

**Health and Human Services Commission**  
**Department of State Health Services**  
*State Hospitals Section*  
**Mission, Vision, Goals and**  
**2011 Management Plan**

**Statewide Performance Indicators**  
**3rd Quarter FY 2011**

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## **THE MISSION OF TEXAS STATE GOVERNMENT**

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

### **HEALTH AND HUMAN SERVICES PRIORITY GOAL**

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

### **HEALTH AND HUMAN SERVICES**

#### **OVERVIEW**

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

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

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

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

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

# HEALTH AND HUMAN SERVICES COMMISSION

## MISSION

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

## HHS SYSTEM STRATEGIC GOALS

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

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

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

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

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

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

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

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

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

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

### **VISION**

A healthy Texas.

### **MISSION**

To improve health and well-being in Texas.

### **GOALS**

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

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

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

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

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

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

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

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

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

### **MISSION**

The mission of the MHS Division is to support the agency mission to improve health and well-being in Texas. The Mental Health and Substance Abuse Division serves Texans by providing leadership and oversight for mental health or substance abuse services by building resiliency, and facilitating recovery in homes and communities.

### **GOALS**

- provide essential Mental Health and Substance Abuse services to meet the needs of Texans.
- implement effective administrative strategies to help us accomplish our mission; and
- identify service delivery strategies that are both efficient and cost-effective.

## STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

Customers Are Asked	Accreditation and Certification Are Maintained	Priority Focus Areas Are Reviewed	Qualified and Diverse Workforces Are Maintained
<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>- 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 Schools for Intellectual disability</li> </ul>	<ul style="list-style-type: none"> <li>- Medicare</li> <li>- Joint Commission</li> <li>- Medicaid</li> <li>- ICF/MR</li> <li>- CAP</li> <li>- Agency Clinical &amp; Administrative Performance Indicator Compliance</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment and Care/Services</li> <li>- Communication</li> <li>- Credentialed Practitioners</li> <li>- Equipment Use</li> <li>- Infection Control</li> <li>- Information Management</li> <li>- Medication Management</li> <li>- Organization Structure</li> <li>- Orientation and Training</li> <li>- Rights and Ethics</li> <li>- Physical Environment</li> <li>- Quality Improvements</li> <li>- Expertise &amp; Activity</li> <li>- Patient Safety</li> <li>- Staffing</li> </ul>	<p><b>Assess Competence</b> *Skills/Job Professional &amp; Cultural</p> <p><b>Assess Performance</b> *Grant clinical Privileges *Set expectations for education &amp; training &amp; ensure this continuing knowledge acquisition process *Implement strategies to ensure our workforce is - recognized - treated - rewarded in a manner that reflects a commitment to valuing workforce diversity.</p>

### STATE HOSPITALS SECTION

#### FY2011 MANAGEMENT PLAN

The State Hospitals Section FY 2011 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 Services of the State Hospitals Section.

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

#### **Outcome Measures:**

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

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

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

**Reported Annually to the LBB.**

#### **Output Measures:**

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

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

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

**Reported Quarterly to the LBB.**

Number of admissions to state hospitals. **M-5A**

**Reported Quarterly to the LBB.**

Number of Inpatient days at TCID. **M-1D**

**Reported Quarterly to the LBB.**

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

**Reported Quarterly to the LBB.**

Number of outpatient visits at STHCS a component of RGSC.

**Reported Quarterly to the LBB.**

**Efficiency Measures:**

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

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

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

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

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

**Explanatory Measures:**

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

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

Goals, Objectives, Measures	Indicator	Joint Commission Standard	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 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	<b>MONITOR OUTSIDE MEDICAL COSTS FOR CIVIL AND FORENSIC PATIENTS.</b>	LD.04.01.03	<b>State Hospitals</b>
O - 1B	<b>MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY11.</b>	LD.04.01.01	<b>State Hospitals</b>
O - 1C	<b>REPORT FY11 COLLECTIONS COMPARISON TO FY10 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.</b>	LD.04.01.03	<b>State Hospitals</b>
O - 1D	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, 2011.	LD.04.01.03	State Hospitals Section
O - 1E	<b>OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT HAS BEEN ALLOCATED AND PROJECTED FOR THE HOSPITAL INPATIENT SERVICES.</b>	LD.04.01.03	<b>Psychiatric Hospitals</b>
O - 1F	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2011.	LD.01.01.01	State Hospitals Section
O - 1G	Review and evaluate current Dangerousness Review Board operations and identify opportunities for improvement and recommend strategies for same to the Director of State Hospital Section by January 1, 2011.	LD.04.01.07	Forensic Services Committee
O - 1H	Identify needs and opportunities for coordinating shared training of inpatient staff and community based staff on forensic issues, and make recommendations for same to the Director of State Hospitals by January 1, 2011.	HR.01.05.03	Forensic Services Committee

<b>Goals, Objectives, Measures</b>	<b>Indicator</b>	<b>Joint Commission Standard</b>	<b>Responsibility</b>
O - 1I	<b>Pilot the assessment of organizational cultural competency and report summary of findings and action plan to Governing Body at the second meeting of FY11.</b>	RI.01.01.01	State Hospitals
O - 1J	Author at least one article for publication in agency newsletters aimed at changing the community held perception of the forensic patient as a mentally ill criminal.	LD.03.04.01	Forensic Services Committee
O - 1K	Revise the Staffing Plan for a Pod of 24 Patients.	LD.04.01.05	ECGB
O - 1L	Develop a policy and procedure template for use of sitters at local hospitals.		DSHS OGC & COC
M - 1A	<b>CALCULATE AVERAGE COST PER PATIENT SERVED.</b>	LD.04.01.03	State Hospitals
M - 1B	<b>CALCULATE COST PER OCCUPIED BED.</b>	LD.04.01.03	State Hospitals
M - 1C	<b>CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.</b>	LD.04.01.03	State Hospitals
M - 1D	<b>CALCULATE NUMBER OF INPATIENT DAYS.</b>	LD.04.01.03	TCID
M - 1E	<b>Calculate average cost of outpatient visits.</b>	LD.04.01.03	TCID and RGSC
M - 1F	<b>Calculate contract cost.</b>	LD.04.01.03	TCID
<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>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.</b>	RI.01.06.03 PC.01.02.09	State Hospitals
O - 2B	<b>Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.)</b>	LD.04.01.01	State Hospitals
O - 2C	<b>ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.</b>	RI.01.07.01	State Hospitals
O - 2D	<b>Provide a monthly report to the State Hospital Section on the number of confirmations, type of allegations and disciplinary actions.</b>	RI.01.06.03 PC.01.02.09	State Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
<b>GOAL 3: PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT</b> - The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's aftercare providers, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.			
O - 3A	<b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE WITH A GOAL OF ZERO. Report progress on implementation of the Six Core Strategies and Philosophy of restraint and seclusion reduction quarterly to the COC and semiannually to the Governing Body.</b>	HBIPS 1. PC.03-03-02	State Hospitals
O - 3B	<b>UTILIZE THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.</b>	PC.03.03.09,11,13,15,17,19,23,25,27,29 RC.02.01.05	Psychiatric Hospitals
O - 3C	<b>REPORT ON PATIENTS TREATED IN ACCORDANCE WITH MEDICATION GUIDELINES AS MEASURED BY: MATCHING DIAGNOSIS TO APPROPRIATE ALGORITHM AT THE TIME OF DISCHARGE.</b>	LD.04.04.07	Psychiatric Hospitals
O - 3D	Make recommendations to the ECGB related to treatment team planning based on results of appointed workgroup.	PC.01.03.01	COC
O - 3E	Develop a CRS trauma assessment form in conjunction with MRAC.		COC
O - 3F	Present system summary of STARS grant progress made during the grant cycle with any recommendations to the ECGB by January 31, 2011.		COC
O - 3G	Develop guidelines for use of safety plan that are integrated into the treatment planning and discharge processes.		COC
O - 3H	Ensure establishment of (suicide prevention officer led) facility based phone conferencing/roundtable review of current literature and facility practices related to suicide prevention efforts within the facilities		COC

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 3A	MEASURE GLOBAL ASSESSMENT OF FUNCTIONS (GAF) IMPROVEMENT IN PATIENT TREATMENT OUTCOMES SHOWING THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED AND THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED.	PC.01.02.03	Psychiatric Hospitals
M - 3B	Report the number of patients treated to cure.	P1.01.01.01	TCID
M - 3C	Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.	P1.01.01.01	TCID
<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.			
O - 4A	Evaluate medication management systems and report annually.	MM.08.01.01	State Hospitals
O - 4B	IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.	PI.01.01.01,14	State Hospitals
O - 4C	Report on the implementation of the MediMAR system, including any recommendations for system improvement.	MM.06.01.01	Psychiatric Hospitals
O - 4D	Report and analyze P&T findings of Adverse Drug Reactions.		Psychiatric Hospitals
O - 4E	Report compliance with Core Measure of polypharmacy number and documentation of rationale at discharge.		Psychiatric Hospitals
M - 4A	ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.	P1.01.01.01	Psychiatric Hospitals
M - 4B	ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS. Hospitals will report cost by hospital units and prescribing practitioners to the Governing Body.	LD.04.01.03	Psychiatric Hospitals
M - 4C	ANALYZE AND REPORT THE COST OF TB MEDICATIONS.	LD.04.01.03	TCID
M - 4D	REPORT SCAN RATES FOR MEDICATIONS ADMINISTERED UTILIZING MEDIMAR SYSTEM.	MM.08.01.01	Psychiatric Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
<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.			
O - 5A	<b>REPORT ON DISCHARGE OR TRANSFER OF DUALY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND INTELLECTUAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY.</b>	PC.02.02.01	Psychiatric Hospitals
O - 5B	<b>Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).</b>	PC.02.02.01	Psychiatric Hospitals
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 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.</b>	PC.02.02.01	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>	PC.01.01.01	State Hospitals
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>	PC.01.01.01	Psychiatric Hospitals
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>	PC.01.01.01	TCID

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 5D	<b>CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND ALL DISCHARGES.</b>	PC.01.01.01	Psychiatric Hospitals
<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.	EC.01.01.01	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>	EC.04.01.01	State Hospitals
O - 6C	<b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.</b>	EC.04.01.01	State Hospitals
O - 6D	<b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.</b>	HBIPS 1. PC.03.03.03	State Hospitals
O - 6E	<b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEES INJURED DURING RESTRAINT OR SECLUSION WITH A GOAL OF ZERO.</b>	HBIPS 1. PC.03.03.03	State Hospitals
O - 6F	<b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.</b>	HBIPS 1. PC.01.01.01	State Hospitals
O - 6G	<b>ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND DEMONSTRATE EFFORTS TO REDUCE THE RATE OF FALLS WITH A GOAL OF ZERO.</b>	NPSG.09.02.01	State Hospitals
O - 6H	<b>Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.</b>	LD.04.04.05	State Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
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>	EC.04.01.01,03	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>	EC.04.01.01,04	State Hospitals
<b>GOAL 7: OBTAIN, MANAGE AND USE INFORMATION</b> - Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals will obtain, analyze, manage and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, safety, governance, management and support processes.			
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY11.	RC.01.04.01	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>	RC.01.04.01 03-04	State Hospitals
O - 7C	Analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.	IM.01.01.02	State Hospitals
O - 7D	<b>MONITOR AND ANALYZE THE CRS DOWNTIME.</b>	IM.01.01.02	Hospital Management Data Services
O - 7E	Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.	MS.13.01.03	State Hospitals Section
O - 7F	<b>Evaluate and report annually to the Governing Body on the use of video-conferencing.</b>	LD.01.04.01	State Hospitals
O - 7G	<b>Report implementation of electronic medical record .</b>	LD.01.04.01	TCID

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 7H	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.	PL.01.01.01	State Hospital
O - 7I	MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.	IM.04.01.01	State Hospitals
<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	ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.	HR.01.05.03	State Hospitals
O - 8B	ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.	HR.01.07.01	State Hospitals
O - 8C	Ensure all Competency and Training Development (CTD) Instructors and Nurse Educators complete the Professional Instructors Training Certification (PiCert®) no later than August 31, 2011.	HR.01.06.01	State Hospitals
M - 8A	COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.	LD.04.03.01	State Hospitals
M - 8B	COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).	LD.04.03.01	State Hospitals
M - 8C	REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)	HR.01.05.03	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	Indicator	Joint Commission Standard	Responsibility
O - 9A	<p><b>REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.</b></p>	RI.01.07.01	Psychiatric Hospitals
O - 9B	<p><b>REPORT ADULT AND ADOLESCENT PATIENTS SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).</b></p>	PI.01.01.01	Psychiatric Hospitals
O - 9C	<p>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.</p>	PI.01.01.01	State Hospitals
O - 9D	<p><b>Conduct a minimum of one patient tracer for each treatment team during FY11. 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 FY11.</b></p>	PI.01.01.01	State Hospitals
O - 9E	<p><b>CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.</b></p>	PI.01.01.01	State Hospitals
O - 9F	<p>Review the Assessments of Facility Support Systems instruments and make recommendations.</p>	LD.04.01.11	CPIC

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 9G	Monitor and analyze patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit, including the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.	LD.04.01.11	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.	IC.01.05.01 IC.02.01.01 IC.03.01.01	State Hospitals
O - 10B	Report results of monitoring State Hospitals Section "Guidelines for Monitoring Hand Hygiene".	NPSG.07.01.01	State Hospitals
M - 10A	COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.	IC.02.01.01	State Hospitals
M - 10B	Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers).	IC.02.04.01	State Hospitals
M - 10C	Report rate of pneumococcal and influenza immunization for patients identified as high risk.	IC.02.01.01	State Hospitals
M - 10D	Report Multiple Drug Resistant Organism (MDRO) surveillance and prevention activities, including: MDRO infection rates; compliance with evidence based guidelines or best practices; and percentage of employees who have completed education regarding MDROs.	NPSG.07.03.01	State Hospitals

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## ***GOAL 1: Provide Leadership***

### **Performance Objective 1A:**

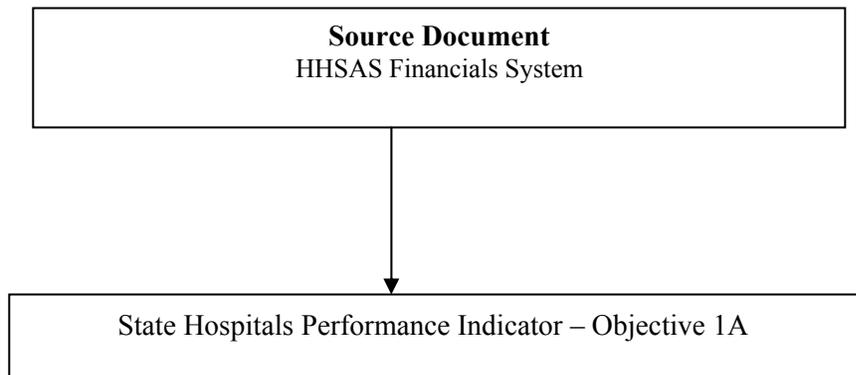
**Monitor outside medical costs for civil and forensic patients.**

**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:**



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

**Outside Medical Cost**

**FY2010**

**FY2011**

<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>FYTD</b>
<b>ASH</b>	\$270,549	\$766,338	\$785,922	\$749,672	\$2,572,481	\$407,824	\$596,770	\$839,287		\$1,843,881
<b>BSSH</b>	\$156,461	\$280,004	\$324,991	\$257,209	\$1,018,665	\$57,351	\$146,174	\$103,671		\$307,196
<b>EPPC</b>	\$6,622	\$67,462	\$75,475	\$30,401	\$179,960	-\$969	\$103,615	\$143,302		\$245,948
<b>KSH</b>	\$112,588	\$105,304	\$77,772	\$108,241	\$403,905	\$91,395	\$168,035	\$151,550		\$410,980
<b>NTSH</b>	\$245,775	\$633,694	\$476,886	\$592,507	\$1,948,862	\$119,006	\$556,429	\$597,275		\$1,272,710
<b>RGSC</b>	\$57,763	\$139,630	\$139,287	\$128,494	\$465,174	\$133,812	\$92,383	\$82,630		\$308,825
<b>RSH</b>	\$639,678	\$754,574	\$701,085	\$623,623	\$2,718,959	\$515,851	\$438,292	\$1,069,310		\$2,023,453
<b>SASH</b>	\$107,488	\$455,475	\$382,054	\$321,462	\$1,266,480	\$38,189	\$255,707	\$323,475		\$617,371
<b>TSH</b>	\$146,271	\$230,984	\$344,767	\$247,581	\$969,603	\$134,144	\$53,477	\$107,143		\$294,764
<b>WCFY</b>	\$10,378	\$17,348	\$29,199	\$33,469	\$90,394	\$17,212	\$18,138	\$39,305		\$74,655
<b>All SH</b>	<b>\$1,753,572</b>	<b>\$3,450,812</b>	<b>\$3,337,437</b>	<b>\$3,092,659</b>	<b>\$11,634,481</b>	<b>\$1,513,815</b>	<b>\$2,429,020</b>	<b>\$3,456,948</b>		<b>\$7,399,783</b>

**Performance Objective 1B:**

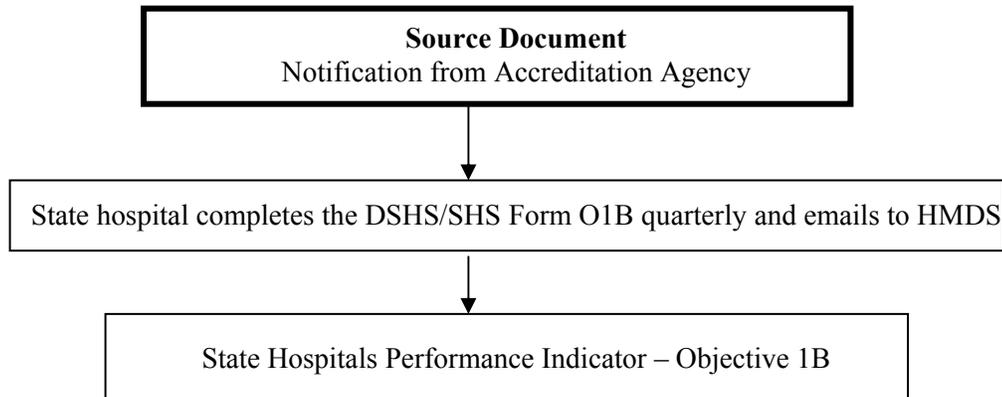
**Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2011.**

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

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

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

**Data Flow:**



**Objective 1B - Maintain Accreditation and Certifications**  
**(As of May 31, 2011)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
<b>JC Accreditation</b>											
Date of accreditation:	Nov-09	May-09	Nov-09	Sep-09	Feb-10	Jul-08	Feb-10	May-10	Apr-10	Aug-09	Jun-10
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY11	0	0	0	0	0	0	0	0	0	0	0
<b>Medicare Certification</b>											
No. certified beds:	201	156	41	48	100	55	166	208	94	72	N/A
No. of Complaint Visits for Q2	0	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Apr-09	Jun-09	Jan-09	Feb-07	Sep-07	May-08		Jan-06	Mar-08		
Date of last IMD Review:	May-10	Jul-09	N/A	Dec-08	Sep-10	N/A	Oct-09	Nov-09	Aug-10	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-10
<b>ICF-MR Certification</b>											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Dec-10	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

**Performance Objective 1C:**

**Report FY11 collections comparison to FY10 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.**

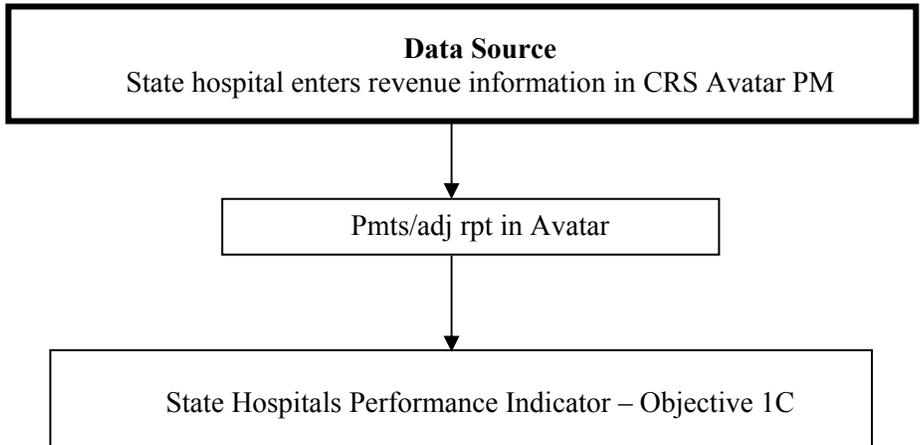
**Performance Objective Operational Definition:** The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

**Performance Objective Formula:** No formula.

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

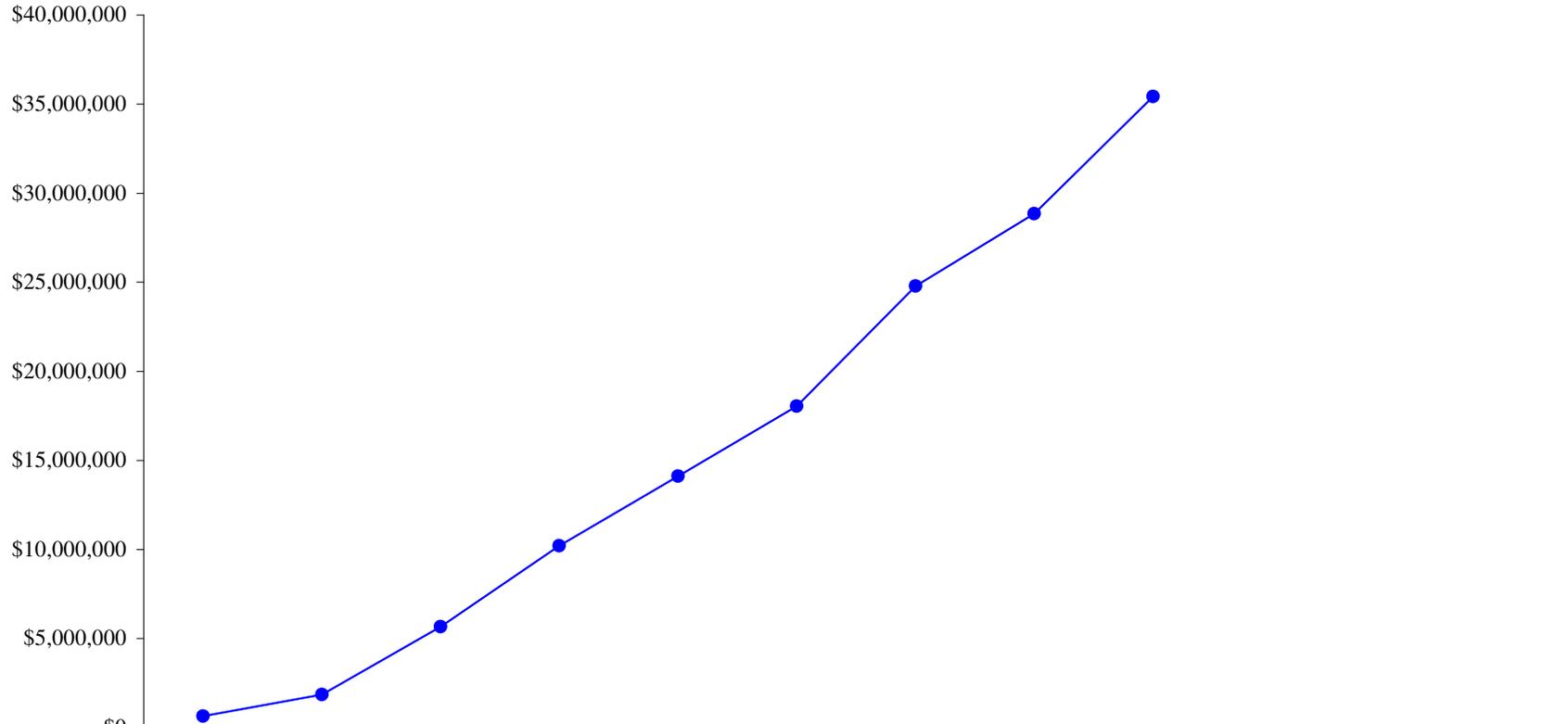
- ◆ Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

**Data Flow:**



**Objective 1C - FY2011 Revenue Targets**  
**All MH Facilities**

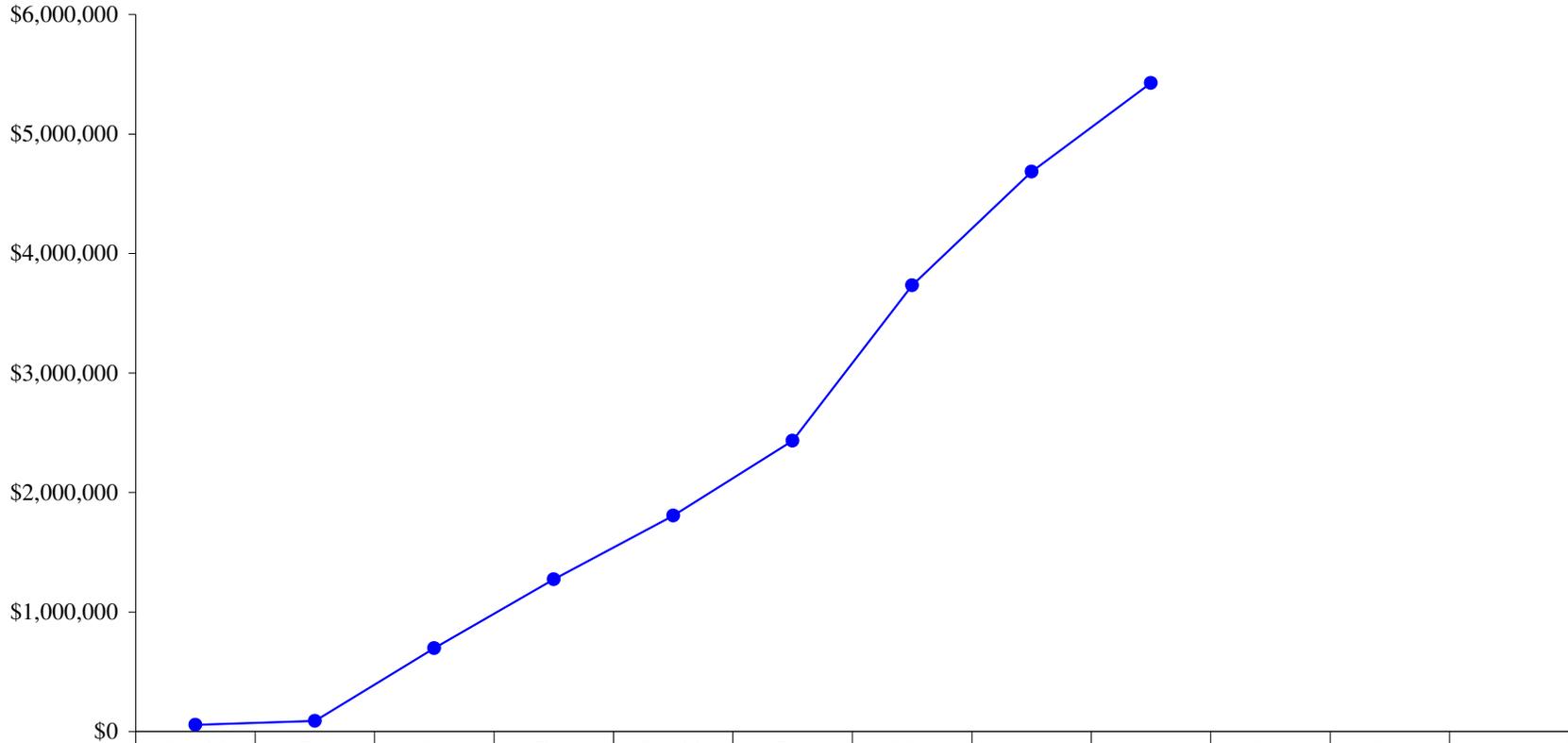
**FY2011 Revenue Collection**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$648,459	\$1,213,808	\$3,808,332	\$4,540,573	\$3,911,240	\$3,929,560	\$6,735,699	\$4,063,635	\$6,571,637			
Medicaid	\$10,241	\$243,047	\$1,600,986	\$1,847,790	\$1,544,544	\$997,607	\$2,080,786	\$1,366,243	\$1,483,757			
Medicare	\$633,132	\$797,871	\$1,475,726	\$1,898,501	\$1,514,002	\$2,232,467	\$3,771,511	\$2,007,583	\$2,209,741			
Private Source	\$157	\$118,735	\$515,535	\$666,956	\$761,063	\$596,436	\$682,541	\$574,190	\$2,760,659			
Others - Stimulus Payments	\$4,930	\$54,154	\$216,085	\$127,325	\$91,631	\$103,050	\$200,862	\$115,619	\$117,480			
● FYTD Total	\$648,459	\$1,862,267	\$5,670,599	\$10,211,172	\$14,122,412	\$18,051,972	\$24,787,671	\$28,851,307	\$35,422,943			
FY10 Collections	\$5,749,135	\$2,974,086	\$1,256,709	\$753,311	\$107,287	\$175,419	\$292,704	\$177,496	\$56,417			

**Objective 1C - FY2011 Revenue Targets**  
**Austin State Hospital**

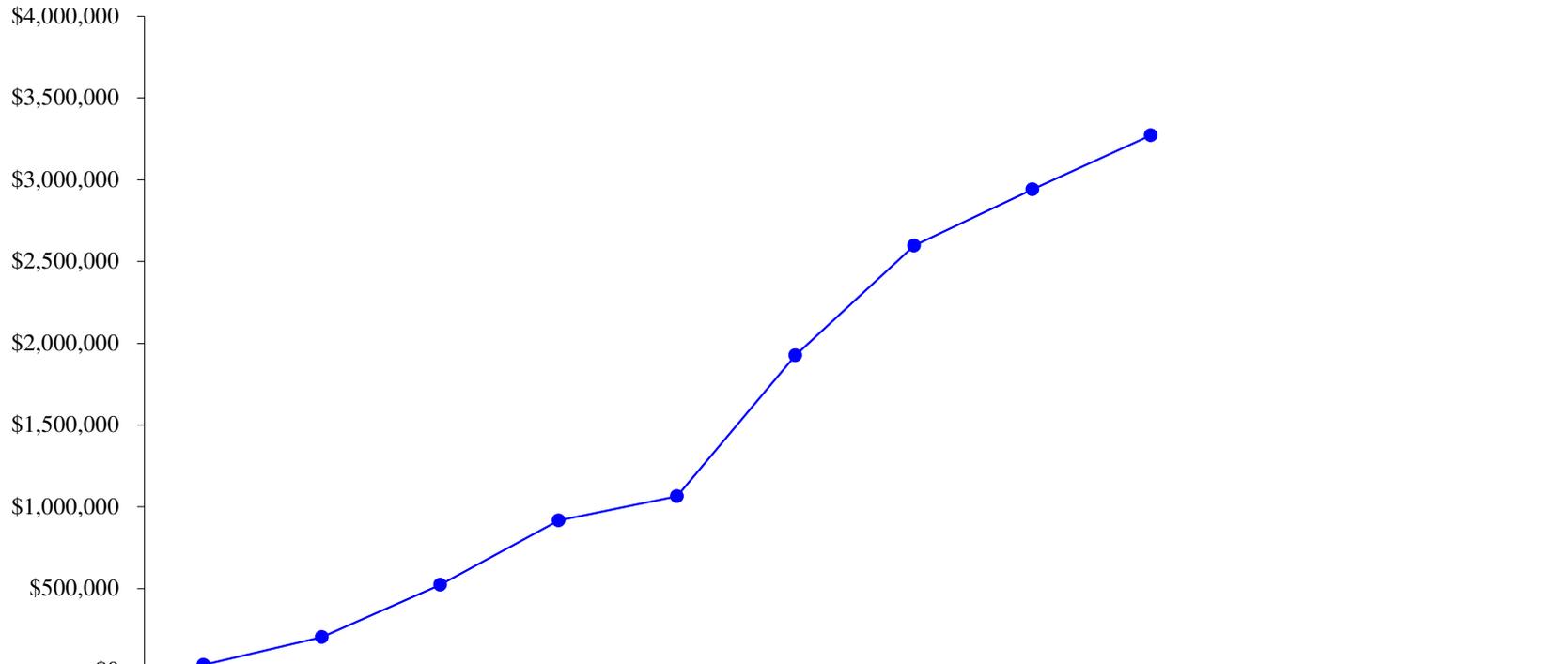
**FY2011 Revenue Collection**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$56,441	\$31,769	\$608,737	\$575,892	\$532,540	\$628,159	\$1,298,782	\$953,182	\$742,100			
Medicaid	\$10,241	\$0	\$195,293	\$205,657	\$174,826	\$177,383	\$158,438	\$221,527	\$114,720			
Medicare	\$42,095	\$30,434	\$259,612	\$257,576	\$180,618	\$410,004	\$939,415	\$604,226	\$508,737			
Private Source	\$60	\$1,335	\$127,497	\$92,355	\$161,281	\$30,342	\$185,594	\$107,479	\$111,326			
Others - Stimulus Payments	\$4,045	\$0	\$26,335	\$20,304	\$15,815	\$10,430	\$15,336	\$19,951	\$7,317			
<b>FYTD Total</b>	<b>\$56,441</b>	<b>\$88,210</b>	<b>\$696,947</b>	<b>\$1,272,840</b>	<b>\$1,805,380</b>	<b>\$2,433,539</b>	<b>\$3,732,321</b>	<b>\$4,685,503</b>	<b>\$5,427,604</b>			
FY10 Collections	\$990,004	\$345,072	\$374,489	\$165,792	-\$2,898	\$4,032	\$62,942	\$37,208	\$26,498			

**Objective 1C - FY2011 Revenue Targets**  
**Big Spring State Hospital**

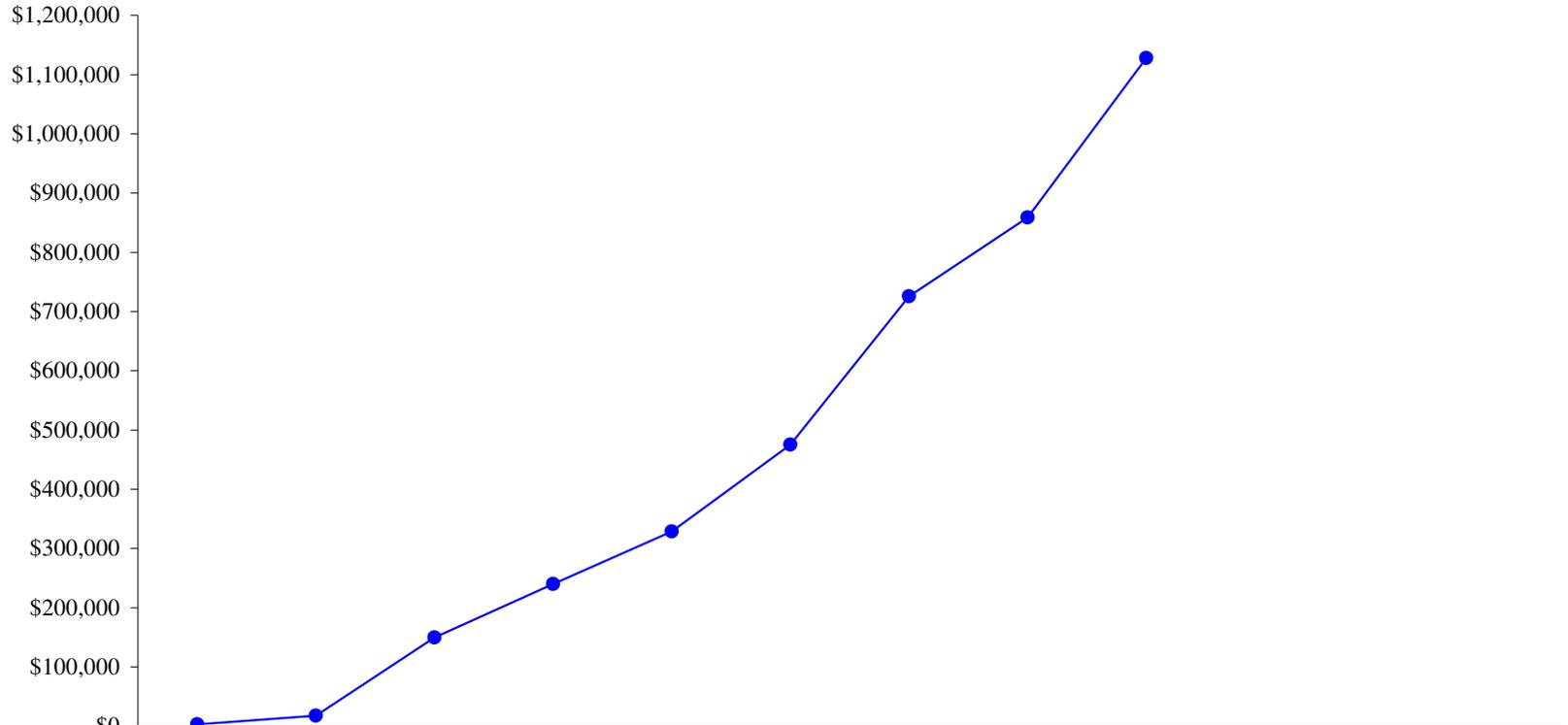
**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$32,239	\$170,173	\$320,259	\$393,257	\$147,937	\$861,451	\$671,773	\$343,248	\$332,198			
Medicaid	\$0	\$0	\$10,515	\$18,090	\$11,017	\$21,955	\$12,930	\$10,547	\$19,278			
Medicare	\$32,239	\$161,063	\$190,489	\$246,626	\$31,952	\$720,535	\$525,256	\$234,620	\$240,918			
Private Source	\$0	\$9,111	\$119,254	\$128,541	\$101,512	\$117,522	\$133,151	\$98,037	\$70,607			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$3,456	\$1,439	\$436	\$44	\$1,396			
<b>FYTD Total</b>	<b>\$32,239</b>	<b>\$202,412</b>	<b>\$522,672</b>	<b>\$915,929</b>	<b>\$1,063,866</b>	<b>\$1,925,317</b>	<b>\$2,597,090</b>	<b>\$2,940,338</b>	<b>\$3,272,537</b>			
FY10 Collections	\$492,921	\$315,843	\$36,810	\$87,240	\$951	\$123,149	\$132,144	\$56,373	\$619			

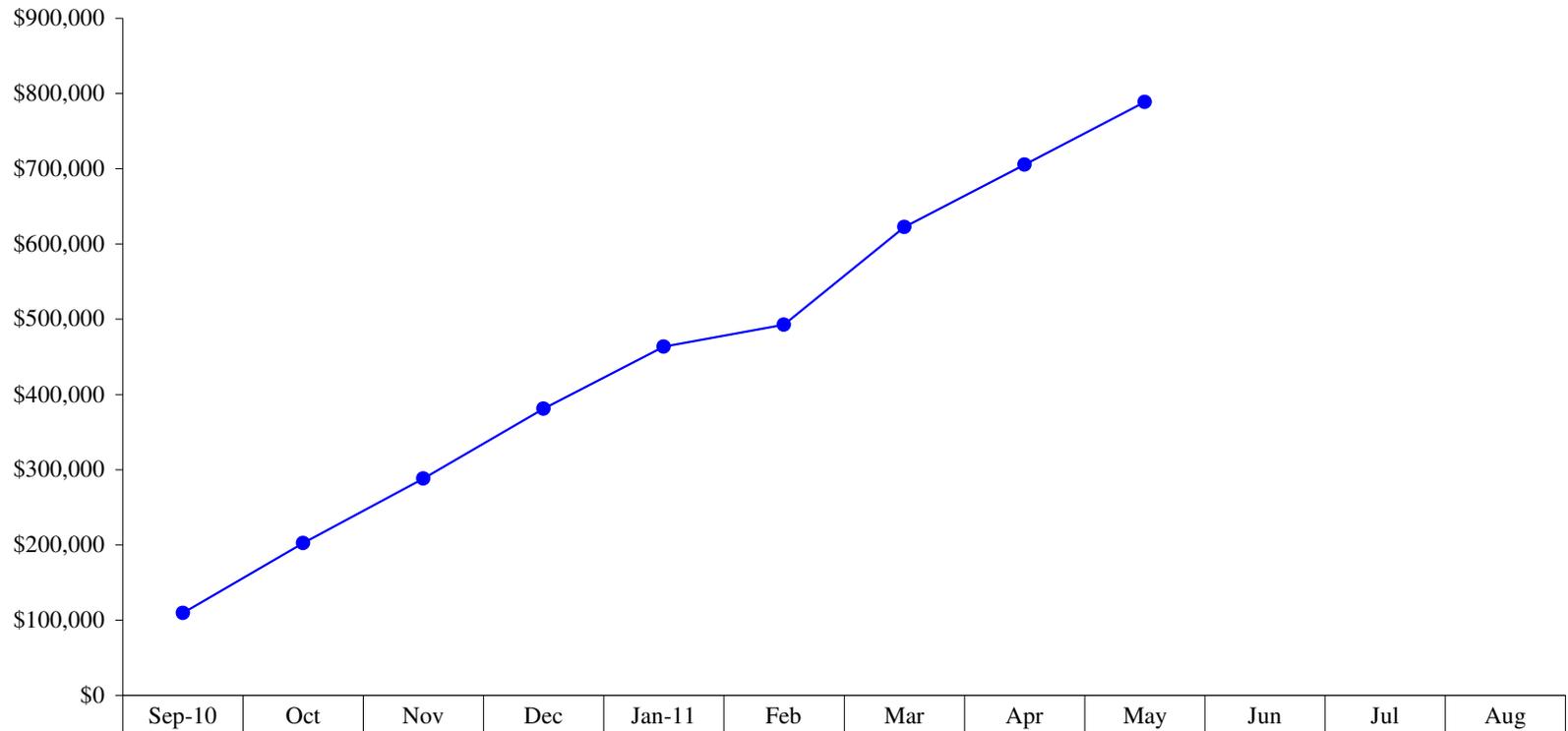
**Objective 1C - FY2011 Revenue Targets**  
**El Paso Psychiatric Center**

**FY 2011 Revenue Collections**



**Objective 1C - FY2011 Revenue Targets**  
**Kerrville State Hospital**

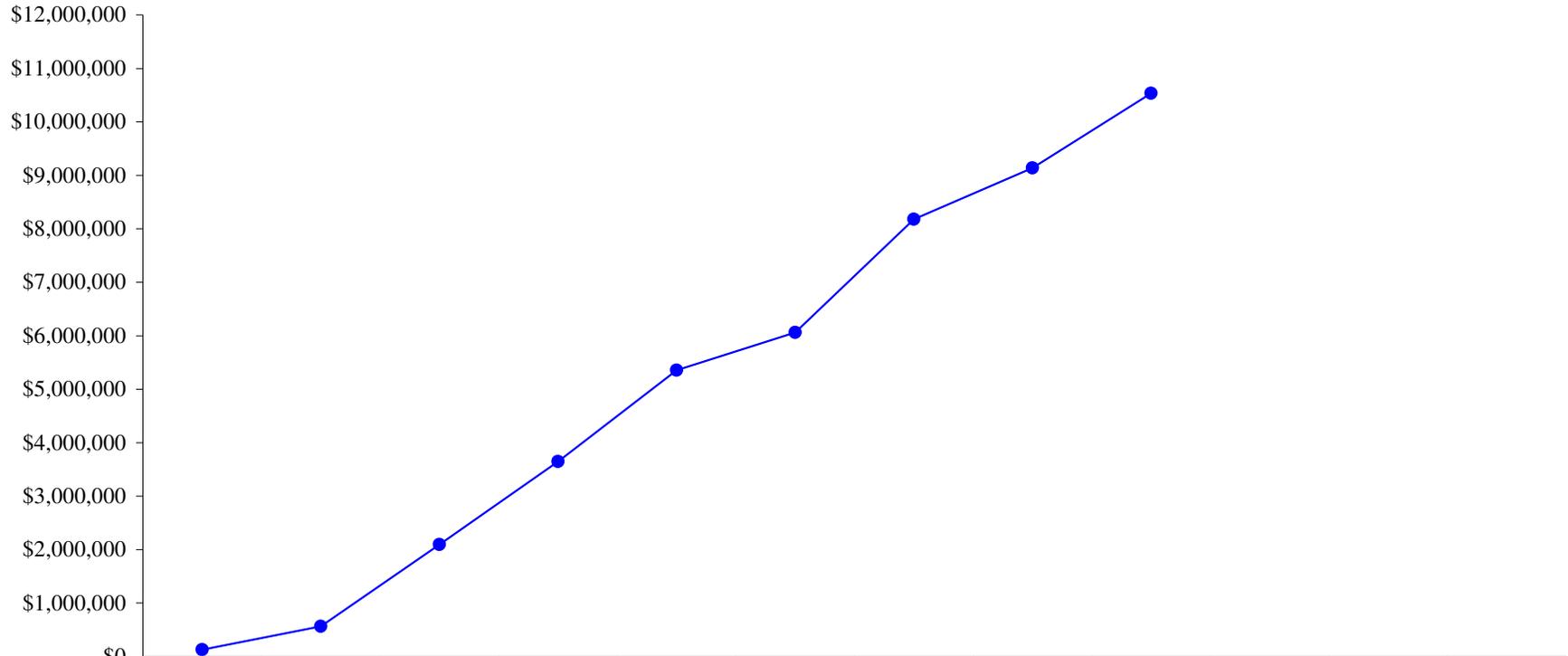
**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$109,335	\$93,131	\$85,887	\$92,555	\$82,705	\$28,879	\$130,250	\$82,791	\$83,475			
Medicaid	\$0	\$0	\$7	\$7	\$15	\$15	\$121	\$224	\$0			
Medicare	\$109,335	\$76,106	\$62,964	\$65,982	\$63,502	\$7,679	\$107,771	\$60,581	\$60,153			
Private Source	\$0	\$17,026	\$22,915	\$26,565	\$19,188	\$21,184	\$22,359	\$21,986	\$23,321			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
● FYTD Total	\$109,335	\$202,466	\$288,353	\$380,907	\$463,613	\$492,492	\$622,742	\$705,533	\$789,008			
FY10 Collections	\$23,358	\$5,354	\$3,120	\$1,578	\$438	\$856	\$146	\$10	\$11			

**Objective 1C - FY2011 Revenue Targets**  
**North Texas State Hospital**

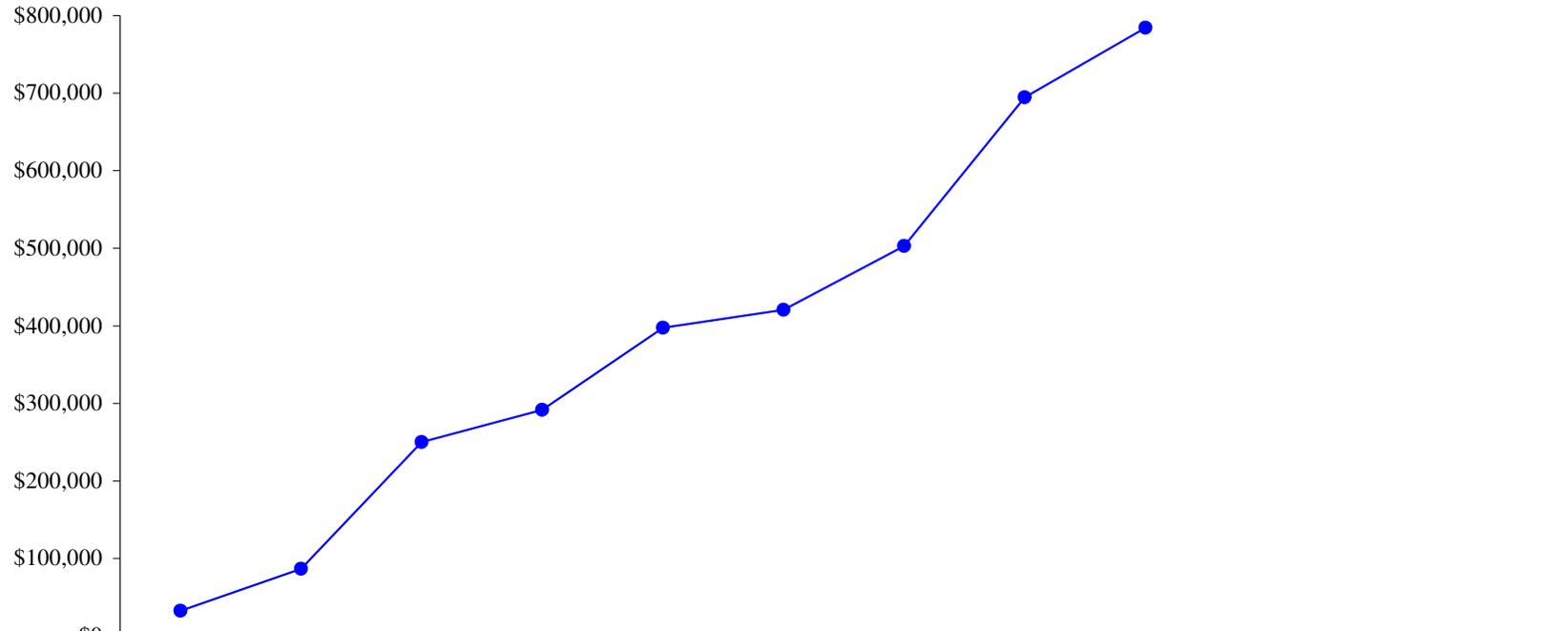
**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$129,456	\$435,430	\$1,532,496	\$1,552,983	\$1,707,829	\$704,157	\$2,119,955	\$957,411	\$1,392,988			
Medicaid	\$0	\$113,317	\$1,015,891	\$957,049	\$1,032,512	\$282,085	\$1,250,139	\$642,393	\$765,137			
Medicare	\$129,456	\$252,616	\$235,402	\$324,209	\$395,099	\$281,562	\$615,704	\$113,234	\$435,416			
Private Source	\$0	\$43,854	\$125,383	\$216,255	\$237,603	\$115,175	\$158,782	\$156,669	\$140,986			
Others - Stimulus Payments	\$0	\$25,644	\$155,820	\$55,471	\$42,615	\$25,335	\$95,330	\$45,115	\$51,450			
● FYTD Total	\$129,456	\$564,886	\$2,097,382	\$3,650,365	\$5,358,194	\$6,062,351	\$8,182,306	\$9,139,717	\$10,532,705			
FY10 Collections	\$1,691,401	\$1,586,957	\$229,789	\$236,968	\$43,603	-\$38,624	\$36,721	\$28,265	\$18,025			

**Objective 1C - FY2011 Revenue Targets**  
**Rio Grande State Center**

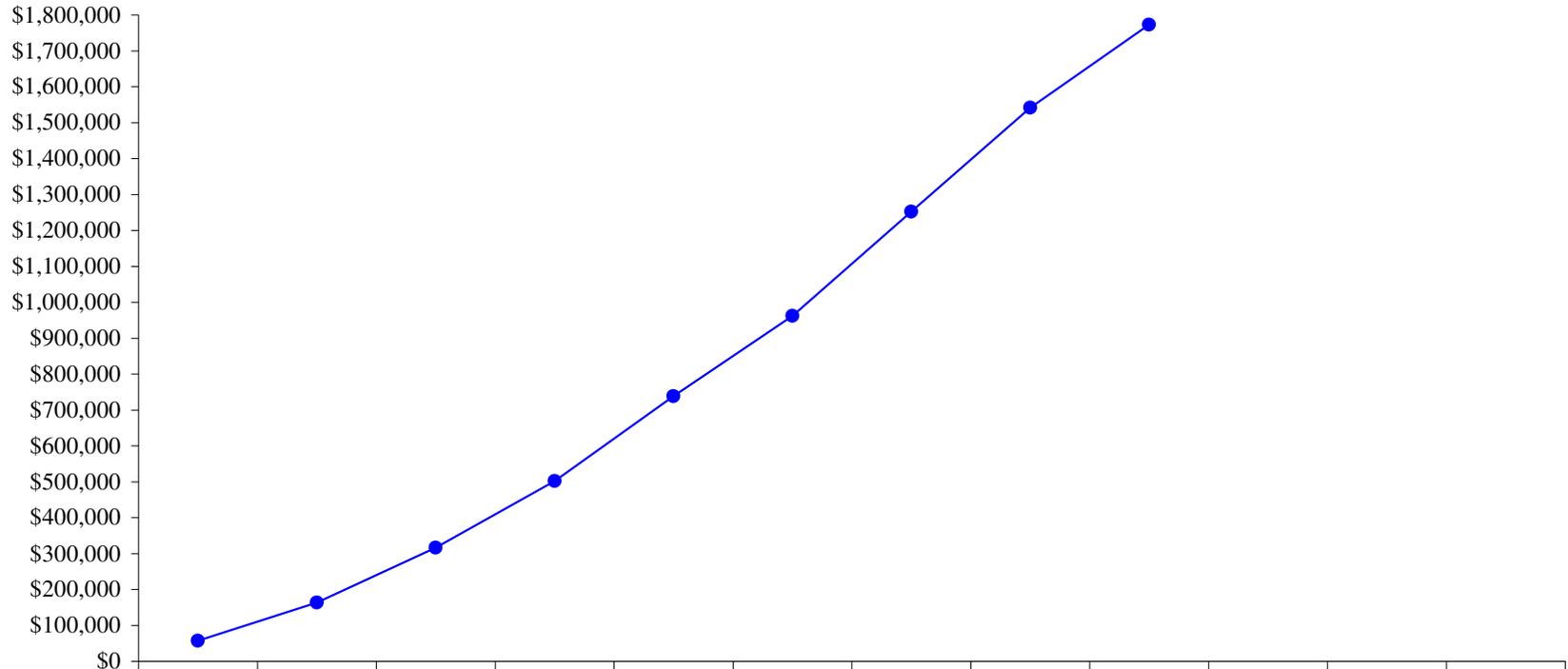
**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$32,548	\$54,196	\$163,384	\$41,532	\$105,688	\$23,221	\$82,229	\$191,929	\$89,623			
Medicaid	\$0	\$7,594	\$13,409	\$7,111	\$194	\$290	\$27,659	\$25,394	\$22,293			
Medicare	\$31,663	\$41,721	\$141,551	\$25,943	\$99,793	\$19,651	\$40,503	\$159,115	\$46,693			
Private Source	\$0	\$0	\$28	\$3,290	\$0	\$0	\$6,511	\$26	\$14,001			
Others - Stimulus Payments	\$885	\$4,881	\$8,396	\$5,188	\$5,701	\$3,280	\$7,556	\$7,394	\$6,636			
● FYTD Total	\$32,548	\$86,743	\$250,127	\$291,660	\$397,347	\$420,568	\$502,797	\$694,725	\$784,349			
FY10 Collections	\$104,015	\$11,219	\$11,558	\$4,652	\$807	\$167	\$1,077	\$763	-\$35			

**Objective 1C - FY2011 Revenue Targets**  
**Rusk State Hospital**

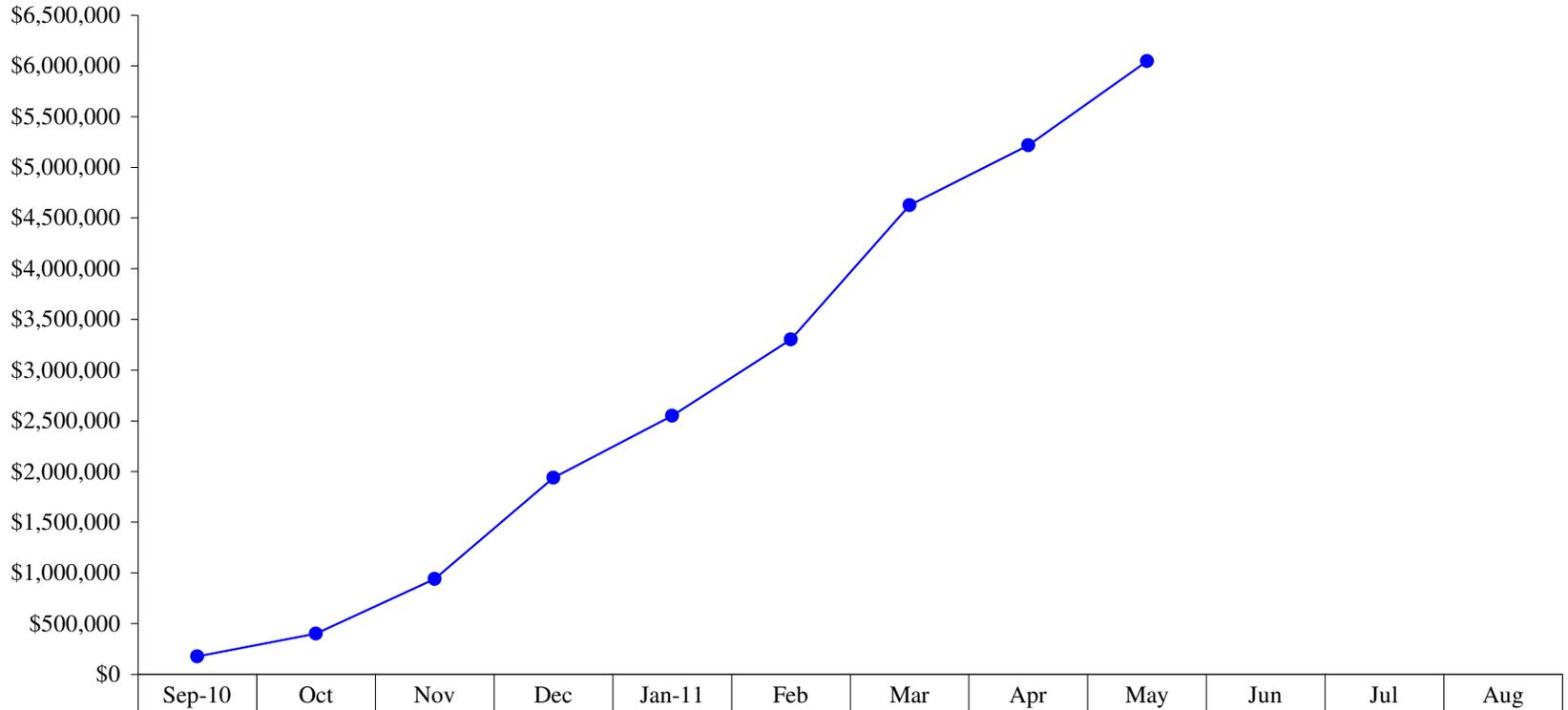
**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$57,757	\$106,019	\$152,934	\$185,366	\$236,614	\$223,283	\$290,251	\$289,842	\$231,169			
Medicaid	\$0	\$0	\$16,216	\$12,624	\$15,834	\$8,014	\$25,471	\$8,599	\$9,446			
Medicare	\$57,757	\$97,654	\$124,538	\$152,791	\$208,196	\$198,817	\$241,116	\$266,133	\$203,848			
Private Source	\$0	\$8,365	\$12,180	\$19,076	\$11,306	\$16,451	\$21,772	\$15,110	\$17,876			
Others - Stimulus Payments	\$0	\$0	\$0	\$875	\$1,278	\$0	\$1,892	\$0	\$0			
● FYTD Total	\$57,757	\$163,776	\$316,711	\$502,077	\$738,691	\$961,973	\$1,252,224	\$1,542,066	\$1,773,235			
FY10 Collections	\$244,877	\$119,350	\$52,294	\$72,425	\$1,657	\$20,898	\$135	\$18,939	\$62			

**Objective 1C - FY2011 Revenue Targets**  
**San Antonio State Hospital**

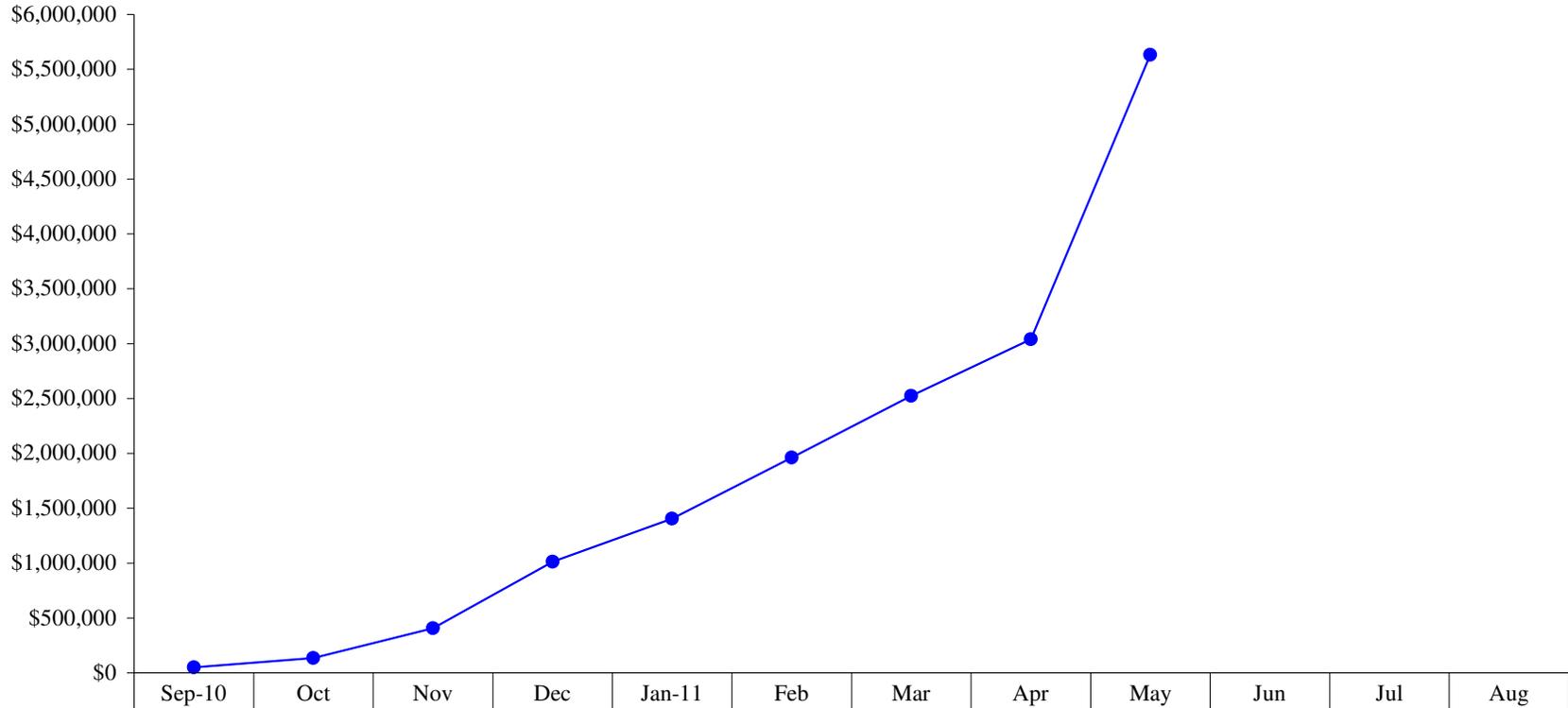
**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$177,377	\$224,392	\$539,535	\$998,516	\$611,334	\$751,716	\$1,323,839	\$591,252	\$830,756			
Medicaid	\$0	\$87,707	\$224,230	\$494,871	\$188,217	\$409,309	\$488,598	\$316,909	\$394,963			
Medicare	\$177,377	\$105,477	\$240,062	\$362,153	\$311,459	\$95,859	\$738,498	\$151,489	\$278,932			
Private Source	\$0	\$13,373	\$64,436	\$110,066	\$105,161	\$194,171	\$30,257	\$94,056	\$123,331			
Others - Stimulus Payments	\$0	\$17,835	\$10,807	\$31,426	\$6,497	\$52,377	\$66,486	\$28,798	\$33,529			
● FYTD Total	\$177,377	\$401,769	\$941,304	\$1,939,820	\$2,551,154	\$3,302,870	\$4,626,709	\$5,217,961	\$6,048,716			
FY10 Collections	\$1,284,563	\$482,158	\$278,571	\$93,491	\$38,259	\$44,759	\$1,612	\$10,482	\$6,360			

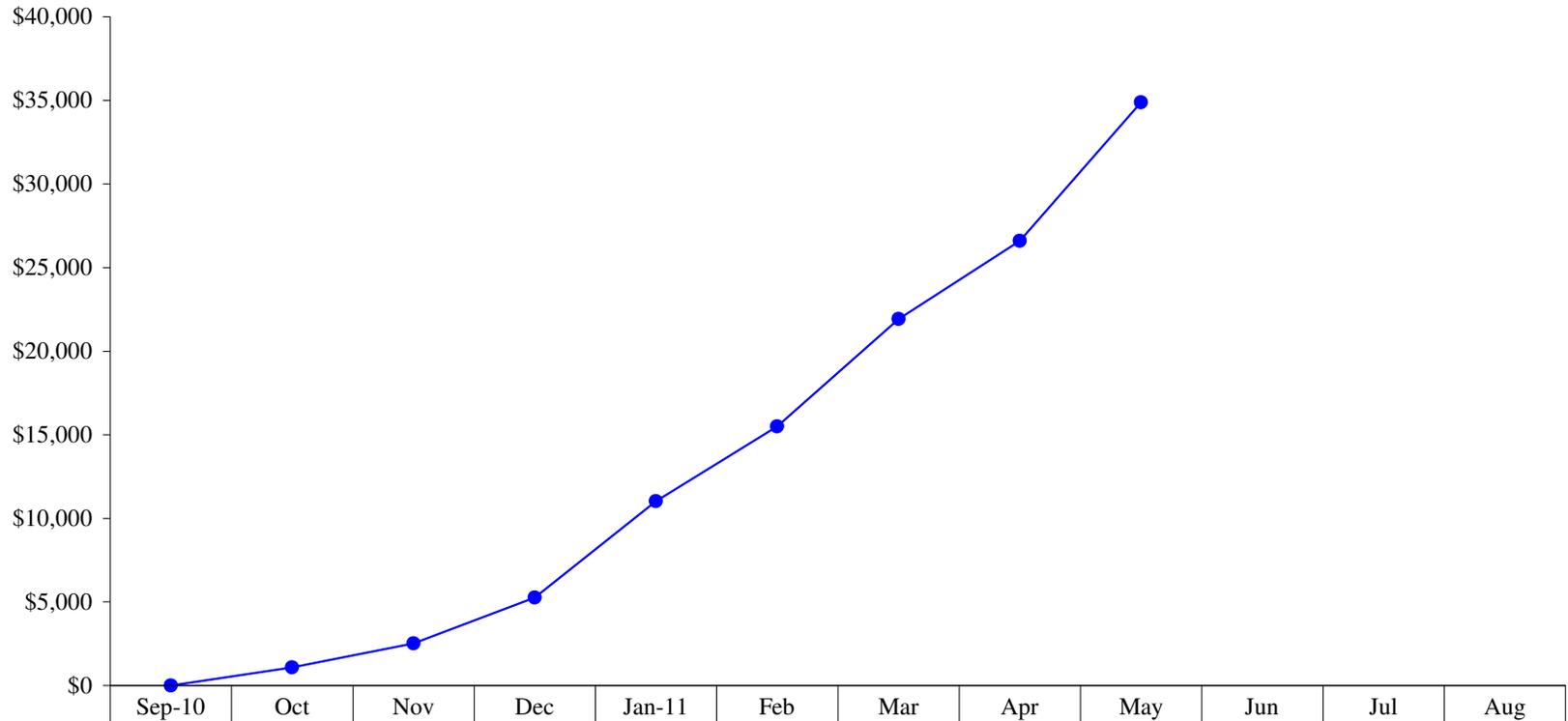
**Objective 1C - FY2011 Revenue Targets**  
**Terrell State Hospital**

**FY2011 Revenue Collections**



**Objective 1C - FY2011 Revenue Targets**  
**Waco Center For Youth**

**FY2011 Revenue Collections**



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$53	\$1,041	\$1,434	\$2,743	\$5,758	\$4,477	\$6,421	\$4,672	\$8,282			
Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Private Source	\$53	\$1,041	\$1,434	\$2,743	\$5,758	\$4,477	\$6,421	\$4,672	\$8,282			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
<b>FYTD Total</b>	<b>\$0</b>	<b>\$1,094</b>	<b>\$2,529</b>	<b>\$5,272</b>	<b>\$11,029</b>	<b>\$15,506</b>	<b>\$21,928</b>	<b>\$26,600</b>	<b>\$34,882</b>			
FY10 Collections	\$4,265	\$2,401	\$0	\$592	\$0	\$0	\$828	\$0	\$0			

**Performance Objective 1E:**

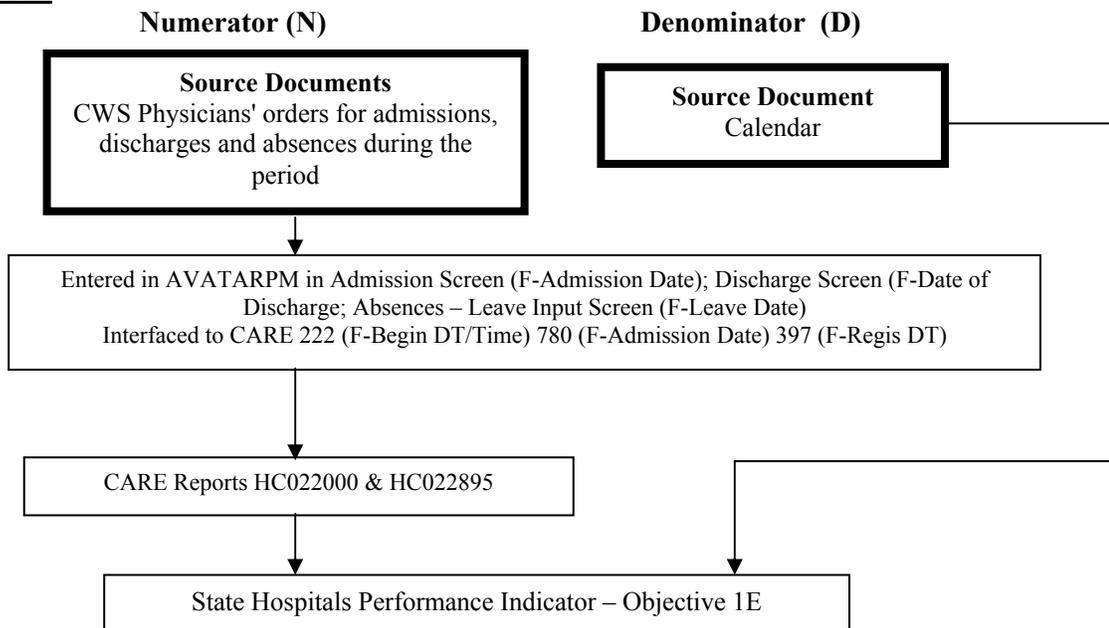
**Operate an average daily census that has been allocated and projected for the hospital inpatient services.**

**Performance Objective Operational Definition:** DSHS Hospital Section will project total ADC, GR ADC and 3<sup>rd</sup> Party ADC for FY08. 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:** 
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

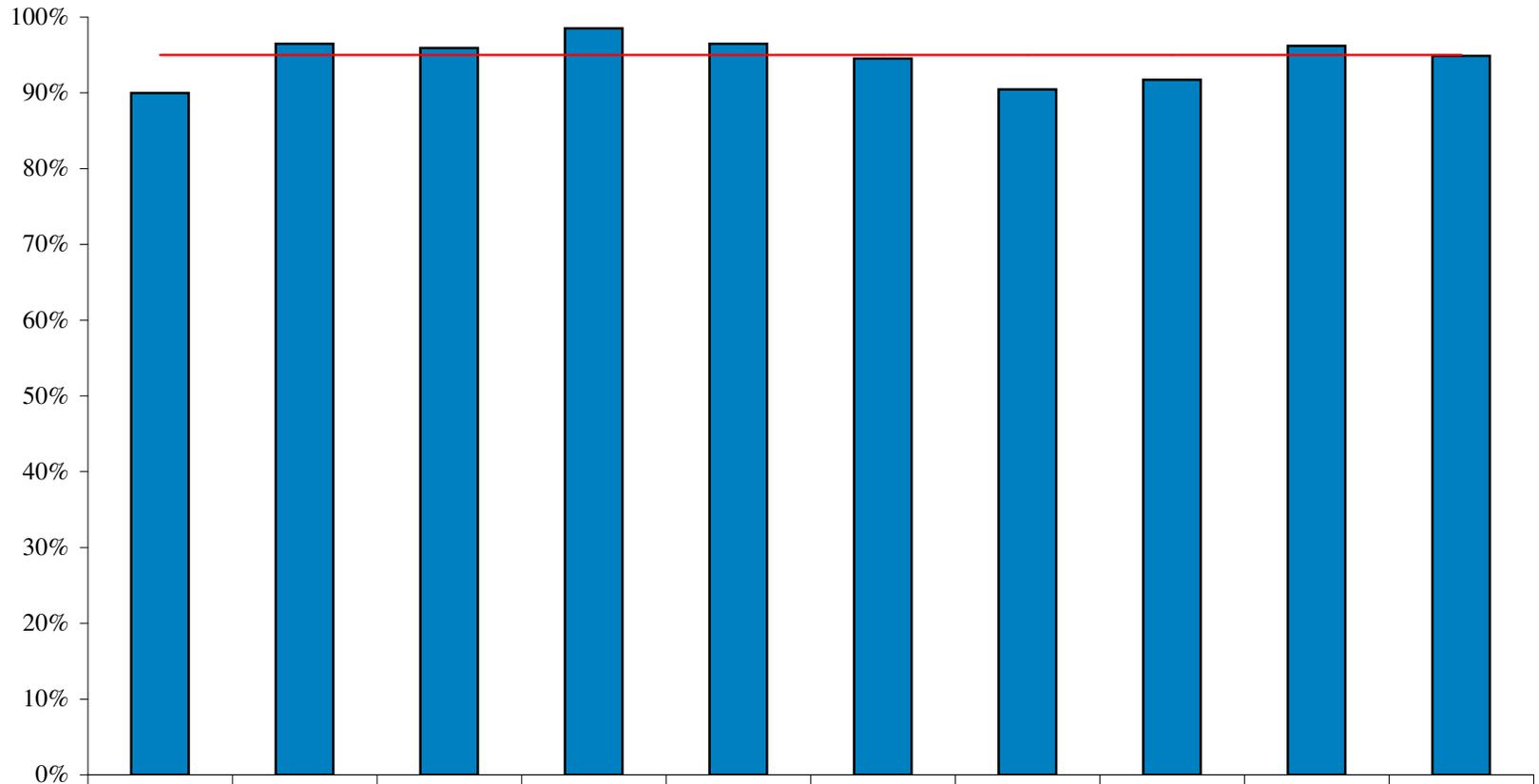
**Performance Objective Data Display and Chart Description:** Chart with monthly data points of actual General Revenue and 3<sup>rd</sup> Party average daily census and funded census for individual state hospital and system-wide.

**Data Flow:**



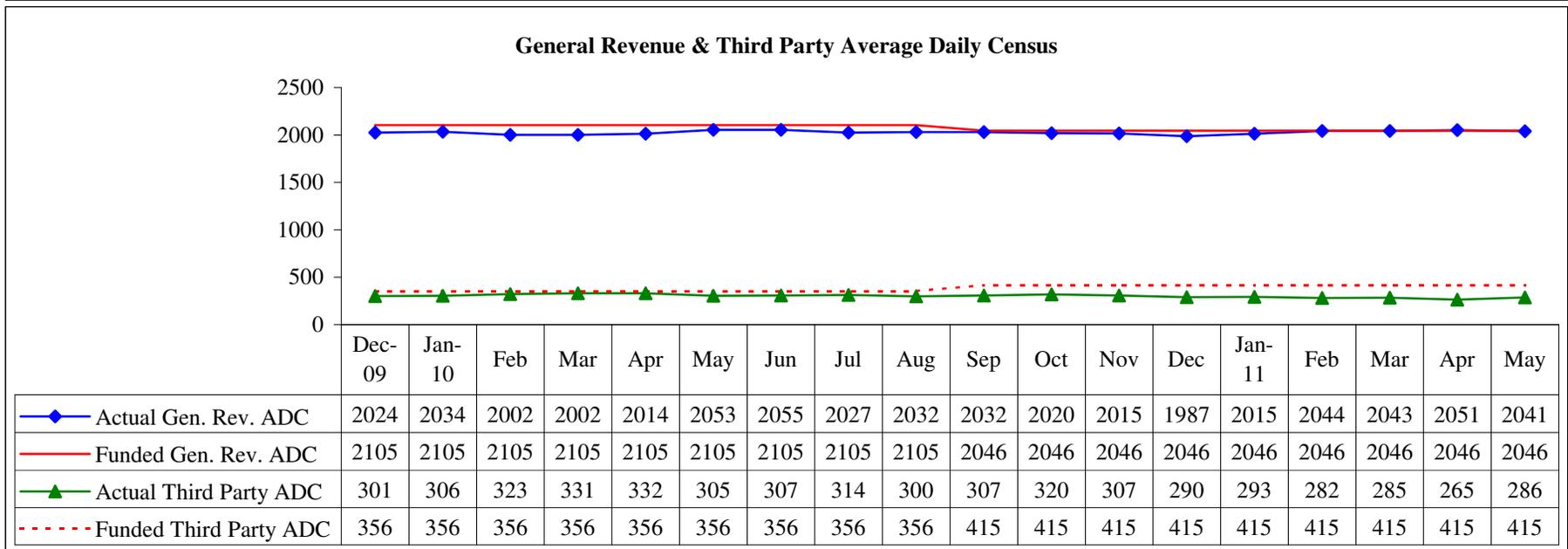
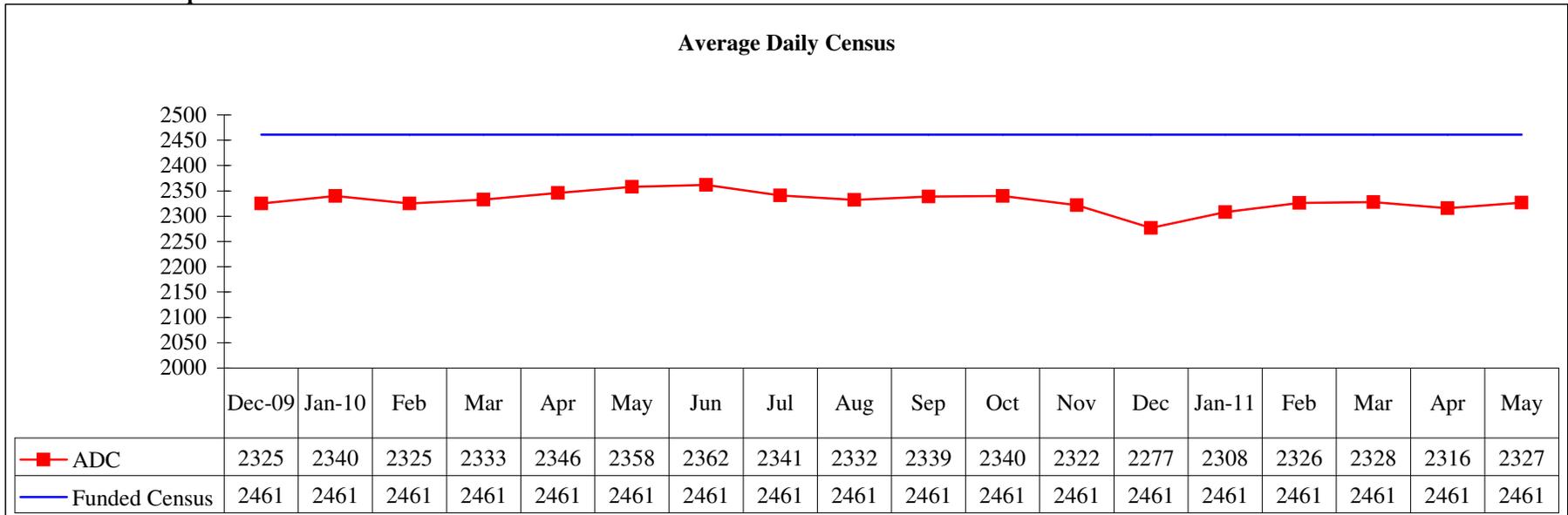
**Objective 1E & Measure 1C - Average Daily Census**  
**All State MH Hospitals - As of May 31, 2011**

**Average Daily Census As Percent of Adjusted Funded Census  
 FY 2011**



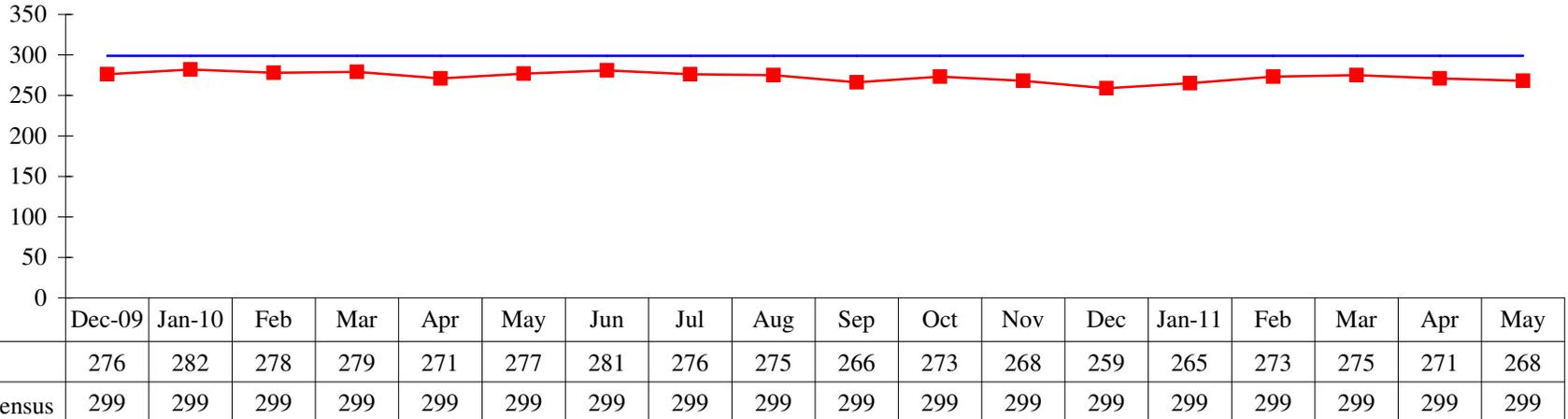
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
<b>% Occupancy</b>	90%	97%	96%	99%	97%	95%	90%	92%	96%	95%
ADC	269	193	71	199	579	52	303	277	304	74
Funded Census	299	200	74	202	600	55	335	302	316	78
<b>All State Hospitals</b>	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

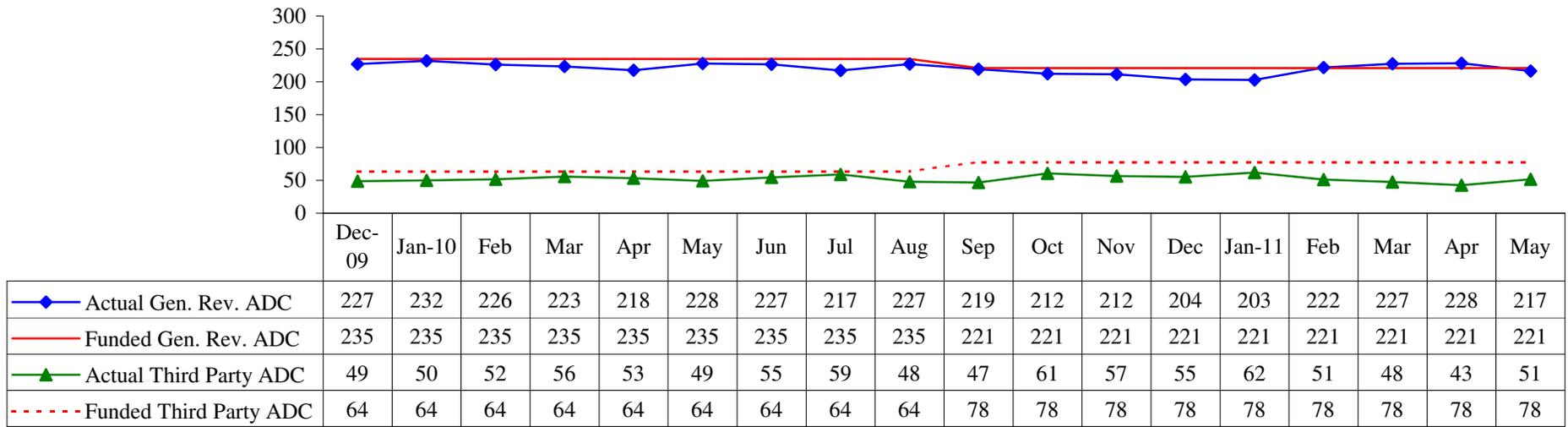


**Objective 1E & Measure 1C - Average Daily Census**  
**Austin State Hospital**

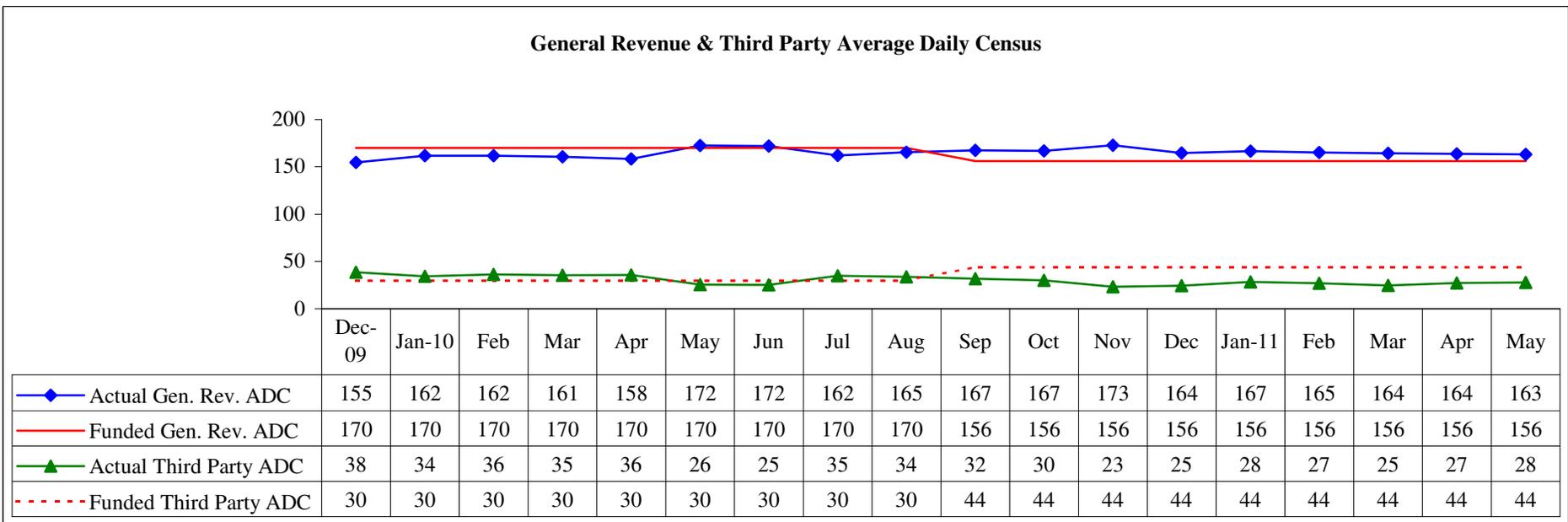
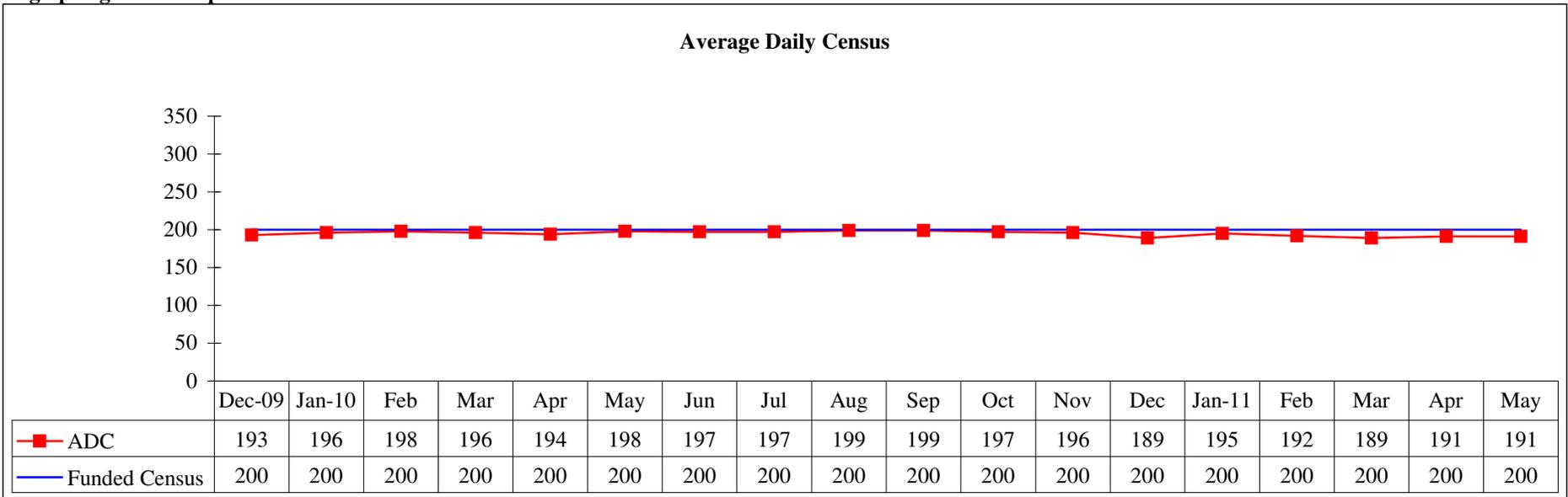
**Average Daily Census**



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

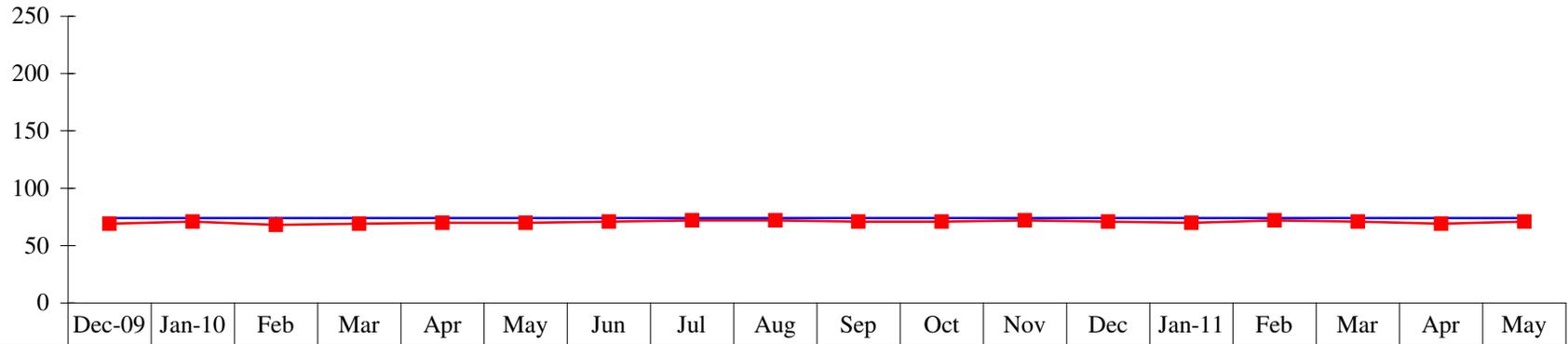


**Objective 1E & Measure 1C - Average Daily Census**  
**Big Spring State Hospital**



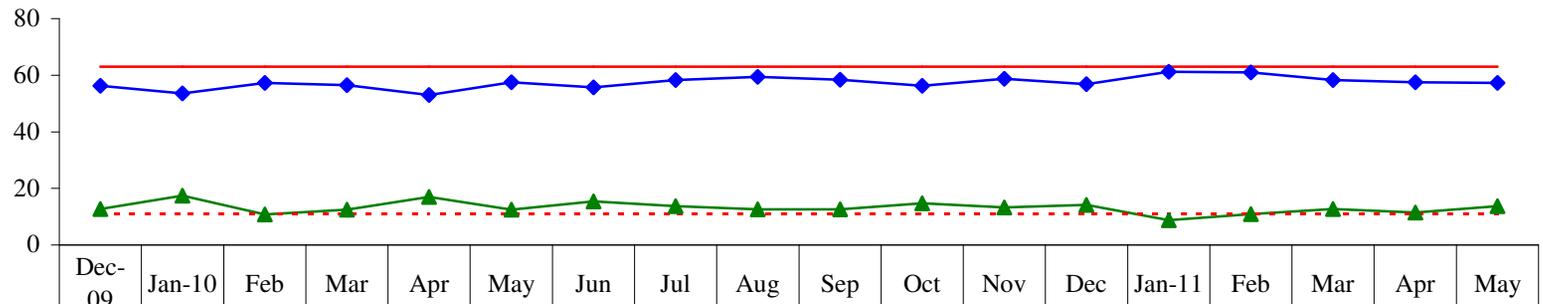
**Objective 1E & Measure 1C - Average Daily Census**  
**El Paso Psychiatric Center**

**Average Daily Census**



ADC	69	71	68	69	70	70	71	72	72	71	71	72	71	70	72	71	69	71
Funded Census	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74

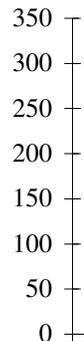
**General Revenue & Third Party Average Daily Census**



Actual Gen. Rev. ADC	56	54	57	57	53	58	56	58	59	58	56	59	57	61	61	58	57	57
Funded Gen. Rev. ADC	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63
Actual Third Party ADC	13	17	11	12	17	12	15	14	13	13	15	13	14	9	11	13	12	14
Funded Third Party ADC	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

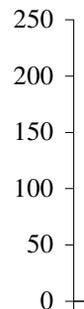
**Objective 1E & Measure 1C - Average Daily Census**  
**Kerrville State Hospital**

**Average Daily Census**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
■ ADC	201	201	201	200	200	196	200	199	199	200	202	201	201	202	201	197	194	195
◆ Funded Census	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202

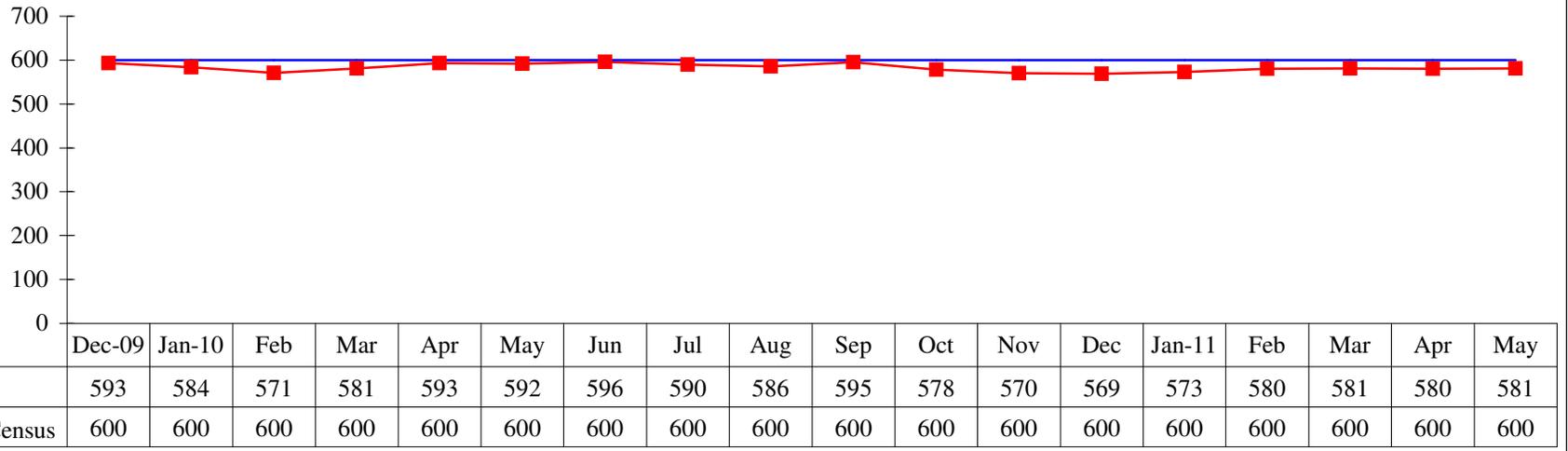
**General Revenue & Third Party Average Daily Census**



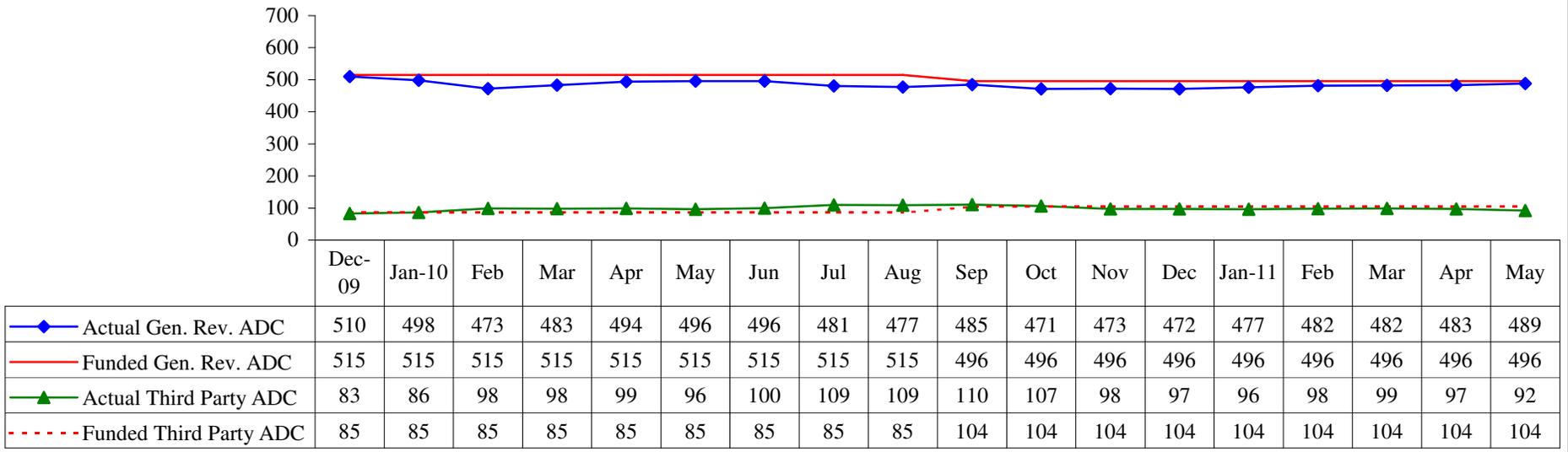
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ Actual Gen. Rev. ADC	201	201	201	200	200	196	200	199	199	200	202	201	201	202	201	197	194	195
— Funded Gen. Rev. ADC	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199
▲ Actual Third Party ADC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- - - Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

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

**Average Daily Census**

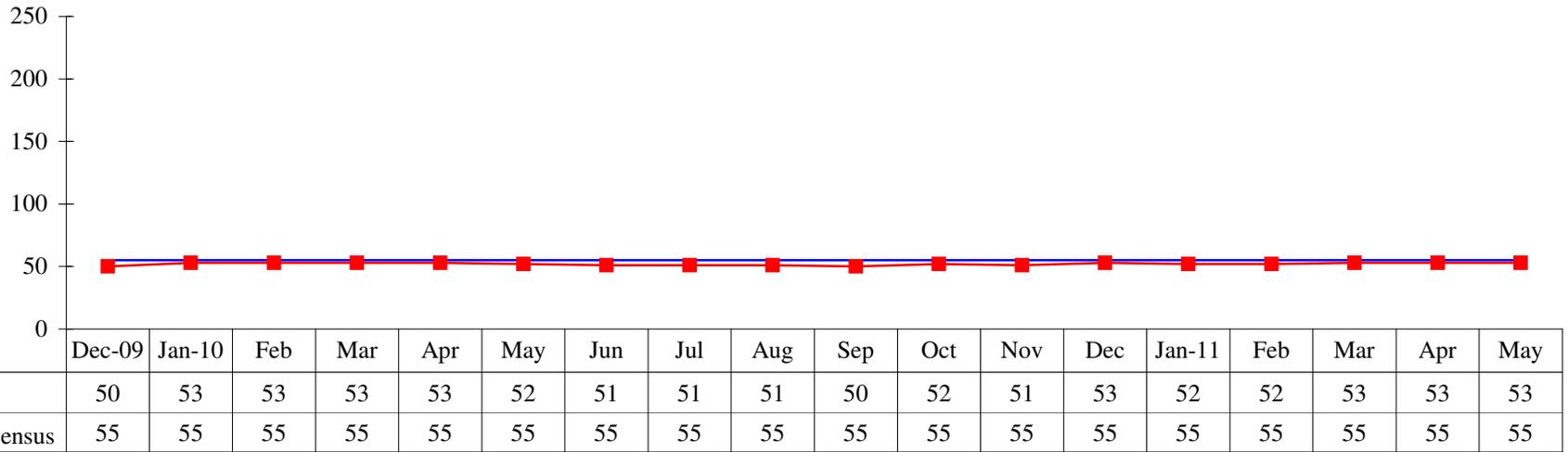


**General Revenue & Third Party Average Daily Census**

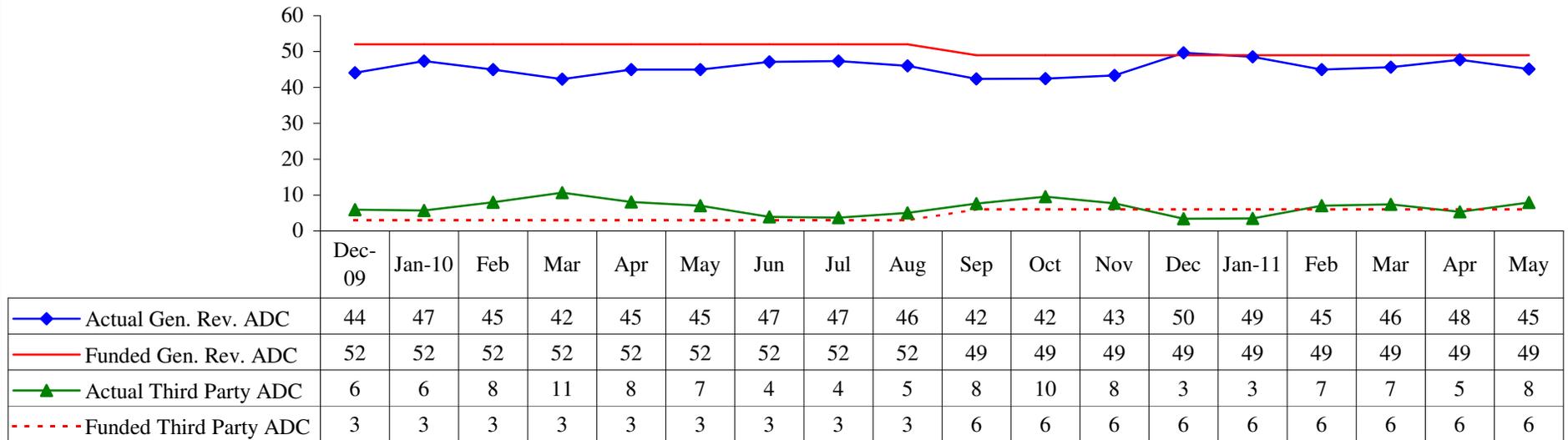


**Objective 1E & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**

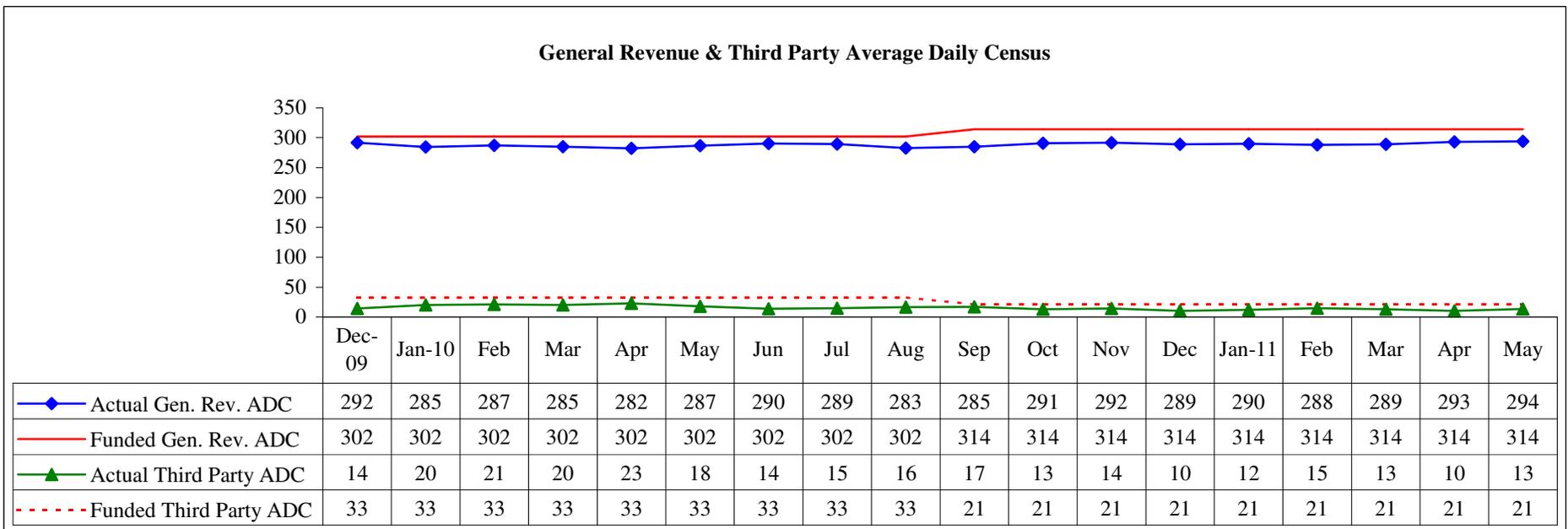
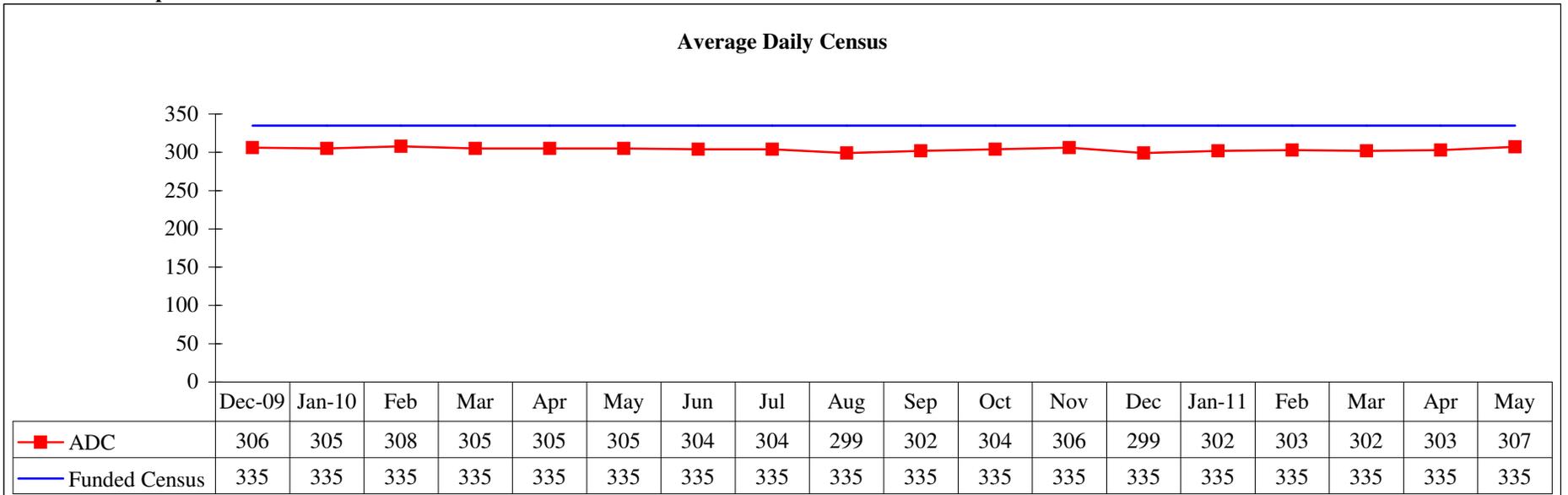
**Average Daily Census**



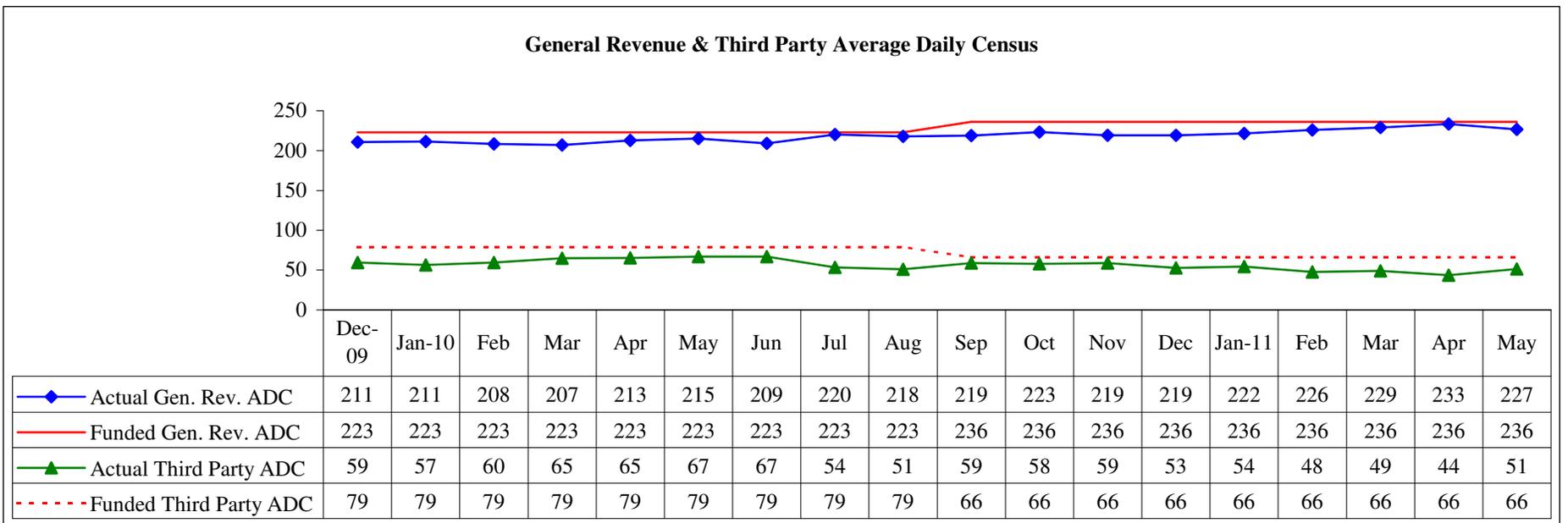
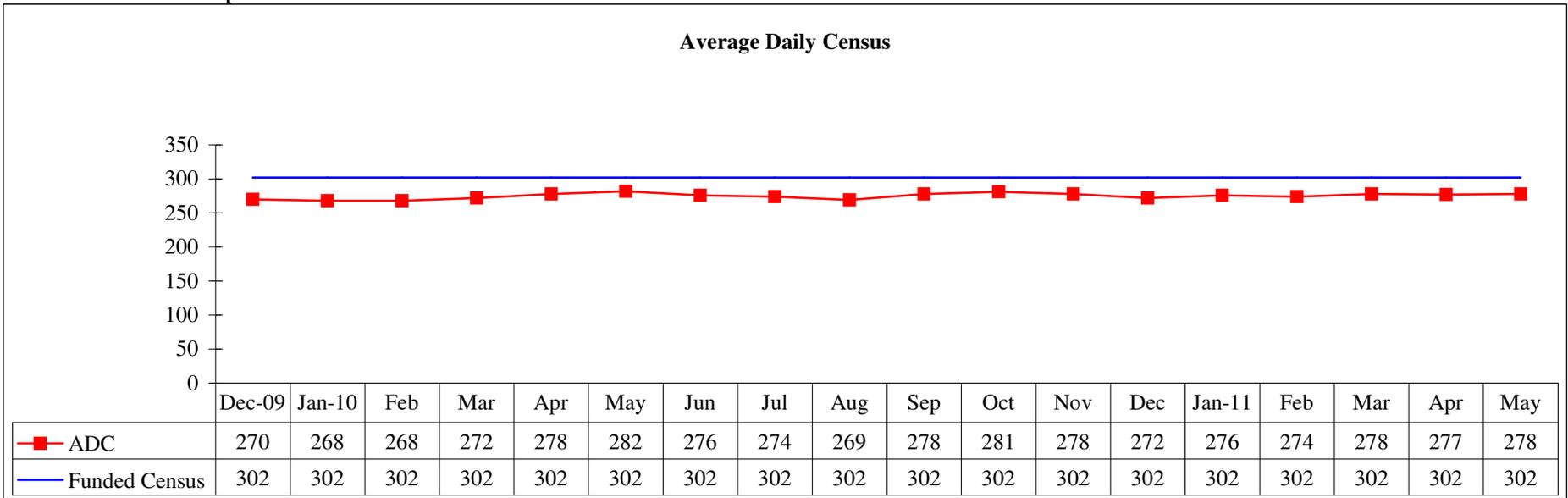
**General Revenue & Third Party Average Daily Census**



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

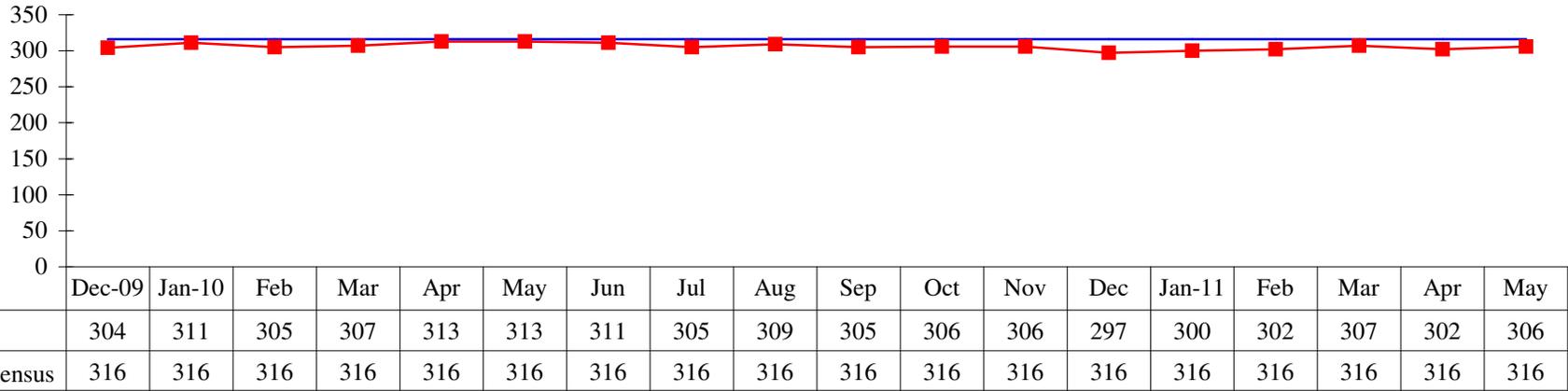


**Objective 1E & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**

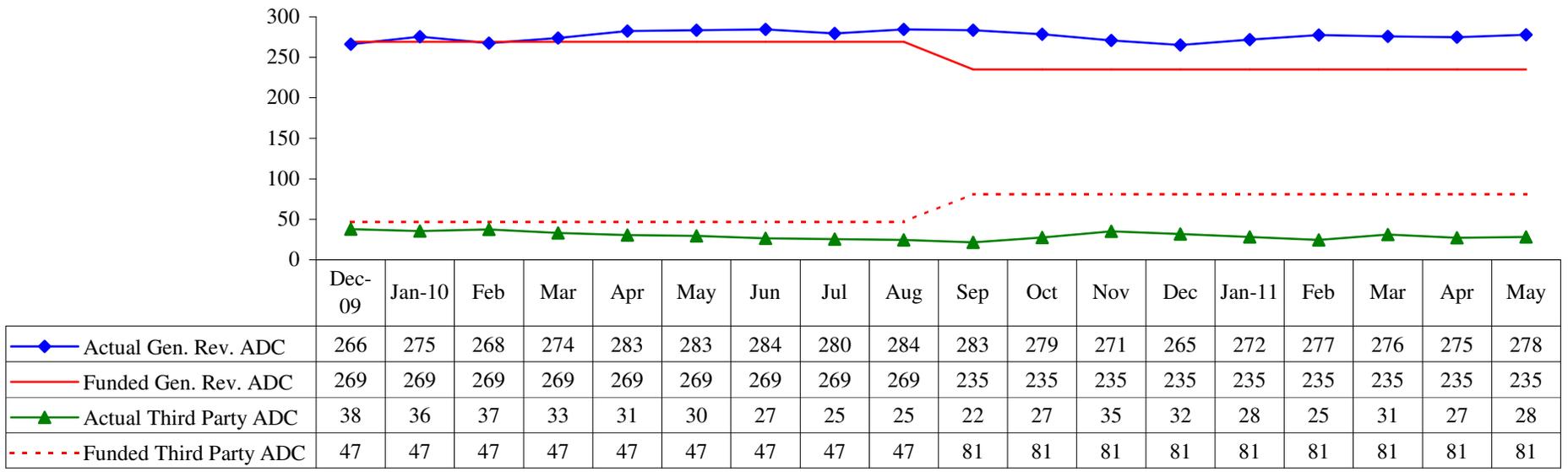


**Objective 1E & Measure 1C - Average Daily Census**  
**Terrell State Hospital**

**Average Daily Census**

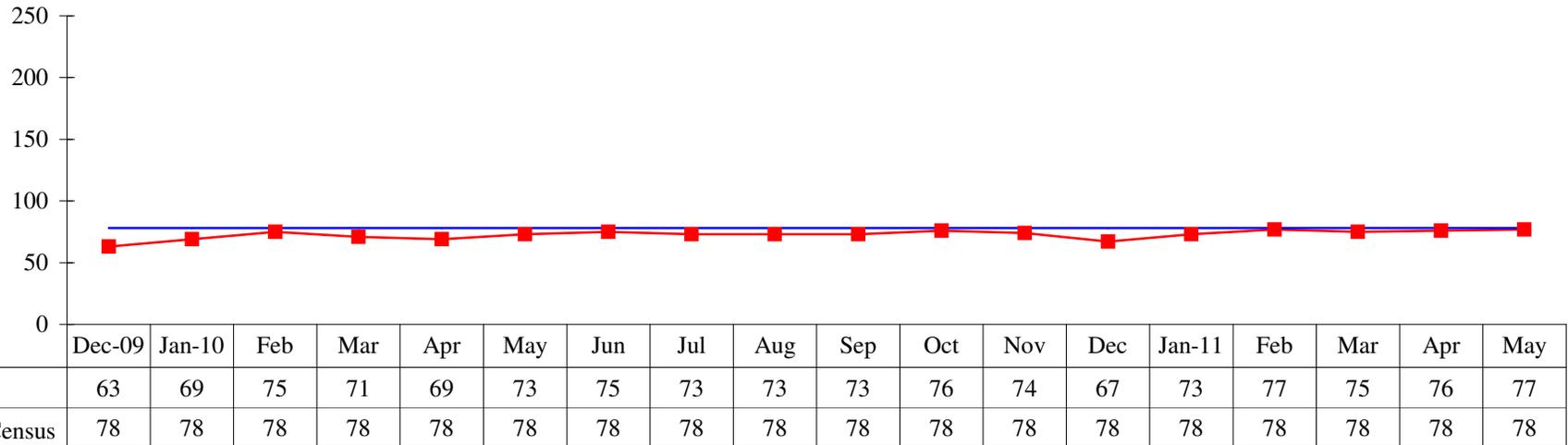


**General Revenue & Third Party Average Daily Census**

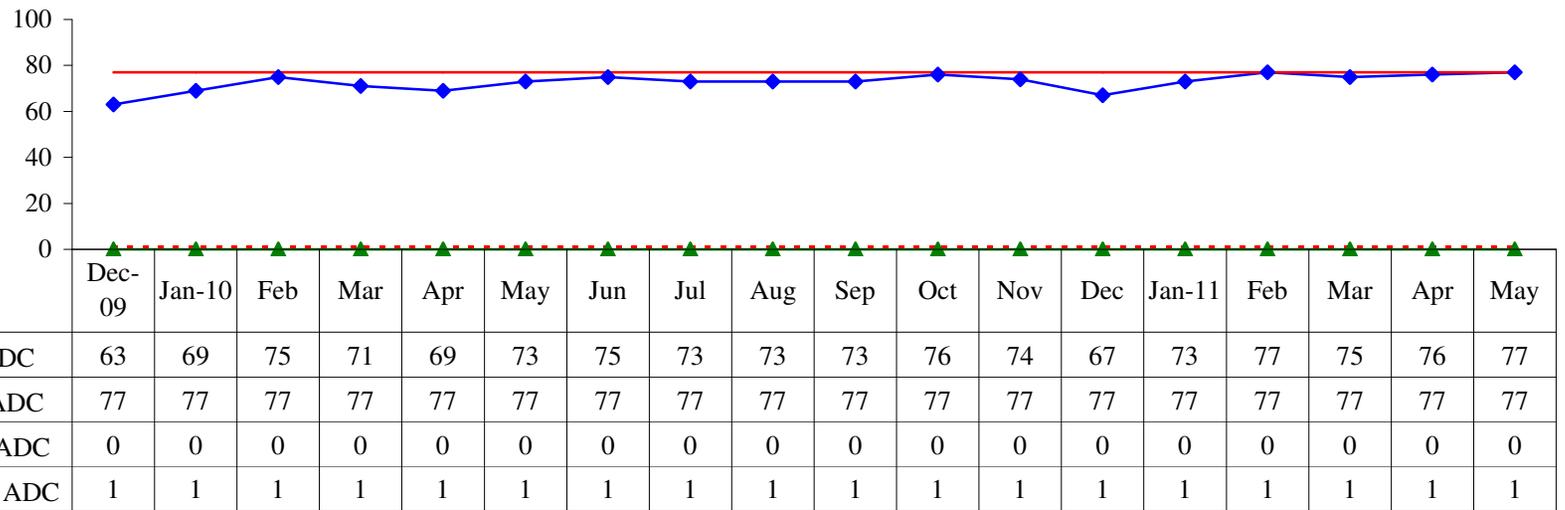


**Objective 1E & Measure 1C - Average Daily Census**  
**Waco Center For Youth**

**Average Daily Census**



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





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

	FY09				FY10				FY11			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Avg. Patient Days	23	23	23	21	22	24	23	24	23	22	23	
LBB Cost/Bed Day	\$394	\$438	\$441	\$431	\$426	\$463	\$459	\$451	\$425	\$492	\$477	
Average Cost	\$9,078	\$9,909	\$10,085	\$9,037	\$9,270	\$11,004	\$10,342	\$10,666	\$9,589	\$11,008	\$10,964	\$0
<b>Big Spring State Hospital</b>												
Avg. Patient Days	42	43	40	38	40	41	42	42	47	44	43	
LBB Cost/Bed Day	\$373	\$417	\$415	\$449	\$380	\$408	\$404	\$392	\$369	\$406	\$393	
Average Cost	\$15,723	\$17,824	\$16,517	\$17,242	\$15,233	\$16,842	\$16,983	\$16,636	\$17,187	\$17,688	\$17,023	\$0
<b>El Paso Psychiatric Center</b>												
Avg. Patient Days	22	24	27	25	23	26	25	29	30	32	24	
LBB Cost/Bed Day	\$451	\$568	\$511	\$633	\$460	\$561	\$482	\$500	\$448	\$527	\$506	
Average Cost	\$9,818	\$13,694	\$13,796	\$15,659	\$10,397	\$14,865	\$12,018	\$14,615	\$13,308	\$16,768	\$12,265	\$0
<b>Kerrville State Hospital</b>												
Avg. Patient Days	68	69	64	85	84	86	86	86	87	83	81	
LBB Cost/Bed Day	\$342	\$366	\$361	\$412	\$353	\$356	\$348	\$345	\$337	\$354	\$351	
Average Cost	\$23,219	\$25,324	\$23,021	\$34,846	\$29,700	\$30,736	\$29,873	\$29,715	\$29,267	\$29,411	\$28,344	\$0
<b>North Texas State Hospital</b>												
Avg. Patient Days	44	46	46	45	49	47	47	48	47	47	47	
LBB Cost/Bed Day	\$361	\$391	\$380	\$426	\$359	\$396	\$380	\$378	\$364	\$399	\$384	
Average Cost	\$16,047	\$17,903	\$17,530	\$19,281	\$17,692	\$18,778	\$17,927	\$18,004	\$17,236	\$18,598	\$17,934	\$0
<b>Rusk State Hospital</b>												
Avg. Patient Days	40	45	49	52	54	50	53	50	52	54	55	
LBB Cost/Bed Day	\$338	\$363	\$357	\$436	\$365	\$397	\$384	\$386	\$363	\$381	\$387	
Average Cost	\$13,512	\$16,268	\$17,629	\$22,847	\$19,823	\$20,023	\$20,228	\$19,146	\$19,000	\$20,720	\$21,429	\$0
<b>San Antonio State Hospital</b>												
Avg. Patient Days	30	29	32	36	36	35	33	36	36	35	37	
LBB Cost/Bed Day	\$393	\$453	\$420	\$499	\$395	\$501	\$449	\$458	\$373	\$458	\$441	
Average Cost	\$11,888	\$13,193	\$13,435	\$18,133	\$14,315	\$17,406	\$14,980	\$16,598	\$13,556	\$16,053	\$16,266	\$0

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

	FY09				FY10				FY11			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Avg. Patient Days	31	30	31	29	30	29	28	28	27	29	32	
LBB Cost/Bed Day	\$373	\$407	\$378	\$429	\$354	\$397	\$388	\$374	\$367	\$405	\$390	
Average Cost	\$11,416	\$12,359	\$11,855	\$12,325	\$10,622	\$11,317	\$10,802	\$10,300	\$10,009	\$11,654	\$12,558	\$0
<b>Waco Center for Youth</b>												
Avg. Patient Days	63	62	64	57	64	58	56	60	60	57	60	
LBB Cost/Bed Day	\$305	\$391	\$342	\$418	\$372	\$401	\$423	\$371	\$324	\$424	\$392	
Average Cost	\$19,355	\$24,130	\$21,735	\$23,825	\$23,790	\$23,222	\$23,753	\$22,427	\$19,479	\$24,316	\$23,649	\$0
<b>Rio Grande State Center (MH)</b>												
Avg. Patient Days	15	16	15	15	15	17	17	13	15	17	17	
LBB Cost/Bed Day	\$427	\$445	\$456	\$578	\$445	\$477	\$471	\$521	\$496	\$503	\$480	
Average Cost	\$6,394	\$6,998	\$6,952	\$8,505	\$6,676	\$8,050	\$8,106	\$6,867	\$7,432	\$8,504	\$7,950	\$0
<b>All MH Hospitals</b>												
Avg. Patient Days	36	36	37	37	38	38	38	39	39	39	39	
LBB Cost/Bed Day	\$369	\$408	\$394	\$447	\$378	\$421	\$405	\$401	\$375	\$419	\$407	
Average Cost	\$13,198	\$14,851	\$14,741	\$16,523	\$14,533	\$16,121	\$15,208	\$15,439	\$14,479	\$16,182	\$16,076	\$0
<b>Texas Center for Infectious Disease</b>												
Avg. Patient Days	159	152	198	154	89	129	193	152	105	184	144	
LBB Cost/Bed Day	\$527	\$868	\$635	\$827	\$874	\$799	\$622	\$637	\$750	\$720	\$511	
Average Cost	\$83,590	\$131,992	\$125,593	\$127,299	\$77,755	\$103,008	\$119,885	\$96,774	\$78,974	\$132,731	\$73,519	\$0

LBB Cost - total facility expense minus benefits and depreciation

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

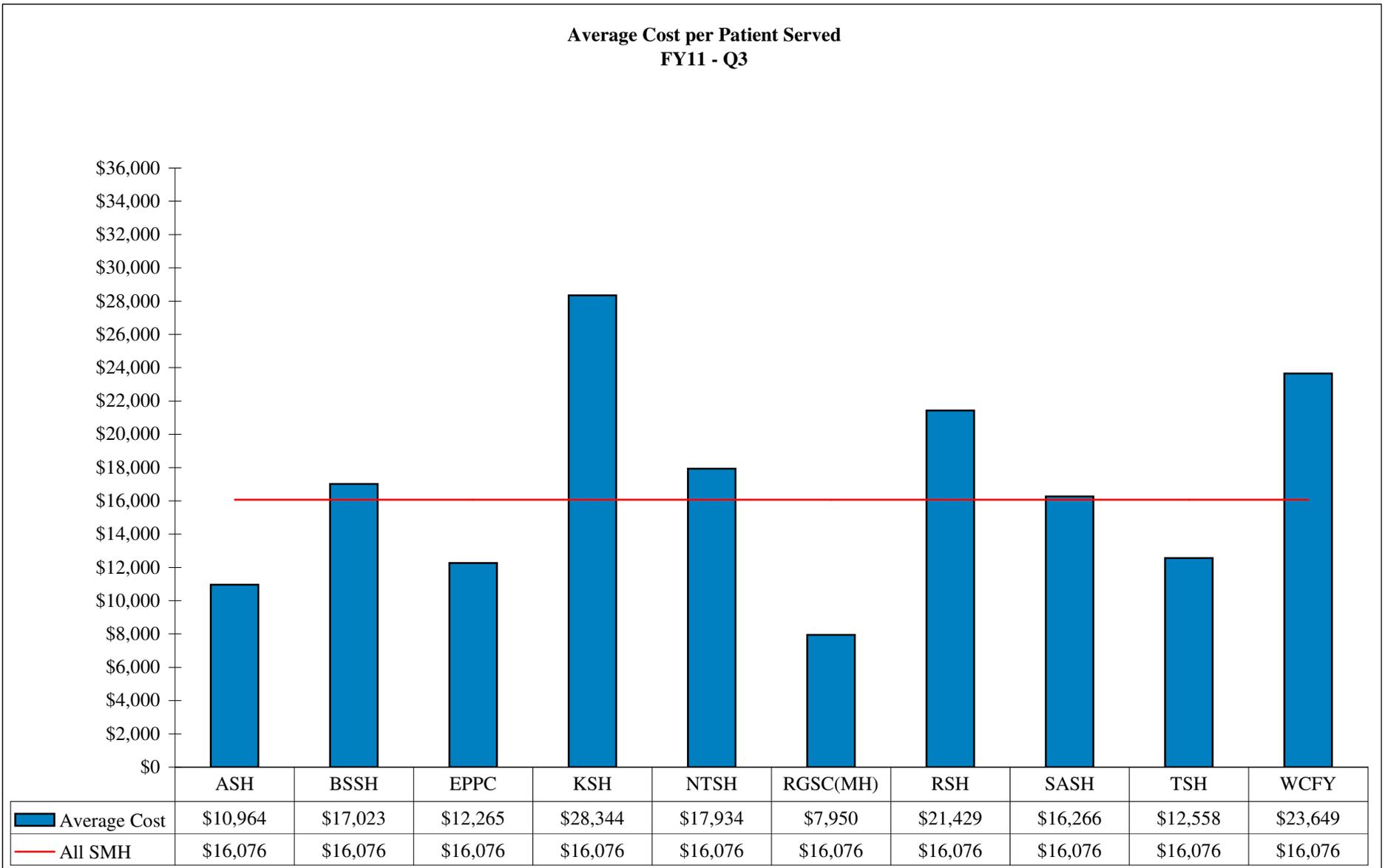
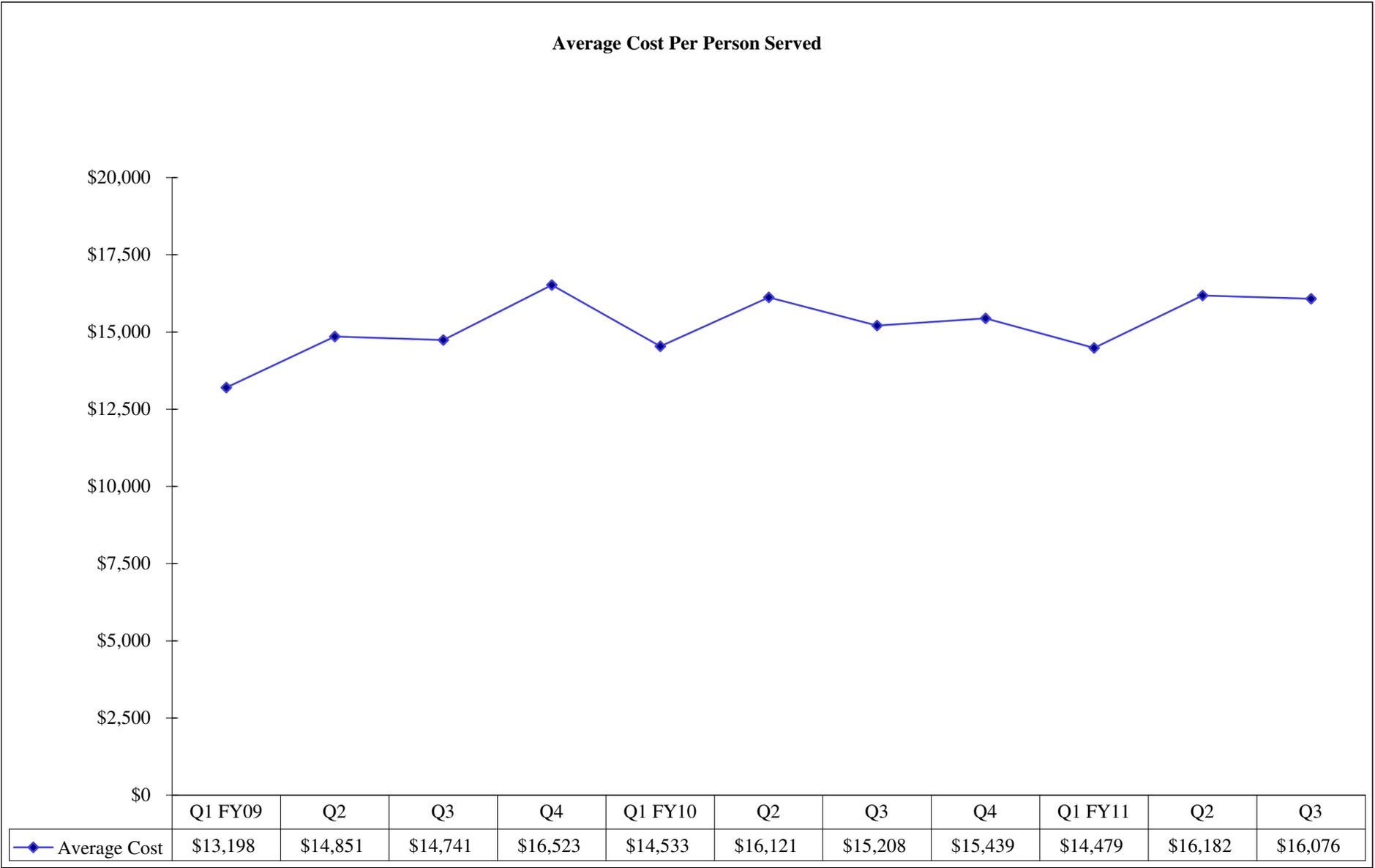


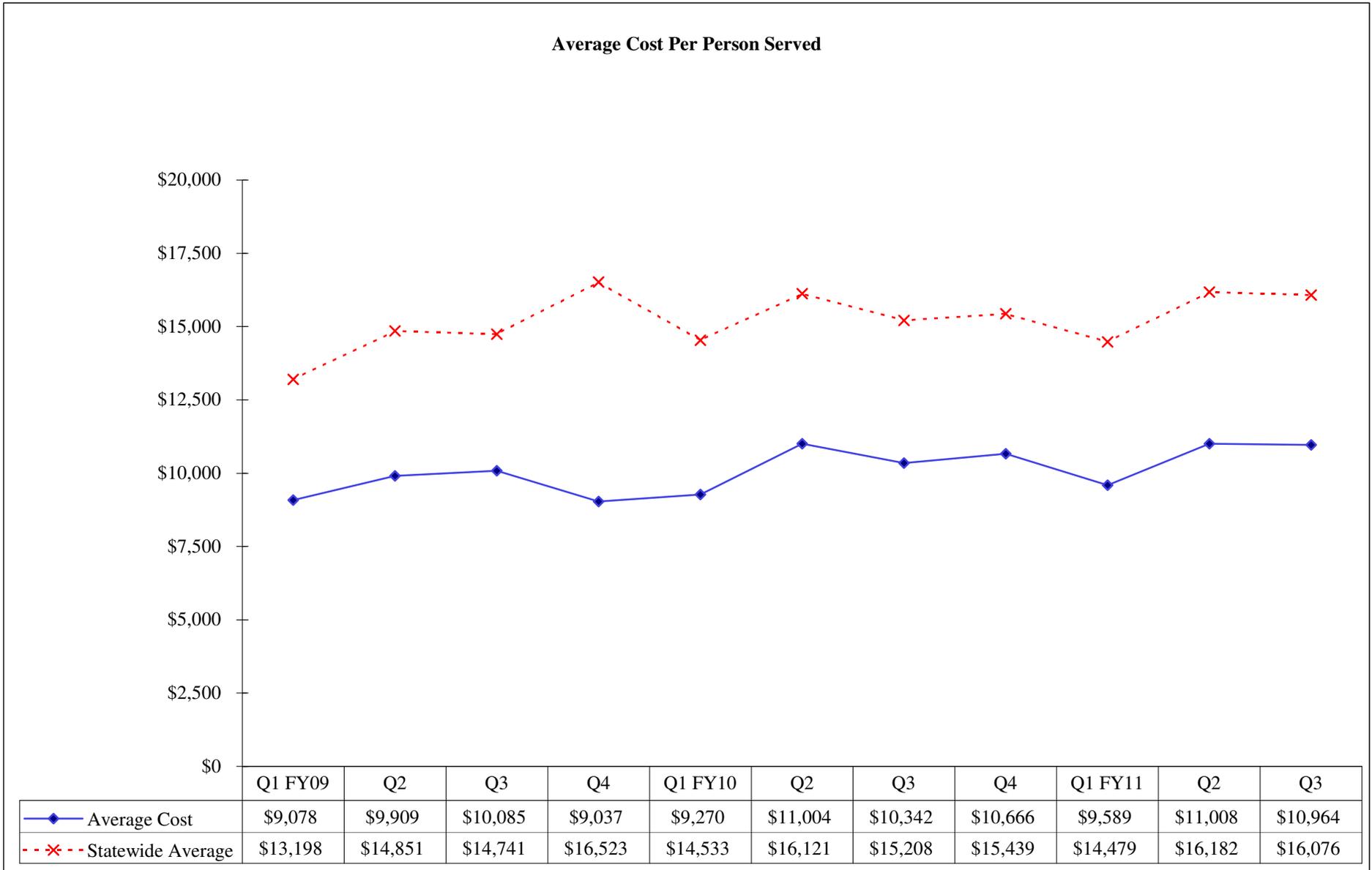
Table: Hospital Management Data Services

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

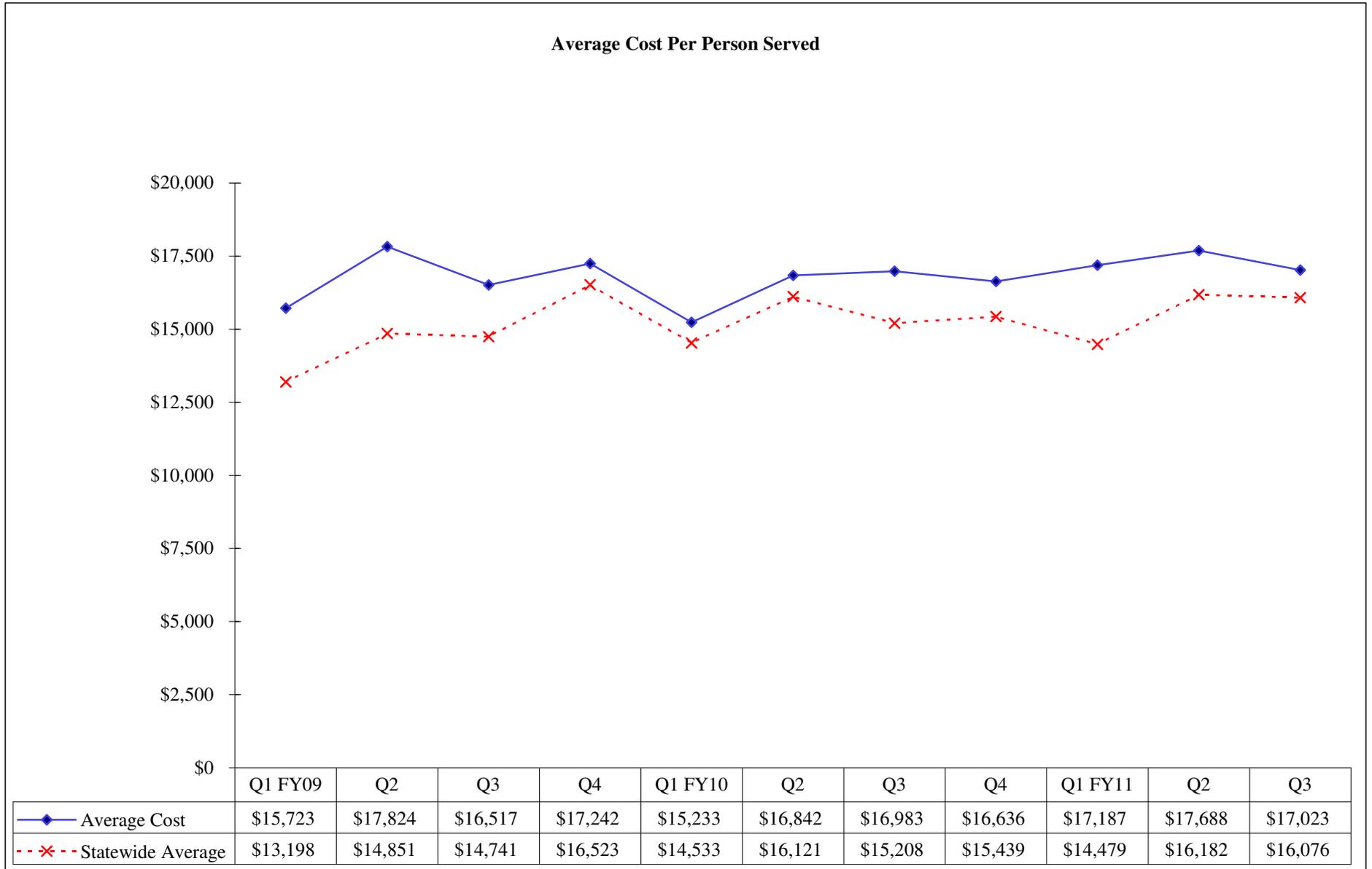
**Measure 1A - Average Cost Per Patient Served  
All State MH Hospitals**



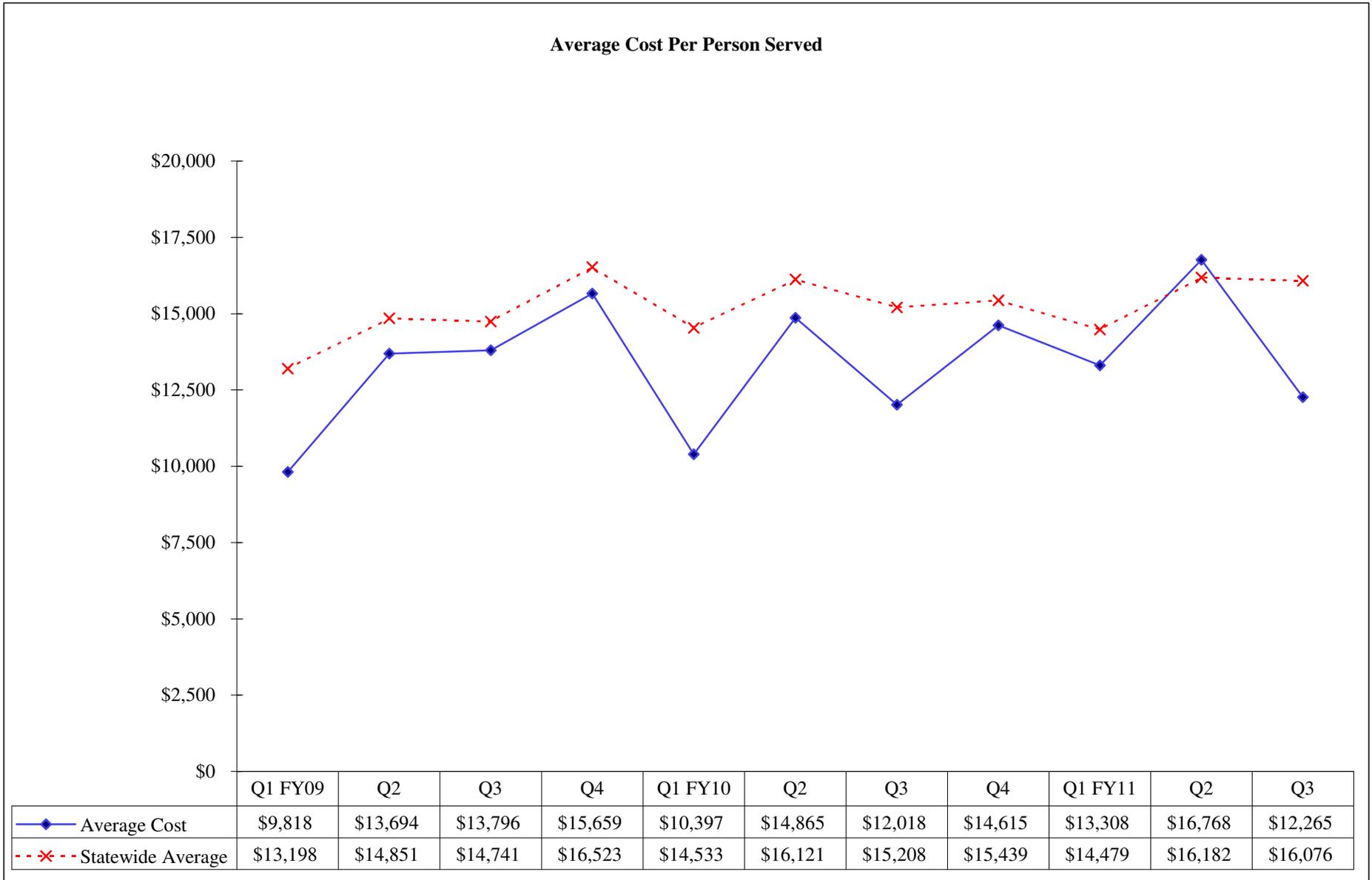
**Measure 1A - Average Cost Per Patient Served**  
**Austin State Hospital**



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



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



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

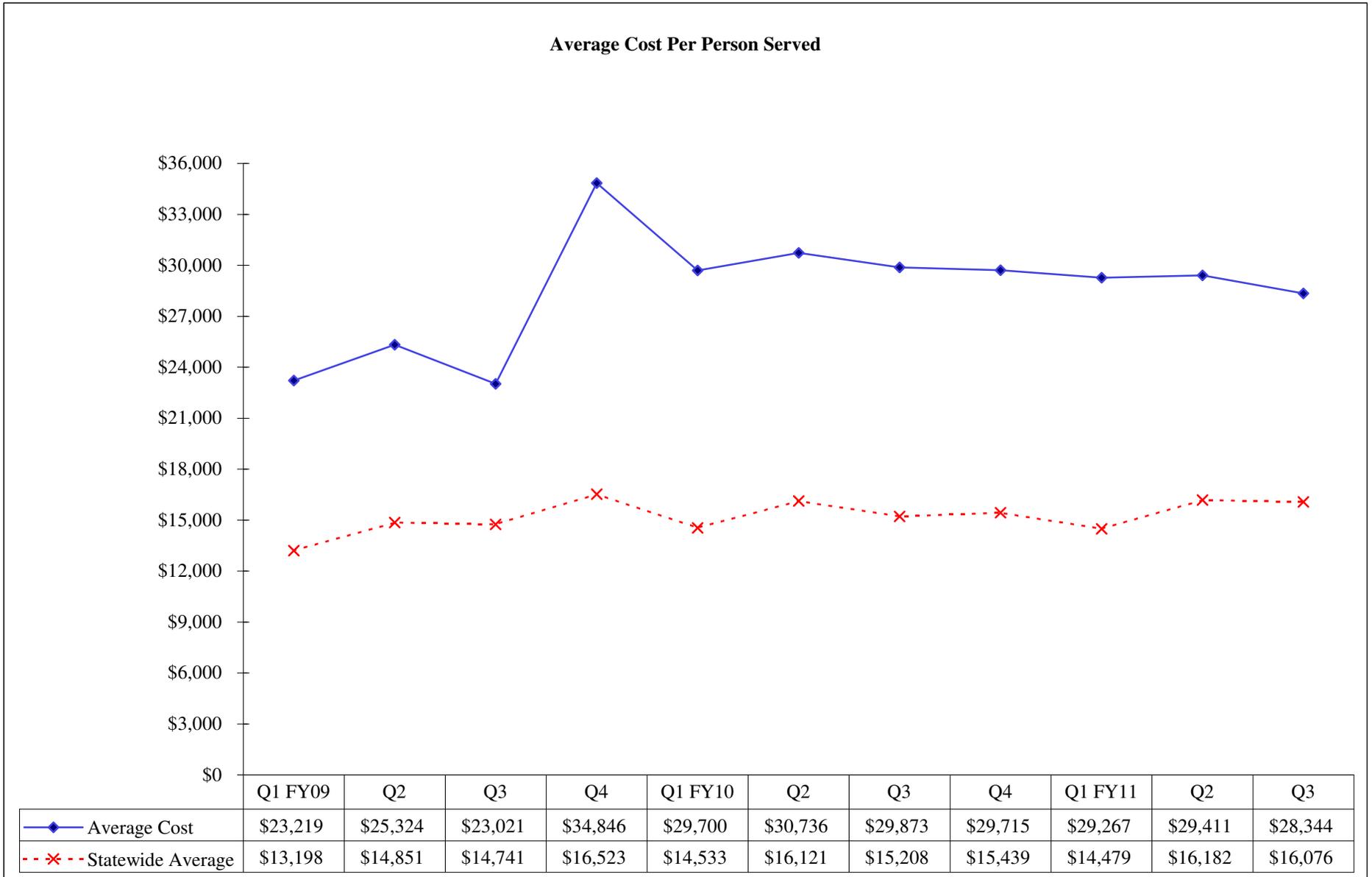


Table: Hospital Management Data Services

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

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

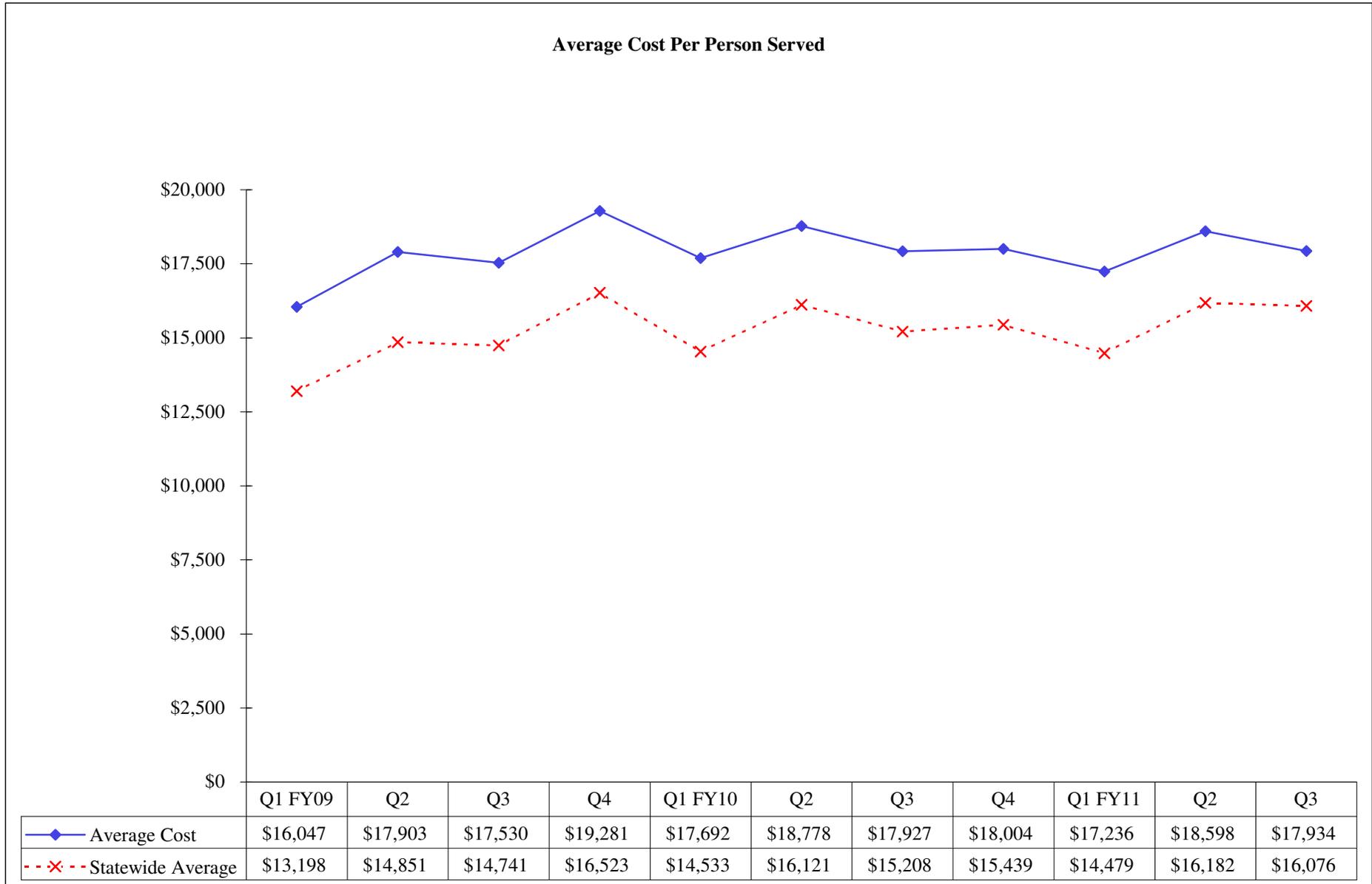
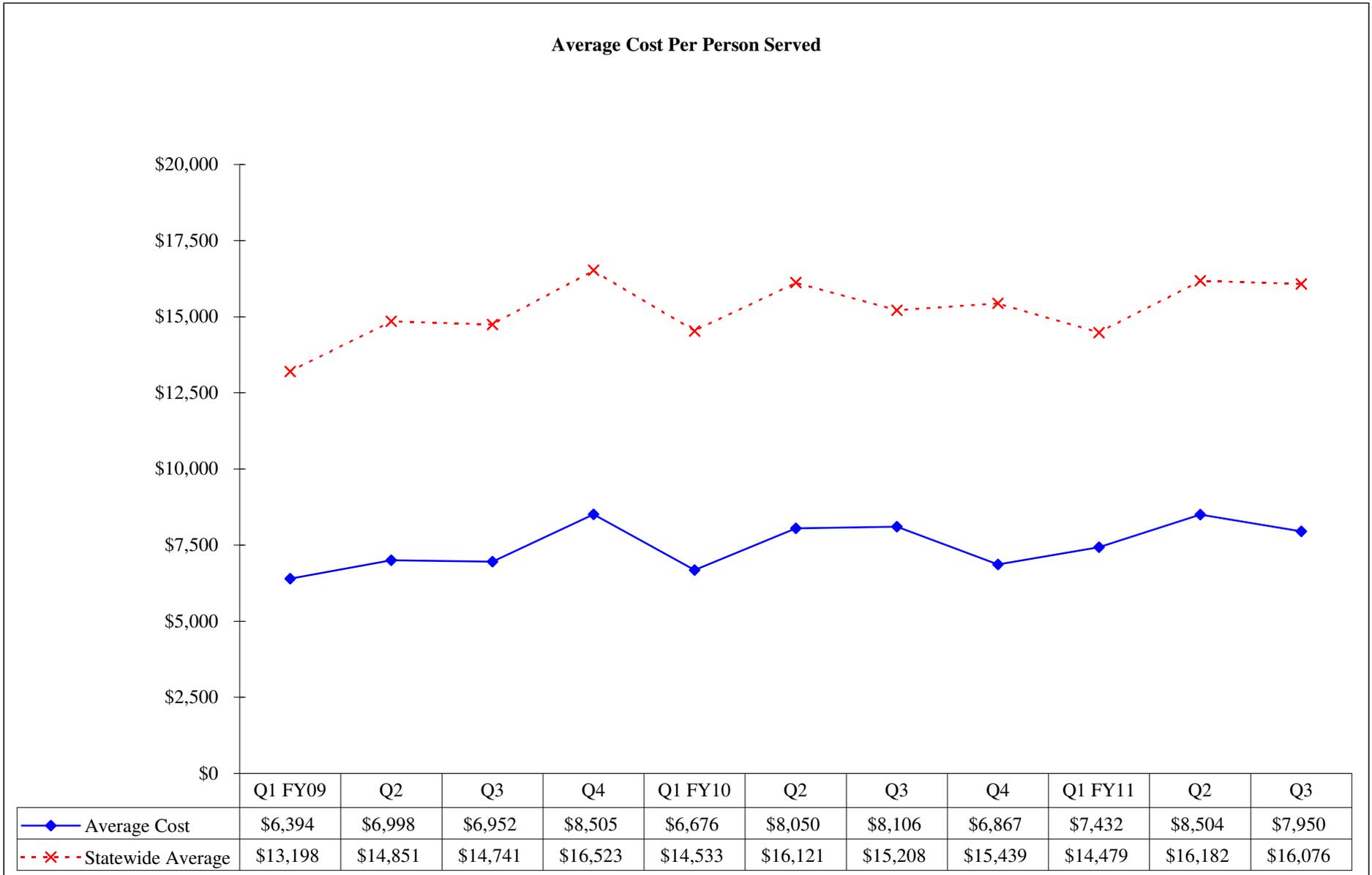


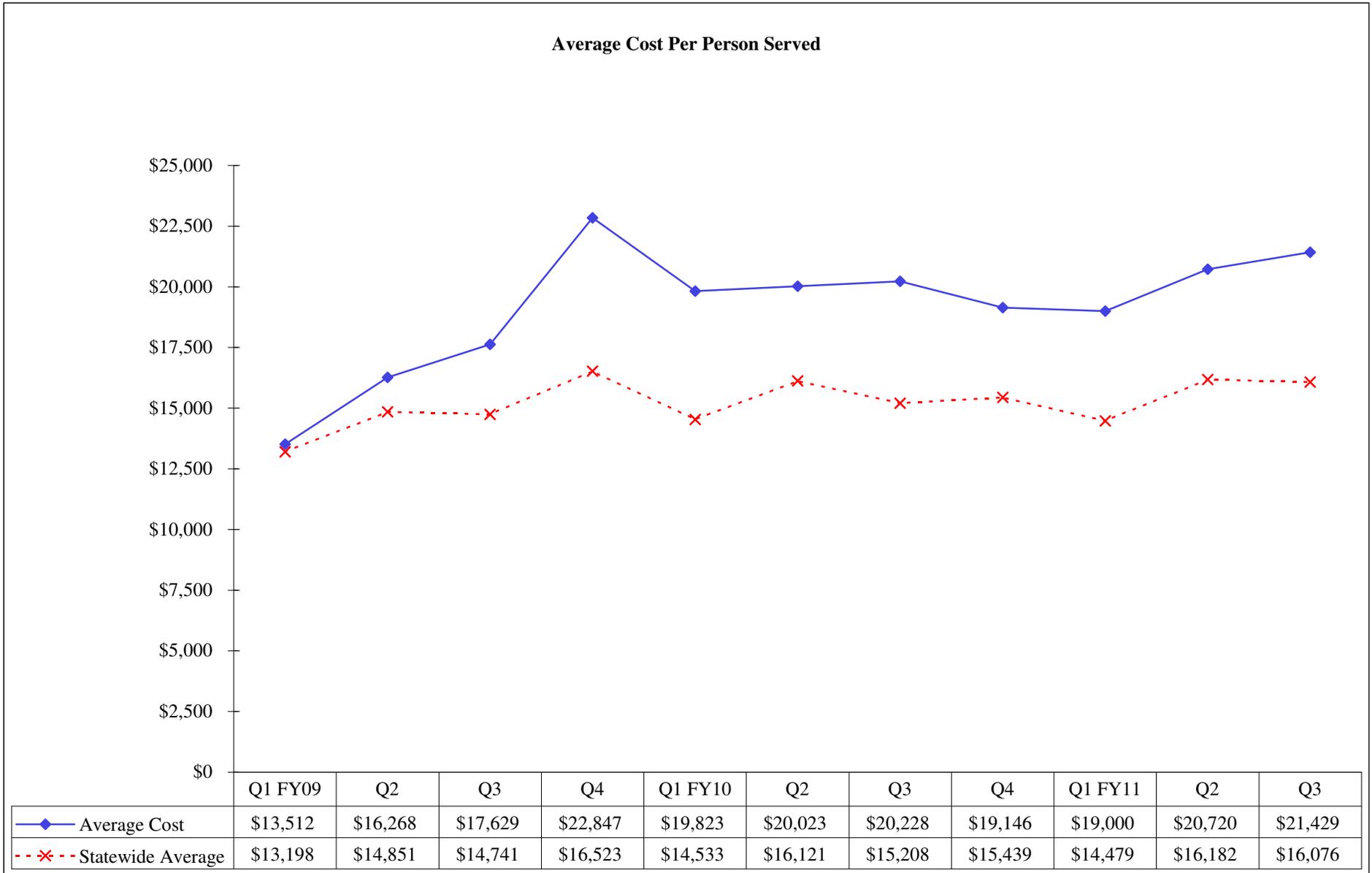
Table: Hospital Management Data Services

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

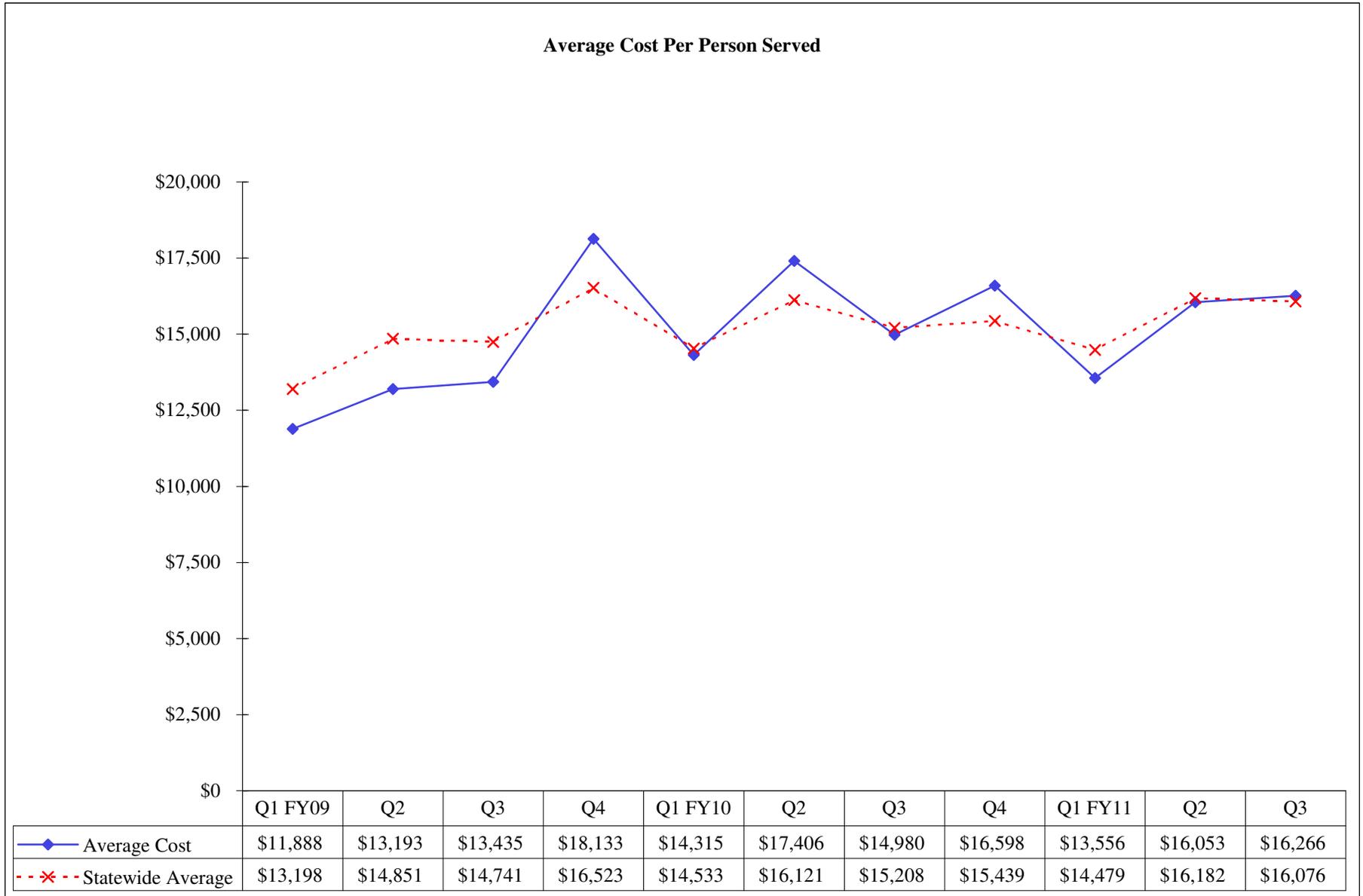
**Measure 1A - Average Cost Per Patient Served**  
**Rio Grande State Center (MH only)**



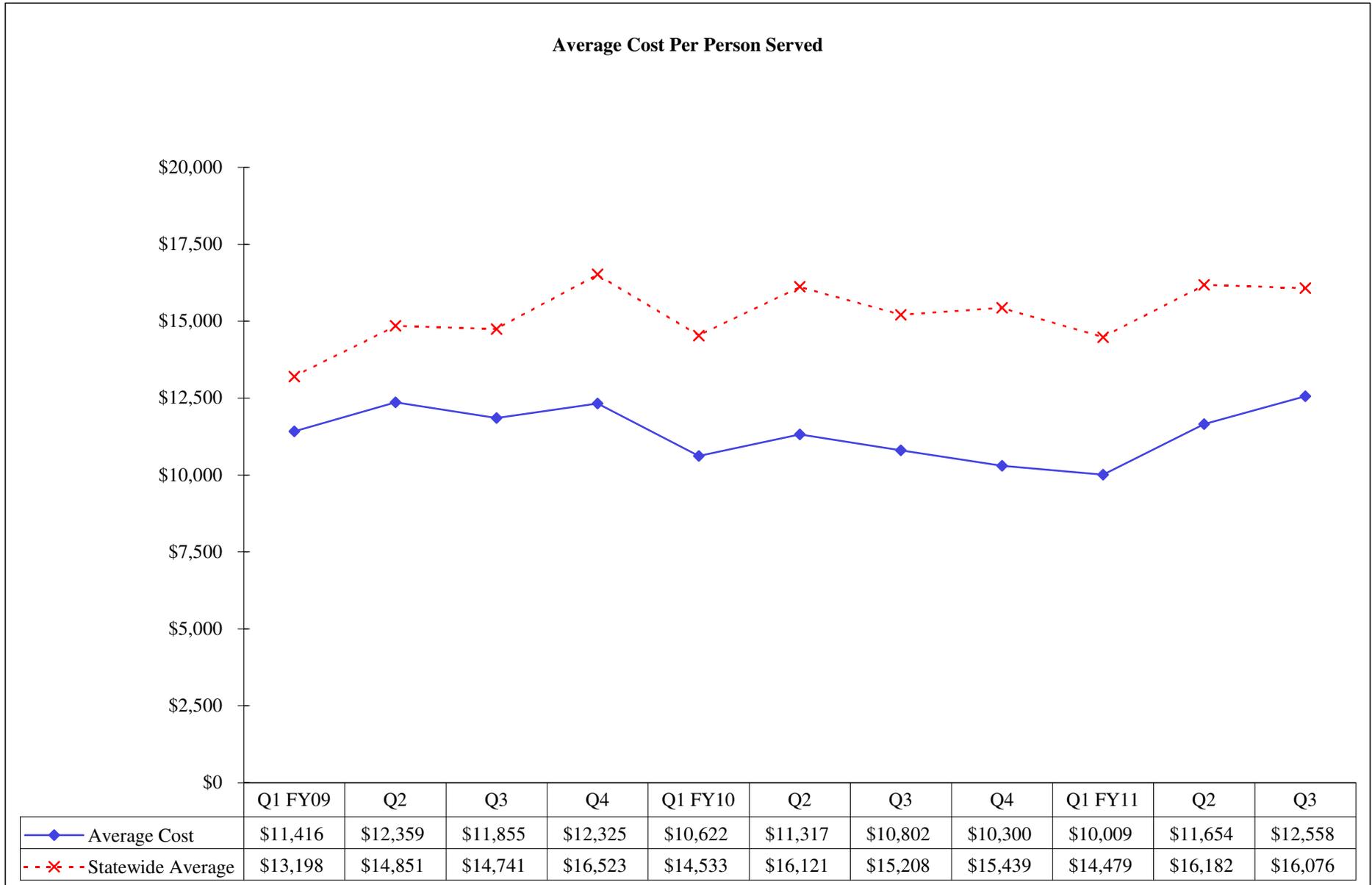
**Measure 1A - Average Cost Per Patient Served**  
**Rusk State Hospital**



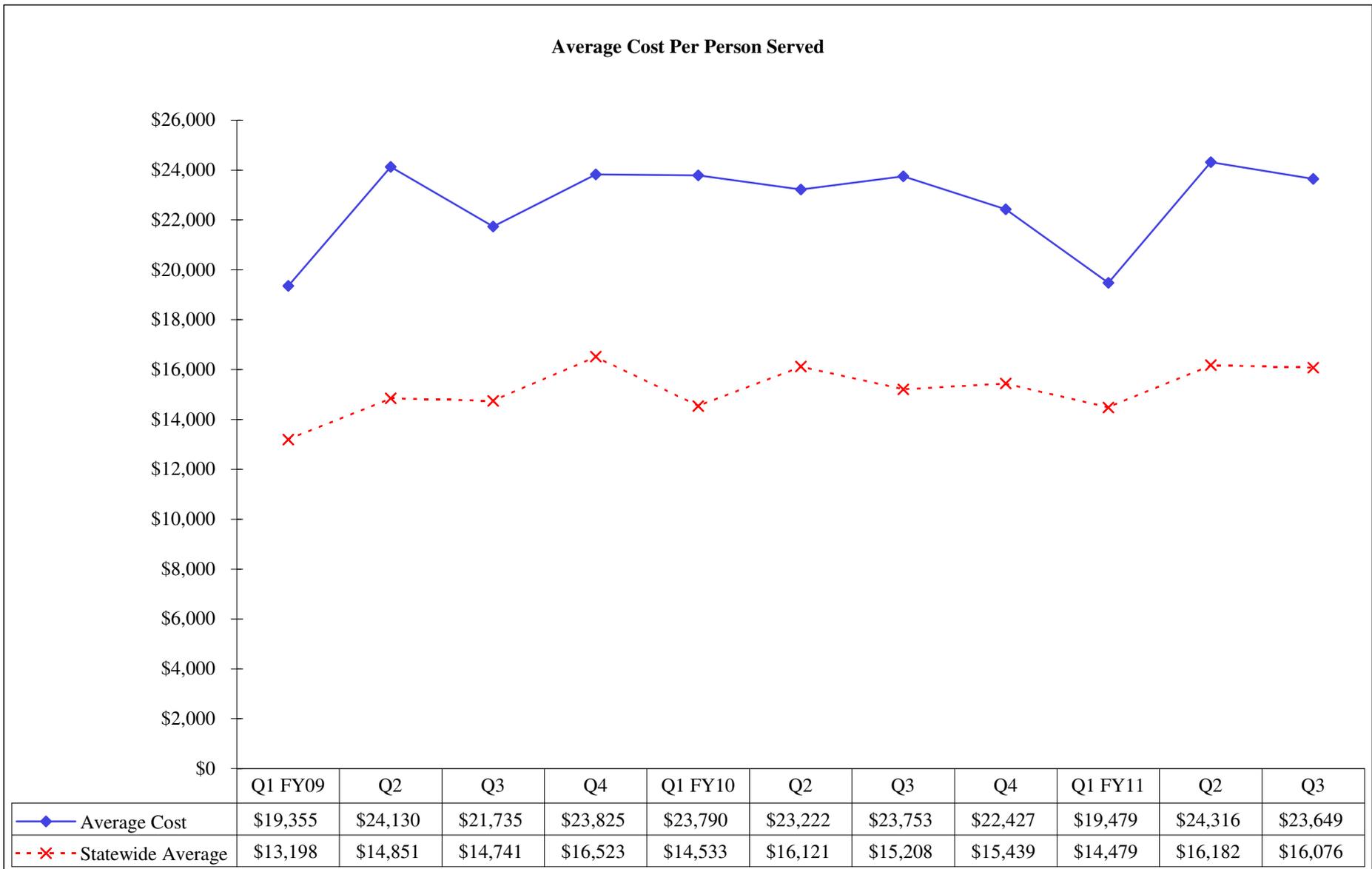
**Measure 1A - Average Cost Per Patient Served**  
**San Antonio State Hospital**



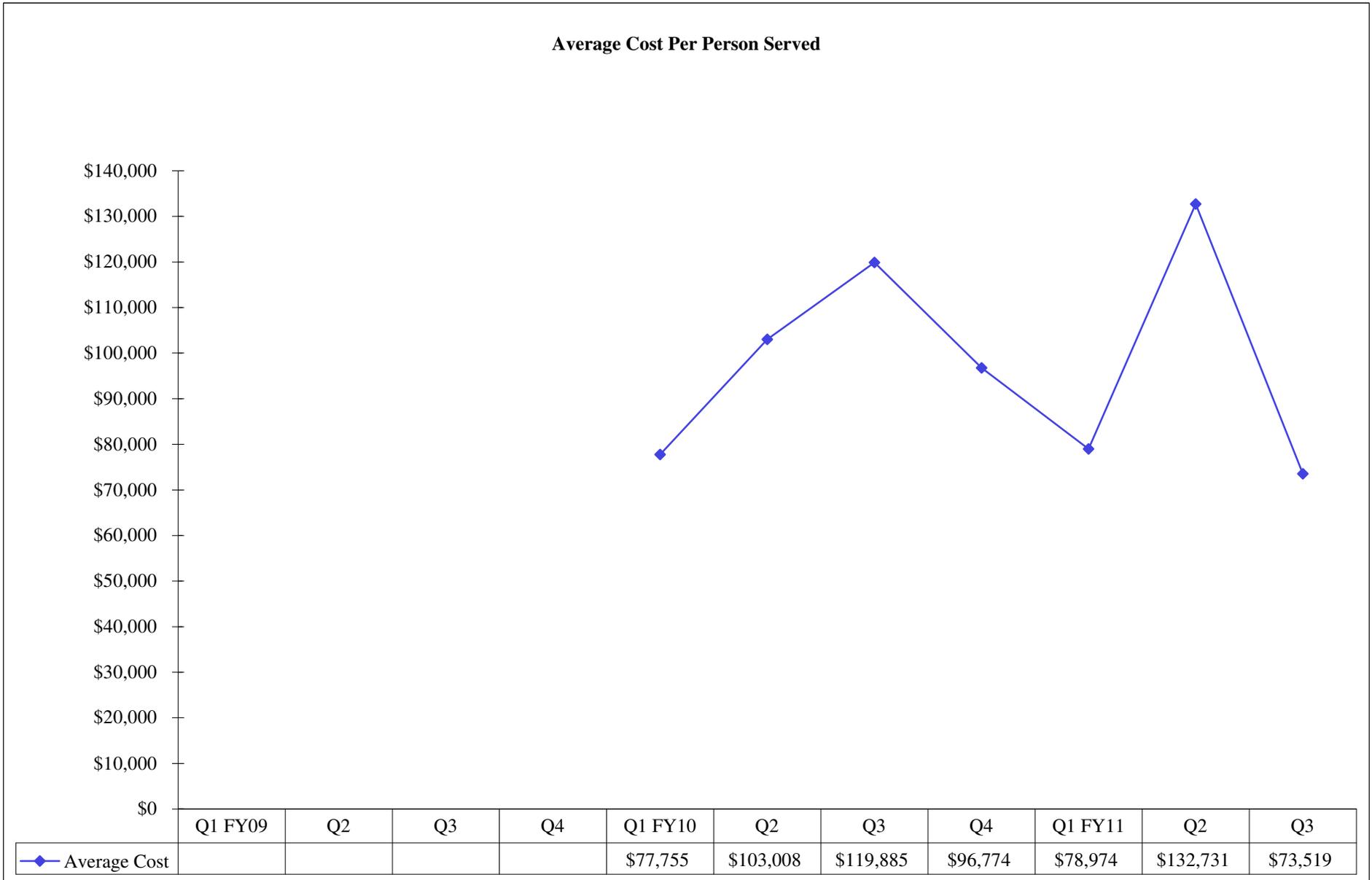
**Measure 1A - Average Cost Per Patient Served  
Terrell State Hospital**



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



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



**Performance Measure 1B:**

**Calculate cost per occupied bed.**

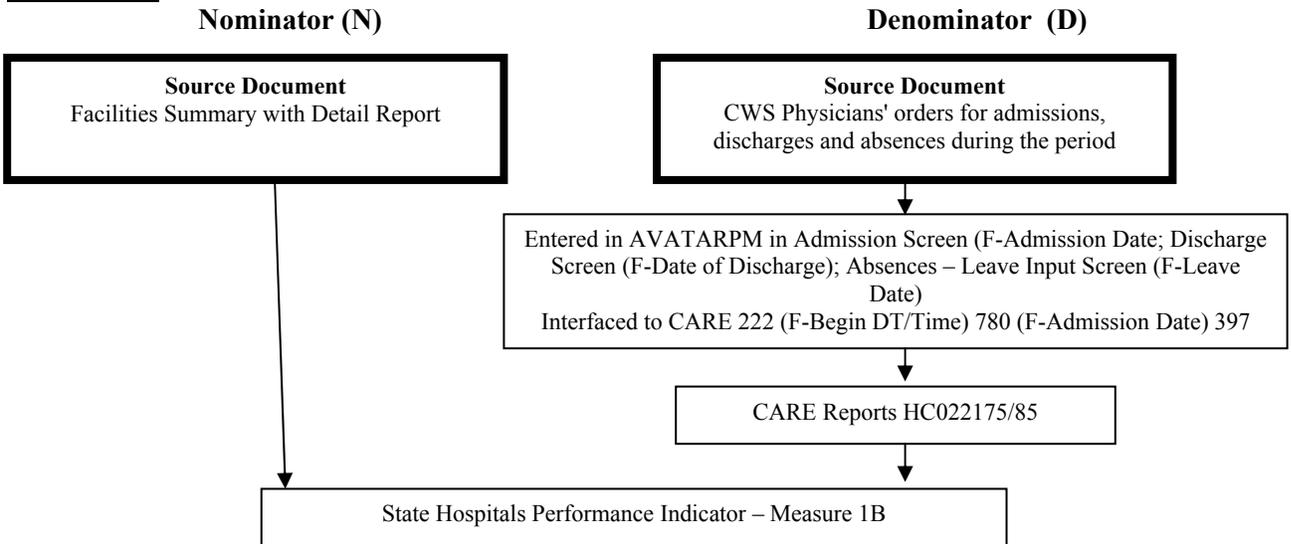
**Performance Measure Operational Definition:** The state hospital average cost per occupied bed day.

