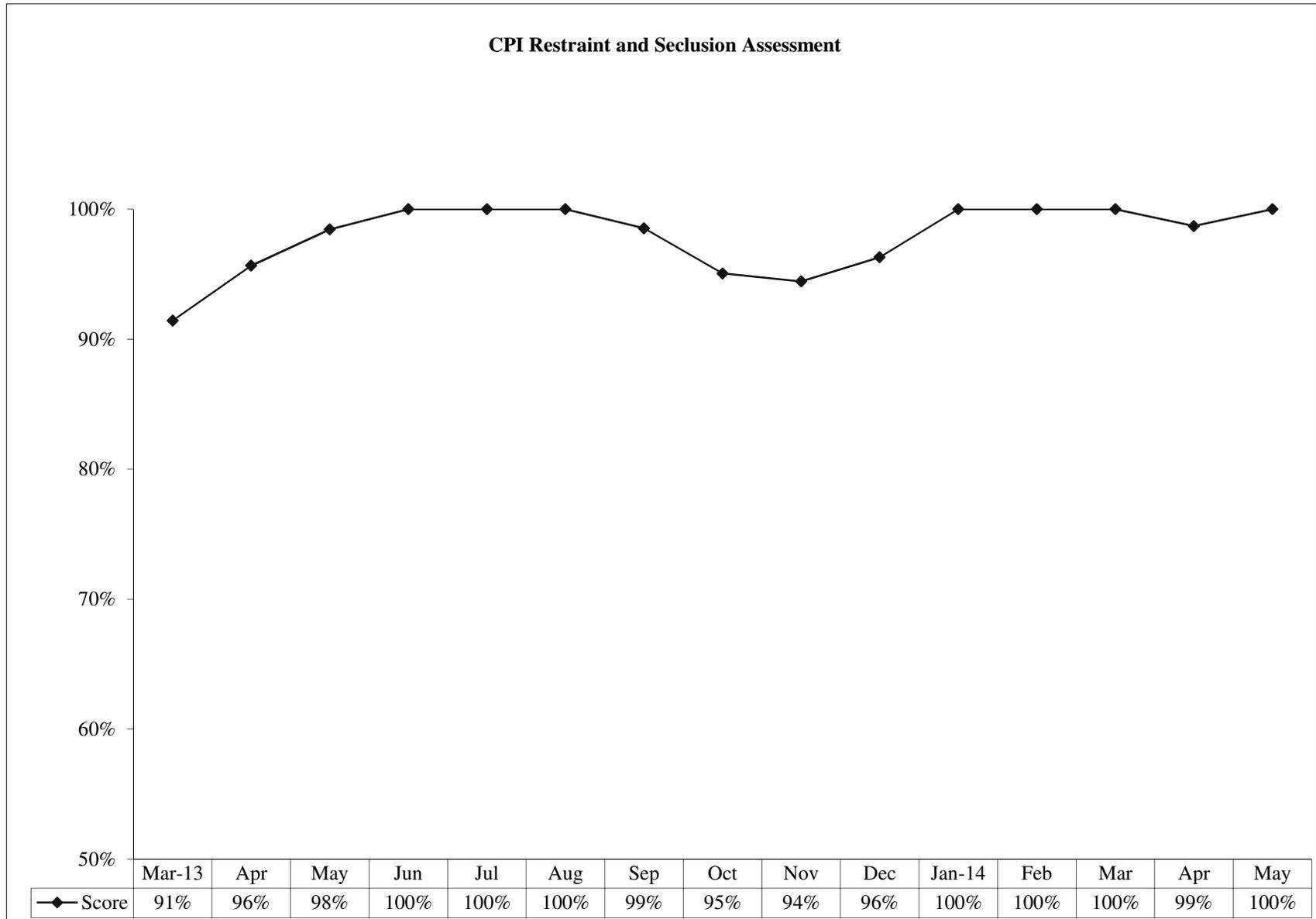


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
El Paso Psychiatric Center**

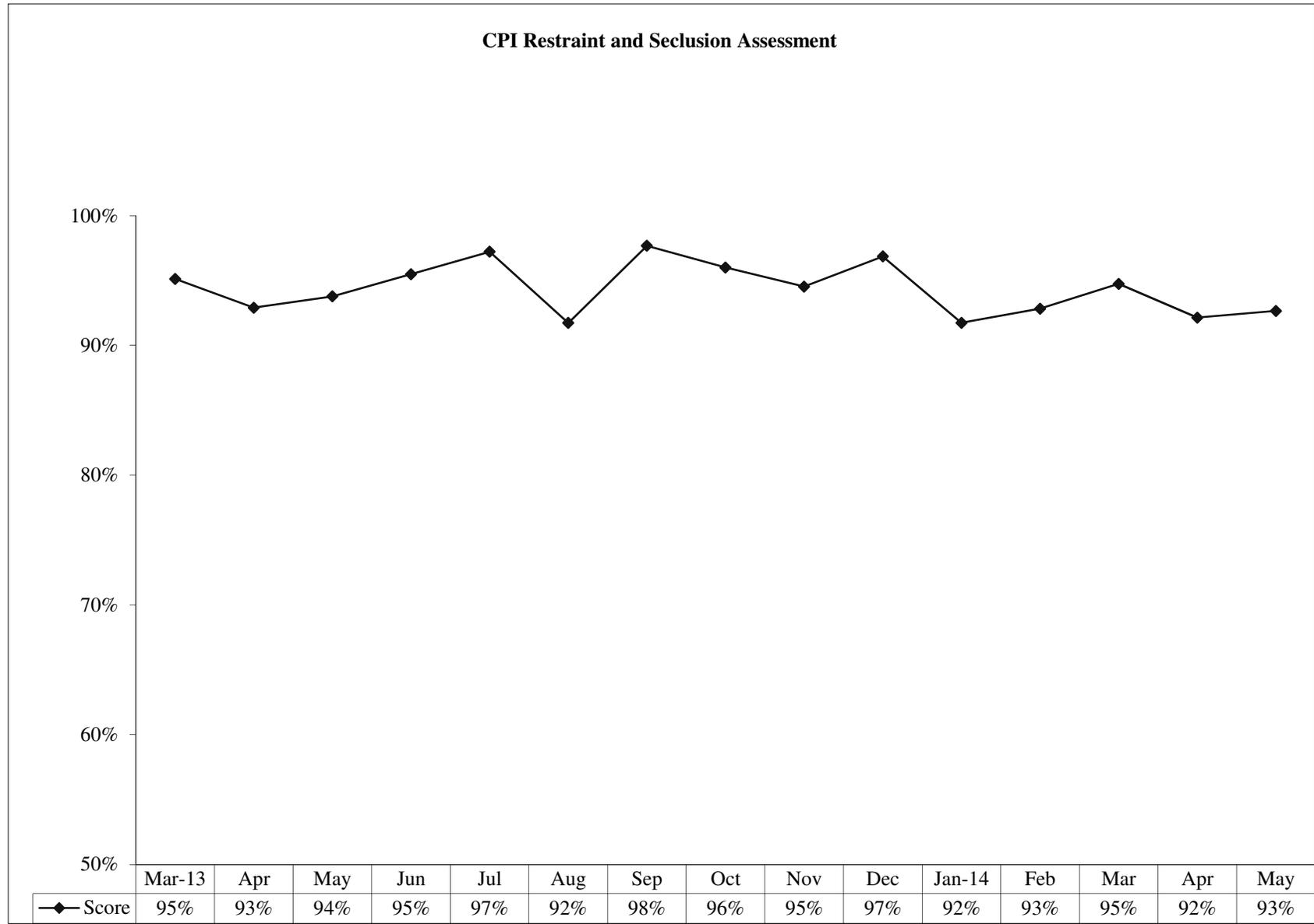


\*No scores reported to HMDS.

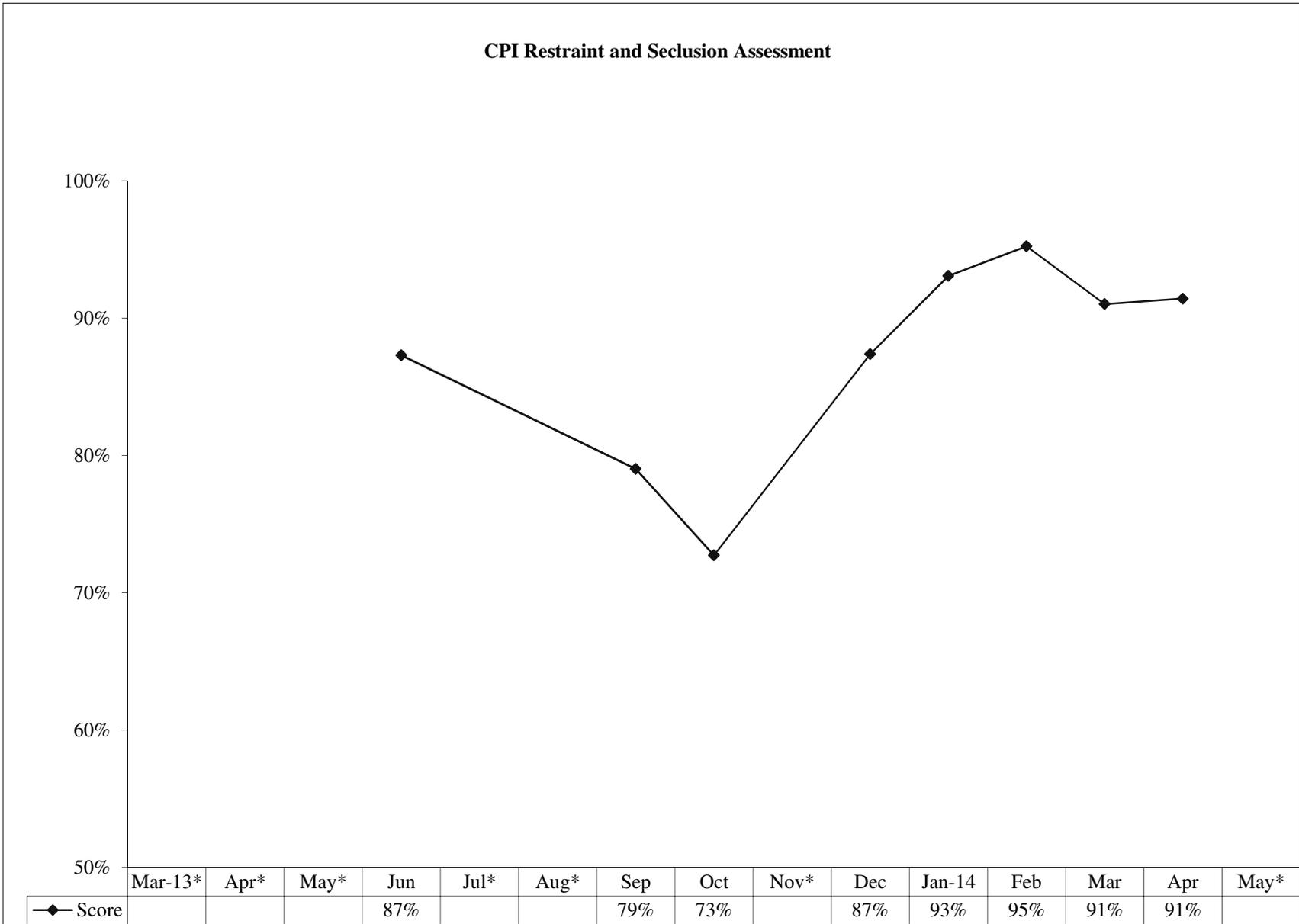
**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Kerrville State Hospital**



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

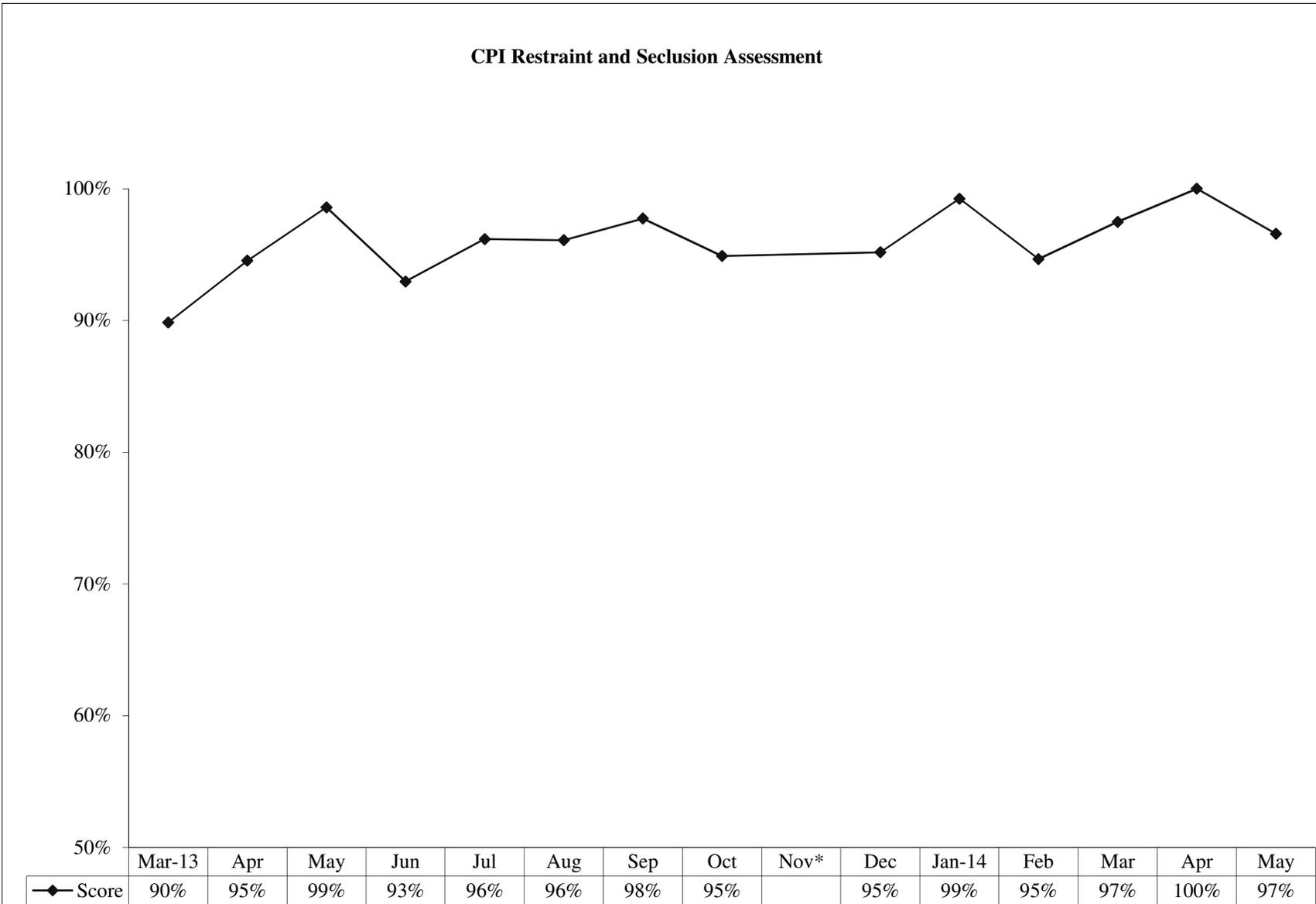


**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**Rio Grande State Center**



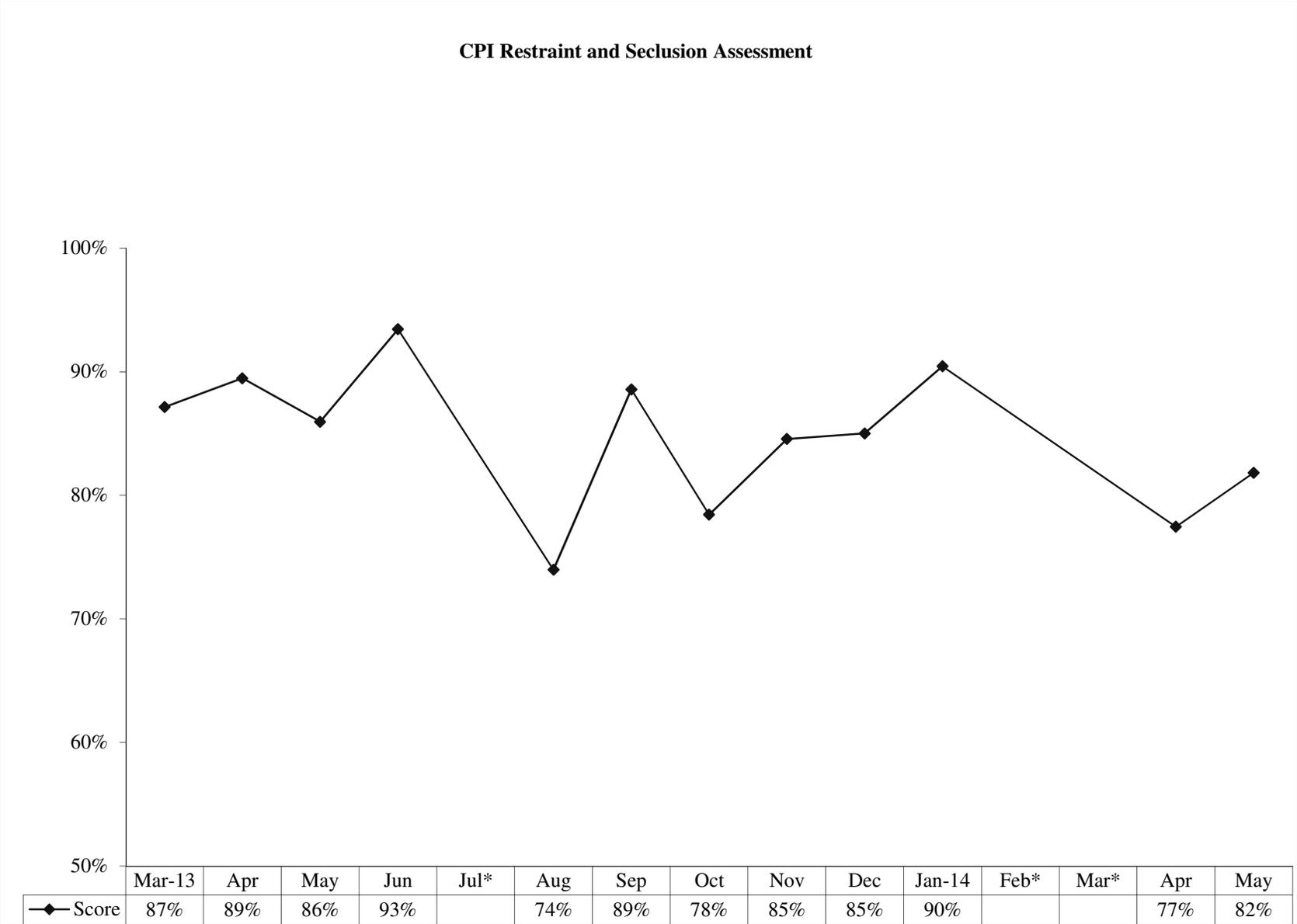
\*No scores reported to HMDS.

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



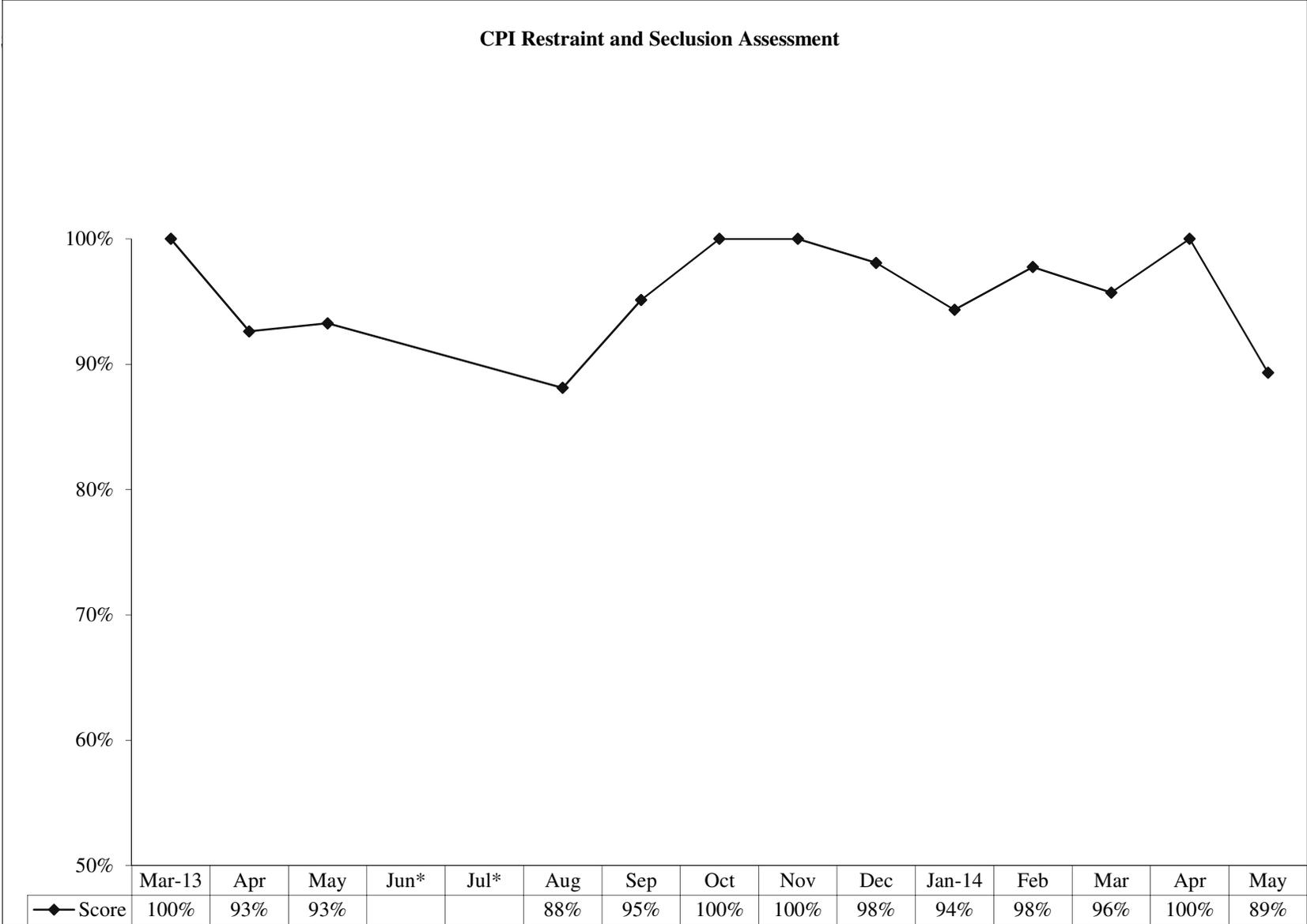
\*No scores reported to HMDS.

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



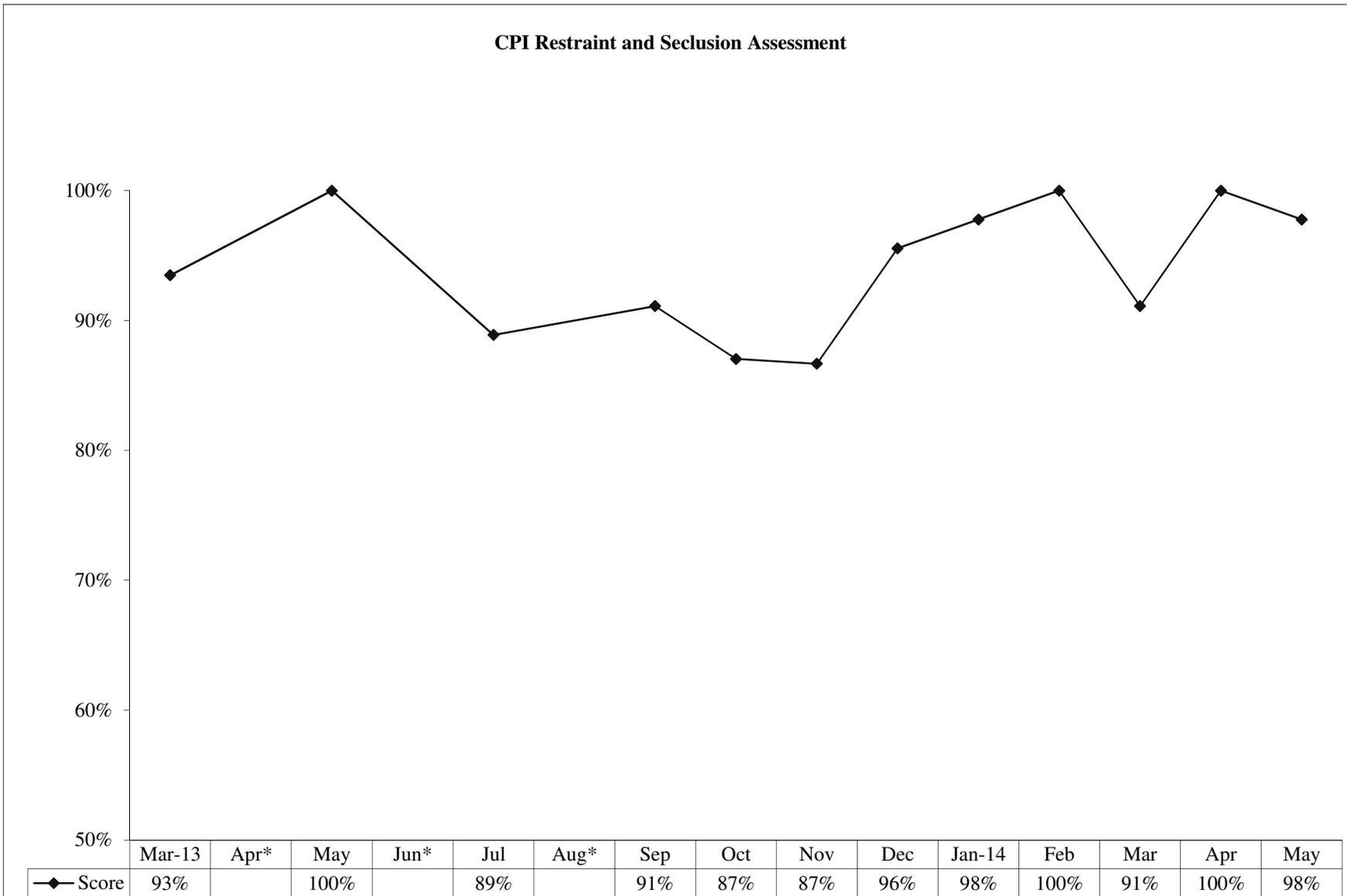
\*No scores reported to HMDS.

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



\*No scores reported to HMDS.

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



\*No scores reported to HMDS.

### Performance Measure 3A:

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

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

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

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

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

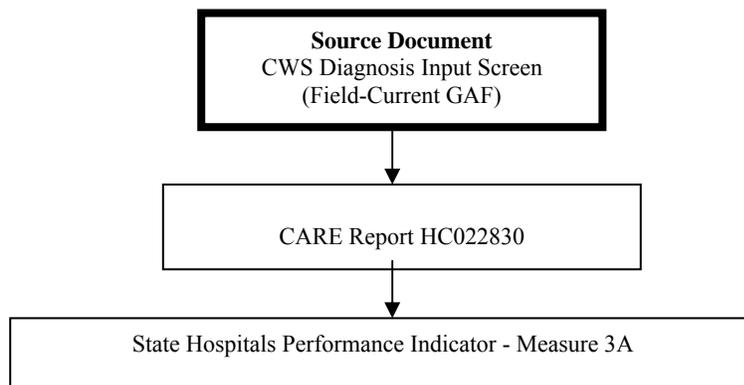
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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

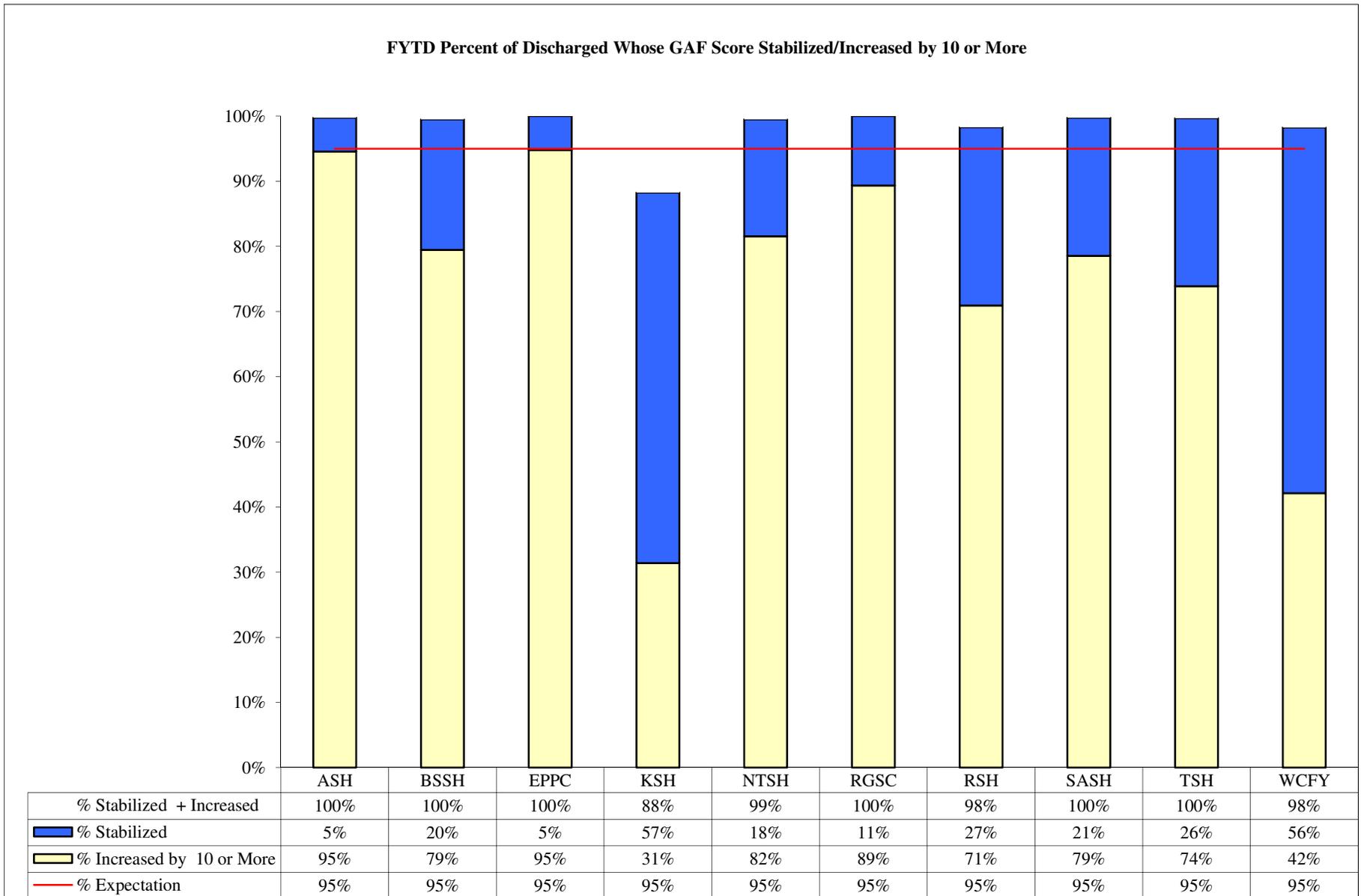
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**

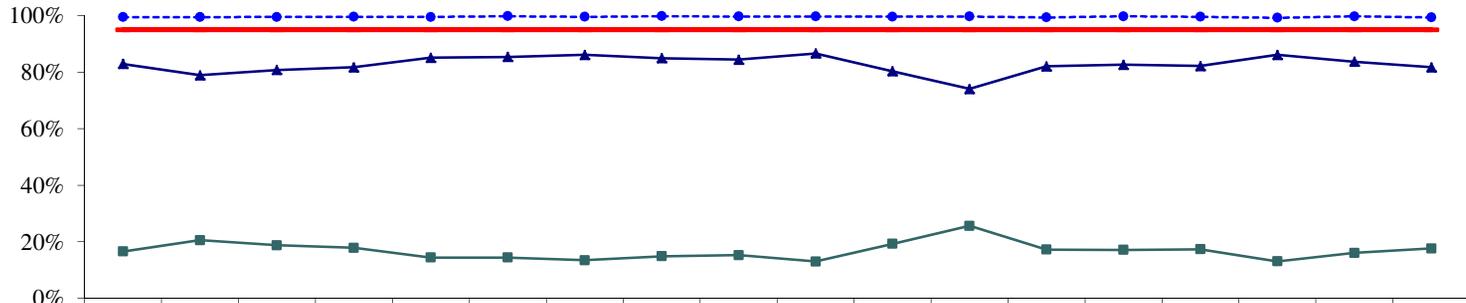


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**All State MH Hospitals - As of May 31, 2014**



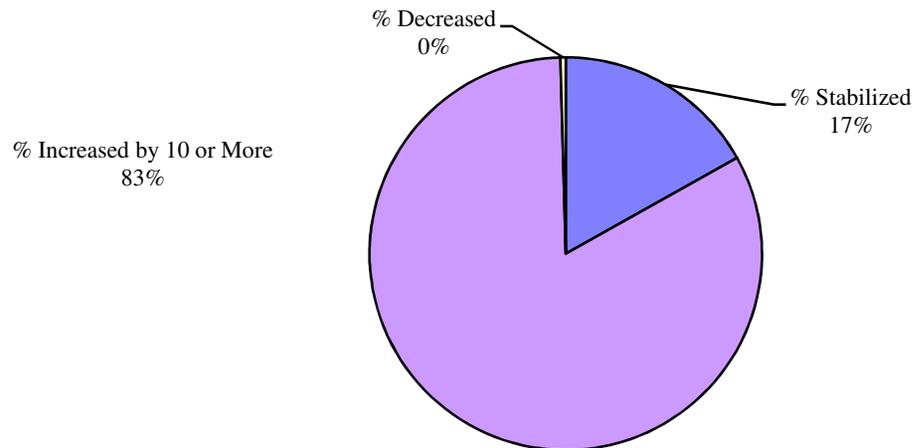
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**All State MH Hospitals**

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

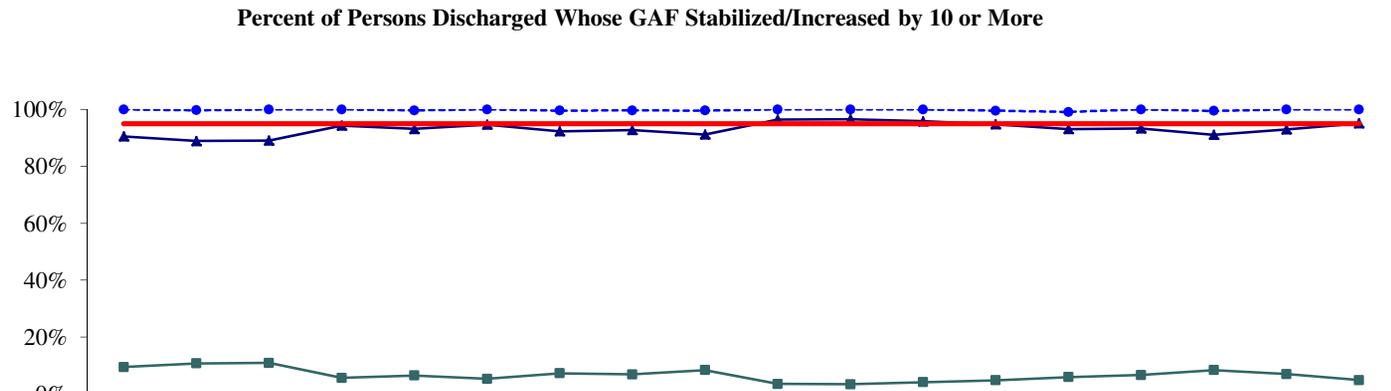


	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
▲ % Increased by 10 or More	83%	79%	81%	82%	85%	85%	86%	85%	84%	87%	80%	74%	82%	83%	82%	86%	84%	82%
■ % Stabilized	17%	21%	19%	18%	14%	14%	13%	15%	15%	13%	19%	26%	17%	17%	17%	13%	16%	18%
●- - % Stabilized + Increased	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%	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 May 31, 2014**

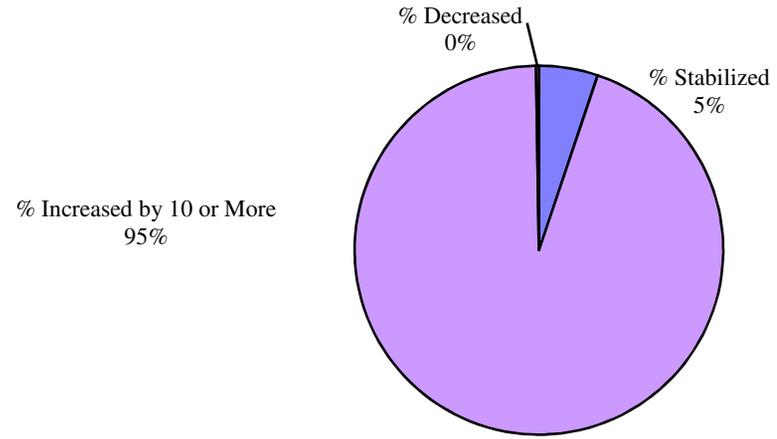


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Austin State Hospital**

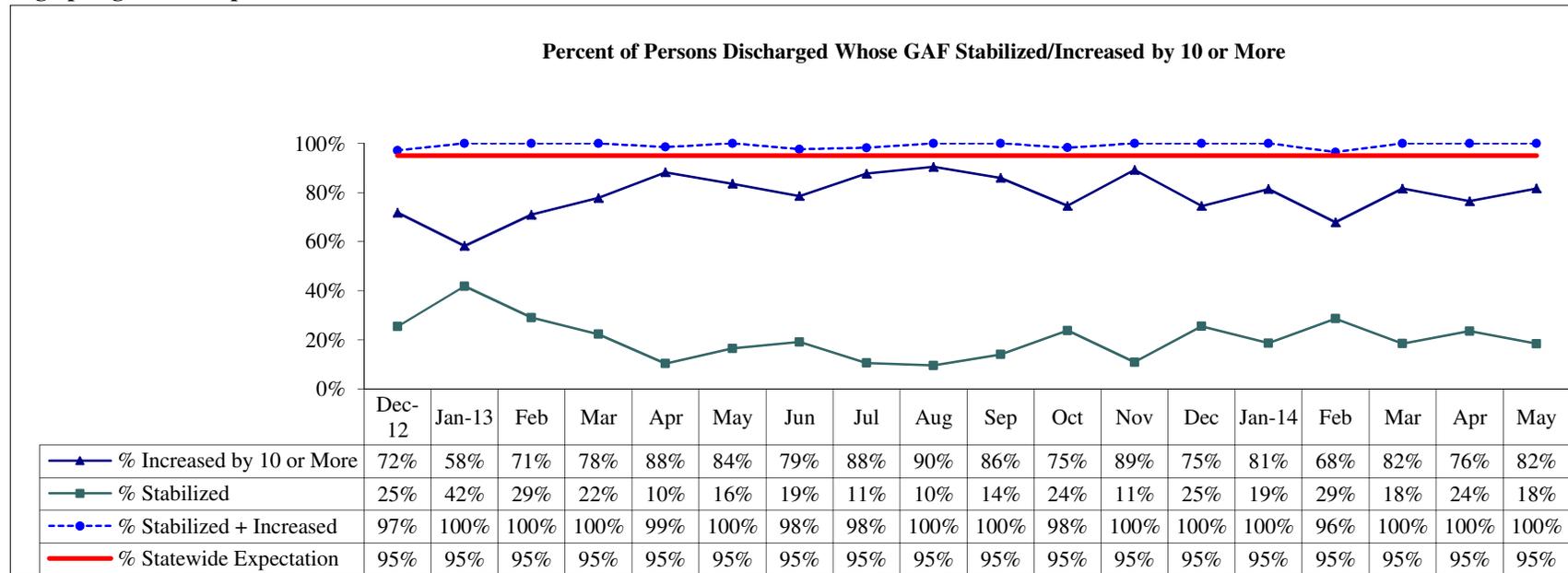


	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
▲ % Increased by 10 or More	91%	89%	89%	94%	93%	95%	92%	93%	91%	96%	97%	96%	95%	93%	93%	91%	93%	95%
■ % Stabilized	9%	11%	11%	6%	6%	5%	7%	7%	8%	4%	3%	4%	5%	6%	7%	8%	7%	5%
●- - % Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

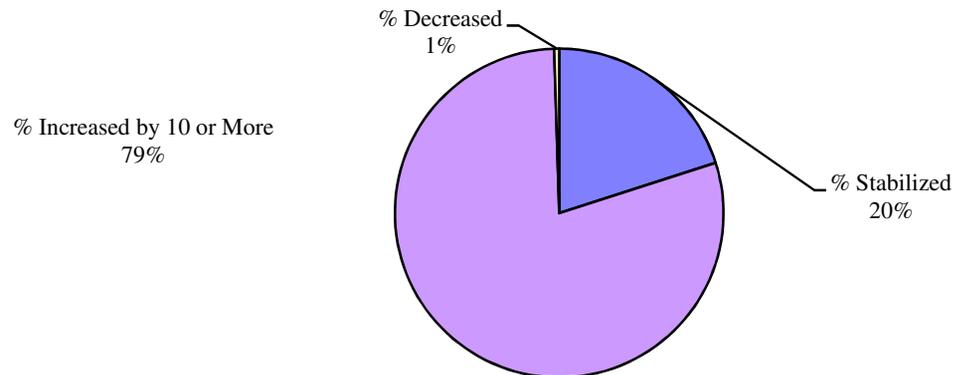
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2014**



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

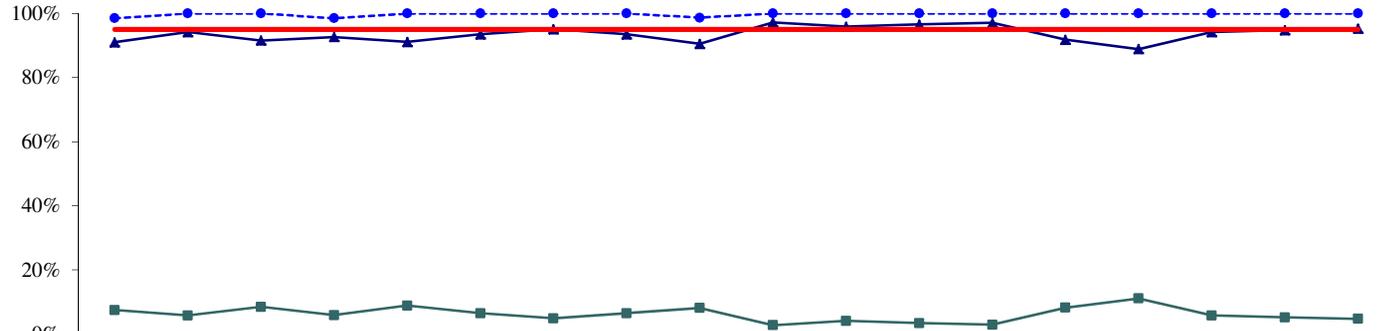


**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2014**

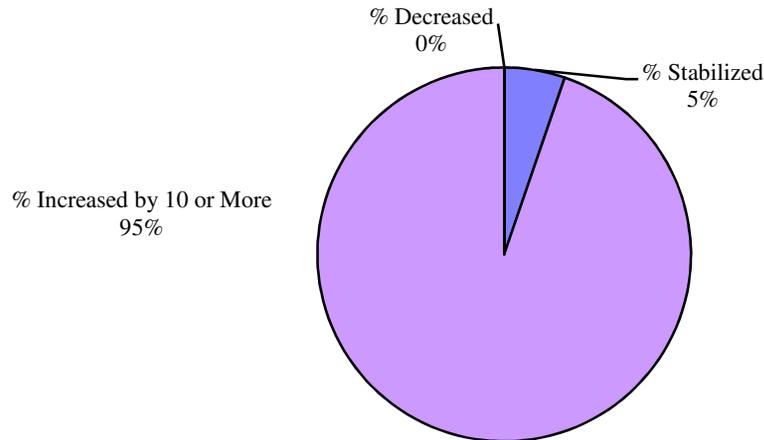


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**El Paso Psychiatric Center**

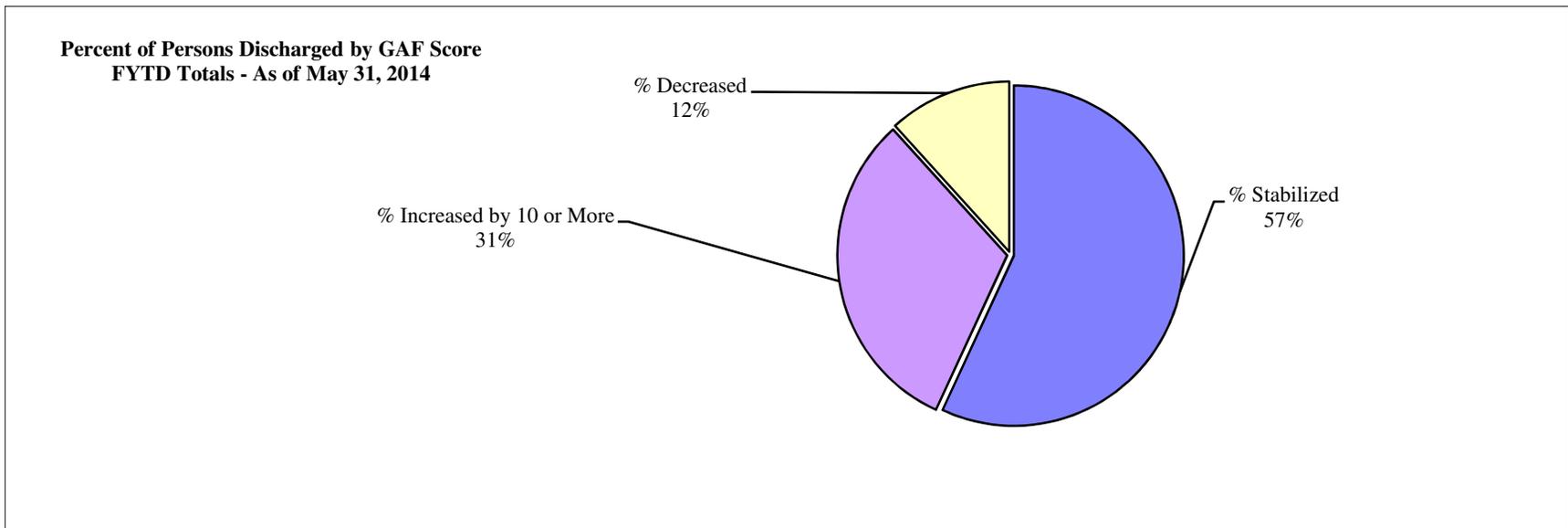
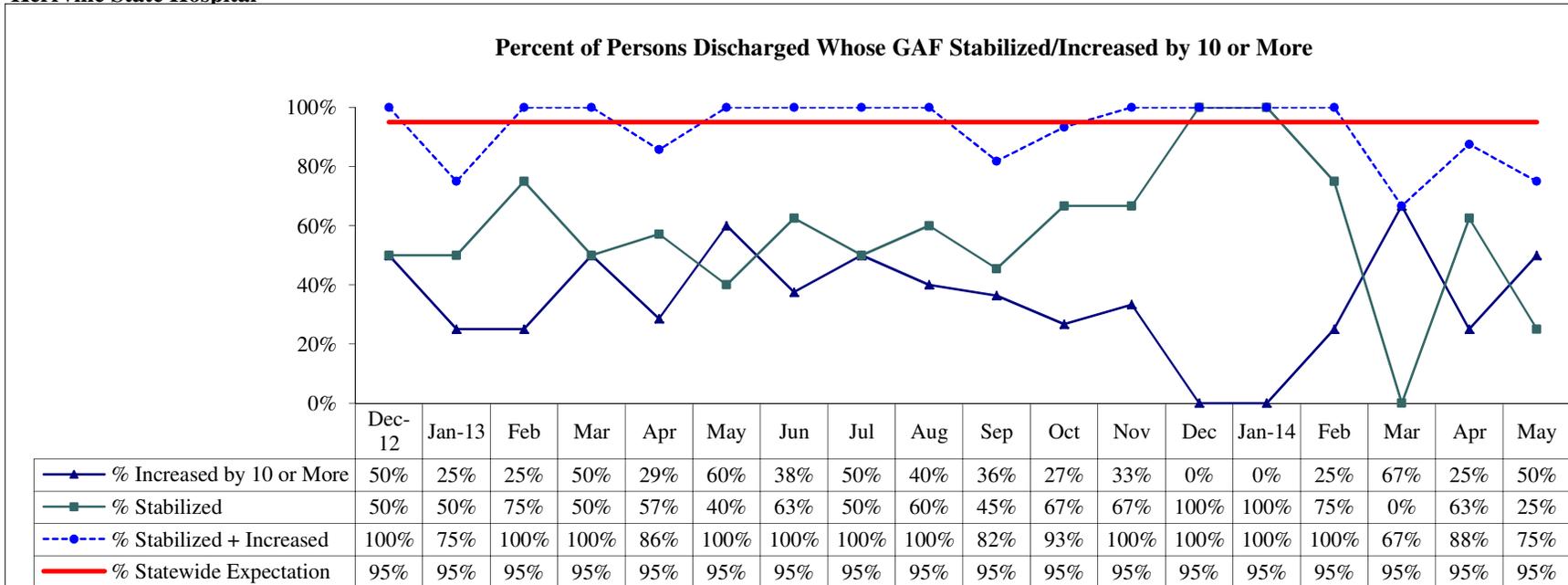
**Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More**



**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2014**

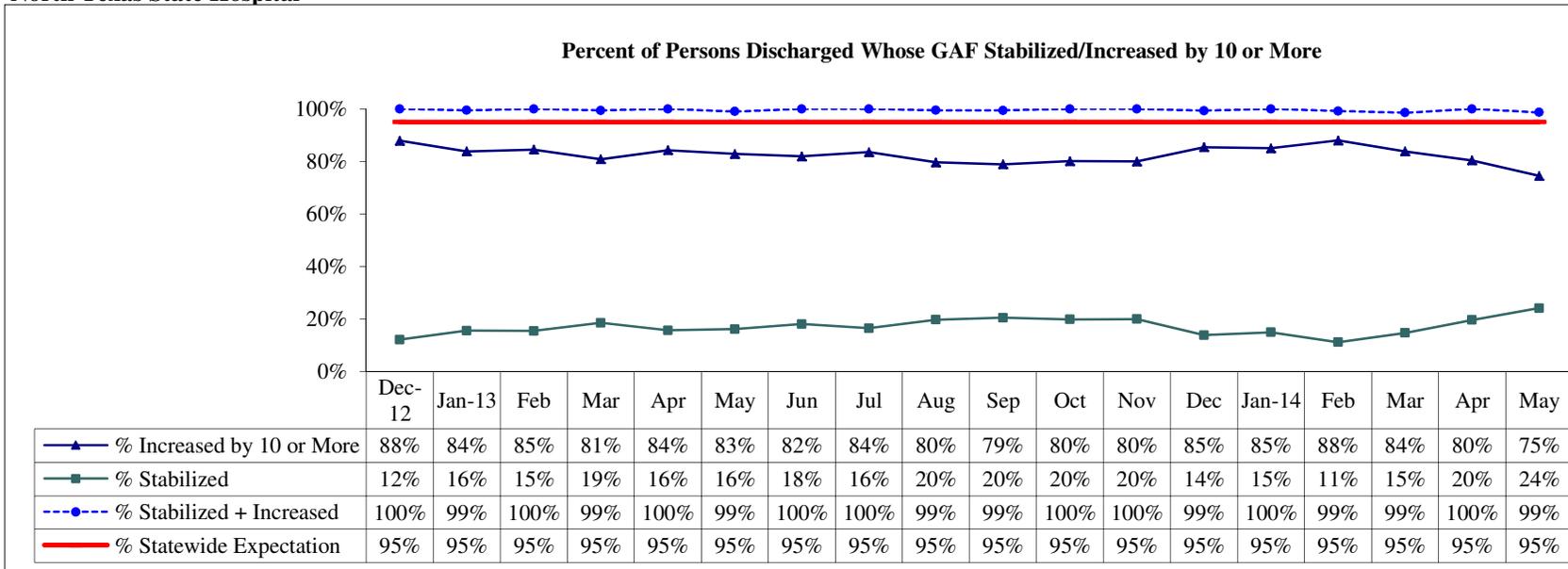


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Kerrville State Hospital**

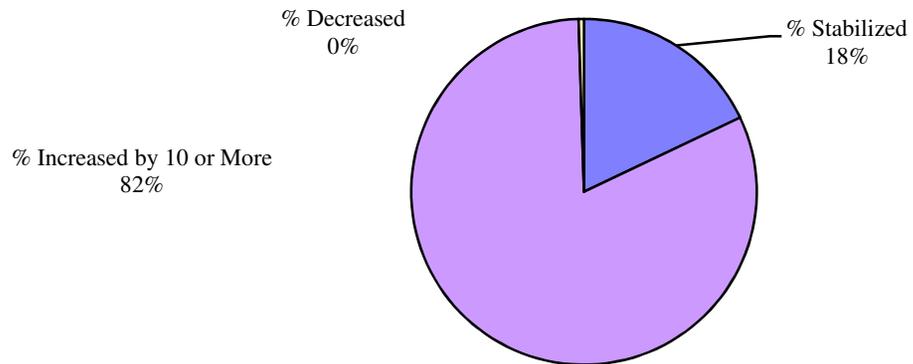


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

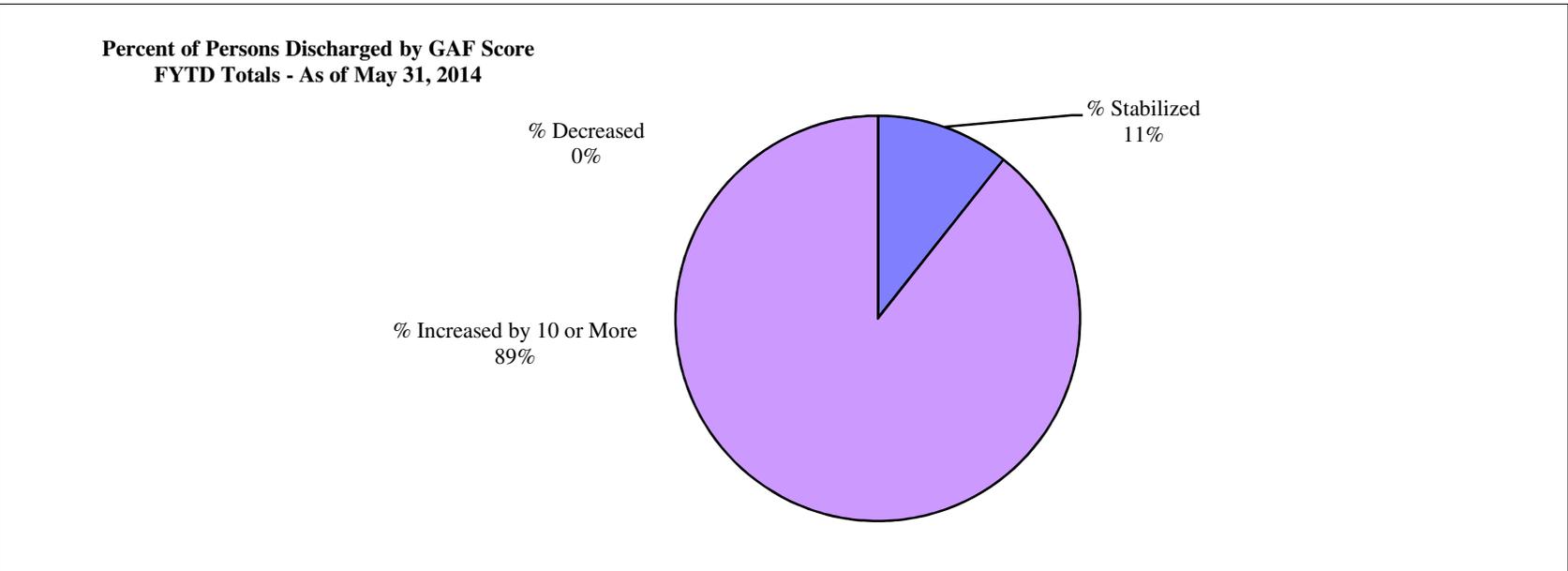
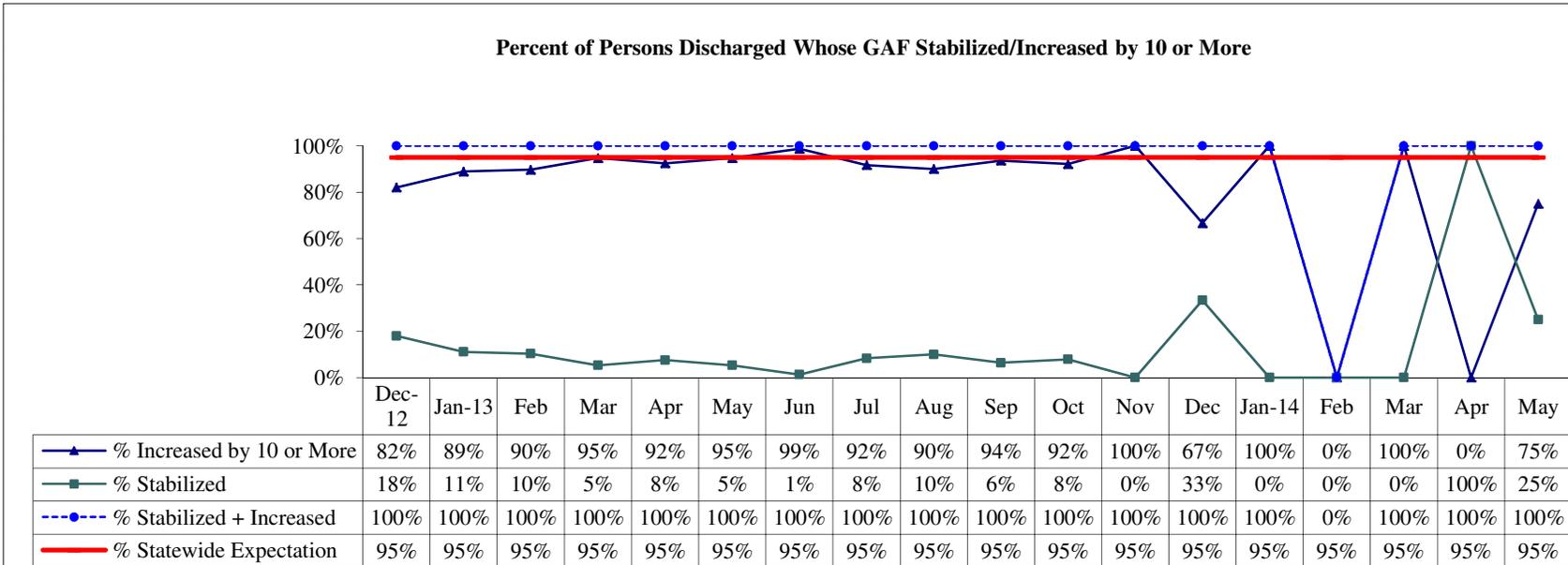
**North Texas State Hospital**



**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2014**

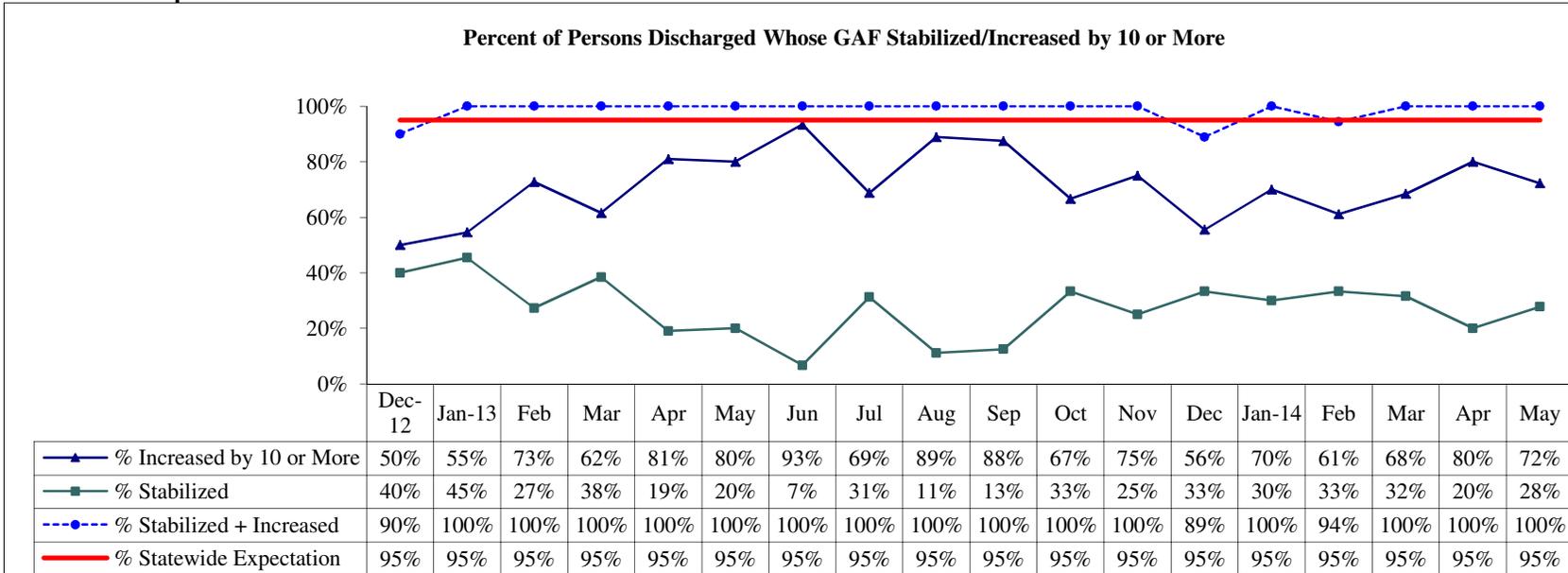


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Rio Grande State Center**

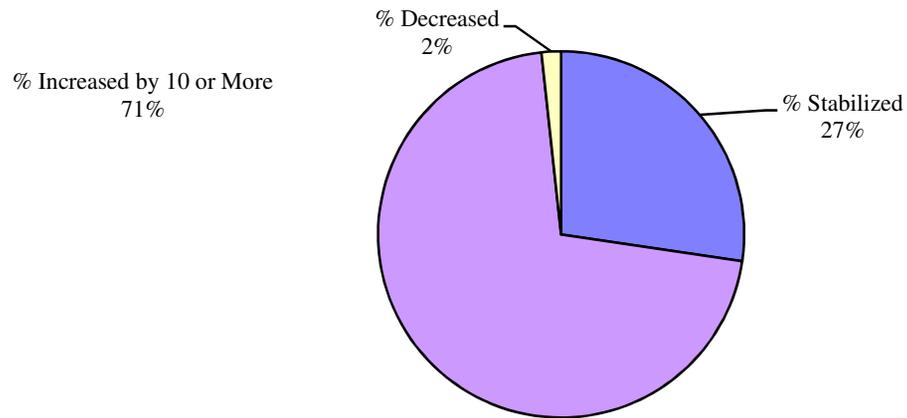


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**Rusk State Hospital**

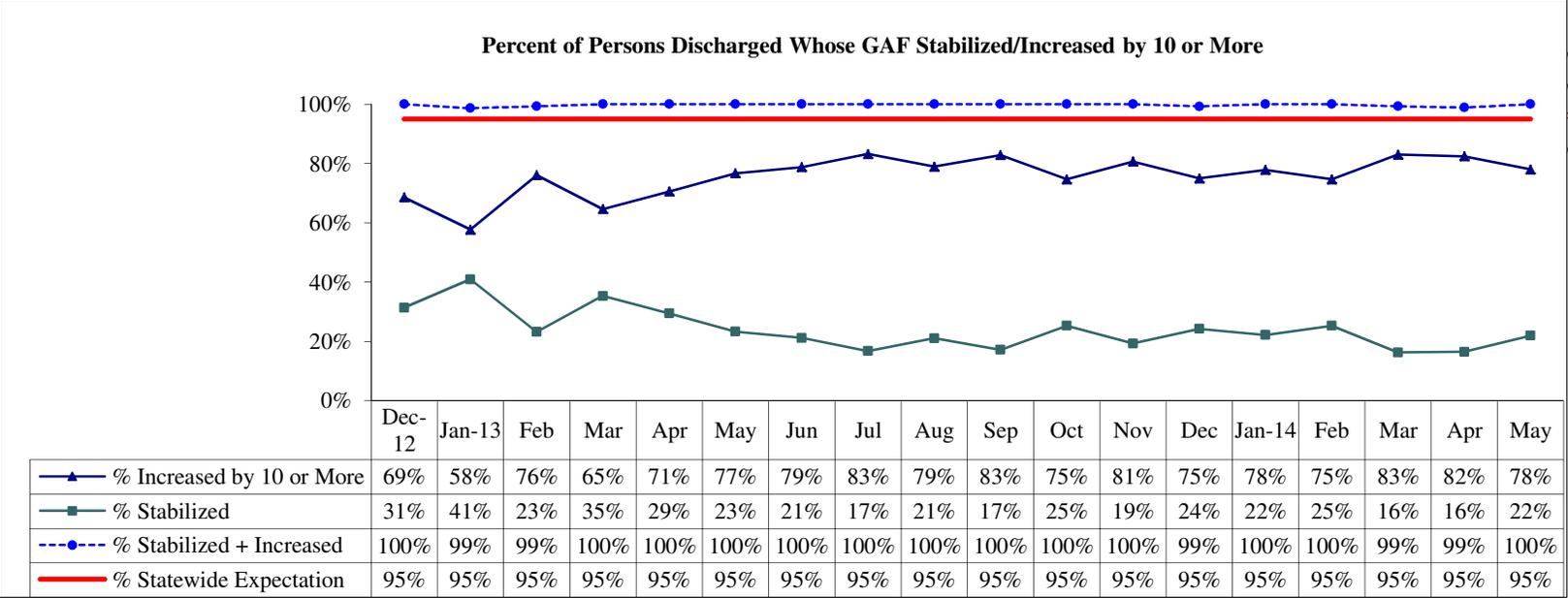


**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2014**

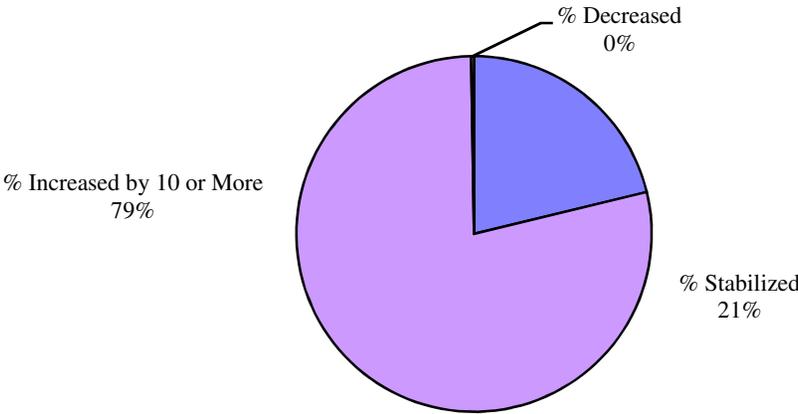


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**San Antonio State Hospital**



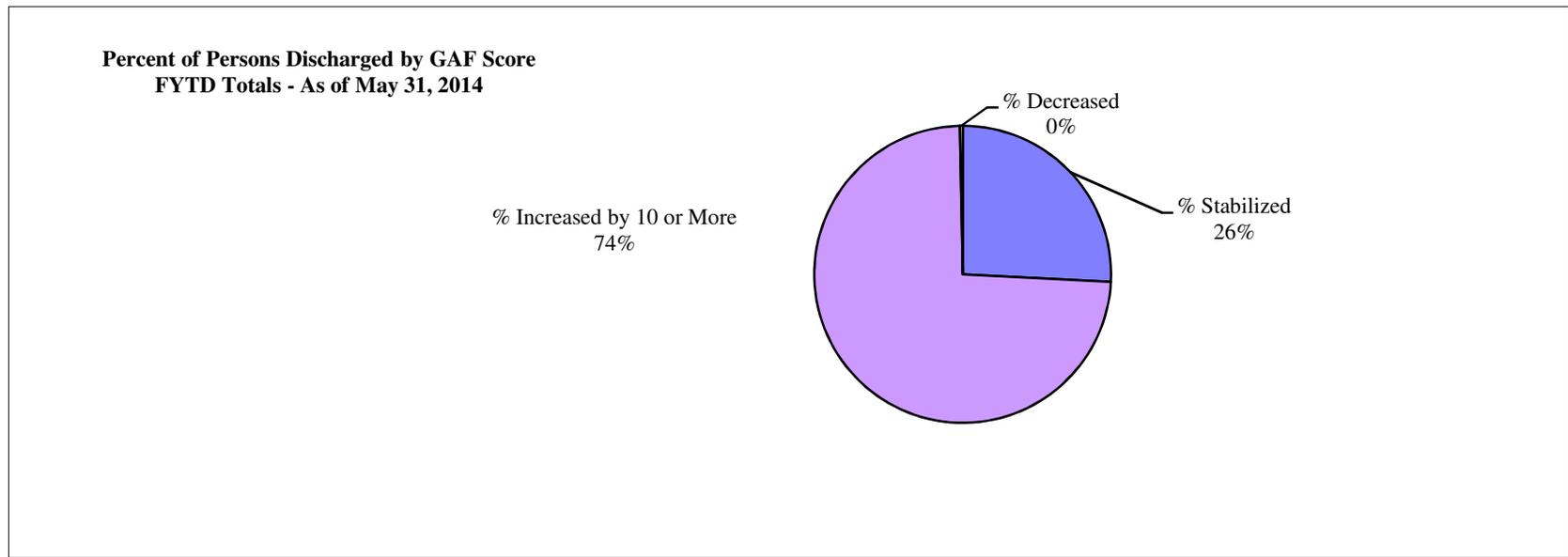
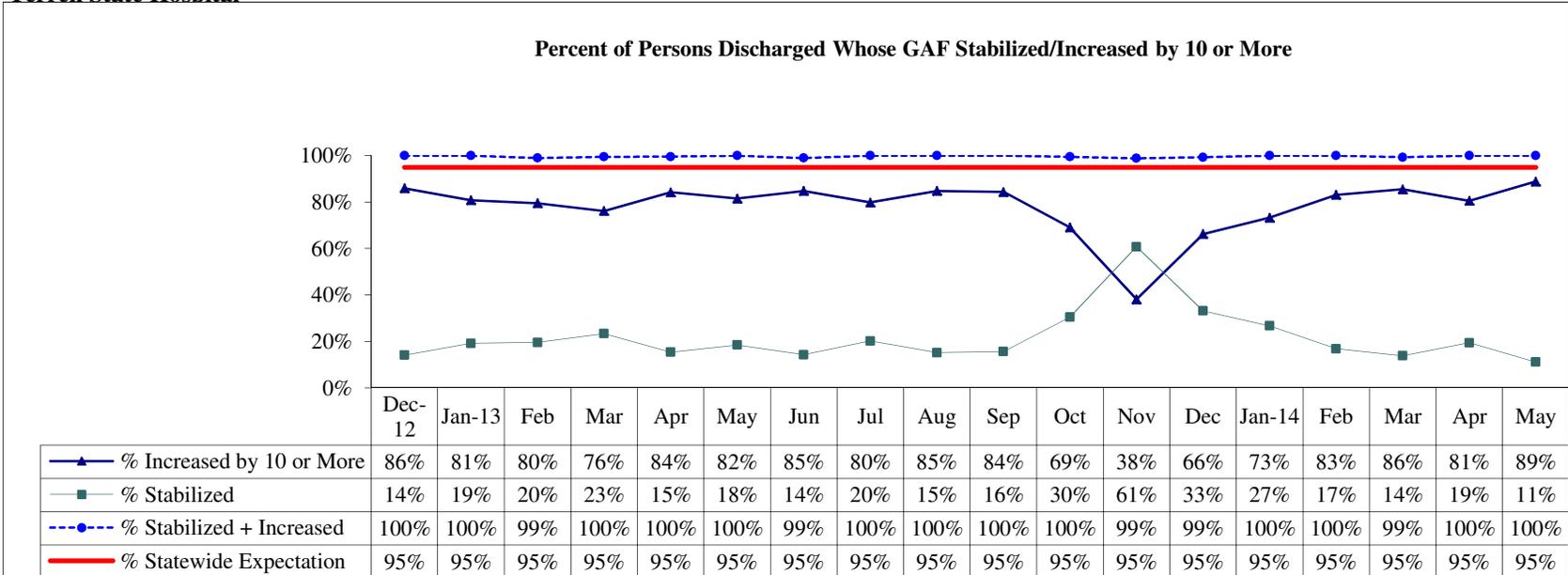
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2014**



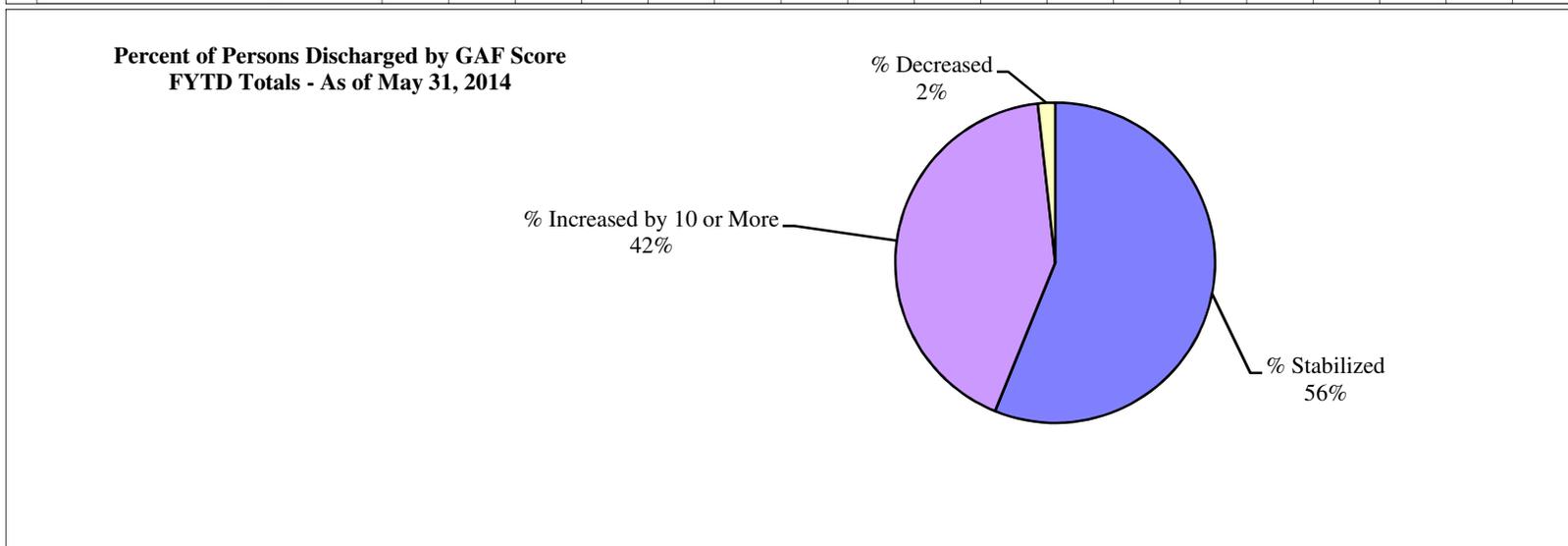
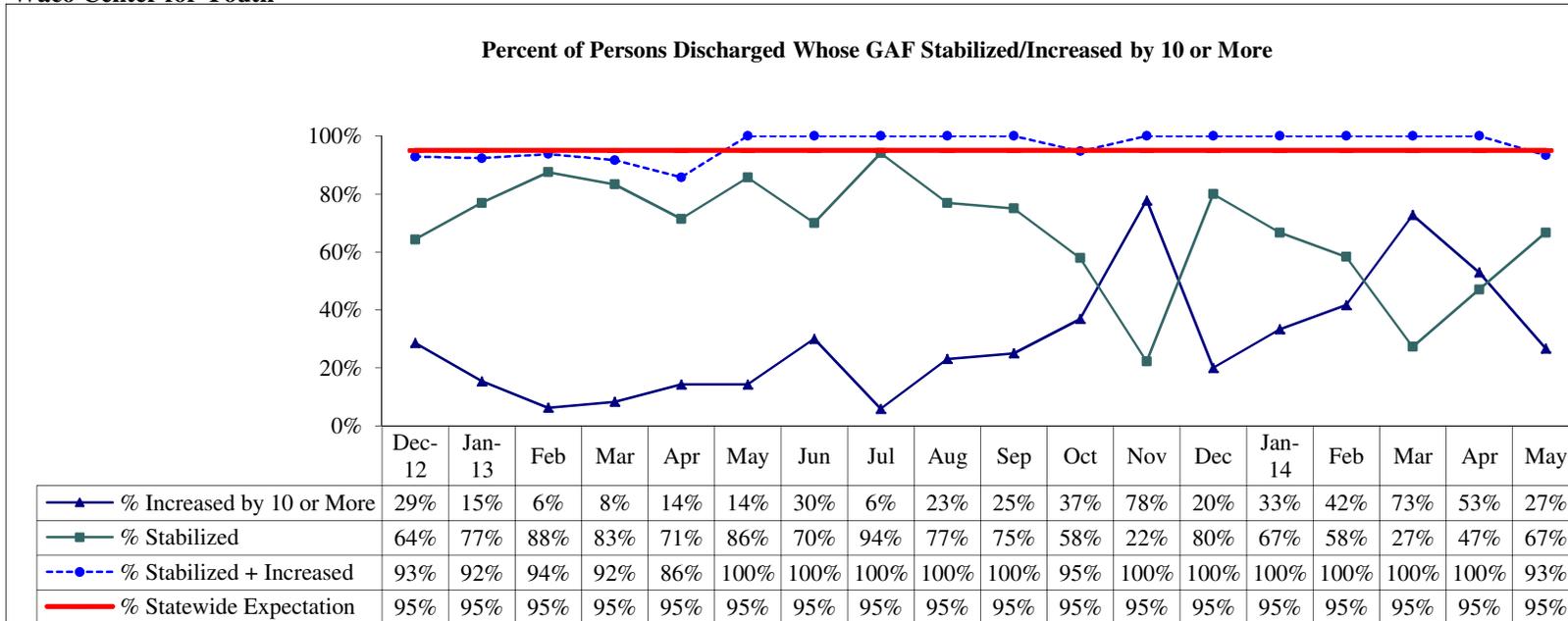
Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

**Terrell State Hospital**



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



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

**Performance Objective 4B:**

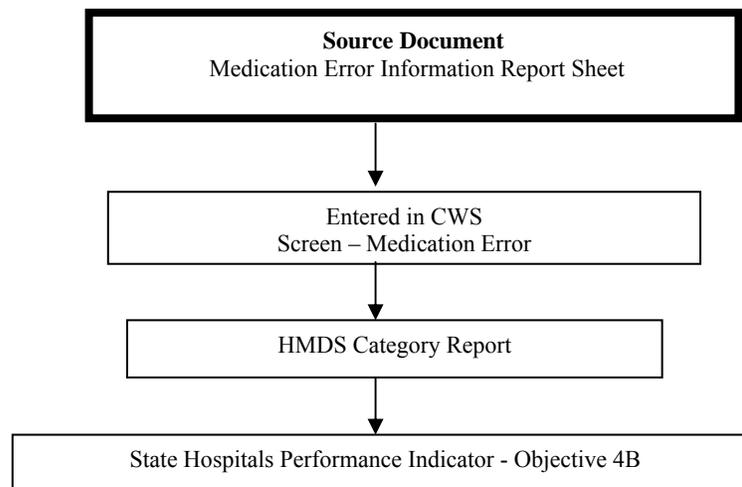
**Identify, collect, aggregate, and analyze medication errors.**

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

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

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

**Data Flow:**



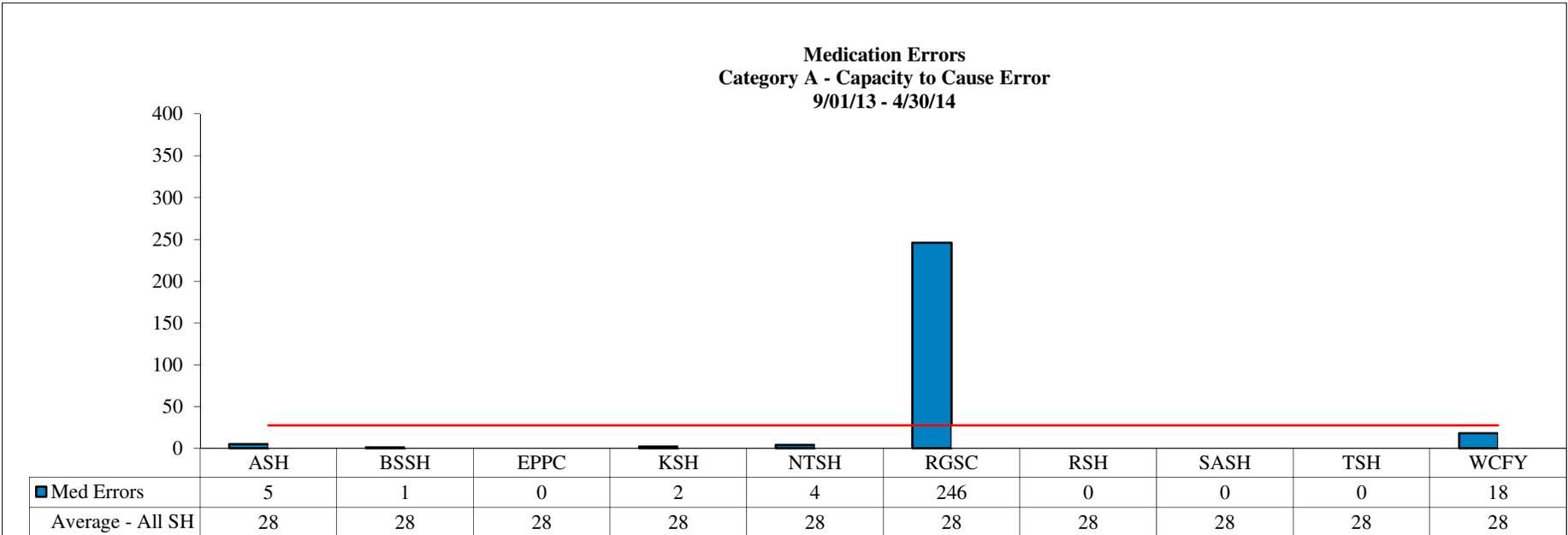
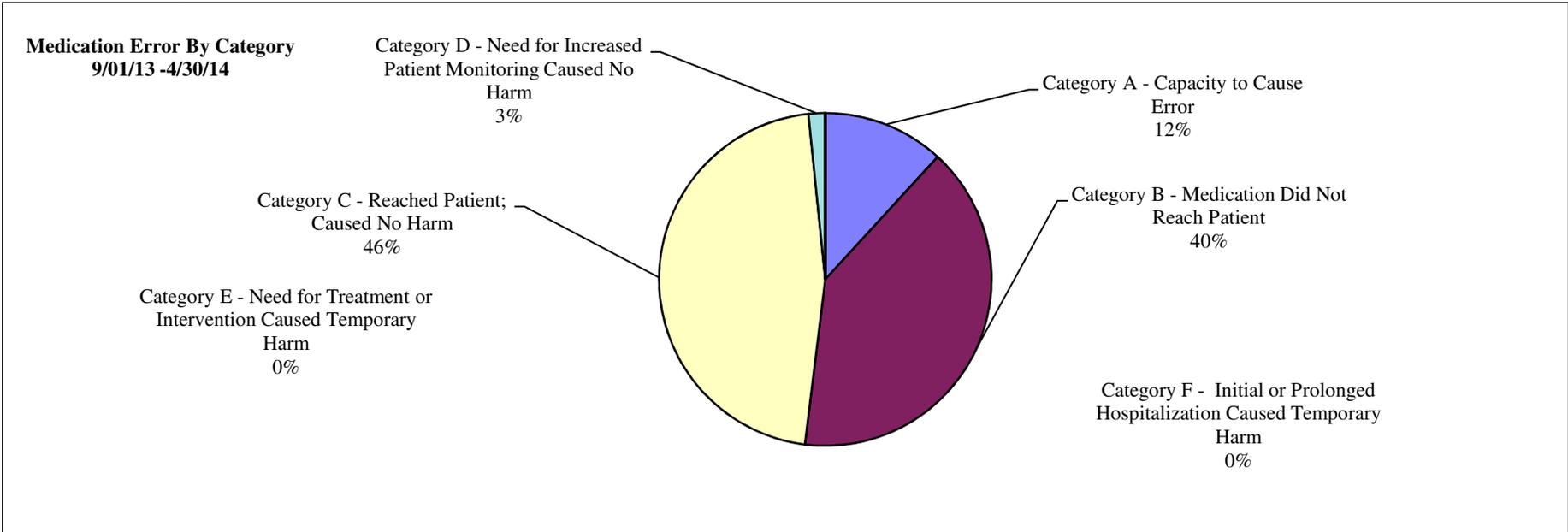
**Objective 4B - Medication Variance Data  
All State Hospitals**

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr
<b>AUSTIN STATE HOSPITAL</b>														
Medication Errors	4	4	26	23	15	25	9	7	8	6	6	4	7	5
Bed Days in Month	8112	8063	8581	8174	8424	8199	8081	8762	8340	8127	8338	7517	7998	8017
Med Errors/1000 Bed Days	0.49	0.50	3.03	2.81	1.78	3.05	1.11	0.80	0.96	0.74	0.72	0.53	0.88	0.62
<b>BIG SPRING STATE HOSPITAL</b>														
Medication Errors	7	10	9	3	7	24	9	9	9	9	10	5	2	8
Bed Days in Month	6051	5801	5862	5672	5768	6027	5956	6038	5861	6014	5891	5448	5974	5732
Falls/1000 Bed Days	1.16	1.72	1.54	0.53	1.21	3.98	1.51	1.49	1.54	1.50	1.70	0.92	0.33	1.40
<b>EL PASO PSYCHIATRIC CENTER</b>														
Medication Errors	2	4	5	7	1	9	4	4	1	3	1	3	2	0
Bed Days in Month	2206	2096	2080	2092	2048	2101	1996	1983	1883	2187	2098	1904	2096	1948
Med Errors/1000 Bed Days	0.91	1.91	2.40	3.35	0.49	4.28	2.00	2.02	0.53	1.37	0.48	1.58	0.95	0.00
<b>KERRVILLE STATE HOSPITAL</b>														
Medication Errors	32	27	30	22	19	9	39	43	41	36	30	35	48	32
Bed Days in Month	5891	5688	5898	5707	6018	6037	5939	5823	5645	5925	6014	5600	6214	5879
Med Errors/1000 Bed Days	5.43	4.75	5.09	3.85	3.16	1.49	6.57	7.38	7.26	6.08	4.99	6.25	7.72	5.44
<b>NORTH TEXAS STATE HOSPITAL</b>														
Medication Errors	23	26	26	11	26	27	14	21	12	10	14	4	27	16
Bed Days in Month	18957	18329	18356	17773	18544	18503	17389	17257	16429	16623	16518	14537	16654	16705
Med Errors/1000 Bed Days	1.21	1.42	1.42	0.62	1.40	1.46	0.81	1.22	0.73	0.60	0.85	0.28	1.62	0.96
<b>RIO GRANDE STATE CENTER</b>														
Medication Errors	52	15	25	42	7	74	100	77	72	5	3	19	30	13
Bed Days in Month	1077	1333	1635	1543	1491	1563	1526	1512	1467	1559	1570	1395	1596	1564
Med Errors/1000 Bed Days	48.28	11.25	15.29	27.22	4.69	47.34	65.53	50.93	49.08	3.21	1.91	13.62	18.80	8.31
<b>RUSK STATE HOSPITAL</b>														
Medication Errors	4	1	9	7	7	9	2	1	5	1	3	7	3	12
Bed Days in Month	10094	9948	10437	10263	10603	10729	10657	10961	10459	10579	10702	9868	10140	9916
Med Errors/1000 Bed Days	0.40	0.10	0.86	0.68	0.66	0.84	0.19	0.09	0.48	0.09	0.28	0.71	0.30	1.21
<b>SAN ANTONIO STATE HOSPITAL</b>														
Medication Errors	5	0	6	3	3	4	7	0	4	2	2	3	4	2
Bed Days in Month	8257	8061	8345	7964	8308	8194	7947	8764	8536	8349	8456	7840	8434	7832
Med Errors/1000 Bed Days	0.61	0.00	0.72	0.38	0.36	0.49	0.88	0.00	0.47	0.24	0.24	0.38	0.47	0.26
<b>TERRELL STATE HOSPITAL</b>														
Medication Errors	12	20	18	17	11	17	5	3	21	15	4	27	34	19
Bed Days in Month	8761	8550	9101	8727	8825	8096	7260	7613	7525	7335	7462	6719	7540	7384
Med Errors/1000 Bed Days	1.37	2.34	1.98	1.95	1.25	2.10	0.69	0.39	2.79	2.04	0.54	4.02	4.51	2.57

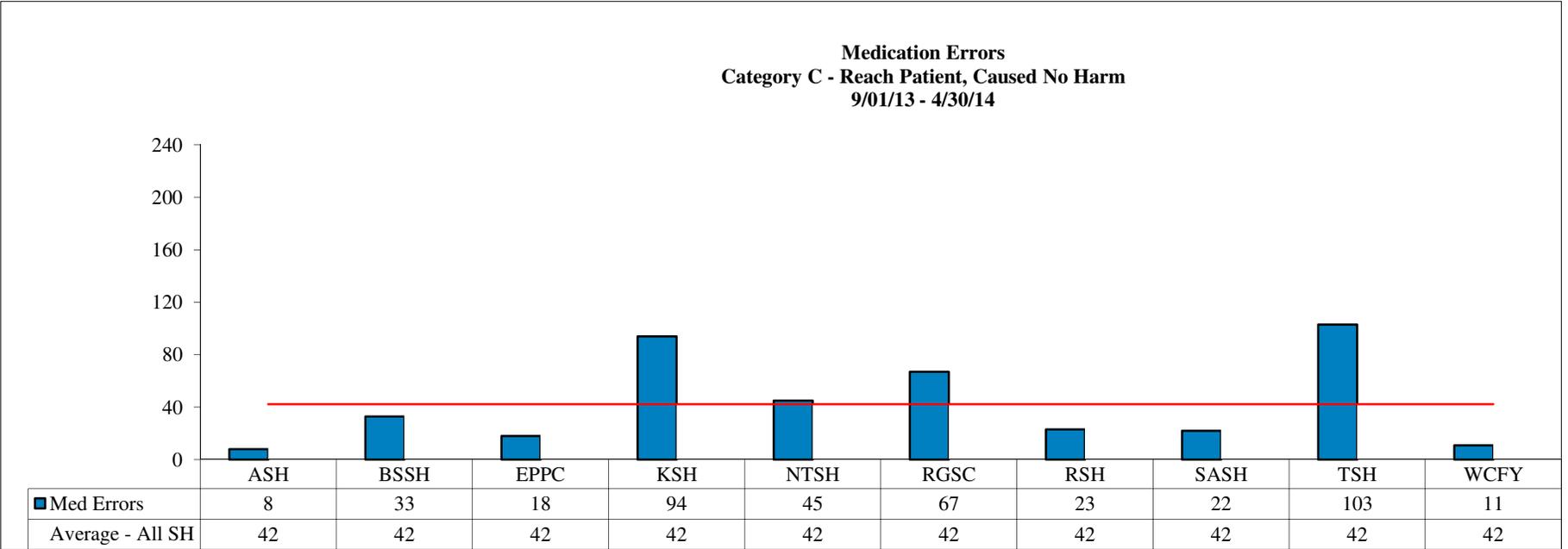
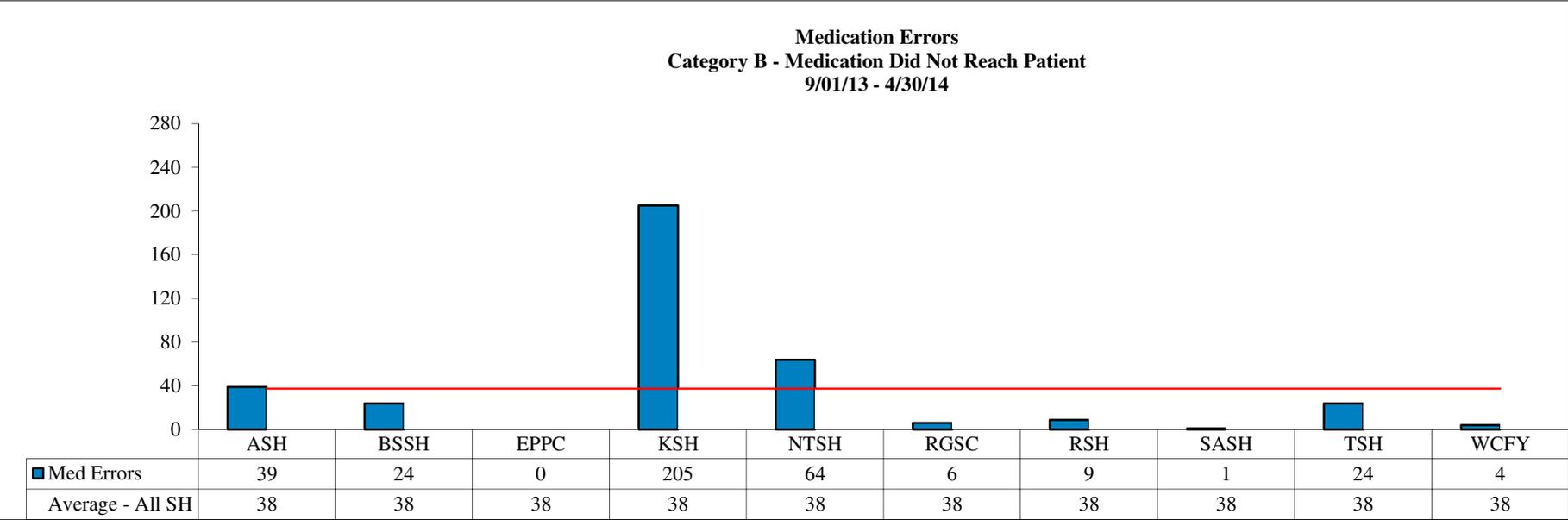
**Objective 4B - Medication Variance Data**  
**All State Hospitals**

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr
<b>WACO CENTER FOR YOUTH</b>														
Medication Errors	0	0	1	1	1	0	6	0	0	10	1	1	13	2
Bed Days in Month	2293	2271	2302	2276	2200	2336	2278	2253	2214	2312	2327	2104	2248	2290
Med Errors/1000 Bed Days	0.00	0.00	0.43	0.44	0.45	0.00	2.63	0.00	0.00	4.33	0.43	0.48	5.78	0.87
<b>TEXAS CENTER FOR INFECTIOUS DISEASE</b>														
Medication Errors	6	1	5	1	1	1	6	6	6	1	1	2	2	3
Bed Days in Month	1141	1198	1212	1138	1143	1110	1067	1081	1045	1002	922	853	1030	1043
Med Errors/1000 Bed Days	5.26	0.83	4.13	0.88	0.87	0.90	5.62	5.55	5.74	1.00	1.08	2.34	1.94	2.88
<b>ALL STATE HOSPITALS</b>														
Medication Errors	147	108	160	137	98	199	201	171	179	98	75	110	172	112
Bed Days in Month	72840	71338	73809	71329	73372	72895	70096	72047	69404	70012	70298	63785	69924	68310
Med Errors/1000 Bed Days	2.02	1.51	2.17	1.92	1.34	2.73	2.87	2.37	2.58	1.40	1.07	1.72	2.46	1.64

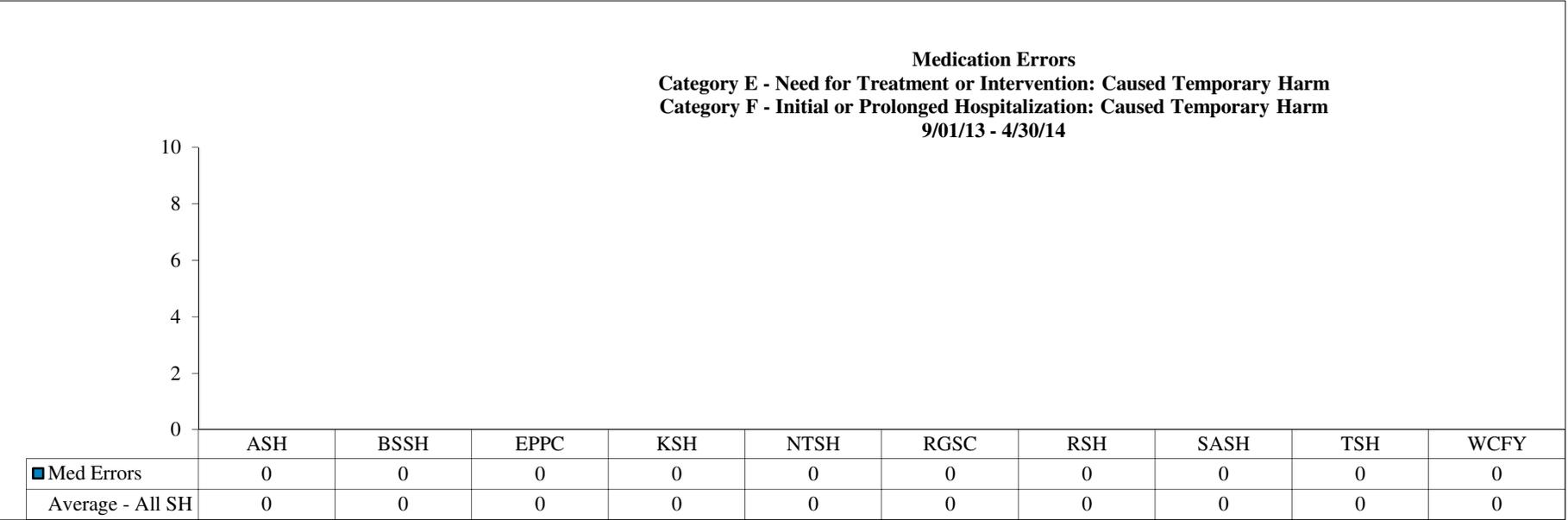
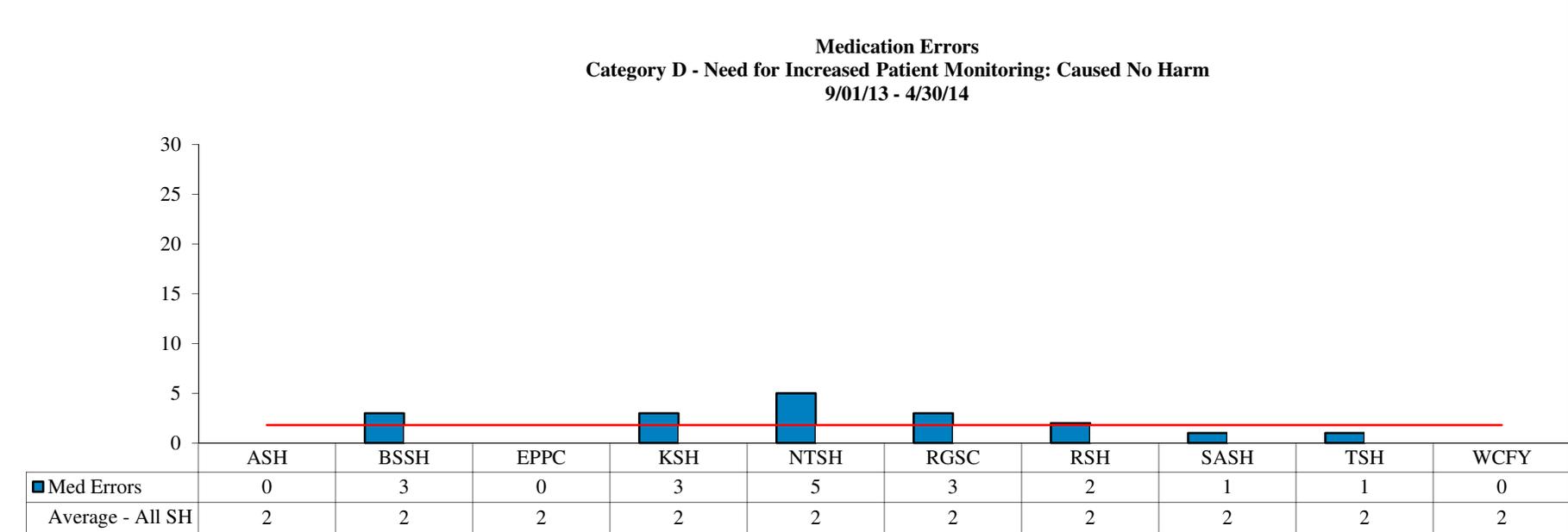
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



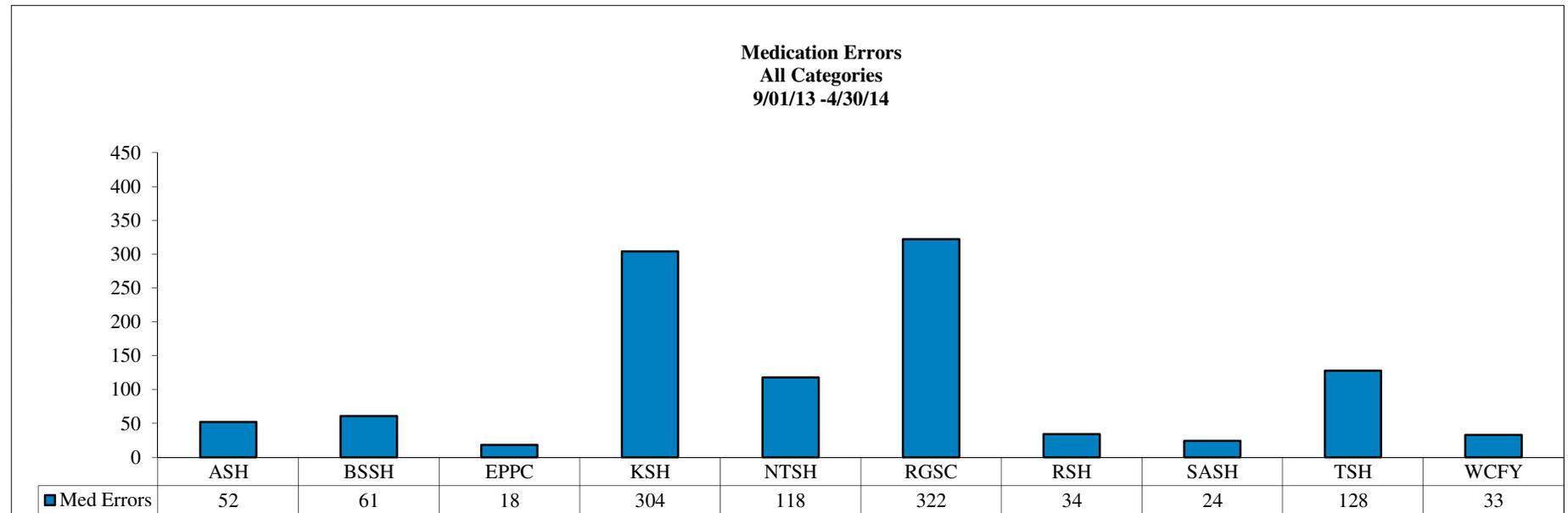
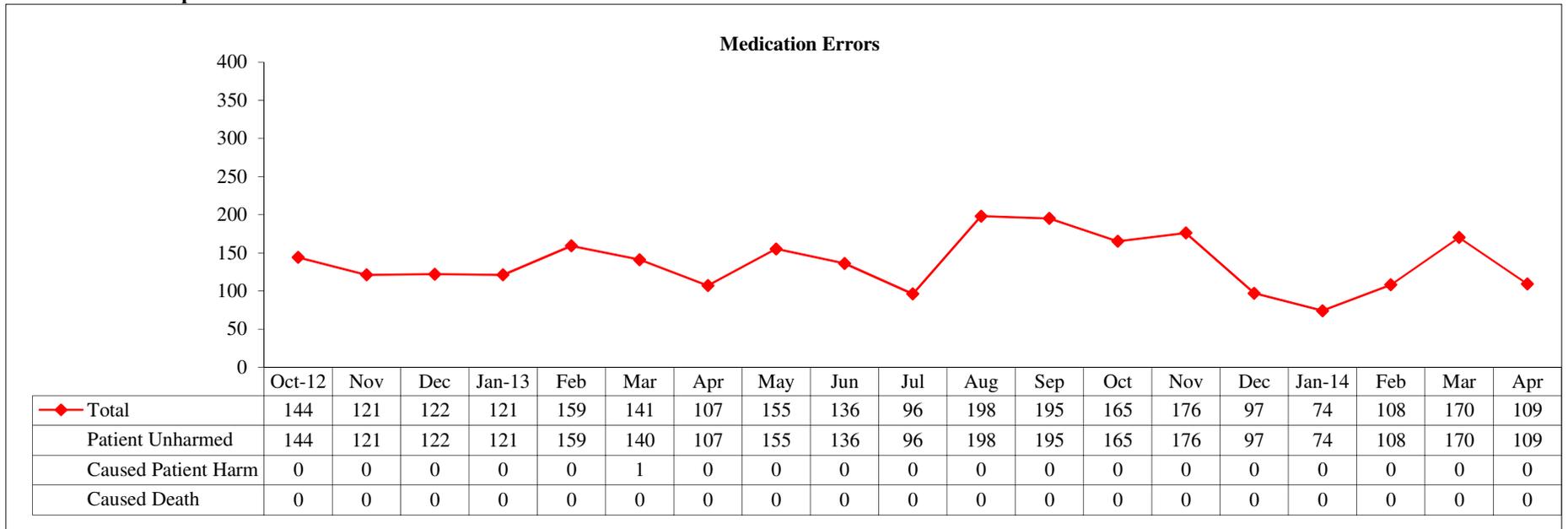
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



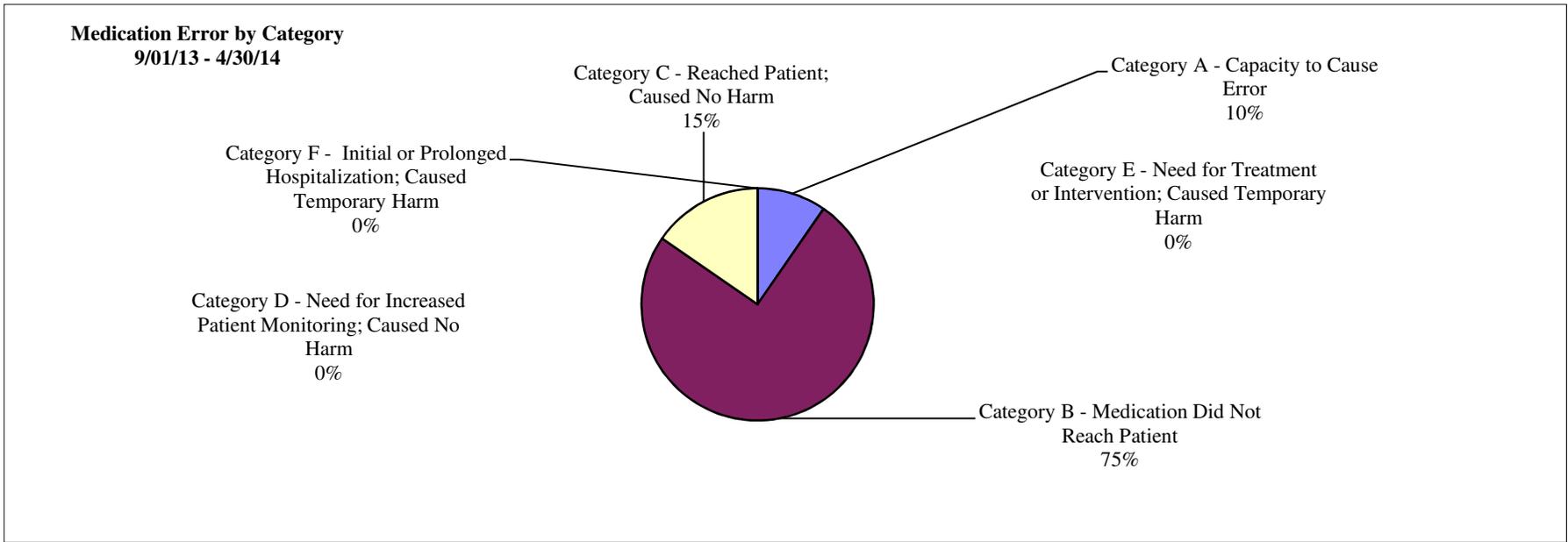
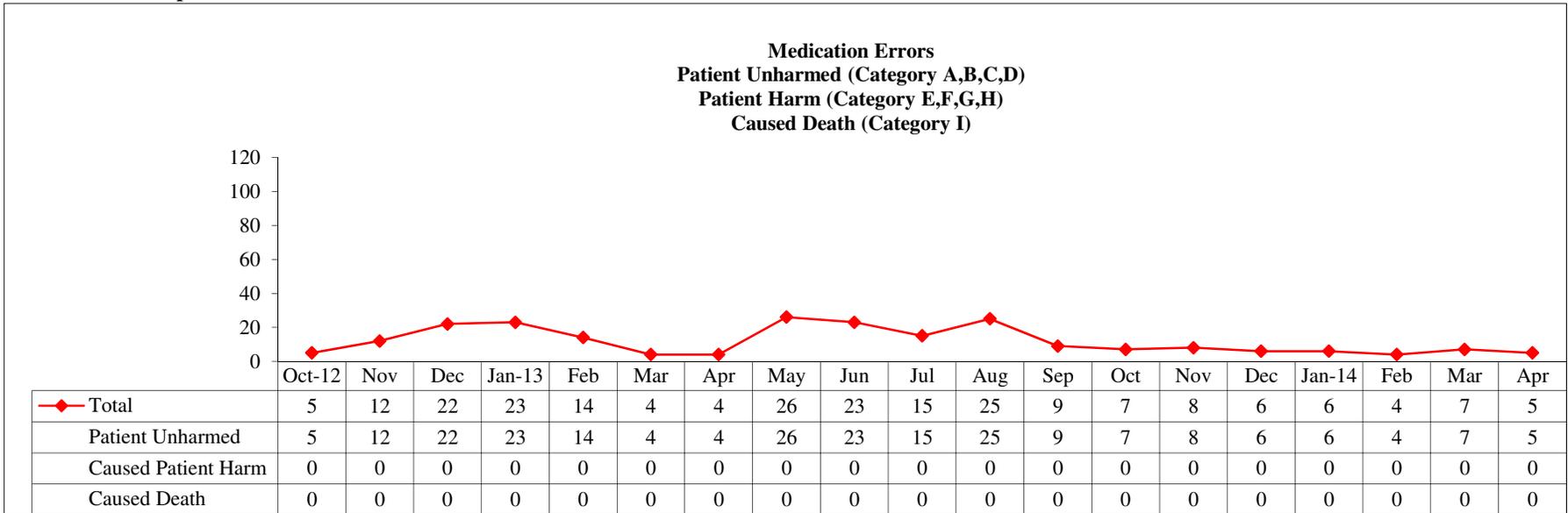
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



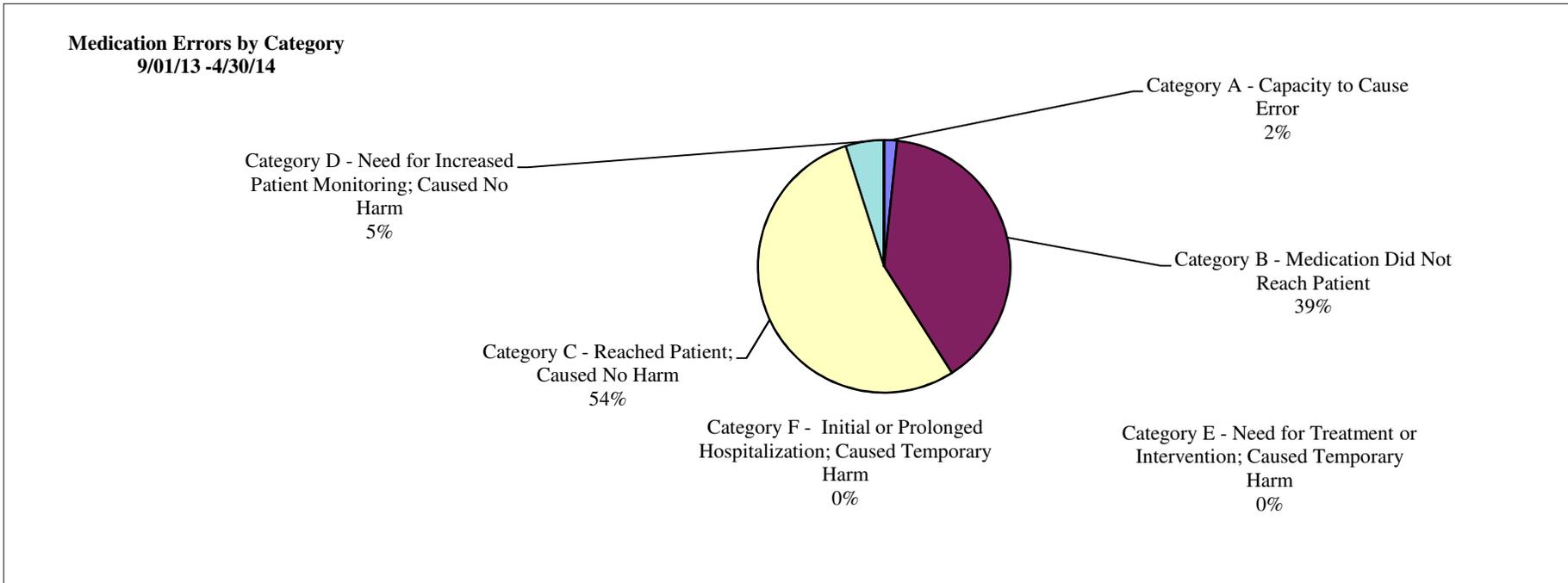
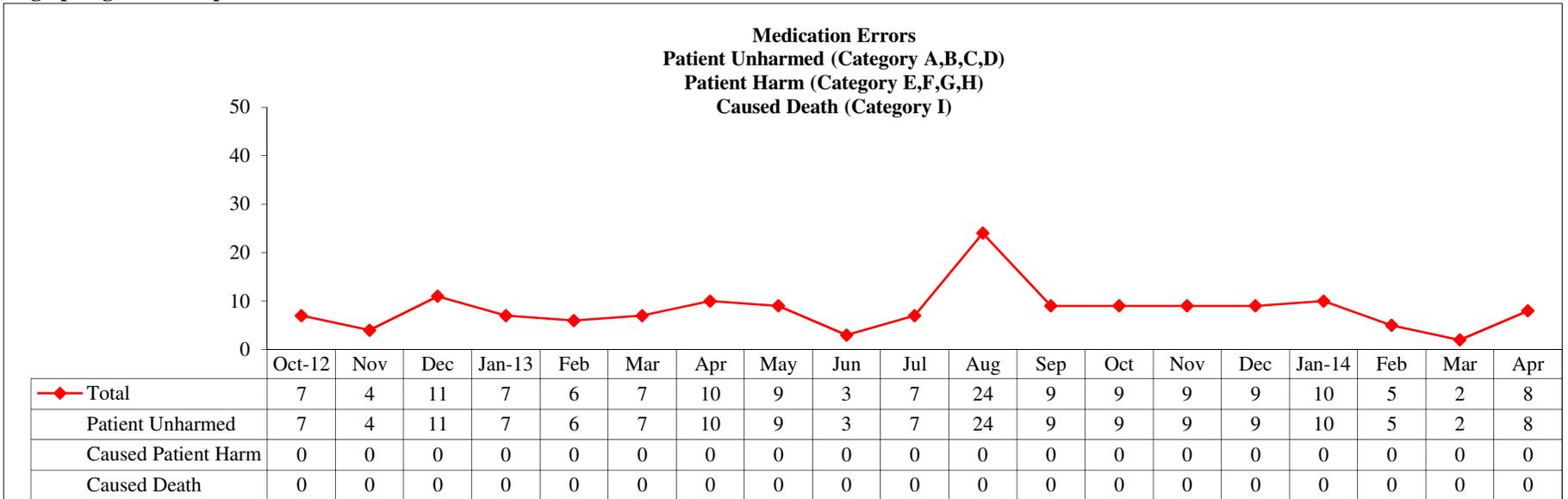
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



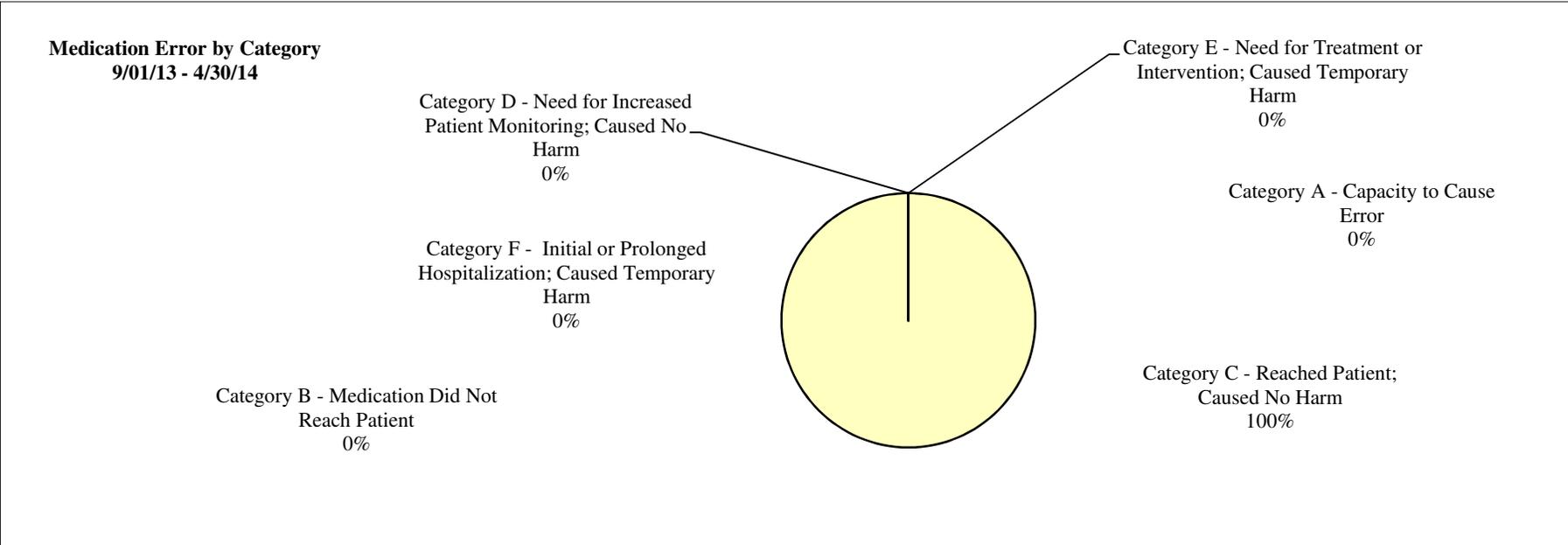
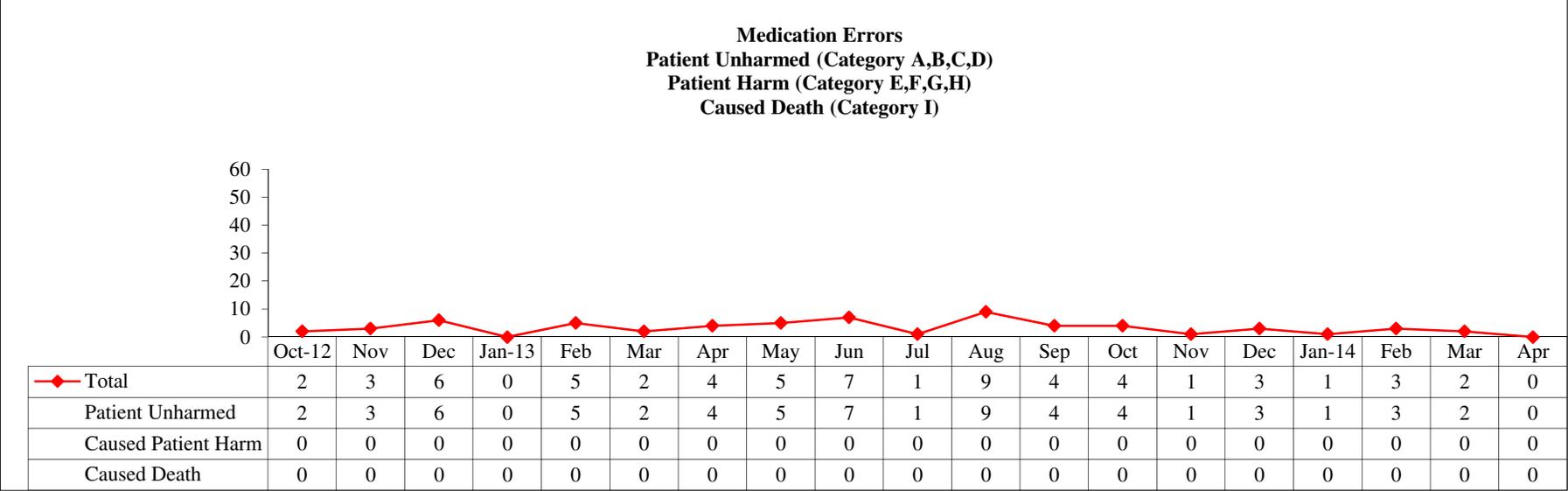
**Objective 4B - Medication Variance Data**  
**Austin State Hospital**



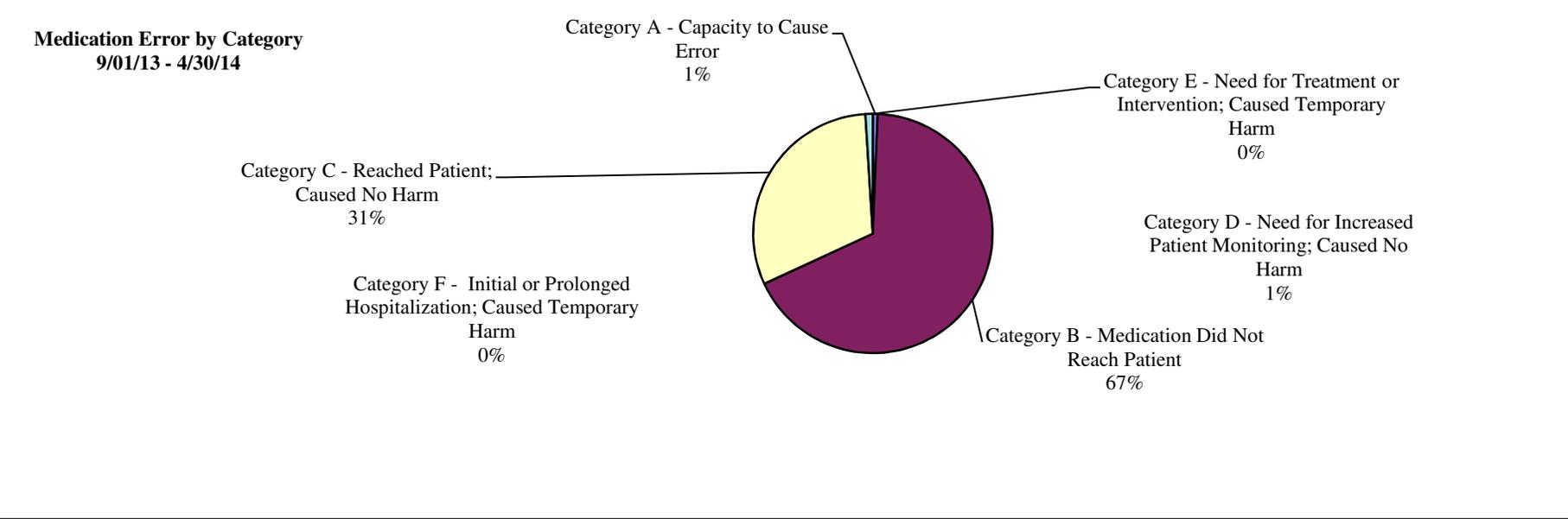
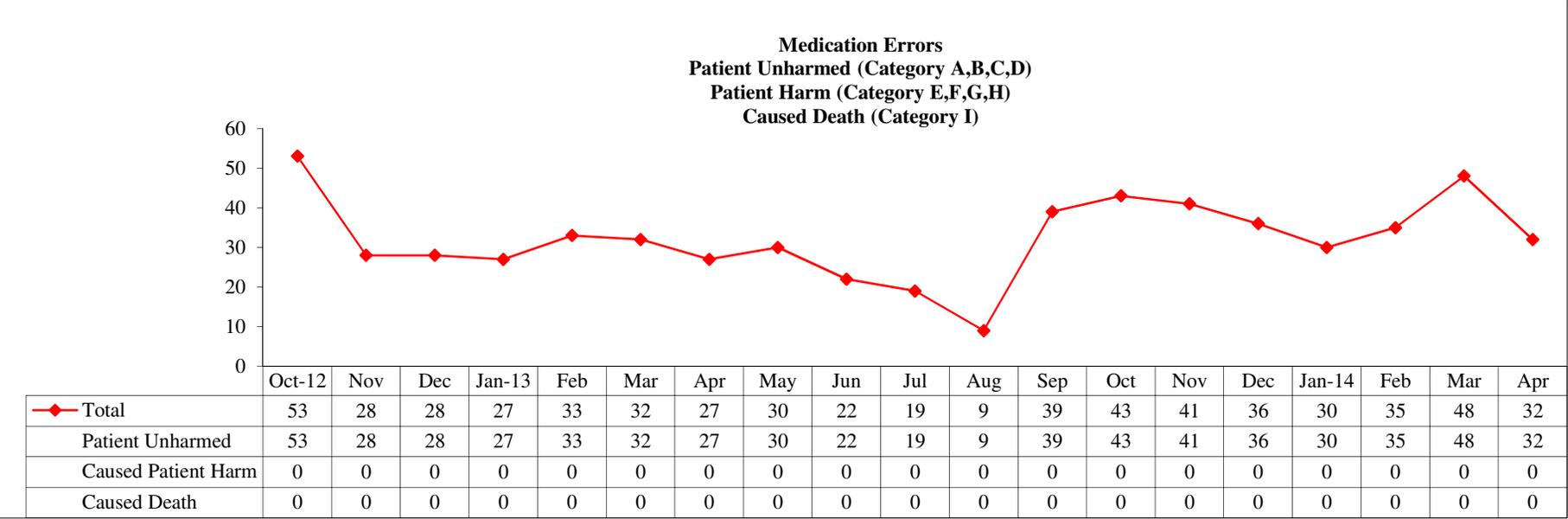
**Objective 4B - Medication Variance Data**  
**Big Spring State Hospital**



