

**Health and Human Services Commission**  
**Department of State Health Services**  
*State Hospitals Section*  
**Mission, Vision, Goals and**  
**2012 Management Plan**

**Statewide Performance Indicators**  
**1st Quarter FY 2012**

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**HEALTH AND HUMAN SERVICES COMMISSION  
DEPARTMENT OF STATE HEALTH SERVICES**

**STATE HOSPITALS SECTION  
MANAGEMENT PLAN  
FY 2012**

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Peggy W. Perry  
Director, State Hospitals Section

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Date

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

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

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

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

### **HEALTH AND HUMAN SERVICES**

#### **OVERVIEW**

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

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

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

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

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

# HEALTH AND HUMAN SERVICES COMMISSION

## MISSION

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

## HHS SYSTEM STRATEGIC GOALS

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

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

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

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

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

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

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

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

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

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

### **VISION**

A healthy Texas.

### **MISSION**

To improve health and well-being in Texas.

### **GOALS**

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

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

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

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

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

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

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

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

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

### **MISSION**

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

### **GOALS**

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

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

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

- SERVICE
- TRAINING
- WORK ENVIRONMENT

| <b>Customers Are Asked</b>  | <b>Accreditation and Certification Are Maintained</b>  | <b>Priority Focus Areas Are Reviewed</b>  | <b>Qualified and Diverse Workforces Are Maintained</b>  |
|---|--|---|---|
| <ul style="list-style-type: none"> <li>- Patients</li> <li>- Families</li> <li>- Guardians</li> <li>- LMHA's and LMRAs</li> <li>- Courts</li> <li>- 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><br/>*Skills/Job Professional &amp; Cultural</p> <p><b>Assess Performance</b><br/>*Grant clinical Privileges<br/>*Set expectations for education &amp; training &amp; ensure this continuing knowledge acquisition process<br/>*Implement strategies to ensure our workforce is<br/>- recognized<br/>- treated<br/>- rewarded<br/>in a manner that reflects a commitment to valuing workforce diversity.</p> |

**STATE HOSPITALS SECTION**

**FY2012 MANAGEMENT PLAN**

The State Hospitals Section FY 2012 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   | 2012 Indicator   | Responsibility              |
|---|--|-----------------------------|
| <p><b>GOAL 1: PROVIDE LEADERSHIP</b> - The leadership of the State Hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on 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>  | State Hospitals             |
| O - 1B  | <b>MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY12.</b>  | State Hospitals             |
| O - 1C  | <b>REPORT FY12 COLLECTIONS COMPARISON TO FY11 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.</b>  | State Hospitals             |
| 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, 2012.   | State Hospitals Section     |
| O - 1E  | <b>OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT HAS BEEN ALLOCATED AND PROJECTED FOR THE HOSPITAL INPATIENT SERVICES.</b>  | Psychiatric Hospitals       |
| O - 1F  | Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2012.   | 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, 2012.                       | 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 Hospital Section by January 1, 2012. | Forensic Services Committee |
| 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 FY12.</b>  | 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 alleged criminal.  | Forensic Services Committee |
| M - 1A  | <b>CALCULATE AVERAGE COST PER PATIENT SERVED.</b>  | State Hospitals             |
| M - 1B  | <b>CALCULATE COST PER OCCUPIED BED.</b>  | State Hospitals             |
| M - 1C  | <b>CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.</b>  | State Hospitals             |
| M - 1D  | <b>CALCULATE NUMBER OF INPATIENT DAYS.</b>   | TCID                        |

| Goals,<br>Objectives,<br>Measures  | 2012 Indicator  | Responsibility        |
|--|---|-----------------------|
| M - 1E   | Calculate average cost of outpatient visits.  | TCID and RGSC         |
| M - 1F   | Calculate contract cost.  | 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   | CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.   | State Hospitals       |
| O - 2B   | Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.)  | State Hospitals       |
| O - 2C   | ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.  | State Hospitals       |
| O - 2D   | Ensure that case information is entered monthly into the Client Abuse/Neglect/Exploitation Database.  | State Hospitals       |
| <p><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.</p> |   |                       |
| O - 3A   | 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. | State Hospitals       |
| O - 3B   | UTILIZE THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.   | Psychiatric Hospitals |
| O - 3C   | Make recommendations to the ECGB related to treatment team planning based on results of appointed workgroup.  | COC                   |
| O - 3D   | Develop a CRS trauma assessment form in conjunction with MRAC.  | COC                   |

| Goals, Objectives, Measures   | 2012 Indicator  | Responsibility        |
|---|---|-----------------------|
| O - 3E  | Present system summary of STARS grant progress made during the grant cycle with any recommendations to the ECGB by January 31, 2012.  | COC                   |
| O - 3F  | Develop guidelines for use of safety plan that are integrated into the treatment planning and discharge processes.  | COC                   |
| O - 3G  | Ensure establishment of (suicide prevention officer led) facility based phone conferencing/roundtable review of current literature and facility practices related to suicide prevention efforts within the facilities.  | COC                   |
| M - 3A  | <b>MEASURE GLOBAL ASSESSMENT OF FUNCTIONS (GAF) IMPROVEMENT IN PATIENT TREATMENT OUTCOMES SHOWING THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED AND THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED.</b> | Psychiatric Hospitals |
| M - 3B  | <b>Report the number of patients treated to cure.</b>   | TCID                  |
| M - 3C  | <b>Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.</b>   | TCID                  |
| M - 3D  | Develop policy & procedure for research at TCID.  | 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  | <b>Evaluate medication management systems and report annually.</b>  | State Hospitals       |
| O - 4B  | <b>IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.</b>  | State Hospitals       |
| O - 4C  | <b>Report on the implementation of the MediMAR system, including any recommendations for system improvement.</b>  | Psychiatric Hospitals |
| O - 4D  | <b>Report and analyze P&amp;T findings of Adverse Drug Reactions.</b>   | Psychiatric Hospitals |
| O - 4E  | <b>Report compliance with Core Measure of polypharmacy number and documentation of rationale at discharge.</b>  | Psychiatric Hospitals |
| M - 4A  | <b>ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.</b>  | Psychiatric Hospitals |
| M - 4B  | <b>ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS. Hospitals will report cost by hospital units and prescribing practioners to the Governing Body.</b>  | Psychiatric Hospitals |
| M - 4C  | <b>ANALYZE AND REPORT THE COST OF TB MEDICATIONS.</b>   | TCID                  |

| Goals, Objectives, Measures   | 2012 Indicator   | 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>  | Psychiatric Hospitals       |
| O - 5B  | <b>Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).</b>   | 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 LMHA WILL UPDATE A NEW CONTINUITY OF CARE PLAN FOR ANY PATIENT WHO IS ON THE LIST IN CATEGORY 3. THIS PLAN SHOULD BE DEVELOPED WITHIN 30 DAYS AFTER BEING IDENTIFIED.</b> | Psychiatric Hospitals       |
| O - 5D  | The Forensic Services Committee will develop a proposal for a Pilot Forensic Mental Health Conditional Release Program. The pilot program design will be submitted for consideration and approval by the Director of the State Hospitals Section no later than January 15, 2012, and must be implementable within existing statutory and fiscal constraints.   | Forensic Services Committee |
| M - 5A  | <b>CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.</b>   | 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>   | 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>   | TCID                        |

| Goals,<br>Objectives,<br>Measures   | 2012 Indicator  | 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>   | 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.    | State Hospitals       |
| O - 6B  | <b>MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.</b>  | State Hospitals       |
| O - 6C  | <b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.</b>  | 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>  | State Hospitals       |
| O - 6E  | <b>ANALYZE THE NUMBER OF EMPLOYEE INJURIES RESULTED BY PATIENT AGGRESSION.</b>  | State Hospitals       |
| O - 6F  | <b>CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.</b>   | State Hospitals       |
| O - 6G  | <b>ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND DEMONSTRATE EFFORTS TO REDUCE THE RATE OF FALLS WITH A GOAL OF ZERO.</b>  | State Hospitals       |
| O - 6H  | Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.   | State Hospitals       |
| M - 6A  | <b>CALCULATE, TREND AND REVIEW RATE OF PATIENT INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 0-17; AGE 18-64; AGE 65-OLDER.</b>              | State Hospitals       |
| M - 6B  | <b>CALCULATE, TREND AND REVIEW RATE OF ON THE JOB EMPLOYEE INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 18-39; AGE 40-64; AGE 65-OLDER.</b> | State Hospitals       |

| Goals,<br>Objectives,<br>Measures   | 2012 Indicator  | Responsibility          |
|---|---|-------------------------|
| <p><b>GOAL 7: OBTAIN, MANAGE AND USE INFORMATION</b> - Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals will obtain, analyze, manage and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, safety, governance, management and support processes.</p>   |   |                         |
| O - 7A  | Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY12.  | CPIC                    |
| O - 7B  | <b>Monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50% of the average monthly discharges. Data is trended and performance improvement initiatives are taken as appropriate.</b> | State Hospitals         |
| O - 7C  | Analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.  | State Hospitals         |
| O - 7D  | Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.  | State Hospitals Section |
| O - 7E  | <b>Evaluate and report annually to the Governing Body on the use of video-conferencing.</b>   | State Hospitals         |
| O - 7F  | <b>Report implementation of electronic medical record.</b>  | TCID                    |
| O - 7G  | <b>Report on performance improvement activity related to ORYX core measures that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.</b>  | State Hospital          |
| O - 7H  | <b>MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.</b>  | 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  | <b>ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.</b>   | State Hospitals         |
| O - 8B  | <b>ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.</b>  | State Hospitals         |

| Goals, Objectives, Measures  | 2012 Indicator   | Responsibility        |
|--|--|-----------------------|
| M - 8A   | COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.  | State Hospitals       |
| M - 8B   | COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).   | State Hospitals       |
| M - 8C   | REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)  | State Hospitals       |
| <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. |  |                       |
| O - 9A   | REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY. | Psychiatric Hospitals |
| O - 9B   | REPORT ADULT AND ADOLESCENT PATIENT SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).  | Psychiatric Hospitals |
| O - 9C   | Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.   | State Hospitals       |
| O - 9D   | Conduct a minimum of one patient tracer for each treatment team during FY12. 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 FY12.                      | State Hospitals       |
| O - 9E   | CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.  | State Hospitals       |
| O - 9F   | Review the Assessments of Facility Support Systems instruments and make recommendations.   | CPIC                  |
| 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.  | State Hospitals       |

| Goals, Objectives, Measures  | 2012 Indicator  | Responsibility  |
|--|---|-----------------|
| O - 9H   | Develop standard definitions for 1:1 and related special precautions by November 30, 2011.  | COC             |
| O - 9I   | Begin Baseline studies of usage of precautions across the system for later recommendations  | State Hospitals |
| <p><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).</p> |   |                 |
| O - 10A  | Establish a hospital specific infection control plan based upon the hospital's risk assessment and report on its implementation. Present evaluation of the plan annually.   | State Hospitals |
| M - 10A  | COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.  | State Hospitals |
| M - 10B  | Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers). | State Hospitals |
| M - 10C  | Report rate of pneumococcal and influenza immunization for patients identified as high risk.  | State Hospitals |

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

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

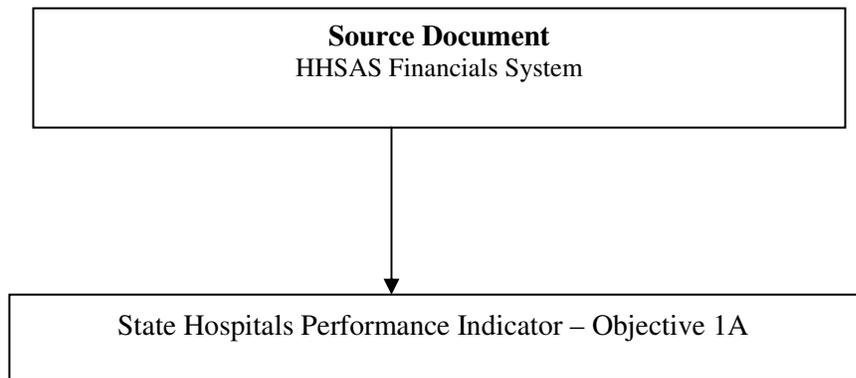
**Monitor outside medical costs for civil and forensic patients.**

**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**

**FY2011**

**FY2012**

| <b>Facility</b> | <b>Q1</b>          | <b>Q2</b>          | <b>Q3</b>          | <b>Q4</b>          | <b>FY</b>           | <b>Q1</b>          | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> | <b>FY</b>          |
|-----------------|--------------------|--------------------|--------------------|--------------------|---------------------|--------------------|-----------|-----------|-----------|--------------------|
| <b>ASH</b>      | \$447,577          | \$596,770          | \$839,287          | \$811,108          | \$2,694,742         | \$431,106          |           |           |           | \$431,106          |
| <b>BSSH</b>     | \$88,523           | \$146,174          | \$103,671          | \$110,716          | \$449,084           | \$81,475           |           |           |           | \$81,475           |
| <b>EPPC</b>     | \$1,528            | \$103,615          | \$143,302          | \$106,495          | \$354,940           | \$41,779           |           |           |           | \$41,779           |
| <b>KSH</b>      | \$155,768          | \$168,035          | \$151,550          | \$181,424          | \$656,777           | \$83,827           |           |           |           | \$83,827           |
| <b>NTSH</b>     | \$259,477          | \$556,429          | \$597,275          | \$587,324          | \$2,000,505         | \$323,539          |           |           |           | \$323,539          |
| <b>RGSC</b>     | \$140,625          | \$92,383           | \$104,689          | \$102,788          | \$440,485           | \$54,434           |           |           |           | \$54,434           |
| <b>RSH</b>      | \$628,573          | \$438,292          | \$1,069,310        | \$411,241          | \$2,547,416         | \$294,137          |           |           |           | \$294,137          |
| <b>SASH</b>     | \$44,406           | \$255,707          | \$323,475          | \$425,705          | \$1,049,293         | \$151,810          |           |           |           | \$151,810          |
| <b>TSH</b>      | \$144,899          | \$53,477           | \$107,143          | \$199,657          | \$505,176           | \$31,516           |           |           |           | \$31,516           |
| <b>WCFY</b>     | \$24,318           | \$18,138           | \$39,305           | \$16,984           | \$98,745            | \$10,032           |           |           |           | \$10,032           |
| <b>All SH</b>   | <b>\$1,935,694</b> | <b>\$2,429,020</b> | <b>\$3,479,007</b> | <b>\$2,953,442</b> | <b>\$10,797,163</b> | <b>\$1,503,655</b> |           |           |           | <b>\$1,503,655</b> |

**Performance Objective 1B:**

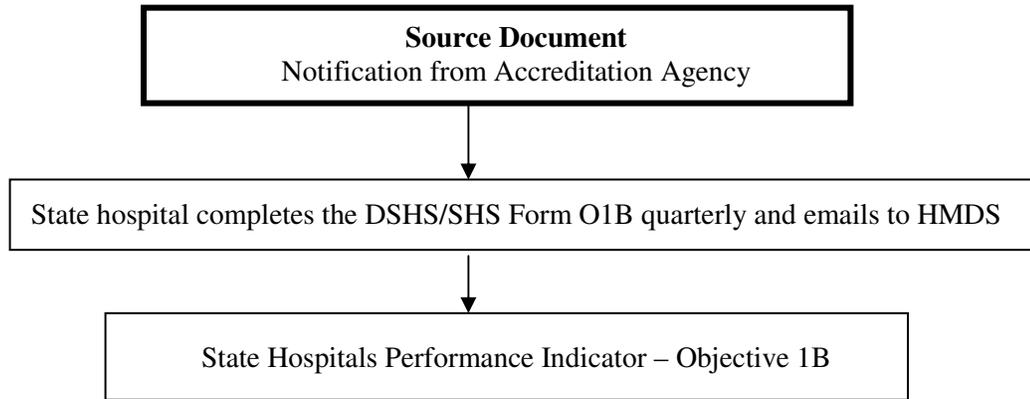
**Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2012.**

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

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

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

**Data Flow:**



**Objective 1B - Maintain Accreditation and Certifications  
(As of November 30, 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 | Jun-11 | 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 FY12 | 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 Q1   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | N/A    |
| No. of Complaint Visits for FY   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | N/A    |
| Date of CMS On-Site Survey       | Apr-09 | Jun-09 | Jan-09 | Feb-07 | Sep-07 | May-08 |        | Jul-11 | Mar-08 | Aug-11 |        |
| Date of last IMD Review:         | May-10 | Aug-11 | Aug-11 | Dec-08 | Sep-10 | N/A    | Oct-09 | Oct-11 | 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:**            |        |        |        |        |        |        |        |        |        |        | Sep-11 |
| <b>ICF-MR Certification</b>      |        |        |        |        |        |        |        |        |        |        |        |
| Last date certified:             | N/A    | N/A    | N/A    | N/A    | N/A    | Dec-11 | 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 FY12 collections comparison to FY11 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.**

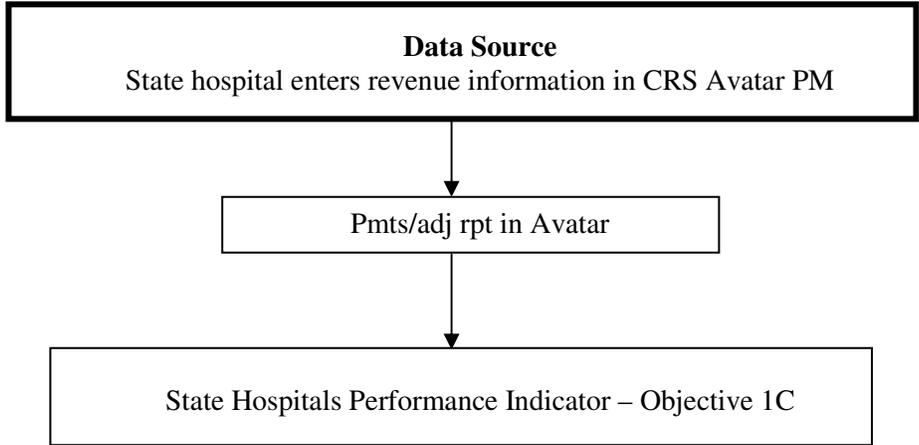
**Performance Objective Operational Definition:** The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

**Performance Objective Formula:** No formula.

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

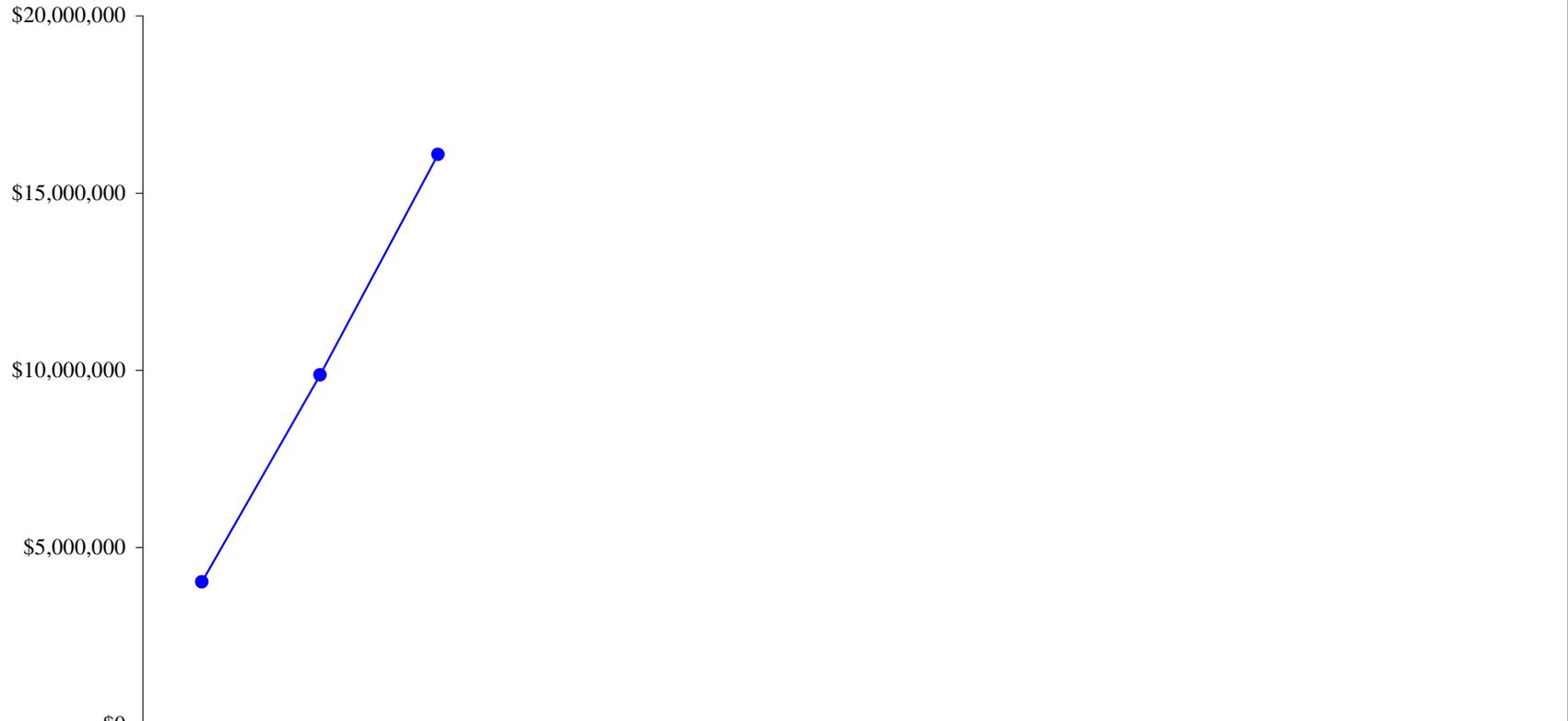
- ◆ Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

**Data Flow:**



**Objective 1C - FY2012 Revenue Targets**  
**All MH Facilities**

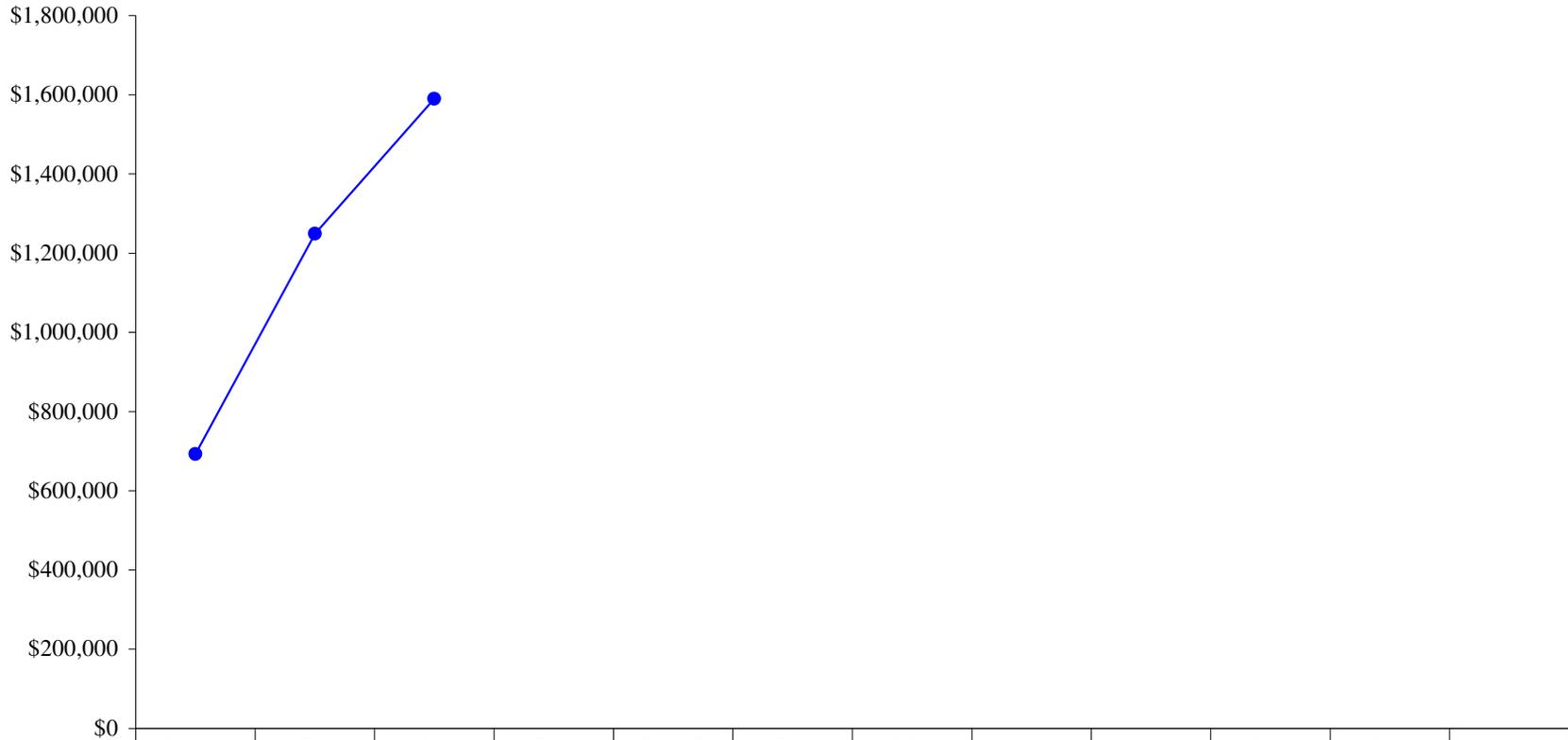
**FY2012 Revenue Collection**



|                            | Sep-11             | Oct                | Nov                 | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|--------------------|--------------------|---------------------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$4,026,114        | \$5,842,170        | \$6,217,083         |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$1,396,928        | \$1,509,949        | \$1,044,872         |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$2,059,124        | \$1,509,723        | \$2,127,529         |     |        |     |     |     |     |     |     |     |
| Private Source             | \$509,794          | \$2,710,843        | \$2,962,752         |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$60,267           | \$111,655          | \$81,930            |     |        |     |     |     |     |     |     |     |
| <b>FYTD Total</b>          | <b>\$4,026,114</b> | <b>\$9,868,284</b> | <b>\$16,085,366</b> |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | \$30,243           | \$24,939           | \$3,832             |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**Austin State Hospital**

**FY2012 Revenue Collection**



|                            | Sep-11    | Oct         | Nov         | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-----------|-------------|-------------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$692,643 | \$556,808   | \$340,396   |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$224,649 | \$153,466   | \$96,815    |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$323,188 | \$348,415   | \$125,271   |     |        |     |     |     |     |     |     |     |
| Private Source             | \$138,630 | \$53,748    | \$118,311   |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$6,177   | \$1,179     | \$0         |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$692,643 | \$1,249,451 | \$1,589,848 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | \$7,433   | \$22,933    | \$3,317     |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**Big Spring State Hospital**

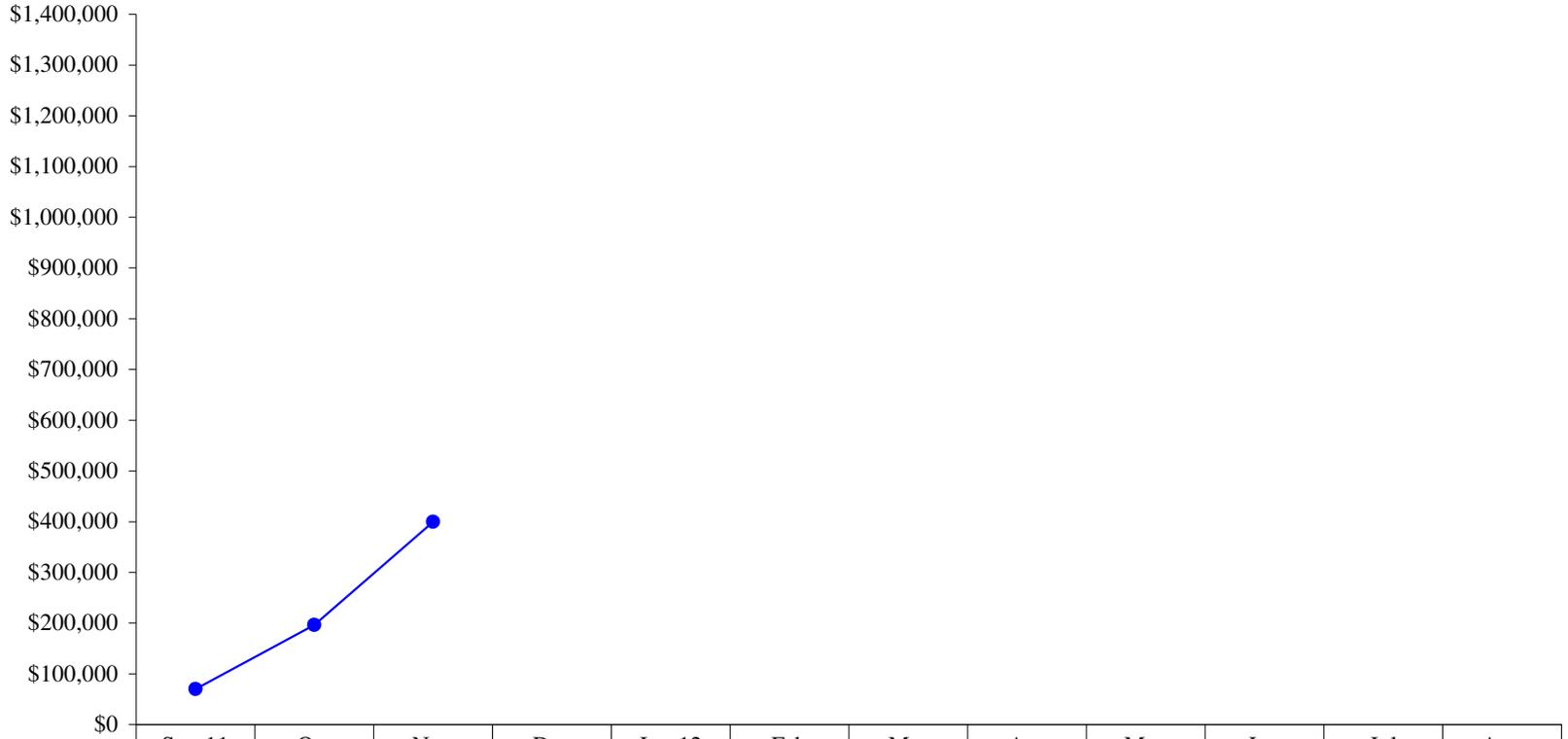
**FY2012 Revenue Collections**



|                            | Sep-11    | Oct       | Nov         | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-----------|-----------|-------------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$337,811 | \$447,760 | \$503,613   |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$558     | \$12,849  | \$30,664    |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$320,935 | \$233,574 | \$296,829   |     |        |     |     |     |     |     |     |     |
| Private Source             | \$16,317  | \$201,337 | \$176,120   |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$0       | \$0       | \$0         |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$337,811 | \$785,571 | \$1,289,184 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | \$20      | \$3       | \$84        |     |        |     |     |     |     |     |     |     |

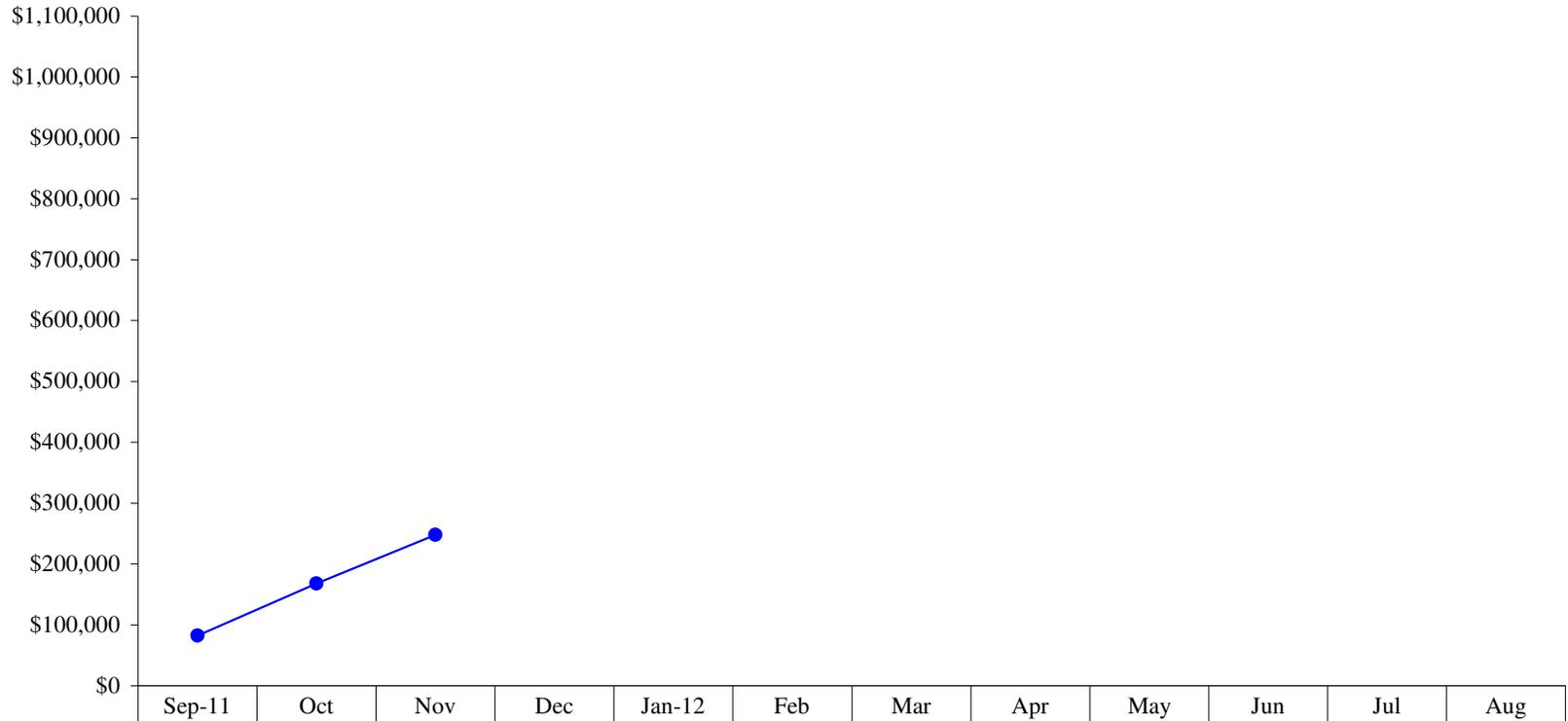
**Objective 1C - FY2012 Revenue Targets**  
**El Paso Psychiatric Center**

**FY 2012 Revenue Collections**



**Objective 1C - FY2012 Revenue Targets**  
**Kerrville State Hospital**

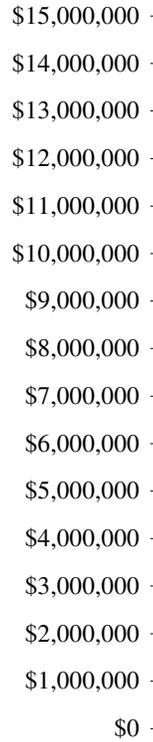
**FY2012 Revenue Collections**



|  | Sep-11   | Oct       | Nov       | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|--|----------|-----------|-----------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total  | \$82,384 | \$85,405  | \$79,868  |     |        |     |     |     |     |     |     |     |
| Medicaid                                       | \$0      | \$0       | \$193     |     |        |     |     |     |     |     |     |     |
| Medicare                                       | \$63,993 | \$64,132  | \$60,306  |     |        |     |     |     |     |     |     |     |
| Private Source                                 | \$18,390 | \$21,273  | \$19,369  |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments                     | \$0      | \$0       | \$0       |     |        |     |     |     |     |     |     |     |
| <span style="color: blue;">●</span> FYTD Total | \$82,384 | \$167,789 | \$247,657 |     |        |     |     |     |     |     |     |     |
| FY10 Collections                               | \$24,950 | \$0       | \$0       |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**North Texas State Hospital**

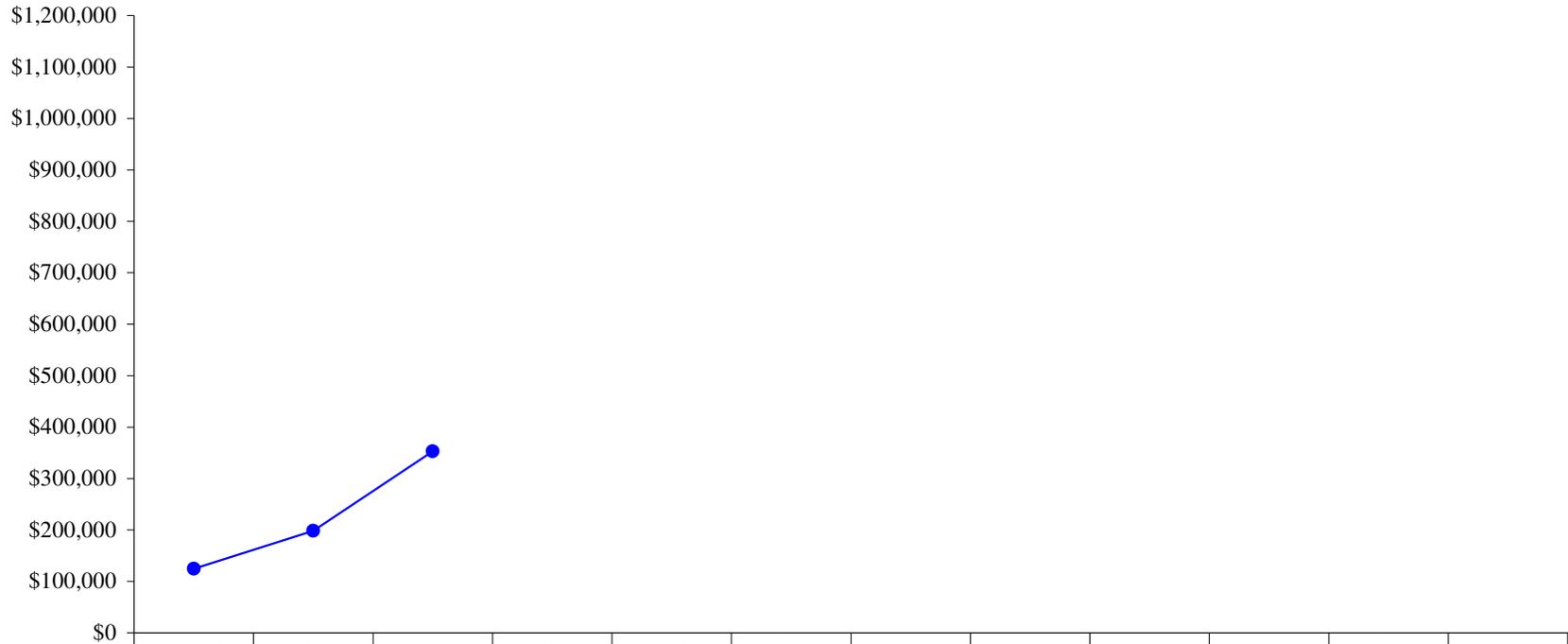
**FY2012 Revenue Collections**



|                            | Sep-11    | Oct         | Nov         | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-----------|-------------|-------------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$995,413 | \$1,312,396 | \$1,621,598 |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$464,425 | \$903,721   | \$728,810   |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$380,016 | \$114,499   | \$565,109   |     |        |     |     |     |     |     |     |     |
| Private Source             | \$108,545 | \$186,228   | \$246,222   |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$42,427  | \$107,948   | \$81,457    |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$995,413 | \$2,307,809 | \$3,929,407 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | \$1,947   | \$1,937     | \$374       |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**Rio Grande State Center**

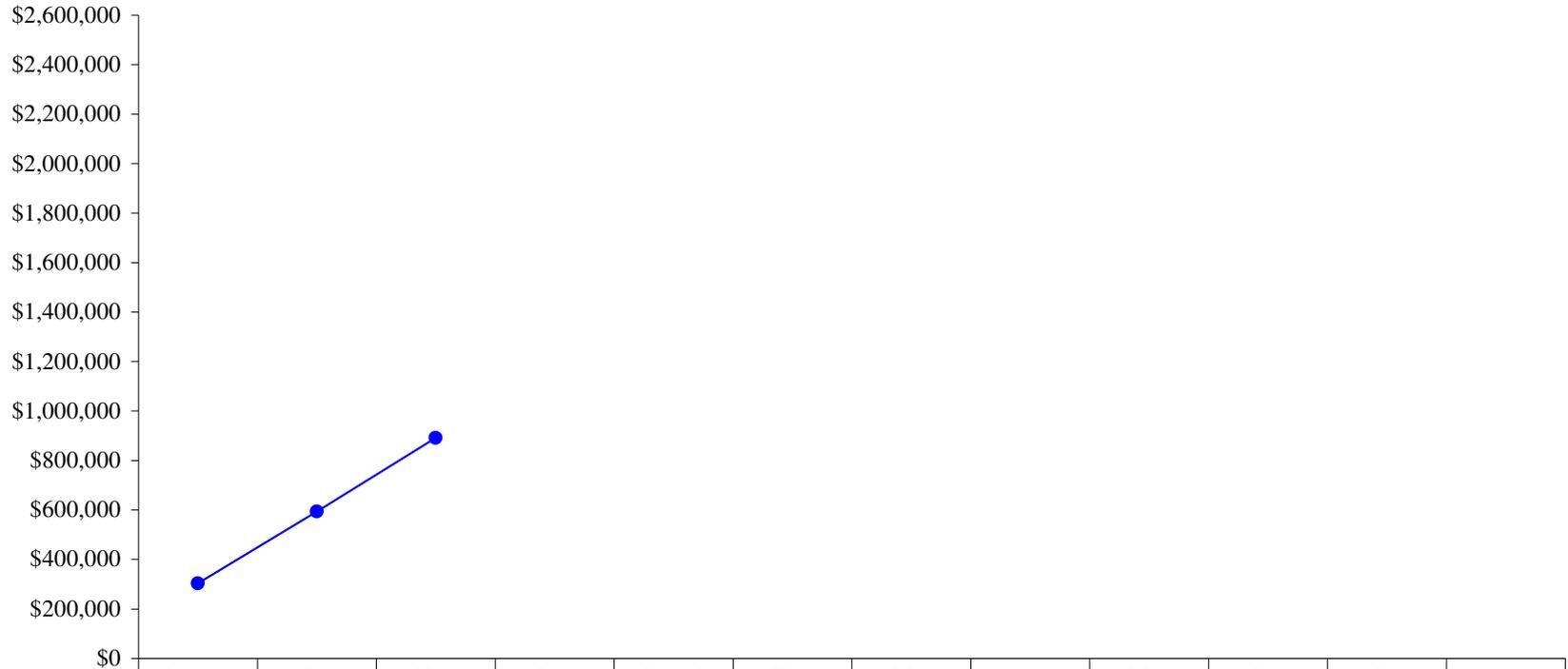
**FY2012 Revenue Collections**



|                            | Sep-11    | Oct       | Nov       | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-----------|-----------|-----------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$124,487 | \$74,138  | \$154,565 |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$27,385  | \$28,907  | \$12,650  |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$87,862  | \$43,244  | \$141,382 |     |        |     |     |     |     |     |     |     |
| Private Source             | \$2,837   | \$57      | \$60      |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$6,403   | \$1,929   | \$473     |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$124,487 | \$198,625 | \$353,190 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | \$1       | \$25      | \$0       |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**Rusk State Hospital**

**FY2012 Revenue Collections**



|                            | Sep-11    | Oct       | Nov       | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-----------|-----------|-----------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$303,900 | \$290,622 | \$297,067 |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$31,484  | \$15,674  | \$8,306   |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$256,042 | \$257,767 | \$273,798 |     |        |     |     |     |     |     |     |     |
| Private Source             | \$16,373  | \$17,181  | \$14,963  |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$0       | \$0       | \$0       |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$303,900 | \$594,521 | \$891,588 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | -\$100    | \$0       | \$0       |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**San Antonio State Hospital**

**FY2012 Revenue Collections**



|                            | Sep-11      | Oct         | Nov         | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-------------|-------------|-------------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$1,019,413 | \$790,329   | \$468,649   |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$438,334   | \$308,274   | \$77,138    |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$436,710   | \$357,199   | \$313,424   |     |        |     |     |     |     |     |     |     |
| Private Source             | \$144,030   | \$124,323   | \$78,088    |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$339       | \$533       | \$0         |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$1,019,413 | \$1,809,741 | \$2,278,390 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | \$0         | \$0         | \$31        |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**Terrell State Hospital**

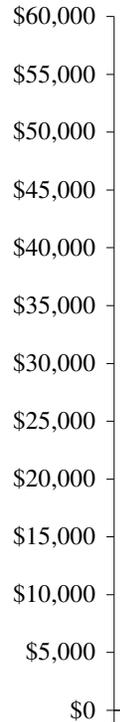
**FY2012 Revenue Collections**



|                            | Sep-11    | Oct         | Nov         | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|----------------------------|-----------|-------------|-------------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total                      | \$396,213 | \$2,155,734 | \$2,542,527 |     |        |     |     |     |     |     |     |     |
| Medicaid                   | \$184,980 | \$74,805    | \$81,832    |     |        |     |     |     |     |     |     |     |
| Medicare                   | \$151,271 | \$46,147    | \$260,467   |     |        |     |     |     |     |     |     |     |
| Private Source             | \$55,040  | \$2,034,716 | \$2,200,229 |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments | \$4,922   | \$66        | \$0         |     |        |     |     |     |     |     |     |     |
| ● FYTD Total               | \$396,213 | \$2,551,947 | \$5,094,474 |     |        |     |     |     |     |     |     |     |
| FY10 Collections           | -\$4,033  | \$16        | \$25        |     |        |     |     |     |     |     |     |     |

**Objective 1C - FY2012 Revenue Targets**  
**Waco Center For Youth**

**FY2012 Revenue Collections**



|  | Sep-11  | Oct     | Nov      | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug |
|--|---------|---------|----------|-----|--------|-----|-----|-----|-----|-----|-----|-----|
| Total  | \$3,847 | \$2,481 | \$5,685  |     |        |     |     |     |     |     |     |     |
| Medicaid                                       | \$0     | \$0     | \$0      |     |        |     |     |     |     |     |     |     |
| Medicare                                       | \$0     | \$0     | \$0      |     |        |     |     |     |     |     |     |     |
| Private Source                                 | \$3,847 | \$2,481 | \$5,685  |     |        |     |     |     |     |     |     |     |
| Others - Stimulus Payments                     | \$0     | \$0     | \$0      |     |        |     |     |     |     |     |     |     |
| <span style="color: blue;">●</span> FYTD Total | \$3,847 | \$6,328 | \$12,013 |     |        |     |     |     |     |     |     |     |
| FY10 Collections                               | \$0     | \$0     | \$0      |     |        |     |     |     |     |     |     |     |

**Performance Objective 1E:**

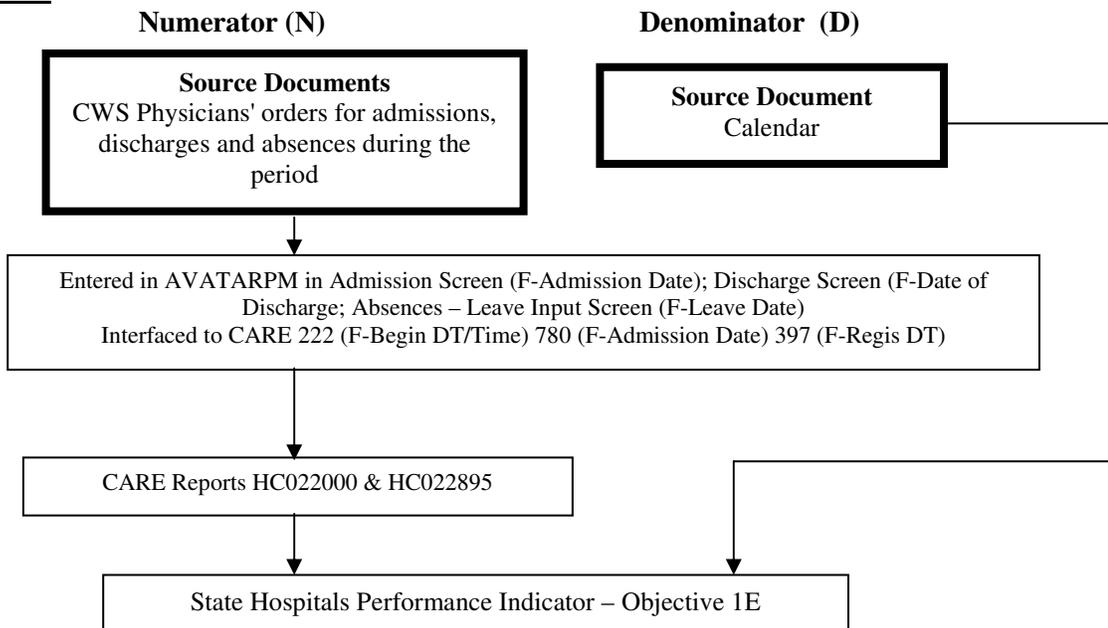
**Operate an average daily census that has been allocated and projected for the hospital inpatient services.**

**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:** 
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

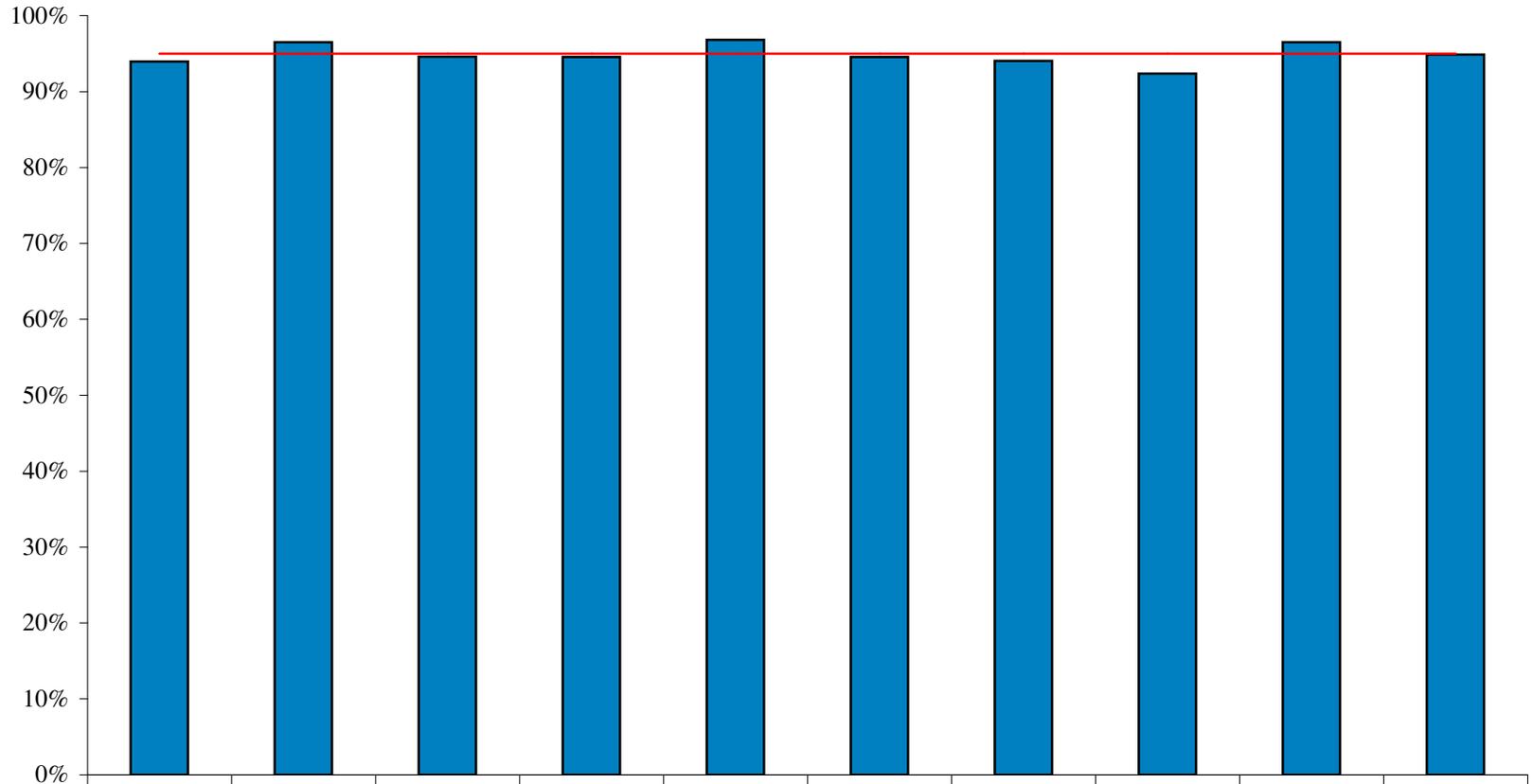
**Performance Objective Data Display and Chart Description:** Chart with monthly data points of actual General Revenue and 3<sup>rd</sup> Party average daily census and funded census for individual state hospital and system-wide.

**Data Flow:**



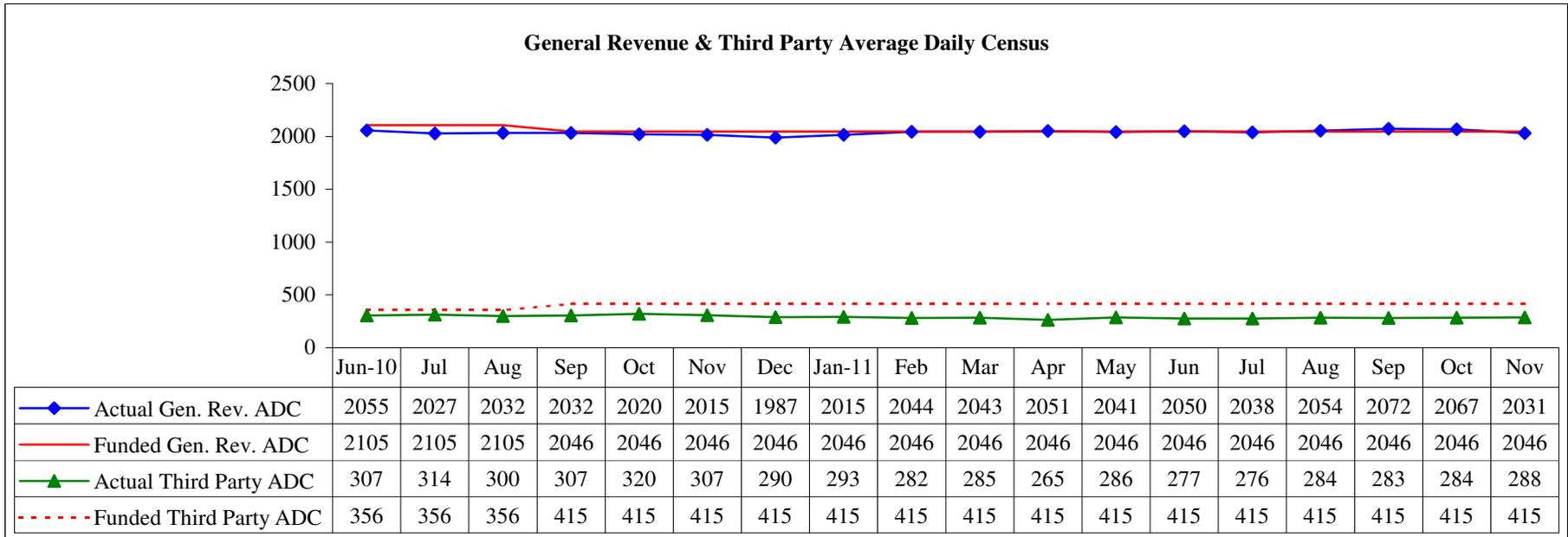
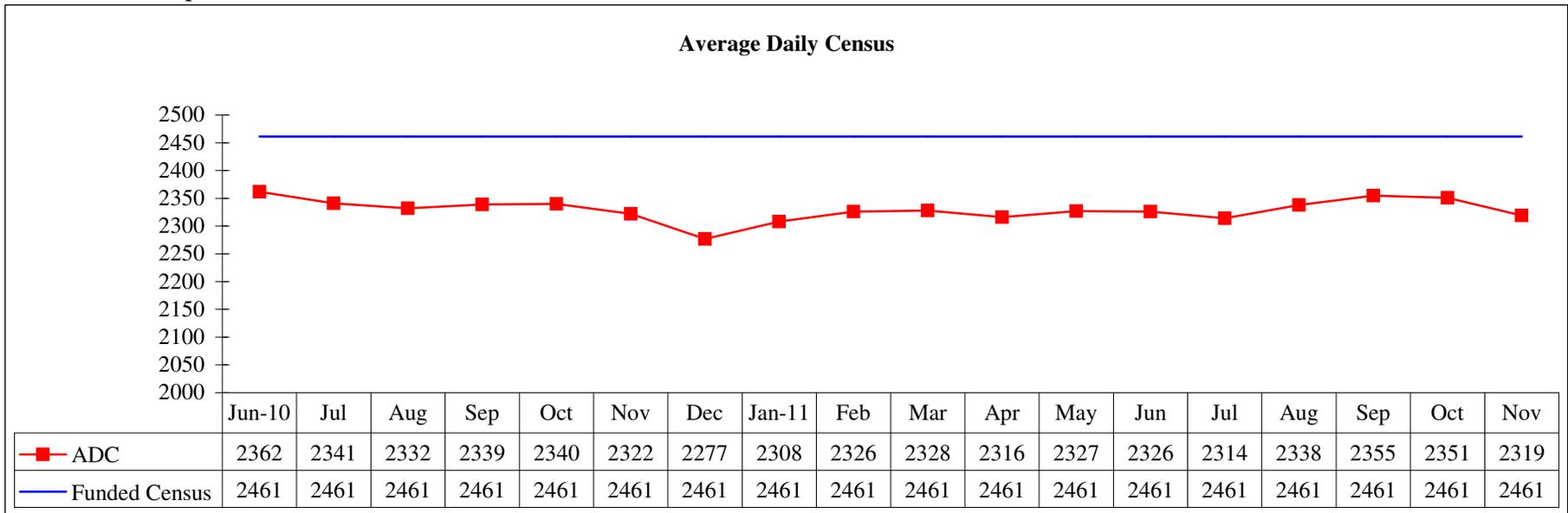
**Objective 1E & Measure 1C - Average Daily Census**  
**All State MH Hospitals - As of November 30, 2011**

**Average Daily Census As Percent of Adjusted Funded Census  
FY 2012**



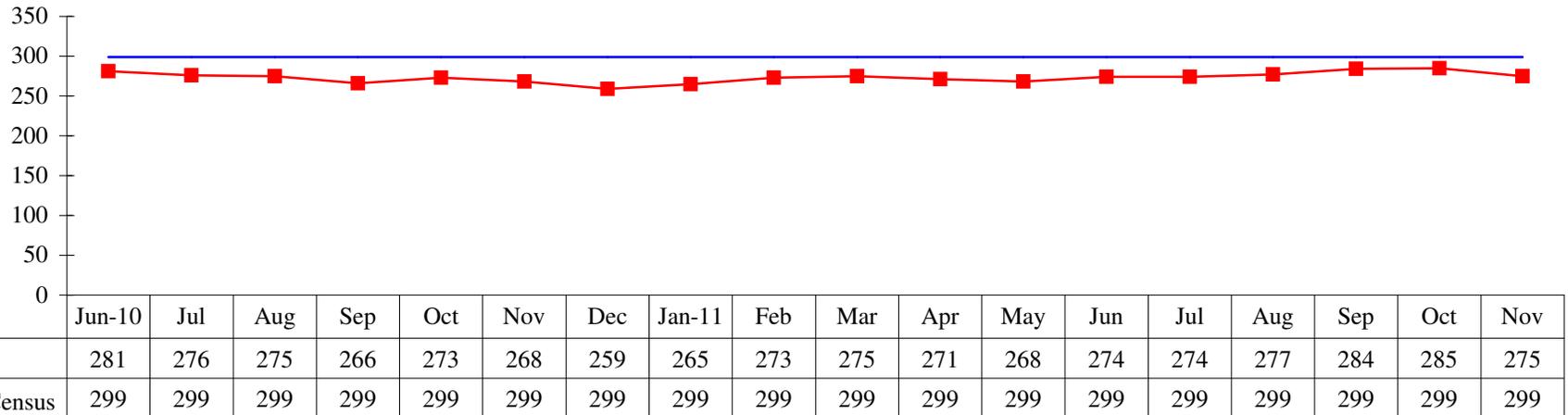
|                            | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH | SASH | TSH | WCFY |
|----------------------------|-----|------|------|-----|------|------|-----|------|-----|------|
| <b>% Occupancy</b>         | 94% | 97%  | 95%  | 95% | 97%  | 95%  | 94% | 92%  | 97% | 95%  |
| ADC                        | 281 | 193  | 70   | 191 | 581  | 52   | 315 | 279  | 305 | 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**

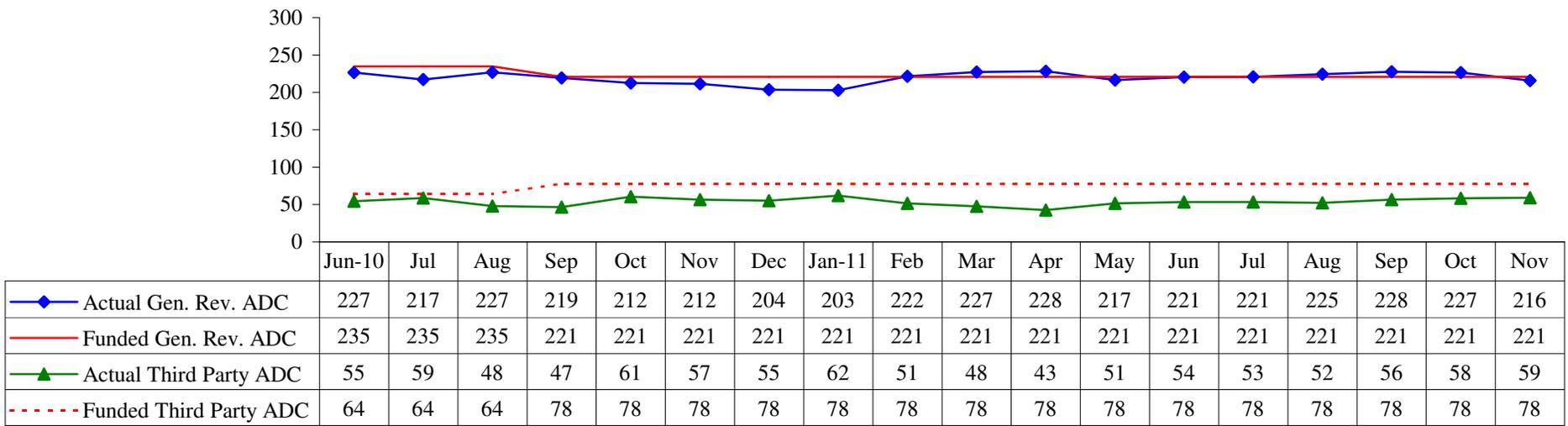


**Objective 1E & Measure 1C - Average Daily Census**  
**Austin State Hospital**

**Average Daily Census**

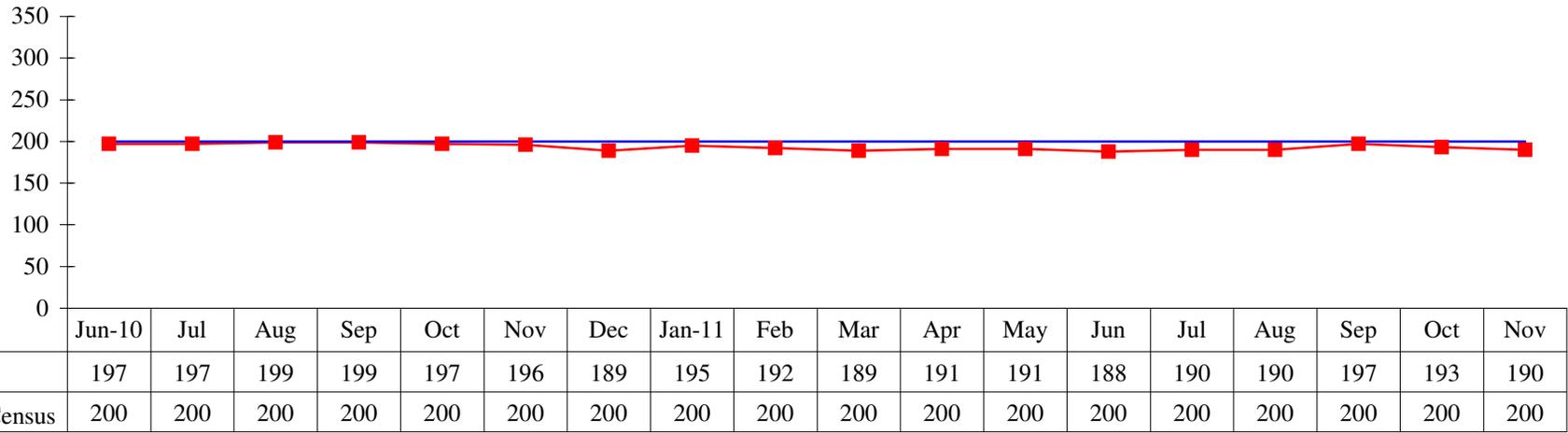


**General Revenue & Third Party Average Daily Census**

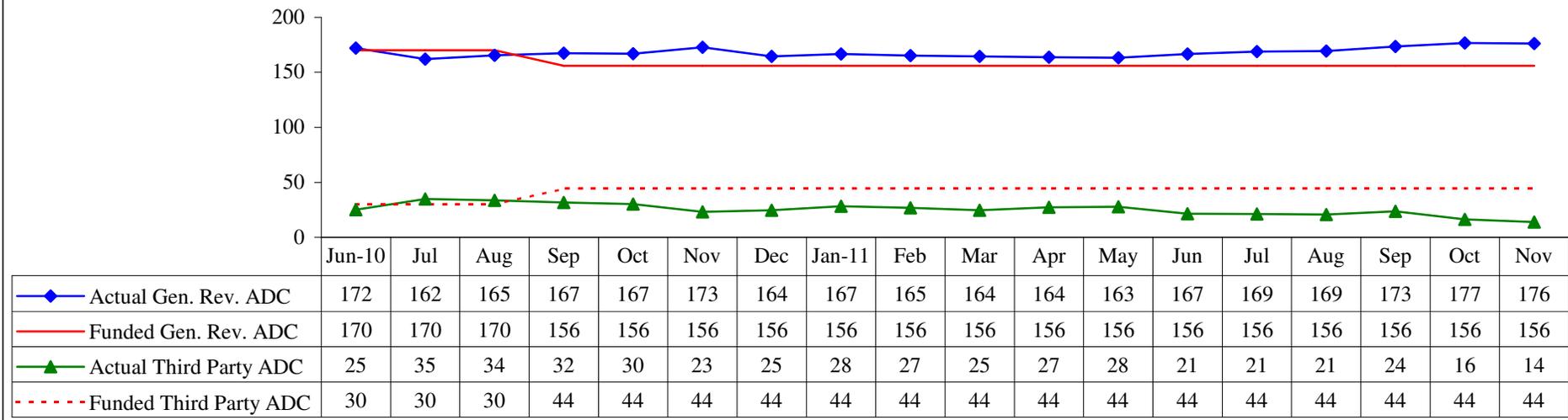


**Objective 1E & Measure 1C - Average Daily Census**  
**Big Spring State Hospital**

**Average Daily Census**

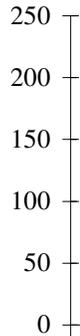


**General Revenue & Third Party Average Daily Census**



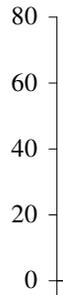
**Objective 1E & Measure 1C - Average Daily Census**  
**El Paso Psychiatric Center**

**Average Daily Census**



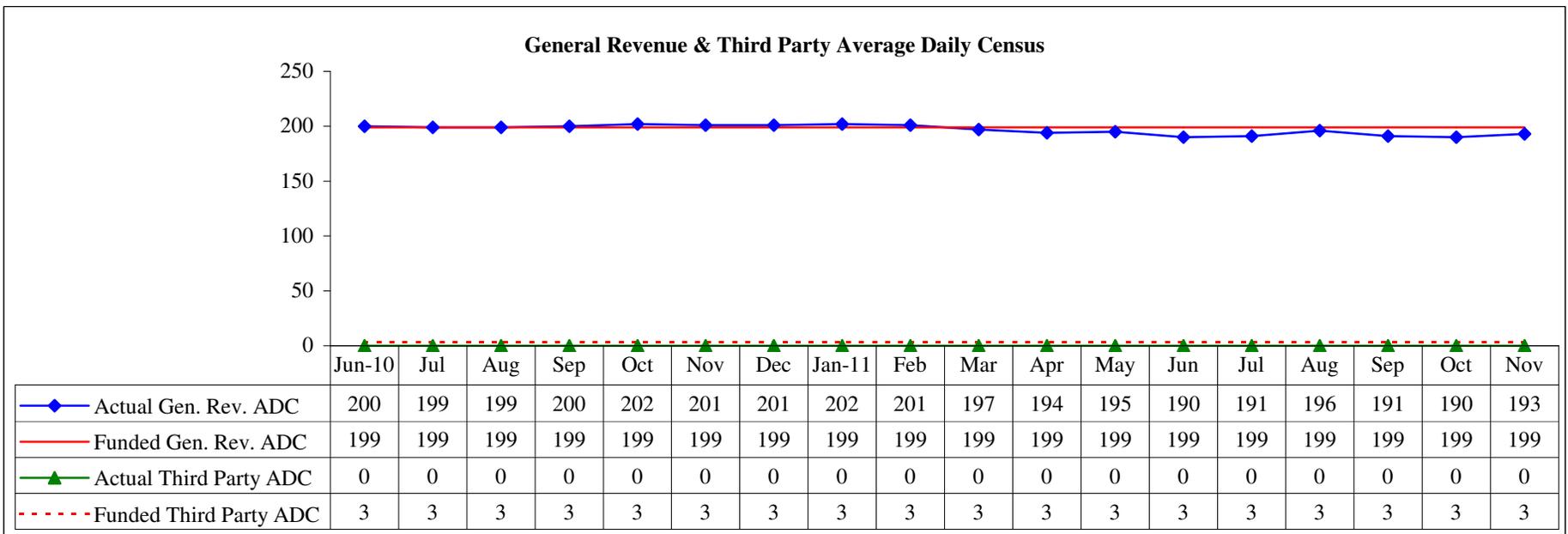
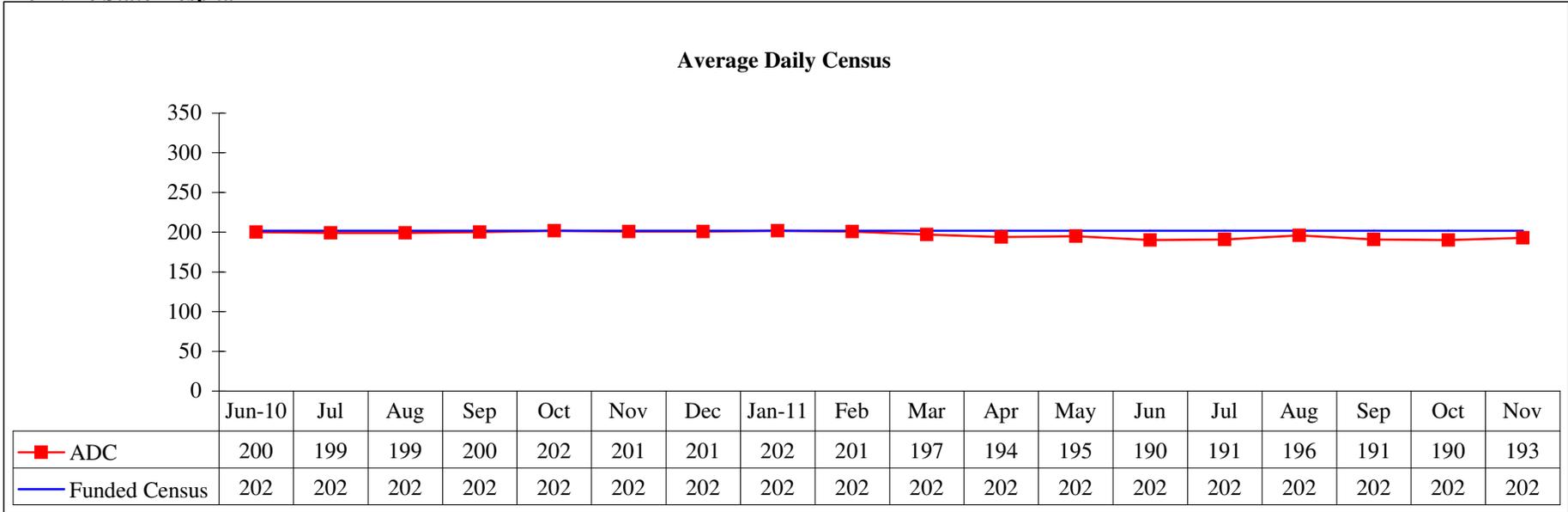
|                 | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|-----------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ■ ADC           | 71     | 72  | 72  | 71  | 71  | 72  | 71  | 70     | 72  | 71  | 69  | 71  | 73  | 72  | 72  | 73  | 71  | 66  |
| ◆ 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**



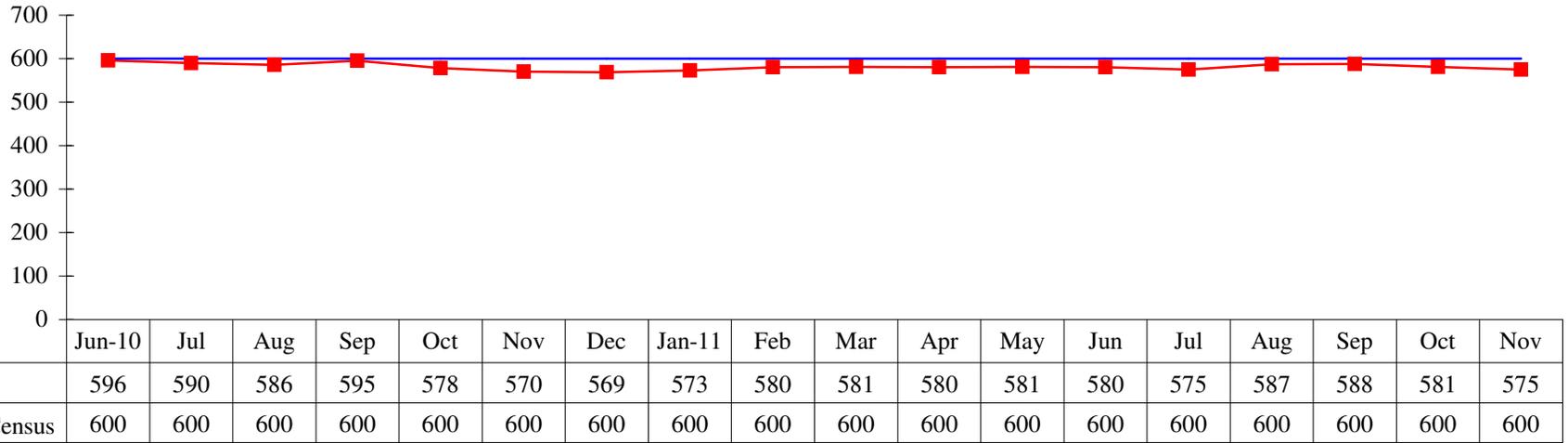
|                              | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ Actual Gen. Rev. ADC       | 56     | 58  | 59  | 58  | 56  | 59  | 57  | 61     | 61  | 58  | 57  | 57  | 62  | 60  | 63  | 60  | 57  | 52  |
| — 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     | 15     | 14  | 13  | 13  | 15  | 13  | 14  | 9      | 11  | 13  | 12  | 14  | 11  | 12  | 9   | 13  | 14  | 15  |
| - - - 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**

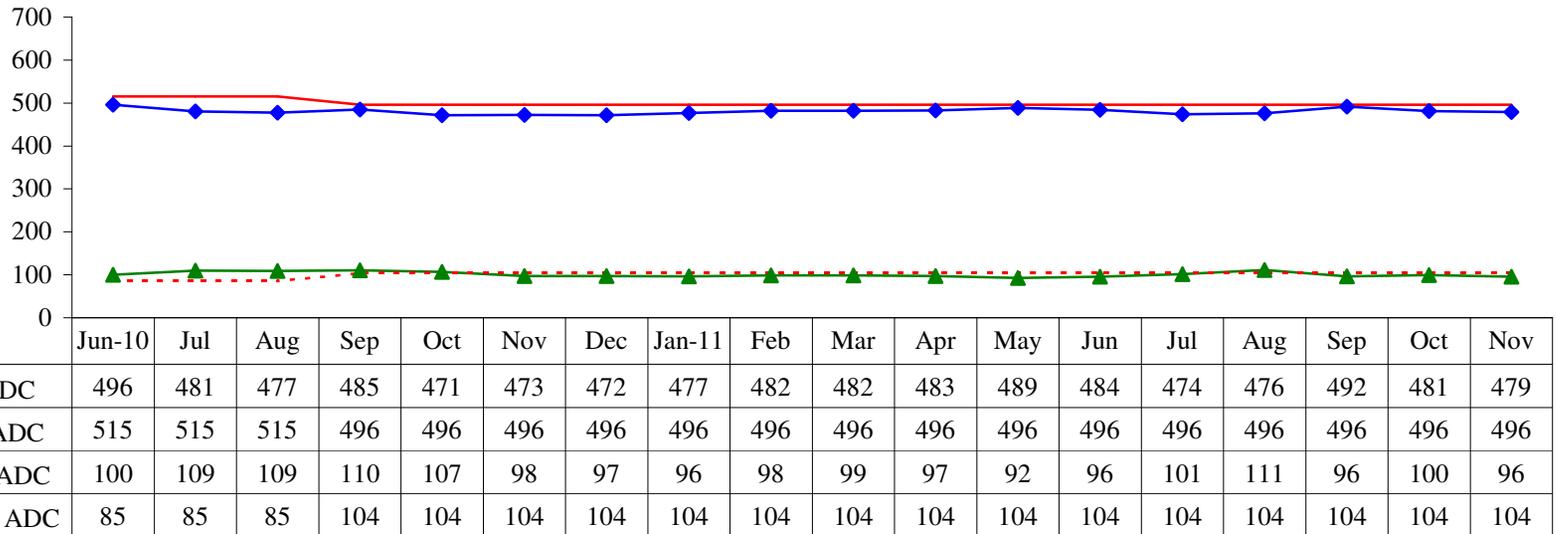


**Objective 1E & Measure 1C - Average Daily Census**  
**North Texas State Hospital**

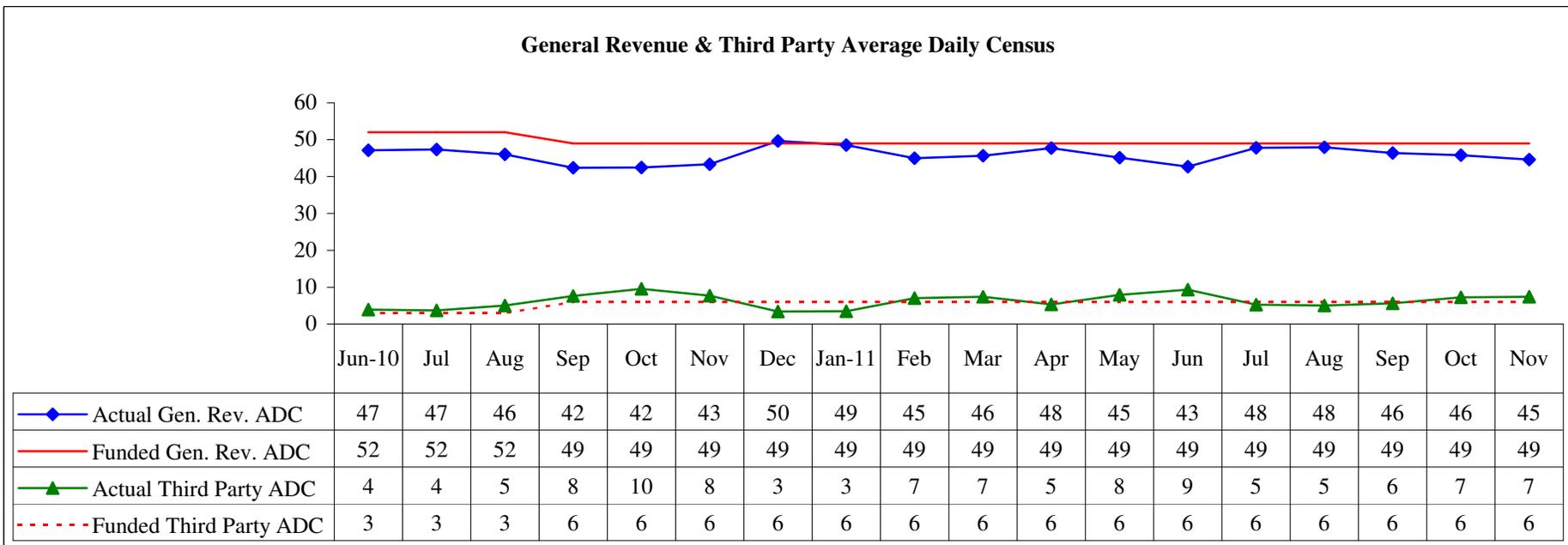
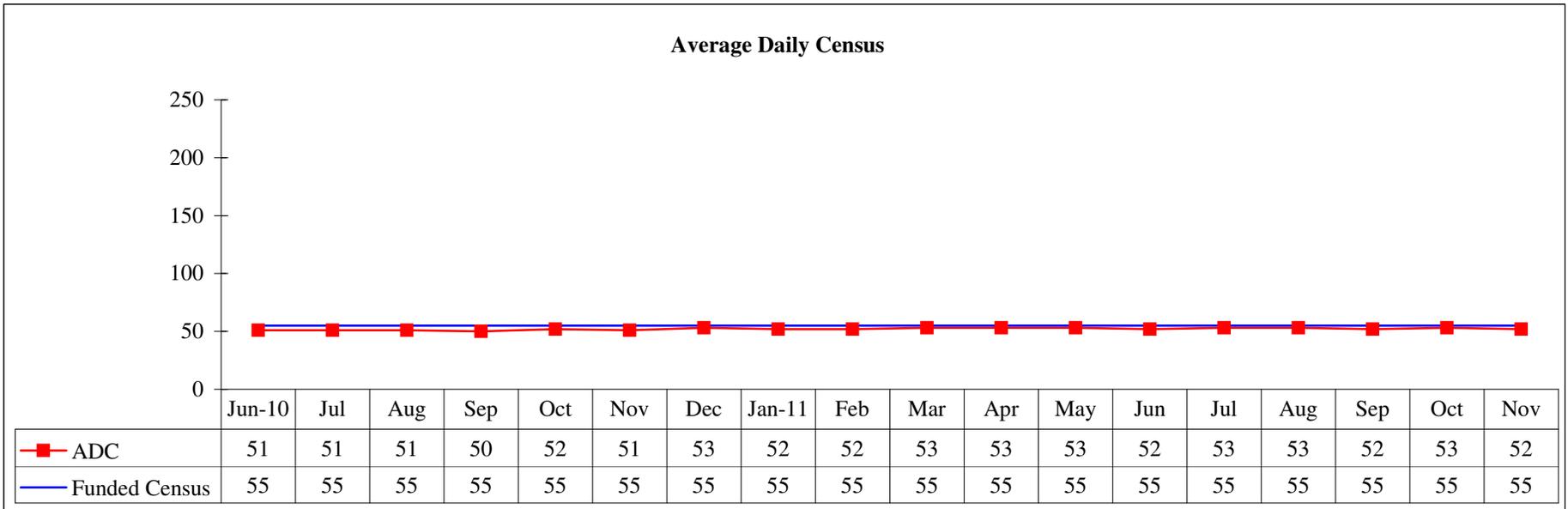
**Average Daily Census**



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

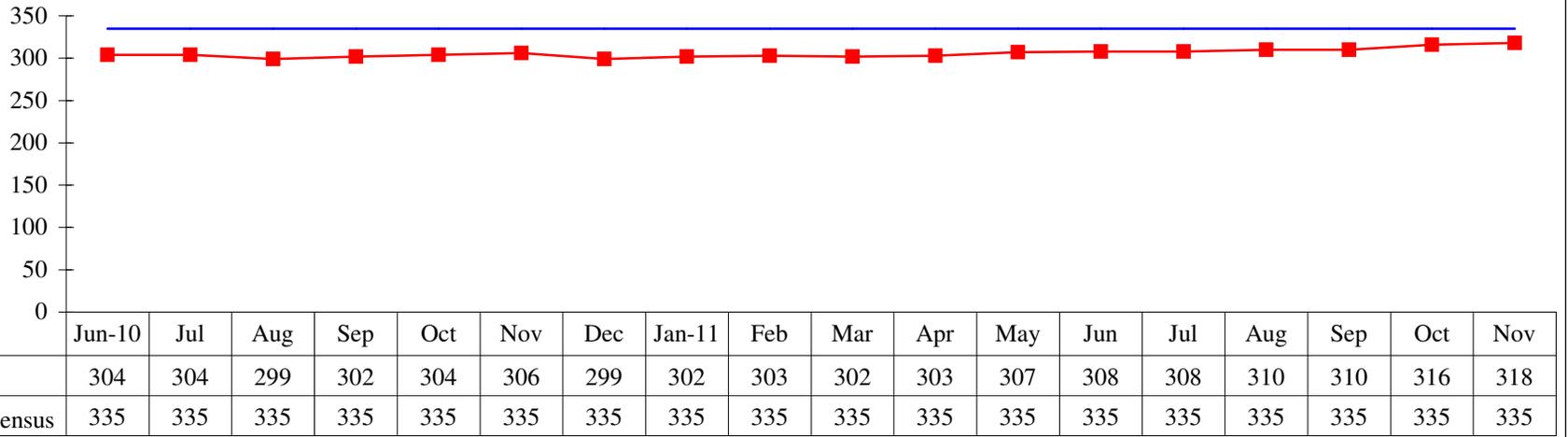


**Objective 1E & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**

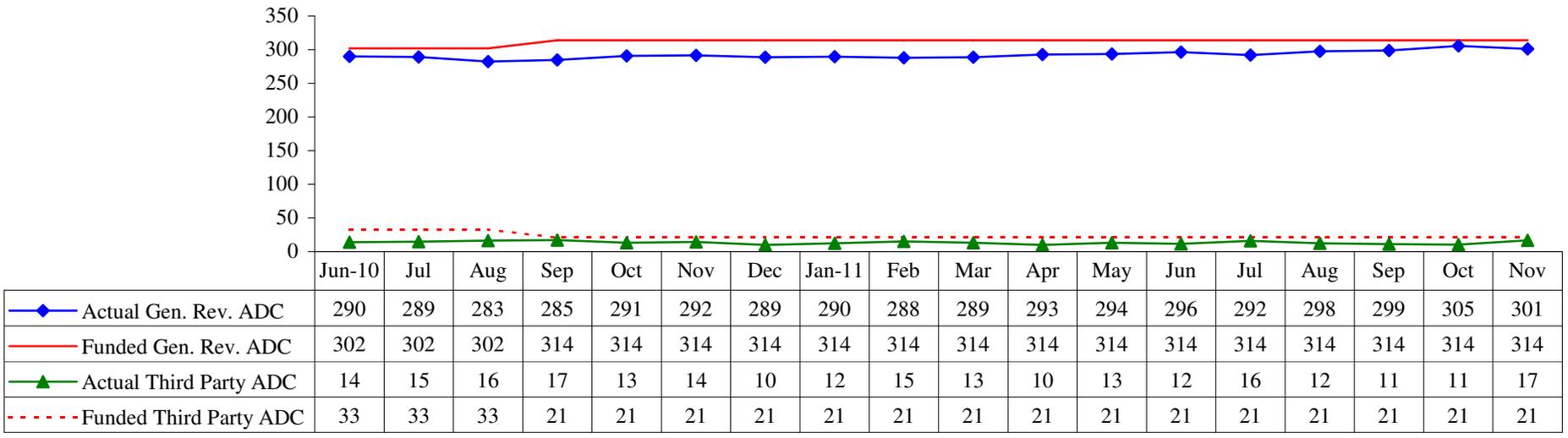


**Objective 1E & Measure 1C - Average Daily Census**  
**Rusk State Hospital**

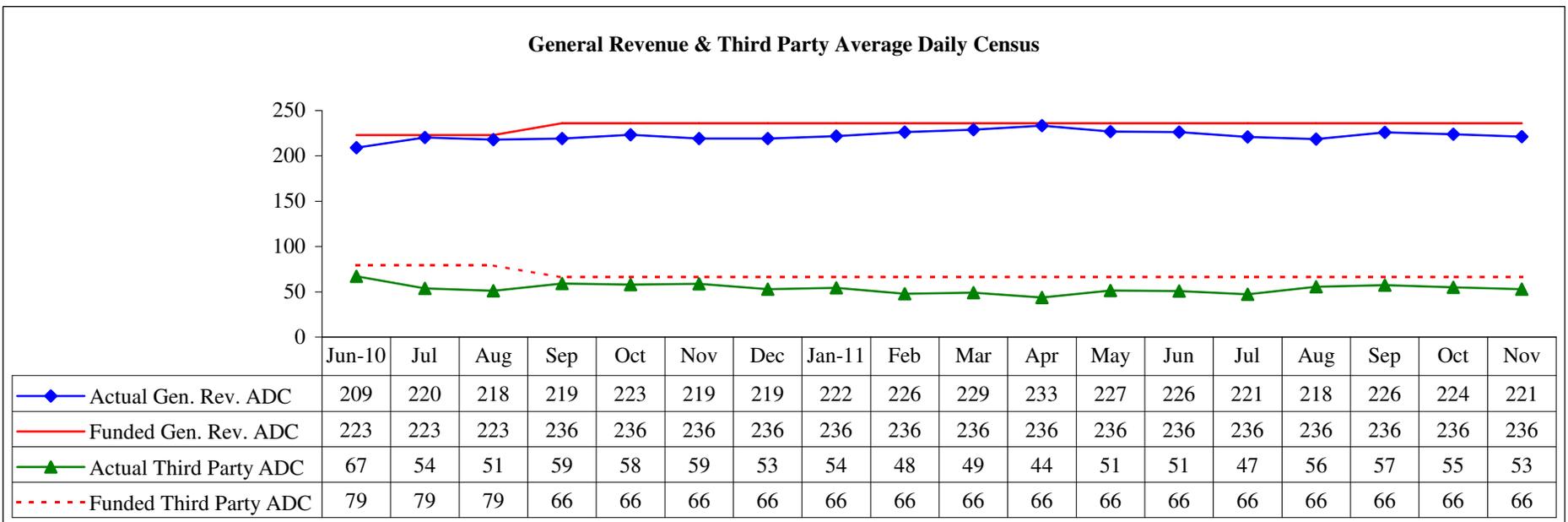
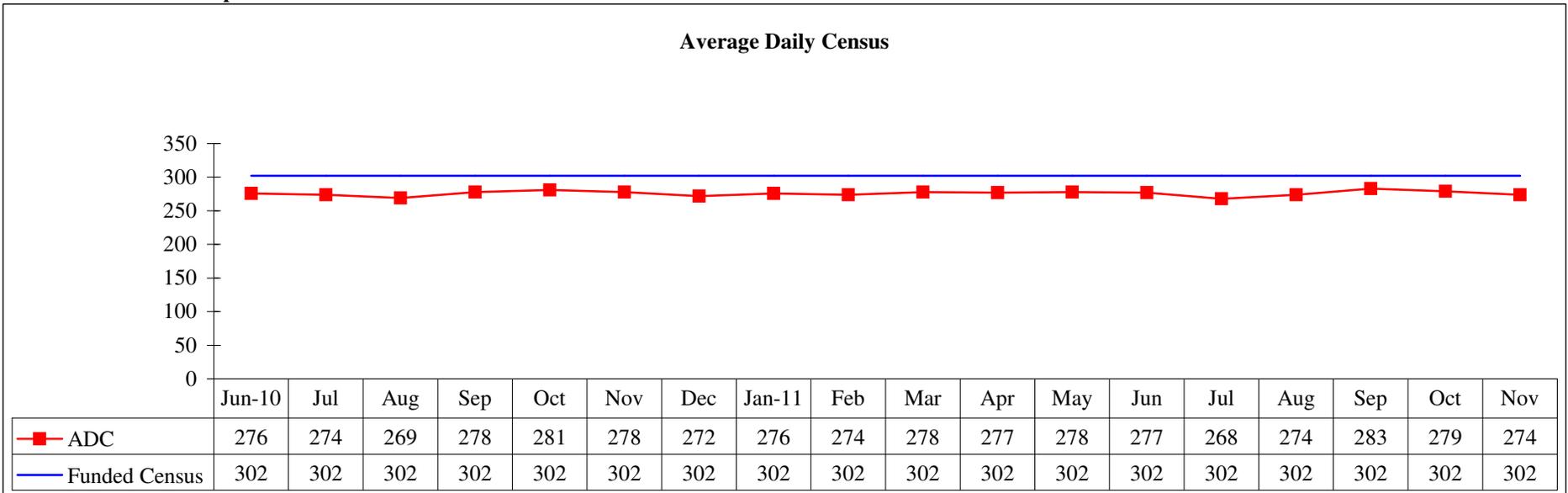
**Average Daily Census**