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

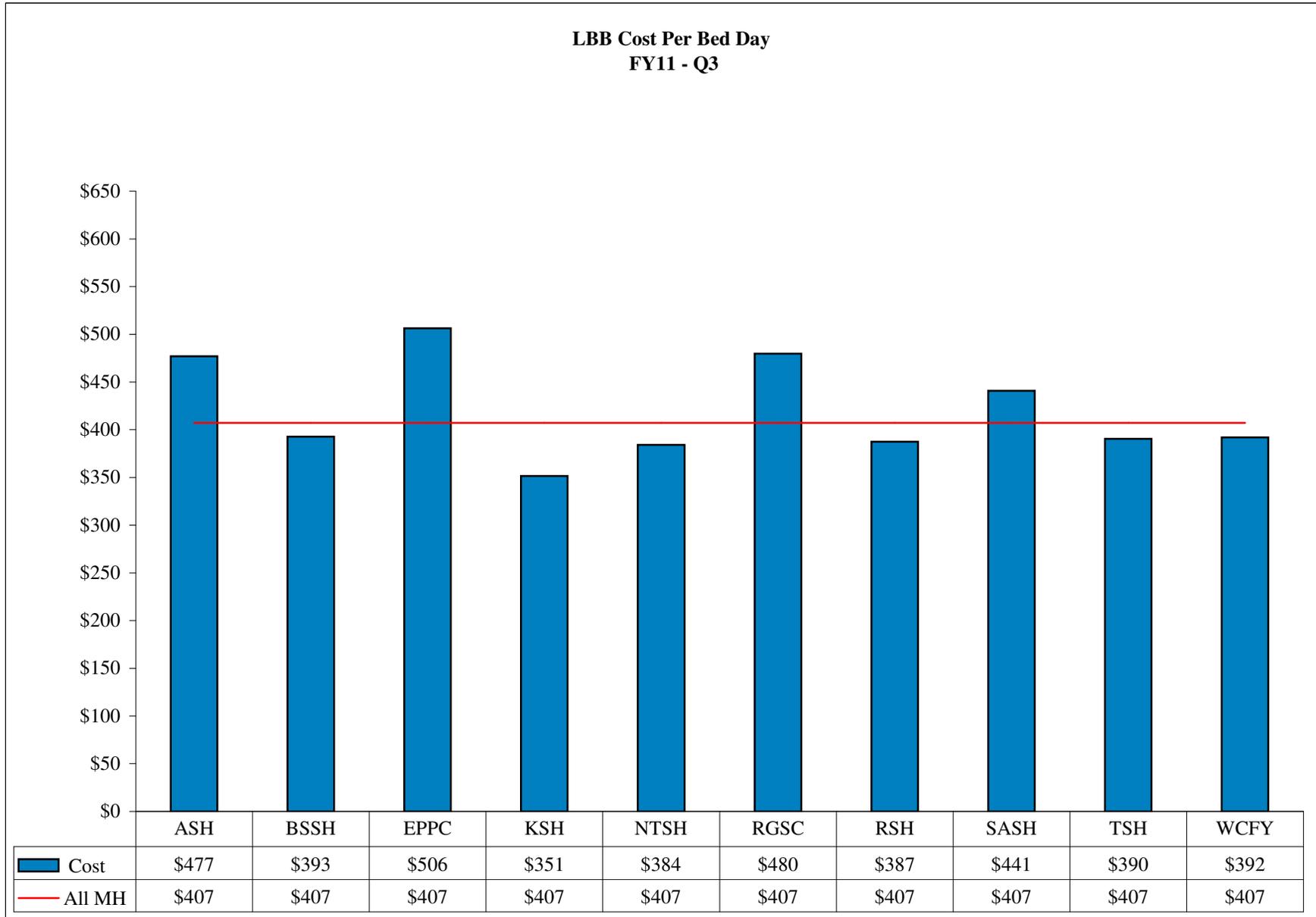
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**



**Measure 1B - Cost Per Bed Day**  
**All State MH Hospitals - FY11 Q3**



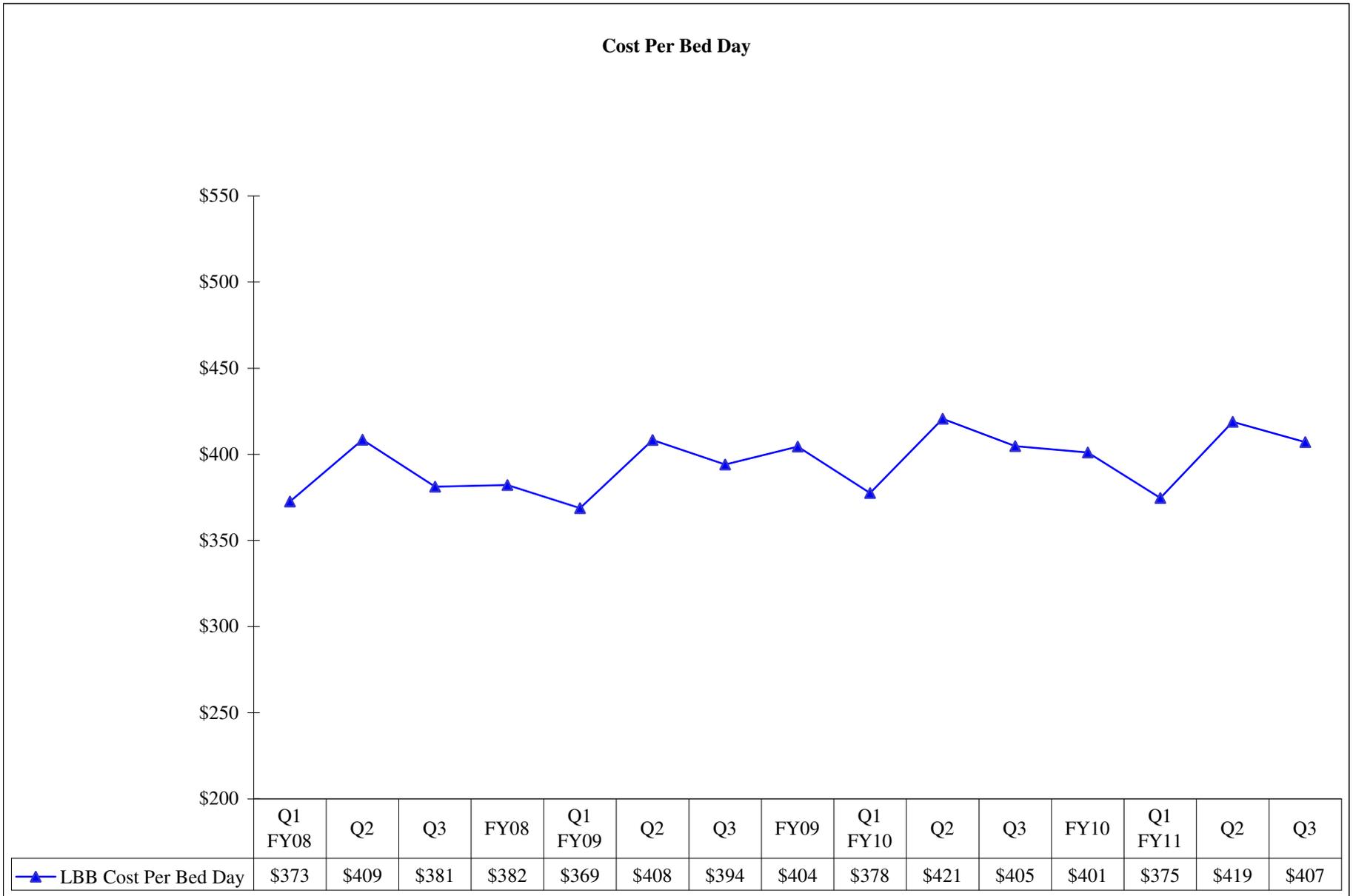
**Measure 1B - Cost Per Bed Day**

**All State Hospitals**

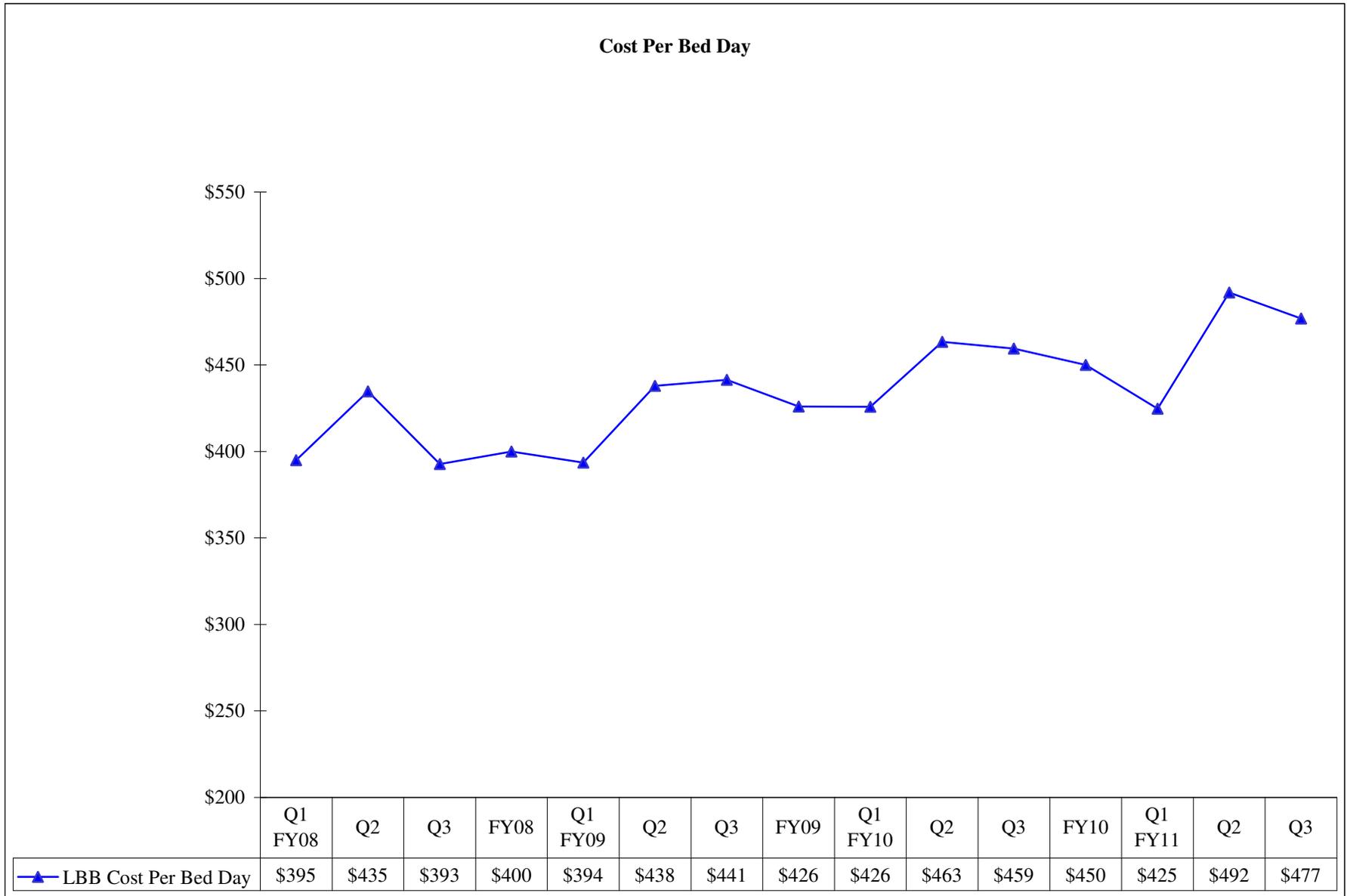
	FY08				FY09				FY10				FY11			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
<b>Austin State Hospital</b>																
LBB Cost Per Bed Day	\$395	\$435	\$393	\$400	\$394	\$438	\$441	\$426	\$426	\$463	\$459	\$450	\$425	\$492	\$477	
<b>Big Spring State Hospital</b>																
LBB Cost Per Bed Day	\$364	\$395	\$389	\$383	\$373	\$417	\$415	\$414	\$380	\$408	\$404	\$396	\$369	\$406	\$393	
<b>El Paso Psychiatric Center</b>																
LBB Cost Per Bed Day	\$447	\$507	\$530	\$500	\$451	\$568	\$511	\$539	\$460	\$561	\$482	\$501	\$448	\$527	\$506	
<b>Kerrville State Hospital</b>																
LBB Cost Per Bed Day	\$328	\$351	\$338	\$340	\$342	\$366	\$361	\$370	\$353	\$356	\$348	\$350	\$337	\$354	\$351	
<b>North Texas State Hospital</b>																
LBB Cost Per Bed Day	\$387	\$407	\$364	\$375	\$361	\$391	\$380	\$389	\$359	\$396	\$380	\$378	\$364	\$399	\$384	
<b>Rusk State Hospital</b>																
LBB Cost Per Bed Day	\$343	\$377	\$364	\$353	\$338	\$363	\$357	\$373	\$365	\$397	\$384	\$383	\$363	\$381	\$387	
<b>San Antonio State Hospital</b>																
LBB Cost Per Bed Day	\$404	\$444	\$409	\$417	\$393	\$453	\$420	\$441	\$395	\$501	\$449	\$451	\$373	\$458	\$441	
<b>Terrell State Hospital</b>																
LBB Cost Per Bed Day	\$351	\$395	\$377	\$373	\$373	\$407	\$378	\$397	\$354	\$397	\$388	\$378	\$367	\$405	\$390	
<b>Waco Center for Youth*</b>																
LBB Cost Per Bed Day	\$339	\$424	\$362	\$372	\$305	\$391	\$342	\$363	\$372	\$401	\$423	\$392	\$324	\$424	\$392	
<b>Rio Grande State Center (MH)</b>																
LBB Cost Per Bed Day	\$382	\$493	\$478	\$439	\$427	\$445	\$456	\$477	\$445	\$477	\$471	\$479	\$496	\$503	\$480	
<b>All State MH Hospitals</b>																
LBB Cost Per Bed Day	\$373	\$409	\$381	\$382	\$369	\$408	\$394	\$404	\$378	\$421	\$405	\$401	\$375	\$419	\$407	
<b>Texas Center for Infectious Disease</b>																
LBB Cost Per Bed Day	\$524	\$864	\$633	\$704	\$527	\$868	\$635	\$712	\$874	\$799	\$622	\$725	\$750	\$720	\$511	

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

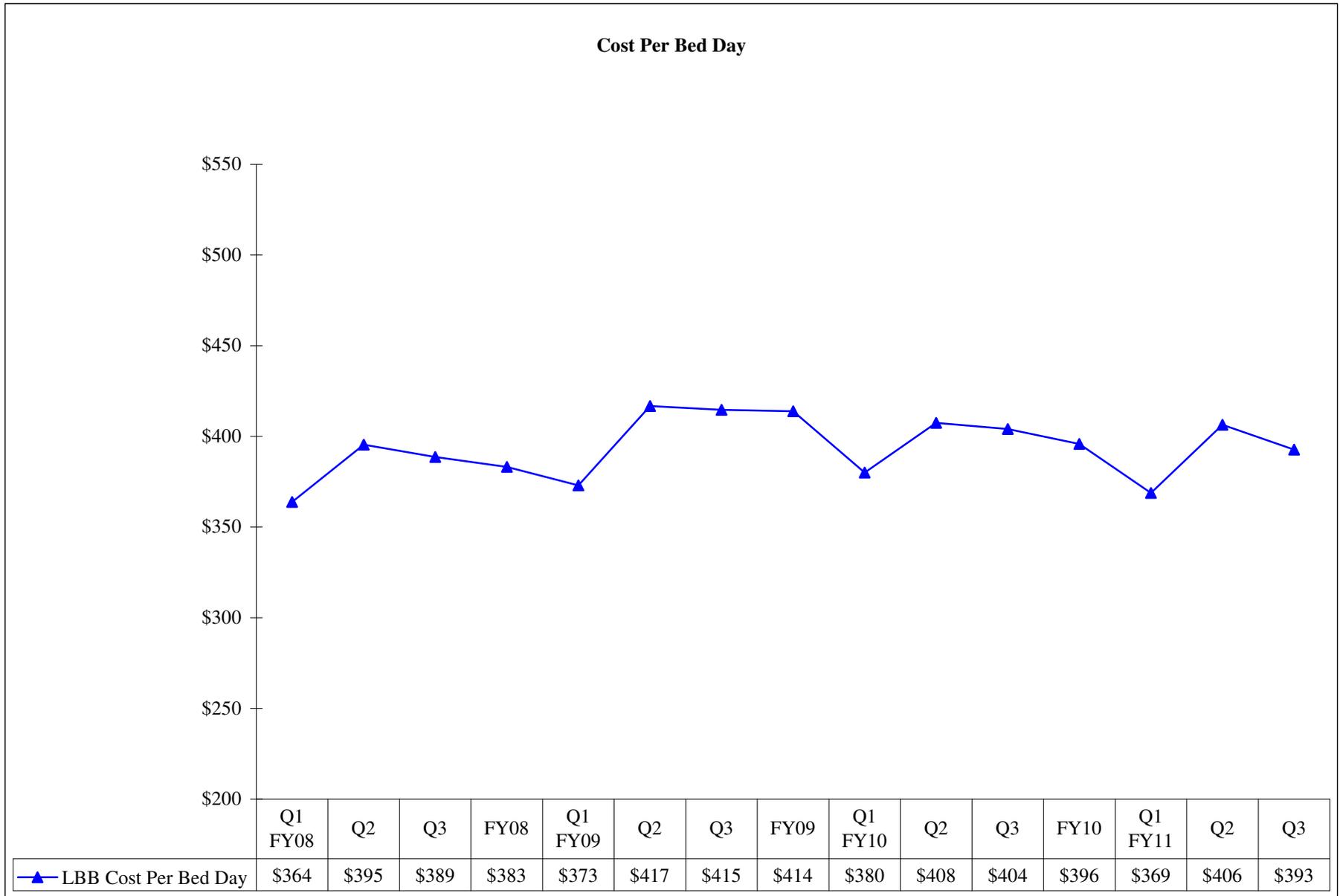
**Measure 1B - Cost Per Bed Day**  
**All State MH Hospitals**



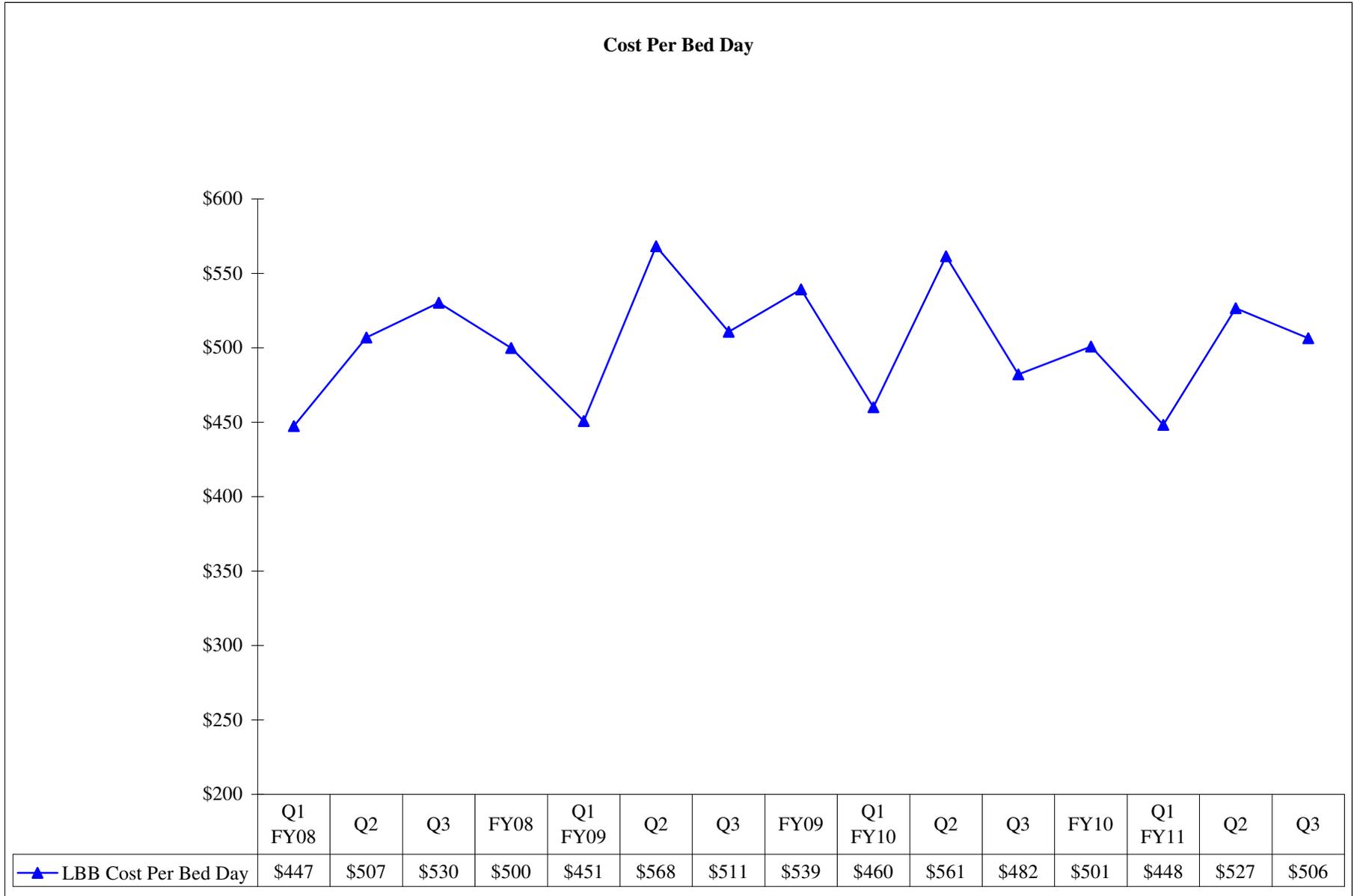
**Measure 1B - Cost Per Bed Day**  
**Austin State Hospital**



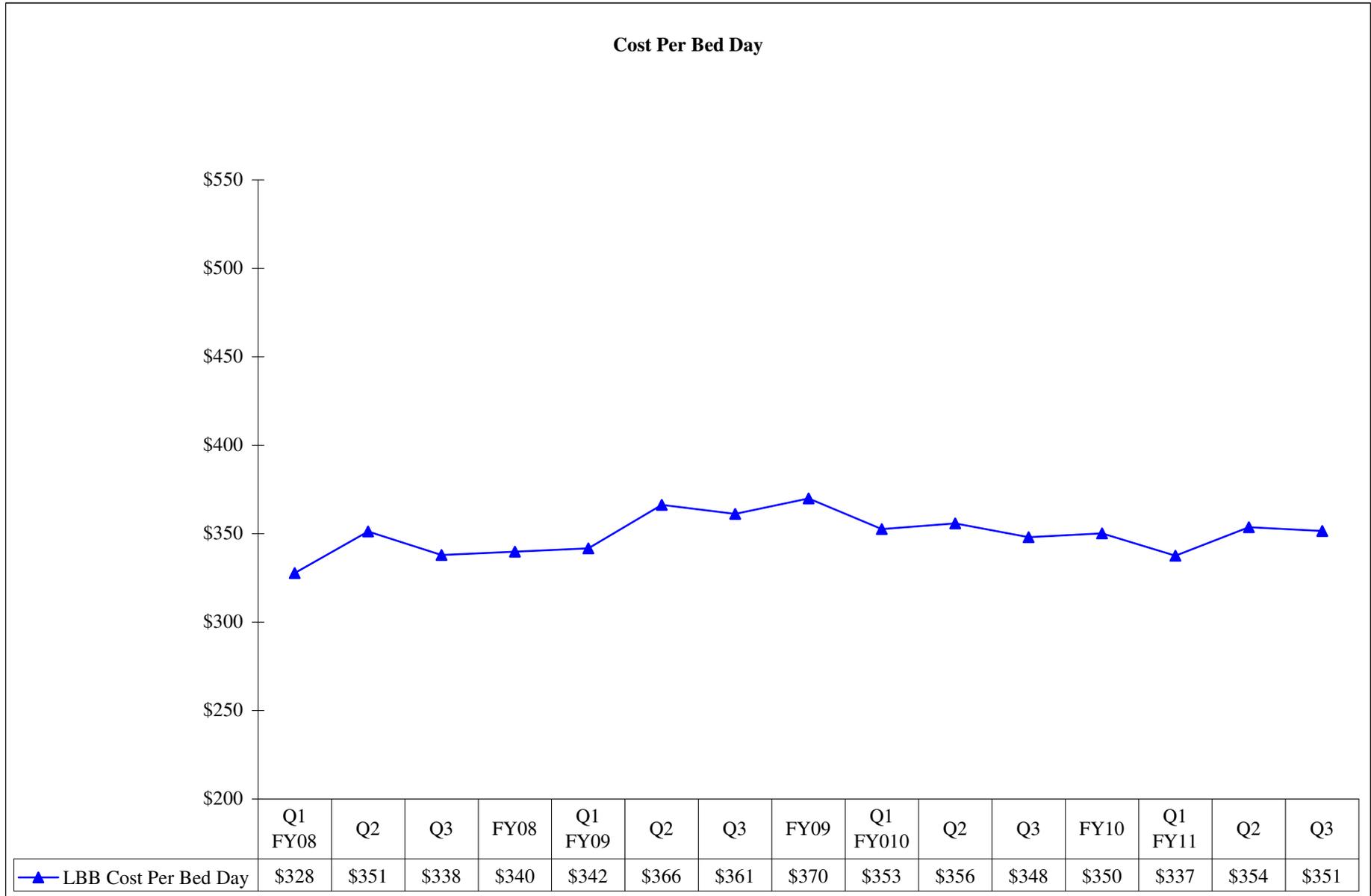
**Measure 1B - Cost Per Bed Day**  
**Big Spring State Hospital**



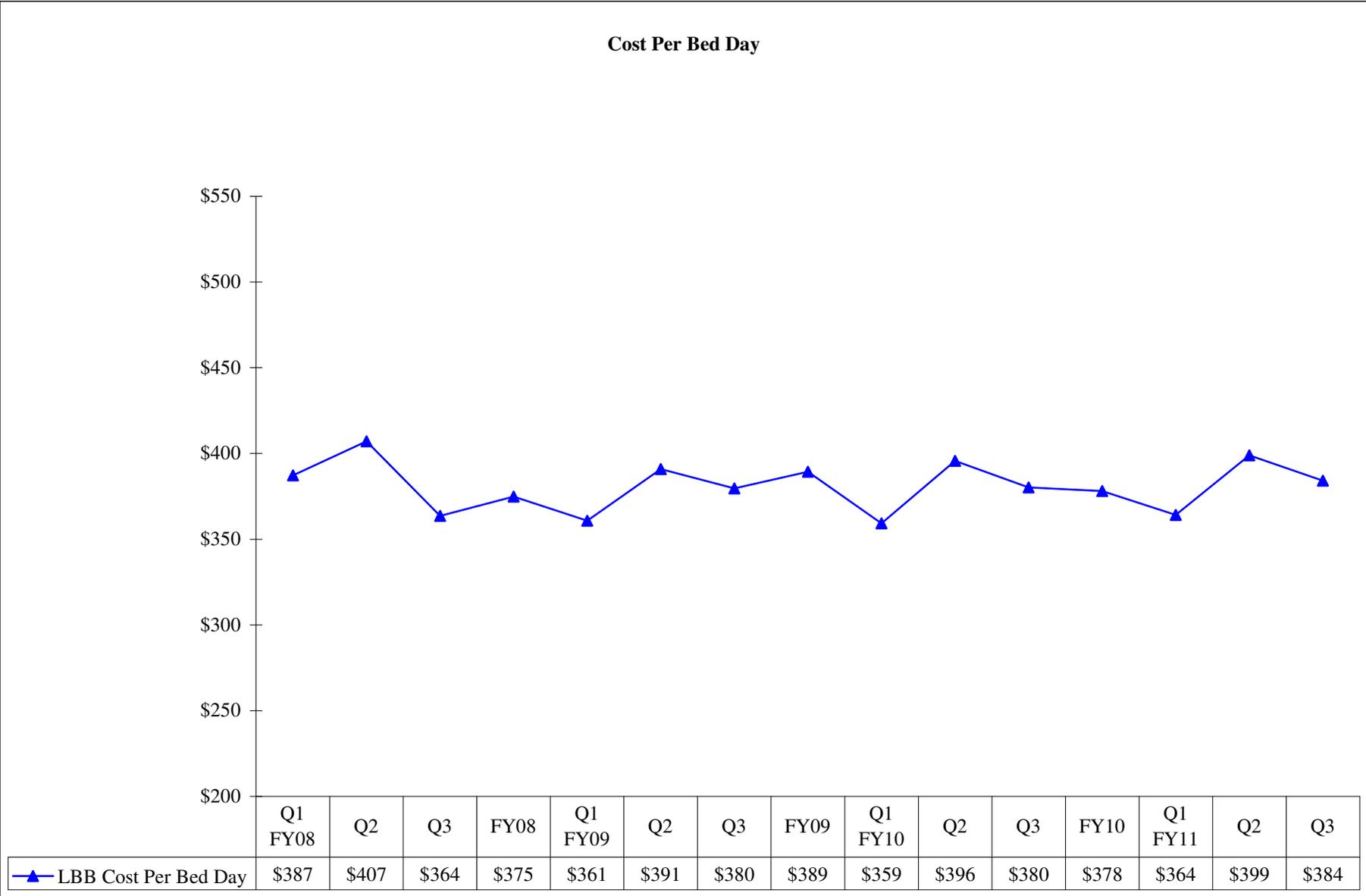
**Measure 1B - Cost Per Bed Day**  
**El Paso Psychiatric Center**



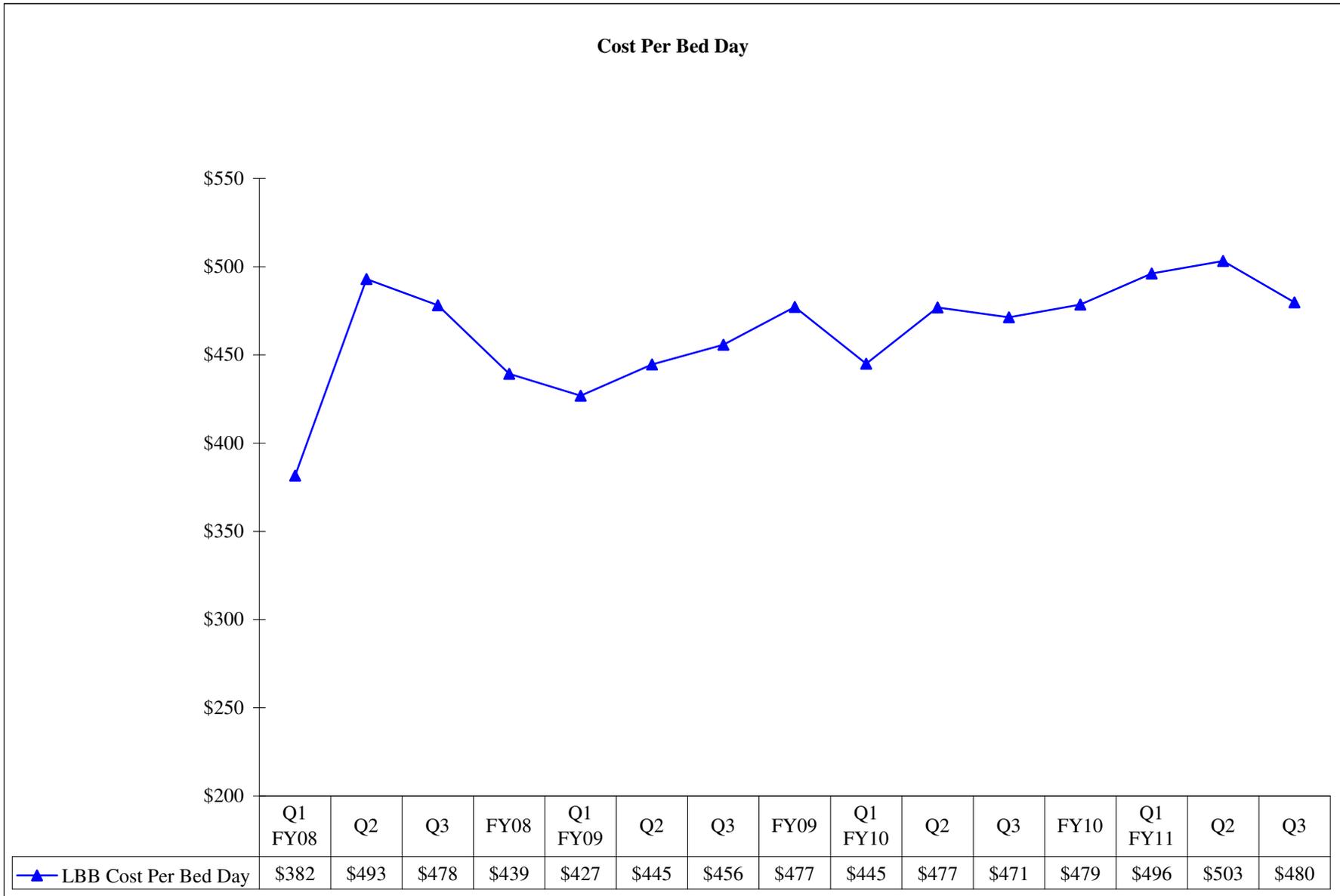
**Measure 1B - Cost Per Bed Day**  
**Kerrville State Hospital**



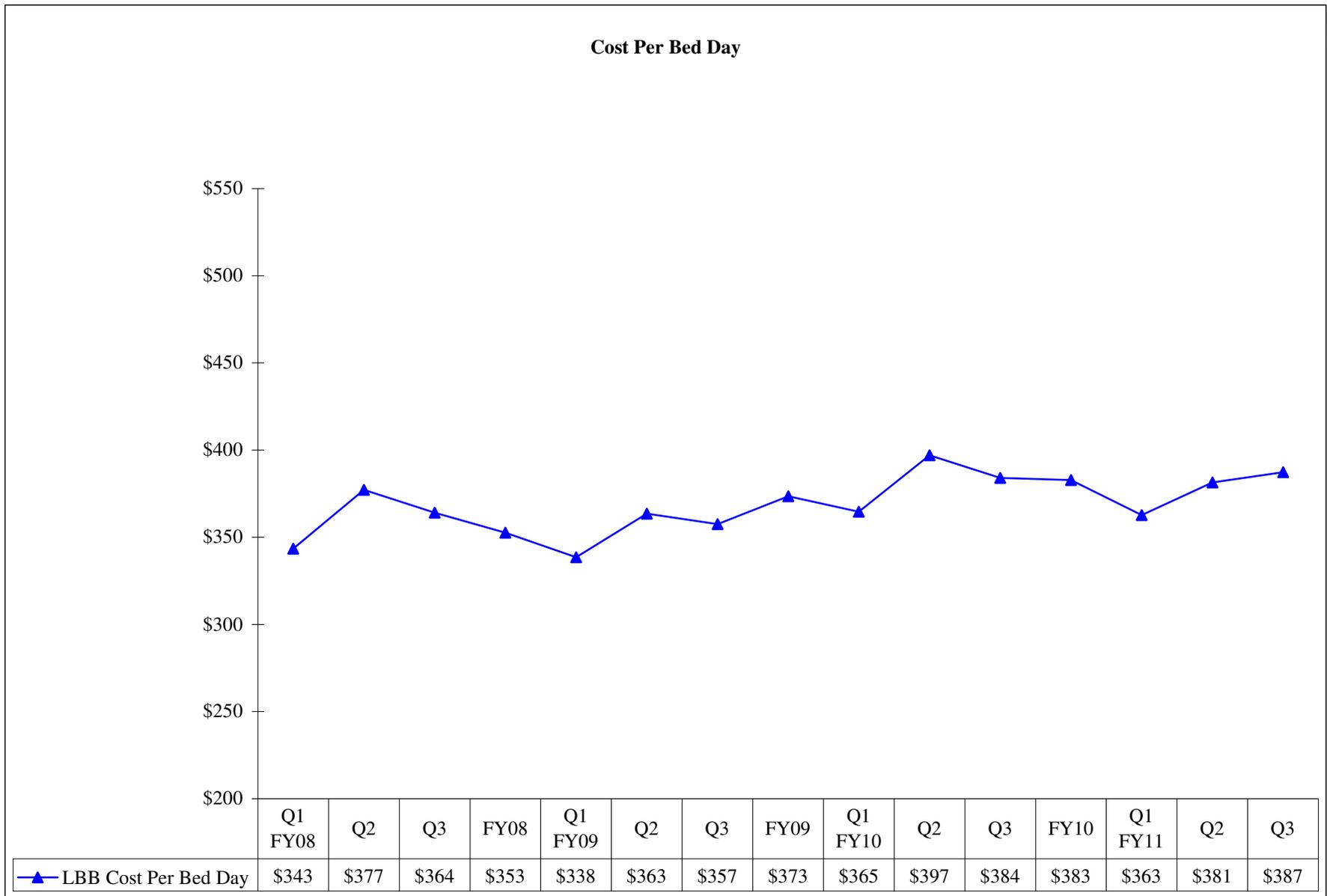
**Measure 1B - Cost Per Bed Day**  
**North Texas State Hospital**



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



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



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

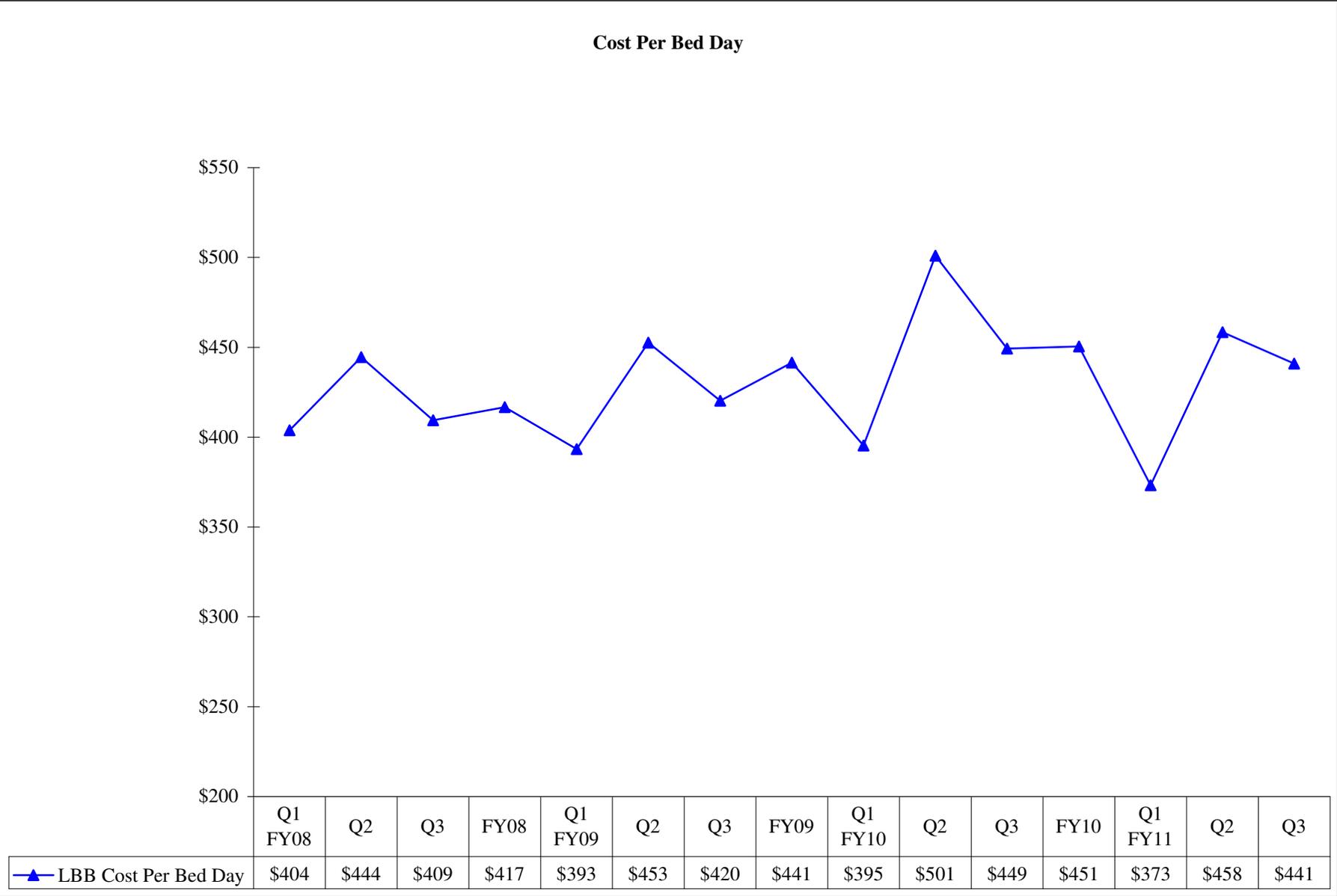
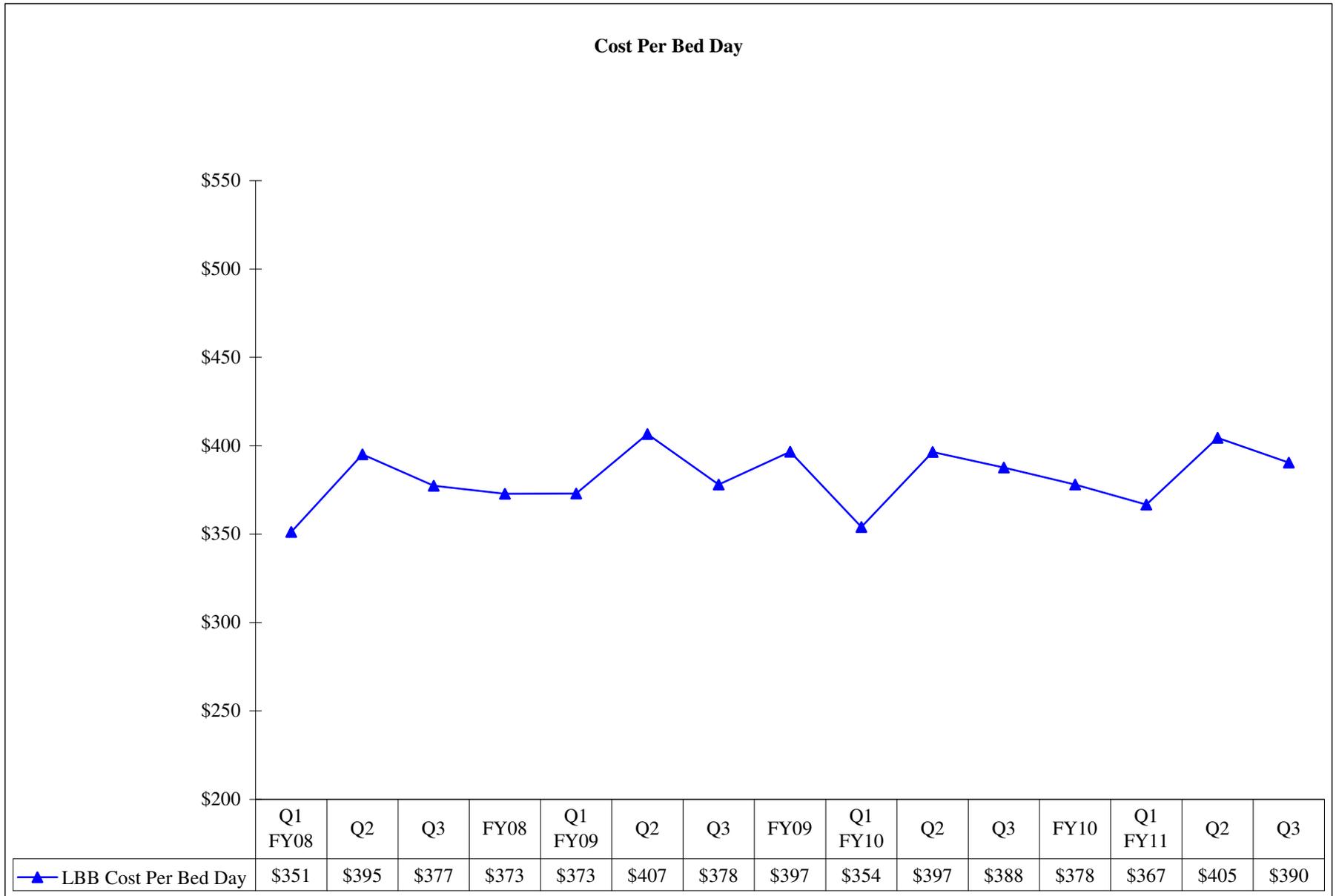


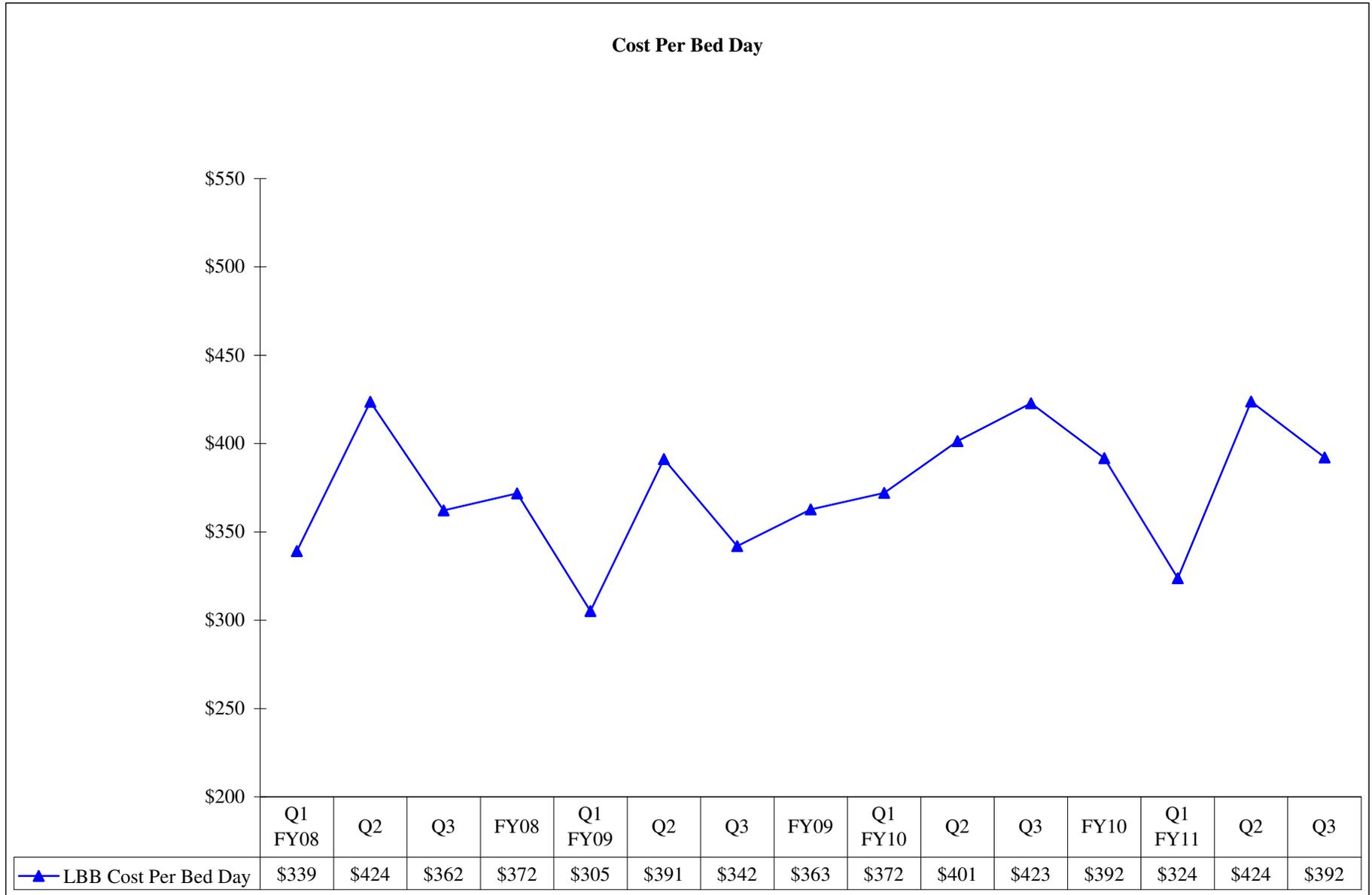
Chart: Hospital Management Data Services

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

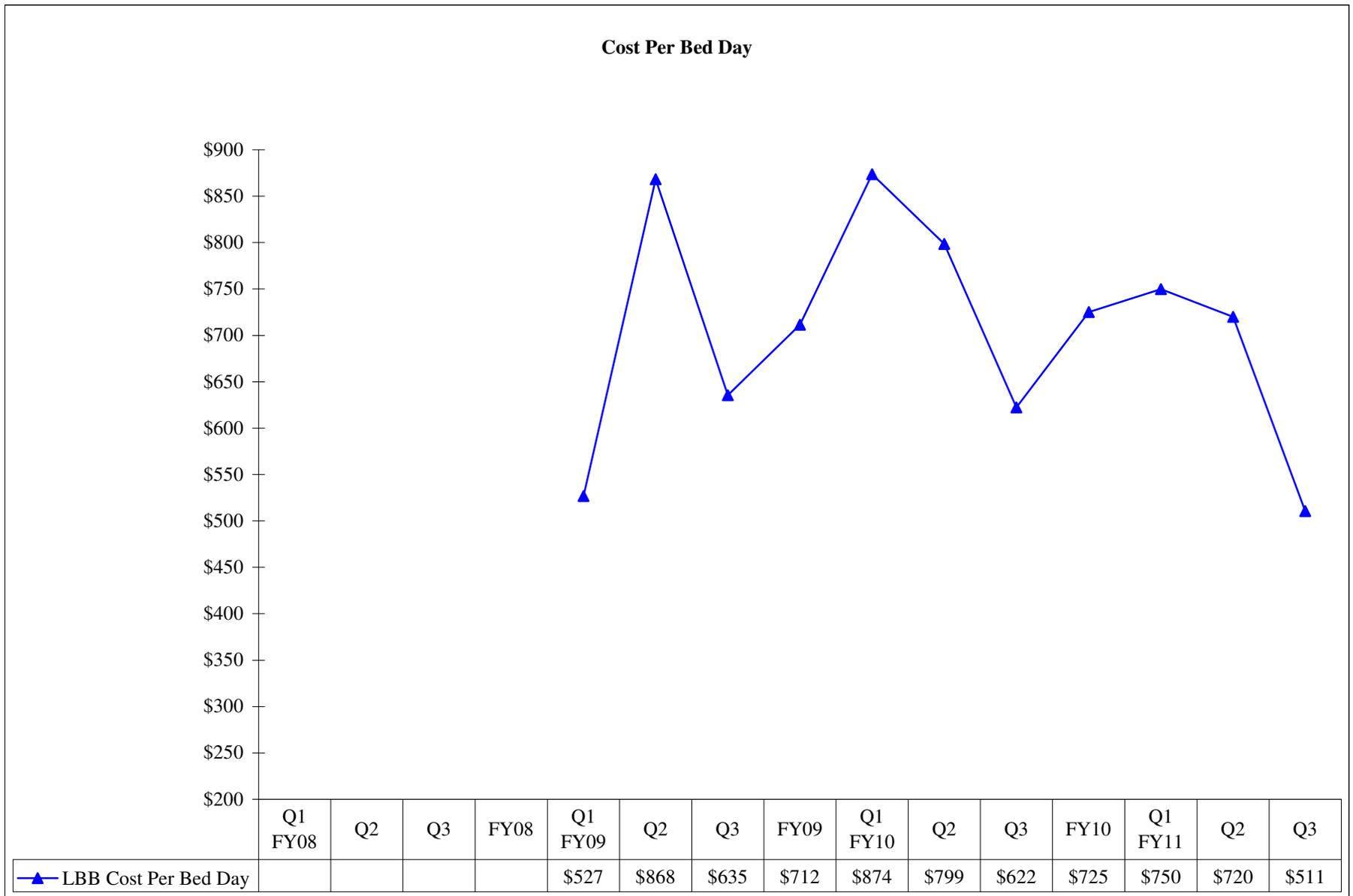
**Measure 1B - Cost Per Bed Day**  
**Terrell State Hospital**



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



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



**Performance Measure 1C:**

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

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

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

C = average daily census

N = number of bed days

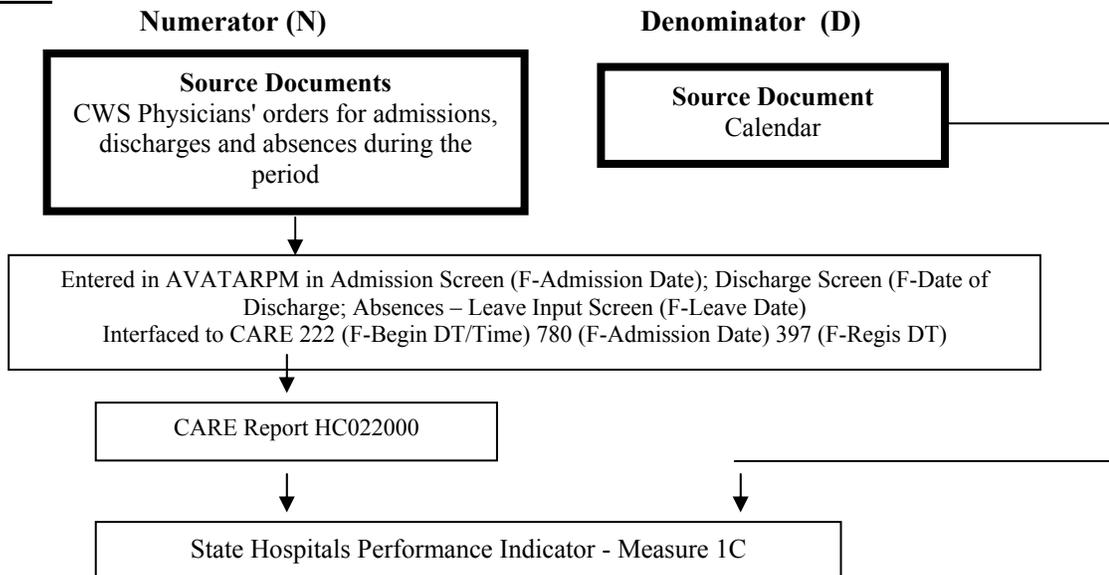
D = number of calendar days in the month

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

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

**See Objective 1E for charts**

**Data Flow:**



**Performance Measure 1D:**

**Calculate number of inpatient days.**

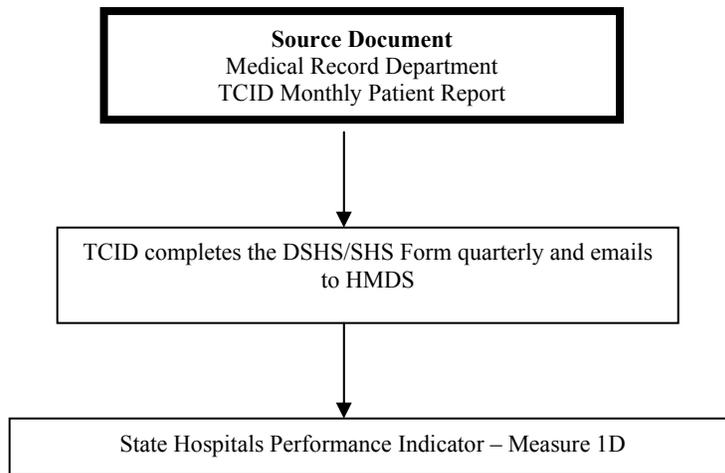
**Performance Measure Operational Definition:** TCID inpatient days will be monitored.

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

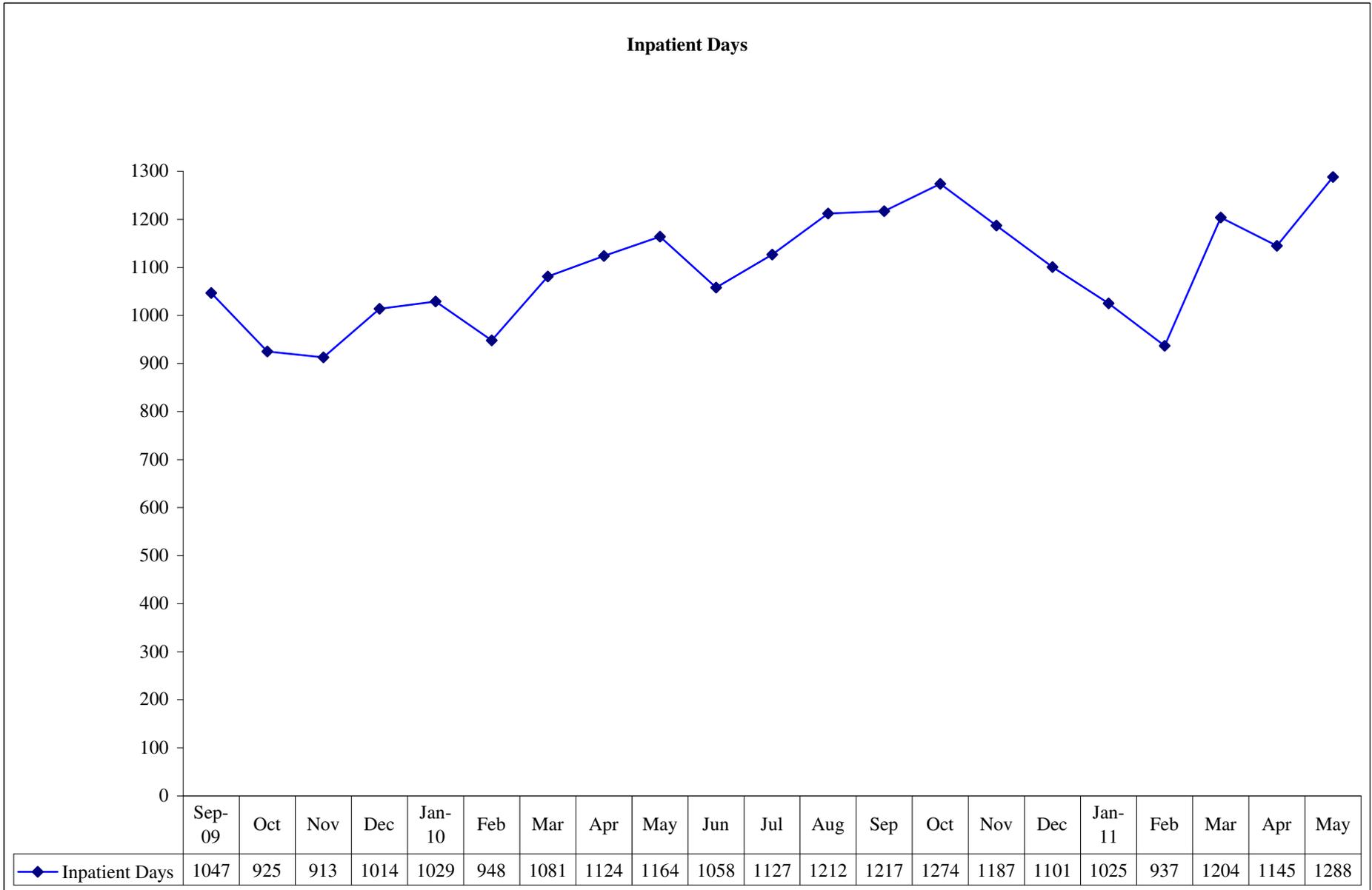
**Performance Measure Data Display and Chart Description:**

Table shows monthly numbers of inpatient days at TCID.

**Data Flow:**



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



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

**Performance Objective 2A:**

**Continue to demonstrate efforts to reduce the rate of confirmed allegations of abuse or 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

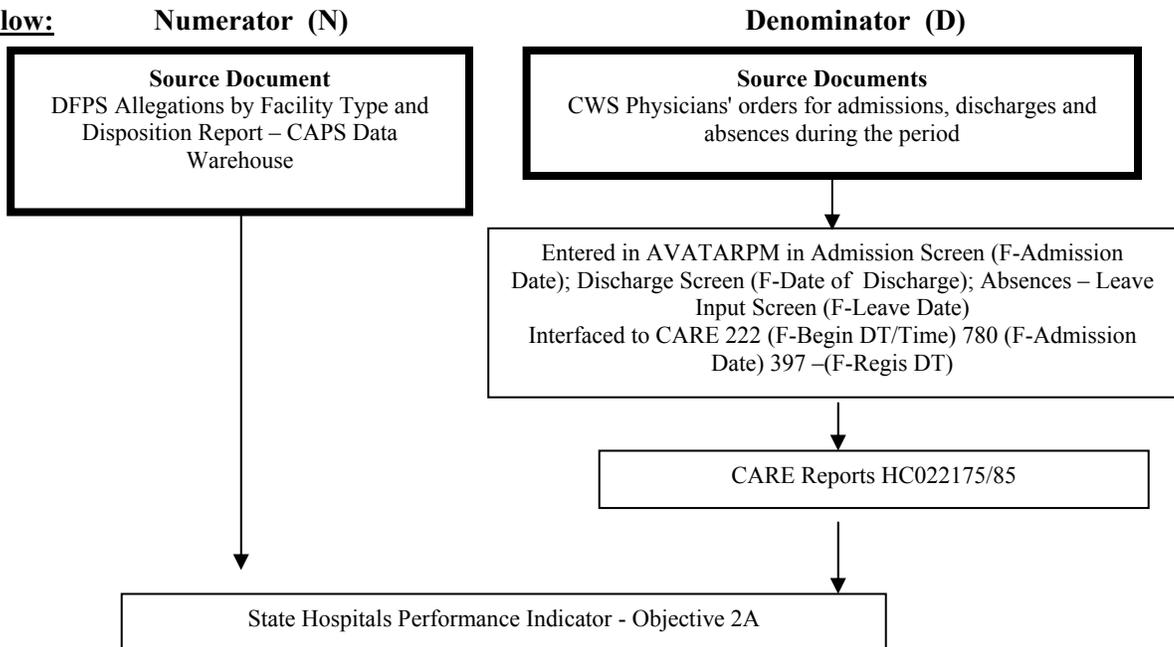
N = number of confirmed closed cases per FY

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, 2011**

Facility	FY10					FY11				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
<b>All State Hospitals</b>										
Completed Investigations	629	613	524	581	2347	538	533	486		1557
Total Confirmed	61	72	49	97	279	48	71	40		159
Total Confirmed Rate/1000 Bed Days	0.29	0.34	0.23	0.45	0.33	0.226	0.3427	0.19		0.25

**Performance Objective 2C:**

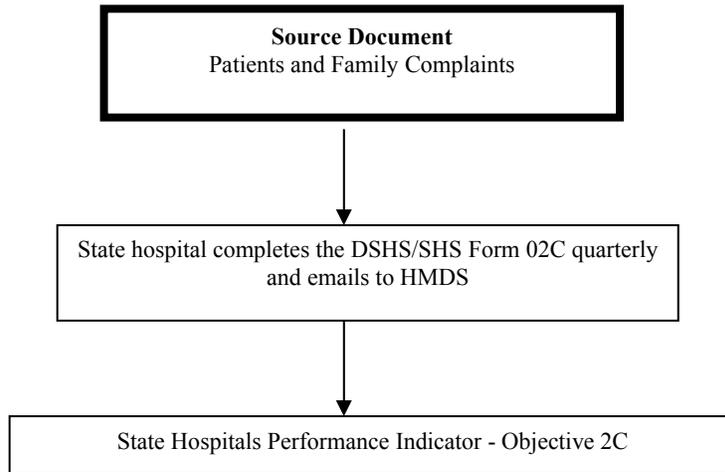
**Analyze patient complaints and grievances.**

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

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

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

**Data Flow:**



**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q1 FY11**

<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	9	26	3	5	6	3	14	9	8	0	0	<b>83</b>
<b>Per 1,000 Bed Days</b>	<b>0.37</b>	<b>1.45</b>	<b>0.46</b>	<b>0.27</b>	<b>0.11</b>	<b>0.64</b>	<b>0.51</b>	<b>0.35</b>	<b>0.29</b>	<b>0.00</b>	<b>0.00</b>	<b>0.38</b>
Respect	7	4	5	1	12	4	1	25	33	3	0	<b>95</b>
<b>Per 1,000 Bed Days</b>	<b>0.29</b>	<b>0.22</b>	<b>0.77</b>	<b>0.05</b>	<b>0.23</b>	<b>0.86</b>	<b>0.04</b>	<b>0.98</b>	<b>1.19</b>	<b>0.82</b>	<b>0.00</b>	<b>0.44</b>
Discharge	29	18	7	0	5	10	1	11	2	0	1	<b>84</b>
<b>Per 1,000 Bed Days</b>	<b>1.18</b>	<b>1.00</b>	<b>1.08</b>	<b>0.00</b>	<b>0.09</b>	<b>2.15</b>	<b>0.04</b>	<b>0.43</b>	<b>0.07</b>	<b>0.00</b>	<b>0.15</b>	<b>0.39</b>
Medication	5	8	6	4	22	1	2	5	21	0	0	<b>74</b>
<b>Per 1,000 Bed Days</b>	<b>0.20</b>	<b>0.45</b>	<b>0.93</b>	<b>0.22</b>	<b>0.42</b>	<b>0.21</b>	<b>0.07</b>	<b>0.20</b>	<b>0.75</b>	<b>0.00</b>	<b>0.00</b>	<b>0.34</b>
Treatment Team/Planning	3	36	8	25	26	15	9	27	10	0	1	<b>160</b>
<b>Per 1,000 Bed Days</b>	<b>0.12</b>	<b>2.01</b>	<b>1.24</b>	<b>1.37</b>	<b>0.49</b>	<b>3.22</b>	<b>0.33</b>	<b>1.06</b>	<b>0.36</b>	<b>0.00</b>	<b>0.15</b>	<b>0.74</b>
HIPAA	0	0	0	0	5	0	1	1	1	0	0	<b>8</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.09</b>	<b>0.00</b>	<b>0.04</b>	<b>0.04</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>
Others	62	29	14	0	112	3	60	41	25	1	1	<b>348</b>
<b>Per 1,000 Bed Days</b>	<b>2.53</b>	<b>1.62</b>	<b>2.16</b>	<b>0.00</b>	<b>2.12</b>	<b>0.64</b>	<b>2.17</b>	<b>1.62</b>	<b>0.90</b>	<b>0.27</b>	<b>0.15</b>	<b>1.61</b>
Total	115	121	43	35	188	36	88	119	100	4	3	852
<b>Per 1,000 Bed Days</b>	<b>4.70</b>	<b>6.74</b>	<b>6.65</b>	<b>1.91</b>	<b>3.56</b>	<b>7.73</b>	<b>3.18</b>	<b>4.69</b>	<b>3.59</b>	<b>1.09</b>	<b>0.44</b>	<b>3.94</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q1 FY11**

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	27	0	0	0	0	27
<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>0.98</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.12</b>
Respect	0	0	0	0	0	0	50	0	0	0	0	50
<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>1.81</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.23</b>
Discharge	0	0	0	0	0	0	42	0	0	0	0	42
<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>1.52</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.19</b>
Medication	0	1	0	0	0	0	46	0	0	0	0	47
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.66</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.22</b>
Treatment Team/Planning	0	0	0	0	0	0	41	0	0	0	0	41
<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>1.48</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.19</b>
HIPAA	0	0	0	0	0	0	3	0	0	0	0	3
<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>0.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.01</b>
Others	0	0	0	0	0	0	88	0	0	0	0	88
<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>3.18</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.41</b>
Total	0	1	0	0	0	0	297	0	0	0	0	298
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>10.74</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.38</b>

**Objective 2C - Patient Complaints & Patient Grievances  
All State Hospitals - Q2 FY11**

<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	3	4	6	6	21	2	20	4	16	0	2	<b>84</b>
<b>Per 1,000 Bed Days</b>	<b>0.13</b>	<b>0.23</b>	<b>0.94</b>	<b>0.33</b>	<b>0.41</b>	<b>0.43</b>	<b>0.74</b>	<b>0.16</b>	<b>0.59</b>	<b>0.00</b>	<b>0.31</b>	<b>0.40</b>
Respect	9	2	7	6	11	1	3	17	37	1	5	<b>99</b>
<b>Per 1,000 Bed Days</b>	<b>0.38</b>	<b>0.12</b>	<b>1.09</b>	<b>0.33</b>	<b>0.21</b>	<b>0.21</b>	<b>0.11</b>	<b>0.69</b>	<b>1.37</b>	<b>0.33</b>	<b>0.77</b>	<b>0.47</b>
Discharge	15	8	6	3	12	17	0	14	4	0	0	<b>79</b>
<b>Per 1,000 Bed Days</b>	<b>0.63</b>	<b>0.46</b>	<b>0.94</b>	<b>0.17</b>	<b>0.23</b>	<b>3.62</b>	<b>0.00</b>	<b>0.57</b>	<b>0.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.38</b>
Medication	0	9	4	1	10	0	4	8	14	1	0	<b>51</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.52</b>	<b>0.63</b>	<b>0.06</b>	<b>0.19</b>	<b>0.00</b>	<b>0.15</b>	<b>0.32</b>	<b>0.52</b>	<b>0.33</b>	<b>0.00</b>	<b>0.24</b>
Treatment Team/Plann	2	4	8	27	19	13	5	19	8	0	2	<b>107</b>
<b>Per 1,000 Bed Days</b>	<b>0.08</b>	<b>0.23</b>	<b>1.25</b>	<b>1.49</b>	<b>0.37</b>	<b>2.77</b>	<b>0.18</b>	<b>0.77</b>	<b>0.30</b>	<b>0.00</b>	<b>0.31</b>	<b>0.51</b>
HIPAA	2	1	2	0	2	0	0	2	0	0	0	<b>9</b>
<b>Per 1,000 Bed Days</b>	<b>0.08</b>	<b>0.06</b>	<b>0.31</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>
Others	31	12	19	2	101	1	54	49	24	3	8	<b>304</b>
<b>Per 1,000 Bed Days</b>	<b>1.30</b>	<b>0.69</b>	<b>2.97</b>	<b>0.11</b>	<b>1.96</b>	<b>0.21</b>	<b>1.99</b>	<b>1.99</b>	<b>0.89</b>	<b>0.98</b>	<b>1.23</b>	<b>1.45</b>
<b>Total</b>	<b>62</b>	<b>40</b>	<b>52</b>	<b>45</b>	<b>176</b>	<b>34</b>	<b>86</b>	<b>113</b>	<b>103</b>	<b>5</b>	<b>17</b>	<b>733</b>
<b>Per 1,000 Bed Days</b>	<b>2.60</b>	<b>2.31</b>	<b>8.13</b>	<b>2.48</b>	<b>3.41</b>	<b>7.24</b>	<b>3.17</b>	<b>4.58</b>	<b>3.82</b>	<b>1.63</b>	<b>2.62</b>	<b>3.49</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q2 FY11**

<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	0	0	0	0	41	0	0	0	0	<b>41</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.51</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.19</b>
Respect	0	1	0	0	0	0	39	0	0	0	0	<b>40</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.44</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.19</b>
Discharge	0	0	0	0	0	0	48	0	0	0	0	<b>48</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.77</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.23</b>
Medication	0	1	0	0	0	0	51	0	0	0	0	<b>52</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.88</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.25</b>
Treatment Team/Plann	0	0	1	0	0	0	55	0	0	0	0	<b>56</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.16</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2.03</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.27</b>
HIPAA	0	0	0	0	0	0	1	0	0	0	0	<b>1</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Others	0	0	0	0	0	0	107	0	0	0	0	<b>107</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3.95</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.51</b>
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>342</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>345</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.12</b>	<b>0.16</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>12.62</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.64</b>

**Objective 2C - Patient Complaints**  
**All State Hospitals - Q3 FY11**

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	5	16	5	4	15	2	16	4	10	0	1	<b>78</b>
<b>Per 1,000 Bed Days</b>	<b>0.20</b>	<b>0.91</b>	<b>0.77</b>	<b>0.22</b>	<b>0.28</b>	<b>0.41</b>	<b>0.57</b>	<b>0.16</b>	<b>0.36</b>	<b>0.00</b>	<b>0.14</b>	<b>0.36</b>
Respect	10	8	4	4	10	0	0	22	26	3	9	<b>96</b>
<b>Per 1,000 Bed Days</b>	<b>0.40</b>	<b>0.46</b>	<b>0.62</b>	<b>0.22</b>	<b>0.19</b>	<b>0.00</b>	<b>0.00</b>	<b>0.86</b>	<b>0.93</b>	<b>0.82</b>	<b>1.29</b>	<b>0.44</b>
Discharge	23	4	7	0	8	8	0	15	7	0	0	<b>72</b>
<b>Per 1,000 Bed Days</b>	<b>0.92</b>	<b>0.23</b>	<b>1.08</b>	<b>0.00</b>	<b>0.15</b>	<b>1.65</b>	<b>0.00</b>	<b>0.59</b>	<b>0.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.33</b>
Medication	0	10	6	1	48	1	1	8	5	0	0	<b>80</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.57</b>	<b>0.93</b>	<b>0.06</b>	<b>0.90</b>	<b>0.21</b>	<b>0.04</b>	<b>0.31</b>	<b>0.18</b>	<b>0.00</b>	<b>0.00</b>	<b>0.37</b>
Treatment Team/Planning	2	21	11	7	23	17	9	20	5	0	0	<b>115</b>
<b>Per 1,000 Bed Days</b>	<b>0.08</b>	<b>1.20</b>	<b>1.70</b>	<b>0.39</b>	<b>0.43</b>	<b>3.50</b>	<b>0.32</b>	<b>0.78</b>	<b>0.18</b>	<b>0.00</b>	<b>0.00</b>	<b>0.53</b>
HIPAA	0	0	1	0	0	1	2	10	0	0	0	<b>14</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.21</b>	<b>0.07</b>	<b>0.39</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>
Others	51	14	15	7	108	0	34	40	17	2	9	<b>297</b>
<b>Per 1,000 Bed Days</b>	<b>2.04</b>	<b>0.80</b>	<b>2.32</b>	<b>0.39</b>	<b>2.02</b>	<b>0.00</b>	<b>1.21</b>	<b>1.56</b>	<b>0.61</b>	<b>0.55</b>	<b>1.29</b>	<b>1.37</b>
Total	91	73	49	23	212	29	62	119	70	5	19	752
<b>Per 1,000 Bed Days</b>	<b>3.64</b>	<b>4.17</b>	<b>7.59</b>	<b>1.28</b>	<b>3.97</b>	<b>5.97</b>	<b>2.21</b>	<b>4.66</b>	<b>2.49</b>	<b>1.37</b>	<b>2.72</b>	<b>3.46</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q3 FY11**

<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	0	0	0	0	42	0	0	0	0	<b>42</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.19</b>
Respect	0	0	0	0	0	0	42	0	0	0	0	<b>42</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.19</b>
Discharge	0	0	0	0	0	0	51	0	0	0	0	<b>51</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.23</b>
Medication	0	1	0	0	0	0	38	0	0	0	0	<b>39</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.36</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.18</b>
Treatment Team/Planning	0	0	0	0	0	0	65	0	0	0	0	<b>65</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2.32</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.30</b>
HIPAA	0	0	0	0	0	0	7	0	0	0	0	<b>7</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.03</b>
Others	0	0	0	0	0	0	62	0	0	0	0	<b>62</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2.21</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.29</b>
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>307</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>308</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>10.97</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.42</b>

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - As of May 31, 2011**

**FY11**

<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	46	14	15	42	7	50	17	34	0	3	<b>245</b>
<b>Per 1,000 Bed Days</b>	<b>0.23</b>	<b>0.87</b>	<b>0.72</b>	<b>0.28</b>	<b>0.27</b>	<b>0.49</b>	<b>0.60</b>	<b>0.22</b>	<b>0.41</b>	<b>0.00</b>	<b>0.15</b>	<b>0.38</b>
Respect	26	14	16	11	33	5	4	64	96	7	14	<b>290</b>
<b>Per 1,000 Bed Days</b>	<b>0.35</b>	<b>0.27</b>	<b>0.83</b>	<b>0.20</b>	<b>0.21</b>	<b>0.35</b>	<b>0.05</b>	<b>0.85</b>	<b>1.16</b>	<b>0.67</b>	<b>0.69</b>	<b>0.45</b>
Discharge	67	30	20	3	25	35	1	40	13	0	1	<b>235</b>
<b>Per 1,000 Bed Days</b>	<b>0.91</b>	<b>0.57</b>	<b>1.04</b>	<b>0.06</b>	<b>0.16</b>	<b>2.46</b>	<b>0.01</b>	<b>0.53</b>	<b>0.16</b>	<b>0.00</b>	<b>0.05</b>	<b>0.37</b>
Medication	5	27	16	6	80	2	7	21	40	1	0	<b>205</b>
<b>Per 1,000 Bed Days</b>	<b>0.07</b>	<b>0.51</b>	<b>0.83</b>	<b>0.11</b>	<b>0.51</b>	<b>0.14</b>	<b>0.08</b>	<b>0.28</b>	<b>0.48</b>	<b>0.10</b>	<b>0.00</b>	<b>0.32</b>
Treatment Team/Planning	7	61	27	59	68	45	23	66	23	0	3	<b>382</b>
<b>Per 1,000 Bed Days</b>	<b>0.10</b>	<b>1.16</b>	<b>1.40</b>	<b>1.08</b>	<b>0.43</b>	<b>3.17</b>	<b>0.28</b>	<b>0.87</b>	<b>0.28</b>	<b>0.00</b>	<b>0.15</b>	<b>0.59</b>
HIPAA	2	1	3	0	7	1	3	13	1	0	0	<b>31</b>
<b>Per 1,000 Bed Days</b>	<b>0.03</b>	<b>0.02</b>	<b>0.16</b>	<b>0.00</b>	<b>0.04</b>	<b>0.07</b>	<b>0.04</b>	<b>0.17</b>	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>
Others	144	55	48	9	321	4	148	130	66	6	18	<b>949</b>
<b>Per 1,000 Bed Days</b>	<b>1.96</b>	<b>1.04</b>	<b>2.48</b>	<b>0.17</b>	<b>2.03</b>	<b>0.28</b>	<b>1.79</b>	<b>1.72</b>	<b>0.80</b>	<b>0.58</b>	<b>0.89</b>	<b>1.47</b>
<b>Total</b>	<b>268</b>	<b>234</b>	<b>144</b>	<b>103</b>	<b>576</b>	<b>99</b>	<b>236</b>	<b>351</b>	<b>273</b>	<b>14</b>	<b>39</b>	<b>2337</b>
<b>Per 1,000 Bed Days</b>	<b>3.66</b>	<b>4.44</b>	<b>7.45</b>	<b>1.89</b>	<b>3.65</b>	<b>6.97</b>	<b>2.85</b>	<b>4.64</b>	<b>3.29</b>	<b>1.35</b>	<b>1.92</b>	<b>3.63</b>

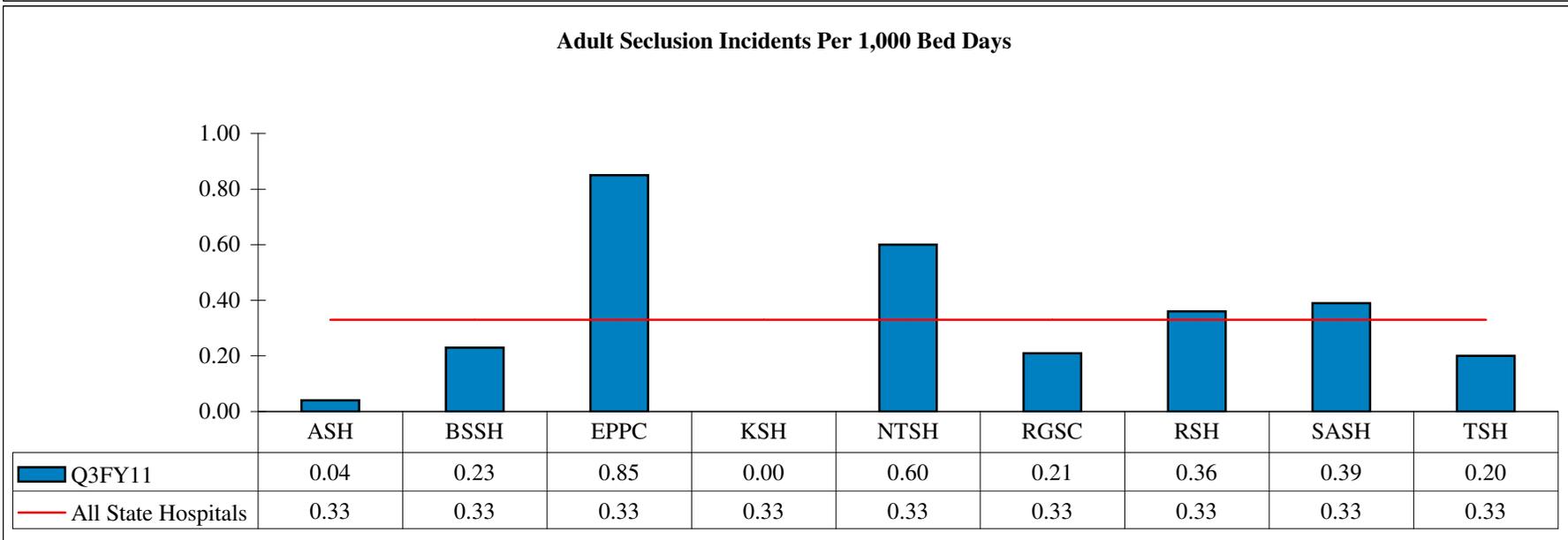
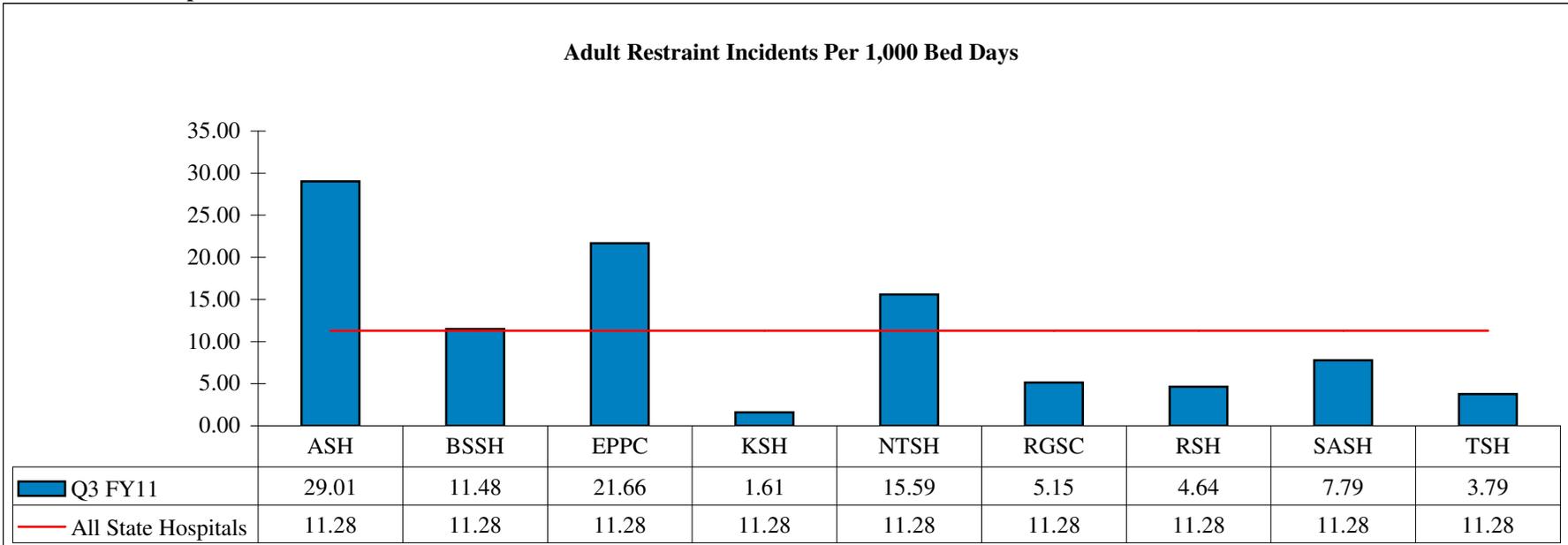
**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - As of May 31, 2011**

**FY11**

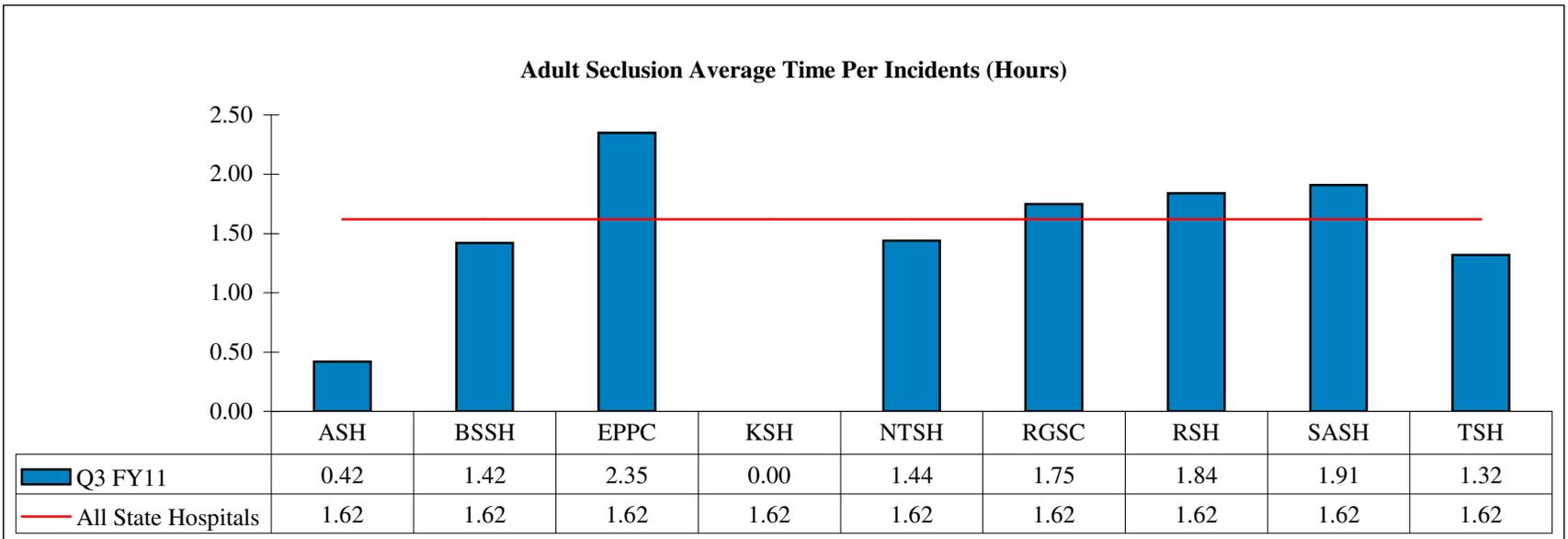
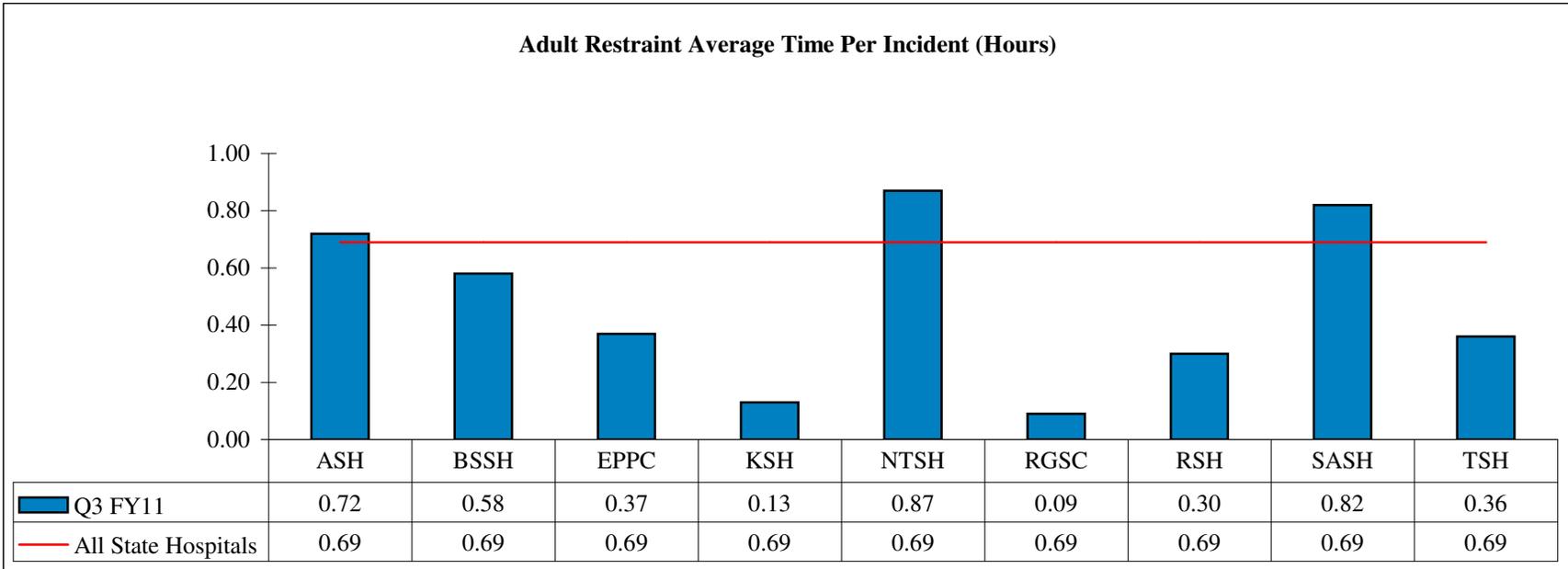
<b>Grievances</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	0	0	0	0	0	0	110	0	0	0	0	<b>110</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.33</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.17</b>
Respect	0	1	0	0	0	0	131	0	0	0	0	<b>132</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.58</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.21</b>
Discharge	0	0	0	0	0	0	141	0	0	0	0	<b>141</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.70</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.22</b>
Medication	0	3	0	0	0	0	135	0	0	0	0	<b>138</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.06</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.63</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.21</b>
Treatment Team/Planning	0	0	1	0	0	0	161	0	0	0	0	<b>162</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.95</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.25</b>
HIPAA	0	0	0	0	0	0	11	0	0	0	0	<b>11</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.13</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.02</b>
Others	0	0	0	0	0	0	257	0	0	0	0	<b>257</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3.11</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.40</b>
<b>Total</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>946</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>951</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.08</b>	<b>0.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>11.43</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.48</b>



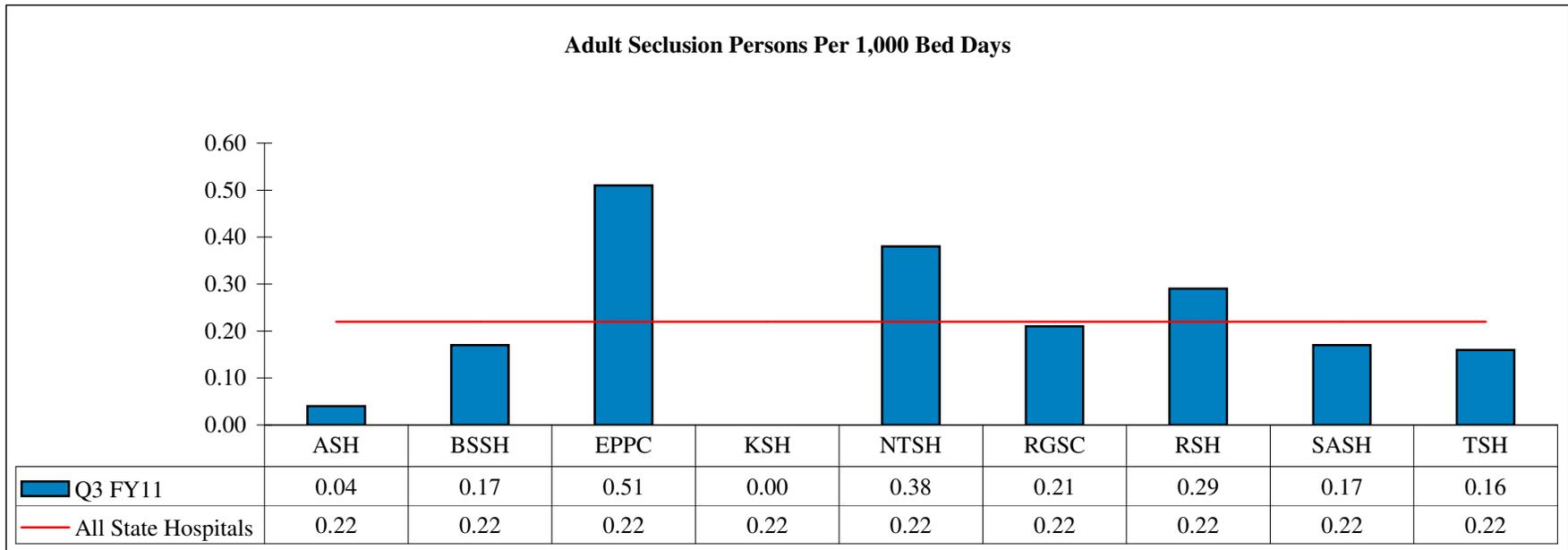
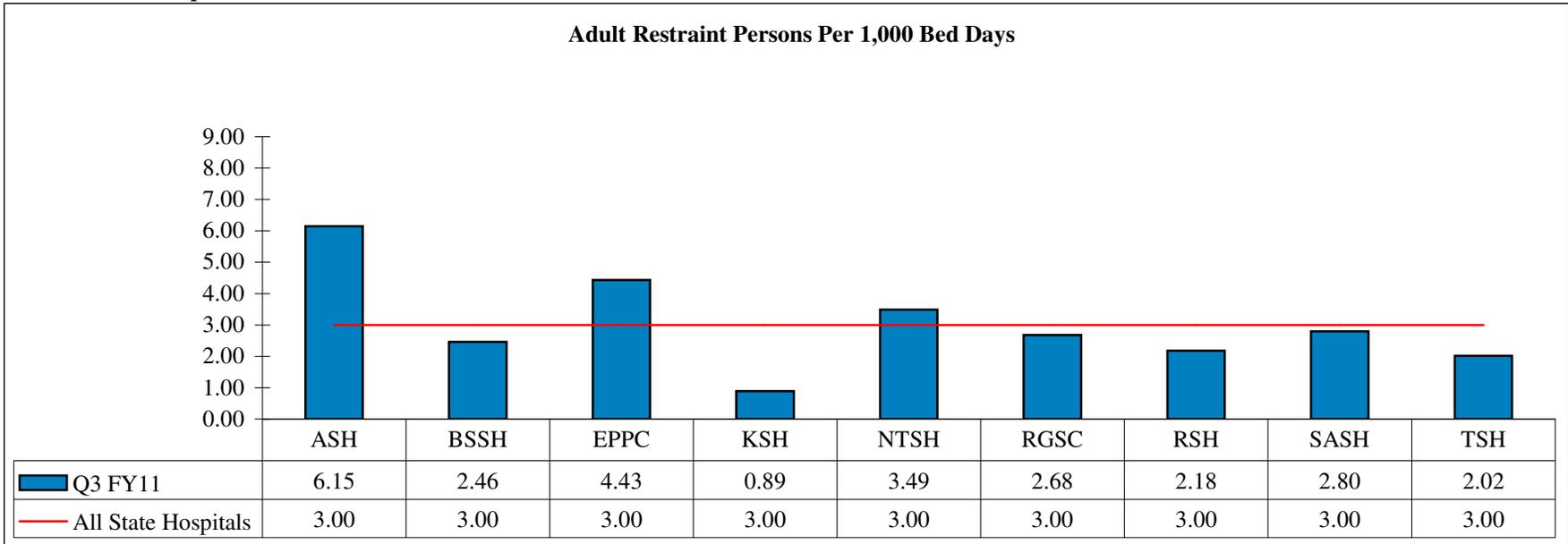
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



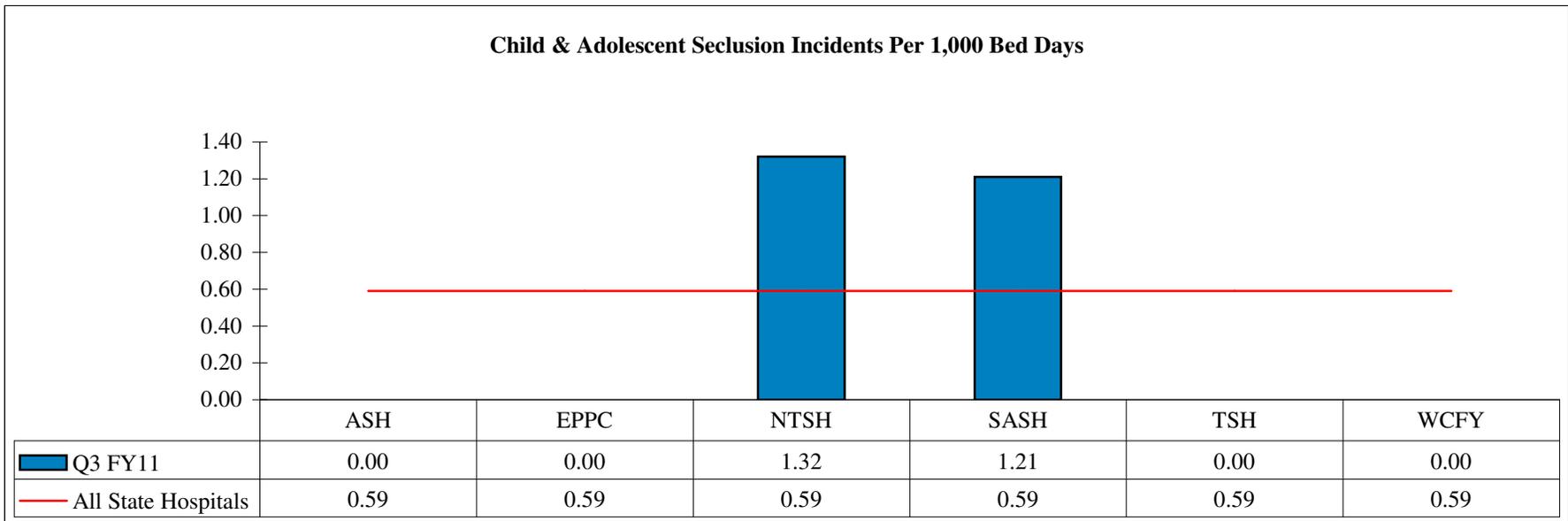
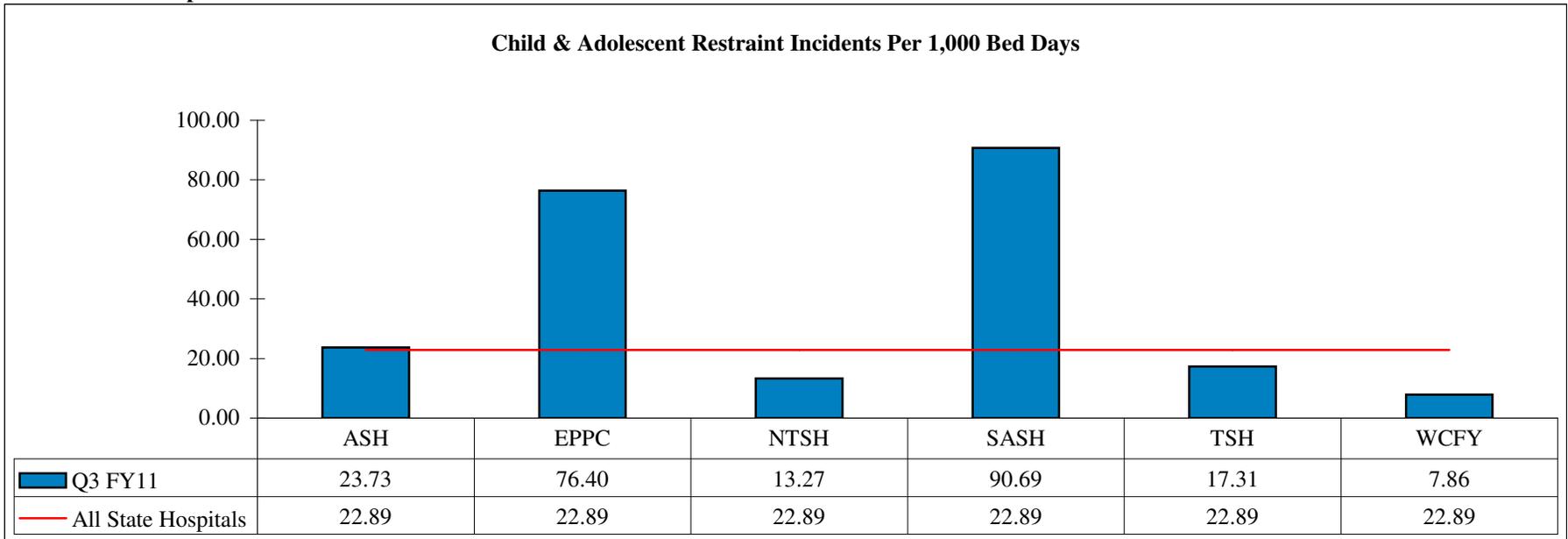
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



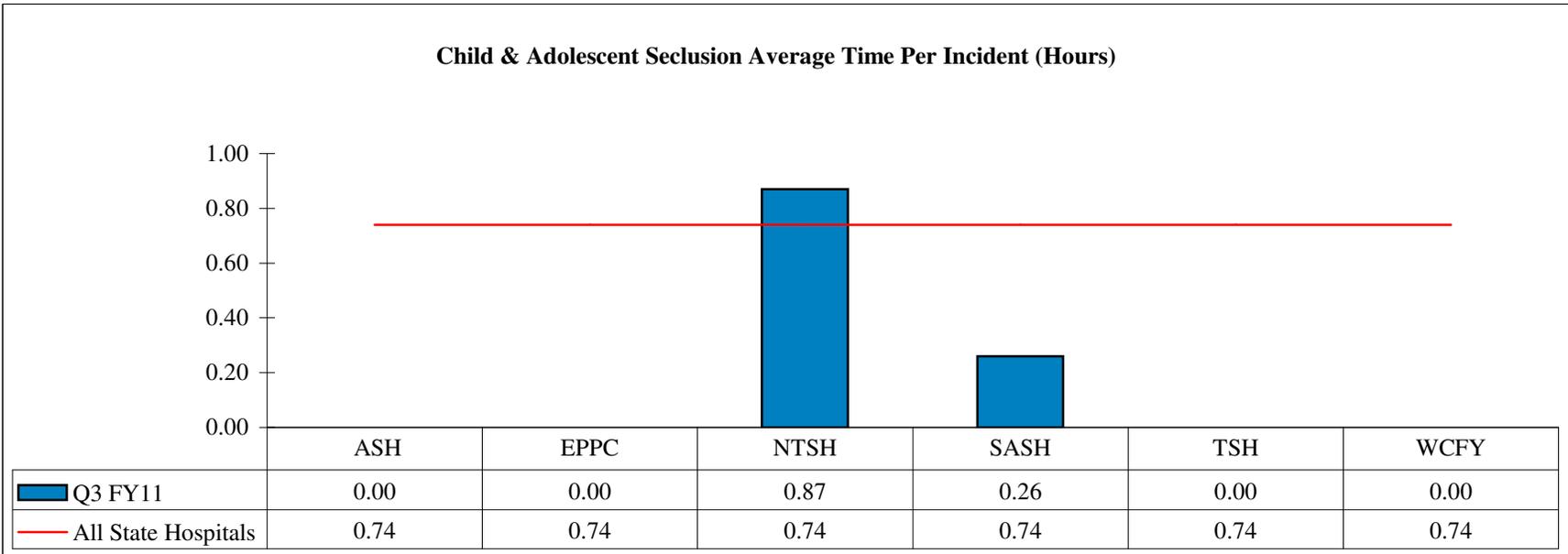
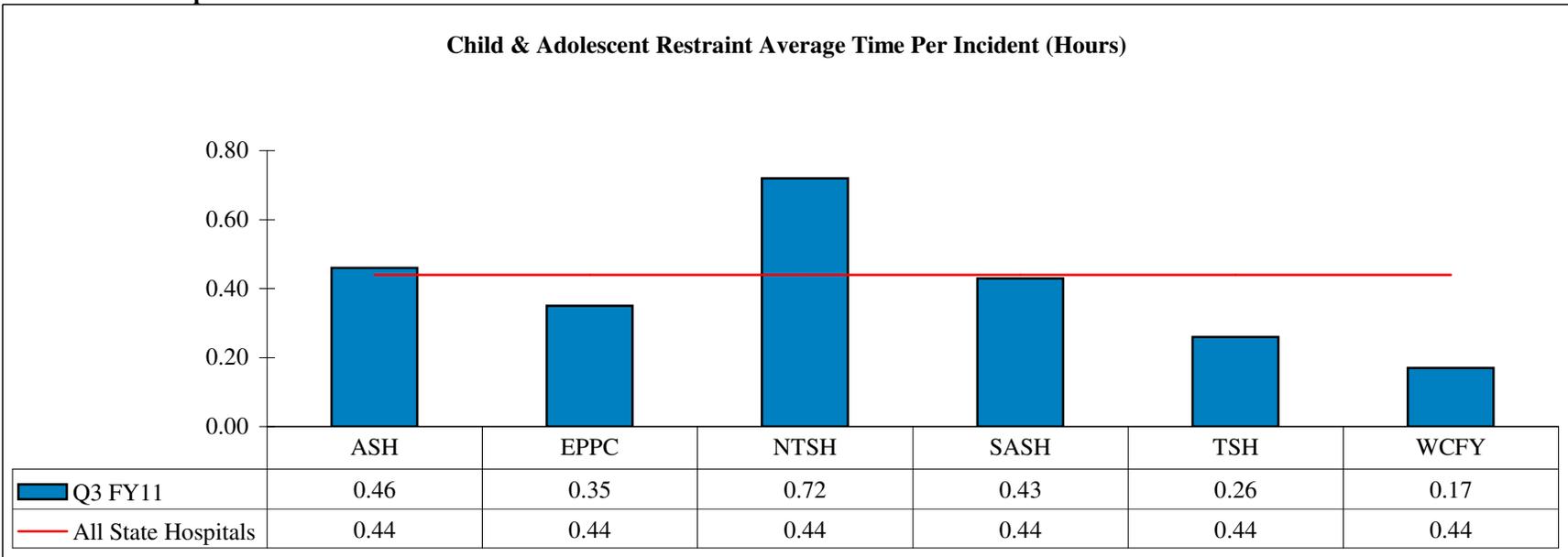
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



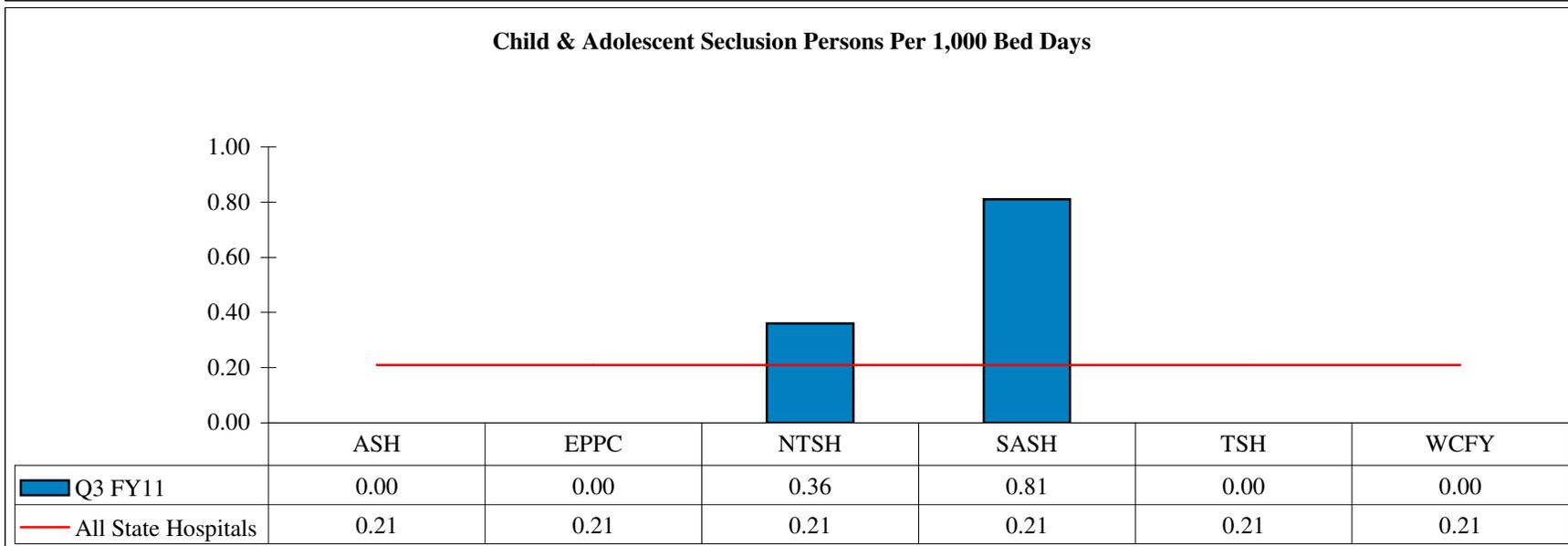
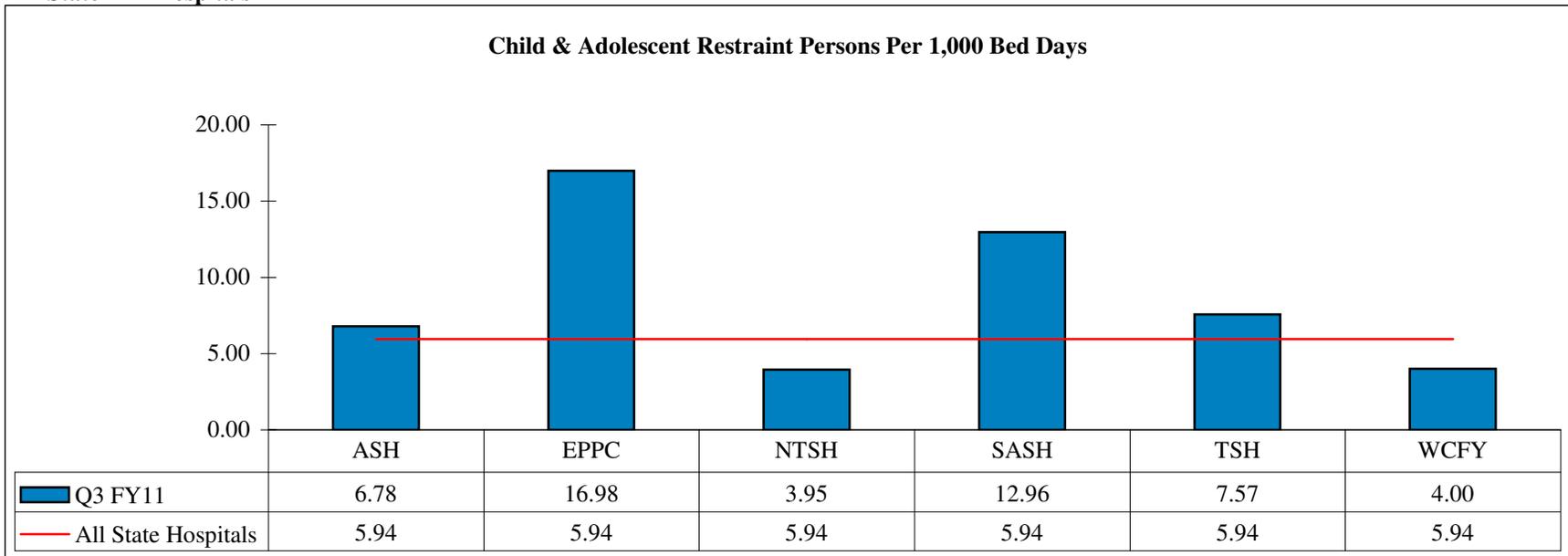
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



**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 MH Facilities - FY11**

	Fiscal Year 2011											
	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	1,956	1,998	2,360		1,956	1,998	2,360		1,956	1,998	2,360	
Bed Days in Quarter-All Other Units	22,518	21,876	22,610		22,518	21,876	22,610		22,518	21,876	22,610	
Restraint Involving Children	3	0	1		3	0	1		1.1	0.0	0.07	
Restraint Involving Adolescents	71	36	55		18	12	15		24.7	10.3	25.55	
Restraint Involving Adults	631	548	656		126	134	139		424.8	331.2	470.77	
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	
Seclusion Involving Adults	13	4	1		2	4	1		29.9	3.8	0.42	
<b>Big Spring State Hospital</b>												
Bed Days in Quarter	17,942	17,283	17,511		17,942	17,283	17,511		17,942	17,283	17,511	
Restraint Involving Adults	204	320	201		39	55	43		133.8	237.7	116.47	
Seclusion Involving Adults	5	19	4		4	3	3		4.3	15.9	5.7	
<b>El Paso Psychiatric Center</b>												
Child/Adolescent Bed Days	461	532	589		461	532	589		461	532	589	
Bed Days in Quarter-All Other Units	6,009	5,866	5,863		6,009	5,866	5,863		6,009	5,866	5,863	
Restraint Involving Children	5	10	0		2	3	0		0.8	3.82	0	
Restraint Involving Adolescents	57	170	45		12	8	10		18.3	70.0	15.6	
Restraint Involving Adults	107	89	127		27	19	26		27.2	34.4	47.15	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0	
Seclusion Involving Adolescents	2	0	0		2	0	0		0.1	0.0	0.0	
Seclusion Involving Adults	0	1	5		0	1	3		0.0	1.3	11.75	
<b>Kerrville State Hospital</b>												
Bed Days in Quarter	18,298	18,130	17,987		18,298	18,130	17,987		18,298	18,130	17,987	
Restraint Involving Adults	17	11	29		5	5	16		3.2	20.2	3.68	
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 MH Facilities - FY11**

	Fiscal Year 2011											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>North Texas State Hospital</b>												
Child/Adolescent Bed Days	8,486	8,180	8,362		8,486	8,180	8,362		8,486	8,180	8,362	
Bed Days in Quarter-All Other Units	44,349	43,441	45,032		44,349	43,441	45,032		44,349	43,441	45,032	
Restraint Involving Children	1	0	1		1	0	1		0.03	0.0	0.08	
Restraint Involving Adolescents	179	133	110		42	33	32		117.8	79.2	80.23	
Restraint Involving Adults	706	488	702		154	143	157		591.4	368.0	613.18	
Seclusion Involving Children	1	0	1		1	0	1		0.9	0.0	0.5	
Seclusion Involving Adolescents	1	1	10		1	1	2		0.9	2.0	9.1	
Seclusion Involving Adults	21	25	27		16	13	17		36.5	72.2	38.77	
<b>Rio Grande State Center</b>												
Bed Days in Quarter	4,655	4,698	4,856		4,655	4,698	4,856		4,655	4,698	4,856	
Restraint Involving Adults	60	57	25		15	26	13		5.8	6.3	2.17	
Seclusion Involving Adults	45	1	1		2	1	1		148.6	4.0	1.8	
<b>Rusk State Hospital</b>												
Bed Days in Quarter	27,662	27,102	27,991		27,662	27,102	27,991		27,662	27,102	27,991	
Restraint Involving Adults	141	176	130		65	78	61		37.6	78.9	38.77	
Seclusion Involving Adults	5	18	10		5	16	8		6.7	32.4	18.4	
<b>San Antonio State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,109	2,313	2,470		2,109	2,313	2,470		2,109	2,313	2,470	
Bed Days in Quarter-All Other Units	23,274	22,338	23,093		23,274	22,338	23,093		23,274	22,338	23,093	
Restraint Involving Adolescents	74	82	224		15	22	32		33.1	27.1	95.5	
Restraint Involving Adults	172	211	180		47	62	65		173.0	206.7	147.5	
Seclusion Involving Adolescents	3	3	3		2	1	2		1.4	2.8	0.77	
Seclusion Involving Adults	1	8	9		1	4	4		0.8	8.5	17.18	

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

**Objective 3A - Maintain Restraint and Seclusion Data**  
**All MH Facilities - FY11**

**Fiscal Year 2011**

	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	2,279	2,021	2,773		2,279	2,021	2,773		2,279	2,021	2,773	
Bed Days in Quarter-All Other Units	25,555	24,946	25,298		25,555	24,946	25,298		25,555	24,946	25,298	
Restraint Involving Children	1	0	1		1	0	1		0.03	0.0	0.02	
Restraint Involving Adolescents	53	33	47		17	16	20		17.5	6.9	12.3	
Restraint Involving Adults	180	129	96		68	68	51		144.6	30.7	34.98	
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	
Seclusion Involving Adults	11	8	5		6	6	4		21.4	8.7	6.58	
<b>Waco Center For Youth</b>												
Child/Adolescent Bed Days in Quarter	6,799	6,482	6,997		6,799	6,482	6,997		6,799	6,482	6,997	
Restraint Involving Adolescents	86	59	55		31	24	28		12.0	13.5	9.22	
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	22,090	21,526	23,551	0	22,090	21,526	23,551	0	22,090	21,526	23,551	0
Bed Days in Quarter-All Other Units	190,262	185,680	190,241	0	190,262	185,680	190,241	0	190,262	185,680	190,241	0
Restraint Involving Children	10	10	3		7	3	3		2.0	3.8	0.2	
Restraint Involving Adolescents	520	513	536		135	115	137		223.4	206.8	238.4	
Restraint Involving Adults	2,218	2,029	2,146		546	590	571		1,541.4	1,314.1	1,474.7	
Seclusion Involving Children	1	0	1	0	1	0	1	0	0.9	0.0	0.5	0.0
Seclusion Involving Adolescents	6	4	13	0	5	2	4	0	2.4	4.8	9.9	0.0
Seclusion Involving Adults	101	84	62	0	36	48	41	0	248.2	146.8	100.5	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 2011**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>								
< 5 Restraint Involving Children	2	0	1		2	0	1	
< 5 Restraint Involving Adolescents	25	13	14		13	9	8	
< 5 Restraint Involving Adults	339	284	296		107	115	122	
<b>Big Spring State Hospital</b>								
< 5 Restraint Involving Adults	50	91	75		25	36	31	
<b>El Paso Psychiatric Center</b>								
< 5 Restraint Involving Children	3	5	0		2	3	0	
< 5 Restraint Involving Adolescents	28	84	28		10	8	10	
< 5 Restraint Involving Adults	83	60	92		24	17	24	
<b>Kerrville State Hospital</b>								
< 5 Restraint Involving Adults	10	5	21		5	5	12	
<b>North Texas State Hospital</b>								
< 5 Restraint Involving Children	1	0	0		1	0	0	
< 5 Restraint Involving Adolescents	45	33	15		26	18	9	
< 5 Restraint Involving Adults	282	213	292		119	103	124	
<b>Rio Grande State Center</b>								
< 5 Restraint Involving Adults	39	30	14		11	19	9	
<b>Rusk State Hospital</b>								
< 5 Restraint Involving Adults	95	101	81		58	63	49	
<b>San Antonio State Hospital</b>								
< 5 Restraint Involving Adolescents	39	46	96		14	18	26	
< 5 Restraint Involving Adults	45	52	66		22	38	43	
<b>Terrell State Hospital</b>								
< 5 Restraint Involving Children	1	0	1		1	0	1	
< 5 Restraint Involving Adolescents	19	15	19		13	9	13	
< 5 Restraint Involving Adults	90	84	57		55	57	47	
<b>Waco Center For Youth</b>								
< 5 Restraint Involving Adolescents	35	17	20		19	11	12	
<b>All State MH Hospitals</b>								
< 5 Restraint Involving Children	7	5	2		6	3	2	
< 5 Restraint Involving Adolescents	191	208	192		95	73	78	
< 5 Restraint Involving Adults	1,033	920	994		426	453	461	

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 2011**

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Austin State Hospital</b>					
Personal Restraint	458	371	424		1,253
Mechanical Restraint	247	213	288		748
Seclusion	13	4	1		18
<b>Big Spring State Hospital</b>					
Personal Restraint	118	190	139		447
Mechanical Restraint	86	130	62		278
Seclusion	5	19	4		28
<b>El Paso Psychiatric Center</b>					
Personal Restraint	130	166	138		434
Mechanical Restraint	39	103	34		176
Seclusion	2	1	5		8
<b>Kerrville State Hospital</b>					
Personal Restraint	14	7	28		49
Mechanical Restraint	3	4	1		8
Seclusion	0	0	0		0
<b>North Texas State Hospital</b>					
Personal Restraint	560	410	524		1,494
Mechanical Restraint	326	211	289		826
Seclusion	23	26	38		87
<b>Rio Grande State Center</b>					
Personal Restraint	60	57	25		142
Mechanical Restraint	0	0	0		0
Seclusion	45	1	1		47
<b>Rusk State Hospital</b>					
Personal Restraint	109	125	97		331
Mechanical Restraint	32	51	33		116
Seclusion	5	18	10		33
<b>San Antonio State Hospital</b>					
Personal Restraint	134	161	243		538
Mechanical Restraint	112	132	161		405
Seclusion	4	11	12		27

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

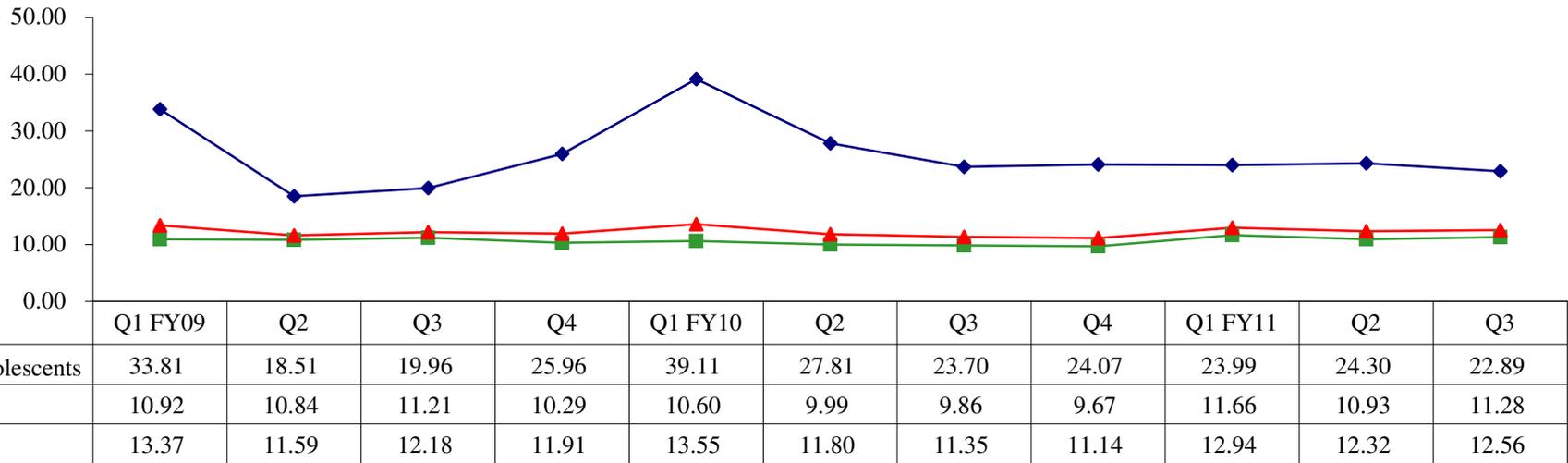
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

**Fiscal Year 2011**

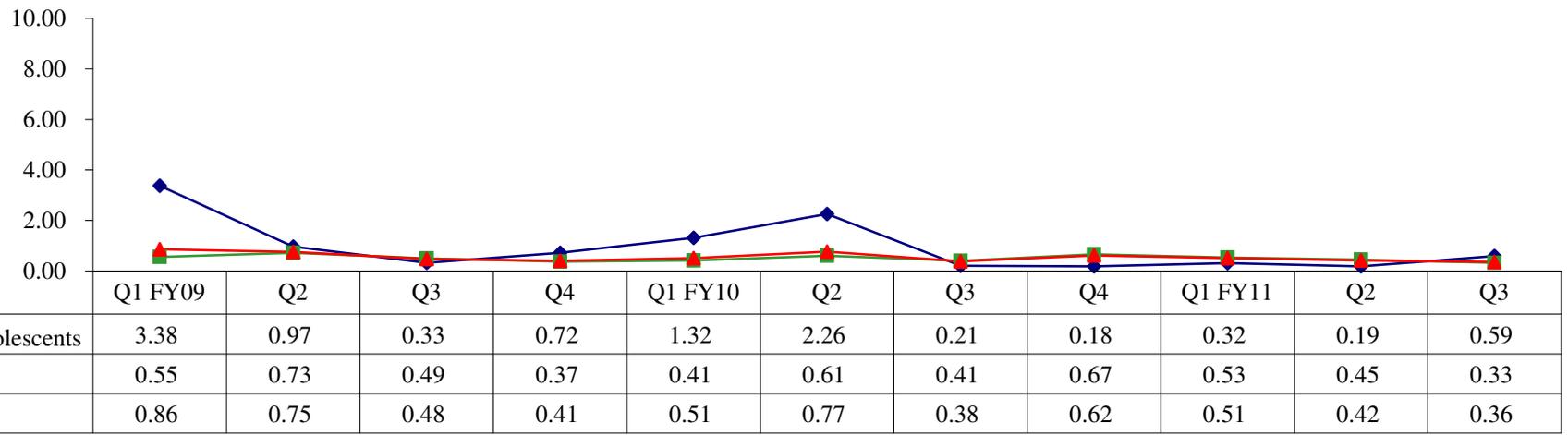
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Terrell State Hospital</b>					
Personal Restraint	159	135	109		403
Mechanical Restraint	75	27	35		137
Seclusion	11	8	5		24
<b>Waco Center For Youth</b>					
Personal Restraint	78	50	51		179
Mechanical Restraint	8	9	4		21
Seclusion	0	0	0		0
<b>All State MH Hospitals</b>					
Personal Restraint	1,820	1,672	1,778		5,270
Mechanical Restraint	928	880	907		2,715
Seclusion	108	88	76		272

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

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

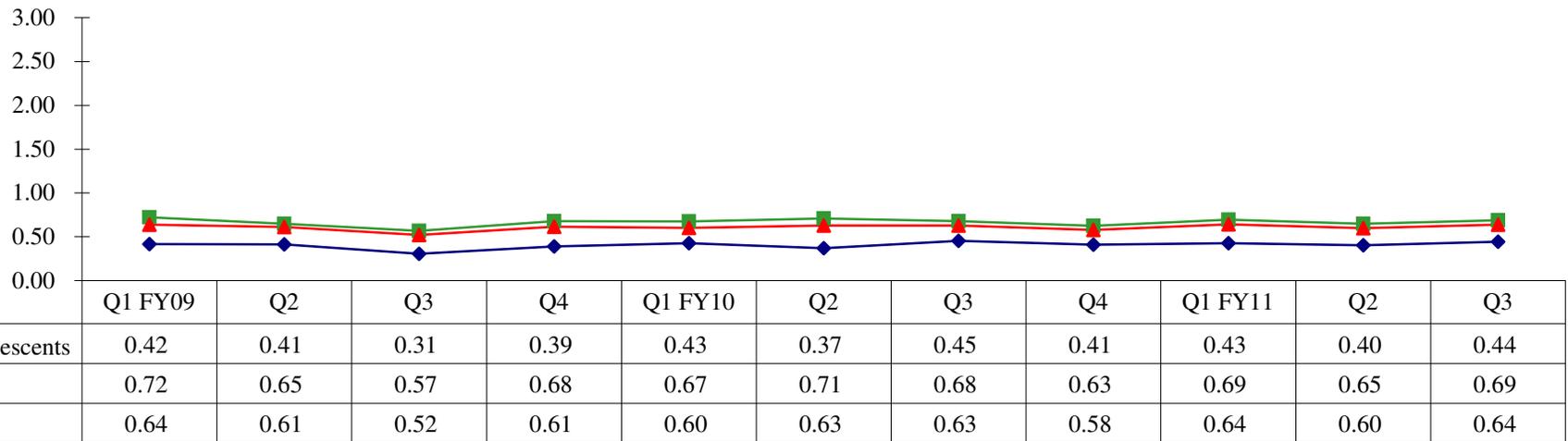


**Seclusion Incidents Per 1,000 Bed Days**

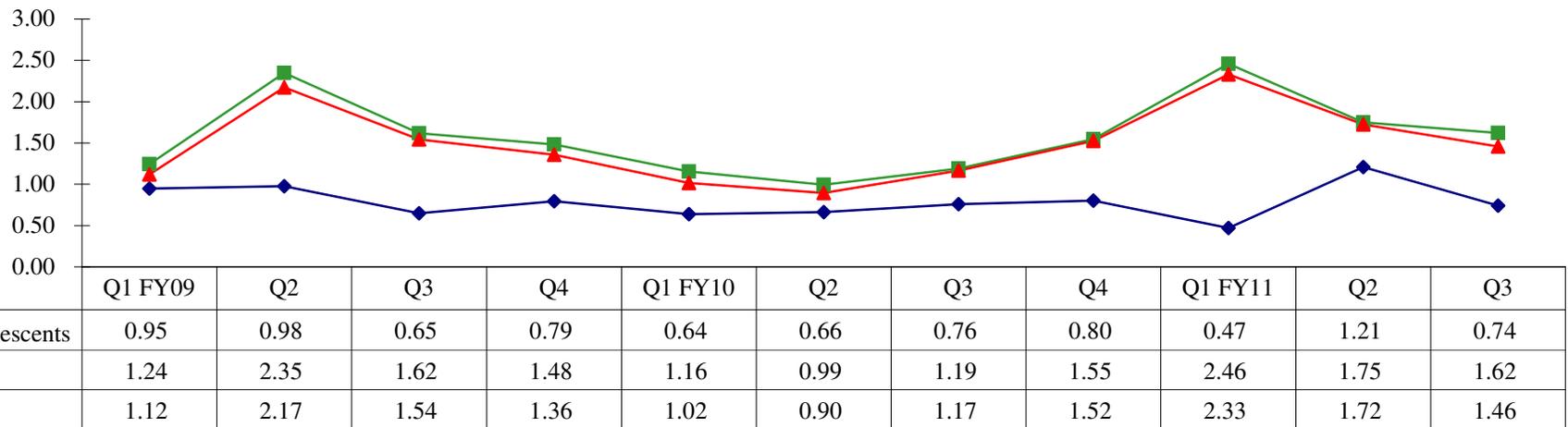


**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

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

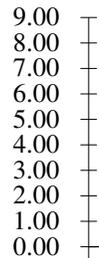


**Average Number of Hours Per Incident in Seclusion**



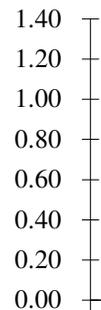
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

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



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
◆ Child/Adolescents	6.59	4.22	6.04	5.75	5.97	6.55	5.84	6.00	6.43	5.48	5.94
■ Adults	3.14	3.29	3.24	2.80	3.14	2.88	2.94	2.74	2.87	3.18	3.00
▲ Total	3.51	3.38	3.55	3.11	3.43	3.25	3.25	3.07	3.24	3.42	3.33

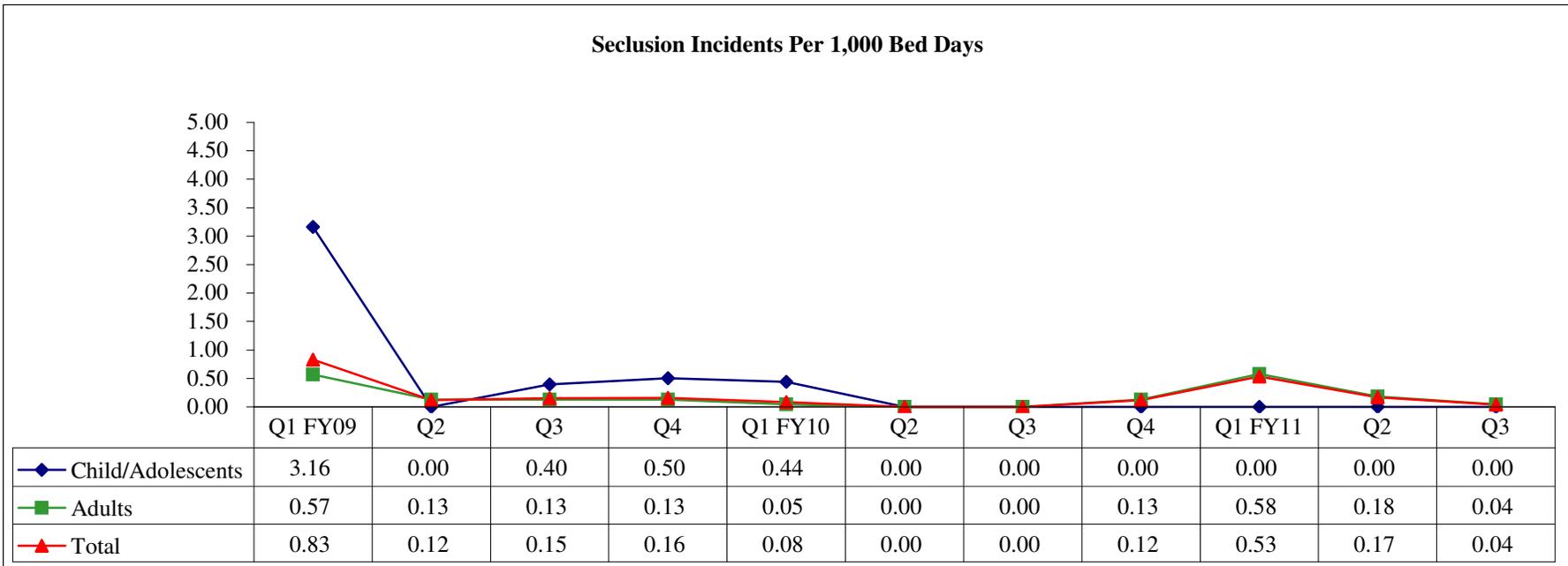
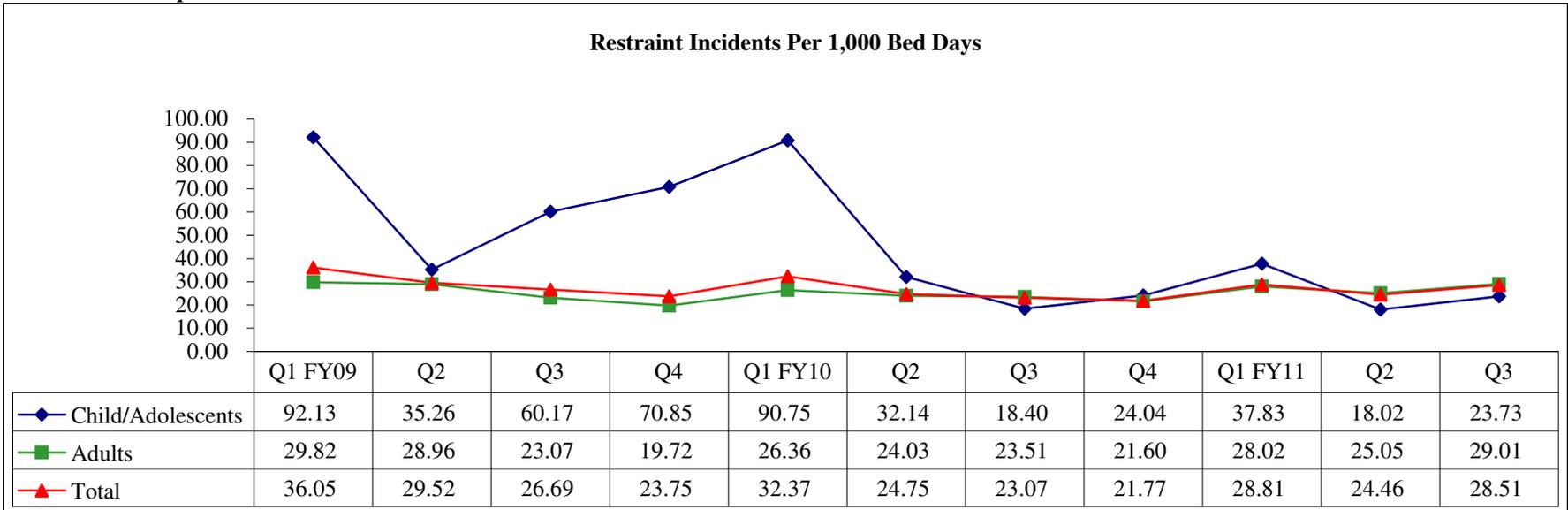
**Number of Persons in Seclusion/1000 Bed Days**



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
◆ Child/Adolescents	1.19	0.39	0.16	0.45	0.73	0.75	0.13	0.18	0.27	0.09	0.21
■ Adults	0.36	0.42	0.29	0.28	0.26	0.33	0.29	0.17	0.19	0.26	0.22
▲ Total	0.45	0.42	0.28	0.30	0.31	0.37	0.27	0.17	0.20	0.24	0.22

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

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

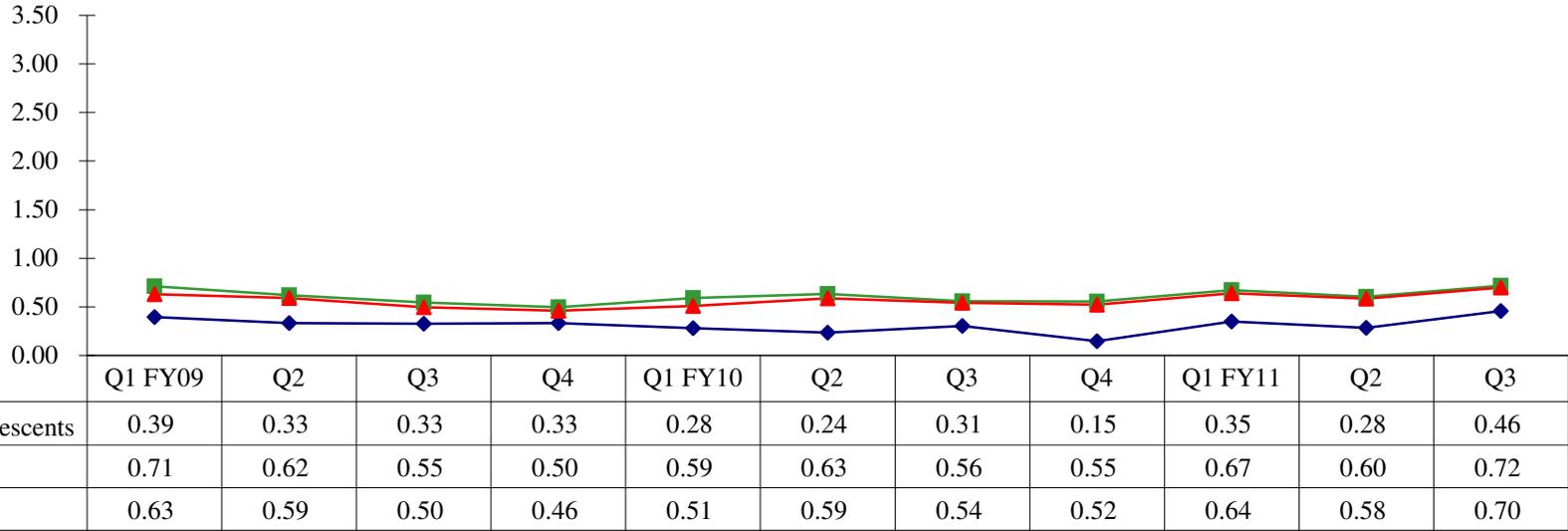


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

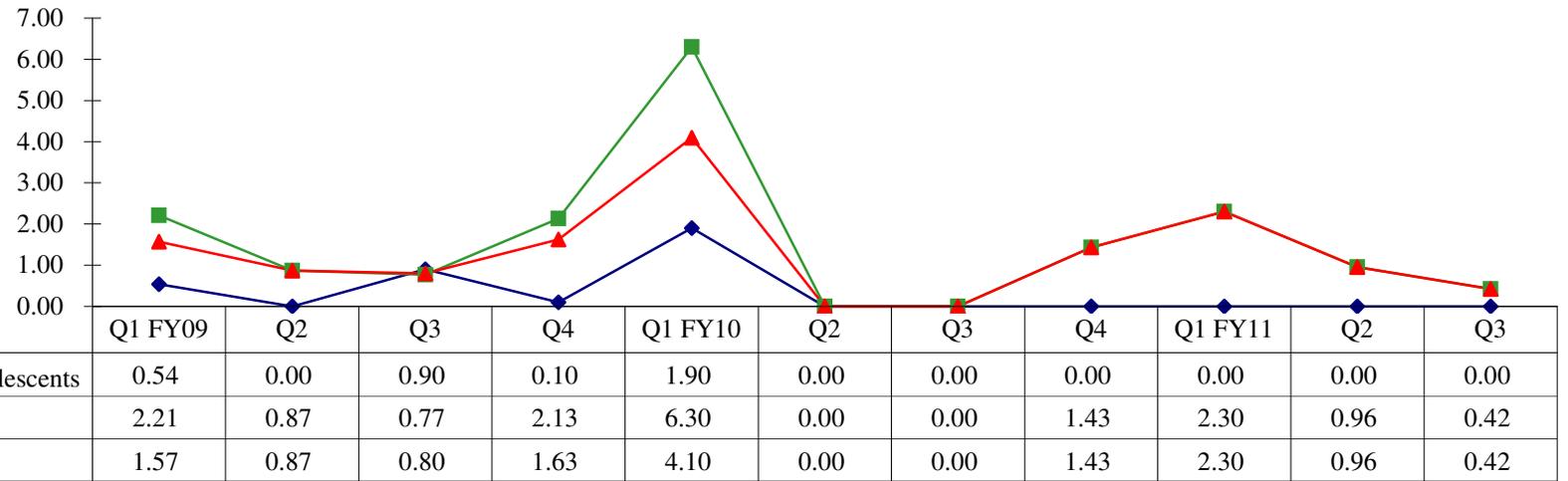
**Objective 3A - Maintain Restraint and Seclusion Data**

**Austin State Hospital**

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

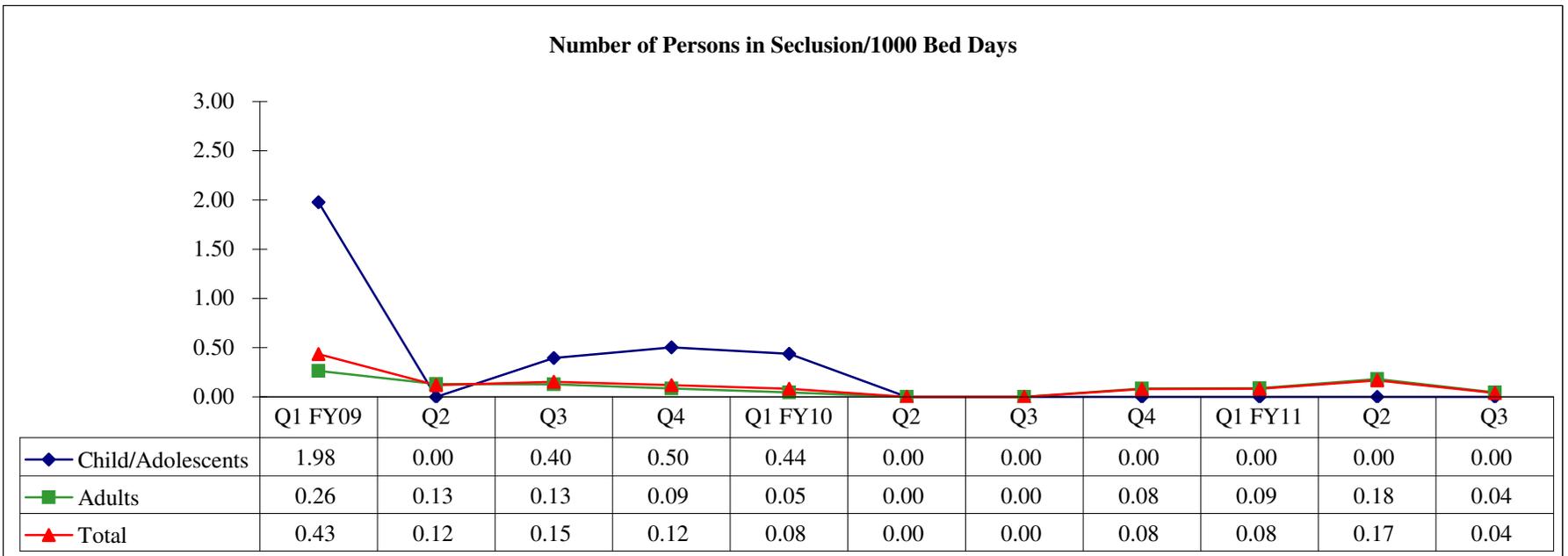
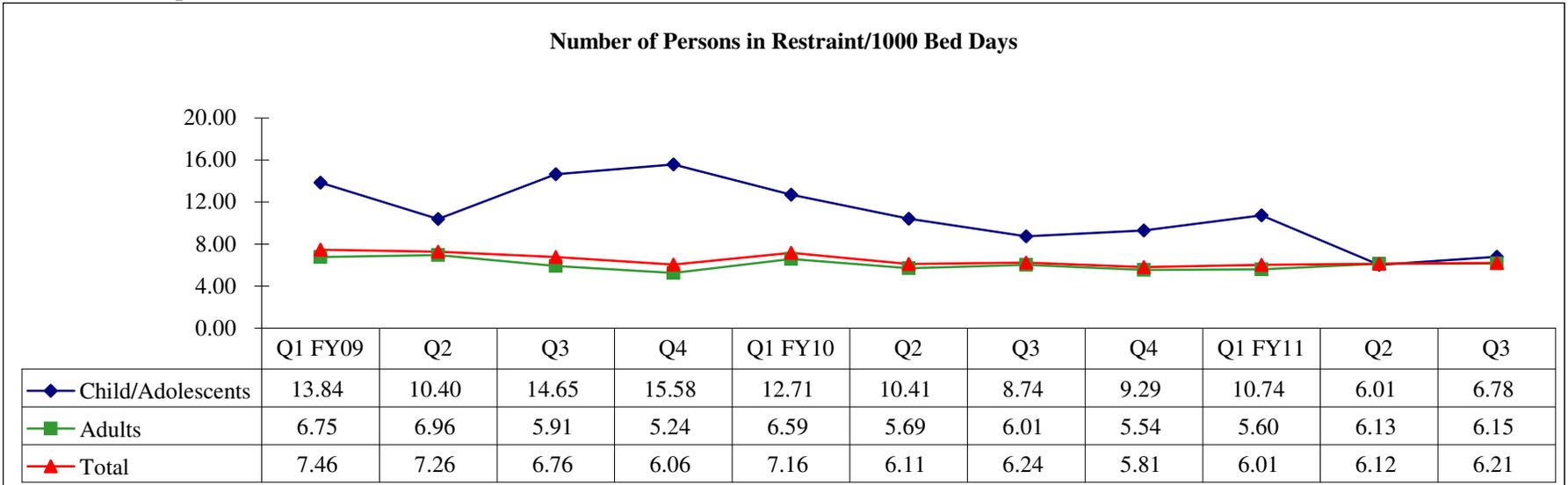


**Average Number of Hours Per Incident in Seclusion**



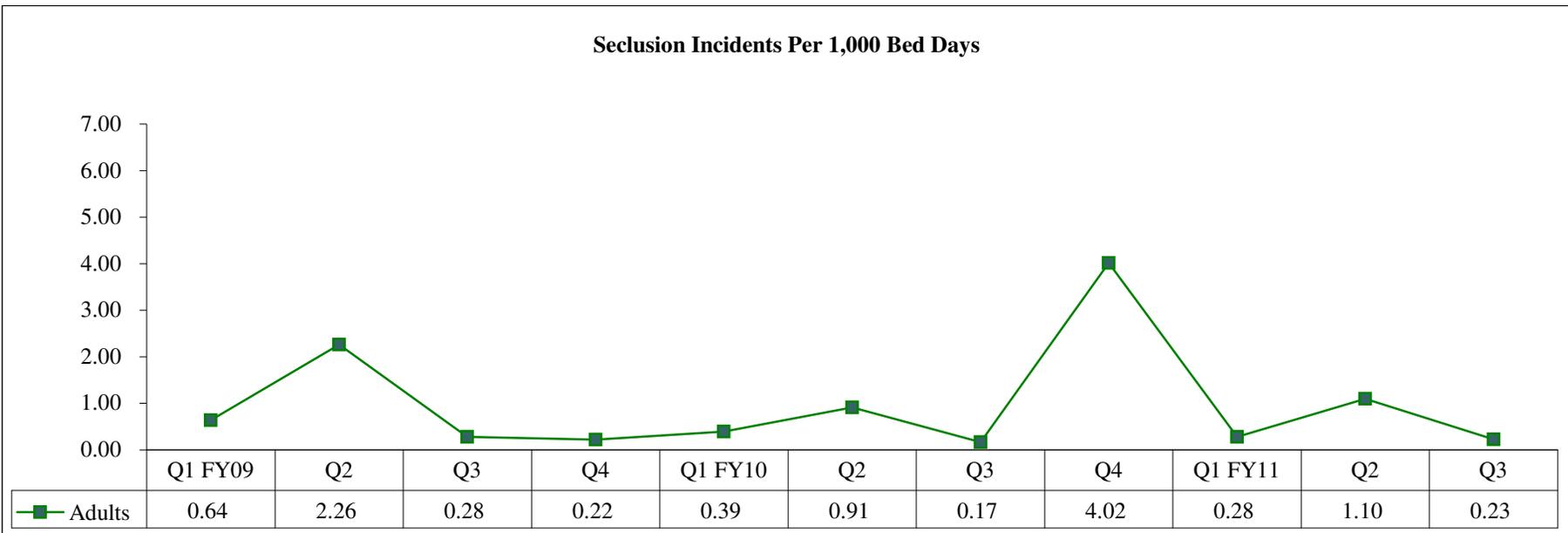
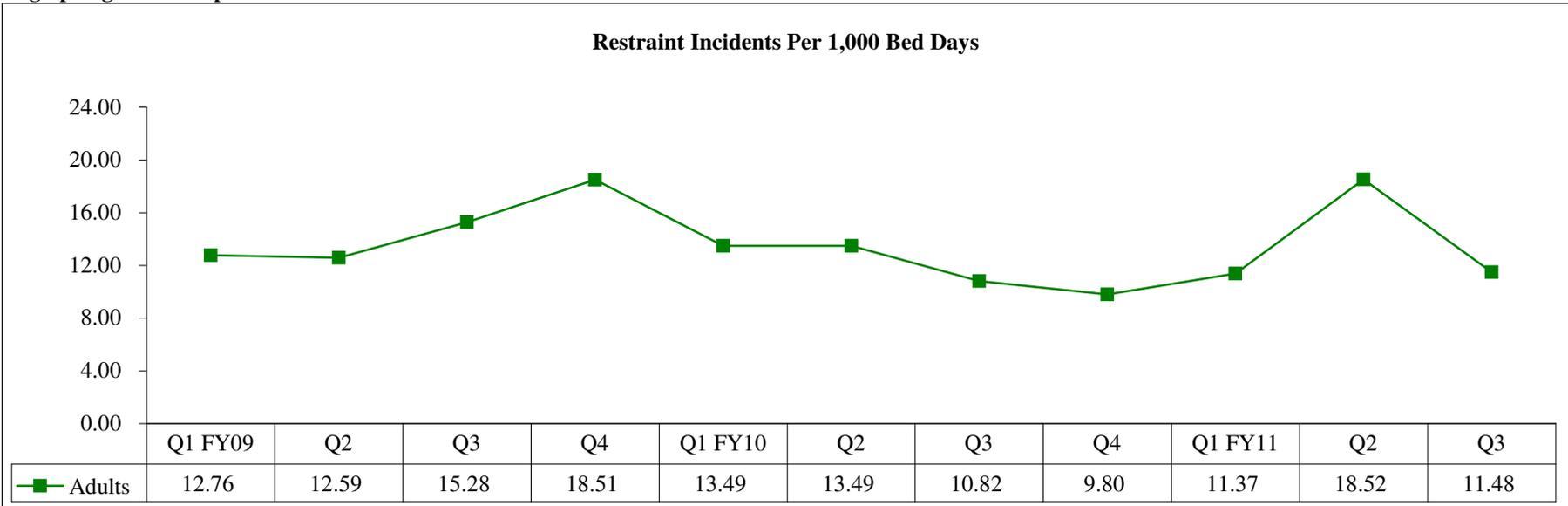
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

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



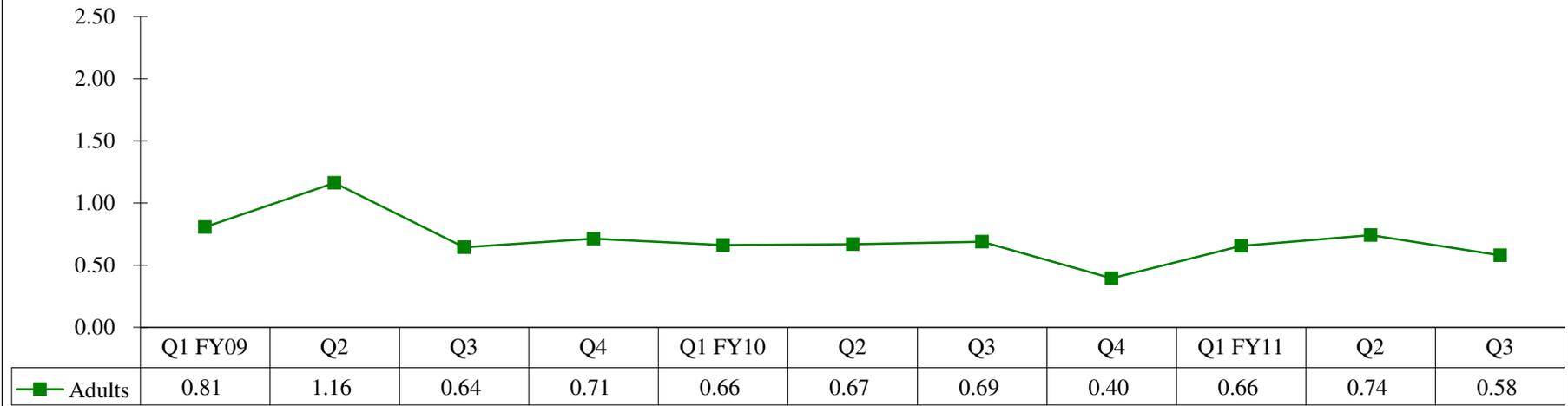
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

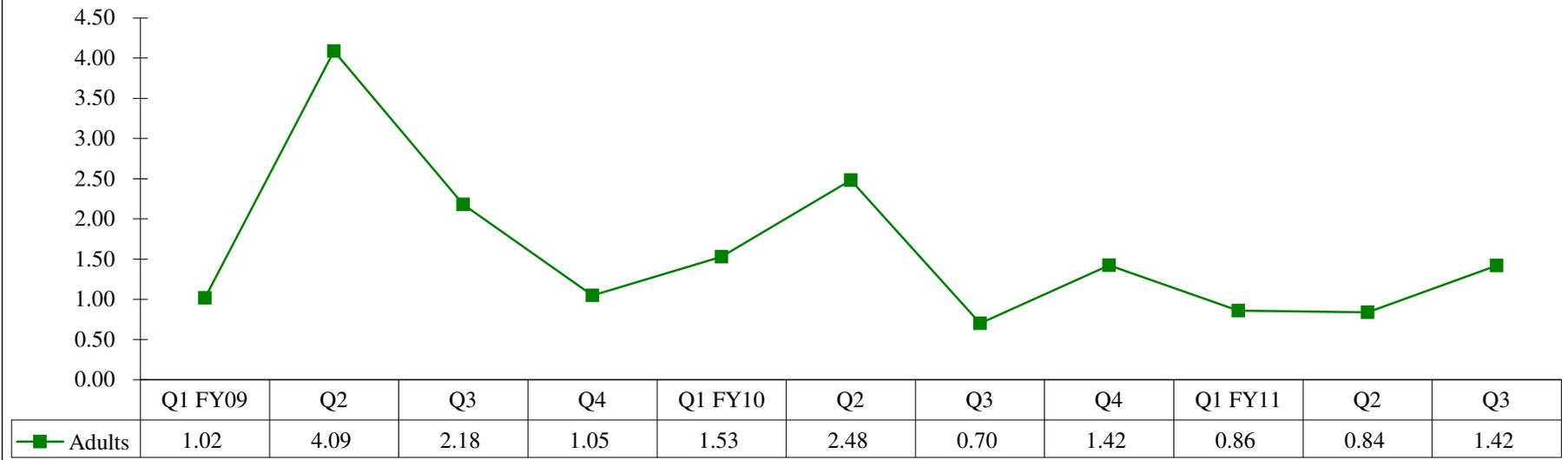


**Objective 3A - Maintain Restraint and Seclusion Data**  
**Big Spring State Hospital**

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

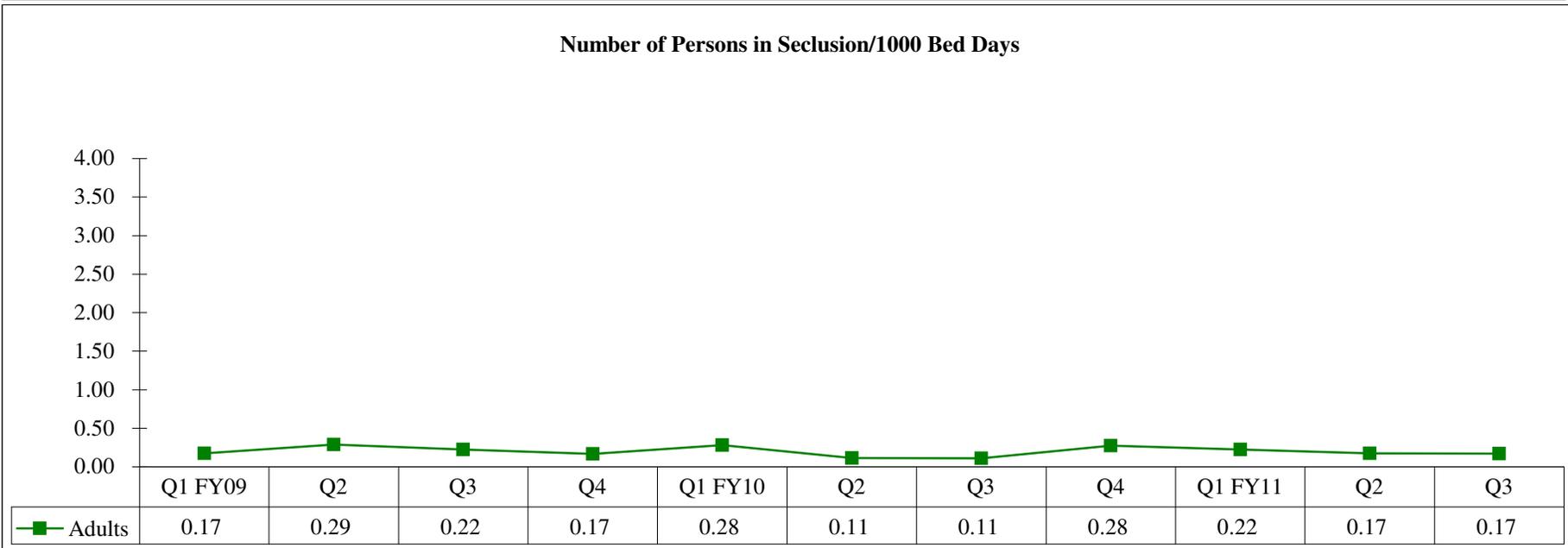
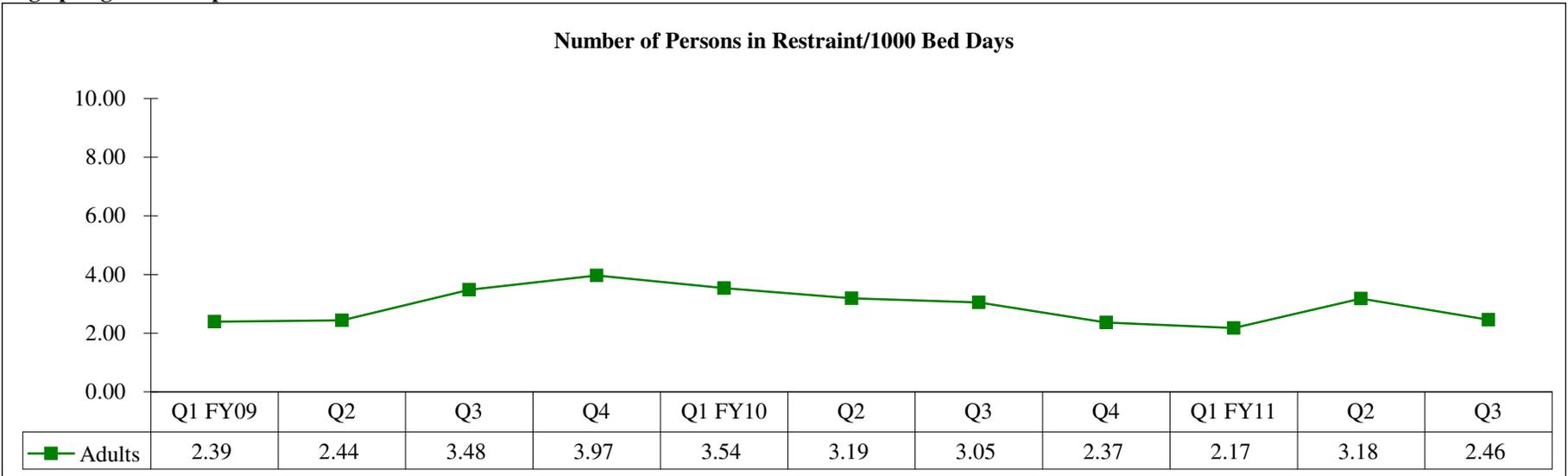


**Average Number of Hours Per Incident in Seclusion**

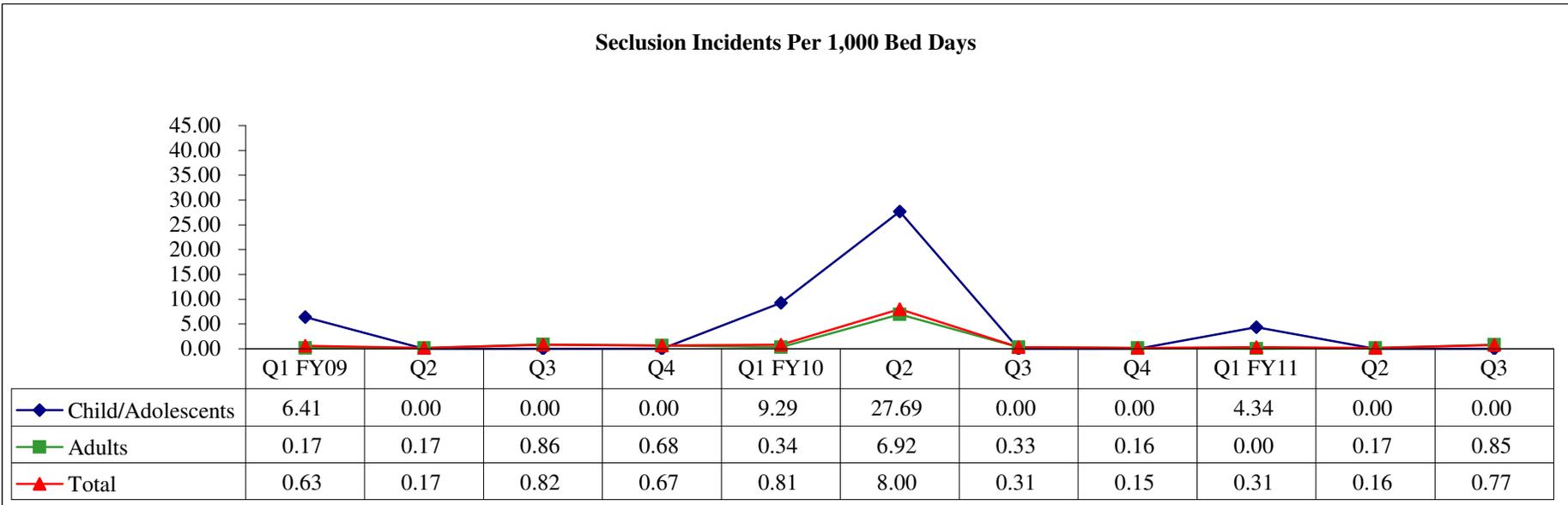
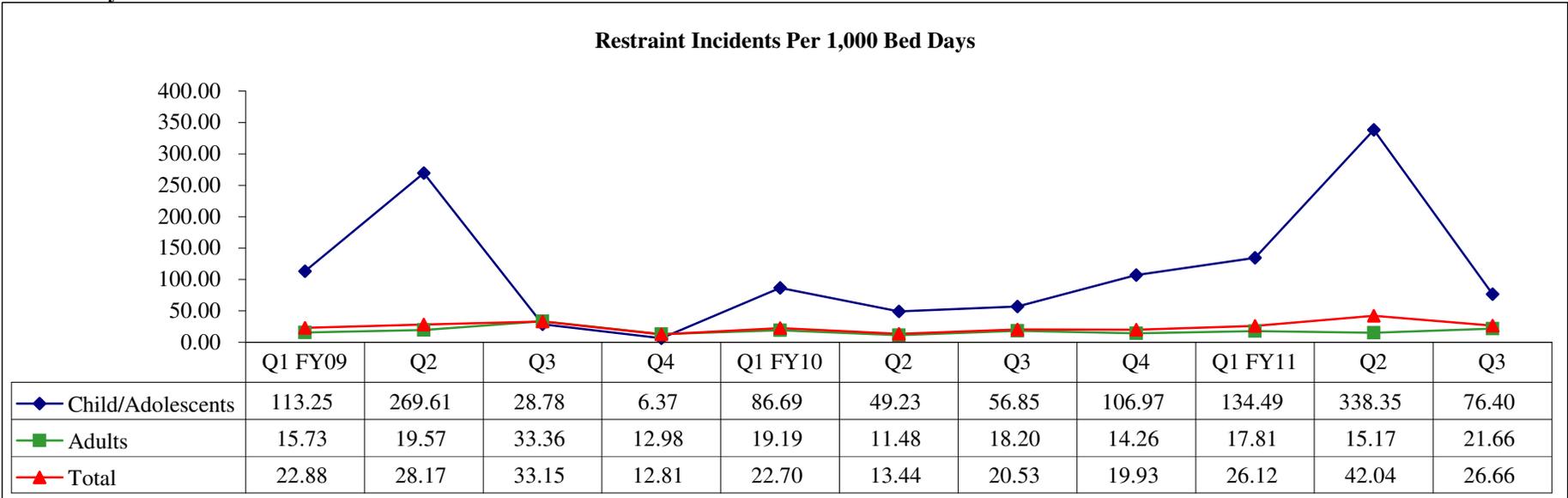


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

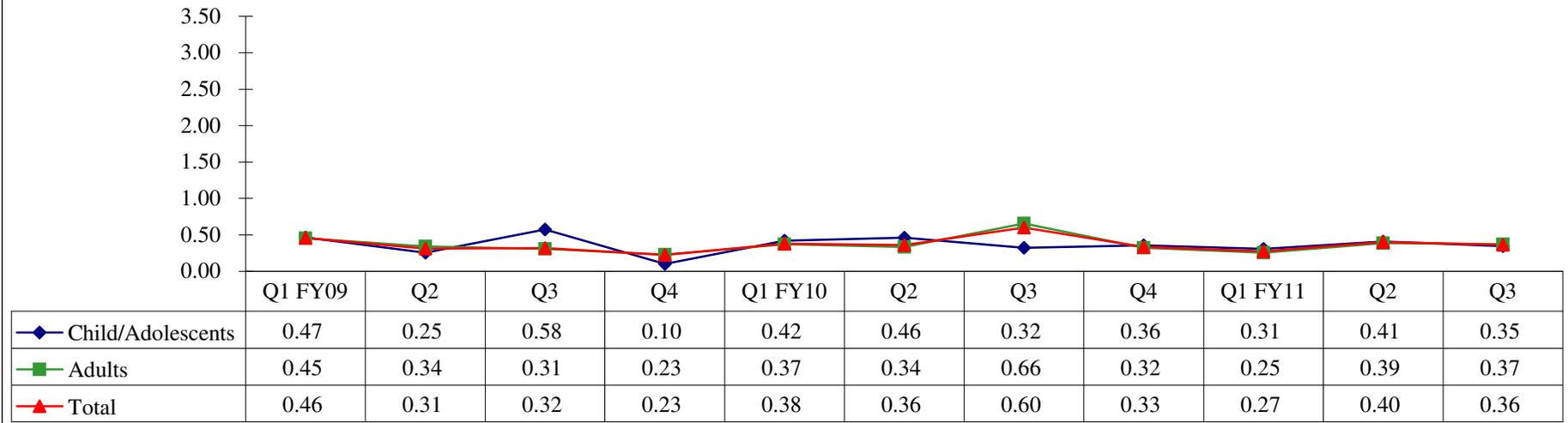


**Objective 3A - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**

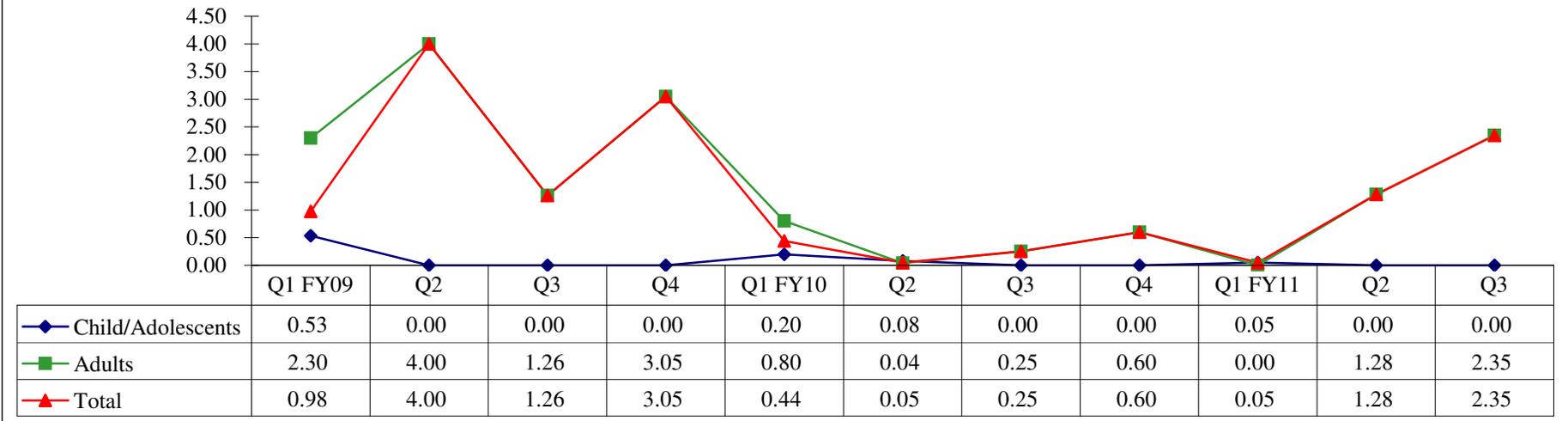


**Objective 3A - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**

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

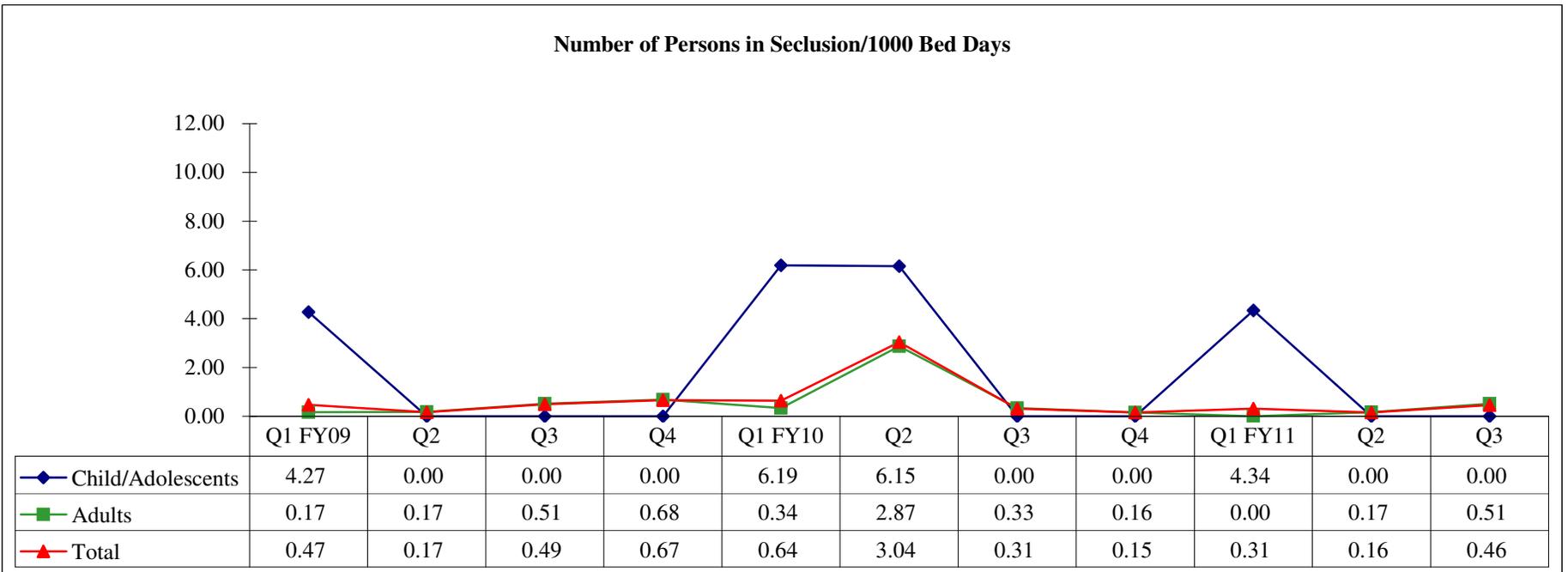
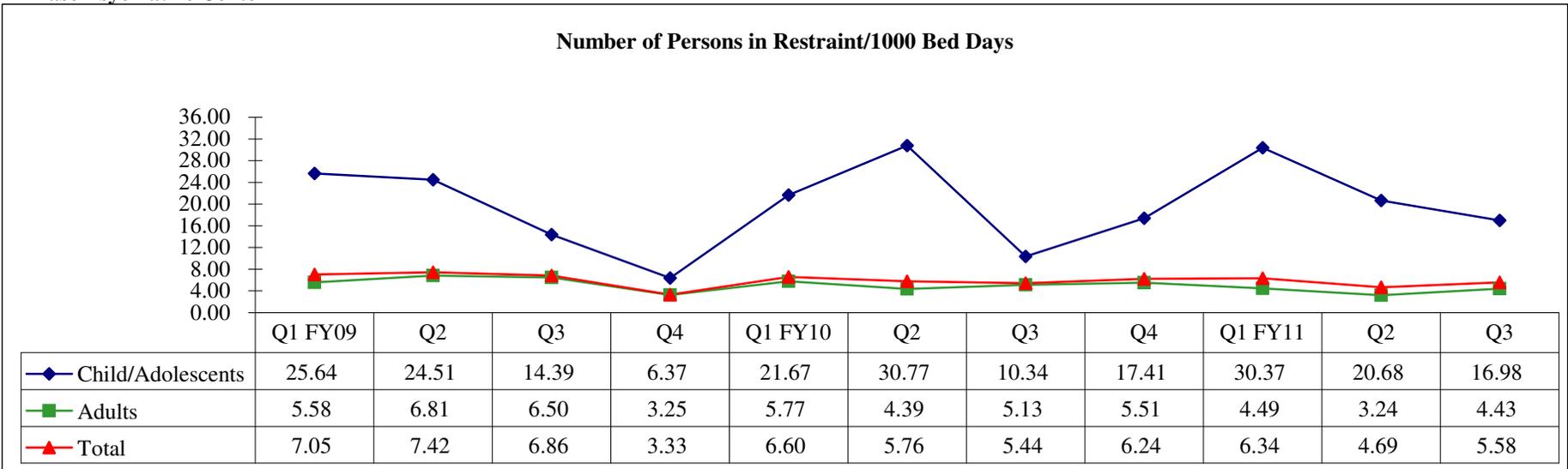


**Average Number of Hours Per Incident in Seclusion**



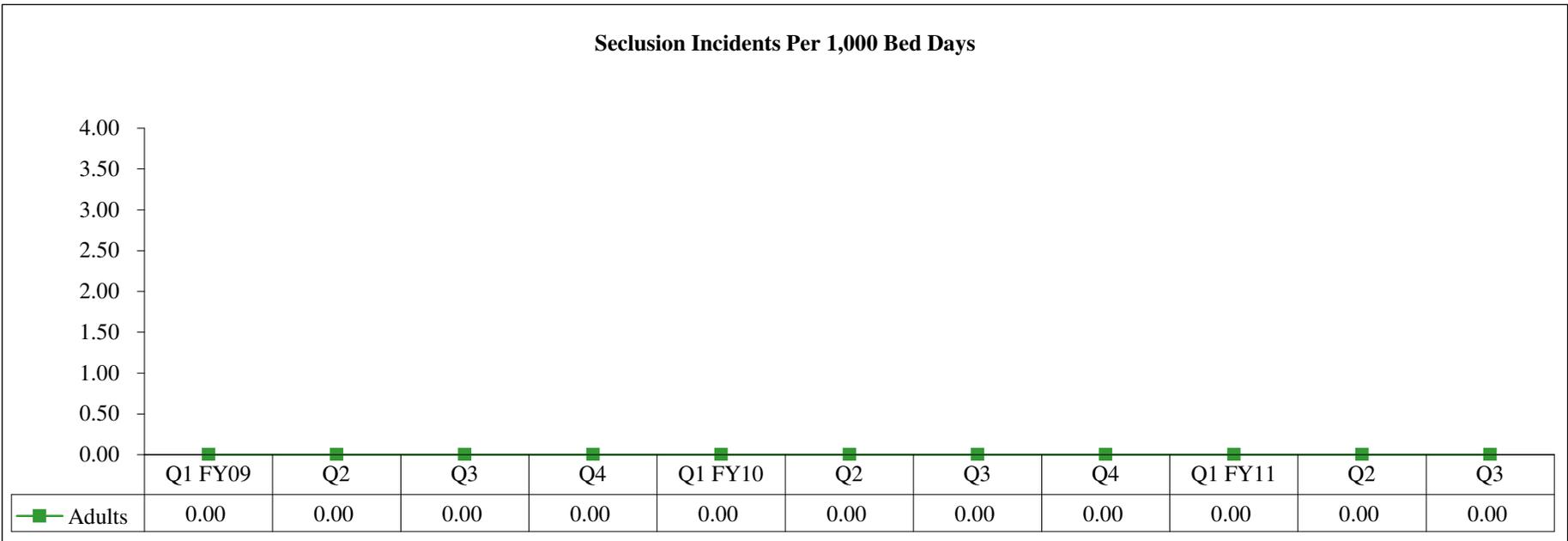
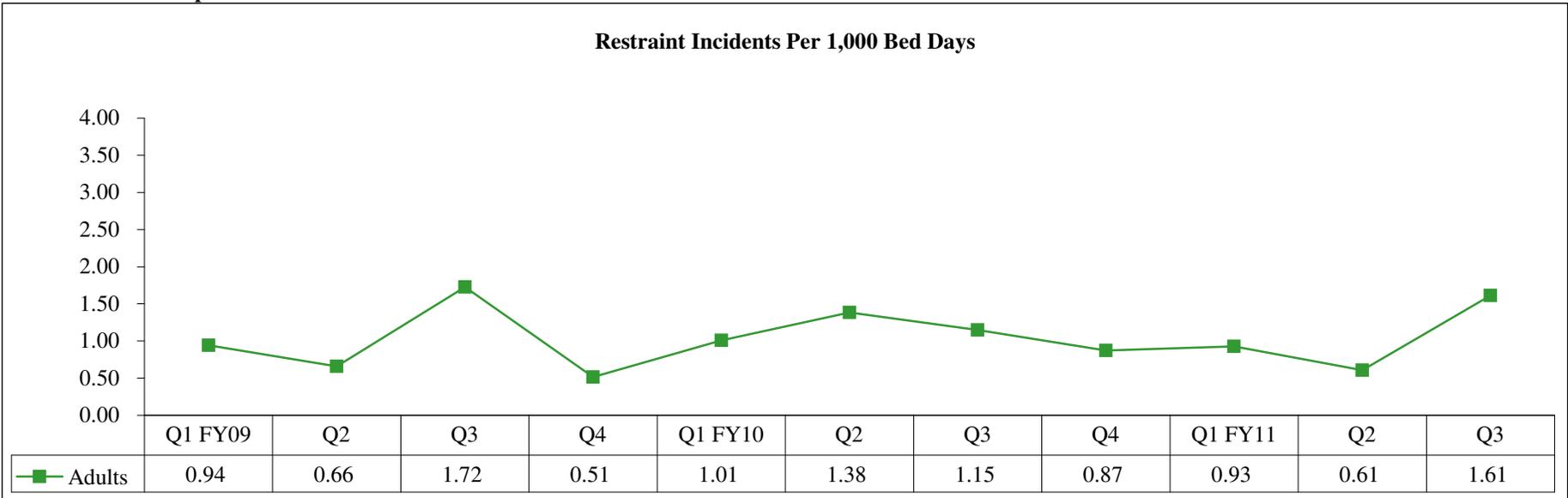
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



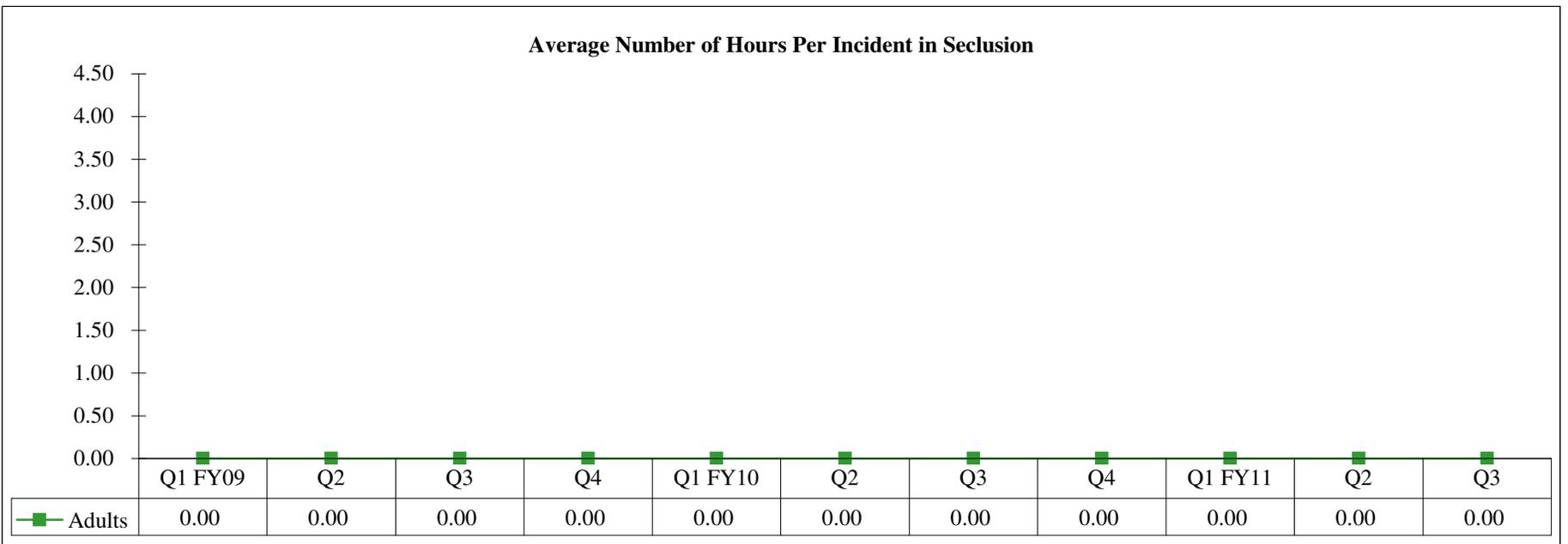
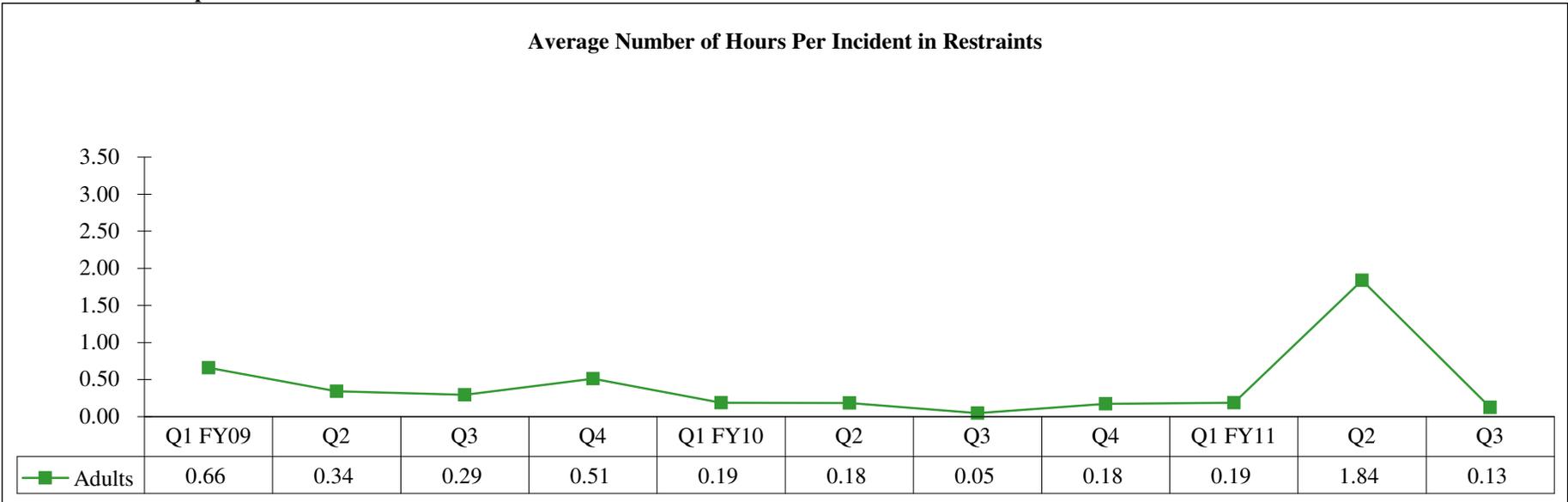
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



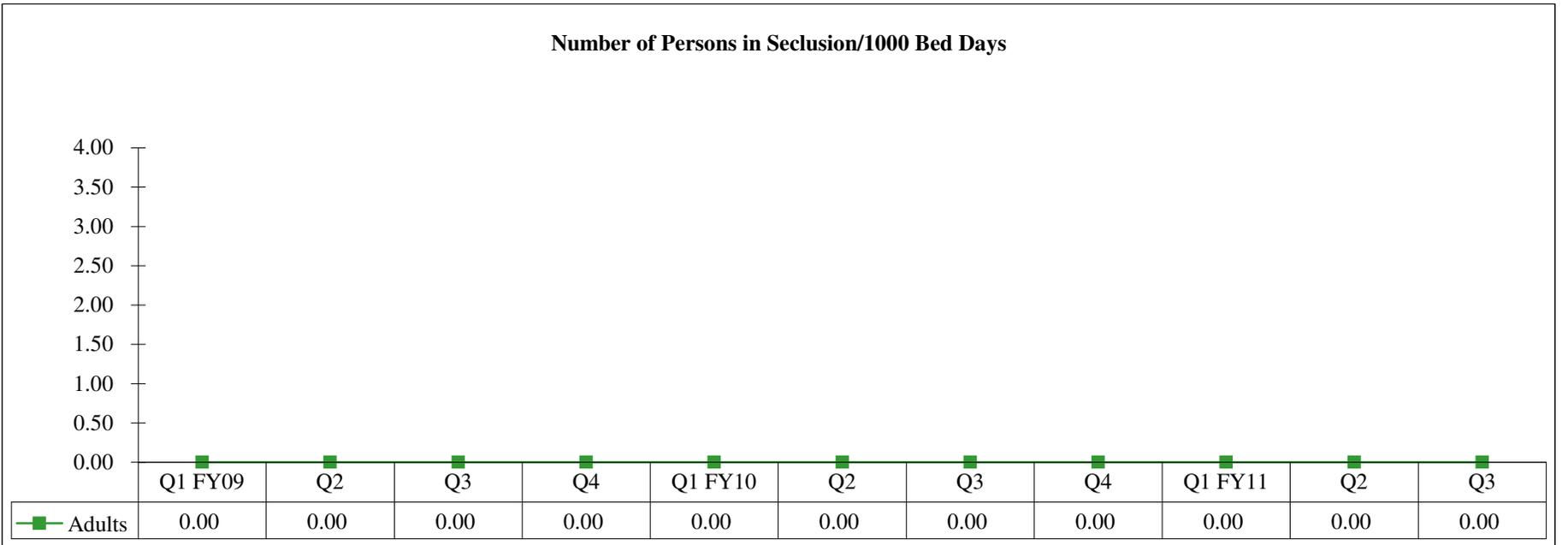
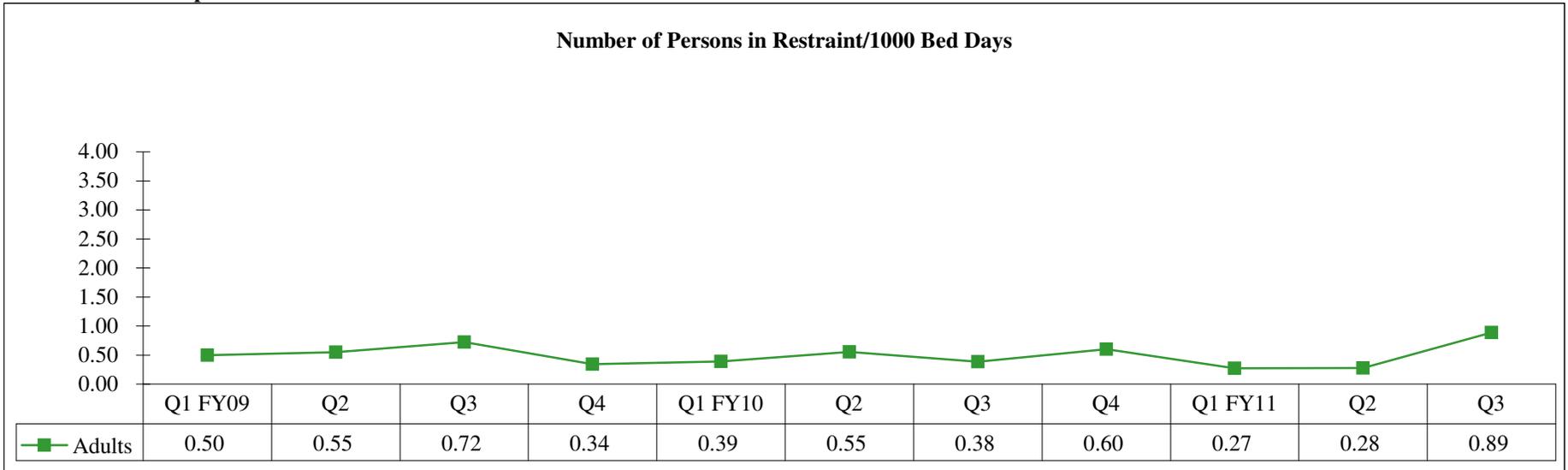
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

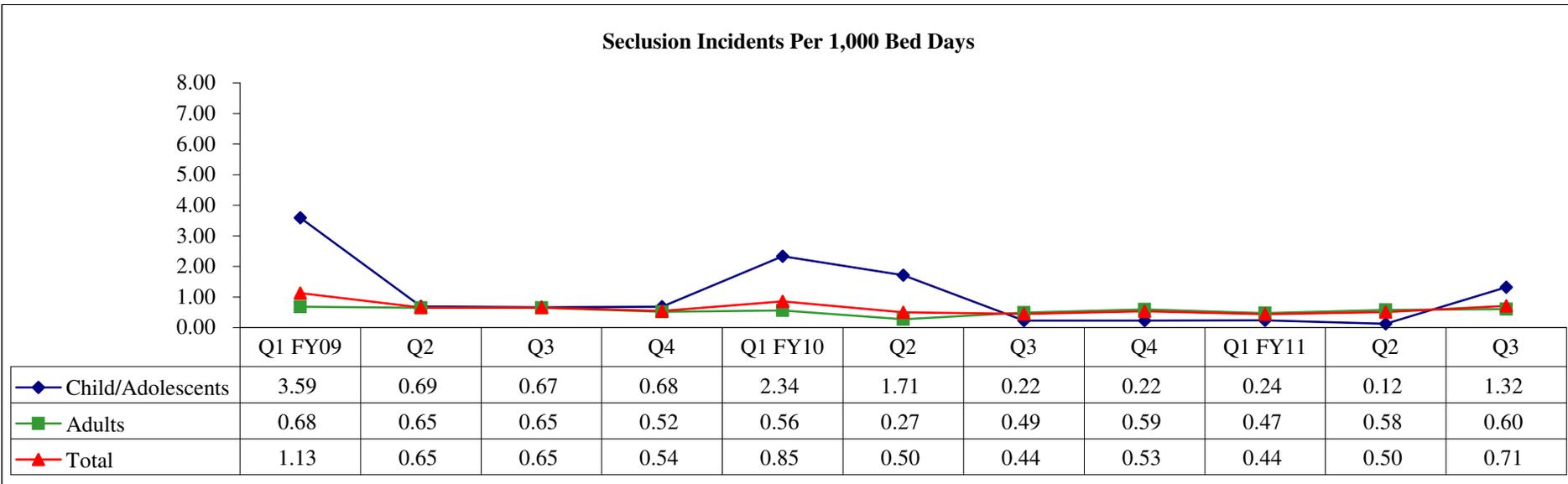
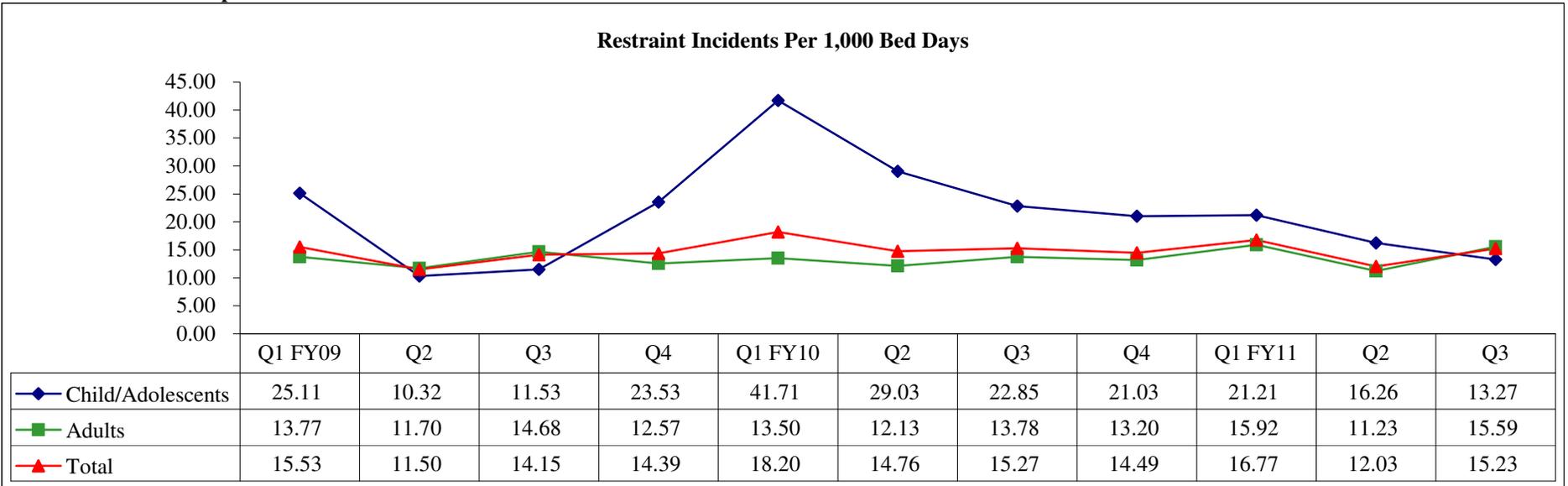