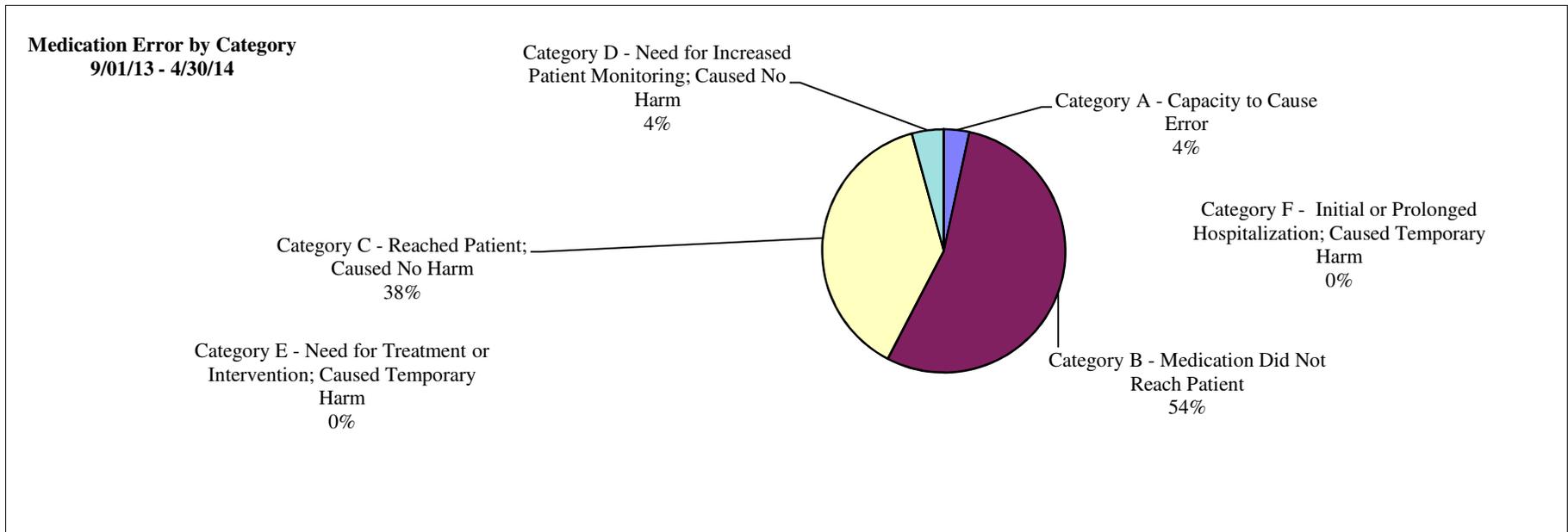
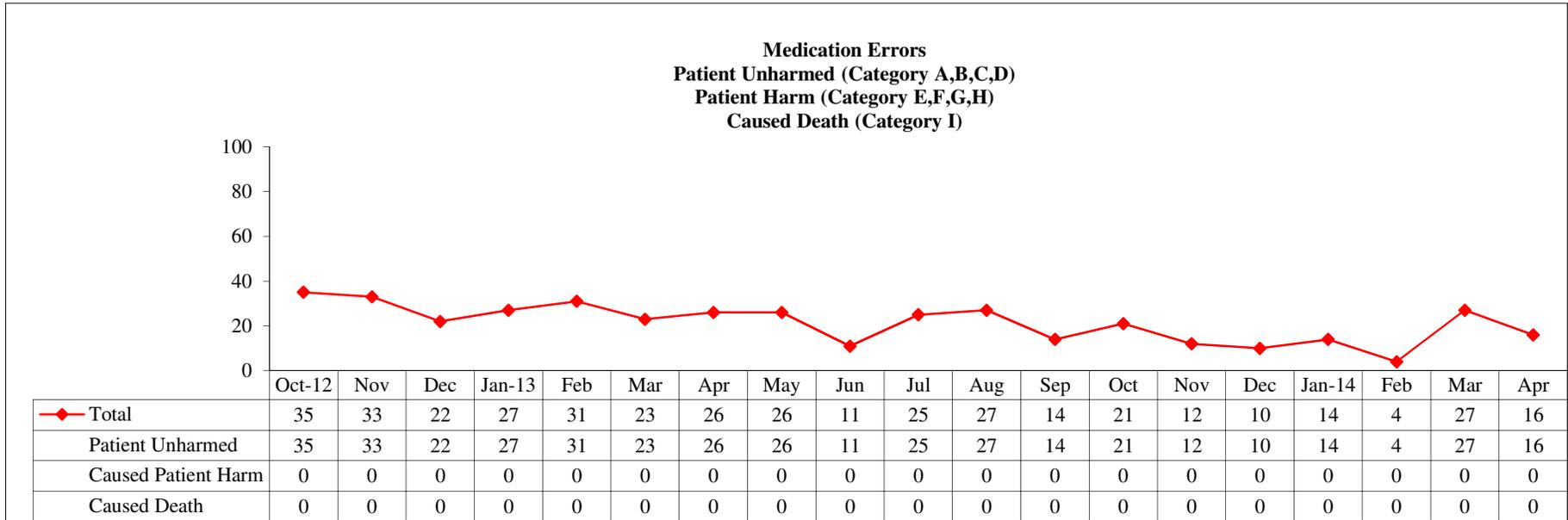
**Objective 4B - Medication Variance Data**  
**El Paso Psychiatric Center**



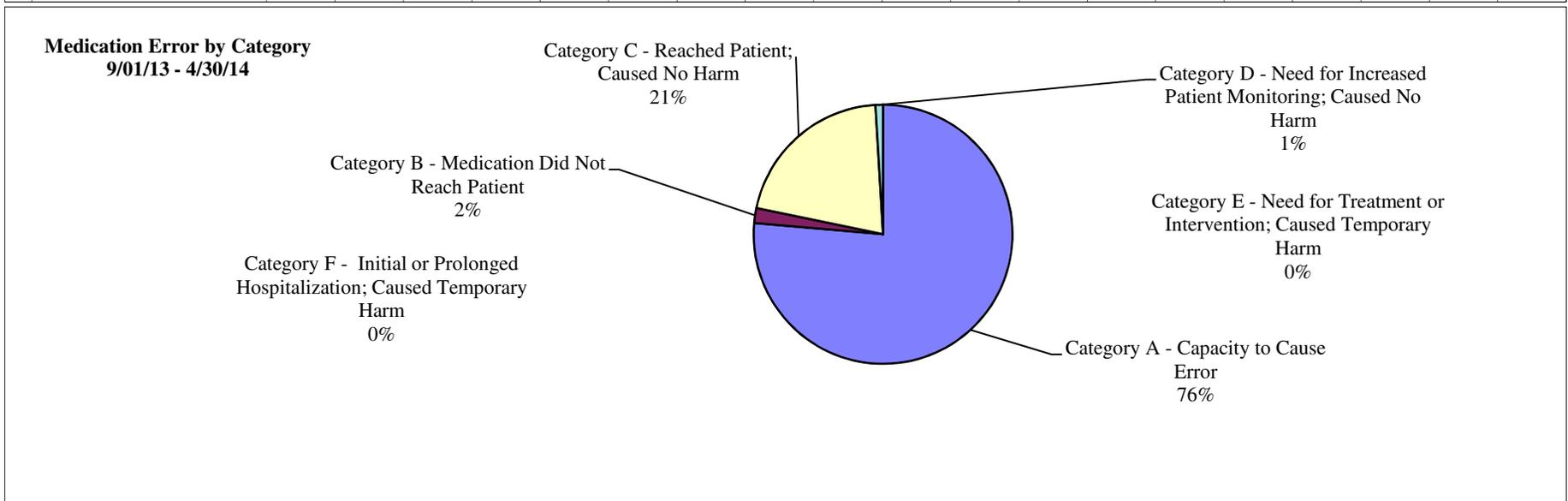
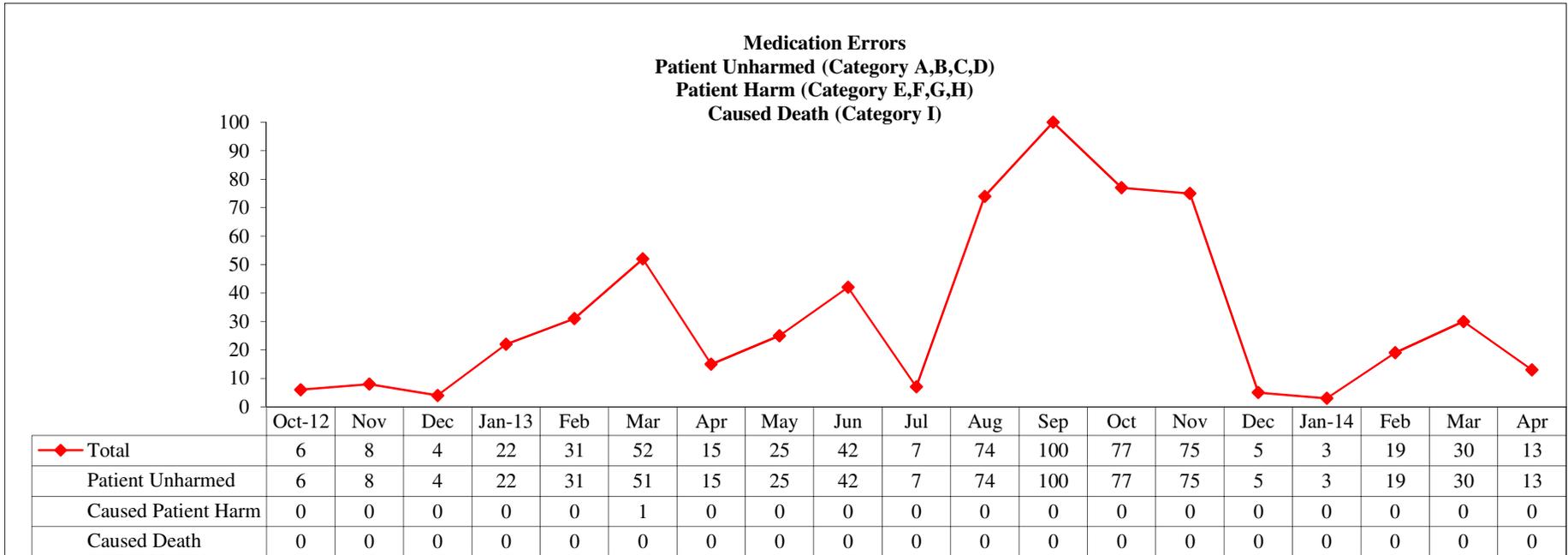
**Objective 4B - Medication Variance Data**  
**Kerrville State Hospital**



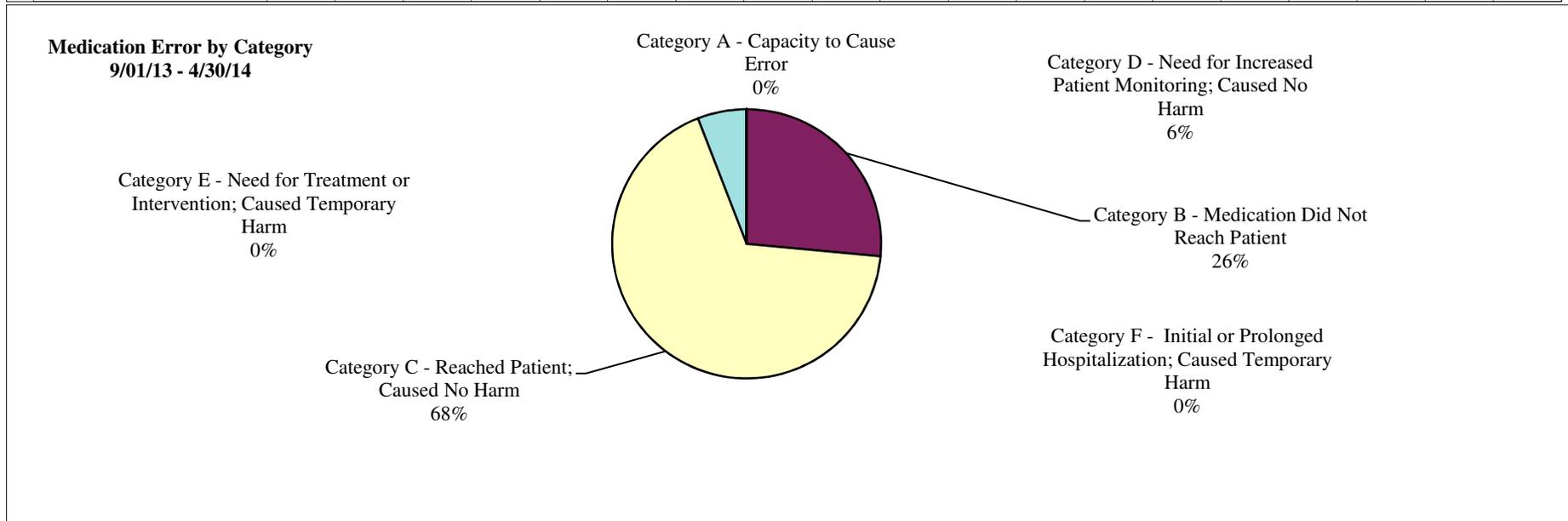
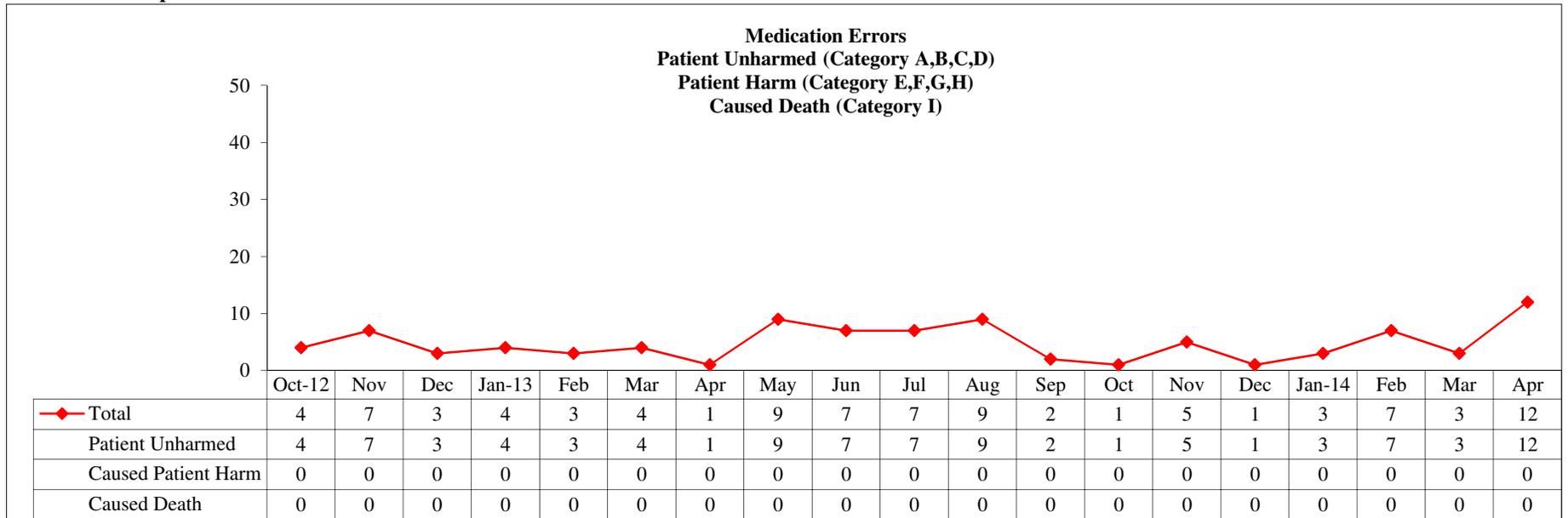
**Objective 4B - Medication Variance Data**  
**North Texas State Hospital**



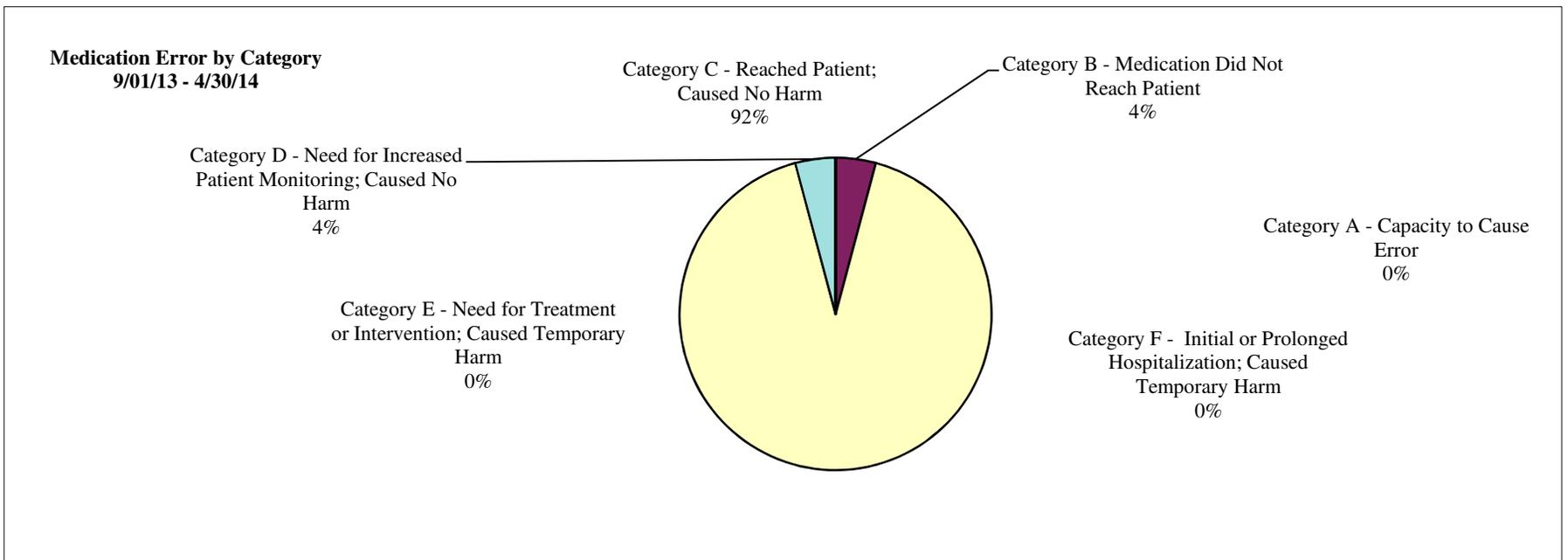
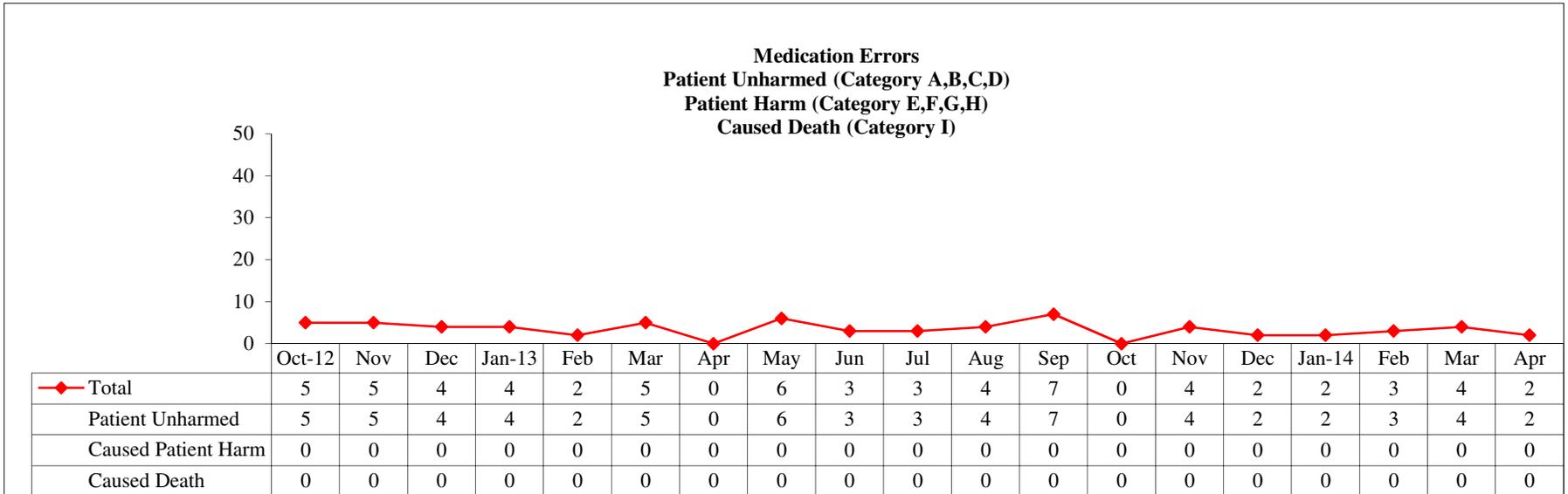
**Objective 4B - Medication Variance Data**  
**Rio Grande State Center**



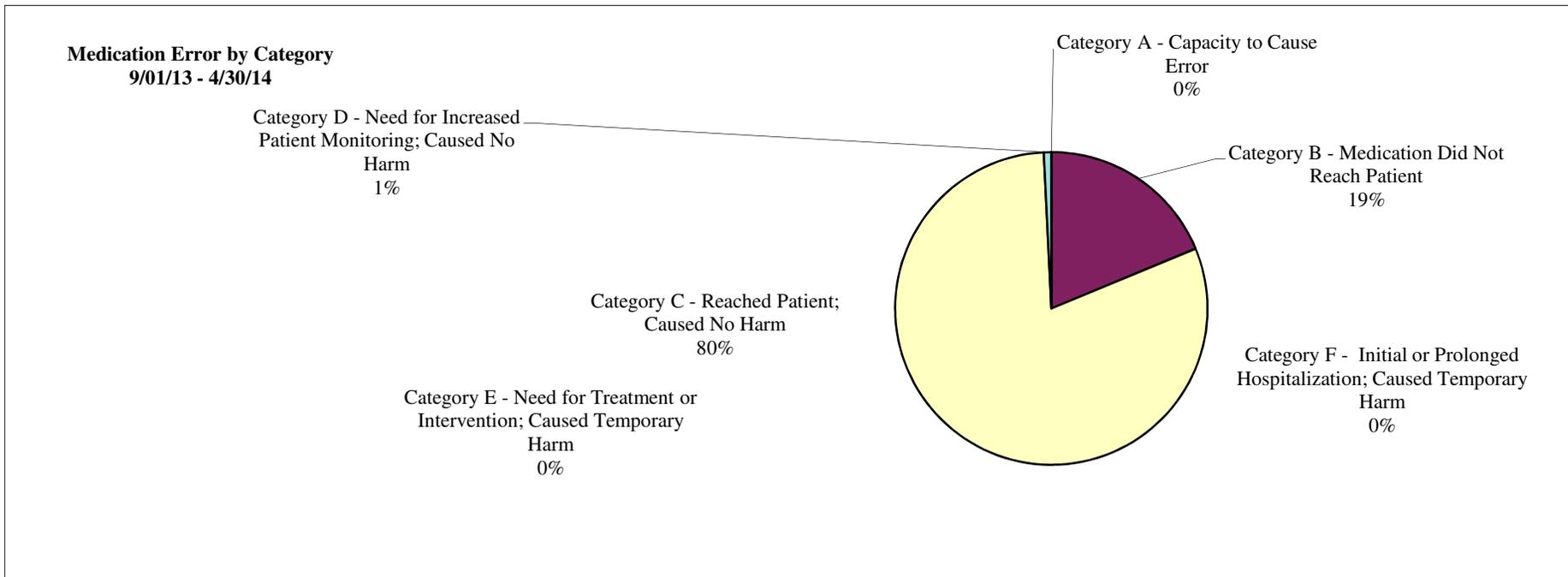
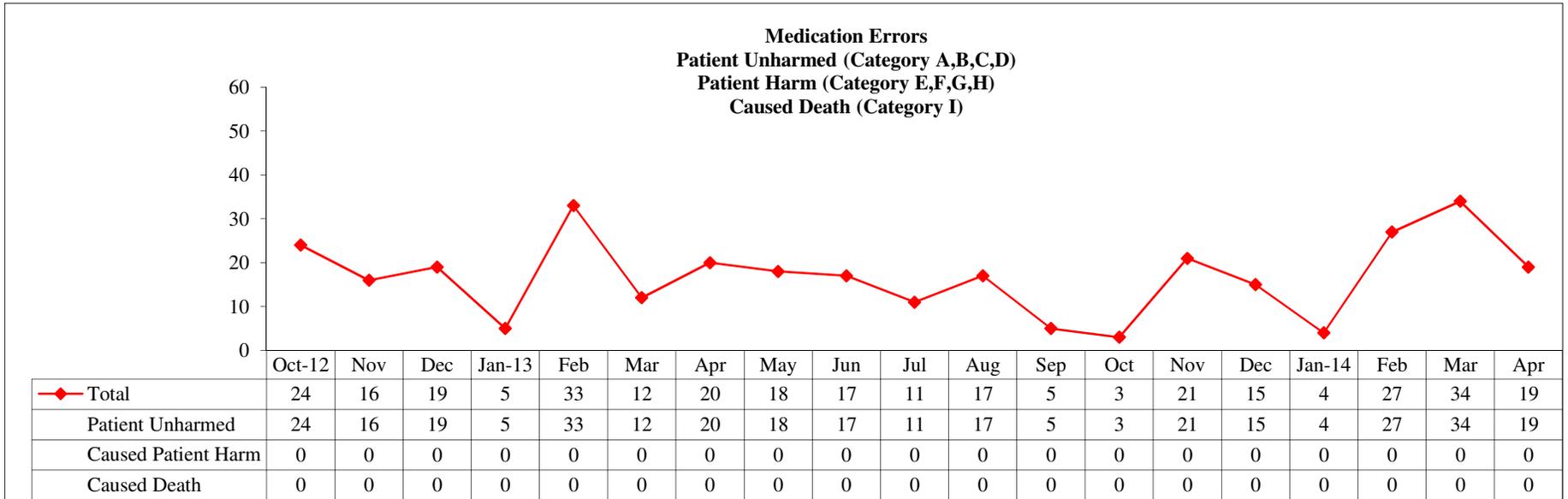
**Objective 4B - Medication Variance Data**  
**Rusk State Hospital**



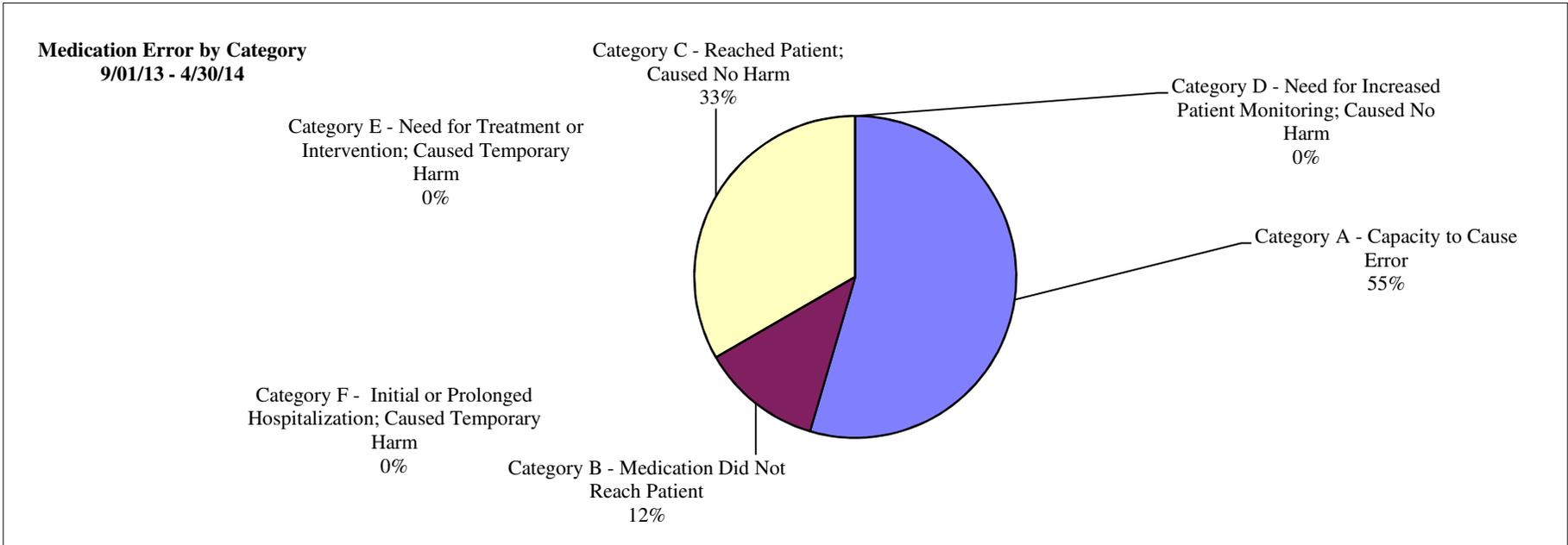
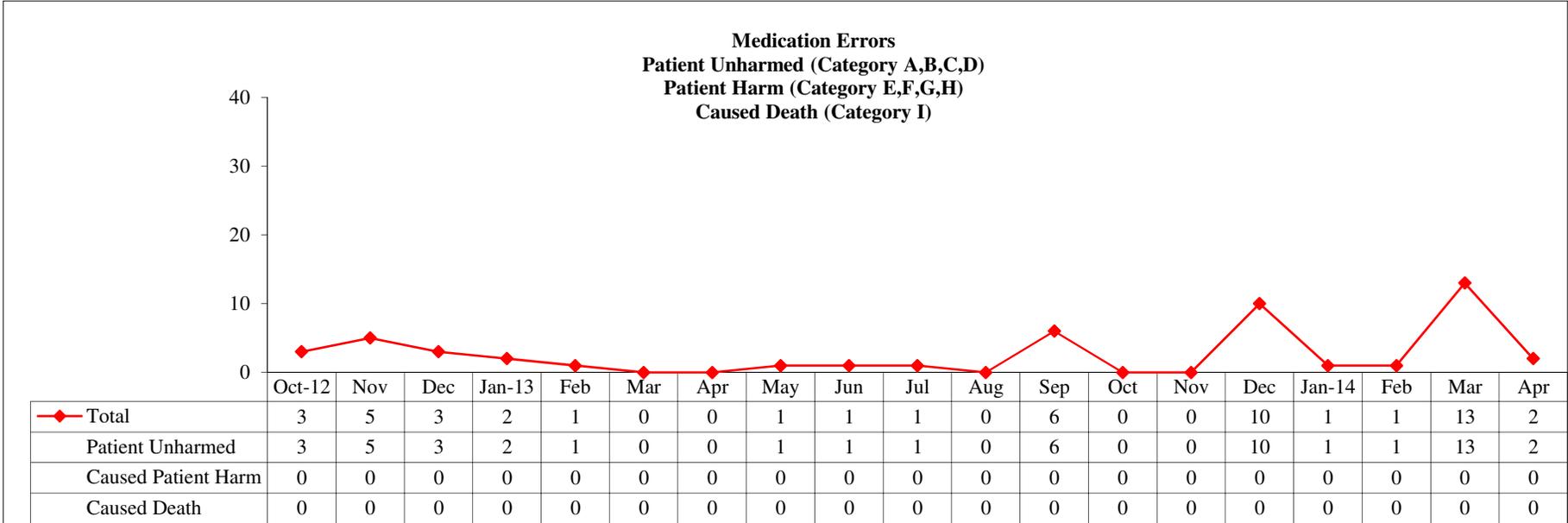
**Objective 4B - Medication Variance Data  
San Antonio State Hospital**



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



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



**Performance Measure 4A:**

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

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

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

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

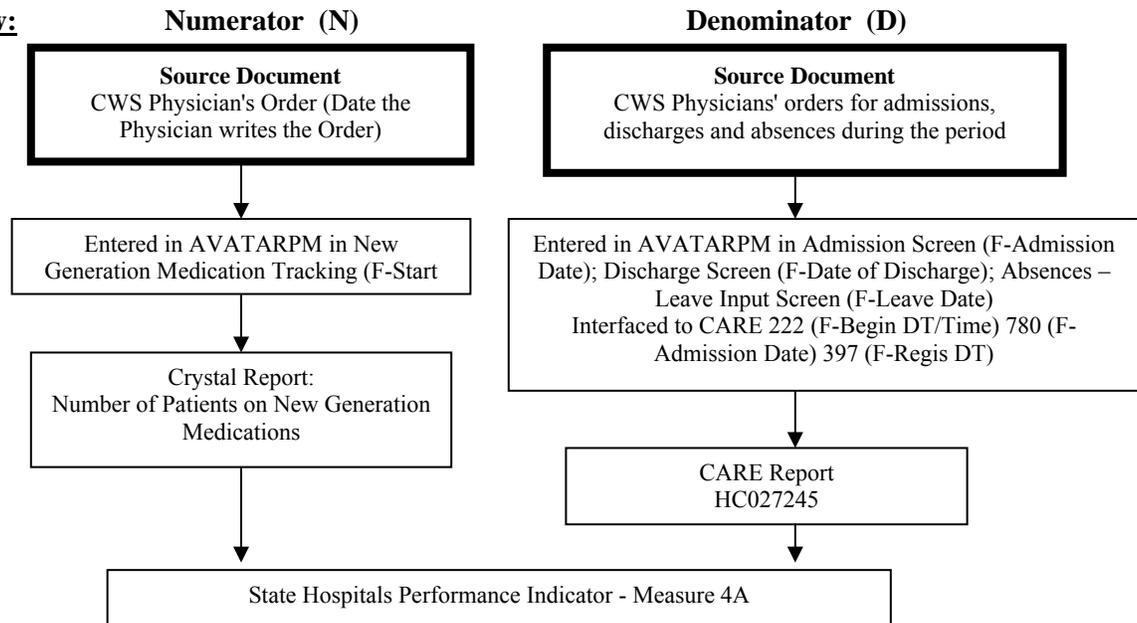
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

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

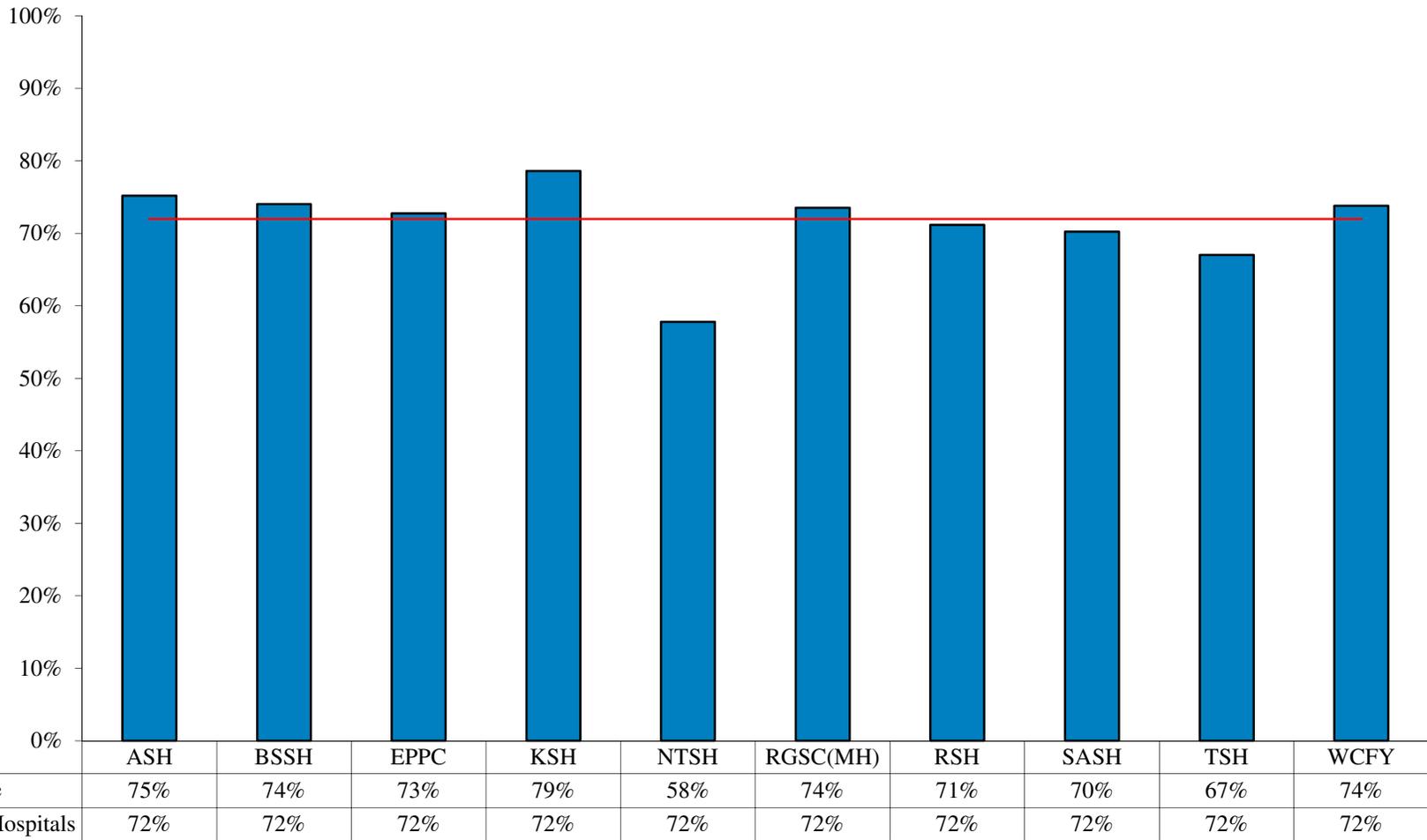
- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.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

**Data Flow:**



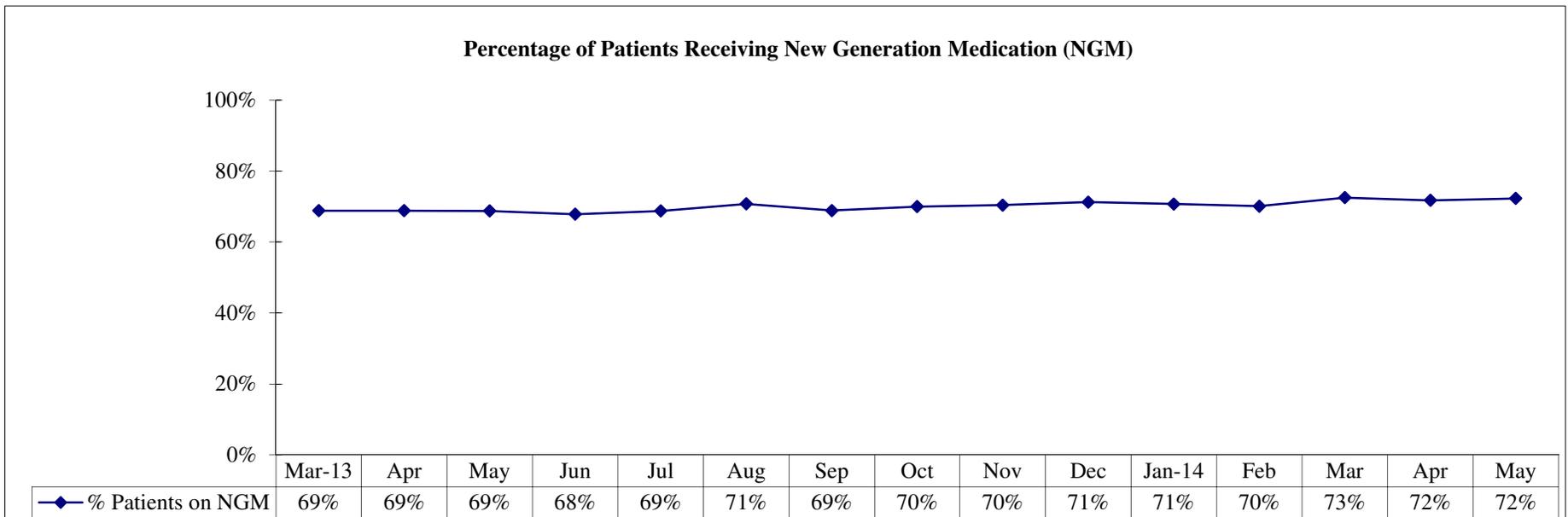
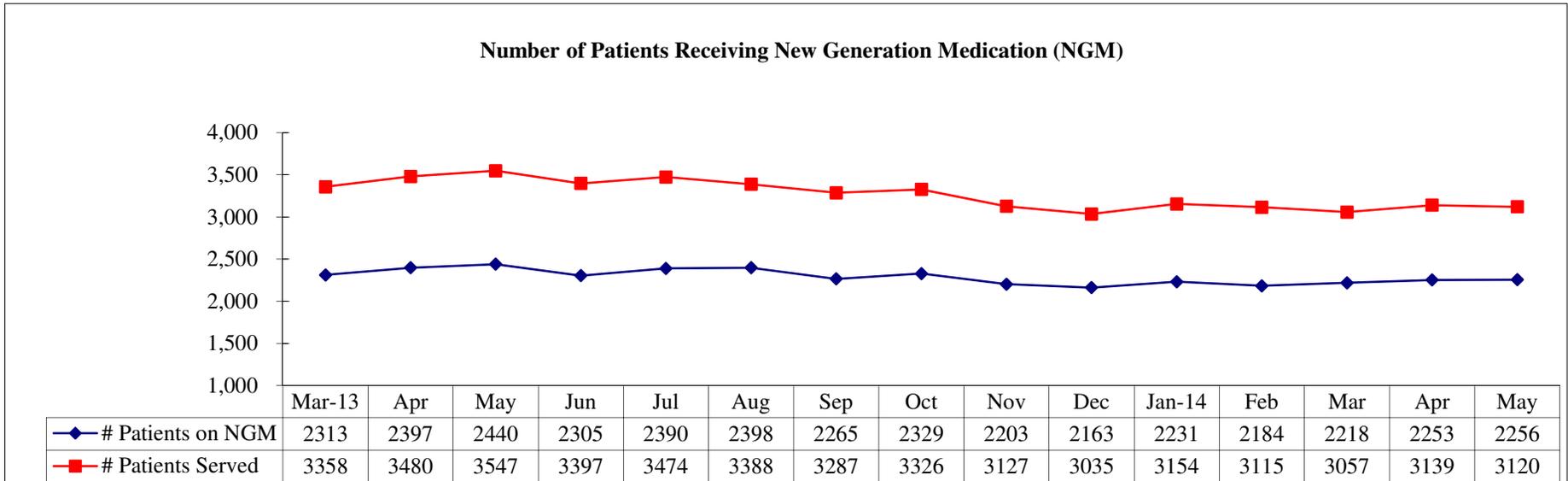
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**All State MH Hospitals**

**Percentage of Patients Receiving New Generation Medication (NGM)**  
**Monthly Average for**  
**Q3 - FY2014**



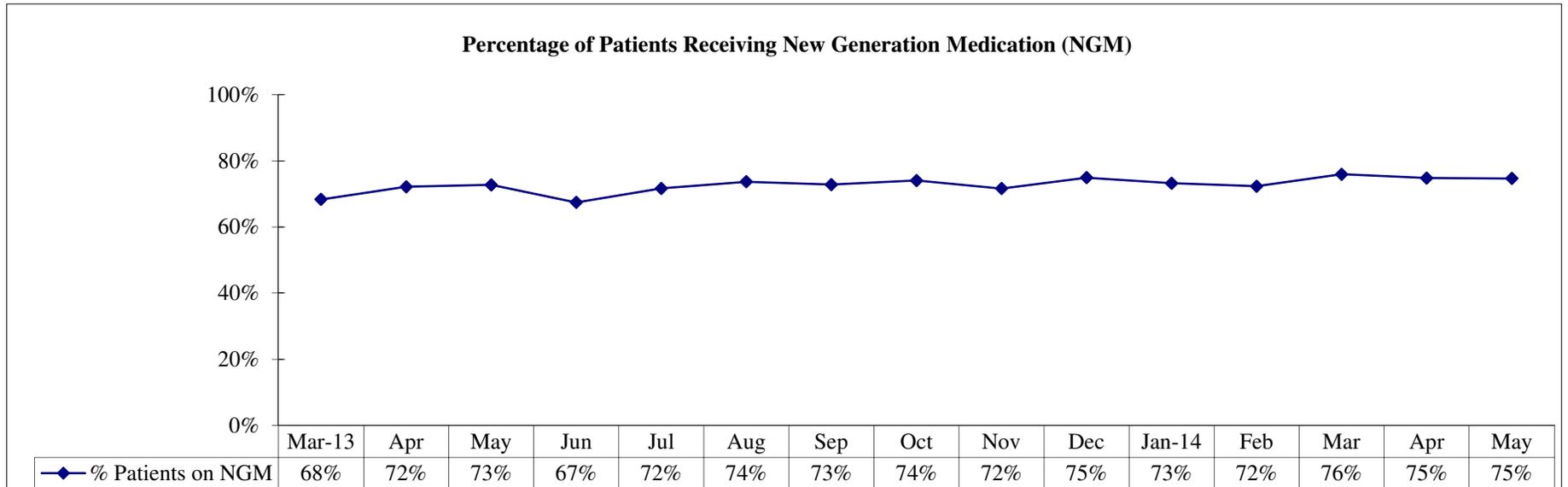
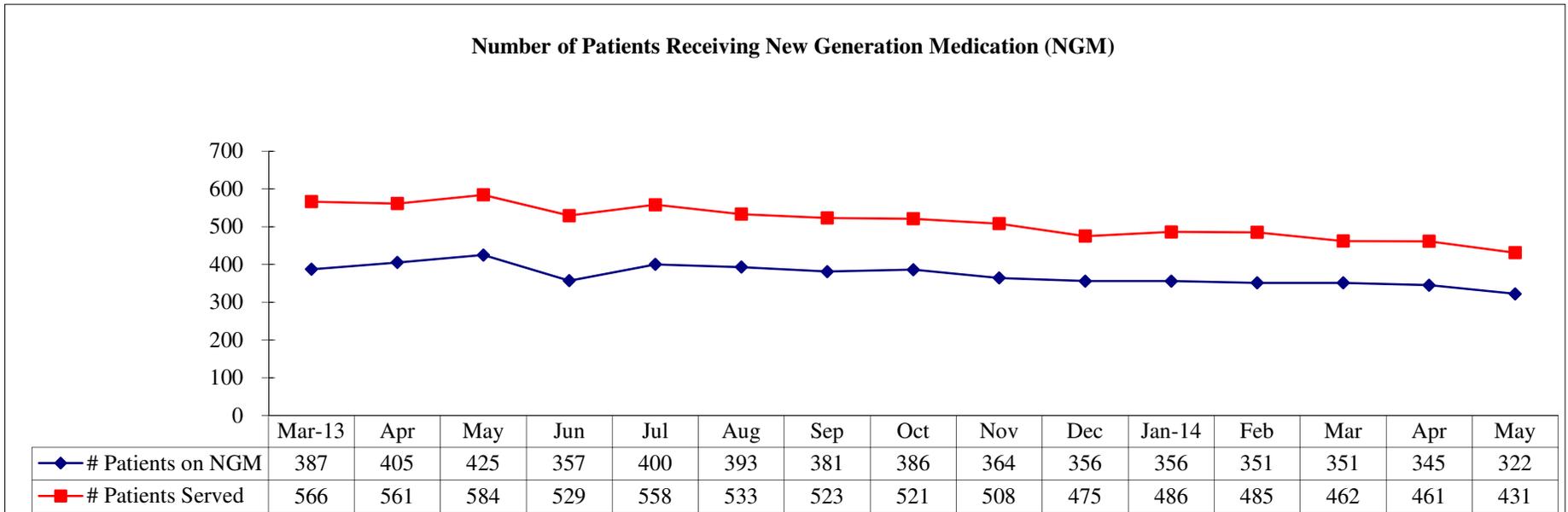
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

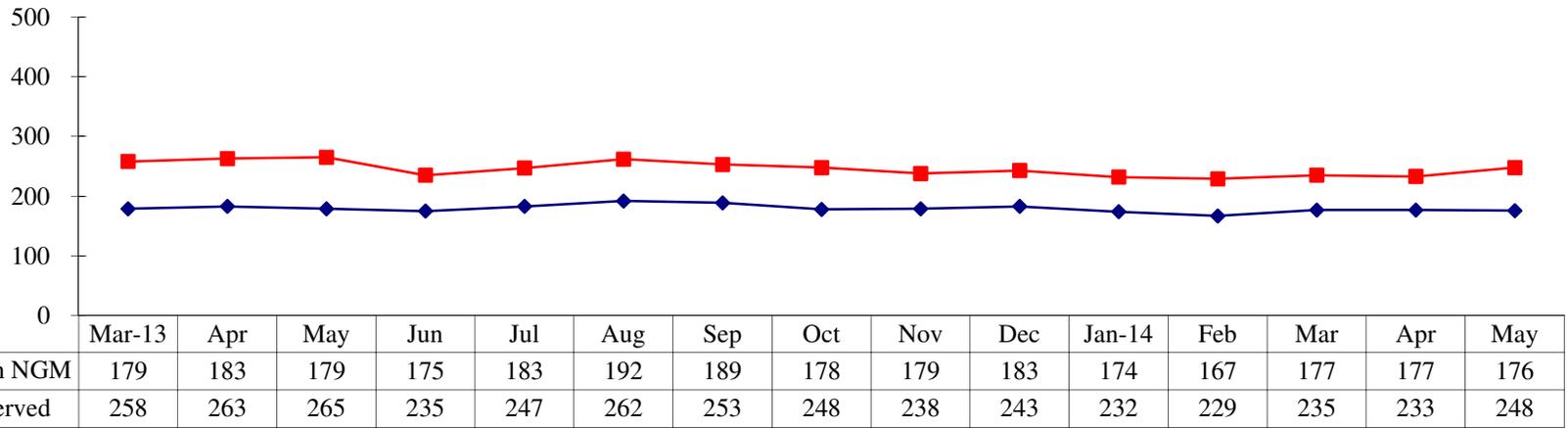
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Austin State Hospital**



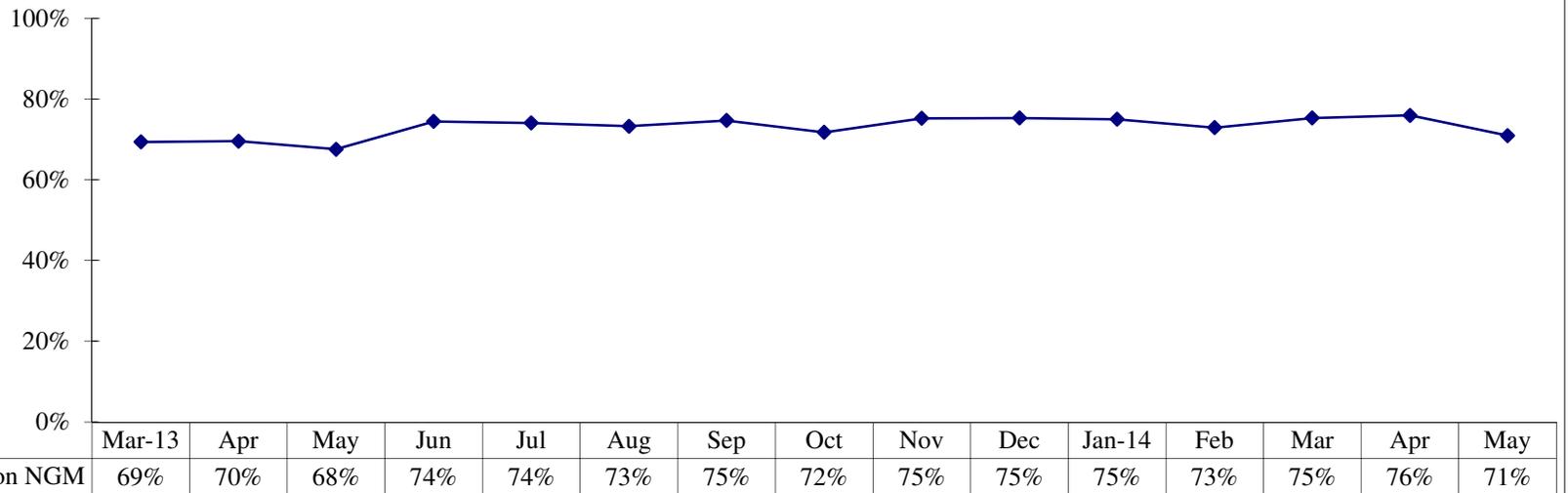
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

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

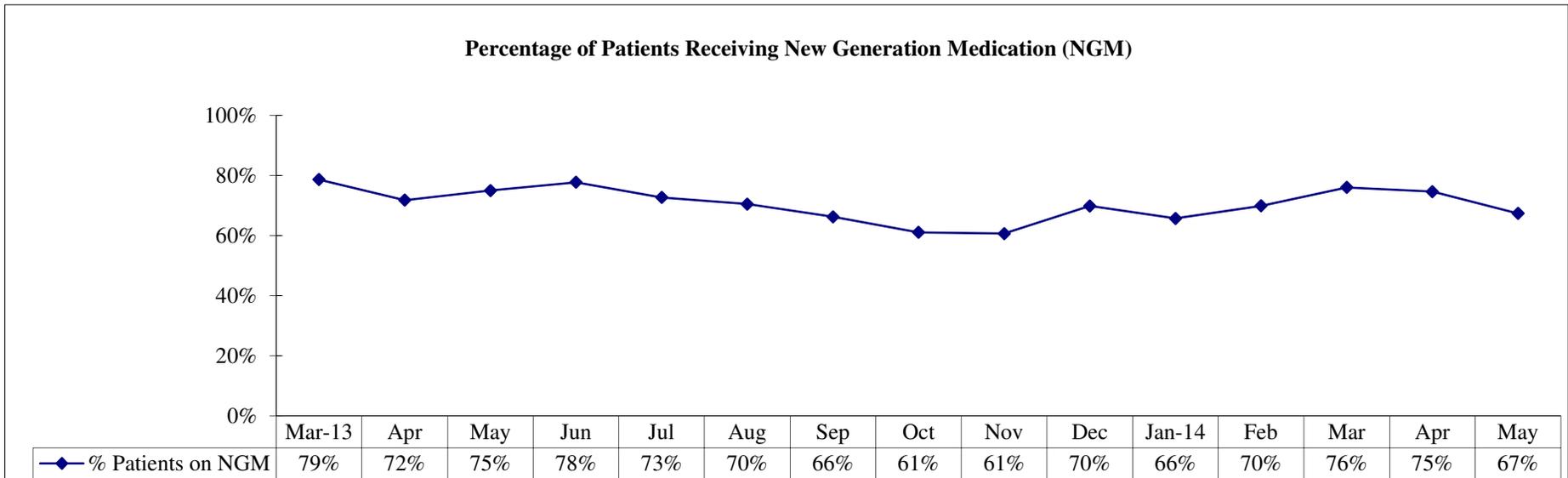
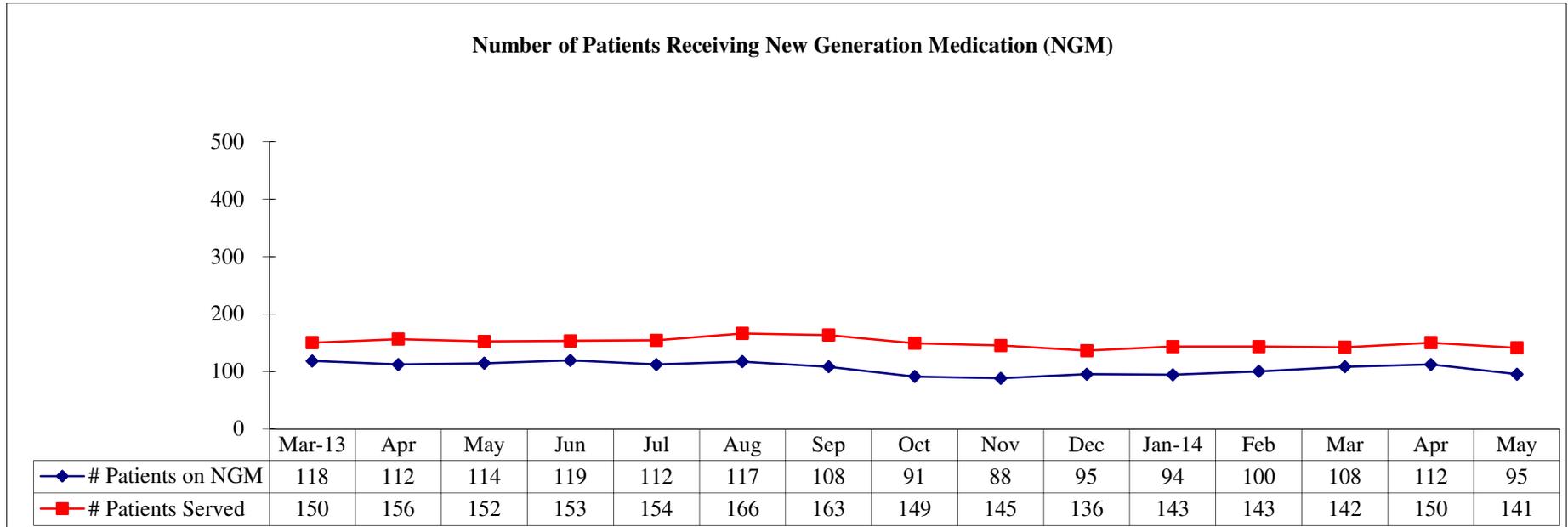


**Percentage of Patients Receiving New Generation Medication (NGM)**



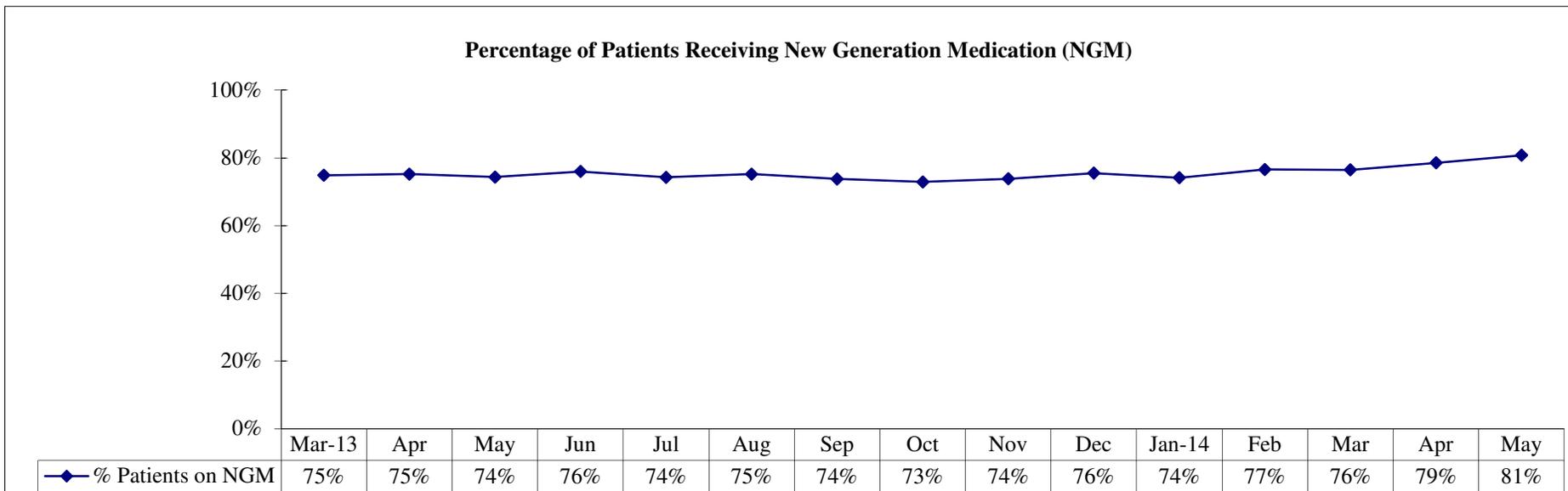
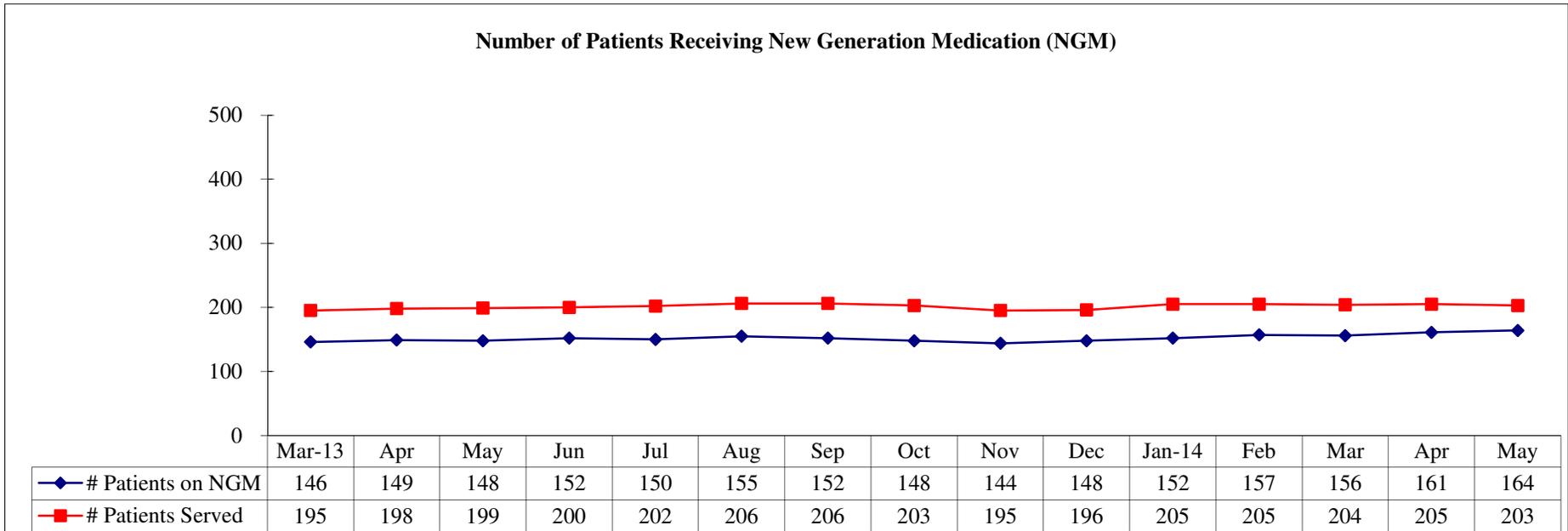
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



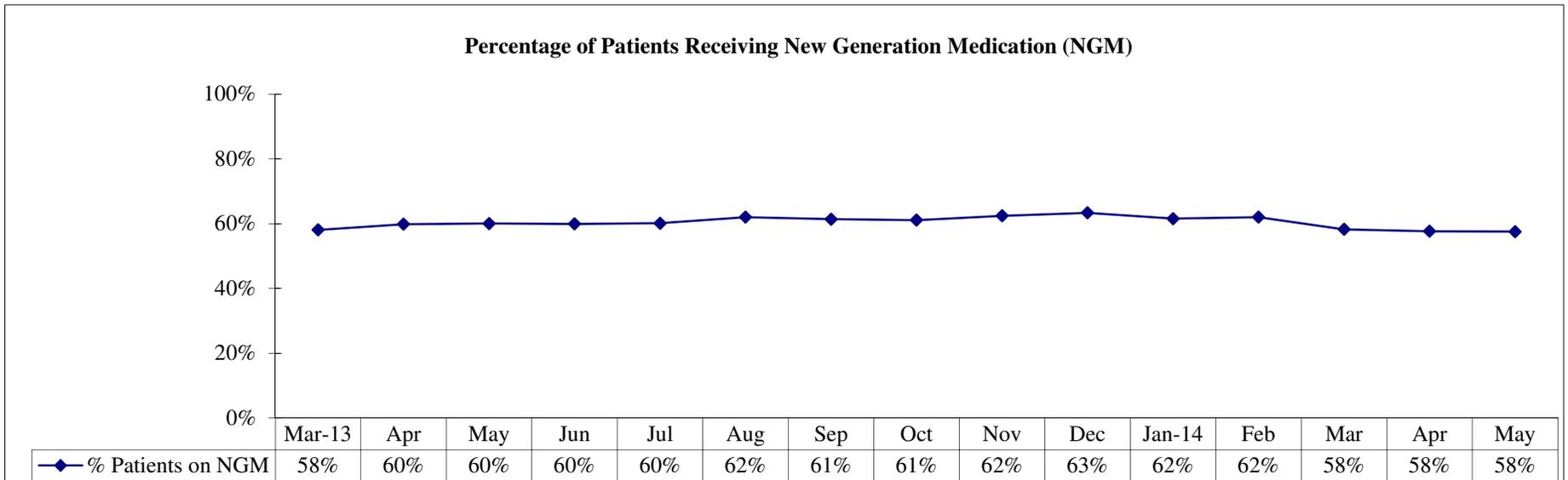
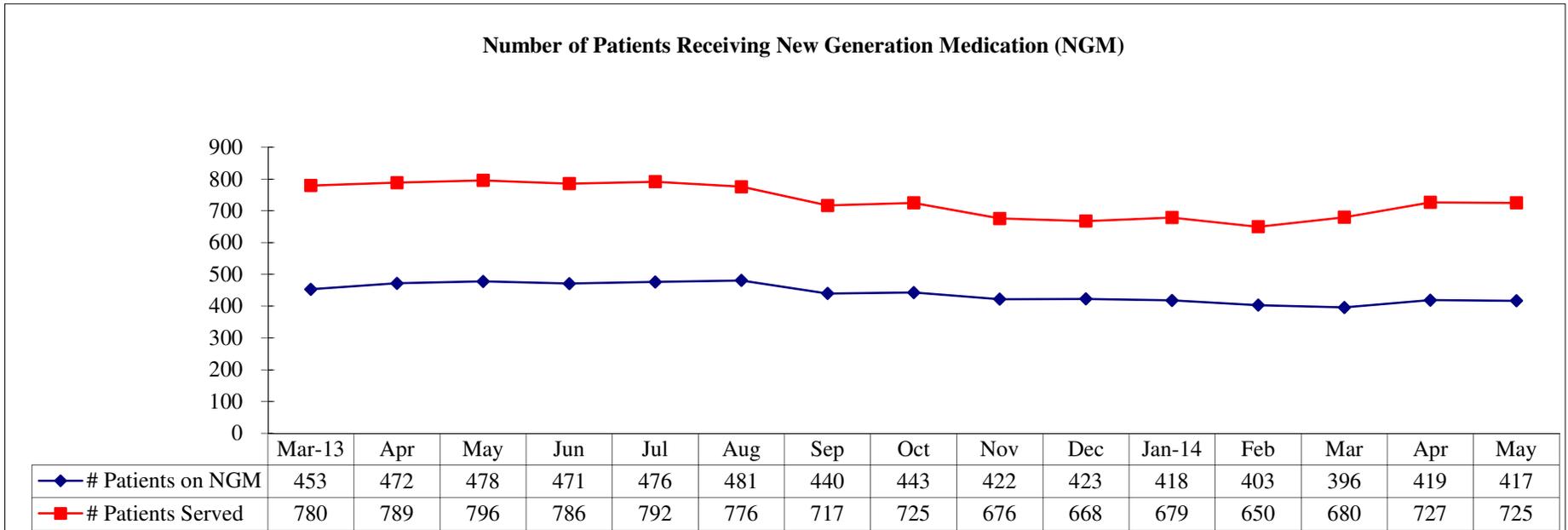
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



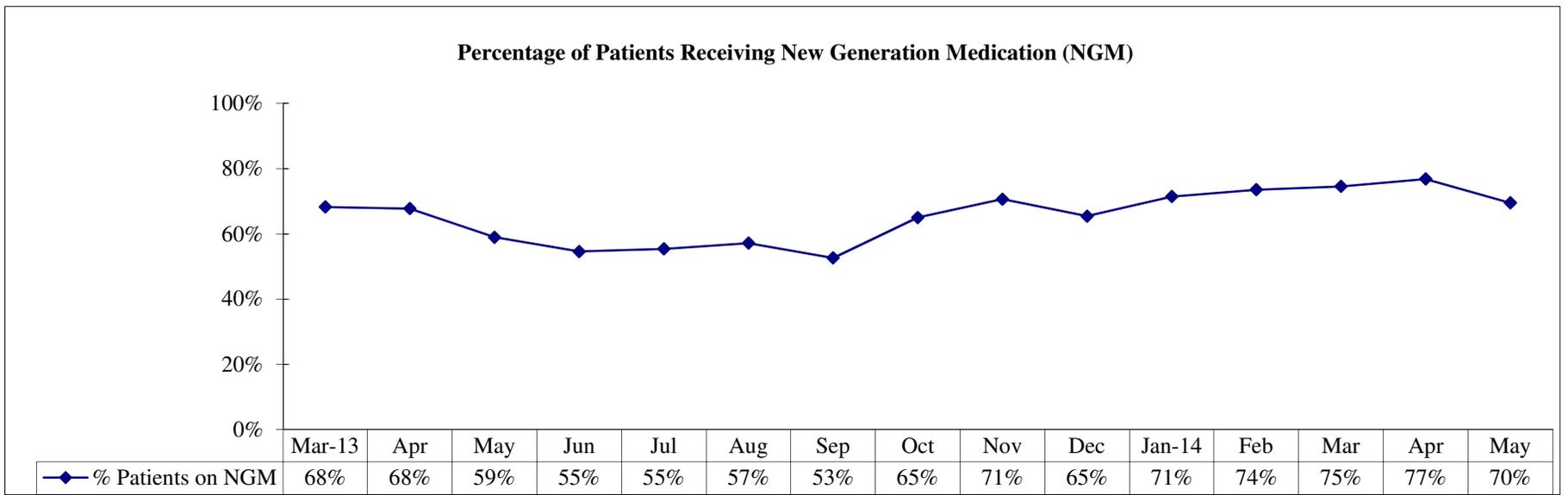
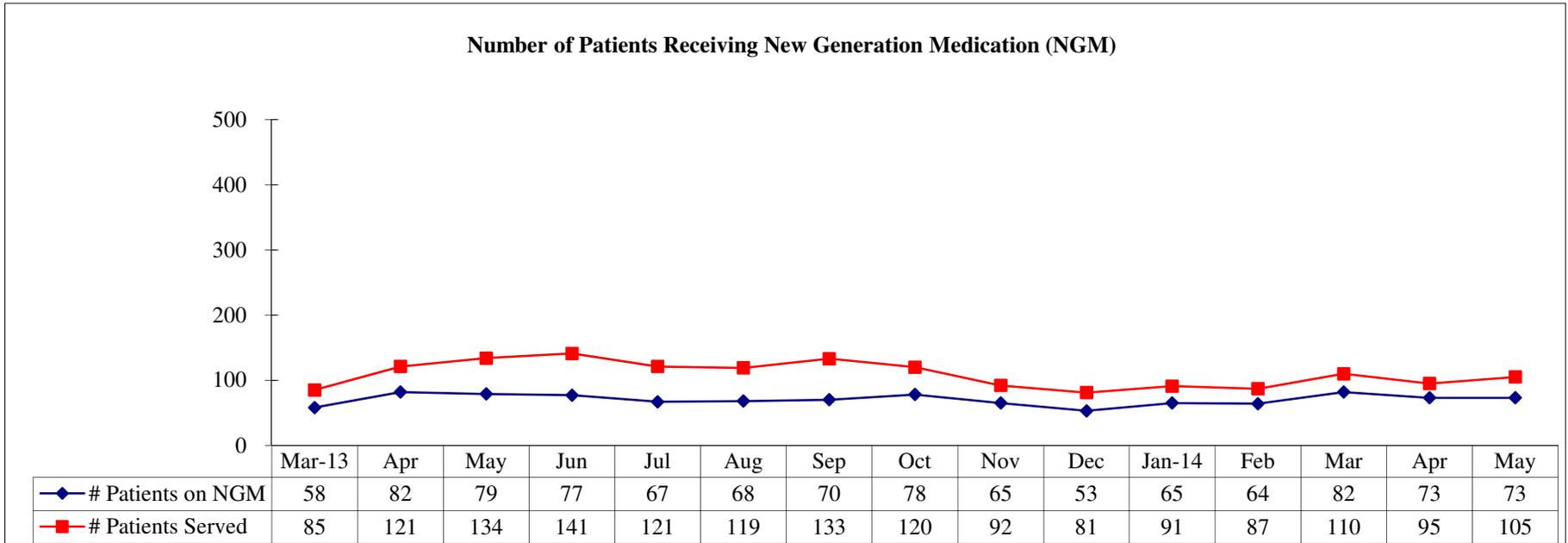
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



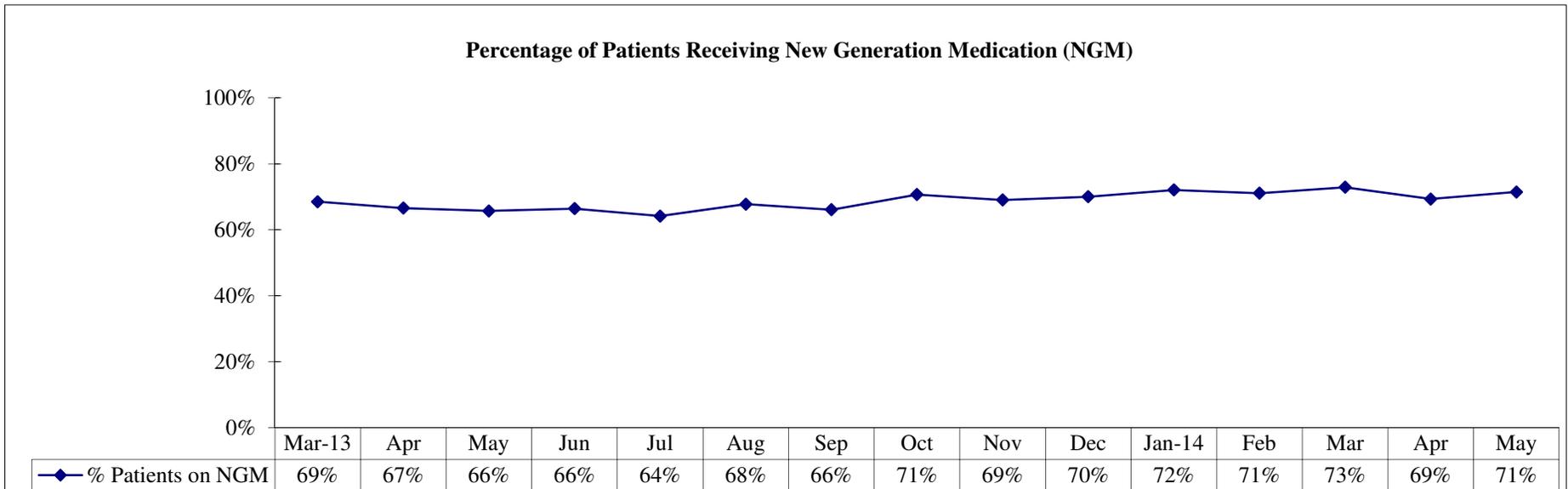
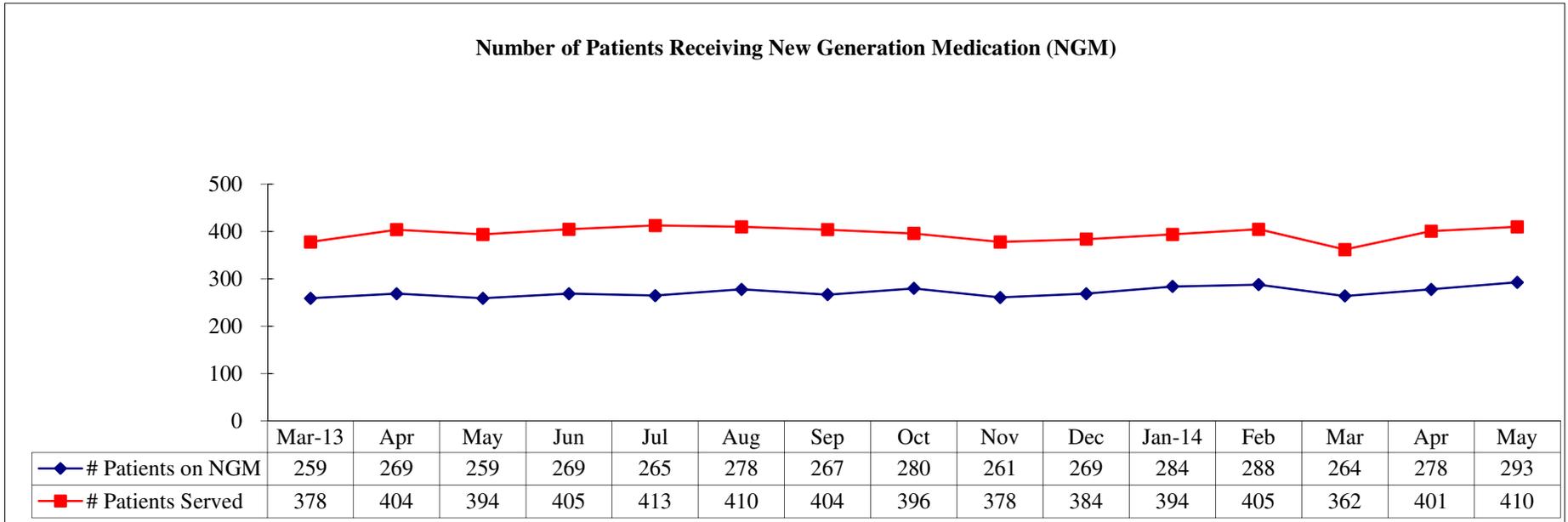
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

**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)

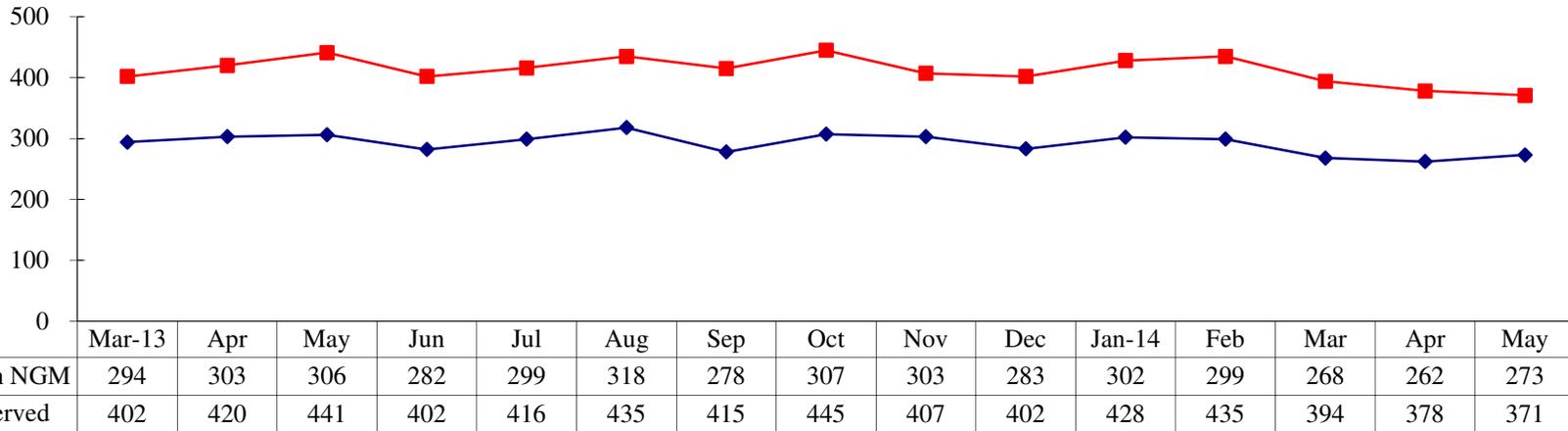
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Rusk State Hospital**



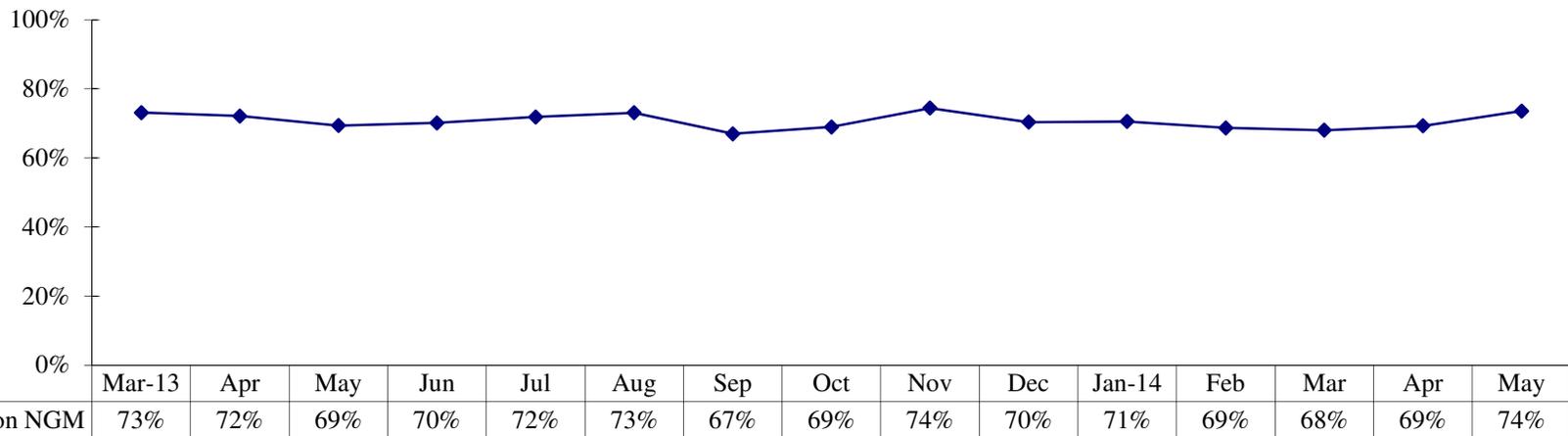
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

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

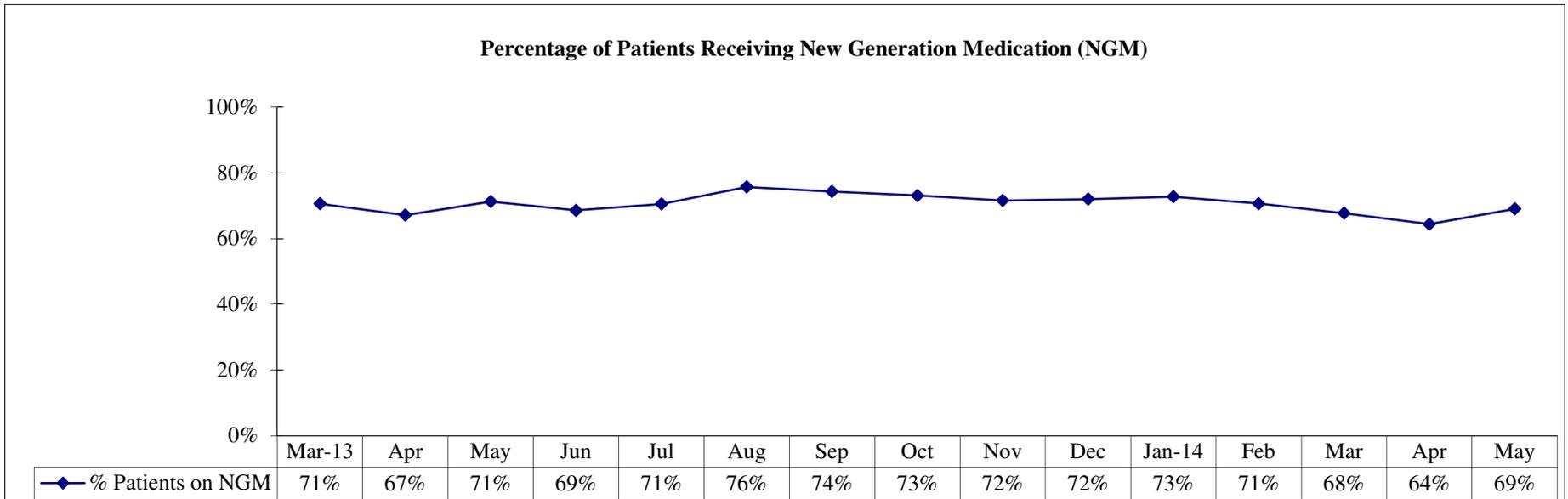
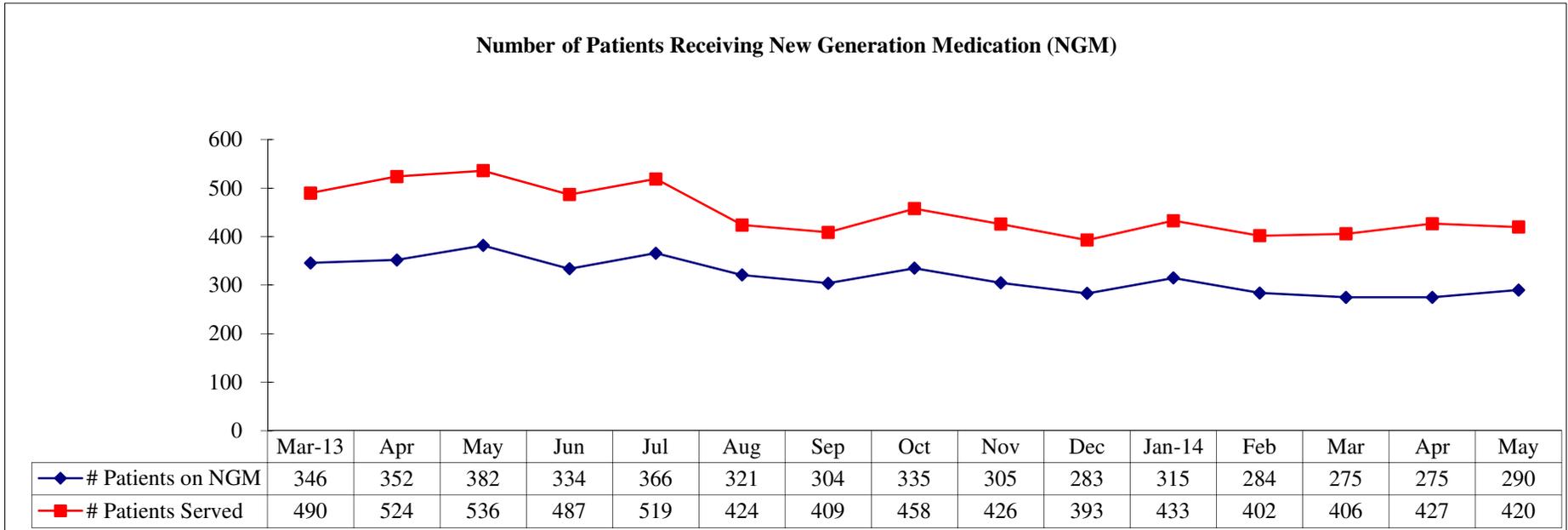


**Percentage of Patients Receiving New Generation Medication (NGM)**



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

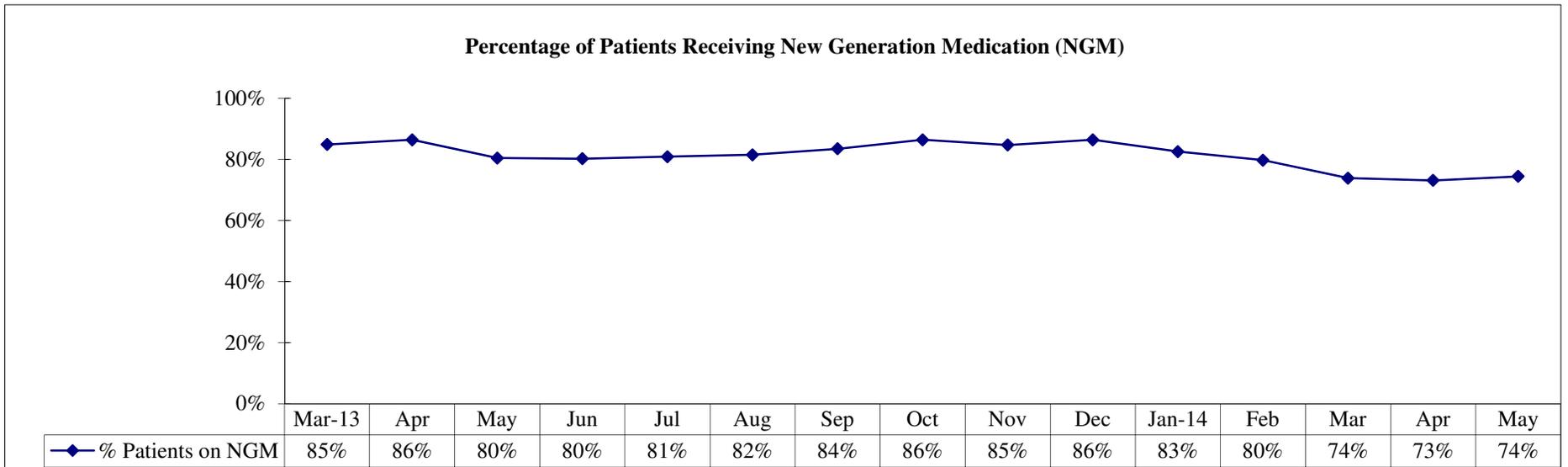
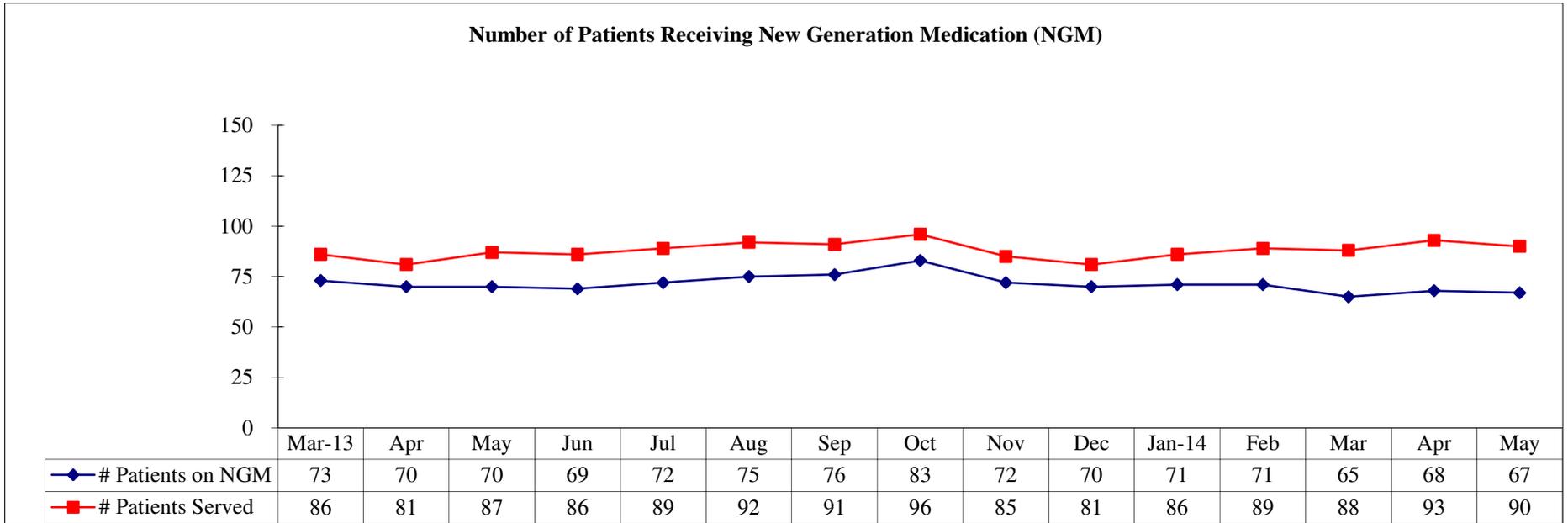
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Terrell State Hospital**



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

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

**Waco Center for Youth**



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

**Performance Measure 4B:**

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

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

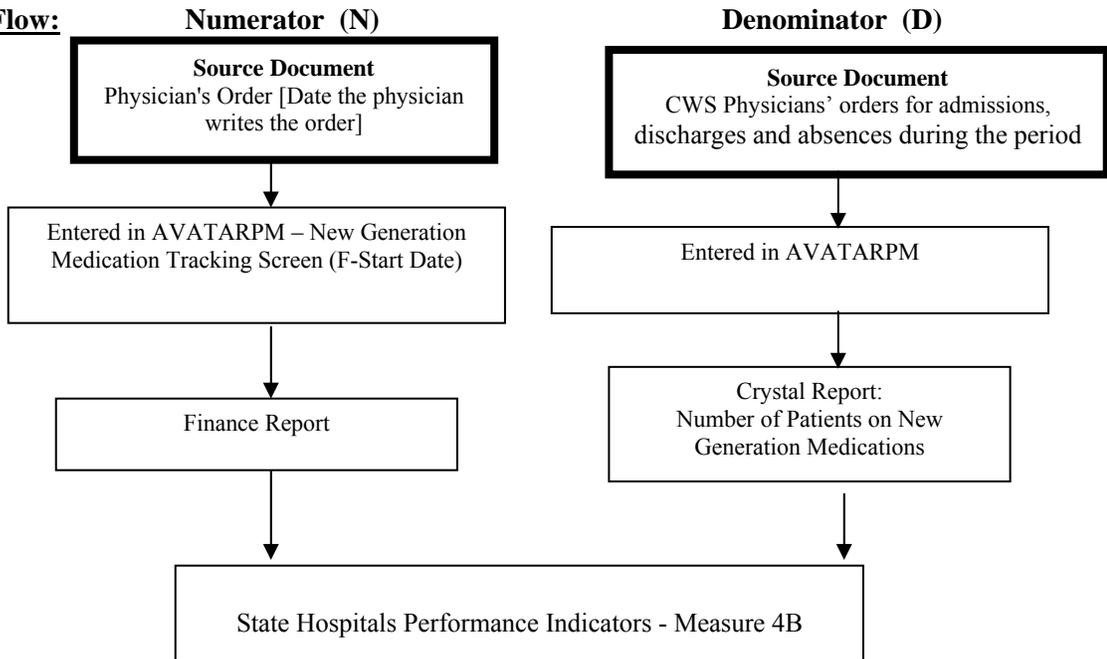
**Performance Measure Formula:**  $\frac{N}{D}$  (Dollar Amount)  
D (Unduplicated Persons Receiving NGM)

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

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

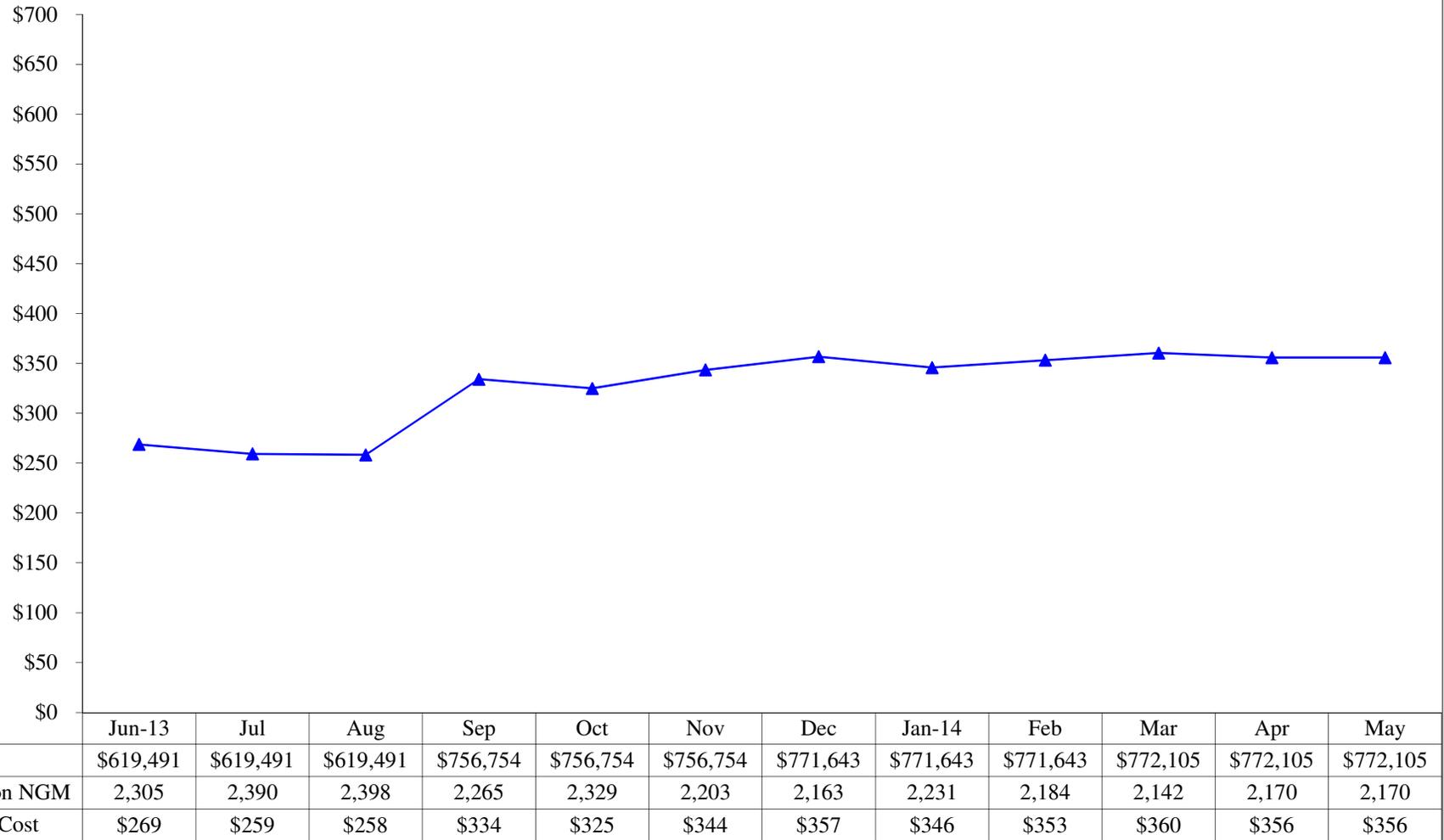
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

**Data Flow:**



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

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



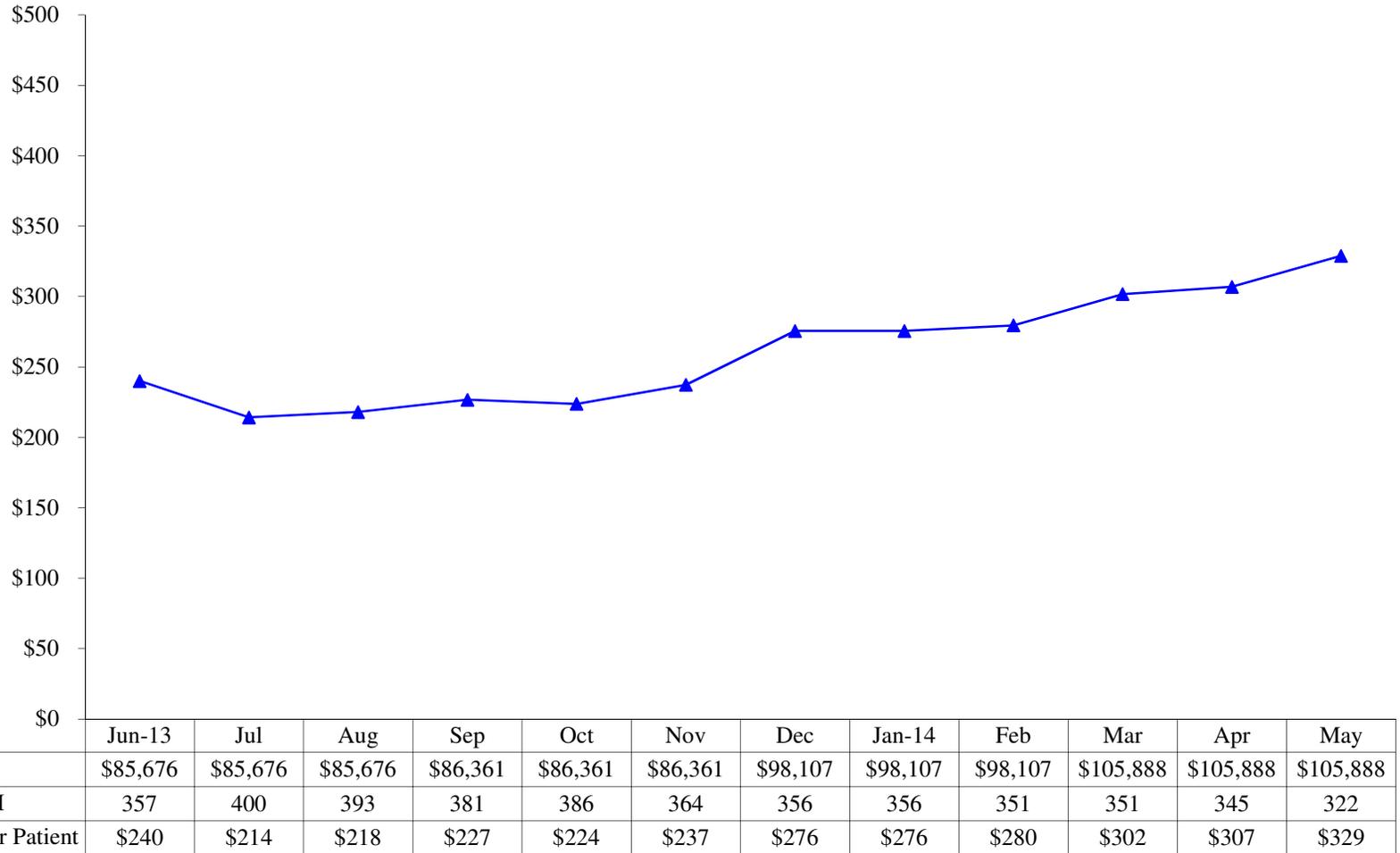
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

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



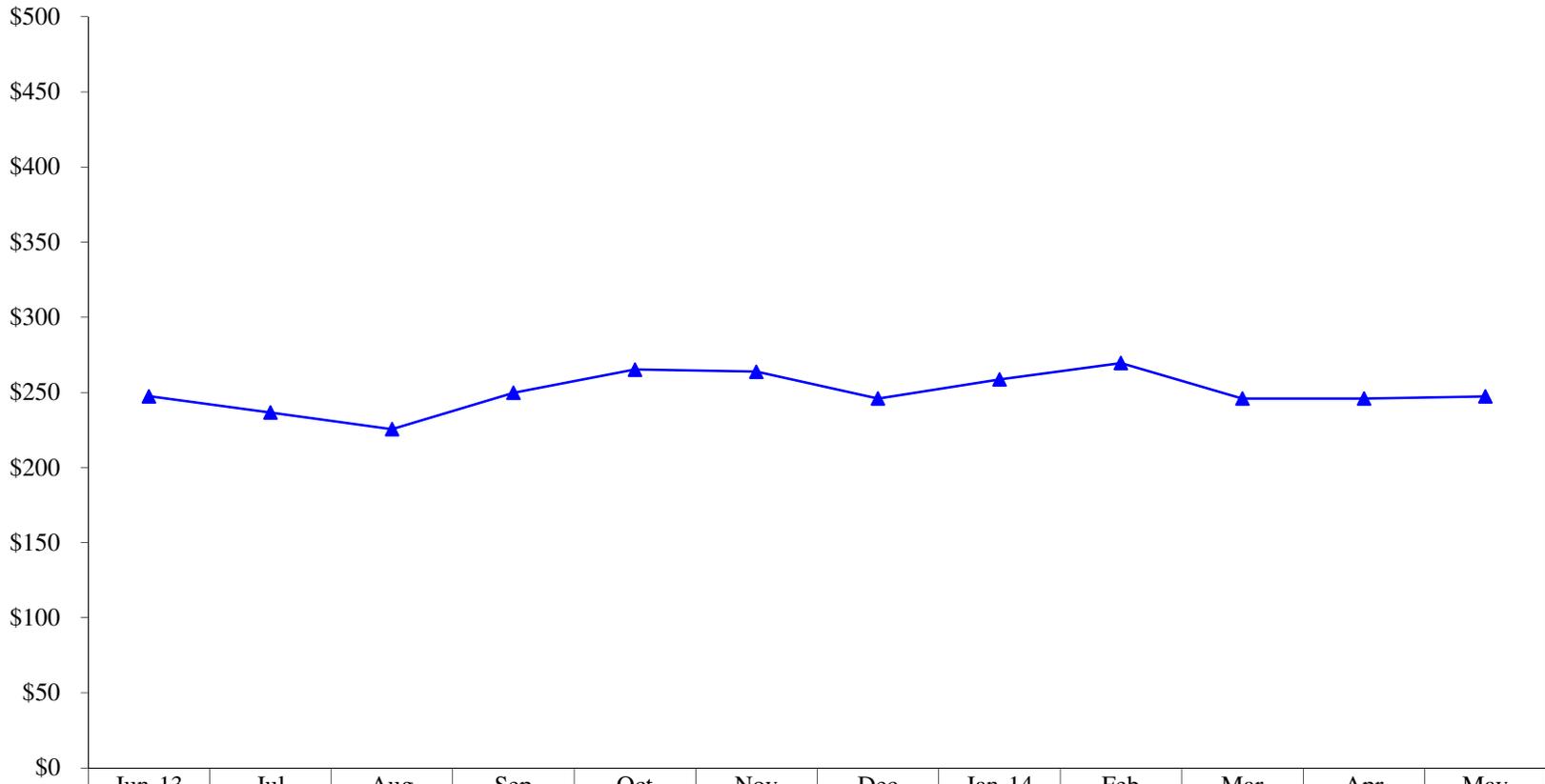
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

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

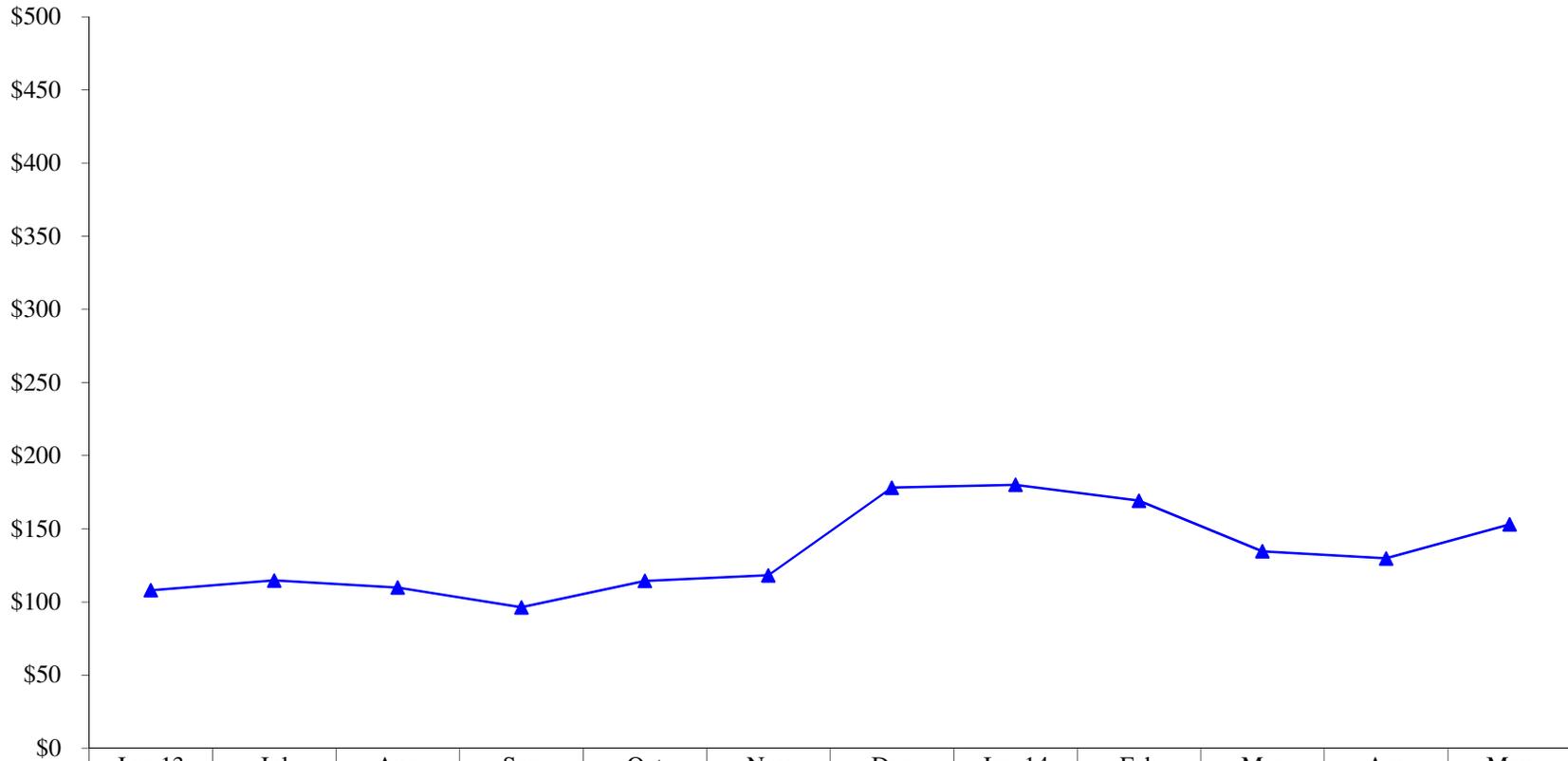


	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Cost*	\$43,297	\$43,297	\$43,297	\$47,210	\$47,210	\$47,210	\$45,004	\$45,004	\$45,004	\$43,528	\$43,528	\$43,528
# of Pts on NGM	175	183	192	189	178	179	183	174	167	177	177	176
▲ Average Cost per Patient	\$247	\$237	\$226	\$250	\$265	\$264	\$246	\$259	\$269	\$246	\$246	\$247

\* Average Monthly Cost per Quarter

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

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

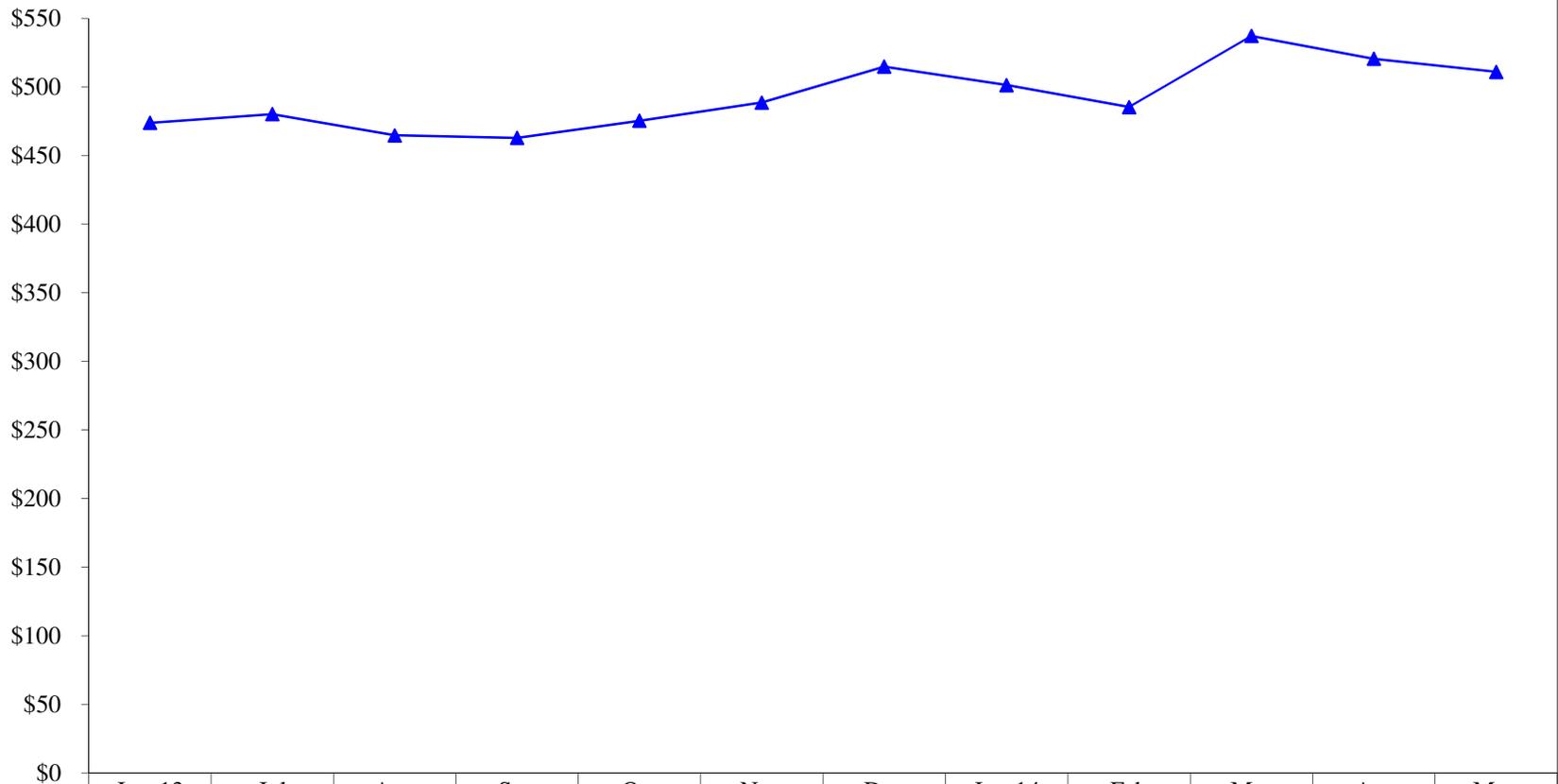


	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Cost*	\$12,851	\$12,851	\$12,851	\$10,410	\$10,410	\$10,410	\$16,927	\$16,927	\$16,927	\$14,543	\$14,543	\$14,543
# of Pts on NGM	119	112	117	108	91	88	95	94	100	108	112	95
▲ Average Cost per Patient	\$108	\$115	\$110	\$96	\$114	\$118	\$178	\$180	\$169	\$135	\$130	\$153

\* Average Monthly Cost per Quarter

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

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

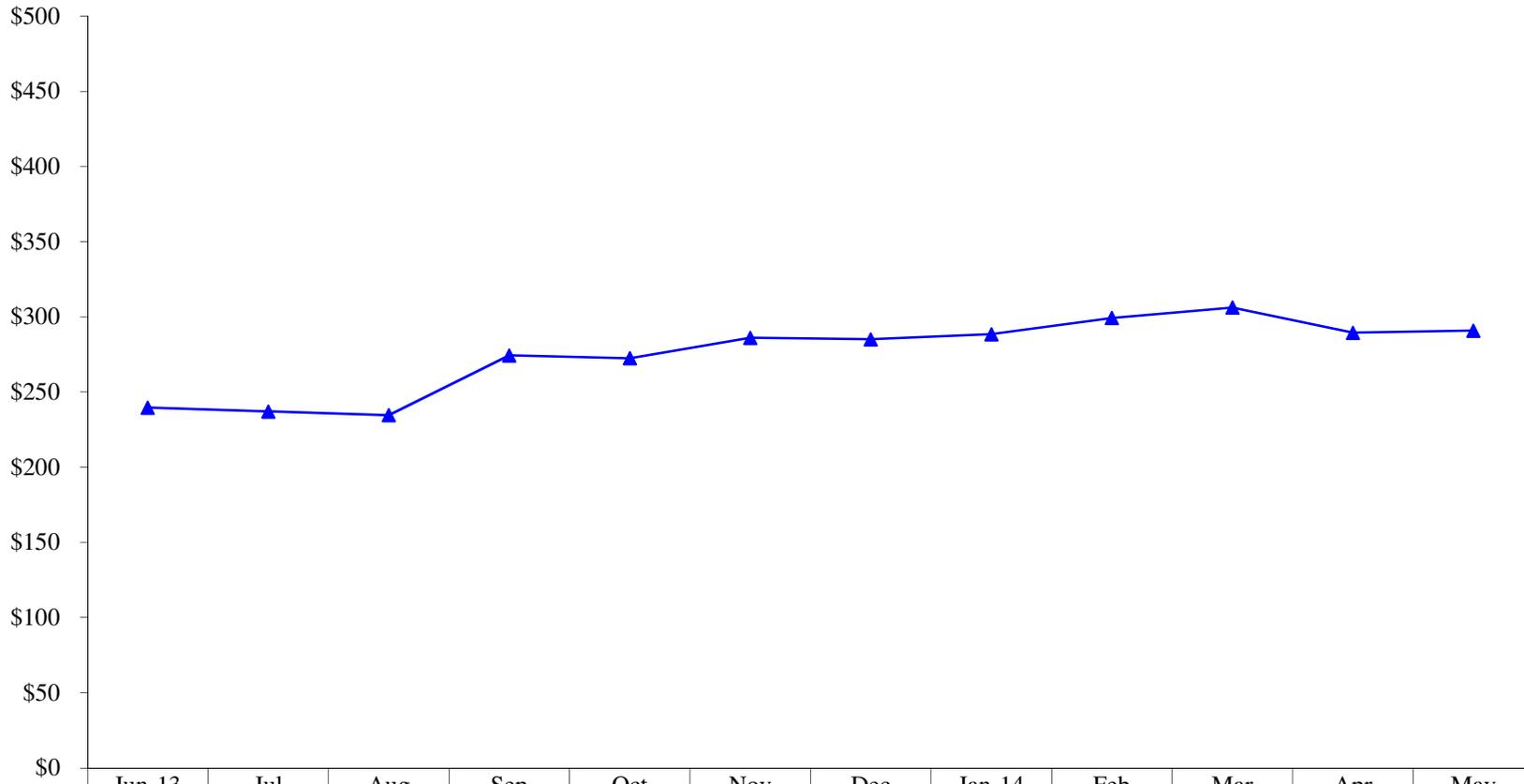


	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Cost*	\$72,041	\$72,041	\$72,041	\$70,367	\$70,367	\$70,367	\$76,208	\$76,208	\$76,208	\$83,811	\$83,811	\$83,811
# of Pts on NGM	152	150	155	152	148	144	148	152	157	156	161	164
—▲ Average Cost per Patient	\$474	\$480	\$465	\$463	\$475	\$489	\$515	\$501	\$485	\$537	\$521	\$511

\* Average Monthly Cost per Quarter

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

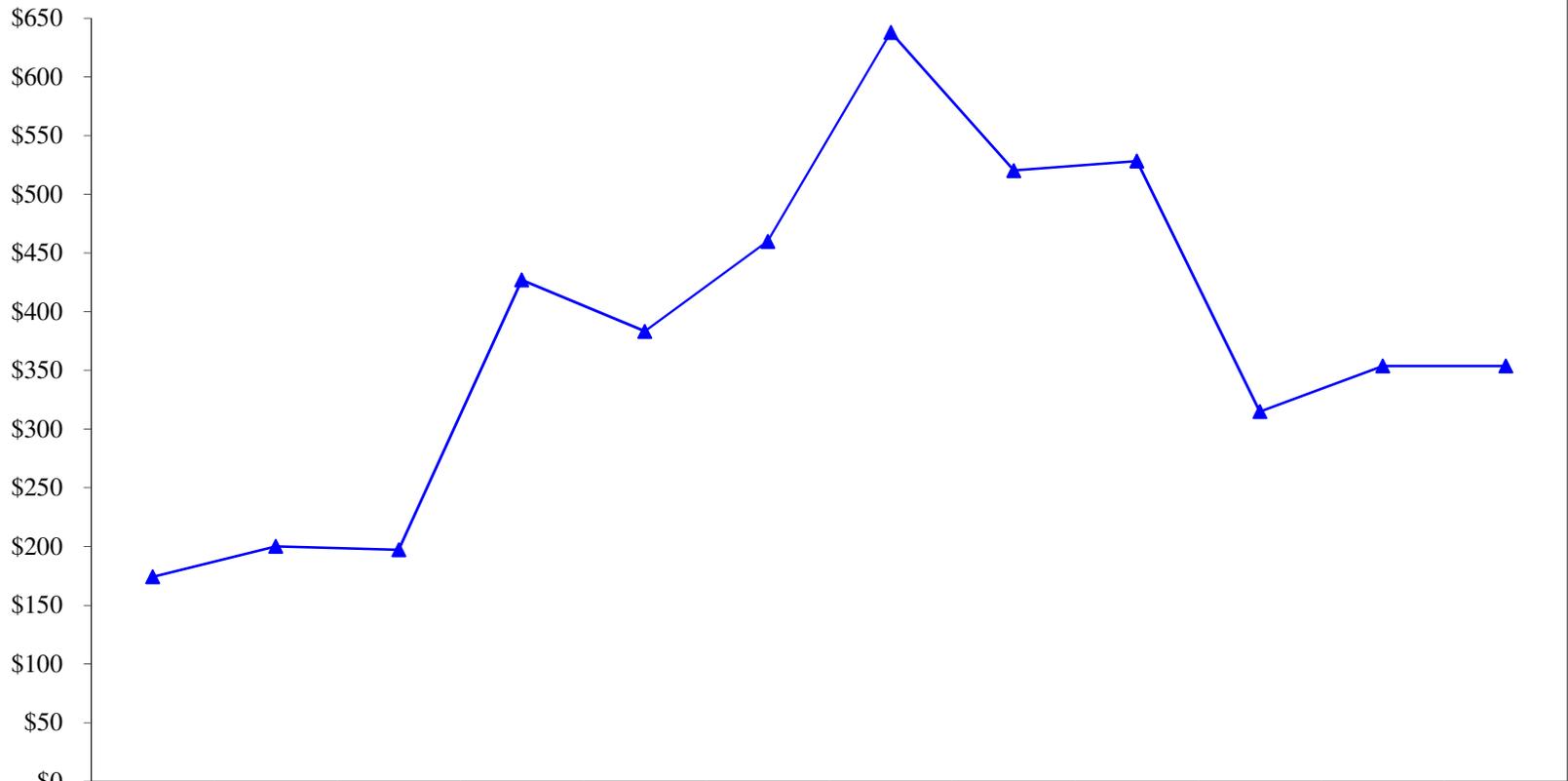
**Average Cost of Antipsychotic Medications per Patient per Month**



\* 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**

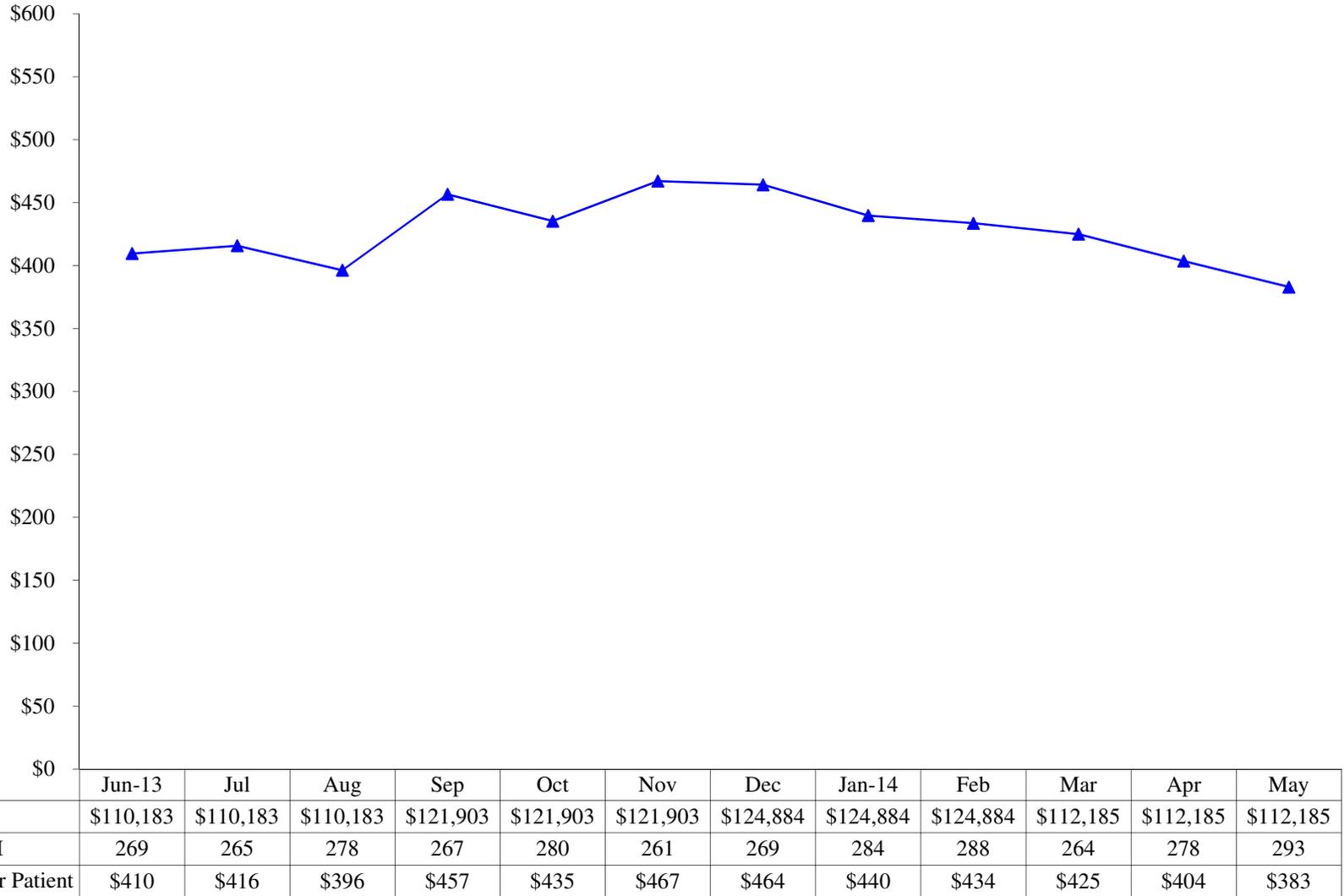


	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Cost*	\$13,416	\$13,416	\$13,416	\$29,901	\$29,901	\$29,901	\$33,819	\$33,819	\$33,819	\$25,832	\$25,832	\$25,832
# of Pts on NGM	77	67	68	70	78	65	53	65	64	82	73	73
▲ Average Cost per Patient	\$174	\$200	\$197	\$427	\$383	\$460	\$638	\$520	\$528	\$315	\$354	\$354

\* Average Monthly Cost per Quarter

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

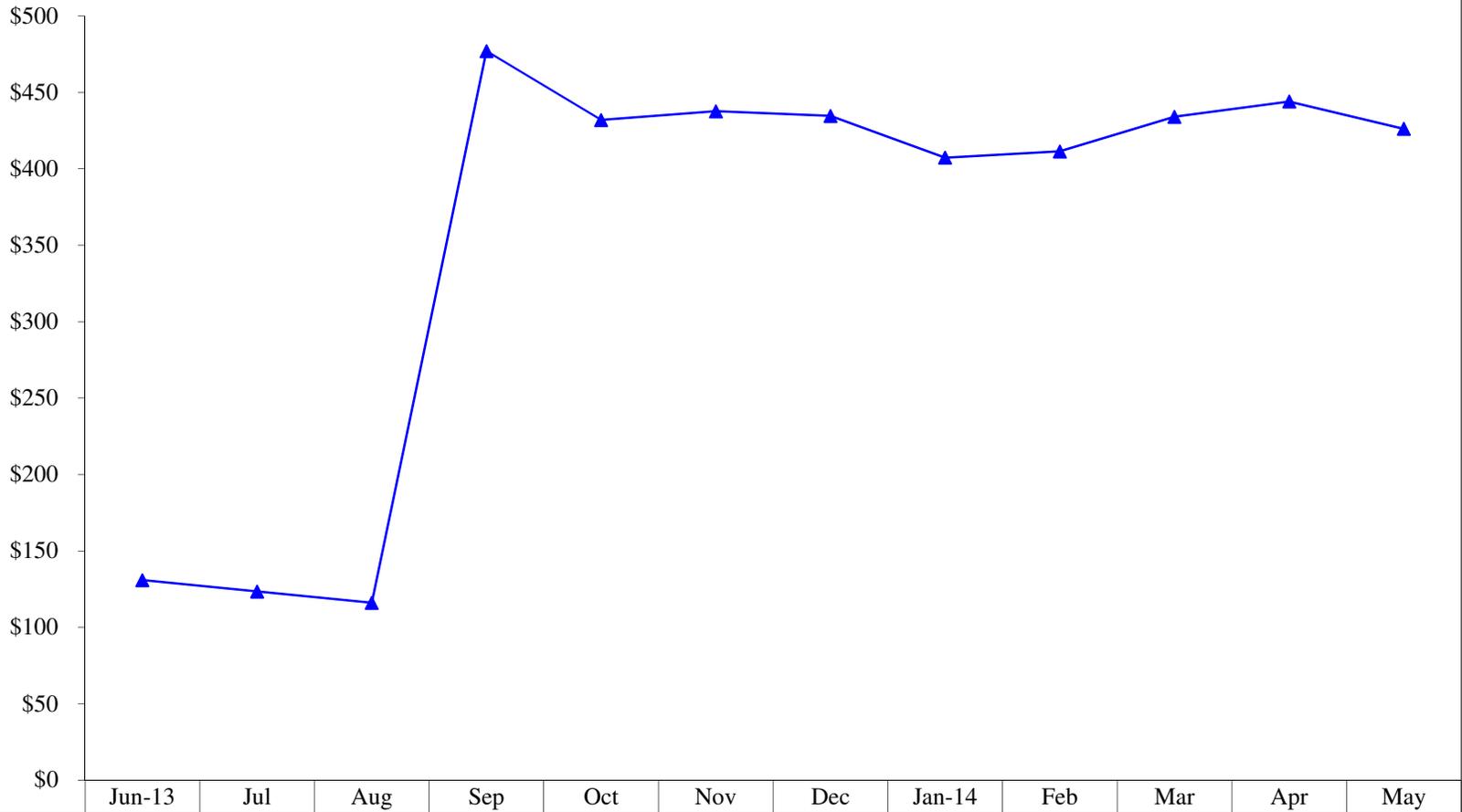
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

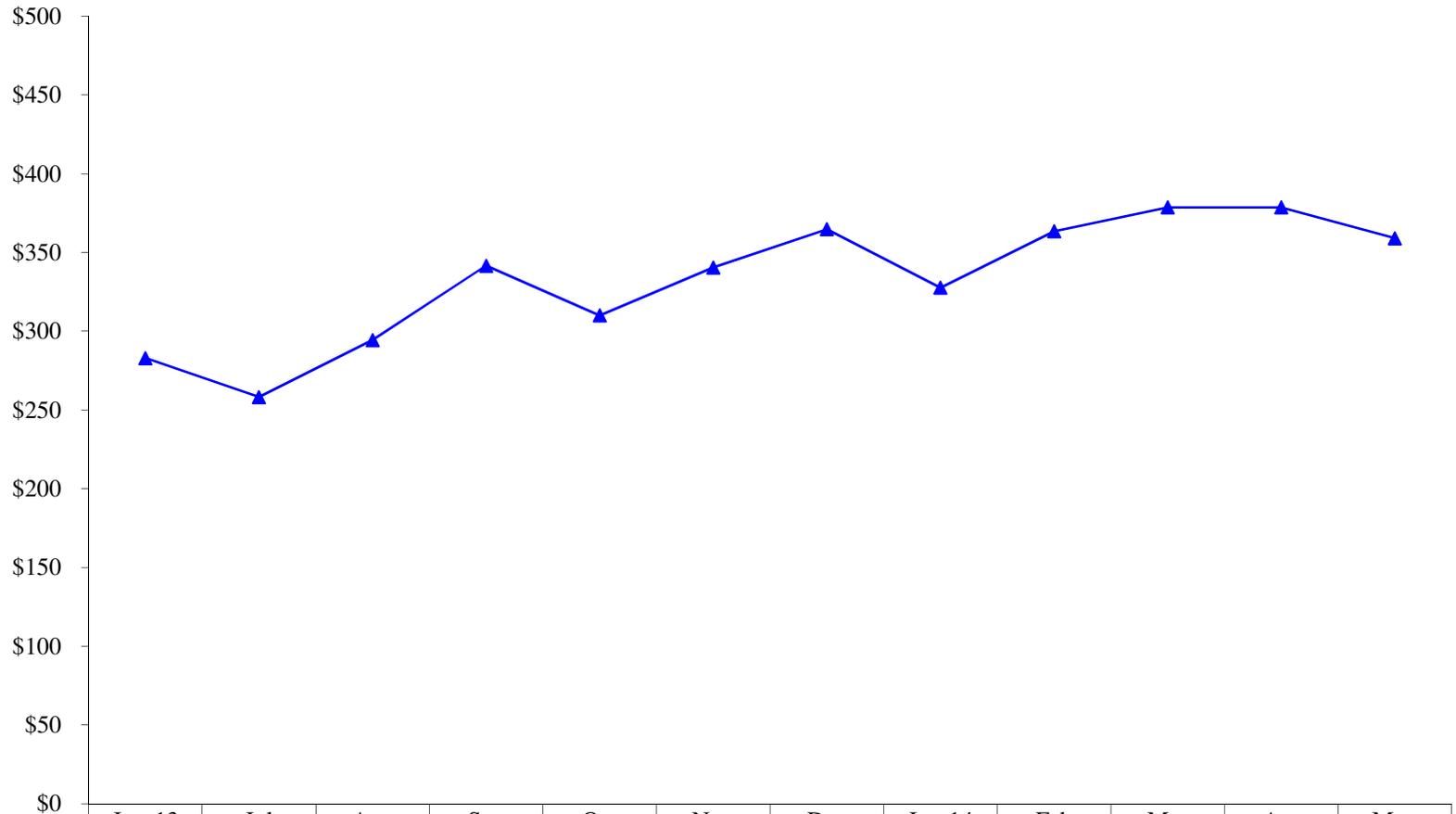
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

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

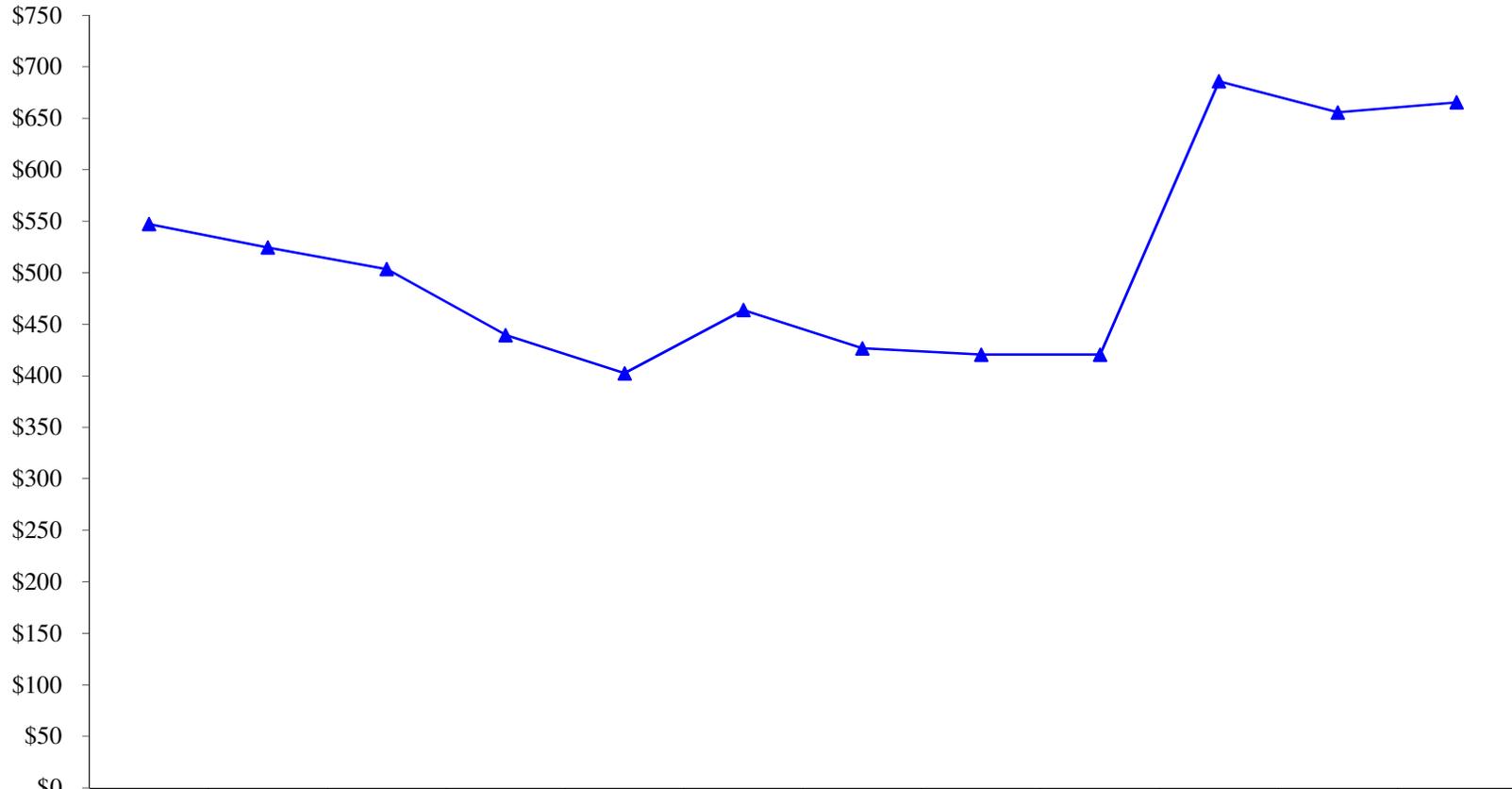


	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Cost*	\$94,510	\$94,510	\$94,510	\$103,873	\$103,873	\$103,873	\$103,232	\$103,232	\$103,232	\$104,132	\$104,132	\$104,132
# of Pts on NGM	334	366	321	304	335	305	283	315	284	275	275	290
▲ Average Cost per Patient	\$283	\$258	\$294	\$342	\$310	\$341	\$365	\$328	\$363	\$379	\$379	\$359

\* Average Monthly Cost per Quarter

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

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



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Cost*	\$37,767	\$37,767	\$37,767	\$33,399	\$33,399	\$33,399	\$29,863	\$29,863	\$29,863	\$44,583	\$44,583	\$44,583
# of Pts on NGM	69	72	75	76	83	72	70	71	71	65	68	67
▲ Average Cost per Patient	\$547	\$525	\$504	\$439	\$402	\$464	\$427	\$421	\$421	\$686	\$656	\$665

\* Average Monthly Cost per Quarter

**Performance Measure 4C:**

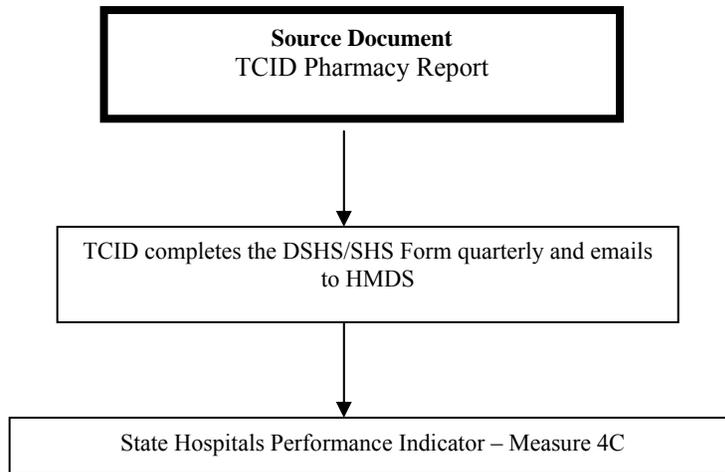
**Analyze and report the cost of TB medications.**

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

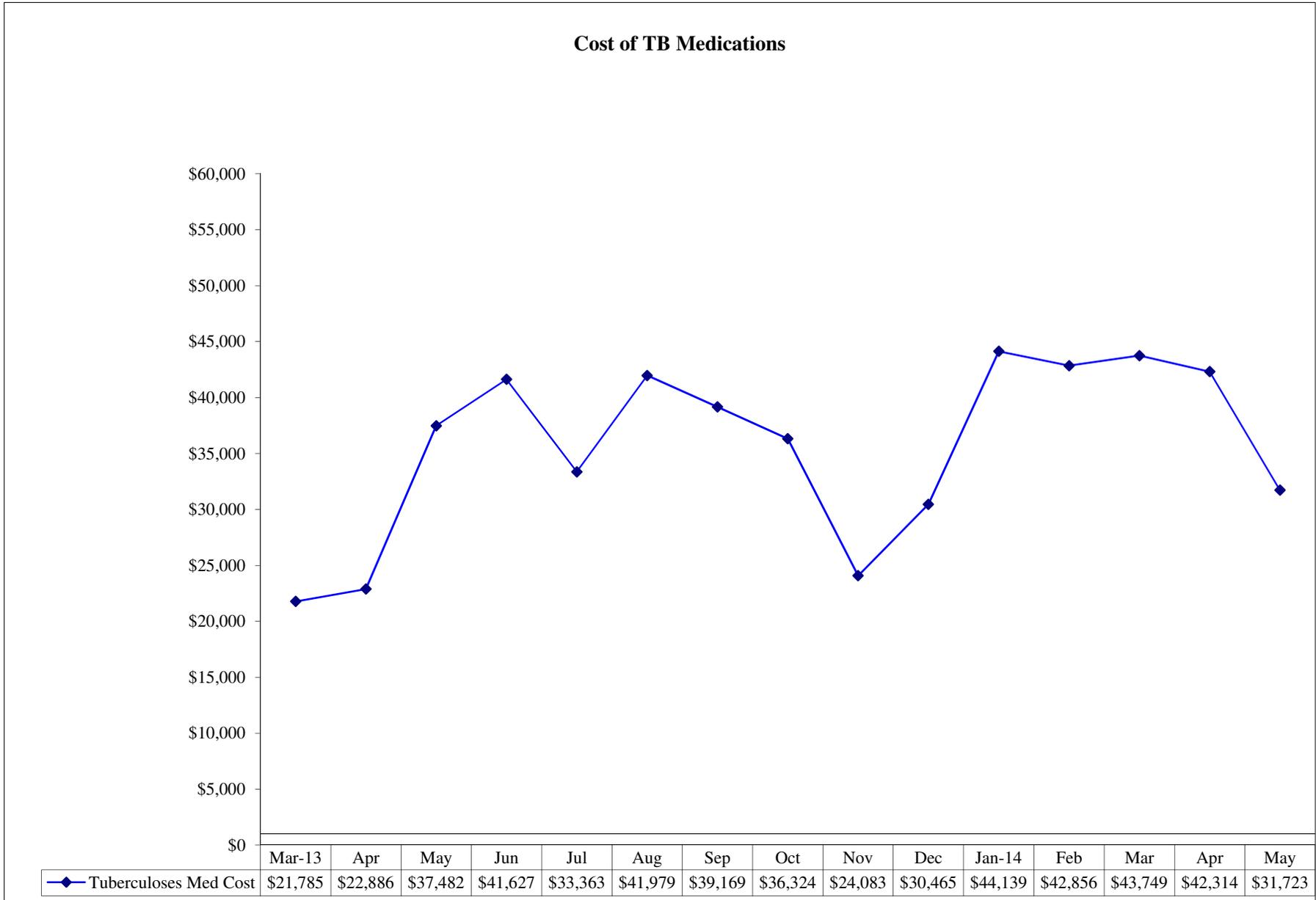
**Performance Measure Formula:** No formula – continuous variable.