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

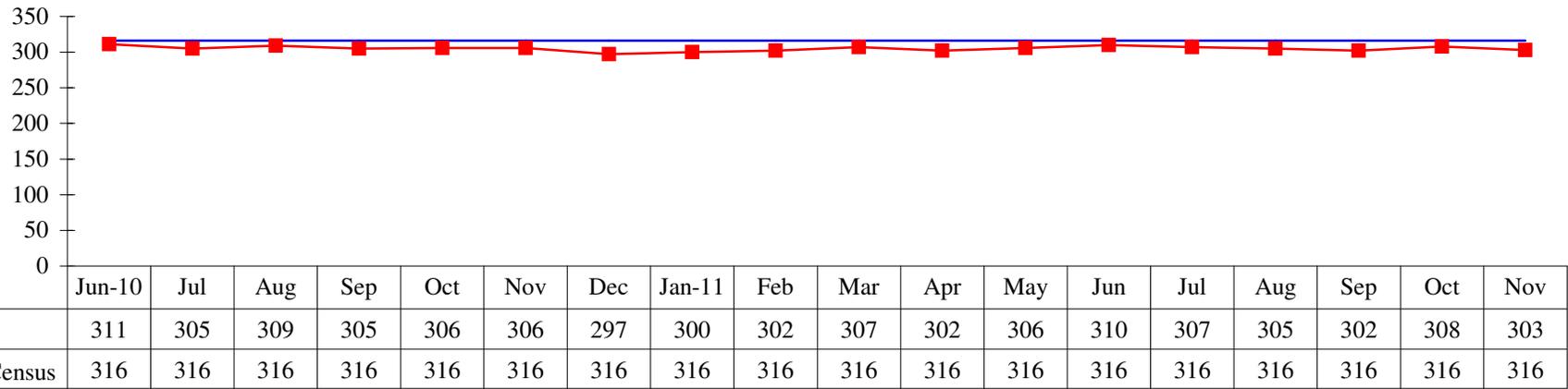


**Objective 1E & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**

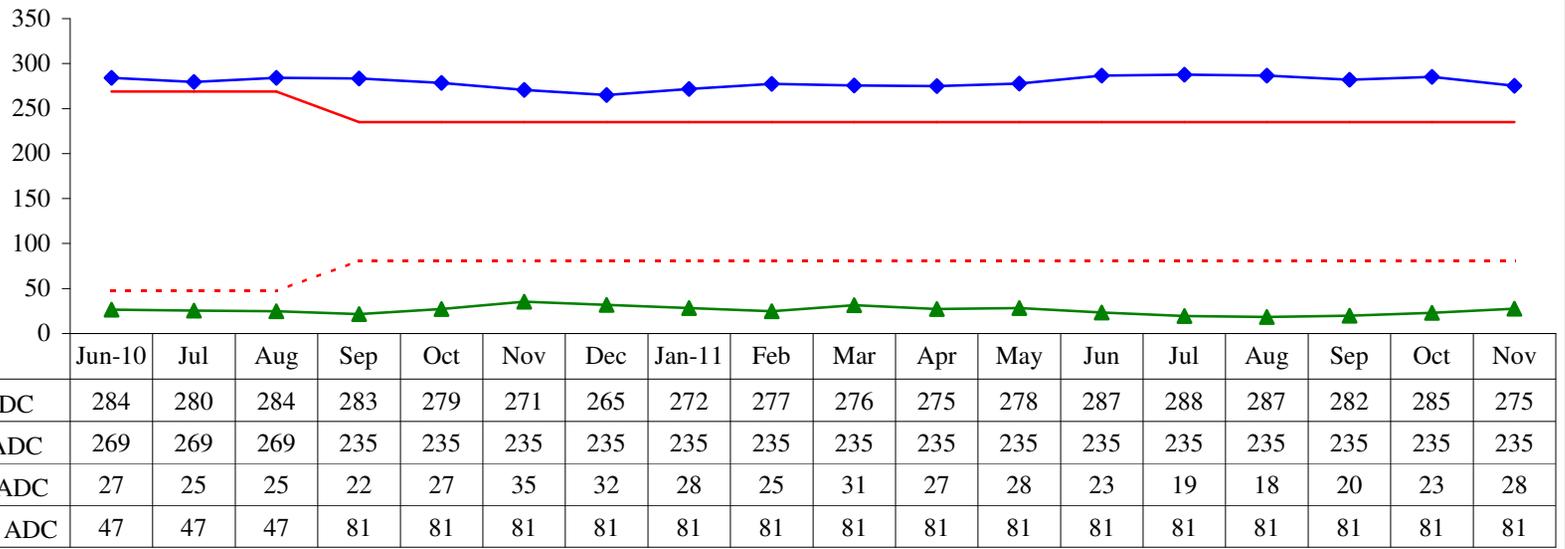


**Objective 1E & Measure 1C - Average Daily Census**  
**Terrell State Hospital**

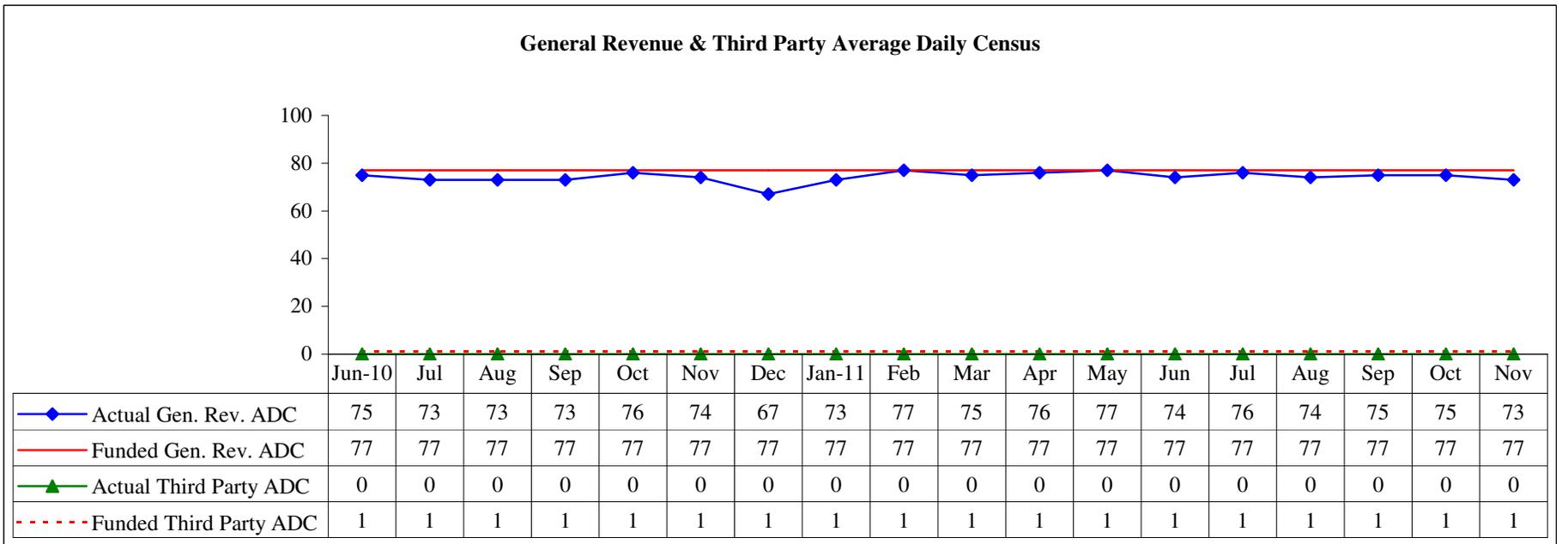
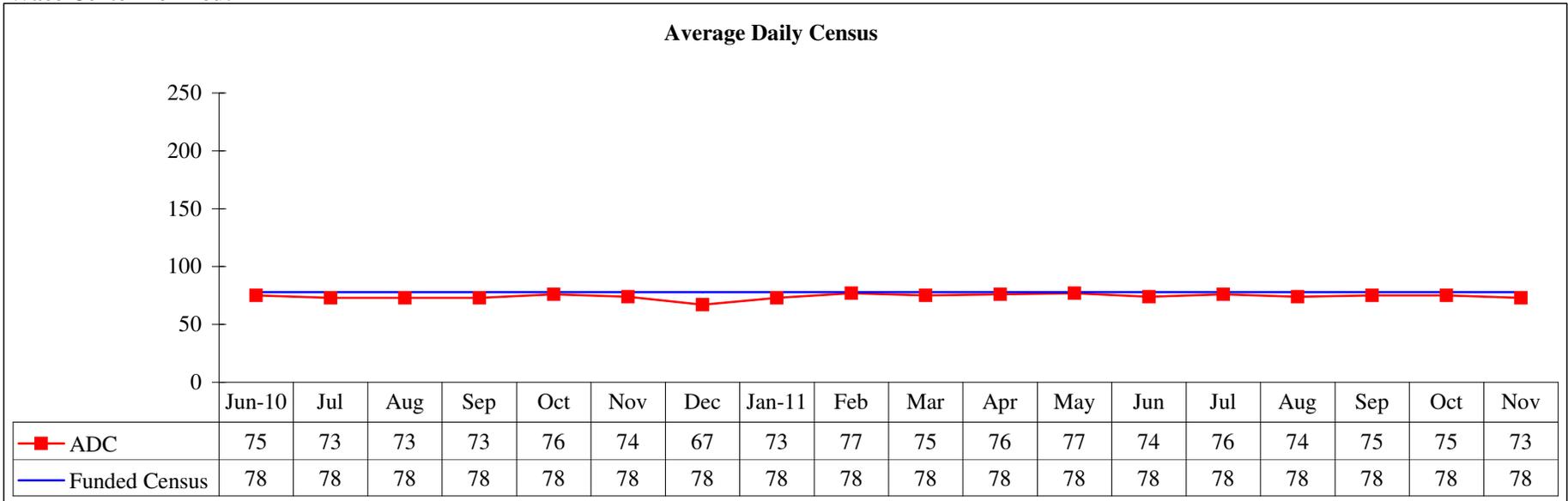
**Average Daily Census**



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



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



**Performance Measure 1A:**

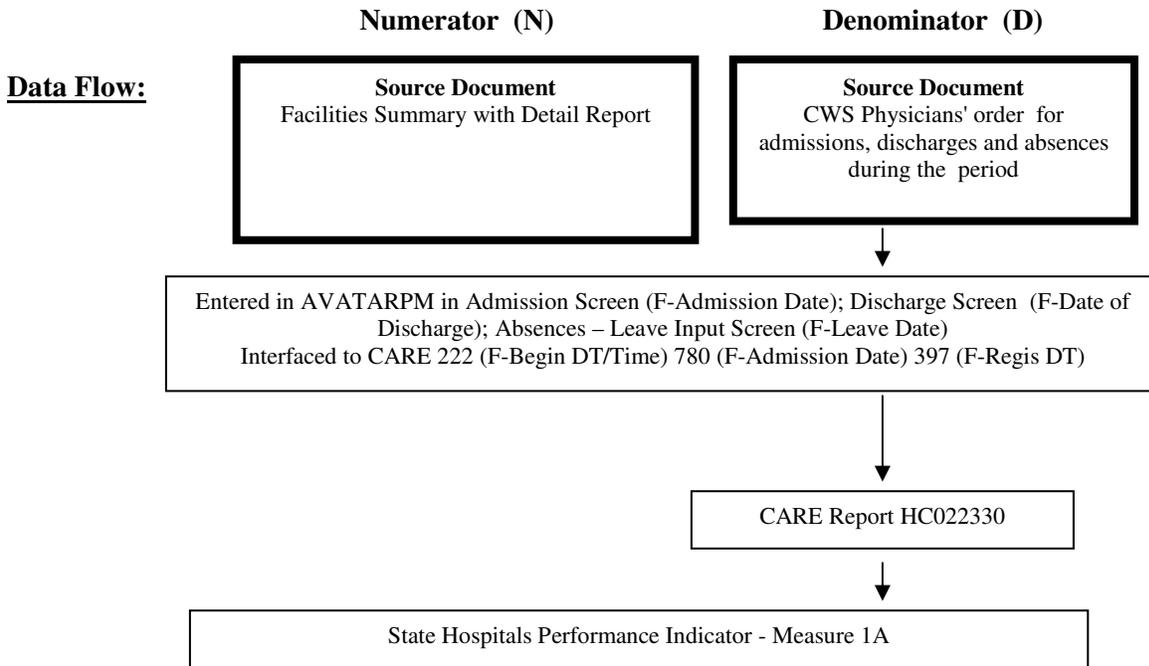
**Calculate average cost per patient served.**

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

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

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

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



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

|                                   | FY10     |          |          |          | FY11     |          |          |          | FY12     |    |    |    |
|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----|----|----|
|                                   | Q1       | Q2       | Q3       | Q4       | Q1       | Q2       | Q3       | Q4       | Q1       | Q2 | Q3 | Q4 |
| <b>Austin State Hospital</b>      |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 22       | 24       | 23       | 24       | 23       | 22       | 23       | 22       | 24       |    |    |    |
| LBB Cost/Bed Day                  | \$426    | \$463    | \$459    | \$451    | \$425    | \$492    | \$477    | \$473    | \$448    |    |    |    |
| Average Cost                      | \$9,270  | \$11,004 | \$10,342 | \$10,666 | \$9,589  | \$11,008 | \$10,964 | \$10,534 | \$10,783 |    |    |    |
| <b>Big Spring State Hospital</b>  |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 40       | 41       | 42       | 42       | 47       | 44       | 43       | 42       | 48       |    |    |    |
| LBB Cost/Bed Day                  | \$380    | \$408    | \$404    | \$392    | \$369    | \$406    | \$393    | \$418    | \$376    |    |    |    |
| Average Cost                      | \$15,233 | \$16,842 | \$16,983 | \$16,636 | \$17,187 | \$17,688 | \$17,023 | \$17,681 | \$17,843 |    |    |    |
| <b>El Paso Psychiatric Center</b> |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 23       | 26       | 25       | 29       | 30       | 32       | 24       | 23       | 21       |    |    |    |
| LBB Cost/Bed Day                  | \$460    | \$561    | \$482    | \$500    | \$448    | \$527    | \$506    | \$514    | \$485    |    |    |    |
| Average Cost                      | \$10,397 | \$14,865 | \$12,018 | \$14,615 | \$13,308 | \$16,768 | \$12,265 | \$11,618 | \$10,273 |    |    |    |
| <b>Kerrville State Hospital</b>   |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 84       | 86       | 86       | 86       | 87       | 83       | 81       | 83       | 78       |    |    |    |
| LBB Cost/Bed Day                  | \$353    | \$356    | \$348    | \$345    | \$337    | \$354    | \$351    | \$373    | \$355    |    |    |    |
| Average Cost                      | \$29,700 | \$30,736 | \$29,873 | \$29,715 | \$29,267 | \$29,411 | \$28,344 | \$31,070 | \$27,796 |    |    |    |
| <b>North Texas State Hospital</b> |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 49       | 47       | 47       | 48       | 47       | 47       | 47       | 45       | 46       |    |    |    |
| LBB Cost/Bed Day                  | \$359    | \$396    | \$380    | \$378    | \$364    | \$399    | \$384    | \$395    | \$372    |    |    |    |
| Average Cost                      | \$17,692 | \$18,778 | \$17,927 | \$18,004 | \$17,236 | \$18,598 | \$17,934 | \$17,910 | \$17,285 |    |    |    |
| <b>Rusk State Hospital</b>        |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 54       | 50       | 53       | 50       | 52       | 54       | 55       | 52       | 54       |    |    |    |
| LBB Cost/Bed Day                  | \$365    | \$397    | \$384    | \$386    | \$363    | \$381    | \$387    | \$372    | \$342    |    |    |    |
| Average Cost                      | \$19,823 | \$20,023 | \$20,228 | \$19,146 | \$19,000 | \$20,720 | \$21,429 | \$19,202 | \$18,478 |    |    |    |
| <b>San Antonio State Hospital</b> |          |          |          |          |          |          |          |          |          |    |    |    |
| Avg. Patient Days                 | 36       | 35       | 33       | 36       | 36       | 35       | 37       | 37       | 36       |    |    |    |
| LBB Cost/Bed Day                  | \$395    | \$501    | \$449    | \$458    | \$373    | \$458    | \$441    | \$456    | \$392    |    |    |    |
| Average Cost                      | \$14,315 | \$17,406 | \$14,980 | \$16,598 | \$13,556 | \$16,053 | \$16,266 | \$16,680 | \$14,230 |    |    |    |

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

|  | FY10     |           |           |          | FY11     |           |          |           | FY12      |    |    |    |
|--|----------|-----------|-----------|----------|----------|-----------|----------|-----------|-----------|----|----|----|
|  | Q1       | Q2        | Q3        | Q4       | Q1       | Q2        | Q3       | Q4        | Q1        | Q2 | Q3 | Q4 |
| <b>Terrell State Hospital</b>              |          |           |           |          |          |           |          |           |           |    |    |    |
| Avg. Patient Days                          | 30       | 29        | 28        | 28       | 27       | 29        | 32       | 31        | 30        |    |    |    |
| LBB Cost/Bed Day                           | \$354    | \$397     | \$388     | \$374    | \$367    | \$405     | \$390    | \$401     | \$375     |    |    |    |
| Average Cost                               | \$10,622 | \$11,317  | \$10,802  | \$10,300 | \$10,009 | \$11,654  | \$12,558 | \$12,372  | \$11,126  |    |    |    |
| <b>Waco Center for Youth</b>               |          |           |           |          |          |           |          |           |           |    |    |    |
| Avg. Patient Days                          | 64       | 58        | 56        | 60       | 60       | 57        | 60       | 56        | 57        |    |    |    |
| LBB Cost/Bed Day                           | \$372    | \$401     | \$423     | \$371    | \$324    | \$424     | \$392    | \$399     | \$349     |    |    |    |
| Average Cost                               | \$23,790 | \$23,222  | \$23,753  | \$22,427 | \$19,479 | \$24,316  | \$23,649 | \$22,382  | \$19,988  |    |    |    |
| <b>Rio Grande State Center (MH)</b>        |          |           |           |          |          |           |          |           |           |    |    |    |
| Avg. Patient Days                          | 15       | 17        | 17        | 13       | 15       | 17        | 17       | 16        | 15        |    |    |    |
| LBB Cost/Bed Day                           | \$445    | \$477     | \$471     | \$521    | \$496    | \$503     | \$480    | \$494     | \$1,018   |    |    |    |
| Average Cost                               | \$6,676  | \$8,050   | \$8,106   | \$6,867  | \$7,432  | \$8,504   | \$7,950  | \$7,657   | \$14,970  |    |    |    |
| <b>All MH Hospitals</b>                    |          |           |           |          |          |           |          |           |           |    |    |    |
| Avg. Patient Days                          | 38       | 38        | 38        | 39       | 39       | 39        | 39       | 38        | 39        |    |    |    |
| LBB Cost/Bed Day                           | \$378    | \$421     | \$405     | \$401    | \$375    | \$419     | \$407    | \$415     | \$396     |    |    |    |
| Average Cost                               | \$14,533 | \$16,121  | \$15,208  | \$15,439 | \$14,479 | \$16,182  | \$16,076 | \$15,892  | \$15,486  |    |    |    |
| <b>Texas Center for Infectious Disease</b> |          |           |           |          |          |           |          |           |           |    |    |    |
| Avg. Patient Days                          | 89       | 129       | 193       | 152      | 105      | 184       | 144      | 193       | 189       |    |    |    |
| LBB Cost/Bed Day                           | \$874    | \$799     | \$622     | \$637    | \$750    | \$720     | \$511    | \$1,114   | \$713     |    |    |    |
| Average Cost                               | \$77,755 | \$103,008 | \$119,885 | \$96,774 | \$78,974 | \$132,731 | \$73,519 | \$214,985 | \$134,693 |    |    |    |

LBB Cost - total facility expense minus benefits and depreciation

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

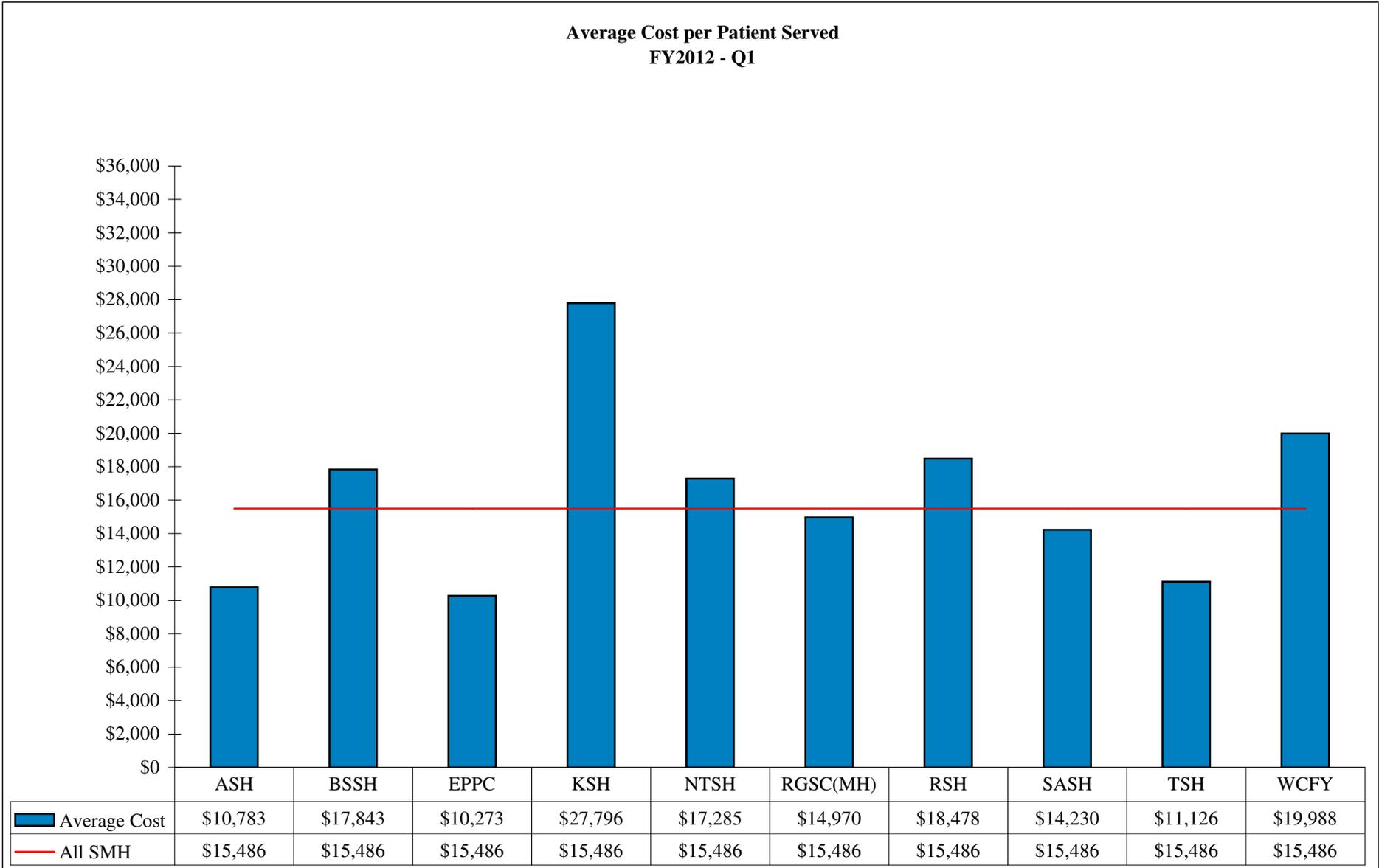
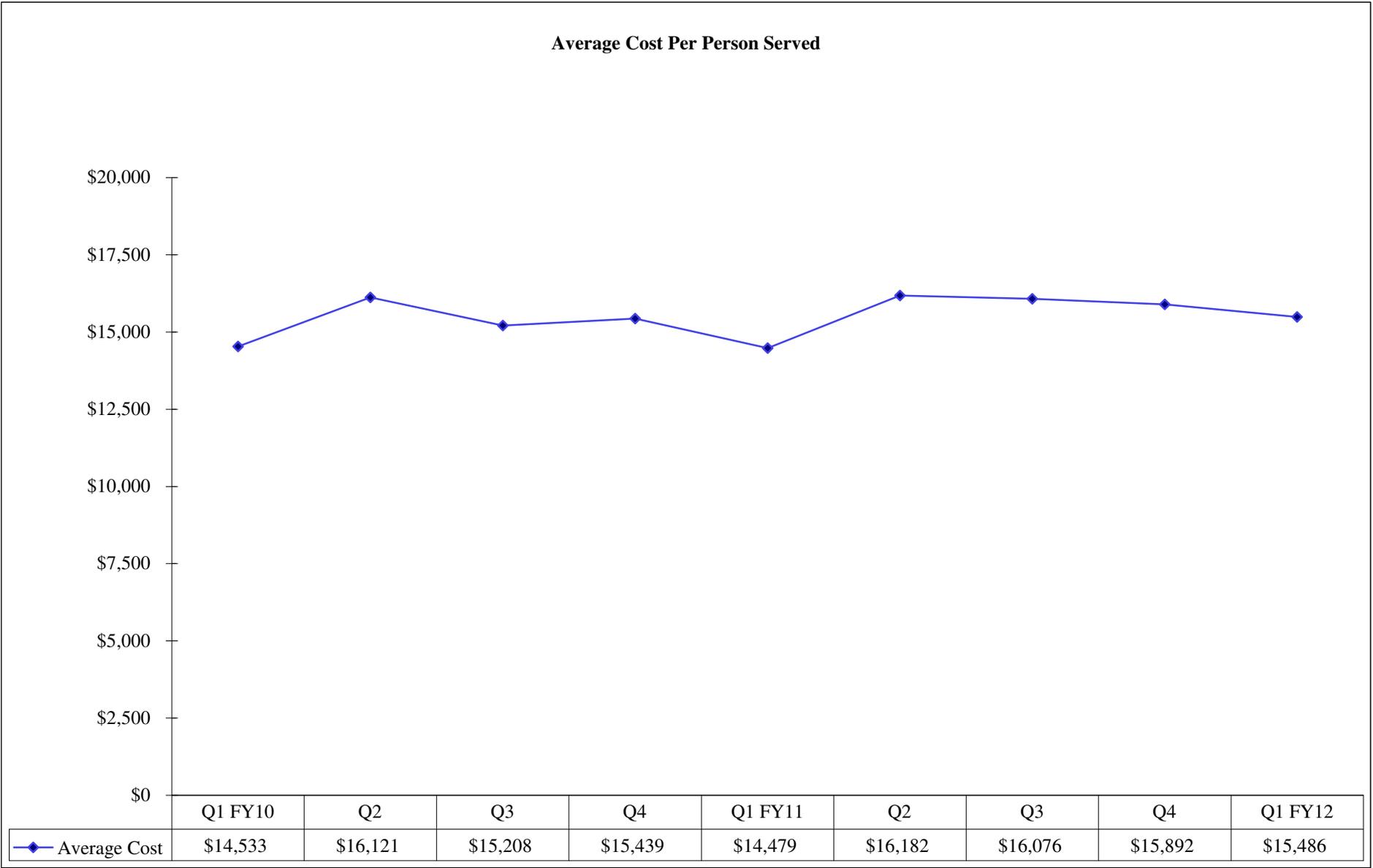


Table: Hospital Management Data Services

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**

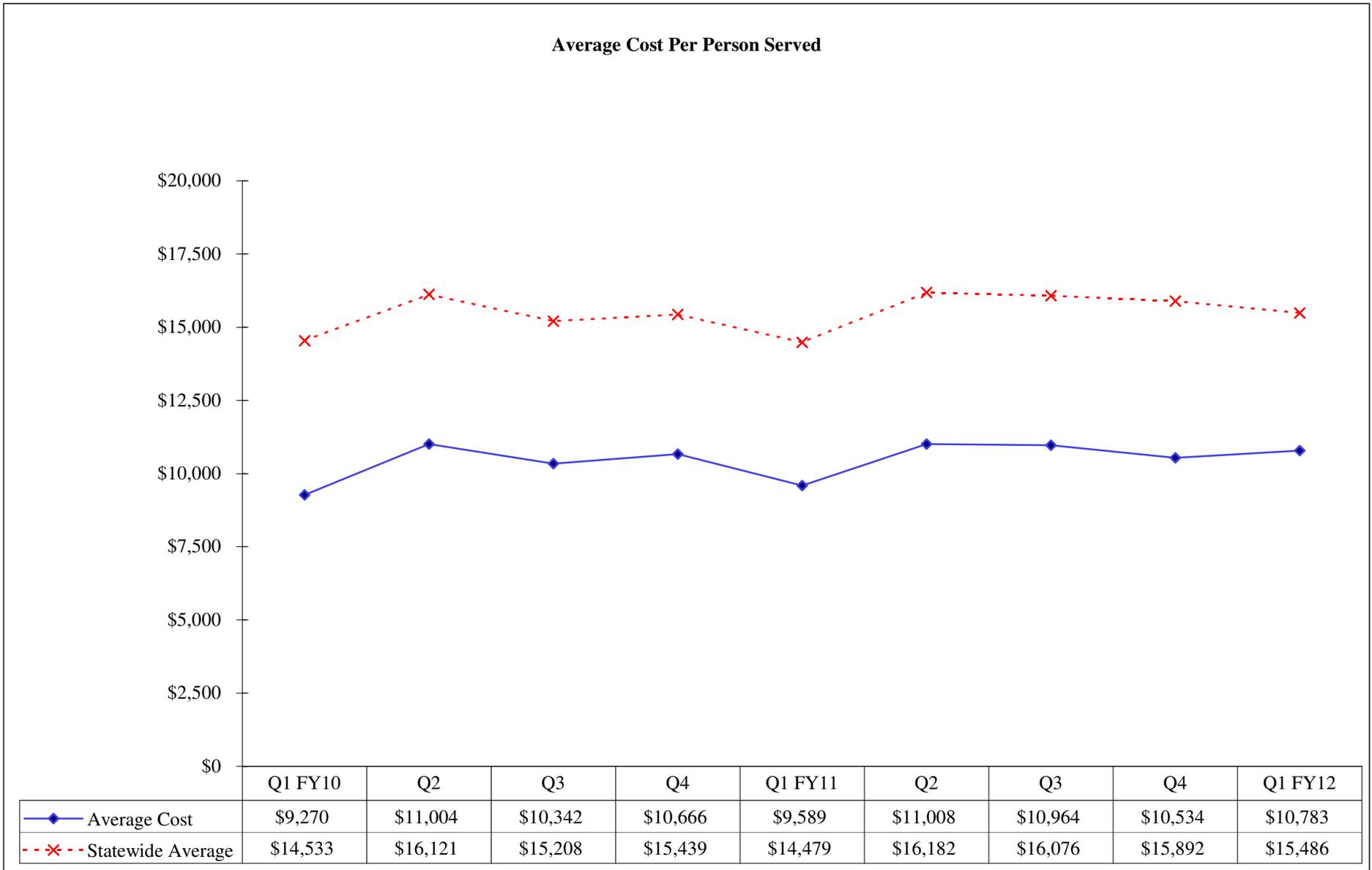
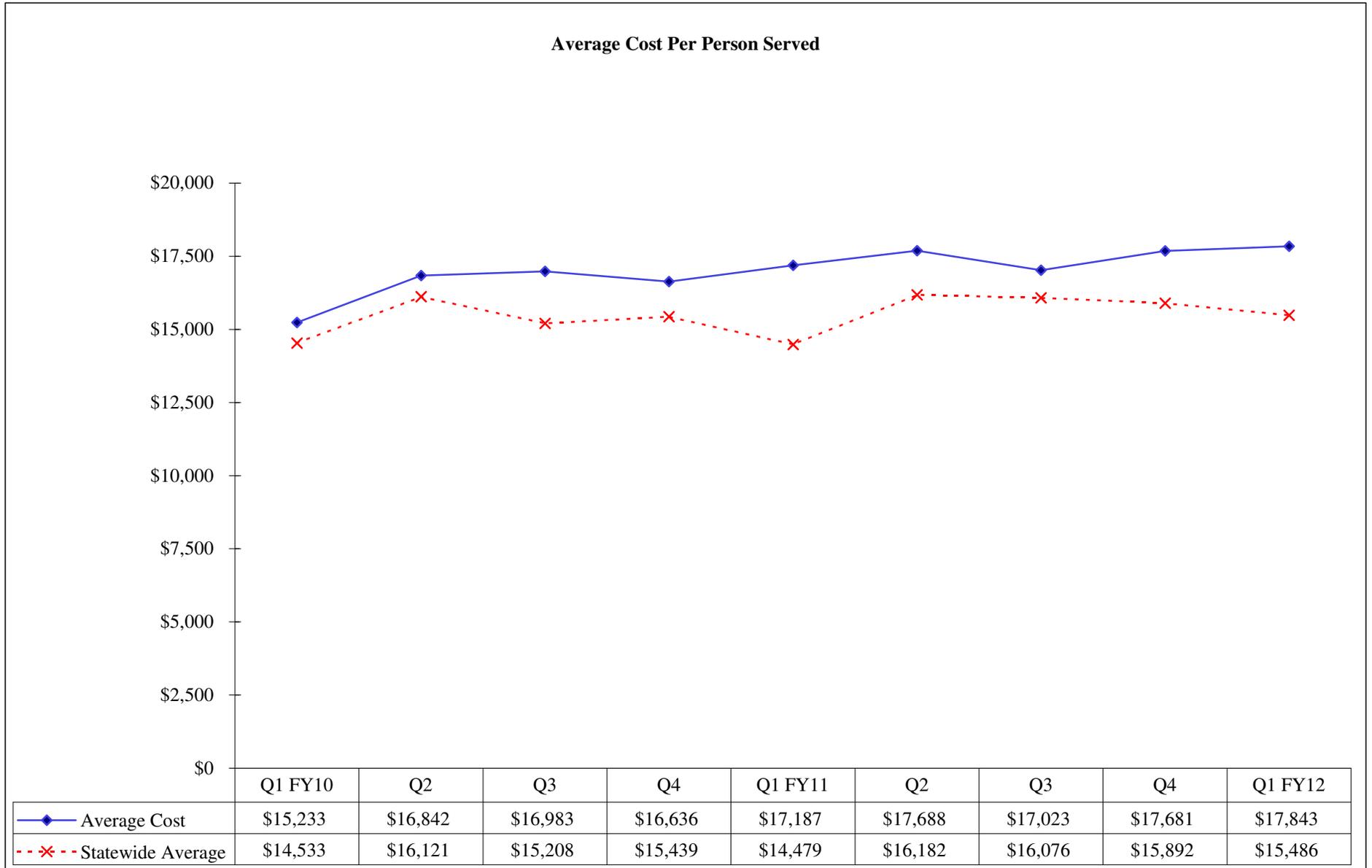


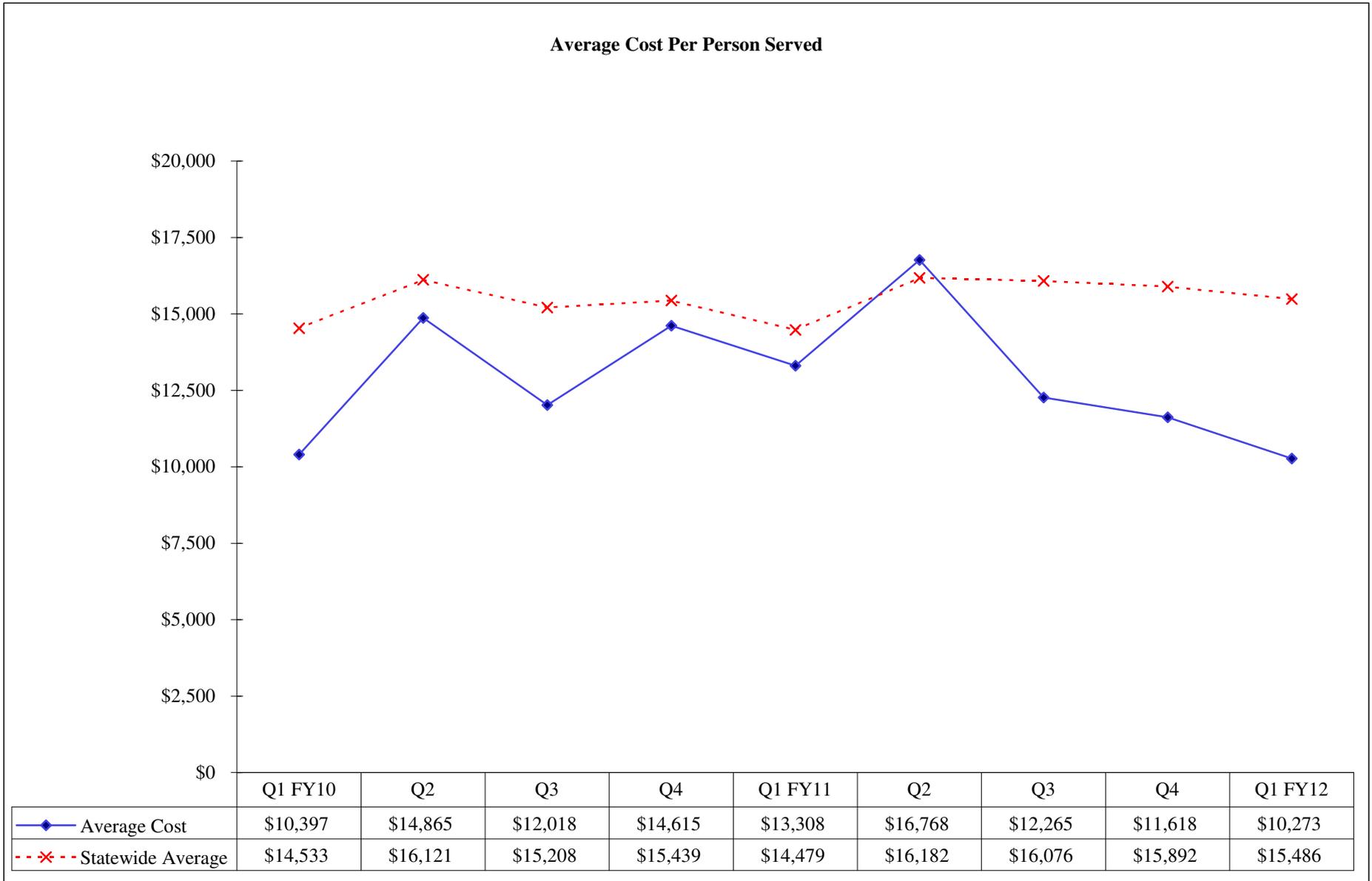
Table: Hospital Management Data Services

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

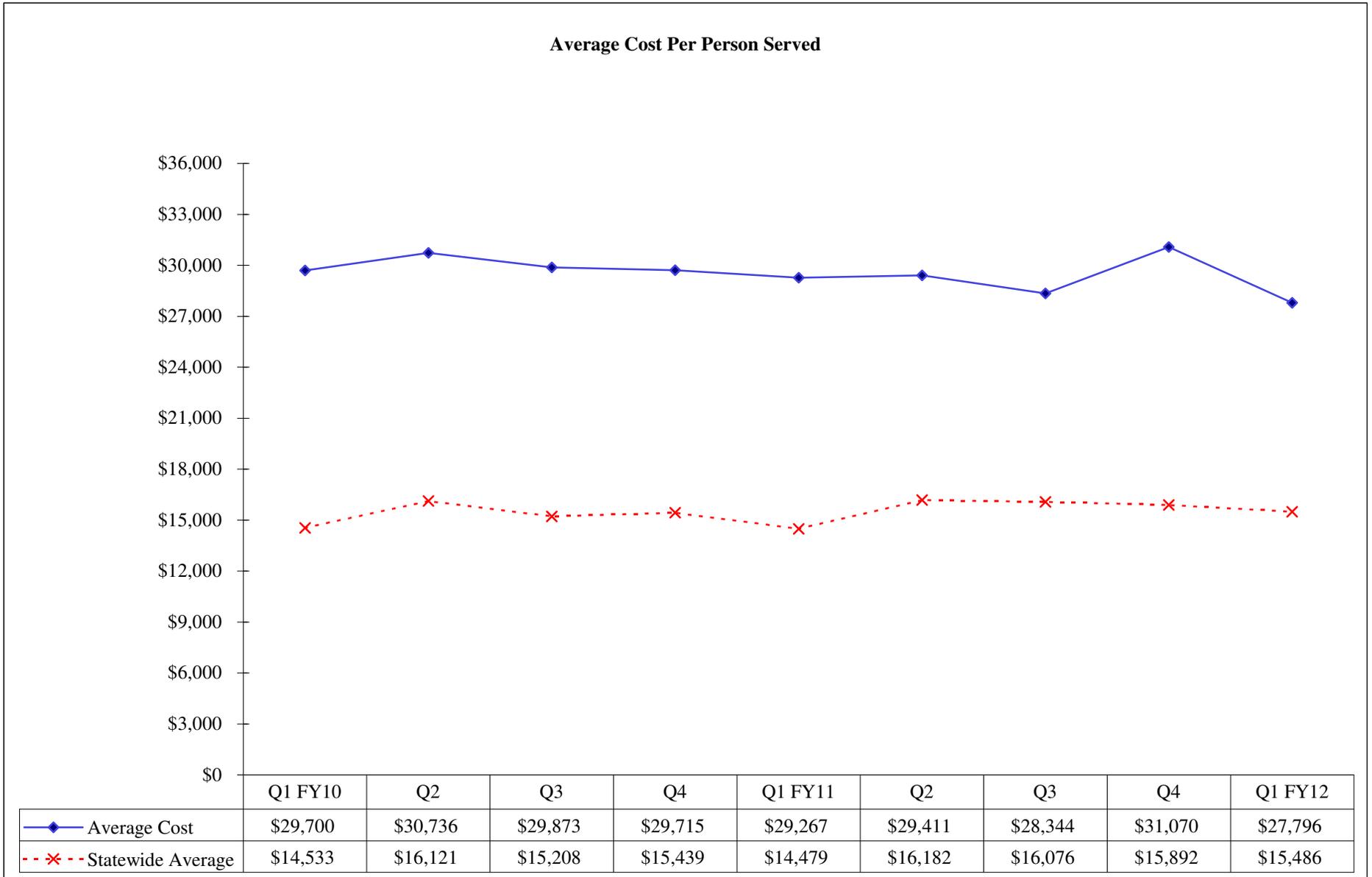
**Measure 1A - Average Cost Per Patient Served**  
**Big Spring State Hospital**



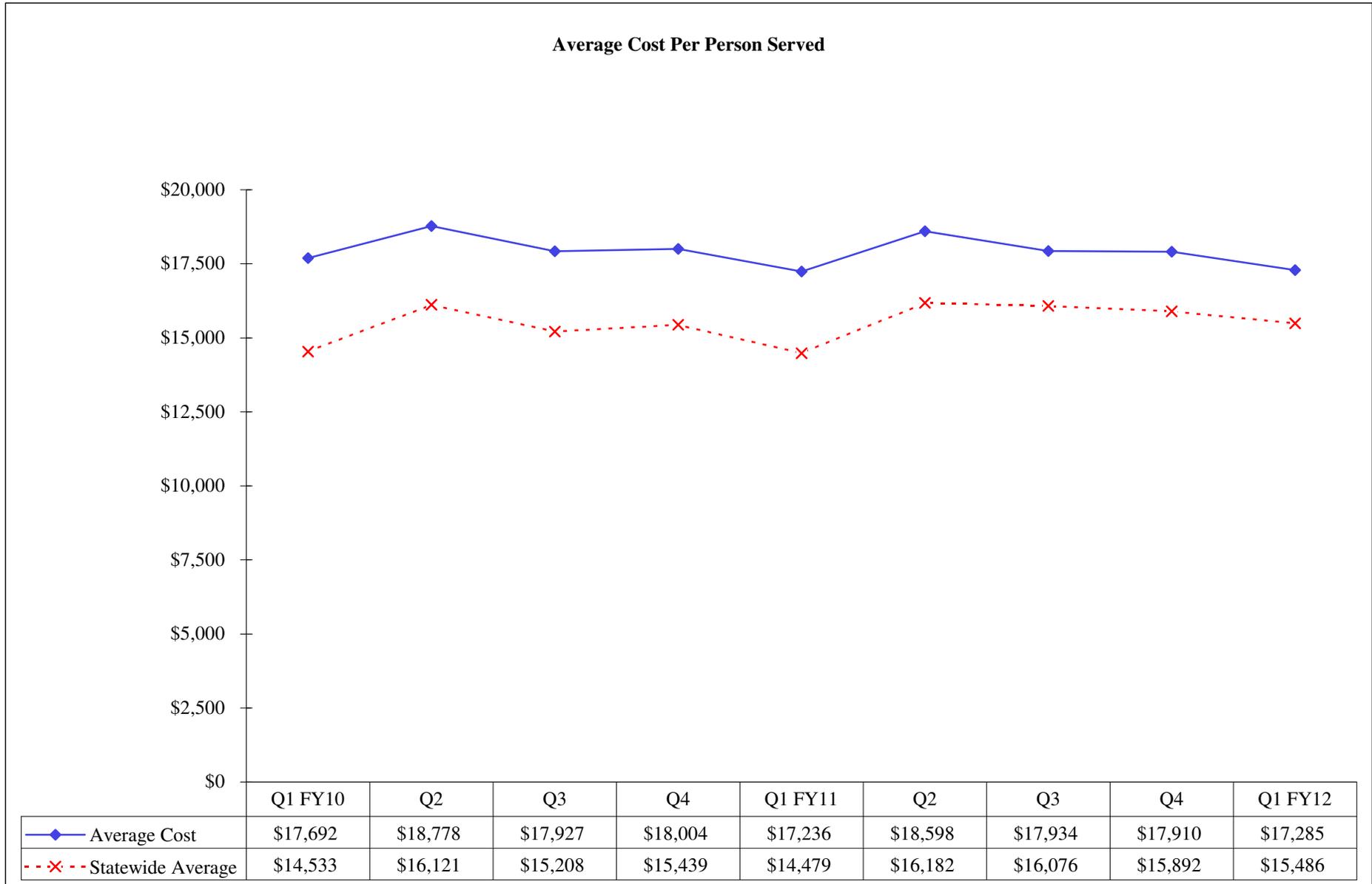
**Measure 1A - Average Cost Per Patient Served**  
**El Paso Psychiatric Center**



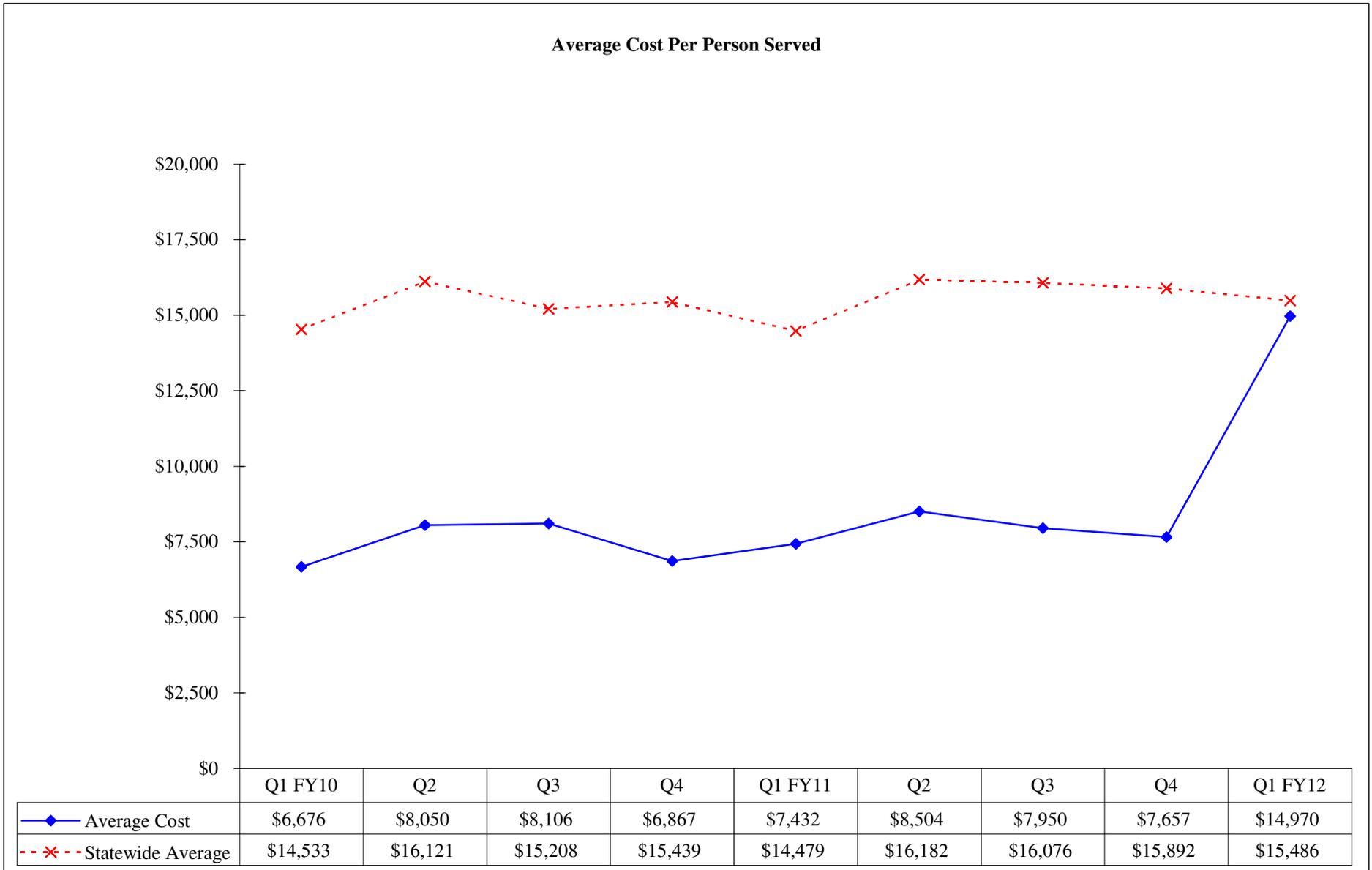
**Measure 1A - Average Cost Per Patient Served**  
**Kerrville State Hospital**



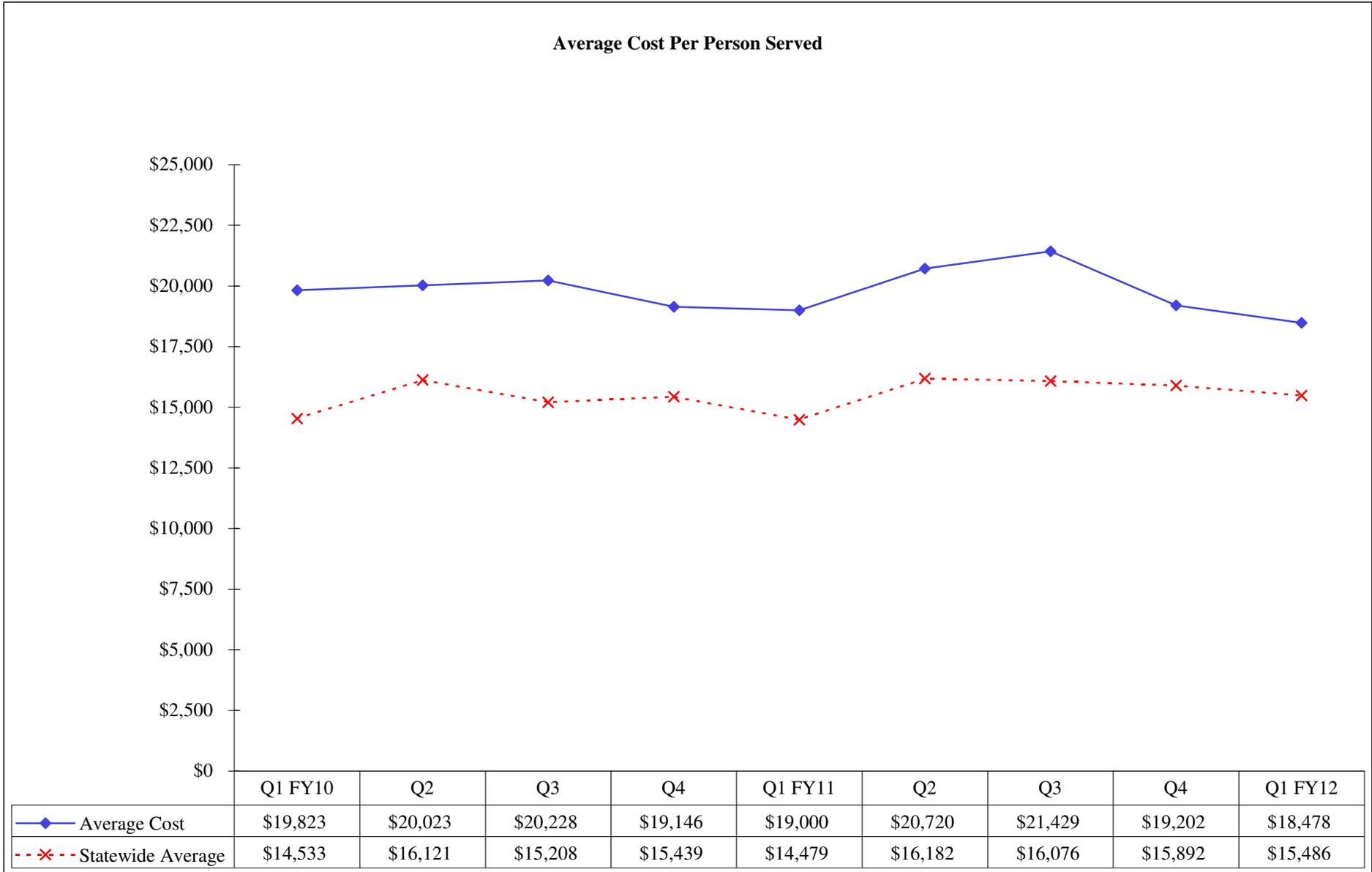
**Measure 1A - Average Cost Per Patient Served**  
**North Texas State Hospital**



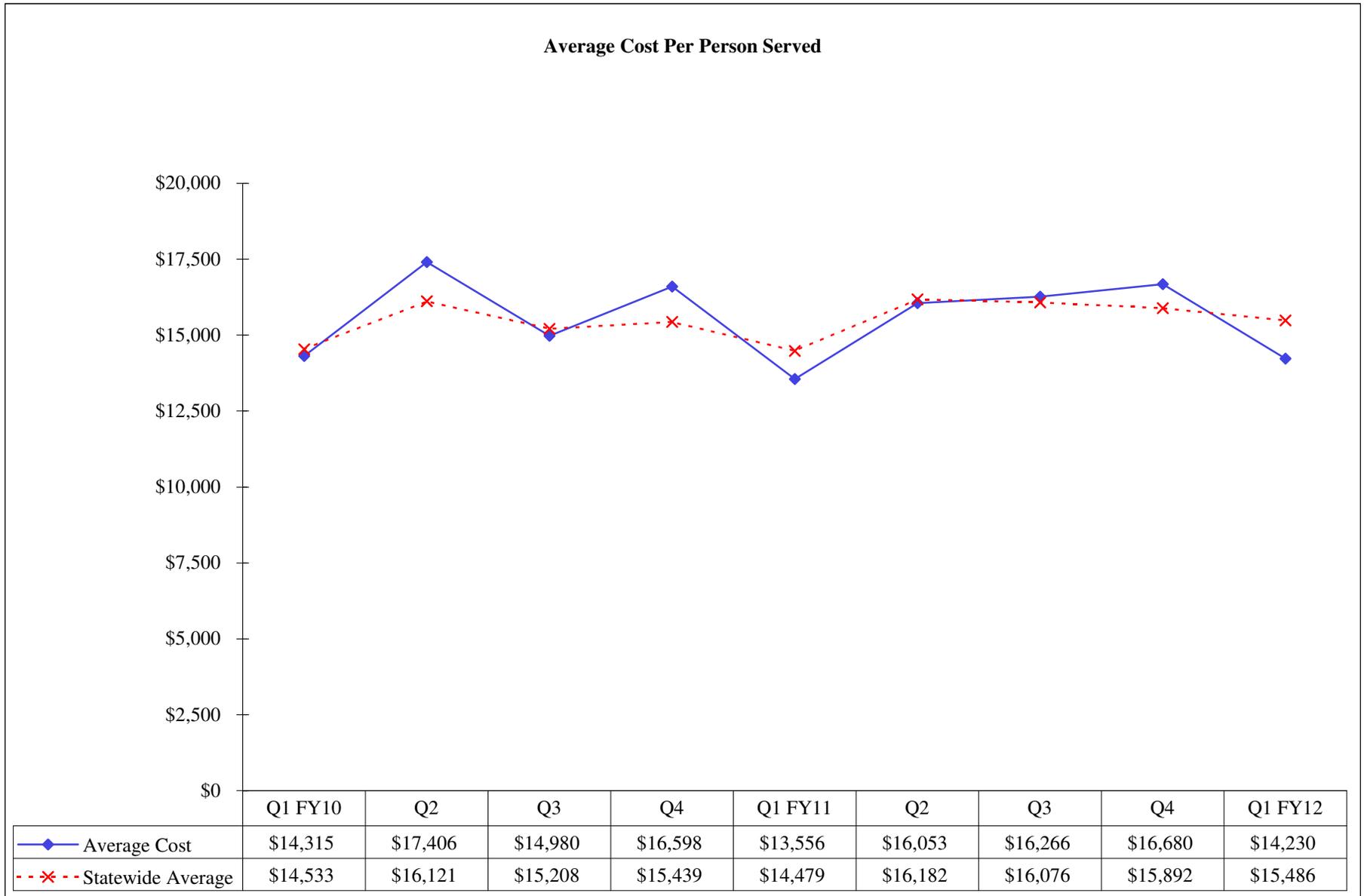
**Measure 1A - Average Cost Per Patient Served**  
**Rio Grande State Center (MH only)**



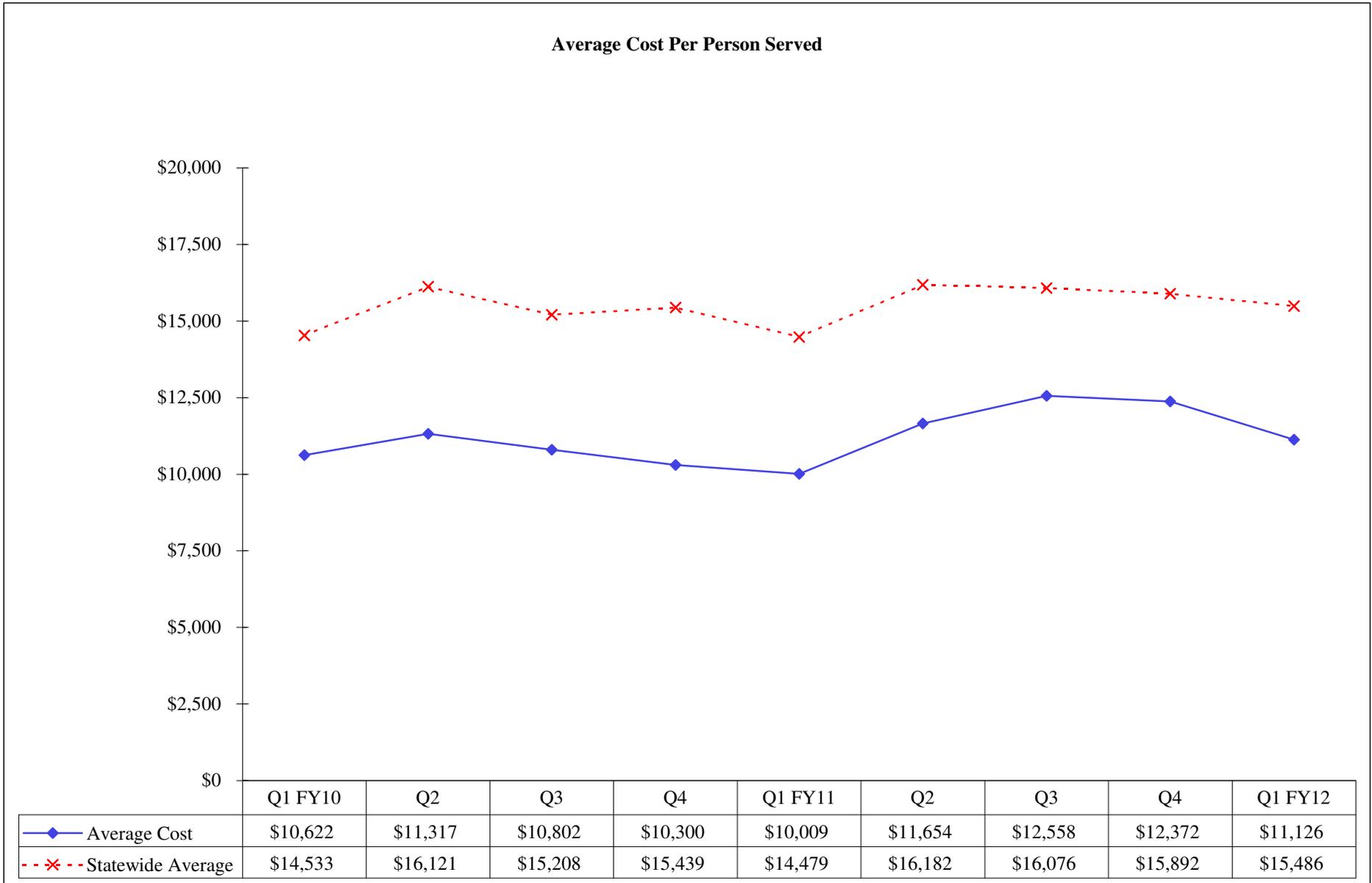
**Measure 1A - Average Cost Per Patient Served**  
**Rusk State Hospital**



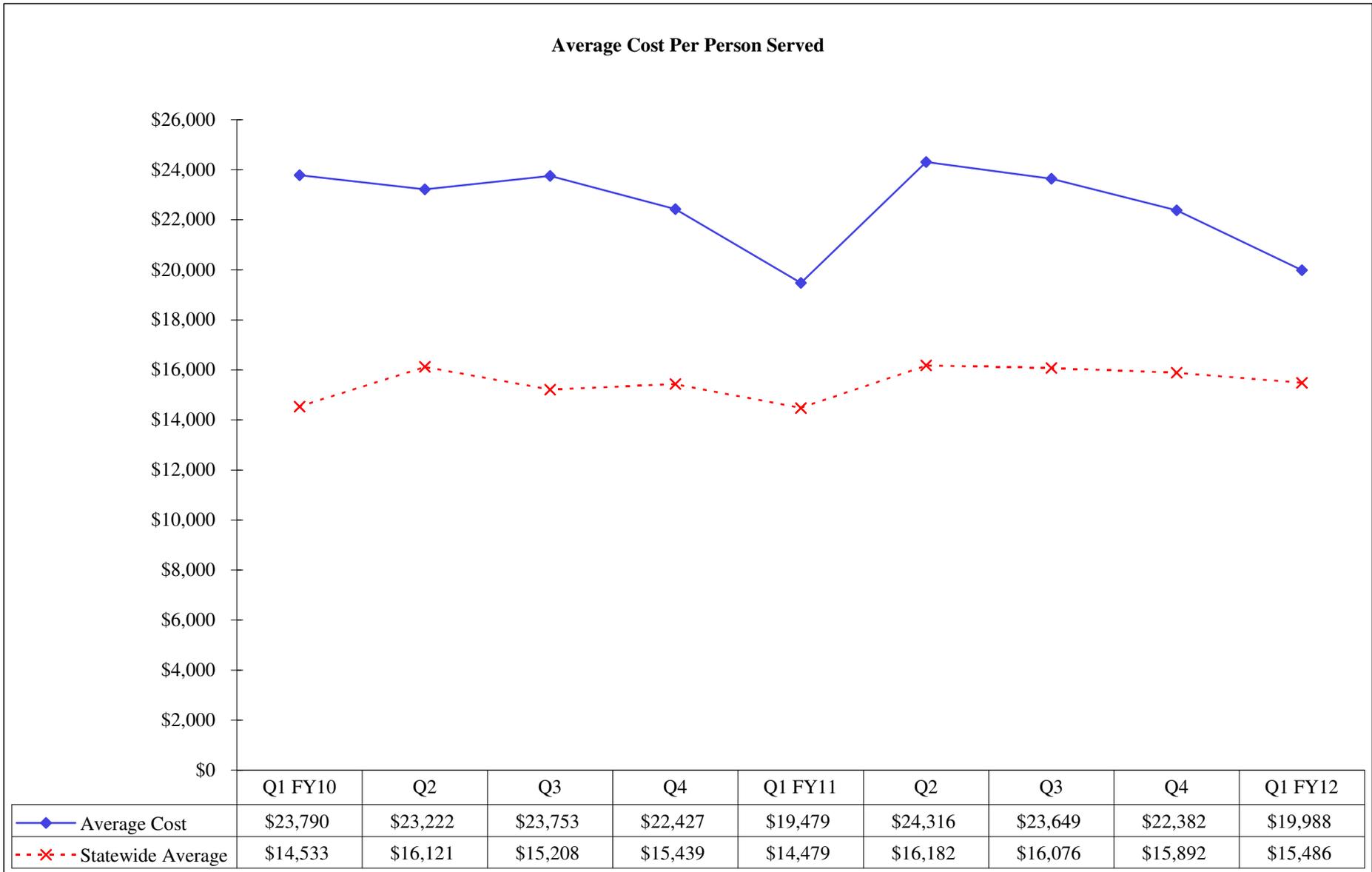
**Measure 1A - Average Cost Per Patient Served**  
**San Antonio State Hospital**



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



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



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



**Performance Measure 1B:**

**Calculate cost per occupied bed.**

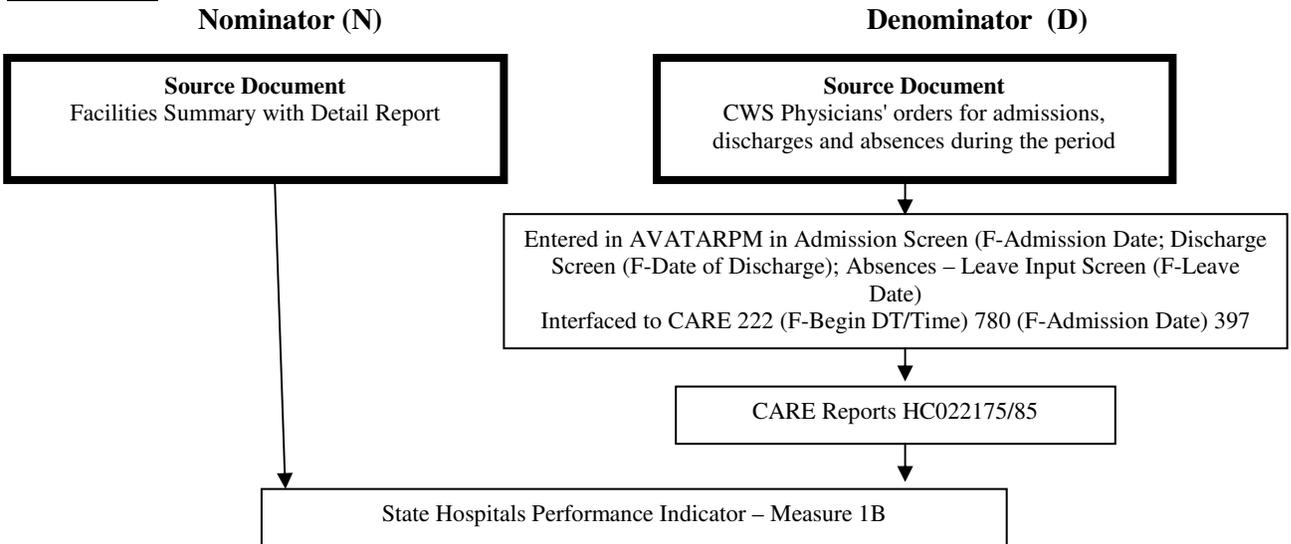
**Performance Measure Operational Definition:** The state hospital average cost per occupied bed day.

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

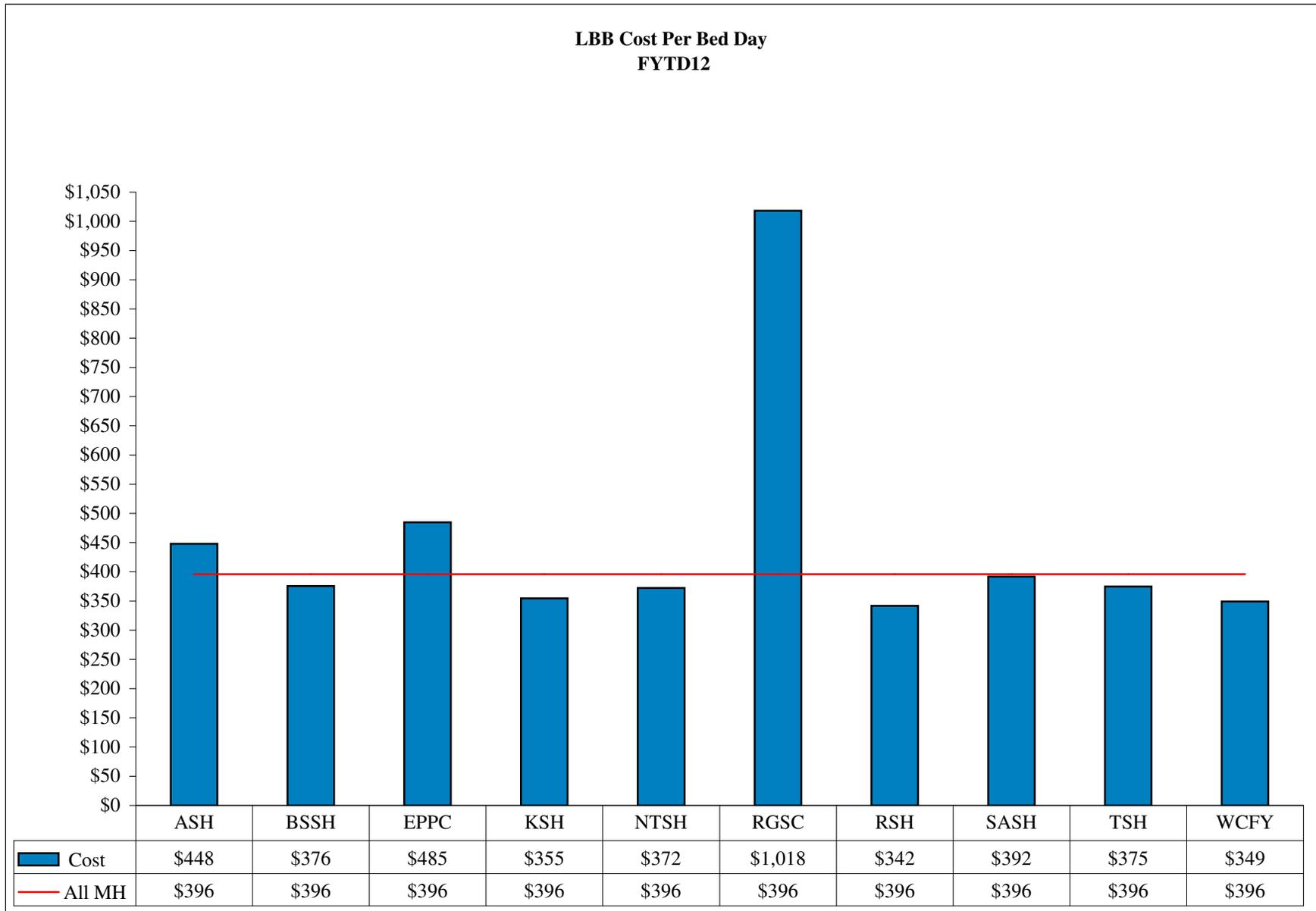
**Performance Measure Data Display and Chart Description:**

- ◆ 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 - FYTD12 (As of November 30, 2011)**



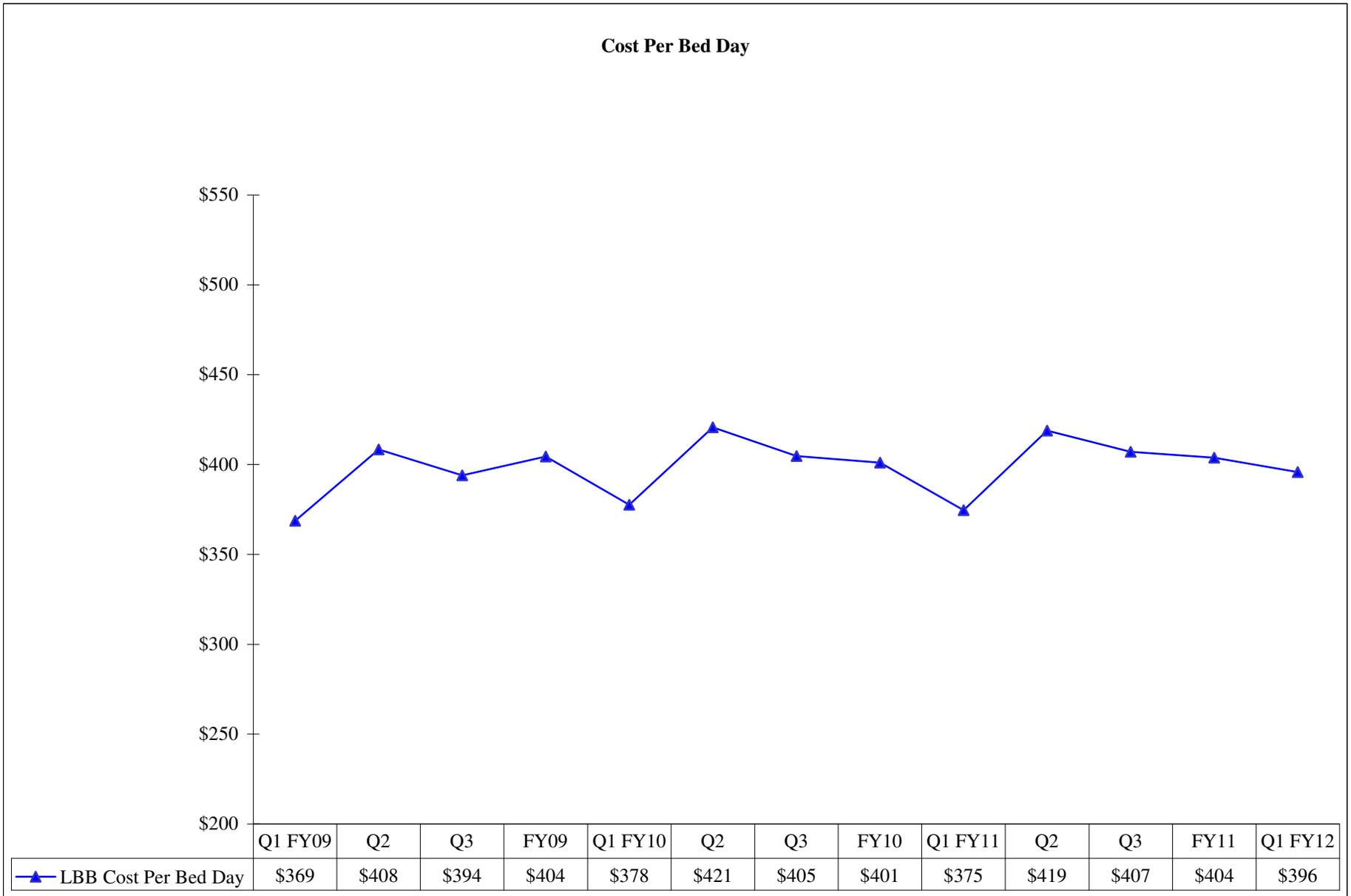
**Measure 1B - Cost Per Bed Day**

**All State Hospitals**

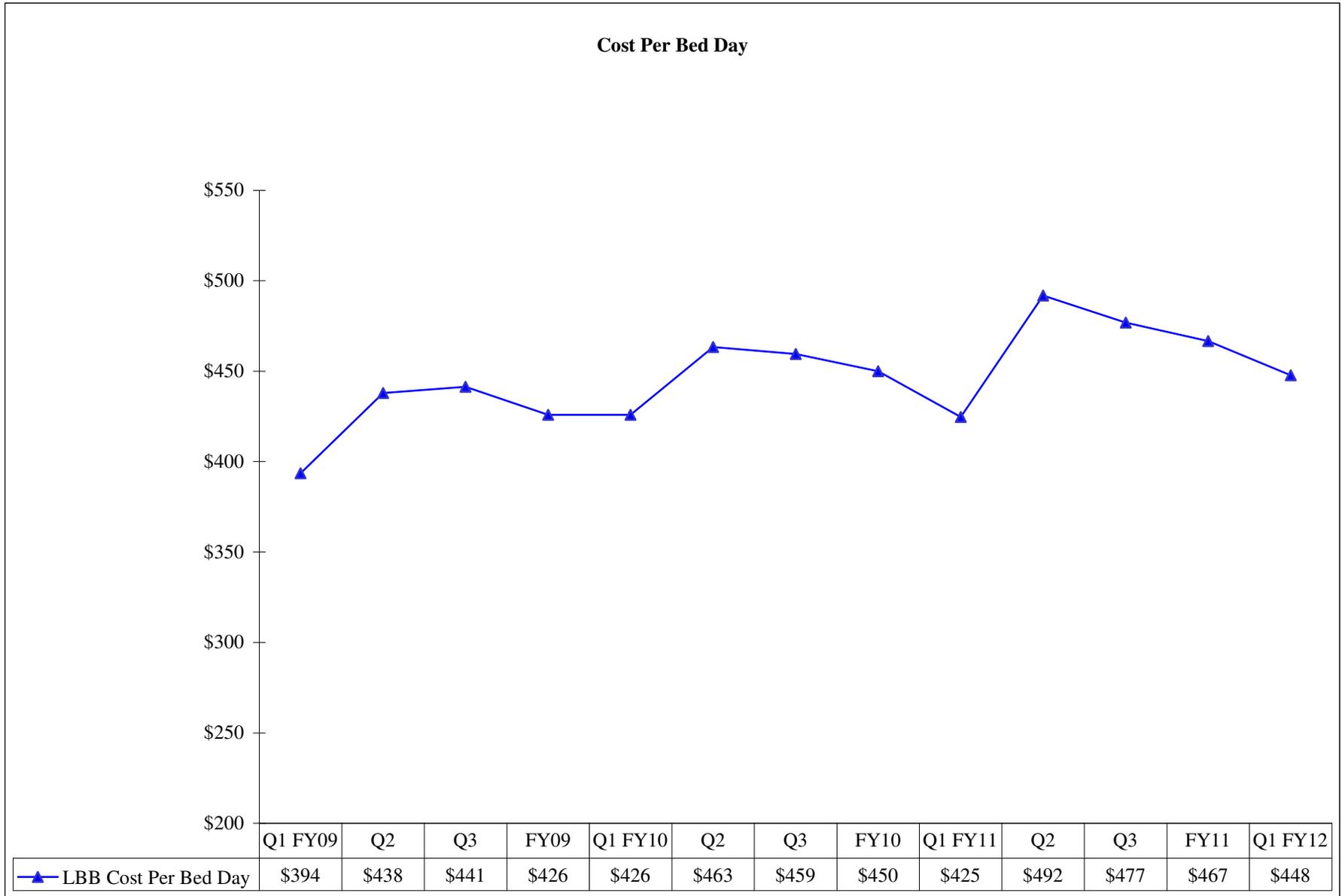
|  | FY09  |       |       |       | FY10  |       |       |       | FY11  |       |       |       | FY12    |    |    |    |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|----|----|----|
|  | Q1    | Q2    | Q3    | FY    | Q1    | Q2    | Q3    | FY    | Q1    | Q2    | Q3    | FY    | Q1      | Q2 | Q3 | FY |
| <b>Austin State Hospital</b>               |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$394 | \$438 | \$441 | \$426 | \$426 | \$463 | \$459 | \$450 | \$425 | \$492 | \$477 | \$467 | \$448   |    |    |    |
| <b>Big Spring State Hospital</b>           |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$373 | \$417 | \$415 | \$414 | \$380 | \$408 | \$404 | \$396 | \$369 | \$406 | \$393 | \$396 | \$376   |    |    |    |
| <b>El Paso Psychiatric Center</b>          |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$451 | \$568 | \$511 | \$539 | \$460 | \$561 | \$482 | \$501 | \$448 | \$527 | \$506 | \$499 | \$485   |    |    |    |
| <b>Kerrville State Hospital</b>            |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$342 | \$366 | \$361 | \$370 | \$353 | \$356 | \$348 | \$350 | \$337 | \$354 | \$351 | \$354 | \$355   |    |    |    |
| <b>North Texas State Hospital</b>          |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$361 | \$391 | \$380 | \$389 | \$359 | \$396 | \$380 | \$378 | \$364 | \$399 | \$384 | \$385 | \$372   |    |    |    |
| <b>Rusk State Hospital</b>                 |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$338 | \$363 | \$357 | \$373 | \$365 | \$397 | \$384 | \$383 | \$363 | \$381 | \$387 | \$376 | \$342   |    |    |    |
| <b>San Antonio State Hospital</b>          |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$393 | \$453 | \$420 | \$441 | \$395 | \$501 | \$449 | \$451 | \$373 | \$458 | \$441 | \$432 | \$392   |    |    |    |
| <b>Terrell State Hospital</b>              |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$373 | \$407 | \$378 | \$397 | \$354 | \$397 | \$388 | \$378 | \$367 | \$405 | \$390 | \$391 | \$375   |    |    |    |
| <b>Waco Center for Youth*</b>              |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$305 | \$391 | \$342 | \$363 | \$372 | \$401 | \$423 | \$392 | \$324 | \$424 | \$392 | \$384 | \$349   |    |    |    |
| <b>Rio Grande State Center (MH)</b>        |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$427 | \$445 | \$456 | \$477 | \$445 | \$477 | \$471 | \$479 | \$496 | \$503 | \$480 | \$493 | \$1,018 |    |    |    |
| <b>All State MH Hospitals</b>              |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$369 | \$408 | \$394 | \$404 | \$378 | \$421 | \$405 | \$401 | \$375 | \$419 | \$407 | \$404 | \$396   |    |    |    |
| <b>Texas Center for Infectious Disease</b> |       |       |       |       |       |       |       |       |       |       |       |       |         |    |    |    |
| LBB Cost Per Bed Day                       | \$527 | \$868 | \$635 | \$712 | \$874 | \$799 | \$622 | \$725 | \$750 | \$720 | \$511 | \$646 | \$713   |    |    |    |

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

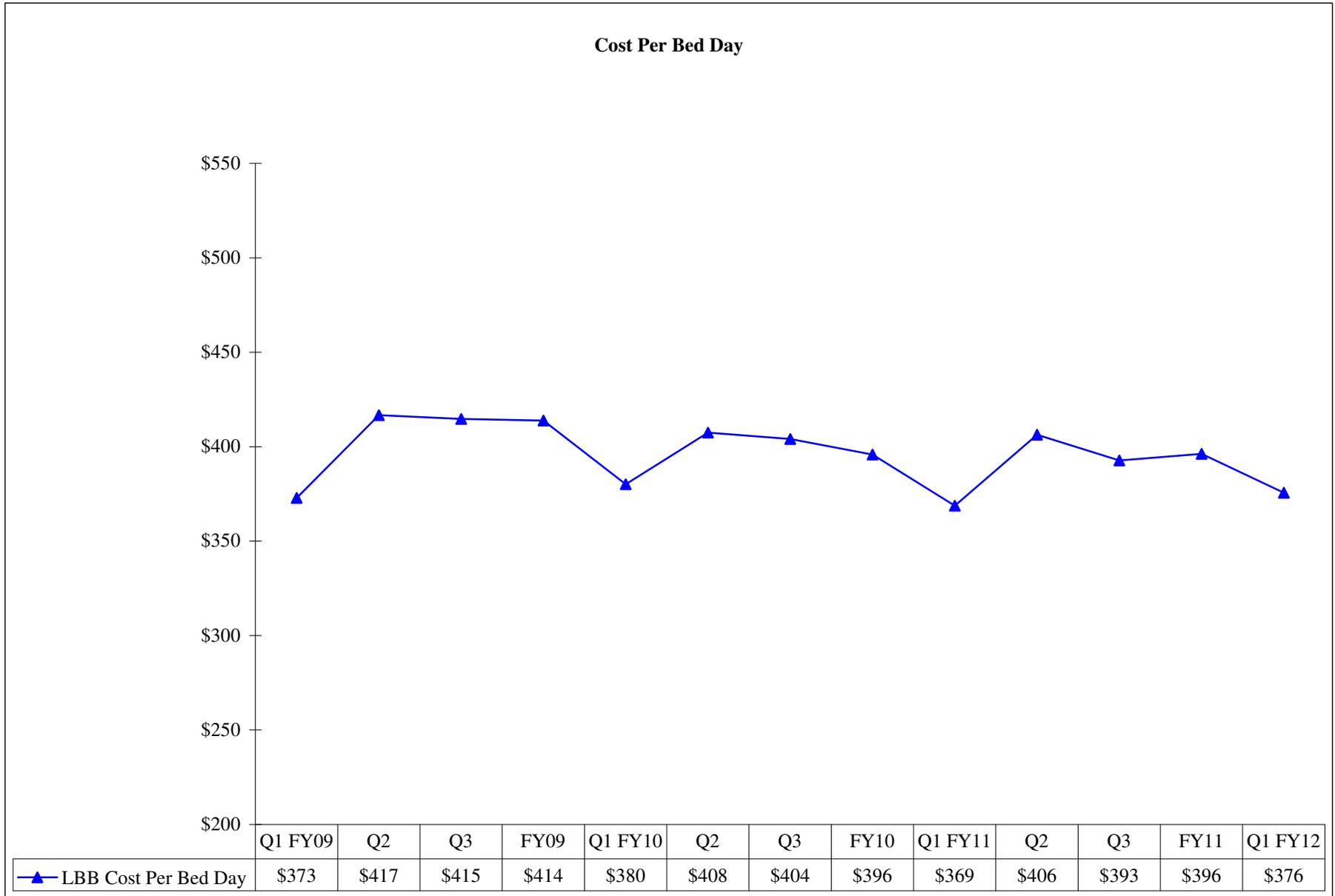
**Measure 1B - Cost Per Bed Day**  
**All State MH Hospitals**



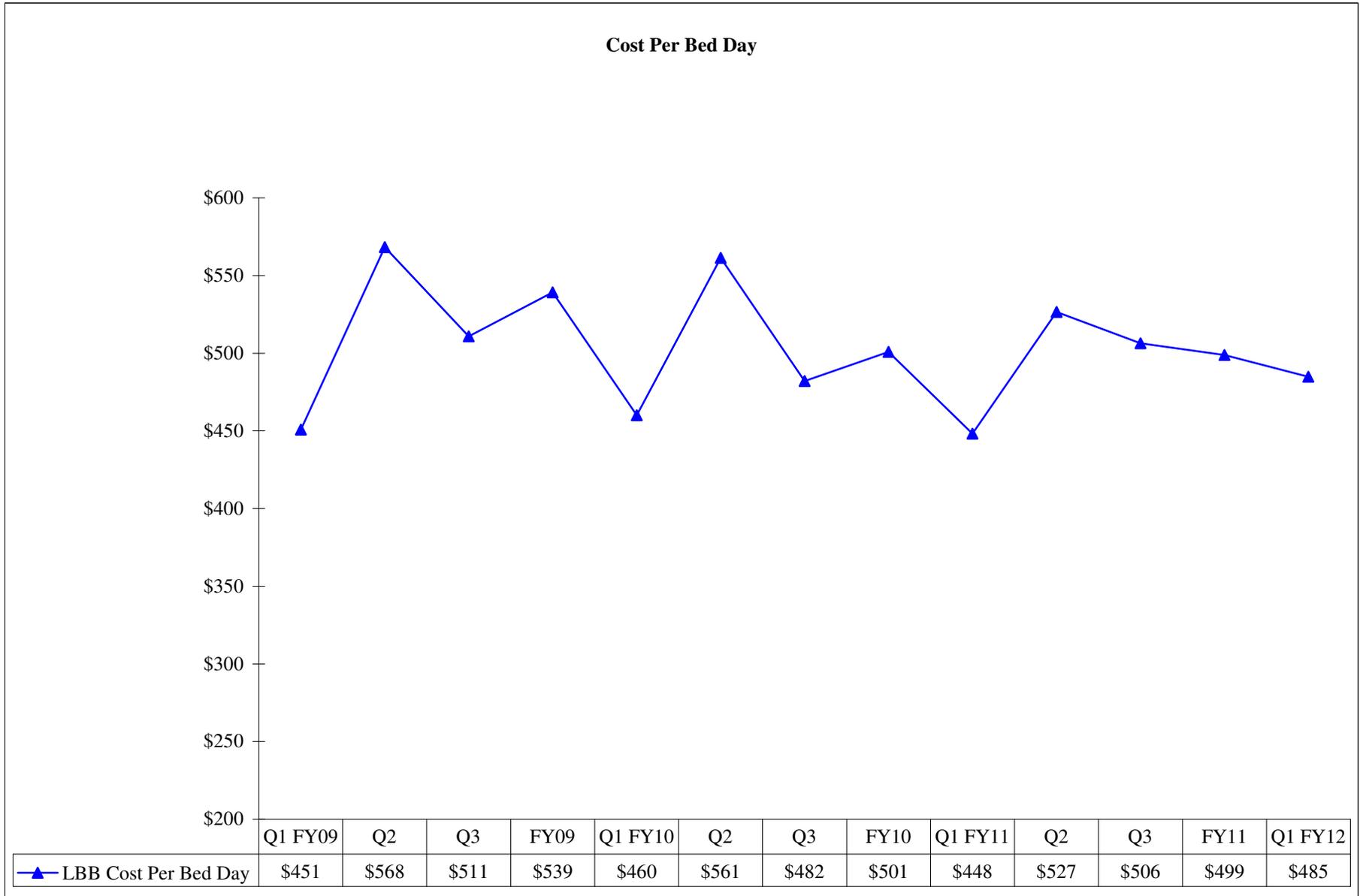
**Measure 1B - Cost Per Bed Day**  
**Austin State Hospital**