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

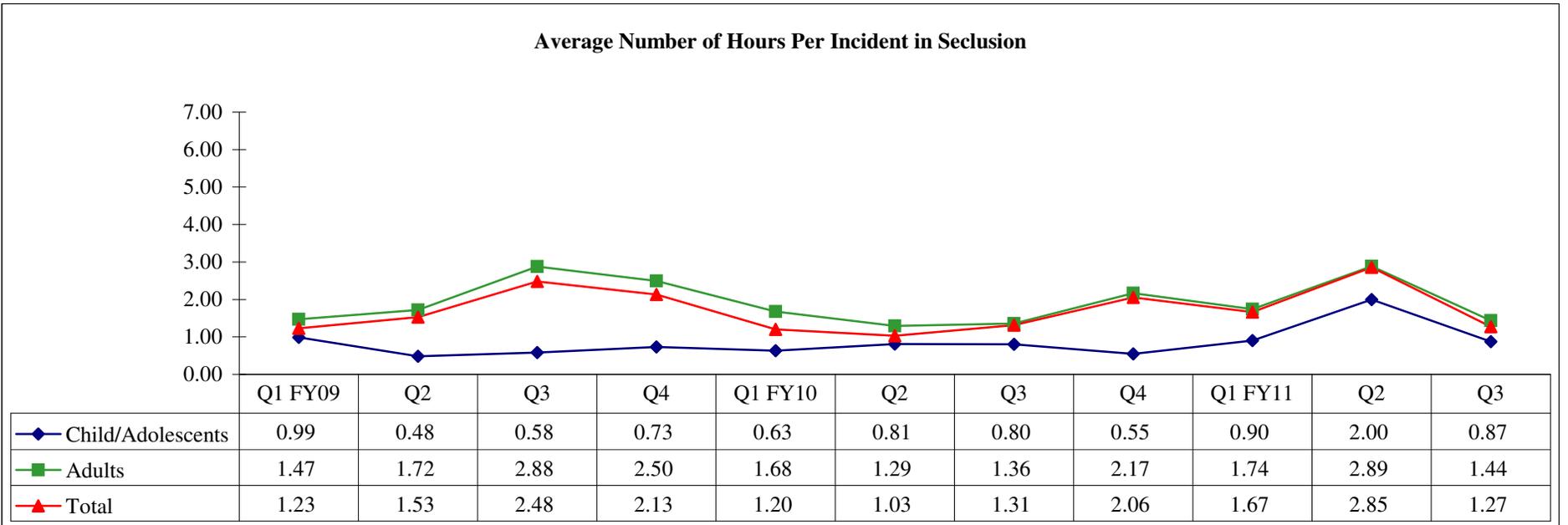
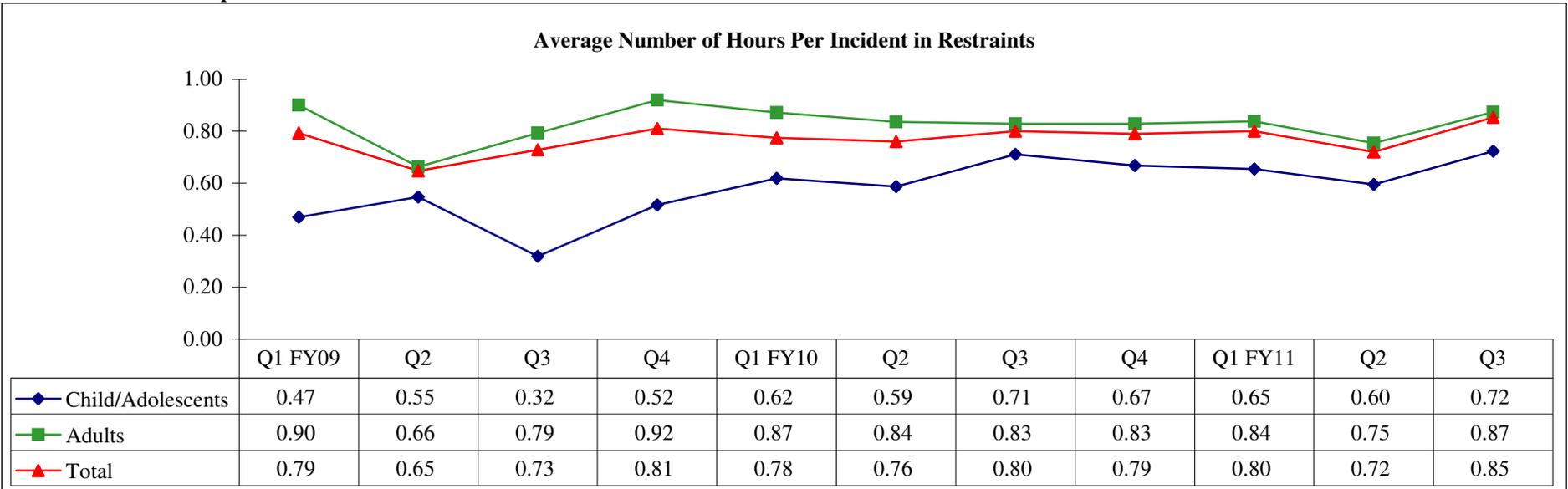
**Objective 3A - Maintain Restraint and Seclusion Data  
Kerrville State Hospital**



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

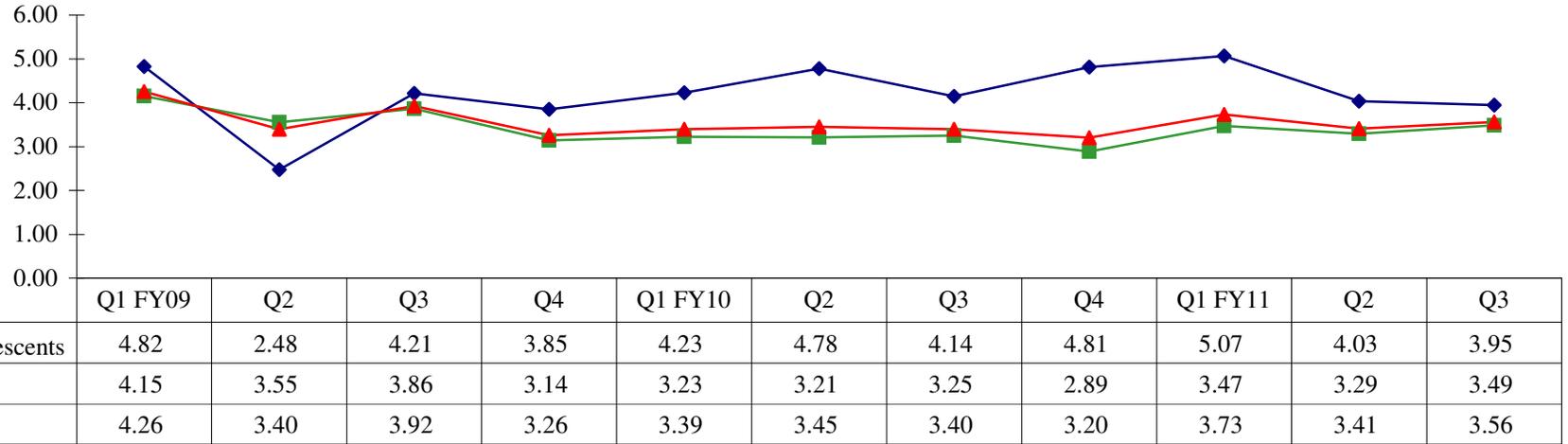


**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

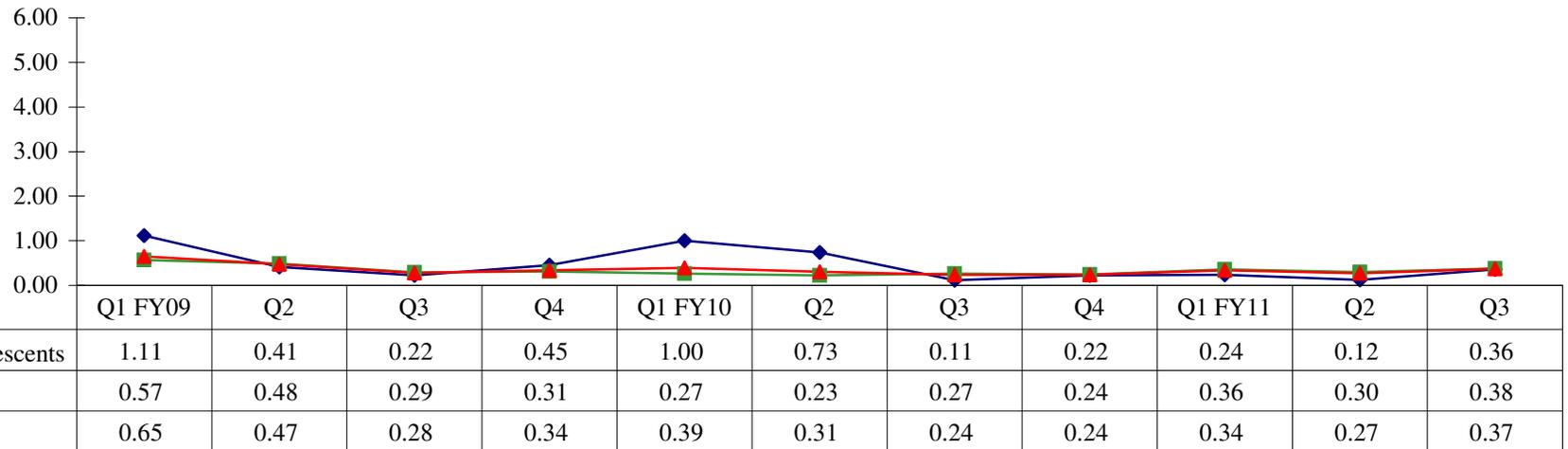


**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

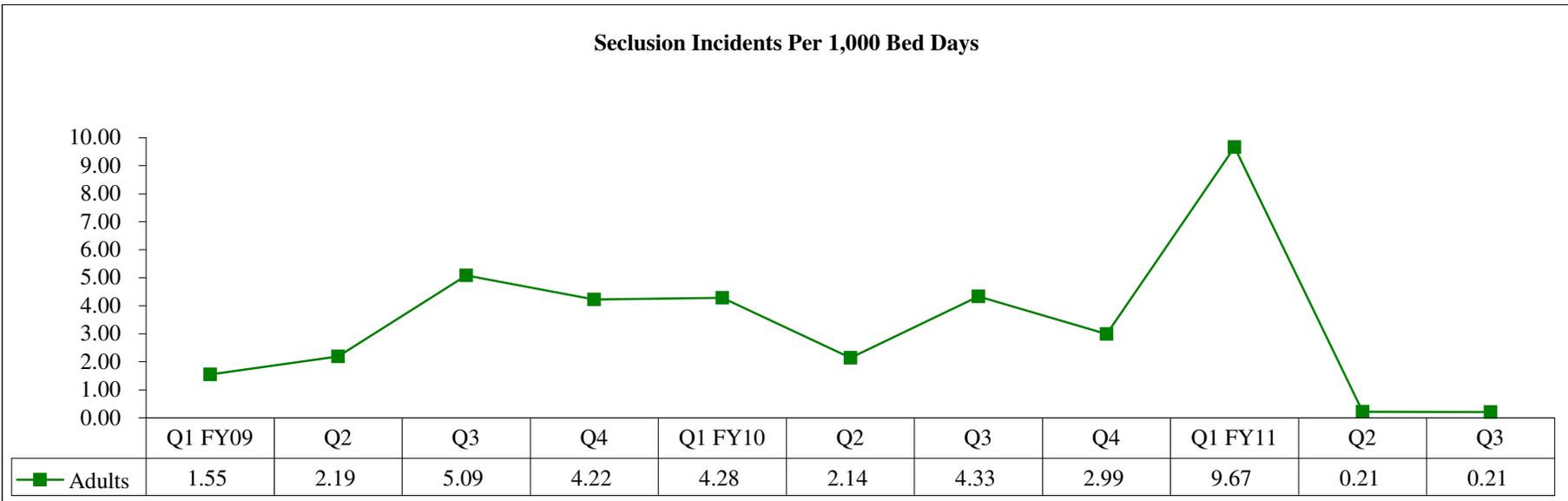
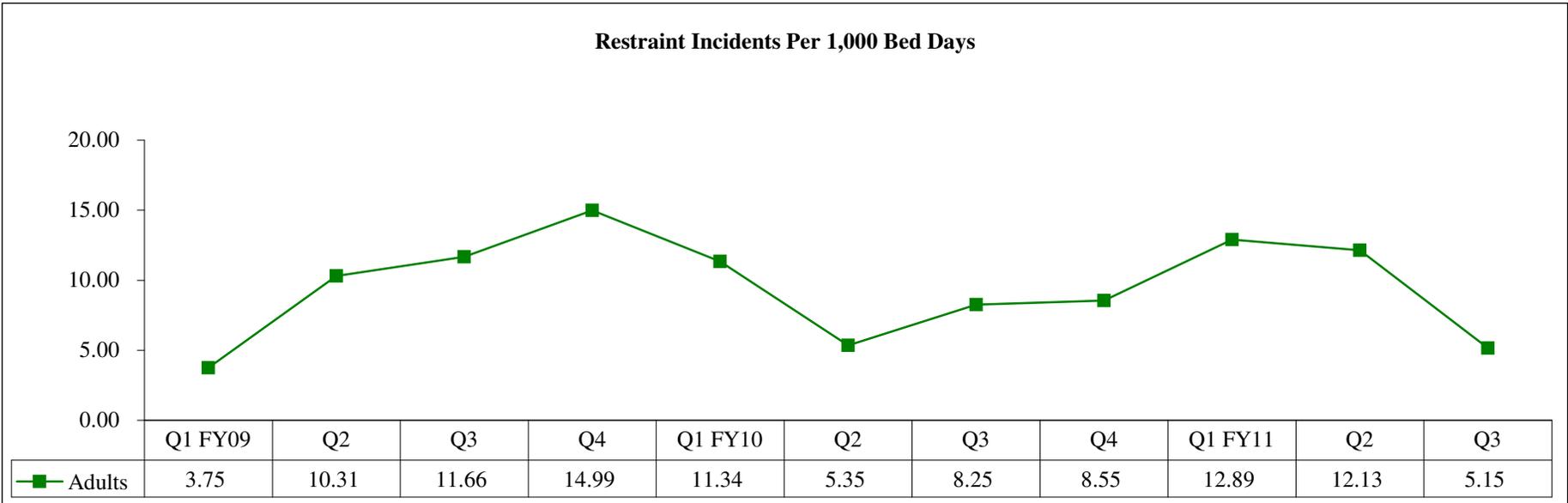
**Number of Persons in Restraint/1000 Bed Days**



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

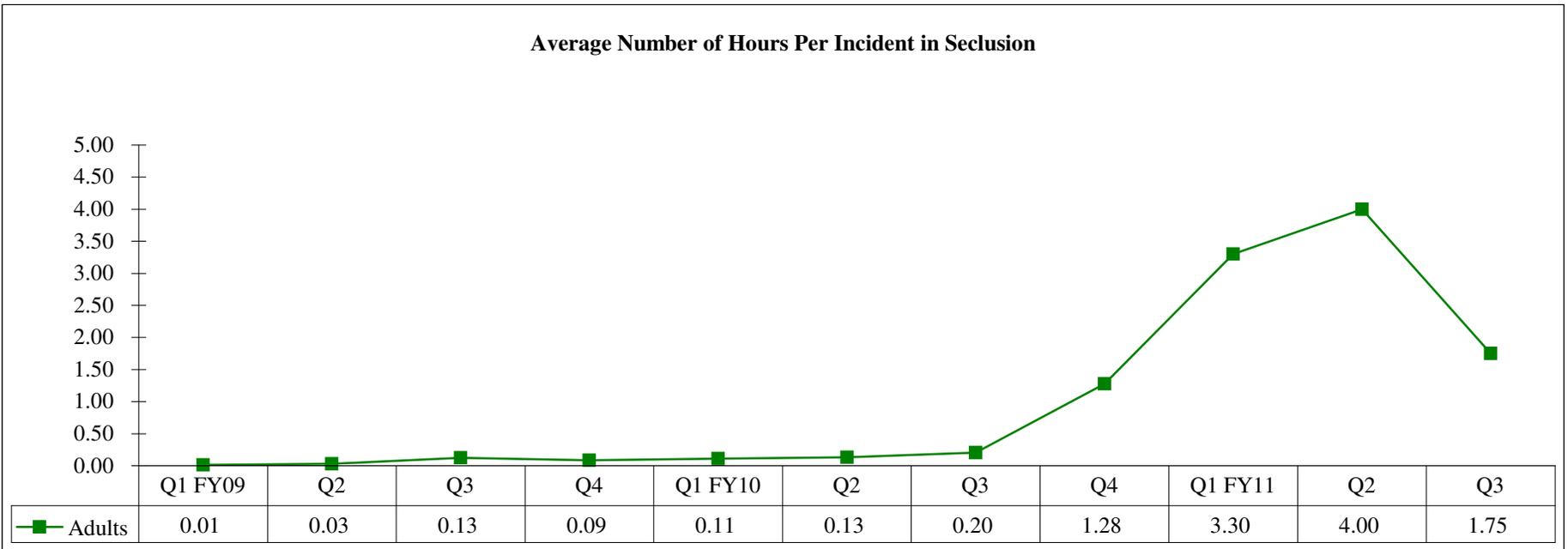
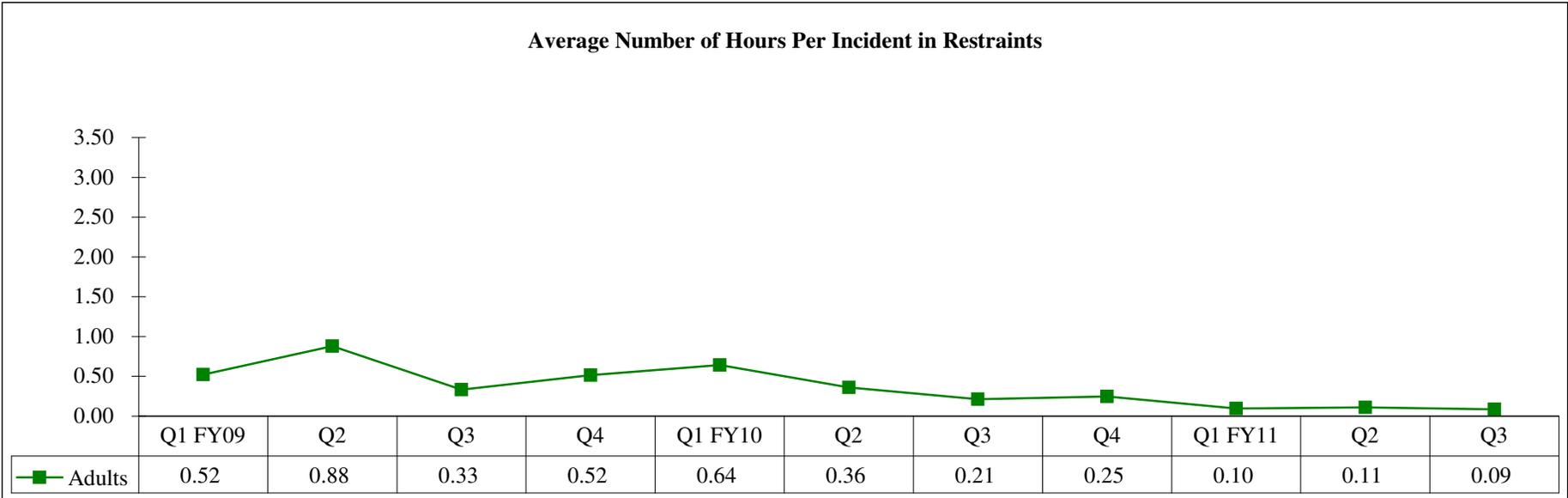


**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**



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

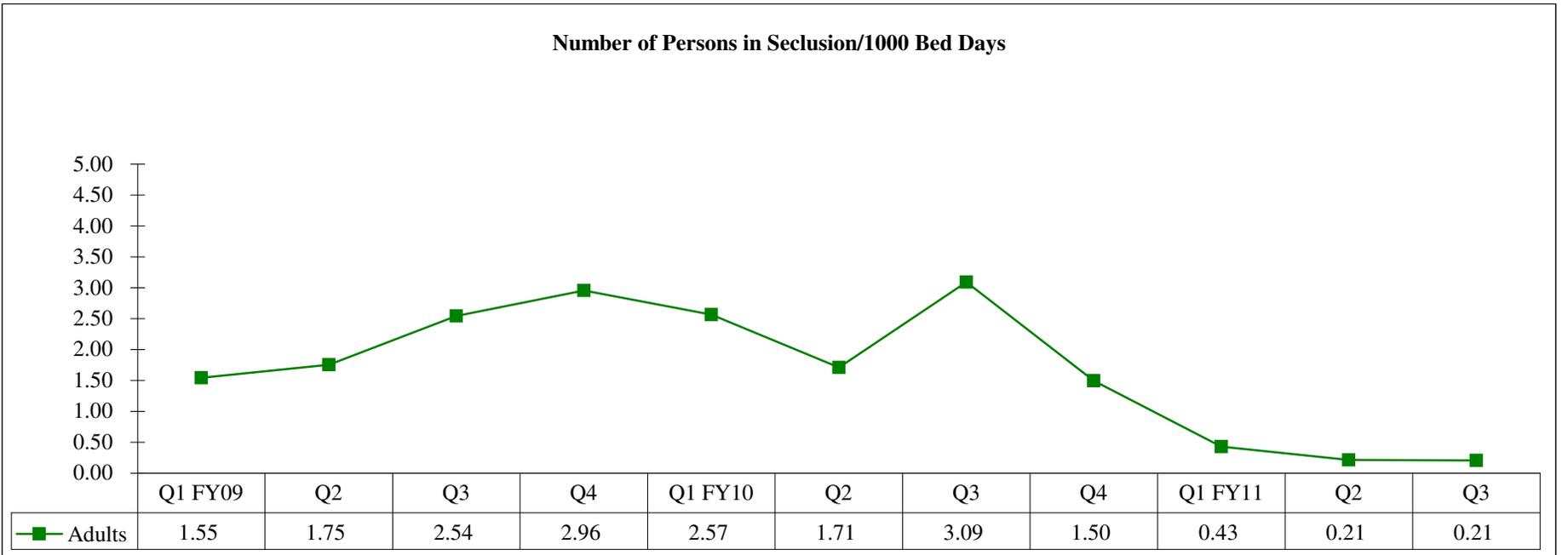
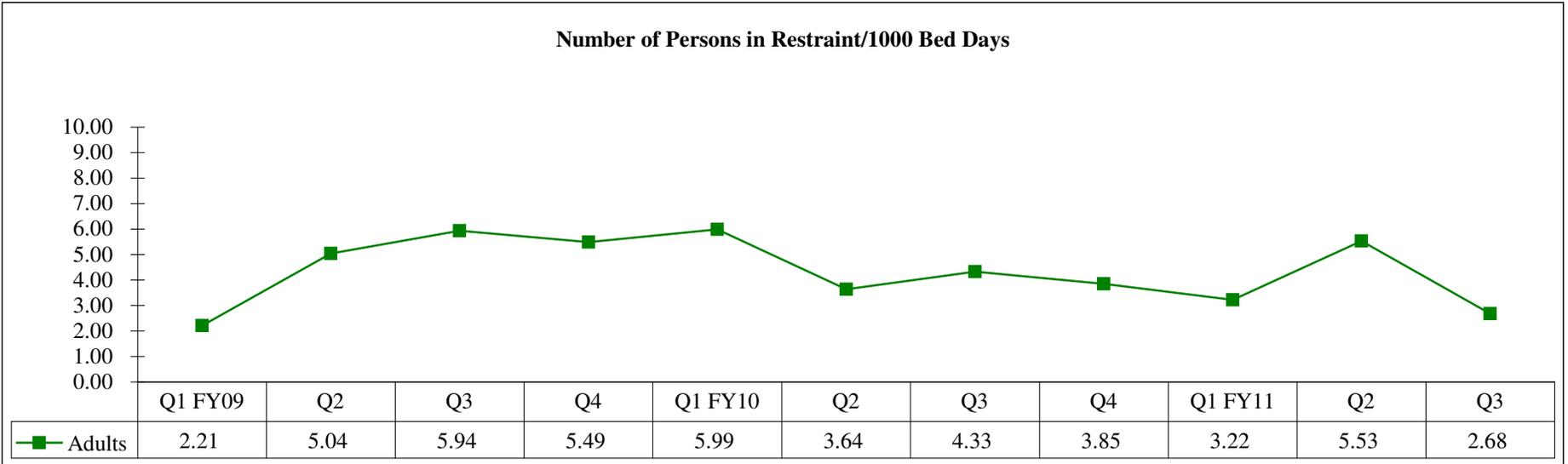
**Rio Grande State Center**



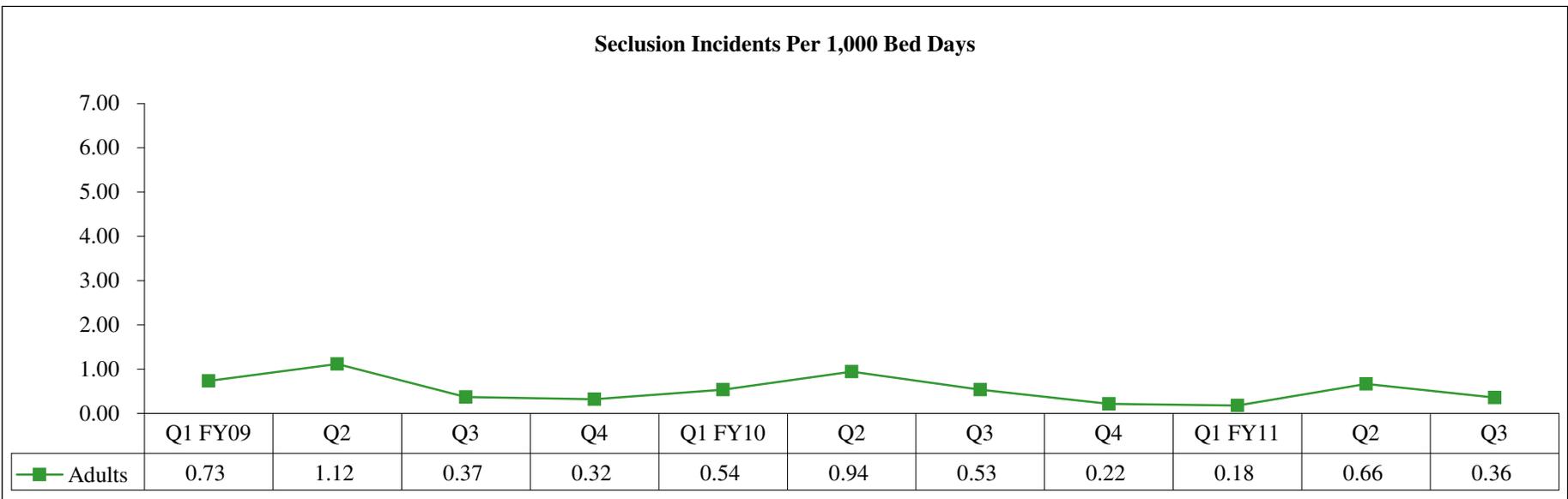
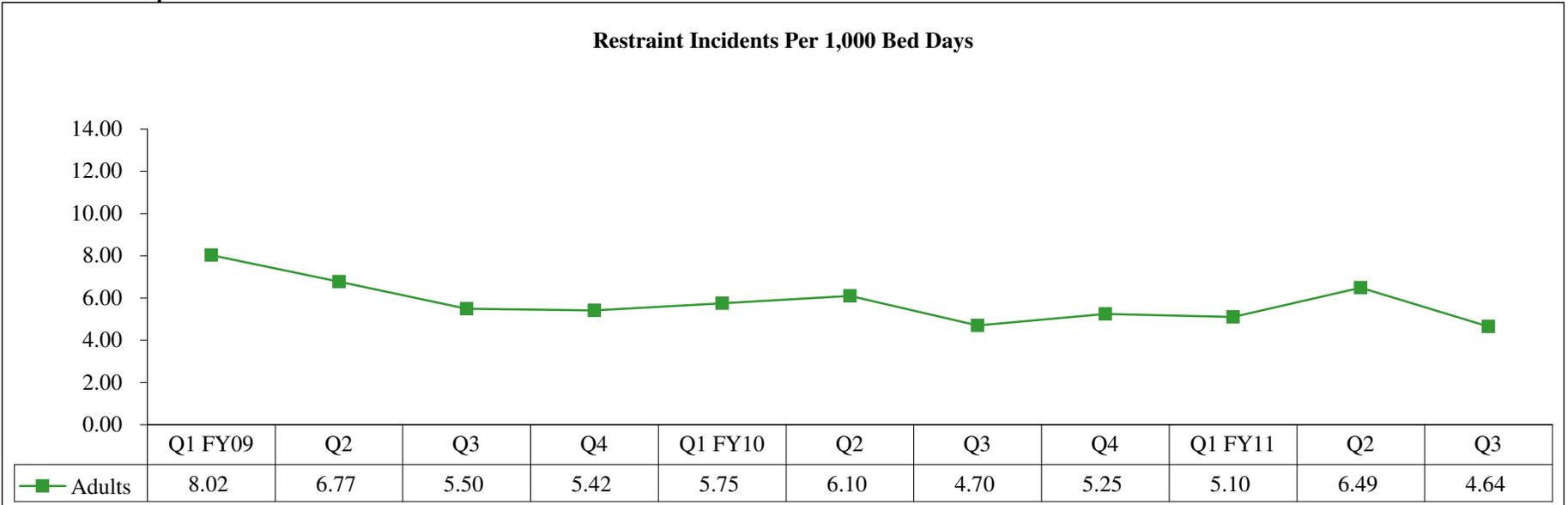
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

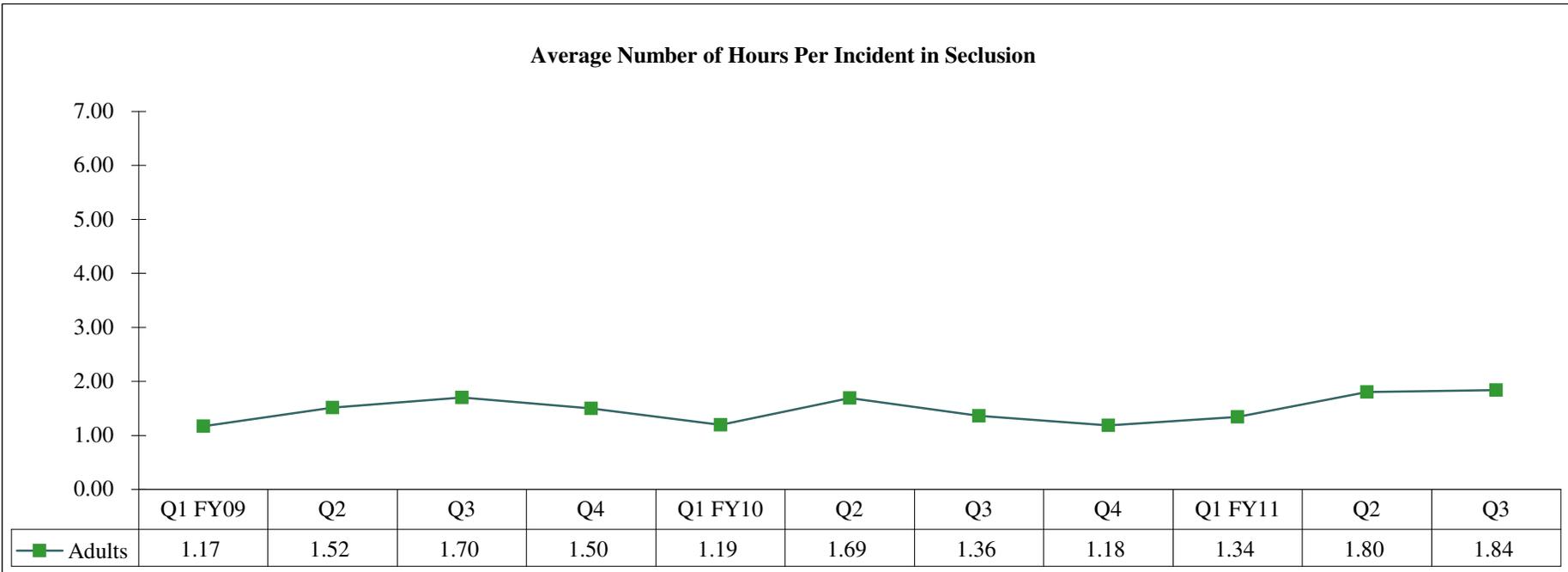
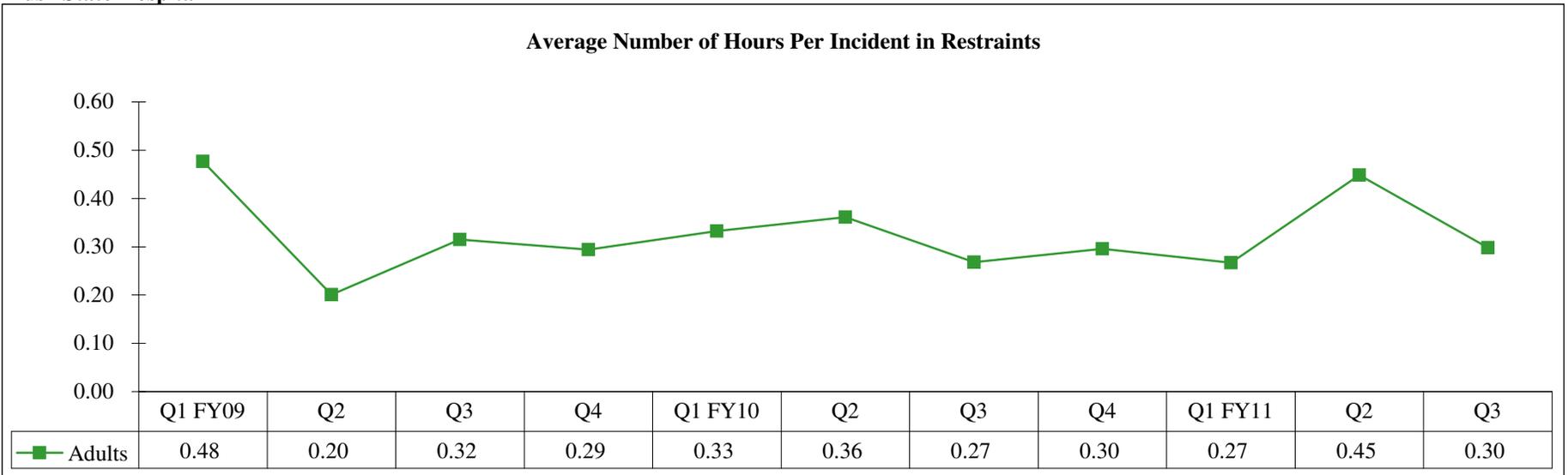
**Rio Grande State Center**



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

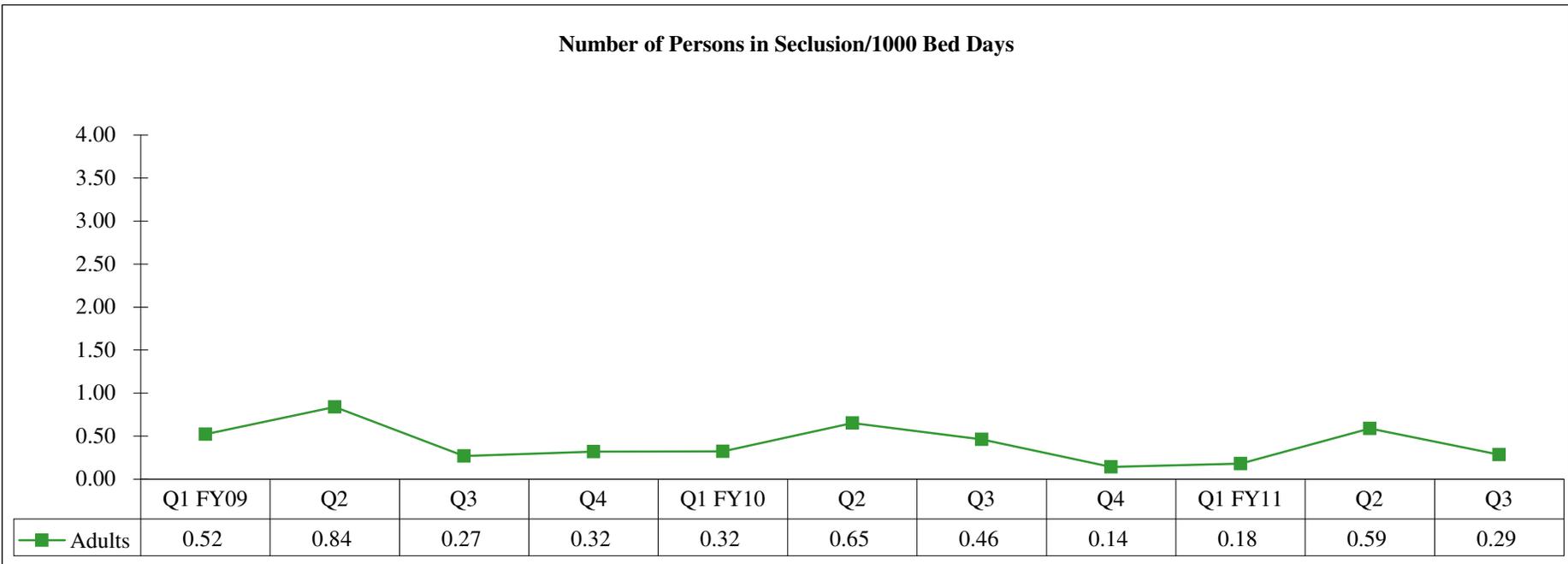
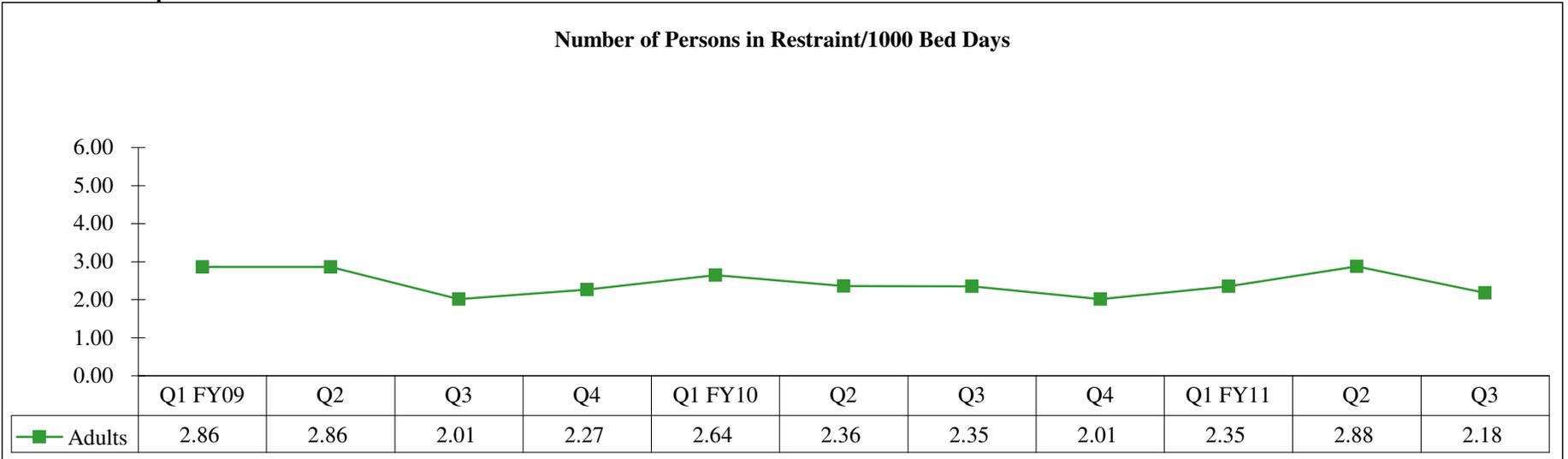


**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**

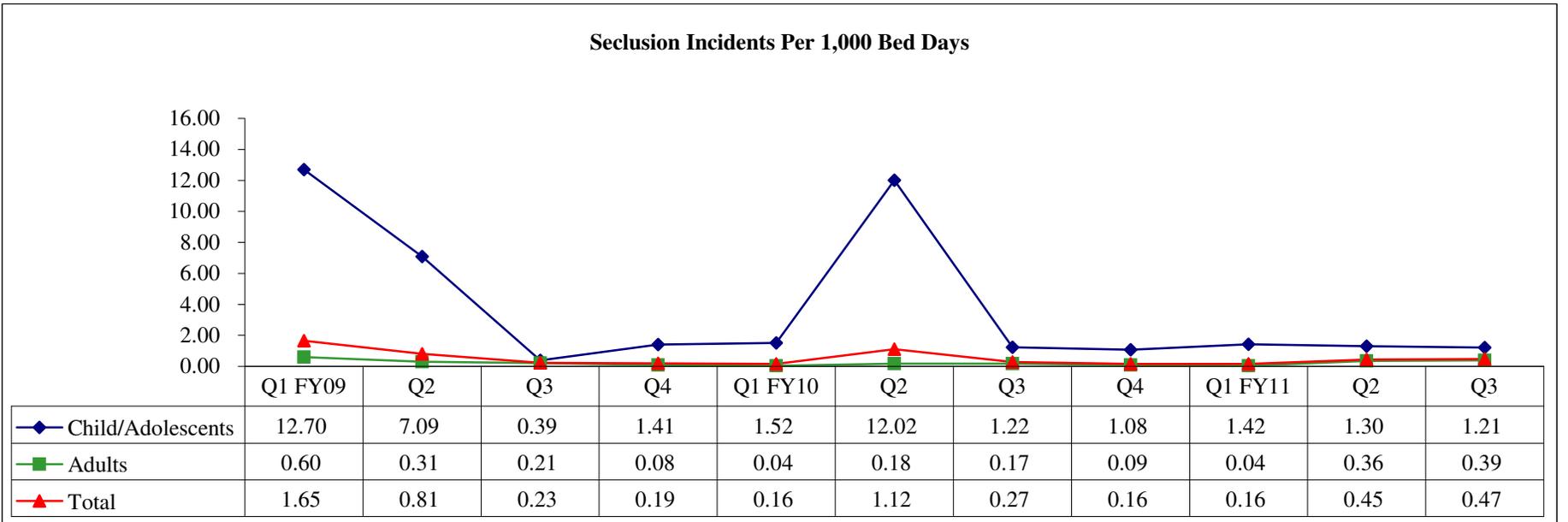
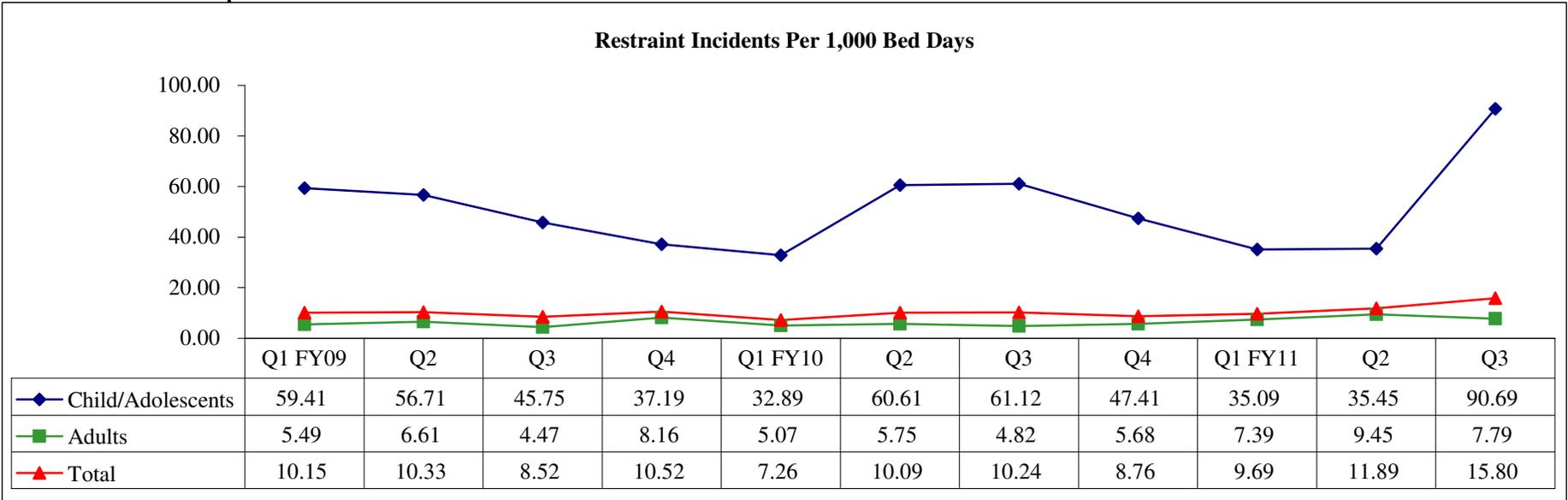


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

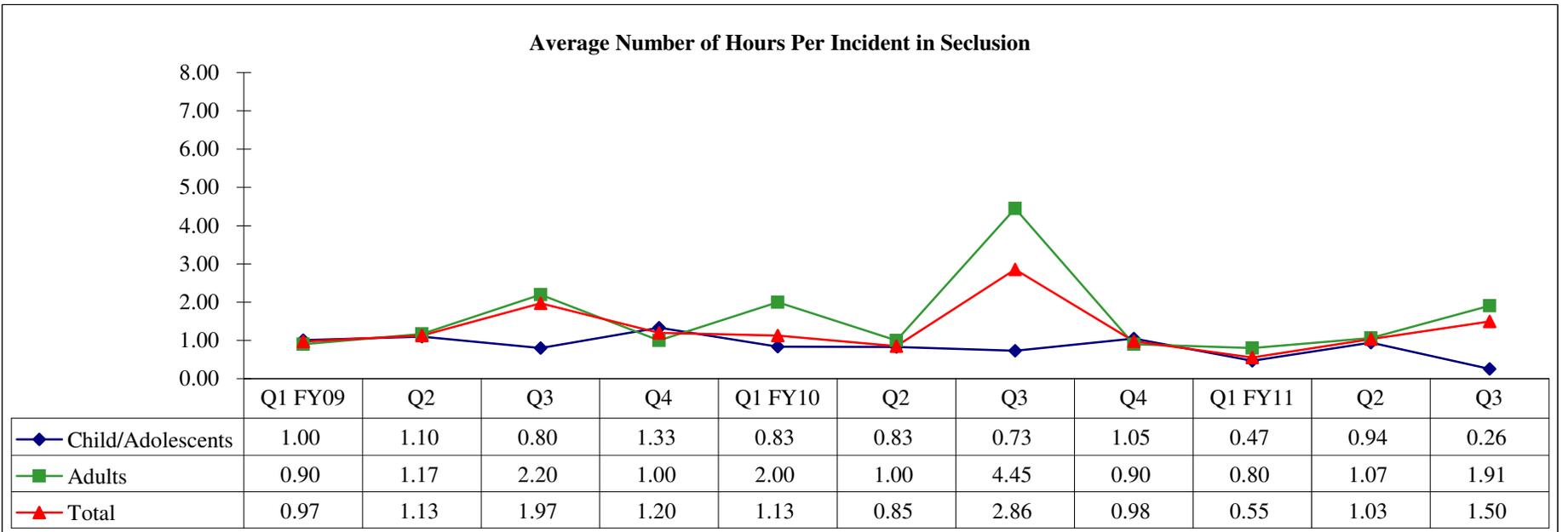
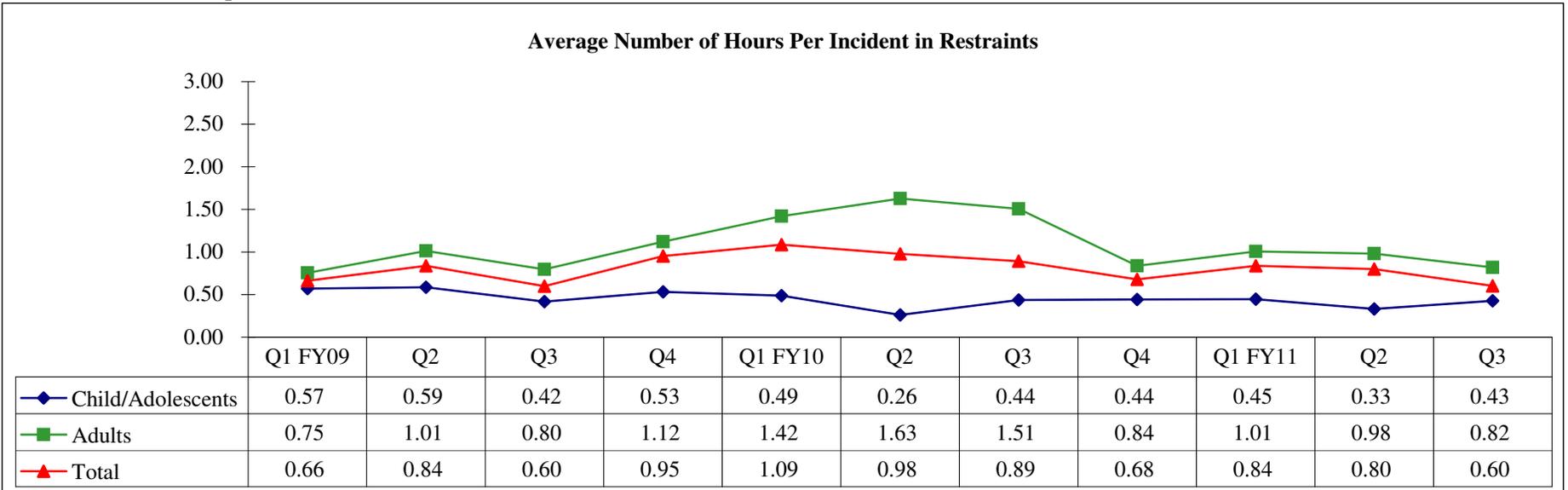
**Objective 3A - Maintain Restraint and Seclusion Data  
Rusk State Hospital**



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

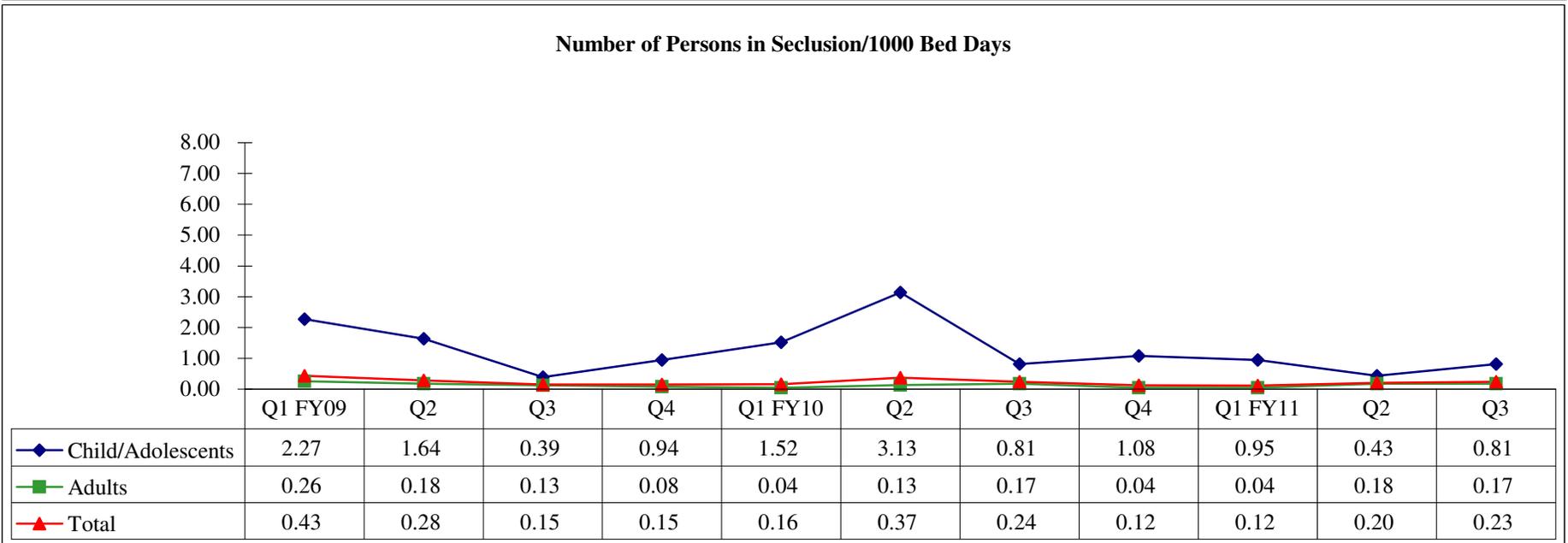
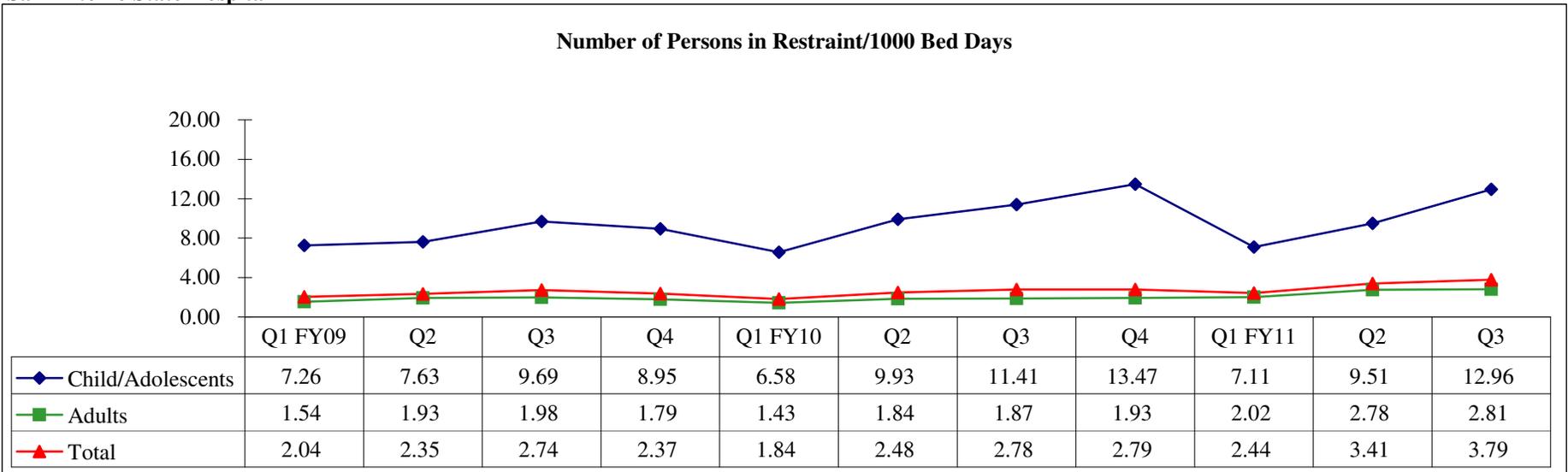


**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**



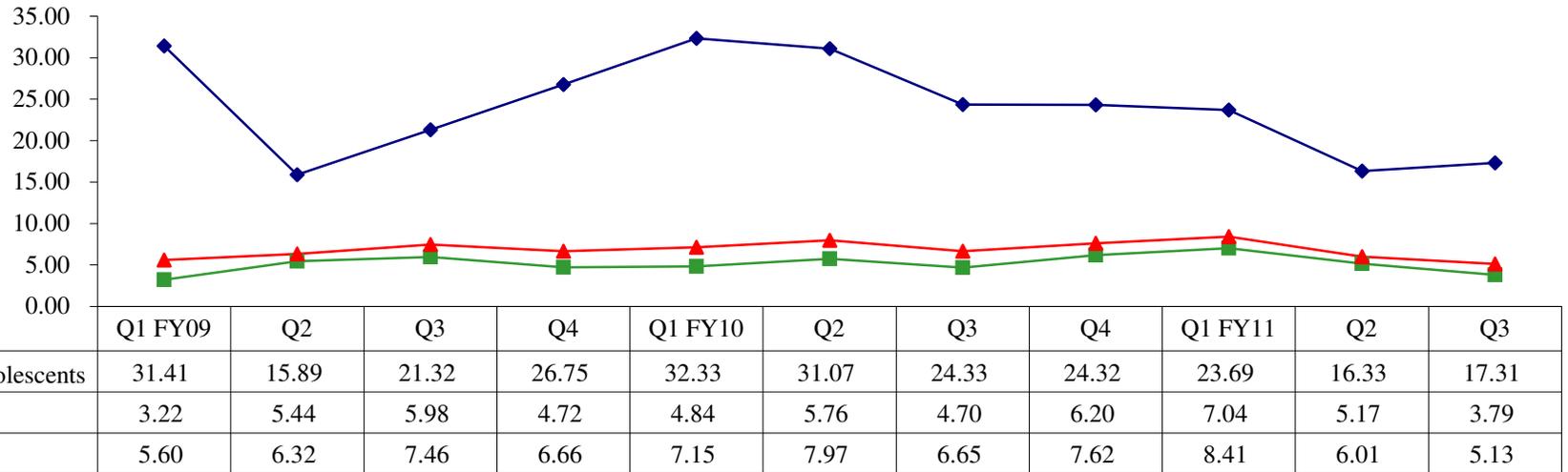
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

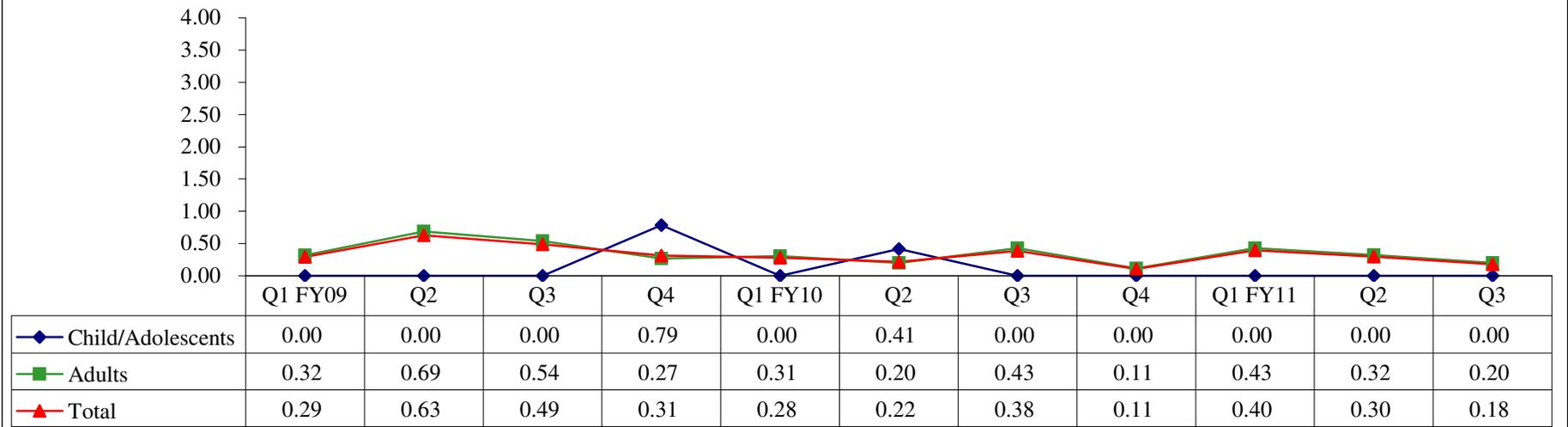


**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**

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

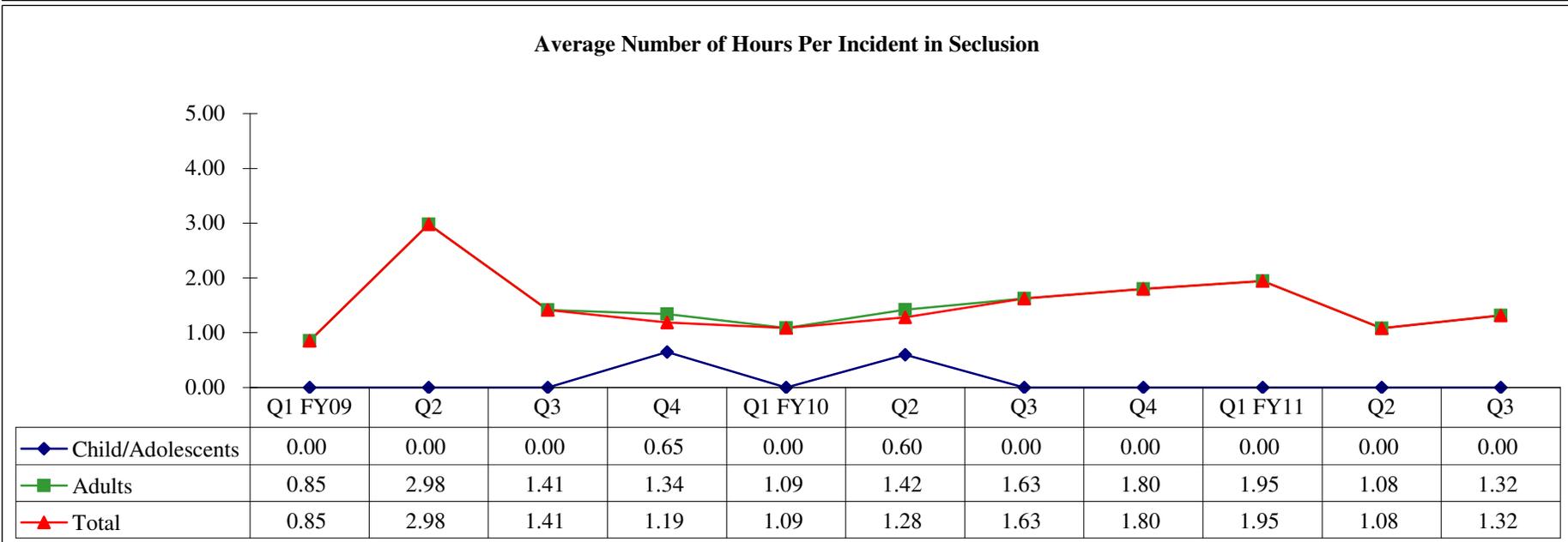
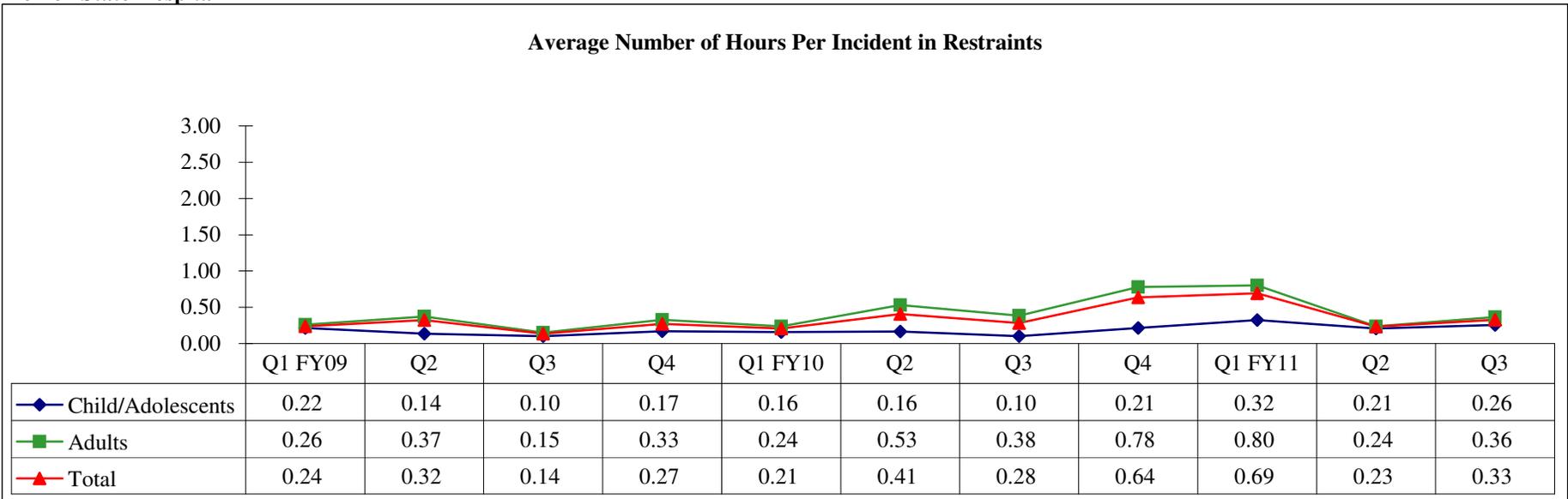


**Seclusion Incidents Per 1,000 Bed Days**

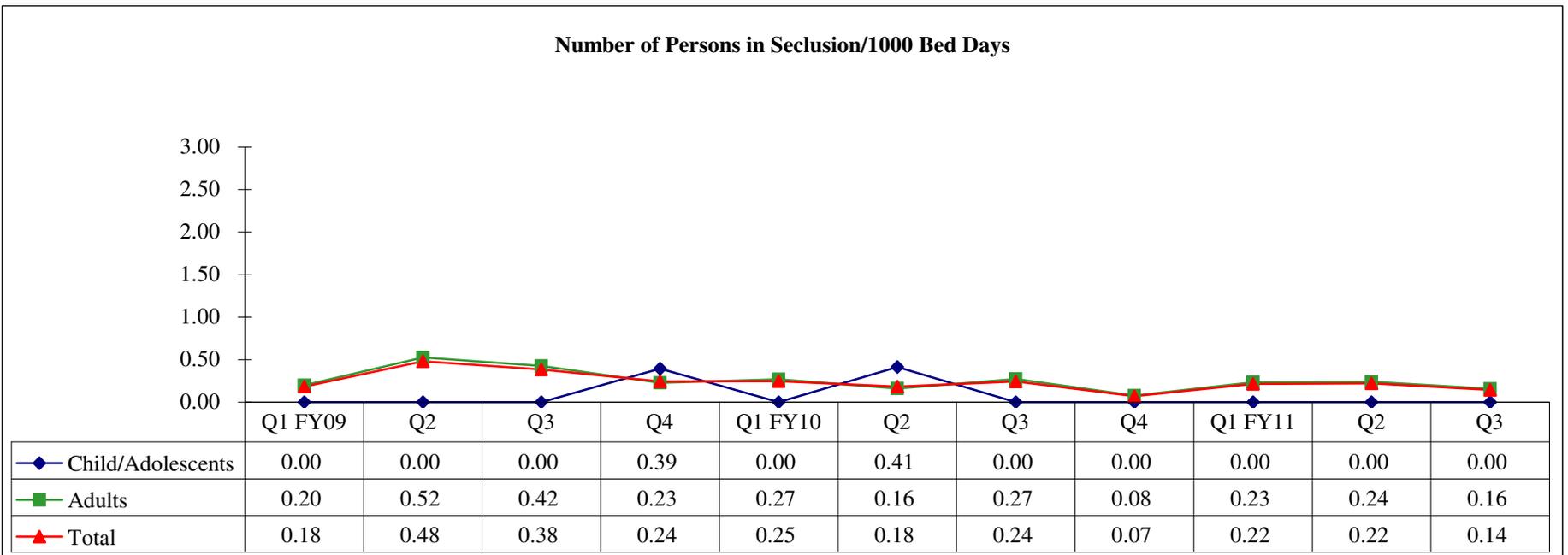
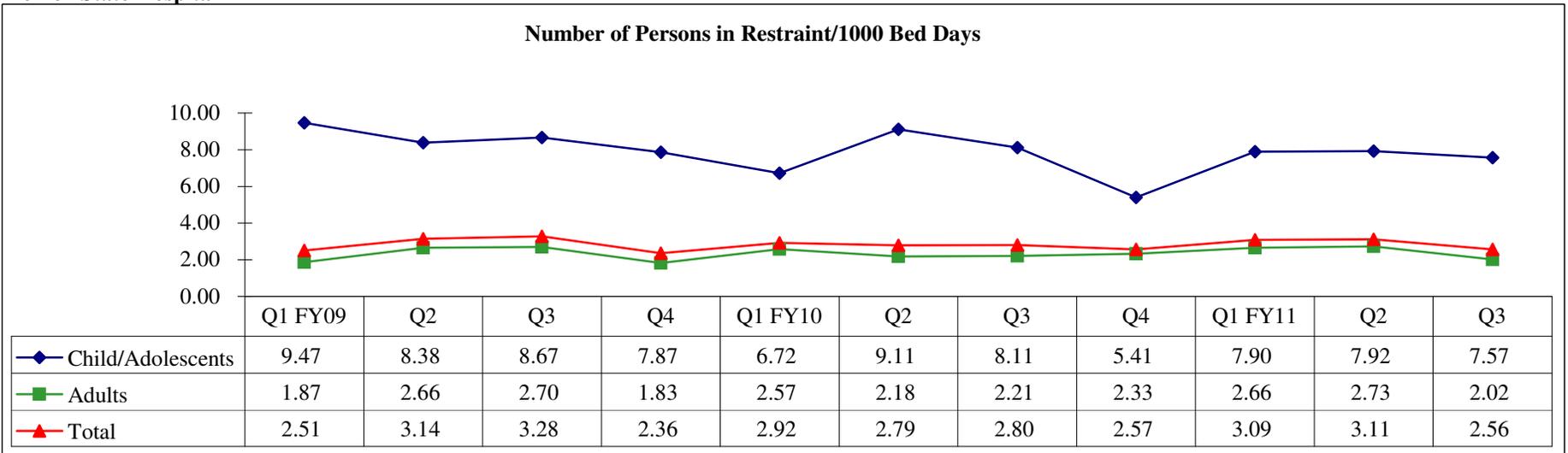


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

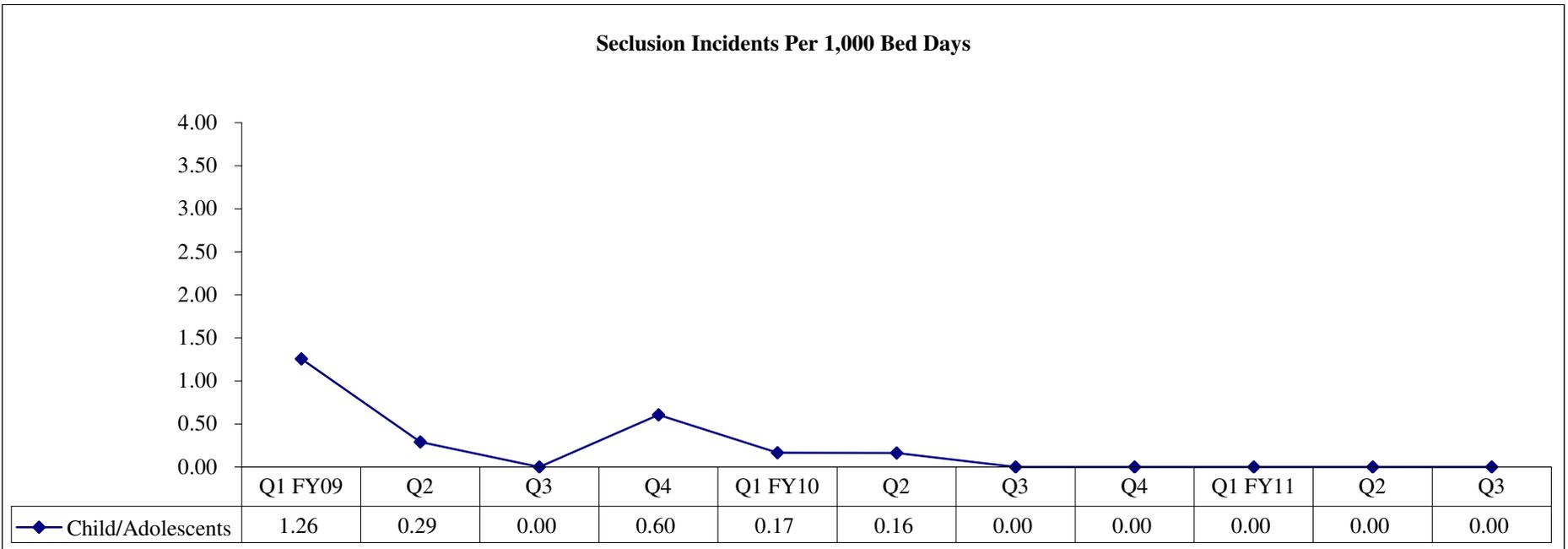
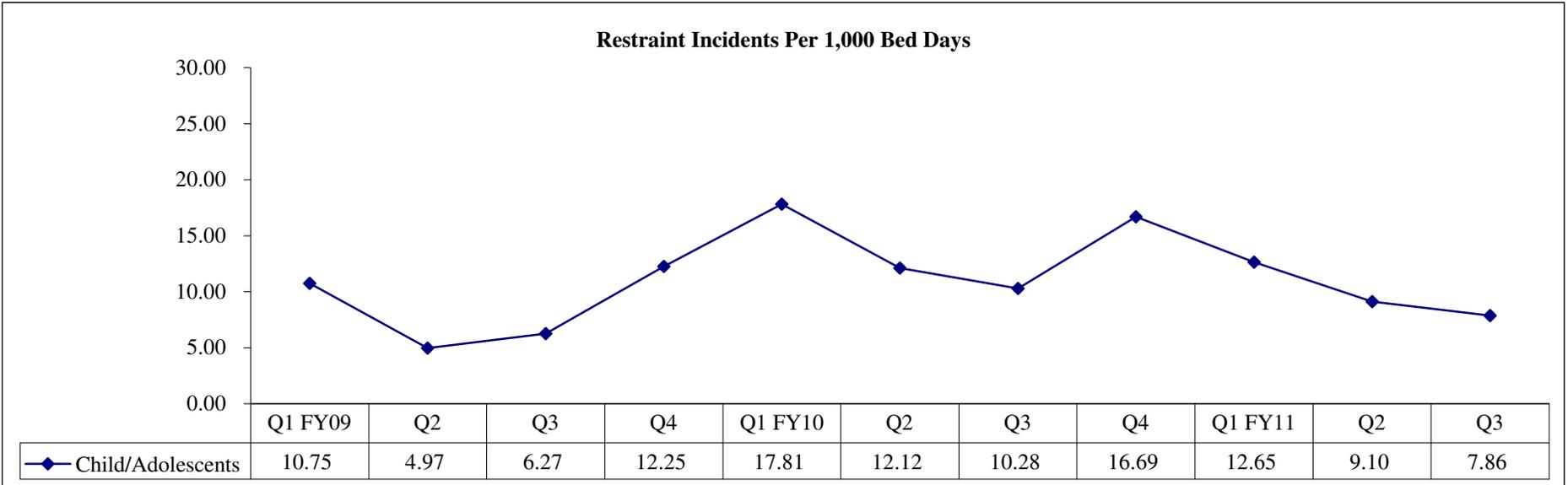
**Objective 3A - Maintain Restraint and Seclusion Data  
Terrell State Hospital**



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

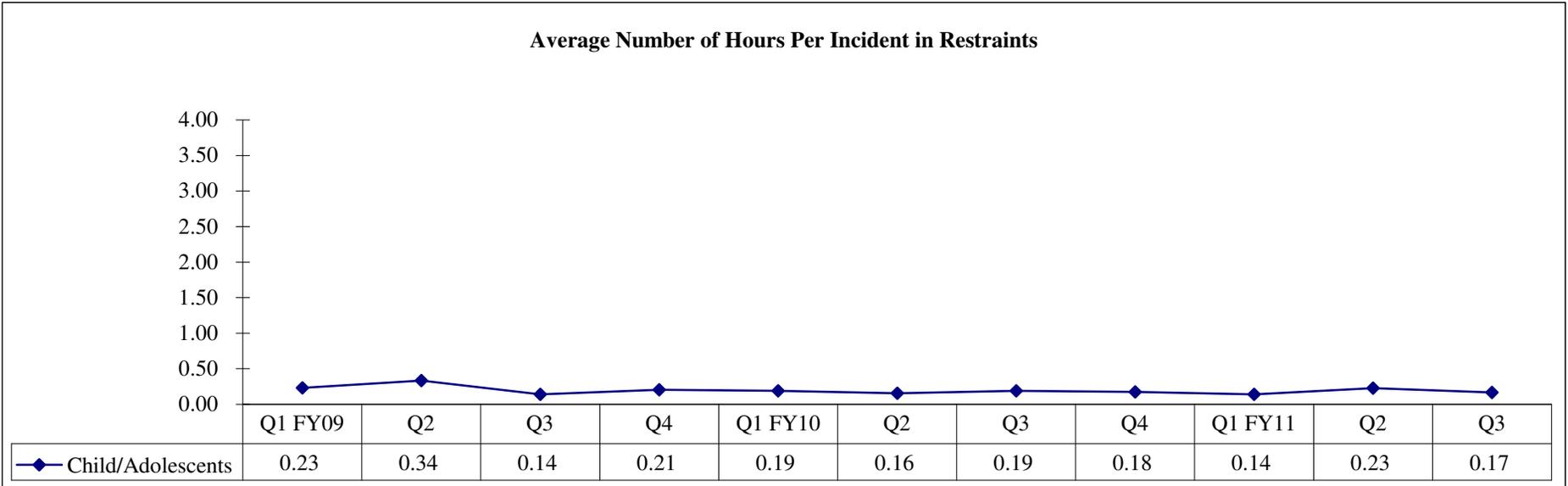


**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**

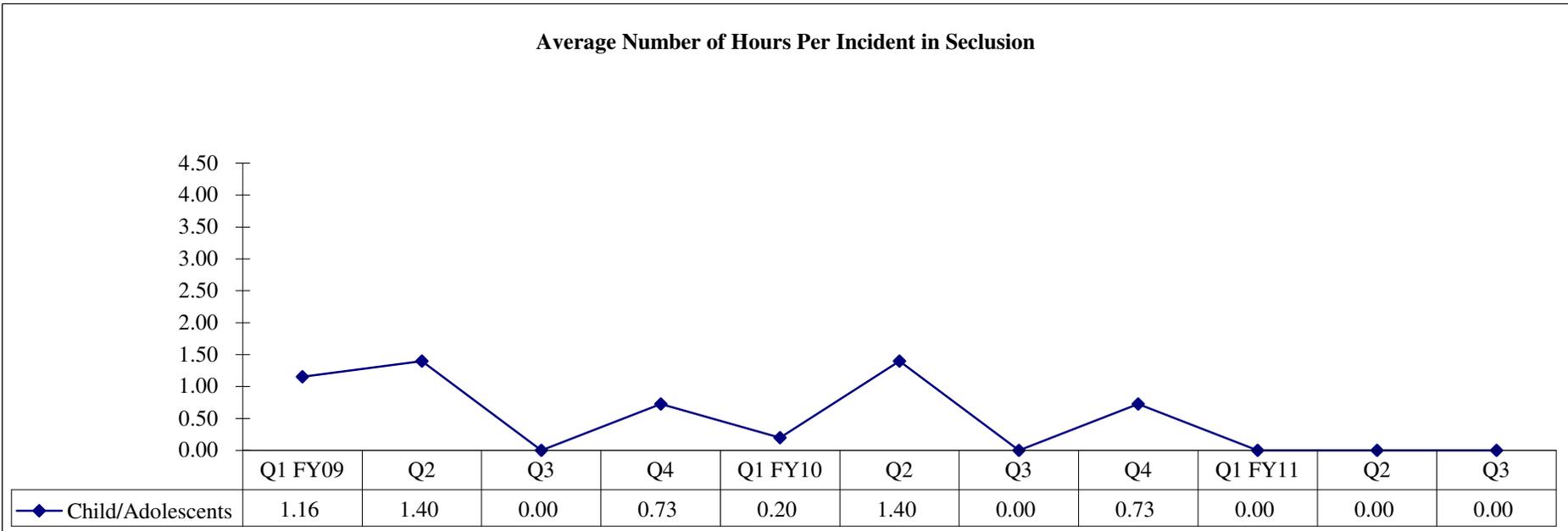


**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**

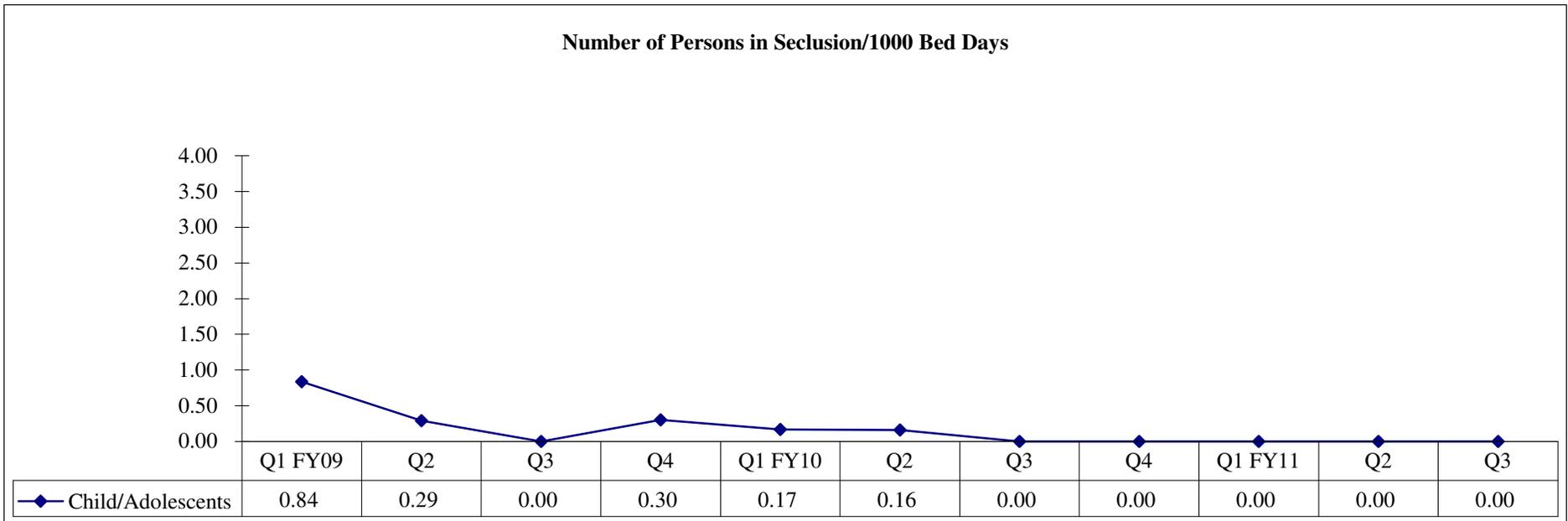
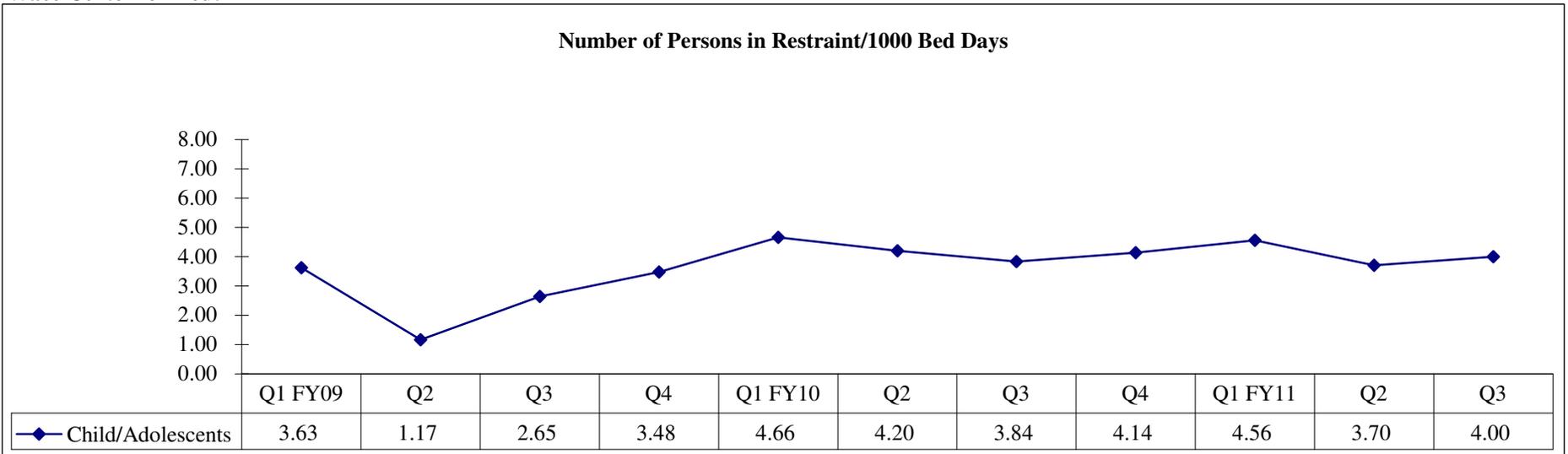
**Average Number of Hours Per Incident in Restraints**



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



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



**Performance Objective 3B:**

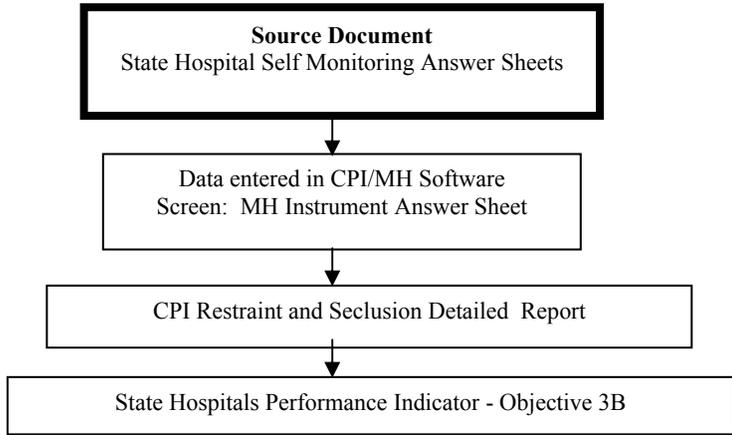
**Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.**

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

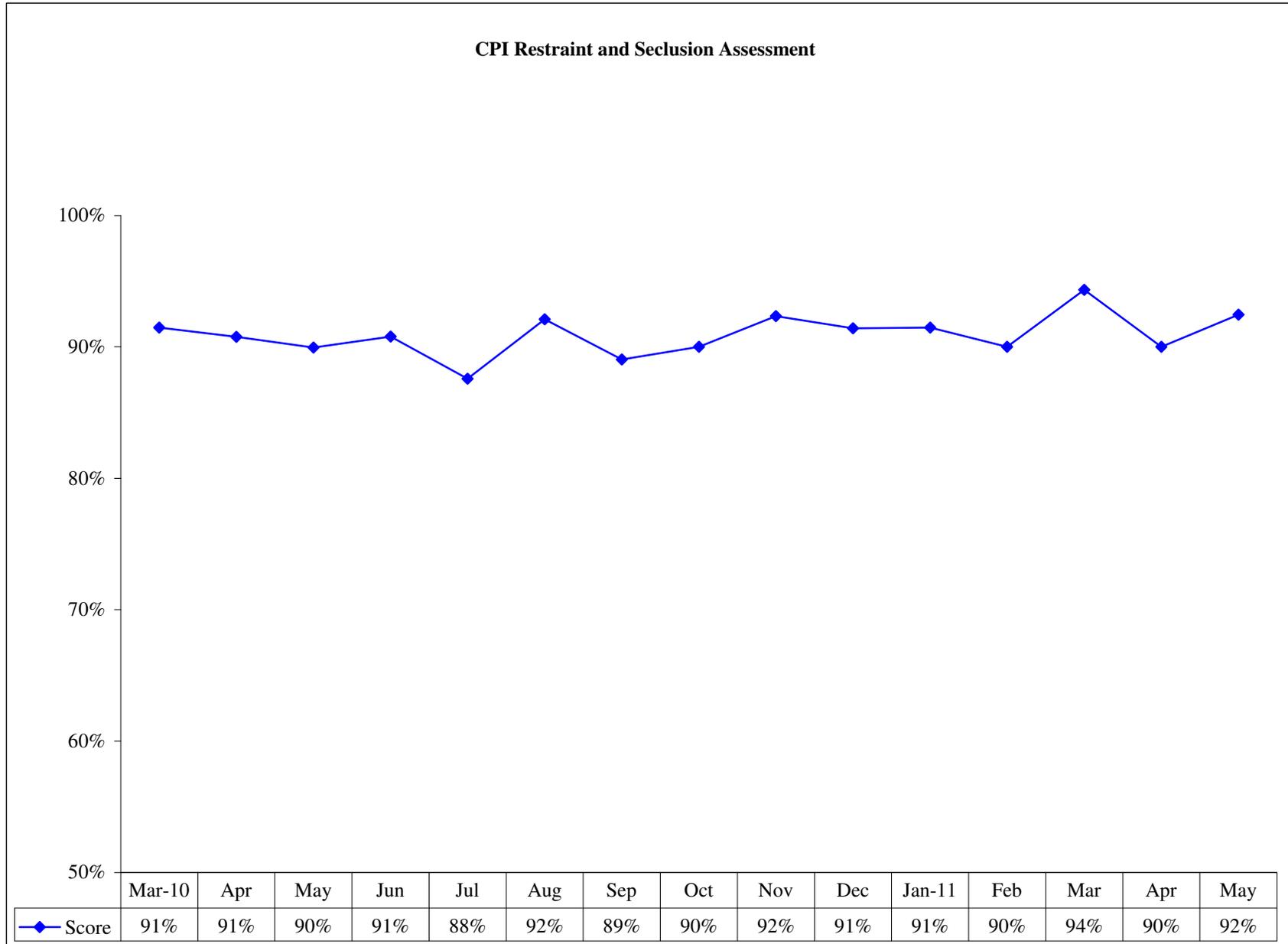
**Performance Objective Formula:** According to the CPI Restraint and Seclusion Monitoring instrument  $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$ .

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

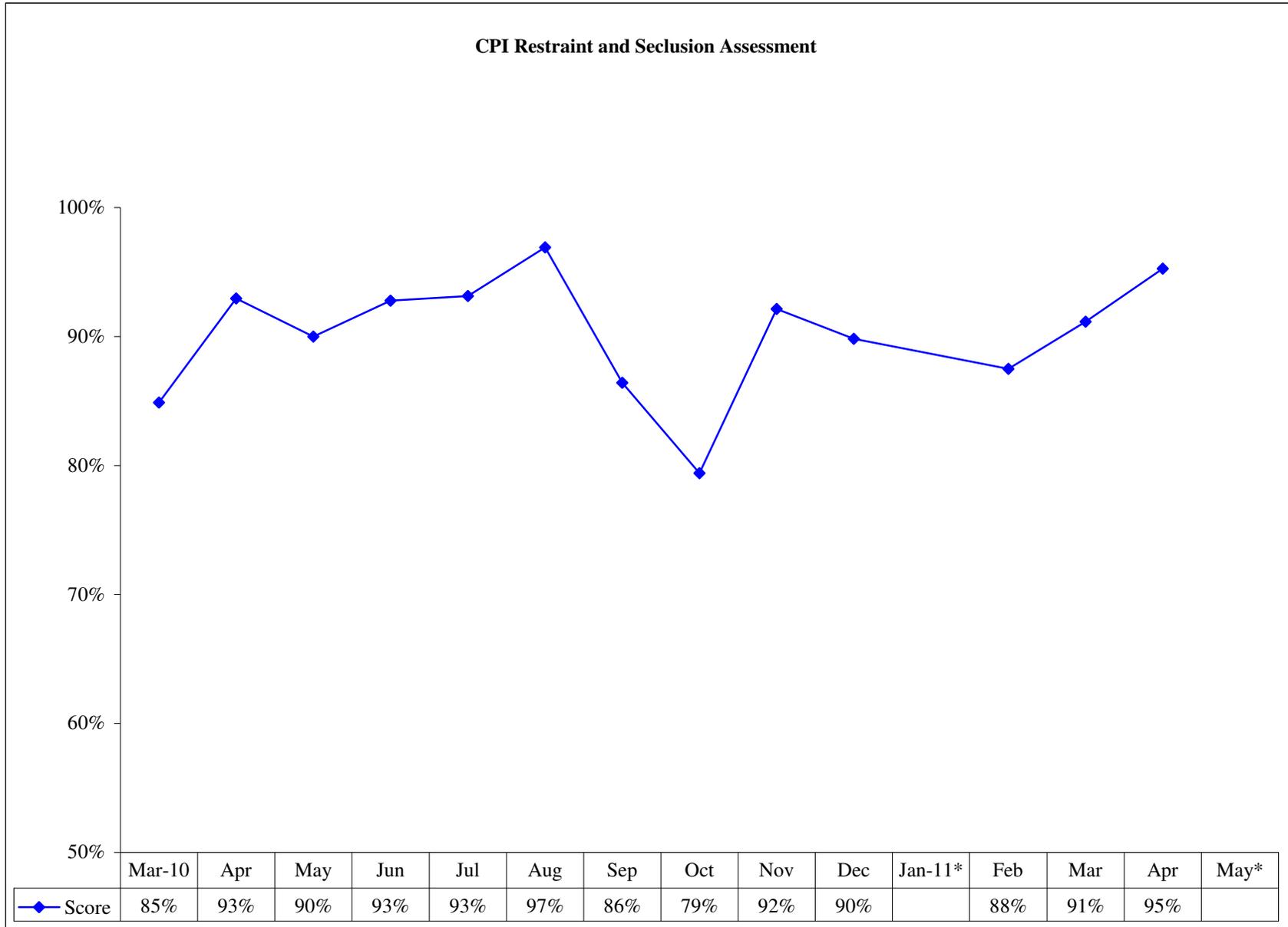
**Data Flow:**



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

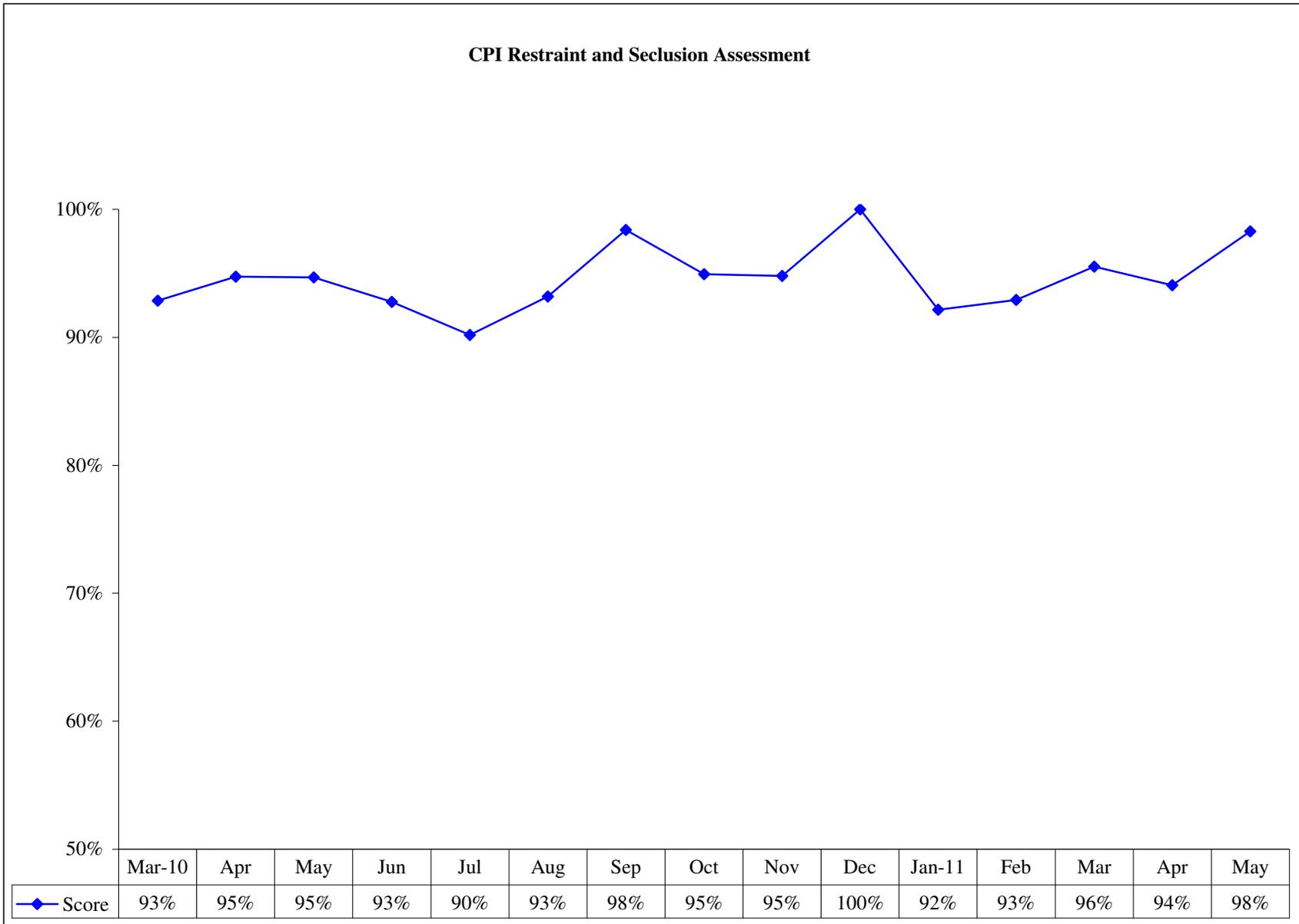


**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**Austin State Hospital**



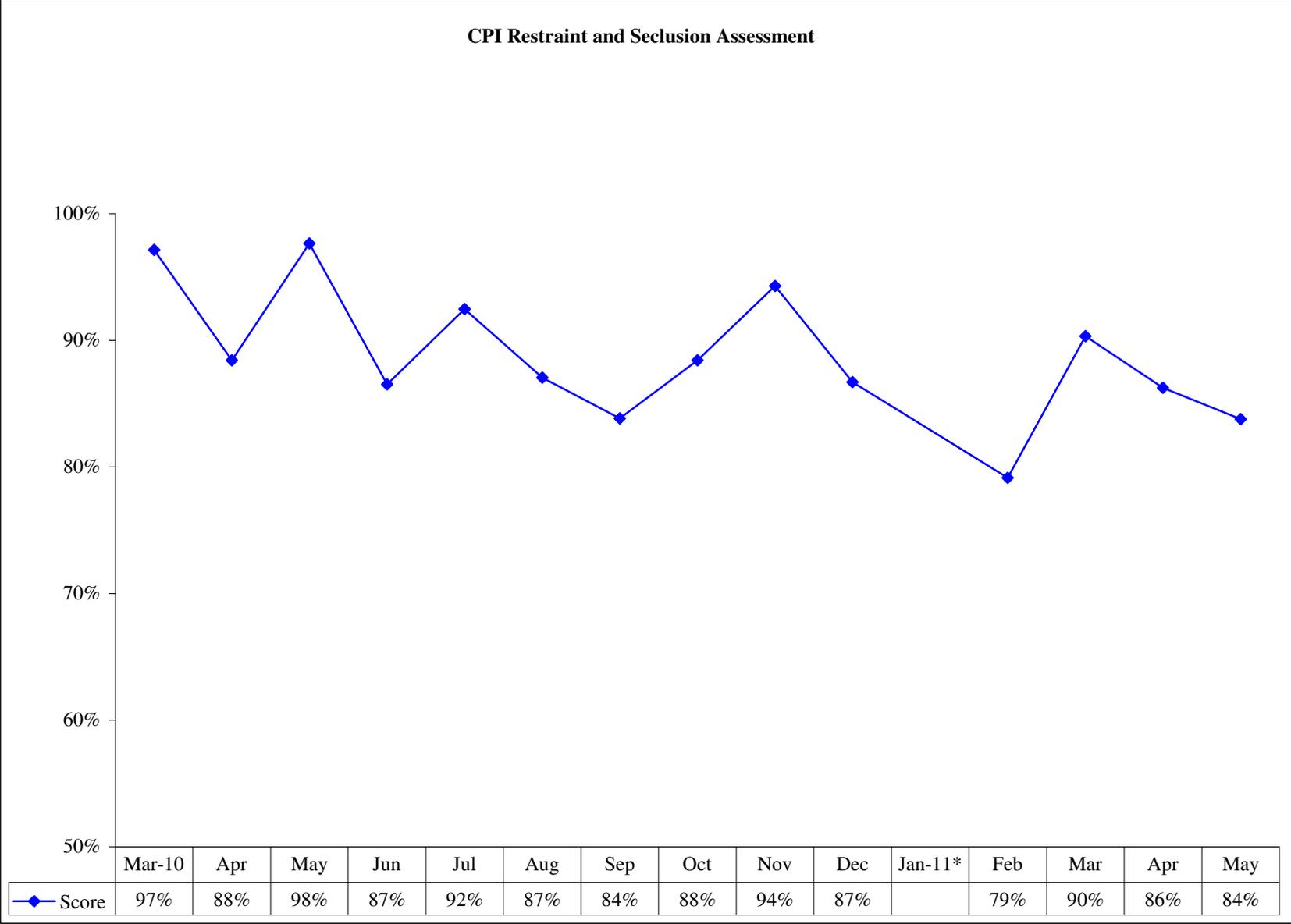
\*No scores reported to HMDS.

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



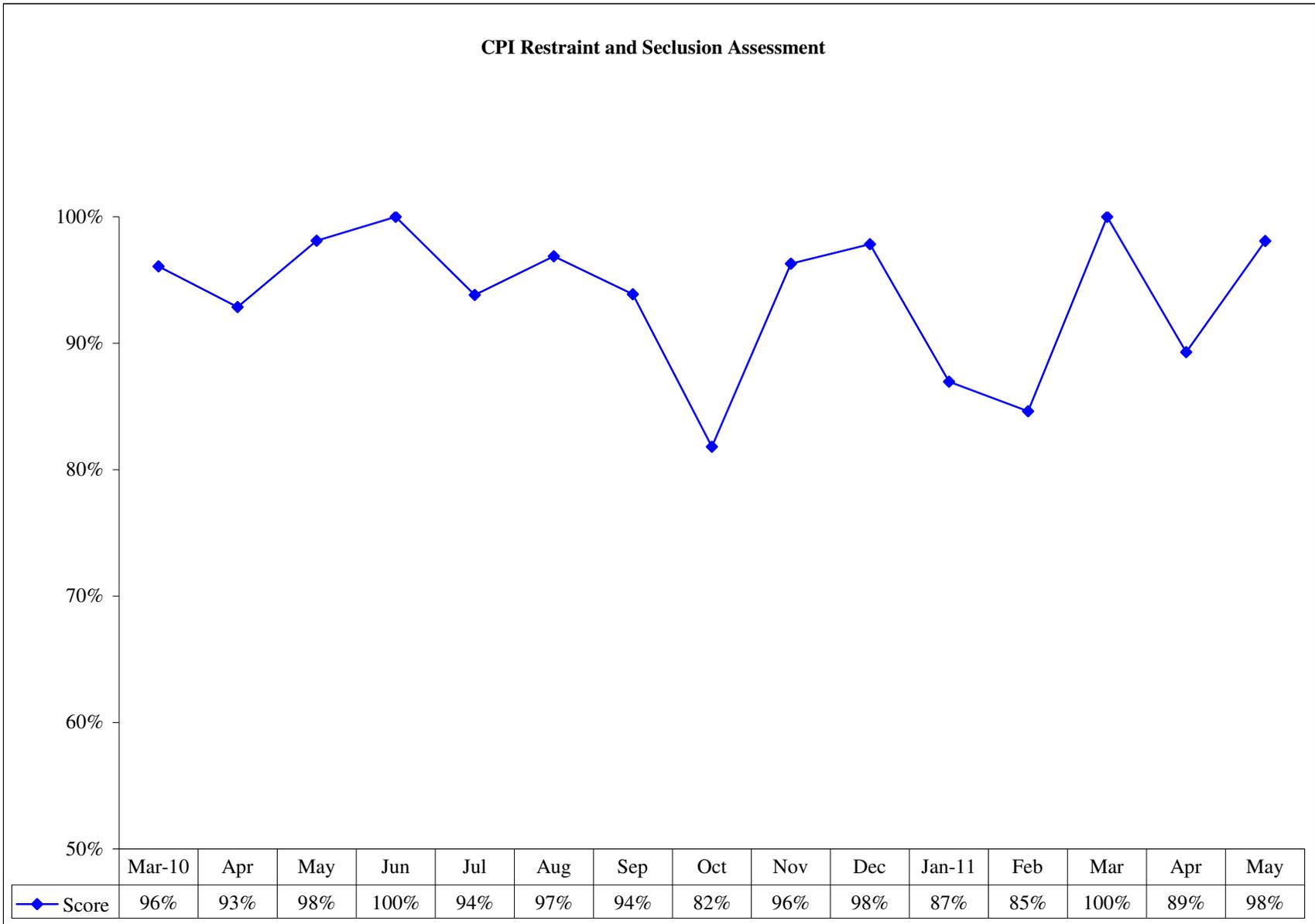
\*No scores reported to HMDS.

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

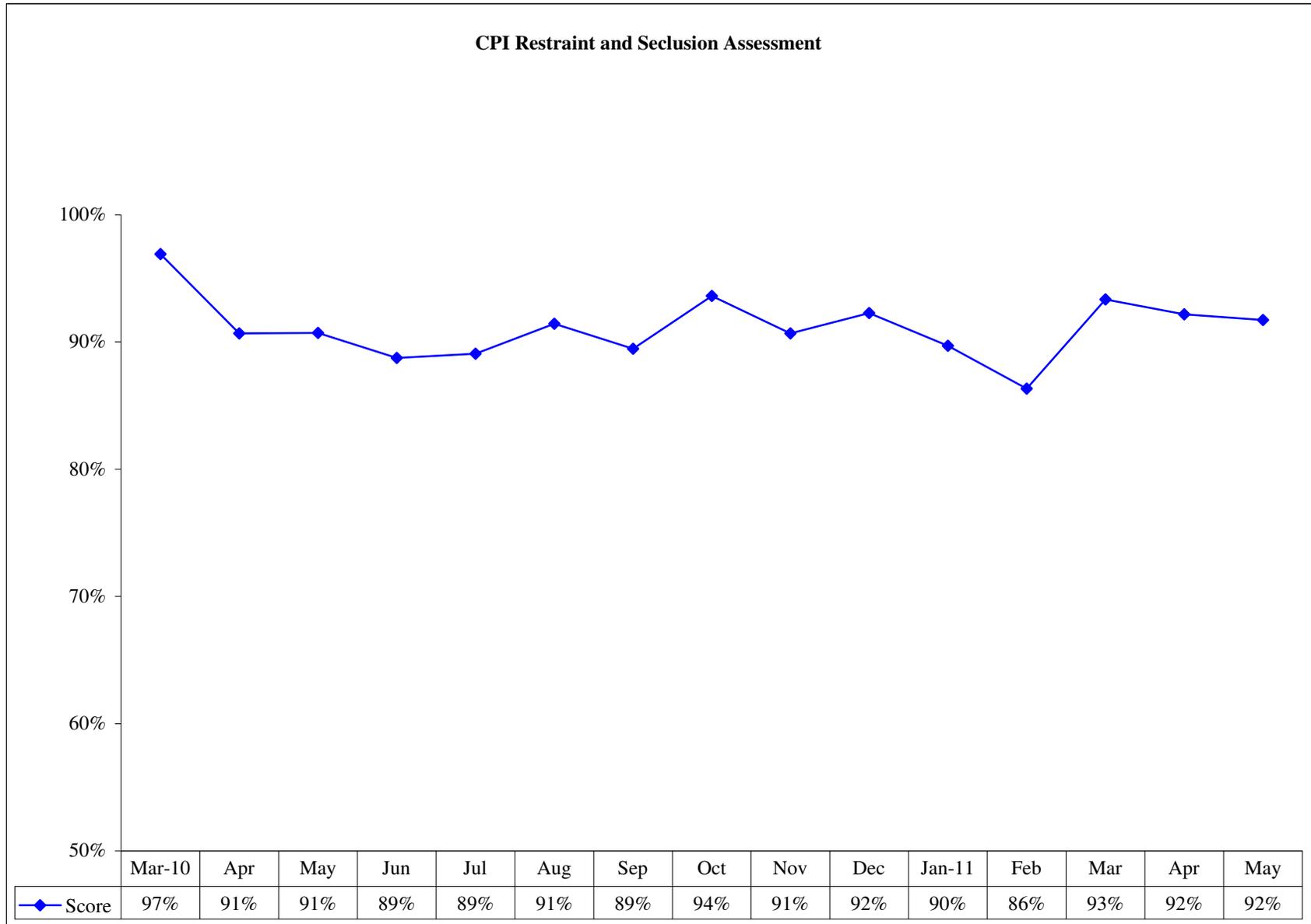


\*No scores reported to HMDS.

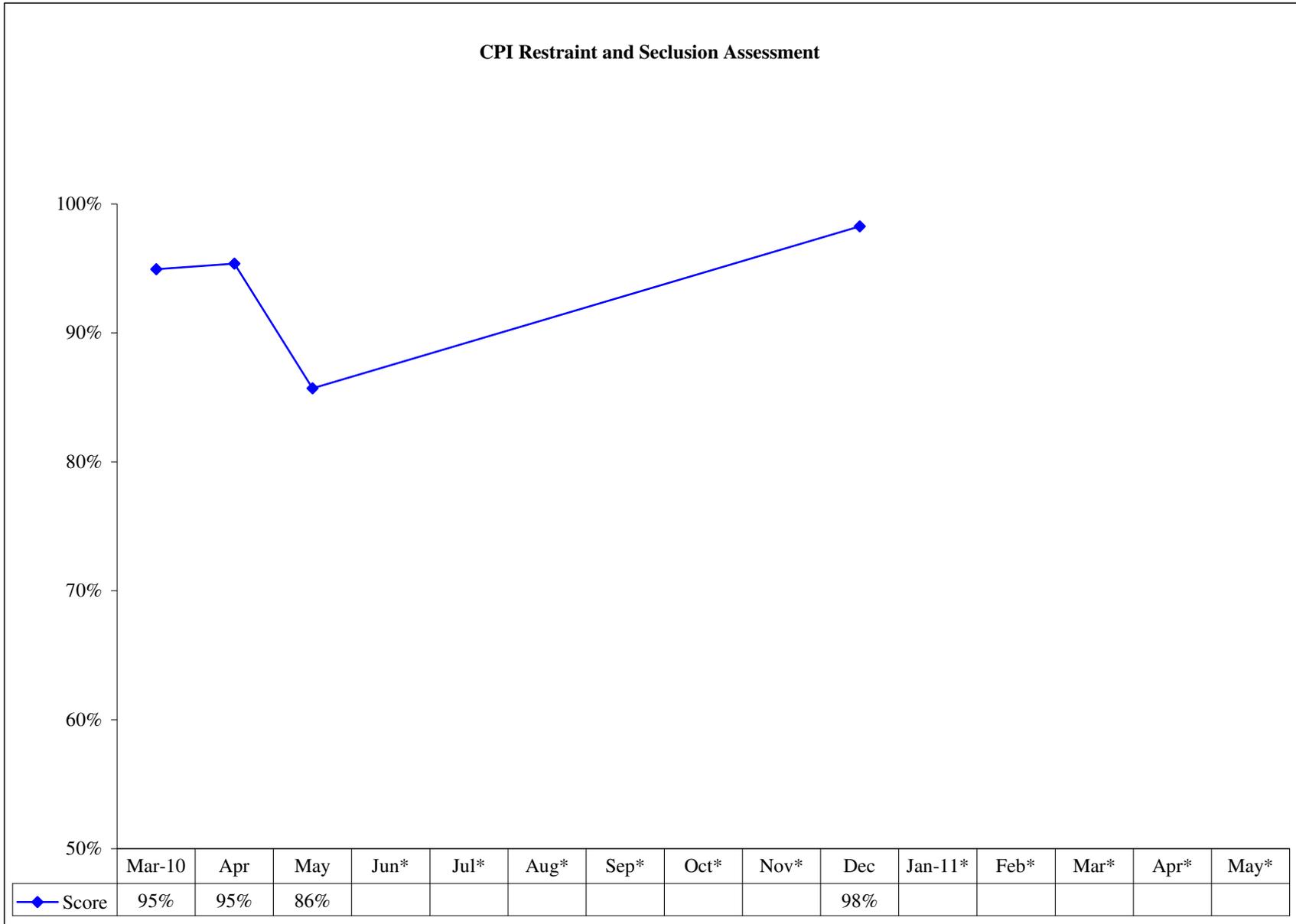
**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Kerrville State Hospital**



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

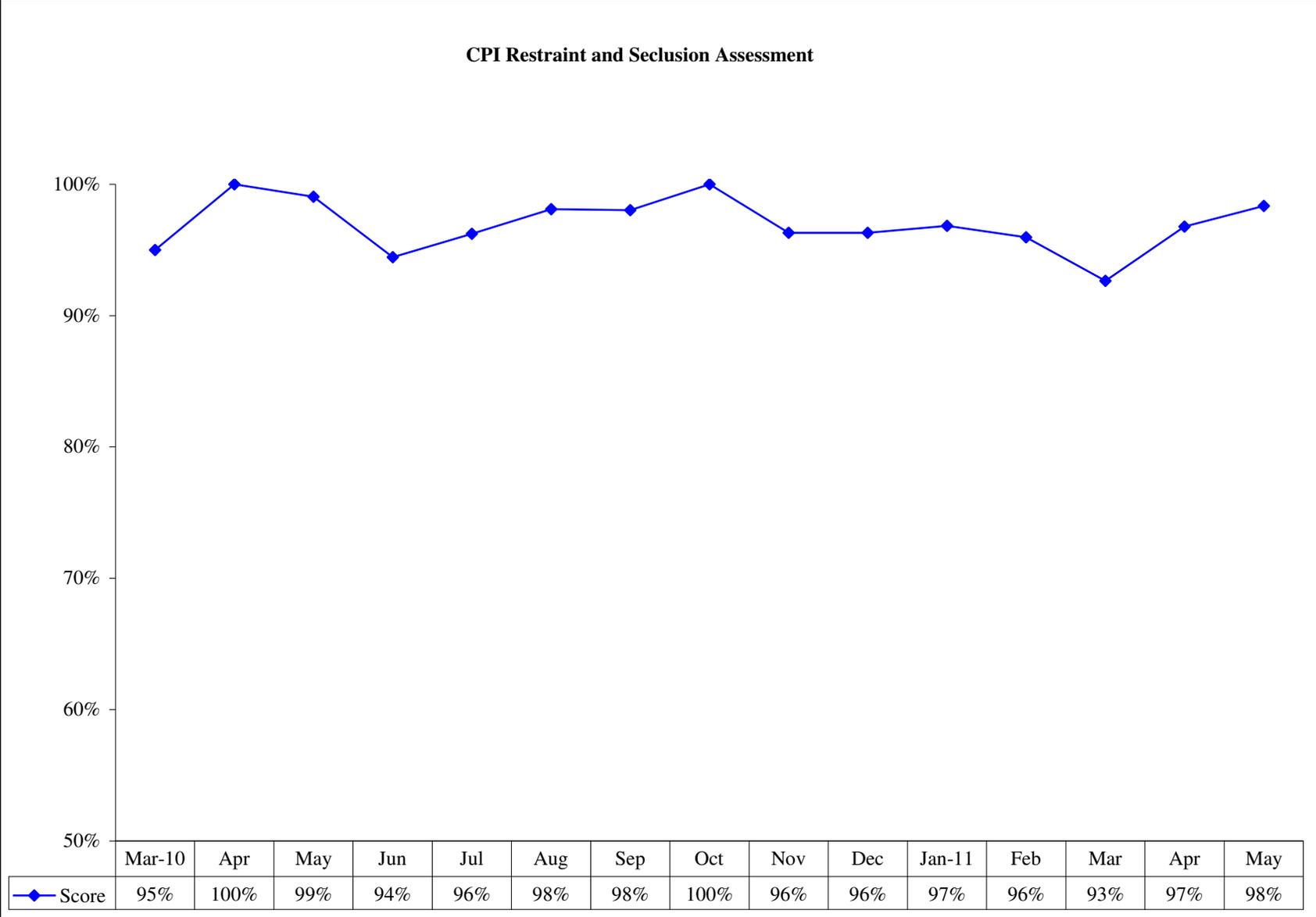


**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**Rio Grande State Center**

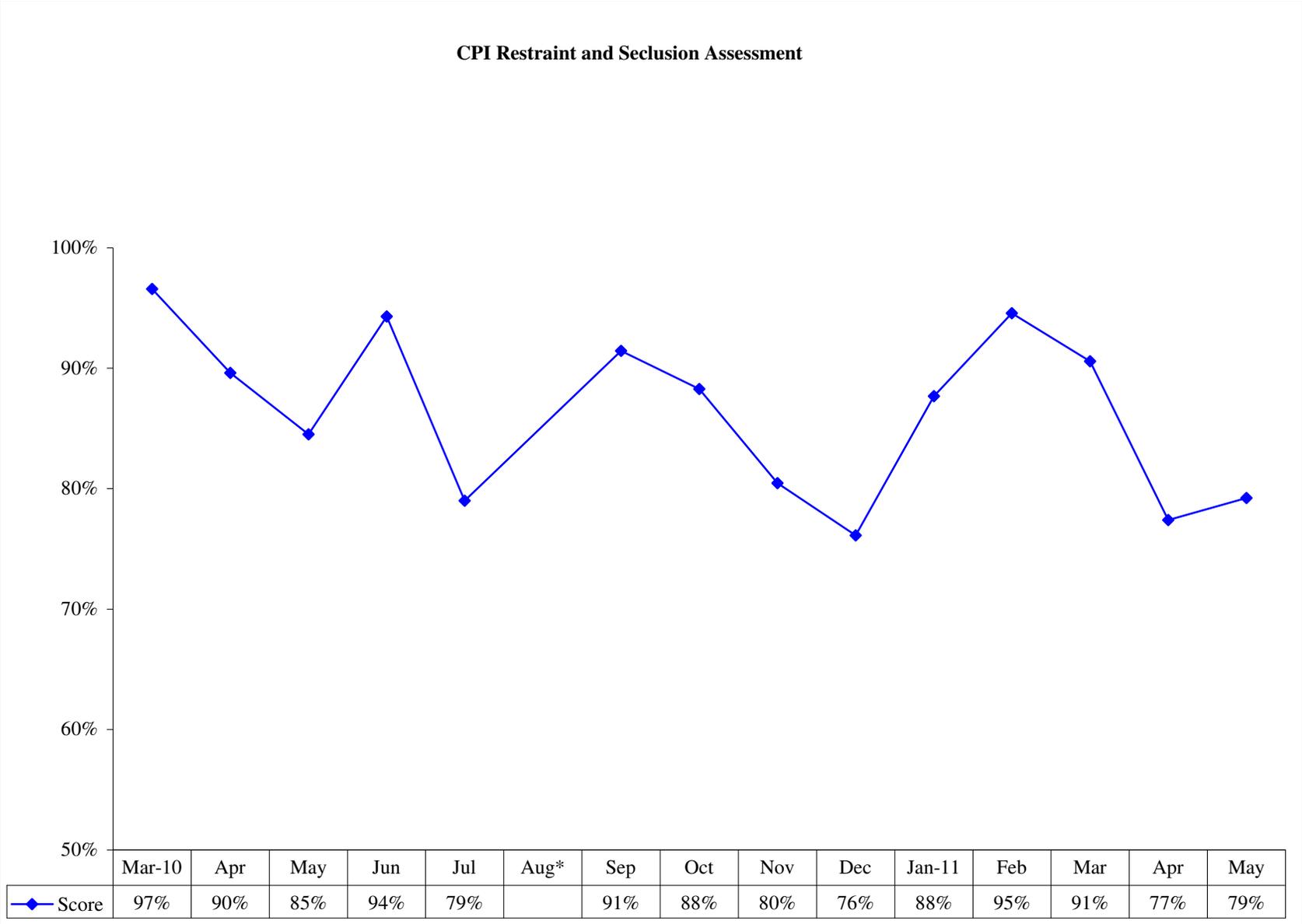


\*No scores reported to HMDS.

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

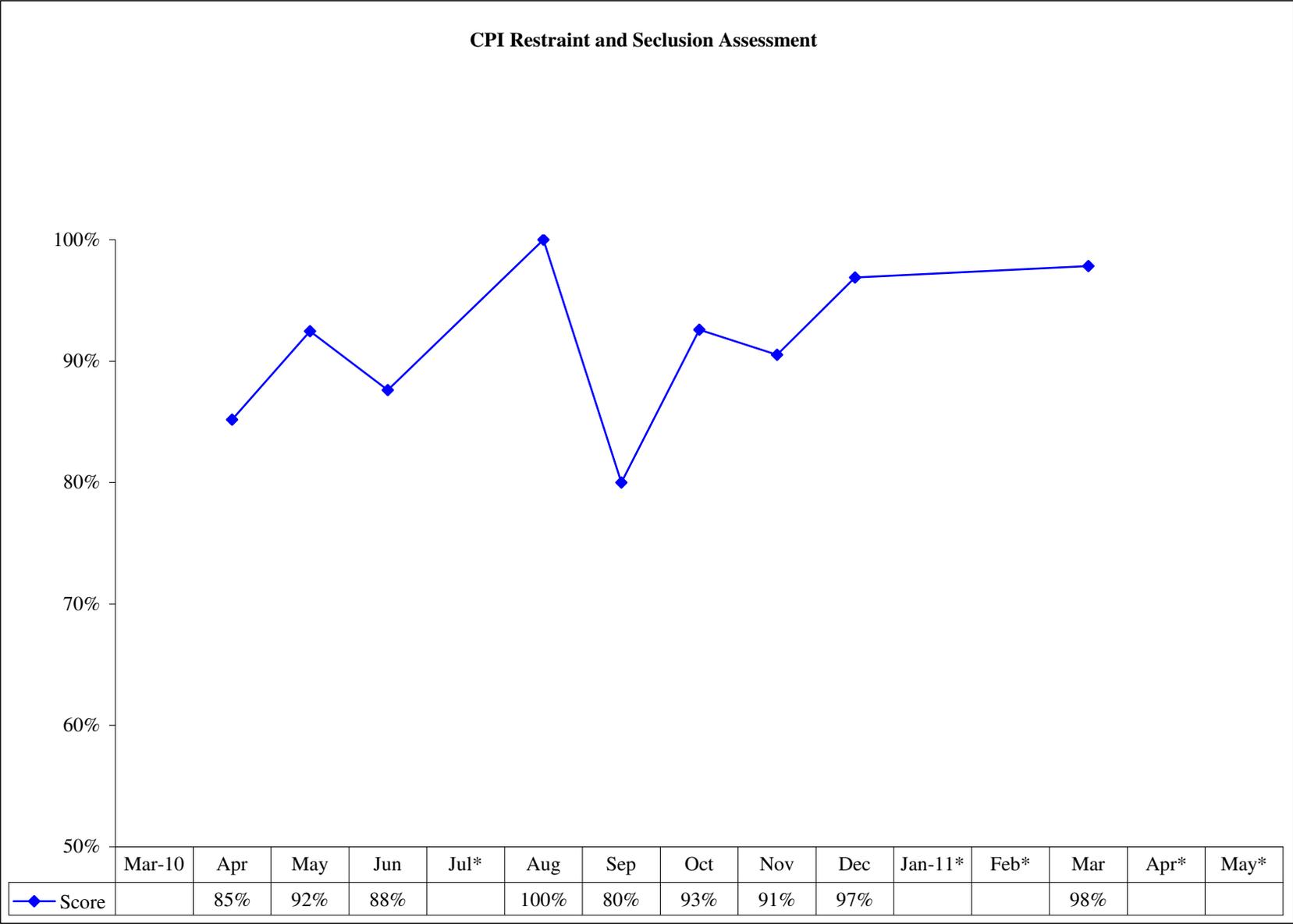


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
San Antonio State Hospital**



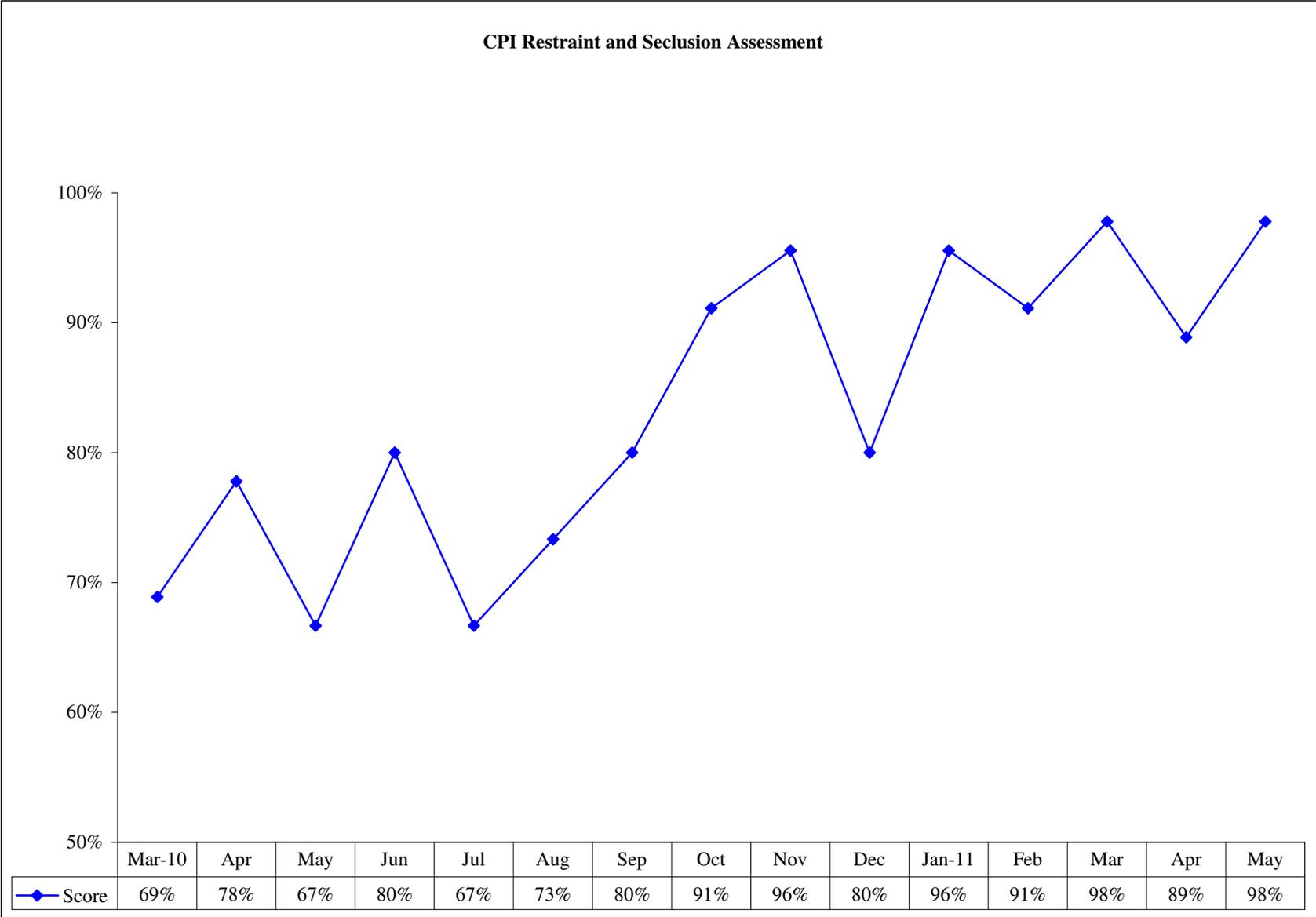
\*No scores reported to HMDS.

**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.

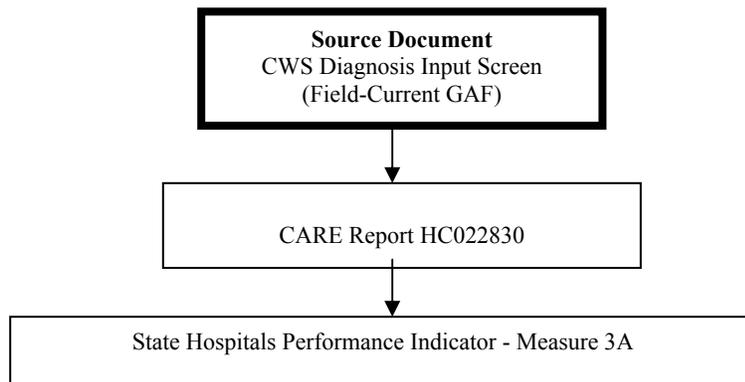
**Performance Measure Formula:  $R = (N/D)$**

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:**

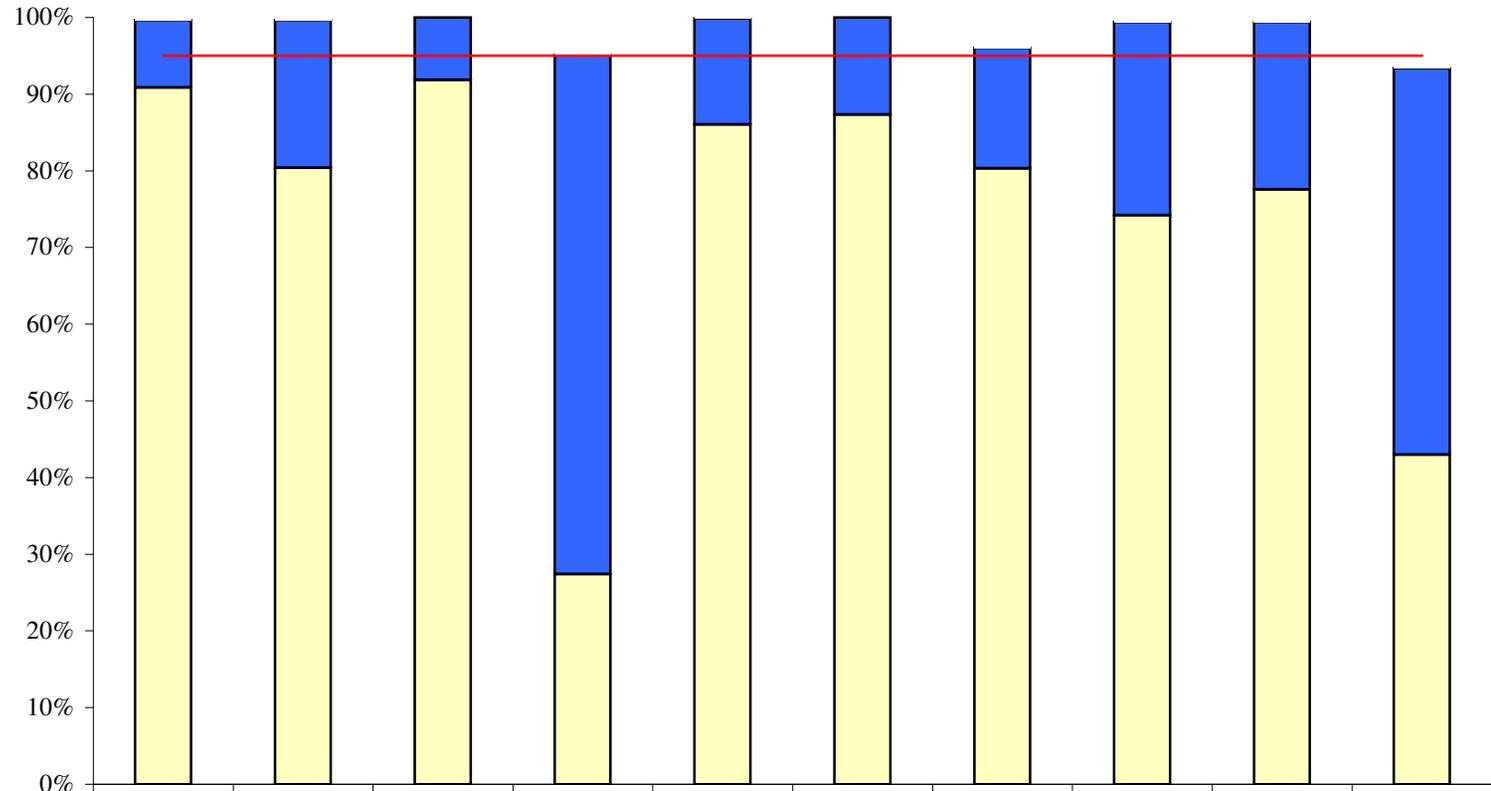
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 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, 2011**

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

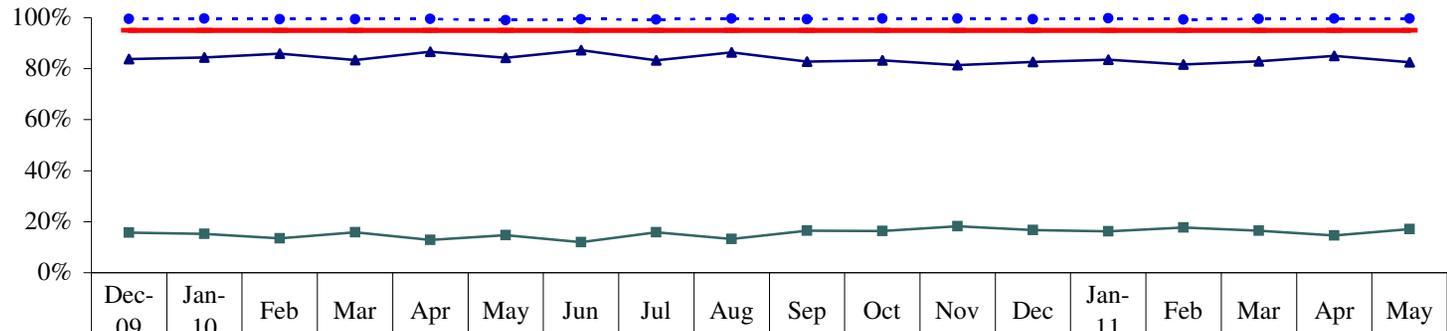


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
<b>% Stabilized + Increased</b>	100%	100%	100%	95%	100%	100%	96%	99%	99%	93%
<b>% Stabilized</b>	9%	19%	8%	68%	14%	13%	16%	25%	22%	50%
<b>% Increased by 10 or More</b>	91%	80%	92%	27%	86%	87%	80%	74%	78%	43%
<b>% Expectation</b>	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

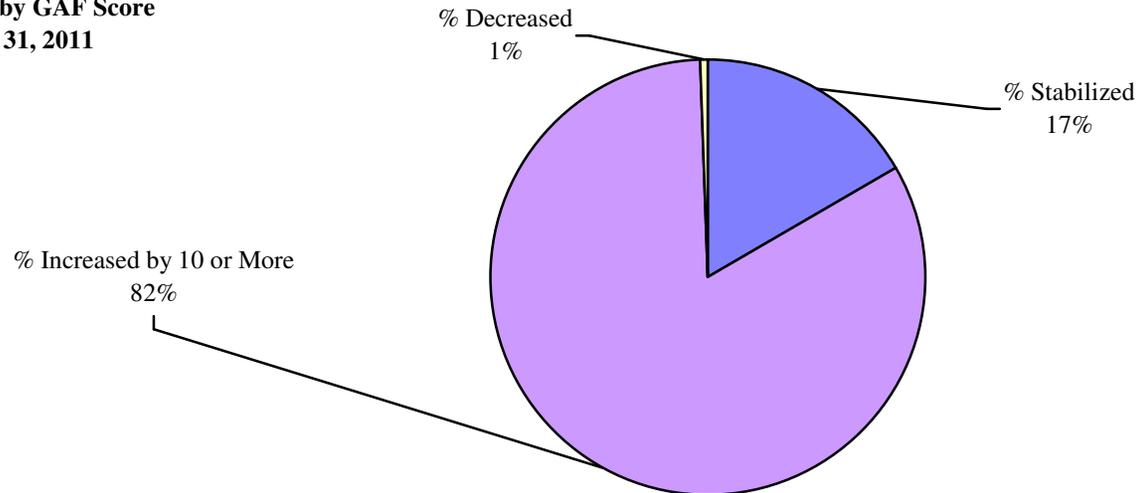
**All State MH Hospitals**

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



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
▲ % Increased by 10 or More	84%	84%	86%	83%	87%	84%	87%	83%	86%	83%	83%	81%	83%	84%	82%	83%	85%	83%
■ % Stabilized	16%	15%	14%	16%	13%	15%	12%	16%	13%	17%	16%	18%	17%	16%	18%	17%	15%	17%
- - ● - - % Stabilized + Increased	100%	100%	99%	99%	99%	99%	99%	99%	100%	99%	100%	100%	99%	100%	99%	99%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

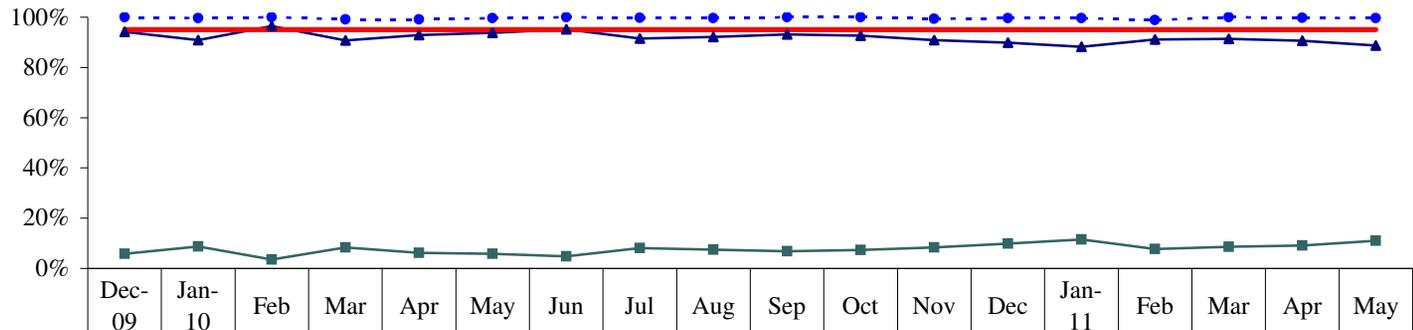
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2011**



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

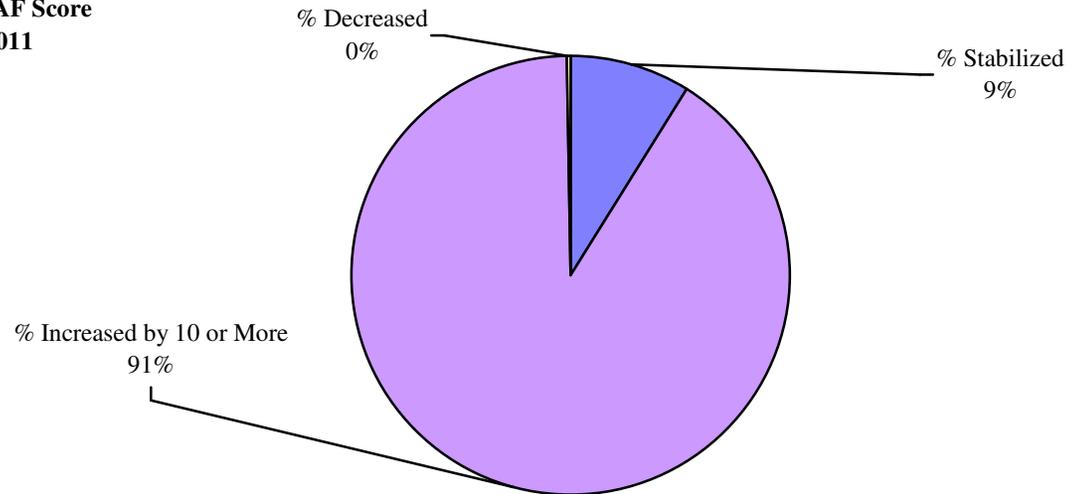
**Austin State Hospital**

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



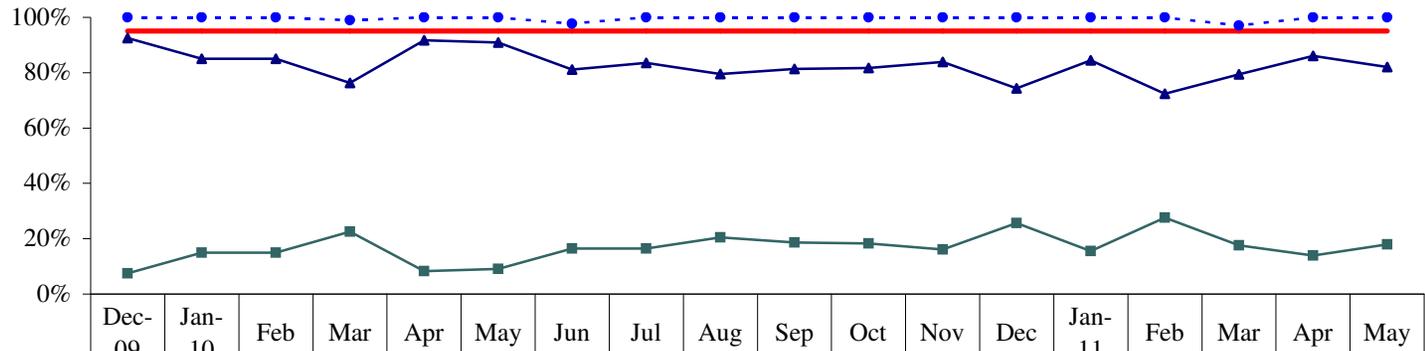
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	94%	91%	96%	91%	93%	94%	95%	92%	92%	93%	93%	91%	90%	88%	91%	91%	91%	89%
—■— % Stabilized	6%	9%	4%	8%	6%	6%	5%	8%	7%	7%	7%	8%	10%	11%	8%	9%	9%	11%
- - ● - - % Stabilized + Increased	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2011**



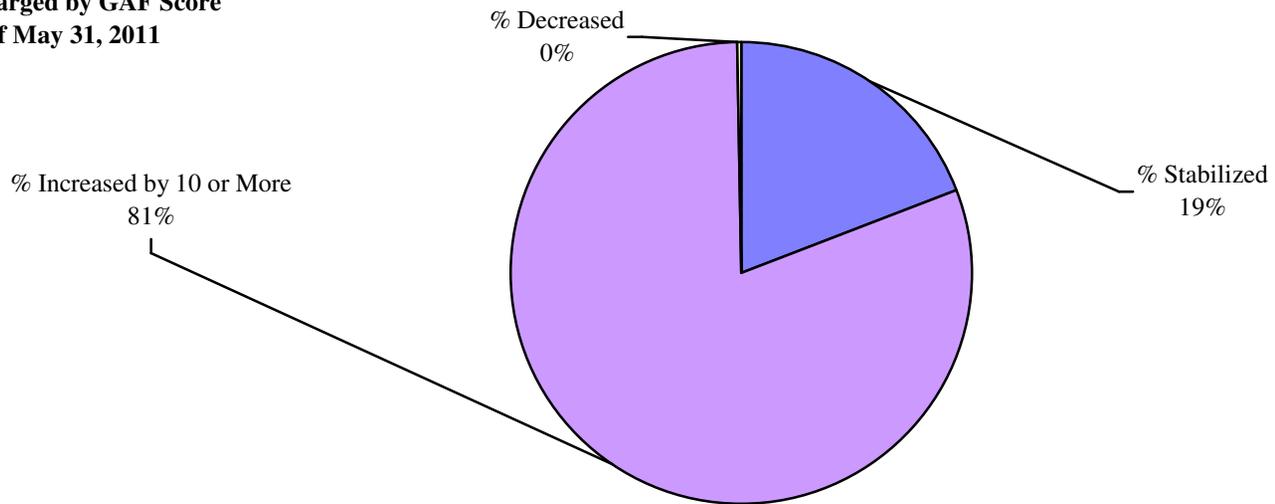
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Big Spring State Hospital**

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



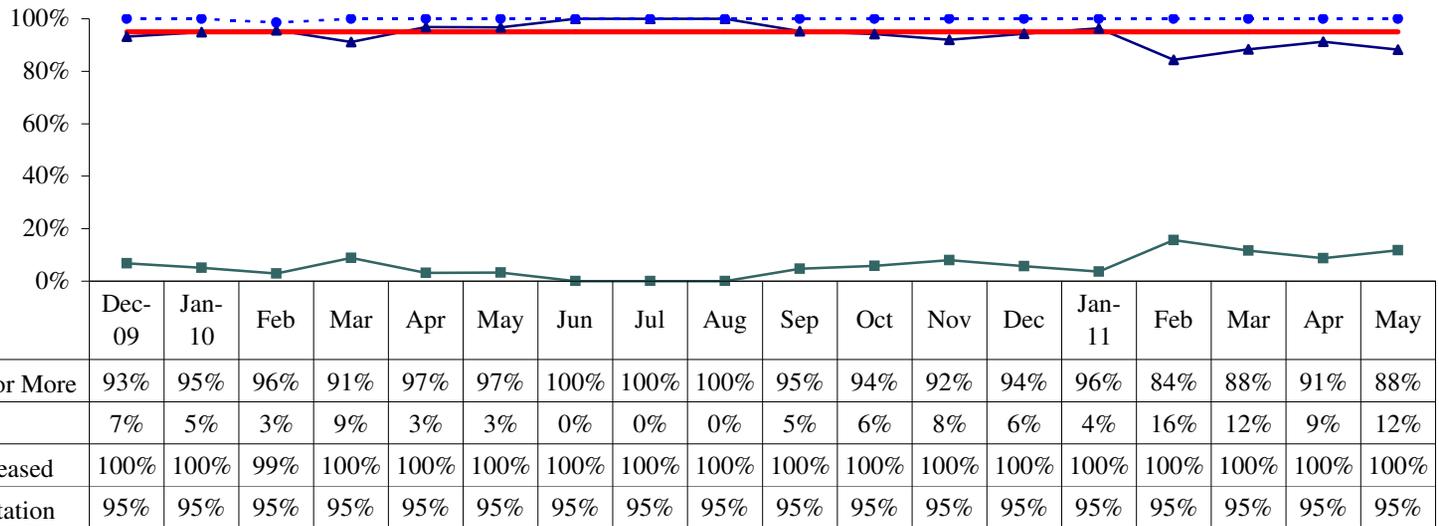
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	93%	85%	85%	76%	92%	91%	81%	84%	80%	81%	82%	84%	74%	84%	72%	79%	86%	82%
—■— % Stabilized	7%	15%	15%	23%	8%	9%	16%	16%	20%	19%	18%	16%	26%	16%	28%	18%	14%	18%
- - ● - - % Stabilized + Increased	100%	100%	100%	99%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	97%	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, 2011**

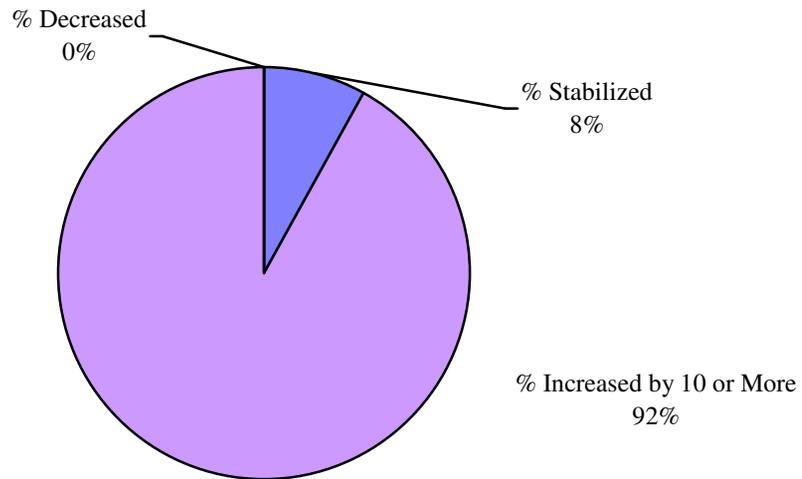


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**El Paso Psychiatric Center**

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

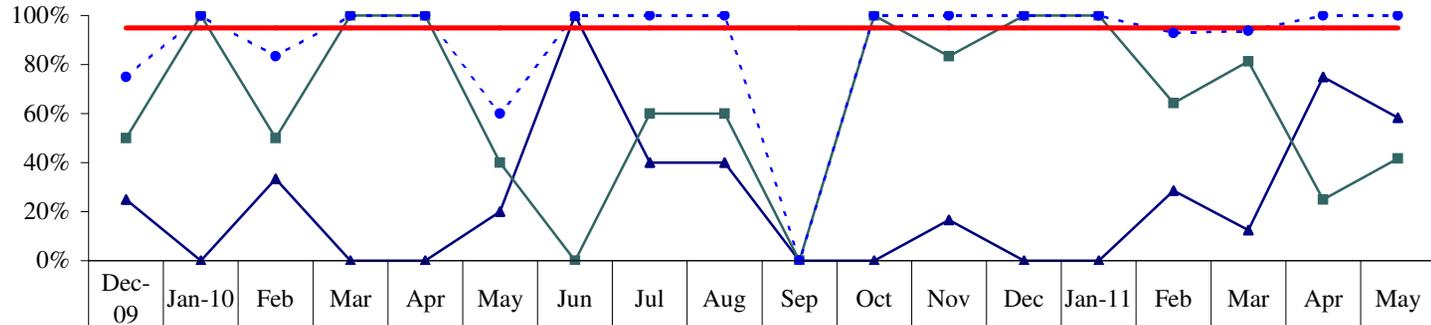


**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2011**

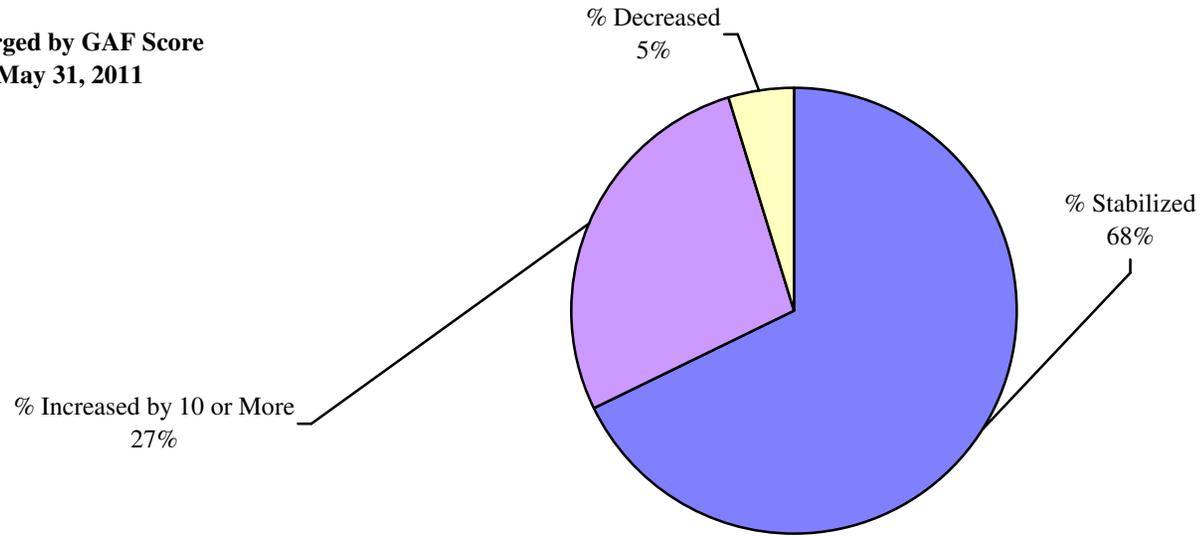


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Kerrville State Hospital**

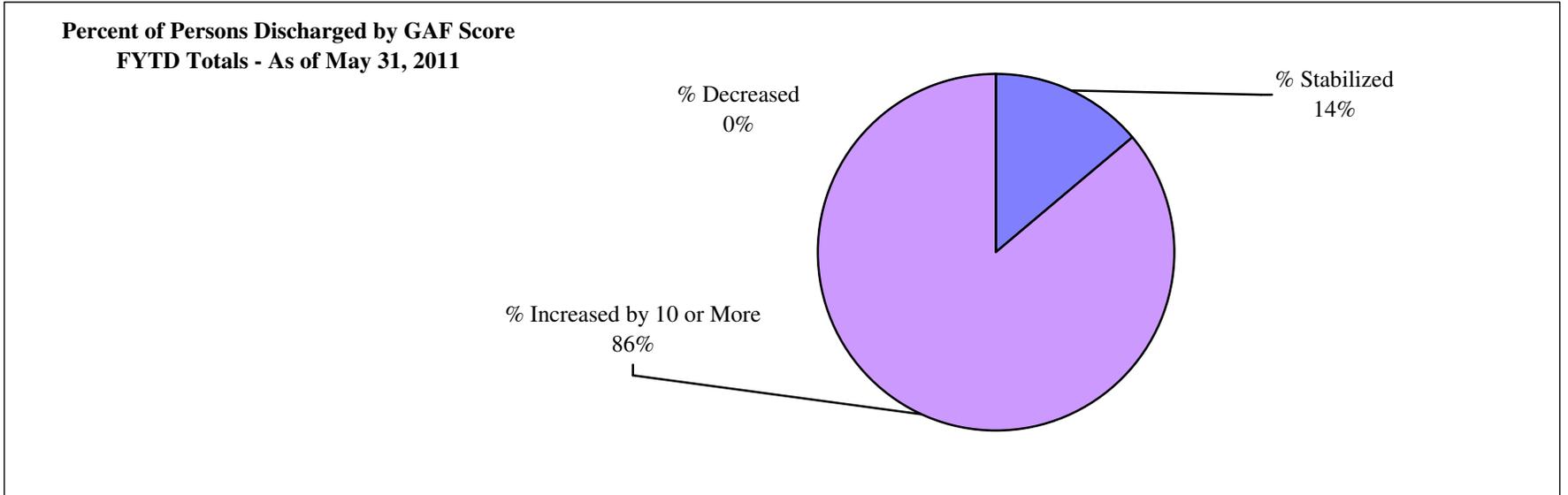
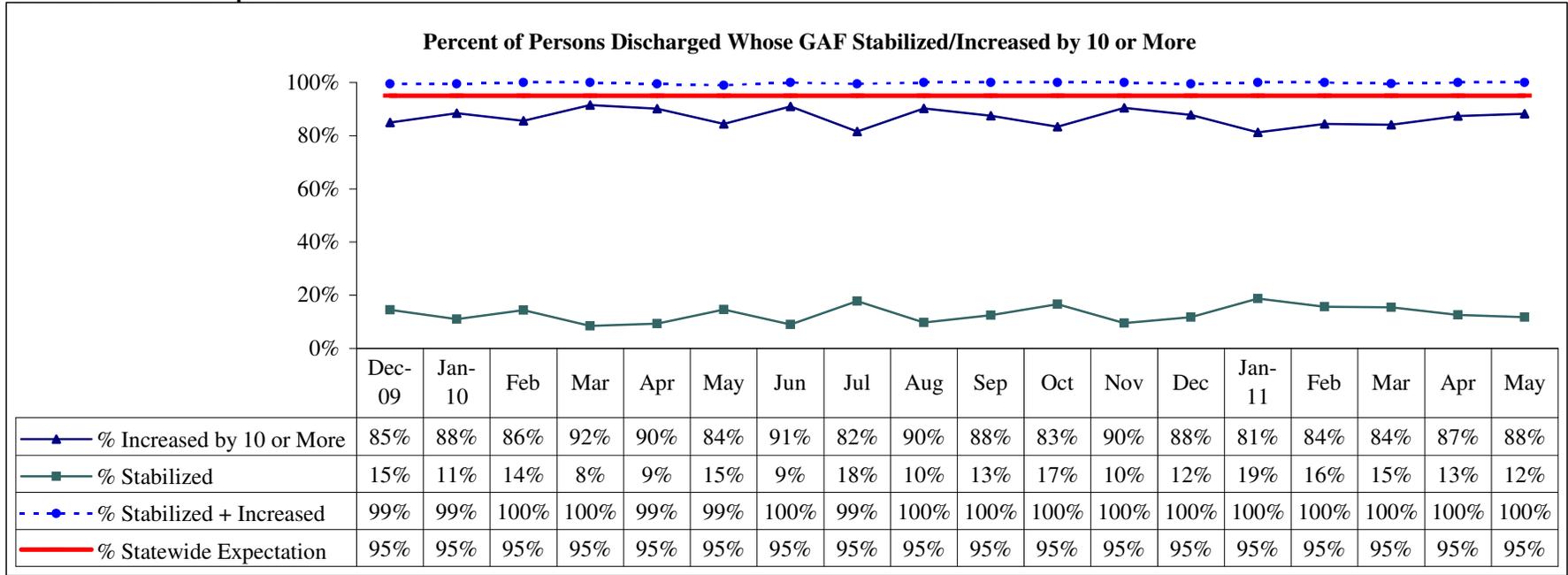
**Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More**



**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2011**

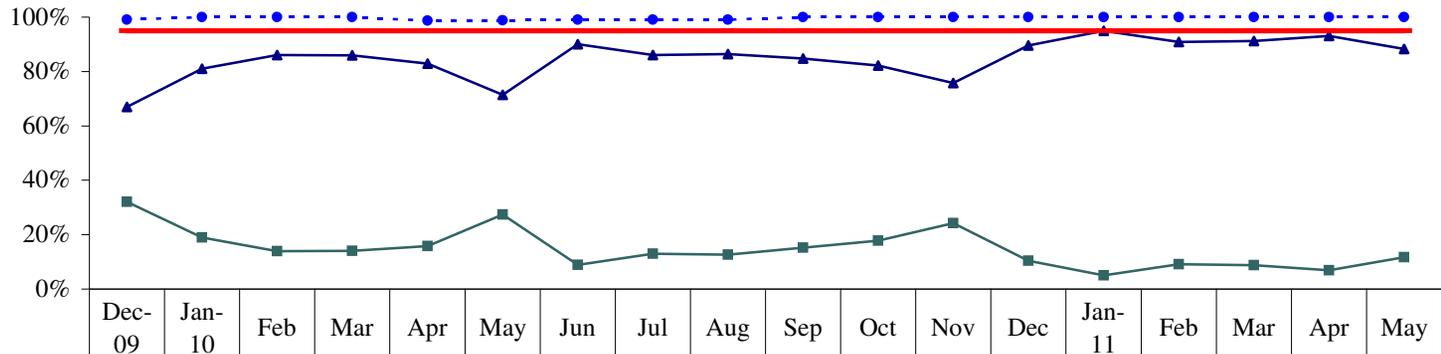


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**North Texas State Hospital**



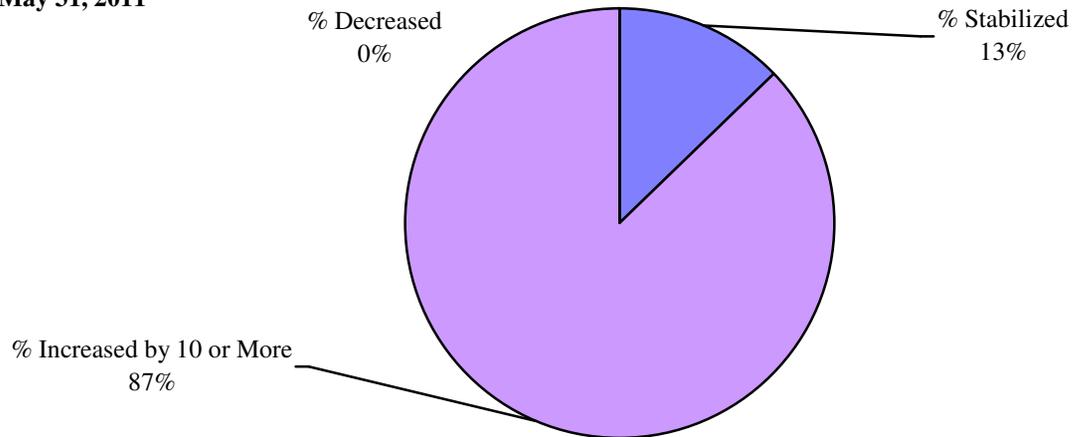
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Rio Grande State Center**

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



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
▲ % Increased by 10 or More	67%	81%	86%	86%	83%	71%	90%	86%	86%	85%	82%	76%	90%	95%	91%	91%	93%	88%
■ % Stabilized	32%	19%	14%	14%	16%	27%	9%	13%	13%	15%	18%	24%	10%	5%	9%	9%	7%	12%
● - - % Stabilized + Increased	99%	100%	100%	100%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

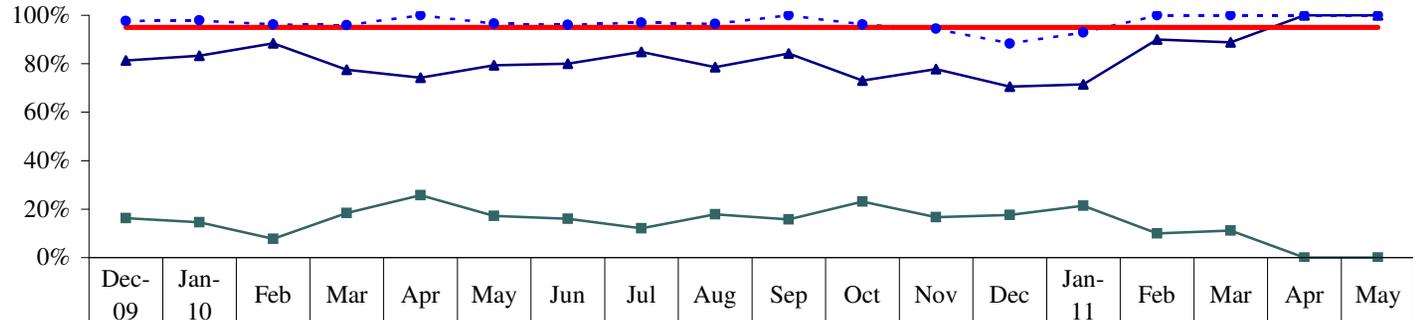
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2011**



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

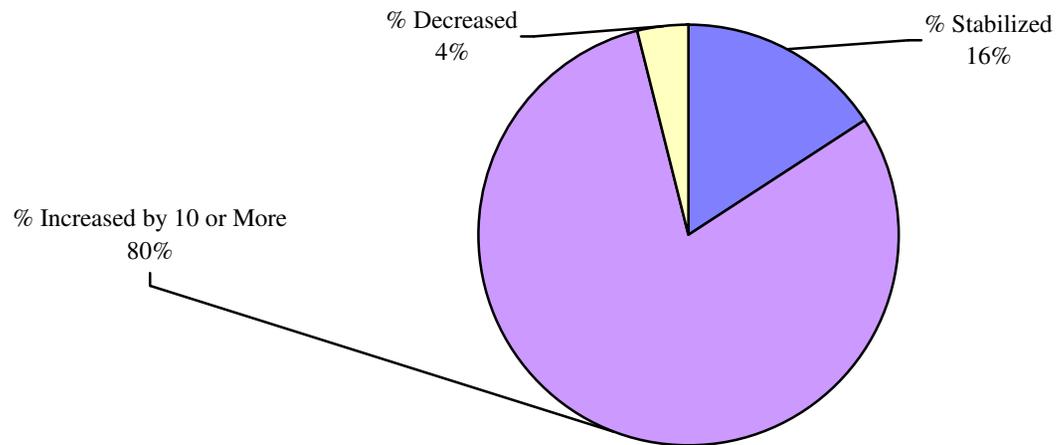
**Rusk State Hospital**

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



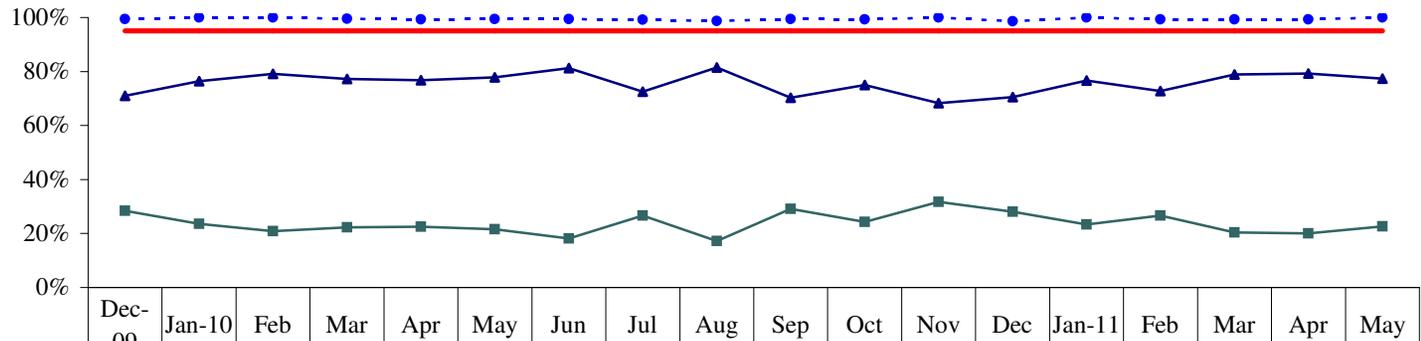
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
▲ % Increased by 10 or More	81%	83%	88%	78%	74%	79%	80%	85%	79%	84%	73%	78%	71%	71%	90%	89%	100%	100%
■ % Stabilized	16%	15%	8%	18%	26%	17%	16%	12%	18%	16%	23%	17%	18%	21%	10%	11%	0%	0%
◆ % Stabilized + Increased	98%	98%	96%	96%	100%	97%	96%	97%	96%	100%	96%	94%	88%	93%	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, 2011**



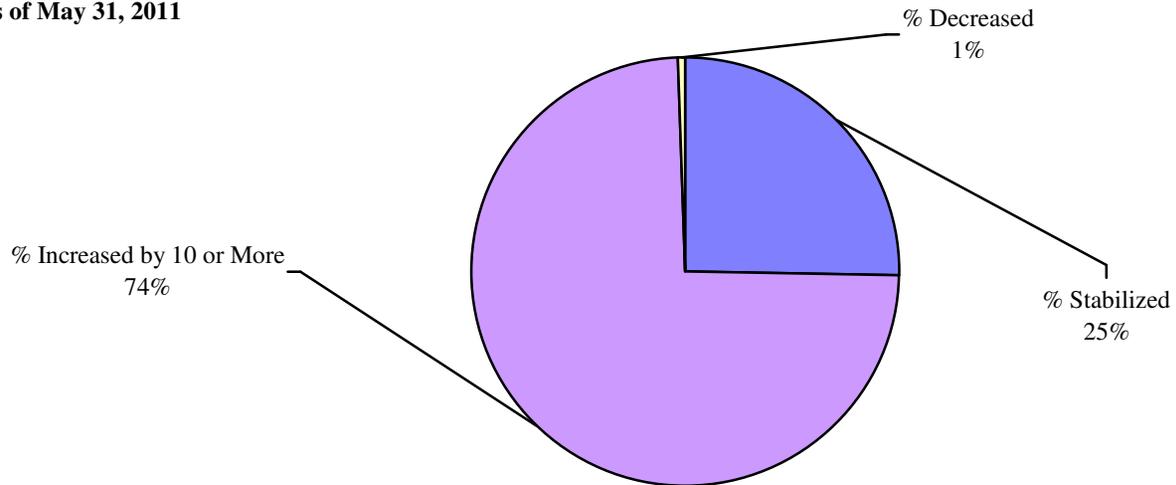
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**San Antonio State Hospital**

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



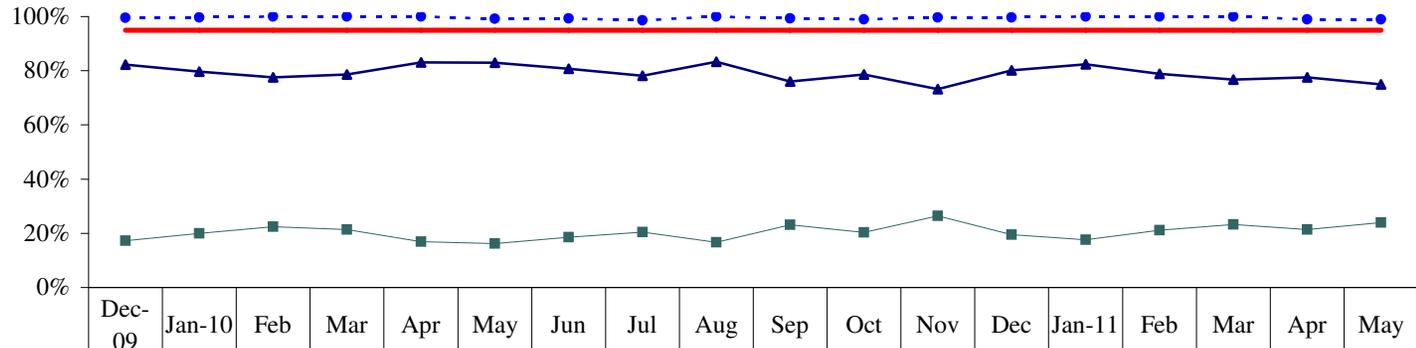
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	71%	76%	79%	77%	77%	78%	81%	73%	82%	70%	75%	68%	71%	77%	73%	79%	79%	77%
—■— % Stabilized	28%	24%	21%	22%	23%	22%	18%	27%	17%	29%	24%	32%	28%	23%	27%	20%	20%	23%
- - -◆- - - % Stabilized + Increased	99%	100%	100%	99%	99%	99%	99%	99%	99%	99%	99%	100%	99%	100%	99%	99%	99%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of May 31, 2011**



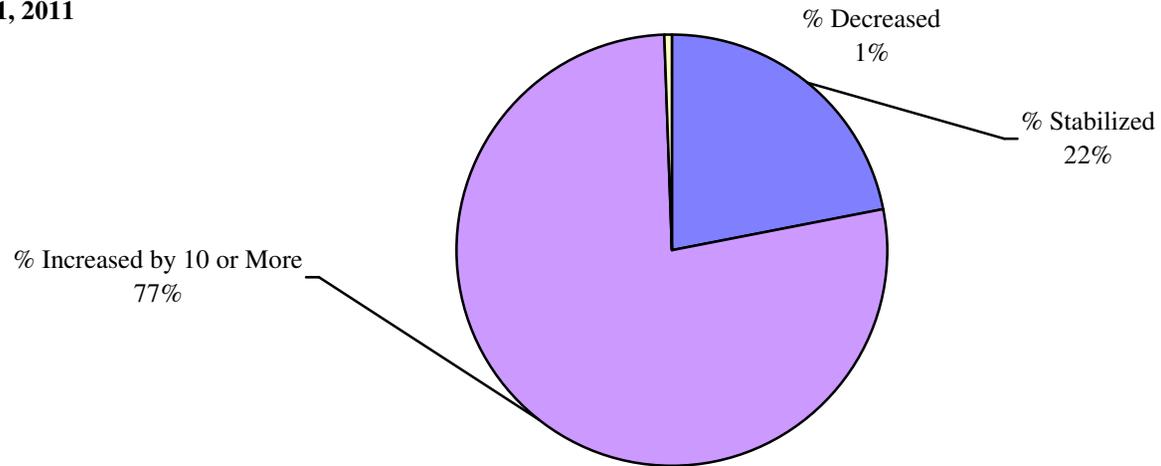
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Terrell State Hospital**

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



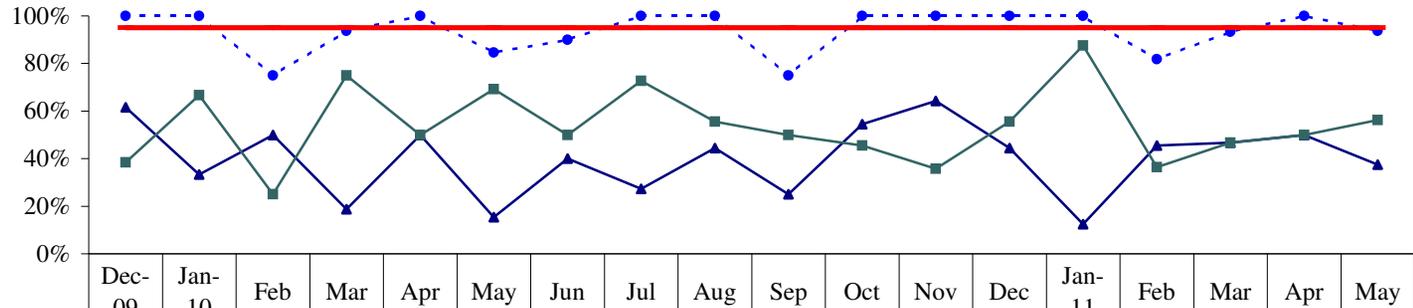
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	82%	80%	78%	79%	83%	83%	81%	78%	83%	76%	79%	73%	80%	82%	79%	77%	78%	75%
—■— % Stabilized	17%	20%	22%	21%	17%	16%	19%	20%	17%	23%	20%	26%	19%	18%	21%	23%	21%	24%
- - -●- - % Stabilized + Increased	100%	100%	100%	100%	100%	99%	99%	99%	100%	99%	99%	100%	100%	100%	100%	100%	99%	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, 2011**



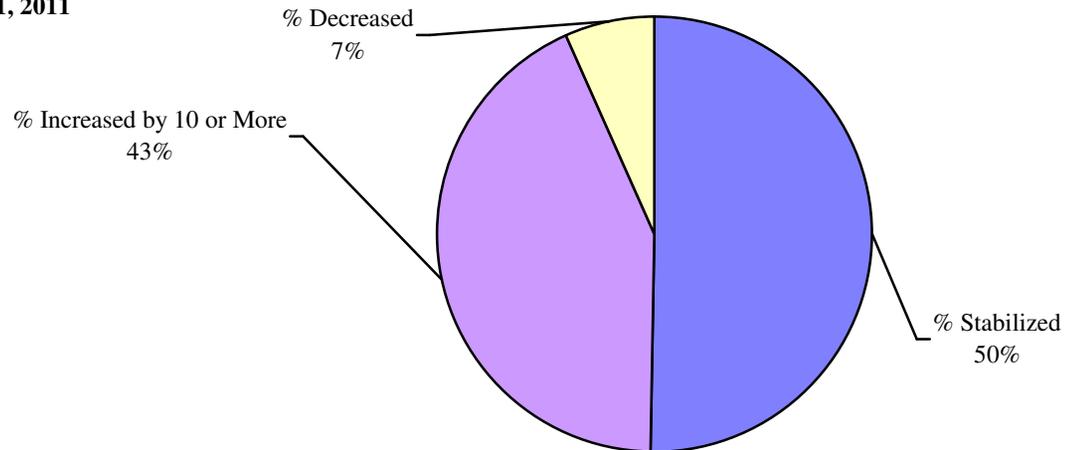
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Waco Center for Youth**

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



—▲— % Increased by 10 or More	62%	33%	50%	19%	50%	15%	40%	27%	44%	25%	55%	64%	44%	13%	45%	47%	50%	38%
—■— % Stabilized	38%	67%	25%	75%	50%	69%	50%	73%	56%	50%	45%	36%	56%	88%	36%	47%	50%	56%
- - ● - - % Stabilized + Increased	100%	100%	75%	94%	100%	85%	90%	100%	100%	75%	100%	100%	100%	100%	82%	93%	100%	94%
— % 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, 2011**



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

**Performance Objective 4B:**

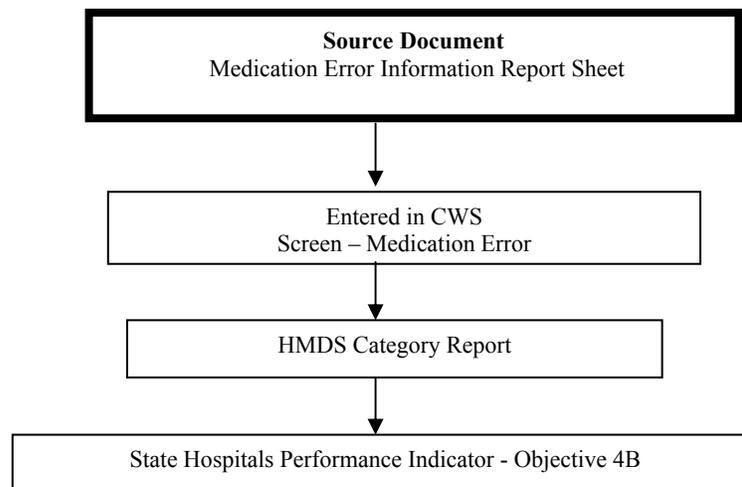
**Identify, collect, aggregate, and analyze medication errors.**

**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**

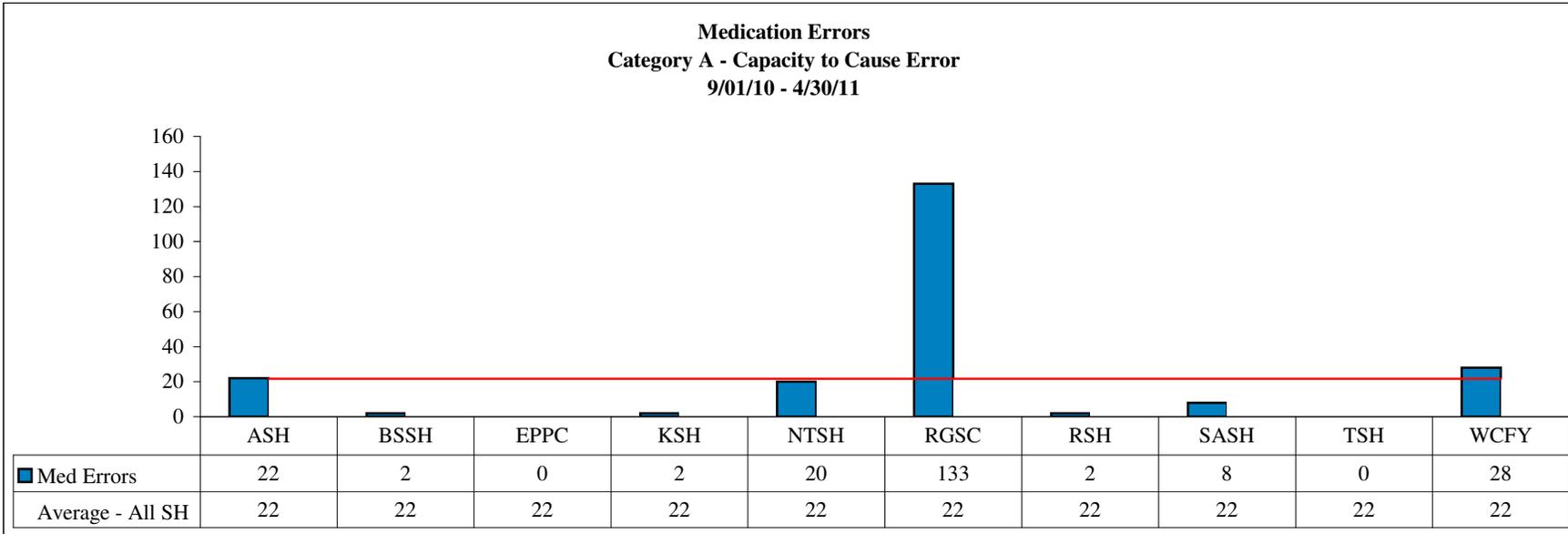
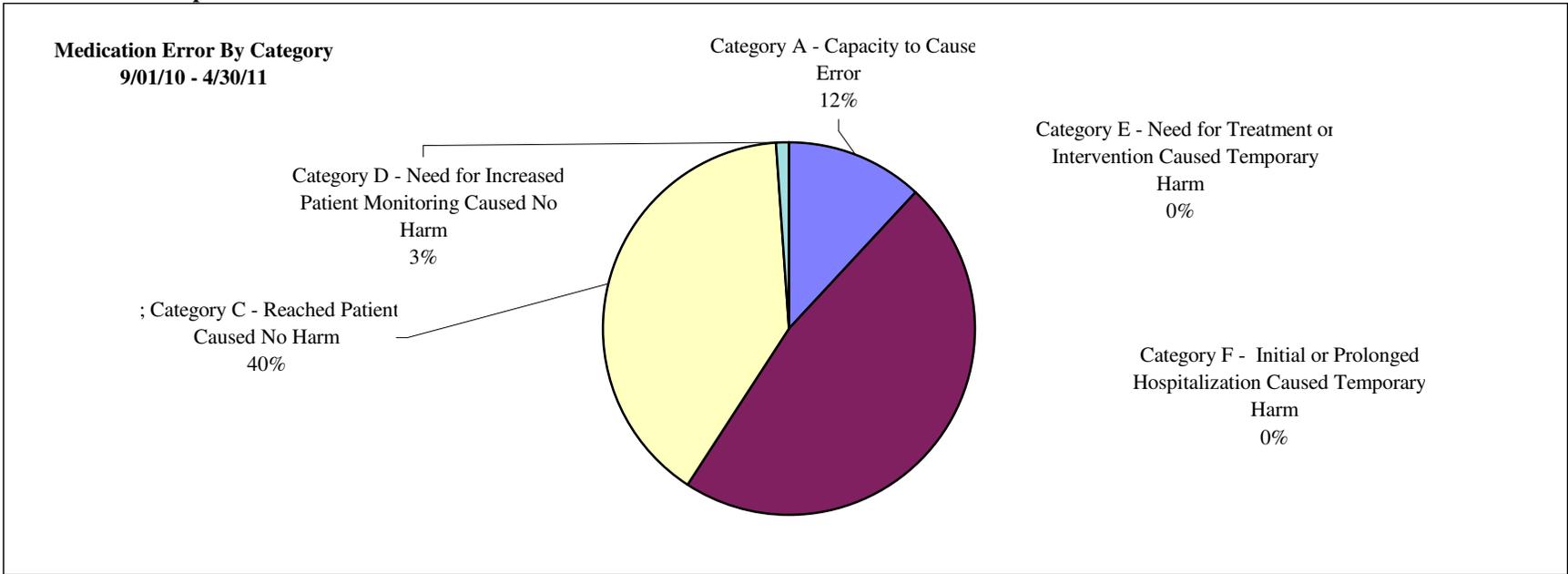
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr
<b>AUSTIN STATE HOSPITAL</b>														
Medication Errors	65	44	66	54	55	38	22	35	27	10	16	14	13	8
Bed Days in Month	8631	8112	8572	8426	8545	8520	7993	8453	8028	8027	8222	8536	8129	8305
Med Errors/1000 Bed Days	7.53	5.42	7.70	6.41	6.44	4.46	2.75	4.14	3.36	1.25	1.95	1.64	1.60	0.96
<b>BIG SPRING STATE HOSPITAL</b>														
Medication Errors	16	19	10	22	17	10	7	16	10	8	6	14	5	4
Bed Days in Month	6080	5818	6131	5901	6101	6165	5975	6094	5873	5862	6045	5864	5736	5911
Falls/1000 Bed Days	2.63	3.27	1.63	3.73	2.79	1.62	1.17	2.63	1.70	1.36	0.99	2.39	0.87	0.68
<b>EL PASO PSYCHIATRIC CENTER</b>														
Medication Errors	6	11	4	10	7	12	6	8	0	1	4	5	0	0
Bed Days in Month	2140	2113	2177	2137	2220	2217	2129	2190	2151	2194	2184	2195	2058	2199
Med Errors/1000 Bed Days	2.80	5.21	1.84	4.68	3.15	5.41	2.82	3.65	0.00	0.46	1.83	2.28	0.00	0.00
<b>KERRVILLE STATE HOSPITAL</b>														
Medication Errors	19	25	21	24	21	8	22	12	21	50	51	53	40	33
Bed Days in Month	6191	6005	6087	6007	6172	6167	6010	6265	6023	6224	6271	6107	5831	6049
Med Errors/1000 Bed Days	3.07	4.16	3.45	4.00	3.40	1.30	3.66	1.92	3.49	8.03	8.13	8.68	6.86	5.46
<b>NORTH TEXAS STATE HOSPITAL</b>														
Medication Errors	77	35	50	50	38	48	30	39	36	44	25	44	17	21
Bed Days in Month	18013	17789	18347	17878	18286	18168	17844	17907	17084	17606	17774	18011	17382	18001
Med Errors/1000 Bed Days	4.27	1.97	2.73	2.80	2.08	2.64	1.68	2.18	2.11	2.50	1.41	2.44	0.98	1.17
<b>RIO GRANDE STATE CENTER</b>														
Medication Errors	11	9	4	8	9	22	67	50	22	16	11	17	10	20
Bed Days in Month	1639	1597	1615	1522	1573	1581	1499	1627	1529	1628	1604	1634	1587	1635
Med Errors/1000 Bed Days	6.71	5.64	2.48	5.26	5.72	13.92	44.70	30.73	14.39	9.83	6.86	10.40	6.30	12.23
<b>RUSK STATE HOSPITAL</b>														
Medication Errors	9	16	11	7	3	15	8	4	5	13	5	3	7	5
Bed Days in Month	9462	9157	9455	9125	9432	9263	9066	9419	9177	9255	9367	9375	9091	9525
Med Errors/1000 Bed Days	0.95	1.75	1.16	0.77	0.32	1.62	0.88	0.42	0.54	1.40	0.53	0.32	0.77	0.52
<b>SAN ANTONIO STATE HOSPITAL</b>														
Medication Errors	14	3	5	6	4	5	5	5	5	2	6	4	5	7
Bed Days in Month	8434	8340	8726	8280	8486	8348	8344	8711	8328	8432	8560	8615	8322	8626
Med Errors/1000 Bed Days	1.66	0.36	0.57	0.72	0.47	0.60	0.60	0.57	0.60	0.24	0.70	0.46	0.60	0.81
<b>TERRELL STATE HOSPITAL</b>														
Medication Errors	7	7	7	9	8	8	1	1	0	0	0	0	1	0
Bed Days in Month	9521	9375	9686	9327	9452	9581	9152	9496	9186	9222	9289	9521	9058	9492
Med Errors/1000 Bed Days	0.74	0.75	0.72	0.96	0.85	0.83	0.11	0.11	0.00	0.00	0.00	0.00	0.11	0.00

**Objective 4B - Medication Variance Data**

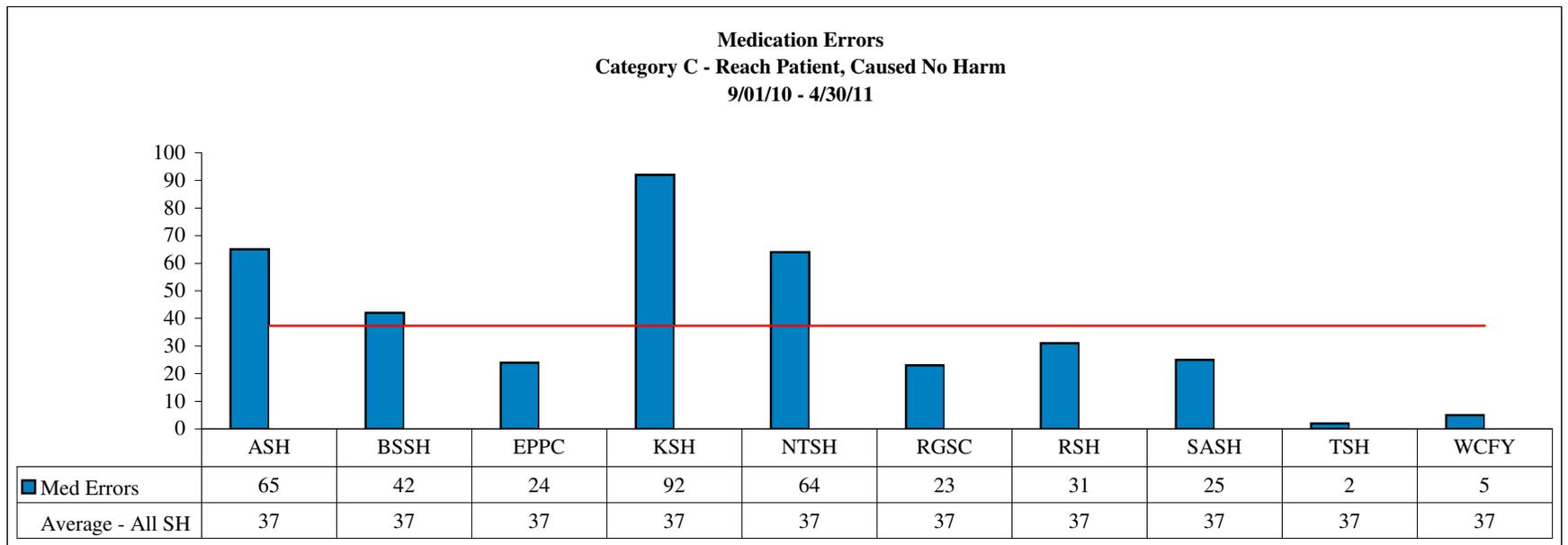
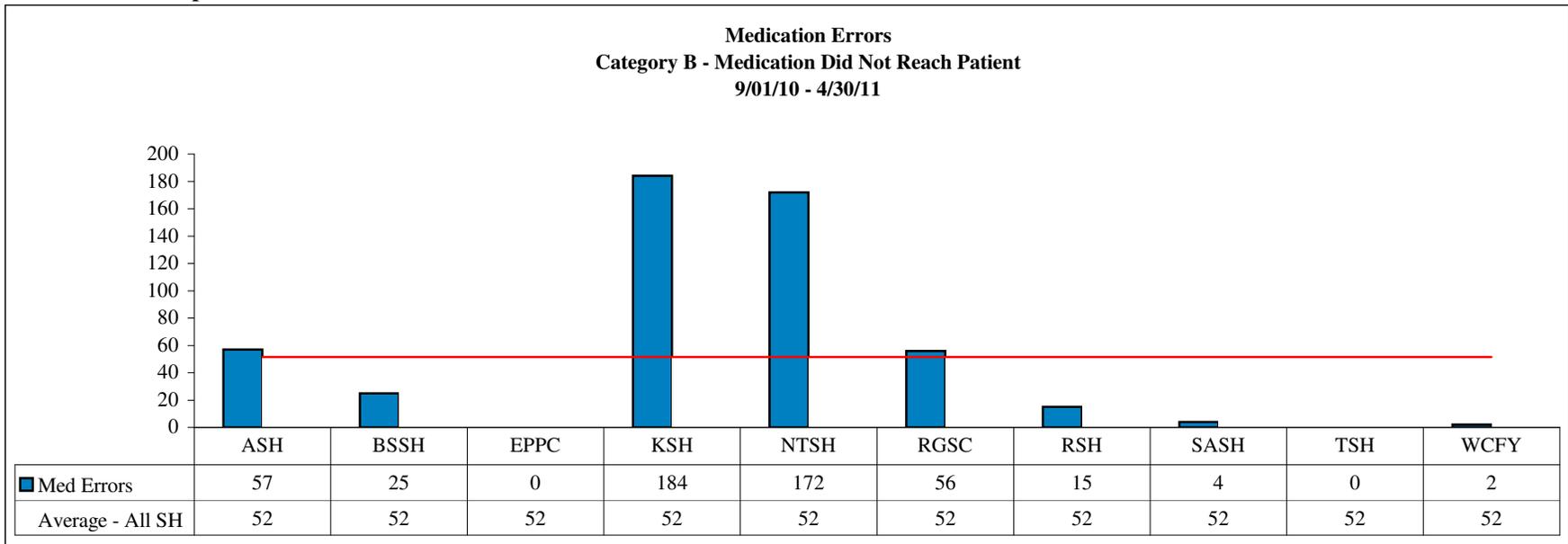
**All State Hospitals**