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

**Data Flow:**



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



## *GOAL 5: Assure Continuum of Care*

### **Performance Objective 5A:**

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

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

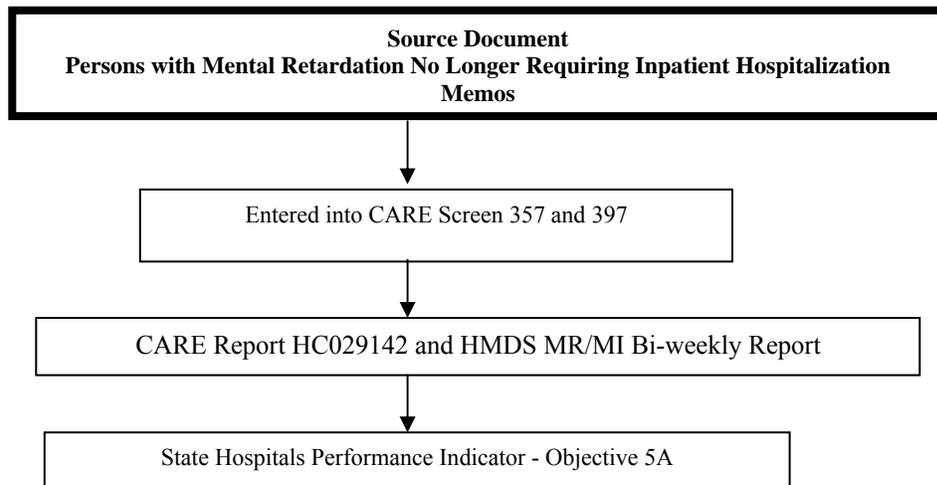
### **Performance Objective Formula:**

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

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

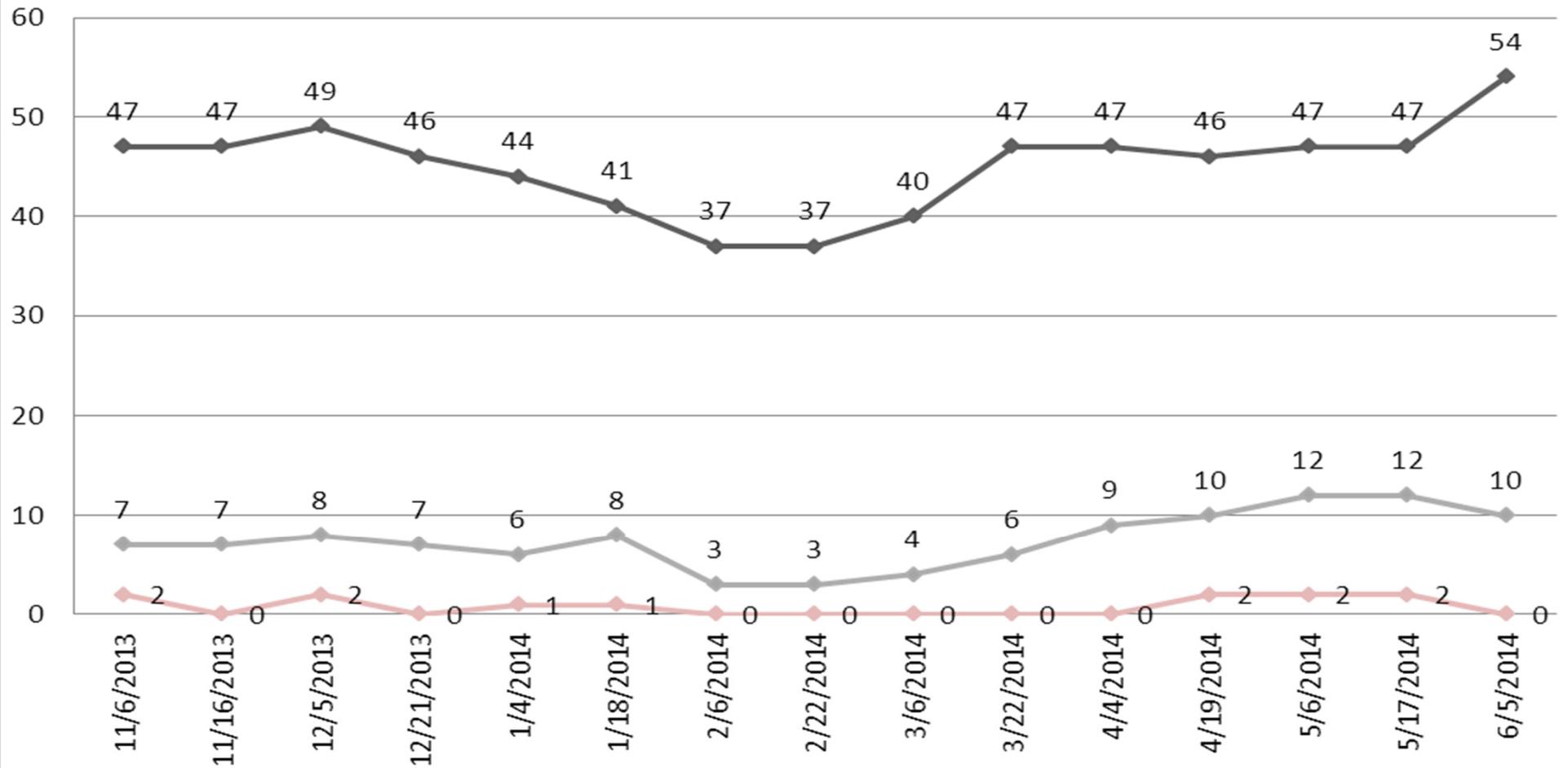
Chart with persons with MR Diagnosis in state mental health hospitals.

### **Data Flow:**



## Persons with IDD Diagnosis in State Mental Hospitals

◆ Total IDD Dx. In SHs



**Performance Objective 5C:**

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

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

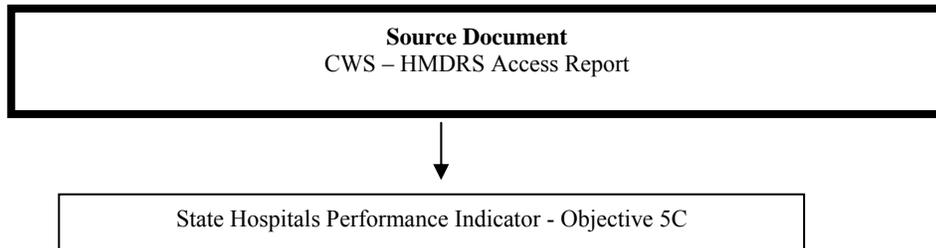
**The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.**

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

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

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

**Data Flow:**



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

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	45	46	45	50	40	37	37	29	32	37	42	
Big Spring State Hospital	97	105	108	101	100	105	112	117	117	113	107	
El Paso Psychiatric Center	6	6	6	7	7	9	8	8	9	9	11	
Kerrville State Hospital	160	155	147	147	153	156	162	162	151	163	171	
North Texas State Hospital	86	89	101	100	94	101	117	124	116	112	117	
Rio Grande State Center	0	1	2	2	2	3	1	1	1	2	2	
Rusk State Hospital	153	158	154	151	153	139	138	151	173	176	177	
San Antonio State Hospital	93	89	81	71	71	75	74	78	83	77	78	
Terrell State Hospital	32	31	29	29	28	30	27	28	24	23	28	
Waco Center for Youth	0	0	0	0	0	1	1	3	0	3	0	
<b>All State Hospitals</b>	<b>672</b>	<b>680</b>	<b>673</b>	<b>658</b>	<b>648</b>	<b>656</b>	<b>677</b>	<b>701</b>	<b>706</b>	<b>715</b>	<b>733</b>	

**Performance Measure 5A:**

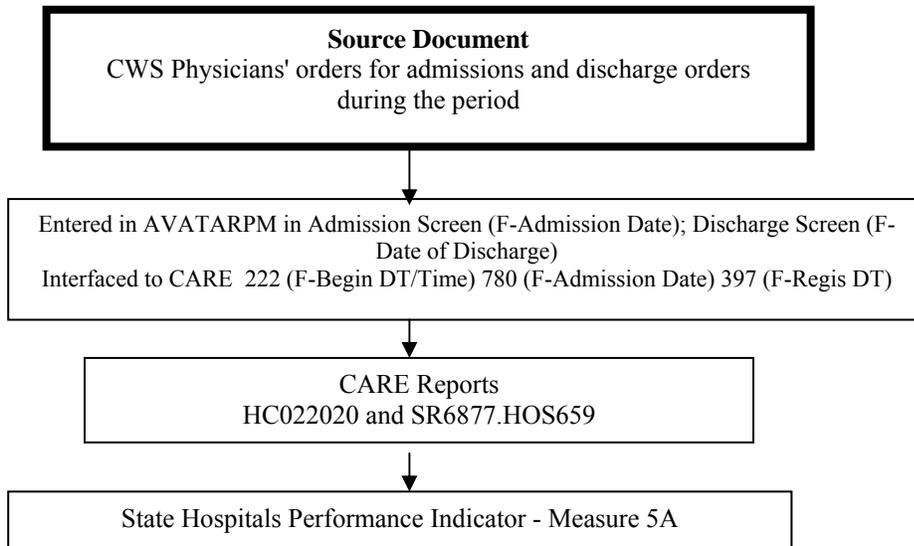
**Calculate and report number and type of all admissions and discharges, and, the percentage of patients new to the system.**

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

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

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

**Data Flow:**

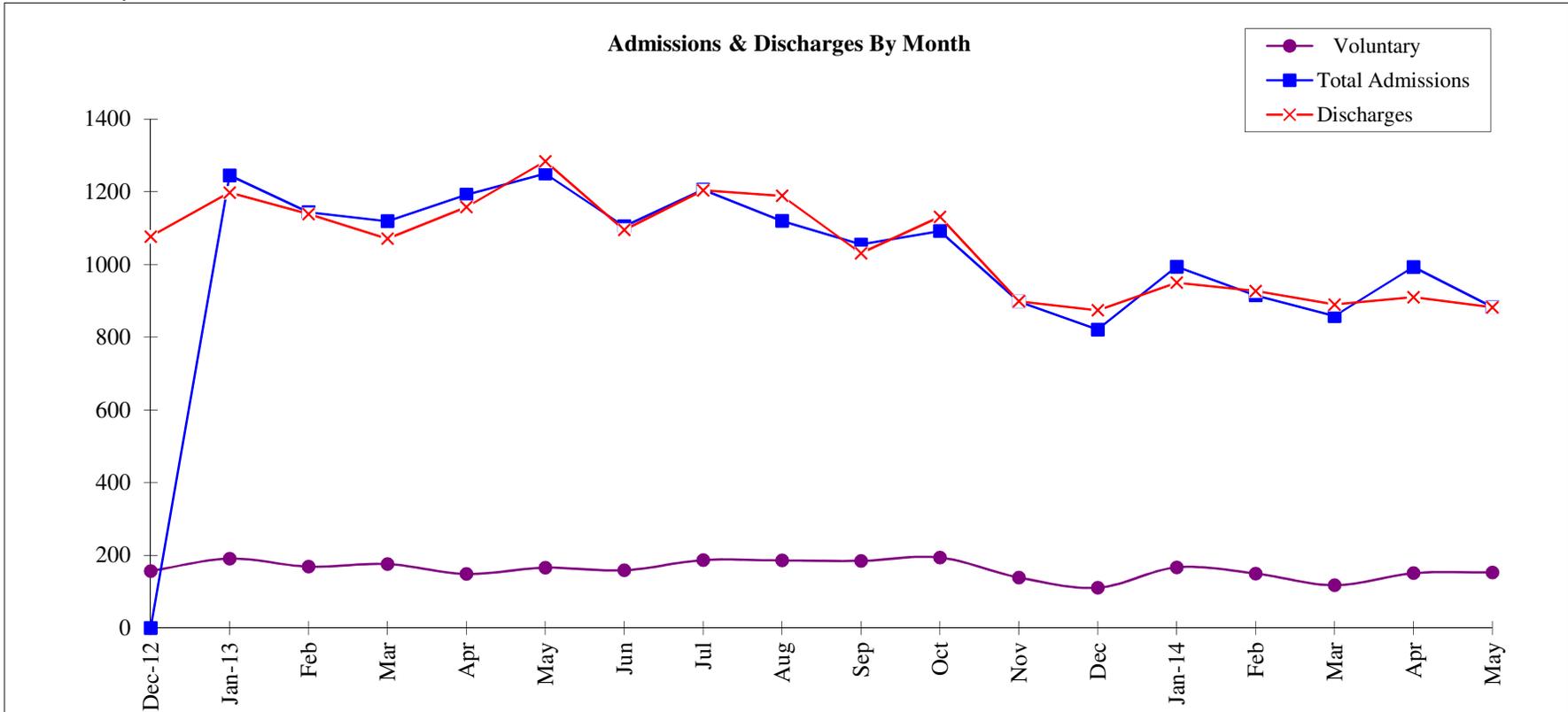


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

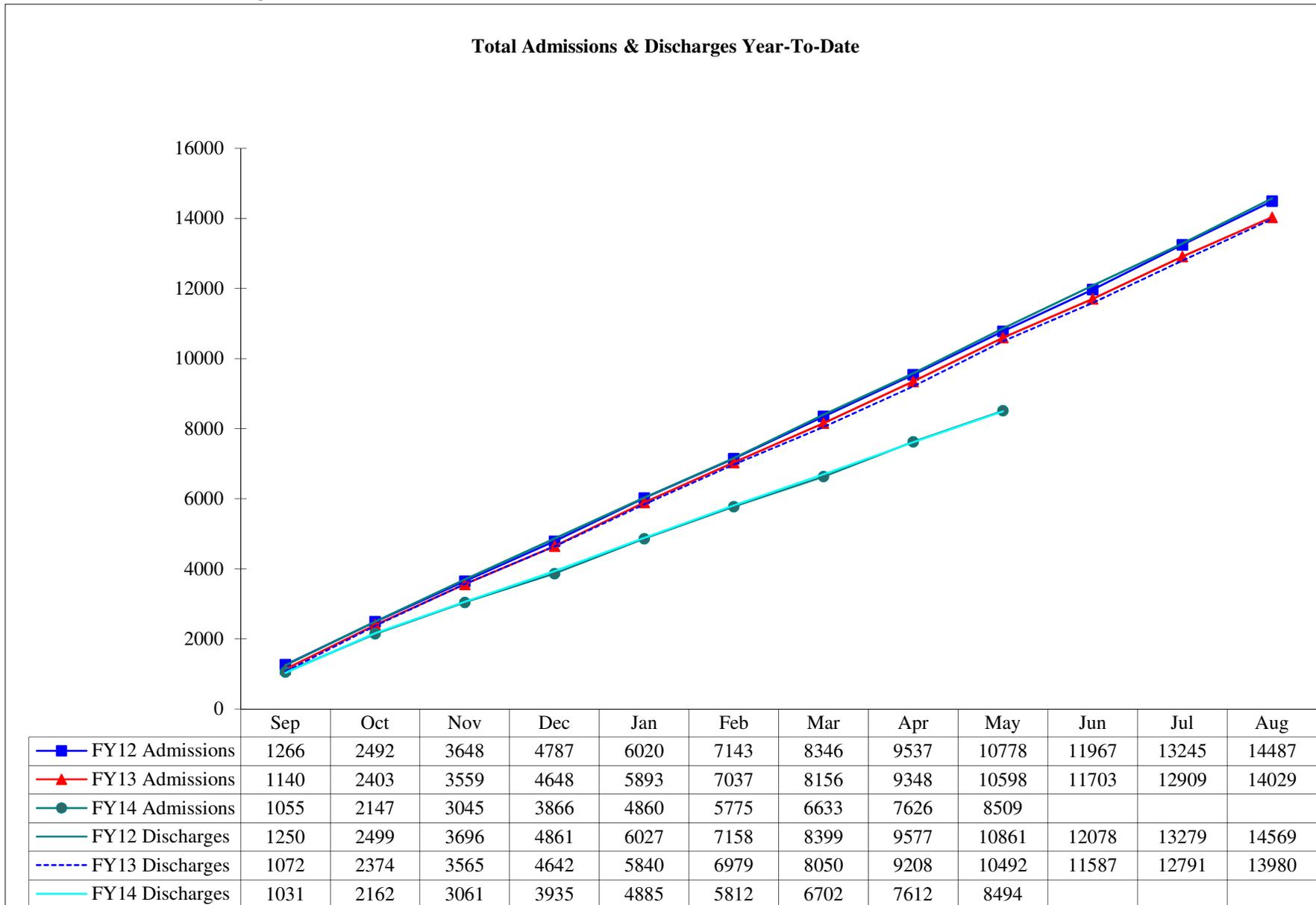
**All State MH Hospitals**

**Admissions by Month**

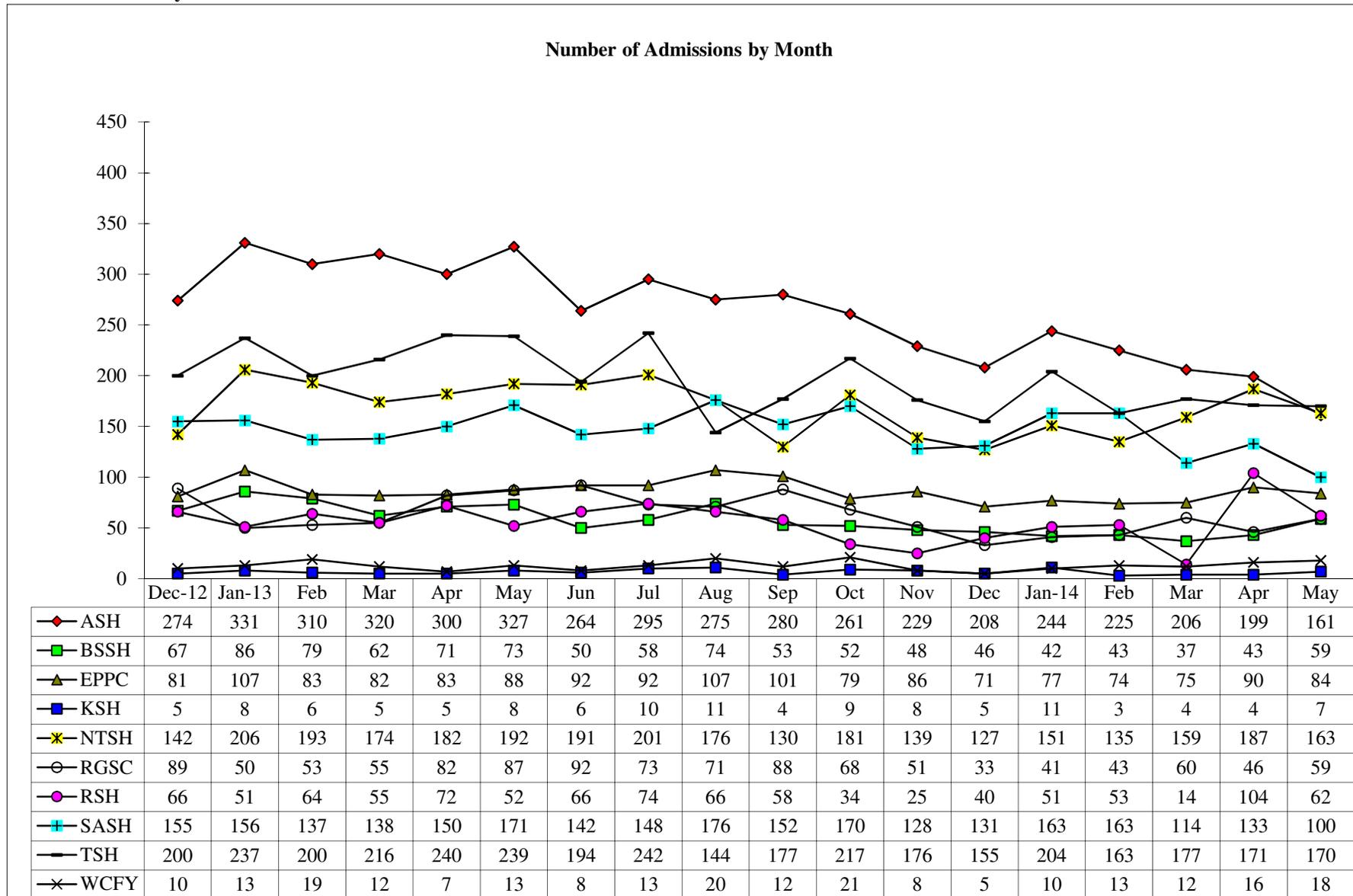
	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions	0	1245	1144	1119	1192	1250	1105	1206	1120	1055	1092	898	821	994	915	858	993	883
Voluntary	157	191	169	176	149	166	159	187	186	185	194	139	111	167	150	118	151	153
Involuntary	932	1054	975	943	1043	1084	946	1019	934	870	898	759	710	827	765	740	842	730
OPC	221	254	246	250	253	253	244	274	207	212	222	195	171	219	228	208	217	209
Emergency	510	528	459	466	501	566	446	470	456	407	384	340	338	367	319	274	306	269
Temporary	71	85	71	67	101	86	74	95	84	82	102	79	69	69	68	64	92	65
Extended	2	6	7	3	8	5	4	3	0	1	2	1	3	1	1	8	1	2
Forensic	119	161	168	138	163	152	160	158	161	158	177	134	122	156	132	169	206	165
Order for MR S	9	20	24	19	17	22	18	19	26	10	11	10	7	15	17	17	20	20
Discharges	1077	1198	1139	1071	1158	1284	1095	1204	1189	1031	1131	899	874	950	927	890	910	882
% New to System	48%	49%	48%	49%	48%	48%	46%	47%	47%	47%	46%	48%	50%	51%	44%	49%	47%	50%



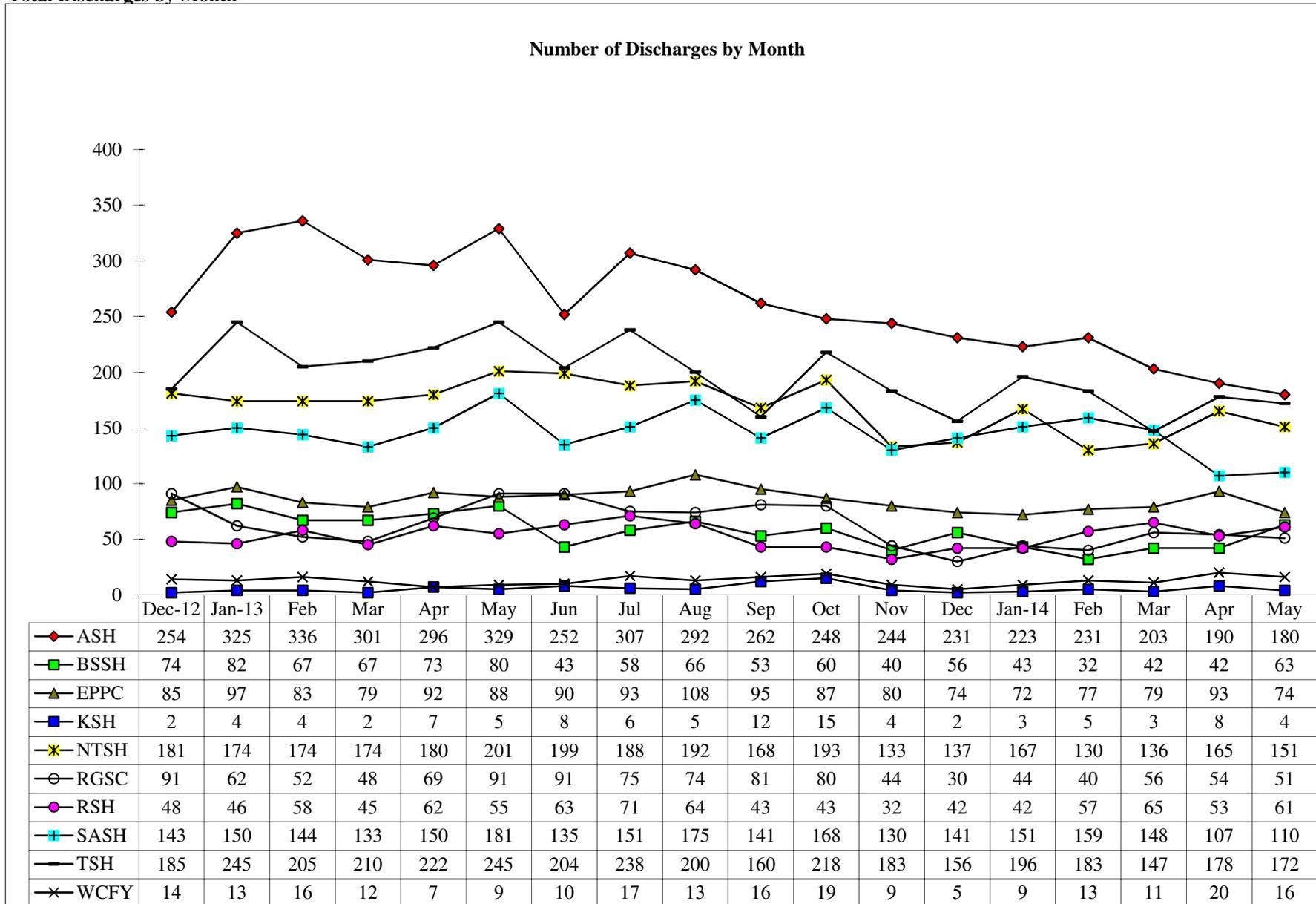
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**All State MH Hospitals**  
**FYTD Admissions & Discharges**



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



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

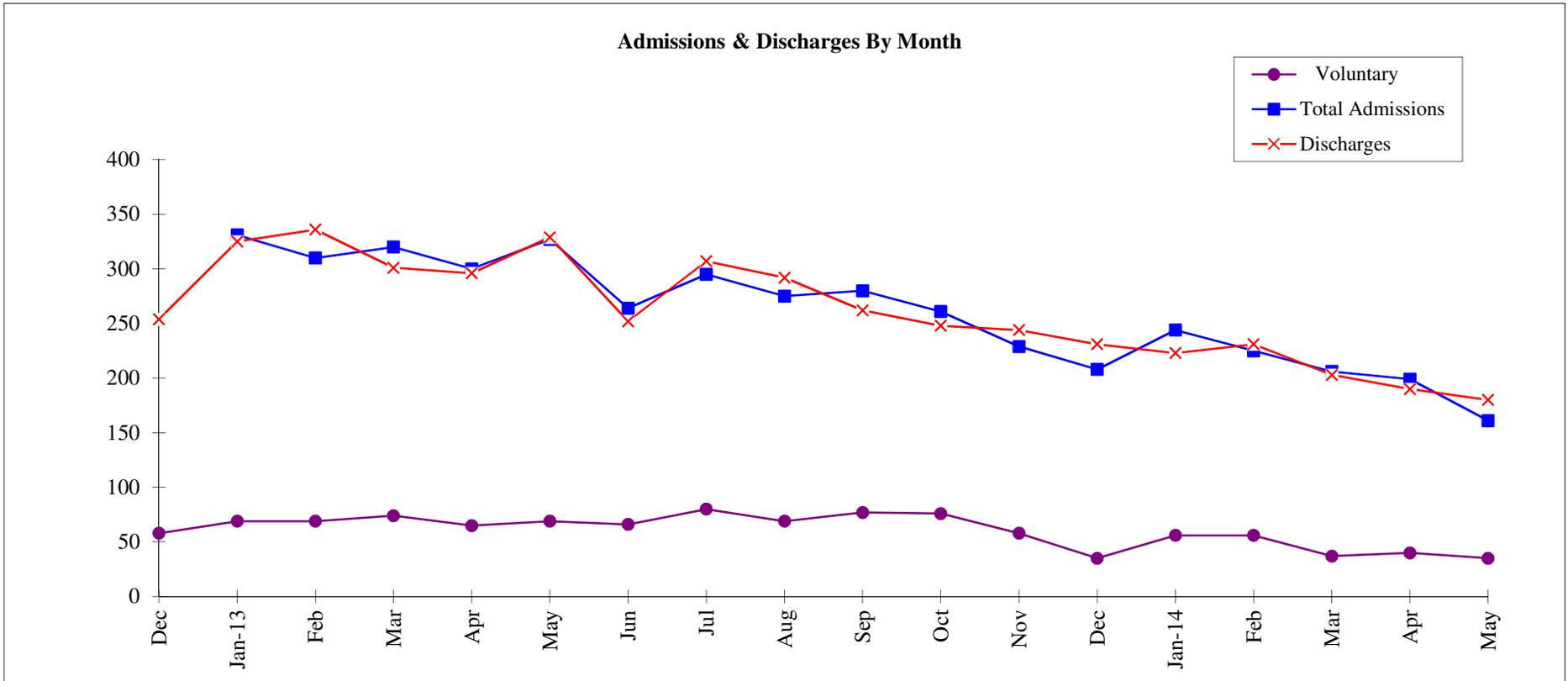


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Austin State Hospital**

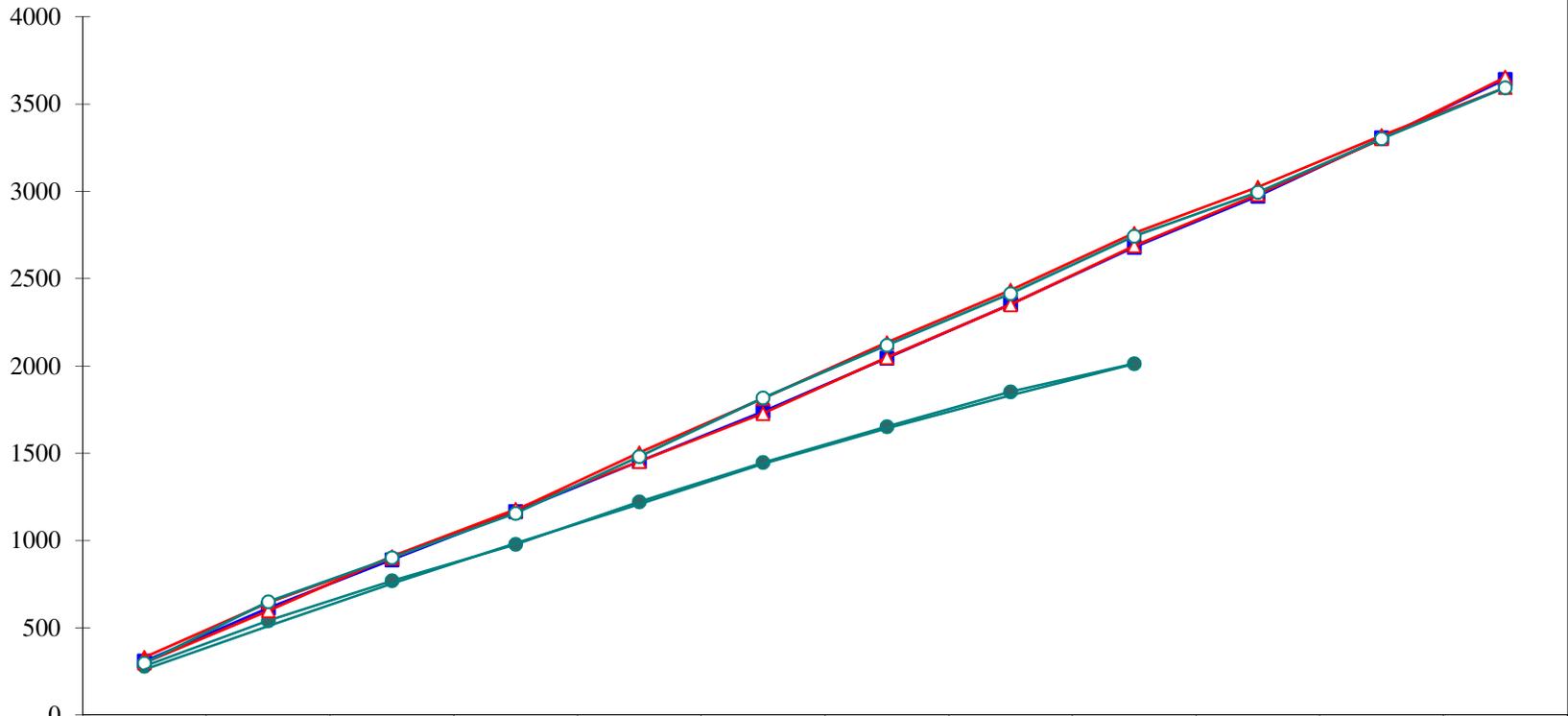
**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		331	310	320	300	327	264	295	275	280	261	229	208	244	225	206	199	161
Voluntary	58	69	69	74	65	69	66	80	69	77	76	58	35	56	56	37	40	35
Involuntary	216	262	241	246	235	258	198	215	206	203	185	171	173	188	169	169	159	126
OPC	4	5	6	7	5	6	10	10	22	8	11	17	5	11	16	25	32	28
Emergency	190	222	202	216	200	217	141	166	145	146	139	127	138	149	119	101	77	54
Temporary	6	12	7	6	9	10	12	8	12	7	9	6	8	7	9	11	10	10
Extended	2	0	1	0	1	0	2	1	0	0	1	0	0	0	1	1	0	0
Forensic	14	23	25	16	20	25	32	30	27	42	25	21	22	21	24	31	39	34
Order for MR Svc	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Discharges	254	325	336	301	296	329	252	307	292	262	248	244	231	223	231	203	190	180
% New to System	47%	52%	50%	57%	50%	50%	46%	44%	46%	49%	44%	50%	59%	53%	47%	45%	39%	43%



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

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



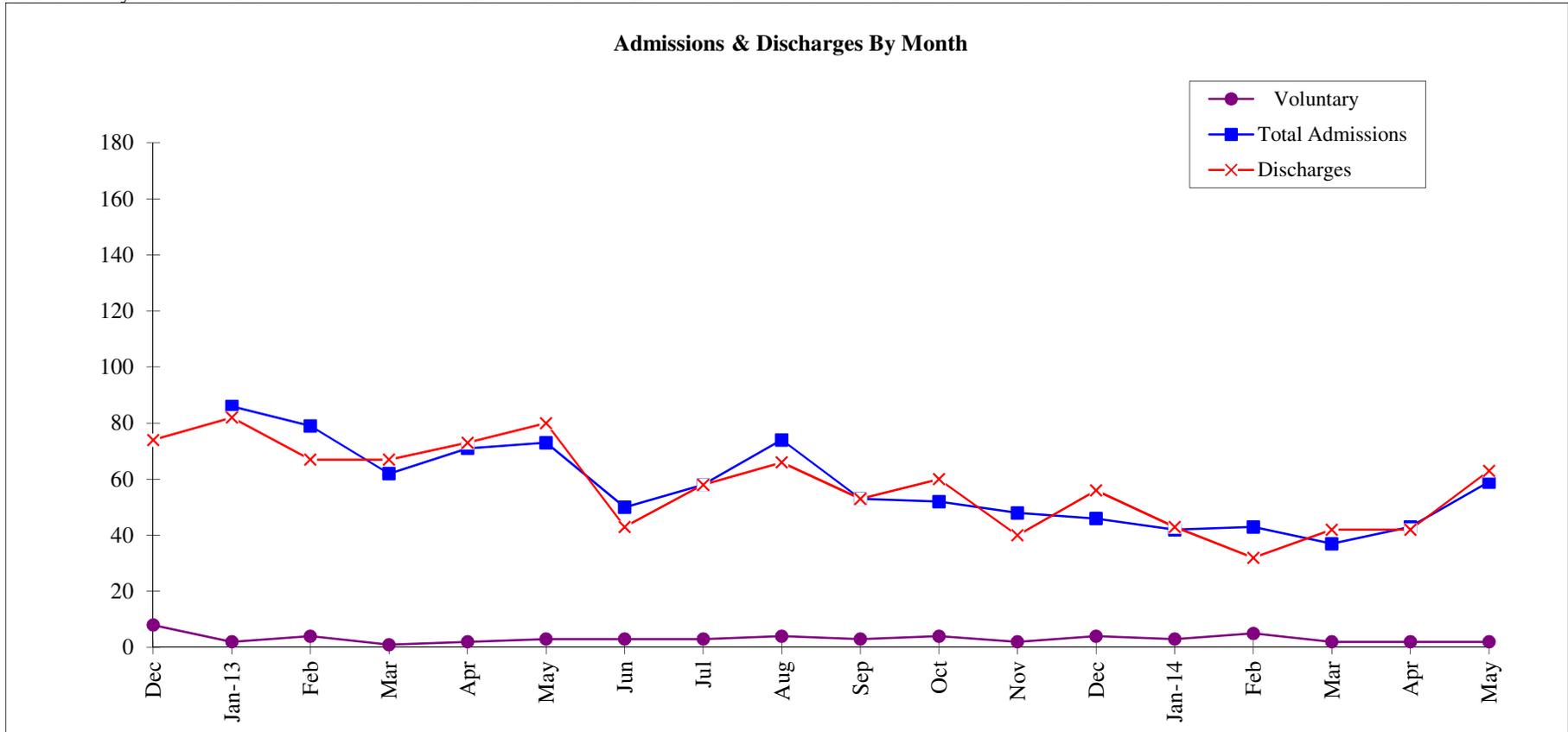
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	309	613	890	1165	1453	1739	2045	2354	2680	2973	3306	3641
▲ FY13 Admissions	332	645	899	1173	1504	1814	2134	2434	2761	3025	3320	3595
● FY14 Admissions	280	541	770	978	1222	1447	1653	1852	2013			
▾ FY12 Discharges	300	598	909	1179	1453	1728	2048	2351	2688	2983	3301	3654
○ FY13 Discharges	298	650	902	1156	1481	1817	2118	2414	2743	2995	3302	3594
— FY14 Discharges	262	510	754	985	1208	1439	1642	1832	2012			

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

**Big Spring State Hospital**

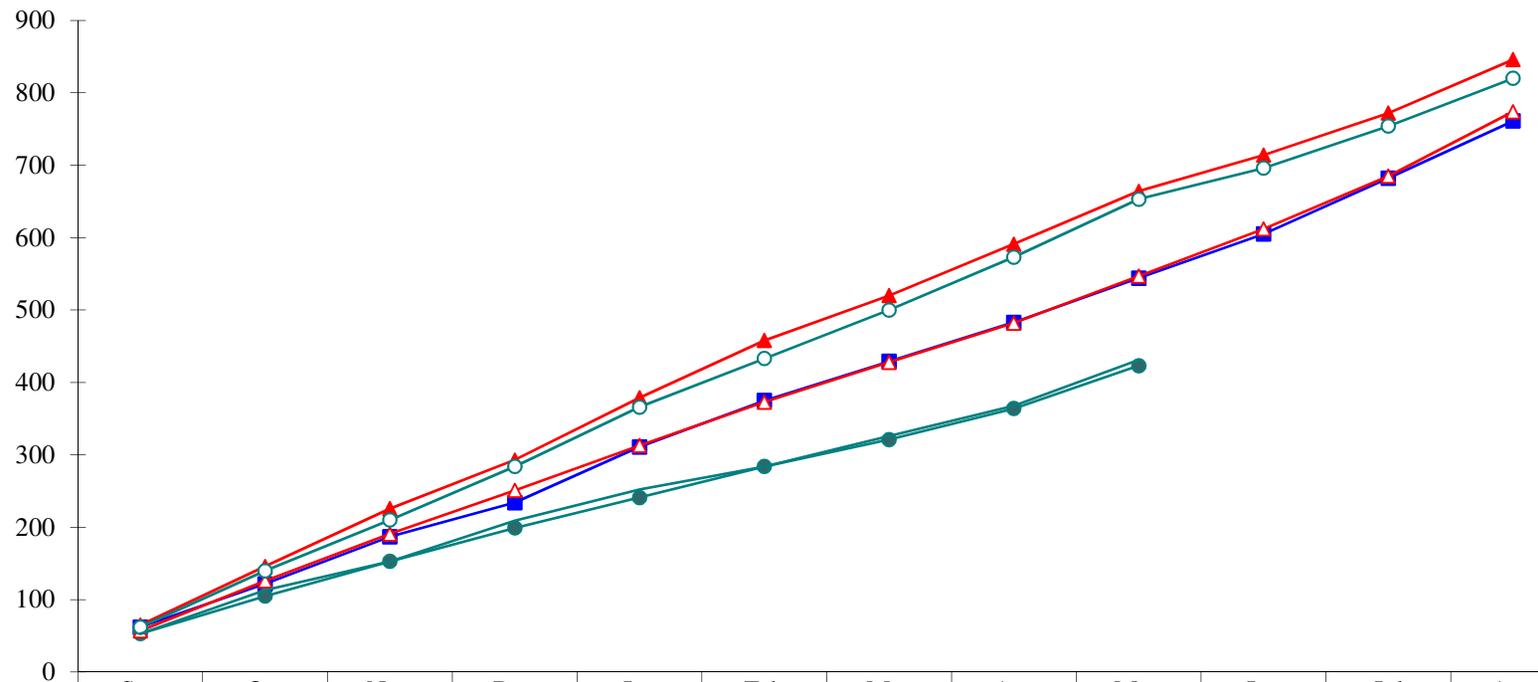
**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		86	79	62	71	73	50	58	74	53	52	48	46	42	43	37	43	59
Voluntary	8	2	4	1	2	3	3	3	4	3	4	2	4	3	5	2	2	2
Involuntary	59	84	75	61	69	70	47	55	70	50	48	46	42	39	38	35	41	57
OPC	8	14	8	4	8	9	11	3	7	4	6	7	7	3	3	4	5	4
Emergency	44	64	53	43	54	48	29	41	52	38	28	28	27	25	27	16	28	45
Temporary	0	0	0	0	1	1	1	2	1	1	1	2	1	1	1	3	1	0
Extended	0	1	2	0	0	1	0	1	0	0	1	0	0	0	0	3	1	0
Forensic	7	5	8	14	6	11	5	7	8	5	9	8	7	9	7	9	6	7
Order for MR	0	0	4	0	0	0	1	1	2	2	3	1	0	1	0	0	0	1
Discharges	74	82	67	67	73	80	43	58	66	53	60	40	56	43	32	42	42	63
% New to System	42%	53%	53%	42%	48%	52%	44%	40%	46%	45%	33%	42%	37%	45%	35%	30%	49%	51%



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

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



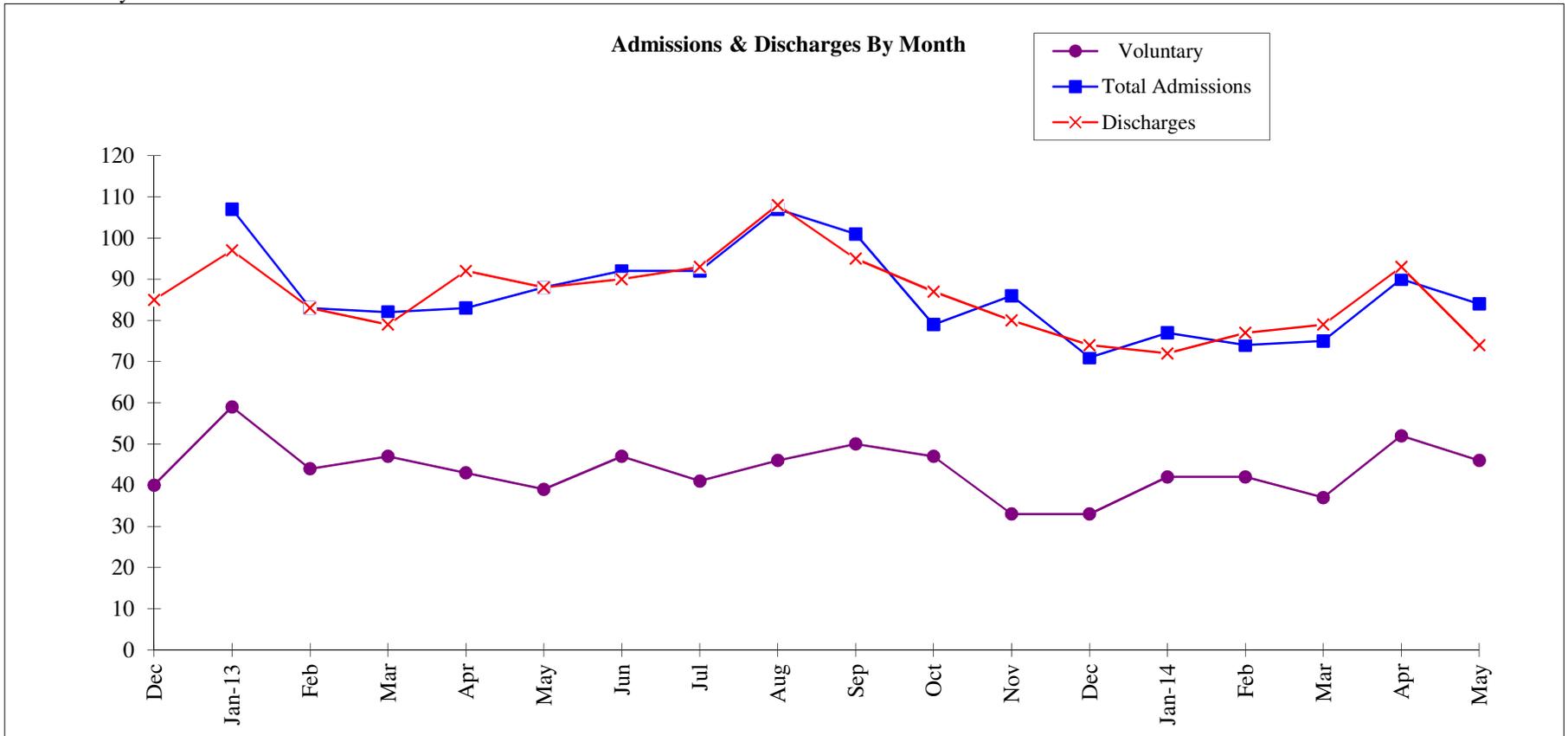
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	62	122	187	234	311	375	429	483	544	605	682	761
▲ FY13 Admissions	65	146	226	293	379	458	520	591	664	714	772	846
● FY14 Admissions	53	105	153	199	241	284	321	364	423			
▲ FY12 Discharges	57	126	191	251	313	373	428	482	547	612	685	774
○ FY13 Discharges	62	140	210	284	366	433	500	573	653	696	754	820
● FY14 Discharges	53	113	153	209	252	284	326	368	431			

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

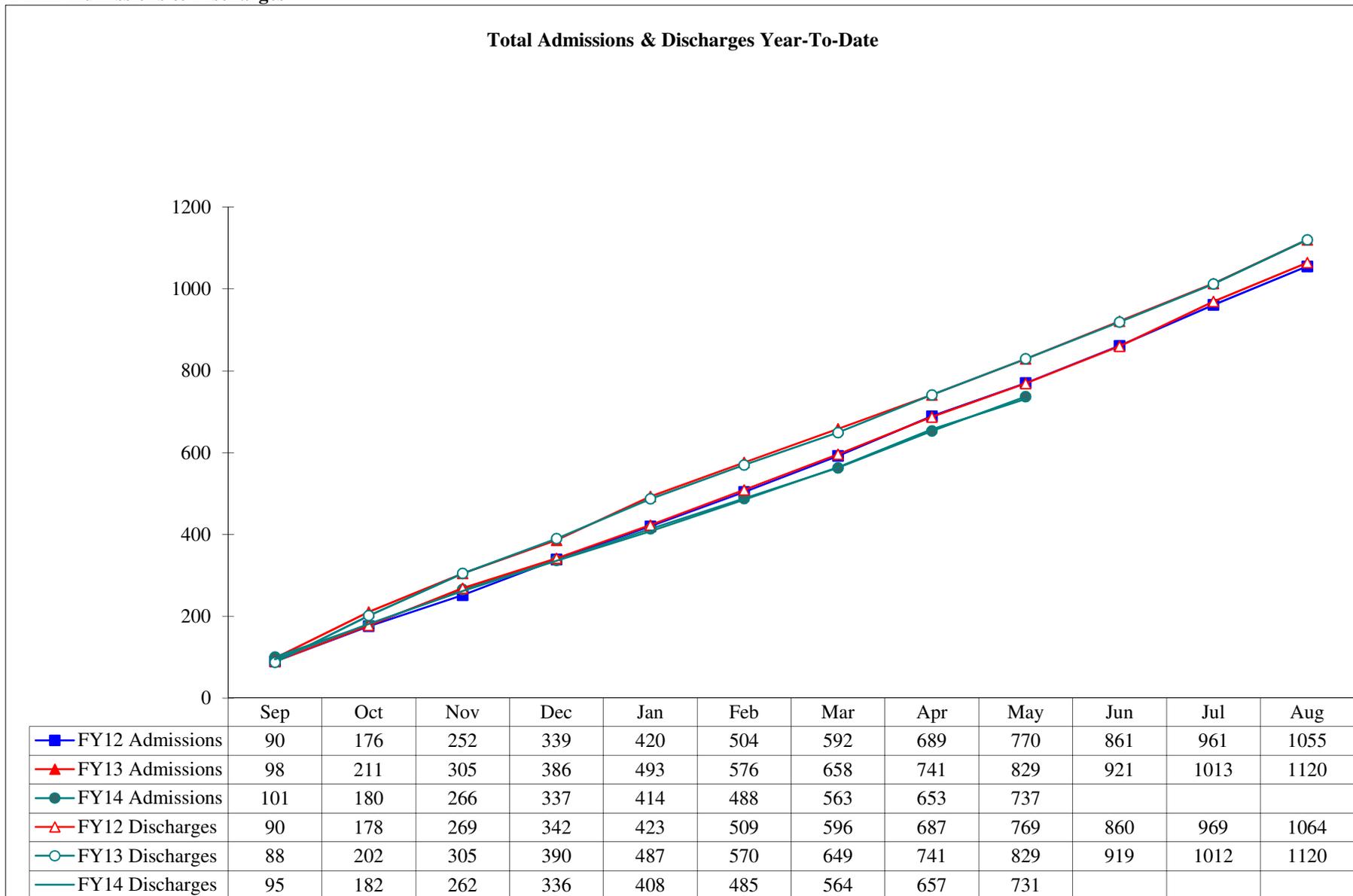
**El Paso Psychiatric Center**

**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		107	83	82	83	88	92	92	107	101	79	86	71	77	74	75	90	84
Voluntary	40	59	44	47	43	39	47	41	46	50	47	33	33	42	42	37	52	46
Involuntary	41	48	39	35	40	49	45	51	61	51	32	53	38	35	32	38	38	38
OPC	15	9	13	13	8	12	24	21	31	29	10	12	13	13	23	22	16	29
Emergency	19	33	24	16	24	33	13	24	23	15	17	29	22	19	9	11	19	7
Temporary	4	1	0	4	1	3	0	3	4	2	2	4	1	2	0	5	3	1
Extended	0	1	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Forensic	3	4	1	2	6	1	8	3	3	5	3	8	2	0	0	0	0	1
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	85	97	83	79	92	88	90	93	108	95	87	80	74	72	77	79	93	74
% New to System	53%	51%	45%	51%	61%	55%	42%	53%	47%	51%	54%	59%	62%	53%	43%	52%	56%	57%



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

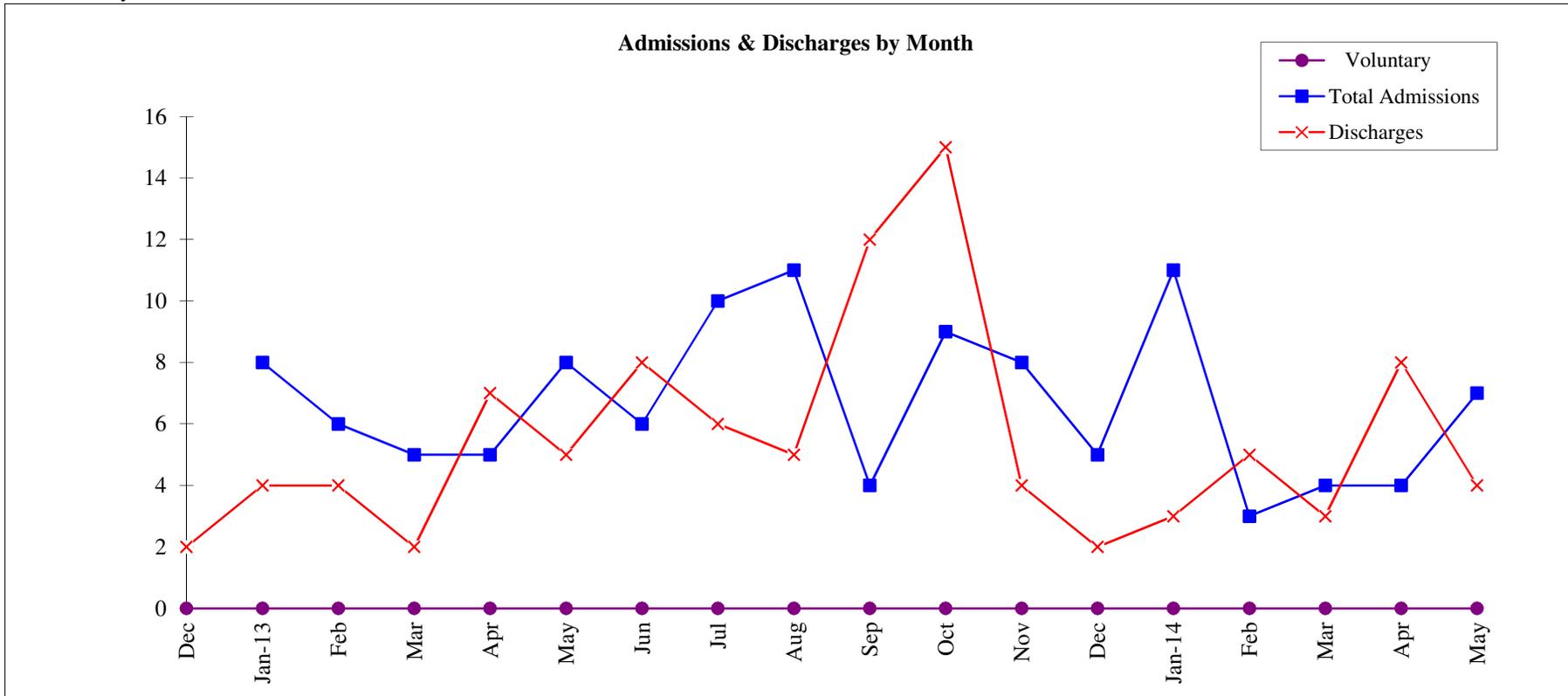


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

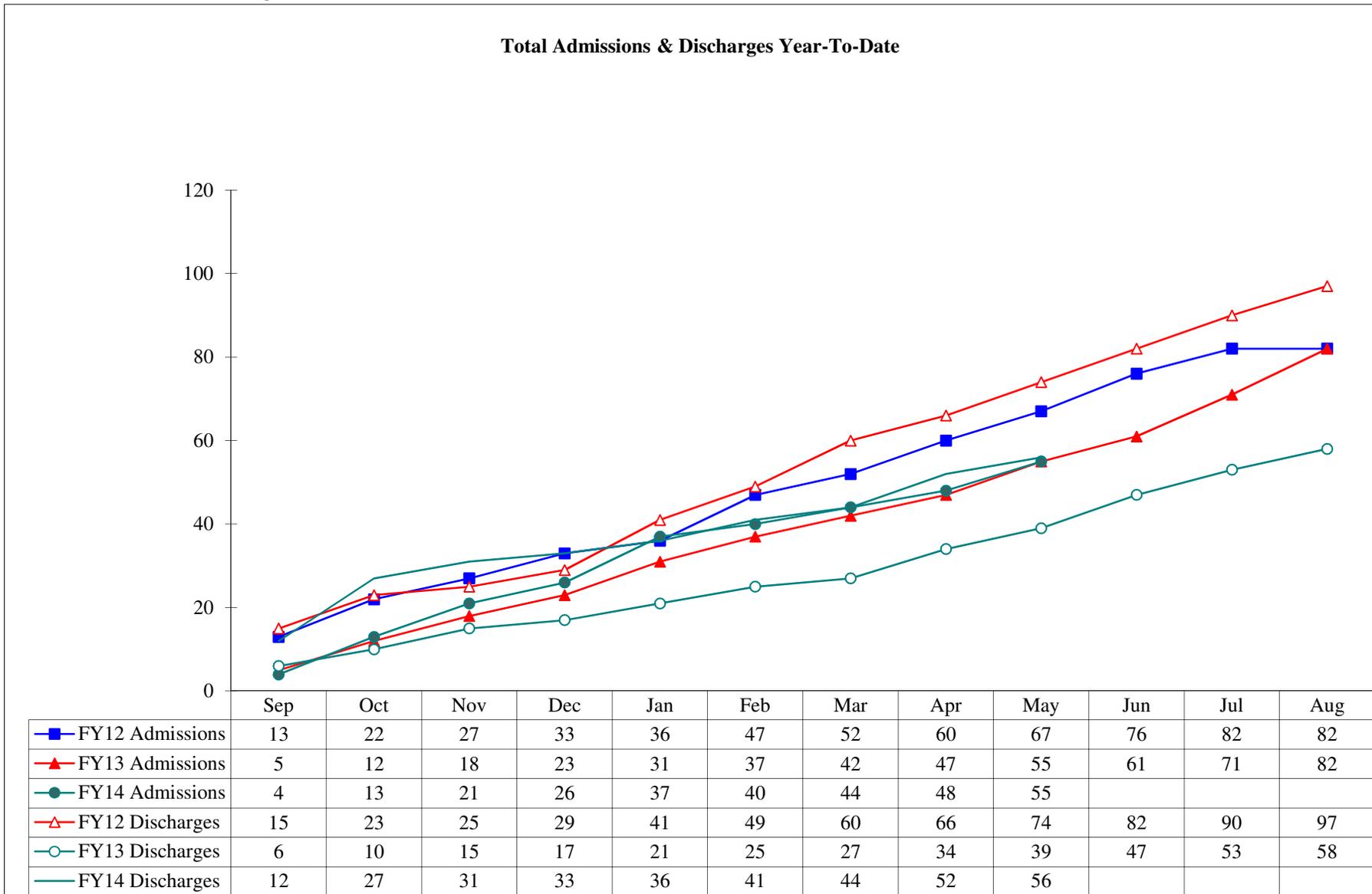
**Kerrville State Hospital**

**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		8	6	5	5	8	6	10	11	4	9	8	5	11	3	4	4	7
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	5	8	6	5	5	8	6	10	11	4	9	8	5	11	3	4	4	7
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	5	8	6	5	5	8	6	10	11	4	9	8	5	11	3	4	4	7
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	2	4	4	2	7	5	8	6	5	12	15	4	2	3	5	3	8	4
% New to System	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



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

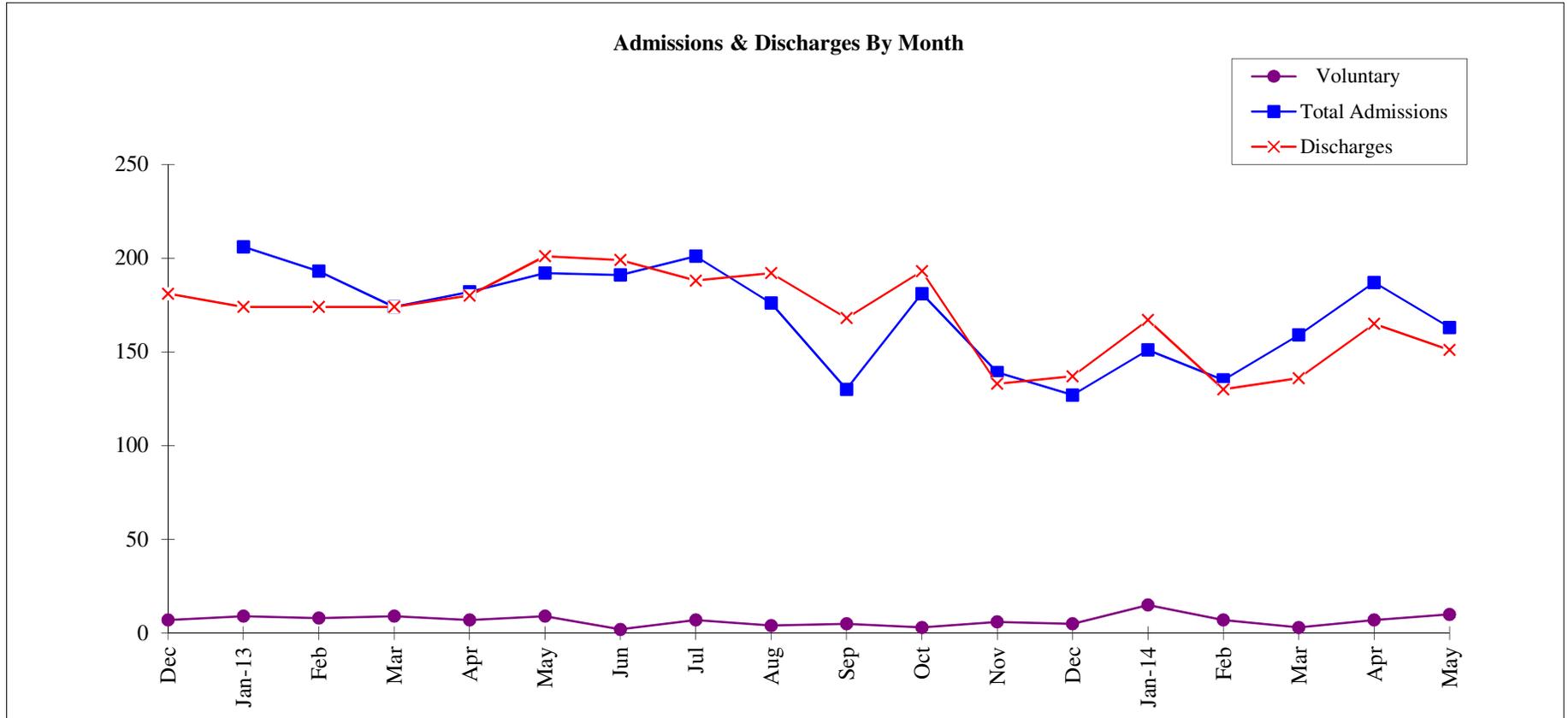


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

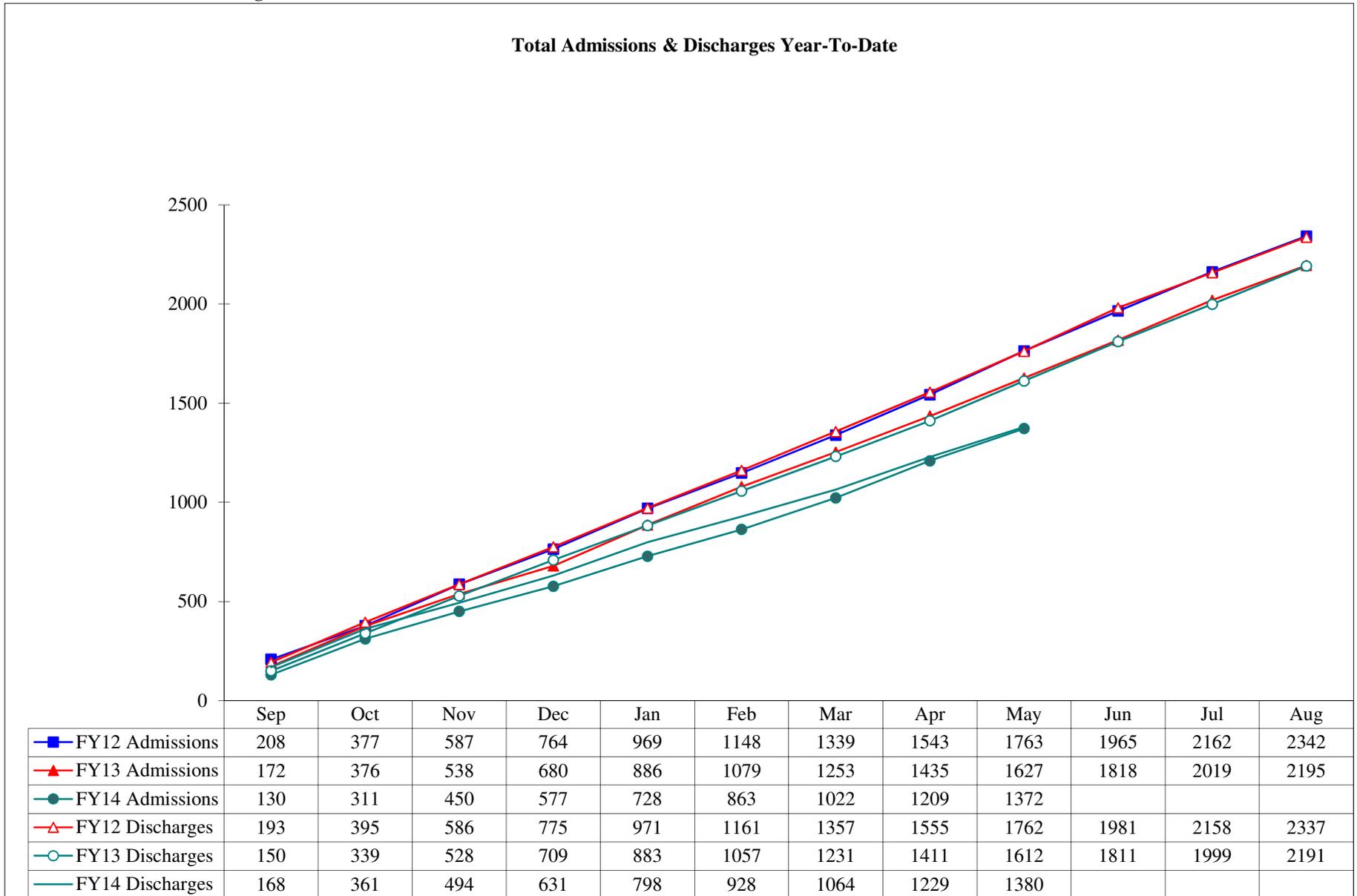
**North Texas State Hospital**

**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		206	193	174	182	192	191	201	176	130	181	139	127	151	135	159	187	163
Voluntary	7	9	8	9	7	9	2	7	4	5	3	6	5	15	7	3	7	10
Involuntary	135	197	185	165	175	183	189	194	172	125	178	133	122	136	128	156	180	153
OPC	16	17	25	25	22	18	32	29	21	21	20	6	7	20	18	22	19	23
Emergency	49	58	43	46	57	50	59	56	44	38	49	43	38	43	38	37	45	40
Temporary	33	33	26	28	40	37	25	37	25	28	33	35	35	24	24	20	30	18
Extended	0	2	0	1	0	1	1	1	0	0	0	0	0	0	0	2	0	0
Forensic	29	71	74	52	41	60	59	58	65	33	73	43	35	38	35	61	69	58
Order for MR	8	16	17	13	15	17	13	13	17	5	3	6	7	11	13	14	17	14
Discharges	181	174	174	174	180	201	199	188	192	168	193	133	137	167	130	136	165	151
% New to System	46%	52%	49%	52%	50%	47%	48%	51%	53%	49%	49%	47%	57%	59%	51%	52%	52%	44%



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

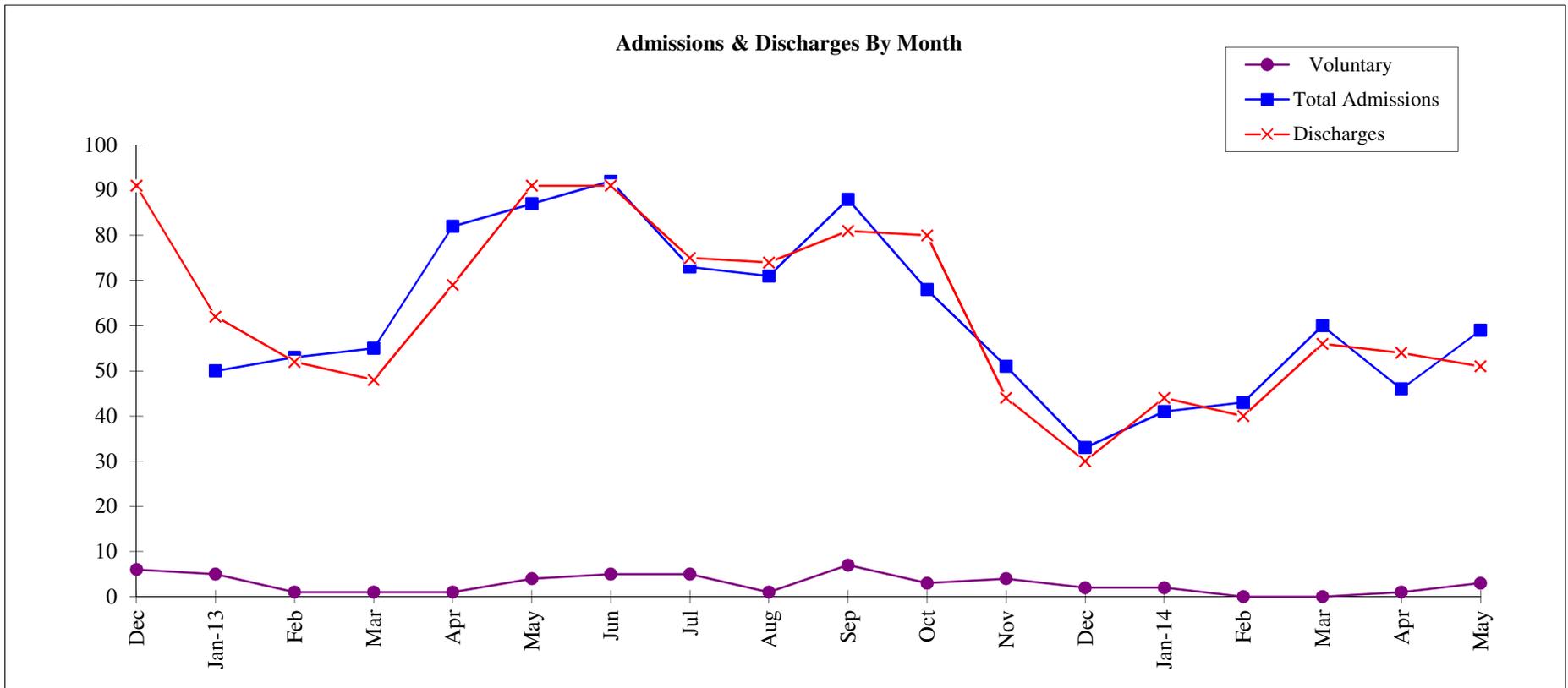


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rio Grande State Center**

**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		50	53	55	82	87	92	73	71	88	68	51	33	41	43	60	46	59
Voluntary	6	5	1	1	1	4	5	5	1	7	3	4	2	2	0	0	1	3
Involuntary	83	45	52	54	81	83	87	68	70	81	65	47	31	39	43	60	45	56
OPC	0	0	0	0	2	3	2	0	0	3	2	2	1	0	3	1	0	0
Emergency	81	39	49	50	67	76	79	60	65	72	54	35	23	28	30	46	44	42
Temporary	1	1	1	1	1	3	1	2	1	3	0	0	0	2	1	2	1	0
Extended	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	1	3	2	3	11	1	5	6	4	3	9	10	7	9	9	11	0	14
Order for MR	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	91	62	52	48	69	91	91	75	74	81	80	44	30	44	40	56	54	51
% New to System	61%	49%	28%	20%	38%	40%	49%	47%	46%	49%	39%	27%	26%	27%	33%	46%	32%	41%

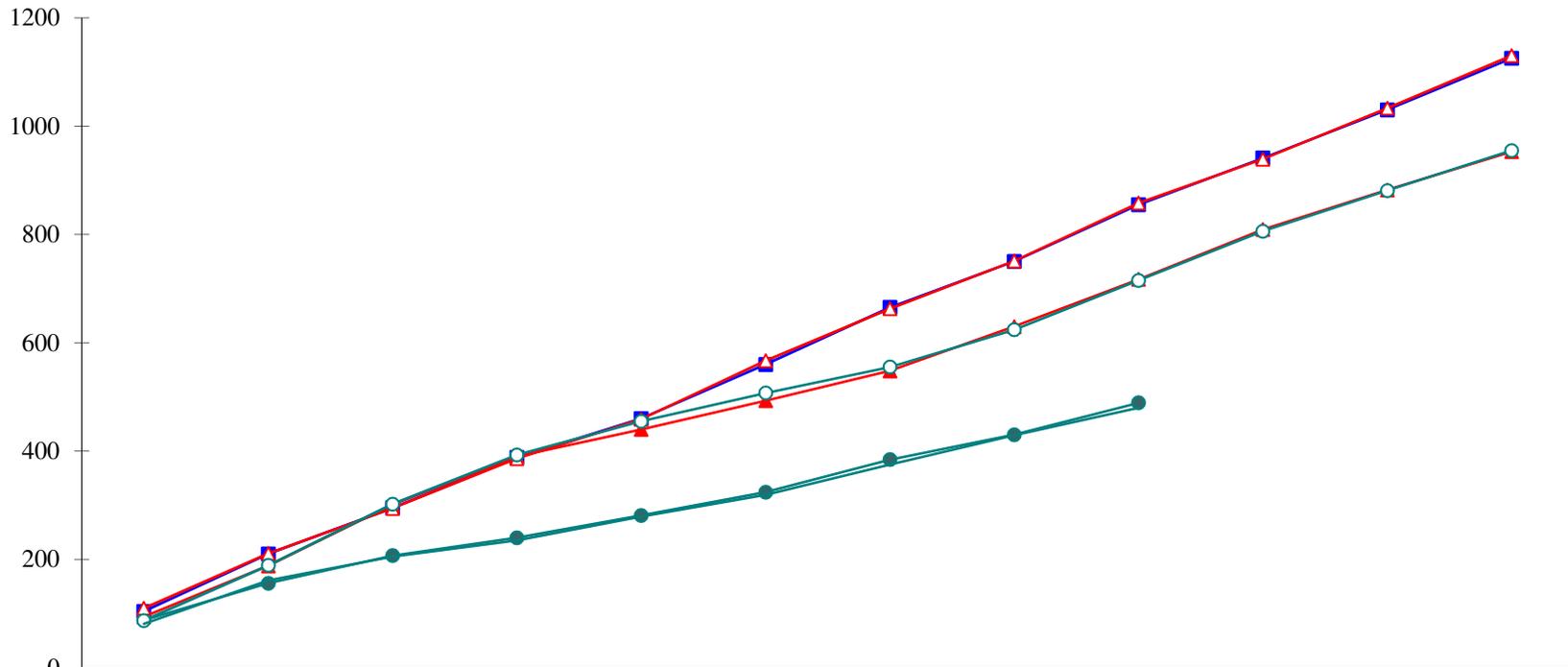


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rio Grande State Center**

**FYTD Admissions & Discharges**

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



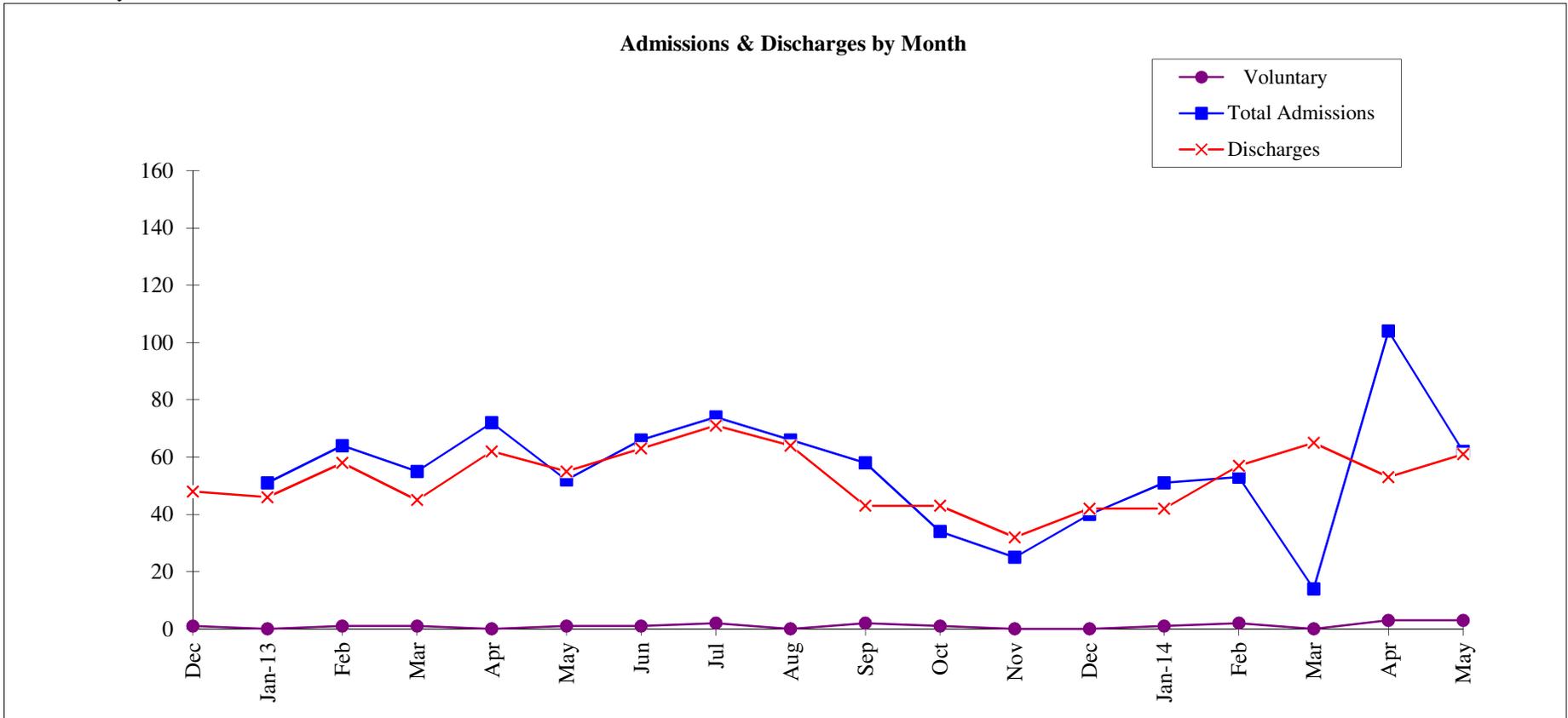
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	104	210	295	388	460	560	665	750	855	941	1030	1125
▲ FY13 Admissions	94	188	301	390	440	493	548	630	717	809	882	953
● FY14 Admissions	88	156	207	240	281	324	384	430	489			
◻ FY12 Discharges	110	211	294	386	459	567	663	751	858	939	1033	1130
○ FY13 Discharges	87	189	302	393	455	507	555	624	715	806	881	955
● FY14 Discharges	81	161	205	235	279	319	375	429	480			

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

**Rusk State Hospital**

**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		51	64	55	72	52	66	74	66	58	34	25	40	51	53	14	104	62
Voluntary	1	0	1	1	0	1	1	2	0	2	1	0	0	1	2	0	3	3
Involuntary	65	51	63	54	72	51	65	72	66	56	33	25	40	50	51	14	101	59
OPC	9	8	15	13	7	3	9	15	13	3	1	0	4	5	10	2	17	9
Emergency	25	21	19	12	16	24	38	30	24	16	9	5	10	12	13	5	30	19
Temporary	5	5	4	3	10	7	5	6	4	2	3	4	3	0	6	1	6	7
Extended	0	0	0	0	2	3	0	0	0	0	0	0	2	0	0	0	0	1
Forensic	26	17	25	26	37	14	13	21	25	35	20	16	21	33	22	6	48	23
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	48	46	58	45	62	55	63	71	64	43	43	32	42	42	57	65	53	61
% New to System	48%	33%	48%	45%	40%	35%	41%	43%	39%	43%	29%	36%	38%	39%	36%	50%	45%	50%

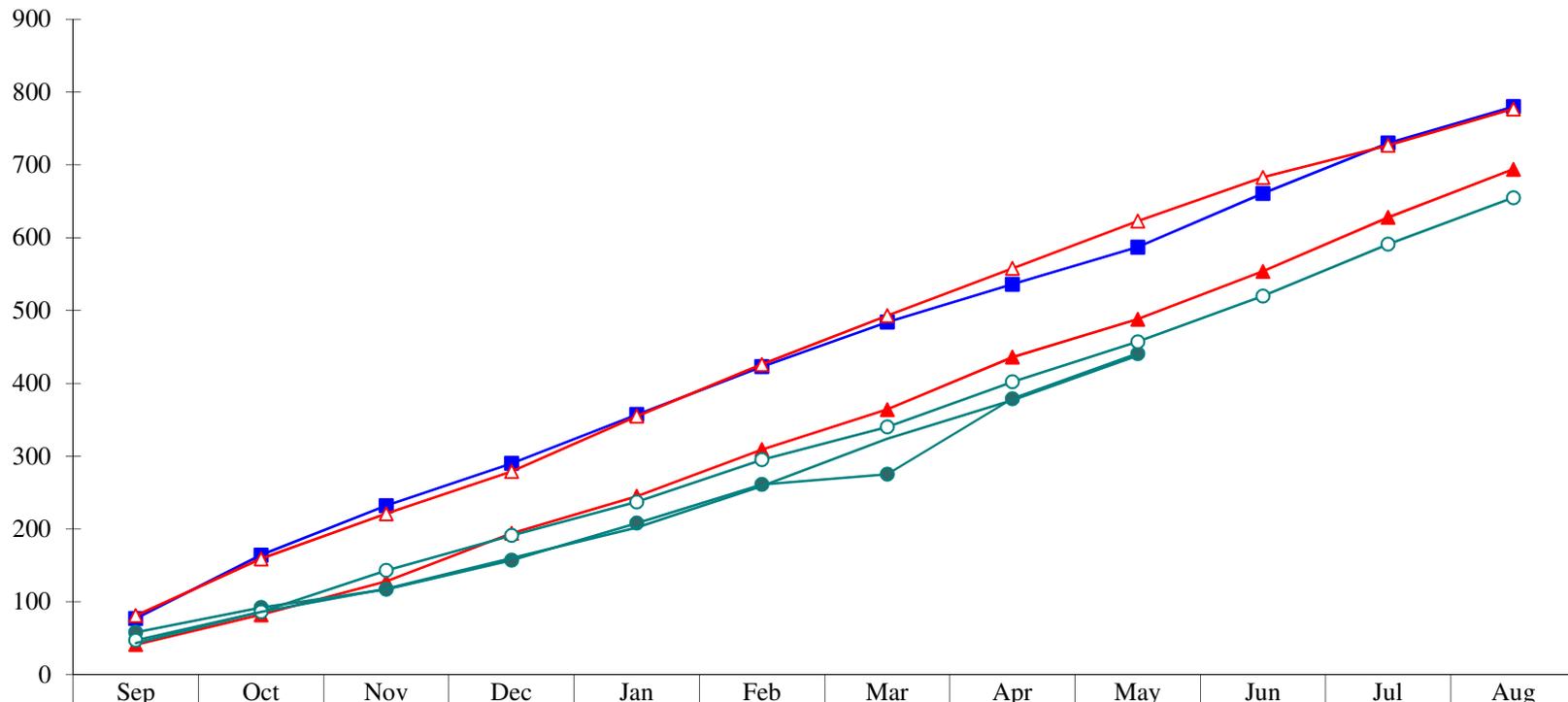


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rusk State Hospital**

**FYTD Admissions & Discharges**

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



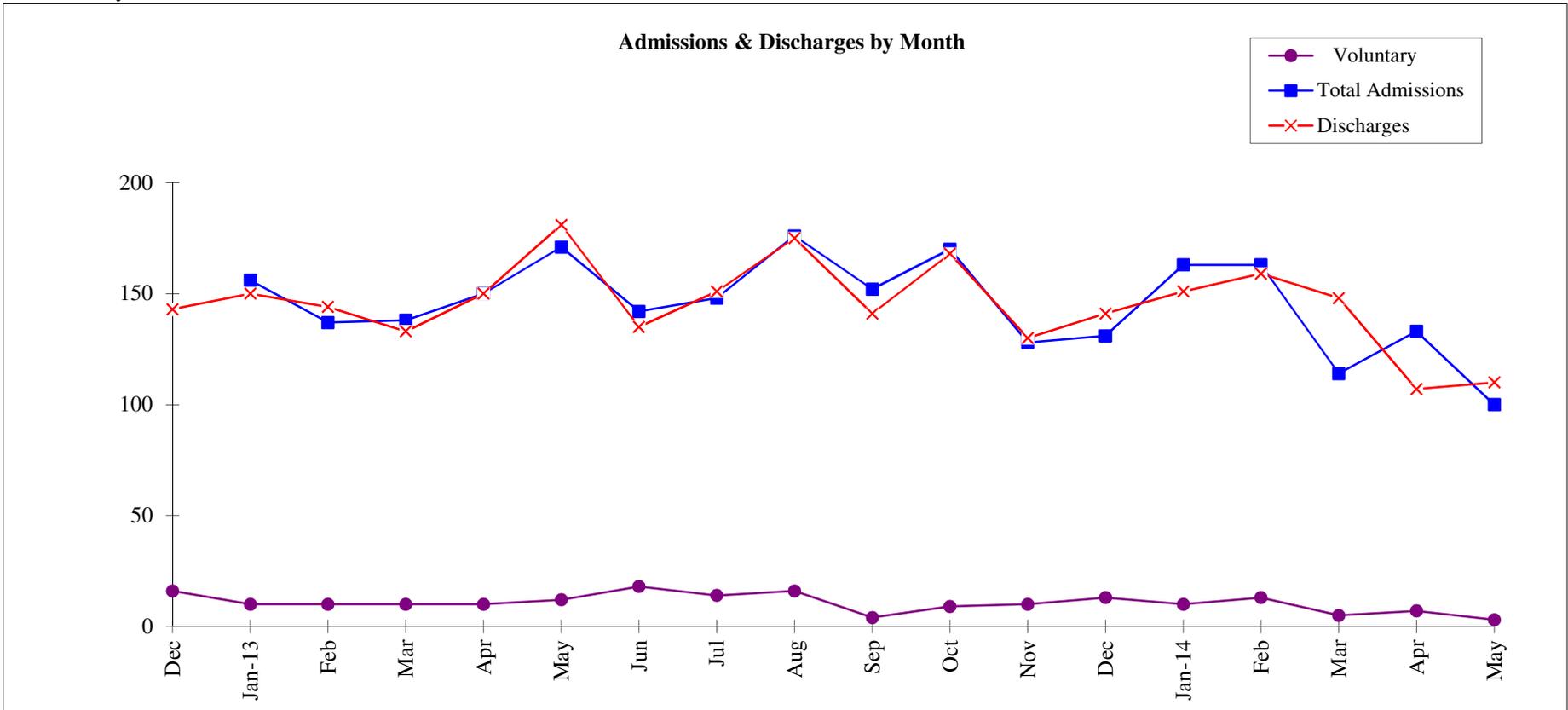
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	77	164	232	290	357	423	484	536	587	661	730	780
▲ FY13 Admissions	41	82	128	194	245	309	364	436	488	554	628	694
● FY14 Admissions	58	92	117	157	208	261	275	379	441			
△ FY12 Discharges	81	159	221	279	355	426	493	558	623	683	727	777
○ FY13 Discharges	47	86	143	191	237	295	340	402	457	520	591	655
● FY14 Discharges	43	86	118	160	202	259	324	377	438			

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

**San Antonio State Hospital**

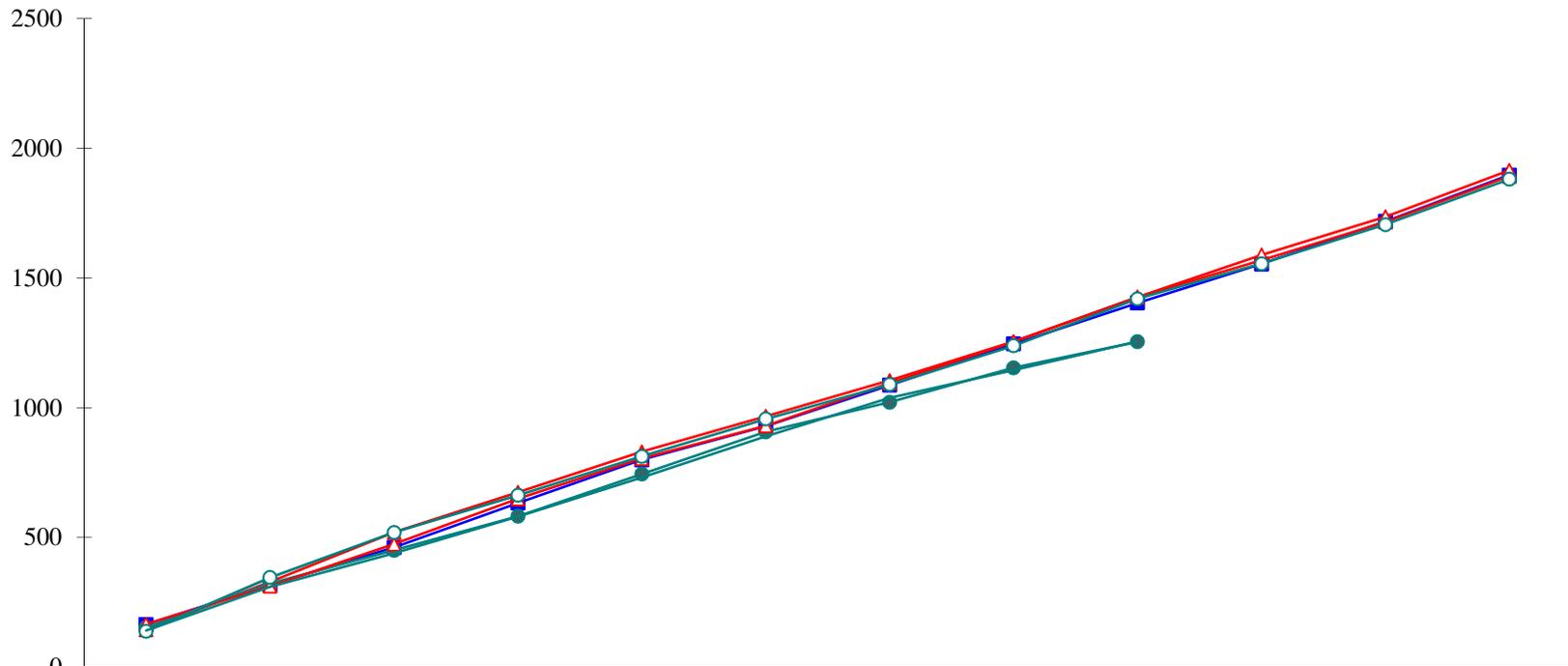
**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		156	137	138	150	171	142	148	176	152	170	128	131	163	163	114	133	100
Voluntary	16	10	10	10	10	12	18	14	16	4	9	10	13	10	13	5	7	3
Involuntary	139	146	127	128	140	159	124	134	160	148	161	118	118	153	150	109	126	97
OPC	19	22	21	21	20	19	17	17	20	19	31	27	22	39	36	20	19	12
Emergency	87	82	62	72	74	105	72	74	91	75	74	62	71	71	73	52	56	44
Temporary	17	22	25	21	30	15	21	28	32	23	36	17	12	27	24	17	32	24
Extended	0	1	2	1	3	0	0	0	0	0	0	0	0	0	0	1	0	0
Forensic	15	16	14	8	12	15	11	10	10	28	15	9	13	13	13	16	17	12
Order for MR	1	3	3	5	1	5	3	5	7	3	5	3	0	3	4	3	2	5
Discharges	143	150	144	133	150	181	135	151	175	141	168	130	141	151	159	148	107	110
% New to System	48%	44%	48%	54%	45%	54%	53%	49%	49%	42%	54%	44%	53%	55%	40%	51%	47%	58%



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

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



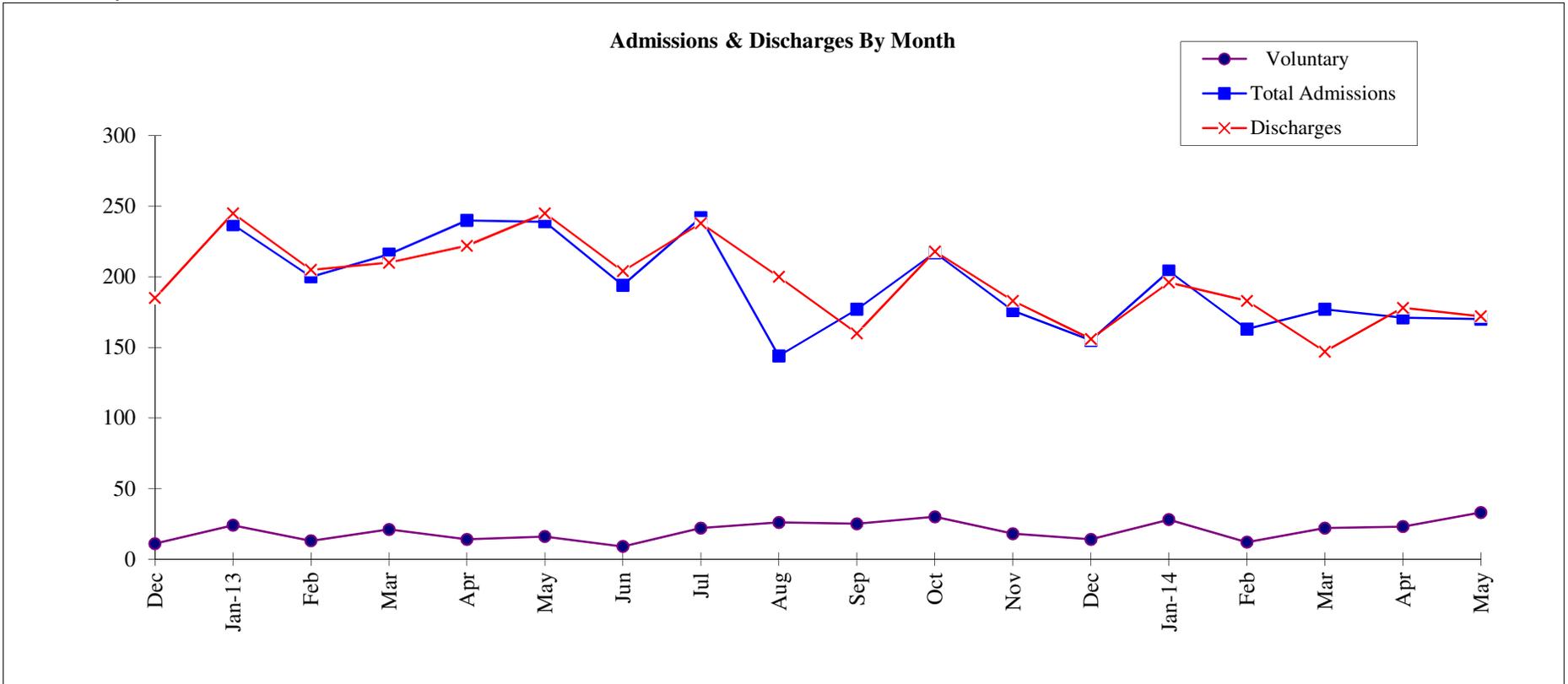
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	164	316	461	632	799	929	1087	1246	1404	1554	1718	1897
▲ FY13 Admissions	144	328	519	674	830	967	1105	1255	1426	1568	1716	1892
● FY14 Admissions	152	322	450	581	744	907	1021	1154	1254			
△ FY12 Discharges	165	312	474	648	804	930	1095	1254	1426	1589	1736	1915
○ FY13 Discharges	138	345	519	662	812	956	1089	1239	1420	1555	1706	1881
— FY14 Discharges	141	309	439	580	731	890	1038	1145	1255			

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

**Terrell State Hospital**

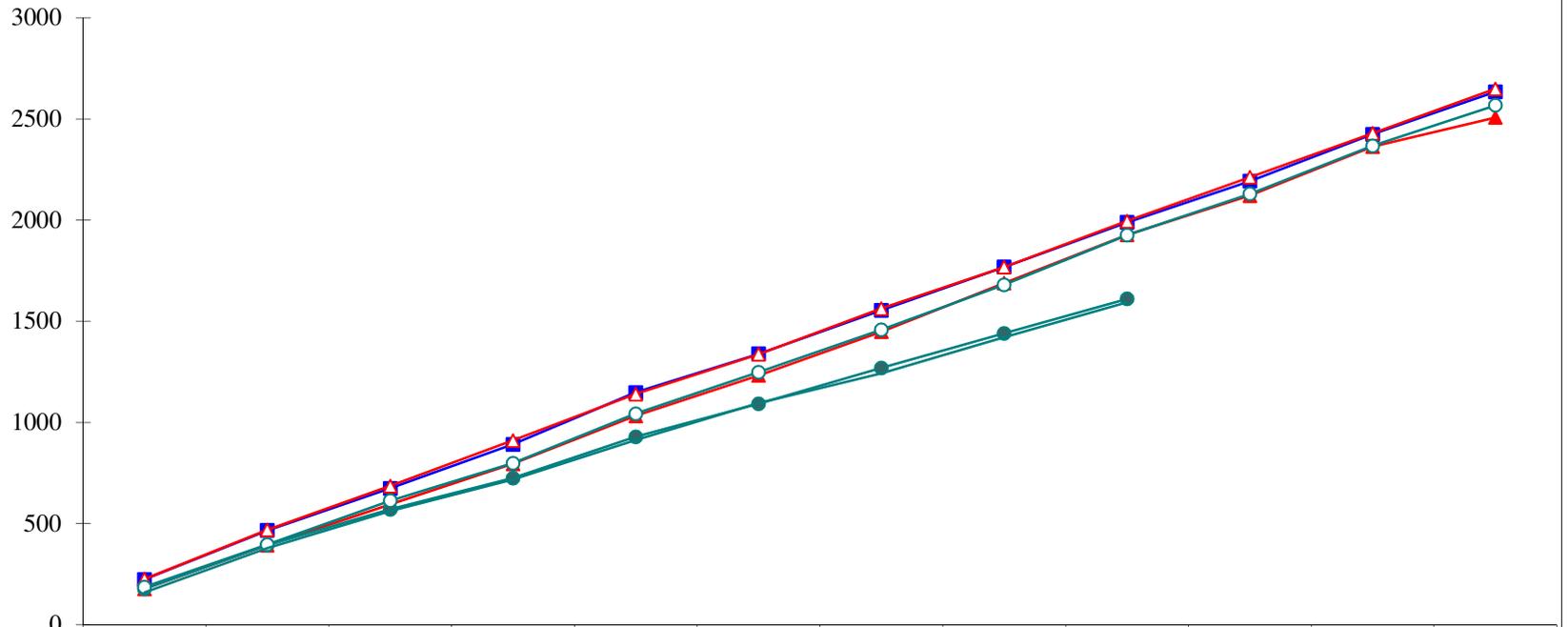
**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		237	200	216	240	239	194	242	144	177	217	176	155	204	163	177	171	170
Voluntary	11	24	13	21	14	16	9	22	26	25	30	18	14	28	12	22	23	33
Involuntary	189	213	187	195	226	223	185	220	118	152	187	158	141	176	151	155	148	137
OPC	150	179	158	167	181	183	139	179	93	125	141	124	112	128	119	112	109	104
Emergency	15	9	7	11	9	13	15	19	12	7	14	11	9	20	10	6	7	18
Temporary	5	11	8	4	9	10	9	9	5	16	18	11	9	6	3	5	9	5
Extended	0	0	1	1	1	0	1	0	0	1	0	1	1	0	0	1	0	1
Forensic	19	14	13	12	25	17	21	13	8	3	14	11	10	22	19	31	23	9
Order for MR	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	185	245	205	210	222	245	204	238	200	160	218	183	156	196	183	147	178	172
% New to System	49%	48%	47%	45%	48%	43%	44%	51%	47%	46%	47%	54%	38%	50%	47%	54%	49%	54%



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

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



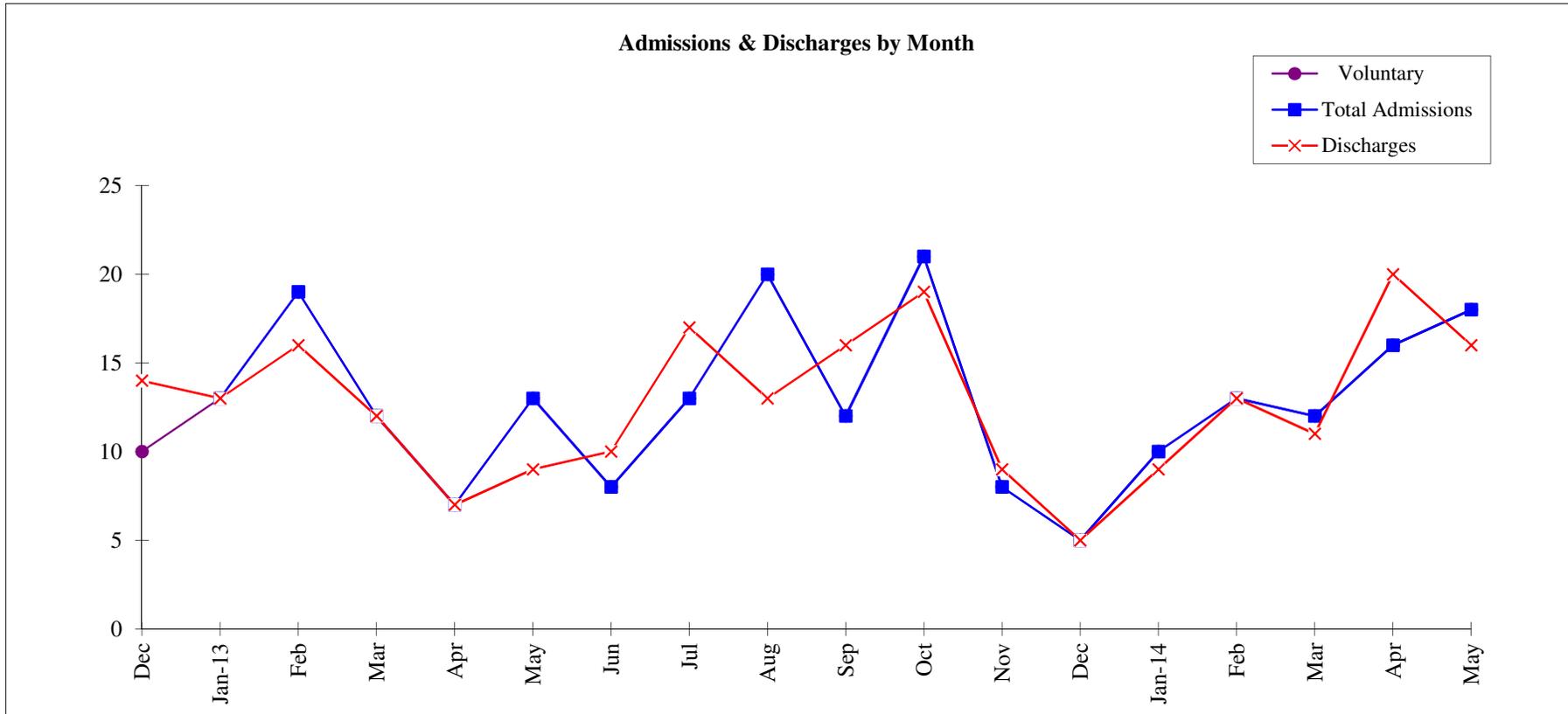
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	224	466	674	891	1148	1339	1554	1768	1988	2192	2424	2634
▲ FY13 Admissions	177	393	595	795	1032	1232	1448	1688	1927	2121	2363	2507
● FY14 Admissions	177	394	570	725	929	1092	1269	1440	1610			
△ FY12 Discharges	226	469	686	911	1140	1337	1563	1768	1995	2212	2429	2649
○ FY13 Discharges	186	396	613	798	1043	1248	1458	1680	1925	2129	2367	2567
— FY14 Discharges	160	378	561	717	913	1096	1243	1421	1593			

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

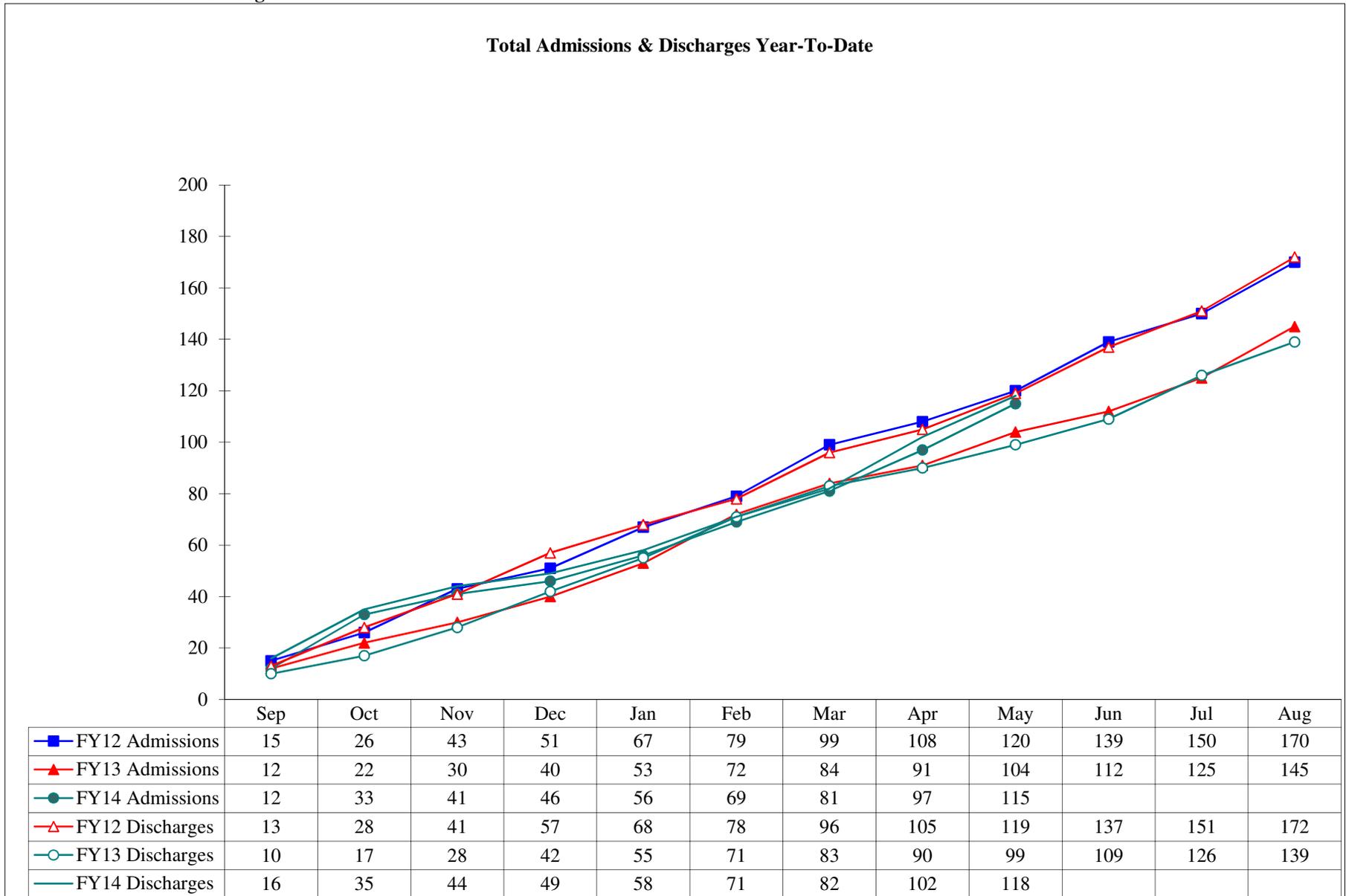
**Waco Center for Youth**

**Admissions by Month**

	Dec	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Admissions		13	19	12	7	13	8	13	20	12	21	8	5	10	13	12	16	18
Voluntary	10	13	19	12	7	13	8	13	20	12	21	8	5	10	13	12	16	18
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	14	13	16	12	7	9	10	17	13	16	19	9	5	9	13	11	20	16
% New to System	30%	23%	63%	50%	71%	38%	50%	31%	65%	67%	62%	75%	40%	50%	54%	58%	60%	78%

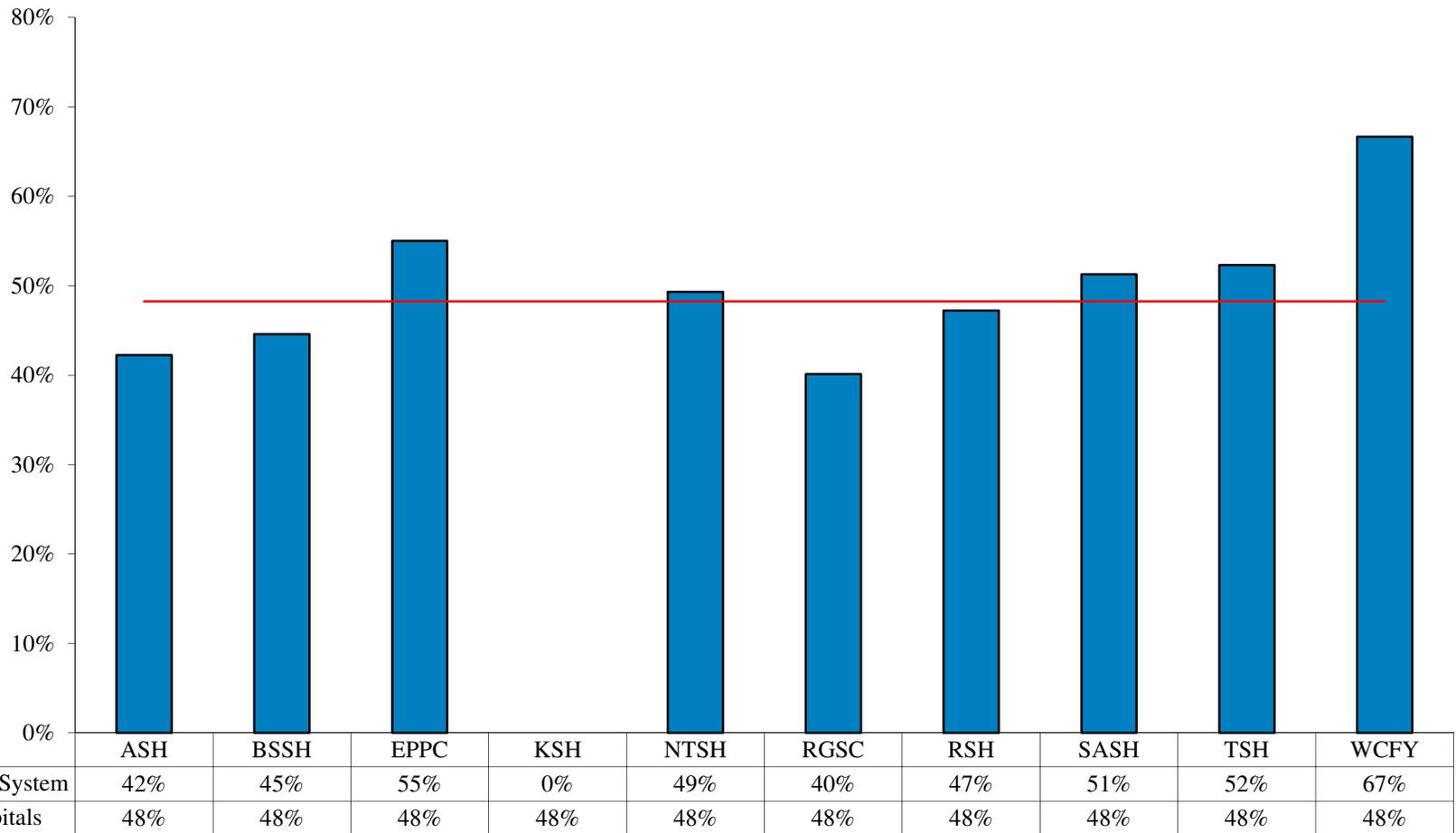


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**Waco Center for Youth**  
**FYTD Admissions & Discharges**



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

**Percent of Clients New to the System  
Q3 FY2014**



**Performance Measure 5B:**

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

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

**Performance Measure Formula:**

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

N = # persons discharged during time frame

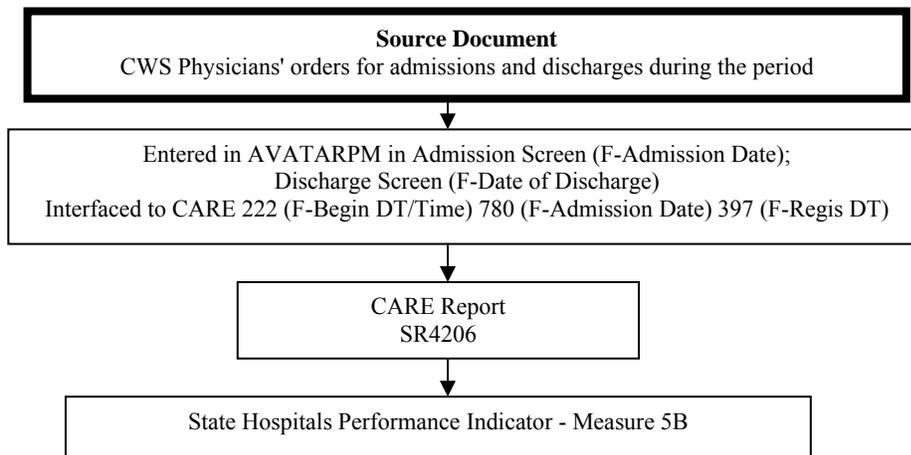
D = total persons discharged during the quarter

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

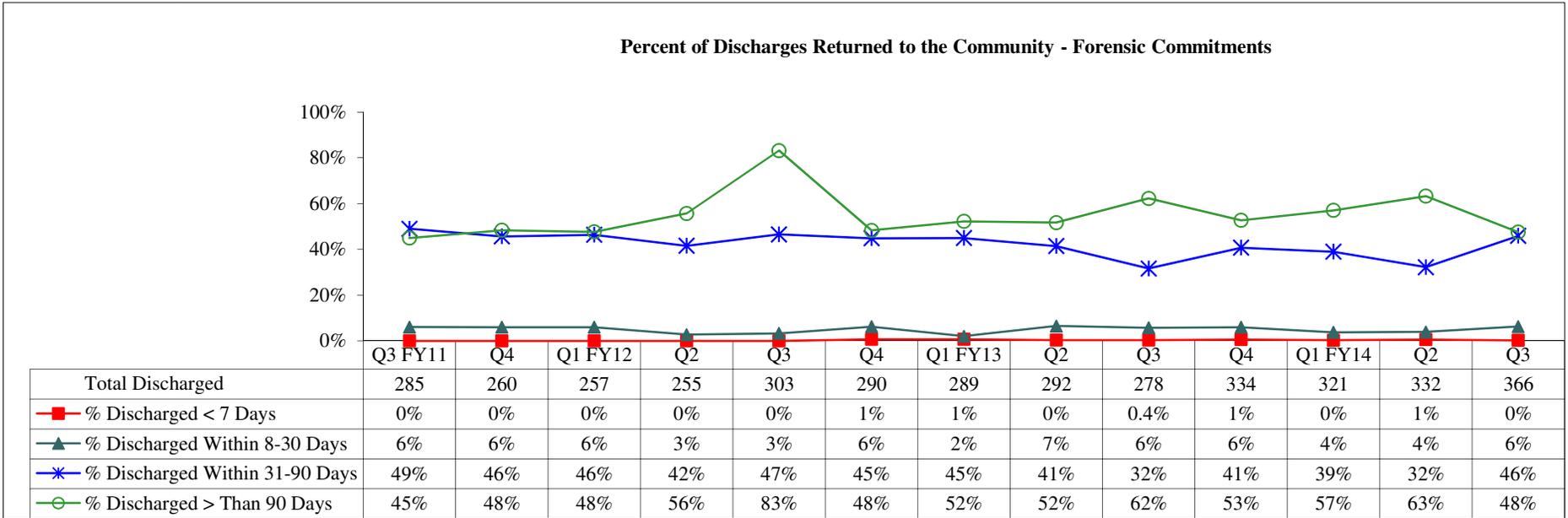
**Performance Measure Data Display and Chart Description:**