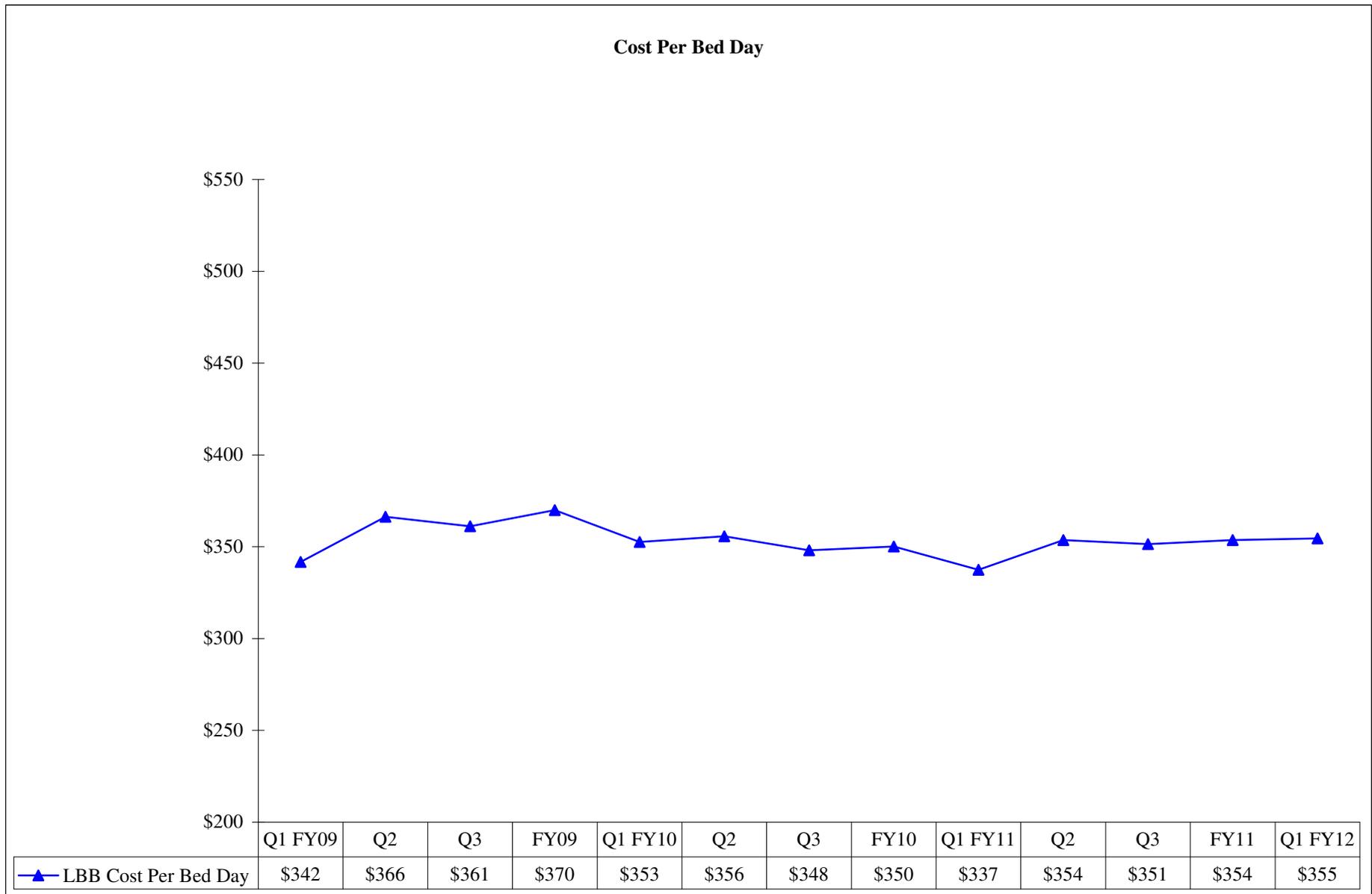
**Measure 1B - Cost Per Bed Day**  
**Big Spring State Hospital**



**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**

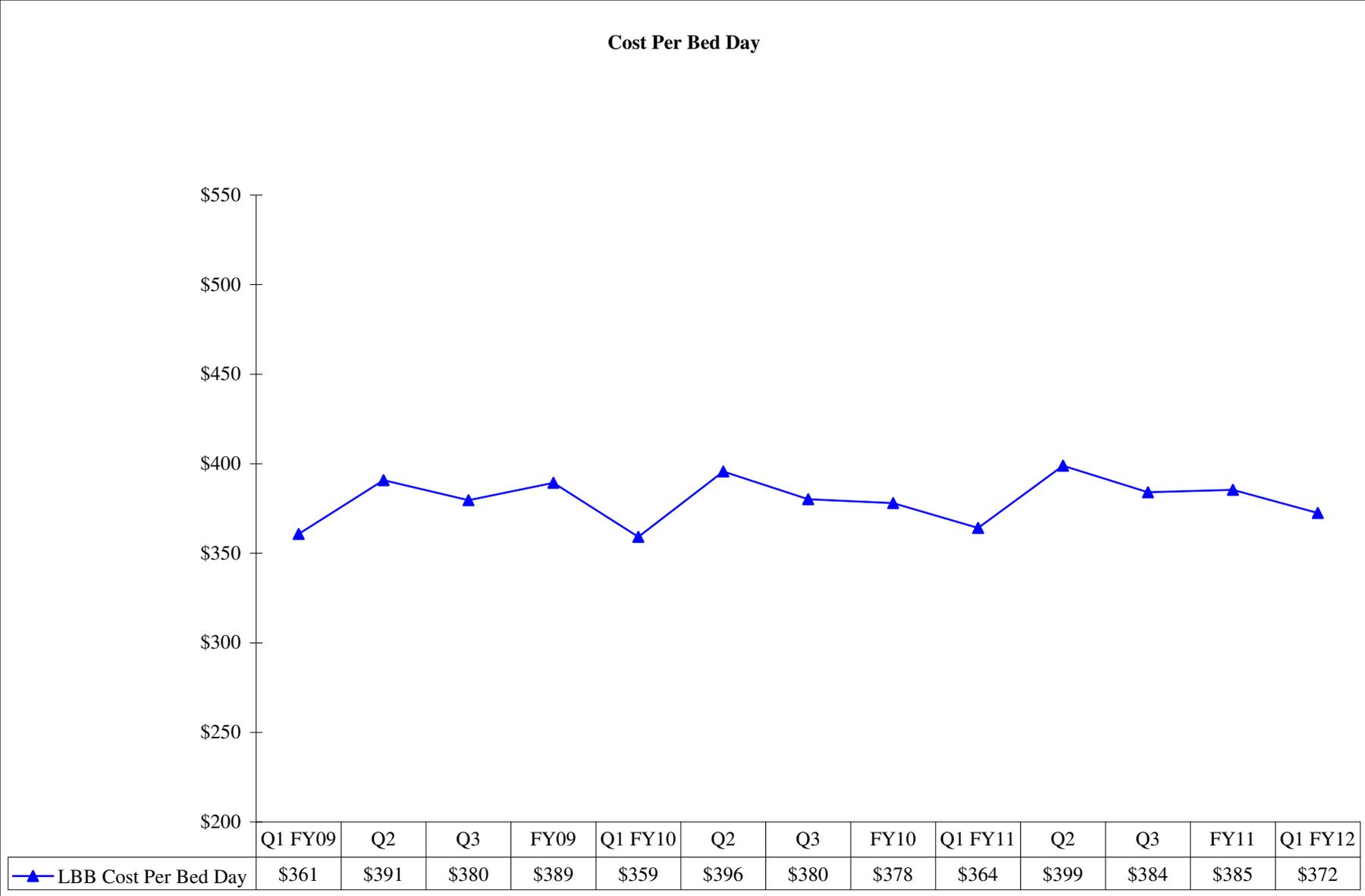
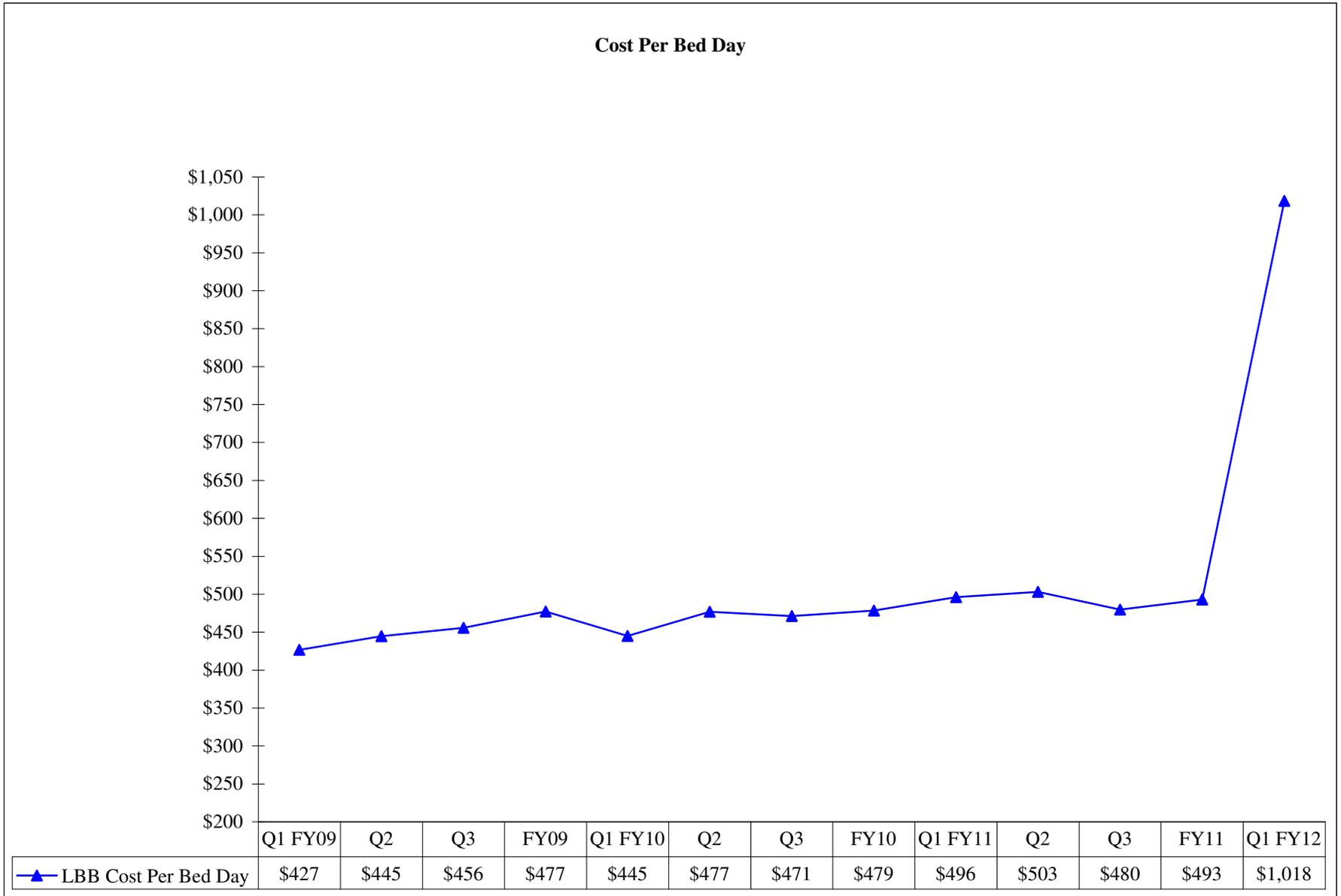


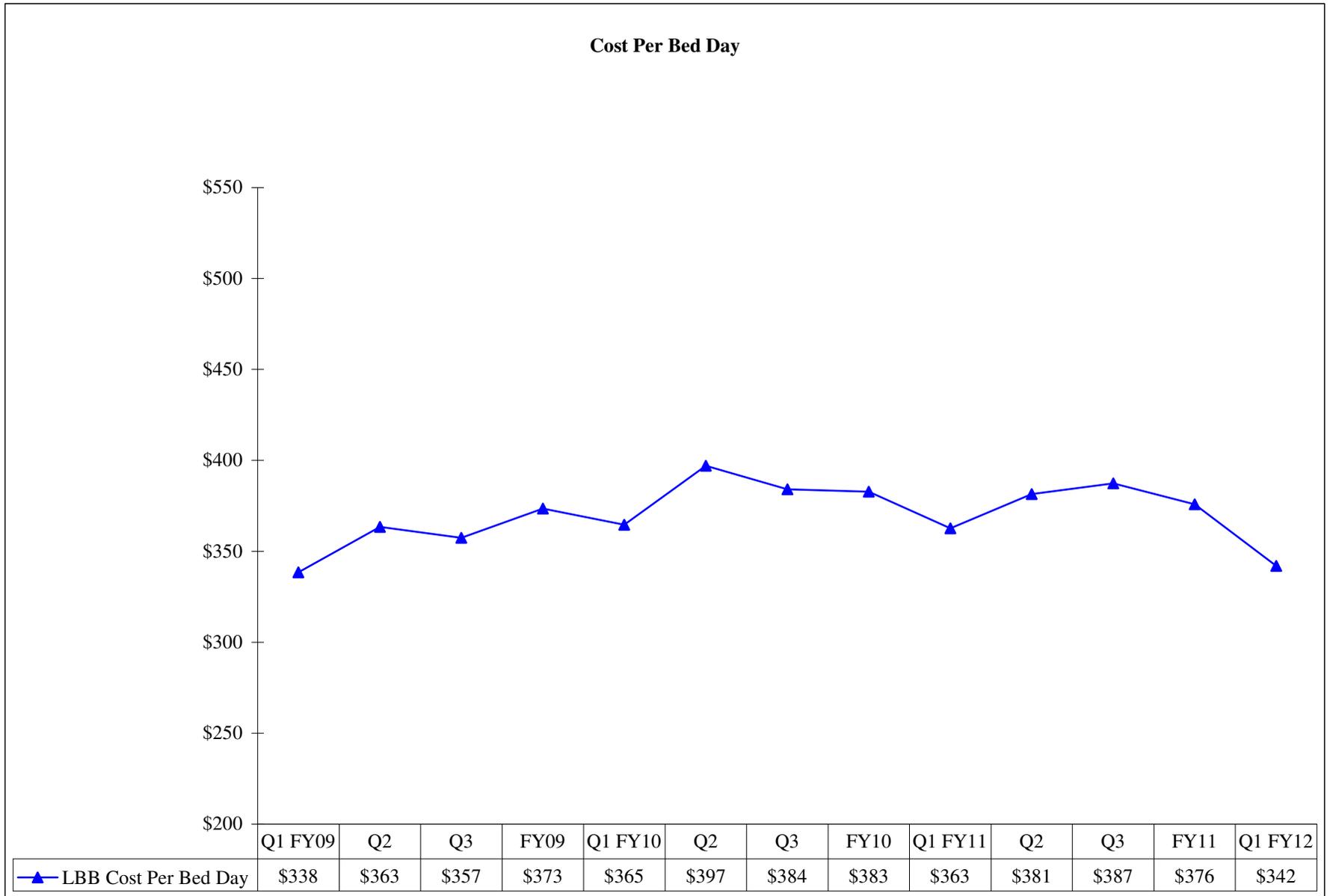
Chart: Hospital Management Data Services

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

**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**

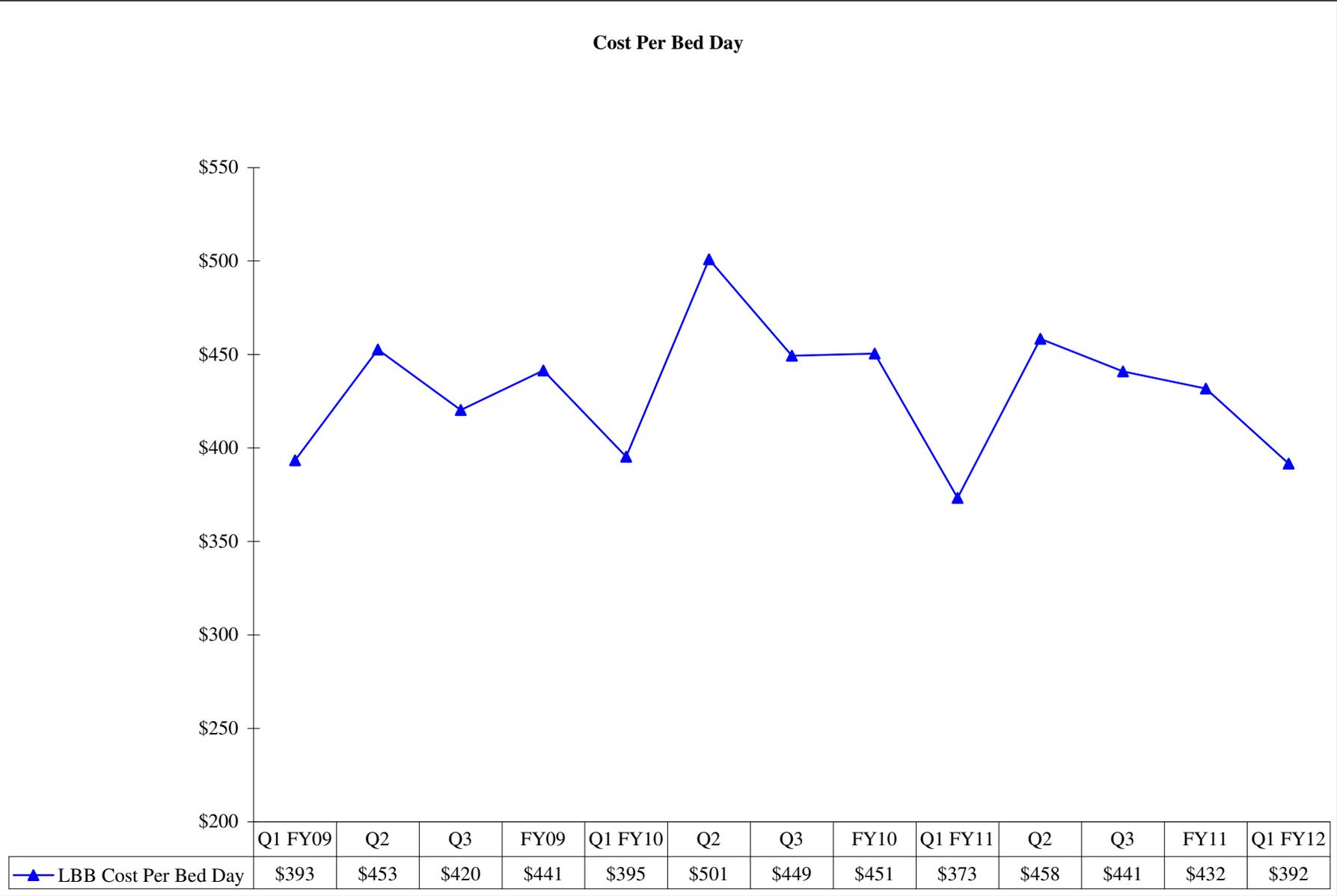
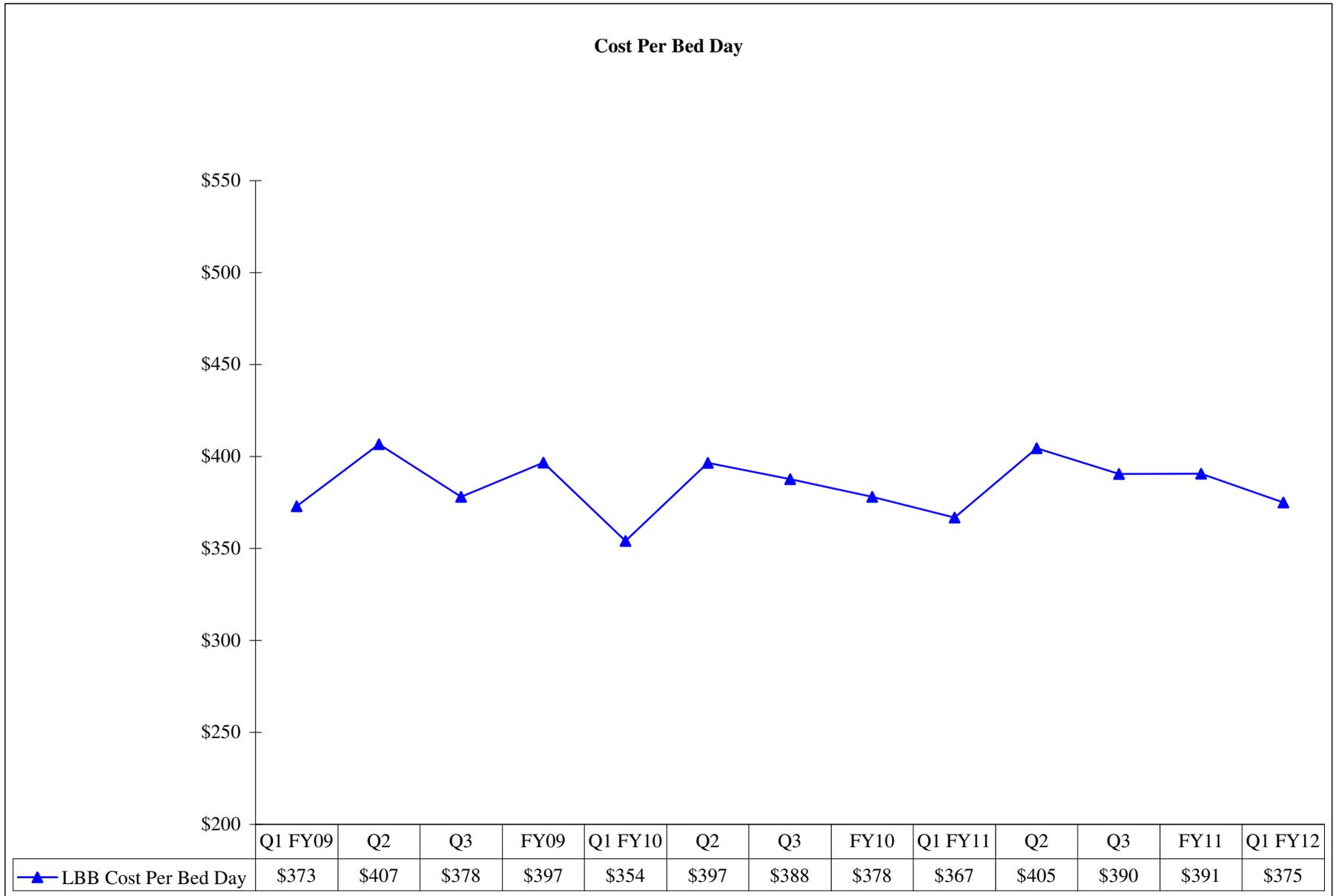


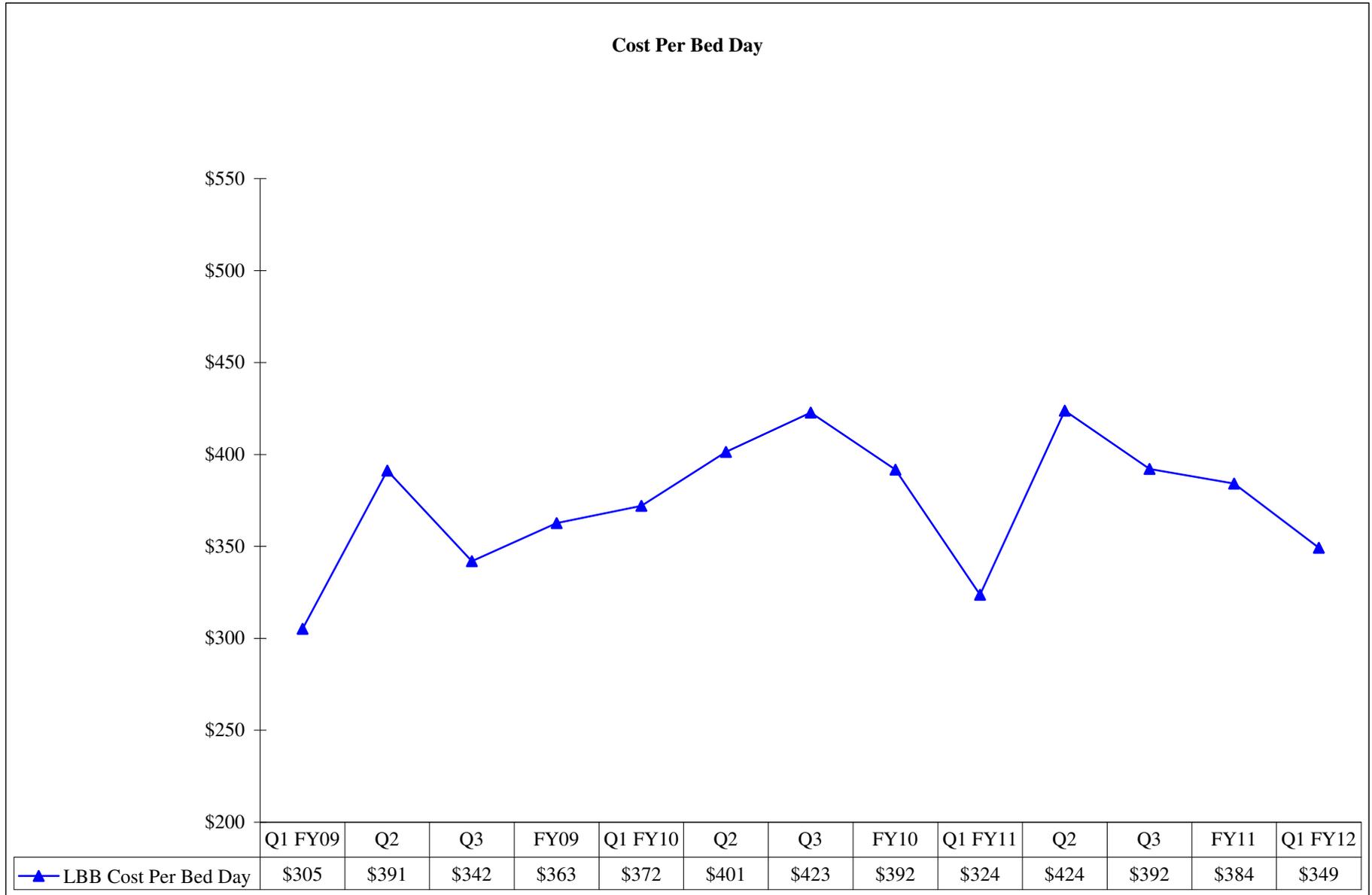
Chart: Hospital Management Data Services

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

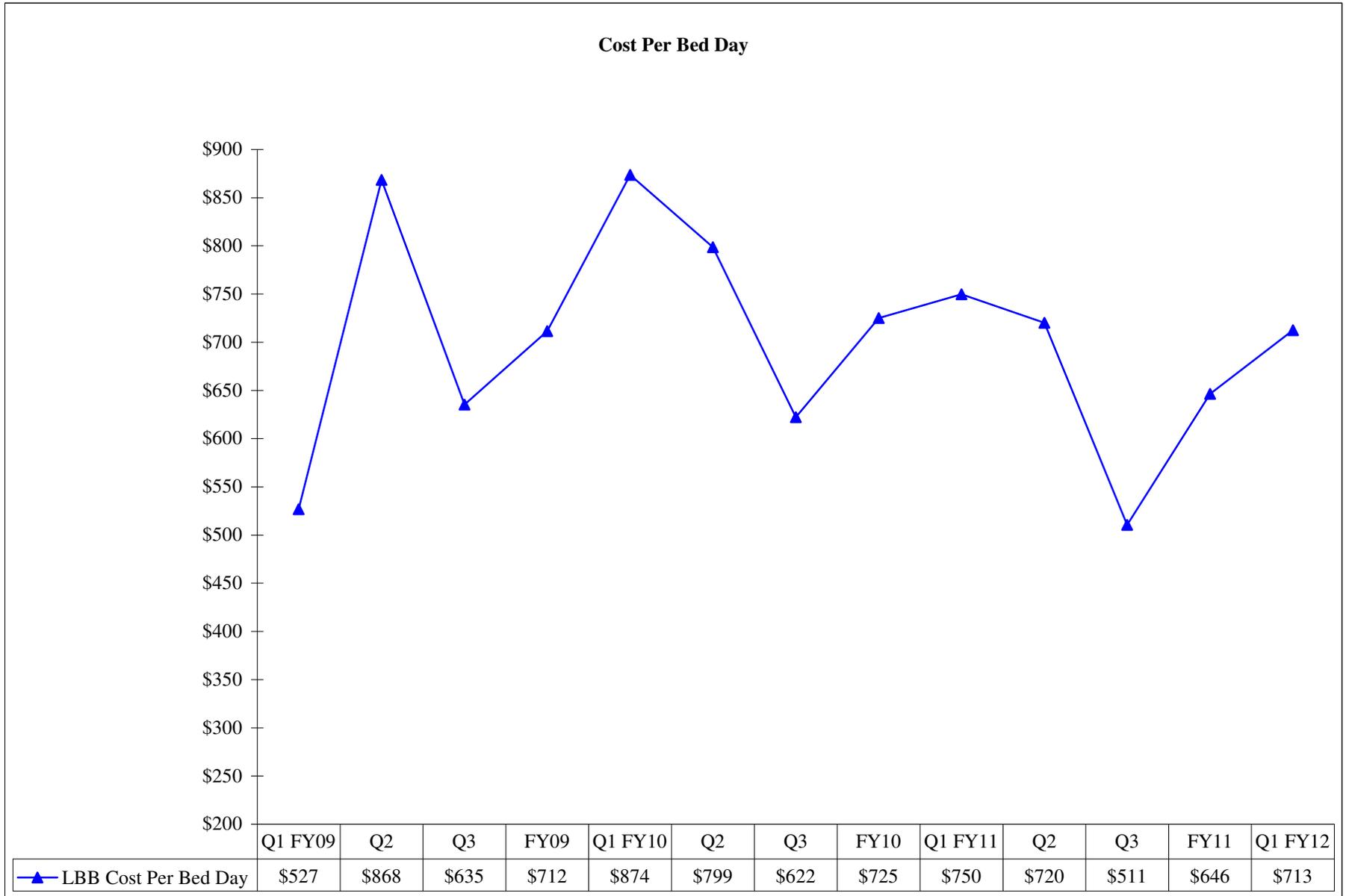
**Measure 1B - Cost Per Bed Day**  
**Terrell State Hospital**



**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

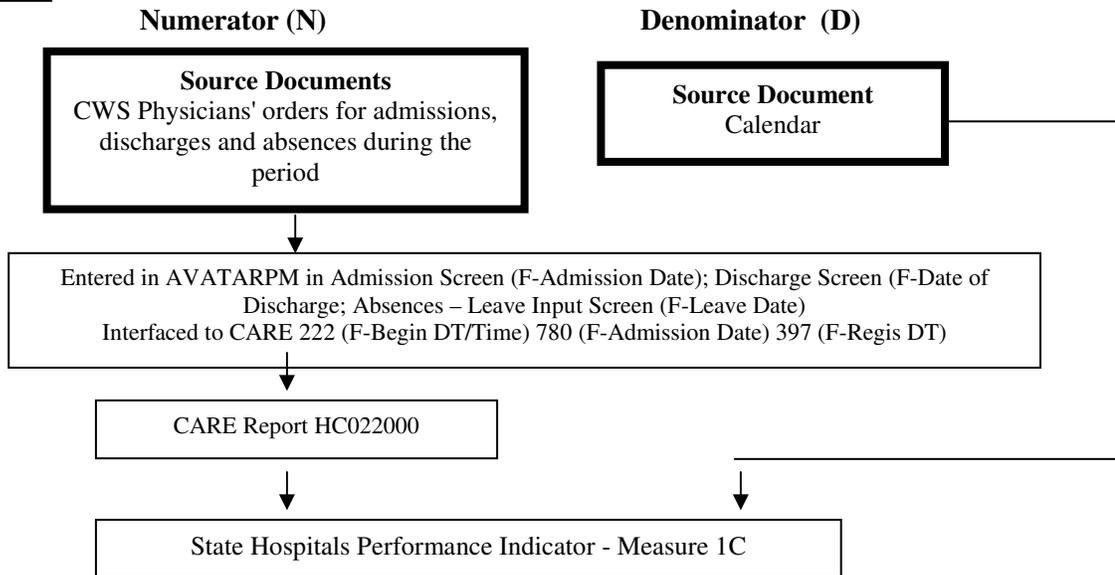
D = number of calendar days in the month

**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.**

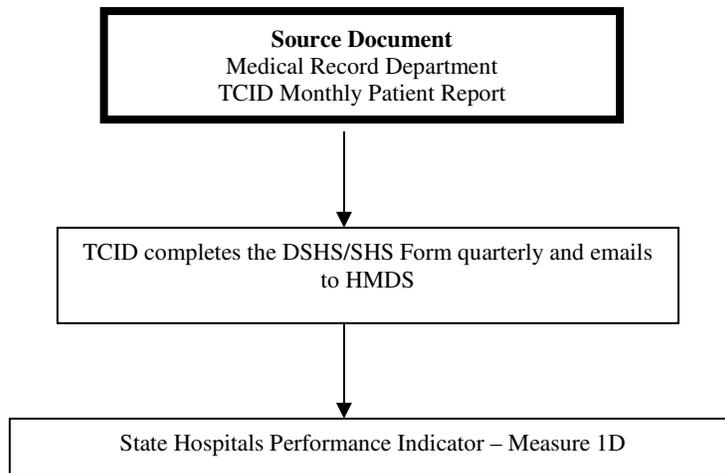
**Performance Measure Operational Definition:** TCID inpatient days will be monitored.

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

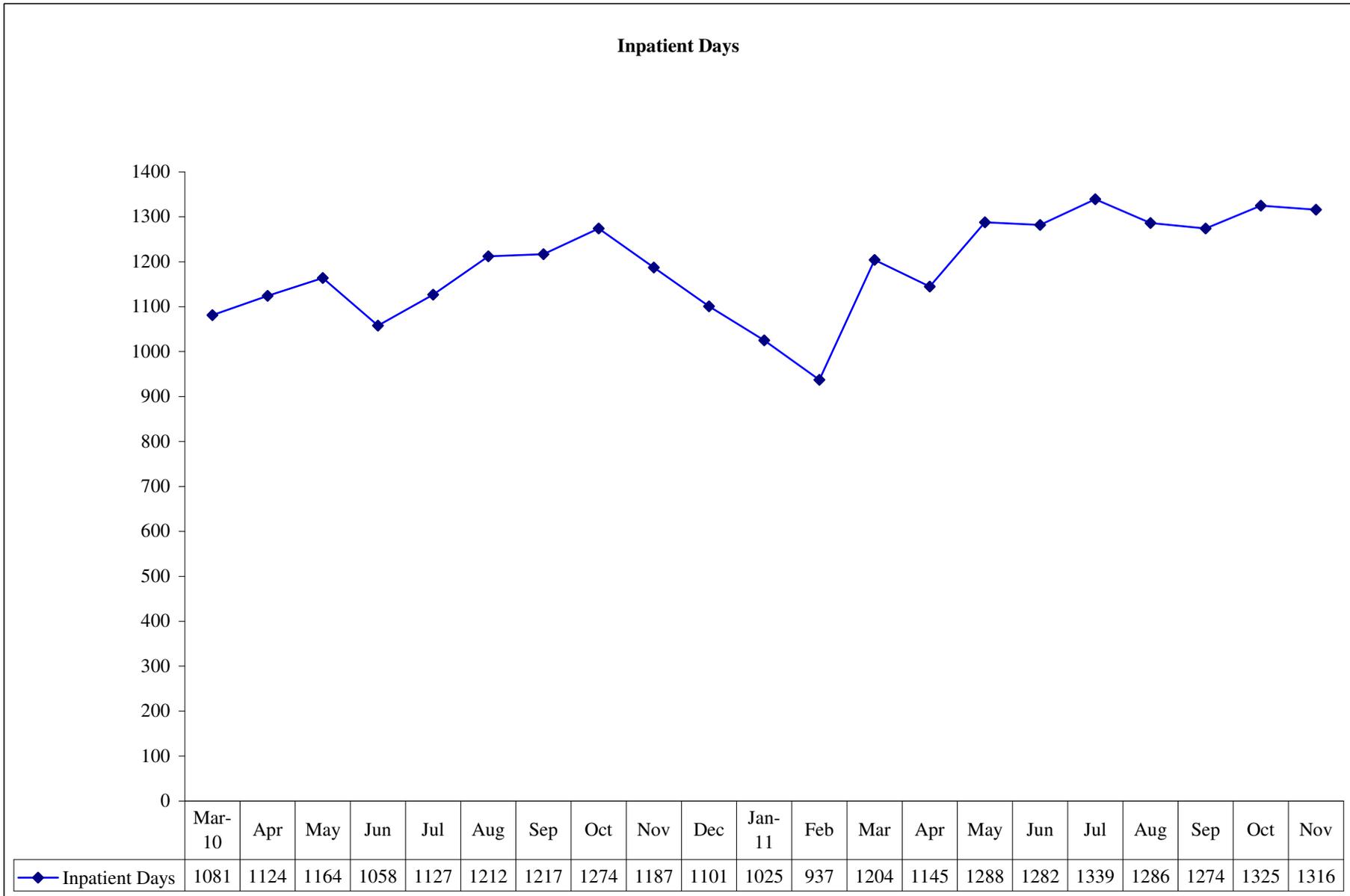
**Performance Measure Data Display and Chart Description:**

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

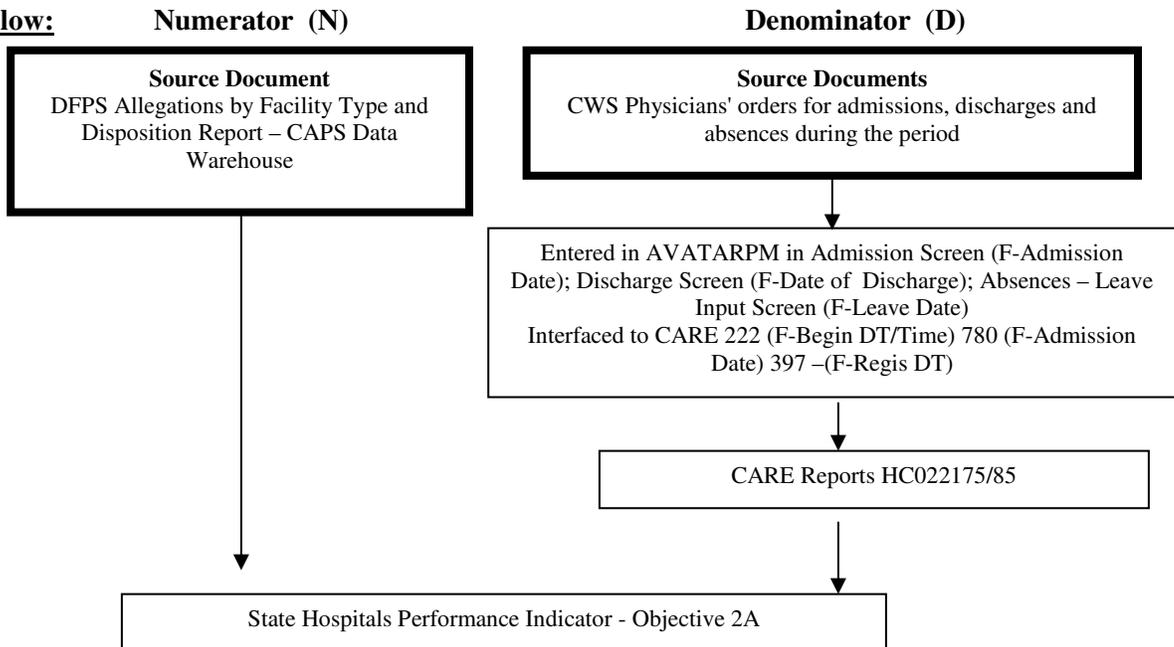
N = number of confirmed closed cases per FY

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 November 30, 2011**

| Facility                           | FY10 |      |      |      |          | FY11 |      |      |      |          | FY12 |    |    |    |          |
|------------------------------------|------|------|------|------|----------|------|------|------|------|----------|------|----|----|----|----------|
|                                    | Q1   | Q2   | Q3   | Q4   | FY Total | Q1   | Q2   | Q3   | Q4   | FY Total | Q1   | Q2 | Q3 | Q4 | FY Total |
| <b>All State Hospitals</b>         |      |      |      |      |          |      |      |      |      |          |      |    |    |    |          |
| Completed Investigations           | 629  | 613  | 524  | 581  | 2347     | 538  | 533  | 486  | 611  | 2168     | 681  |    |    |    |          |
| Total Confirmed                    | 61   | 72   | 49   | 97   | 279      | 48   | 71   | 40   | 38   | 197      | 41   |    |    |    |          |
| Total Confirmed Rate/1000 Bed Days | 0.29 | 0.34 | 0.23 | 0.45 | 0.33     | 0.23 | 0.34 | 0.19 | 0.18 | 0.23     | 0.19 |    |    |    |          |

**Performance Objective 2C:**

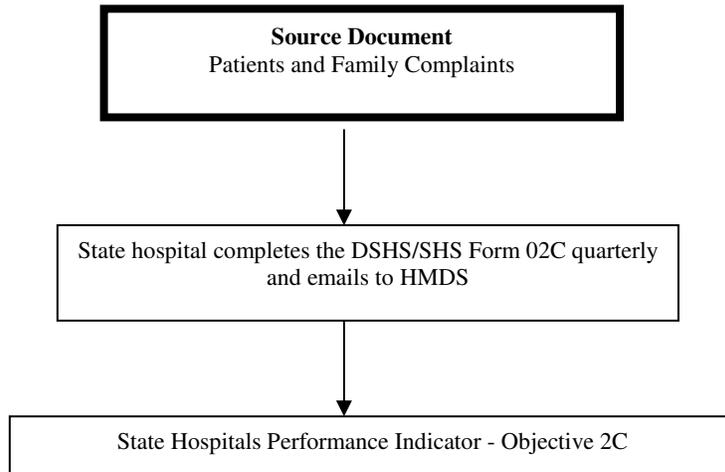
**Analyze patient complaints and grievances.**

**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 FY12**

| <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                  |             | 24          | 2           | 1           | 16          | 1           | 25          | 6           | 4           | 0           | 2           | <b>81</b>           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>1.37</b> | <b>0.31</b> | <b>0.06</b> | <b>0.30</b> | <b>0.21</b> | <b>0.87</b> | <b>0.24</b> | <b>0.14</b> | <b>0.00</b> | <b>0.30</b> | <b>0.37</b>         |
| Respect                   |             | 6           | 0           | 6           | 7           | 3           | 4           | 1           | 34          | 1           | 6           | <b>68</b>           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.34</b> | <b>0.00</b> | <b>0.34</b> | <b>0.13</b> | <b>0.63</b> | <b>0.14</b> | <b>0.04</b> | <b>1.23</b> | <b>0.26</b> | <b>0.89</b> | <b>0.31</b>         |
| Discharge                 |             | 2           | 1           | 2           | 18          | 5           | 2           | 7           | 3           | 0           | 2           | <b>42</b>           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.11</b> | <b>0.16</b> | <b>0.11</b> | <b>0.34</b> | <b>1.05</b> | <b>0.07</b> | <b>0.28</b> | <b>0.11</b> | <b>0.00</b> | <b>0.30</b> | <b>0.19</b>         |
| Medication                |             | 8           | 0           | 0           | 45          | 2           | 2           | 8           | 6           | 0           | 0           | <b>71</b>           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.46</b> | <b>0.00</b> | <b>0.00</b> | <b>0.85</b> | <b>0.42</b> | <b>0.07</b> | <b>0.32</b> | <b>0.22</b> | <b>0.00</b> | <b>0.00</b> | <b>0.33</b>         |
| Treatment Team/Planning   |             | 26          | 0           | 18          | 18          | 0           | 37          | 15          | 4           | 1           | 0           | <b>119</b>          |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>1.48</b> | <b>0.00</b> | <b>1.03</b> | <b>0.34</b> | <b>0.00</b> | <b>1.29</b> | <b>0.59</b> | <b>0.14</b> | <b>0.26</b> | <b>0.00</b> | <b>0.55</b>         |
| HIPAA                     |             | 0           | 0           | 0           | 1           | 0           | 2           | 0           | 0           | 0           | 0           | <b>3</b>            |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.02</b> | <b>0.00</b> | <b>0.07</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.01</b>         |
| Others                    |             | 6           | 2           | 10          | 146         | 2           | 113         | 27          | 18          | 0           | 27          | <b>351</b>          |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.34</b> | <b>0.31</b> | <b>0.57</b> | <b>2.76</b> | <b>0.42</b> | <b>3.94</b> | <b>1.07</b> | <b>0.65</b> | <b>0.00</b> | <b>4.00</b> | <b>1.62</b>         |
| Total                     |             | 72          | 5           | 37          | 251         | 13          | 185         | 64          | 69          | 2           | 37          | <b>735</b>          |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>4.10</b> | <b>0.79</b> | <b>2.13</b> | <b>4.74</b> | <b>2.73</b> | <b>6.46</b> | <b>2.52</b> | <b>2.49</b> | <b>0.51</b> | <b>5.48</b> | <b>3.39</b>         |

**Objective 2C - Patient Complaints & Patient Grievances**  
**All State Hospitals - Q1 FY12**

| Grievances                | ASH         | BSSH        | EPPC        | KSH         | NTSH        | RGSC        | RSH         | SASH        | TSH         | TCID        | WCFY        | System Total |
|---------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Property                  |             | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b>  |
| Respect                   |             | 0           | 2           | 0           | 0           | 0           | 26          | 0           | 0           | 0           | 0           | 28           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.00</b> | <b>0.31</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.91</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.13</b>  |
| Discharge                 |             | 0           | 0           | 0           | 0           | 0           | 49          | 0           | 0           | 0           | 0           | 49           |
| <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>1.71</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.23</b>  |
| Medication                |             | 1           | 1           | 0           | 0           | 0           | 37          | 0           | 0           | 0           | 0           | 39           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.06</b> | <b>0.16</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>1.29</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.18</b>  |
| Treatment Team/Planning   |             | 1           | 4           | 0           | 0           | 0           | 33          | 0           | 0           | 0           | 0           | 38           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.06</b> | <b>0.63</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>1.15</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.18</b>  |
| HIPAA                     |             | 0           | 1           | 0           | 0           | 0           | 6           | 0           | 0           | 0           | 0           | 7            |
| <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>0.21</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.03</b>  |
| Others                    |             | 0           | 3           | 0           | 0           | 0           | 3           | 0           | 0           | 0           | 0           | 6            |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.00</b> | <b>0.47</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.10</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.03</b>  |
| Total                     |             | 2           | 11          | 0           | 0           | 0           | 154         | 0           | 0           | 0           | 0           | 167          |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.11</b> | <b>1.73</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>5.38</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.77</b>  |



**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals - FY12**

|                                     | Fiscal Year 2012    |    |    |    |                   |    |    |    |                         |    |    |    |
|-------------------------------------|---------------------|----|----|----|-------------------|----|----|----|-------------------------|----|----|----|
|                                     | Number of Incidents |    |    |    | Number of Persons |    |    |    | Total Hours for Quarter |    |    |    |
|                                     | Q1                  | Q2 | Q3 | Q4 | Q1                | Q2 | Q3 | Q4 | Q1                      | Q2 | Q3 | Q4 |
| <b>Austin State Hospital</b>        |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Child/Adolescent Bed Days           | 2,245               |    |    |    | 2,245             |    |    |    | 2,245                   |    |    |    |
| Bed Days in Quarter-All Other Units | 23,316              |    |    |    | 23,316            |    |    |    | 23,316                  |    |    |    |
| Restraint Involving Children        | 3                   |    |    |    | 2                 |    |    |    | 0.3                     |    |    |    |
| Restraint Involving Adolescents     | 43                  |    |    |    | 13                |    |    |    | 13.6                    |    |    |    |
| Restraint Involving Adults          | 663                 |    |    |    | 141               |    |    |    | 475.6                   |    |    |    |
| Seclusion Involving Children        | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |    |    |    |
| Seclusion Involving Adolescents     | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |    |    |    |
| Seclusion Involving Adults          | 10                  |    |    |    | 2                 |    |    |    | 25.2                    |    |    |    |
| <b>Big Spring State Hospital</b>    |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Bed Days in Quarter                 | 17,575              |    |    |    | 17,575            |    |    |    | 17,575                  |    |    |    |
| Restraint Involving Adults          | 270                 |    |    |    | 60                |    |    |    | 176.0                   |    |    |    |
| Seclusion Involving Adults          | 4                   |    |    |    | 2                 |    |    |    | 13.2                    |    |    |    |
| <b>El Paso Psychiatric Center</b>   |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Child/Adolescent Bed Days           | 568                 |    |    |    | 568               |    |    |    | 568                     |    |    |    |
| Bed Days in Quarter-All Other Units | 5,790               |    |    |    | 5,790             |    |    |    | 5,790                   |    |    |    |
| Restraint Involving Children        | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |    |    |    |
| Restraint Involving Adolescents     | 26                  |    |    |    | 3                 |    |    |    | 4.7                     |    |    |    |
| Restraint Involving Adults          | 152                 |    |    |    | 34                |    |    |    | 33.6                    |    |    |    |
| Seclusion Involving Children        | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |    |    |    |
| Seclusion Involving Adolescents     | 1                   |    |    |    | 1                 |    |    |    | 0.3                     |    |    |    |
| Seclusion Involving Adults          | 1                   |    |    |    | 1                 |    |    |    | 2.5                     |    |    |    |
| <b>Kerrville State Hospital</b>     |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Bed Days in Quarter                 | 17,405              |    |    |    | 17,405            |    |    |    | 17,405                  |    |    |    |
| Restraint Involving Adults          | 37                  |    |    |    | 16                |    |    |    | 3.22                    |    |    |    |
| Seclusion Involving Adults          | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |    |    |    |

**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals - FY12**

**Fiscal Year 2012**

|                                      | 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            | 8,867               |    |    |    | 8,867             |    |    |    | 8,867                   |    |    |    |
| Bed Days in Quarter-All Other Units  | 44,041              |    |    |    | 44,041            |    |    |    | 44,041                  |    |    |    |
| Restraint Involving Children         | 2                   |    |    |    | 1                 |    |    |    | 0.1                     |    |    |    |
| Restraint Involving Adolescents      | 247                 |    |    |    | 40                |    |    |    | 163.8                   |    |    |    |
| Restraint Involving Adults           | 611                 |    |    |    | 153               |    |    |    | 497.0                   |    |    |    |
| Seclusion Involving Children         | 2                   |    |    |    | 2                 |    |    |    | 1.1                     |    |    |    |
| Seclusion Involving Adolescents      | 10                  |    |    |    | 3                 |    |    |    | 11.5                    |    |    |    |
| Seclusion Involving Adults           | 19                  |    |    |    | 8                 |    |    |    | 39.2                    |    |    |    |
| <b>Rio Grande State Center</b>       |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Bed Days in Quarter                  | 4,761               |    |    |    | 4,761             |    |    |    | 4,761                   |    |    |    |
| Restraint Involving Adults           | 32                  |    |    |    | 23                |    |    |    | 6.0                     |    |    |    |
| Seclusion Involving Adults           | 2                   |    |    |    | 2                 |    |    |    | 4.6                     |    |    |    |
| <b>Rusk State Hospital</b>           |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Bed Days in Quarter                  | 28,646              |    |    |    | 28,646            |    |    |    | 28,646                  |    |    |    |
| Restraint Involving Adults           | 220                 |    |    |    | 71                |    |    |    | 123.4                   |    |    |    |
| Seclusion Involving Adults           | 7                   |    |    |    | 7                 |    |    |    | 9.8                     |    |    |    |
| <b>San Antonio State Hospital</b>    |                     |    |    |    |                   |    |    |    |                         |    |    |    |
| Child/Adolescent Bed Days in Quarter | 2,517               |    |    |    | 2,517             |    |    |    | 2,517                   |    |    |    |
| Bed Days in Quarter-All Other Units  | 22,835              |    |    |    | 22,835            |    |    |    | 22,835                  |    |    |    |
| Restraint Involving Adolescents      | 474                 |    |    |    | 47                |    |    |    | 202.1                   |    |    |    |
| Restraint Involving Adults           | 250                 |    |    |    | 73                |    |    |    | 199.9                   |    |    |    |
| Seclusion Involving Adolescents      | 1                   |    |    |    | 1                 |    |    |    | 0.2                     |    |    |    |
| Seclusion Involving Adults           | 4                   |    |    |    | 4                 |    |    |    | 1.3                     |    |    |    |

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

**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals - FY12**

**Fiscal Year 2012**

|                                      | 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 | 2,421               |    |    |    | 2,421             |    |    |    | 2,421                   |     |     |     |
| Bed Days in Quarter-All Other Units  | 25,291              |    |    |    | 25,291            |    |    |    | 25,291                  |     |     |     |
| Restraint Involving Children         | 6                   |    |    |    | 3                 |    |    |    | 0.2                     |     |     |     |
| Restraint Involving Adolescents      | 45                  |    |    |    | 22                |    |    |    | 18.5                    |     |     |     |
| Restraint Involving Adults           | 125                 |    |    |    | 57                |    |    |    | 51.7                    |     |     |     |
| Seclusion Involving Children         | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |     |     |     |
| Seclusion Involving Adolescents      | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |     |     |     |
| Seclusion Involving Adults           | 5                   |    |    |    | 4                 |    |    |    | 3.4                     |     |     |     |
| <b>Waco Center For Youth</b>         |                     |    |    |    |                   |    |    |    |                         |     |     |     |
| Child/Adolescent Bed Days in Quarter | 6,749               |    |    |    | 6,749             |    |    |    | 6,749                   |     |     |     |
| Restraint Involving Adolescents      | 83                  |    |    |    | 35                |    |    |    | 19.4                    |     |     |     |
| Seclusion Involving Adolescents      | 0                   |    |    |    | 0                 |    |    |    | 0.0                     |     |     |     |
| <b>All State MH Hospitals</b>        |                     |    |    |    |                   |    |    |    |                         |     |     |     |
| Child/Adolescent Bed Days            | 23,367              | 0  | 0  | 0  | 23,367            | 0  | 0  | 0  | 23,367                  | 0   | 0   | 0   |
| Bed Days in Quarter-All Other Units  | 189,660             | 0  | 0  | 0  | 189,660           | 0  | 0  | 0  | 189,660                 | 0   | 0   | 0   |
| Restraint Involving Children         | 11                  |    |    |    | 6                 |    |    |    | 0.5                     |     |     |     |
| Restraint Involving Adolescents      | 918                 |    |    |    | 160               |    |    |    | 422.1                   |     |     |     |
| Restraint Involving Adults           | 2,360               |    |    |    | 628               |    |    |    | 1,566.5                 |     |     |     |
| Seclusion Involving Children         | 2                   | 0  | 0  | 0  | 2                 | 0  | 0  | 0  | 1.1                     | 0.0 | 0.0 | 0.0 |
| Seclusion Involving Adolescents      | 12                  | 0  | 0  | 0  | 5                 | 0  | 0  | 0  | 11.9                    | 0.0 | 0.0 | 0.0 |
| Seclusion Involving Adults           | 52                  | 0  | 0  | 0  | 30                | 0  | 0  | 0  | 99.2                    | 0.0 | 0.0 | 0.0 |

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

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

**Fiscal Year 2012**

|                                     | Number of Incidents |    |    |    | Number of Persons |    |    |    |
|-------------------------------------|---------------------|----|----|----|-------------------|----|----|----|
|                                     | Q1                  | Q2 | Q3 | Q4 | Q1                | Q2 | Q3 | Q4 |
| <b>Austin State Hospital</b>        |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Children    | 1                   |    |    |    | 1                 |    |    |    |
| < 5 Restraint Involving Adolescents | 13                  |    |    |    | 8                 |    |    |    |
| < 5 Restraint Involving Adults      | 361                 |    |    |    | 134               |    |    |    |
| <b>Big Spring State Hospital</b>    |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Adults      | 109                 |    |    |    | 41                |    |    |    |
| <b>El Paso Psychiatric Center</b>   |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Children    | 0                   |    |    |    | 0                 |    |    |    |
| < 5 Restraint Involving Adolescents | 16                  |    |    |    | 3                 |    |    |    |
| < 5 Restraint Involving Adults      | 114                 |    |    |    | 32                |    |    |    |
| <b>Kerrville State Hospital</b>     |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Adults      | 31                  |    |    |    | 15                |    |    |    |
| <b>North Texas State Hospital</b>   |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Children    | 2                   |    |    |    | 1                 |    |    |    |
| < 5 Restraint Involving Adolescents | 47                  |    |    |    | 21                |    |    |    |
| < 5 Restraint Involving Adults      | 274                 |    |    |    | 123               |    |    |    |
| <b>Rio Grande State Center</b>      |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Adults      | 11                  |    |    |    | 11                |    |    |    |
| <b>Rusk State Hospital</b>          |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Adults      | 107                 |    |    |    | 57                |    |    |    |
| <b>San Antonio State Hospital</b>   |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Adolescents | 244                 |    |    |    | 43                |    |    |    |
| < 5 Restraint Involving Adults      | 111                 |    |    |    | 53                |    |    |    |
| <b>Terrell State Hospital</b>       |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Children    | 6                   |    |    |    | 3                 |    |    |    |
| < 5 Restraint Involving Adolescents | 16                  |    |    |    | 12                |    |    |    |
| < 5 Restraint Involving Adults      | 77                  |    |    |    | 46                |    |    |    |
| <b>Waco Center For Youth</b>        |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Adolescents | 36                  |    |    |    | 22                |    |    |    |
| <b>All State MH Hospitals</b>       |                     |    |    |    |                   |    |    |    |
| < 5 Restraint Involving Children    | 9                   |    |    |    | 5                 |    |    |    |
| < 5 Restraint Involving Adolescents | 372                 |    |    |    | 109               |    |    |    |
| < 5 Restraint Involving Adults      | 1,195               |    |    |    | 512               |    |    |    |

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 2012**

|                                   | Number of Incidents |    |    |    | FY Total |
|-----------------------------------|---------------------|----|----|----|----------|
|                                   | Q1                  | Q2 | Q3 | Q4 |          |
| <b>Austin State Hospital</b>      |                     |    |    |    |          |
| Personal Restraint                | 283                 |    |    |    | 283      |
| Mechanical Restraint              | 426                 |    |    |    | 426      |
| Seclusion                         | 10                  |    |    |    | 10       |
| <b>Big Spring State Hospital</b>  |                     |    |    |    |          |
| Personal Restraint                | 113                 |    |    |    | 113      |
| Mechanical Restraint              | 157                 |    |    |    | 157      |
| Seclusion                         | 4                   |    |    |    | 4        |
| <b>El Paso Psychiatric Center</b> |                     |    |    |    |          |
| Personal Restraint                | 145                 |    |    |    | 145      |
| Mechanical Restraint              | 33                  |    |    |    | 33       |
| Seclusion                         | 2                   |    |    |    | 2        |
| <b>Kerrville State Hospital</b>   |                     |    |    |    |          |
| Personal Restraint                | 28                  |    |    |    | 28       |
| Mechanical Restraint              | 9                   |    |    |    | 9        |
| Seclusion                         | 0                   |    |    |    | 0        |
| <b>North Texas State Hospital</b> |                     |    |    |    |          |
| Personal Restraint                | 541                 |    |    |    | 541      |
| Mechanical Restraint              | 319                 |    |    |    | 319      |
| Seclusion                         | 31                  |    |    |    | 31       |
| <b>Rio Grande State Center</b>    |                     |    |    |    |          |
| Personal Restraint                | 23                  |    |    |    | 23       |
| Mechanical Restraint              | 9                   |    |    |    | 9        |
| Seclusion                         | 2                   |    |    |    | 2        |
| <b>Rusk State Hospital</b>        |                     |    |    |    |          |
| Personal Restraint                | 90                  |    |    |    | 90       |
| Mechanical Restraint              | 130                 |    |    |    | 130      |
| Seclusion                         | 7                   |    |    |    | 7        |
| <b>San Antonio State Hospital</b> |                     |    |    |    |          |
| Personal Restraint                | 327                 |    |    |    | 327      |
| Mechanical Restraint              | 397                 |    |    |    | 397      |
| Seclusion                         | 5                   |    |    |    | 5        |

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

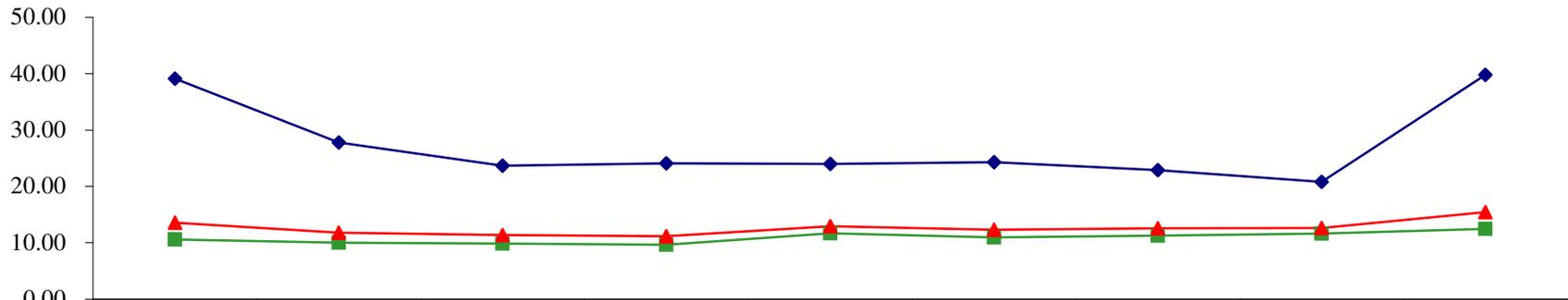
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

**Fiscal Year 2012**

|                               | Number of Incidents |    |    |    | FY Total |
|-------------------------------|---------------------|----|----|----|----------|
|                               | Q1                  | Q2 | Q3 | Q4 |          |
| <b>Terrell State Hospital</b> |                     |    |    |    |          |
| Personal Restraint            | 135                 |    |    |    | 135      |
| Mechanical Restraint          | 41                  |    |    |    | 41       |
| Seclusion                     | 5                   |    |    |    | 5        |
| <b>Waco Center For Youth</b>  |                     |    |    |    |          |
| Personal Restraint            | 69                  |    |    |    | 69       |
| Mechanical Restraint          | 14                  |    |    |    | 14       |
| Seclusion                     | 0                   |    |    |    | 0        |
| <b>All State MH Hospitals</b> |                     |    |    |    |          |
| Personal Restraint            | 1,754               |    |    |    | 1,754    |
| Mechanical Restraint          | 1,535               |    |    |    | 1,535    |
| Seclusion                     | 66                  |    |    |    | 66       |

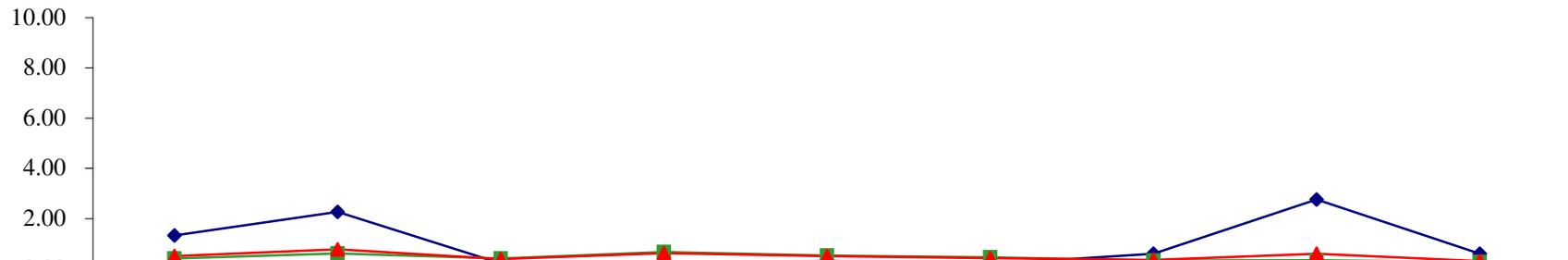
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

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



|                   | Q1 FY10 | Q2    | Q3    | Q4    | Q1 FY11 | Q2    | Q3    | Q4    | Q1 FY12 |
|-------------------|---------|-------|-------|-------|---------|-------|-------|-------|---------|
| Child/Adolescents | 39.11   | 27.81 | 23.70 | 24.07 | 23.99   | 24.30 | 22.89 | 20.81 | 39.76   |
| Adults            | 10.60   | 9.99  | 9.86  | 9.67  | 11.66   | 10.93 | 11.28 | 11.64 | 12.44   |
| Total             | 13.55   | 11.80 | 11.35 | 11.14 | 12.94   | 12.32 | 12.56 | 12.62 | 15.44   |

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

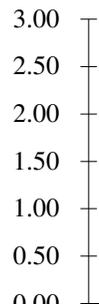


|                   | Q1 FY10 | Q2   | Q3   | Q4   | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|-------------------|---------|------|------|------|---------|------|------|------|---------|
| Child/Adolescents | 1.32    | 2.26 | 0.21 | 0.18 | 0.32    | 0.19 | 0.59 | 2.75 | 0.60    |
| Adults            | 0.41    | 0.61 | 0.41 | 0.67 | 0.53    | 0.45 | 0.33 | 0.35 | 0.27    |
| Total             | 0.51    | 0.77 | 0.38 | 0.62 | 0.51    | 0.42 | 0.36 | 0.60 | 0.31    |

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

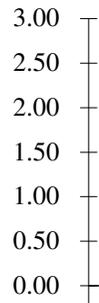
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

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



|                     | Q1 FY10 | Q2   | Q3   | Q4   | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 0.43    | 0.37 | 0.45 | 0.41 | 0.43    | 0.40 | 0.44 | 0.42 | 0.45    |
| ■ Adults            | 0.67    | 0.71 | 0.68 | 0.63 | 0.69    | 0.65 | 0.69 | 0.63 | 0.66    |
| ▲ Total             | 0.60    | 0.63 | 0.63 | 0.58 | 0.64    | 0.60 | 0.64 | 0.59 | 0.60    |

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

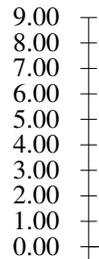


|                     | Q1 FY10 | Q2   | Q3   | Q4   | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 0.64    | 0.66 | 0.76 | 0.80 | 0.47    | 1.21 | 0.74 | 0.49 | 0.93    |
| ■ Adults            | 1.16    | 0.99 | 1.19 | 1.55 | 2.46    | 1.75 | 1.62 | 1.89 | 1.91    |
| ▲ Total             | 1.02    | 0.90 | 1.17 | 1.52 | 2.33    | 1.72 | 1.46 | 1.21 | 1.70    |

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

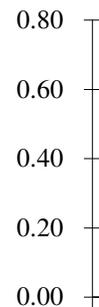
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**

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



|                     | Q1 FY10 | Q2   | Q3   | Q4   | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 5.97    | 6.55 | 5.84 | 6.00 | 6.43    | 5.48 | 5.94 | 5.29 | 7.10    |
| ■ Adults            | 3.14    | 2.88 | 2.94 | 2.74 | 2.87    | 3.18 | 3.00 | 3.10 | 3.31    |
| ▲ Total             | 3.43    | 3.25 | 3.25 | 3.07 | 3.24    | 3.42 | 3.33 | 3.34 | 3.73    |

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

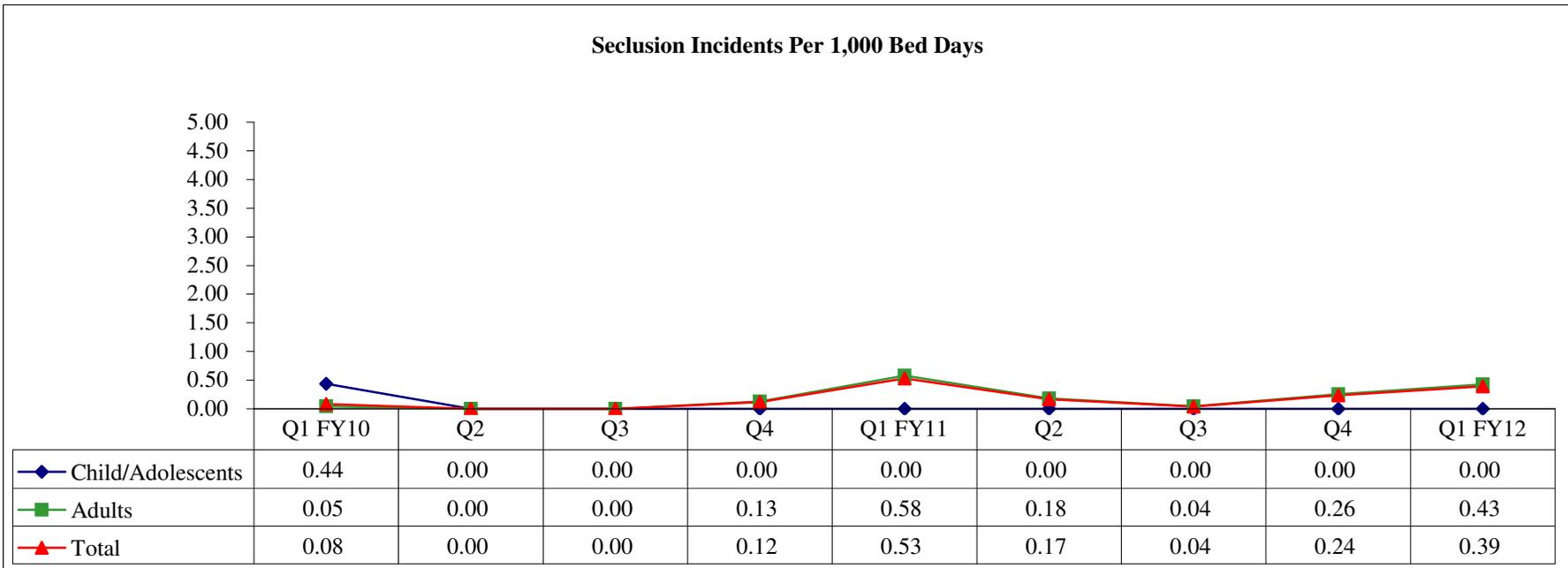
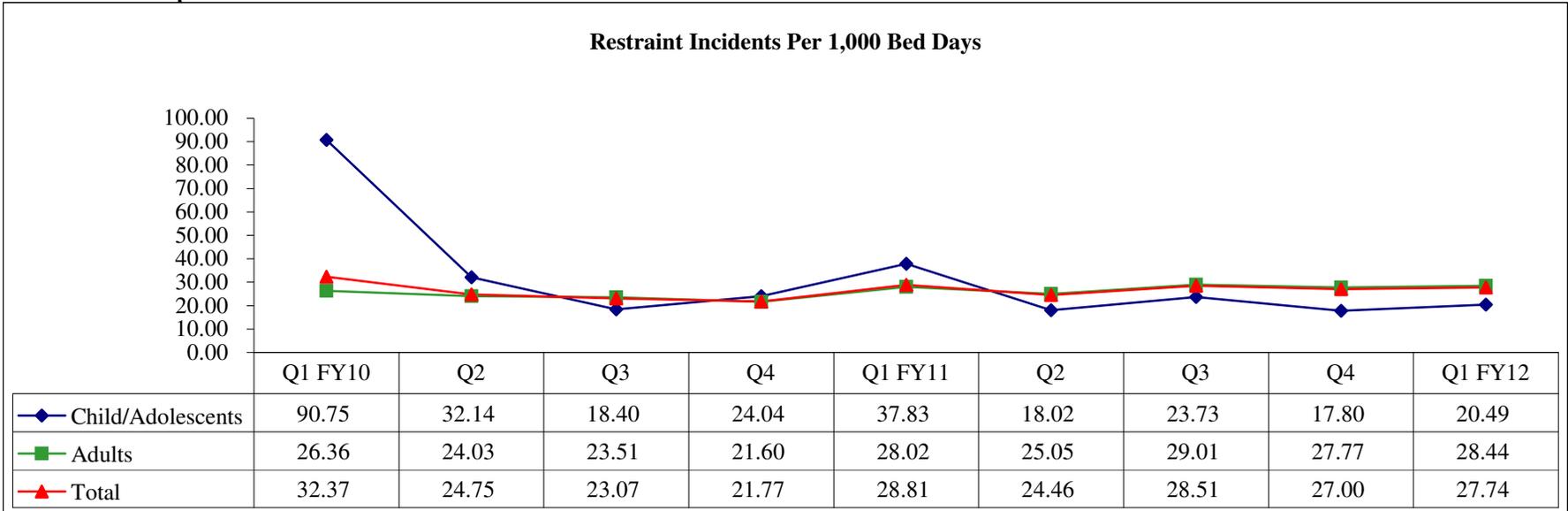


|                     | Q1 FY10 | Q2   | Q3   | Q4   | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|---------------------|---------|------|------|------|---------|------|------|------|---------|
| ◆ Child/Adolescents | 0.73    | 0.75 | 0.13 | 0.18 | 0.27    | 0.09 | 0.21 | 0.61 | 0.30    |
| ■ Adults            | 0.26    | 0.33 | 0.29 | 0.17 | 0.19    | 0.26 | 0.22 | 0.21 | 0.16    |
| ▲ Total             | 0.31    | 0.37 | 0.27 | 0.17 | 0.20    | 0.24 | 0.22 | 0.26 | 0.17    |

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

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

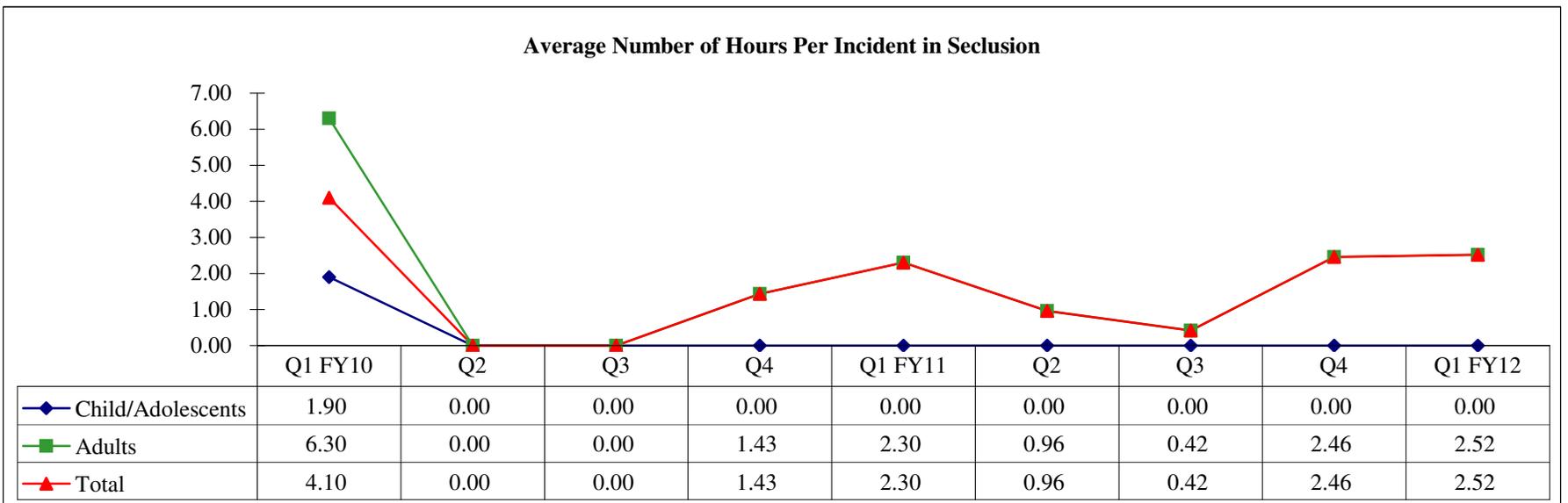
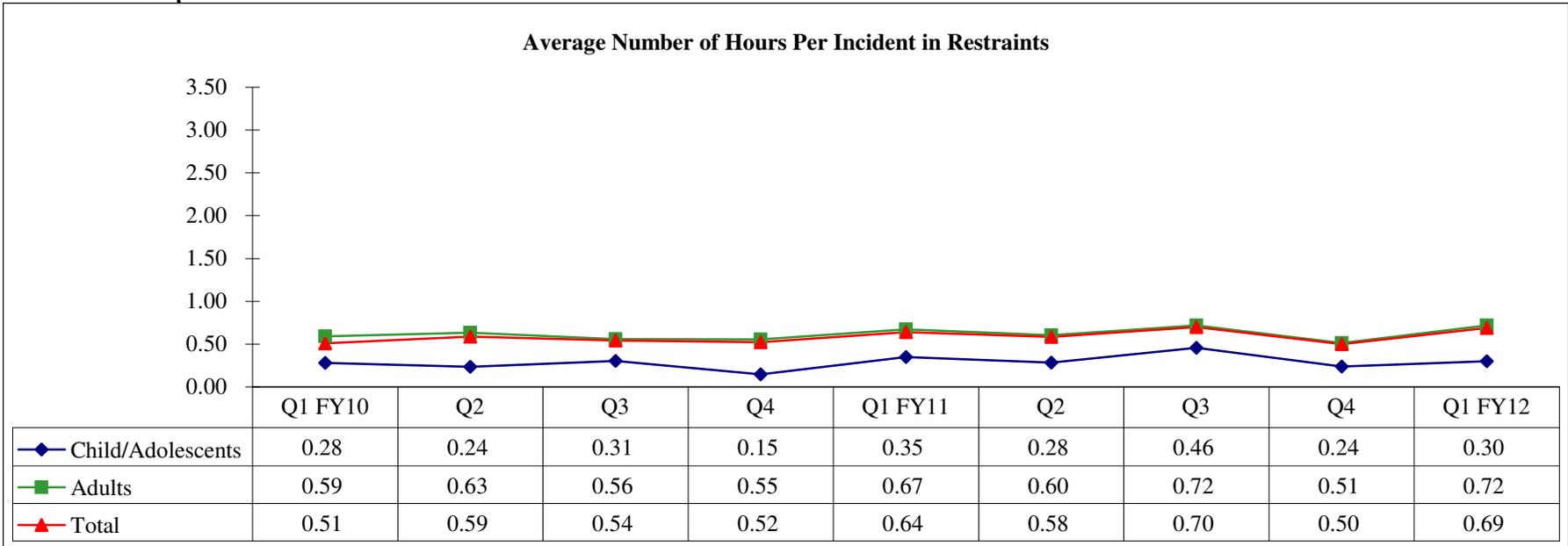
**Austin State Hospital**



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

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

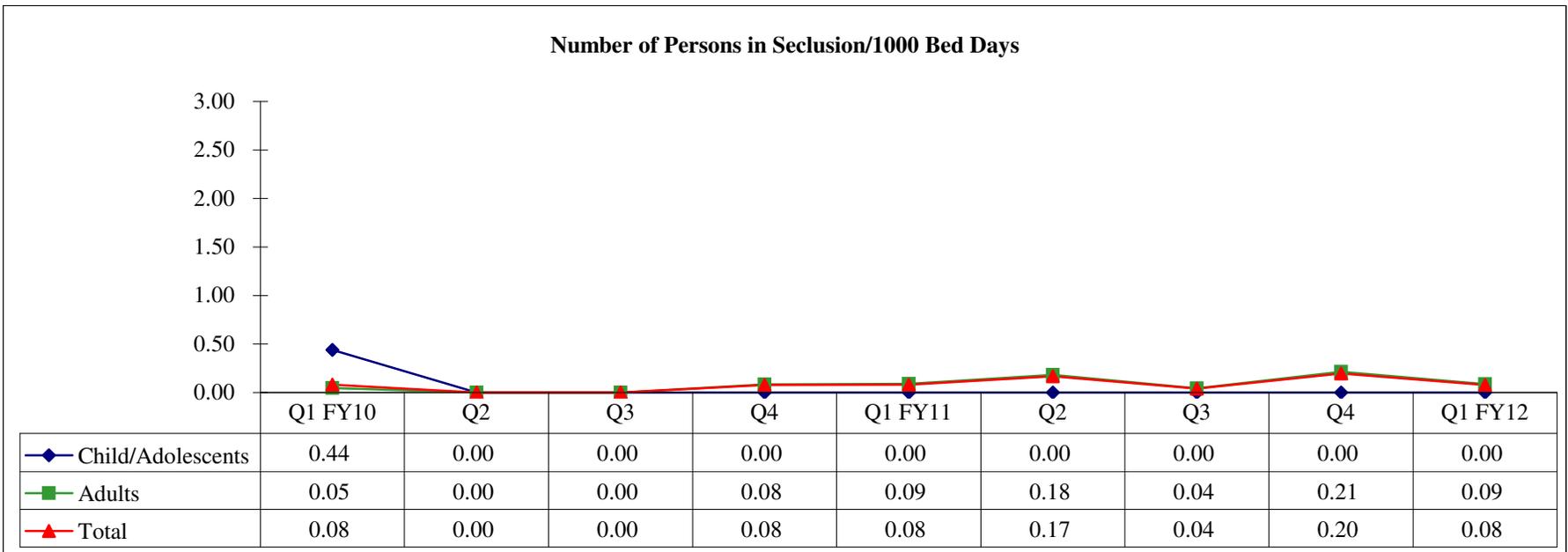
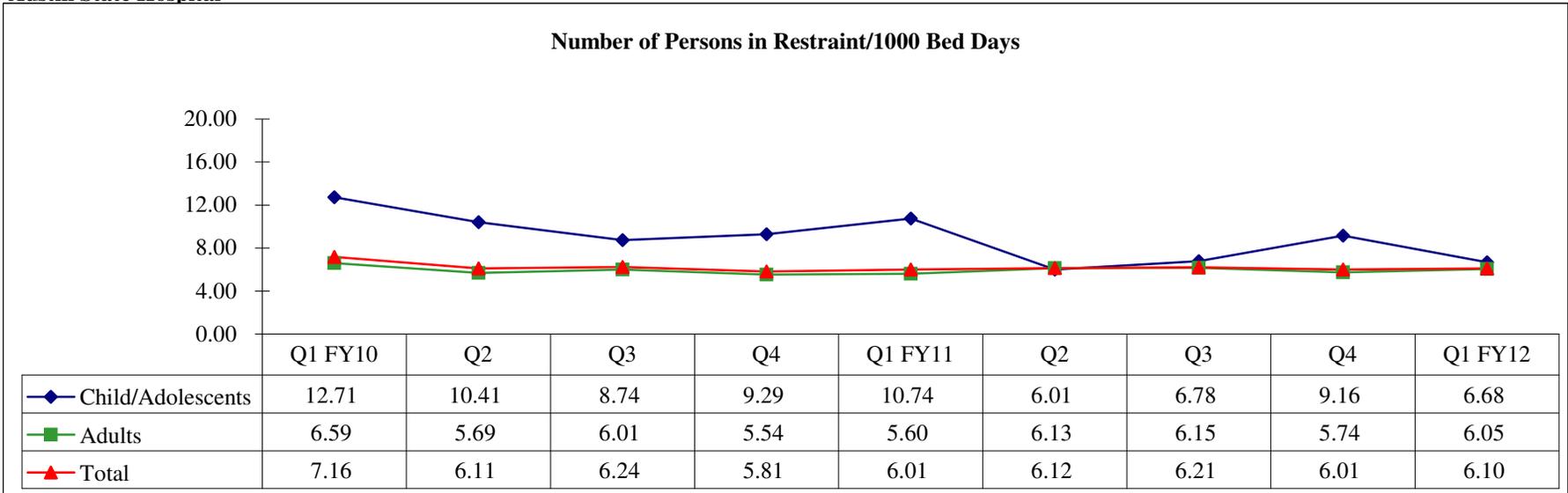
**Austin State Hospital**



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

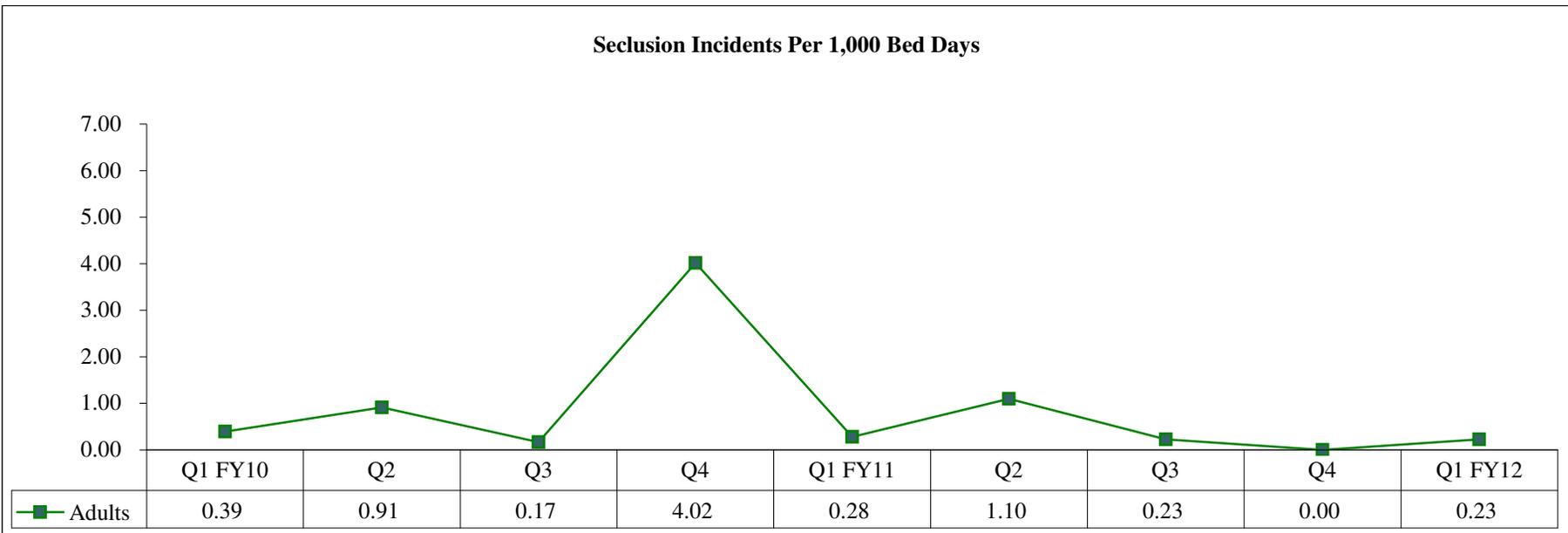
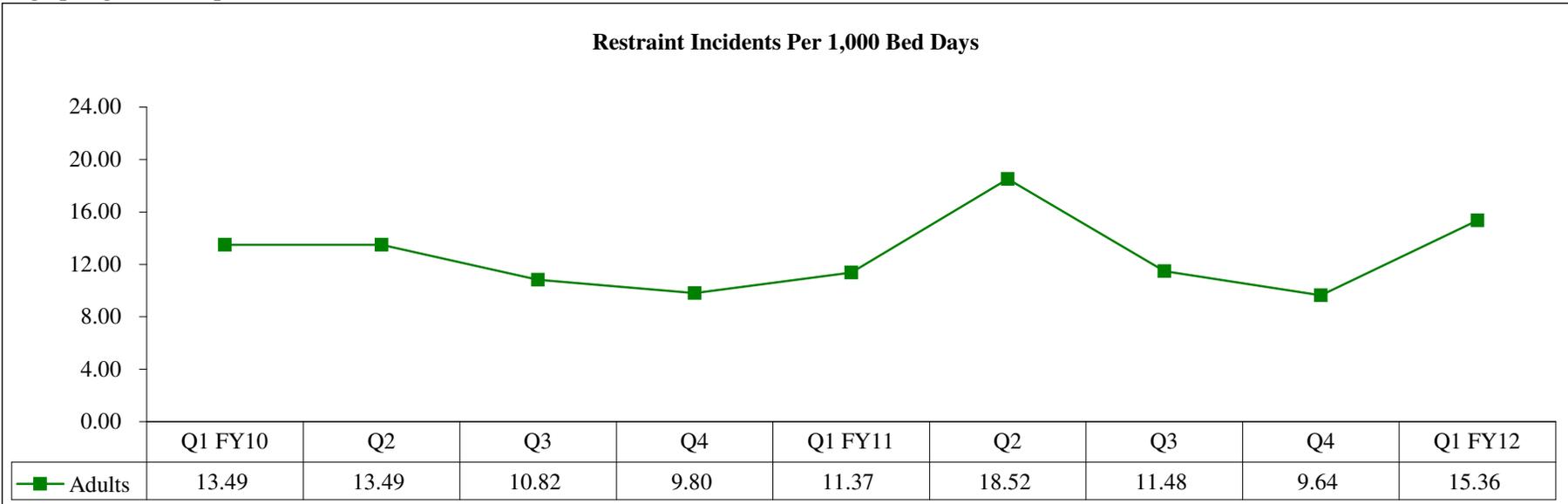
**Objective 3A - Maintain Restraint and Seclusion Data**

**Austin State Hospital**



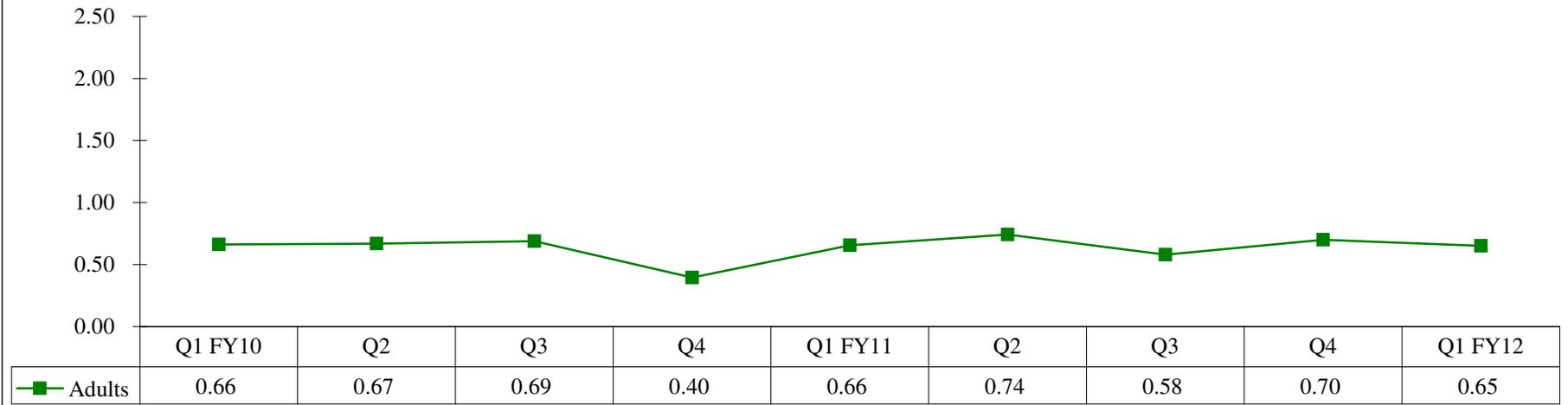
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

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

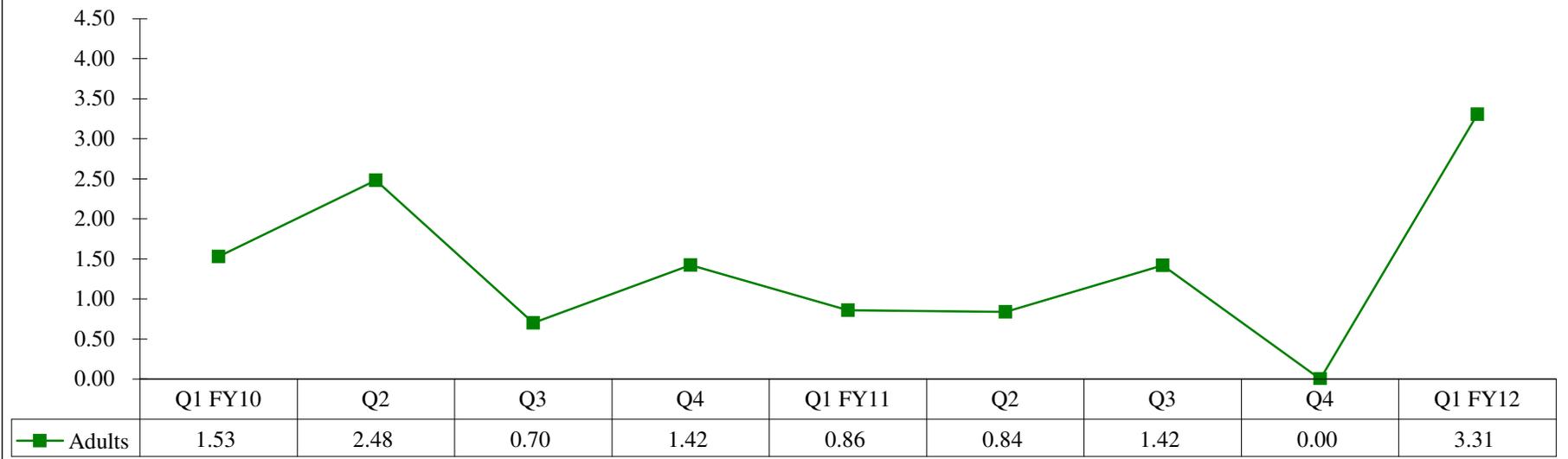


**Objective 3A - Maintain Restraint and Seclusion Data  
Big Spring State Hospital**

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

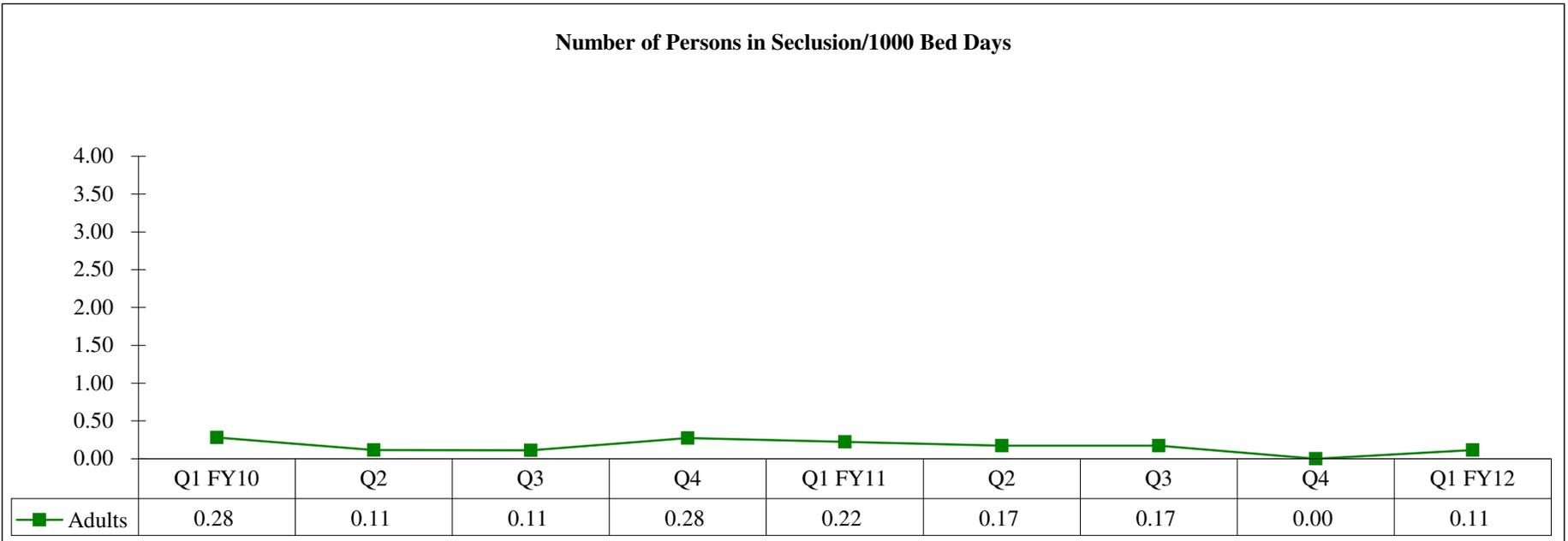
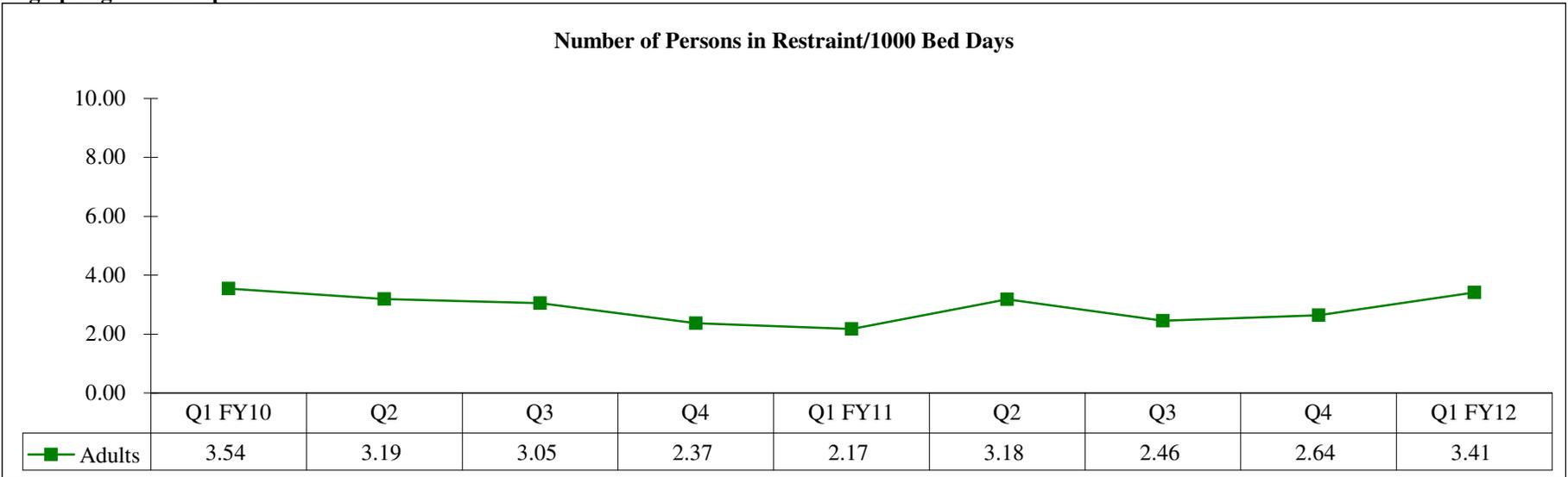