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr
<b>WACO CENTER FOR YOUTH</b>														
Medication Errors	22	32	19	4	10	6	15	4	4	2	0	3	4	3
Bed Days in Month	2189	2056	2271	2240	2256	2274	2200	2367	2232	2068	2256	2317	2286	2394
Med Errors/1000 Bed Days	10.05	15.56	8.37	1.79	4.43	2.64	6.82	1.69	1.79	0.97	0.00	1.29	1.75	1.25
<b>TEXAS CENTER FOR INFECTIOUS DISEASE</b>														
Medication Errors	1	4	2	1	0	1	2	2	1	1	2	0	3	0
Bed Days in Month	1081	1124	1164	1058	1127	1212	1217	1274	1187	1101	1025	1204	1145	1288
Med Errors/1000 Bed Days	0.93	3.56	1.72	0.95	0.00	0.83	1.64	1.57	0.84	0.91	1.95	0.00	2.62	0.00
<b>ALL STATE HOSPITALS</b>														
Medication Errors	247	205	199	195	172	173	185	176	131	147	126	157	105	101
Bed Days in Month	73381	71486	74231	71901	73650	73496	71429	73803	70798	71619	72597	73379	70625	73425
Med Errors/1000 Bed Days	3.37	2.87	2.68	2.71	2.34	2.35	2.59	2.38	1.85	2.05	1.74	2.14	1.49	1.38

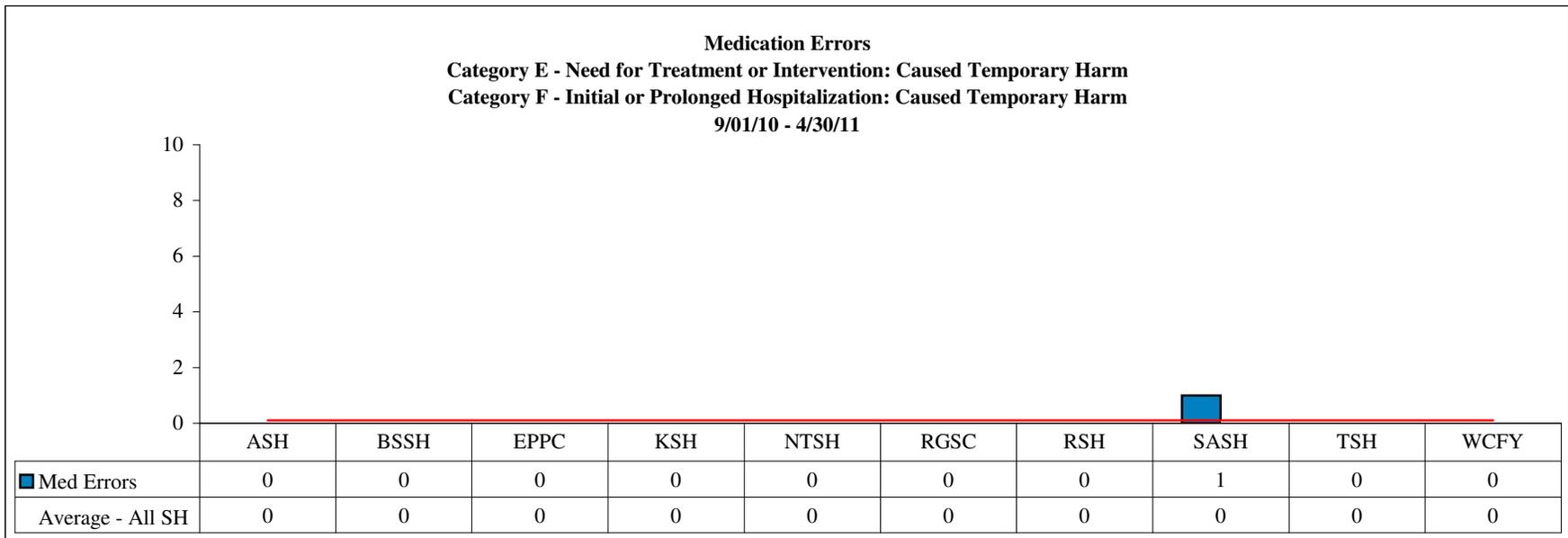
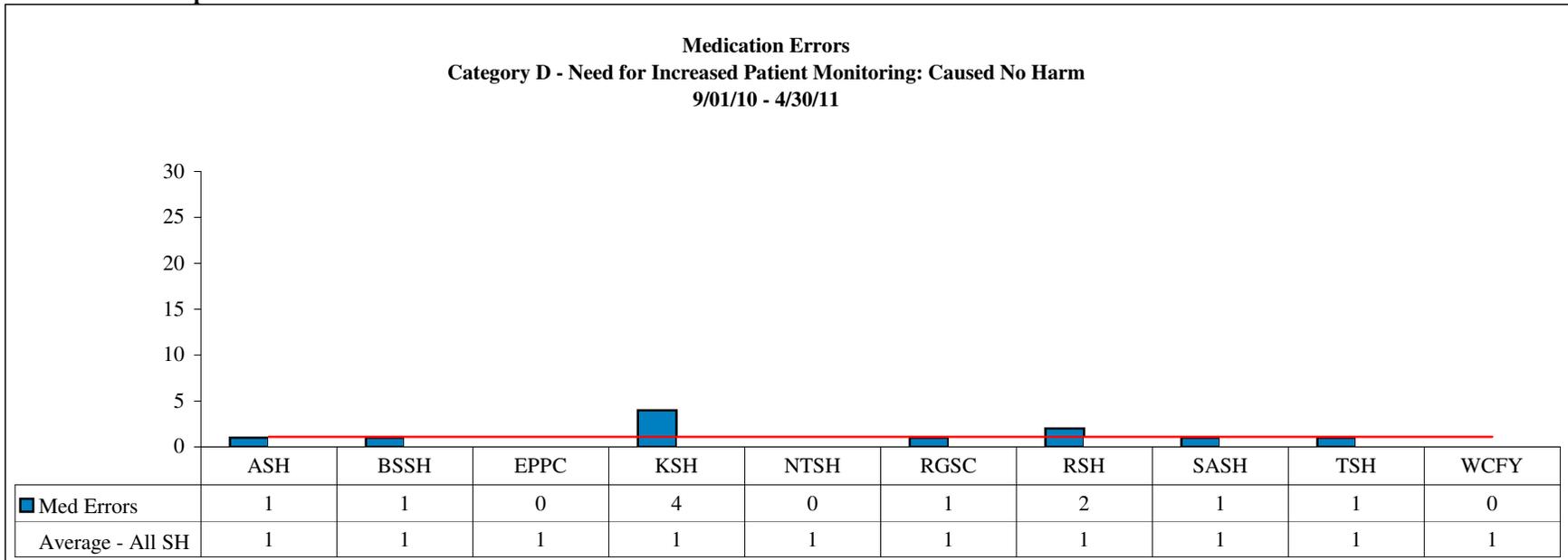
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



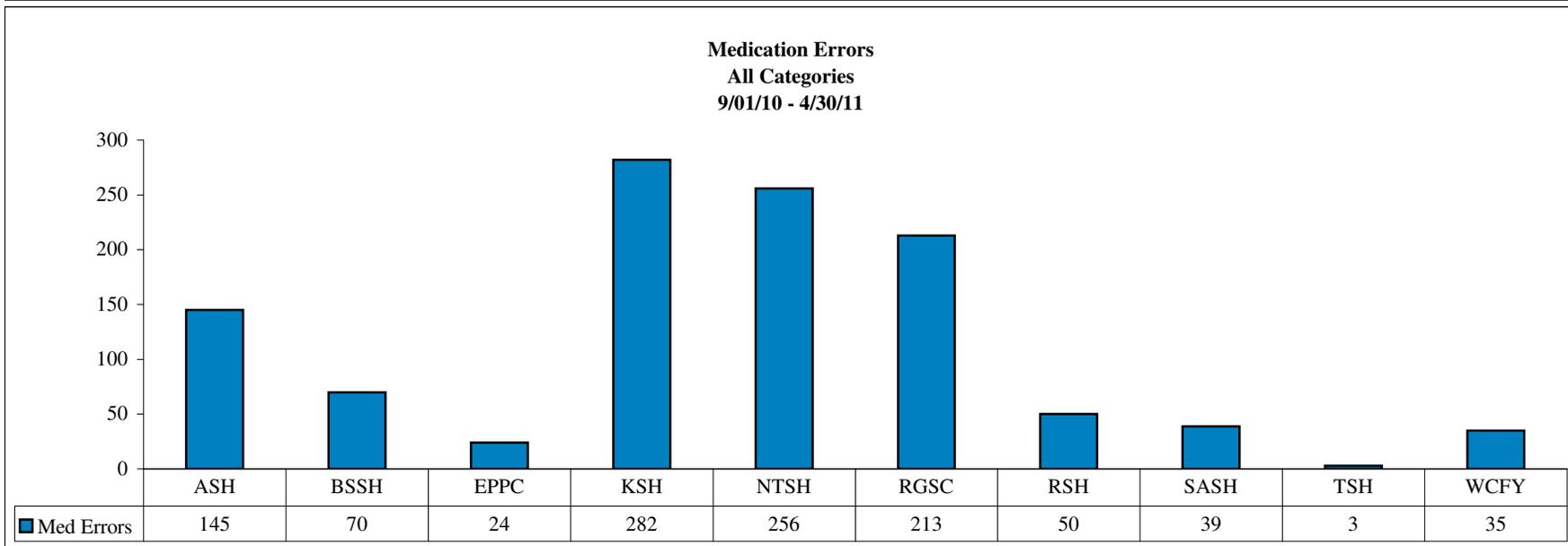
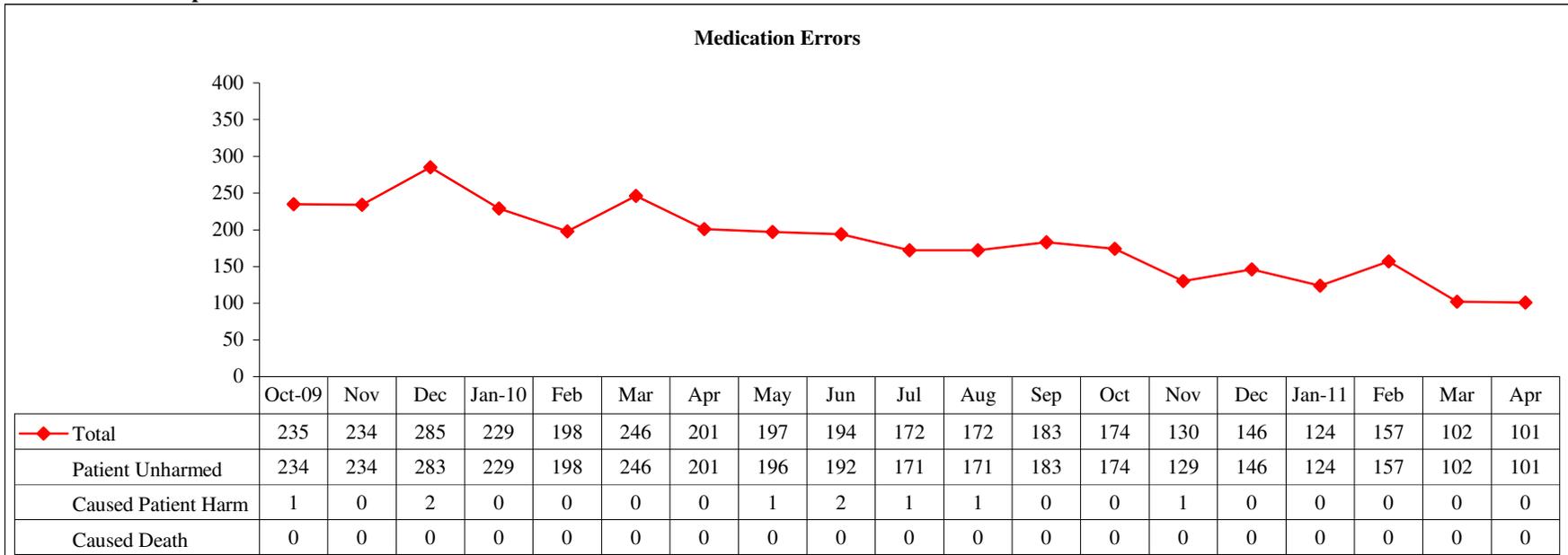
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



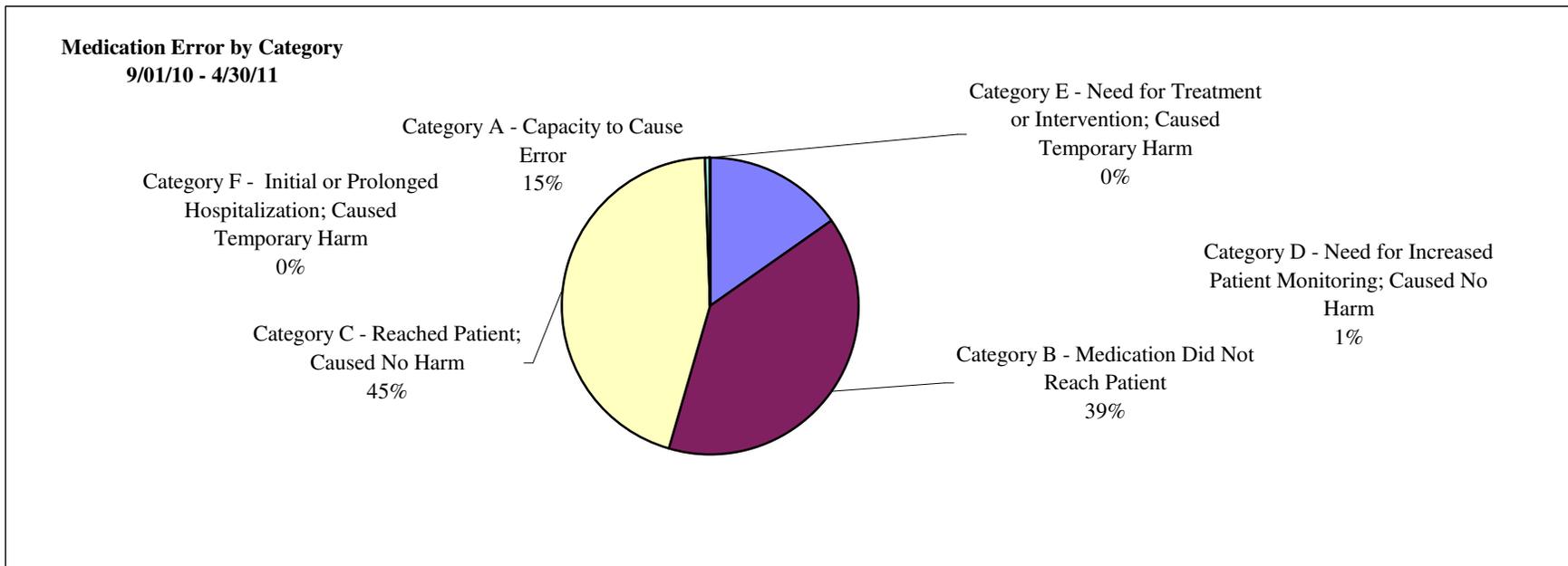
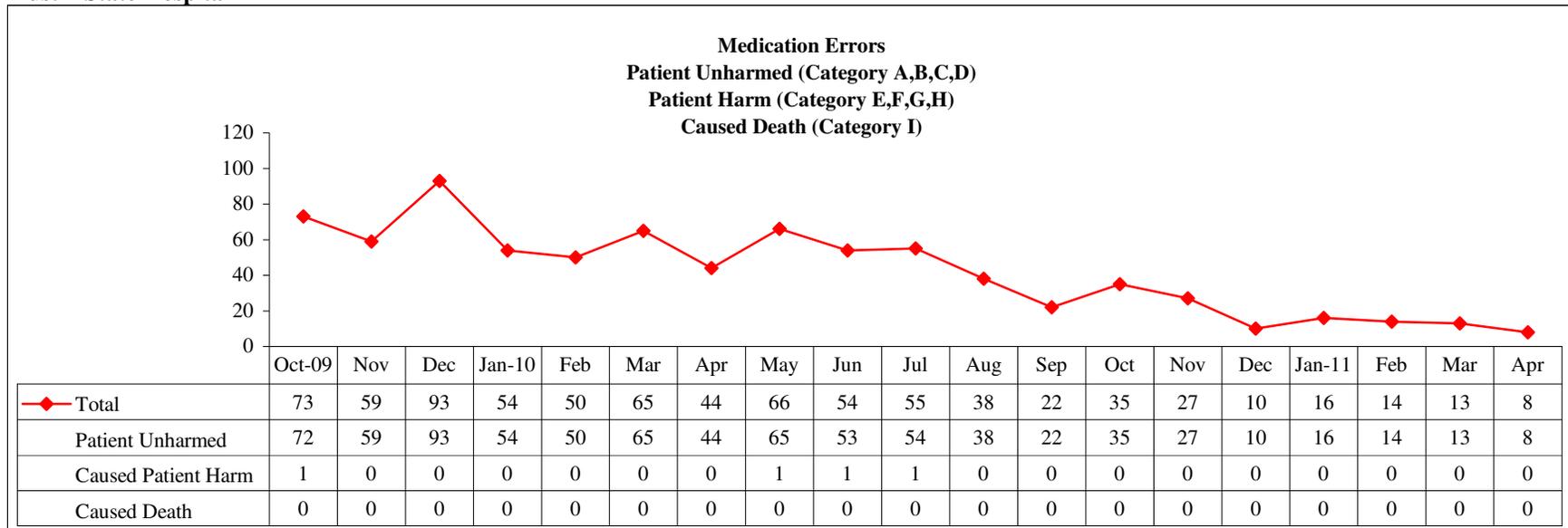
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



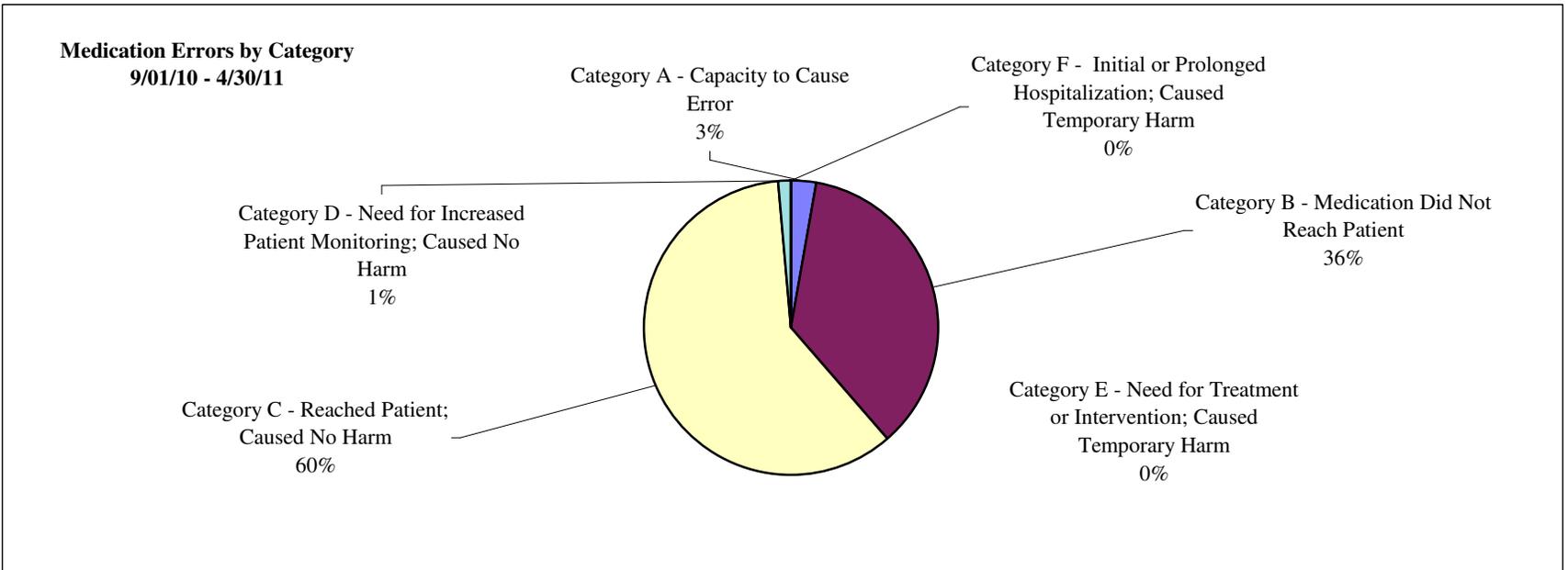
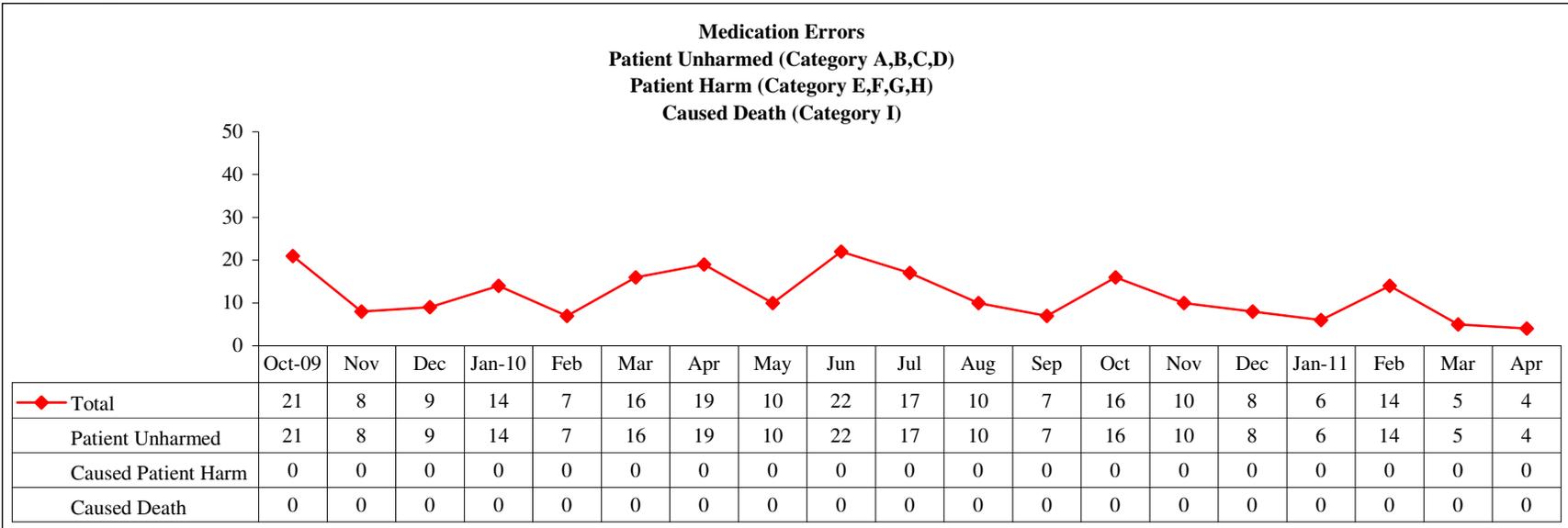
**Objective 4B - Medication Variance Data  
All State MH Hospitals**



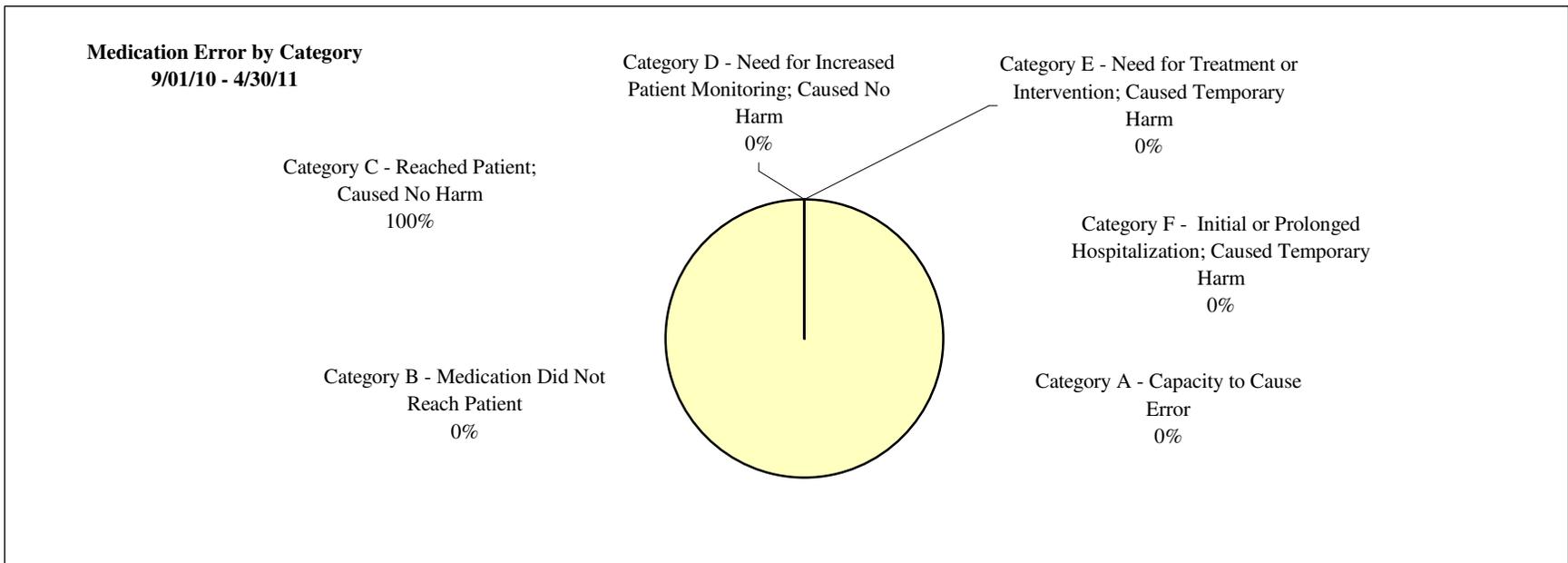
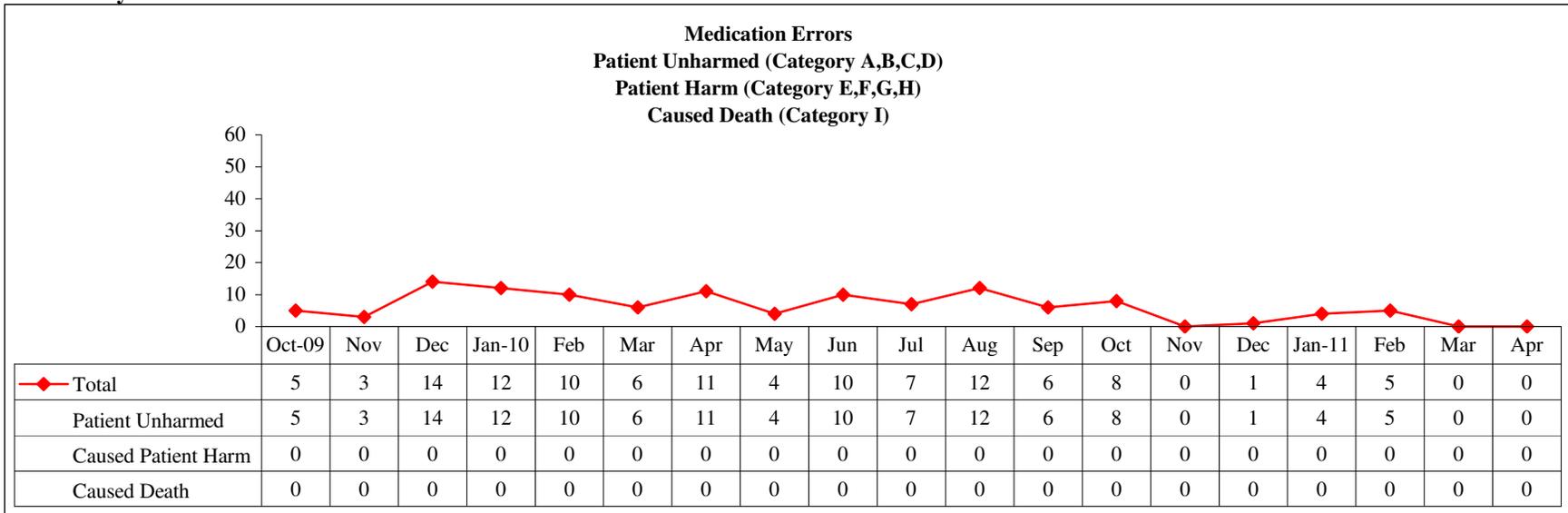
**Objective 4B - Medication Variance Data  
Austin State Hospital**



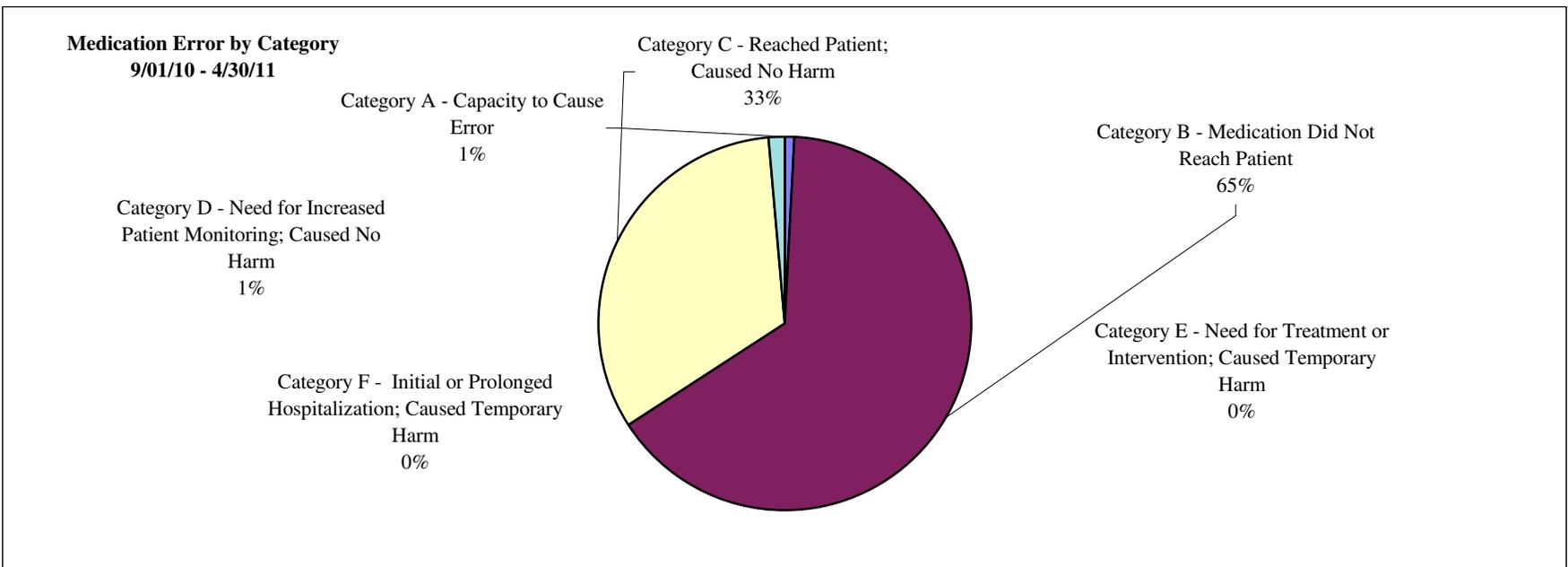
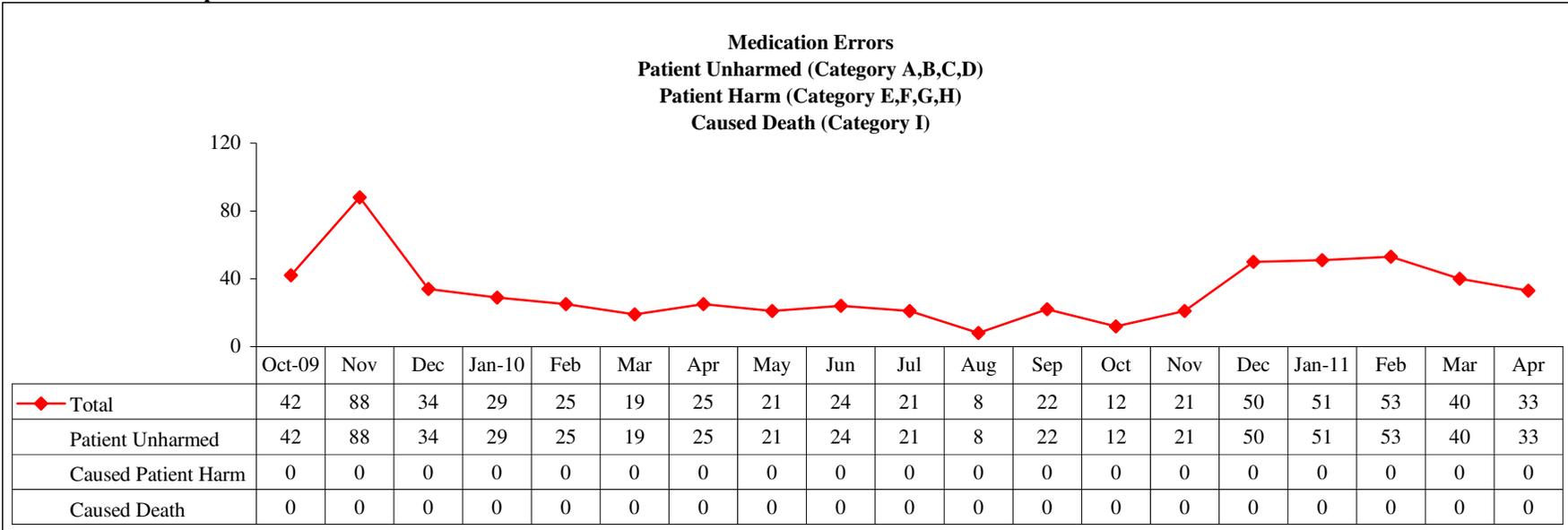
**Objective 4B - Medication Variance Data**  
**Big Spring State Hospital**



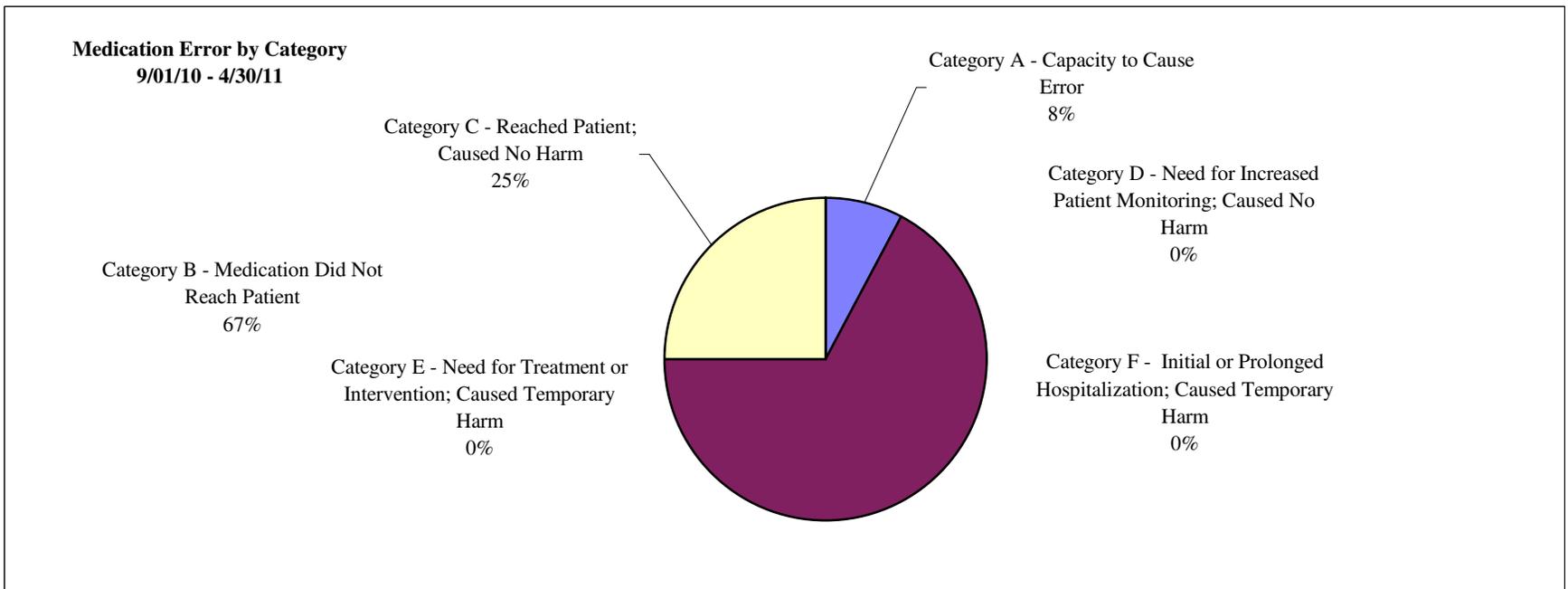
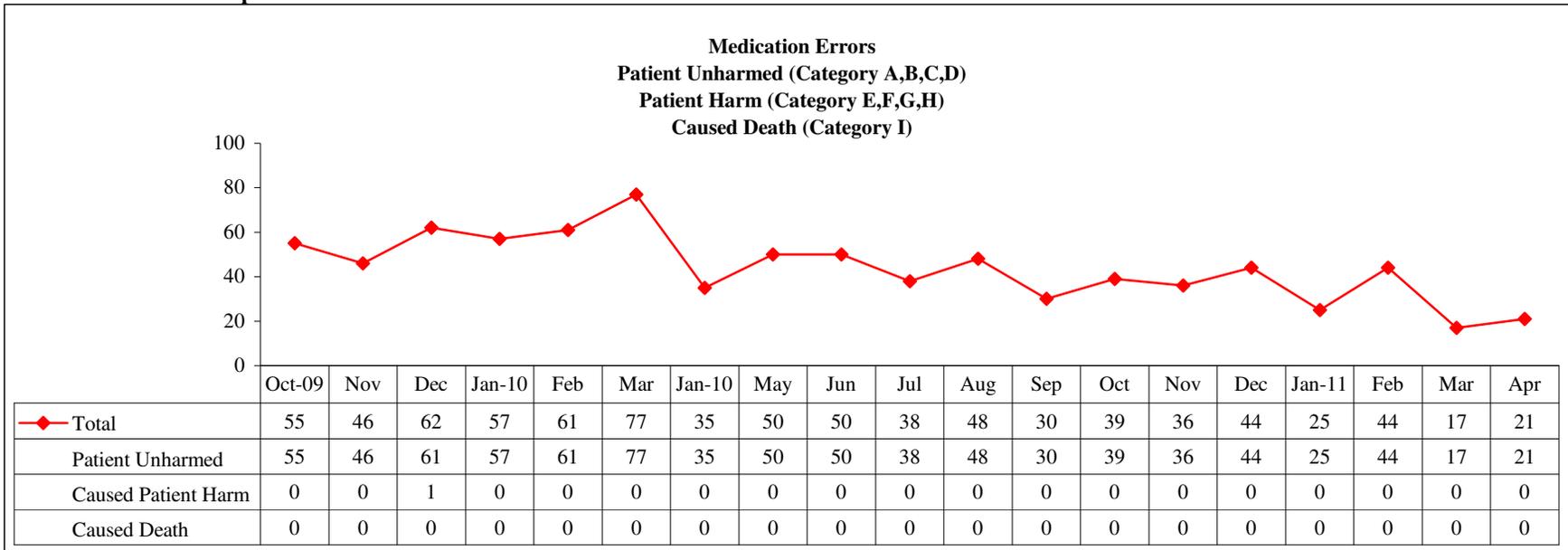
**Objective 4B - Medication Variance Data**  
**El Paso Psychiatric Center**



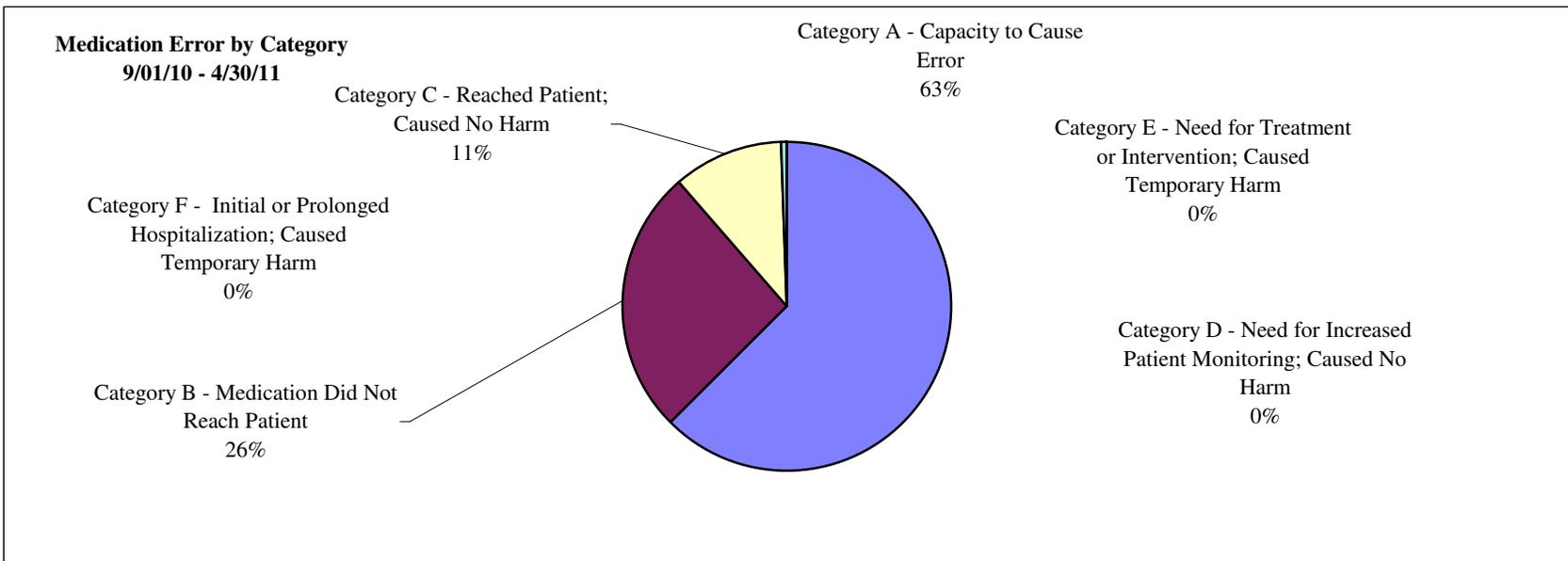
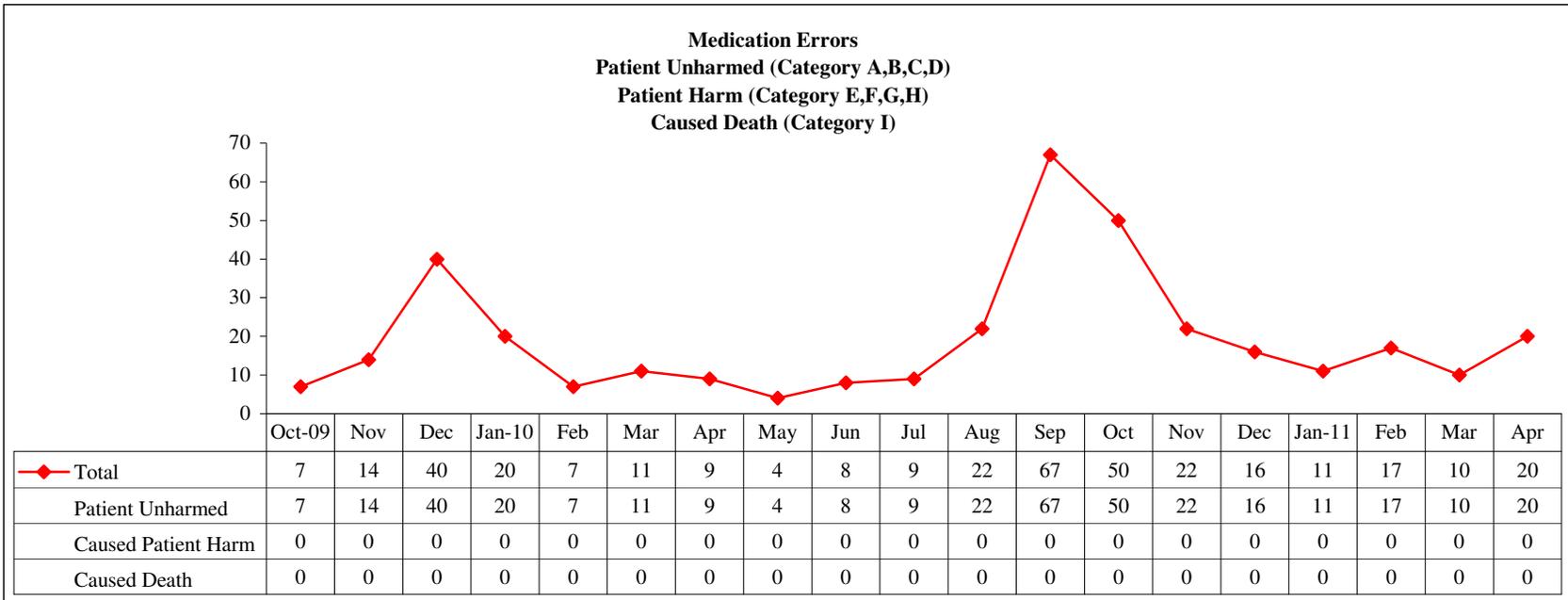
**Objective 4B - Medication Variance Data**  
**Kerrville State Hospital**



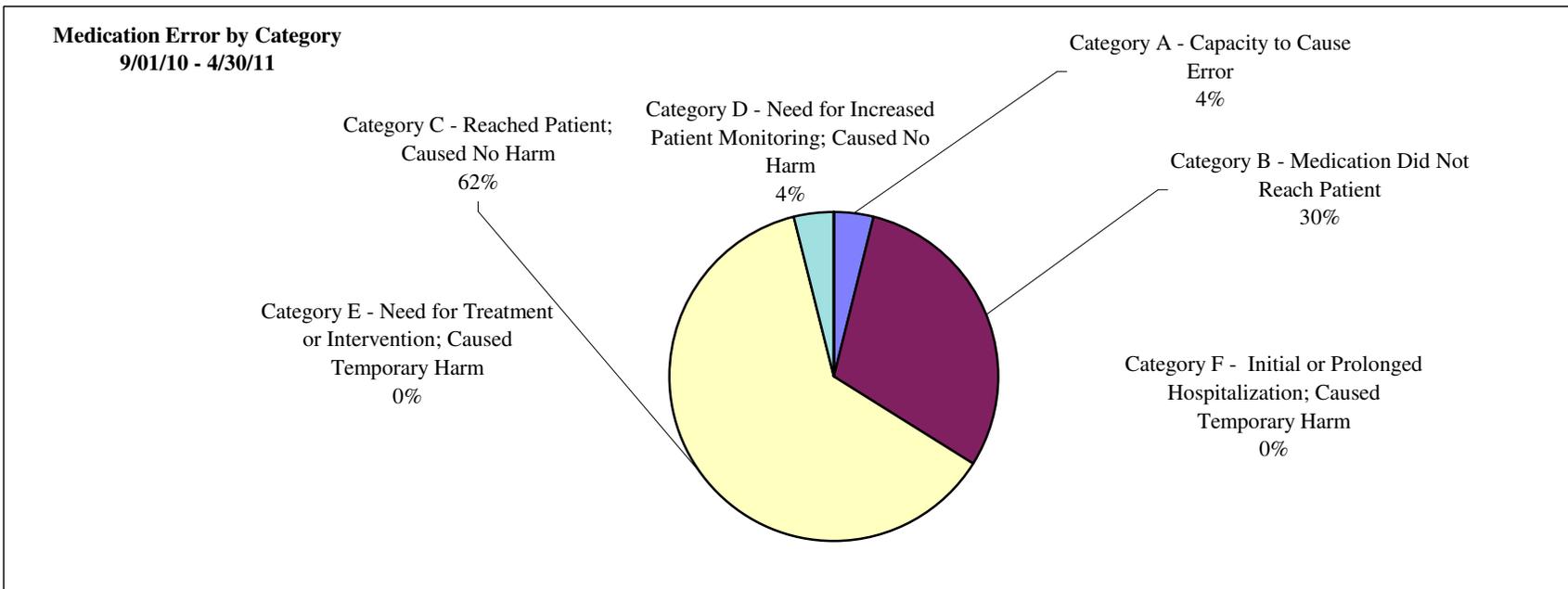
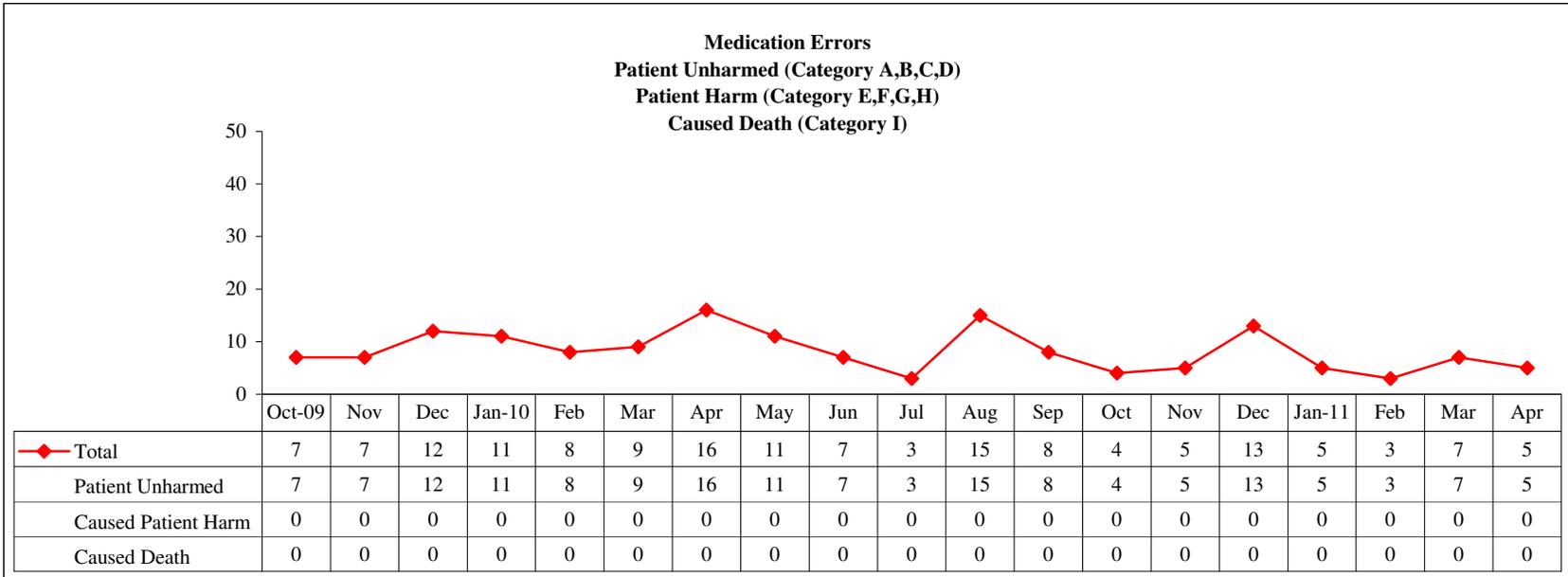
**Objective 4B - Medication Variance Data**  
**North Texas State Hospital**



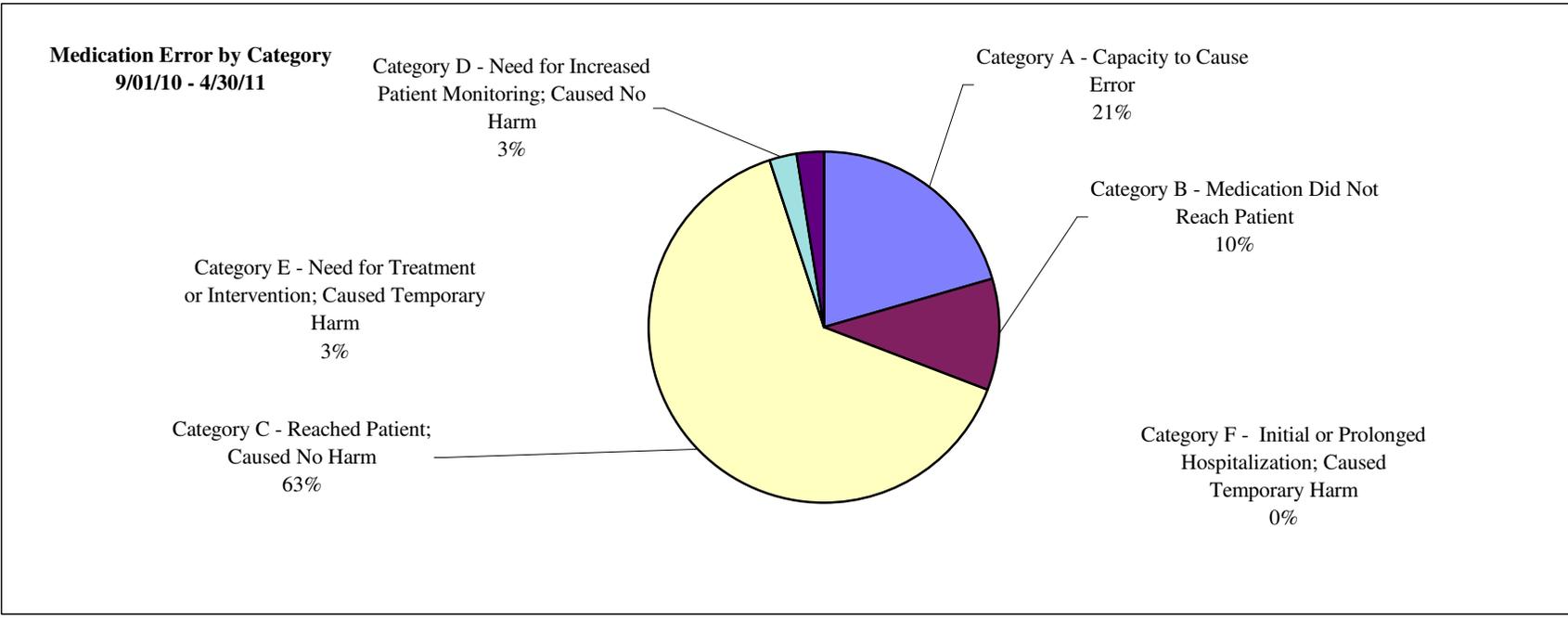
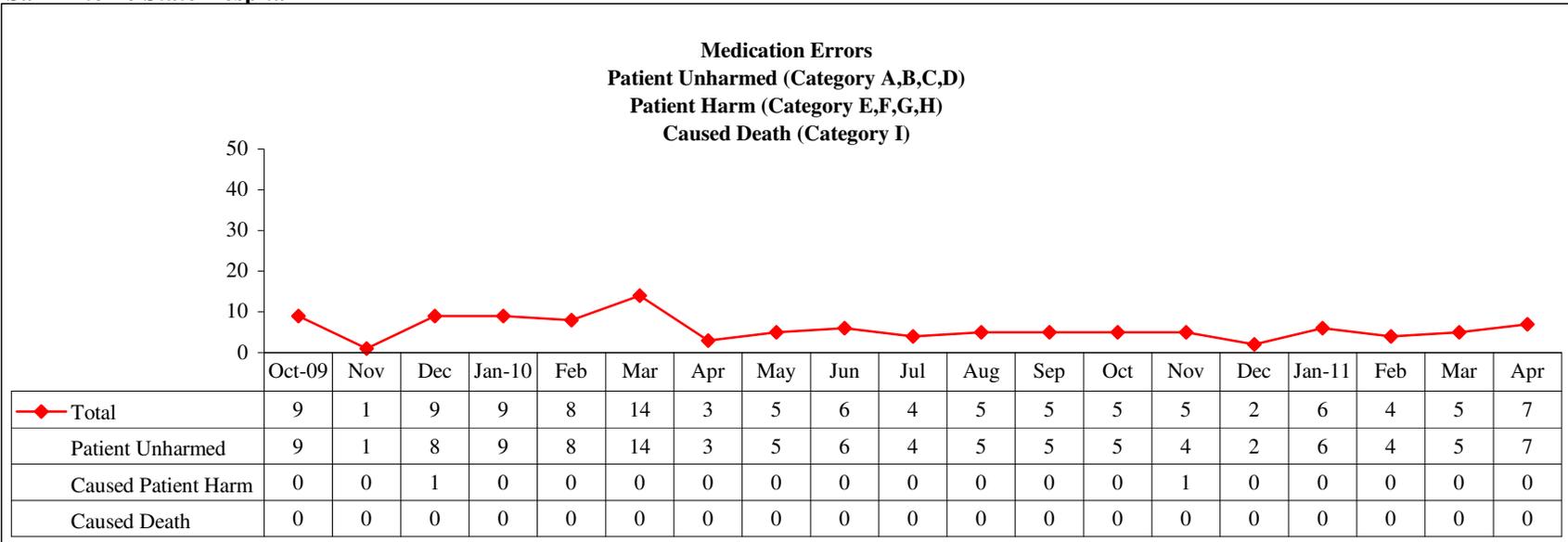
**Objective 4B - Medication Variance Data**  
**Rio Grande State Center**



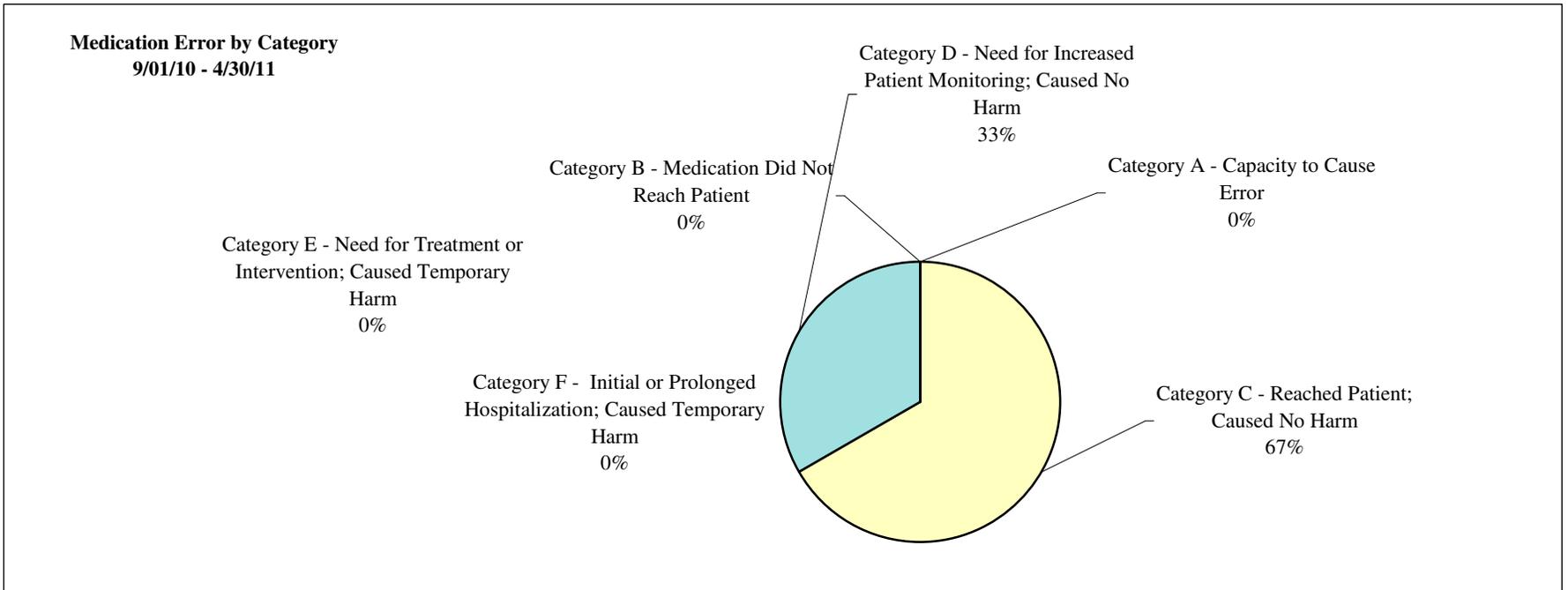
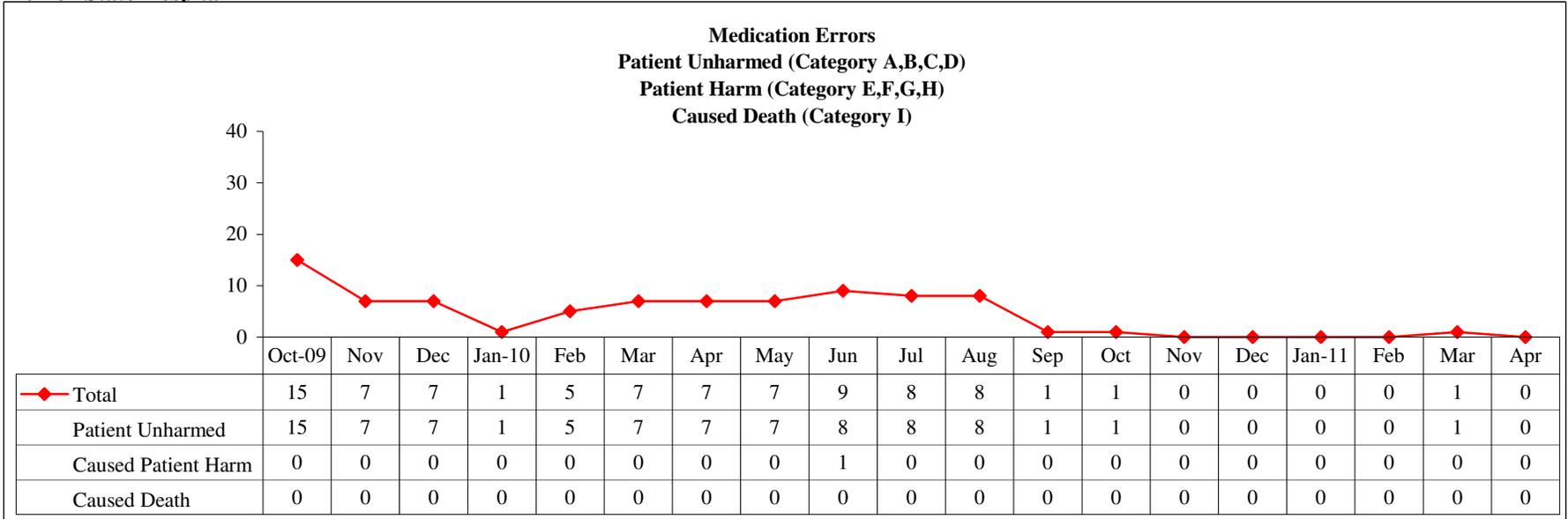
**Objective 4B - Medication Variance Data**  
**Rusk State Hospital**



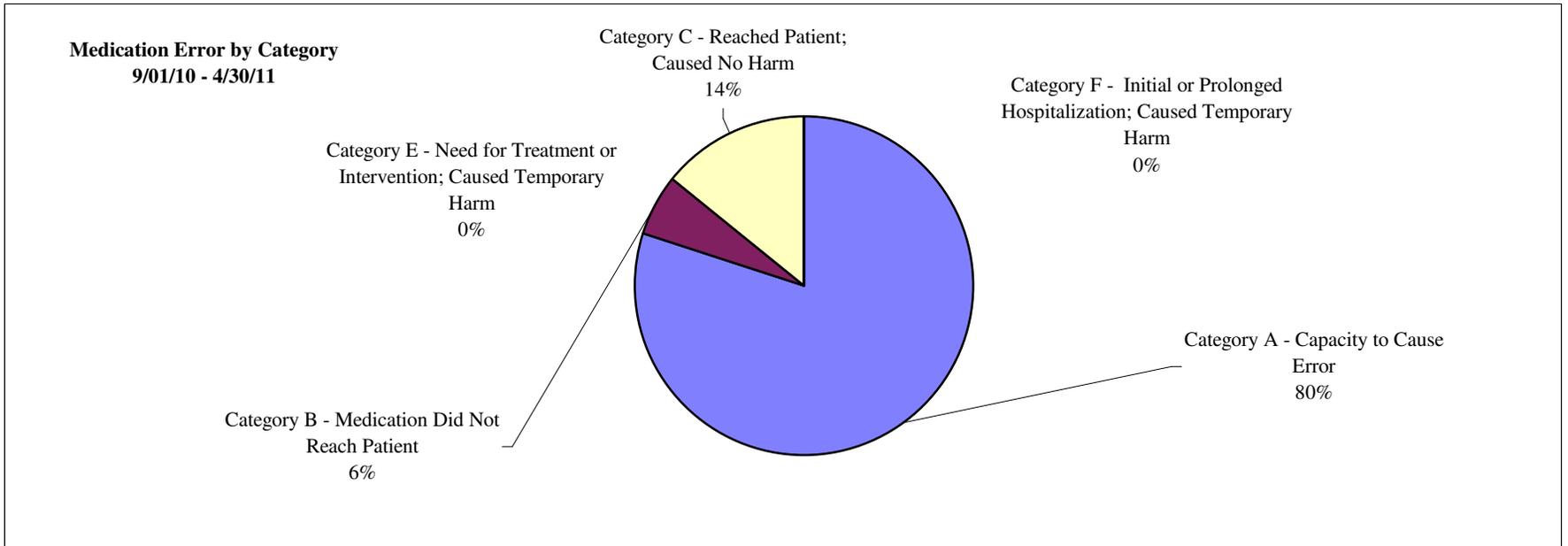
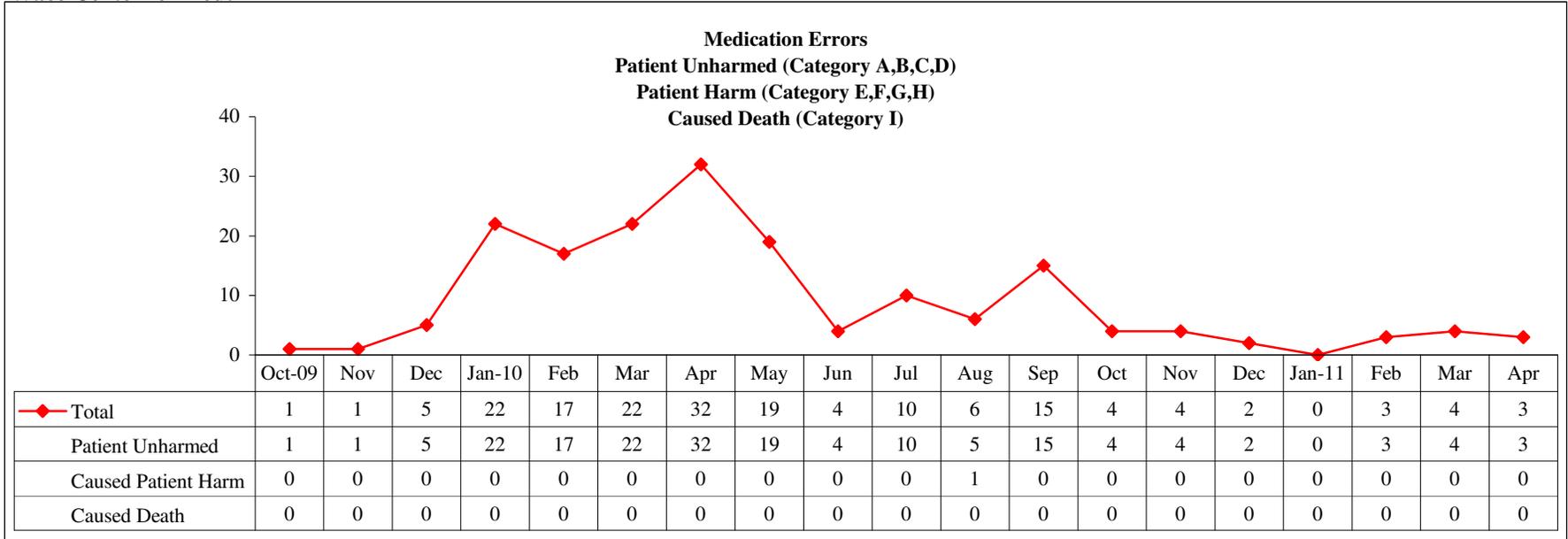
**Objective 4B - Medication Variance Data  
San Antonio State Hospital**



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



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



**Performance Measure 4A:**

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

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

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

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

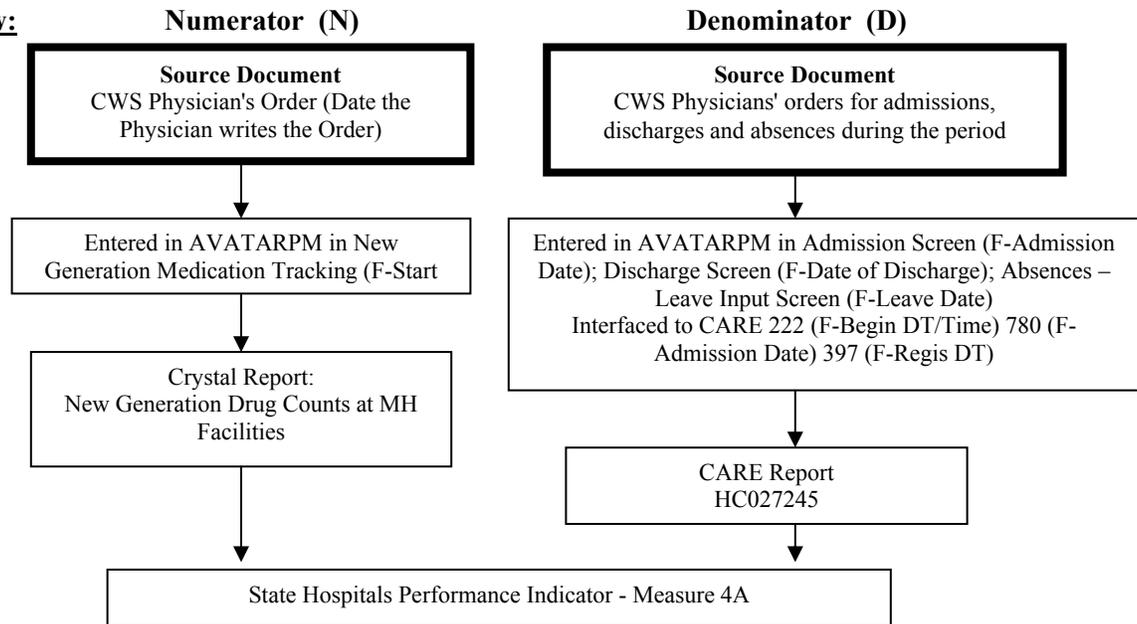
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

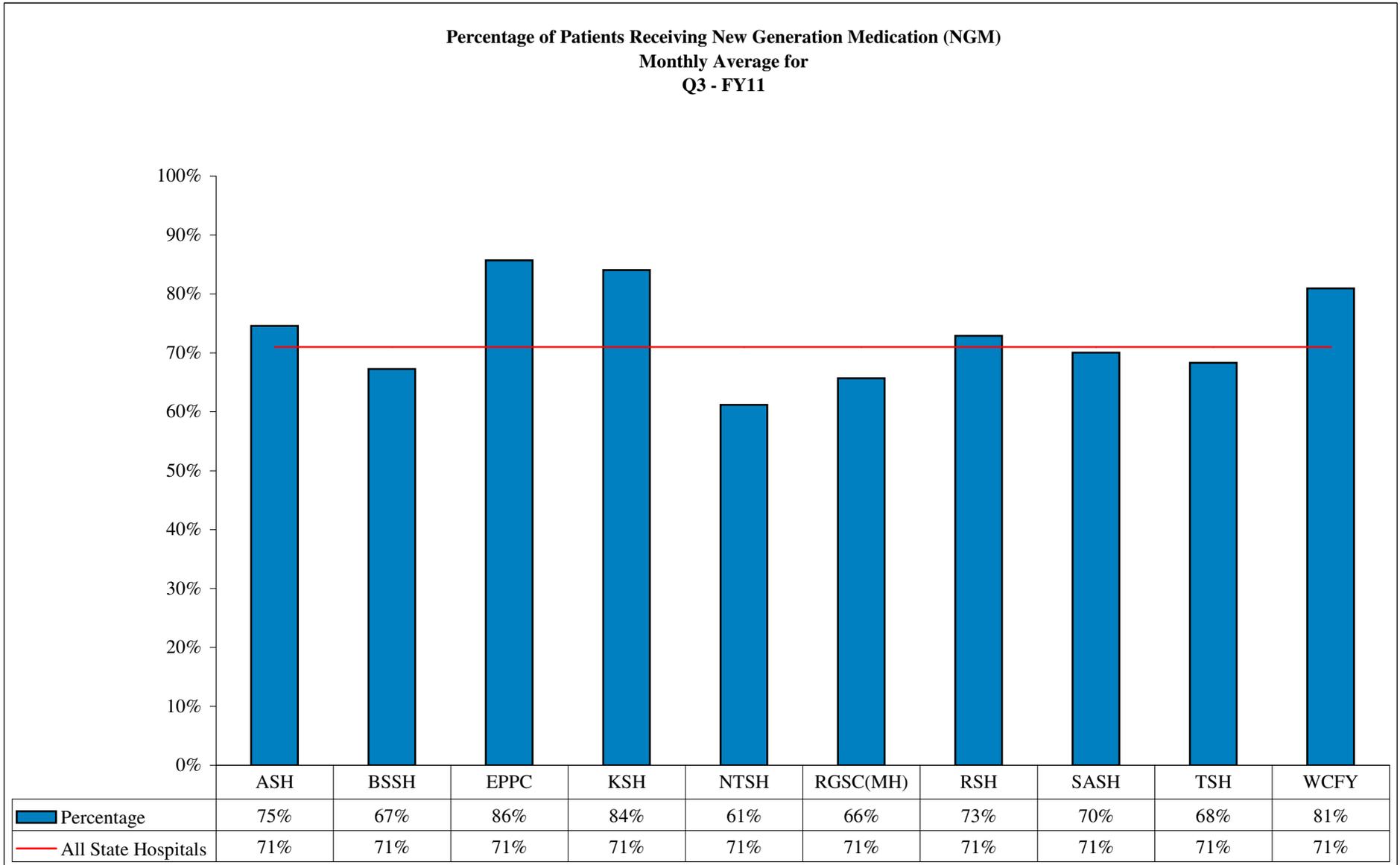
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**

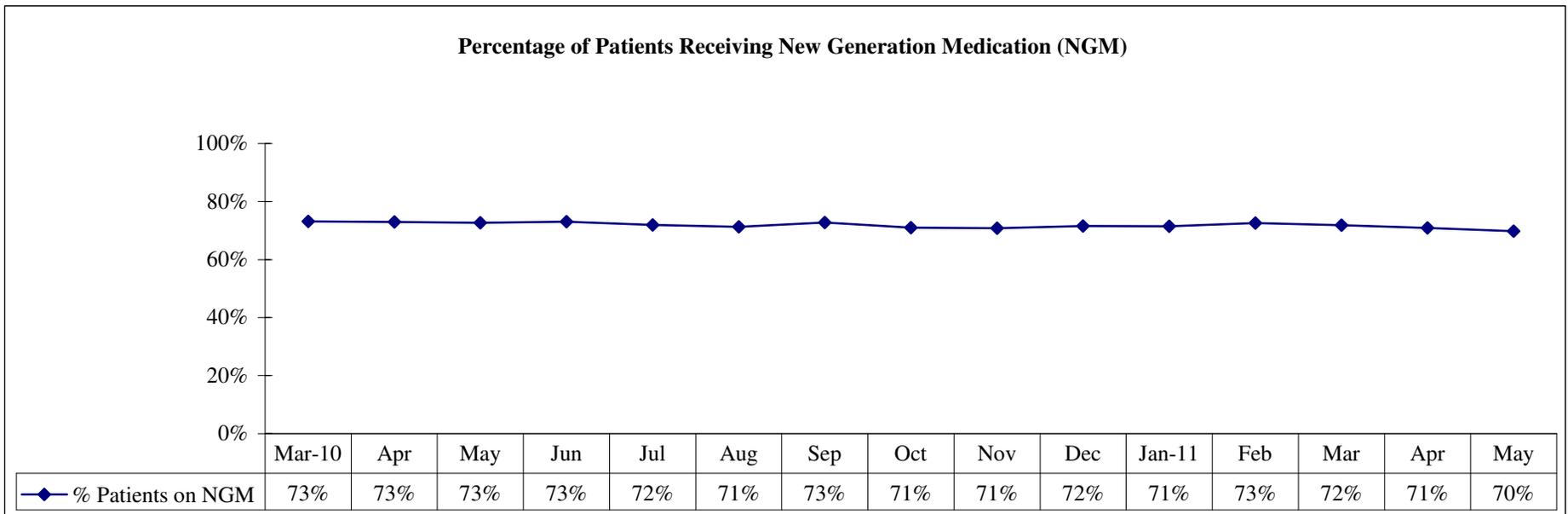
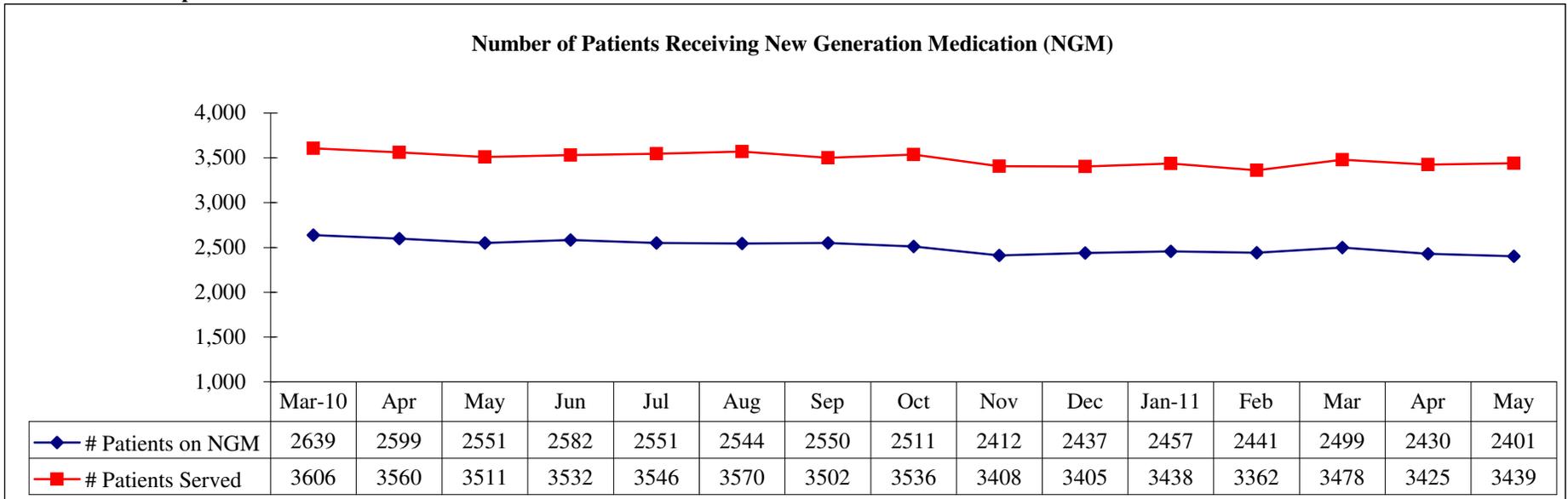


**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**All State MH Hospitals**



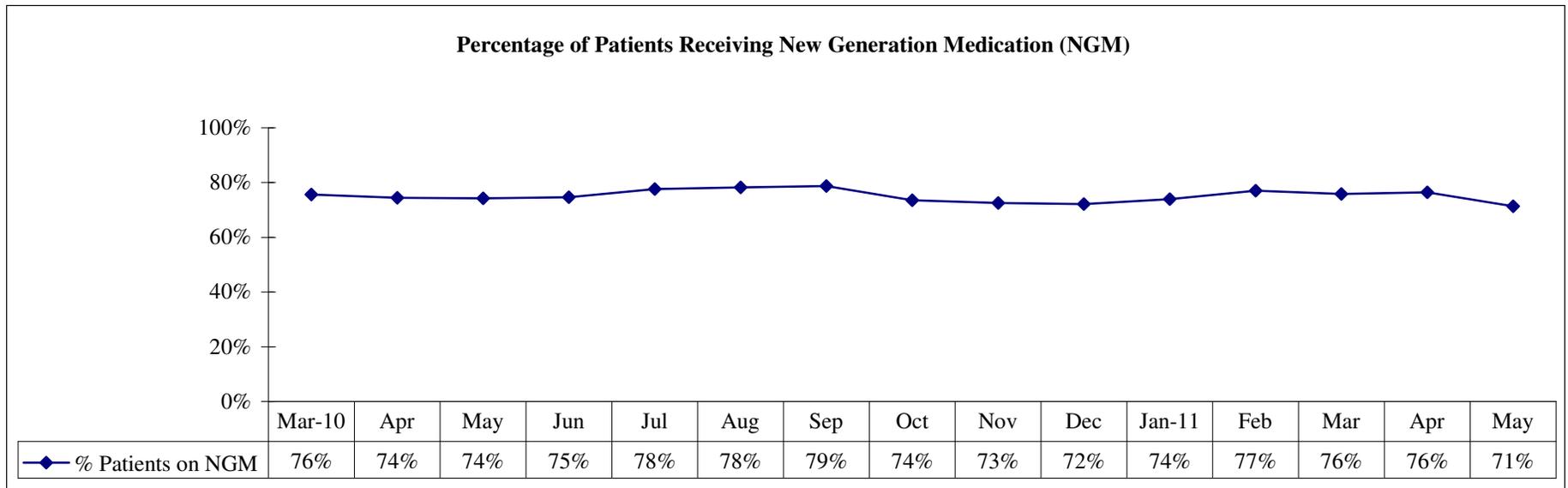
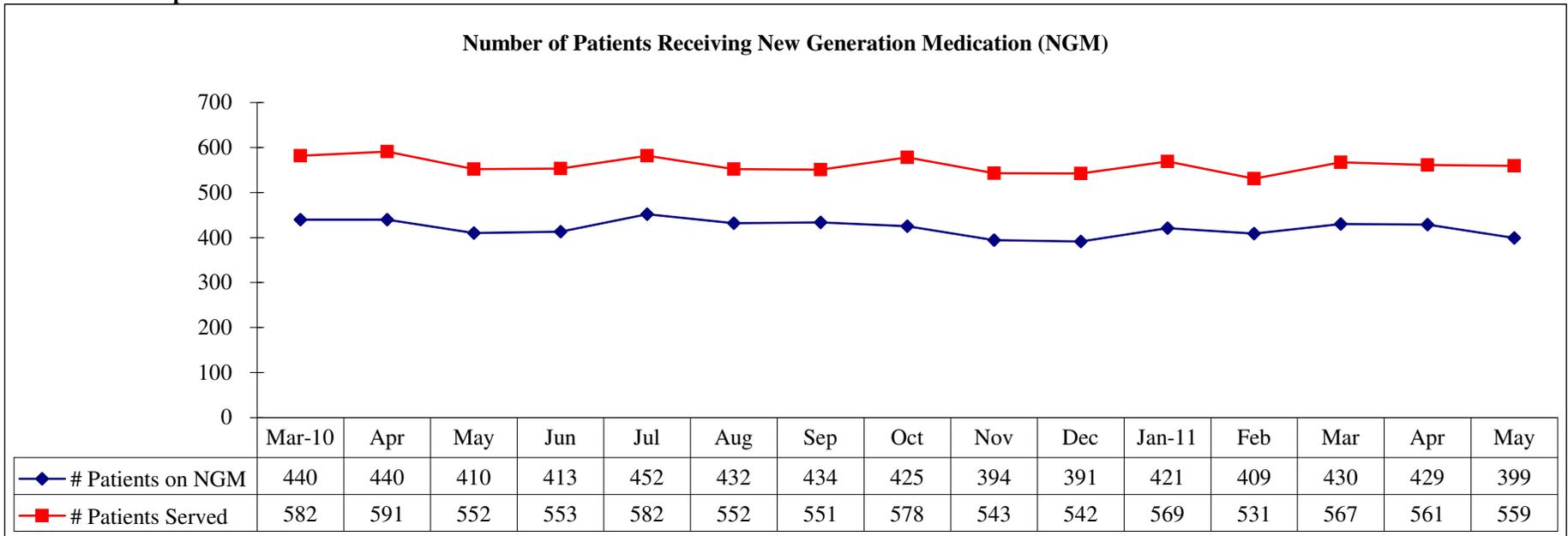
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



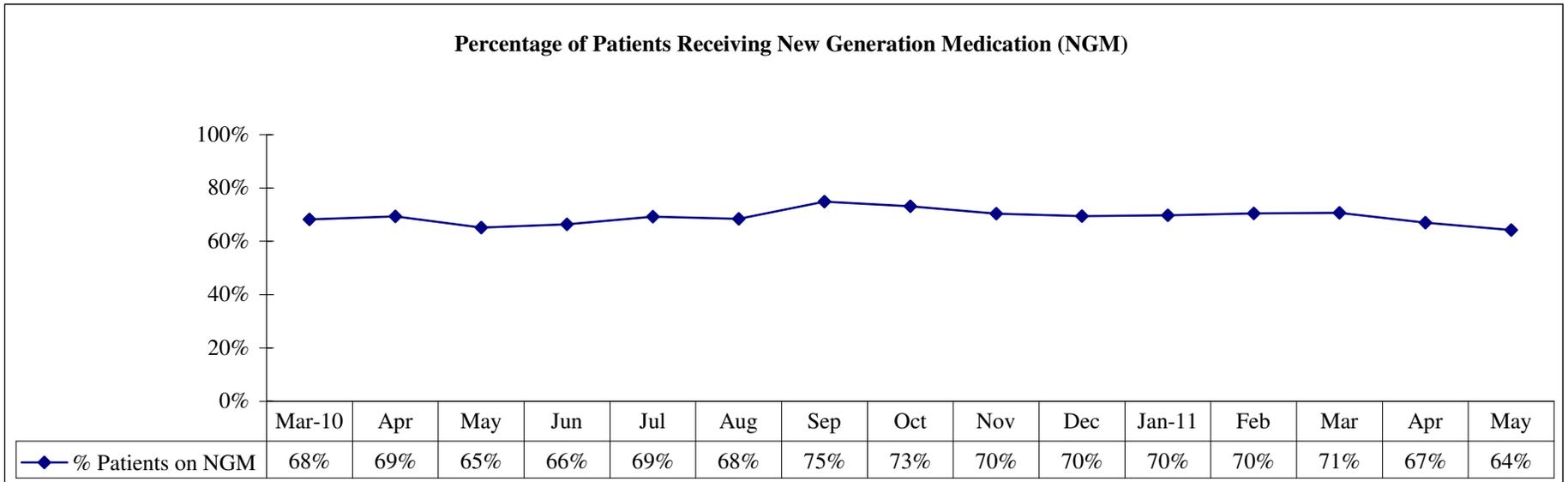
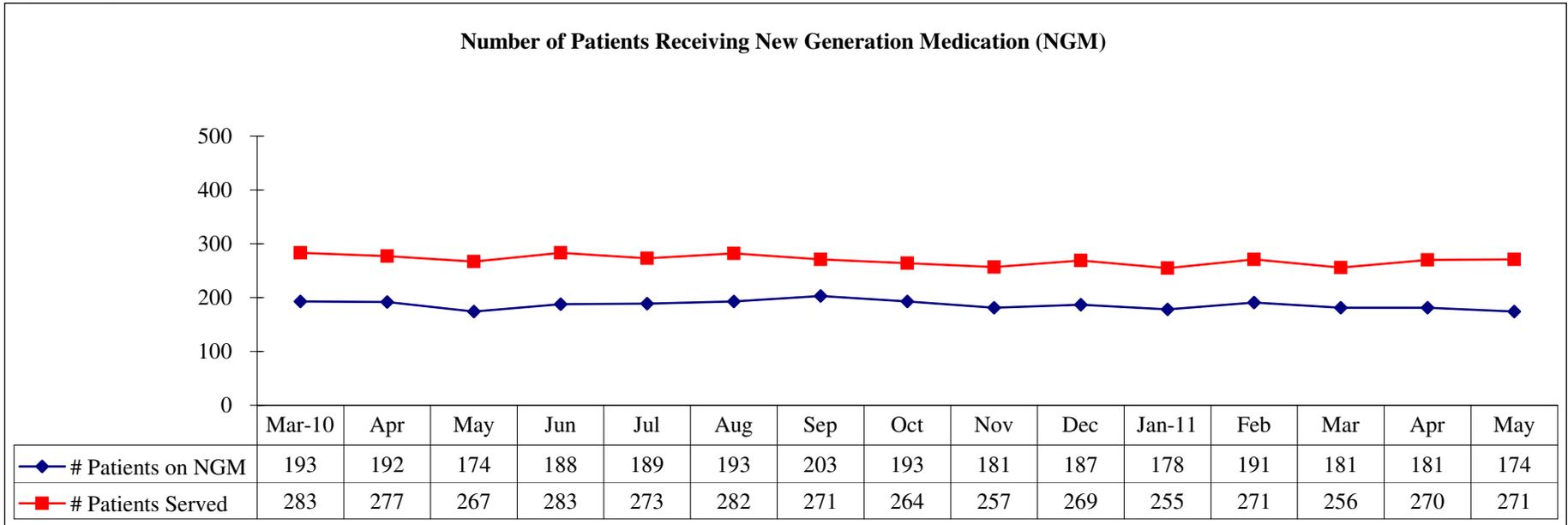
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

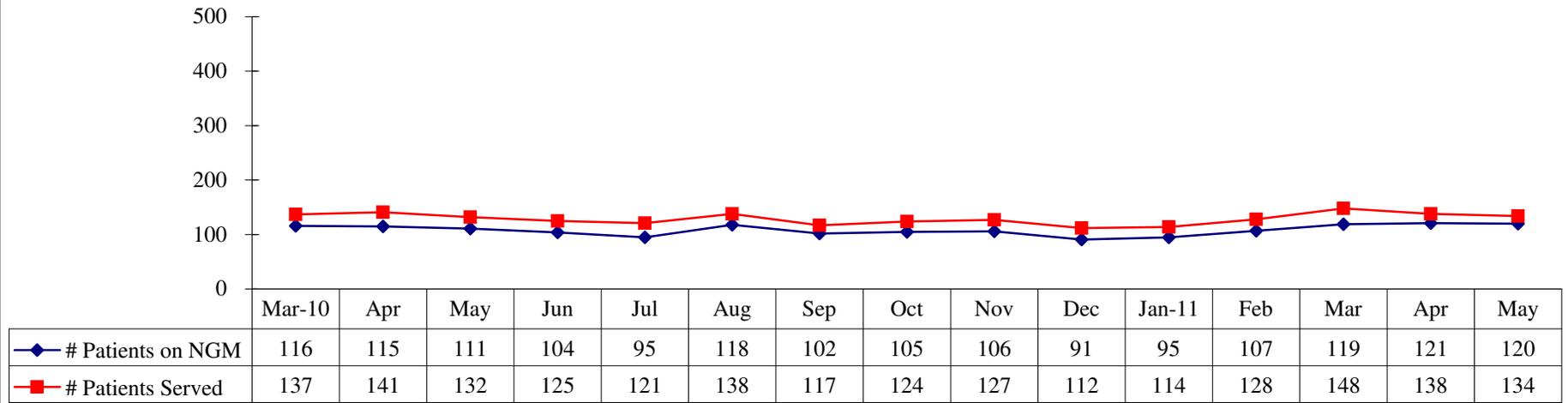
**Measure 4A - Patients Receiving New Generation Medication (NGM)  
Big Spring State Hospital**



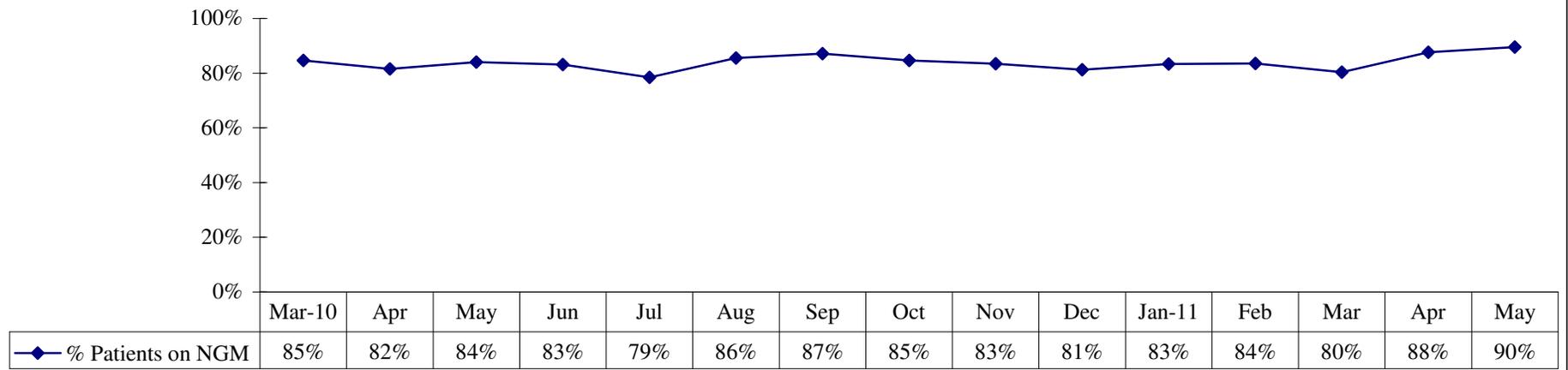
Source: HMDS # of Pts on NGM Report;  
Counts of Persons Receiving MH Services (HC027245)

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

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



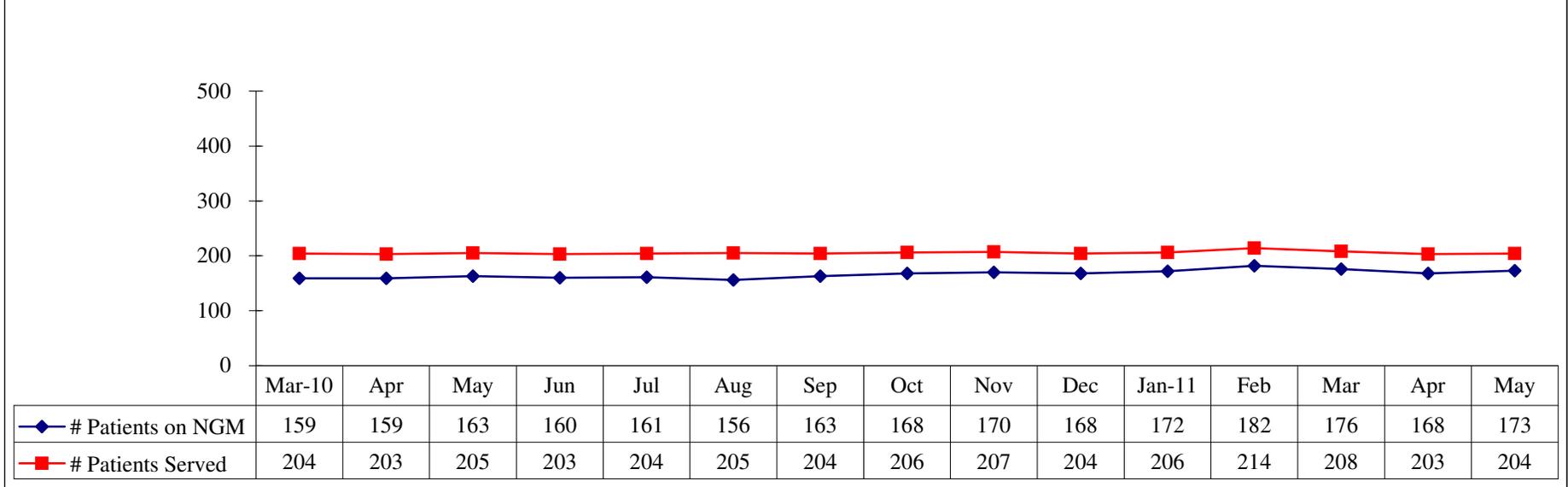
**Percentage of Patients Receiving New Generation Medication (NGM)**



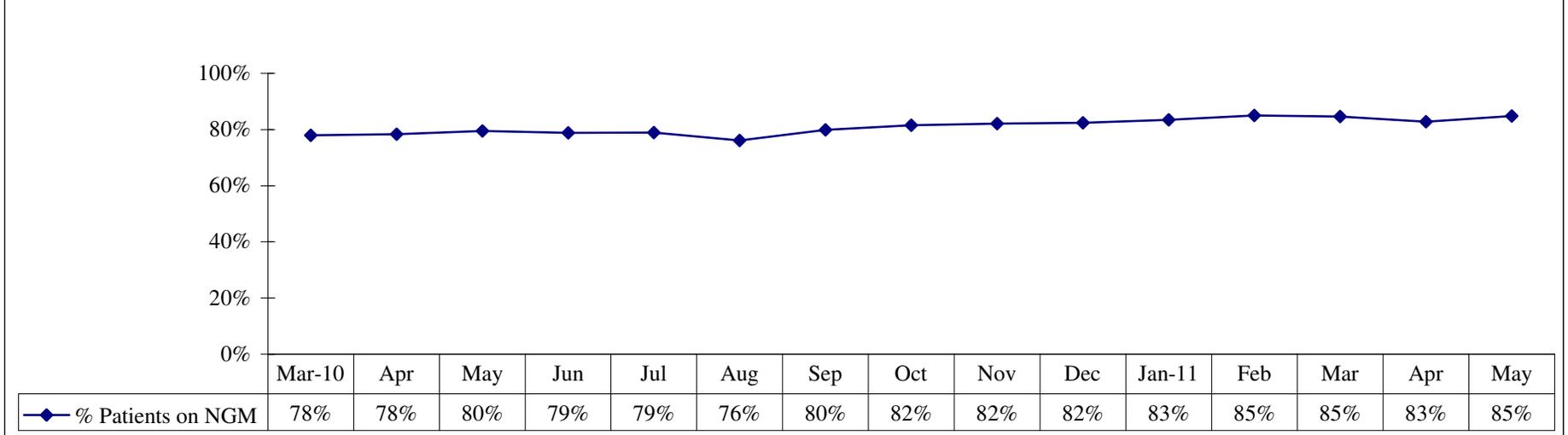
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

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

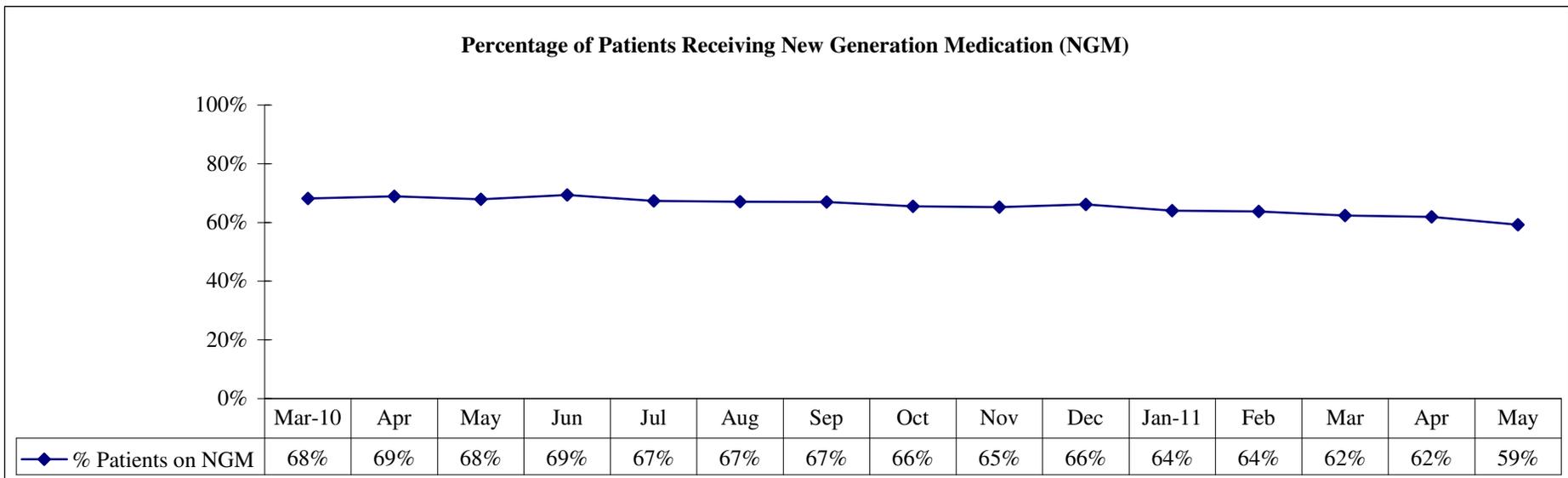
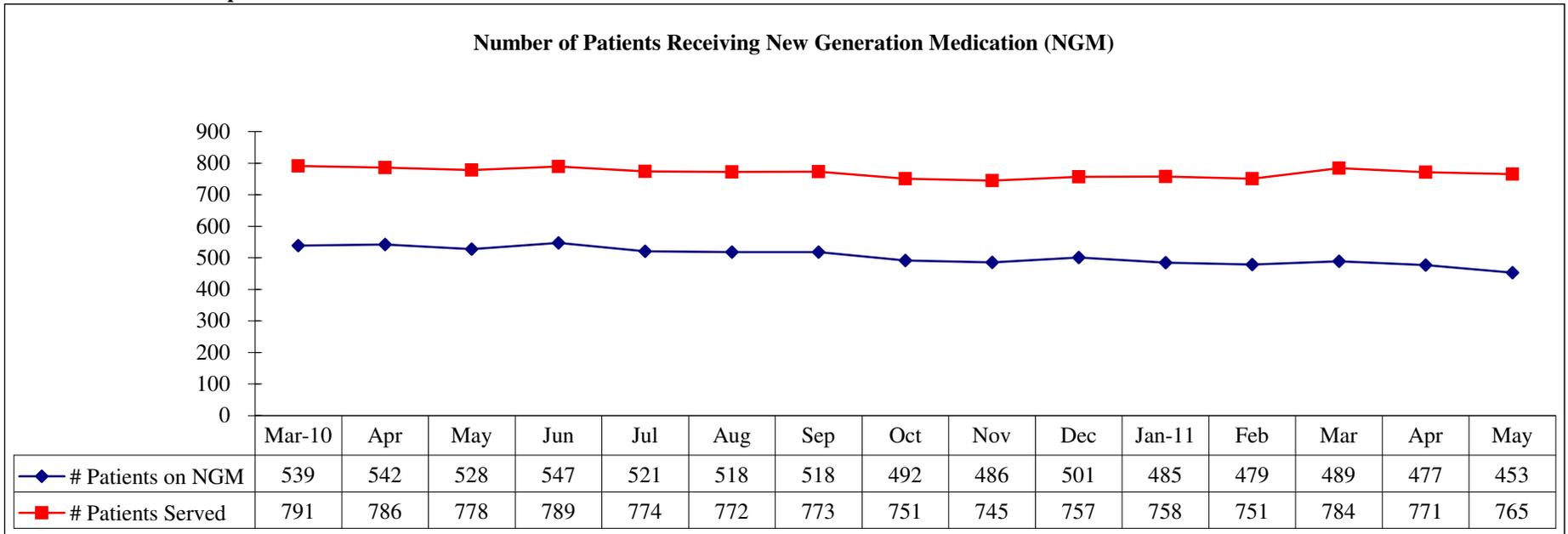


**Percentage of Patients Receiving New Generation Medication (NGM)**



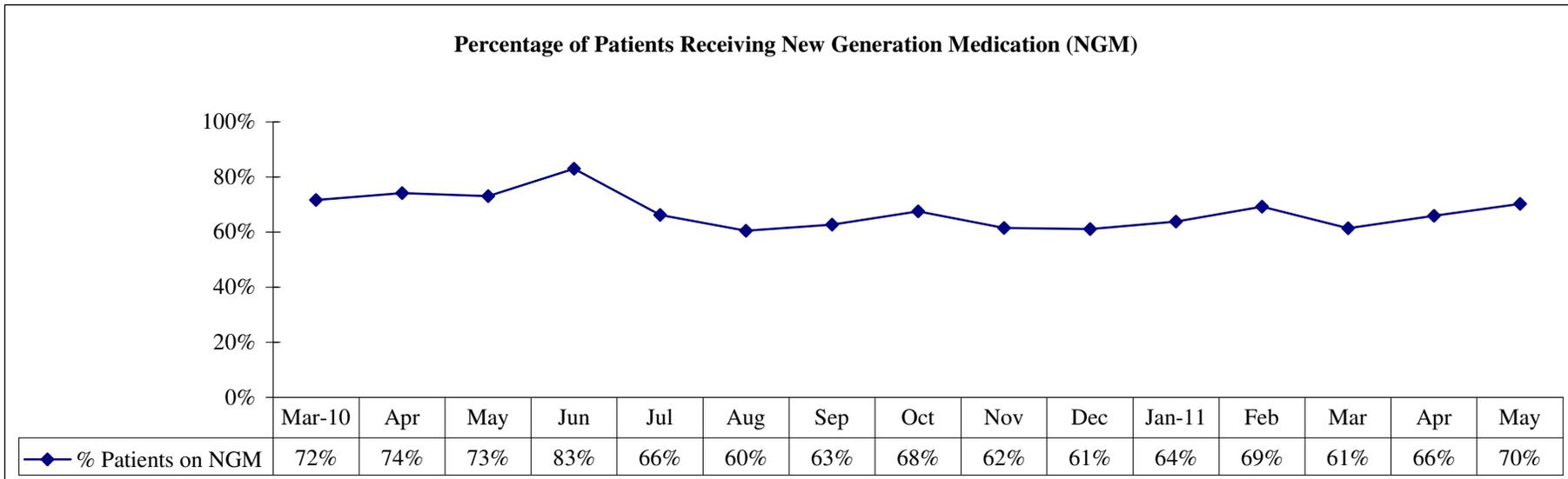
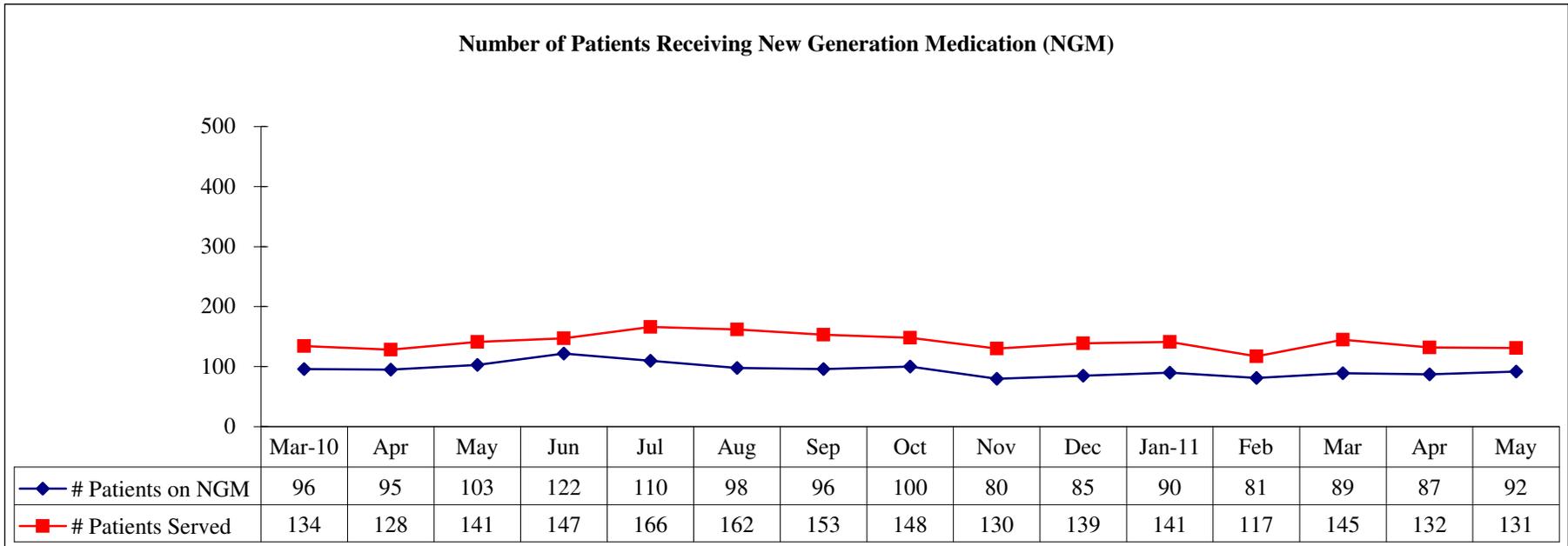
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

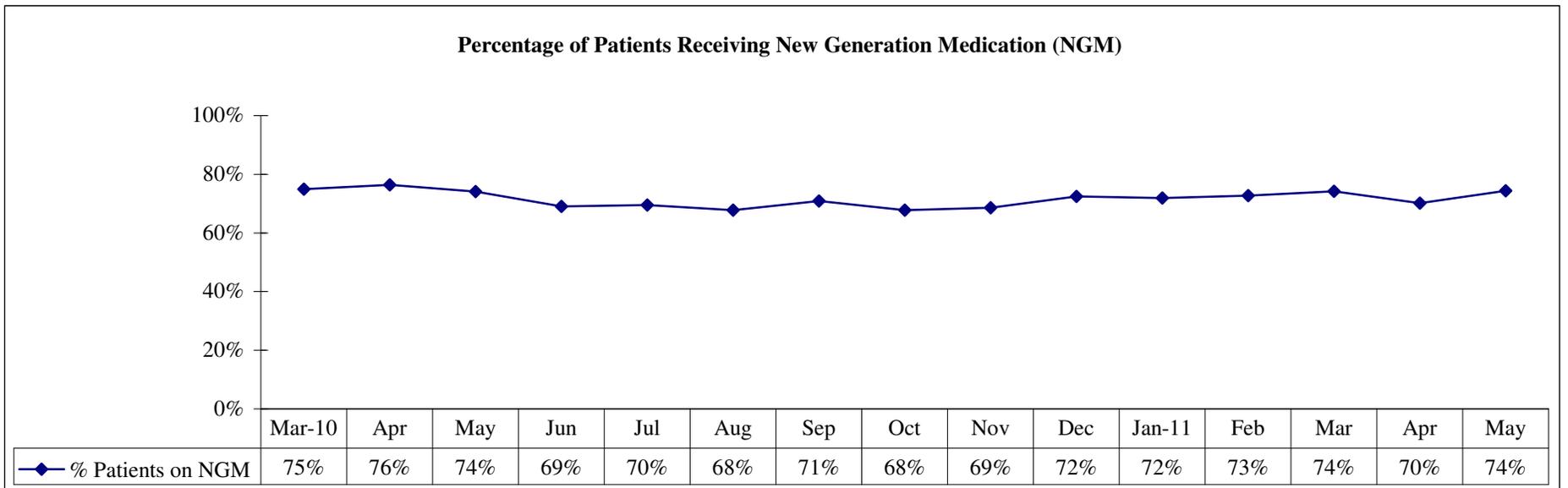
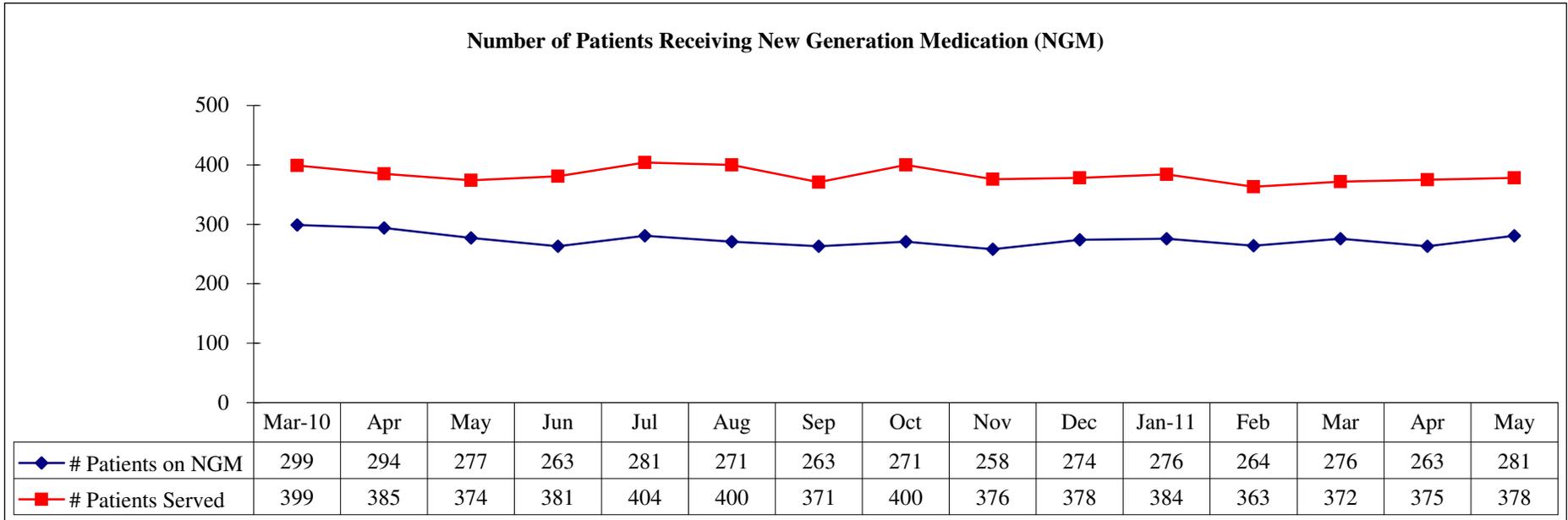
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Rio Grande State Center**



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

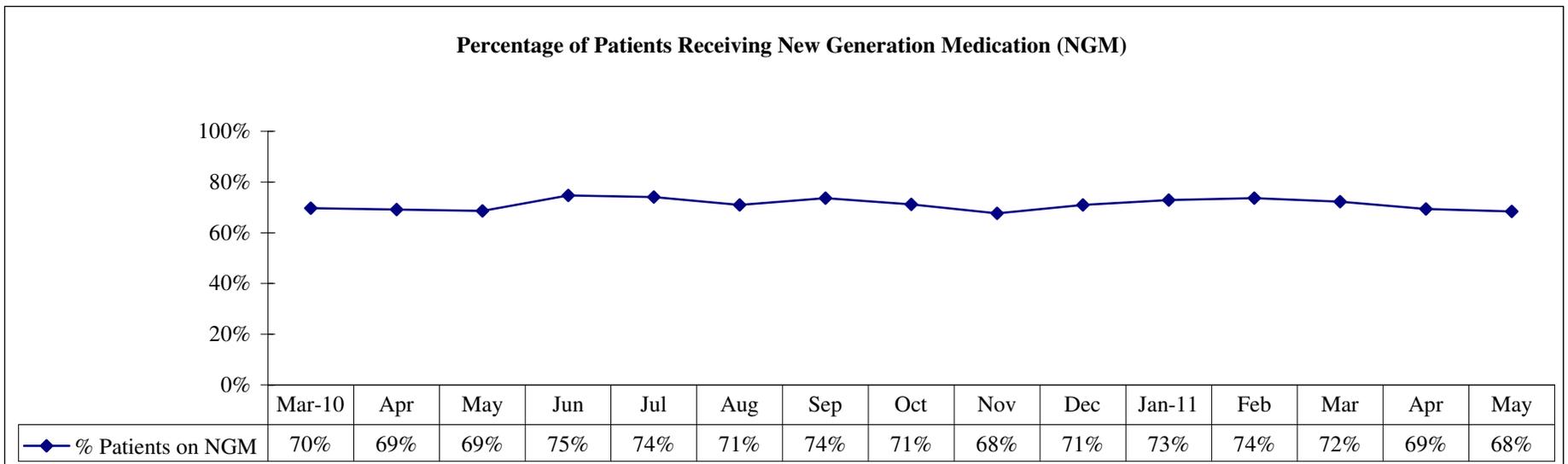
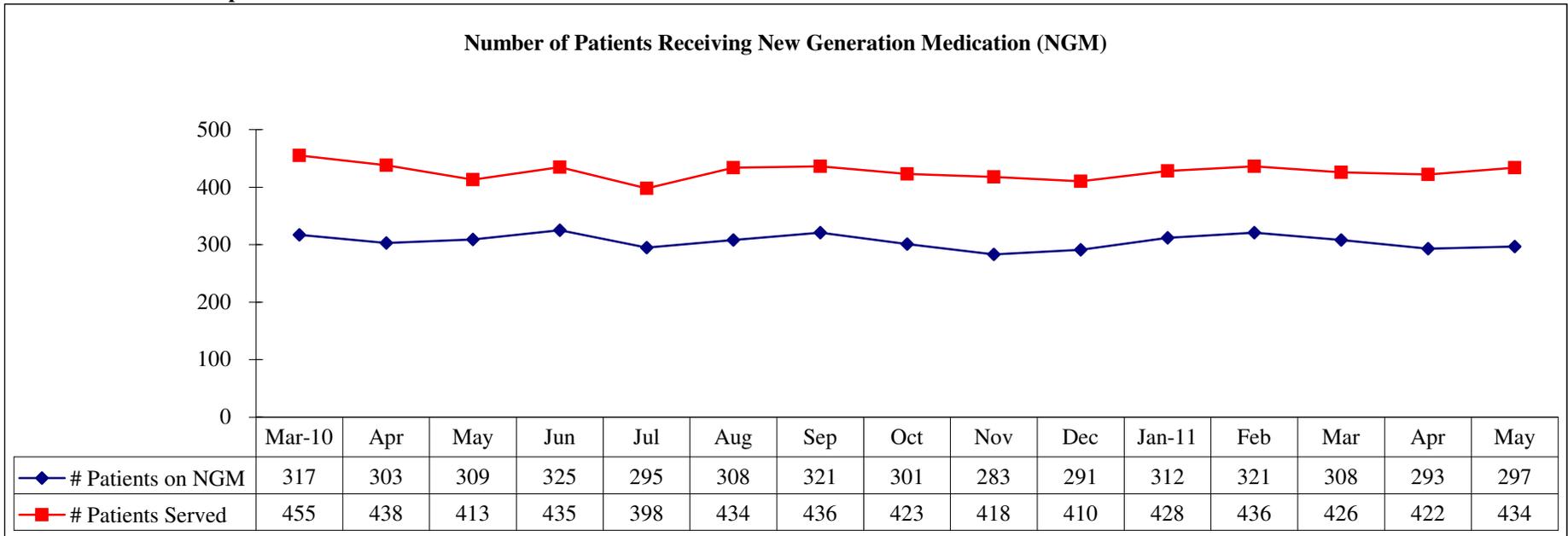
**Measure 4A - Patients Receiving New Generation Medication (NGM)**

**Rusk State Hospital**



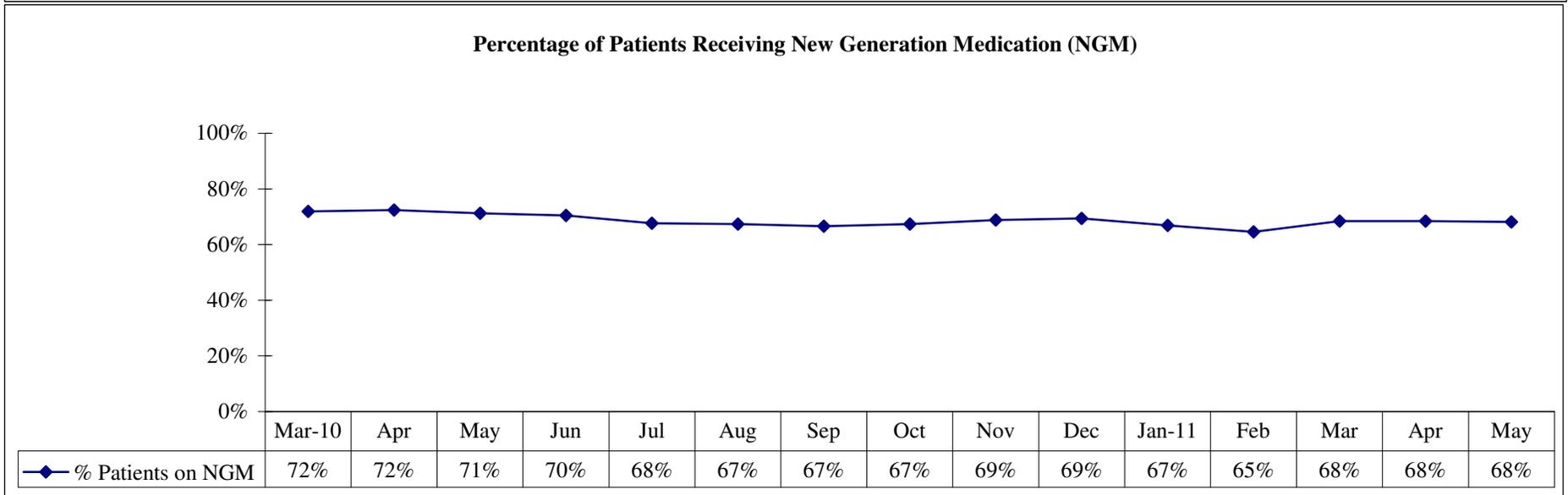
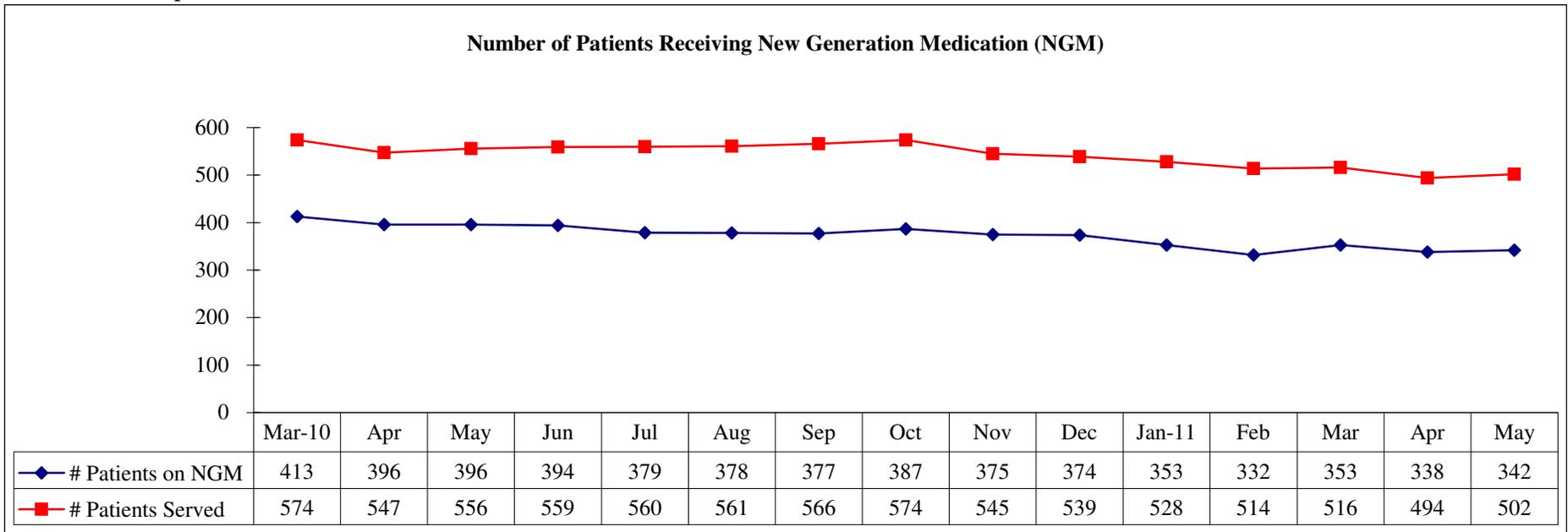
Source: HMDS # of Pts on NGM Report;  
Counts of Persons Receiving MH Services (HC027245)

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



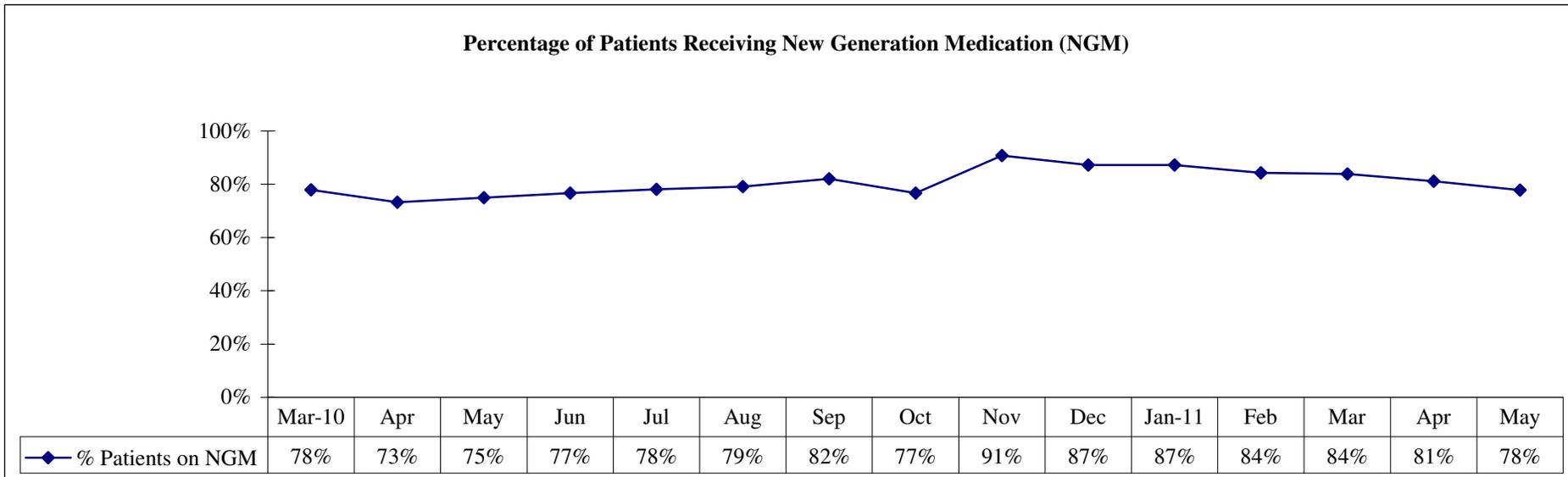
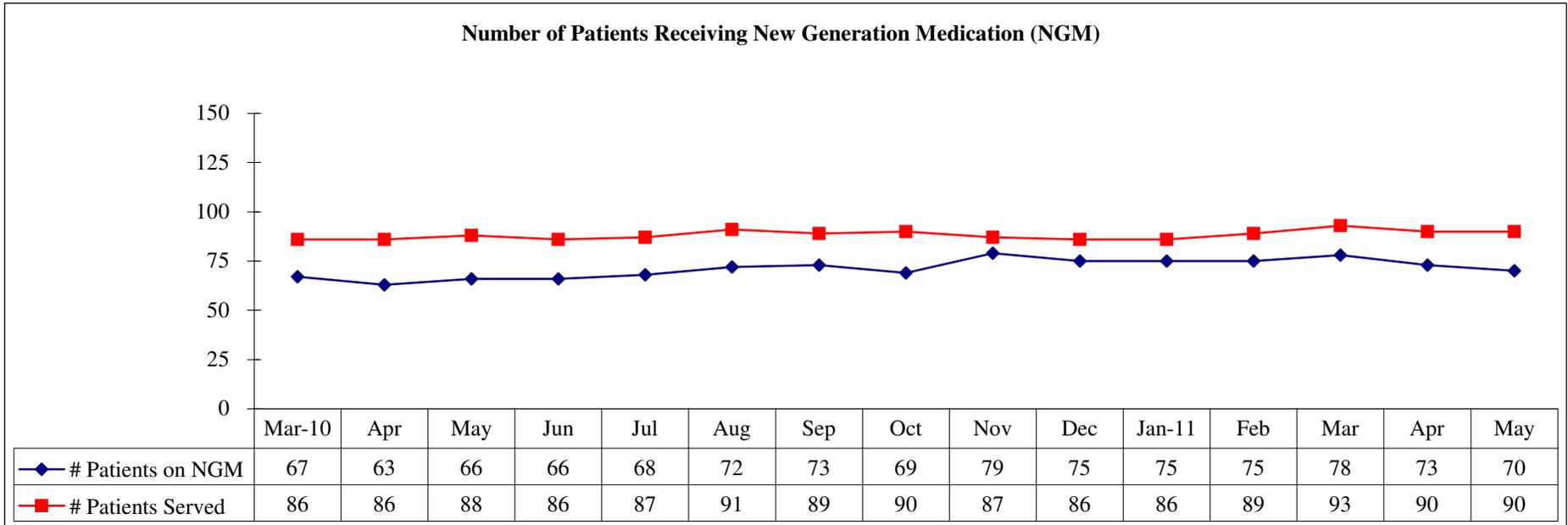
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Waco Center for Youth**



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

**Performance Measure 4B:**

**Analyze and report the costs 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 Served)

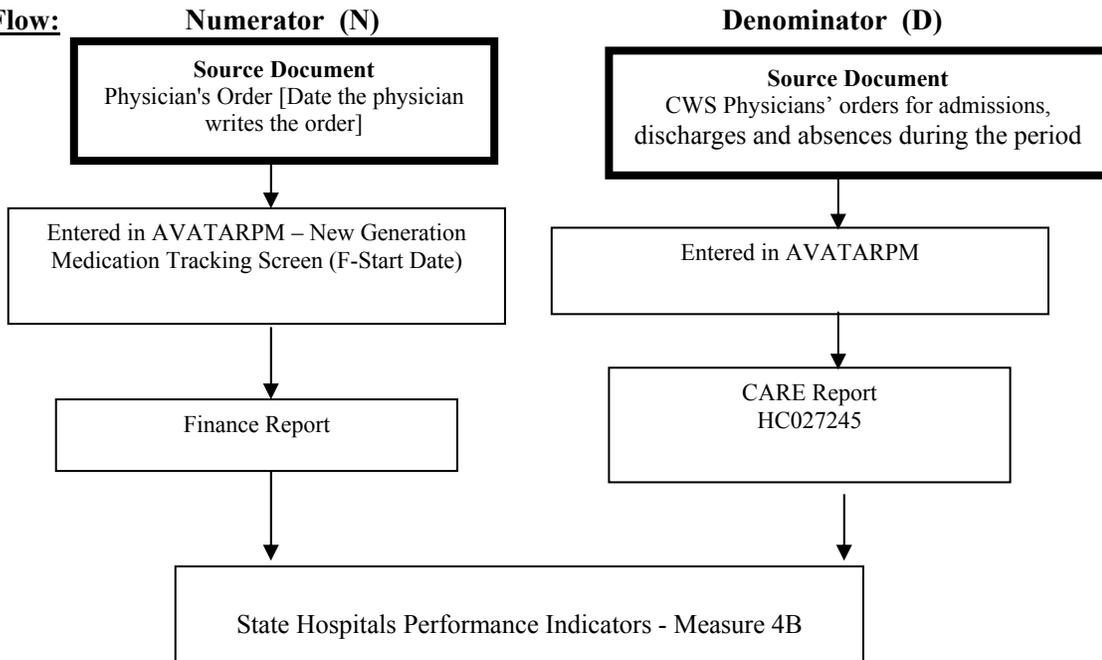
N = total dollar amount spent on new generation medications per hospital per month.

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

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

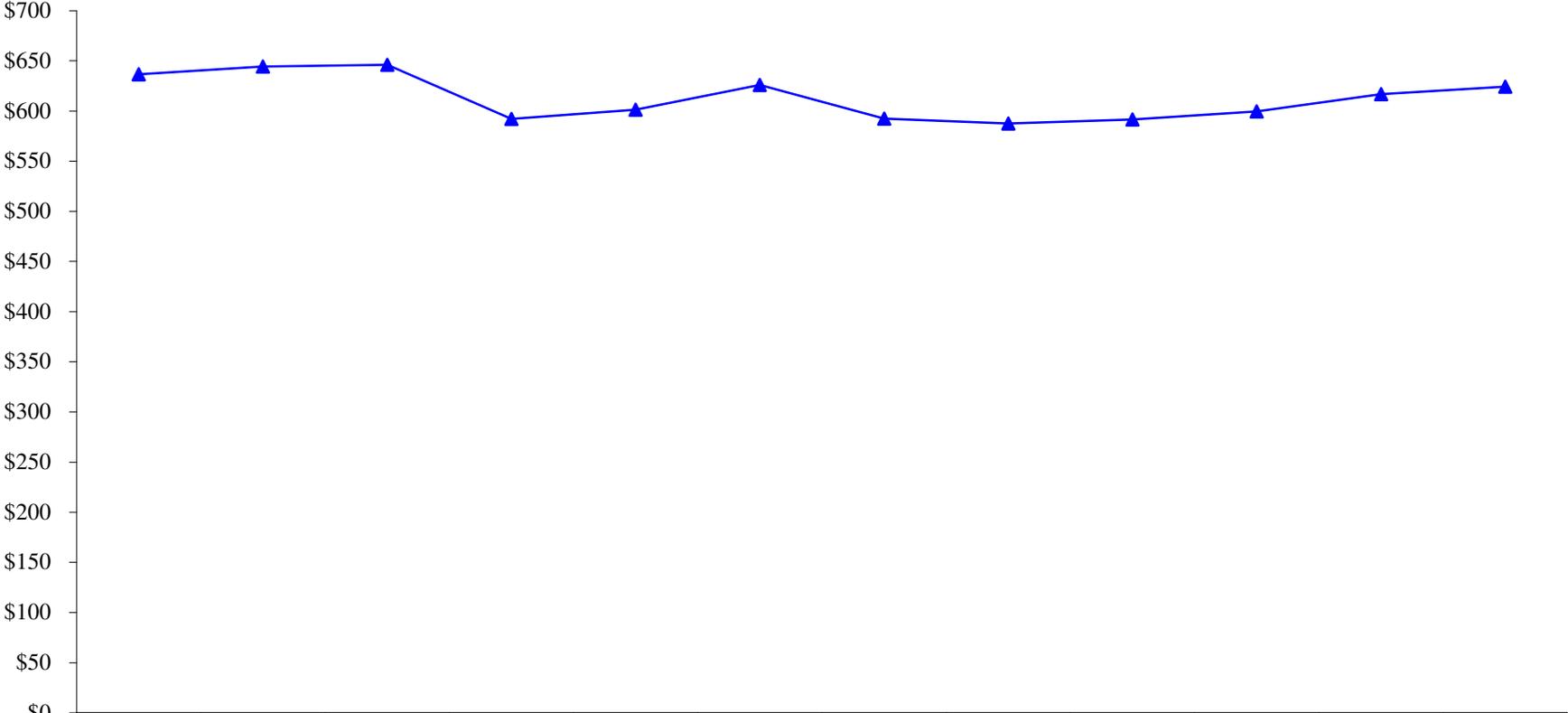
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

**Data Flow:**



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

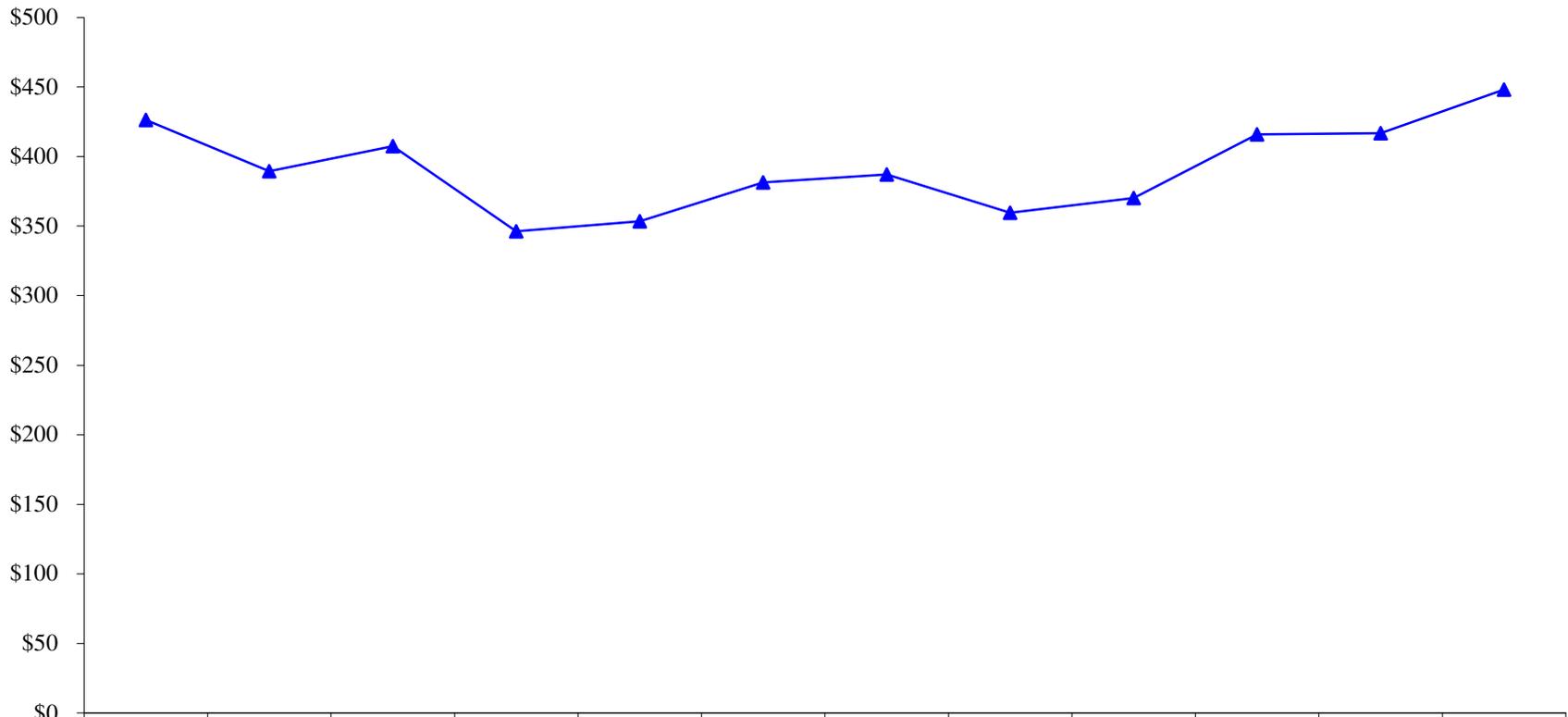
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

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



	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$176,020	\$176,020	\$176,020	\$150,236	\$150,236	\$150,236	\$151,374	\$151,374	\$151,374	\$178,812	\$178,812	\$178,812
# of Pts on NGM	413	452	432	434	425	394	391	421	409	430	429	399
▲ Average Cost per Patient	\$426	\$389	\$407	\$346	\$353	\$381	\$387	\$360	\$370	\$416	\$417	\$448

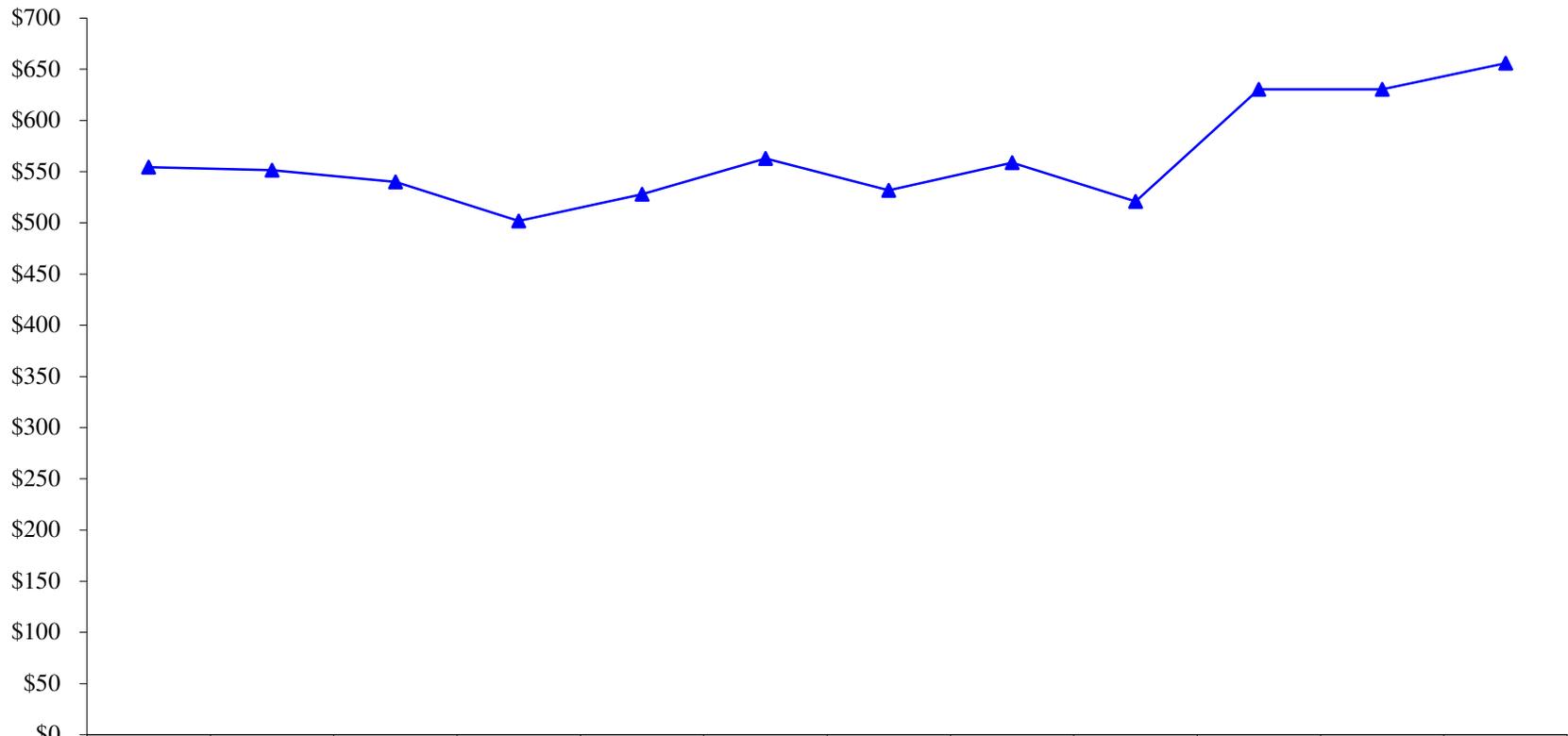
\* Average Monthly Cost per Quarter

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**

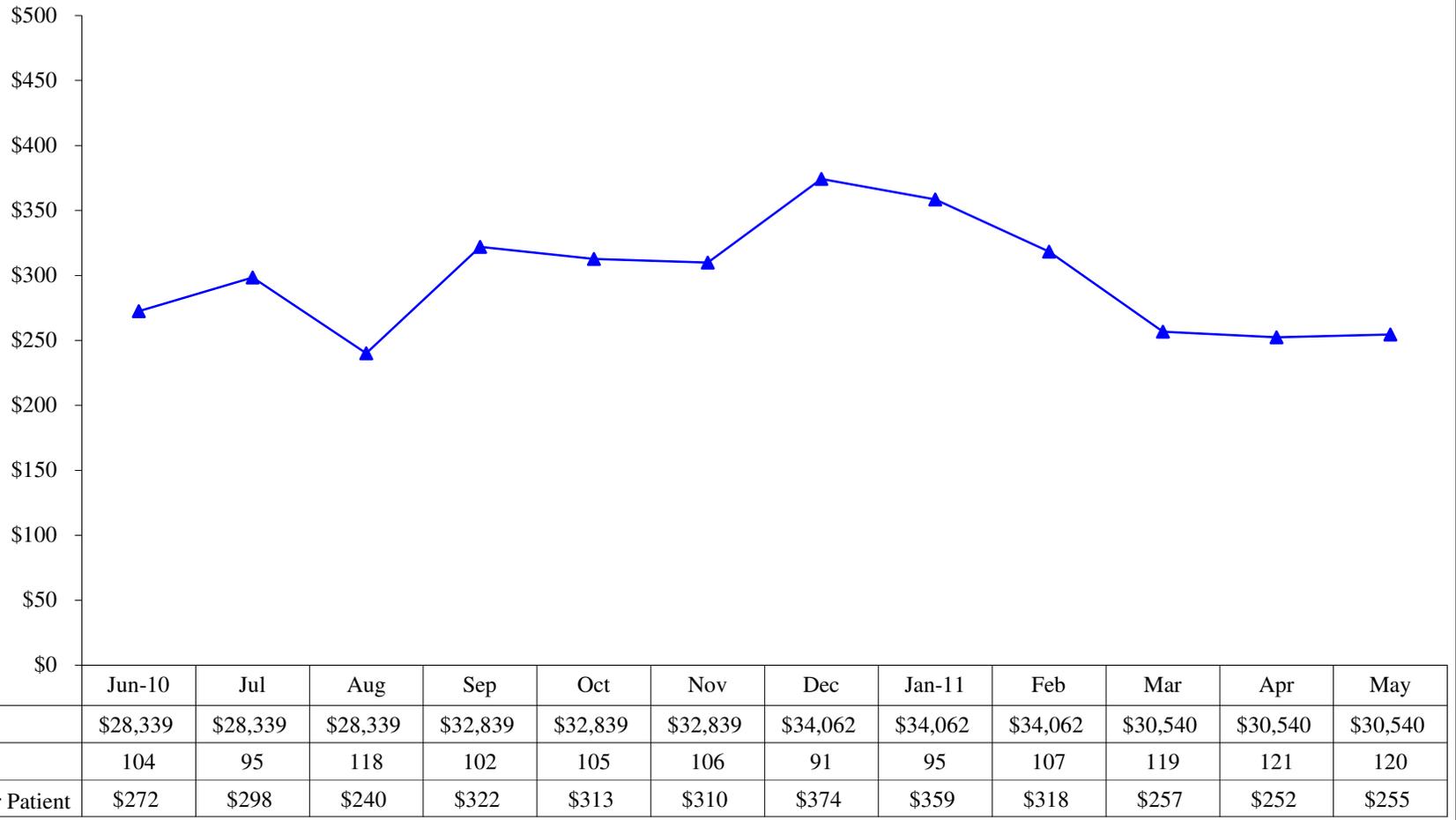


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$104,238	\$104,238	\$104,238	\$101,879	\$101,879	\$101,879	\$99,478	\$99,478	\$99,478	\$114,134	\$114,134	\$114,134
# of Pts on NGM	188	189	193	203	193	181	187	178	191	181	181	174
▲ Average Cost per Patient	\$554	\$552	\$540	\$502	\$528	\$563	\$532	\$559	\$521	\$631	\$631	\$656

\* Average Monthly Cost per Quarter

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

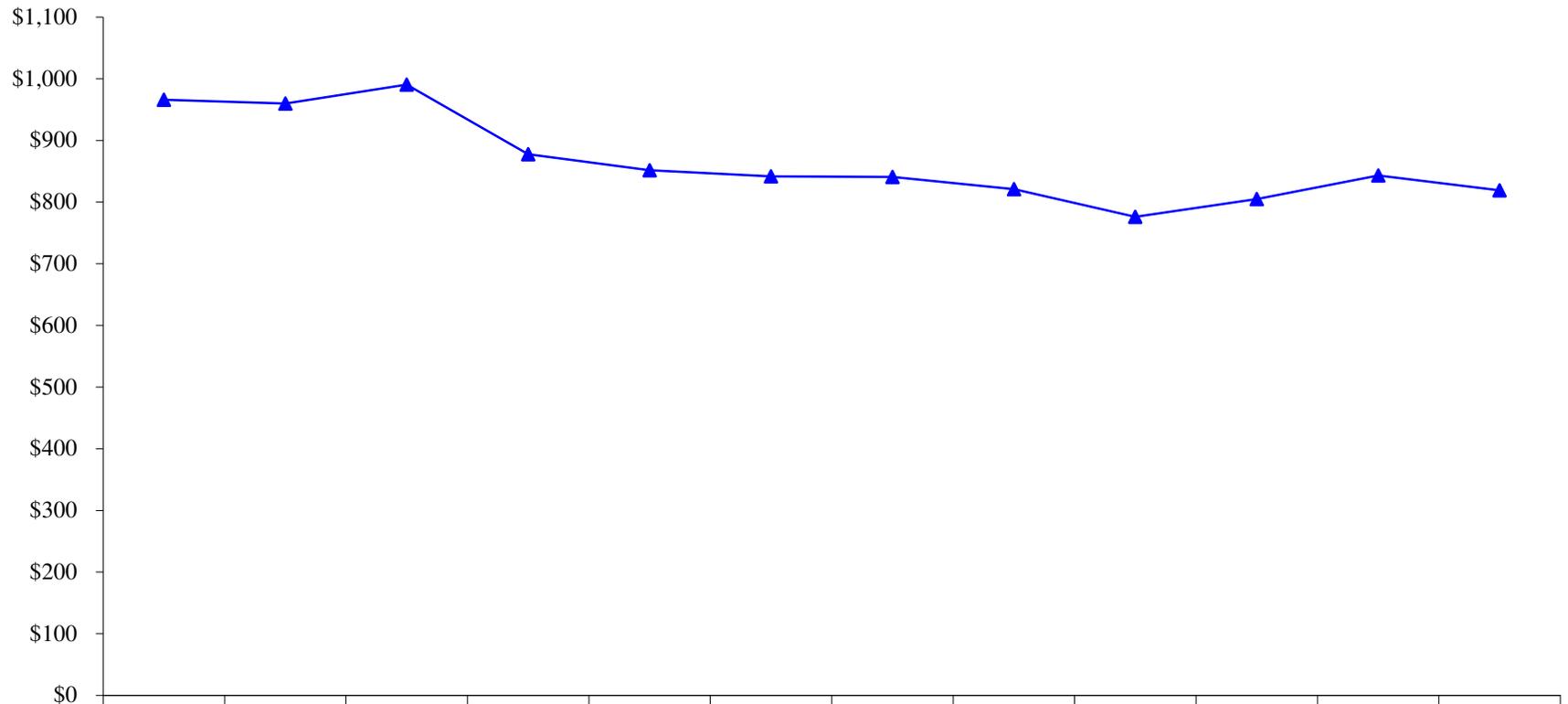
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

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

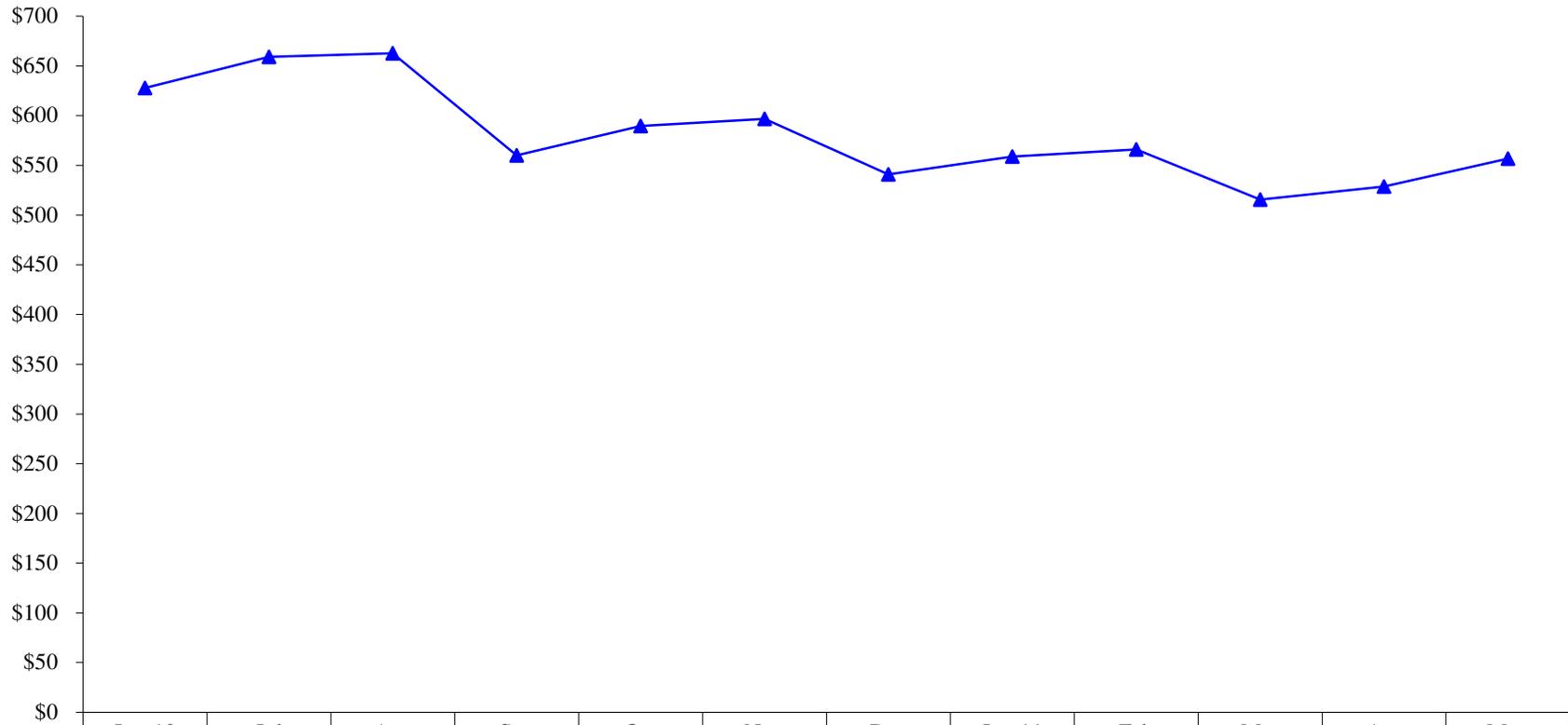


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$154,511	\$154,511	\$154,511	\$143,064	\$143,064	\$143,064	\$141,249	\$141,249	\$141,249	\$141,673	\$141,673	\$141,673
# of Pts on NGM	160	161	156	163	168	170	168	172	182	176	168	173
▲ Average Cost per Patient	\$966	\$960	\$990	\$878	\$852	\$842	\$841	\$821	\$776	\$805	\$843	\$819

\* Average Monthly Cost per Quarter

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

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

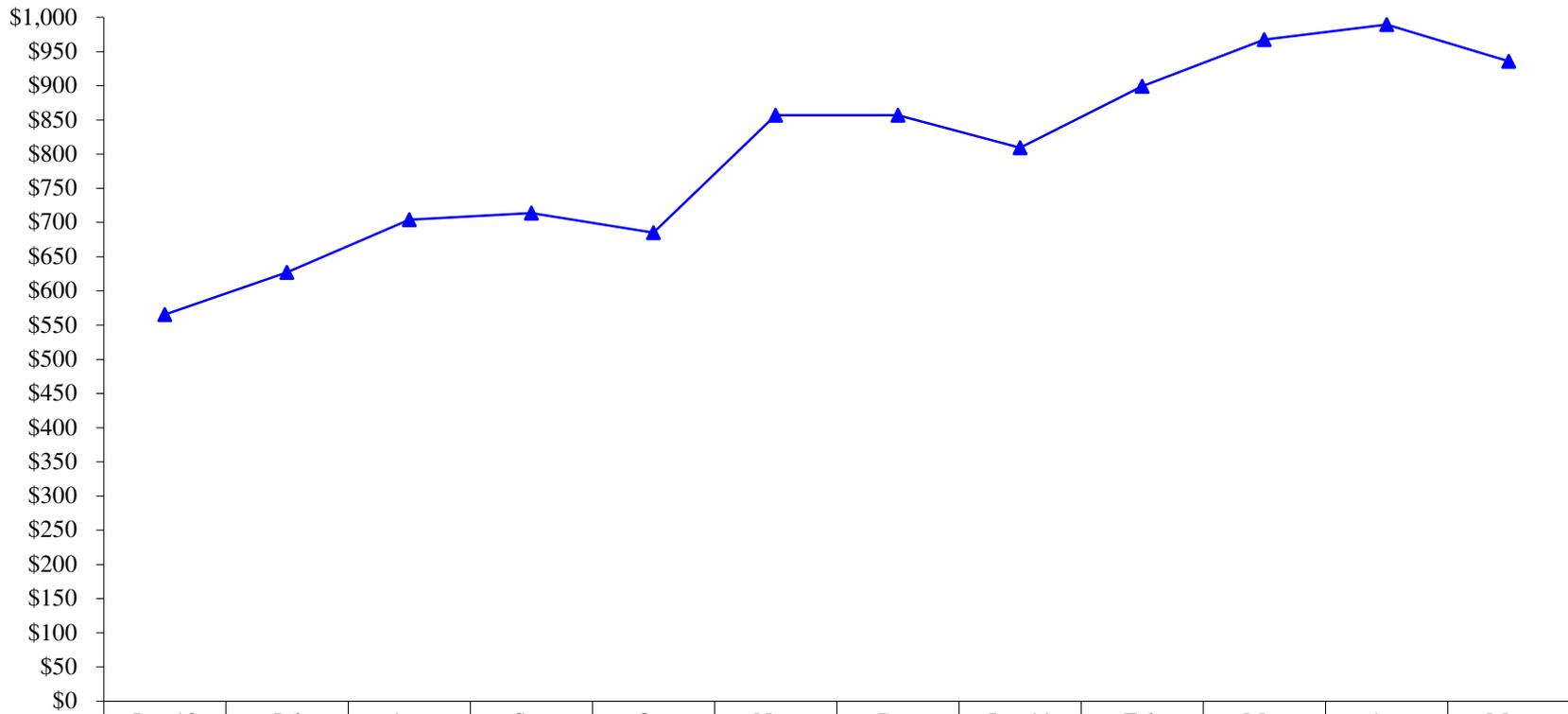


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$343,334	\$343,334	\$343,334	\$290,051	\$290,051	\$290,051	\$271,063	\$271,063	\$271,063	\$252,193	\$252,193	\$252,193
# of Pts on NGM	547	521	518	518	492	486	501	485	479	489	477	453
—▲ Average Cost per Patient	\$628	\$659	\$663	\$560	\$590	\$597	\$541	\$559	\$566	\$516	\$529	\$557

\* 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**

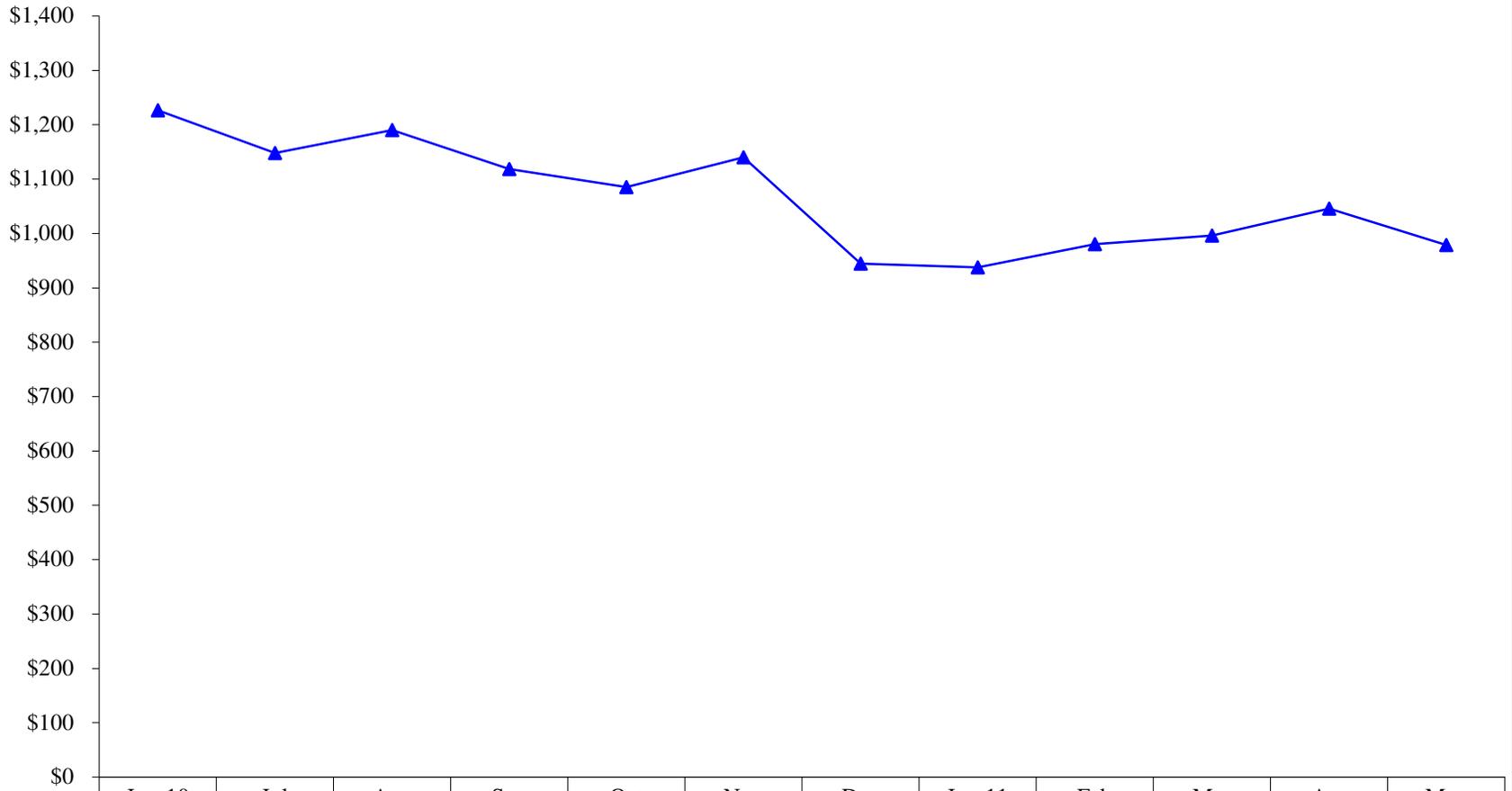


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$68,998	\$68,998	\$68,998	\$68,534	\$68,534	\$68,534	\$72,830	\$72,830	\$72,830	\$86,081	\$86,081	\$86,081
# of Pts on NGM	122	110	98	96	100	80	85	90	81	89	87	92
▲ Average Cost per Patient	\$566	\$627	\$704	\$714	\$685	\$857	\$857	\$809	\$899	\$967	\$989	\$936

\* Average Monthly Cost per Quarter

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

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

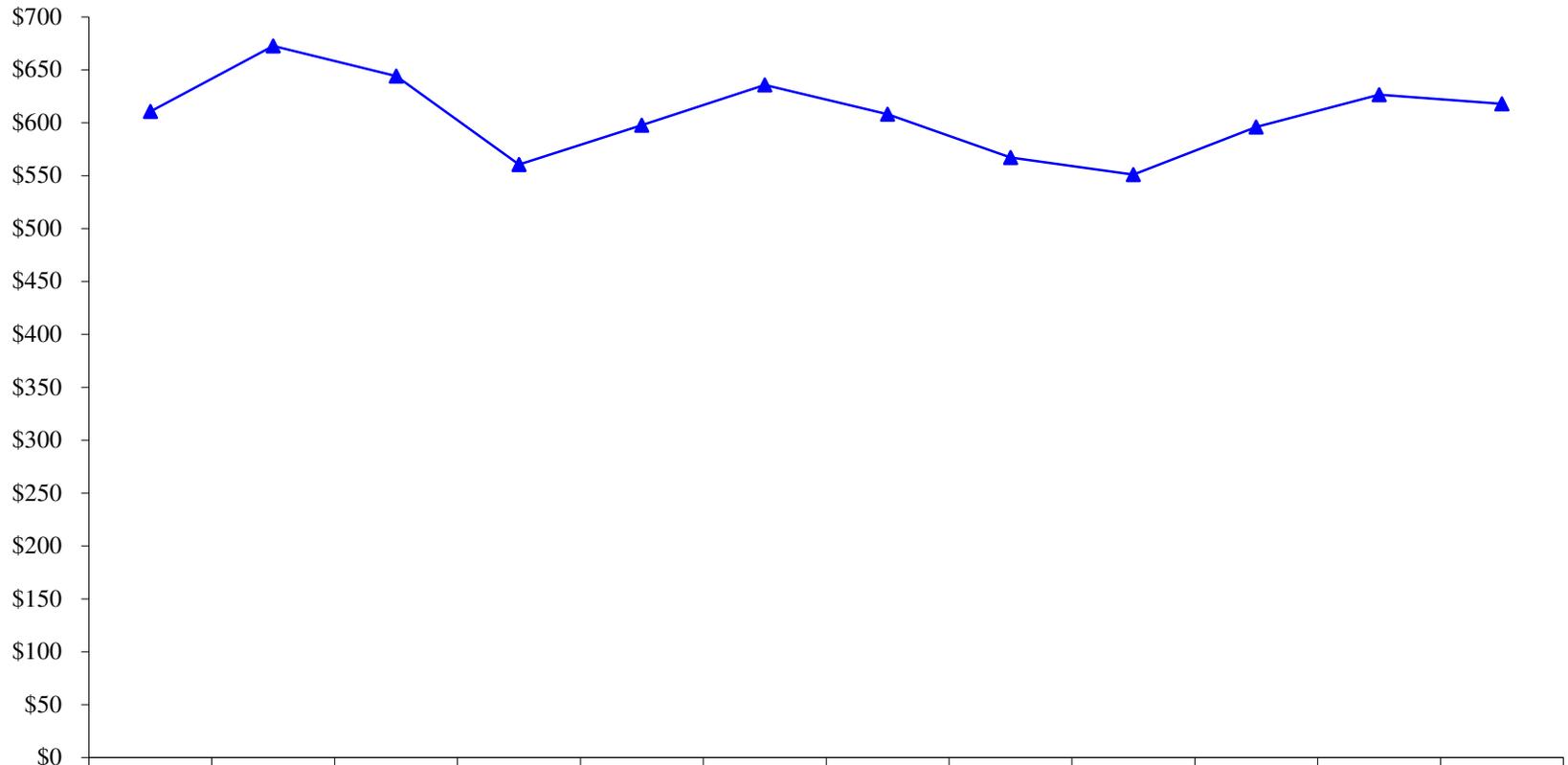


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$322,596	\$322,596	\$322,596	\$294,143	\$294,143	\$294,143	\$258,806	\$258,806	\$258,806	\$275,011	\$275,011	\$275,011
# of Pts on NGM	263	281	271	263	271	258	274	276	264	276	263	281
▲ Average Cost per Patient	\$1,227	\$1,148	\$1,190	\$1,118	\$1,085	\$1,140	\$945	\$938	\$980	\$996	\$1,046	\$979

\* Average Monthly Cost per Quarter

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

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

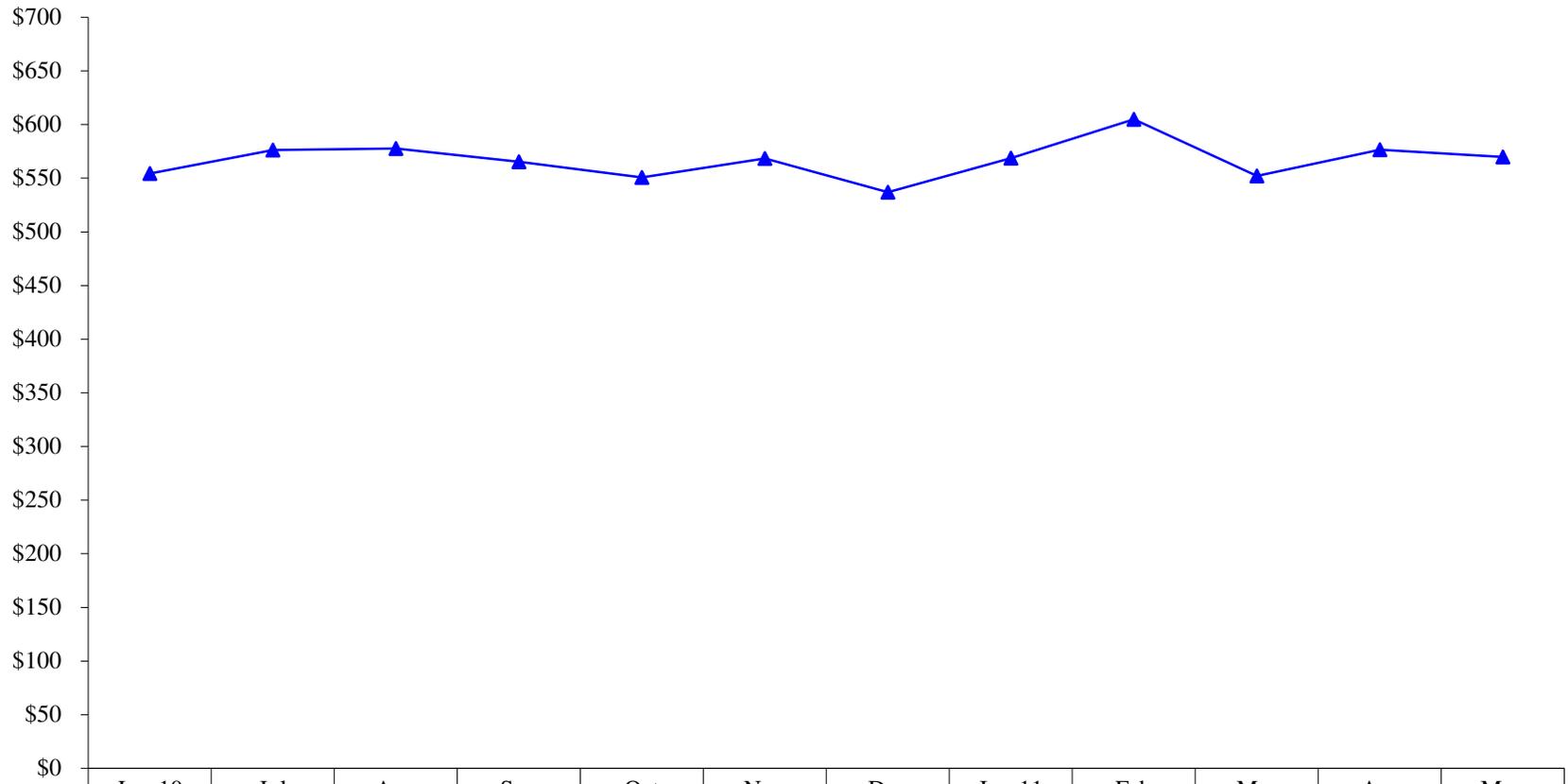


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$198,420	\$198,420	\$198,420	\$179,883	\$179,883	\$179,883	\$176,913	\$176,913	\$176,913	\$183,538	\$183,538	\$183,538
# of Pts on NGM	325	295	308	321	301	283	291	312	321	308	293	297
▲ Average Cost per Patient	\$611	\$673	\$644	\$560	\$598	\$636	\$608	\$567	\$551	\$596	\$626	\$618

\* Average Monthly Cost per Quarter

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

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

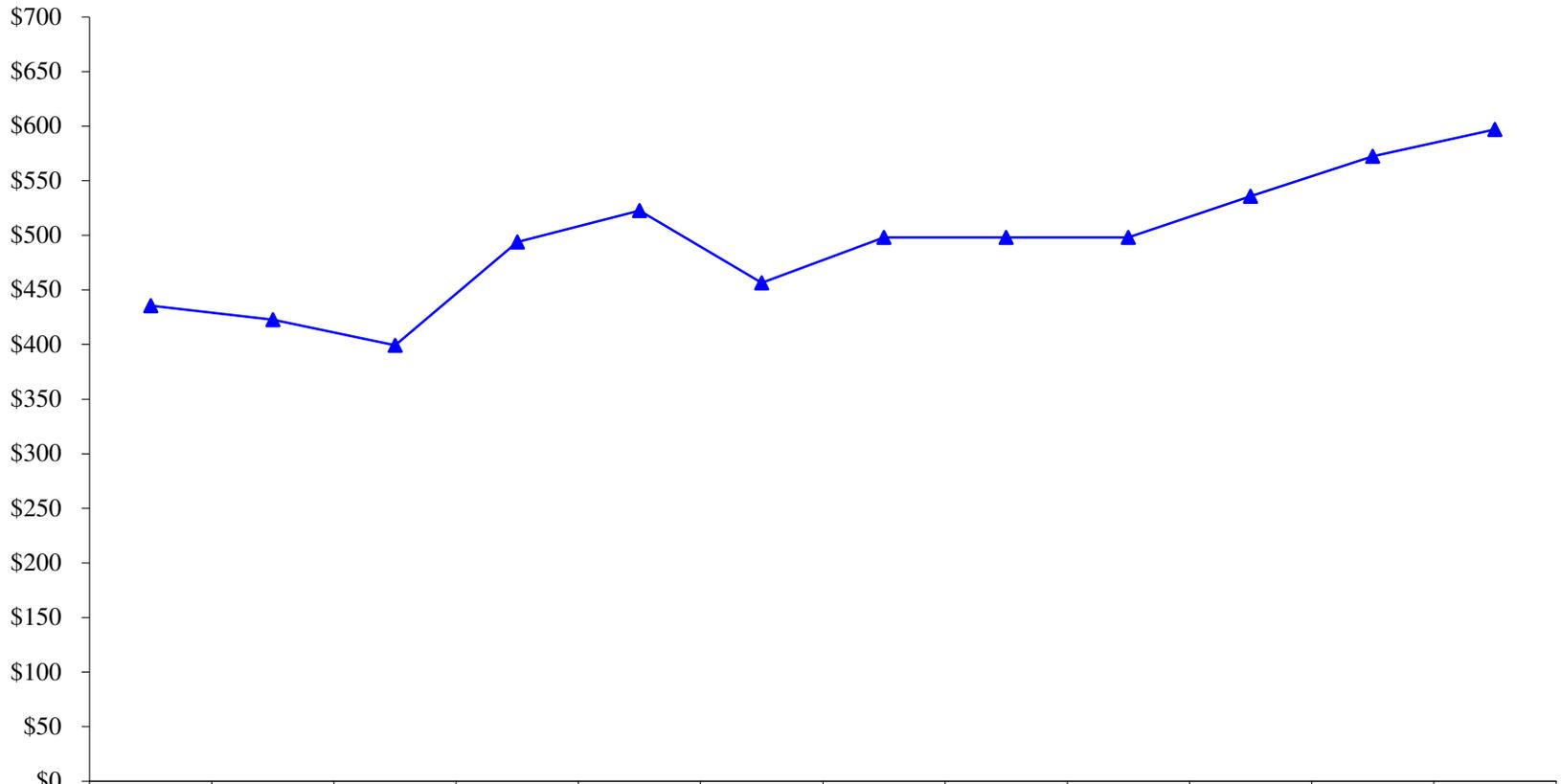


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$218,357	\$218,357	\$218,357	\$213,142	\$213,142	\$213,142	\$200,772	\$200,772	\$200,772	\$194,877	\$194,877	\$194,877
# of Pts on NGM	394	379	378	377	387	375	374	353	332	353	338	342
▲ Average Cost per Patient	\$554	\$576	\$578	\$565	\$551	\$568	\$537	\$569	\$605	\$552	\$577	\$570

\* 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-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Cost*	\$28,746	\$28,746	\$28,746	\$36,067	\$36,067	\$36,067	\$37,358	\$37,358	\$37,358	\$41,792	\$41,792	\$41,792
# of Pts on NGM	66	68	72	73	69	79	75	75	75	78	73	70
▲ Average Cost per Patient	\$436	\$423	\$399	\$494	\$523	\$457	\$498	\$498	\$498	\$536	\$572	\$597

\* Average Monthly Cost per Quarter

**Performance Measure 4C:**

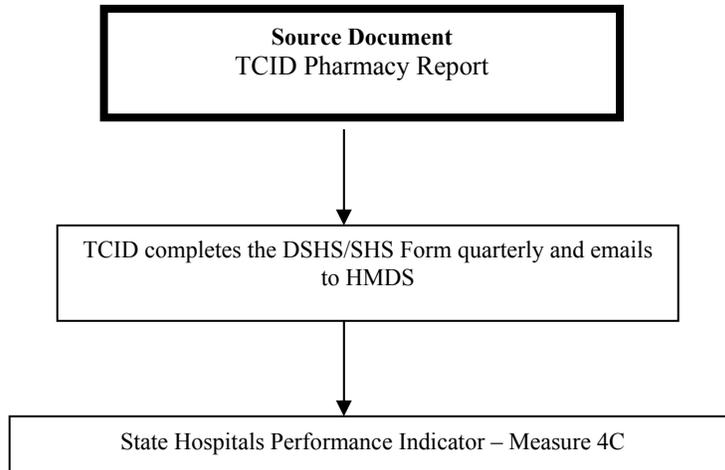
**Analyze and report the cost of TB medications.**

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

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

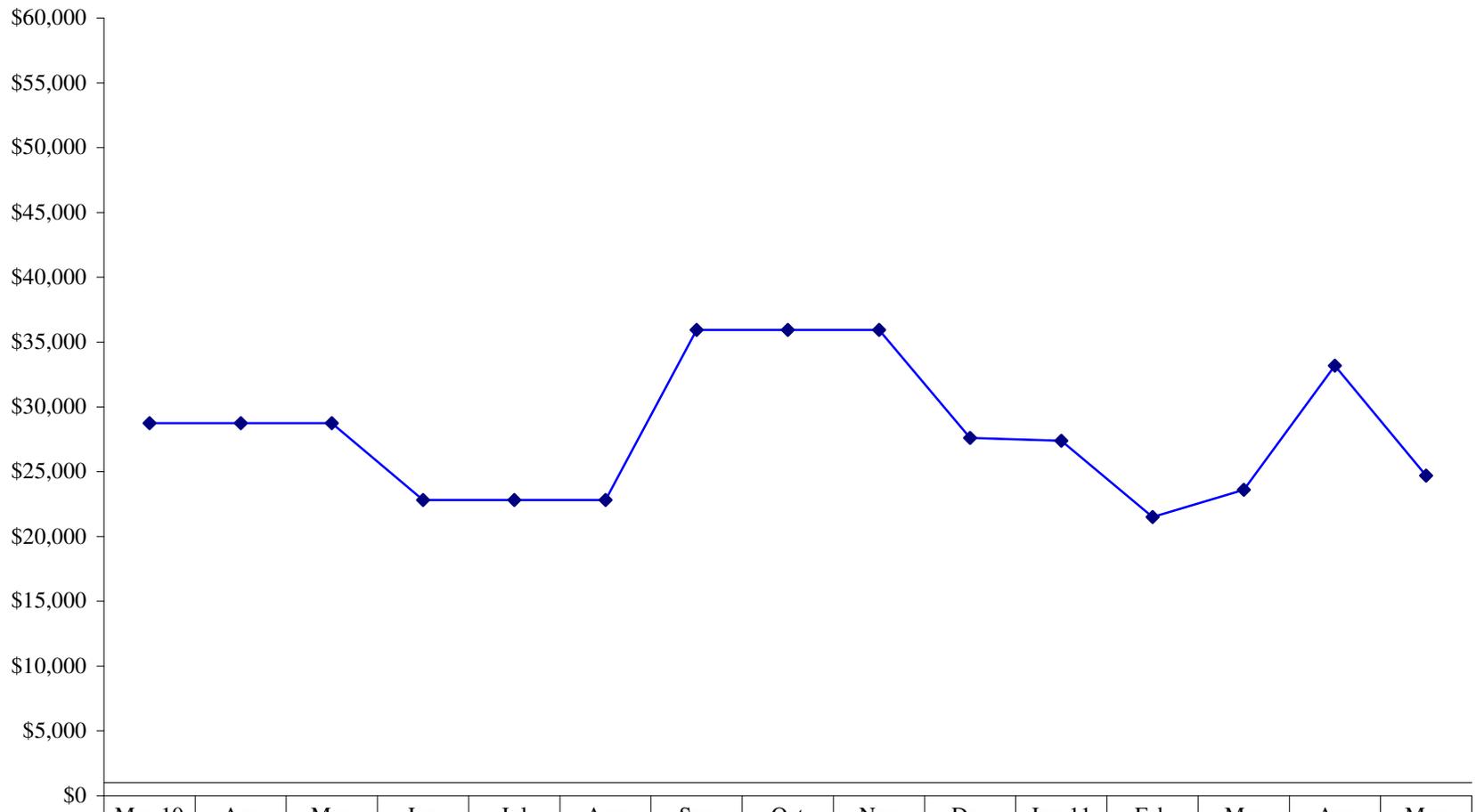
**Performance Measure Data Display and Chart Description:**  
Table shows monthly cost of TB medications.

**Data Flow:**



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

**Cost of TB Medications**



◆ Tuberculosis Med Cost	\$28,732	\$28,732	\$28,732	\$22,817	\$22,817	\$22,817	\$35,938	\$35,938	\$35,938	\$27,594	\$27,381	\$21,502	\$23,603	\$33,189	\$24,706
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**Performance Measure 4D:**

**Report scan rates for medications administered utilizing MEDIMAR System.**

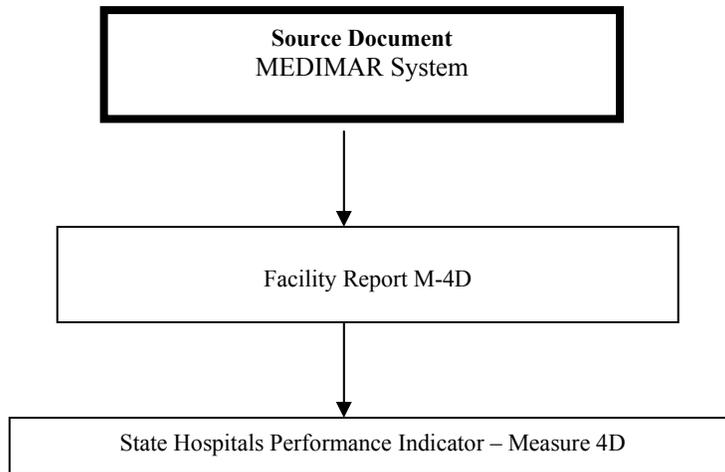
**Performance Measure Operational Definition:** MediMAR System scan rates for medications.

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

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

Table shows each state mental hospital’s scan rate per month.

**Data Flow:**



**Measure 4D - Scan Rates for Meds Utilizing MediMAR System  
System-Wide**

**FY2010**

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
BSSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	92%
EPPC	86%	89%	93%	92%	92%	94%	91%	88%	94%	94%	94%	94%
KSH	99%	NA	NA	NA	NA	NA	87%	88%	98%	94%	99%	85%
NTSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
RGSC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
RSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SASH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
TSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	77%	80%	84%
WCFY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**FY2011**

	Sep-10	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	NA	NA	84%	85%	83%	89%	88%	97%	93%			
BSSH	93%	92%	93%	93%	92%	94%	94%	95%	93%			
EPPC	93%	93%	90%	93%	92%	92%	91%	95%	95%			
KSH	95%	90%	73%	97%	96%	99%	99%	99%	99%			
NTSH - WF	0%	87%	90%	93%	95%	98%	97%	97%	98%			
NTSH - V	0%	87%	86%	90%	91%	92%	92%	90%	92%			
RGSC	57%	70%	64%	64%	64%	64%	45%	41%	37%			
RSH	80%	88%	91%	74%	65%	66%	86%	87%	90%			
SASH	87%	87%	87%	89%	89%	89%	76%	78%	79%			
TSH	88%	90%	91%	90%	91%	91%	91%	91%	91%			
WCFY	NA	NA	NA	NA	NA	NA	NA	NA	NA			

NA = MediMAR has not been implemented at facility

## ***GOAL 5: Assure Continuum of Care***

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

**Report on discharge or transfer of dually diagnosed patients with mental illness and developmental 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 developmental 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.

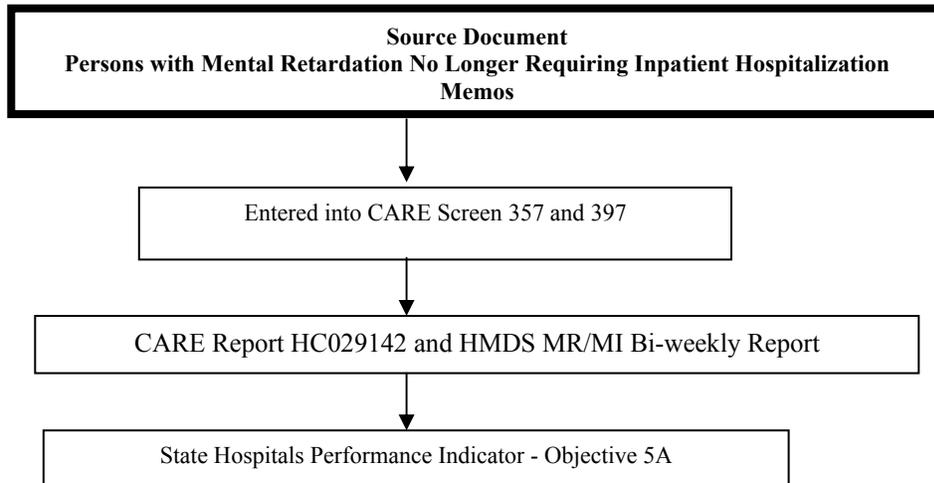
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

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.