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

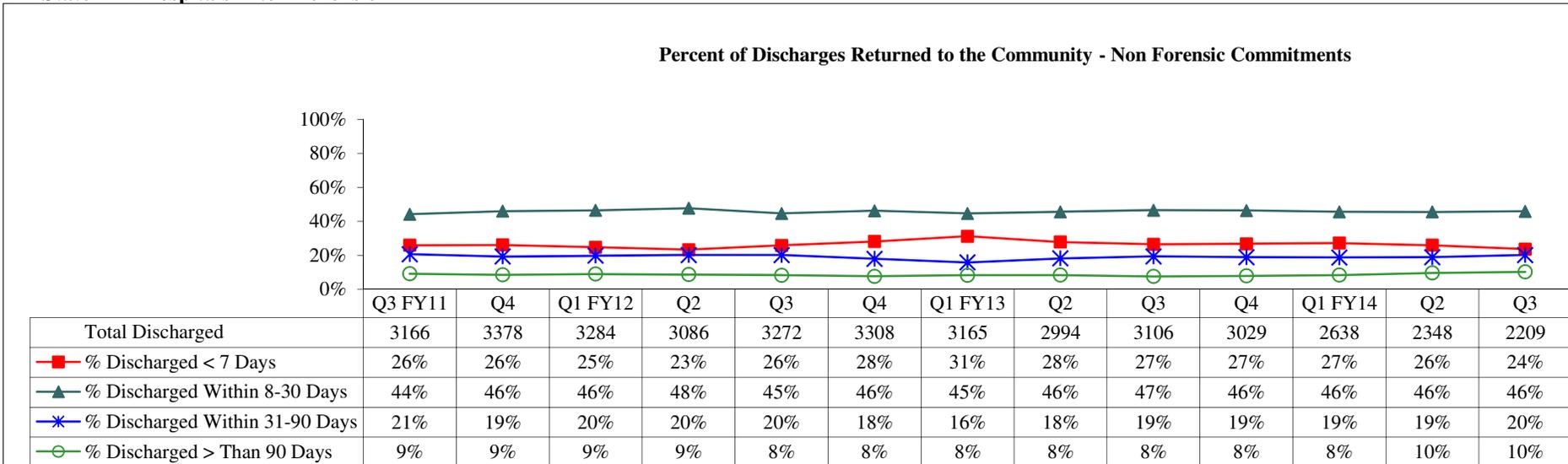
**Data Flow:**



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



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

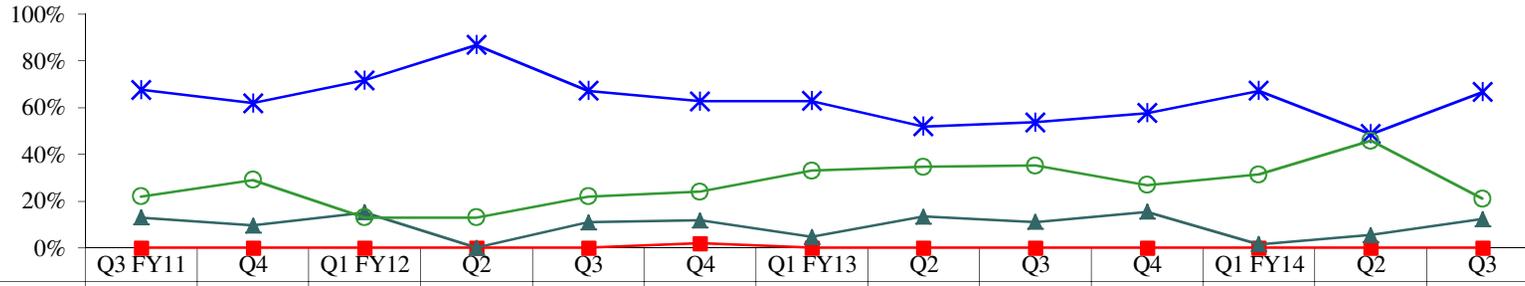


Total Discharges do not include transfers or DMAs

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

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

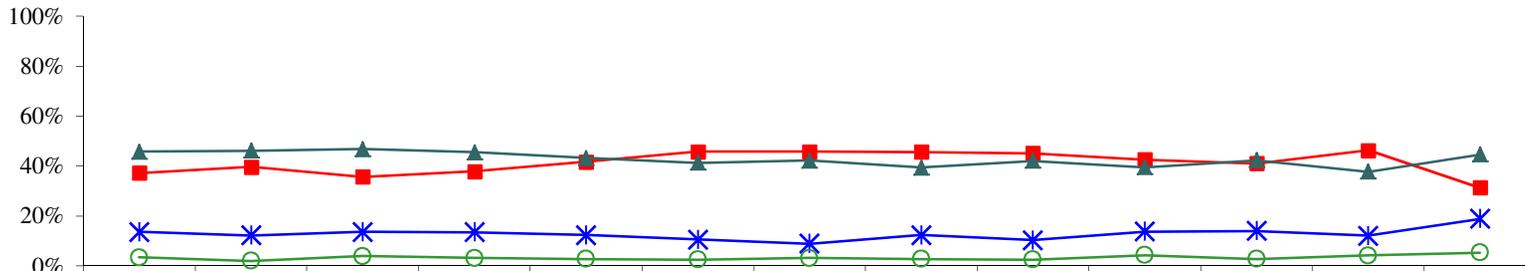
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q3 FY11	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Total Discharged	37	42	46	38	55	51	43	52	54	78	67	72	81
% Discharged < 7 Days	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	13%	10%	15%	0%	11%	12%	5%	13%	11%	15%	1%	6%	12%
% Discharged Within 31-90 Days	68%	62%	72%	87%	67%	63%	63%	52%	54%	58%	67%	49%	67%
% Discharged > Than 90 Days	22%	29%	13%	13%	22%	24%	33%	35%	35%	27%	31%	46%	21%

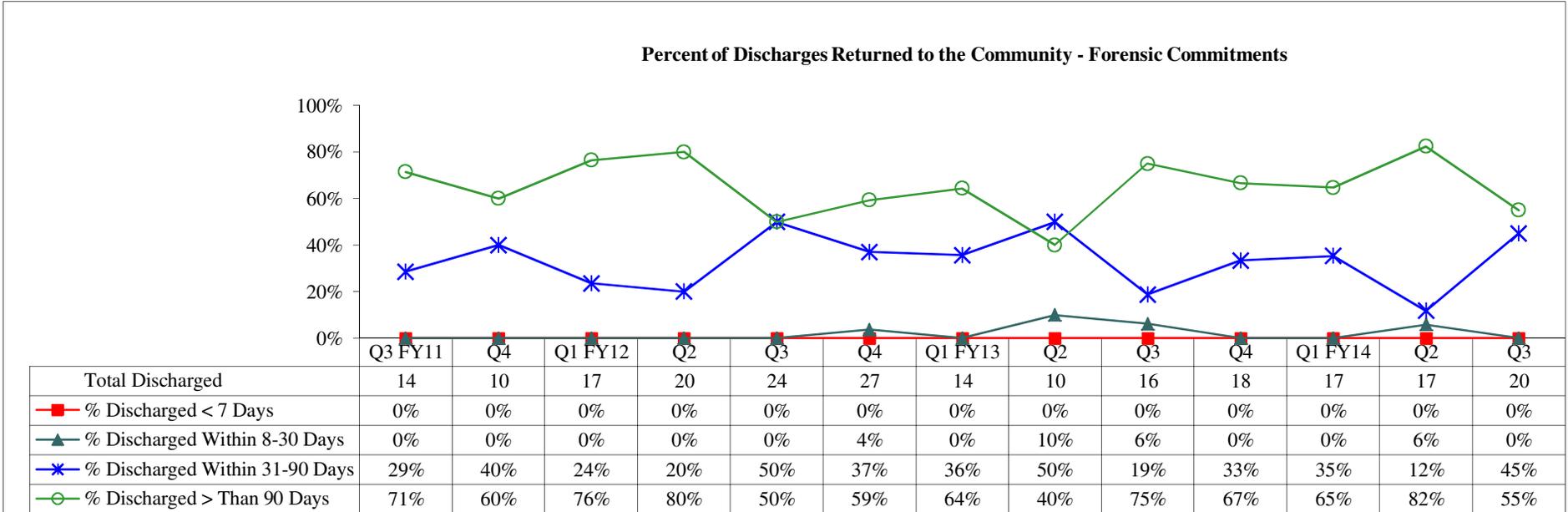
**Measure 5B - Percent of Discharges Returned to the Community**  
**Austin State Hospital - Non Forensic**

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

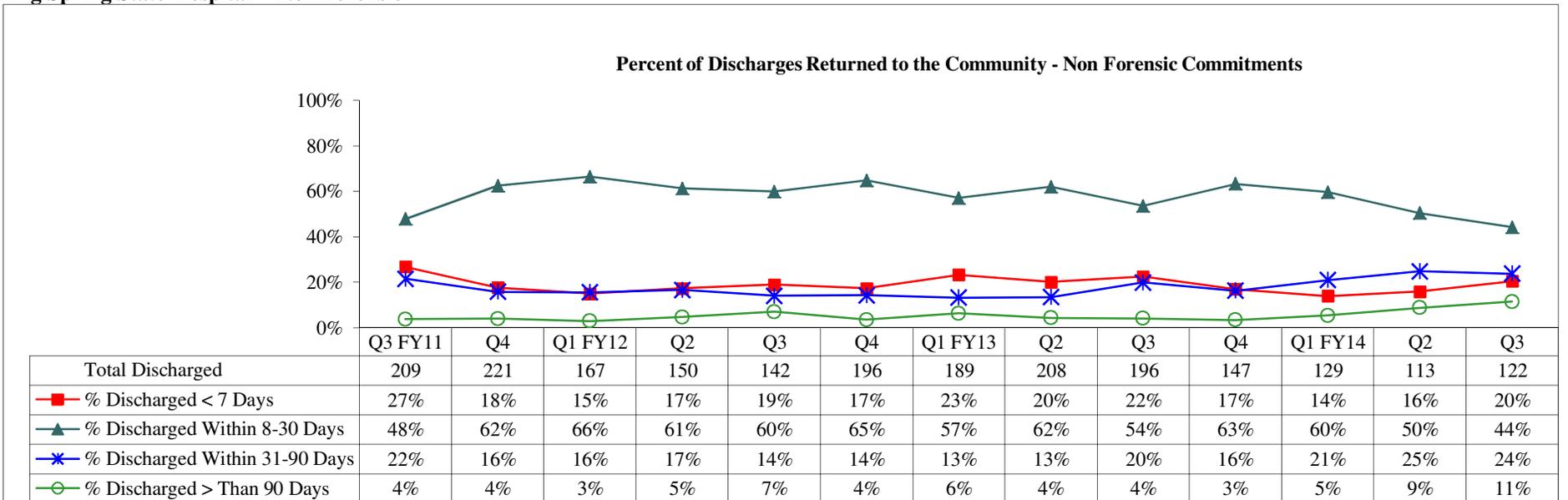


	Q3 FY11	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Total Discharged	867	912	818	763	881	898	830	831	841	759	673	608	479
% Discharged < 7 Days	37%	40%	36%	38%	42%	46%	46%	46%	45%	43%	41%	46%	31%
% Discharged Within 8-30 Days	46%	46%	47%	45%	43%	41%	42%	39%	42%	40%	42%	38%	45%
% Discharged Within 31-90 Days	14%	12%	14%	14%	12%	10%	9%	12%	10%	14%	14%	12%	19%
% Discharged > Than 90 Days	3%	2%	4%	3%	3%	2%	3%	3%	3%	4%	3%	4%	5%

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

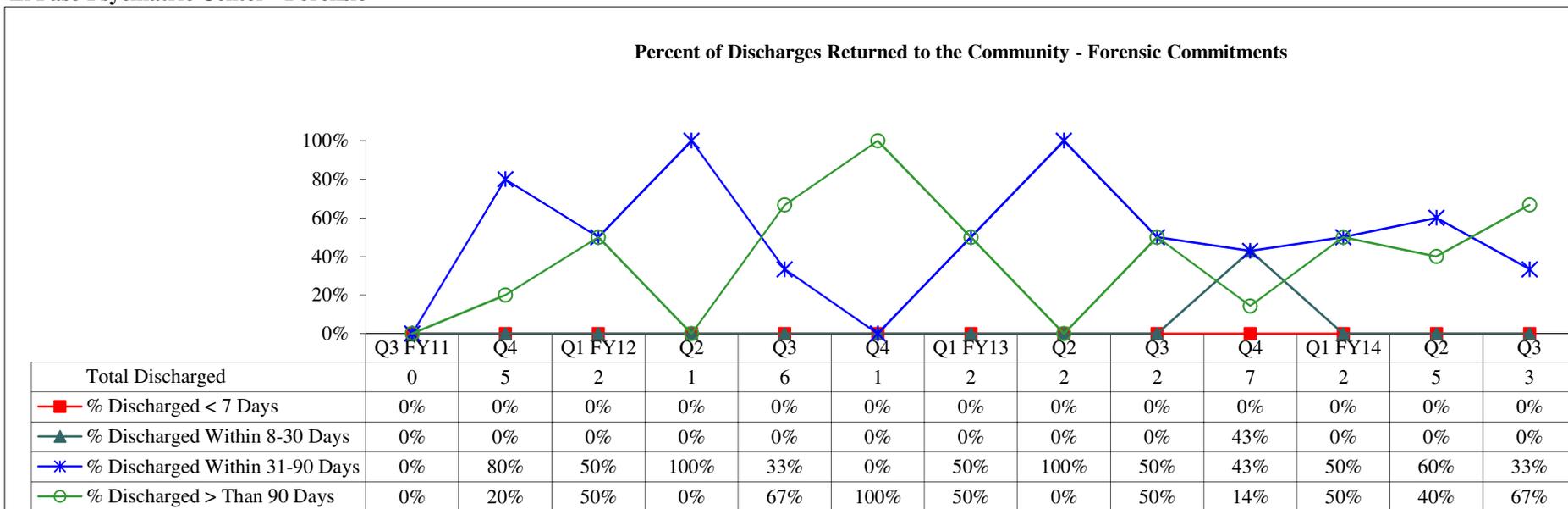


**Measure 5B - Percent of Discharges Returned to the Community**  
**Big Spring State Hospital - Non Forensic**

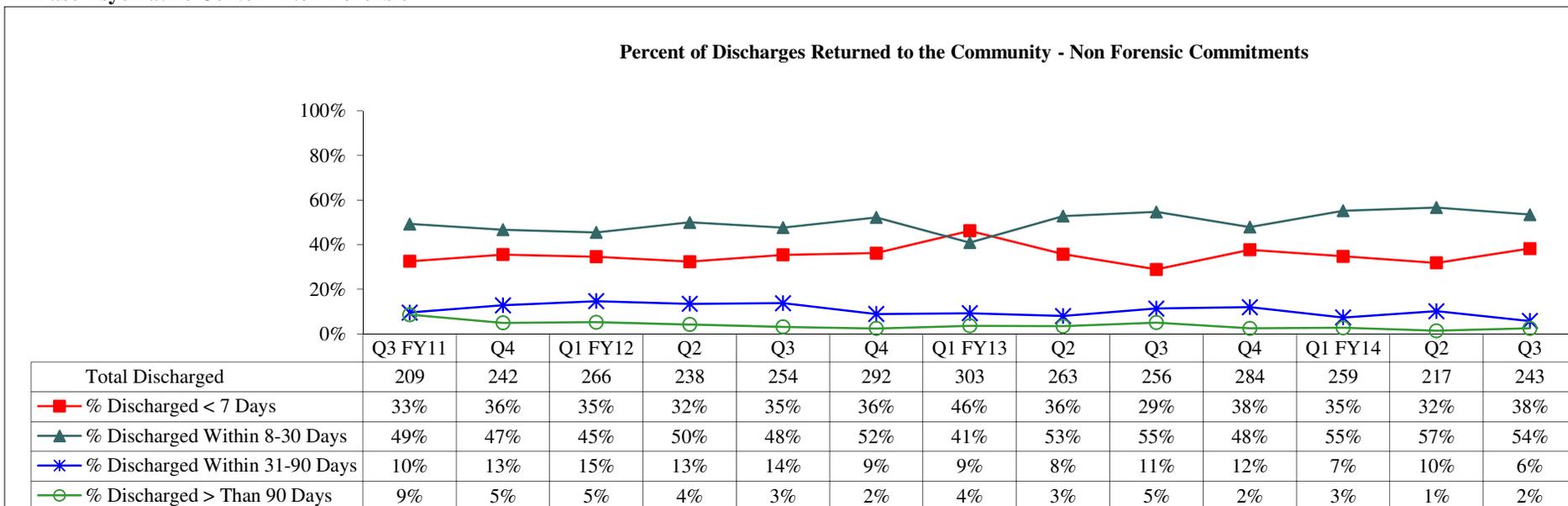


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



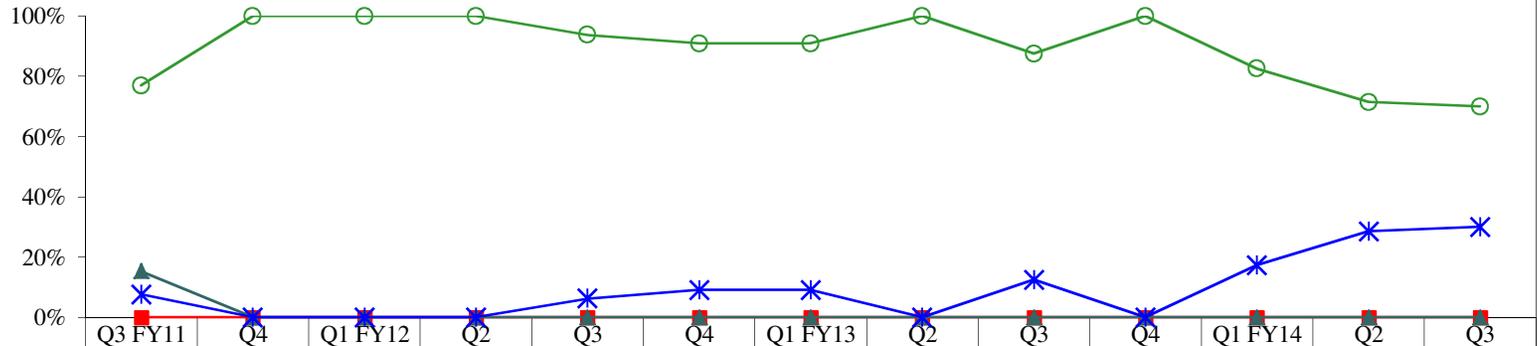
**Measure 5B - Percent of Discharges Returned to the Community**  
**El Paso Psychiatric Center - Non Forensic**



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

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

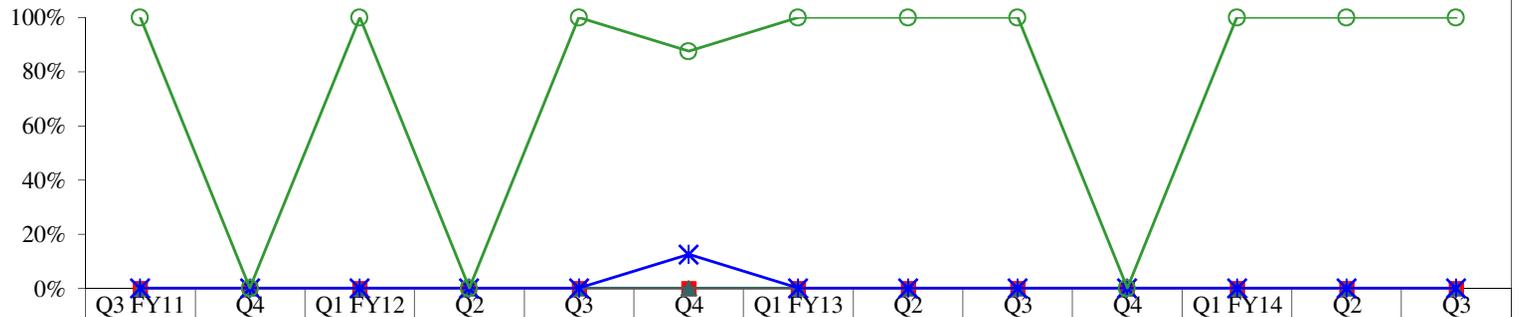
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	13	13	10	16	16	11	11	5	8	11	23	7	10
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	15%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	8%	0%	0%	0%	6%	9%	9%	0%	13%	0%	17%	29%	30%
○ % Discharged > Than 90 Days	77%	100%	100%	100%	94%	91%	91%	100%	88%	100%	83%	71%	70%

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

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

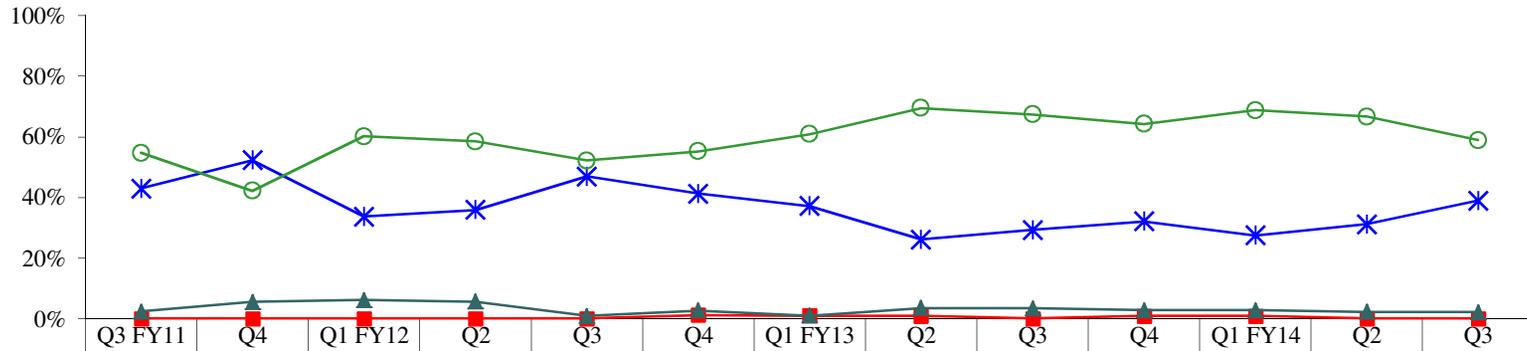


Total Discharged	6	0	4	0	1	8	1	1	3	0	4	1	2
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	13%	0%	0%	0%	0%	0%	0%	0%
○ % Discharged > Than 90 Days	100%	0%	100%	0%	100%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

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

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

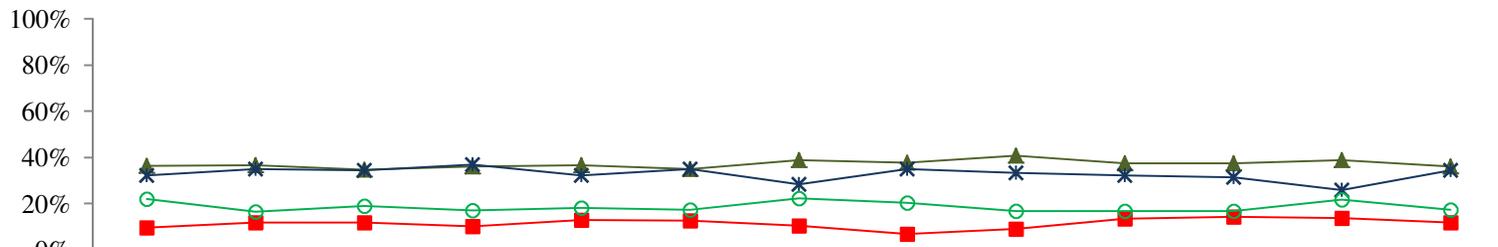
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q3 FY11	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Total Discharged	128	109	98	106	113	114	105	115	89	109	109	90	95
% Discharged < 7 Days	0%	0%	0%	0%	0%	1%	1%	1%	0%	1%	1%	0%	0%
% Discharged Within 8-30 Days	2%	6%	6%	6%	1%	3%	1%	3%	3%	3%	3%	2%	2%
% Discharged Within 31-90 Days	43%	52%	34%	36%	47%	41%	37%	26%	29%	32%	28%	31%	39%
% Discharged > Than 90 Days	55%	42%	60%	58%	52%	55%	61%	70%	67%	64%	69%	67%	59%

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

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

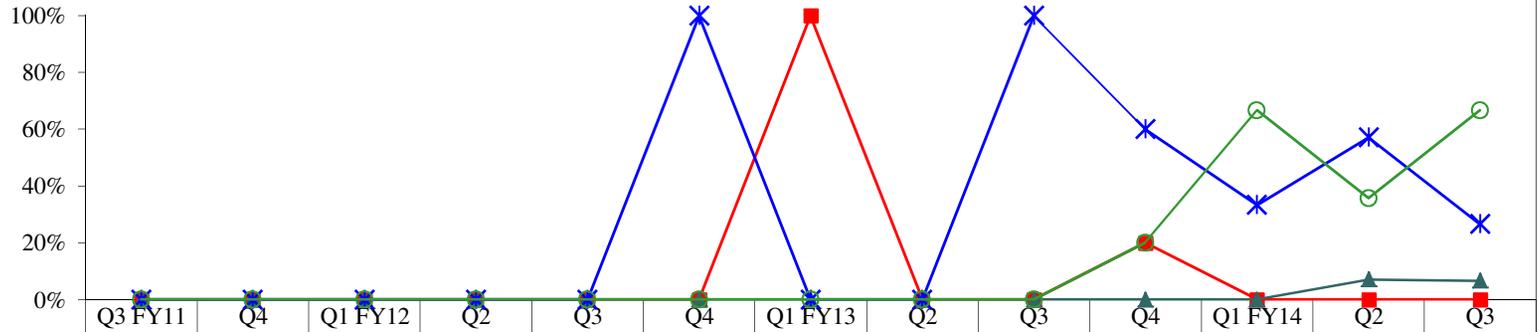


	Q3 FY11	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Total Discharged	422	449	429	414	438	402	376	365	411	400	334	302	304
% Discharged < 7 Days	9%	12%	12%	10%	13%	13%	10%	7%	9%	14%	14%	14%	12%
% Discharged Within 8-30 Days	36%	37%	35%	36%	37%	35%	39%	38%	41%	38%	37%	39%	36%
% Discharged Within 31-90 Days	32%	35%	35%	37%	32%	35%	28%	35%	33%	32%	31%	26%	35%
% Discharged > Than 90 Days	22%	16%	19%	17%	18%	17%	22%	20%	17%	17%	17%	22%	17%

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

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

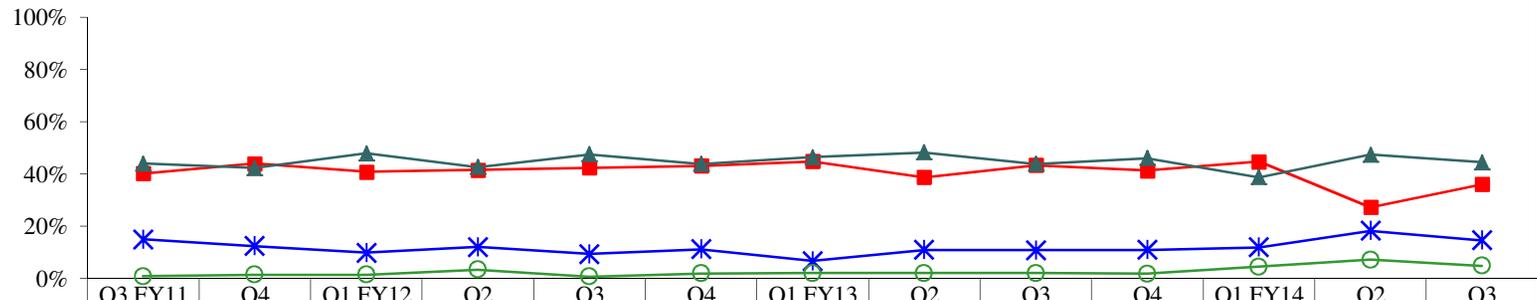
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	0	0	0	0	0	1	1	0	1	5	3	14	15
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	100%	0%	0%	20%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%	7%
✱ % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	100%	0%	0%	100%	60%	33%	57%	27%
○ % Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	67%	36%	67%

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

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

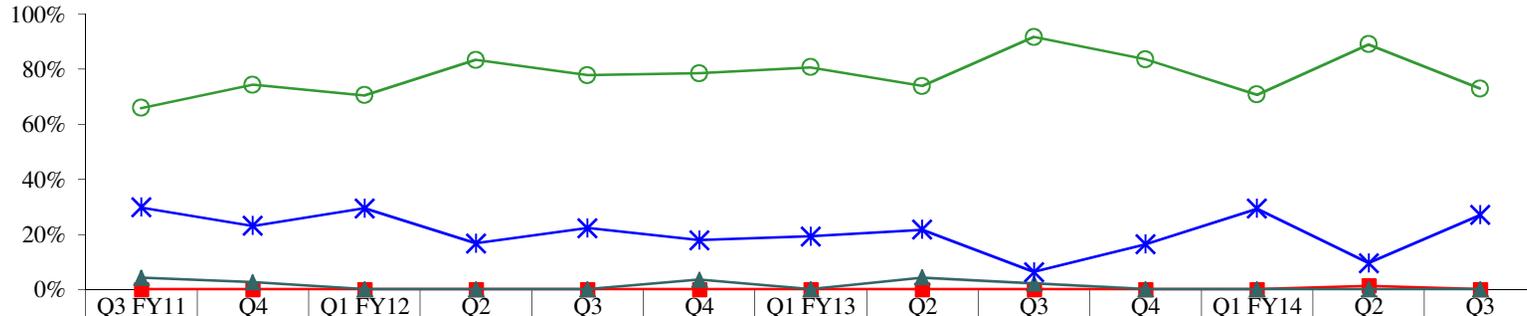


Total Discharged	261	284	294	272	288	269	299	201	205	230	201	99	144
■ % Discharged < 7 Days	40%	44%	41%	42%	42%	43%	45%	39%	43%	41%	45%	27%	36%
▲ % Discharged Within 8-30 Days	44%	42%	48%	43%	48%	44%	46%	48%	44%	46%	39%	47%	44%
✱ % Discharged Within 31-90 Days	15%	12%	10%	12%	9%	11%	7%	11%	11%	11%	12%	18%	15%
○ % Discharged > Than 90 Days	1%	1%	1%	3%	1%	2%	2%	2%	2%	2%	4%	7%	5%

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

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

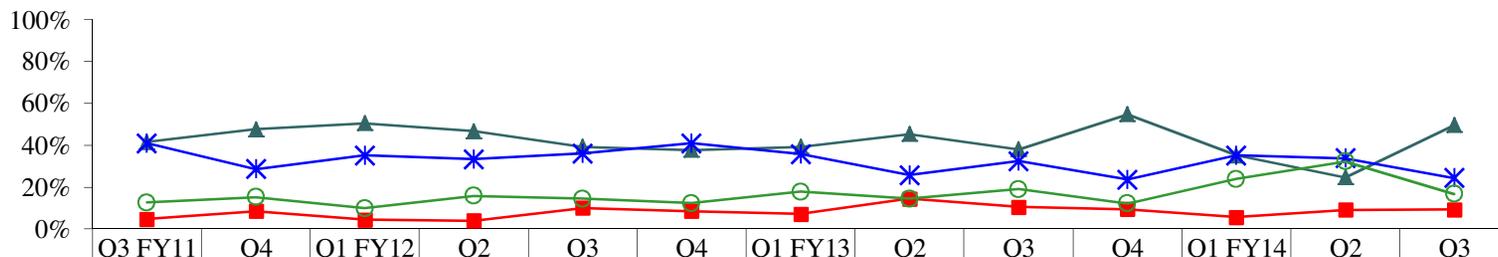
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	47	39	34	30	36	28	52	46	48	49	41	73	63
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
▲ % Discharged Within 8-30 Days	4%	3%	0%	0%	0%	4%	0%	4%	2%	0%	0%	0%	0%
✱ % Discharged Within 31-90 Days	30%	23%	29%	17%	22%	18%	19%	22%	6%	16%	29%	10%	27%
○ % Discharged > Than 90 Days	66%	74%	71%	83%	78%	79%	81%	74%	92%	84%	71%	89%	73%

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

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

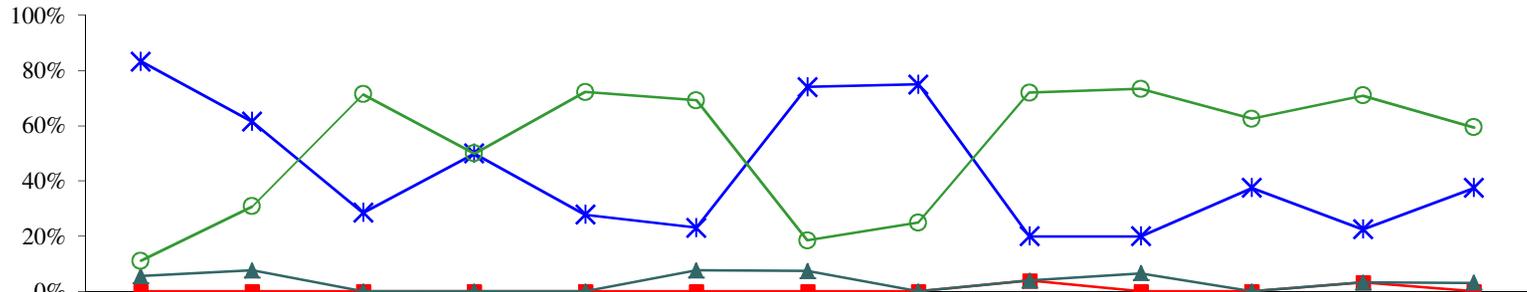


Total Discharged	149	210	182	171	158	122	84	97	105	148	71	65	107
■ % Discharged < 7 Days	5%	9%	4%	4%	10%	9%	7%	14%	10%	9%	6%	9%	9%
▲ % Discharged Within 8-30 Days	42%	48%	51%	47%	39%	38%	39%	45%	38%	55%	35%	25%	50%
✱ % Discharged Within 31-90 Days	41%	29%	35%	33%	36%	41%	36%	26%	32%	24%	35%	34%	24%
○ % Discharged > Than 90 Days	13%	15%	10%	16%	15%	12%	18%	14%	19%	12%	24%	32%	17%

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

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

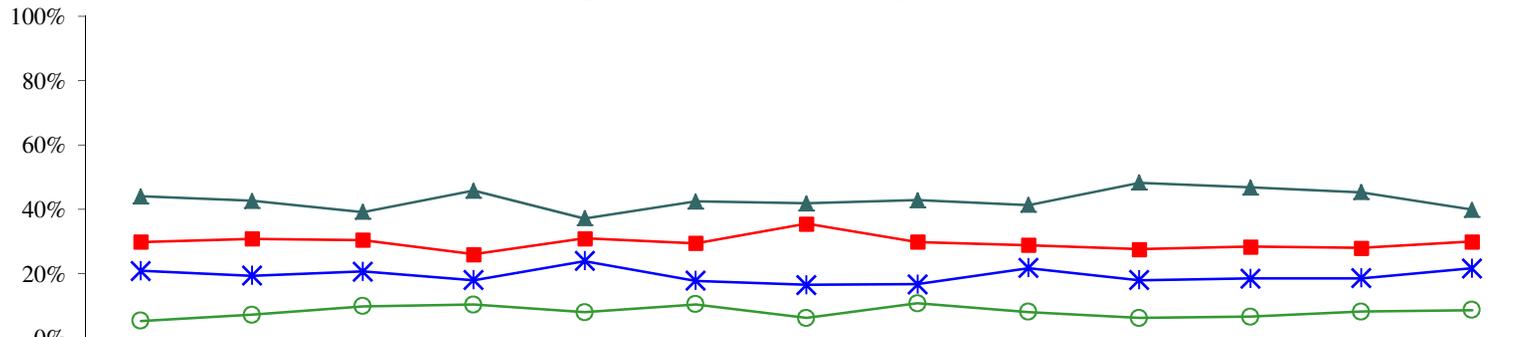
**Percent of Discharges Returned to the Community - Forensic Commitments**



Total Discharged	18	13	14	16	18	13	27	20	25	15	24	31	32
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	3%	0%
▲ % Discharged Within 8-30 Days	6%	8%	0%	0%	0%	8%	7%	0%	4%	7%	0%	3%	3%
✱ % Discharged Within 31-90 Days	83%	62%	29%	50%	28%	23%	74%	75%	20%	20%	38%	23%	38%
○ % Discharged > Than 90 Days	11%	31%	71%	50%	72%	69%	19%	25%	72%	73%	63%	71%	59%

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

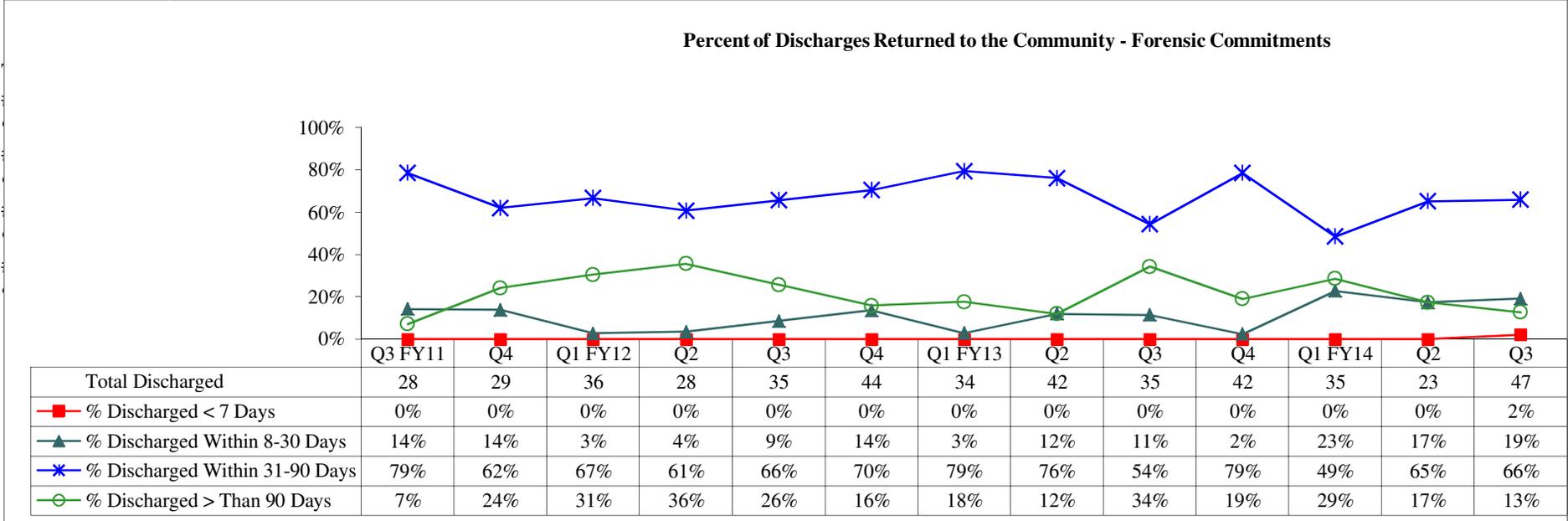
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



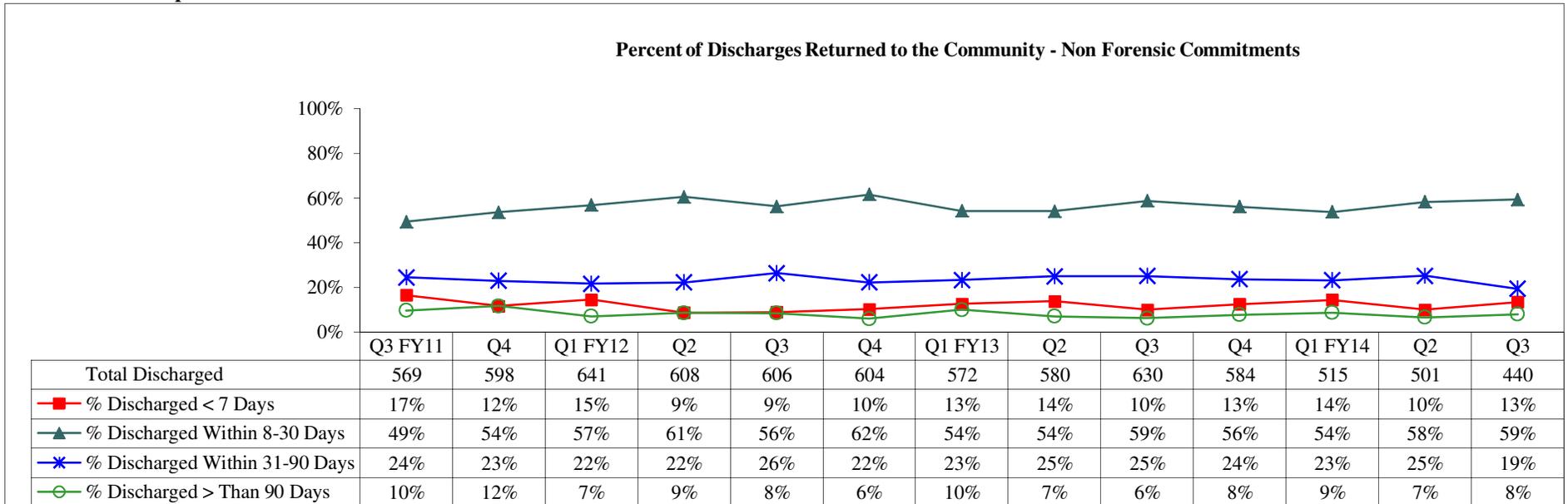
Total Discharged	432	418	447	435	465	472	485	409	433	439	413	415	324
■ % Discharged < 7 Days	30%	31%	30%	26%	31%	29%	35%	30%	29%	28%	28%	28%	30%
▲ % Discharged Within 8-30 Days	44%	43%	39%	46%	37%	42%	42%	43%	41%	48%	47%	45%	40%
✱ % Discharged Within 31-90 Days	21%	19%	21%	18%	24%	18%	16%	17%	22%	18%	18%	19%	22%
○ % Discharged > Than 90 Days	5%	7%	10%	10%	8%	10%	6%	11%	8%	6%	7%	8%	9%

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

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



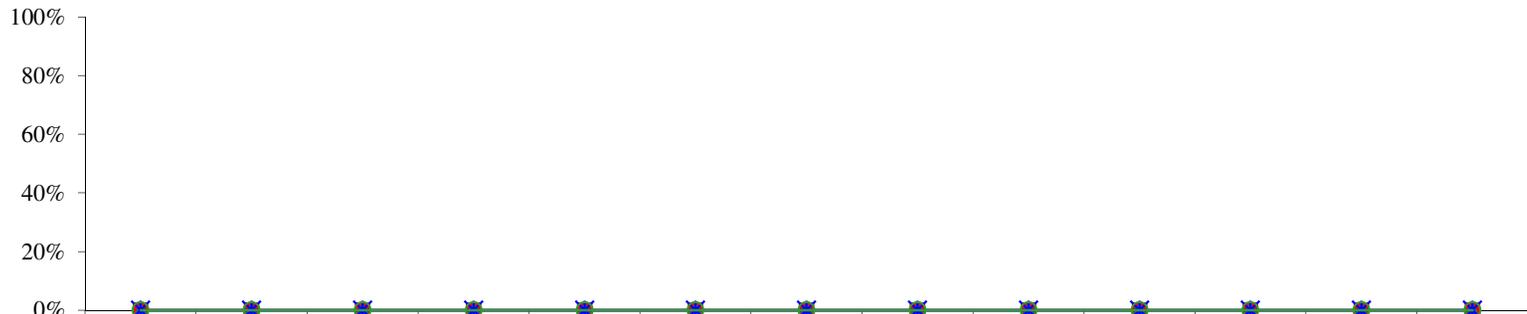
**Measure 5B - Percent of Discharges Returned to the Community**  
**Terrell State Hospital - Non Forensic**



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**

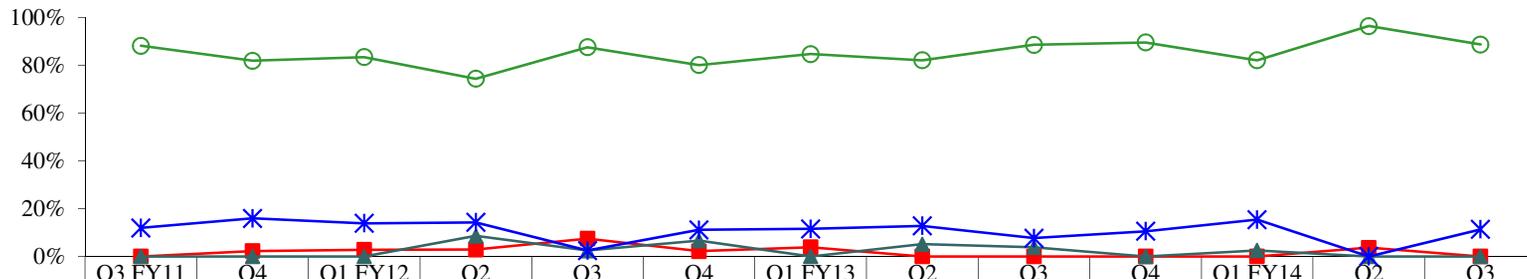
**Percent of Discharges Returned to the Community - Forensic Commitments**



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

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

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



	Q3 FY11	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Total Discharged	42	44	36	35	40	45	26	39	26	38	39	27	44
■ % Discharged < 7 Days	0%	2%	3%	3%	8%	2%	4%	0%	0%	0%	0%	4%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	9%	3%	7%	0%	5%	4%	0%	3%	0%	0%
* % Discharged Within 31-90 Days	12%	16%	14%	14%	3%	11%	12%	13%	8%	11%	15%	0%	11%
○ % Discharged > Than 90 Days	88%	82%	83%	74%	88%	80%	85%	82%	88%	89%	82%	96%	89%

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

**Performance Measure 5C:**

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

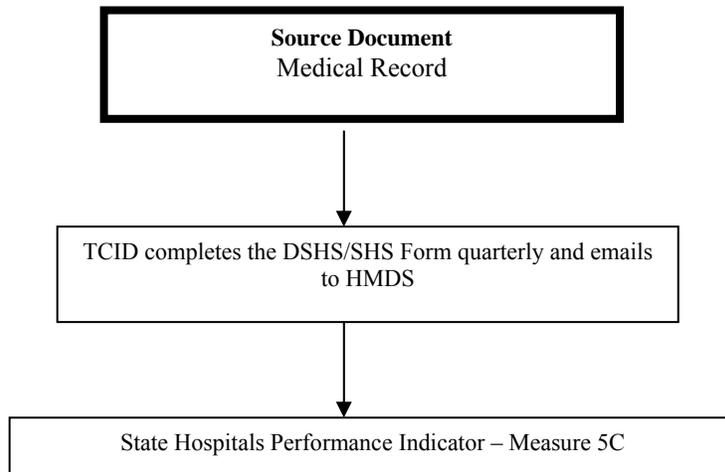
**Performance Measure Operational Definition:** Data reported by TCID.

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

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

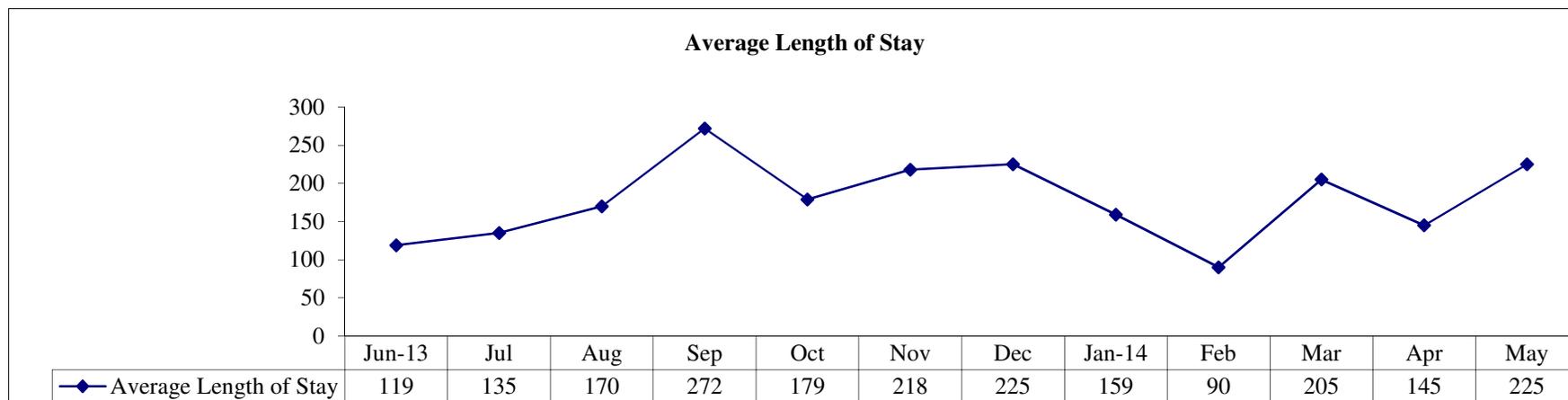
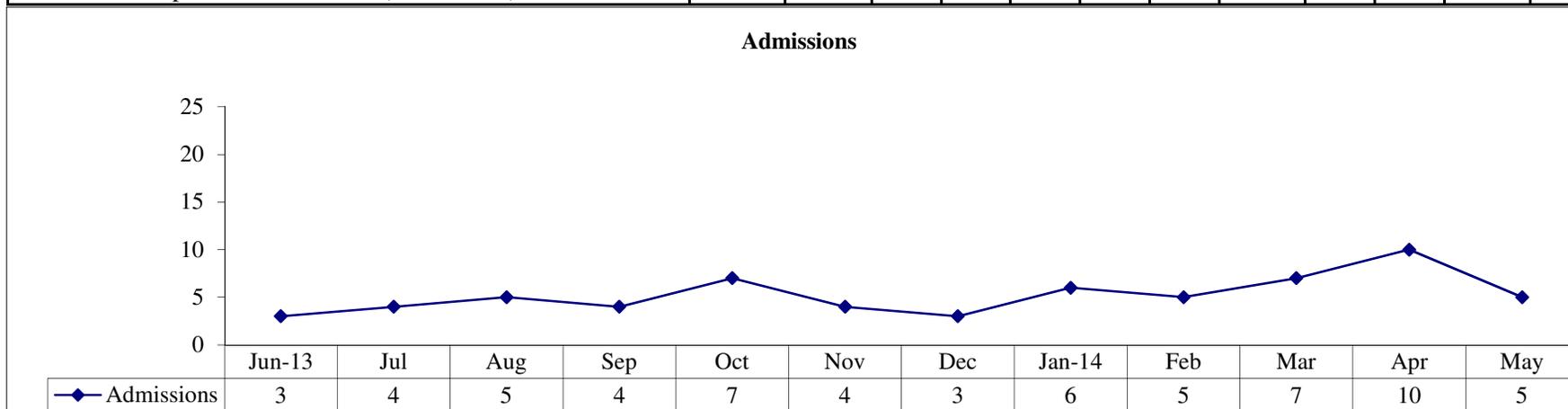
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

**Data Flow:**



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

	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Admissions	3	4	5	4	7	4	3	6	5	7	10	5
Average Length of Stay	119	135	170	272	179	218	225	159	90	205	145	225
Number of Patients Admitted for Inpatient Care & Treatment	3	4	5	4	7	4	3	6	5	7	10	5
Tuberculosis	2	4	3	4	7	4	3	6	3	7	10	5
Multi-drug resistant tuberculosis	1	0	2	0	0	0	0	0	2	0	0	0
Extensively drug resistant tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0
Number of Outpatient Admissions (Encounters)	0	0	1	3	2	1	1	1	2	2	1	3



**Performance Measure 5D:**

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

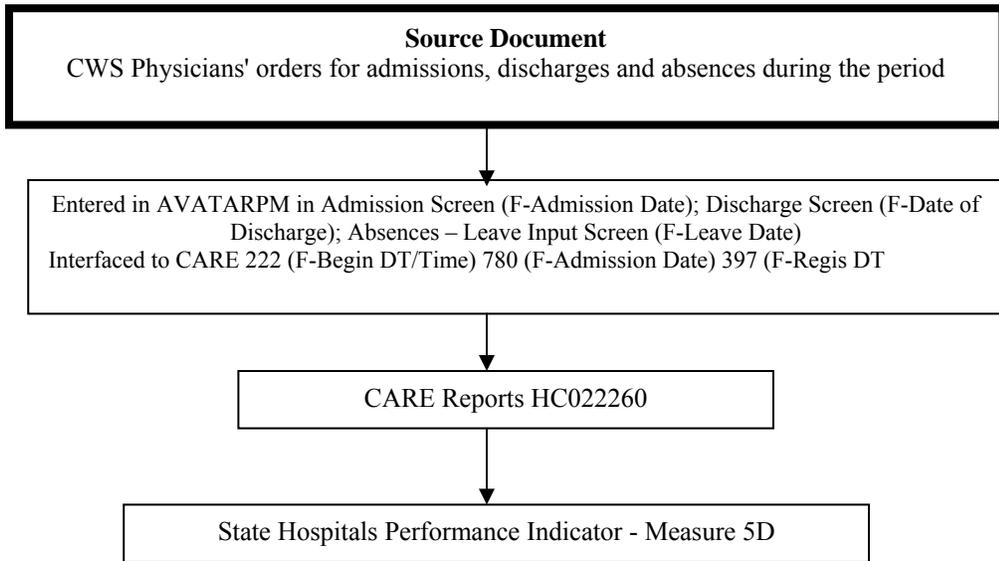
**Performance Measure Operational Definition:** The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

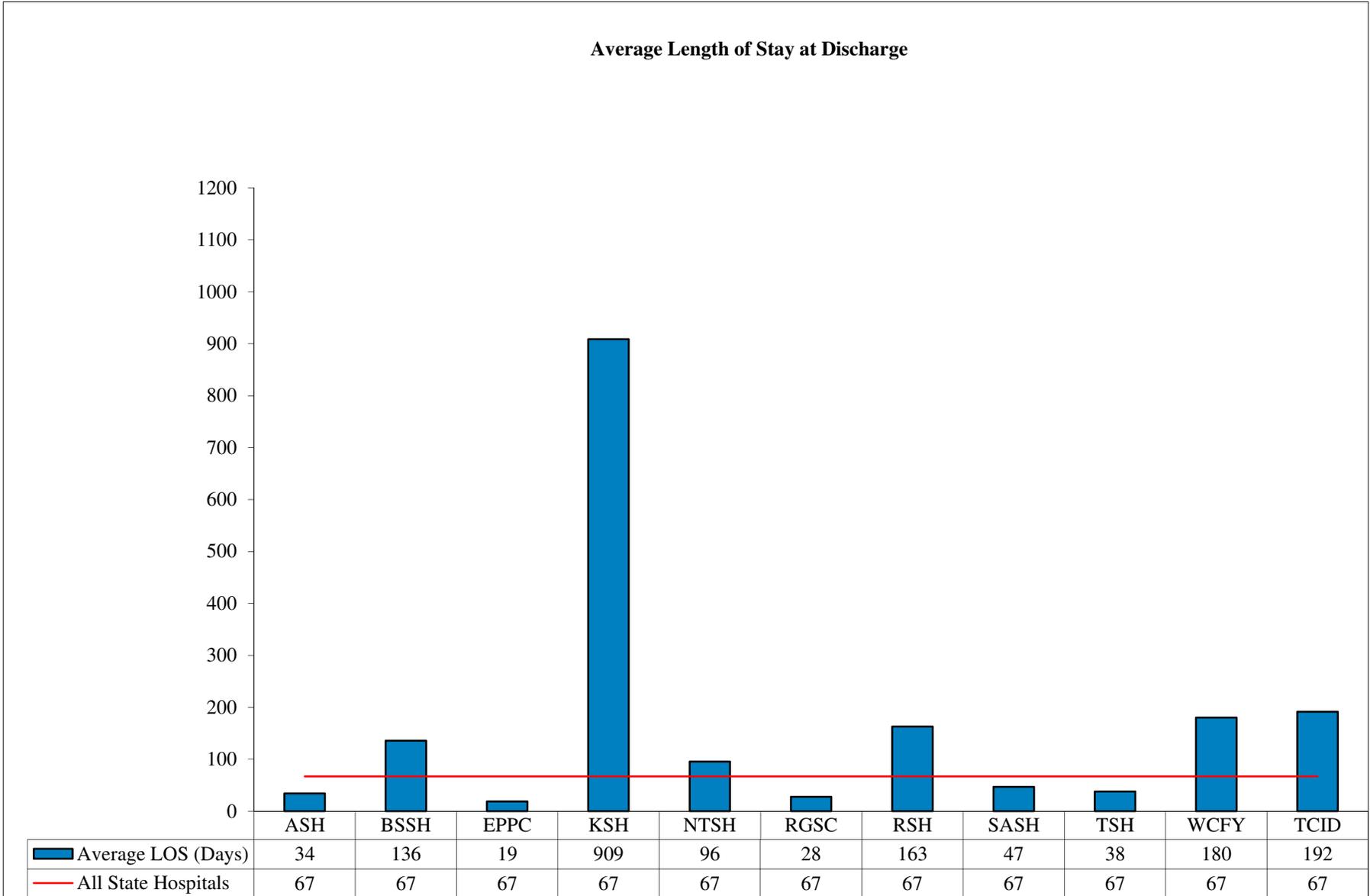
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**



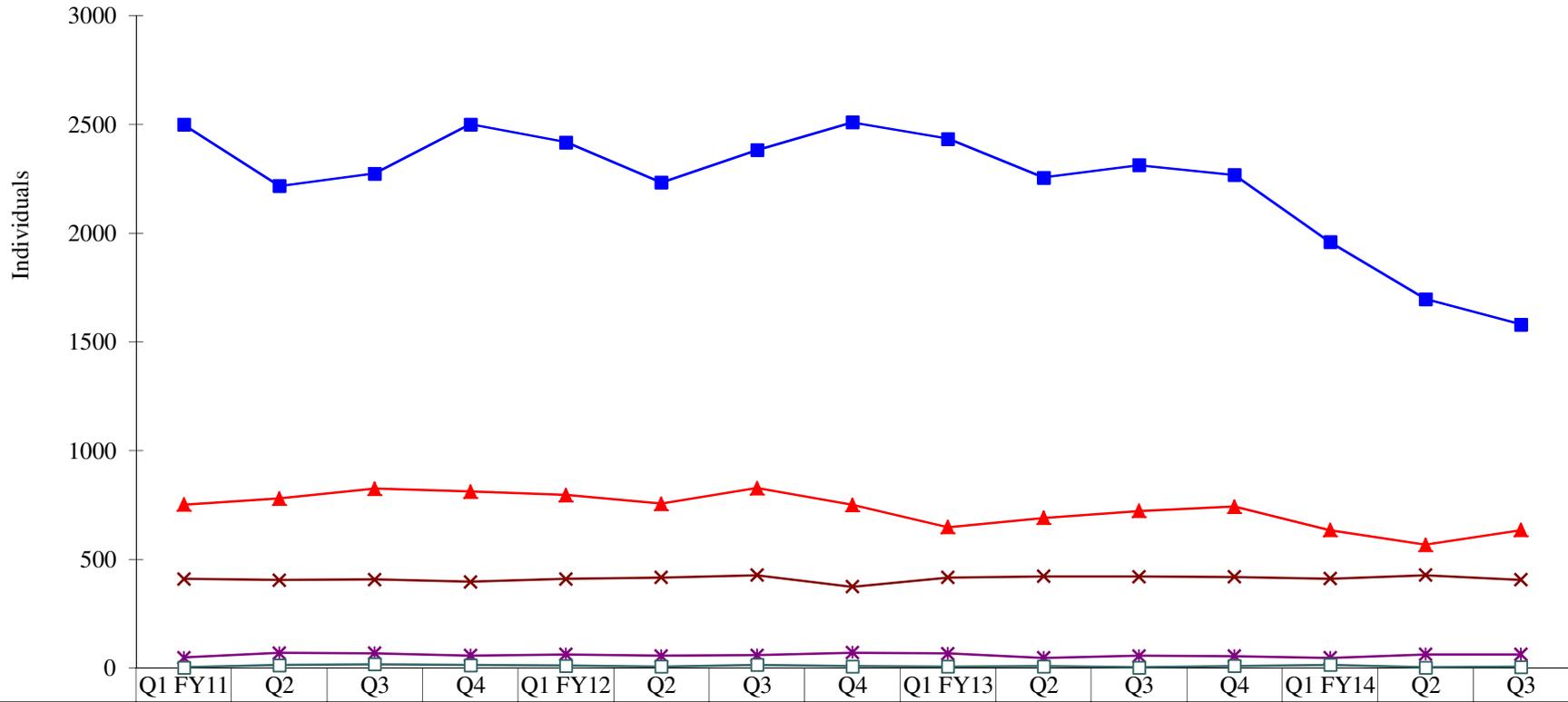
**Measure 5D - Average Length of Stay at Discharge  
All State Hospitals**



TCID - not included in All State Hospitals Average

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

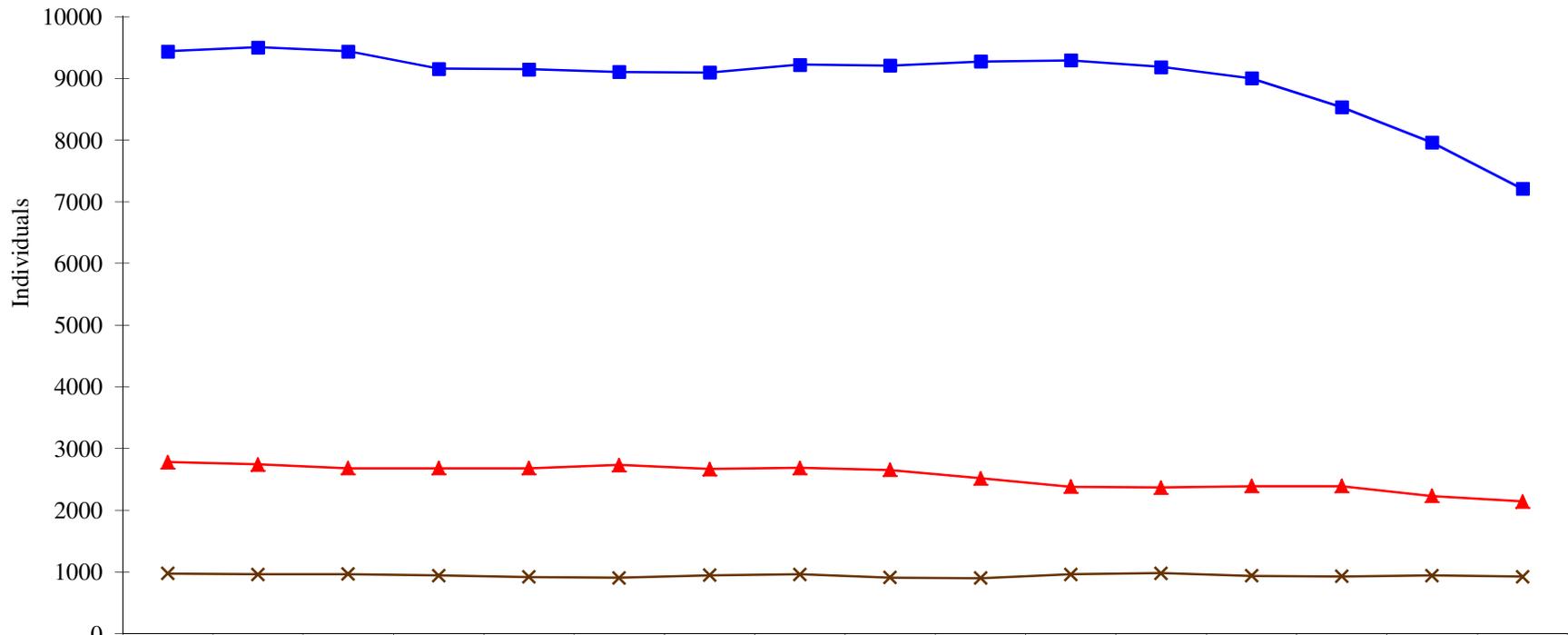
**Average Length of Stay at Discharge by Category**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	48	65	64	57	58	56	64	54	50	56	54	57	64	65	67
■ 30 Days or Less	2500	2218	2275	2501	2419	2233	2382	2510	2434	2256	2313	2268	1960	1697	1580
▲ 31 - 90 Days	752	779	825	811	795	756	828	750	648	691	722	742	635	567	634
× 91 - 365 Days	410	404	407	396	410	416	427	374	416	422	420	419	411	427	406
* 1 - 5 Years	48	69	68	57	63	56	59	70	66	47	56	54	46	62	63
□ Over 5 Years	2	13	17	13	11	6	15	8	6	8	3	9	14	3	5

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

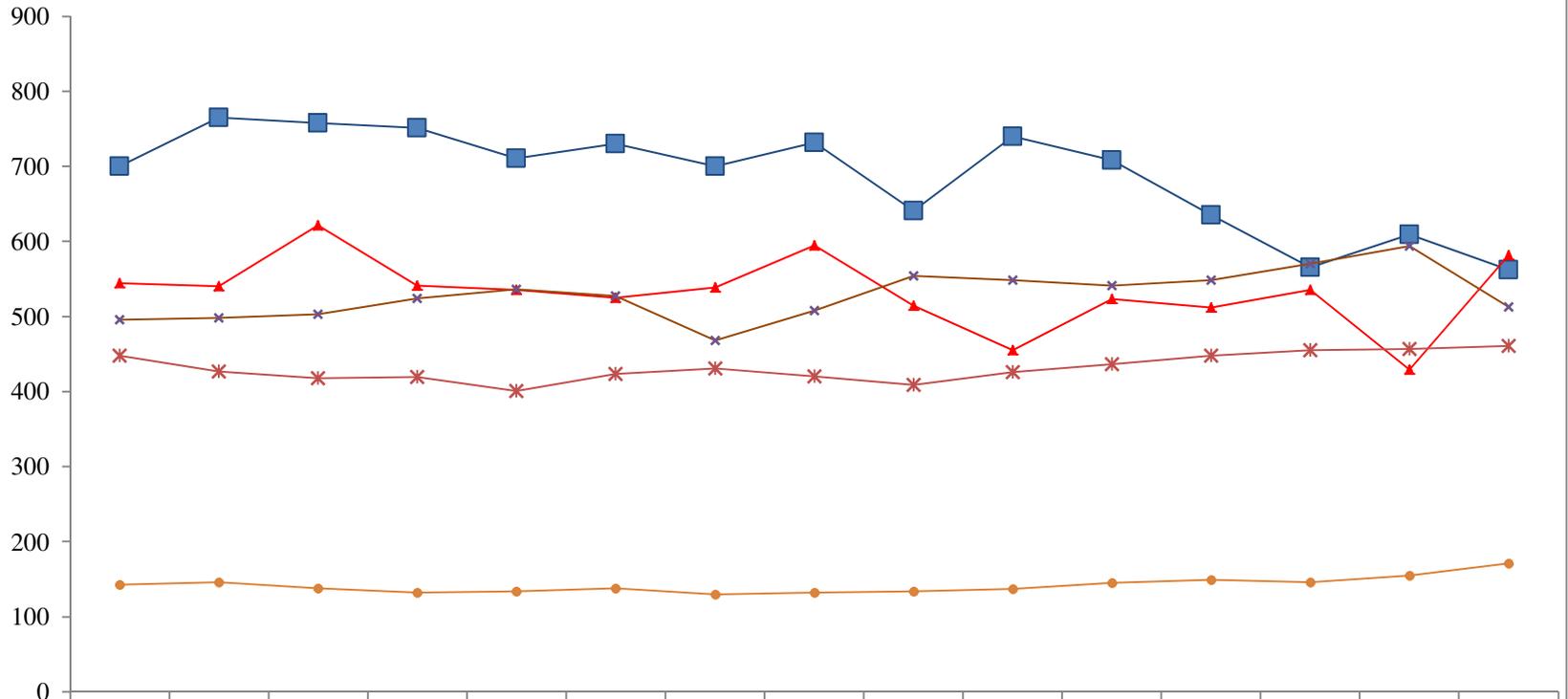
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	29	29	29	30	30	30	31	31	30	29	29	29	29	30	31	32
■ 30 Days or Less	9438	9506	9440	9158	9150	9108	9096	9222	9211	9274	9293	9187	9005	8533	7962	7212
▲ 31-90 Days	2781	2742	2681	2680	2682	2732	2669	2688	2652	2518	2383	2370	2393	2390	2231	2144
✕ 91-365 Days	973	962	968	942	918	906	947	962	909	898	962	979	939	926	941	925

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

**Average Length of Stay for All Residents**

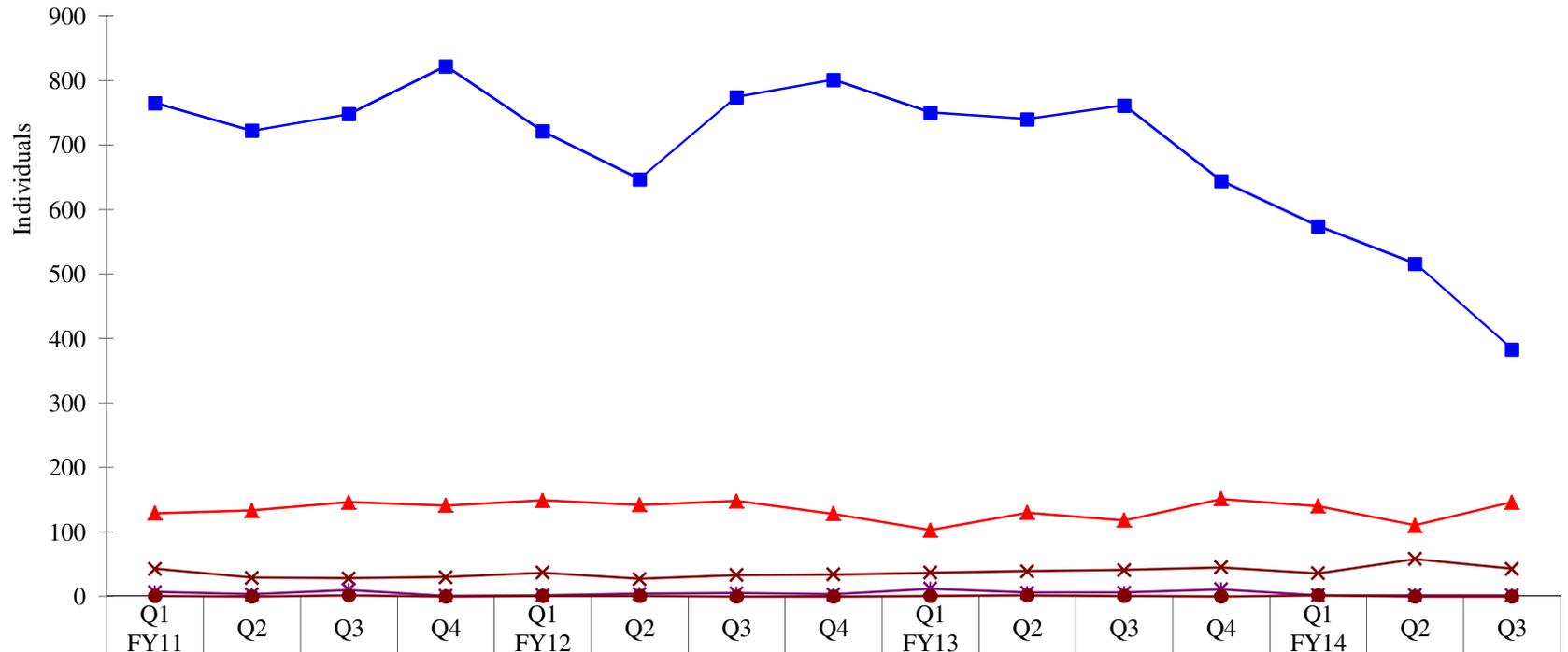


	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	403	388	373	371	381	383	384	382	383	401	405	422	431	446	448
■ 30 Days or Less	700	765	758	751	711	730	700	732	641	740	708	635	565	609	562
▲ 31 - 90 Days	544	540	621	541	535	525	539	595	514	455	523	512	535	429	582
× 91 - 365 Days	496	498	503	524	536	527	468	508	554	548	541	548	570	594	513
* 1 - 5 Years	448	427	418	419	401	423	431	420	409	426	436	448	455	457	461
● Over 5 Years	143	146	138	132	134	138	130	132	134	137	145	149	146	155	171

Source:

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

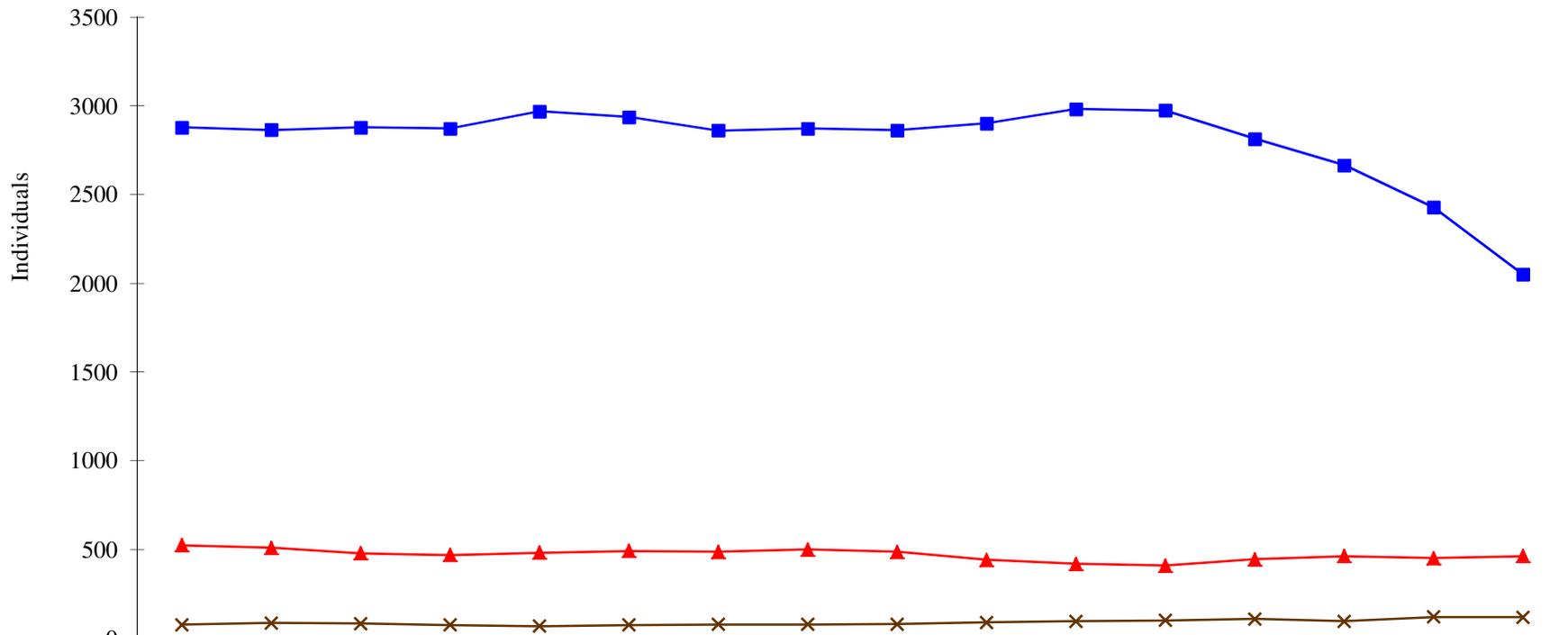
**Length of Stay at Discharge by Category**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	28	23	39	21	29	27	23	21	33	41	35	34	32	32	34
—■— 30 Days or Less	765	722	748	822	721	647	774	801	750	740	761	644	574	516	383
—▲— 31 - 90 Days	129	133	146	141	149	142	148	128	103	130	118	151	140	110	146
—×— 91 - 365 Days	43	29	28	30	37	27	33	34	37	39	41	45	36	58	43
—*— 1 - 5 Years	7	3	10	1	2	4	5	3	12	6	6	11	2	2	2
—●— Over 5 Years	1	0	2	0	1	1	0	0	1	2	1	0	2	0	0

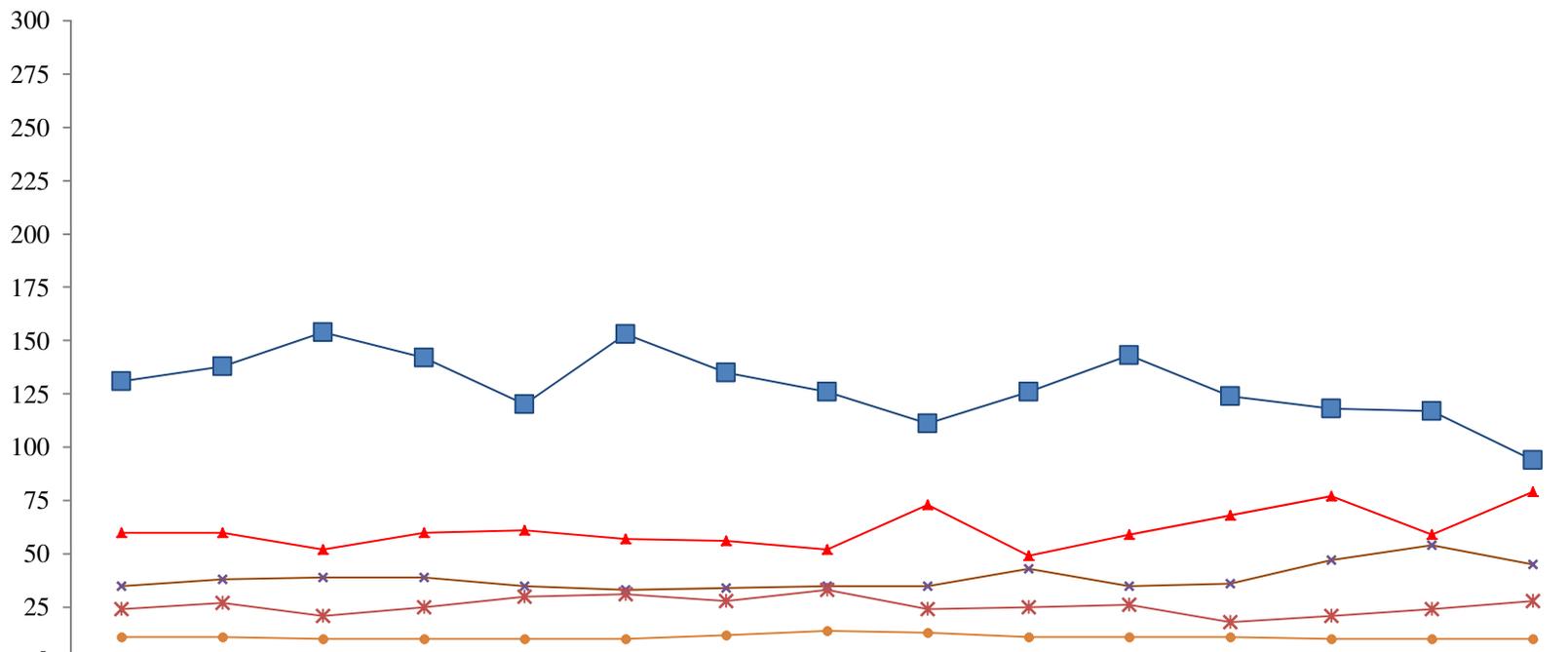
**Measure 5D - Average Length of Stay at Discharge  
Austin State Hospital**

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



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

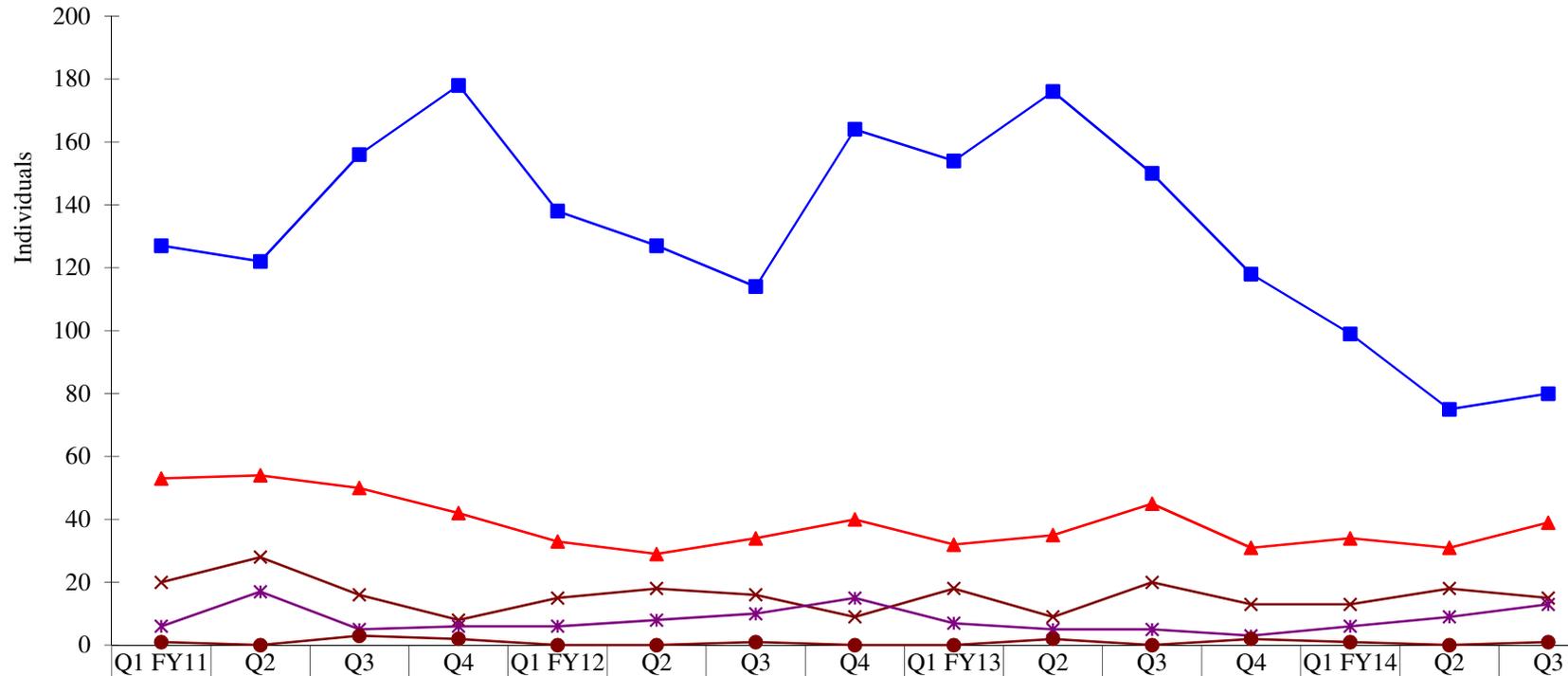
**Average Length of Stay for All Residents**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	316	314	271	288	309	285	316	339	321	272	226	225	215	231	255
■ 30 Days or Less	131	138	154	142	120	153	135	126	111	126	143	124	118	117	94
▲ 31 - 90 Days	60	60	52	60	61	57	56	52	73	49	59	68	77	59	79
✱ 91 - 365 Days	35	38	39	39	35	33	34	35	35	43	35	36	47	54	45
✱ 1 - 5 Years	24	27	21	25	30	31	28	33	24	25	26	18	21	24	28
● Over 5 Years	11	11	10	10	10	10	12	14	13	11	11	11	10	10	10

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

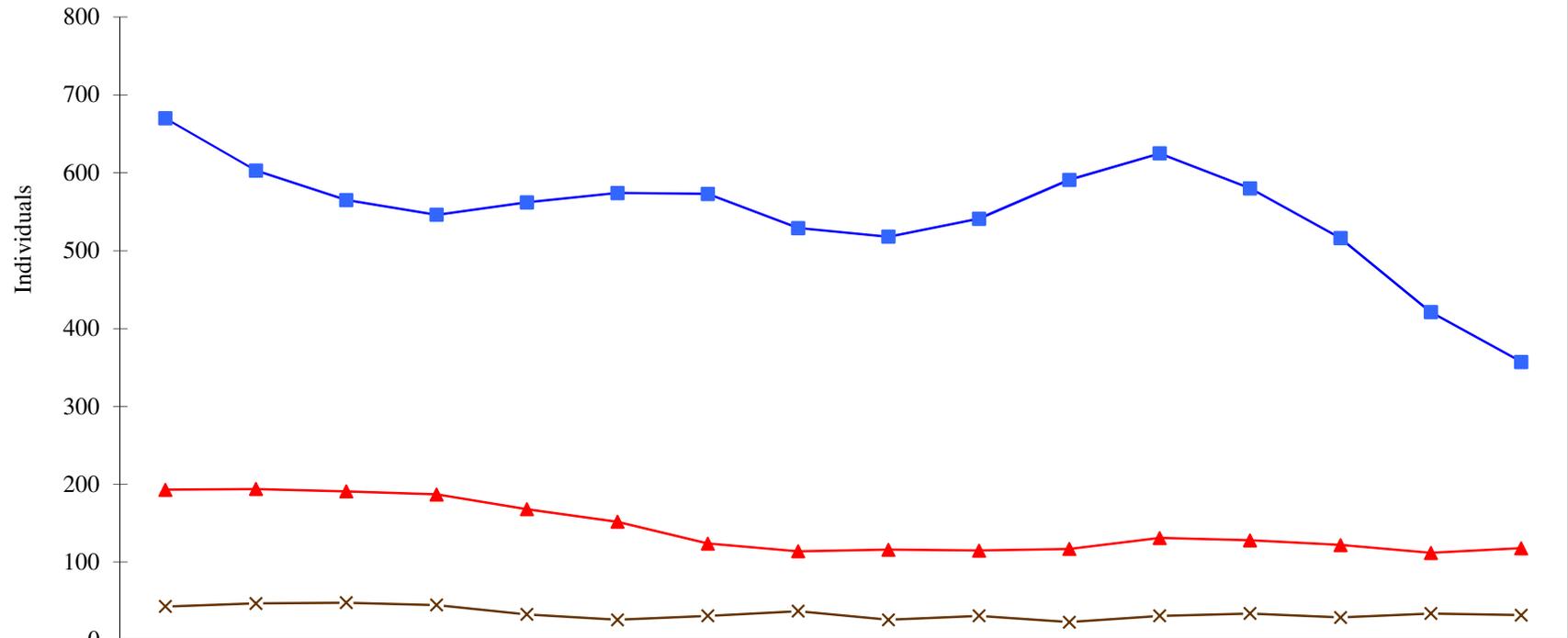
**Length of Stay at Discharge by Category**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	71	105	84	75	55	69	103	74	57	67	54	75	78	92	136
■ 30 Days or Less	127	122	156	178	138	127	114	164	154	176	150	118	99	75	80
▲ 31 - 90 Days	53	54	50	42	33	29	34	40	32	35	45	31	34	31	39
× 91 - 365 Days	20	28	16	8	15	18	16	9	18	9	20	13	13	18	15
* 1 - 5 Years	6	17	5	6	6	8	10	15	7	5	5	3	6	9	13
● Over 5 Years	1	0	3	2	0	0	1	0	0	2	0	2	1	0	1

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

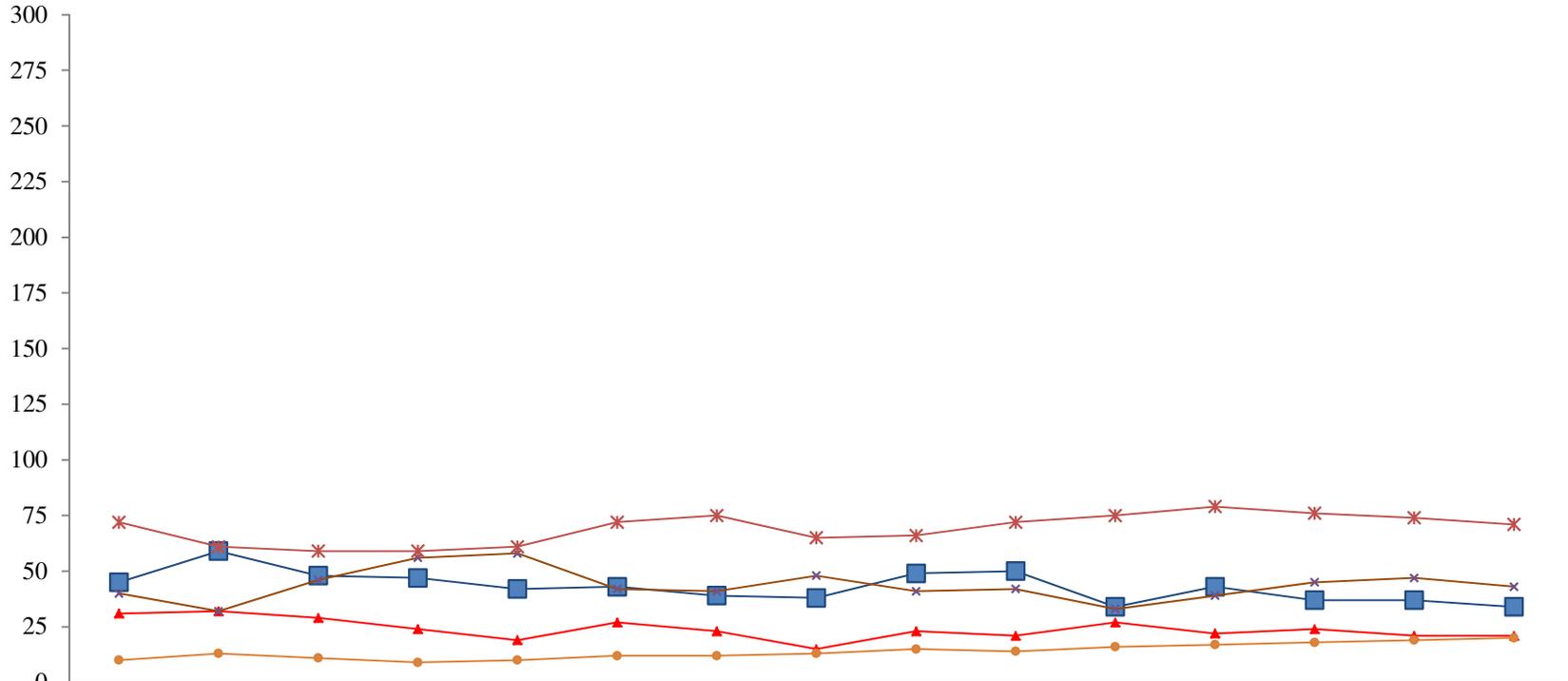
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	25	28	29	29	27	26	25	28	25	26	23	23	25	24	29	30
■ 30 Days or Less	670	603	565	546	562	574	573	529	518	541	591	625	580	516	421	357
▲ 31-90 Days	193	194	191	187	168	152	124	114	116	115	117	131	128	122	112	118
× 91-365 Days	43	47	48	45	33	26	31	37	26	31	23	31	34	29	34	32

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

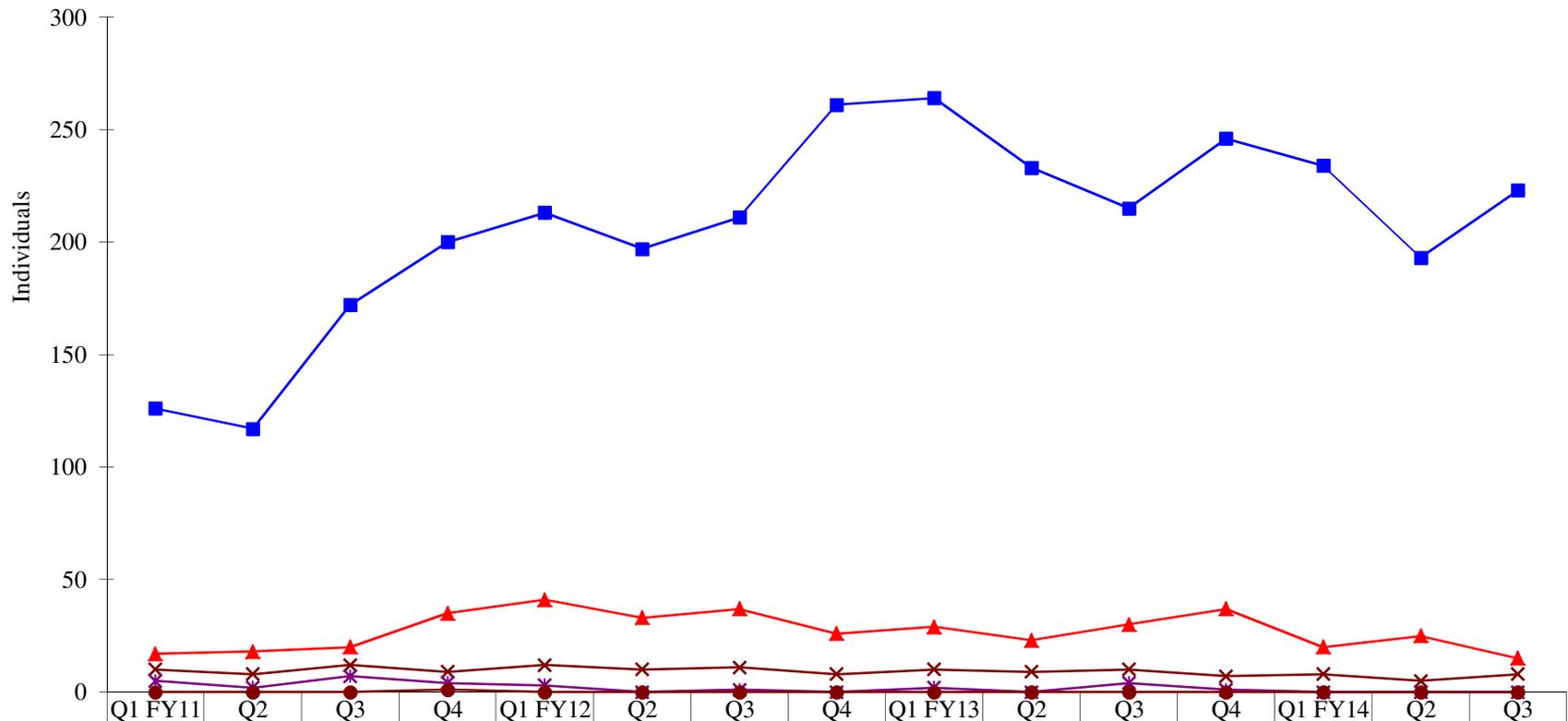
**Average Length of Stay for All Residents**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	494	467	467	461	511	518	533	568	548	544	617	595	624	656	675
■ 30 Days or Less	45	59	48	47	42	43	39	38	49	50	34	43	37	37	34
▲ 31 - 90 Days	31	32	29	24	19	27	23	15	23	21	27	22	24	21	21
× 91 - 365 Days	40	32	46	56	58	42	41	48	41	42	33	39	45	47	43
* 1 - 5 Years	72	61	59	59	61	72	75	65	66	72	75	79	76	74	71
● Over 5 Years	10	13	11	9	10	12	12	13	15	14	16	17	18	19	20

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

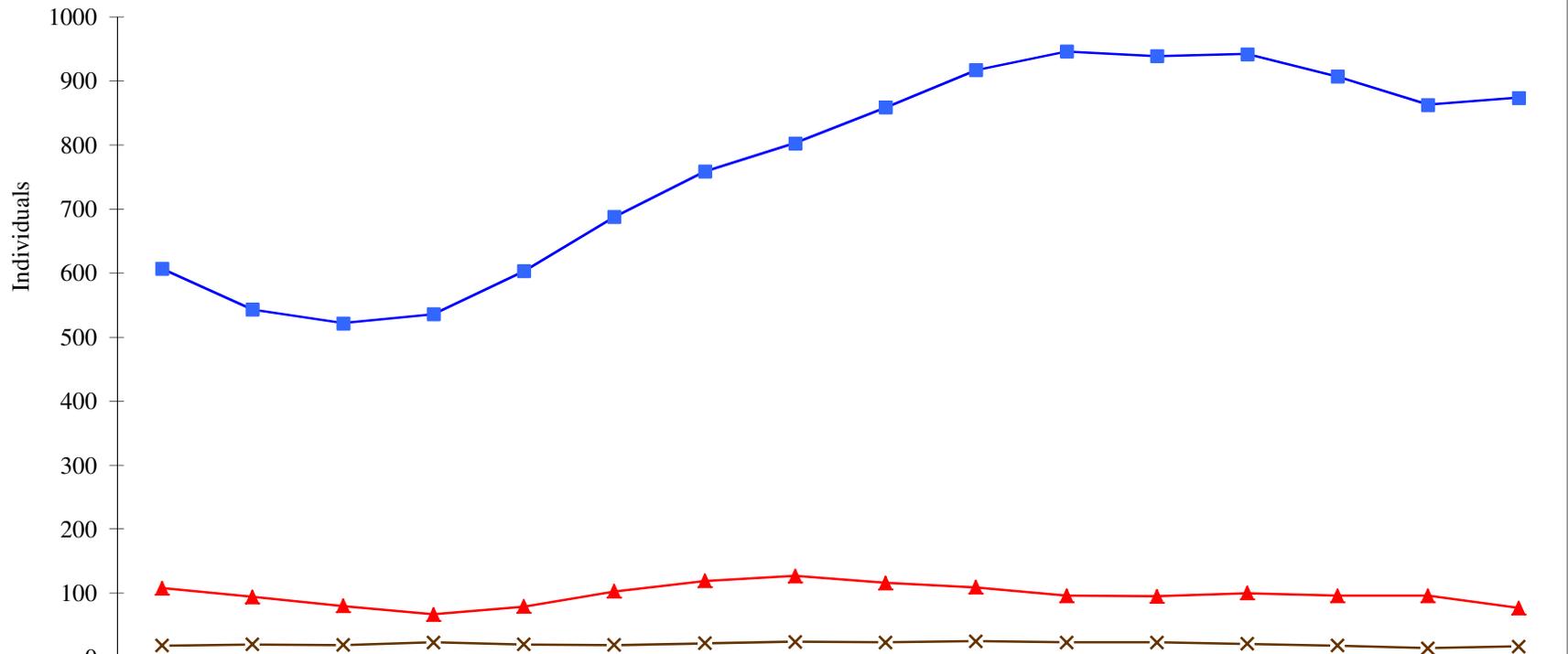
**Length of Stay at Discharge by Category**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	46	41	42	38	27	23	24	17	21	18	27	22	18	18	19
■ 30 Days or Less	126	117	172	200	213	197	211	261	264	233	215	246	234	193	223
▲ 31 - 90 Days	17	18	20	35	41	33	37	26	29	23	30	37	20	25	15
✕ 91 - 365 Days	10	8	12	9	12	10	11	8	10	9	10	7	8	5	8
✱ 1 - 5 Years	5	2	7	4	3	0	1	0	2	0	4	1	0	0	0
● Over 5 Years	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0

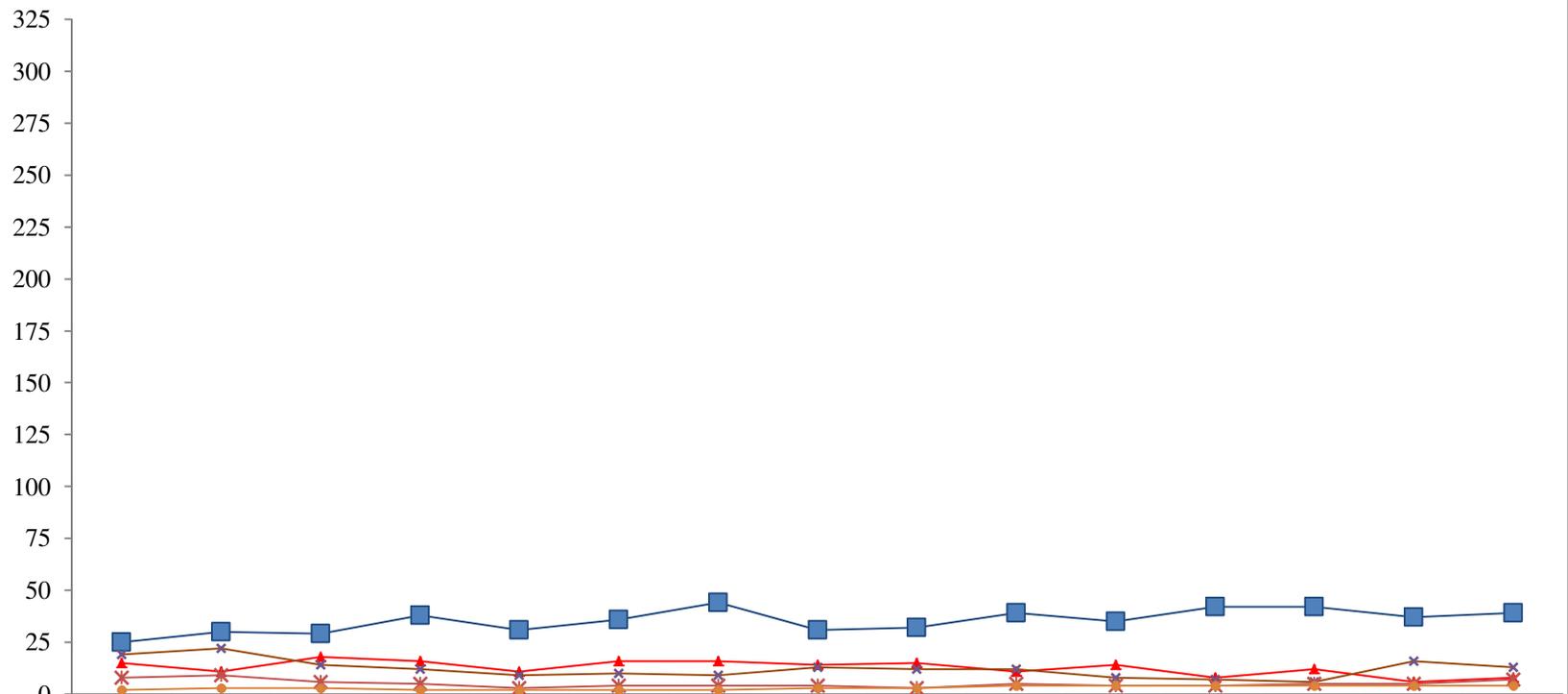
**Measure 5D - Average Length of Stay at Discharge**  
**El Paso Psychiatric Center**

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



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

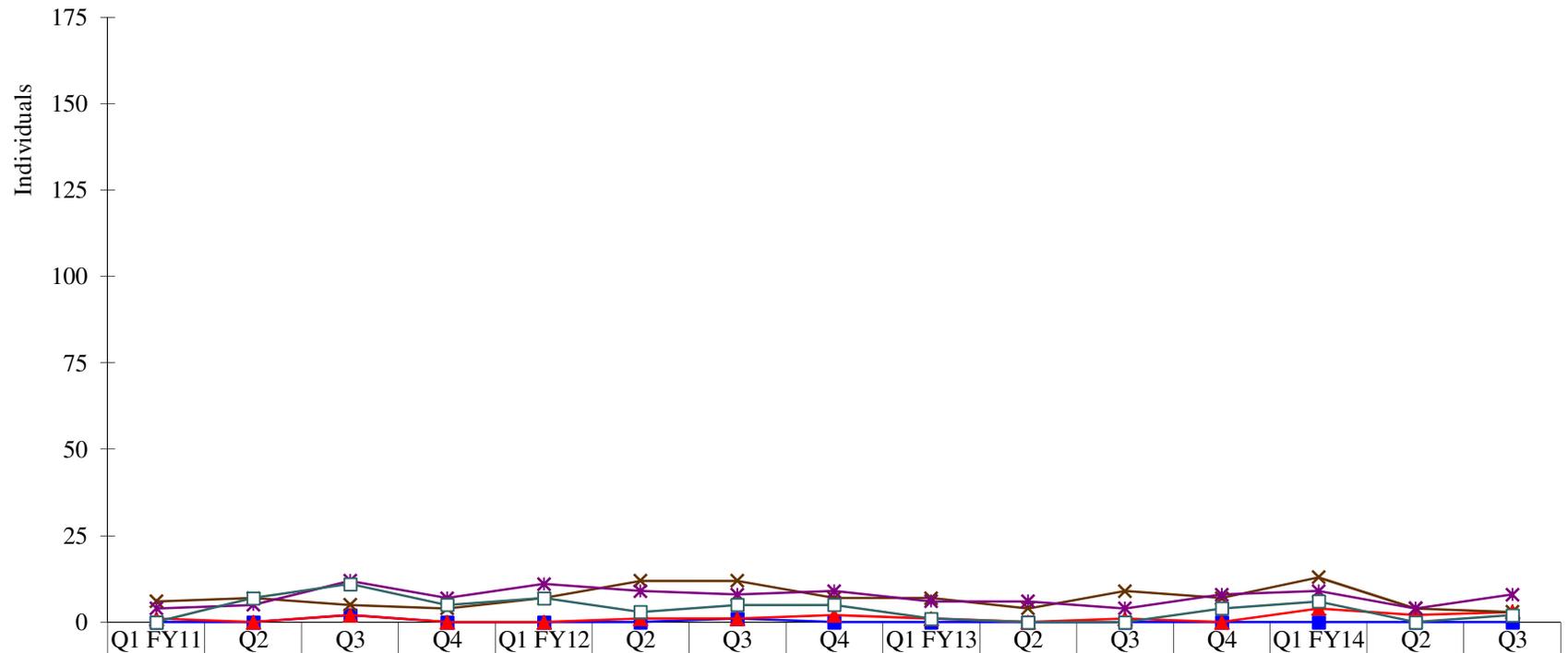
**Average Length of Stay for All Residents**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	264	248	230	183	221	195	181	234	233	233	244	243	244	279	289
■ 30 Days or Less	25	30	29	38	31	36	44	31	32	39	35	42	42	37	39
▲ 31 - 90 Days	15	11	18	16	11	16	16	14	15	11	14	8	12	6	8
◆ 91 - 365 Days	19	22	14	12	9	10	9	13	12	12	8	7	6	16	13
✱ 1 - 5 Years	8	9	6	5	3	4	4	4	3	5	4	4	5	5	7
● Over 5 Years	2	3	3	2	2	2	2	3	3	4	4	4	4	4	4

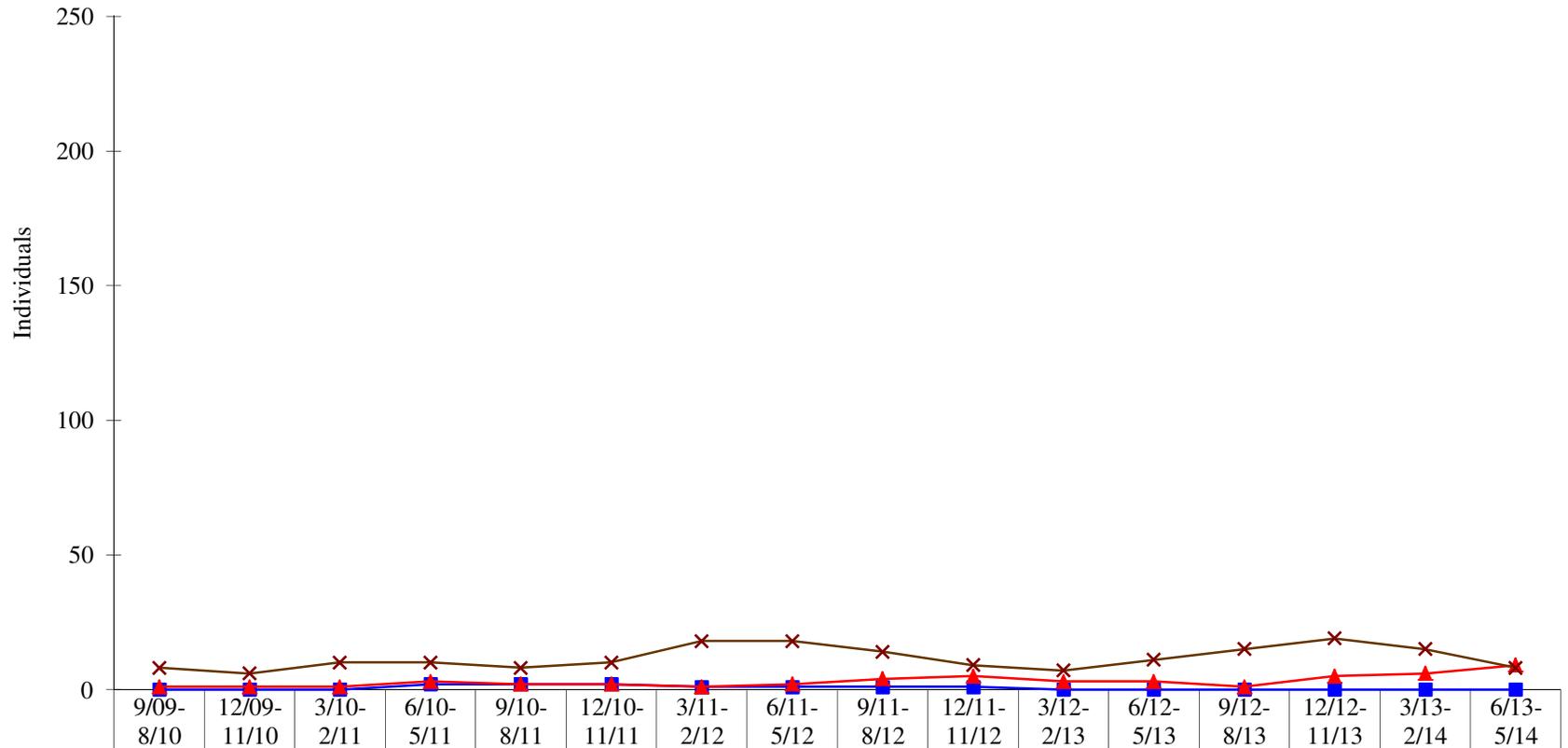
**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

**Length of Stay at Discharge by Category**



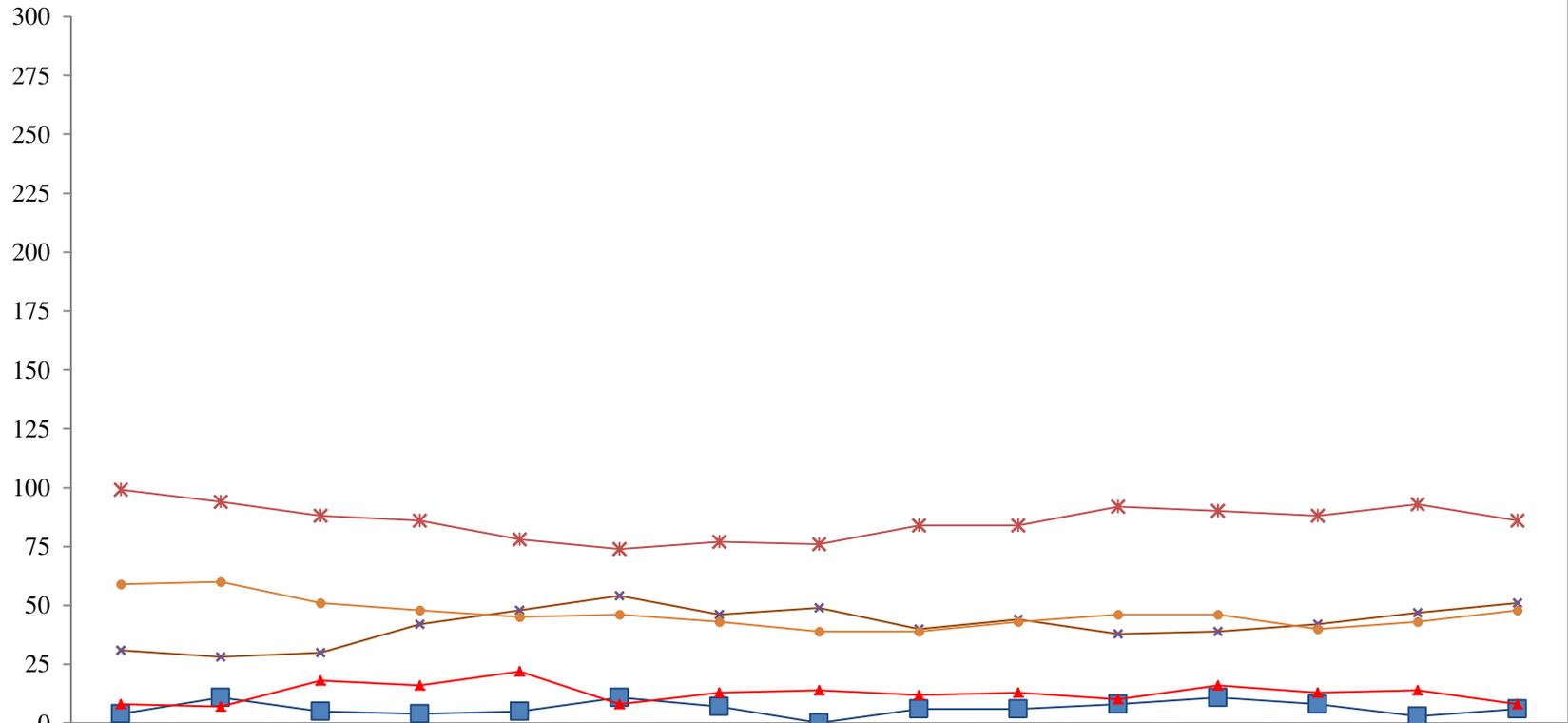
**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

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

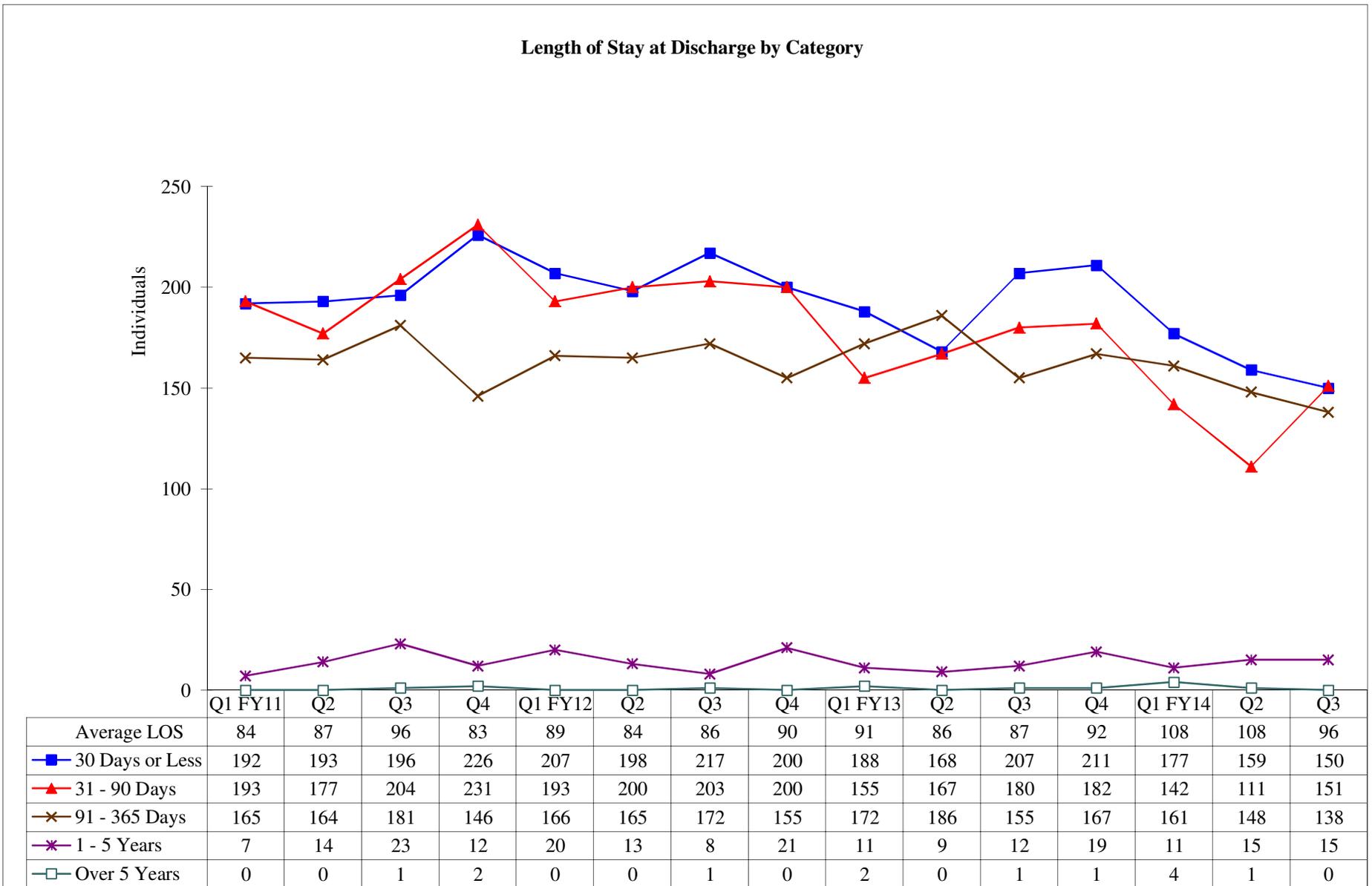


**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

**Average Length of Stay for All Residents**

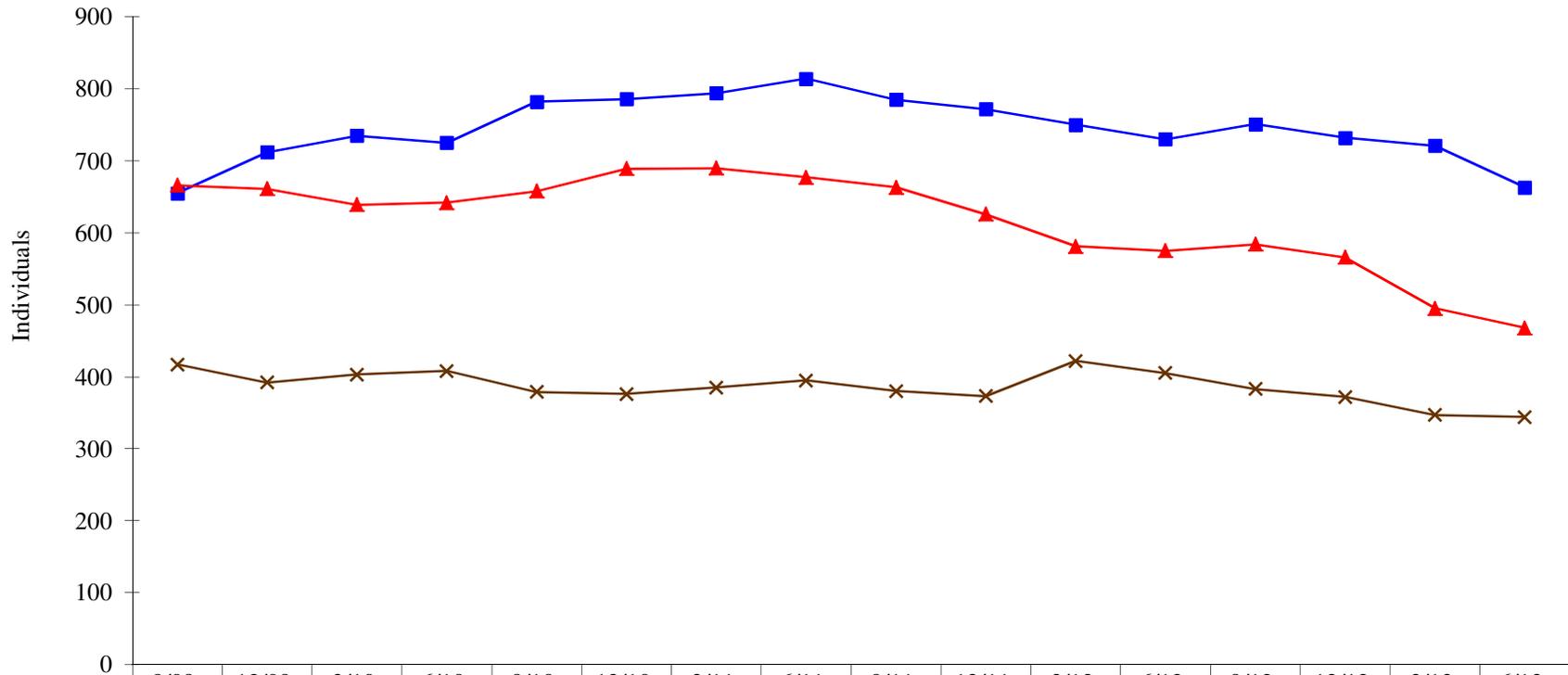


**Measure 5D - Average Length of Stay at Discharge**  
**North Texas State Hospital**



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

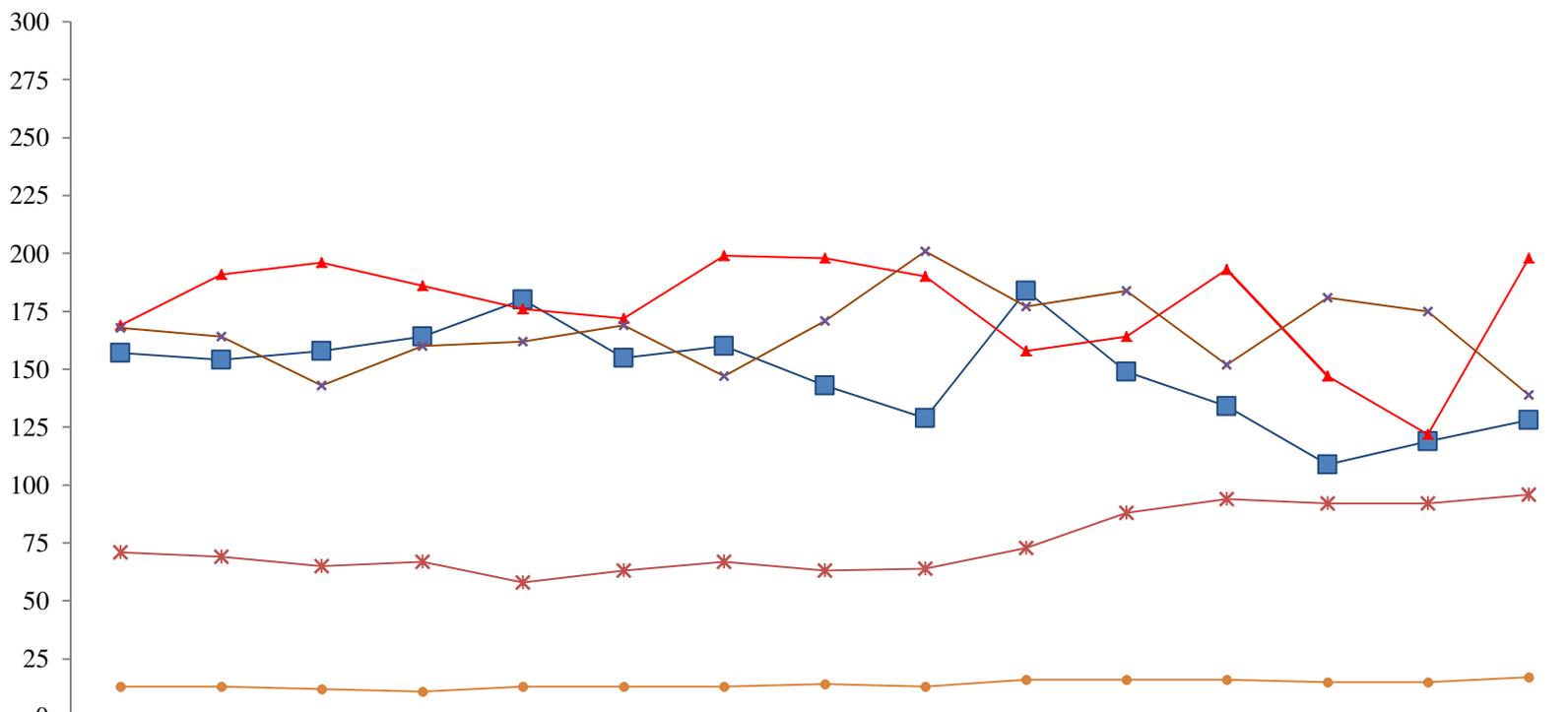
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	61	57	59	59	56	55	55	55	55	54	57	57	55	56	55	57
30 Days or Less	655	712	735	725	782	786	794	814	785	772	750	730	751	732	721	663
31-90 Days	666	661	639	642	658	689	690	677	663	626	581	575	584	566	495	468
91-365 Days	417	392	403	408	379	376	385	395	380	373	422	405	383	372	347	344

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

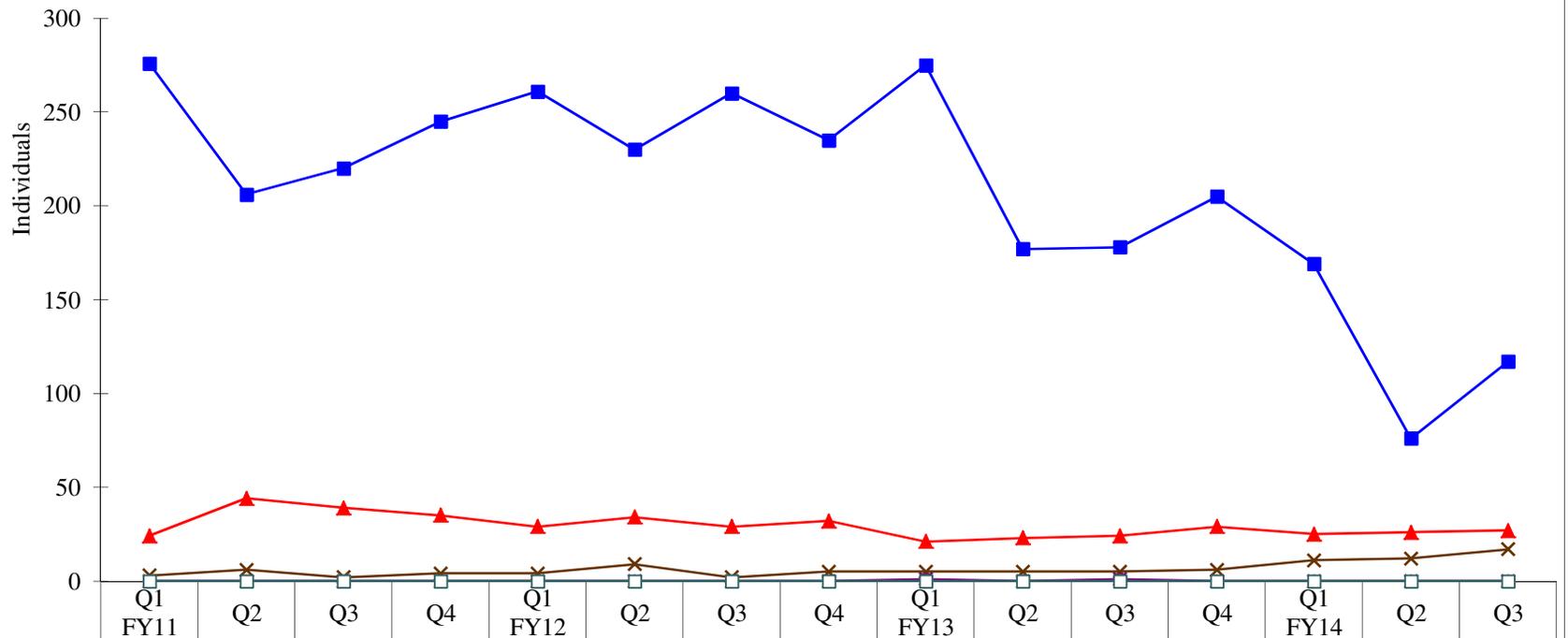
**Average Length of Stay for All Residents**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	220	221	220	218	219	232	228	230	239	245	260	268	286	299	284
■ 30 Days or Less	157	154	158	164	180	155	160	143	129	184	149	134	109	119	128
▲ 31 - 90 Days	169	191	196	186	176	172	199	198	190	158	164	193	147	122	198
✖ 91 - 365 Days	168	164	143	160	162	169	147	171	201	177	184	152	181	175	139
✖ 1 - 5 Years	71	69	65	67	58	63	67	63	64	73	88	94	92	92	96
● Over 5 Years	13	13	12	11	13	13	13	14	13	16	16	16	15	15	17

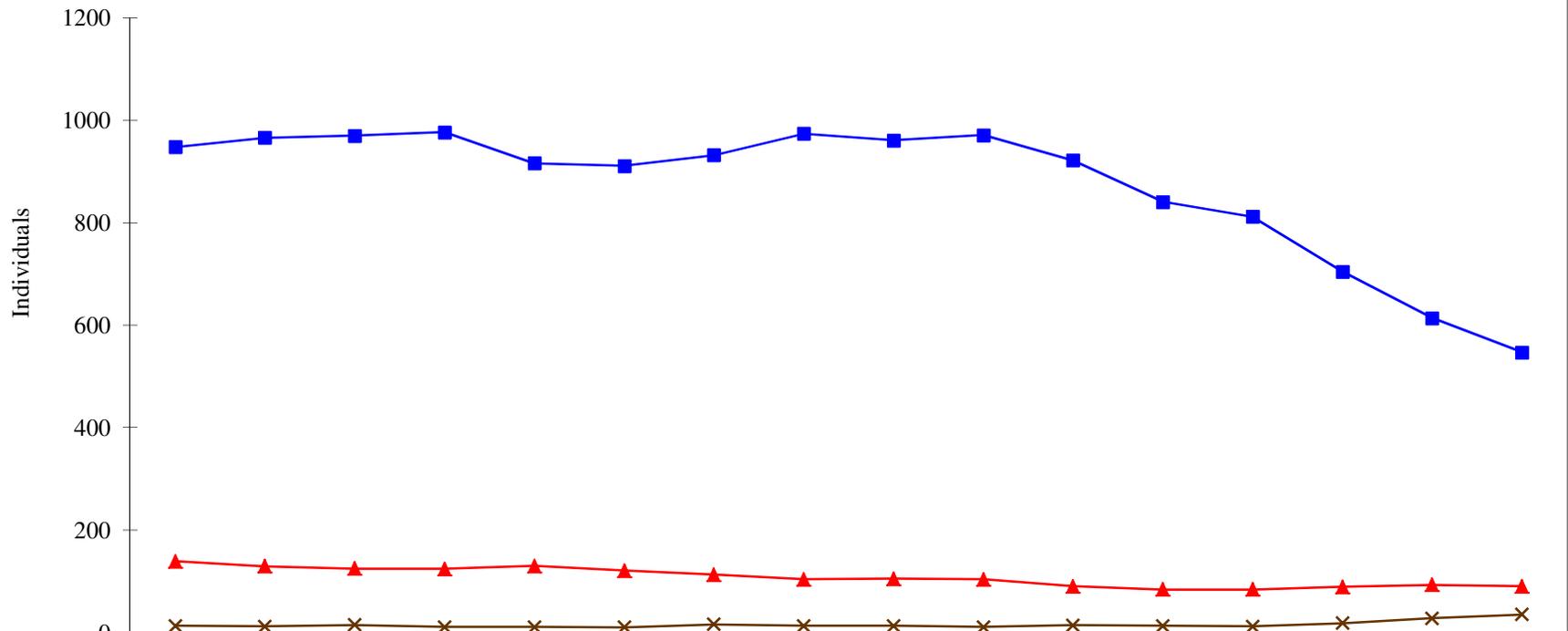
**Measure 5D - Average Length of Stay at Discharge  
Rio Grande State Center**