**Average Number of Hours Per Incident in Seclusion**

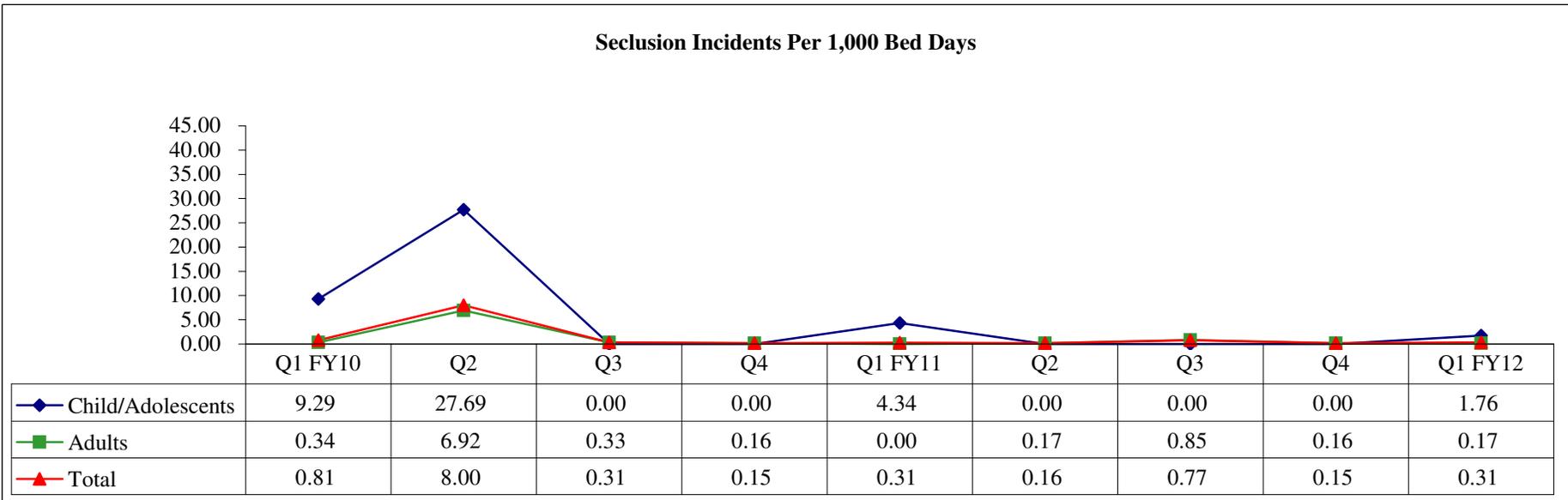
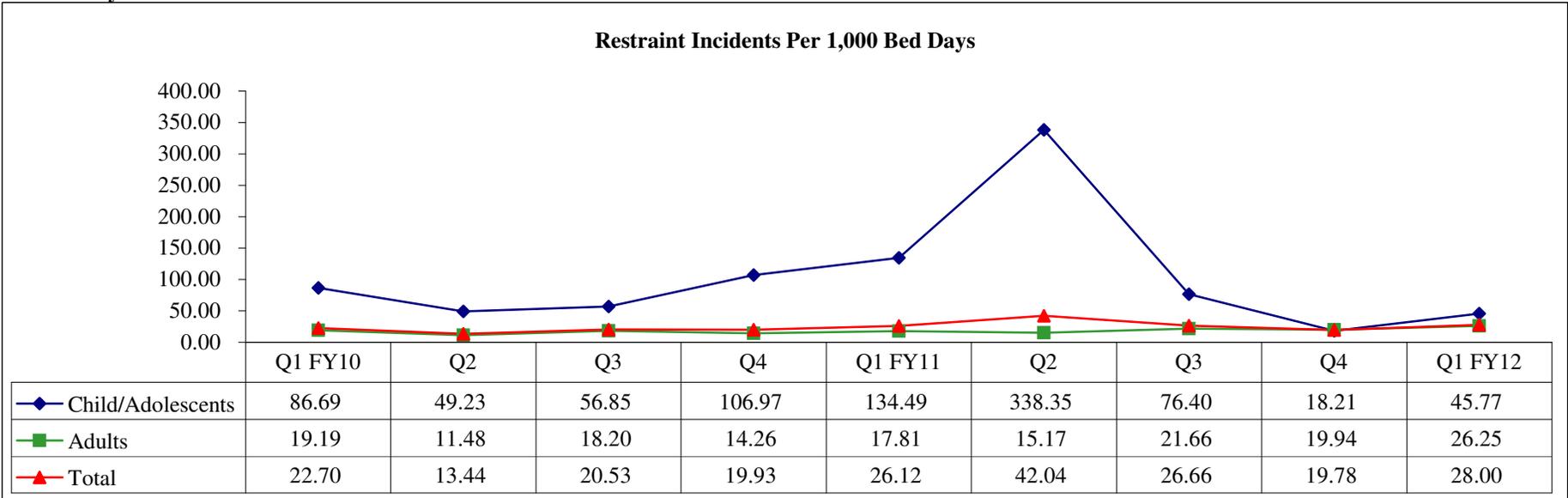


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

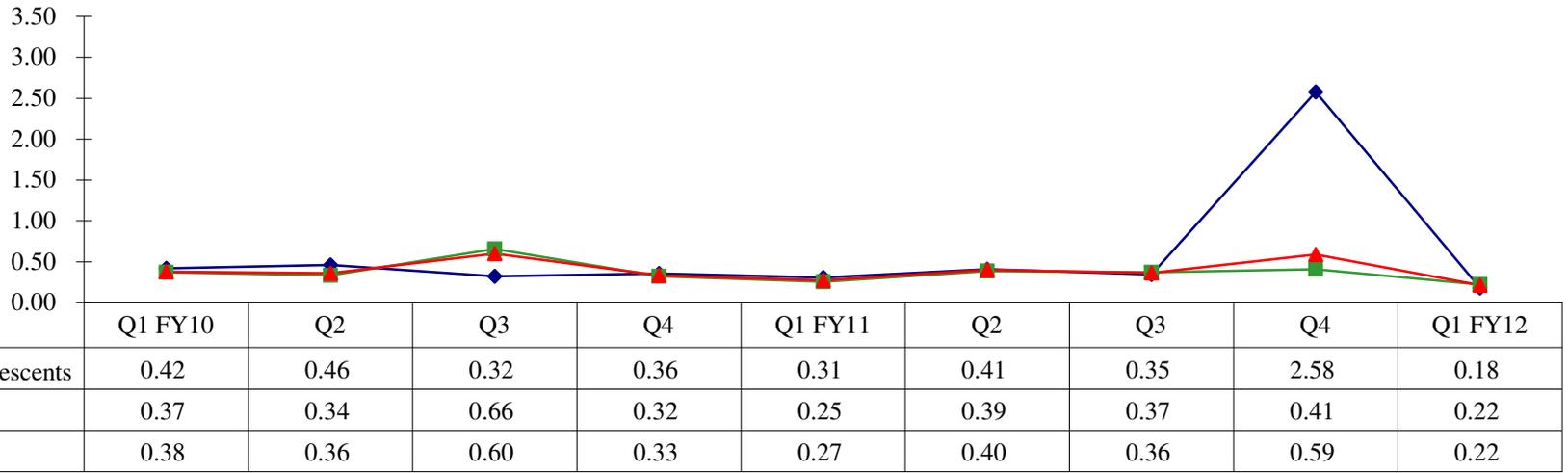


**Objective 3A - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**

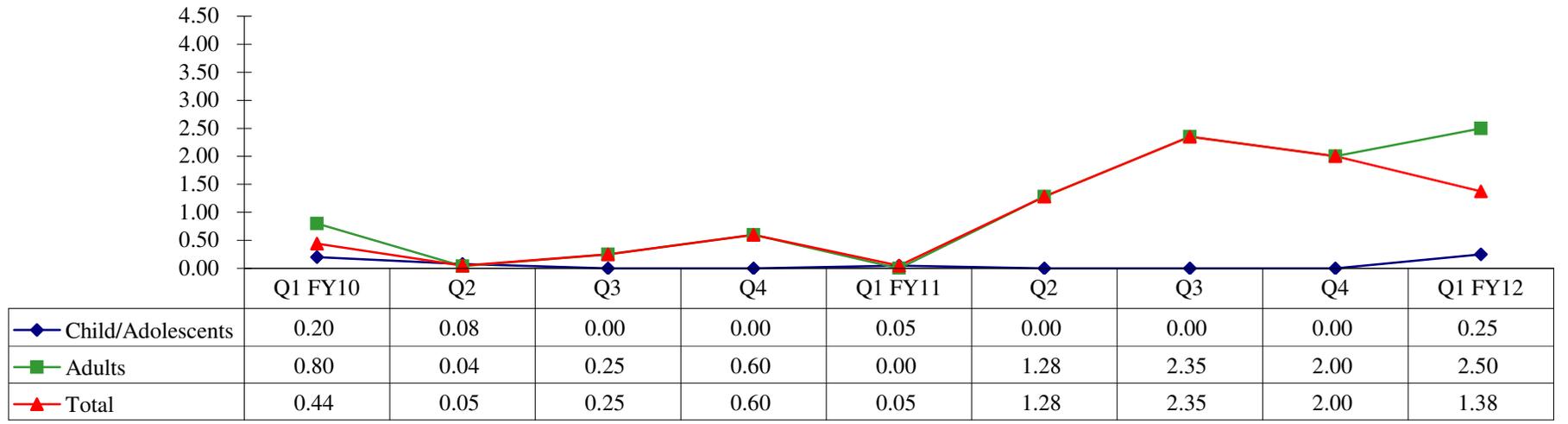


**Objective 3A - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**

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

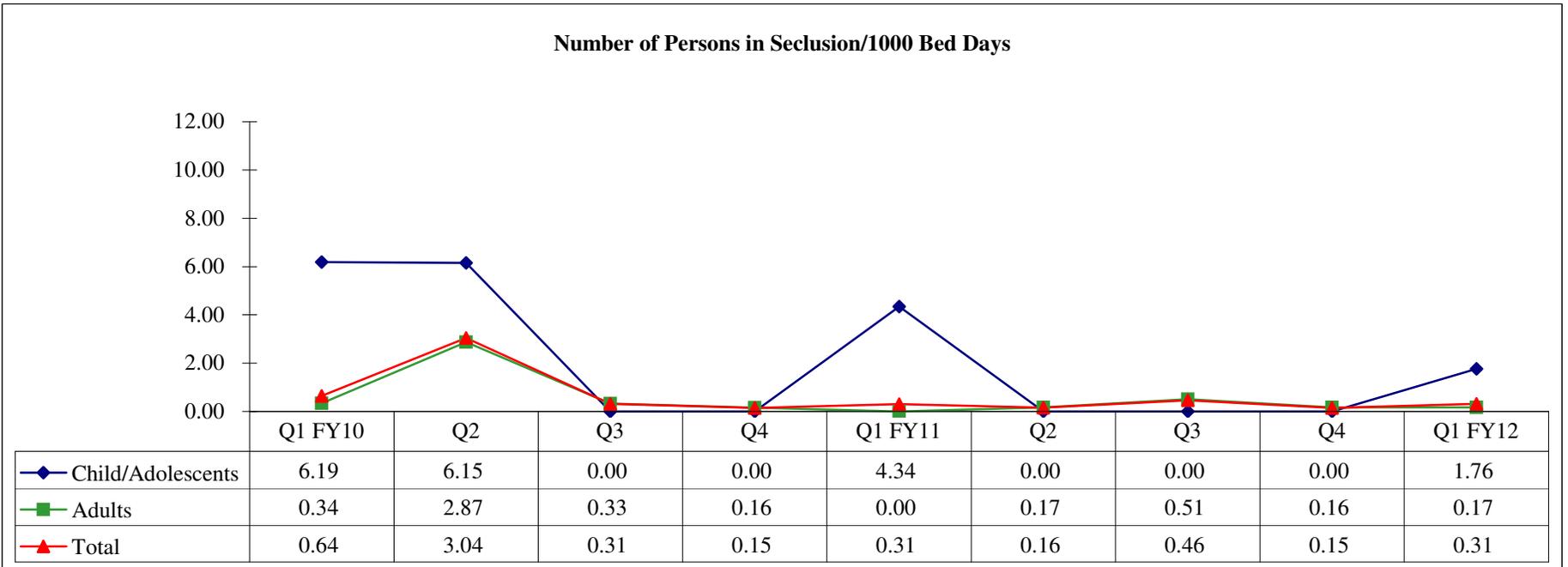
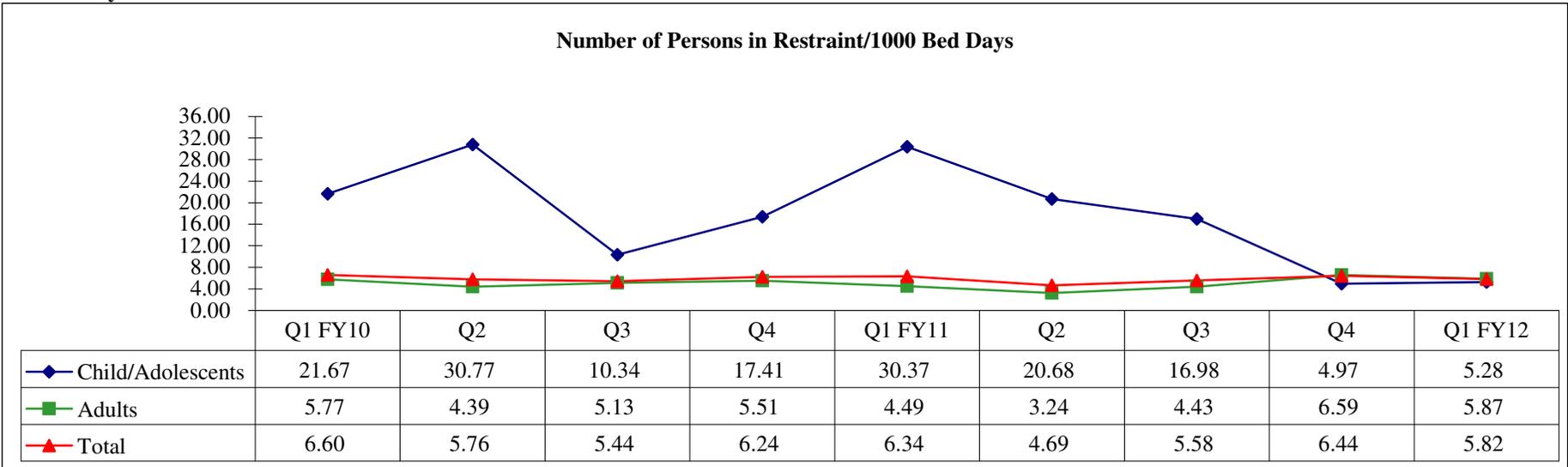


**Average Number of Hours Per Incident in Seclusion**



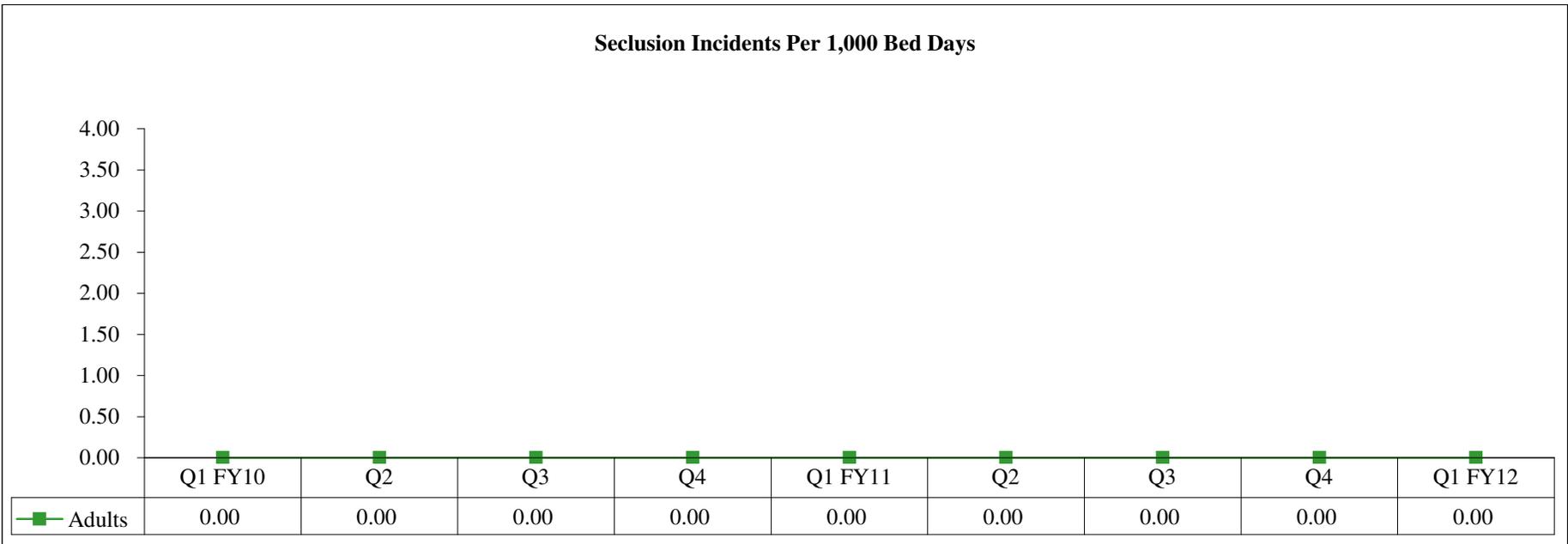
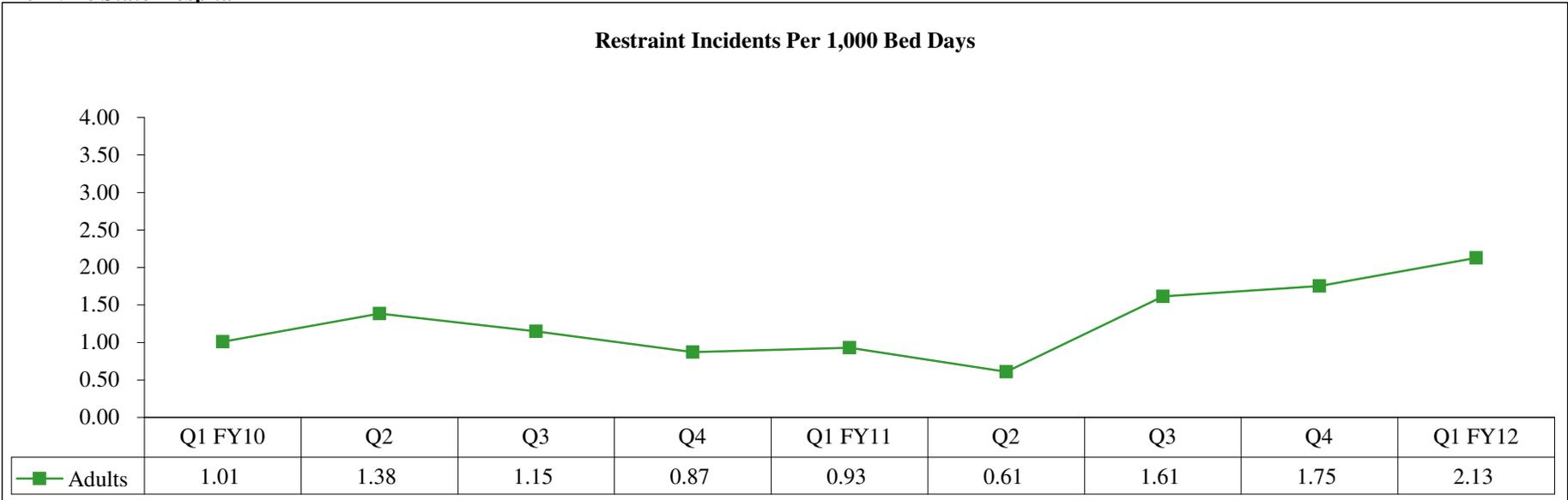
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



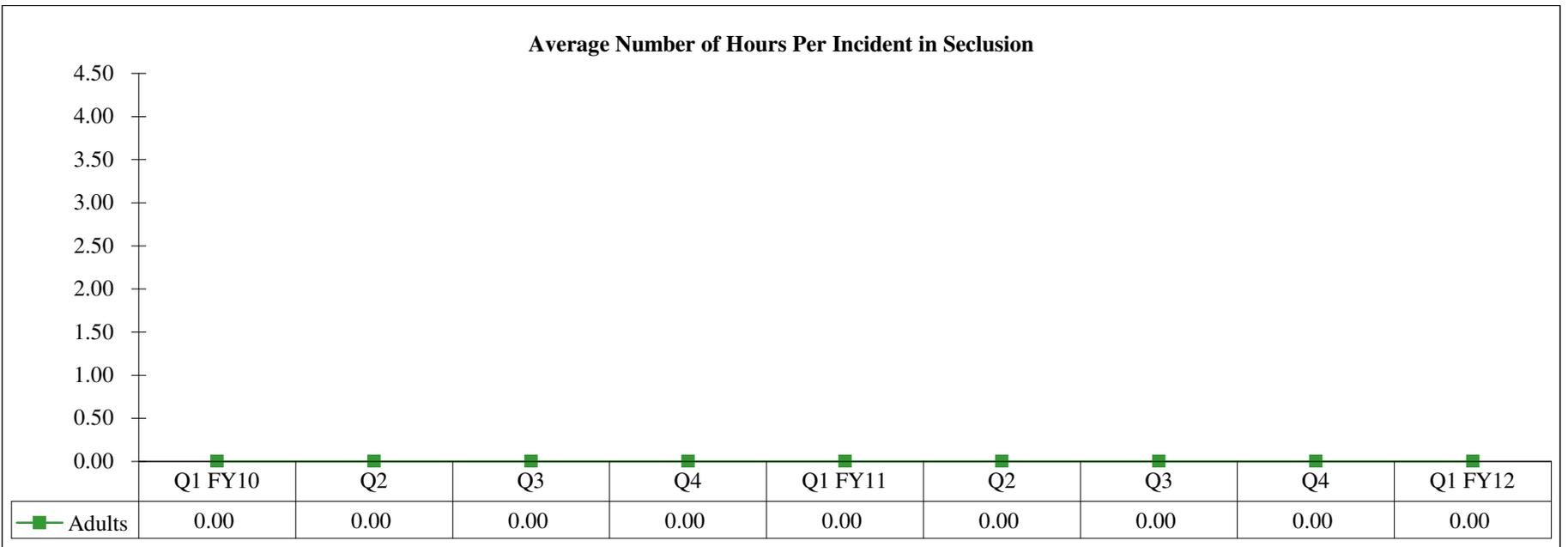
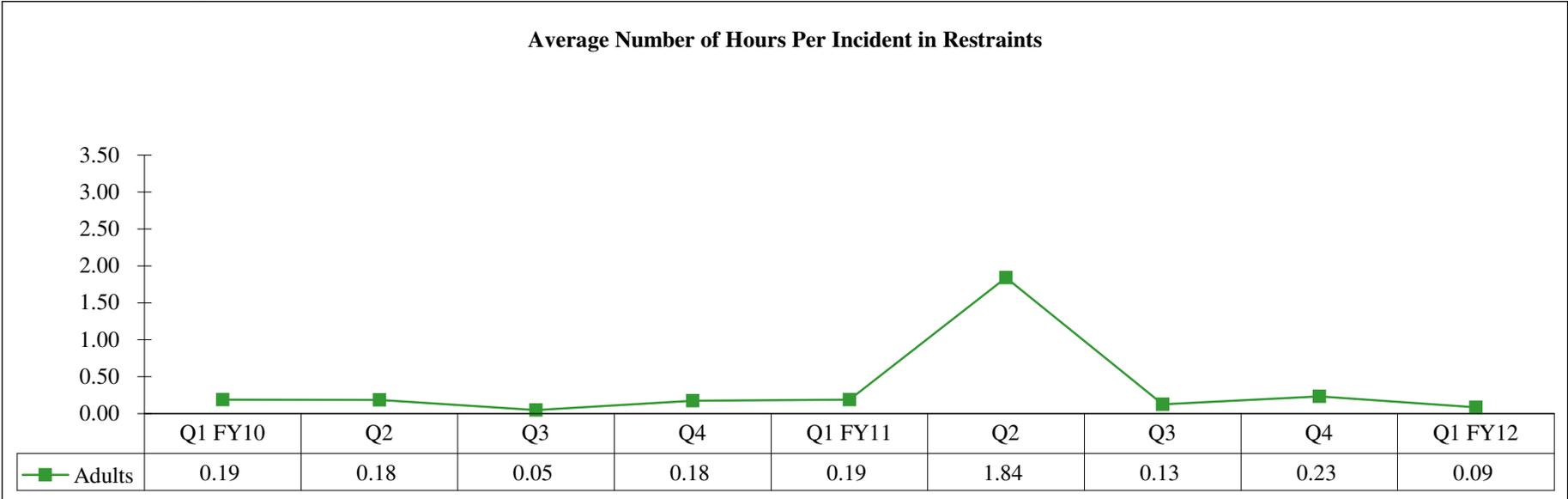
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



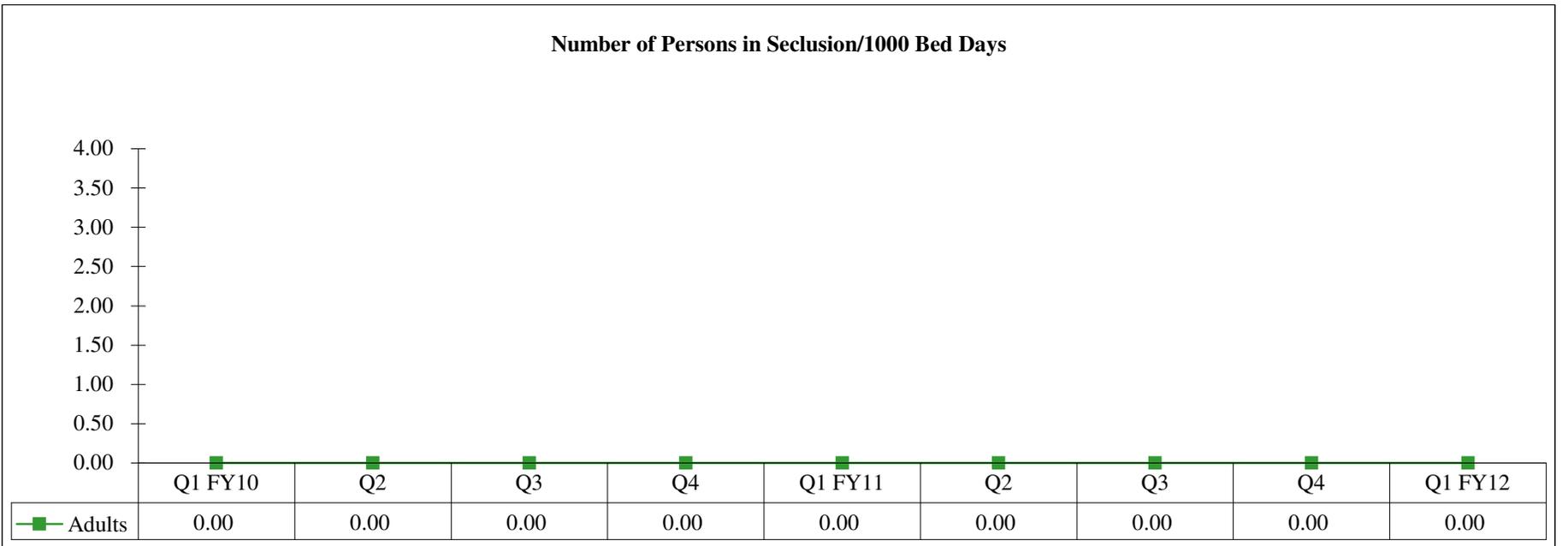
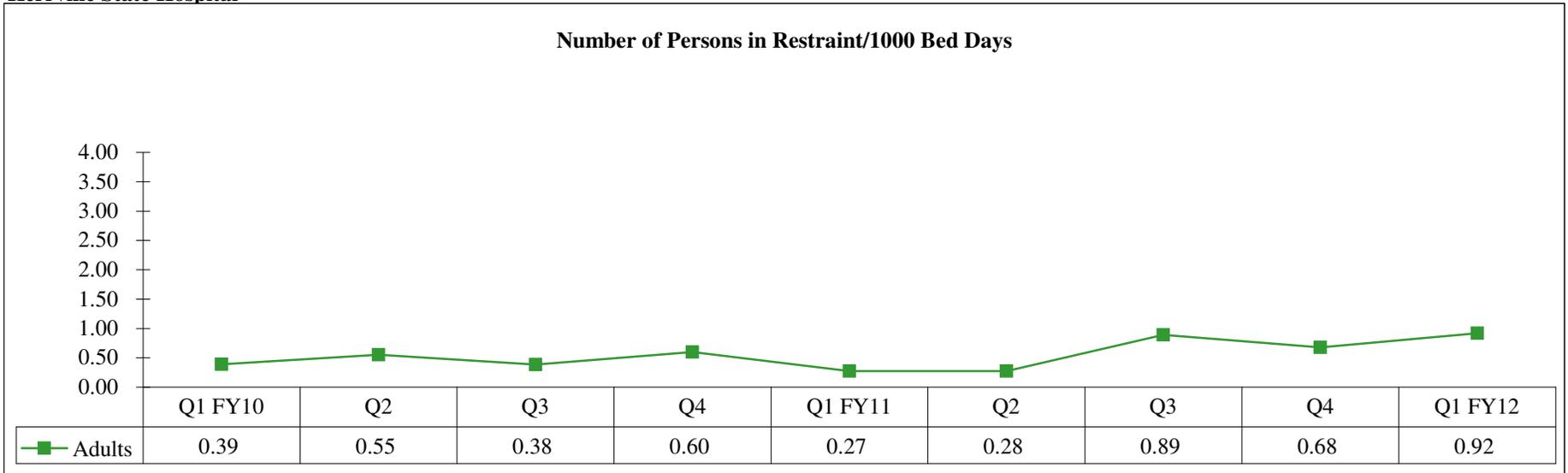
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

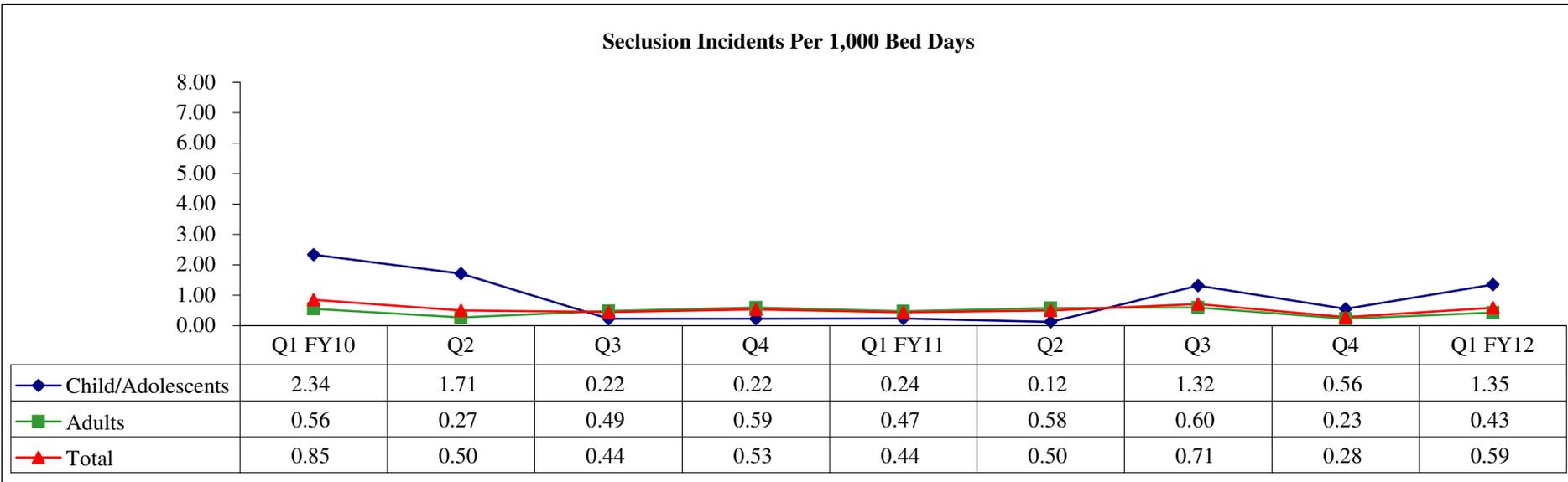
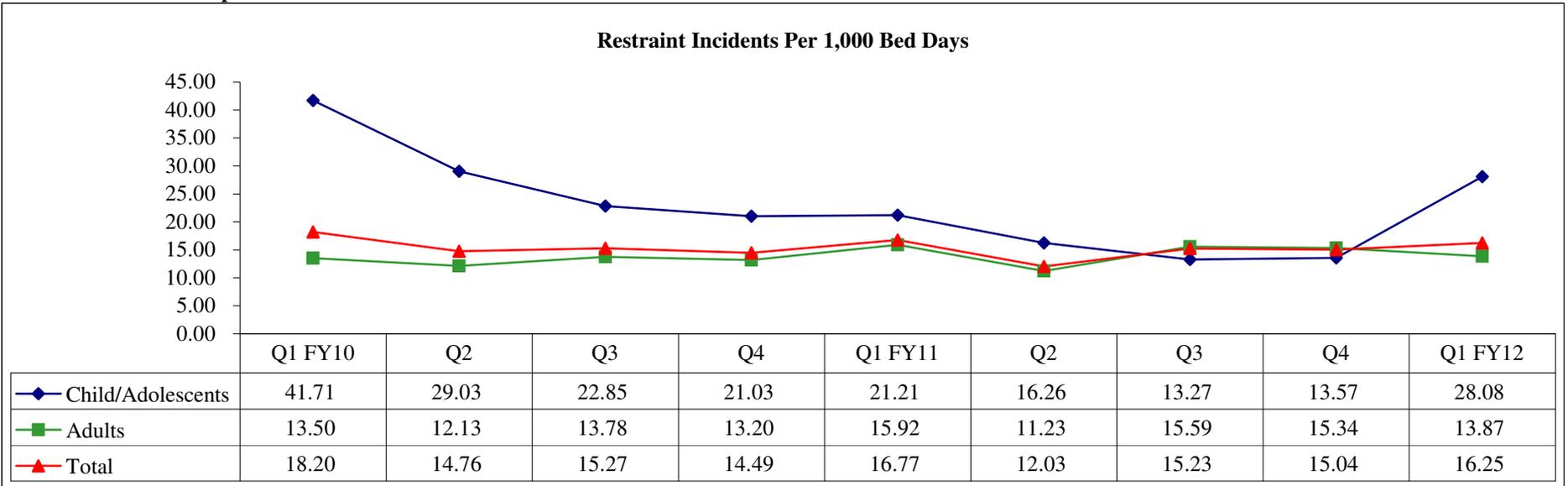


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

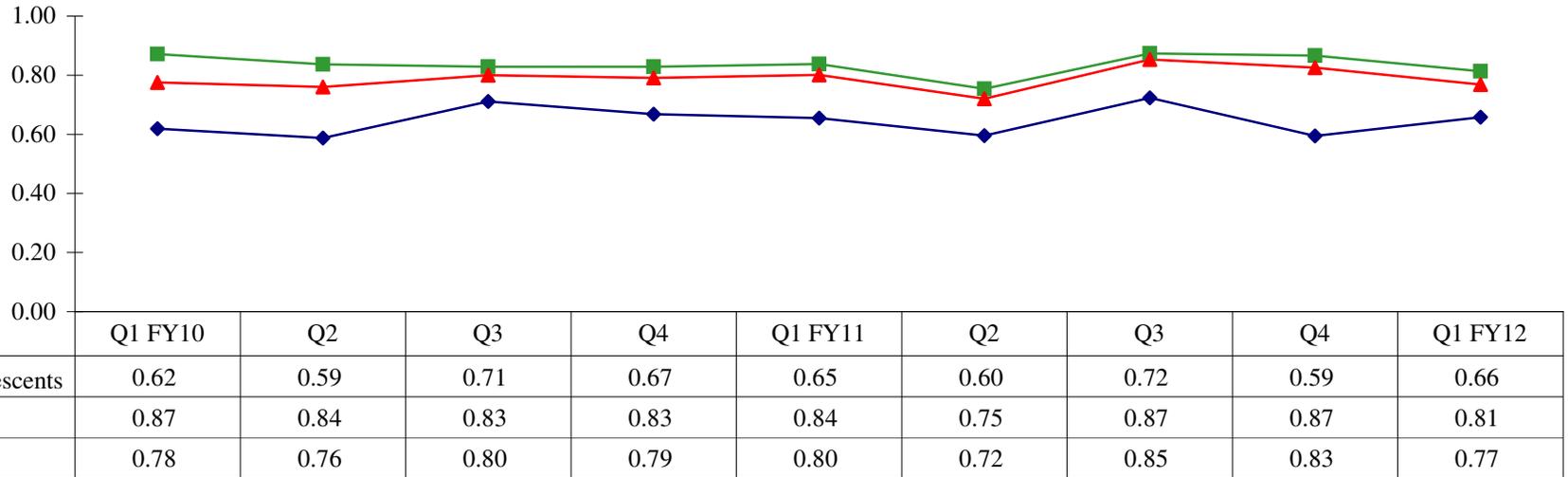


**Objective 3A - Maintain Restraint and Seclusion Data  
North Texas State Hospital**

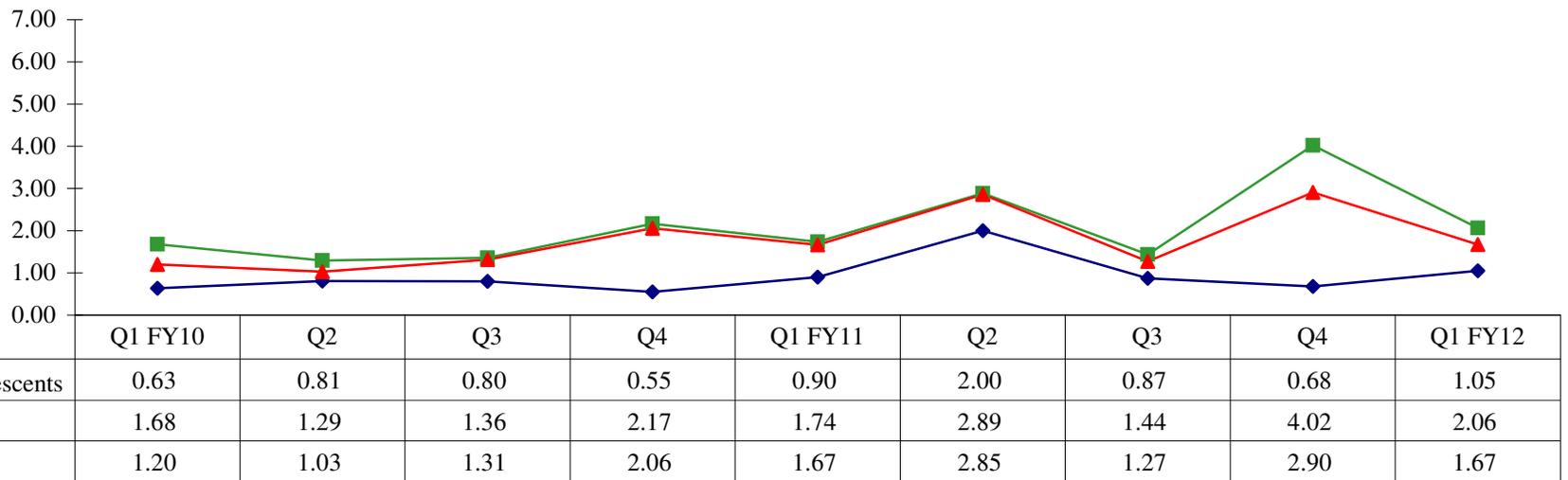


**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

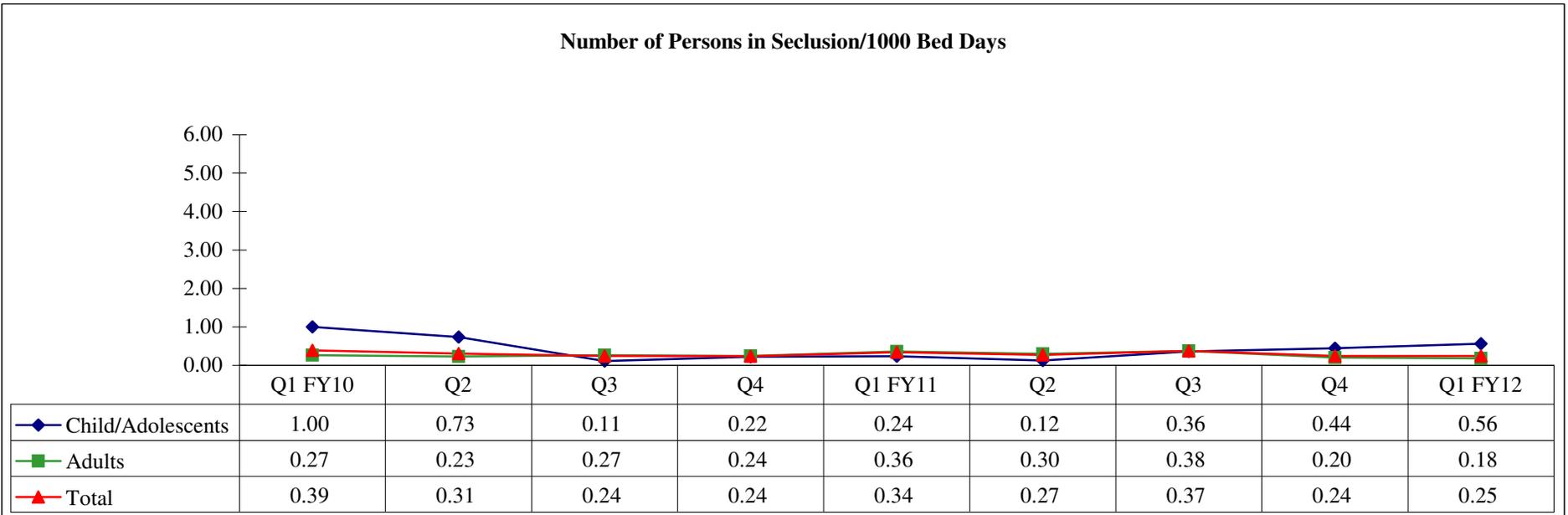
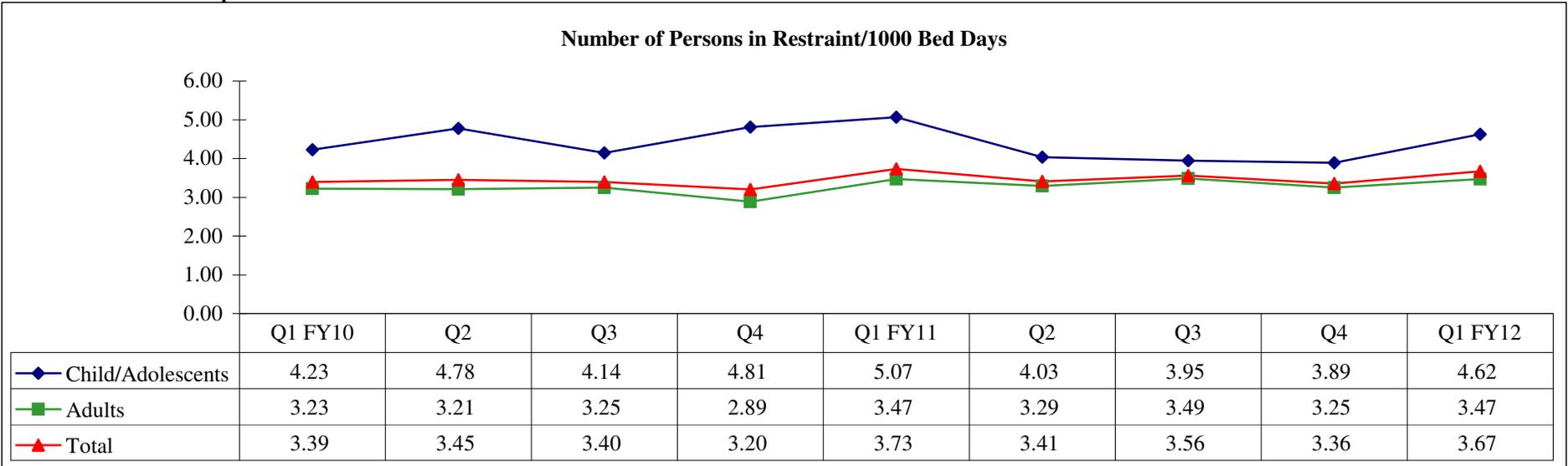
**Average Number of Hours Per Incident in Restraints**



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

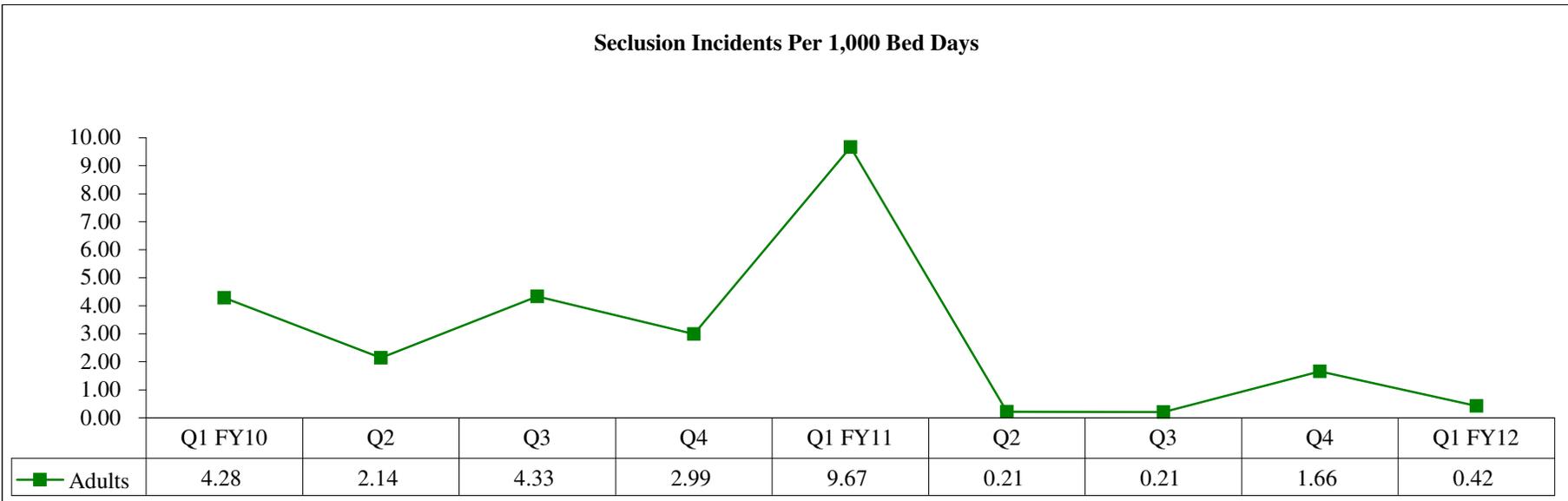
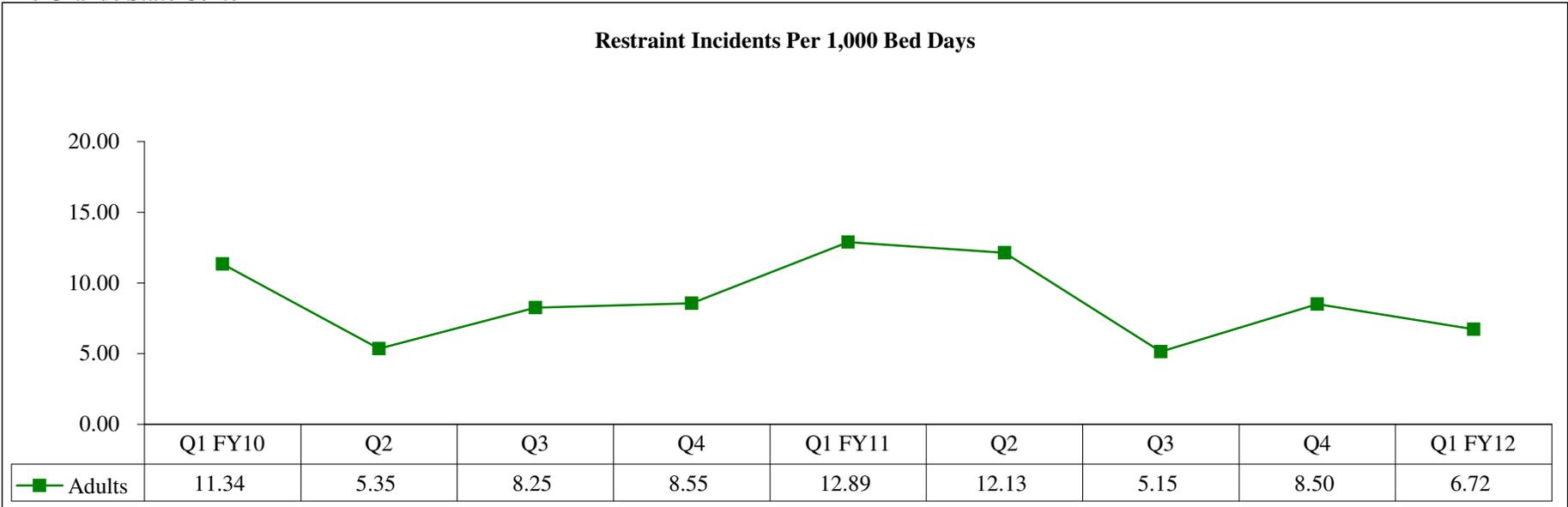


**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

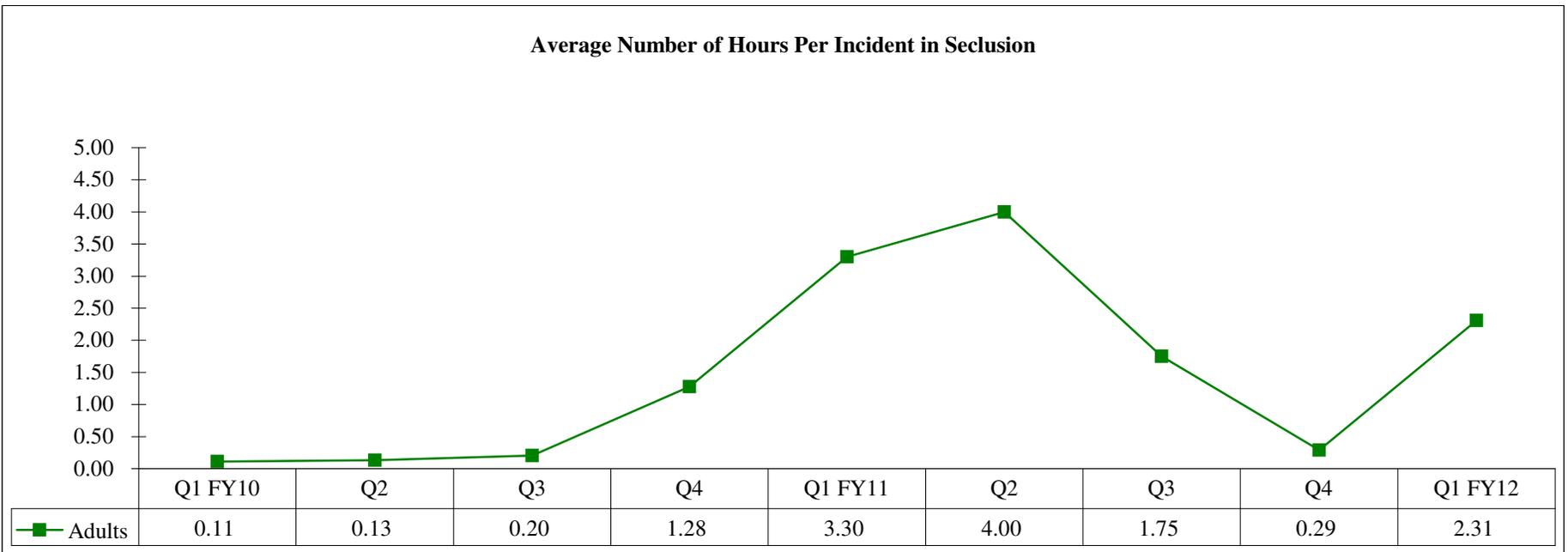
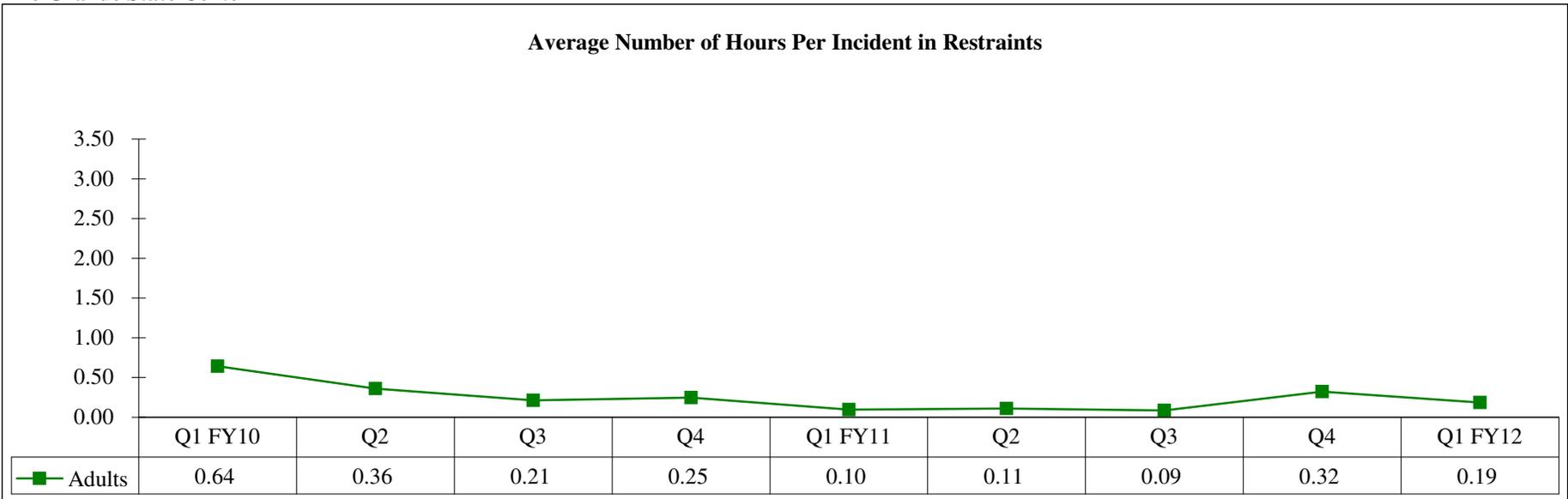


**Objective 3A - Maintain Restraint and Seclusion Data**

**Rio Grande State Center**



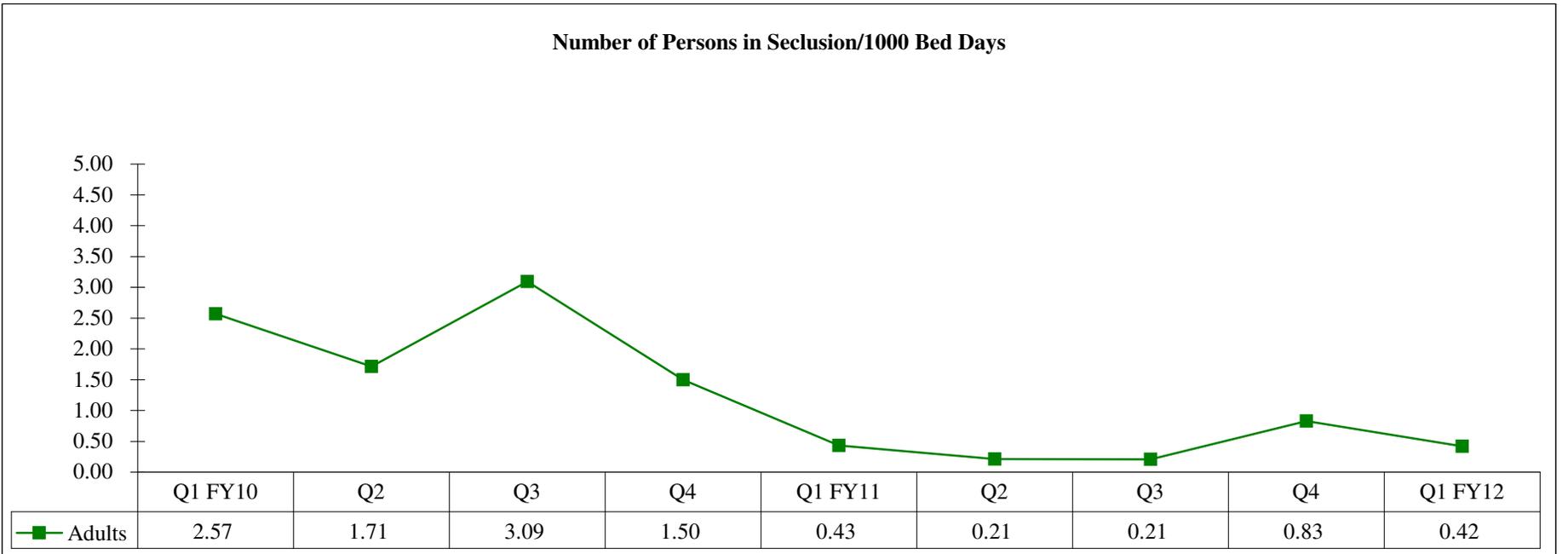
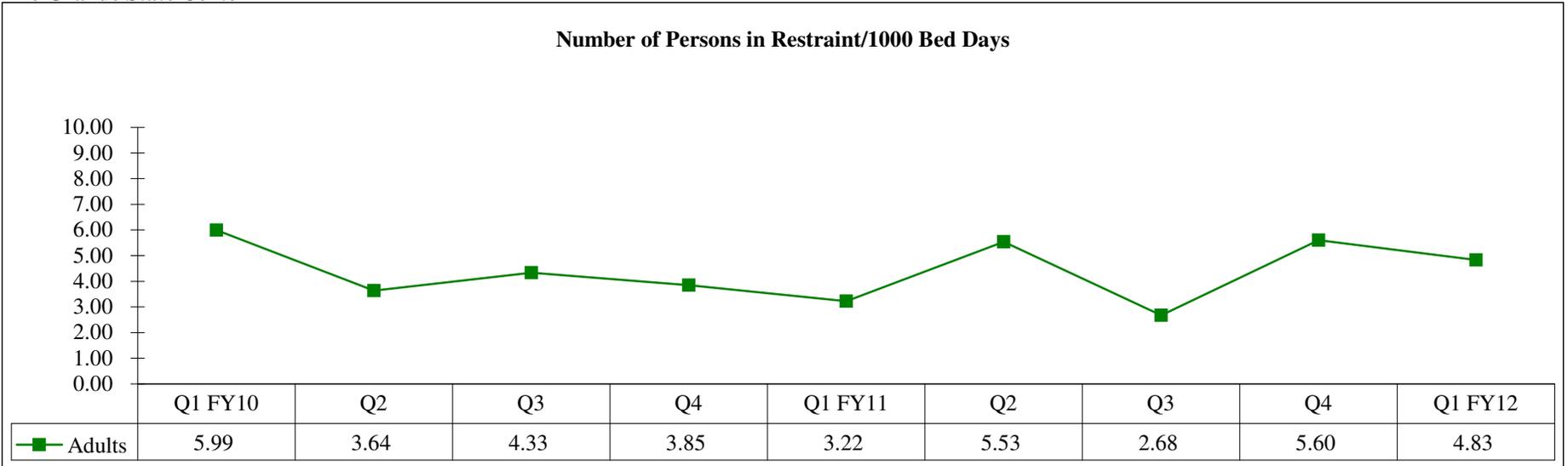
**Objective 3A - Maintain Restraint and Seclusion Data  
Rio Grande State Center**



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

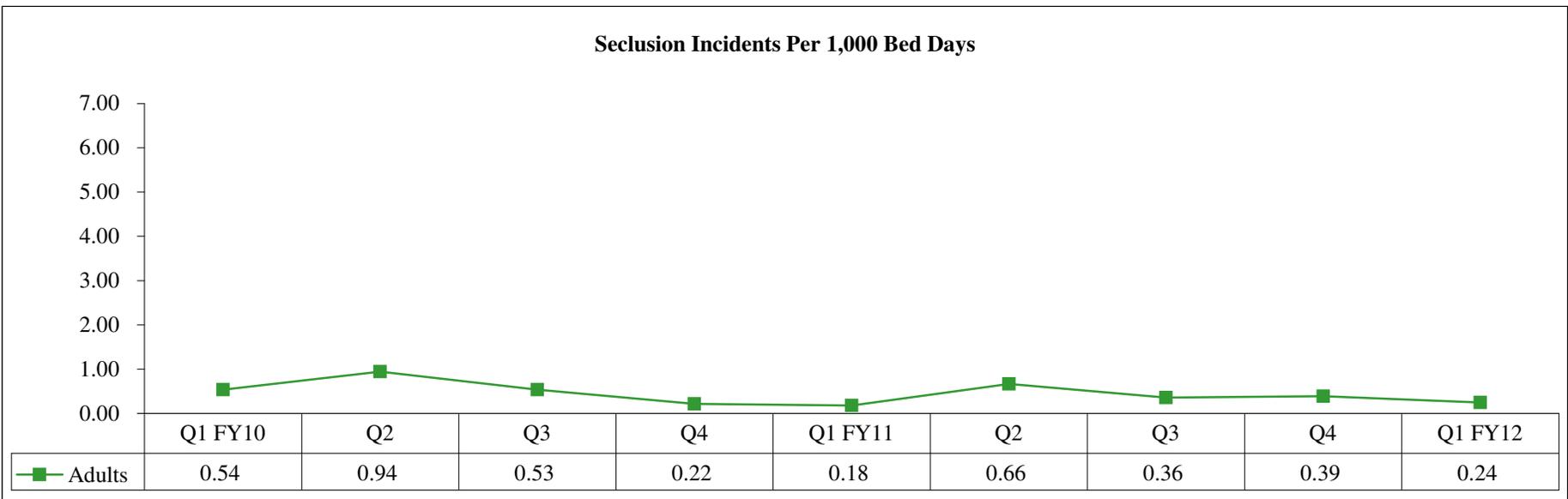
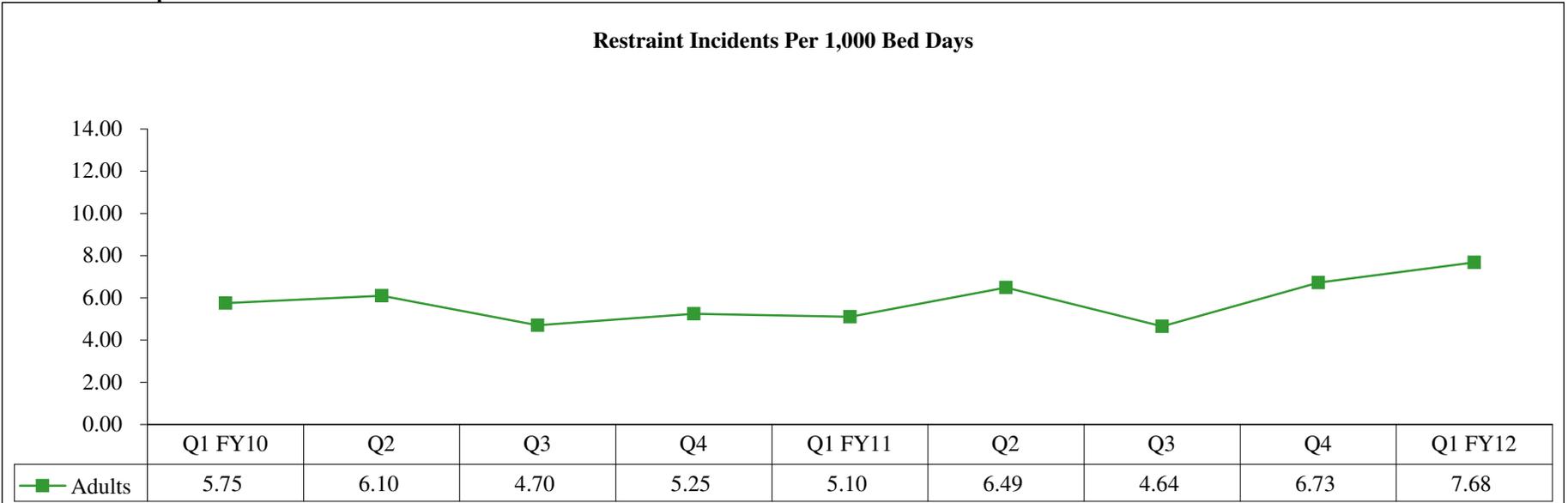
**Objective 3A - Maintain Restraint and Seclusion Data**

**Rio Grande State Center**

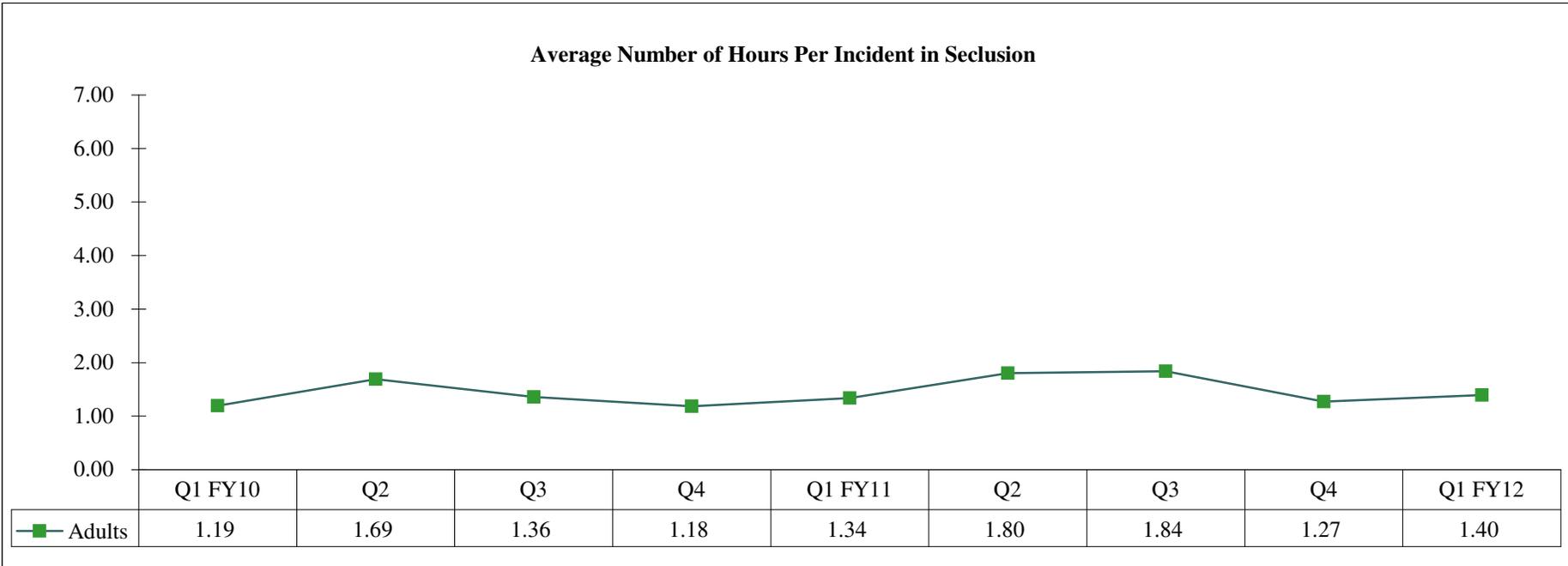
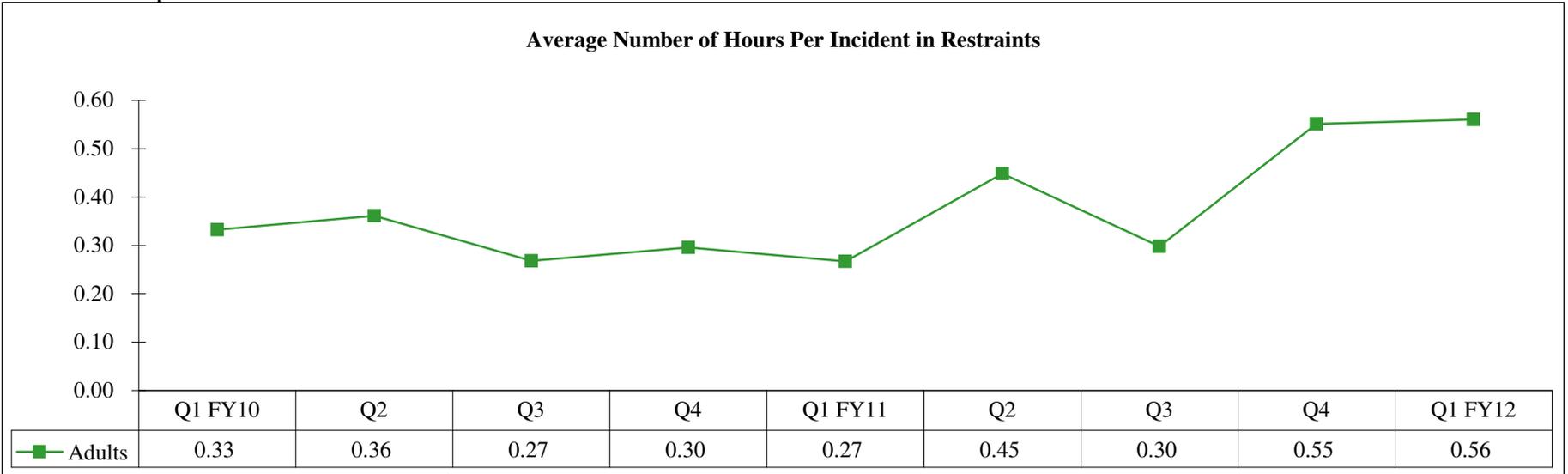


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

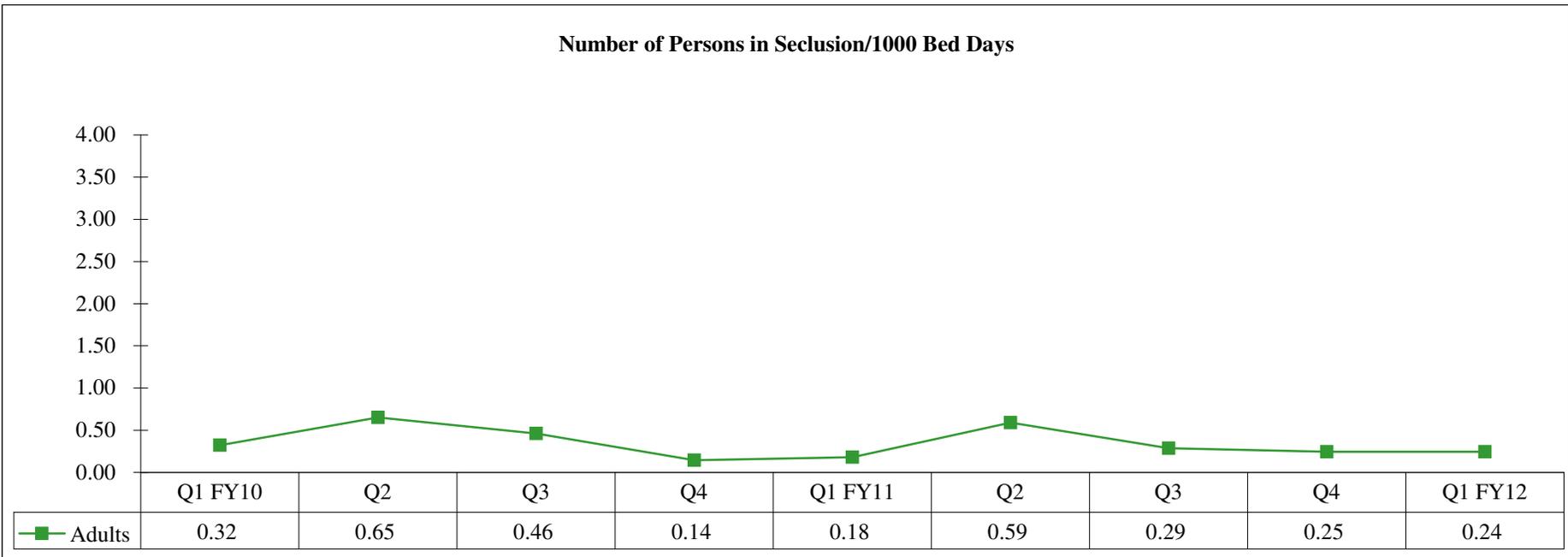
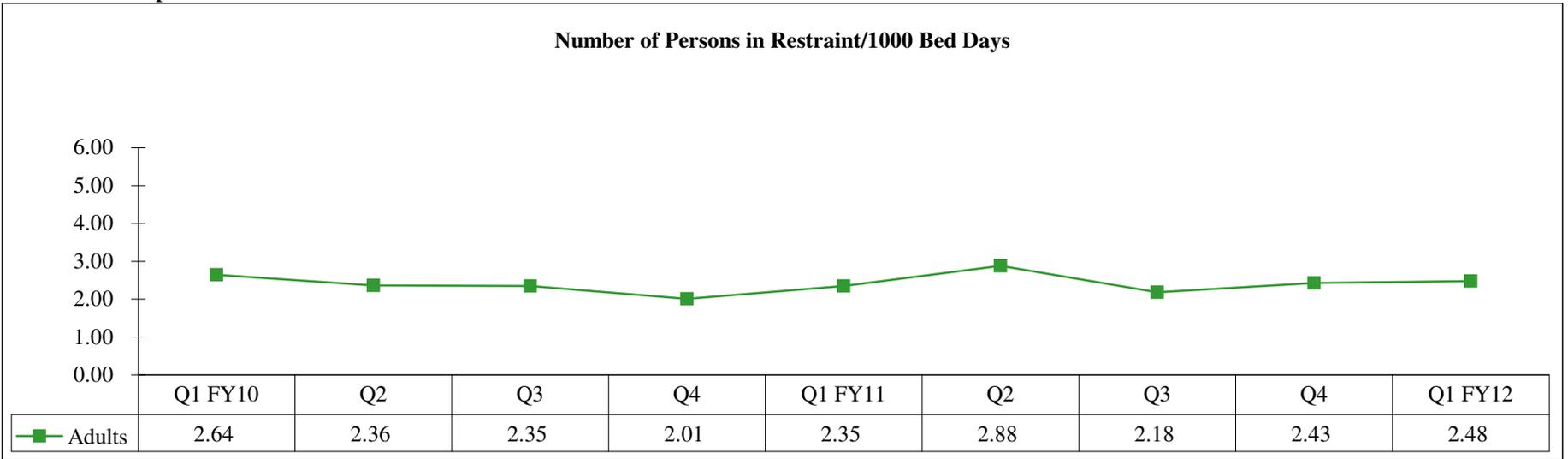
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



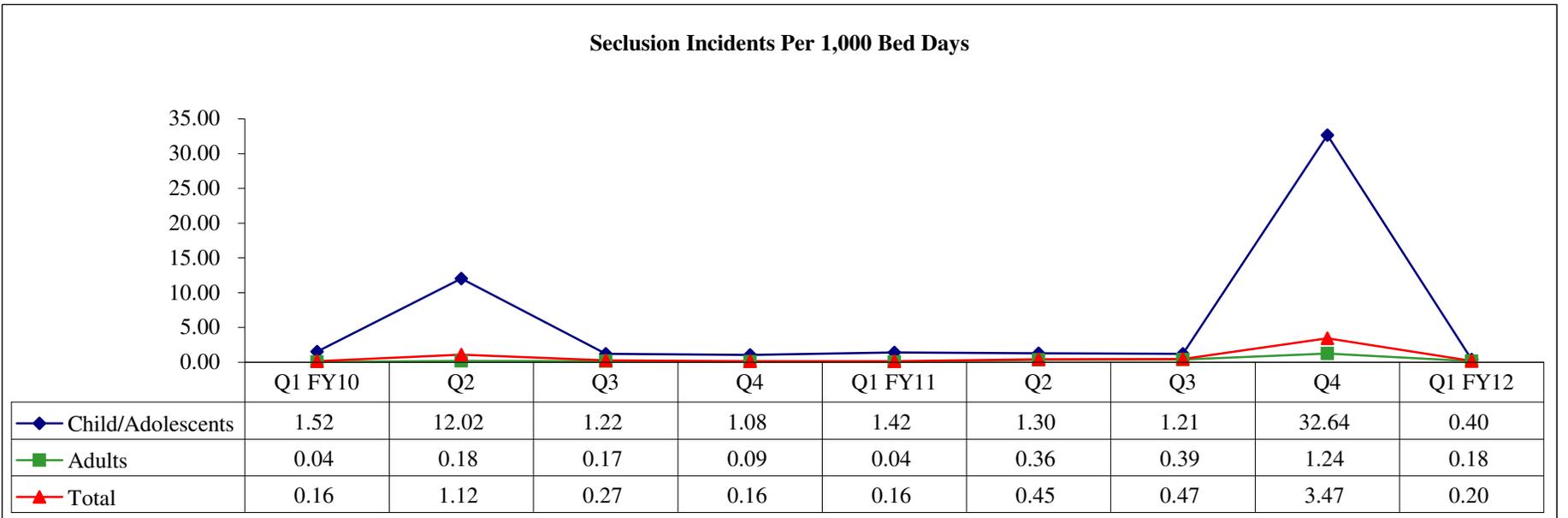
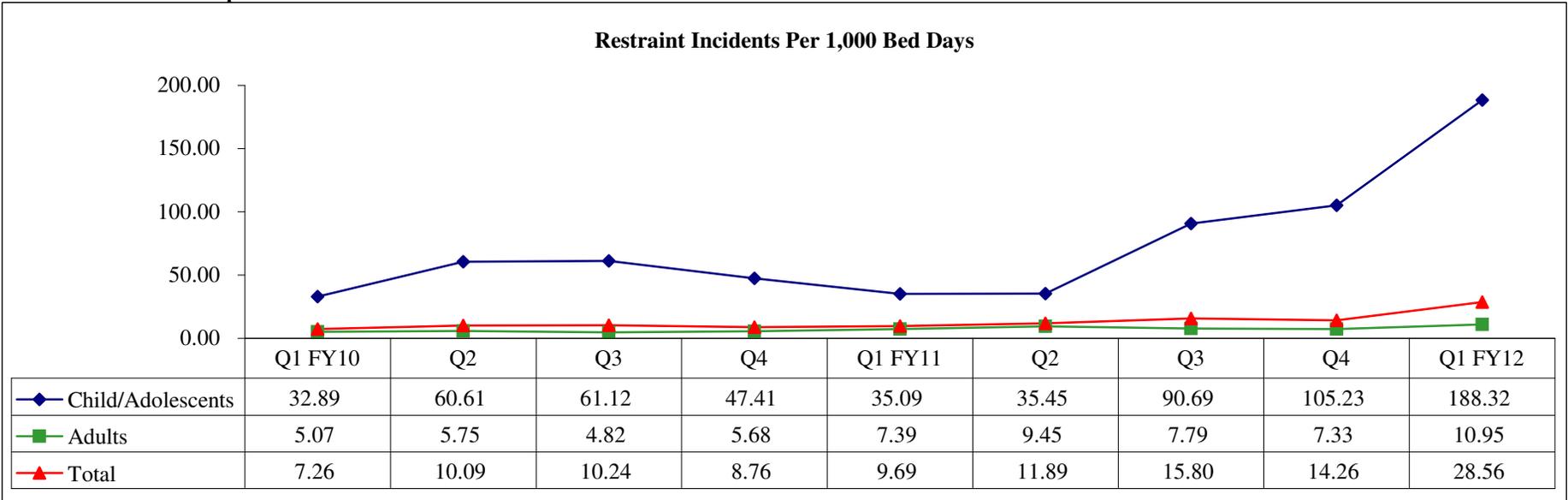
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



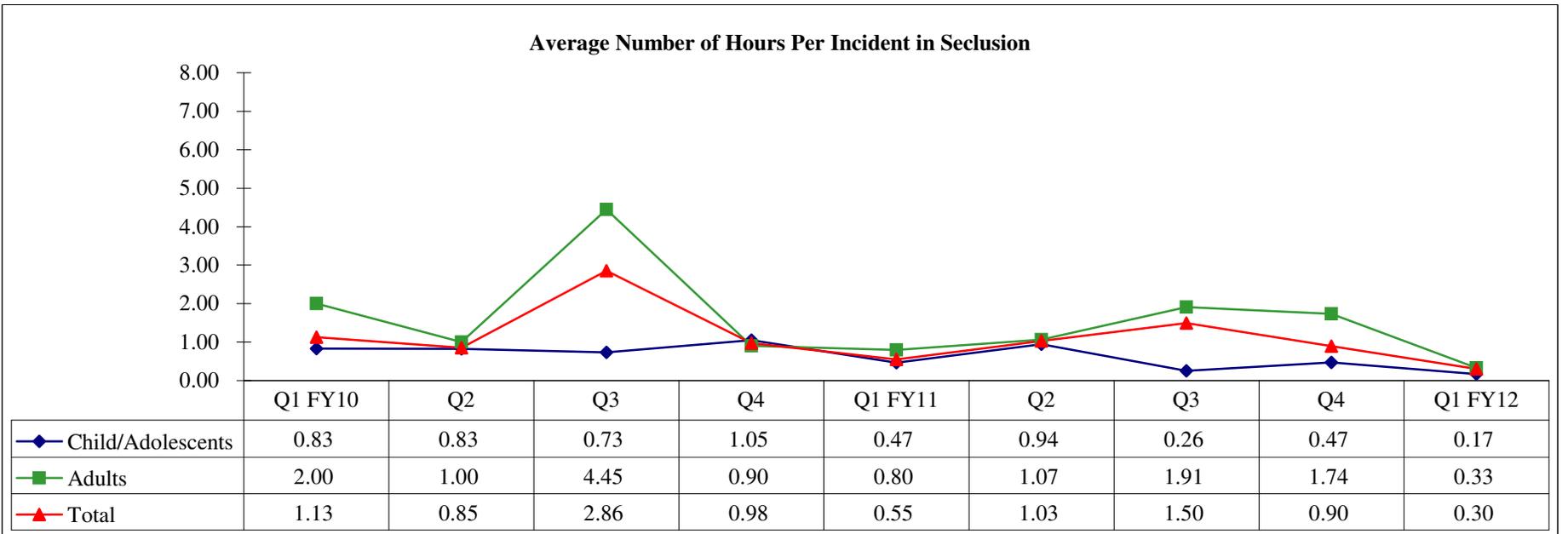
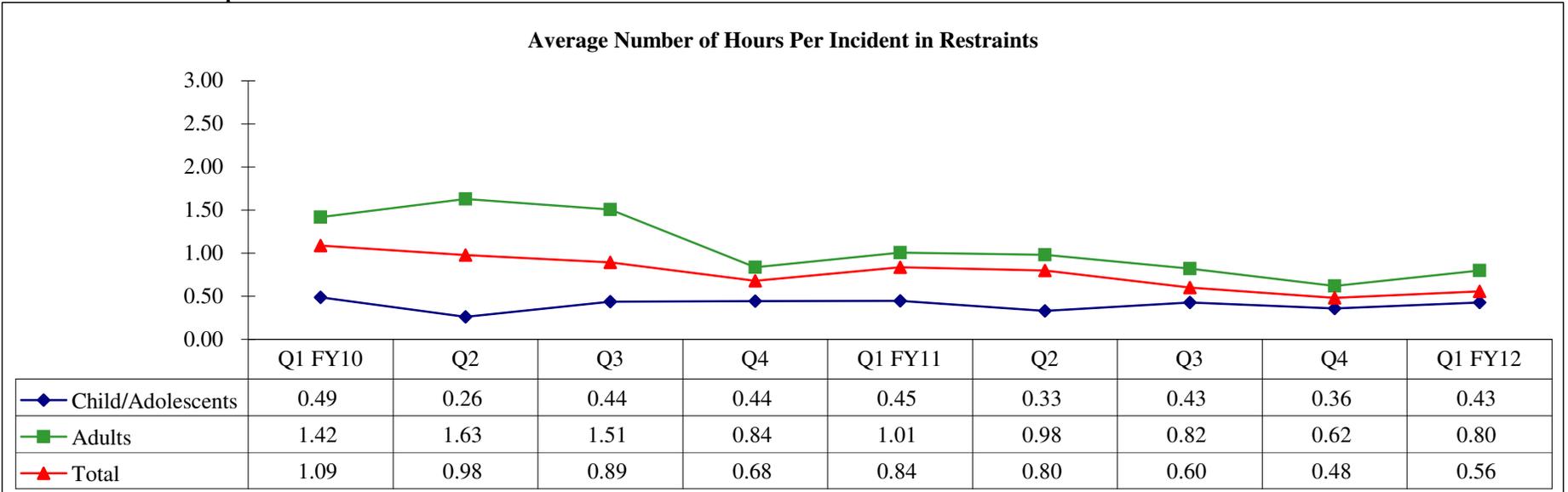
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



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

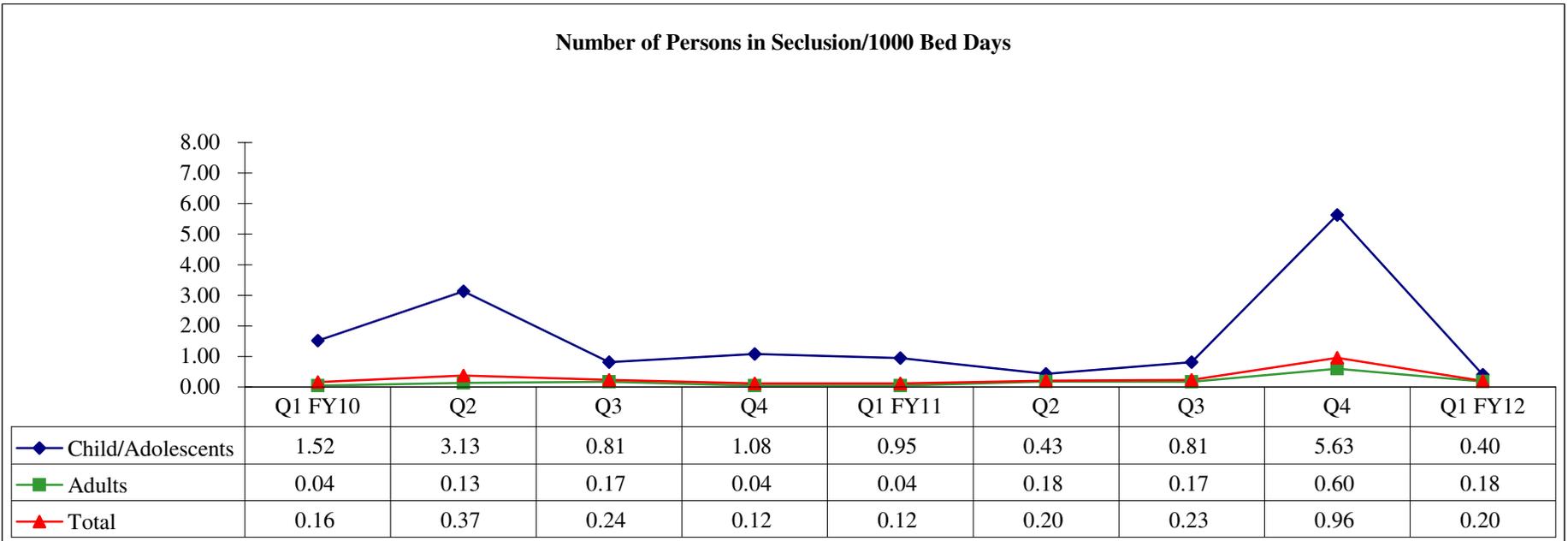
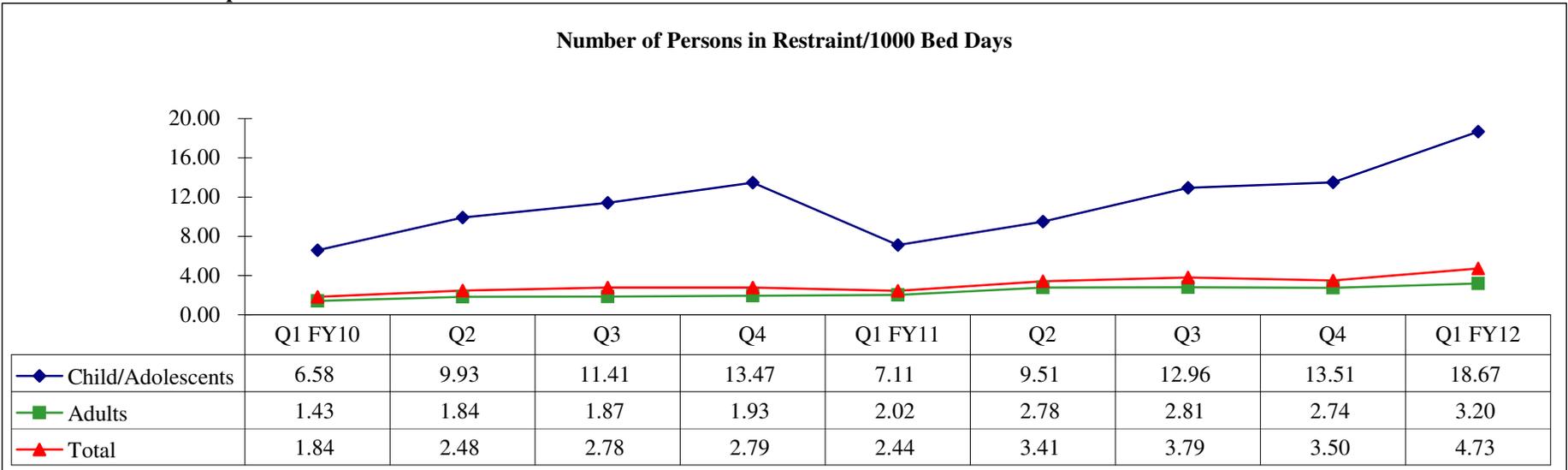