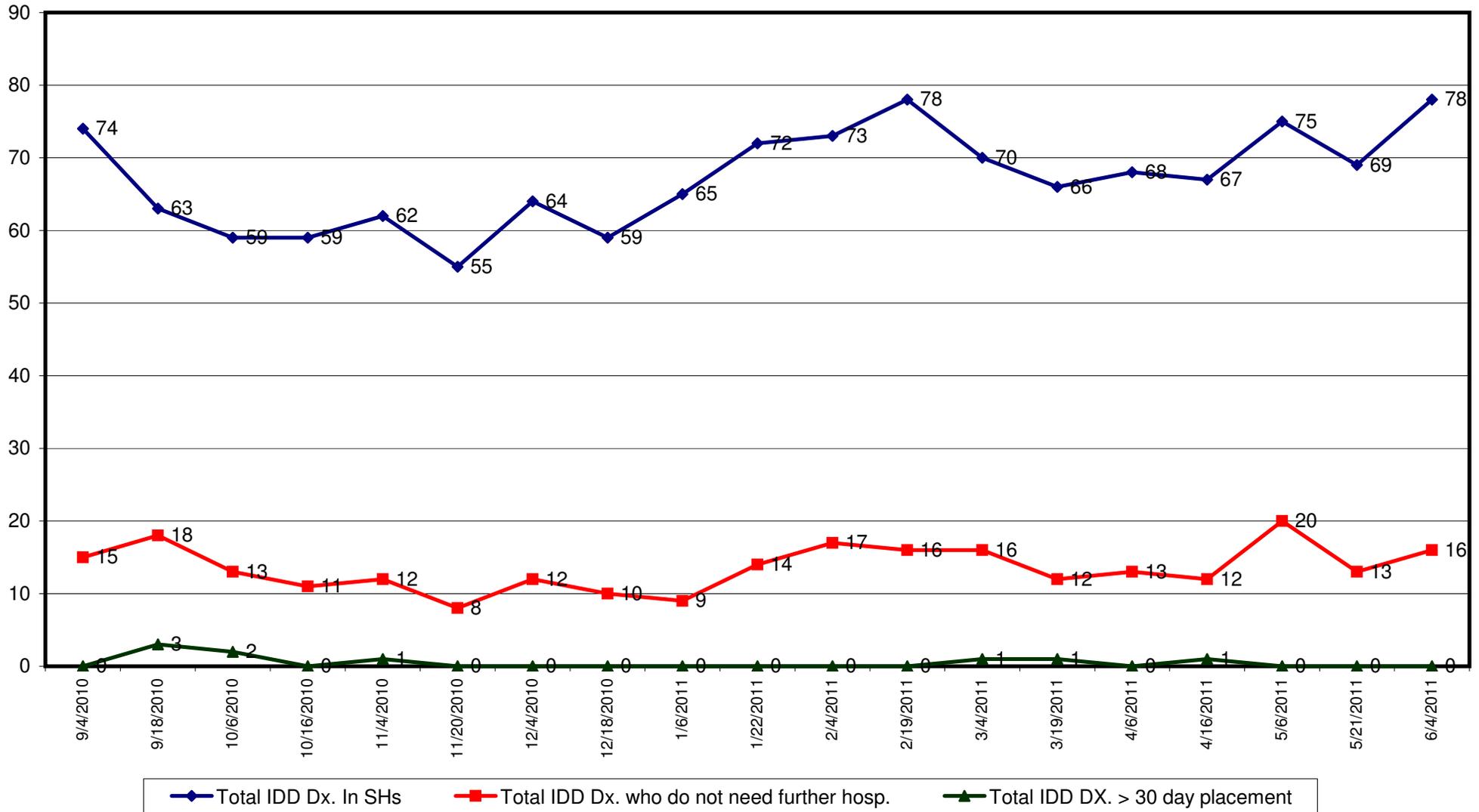
### **Performance Objective Data Display and Chart Description:**

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

### **Data Flow:**



### Persons with IDD Diagnosis in 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.**

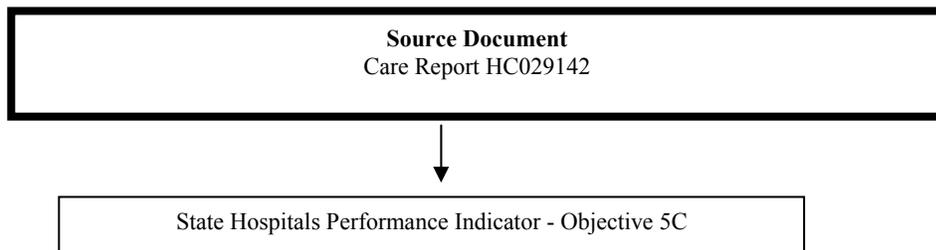
**The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.**

**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, identified by four categories.

**Data Flow:**



**Objective 5C - Patients Having Been in the State Psychiatric Hospital Over 365 Days**  
**All State Hospitals - FY2011**

	Q1	Q2	Q3	Q4
Austin State Hospital	39	43	35	
Big Spring State Hospital	101	95	97	
El Paso Psychiatric Center	11	13	10	
Kerrville State Hospital	175	175	164	
North Texas State Hospital	93	97	88	
Rio Grande State Center	0	0	0	
Rusk State Hospital	118	117	128	
San Antonio State Hospital	92	85	101	
Terrell State Hospital	33	31	34	
Waco Center for Youth	1	1	1	
<b>All State Hospitals</b>	<b>663</b>	<b>657</b>	<b>658</b>	

**Performance Measure 5A:**

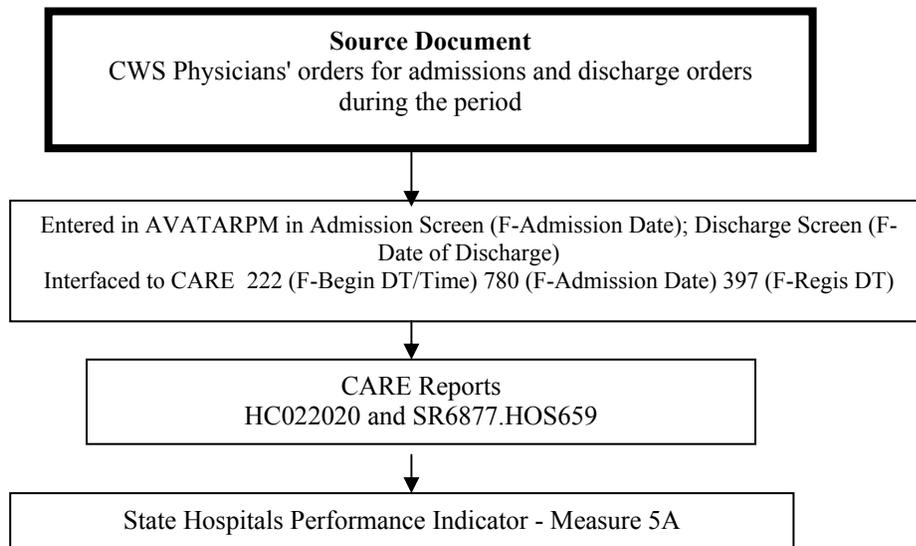
**Calculate and report number and type of all admissions, discharges, and the percentage of patients new to the system.**

**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:**

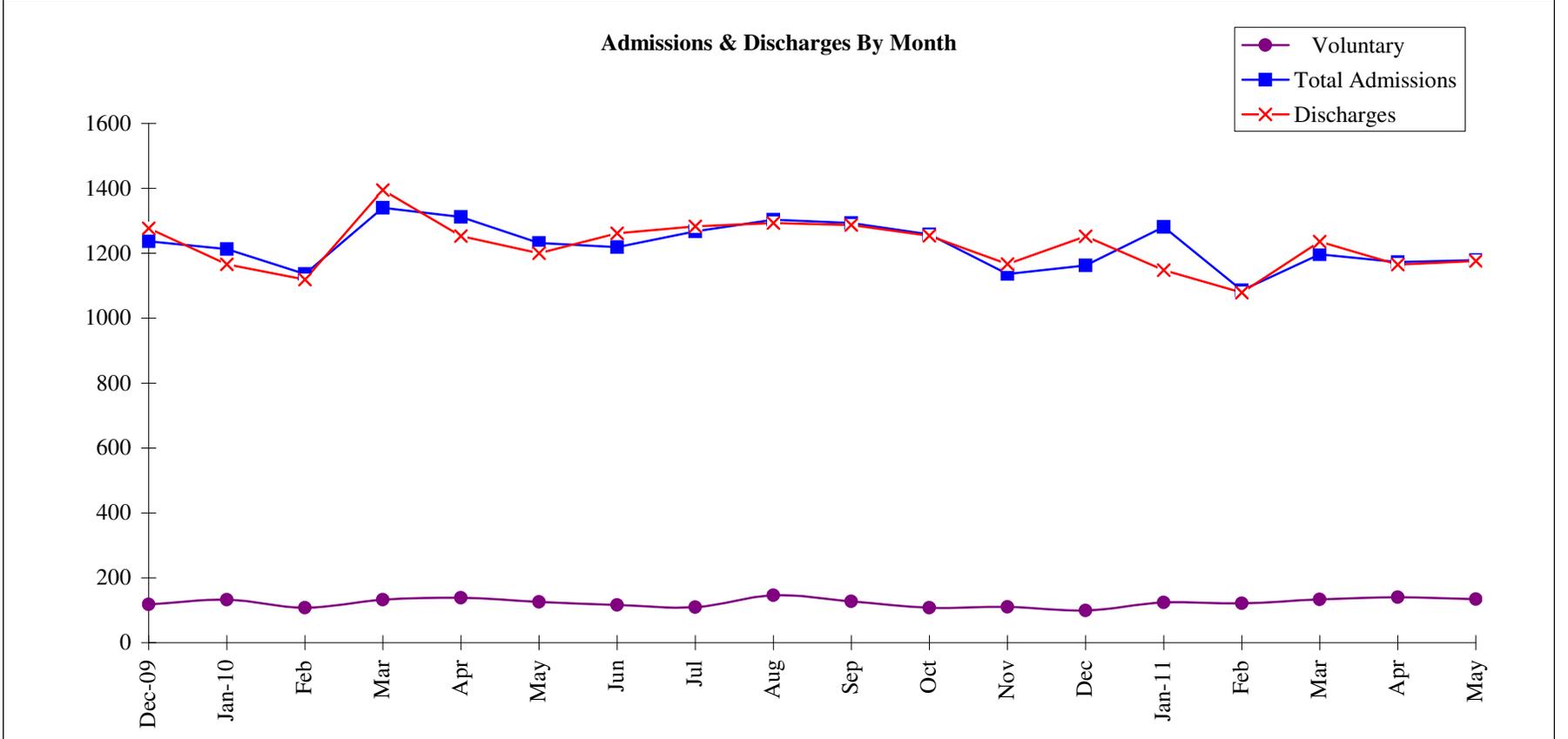


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**All State MH Hospitals**

**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	1237	1213	1136	1340	1312	1232	1219	1268	1304	1293	1258	1136	1163	1281	1086	1197	1173	1179
Voluntary	118	132	108	132	138	126	116	109	146	127	108	110	99	124	121	133	140	134
Involuntary	1119	1081	1028	1208	1174	1106	1103	1159	1158	1166	1150	1026	1064	1157	965	1064	1033	1045
OPC	283	293	289	346	321	290	325	307	337	325	323	267	290	308	276	274	255	282
Emergency	553	559	497	556	586	528	513	563	535	572	558	490	485	576	455	516	517	532
Temporary	109	106	107	132	133	123	115	140	138	125	133	110	129	104	93	109	105	100
Extended	2	2	2	5	4	3	7	5	2	1	2	5	7	5	6	8	7	1
Forensic	157	99	108	147	113	145	122	121	127	121	121	131	131	146	119	138	126	114
Order for MR S	15	22	25	22	17	17	21	23	19	22	13	23	22	18	16	19	23	16
Discharges	1277	1166	1119	1395	1253	1200	1262	1283	1293	1287	1254	1167	1252	1148	1079	1236	1165	1176
% New to System	44%	48%	49%	47%	48%	49%	50%	47%	48%	45%	49%	49%	48%	49%	46%	48%	48%	51%



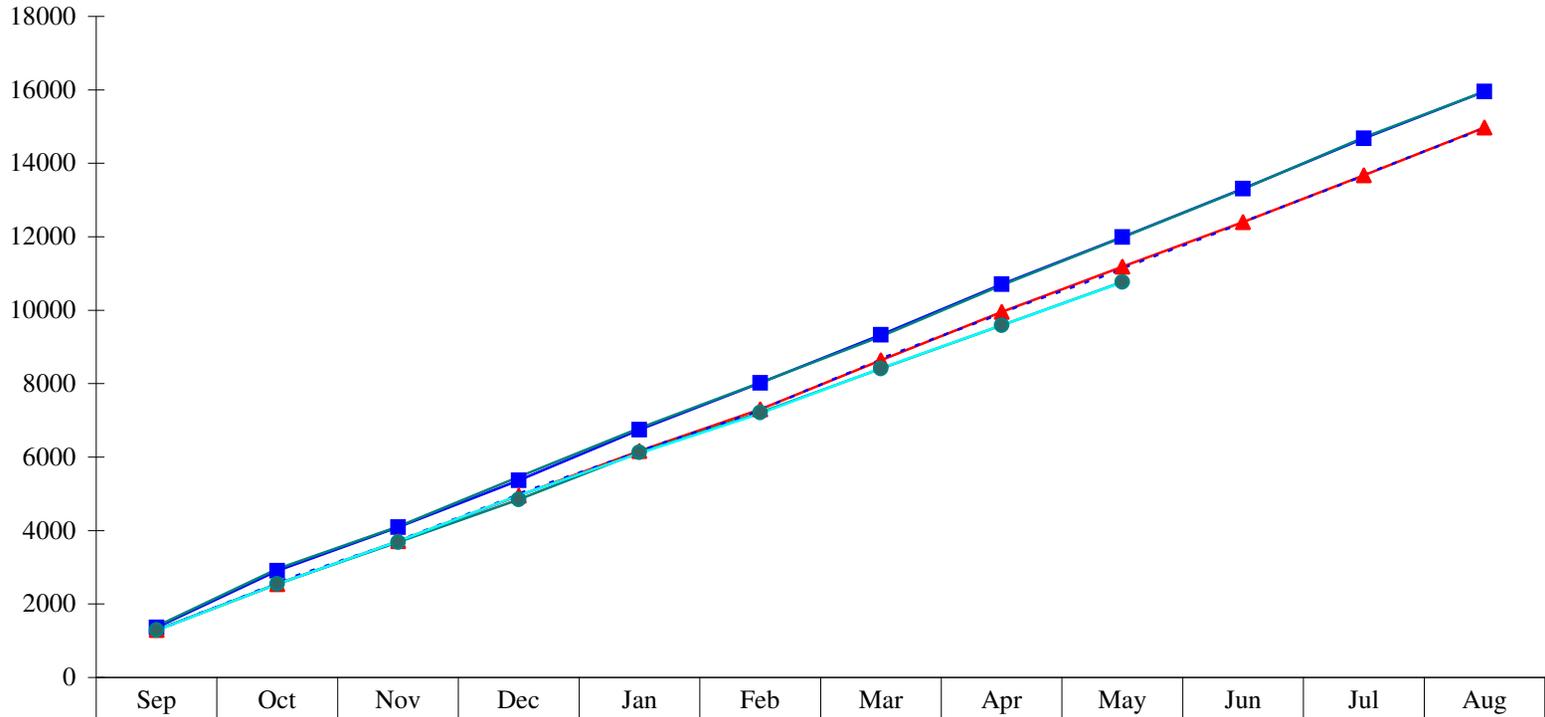
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

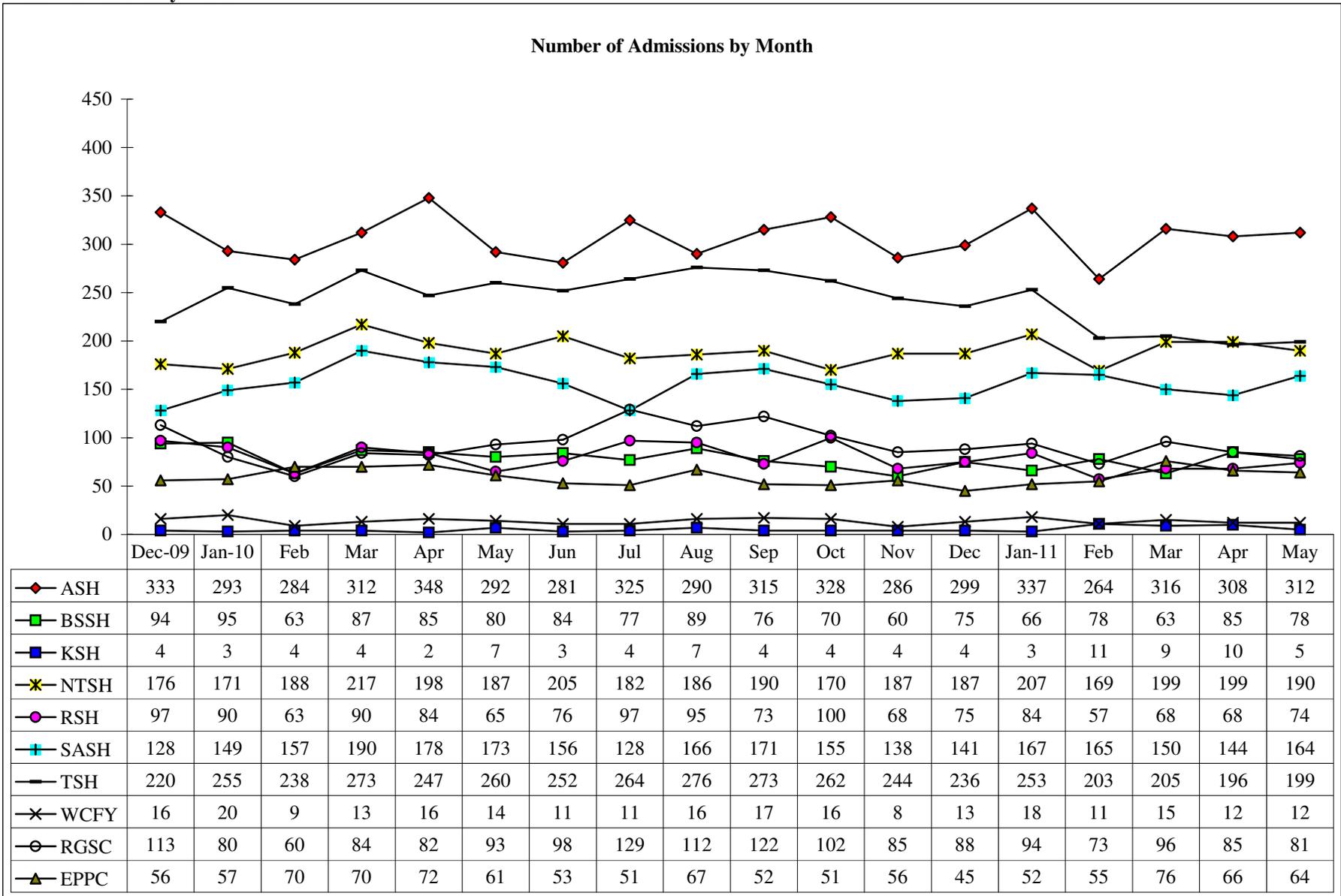
**All State MH Hospitals**

**FYTD Admissions & Discharges**

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

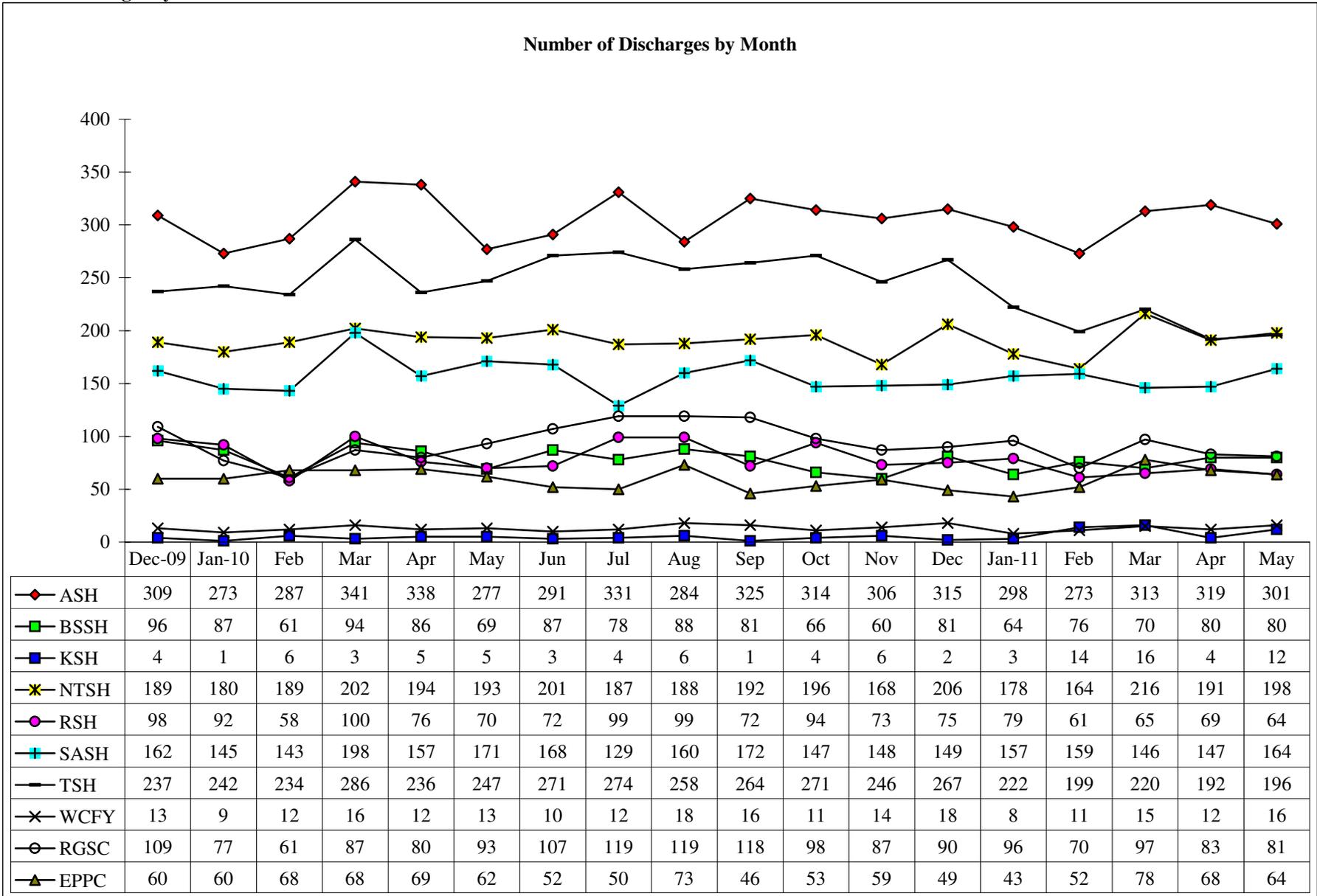


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**All State MH Hospitals**  
**Total Admissions by Month**



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

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



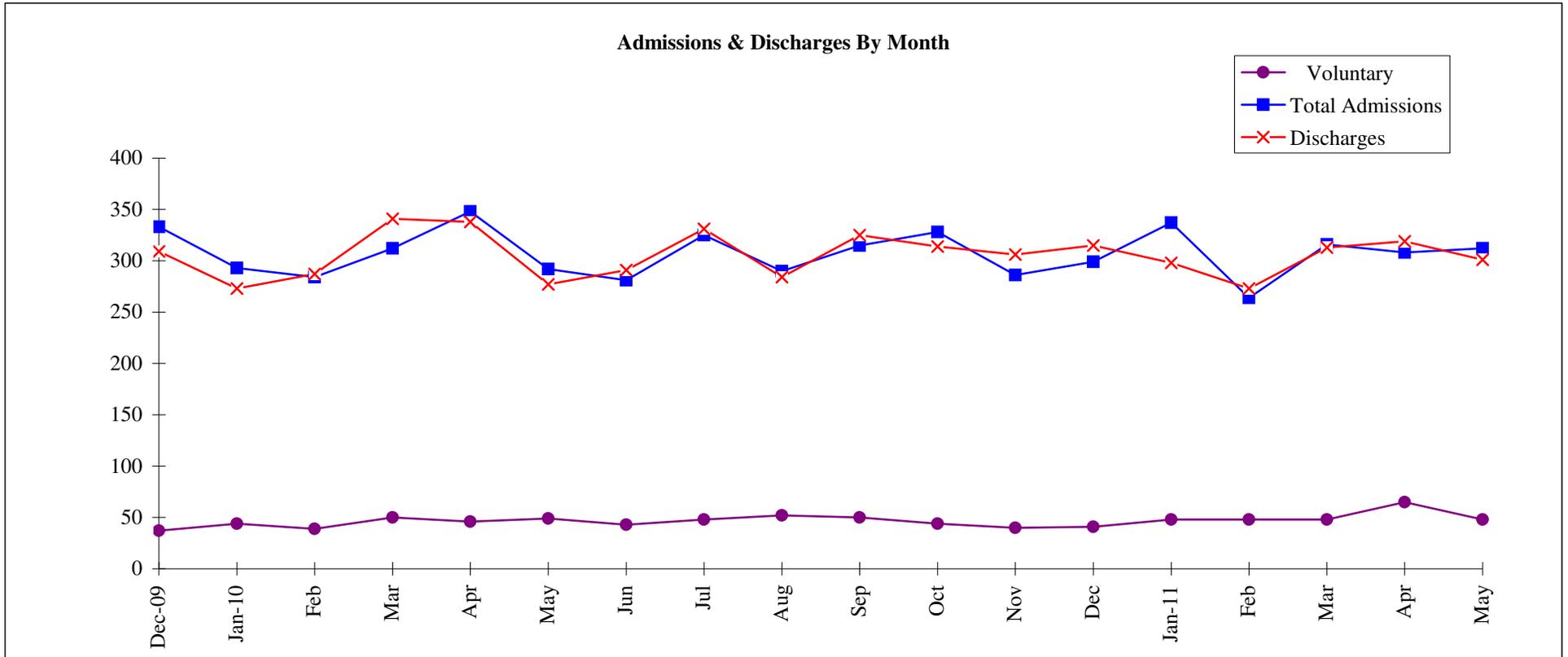
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Austin State Hospital**

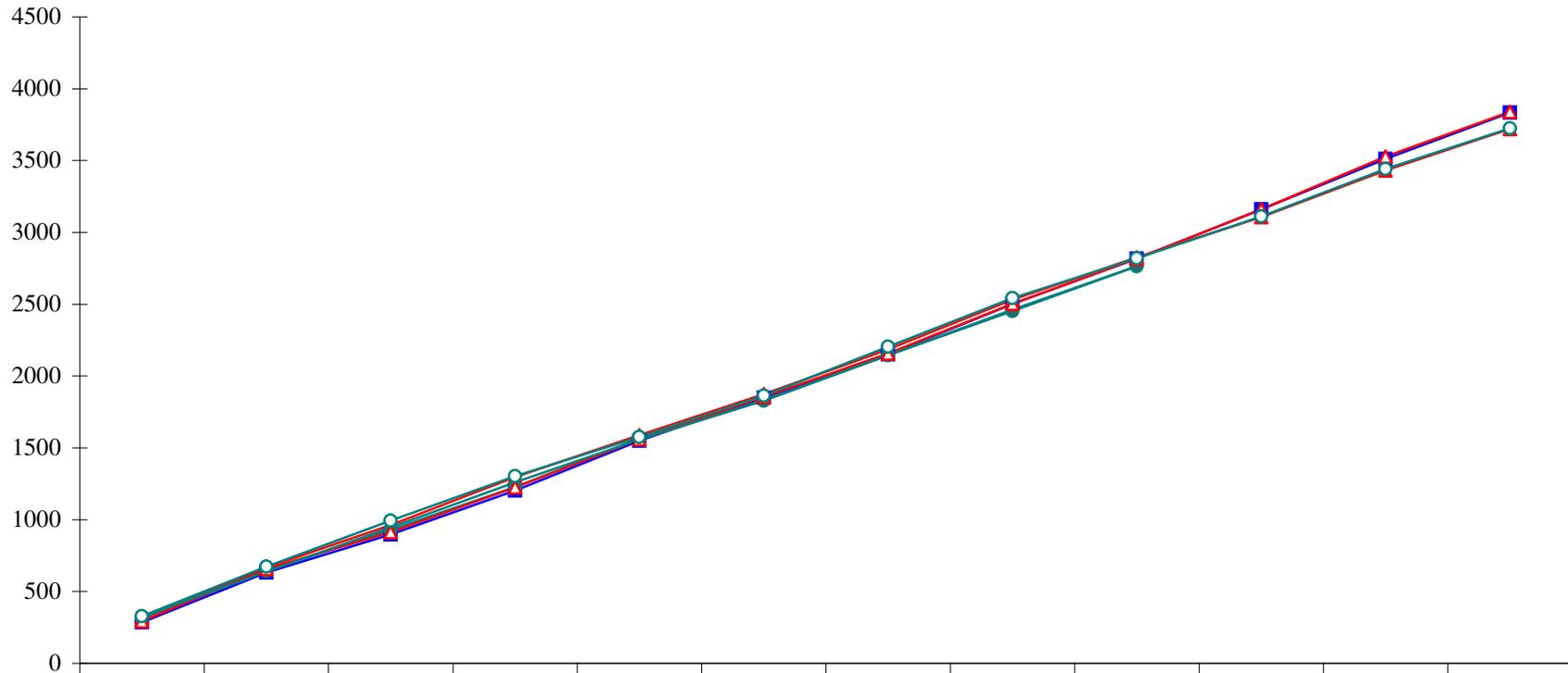
**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	333	293	284	312	348	292	281	325	290	315	328	286	299	337	264	316	308	312
Voluntary	37	44	39	50	46	49	43	48	52	50	44	40	41	48	48	48	65	48
Involuntary	296	249	245	262	302	243	238	277	238	265	284	246	258	289	216	268	243	264
OPC	20	15	15	13	9	19	16	20	17	17	20	13	13	12	6	19	14	7
Emergency	239	219	204	222	258	202	198	228	203	218	232	208	222	238	189	221	200	219
Temporary	13	11	14	9	17	8	12	13	8	21	11	11	13	15	11	12	15	19
Extended	0	0	0	2	0	0	0	0	0	0	0	0	2	0	3	1	0	0
Forensic	23	4	11	16	17	14	12	16	10	8	20	14	8	24	7	15	13	19
Order for MR Svc	1	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0
Discharges	309	273	287	341	338	277	291	331	284	325	314	306	315	298	273	313	319	301
% New to System	48%	51%	50%	48%	49%	49%	52%	48%	52%	44%	45%	48%	46%	48%	45%	45%	45%	48%



**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**



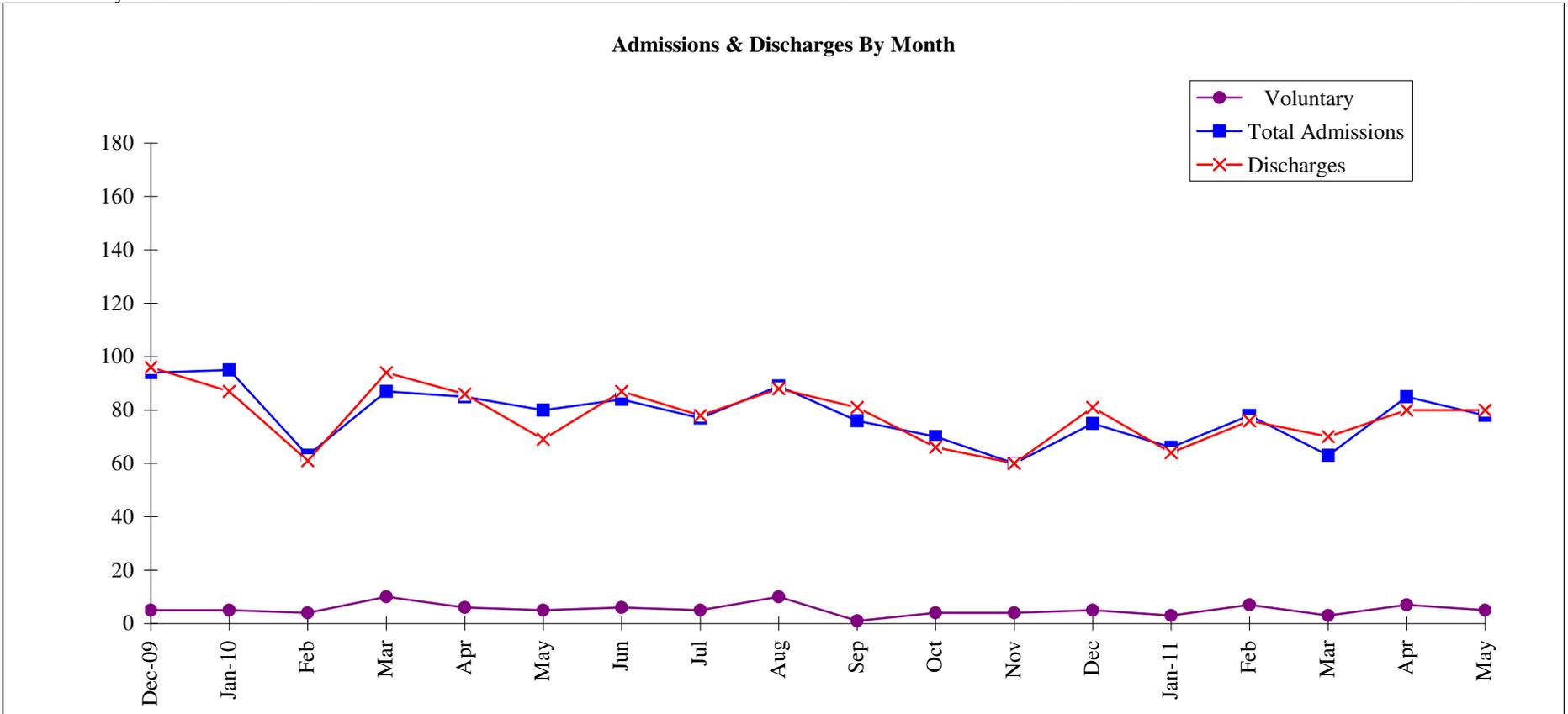
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	286	631	897	1203	1549	1849	2150	2501	2817	3161	3510	3834
▲ FY10 Admissions	312	666	963	1296	1589	1873	2185	2533	2825	3106	3431	3721
● FY11 Admissions	315	643	929	1228	1565	1829	2145	2453	2765			
▲ FY09 Discharges	293	656	914	1226	1560	1855	2156	2503	2817	3161	3527	3839
○ FY10 Discharges	329	674	994	1303	1576	1863	2204	2542	2819	3110	3441	3725
● FY11 Discharges	325	639	945	1260	1558	1831	2144	2463	2764			

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

**Big Spring State Hospital**

**Admissions by Month**

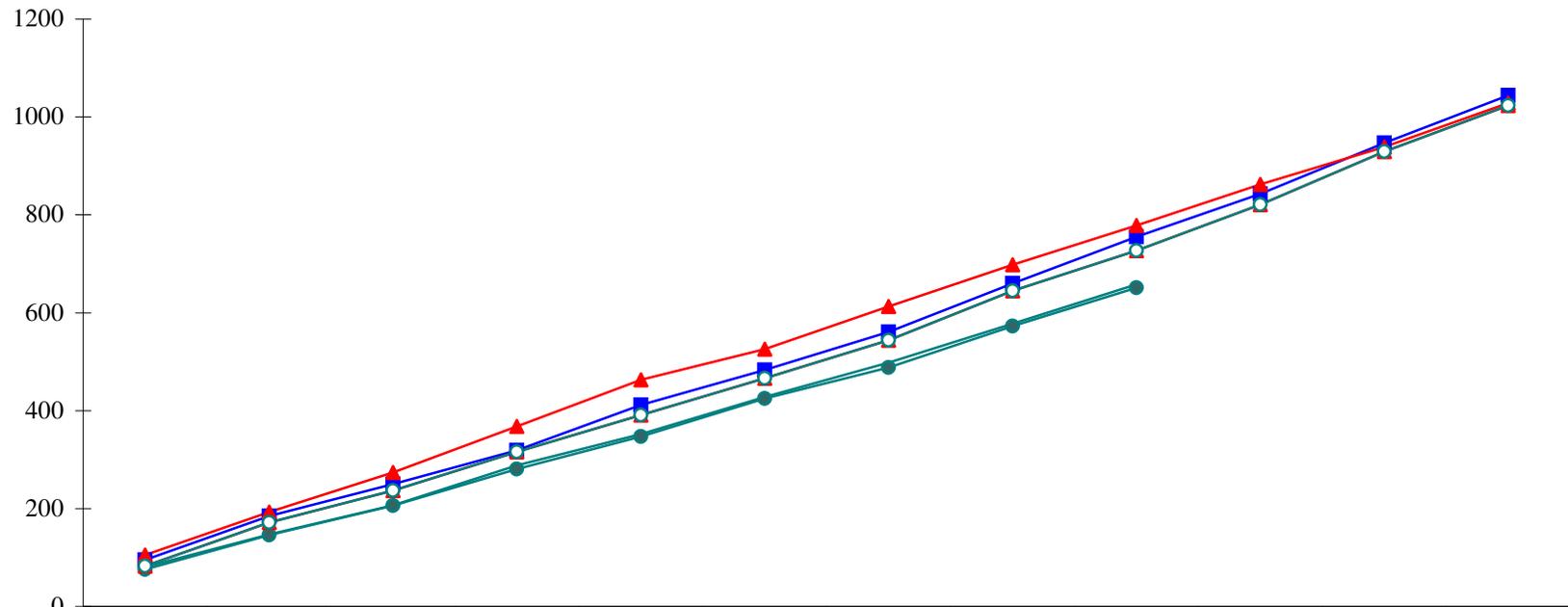
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	94	95	63	87	85	80	84	77	89	76	70	60	75	66	78	63	85	78
Voluntary	5	5	4	10	6	5	6	5	10	1	4	4	5	3	7	3	7	5
Involuntary	89	90	59	77	79	75	78	72	79	75	66	56	70	63	71	60	78	73
OPC	14	12	10	11	17	9	8	6	10	11	5	5	7	6	12	12	6	12
Emergency	59	63	41	54	58	58	60	57	60	49	55	37	48	46	40	38	60	52
Temporary	2	0	0	1	0	0	1	2	1	1	1	2	1	2	3	2	2	3
Extended	0	1	0	0	0	0	1	0	0	0	0	2	0	0	0	1	3	0
Forensic	13	6	6	7	4	7	8	6	6	13	3	5	13	9	16	6	7	6
Order for MR	1	8	2	4	0	1	0	1	2	1	2	5	1	0	0	1	0	0
Discharges	96	87	61	94	86	69	87	78	88	81	66	60	81	64	76	70	80	80
% New to System	38%	22%	33%	36%	51%	35%	40%	39%	42%	34%	50%	28%	36%	36%	38%	40%	41%	47%



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

**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**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
■ FY09 Admissions	95	185	250	319	412	483	561	660	755	843	947	1044
▲ FY10 Admissions	105	193	274	368	463	526	613	698	778	862	939	1028
● FY11 Admissions	76	146	206	281	347	425	488	573	651			
▲ FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
○ FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
● FY11 Discharges	81	147	207	288	352	428	498	578	658			

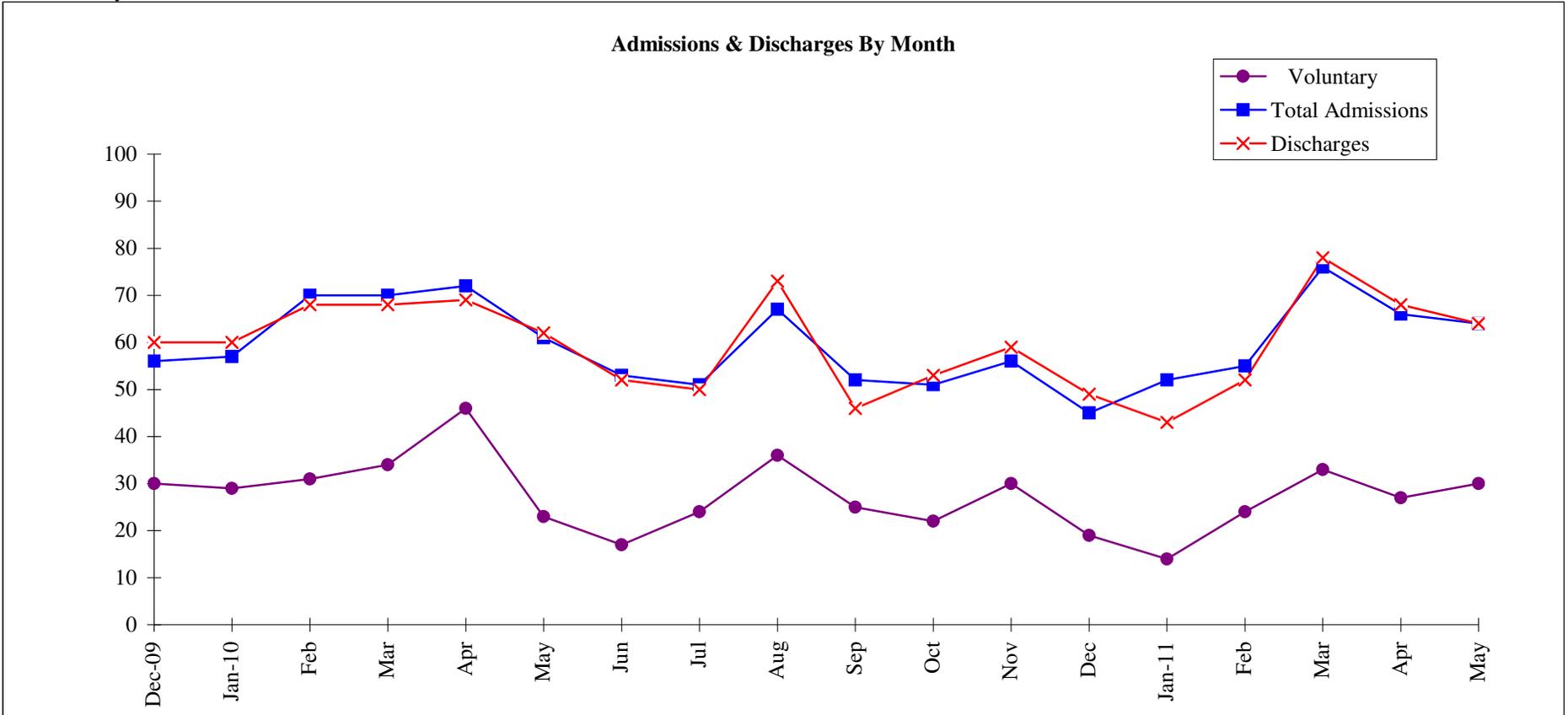
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**El Paso Psychiatric Center**

**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	56	57	70	70	72	61	53	51	67	52	51	56	45	52	55	76	66	64
Voluntary	30	29	31	34	46	23	17	24	36	25	22	30	19	14	24	33	27	30
Involuntary	26	28	39	36	26	38	36	27	31	27	29	26	26	38	31	43	39	34
OPC	1	1	0	2	0	1	0	2	8	4	4	3	5	3	9	5	9	10
Emergency	20	26	31	23	21	25	24	19	16	20	18	14	13	29	18	31	21	20
Temporary	4	1	4	9	3	8	9	6	5	3	5	5	4	4	2	6	4	1
Extended	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	4	2	1	3	3	0	2	0	2	4	4	2	2	1	5	3
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	60	60	68	68	69	62	52	50	73	46	53	59	49	43	52	78	68	64
% New to System	45%	56%	47%	46%	53%	51%	47%	59%	48%	44%	49%	55%	53%	40%	43%	43%	55%	52%

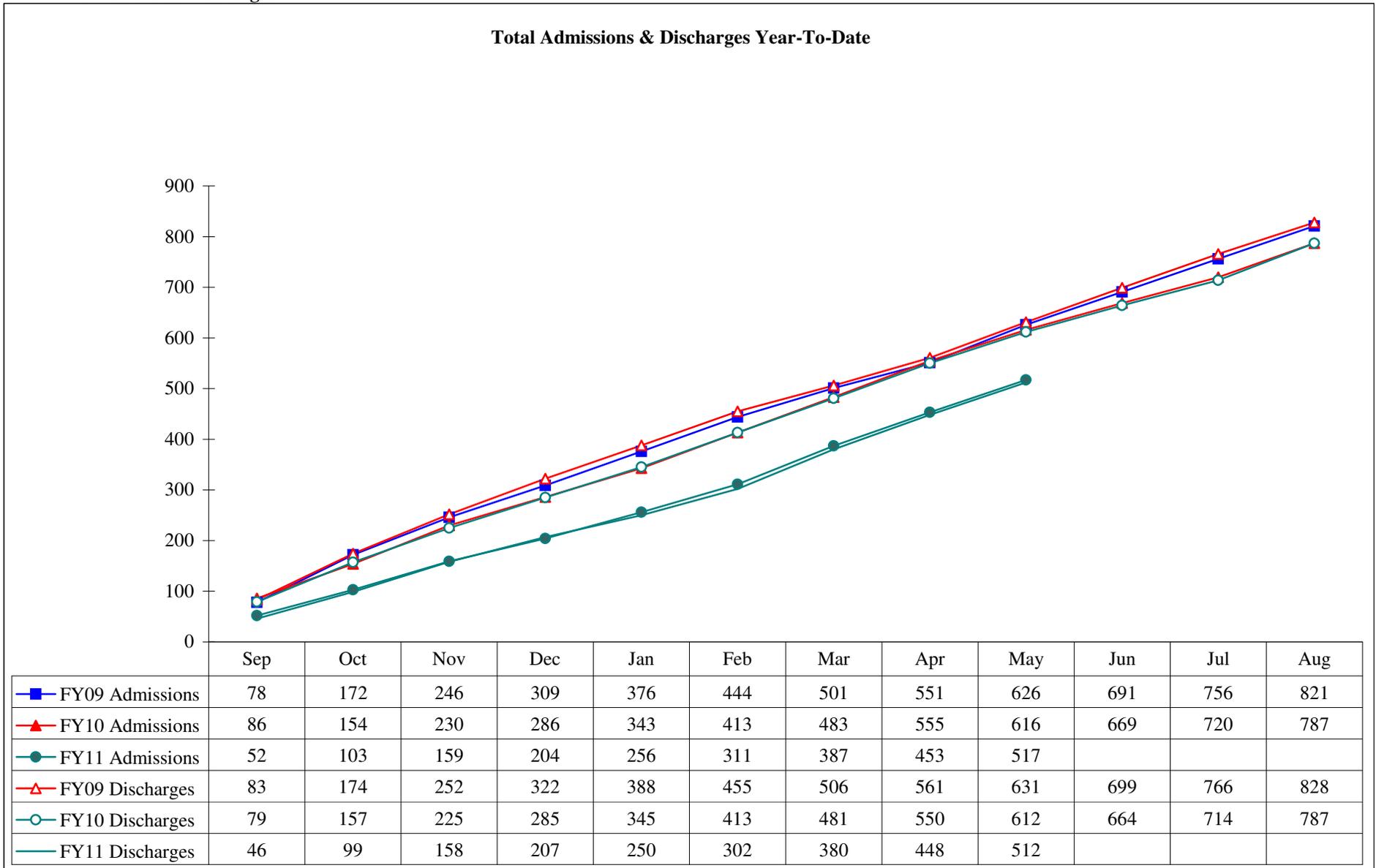


Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**El Paso Psychiatric Center**

**FYTD Admissions & Discharges**



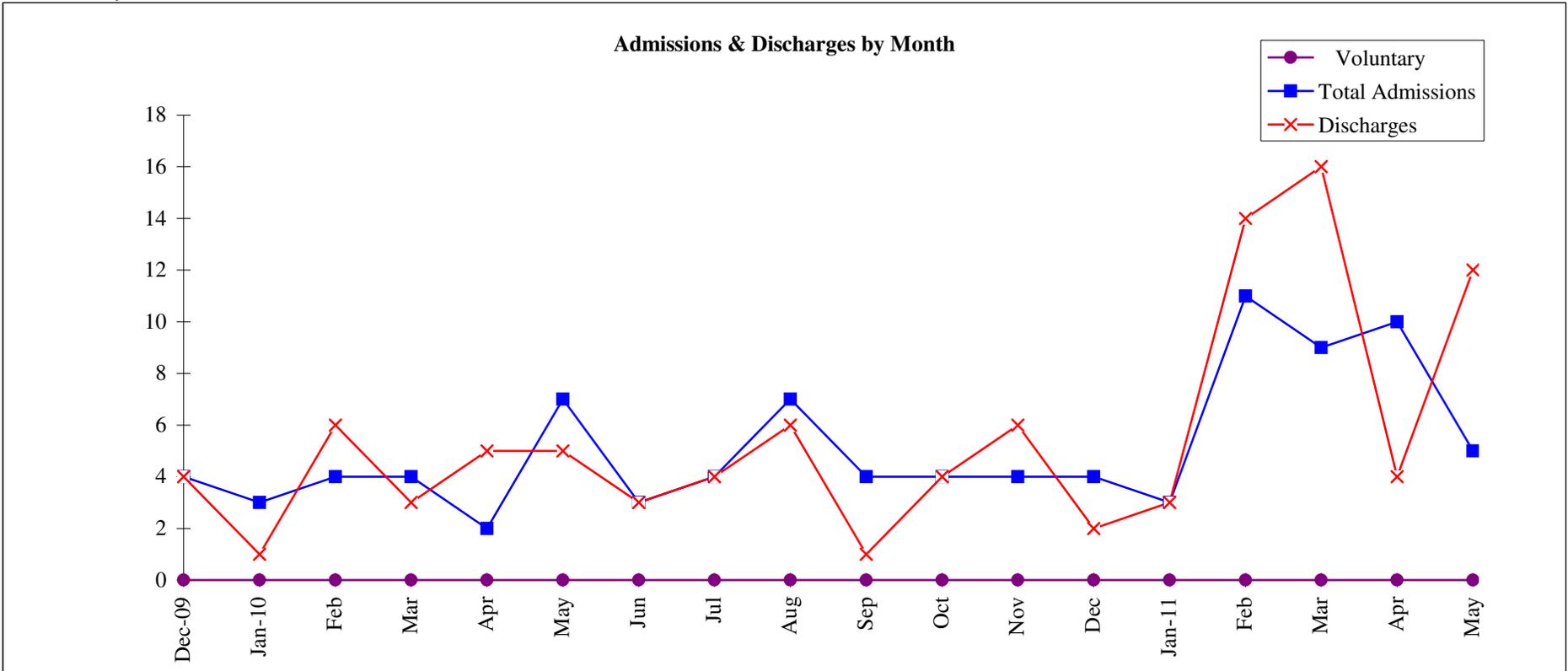
Source: Admis./Disch./Pop. by Month (HC022020/22),  
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Kerrville State Hospital**

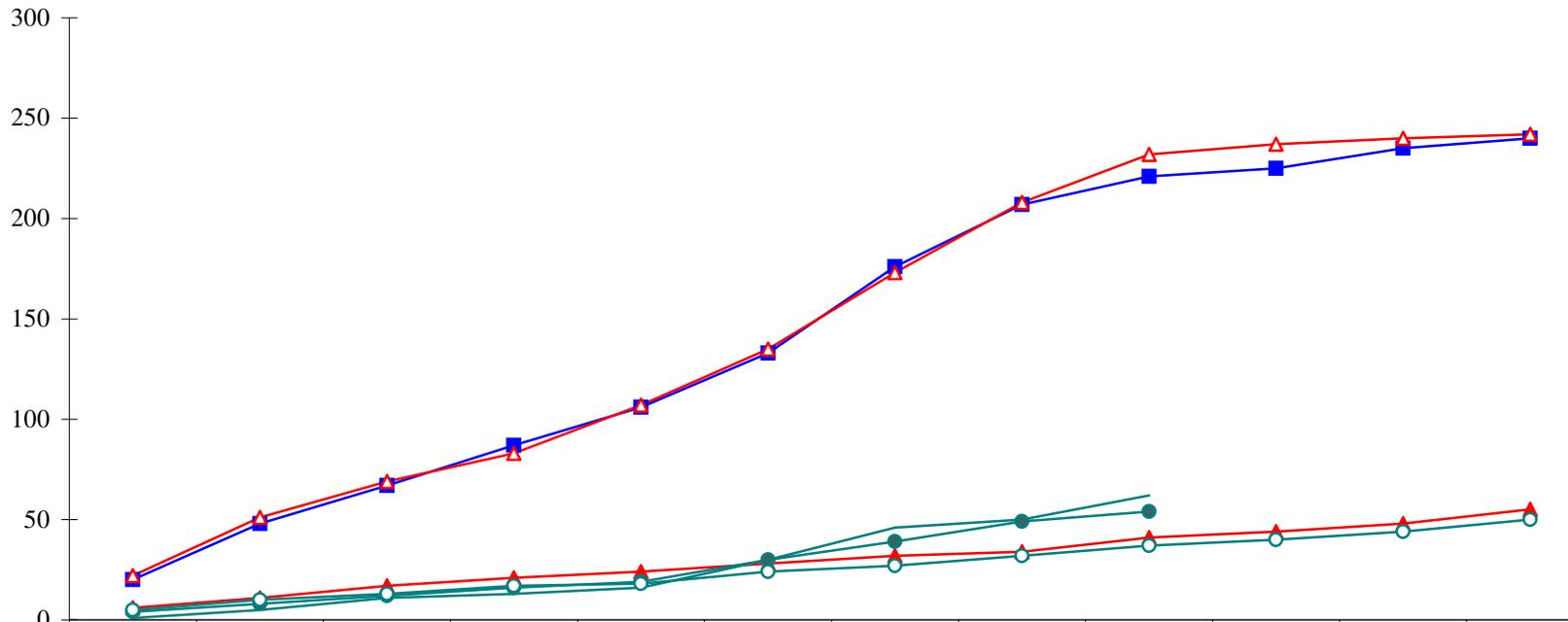
**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11	9	10	5
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11	9	10	5
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	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11	9	10	5
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	4	1	6	3	5	5	3	4	6	1	4	6	2	3	14	16	4	12
% New to System	0%	0%	0%	0%	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%



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

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



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	20	48	67	87	106	133	176	207	221	225	235	240
▲ FY10 Admissions	6	11	17	21	24	28	32	34	41	44	48	55
● FY11 Admissions	4	8	12	16	19	30	39	49	54			
▲ FY09 Discharges	22	51	69	83	107	135	173	208	232	237	240	242
○ FY10 Discharges	5	10	13	17	18	24	27	32	37	40	44	50
— FY11 Discharges	1	5	11	13	16	30	46	50	62			

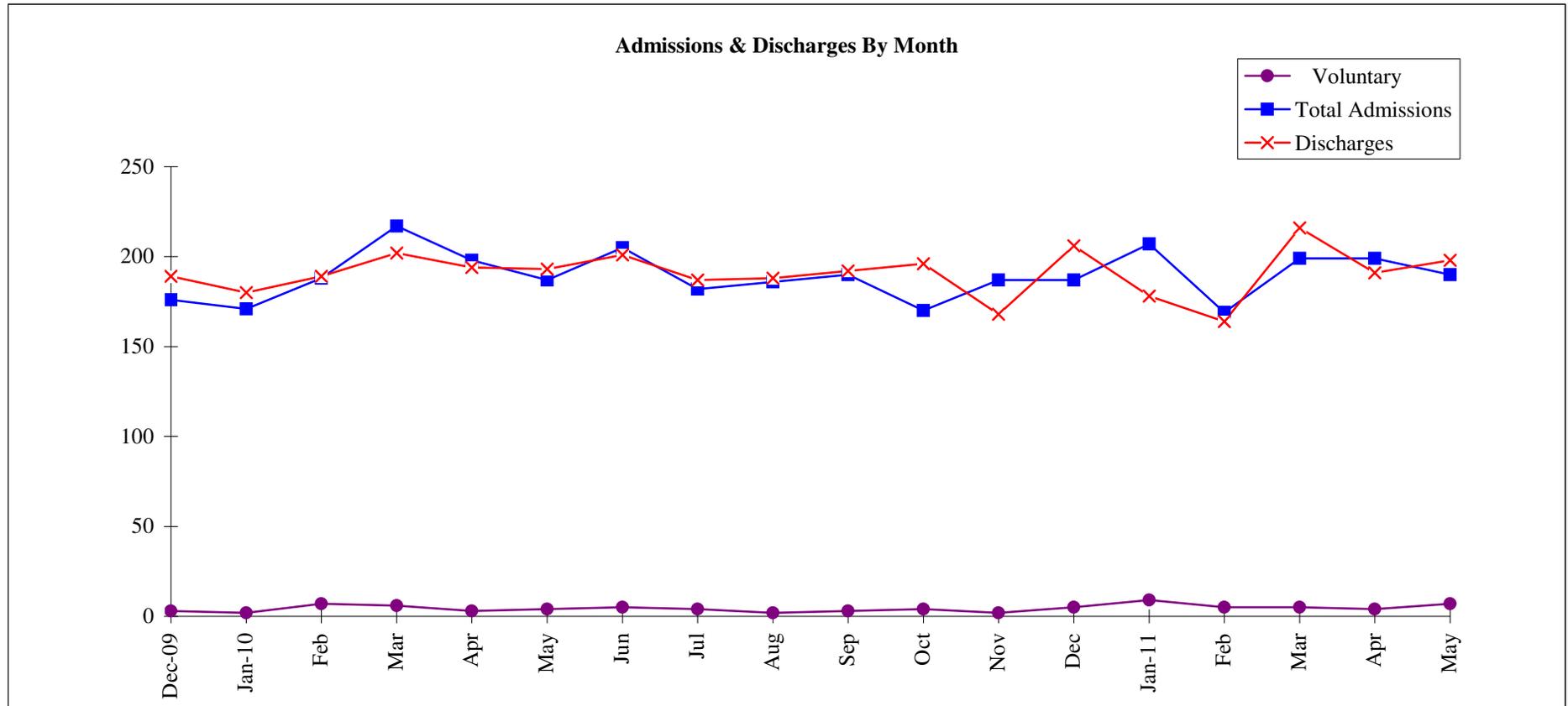
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**North Texas State Hospital**

**Admissions by Month**

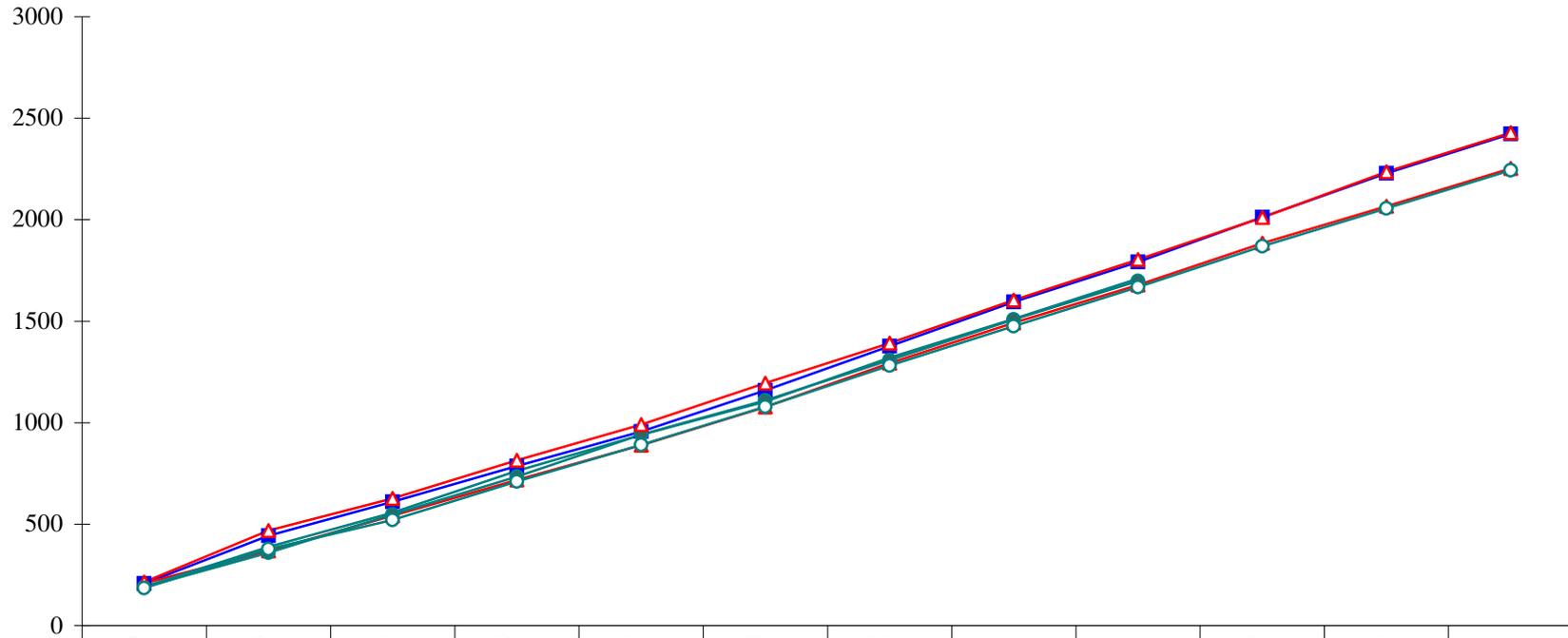
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	176	171	188	217	198	187	205	182	186	190	170	187	187	207	169	199	199	190
Voluntary	3	2	7	6	3	4	5	4	2	3	4	2	5	9	5	5	4	7
Involuntary	173	169	181	211	195	183	200	178	184	187	166	185	182	198	164	194	195	183
OPC	20	19	16	16	15	16	18	16	17	13	11	15	16	29	26	28	24	20
Emergency	23	40	52	55	59	40	35	30	31	49	43	47	37	55	40	50	53	49
Temporary	48	50	49	62	55	51	68	67	68	48	60	55	51	44	39	47	53	50
Extended	0	0	0	2	0	0	2	0	1	0	0	0	0	2	0	2	1	0
Forensic	71	48	45	61	53	61	61	50	53	63	45	51	63	51	45	55	46	51
Order for MR	11	12	19	15	13	15	16	15	14	14	7	17	15	17	14	12	18	13
Discharges	189	180	189	202	194	193	201	187	188	192	196	168	206	178	164	216	191	198
% New to System	43%	55%	54%	54%	46%	51%	53%	54%	48%	48%	55%	61%	48%	60%	49%	56%	51%	58%



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

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

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



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY09 Admissions	207	443	610	786	956	1159	1377	1594	1791	2012	2228	2422
—▲— FY10 Admissions	209	368	542	718	889	1077	1294	1492	1679	1884	2066	2252
—●— FY11 Admissions	190	360	547	734	941	1110	1309	1508	1698			
—▲— FY09 Discharges	215	468	626	815	991	1195	1392	1603	1804	2011	2236	2429
—○— FY10 Discharges	185	377	521	710	890	1079	1281	1475	1668	1869	2056	2244
—●— FY11 Discharges	192	388	556	762	940	1104	1320	1511	1709			

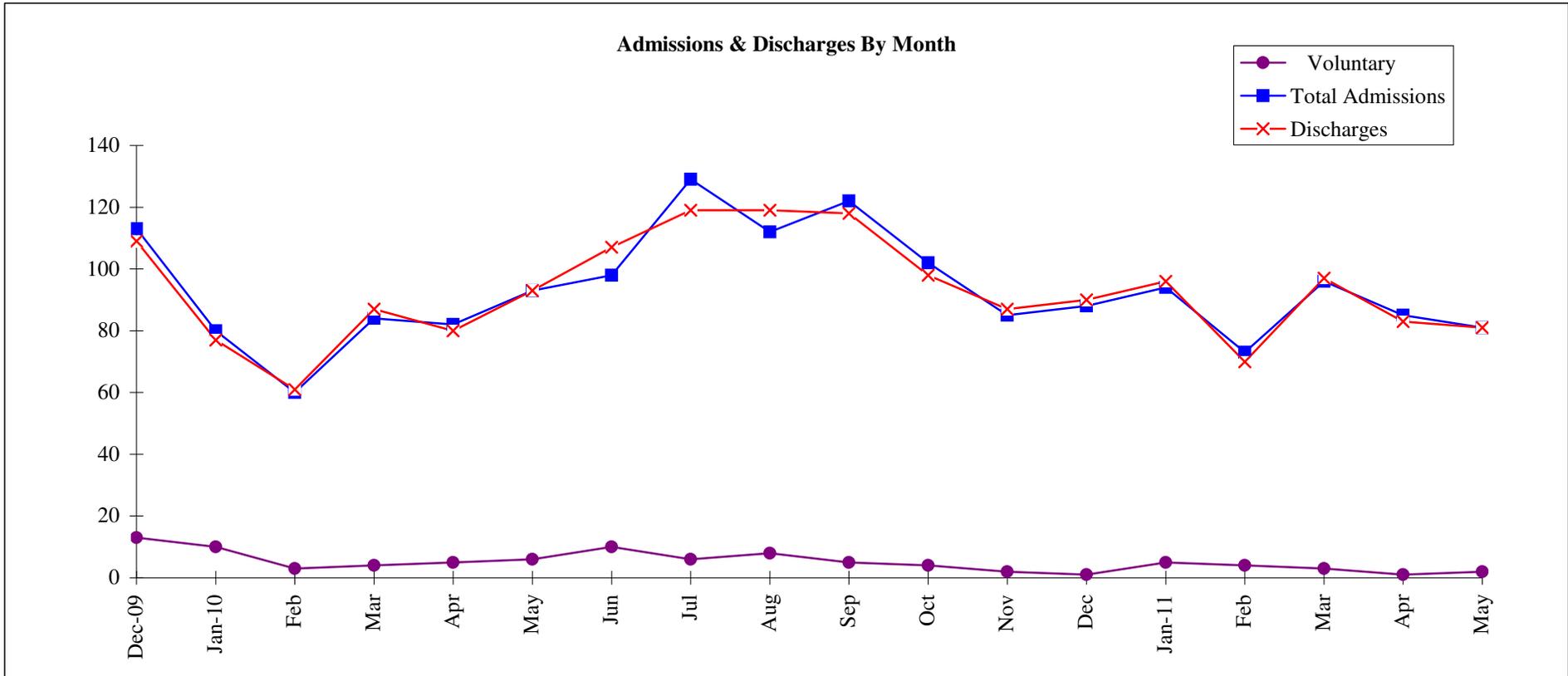
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Rio Grande State Center**

**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	113	80	60	84	82	93	98	129	112	122	102	85	88	94	73	96	85	81
Voluntary	13	10	3	4	5	6	10	6	8	5	4	2	1	5	4	3	1	2
Involuntary	100	70	57	80	77	87	88	123	104	117	98	83	87	89	69	93	84	79
OPC	0	3	0	1	3	0	0	1	0	1	1	1	1	1	0	0	0	0
Emergency	100	67	57	79	73	84	86	121	104	114	94	80	84	87	69	93	84	79
Temporary	0	0	0	0	0	1	1	0	0	2	1	0	1	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	1	2	1	0	0	0	2	2	1	1	0	0	0	0
Order for MR	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Discharges	109	77	61	87	80	93	107	119	119	118	98	87	90	96	70	97	83	81
% New to System	51%	46%	43%	51%	50%	55%	57%	51%	61%	48%	49%	49%	58%	57%	49%	53%	51%	53%



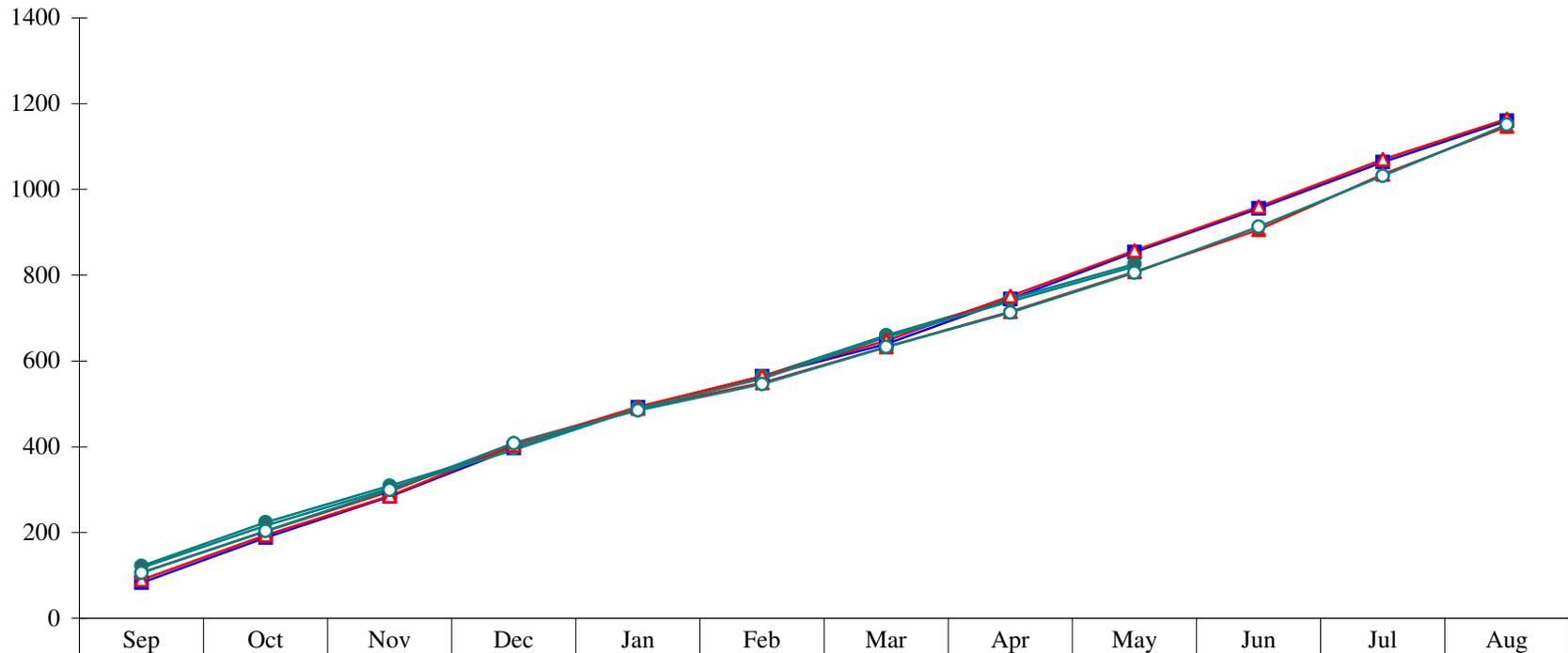
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**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
FY09 Admissions	83	188	284	397	492	564	640	744	854	956	1064	1160
FY10 Admissions	107	203	296	409	489	549	633	715	808	906	1035	1147
FY11 Admissions	122	224	309	397	491	564	660	745	826			
FY09 Discharges	90	194	285	404	493	564	647	751	857	960	1070	1164
FY10 Discharges	106	204	299	408	485	546	633	713	806	913	1032	1151
FY11 Discharges	118	216	303	393	489	559	656	739	820			

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

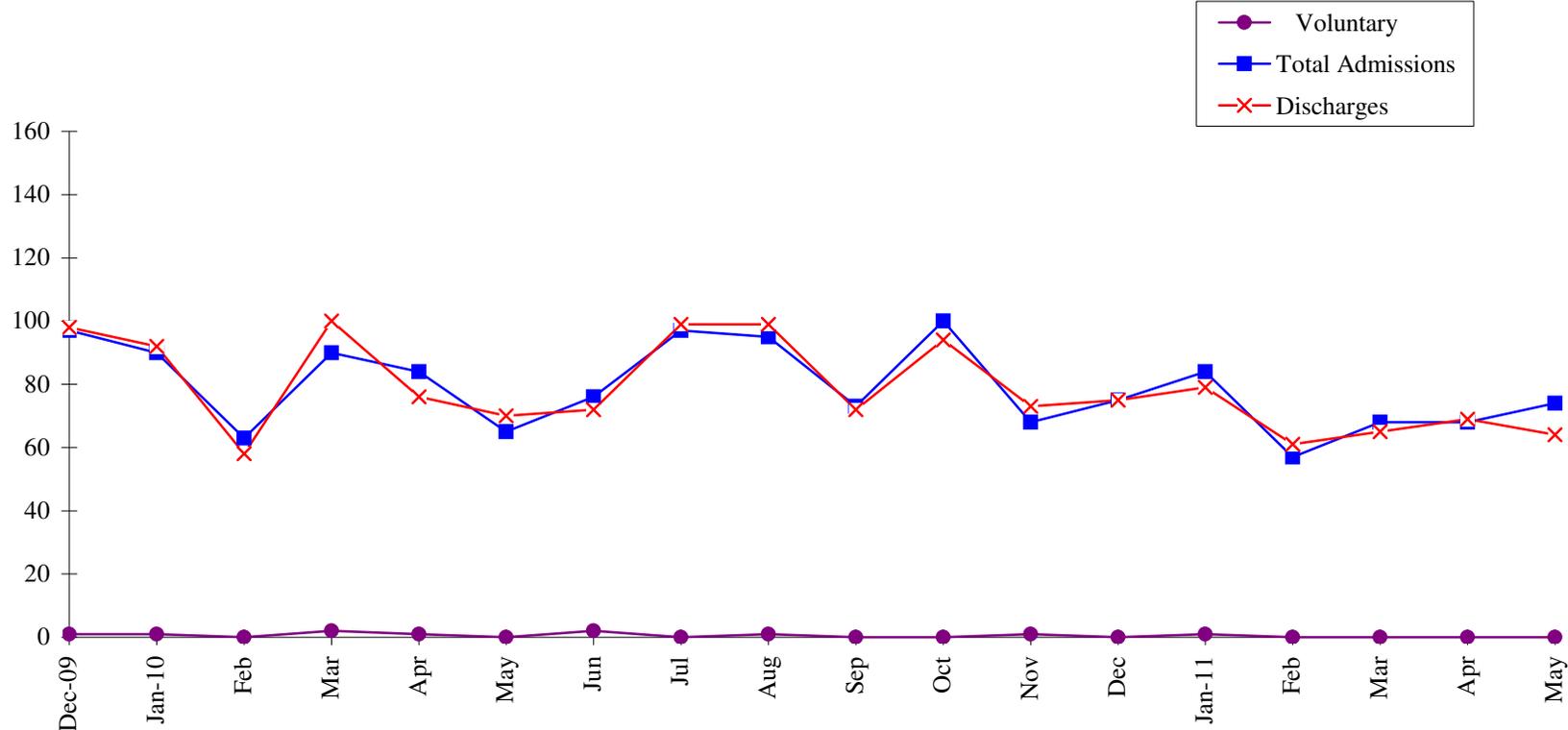
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rusk State Hospital**

**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	97	90	63	90	84	65	76	97	95	73	100	68	75	84	57	68	68	74
Voluntary	1	1	0	2	1	0	2	0	1	0	0	1	0	1	0	0	0	0
Involuntary	96	89	63	88	83	65	74	97	94	73	100	67	75	83	57	68	68	74
OPC	27	33	17	38	36	26	22	23	27	25	32	17	27	25	19	24	22	26
Emergency	41	32	22	19	18	17	31	43	34	29	40	24	21	24	18	13	21	31
Temporary	5	9	6	8	8	5	4	7	13	7	6	5	6	6	8	7	4	6
Extended	0	0	0	0	0	0	1	1	0	0	0	1	0	1	0	0	0	0
Forensic	23	15	18	23	21	17	16	23	20	12	22	20	21	27	12	24	21	11
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	98	92	58	100	76	70	72	99	99	72	94	73	75	79	61	65	69	64
% New to System	42%	48%	37%	49%	43%	31%	47%	44%	49%	47%	49%	41%	45%	31%	47%	47%	50%	59%

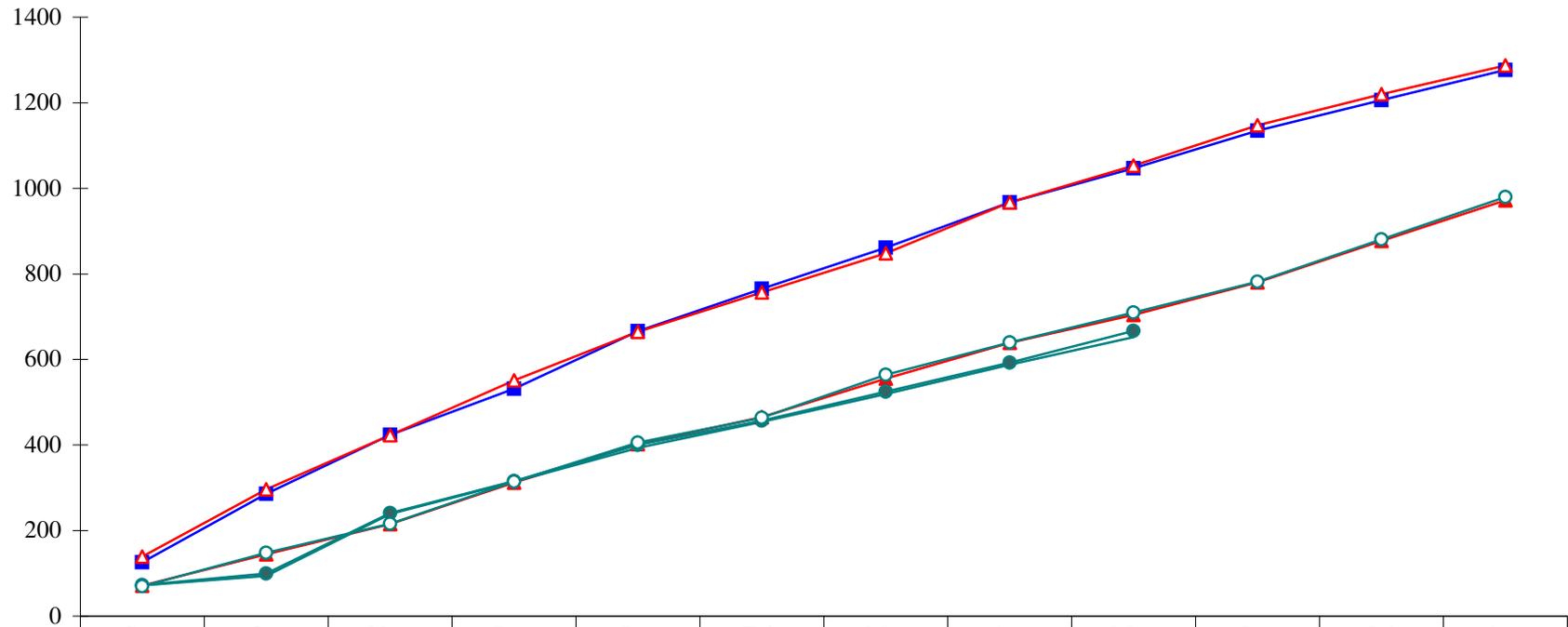
**Admissions & Discharges by Month**



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

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

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



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	126	286	424	532	666	765	861	967	1047	1135	1206	1277
▲ FY10 Admissions	71	145	215	312	402	465	555	639	704	780	877	972
● FY11 Admissions	73	100	241	316	400	457	525	593	667			
▲ FY09 Discharges	139	296	423	551	665	757	848	967	1053	1147	1220	1287
○ FY10 Discharges	70	148	216	314	406	464	564	640	710	782	881	980
● FY11 Discharges	72	94	239	314	393	454	519	588	652			

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

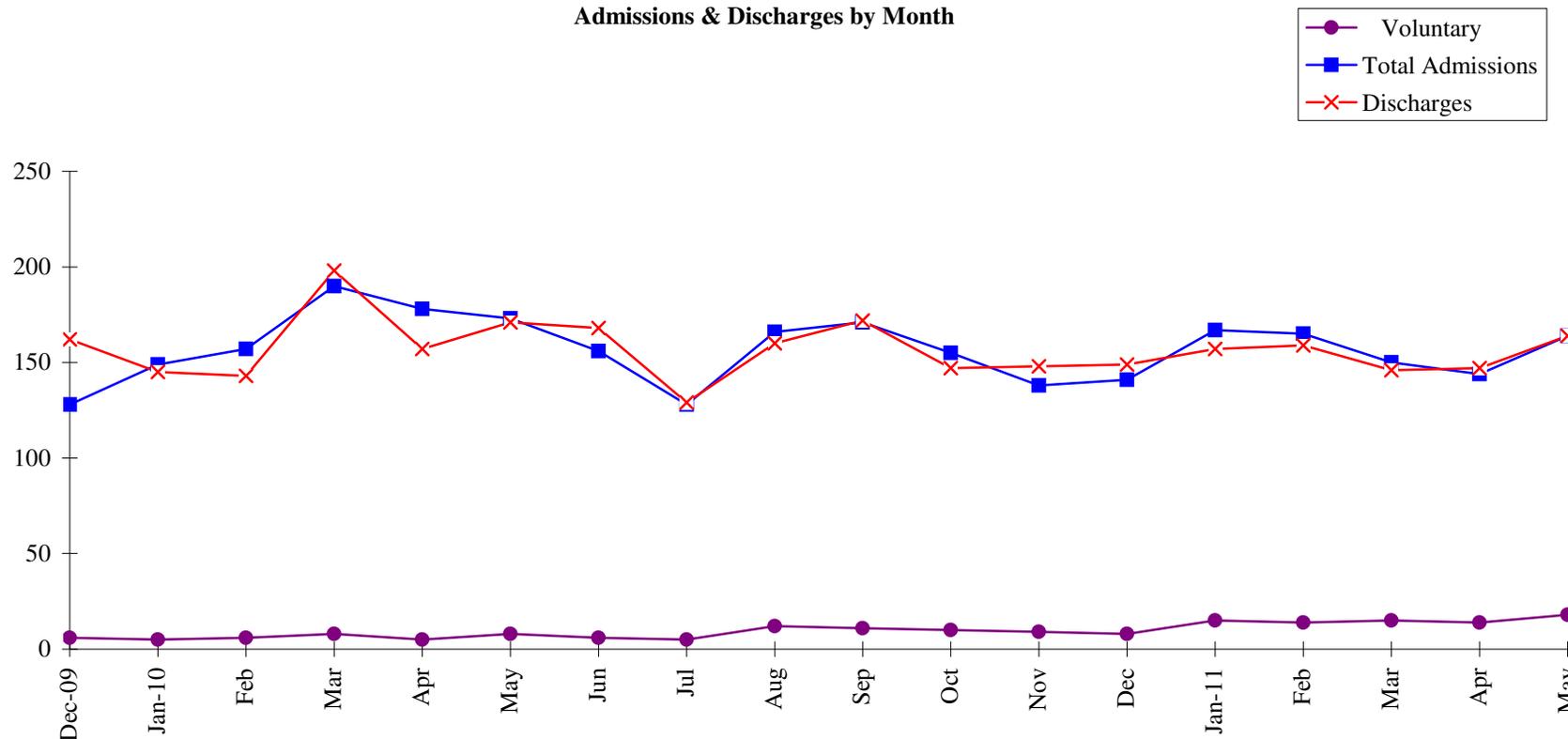
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**San Antonio State Hospital**

**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	128	149	157	190	178	173	156	128	166	171	155	138	141	167	165	150	144	164
Voluntary	6	5	6	8	5	8	6	5	12	11	10	9	8	15	14	15	14	18
Involuntary	122	144	151	182	173	165	150	123	154	160	145	129	133	152	151	135	130	146
OPC	39	23	41	56	44	51	54	46	43	45	51	36	50	42	46	42	35	49
Emergency	61	95	79	91	91	89	71	49	80	82	66	69	54	83	72	65	69	76
Temporary	10	16	21	24	24	15	11	13	16	15	19	12	16	15	14	9	13	12
Extended	0	0	1	0	1	1	1	1	0	0	1	0	2	1	2	2	0	0
Forensic	11	8	6	8	10	8	8	8	12	12	5	11	5	10	15	11	9	6
Order for MR	1	2	3	3	3	1	5	6	3	6	3	1	6	1	2	6	4	3
Discharges	162	145	143	198	157	171	168	129	160	172	147	148	149	157	159	146	147	164
% New to System	38%	49%	57%	50%	49%	59%	49%	48%	49%	47%	52%	49%	55%	53%	47%	51%	56%	49%

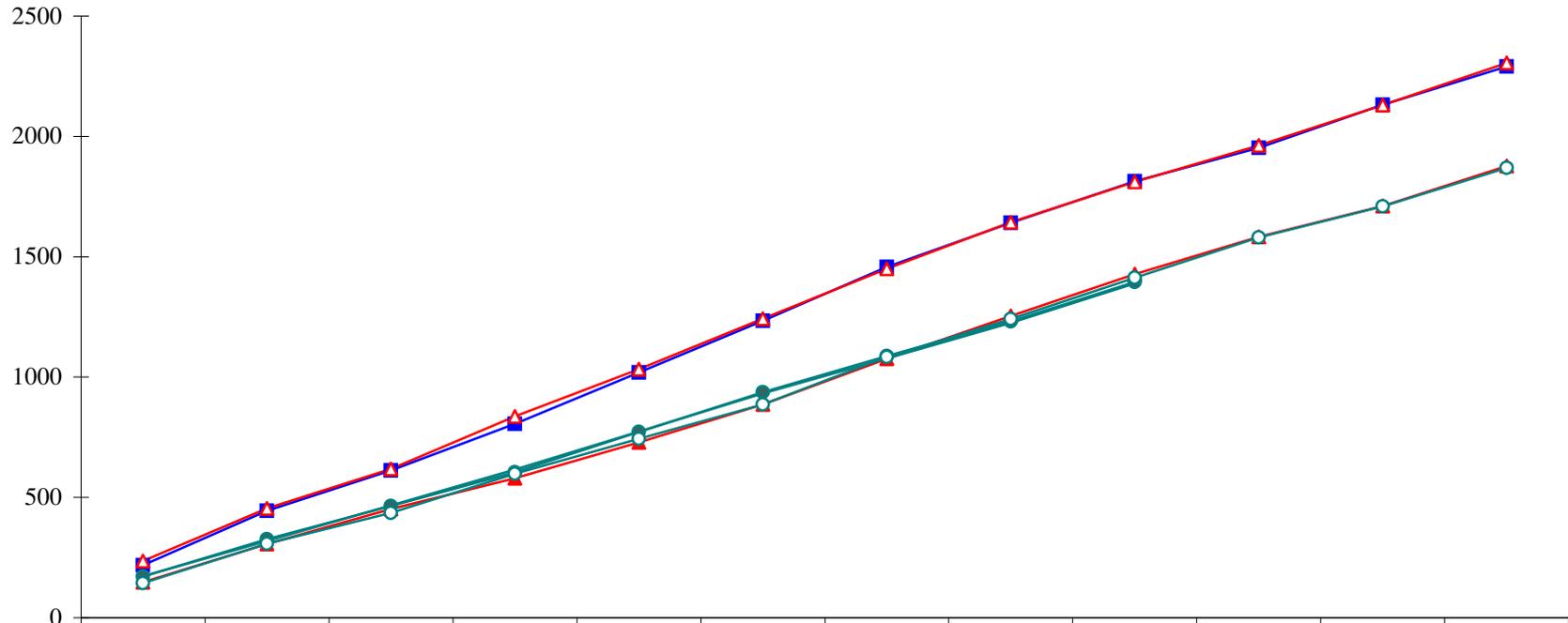
**Admissions & Discharges by Month**



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

**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**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
FY09 Admissions	219	444	612	806	1019	1234	1457	1641	1814	1953	2131	2290
FY10 Admissions	148	306	452	580	729	886	1076	1254	1427	1583	1711	1877
FY11 Admissions	171	326	464	605	772	937	1087	1231	1395			
FY09 Discharges	236	454	618	837	1033	1242	1450	1644	1811	1962	2130	2305
FY10 Discharges	144	308	436	598	743	886	1084	1241	1412	1580	1709	1869
FY11 Discharges	172	319	467	616	773	932	1078	1225	1389			

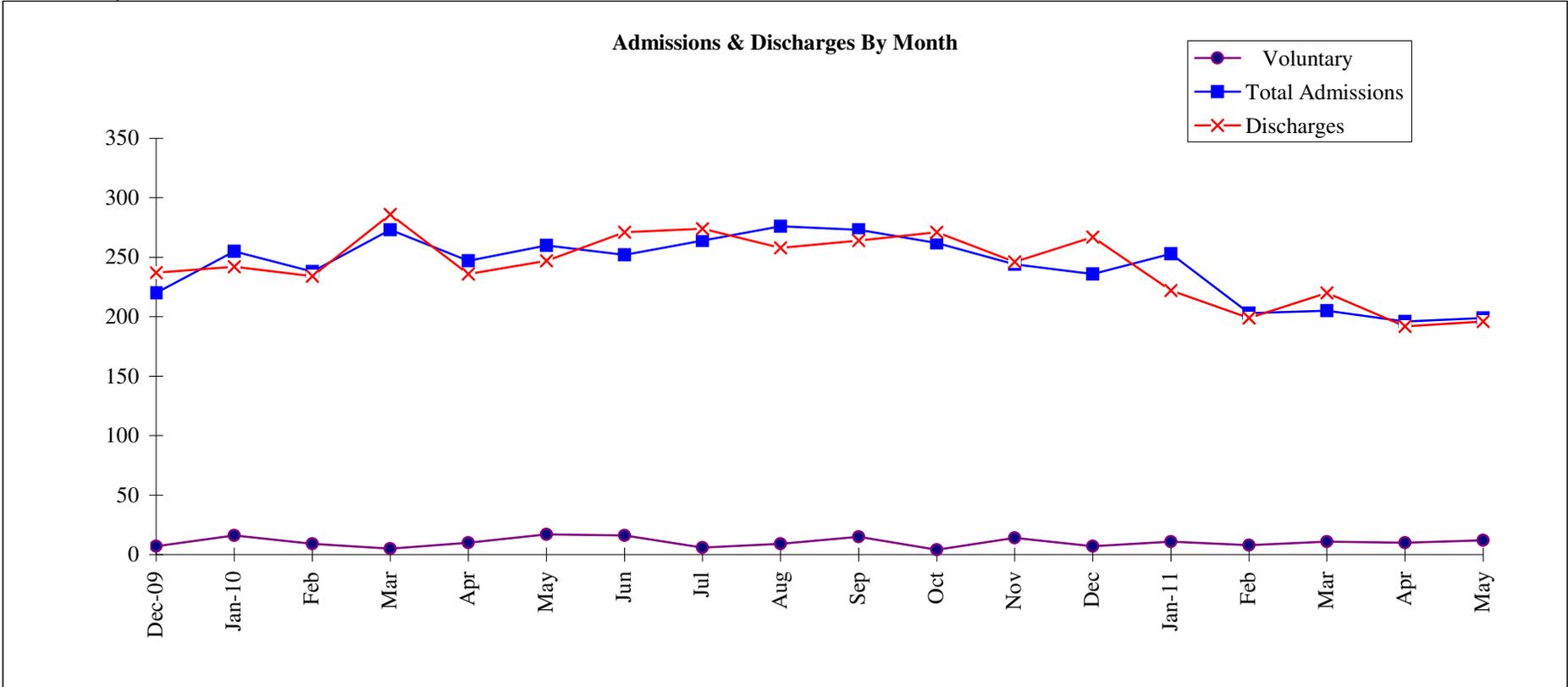
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Terrell State Hospital**

**Admissions by Month**

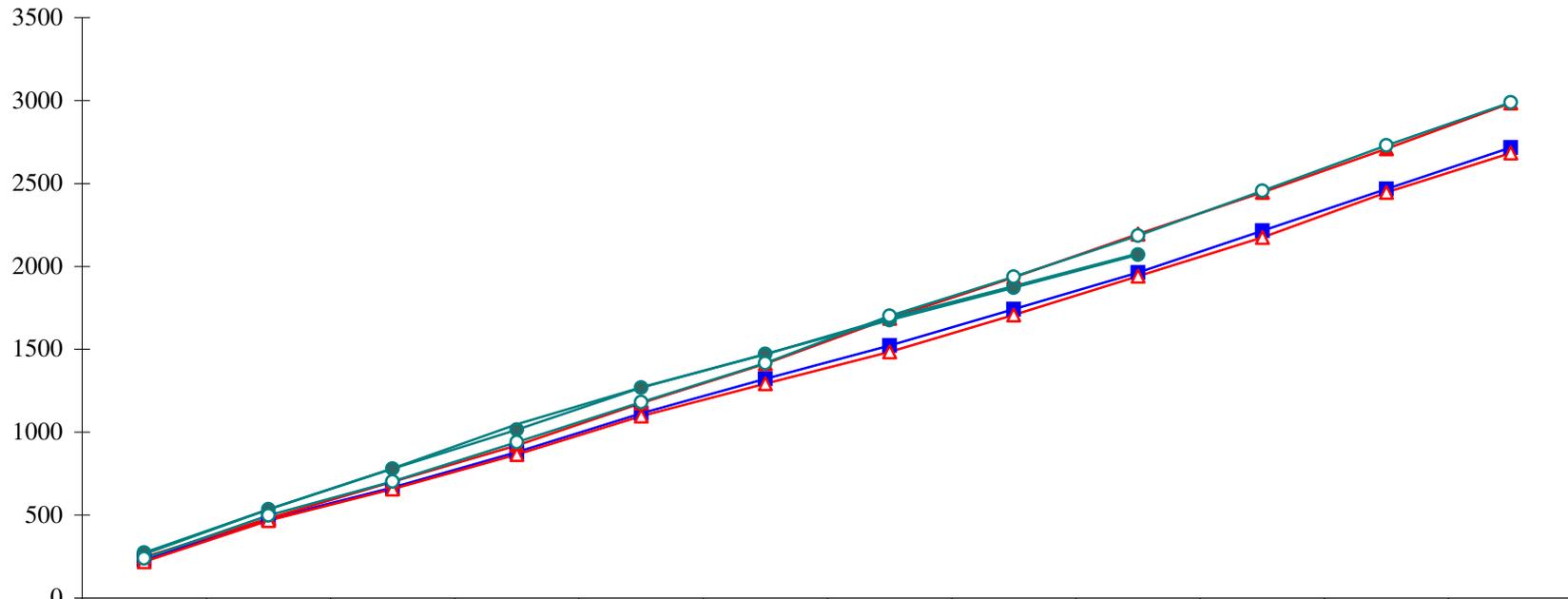
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	220	255	238	273	247	260	252	264	276	273	262	244	236	253	203	205	196	199
Voluntary	7	16	9	5	10	17	16	6	9	15	4	14	7	11	8	11	10	12
Involuntary	213	239	229	268	237	243	236	258	267	258	258	230	229	242	195	194	186	187
OPC	162	187	190	209	197	168	207	193	215	209	199	177	171	190	158	144	145	158
Emergency	10	17	11	13	8	13	8	16	7	11	10	11	6	14	9	5	9	6
Temporary	27	19	13	19	26	35	9	32	27	28	30	20	37	18	16	26	14	9
Extended	1	1	1	1	2	1	2	3	1	1	1	2	3	1	1	2	3	1
Forensic	12	15	14	26	4	26	10	14	17	9	18	20	12	19	11	17	15	13
Order for MR	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	237	242	234	286	236	247	271	274	258	264	271	246	267	222	199	220	192	196
% New to System	40%	47%	51%	43%	45%	49%	50%	41%	43%	45%	48%	46%	45%	43%	49%	45%	43%	47%



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

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

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



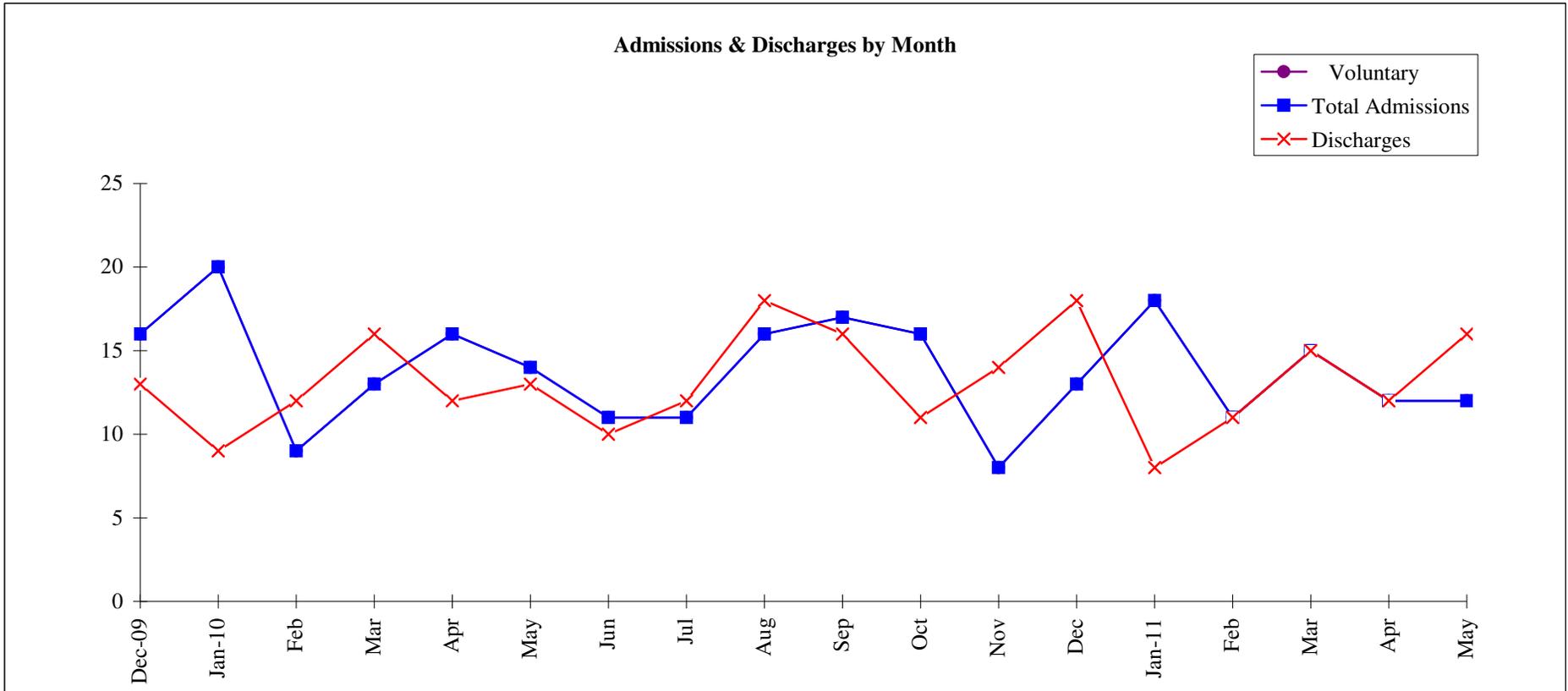
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	231	477	667	880	1114	1321	1522	1741	1963	2215	2467	2717
▲ FY10 Admissions	246	481	701	921	1176	1414	1687	1934	2194	2446	2710	2986
● FY11 Admissions	273	535	779	1015	1268	1471	1676	1872	2071			
▲ FY09 Discharges	220	467	657	865	1098	1292	1485	1708	1940	2174	2446	2683
○ FY10 Discharges	239	498	703	940	1182	1416	1702	1938	2185	2456	2730	2988
● FY11 Discharges	264	535	781	1048	1270	1469	1689	1881	2077			

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

**Waco Center for Youth**

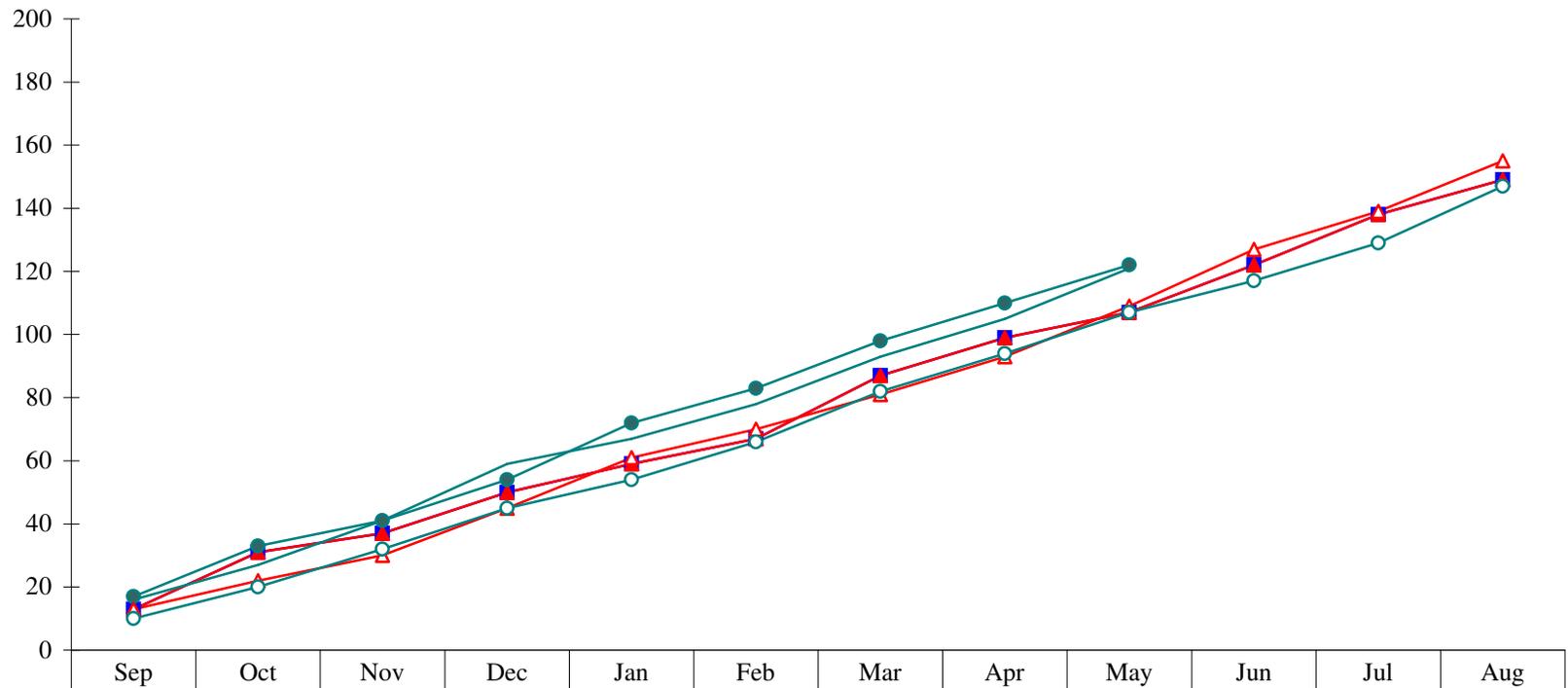
**Admissions by Month**

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Admissions	16	20	9	13	16	14	11	11	16	17	16	8	13	18	11	15	12	12
Voluntary	16	20	9	13	16	14	11	11	16	17	16	8	13	18	11	15	12	12
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	13	9	12	16	12	13	10	12	18	16	11	14	18	8	11	15	12	16
% New to System	69%	60%	44%	38%	81%	50%	73%	64%	38%	59%	44%	50%	54%	61%	36%	60%	58%	50%



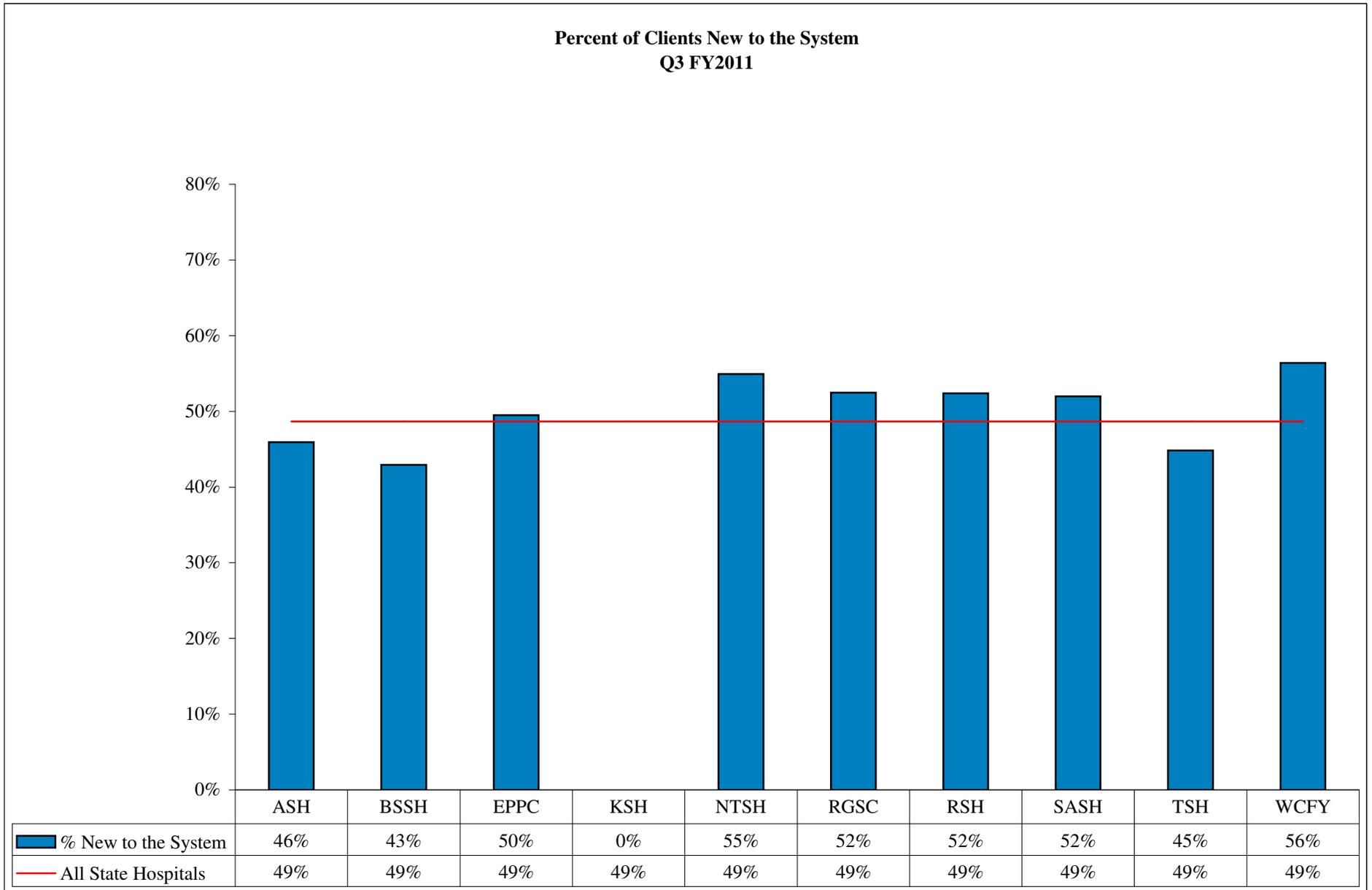
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**Waco Center for Youth**  
**FYTD Admissions & Discharges**

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



■ FY09 Admissions	13	31	37	50	59	67	87	99	107	122	138	149
▲ FY09 Admissions	13	31	37	50	59	67	87	99	107	122	138	149
● FY11 Admissions	17	33	41	54	72	83	98	110	122			
▲ FY09 Discharges	13	22	30	45	61	70	81	93	109	127	139	155
○ FY10 Discharges	10	20	32	45	54	66	82	94	107	117	129	147
— FY11 Discharges	16	27	41	59	67	78	93	105	121			

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



**Performance Measure 5B:**

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

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

**Performance Measure Formula:**

Rate = (N/D) x 100

N = # persons discharged during time frame

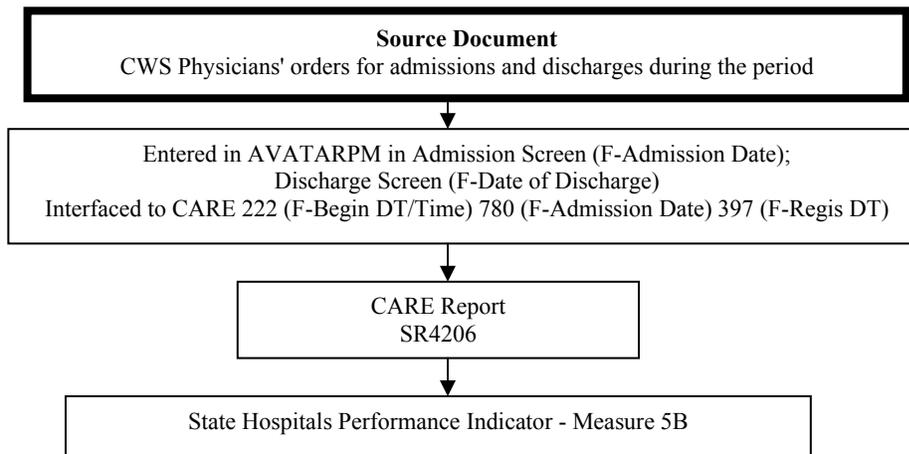
D = total persons discharged during the quarter

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

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

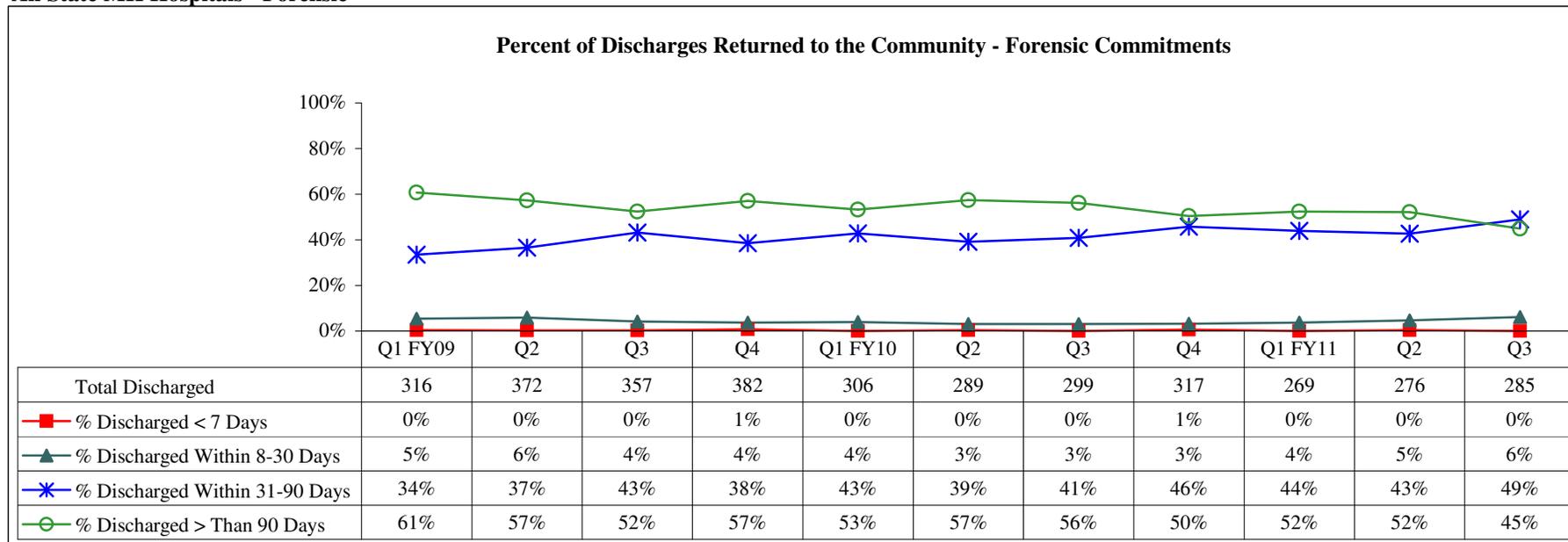
- ◆ Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- ◆ Table shows total discharges for the quarter for individual state hospitals and system-wide.

**Data Flow:**



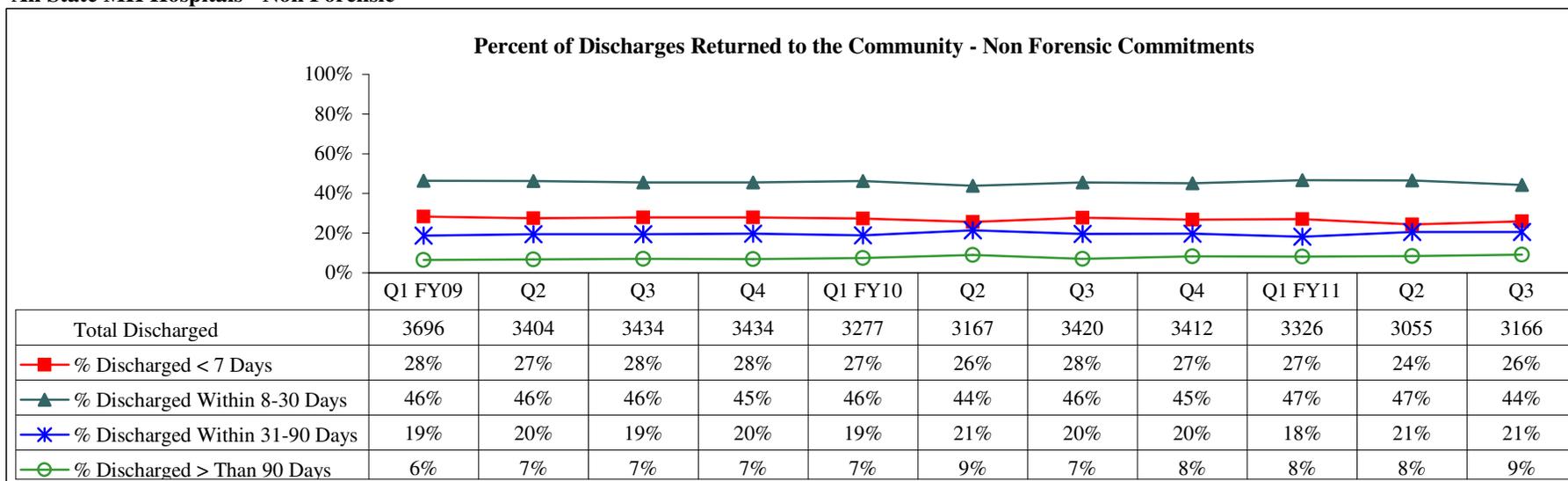
**Measure 5B - Percent of Discharges Returned to the Community**

**All State MH Hospitals - Forensic**



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

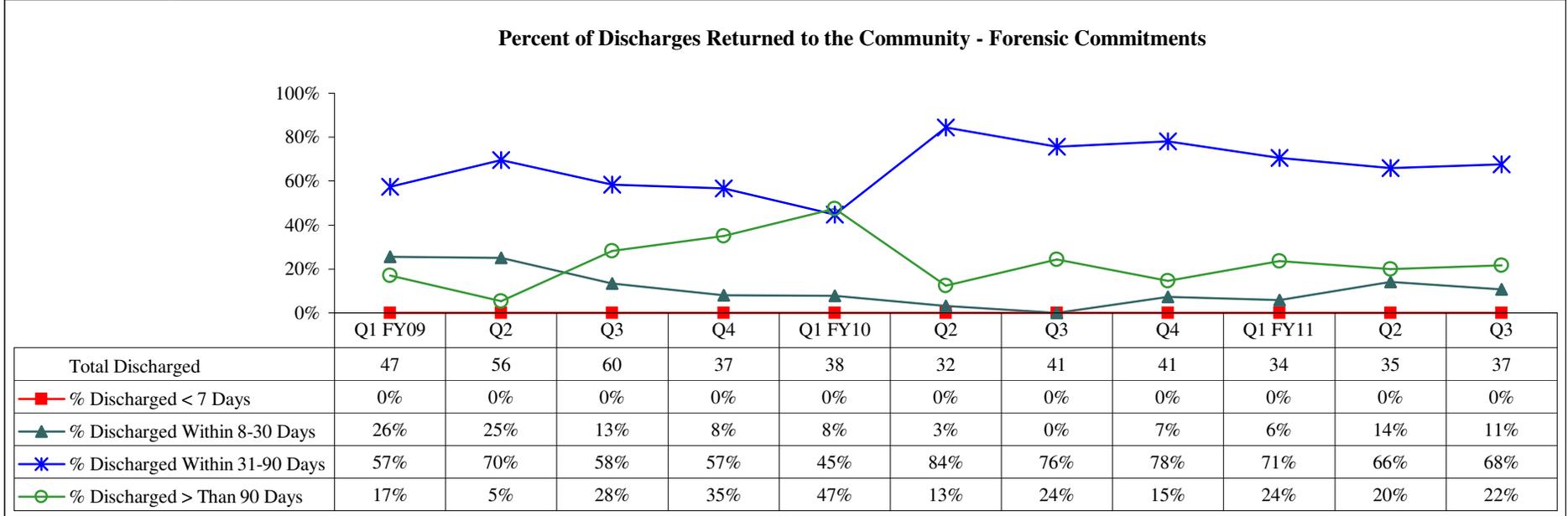
**All State MH Hospitals - Non Forensic**



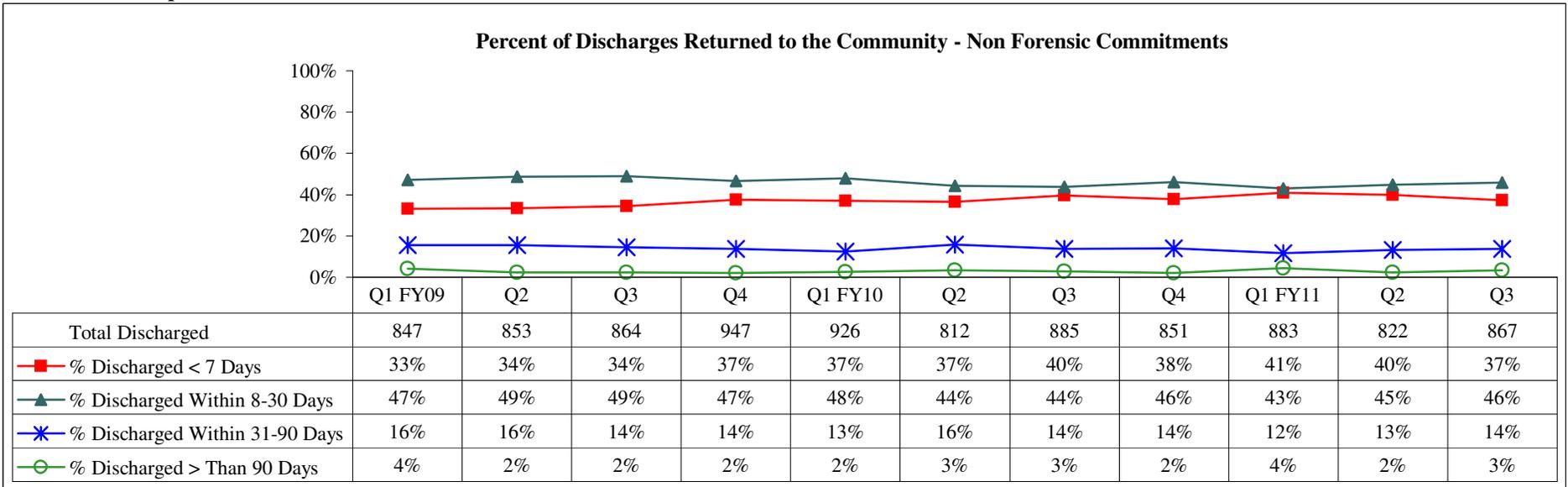
Total Discharges do not include transfers or DMAs

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

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

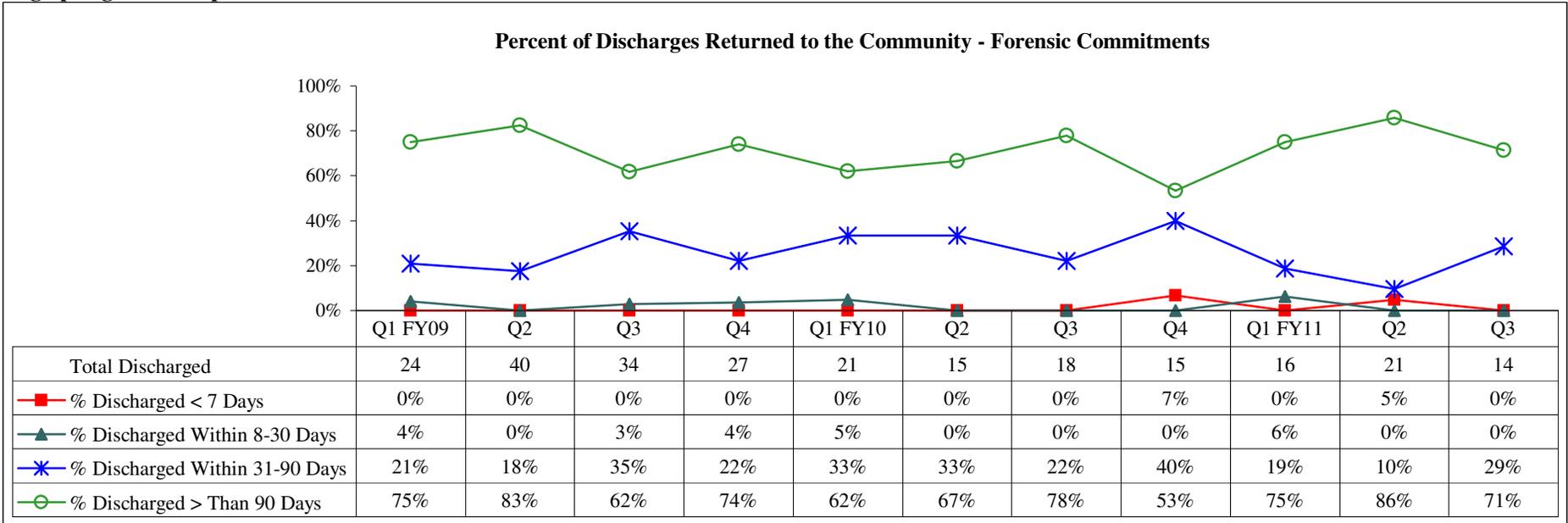


**Measure 5B - Percent of Discharges Returned to the Community**  
**Austin State Hospital - Non Forensic**

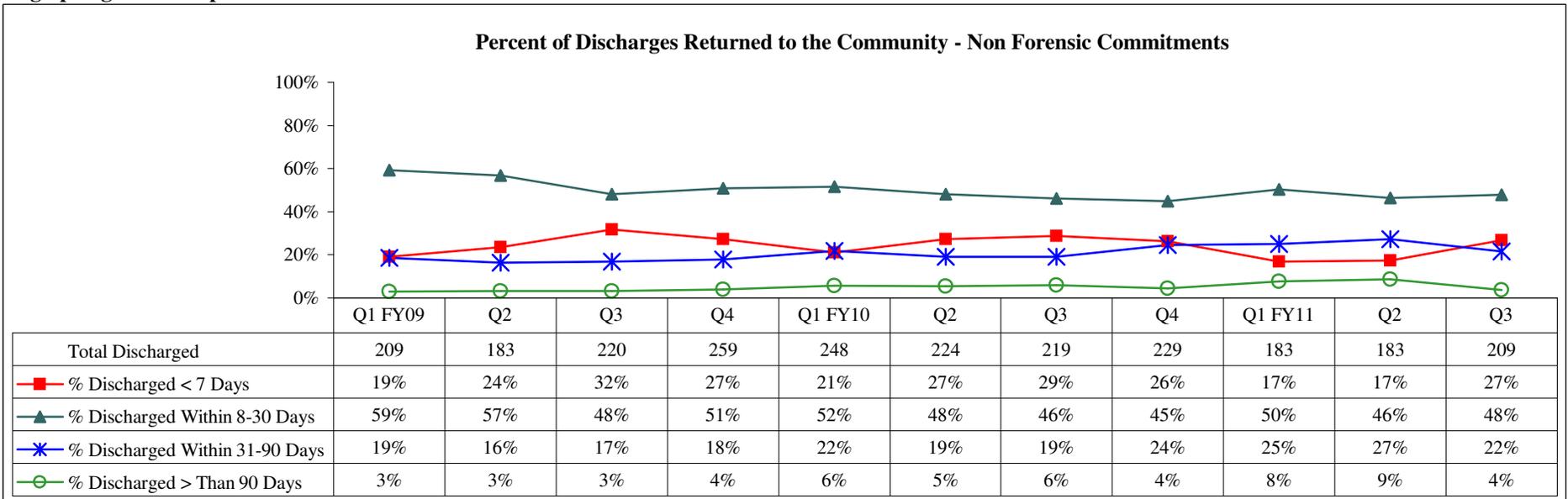


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



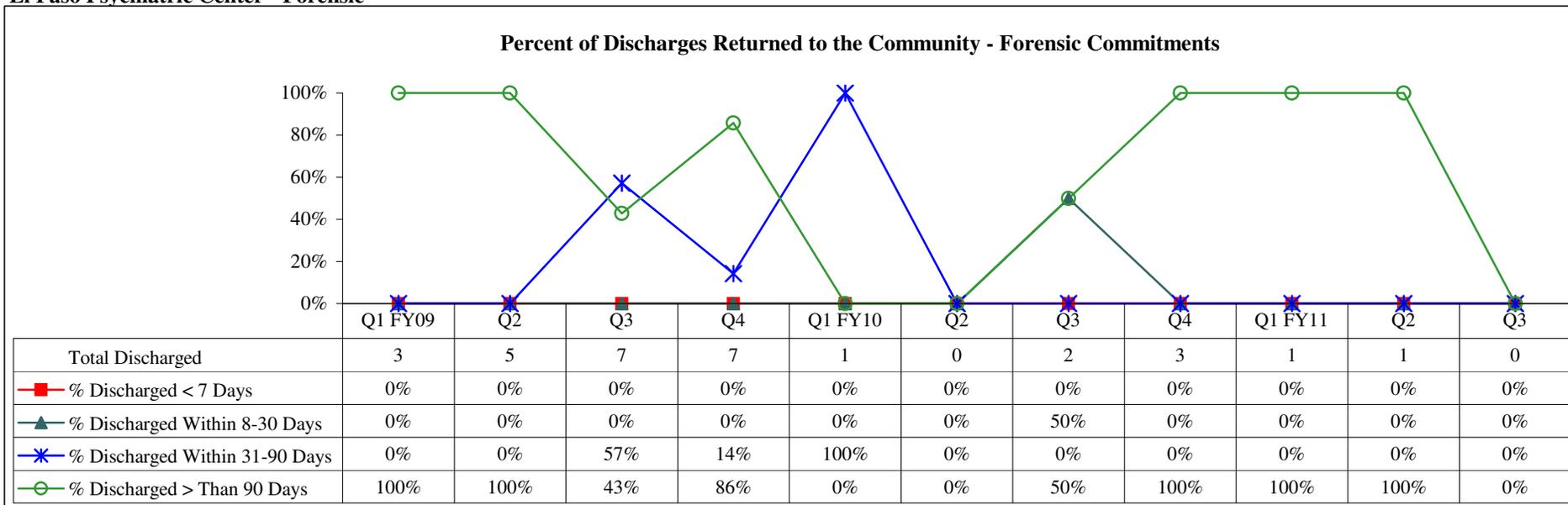
**Measure 5B - Percent of Discharges Returned to the Community**  
**Big Spring State Hospital - Non Forensic**



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

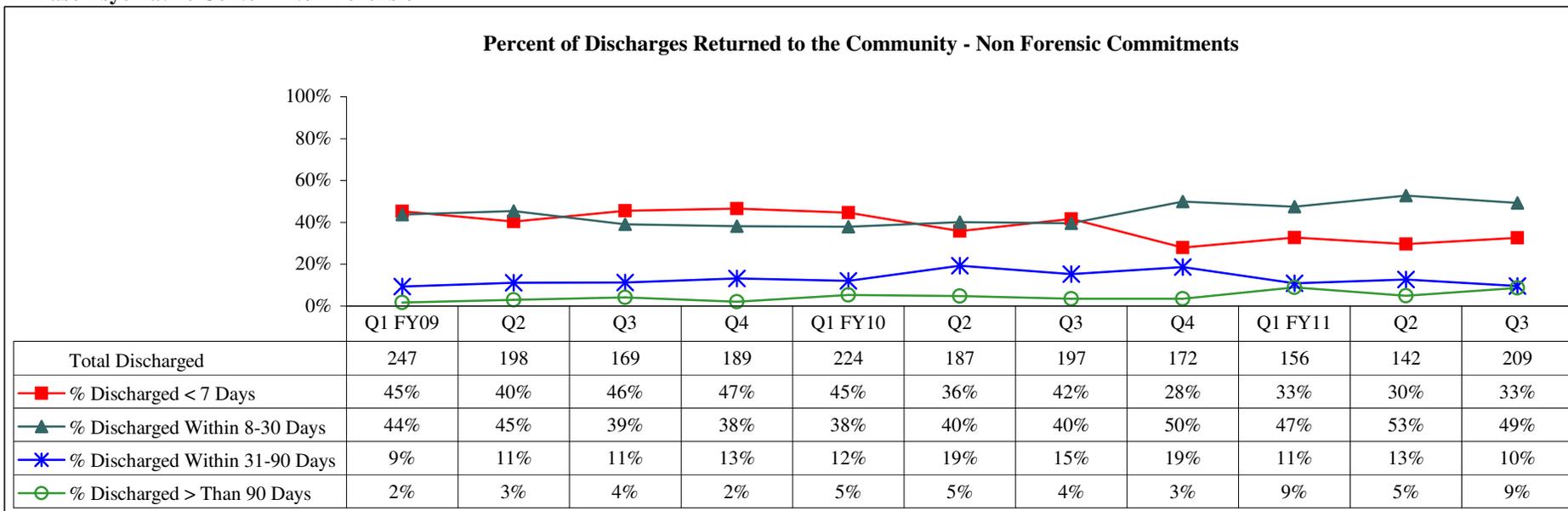
**Measure 5B - Percent of Discharges Returned to the Community**

**El Paso Psychiatric Center - Forensic**



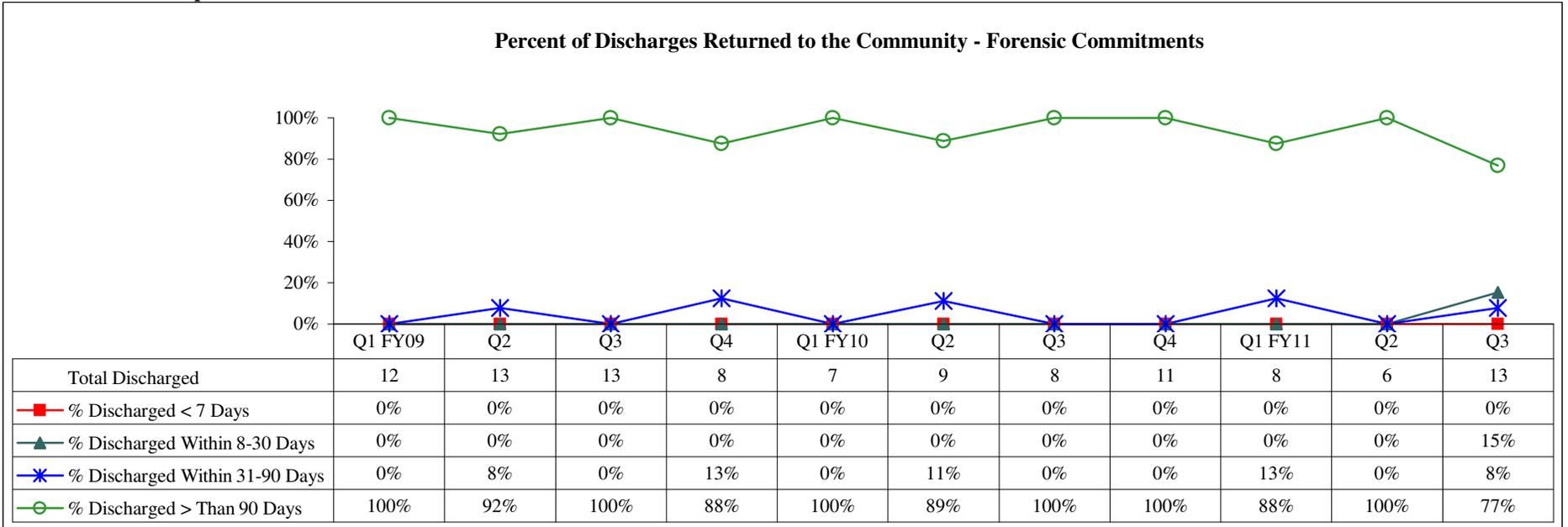
**Measure 5B - Percent of Discharges Returned to the Community**

**El Paso Psychiatric Center - Non Forensic**

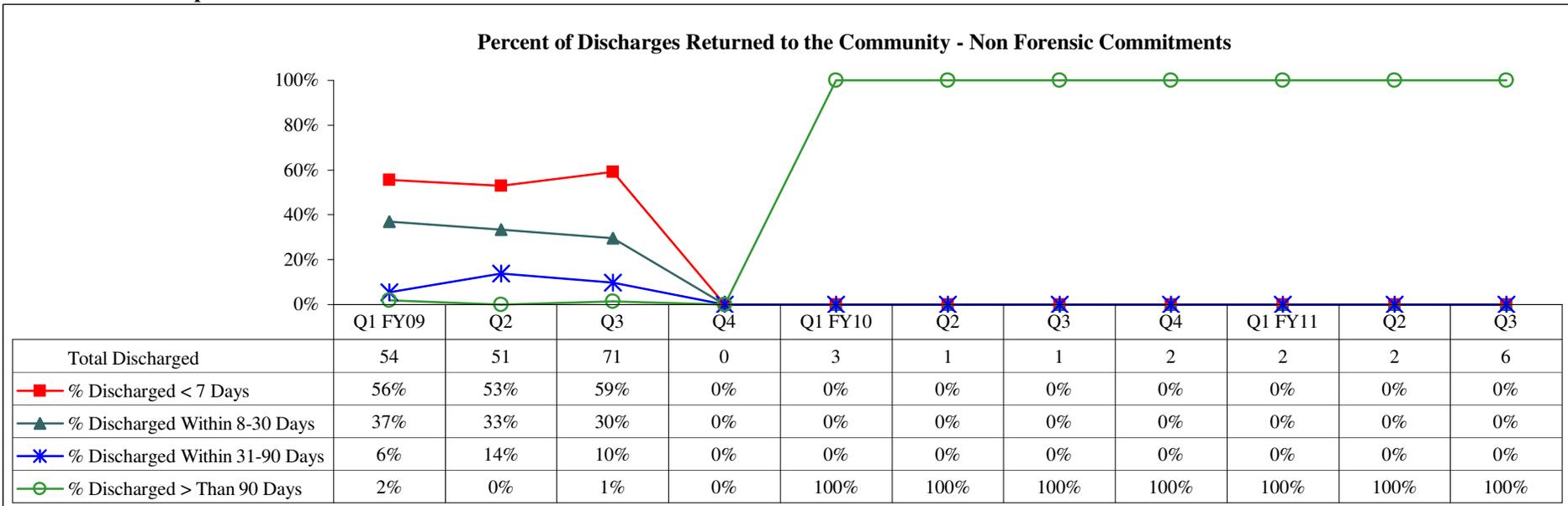


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

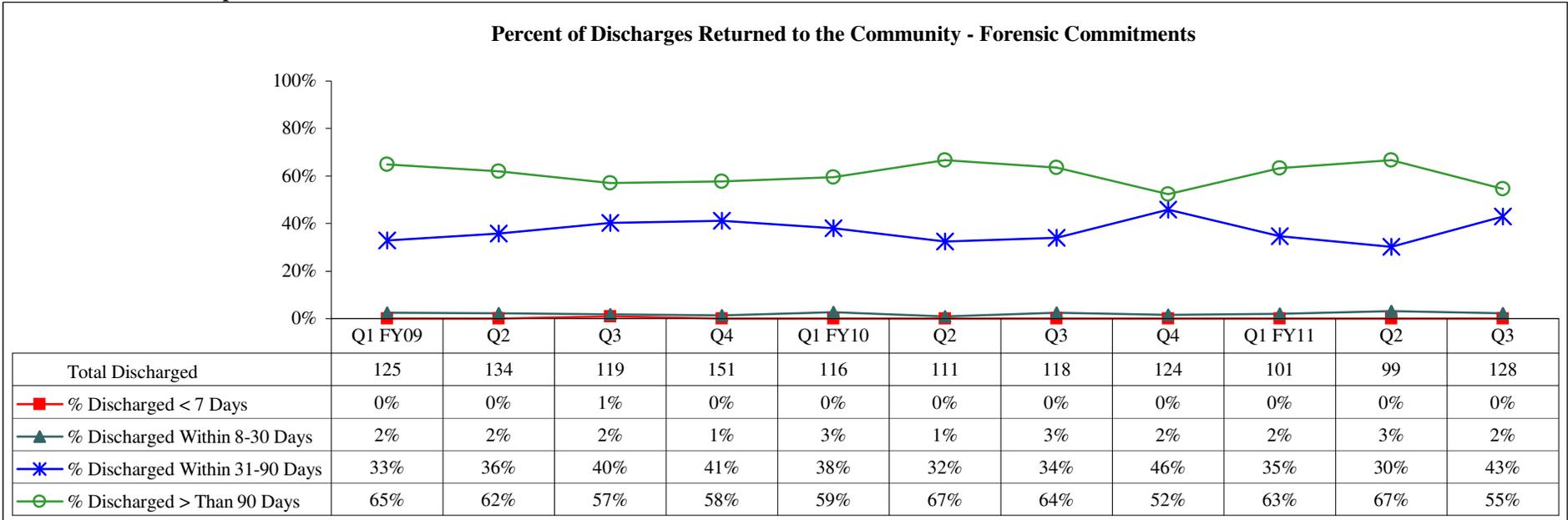


**Measure 5B - Percent of Discharges Returned to the Community**  
**Kerrville State Hospital - Non Forensic**

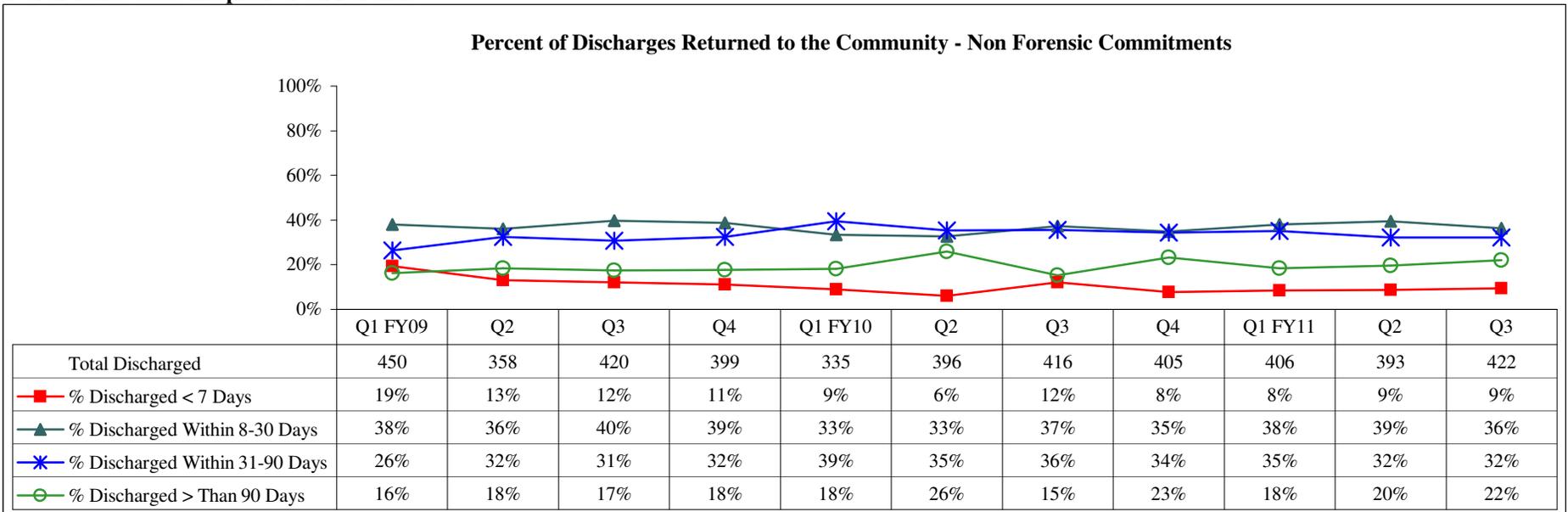


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

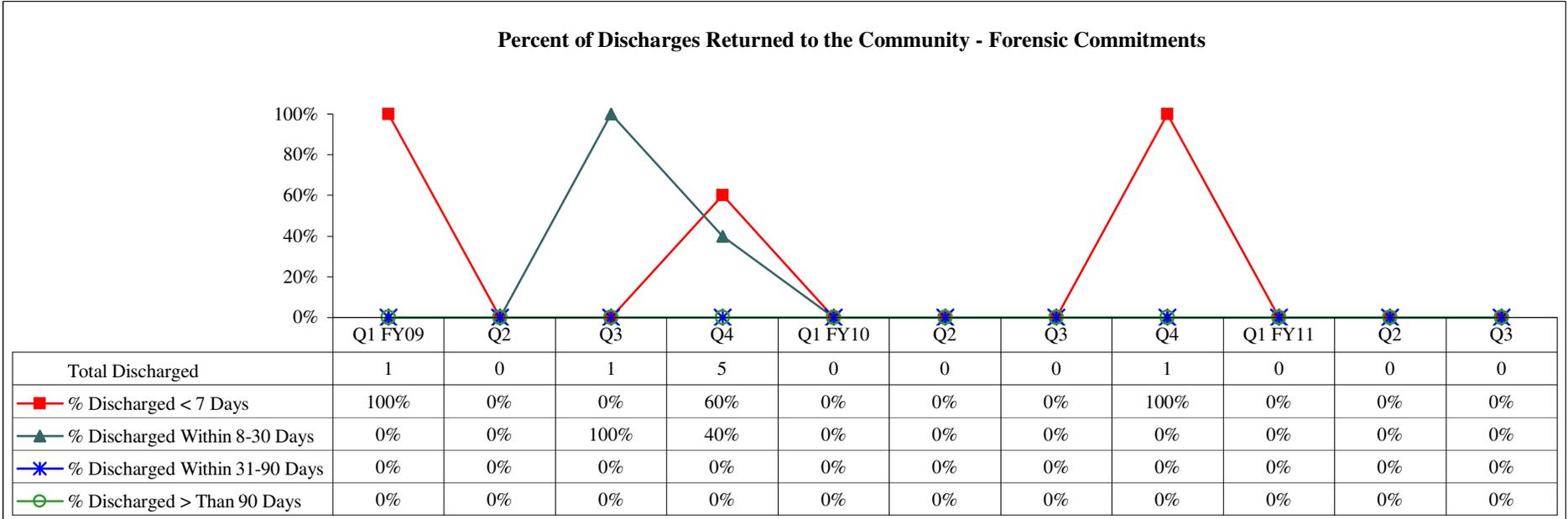


**Measure 5B - Percent of Discharges Returned to the Community**  
**North Texas State Hospital - Non Forensic**

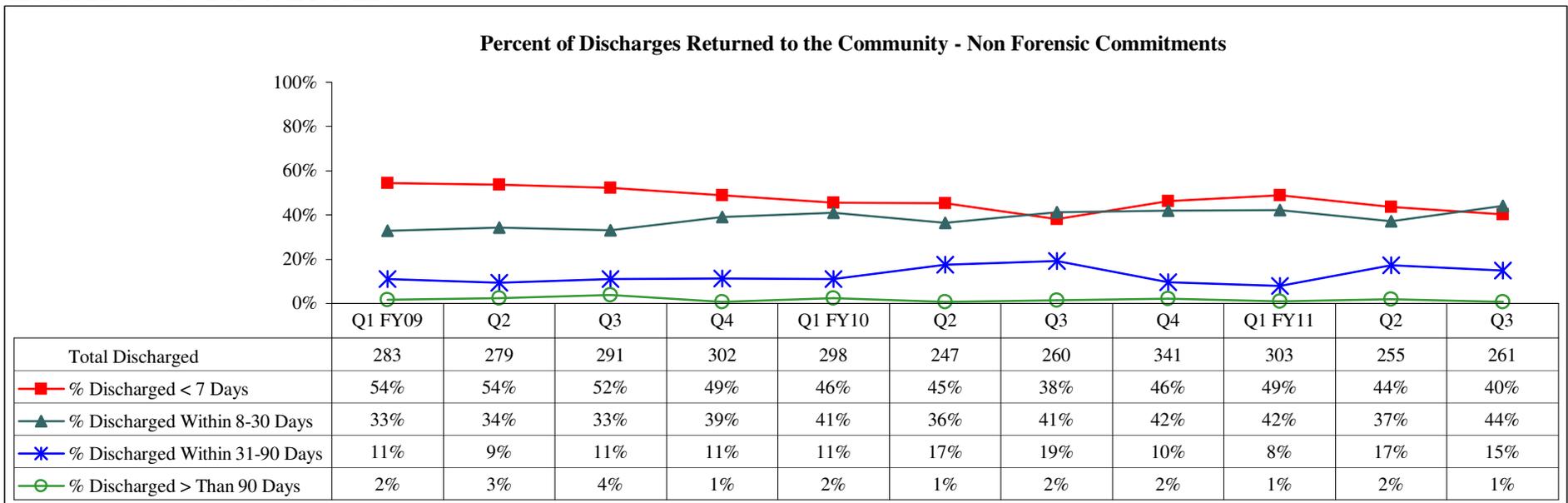


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



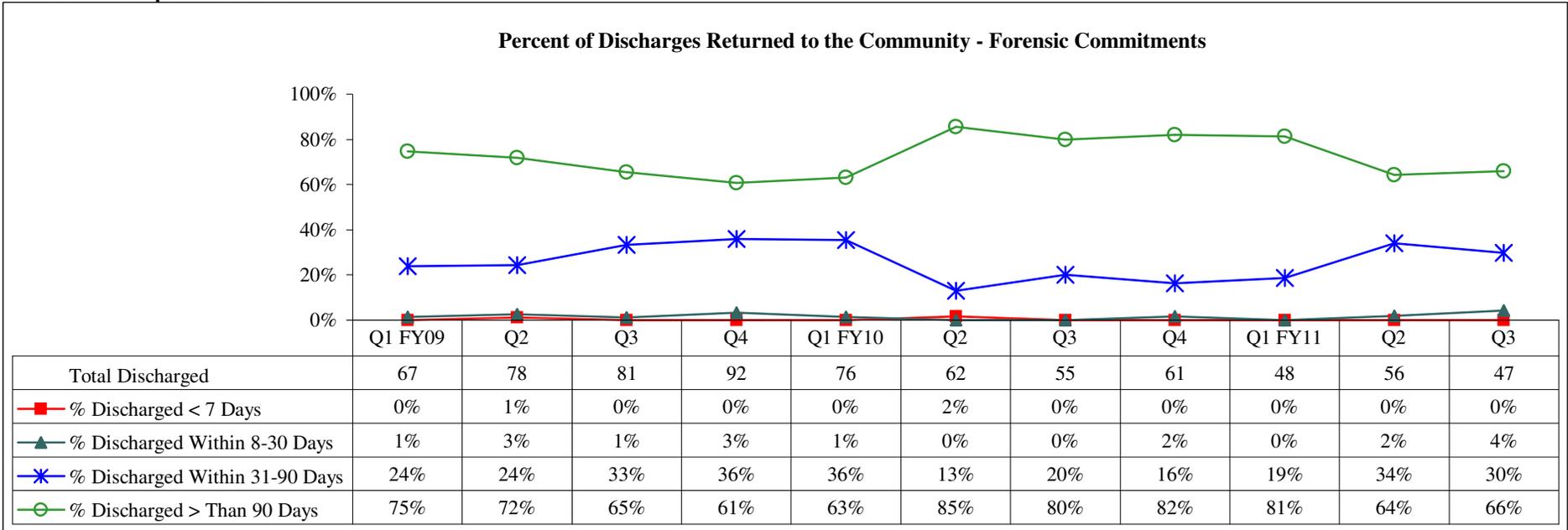
**Measure 5B - Percent of Discharges Returned to the Community**  
**Rio Grande State Center - Non Forensic**



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

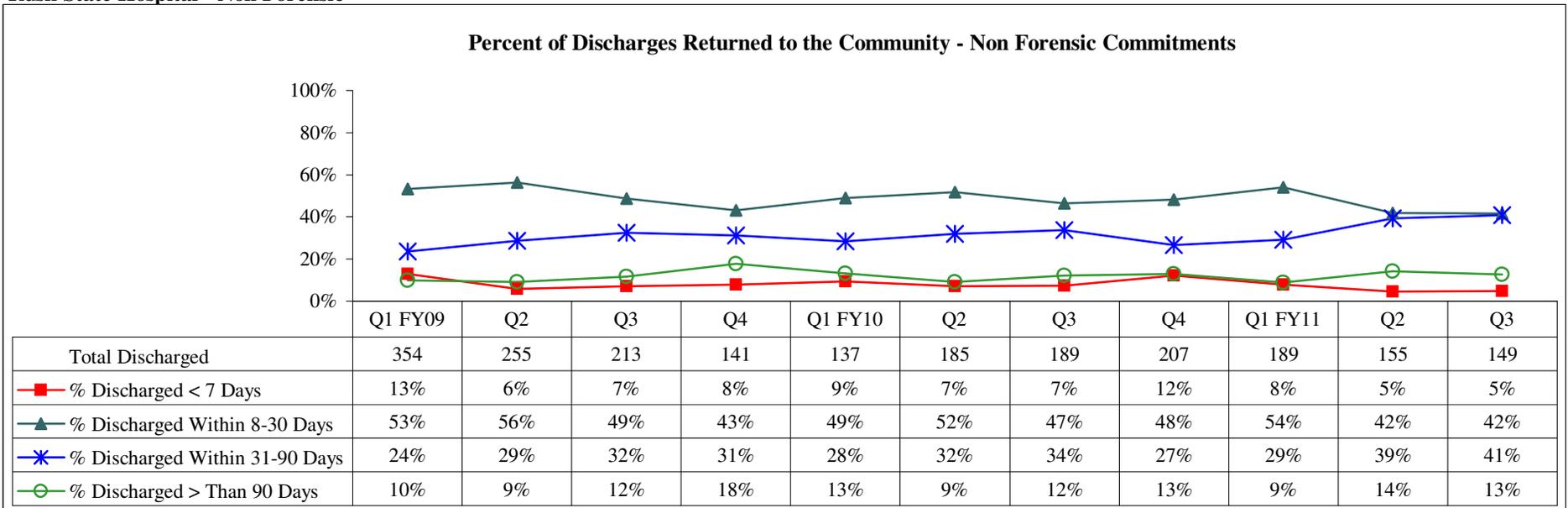
**Measure 5B - Percent of Discharges Returned to the Community**

**Rusk State Hospital - Forensic**



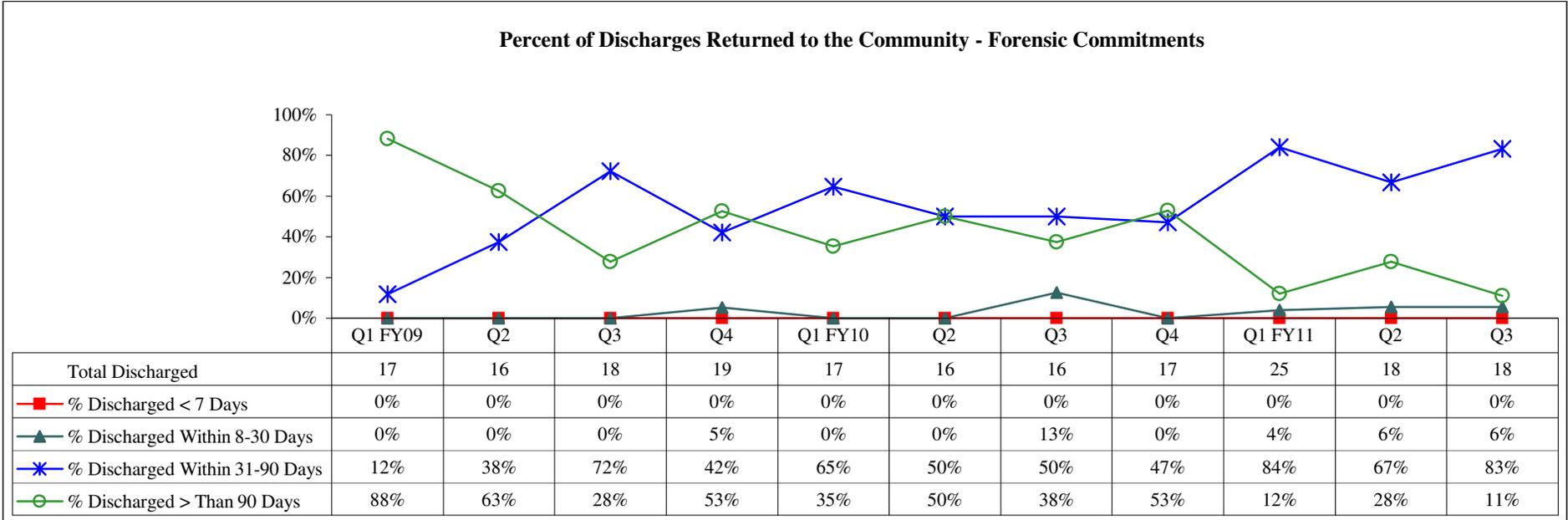
**Measure 5B - Percent of Discharges Returned to the Community**

**Rusk State Hospital - Non Forensic**

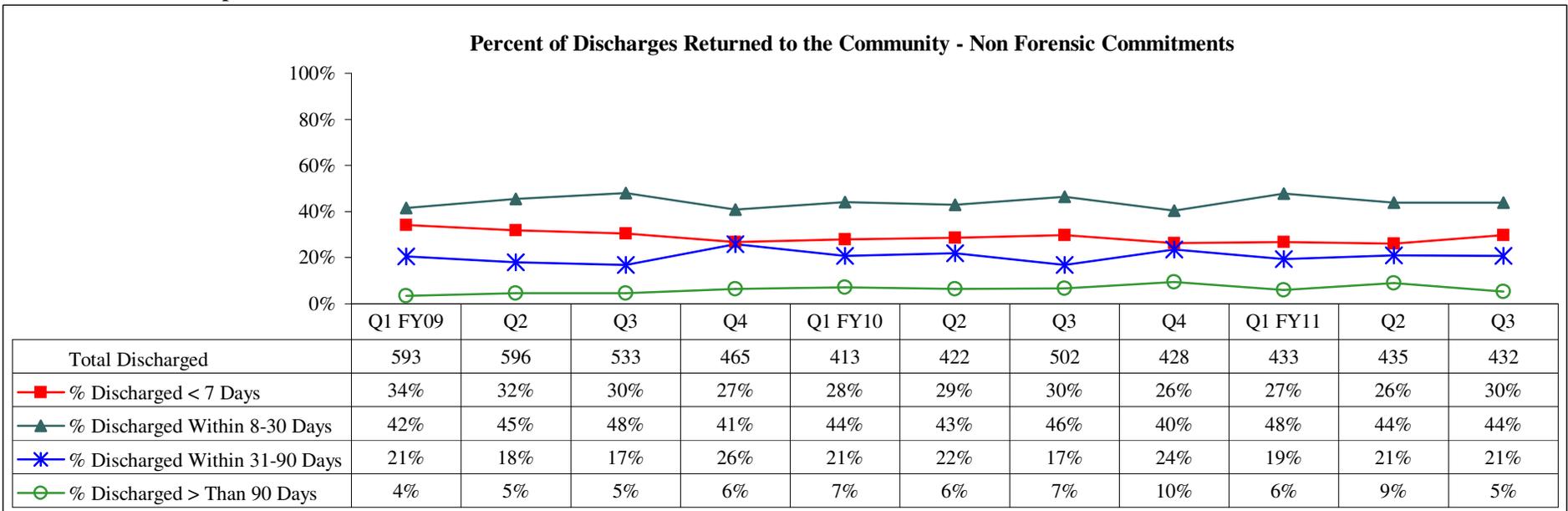


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

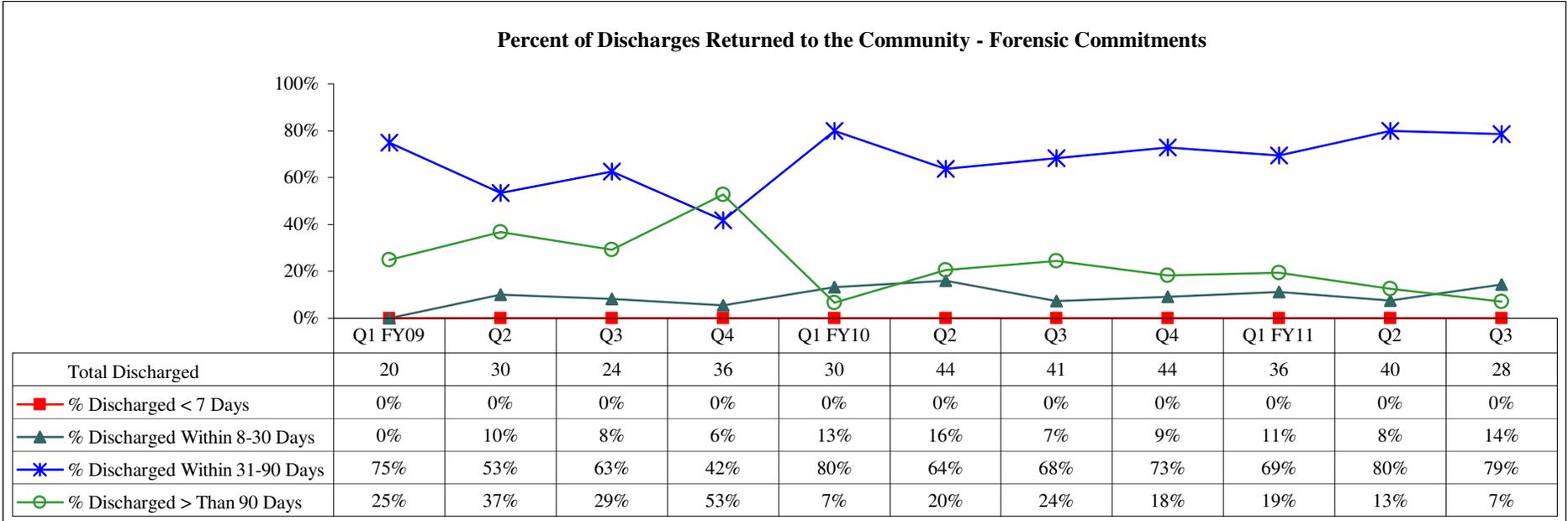


**Measure 5B - Percent of Discharges Returned to the Community**  
**San Antonio State Hospital - Non Forensic**

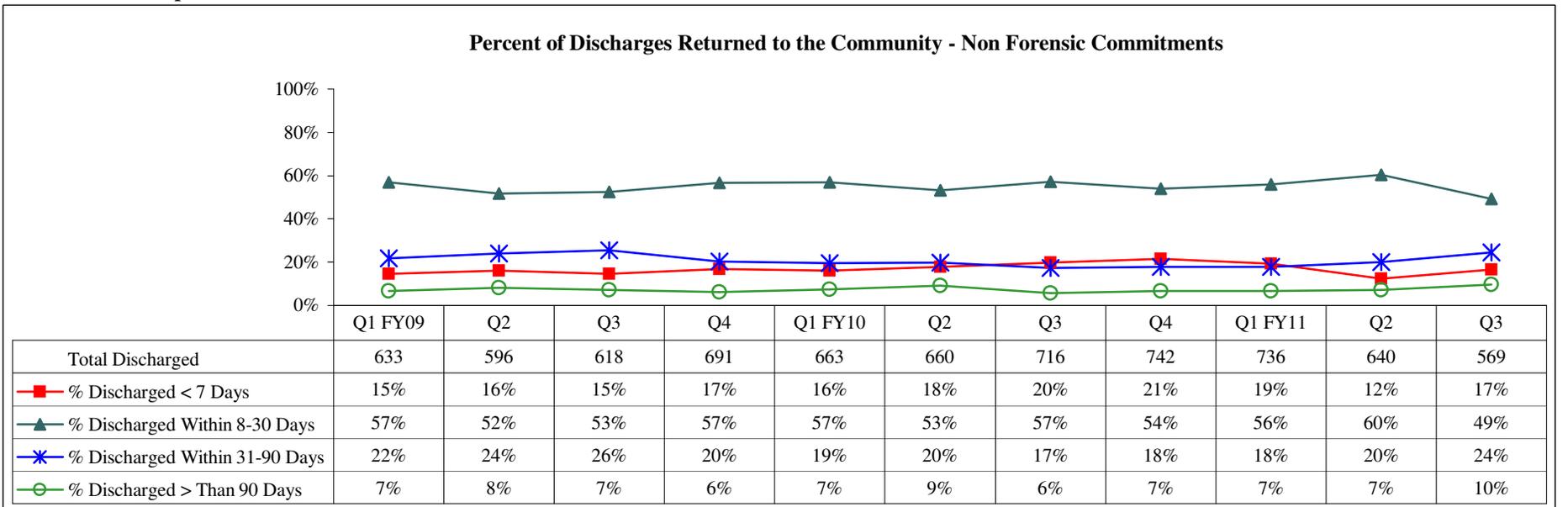


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

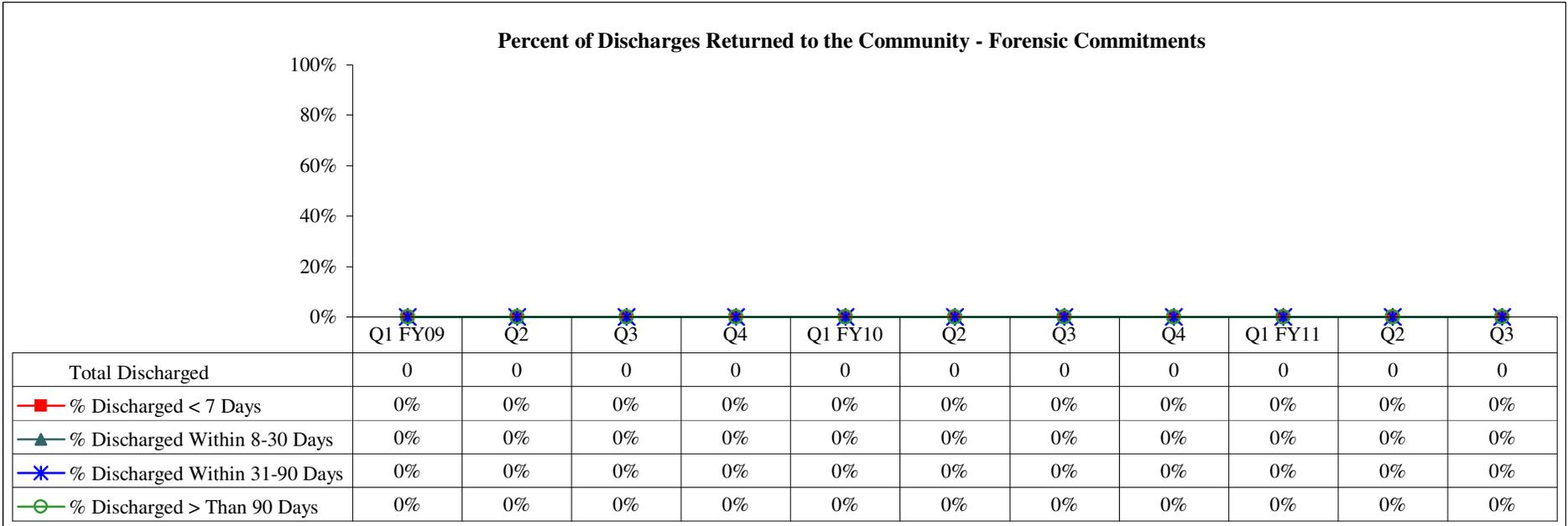


**Measure 5B - Percent of Discharges Returned to the Community**  
**Terrell State Hospital - Non Forensic**

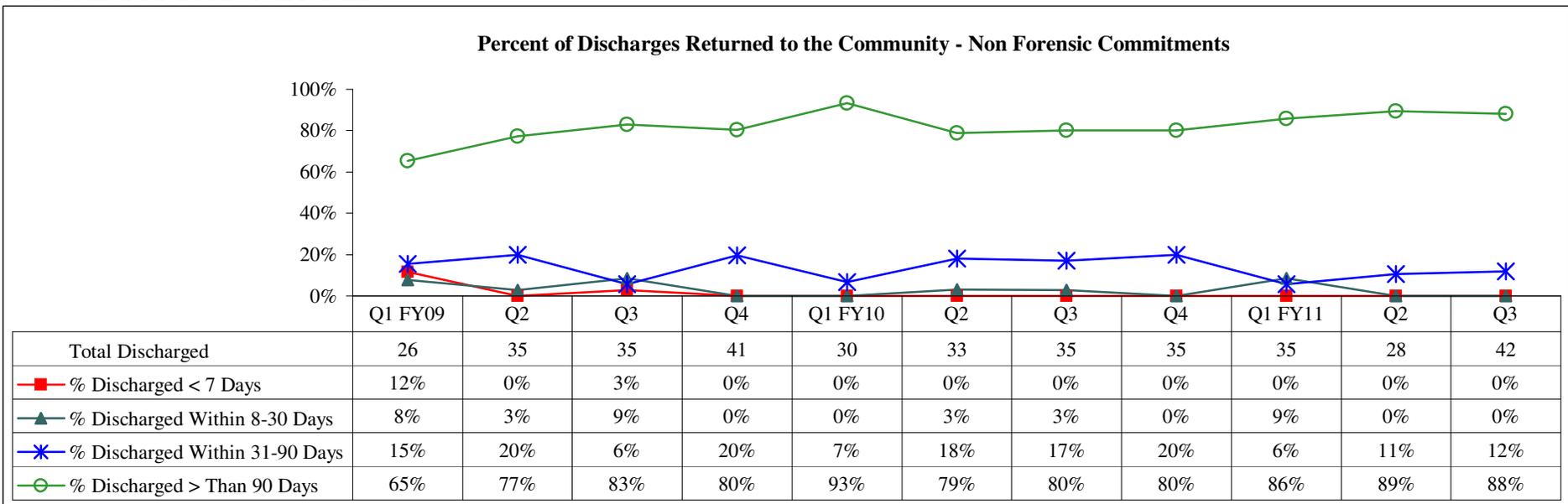


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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



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

**Performance Measure 5C:**

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

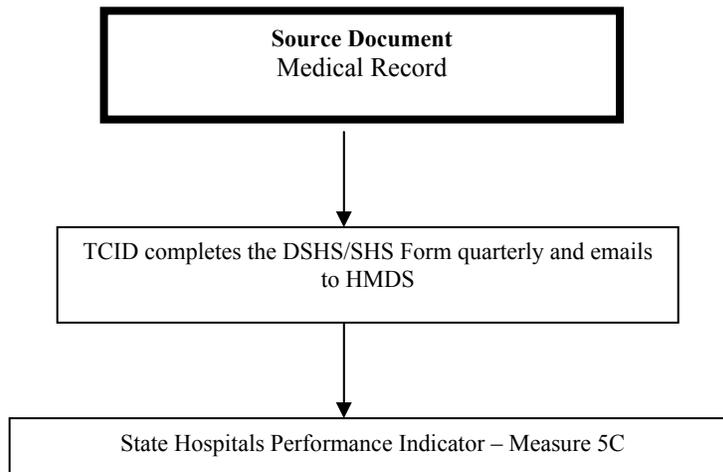
**Performance Measure Operational Definition:** Data reported by TCID.