**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**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	16	15	15	15	16	15	16	15	15	14	15	15	14	16	19	21
■ 30 Days or Less	948	966	970	977	916	911	932	974	961	971	922	841	812	705	614	547
▲ 31-90 Days	139	129	125	124	130	121	113	104	105	104	90	84	84	89	93	90
✕ 91-365 Days	13	12	15	11	11	10	16	13	13	11	14	13	12	18	28	35

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

**Average Length of Stay for All Residents**

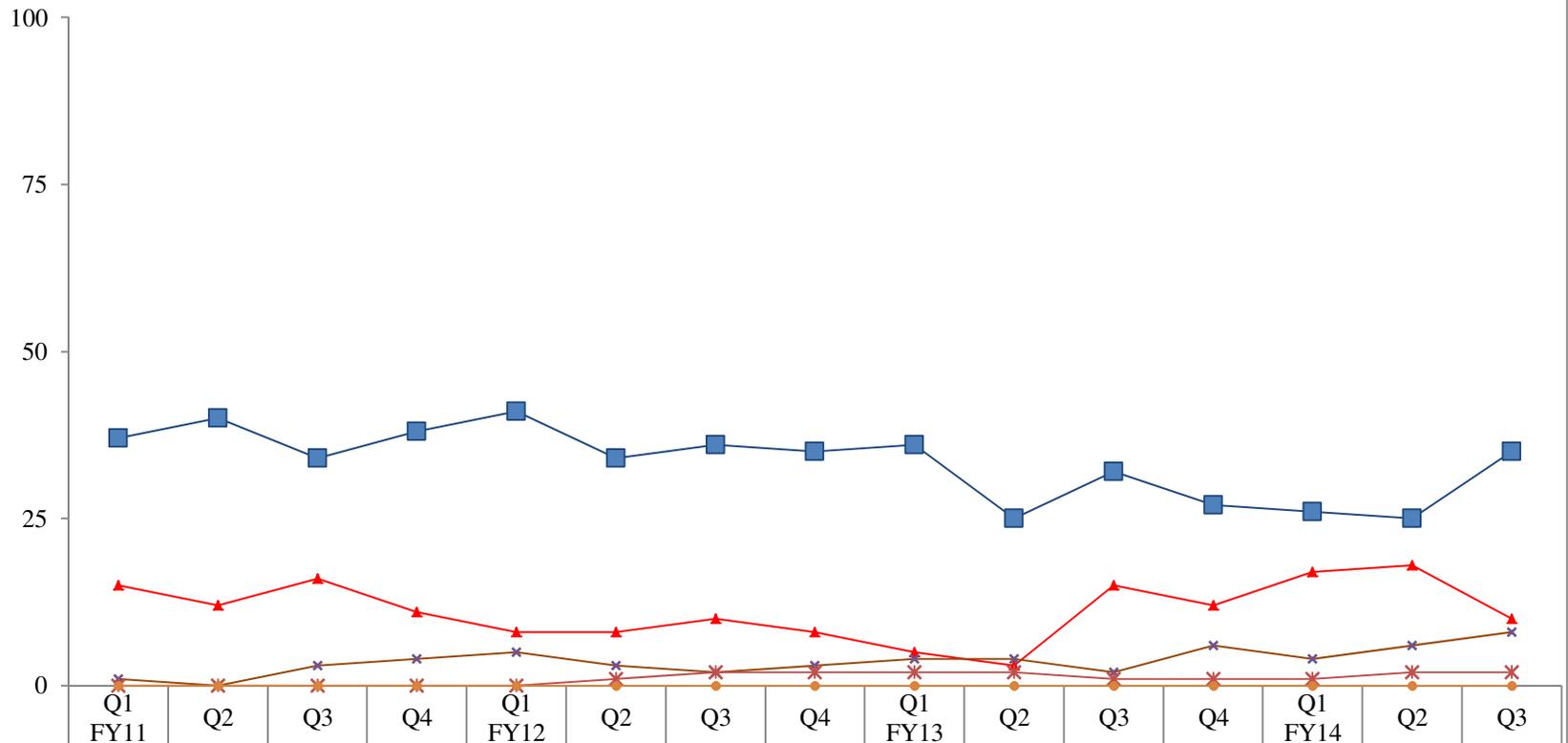


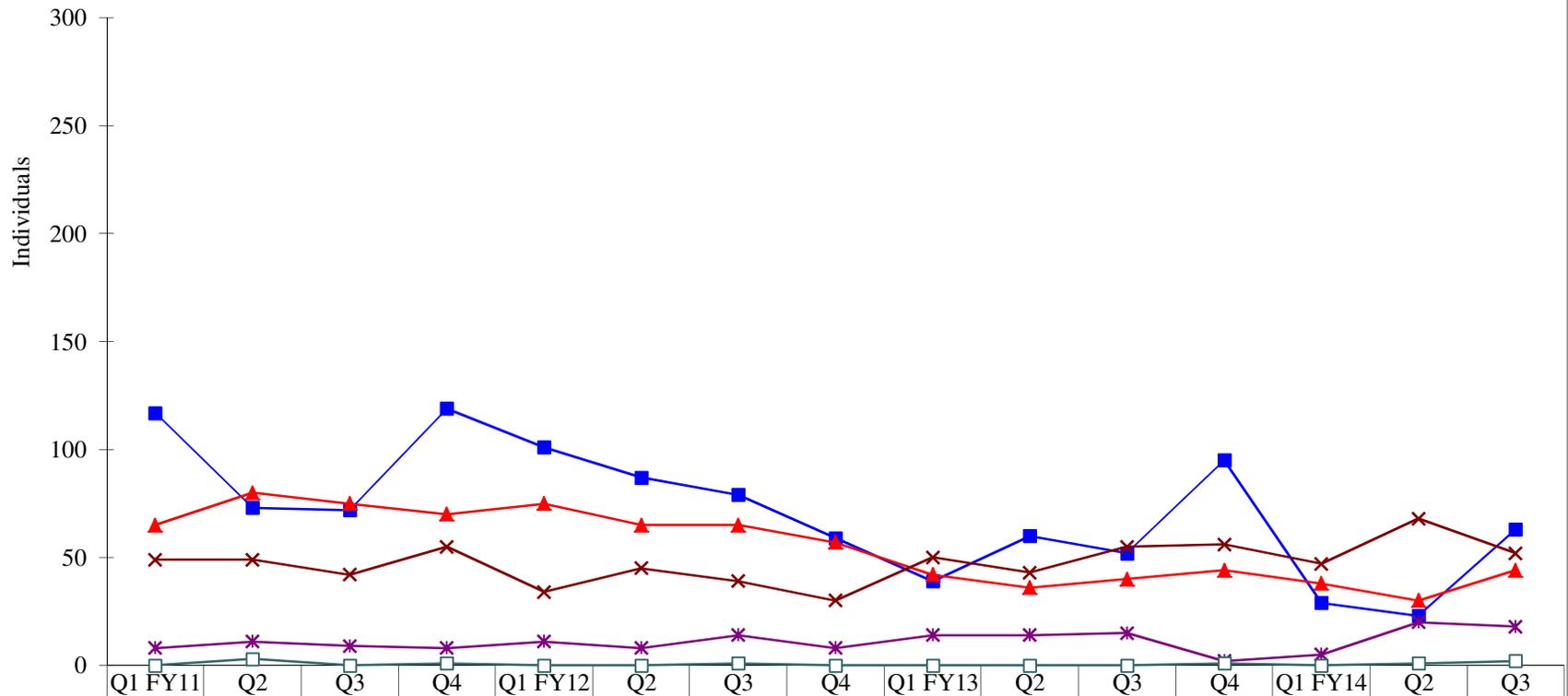
Chart: Hospital Management Data Services

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

Source:

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

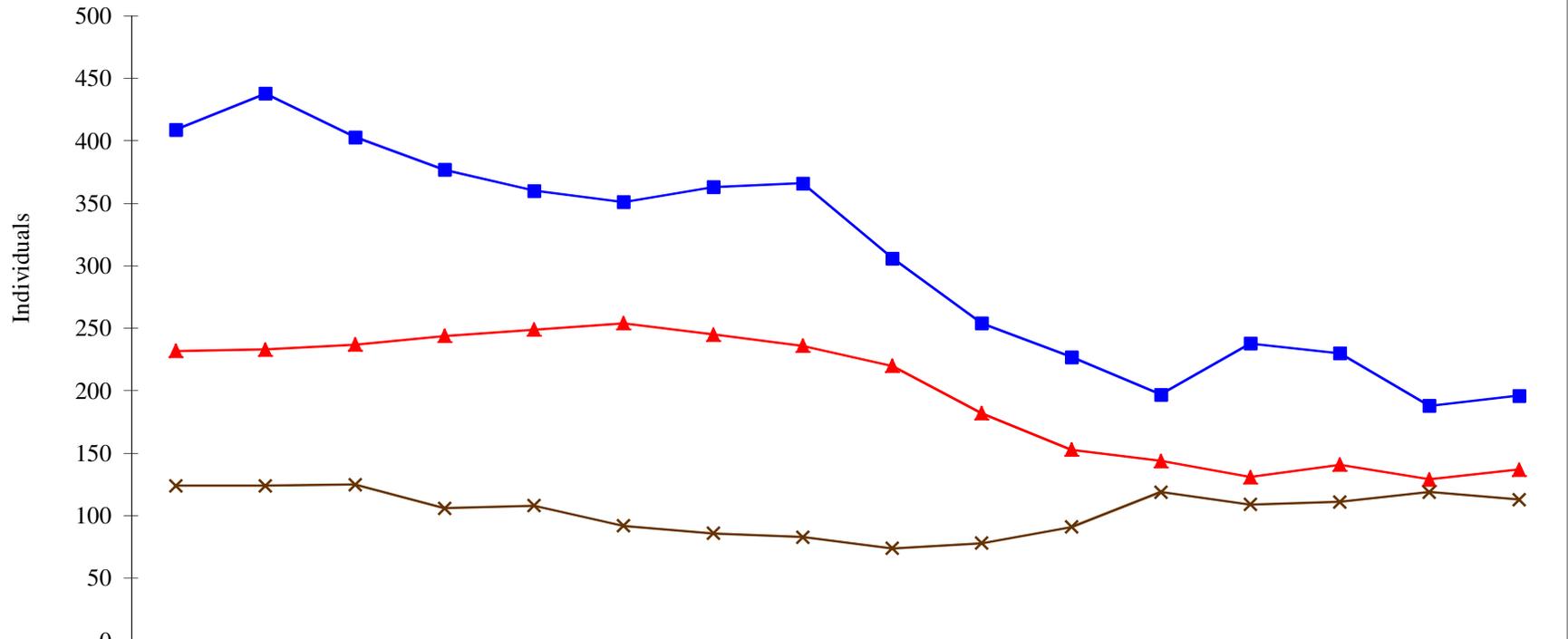
**Length of Stay at Discharge by Category**



Average LOS	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	88	147	90	97	88	95	134	97	151	131	147	89	118	264	163
30 Days or Less	117	73	72	119	101	87	79	59	39	60	52	95	29	23	63
31 - 90 Days	65	80	75	70	75	65	65	57	42	36	40	44	38	30	44
91 - 365 Days	49	49	42	55	34	45	39	30	50	43	55	56	47	68	52
1 - 5 Years	8	11	9	8	11	8	14	8	14	14	15	2	5	20	18
Over 5 Years	0	3	0	1	0	0	1	0	0	0	0	1	0	1	2

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

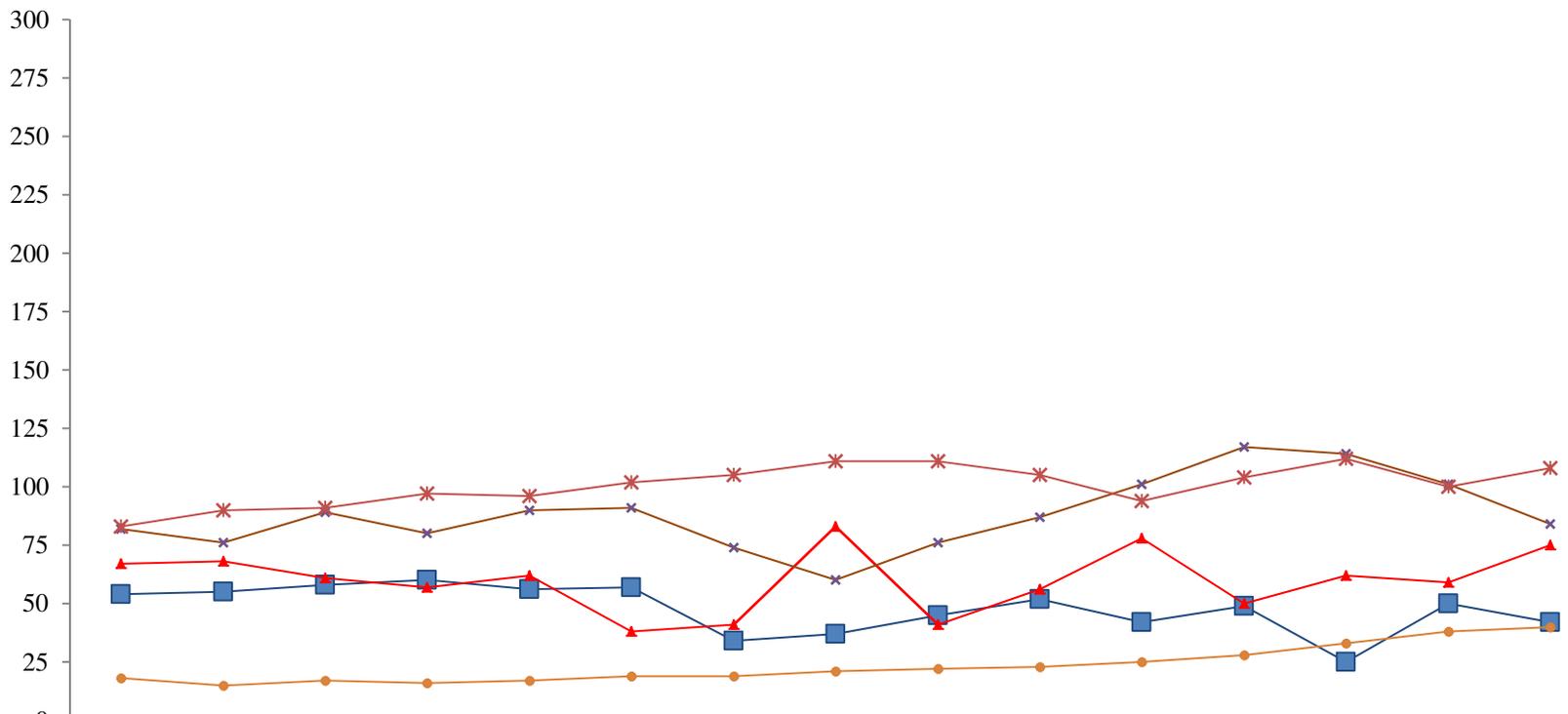
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	45	45	46	45	46	45	43	45	44	46	52	60	54	56	61	58
■ 30 Days or Less	409	438	403	377	360	351	363	366	306	254	227	197	238	230	188	196
▲ 31-90 Days	232	233	237	244	249	254	245	236	220	182	153	144	131	141	129	137
✕ 91-365 Days	124	124	125	106	108	92	86	83	74	78	91	119	109	111	119	113

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

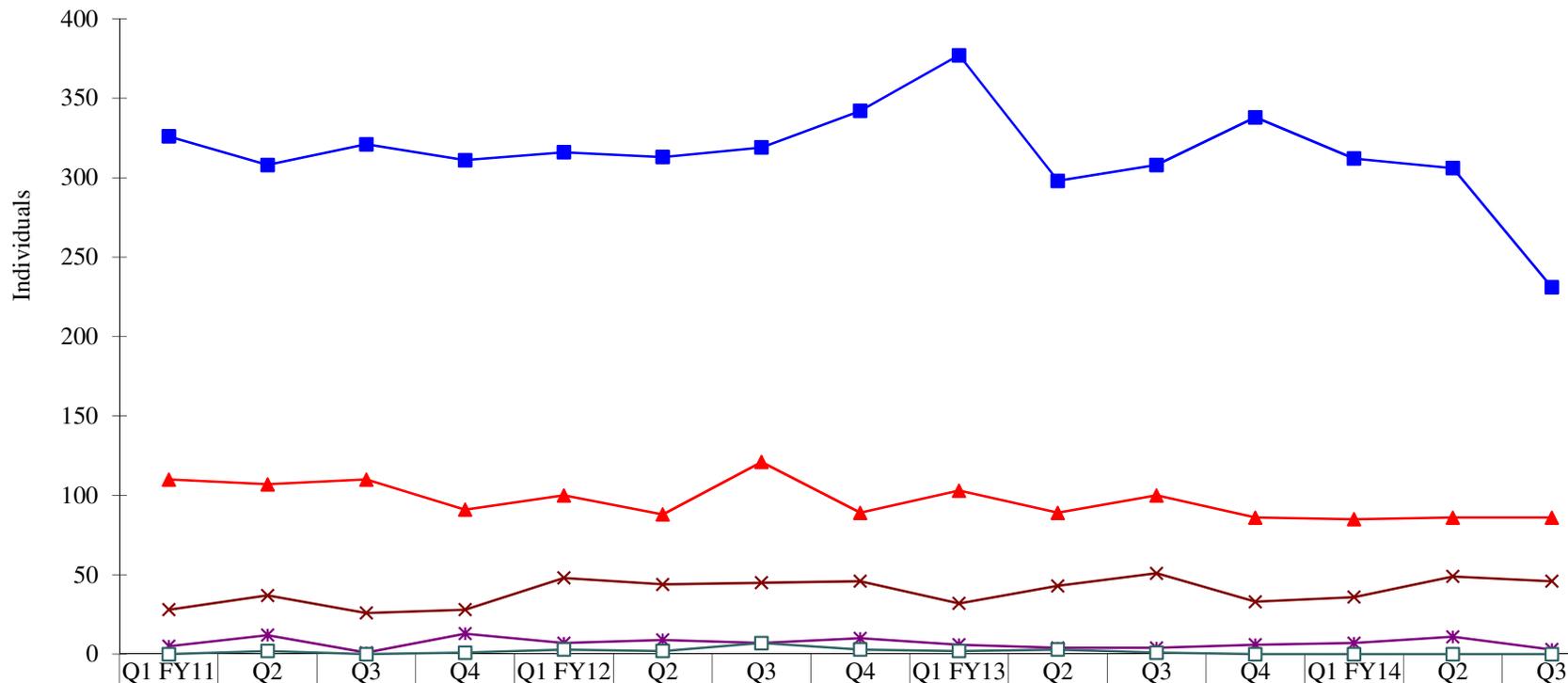
**Average Length of Stay for All Residents**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	466	451	466	487	499	552	621	583	635	605	594	621	677	655	658
■ 30 Days or Less	54	55	58	60	56	57	34	37	45	52	42	49	25	50	42
▲ 31 - 90 Days	67	68	61	57	62	38	41	83	41	56	78	50	62	59	75
◆ 91 - 365 Days	82	76	89	80	90	91	74	60	76	87	101	117	114	101	84
* 1 - 5 Years	83	90	91	97	96	102	105	111	111	105	94	104	112	100	108
● Over 5 Years	18	15	17	16	17	19	19	21	22	23	25	28	33	38	40

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

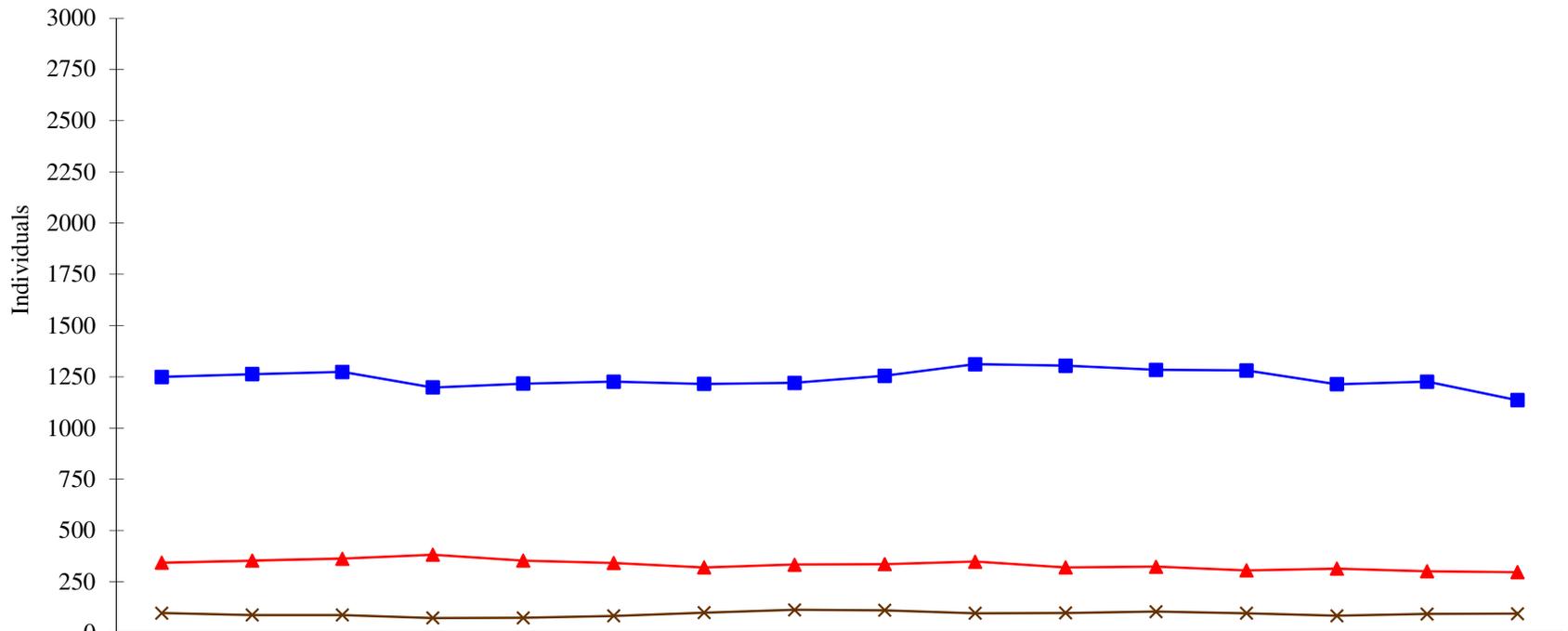
**Length of Stay at Discharge by Category**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	40	66	31	58	61	58	88	67	64	54	54	42	49	50	47
30 Days or Less	326	308	321	311	316	313	319	342	377	298	308	338	312	306	231
31 - 90 Days	110	107	110	91	100	88	121	89	103	89	100	86	85	86	86
91 - 365 Days	28	37	26	28	48	44	45	46	32	43	51	33	36	49	46
1 - 5 Years	5	12	1	13	7	9	7	10	6	4	4	6	7	11	3
Over 5 Years	0	2	0	1	3	2	7	3	2	3	1	0	0	0	0

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

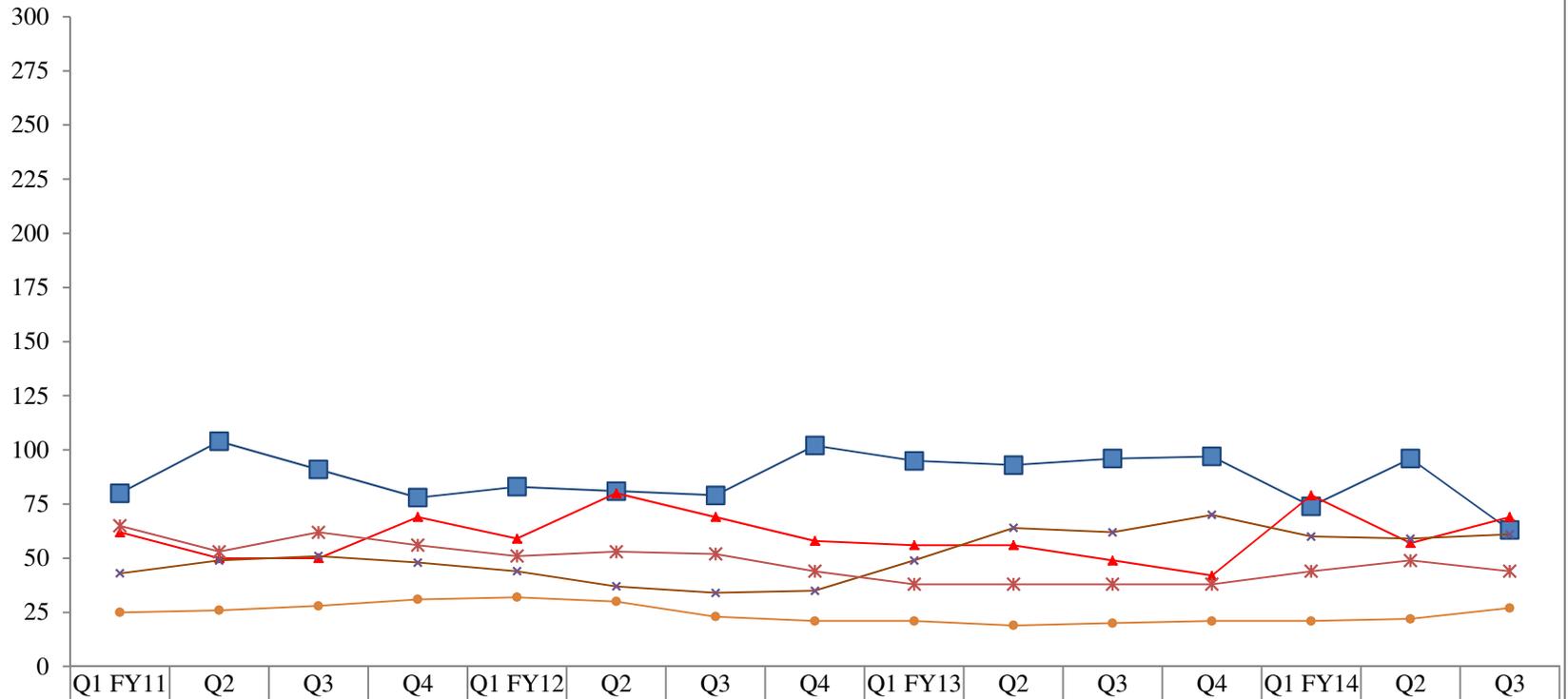
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	27	26	26	26	26	27	27	28	28	26	26	27	26	26	27	28
■ 30 Days or Less	1249	1263	1274	1198	1217	1226	1215	1220	1255	1311	1304	1284	1281	1214	1226	1136
▲ 31-90 Days	343	353	363	382	353	342	320	334	336	348	320	324	306	314	301	297
× 91-365 Days	97	88	88	73	74	83	99	113	111	96	98	104	96	84	93	94

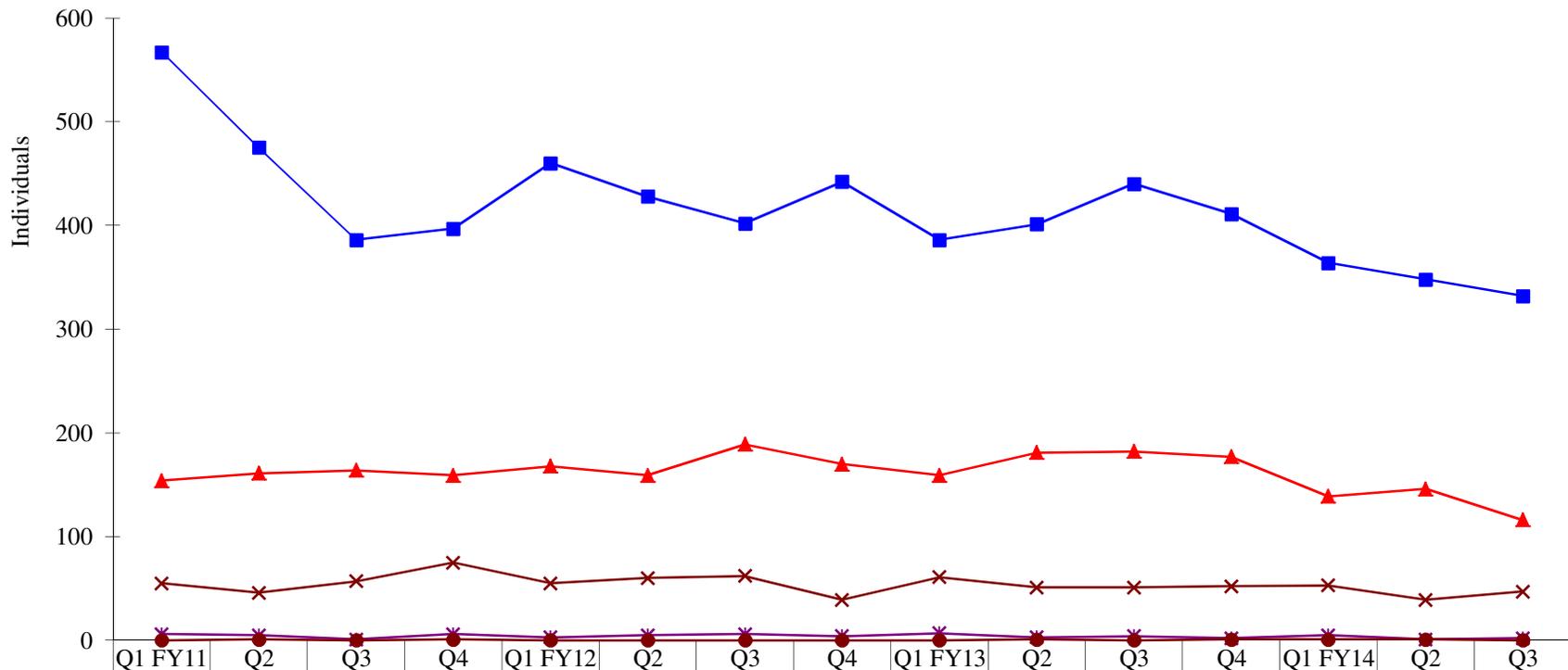
**Measure 5D - Average Length of Stay at Discharge**  
**San Antonio State Hospital**

**Average Length of Stay for All Residents**



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

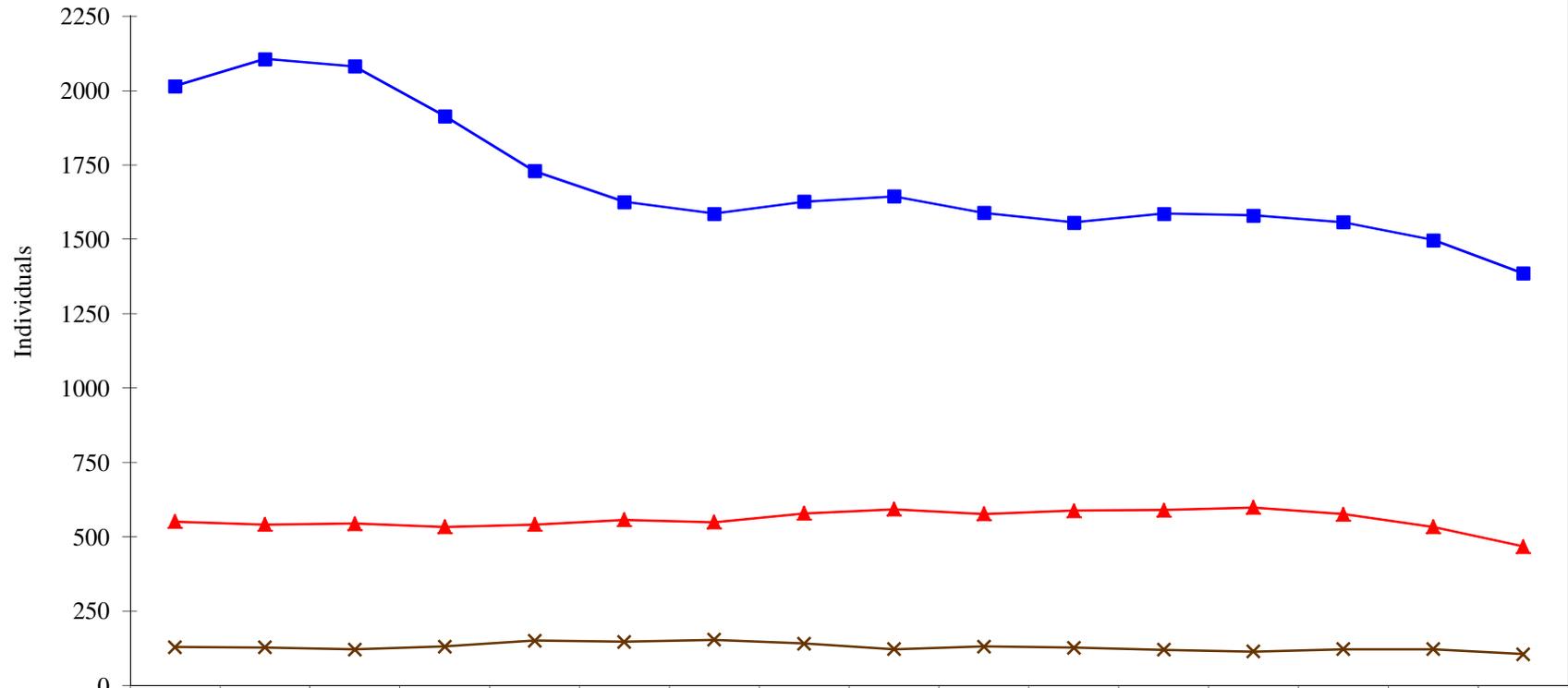
**Average Length of Stay at Discharge by Category**



	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3
Average LOS	36	42	39	53	37	42	44	37	49	42	38	46	50	42	38
—■— 30 Days or Less	567	475	386	397	460	428	402	442	386	401	440	411	364	348	332
—▲— 31 - 90 Days	154	161	164	159	168	159	189	170	159	181	182	177	139	146	116
—×— 91 - 365 Days	55	46	57	75	55	60	62	39	61	51	51	52	53	39	47
—*— 1 - 5 Years	6	5	1	6	3	5	6	4	7	3	4	2	5	1	2
—●— Over 5 Years	0	1	0	1	0	0	0	0	0	1	0	1	1	1	0

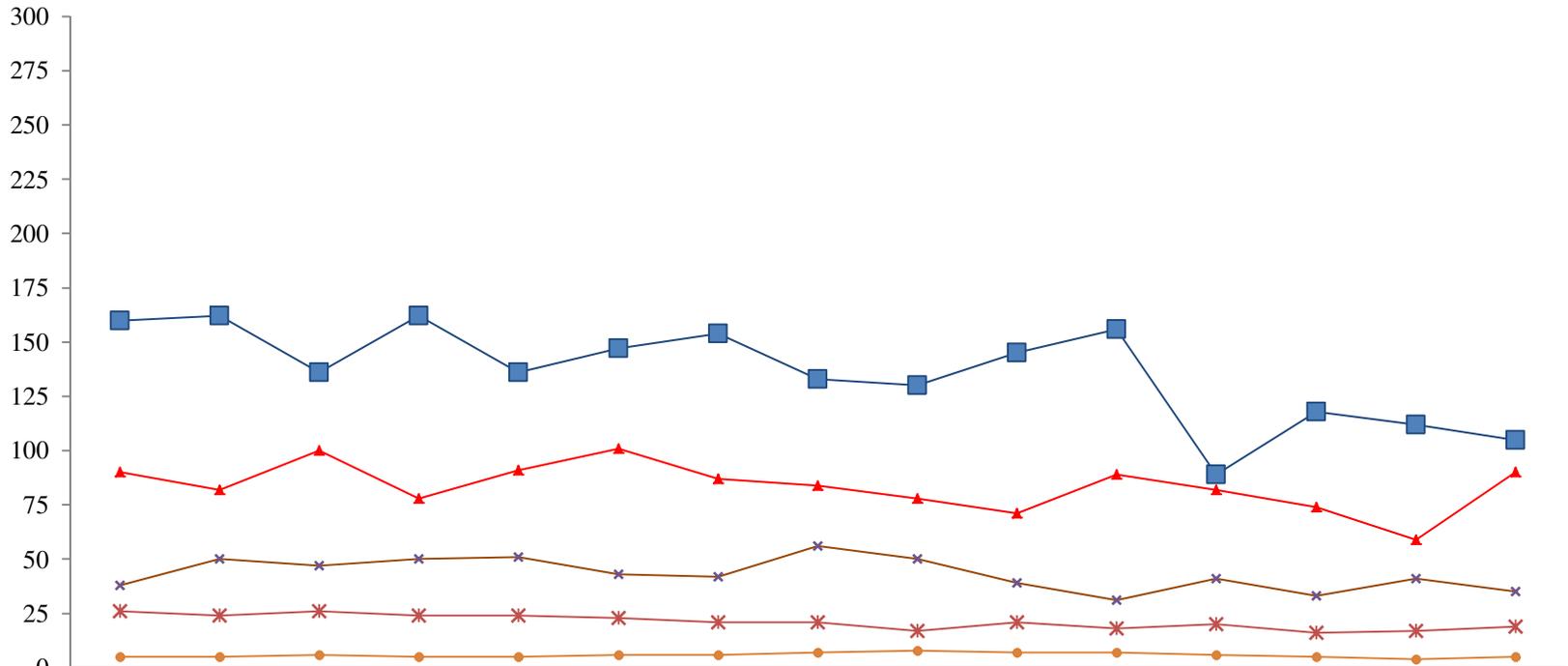
**Measure 5D - Average Length of Stay at Discharge**  
**Terrell State Hospital**

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

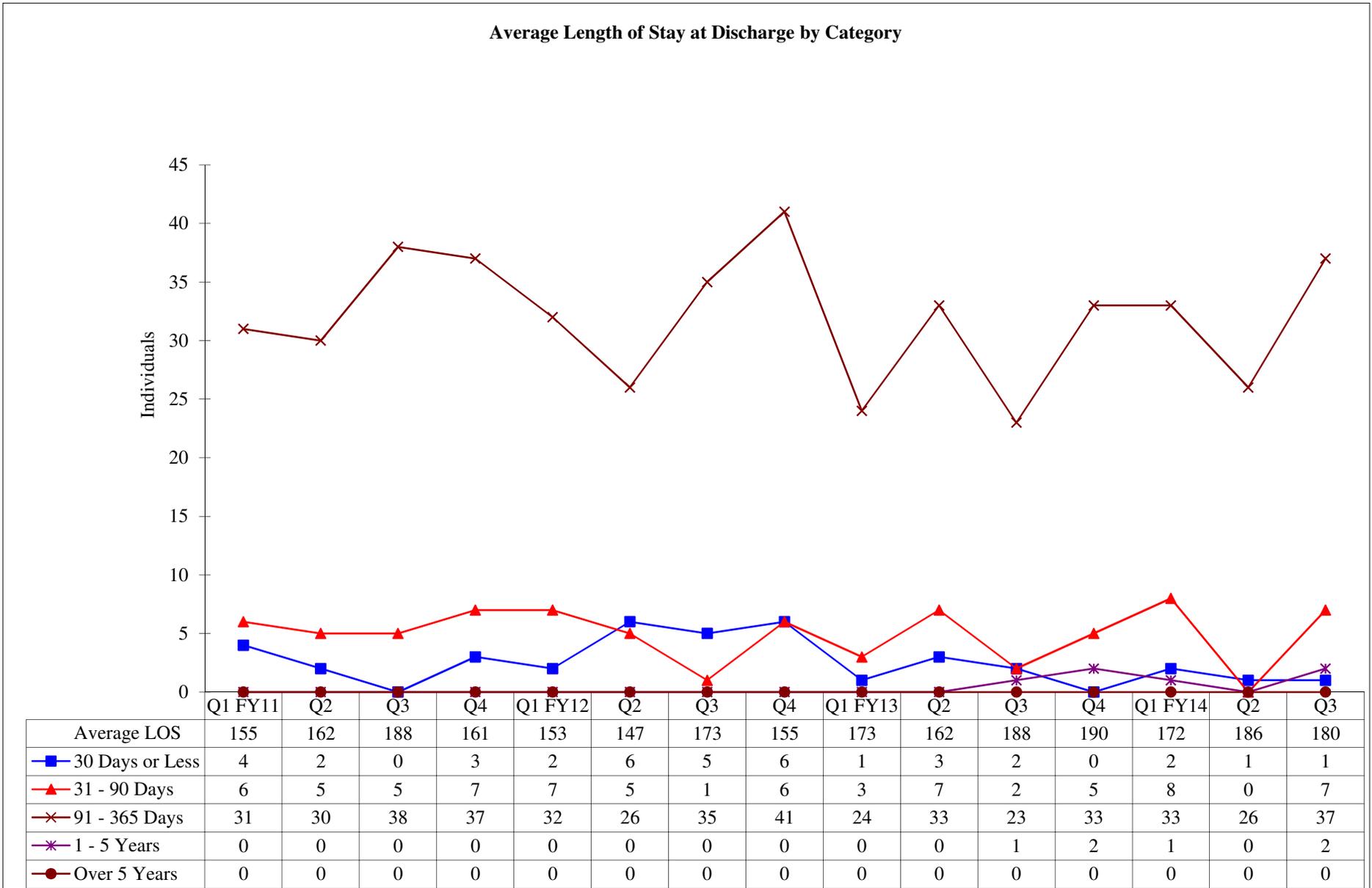


**Measure 5D - Average Length of Stay at Discharge  
Terrell State Hospital**

**Average Length of Stay for All Residents**

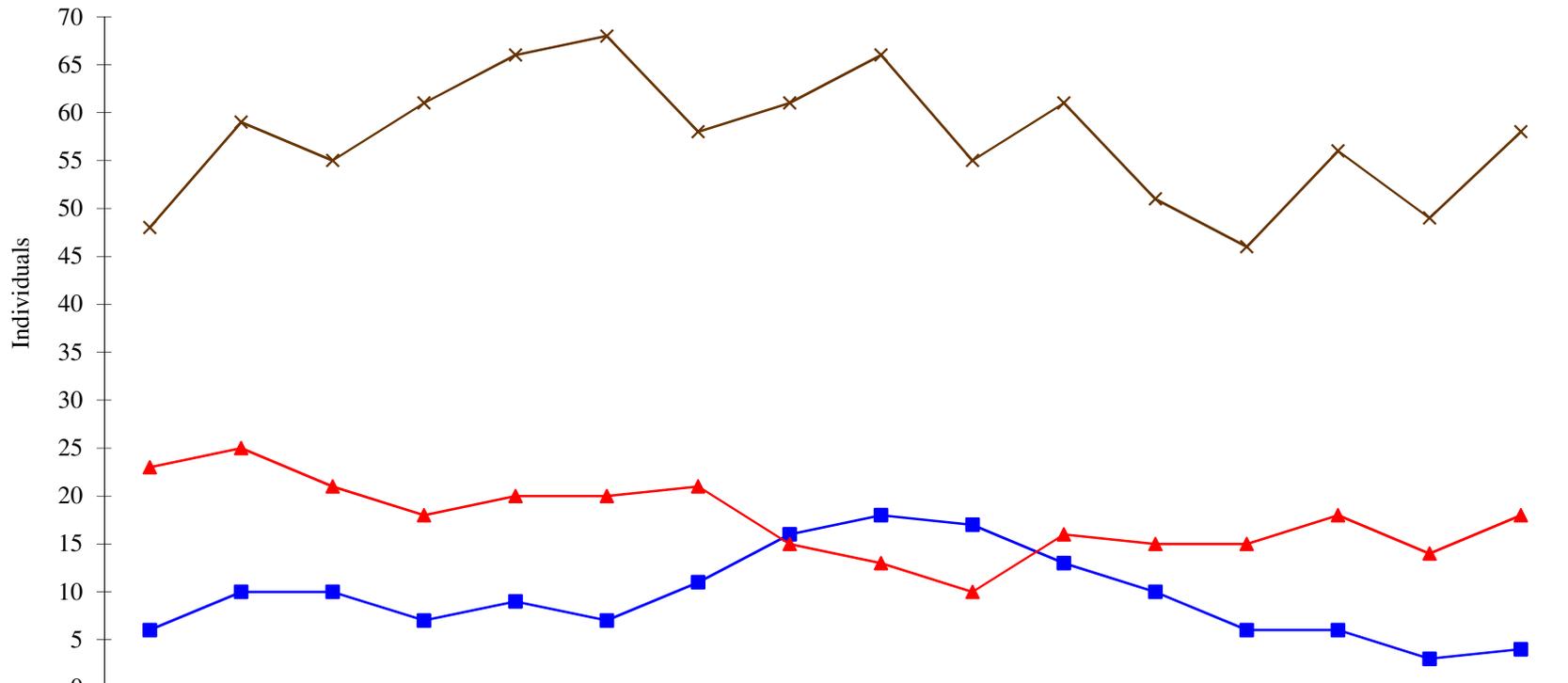


**Measure 5D - Average Length of Stay at Discharge  
Waco Center for Youth**



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

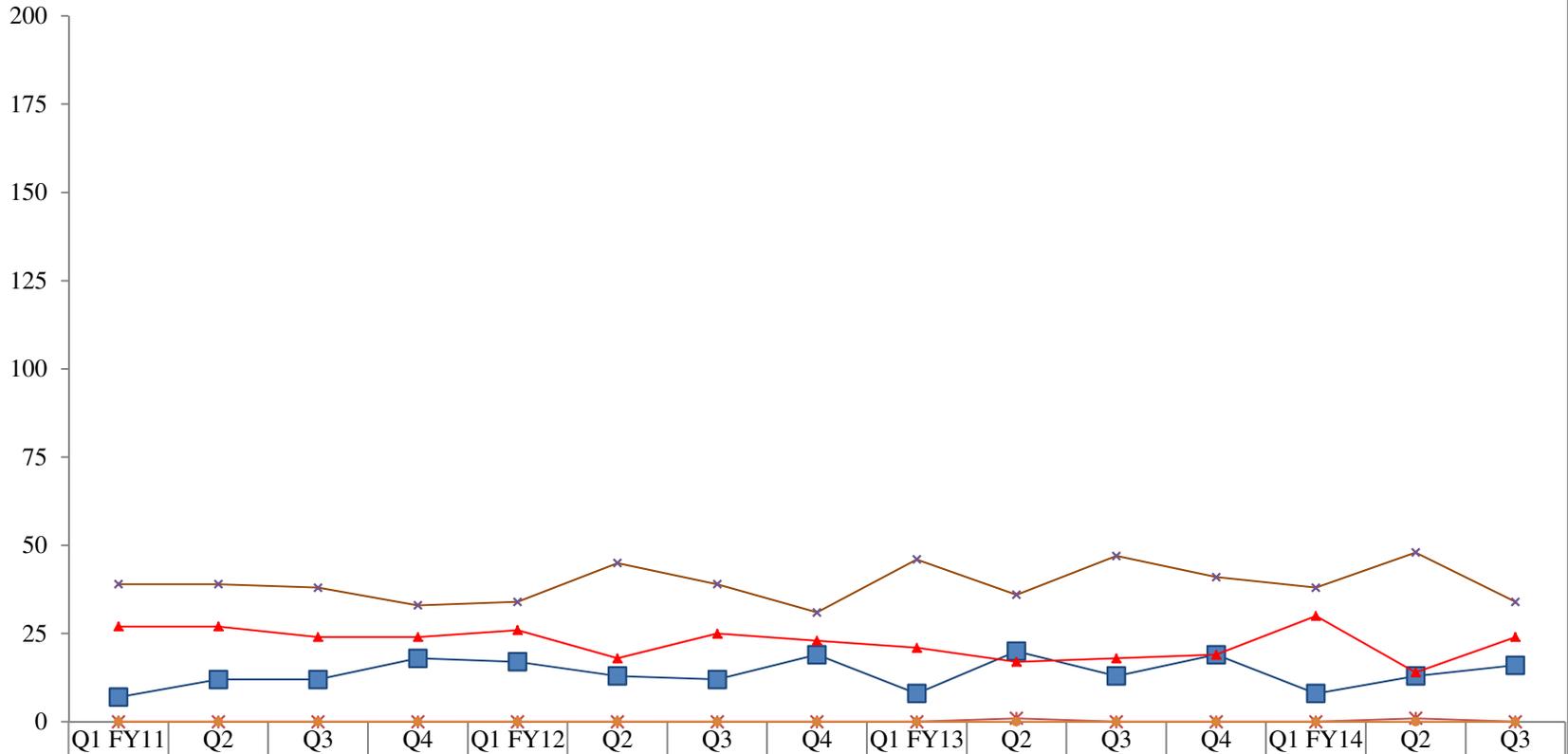
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12	6/11-5/12	9/11-8/12	12/11-11/12	3/12-2/13	6/12-5/13	9/12-8/13	12/12-11/13	3/13-2/14	6/13-5/14
Average LOS	132	132	124	142	138	137	128	134	135	123	134	138	137	143	139	142
—■— 30 Days or Less	6	10	10	7	9	7	11	16	18	17	13	10	6	6	3	4
—▲— 31-90 Days	23	25	21	18	20	20	21	15	13	10	16	15	15	18	14	18
—×— 91-365 Days	48	59	55	61	66	68	58	61	66	55	61	51	46	56	49	58

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

**Average Length of Stay for All Residents**



***GOAL 6: Implement An Integrated Patient Safety Program***

**Performance Objective 6B:**

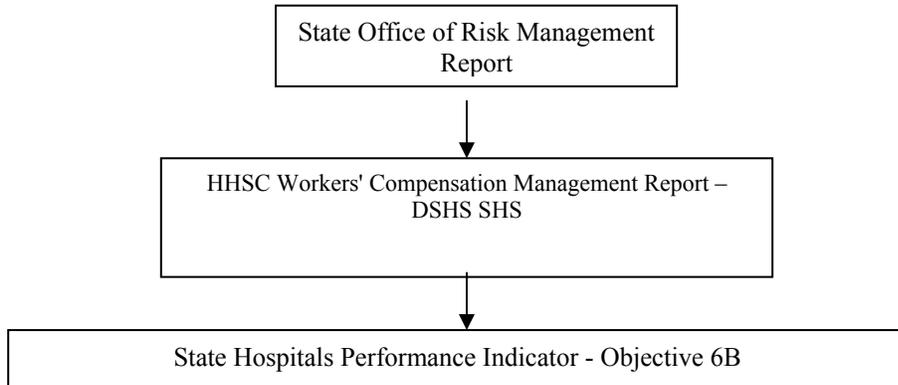
**Maintain workers' compensation claim expense per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.**

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

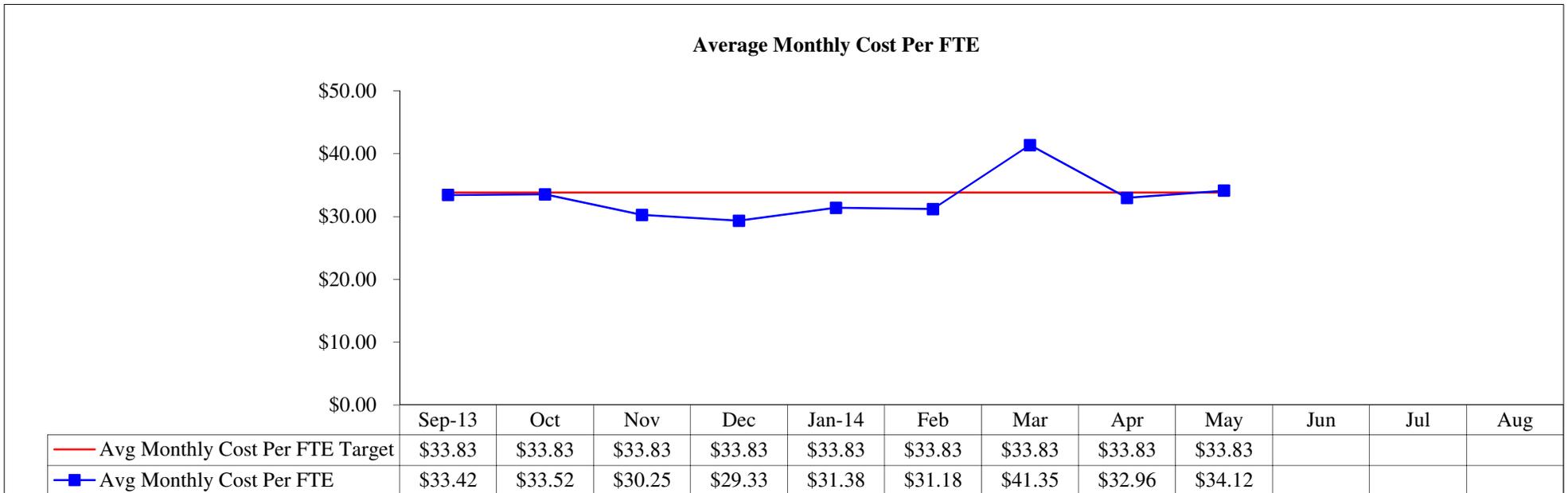
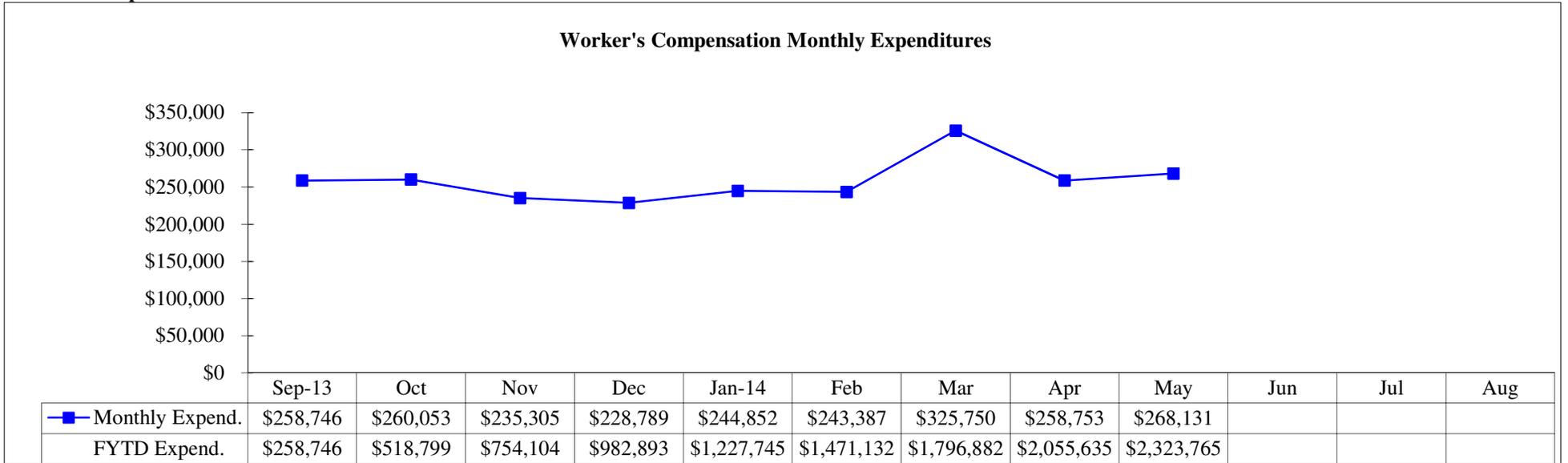
**Performance Objective Data Display and Chart Description:**

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

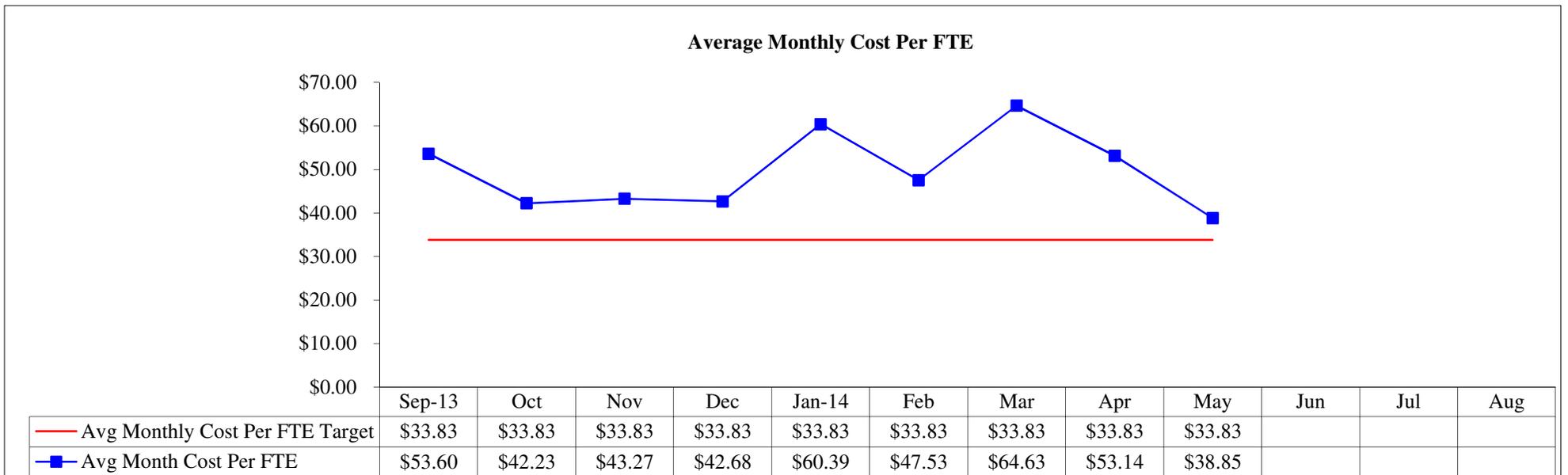
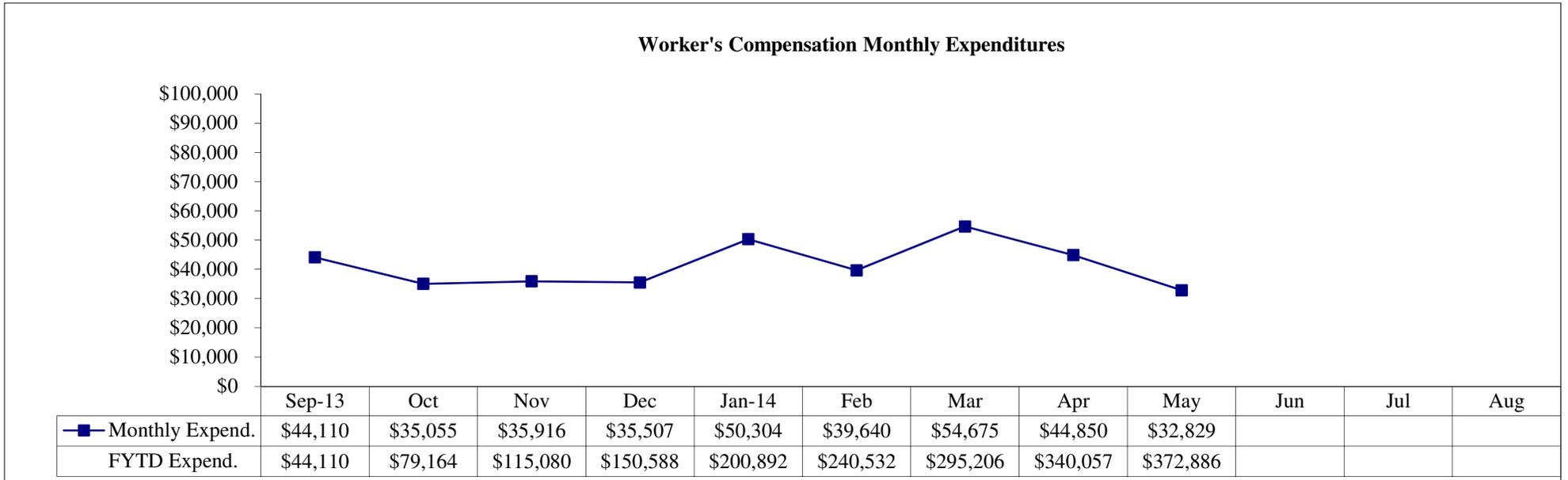
**Data Flow:**



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

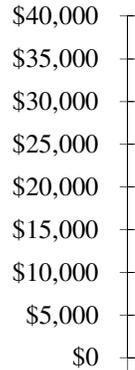


**Objective 6B - Workers Compensation  
Austin State Hospital**



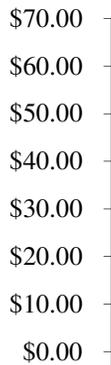
**Objective 6B - Workers Compensation**  
**Big Spring State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$12,182	\$11,997	\$12,037	\$33,837	\$27,481	\$19,938	\$18,549	\$18,272	\$21,436			
FYTD Expend.	\$12,182	\$24,179	\$36,216	\$70,053	\$97,534	\$117,472	\$136,020	\$154,292	\$175,728			

**Average Monthly Cost Per FTE**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
■ Avg Month Cost Per FTE	\$21.45	\$21.12	\$21.15	\$59.57	\$48.55	\$35.23	\$32.95	\$32.98	\$38.83			

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

**Worker's Compensation Monthly Expenditures**

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

	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$5,602	\$34,964	\$18,845	\$11,789	\$17,331	\$11,295	\$14,787	\$19,161	\$28,134			
FYTD Expend.	\$5,602	\$40,566	\$59,411	\$71,200	\$88,531	\$99,826	\$114,614	\$133,775	\$161,910			

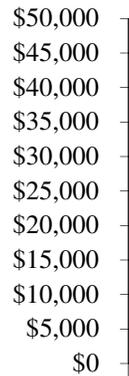
**Average Monthly Cost Per FTE**

\$160.00  
 \$140.00  
 \$120.00  
 \$100.00  
 \$80.00  
 \$60.00  
 \$40.00  
 \$20.00  
 \$0.00

	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
■ Avg Month Cost Per FTE	\$22.59	\$140.98	\$75.99	\$47.09	\$69.88	\$45.55	\$59.63	\$77.26	\$113.45			

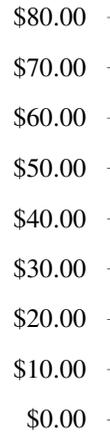
**Objective 6B - Workers Compensation**  
**Kerrville State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$40,694	\$14,368	\$9,237	\$26,679	\$8,855	\$7,139	\$10,097	\$8,680	\$11,880			
FYTD Expend.	\$40,694	\$55,062	\$64,299	\$90,979	\$99,834	\$106,972	\$117,069	\$125,749	\$137,630			

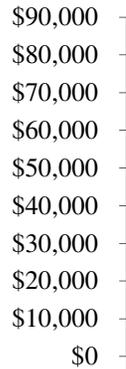
**Average Monthly Cost Per FTE**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
—■— Avg Month Cost Per FTE	\$75.50	\$26.66	\$17.11	\$49.22	\$16.34	\$13.15	\$18.53	\$15.96	\$21.60			

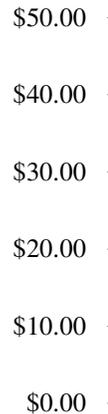
**Objective 6B - Workers Compensation  
North Texas State Hospital**

**Worker's Compensation Monthly Expenditures**



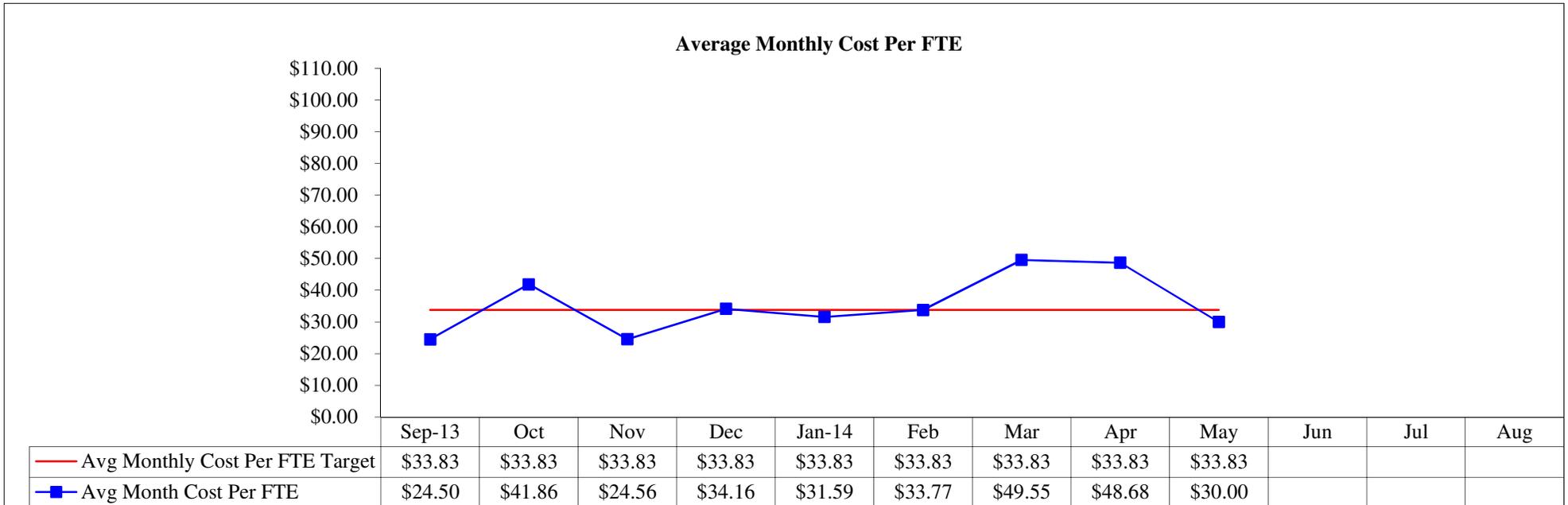
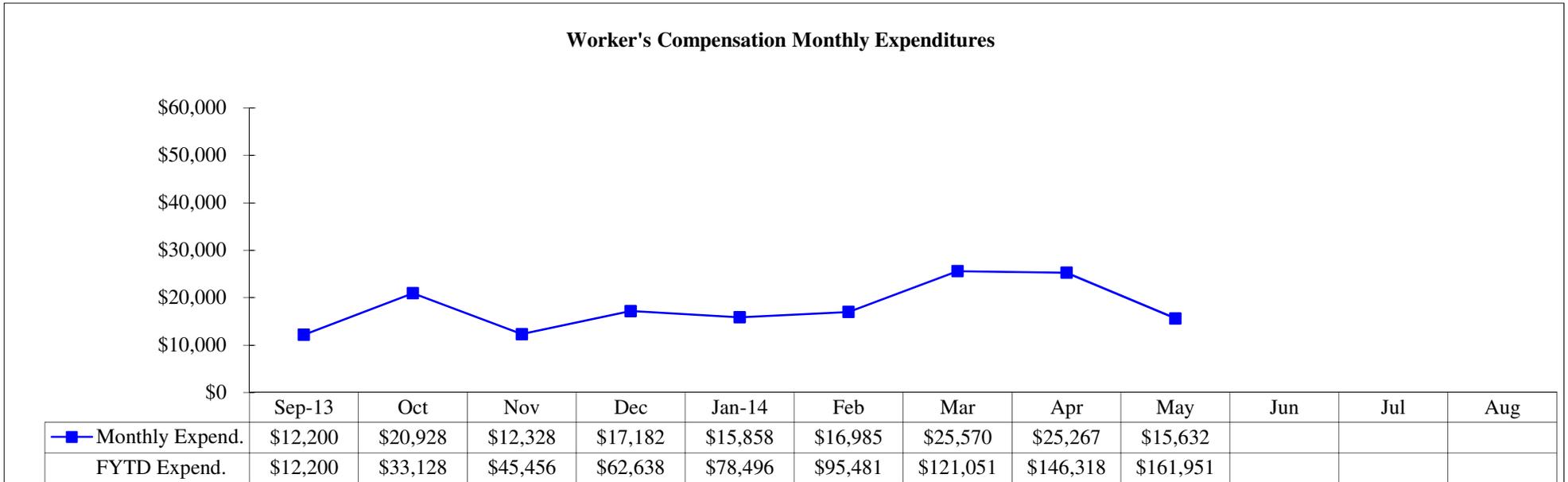
	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$52,899	\$55,006	\$31,540	\$45,091	\$34,896	\$61,789	\$60,898	\$45,331	\$34,460			
FYTD Expend.	\$52,899	\$107,905	\$139,445	\$184,536	\$219,432	\$281,221	\$342,119	\$387,450	\$421,910			

**Average Monthly Cost Per FTE**



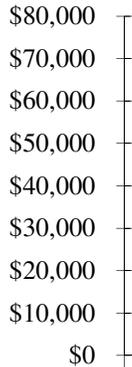
	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
■ Avg Month Cost Per FTE	\$25.93	\$27.06	\$15.50	\$22.12	\$17.11	\$30.29	\$29.63	\$22.32	\$16.90			

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



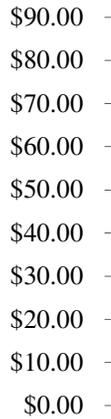
**Objective 6B - Workers Compensation  
Rusk State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$25,209	\$20,566	\$69,618	\$21,195	\$29,979	\$43,376	\$42,934	\$30,286	\$77,354			
FYTD Expend.	\$25,209	\$45,774	\$115,392	\$136,587	\$166,566	\$209,942	\$252,876	\$283,162	\$360,516			

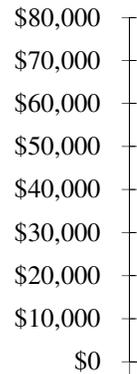
**Average Monthly Cost Per FTE**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
Avg Month Cost Per FTE	\$26.76	\$21.72	\$73.13	\$22.22	\$31.36	\$45.33	\$43.99	\$31.38	\$81.17			

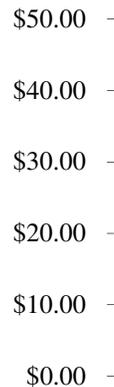
**Objective 6B - Workers Compensation  
San Antonio State Hospital**

**Worker's Compensation Monthly Expenditures**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$19,982	\$16,135	\$12,417	\$14,164	\$13,842	\$15,743	\$38,678	\$26,937	\$17,256			
FYTD Expend.	\$19,982	\$36,117	\$48,534	\$62,698	\$76,540	\$92,282	\$130,960	\$157,897	\$175,153			

**Average Monthly Cost Per FTE**

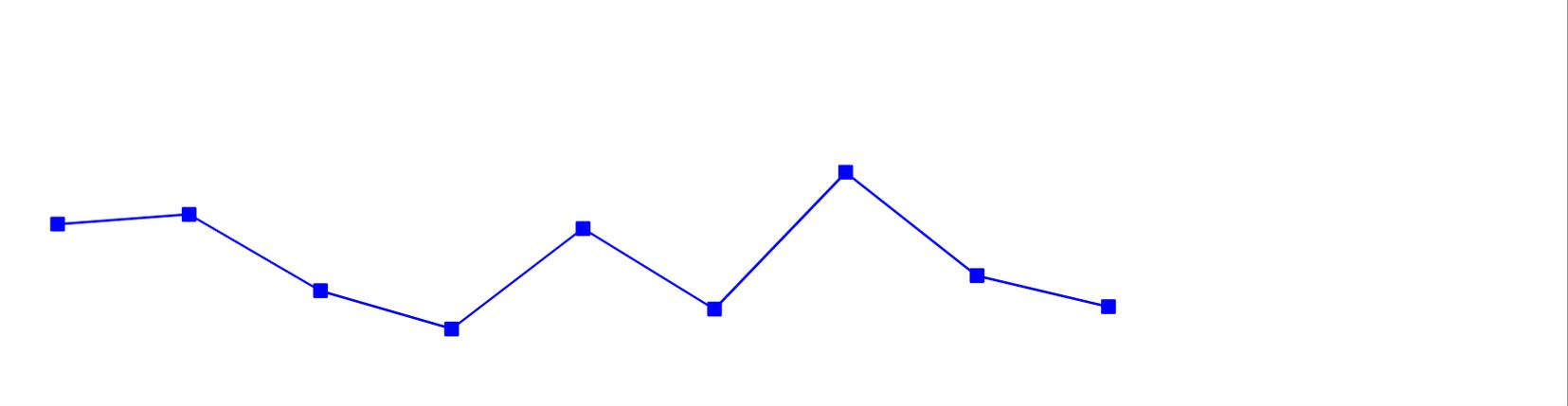


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
Avg Month Cost Per FTE	\$23.73	\$19.25	\$14.76	\$16.76	\$16.38	\$18.63	\$45.61	\$31.40	\$20.04			

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

**Worker's Compensation Monthly Expenditures**

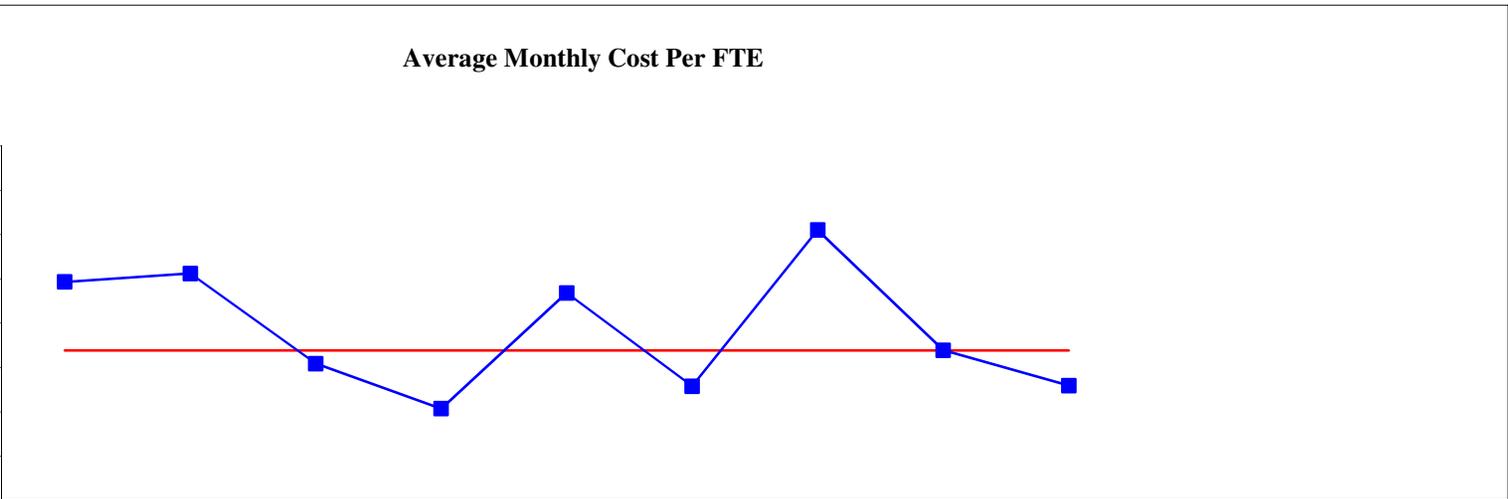
\$80,000  
\$70,000  
\$60,000  
\$50,000  
\$40,000  
\$30,000  
\$20,000  
\$10,000  
\$0



—■ Monthly Expend.  
FYTD Expend.

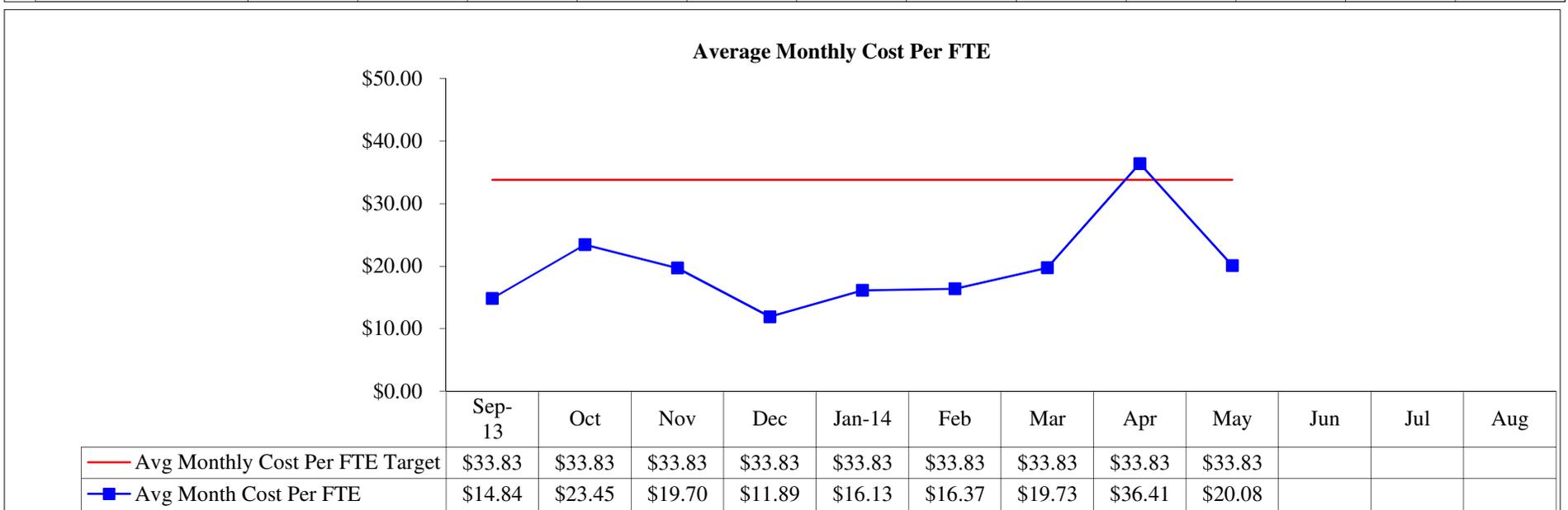
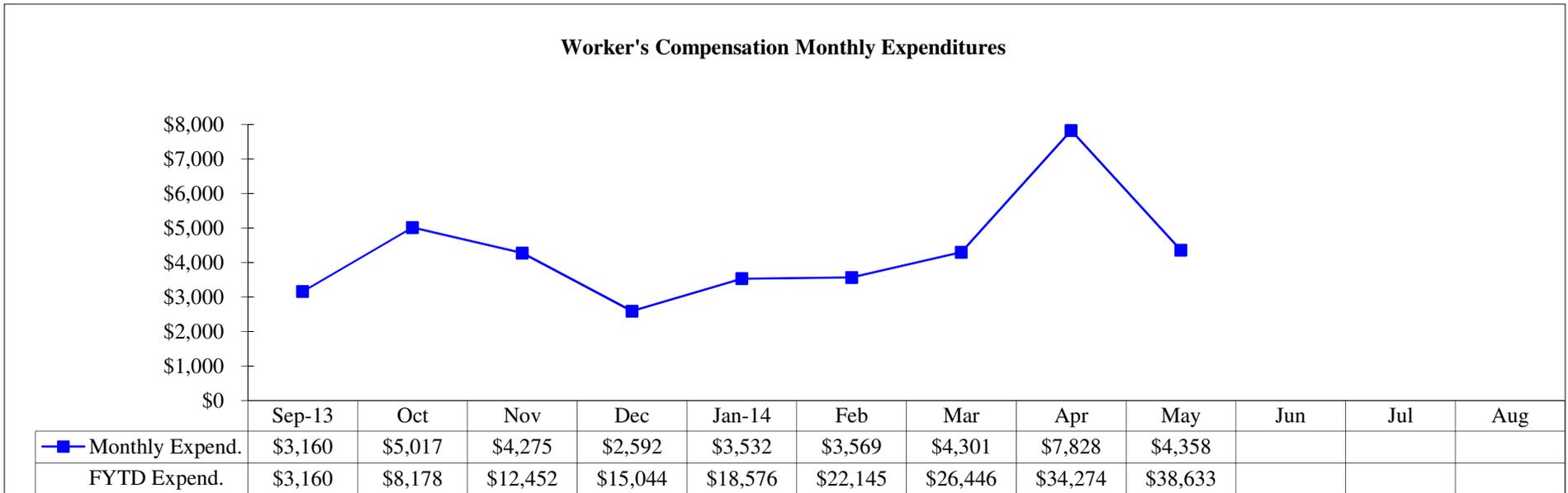
**Average Monthly Cost Per FTE**

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



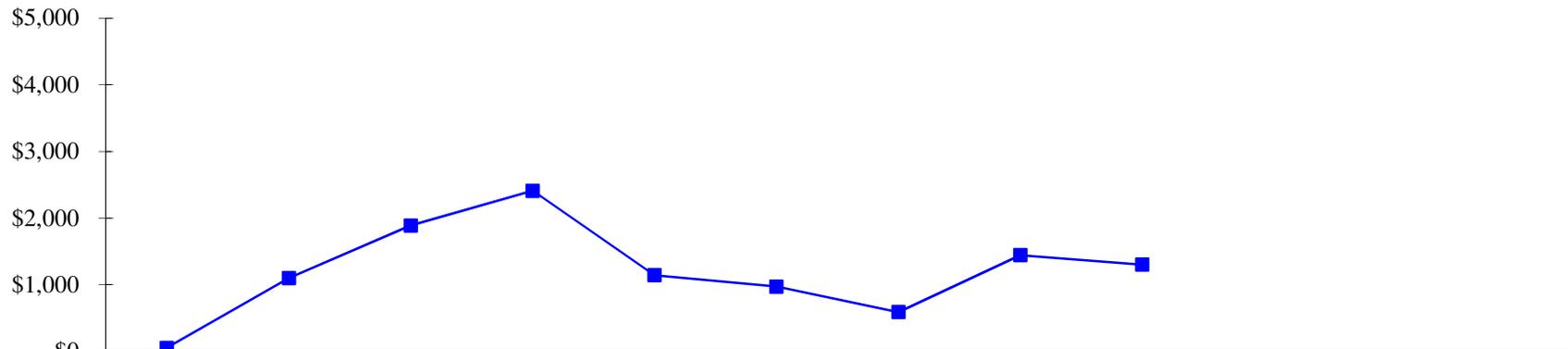
— Avg Monthly Cost Per FTE Target  
—■ Avg Month Cost Per FTE

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



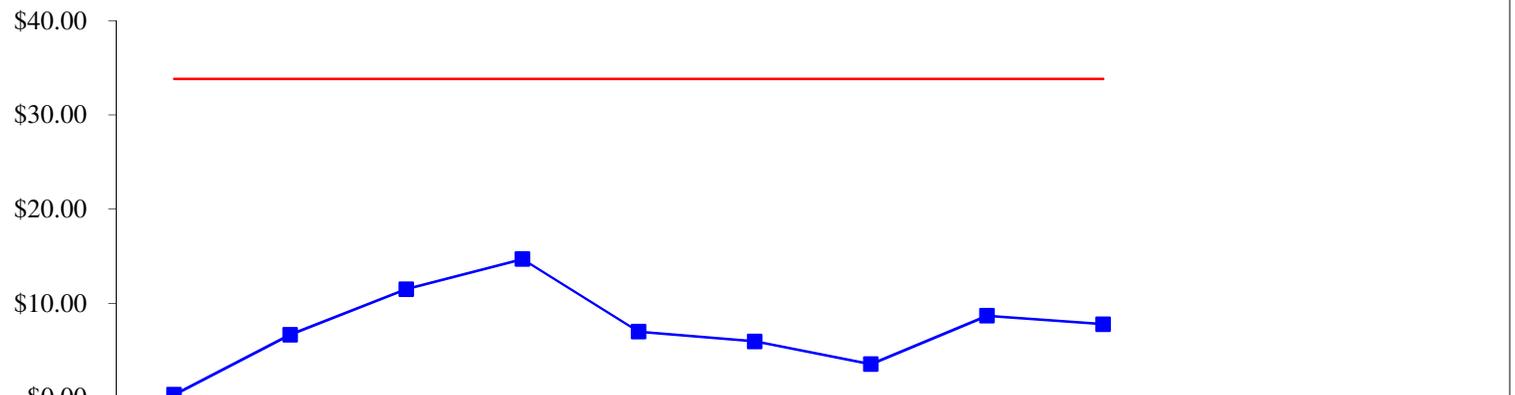
**Objective 6B - Workers Compensation**  
**Texas Center for Infectious Disease**

**Worker's Compensation Monthly Expenditures**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	\$52	\$1,097	\$1,887	\$2,411	\$1,142	\$973	\$590	\$1,444	\$1,301			
FYTD Expend.	\$52	\$1,150	\$3,037	\$5,448	\$6,590	\$7,563	\$8,153	\$9,597	\$10,898			

**Average Monthly Cost Per FTE**



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83			
Avg Month Cost Per FTE	\$0.32	\$6.69	\$11.51	\$14.70	\$7.01	\$5.97	\$3.56	\$8.70	\$7.79			

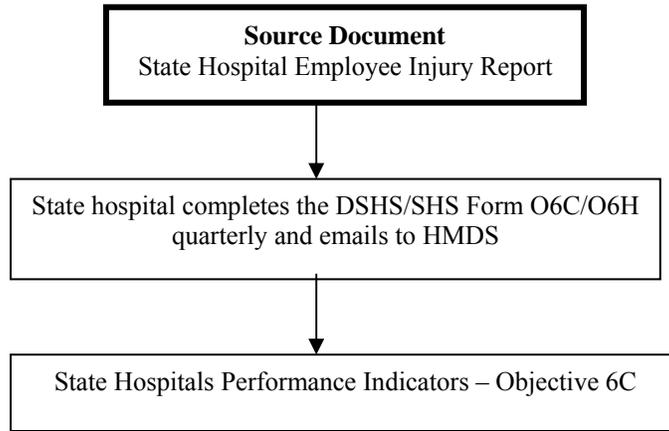
**Performance Objective 6C:**

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

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

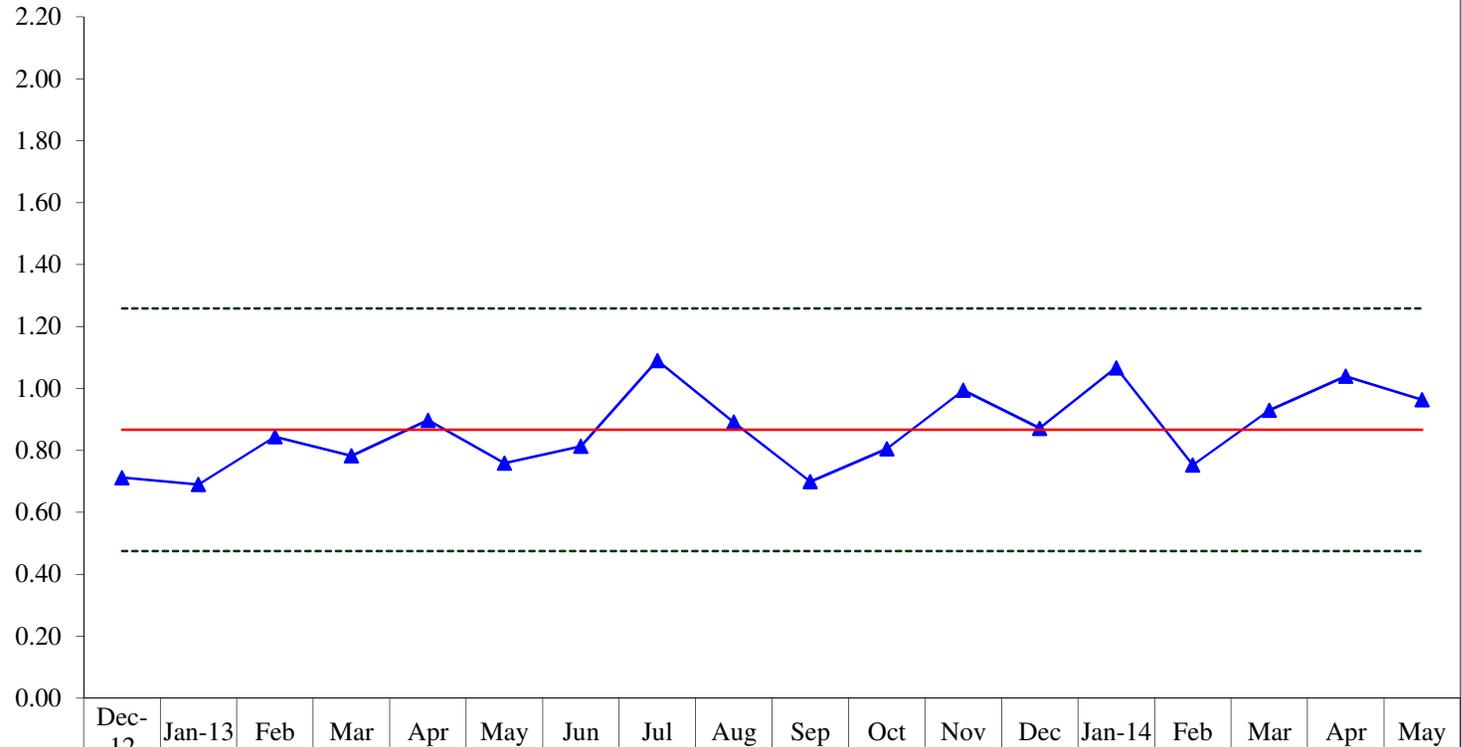
**Performance Objective Data Display and Chart Description:**  
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

**Data Flow:**



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

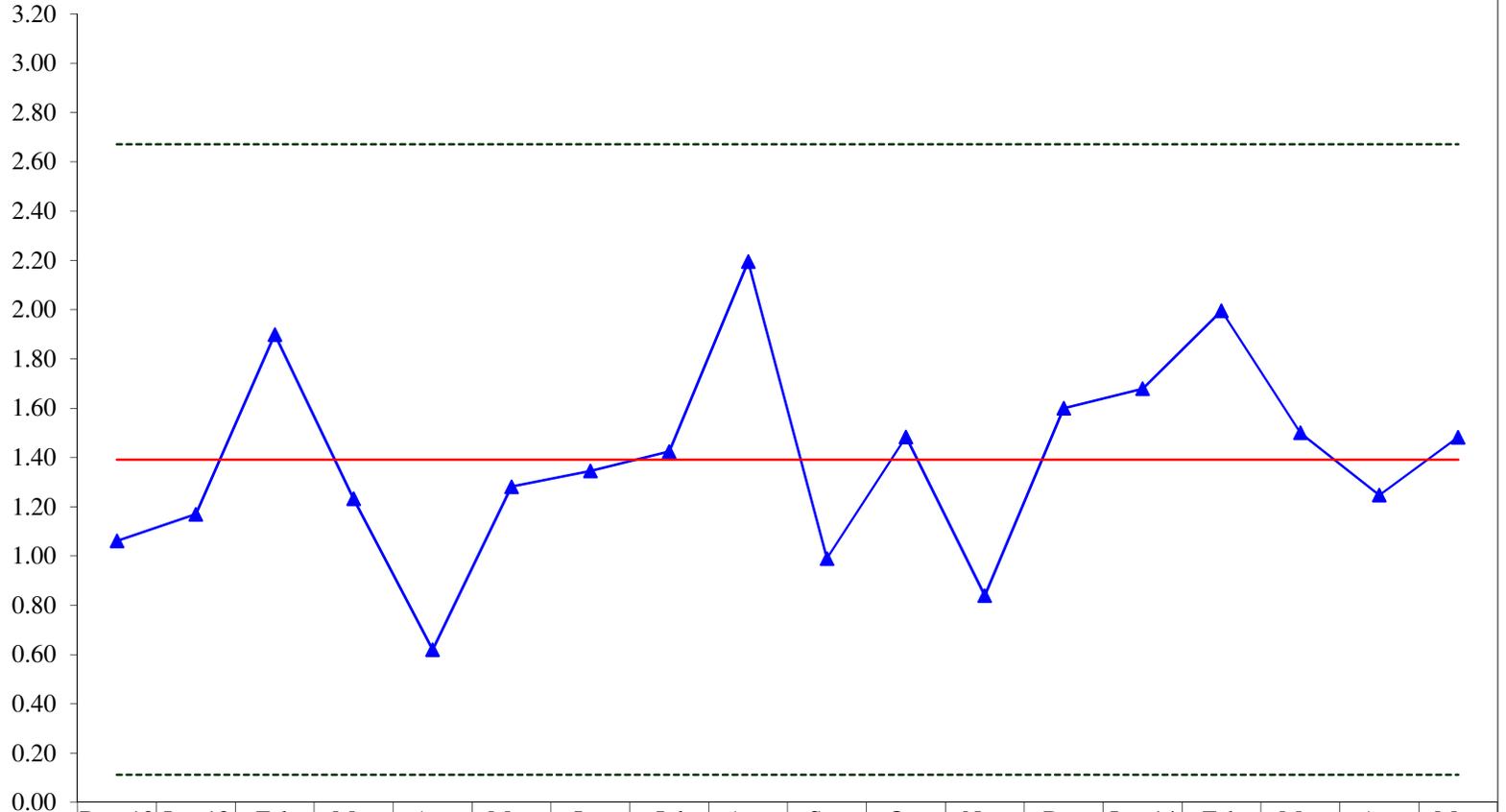
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	160	160	163	210	193	191	181	209	223	204	200	189	188	176	175	174	245	224
Injuries Resulting in a WCC	50	49	55	57	64	56	58	80	65	49	58	69	61	75	48	65	71	69
▲ Emp. Inj.(WCC)/1000 Bed Days	0.71	0.69	0.84	0.78	0.90	0.76	0.81	1.09	0.89	0.70	0.81	0.99	0.87	1.07	0.75	0.93	1.04	0.96
----- 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	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87
----- LCL	0.47	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

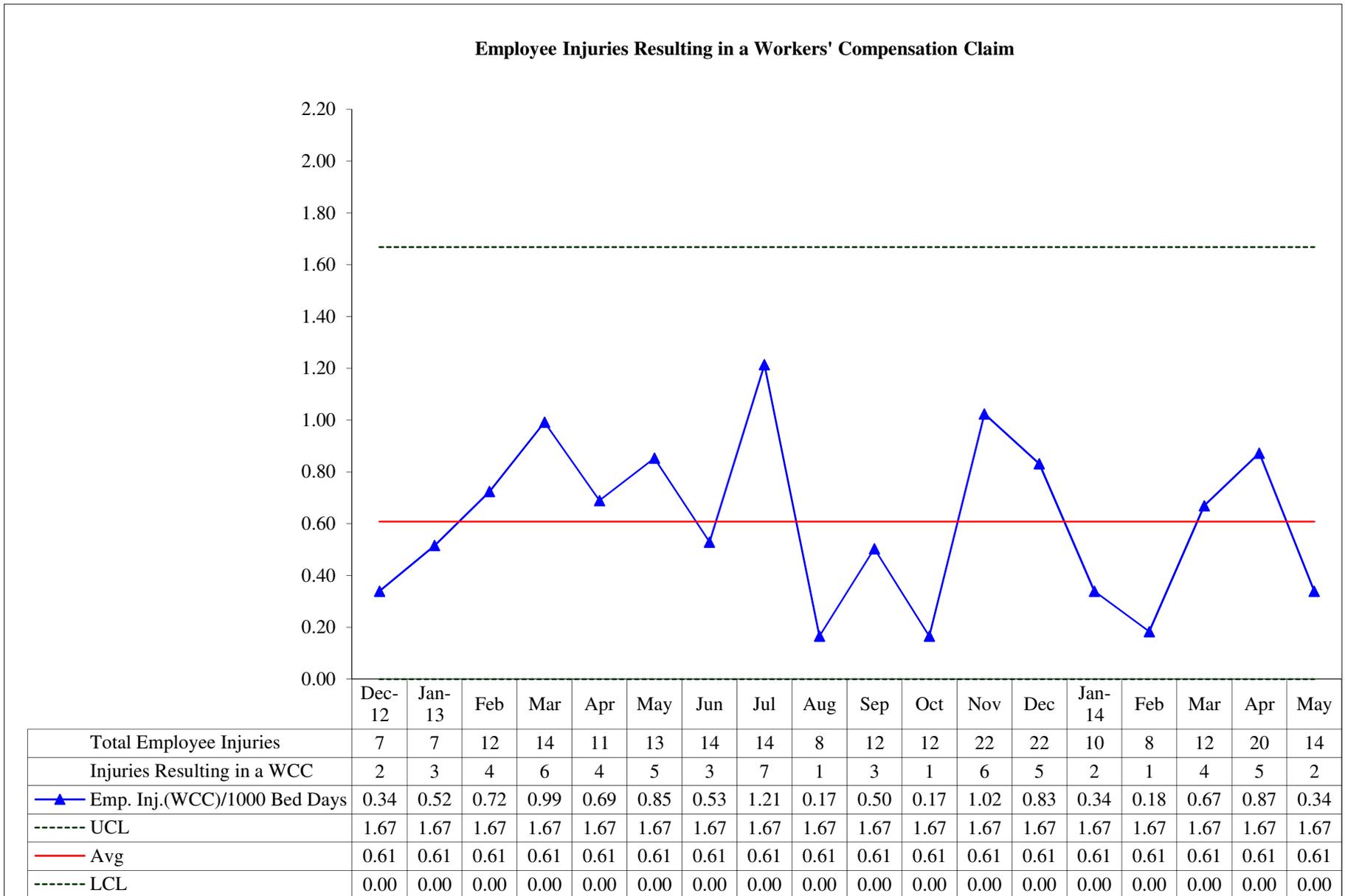
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**Austin State Hospital**

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



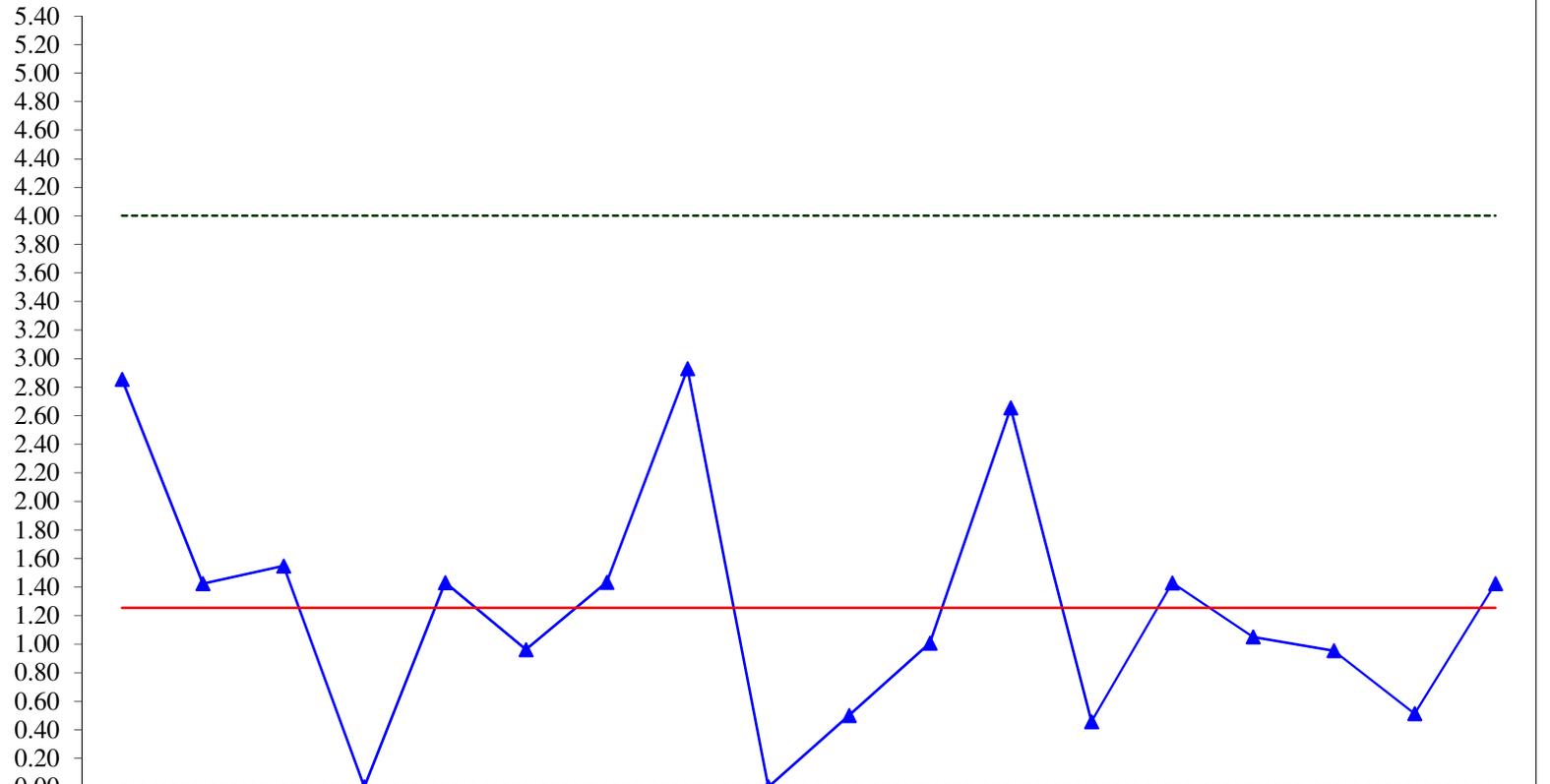
	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	9	10	14	10	5	11	11	12	18	8	13	7	13	14	15	12	10	12
Injuries Resulting in a WCC	9	10	14	10	5	11	11	12	18	8	13	7	13	14	15	12	10	12
▲ Emp. Inj.(WCC)/1000 Bed Days	1.06	1.17	1.90	1.23	0.62	1.28	1.35	1.42	2.20	0.99	1.48	0.84	1.60	1.68	2.00	1.50	1.25	1.48
----- UCL	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67	2.67
— Avg	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39
----- LCL	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11

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



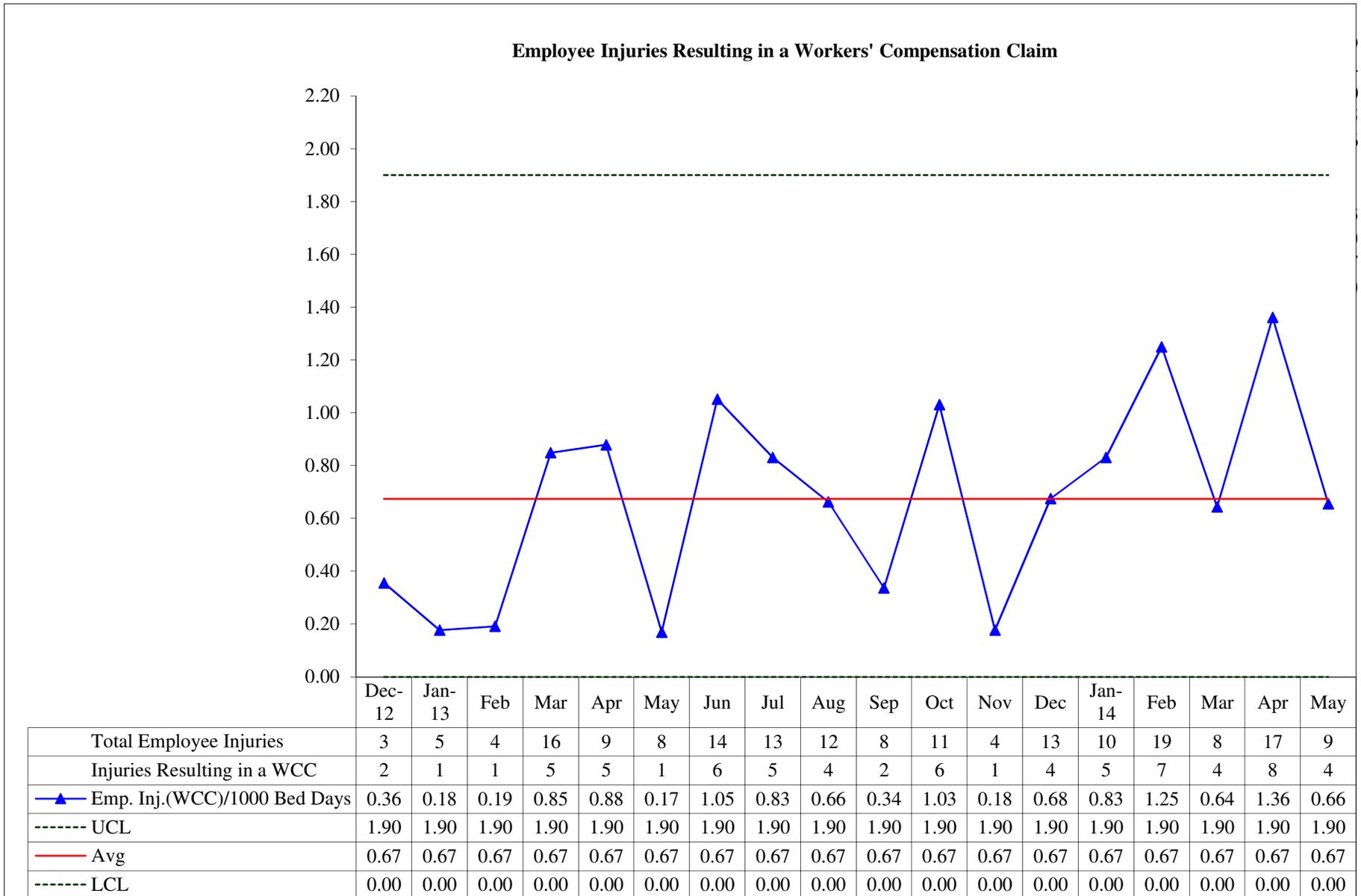
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**El Paso Psychiatric Center**

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



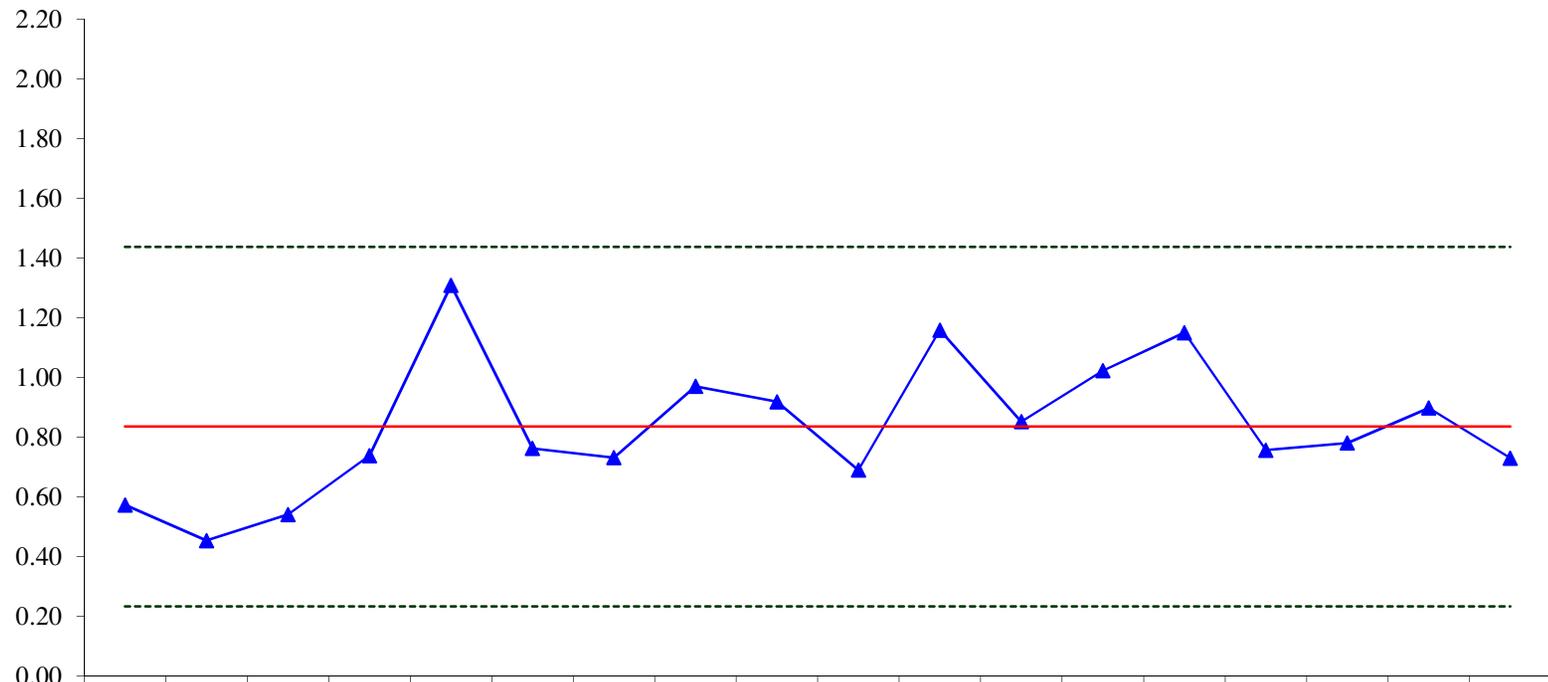
	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	8	6	6	0	5	5	4	12	2	4	6	6	2	5	4	5	4	3
Injuries Resulting in a WCC	6	3	3	0	3	2	3	6	0	1	2	5	1	3	2	2	1	3
▲ Emp. Inj.(WCC)/1000 Bed Days	2.85	1.42	1.55	0.00	1.43	0.96	1.43	2.93	0.00	0.50	1.01	2.66	0.46	1.43	1.05	0.95	0.51	1.43
----- UCL	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
----- Avg	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



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

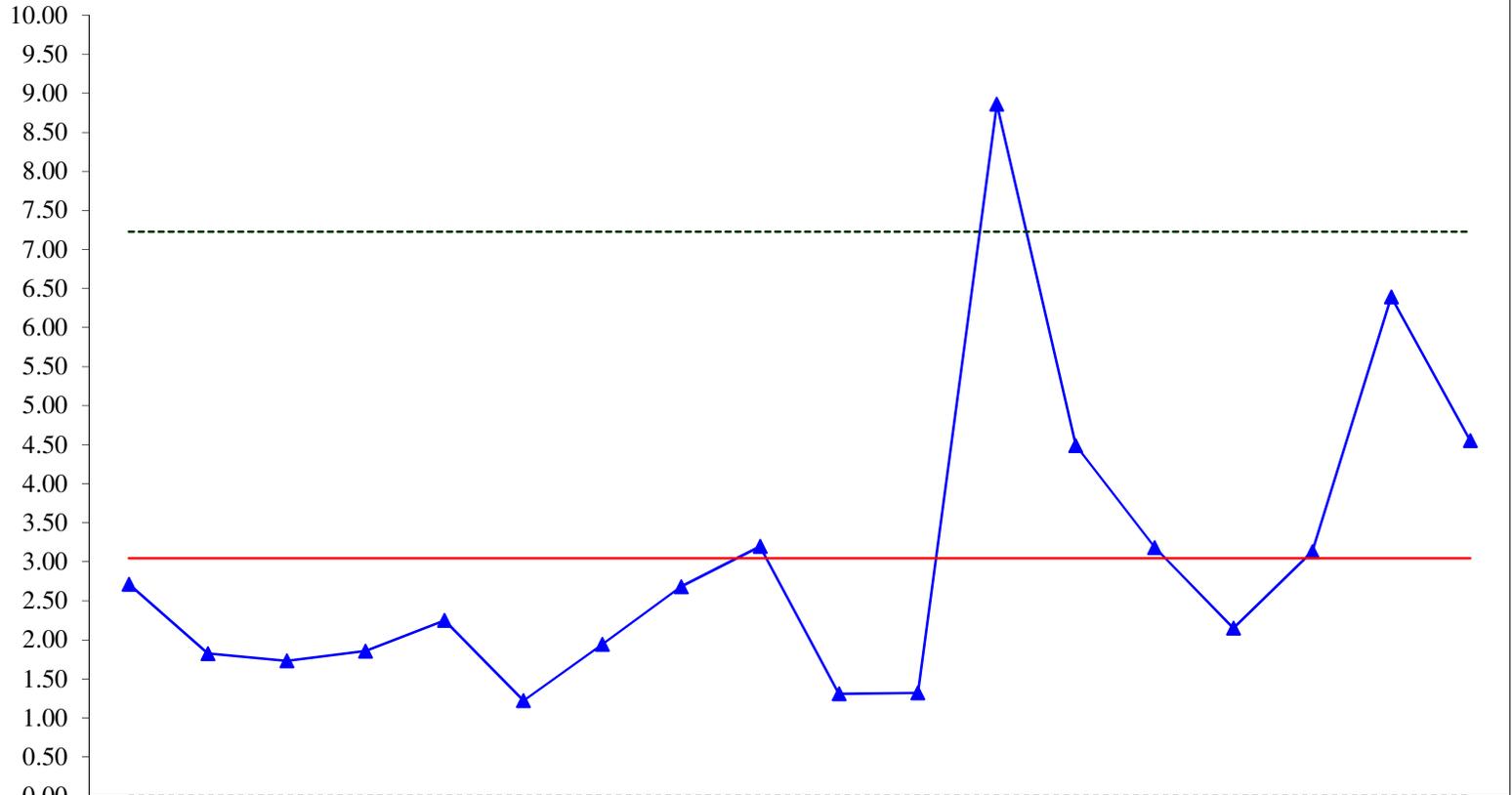
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	33	35	25	46	43	35	30	46	50	41	44	35	37	31	35	32	45	39
Injuries Resulting in a WCC	10	8	9	14	24	14	13	18	17	12	20	14	17	19	11	13	15	13
▲ Emp. Inj.(WCC)/1000 Bed Days	0.57	0.45	0.54	0.74	1.31	0.76	0.73	0.97	0.92	0.69	1.16	0.85	1.02	1.15	0.76	0.78	0.90	0.73
----- UCL	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44
— Avg	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
----- LCL	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

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

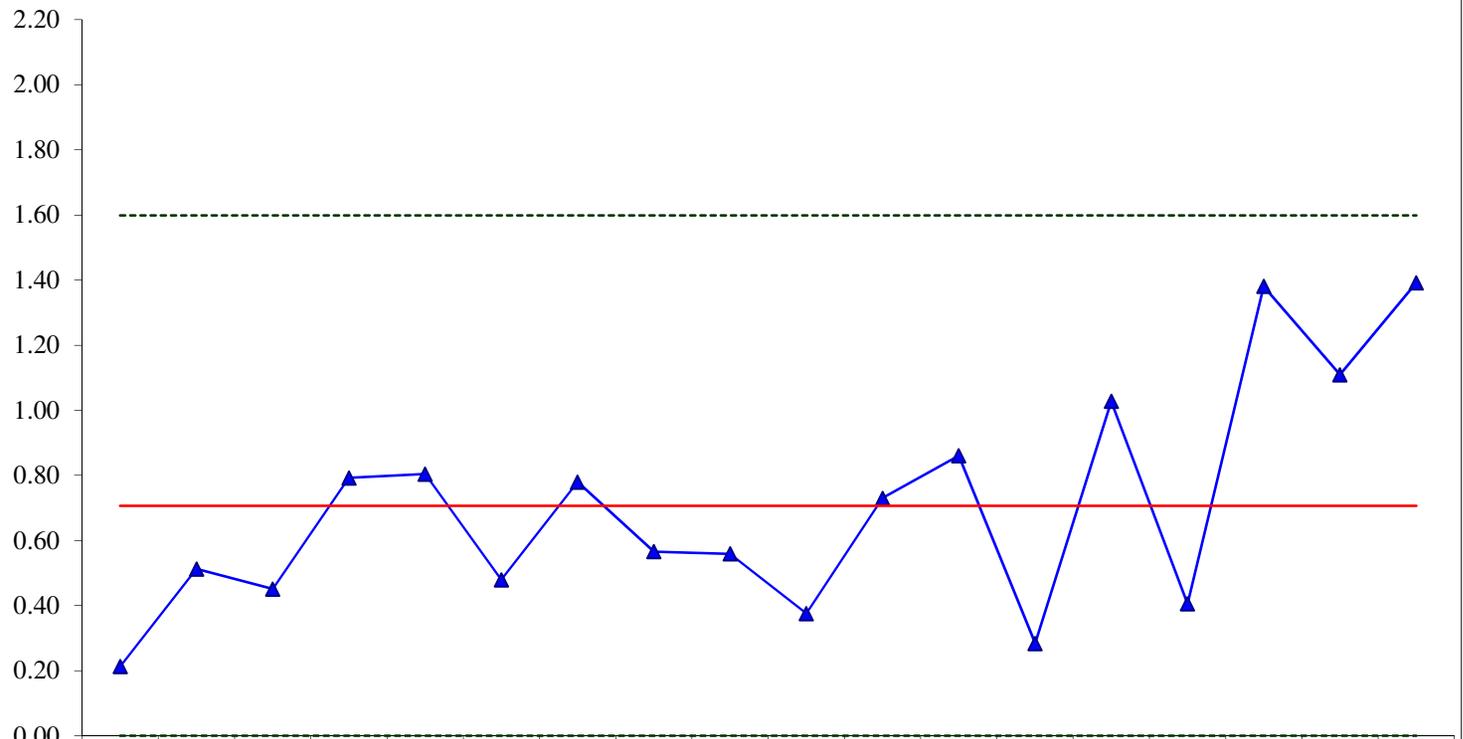
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	20	14	21	16	24	25	12	18	27	23	26	36	25	29	15	15	39	23
Injuries Resulting in a WCC	4	2	2	2	3	2	3	4	5	2	2	13	7	5	3	5	10	7
▲ Emp. Inj.(WCC)/1000 Bed Days	2.71	1.83	1.73	1.86	2.25	1.22	1.94	2.68	3.20	1.31	1.32	8.86	4.49	3.18	2.15	3.13	6.39	4.55
----- UCL	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23	7.23
— Avg	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05
----- 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**

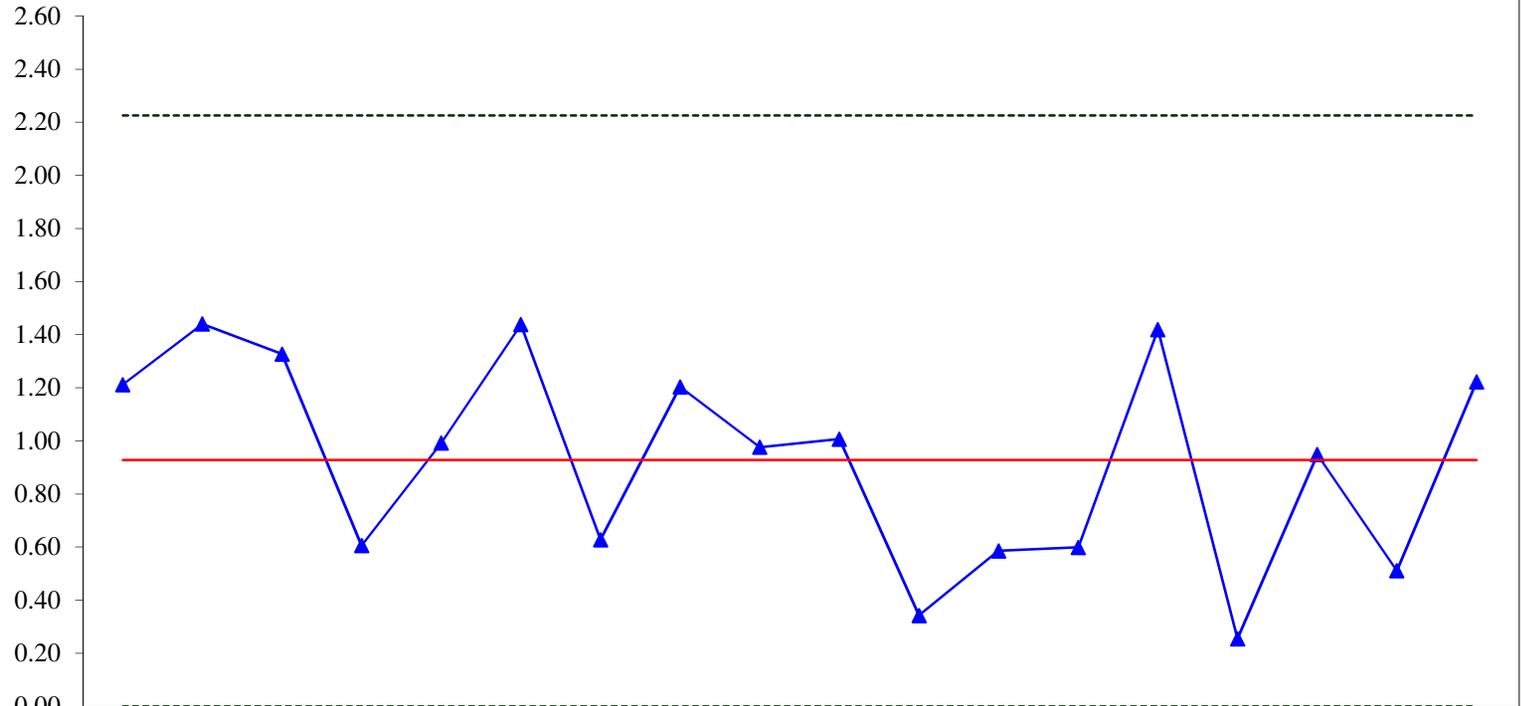
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	33	37	18	44	31	30	41	28	35	38	24	21	32	29	21	34	52	62
Injuries Resulting in a WCC	2	5	4	8	8	5	8	6	6	4	8	9	3	11	4	14	11	15
▲ Emp. Inj.(WCC)/1000 Bed Days	0.21	0.51	0.45	0.79	0.80	0.48	0.78	0.57	0.56	0.38	0.73	0.86	0.28	1.03	0.41	1.38	1.11	1.39
----- UCL	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
— Avg	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71
----- 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**

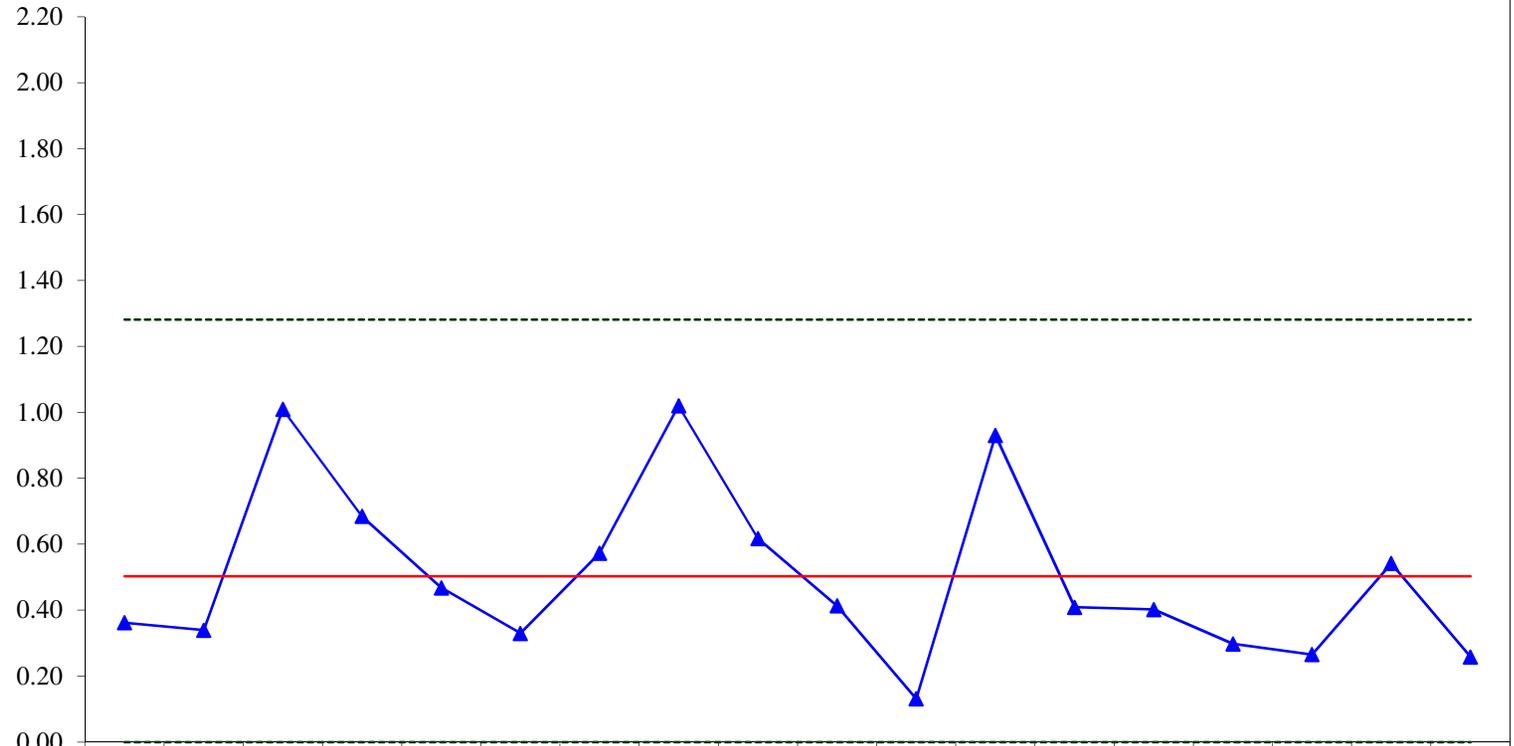
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	19	24	29	28	33	31	23	24	29	27	23	30	16	30	18	30	25	36
Injuries Resulting in a WCC	10	12	10	5	8	12	5	10	8	8	3	5	5	12	2	8	4	10
▲ Emp. Inj.(WCC)/1000 Bed Days	1.21	1.44	1.33	0.61	0.99	1.44	0.63	1.20	0.98	1.01	0.34	0.59	0.60	1.42	0.26	0.95	0.51	1.22
----- UCL	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23	2.23
— Avg	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93
----- 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**

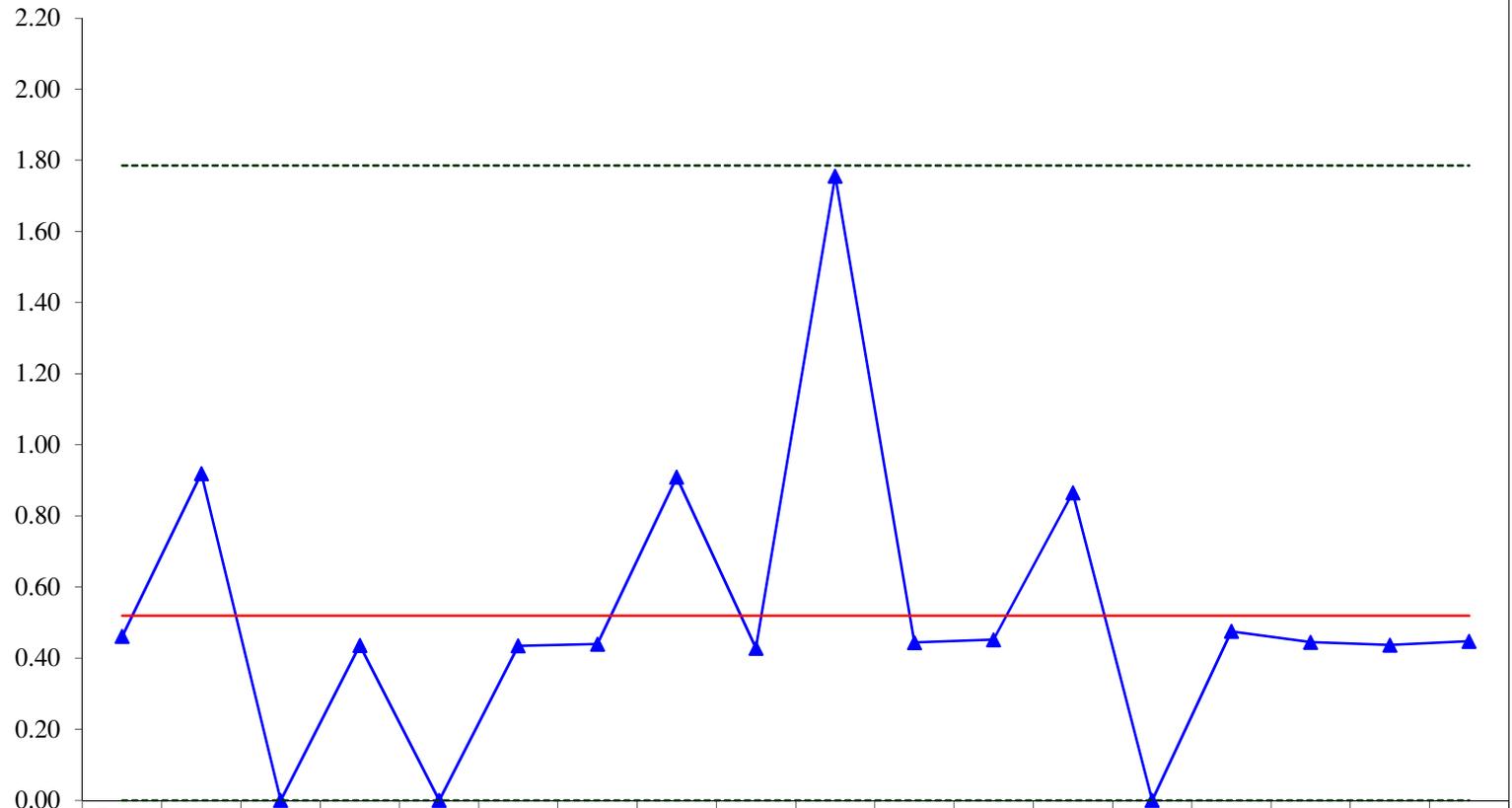
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	24	19	34	32	26	26	28	36	38	31	33	23	21	17	36	22	29	19
Injuries Resulting in a WCC	3	3	8	6	4	3	5	9	5	3	1	7	3	3	2	2	4	2
▲ Emp. Inj.(WCC)/1000 Bed Days	0.36	0.34	1.01	0.68	0.47	0.33	0.57	1.02	0.62	0.41	0.13	0.93	0.41	0.40	0.30	0.27	0.54	0.26
----- UCL	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28
— Avg	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