**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**

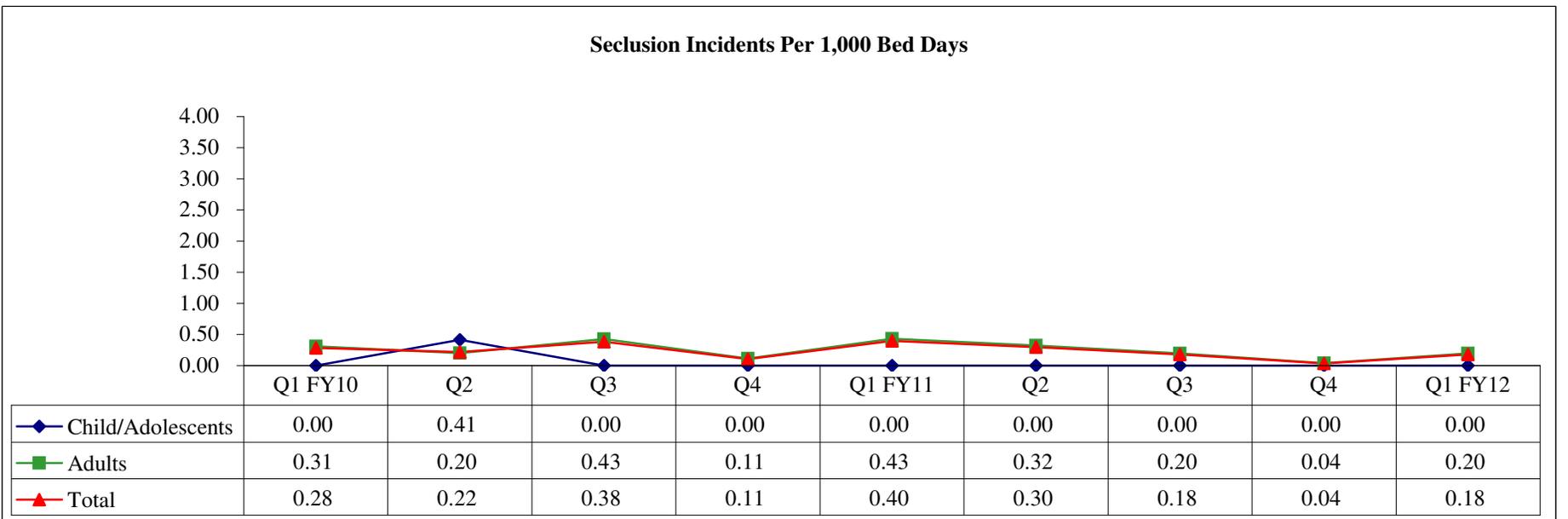
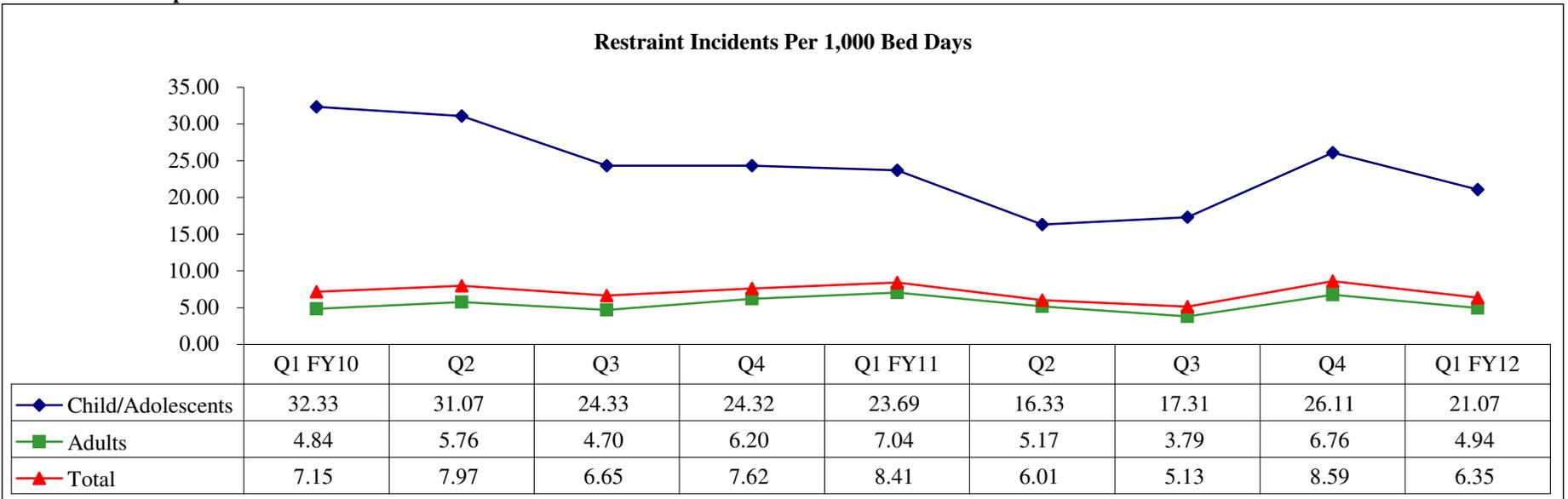


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

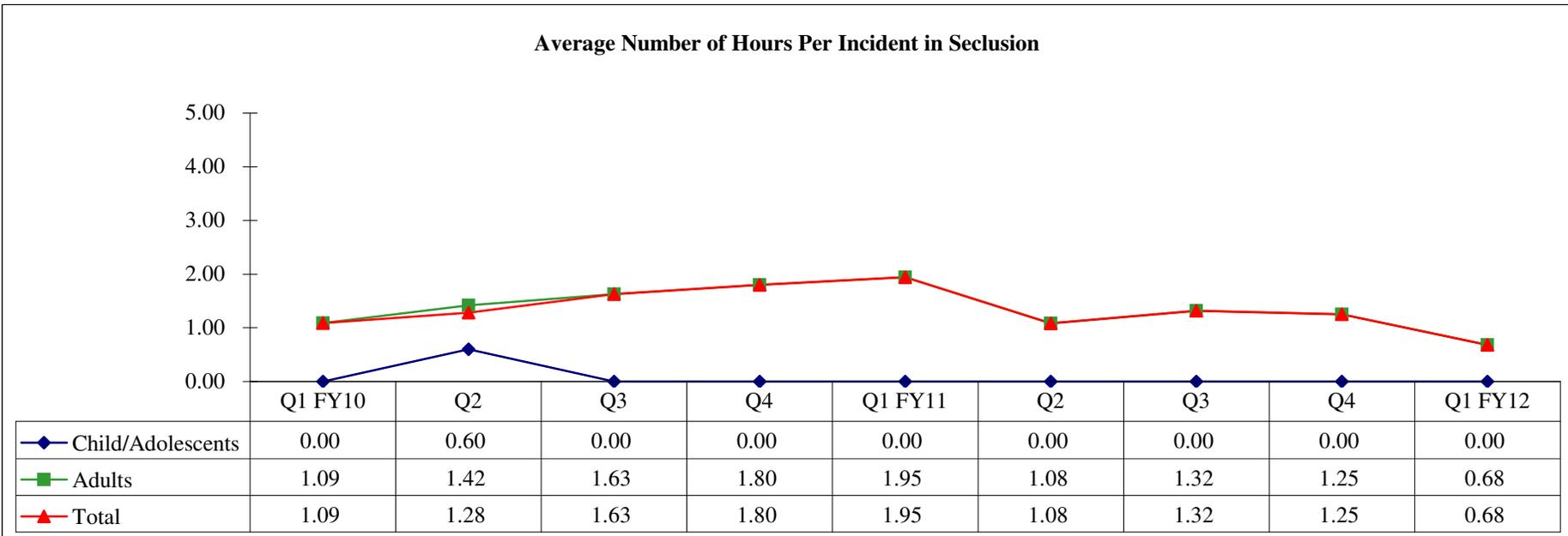
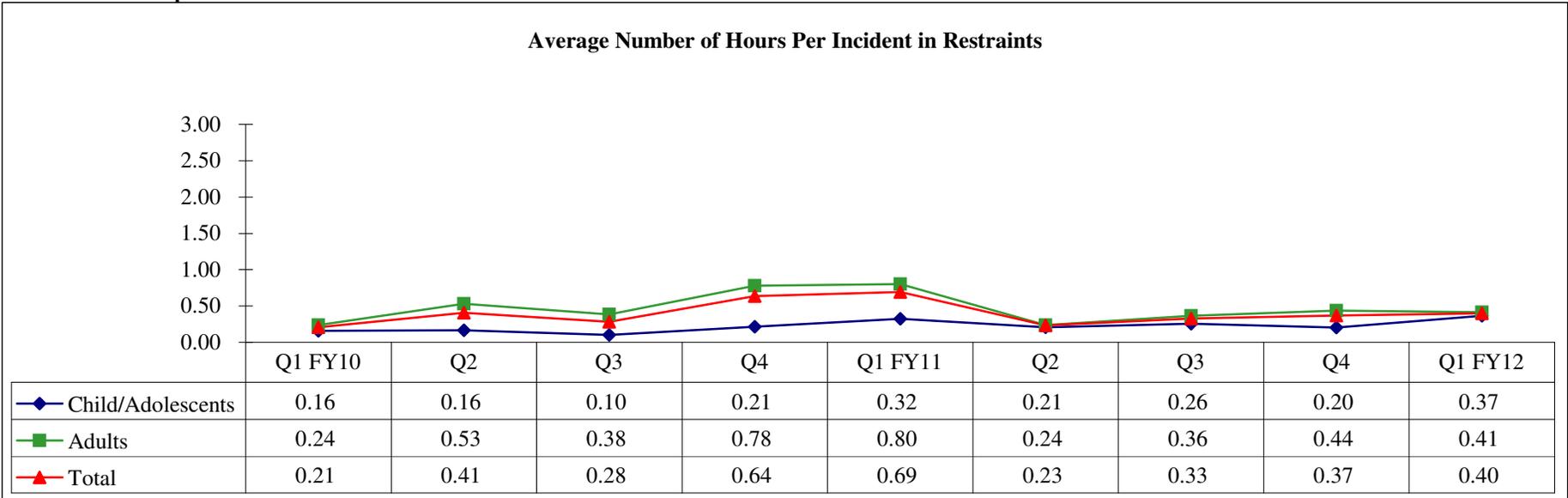
**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**



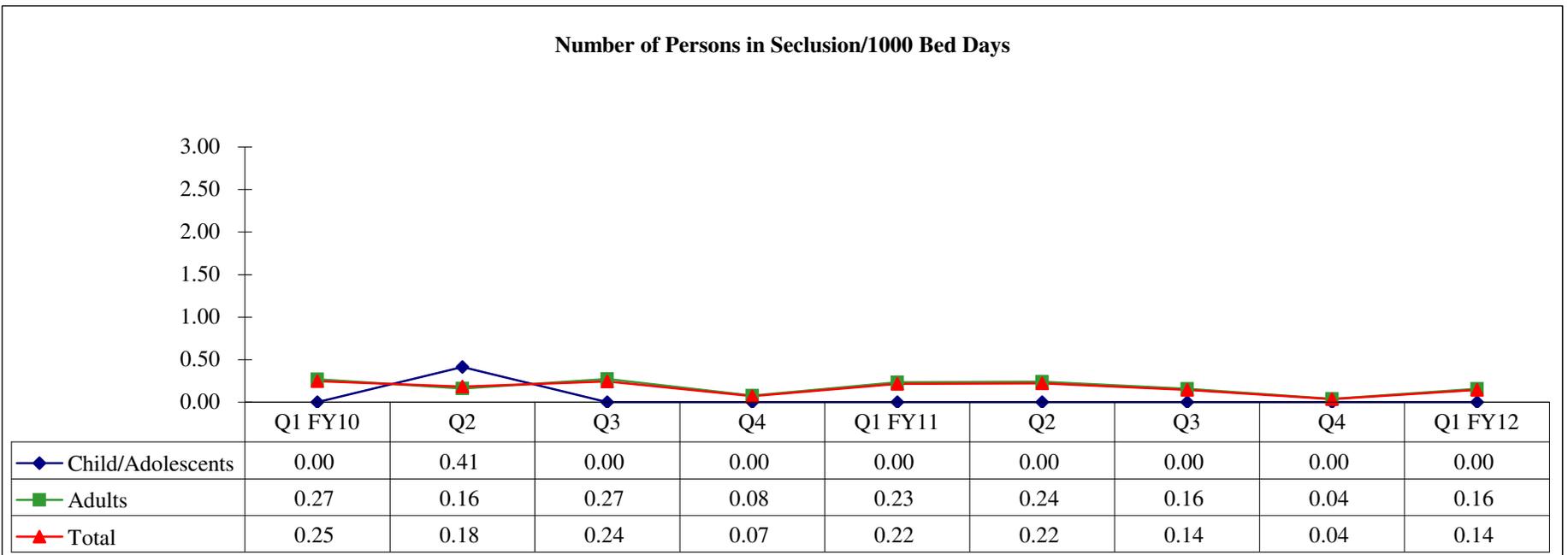
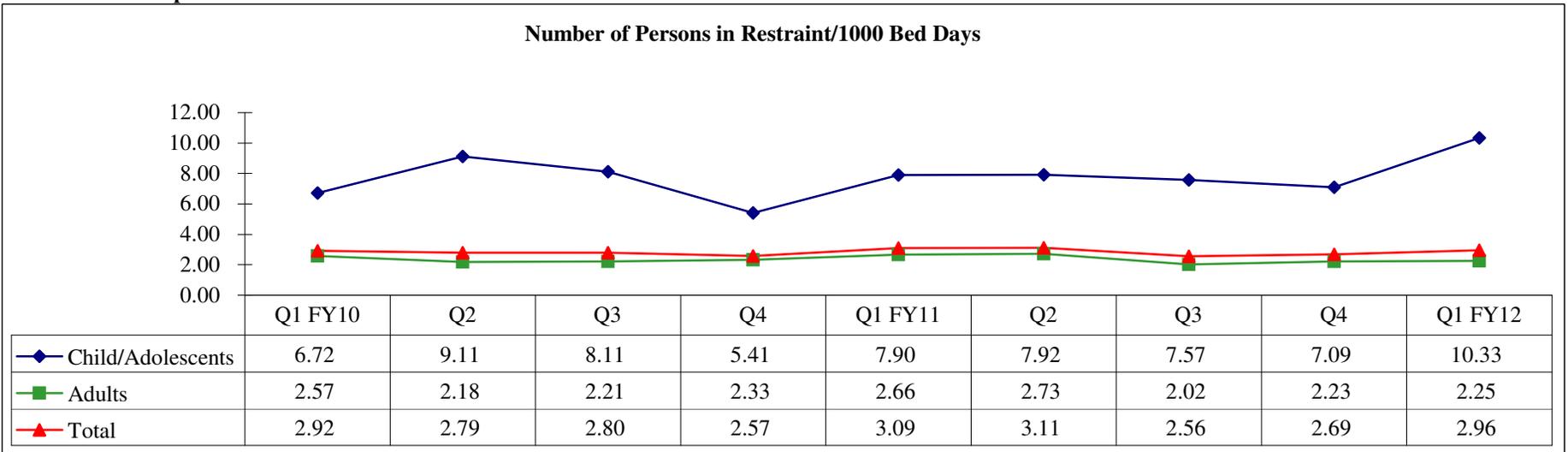
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



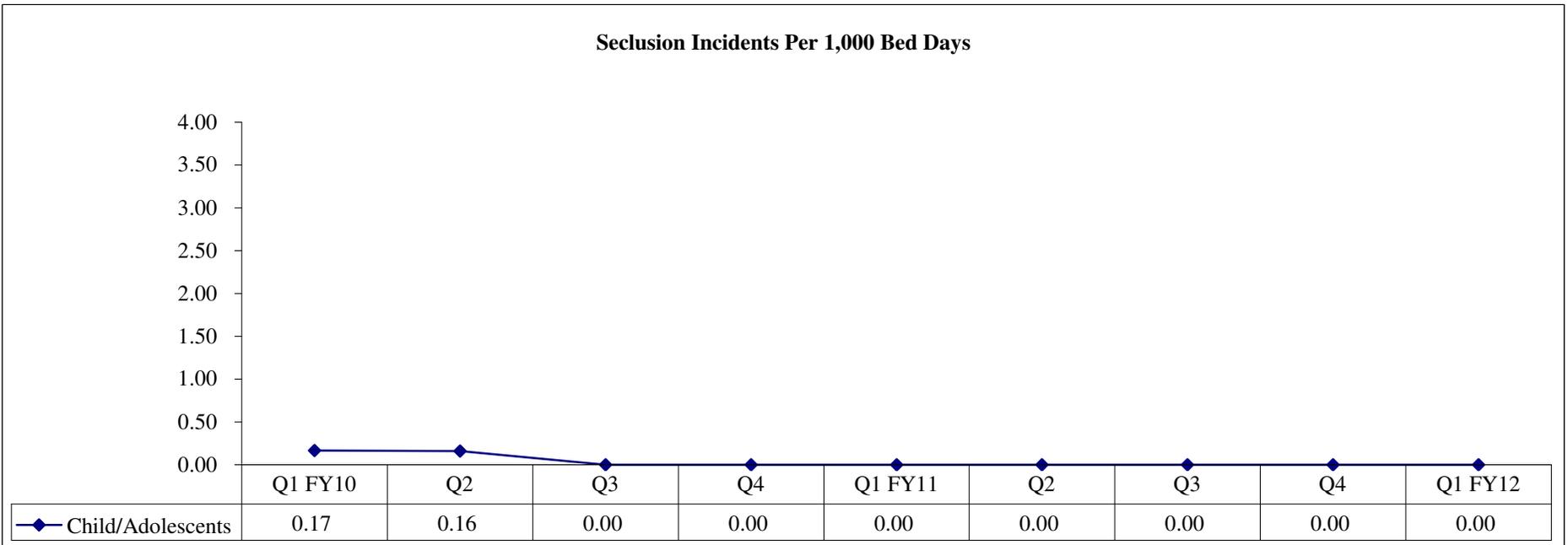
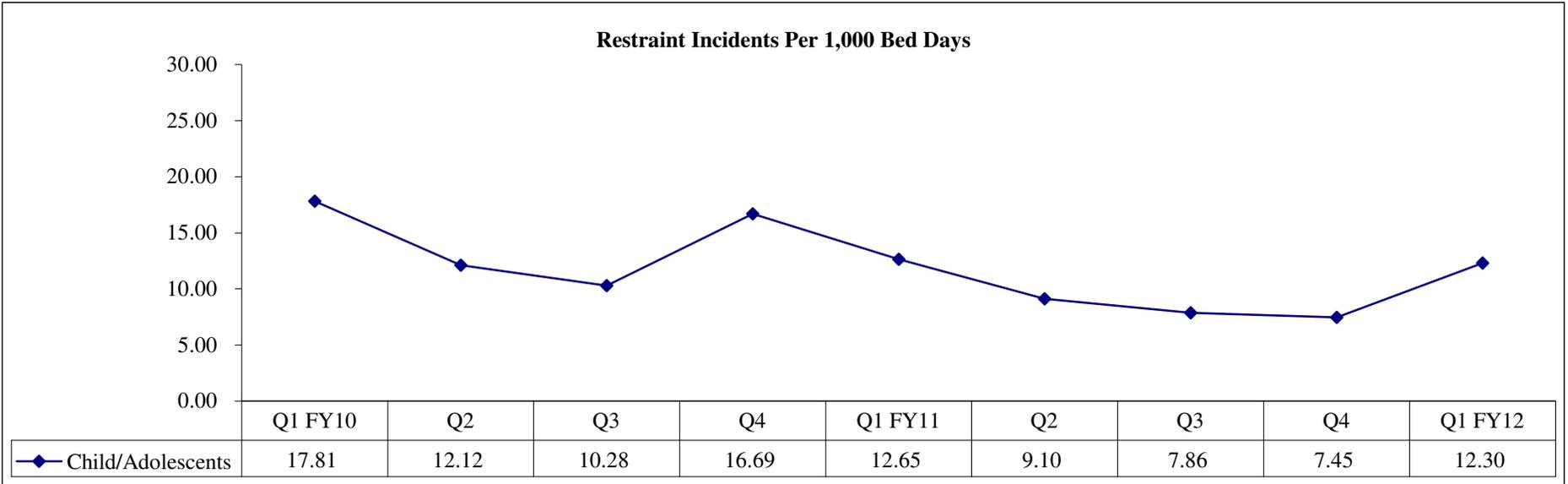
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



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

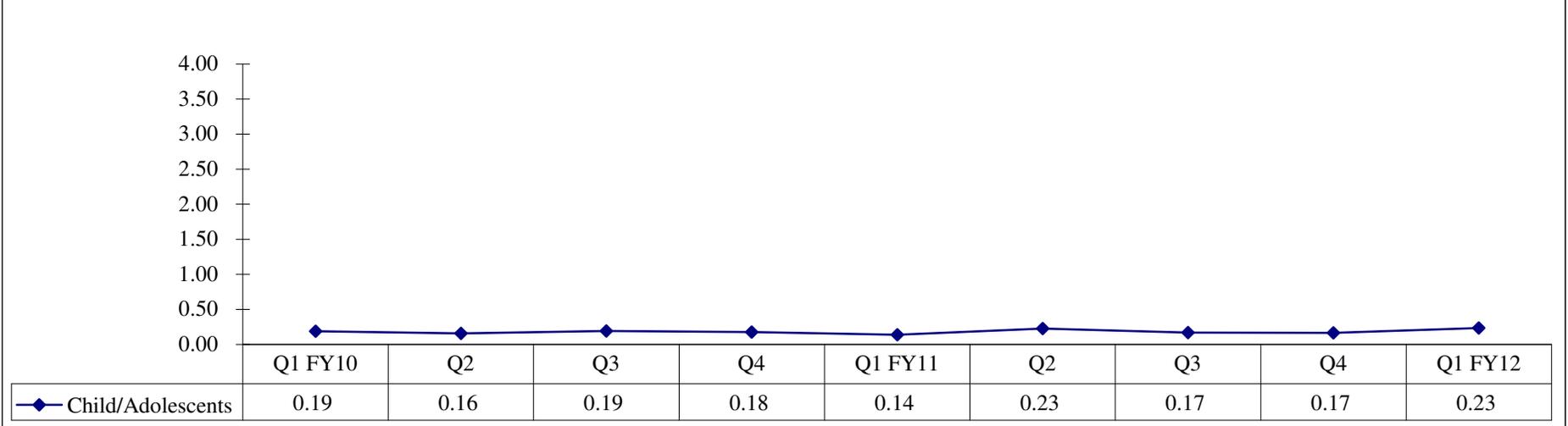


**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**

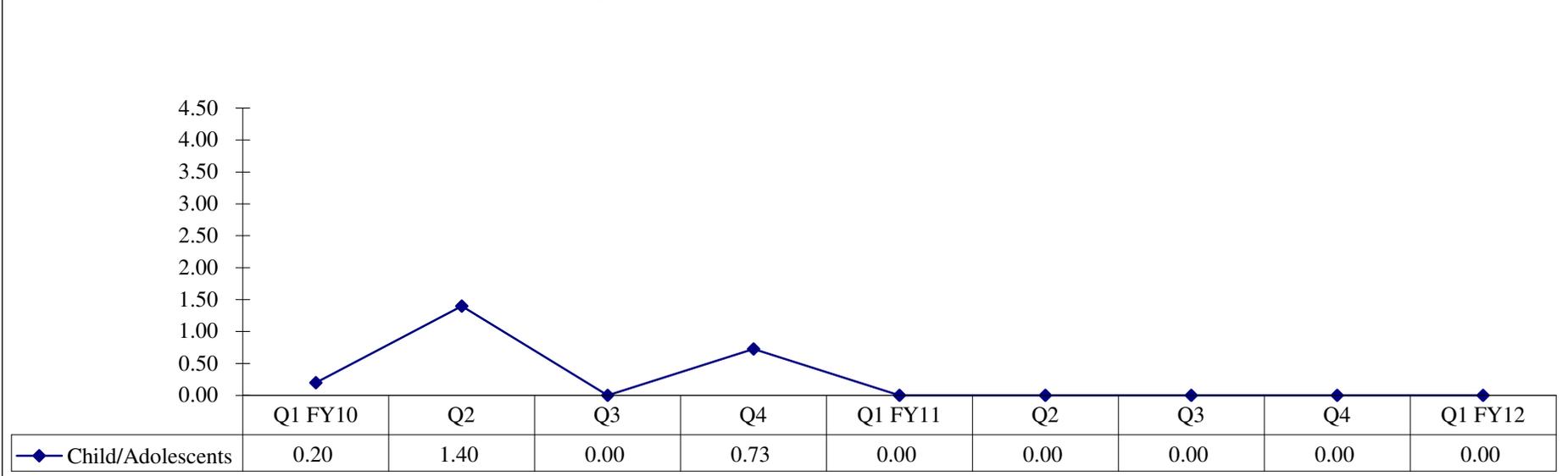


**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**

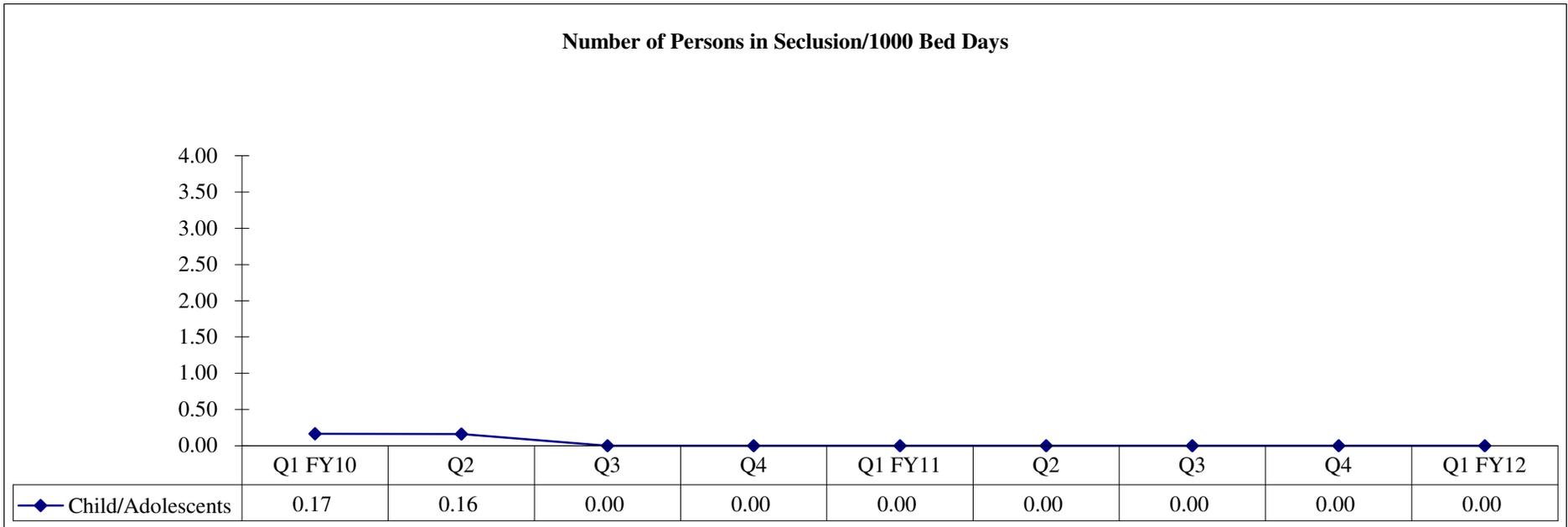
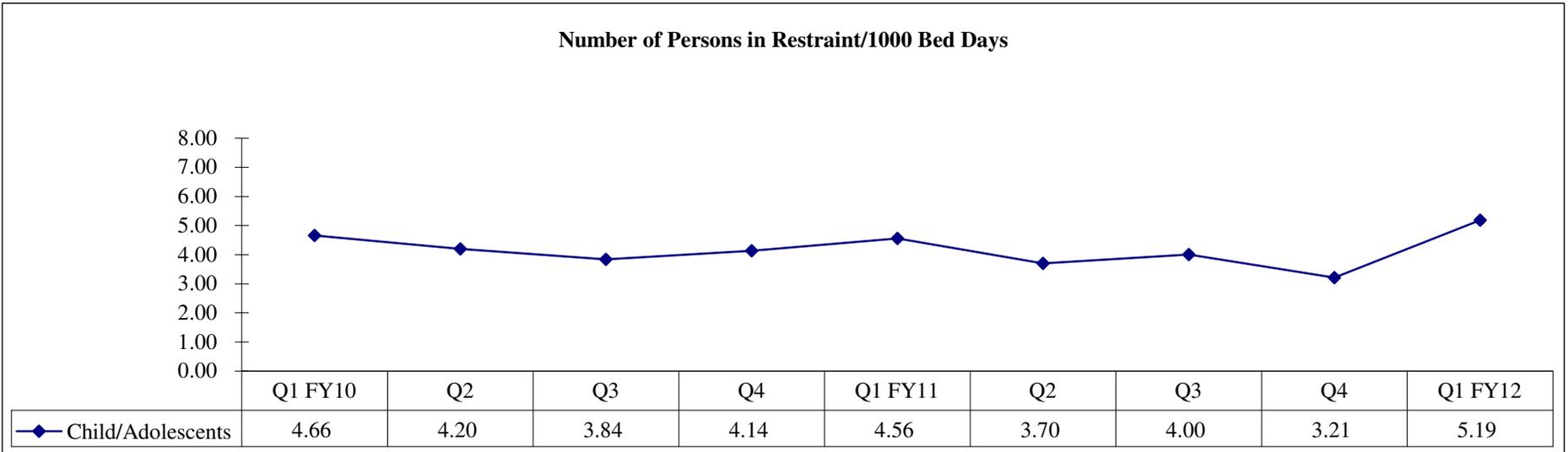
**Average Number of Hours Per Incident in Restraints**



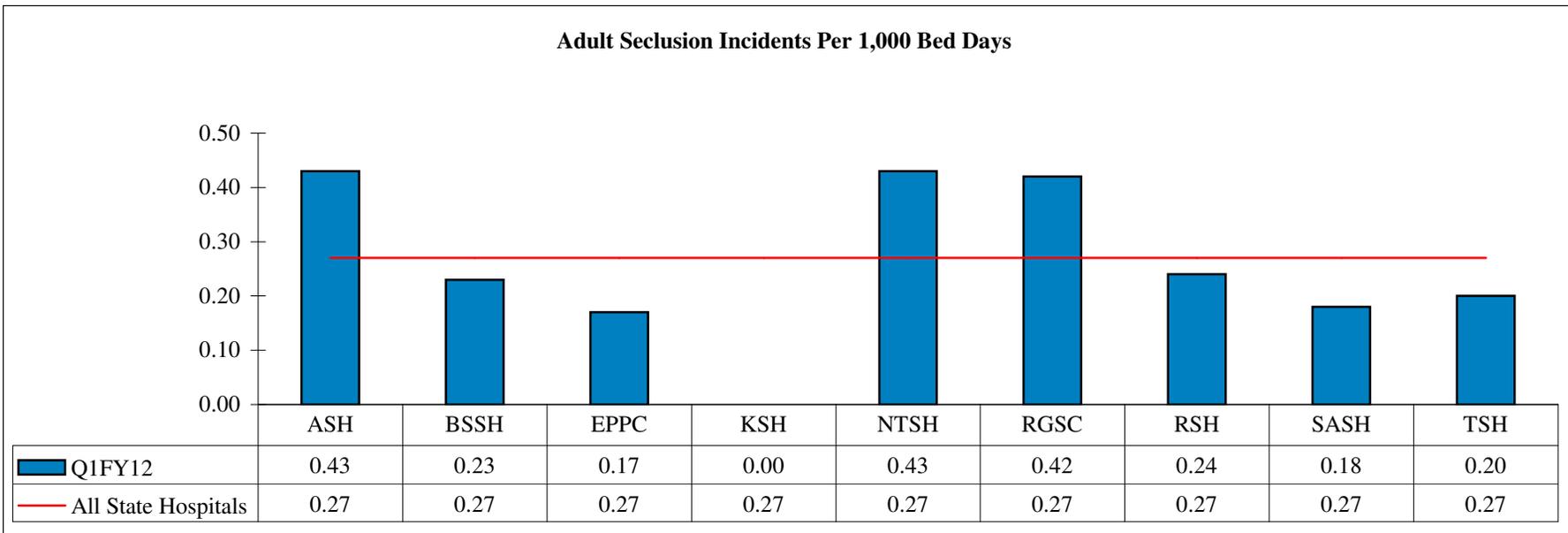
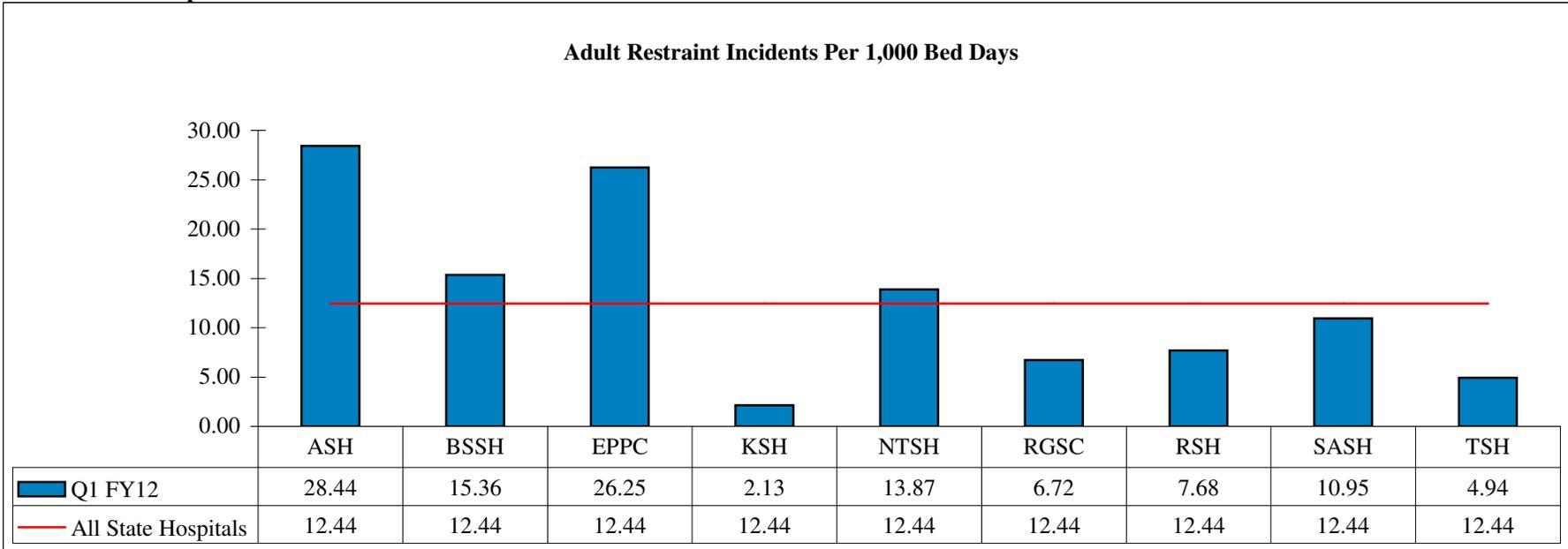
**Average Number of Hours Per Incident in Seclusion**



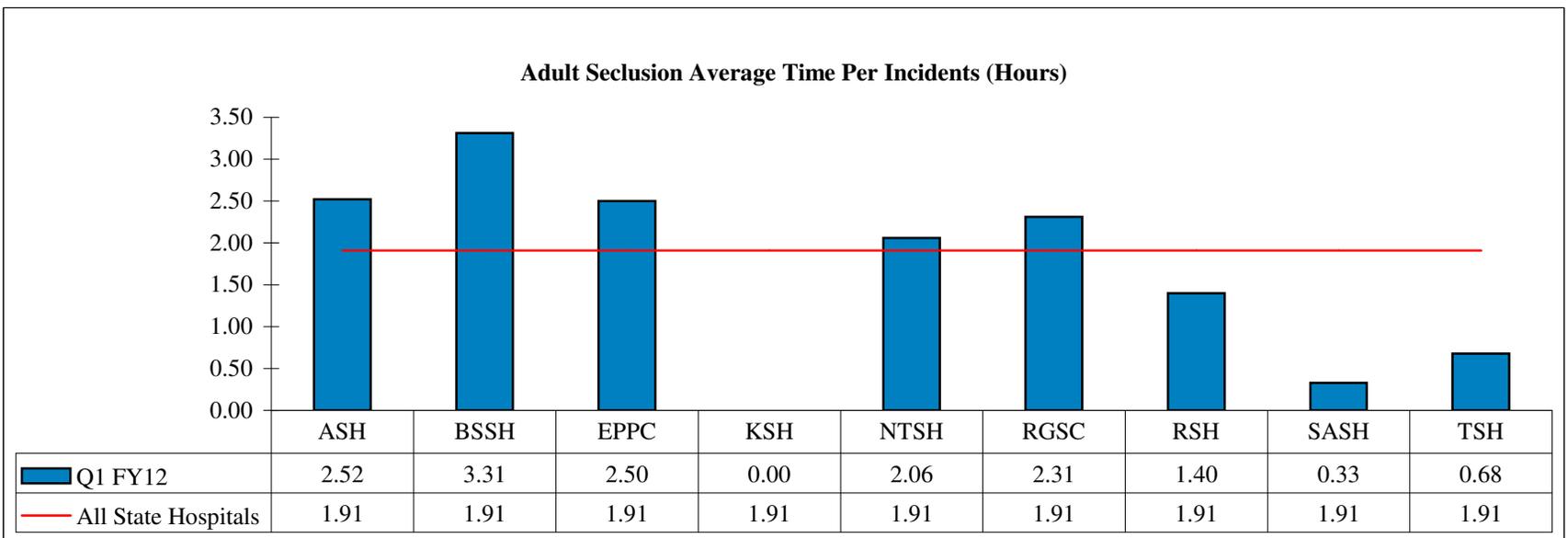
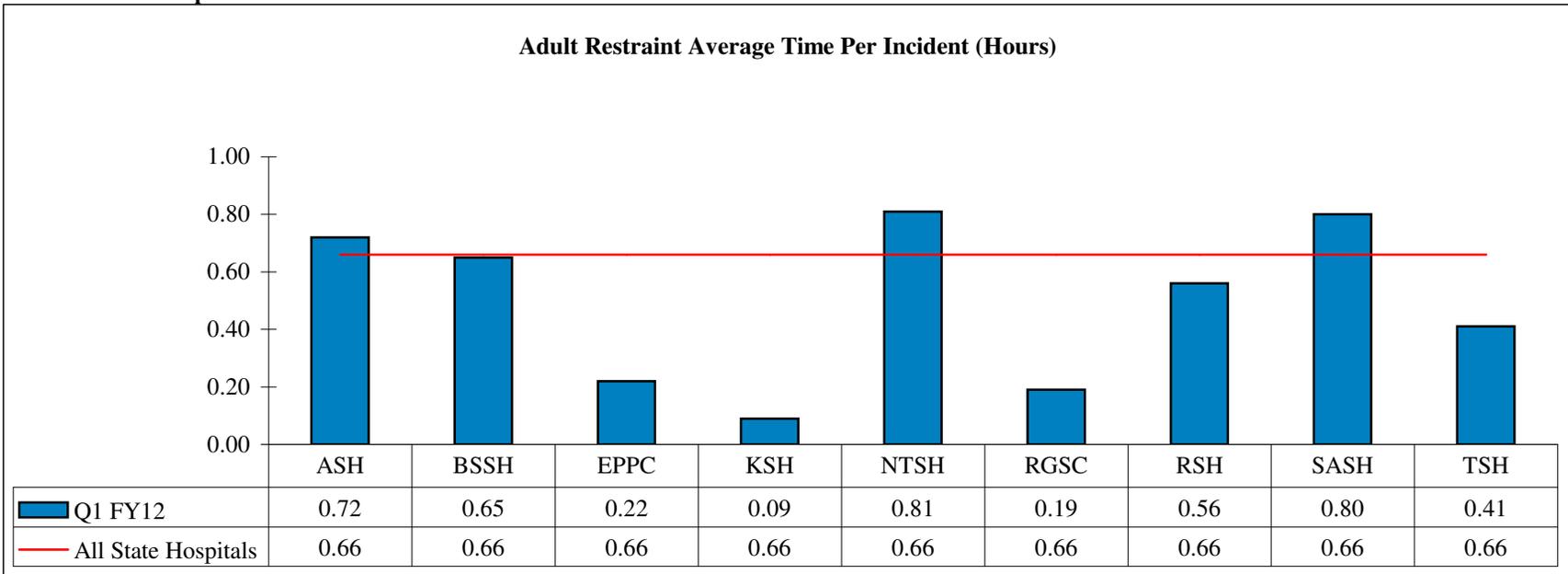
**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**



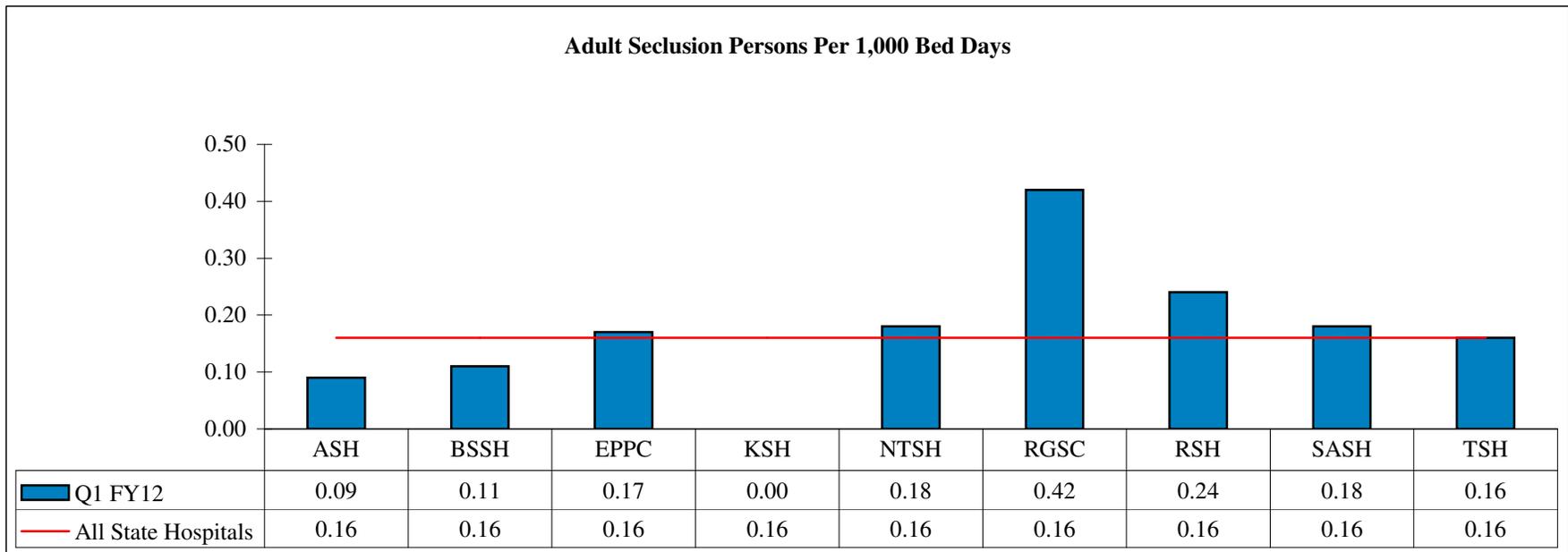
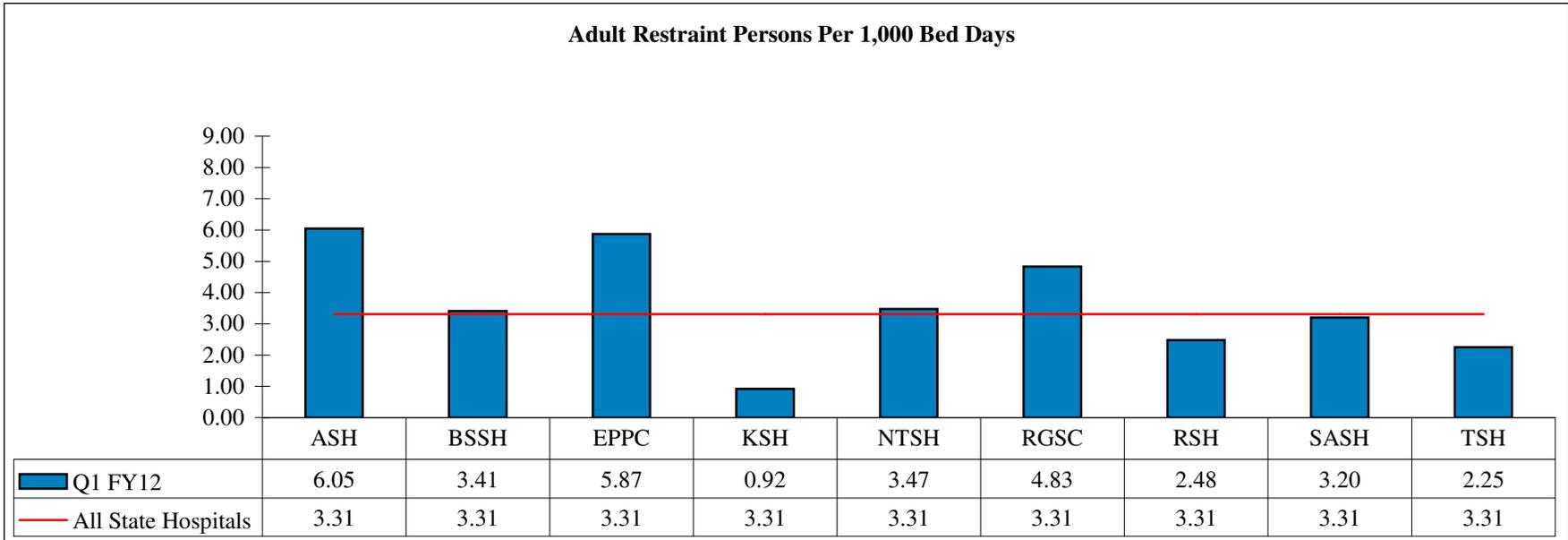
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



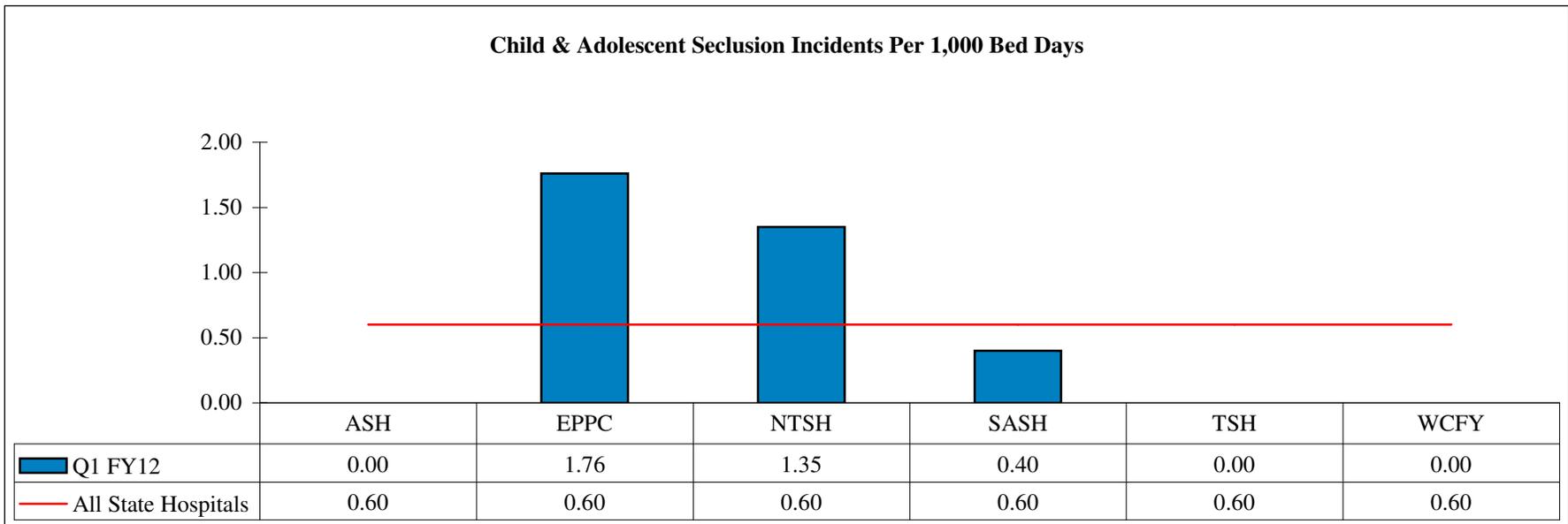
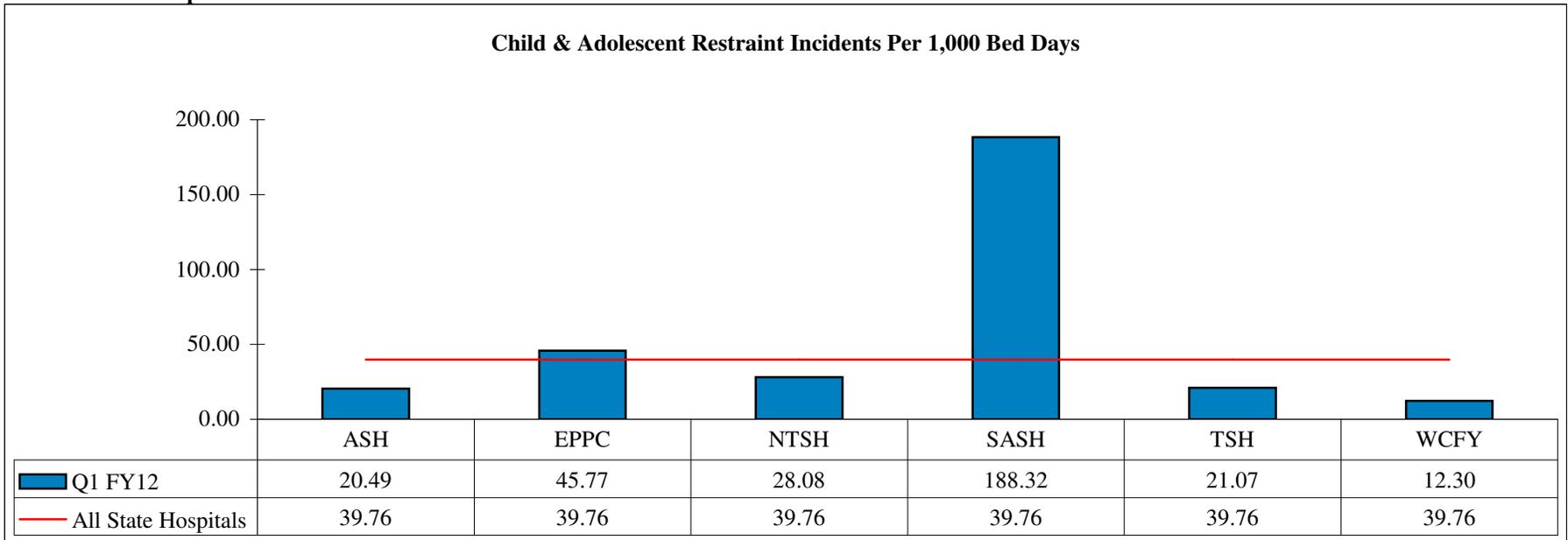
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



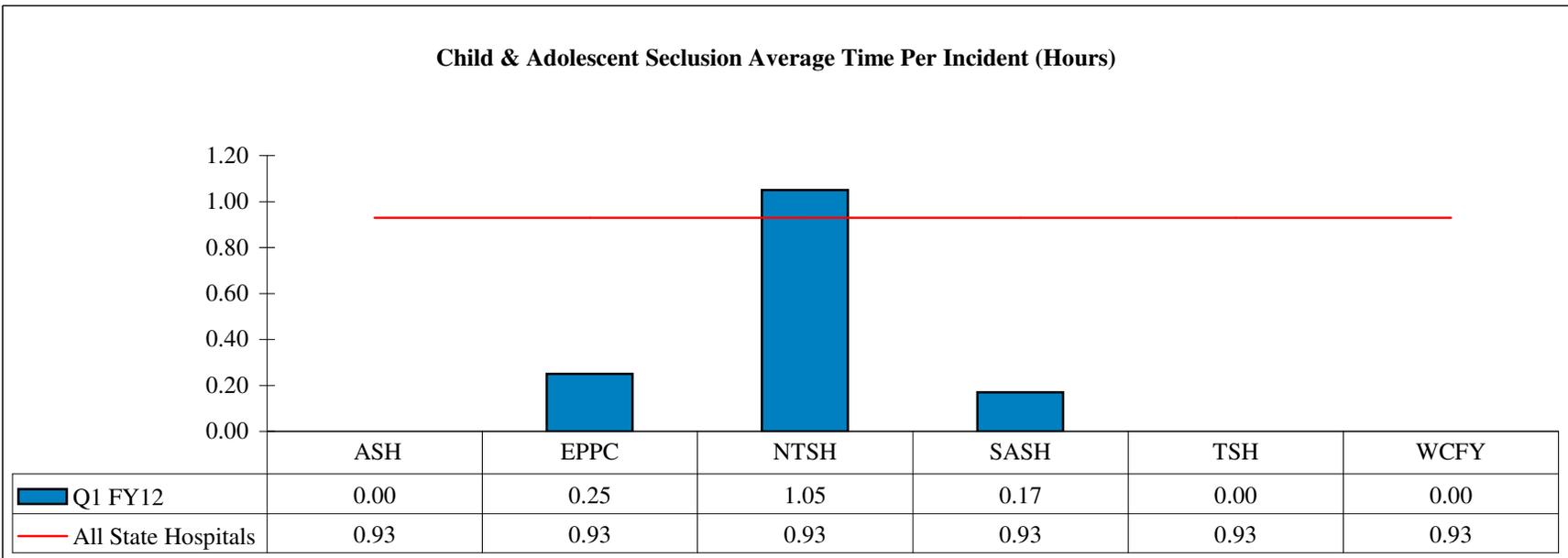
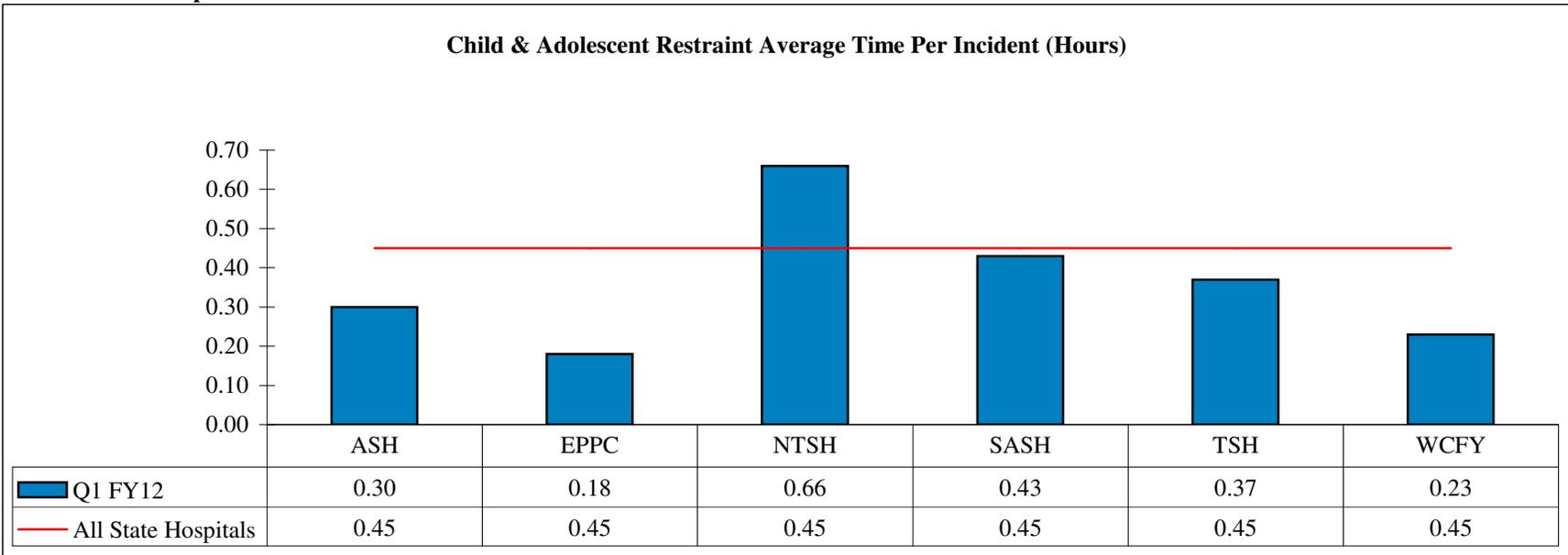
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



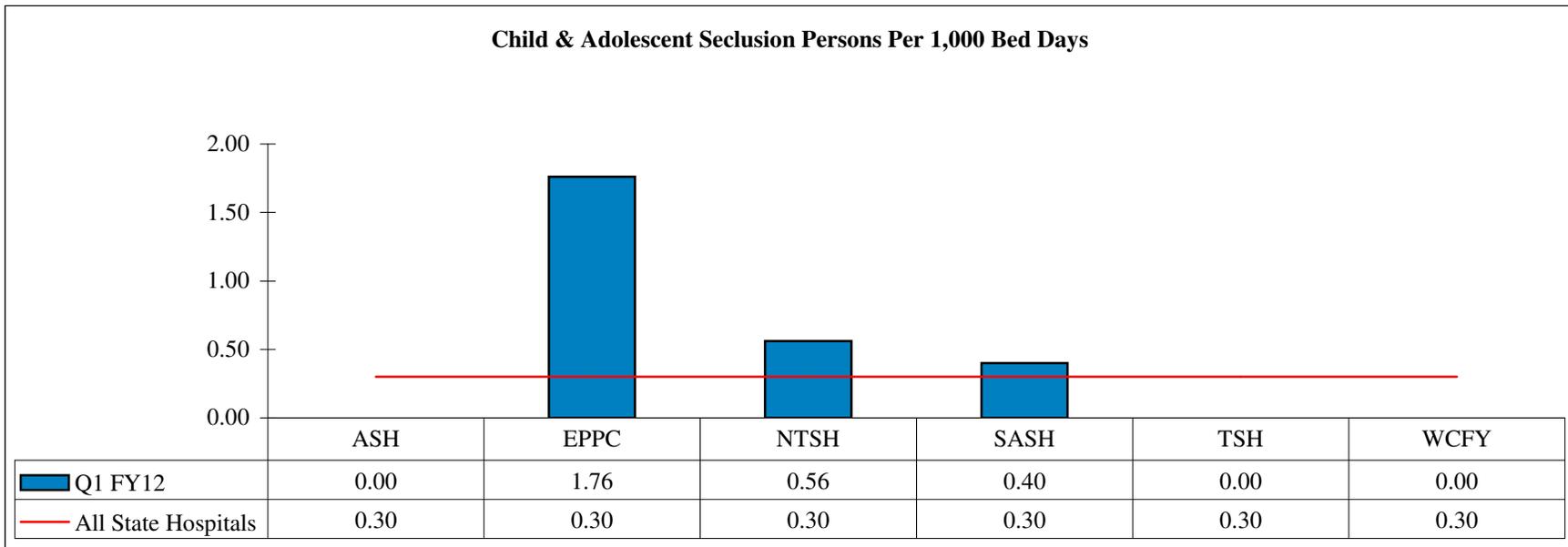
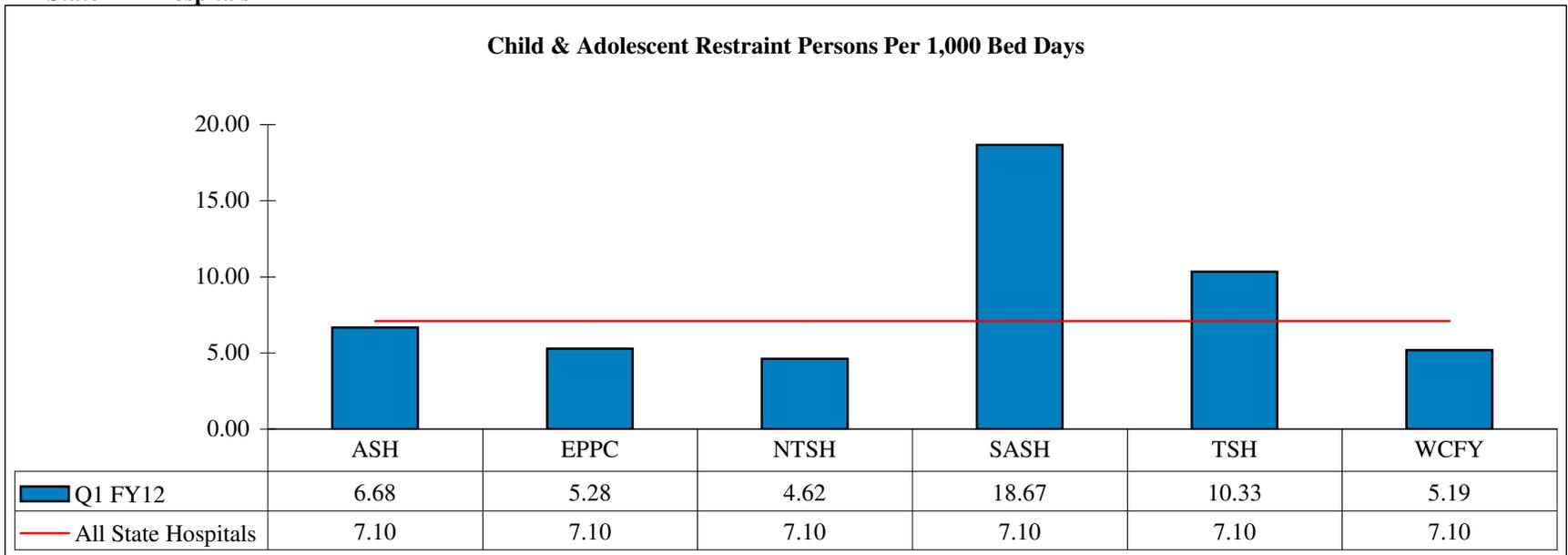
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State MH Hospitals**



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



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



**Performance Objective 3B:**

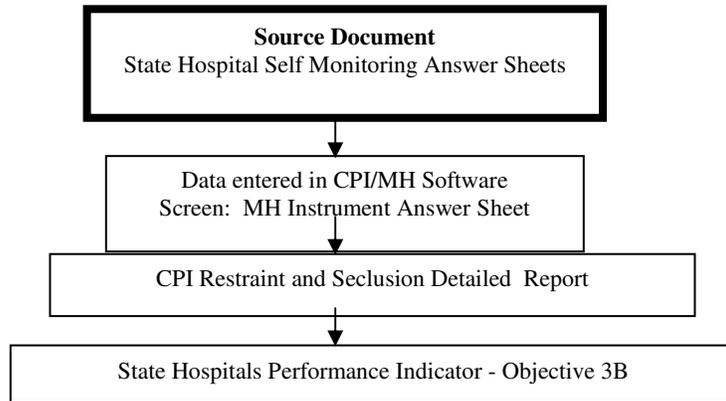
**Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.**

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

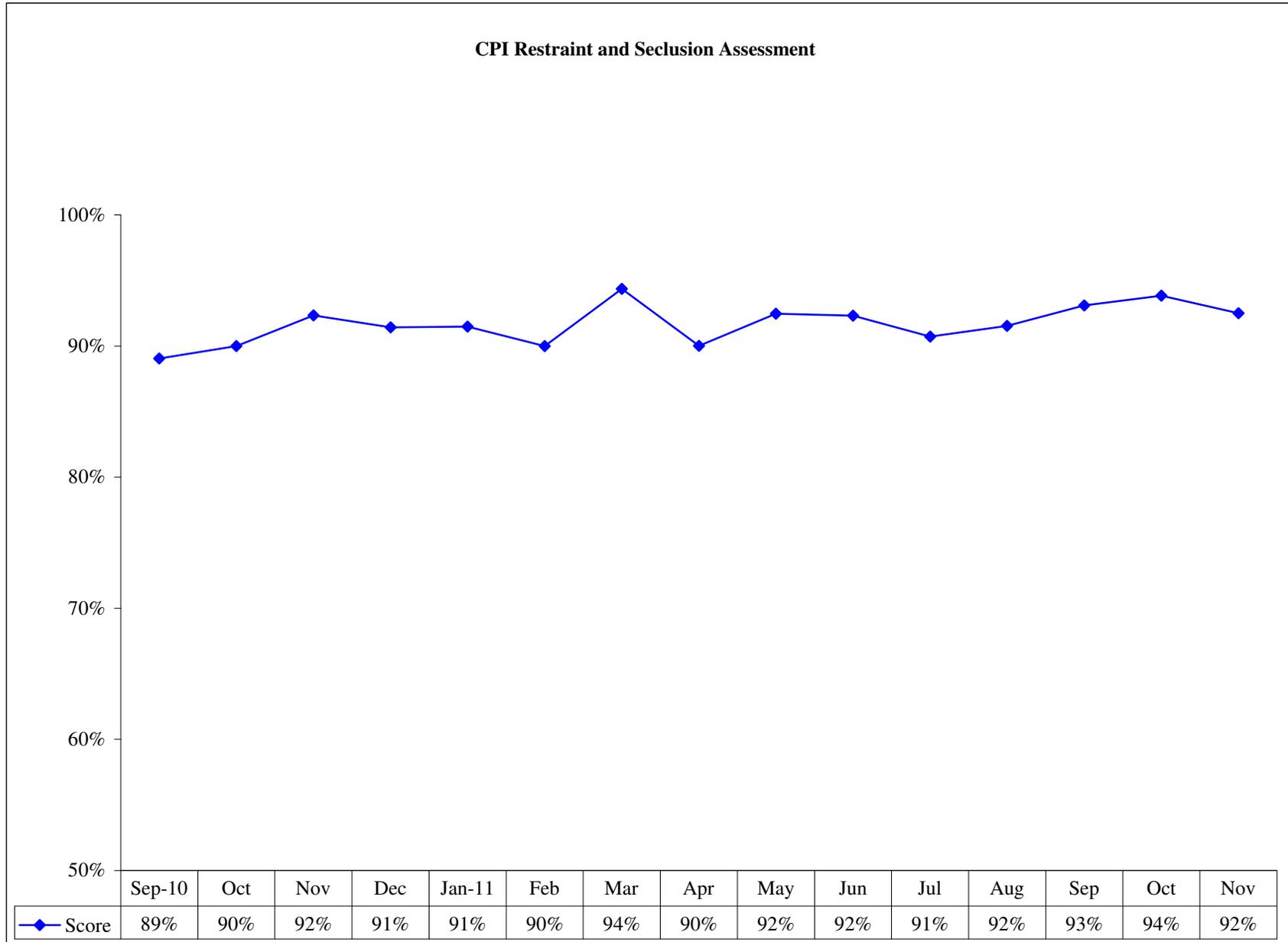
**Performance Objective Formula:** According to the CPI Restraint and Seclusion Monitoring instrument [(yes + no with)/(yes + no with + no) x 100].

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

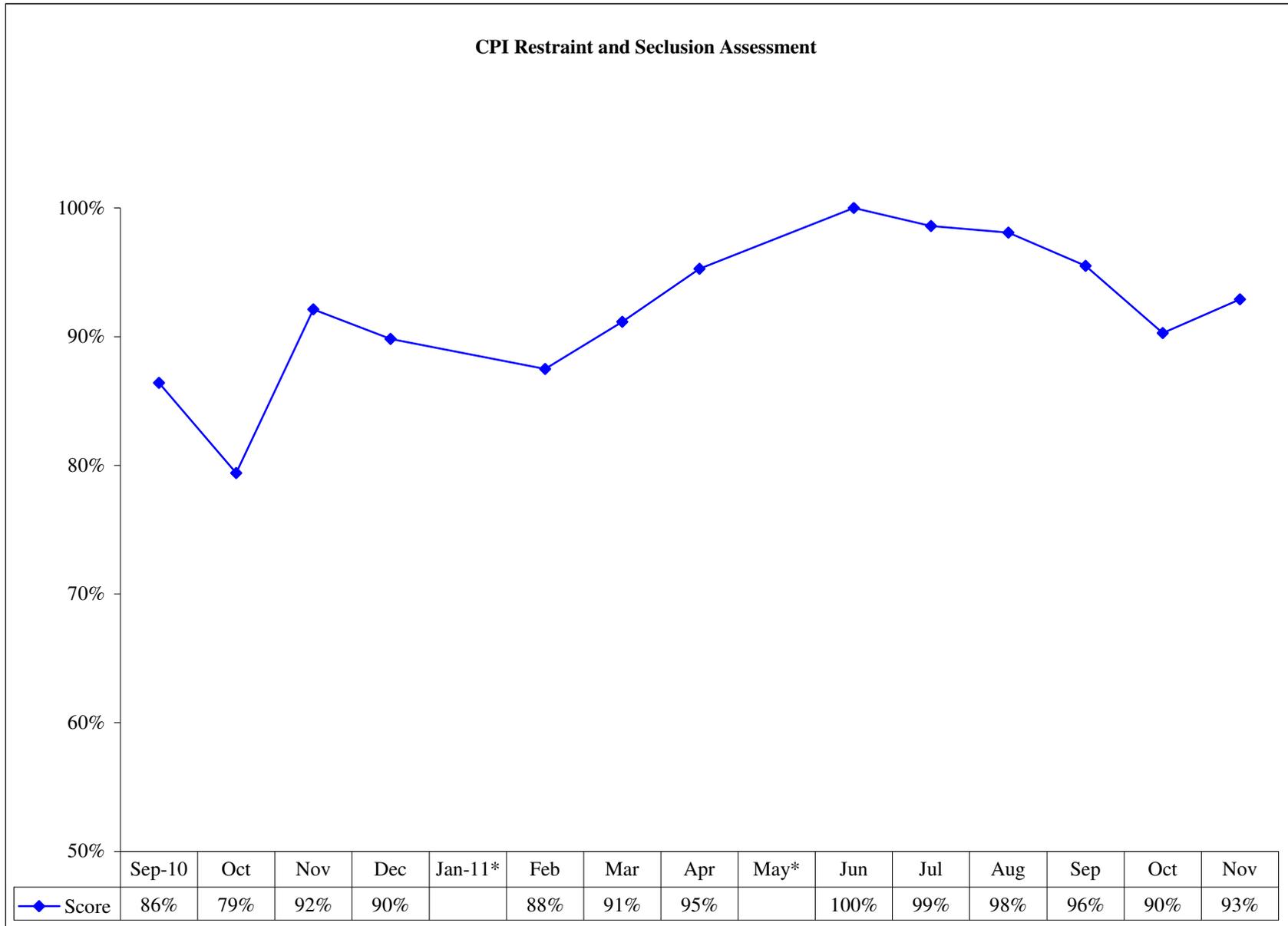
**Data Flow:**



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

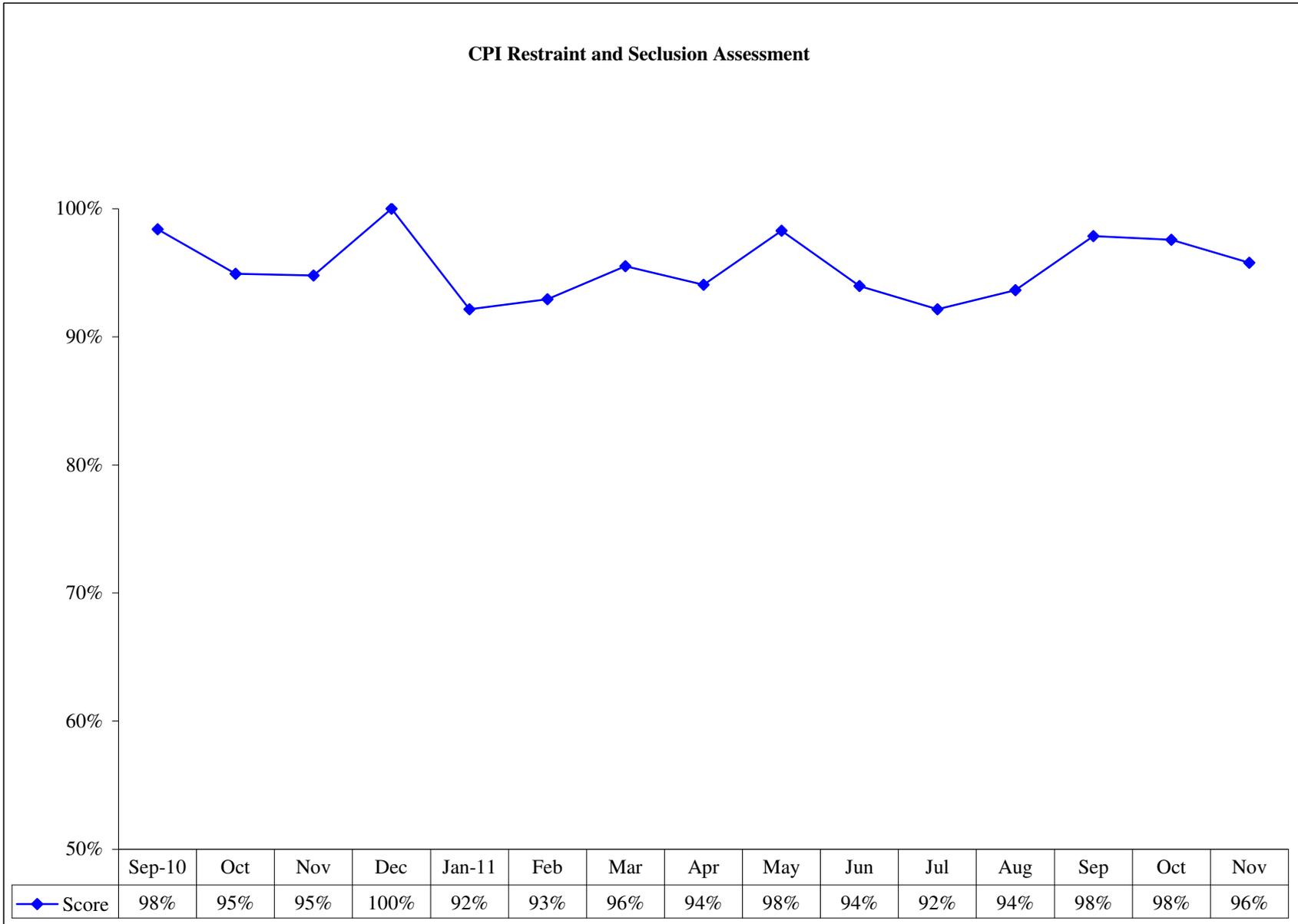


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Austin State Hospital**



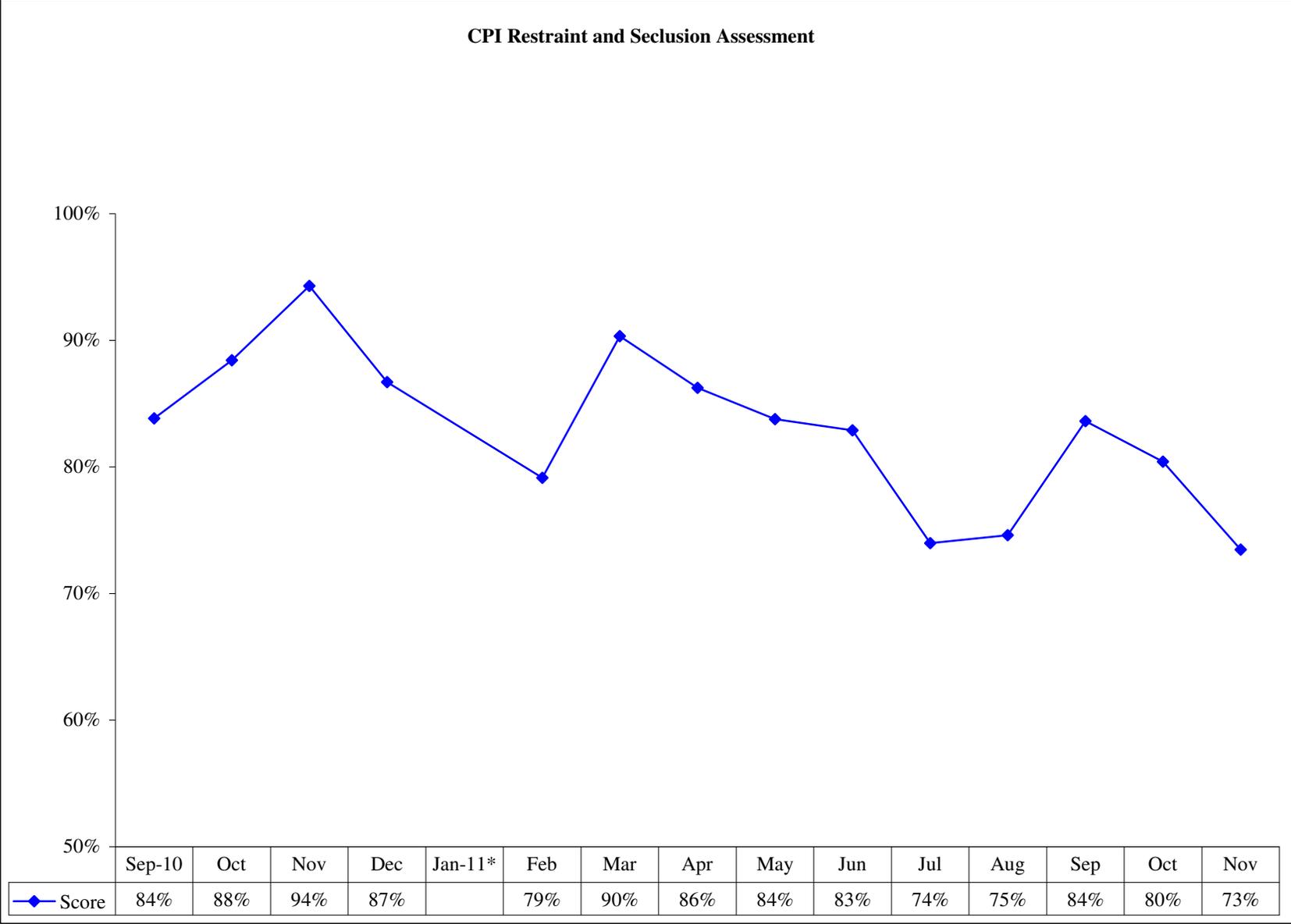
\*No scores reported to HMDS.

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



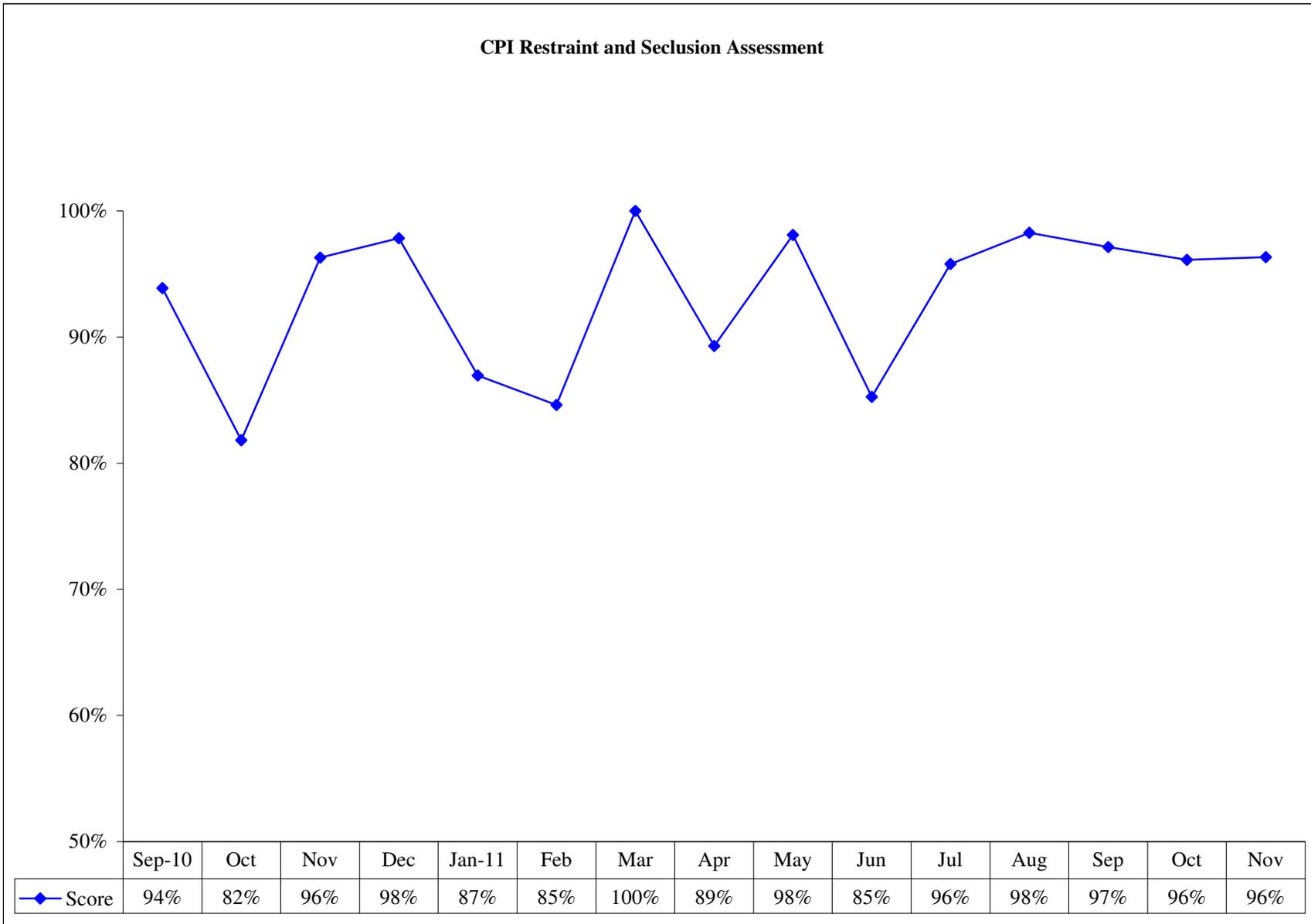
\*No scores reported to HMDS.

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

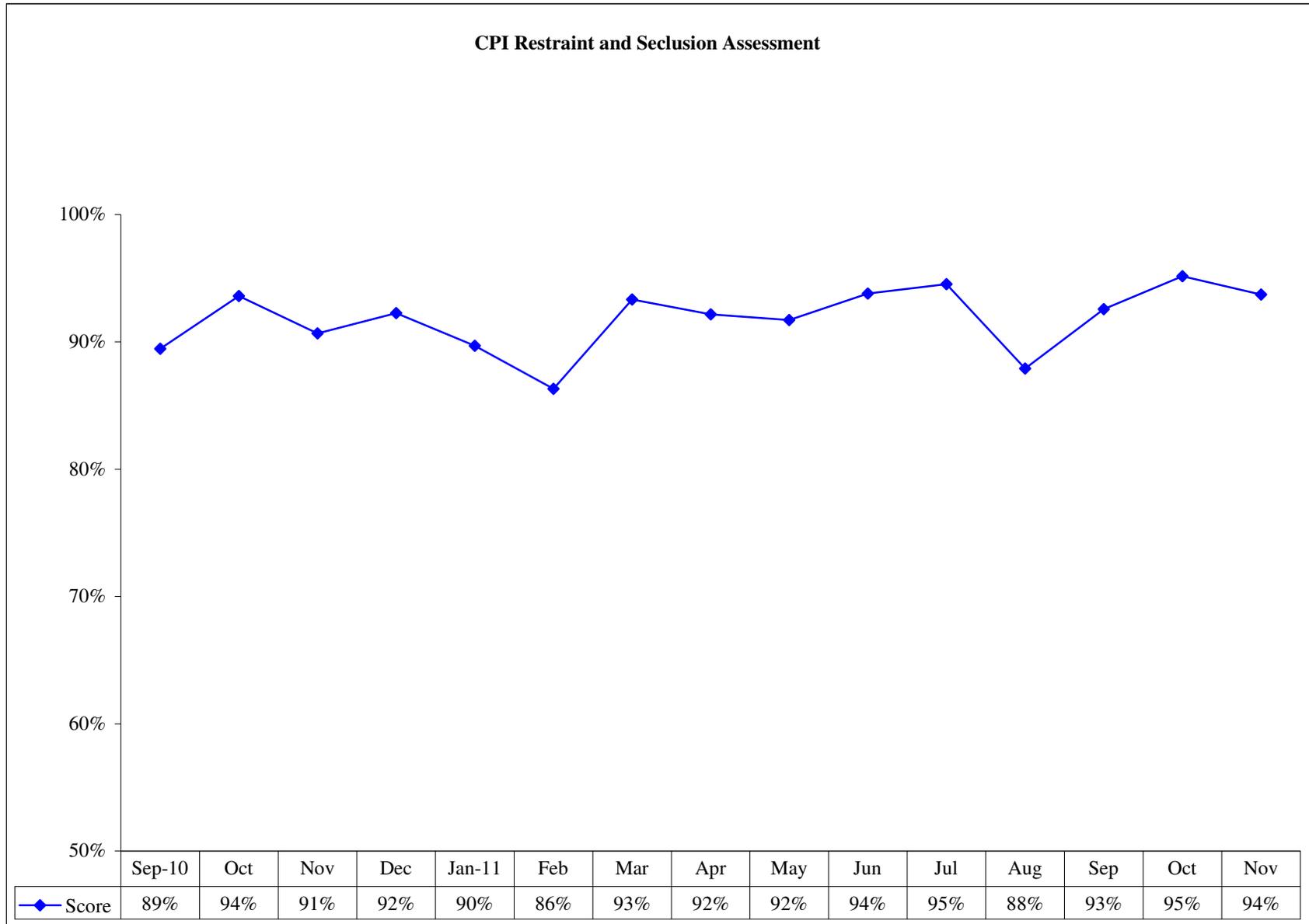


\*No scores reported to HMDS.