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

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

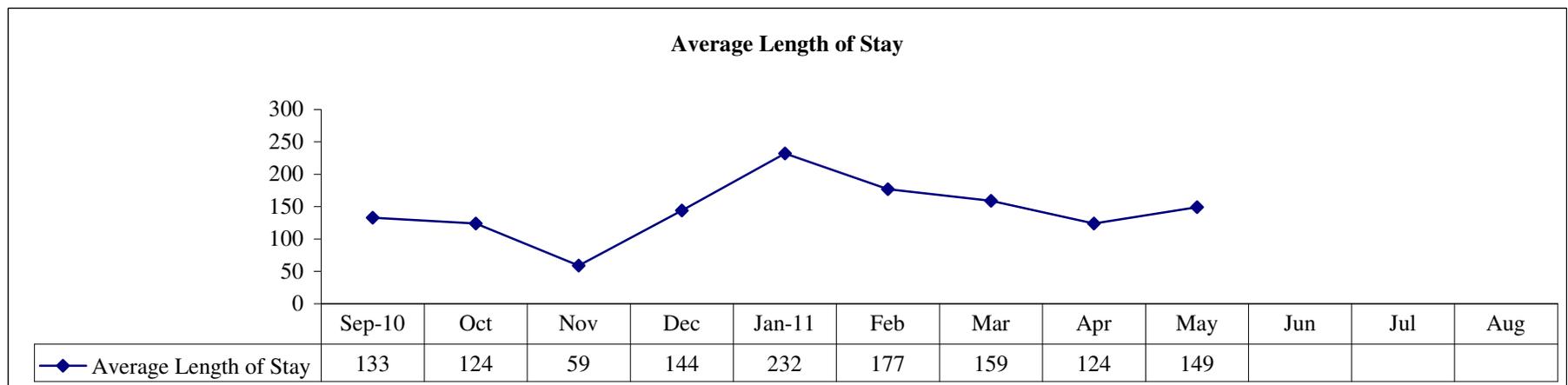
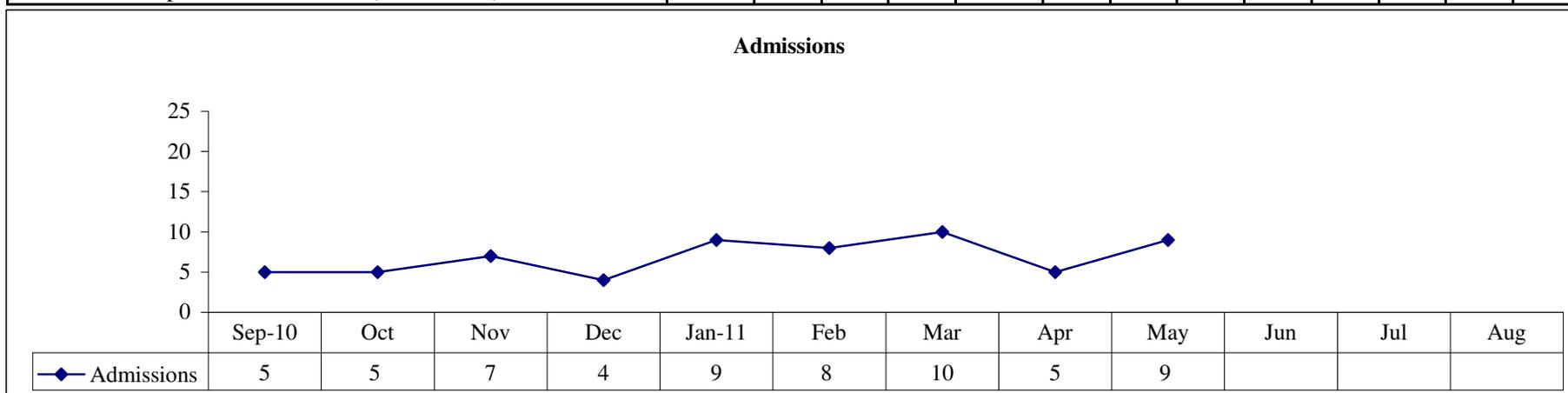
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

**Data Flow:**



**Measure 5C - Admissions and Average Length of Stay**  
**TCID - FY11**

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	5	5	7	4	9	8	10	5	9				62
Average Length of Stay	133	124	59	144	232	177	159	124	149				145
Number of Patients Admitted for Inpatient Care & Treatment	5	5	7	4	9	8	10	5	9				62
Tuberculoses	4	5	7	4	9	8	9	5	8				59
Multi-drug related tuberculoses	1	0	0	0	0	0	1	0	1				3
Extensively drug related tuberculosis	0	0	0	0	0	0	0	0	0				0
Number of Outpatient Admissions (Encounters)	15	24	10	24	15	9	1	0	1				99



**Performance Measure 5D:**

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

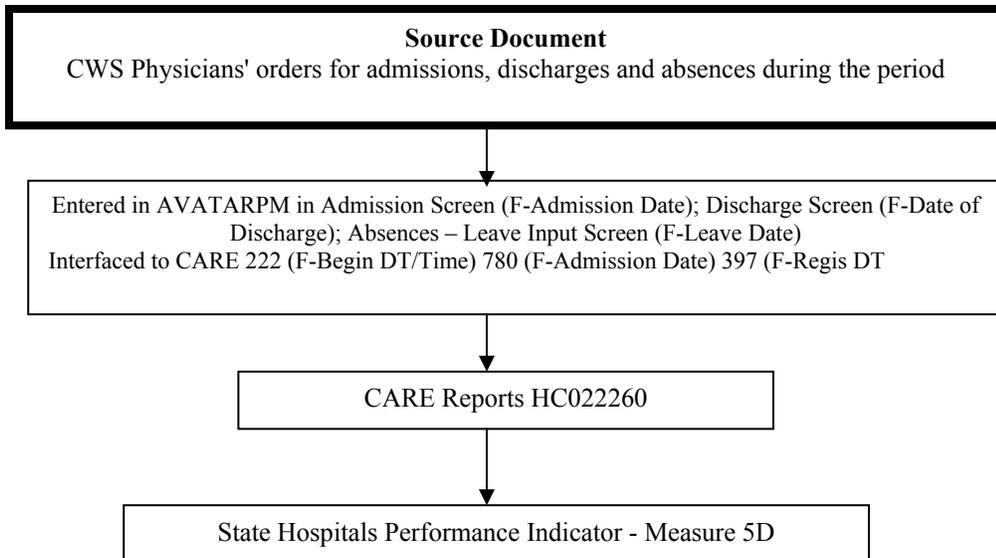
**Performance Measure Operational Definition:** The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

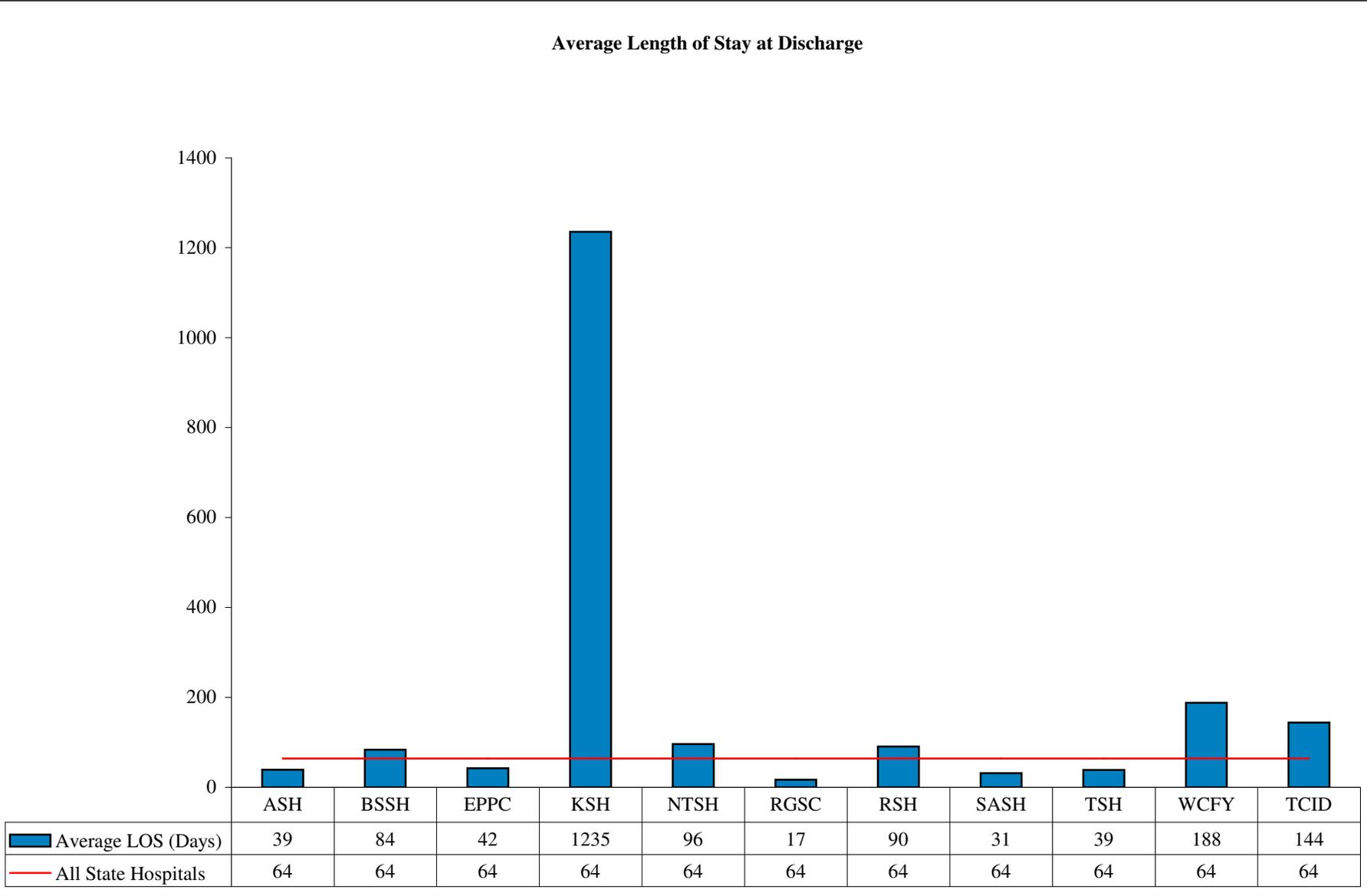
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**



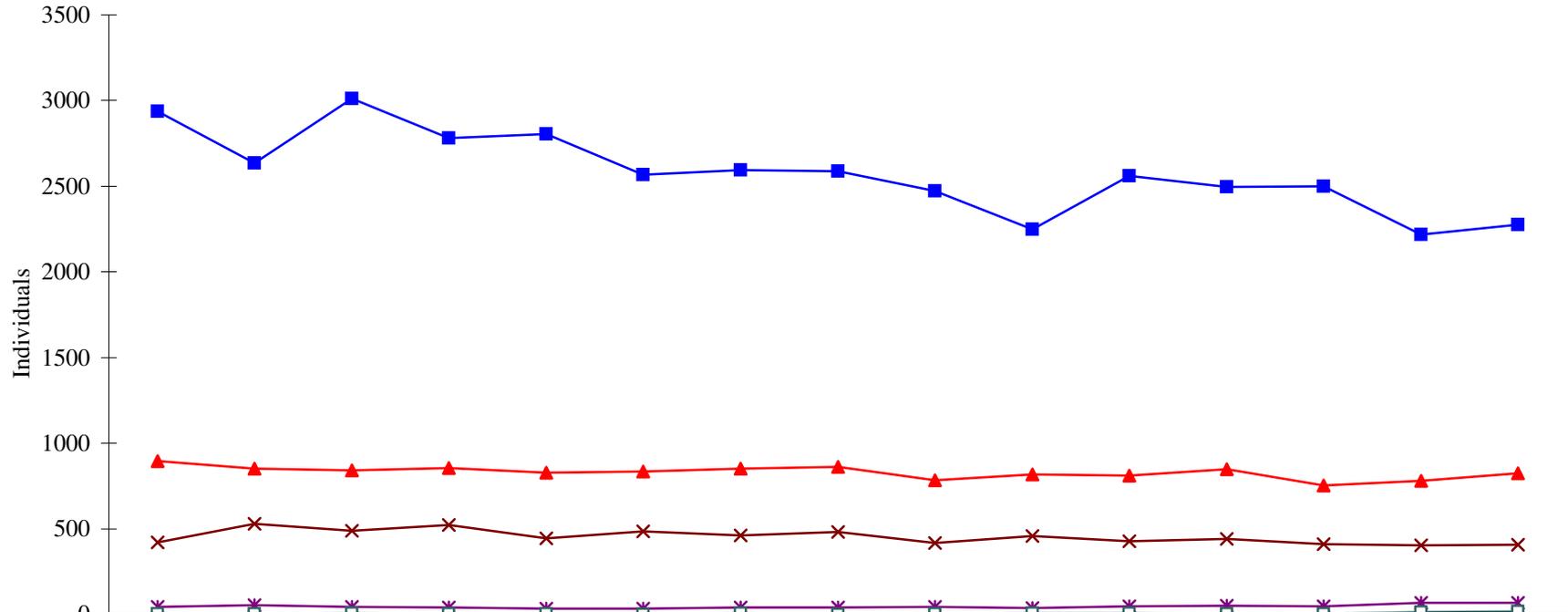
**Measure 5D - Average Length of Stay at Discharge  
All State Hospitals**



TCID - not included in All State Hospitals Average

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

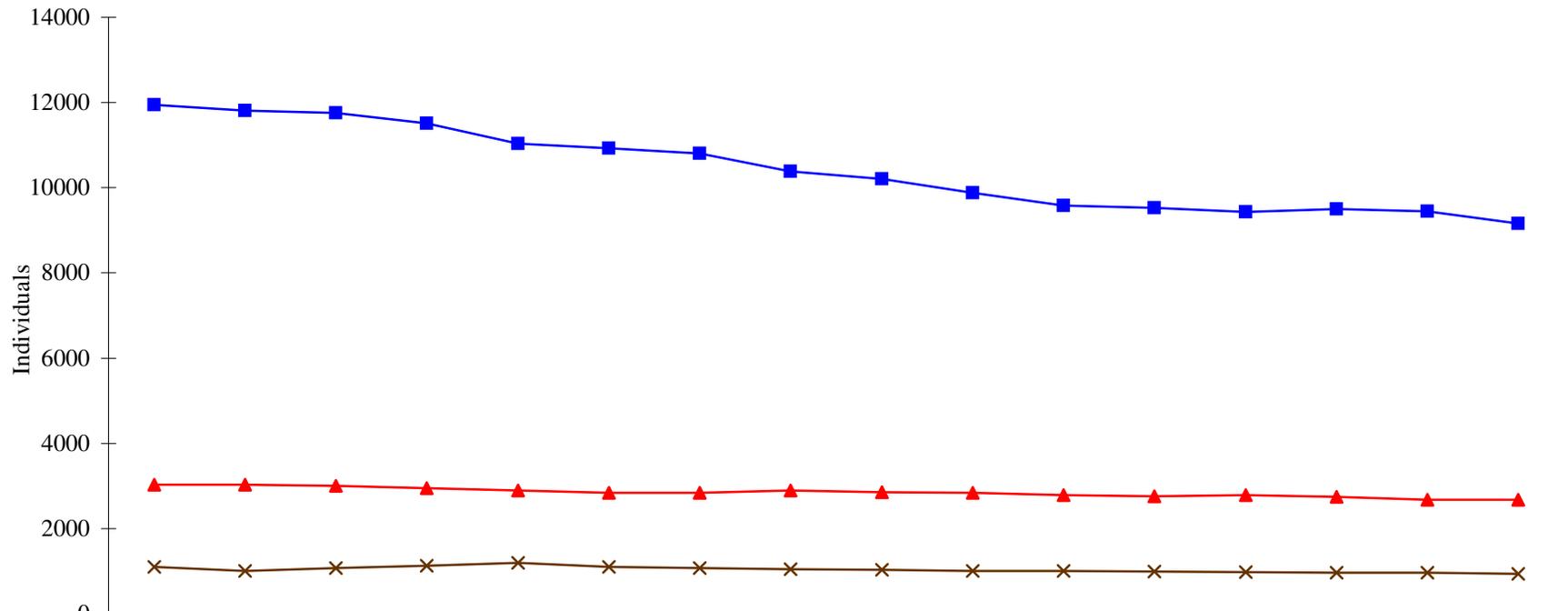
**Average Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	45	49	48	47	45	45	48	47	52	54	50	50	48	65	64
■ 30 Days or Less	2937	2635	3012	2780	2805	2569	2596	2588	2472	2249	2559	2496	2500	2218	2275
▲ 31 - 90 Days	894	851	840	854	829	834	851	863	783	816	809	849	752	779	825
✕ 91 - 365 Days	422	529	490	522	443	485	461	482	418	459	427	441	410	404	407
✱ 1 - 5 Years	44	53	44	41	35	35	42	41	43	37	49	52	48	69	68
□ Over 5 Years	5	4	8	3	3	1	6	1	5	6	6	4	2	13	17

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

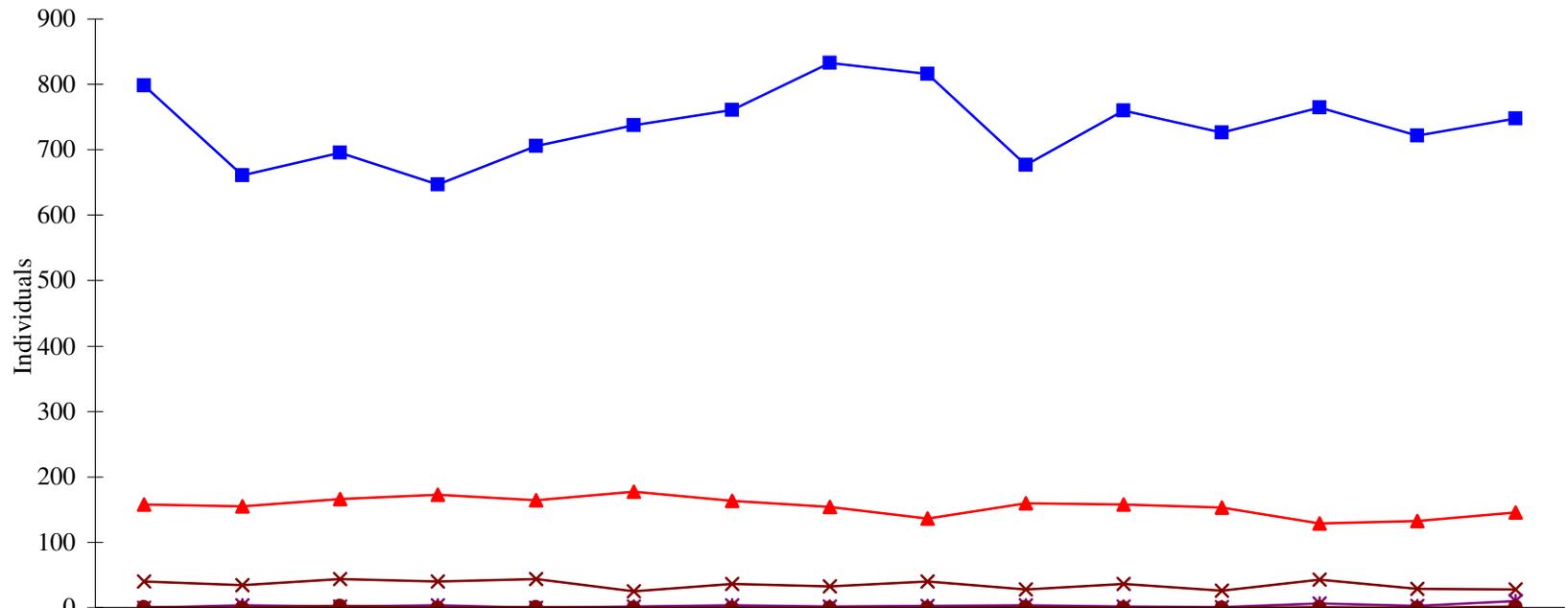
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	27	27	27	28	29	28	28	29	29	29	29	29	29	29	29	30
■ 30 Days or Less	11948	11816	11751	11516	11040	10922	10805	10380	10205	9882	9583	9530	9438	9506	9440	9158
▲ 31-90 Days	3031	3026	3006	2949	2898	2847	2844	2891	2859	2835	2791	2762	2781	2742	2681	2680
✕ 91-365 Days	1104	1011	1079	1131	1202	1101	1076	1047	1035	1006	1011	999	973	962	968	942

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

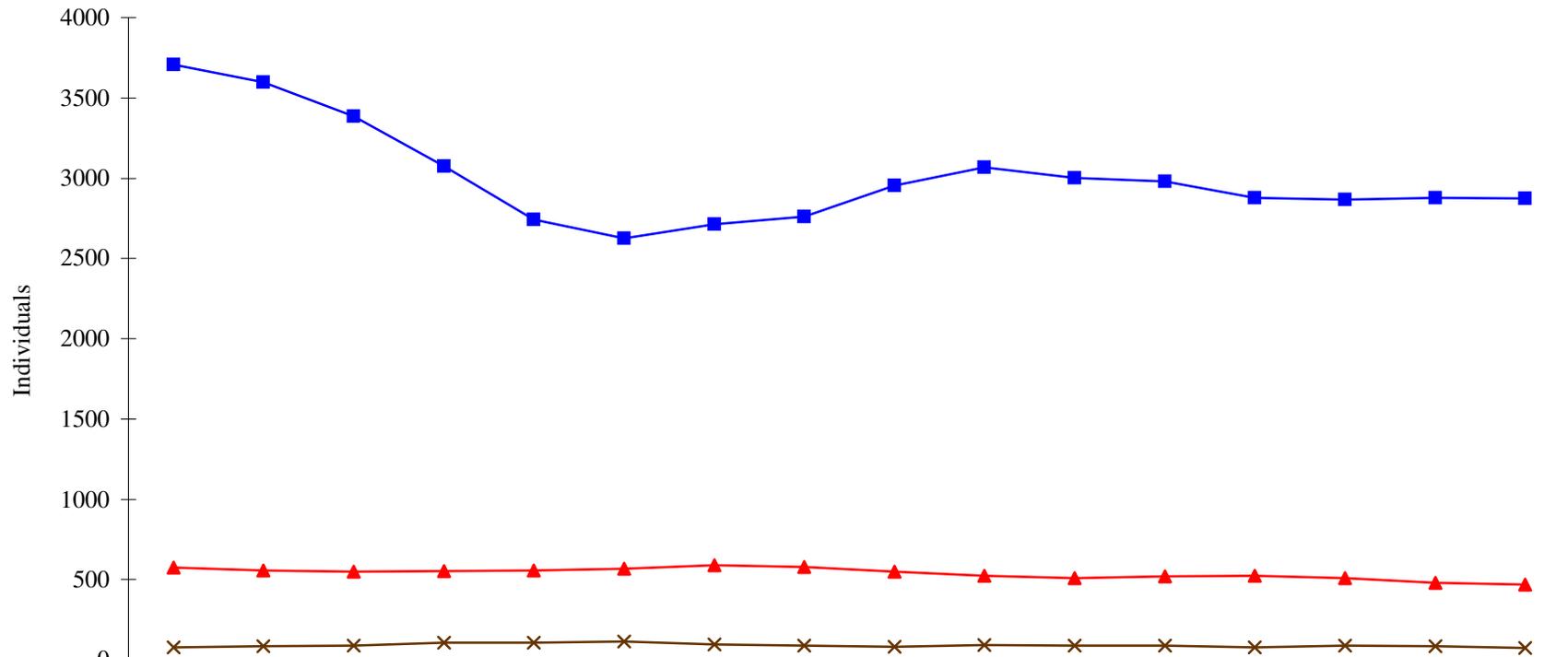
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	24	26	38	28	32	23	25	22	24	31	23	21	28	23	39
■ 30 Days or Less	798	661	696	647	706	738	761	833	816	677	760	726	765	722	748
▲ 31 - 90 Days	158	155	166	173	164	177	163	154	136	160	158	153	129	133	146
✕ 91 - 365 Days	40	35	44	40	44	25	36	33	40	28	36	26	43	29	28
✱ 1 - 5 Years	0	4	2	4	0	2	4	2	3	4	2	1	7	3	10
● Over 5 Years	1	0	3	0	1	0	0	0	0	1	0	0	1	0	2

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

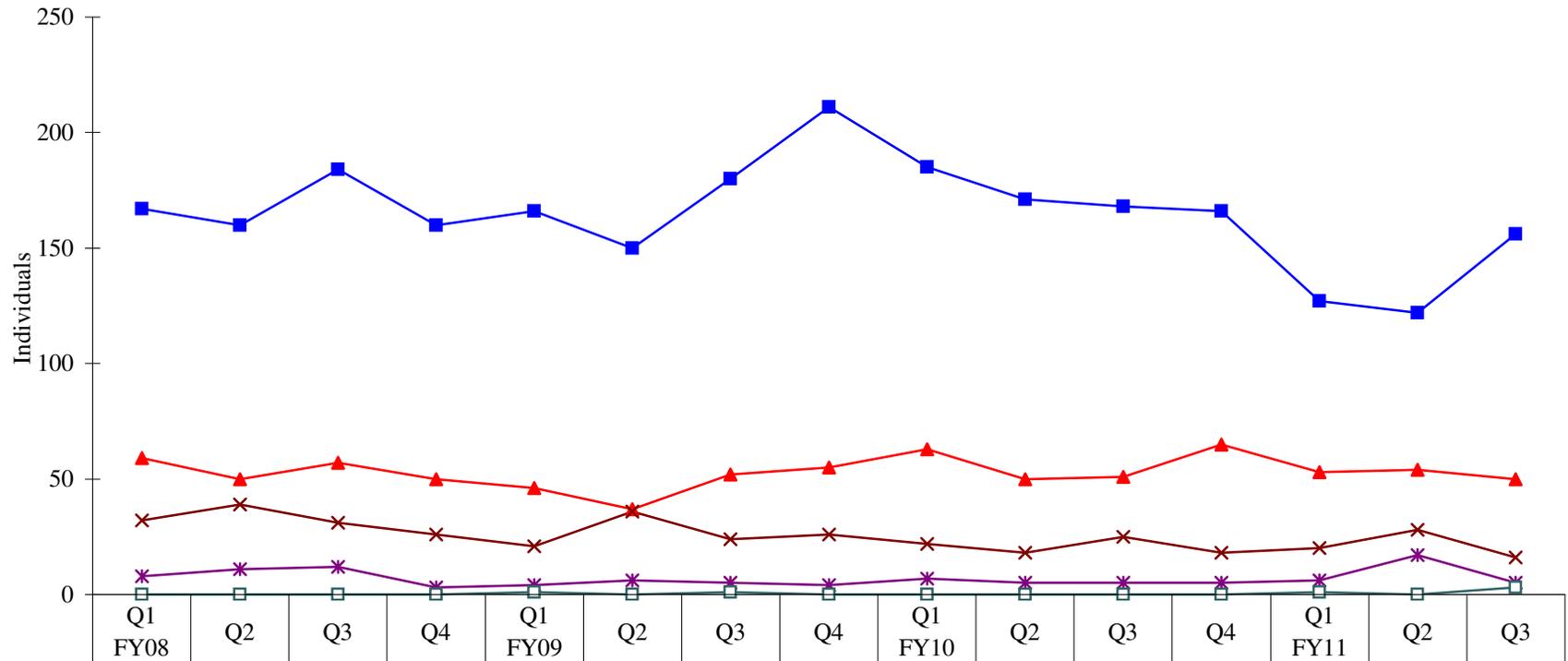
**Average Length of Stay For Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	17	17	18	19	20	21	21	21	19	19	19	19	19	19	19	18
30 Days or Less	3708	3596	3386	3075	2742	2625	2713	2762	2956	3069	3002	2980	2879	2865	2879	2873
31-90 Days	574	557	549	552	557	568	587	577	550	523	510	518	524	510	479	469
91-365 Days	78	83	89	106	105	115	94	86	81	93	87	89	76	86	83	74

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

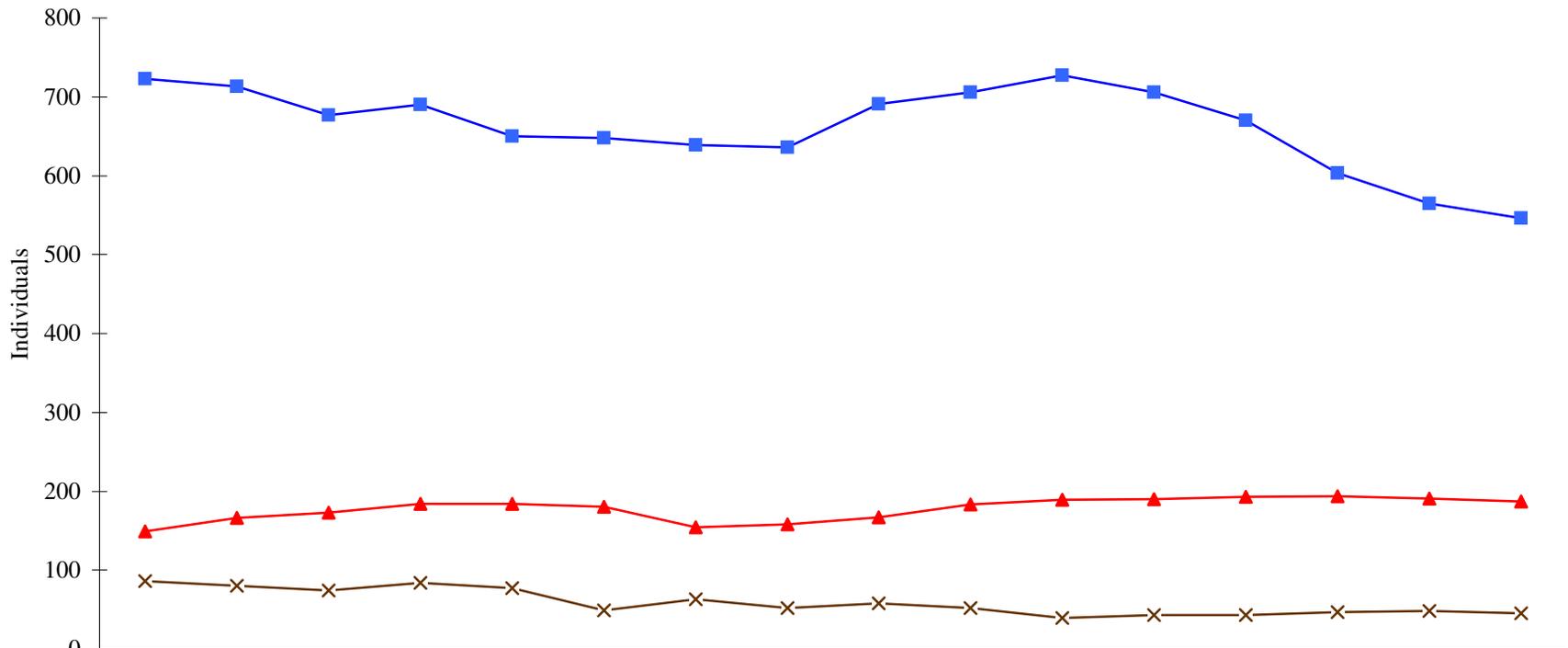
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	54	67	62	47	51	62	54	45	56	46	54	49	71	105	84
■ 30 Days or Less	167	160	184	160	166	150	180	211	185	171	168	166	127	122	156
▲ 31 - 90 Days	59	50	57	50	46	37	52	55	63	50	51	65	53	54	50
× 91 - 365 Days	32	39	31	26	21	36	24	26	22	18	25	18	20	28	16
* 1 - 5 Years	8	11	12	3	4	6	5	4	7	5	5	5	6	17	5
□ Over 5 Years	0	0	0	0	1	0	1	0	0	0	0	0	1	0	3

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

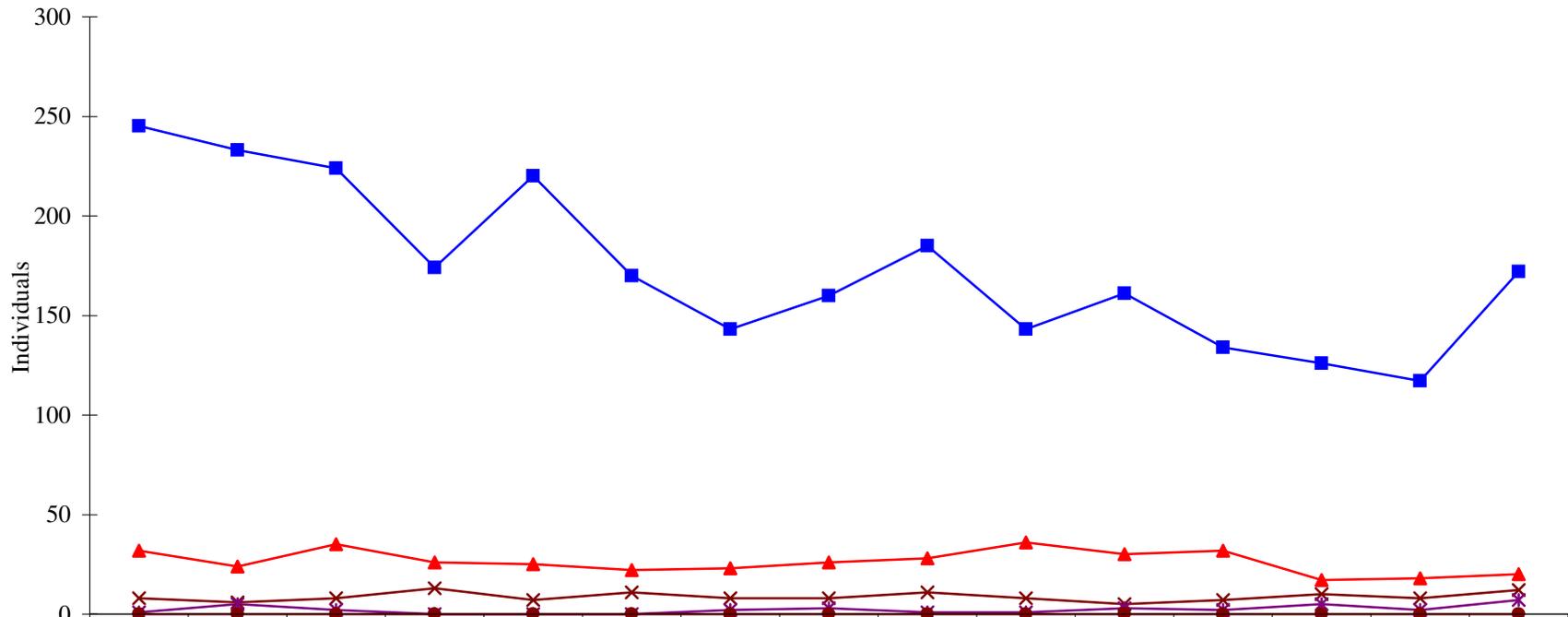
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	30	29	29	31	31	27	29	27	27	27	24	25	25	28	29	29
■ 30 Days or Less	723	713	677	690	650	648	639	636	691	706	727	706	670	603	565	546
▲ 31-90 Days	149	166	173	184	184	180	154	158	167	183	189	190	193	194	191	187
× 91-365 Days	86	80	74	84	77	49	63	52	58	52	39	43	43	47	48	45

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

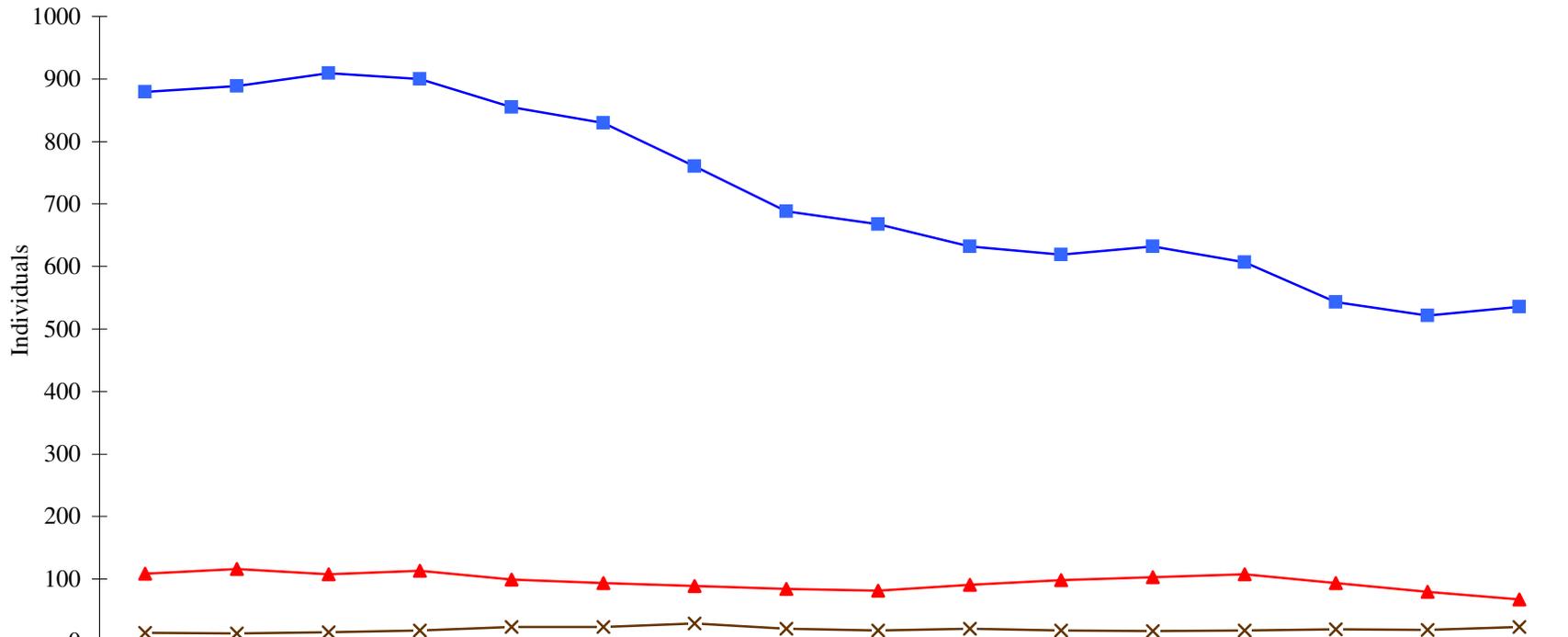
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	18	27	27	22	17	22	27	37	24	27	30	29	46	41	42
■ 30 Days or Less	245	233	224	174	220	170	143	160	185	143	161	134	126	117	172
▲ 31 - 90 Days	32	24	35	26	25	22	23	26	28	36	30	32	17	18	20
× 91 - 365 Days	8	6	8	13	7	11	8	8	11	8	5	7	10	8	12
* 1 - 5 Years	1	5	2	0	0	0	2	3	1	1	3	2	5	2	7
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

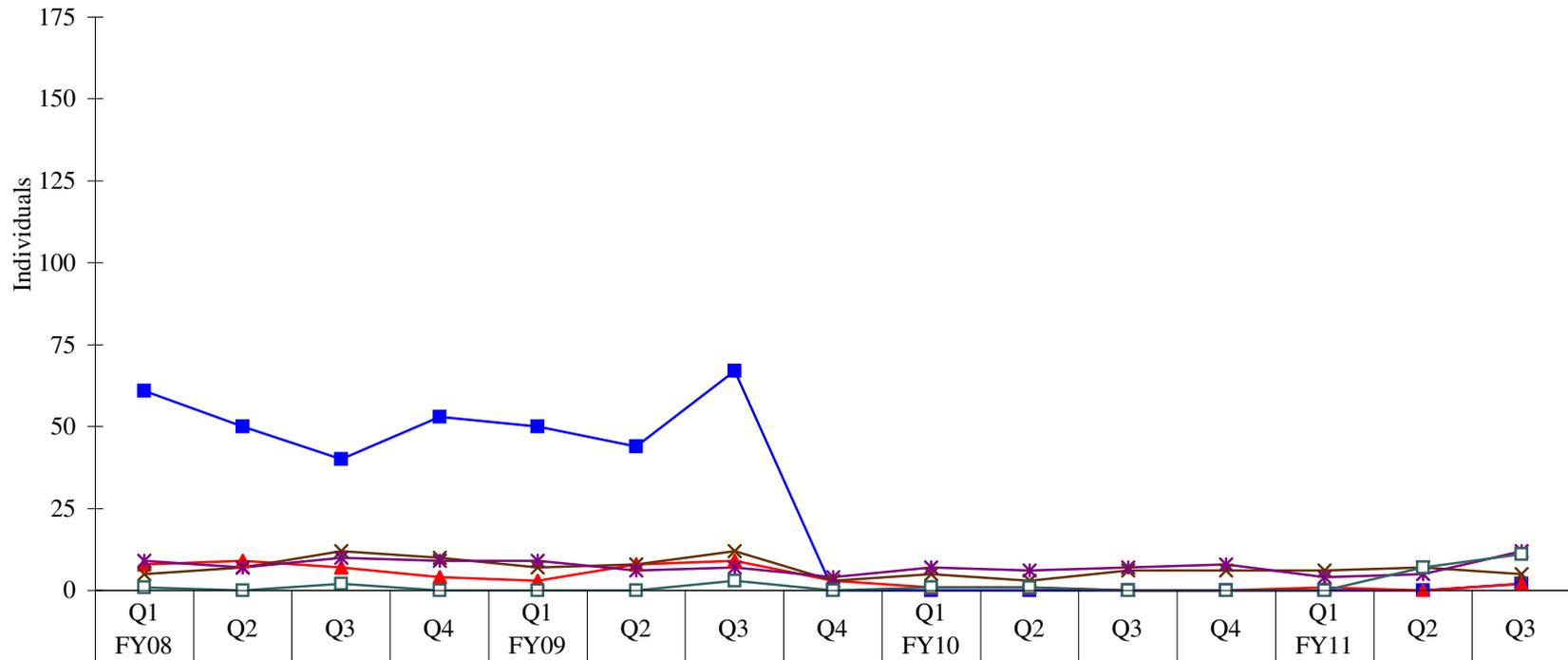
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	15	15	15	15	16	16	18	17	17	18	18	18	19	20	20	21
■ 30 Days or Less	879	889	909	900	855	830	760	688	668	632	619	632	607	543	522	536
▲ 31-90 Days	109	116	108	113	99	94	89	84	81	91	98	103	108	94	80	67
× 91-365 Days	14	13	15	18	23	23	29	21	18	21	18	17	18	20	19	23

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

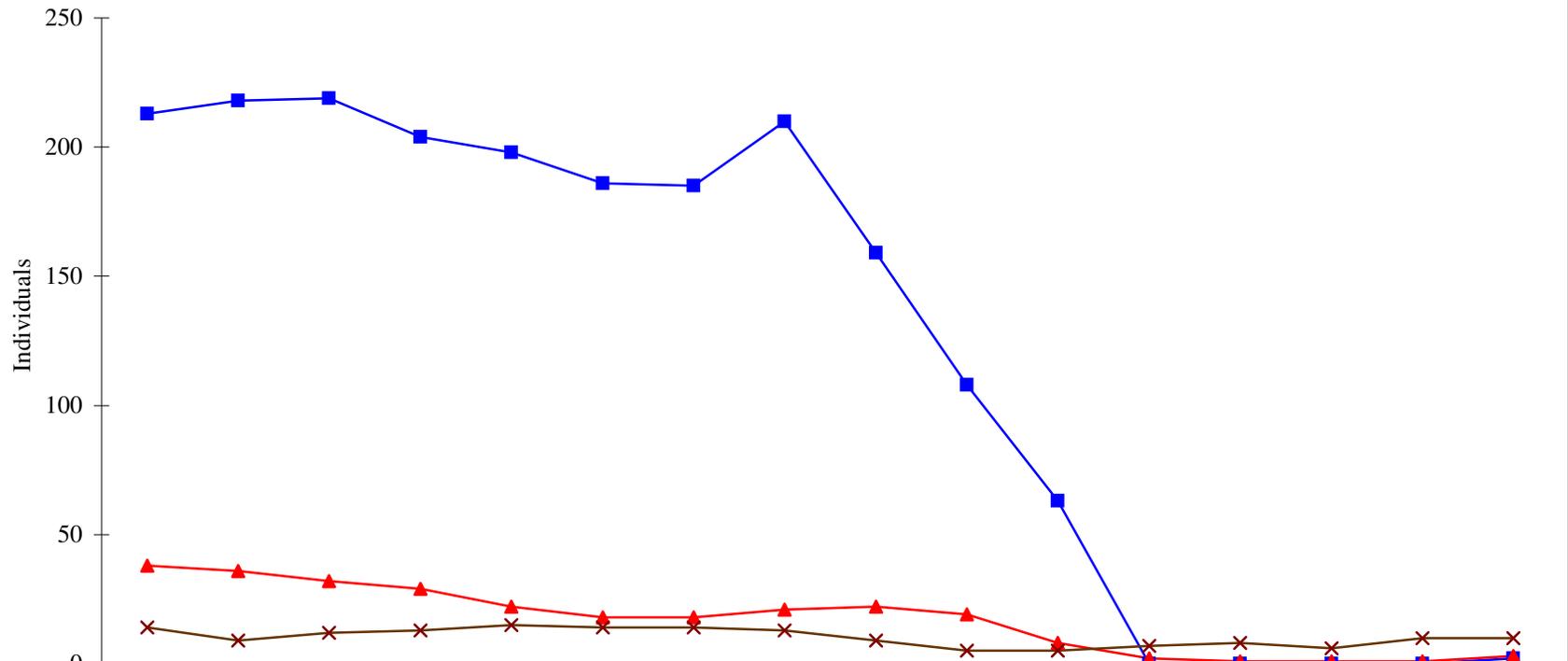
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	145	92	220	123	164	108	182	541	724	1004	584	696	539	1332	1235
30 Days or Less	61	50	40	53	50	44	67	0	0	0	0	0	0	0	2
31 - 90 Days	8	9	7	4	3	8	9	3	1	1	0	0	1	0	2
91 - 365 Days	5	7	12	10	7	8	12	3	5	3	6	6	6	7	5
1 - 5 Years	9	7	10	9	9	6	7	4	7	6	7	8	4	5	12
Over 5 Years	1	0	2	0	0	0	3	0	1	1	0	0	0	7	11

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

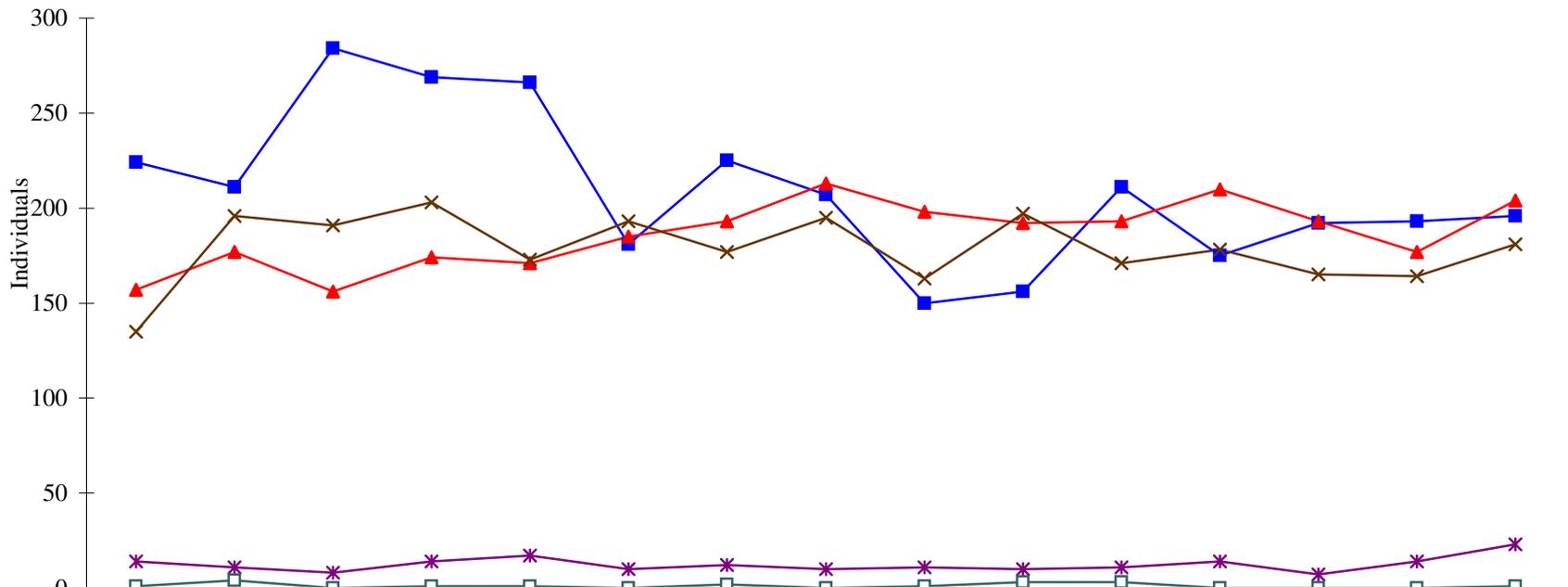
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	24	20	22	22	23	21	22	19	21	20	24	176	197	180	160	115
■ 30 Days or Less	213	218	219	204	198	186	185	210	159	108	63	0	0	0	0	2
▲ 31-90 Days	38	36	32	29	22	18	18	21	22	19	8	2	1	1	1	3
× 91-365 Days	14	9	12	13	15	14	14	13	9	5	5	7	8	6	10	10

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

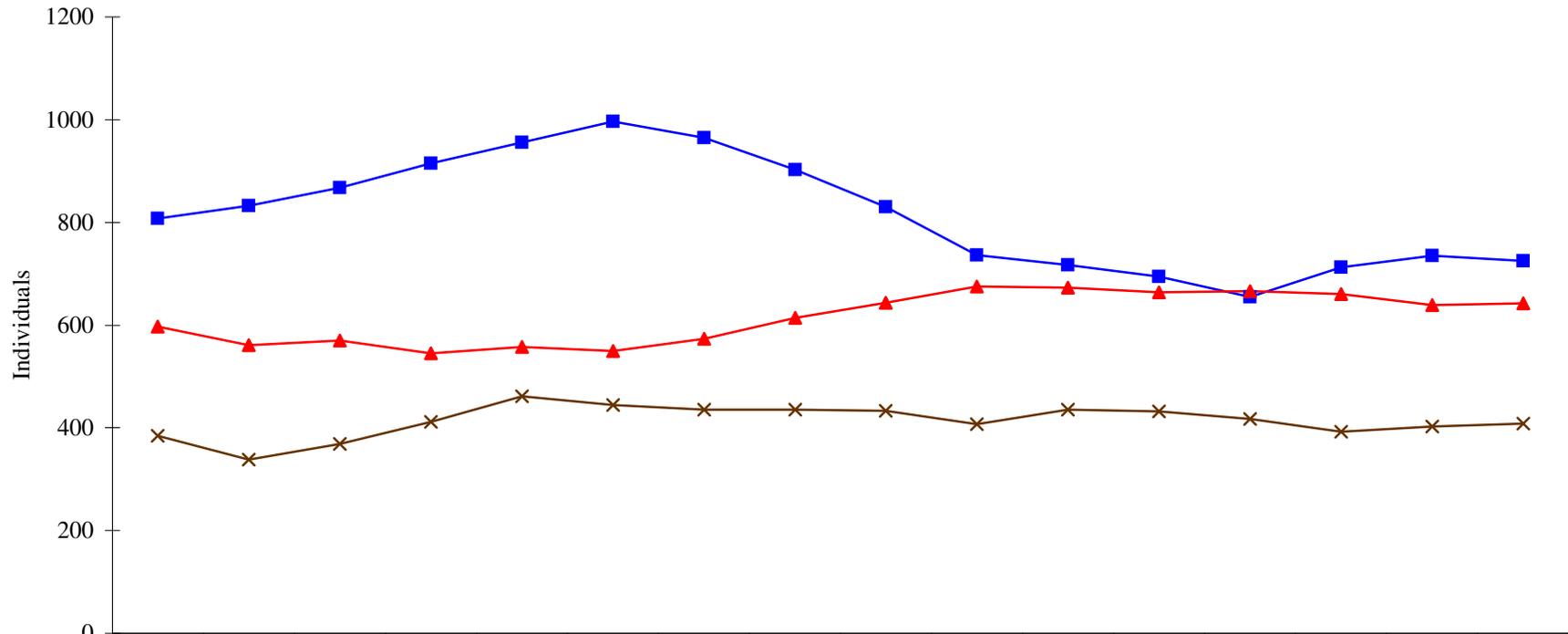
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	90	100	74	87	85	84	87	84	93	104	100	90	84	87	96
■ 30 Days or Less	224	211	284	269	266	181	225	207	150	156	211	175	192	193	196
▲ 31 - 90 Days	157	177	156	174	171	185	193	213	198	192	193	210	193	177	204
× 91 - 365 Days	135	196	191	203	173	193	177	195	163	197	171	178	165	164	181
* 1 - 5 Years	14	11	8	14	17	10	12	10	11	10	11	14	7	14	23
□ Over 5 Years	1	4	0	1	1	0	2	0	1	3	3	0	0	0	1

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

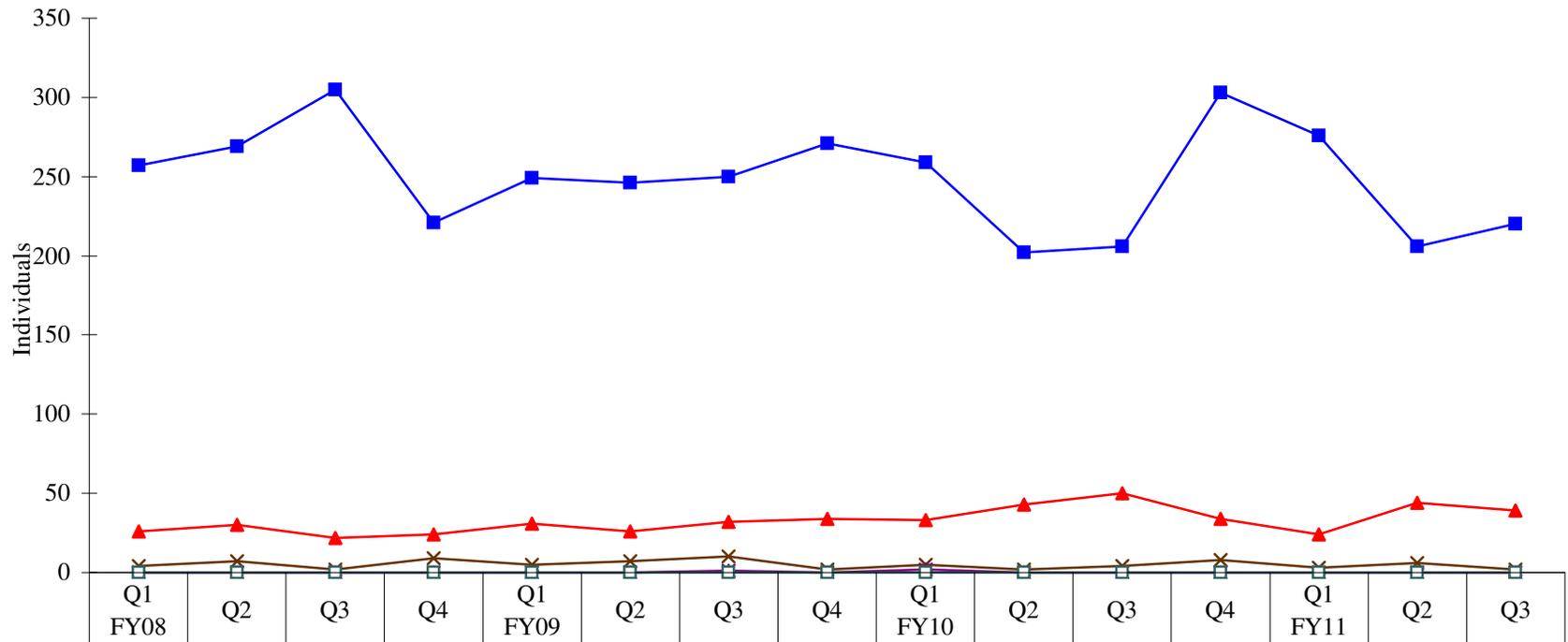
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	54	52	51	53	54	52	52	55	56	56	59	60	61	57	59	59
■ 30 Days or Less	807	832	867	915	956	996	965	902	830	736	717	694	655	712	735	725
▲ 31-90 Days	597	561	570	545	558	550	573	614	643	675	673	664	666	661	639	642
✕ 91-365 Days	385	338	369	412	461	445	435	435	433	407	435	432	417	392	403	408

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

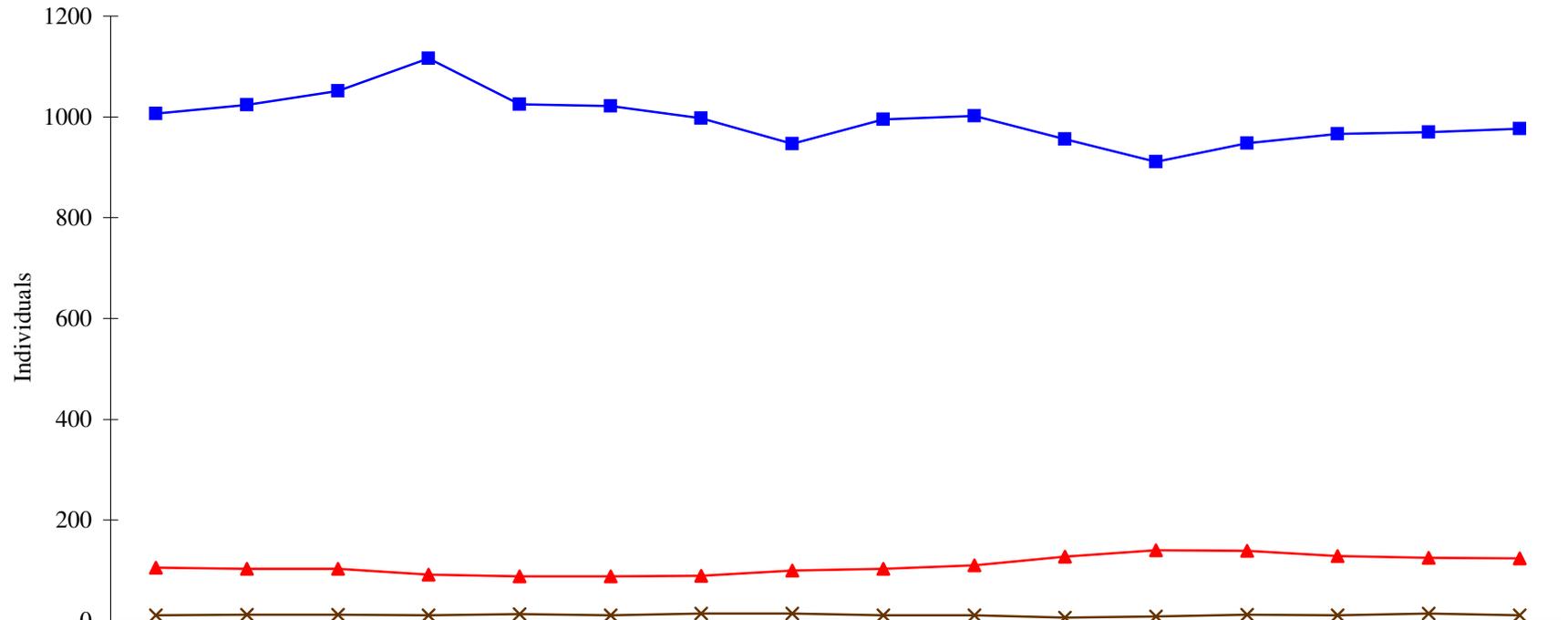
**Average Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	14	16	11	16	15	16	19	15	19	18	19	16	14	19	17
30 Days or Less	257	269	305	221	249	246	250	271	259	202	206	303	276	206	220
31 - 90 Days	26	30	22	24	31	26	32	34	33	43	50	34	24	44	39
91 - 365 Days	4	7	2	9	5	7	10	2	5	2	4	8	3	6	2
1 - 5 Years	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

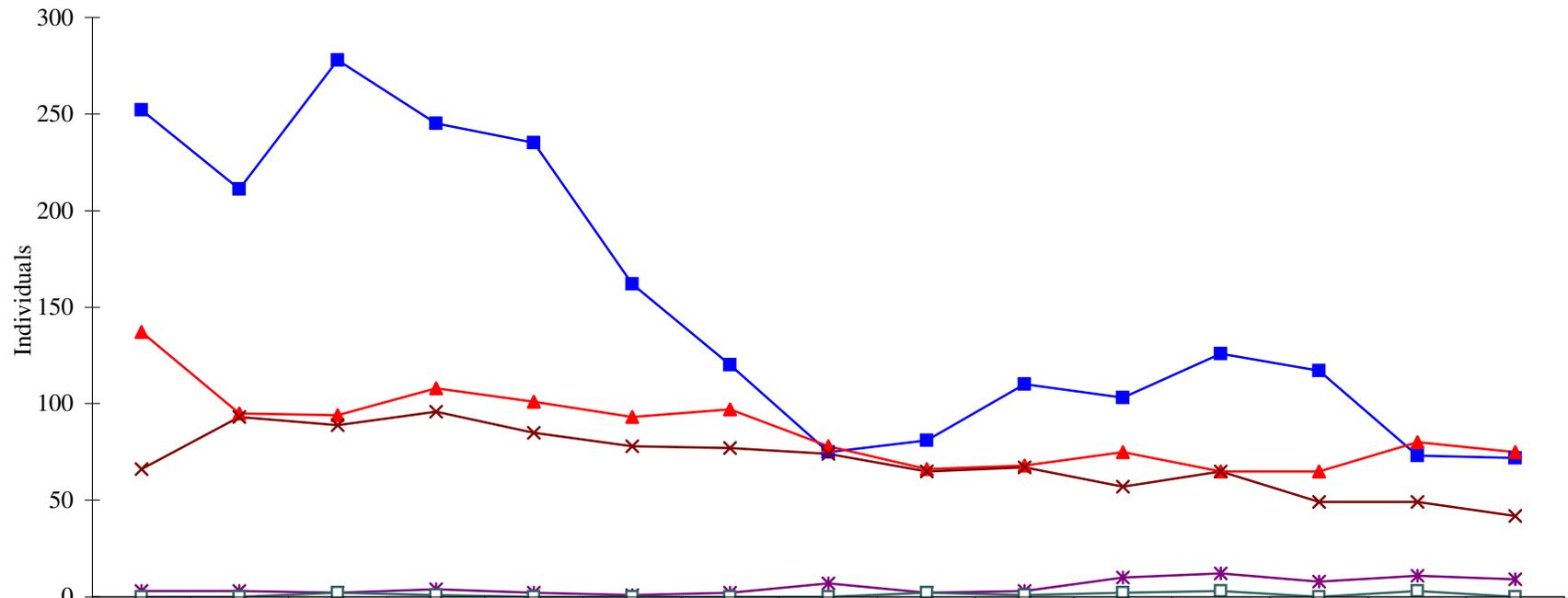
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	13	13	13	12	13	12	13	13	13	14	14	15	16	15	15	15
■ 30 Days or Less	1006	1024	1052	1116	1025	1022	997	947	995	1002	956	911	948	966	970	977
▲ 31-90 Days	106	104	104	92	89	89	90	100	104	110	128	141	139	129	125	124
× 91-365 Days	11	13	13	12	14	12	15	15	12	12	7	9	13	12	15	11

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

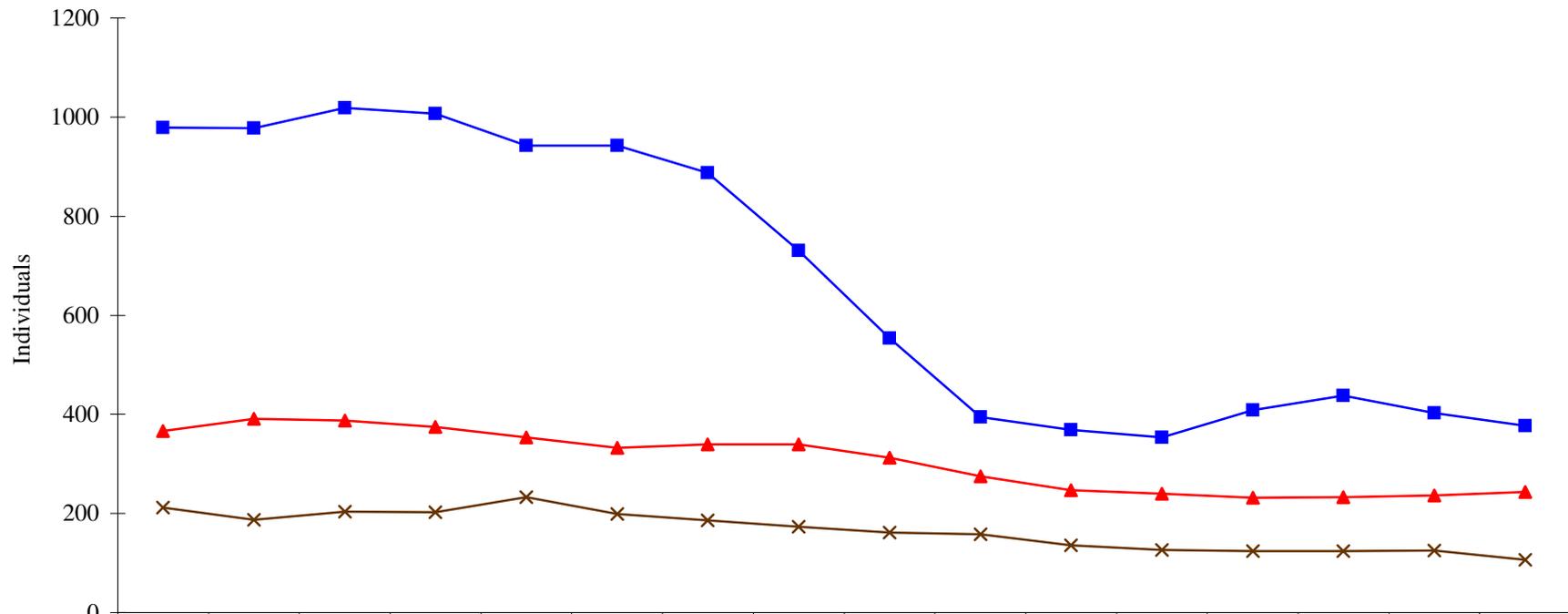
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	50	60	67	65	56	65	70	94	139	92	103	117	88	147	90
■ 30 Days or Less	252	211	278	245	235	162	120	75	81	110	103	126	117	73	72
▲ 31 - 90 Days	137	95	94	108	101	93	97	78	66	68	75	65	65	80	75
× 91 - 365 Days	66	93	89	96	85	78	77	74	65	67	57	65	49	49	42
* 1 - 5 Years	3	3	2	4	2	1	2	7	2	3	10	12	8	11	9
□ Over 5 Years	0	0	2	1	0	0	0	0	2	1	2	3	0	3	0

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

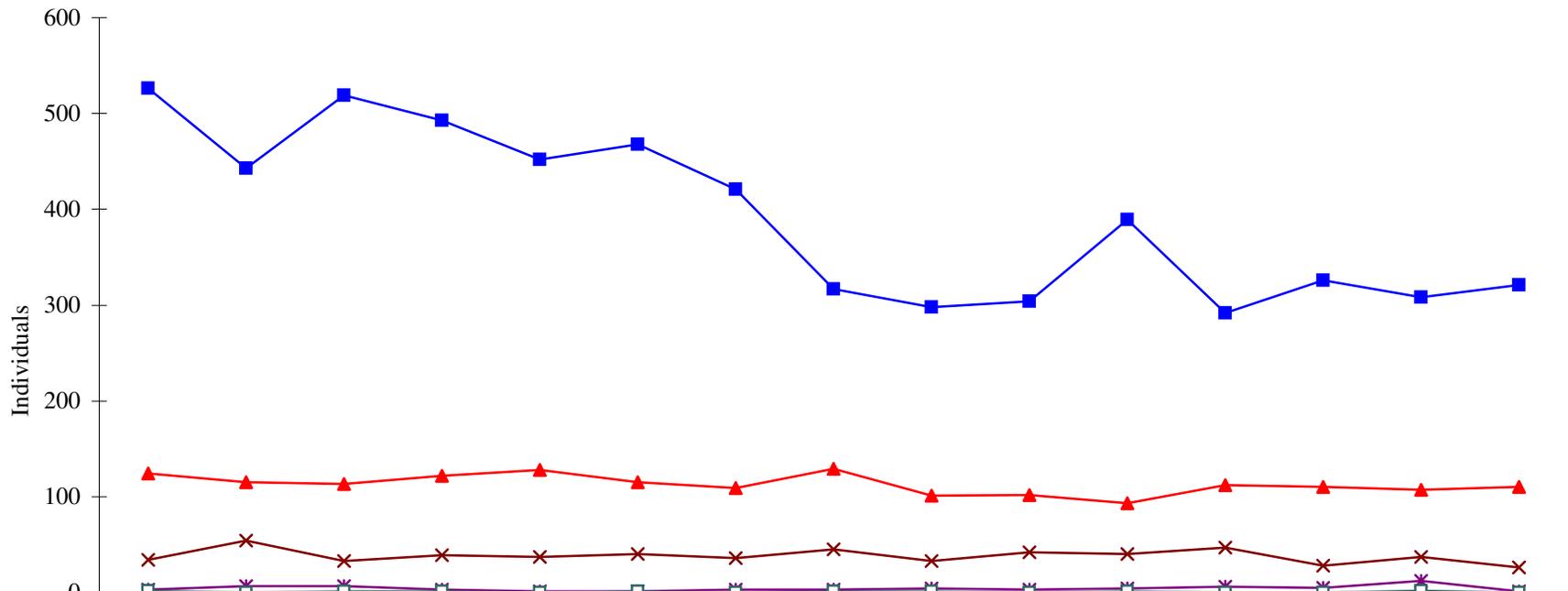
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	39	38	38	38	40	38	39	41	45	52	49	49	45	45	46	45
■ 30 Days or Less	979	977	1018	1007	943	943	888	730	554	395	369	354	409	438	403	377
▲ 31-90 Days	366	391	388	375	354	333	339	339	313	275	247	240	232	233	237	244
✕ 91-365 Days	212	187	204	203	233	199	186	173	161	158	136	127	124	124	125	106

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

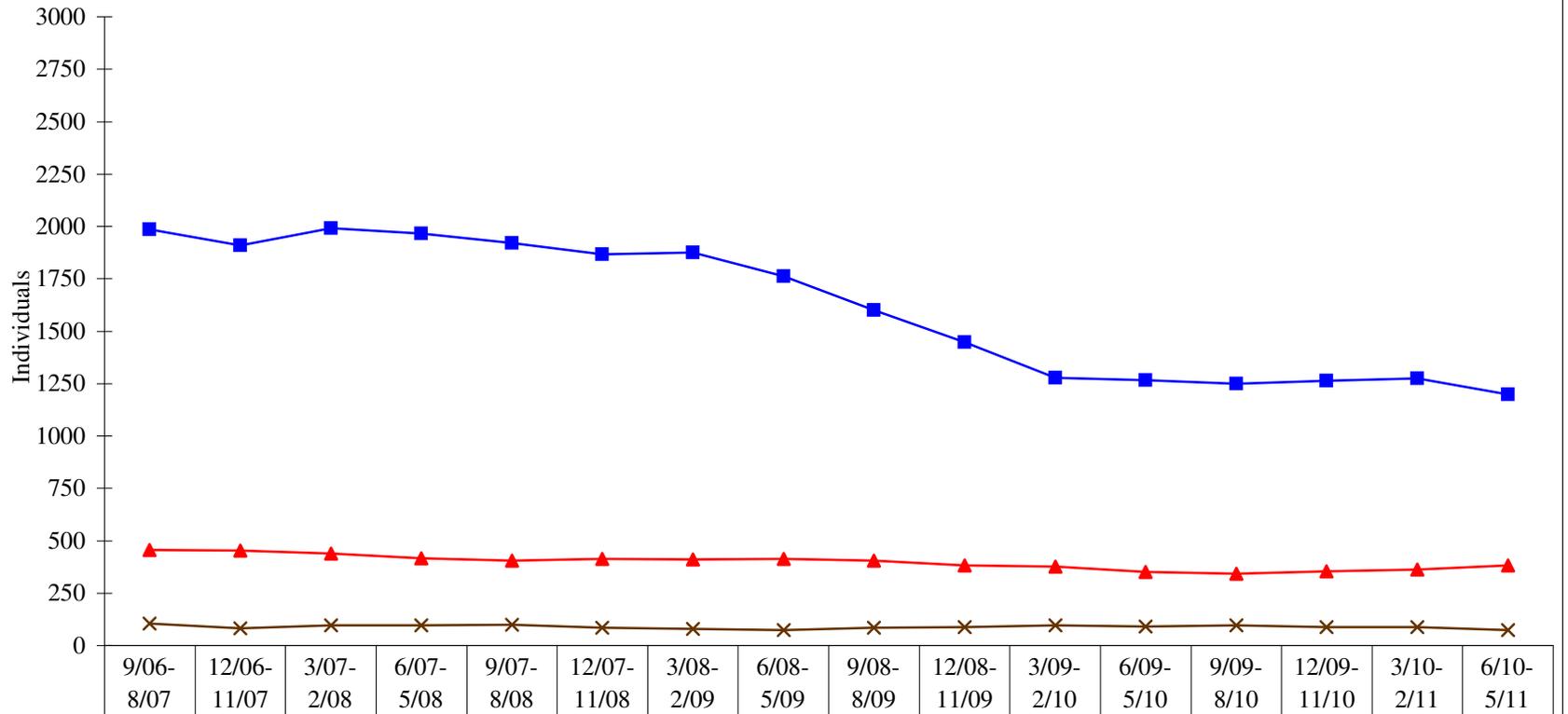
**Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	35	37	32	38	31	35	32	47	50	41	39	46	40	66	31
■ 30 Days or Less	526	443	519	493	452	468	421	317	298	304	389	292	326	308	321
▲ 31 - 90 Days	124	115	113	122	128	115	109	129	101	102	93	112	110	107	110
× 91 - 365 Days	34	54	33	39	37	40	36	45	33	42	40	47	28	37	26
* 1 - 5 Years	3	7	7	3	1	1	3	3	4	3	4	6	5	12	1
□ Over 5 Years	2	0	1	1	0	1	0	1	1	0	1	0	0	2	0

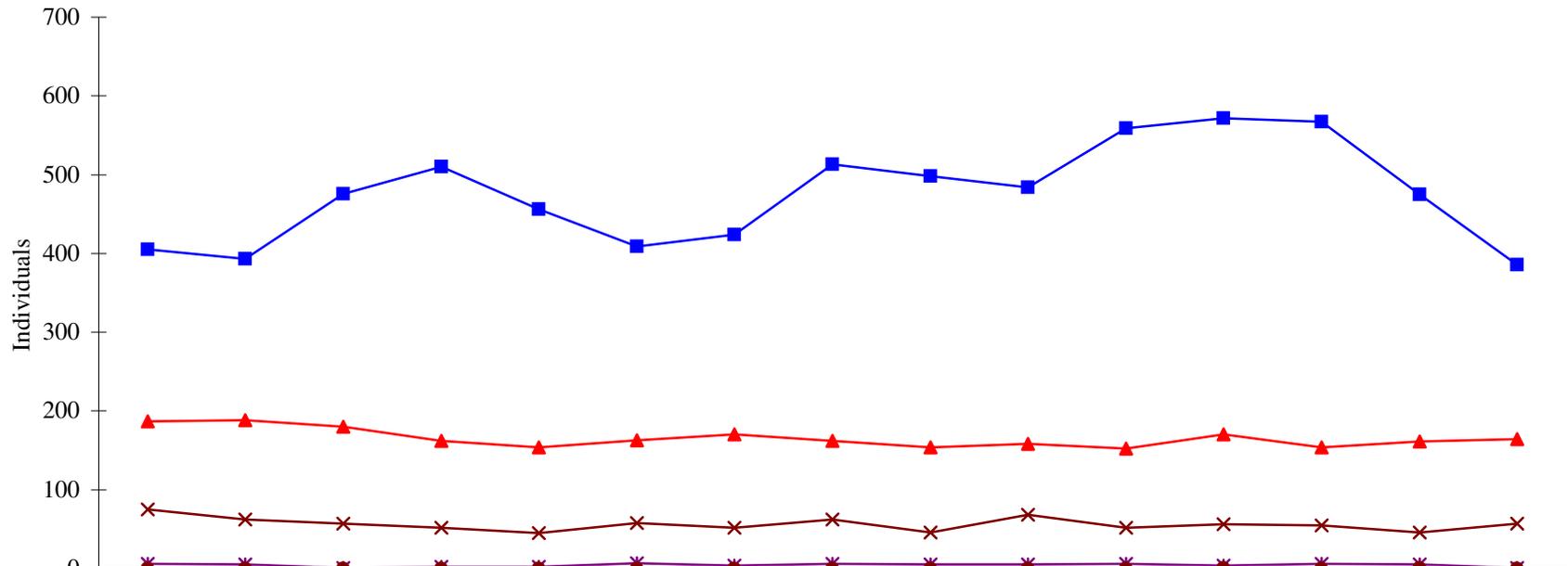
**Measure 5D - Average Length of Stay at Discharge**  
**San Antonio State Hospital**

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



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

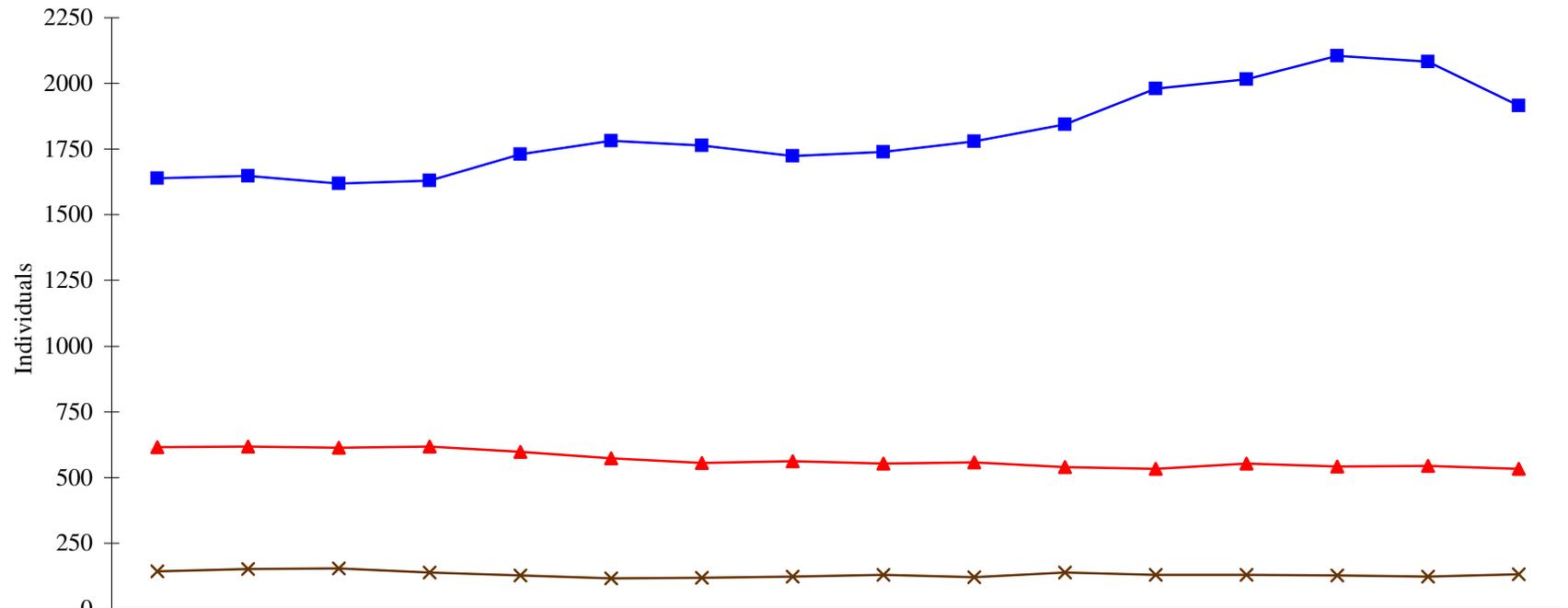
**Average Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	47	43	36	34	34	44	40	36	36	39	35	38	36	42	39
■ 30 Days or Less	405	393	476	510	456	409	424	513	498	484	559	572	567	475	386
▲ 31 - 90 Days	187	188	180	162	154	163	170	162	154	158	152	170	154	161	164
× 91 - 365 Days	75	62	57	52	45	58	52	62	46	68	52	56	55	46	57
* 1 - 5 Years	6	5	1	2	2	7	4	6	5	5	6	4	6	5	1
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0

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

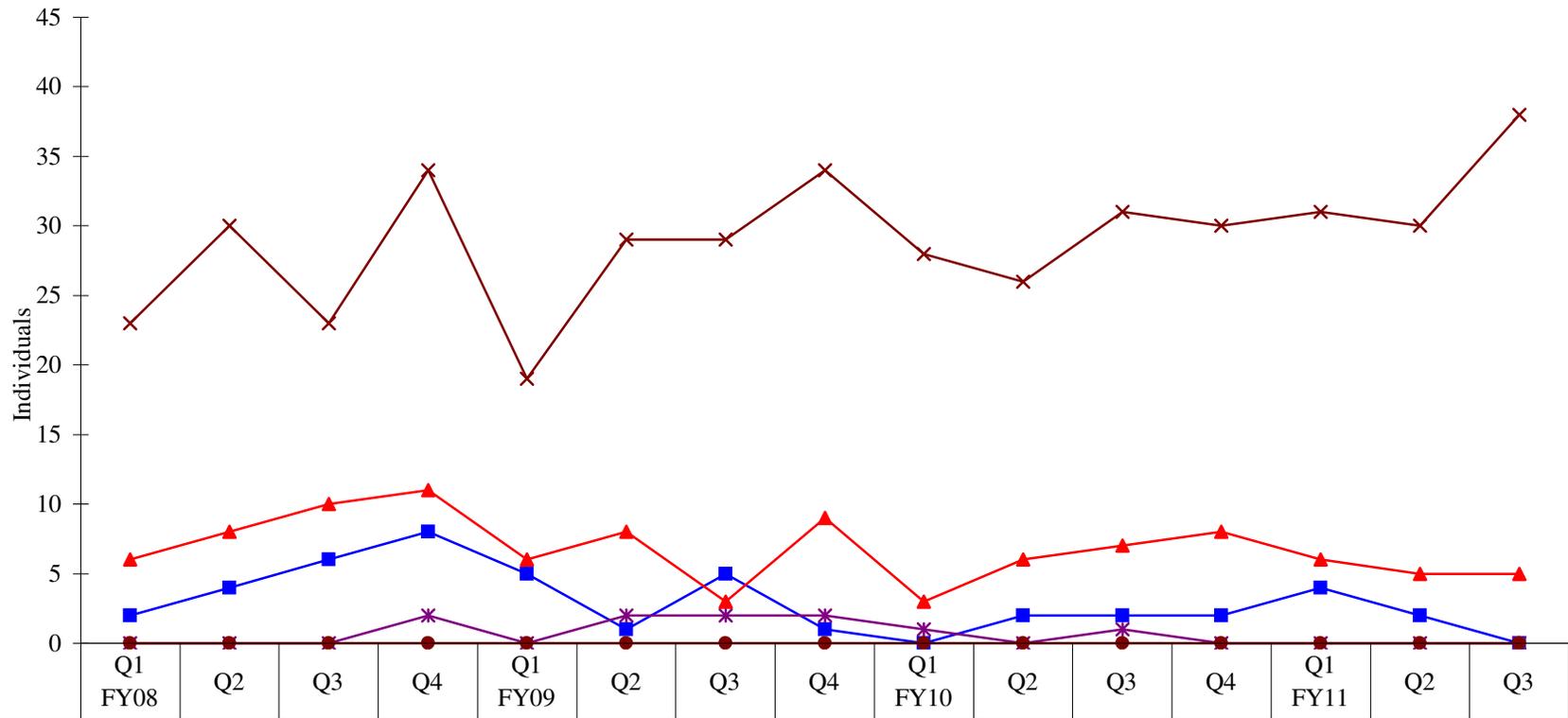
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	31	32	32	31	30	29	29	29	29	28	28	27	27	26	26	28
■ 30 Days or Less	1638	1648	1619	1630	1731	1781	1764	1723	1739	1780	1845	1981	2015	2106	2082	1915
▲ 31-90 Days	615	617	614	617	598	574	555	561	553	558	539	534	552	542	545	534
× 91-365 Days	142	152	153	139	126	117	118	122	130	121	138	130	129	128	122	131

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

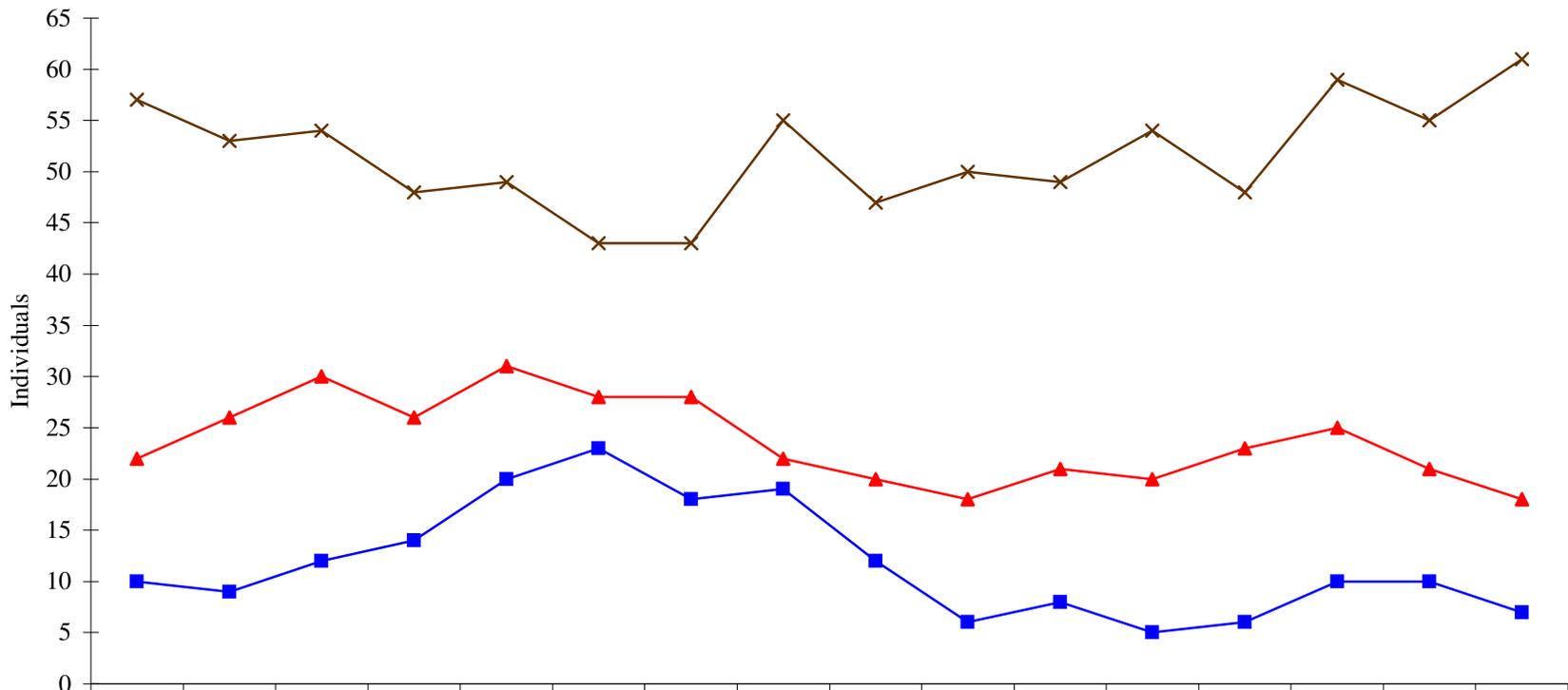
**Average Length of Stay at Discharge by Category**



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3
Average LOS	160	149	144	151	140	174	199	190	192	167	174	166	155	162	188
■ 30 Days or Less	2	4	6	8	5	1	5	1	0	2	2	2	4	2	0
▲ 31 - 90 Days	6	8	10	11	6	8	3	9	3	6	7	8	6	5	5
✕ 91 - 365 Days	23	30	23	34	19	29	29	34	28	26	31	30	31	30	38
* 1 - 5 Years	0	0	0	2	0	2	2	2	1	0	1	0	0	0	0
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11
Average LOS	125	121	117	114	106	95	101	125	120	138	128	138	132	132	124	142
■ 30 Days or Less	10	9	12	14	20	23	18	19	12	6	8	5	6	10	10	7
▲ 31-90 Days	22	26	30	26	31	28	28	22	20	18	21	20	23	25	21	18
✕ 91-365 Days	57	53	54	48	49	43	43	55	47	50	49	54	48	59	55	61

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

### **Performance Objective 6B:**

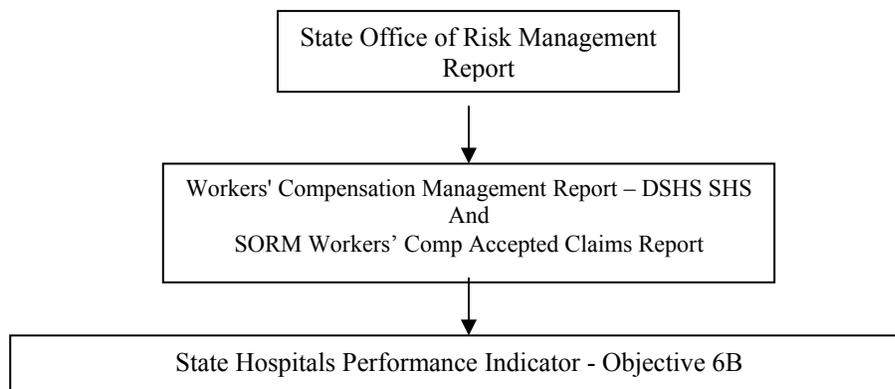
**Maintain workers' compensation claim expenses per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.**

**Performance Objective Operational Definition:** Total workers compensation claim expenses per FTE filed for FY 2011 will not exceed the state hospital system average claims cost per FTE for FY2010. 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.

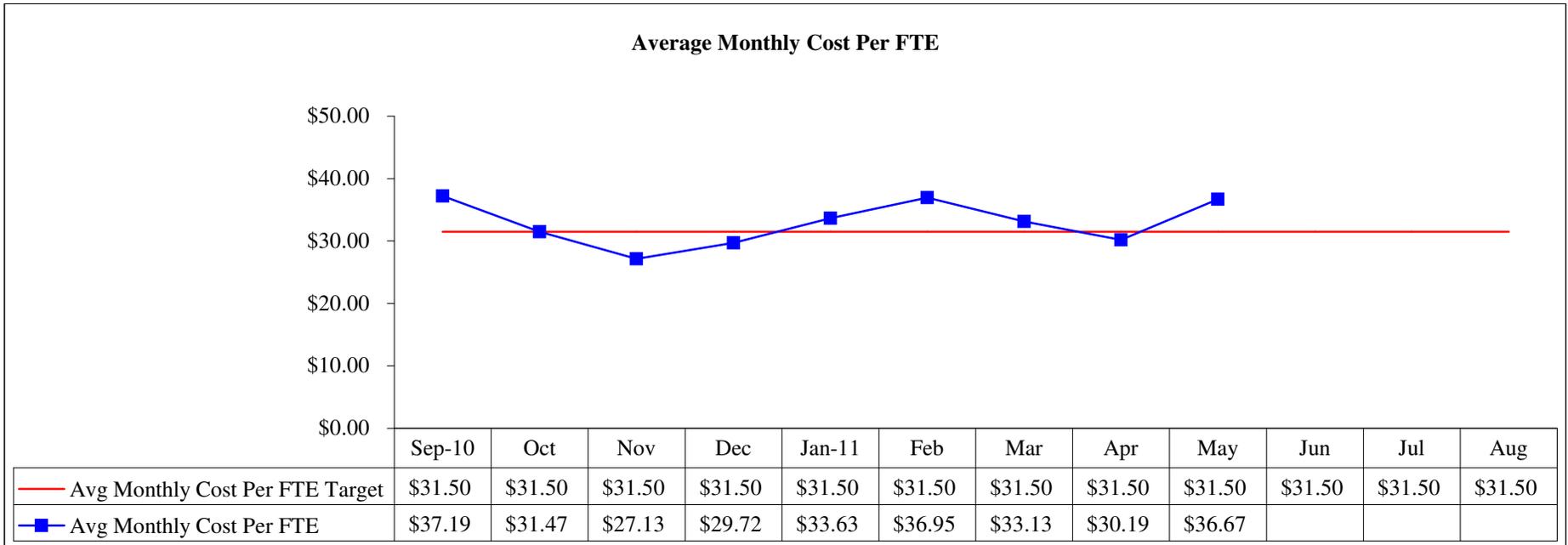
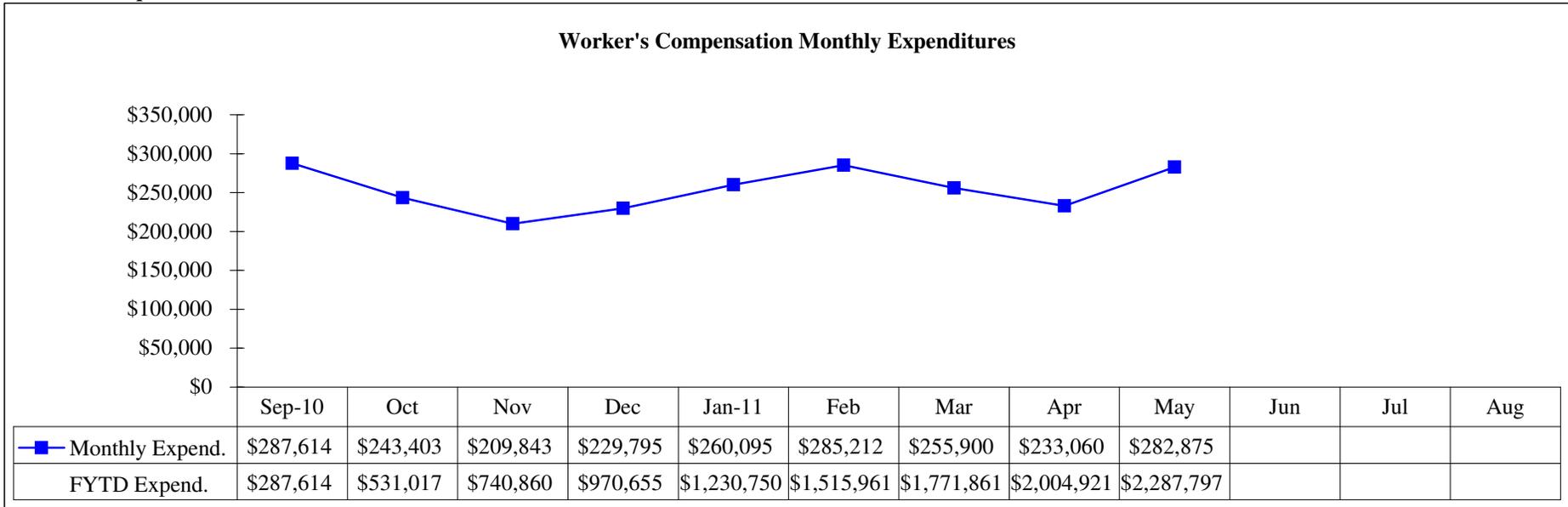
### **Performance Objective Data Display and Chart Description:**

- ◆ 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.

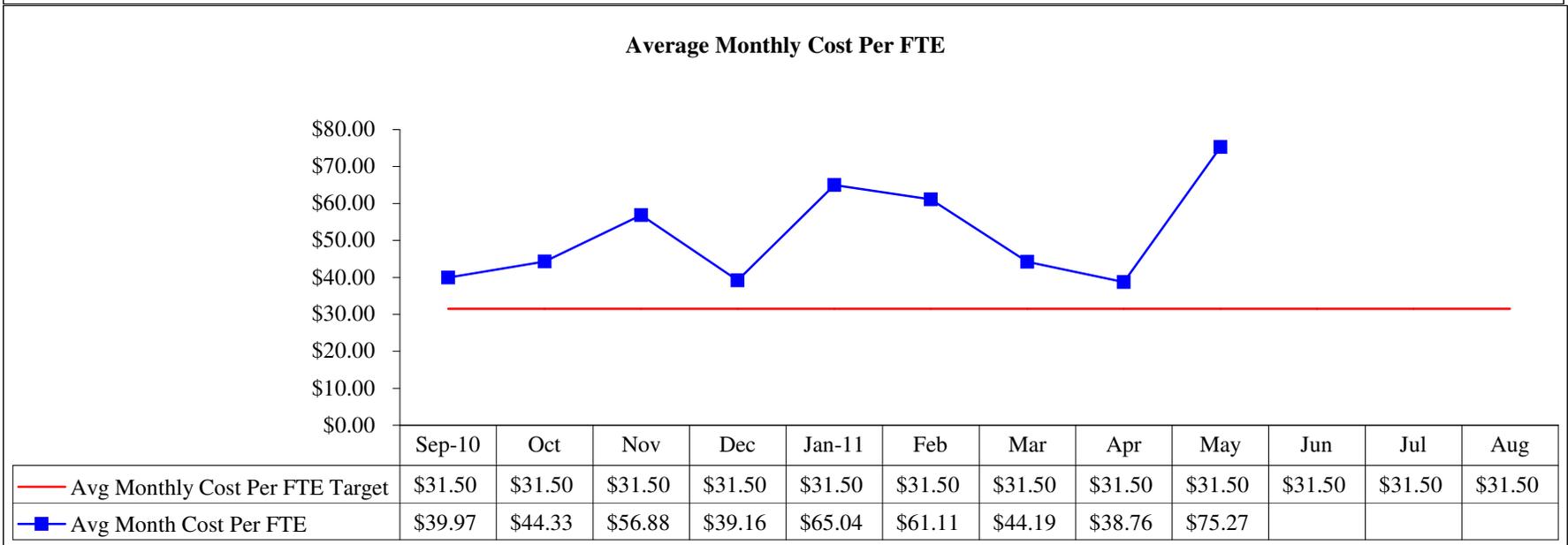
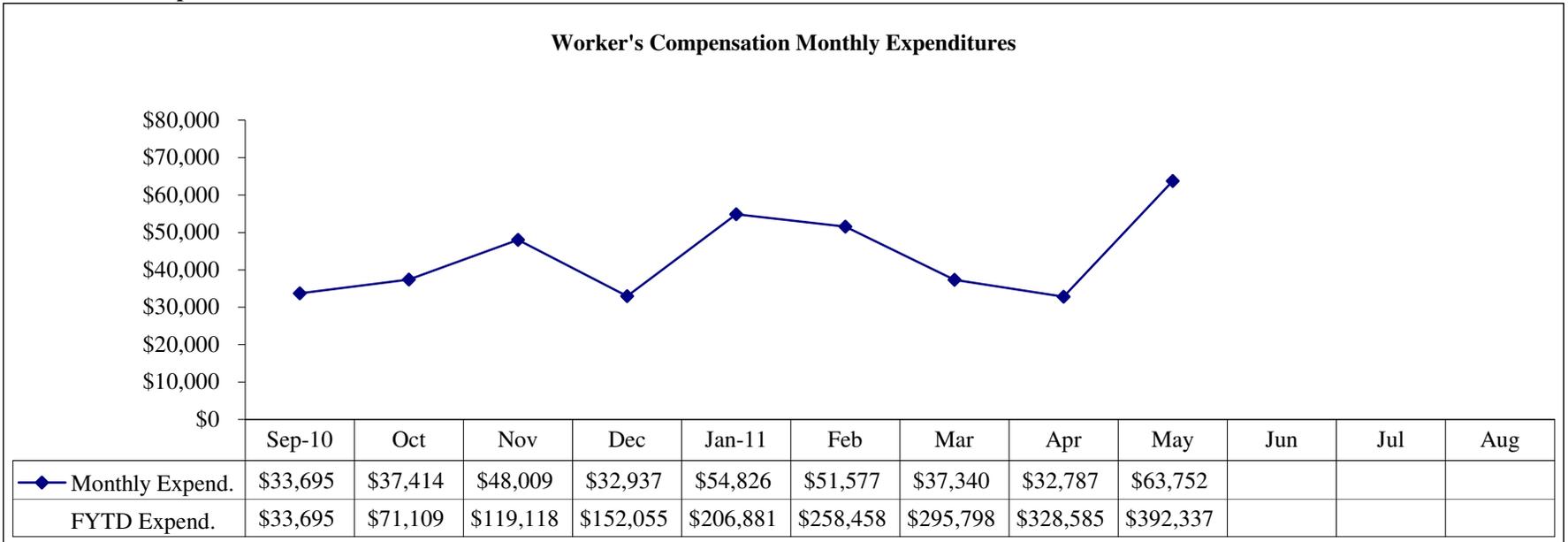
### **Data Flow:**



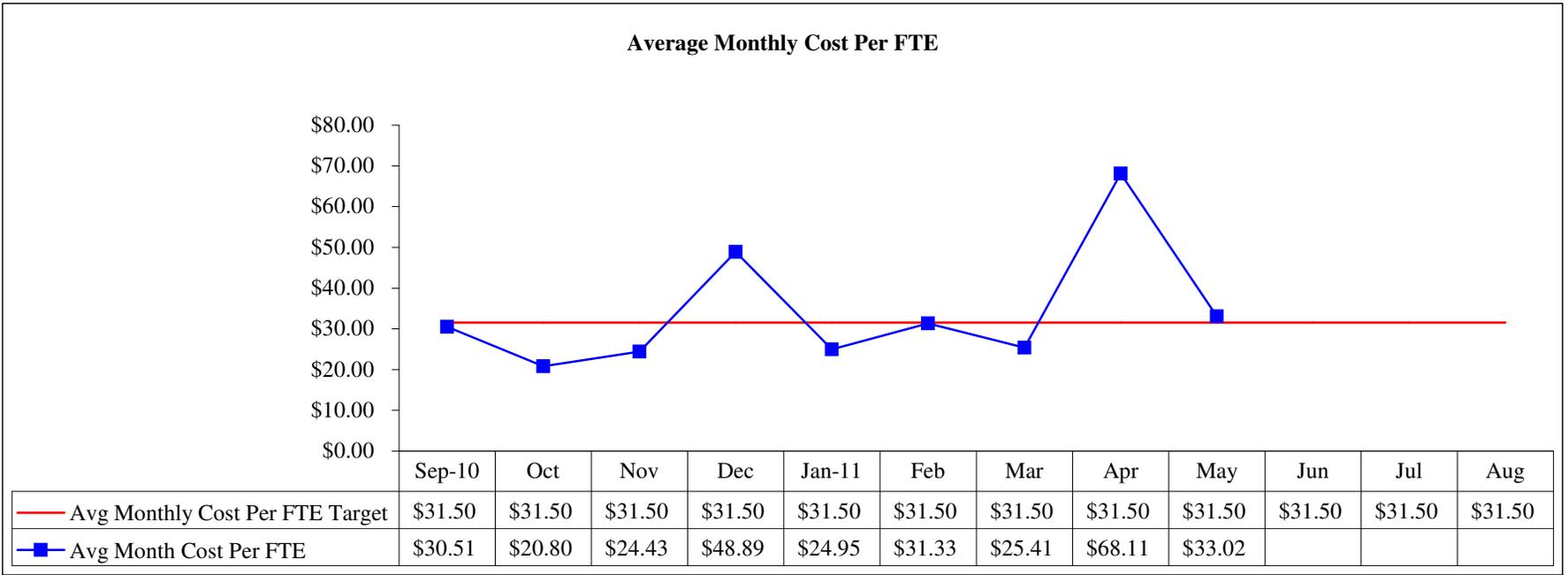
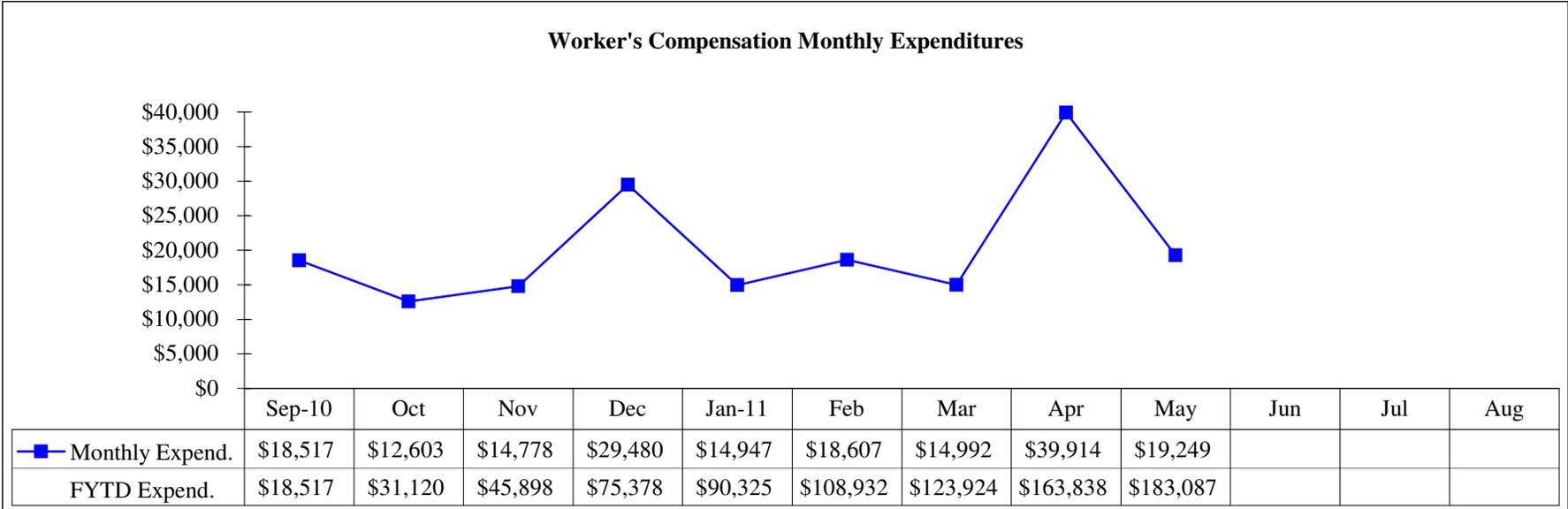
**Objective 6B - Workers Compensation  
All State Hospitals**



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



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



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

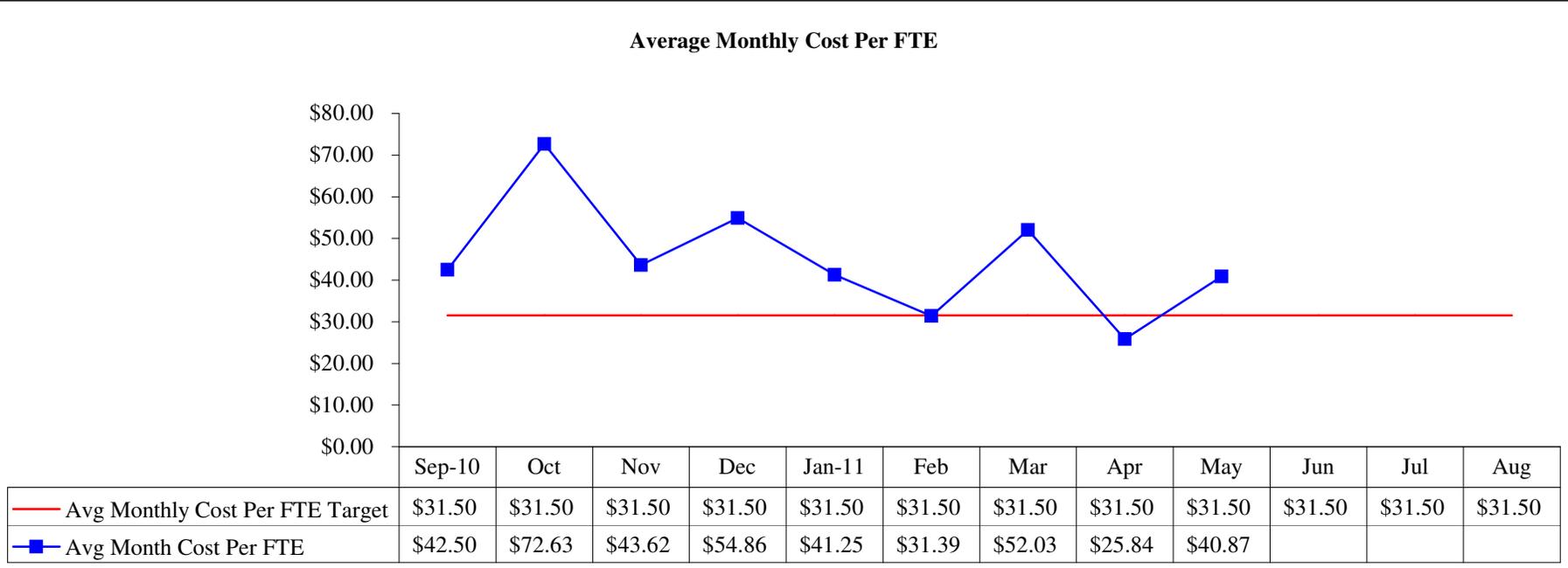
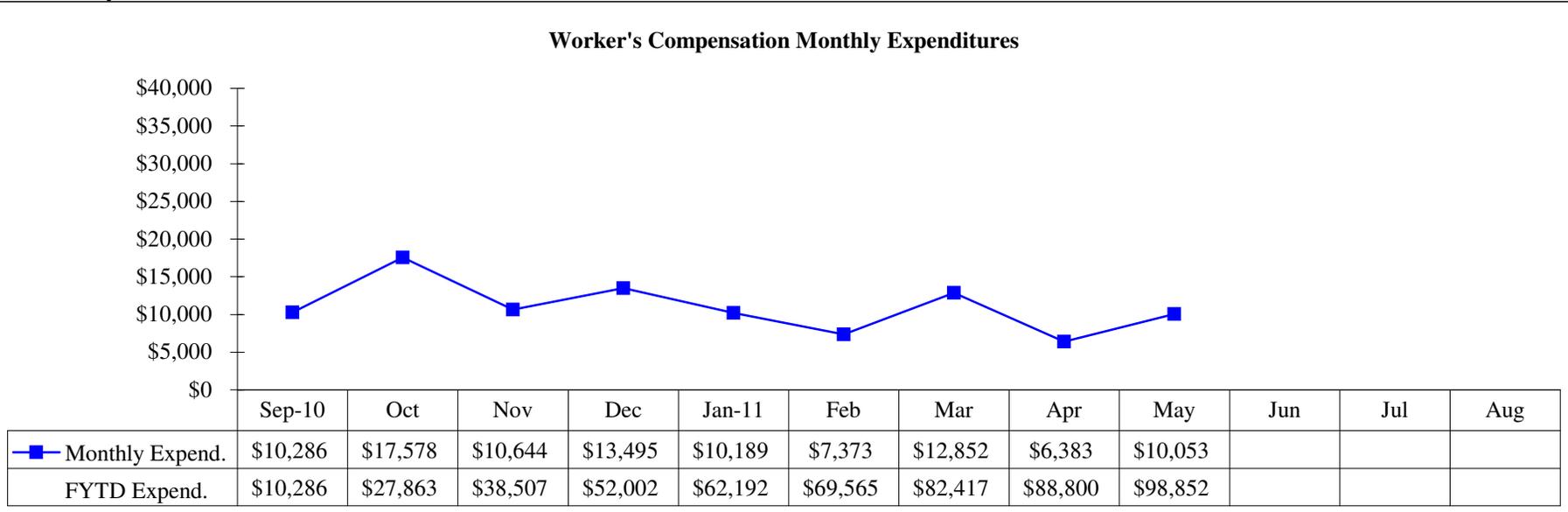
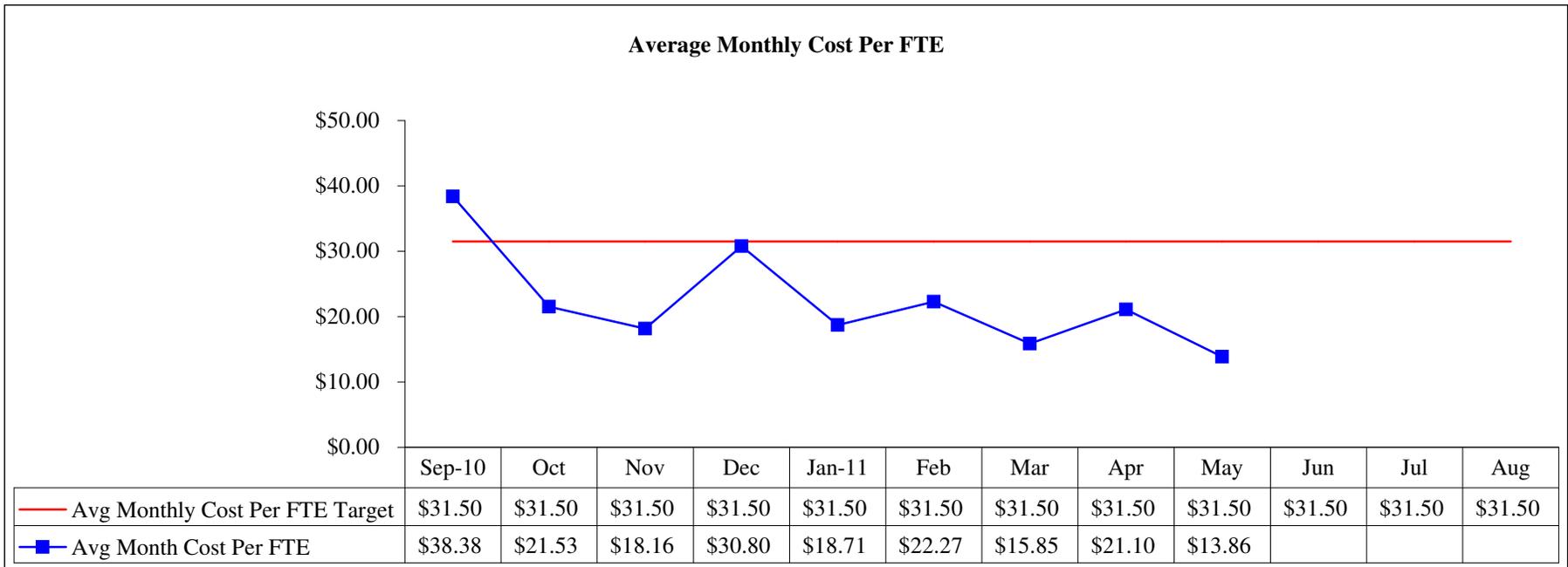
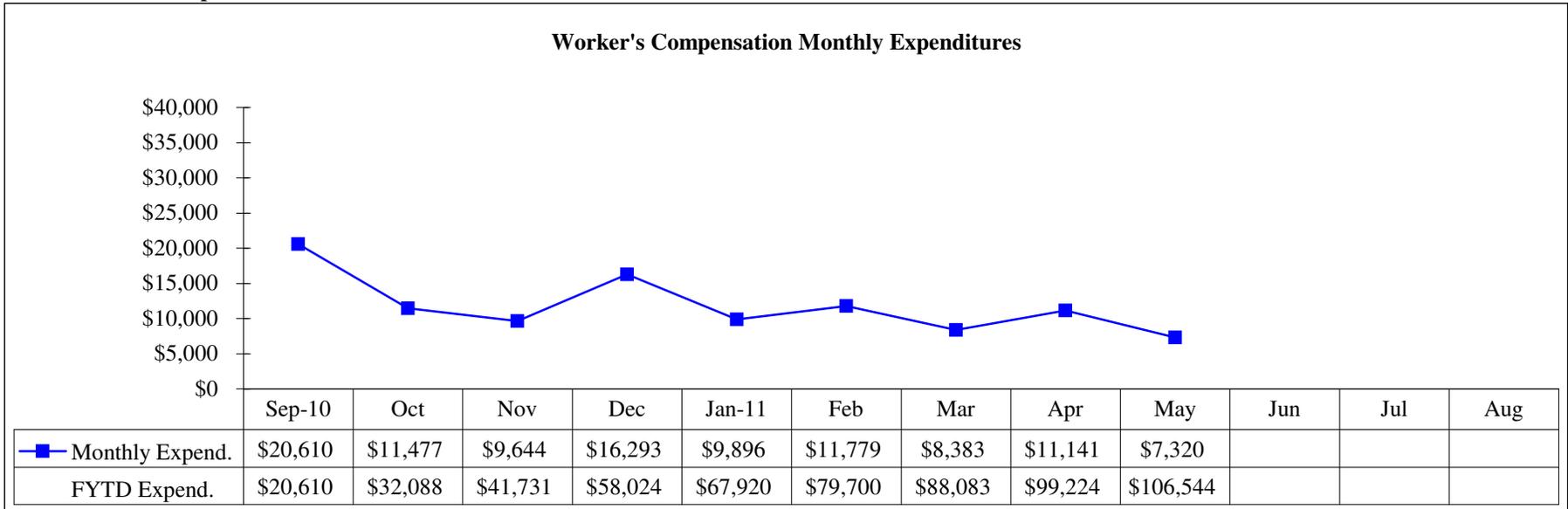


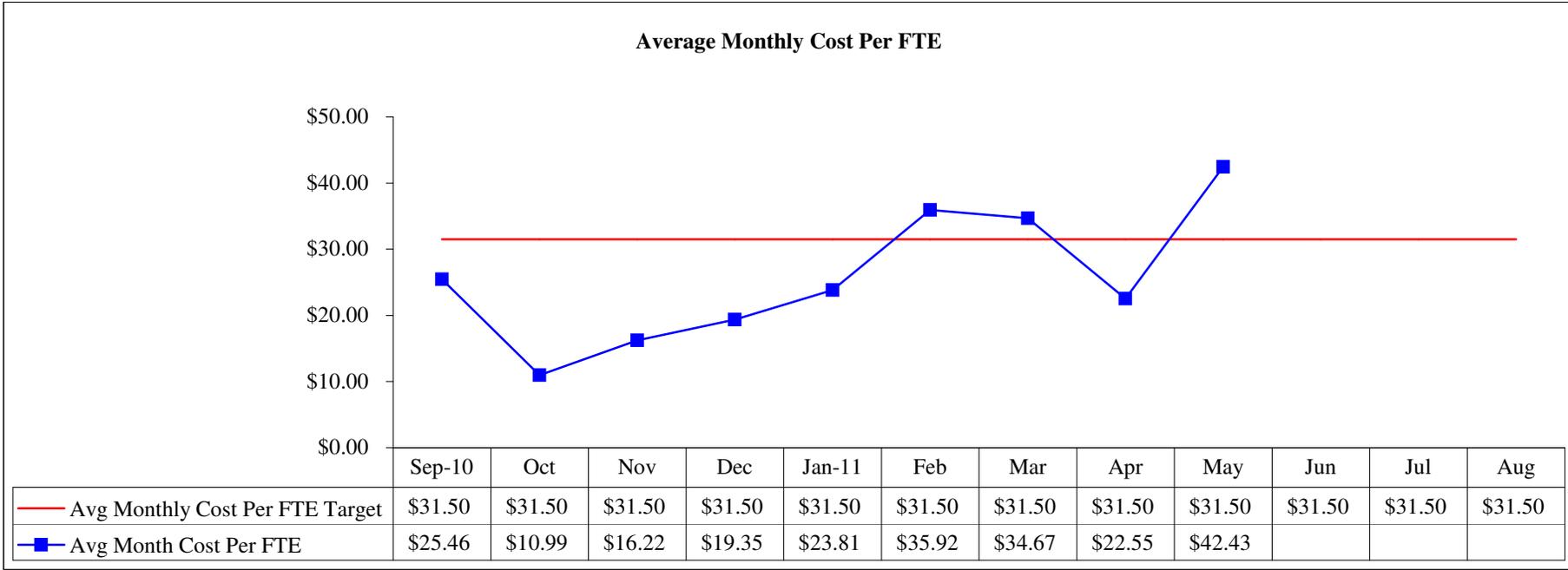
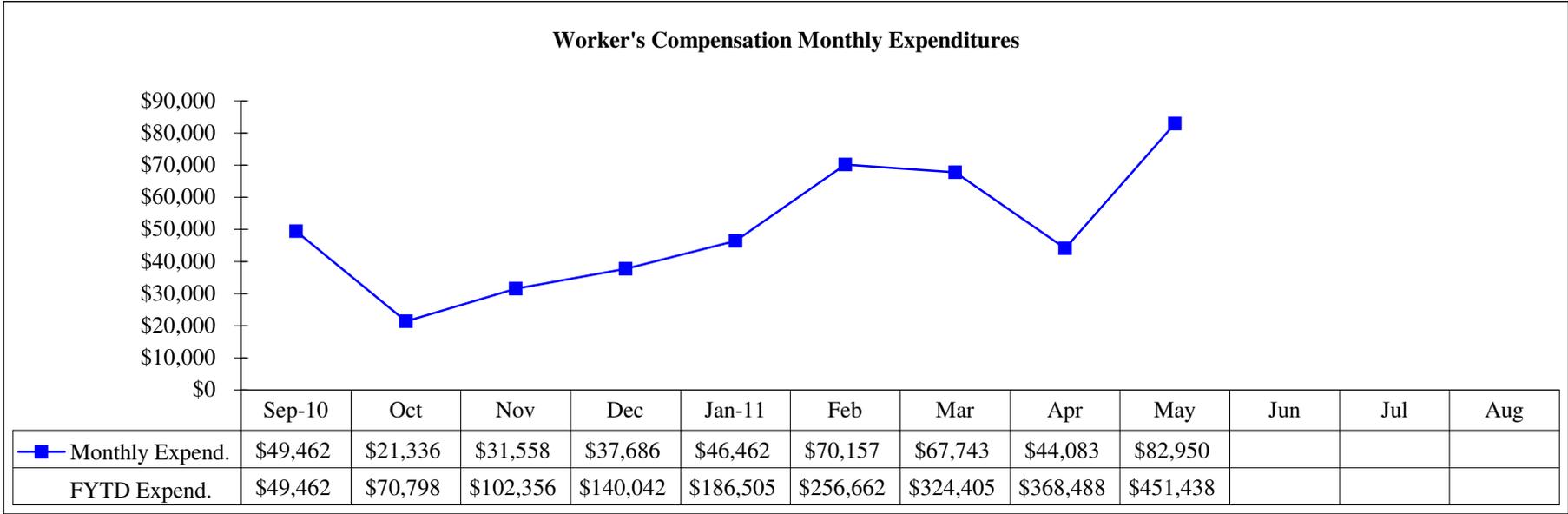
Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

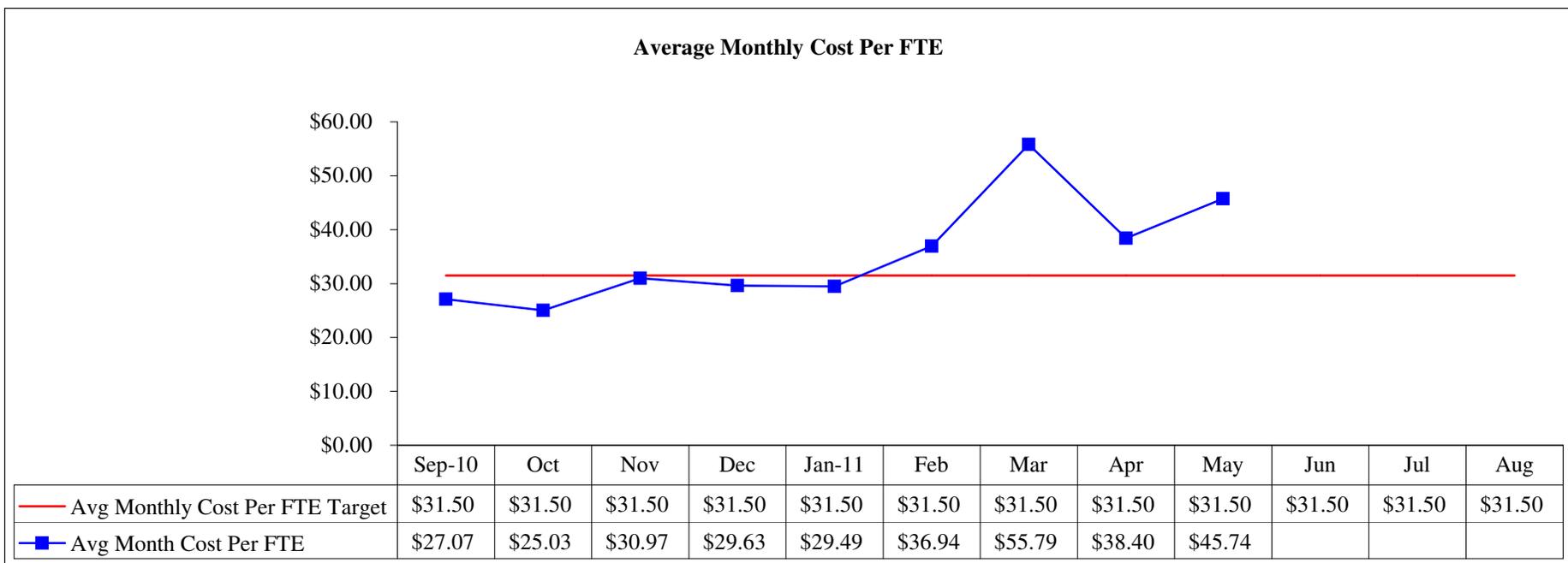
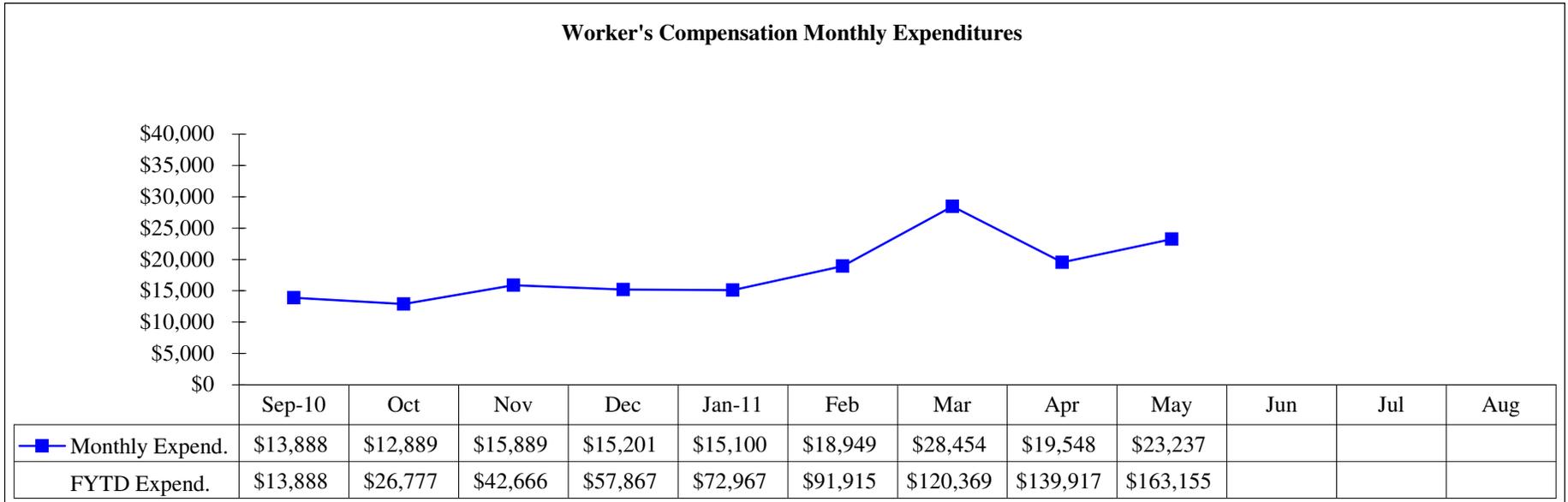
**Objective 6B - Workers Compensation  
Kerrville State Hospital**



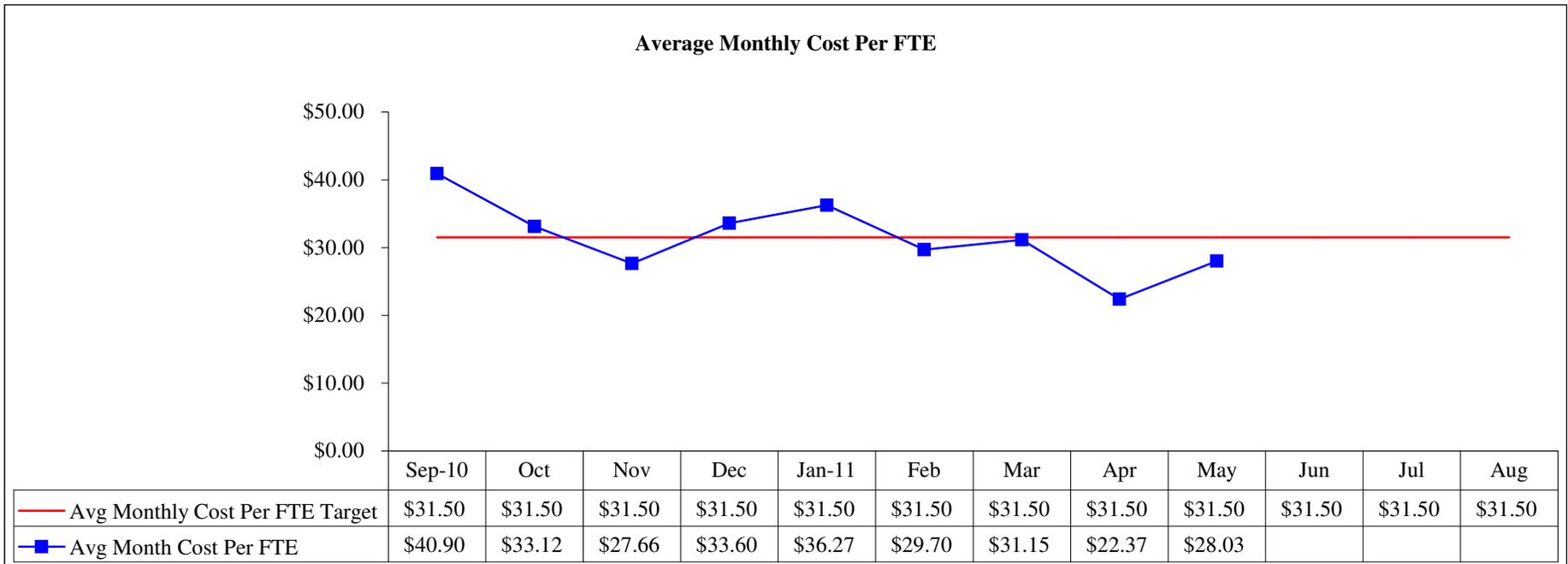
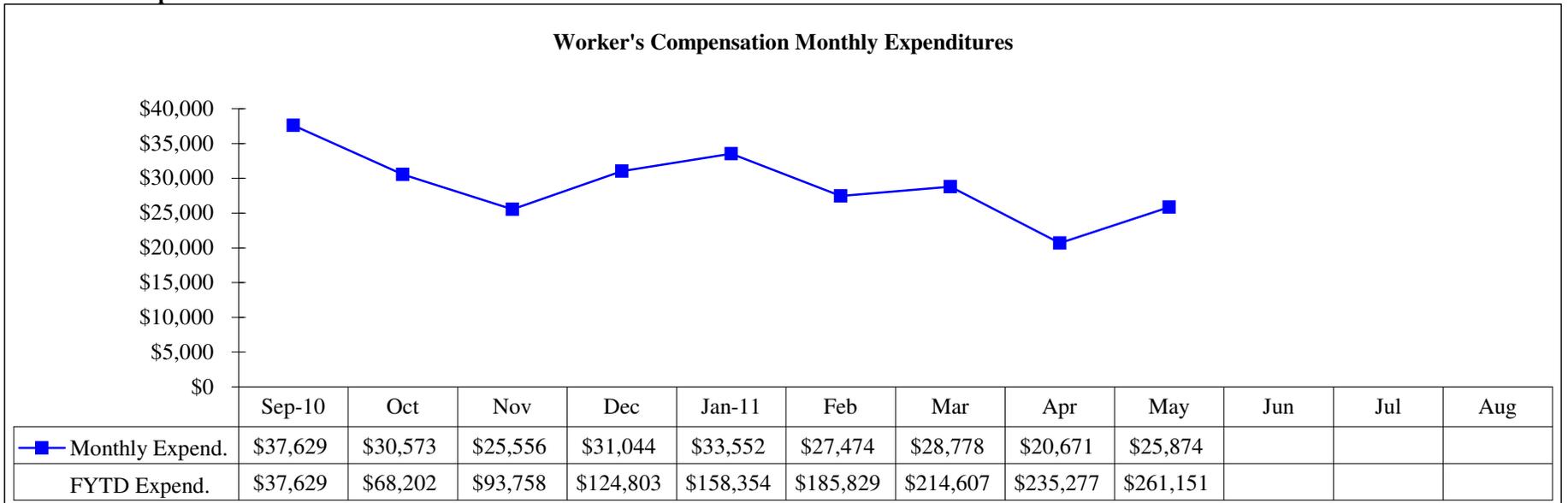
**Objective 6B - Workers Compensation  
North Texas State Hospital**



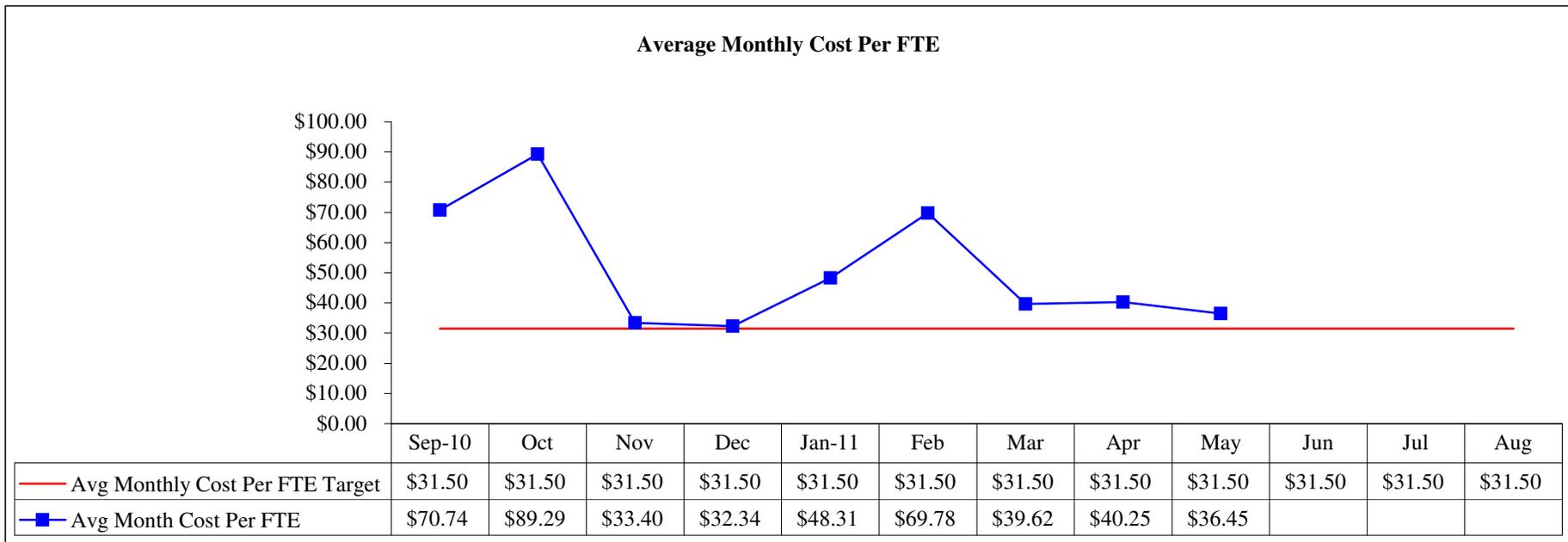
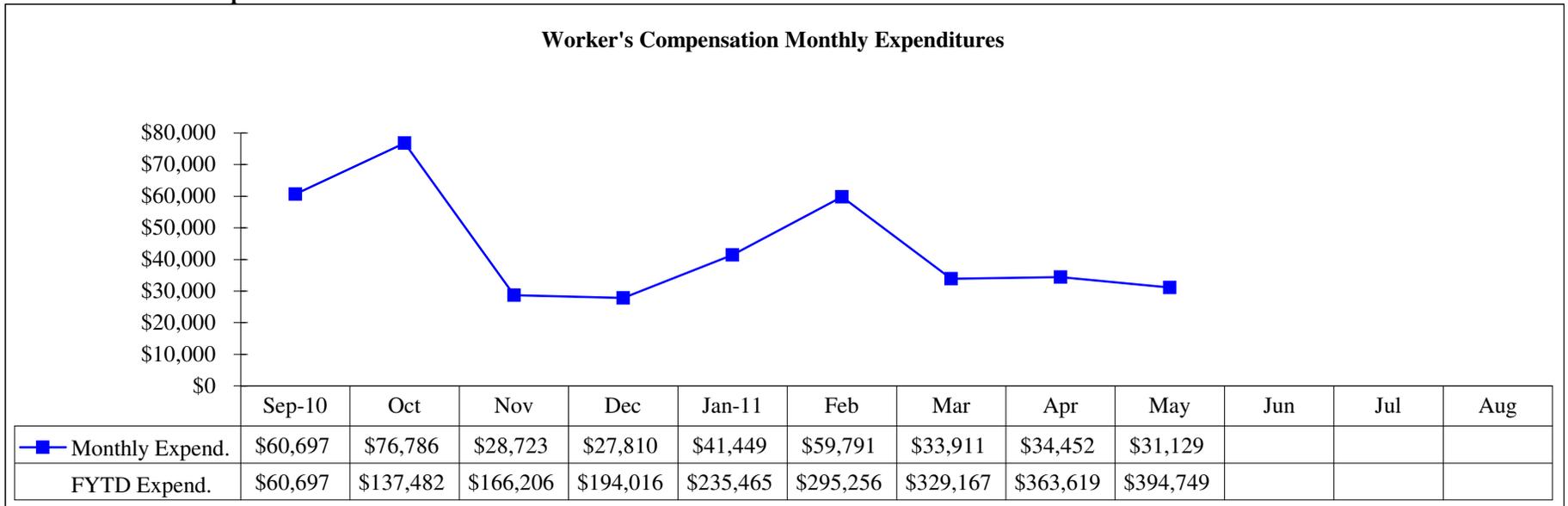
**Objective 6B - Workers Compensation  
Rio Grande State Center**



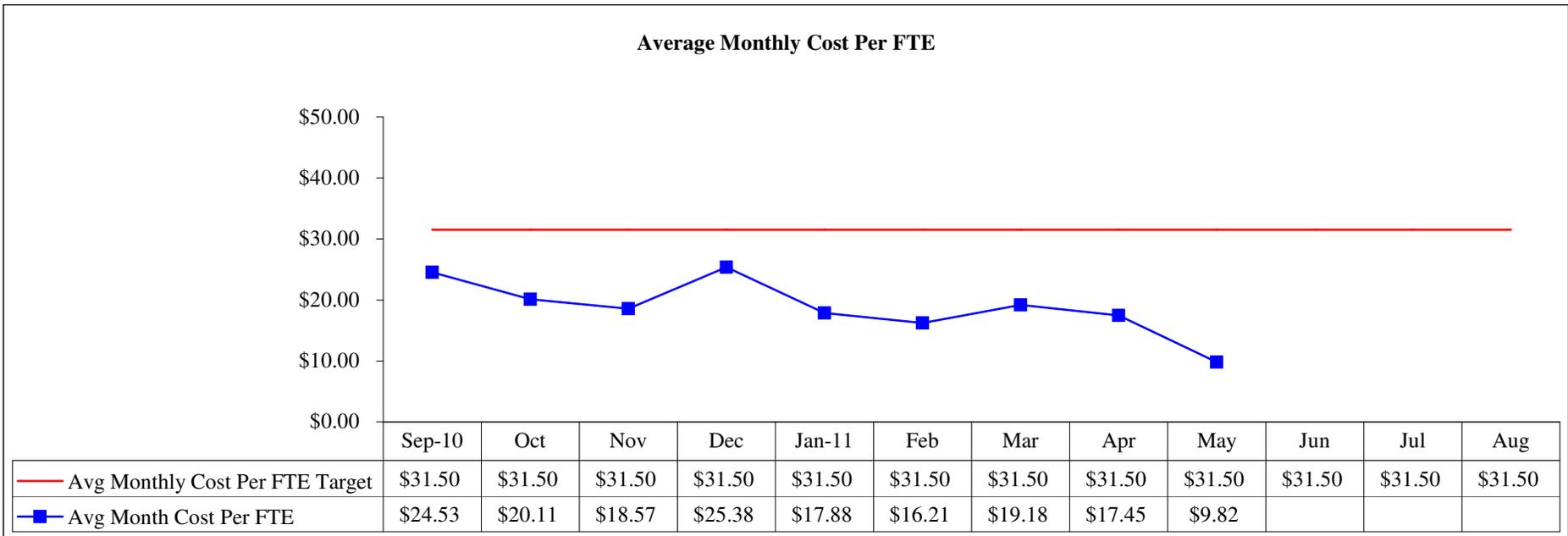
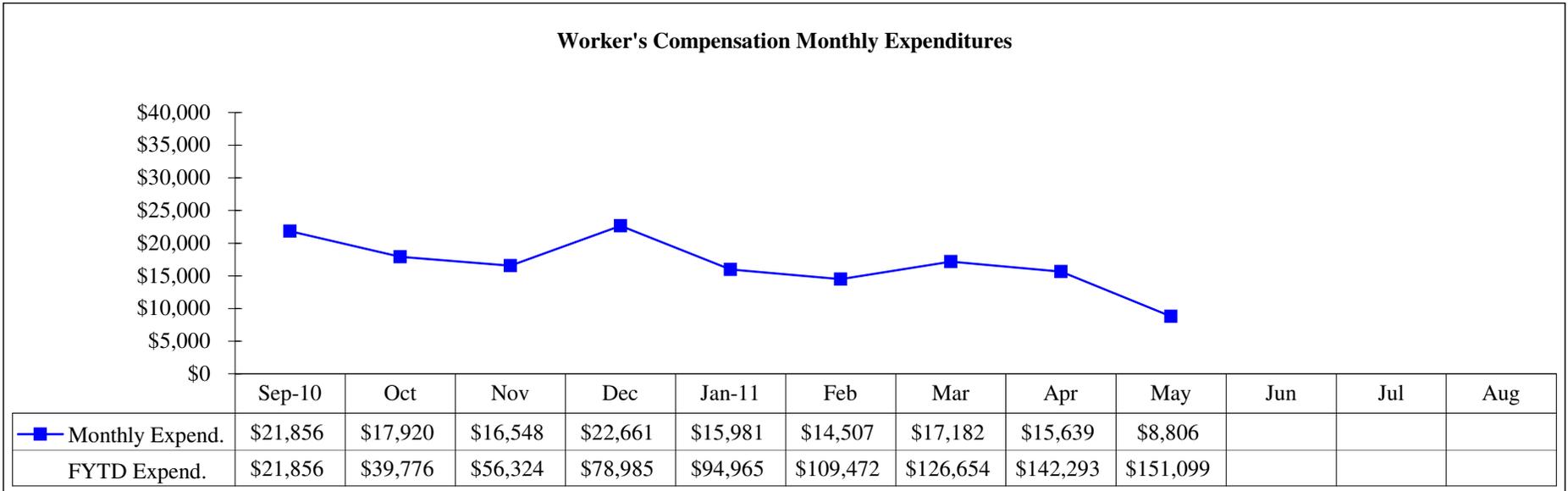
**Objective 6B - Workers Compensation**  
**Rusk State Hospital**



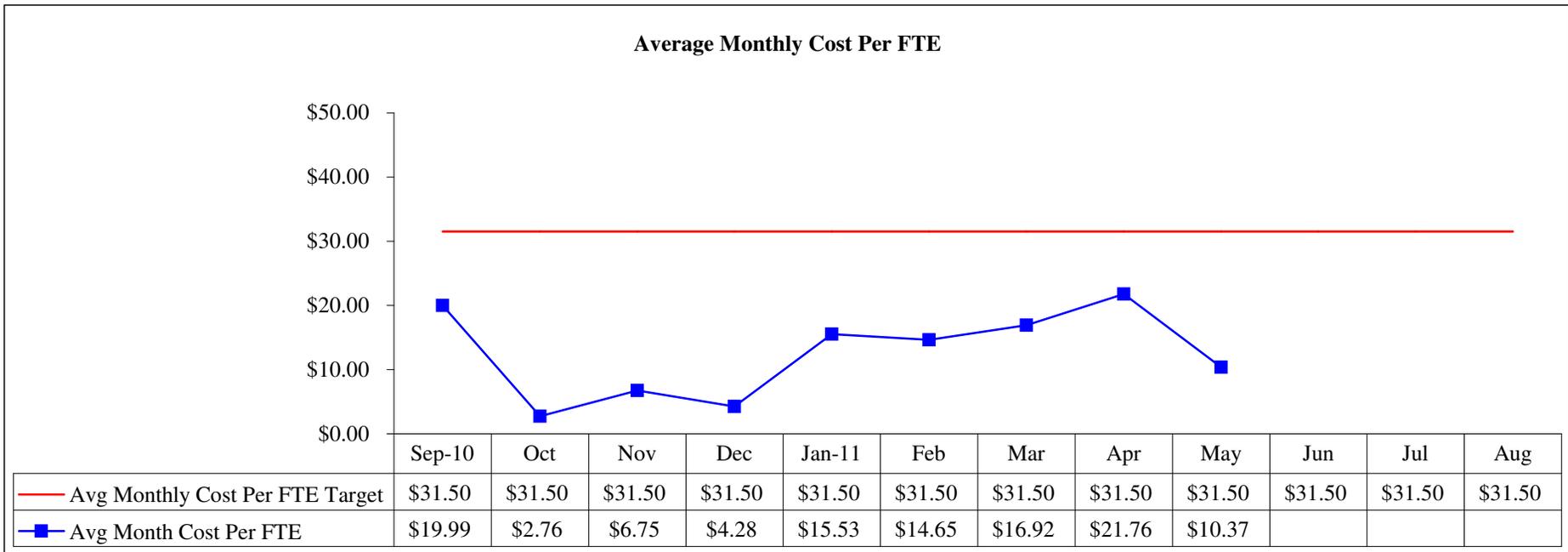
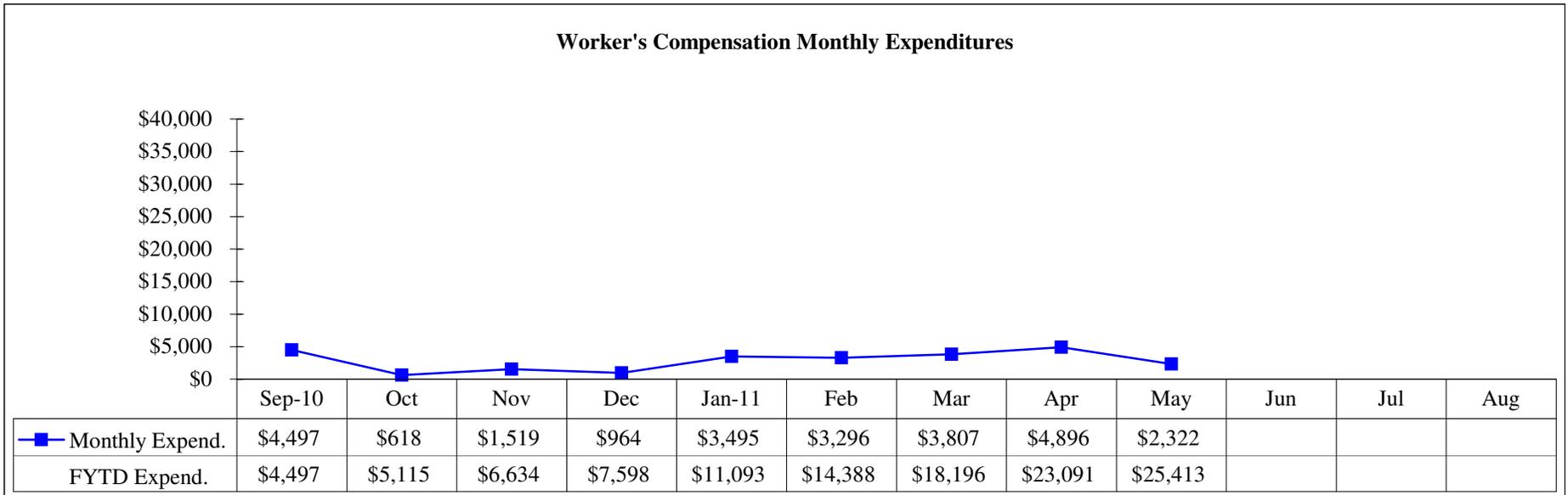
**Objective 6B - Workers Compensation  
San Antonio State Hospital**



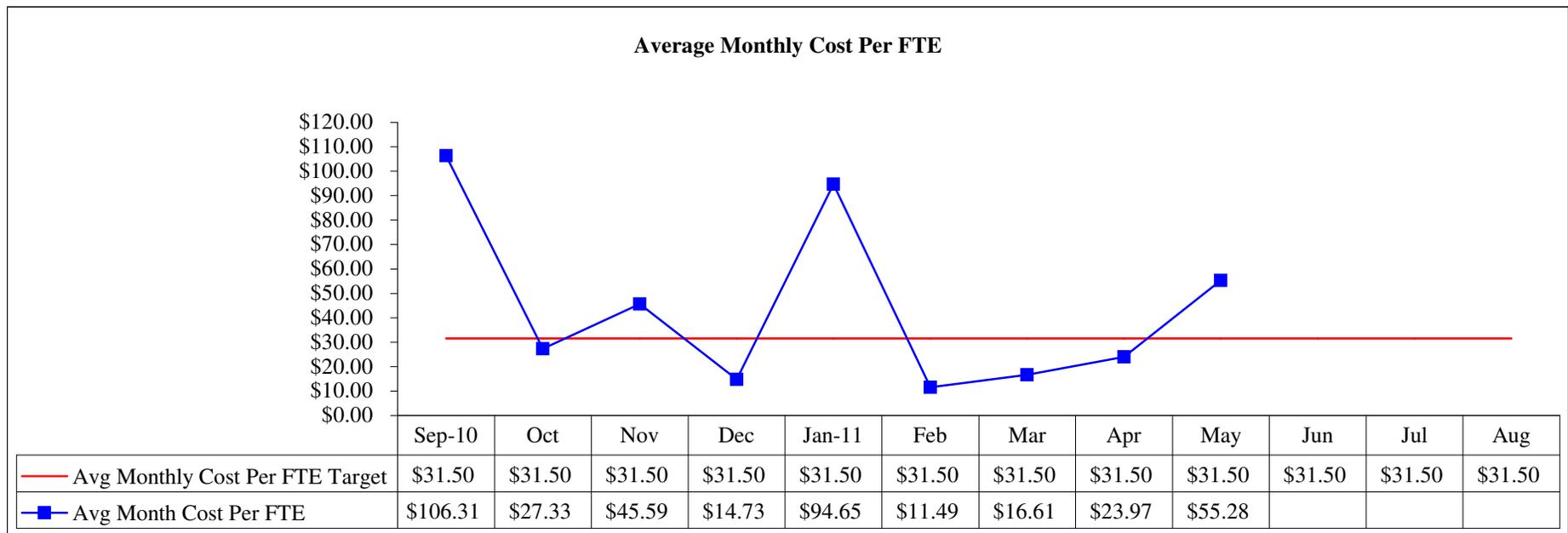
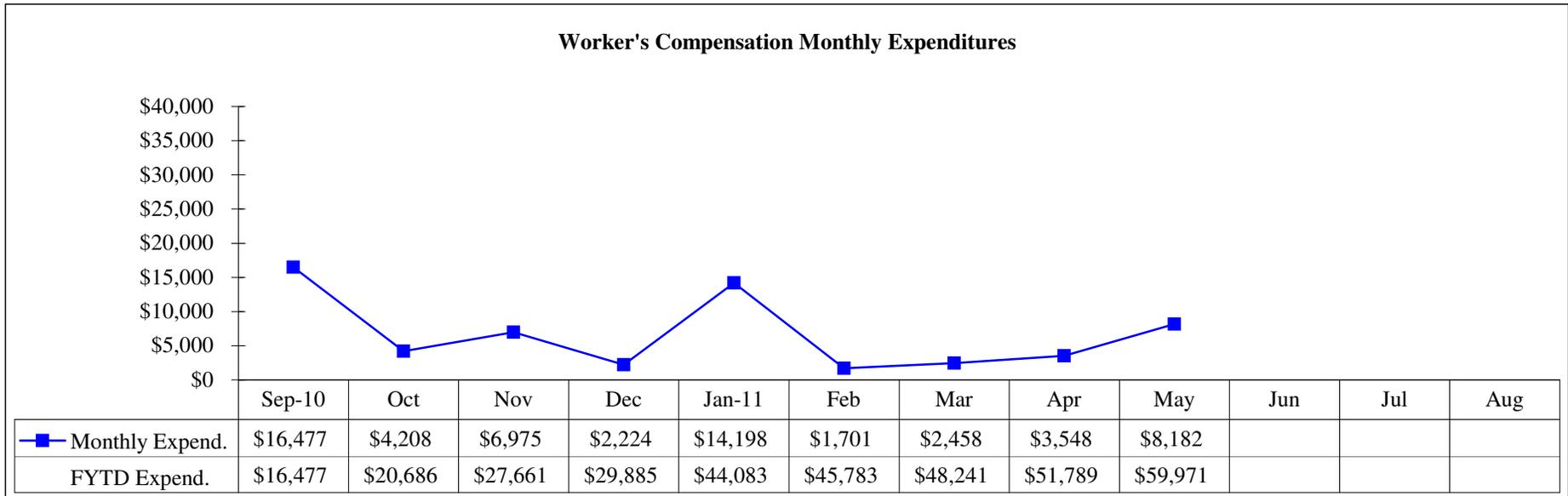
**Objective 6B - Workers Compensation  
Terrell State Hospital**



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



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



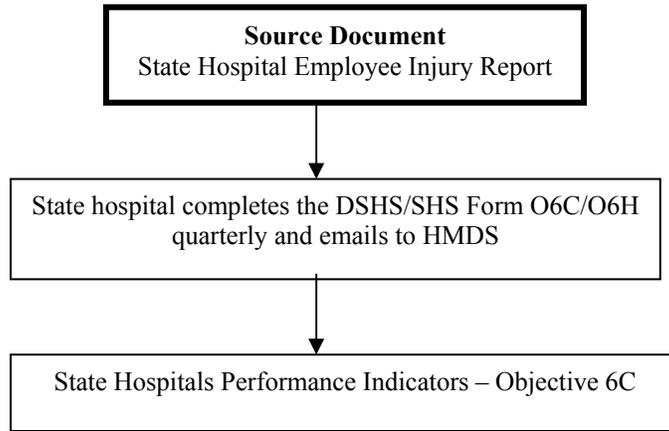
**Performance Objective 6C:**

**Continue to demonstrate efforts to 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.

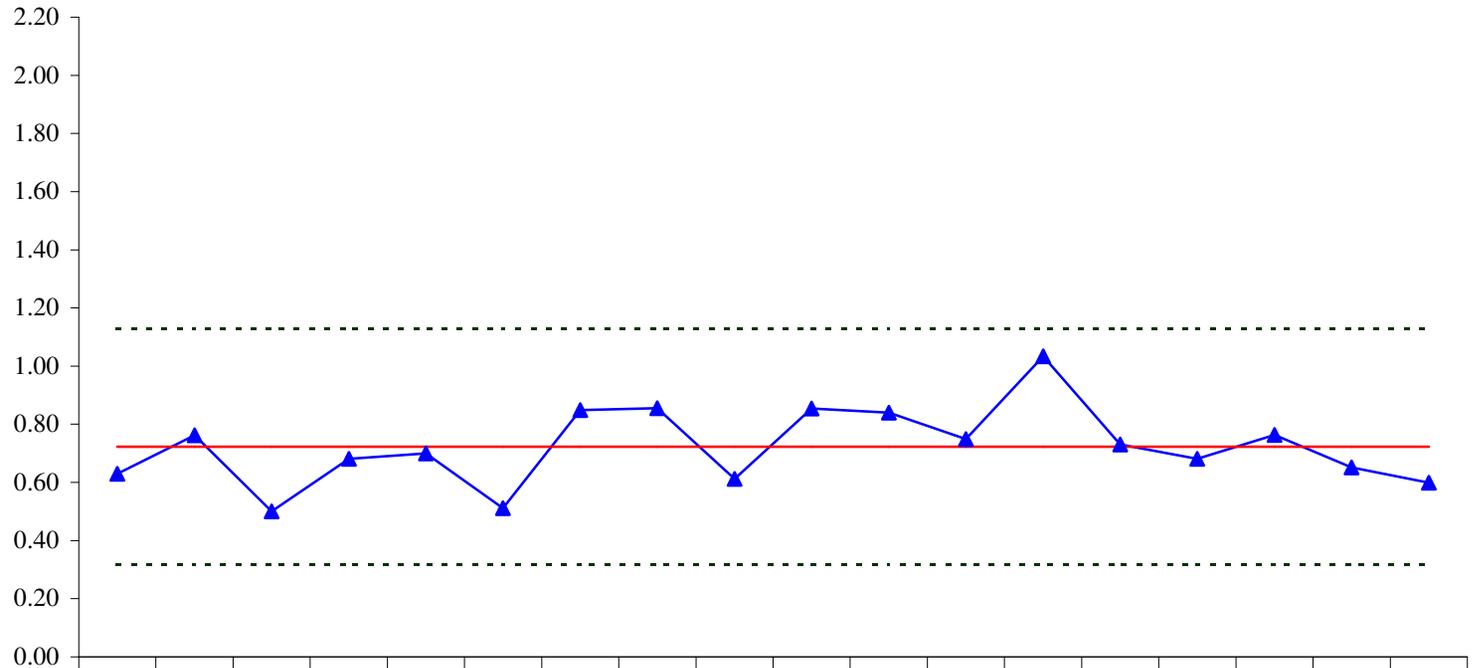
**Performance Objective Data Display and Chart Description:**  
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

**Data Flow:**



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

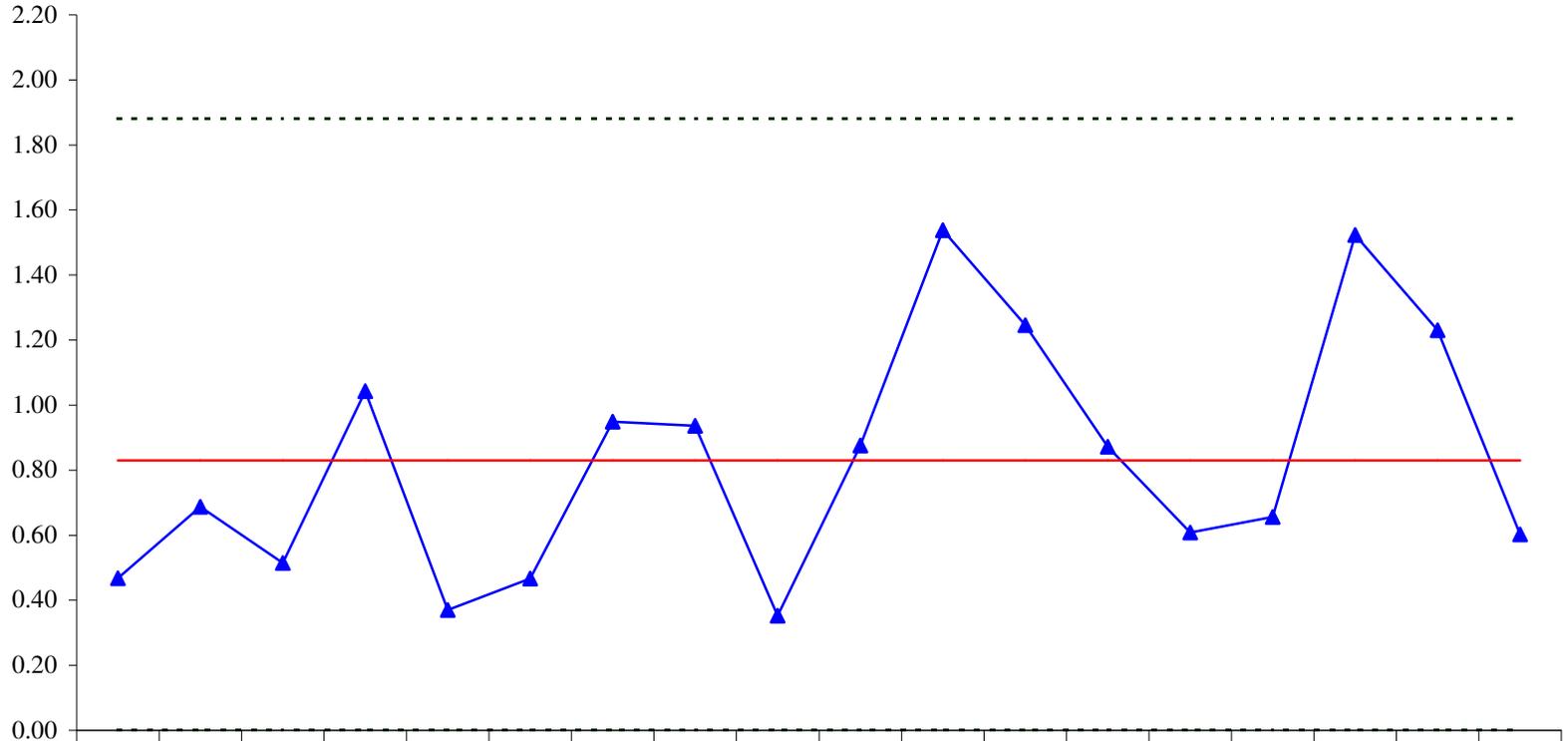
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	160	169	134	162	163	173	190	170	195	205	174	165	219	183	190	184	152	168
Injuries Resulting in a WCC	46	56	33	50	50	38	61	63	45	61	62	53	74	53	45	56	46	44
▲ Emp. Inj.(WCC)/1000 Bed Days	0.63	0.76	0.50	0.68	0.70	0.51	0.85	0.86	0.61	0.85	0.84	0.75	1.03	0.73	0.68	0.76	0.65	0.60
-----UCL	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
— Avg	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
-----LCL	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32

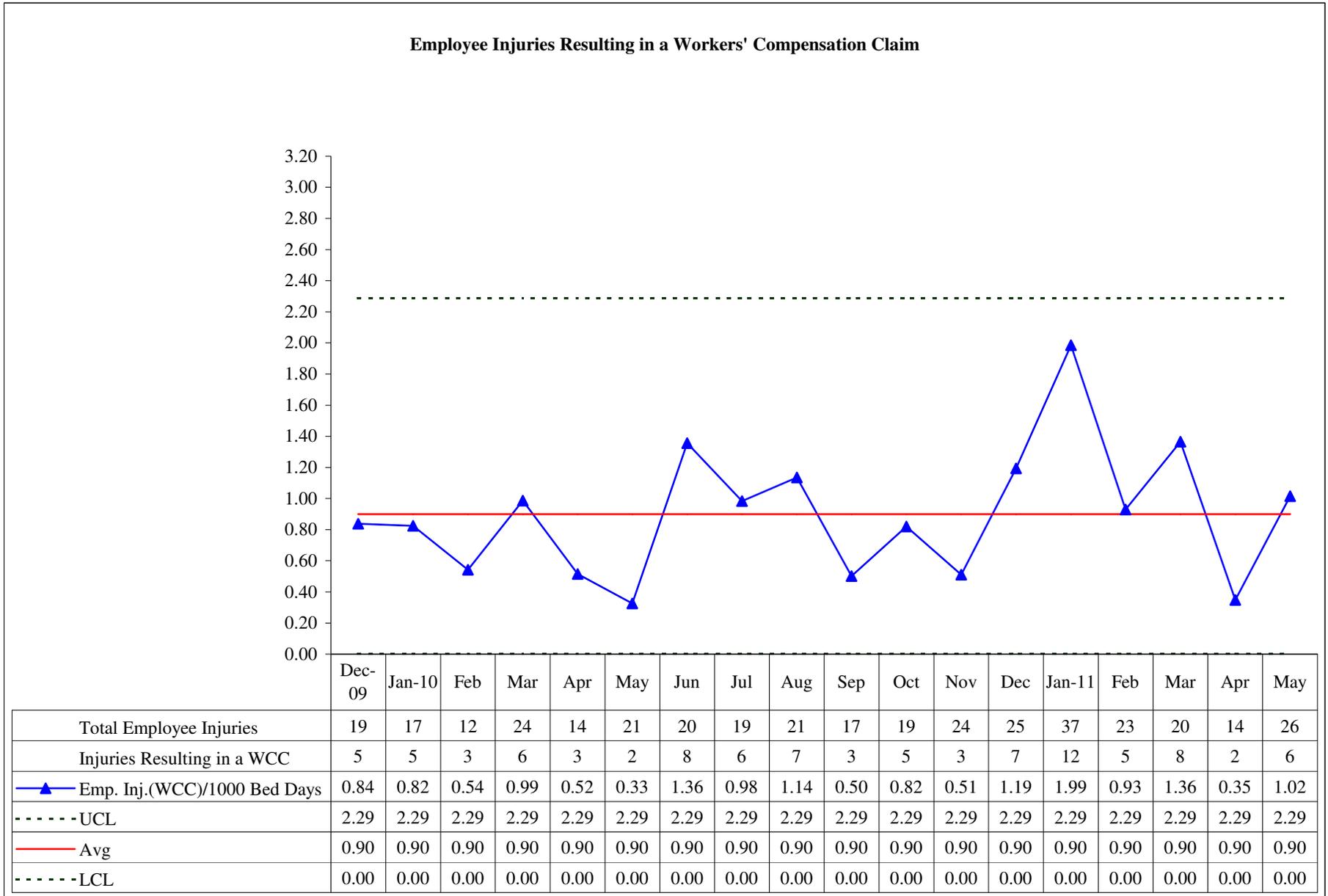
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**Austin State Hospital**

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



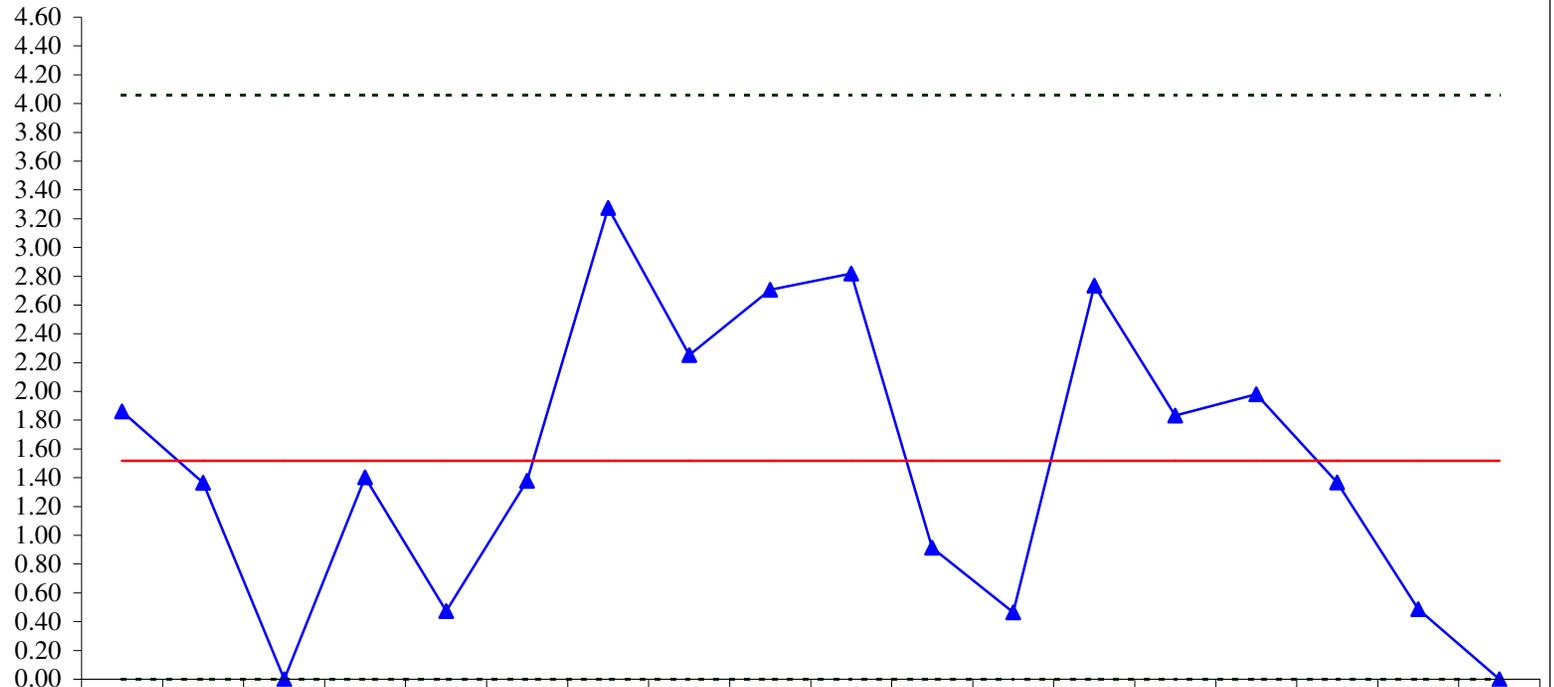
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	7	12	8	14	6	4	8	8	3	7	13	10	8	5	5	14	10	9
Injuries Resulting in a WCC	4	6	4	9	3	4	8	8	3	7	13	10	7	5	5	13	10	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.47	0.69	0.51	1.04	0.37	0.47	0.95	0.94	0.35	0.88	1.54	1.25	0.87	0.61	0.66	1.52	1.23	0.60
-----UCL	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88
— Avg	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



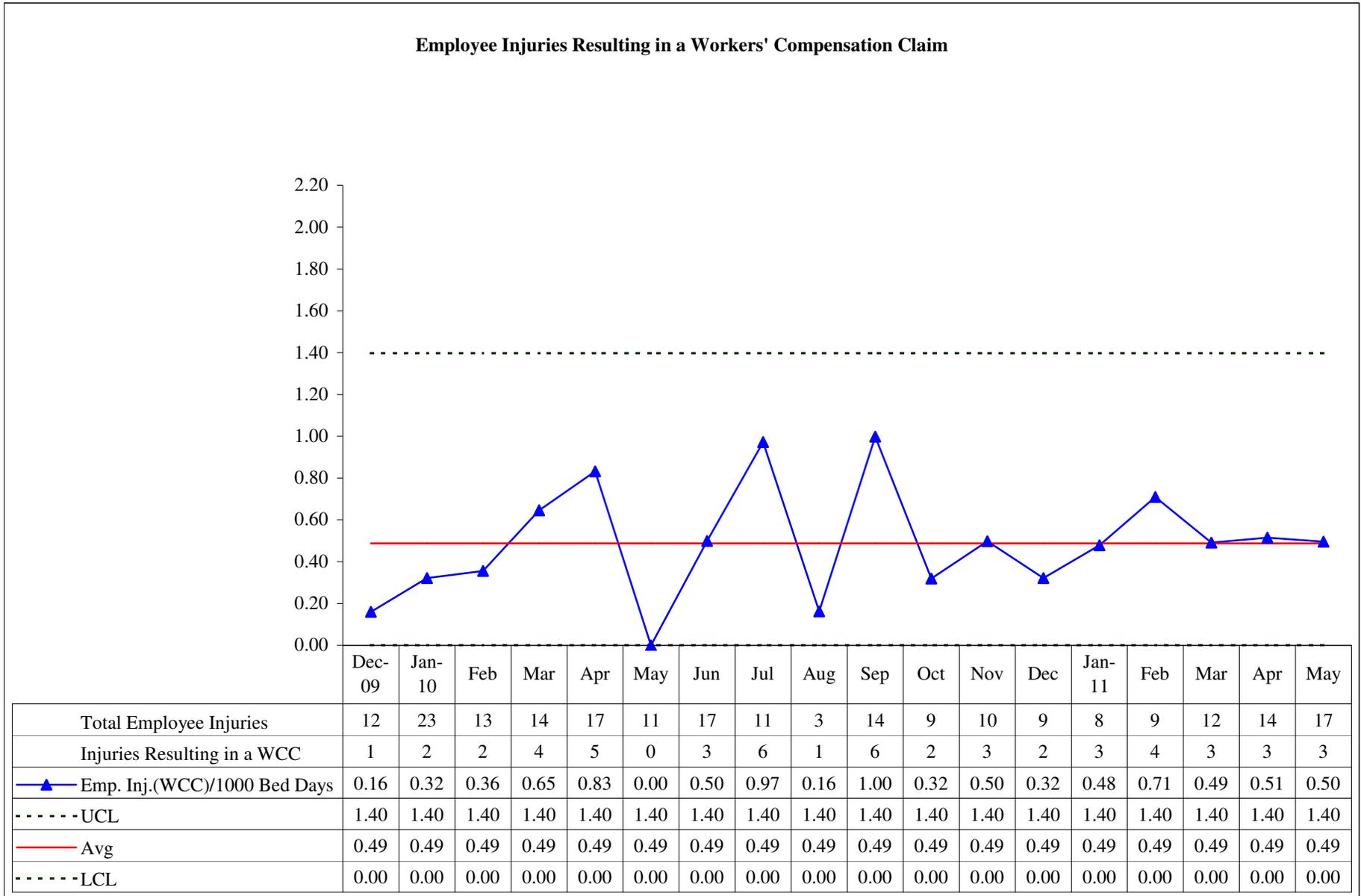
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**El Paso Psychiatric Center**

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



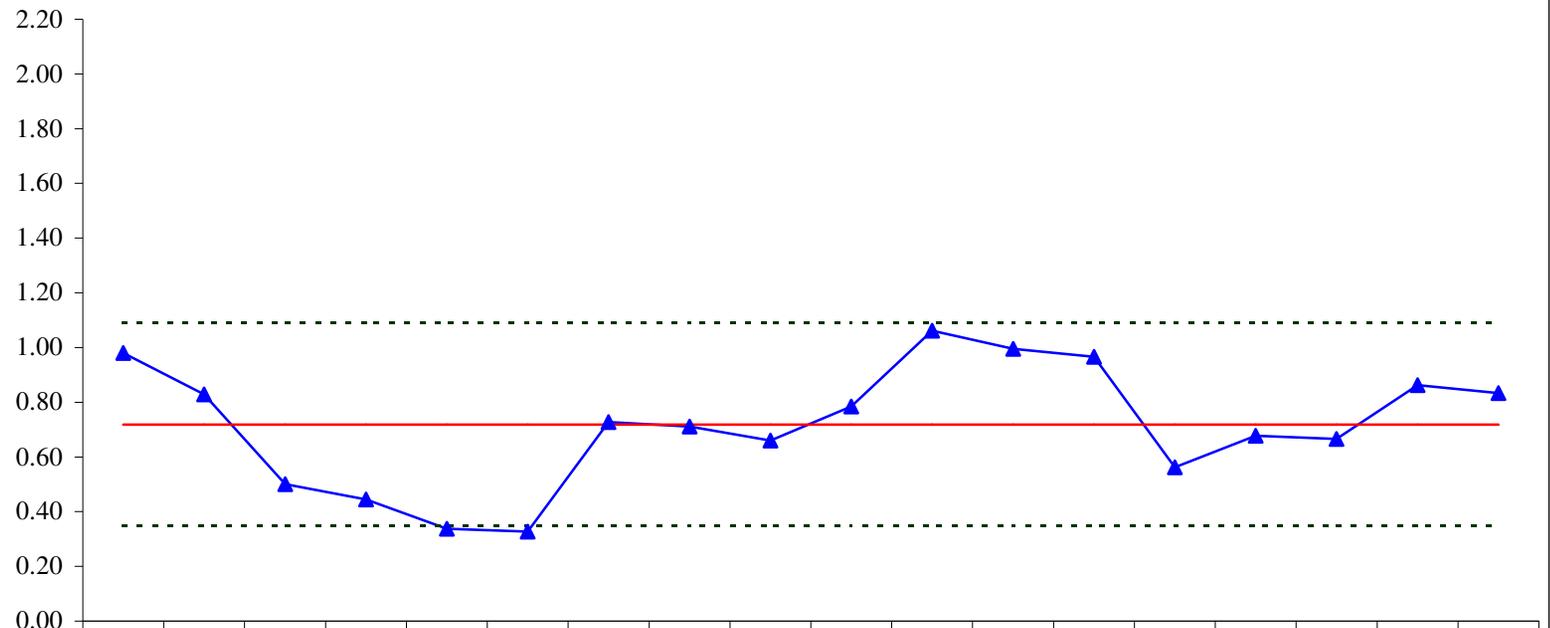
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	7	4	2	8	12	8	14	7	12	10	4	3	18	11	11	7	6	5
Injuries Resulting in a WCC	4	3	0	3	1	3	7	5	6	6	2	1	6	4	4	3	1	0
▲ Emp. Inj.(WCC)/1000 Bed Days	1.86	1.37	0.00	1.40	0.47	1.38	3.28	2.25	2.71	2.82	0.91	0.46	2.73	1.83	1.98	1.37	0.49	0.00
-----UCL	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
— Avg	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52
-----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**

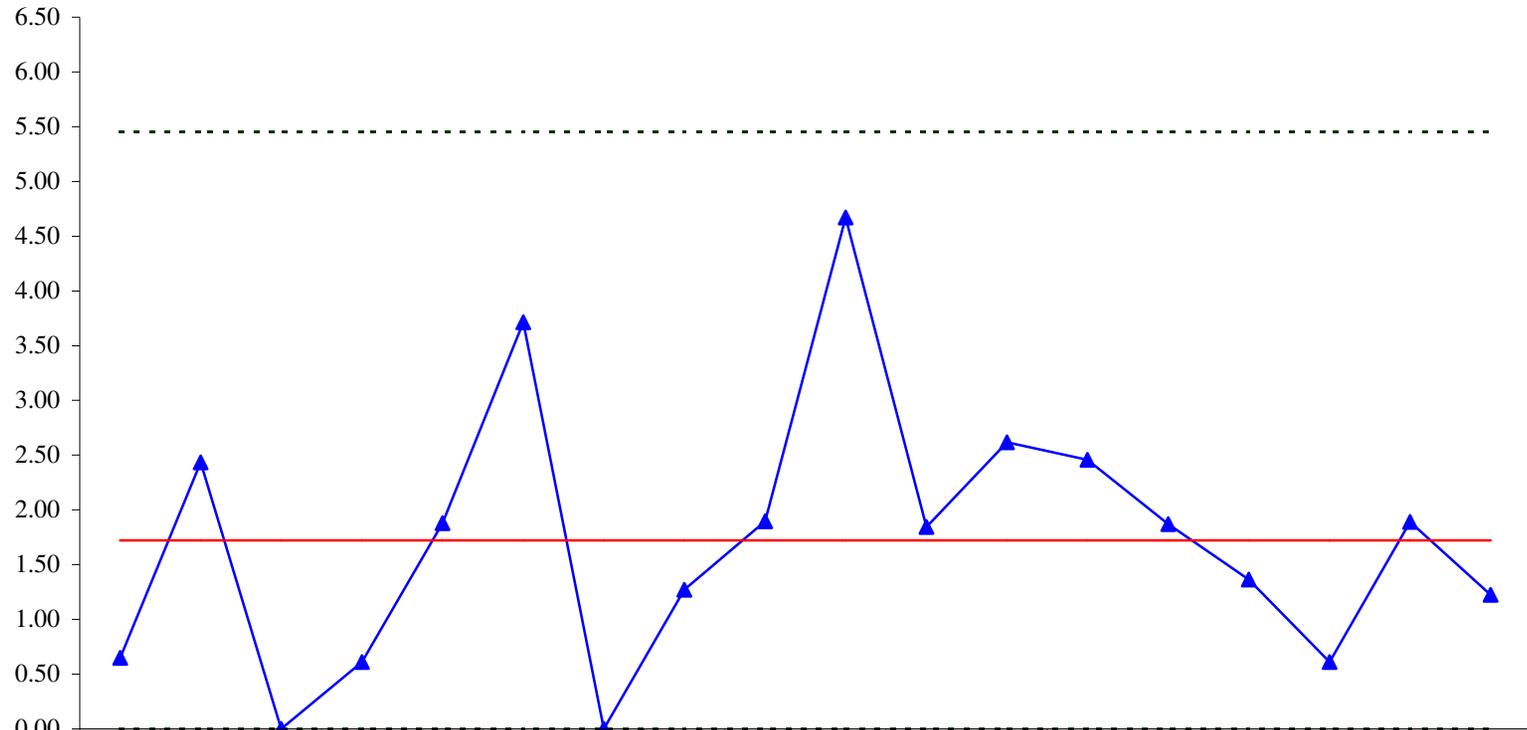
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	37	34	21	27	24	18	41	35	29	49	36	35	38	35	36	46	42	35
Injuries Resulting in a WCC	18	15	8	8	6	6	13	13	12	14	19	17	17	10	11	12	15	15
▲ Emp. Inj.(WCC)/1000 Bed Days	0.98	0.83	0.50	0.44	0.34	0.33	0.73	0.71	0.66	0.78	1.06	1.00	0.97	0.56	0.68	0.67	0.86	0.83
-----UCL	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09
— Avg	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
-----LCL	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35

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

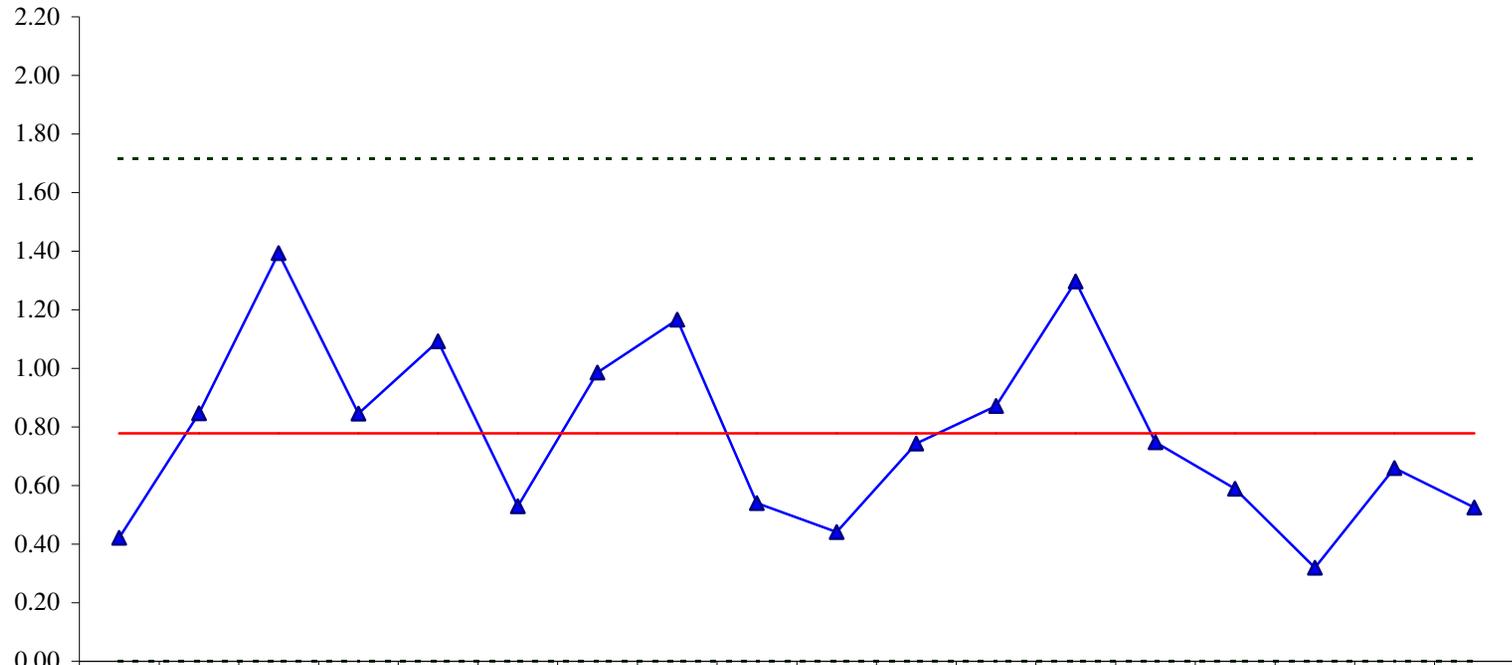
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	8	10	5	13	11	21	18	17	27	27	19	27	33	20	17	24	16	26
Injuries Resulting in a WCC	1	4	0	1	3	6	0	2	3	7	3	4	4	3	2	1	3	2
▲ Emp. Inj.(WCC)/1000 Bed Days	0.65	2.43	0.00	0.61	1.88	3.72	0.00	1.27	1.90	4.67	1.84	2.62	2.46	1.87	1.36	0.61	1.89	1.22
-----UCL	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46	5.46
— Avg	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72
-----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**

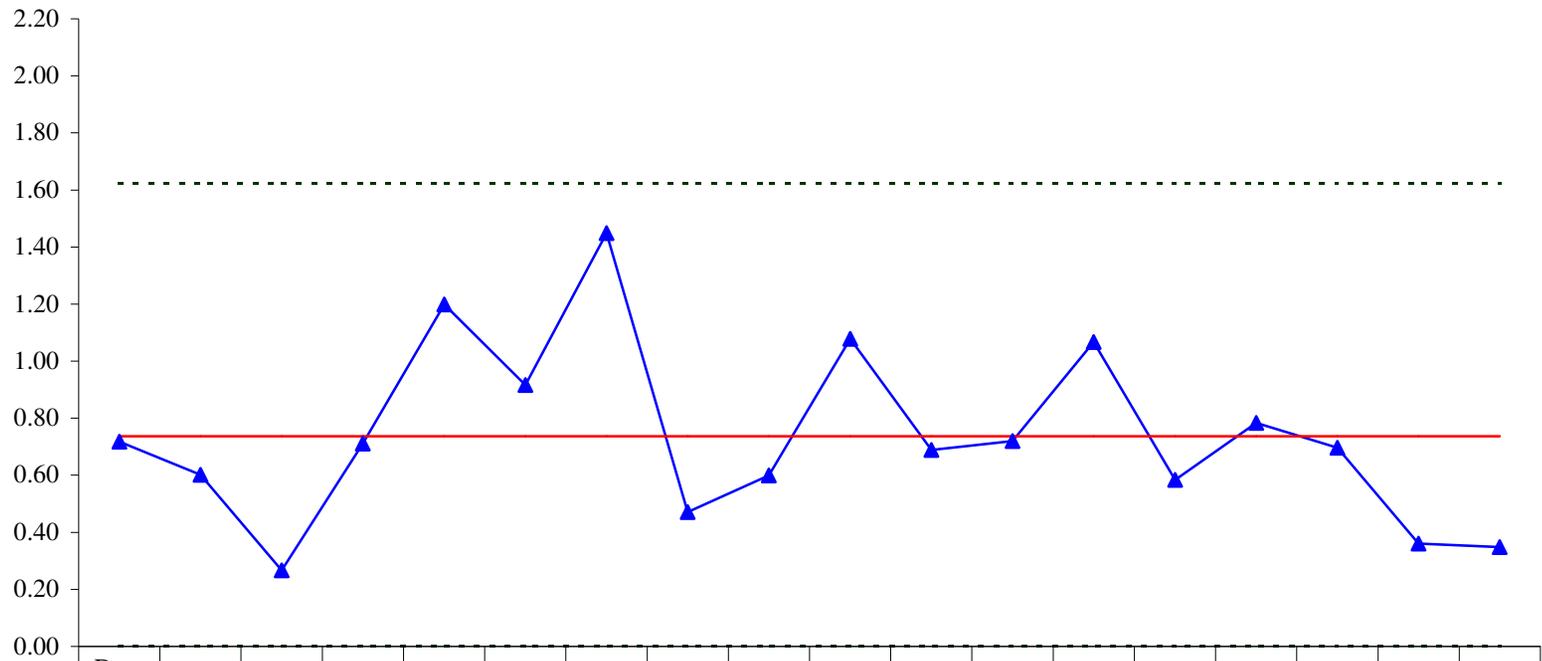
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	26	28	25	21	22	36	22	29	43	22	23	23	33	17	25	18	21	19
Injuries Resulting in a WCC	4	8	12	8	10	5	9	11	5	4	7	8	12	7	5	3	6	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.42	0.85	1.39	0.85	1.09	0.53	0.99	1.17	0.54	0.44	0.74	0.87	1.30	0.75	0.59	0.32	0.66	0.52
-----UCL	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72
— Avg	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78
-----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**

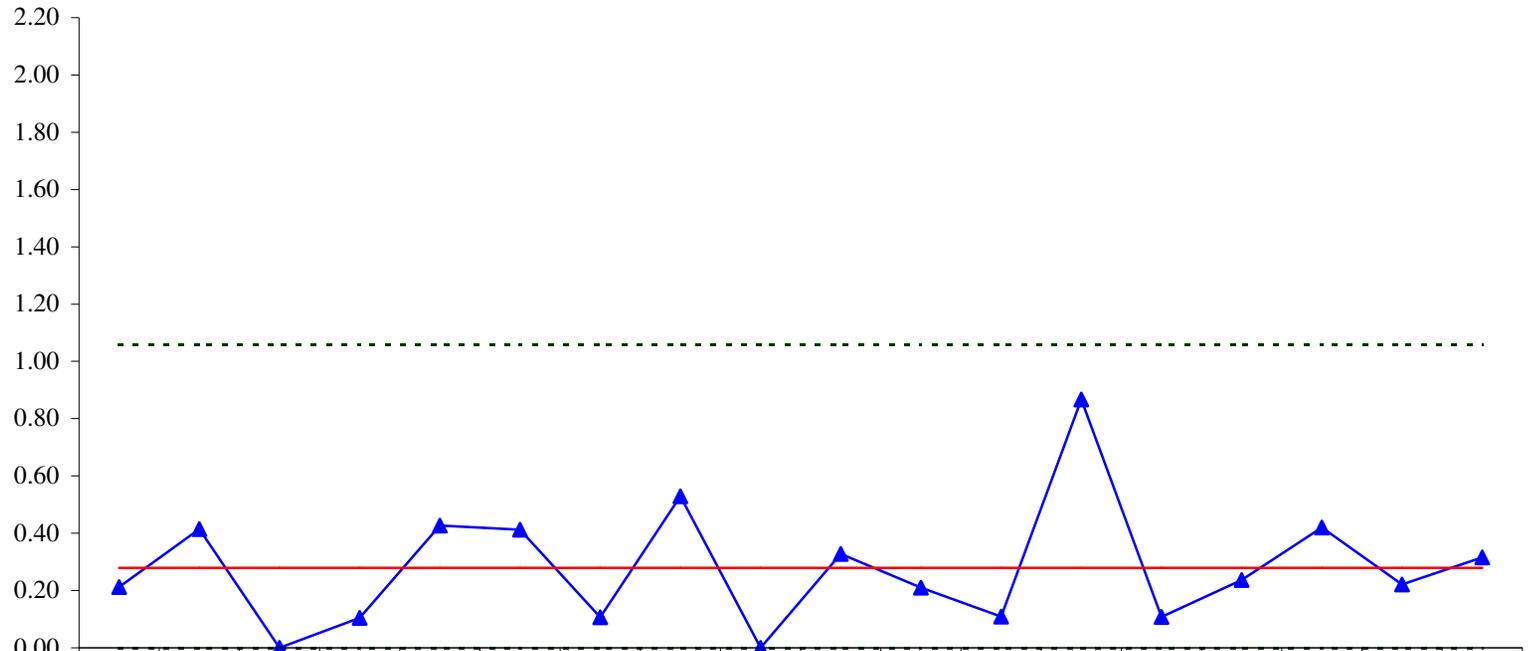
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	21	18	16	22	23	26	28	20	18	27	25	10	20	22	21	11	3	9
Injuries Resulting in a WCC	6	5	2	6	10	8	12	4	5	9	6	6	9	5	6	6	3	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.72	0.60	0.27	0.71	1.20	0.92	1.45	0.47	0.60	1.08	0.69	0.72	1.07	0.58	0.78	0.70	0.36	0.35
-----UCL	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62
— Avg	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
-----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**

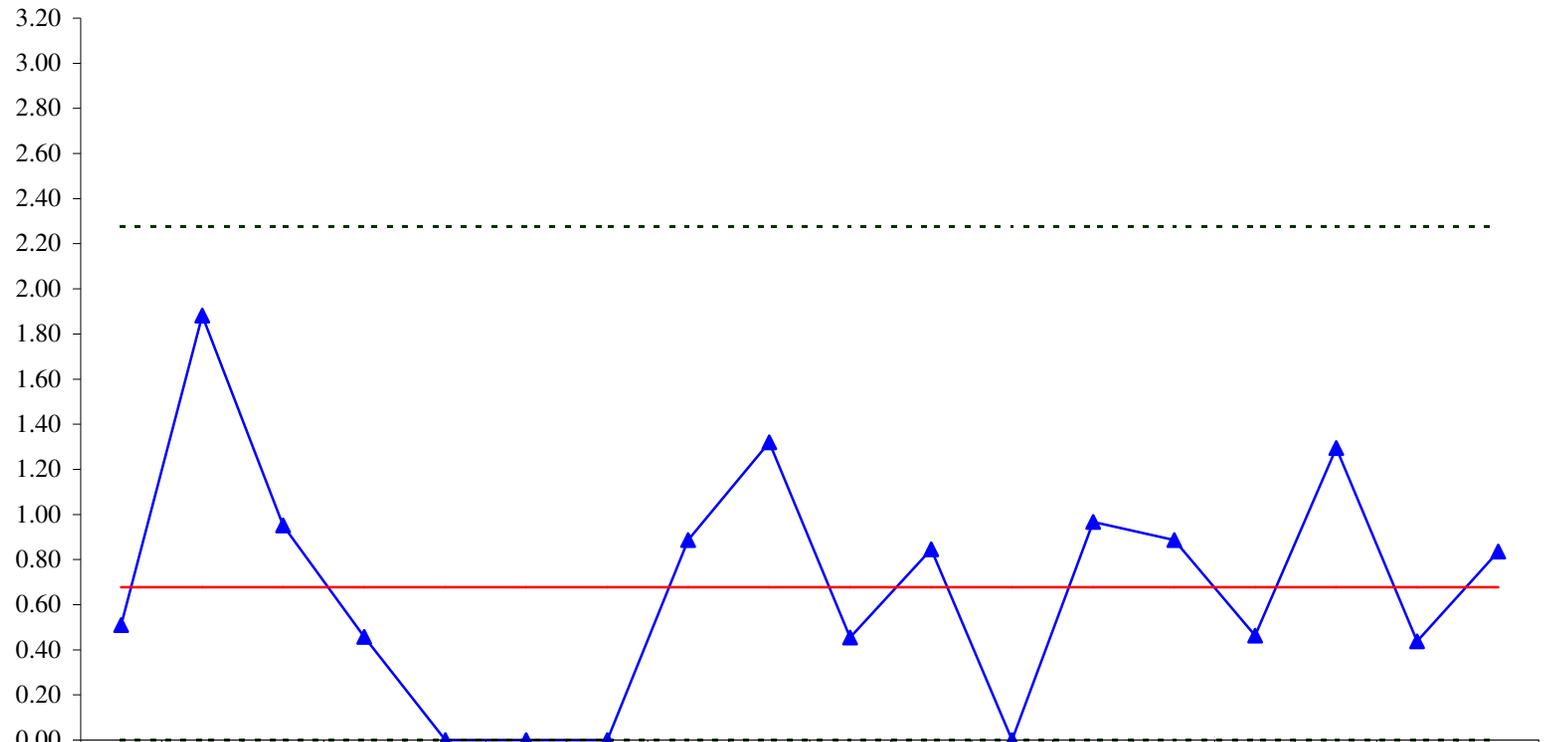
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	20	16	27	15	28	26	20	20	34	29	21	19	30	23	39	27	20	18
Injuries Resulting in a WCC	2	4	0	1	4	4	1	5	0	3	2	1	8	1	2	4	2	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.21	0.41	0.00	0.11	0.43	0.41	0.11	0.53	0.00	0.33	0.21	0.11	0.87	0.11	0.24	0.42	0.22	0.32
-----UCL	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06
— Avg	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

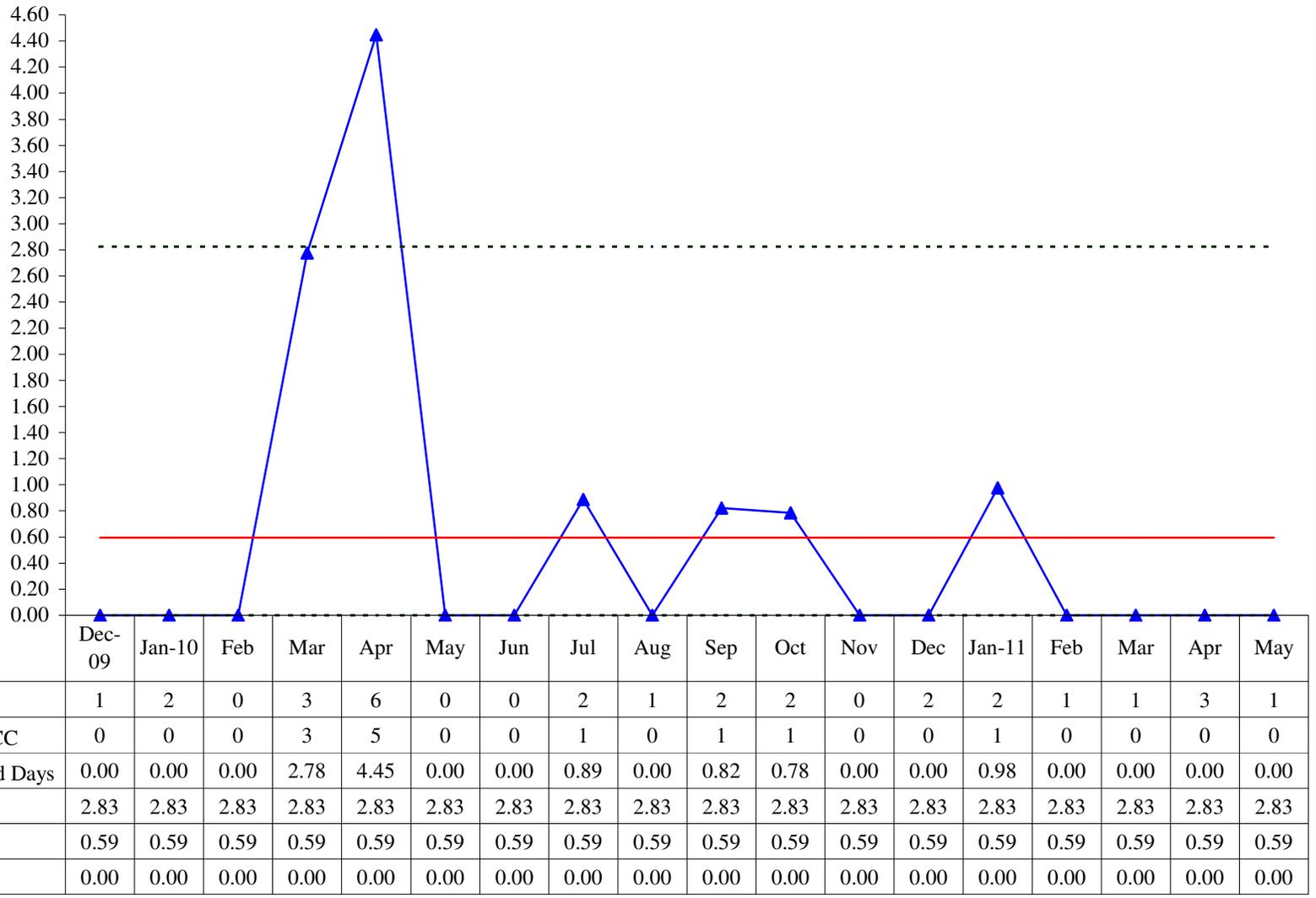
**Employee Injuries Resulting in a Workers' Compensation Claim**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	2	5	5	1	0	2	2	2	4	1	3	4	3	3	3	4	3	3
Injuries Resulting in a WCC	1	4	2	1	0	0	0	2	3	1	2	0	2	2	1	3	1	2
▲ Emp. Inj.(WCC)/1000 Bed Days	0.51	1.88	0.95	0.46	0.00	0.00	0.00	0.89	1.32	0.45	0.84	0.00	0.97	0.89	0.46	1.29	0.44	0.84
- - - - -UCL	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
— Avg	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
- - - - -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**



**Performance Objective 6D:**

**Continue to demonstrate efforts to reduce the rate of patient injuries related to behavioral seclusion and restraint with a goal of zero.**

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

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

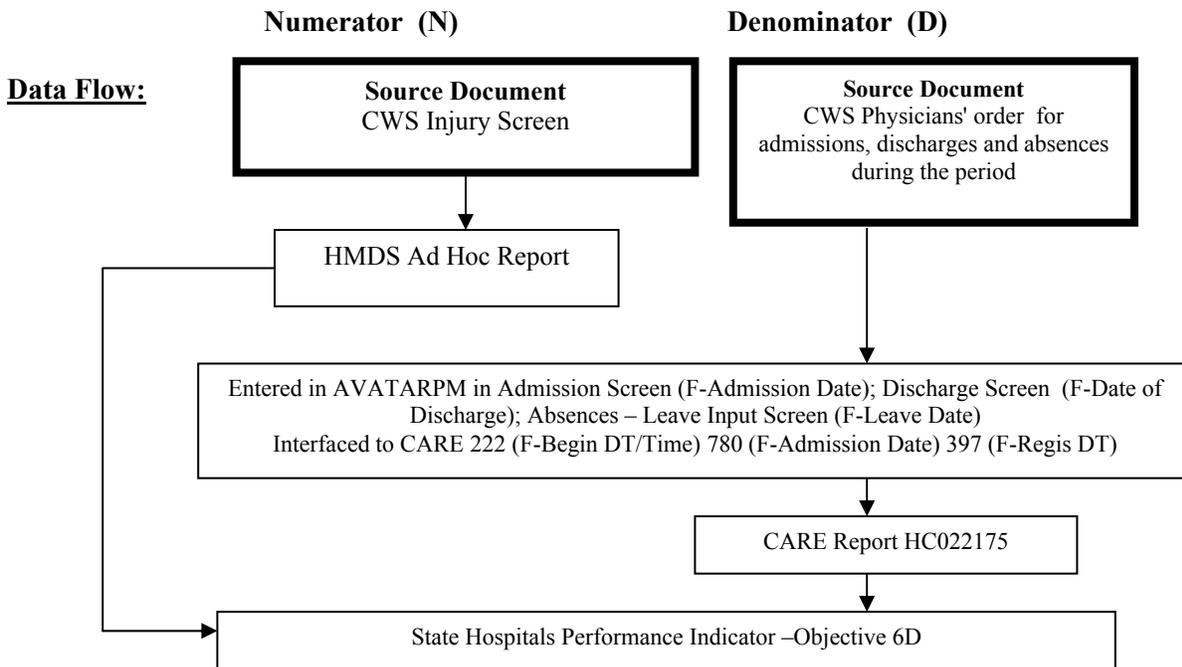
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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

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

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

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



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

**All State MH Hospitals - FY2011**

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	32	49	6	0	0	<b>88</b>	0	30	48	4	0	0	<b>82</b>	3	39	55	2	0	0	<b>99</b>								
Seclusion	0	2	1	0	0	0	<b>3</b>	0	1	0	0	0	0	<b>1</b>	0	2	1	0	0	0	<b>3</b>								
<b>Total</b>	<b>1</b>	<b>34</b>	<b>50</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>91</b>	<b>0</b>	<b>31</b>	<b>48</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>83</b>	<b>3</b>	<b>41</b>	<b>56</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>102</b>								
Per 1000 Beddays							<b>0.4</b>							<b>0.4</b>														<b>0.5</b>	

**Performance Objective 6E:**

**Continue to demonstrate efforts to reduce employees injured during restraint or seclusion with a goal of zero.**

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

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

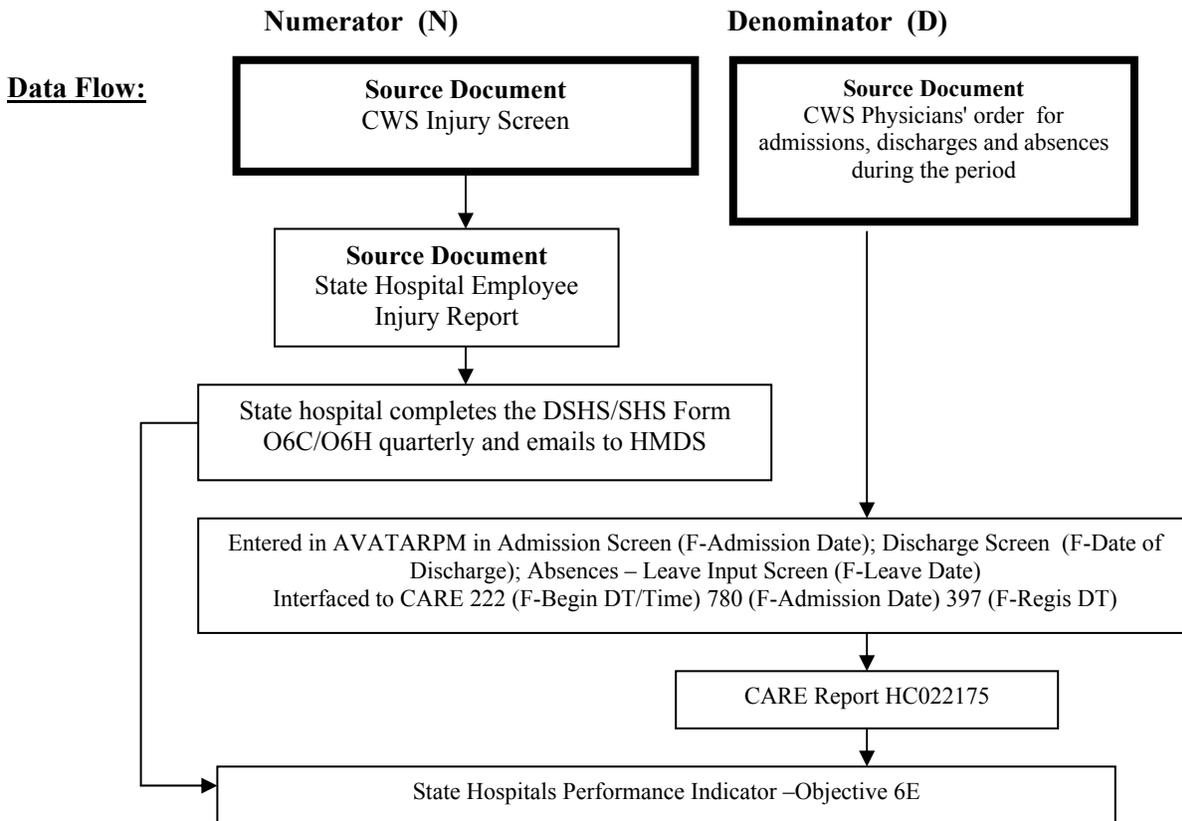
R = rate of employees injured during restraint or seclusion per 1000 bed days per month

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

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

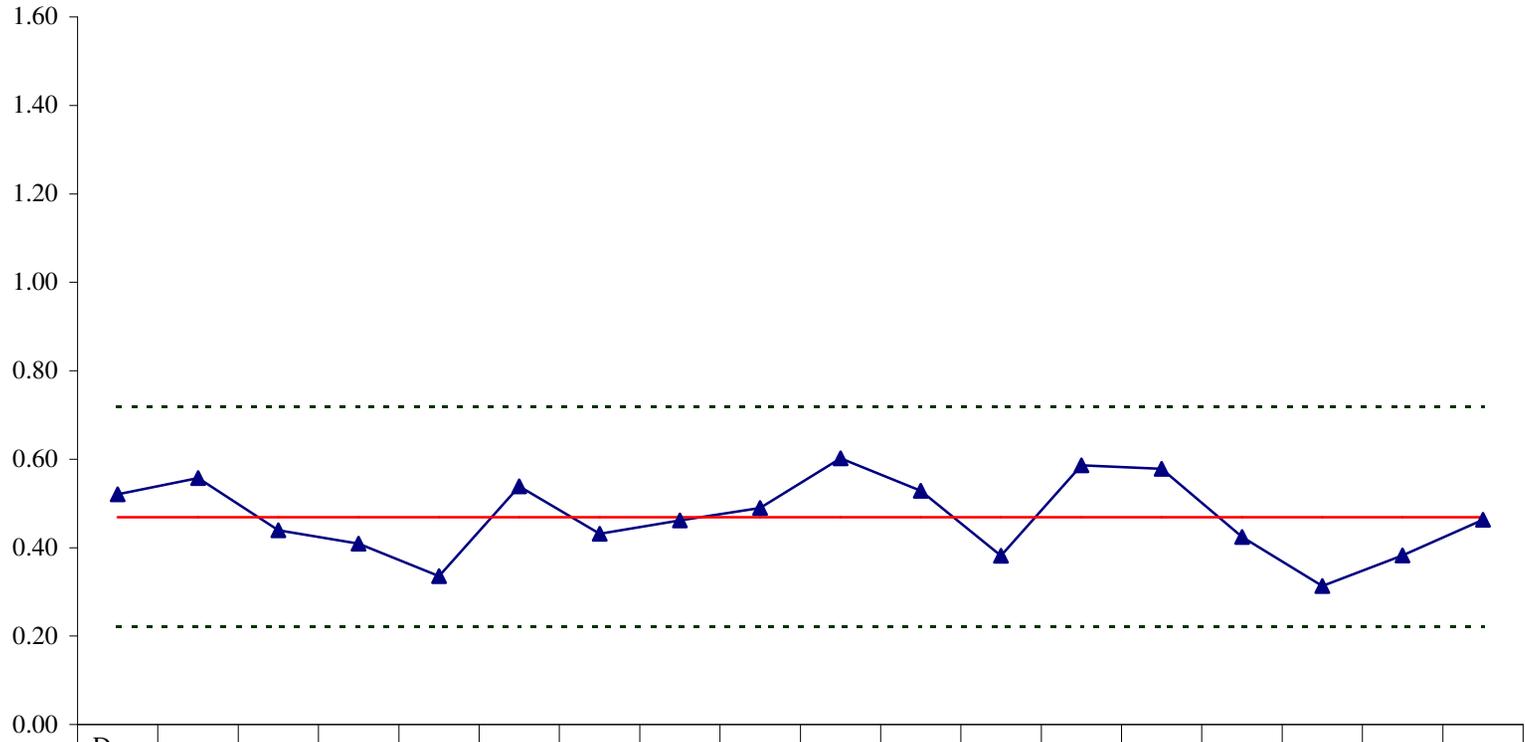
**Performance Objective Data Display and Chart Description:**

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



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

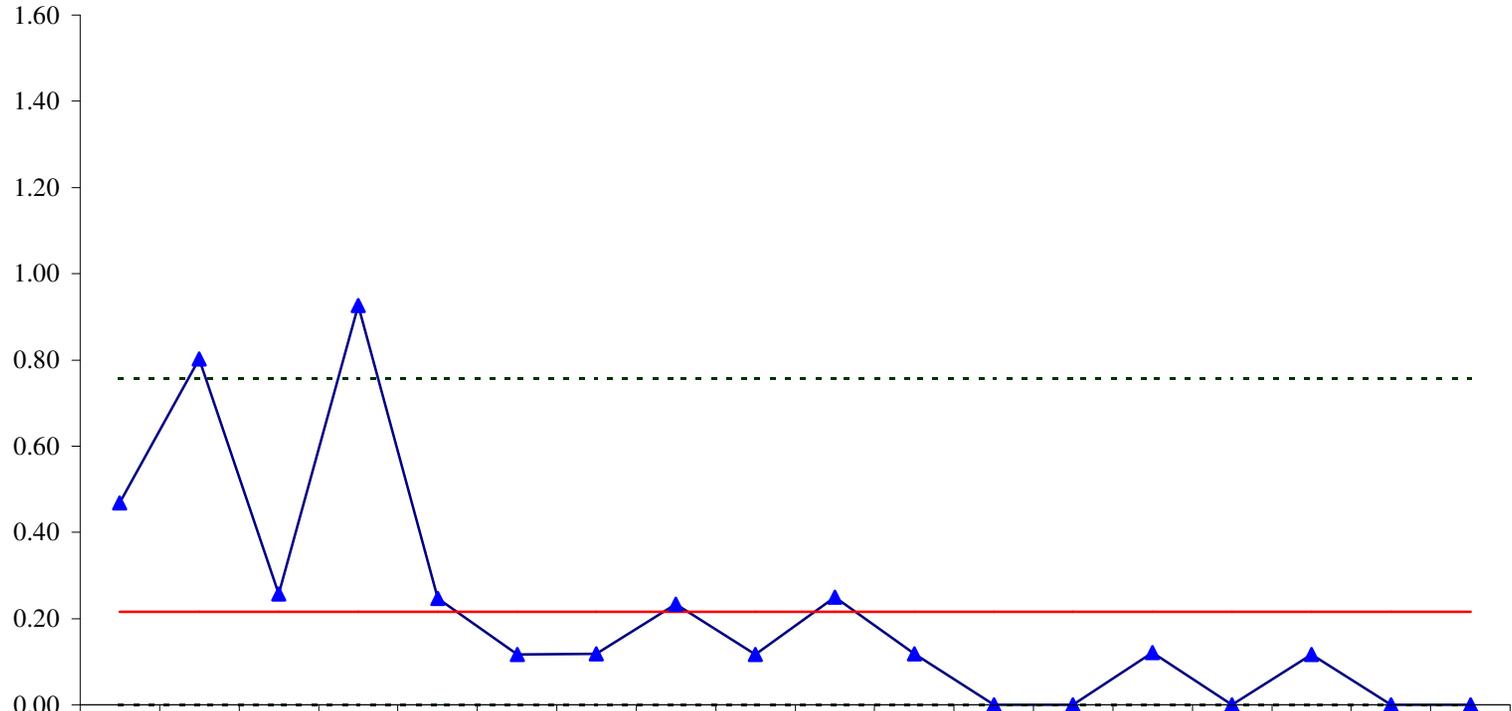
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	160	169	134	162	163	173	190	170	195	205	174	165	219	183	190	184	152	168
Injuries Associated with R/S	38	41	29	30	24	40	31	34	36	43	39	27	42	42	28	23	27	34
▲ Emp. Inj.(RS)/1000 Bed Days	0.52	0.56	0.44	0.41	0.34	0.54	0.43	0.46	0.49	0.60	0.53	0.38	0.59	0.58	0.42	0.31	0.38	0.46
----- UCL	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
— Avg	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
----- LCL	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22