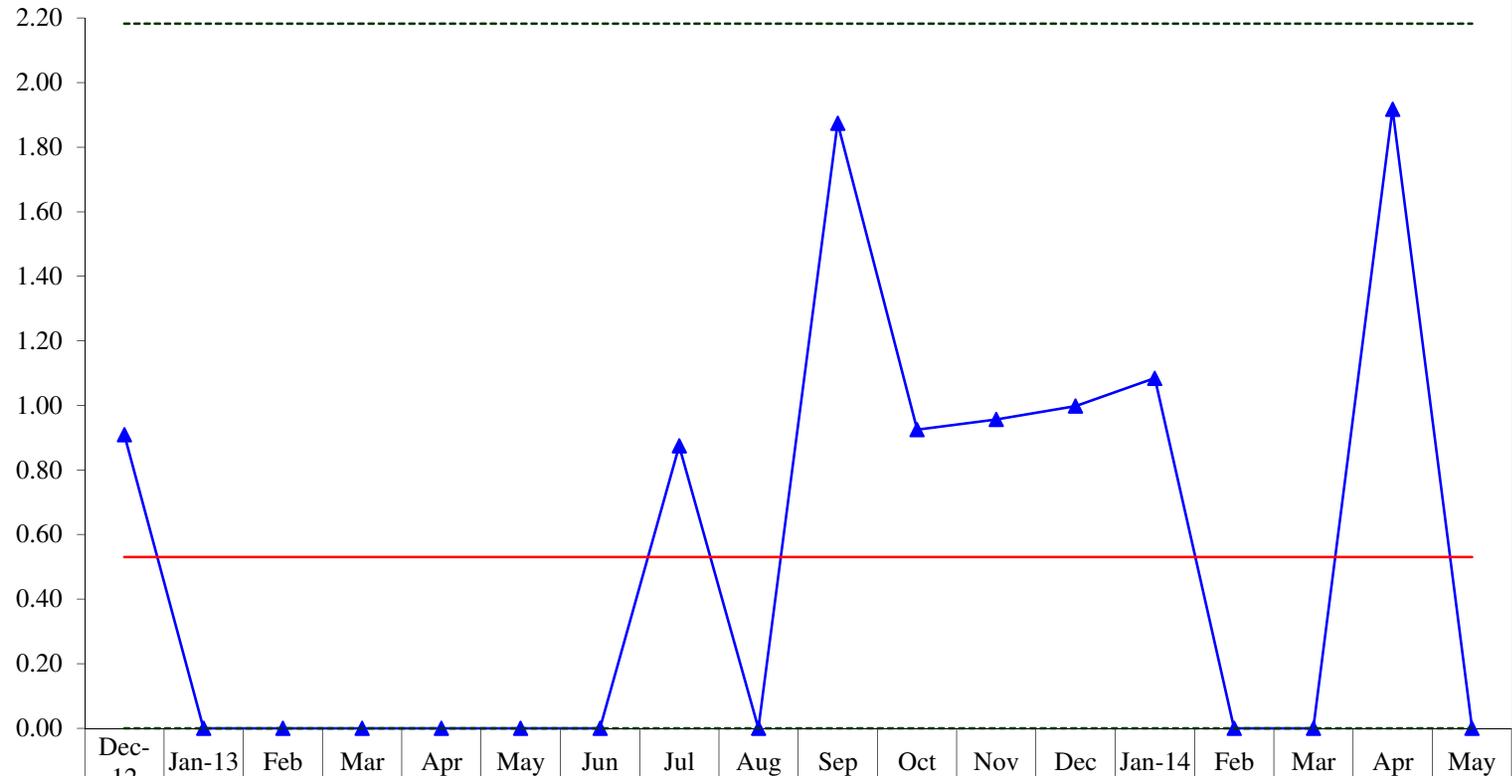
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	2	3	0	1	2	3	4	5	4	10	5	4	6	0	3	3	2	6
Injuries Resulting in a WCC	1	2	0	1	0	1	1	2	1	4	1	1	2	0	1	1	1	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.46	0.92	0.00	0.44	0.00	0.43	0.44	0.91	0.43	1.76	0.44	0.45	0.87	0.00	0.48	0.44	0.44	0.45
----- UCL	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79	1.79
— Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

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



Total Employee Injuries	2	0	0	3	4	4	0	1	0	2	3	1	1	1	1	1	2	1
Injuries Resulting in a WCC	1	0	0	0	0	0	0	1	0	2	1	1	1	1	0	0	2	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.91	0.00	0.00	0.00	0.00	0.00	0.00	0.87	0.00	1.87	0.93	0.96	1.00	1.08	0.00	0.00	1.92	0.00
----- UCL	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18
— 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Performance Objective 6D:**

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

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

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

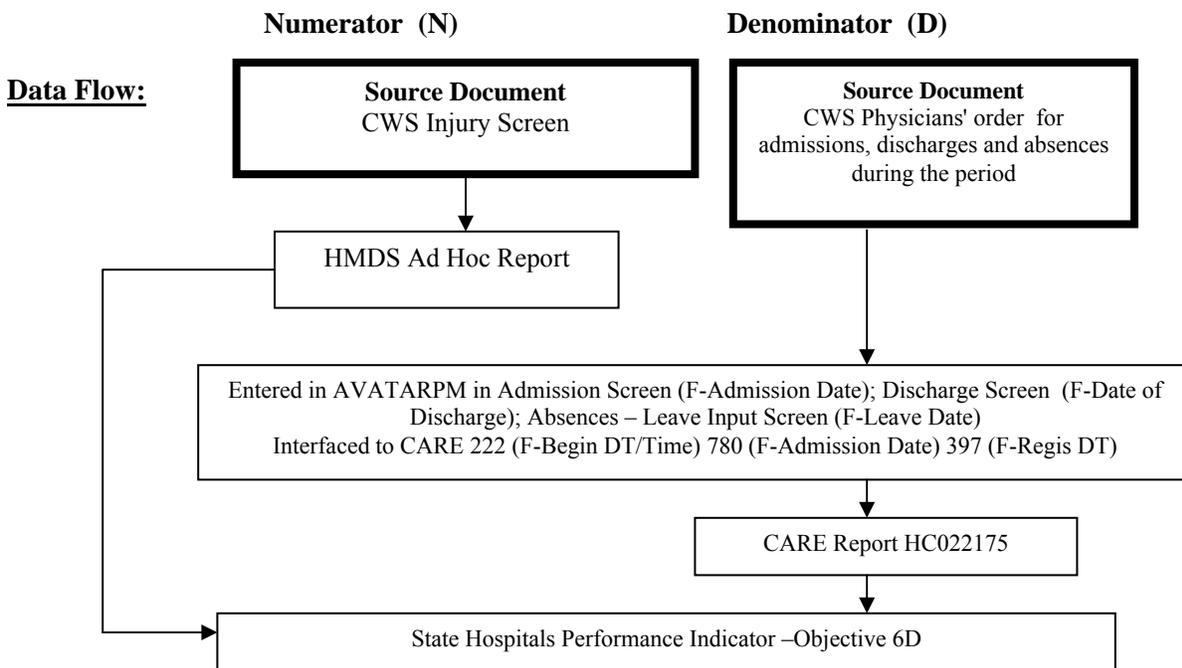
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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

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

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

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



**Objective 6D - Client Injuries Resulted From Restraint and Seclusion**

**All State MH Hospitals - FY2014**

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	
<b>All State MH Hospitals</b>																													
Restraint	1	50	43	2	0	0	<b>96</b>	1	33	27	2	0	0	<b>63</b>	0	83	55	6	0	0	<b>144</b>								
Seclusion	0	4	0	0	0	0	<b>4</b>	0	1	2	1	0	0	<b>4</b>	0	0	0	0	0	0	<b>0</b>								
<b>Total</b>	<b>1</b>	<b>54</b>	<b>43</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>1</b>	<b>34</b>	<b>29</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>67</b>	<b>0</b>	<b>83</b>	<b>55</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>144</b>								
Per 1000 Beddays							<b>0.5</b>							<b>0.3</b>														<b>0.7</b>	

**Performance Objective 6E:**

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

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

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

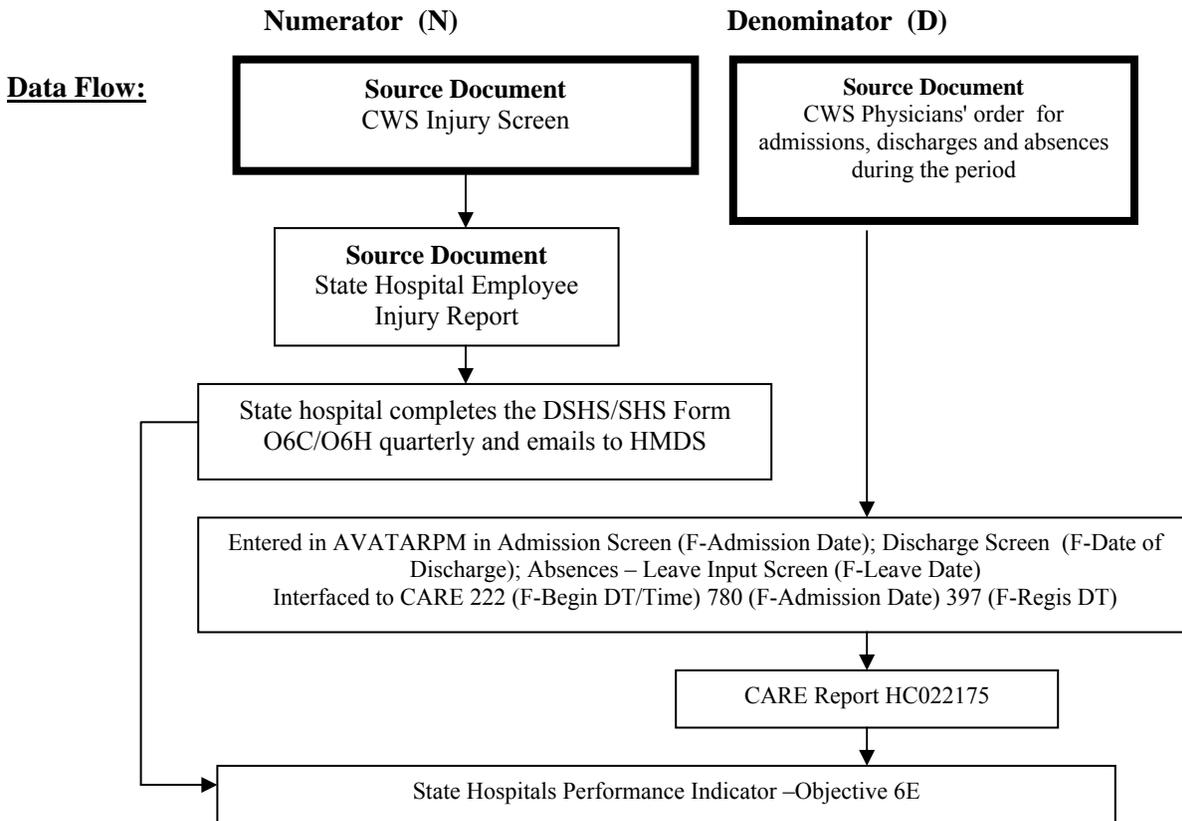
R = rate of employees injured by patient aggression per 1000 bed days per month

N = number of employees injured by patient aggression per month

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

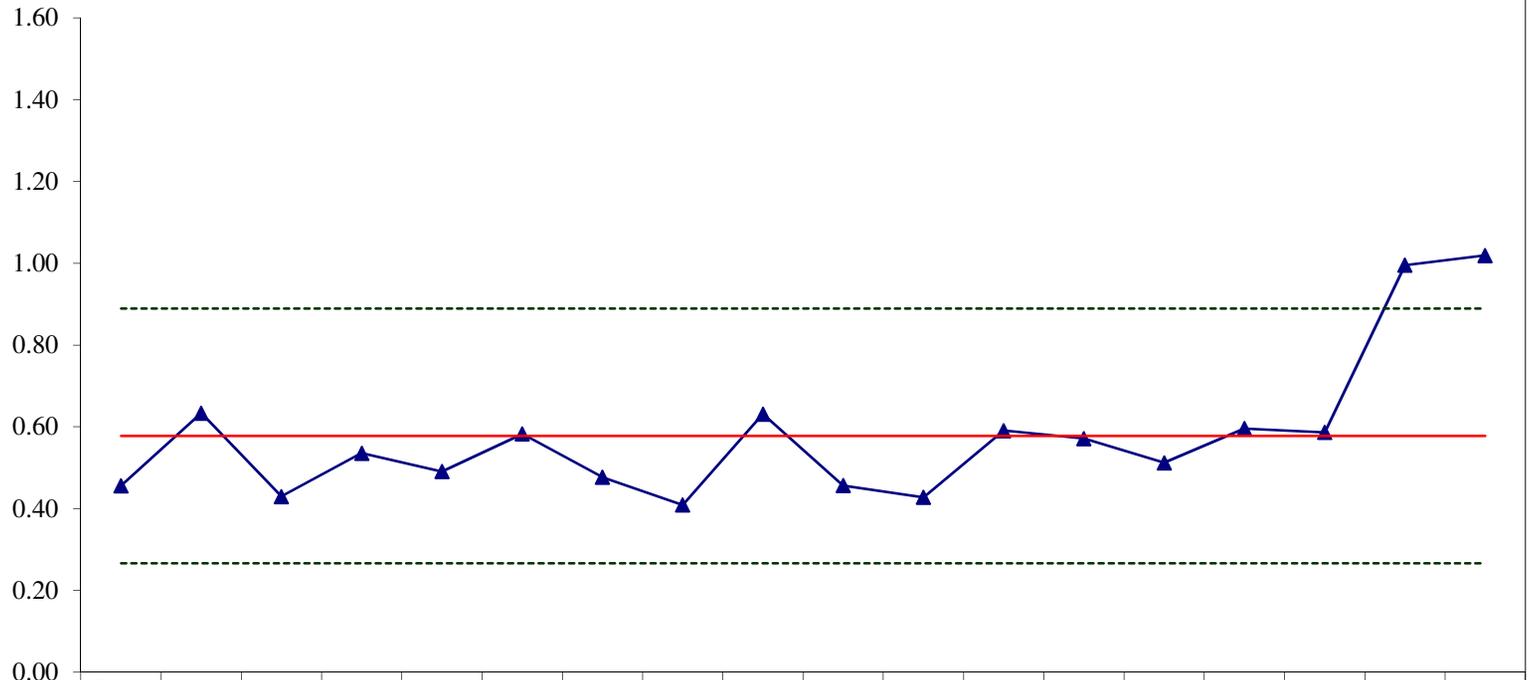
**Performance Objective Data Display and Chart Description:**

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



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

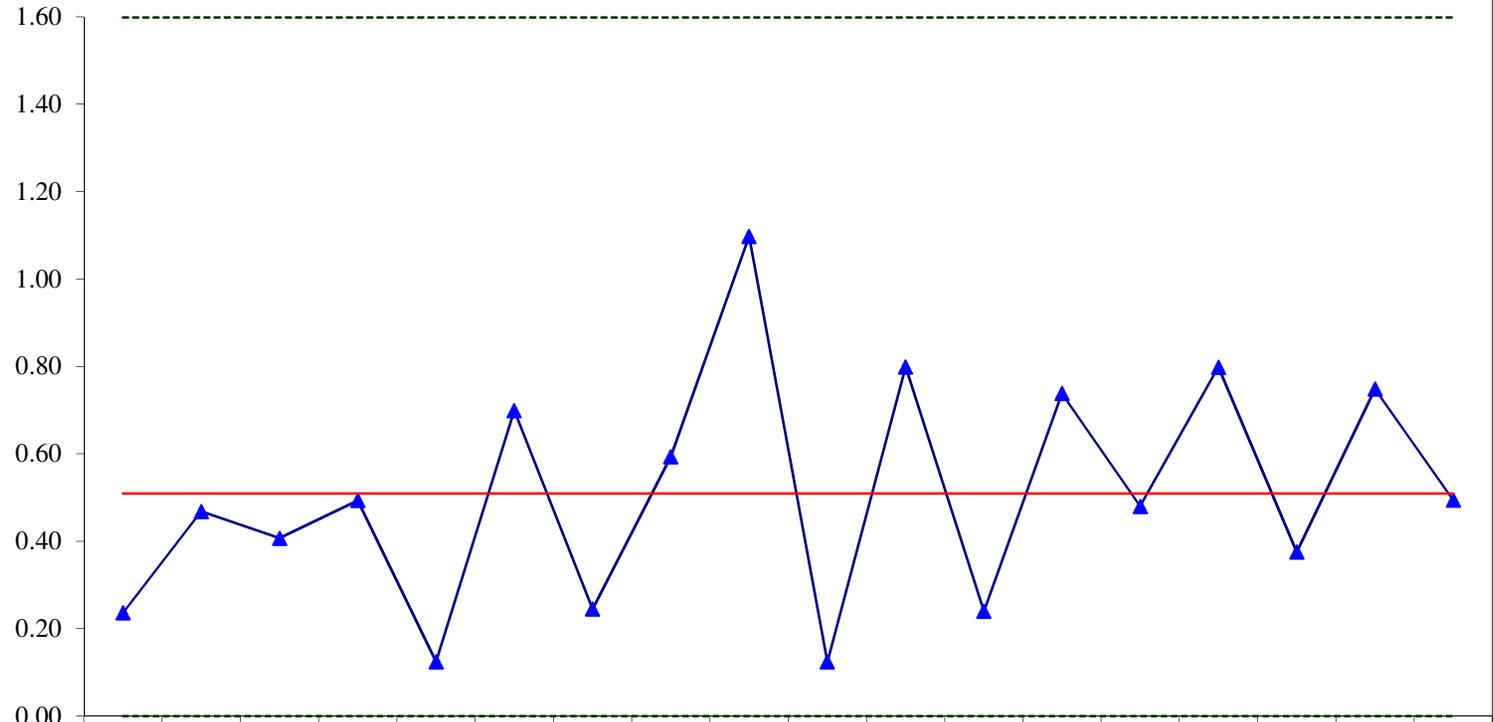
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	160	160	163	210	193	191	181	209	223	204	200	189	188	176	175	174	245	224
Injuries Associated with R/S	32	45	28	39	35	43	34	30	46	32	35	41	40	36	38	41	68	73
▲ Emp. Inj.(RS)/1000 Bed Days	0.46	0.63	0.43	0.54	0.49	0.58	0.48	0.41	0.63	0.46	0.43	0.59	0.57	0.51	0.60	0.59	1.00	1.02
----- UCL	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89
— Avg	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
----- LCL	0.27	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

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

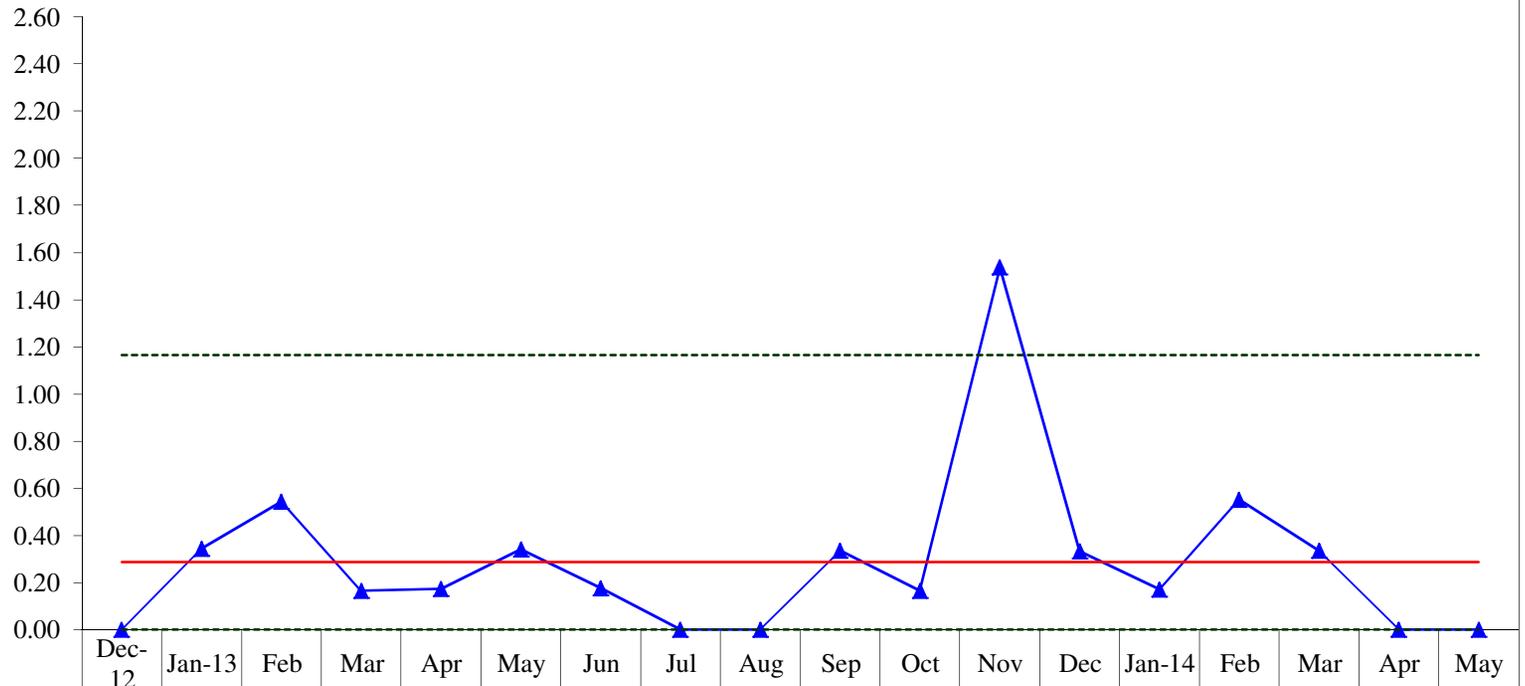
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	9	10	14	10	5	11	11	12	18	8	13	7	13	14	15	12	10	12
Injuries Associated with R/S	2	4	3	4	1	6	2	5	9	1	7	2	6	4	6	3	6	4
▲ Emp. Inj.(RS)/1000 Bed Days	0.24	0.47	0.41	0.49	0.12	0.70	0.24	0.59	1.10	0.12	0.80	0.24	0.74	0.48	0.80	0.38	0.75	0.49
----- UCL	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
— 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 6E - Employees Injuries Resulted by Patient Aggression  
Big Spring State Hospital**

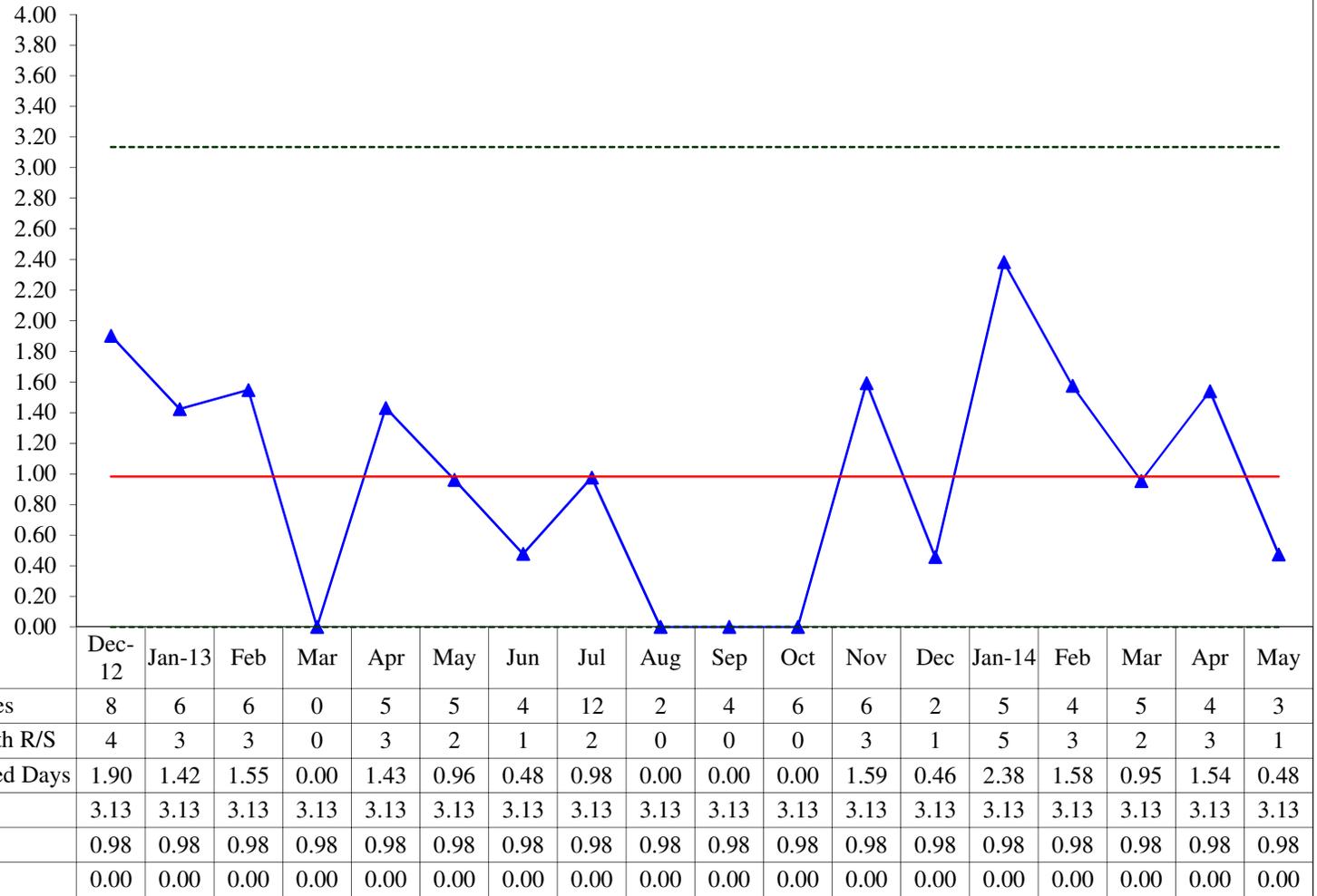
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	7	7	12	14	11	13	14	14	8	12	12	22	22	10	8	12	20	14
Injuries Associated with R/S	0	2	3	1	1	2	1	0	0	2	1	9	2	1	3	2	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.34	0.54	0.17	0.17	0.34	0.18	0.00	0.00	0.34	0.17	1.54	0.33	0.17	0.55	0.33	0.00	0.00
----- UCL	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17
----- 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

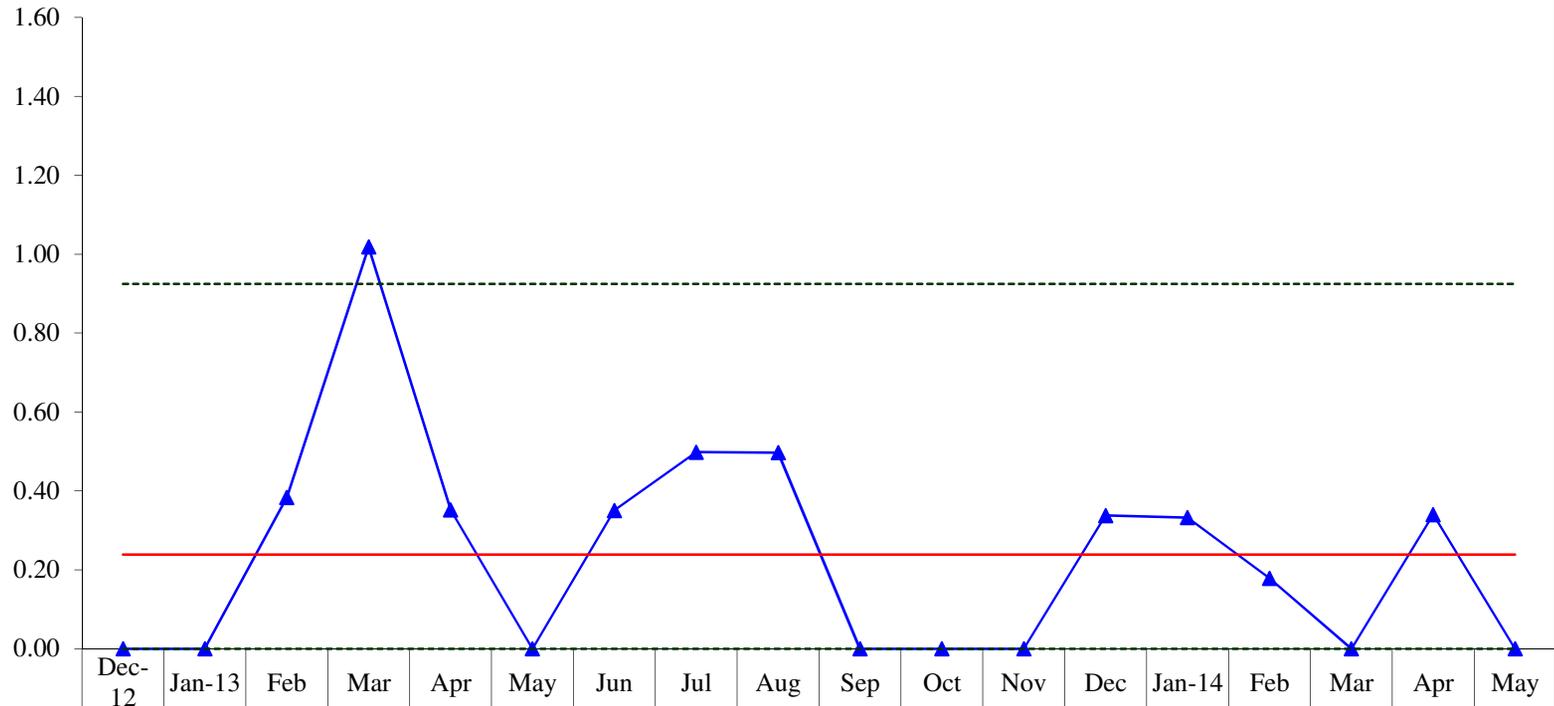
**Objective 6E - Employees Injuries Resulted by Patient Aggression**  
**El Paso Psychiatric Center**

**Employee Injured During Restraint or Seclusion**



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

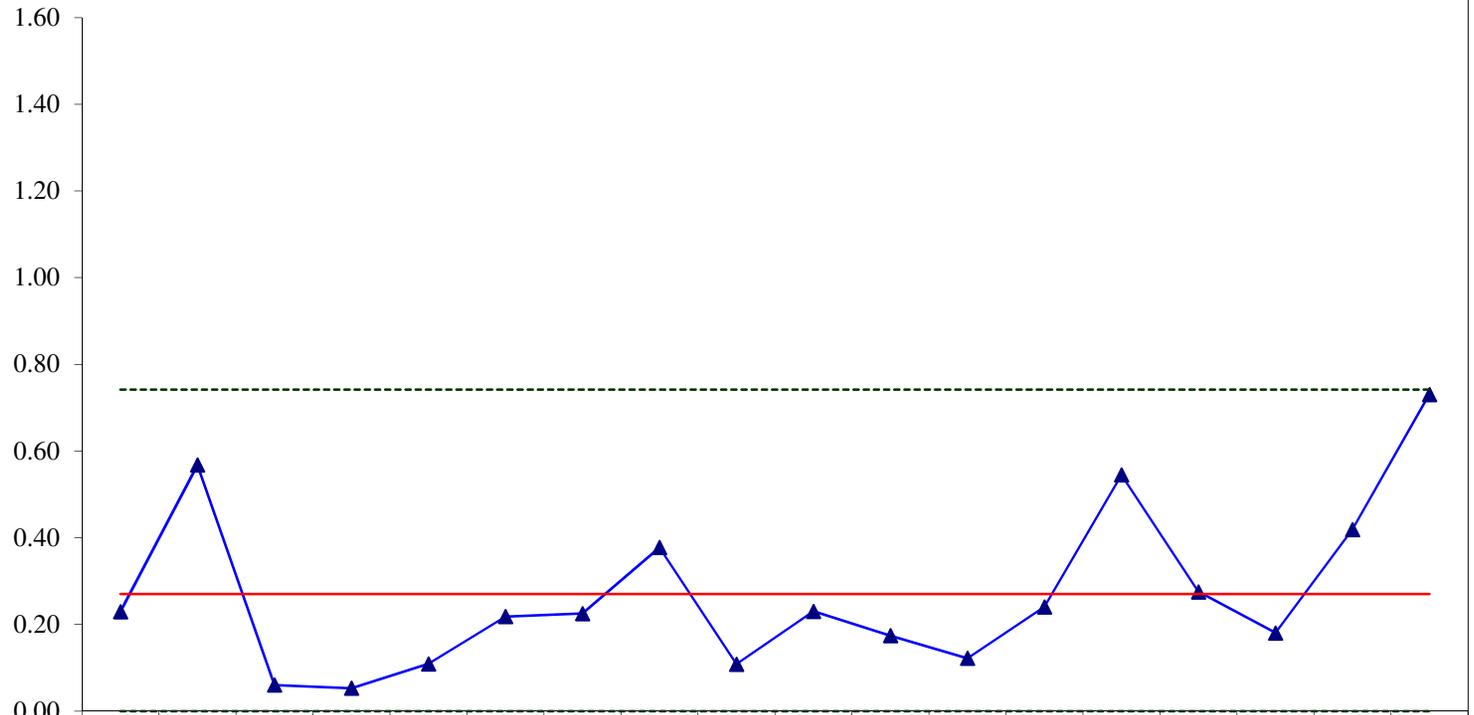
**Employee Injured During Restraint or Seclusion**



Total Employee Injuries	3	5	4	16	9	8	14	13	12	8	11	4	13	10	19	8	17	9
Injuries Associated with R/S	0	0	2	6	2	0	2	3	3	0	0	0	2	2	1	0	2	0
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.38	1.02	0.35	0.00	0.35	0.50	0.50	0.00	0.00	0.00	0.34	0.33	0.18	0.00	0.34	0.00
UCL	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93
Avg	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

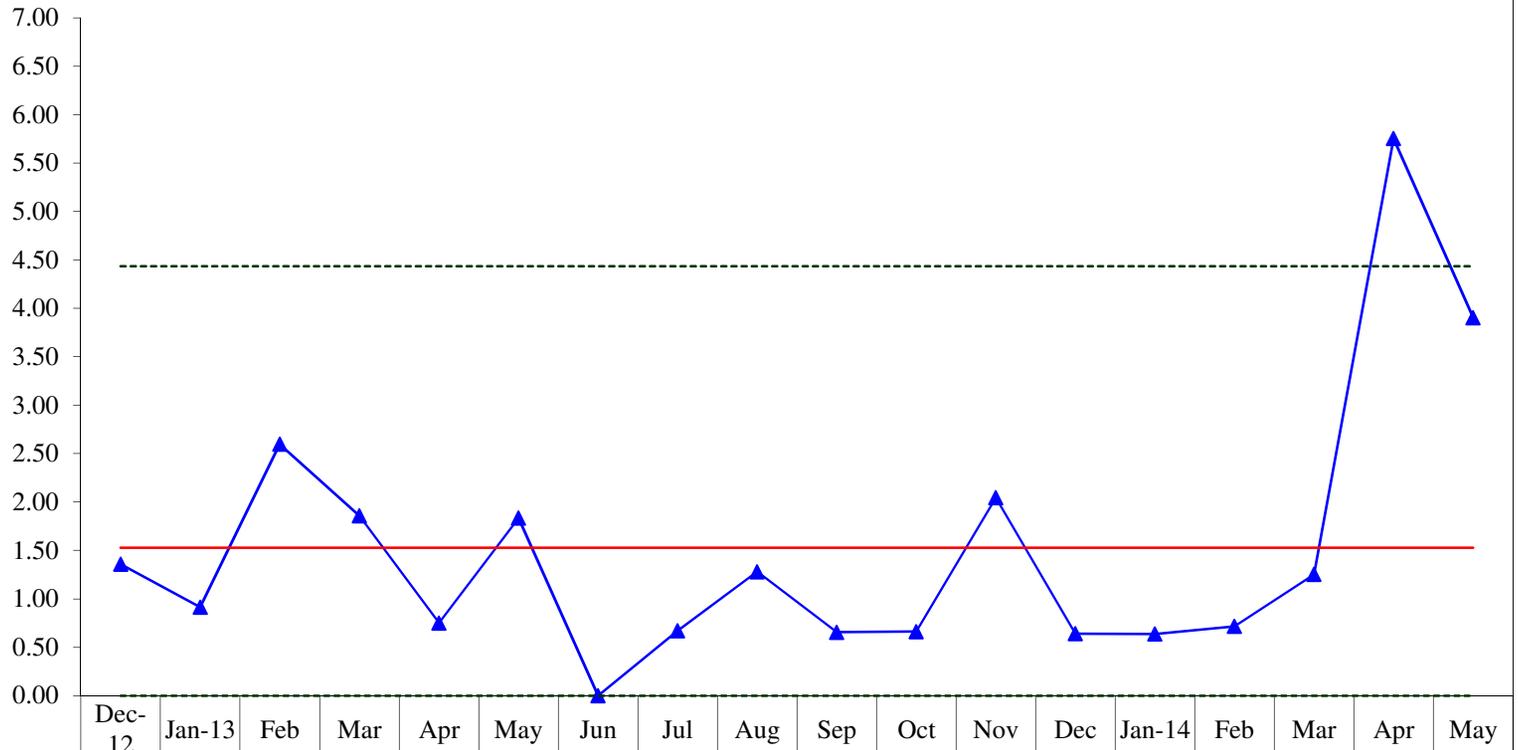
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	33	35	25	46	43	35	30	46	50	41	44	35	37	31	35	32	45	39
Injuries Associated with R/S	4	10	1	1	2	4	4	7	2	4	3	2	4	9	4	3	7	13
▲ Emp. Inj.(RS)/1000 Bed Days	0.23	0.57	0.06	0.05	0.11	0.22	0.23	0.38	0.11	0.23	0.17	0.12	0.24	0.54	0.28	0.18	0.42	0.73
----- UCL	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
— 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 Injuries Resulted by Patient Aggression  
Rio Grande State Center**

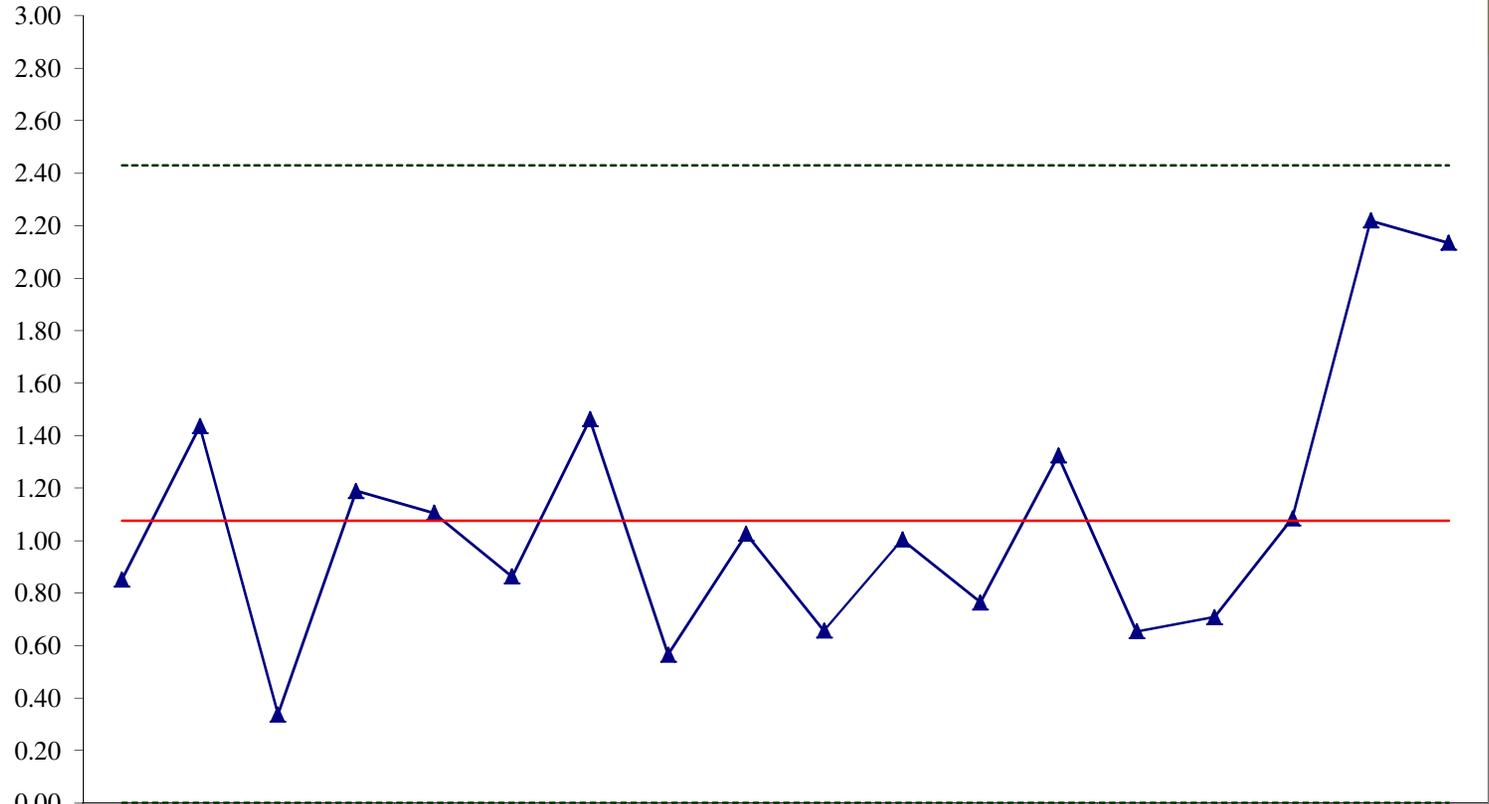
**Employee Injured During Restraint or Seclusion**



Total Employee Injuries	20	14	21	16	24	25	12	18	27	23	26	36	25	29	15	15	39	23
Injuries Associated with R/S	2	1	3	2	1	3	0	1	2	1	1	3	1	1	1	2	9	6
UCL	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43
Avg	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

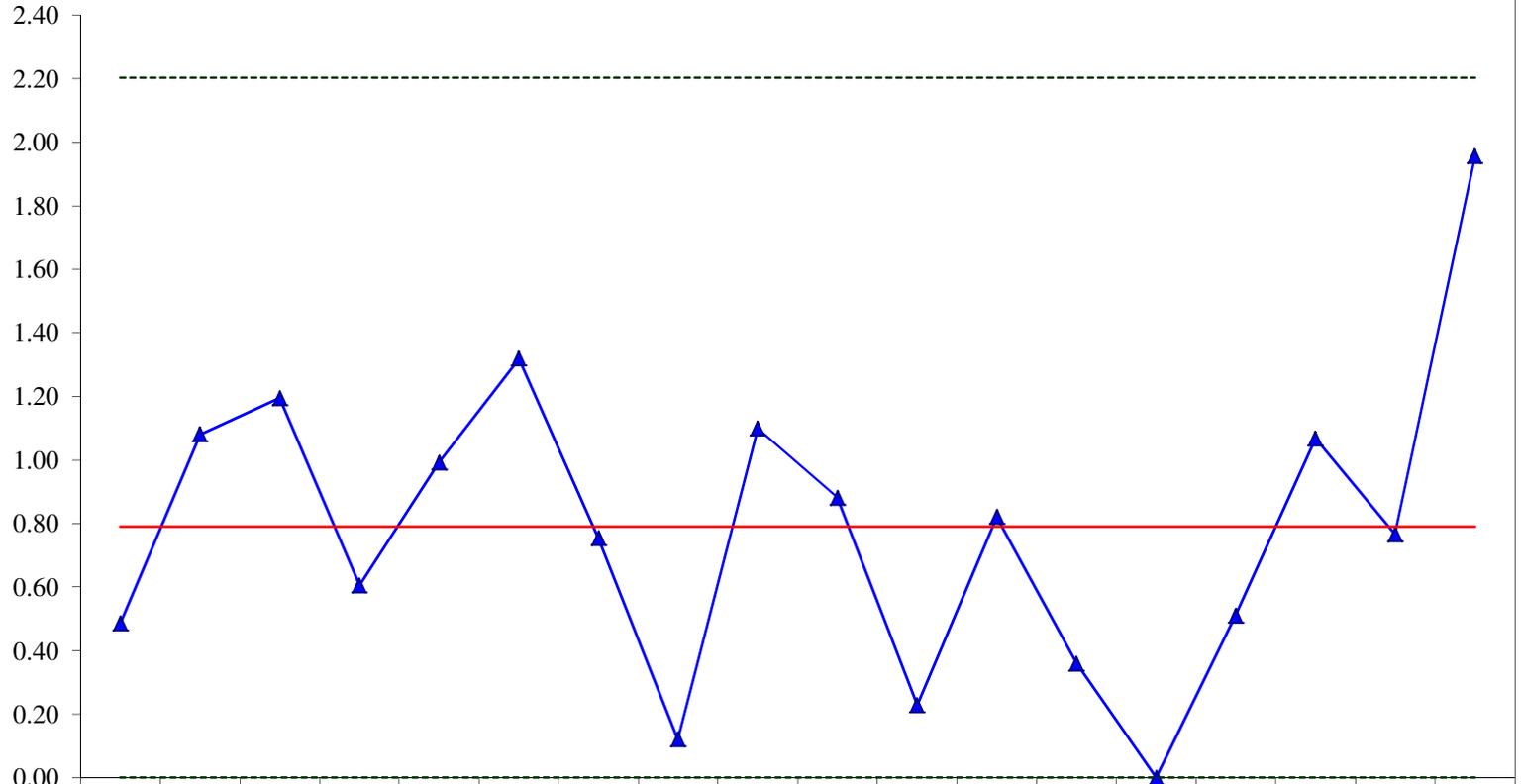
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	33	37	18	44	31	30	41	28	35	38	24	21	32	29	21	34	52	62
Injuries Associated with R/S	8	14	3	12	11	9	15	6	11	7	11	8	14	7	7	11	22	23
▲ Emp. Inj.(RS)/1000 Bed Days	0.85	1.44	0.34	1.19	1.11	0.86	1.46	0.57	1.03	0.66	1.00	0.76	1.32	0.65	0.71	1.08	2.22	2.13
----- UCL	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43
— Avg	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08	1.08
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

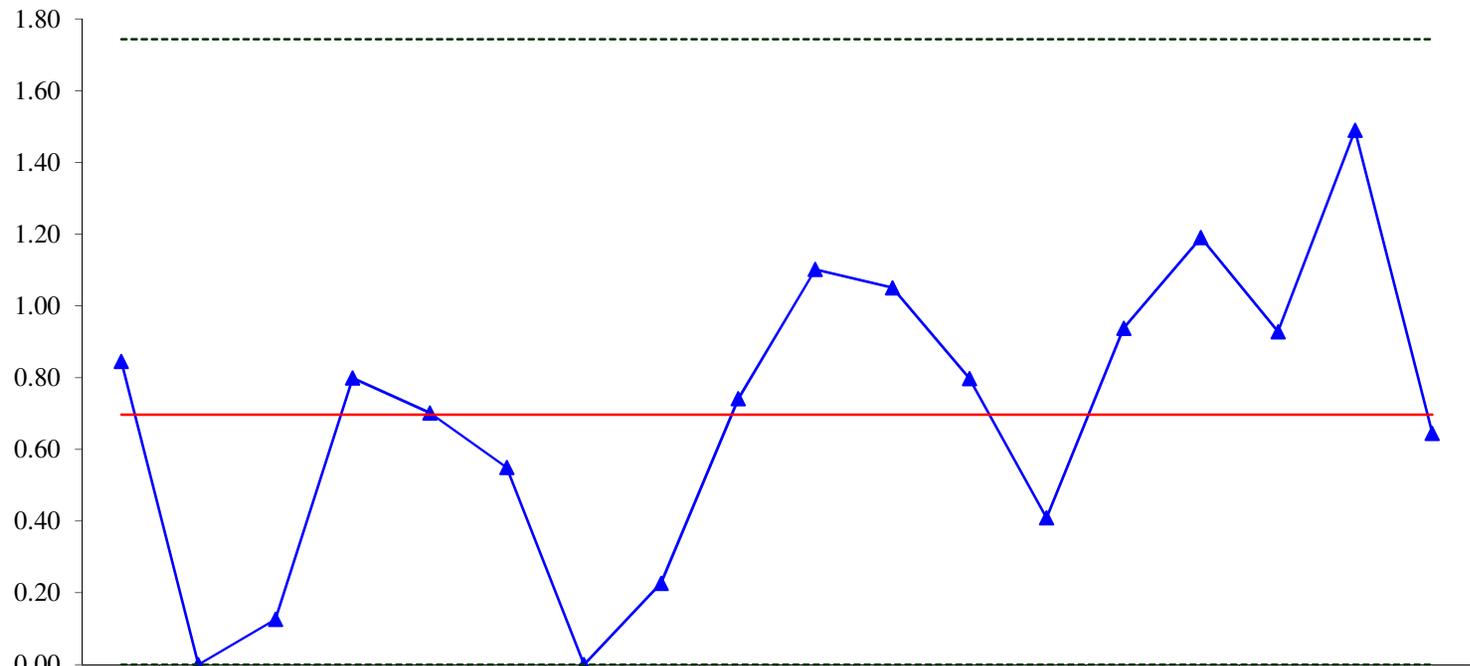
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	19	24	29	28	33	31	23	24	29	27	23	30	16	30	18	30	25	36
Injuries Associated with R/S	4	9	9	5	8	11	6	1	9	7	2	7	3	0	4	9	6	16
▲ Emp. Inj.(RS)/1000 Bed Days	0.48	1.08	1.19	0.61	0.99	1.32	0.75	0.12	1.10	0.88	0.23	0.82	0.36	0.00	0.51	1.07	0.77	1.96
----- UCL	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20	2.20
----- Avg	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

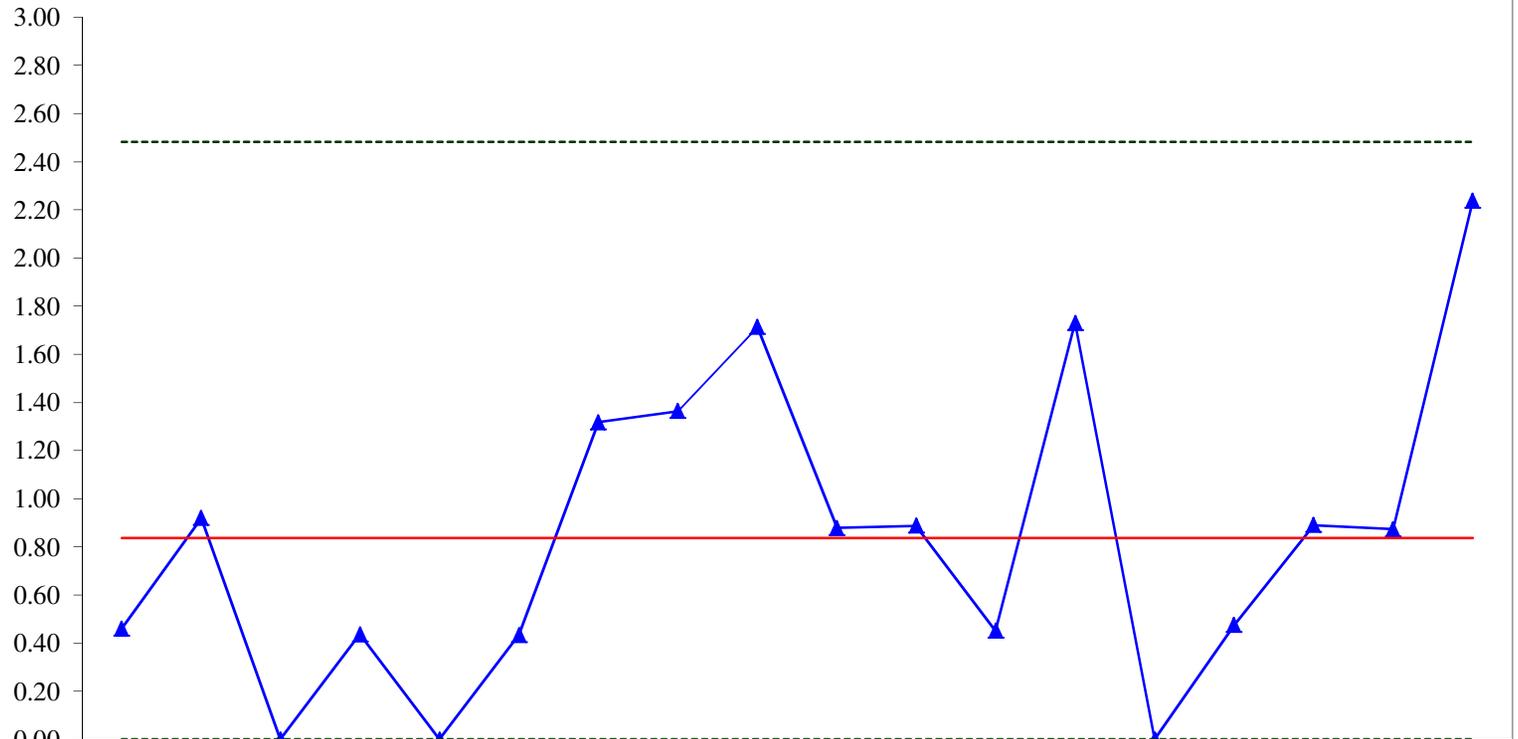
**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	24	19	34	32	26	26	28	36	38	31	33	23	21	17	36	22	29	19
Injuries Associated with R/S	7	0	1	7	6	5	0	2	6	8	8	6	3	7	8	7	11	5
▲ Emp. Inj.(RS)/1000 Bed Days	0.85	0.00	0.13	0.80	0.70	0.55	0.00	0.23	0.74	1.10	1.05	0.80	0.41	0.94	1.19	0.93	1.49	0.65
----- UCL	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74
— Avg	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

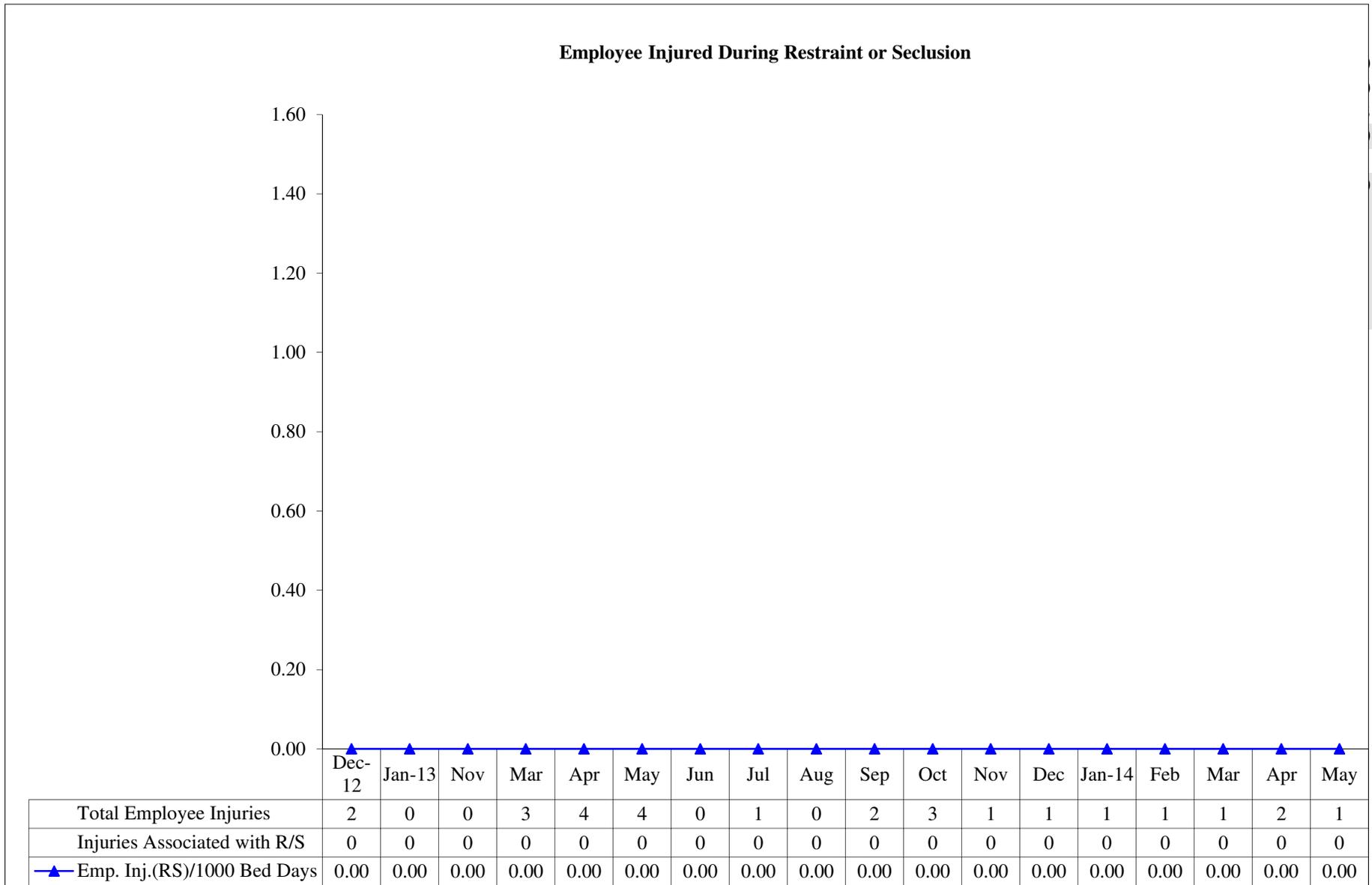
**Objective 6E - Employees Injuries Resulted by Patient Aggression  
Waco Center for Youth**

**Employee Injured During Restraint or Seclusion**



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Total Employee Injuries	2	3	0	1	2	3	4	5	4	10	5	4	6	0	3	3	2	6
Injuries Associated with R/S	1	2	0	1	0	1	3	3	4	2	2	1	4	0	1	2	2	5
Emp. Inj.(RS)/1000 Bed Days	0.46	0.92	0.00	0.44	0.00	0.43	1.32	1.36	1.71	0.88	0.89	0.45	1.73	0.00	0.48	0.89	0.87	2.24
UCL	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48
Avg	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
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



**Performance Objective 6F:**

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

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

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

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

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

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

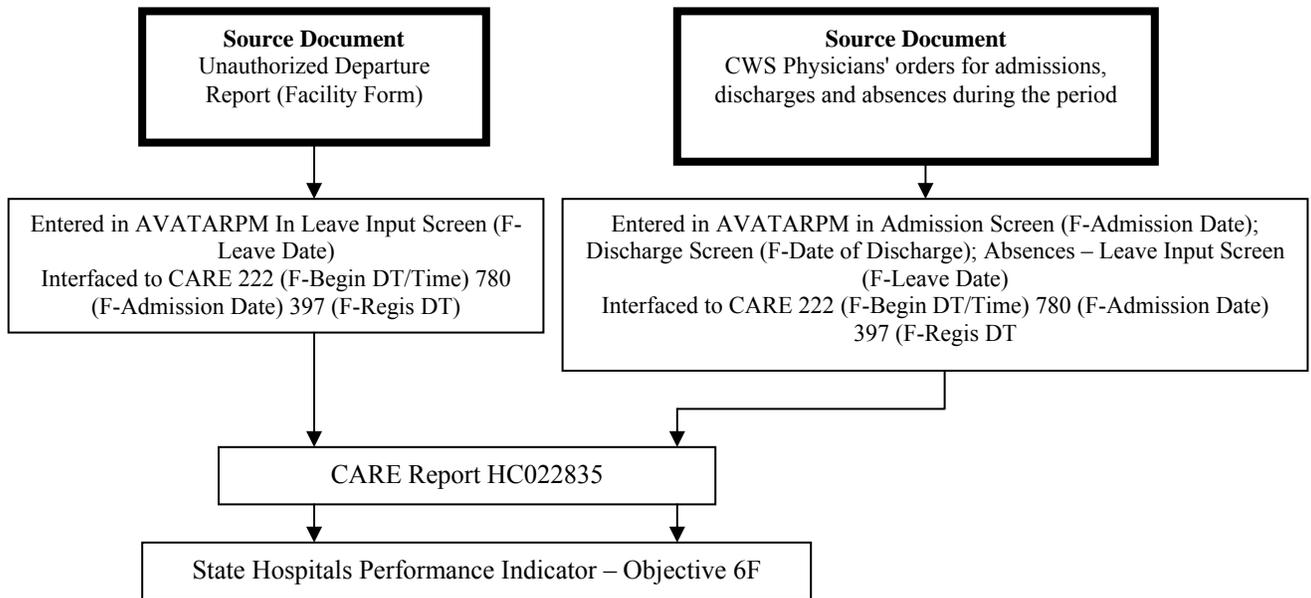
**Performance Objective Data Display and Chart Description:**

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

**Data Flow:**

**Numerator (N)**

**Denominator (D)**



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

ALL MH HOSPITALS	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Unauthorized Departures Incidents	21	24	31	26	24	25	24	19	24	23	27	33
Unauthorized Departures Persons	16	22	30	24	24	22	20	18	21	23	24	32
Bed Days in Month	70210	72259	71786	69015	70950	68340	68992	69389	62949	68909	67278	70503
Incidents/1000 Bed Days	0.30	0.33	0.43	0.38	0.34	0.37	0.35	0.27	0.38	0.33	0.40	0.47

**Performance Objective 6G:**

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

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

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

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

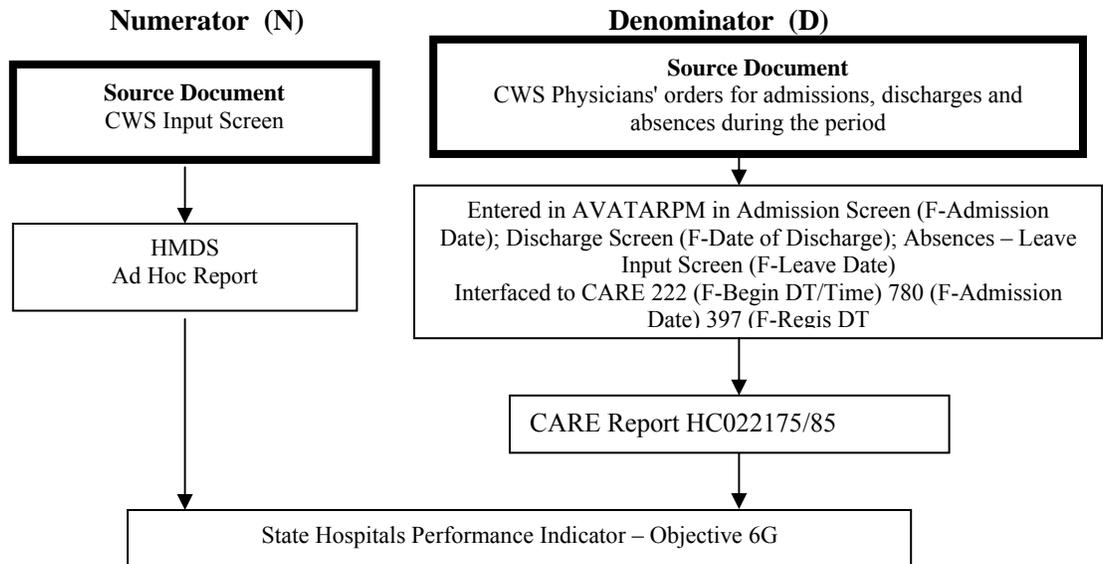
N = number of fall injuries D = number of bed days per FY quarter

1000 = bed day rate multiplier

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

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

**Data Flow:**



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

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
<b>ALL STATE HOSPITALS</b>															
All Falls	175	150	148	158	127	150	144	133	140	115	105	99	122	124	115
Bed Days in Month	72840	71338	73809	71329	73372	72895	70096	72047	69404	70012	70298	63785	69924	68310	71623
Falls/1000 Bed Days	2.40	2.10	2.01	2.22	1.73	2.06	2.05	1.85	2.02	1.64	1.49	1.55	1.74	1.82	1.61

**Performance Measure 6A:**

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

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

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

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

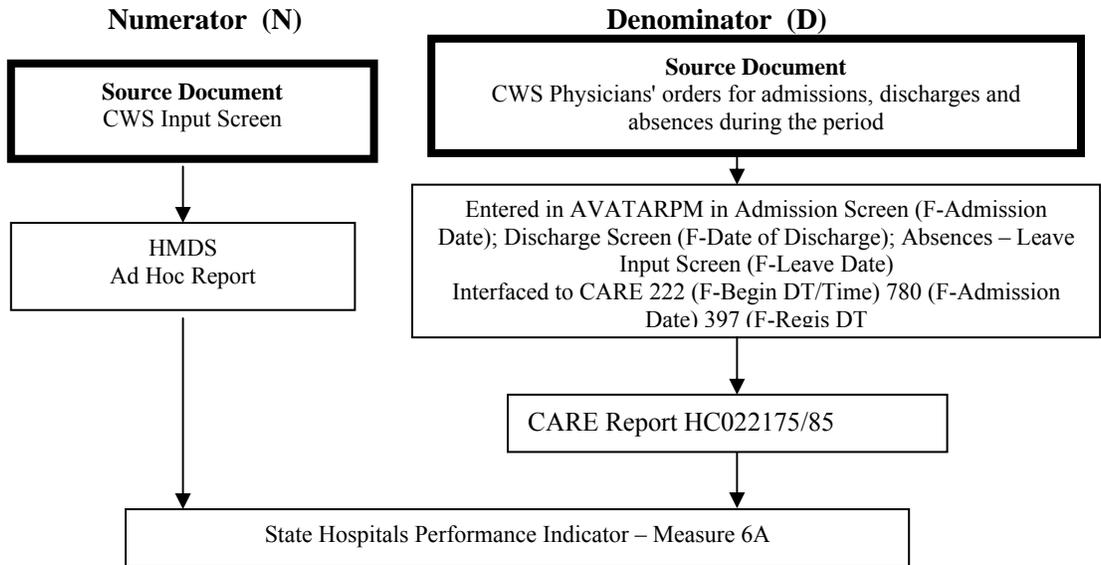
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

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

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

**Data Flow:**



**Measure 6A - Patient Injuries**

**All Mental Health Hospitals - FY14**

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	
<b>ALL MH</b>																													
Accident	1	417	325	35	4	0	<b>782</b>	0	362	238	20	0	0	<b>620</b>	0	410	291	42	3	0	<b>746</b>								
Another Client	0	544	285	39	1	0	<b>869</b>	1	462	222	30	0	0	<b>715</b>	1	475	281	48	1	0	<b>806</b>								
Alleged Abuse/Neglect																													
Employee/Accident	0	31	11	2	0	0	<b>44</b>	0	26	17	4	0	0	<b>47</b>	0	20	10	2	0	0	<b>32</b>								
Medical Condition	0	20	9	5	1	0	<b>35</b>	0	20	15	4	0	0	<b>39</b>	0	25	8	3	0	0	<b>36</b>								
Self Inflicted	0	224	282	21	0	0	<b>527</b>	1	205	242	14	0	0	<b>462</b>	1	281	332	47	0	0	<b>661</b>								
Undetermined	41	236	105	16	1	0	<b>399</b>	10	221	71	12	0	0	<b>314</b>	18	304	104	19	0	0	<b>445</b>								
Visitor	1	3	0	0	0	0	<b>4</b>	0	1	0	0	0	0	<b>1</b>	0	0	0	0	0	0	<b>0</b>								
<b>Total</b>	<b>43</b>	<b>1475</b>	<b>1017</b>	<b>118</b>	<b>7</b>	<b>0</b>	<b>2660</b>	<b>12</b>	<b>1297</b>	<b>805</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>2198</b>	<b>20</b>	<b>1515</b>	<b>1026</b>	<b>161</b>	<b>4</b>	<b>0</b>	<b>2726</b>								
Rate/1000 Bed Days	0.21	7.08	4.88	0.57	0.03	0.00	<b>0.60</b>	0.06	6.44	4.00	0.42	0.00	0.00	<b>0.42</b>	0.10	7.33	4.97	0.78	0.02	0.00	<b>0.54</b>								

N/A = Not Available

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

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

Hospitals	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
<b>ALL MH</b>																												
Age 0-17	18	149	199	15	0	0	<b>381</b>	3	120	150	4	0	0	<b>277</b>	9	218	250	23	0	0	<b>500</b>							
Age 18-64	24	1215	770	99	4	0	<b>2112</b>	9	1106	627	74	0	0	<b>1816</b>	9	1226	745	128	3	0	<b>2111</b>							
Age 65-older	1	111	48	4	3	0	<b>167</b>	0	71	28	6	0	0	<b>105</b>	2	71	31	10	1	0	<b>115</b>							
<b>Total</b>	<b>43</b>	<b>1475</b>	<b>1017</b>	<b>118</b>	<b>7</b>	<b>0</b>	<b>2660</b>	<b>12</b>	<b>1297</b>	<b>805</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>2198</b>	<b>20</b>	<b>1515</b>	<b>1026</b>	<b>161</b>	<b>4</b>	<b>0</b>	<b>2726</b>							

N/A = Not Available

**Performance Measure 6B:**

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

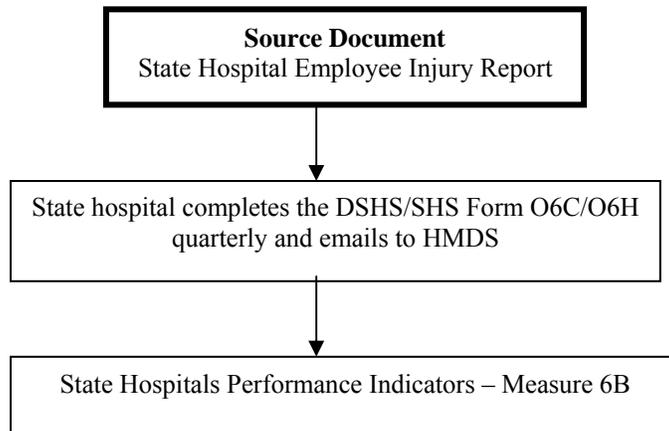
**Performance Measure Operational Definition:** The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

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

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

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

**Data Flow:**



**Measure 6B - Employee Injuries**  
**All State Hospitals - Q3 FY14**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	21	24	7	18	63	45	89	40	25	1	9	342
<b>Per 1,000 Bed Days</b>	<b>0.87</b>	<b>1.36</b>	<b>1.14</b>	<b>0.99</b>	<b>1.23</b>	<b>9.58</b>	<b>2.89</b>	<b>1.64</b>	<b>1.10</b>	<b>0.31</b>	<b>1.33</b>	<b>1.63</b>
Age 40-64	12	19	5	16	50	31	56	50	41	3	2	285
<b>Per 1,000 Bed Days</b>	<b>0.50</b>	<b>1.08</b>	<b>0.81</b>	<b>0.88</b>	<b>0.98</b>	<b>6.60</b>	<b>1.82</b>	<b>2.04</b>	<b>1.81</b>	<b>0.93</b>	<b>0.30</b>	<b>1.36</b>
Age 65 - Older	1	3	0	0	3	1	3	1	4	0	0	16
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.17</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>	<b>0.21</b>	<b>0.10</b>	<b>0.04</b>	<b>0.18</b>	<b>0.00</b>	<b>0.00</b>	<b>0.08</b>
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Total	34	46	12	34	116	77	148	91	70	4	11	643
<b>Per 1,000 Bed Days</b>	<b>1.41</b>	<b>2.61</b>	<b>1.95</b>	<b>1.87</b>	<b>2.27</b>	<b>16.39</b>	<b>4.80</b>	<b>3.72</b>	<b>3.09</b>	<b>1.24</b>	<b>1.62</b>	<b>3.06</b>

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

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
<b>Q1 Total Injuries</b>	<b>28</b>	<b>46</b>	<b>16</b>	<b>23</b>	<b>120</b>	<b>85</b>	<b>83</b>	<b>80</b>	<b>87</b>	<b>6</b>	<b>19</b>	<b>593</b>
# Injuries Associated with Patient Aggression/No Restraint	10	21	4	11	64	67	34	33	32	0	5	<b>281</b>
	<b>36%</b>	<b>46%</b>	<b>25%</b>	<b>48%</b>	<b>53%</b>	<b>79%</b>	<b>41%</b>	<b>41%</b>	<b>37%</b>	<b>0%</b>	<b>26%</b>	<b>47%</b>
<b>Q2 Total Injuries</b>	<b>42</b>	<b>40</b>	<b>11</b>	<b>42</b>	<b>103</b>	<b>69</b>	<b>82</b>	<b>64</b>	<b>74</b>	<b>3</b>	<b>9</b>	<b>539</b>
# Injuries Associated with Patient Aggression/No Restraint	16	21	1	7	42	51	33	35	34	0	0	<b>240</b>
	<b>38%</b>	<b>53%</b>	<b>9%</b>	<b>17%</b>	<b>41%</b>	<b>74%</b>	<b>40%</b>	<b>55%</b>	<b>46%</b>	<b>0%</b>	<b>0%</b>	<b>45%</b>
<b>Q3 Total Injuries</b>	<b>34</b>	<b>46</b>	<b>12</b>	<b>34</b>	<b>116</b>	<b>77</b>	<b>148</b>	<b>91</b>	<b>70</b>	<b>4</b>	<b>11</b>	<b>643</b>
# Injuries Associated with Patient Aggression/No Restraint	9	31	4	9	57	38	51	33	25	0	0	<b>257</b>
	<b>26%</b>	<b>67%</b>	<b>33%</b>	<b>26%</b>	<b>49%</b>	<b>49%</b>	<b>34%</b>	<b>36%</b>	<b>36%</b>	<b>0%</b>	<b>0%</b>	<b>40%</b>
<b>Q4 Total Injuries</b>												
# Injuries Associated with Patient Aggression/No Restraint												
<b>FY Total Injuries</b>	<b>104</b>	<b>132</b>	<b>39</b>	<b>99</b>	<b>339</b>	<b>231</b>	<b>313</b>	<b>235</b>	<b>231</b>	<b>13</b>	<b>39</b>	<b>1775</b>
# Injuries Associated with Patient Aggression/No Restraint	35	73	9	27	163	156	118	101	91	0	5	<b>778</b>
	<b>34%</b>	<b>55%</b>	<b>23%</b>	<b>27%</b>	<b>48%</b>	<b>68%</b>	<b>38%</b>	<b>43%</b>	<b>39%</b>	<b>0%</b>	<b>13%</b>	<b>44%</b>

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

**FY2014**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	62	74	20	45	174	122	191	94	78	1	24	<b>885</b>
<b>Per 1,000 Bed Days</b>	<b>0.85</b>	<b>1.40</b>	<b>1.10</b>	<b>0.85</b>	<b>1.16</b>	<b>8.89</b>	<b>2.03</b>	<b>1.26</b>	<b>1.17</b>	<b>0.11</b>	<b>1.18</b>	<b>1.41</b>
Age 40-64	39	54	19	50	148	106	114	140	144	12	14	<b>840</b>
<b>Per 1,000 Bed Days</b>	<b>0.53</b>	<b>1.02</b>	<b>1.04</b>	<b>0.94</b>	<b>0.99</b>	<b>7.72</b>	<b>1.21</b>	<b>1.88</b>	<b>2.16</b>	<b>1.31</b>	<b>0.69</b>	<b>1.34</b>
Age 65 - Older	3	4	0	3	17	2	8	1	8	0	1	<b>47</b>
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.08</b>	<b>0.00</b>	<b>0.06</b>	<b>0.11</b>	<b>0.15</b>	<b>0.09</b>	<b>0.01</b>	<b>0.12</b>	<b>0.00</b>	<b>0.05</b>	<b>0.08</b>
Unknown	0	0	0	1	0	1	0	0	1	0	0	<b>3</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>	<b>0.07</b>	<b>0.00</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Total	104	132	39	99	339	231	313	235	231	13	39	<b>1775</b>
<b>Per 1,000 Bed Days</b>	<b>1.42</b>	<b>2.50</b>	<b>2.14</b>	<b>1.86</b>	<b>2.26</b>	<b>16.83</b>	<b>3.33</b>	<b>3.16</b>	<b>3.47</b>	<b>1.42</b>	<b>1.92</b>	<b>2.84</b>

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

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
<b>Q1 Total Injuries</b>	<b>28</b>	<b>46</b>	<b>16</b>	<b>23</b>	<b>120</b>	<b>85</b>	<b>83</b>	<b>80</b>	<b>87</b>	<b>6</b>	<b>19</b>	<b>593</b>
# Injuries Associated with Patient Aggression/No Restraint	10	21	4	11	64	67	34	33	32	0	5	281
<b>Per 1,000 Bed days</b>	<b>0.40</b>	<b>1.18</b>	<b>0.68</b>	<b>0.63</b>	<b>1.25</b>	<b>14.87</b>	<b>1.06</b>	<b>1.31</b>	<b>1.43</b>	<b>0.00</b>	<b>0.74</b>	<b>1.33</b>
<b>Q2 Total Injuries</b>	<b>42</b>	<b>40</b>	<b>11</b>	<b>42</b>	<b>103</b>	<b>69</b>	<b>82</b>	<b>64</b>	<b>74</b>	<b>3</b>	<b>9</b>	<b>539</b>
# Injuries Associated with Patient Aggression/No Restraint	16	21	1	7	42	51	33	35	34	0	0	240
<b>Per 1,000 Bed days</b>	<b>0.67</b>	<b>1.21</b>	<b>0.16</b>	<b>0.40</b>	<b>0.88</b>	<b>11.27</b>	<b>1.06</b>	<b>1.42</b>	<b>1.58</b>	<b>0.00</b>	<b>0.00</b>	<b>1.18</b>
<b>Q3 Total Injuries</b>	<b>34</b>	<b>46</b>	<b>12</b>	<b>34</b>	<b>116</b>	<b>77</b>	<b>148</b>	<b>91</b>	<b>70</b>	<b>4</b>	<b>11</b>	<b>643</b>
# Injuries Associated with Patient Aggression/No Restraint	9	31	4	9	57	38	51	33	25	0	0	257
<b>Per 1,000 Bed days</b>	<b>0.37</b>	<b>1.76</b>	<b>0.65</b>	<b>0.49</b>	<b>1.11</b>	<b>8.09</b>	<b>1.65</b>	<b>1.35</b>	<b>1.10</b>	<b>0.00</b>	<b>0.00</b>	<b>1.22</b>
<b>Q4 Total Injuries</b>												
# Injuries Associated with Patient Aggression/No Restraint												
<b>Per 1,000 Bed days</b>												
<b>FY Total Injuries</b>	<b>104</b>	<b>132</b>	<b>39</b>	<b>99</b>	<b>339</b>	<b>231</b>	<b>313</b>	<b>235</b>	<b>231</b>	<b>13</b>	<b>39</b>	<b>1775</b>
# Injuries Associated with Patient Aggression/No Restraint	35	73	9	27	163	156	118	101	91	0	5	778
<b>Per 1,000 Bed days</b>	<b>0.48</b>	<b>1.38</b>	<b>0.49</b>	<b>0.51</b>	<b>1.09</b>	<b>11.37</b>	<b>1.25</b>	<b>1.36</b>	<b>1.37</b>	<b>0.00</b>	<b>0.25</b>	<b>1.24</b>

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

### **Performance Objective 7F:**

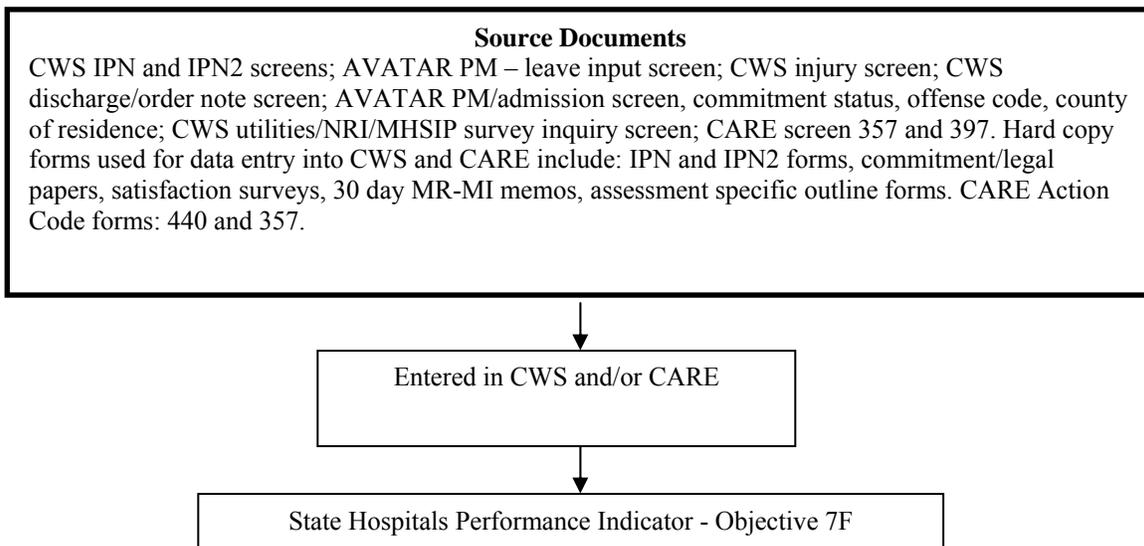
**Maintain 95% compliance for Data Integrity Review (DIR) measures.**

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

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

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

### **Data Flow:**



**Objective 7F - Data Integrity Review Measures**  
**All State Hospitals - As of May 31, 2014**

Measure	TCID 10/12	WCY 5/13	SASH 5/13	RSH 6/13	NTSH 8/13	ASH 8/13	RGSC 8/13	BSH 04/14	TSH 4/14	EPPC 4/14	KSH 5/14
RESTR	NA	NA	100	100	NA	100	100	100	100	100	100
SECL	NA	NA	NA	100	NA	100	100	NA	100	100	NA
LEAVE	NA	100	100	100	100	100	100	100	100	100	100
ELOPE	100	NA	100	100	100	100	100	NA	100	100	100
INJURY	100	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	NA	NA	100	NA	100	100	100	NA	100	NA
MR/MI CARE	NA	NA	NA	100	NA	100	100	100	NA	100	NA
MR/MI Comb	NA	NA	NA	100	NA	100	100	100	NA	100	NA
NRI-S/A	NA	NA	99	98	100	100	100	100	100	99	100
NRI-S/C	NA	100	100	NA	100	100	NA	100	100		NA
COMMIT	NA	100	100	100	100	100	100	100	100	100	100
OFFENSE	NA	NA	100	100	100	100	100	100	100	0	100
CTY RES	NA	100	99	100	100	97	83	100	90	100	100
%	100.00	100	99.78	99.83	100.00	99.77	98.58	100.00	99.00	91.58	100.00
CWS Finalization											
AIMS	NA	100	94	99	87	92.65	96	100	99	100	100
NURSING	100	100	94	97	90	90.10	99	100	93	100	100
MEDICAL HX	100	100	93	100	87	87.22	98	96	98	98	100
PHYS EXAM	100	100	93	100	86	89	96	96	98	99	100
DIAGNOSIS	NA	100	97	99	93	95.53	97	98	100	100	100
MENTAL S.E	NA	100	99	100	90	94.25	94	100	100	99	100
PSY EVAL	100	100	98	100	89	93.61	94	98	100	99	100
SOCIAL HX	100	90	91	97	95	95.53	98	100	95	100	100
SUICIDE ASSESSMENT-Admit											
Numerator	102	79	1391	554	1465	2306	724	418	1386	803	32
Denominator	102	80	1464	560	1632	2504	752	424	1416	808	32
%	97	99	95	99	90	92	96	99	98	99	100
CWS Forms Finalized											
TX PLAN*	NA	100	100	100	100	100	98	100	100	100	100
TX PLAN REV	NA	100	100	100	100	100	100	100	100	100	100
CONSENT 9-7	NA	100	100	100	100	100	100	100	100	100	100
RIGHTS 9-1	NA	100	100	100	100	100	97	100	100	100	100
External Validation											
R/S VALIDATION	NA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

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

## ***GOAL 8: Assure A Competent Workforce***

### **Performance Objective 8A:**

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

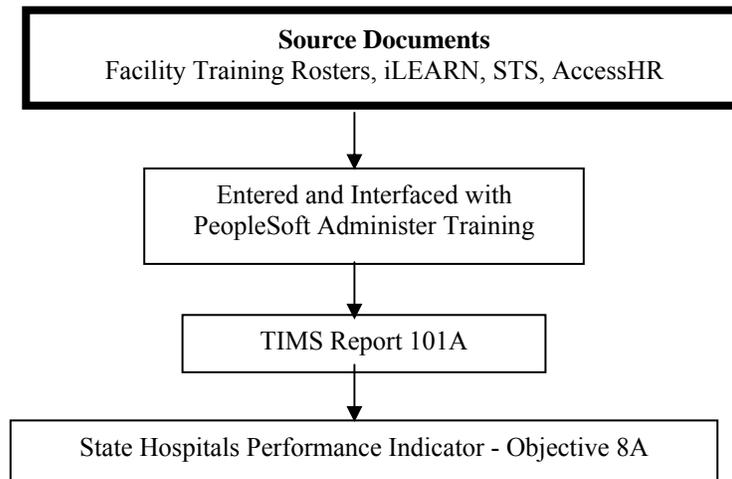
**Performance Objective Operational Definition:** The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered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

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

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

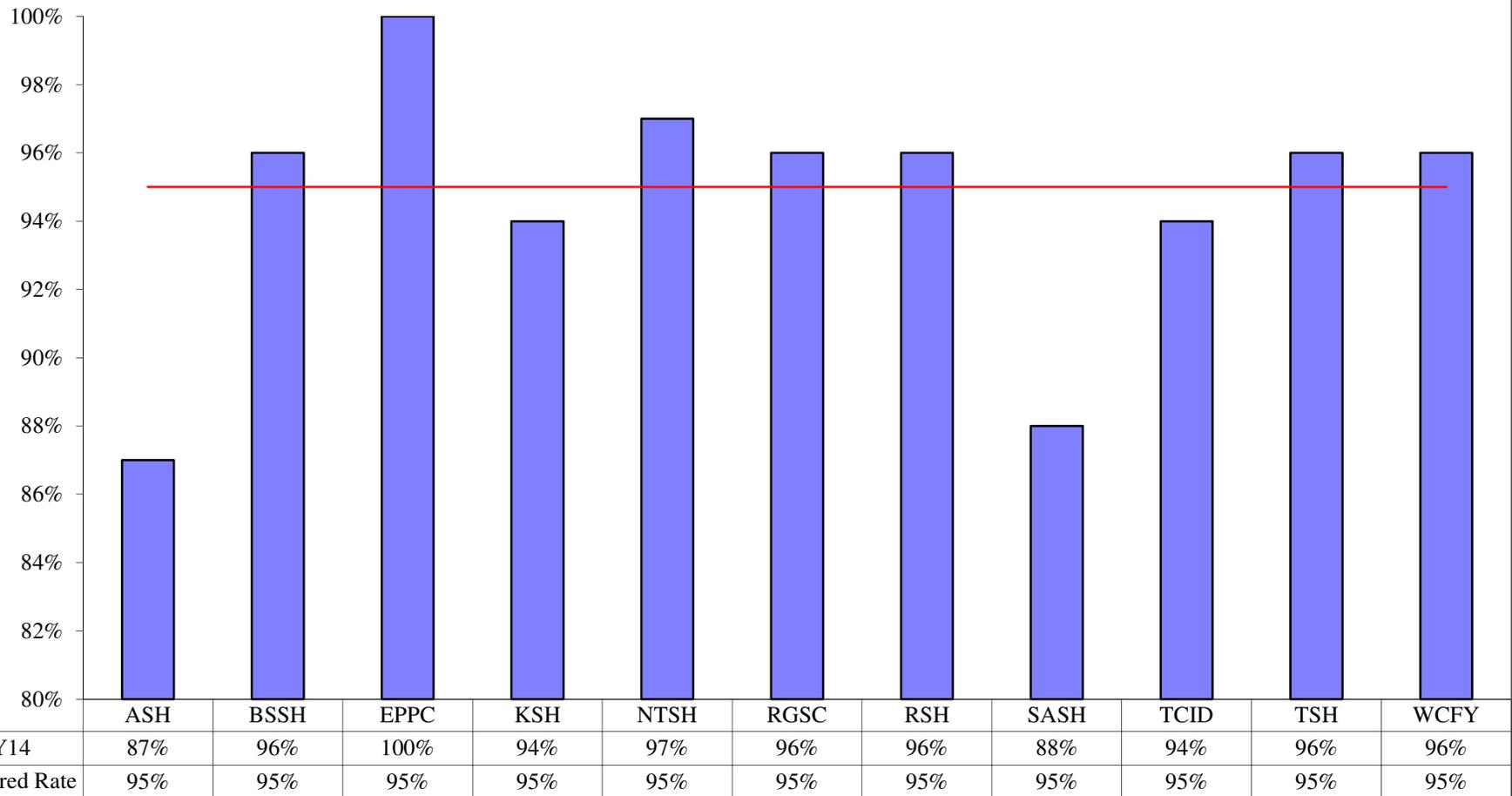
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

### **Data Flow:**



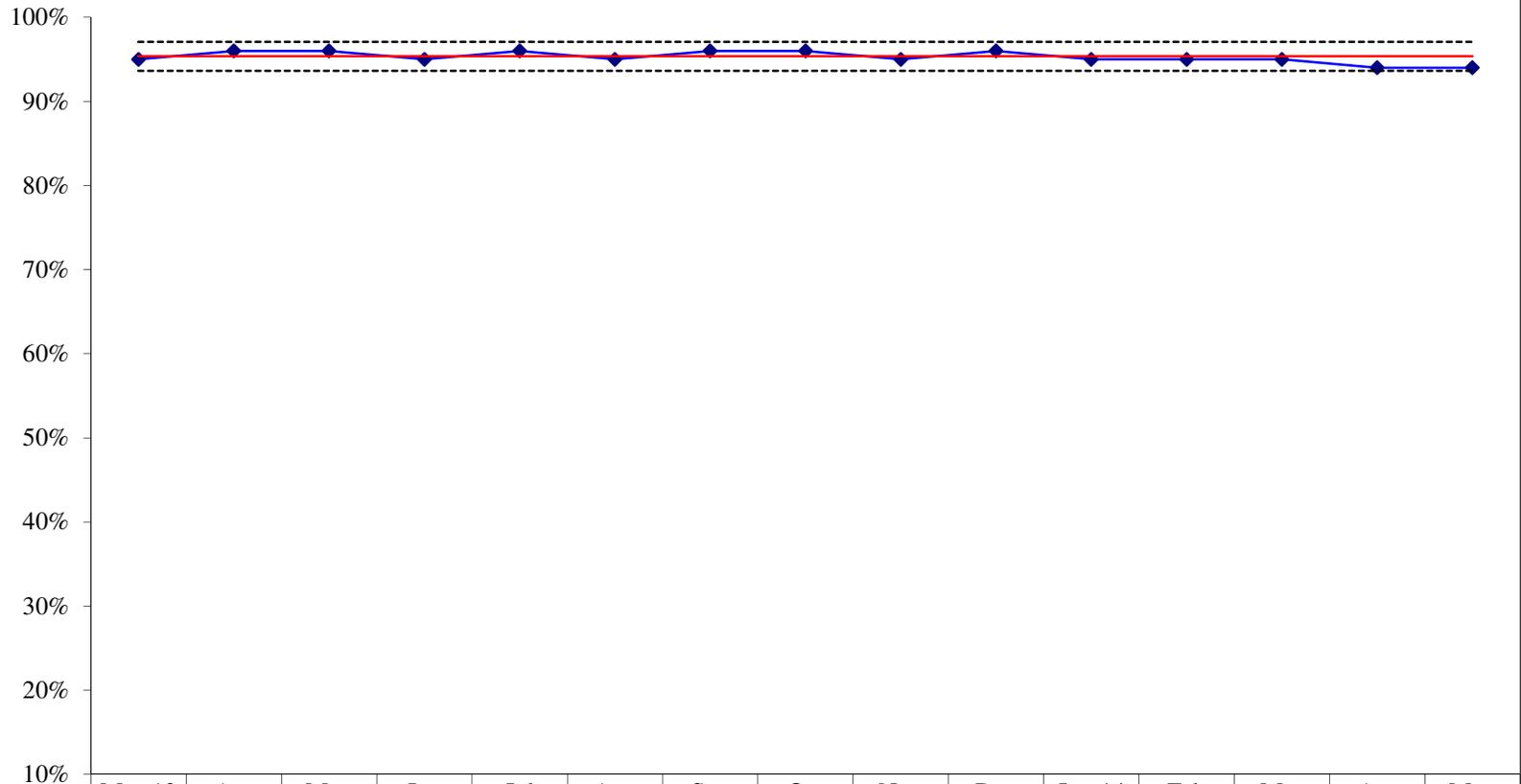
**Objective 8A - Staff Current With CORE and Specialty Training  
All State Hospitals**

**CORE and Specialty Training  
(As of May 31, 2014)**



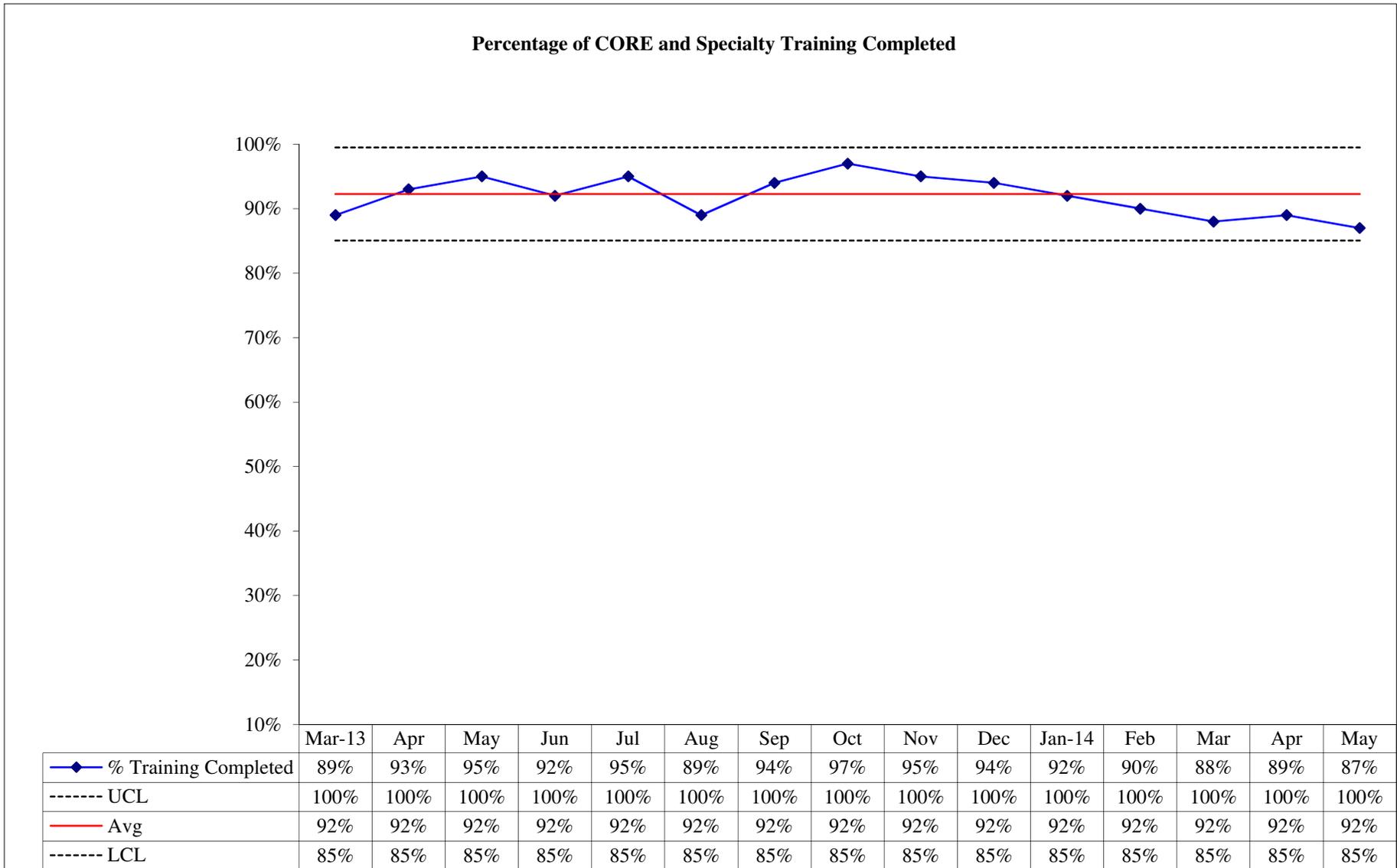
**Objective 8A - Staff Current With CORE and Specialty Training**  
**All State Hospitals**

**Percentage of CORE and Specialty Training Completed**



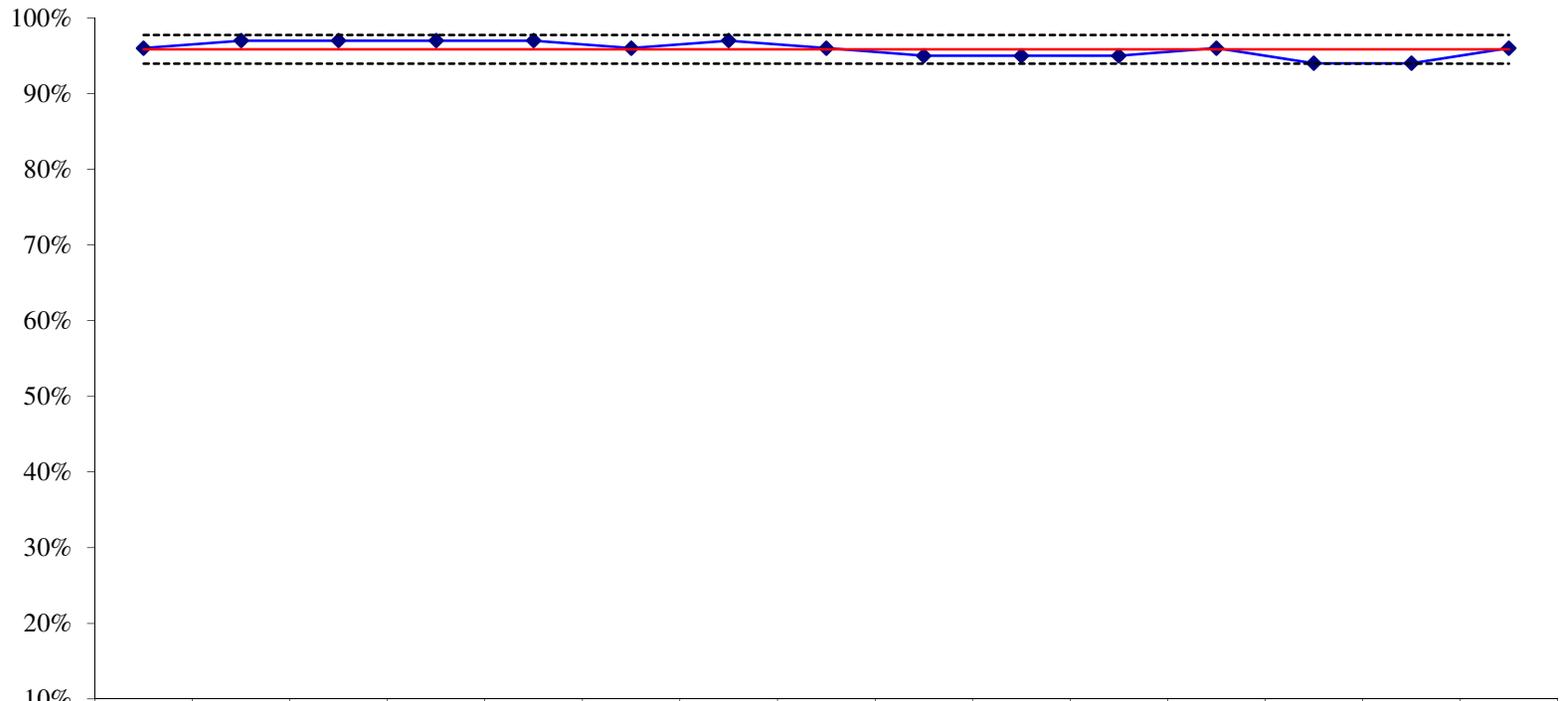
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	95%	96%	96%	95%	96%	95%	96%	96%	95%	96%	95%	95%	95%	94%	94%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

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



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

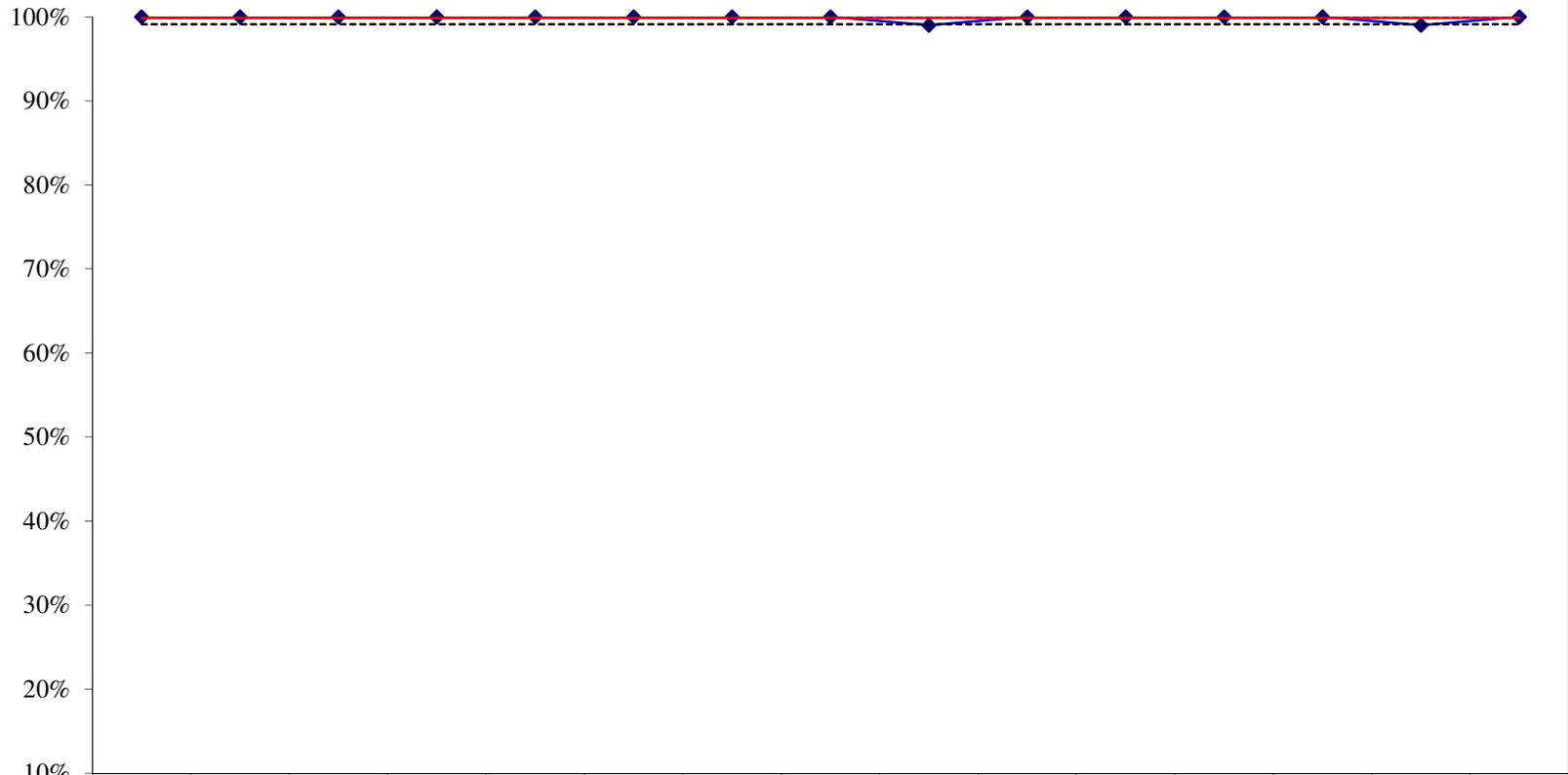
**Percentage of CORE and Specialty Training Completed**



◆ % Training Completed	96%	97%	97%	97%	97%	96%	97%	96%	95%	95%	95%	96%	94%	94%	96%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

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

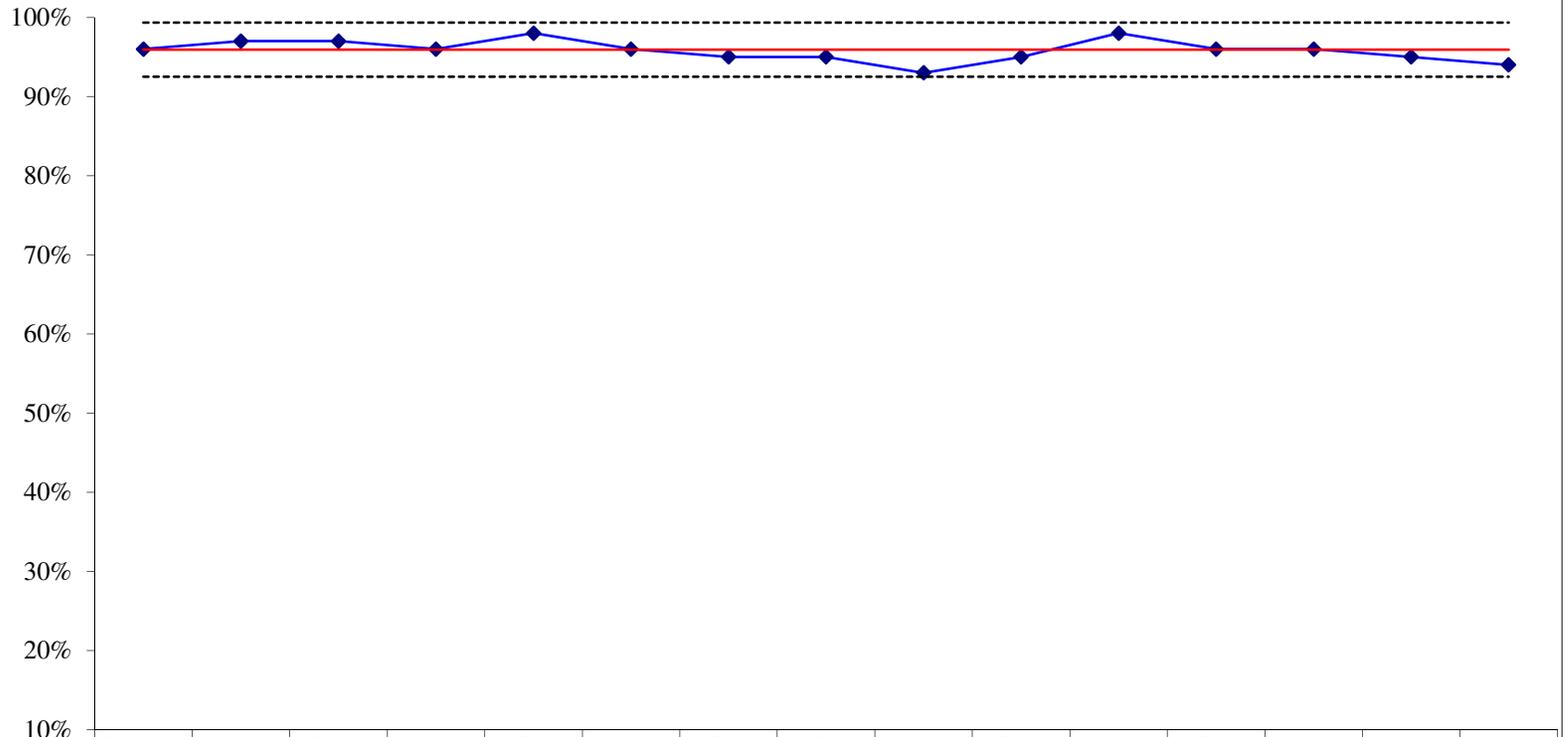
**Percentage of CORE and Specialty Training Completed**



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	99%	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	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

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

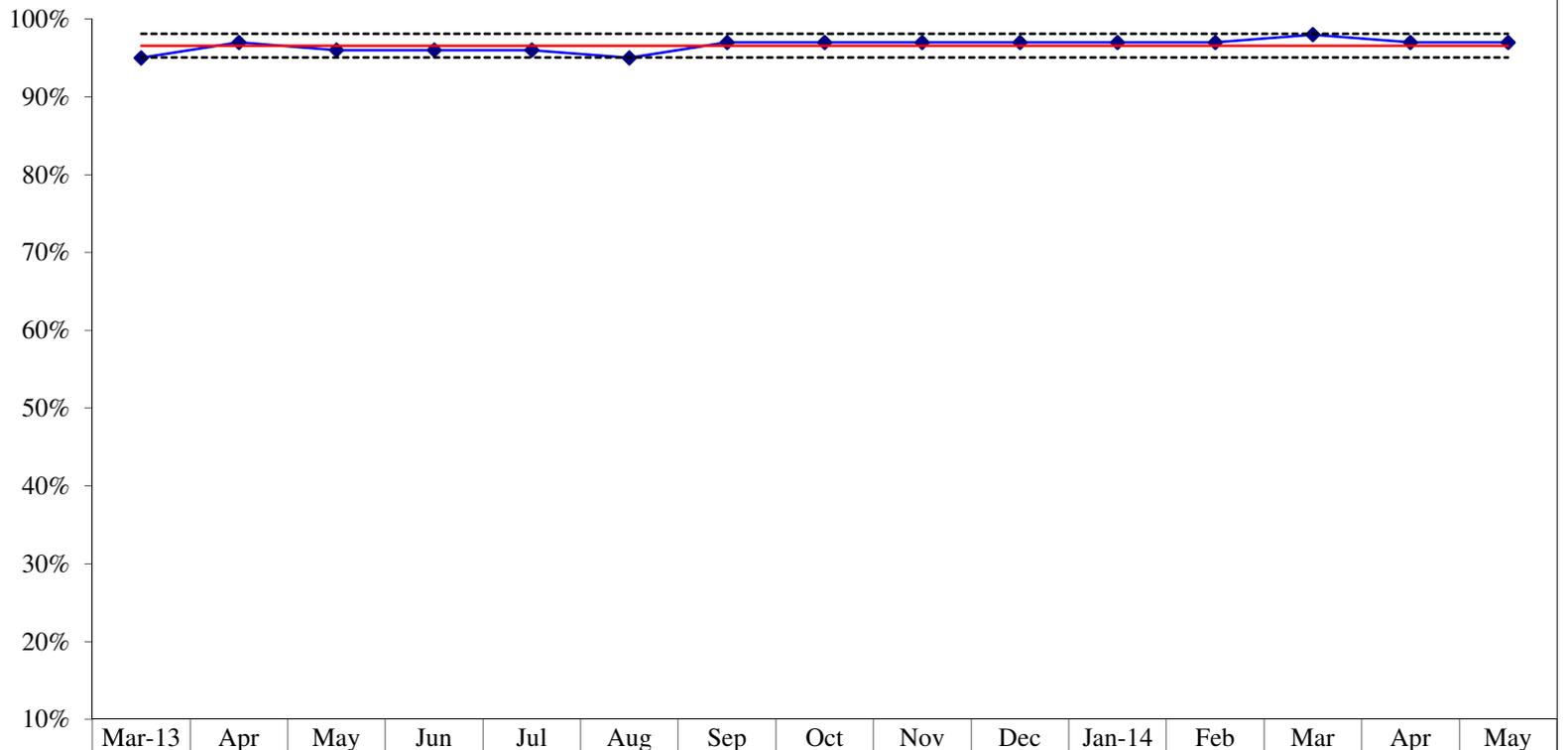
**Percentage of CORE and Specialty Training Completed**



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	96%	97%	97%	96%	98%	96%	95%	95%	93%	95%	98%	96%	96%	95%	94%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

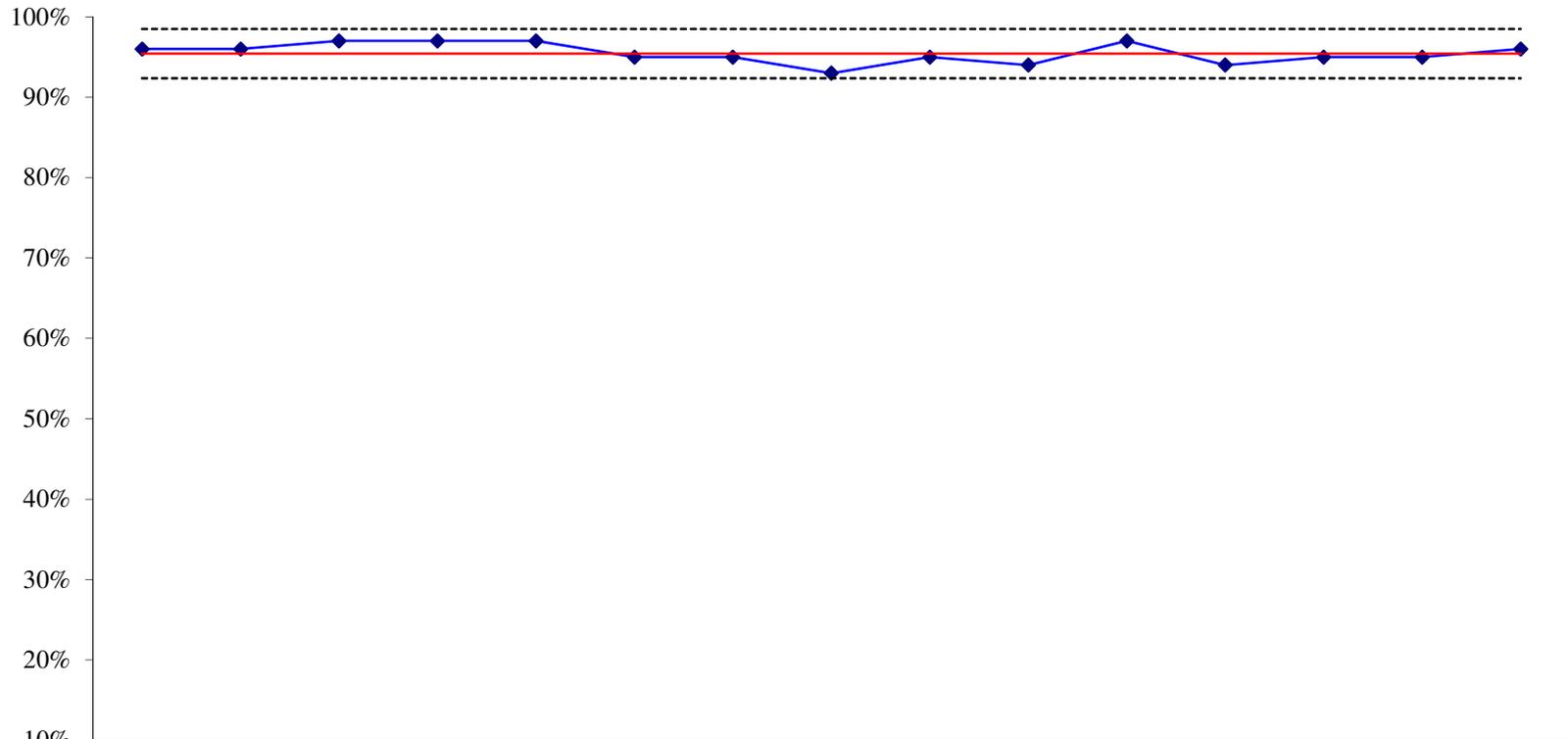
**Objective 8A - Staff Current With CORE and Specialty Training**  
**North Texas State Hospital**

**Percentage of CORE and Specialty Training Completed**



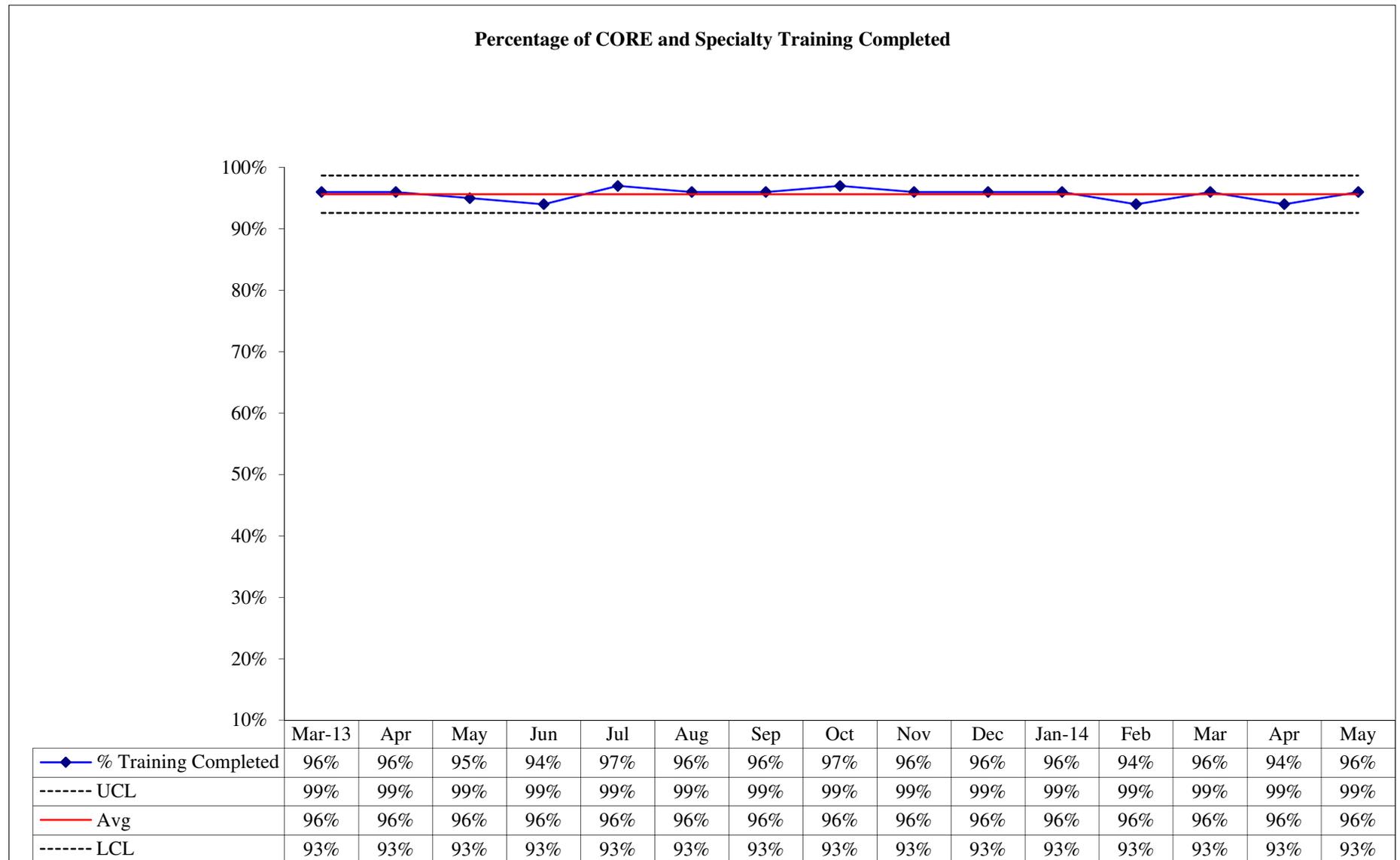
**Objective 8A - Staff Current With CORE and Specialty Training**  
**Rio Grande State Center**

**Percentage of CORE and Specialty Training Completed**



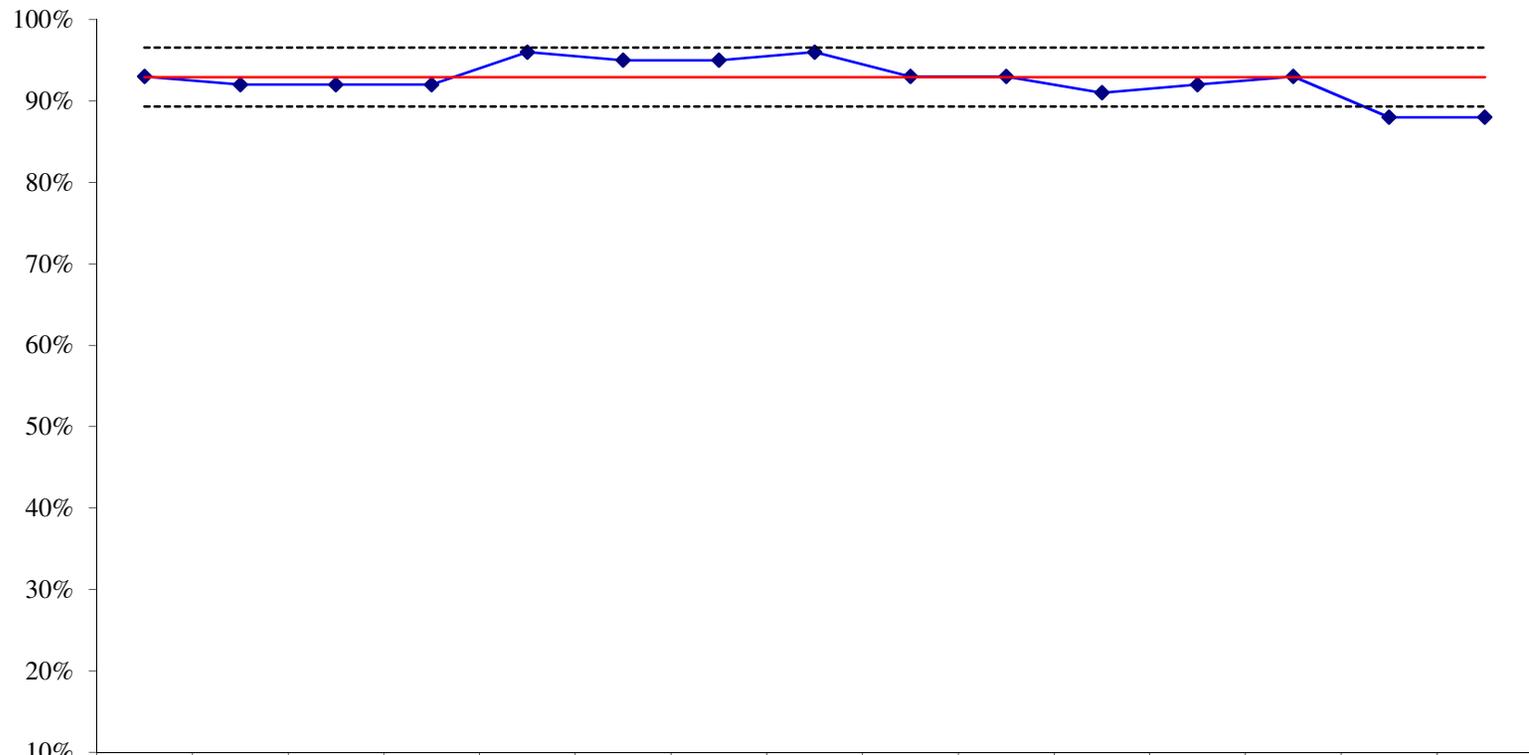
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	96%	96%	97%	97%	97%	95%	95%	93%	95%	94%	97%	94%	95%	95%	96%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

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



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

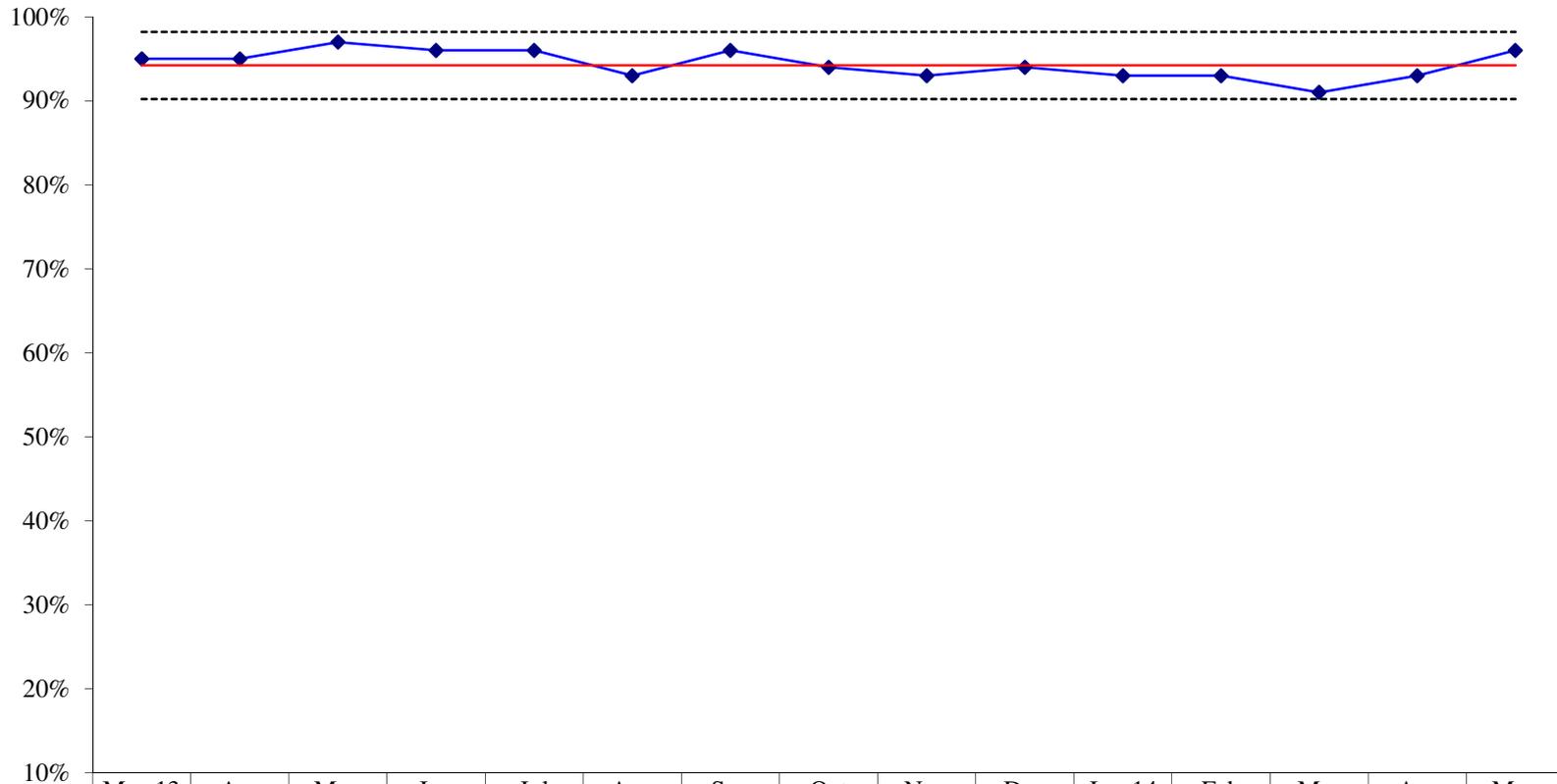
**Percentage of CORE and Specialty Training Completed**



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	93%	92%	92%	92%	96%	95%	95%	96%	93%	93%	91%	92%	93%	88%	88%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