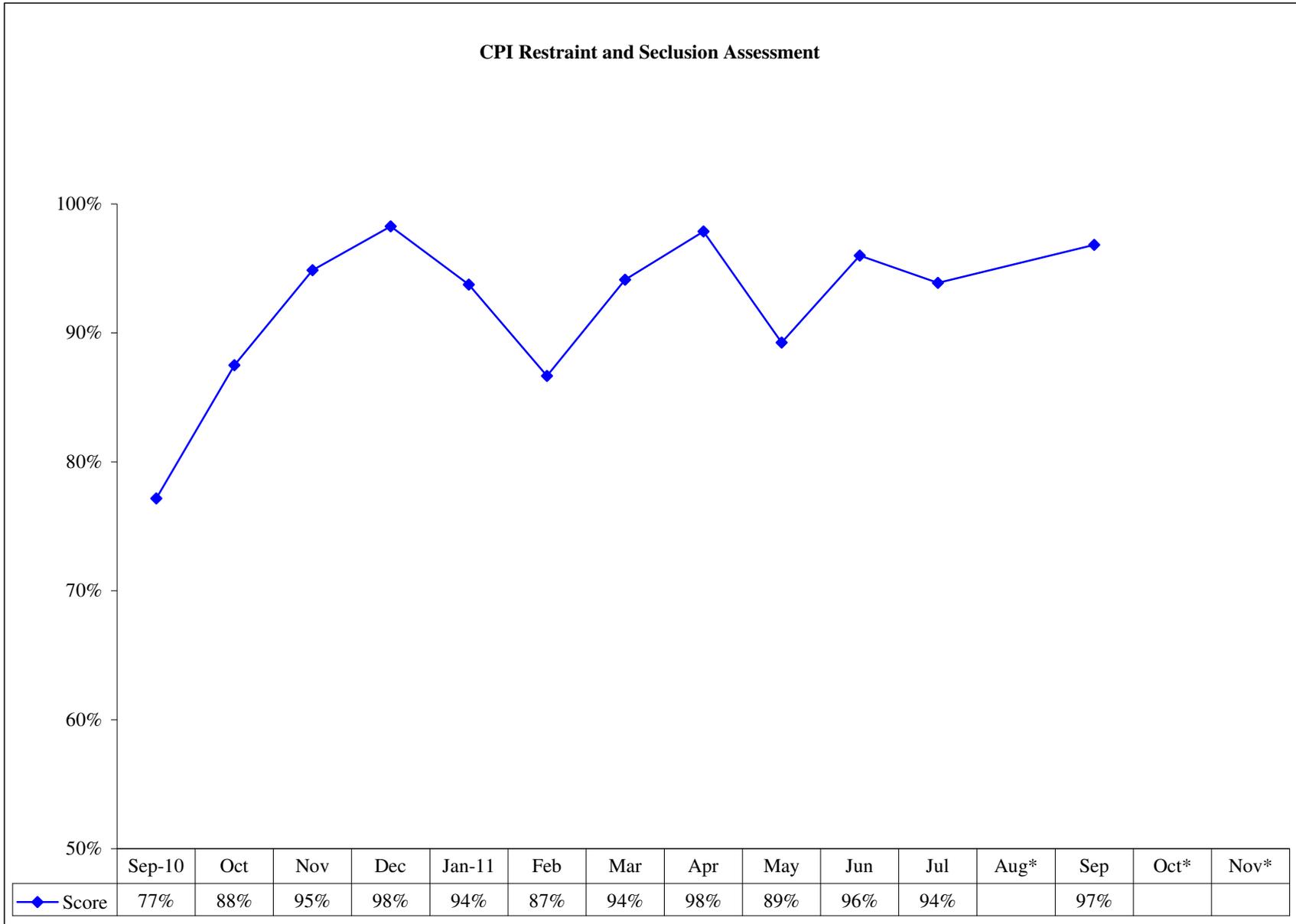
**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Kerrville State Hospital**



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

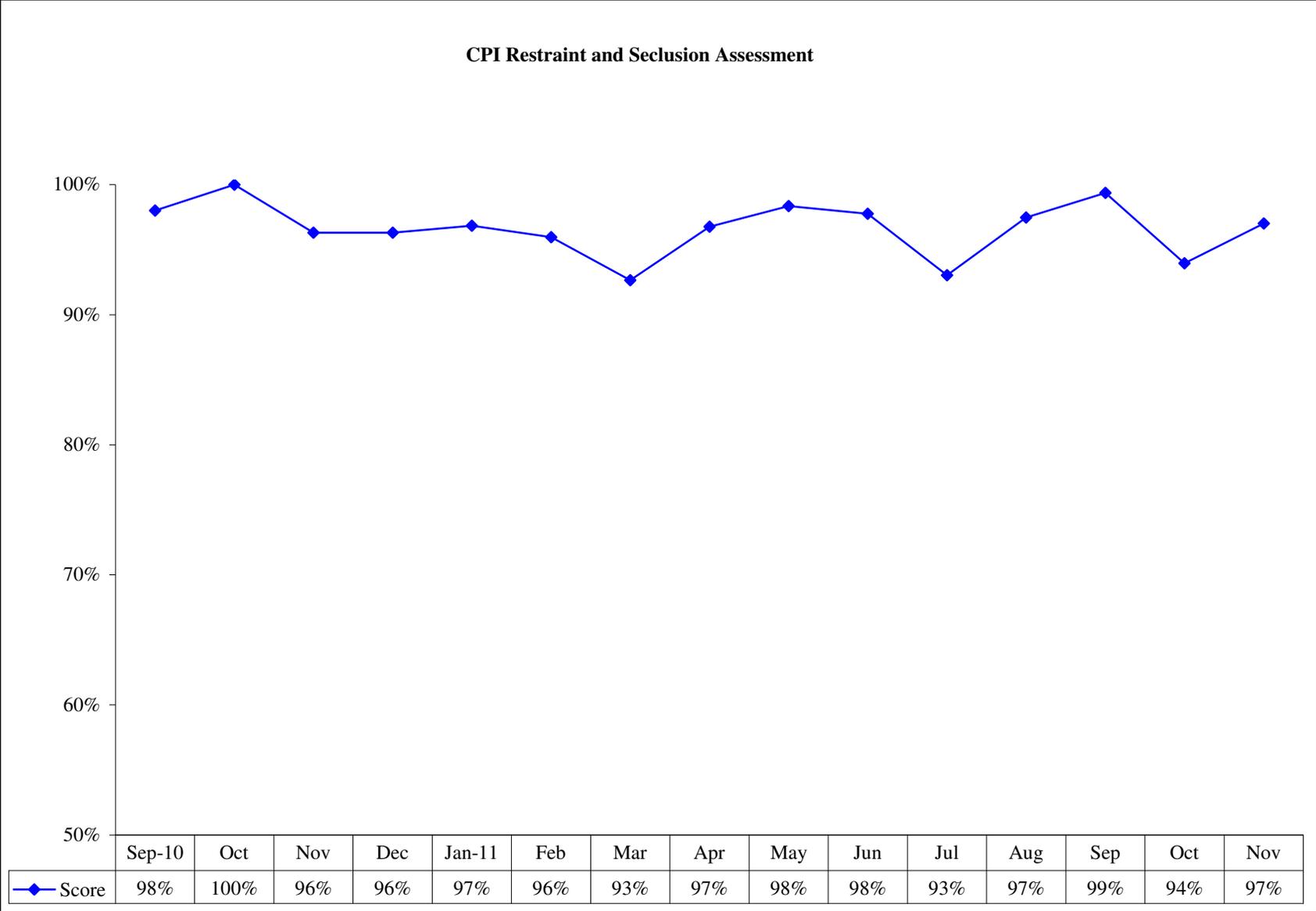


**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**Rio Grande State Center**

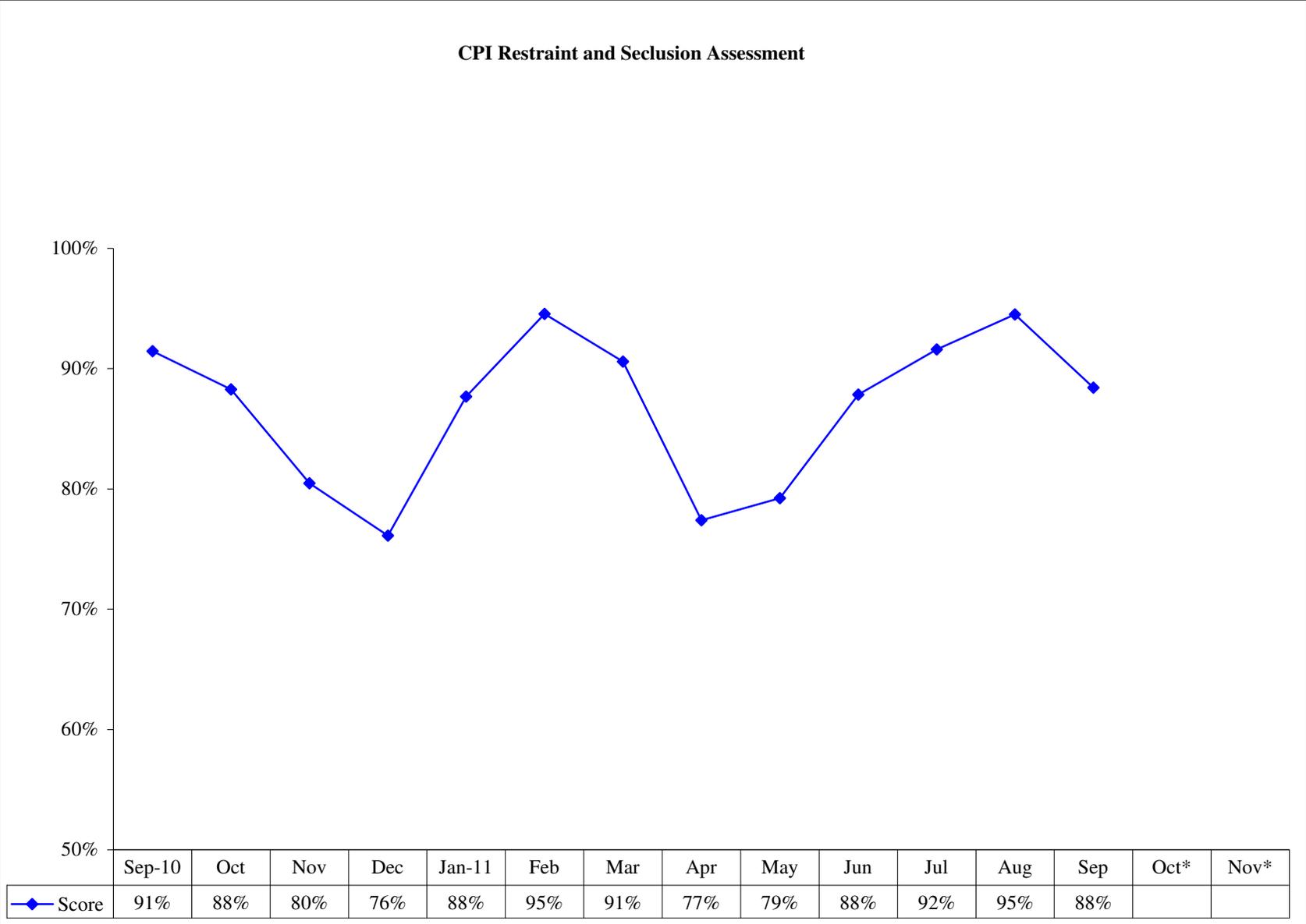


\*No scores reported to HMDS.

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

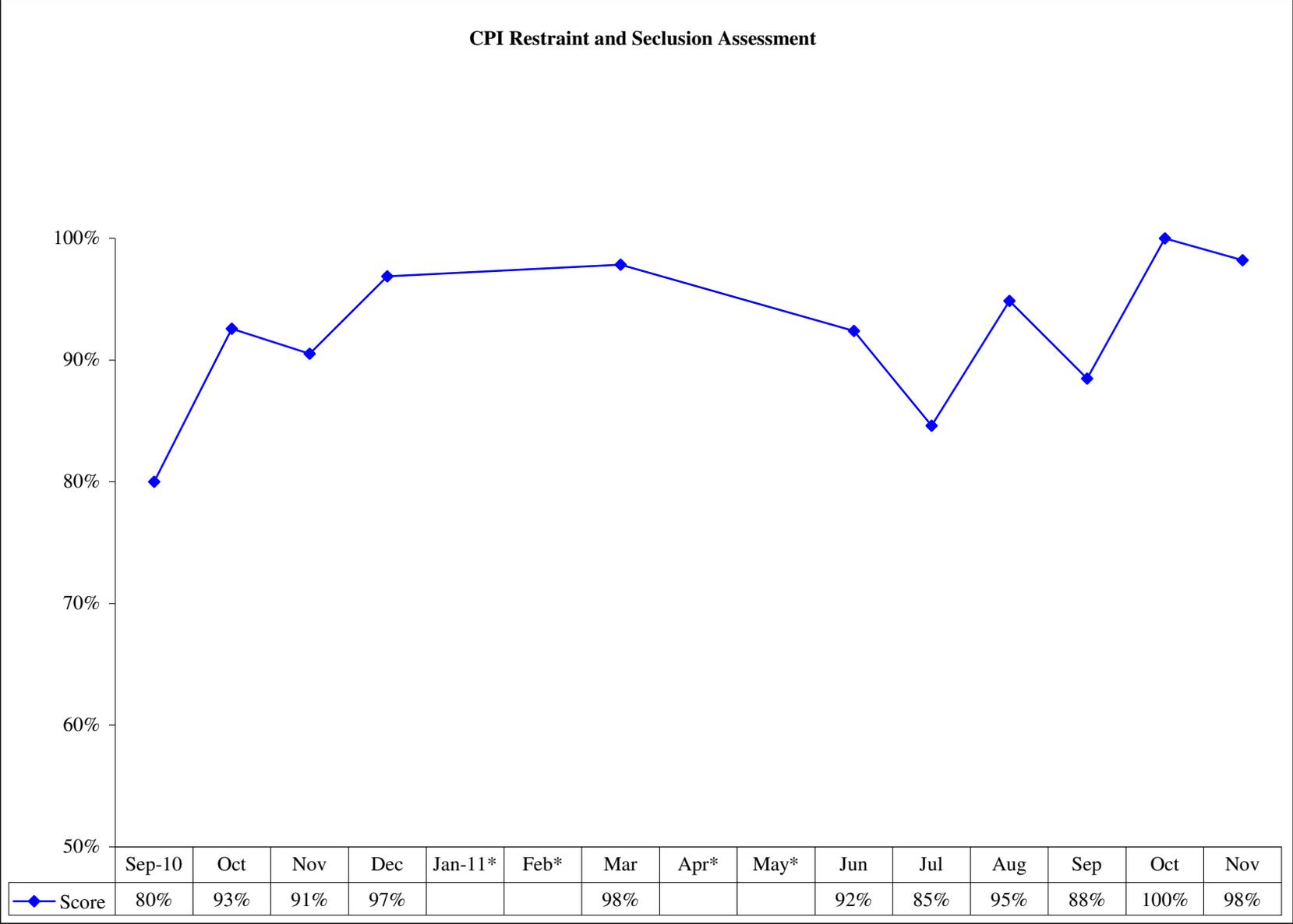


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
San Antonio State Hospital**



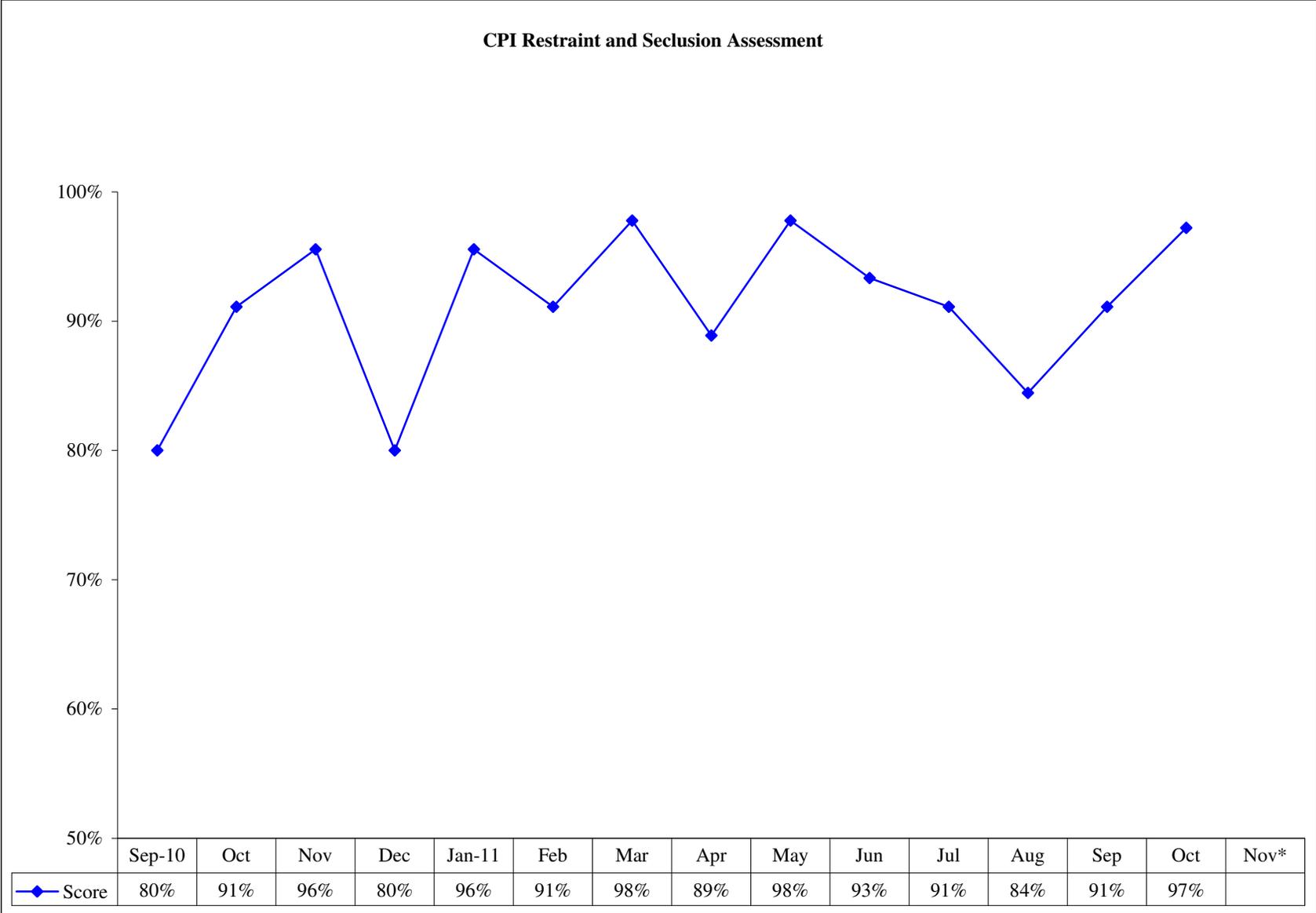
\*No scores reported to HMDS.

**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.

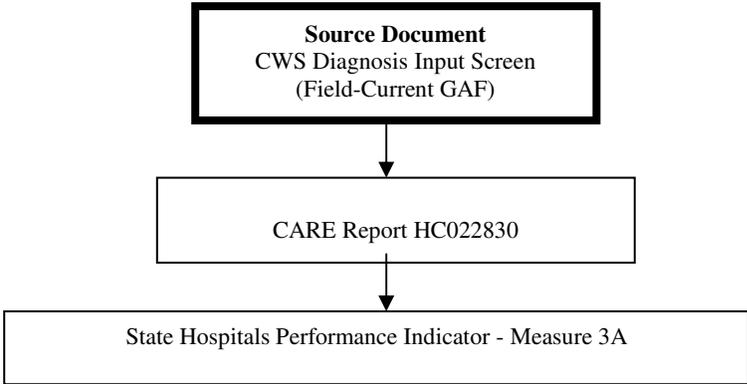
**Performance Measure Formula:  $R = (N/D)$**

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:**

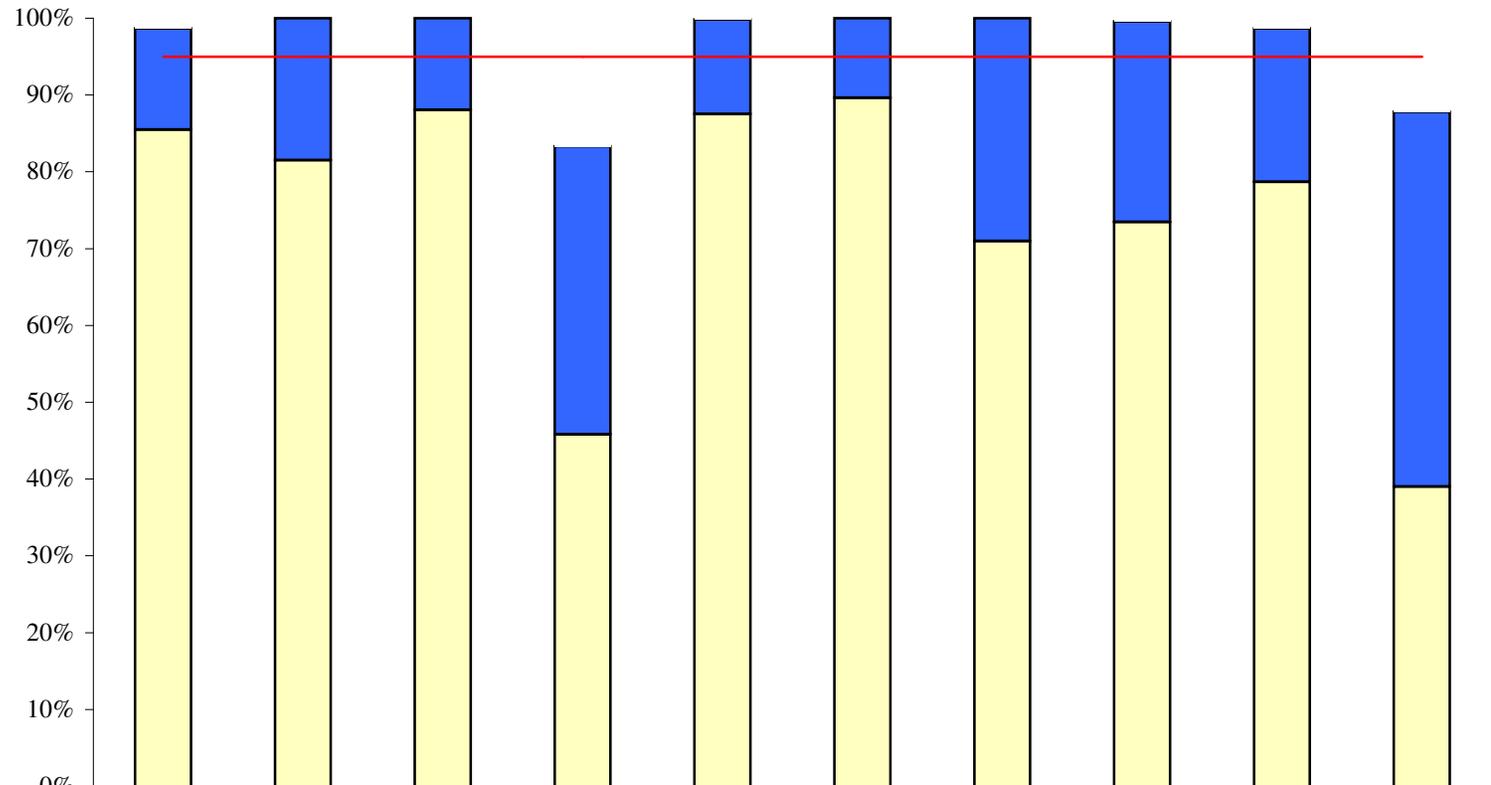
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 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 November 30, 2011**

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



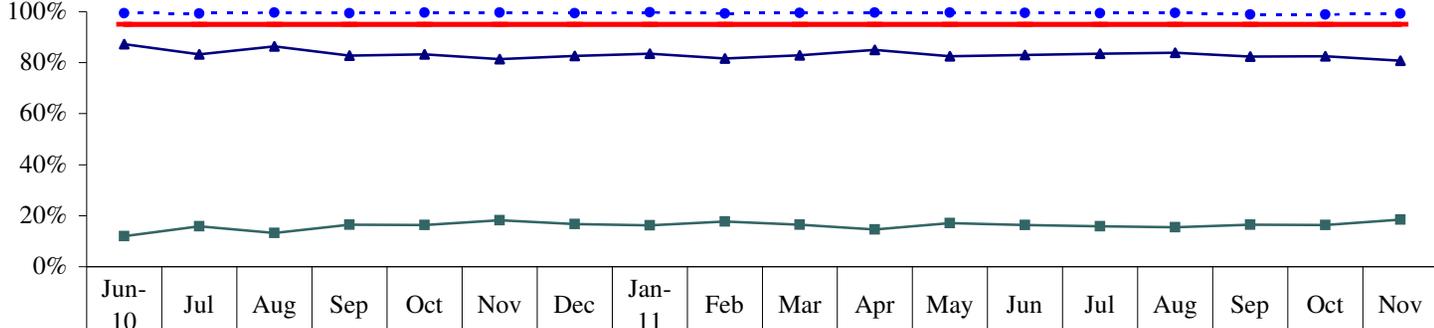
|                                  | ASH | BSSH | EPPC | KSH | NTSH | RGSC | RSH  | SASH | TSH | WCFY |
|----------------------------------|-----|------|------|-----|------|------|------|------|-----|------|
| <b>% Stabilized + Increased</b>  | 99% | 100% | 100% | 83% | 100% | 100% | 100% | 100% | 99% | 88%  |
| <b>% Stabilized</b>              | 13% | 18%  | 12%  | 38% | 12%  | 10%  | 29%  | 26%  | 20% | 49%  |
| <b>% Increased by 10 or More</b> | 85% | 82%  | 88%  | 46% | 88%  | 90%  | 71%  | 73%  | 79% | 39%  |
| <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**

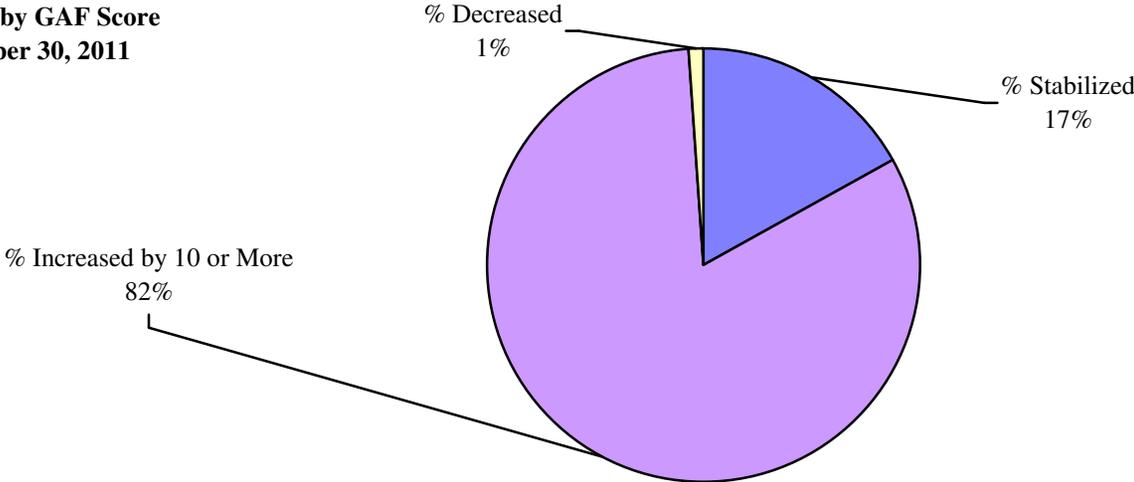
**All State MH Hospitals**

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



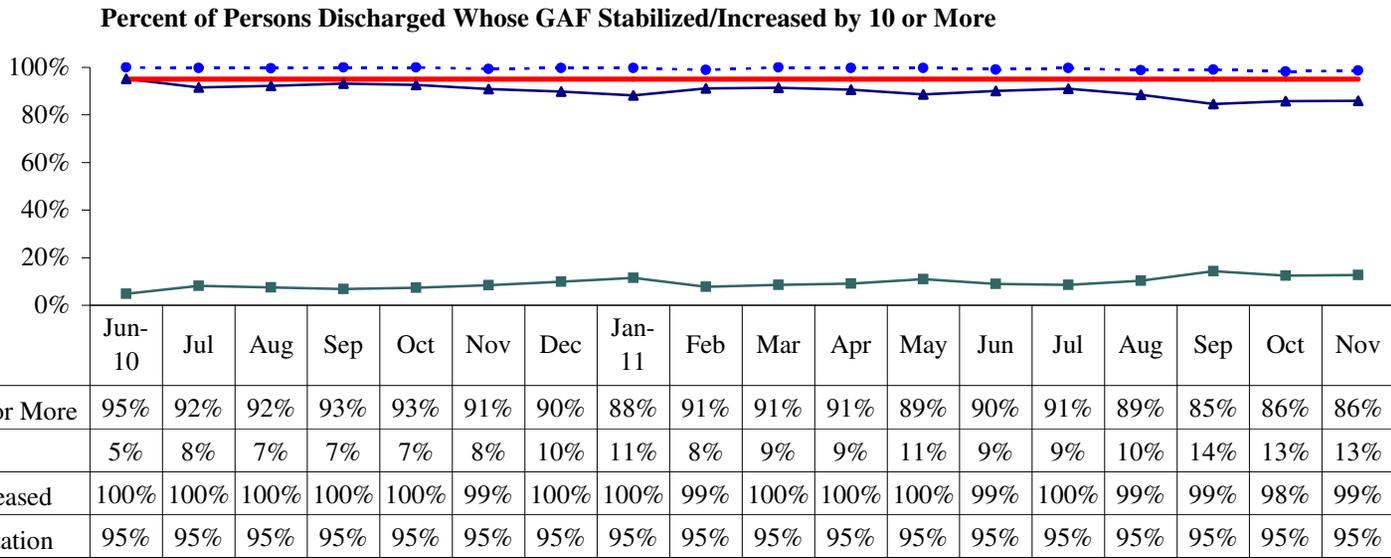
|                                | Jun-10 | Jul | Aug  | Sep | Oct  | Nov  | Dec | Jan-11 | Feb | Mar | Apr  | May  | Jun | Jul | Aug | Sep | Oct | Nov |
|--------------------------------|--------|-----|------|-----|------|------|-----|--------|-----|-----|------|------|-----|-----|-----|-----|-----|-----|
| ▲ % Increased by 10 or More    | 87%    | 83% | 86%  | 83% | 83%  | 81%  | 83% | 84%    | 82% | 83% | 85%  | 83%  | 83% | 84% | 84% | 82% | 83% | 81% |
| ■ % Stabilized                 | 12%    | 16% | 13%  | 17% | 16%  | 18%  | 17% | 16%    | 18% | 17% | 15%  | 17%  | 16% | 16% | 16% | 16% | 16% | 18% |
| ● - - % Stabilized + Increased | 99%    | 99% | 100% | 99% | 100% | 100% | 99% | 100%   | 99% | 99% | 100% | 100% | 99% | 99% | 99% | 99% | 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 November 30, 2011**

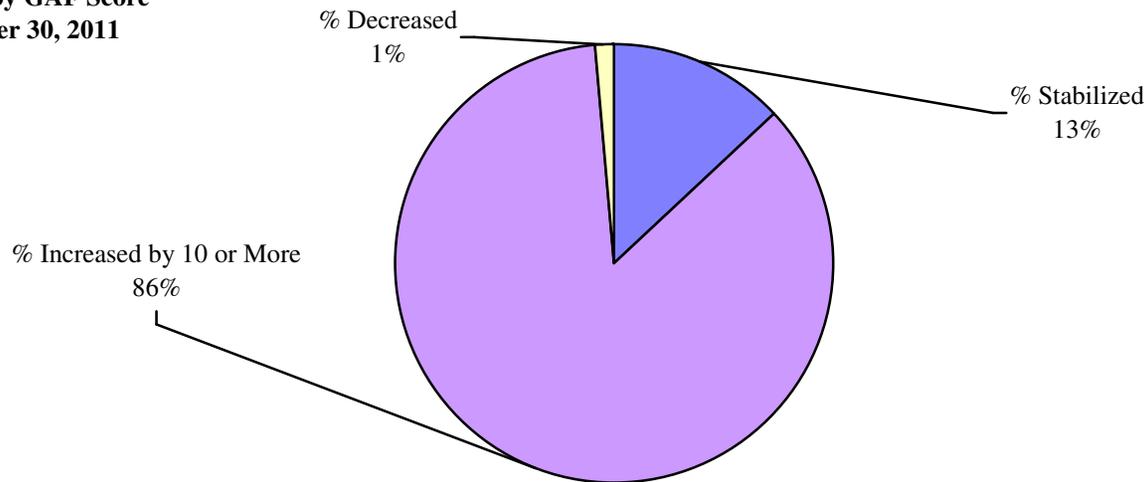


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**Austin State Hospital**



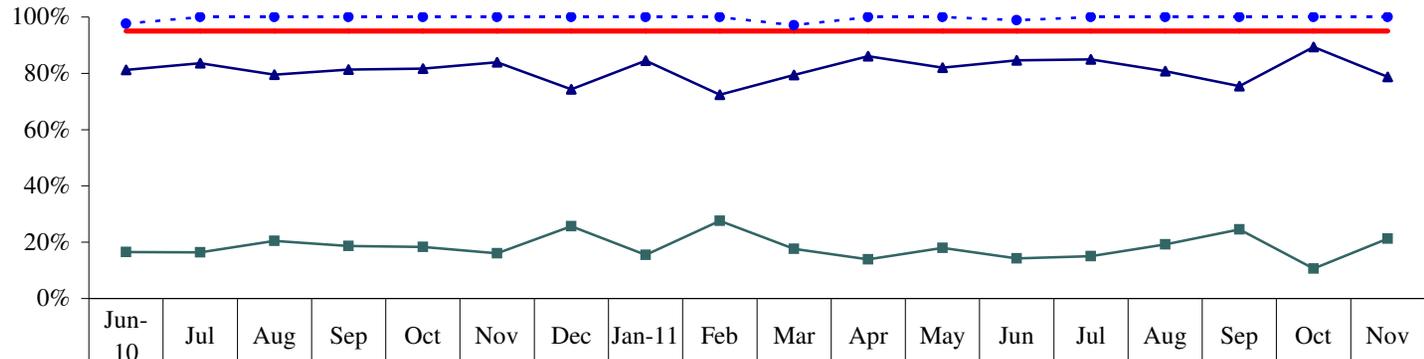
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



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

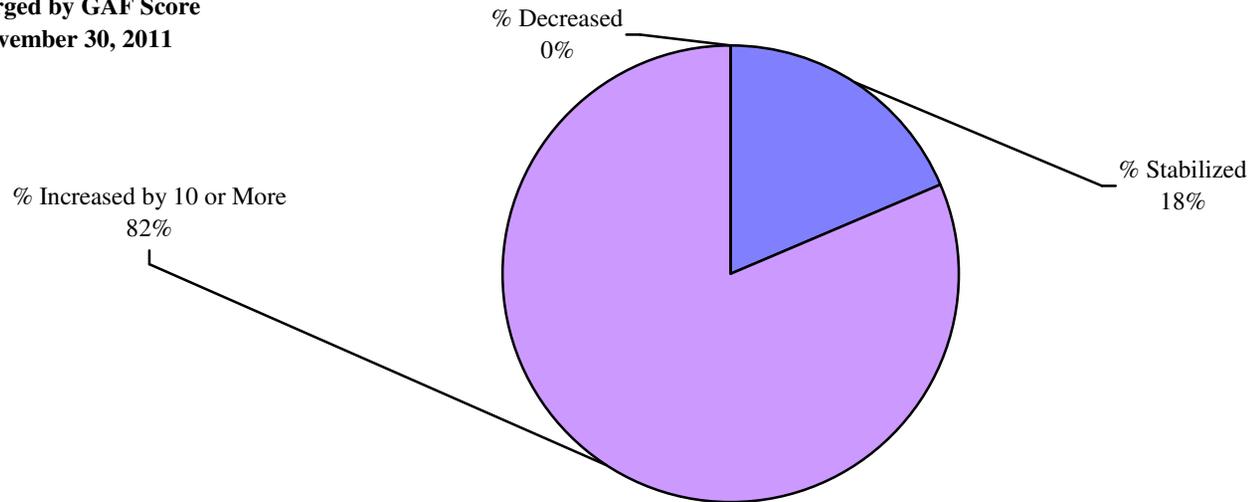
**Big Spring State Hospital**

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



|                                    |     |      |      |      |      |      |      |      |      |     |      |      |     |      |      |      |      |      |
|------------------------------------|-----|------|------|------|------|------|------|------|------|-----|------|------|-----|------|------|------|------|------|
| —▲— % Increased by 10 or More      | 81% | 84%  | 80%  | 81%  | 82%  | 84%  | 74%  | 84%  | 72%  | 79% | 86%  | 82%  | 85% | 85%  | 81%  | 75%  | 89%  | 79%  |
| —■— % Stabilized                   | 16% | 16%  | 20%  | 19%  | 18%  | 16%  | 26%  | 16%  | 28%  | 18% | 14%  | 18%  | 14% | 15%  | 19%  | 25%  | 11%  | 21%  |
| - - ● - - % Stabilized + Increased | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 99% | 100% | 100% | 100% | 100% | 100% |
| — % Statewide Expectation          | 95% | 95%  | 95%  | 95%  | 95%  | 95%  | 95%  | 95%  | 95%  | 95% | 95%  | 95%  | 95% | 95%  | 95%  | 95%  | 95%  | 95%  |

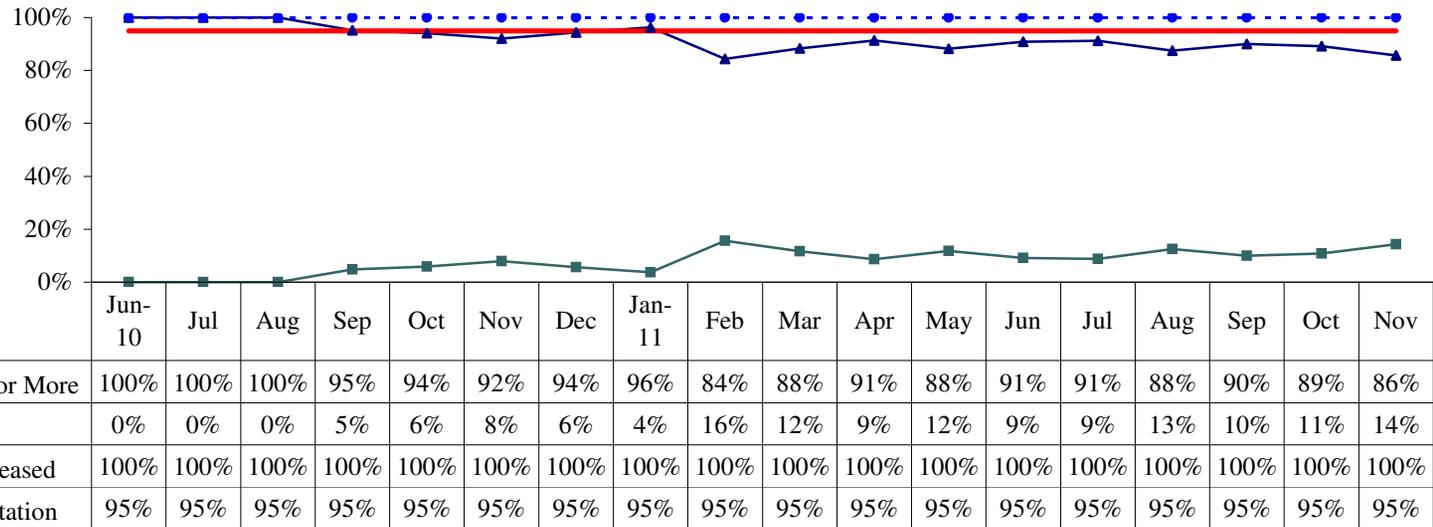
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



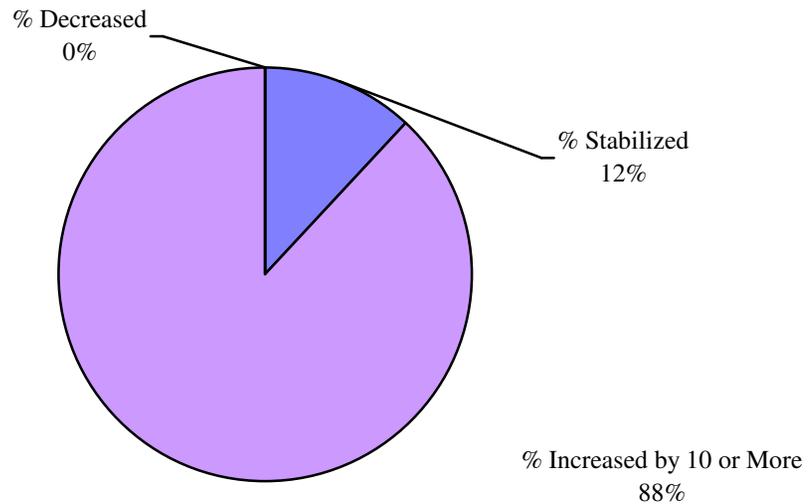
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**El Paso Psychiatric Center**

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

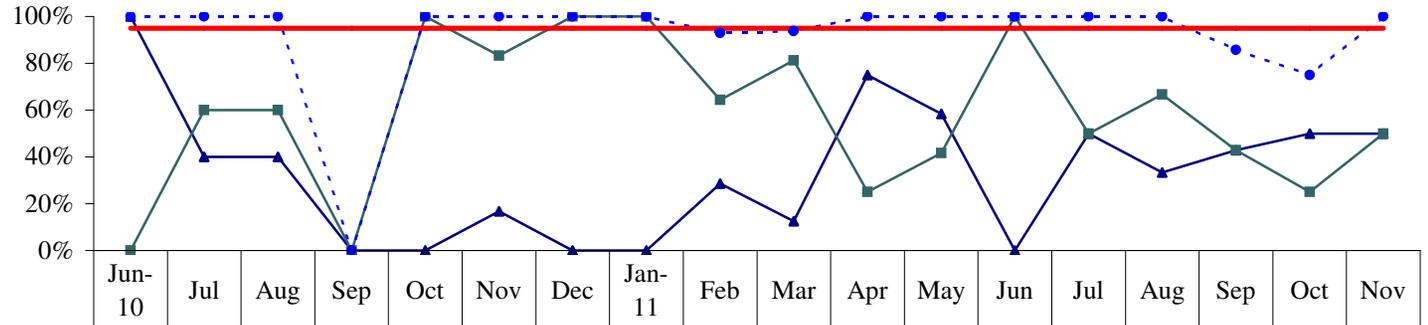


**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



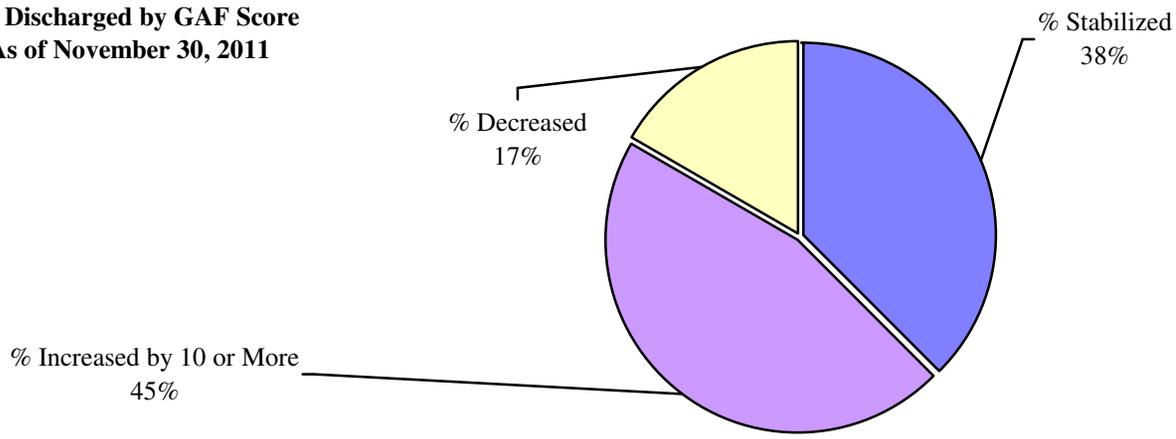
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Kerrville State Hospital**

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



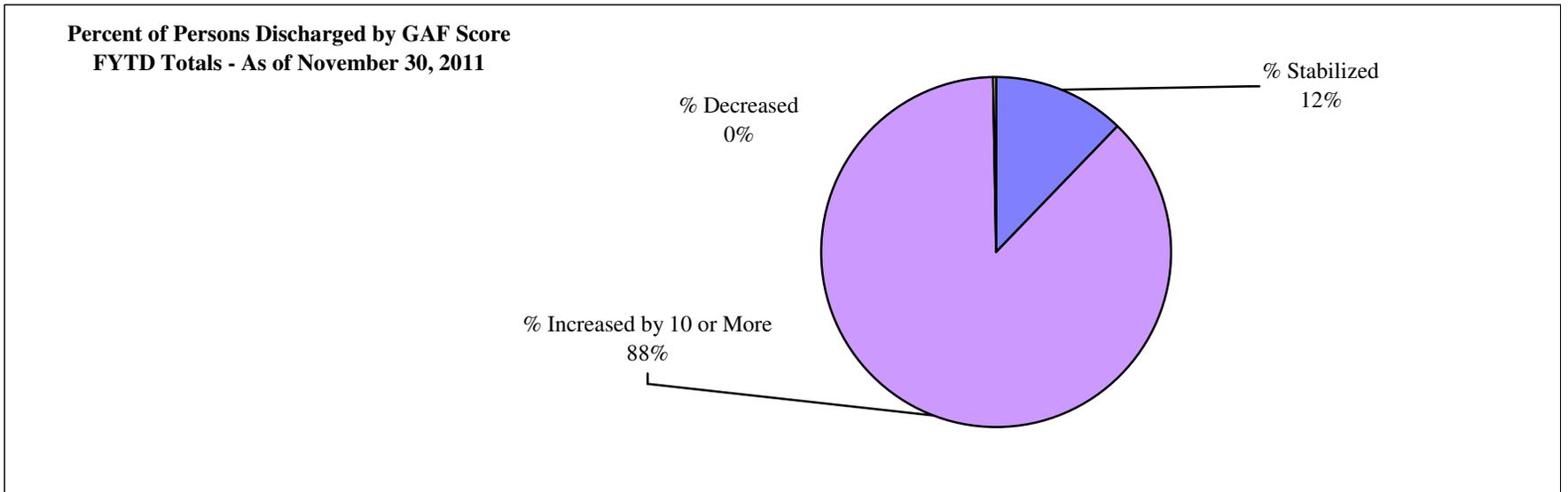
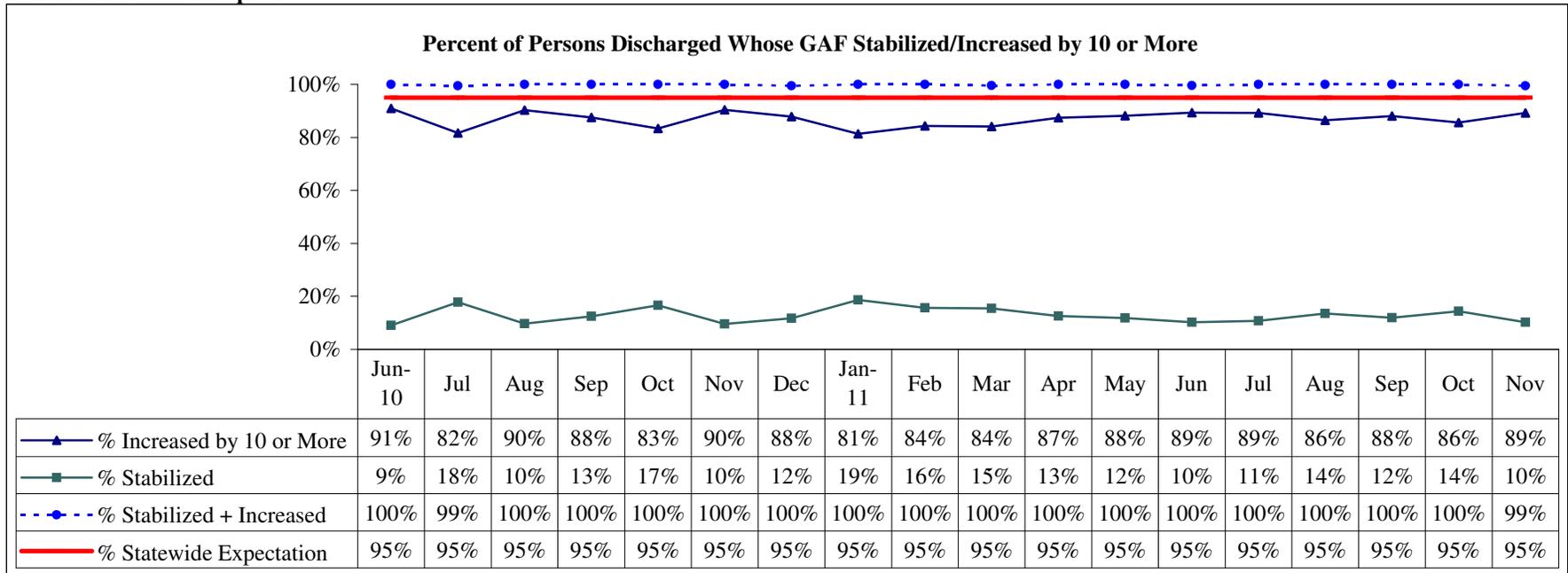
|                                    |      |      |      |     |      |      |      |      |     |     |      |      |      |      |      |     |     |      |
|------------------------------------|------|------|------|-----|------|------|------|------|-----|-----|------|------|------|------|------|-----|-----|------|
| —▲— % Increased by 10 or More      | 100% | 40%  | 40%  | 0%  | 0%   | 17%  | 0%   | 0%   | 29% | 13% | 75%  | 58%  | 0%   | 50%  | 33%  | 43% | 50% | 50%  |
| —■— % Stabilized                   | 0%   | 60%  | 60%  | 0%  | 100% | 83%  | 100% | 100% | 64% | 81% | 25%  | 42%  | 100% | 50%  | 67%  | 43% | 25% | 50%  |
| - - ● - - % Stabilized + Increased | 100% | 100% | 100% | 0%  | 100% | 100% | 100% | 100% | 93% | 94% | 100% | 100% | 100% | 100% | 100% | 86% | 75% | 100% |
| — % Statewide Expectation          | 95%  | 95%  | 95%  | 95% | 95%  | 95%  | 95%  | 95%  | 95% | 95% | 95%  | 95%  | 95%  | 95%  | 95%  | 95% | 95% | 95%  |

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



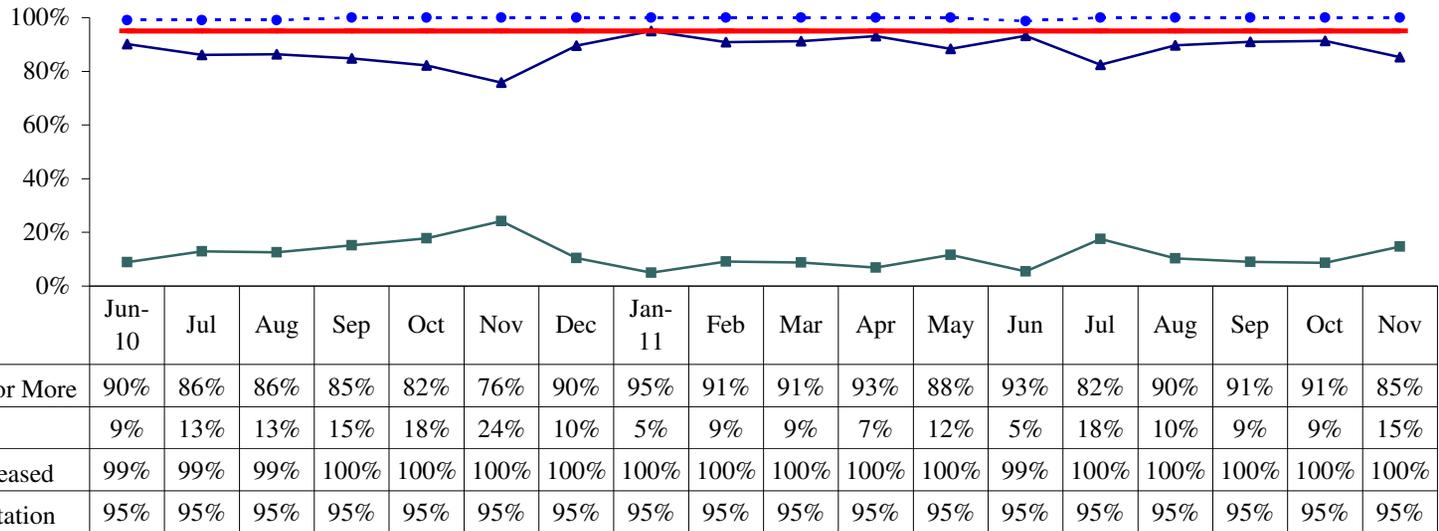
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**North Texas State Hospital**

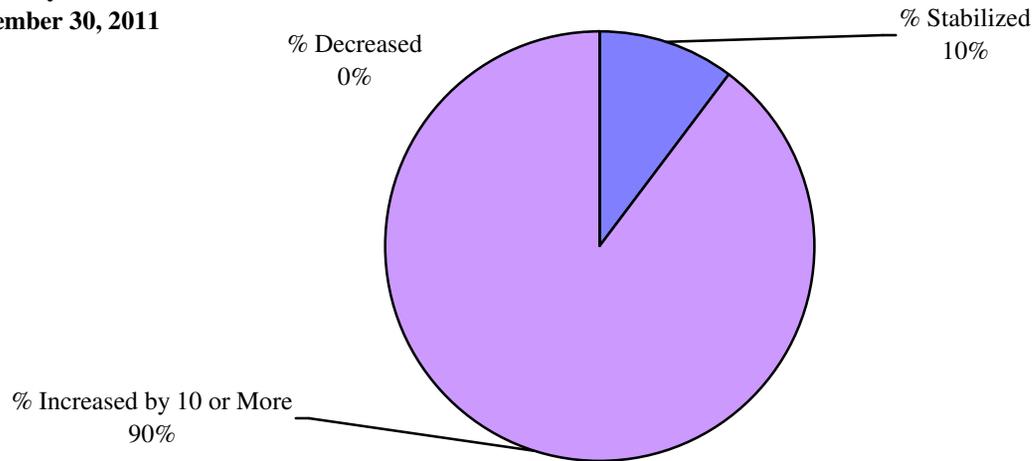


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Rio Grande State Center**

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



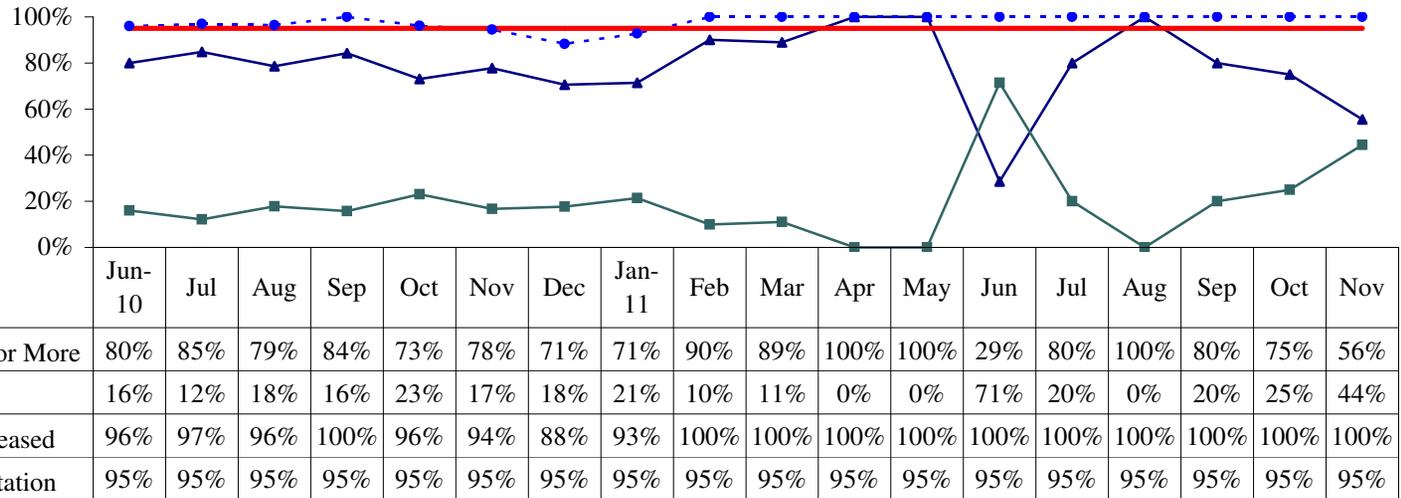
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



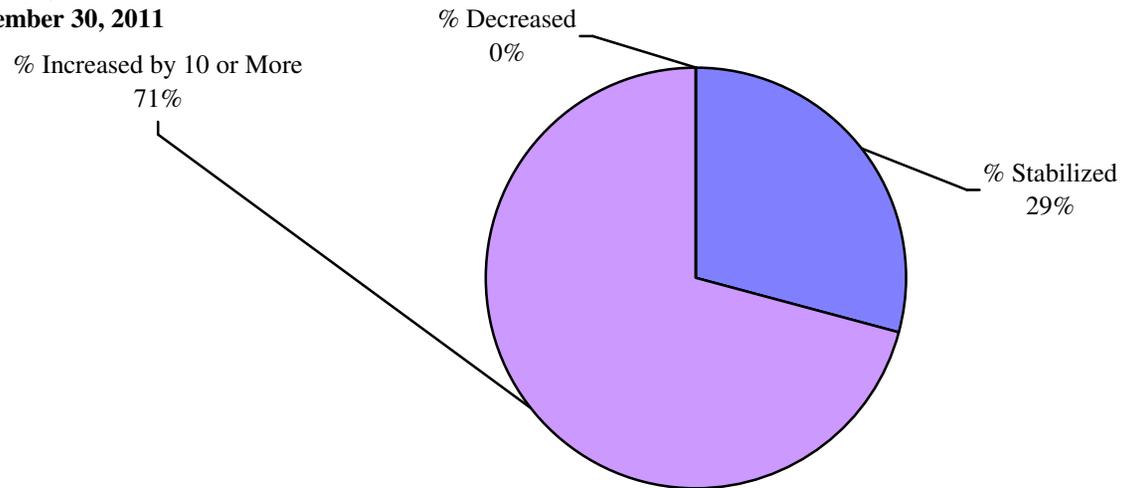
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**

**Rusk State Hospital**

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



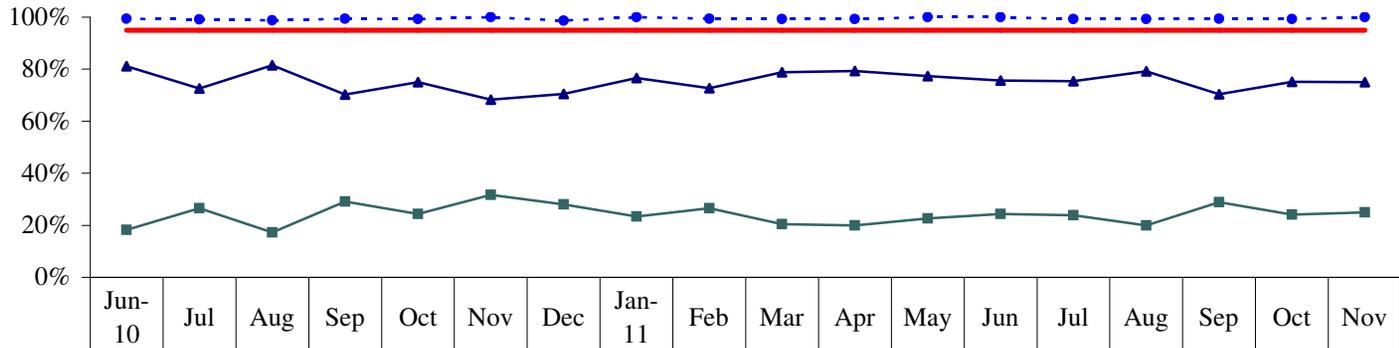
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



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

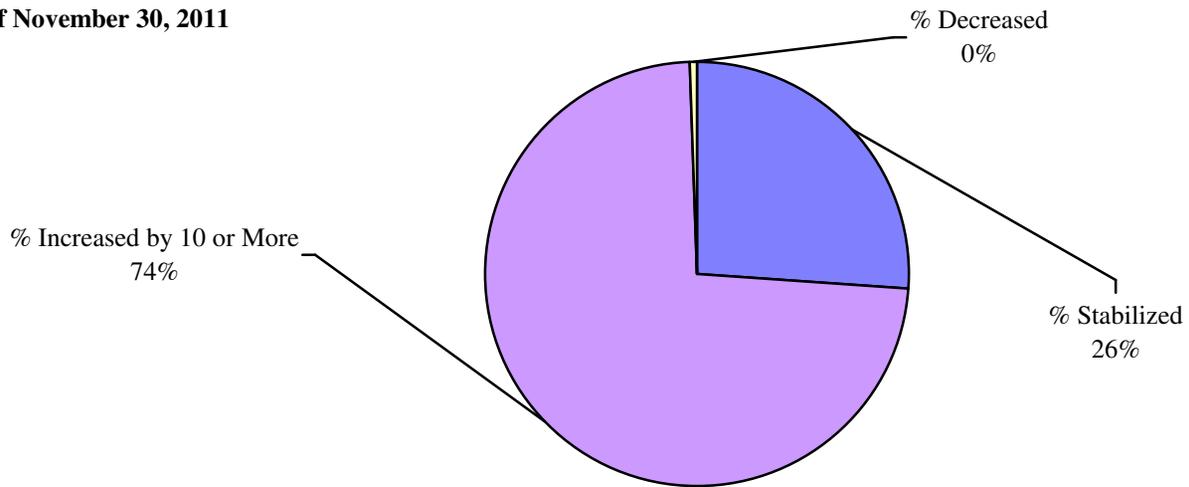
**San Antonio State Hospital**

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



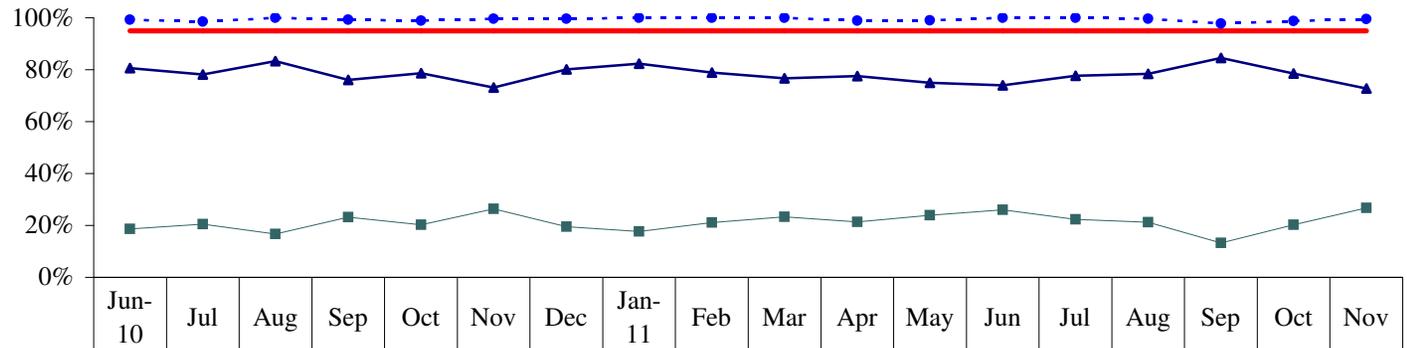
|                             | Jun-10 | Jul | Aug | Sep | Oct | Nov  | Dec | Jan-11 | Feb | Mar | Apr | May  | Jun  | Jul | Aug | Sep | Oct | Nov  |
|-----------------------------|--------|-----|-----|-----|-----|------|-----|--------|-----|-----|-----|------|------|-----|-----|-----|-----|------|
| ▲ % Increased by 10 or More | 81%    | 73% | 82% | 70% | 75% | 68%  | 71% | 77%    | 73% | 79% | 79% | 77%  | 76%  | 75% | 79% | 70% | 75% | 75%  |
| ■ % Stabilized              | 18%    | 27% | 17% | 29% | 24% | 32%  | 28% | 23%    | 27% | 20% | 20% | 23%  | 24%  | 24% | 20% | 29% | 24% | 25%  |
| ◆ % Stabilized + Increased  | 99%    | 99% | 99% | 99% | 99% | 100% | 99% | 100%   | 99% | 99% | 99% | 100% | 100% | 99% | 99% | 99% | 99% | 100% |
| — % Statewide Expectation   | 95%    | 95% | 95% | 95% | 95% | 95%  | 95% | 95%    | 95% | 95% | 95% | 95%  | 95%  | 95% | 95% | 95% | 95% | 95%  |

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



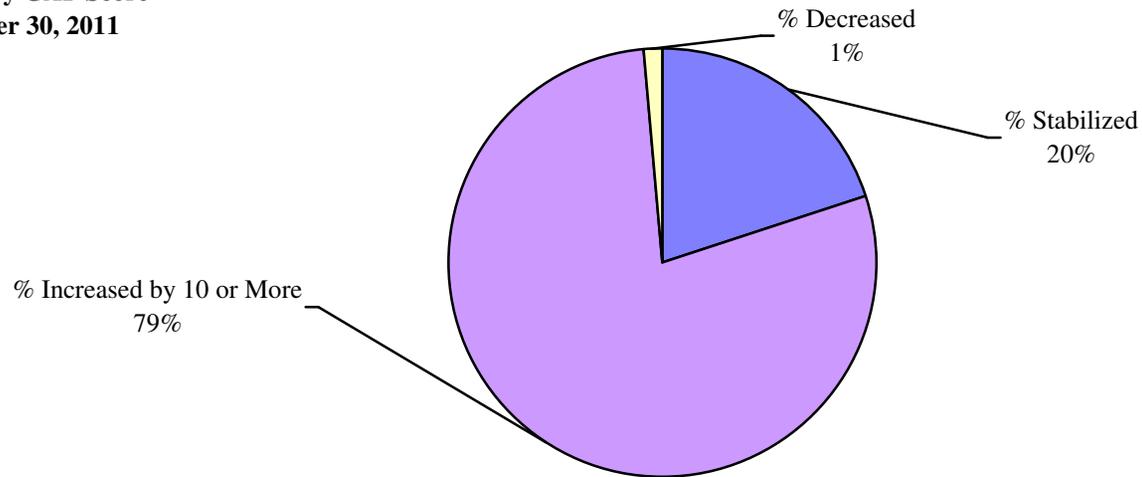
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Terrell State Hospital**

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



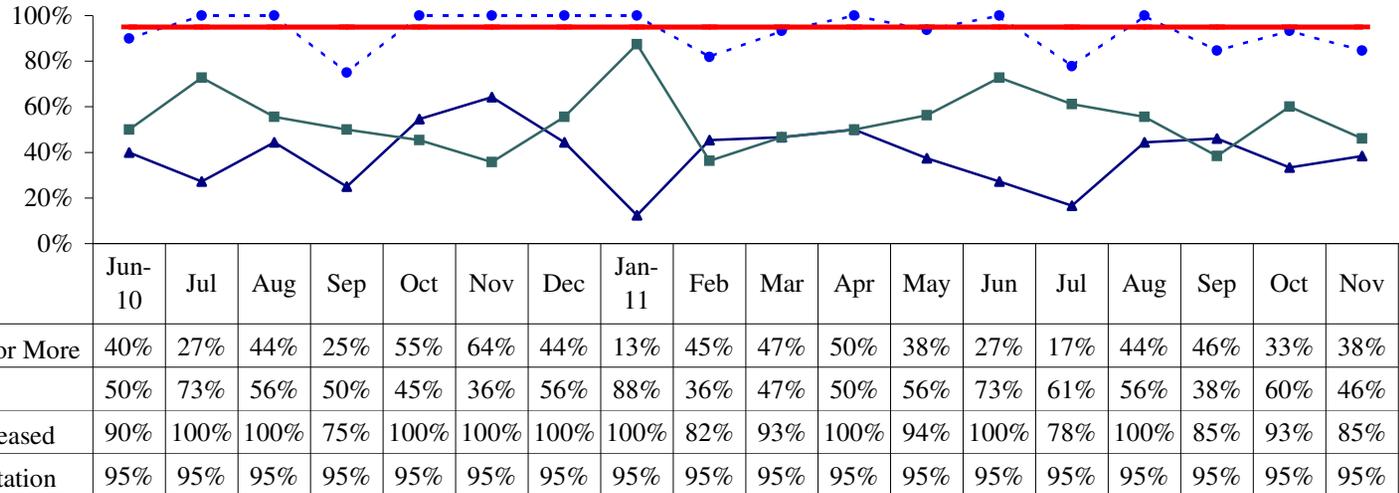
|                                    | Jun-10 | Jul | Aug  | Sep | Oct | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr | May | Jun  | Jul  | Aug  | Sep | Oct | Nov  |
|------------------------------------|--------|-----|------|-----|-----|------|------|--------|------|------|-----|-----|------|------|------|-----|-----|------|
| —▲— % Increased by 10 or More      | 81%    | 78% | 83%  | 76% | 79% | 73%  | 80%  | 82%    | 79%  | 77%  | 78% | 75% | 74%  | 78%  | 78%  | 85% | 79% | 73%  |
| —■— % Stabilized                   | 19%    | 20% | 17%  | 23% | 20% | 26%  | 19%  | 18%    | 21%  | 23%  | 21% | 24% | 26%  | 22%  | 21%  | 13% | 20% | 27%  |
| - - ● - - % Stabilized + Increased | 99%    | 99% | 100% | 99% | 99% | 100% | 100% | 100%   | 100% | 100% | 99% | 99% | 100% | 100% | 100% | 98% | 99% | 100% |
| — % Statewide Expectation          | 95%    | 95% | 95%  | 95% | 95% | 95%  | 95%  | 95%    | 95%  | 95%  | 95% | 95% | 95%  | 95%  | 95%  | 95% | 95% | 95%  |

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**

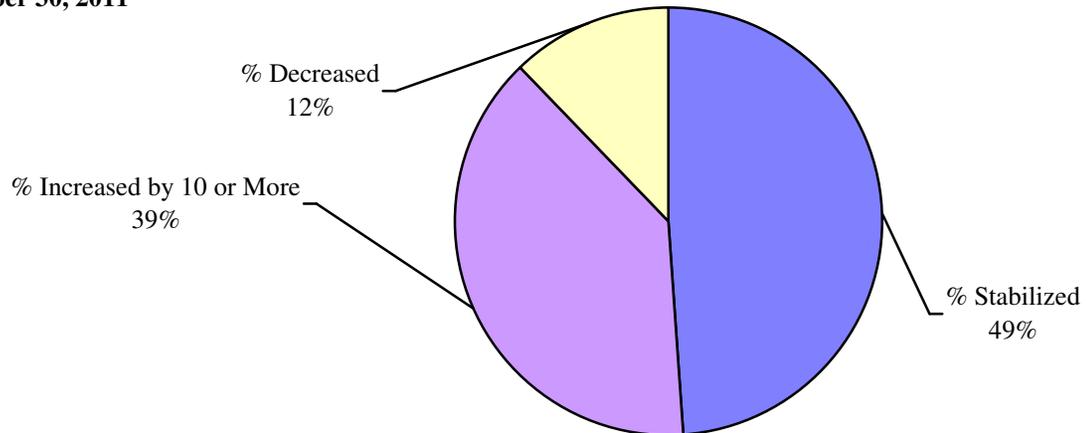


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Waco Center for Youth**

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



**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of November 30, 2011**



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

**Performance Objective 4B:**

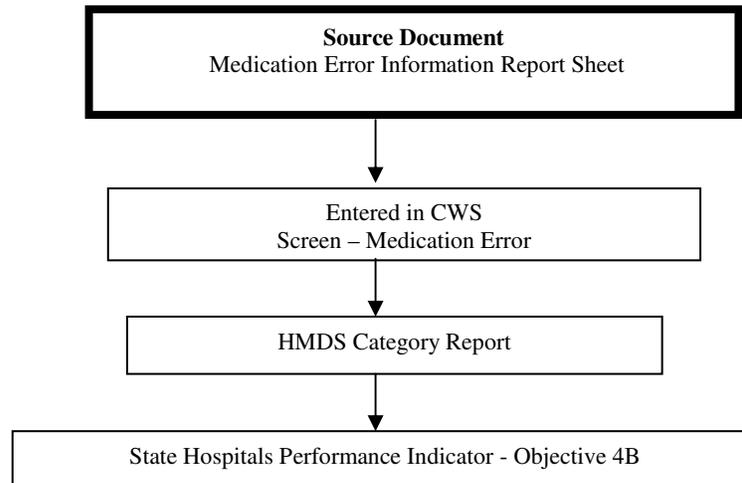
**Identify, collect, aggregate, and analyze medication errors.**

**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**

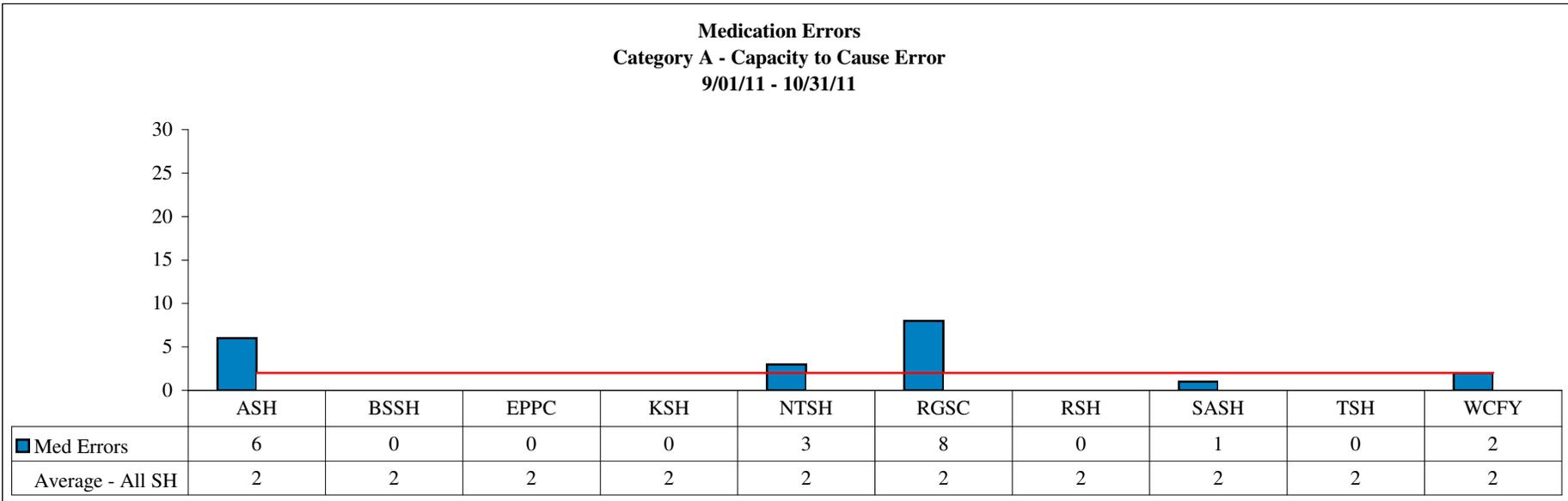
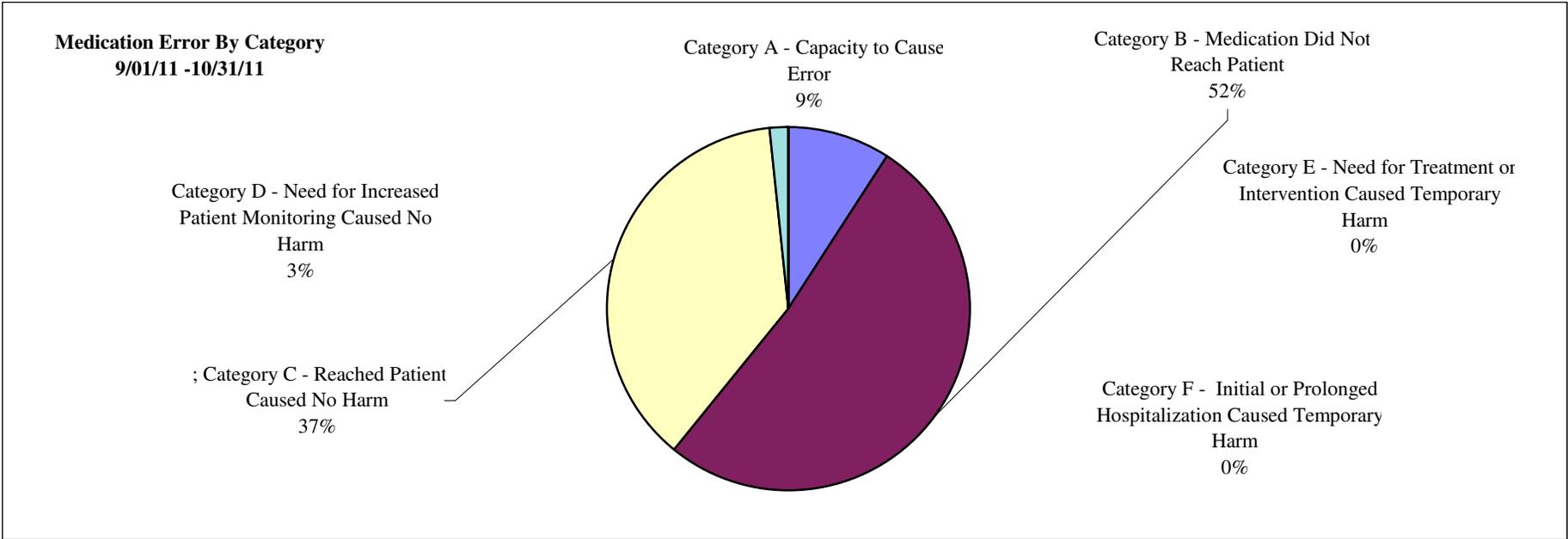
|                                   | Sep-10 | Oct   | Nov   | Dec   | Jan-11 | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   |
|-----------------------------------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>AUSTIN STATE HOSPITAL</b>      |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 22     | 35    | 27    | 10    | 16     | 14    | 13    | 32    | 29    | 21    | 37    | 34    | 29    | 18    |
| Bed Days in Month                 | 7993   | 8453  | 8028  | 8027  | 8222   | 7625  | 8536  | 8129  | 8305  | 8219  | 8486  | 8505  | 8823  | 8233  |
| Med Errors/1000 Bed Days          | 2.75   | 4.14  | 3.36  | 1.25  | 1.95   | 1.84  | 1.52  | 3.94  | 3.49  | 2.56  | 4.36  | 4.00  | 3.29  | 2.19  |
| <b>BIG SPRING STATE HOSPITAL</b>  |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 7      | 16    | 10    | 8     | 6      | 14    | 5     | 4     | 8     | 8     | 9     | 13    | 13    | 8     |
| Bed Days in Month                 | 5975   | 6094  | 5873  | 5862  | 6045   | 5376  | 5864  | 5736  | 5911  | 5637  | 5899  | 5908  | 5980  | 5687  |
| Falls/1000 Bed Days               | 1.17   | 2.63  | 1.70  | 1.36  | 0.99   | 2.60  | 0.85  | 0.70  | 1.35  | 1.42  | 1.53  | 2.20  | 2.17  | 1.41  |
| <b>EL PASO PSYCHIATRIC CENTER</b> |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 6      | 8     | 0     | 1     | 4      | 5     | 0     | 9     | 5     | 6     | 1     | 7     | 6     | 8     |
| Bed Days in Month                 | 2129   | 2190  | 2151  | 2194  | 2184   | 2020  | 2195  | 2058  | 2199  | 2200  | 2228  | 2182  | 2187  | 1989  |
| Med Errors/1000 Bed Days          | 2.82   | 3.65  | 0.00  | 0.46  | 1.83   | 2.48  | 0.00  | 4.37  | 2.27  | 2.73  | 0.45  | 3.21  | 2.74  | 4.02  |
| <b>KERRVILLE STATE HOSPITAL</b>   |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 22     | 12    | 21    | 50    | 51     | 53    | 40    | 33    | 28    | 38    | 50    | 33    | 31    | 42    |
| Bed Days in Month                 | 6010   | 6265  | 6023  | 6224  | 6271   | 5635  | 6107  | 5831  | 6049  | 5685  | 5928  | 5720  | 5887  | 5798  |
| Med Errors/1000 Bed Days          | 3.66   | 1.92  | 3.49  | 8.03  | 8.13   | 9.41  | 6.55  | 5.66  | 4.63  | 6.68  | 8.43  | 5.77  | 5.27  | 7.24  |
| <b>NORTH TEXAS STATE HOSPITAL</b> |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 30     | 39    | 36    | 44    | 25     | 44    | 17    | 21    | 23    | 40    | 28    | 58    | 43    | 20    |
| Bed Days in Month                 | 17844  | 17907 | 17084 | 17606 | 17774  | 16241 | 18011 | 17382 | 18001 | 17384 | 17787 | 17637 | 18018 | 17253 |
| Med Errors/1000 Bed Days          | 1.68   | 2.18  | 2.11  | 2.50  | 1.41   | 2.71  | 0.94  | 1.21  | 1.28  | 2.30  | 1.57  | 3.29  | 2.39  | 1.16  |
| <b>RIO GRANDE STATE CENTER</b>    |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 67     | 50    | 22    | 16    | 11     | 17    | 10    | 20    | 11    | 6     | 23    | 18    | 19    | 22    |
| Bed Days in Month                 | 1499   | 1627  | 1529  | 1628  | 1604   | 1466  | 1634  | 1587  | 1635  | 1564  | 1629  | 1568  | 1641  | 1552  |
| Med Errors/1000 Bed Days          | 44.70  | 30.73 | 14.39 | 9.83  | 6.86   | 11.60 | 6.12  | 12.60 | 6.73  | 3.84  | 14.12 | 11.48 | 11.58 | 14.18 |
| <b>RUSK STATE HOSPITAL</b>        |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 8      | 4     | 5     | 13    | 5      | 3     | 7     | 5     | 7     | 4     | 7     | 2     | 7     | 10    |
| Bed Days in Month                 | 9066   | 9419  | 9177  | 9255  | 9367   | 8480  | 9375  | 9091  | 9525  | 9248  | 9532  | 9304  | 9800  | 9542  |
| Med Errors/1000 Bed Days          | 0.88   | 0.42  | 0.54  | 1.40  | 0.53   | 0.35  | 0.75  | 0.55  | 0.73  | 0.43  | 0.73  | 0.21  | 0.71  | 1.05  |
| <b>SAN ANTONIO STATE HOSPITAL</b> |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 5      | 5     | 5     | 2     | 6      | 4     | 5     | 7     | 4     | 2     | 0     | 7     | 9     | 5     |
| Bed Days in Month                 | 8344   | 8711  | 8328  | 8432  | 8560   | 7659  | 8615  | 8322  | 8626  | 8314  | 8292  | 8490  | 8652  | 8210  |
| Med Errors/1000 Bed Days          | 0.60   | 0.57  | 0.60  | 0.24  | 0.70   | 0.52  | 0.58  | 0.84  | 0.46  | 0.24  | 0.00  | 0.82  | 1.04  | 0.61  |
| <b>TERRELL STATE HOSPITAL</b>     |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                 | 1      | 1     | 0     | 0     | 0      | 0     | 1     | 0     | 0     | 0     | 1     | 1     | 3     | 1     |
| Bed Days in Month                 | 9152   | 9496  | 9186  | 9222  | 9289   | 8456  | 9521  | 9058  | 9492  | 9300  | 9511  | 9070  | 9559  | 9083  |
| Med Errors/1000 Bed Days          | 0.11   | 0.11  | 0.00  | 0.00  | 0.00   | 0.00  | 0.11  | 0.00  | 0.00  | 0.00  | 0.11  | 0.11  | 0.31  | 0.11  |

**Objective 4B - Medication Variance Data**

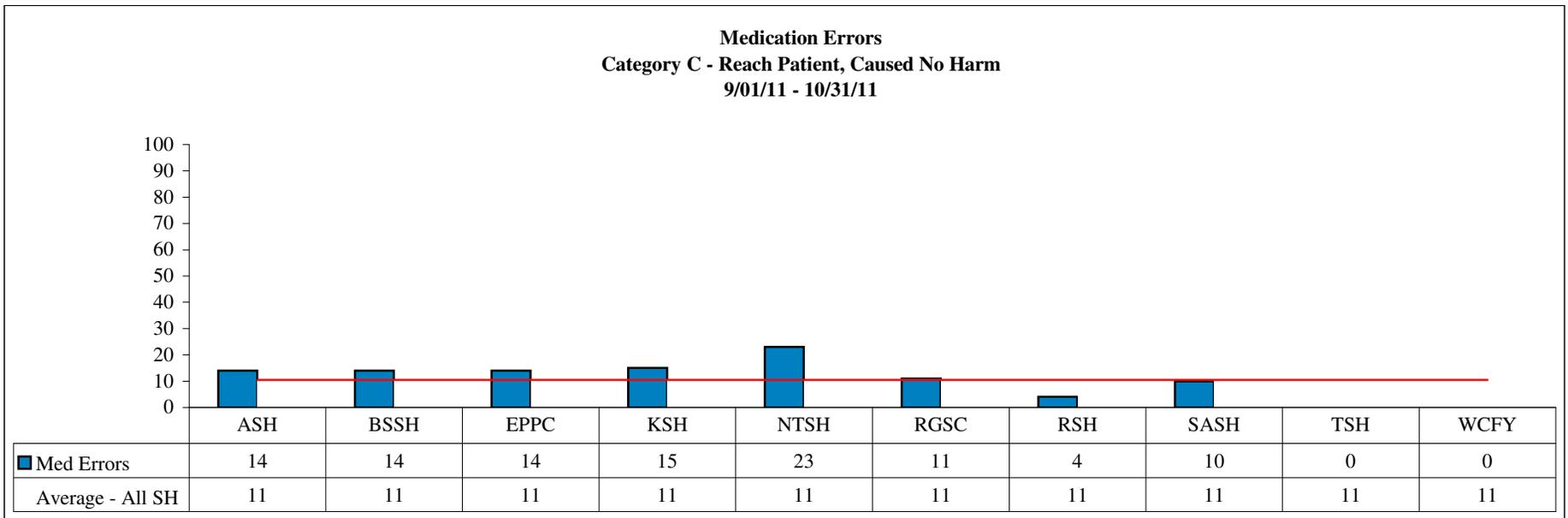
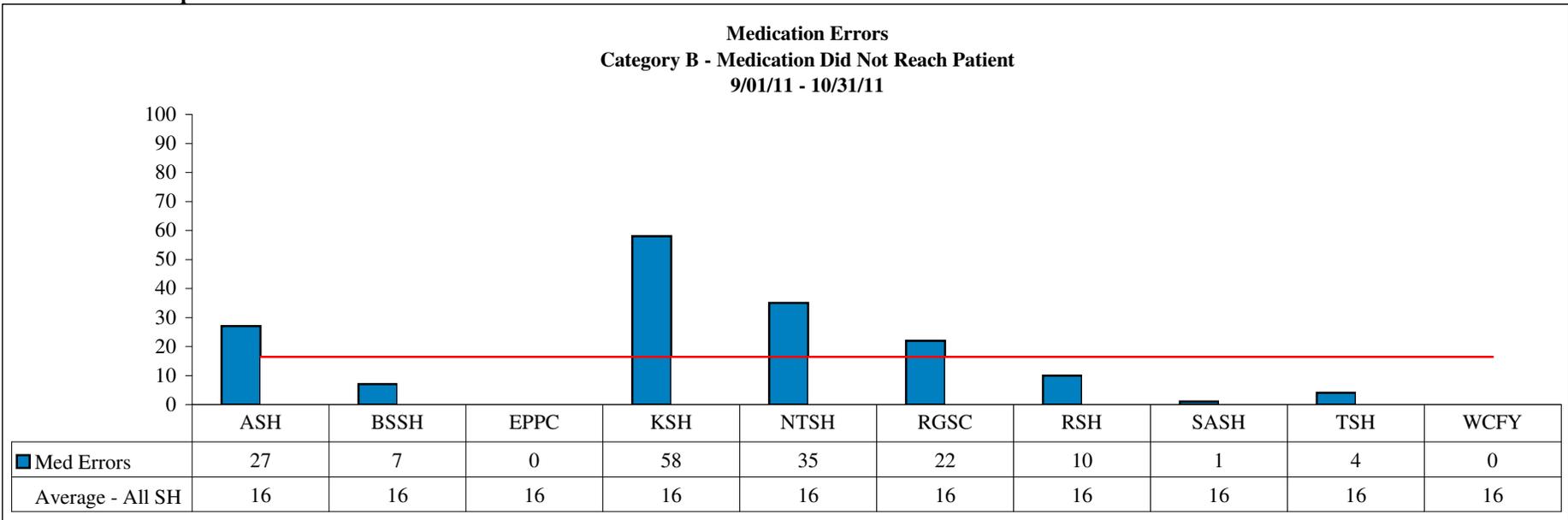
**All State Hospitals**

|  | Sep-10 | Oct   | Nov   | Dec   | Jan-11 | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   |
|--|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>WACO CENTER FOR YOUTH</b>               |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                          | 15     | 4     | 4     | 2     | 0      | 3     | 4     | 3     | 3     | 1     | 2     | 8     | 2     | 0     |
| Bed Days in Month                          | 2200   | 2367  | 2232  | 2068  | 2256   | 2158  | 2317  | 2286  | 2394  | 2218  | 2342  | 2242  | 2332  | 2175  |
| Med Errors/1000 Bed Days                   | 6.82   | 1.69  | 1.79  | 0.97  | 0.00   | 1.39  | 1.73  | 1.31  | 1.25  | 0.45  | 0.85  | 3.57  | 0.86  | 0.00  |
| <b>TEXAS CENTER FOR INFECTIOUS DISEASE</b> |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                          | 2      | 2     | 1     | 1     | 2      | 0     | 3     | 0     | 2     | 2     | 2     | 1     | 1     | 1     |
| Bed Days in Month                          | 1217   | 1274  | 1187  | 1101  | 1025   | 937   | 1204  | 1145  | 1288  | 1282  | 1339  | 1274  | 1325  | 1316  |
| Med Errors/1000 Bed Days                   | 1.64   | 1.57  | 0.84  | 0.91  | 1.95   | 0.00  | 2.49  | 0.00  | 1.55  | 1.56  | 1.49  | 0.78  | 0.75  | 0.76  |
| <b>ALL STATE HOSPITALS</b>                 |        |       |       |       |        |       |       |       |       |       |       |       |       |       |
| Medication Errors                          | 185    | 176   | 131   | 147   | 126    | 157   | 105   | 134   | 120   | 128   | 160   | 182   | 163   | 135   |
| Bed Days in Month                          | 71429  | 73803 | 70798 | 71619 | 72597  | 66053 | 73379 | 70625 | 73425 | 71051 | 72973 | 71900 | 74204 | 70838 |
| Med Errors/1000 Bed Days                   | 2.59   | 2.38  | 1.85  | 2.05  | 1.74   | 2.38  | 1.43  | 1.90  | 1.63  | 1.80  | 2.19  | 2.53  | 2.20  | 1.91  |

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

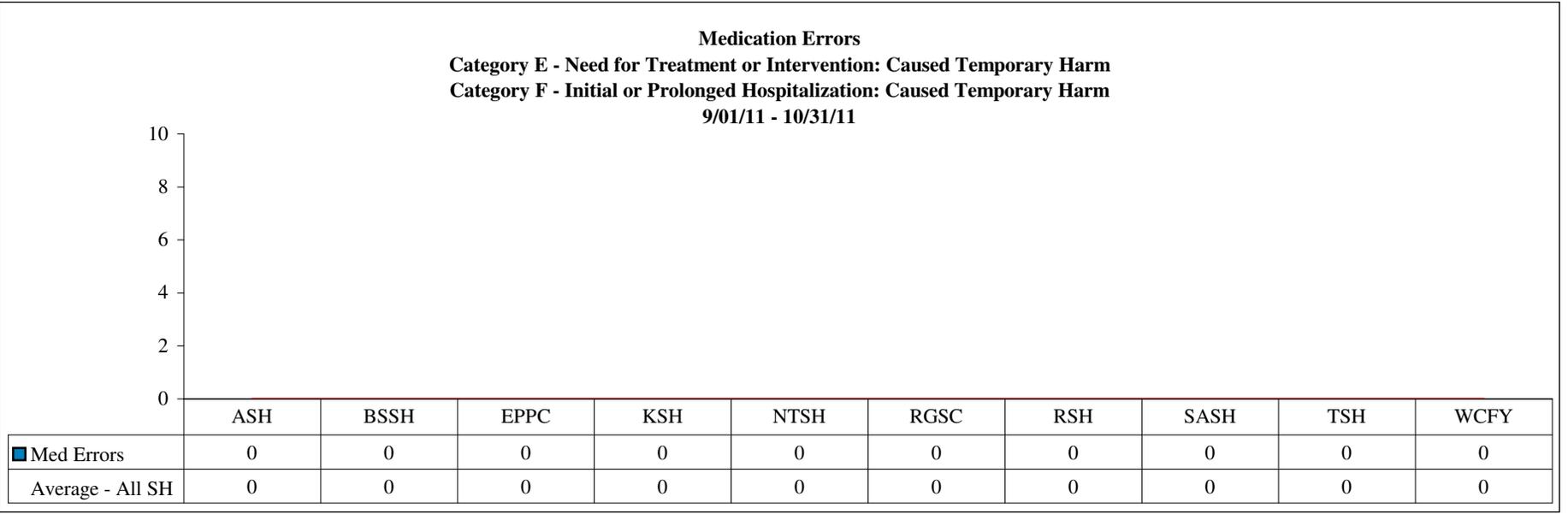
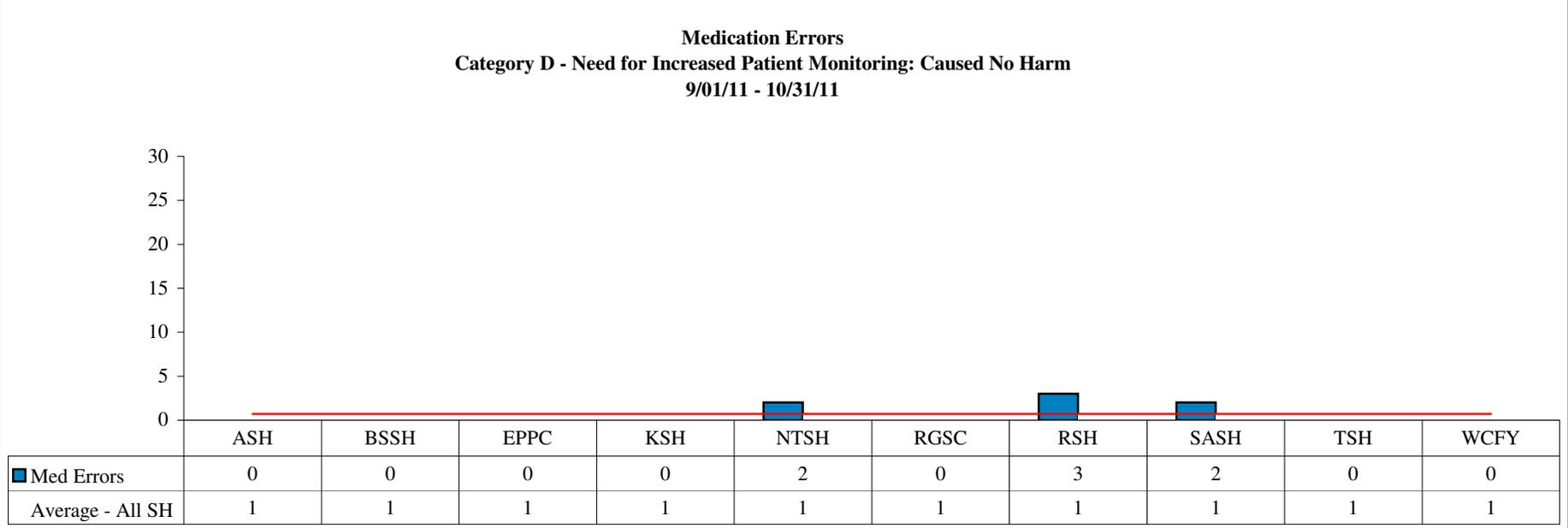