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

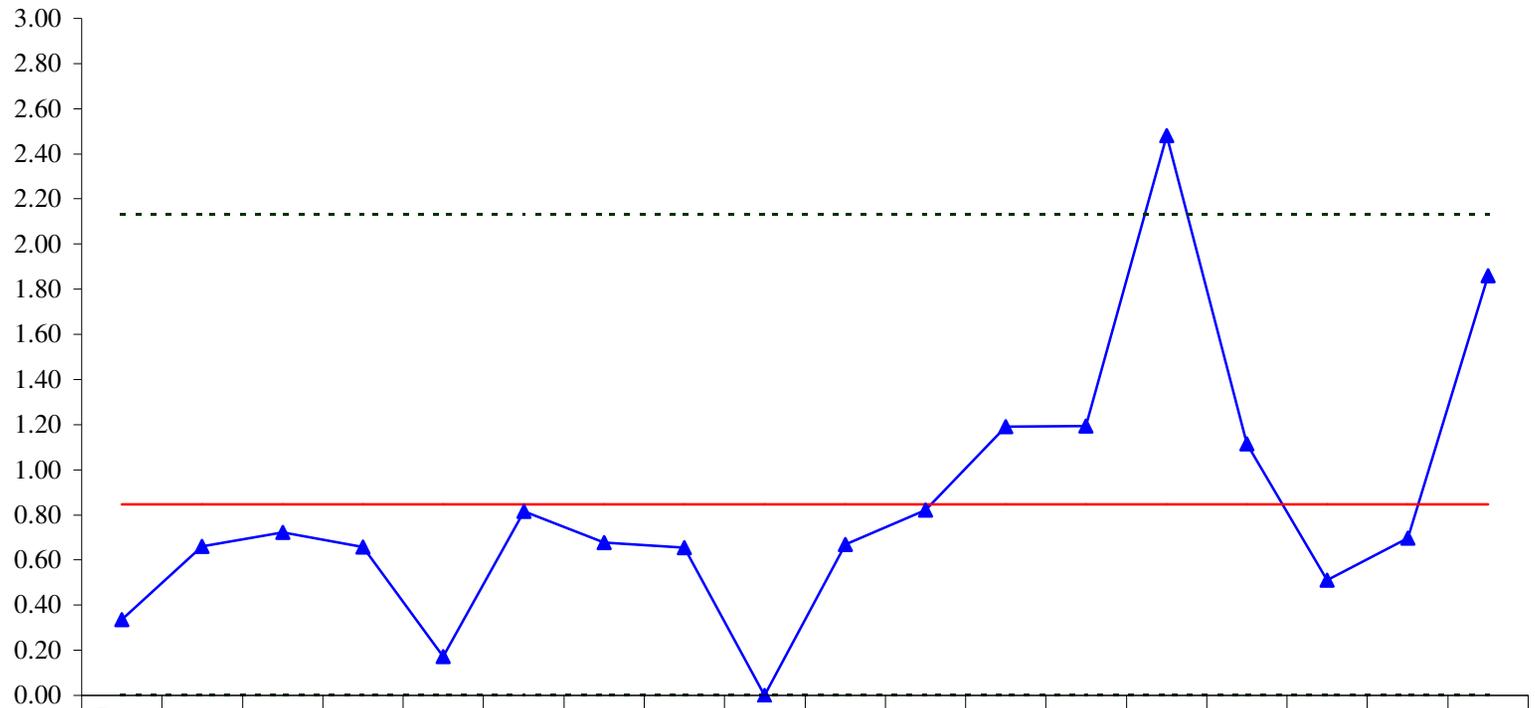
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	7	12	8	14	6	4	8	8	3	7	13	10	8	5	5	14	10	9
Injuries Associated with R/S	4	7	2	8	2	1	1	2	1	2	1	0	0	1	0	1	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.47	0.80	0.26	0.93	0.25	0.12	0.12	0.23	0.12	0.25	0.12	0.00	0.00	0.12	0.00	0.12	0.00	0.00
- - - - - UCL	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
— Avg	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22
- - - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injured During Restraint or Seclusion  
Big Spring State Hospital**

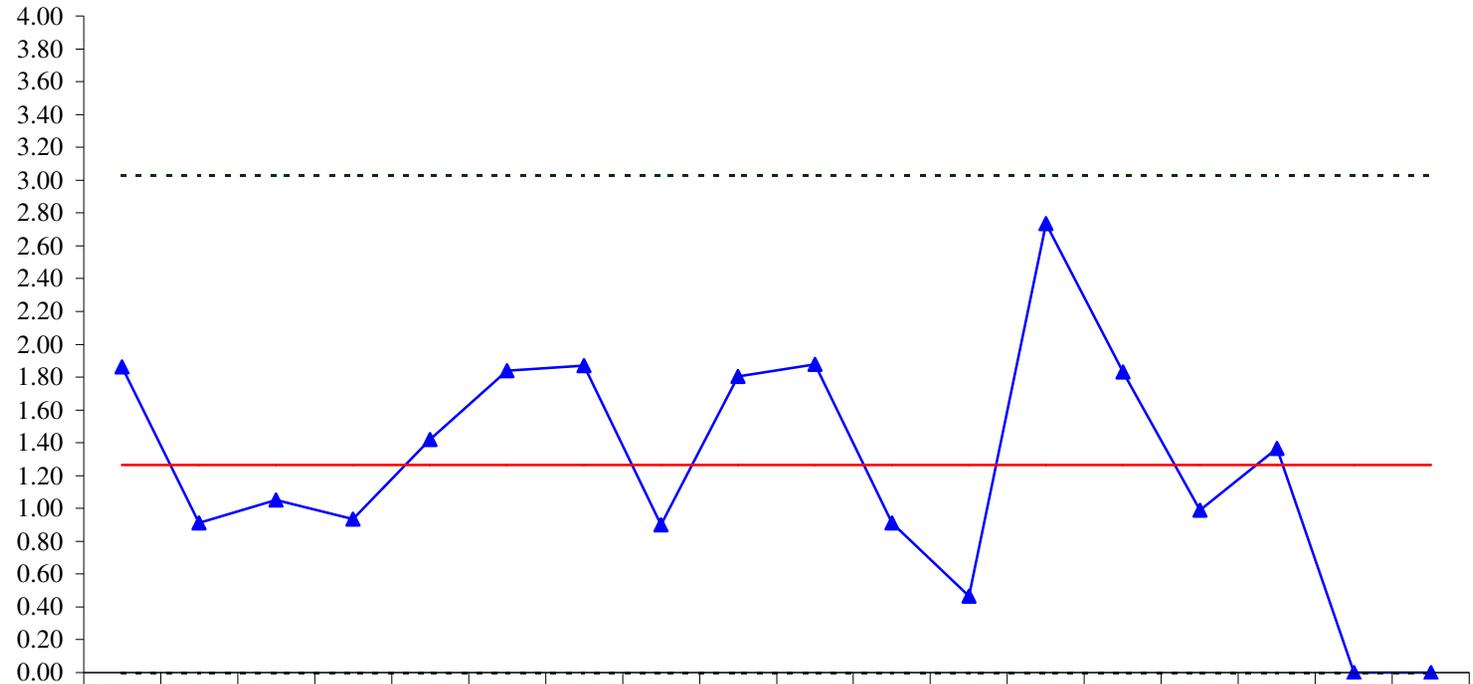
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	19	17	12	24	14	21	20	19	21	17	19	24	25	37	23	20	14	26
Injuries Associated with R/S	2	4	4	4	1	5	4	4	0	4	5	7	7	15	6	3	4	11
▲ Emp. Inj.(RS)/1000 Bed Days	0.34	0.66	0.72	0.66	0.17	0.82	0.68	0.66	0.00	0.67	0.82	1.19	1.19	2.48	1.12	0.51	0.70	1.86
----- UCL	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13
----- Avg	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injured During Restraint or Seclusion**  
**El Paso Psychiatric Center**

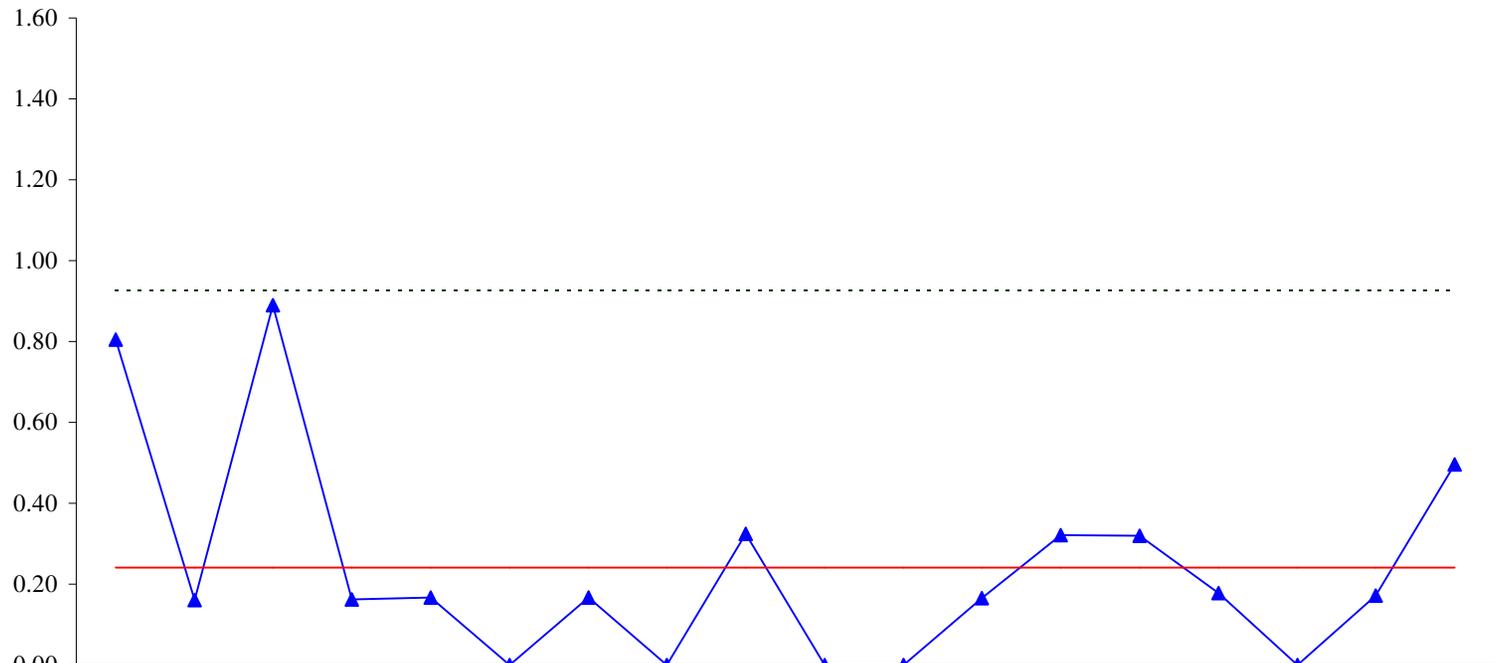
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	7	4	2	8	12	8	14	7	12	10	4	3	18	11	11	7	6	5
Injuries Associated with R/S	4	2	2	2	3	4	4	2	4	4	2	1	6	4	2	3	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	1.86	0.91	1.05	0.93	1.42	1.84	1.87	0.90	1.80	1.88	0.91	0.46	2.73	1.83	0.99	1.37	0.00	0.00
-----UCL	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03	3.03
— Avg	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27	1.27
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

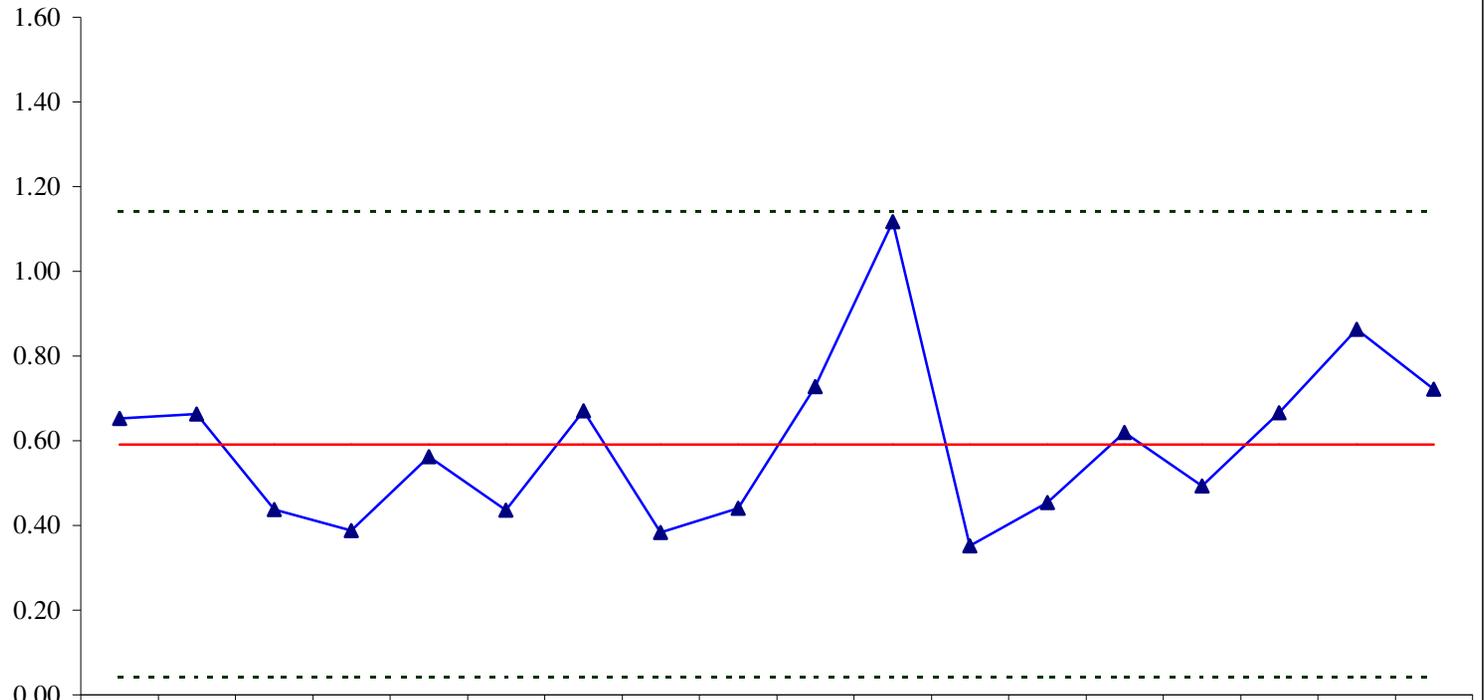
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	12	23	13	14	17	11	17	11	3	14	9	10	9	8	9	12	14	17
Injuries Associated with R/S	5	1	5	1	1	0	1	0	2	0	0	1	2	2	1	0	1	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.80	0.16	0.89	0.16	0.17	0.00	0.17	0.00	0.32	0.00	0.00	0.17	0.32	0.32	0.18	0.00	0.17	0.50
..... 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 Injured During Restraint or Seclusion**  
**North Texas State Hospital**

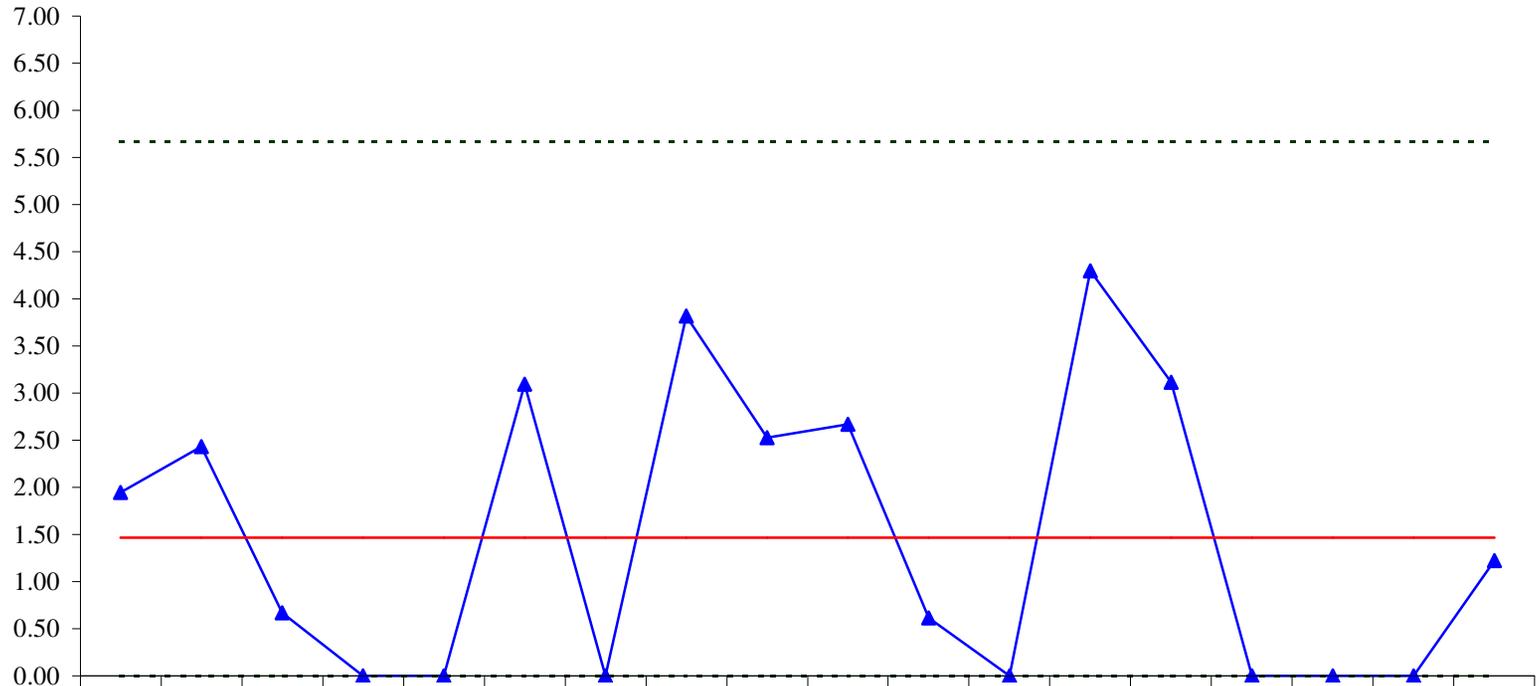
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	37	34	21	27	24	18	41	35	29	49	36	35	38	35	36	46	42	35
Injuries Associated with R/S	12	12	7	7	10	8	12	7	8	13	20	6	8	11	8	12	15	13
▲ Emp. Inj.(RS)/1000 Bed Days	0.65	0.66	0.44	0.39	0.56	0.44	0.67	0.38	0.44	0.73	1.12	0.35	0.45	0.62	0.49	0.67	0.86	0.72
-----UCL	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14
-----Avg	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59
-----LCL	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04

**Objective 6E - Employees Injured During Restraint or Seclusion**  
**Rio Grande State Center**

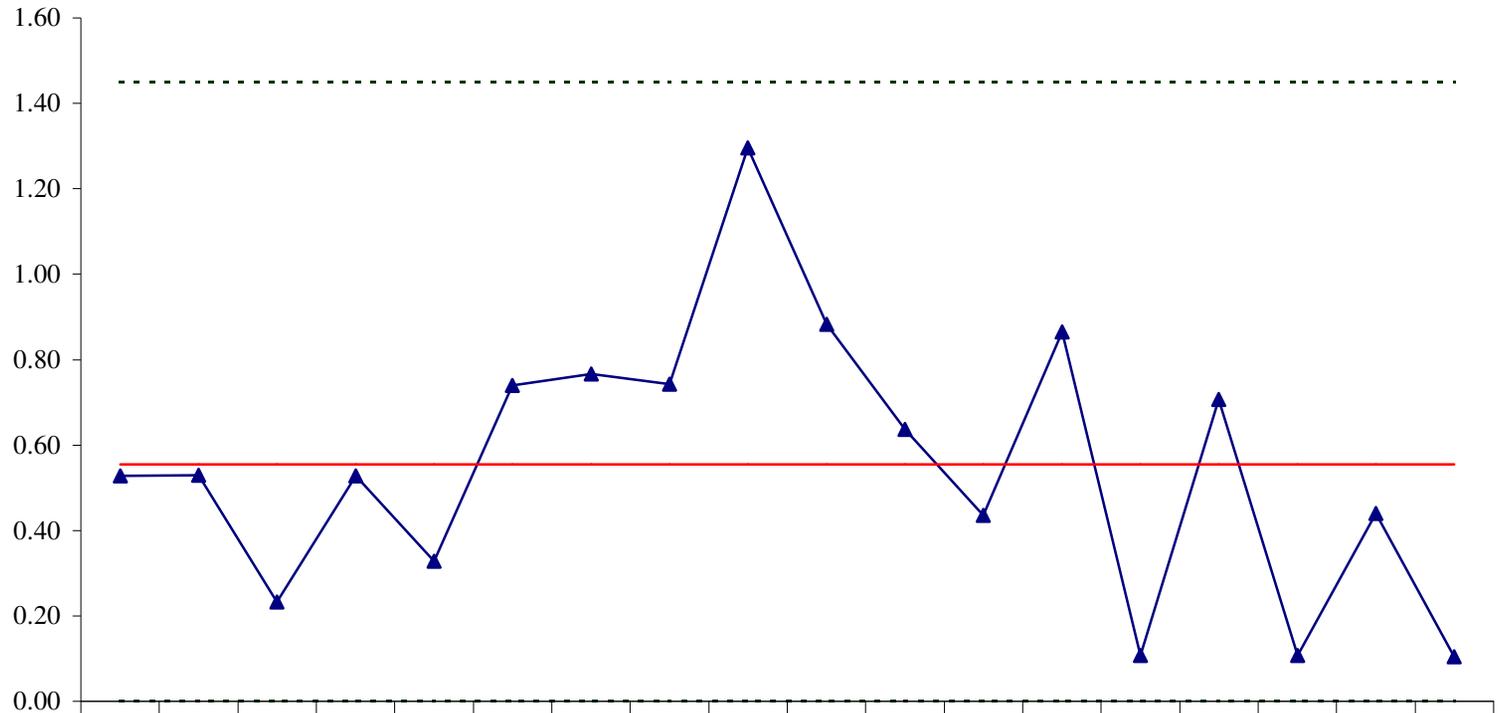
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	8	10	5	13	11	21	18	17	27	27	19	27	33	20	17	24	16	26
Injuries Associated with R/S	3	4	1	0	0	5	0	6	4	4	1	0	7	5	0	0	0	2
Emp. Inj.(RS)/1000 Bed Days	1.95	2.43	0.67	0.00	0.00	3.10	0.00	3.81	2.53	2.67	0.61	0.00	4.30	3.12	0.00	0.00	0.00	1.22
UCL	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67	5.67
Avg	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

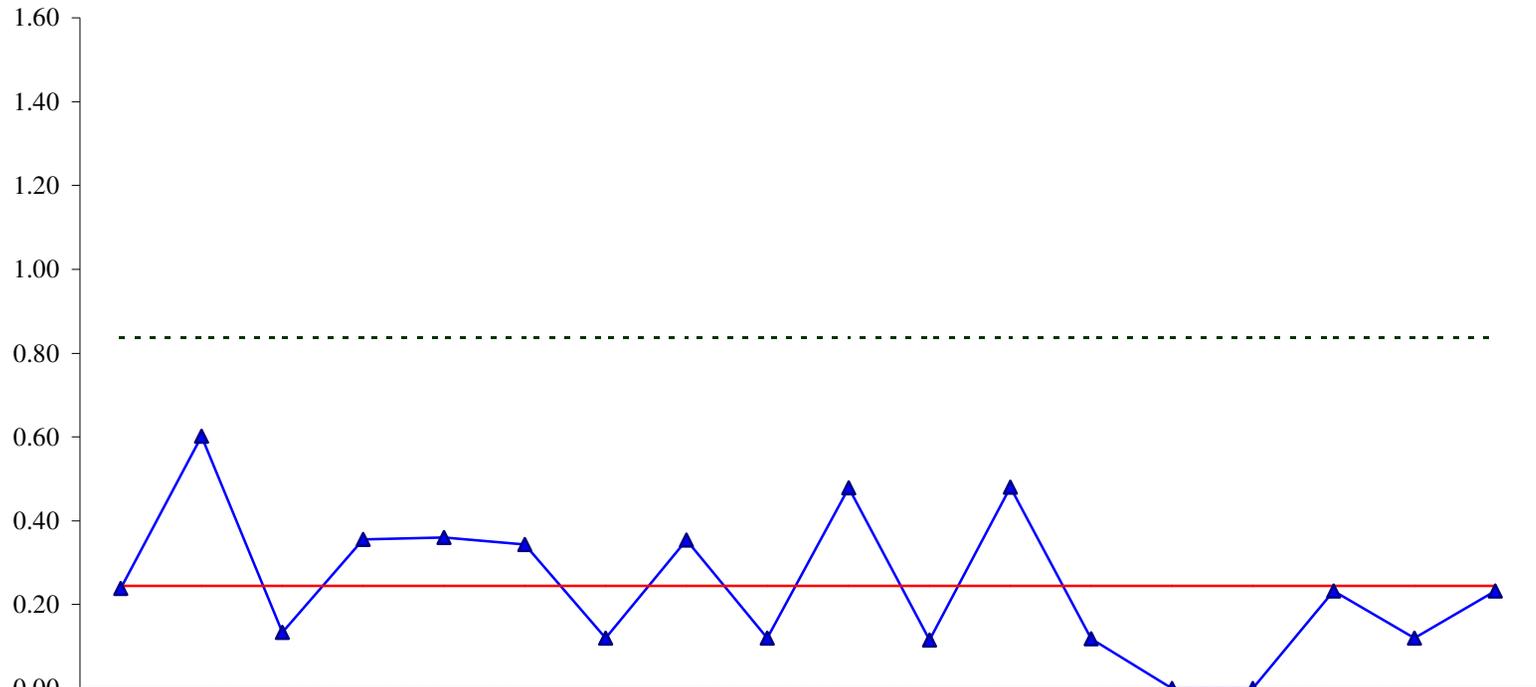
**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	26	28	25	21	22	36	22	29	43	22	23	23	33	17	25	18	21	19
Injuries Associated with R/S	5	5	2	5	3	7	7	7	12	8	6	4	8	1	6	1	4	1
▲ Emp. Inj.(RS)/1000 Bed Days	0.53	0.53	0.23	0.53	0.33	0.74	0.77	0.74	1.30	0.88	0.64	0.44	0.86	0.11	0.71	0.11	0.44	0.10
-----UCL	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45
— Avg	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

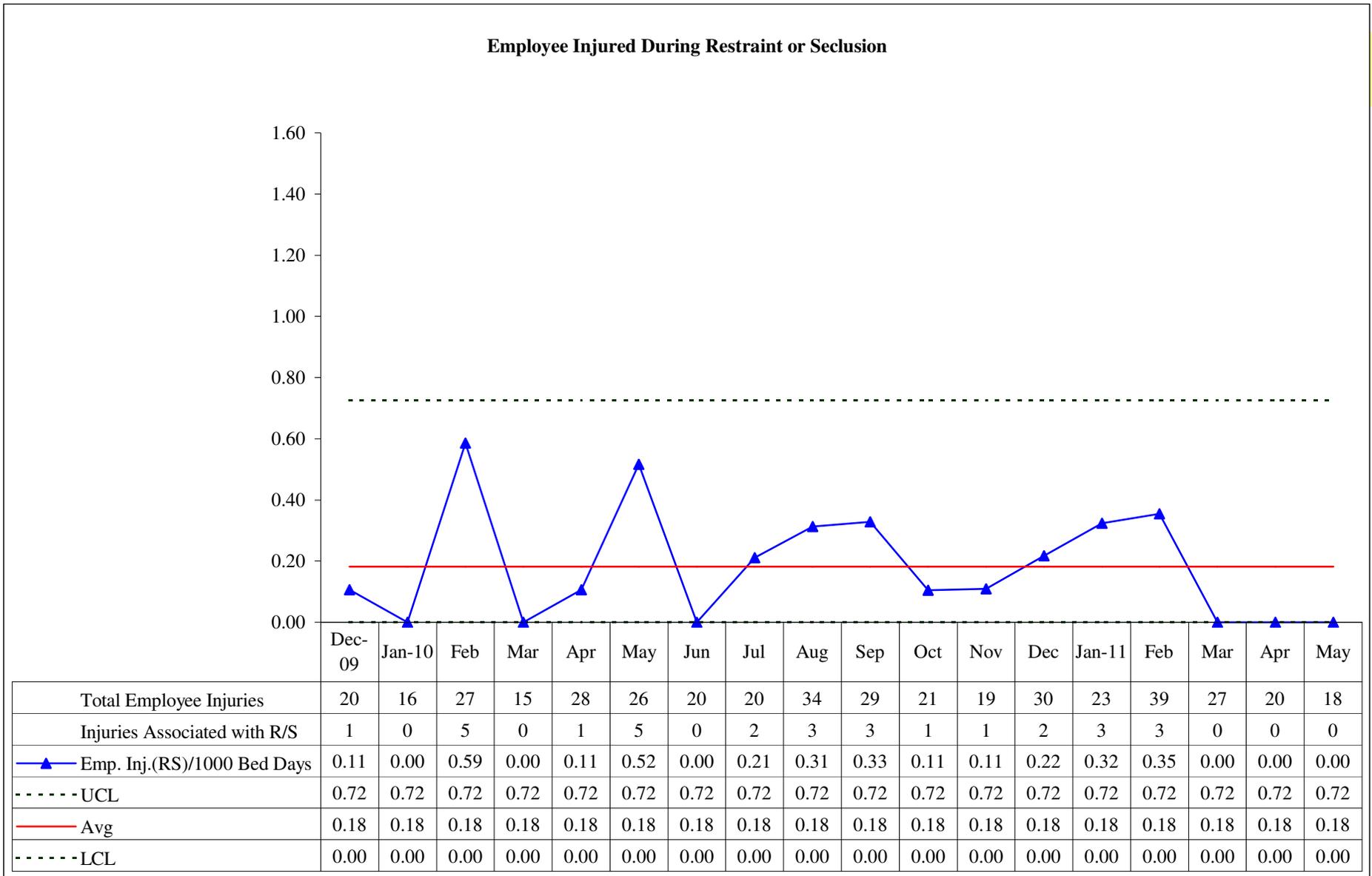
**Objective 6E - Employees Injured During Restraint or Seclusion  
San Antonio State Hospital**

**Employee Injured During Restraint or Seclusion**



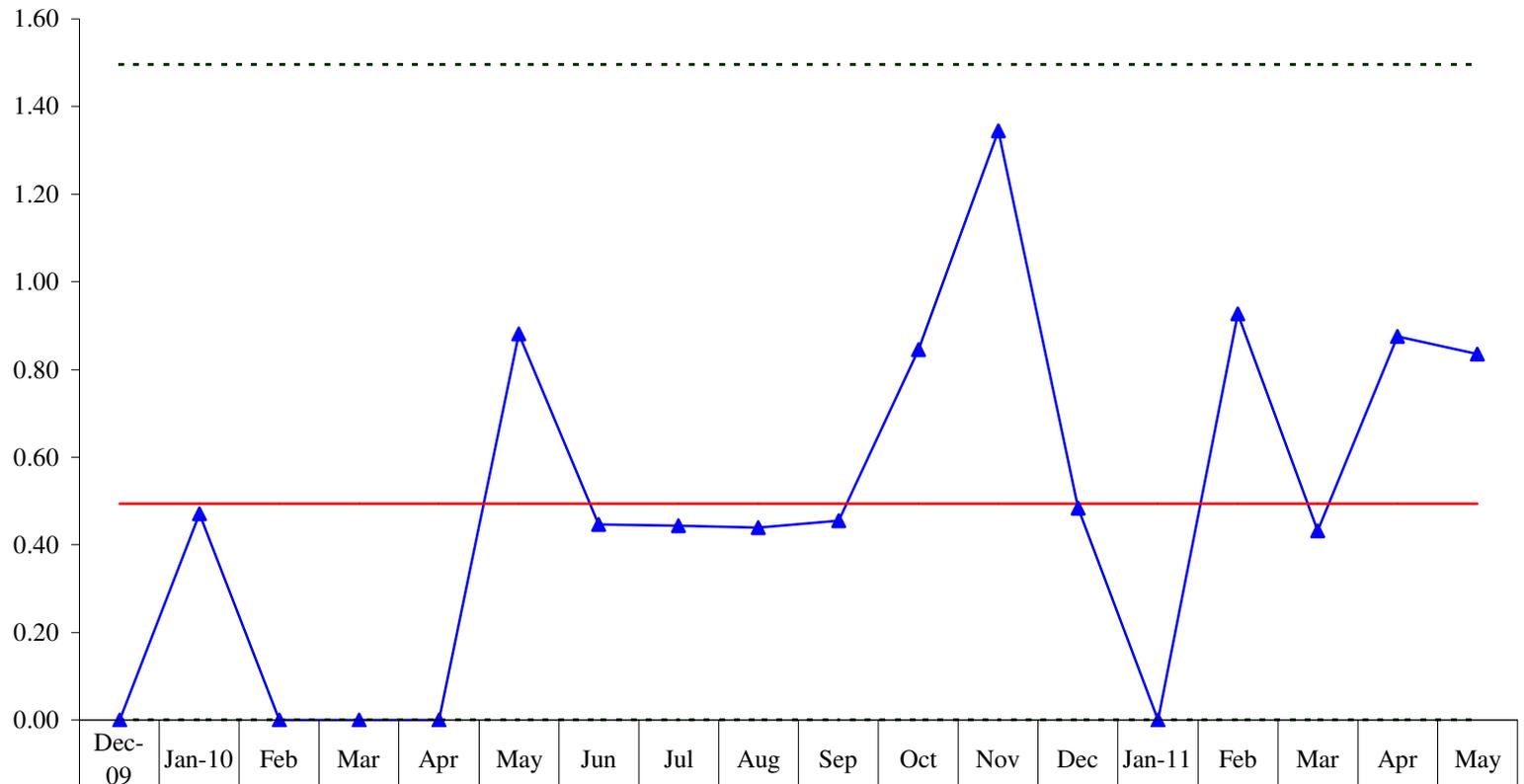
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	21	18	16	22	23	26	28	20	18	27	25	10	20	22	21	11	3	9
Injuries Associated with R/S	2	5	1	3	3	3	1	3	1	4	1	4	1	0	0	2	1	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.24	0.60	0.13	0.36	0.36	0.34	0.12	0.35	0.12	0.48	0.11	0.48	0.12	0.00	0.00	0.23	0.12	0.23
-----UCL	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84
— Avg	0.24	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 Injured During Restraint or Seclusion  
Terrell State Hospital**



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

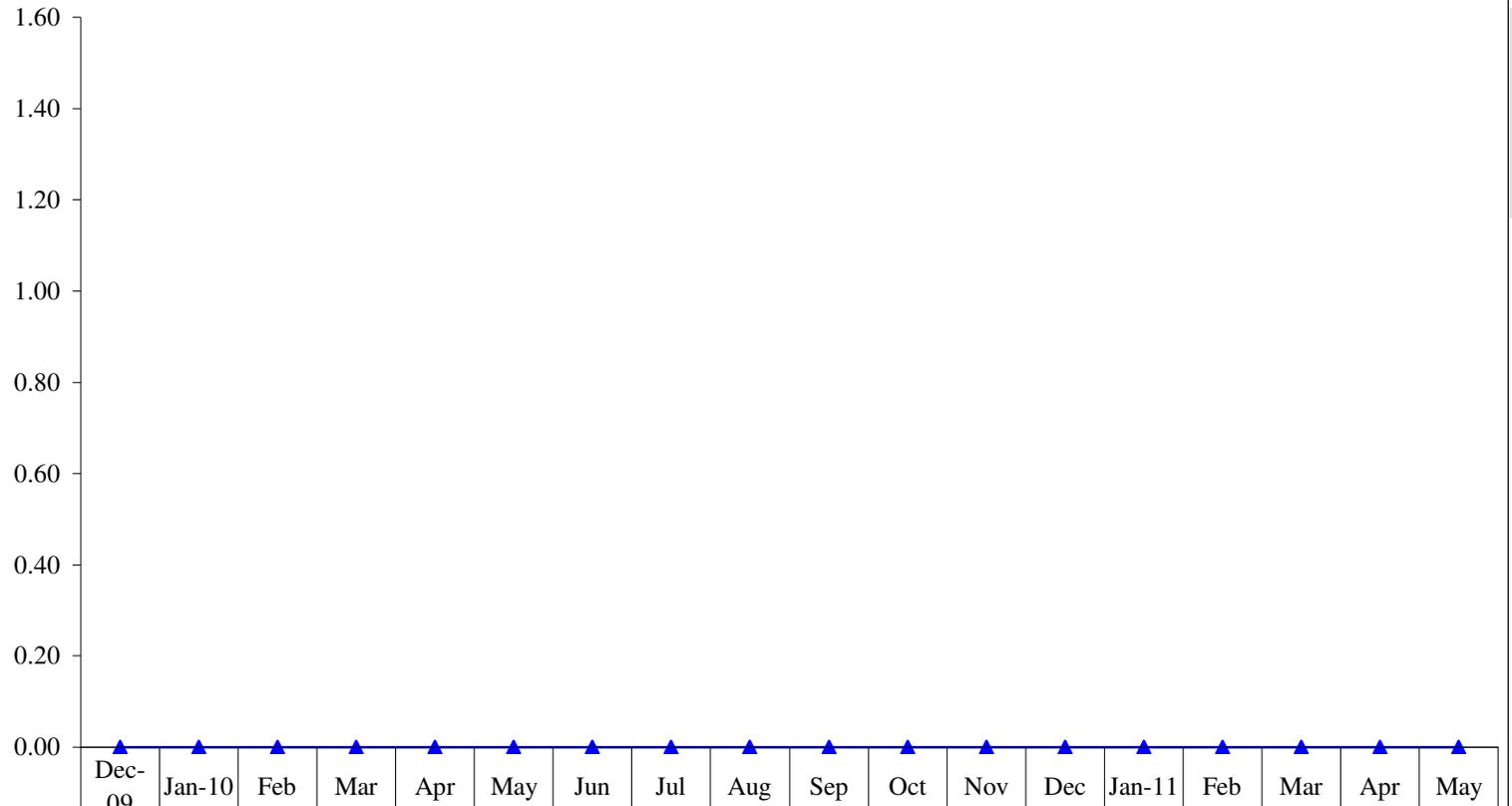
**Employee Injured During Restraint or Seclusion**



Total Employee Injuries	2	5	5	1	0	2	2	2	4	1	3	4	3	3	3	4	3	3
Injuries Associated with R/S	0	1	0	0	0	2	1	1	1	1	2	3	1	0	2	1	2	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.47	0.00	0.00	0.00	0.88	0.45	0.44	0.44	0.45	0.84	1.34	0.48	0.00	0.93	0.43	0.87	0.84
-----UCL	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
— Avg	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49
- - - - -LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injured During Restraint or Seclusion  
Texas Center for Infectious Disease**

**Employee Injured During Restraint or Seclusion**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Total Employee Injuries	1	2	0	3	6	0	0	2	1	2	2	0	2	2	1	1	3	1
Injuries Associated with R/S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Performance Objective 6F:**

**Continue to demonstrate efforts to 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

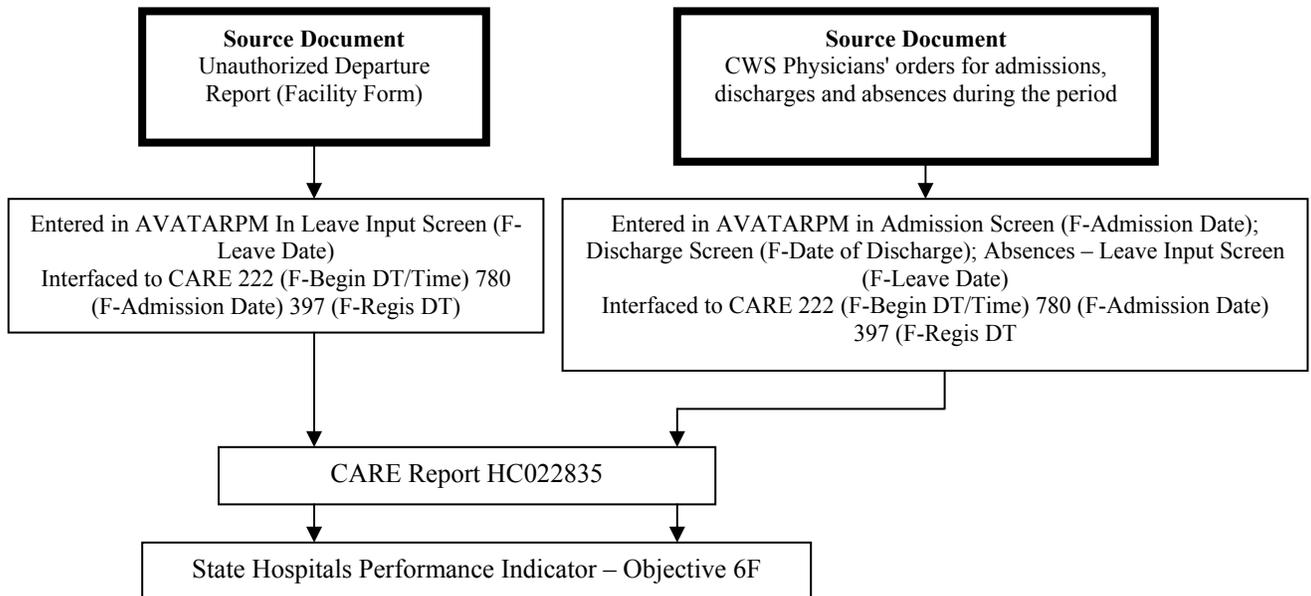
**Performance Objective Data Display and Chart Description:**

- ◆ 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-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Unauthorized Departures Incidents	16	19	21	11	27	23	21	22	18	37	41	47
Unauthorized Departures Persons	16	19	21	11	27	23	21	21	17	31	33	39
Bed Days in Month	70863	72547	72301	70200	72522	69591	70555	71582	65137	72189	69482	72163
Incidents/1000 Bed Days	0.23	0.26	0.29	0.16	0.37	0.33	0.30	0.31	0.28	0.51	0.59	0.65

**Performance Objective 6G:**

**Analyze and evaluate the effectiveness of the fall reduction program and demonstrate efforts to reduce the rate of falls with a goal of zero.**

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

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

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

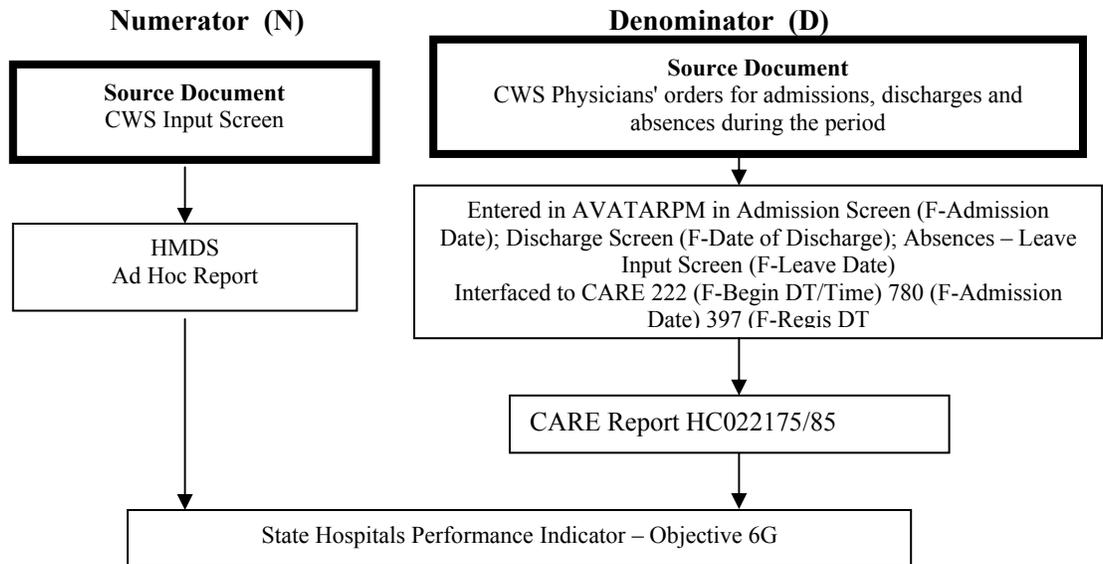
N = number of fall injuries D = number of bed days per FY quarter

1000 = bed day rate multiplier

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

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

**Data Flow:**



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

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
<b>ALL STATE HOSPITALS</b>															
All Falls	169	201	188	170	179	221	179	191	179	168	172	151	186	170	214
Bed Days in Month	73381	71486	74231	71901	73650	73496	71429	73803	70798	71619	72597	66053	73379	70625	73425
Falls/1000 Bed Days	2.30	2.81	2.53	2.36	2.43	3.01	2.51	2.59	2.53	2.35	2.37	2.29	2.53	2.41	2.91

**Performance Measure 6A:**

**Calculate, trend and review rate of patient injuries 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

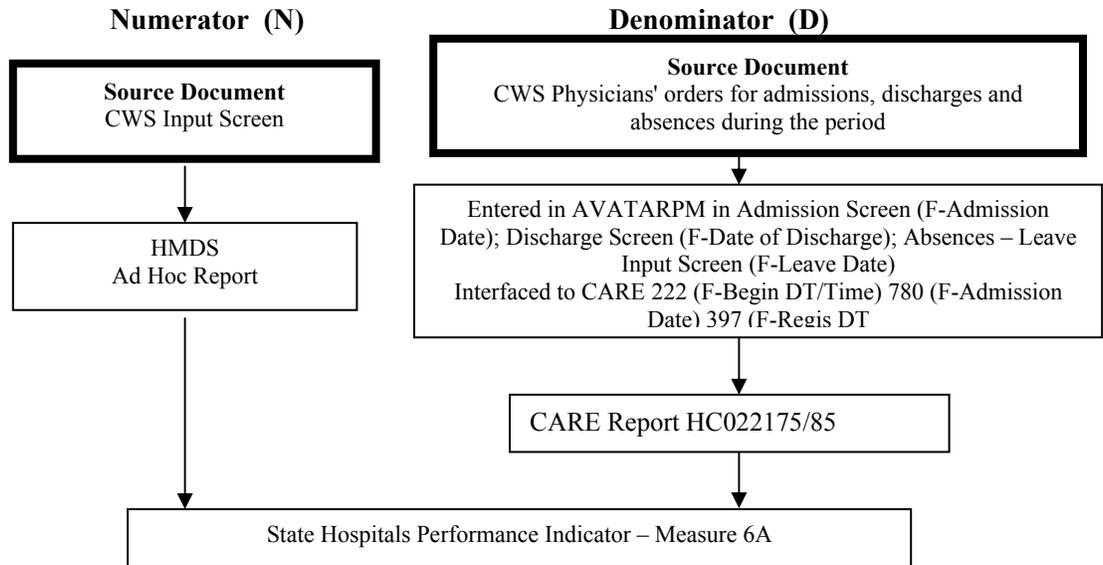
N = number of injuries D = number of bed days per FY quarter

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 - FY11**

Hospital	Q1							Q2							Q3							Q4							
	No N/A	First Tx	Med Aid	Iospital- Tx	ization Fatal	*		No N/A	First Tx	Med Aid	Iospital- Tx	ization Fatal	*		No N/A	First Tx	Med Aid	Iospital- Tx	ization Fatal	*		No N/A	First Tx	Med Aid	Iospital- Tx	ization Fatal	*		
<b>ALL MH</b>																													
Accident	0	469	409	39	1	0	<b>918</b>	1	404	315	44	3	0	<b>767</b>	2	491	406	23	3	0	<b>925</b>								
Another Client	0	371	255	25	0	0	<b>651</b>	0	405	251	24	1	0	<b>681</b>	1	353	256	19	0	0	<b>629</b>								
Alleged Abuse/Neglect																													
Employee/Accident	0	8	15	1	1	0	<b>25</b>	0	5	17	0	0	0	<b>22</b>	0	18	21	1	0	0	<b>40</b>								
Medical Condition	0	36	12	6	1	0	<b>55</b>	1	20	15	2	0	0	<b>38</b>	0	24	18	1	3	0	<b>46</b>								
Self Inflicted	0	160	270	14	0	0	<b>444</b>	0	141	217	18	3	0	<b>379</b>	0	154	327	11	0	0	<b>492</b>								
Undetermined	18	246	105	15	0	0	<b>384</b>	24	249	129	14	0	0	<b>416</b>	29	291	137	12	0	0	<b>469</b>								
Visitor	0	0	0	0	0	0	<b>0</b>	0	0	0	0	0	0	<b>0</b>	0	0	0	0	0	0	<b>0</b>								
<b>Total</b>	<b>18</b>	<b>1290</b>	<b>1066</b>	<b>100</b>	<b>3</b>	<b>0</b>	<b>2477</b>	<b>26</b>	<b>1224</b>	<b>944</b>	<b>102</b>	<b>7</b>	<b>0</b>	<b>2303</b>	<b>32</b>	<b>1331</b>	<b>###</b>	<b>67</b>	<b>6</b>	<b>0</b>	<b>2601</b>								
Rate/1000 Bed Days	0.08	6.07	5.02	0.47	0.01	0.00	<b>0.49</b>	0.13	5.91	4.56	0.49	0.03	0.00	<b>0.53</b>	0.15	6.42	5.62	0.32	###	0.00	<b>0.34</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 - FY11**

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	8	192	269	14	0	0	<b>483</b>	6	174	245	18	0	0	<b>443</b>	6	229	387	8	0	0	<b>630</b>	0	0	0	0	0	0	0	<b>0</b>
Age 18-64	10	1002	760	80	3	0	<b>1855</b>	16	969	642	82	5	0	<b>1714</b>	24	1018	721	56	4	0	<b>1823</b>	0	0	0	0	0	0	0	<b>0</b>
Age 65-olde	0	96	37	6	0	0	<b>139</b>	4	81	57	2	2	0	<b>146</b>	2	84	57	3	2	0	<b>148</b>	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>18</b>	<b>1290</b>	<b>1066</b>	<b>100</b>	<b>3</b>	<b>0</b>	<b>2477</b>	<b>26</b>	<b>1224</b>	<b>944</b>	<b>102</b>	<b>7</b>	<b>0</b>	<b>2303</b>	<b>32</b>	<b>1331</b>	<b>1165</b>	<b>67</b>	<b>6</b>	<b>0</b>	<b>2601</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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.**

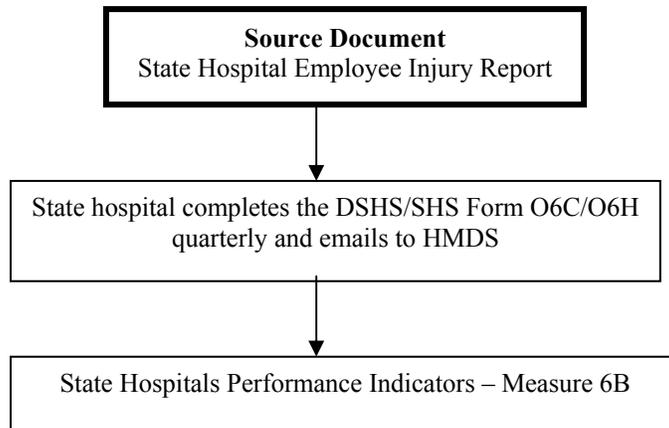
**Performance Measure Operational Definition:** The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

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

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

- ◆ Table shows quarterly employee injuries and rate per 1,000 bed days by the individual state hospitals and system-wide.
- ◆ Table shows FY employee injuries and rate per 1,000 bed days by the individual state hospitals and system-wide.

**Data Flow:**



**Measure 6B - Employee Injuries**  
**All State Hospitals - Q3 FY11**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	14	31	6	19	49	31	30	9	25	0	7	221
<b>Per 1,000 Bed Days</b>	<b>0.56</b>	<b>1.77</b>	<b>0.93</b>	<b>1.06</b>	<b>0.92</b>	<b>6.38</b>	<b>1.07</b>	<b>0.35</b>	<b>0.89</b>	<b>0.00</b>	<b>1.00</b>	<b>1.02</b>
Age 40-64	18	29	12	23	61	34	28	14	40	5	3	267
<b>Per 1,000 Bed Days</b>	<b>0.72</b>	<b>1.66</b>	<b>1.86</b>	<b>1.28</b>	<b>1.14</b>	<b>7.00</b>	<b>1.00</b>	<b>0.55</b>	<b>1.42</b>	<b>1.37</b>	<b>0.43</b>	<b>1.23</b>
Age 65 - Older	1	0	0	1	13	1	0	0	0	0	0	16
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.06</b>	<b>0.24</b>	<b>0.21</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.07</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	33	60	18	43	123	66	58	23	65	5	10	504
<b>Per 1,000 Bed Days</b>	<b>1.32</b>	<b>3.43</b>	<b>2.79</b>	<b>2.39</b>	<b>2.30</b>	<b>13.59</b>	<b>2.07</b>	<b>0.90</b>	<b>2.32</b>	<b>1.37</b>	<b>1.43</b>	<b>2.32</b>

**Measure 6B - Employee Injuries**  
**All State Hospitals - FY11 - As of May 31, 2011**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	36	111	46	38	163	112	114	58	86	1	18	<b>783</b>
<b>Per 1,000 Bed Days</b>	<b>0.49</b>	<b>2.10</b>	<b>2.38</b>	<b>0.70</b>	<b>1.03</b>	<b>7.88</b>	<b>1.38</b>	<b>0.77</b>	<b>1.04</b>	<b>0.10</b>	<b>0.89</b>	<b>1.22</b>
Age 40-64	43	92	28	63	157	96	82	86	132	12	8	<b>799</b>
<b>Per 1,000 Bed Days</b>	<b>0.59</b>	<b>1.74</b>	<b>1.45</b>	<b>1.16</b>	<b>0.99</b>	<b>6.76</b>	<b>0.99</b>	<b>1.14</b>	<b>1.59</b>	<b>1.16</b>	<b>0.39</b>	<b>1.24</b>
Age 65 - Older	2	2	1	1	32	1	5	3	8	1	1	<b>57</b>
<b>Per 1,000 Bed Days</b>	<b>0.03</b>	<b>0.04</b>	<b>0.05</b>	<b>0.02</b>	<b>0.20</b>	<b>0.07</b>	<b>0.06</b>	<b>0.04</b>	<b>0.10</b>	<b>0.10</b>	<b>0.05</b>	<b>0.09</b>
Unknown	0	0	0	0	0	0	0	1	0	0	0	<b>1</b>
<b>Per 1,000 Bed Days</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Total	81	205	75	102	352	209	201	148	226	14	27	1640
<b>Per 1,000 Bed Days</b>	<b>1.10</b>	<b>3.89</b>	<b>3.88</b>	<b>1.87</b>	<b>2.23</b>	<b>14.71</b>	<b>2.43</b>	<b>1.96</b>	<b>2.73</b>	<b>1.35</b>	<b>1.33</b>	<b>2.55</b>

**Measure 6B - Employee Injuries**  
**All State Hospitals - FY11**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
<b>Q1 Total Injuries</b>	<b>30</b>	<b>60</b>	<b>17</b>	<b>33</b>	<b>120</b>	<b>73</b>	<b>68</b>	<b>62</b>	<b>69</b>	<b>4</b>	<b>8</b>	<b>544</b>
# Injuries Associated with Patient Aggression/No Restraint	18	22	5	10	0	34	34	14	36	0	0	173
	0.60	0.37	0.29	0.30	0.00	0.47	0.50	0.23	0.52	0.00	0.00	0.32
<b>Q2 Total Injuries</b>	<b>18</b>	<b>85</b>	<b>40</b>	<b>26</b>	<b>109</b>	<b>70</b>	<b>75</b>	<b>63</b>	<b>92</b>	<b>5</b>	<b>9</b>	<b>592</b>
# Injuries Associated with Patient Aggression/No Restraint	9	37	10	3	44	40	33	24	11	0	0	211
	0.50	0.44	0.25	0.12	0.40	0.57	0.44	0.38	0.12	0.00	0.00	0.36
<b>Q3 Total Injuries</b>	<b>33</b>	<b>60</b>	<b>18</b>	<b>43</b>	<b>123</b>	<b>66</b>	<b>58</b>	<b>23</b>	<b>65</b>	<b>5</b>	<b>10</b>	<b>504</b>
# Injuries Associated with Patient Aggression/No Restraint	22	26	10	10	68	45	32	10	33	0	0	256
	0.67	0.43	0.56	0.23	0.55	0.68	0.55	0.43	0.51	0.00	0.00	0.51
<b>Q4 Total Injuries</b>												
# Injuries Associated with Patient Aggression/No Restraint												
<b>FY Total Injuries</b>												
# Injuries Associated with Patient Aggression/No Restraint												

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

### **Performance Objective 7D:**

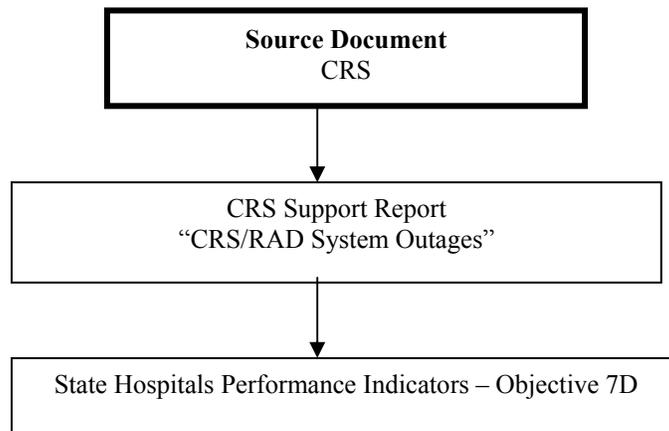
**Monitor and analyze the CRS downtime.**

**Performance Measure Operational Definition:** The system-wide CRS downtime will be monitored.

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

**Performance Measure Data Display and Chart Description:**  
Table shows total hours, minutes and rate of downtime for system-wide.

### **Data Flow:**



**Objective 7D - Monitor the CRS Downtime  
System-Wide**

**CRS System outages FY11**

<b>Date</b>	<b>Time</b>	<b>Restart Time</b>	<b>Approx outage length</b>	<b>Reason</b>
10/20/2010	10:30 AM	1:30 PM	3	There was only 1 UPS in-line at the Winters Data Center (after the last outage) and a fuse was blow in the UPS, shutting it down.
10/29/2010	1:15 AM	5:00 AM	3.75	Generator failure
11/22/2010	11:00 AM	2:30 PM	3.5	Software error. Netsmart recompiled all classes.
3/15/2011	2:30 AM	5:00 PM	2.5	Load Balancer power lost at the data center
			12.75	<b>Total hours unavailable</b>
			273.00	<b>Available days (Sept-May)</b>
			0.19%	<b>% unscheduled downtime</b>
			99.81%	<b>% Uptime</b>

**Performance Objective 7I:**

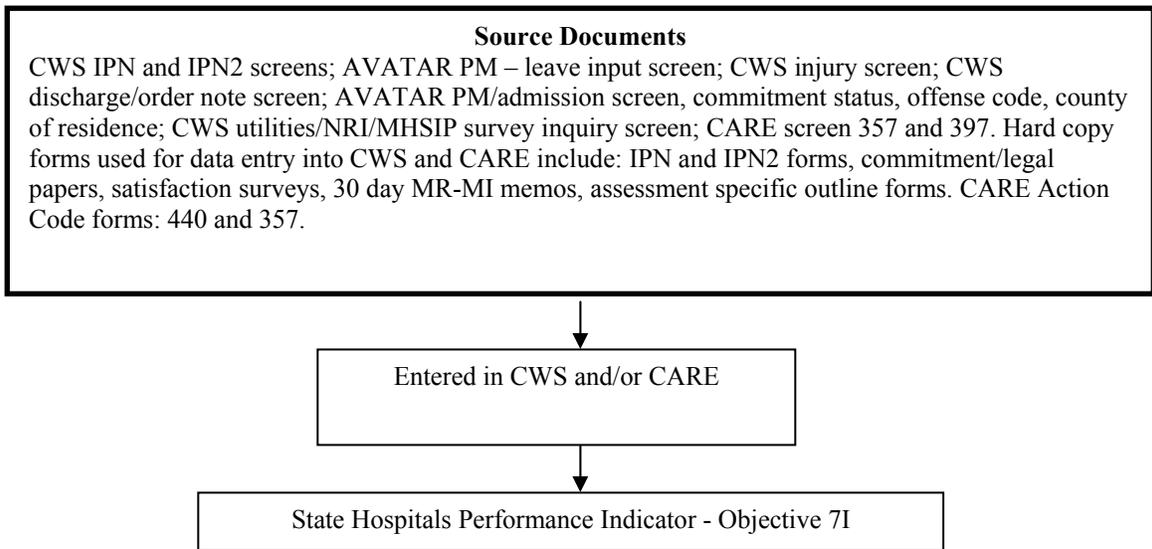
**Maintain 95% compliance for Data Integrity Review (DIR) measures.**

**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 7I - Data Integrity Review Measures**  
**All State Hospitals - As of May 31, 2011**

Measure	RGSC 2/10	SASH 7/10	EPPC 7/10	BSH 9/10	NTSH 10/10	TCID 10/10	KSH 12/10	RSH 1/11	ASH 2/11	TSH 5/11
RESTR	66.67	100	100	100	100	NA	100	100	100	100
SECL	NA	NA	NA	NA	100	NA	NA	100	100	100
LEAVE	NA	100	100	100	100	NA	100	100	100	100
ELOPE	NA	100	100	NA	100	100	NA	100	100	100
INJURY	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	100	100	100		NA	NA	100	NA	100
MR/MI CARE	NA	100	100	100		NA	NA	100	NA	100
MR/MI Comb	NA	100	100	100		NA	NA	100	NA	100
TIMA	88.23	100	100	100	NA	NA	NA	NA		
NRI-S/A	99.83	100	100	99	100	NA	NA	100	100	100
NRI-S/C	NA			88	99	NA	NA	NA	100	100
COMMIT	100	100	100	100	100	NA	100	100	100	100
OFFENSE	NA	100	100	100	100	NA	100	100	100	100
CTY RES	100	97	100	100	100	NA	83	100	97	97
%	92.46	99.75	100.00	98.92	99.90	100.00	97.17	100.00	99.70	99.77
CWS Finalization										
AIMS	99.07	100	95.7	100	97	NA	100	99	95	100
NURSING	97.2	94.3	97.1	96	97	100	100	100	92	97
MEDICAL HX	99.07	100	98.6	100	94	100	100	100	95	96
PHYS EXAM	99.07	100	99	100	92	95	100	100	95	97
DIAGNOSIS	99.07	97.5	100	100	99	NA	100	100	96	97
MENTAL S.E	90.65	99.4	100	100	98	NA	100	100	97	97
PSY EVAL	91.59	98.7	98.6	98	97	95	100	100	95	97
SOCIAL HX	96.26	98.1	100	100	99	95	75	100	99	94
SUICIDE ASSESSMENT-Admit										
Numerator	826	1387	552	667	1620	116	31	583	2735	1957
Denominator	856	1413	560	672	1648	120	32	584	2880	2018
%	96.5	98	98.6	99	98	97	97	100	95	97
CWS Forms Finalized										
TX PLAN*	100	100	100	100	100	NA	100	100	97	100
TX PLAN REV	80	100	100	100	100	NA	100	100	100	100
CONSENT 9-7	96.67	100	100	100	100	NA	100	100	100	100
RIGHTS 9-1	96.67	100	100	100	100	NA	100	100	100	97
External Validation										
R/S VALIDATION	YES	YES	YES	YES	YES	NA	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 will be current with CORE, specialty and overall training requirements.**

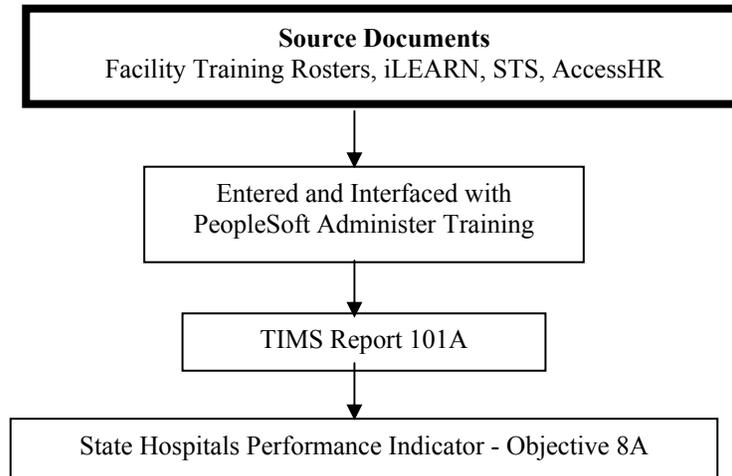
**Performance Objective Operational Definition:** The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered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

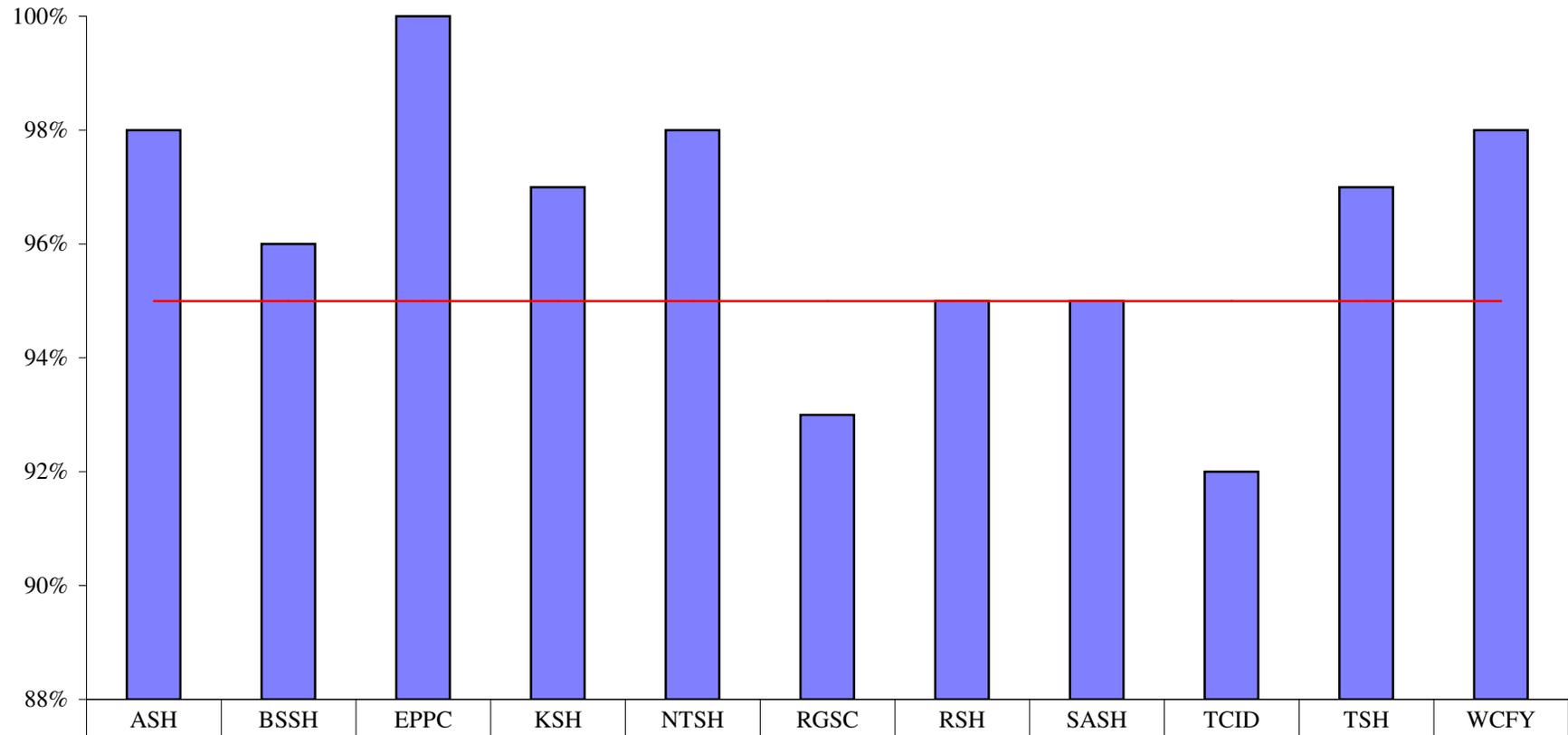
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

### **Data Flow:**



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

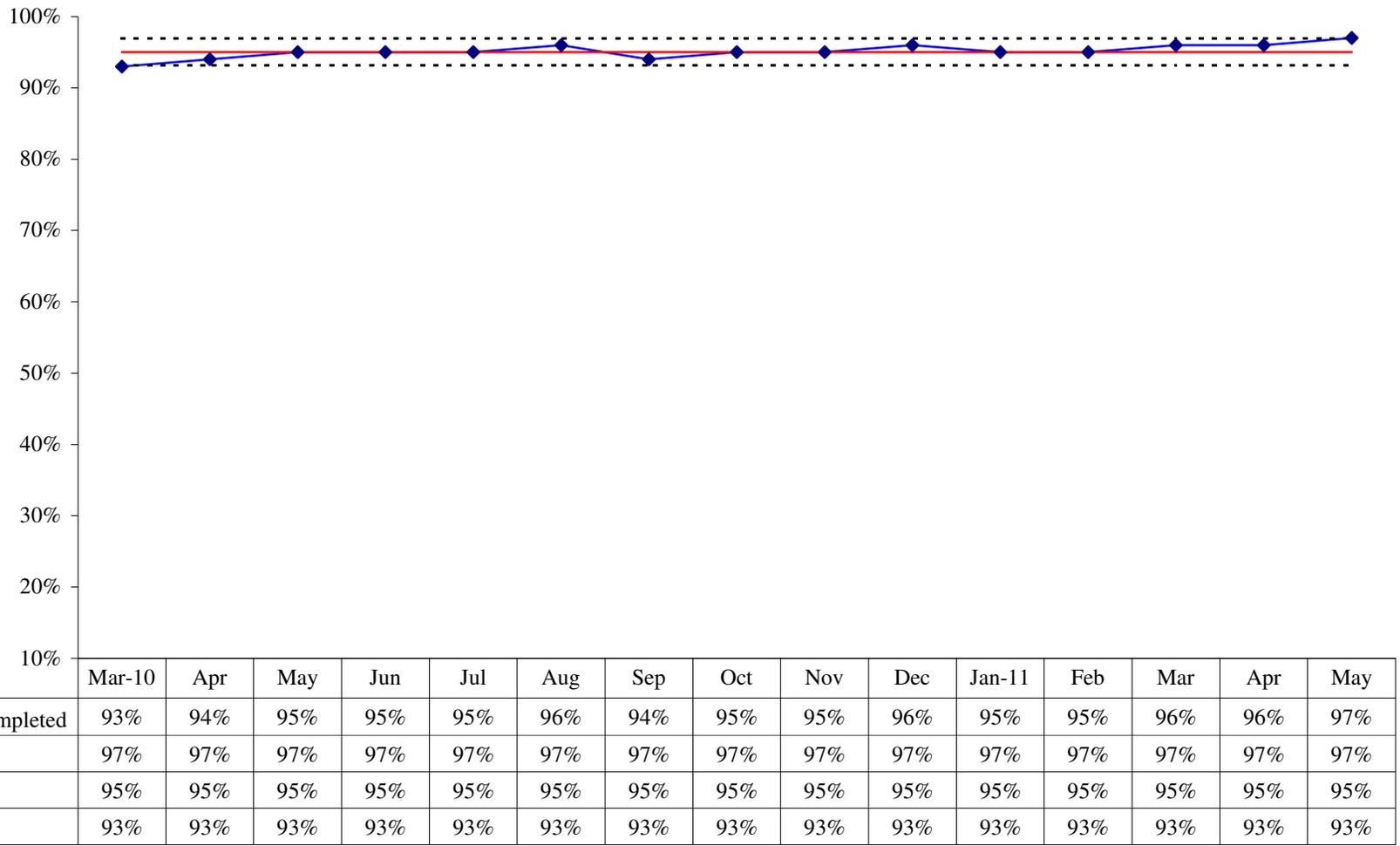
**CORE and Specialty Training  
(As of May 31, 2011)**



■ Q3 FY11	98%	96%	100%	97%	98%	93%	95%	95%	92%	97%	98%
— Required Rate	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

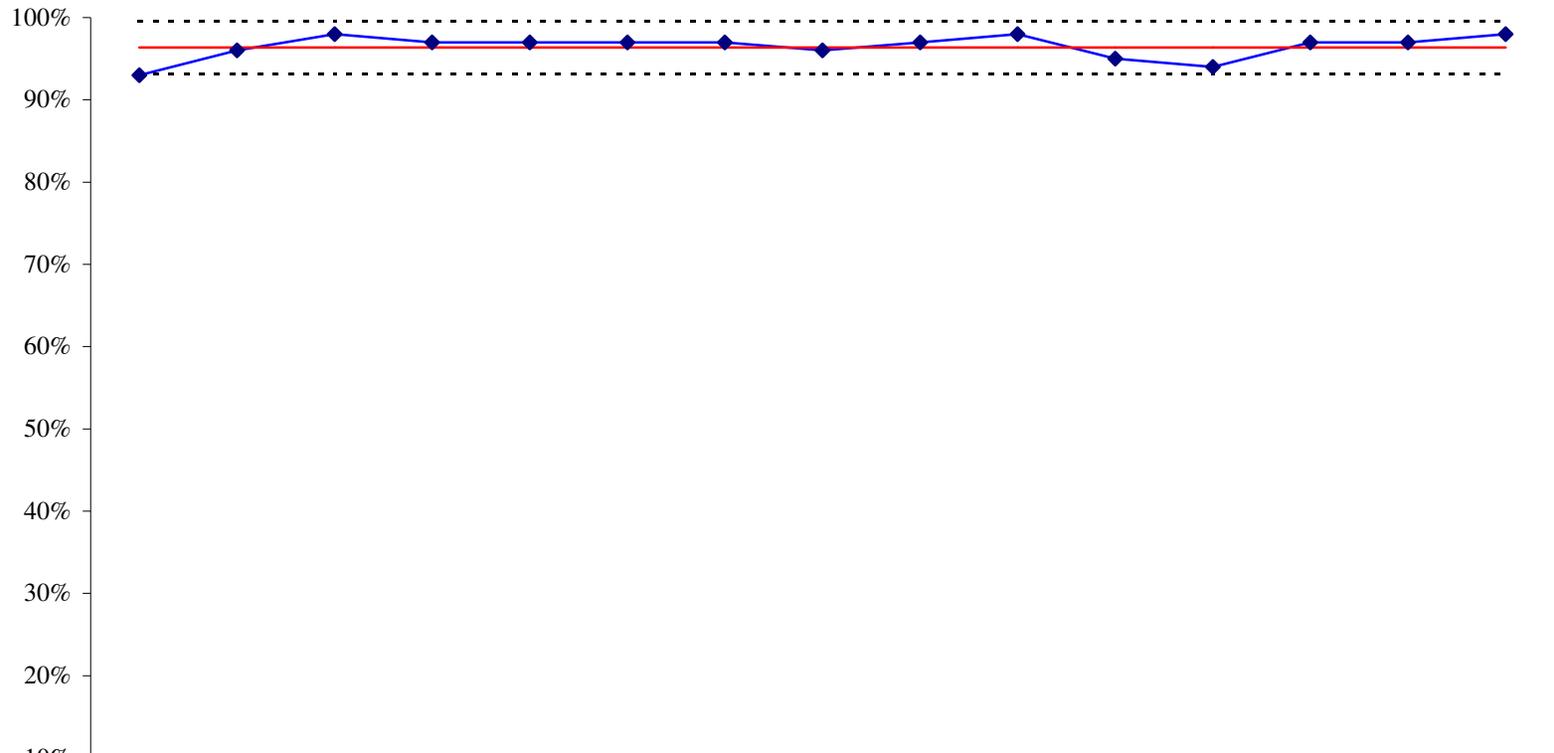
**Objective 8A - Staff Current With CORE and Specialty Training**  
**All State Hospitals**

**Percentage of CORE and Specialty Training Completed**



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

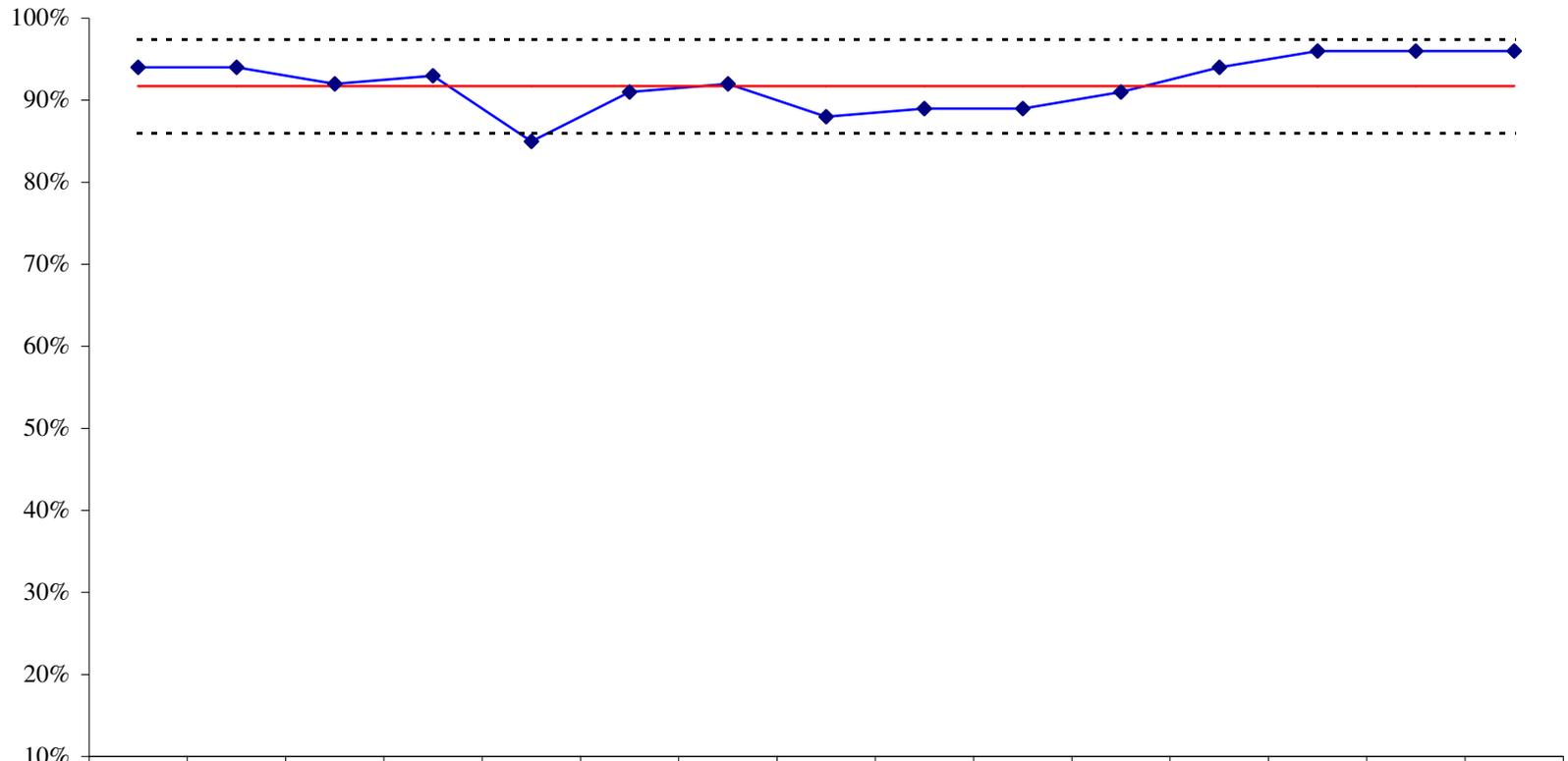
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	93%	96%	98%	97%	97%	97%	97%	96%	97%	98%	95%	94%	97%	97%	98%
----- 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	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

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

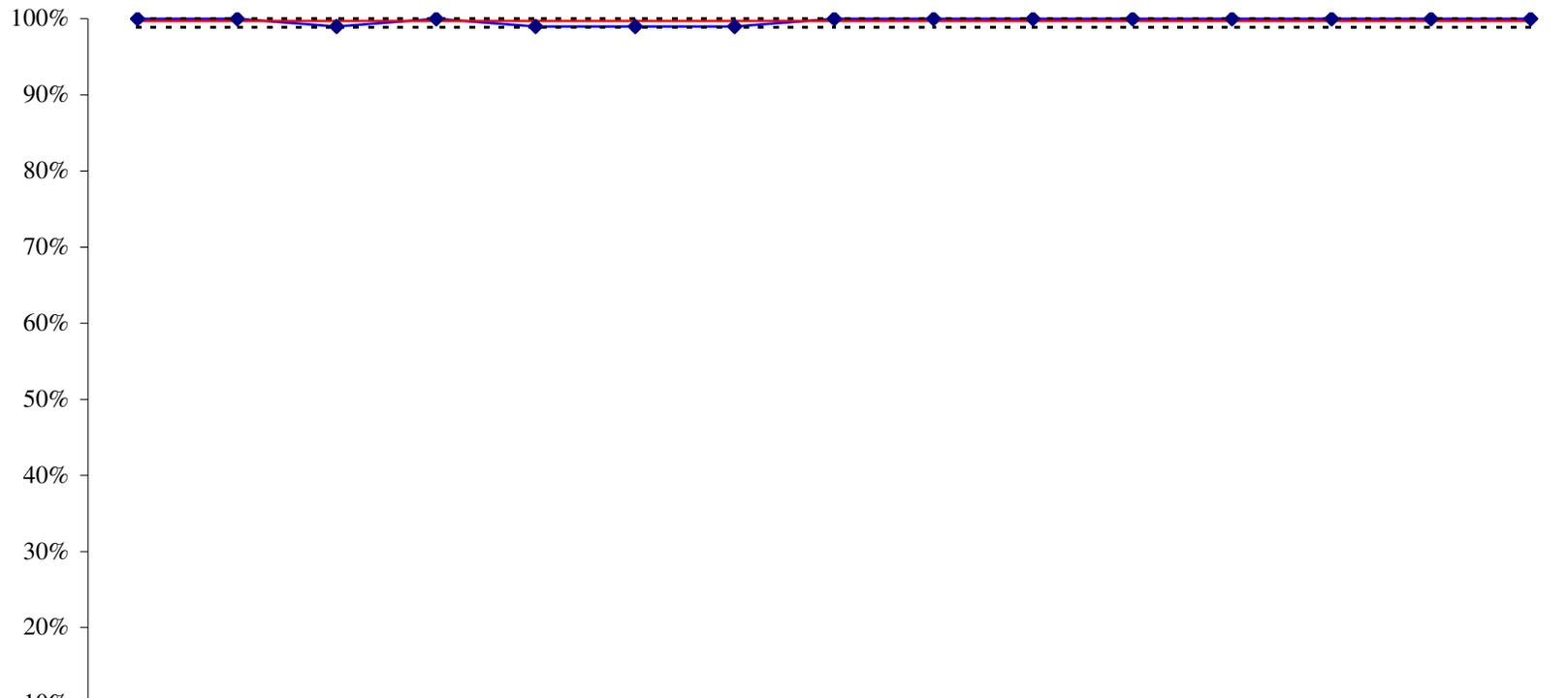
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	94%	94%	92%	93%	85%	91%	92%	88%	89%	89%	91%	94%	96%	96%	96%
- - - - - UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
- - - - - LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

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

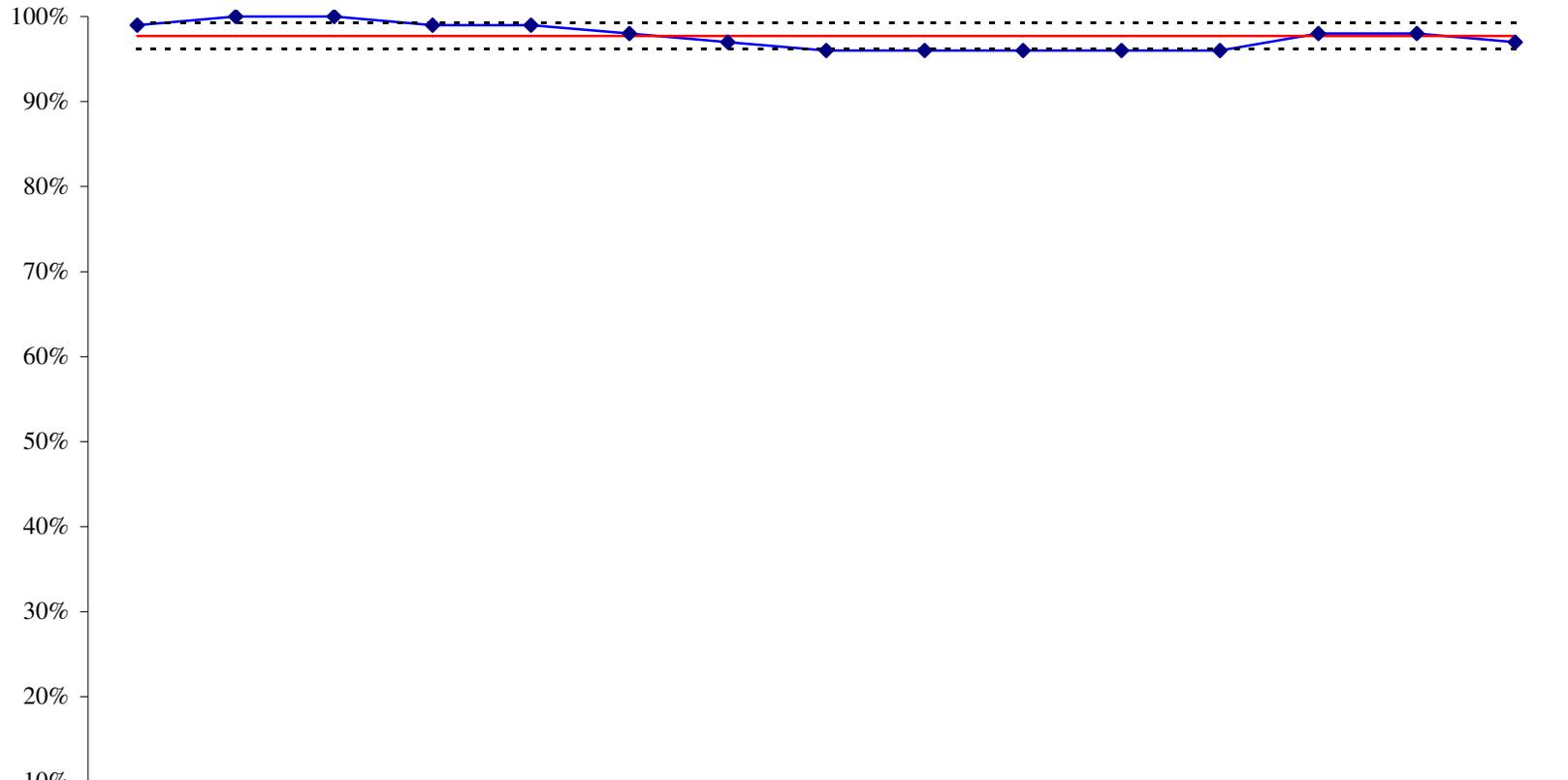
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	100%	100%	99%	100%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
. . . . . LCL	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**

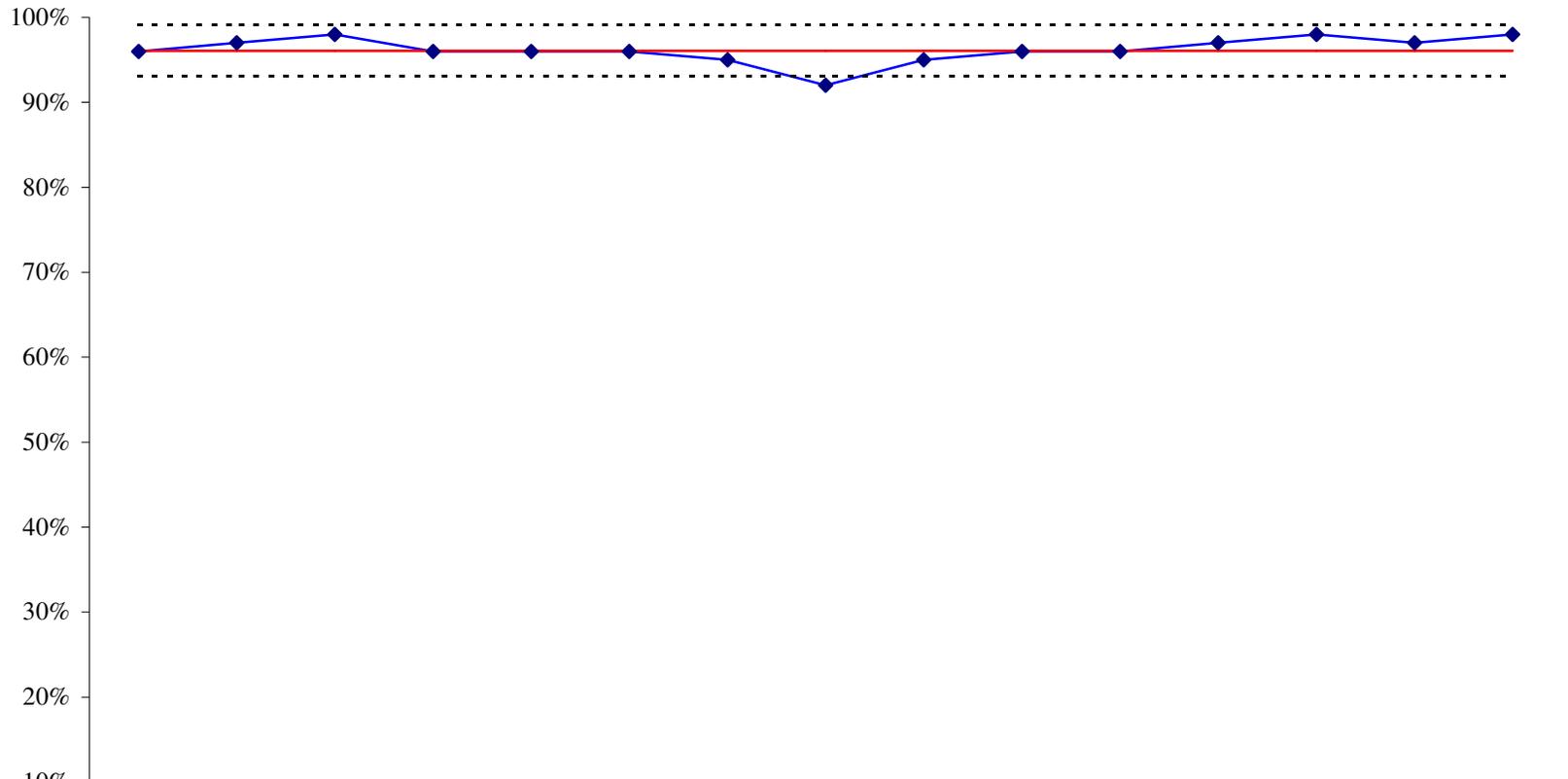
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	99%	100%	100%	99%	99%	98%	97%	96%	96%	96%	96%	96%	98%	98%	97%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
----- LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

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

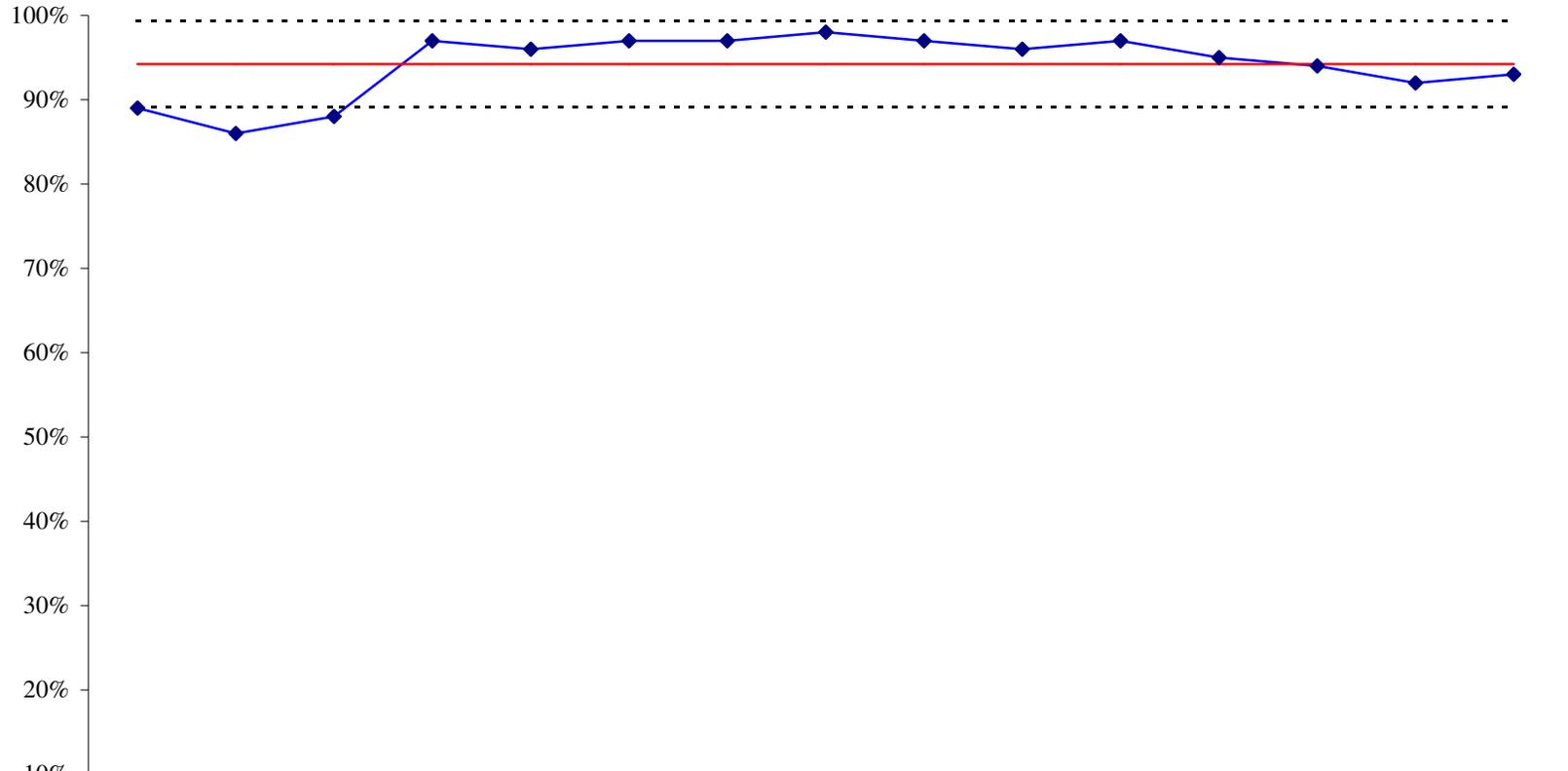
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	96%	97%	98%	96%	96%	96%	95%	92%	95%	96%	96%	97%	98%	97%	98%
----- 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**  
**Rio Grande State Center**

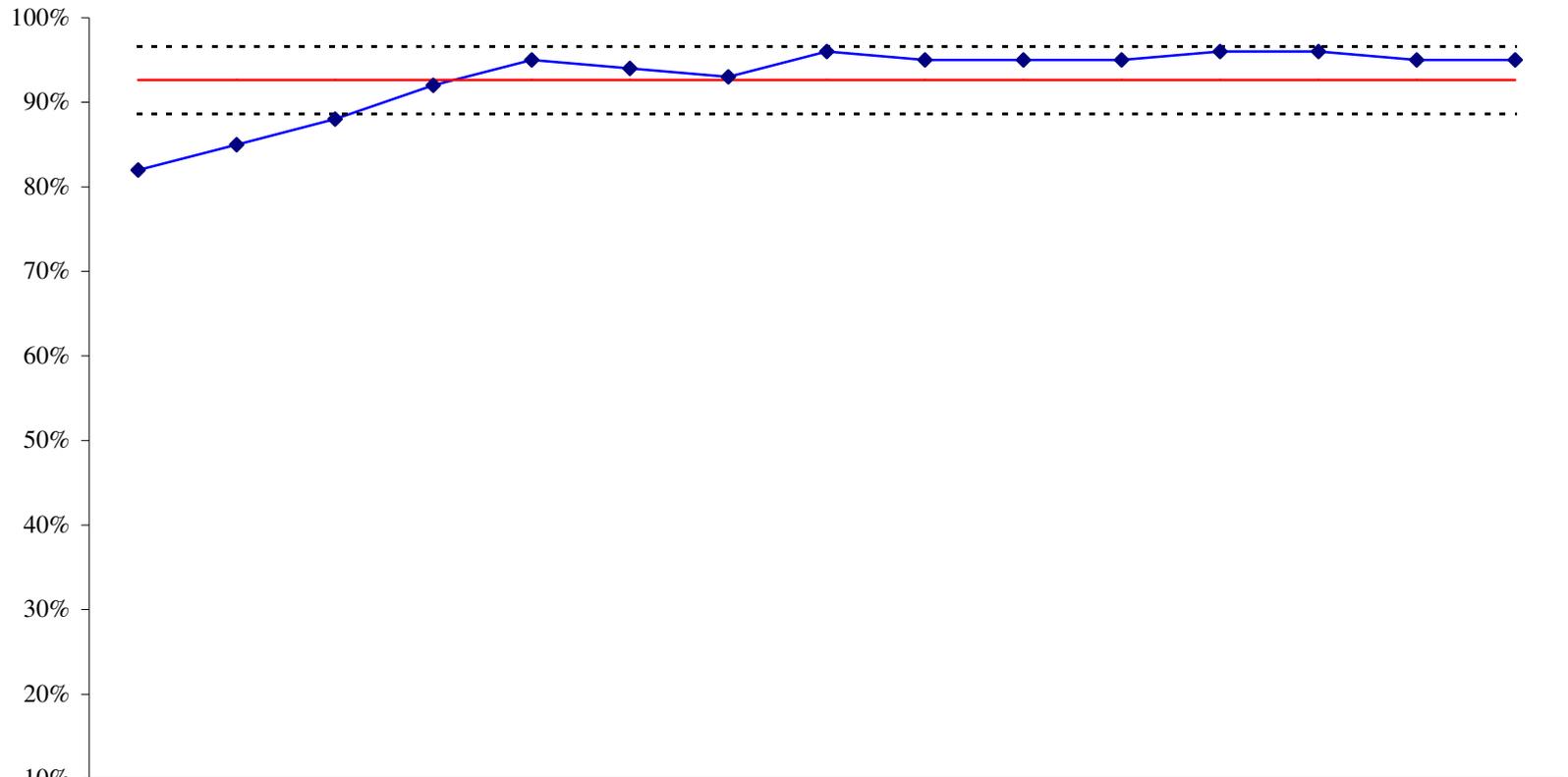
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	89%	86%	88%	97%	96%	97%	97%	98%	97%	96%	97%	95%	94%	92%	93%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

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

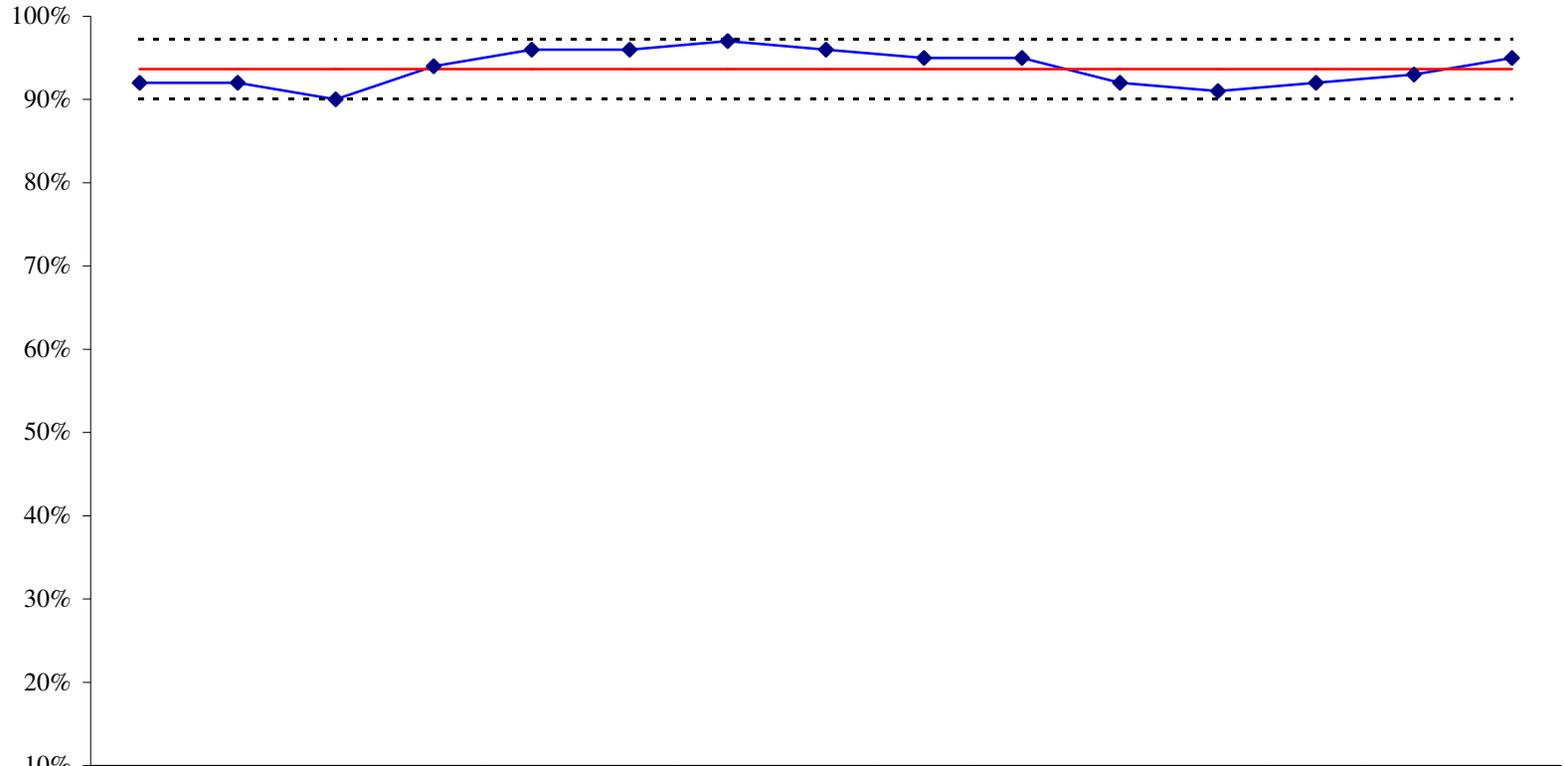
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	82%	85%	88%	92%	95%	94%	93%	96%	95%	95%	95%	96%	96%	95%	95%
-----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**  
**San Antonio State Hospital**

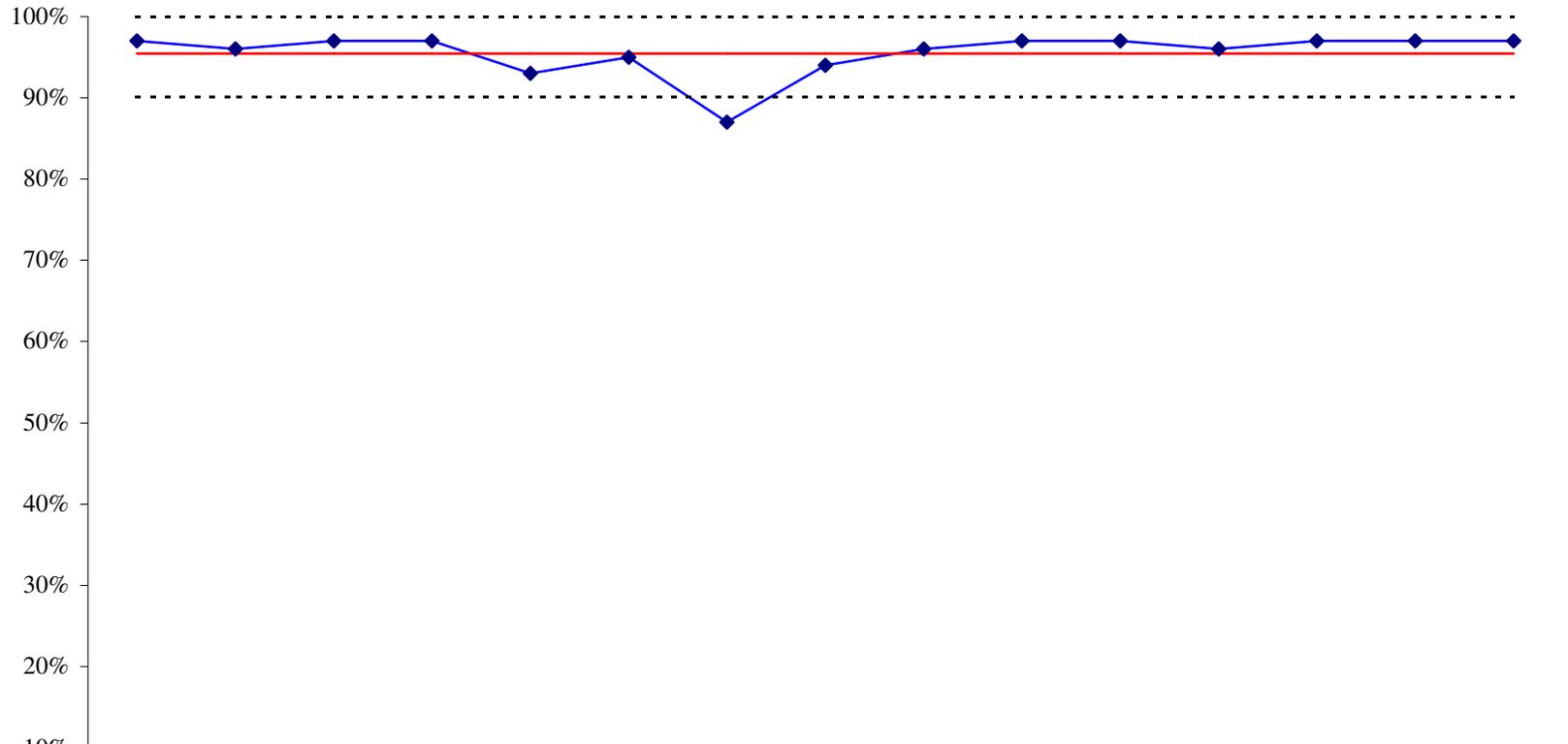
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	92%	92%	90%	94%	96%	96%	97%	96%	95%	95%	92%	91%	92%	93%	95%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— 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**  
**Terrell State Hospital**

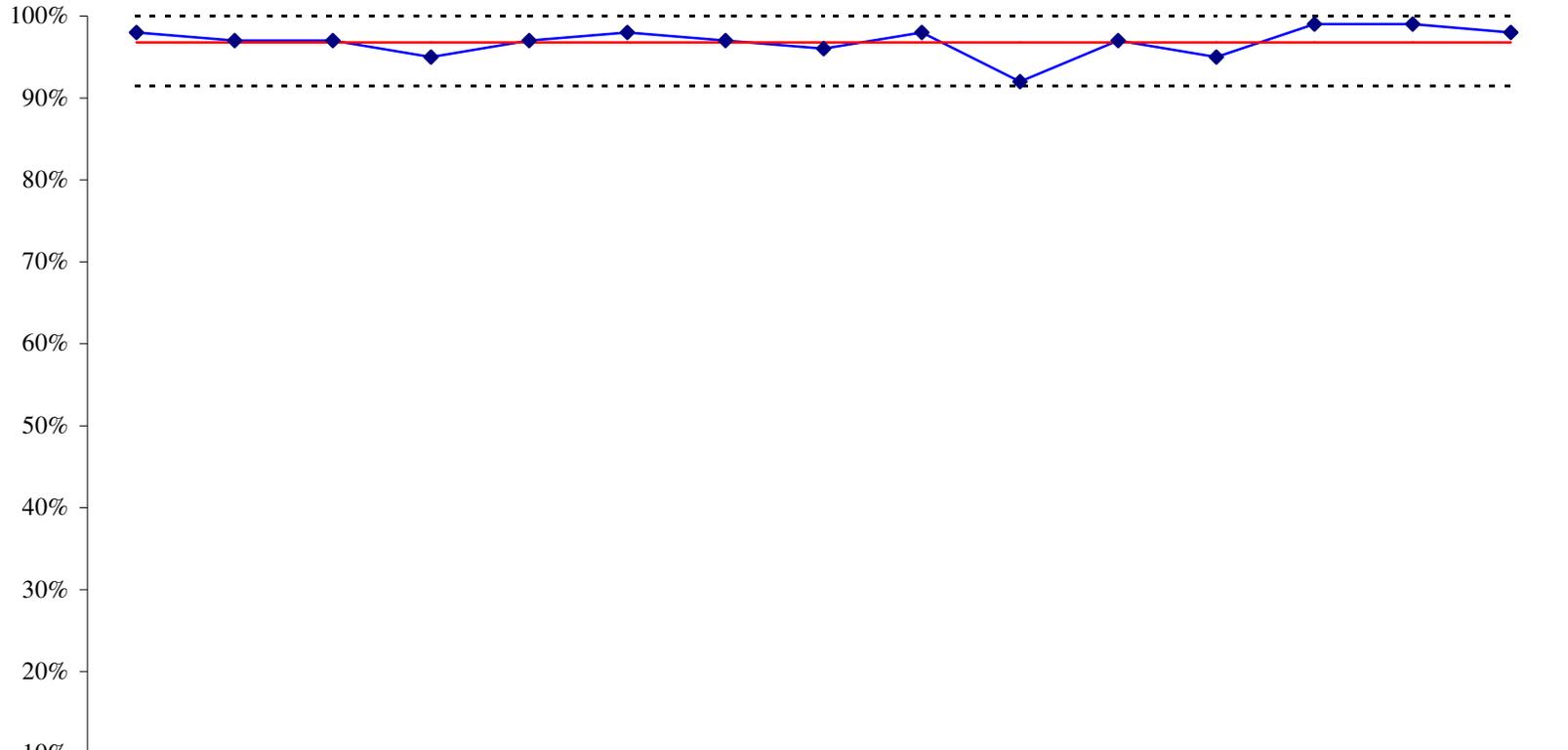
**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	97%	96%	97%	97%	93%	95%	87%	94%	96%	97%	97%	96%	97%	97%	97%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

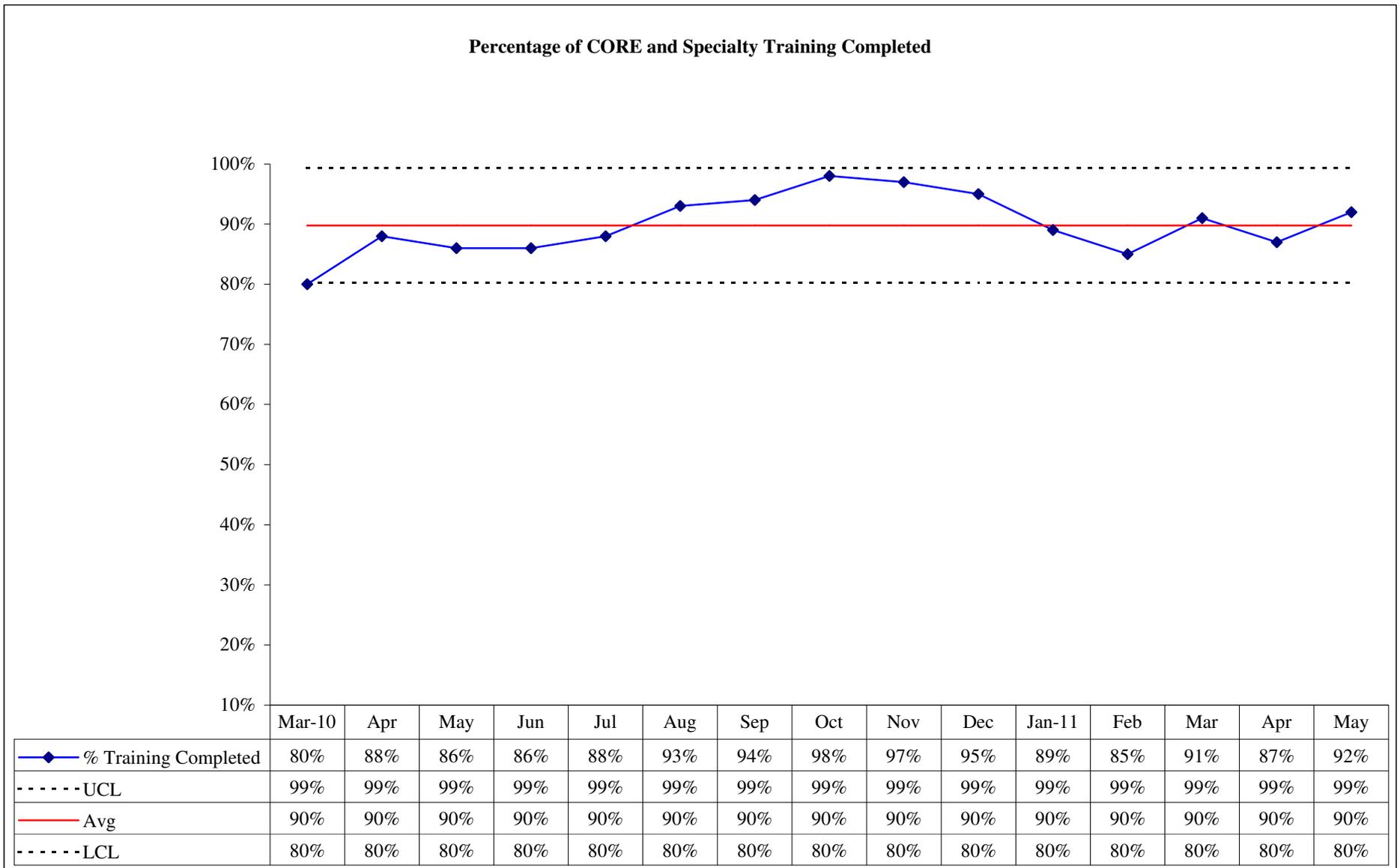
**Objective 8A - Staff Current With CORE and Specialty Training**  
**Waco Center for Youth**

**Percentage of CORE and Specialty Training Completed**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ % Training Completed	98%	97%	97%	95%	97%	98%	97%	96%	98%	92%	97%	95%	99%	99%	98%
-----UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
-----LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

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



**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

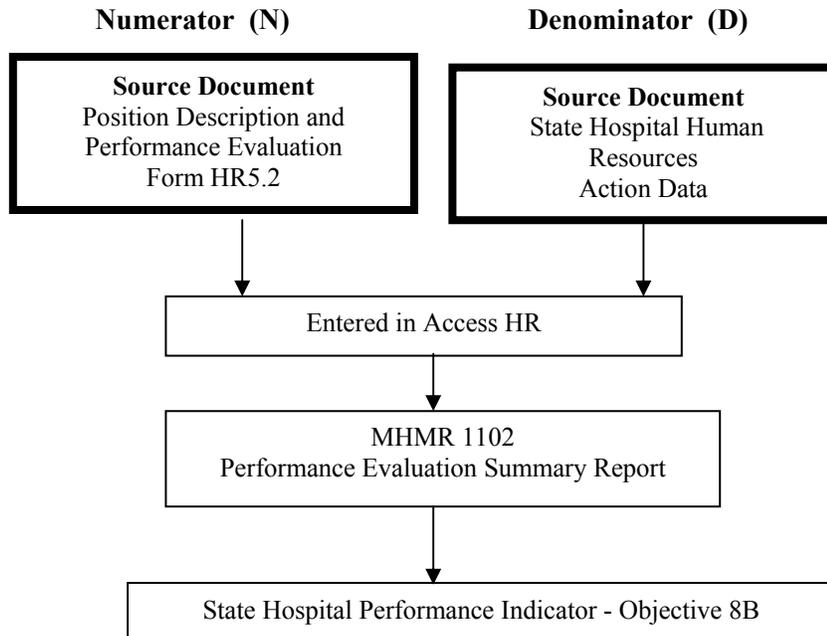
N = number of employees with current evaluations on the last day of the month

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**

	Q1-FY10	Q2-FY10	Q3-FY10	Q4-FY10	Q1-FY11	Q2-FY11	Q3-FY11
Austin State Hospital	1%	0%	100%	100%	100%	97%	100%
Big Spring State Hospital	94%	96%	99%	98%	99%	98%	98%
El Paso Psychiatric Center	96%	95%	95%	90%	95%	80%	91%
Kerrville State Hospital	92%	94%	93%	93%	92%	91%	91%
North Texas State Hospital	94%	91%	93%	84%	81%	81%	80%
Rio Grande State Center	90%	85%	87%	91%	82%	80%	82%
Rusk State Hospital	100%	95%	95%	90%	96%	95%	100%
San Antonio State Hospital		94%	95%	94%	87%	74%	81%
Terrell State Hospital	60%	74%	75%	69%	85%	93%	91%
Waco Center for Youth		95%	96%	96%	96%	96%	97%
TCID		89%	91%	92%	91%		51%
All State Hospitals			93%	91%	91%	88%	96%

**Performance Measure 8A:**

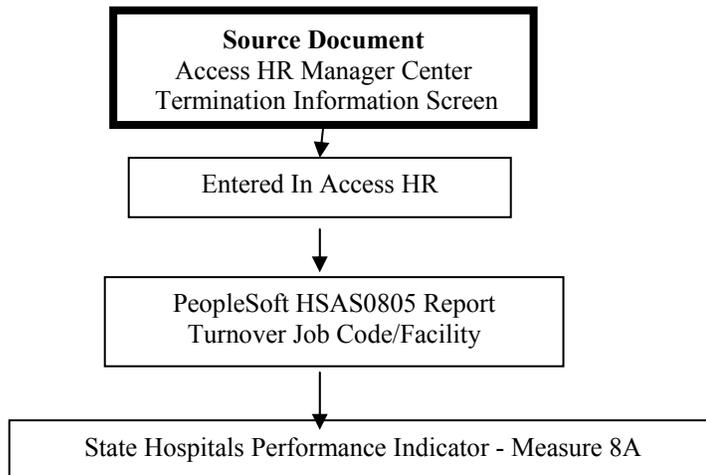
**Collect, analyze and report staff turnover rates for critical shortage staff.**

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

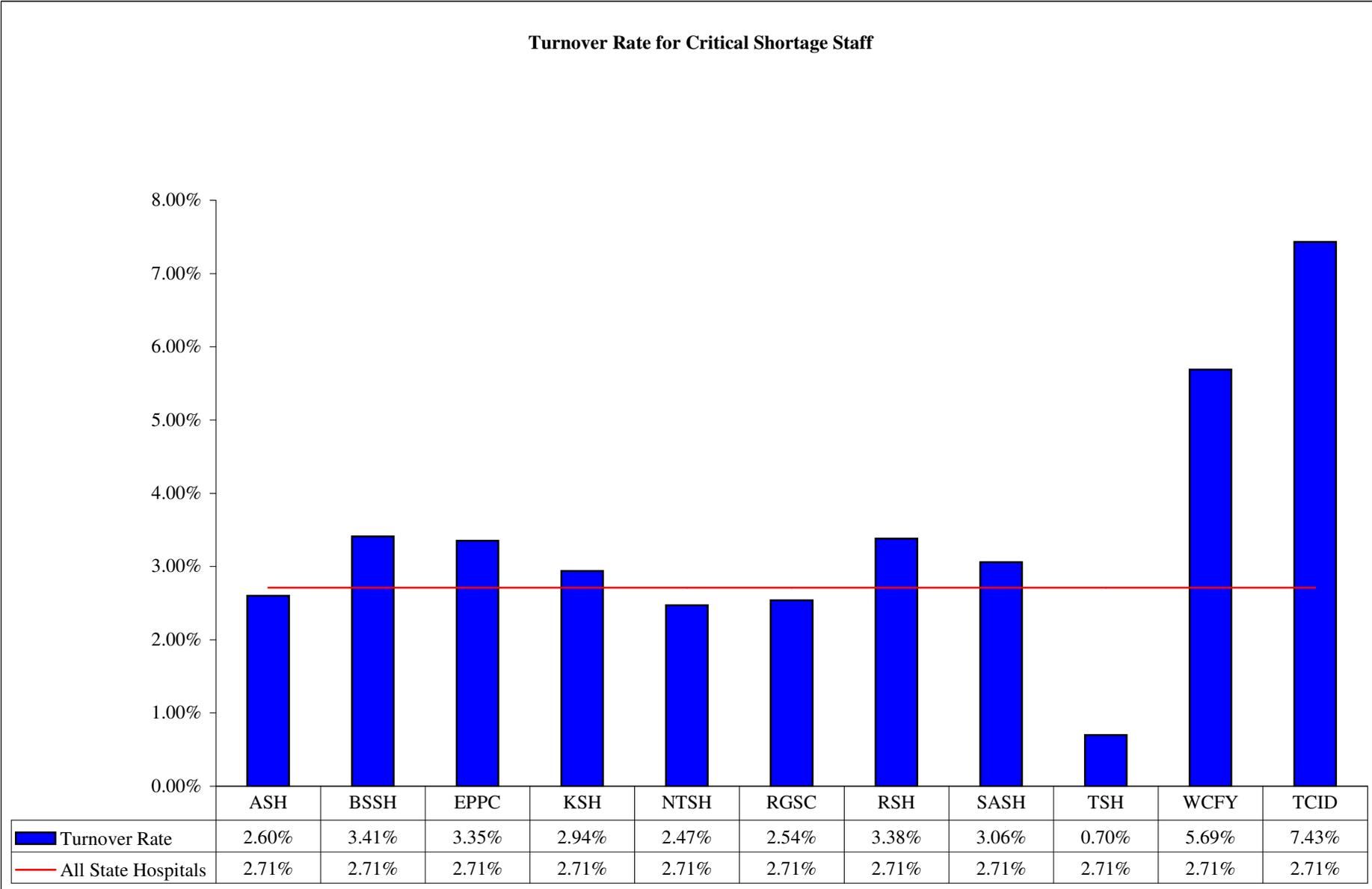
**Performance Measure Formula:** The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

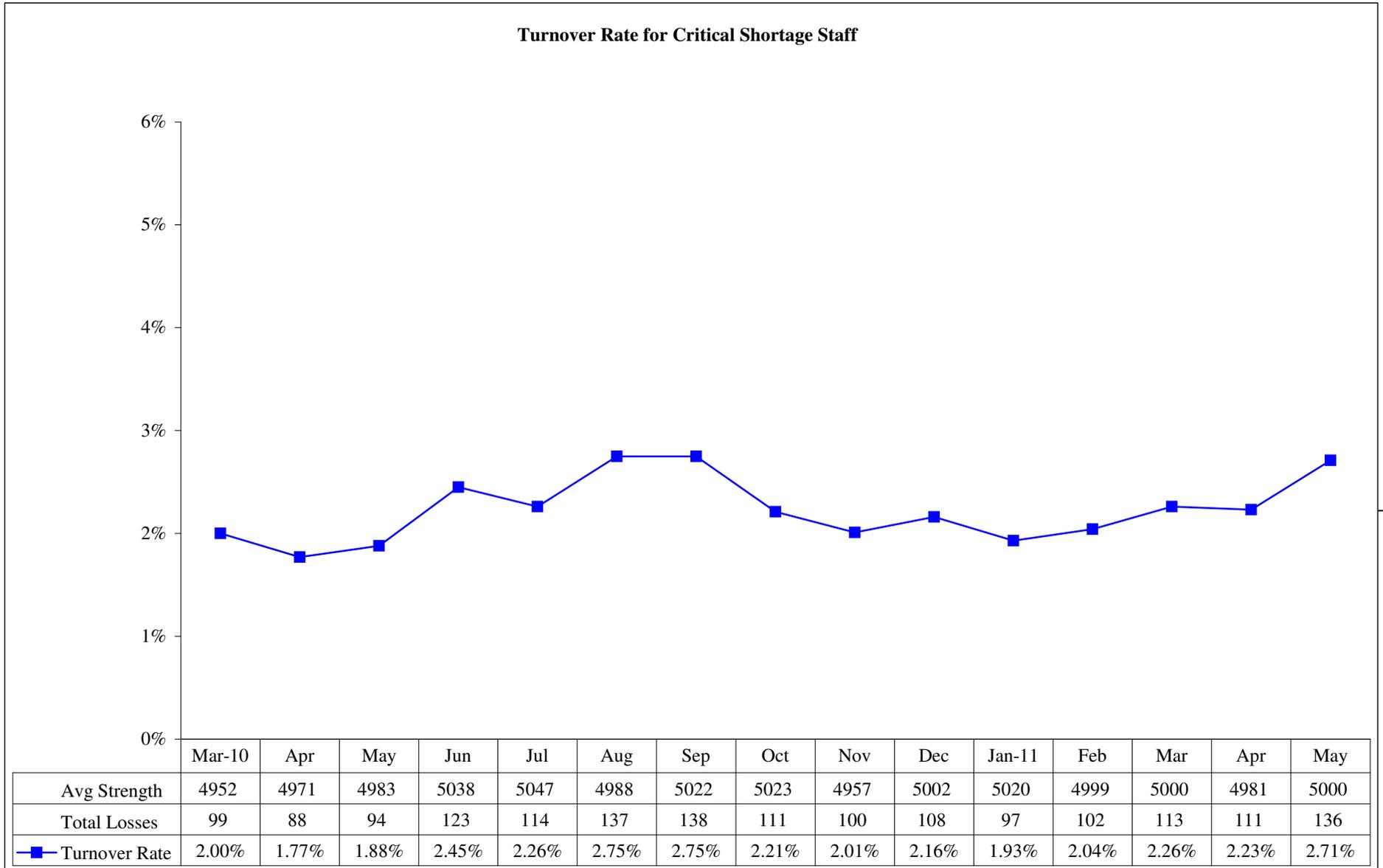
**Data Flow:**



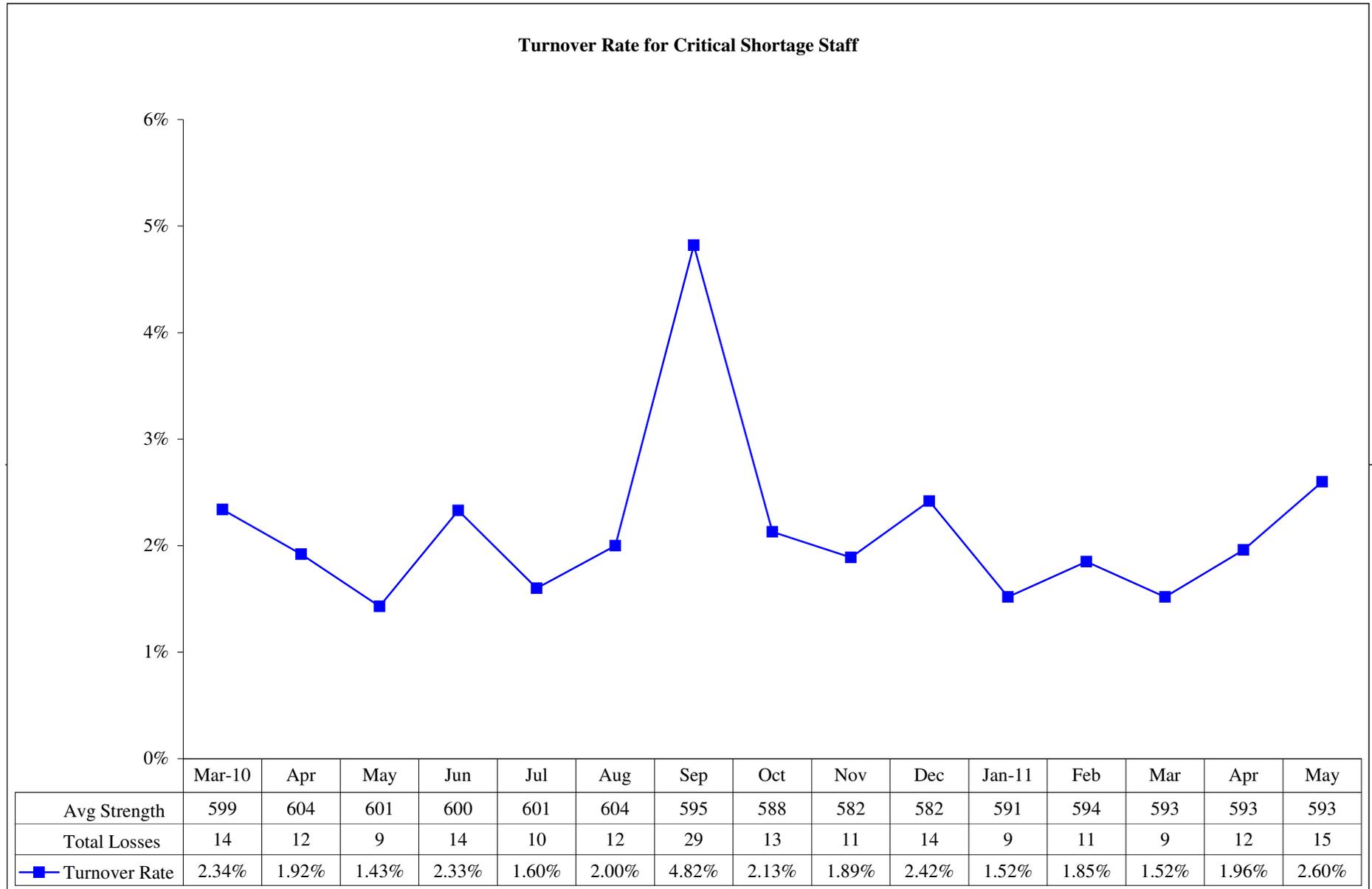
**Measure 8A - Turnover Rate for Critical Shortage Staff  
All State Hospitals - As of May 31, 2011**



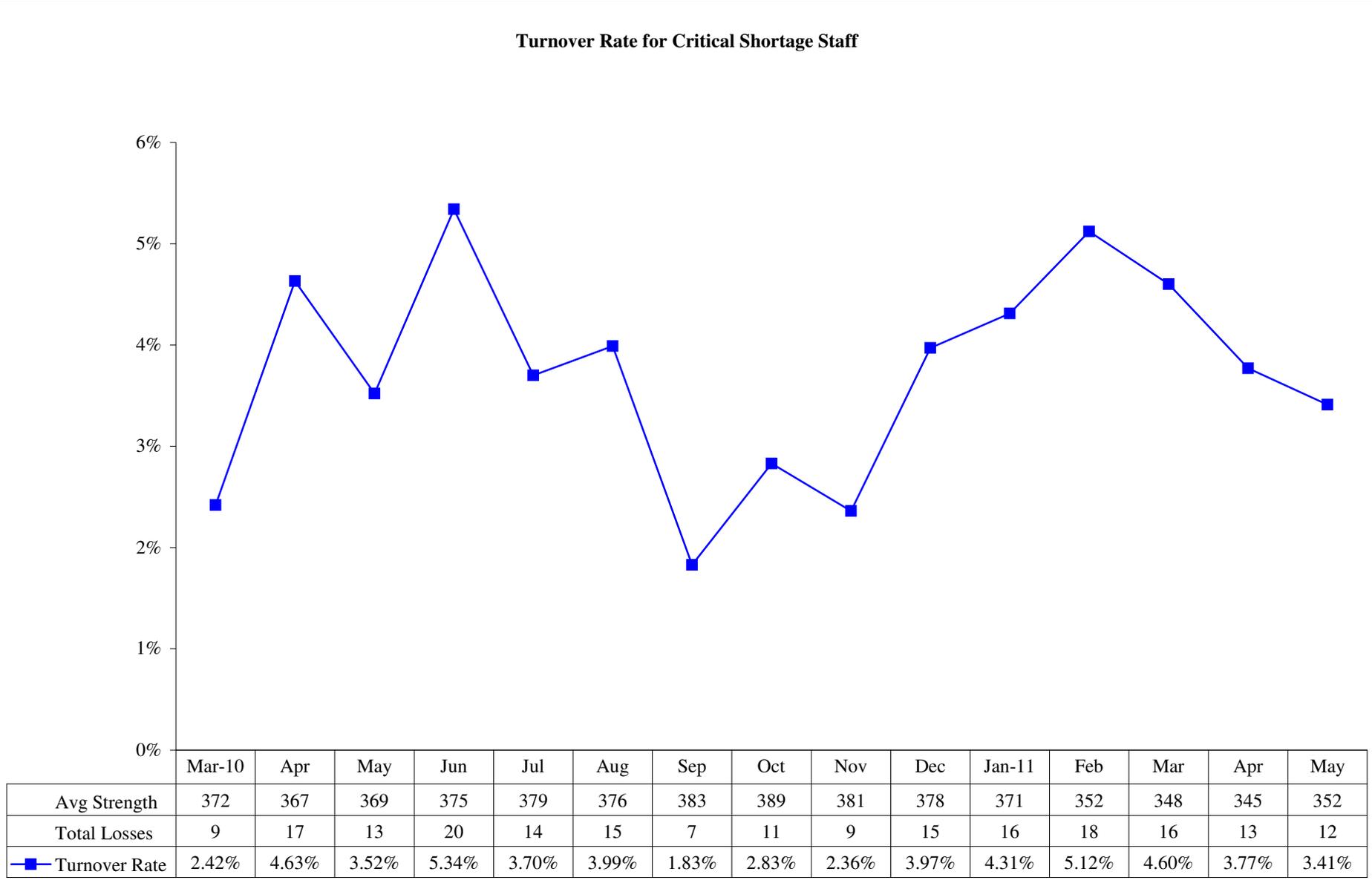
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals**



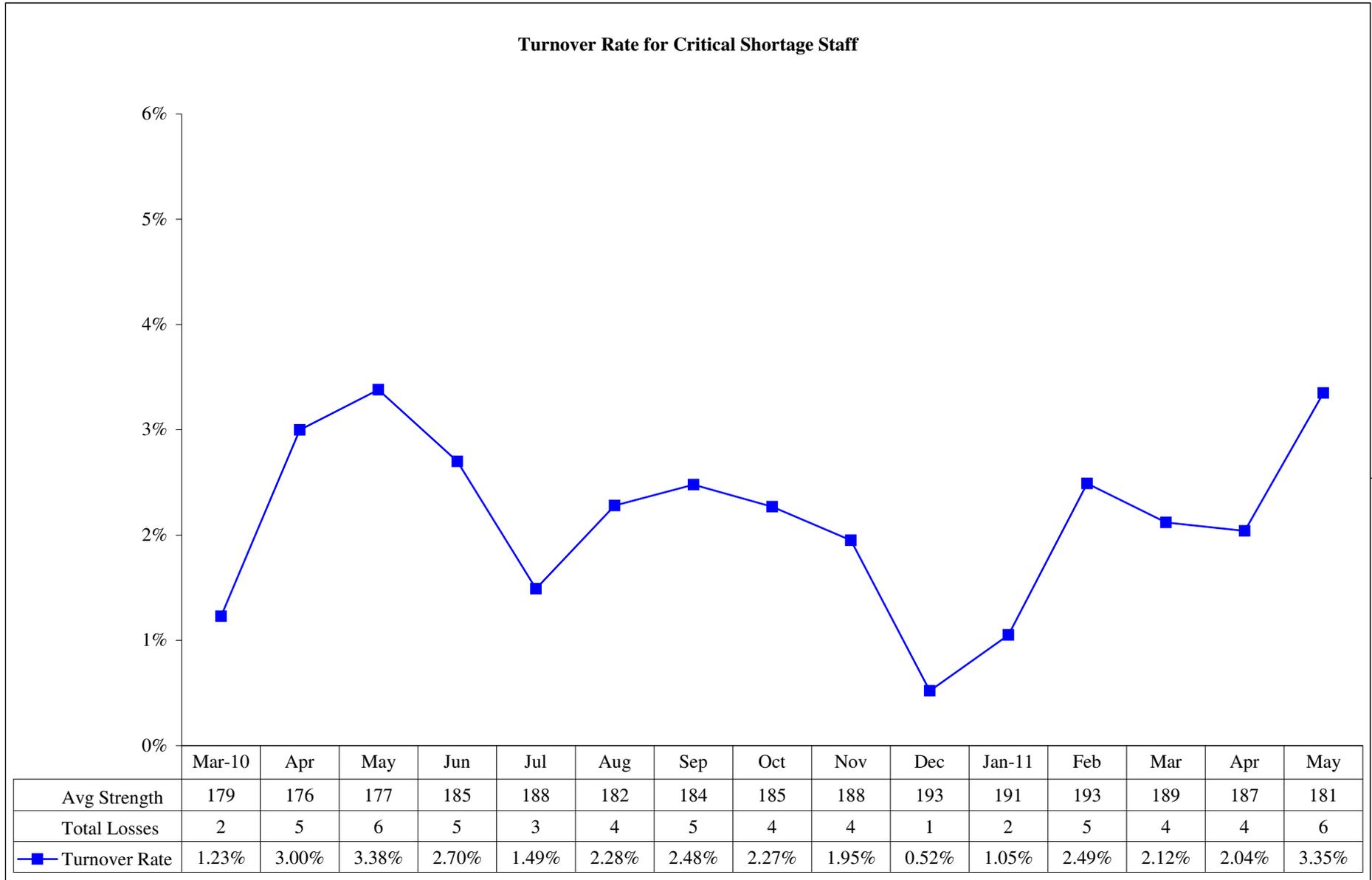
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Austin State Hospital**



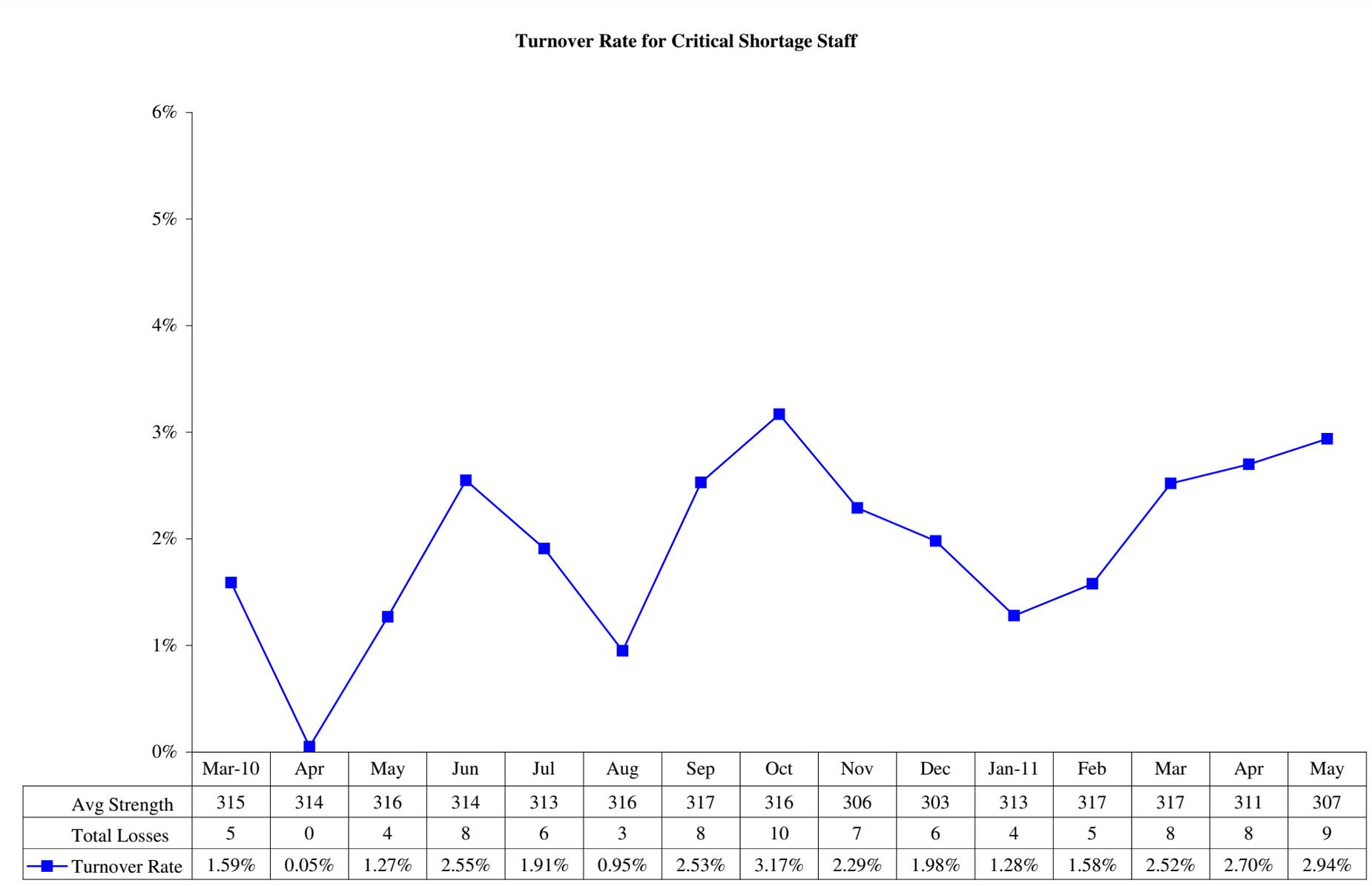
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Big Spring State Hospital**



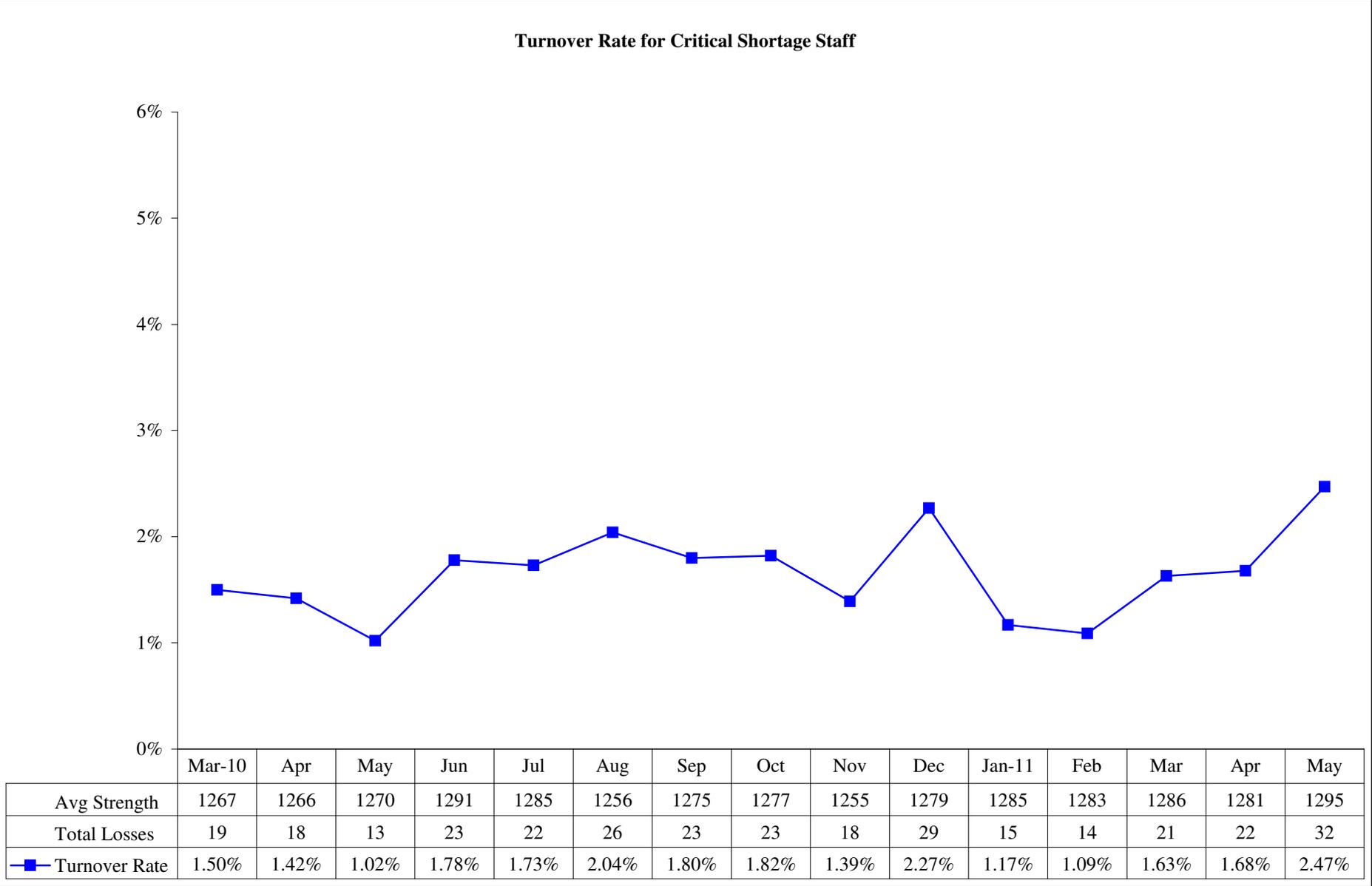
**Measure 8A - Turnover Rate for Critical Shortage Staff  
El Paso Psychiatric Center**



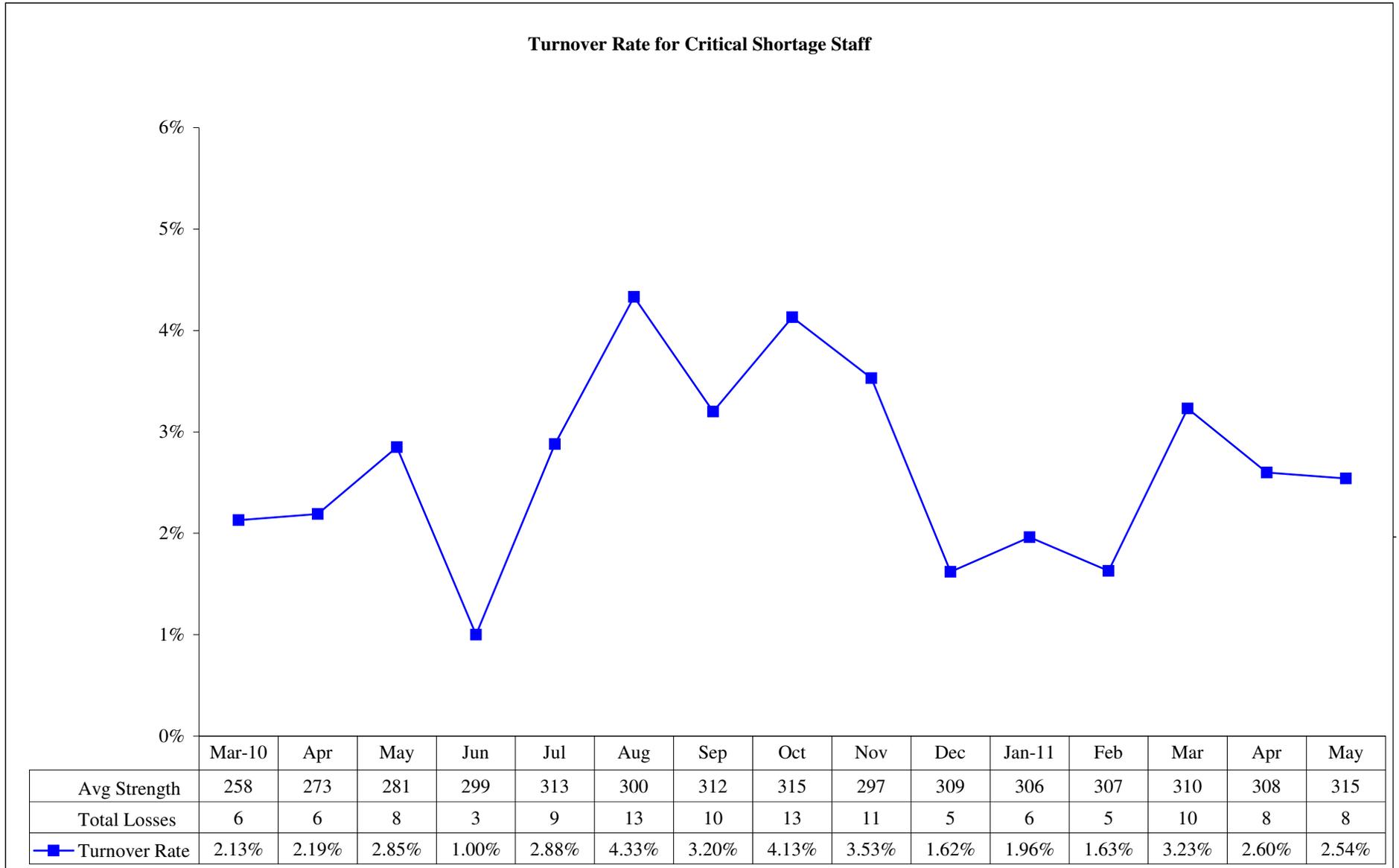
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Kerrville State Hospital**



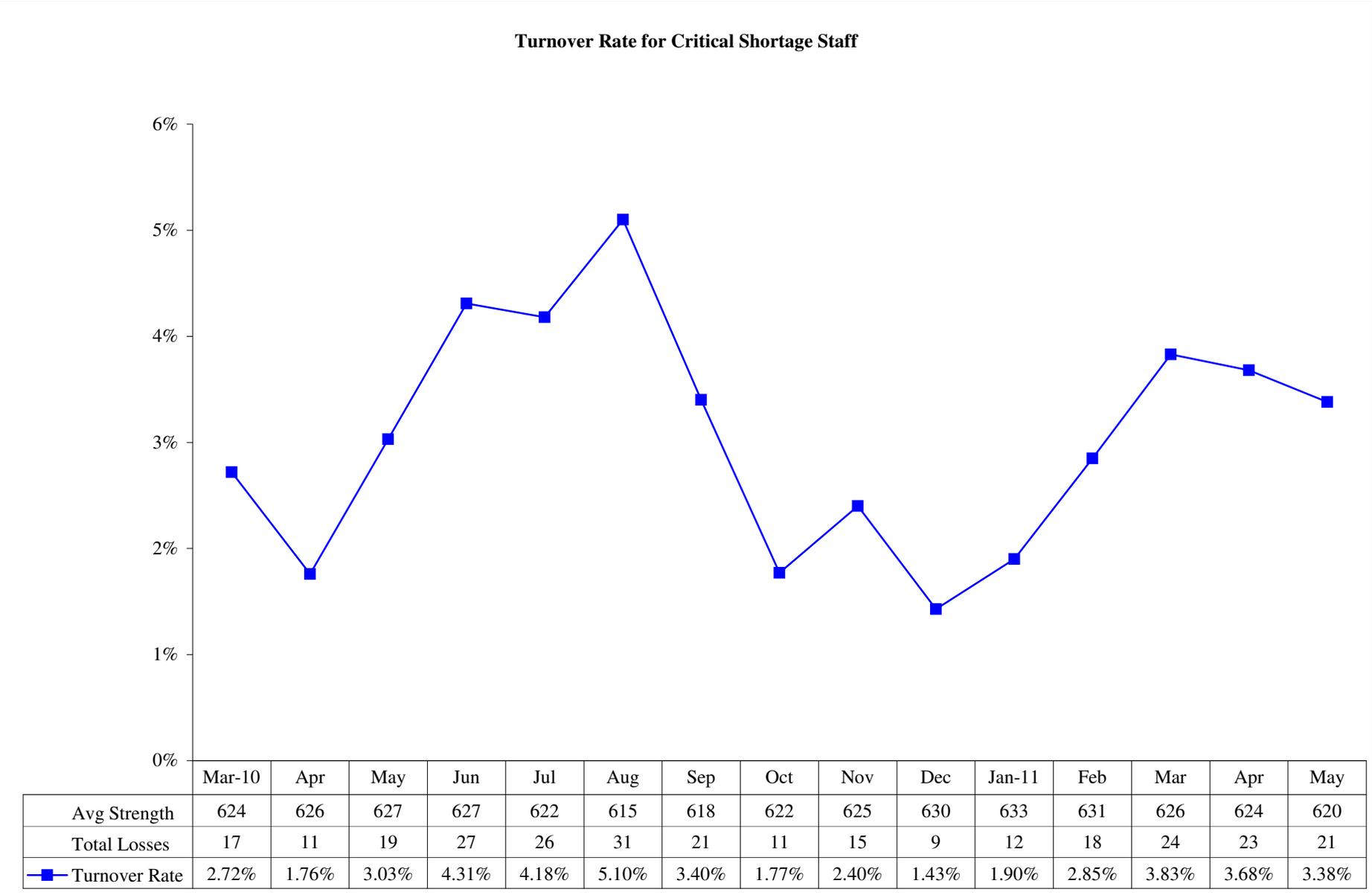
**Measure 8A - Turnover Rate for Critical Shortage Staff  
North Texas State Hospital**



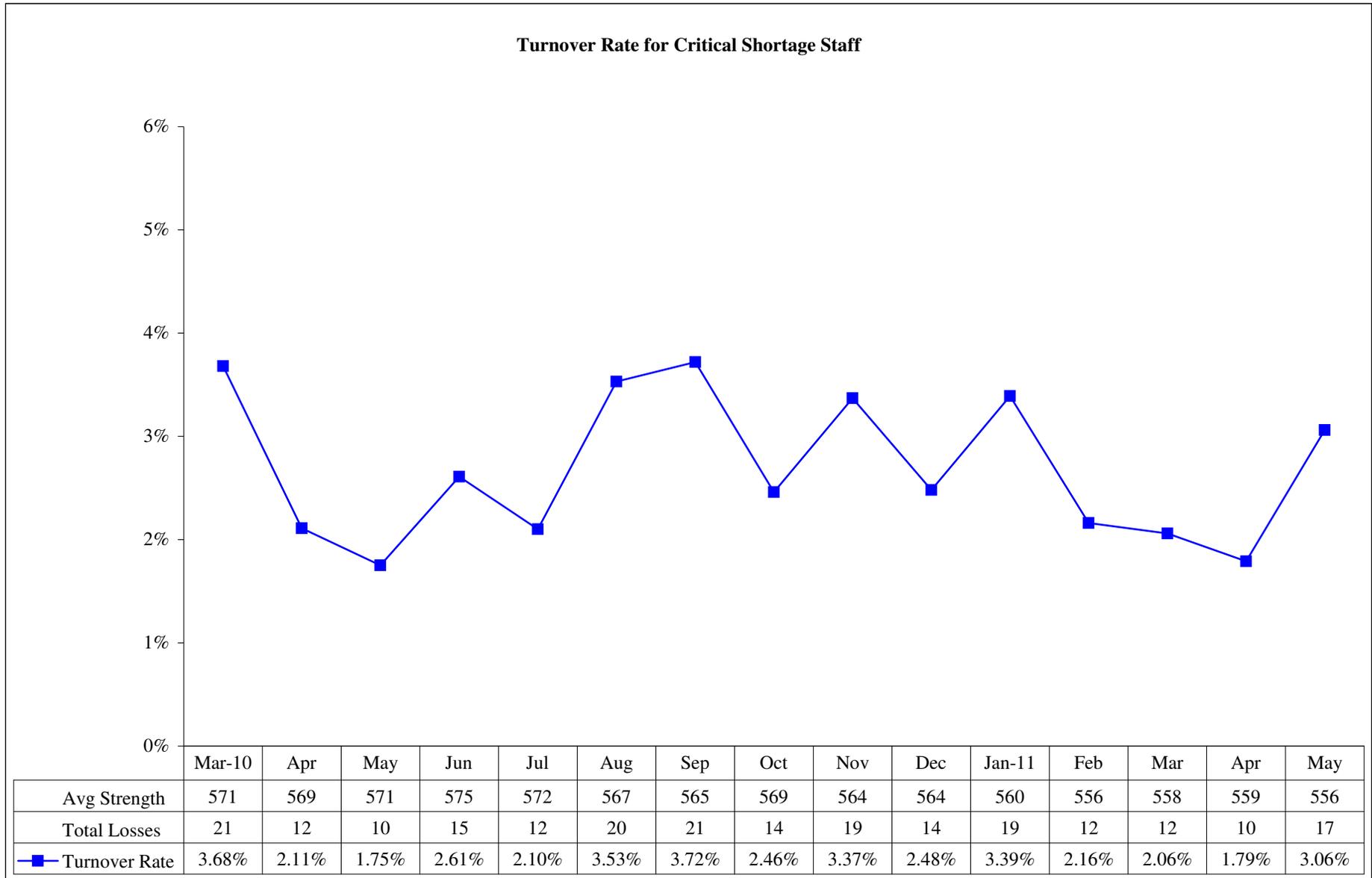
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Rio Grande State Center**



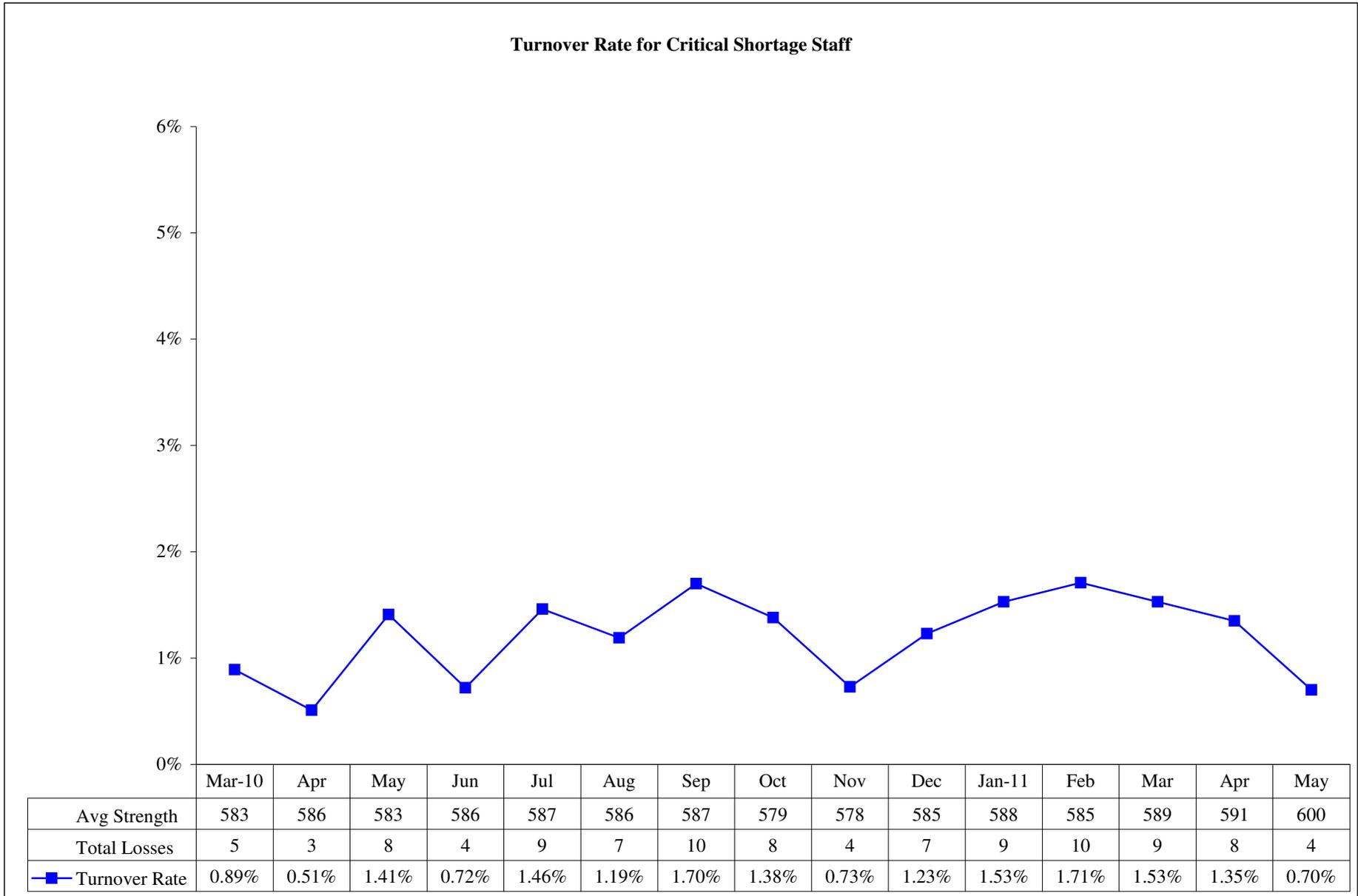
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Rusk State Hospital**



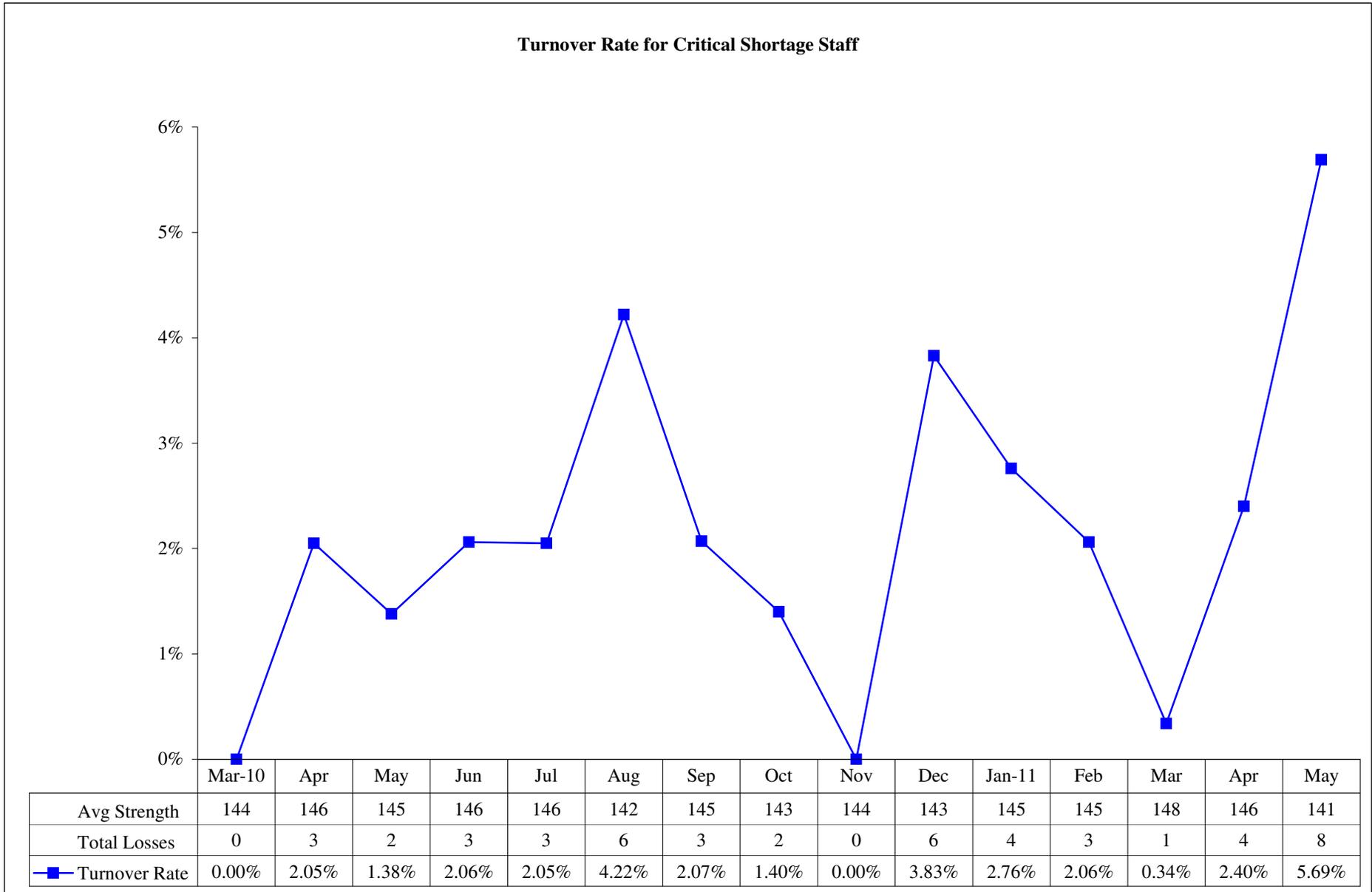
**Measure 8A - Turnover Rate for Critical Shortage Staff  
San Antonio State Hospital**



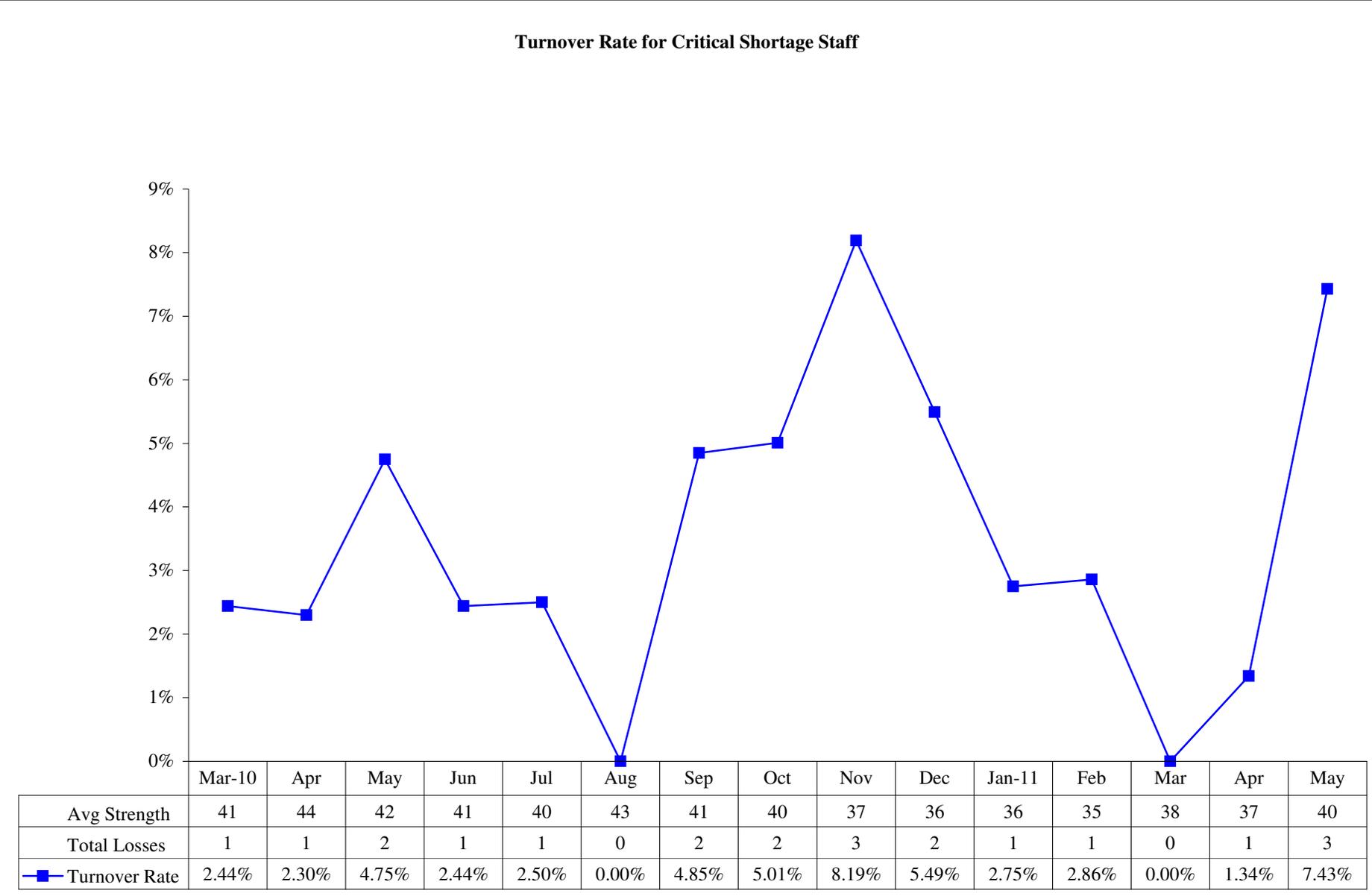
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Terrell State Hospital**



**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.

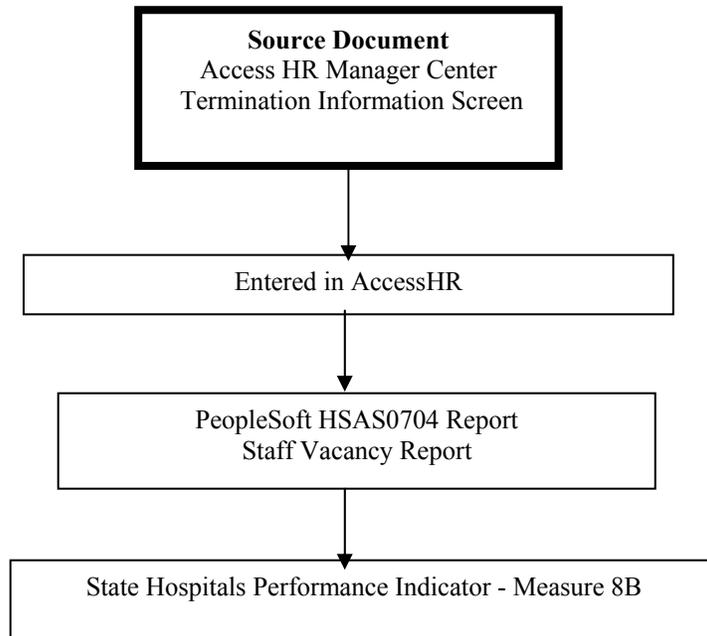
**Performance Measure Formula:**

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

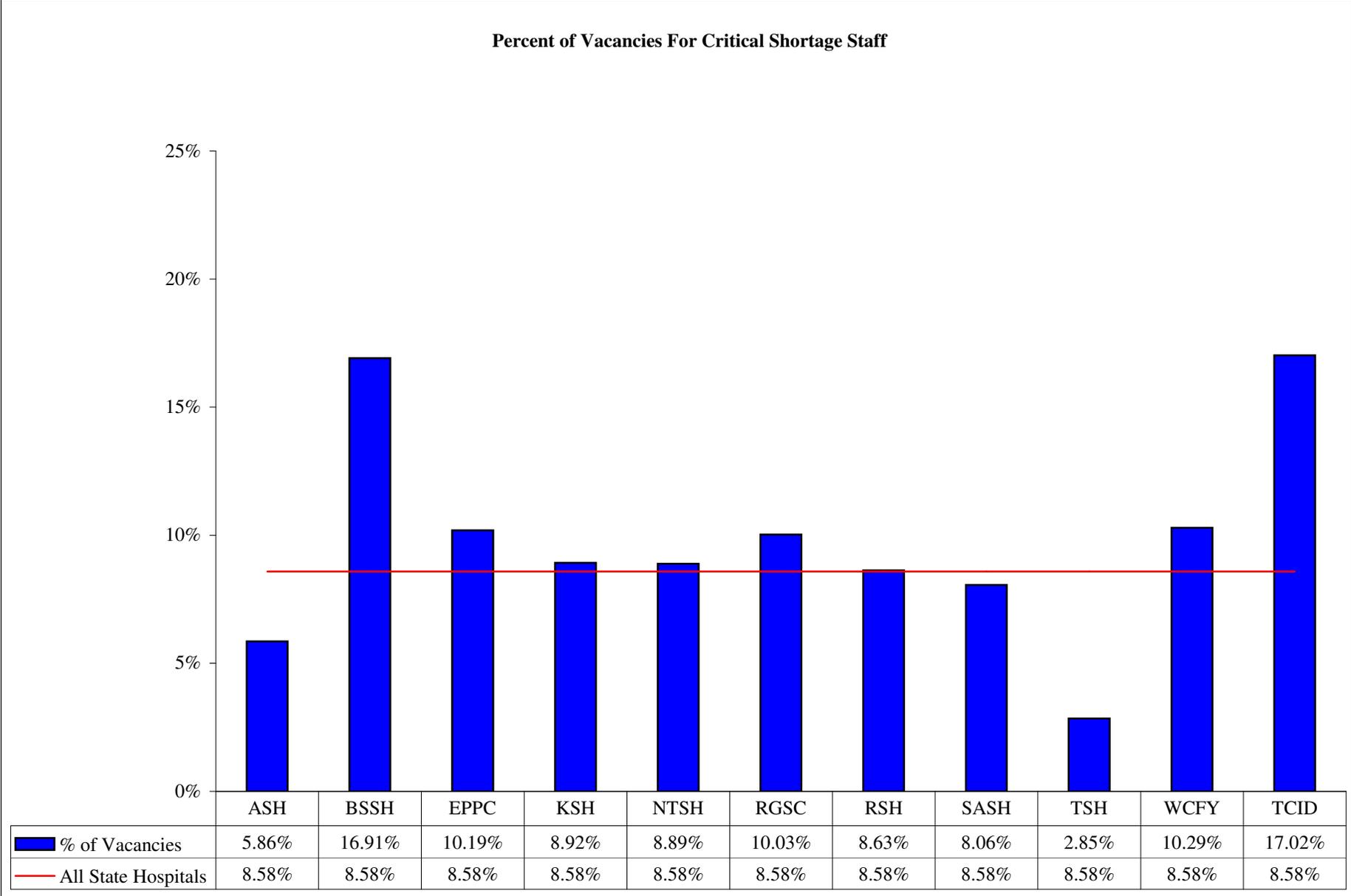
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of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

**Data Flow:**

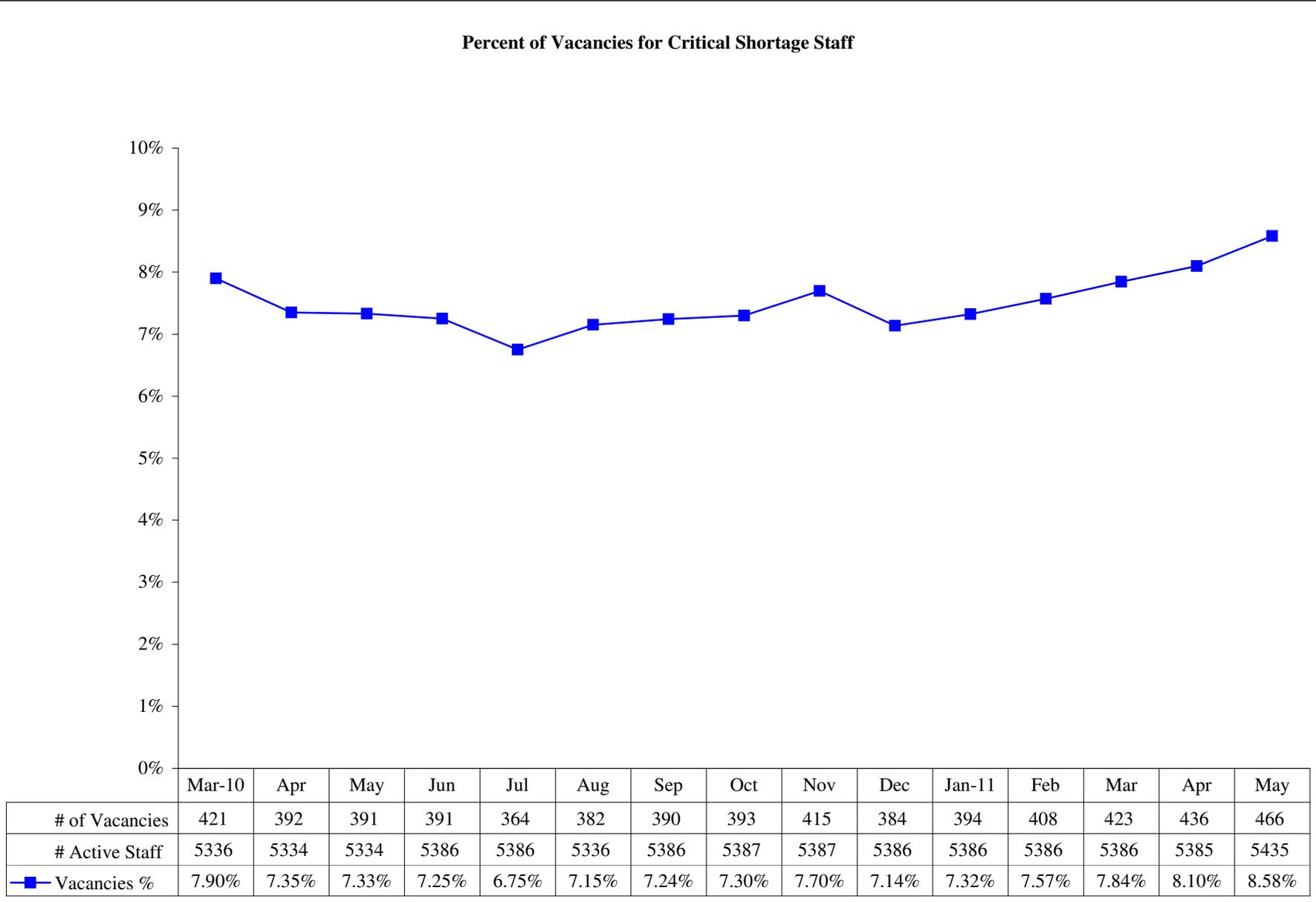
**Data Flow:**



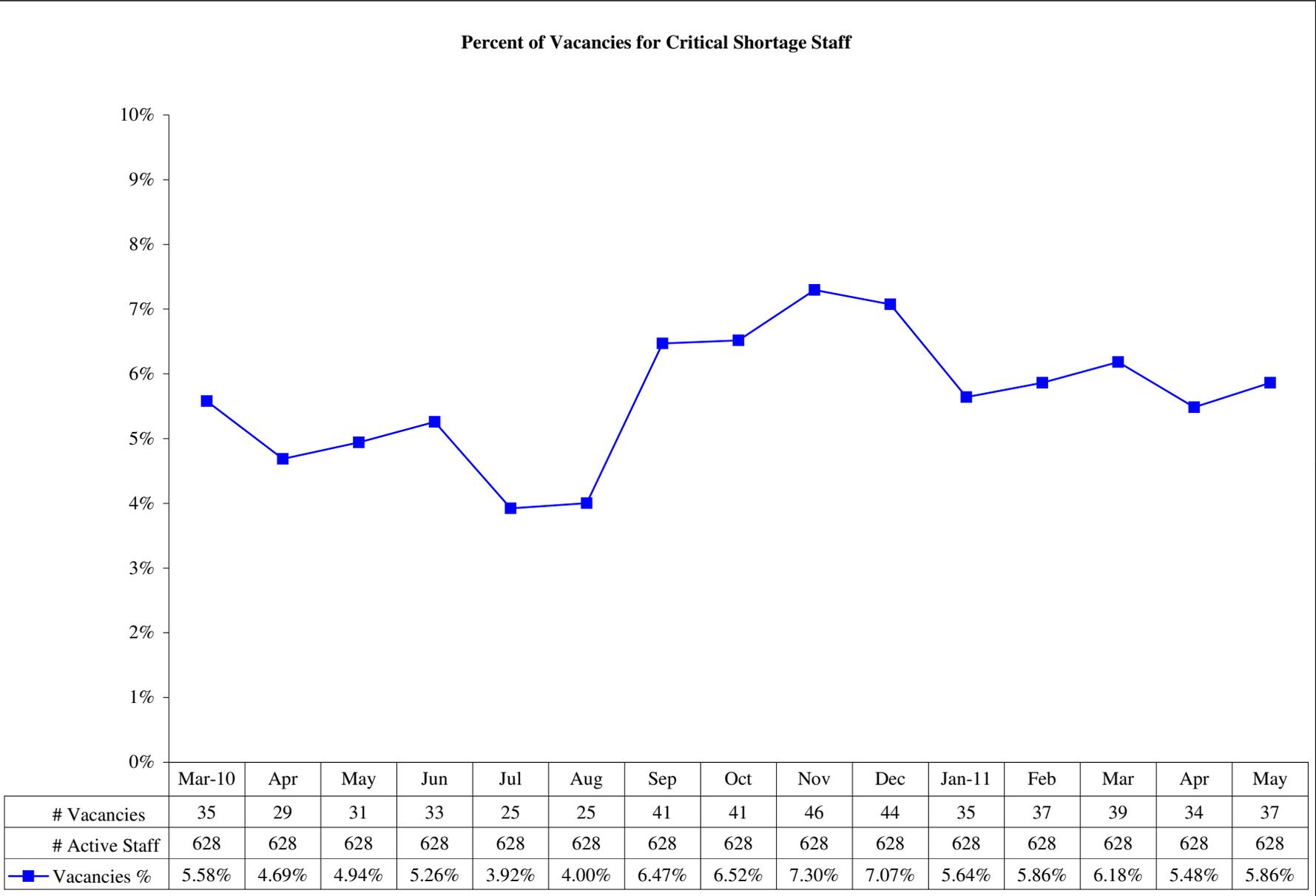
**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of May 31, 2011**



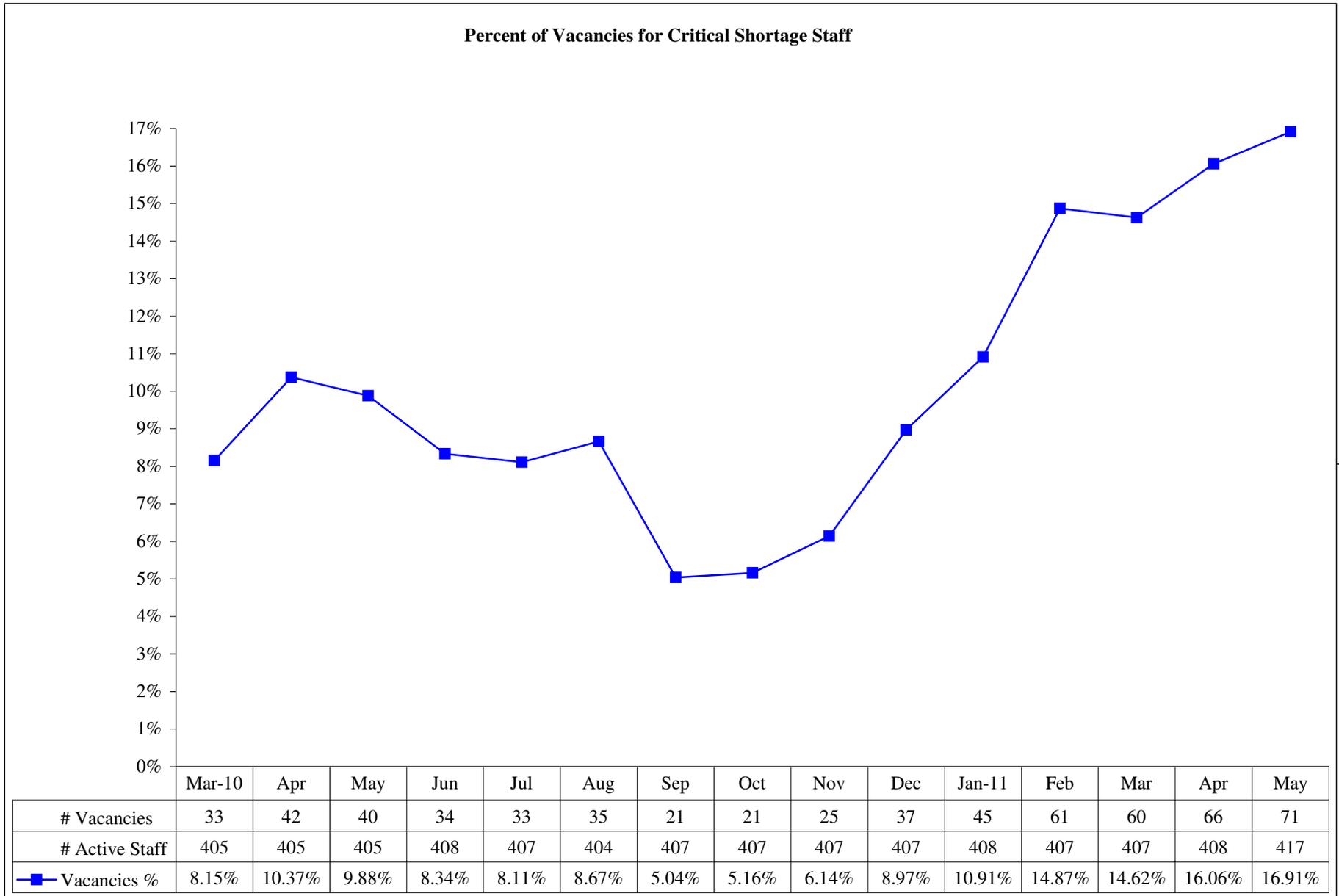
**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals**



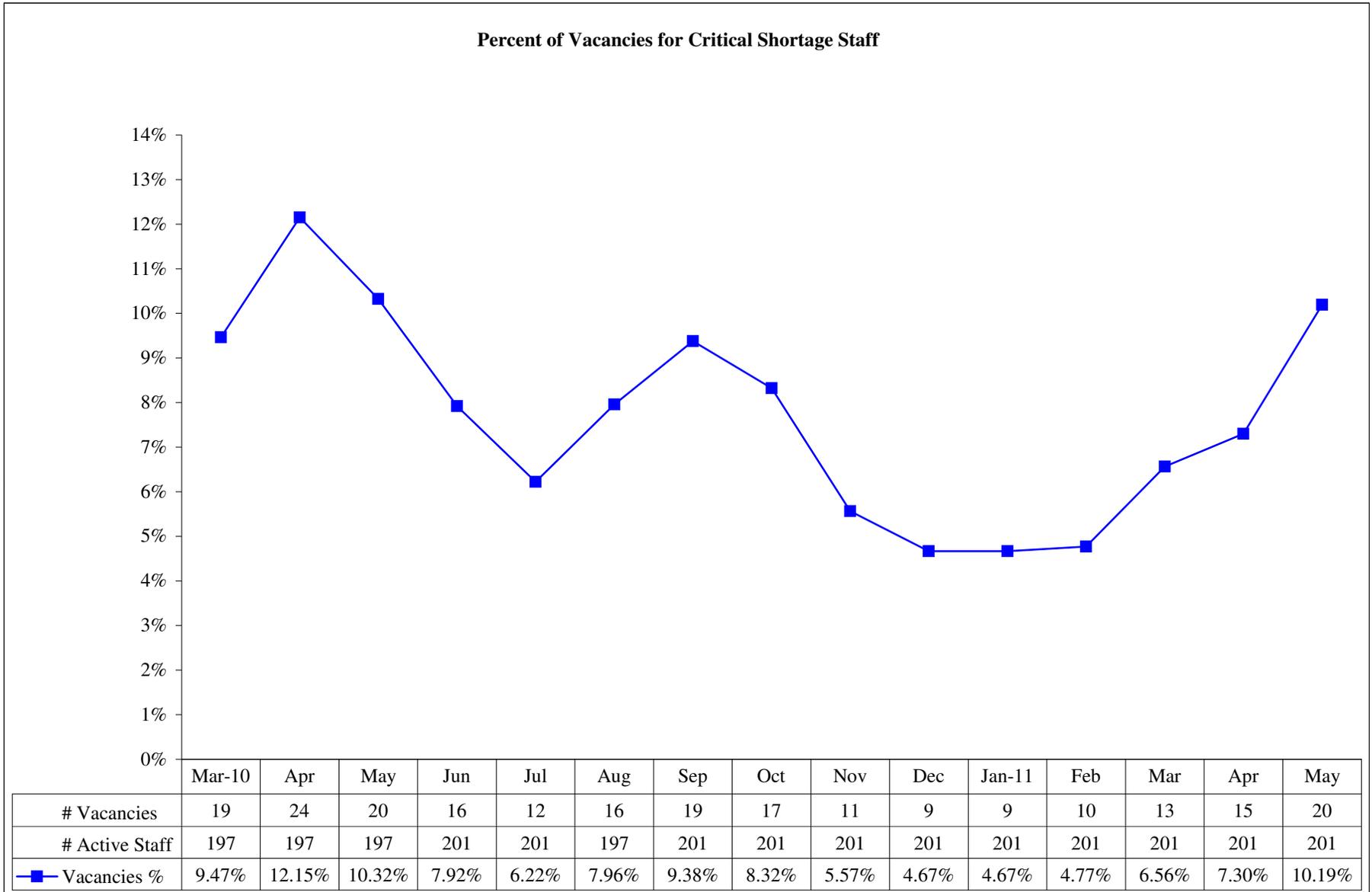
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



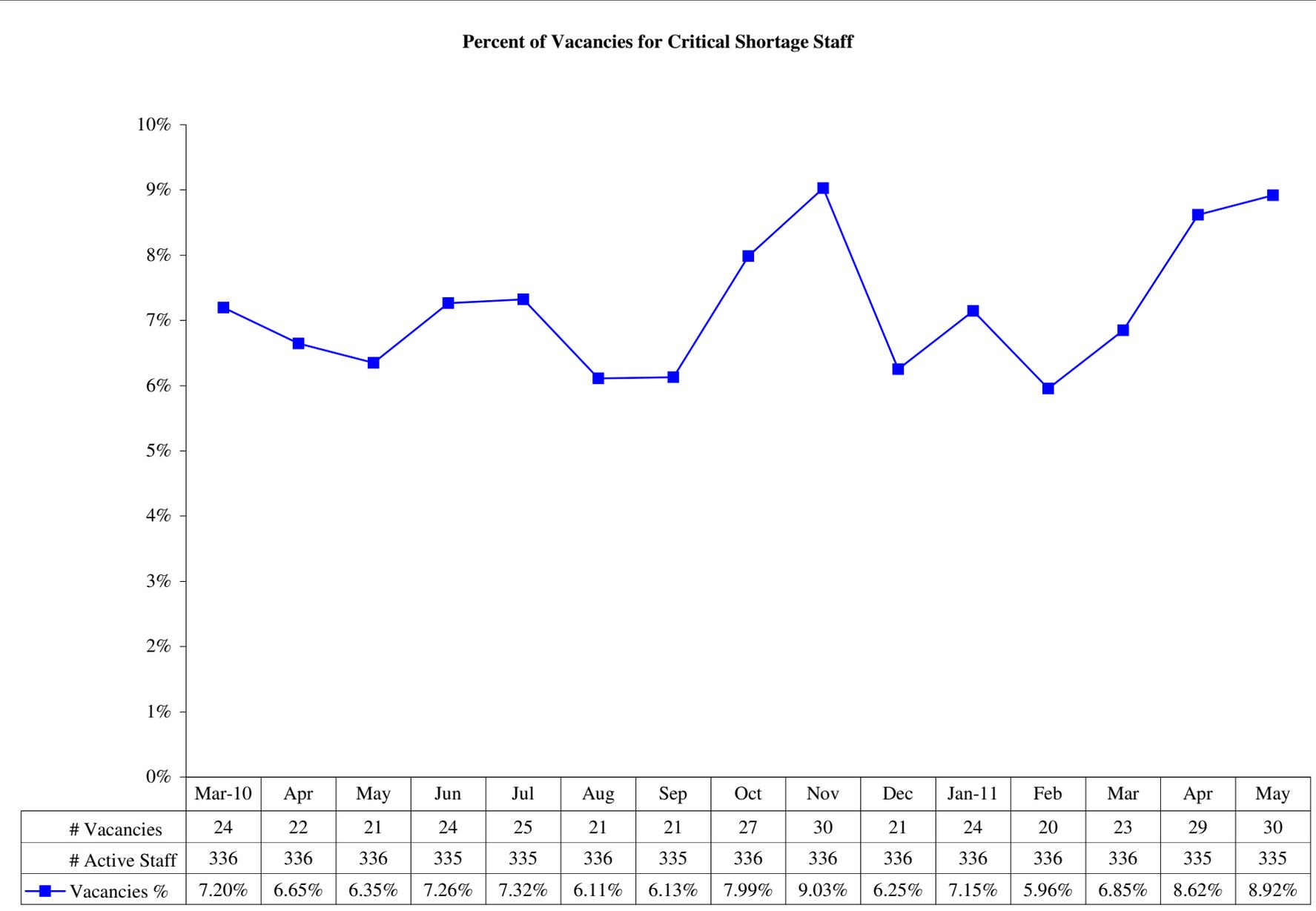
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