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

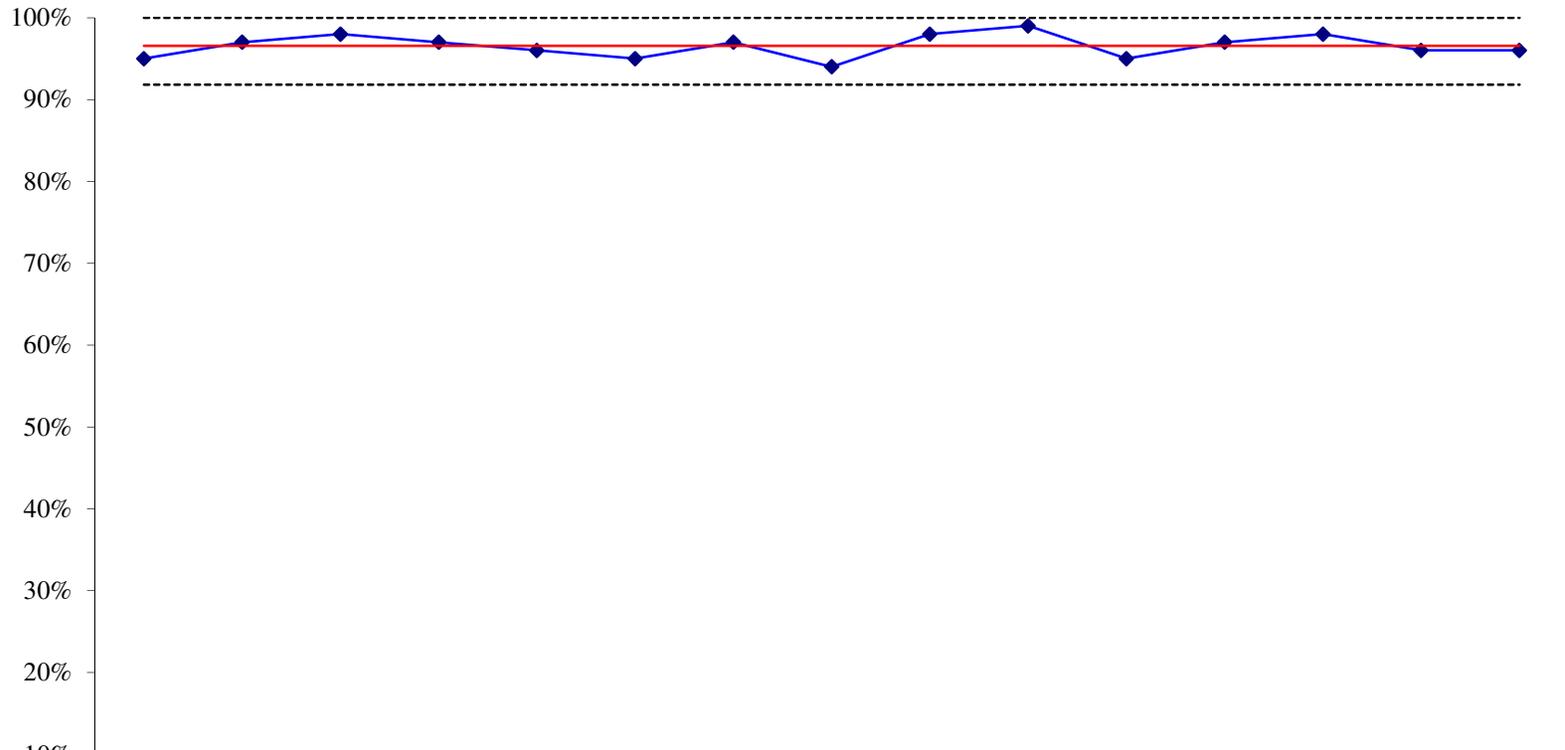
**Percentage of CORE and Specialty Training Completed**



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	95%	95%	97%	96%	96%	93%	96%	94%	93%	94%	93%	93%	91%	93%	96%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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

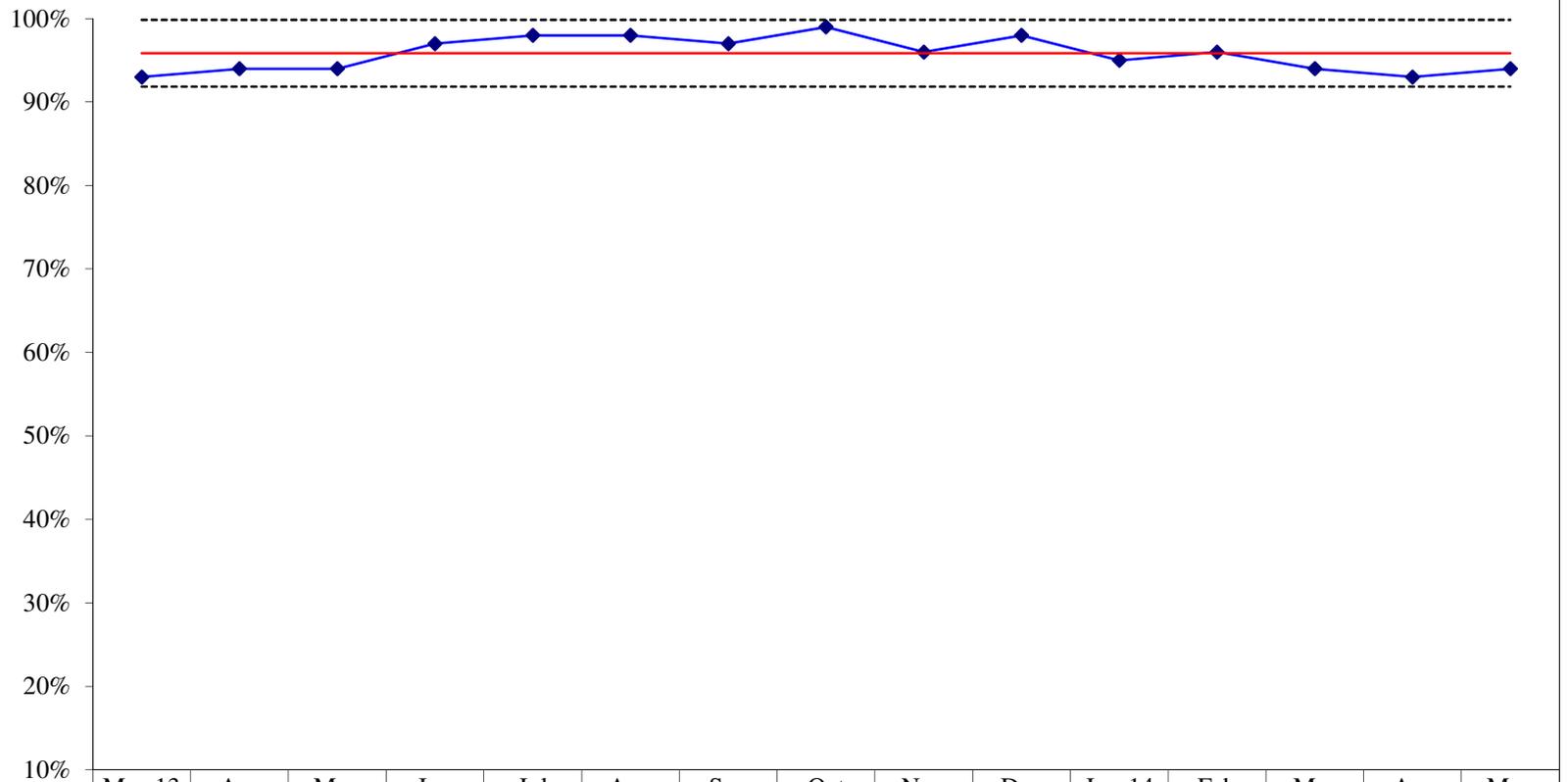
**Percentage of CORE and Specialty Training Completed**



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	95%	97%	98%	97%	96%	95%	97%	94%	98%	99%	95%	97%	98%	96%	96%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

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

**Percentage of CORE and Specialty Training Completed**



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
◆ % Training Completed	93%	94%	94%	97%	98%	98%	97%	99%	96%	98%	95%	96%	94%	93%	94%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

**Performance Objective 8B:**

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

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

**Performance Objective Formula:**

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

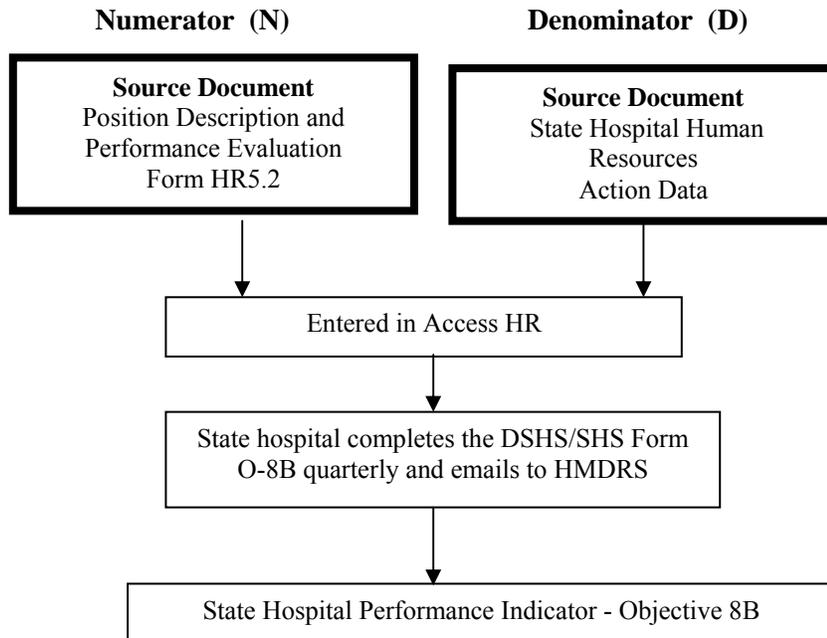
N = number of employees with current evaluations on the last day of the month

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

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

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

**Data Flow:**



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

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

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

**Performance Measure 8A:**

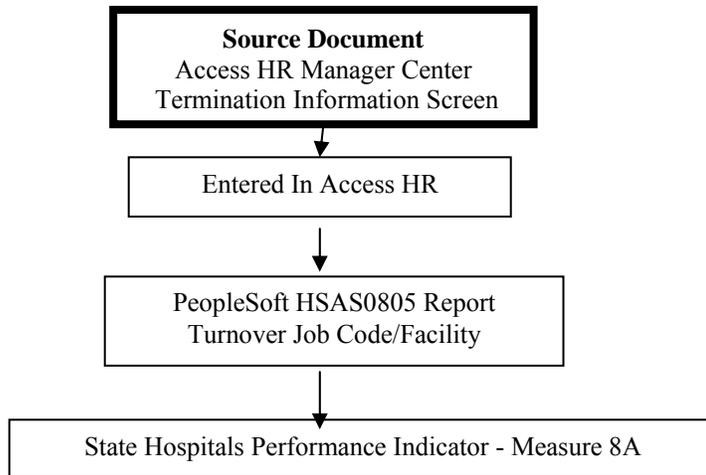
**Collect, analyze and report staff turnover rates and efforts to reduce turnover for critical shortage staff.**

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

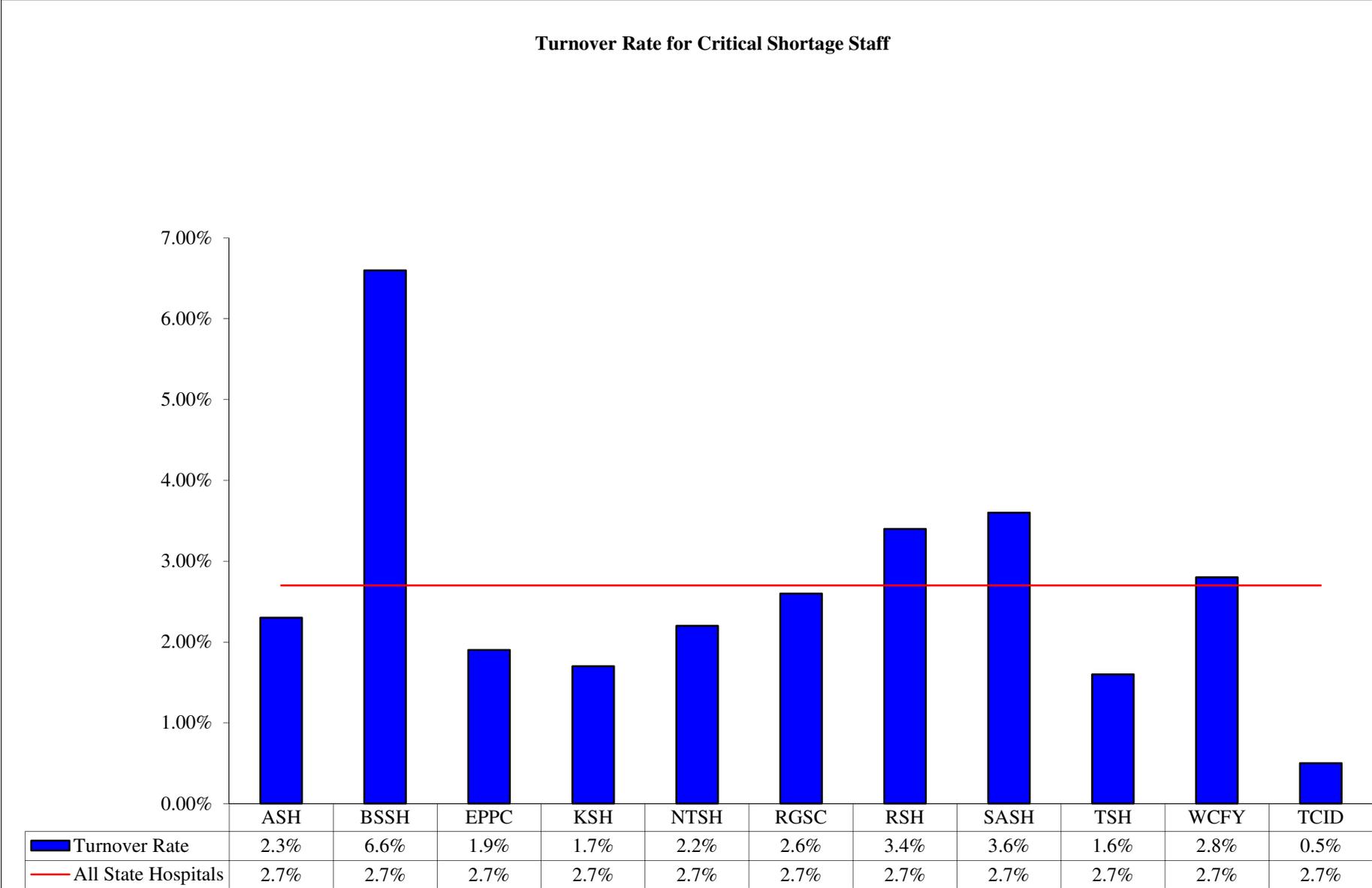
**Performance Measure Formula:** The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

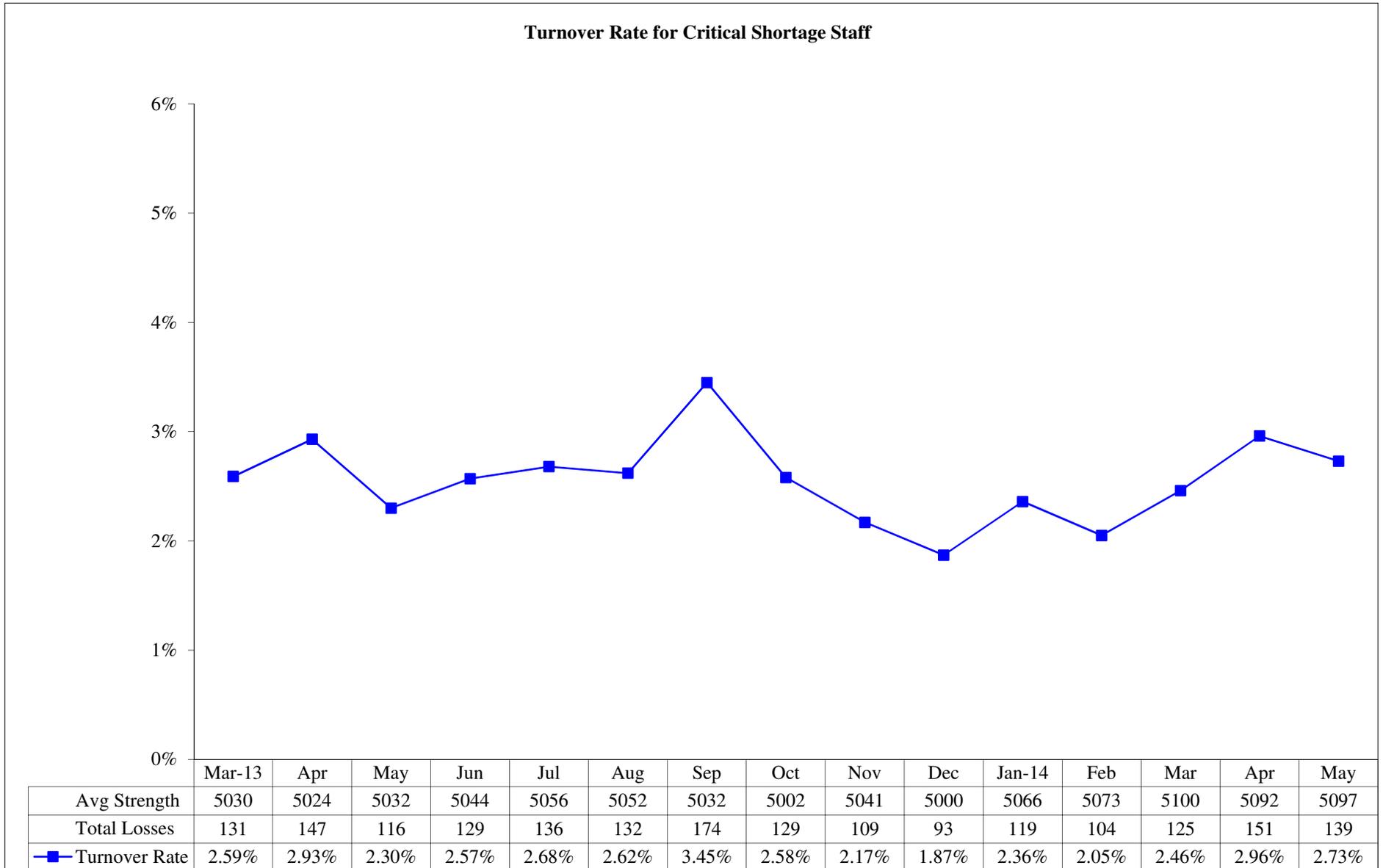
**Data Flow:**



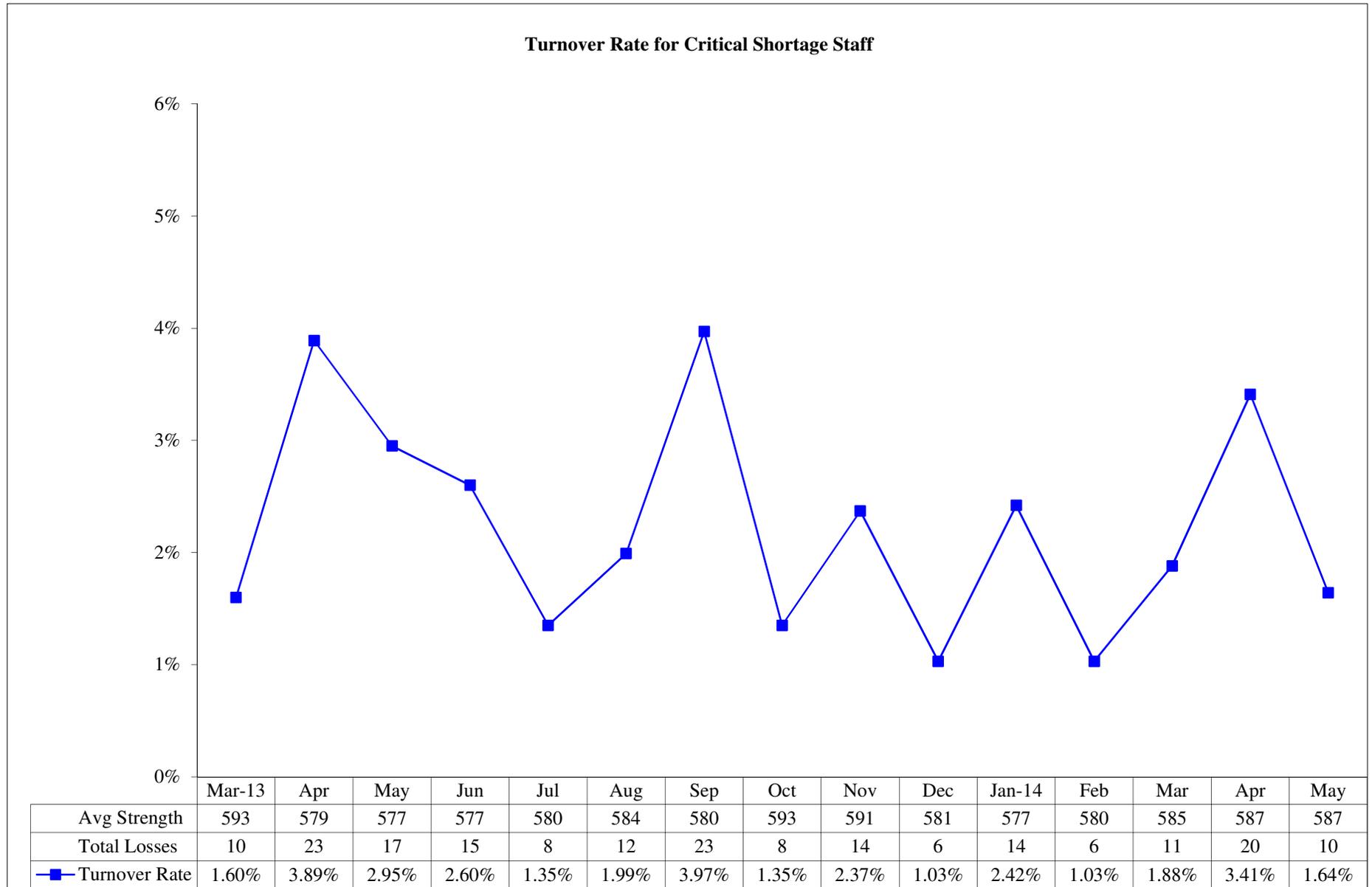
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals - FY14 Q3 Average**



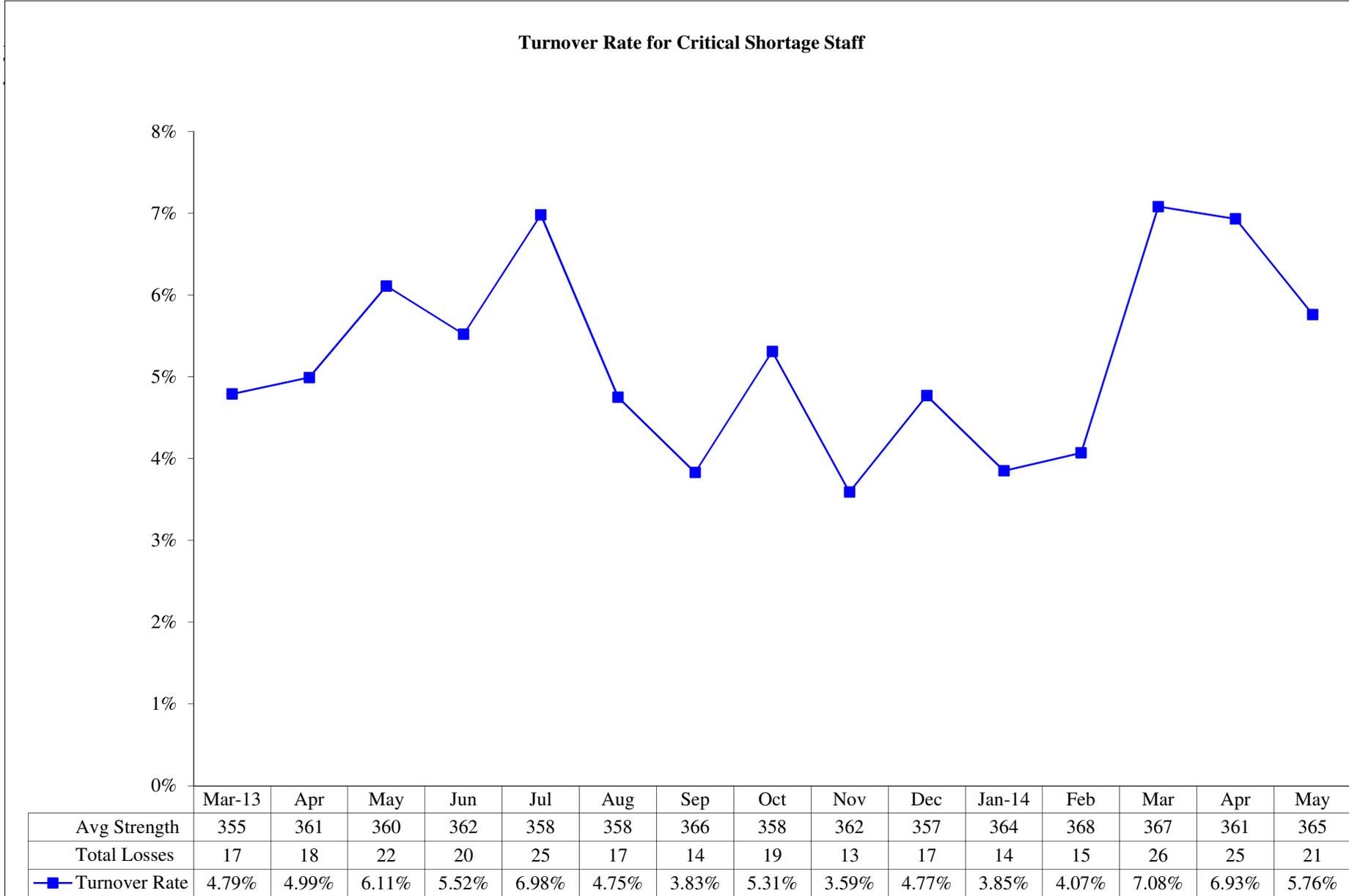
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals**



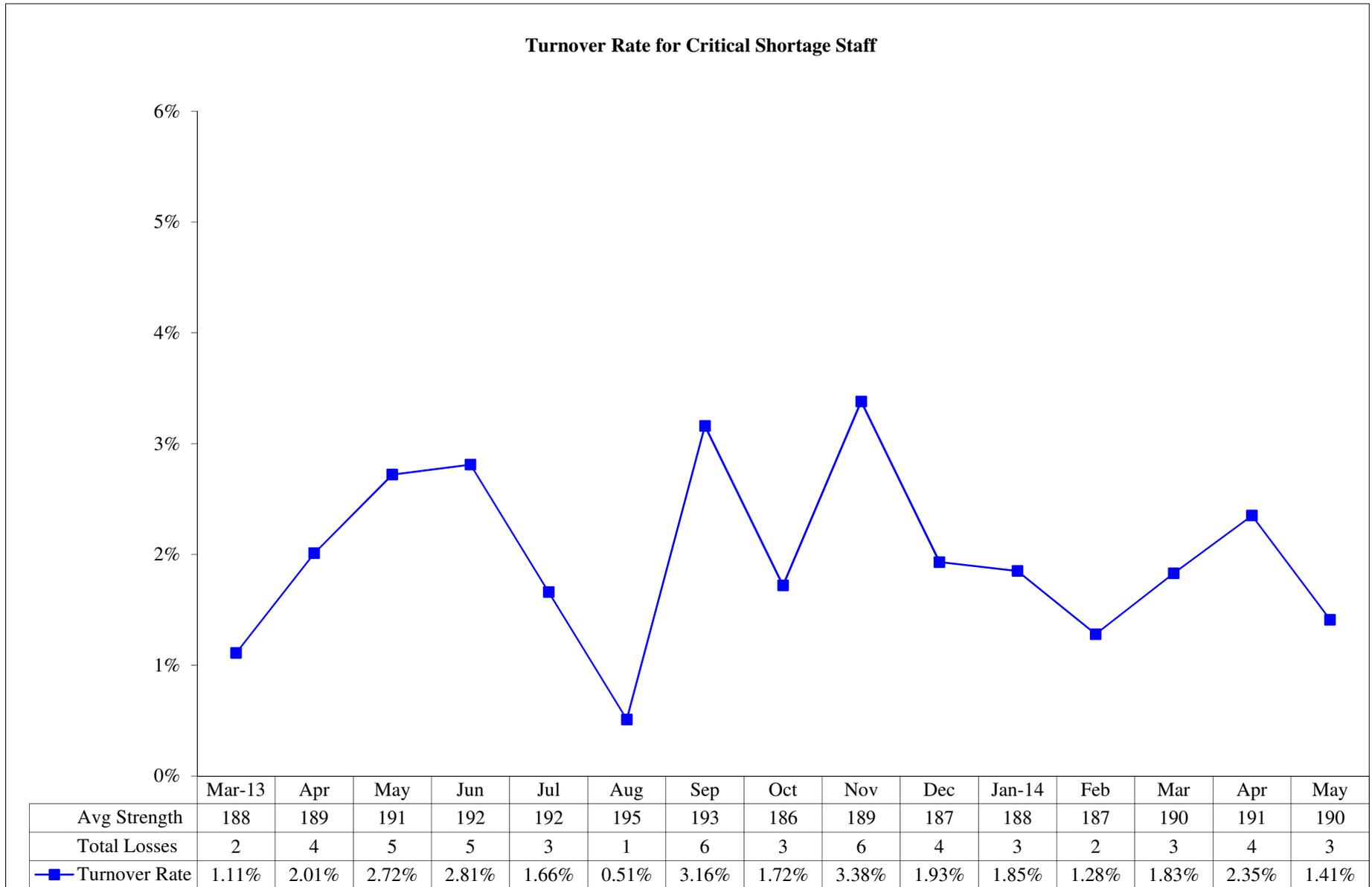
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Austin State Hospital**



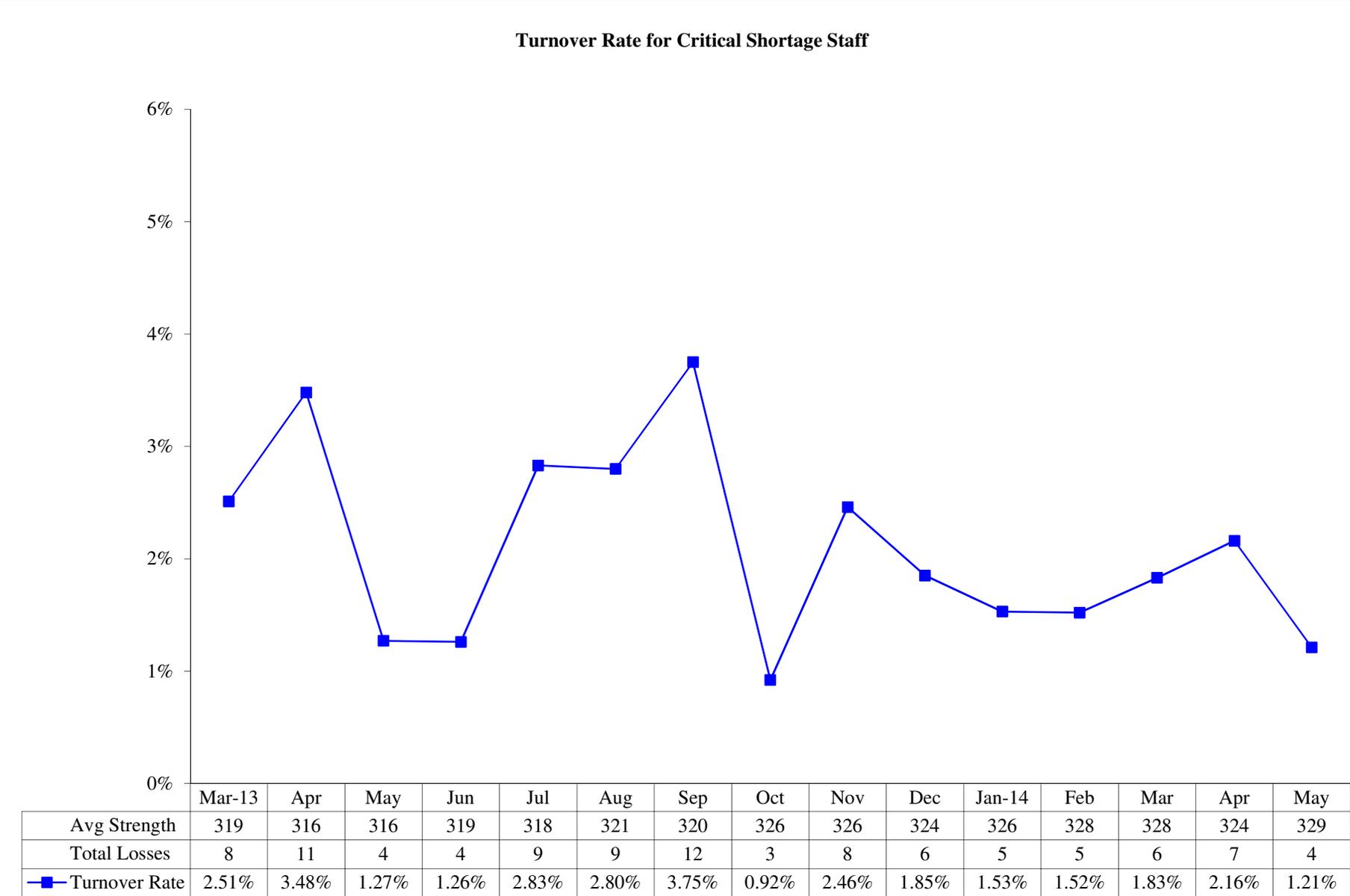
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Big Spring State Hospital**



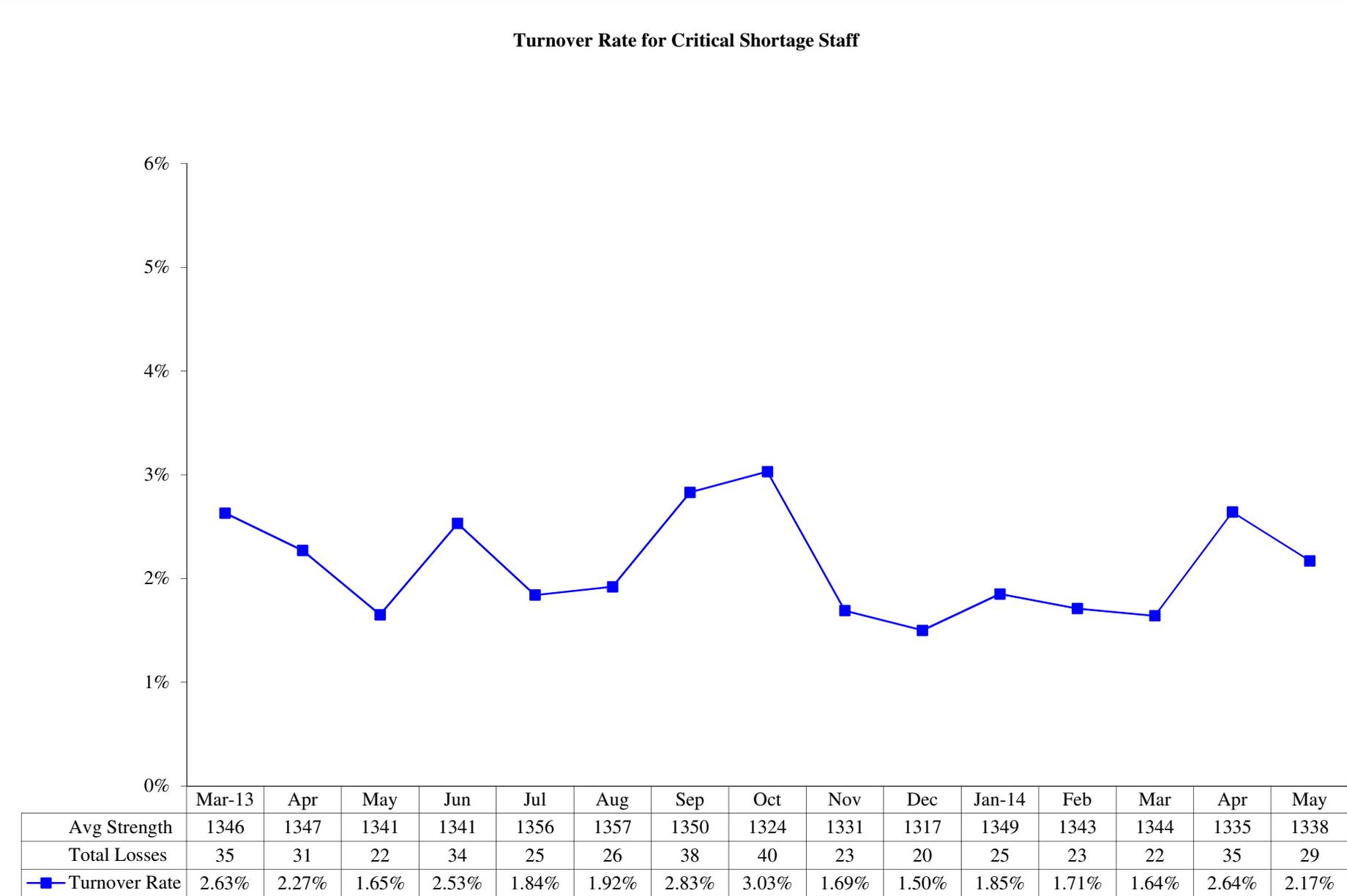
**Measure 8A - Turnover Rate for Critical Shortage Staff  
El Paso Psychiatric Center**



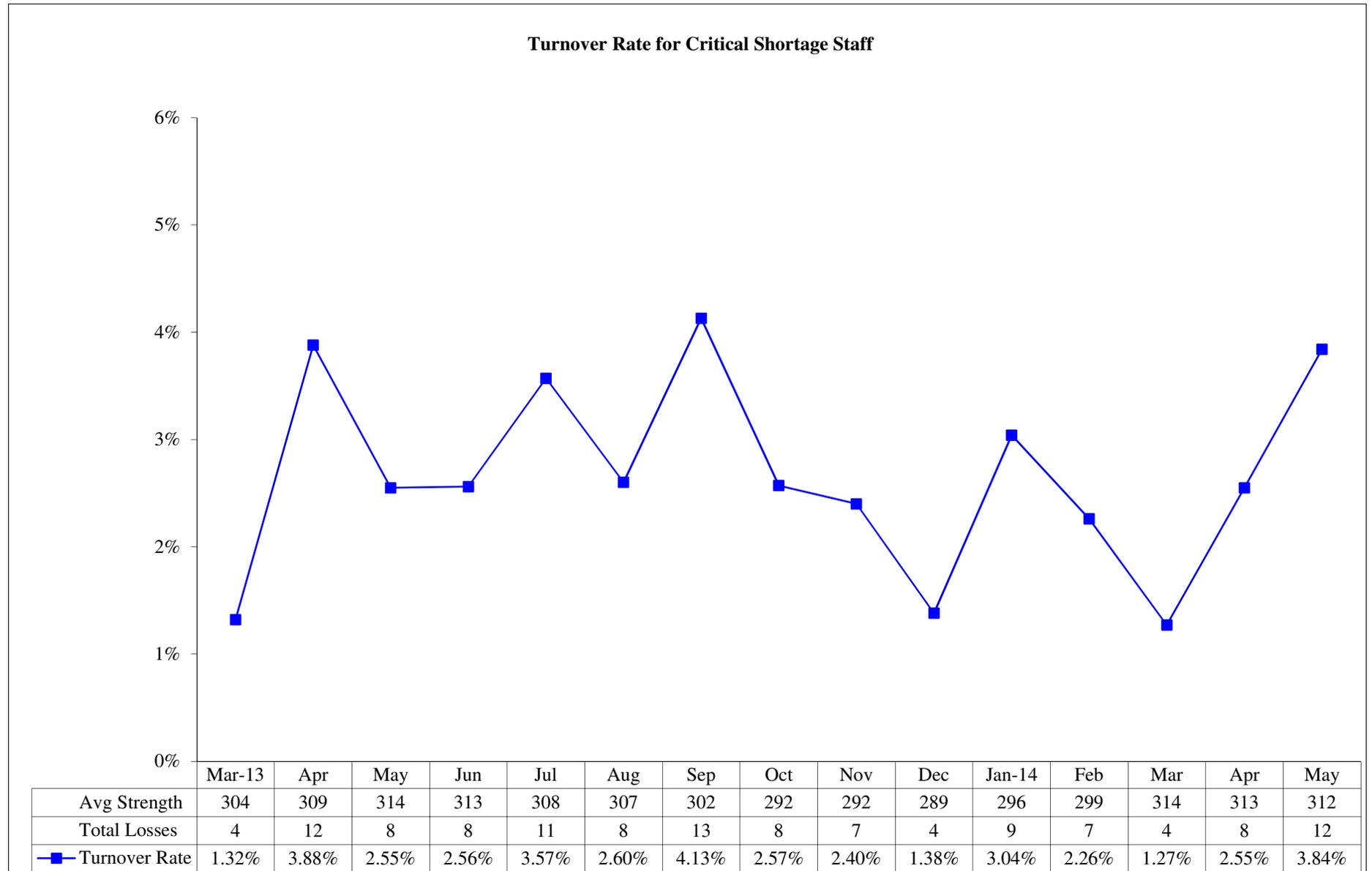
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Kerrville State Hospital**



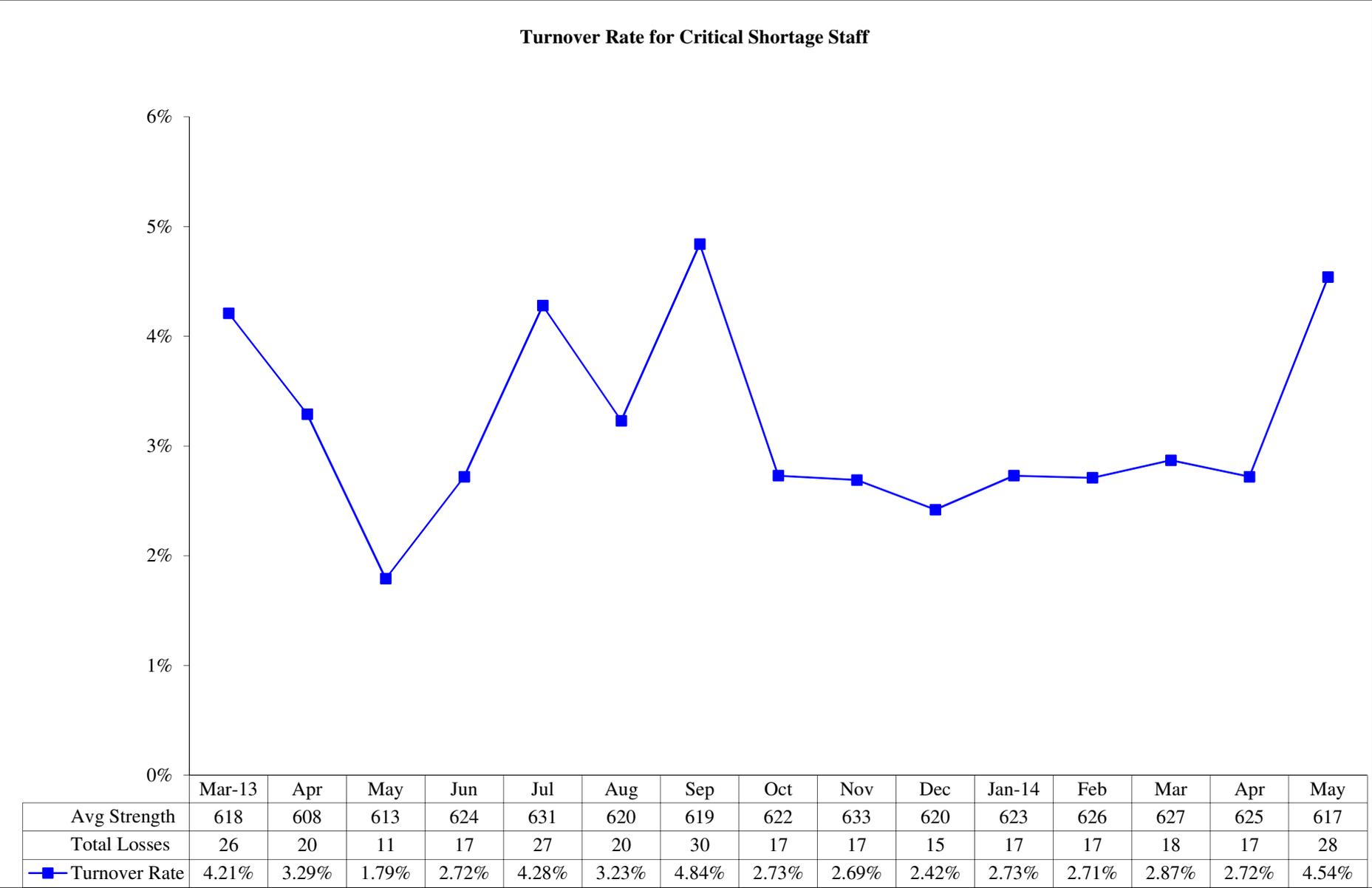
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**North Texas State Hospital**



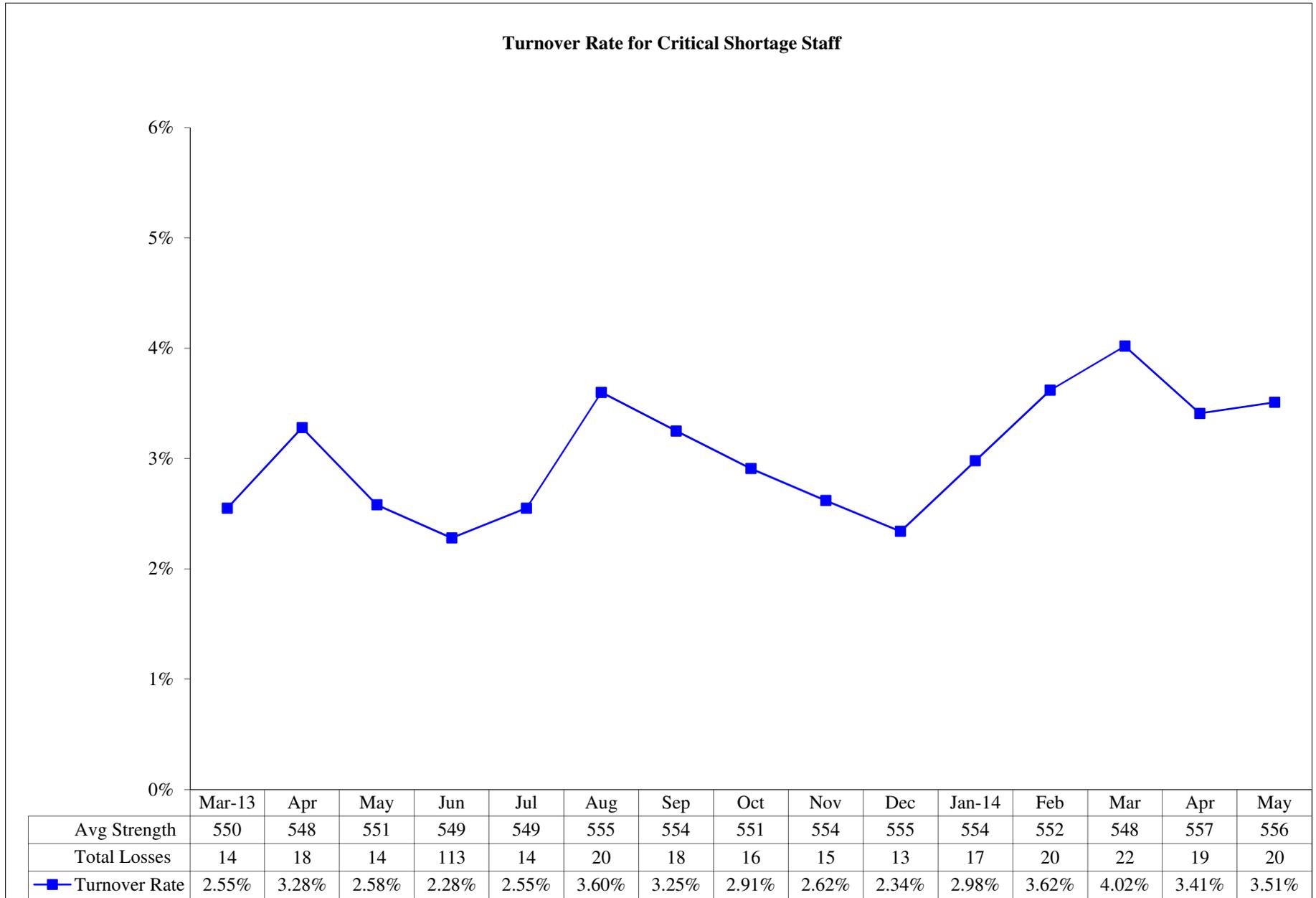
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**Rio Grande State Center**



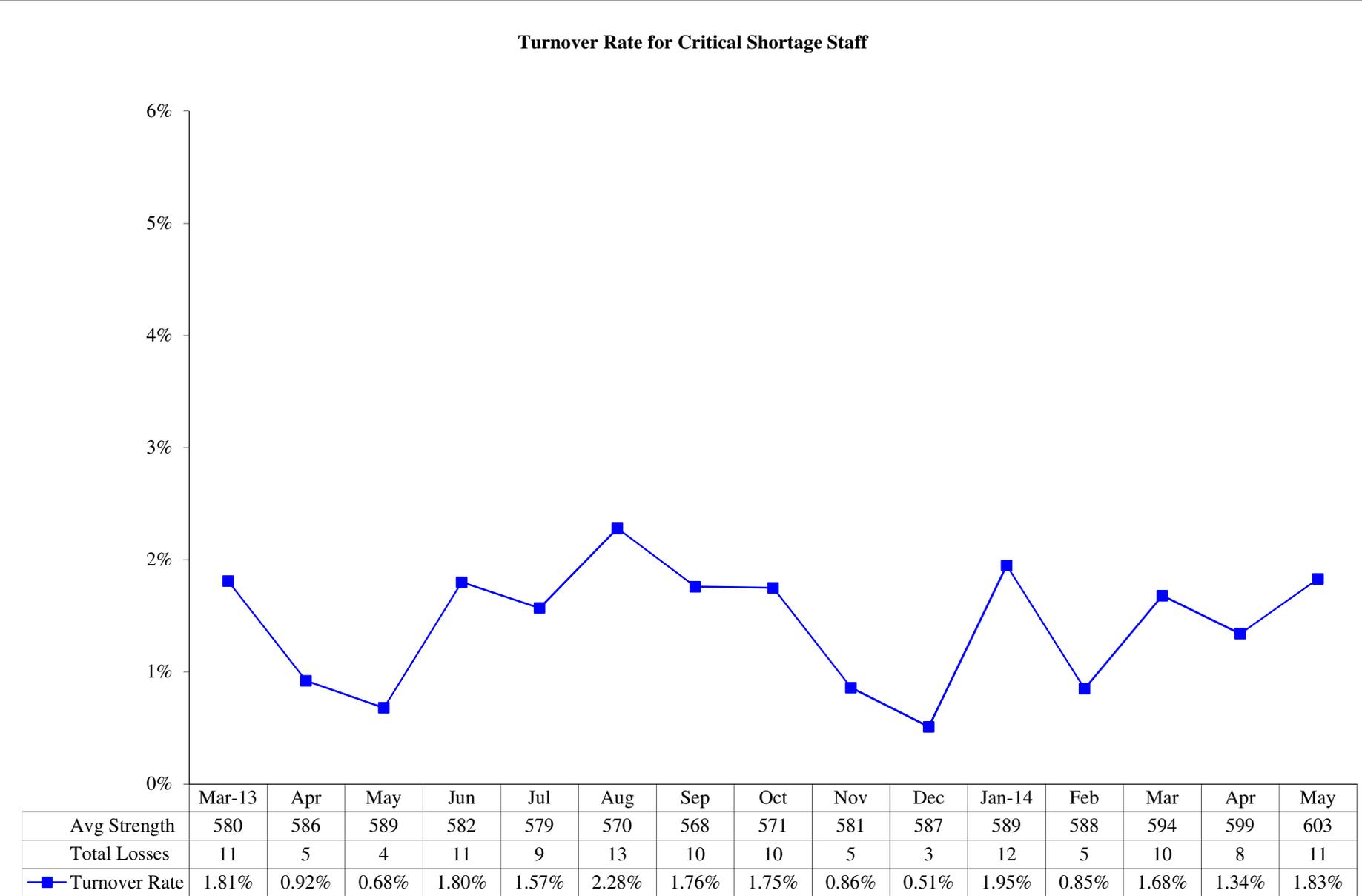
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Rusk State Hospital**



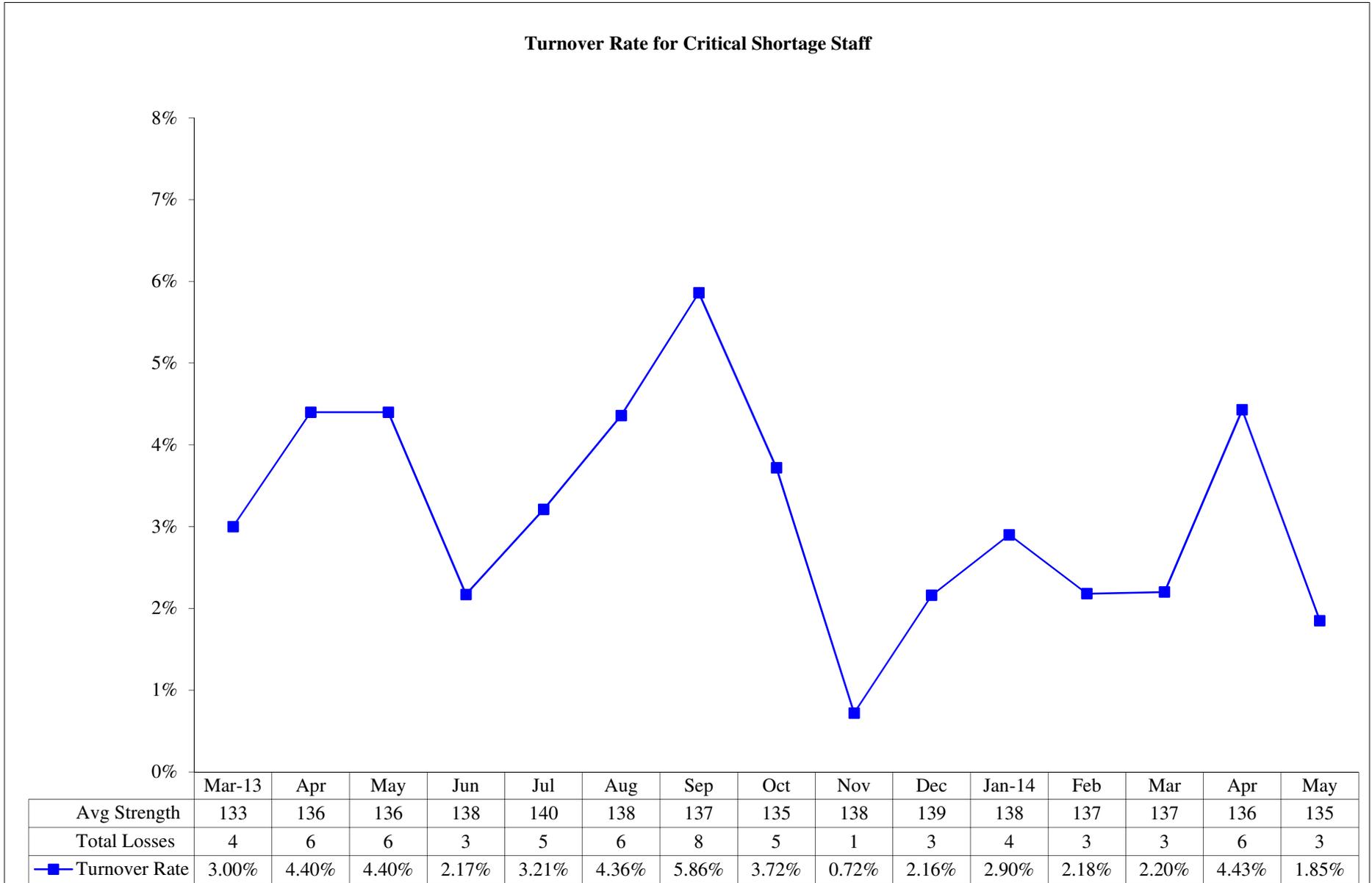
**Measure 8A - Turnover Rate for Critical Shortage Staff  
San Antonio State Hospital**



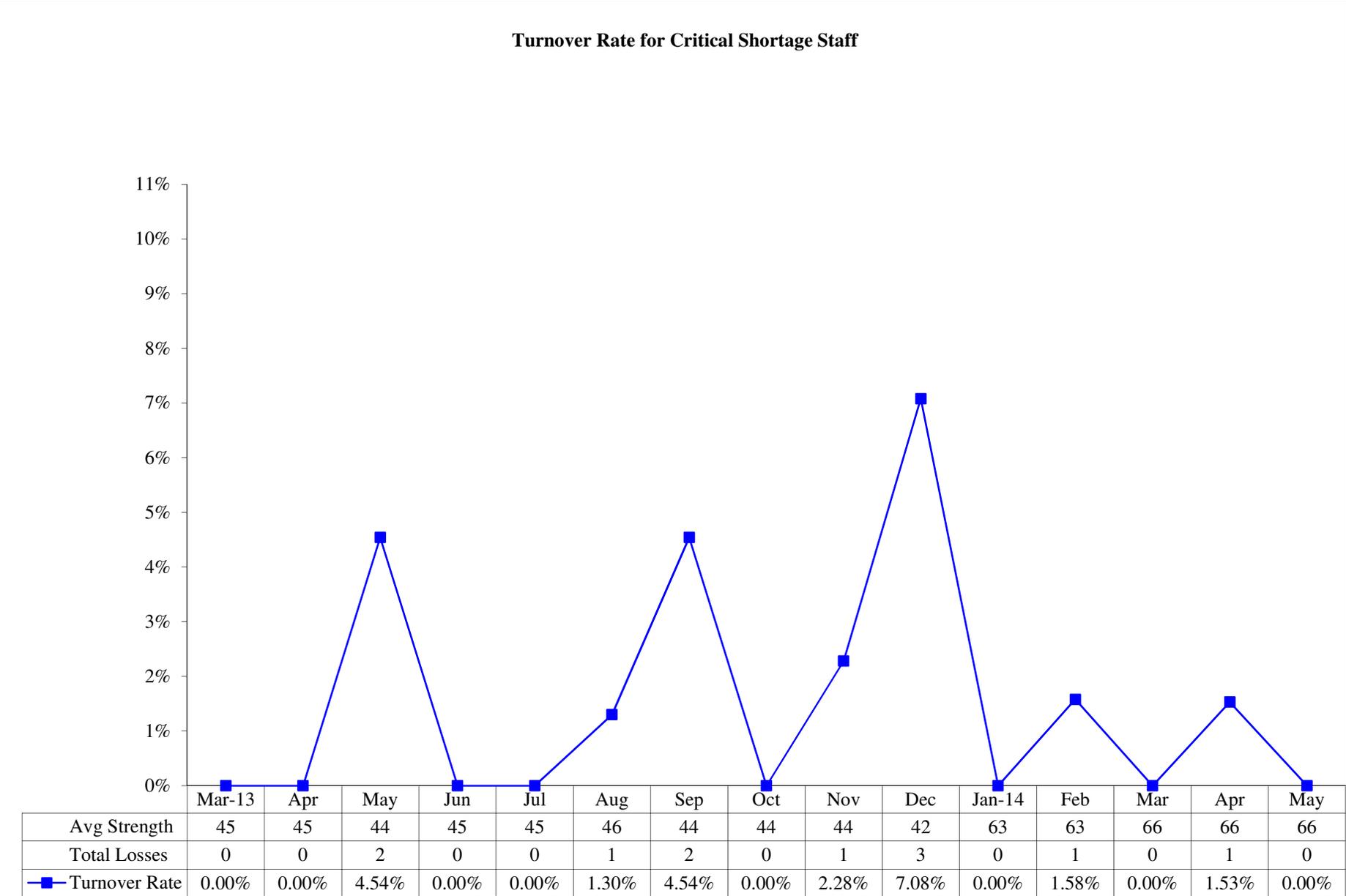
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Terrell State Hospital**



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



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



**Performance Measure 8B:**

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

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

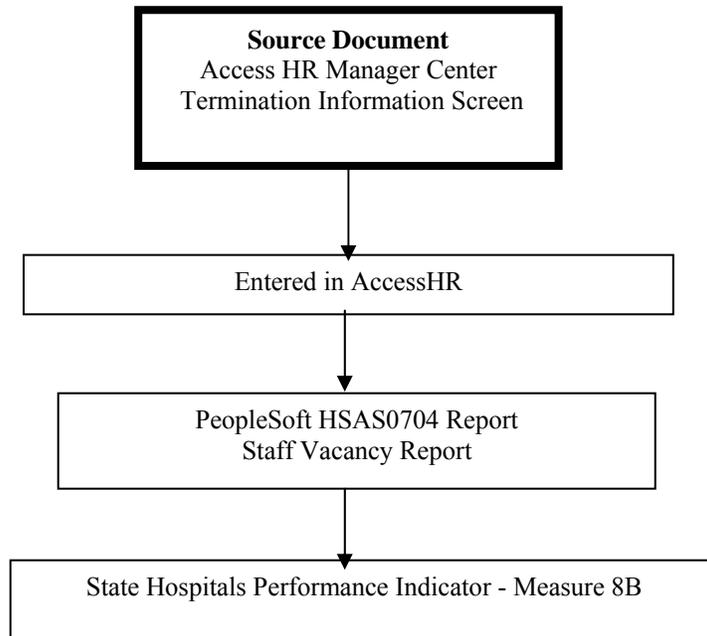
**Performance Measure Formula:**

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

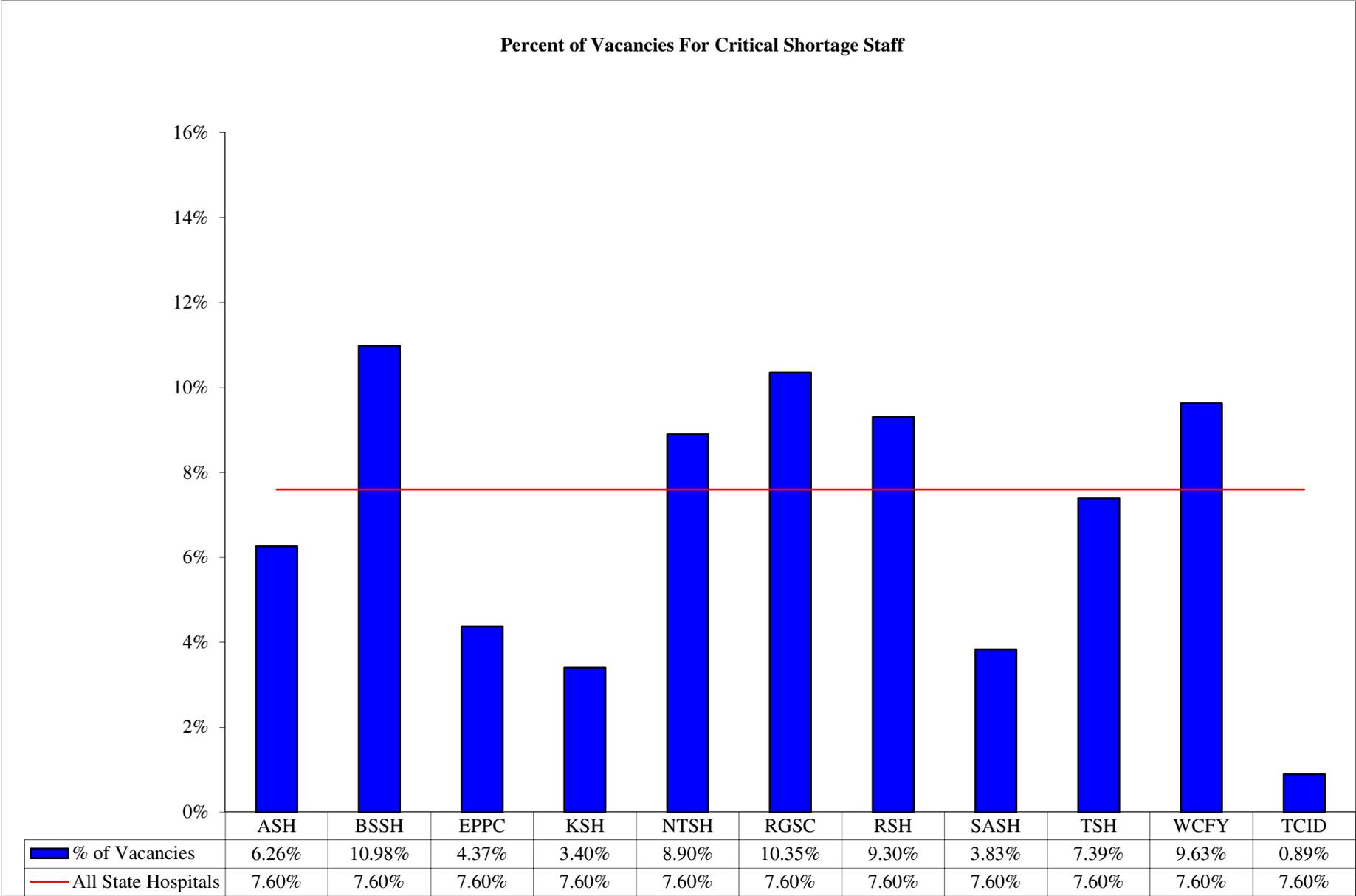
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of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

**Data Flow:**

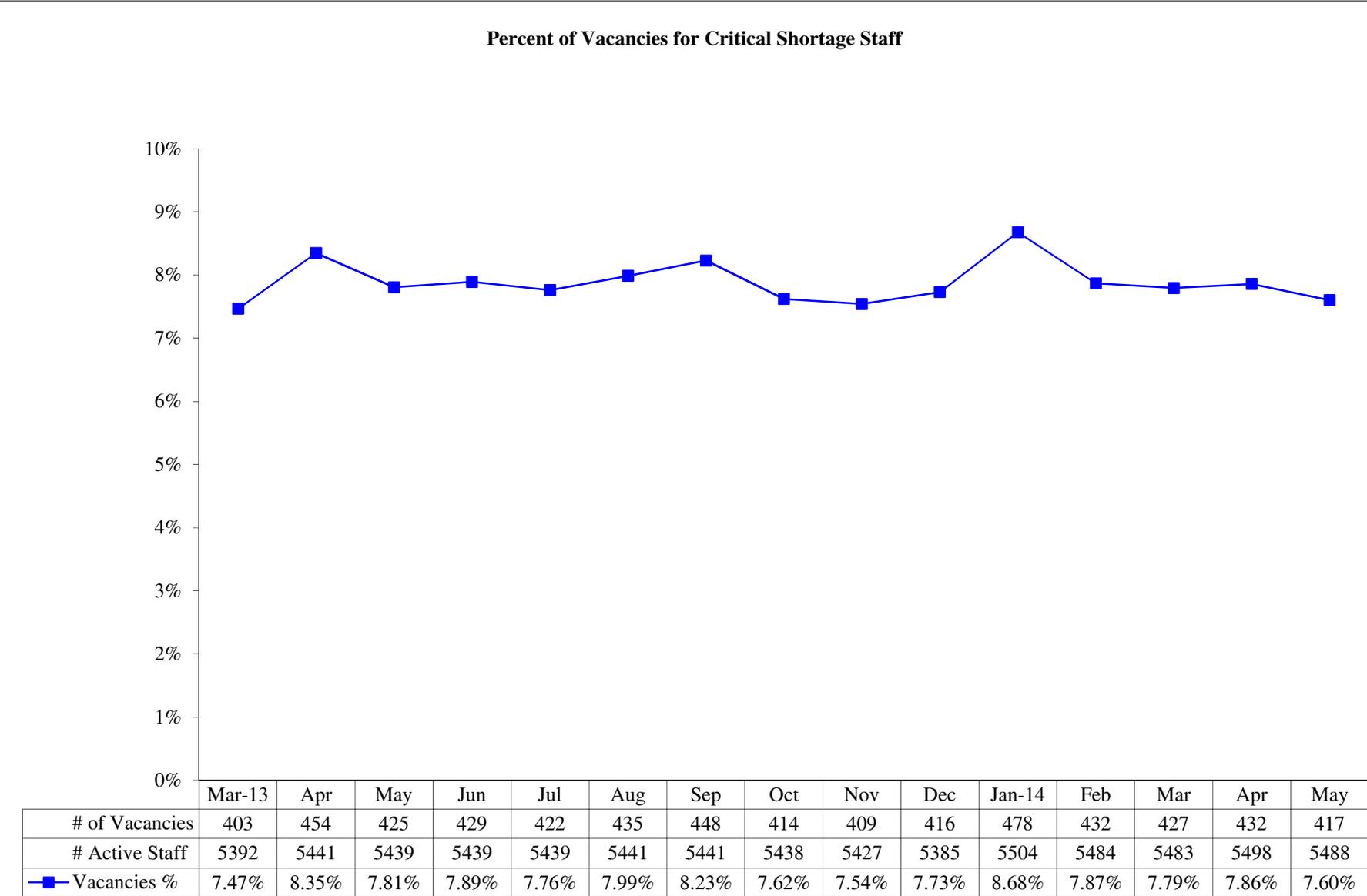
**Data Flow:**



**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of May 31, 2014**

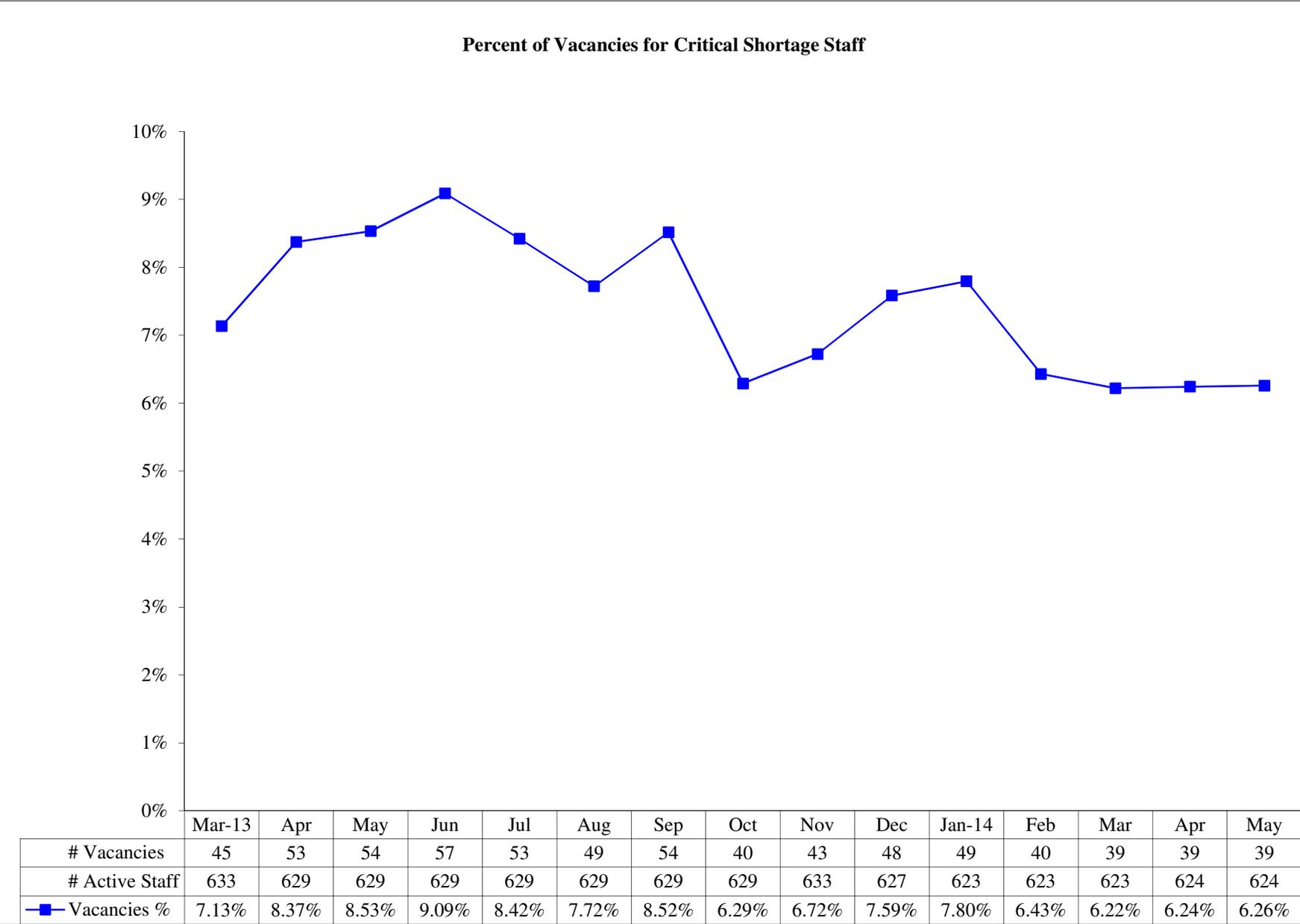


**Measure 8B - Vacancies for Critical Shortage Staff**  
**All State Hospitals**

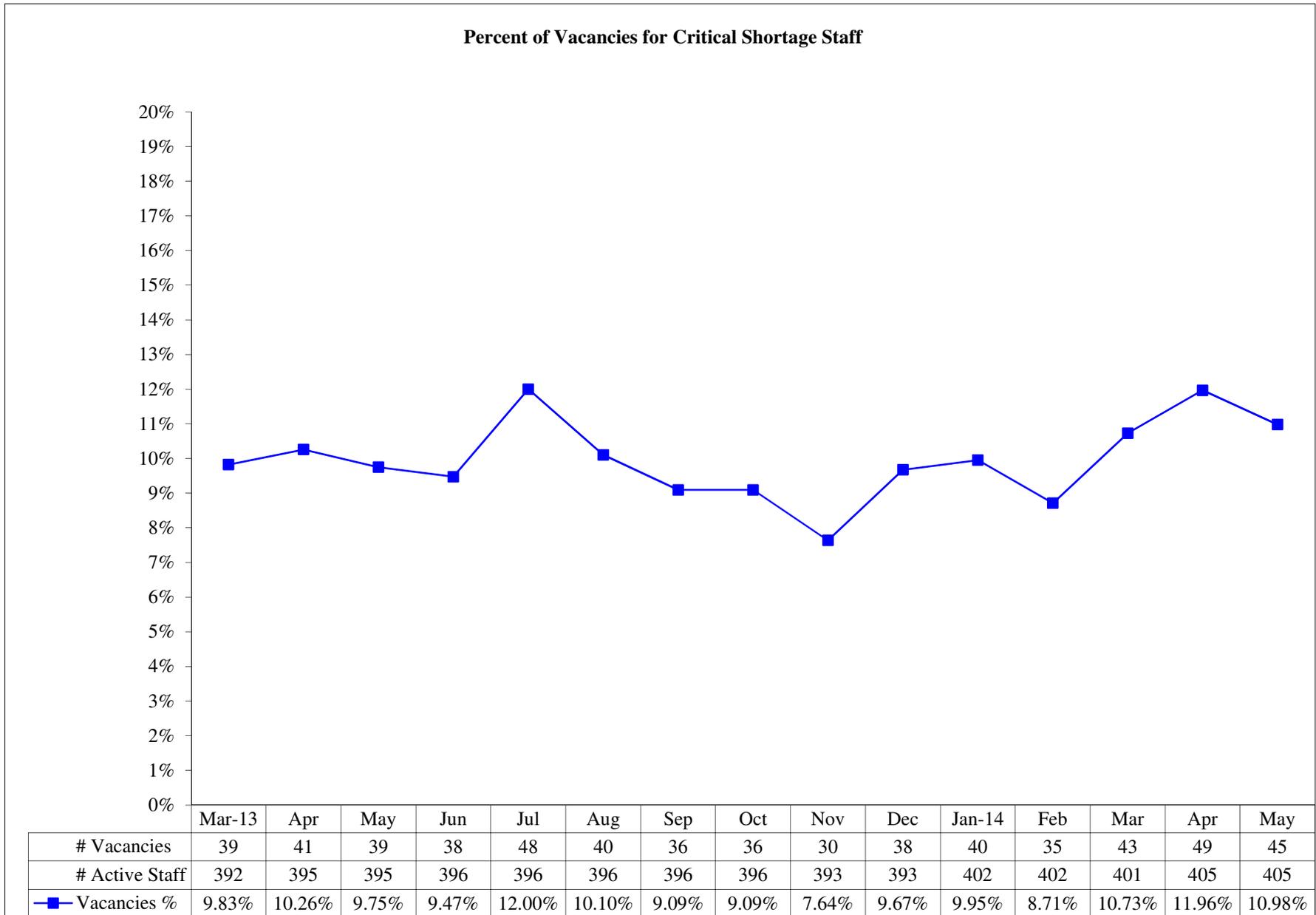


Additional staff added in April at NTSH (97) and RSH (35) due to expanding maximum security beds

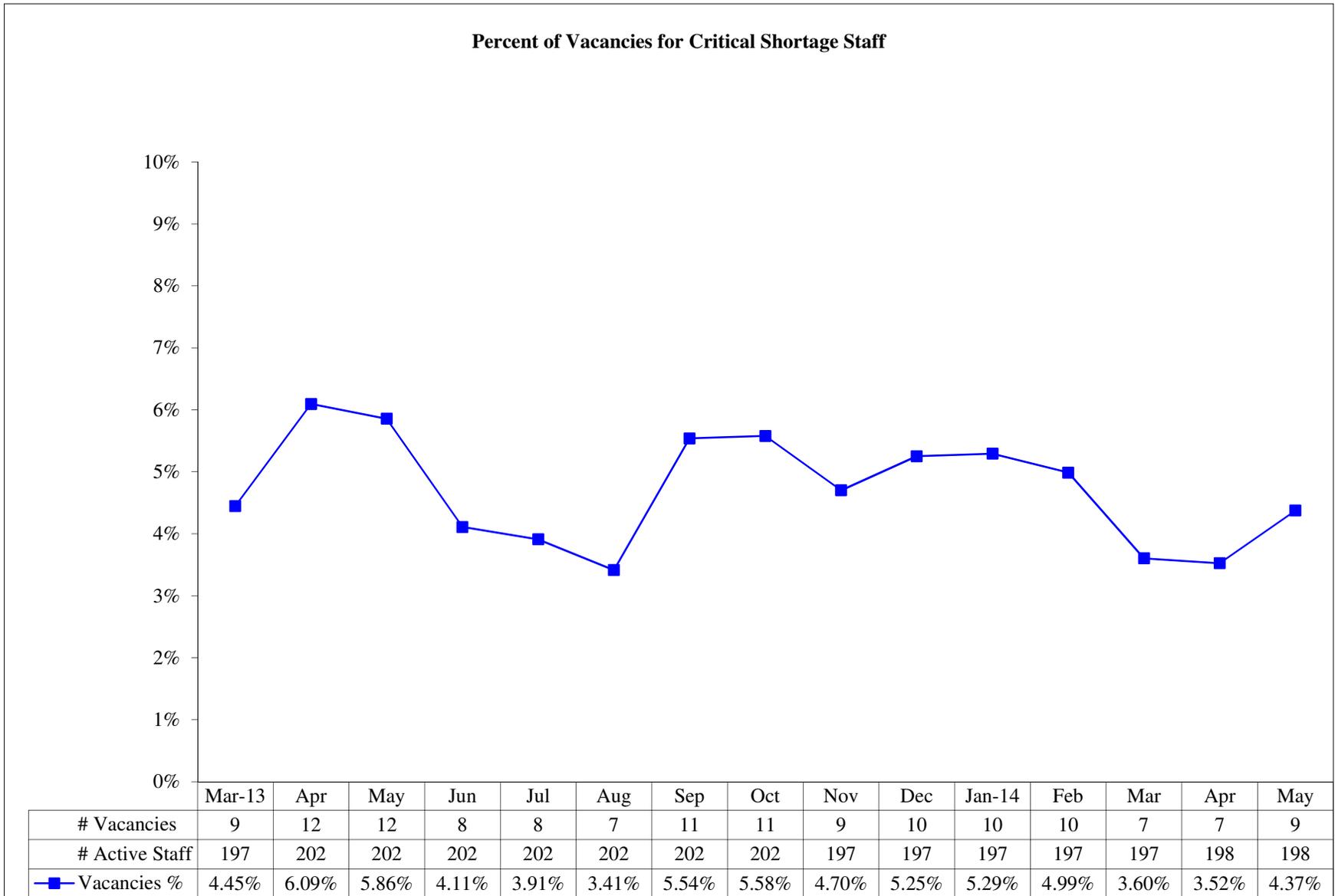
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



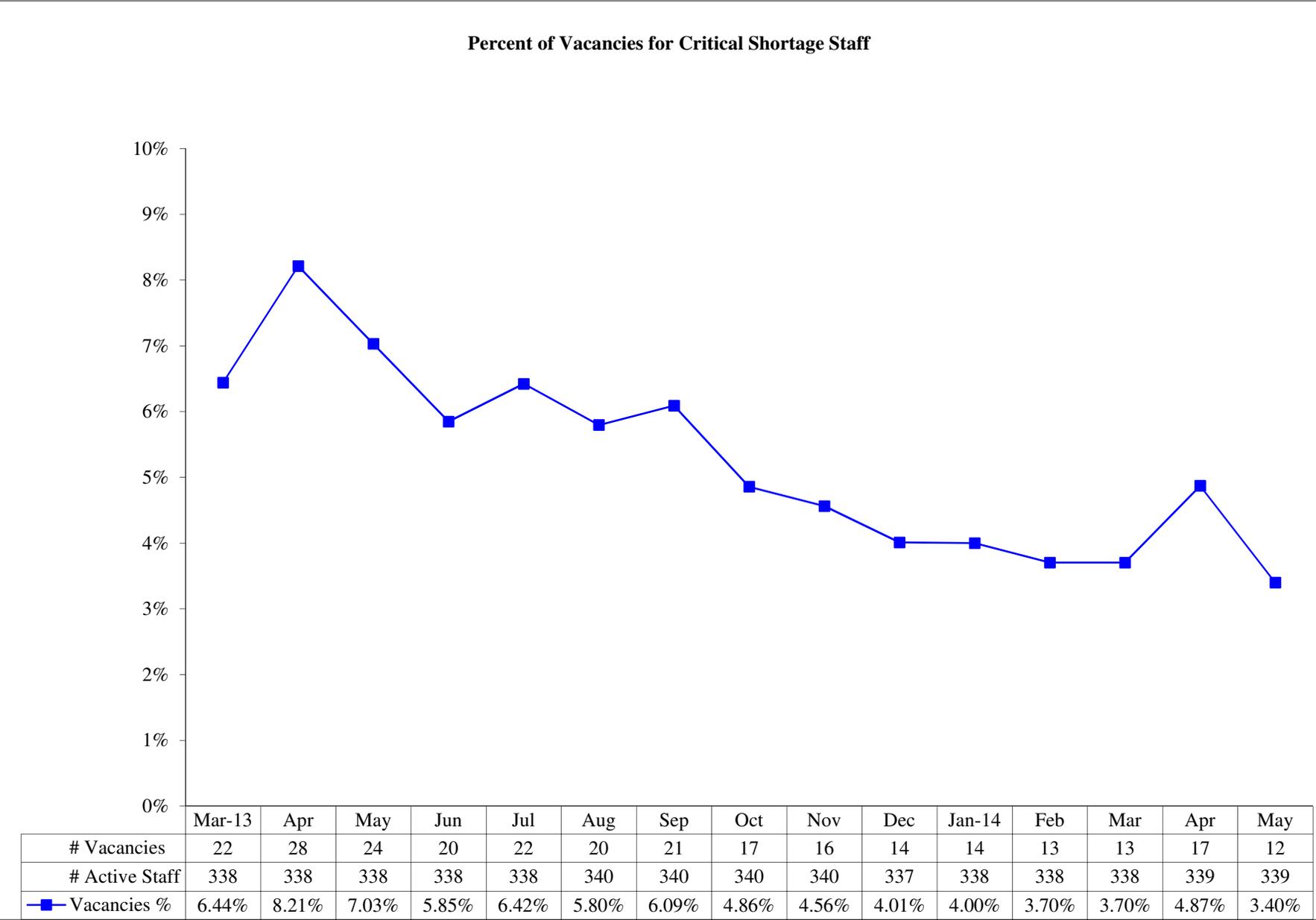
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



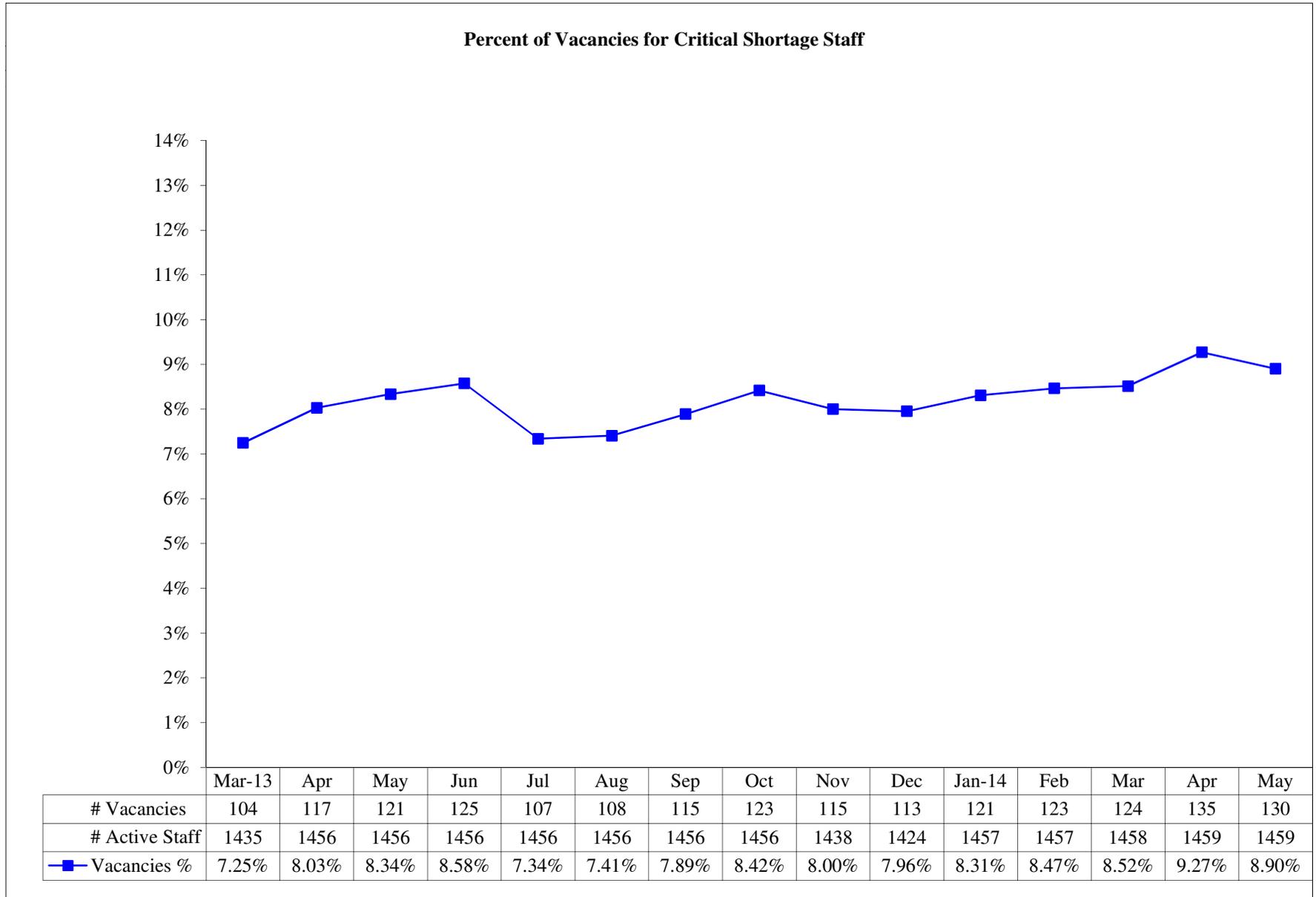
**Measure 8B - Vacancies for Critical Shortage Staff  
El Paso Psychiatric Center**



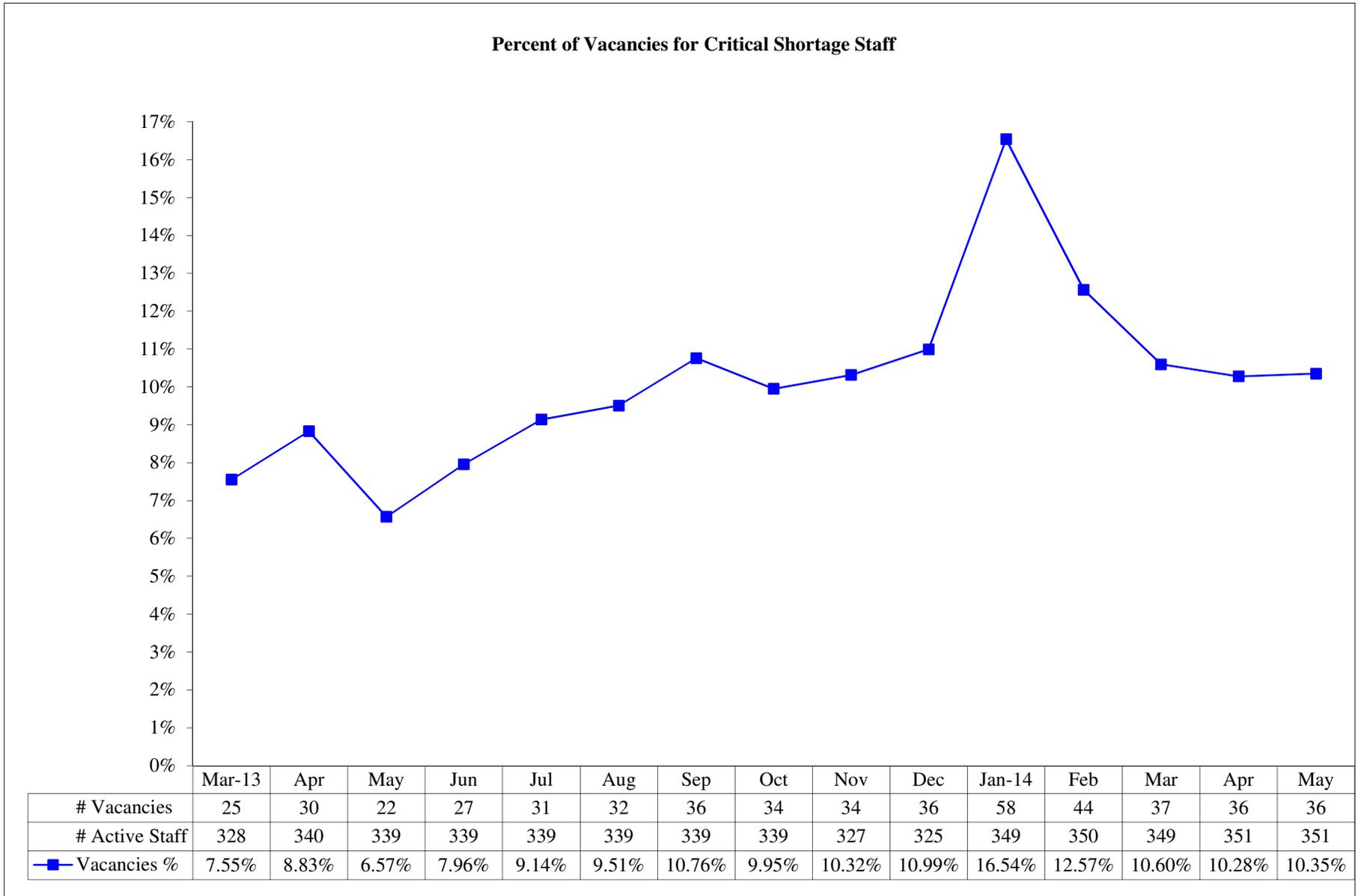
**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



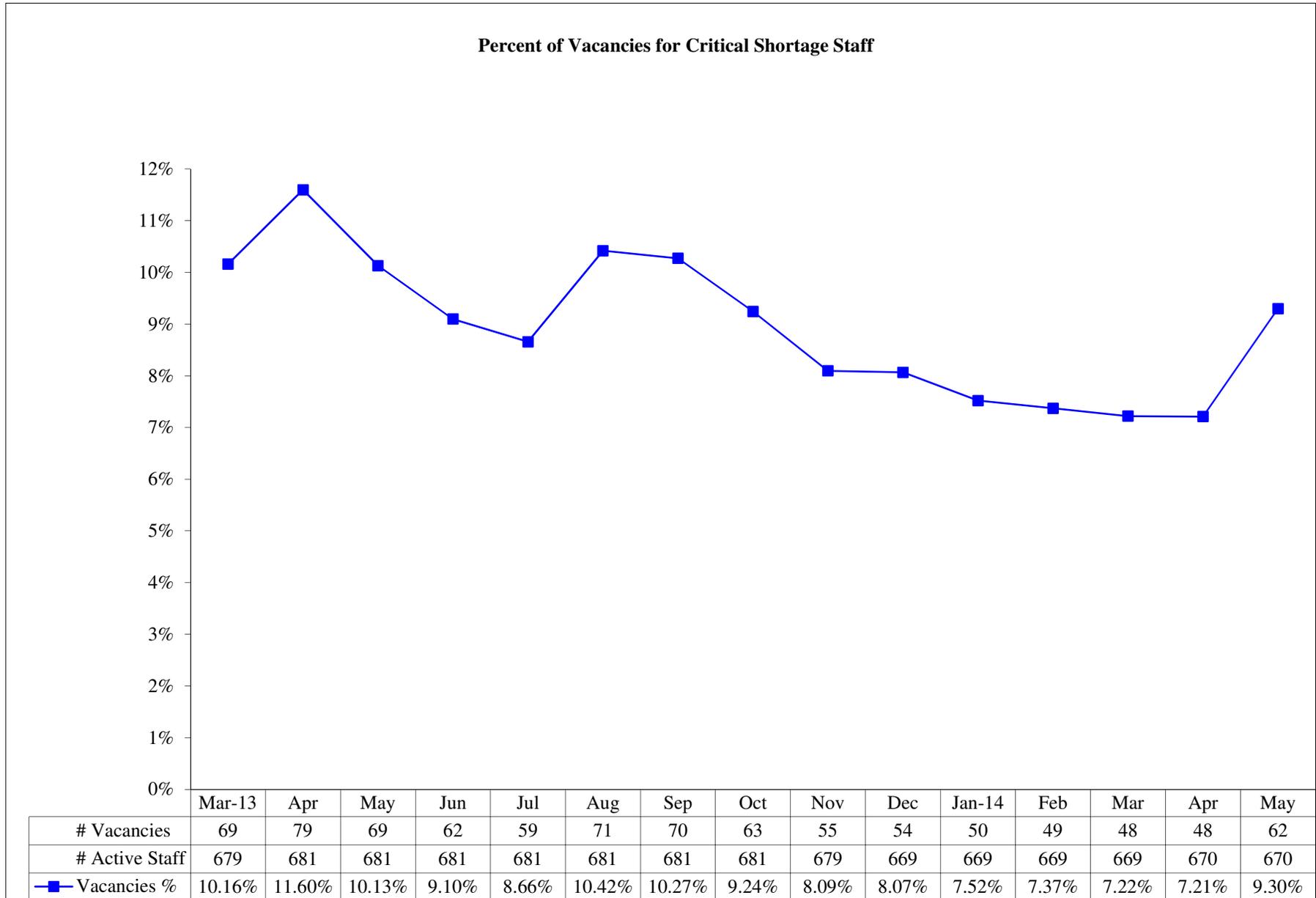
**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**



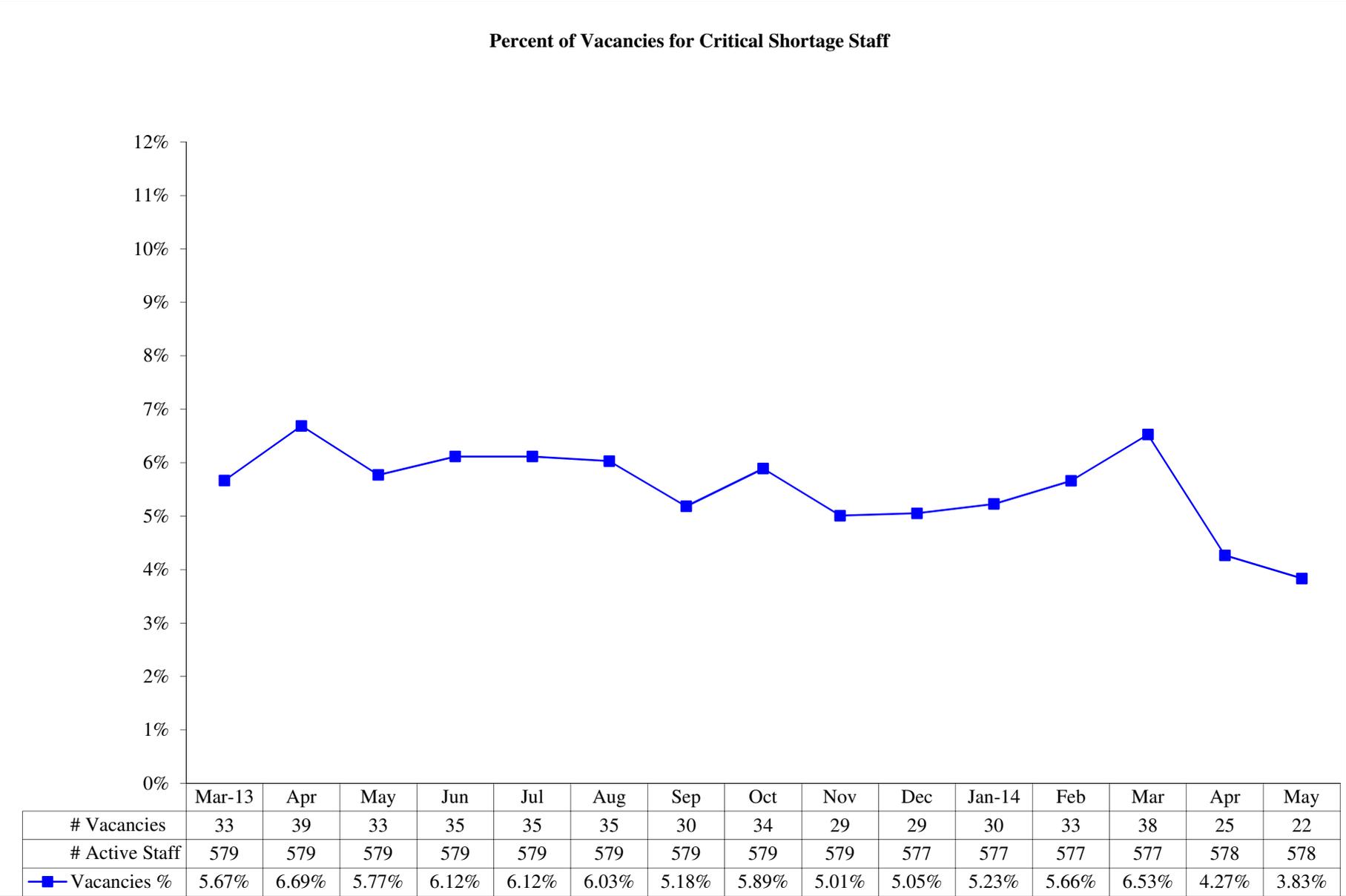
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



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



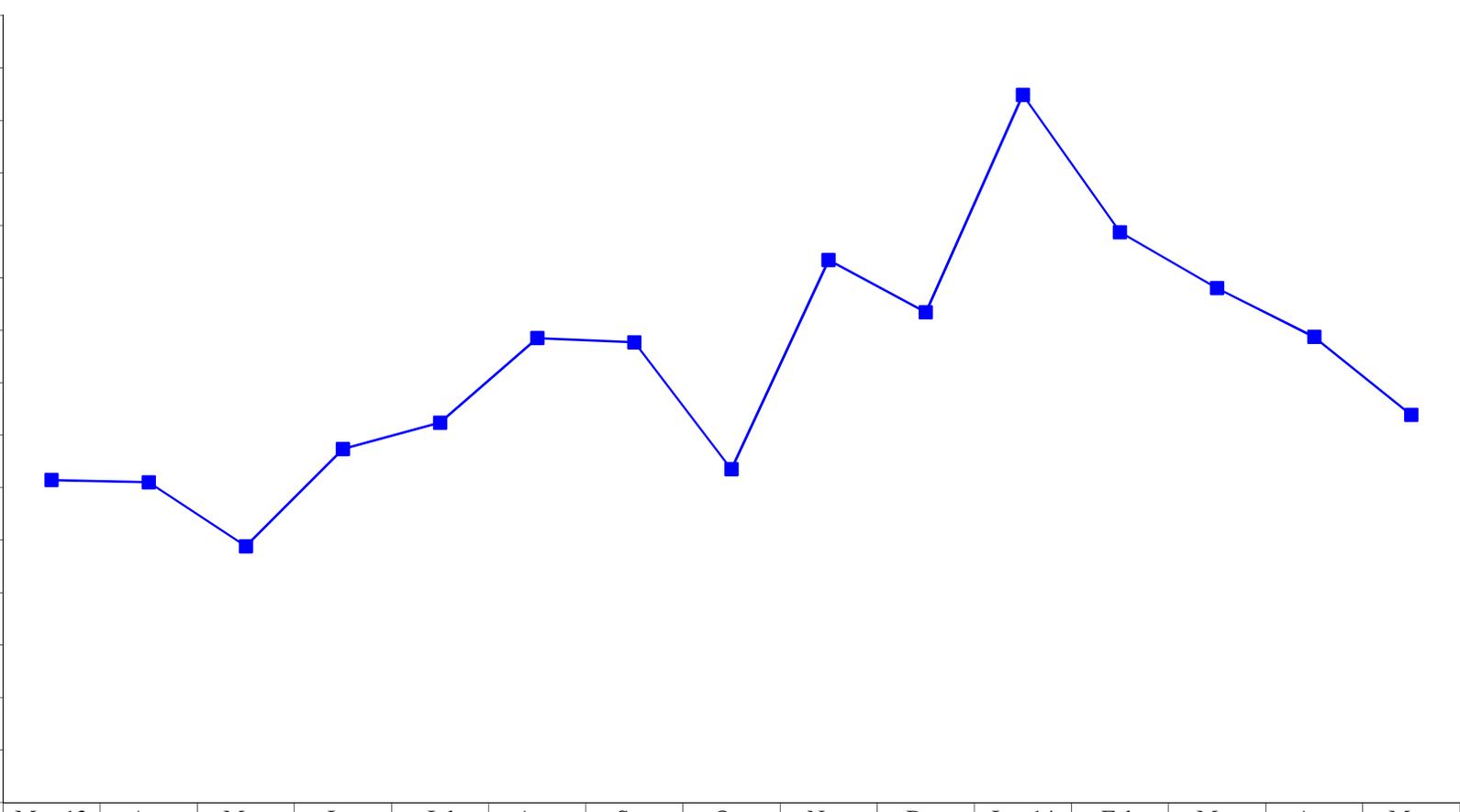
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



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

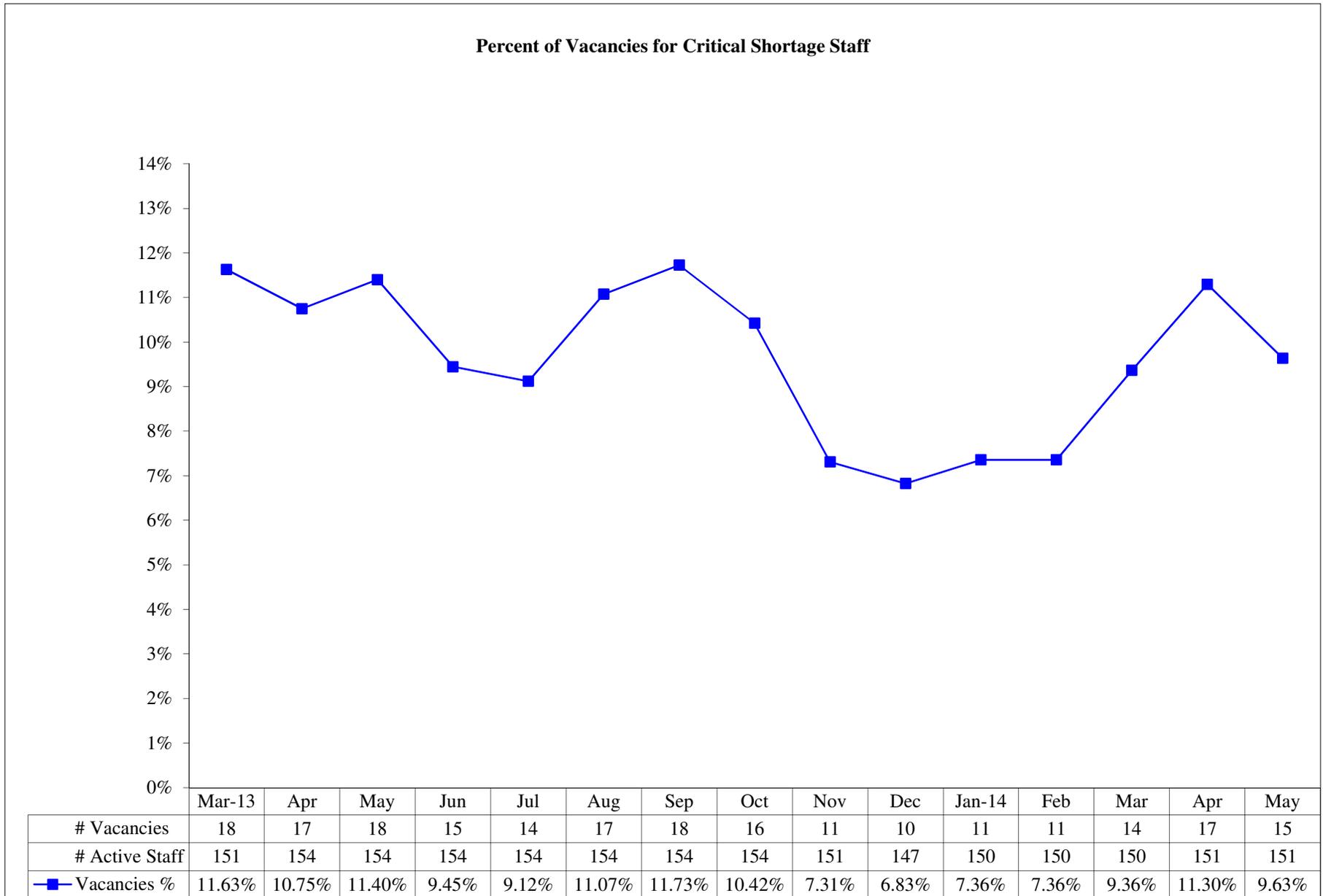
**Percent of Vacancies for Critical Shortage Staff**

15%  
14%  
13%  
12%  
11%  
10%  
9%  
8%  
7%  
6%  
5%  
4%  
3%  
2%  
1%  
0%

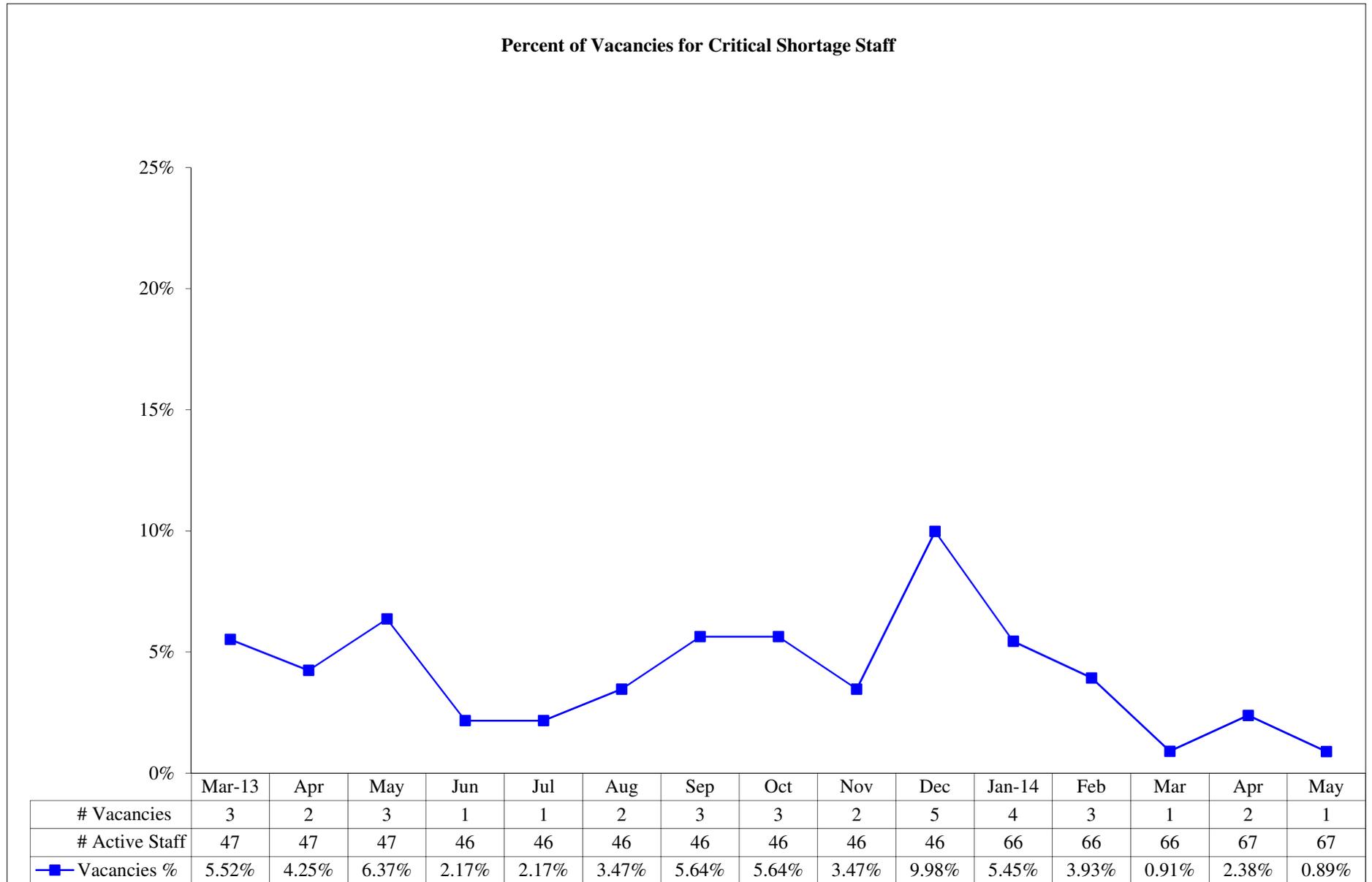


	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
# Vacancies	38	38	30	42	45	55	54	39	67	60	91	71	64	58	48
# Active Staff	614	621	620	620	620	620	620	617	645	644	677	656	656	657	647
—■— Vacancies %	6.14%	6.10%	4.88%	6.74%	7.24%	8.85%	8.77%	6.35%	10.34%	9.34%	13.49%	10.87%	9.80%	8.87%	7.39%

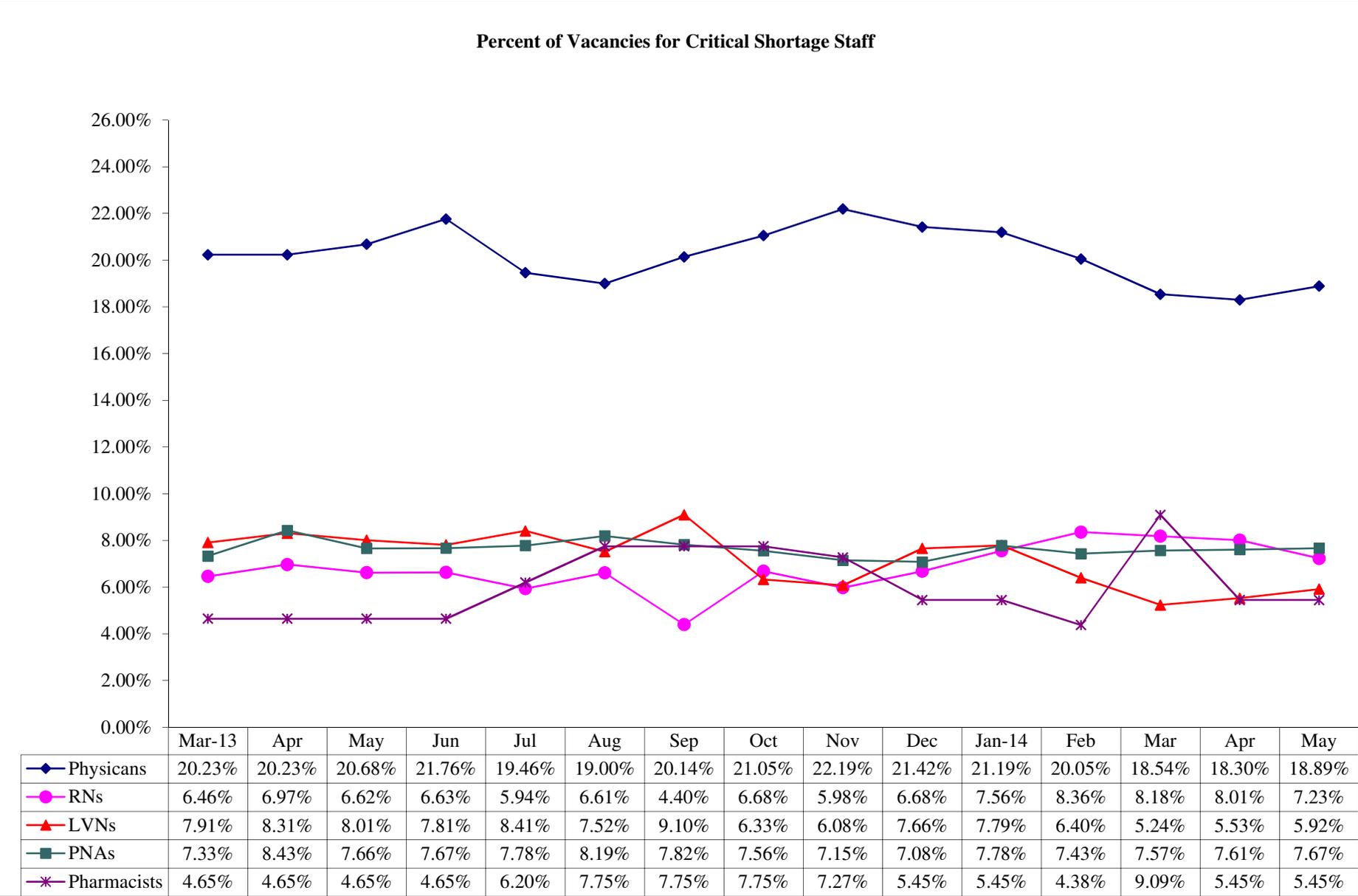
**Measure 8B - Vacancies for Critical Shortage Staff  
Waco Center for Youth**



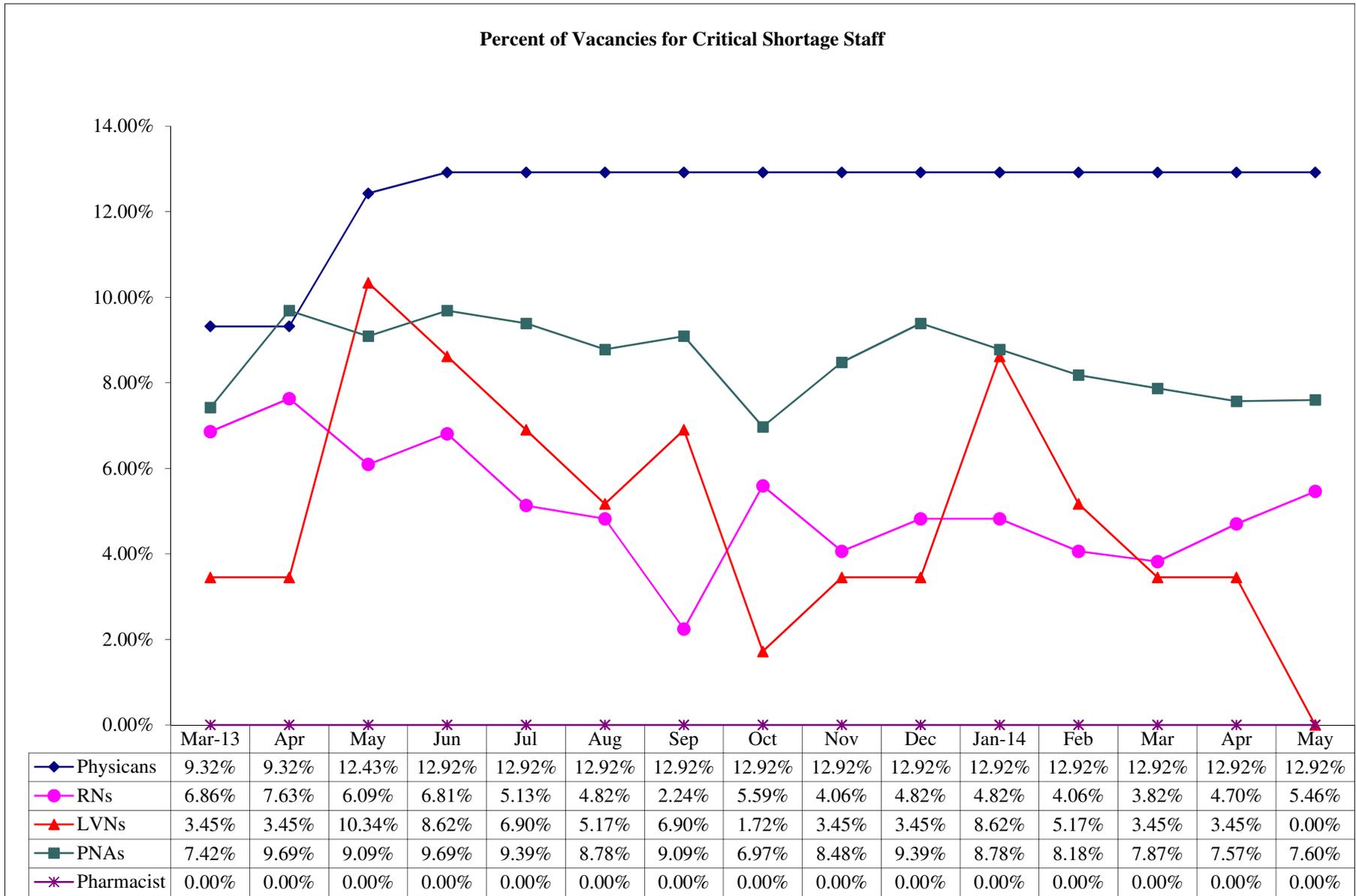
**Measure 8B - Vacancies for Critical Shortage Staff  
Texas Center for Infectious Disease**



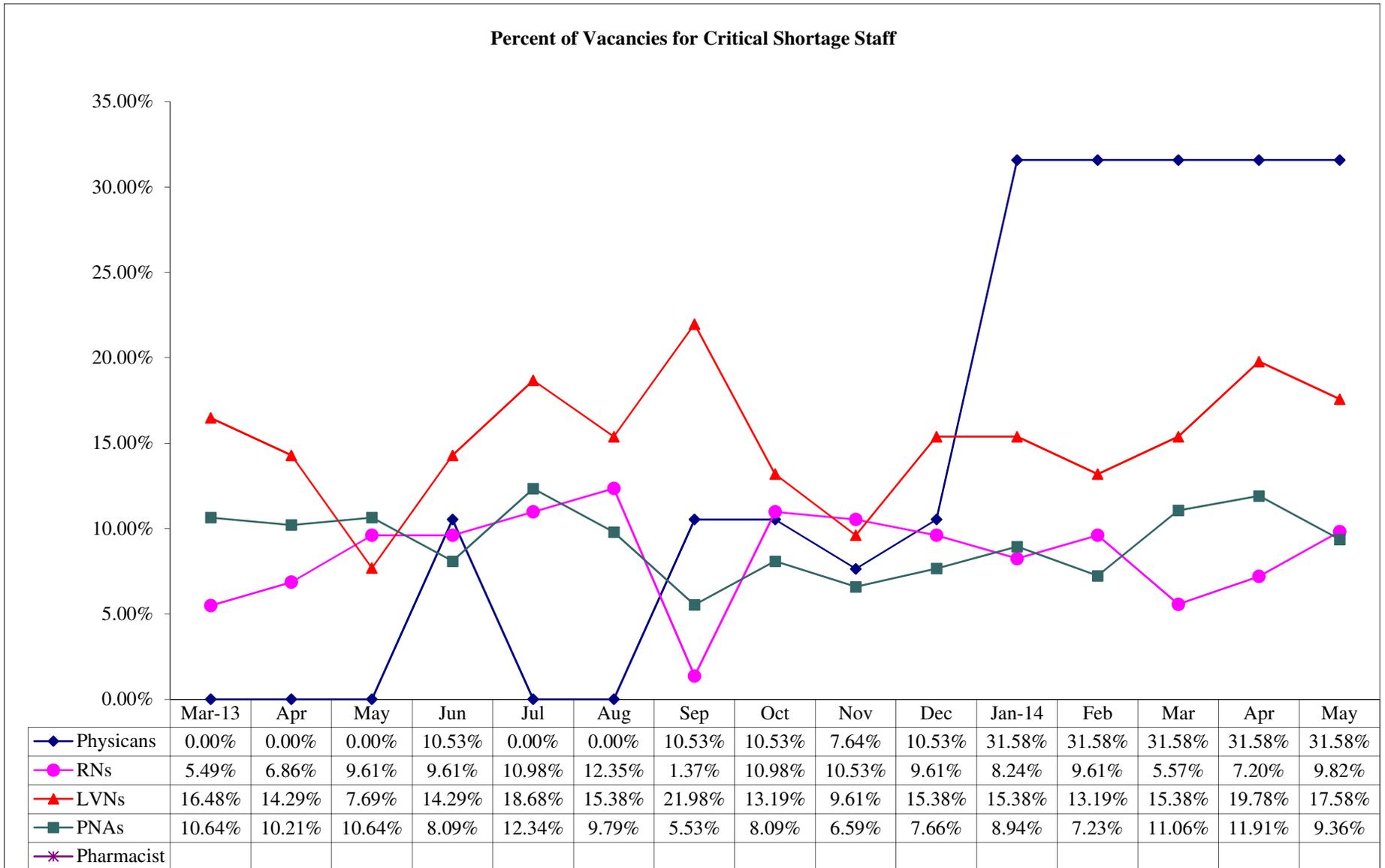
**Measure 8B - Vacancies for Critical Shortage Staff**  
**All State Hospitals**



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

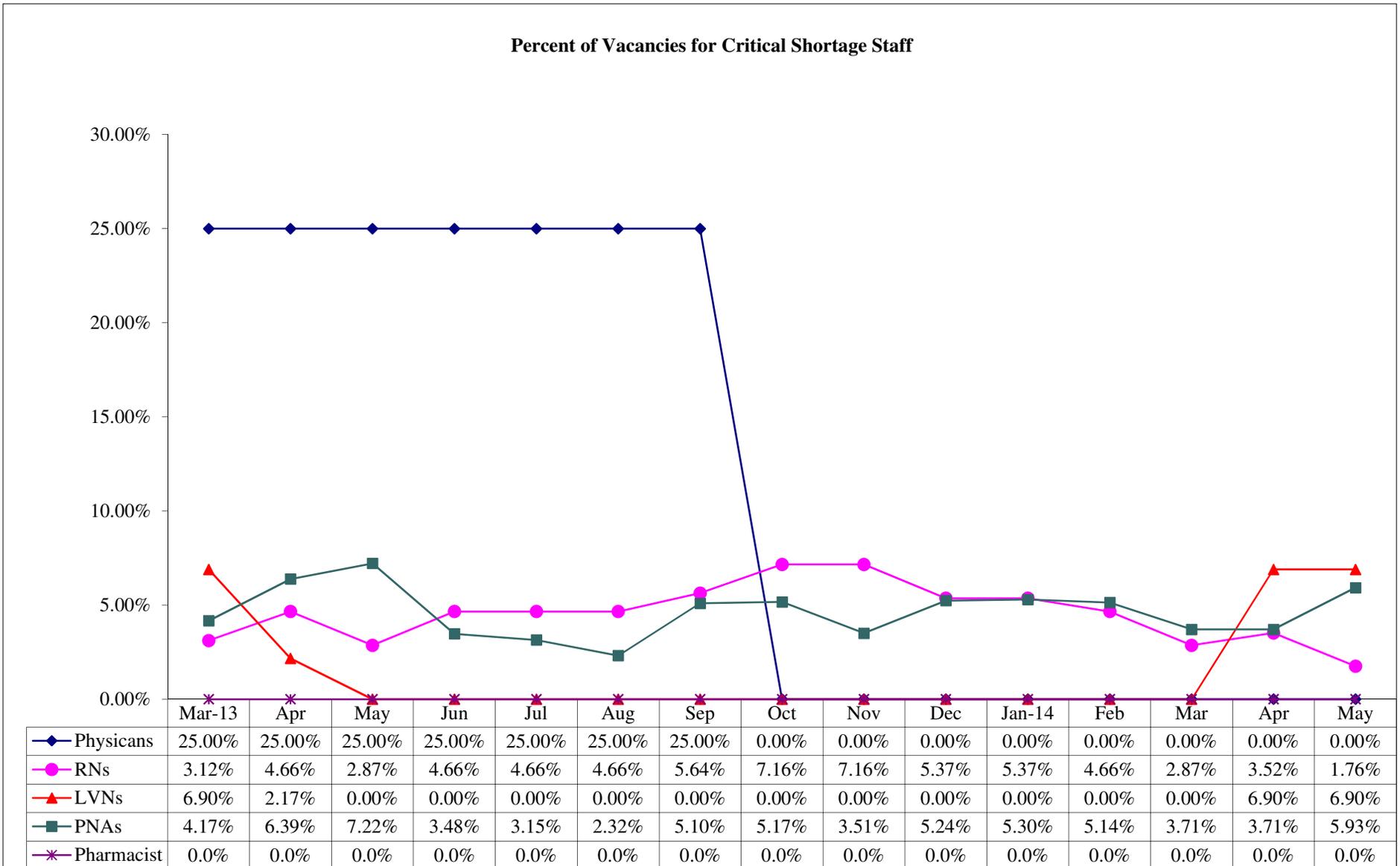


**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**

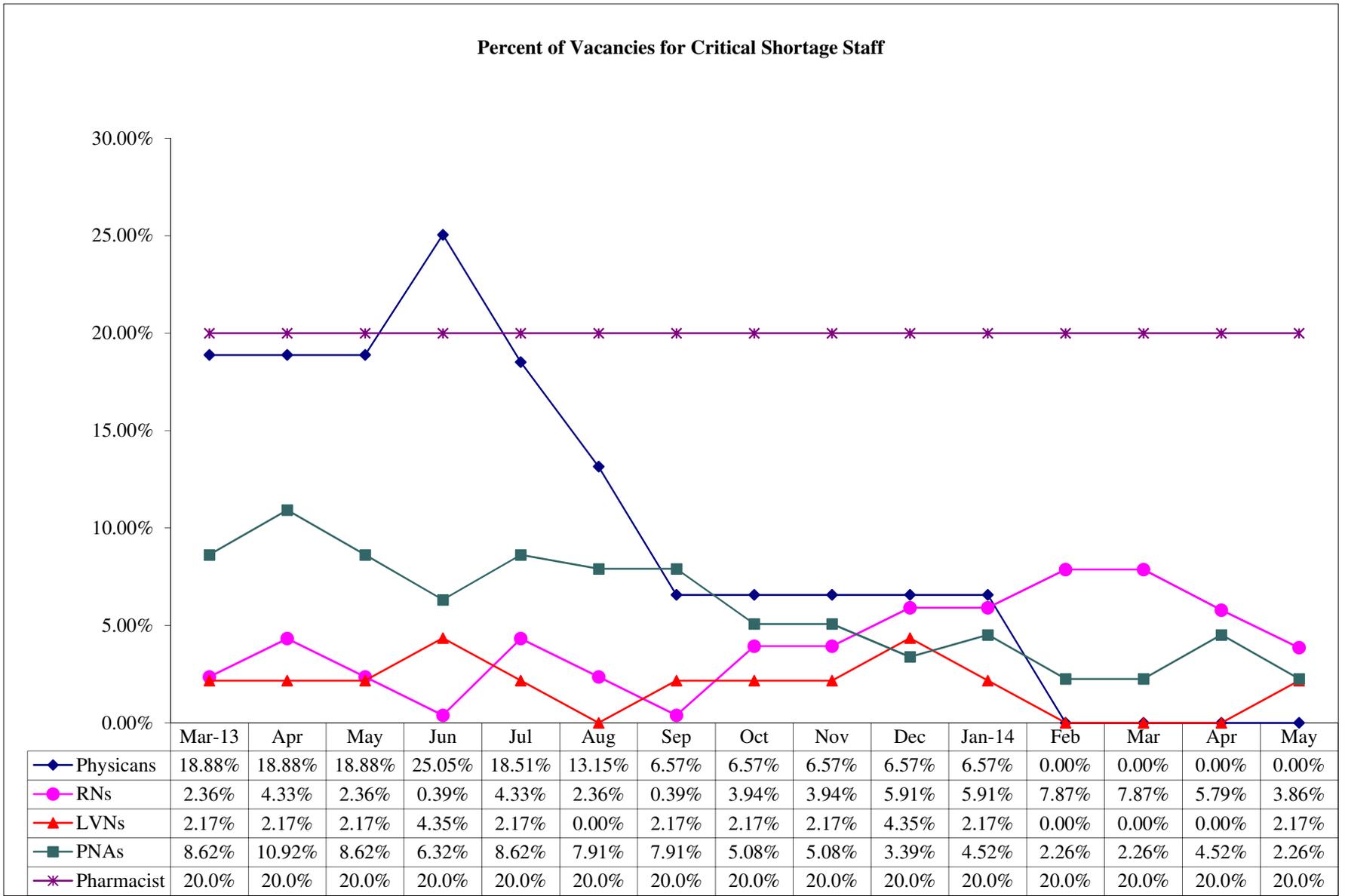


Pharmacist - privatized

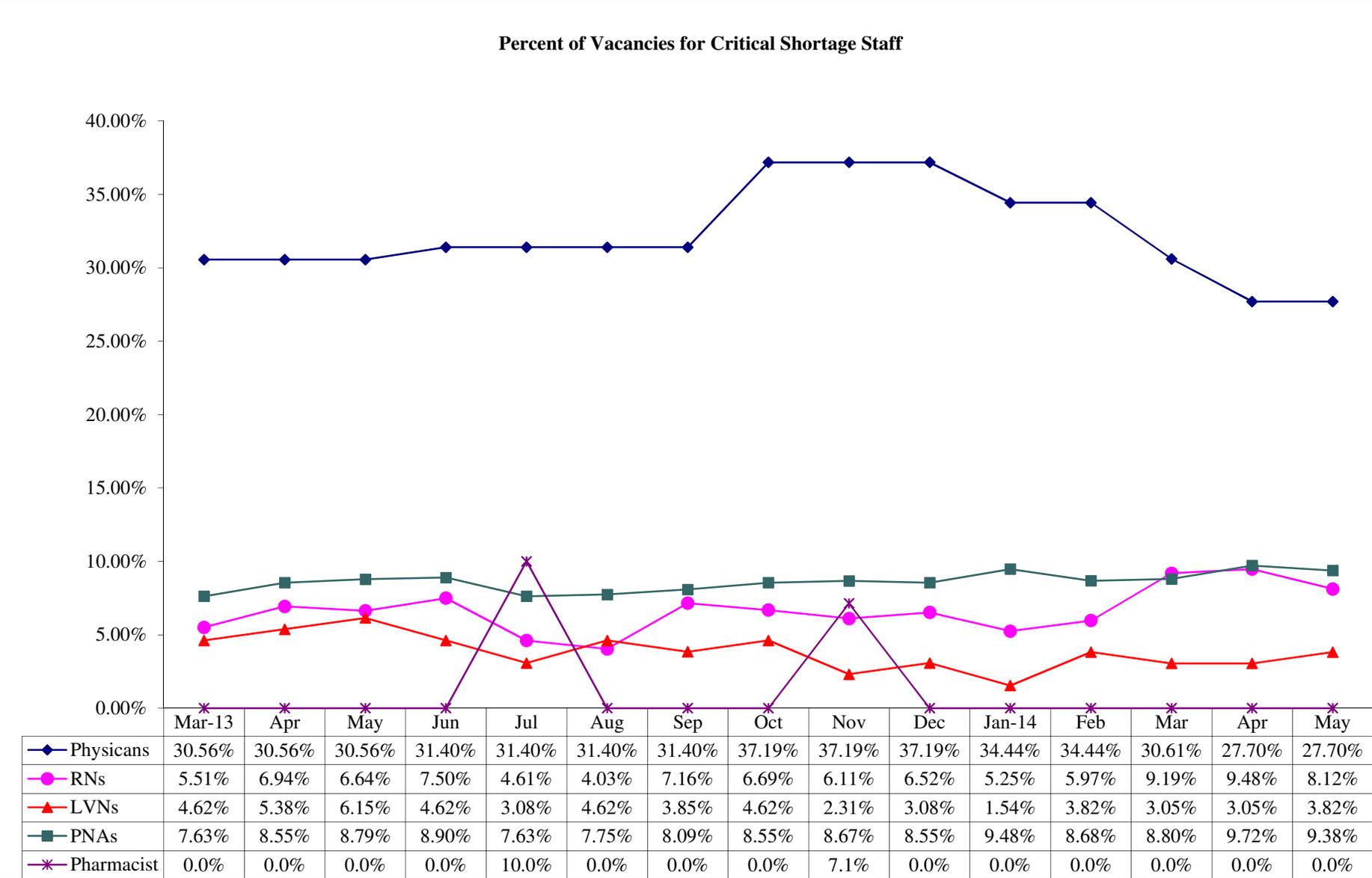
**Measure 8B - Vacancies for Critical Shortage Staff**  
**El Paso Psychiatric Center**