**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**

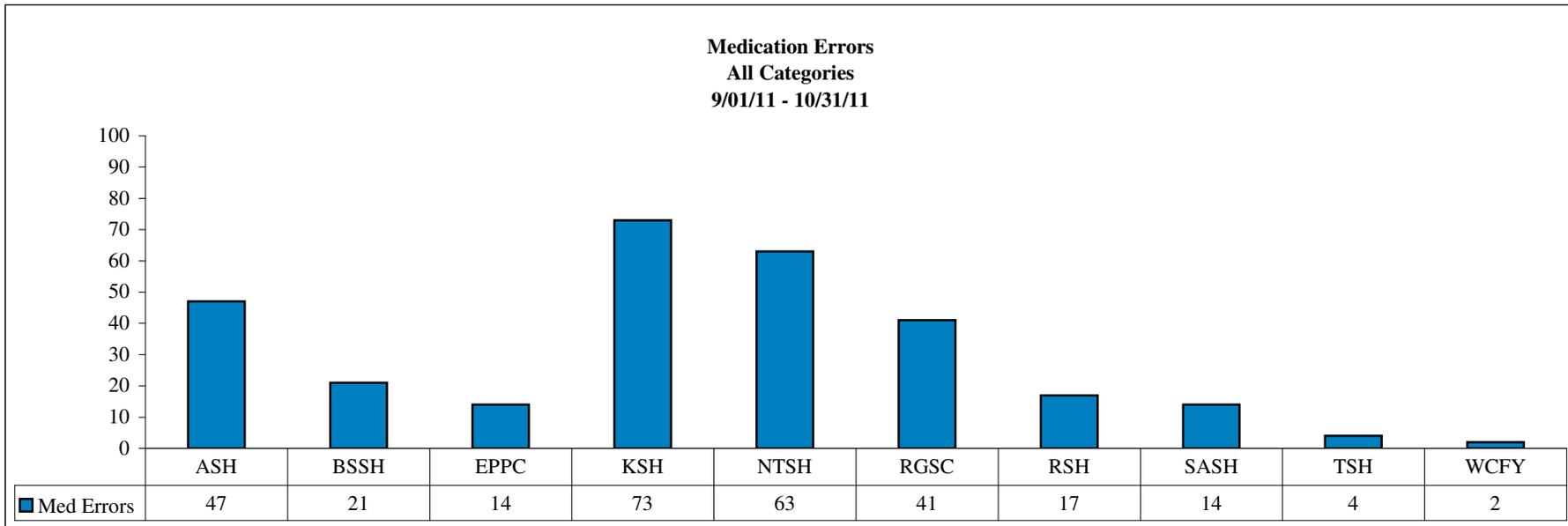
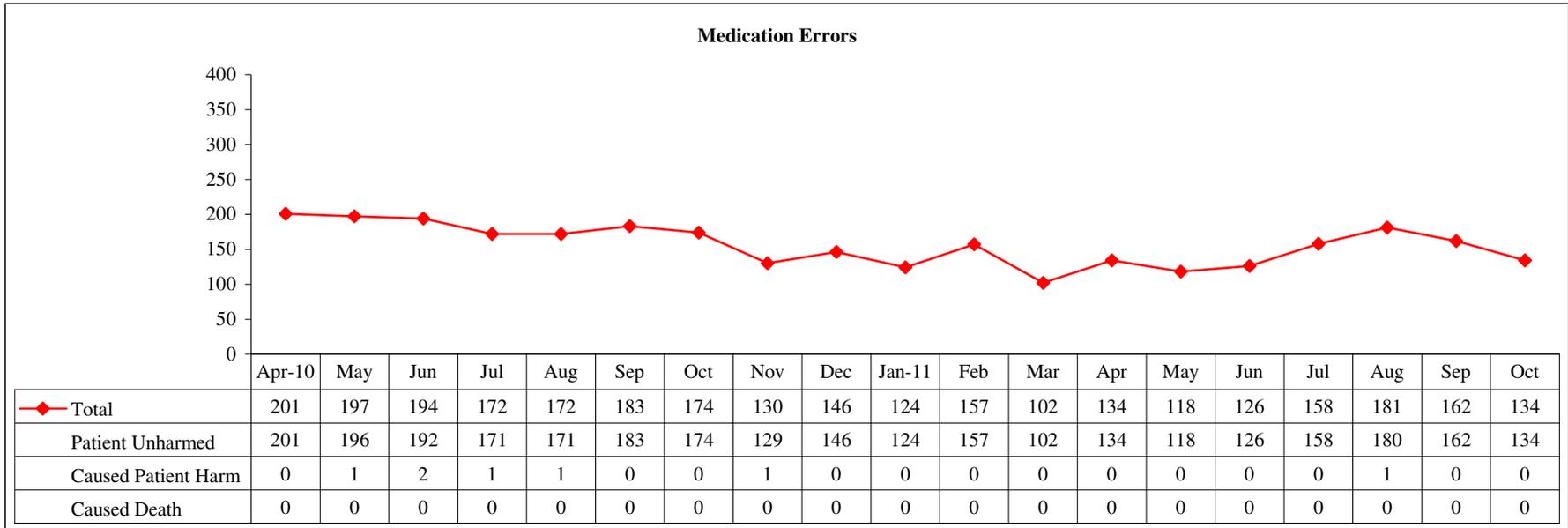


**Objective 4B - Medication Variance Data**

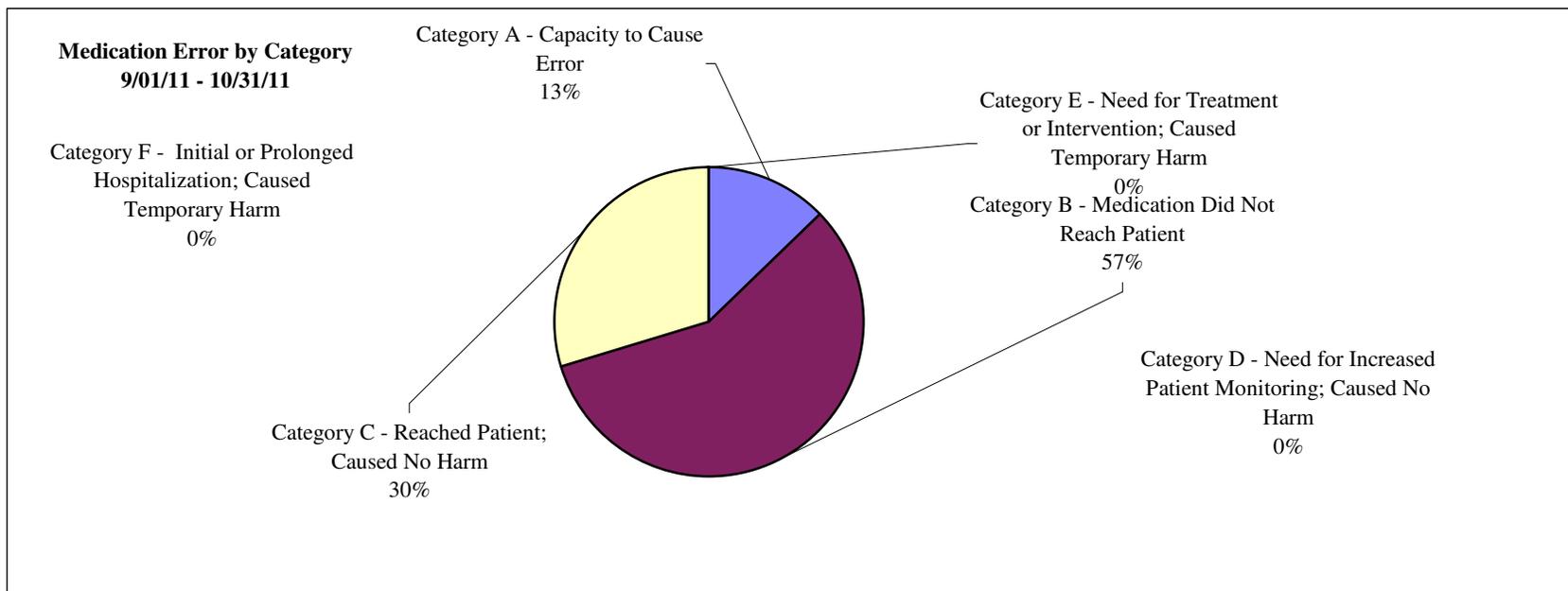
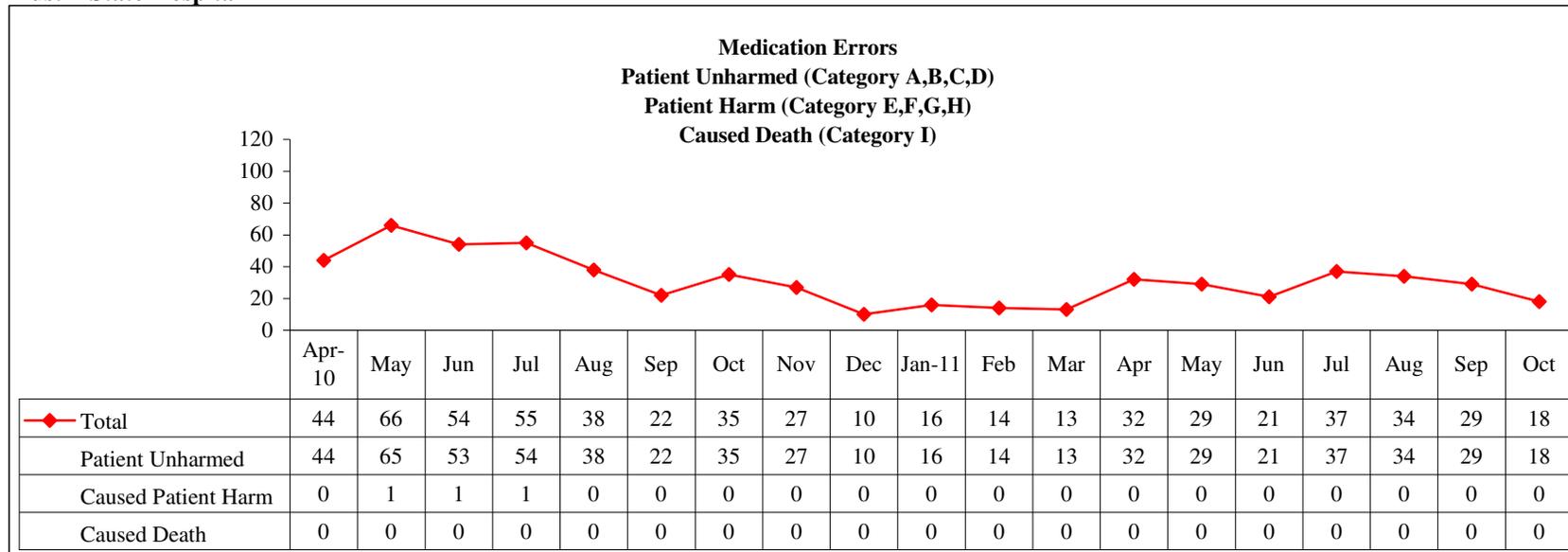
**All State MH Hospitals**



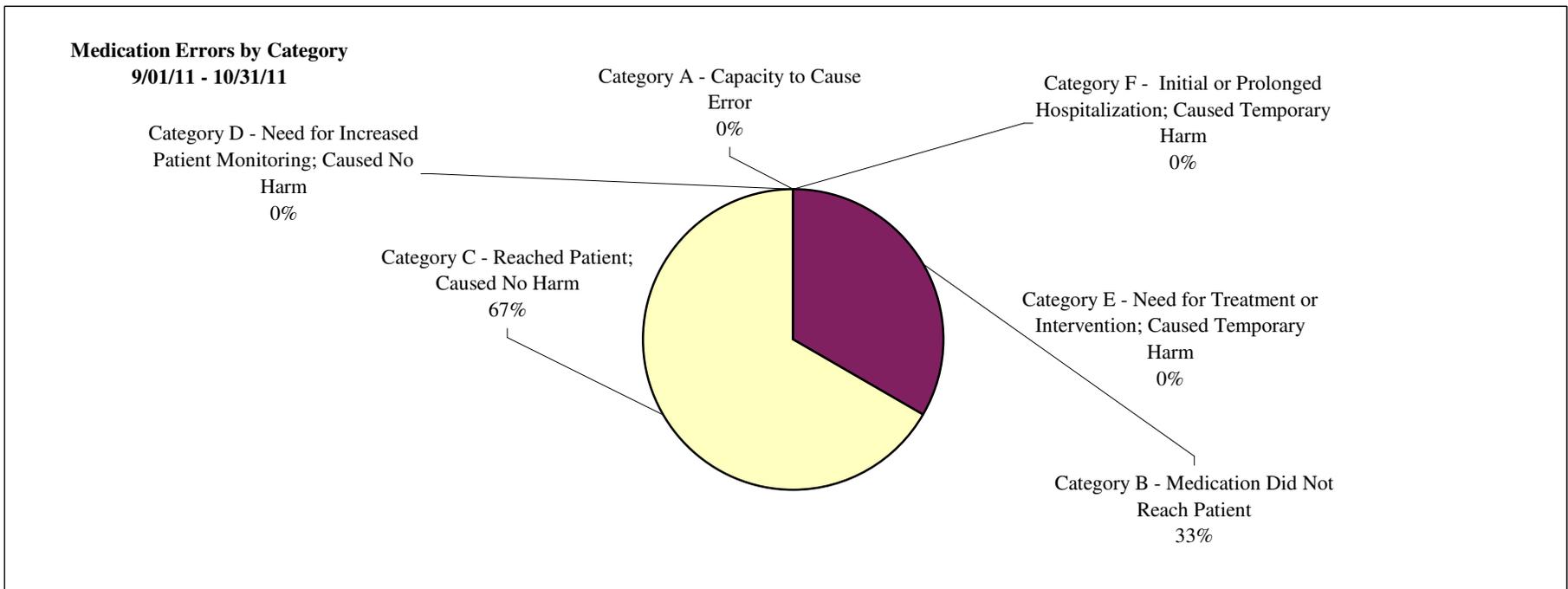
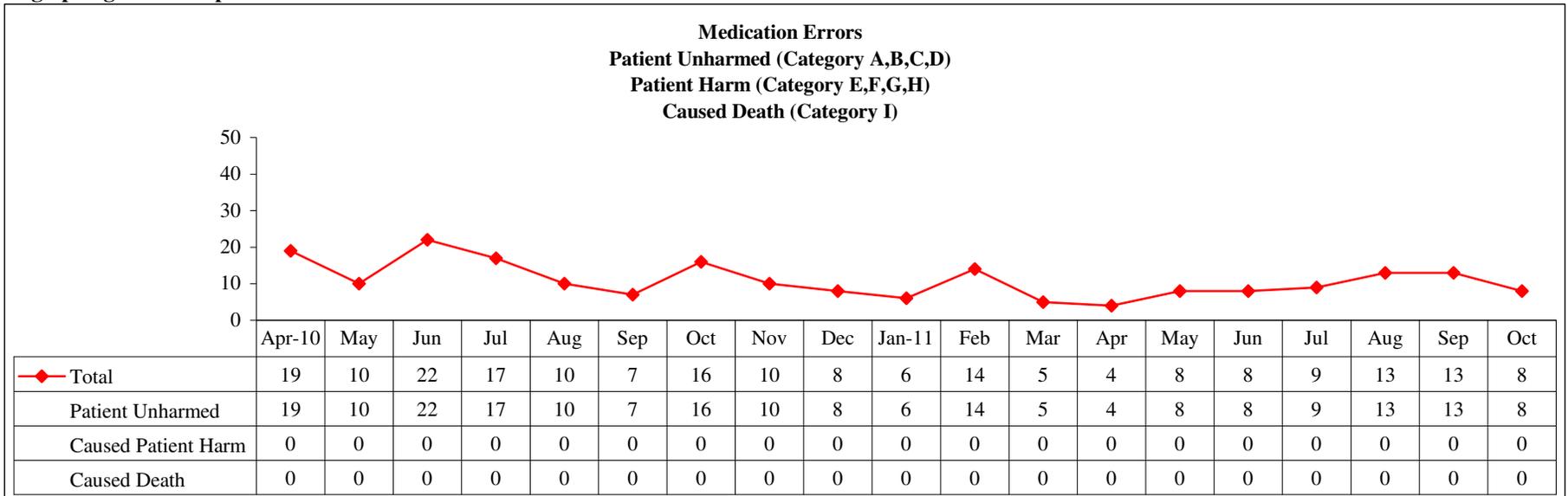
**Objective 4B - Medication Variance Data**  
**All State MH Hospitals**



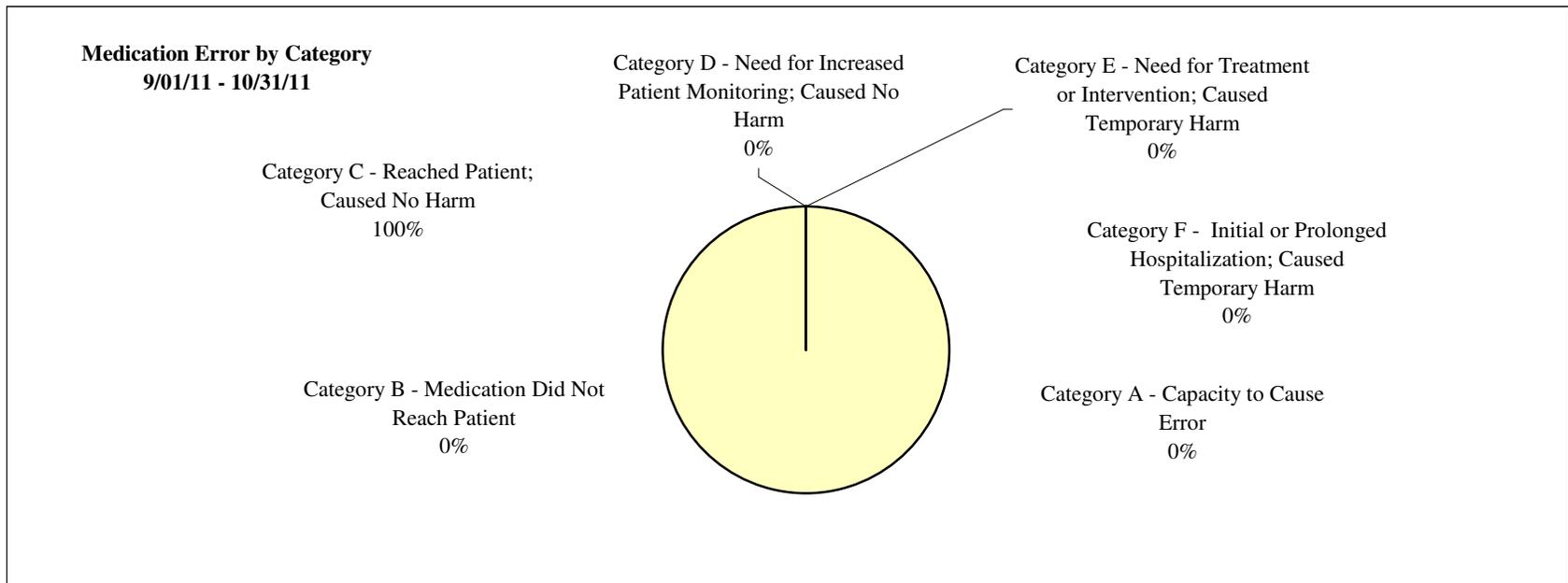
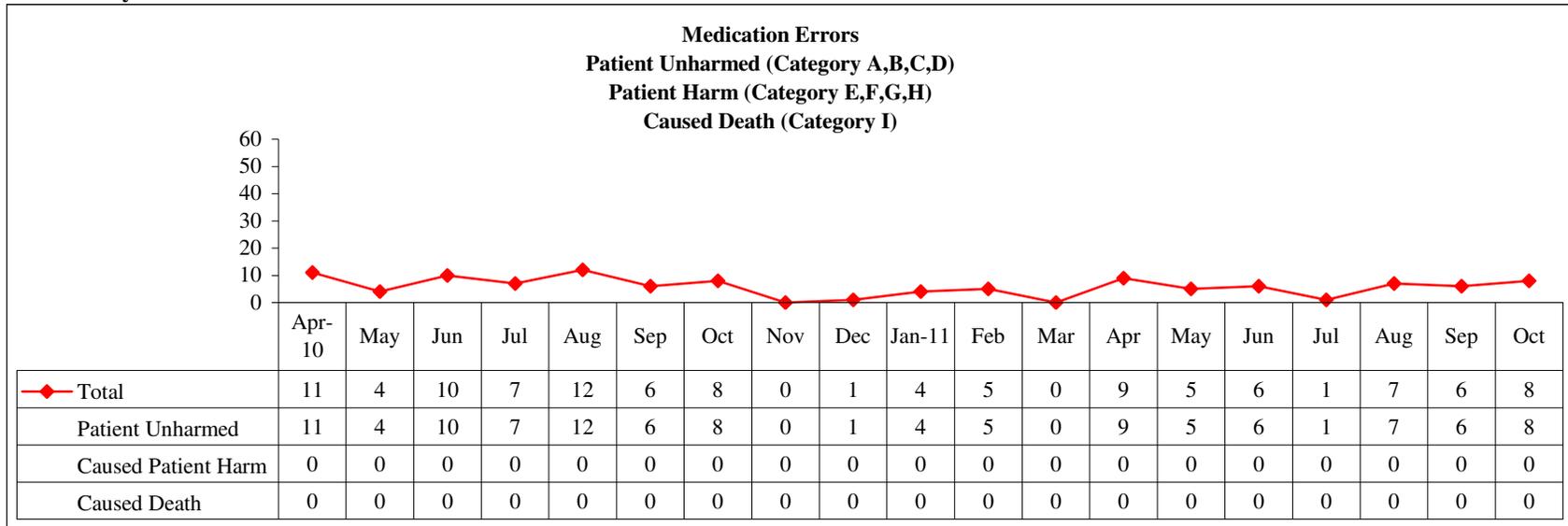
**Objective 4B - Medication Variance Data  
Austin State Hospital**



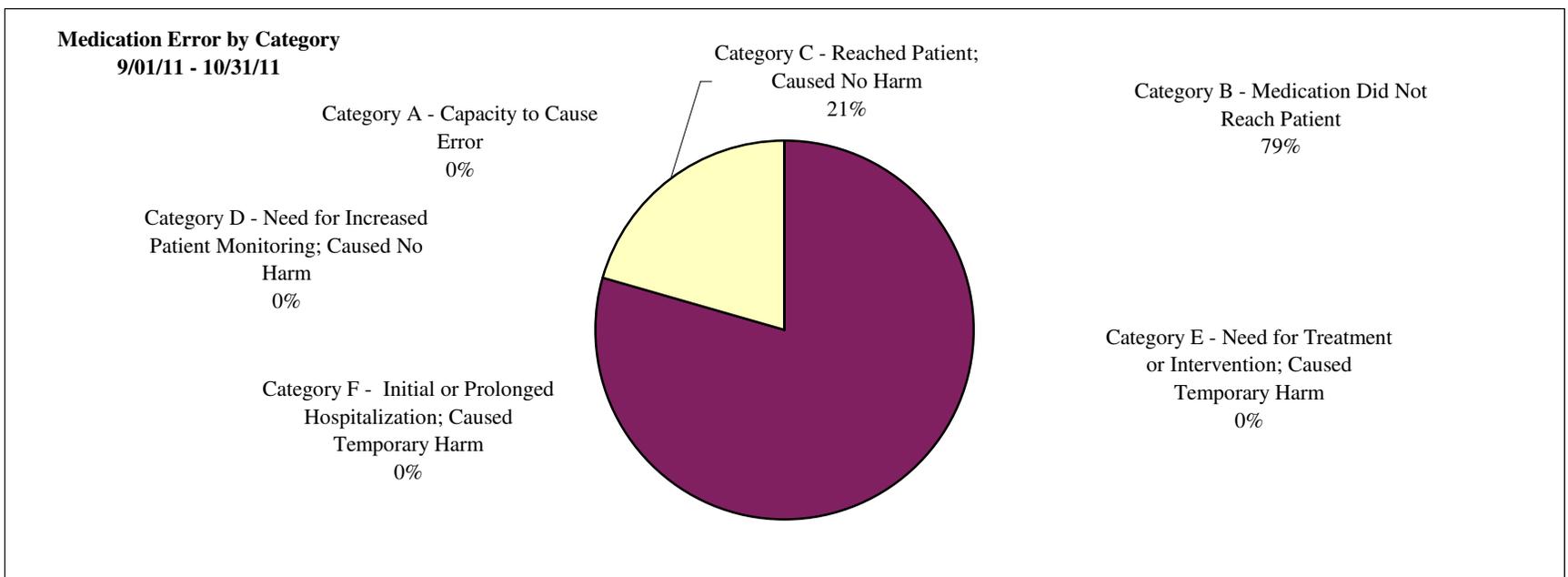
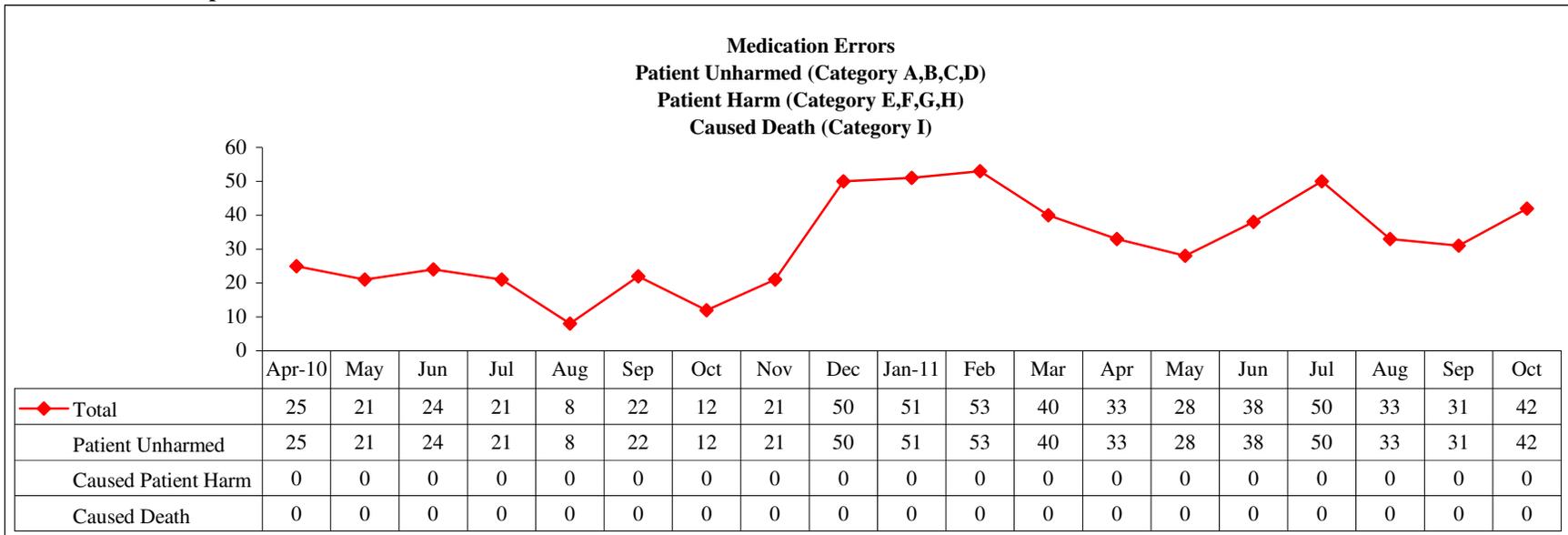
**Objective 4B - Medication Variance Data**  
**Big Spring State Hospital**



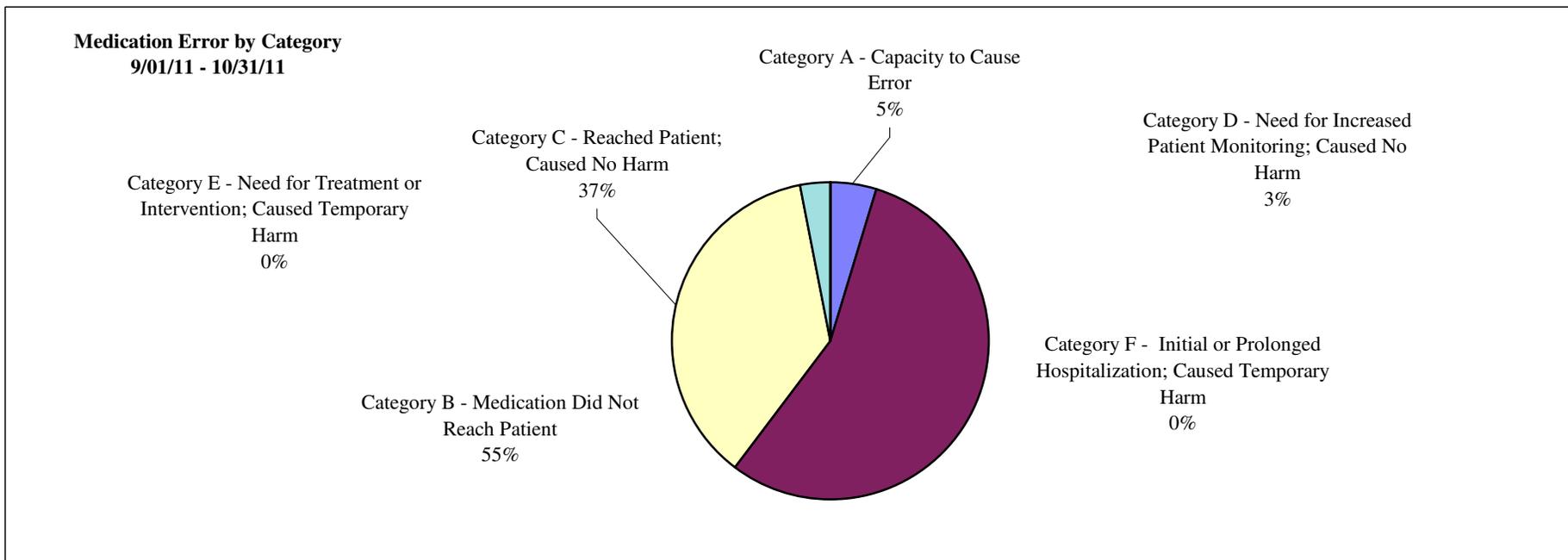
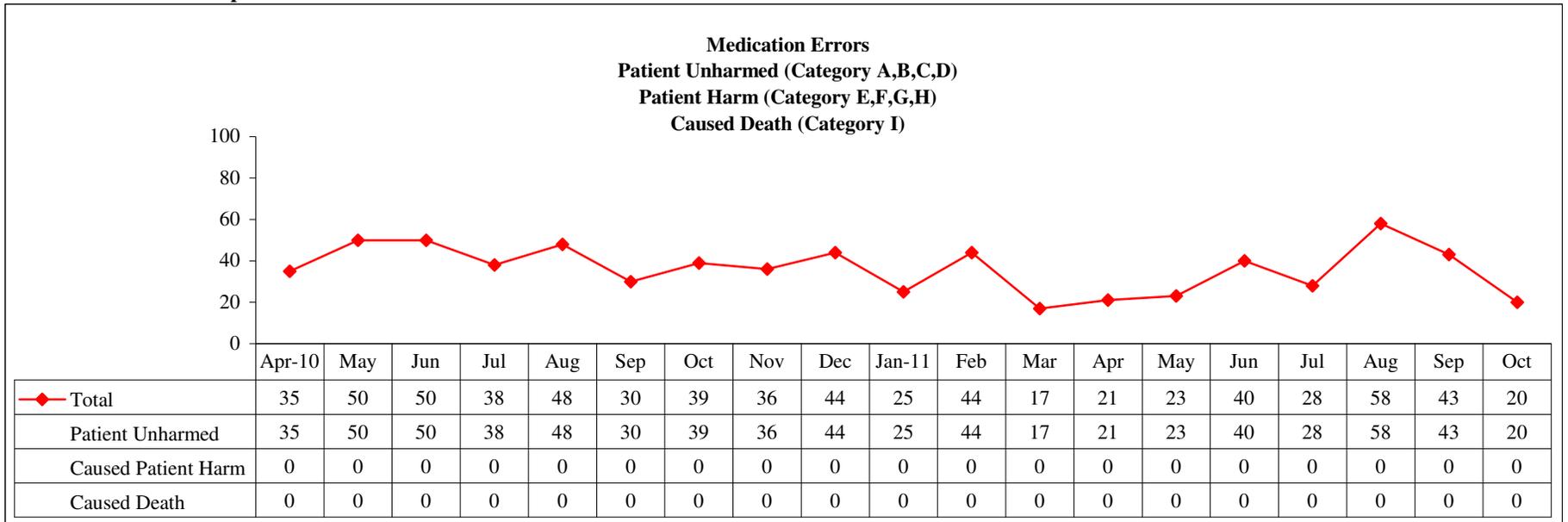
**Objective 4B - Medication Variance Data**  
**El Paso Psychiatric Center**



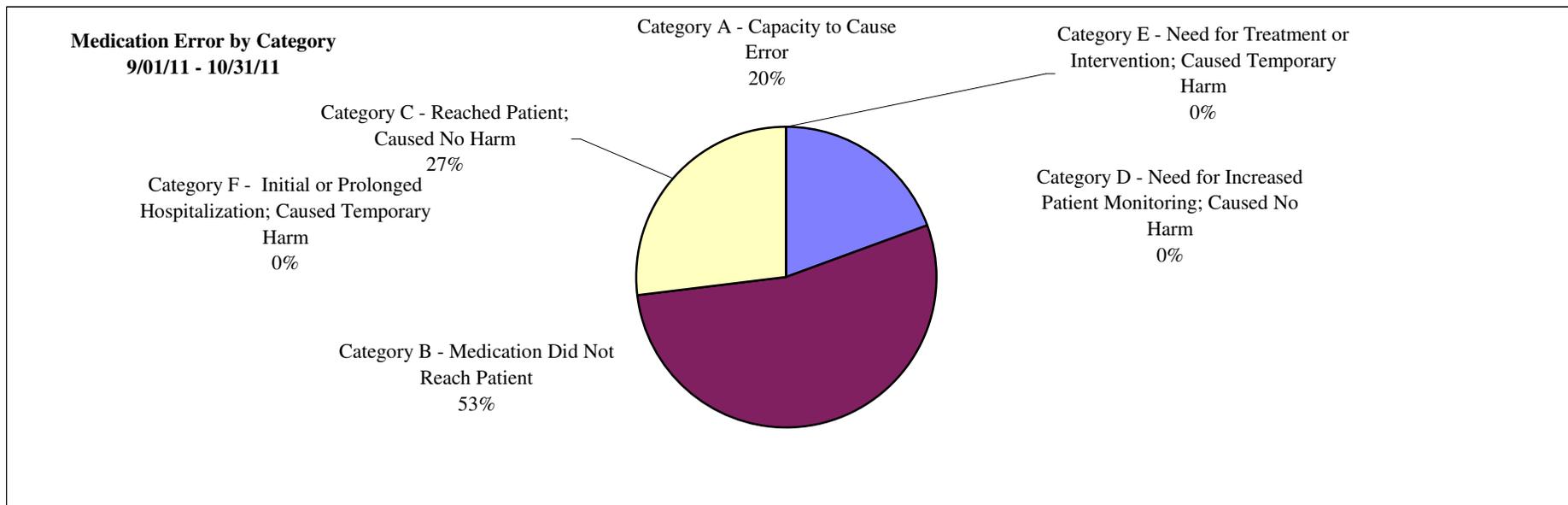
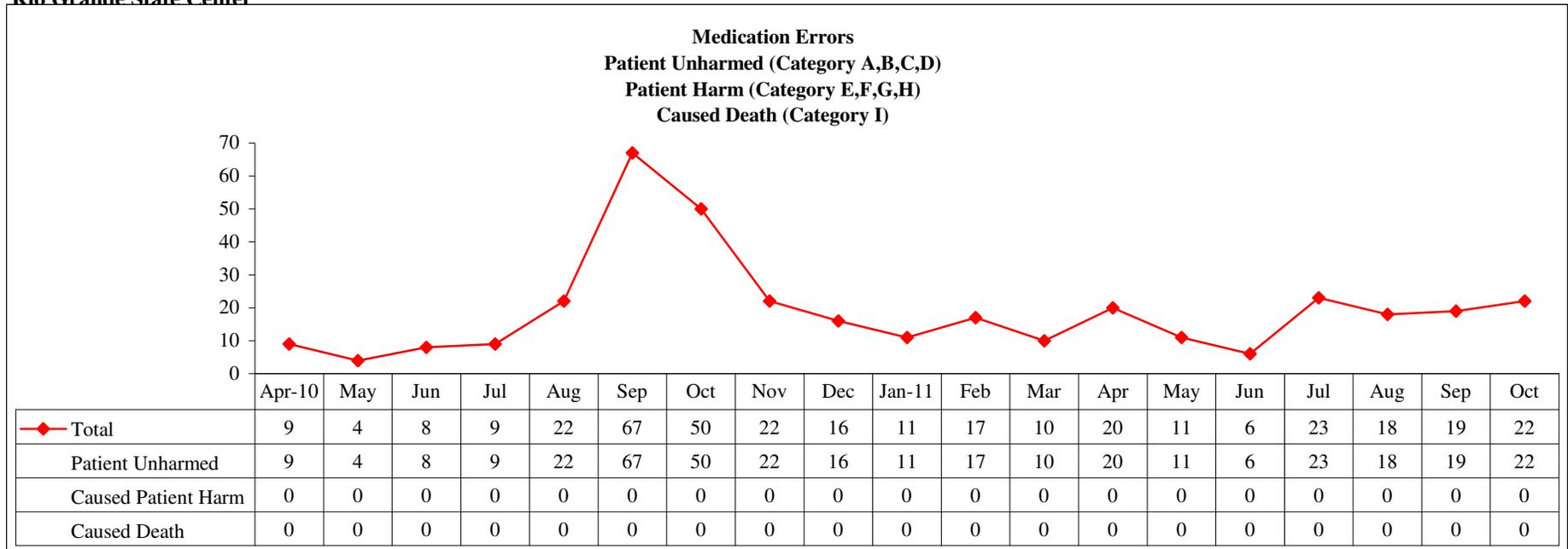
**Objective 4B - Medication Variance Data  
Kerrville State Hospital**



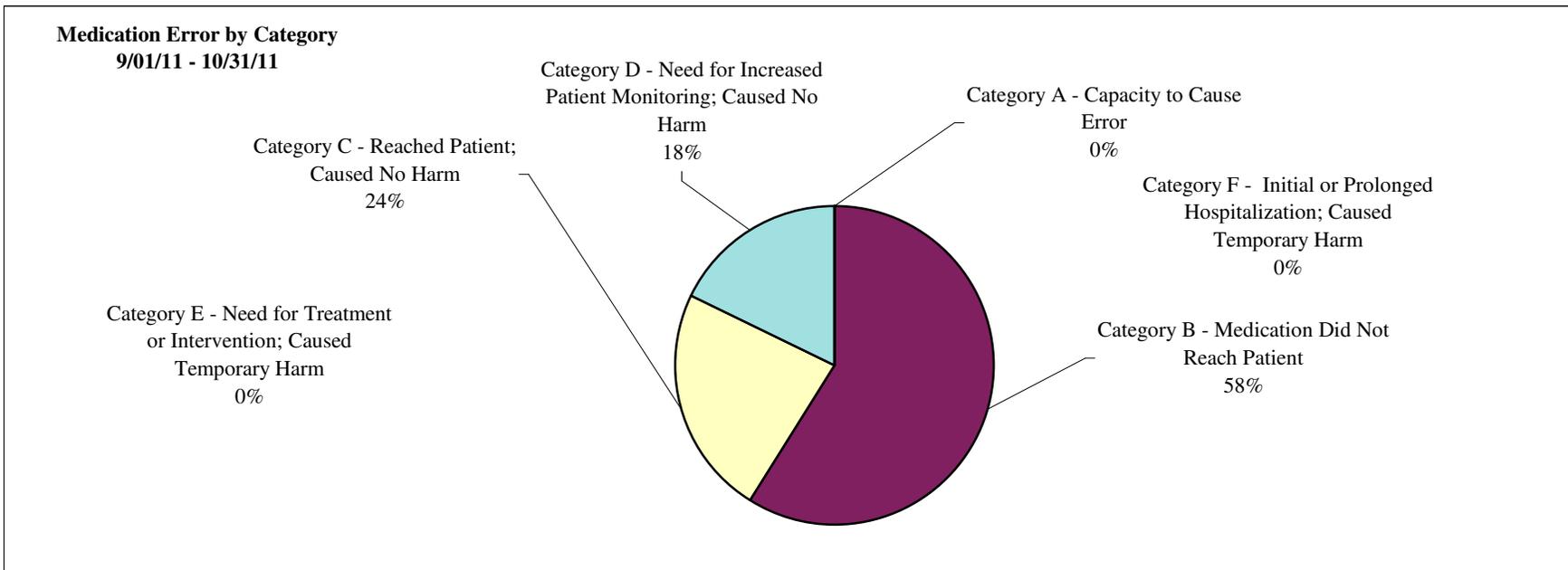
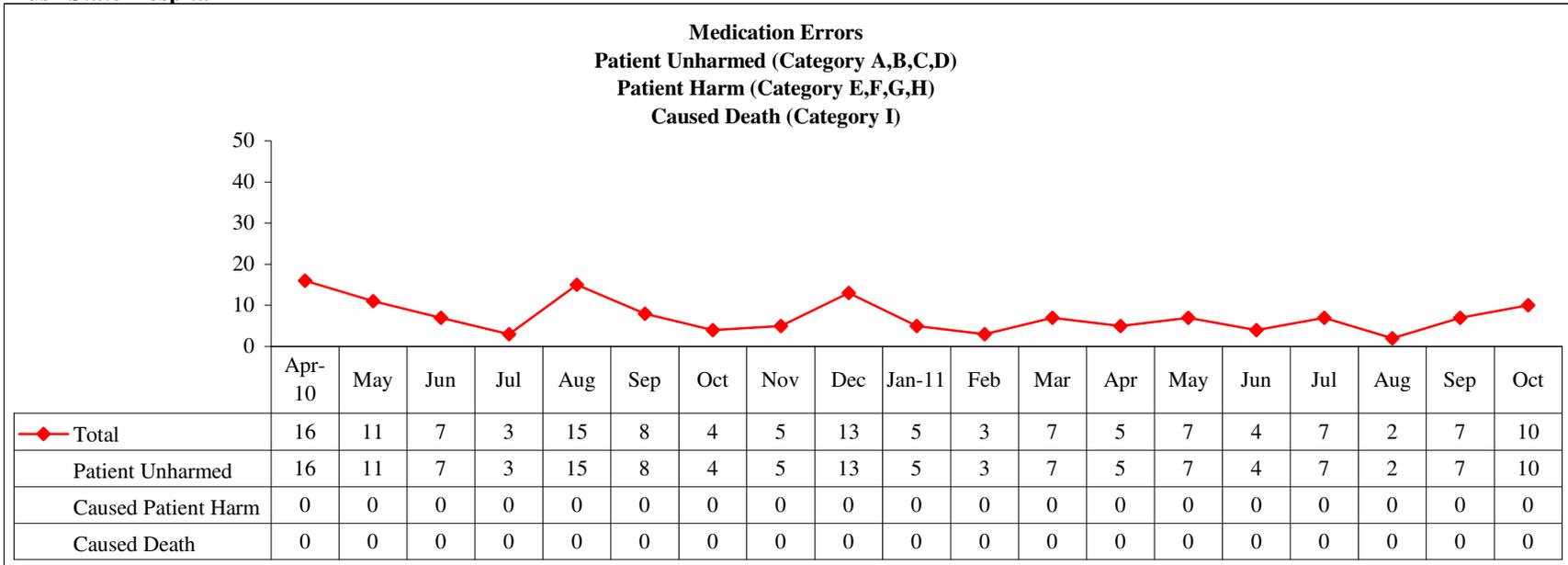
**Objective 4B - Medication Variance Data**  
**North Texas State Hospital**



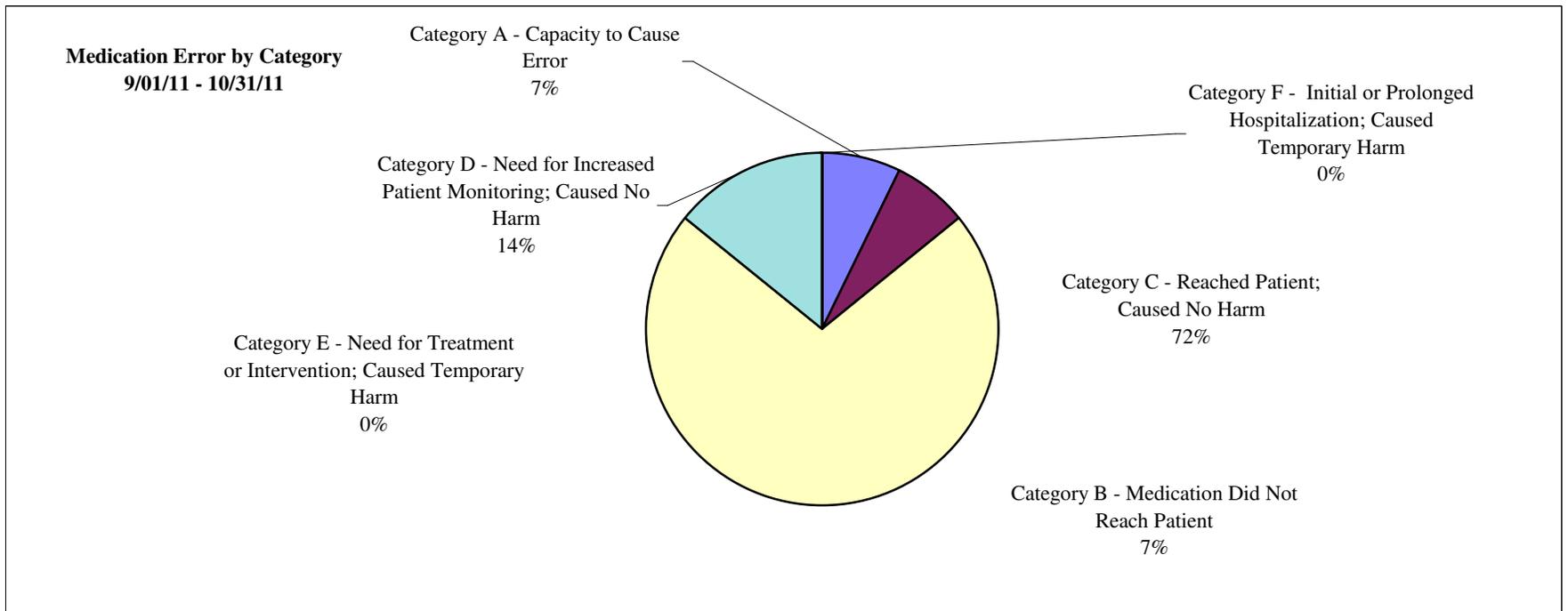
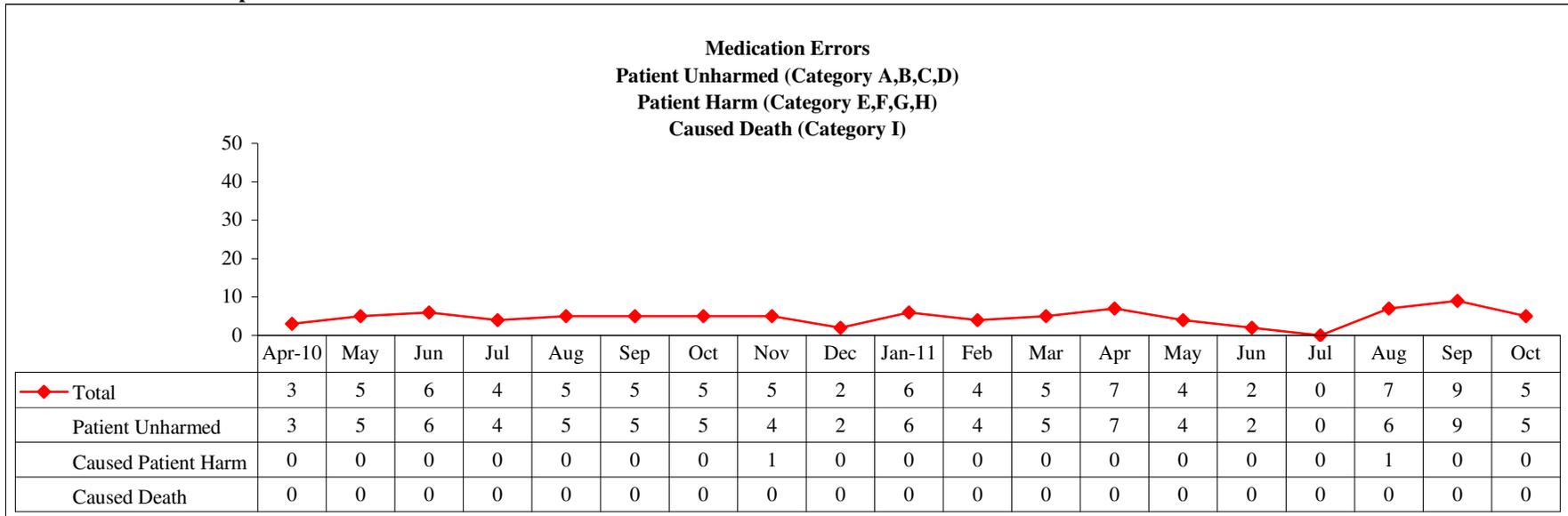
**Objective 4B - Medication Variance Data**  
**Rio Grande State Center**



**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**

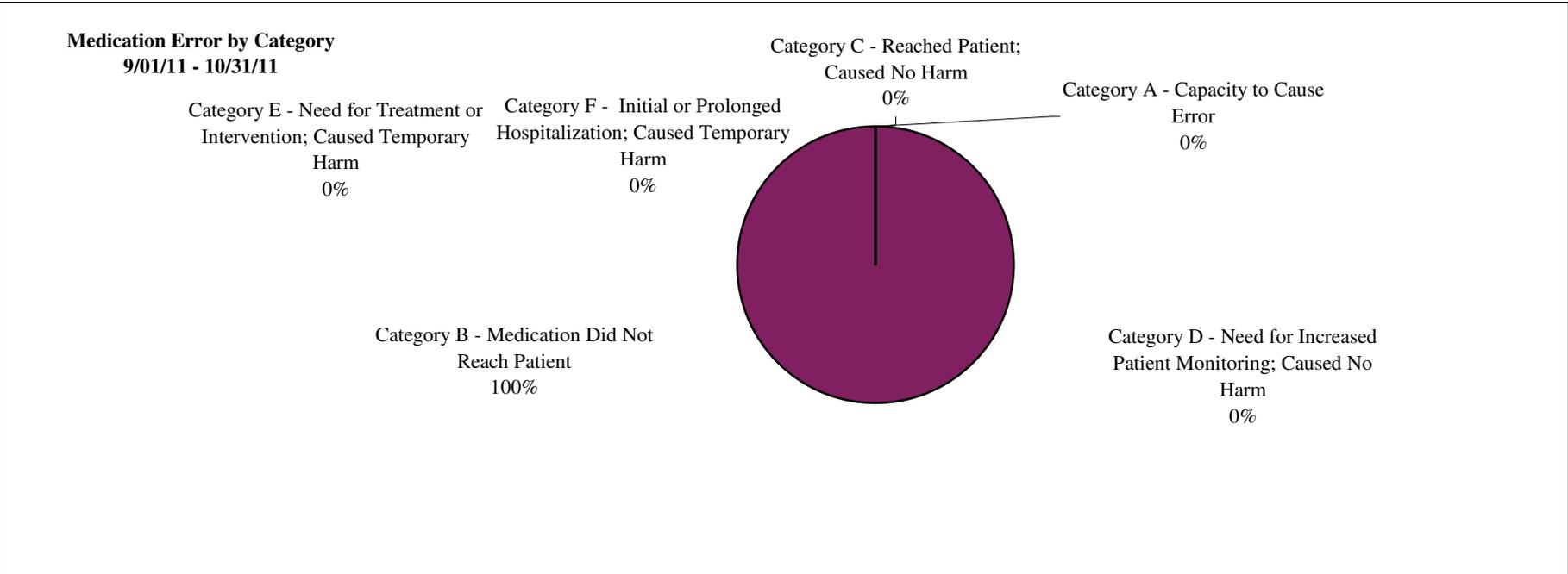
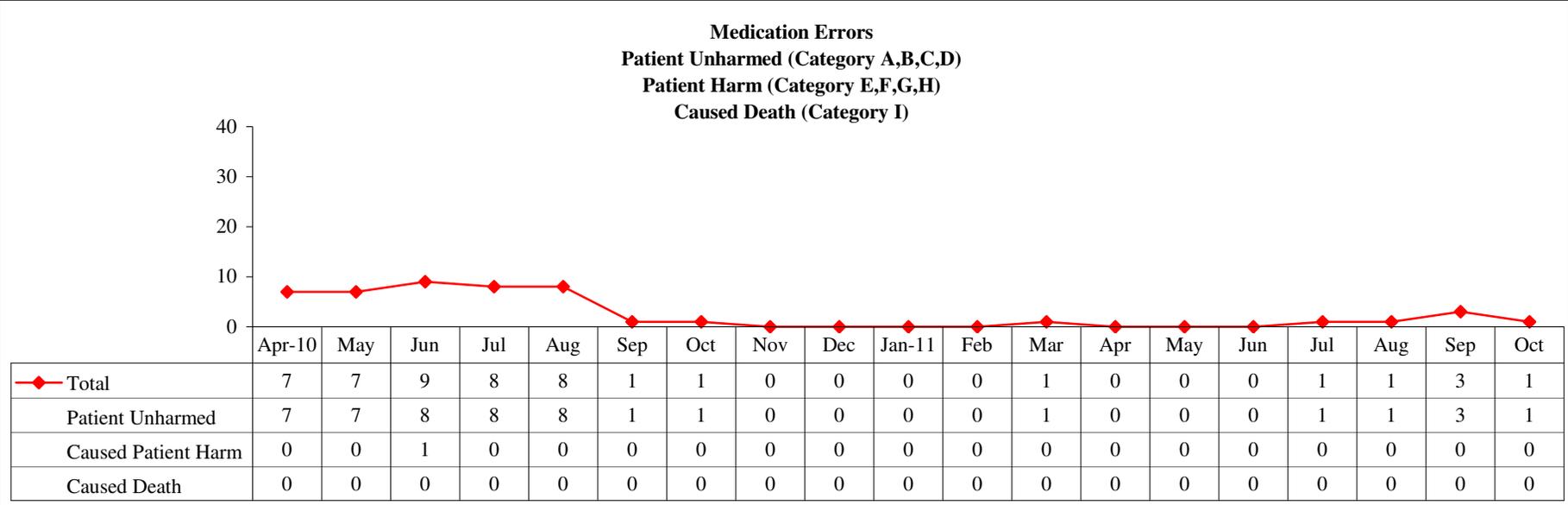
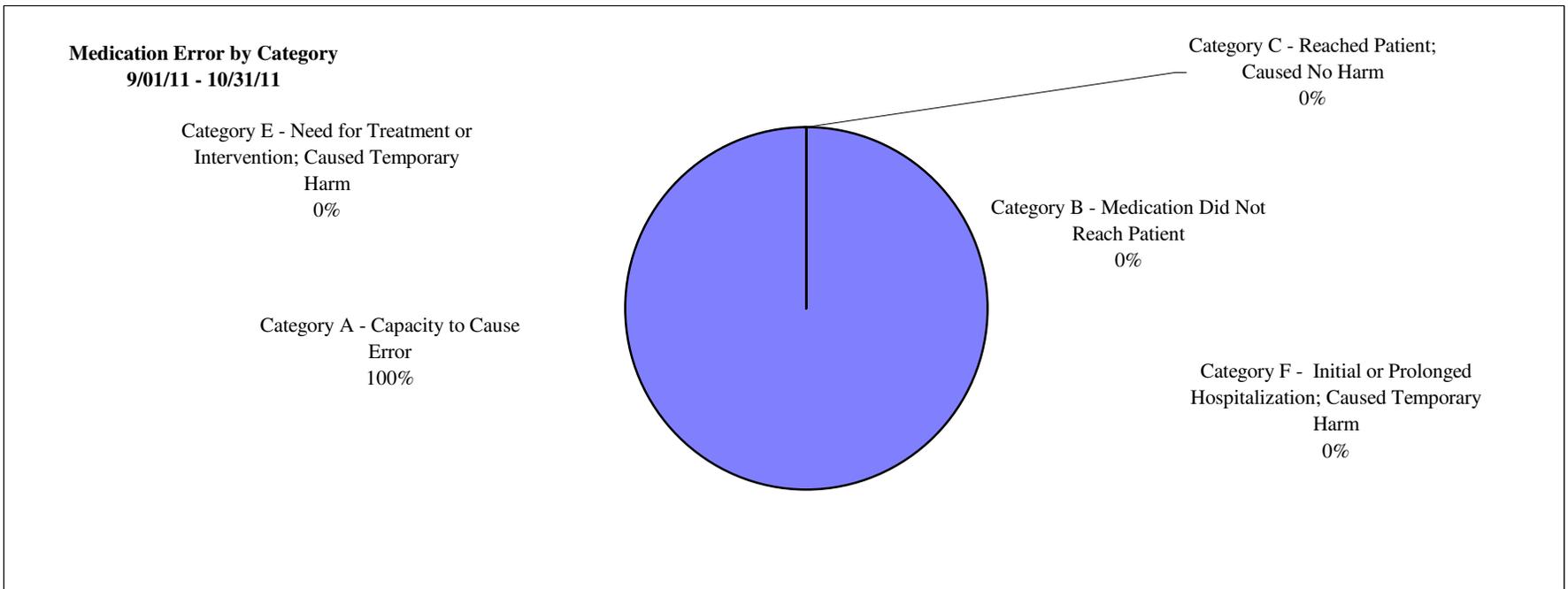
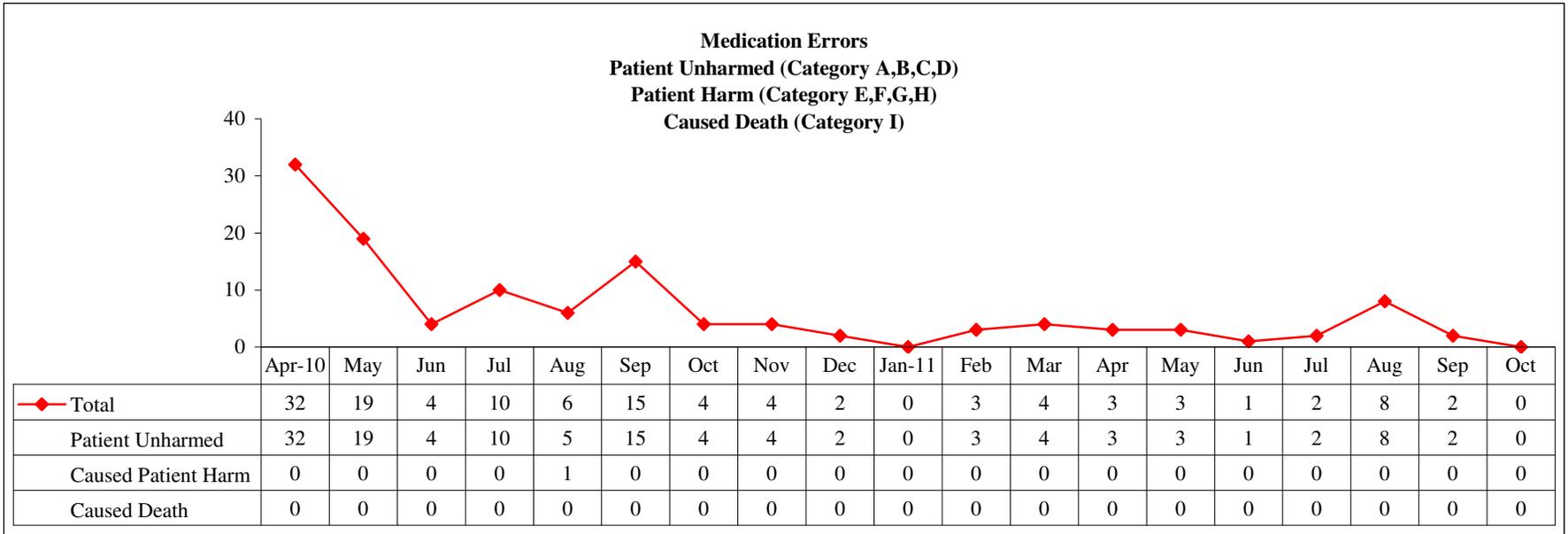


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

**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

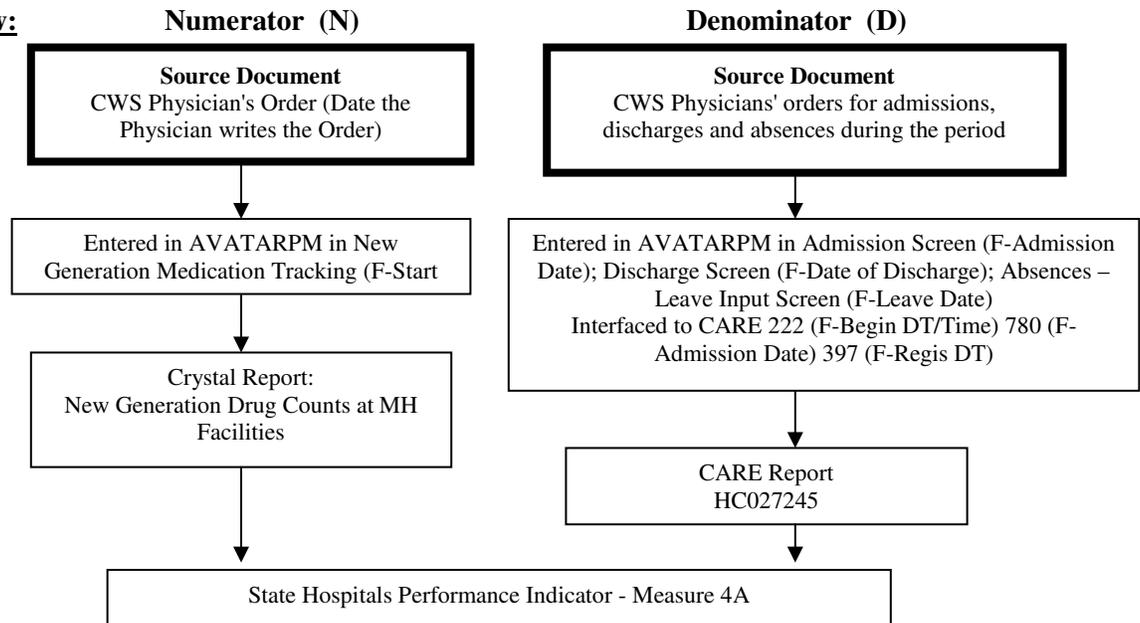
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

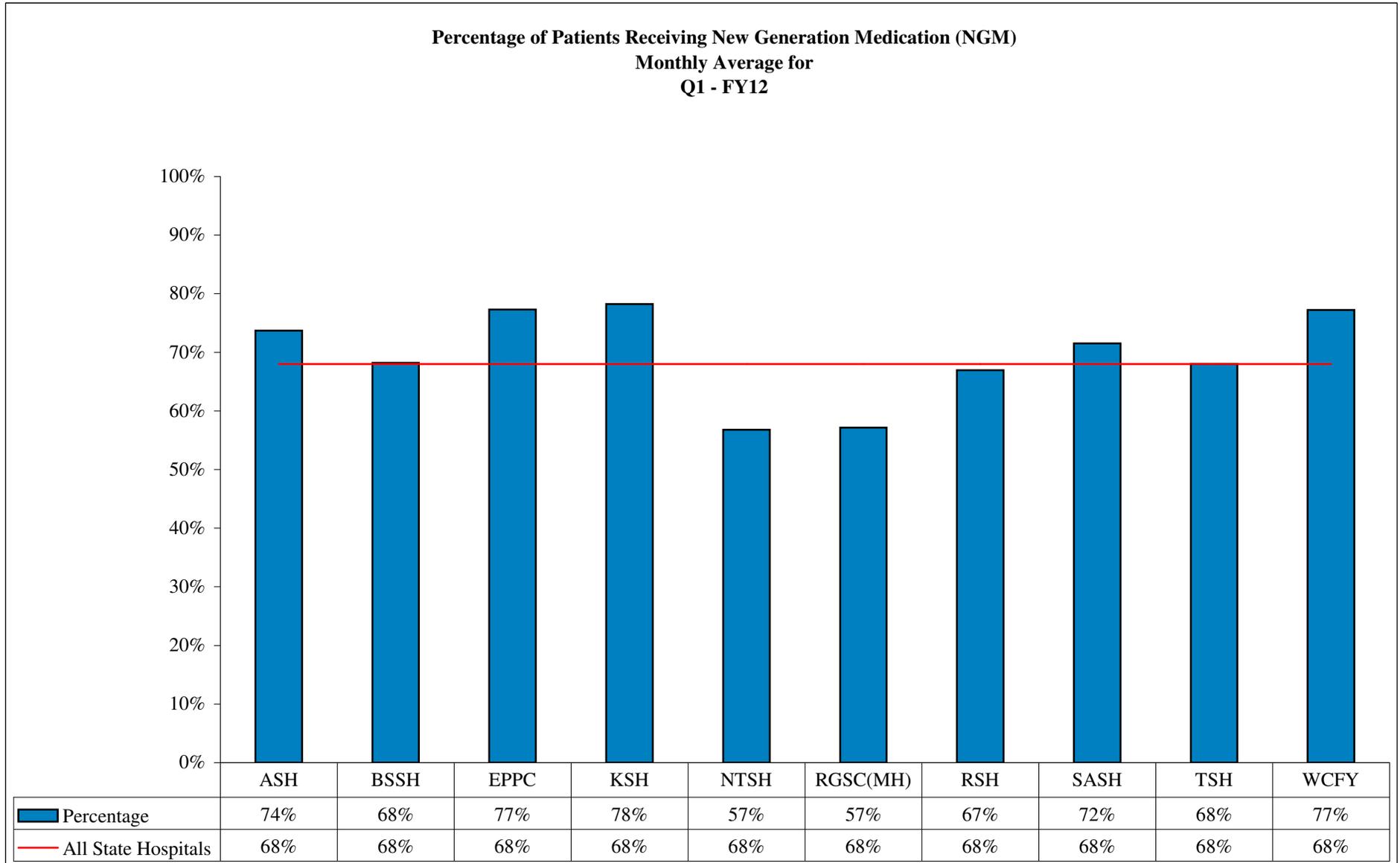
**Performance Measure Data Display and Chart Description:**

- ◆ 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:**

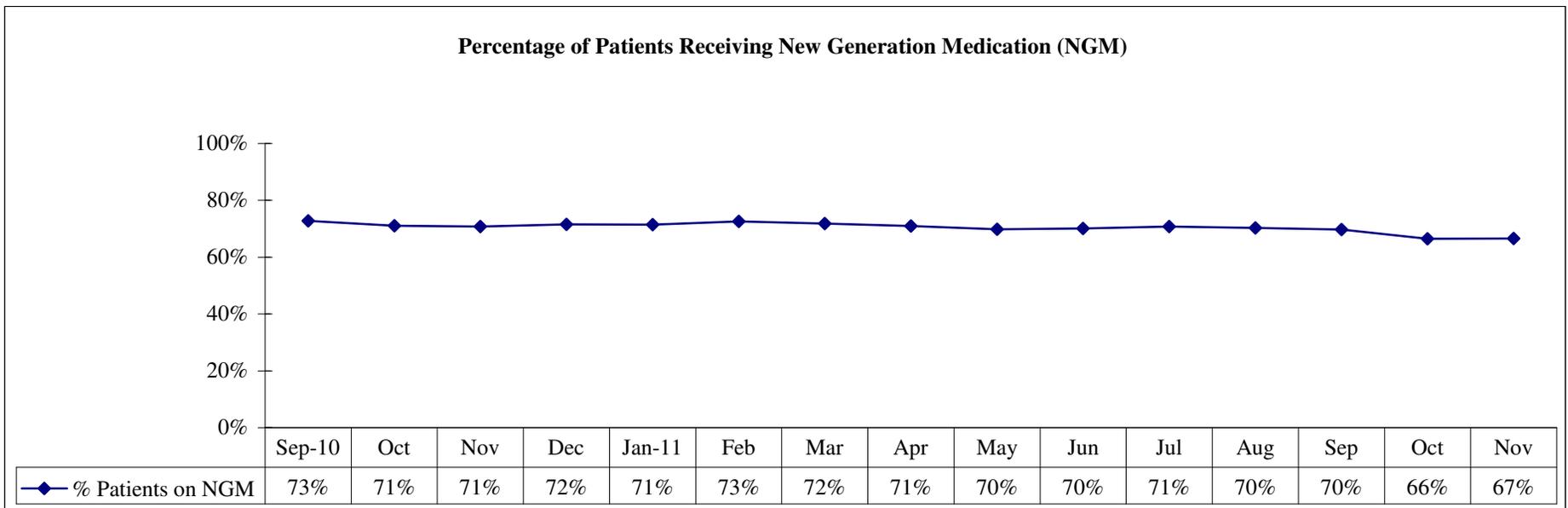
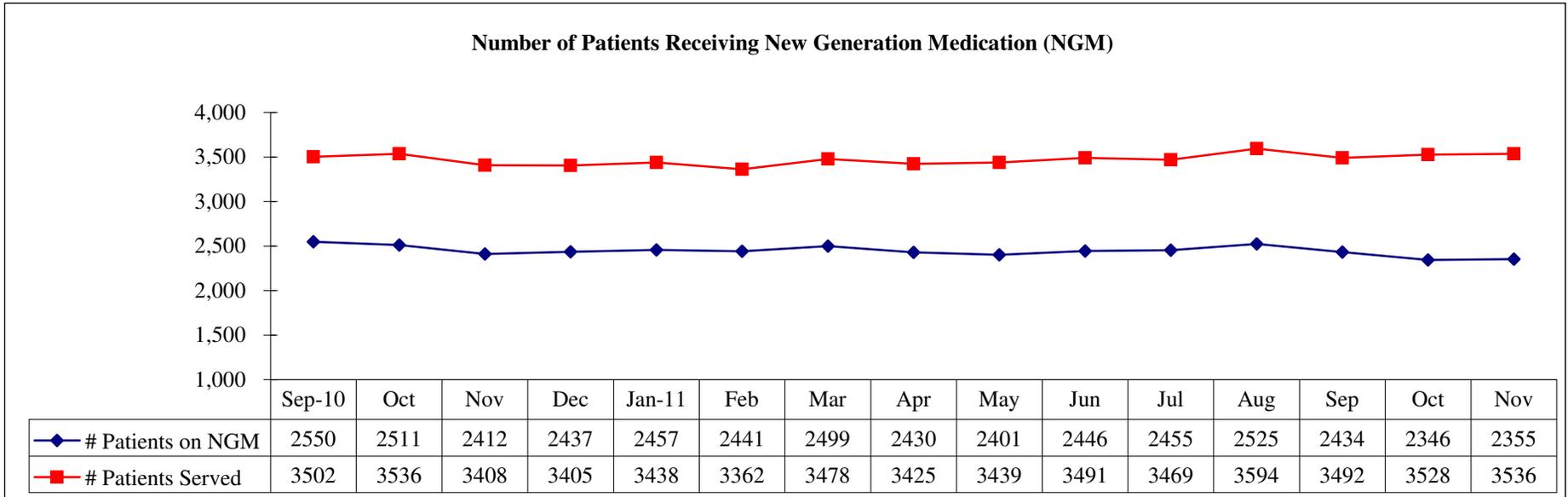


**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**All State MH Hospitals**



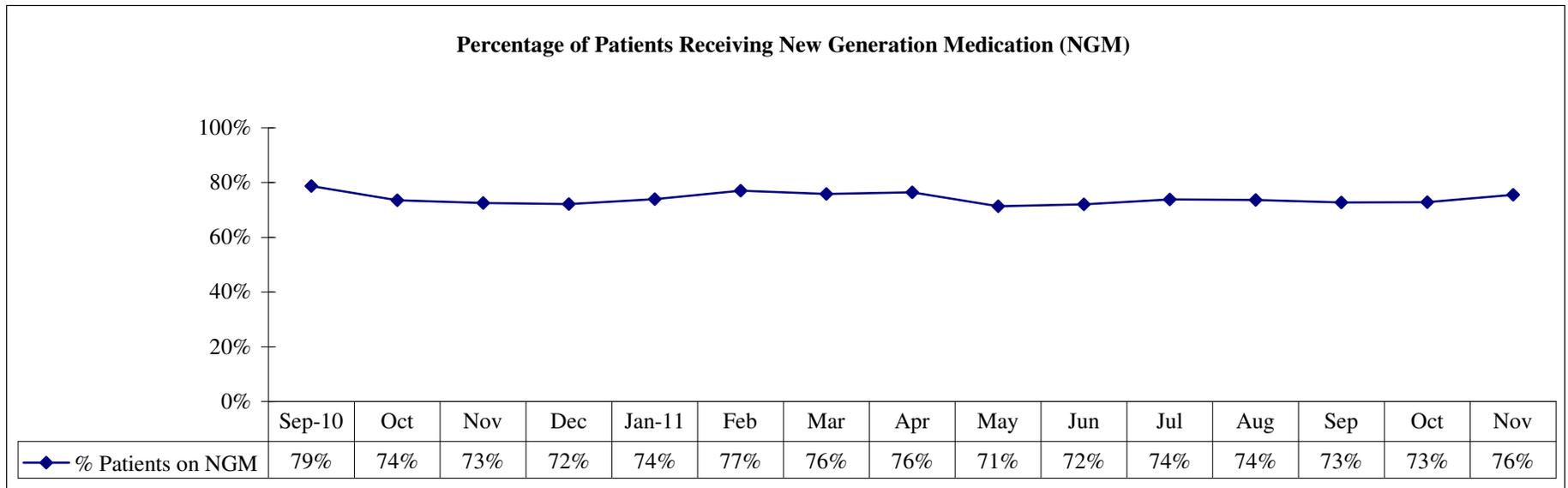
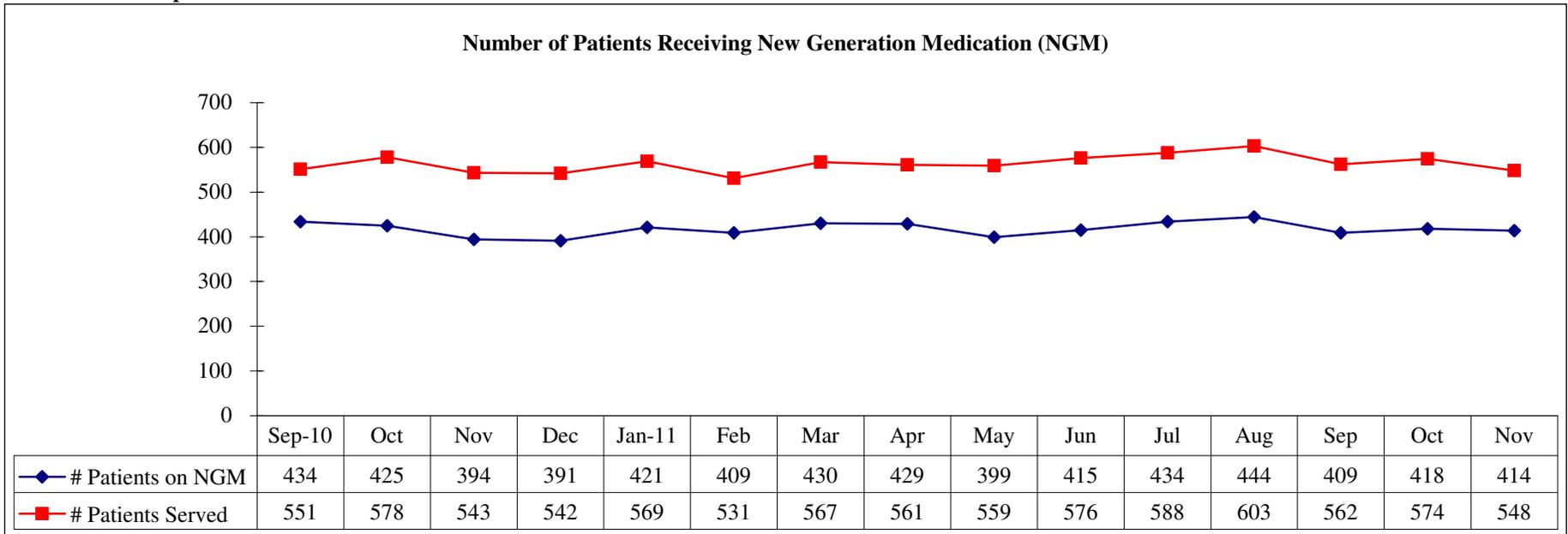
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



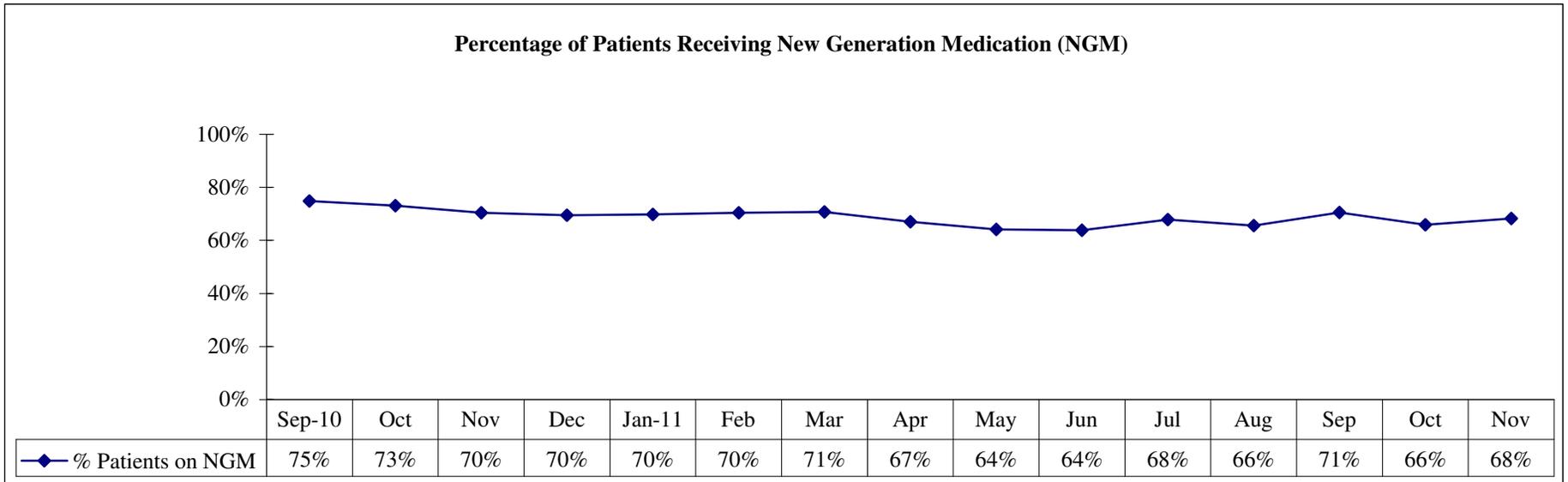
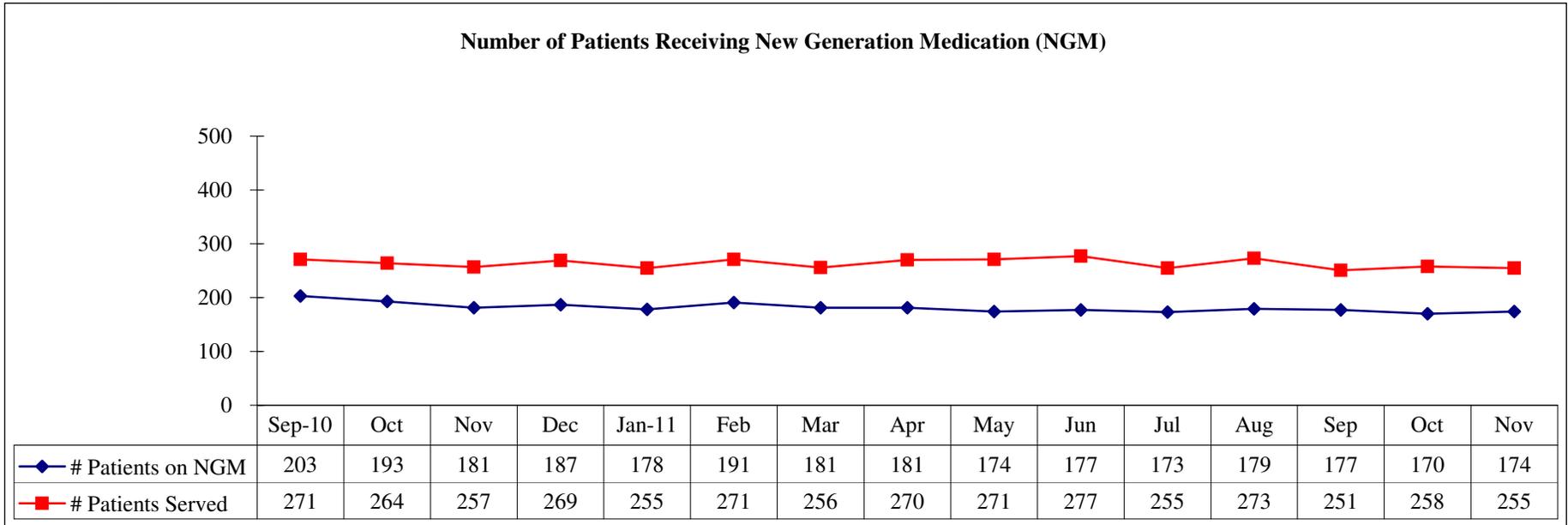
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

**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)

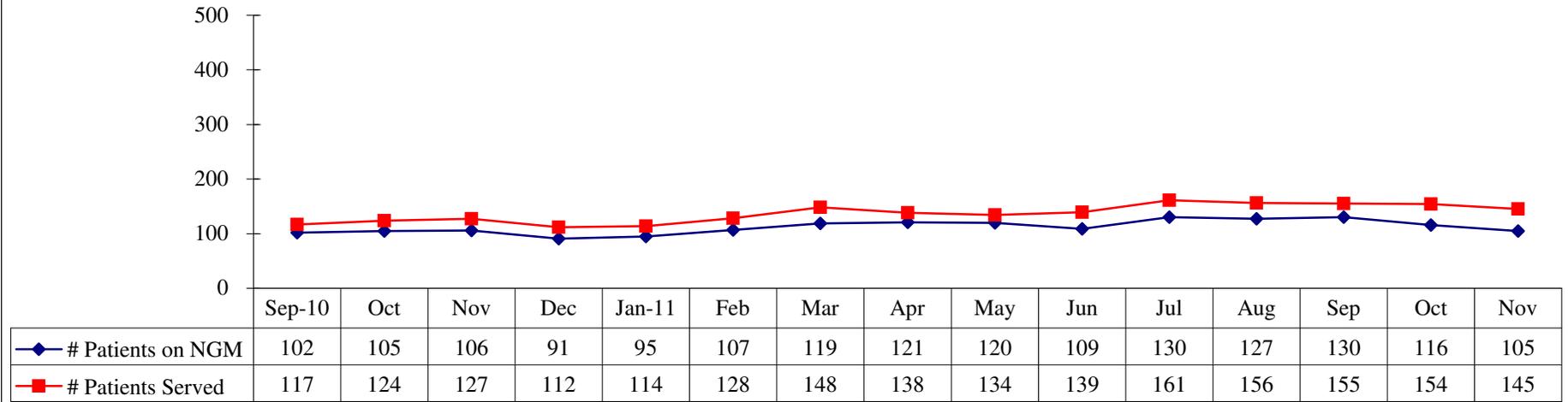
**Measure 4A - Patients Receiving New Generation Medication (NGM)  
Big Spring State Hospital**



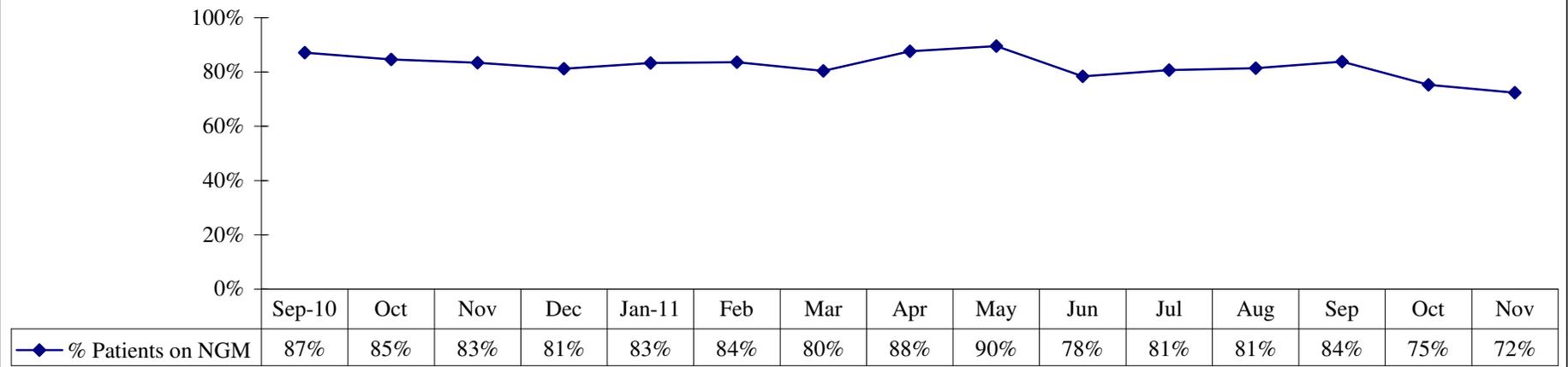
Source: HMDS # of Pts on NGM Report;  
Counts of Persons Receiving MH Services (HC027245)

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

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



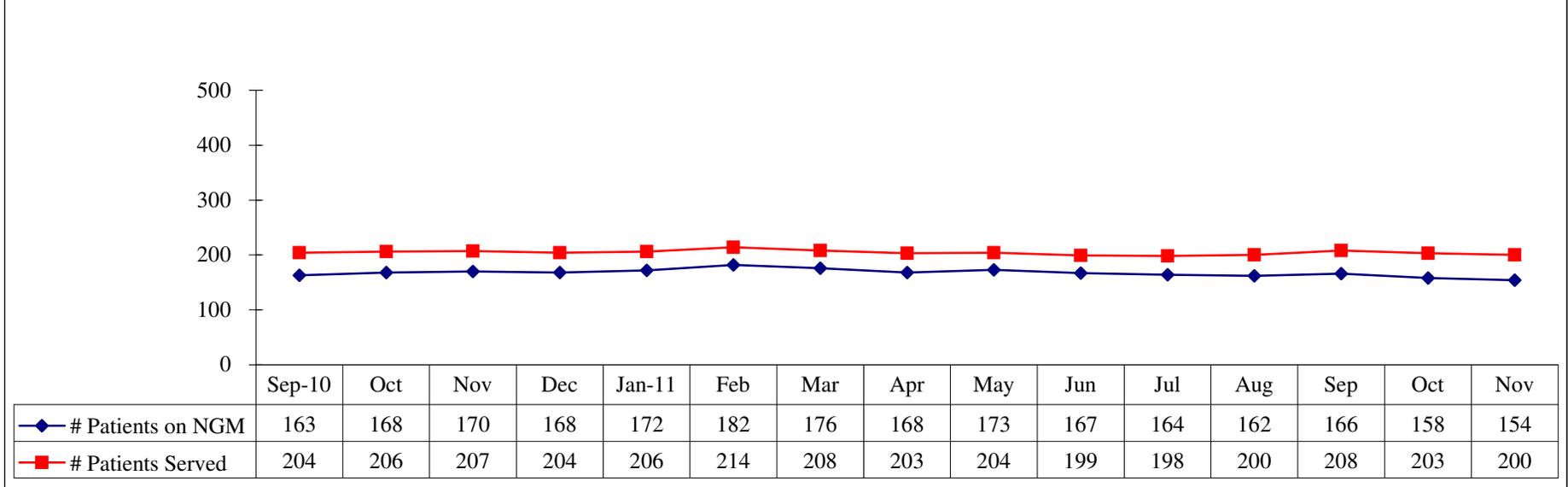
**Percentage of Patients Receiving New Generation Medication (NGM)**



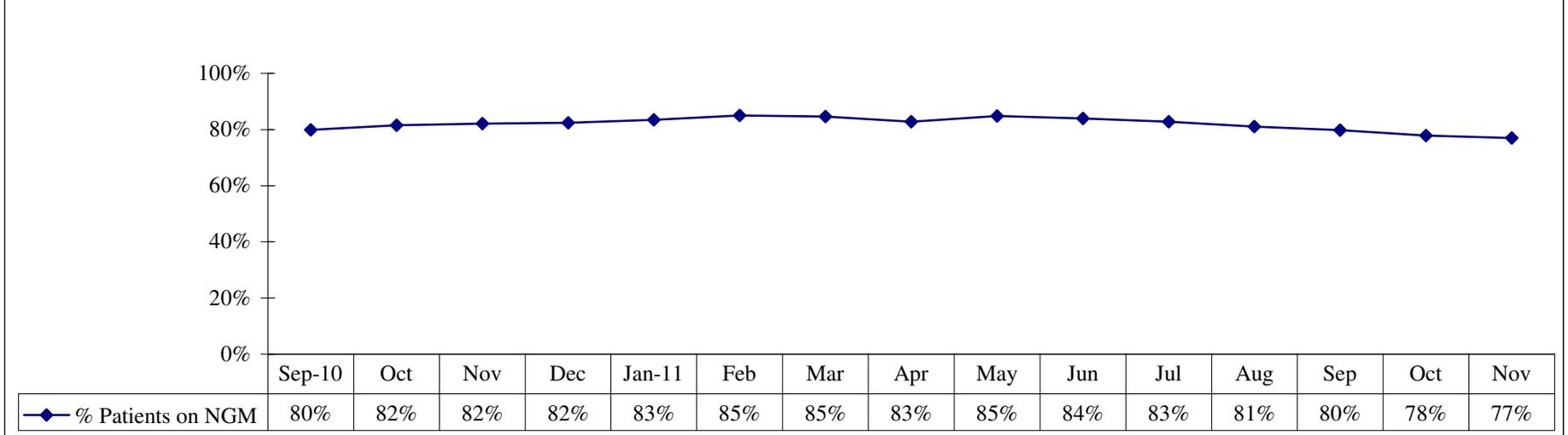
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

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

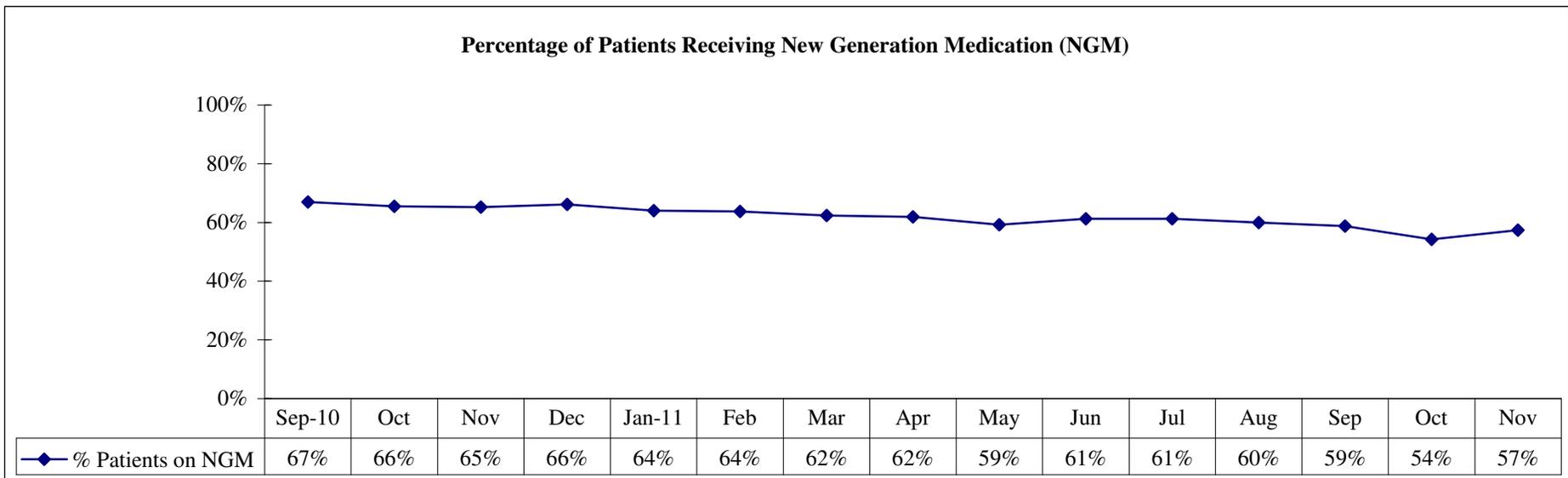
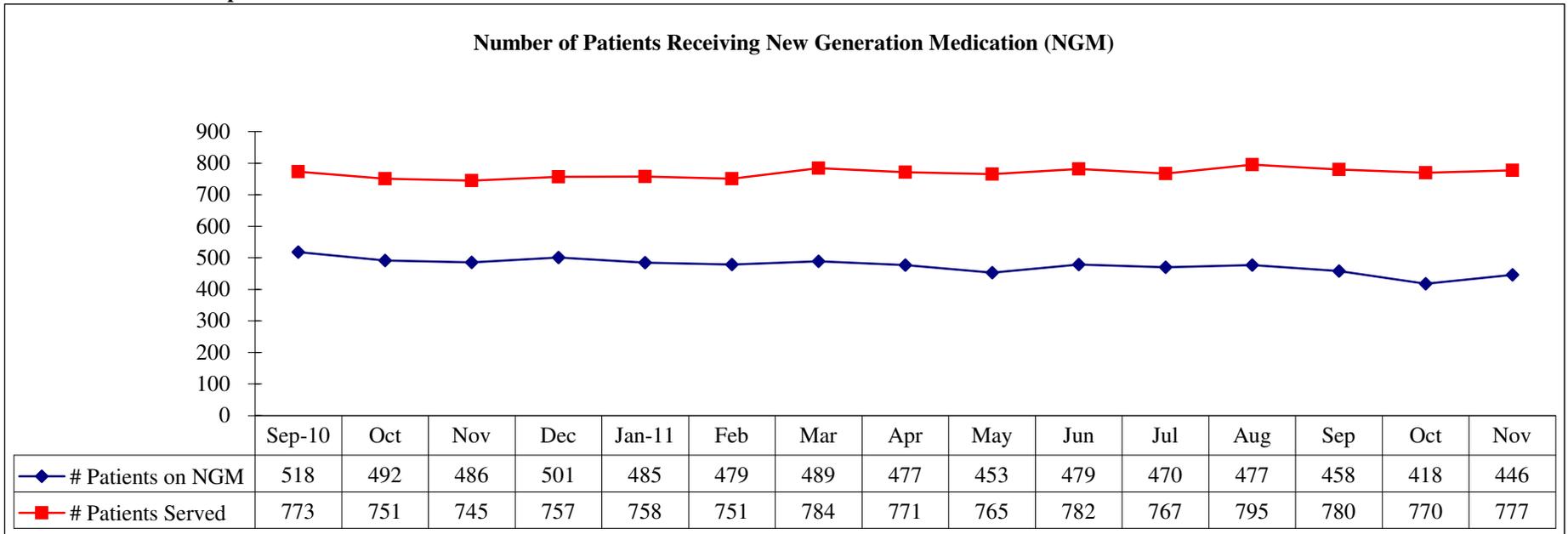