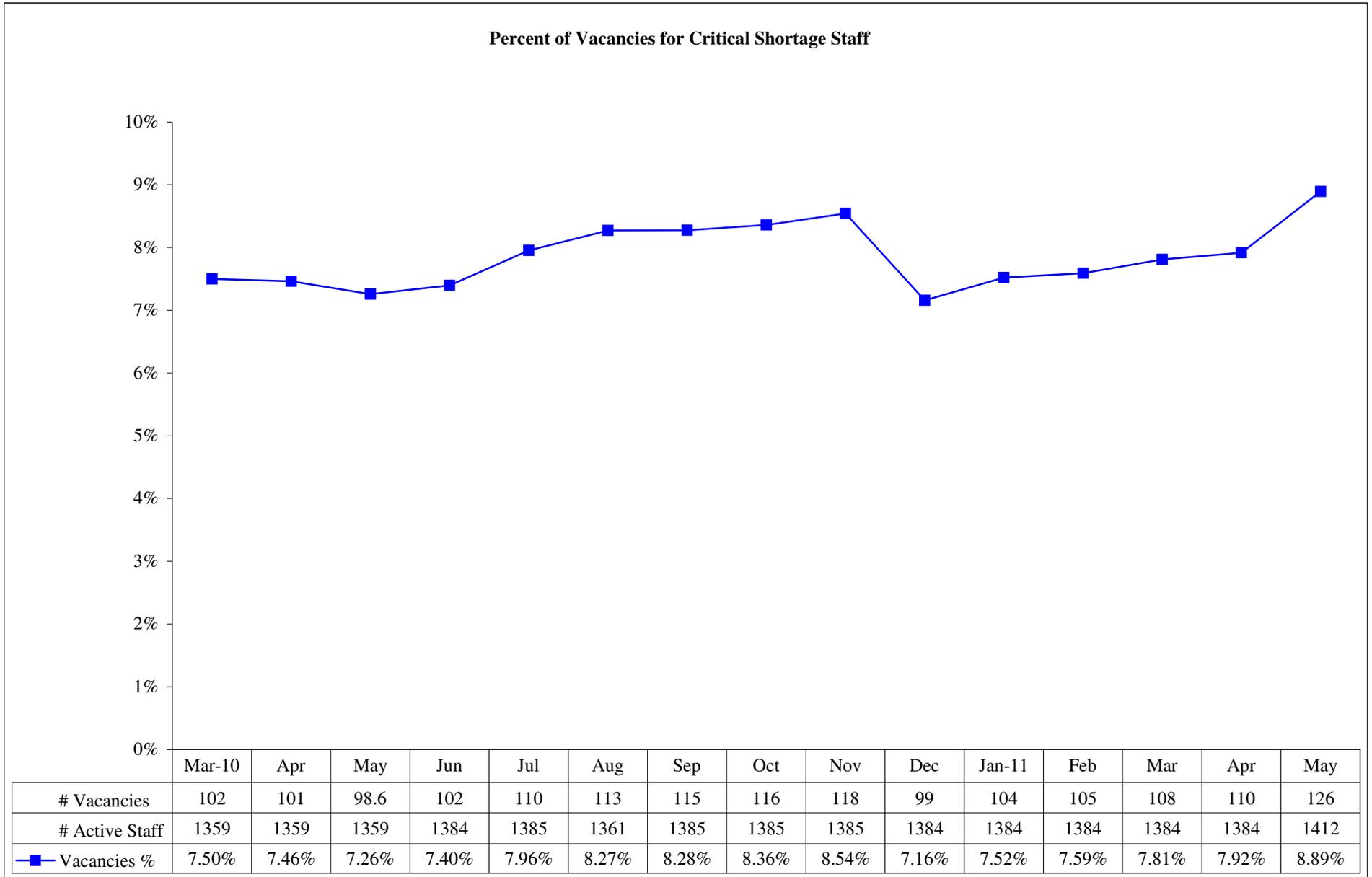
**Measure 8B - Vacancies for Critical Shortage Staff  
El Paso Psychiatric Center**



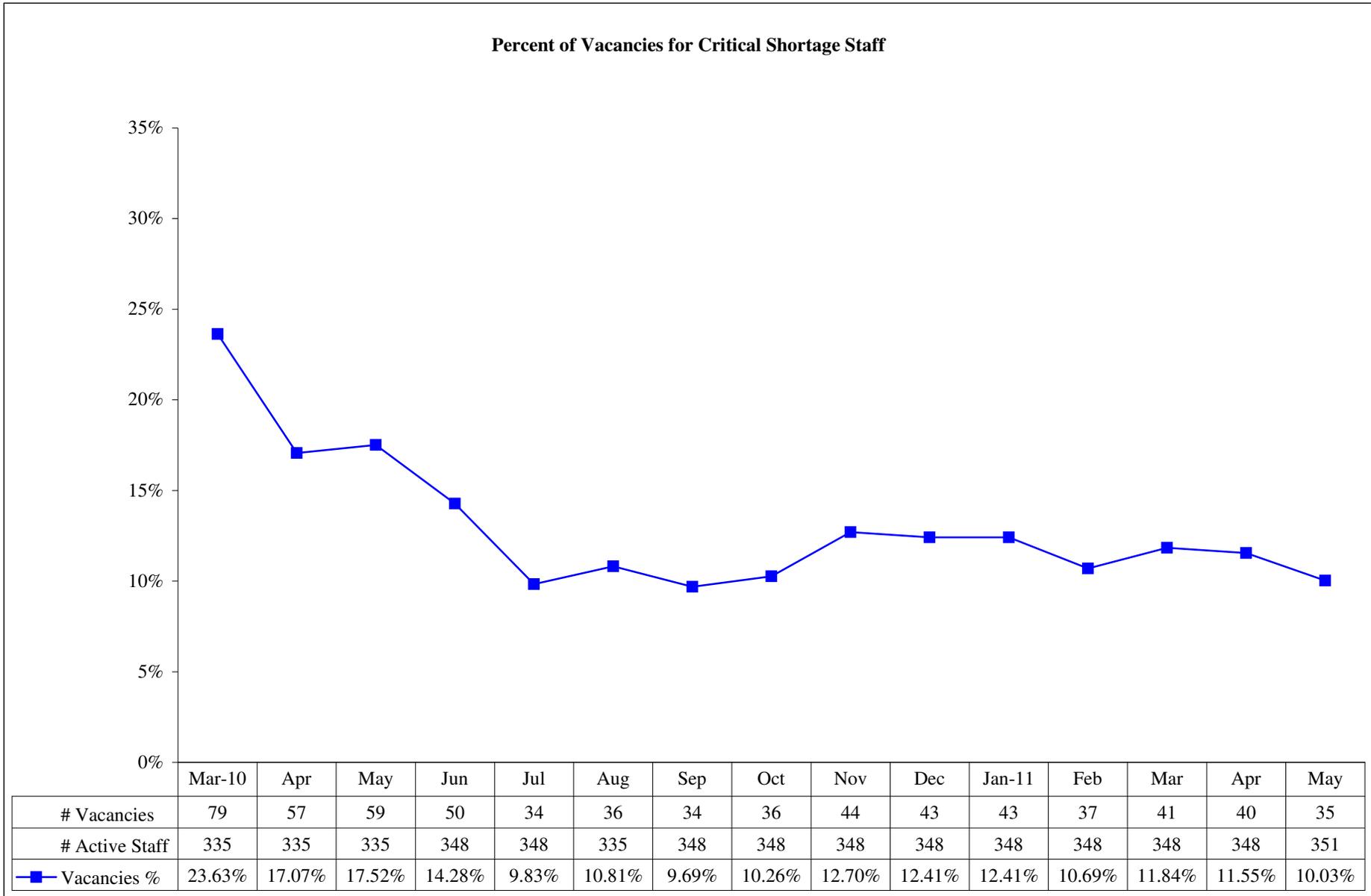
**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



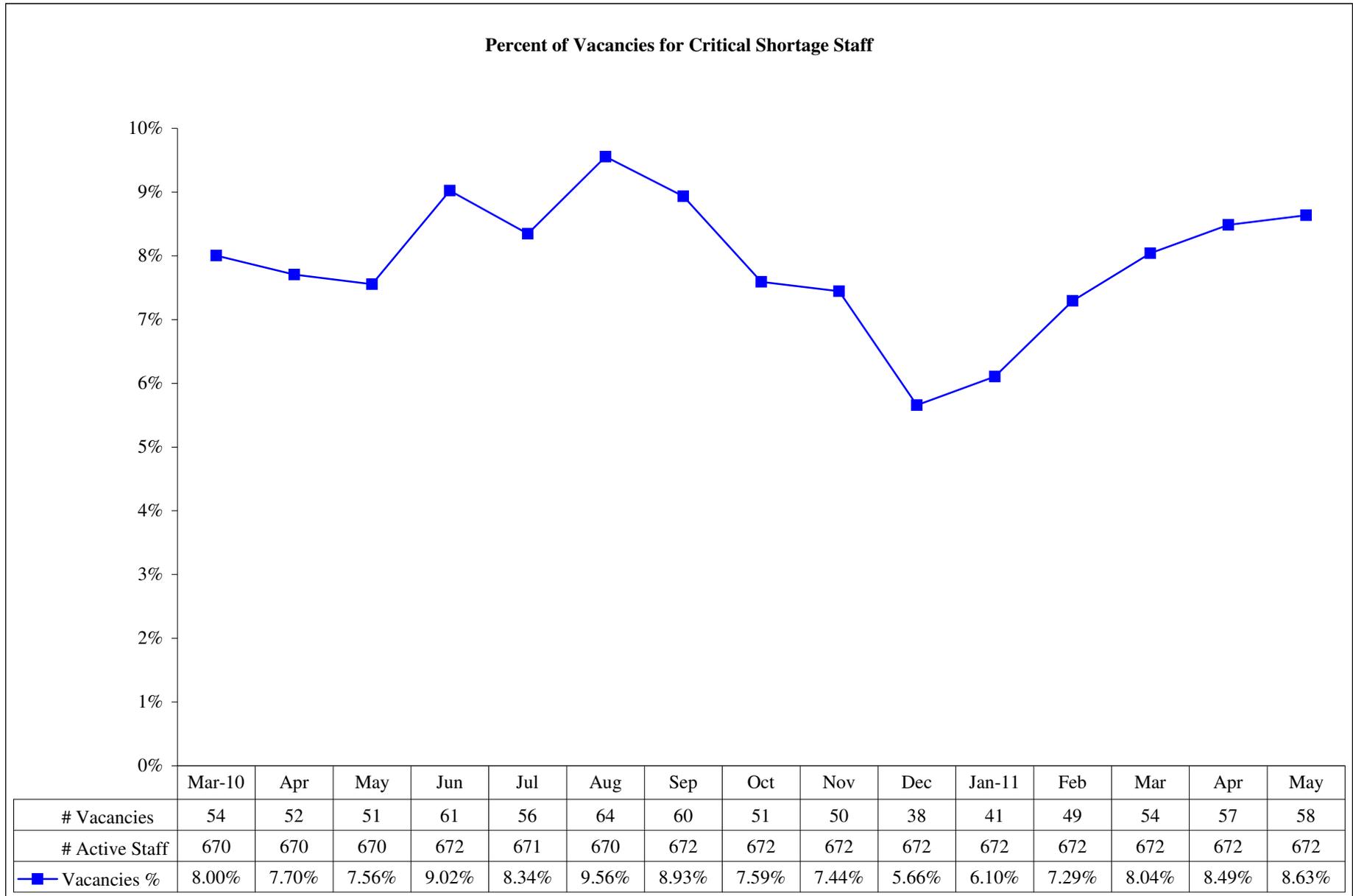
**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**



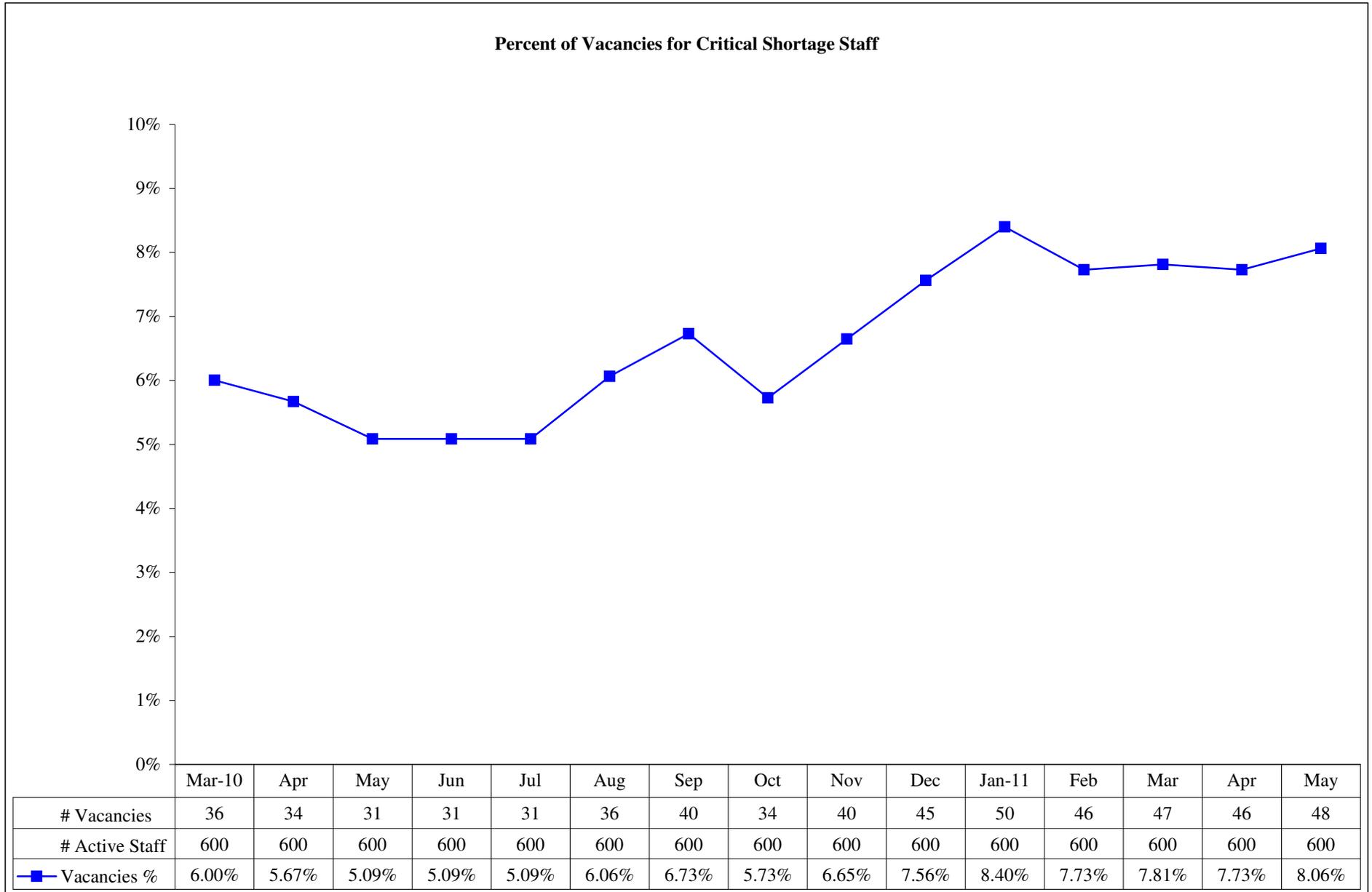
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



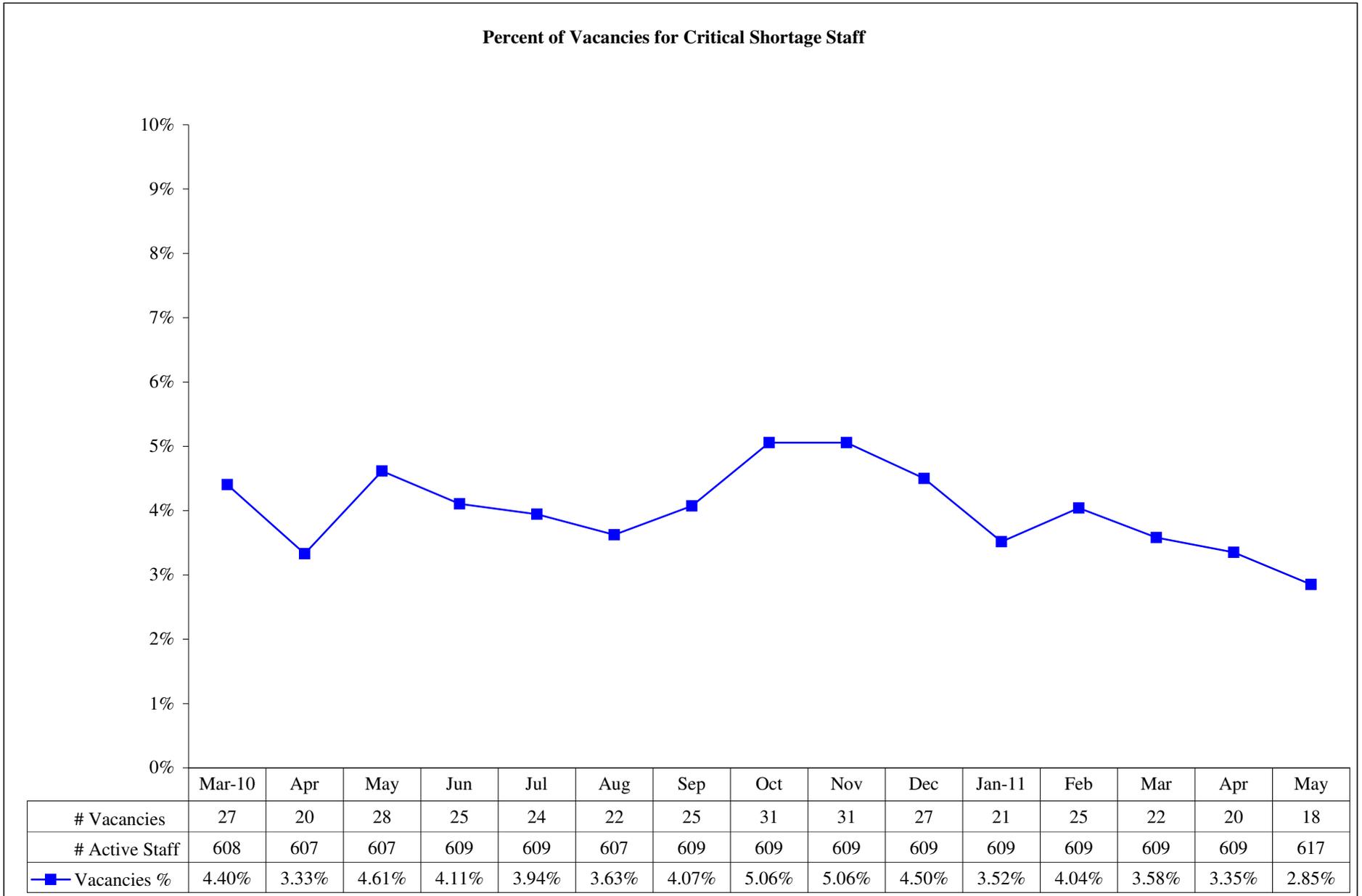
**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**



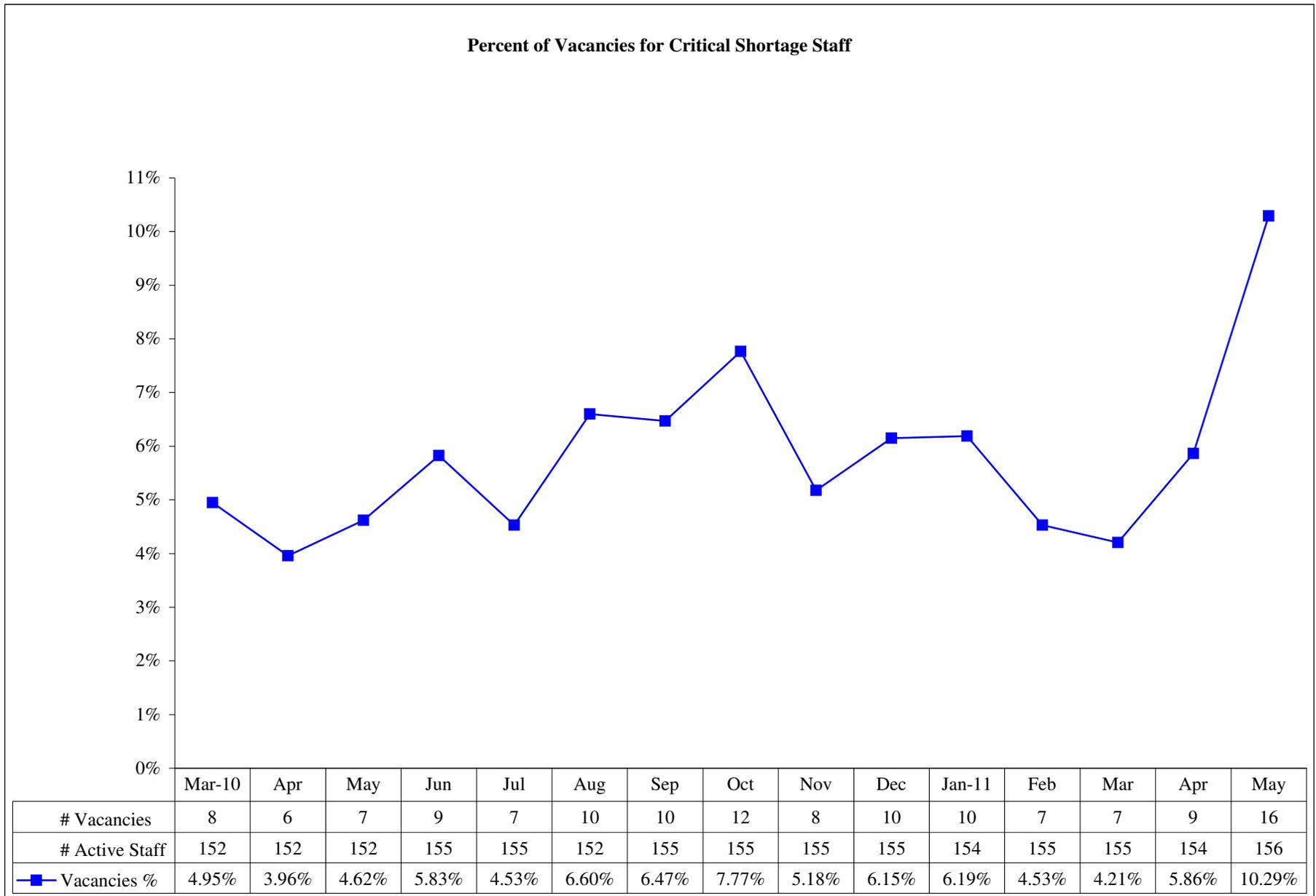
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



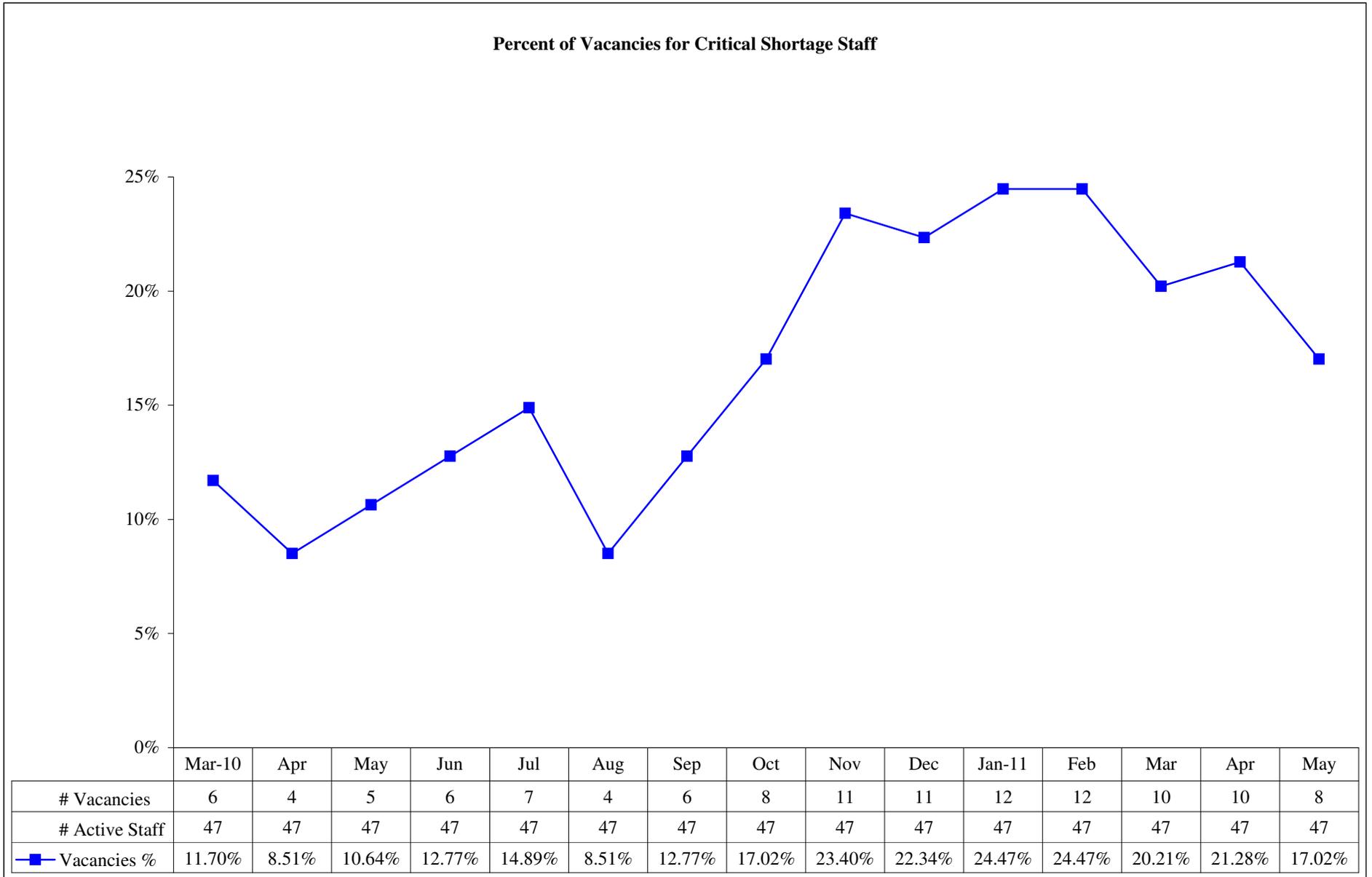
**Measure 8B - Vacancies for Critical Shortage Staff  
Terrell State Hospital**



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

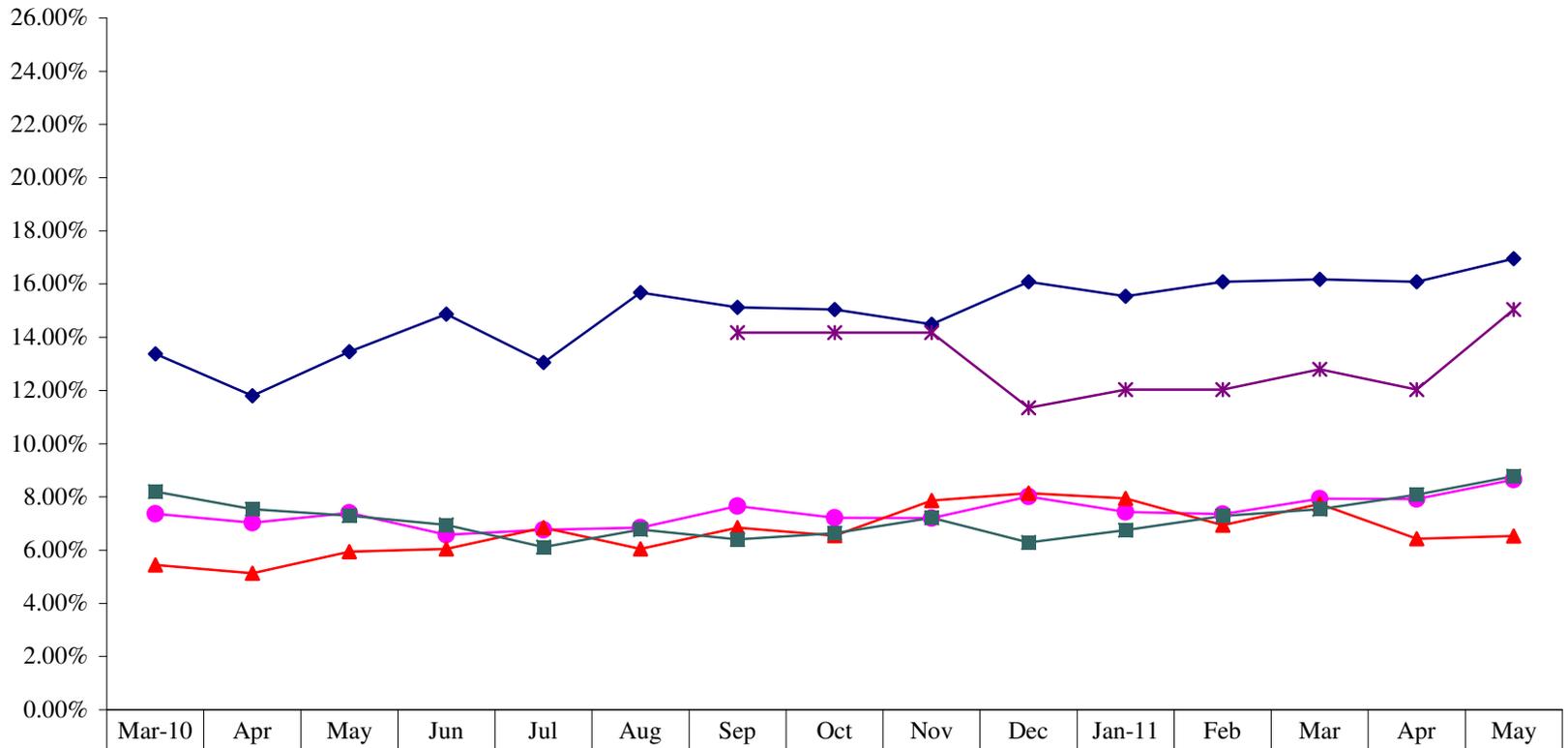


**Measure 8B - Vacancies for Critical Shortage Staff  
Texas Center for Infectious Disease**



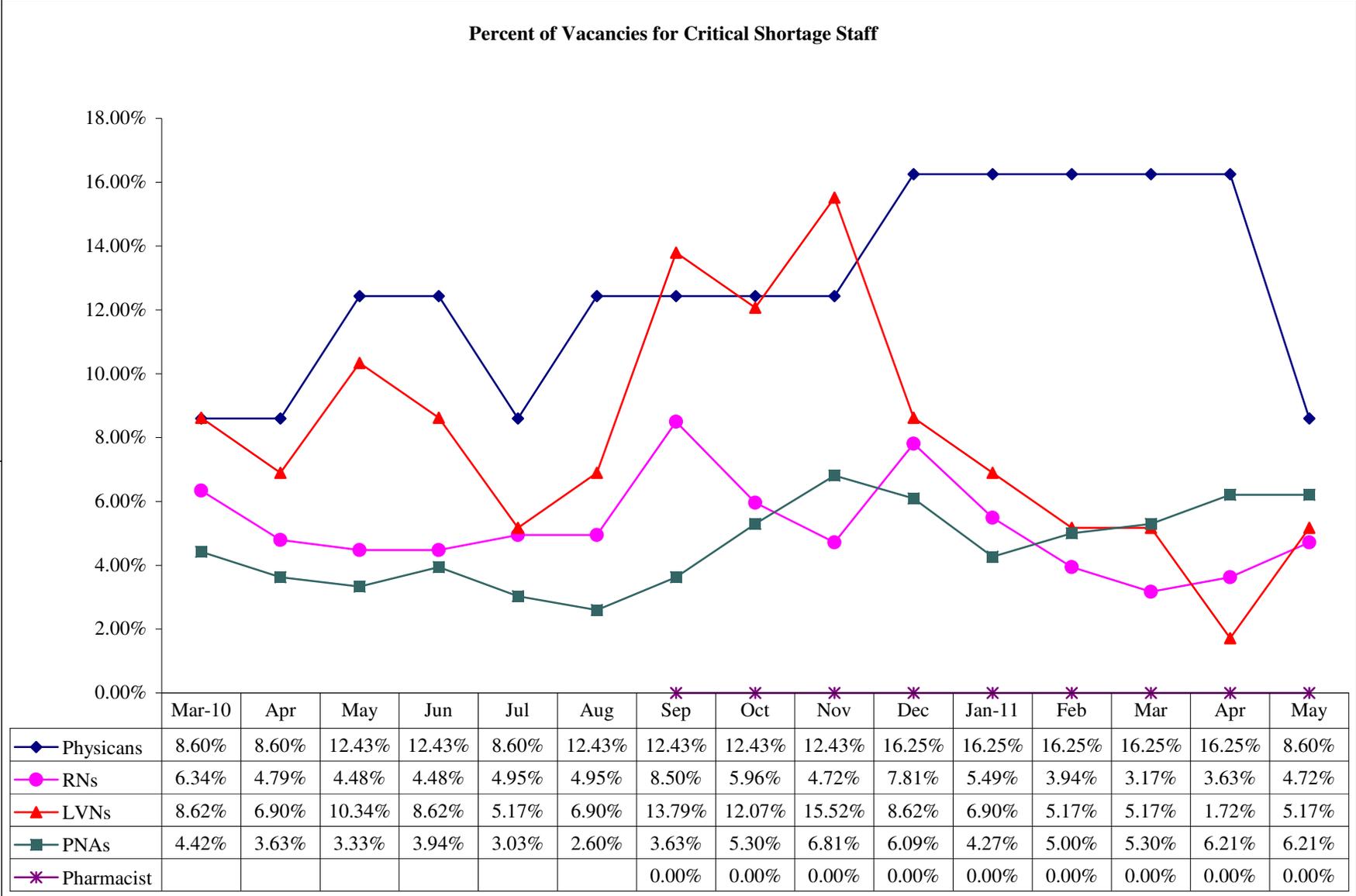
**Measure 8B - Vacancies for Critical Shortage Staff**  
**All State Hospitals**

**Percent of Vacancies for Critical Shortage Staff**

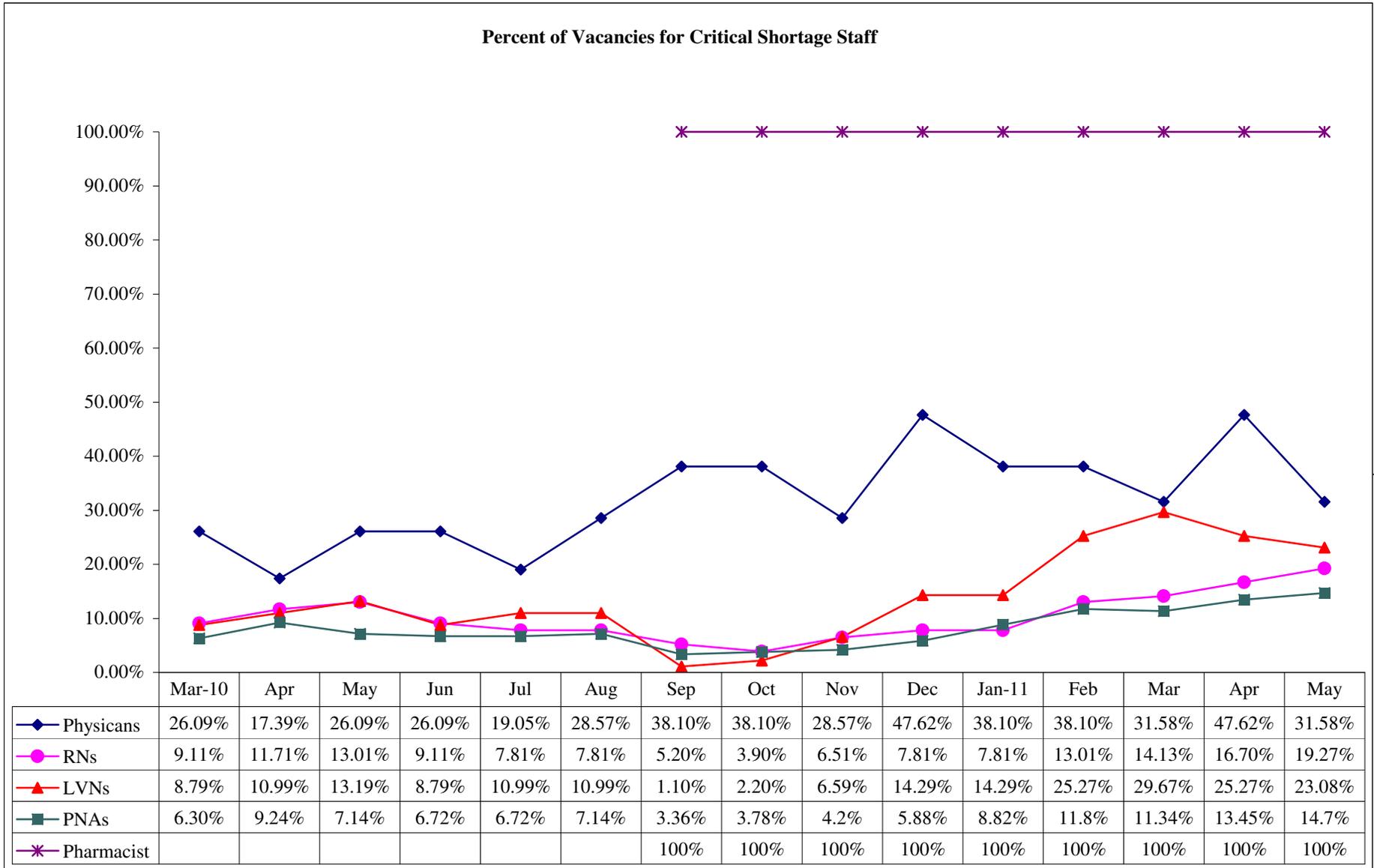


	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
◆ Physicians	13.38%	11.80%	13.46%	14.87%	13.05%	15.68%	15.13%	15.04%	14.49%	16.09%	15.54%	16.09%	16.18%	16.09%	16.95%
● RNs	7.37%	7.03%	7.40%	6.58%	6.76%	6.85%	7.65%	7.22%	7.20%	8.01%	7.44%	7.35%	7.93%	7.92%	8.65%
▲ LVNs	5.44%	5.13%	5.94%	6.04%	6.85%	6.04%	6.84%	6.54%	7.86%	8.14%	7.94%	6.94%	7.74%	6.43%	6.53%
■ PNAs	8.20%	7.54%	7.30%	6.95%	6.11%	6.78%	6.41%	6.64%	7.22%	6.29%	6.75%	7.29%	7.54%	8.08%	8.78%
* Pharmacists							14.18%	14.18%	14.18%	11.35%	12.03%	12.03%	12.80%	12.03%	15.04%

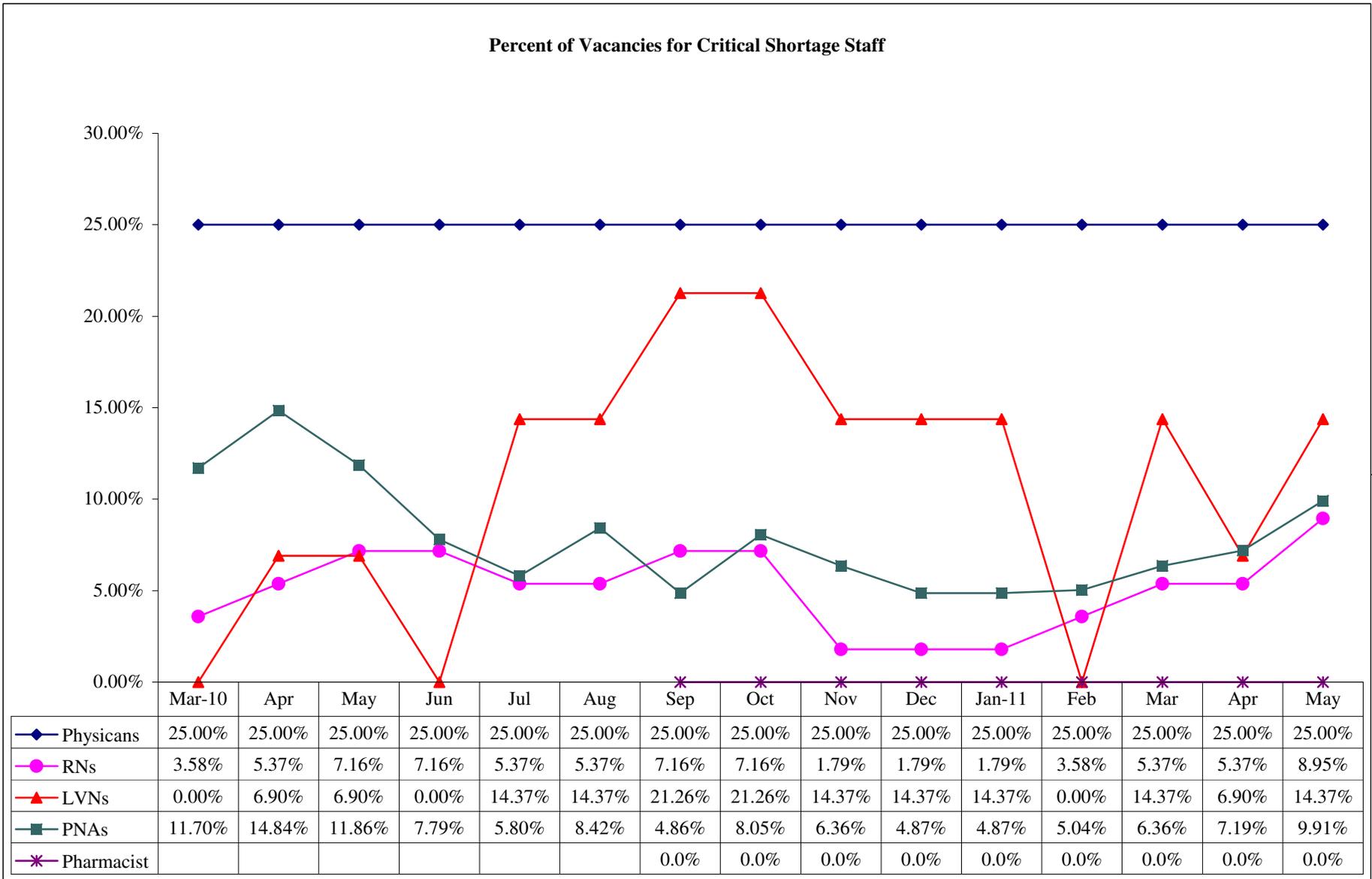
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



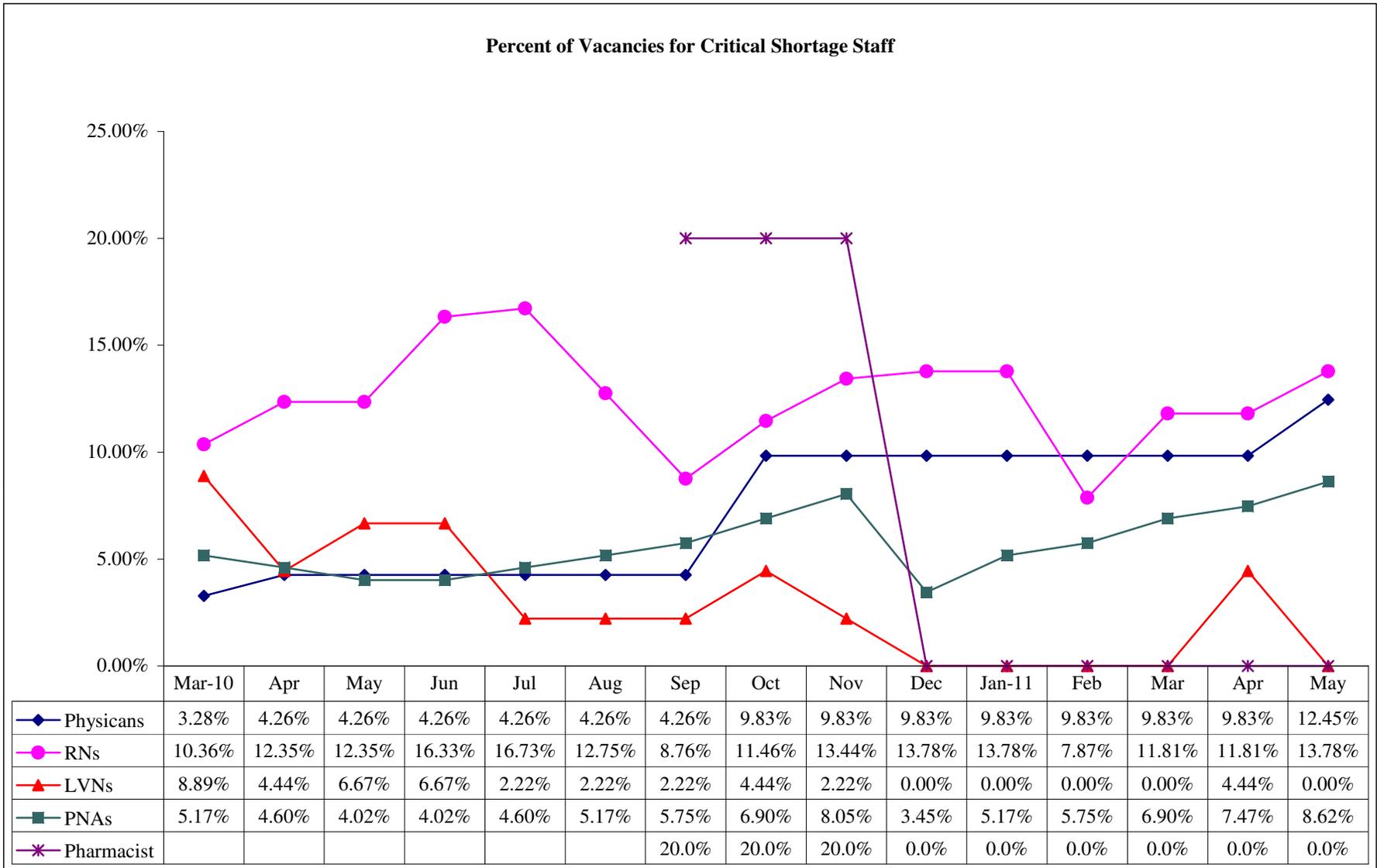
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



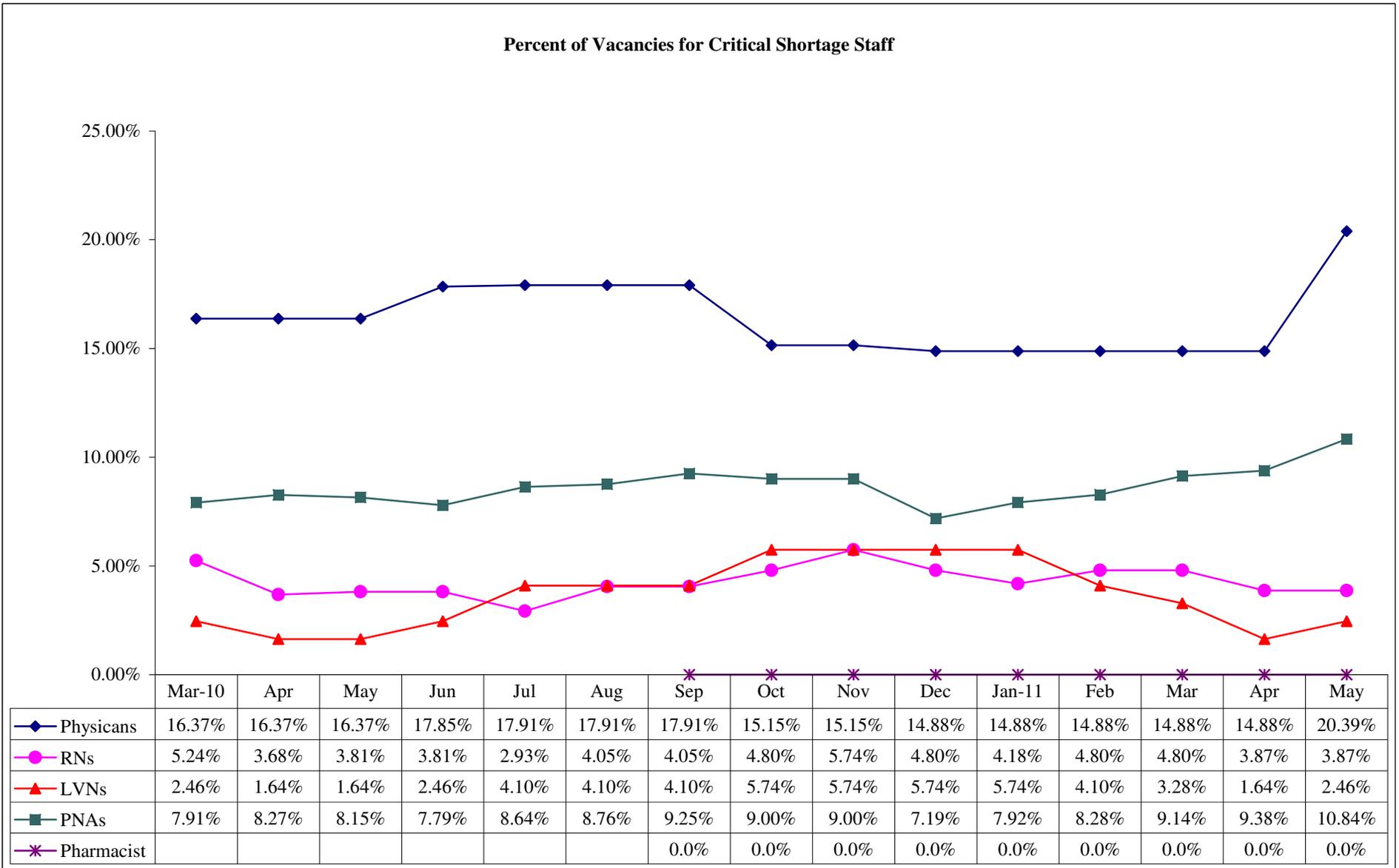
**Measure 8B - Vacancies for Critical Shortage Staff  
El Paso Psychiatric Center**



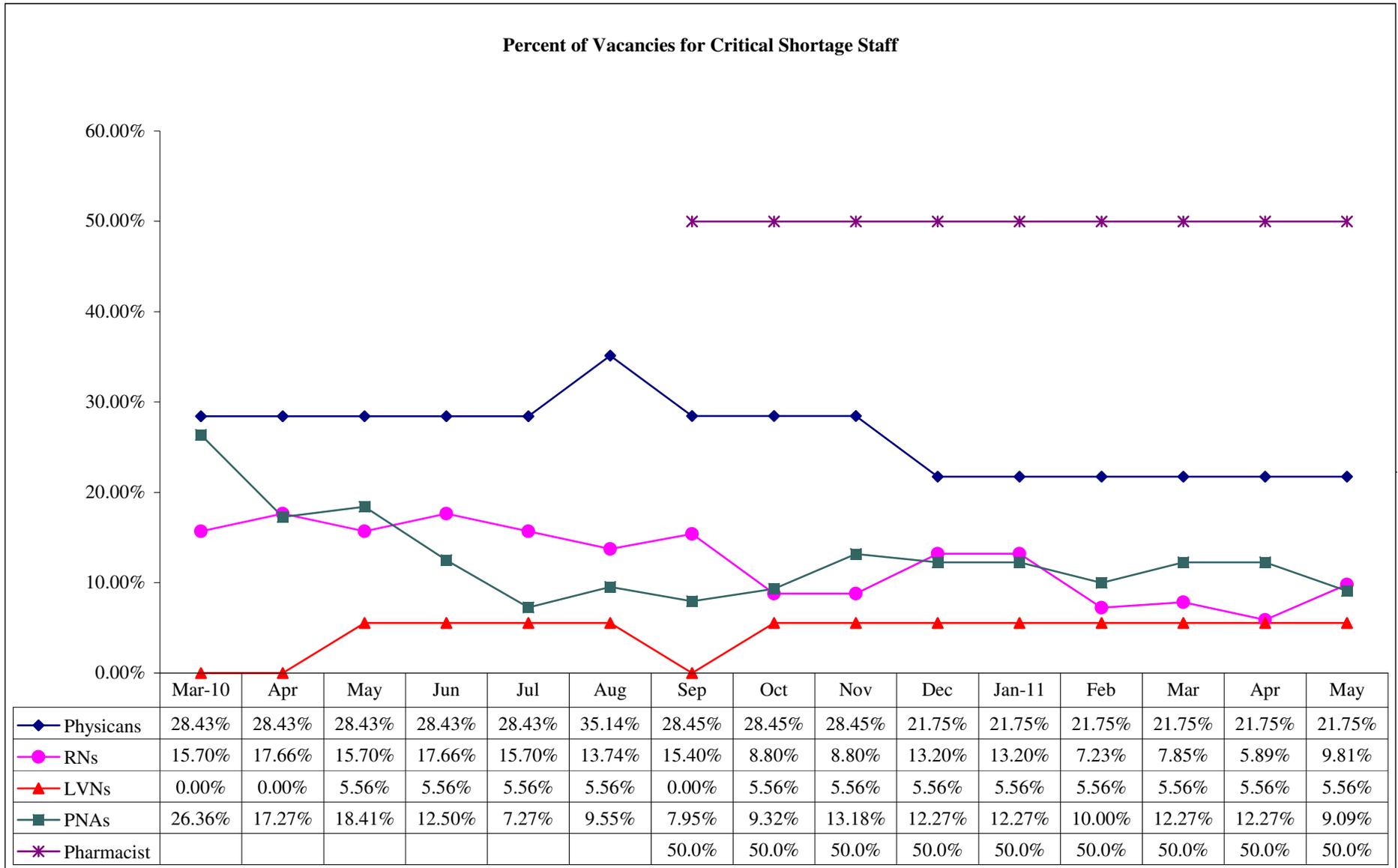
**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



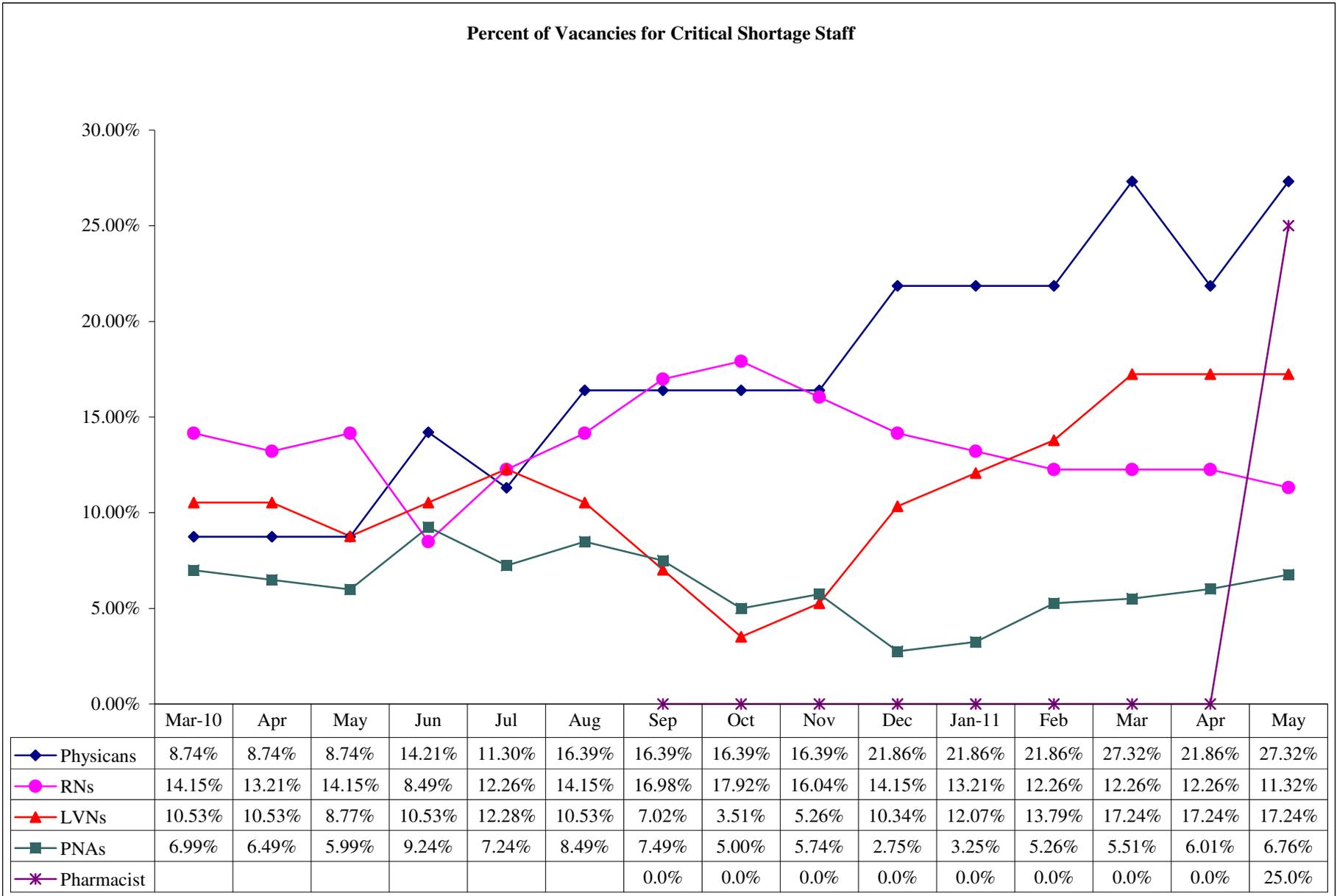
**Measure 8B - Vacancies for Critical Shortage Staff**  
**North Texas State Hospital**



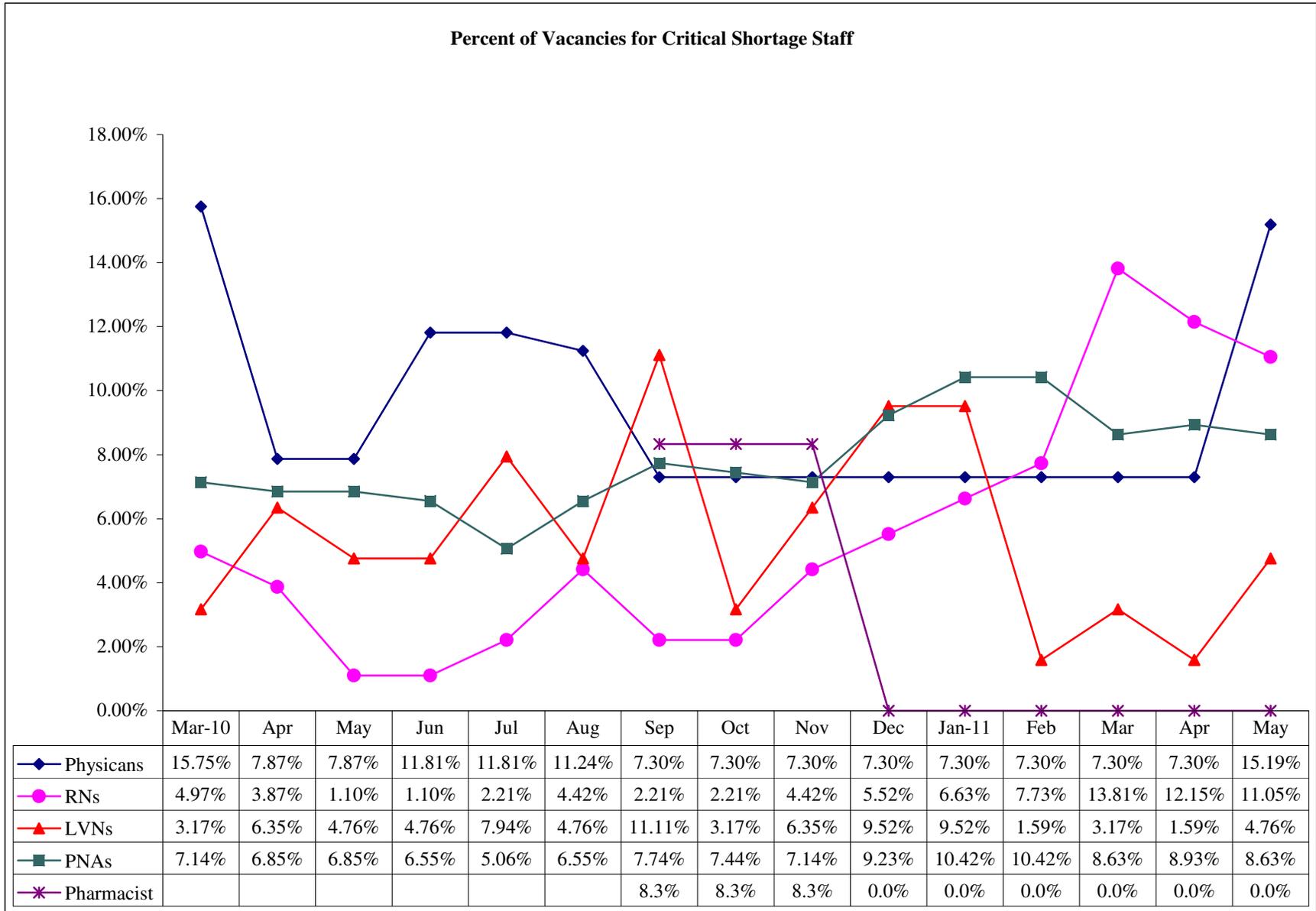
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



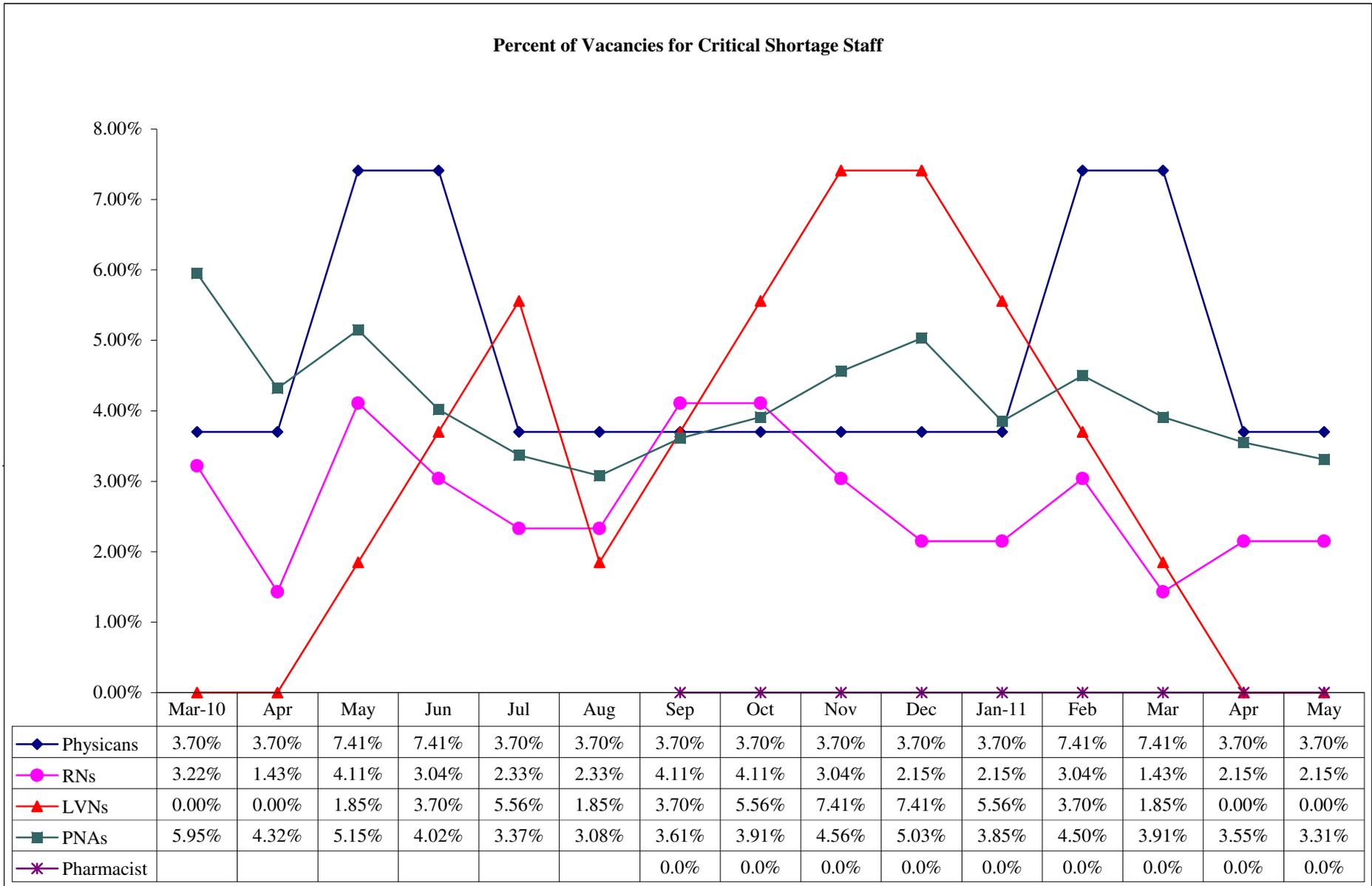
**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**



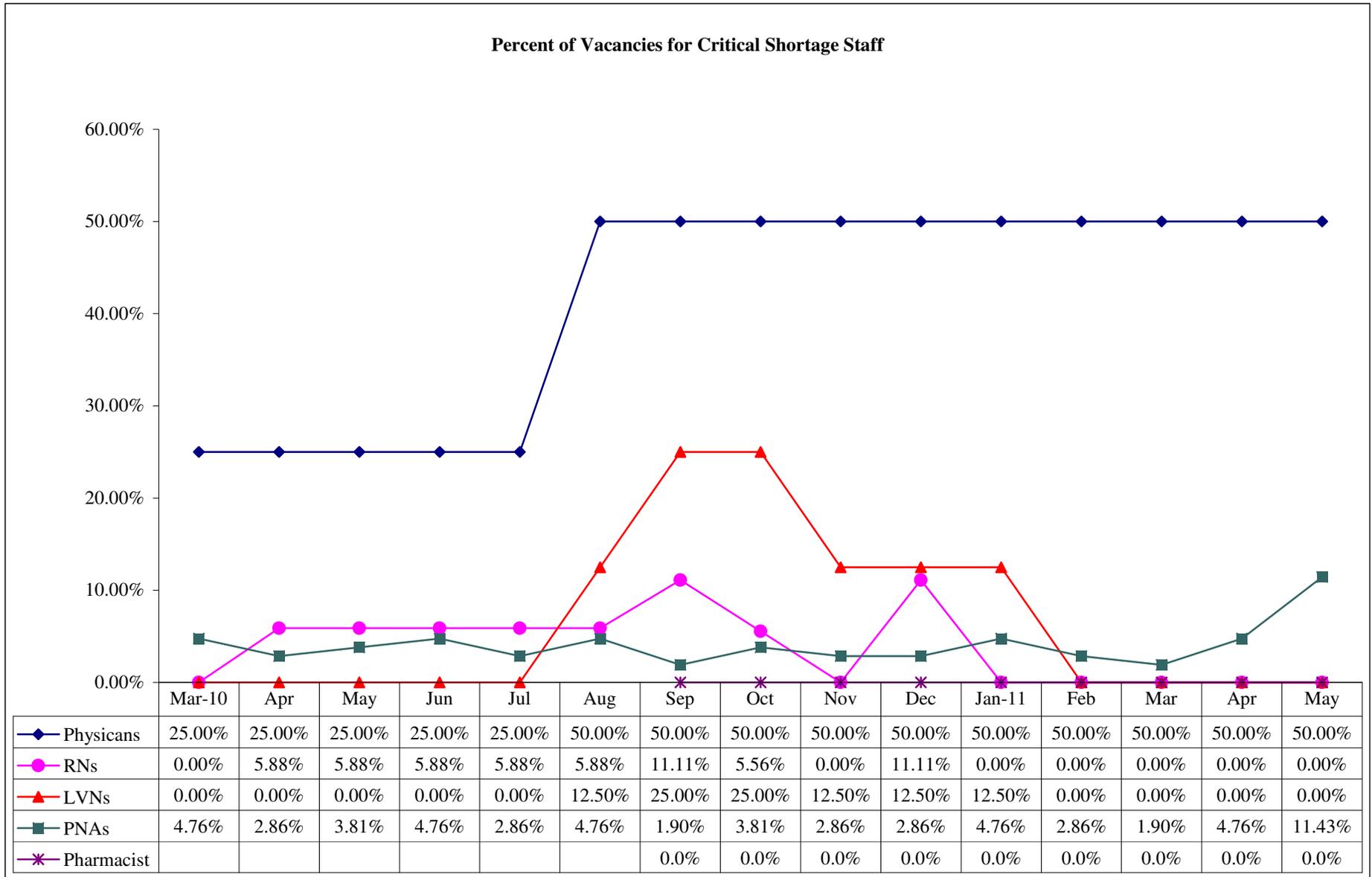
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



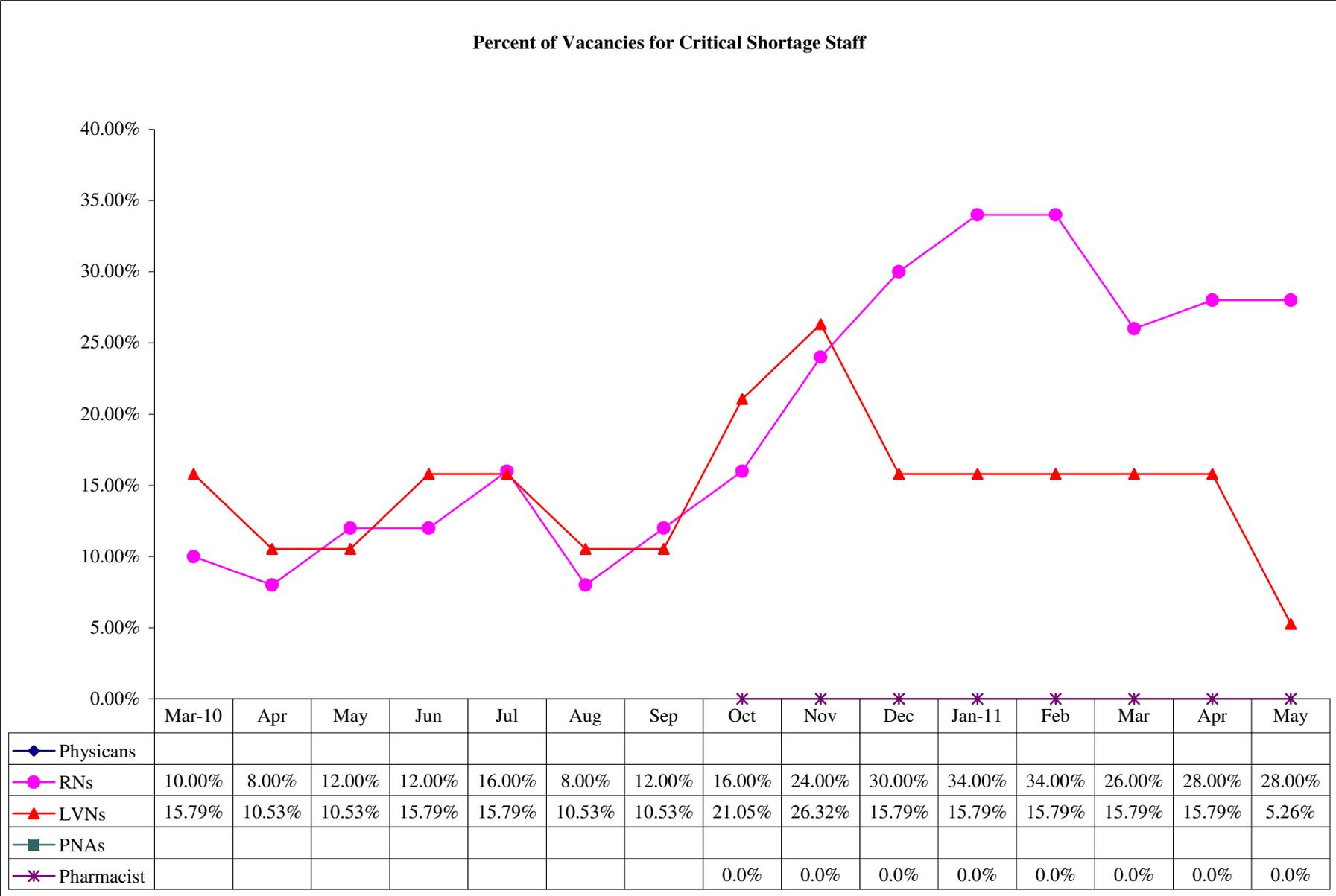
**Measure 8B - Vacancies for Critical Shortage Staff  
Terrell State Hospital**



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



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



**Performance Measure 8C:**

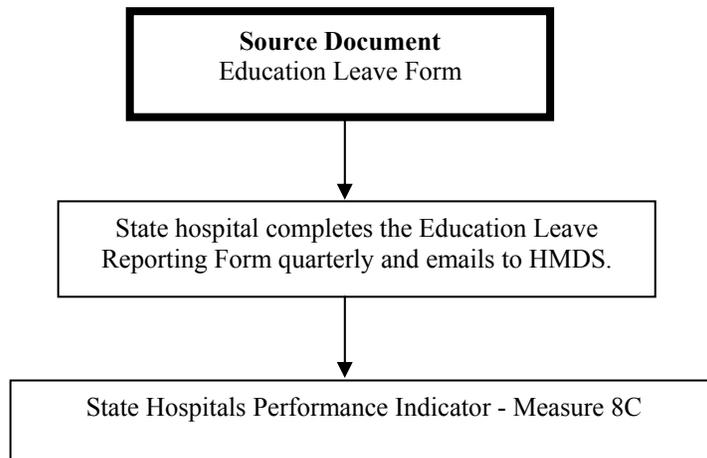
**Report number of staff members currently utilizing education leave and the area of study.**

**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 - FY2011**

	Q1	Q2	Q3	Q4
Austin State Hospital	8	6	5	
Big Spring State Hospital	3	4	4	
El Paso Psychiatric Center	0	0	0	
Kerrville State Hospital	1	3	3	
North Texas State Hospital	28	30	27	
Rio Grande State Center	0	0	0	
Rusk State Hospital	22	16	10	
San Antonio State Hospital	3	5	7	
Terrell State Hospital	16	15	15	
Waco Center for Youth	1	1	0	
TCID	2	2	2	
<b>All State Hospitals</b>	<b>84</b>	<b>82</b>	<b>73</b>	
	Q1	Q2	Q3	Q4
Associate Degree		1		
Barber	1	1	1	
Biology		1		
Business		2	2	
Dietician/Nutrition	1	1	1	
IT	1	1		
Management	2	1	2	
Nursing	64	61	55	
Nurse Practitioner	2	3	3	
O. Therapy				
Pharmacist	2	2	2	
Pharmacy Tech				
Post-Doctoral Neuropsychology	1	1	1	
Psychology	2	2	2	
Public Health	1			
Radiology				
Social Work	5	4	2	
Sociology				
Therapeutic Recreation	2	1	2	
Unknown				
<b>All State Hospitals</b>	<b>84</b>	<b>82</b>	<b>73</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**

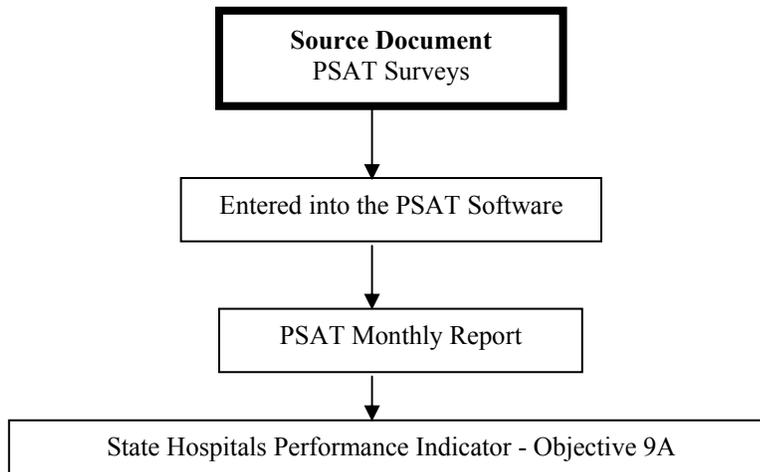
**Performance Objective Operational Definition:** At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

**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.

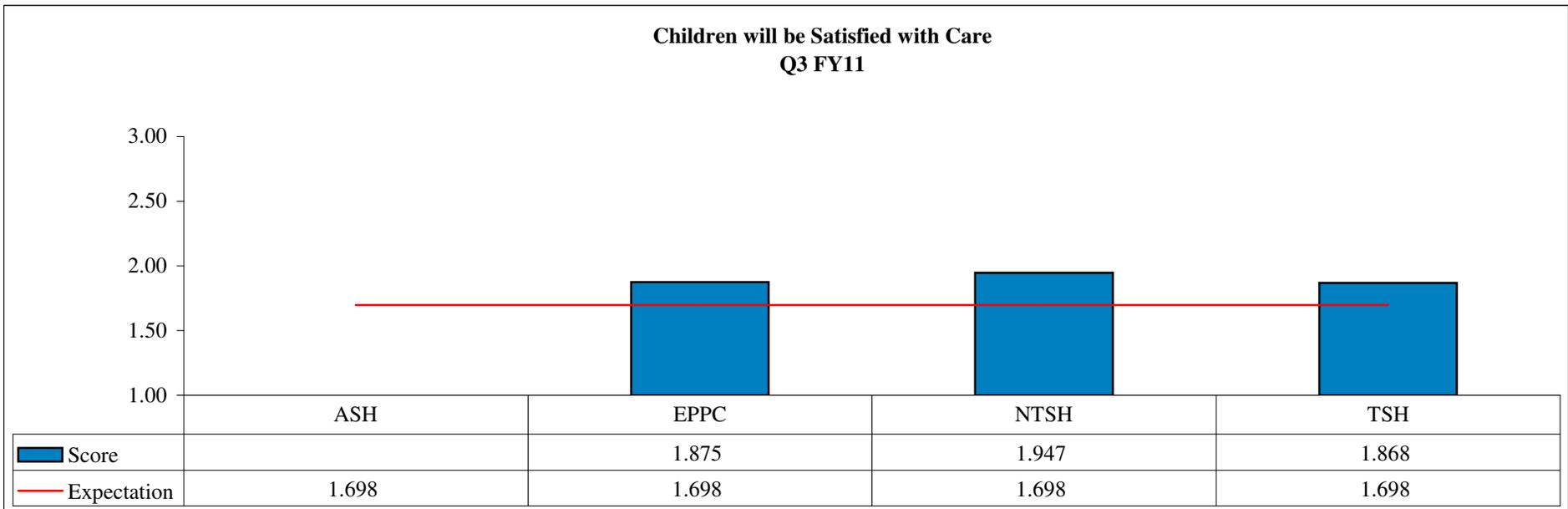
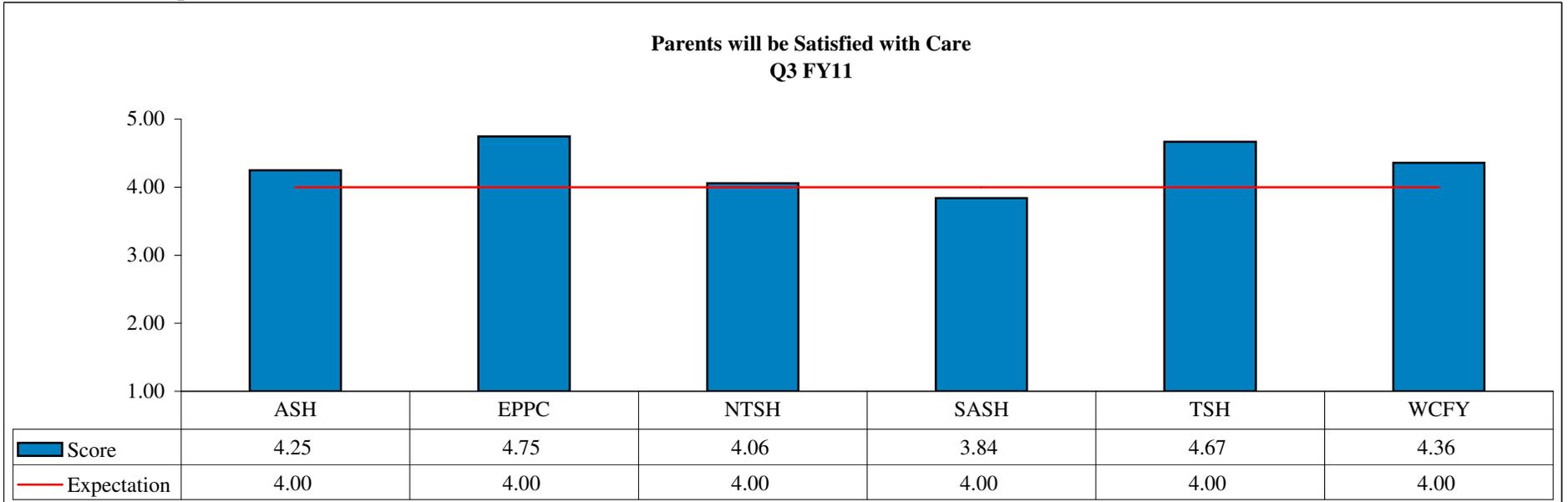
### **Data Flow:**



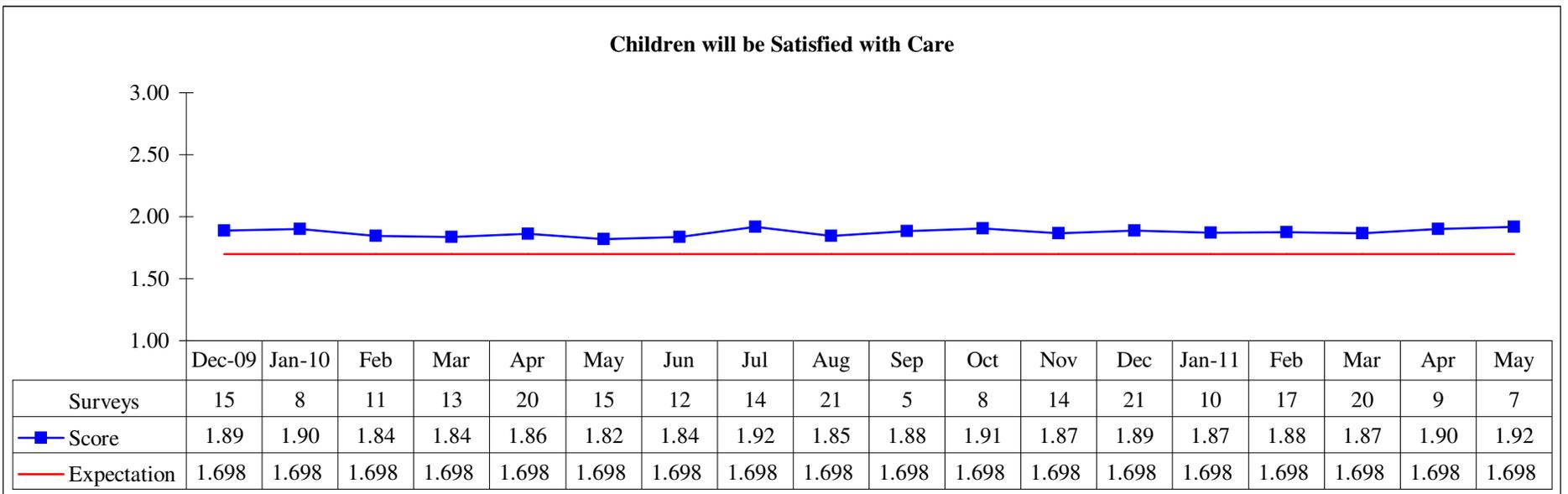
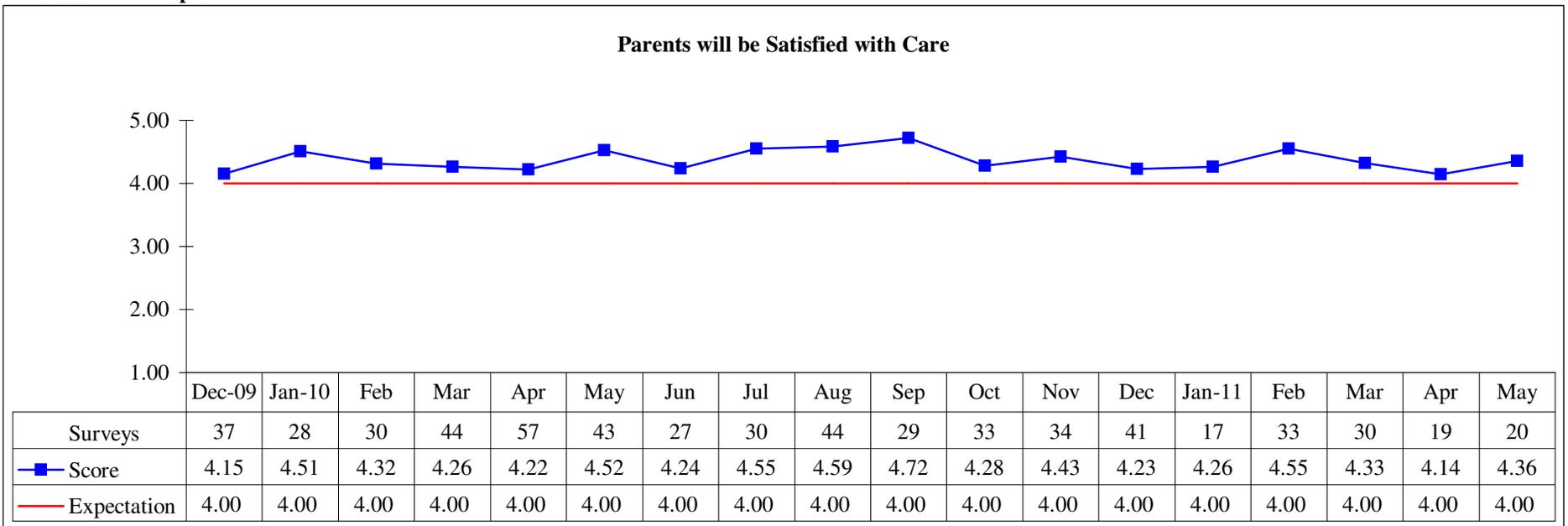
**Objective 9A - Patient Satisfaction**

**Children and Parents will be Satisfied with Treatment and Safe Milieu**

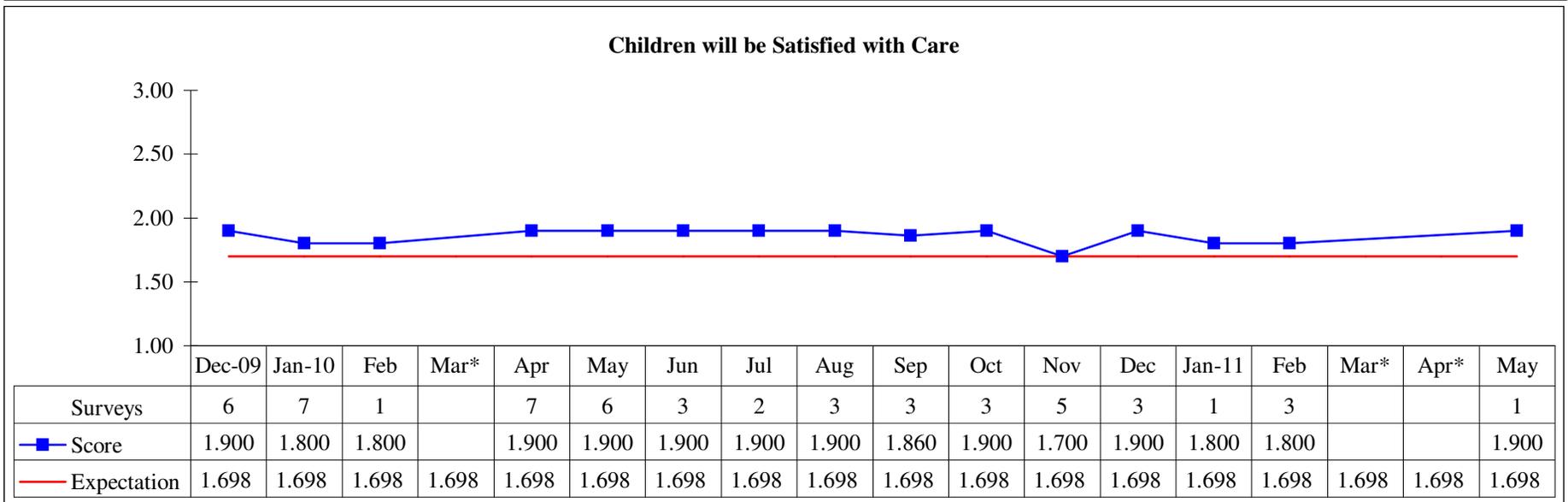
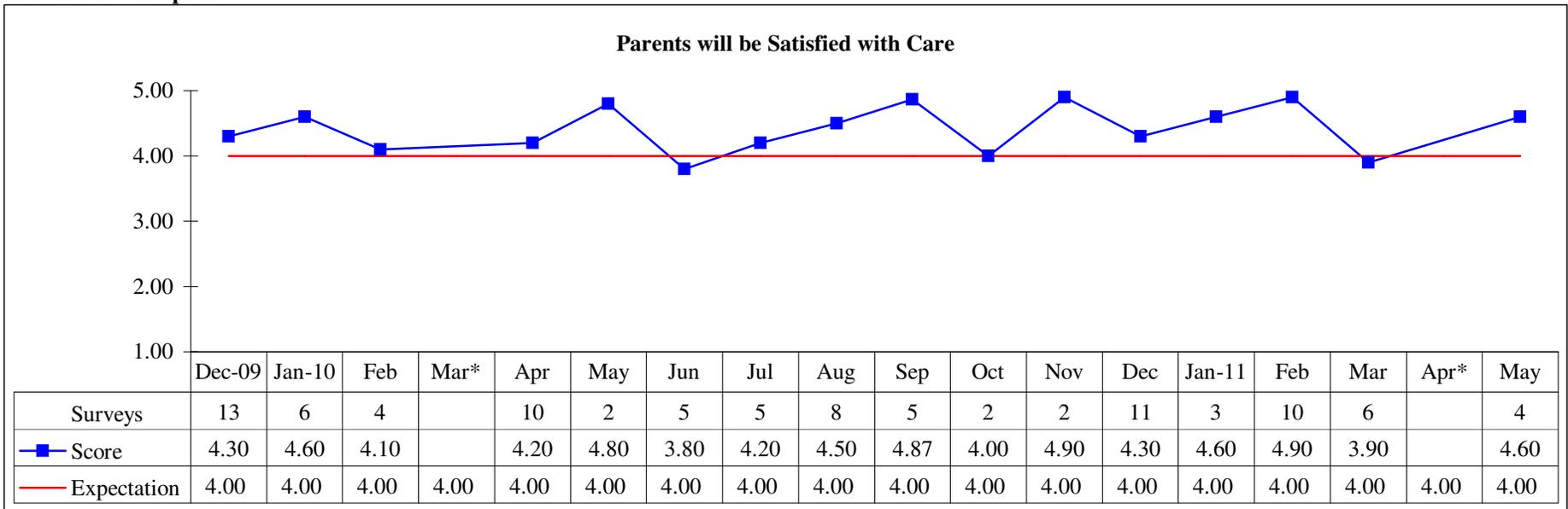
**All State MH Hospitals**



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

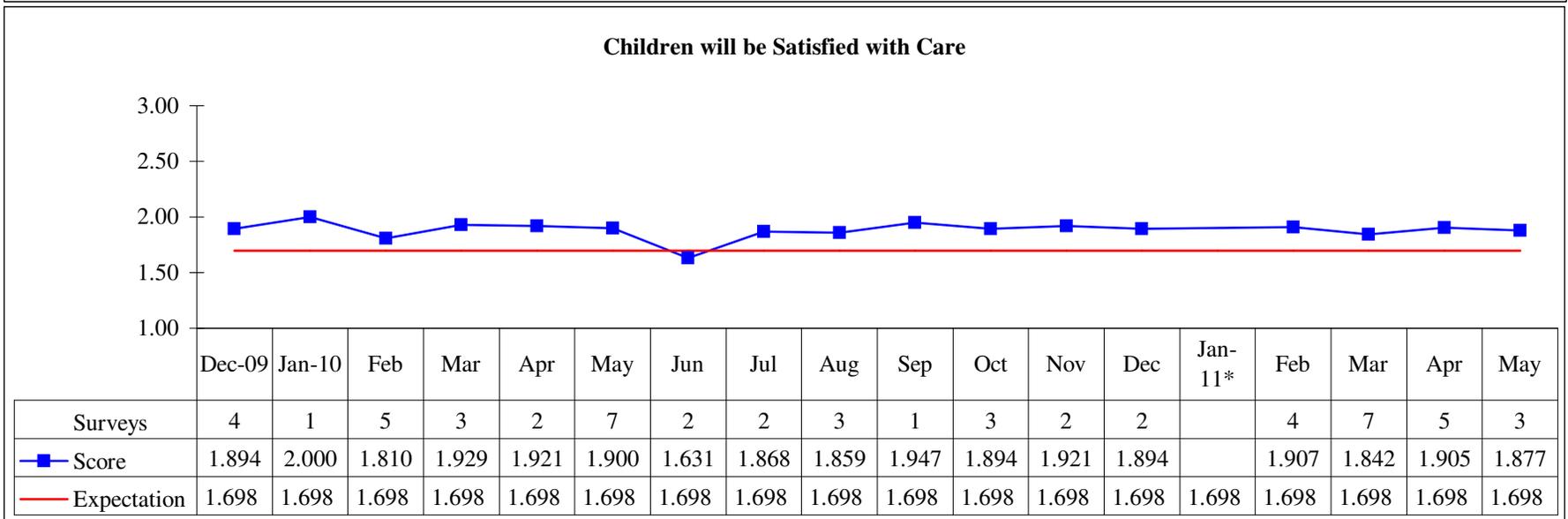
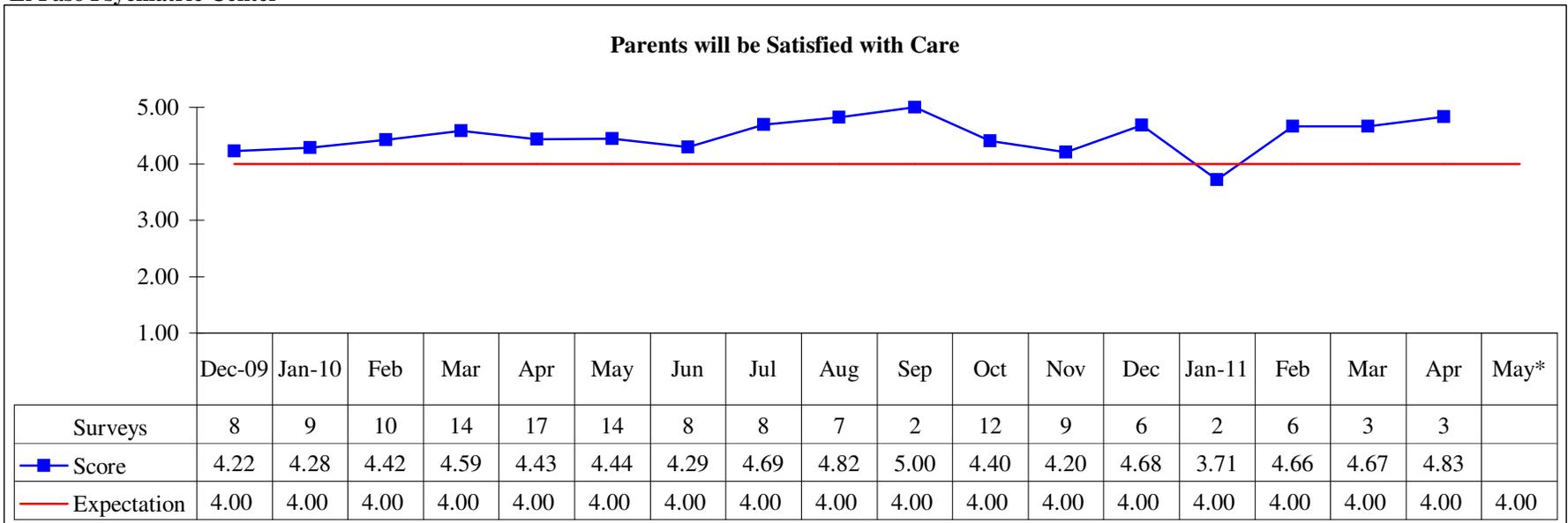


**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**Austin State Hospital**



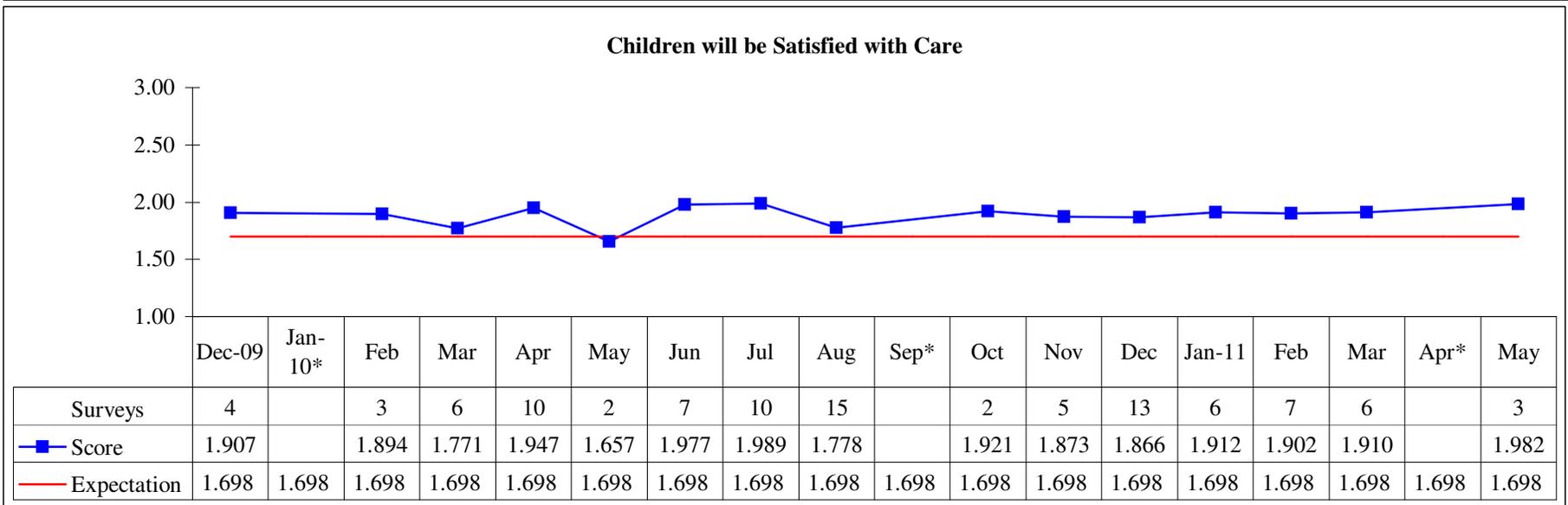
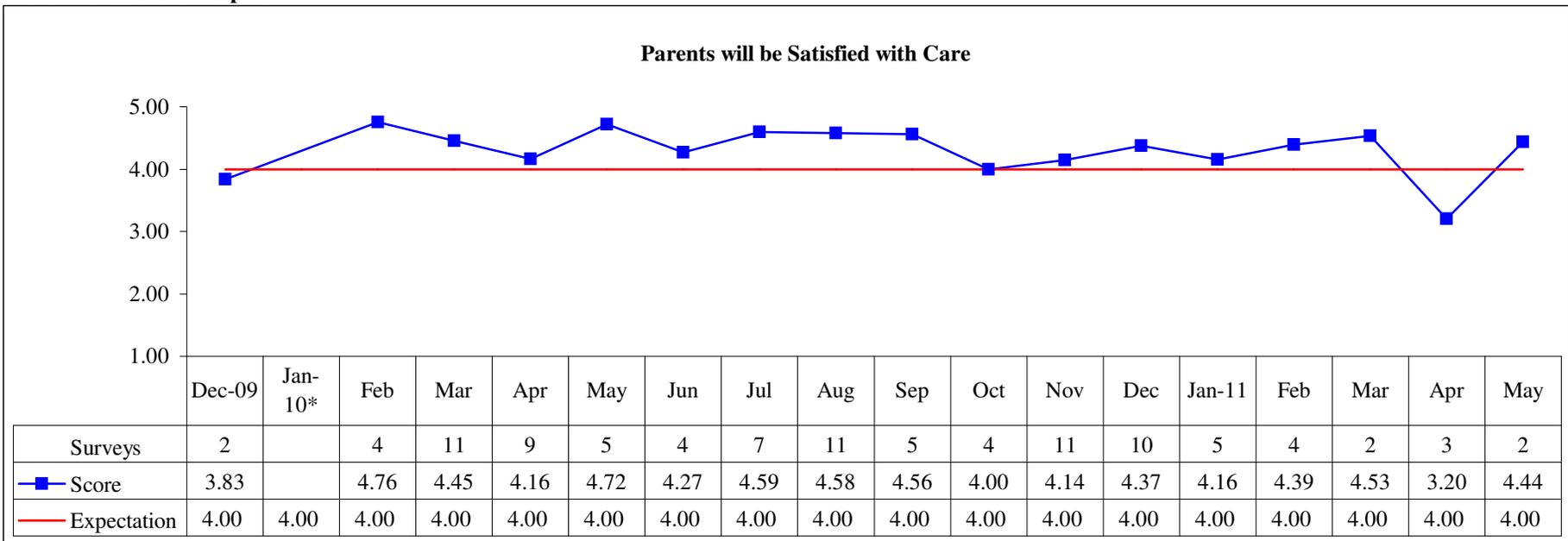
\*No surveys submitted

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



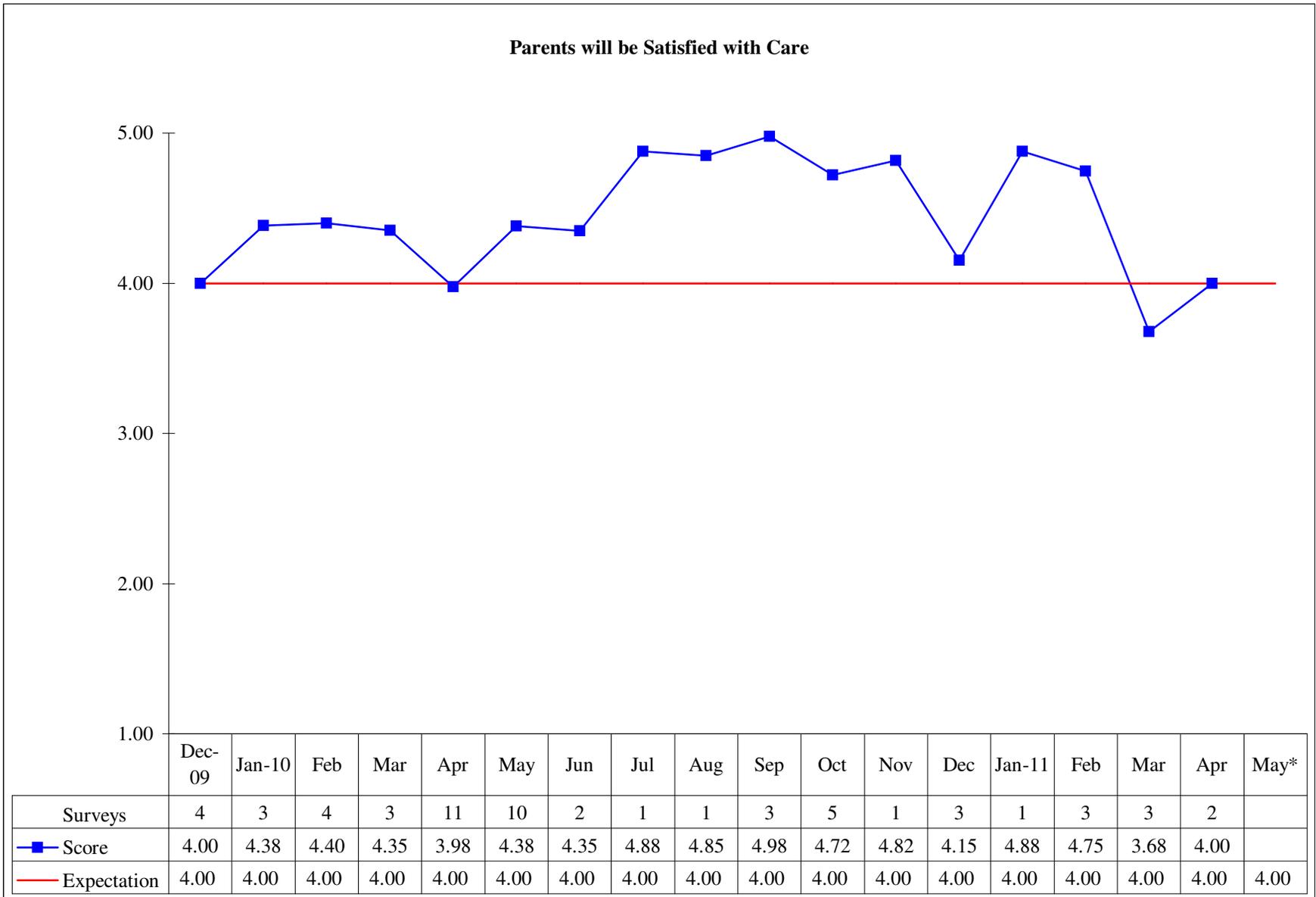
\*No surveys submitted

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



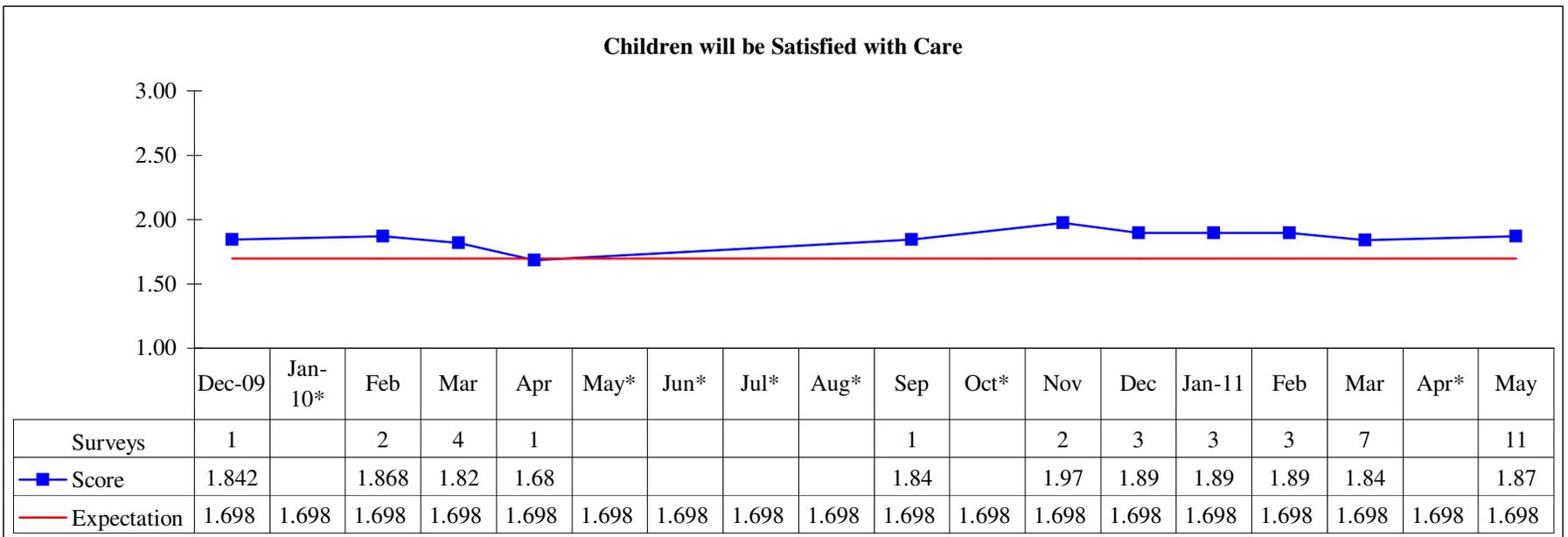
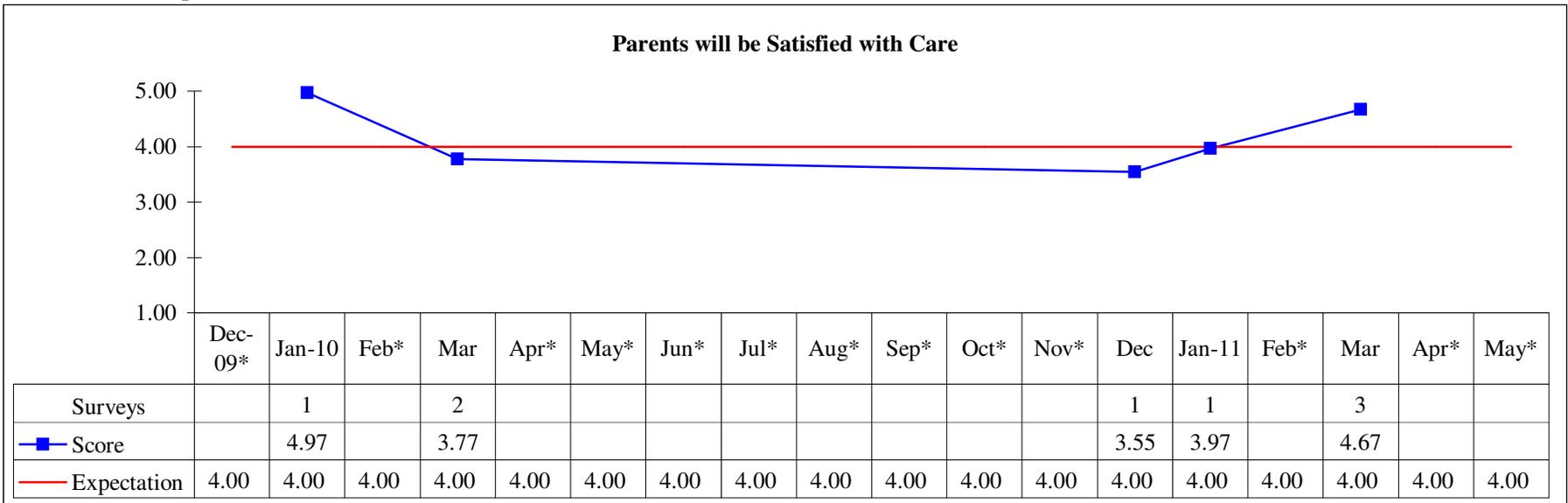
\*No surveys submitted

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



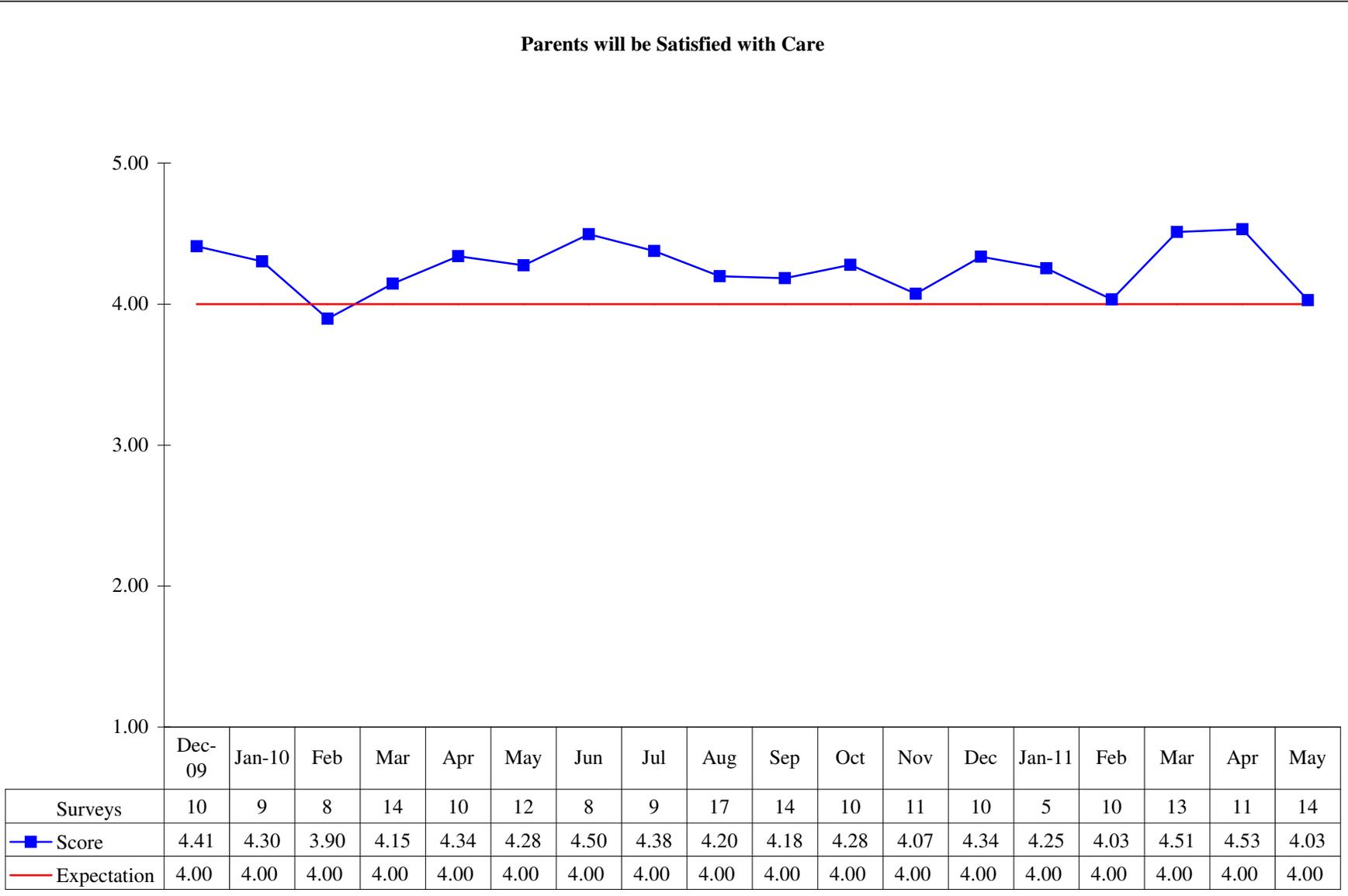
\*No surveys submitted

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



\*No surveys submitted

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



**Performance Objective 9B:**

**Report adults and adolescents patients' satisfaction with their care as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (MHSIP).**

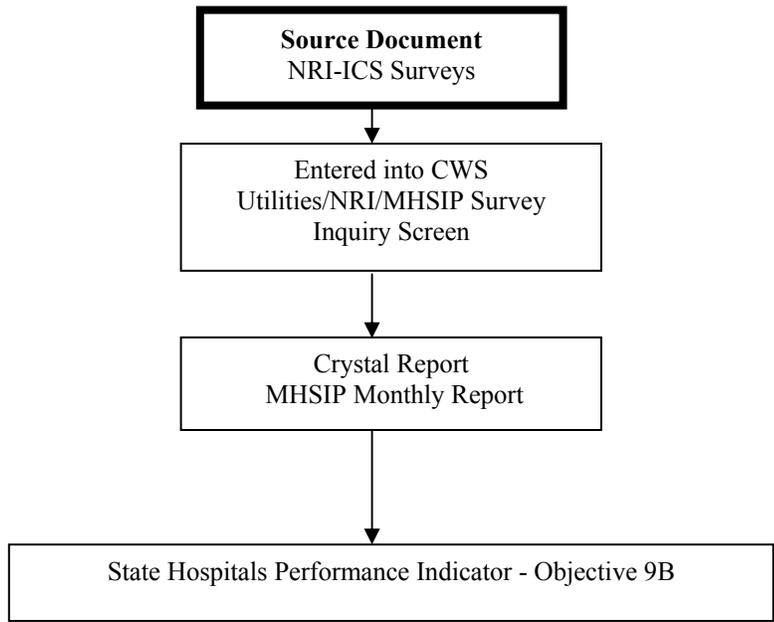
**Performance Objective Operational Definition:** At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

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

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

**Data Flow:**

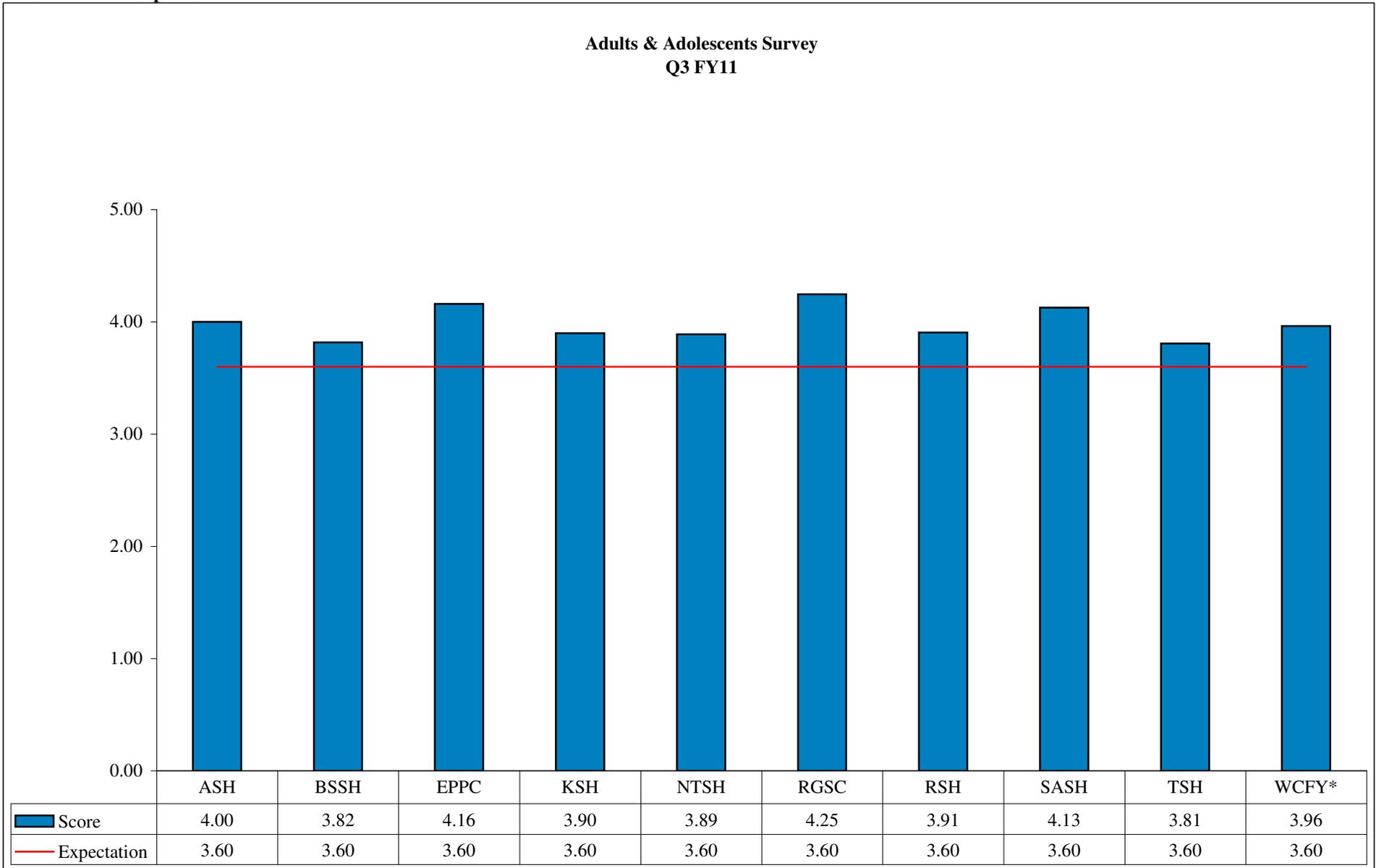


**Objective 9B - Patient Satisfaction**

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

**All State MH Hospitals**

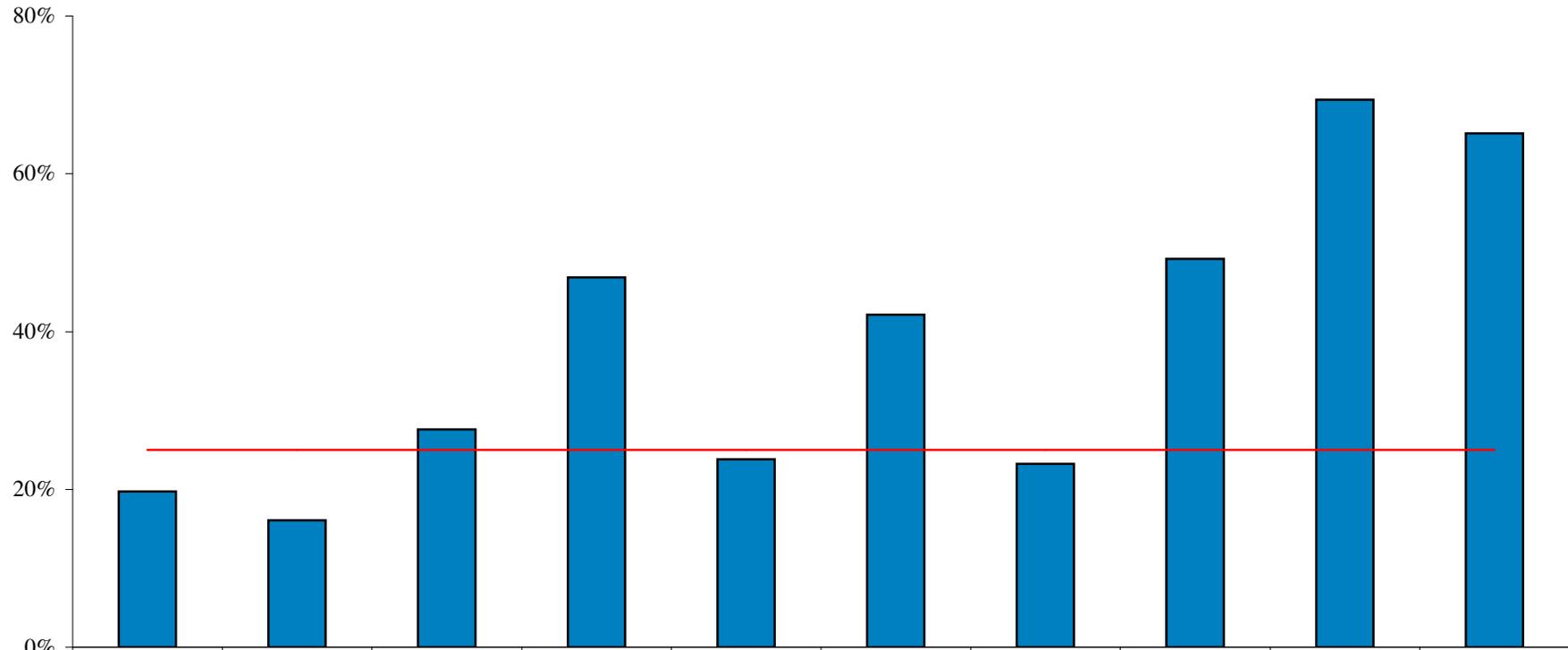
**Adults & Adolescents Survey  
Q3 FY11**



\*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 FY11**



	ASH	BSSH	EPPC	KSH**	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	933	230	210	32	605	261	198	457	608	43
Surveys	184	37	58	15	144	110	46	225	422	28
% Surveyed	20%	16%	28%	47%	24%	42%	23%	49%	69%	65%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

\*WCFY - Adolescent Surveys Only

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

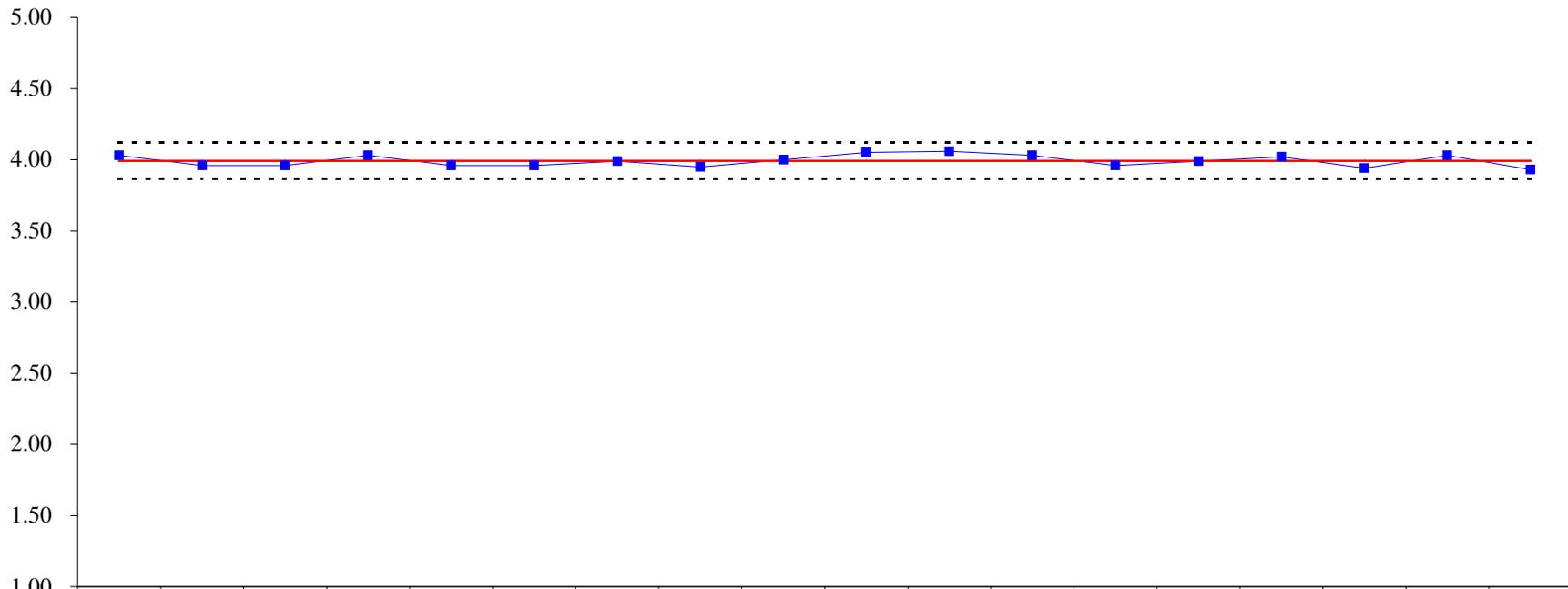
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**All State MH Hospitals**

**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—■— Score	4.03	3.96	3.96	4.03	3.96	3.96	3.99	3.95	4.00	4.05	4.06	4.03	3.96	3.99	4.02	3.94	4.03	3.93
Surveys	394	379	378	394	379	378	502	394	414	421	460	367	421	391	388	428	428	413
Discharges	1277	1166	1119	1277	1166	1119	1262	1283	1293	1287	1254	1167	1252	1148	1079	1236	1165	1176
% Sampled	31%	33%	34%	31%	33%	34%	40%	31%	32%	33%	37%	31%	34%	34%	36%	35%	37%	35%
----- UCL	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
— Avg	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
----- LCL	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86

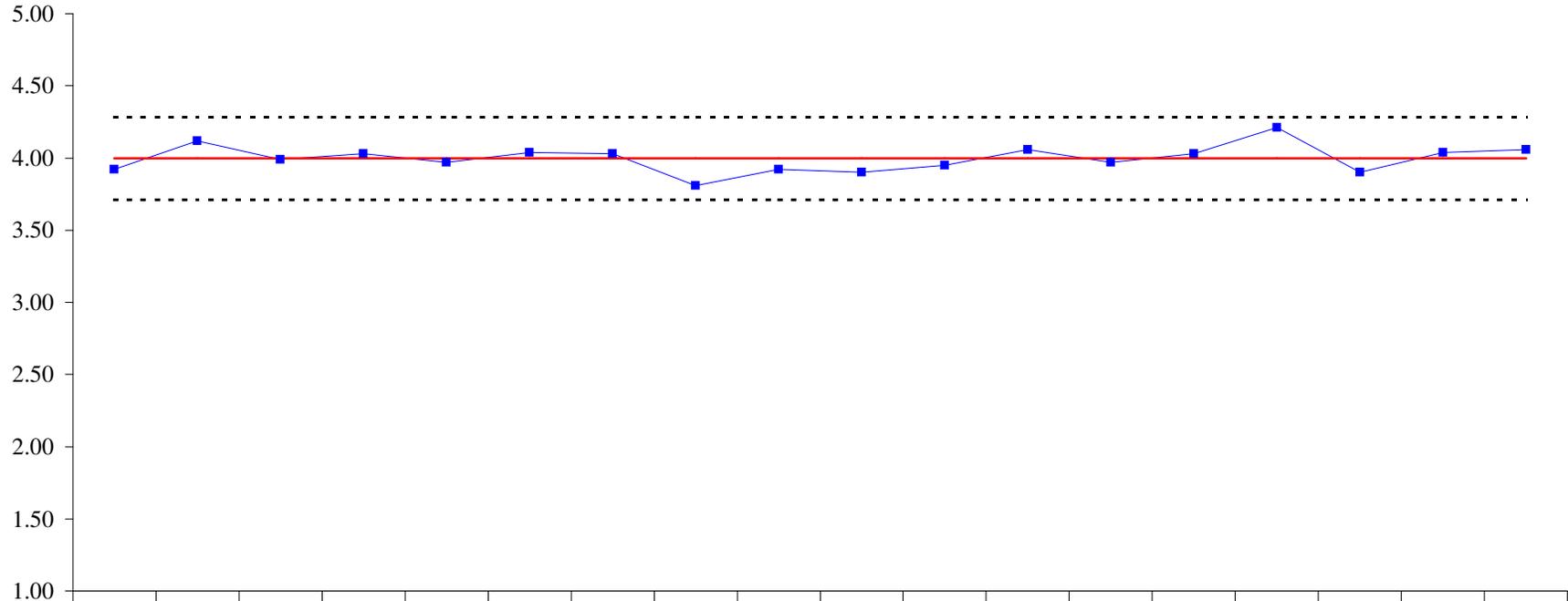
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Austin State Hospital**

**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



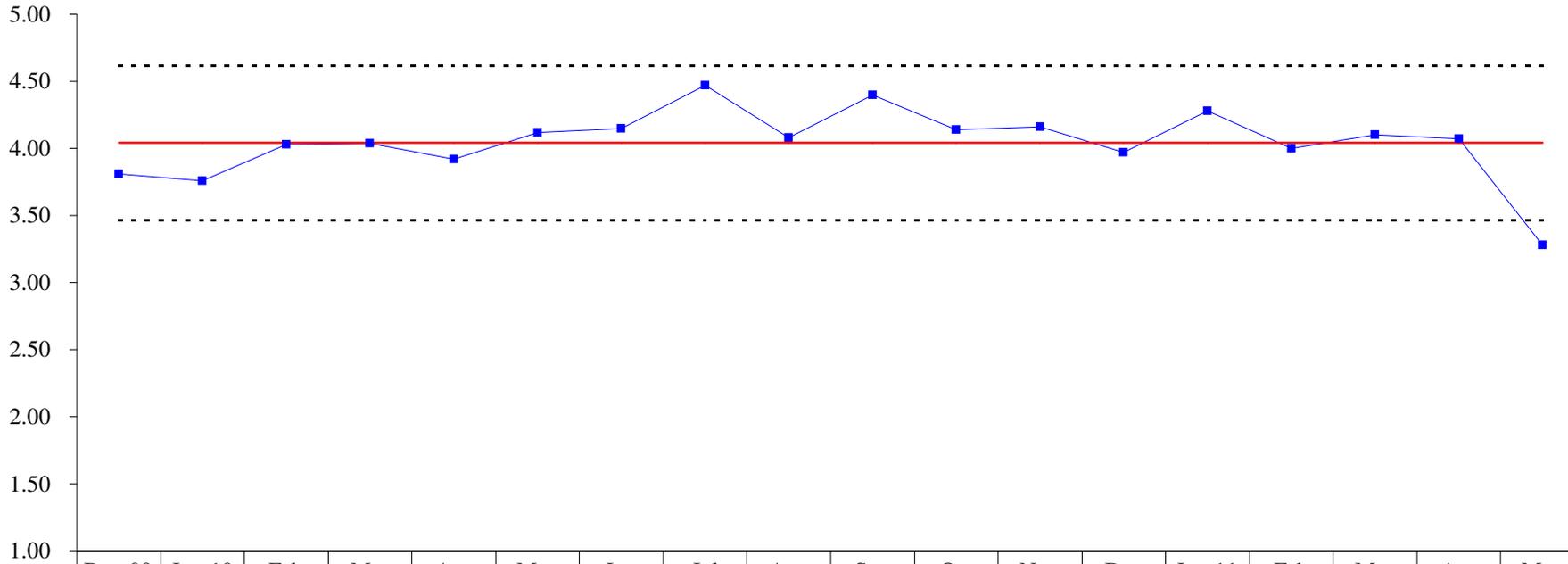
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
■ Score	3.92	4.12	3.99	4.03	3.97	4.04	4.03	3.81	3.92	3.90	3.95	4.06	3.97	4.03	4.21	3.90	4.04	4.06
Surveys	70	52	53	75	66	69	93	81	64	70	82	58	81	65	42	56	76	52
Discharges	309	273	287	341	338	277	291	331	284	325	314	306	315	298	273	313	319	301
% Sampled	23%	19%	18%	22%	20%	25%	32%	24%	23%	22%	26%	19%	26%	22%	15%	18%	24%	17%
----- UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
----- Avg	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
----- LCL	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71

Source: HC022020;

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Score	3.81	3.76	4.03	4.04	3.92	4.12	4.15	4.47	4.08	4.40	4.14	4.16	3.97	4.28	4.00	4.10	4.07	3.28
Surveys	12	15	8	12	10	8	14	5	14	10	14	10	13	12	15	11	13	13
Discharges	96	87	61	94	86	69	87	78	88	81	66	60	81	64	76	70	80	80
% Sampled	13%	17%	13%	13%	12%	12%	16%	6%	16%	12%	21%	17%	16%	19%	20%	16%	16%	16%
UCL	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62
Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
LCL	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47

Source: HC022020;

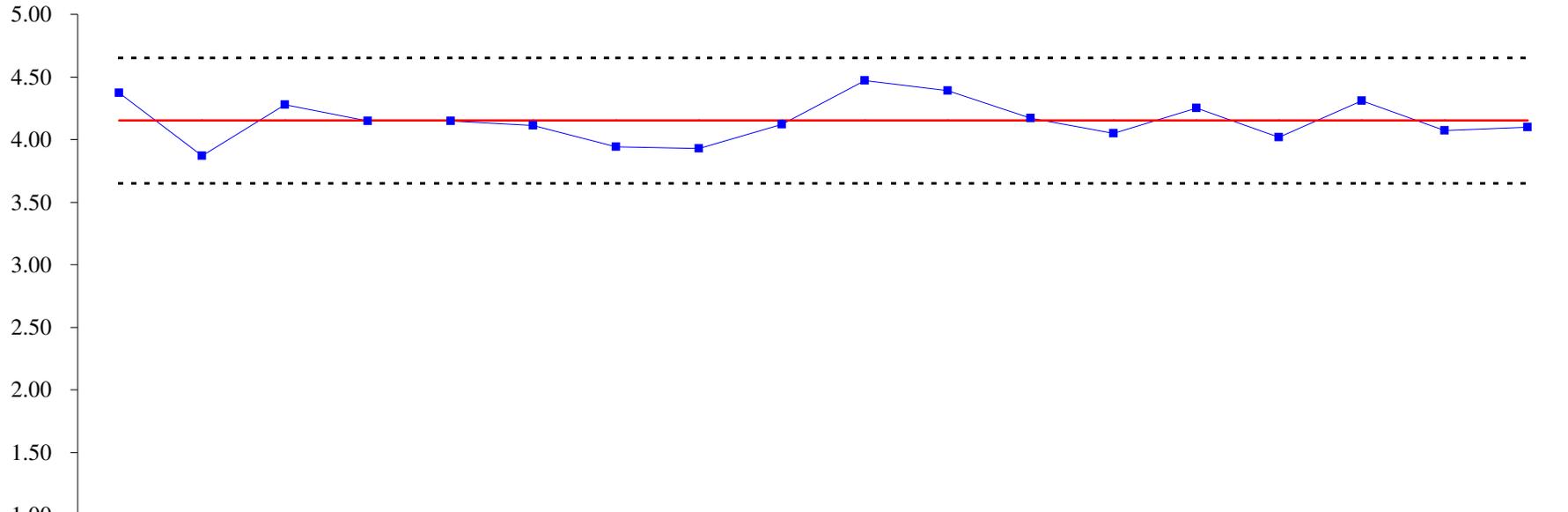
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**El Paso Psychiatric Center**

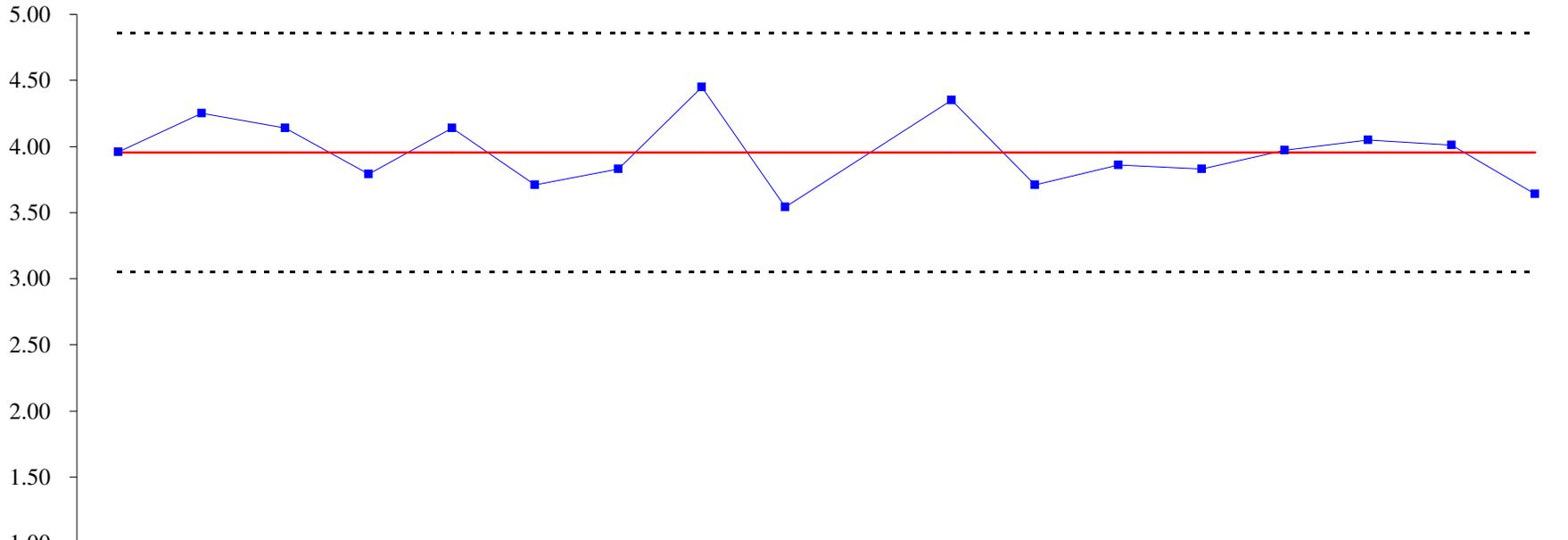
**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—■— Score	4.37	3.87	4.28	4.15	4.15	4.11	3.94	3.93	4.12	4.47	4.39	4.17	4.05	4.25	4.02	4.31	4.07	4.10
Surveys	16	24	20	37	37	19	15	10	27	12	17	17	15	11	33	19	17	22
Discharges	60	60	68	68	69	62	52	50	73	46	53	59	49	43	52	78	68	64
% Sampled	27%	40%	29%	54%	54%	31%	29%	20%	37%	55%	32%	29%	55%	26%	63%	55%	25%	34%
- - - - - UCL	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65	4.65
— Avg	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15
- - - - - LCL	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—■— Score	3.96	4.25	4.14	3.79	4.14	3.71	3.83	4.45	3.54		4.35	3.71	3.86	3.83	3.97	4.05	4.01	3.64
Surveys	7	4	6	2	8	4	5	4	5		3	4	1	2	10	8	3	4
Discharges	4	1	6	3	5	5	3	4	6	1	4	6	2	3	14	16	4	12
% Sampled	175%	400%	100%	67%	160%	80%	167%	100%	83%	0%	75%	67%	50%	67%	71%	50%	75%	33%
----- UCL	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86
— 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	3.05	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

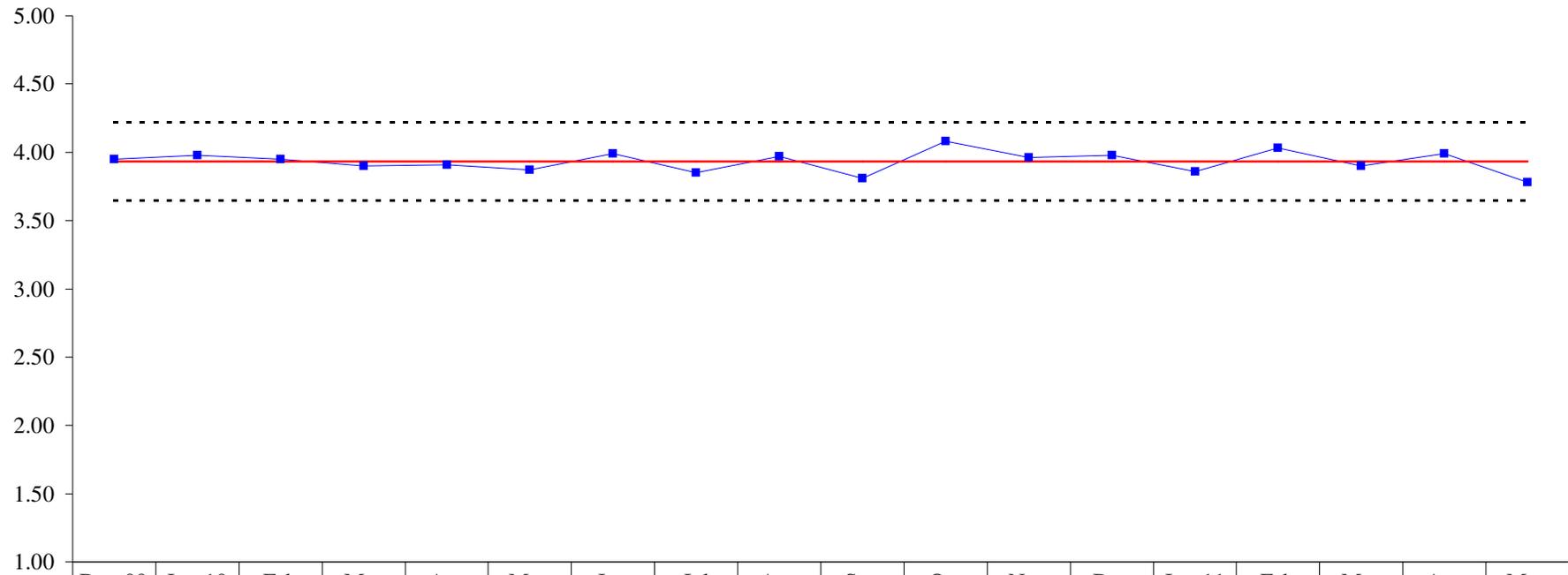
KSH provides surveys on request and offer them to annual reviews.

\*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**  
**(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
■ Score	3.95	3.98	3.95	3.90	3.91	3.87	3.99	3.85	3.97	3.81	4.08	3.96	3.98	3.86	4.03	3.90	3.99	3.78
Surveys	42	34	39	45	48	45	44	39	40	44	39	43	36	42	34	55	56	33
Discharges	189	180	189	202	194	193	201	187	188	192	196	168	206	178	164	216	191	198
% Sampled	22%	19%	21%	22%	25%	23%	22%	21%	21%	23%	20%	26%	17%	24%	21%	25%	29%	17%
----- UCL	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22
— Avg	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93
----- LCL	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64

Source: HC022020;

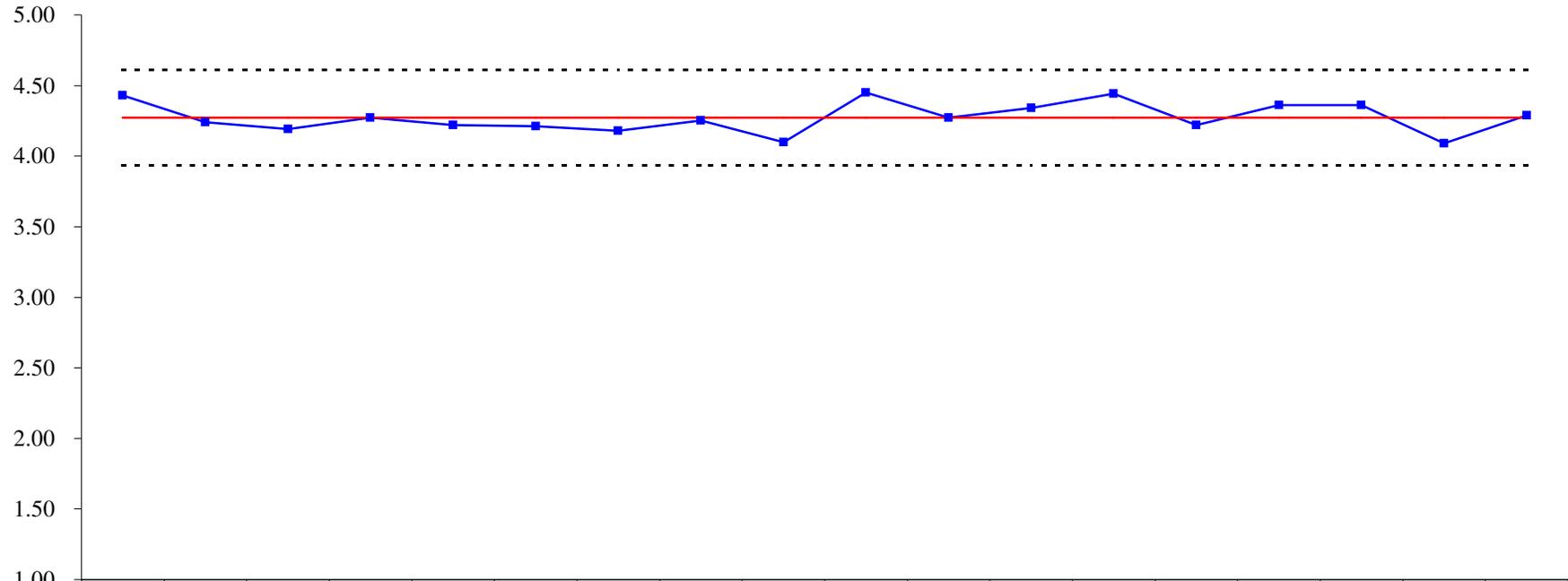
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Rio Grande State Center**

**Adults & Adolescents will be Satisfied With Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—■— Score	4.43	4.24	4.19	4.27	4.22	4.21	4.18	4.25	4.10	4.45	4.27	4.34	4.44	4.22	4.36	4.36	4.09	4.29
Surveys	51	28	34	50	47	61	64	56	41	55	68	39	30	47	30	48	34	28
Discharges	109	77	61	87	80	93	107	119	119	118	98	87	90	96	70	97	83	81
% Sampled	47%	36%	56%	57%	59%	66%	60%	47%	34%	47%	69%	45%	33%	49%	43%	49%	41%	35%
- - - - - UCL	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61
— Avg	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27
- - - - - LCL	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93

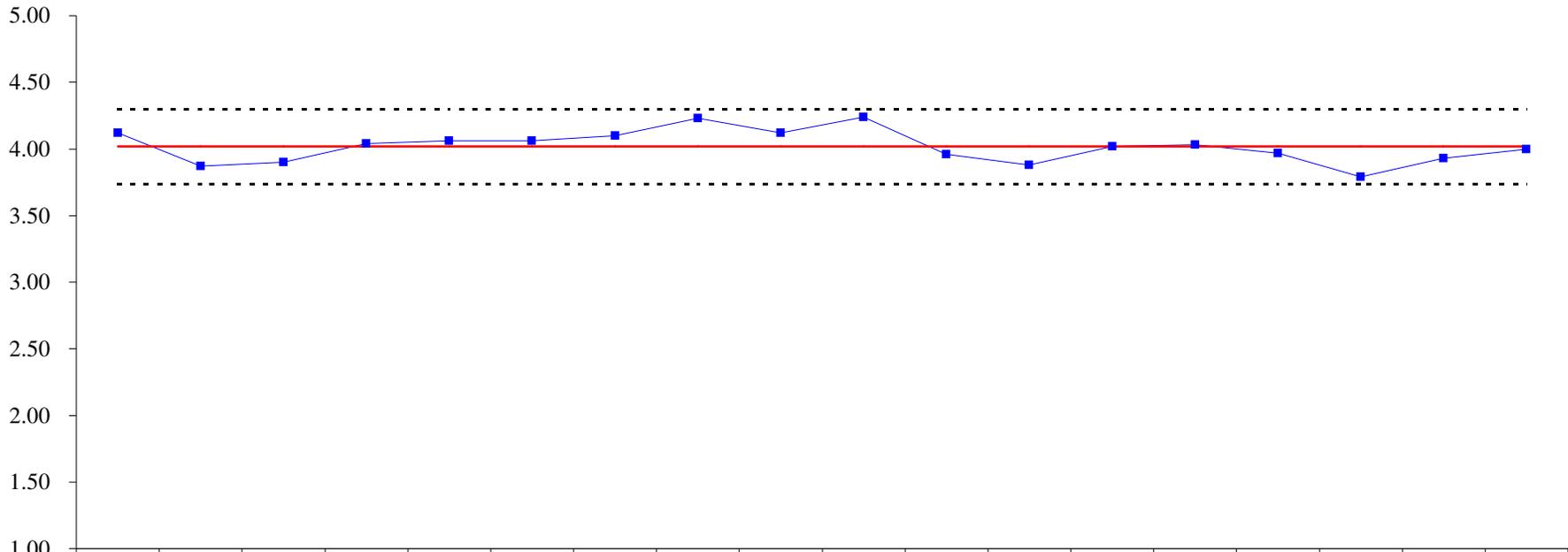
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Rusk State Hospital**

**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
—■— Score	4.12	3.87	3.90	4.04	4.06	4.06	4.10	4.23	4.12	4.24	3.96	3.88	4.02	4.03	3.97	3.79	3.93	4.00
Surveys	36	41	29	42	21	26	20	17	21	17	21	19	10	21	14	6	5	35
Discharges	98	92	58	100	76	70	72	99	99	72	94	73	75	79	61	65	69	64
% Sampled	37%	45%	50%	42%	28%	37%	28%	17%	21%	24%	22%	26%	13%	27%	23%	9%	7%	55%
----- UCL	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30
— 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	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74

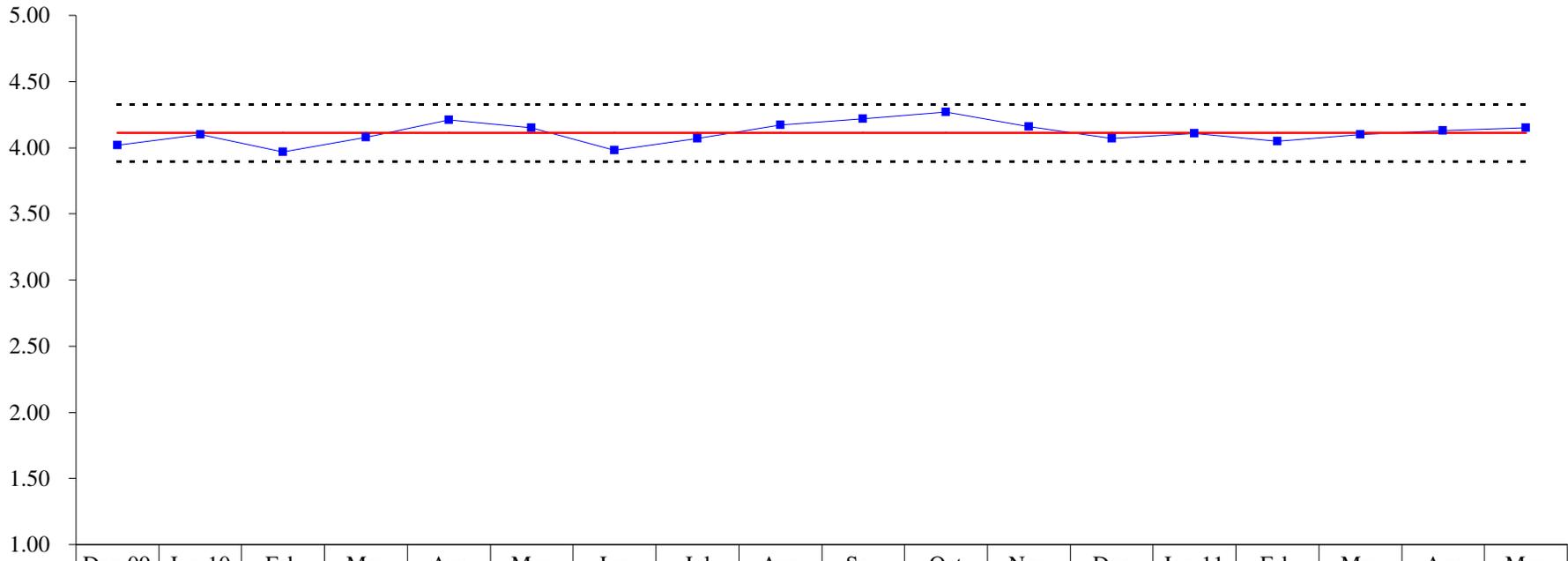
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**San Antonio State Hospital**

**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
Score	4.02	4.10	3.97	4.08	4.21	4.15	3.98	4.07	4.17	4.22	4.27	4.16	4.07	4.11	4.05	4.10	4.13	4.15
Surveys	82	75	69	99	95	91	82	56	86	75	67	56	73	59	80	60	88	77
Discharges	162	145	143	198	157	171	168	129	160	172	147	148	149	157	159	146	147	164
% Sampled	51%	52%	48%	50%	61%	53%	49%	43%	54%	44%	46%	38%	49%	38%	50%	41%	60%	47%
UCL	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Avg	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11
LCL	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90

Source: HC022020;

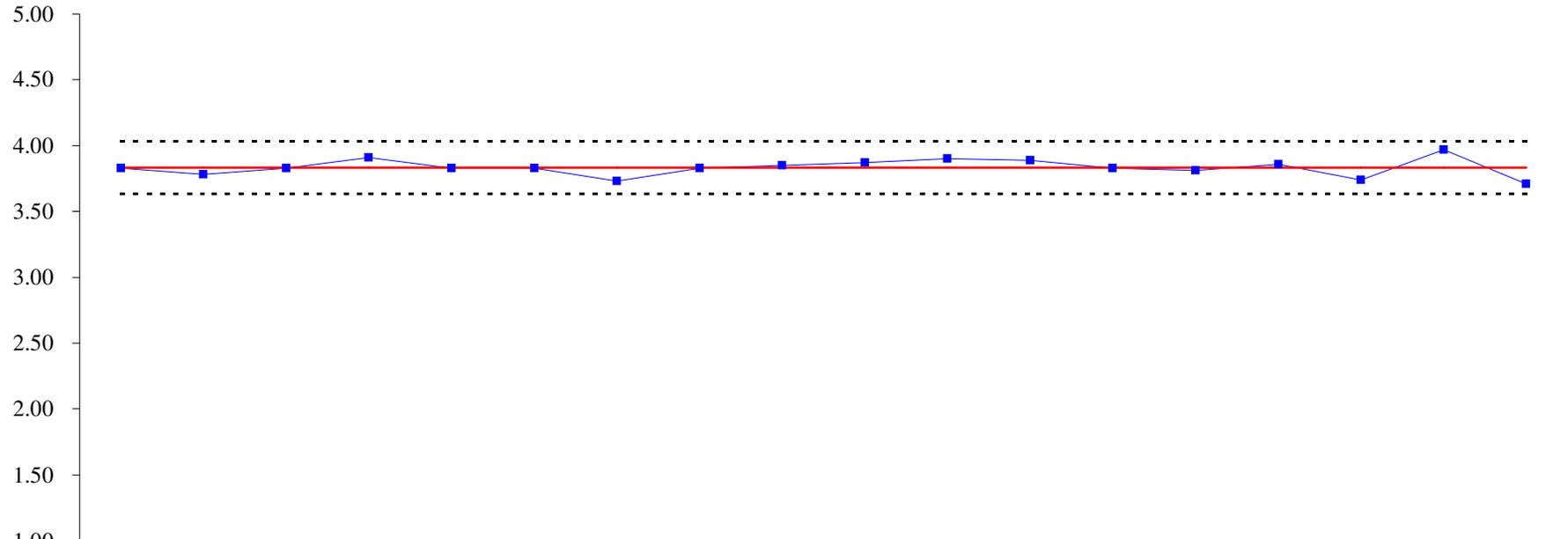
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Terrell State Hospital**

**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May
■ Score	3.83	3.78	3.83	3.91	3.83	3.83	3.73	3.83	3.85	3.87	3.90	3.89	3.83	3.81	3.86	3.74	3.97	3.71
Surveys	74	103	118	121	130	150	165	125	111	137	147	121	160	129	130	156	132	134
Discharges	237	242	234	286	236	247	271	274	258	264	271	246	267	222	199	220	192	196
% Sampled	31%	43%	50%	42%	55%	61%	61%	46%	43%	52%	54%	49%	60%	58%	65%	71%	69%	68%
----- UCL	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03
----- Avg	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83
----- LCL	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63

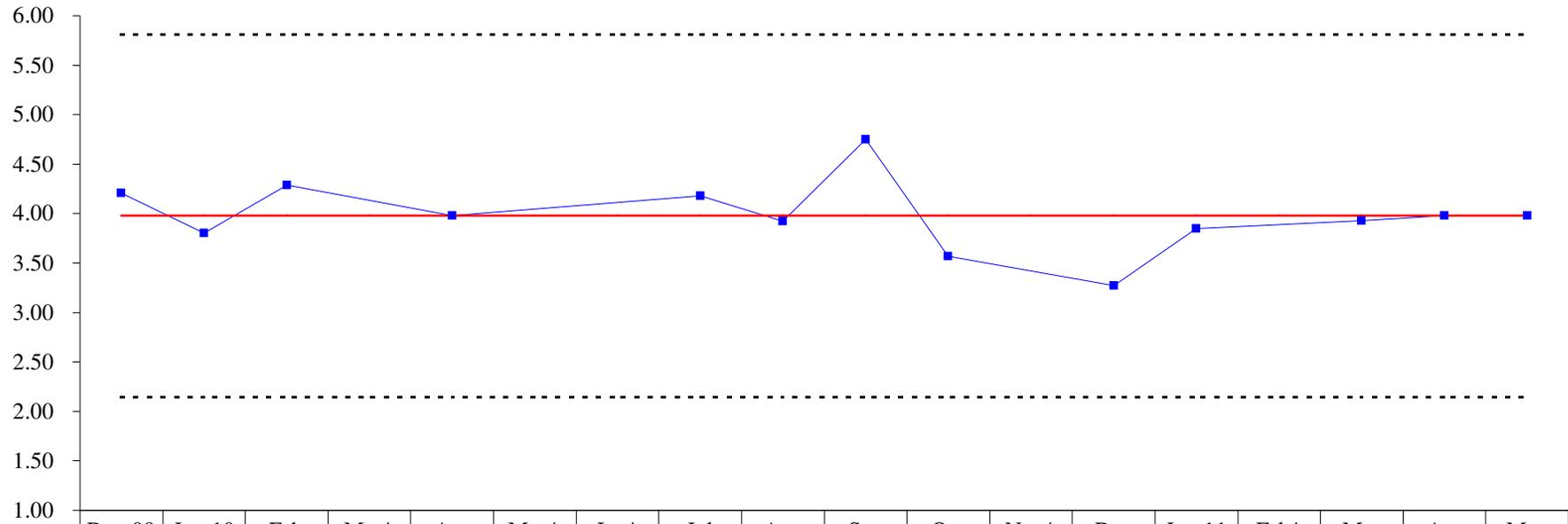
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Waco Center for Youth**

**Adults & Adolescents will be Satisfied with Care  
(FY2011 Expectation is Average Score  $\geq 3.60$ )**



	Dec-09	Jan-10	Feb	Mar*	Apr	May*	Jun*	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-11	Feb*	Mar	Apr	May
■ Score	4.21	3.80	4.29		3.98			4.18	3.92	4.75	3.57		3.27	3.85		3.93	3.98	3.98
Surveys	4	3	2	0	2	0	0	1	5	1	2	0	2	3	0	9	4	15
Discharges	13	9	12	16	12	13	10	12	18	16	11	14	18	8	11	15	12	16
% Sampled	31%	33%	17%	0%	17%	0%	0%	8%	28%	6%	18%	0%	11%	38%	0%	60%	33%	94%
----- UCL	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81
----- Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
----- LCL	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14	2.14

\*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.**

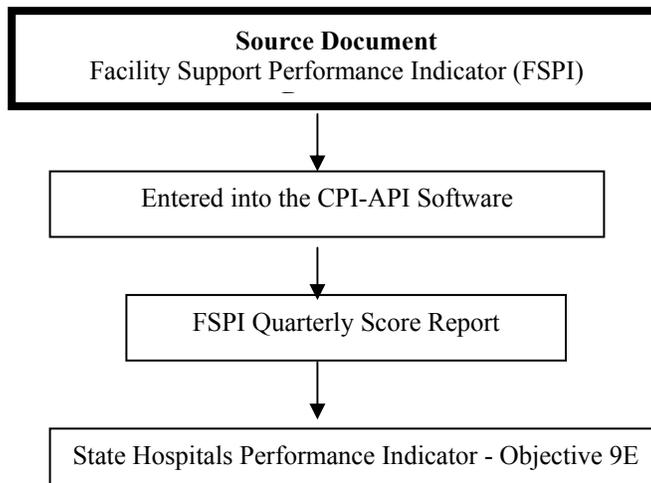
**Performance Objective Operational Definition:** The state hospital performs the self-assessment once per fiscal year according to the schedule.

**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:**

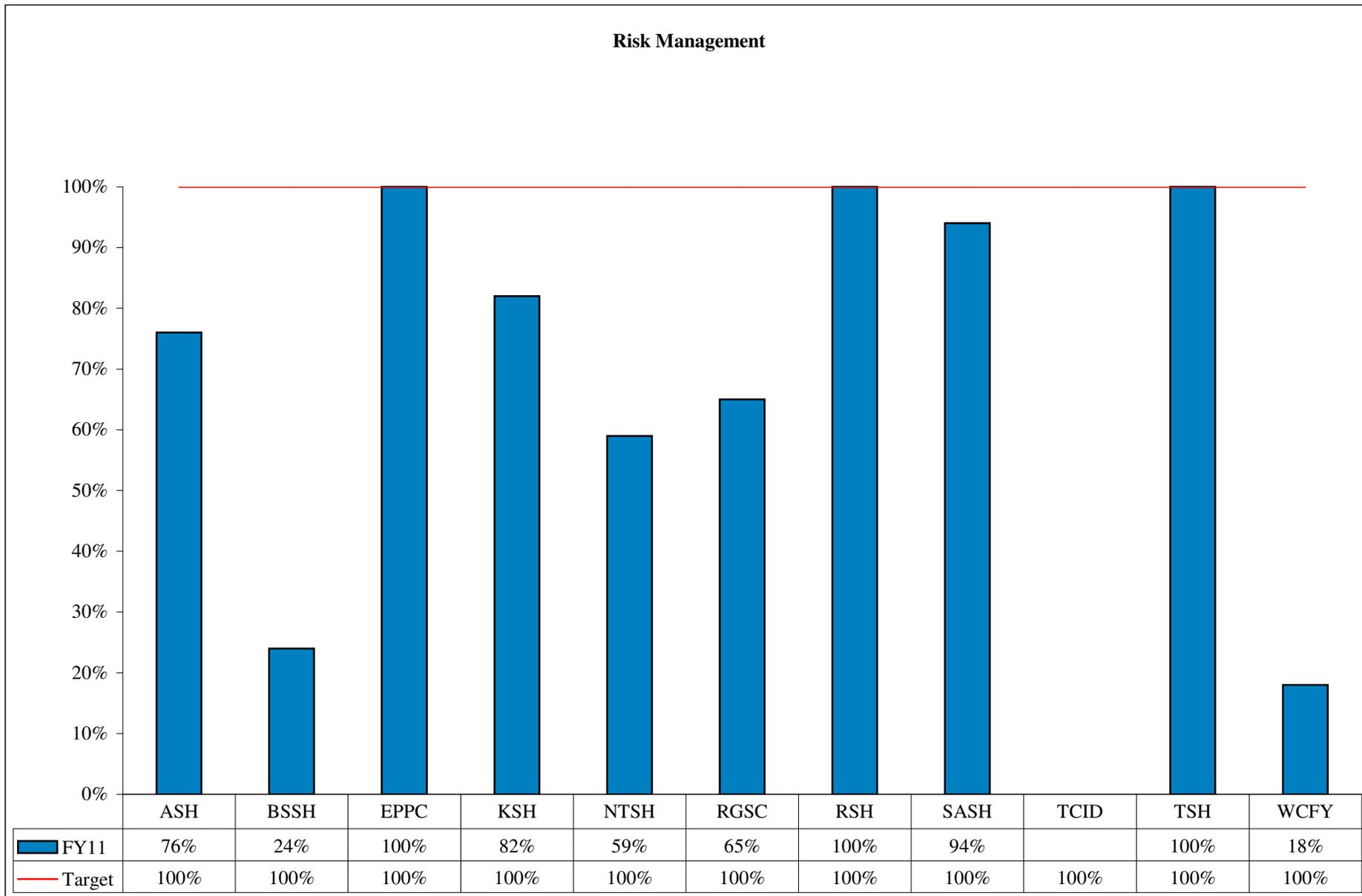


**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2011**

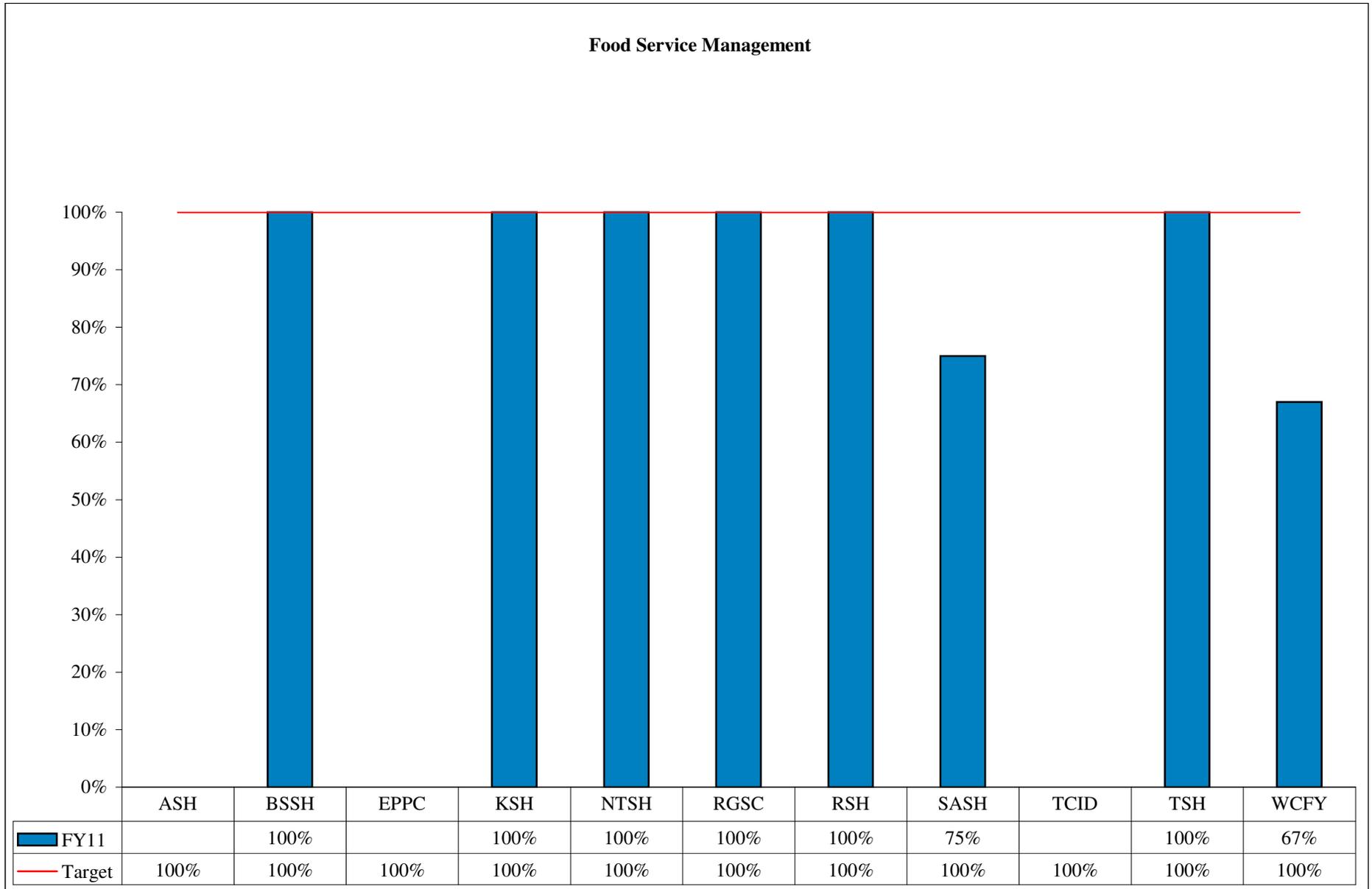
	Q1	Q2		Q3	Q4	
	Risk Management	Food Service Management	Food Inventory	Fleet Management	Cash Receipts	Petty Cash
Compliance Target	100%	100%	100%	100%	100%	100%
<b>State Hospital Totals</b>	<b>72%</b>	<b>93%</b>	<b>96%</b>	<b>90%</b>		
Austin State Hospital	76%	CF	100%	100%		
Big Spring State Hospital	24%	100%	100%	30%		
El Paso Psychiatric Center	100%	CF	CF	60%		
Kerrville State Hospital	82%	100%	100%	67%		
North Texas State Hospital	59%	100%	83%	78%		
Rio Grande State Center	65%	100%	100%	100%		
Rusk State Hospital	100%	100%	83%	100%		
San Antonio State Hospital	94%	75%	100%	100%		
Terrell State Hospital	100%	100%	100%	100%		
Texas Center for Infectious Disease		CF	CF	CF		
Waco Center For Youth	18%	67%	100%	78%		

\*CF = Contract Facility

**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2011**  
**Risk Management**



**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2011**  
**Food Service Management**

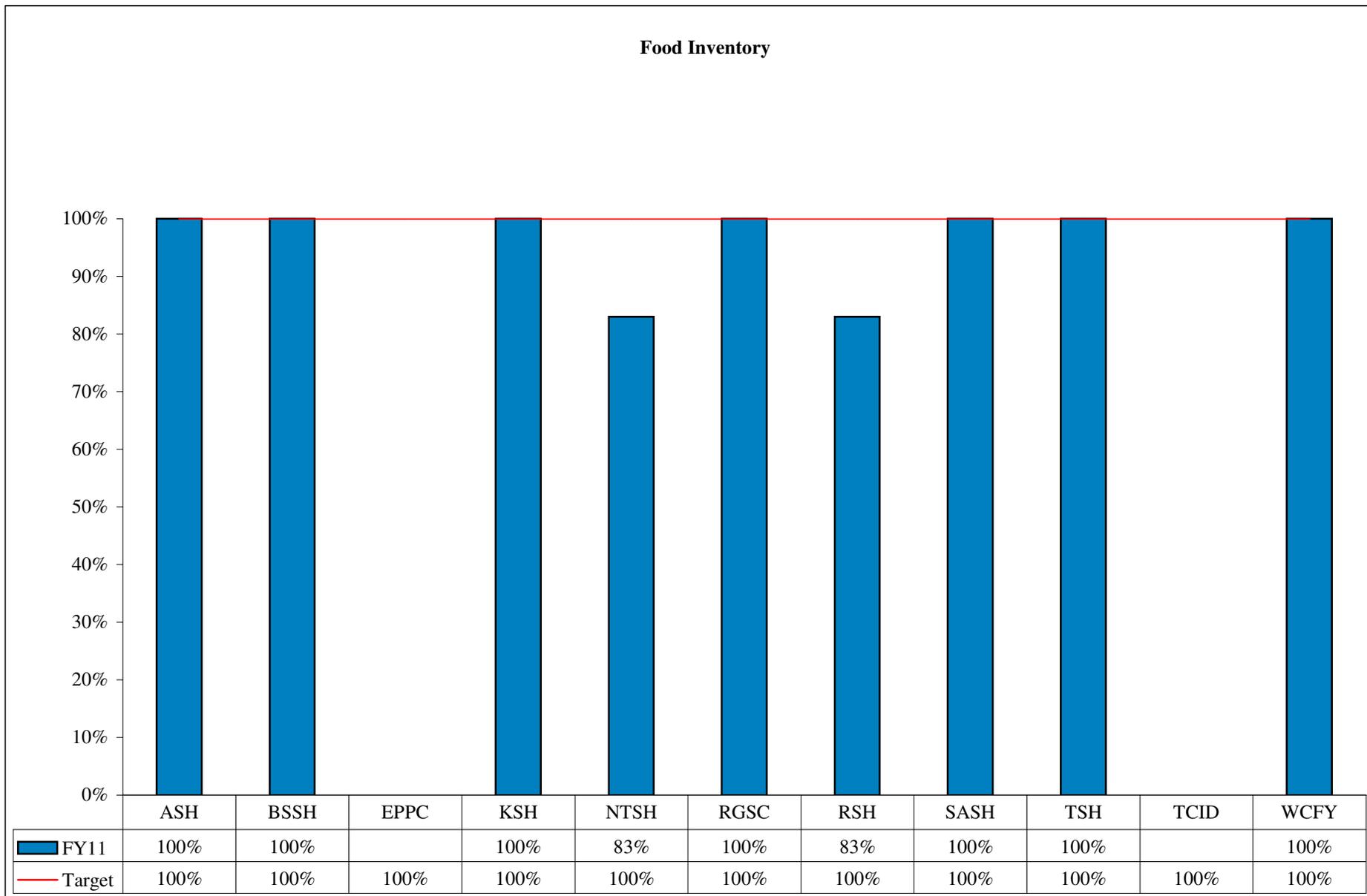


ASH, EPPC and TCID = Contract Facility

Chart: Hospital Management Data Services

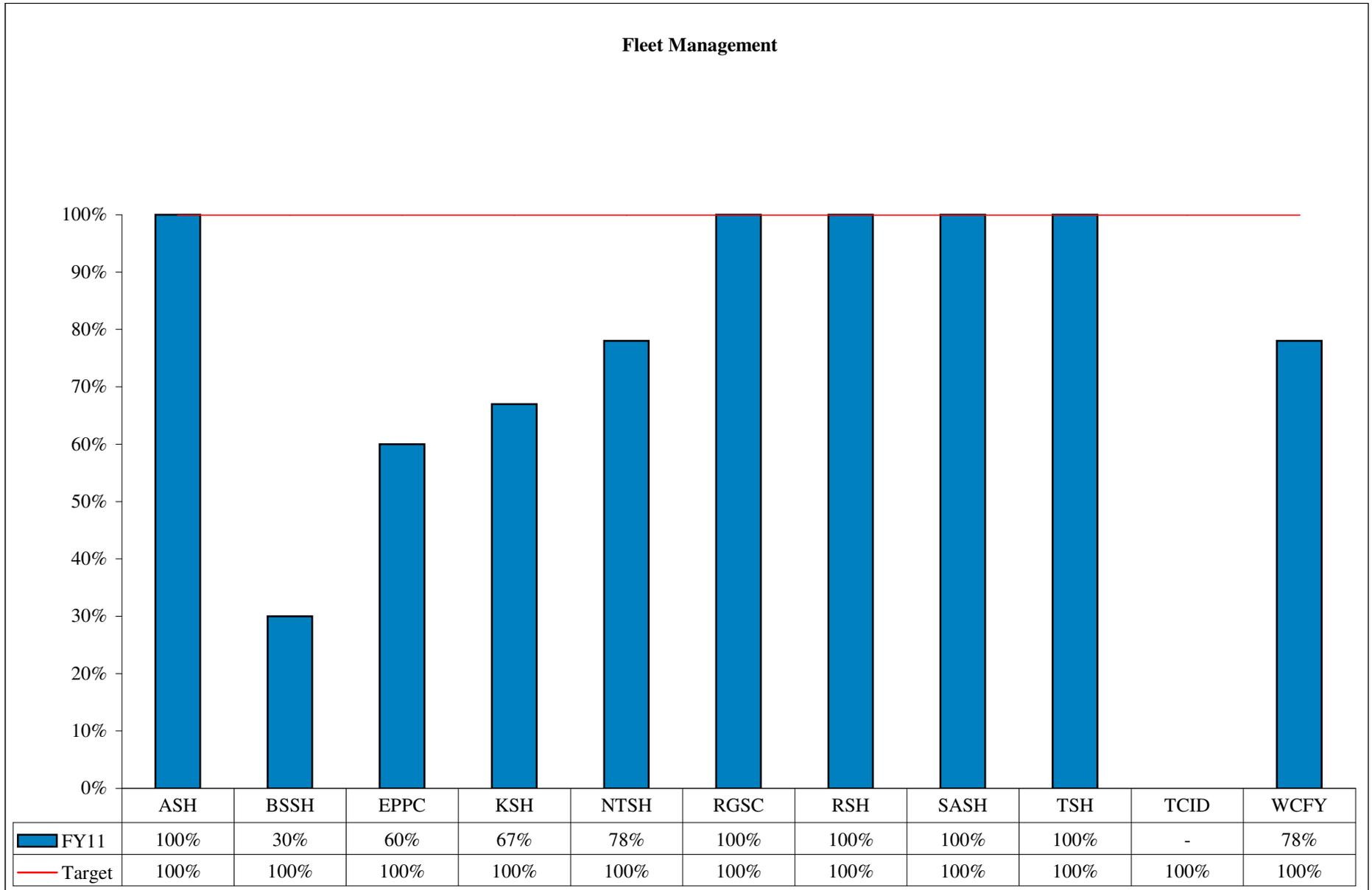
Source: QSOAPI Intranet Software

**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2011**  
**Food Inventory**



EPPC and TCID = Contract Facility

**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2011**  
**Fleet Management**



TCID = Contract Facility

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

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

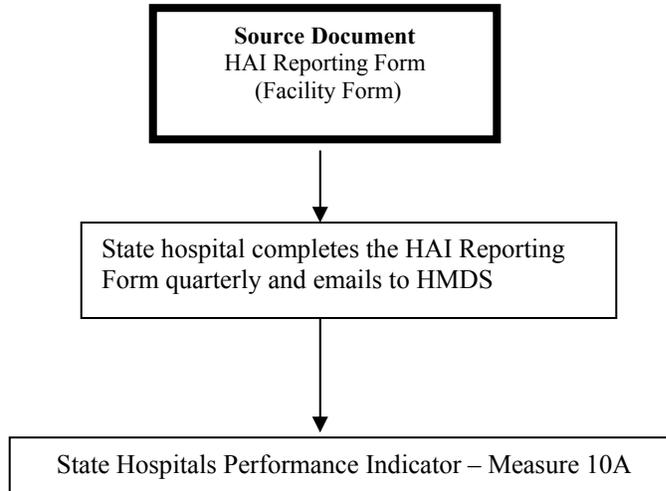
**Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.**

**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 - 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	0	0	1	7	<b>8</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	3	1	5	<b>10</b>
Gastrointestinal System Infection	0	0	0	0	0	0	<b>0</b>
Lower Respiratory Infection, other than Pneumonia	1	0	0	0	0	0	<b>1</b>
Reproductive Tract Infection	0	0	0	3	0	0	<b>3</b>
Skin and Soft Tissue Infection	0	0	0	4	0	0	<b>4</b>
Systemic Infection	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>12</b>	<b>26</b>
<b>Rate Per 1,000 Beddays</b>	<b>0.4</b>	<b>0.0</b>	<b>0.1</b>	<b>3.9</b>	<b>0.7</b>	<b>1.7</b>	<b>1.1</b>

**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - 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	3	25	1	7	5	3	0	12	1	0	<b>57</b>
Surgical Site Infection	0	0	0	0	1	0	0	0	0	0	<b>1</b>
Pneumonia	3	0	0	1	4	1	2	5	0	0	<b>16</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	1	0	0	0	0	0	<b>1</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	33	2	9	7	2	12	14	5	4	<b>90</b>
Gastrointestinal System Infection	0	1	0	0	0	0	0	0	0	1	<b>2</b>
Lower Respiratory Infection, other than Pneumonia	4	11	0	0	4	0	1	0	0	0	<b>20</b>
Reproductive Tract Infection	3	12	0	0	0	0	0	7	0	0	<b>22</b>
Skin and Soft Tissue Infection	0	49	1	4	2	0	5	0	1	1	<b>63</b>
Upper Respiratory Infection	0	0	2	0	0	0	0	0	0	0	<b>2</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>15</b>	<b>131</b>	<b>6</b>	<b>21</b>	<b>24</b>	<b>6</b>	<b>20</b>	<b>38</b>	<b>7</b>	<b>6</b>	<b>274</b>
<b>Rate Per 1,000 Beddays</b>	<b>0.7</b>	<b>8.3</b>	<b>1.1</b>	<b>1.4</b>	<b>0.6</b>	<b>1.3</b>	<b>0.8</b>	<b>1.9</b>	<b>0.3</b>	<b>1.6</b>	<b>1.5</b>

**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - 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	6	0	3	0	0	0	6	0	<b>15</b>
Surgical Site Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Pneumonia	0	0	0	0	0	0	0	2	1	<b>3</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	4	0	0	2	0	0	14	1	<b>21</b>
Gastrointestinal System Infection	0	1	0	0	0	0	0	0	0	<b>1</b>
Lower Respiratory Infection, other than Pneu	0	2	0	0	0	0	0	0	0	<b>2</b>
Reproductive Tract Infection	0	0	0	0	0	0	0	4	0	<b>4</b>
Skin and Soft Tissue Infection	0	6	0	0	1	0	0	4	1	<b>12</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>3</b>	<b>58</b>
<b>Rate Per 1,000 Beddays</b>	<b>0.0</b>	<b>11.9</b>	<b>0.0</b>	<b>1.2</b>	<b>1.4</b>	<b>0.0</b>	<b>0.0</b>	<b>9.1</b>	<b>2.0</b>	<b>3.9</b>

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

**FY10**

		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
M 1C	Average Daily Census	32	33	37	37	<b>35</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	5	13	7	2	<b>27</b>
O 4B	Number of Medication Errors that Reached the Patient	4	12	4	2	<b>22</b>
M 5A	Number of New Patients to System	18	16	21	24	<b>79</b>
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	<b>0</b>
M 6A	Number of Patient Injuries	1	3	6	8	<b>18</b>
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	11	9	12	8	<b>40</b>
M 10A	Facility Healthcare Associated Infection	4	4	4	1	<b>13</b>

**FY11**

		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>FY</b>
M 1C	Average Daily Census	41	34	40		<b>115</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	5	4	4		<b>13</b>
O 4B	Number of Medication Errors that Reached the Patient	5	3	3		<b>11</b>
M 5A	Number of New Patients to System	15	21	24		<b>60</b>
O 6D	Number of Patient Injuries during Restraint	0	0	0		<b>0</b>
M 6A	Number of Patient Injuries	0	4	6		<b>10</b>
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	7	11	3		<b>21</b>
M 10A	Facility Healthcare Associated Infection	4	1	6		<b>11</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?**

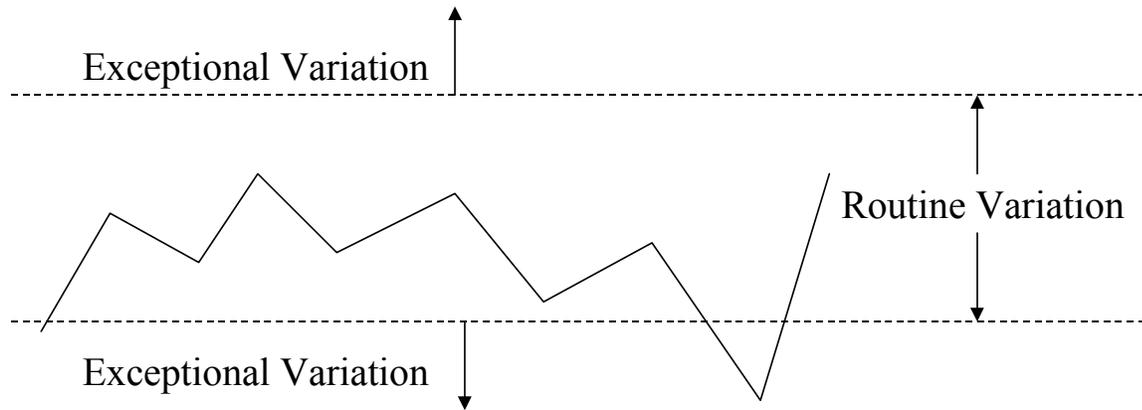
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

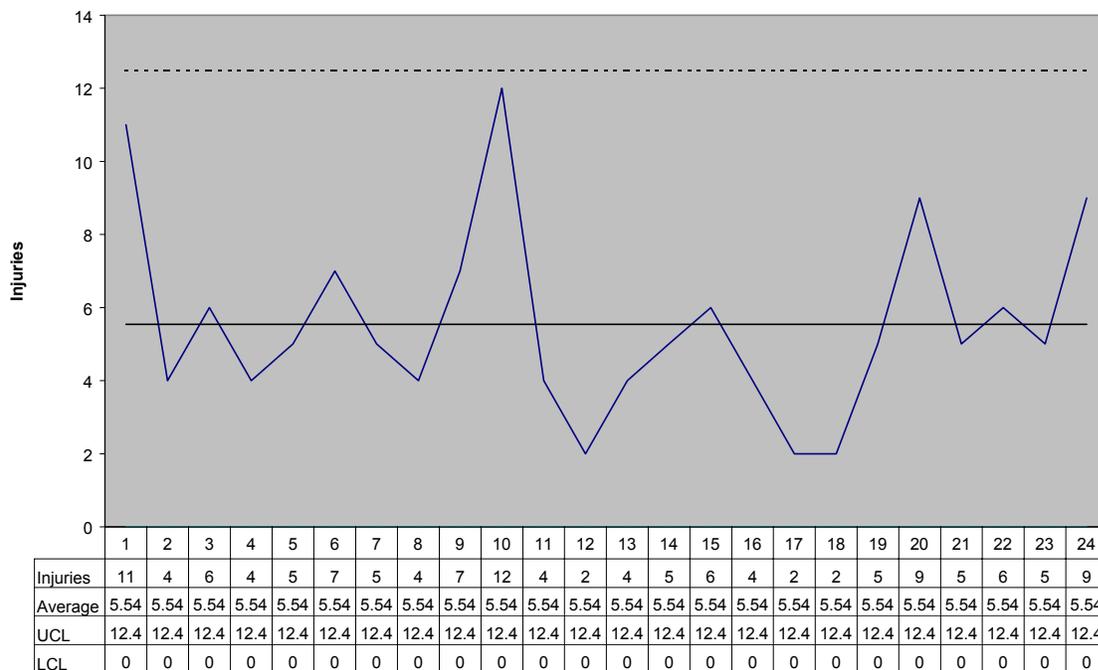
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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