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

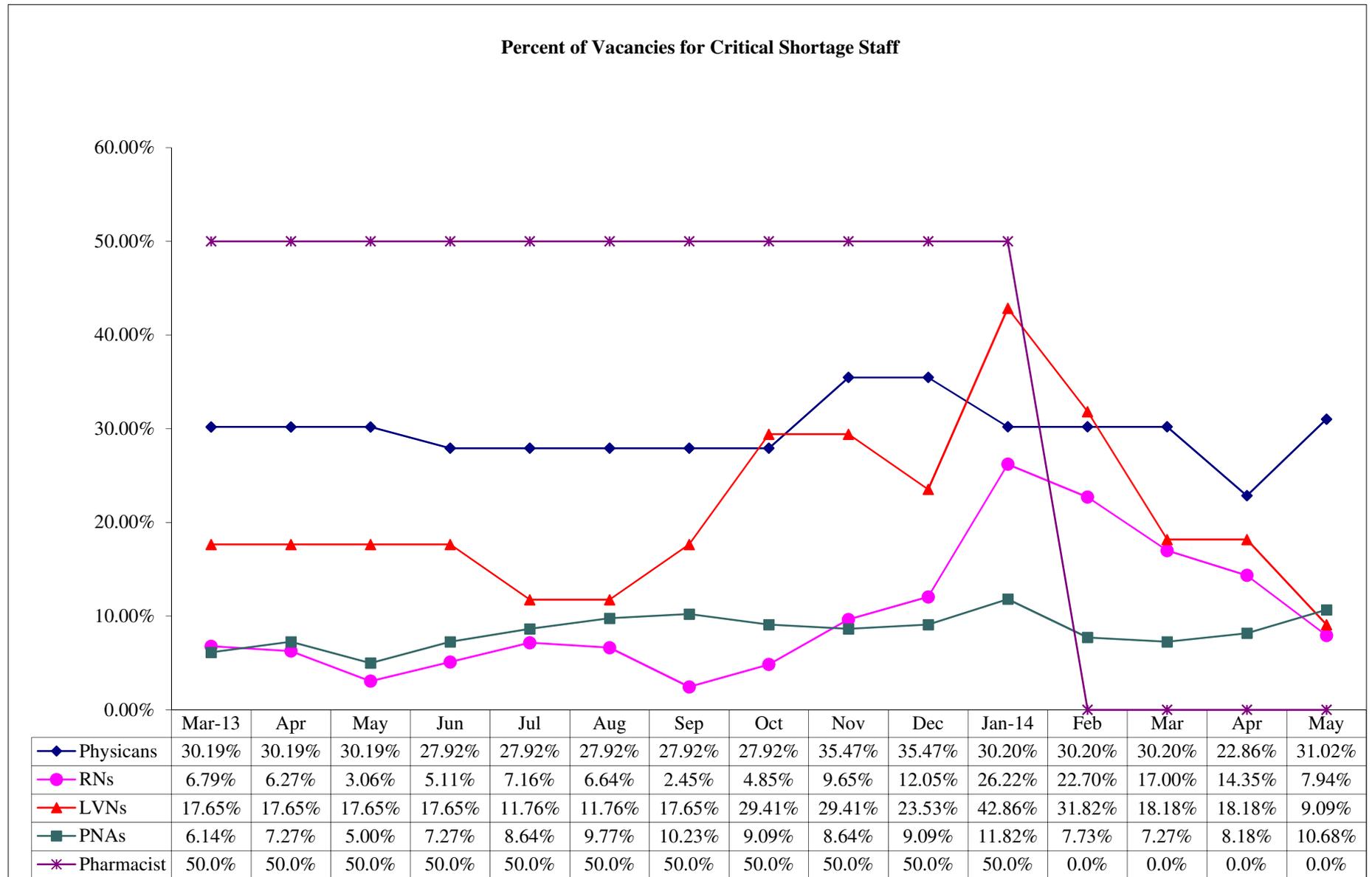


**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**

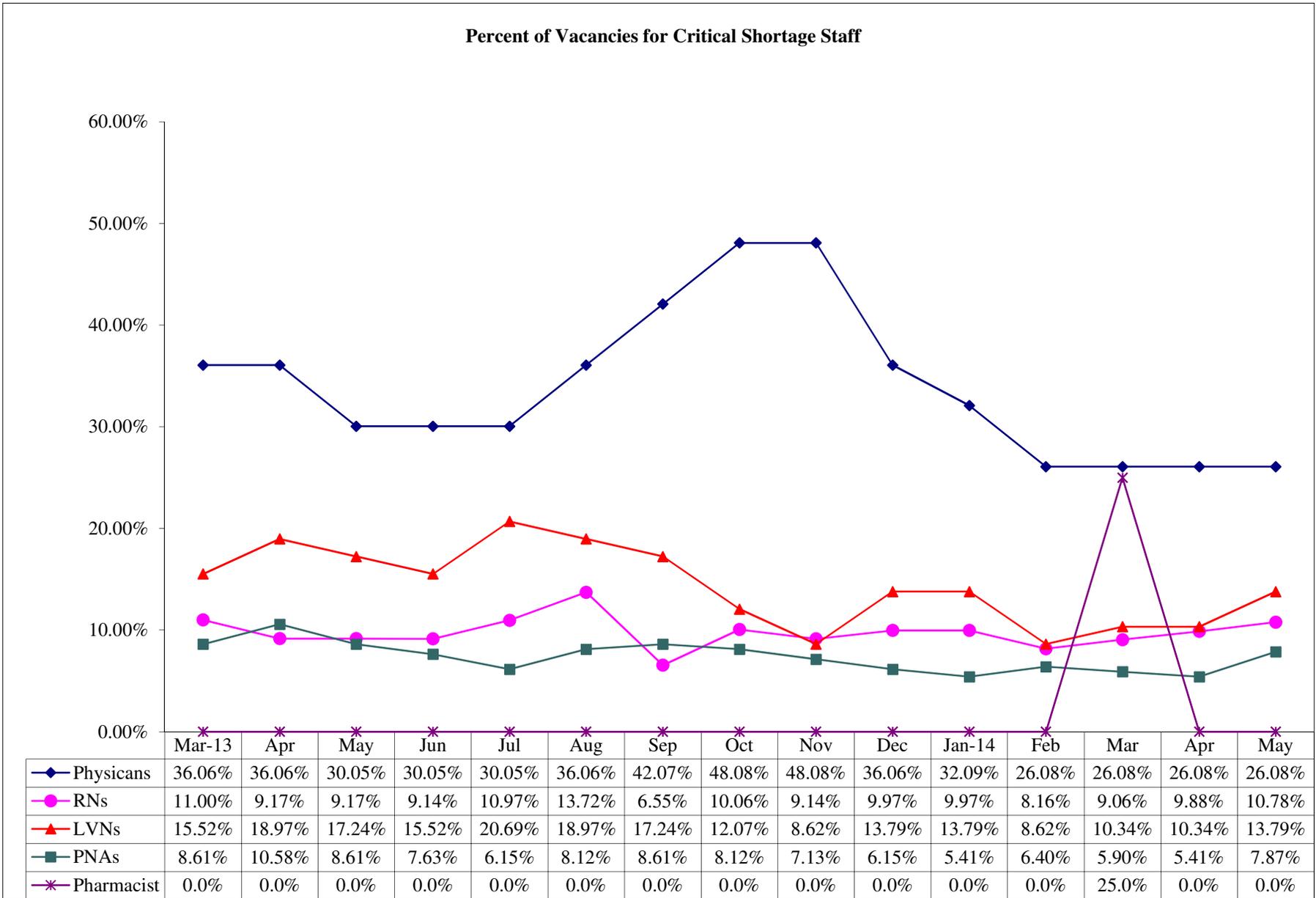


\*Apr - Additional 97 staff added

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

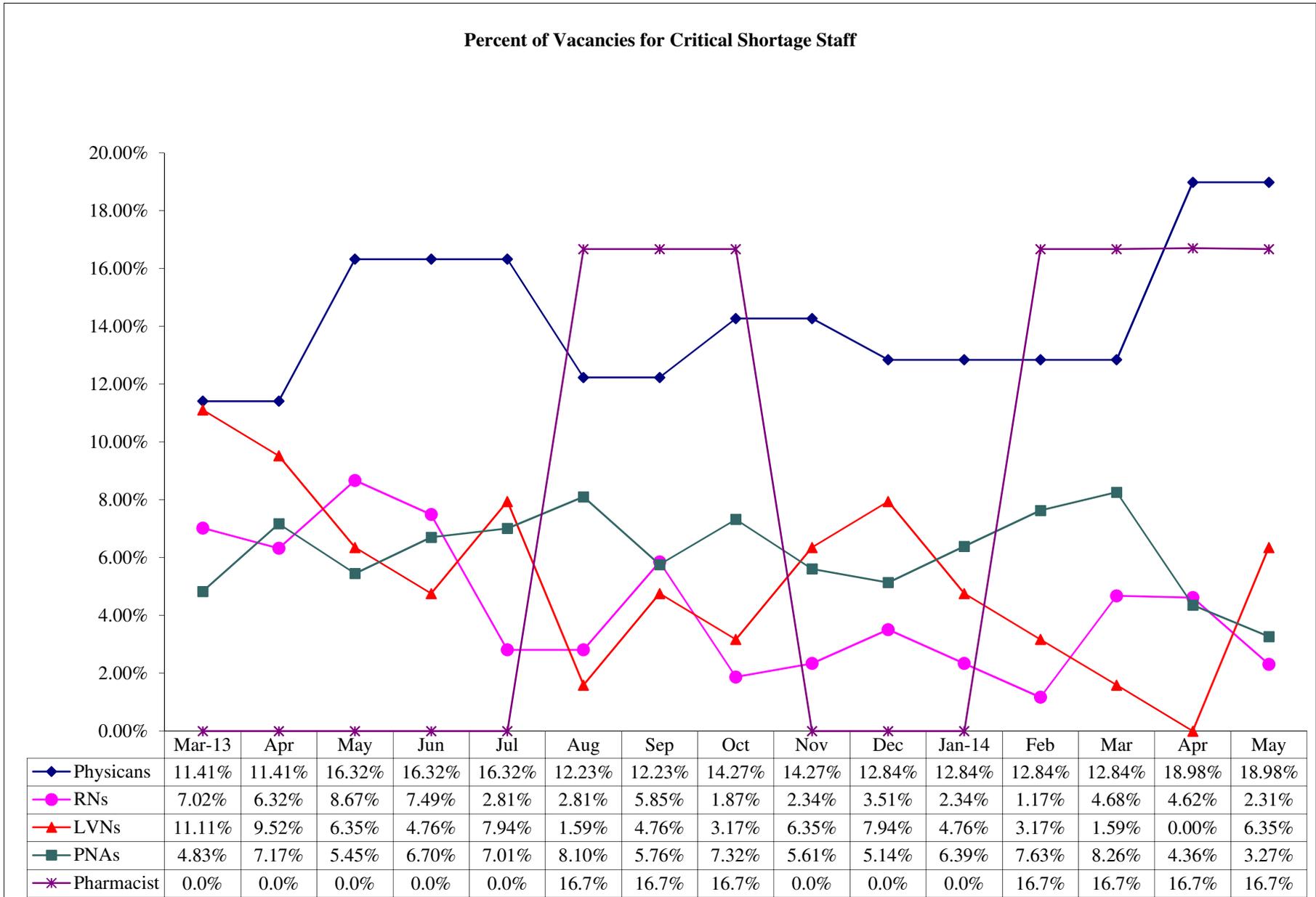


**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**

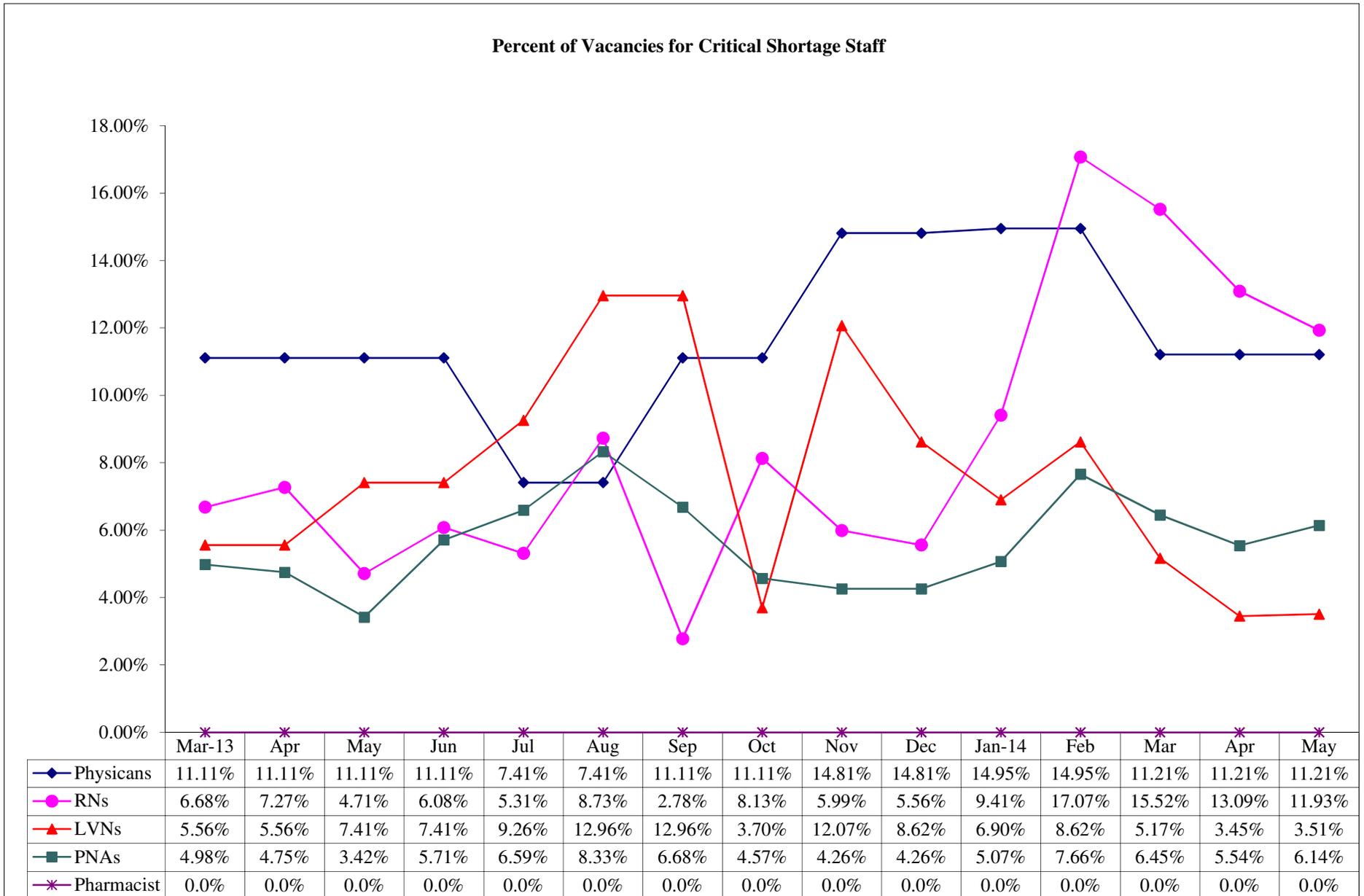


\*Apr - Additional 35 staff added

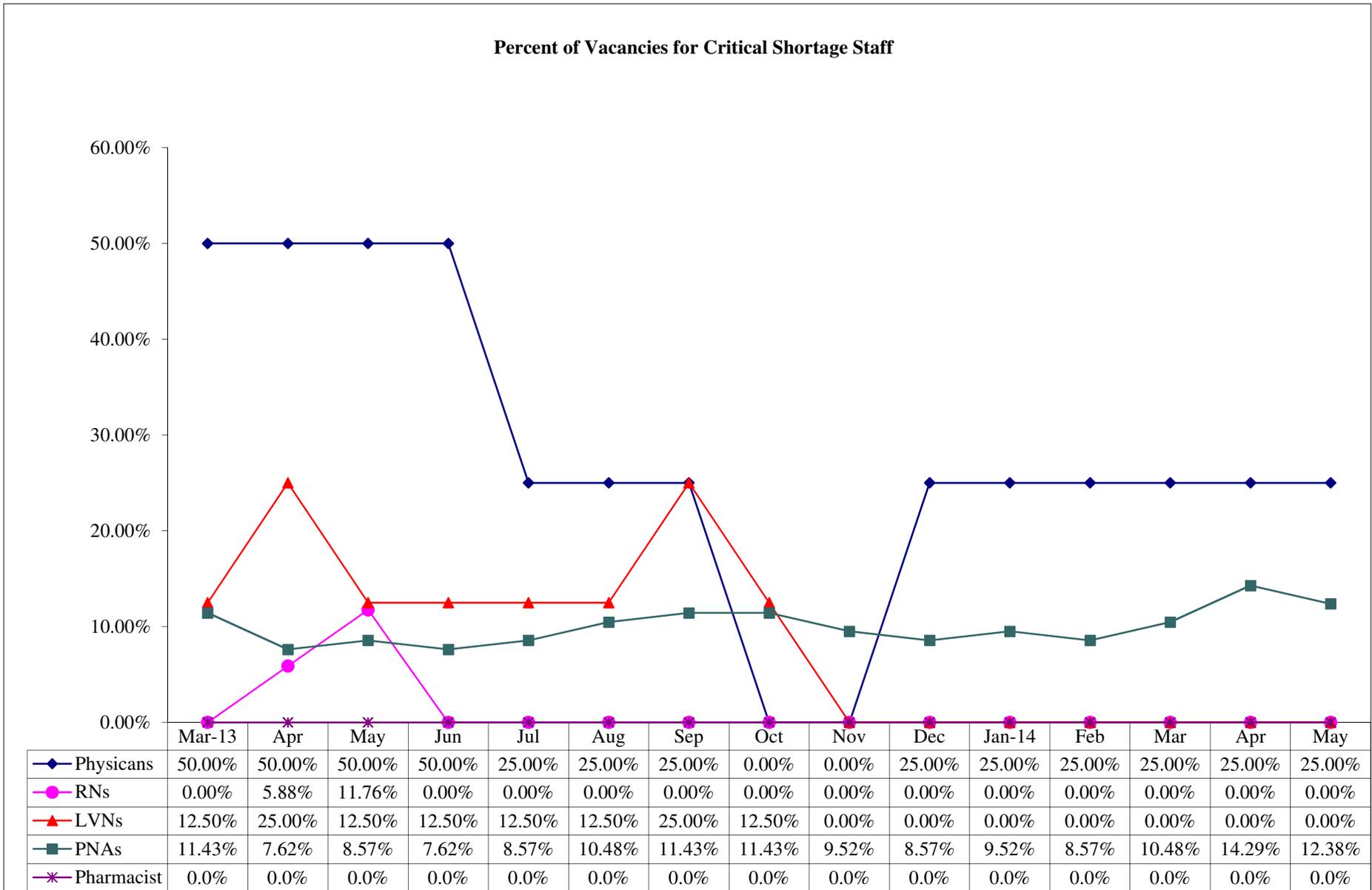
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



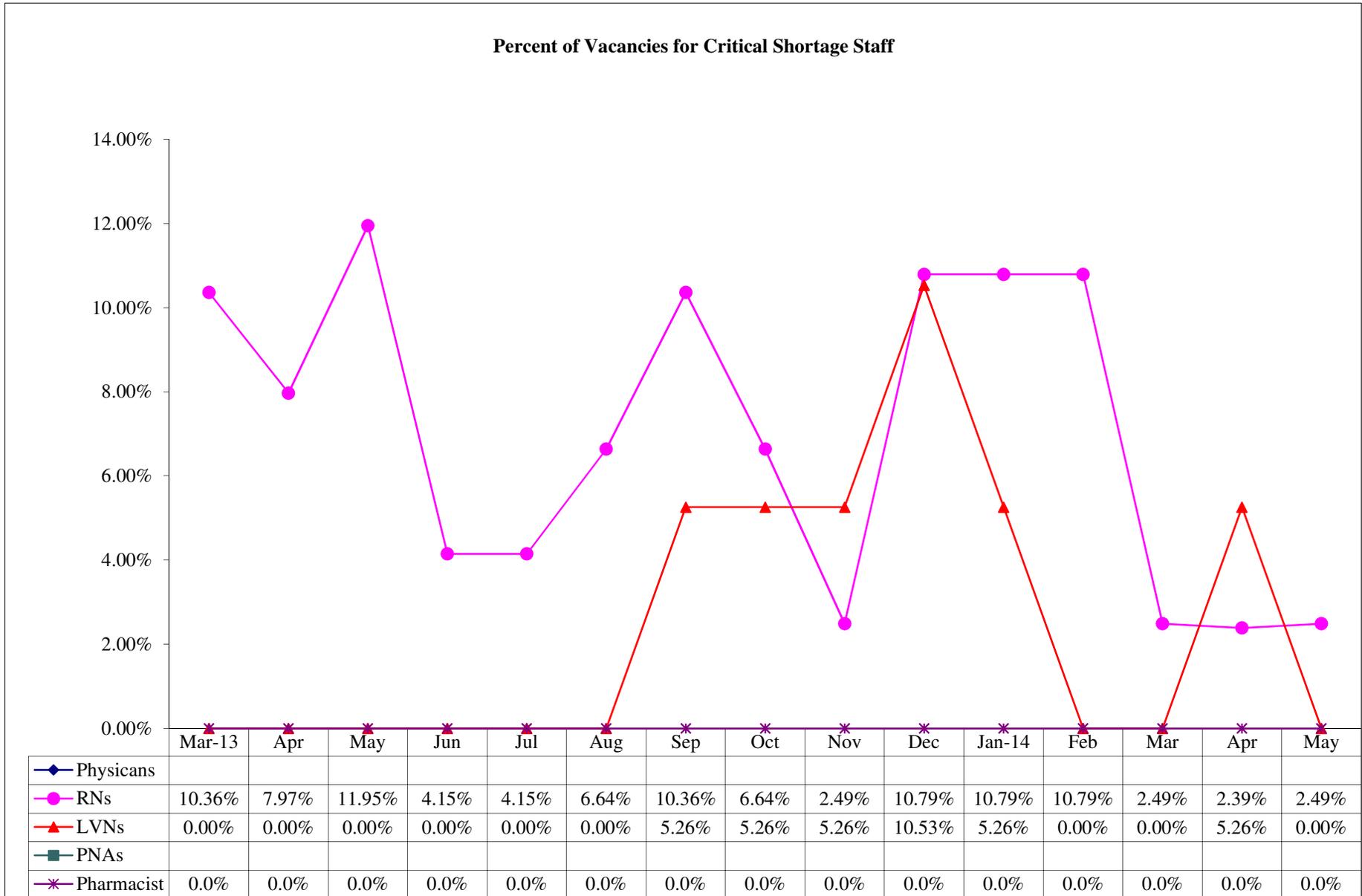
**Measure 8B - Vacancies for Critical Shortage Staff  
Terrell State Hospital**



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



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



**Performance Measure 8C:**

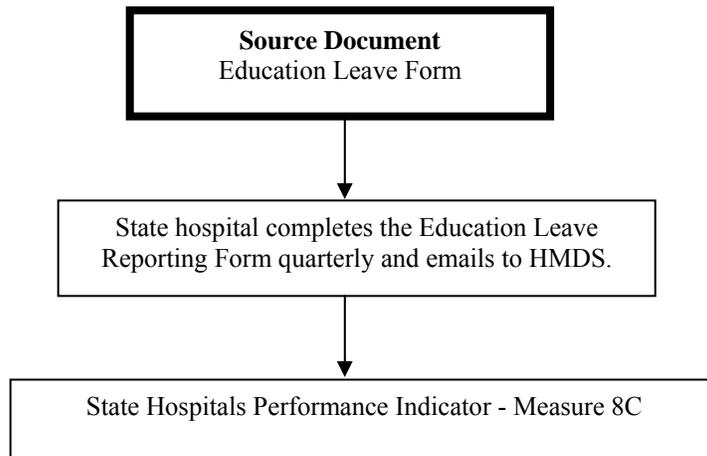
**Report number of staff members currently utilizing education leave and the area of study.**

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

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

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

**Data Flow:**



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

	Q1	Q2	Q3	Q4
Austin State Hospital	7	13	25	
Big Spring State Hospital	5	9	8	
El Paso Psychiatric Center	0	1	1	
Kerrville State Hospital	2	2	3	
North Texas State Hospital	29	41	37	
Rio Grande State Center	0	0	0	
Rusk State Hospital	14	14	10	
San Antonio State Hospital	10	8	13	
Terrell State Hospital	12	14	14	
Waco Center for Youth	1	1	0	
TCID	8	8	8	
<b>All State Hospitals</b>	<b>88</b>	<b>111</b>	<b>119</b>	
	Q1	Q2	Q3	Q4
Associate Degree	0	0	0	
Coding	0	0	0	
Criminal Justice	0	0	0	
Dietician/Nutrition	0	0	0	
Engineering	0	0	0	
IT	0	1	0	
Medical Doctor	2	1	2	
Nursing	66	89	102	
Nurse Practitioner	0	2	0	
O. Therapy	0	0	0	
Pharmacist	2	1	1	
Pharmacy Tech	0	0	0	
Phlebotomy	0	0	0	
Post-Doctoral Neuropsychology	0	0	0	
Psychology	2	3	1	
Public Health	0	0	0	
Rehabilitation	0	0	0	
Social Work	8	7	5	
Sociology	0	0	0	
Therapeutic Recreation	1	1	0	
Other	7	6	8	
<b>All State Hospitals</b>	<b>88</b>	<b>111</b>	<b>119</b>	

## ***GOAL 9: Improve Organizational Performance***

### **Performance Objective 9A:**

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

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

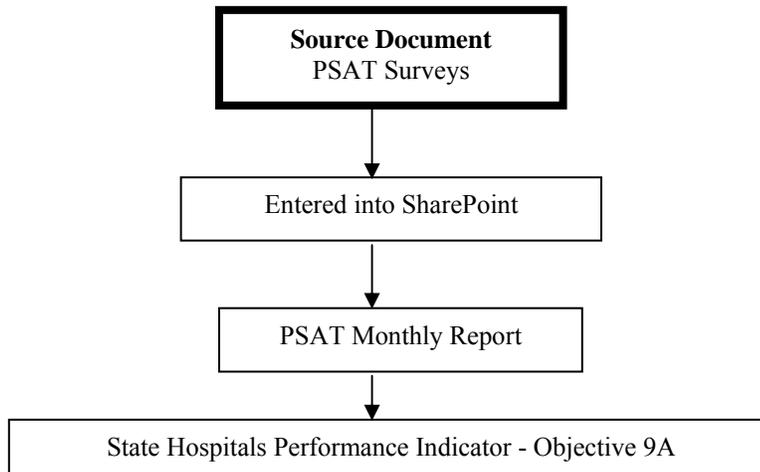
**Performance Objective Operational Definition:** At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

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

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

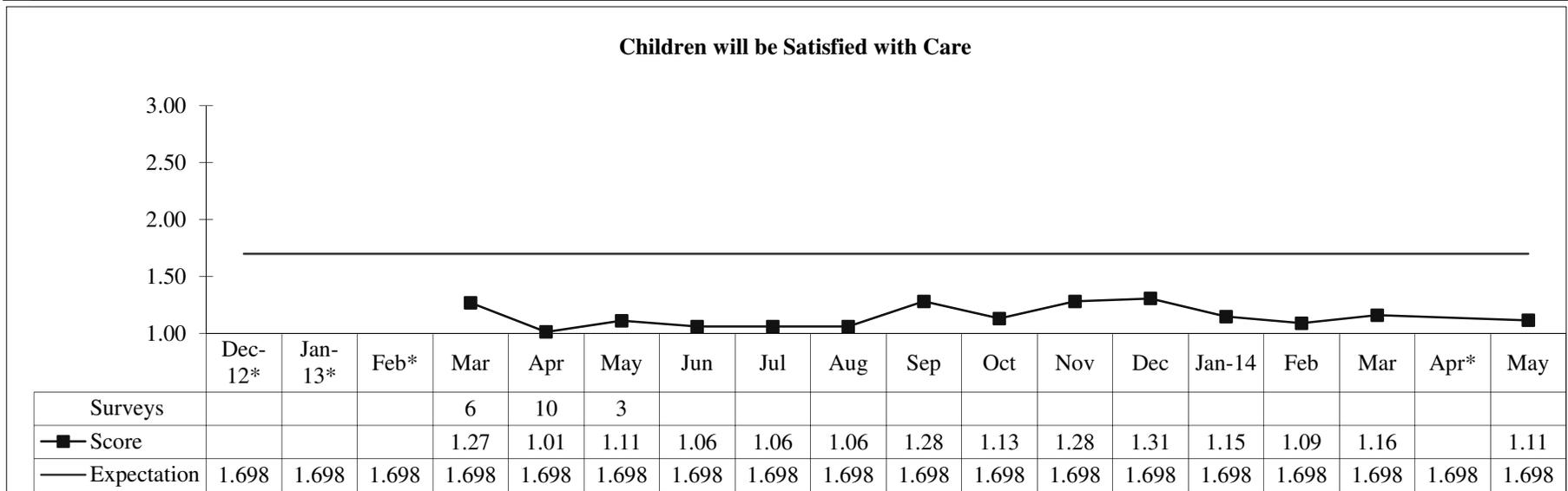
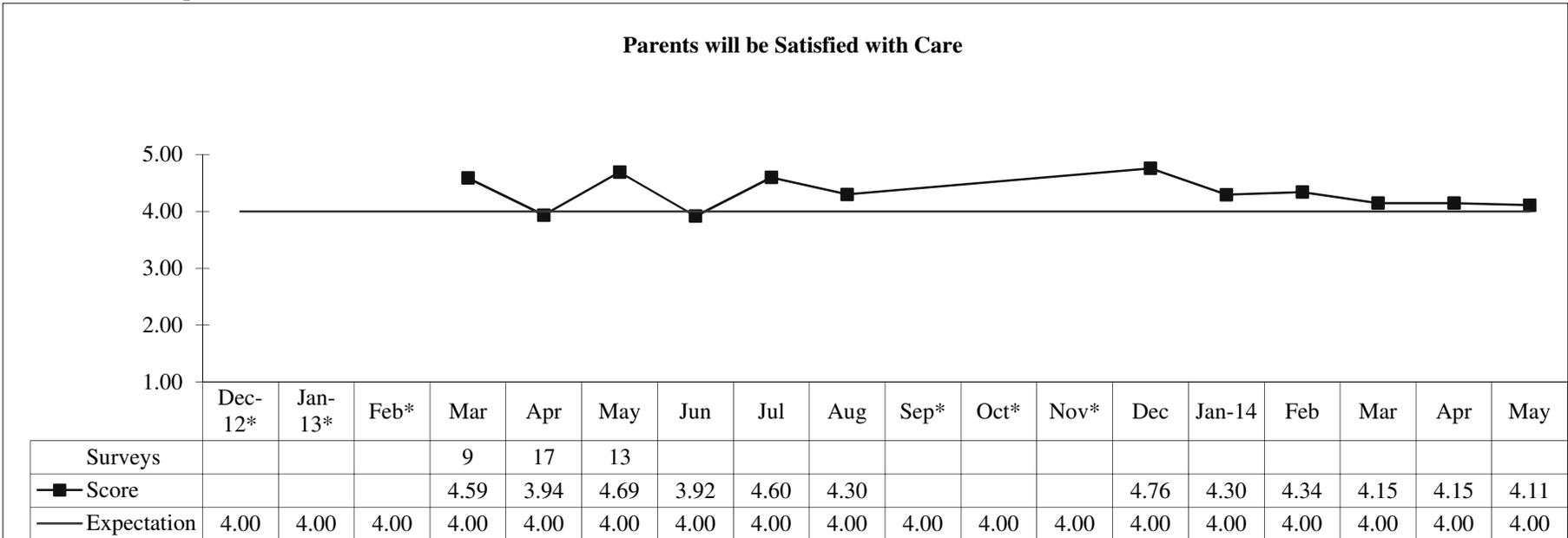
### **Data Flow:**



**Objective 9A - Patient Satisfaction**

**Children and Parents will be Satisfied with Treatment and Safe Milieu**

**All State MH Hospitals**

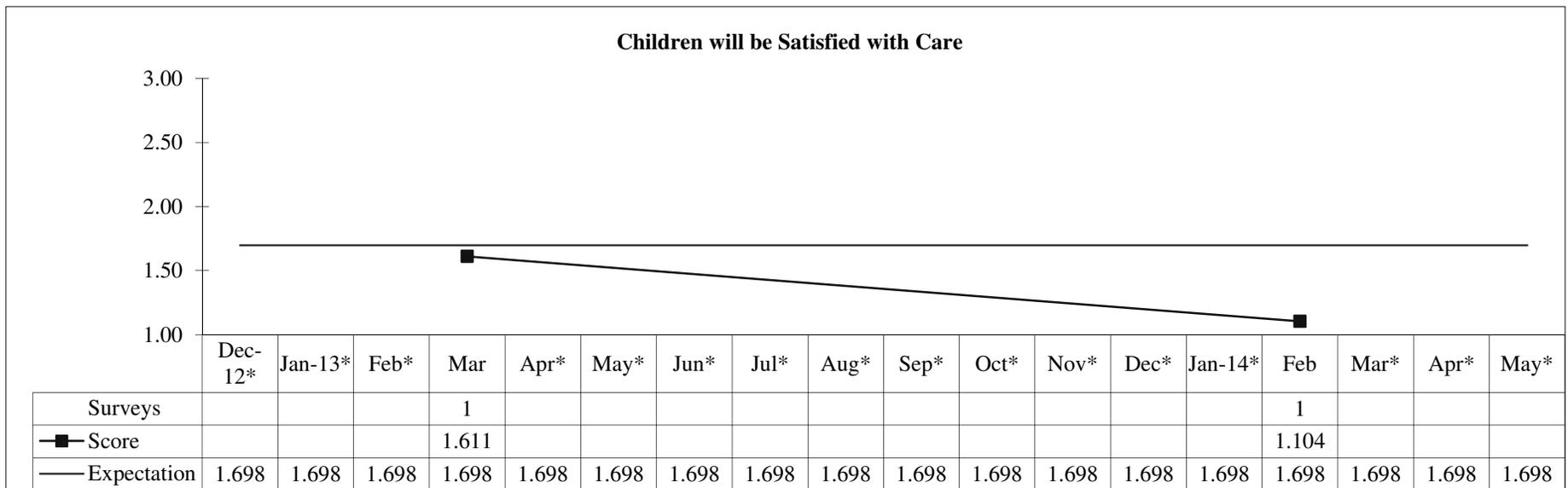
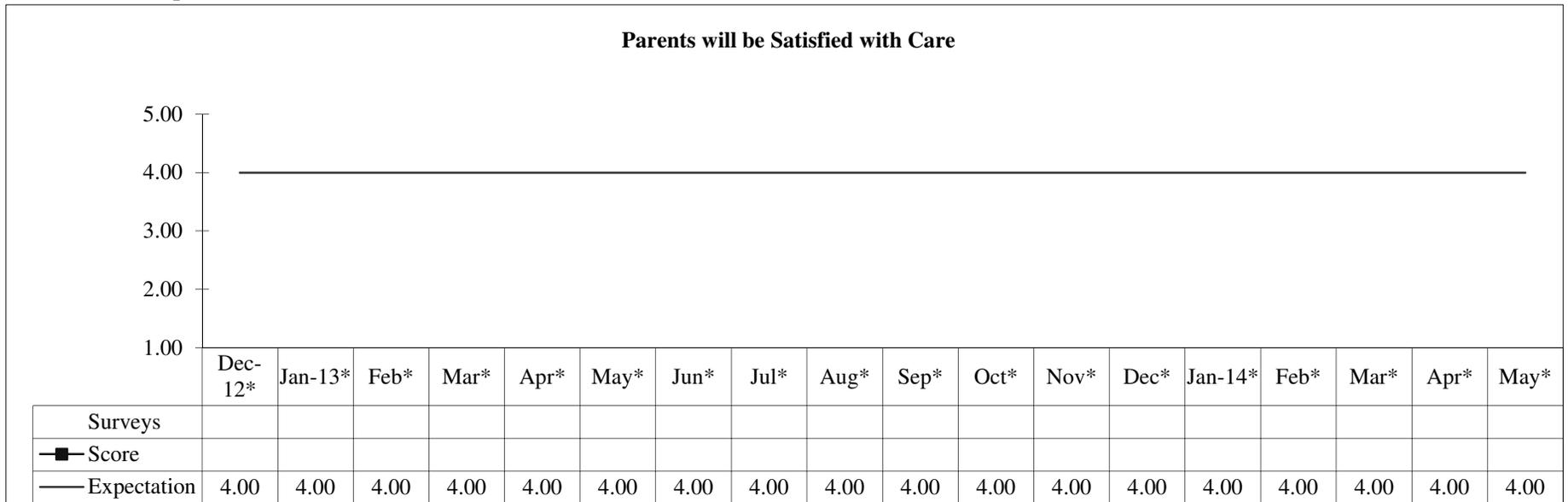


PSAT software is not compatible to Windows 2010. Hospitals started entering PSAT in SharePoint March 2013.

Chart: Hospital Management Data Services

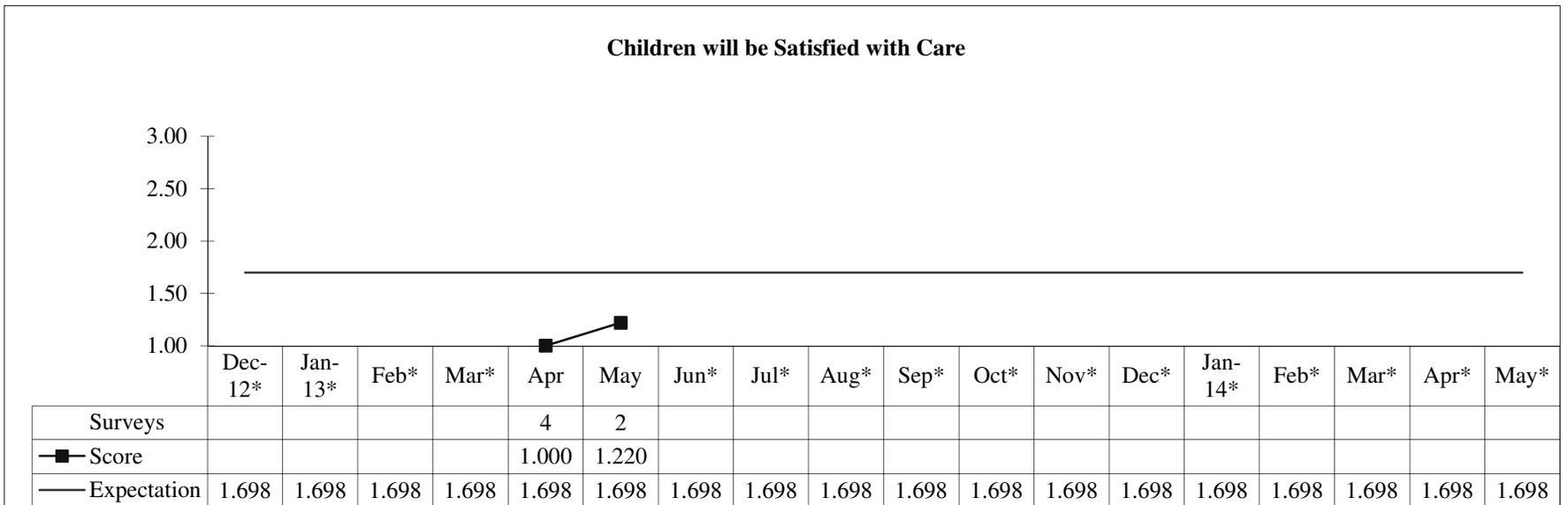
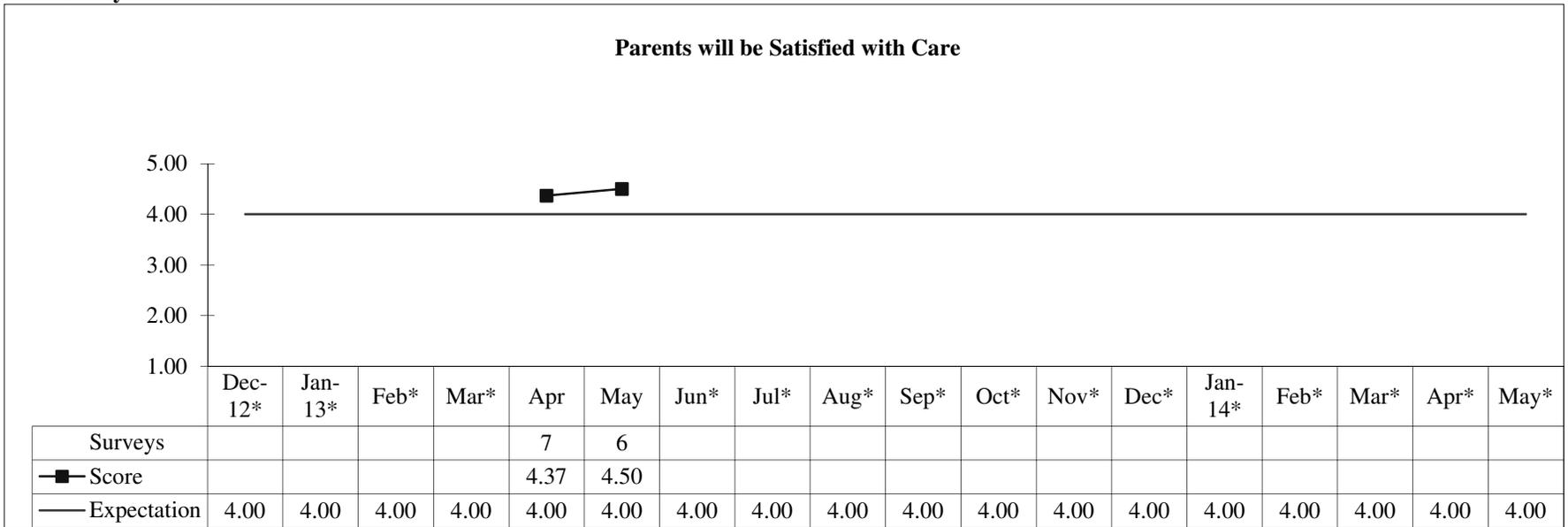
Source: PSAT

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



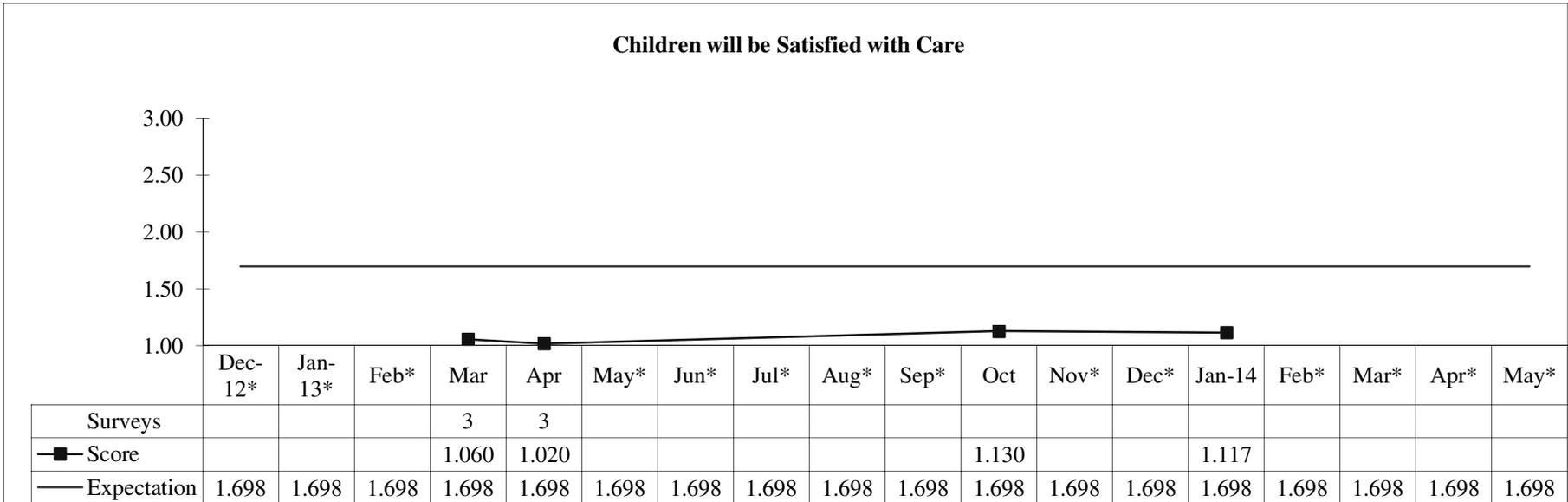
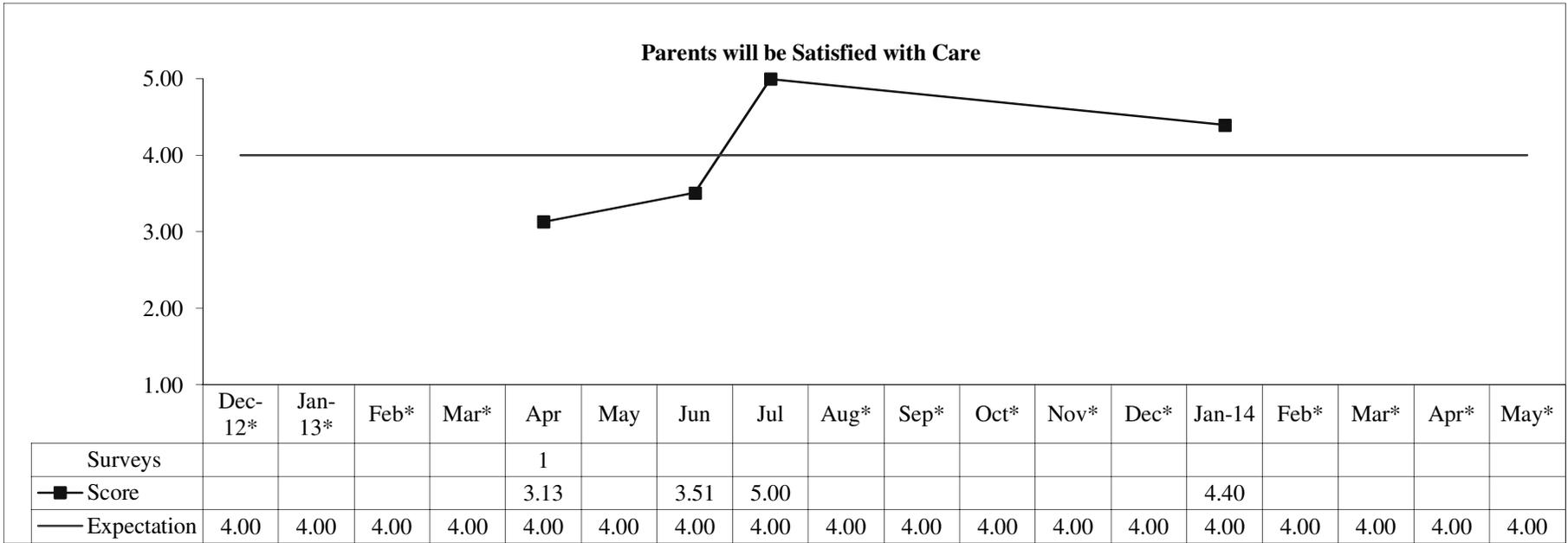
\*No surveys submitted

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



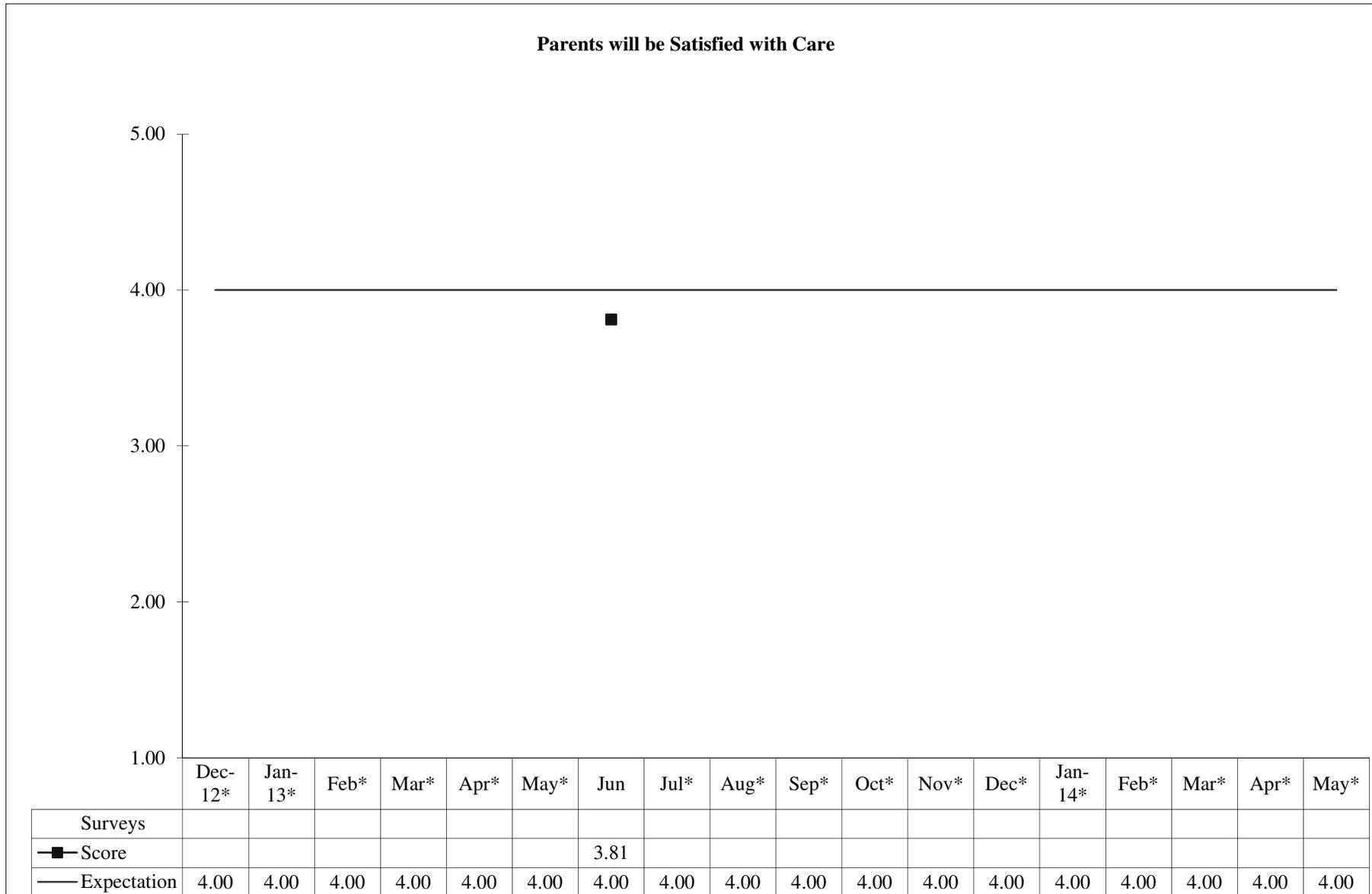
\*No surveys submitted

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



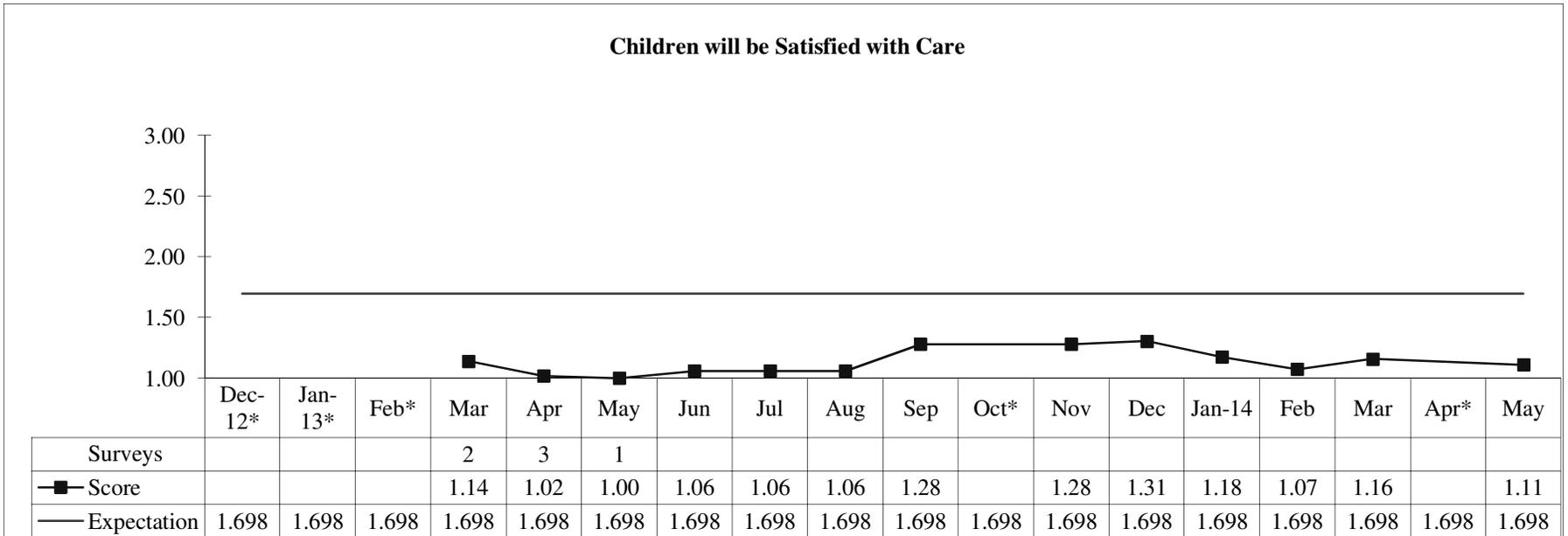
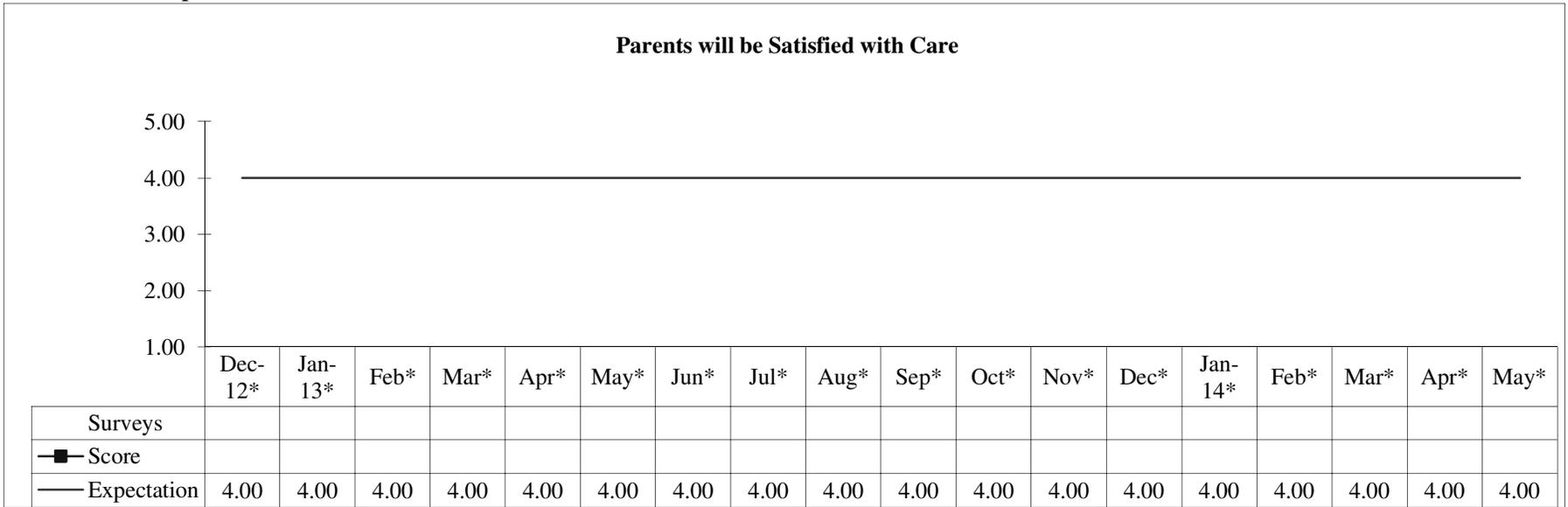
\*No surveys submitted

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



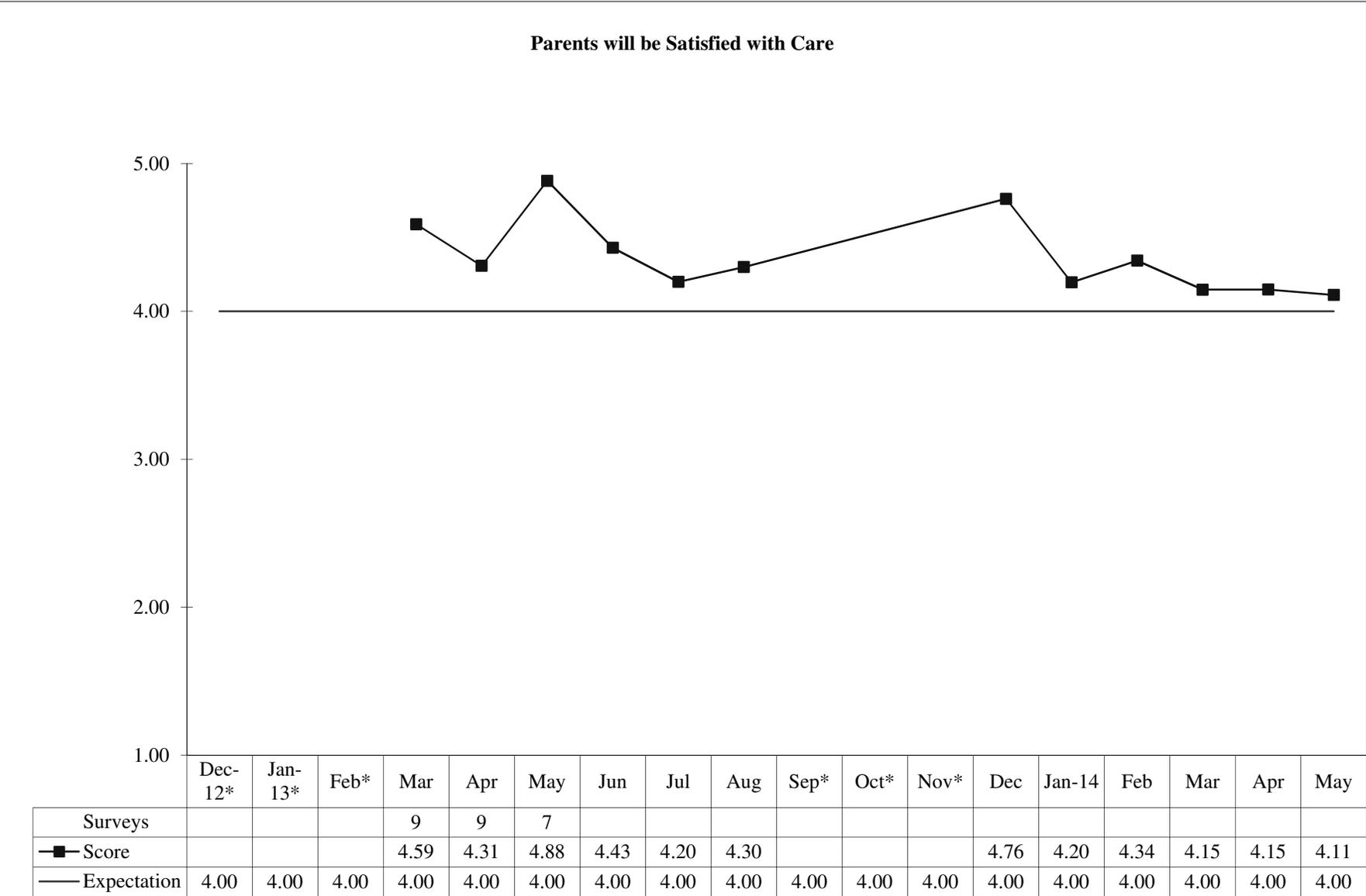
\*No surveys submitted

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



\*No surveys submitted

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



\*No surveys submitted

**Performance Objective 9B:**

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

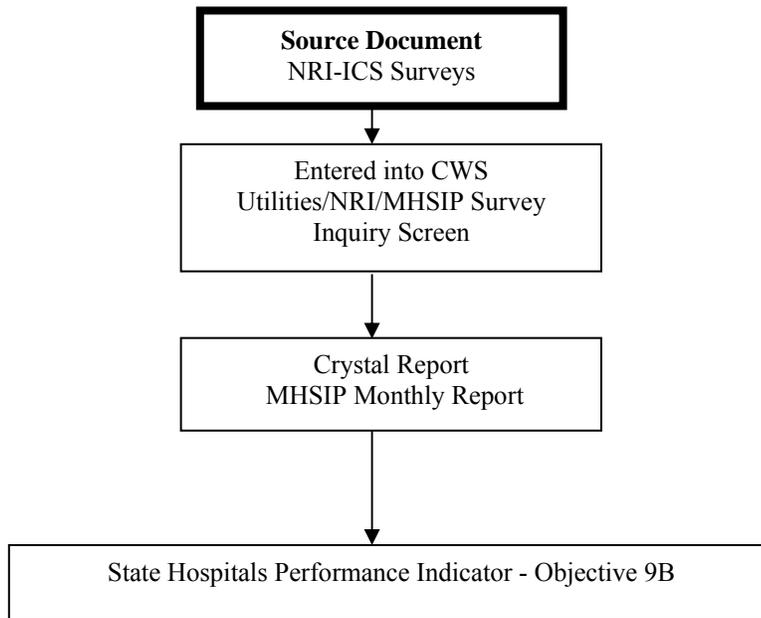
**Performance Objective Operational Definition:** At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

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

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

**Data Flow:**

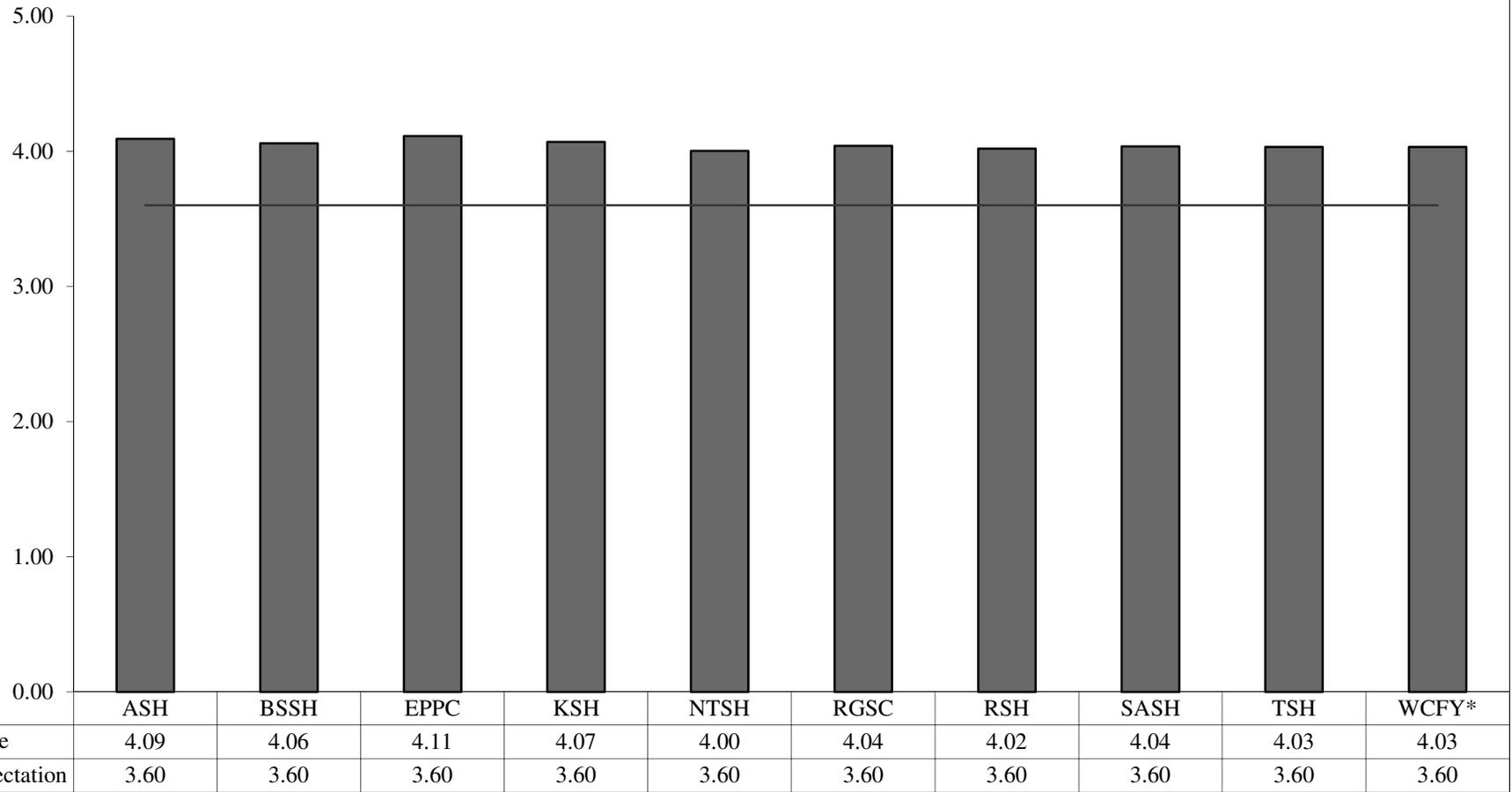


**Objective 9B - Patient Satisfaction**

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

**All State MH Hospitals**

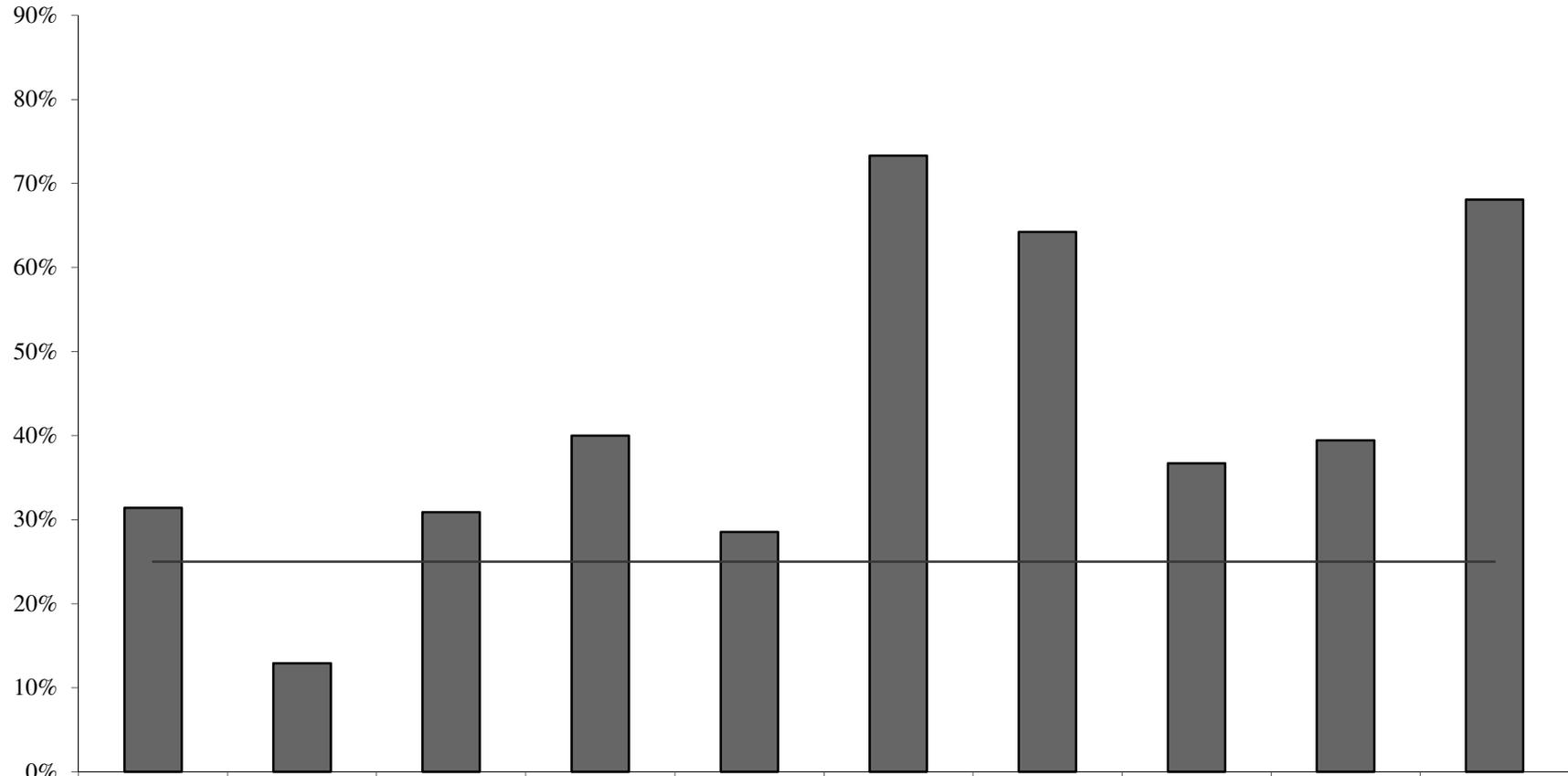
**Adults & Adolescents Survey  
Q3 FY2014**



\*WCFY - Adolescent Surveys Only

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

**Percentage of Adult & Adolescent Surveys Completed**  
**Q3 FY14**



	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY*
Discharges	573	147	246	15	452	161	179	365	497	47
Surveys	180	19	76	6	129	118	115	134	196	32
█ % Surveyed	31%	13%	31%	40%	29%	73%	64%	37%	39%	68%
— Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

\*WCFY - Adolescent Surveys Only

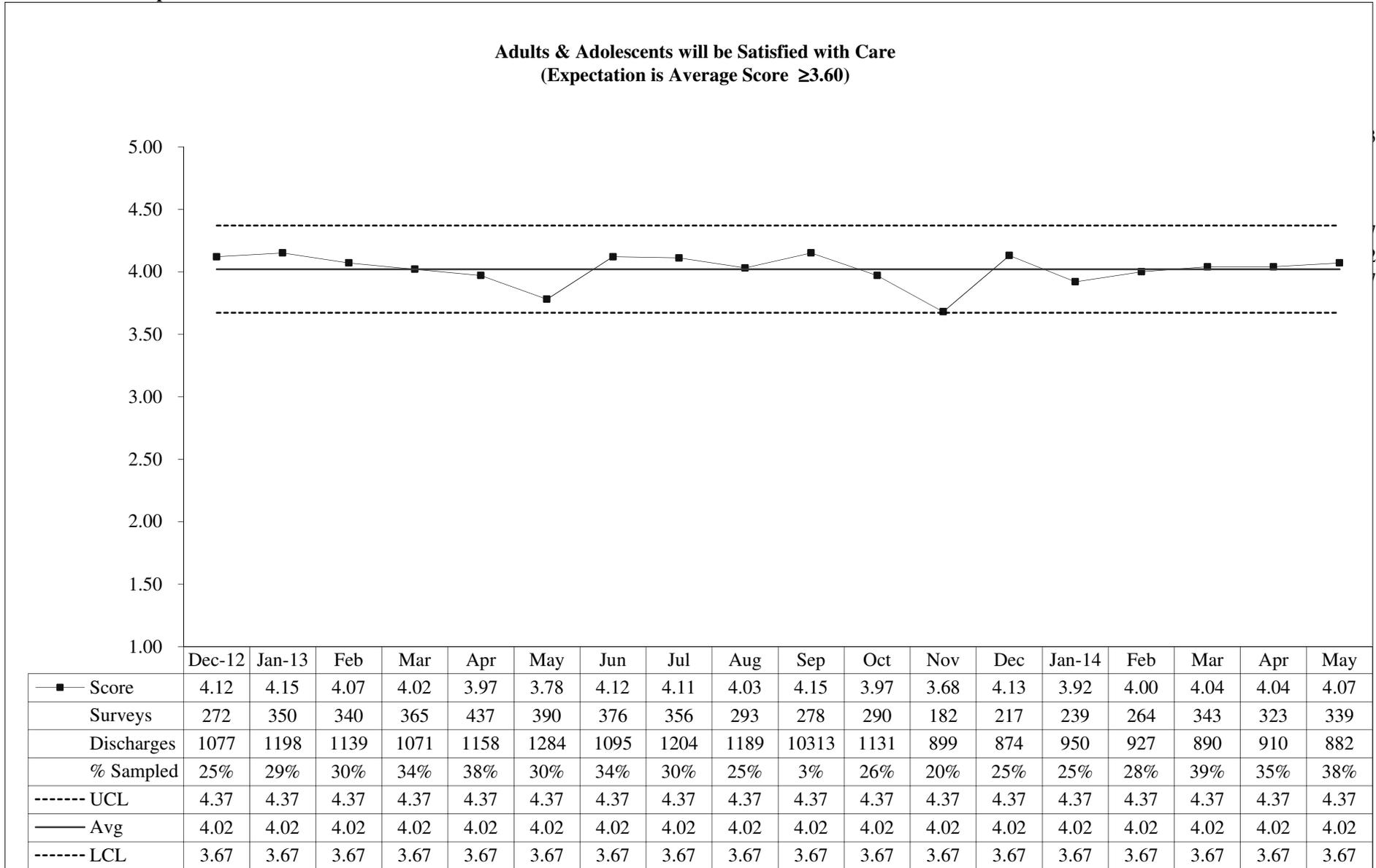
\*\*KSH - Provide surveys on request & offer them to annual reviews.

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

**Objective 9B - Patient Satisfaction**

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

**All State MH Hospitals**



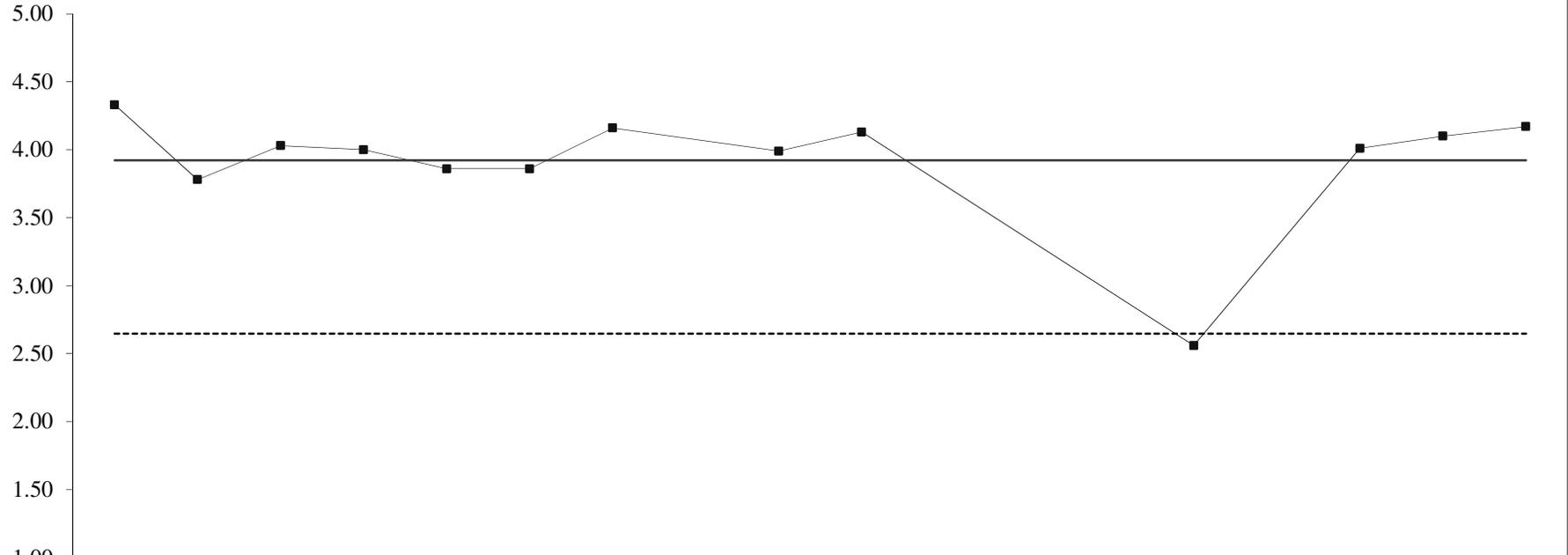
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Austin State Hospital**

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



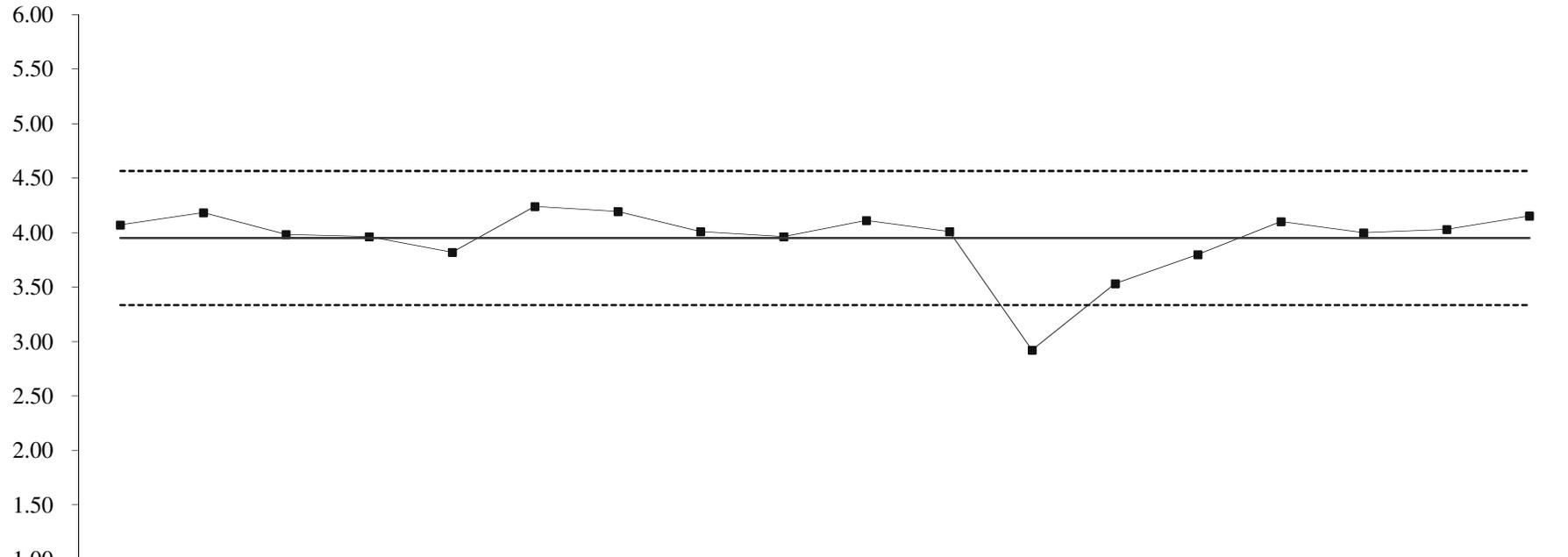
	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul*	Aug	Sep	Oct*	Nov*	Dec*	Jan-14	Feb*	Mar	Apr	May
—■— Score	4.33	3.78	4.03	4.00	3.86	3.86	4.16		3.99	4.13				2.56		4.01	4.10	4.17
Surveys	6	9	45	79	98	18	37	0	40	9	0	0	0	1		87	38	55
Discharges	254	325	336	301	296	329	252	307	292	262	248	244	231	223		203	190	180
% Sampled	2%	3%	13%	26%	33%	5%	15%	0%	14%	3%	0%	0%	0%	0%	0%	43%	20%	31%
----- UCL	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20	5.20
———— Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
----- LCL	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65	2.65

\*No Survey Done

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

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

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



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
■ Score	4.07	4.18	3.98	3.96	3.82	4.24	4.19	4.01	3.96	4.11	4.01	2.92	3.53	3.80	4.10	4.00	4.03	4.15
Surveys	15	19	12	19	15	15	8	4	5	8	10	6	8	2	5	4	6	9
Discharges	74	82	67	67	73	80	43	58	66	53	60	40	56	43	32	42	42	63
% Sampled	20%	23%	18%	28%	21%	19%	19%	7%	8%	15%	17%	15%	14%	5%	16%	10%	14%	14%
----- UCL	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56
———— Avg	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95
----- LCL	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33

Source: HC022020;

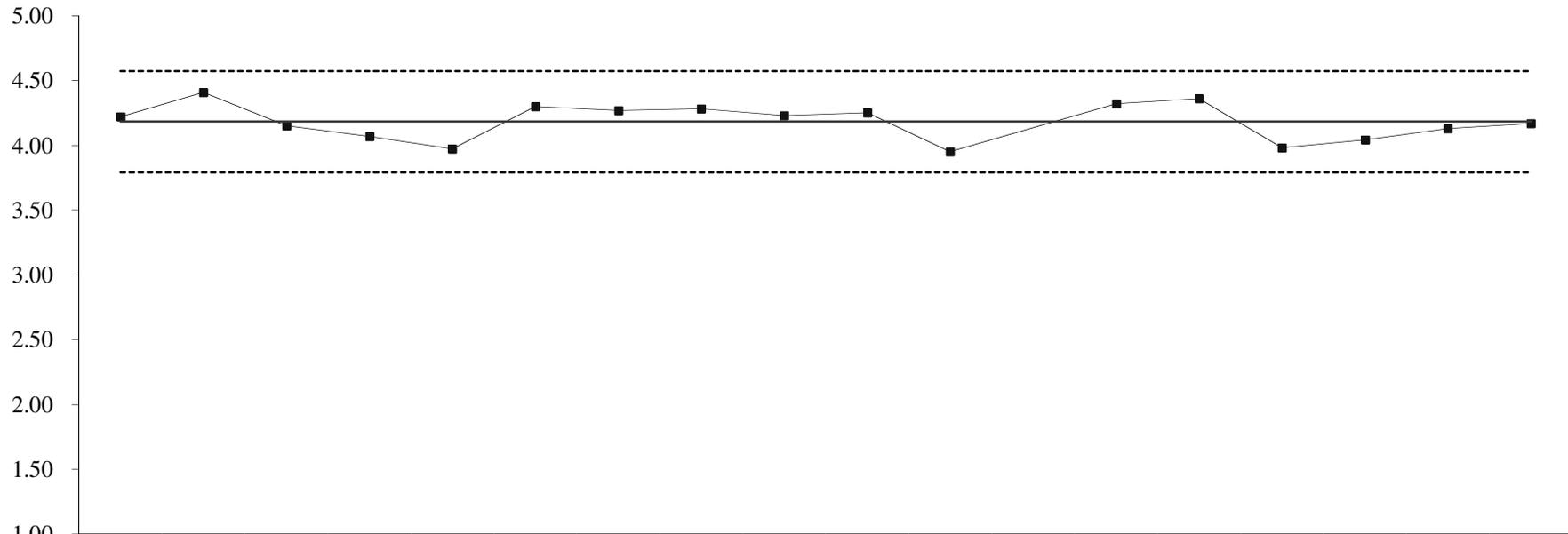
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**El Paso Psychiatric Center**

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



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-14	Feb	Mar	Apr	May
—■— Score	4.22	4.41	4.15	4.07	3.97	4.30	4.27	4.28	4.23	4.25	3.95		4.32	4.36	3.98	4.04	4.13	4.17
Surveys	24	27	21	24	24	25	26	29	30	34	33	0	22	21	23	24	28	24
Discharges	85	97	83	79	92	88	90	93	108	95	87	80	74	72	77	79	93	74
% Sampled	28%	28%	25%	55%	26%	28%	55%	31%	28%	55%	38%	0%	30%	29%	30%	30%	30%	32%
----- 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	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
----- LCL	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79

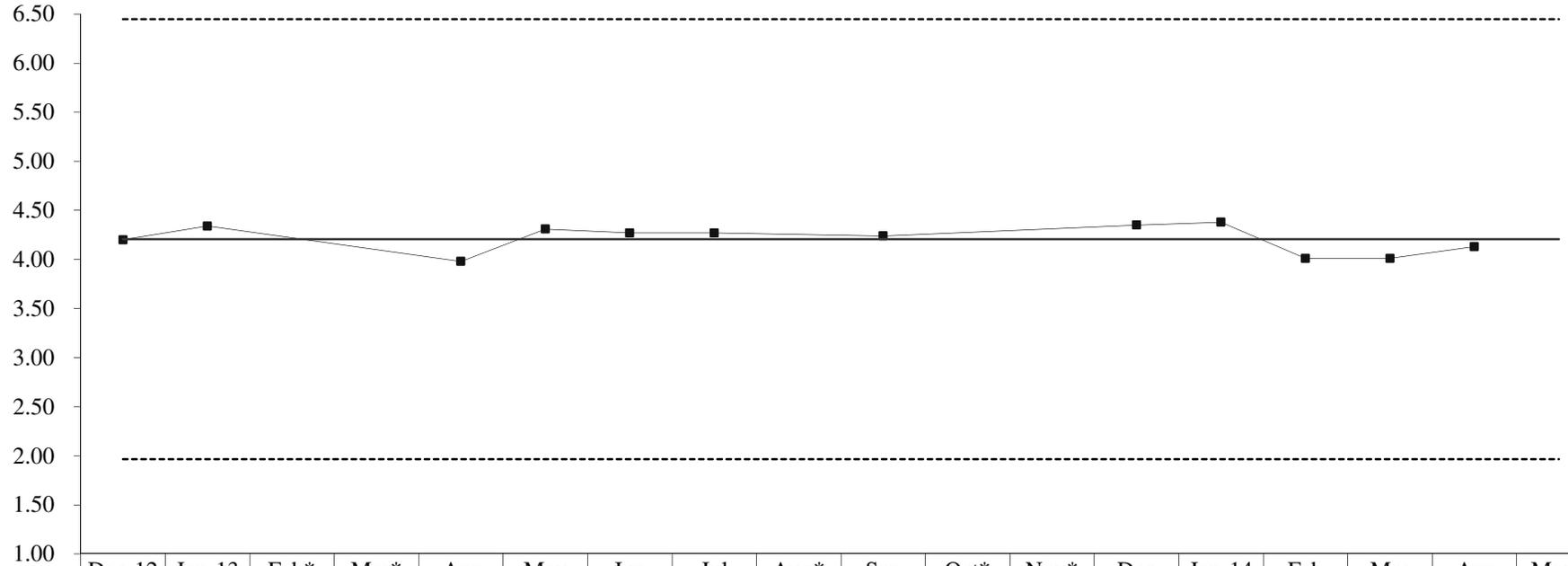
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Kerrville State Hospital**

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



	Dec-12	Jan-13	Feb*	Mar*	Apr	May	Jun	Jul	Aug*	Sep	Oct*	Nov*	Dec	Jan-14	Feb	Mar	Apr	May*
Score	4.20	4.34			3.98	4.31	4.27	4.27		4.24			4.35	4.38	4.01	4.01	4.13	
Surveys	2	2			2	3	1	2	0	4	0	0	2	2	1	2	4	
Discharges	2	4	4	2	7	5	8	6	5	12	15	4	2	3	5	3	8	4
% Sampled	100%	50%	0%	0%	29%	60%	13%	33%	0%	33%	0%	0%	100%	67%	20%	67%	50%	0%
UCL	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45
Avg	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21
LCL	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97

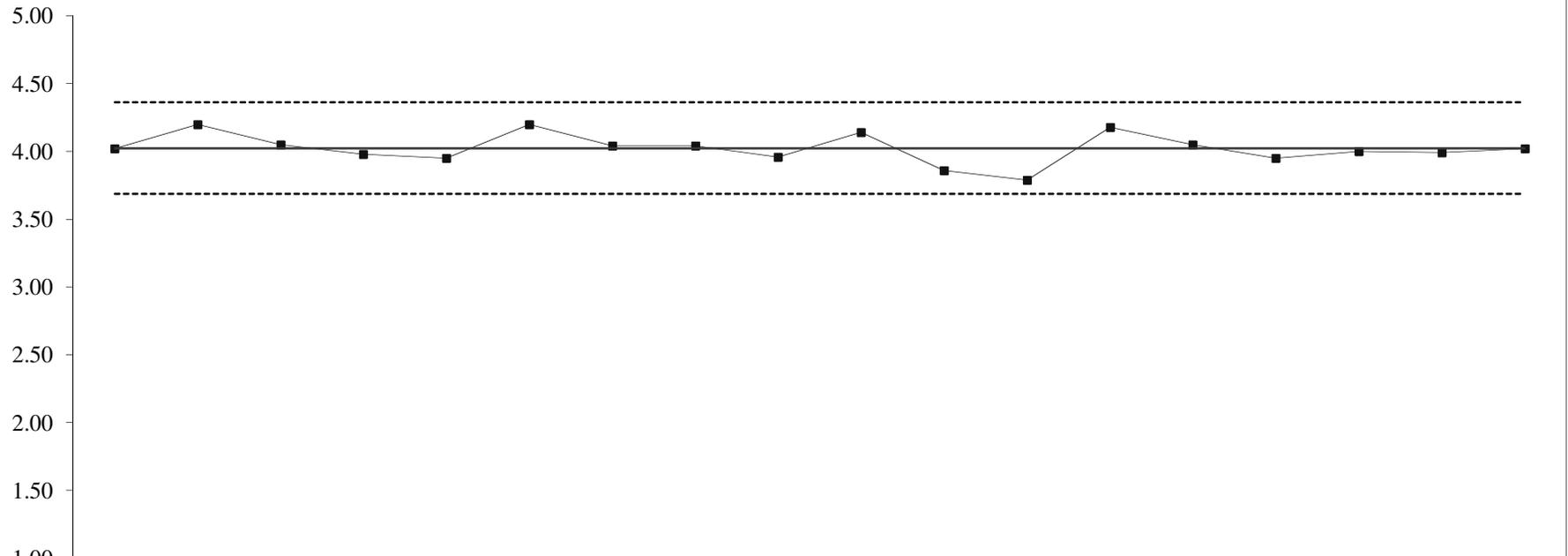
KSH provides surveys on request and offer them to annual reviews.

\*No Survey Done

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

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

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



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
■ Score	4.02	4.20	4.05	3.98	3.95	4.20	4.04	4.04	3.96	4.14	3.86	3.79	4.18	4.05	3.95	4.00	3.99	4.02
Surveys	27	36	25	30	36	27	36	32	28	20	47	21	39	34	29	37	51	41
Discharges	181	174	174	174	180	201	199	188	192	168	193	133	137	167	130	136	165	151
% Sampled	15%	21%	14%	17%	20%	13%	18%	17%	15%	12%	24%	16%	28%	20%	22%	27%	31%	27%
----- UCL	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36
—— Avg	4.02	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	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69

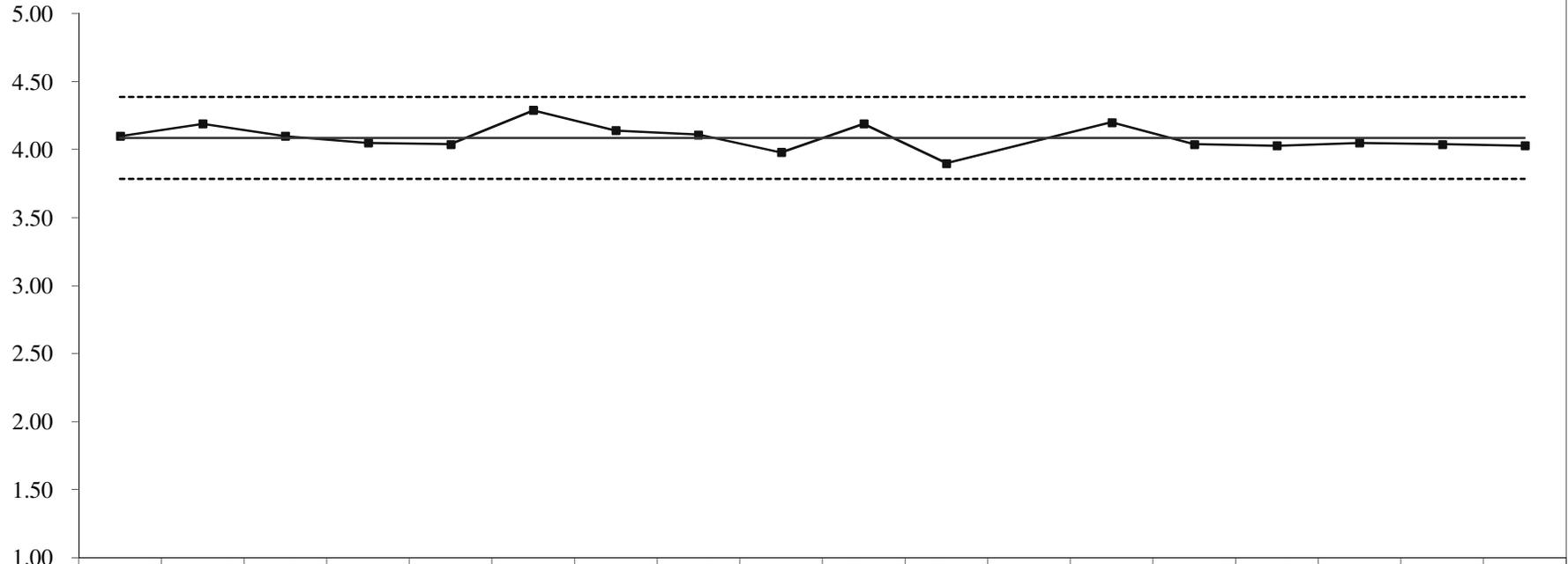
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Rio Grande State Center**

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



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-14	Feb	Mar	Apr	May
—■— Score	4.10	4.19	4.10	4.05	4.04	4.29	4.14	4.11	3.98	4.19	3.90		4.20	4.04	4.03	4.05	4.04	4.03
Surveys	51	15	21	22	38	50	56	43	25	45	20	0	7	19	29	46	38	34
Discharges	91	62	52	48	69	91	91	75	74	81	80	44	30	44	40	56	54	51
% Sampled	56%	24%	40%	46%	55%	55%	62%	57%	34%	56%	25%	0%	23%	43%	73%	82%	70%	67%
----- UCL	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39
———— 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	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79

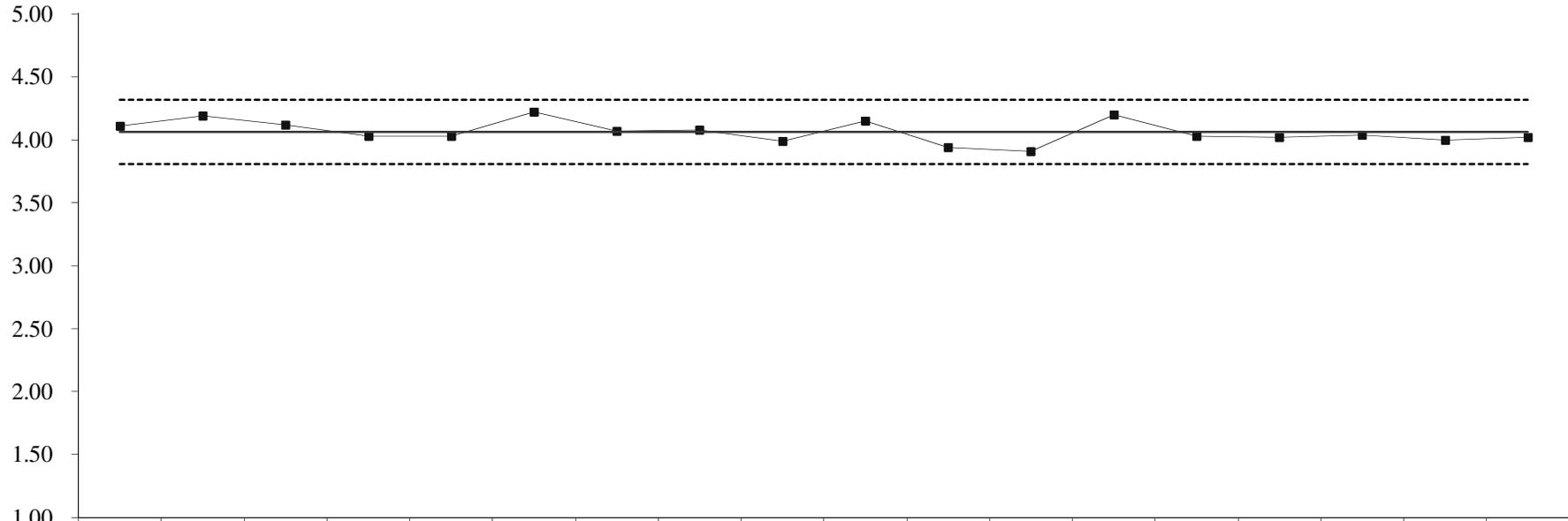
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Rusk State Hospital**

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

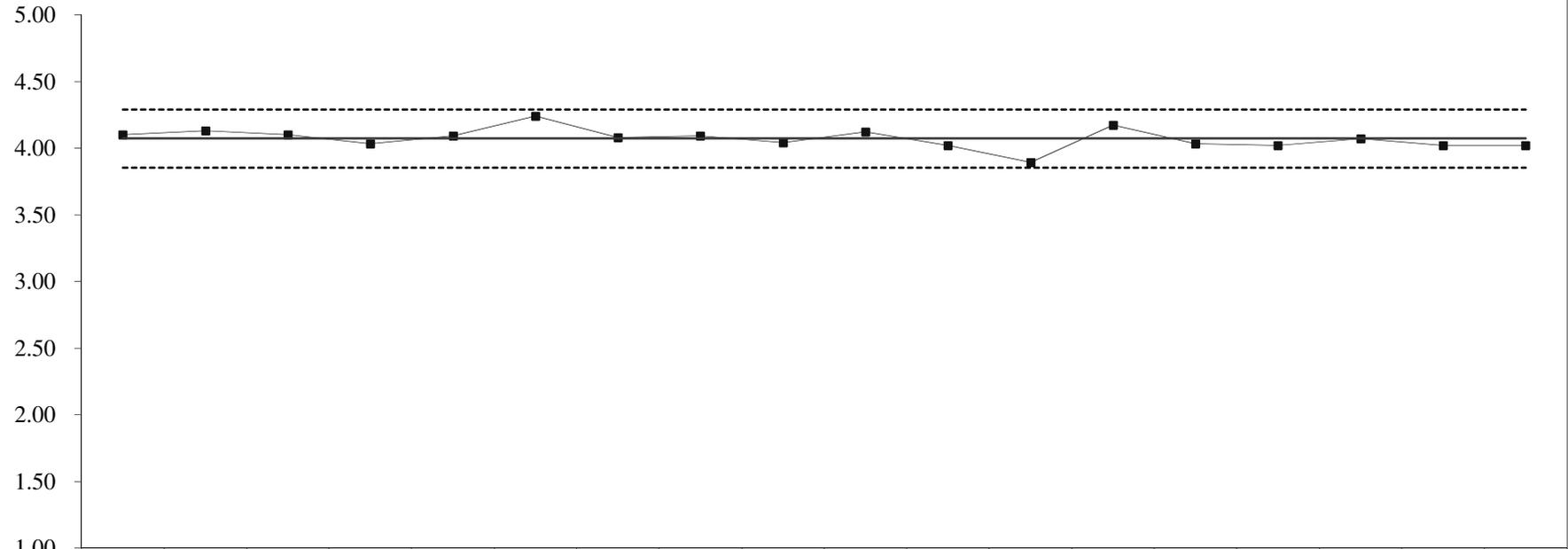


	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
Score	4.11	4.19	4.12	4.03	4.03	4.22	4.07	4.08	3.99	4.15	3.94	3.91	4.20	4.03	4.02	4.04	4.00	4.02
Surveys	31	30	32	25	32	24	37	45	36	26	32	17	26	26	34	38	40	37
Discharges	48	46	58	45	62	55	63	71	64	43	43	32	42	42	57	65	53	61
% Sampled	65%	65%	55%	56%	52%	44%	59%	63%	56%	60%	74%	53%	62%	62%	60%	58%	75%	61%
UCL	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
Avg	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06
LCL	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81

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

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

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



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
■ Score	4.10	4.13	4.10	4.03	4.09	4.24	4.08	4.09	4.04	4.12	4.02	3.89	4.17	4.03	4.02	4.07	4.02	4.02
Surveys	35	58	53	50	62	82	58	70	46	56	51	57	46	60	54	52	35	47
Discharges	143	150	144	133	150	181	135	151	175	141	168	130	141	151	159	148	107	110
% Sampled	24%	39%	37%	38%	41%	45%	43%	46%	26%	40%	30%	44%	33%	40%	34%	35%	33%	43%
----- 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	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07
----- LCL	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85

Source: HC022020;

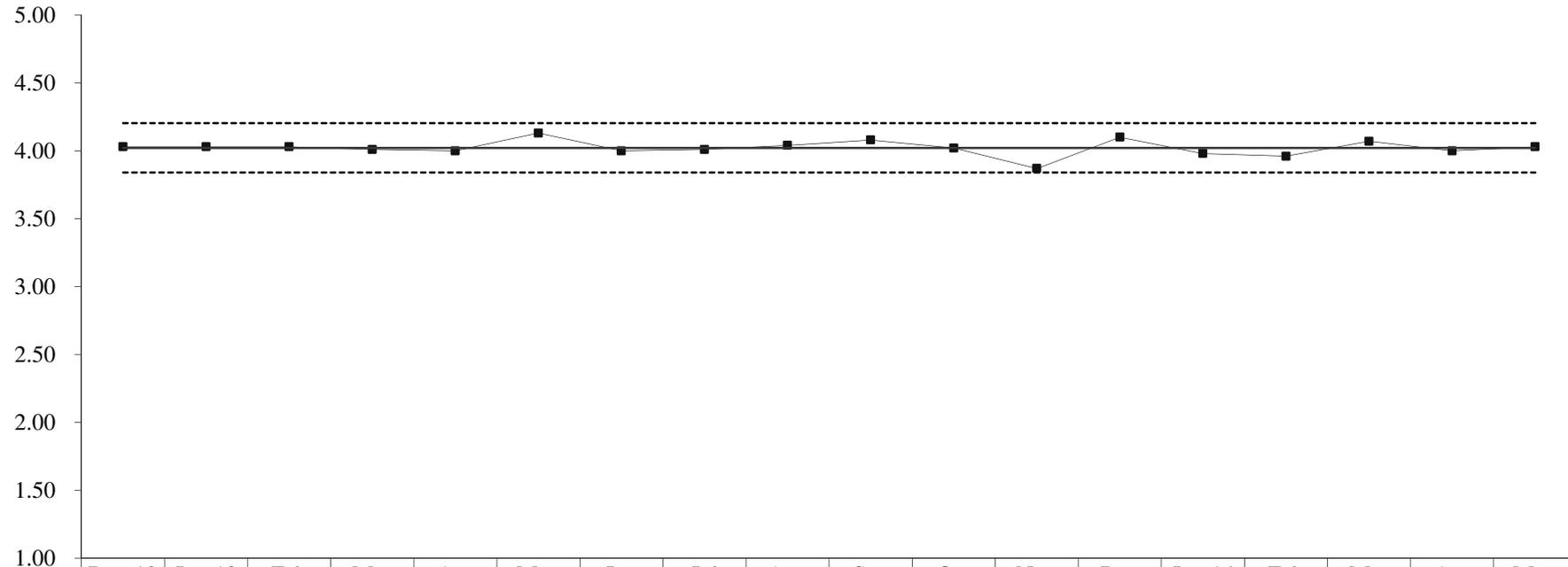
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Terrell State Hospital**

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



	Dec-12	Jan-13	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May
■ Score	4.03	4.03	4.03	4.01	4.00	4.13	4.00	4.01	4.04	4.08	4.02	3.87	4.10	3.98	3.96	4.07	4.00	4.03
Surveys	80	153	131	116	126	146	116	131	77	69	95	81	65	71	85	42	71	83
Discharges	185	245	205	210	222	245	204	238	200	160	218	183	156	196	183	147	178	172
% Sampled	43%	62%	64%	55%	57%	60%	57%	55%	39%	43%	44%	44%	42%	36%	46%	29%	40%	48%
----- UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
———— Avg	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	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84

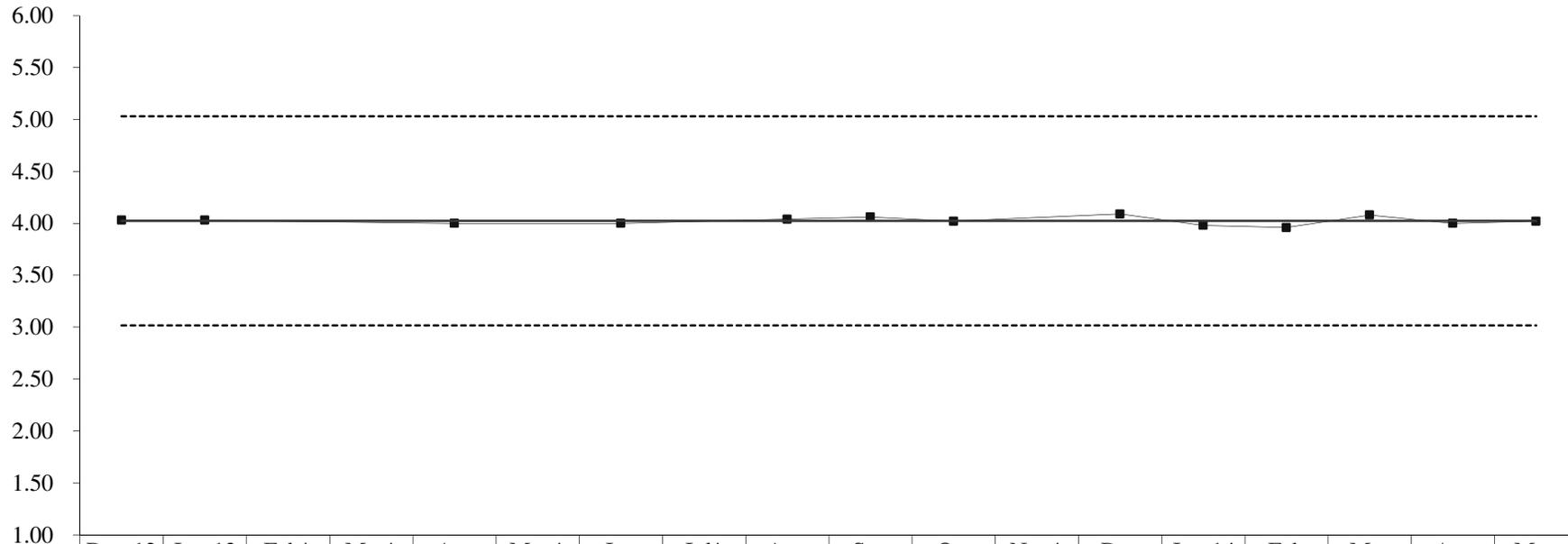
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Waco Center for Youth**

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



	Dec-12	Jan-13	Feb*	Mar*	Apr	May*	Jun	Jul*	Aug	Sep	Oct	Nov*	Dec	Jan-14	Feb	Mar	Apr	May
—■— Score	4.03	4.03			4.00		4.00		4.04	4.06	4.02		4.09	3.98	3.96	4.08	4.00	4.02
Surveys	1	1			4		1	0	6	7	2	0	2	3	4	11	12	9
Discharges	14	13	16	12	7	9	10	17	13	16	19	9	5	9	13	11	20	16
% Sampled	7%	8%	0%	0%	57%	0%	10%	0%	46%	44%	11%	0%	40%	33%	31%	100%	60%	56%
----- UCL	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03	5.03
——— 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	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02

\*No Survey Done

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

**Performance Objective 9E:**

**Conduct regularly scheduled assessments of Facility Support Systems through the FSPI process.**

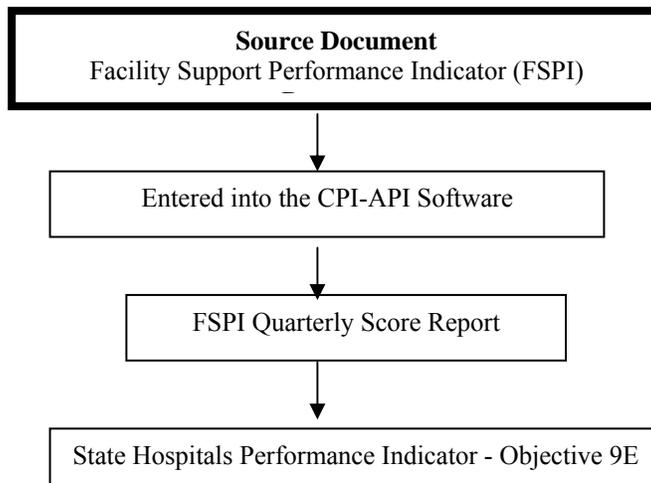
**Performance Objective Operational Definition:** The state hospital performs the self-assessment once per fiscal year according to the schedule.

**Performance Objective Formula:** Compliance scores for each instrument are computed as follows:  $[(\# \text{ of yes} + \# \text{ of no with justification}) / (\# \text{ of NA} - \text{Contract Facility})] \times 100$ .

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

- ◆ Table shows the assessment score for individual state hospitals and system-wide
- ◆ Chart shows the assessment score for individual state hospitals.

**Data Flow:**

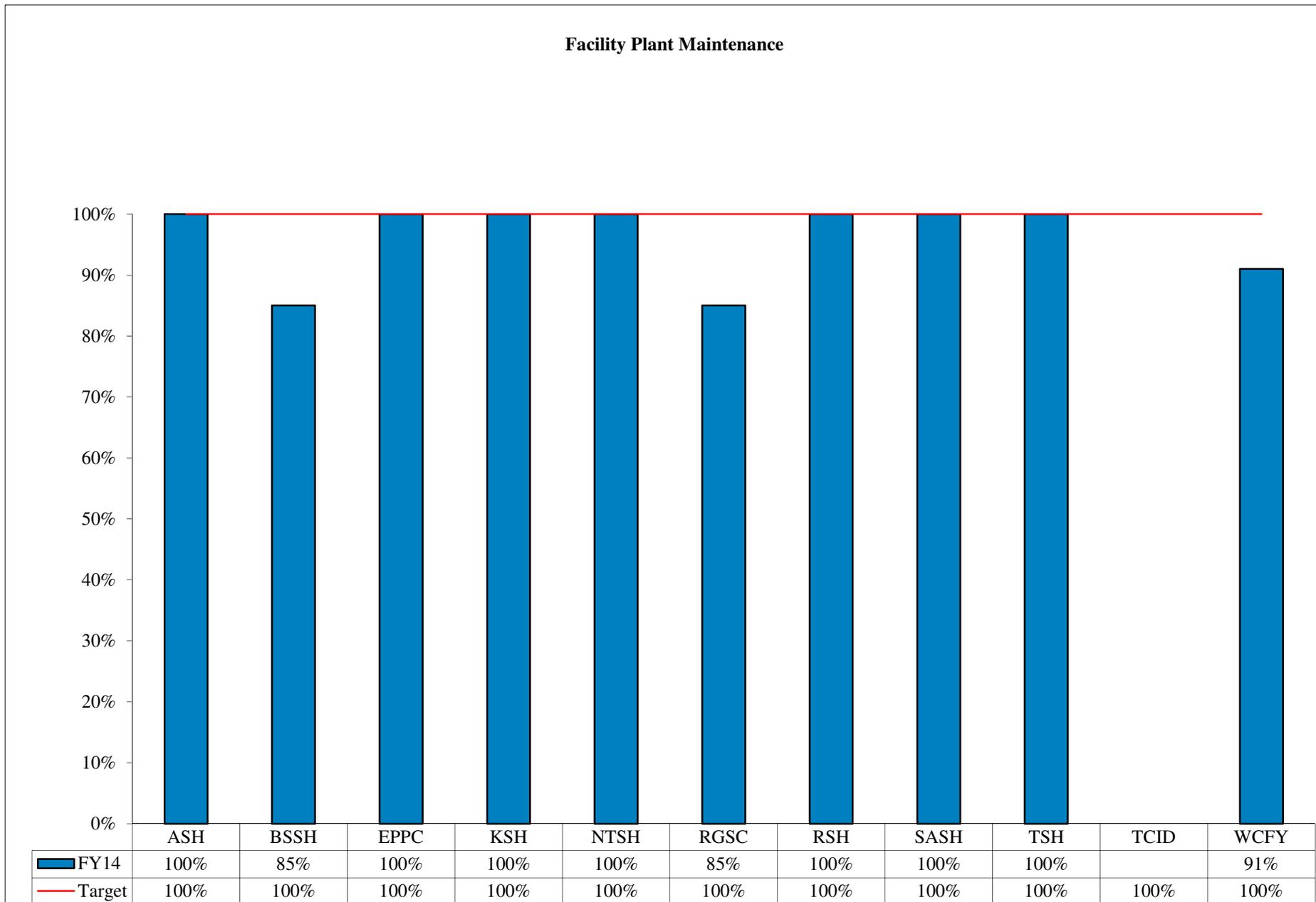


**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2014**

	Q1		Q2		Q3	Q4	
	Pharmacy Control	Medication Room Controls	Procurement Card Controls	Competency Training & Development	Facility Plant Maintenance	Food Service Management and Food Inventory	State Hospital Facility Contracts Management
Compliance Target	100%	100%	100%	100%	100%	100%	100%
<b>State Hospital Totals</b>	<b>94%</b>	<b>96%</b>	<b>72%</b>	<b>89%</b>	<b>96%</b>		
Austin State Hospital	100%	100%	100%	100%	100%		
Big Spring State Hospital	94%	100%	73%	100%	85%		
El Paso Psychiatric Center	94%	100%	82%	89%	100%		
Kerrville State Hospital	94%	88%	82%	100%	100%		
North Texas State Hospital	88%	100%	100%	100%	100%		
Rio Grande State Center	91%	86%	100%	100%	85%		
Rusk State Hospital	100%	100%	91%	78%	100%		
San Antonio State Hospital	94%	100%	64%	100%	100%		
Terrell State Hospital	94%	100%	100%	100%	100%		
Waco Center For Youth	CF	83%	91%	78%	91%		
Texas Center for Infectious Disease	CF	100%	73%	33%	CF		

\*CF = Contract Facility

**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2014**  
**Facility Plant Maintenance**



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

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

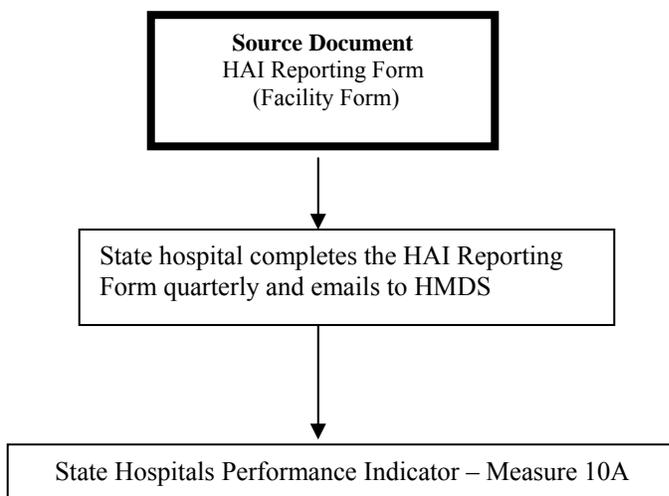
**Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.**

**Performance Measure Operational Definition:** The state hospital rate of healthcare associated infection rates will be collected quarterly.

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

Table shows quarterly numbers of nosocomial infection type by ages 0-17, 18-64 and 64+ by the individual state hospitals and system-wide.

### **Data Flow:**



**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - FY2014 - Q3**

**Age 0 - 17**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>EPPC</b>	<b>NTSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Urinary Tract Infection	0	0	1	0	0	0	<b>1</b>
Surgical Site Infection	0	0	0	0	0	0	<b>0</b>
Pneumonia	0	0	0	0	0	0	<b>0</b>
Blood Stream Infection	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	0	0	1	1	1	4	<b>7</b>
Gastrointestinal System Infection	0	0	0	0	0	0	<b>0</b>
Lower Respiratory Infection, other than Pneumonia	0	0	1	0	0	0	<b>1</b>
Upper Respiratory Infection	0	0	0	0	0	0	<b>0</b>
Reproductive Tract Infection	0	0	0	2	0	0	<b>2</b>
Skin and Soft Tissue Infection	4	0	1	3	0	0	<b>8</b>
Systemic Infection	0	0	0	0	0	0	<b>0</b>
Other	0	0	0	0	0	0	<b>0</b>
Total	4	0	4	6	1	4	19
<b>Rate Per 1,000 Beddays</b>	<b>1.9</b>	<b>0.0</b>	<b>0.5</b>	<b>3.2</b>	<b>0.4</b>	<b>0.6</b>	<b>0.9</b>

**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - FY2014 - Q3**

**Age 18 - 64**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>System Total</b>
Urinary Tract Infection	0	3	0	2	8	2	0	9	5	0	<b>29</b>
Surgical Site Infection	0	0	0	1	0	0	0	0	0	0	<b>1</b>
Pneumonia	0	0	0	0	1	0	0	1	0	0	<b>2</b>
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	2	23	1	3	5	0	18	7	5	0	<b>64</b>
Gastrointestinal System Infection	0	3	0	0	0	0	0	0	0	1	<b>4</b>
Lower Respiratory Infection, other than Pneumonia	0	24	0	0	1	1	0	8	0	0	<b>34</b>
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Reproductive Tract Infection	0	20	0	0	4	0	0	6	0	0	<b>30</b>
Skin and Soft Tissue Infection	5	25	1	3	0	1	4	28	2	0	<b>69</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Other	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Total	7	98	2	9	19	4	22	59	12	1	233
<b>Rate Per 1,000 Beddays</b>	<b>0.4</b>	<b>6.0</b>	<b>0.4</b>	<b>0.5</b>	<b>0.5</b>	<b>0.9</b>	<b>0.8</b>	<b>2.9</b>	<b>0.6</b>	<b>0.3</b>	<b>1.3</b>

**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - FY2014 - Q3**

**Age 65+**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>System Total</b>
Urinary Tract Infection	0	0	0	3	1	0	0	3	0	<b>7</b>
Surgical Site Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Pneumonia	0	0	0	0	1	0	0	1	0	<b>2</b>
Blood Stream Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	0	3	0	1	0	0	0	1	0	<b>5</b>
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Lower Respiratory Infection, other than Pneumonia	0	1	0	0	0	0	0	1	0	<b>2</b>
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Reproductive Tract Infection	0	1	0	0	0	0	0	0	0	<b>1</b>
Skin and Soft Tissue Infection	0	1	0	0	0	0	0	0	0	<b>1</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Other	0	0	0	0	0	0	0	0	0	<b>0</b>
Total	0	6	0	4	2	0	0	6	0	<b>18</b>
Rate Per 1,000 Beddays	<b>0.0</b>	<b>4.3</b>	<b>0.0</b>	<b>2.4</b>	<b>1.3</b>	<b>0.0</b>	<b>0.0</b>	<b>2.6</b>	<b>0.0</b>	<b>1.4</b>

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

**FY13**

		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
M 1C	Average Daily Census	36	34	39	37	<b>36</b>
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0	<b>0</b>
O 3A	Number of Patients Restrained	0	0	0	0	<b>0</b>
O 4B	Number of Medication Errors	3	16	12	2	<b>33</b>
O 4B	Number of Medication Errors that Reached the Patient	0	12	5	2	<b>19</b>
M 5A	Number of New Patients to System	16	16	19	12	<b>63</b>
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	<b>0</b>
M 6A	Number of Patient Injuries	1	7	1	11	<b>20</b>
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	12	10	6	8	<b>36</b>
M 10A	Facility Healthcare Associated Infection	0	1	2	1	<b>4</b>

**FY14**

		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
M 1C	Average Daily Census	35	31	35		<b>34</b>
O 2A	Number of Abuse/Neglect Allegations	0	0	0		<b>0</b>
O 3A	Number of Patients Restrained	0	0	0		<b>0</b>
O 4B	Number of Medication Errors	13	4	6		<b>23</b>
O 4B	Number of Medication Errors that Reached the Patient	12	1	3		<b>16</b>
M 5A	Number of New Patients to System	15	14	19		<b>48</b>
O 6D	Number of Patient Injuries during Restraint	0	0	0		<b>0</b>
M 6A	Number of Patient Injuries	11	7	10		<b>28</b>
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	6	6	2		<b>14</b>
M 10A	Facility Healthcare Associated Infection	2	2	1		<b>5</b>

## Appendix B - Control Chart Analysis

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

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

### **Why use control charts?**

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

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

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

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

### **What information does control charts provide?**

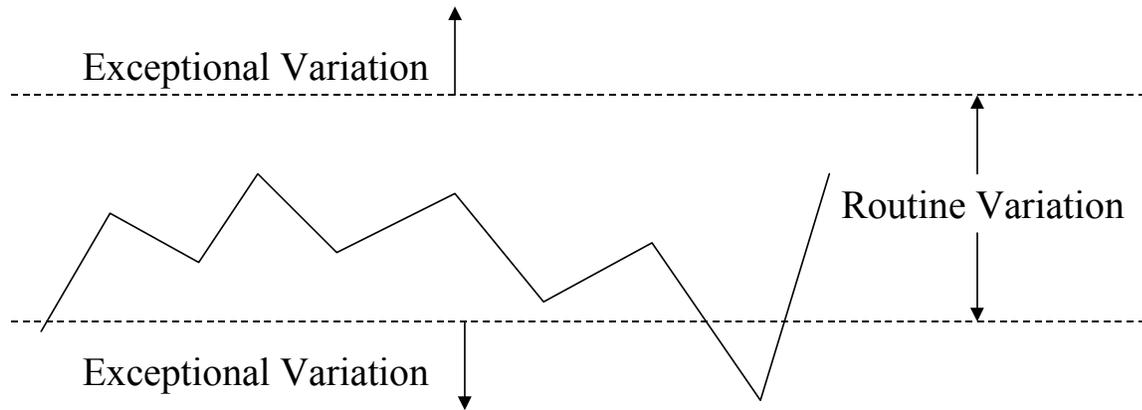
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

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

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

*Don Wheeler, Building Continual Improvement.*

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



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

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

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

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

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

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

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

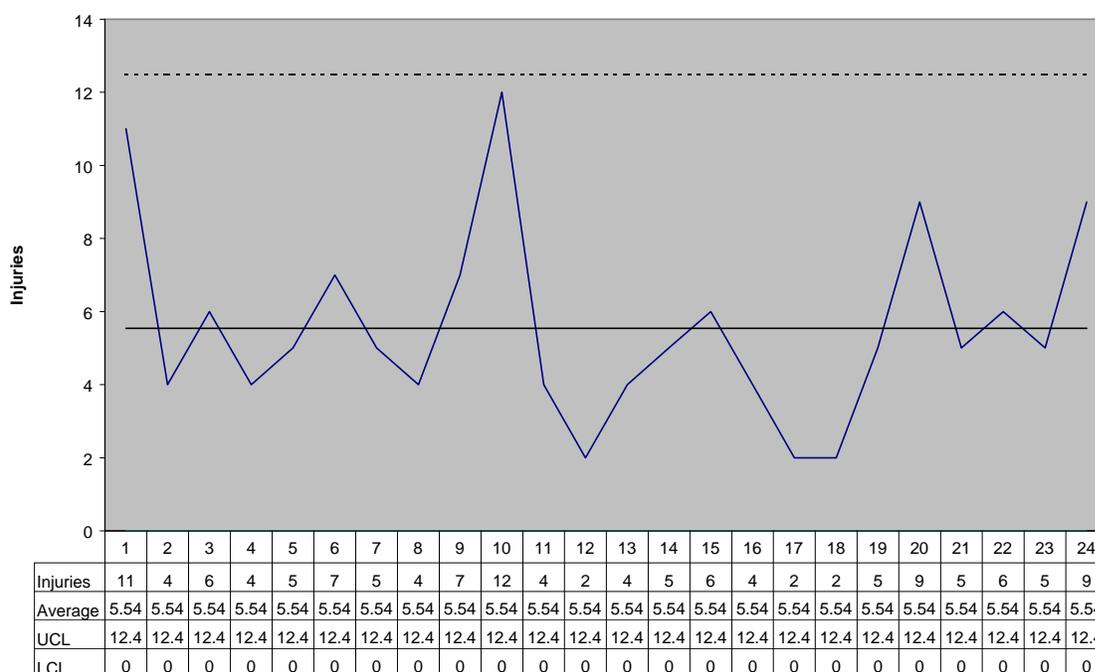
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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

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

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

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

**The XmR Chart for Monthly Injuries**



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

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

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

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

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

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

### **Three Rules for Detecting Assignable Causes**

#### **Detection Rule One: Points Outside the Limits**

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

#### **Detection Rule Two: Runs Near the Limits**

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

#### **Detection Rule Three: Runs About the Central Line**

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

#### **Can control chart analysis be applied to other data as well?**

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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