**Percentage of Patients Receiving New Generation Medication (NGM)**



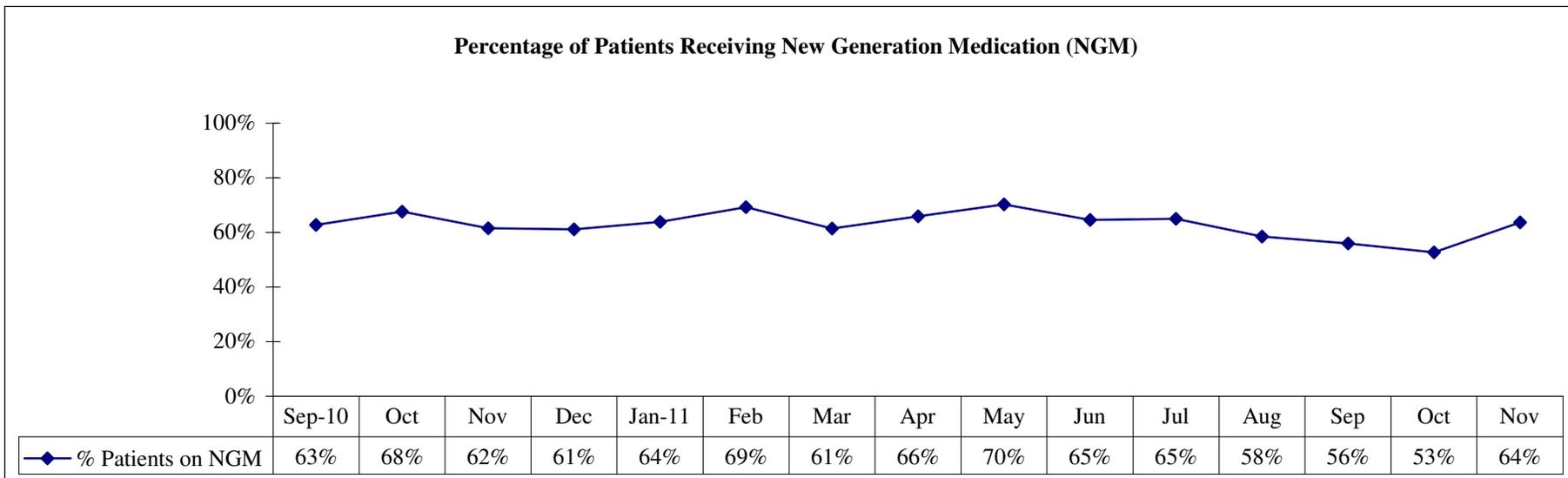
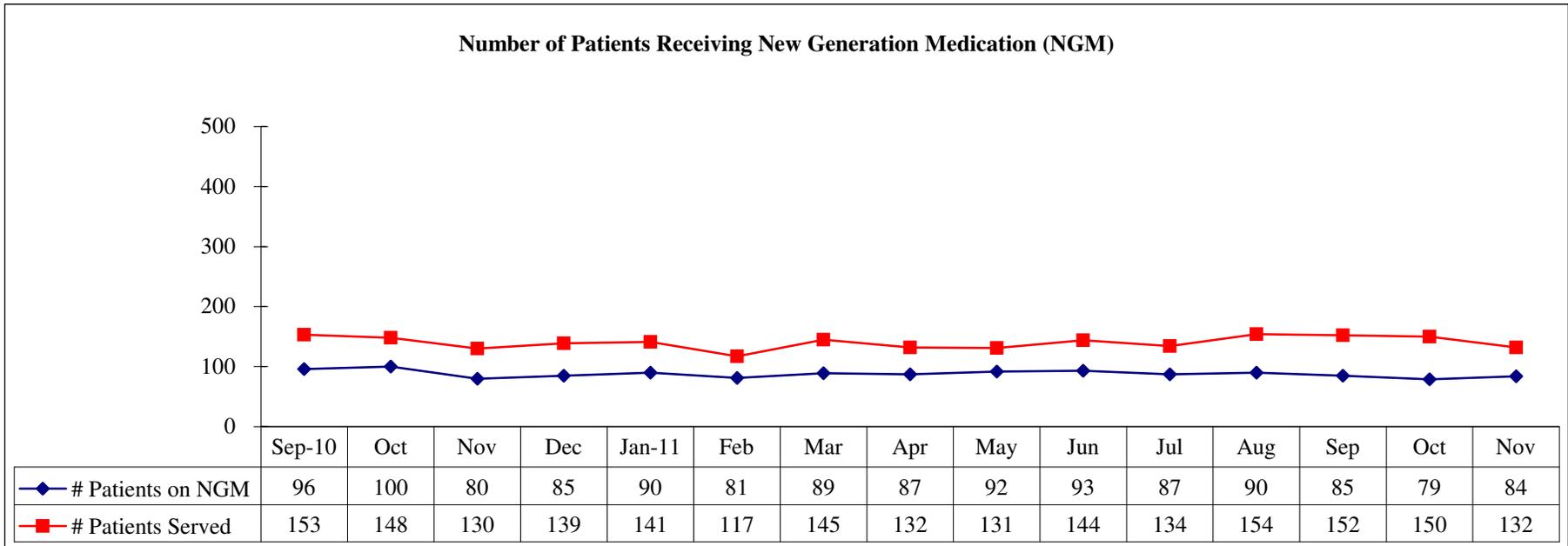
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

**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)

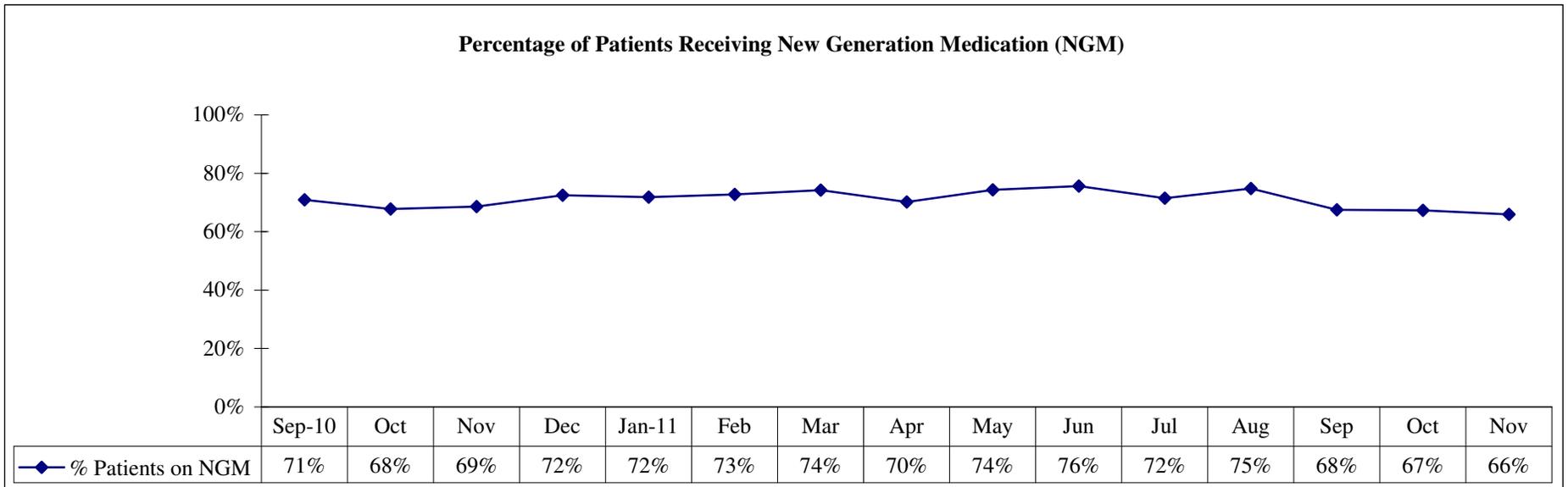
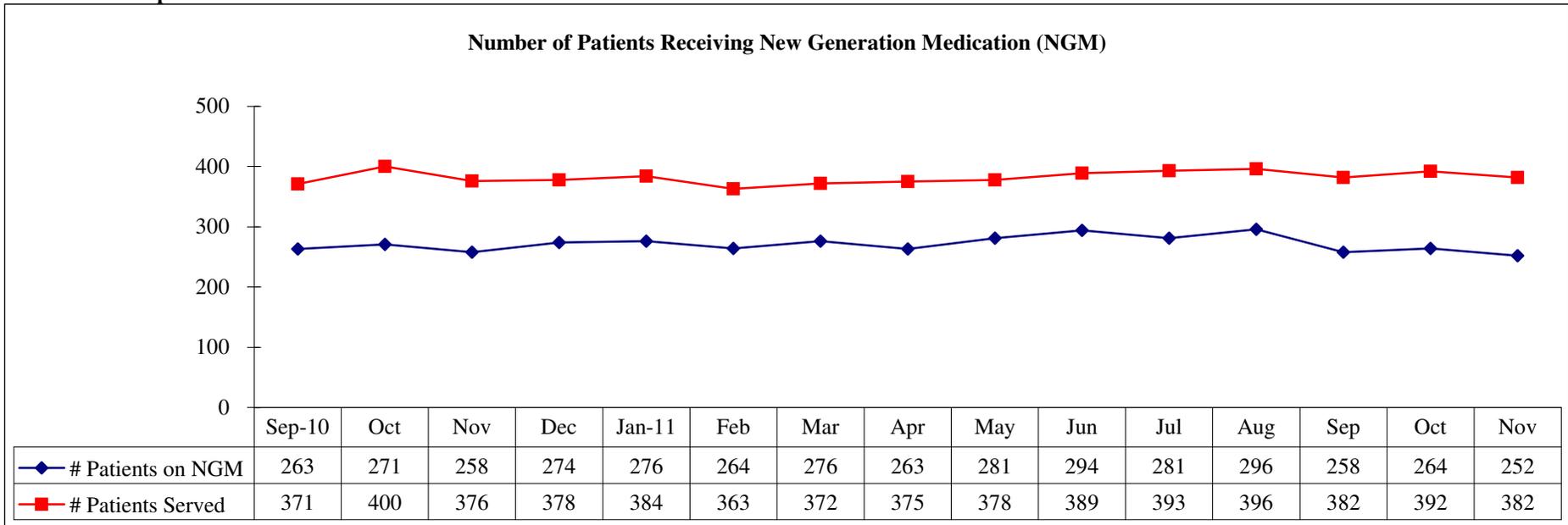
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Rio Grande State Center**



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

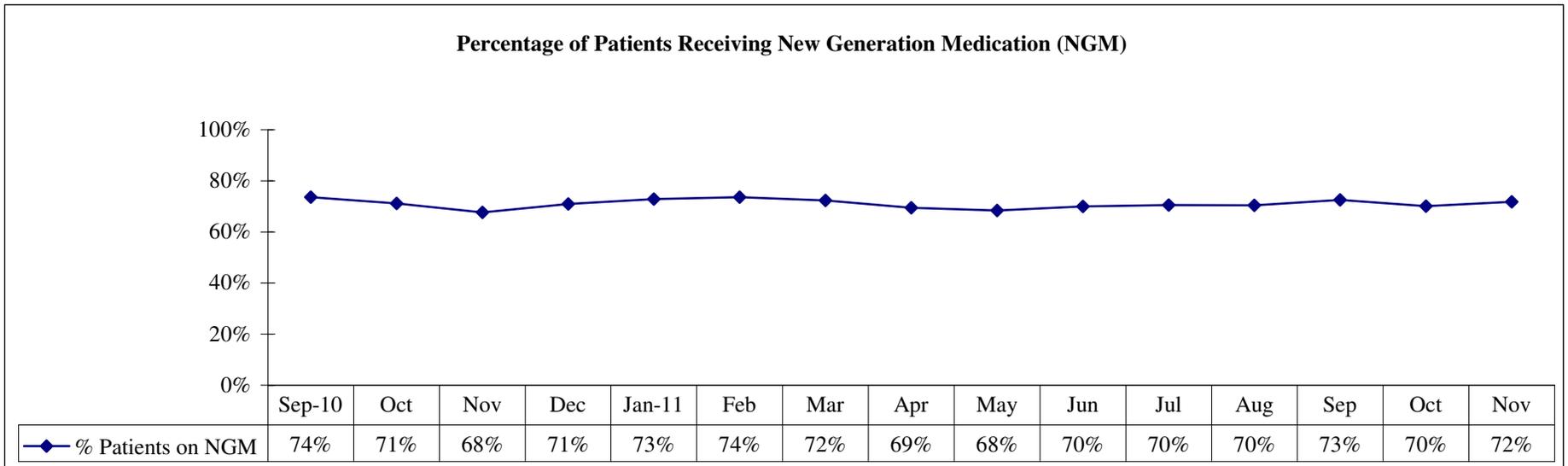
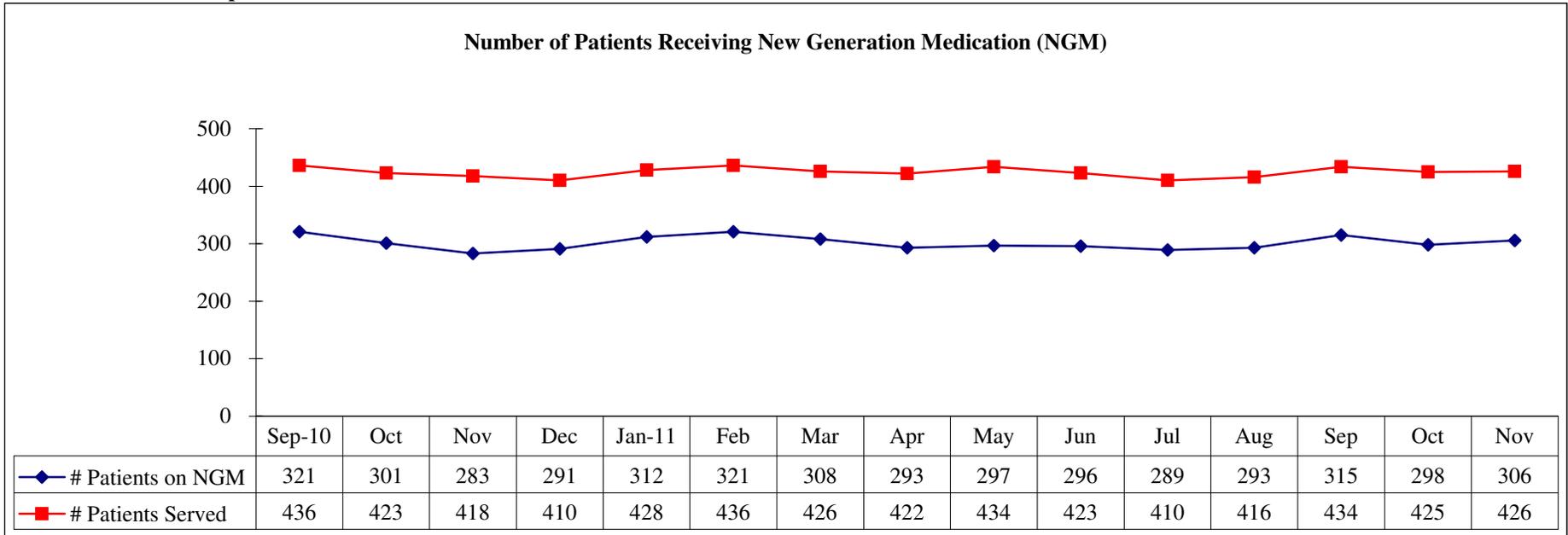
**Measure 4A - Patients Receiving New Generation Medication (NGM)**

**Rusk State Hospital**



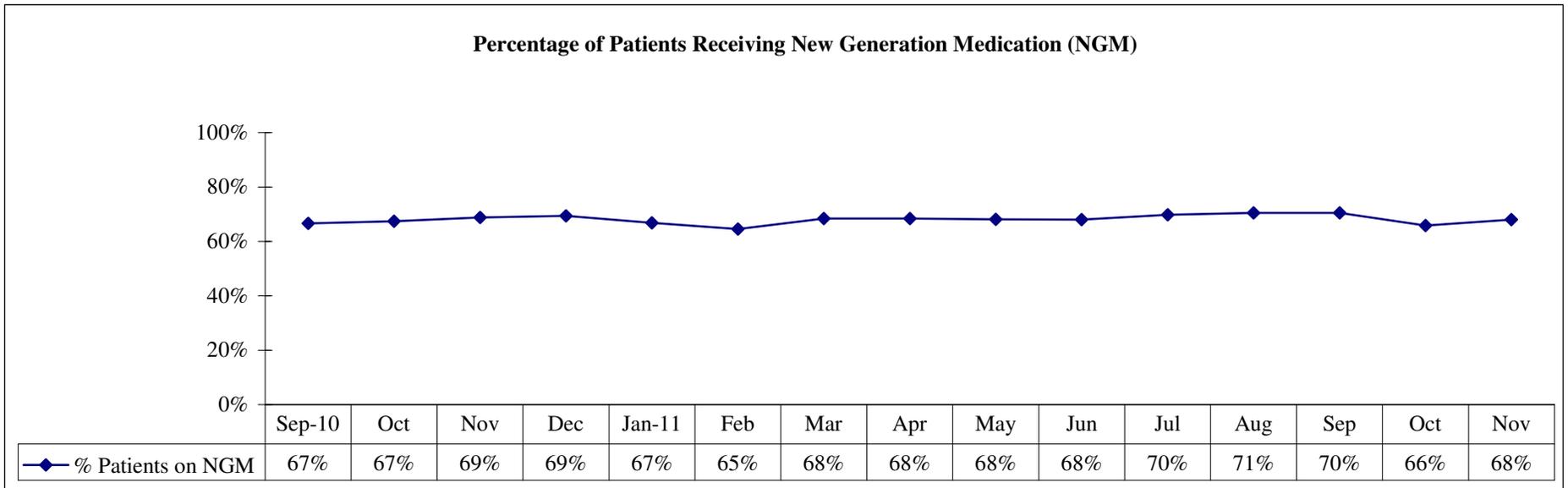
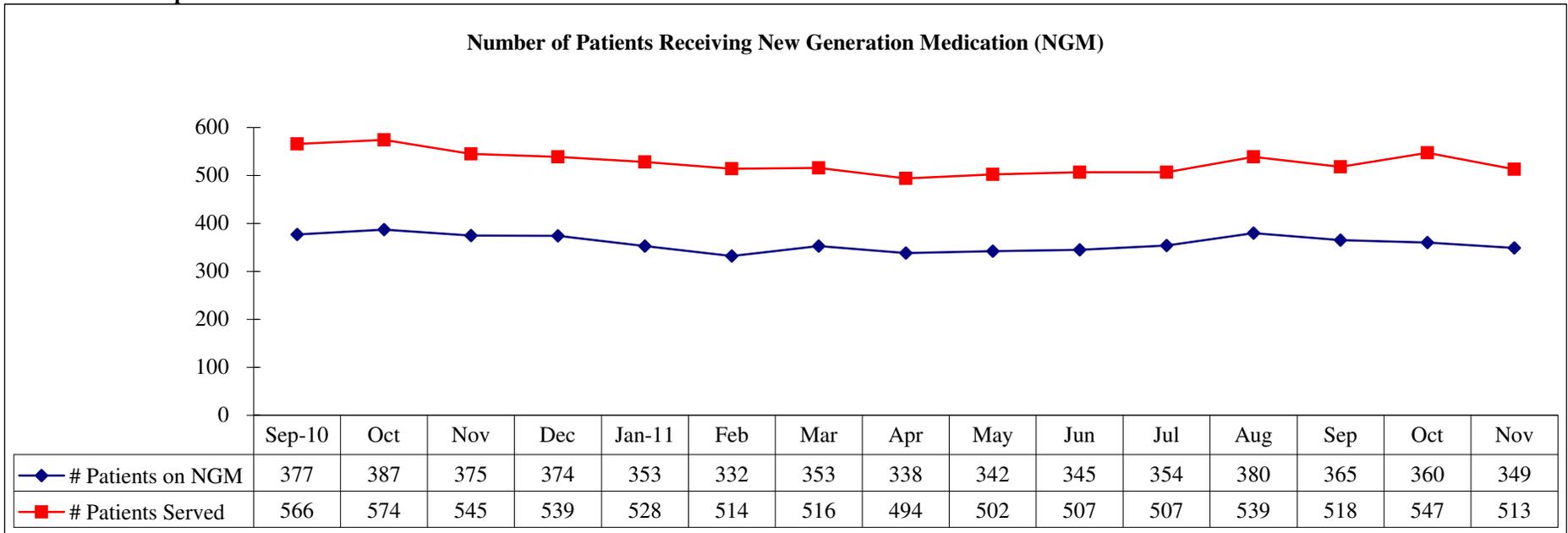
Source: HMDS # of Pts on NGM Report;  
Counts of Persons Receiving MH Services (HC027245)

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



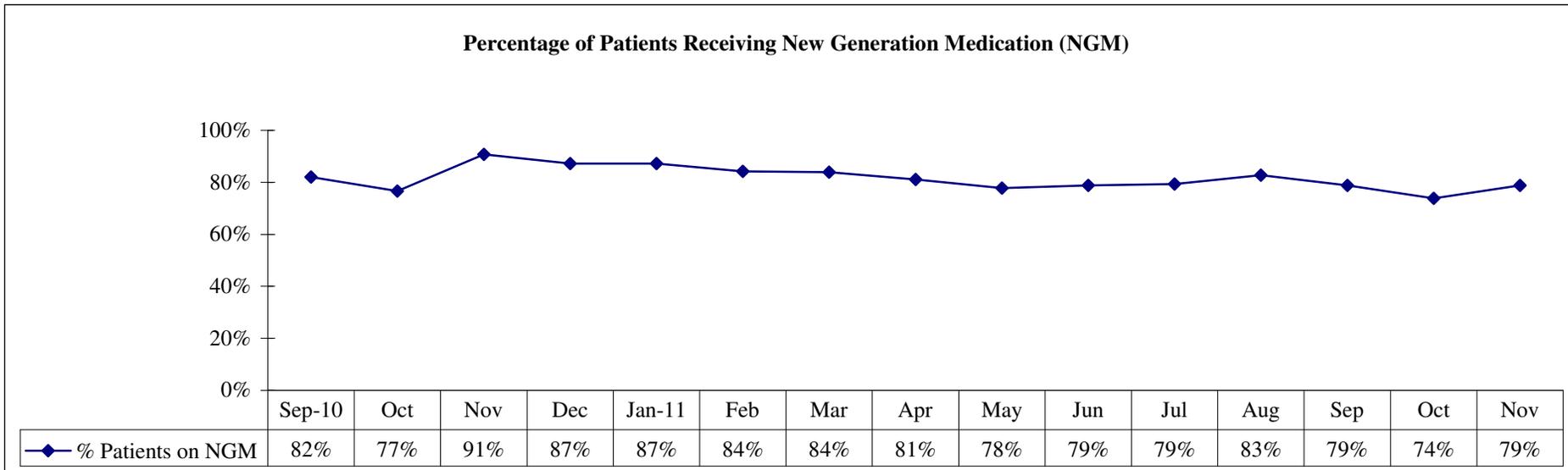
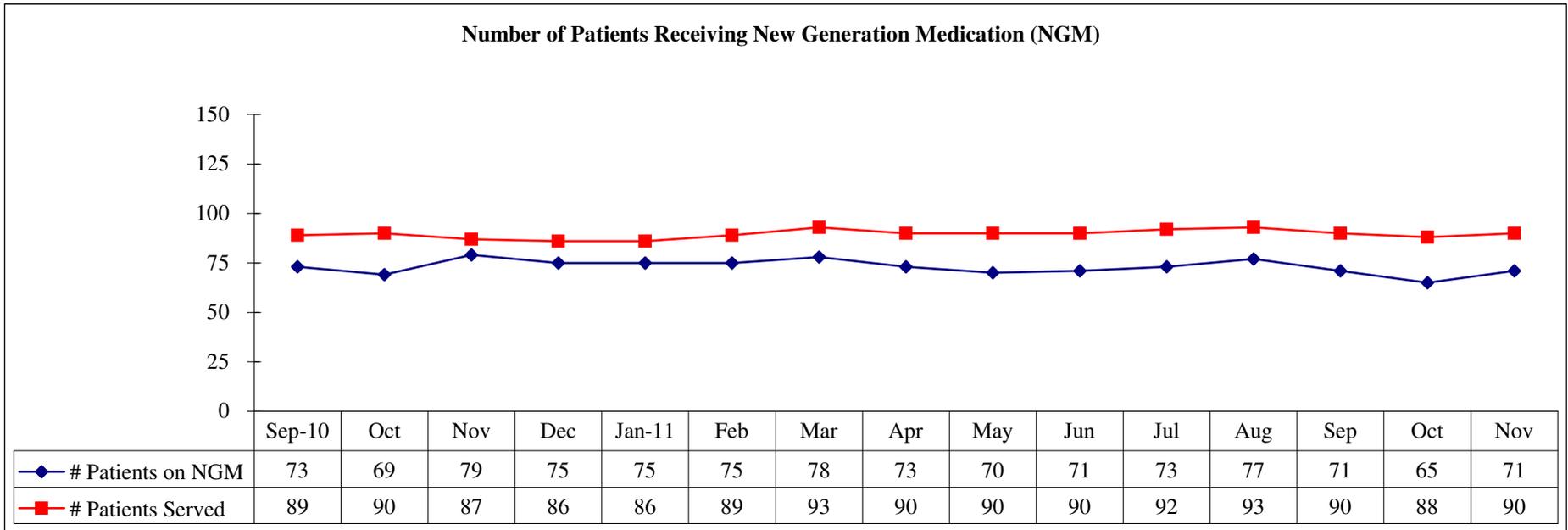
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

**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)

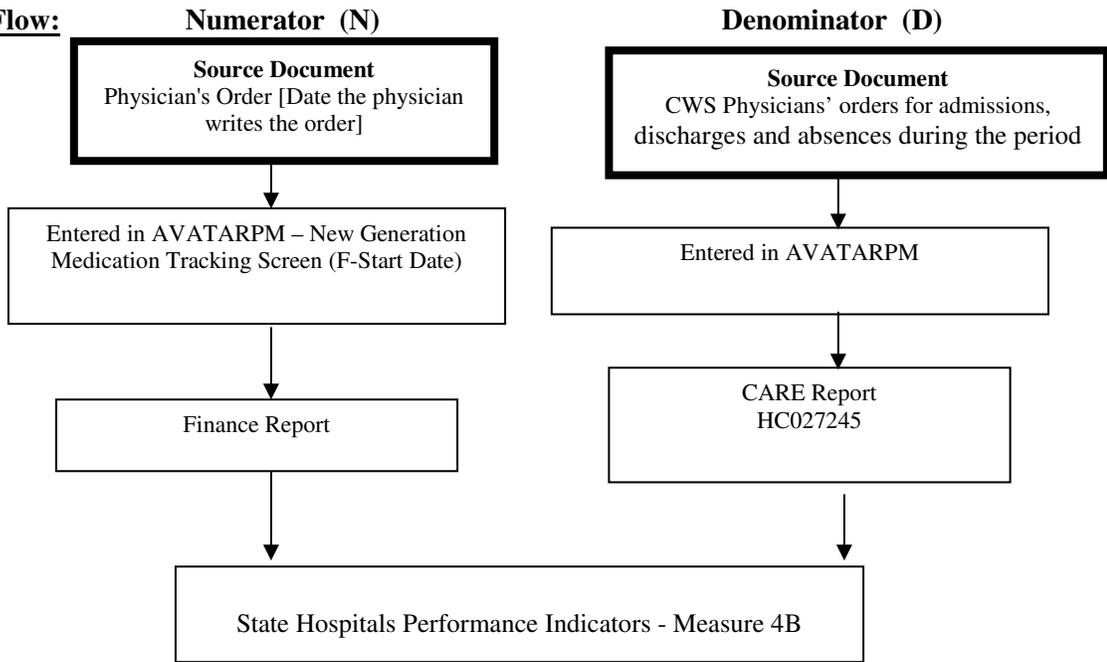
N = total dollar amount spent on new generation medications per hospital per month.

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

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

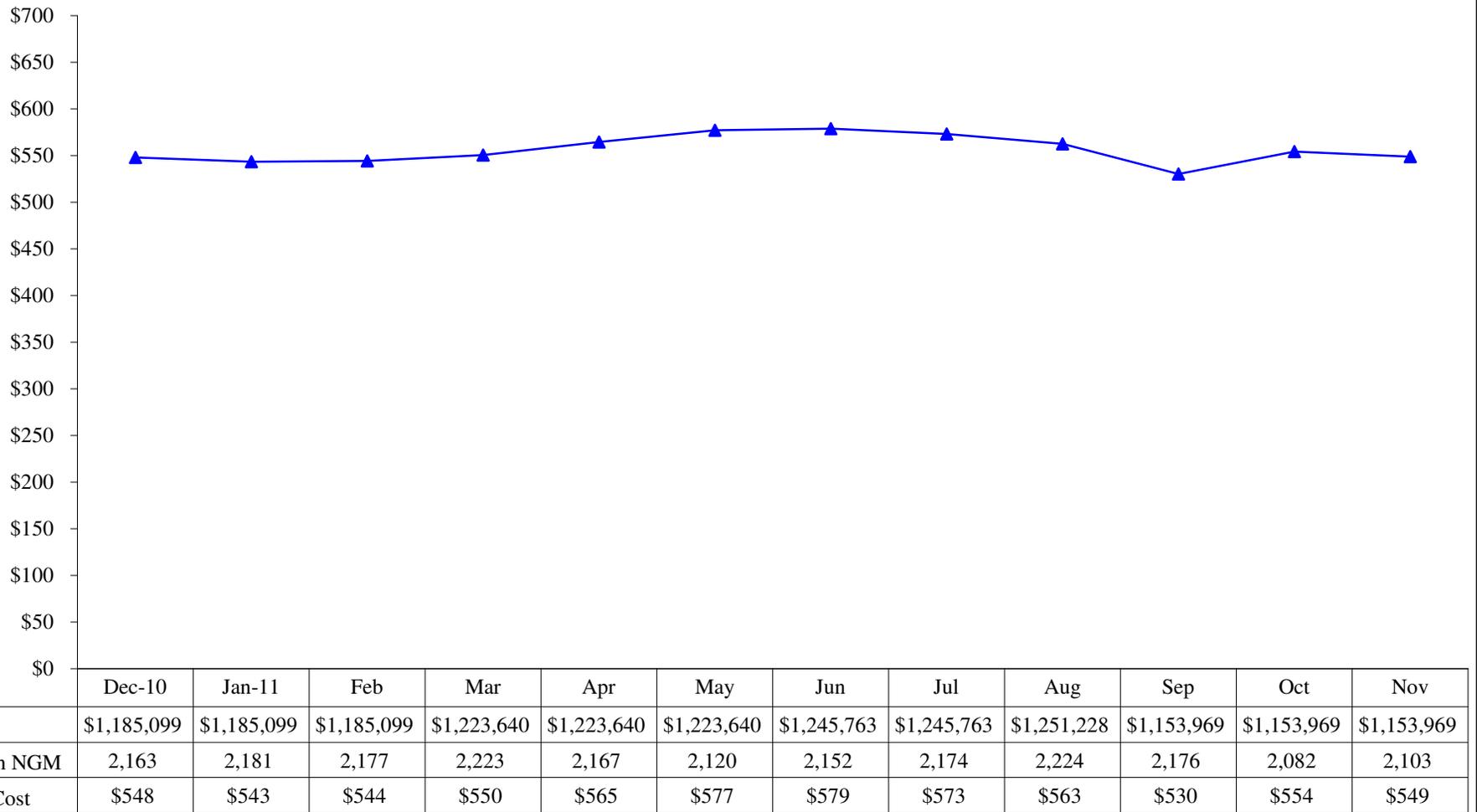
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

**Data Flow:**



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

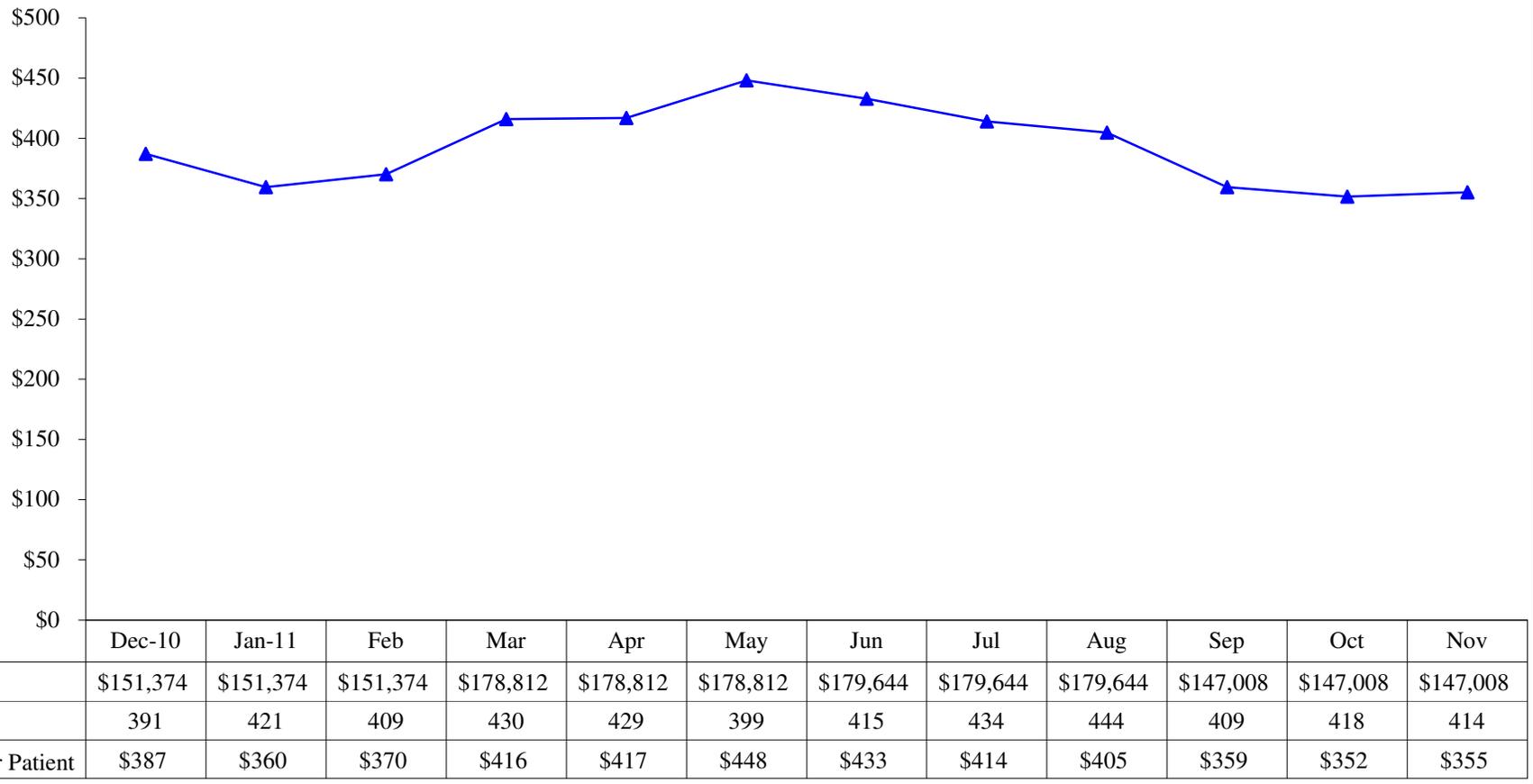
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

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



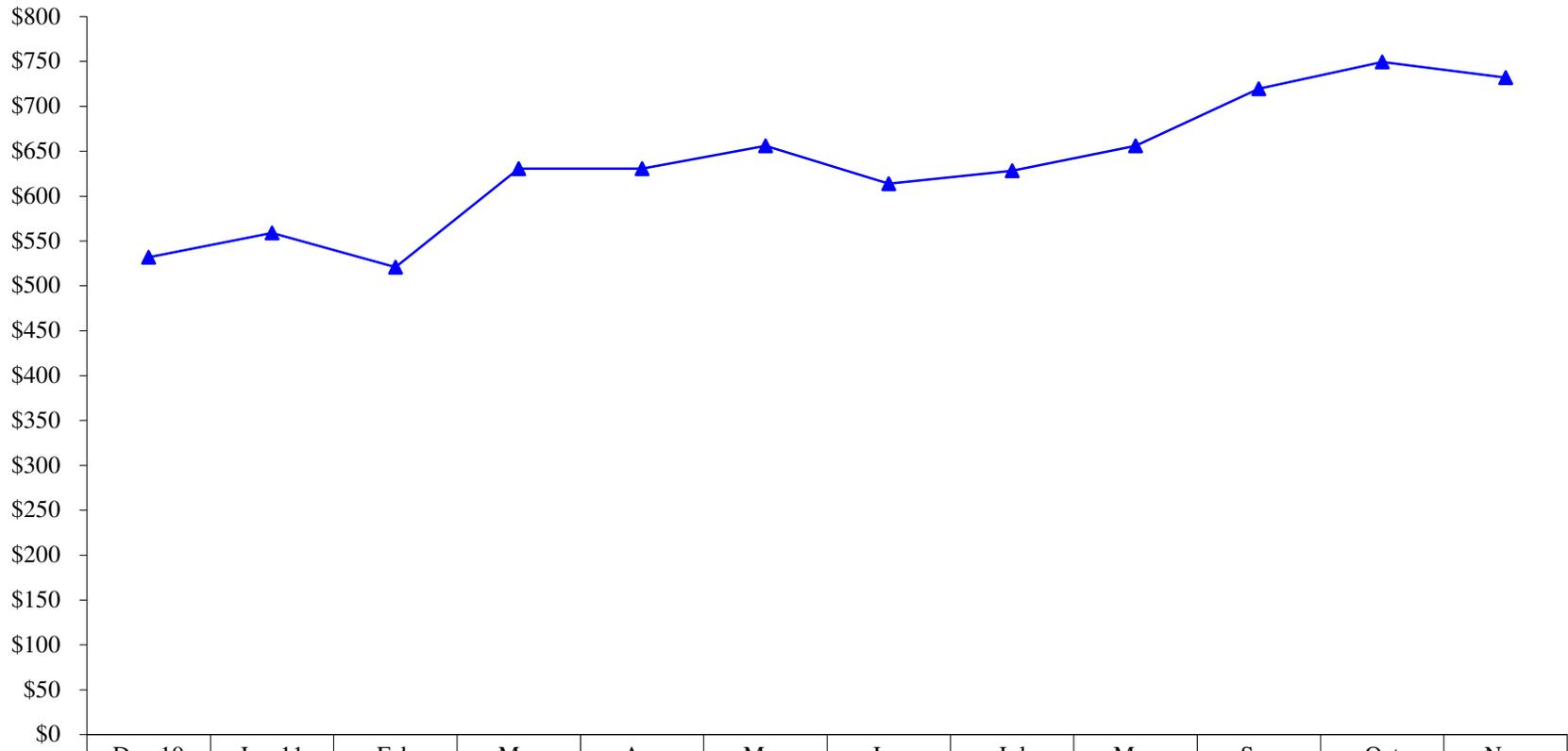
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

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

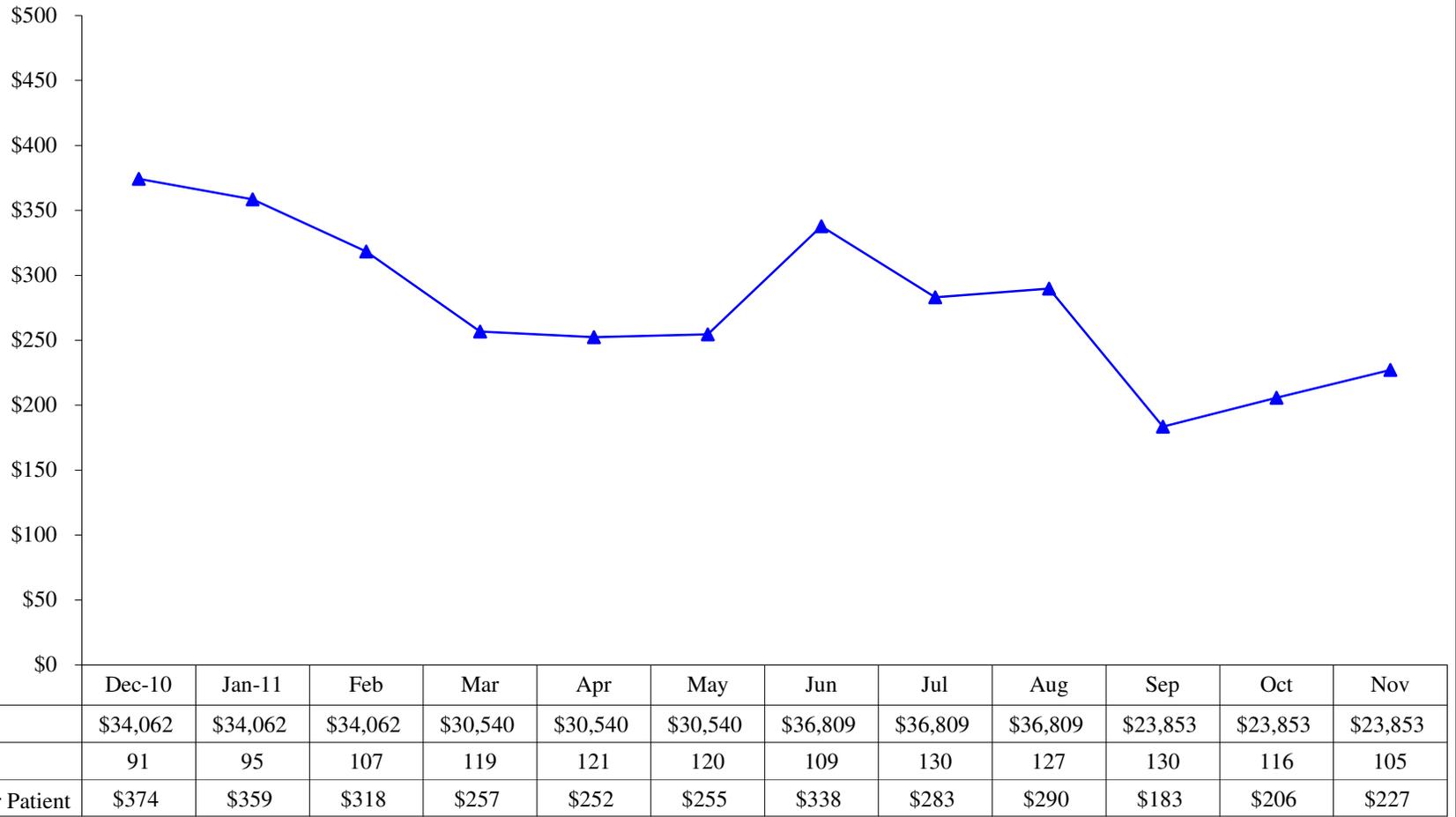


|                            | Dec-10   | Jan-11   | Feb      | Mar       | Apr       | May       | Jun       | Jul       | May       | Sep       | Oct       | Nov       |
|----------------------------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost*                      | \$99,478 | \$99,478 | \$99,478 | \$114,134 | \$114,134 | \$114,134 | \$108,669 | \$108,669 | \$114,134 | \$127,394 | \$127,394 | \$127,394 |
| # of Pts on NGM            | 187      | 178      | 191      | 181       | 181       | 174       | 177       | 173       | 174       | 177       | 170       | 174       |
| ▲ Average Cost per Patient | \$532    | \$559    | \$521    | \$631     | \$631     | \$656     | \$614     | \$628     | \$656     | \$720     | \$749     | \$732     |

\* Average Monthly Cost per Quarter

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

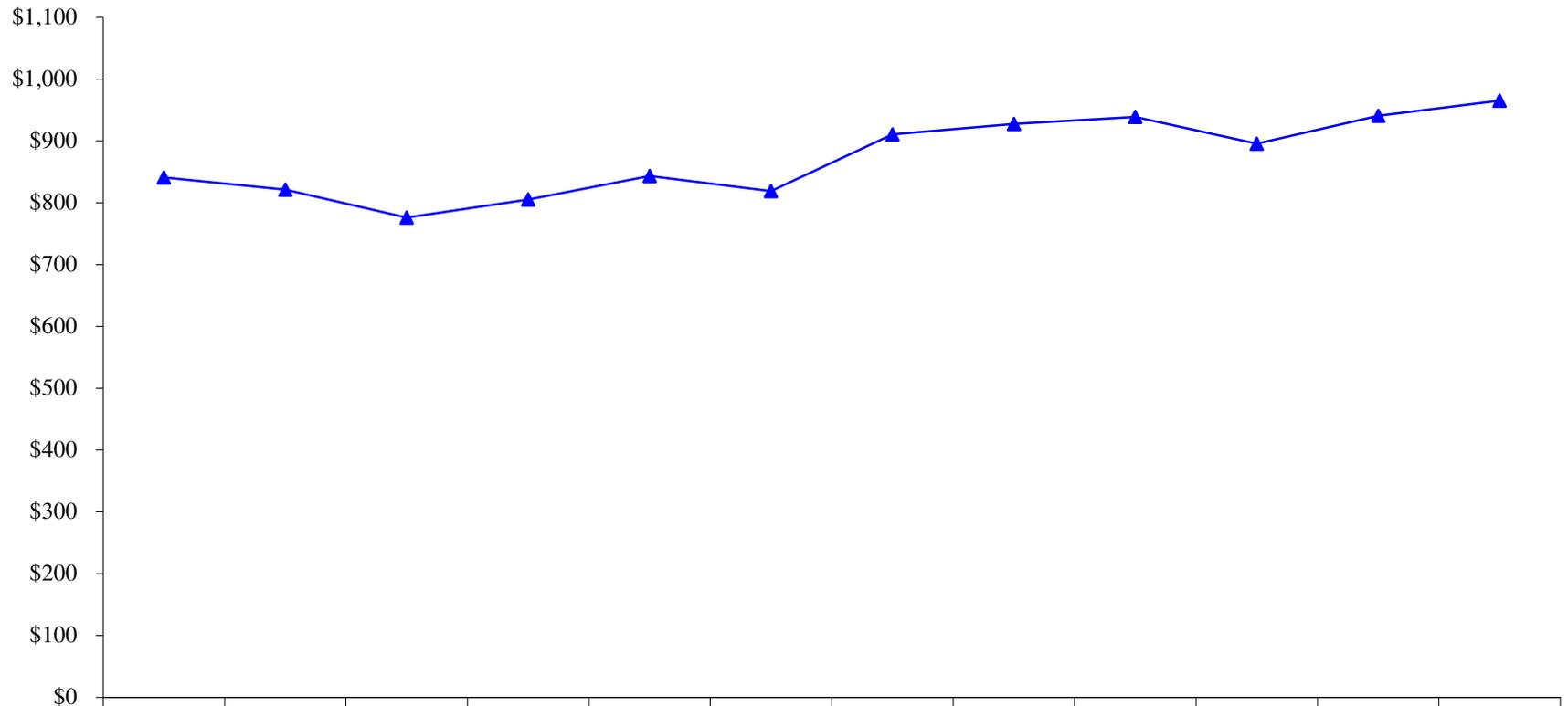
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

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

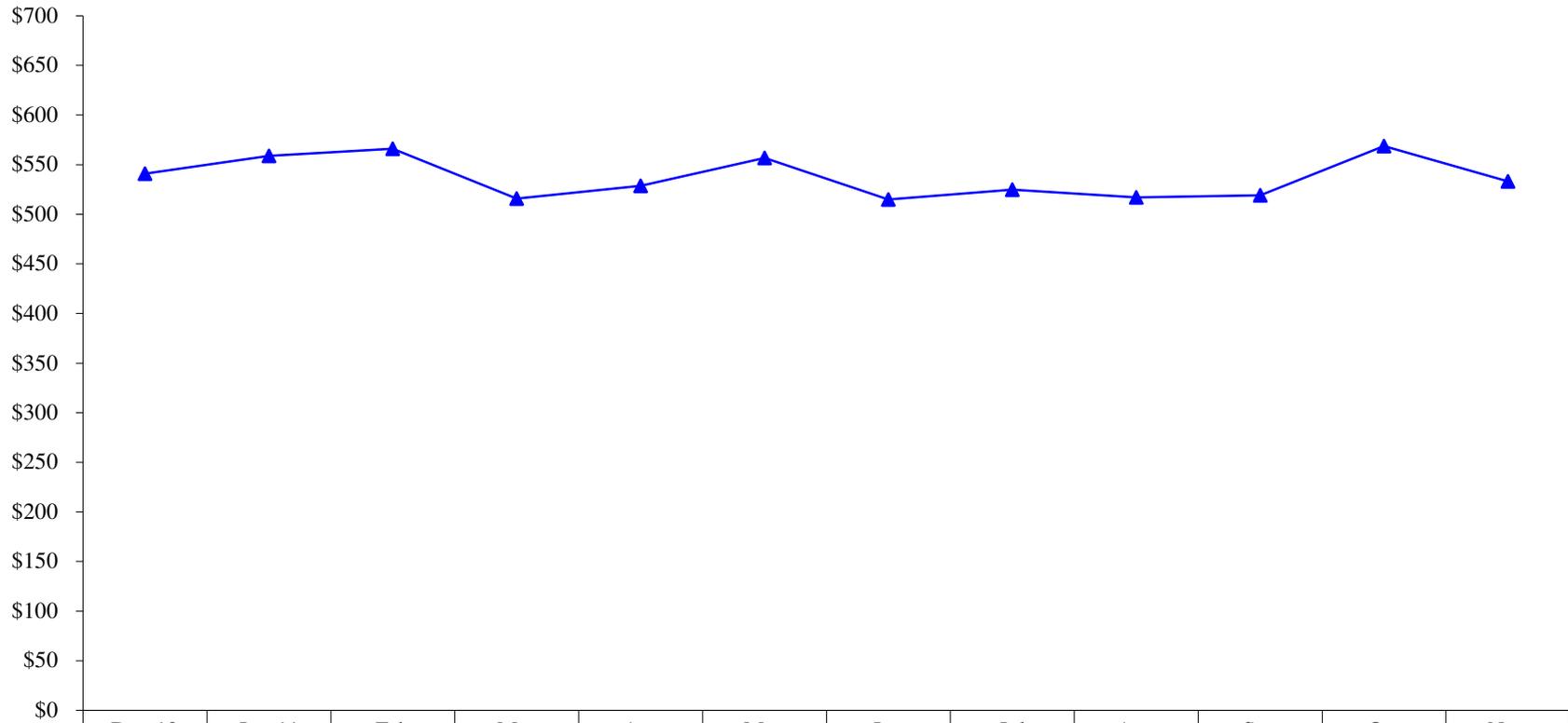


|                            | Dec-10    | Jan-11    | Feb       | Mar       | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost*                      | \$141,249 | \$141,249 | \$141,249 | \$141,673 | \$141,673 | \$141,673 | \$152,070 | \$152,070 | \$152,070 | \$148,645 | \$148,645 | \$148,645 |
| # of Pts on NGM            | 168       | 172       | 182       | 176       | 168       | 173       | 167       | 164       | 162       | 166       | 158       | 154       |
| ▲ Average Cost per Patient | \$841     | \$821     | \$776     | \$805     | \$843     | \$819     | \$911     | \$927     | \$939     | \$895     | \$941     | \$965     |

\* Average Monthly Cost per Quarter

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

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

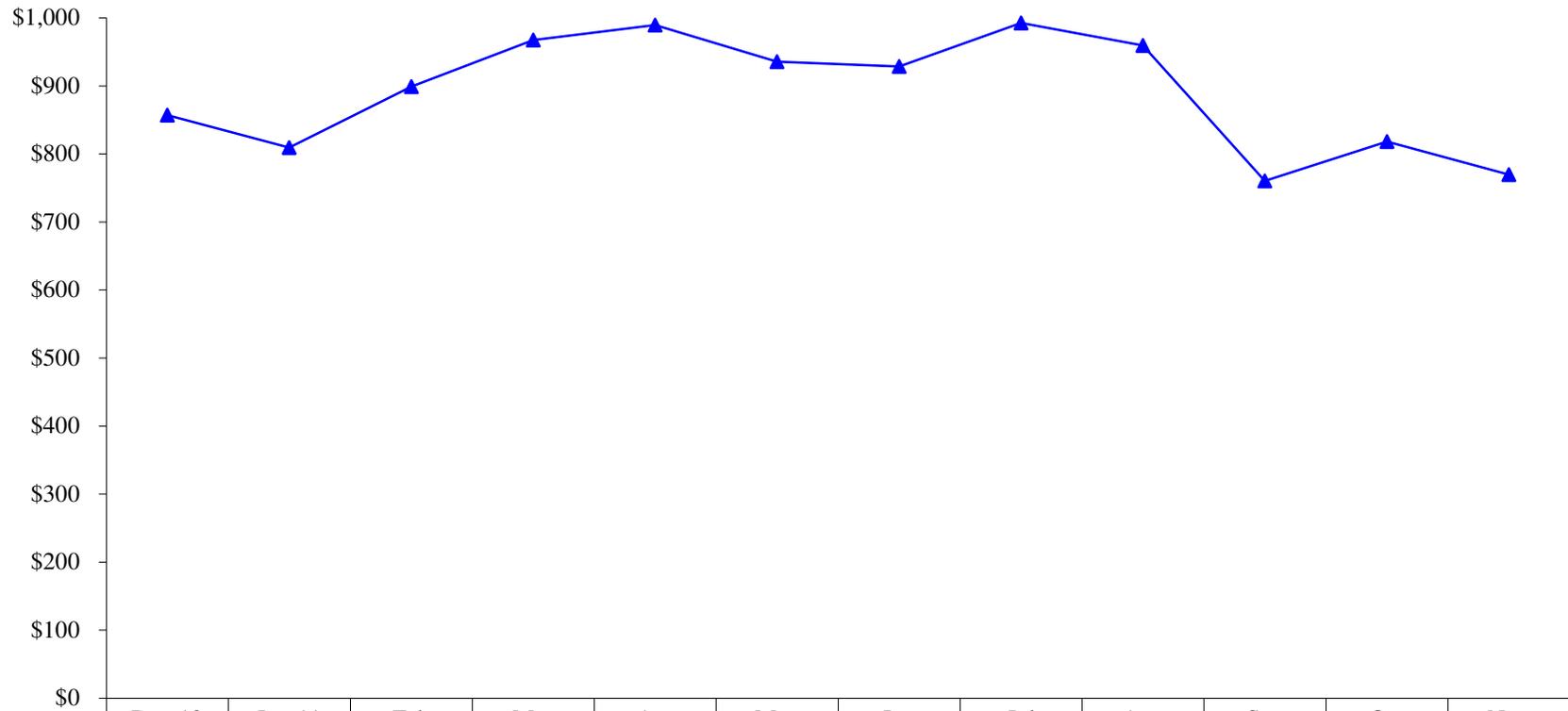


|                             | Dec-10    | Jan-11    | Feb       | Mar       | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost*                       | \$271,063 | \$271,063 | \$271,063 | \$252,193 | \$252,193 | \$252,193 | \$246,664 | \$246,664 | \$246,664 | \$237,766 | \$237,766 | \$237,766 |
| # of Pts on NGM             | 501       | 485       | 479       | 489       | 477       | 453       | 479       | 470       | 477       | 458       | 418       | 446       |
| —▲ Average Cost per Patient | \$541     | \$559     | \$566     | \$516     | \$529     | \$557     | \$515     | \$525     | \$517     | \$519     | \$569     | \$533     |

\* Average Monthly Cost per Quarter

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

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

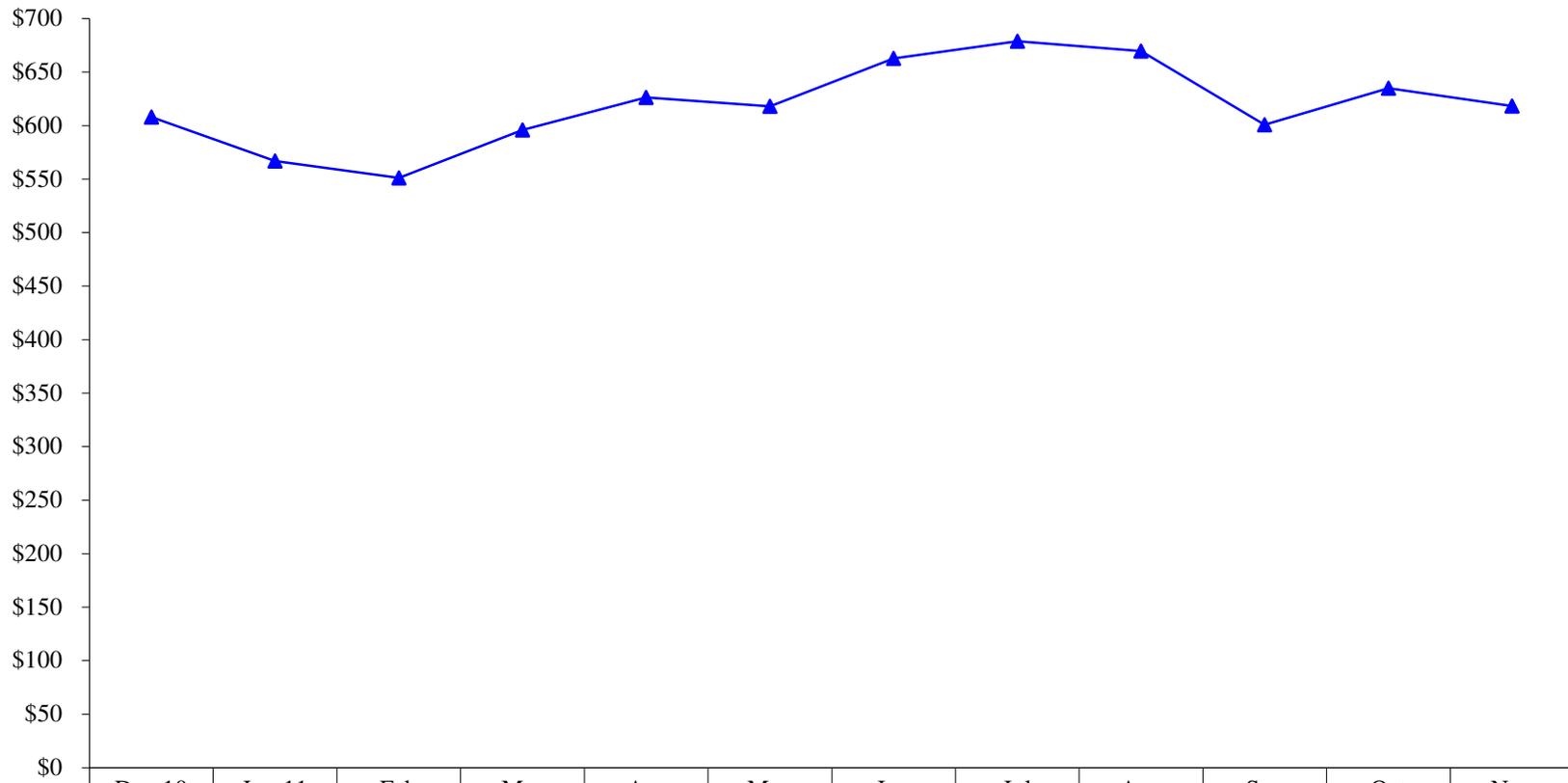


|                            | Dec-10   | Jan-11   | Feb      | Mar      | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cost*                      | \$72,830 | \$72,830 | \$72,830 | \$86,081 | \$86,081 | \$86,081 | \$86,348 | \$86,348 | \$86,348 | \$64,639 | \$64,639 | \$64,639 |
| # of Pts on NGM            | 85       | 90       | 81       | 89       | 87       | 92       | 93       | 87       | 90       | 85       | 79       | 84       |
| ▲ Average Cost per Patient | \$857    | \$809    | \$899    | \$967    | \$989    | \$936    | \$928    | \$993    | \$959    | \$760    | \$818    | \$770    |

\* Average Monthly Cost per Quarter

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

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

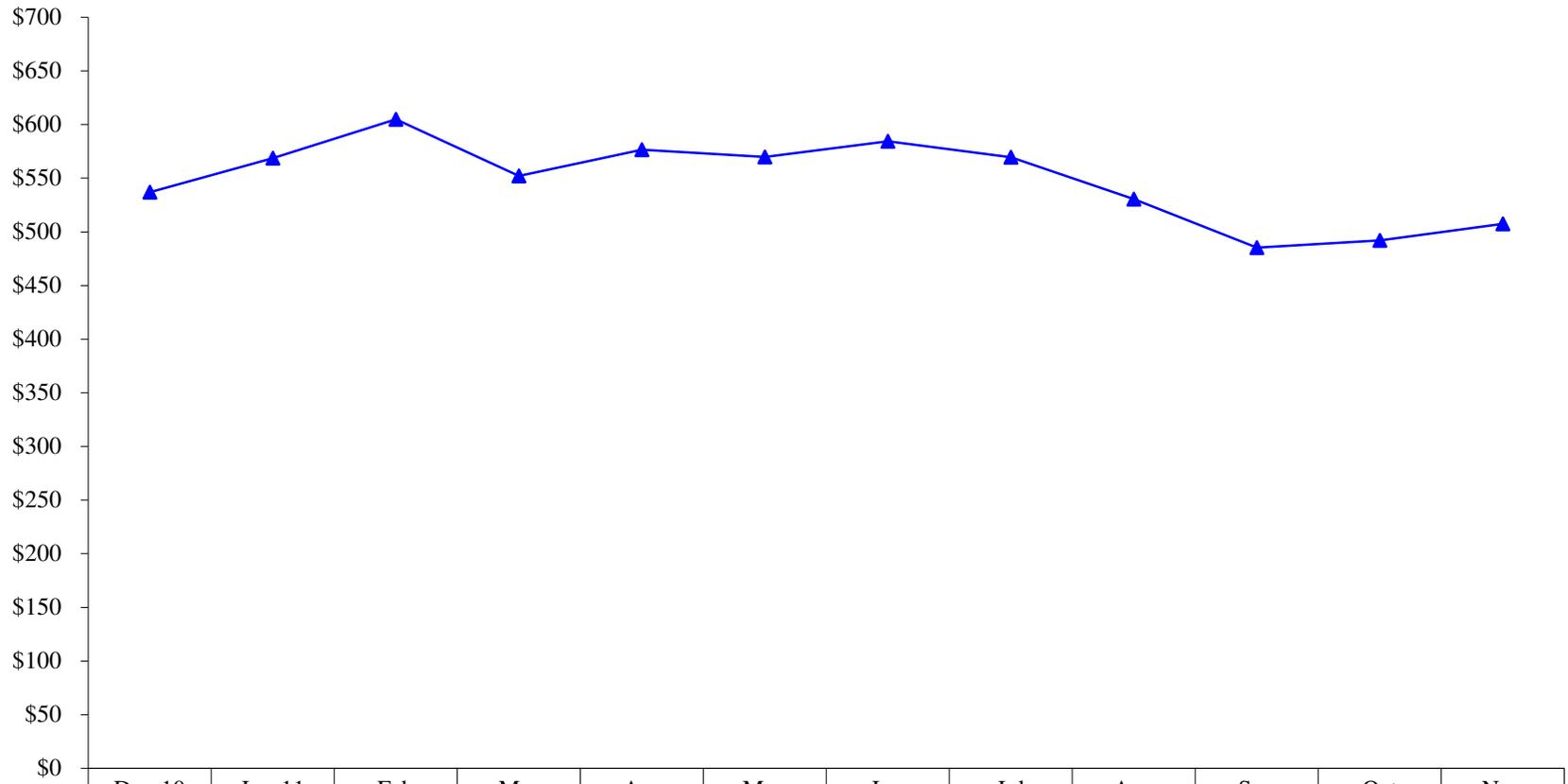


|                            | Dec-10    | Jan-11    | Feb       | Mar       | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost*                      | \$176,913 | \$176,913 | \$176,913 | \$183,538 | \$183,538 | \$183,538 | \$196,157 | \$196,157 | \$196,157 | \$189,214 | \$189,214 | \$189,214 |
| # of Pts on NGM            | 291       | 312       | 321       | 308       | 293       | 297       | 296       | 289       | 293       | 315       | 298       | 306       |
| ▲ Average Cost per Patient | \$608     | \$567     | \$551     | \$596     | \$626     | \$618     | \$663     | \$679     | \$669     | \$601     | \$635     | \$618     |

\* Average Monthly Cost per Quarter

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

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

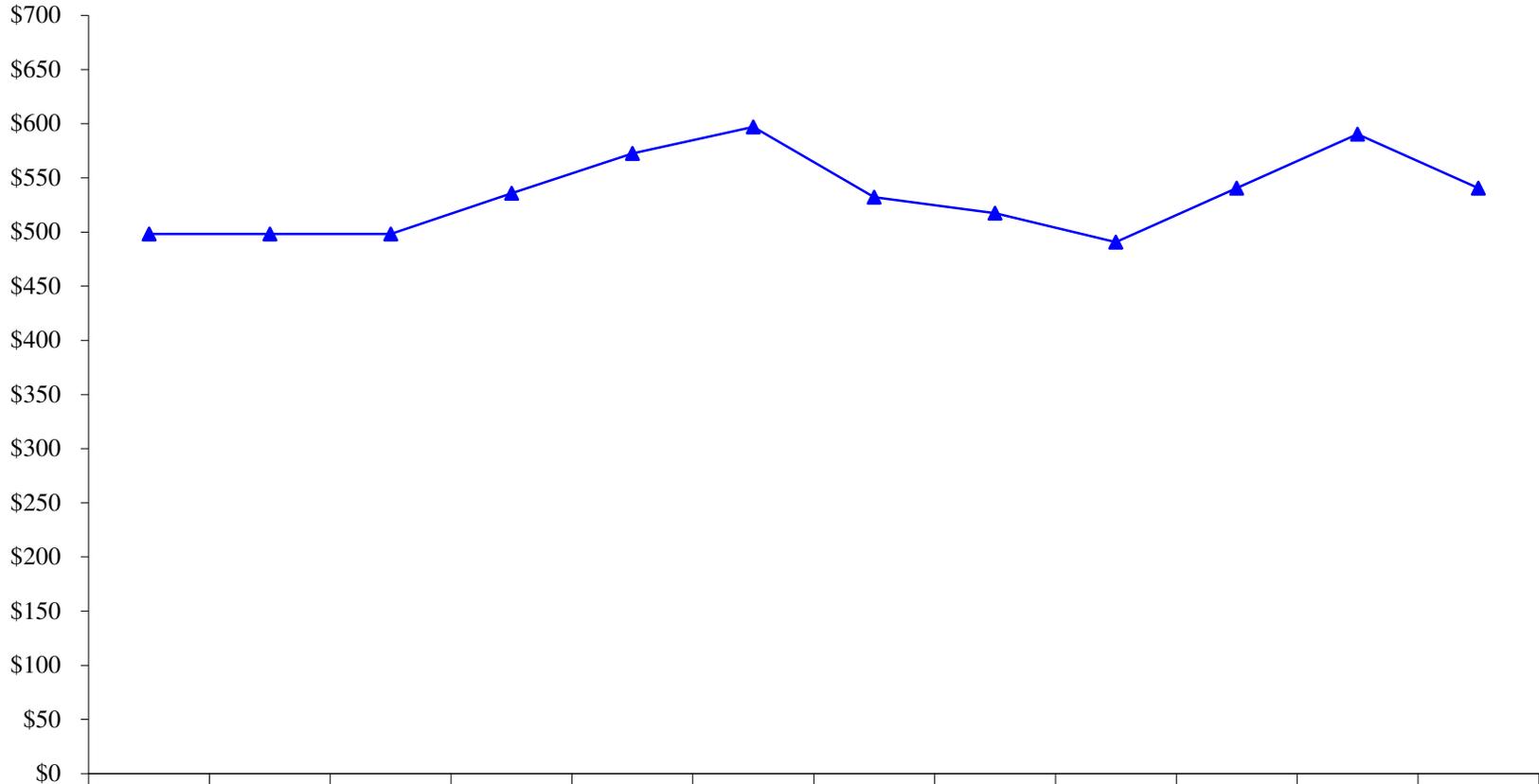


|                            | Dec-10    | Jan-11    | Feb       | Mar       | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost*                      | \$200,772 | \$200,772 | \$200,772 | \$194,877 | \$194,877 | \$194,877 | \$201,627 | \$201,627 | \$201,627 | \$177,078 | \$177,078 | \$177,078 |
| # of Pts on NGM            | 374       | 353       | 332       | 353       | 338       | 342       | 345       | 354       | 380       | 365       | 360       | 349       |
| ▲ Average Cost per Patient | \$537     | \$569     | \$605     | \$552     | \$577     | \$570     | \$584     | \$570     | \$531     | \$485     | \$492     | \$507     |

\* Average Monthly Cost per Quarter

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

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

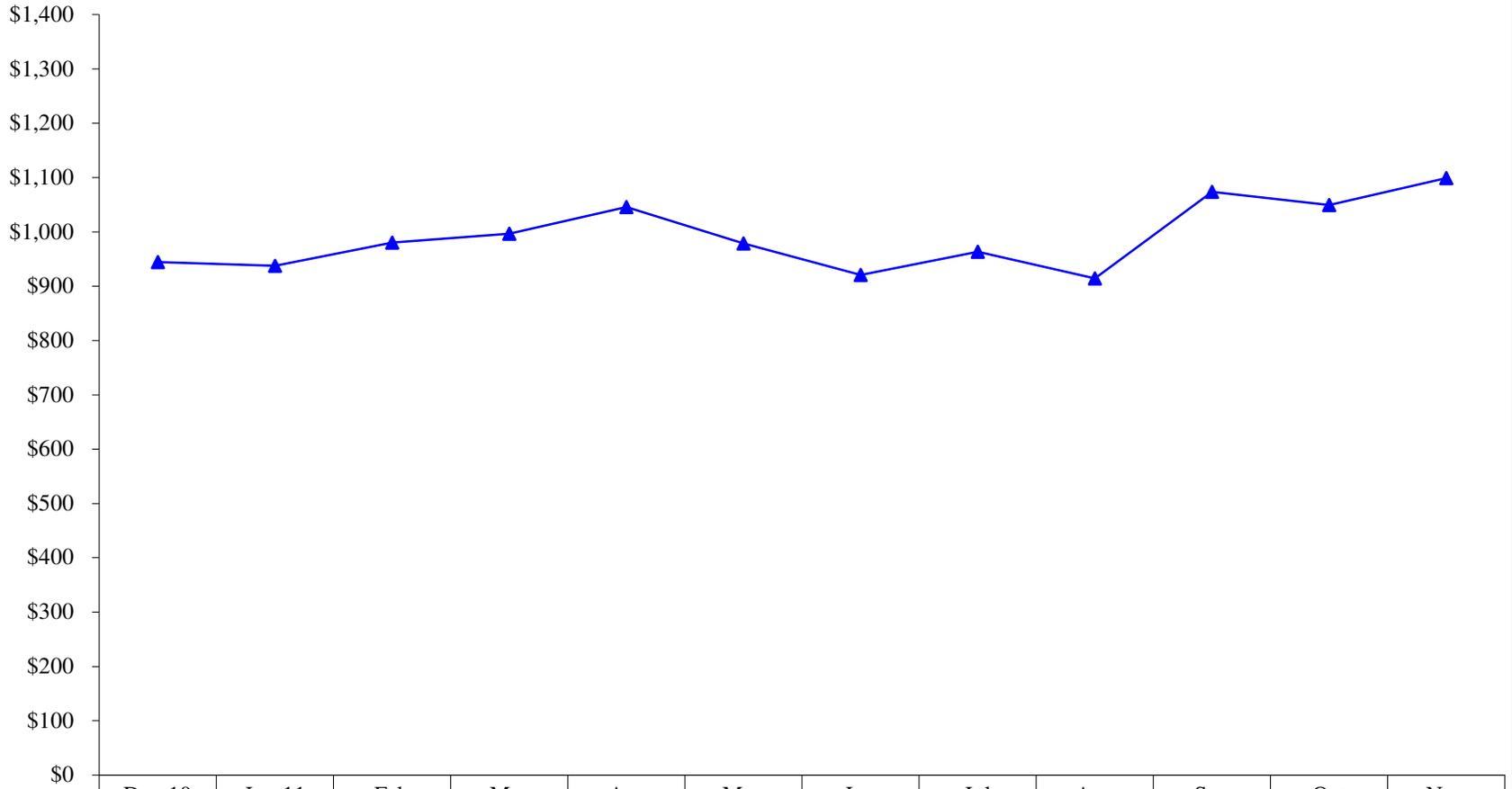


|                            | Dec-10   | Jan-11   | Feb      | Mar      | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cost*                      | \$37,358 | \$37,358 | \$37,358 | \$41,792 | \$41,792 | \$41,792 | \$37,774 | \$37,774 | \$37,774 | \$38,371 | \$38,371 | \$38,371 |
| # of Pts on NGM            | 75       | 75       | 75       | 78       | 73       | 70       | 71       | 73       | 77       | 71       | 65       | 71       |
| ▲ Average Cost per Patient | \$498    | \$498    | \$498    | \$536    | \$572    | \$597    | \$532    | \$517    | \$491    | \$540    | \$590    | \$540    |

\* Average Monthly Cost per Quarter

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

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



|                            | Dec-10    | Jan-11    | Feb       | Mar       | Apr       | May       | Jun       | Jul       | Aug       | Sep       | Oct       | Nov       |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Cost*                      | \$258,806 | \$258,806 | \$258,806 | \$275,011 | \$275,011 | \$275,011 | \$270,685 | \$270,685 | \$270,685 | \$276,983 | \$276,983 | \$276,983 |
| # of Pts on NGM            | 274       | 276       | 264       | 276       | 263       | 281       | 294       | 281       | 296       | 258       | 264       | 252       |
| ▲ Average Cost per Patient | \$945     | \$938     | \$980     | \$996     | \$1,046   | \$979     | \$921     | \$963     | \$914     | \$1,074   | \$1,049   | \$1,099   |

\* Average Monthly Cost per Quarter

**Performance Measure 4C:**

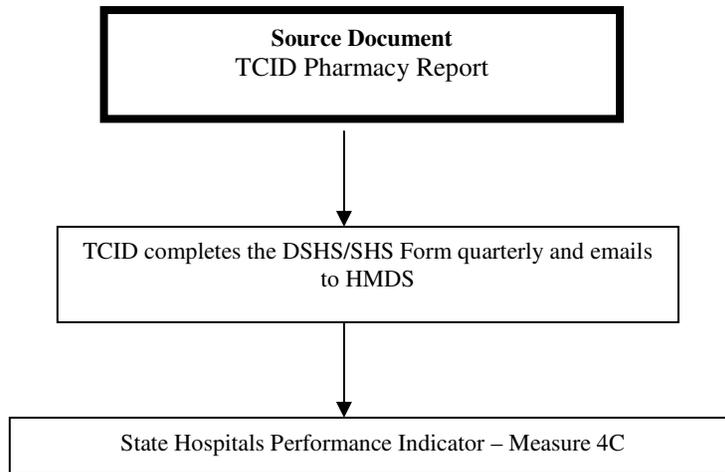
**Analyze and report the cost of TB medications.**

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

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

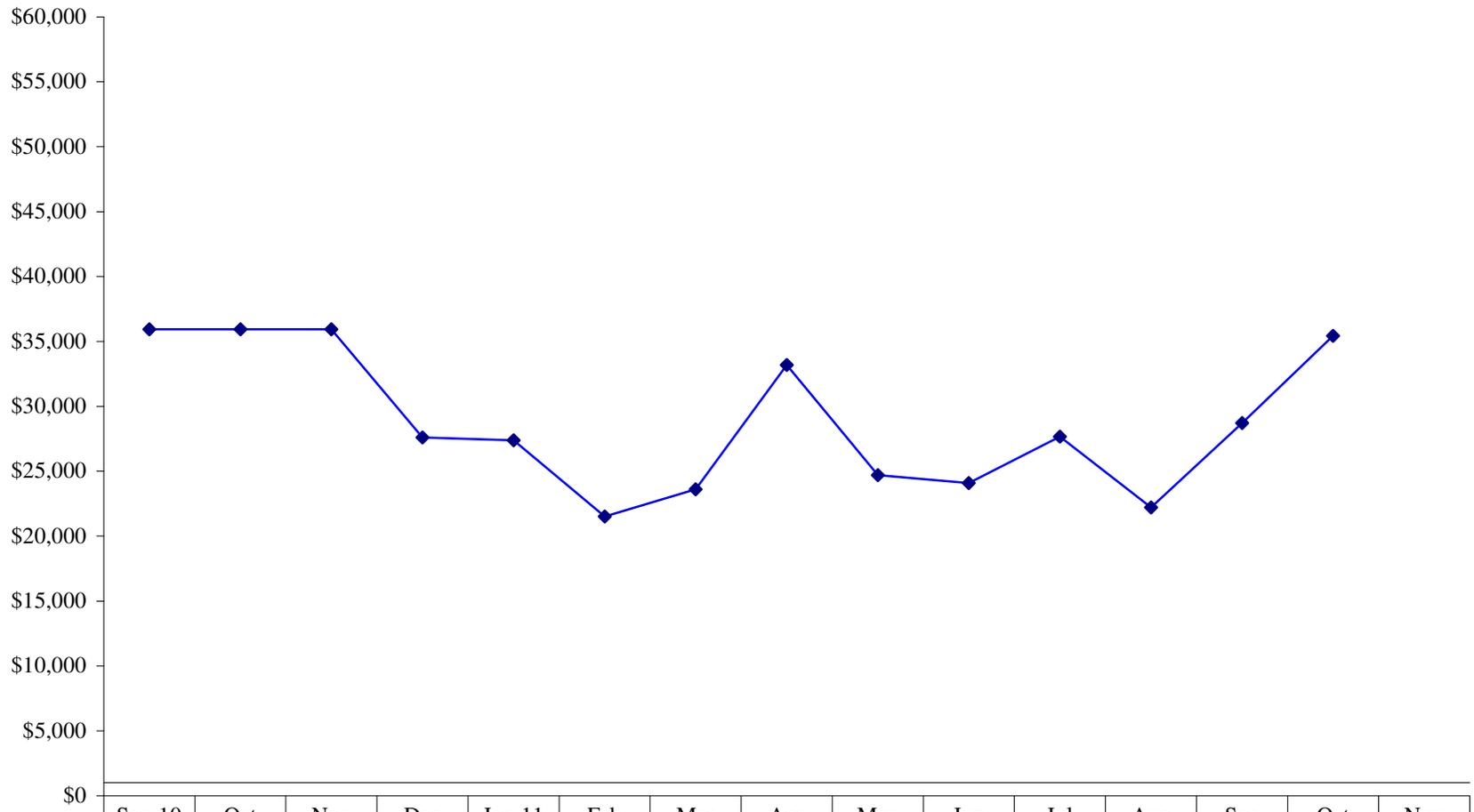
**Performance Measure Data Display and Chart Description:**  
Table shows monthly cost of TB medications.

**Data Flow:**



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

**Cost of TB Medications**



## 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.

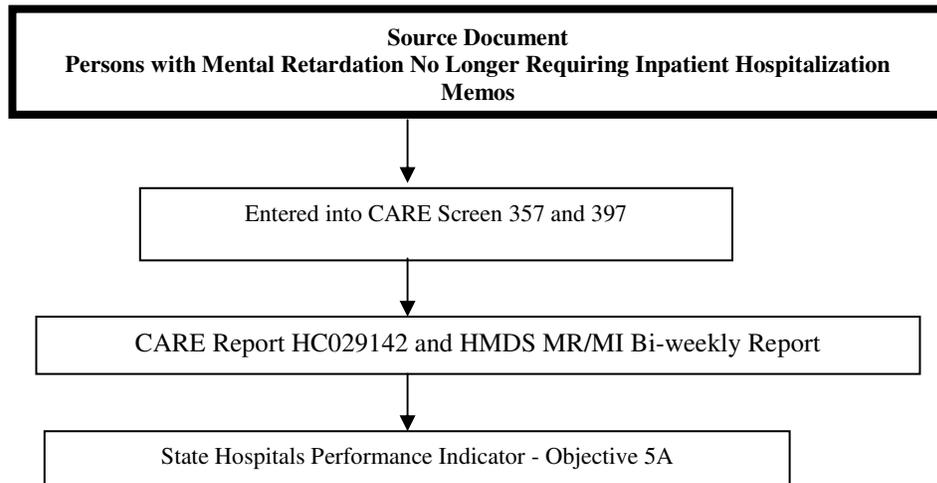
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

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.

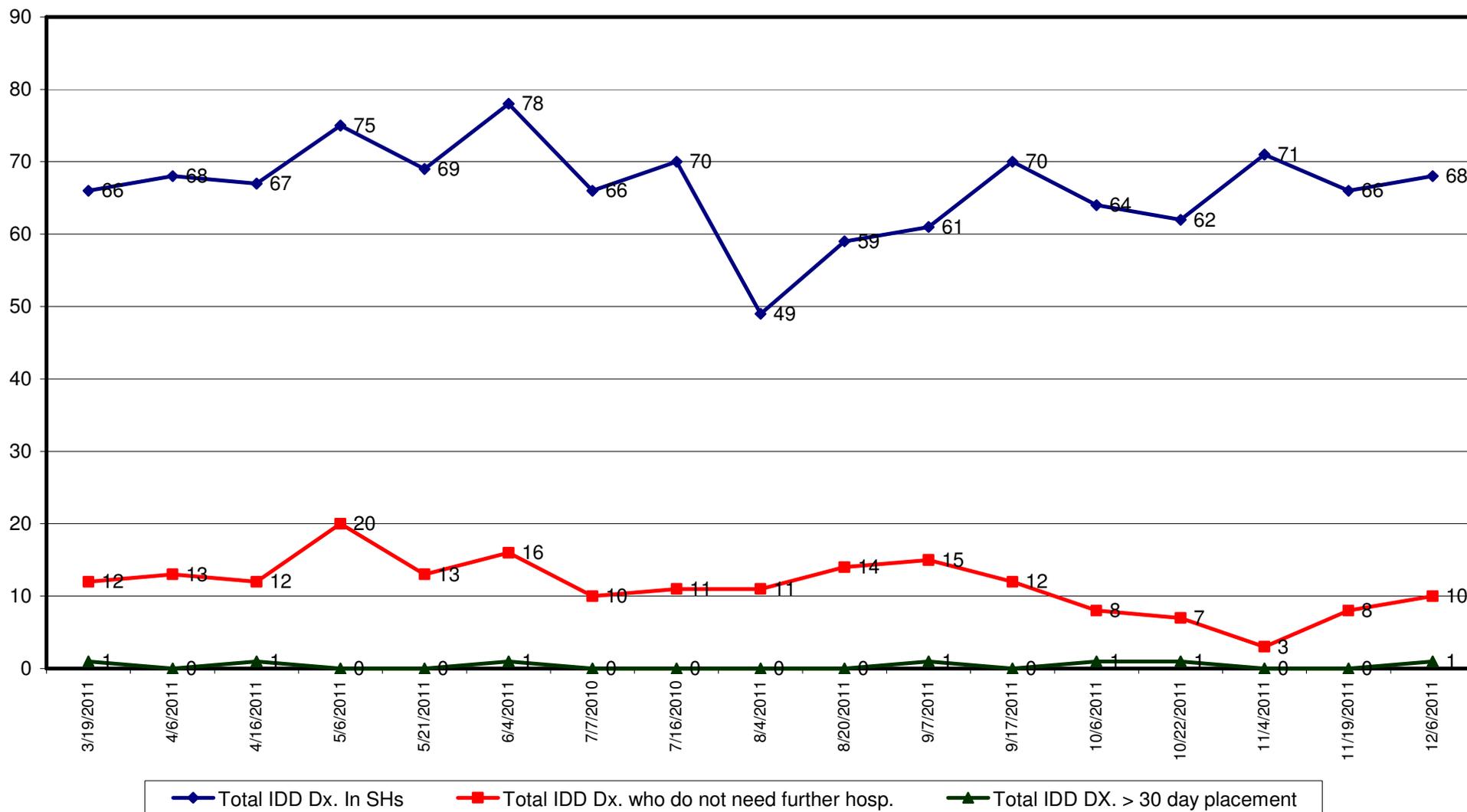
### **Performance Objective Data Display and Chart Description:**

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.**

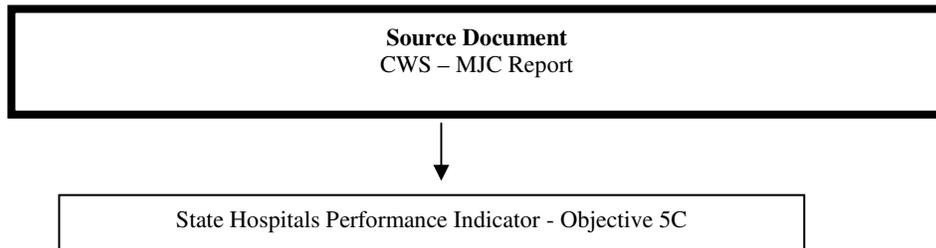
**The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.**

**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.

**Data Flow:**



**Objective 5C - Patients Having Been in the State Psychiatric Hospital Over 365 Days**  
**All State Hospitals - FY2012**

|                            | Q1         | Q2 | Q3 | Q4 |
|----------------------------|------------|----|----|----|
| Austin State Hospital      | 45         |    |    |    |
| Big Spring State Hospital  | 97         |    |    |    |
| El Paso Psychiatric Center | 6          |    |    |    |
| Kerrville State Hospital   | 160        |    |    |    |
| North Texas State Hospital | 86         |    |    |    |
| Rio Grande State Center    | 0          |    |    |    |
| Rusk State Hospital        | 153        |    |    |    |
| San Antonio State Hospital | 93         |    |    |    |
| Terrell State Hospital     | 32         |    |    |    |
| Waco Center for Youth      | 0          |    |    |    |
| <b>All State Hospitals</b> | <b>672</b> |    |    |    |

**Performance Measure 5A:**

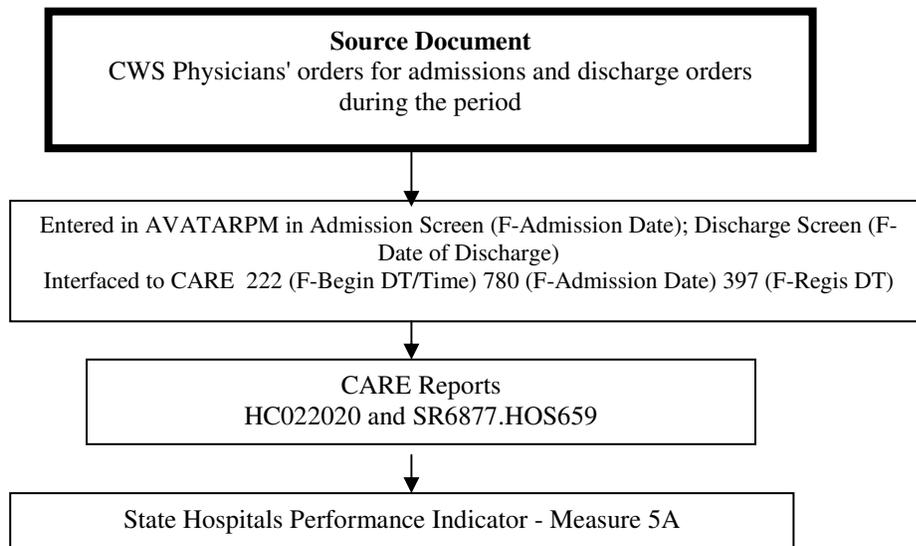
**Calculate and report number and type of all admissions, discharges, and the percentage of patients new to the system.**

**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:**

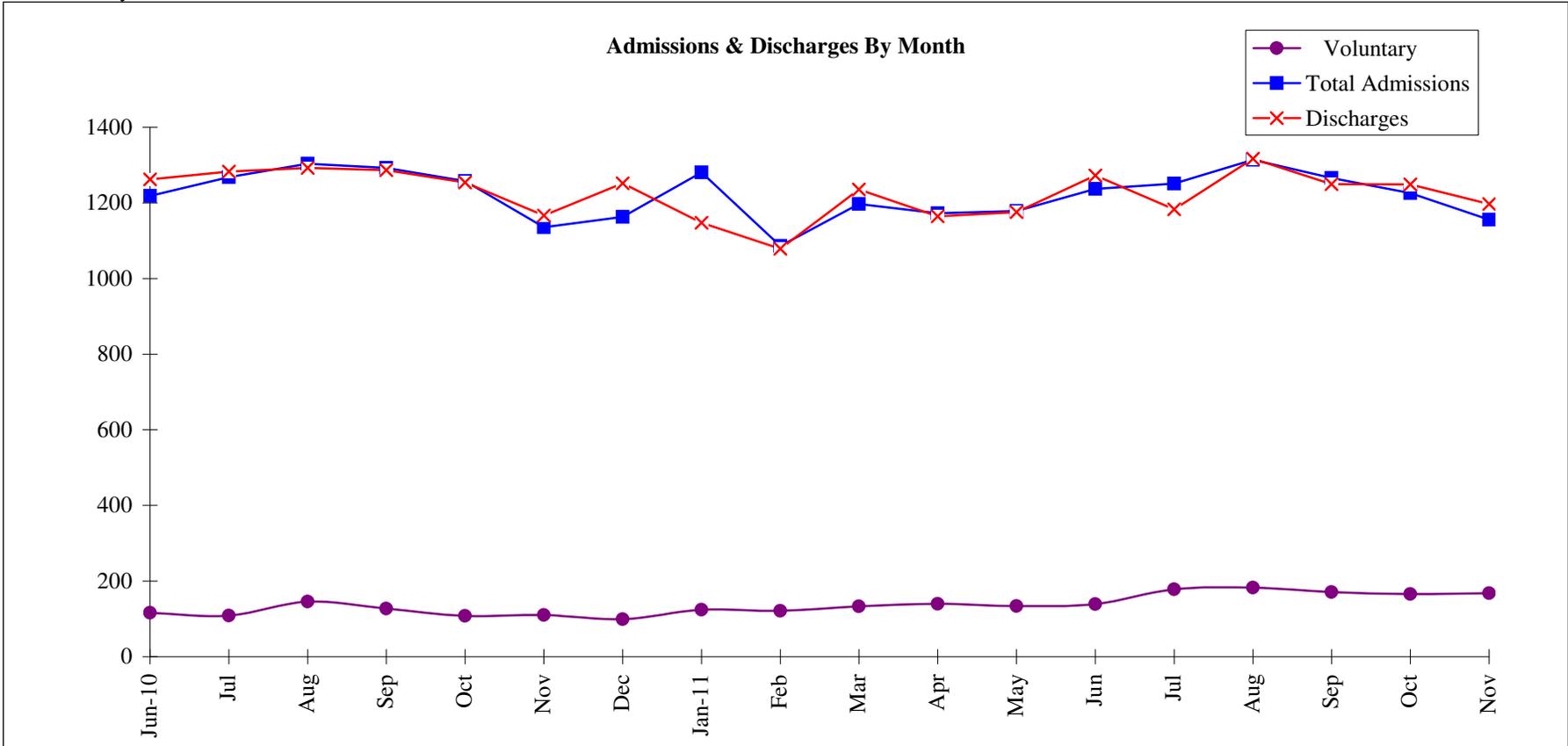


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**All State MH Hospitals**

**Admissions by Month**

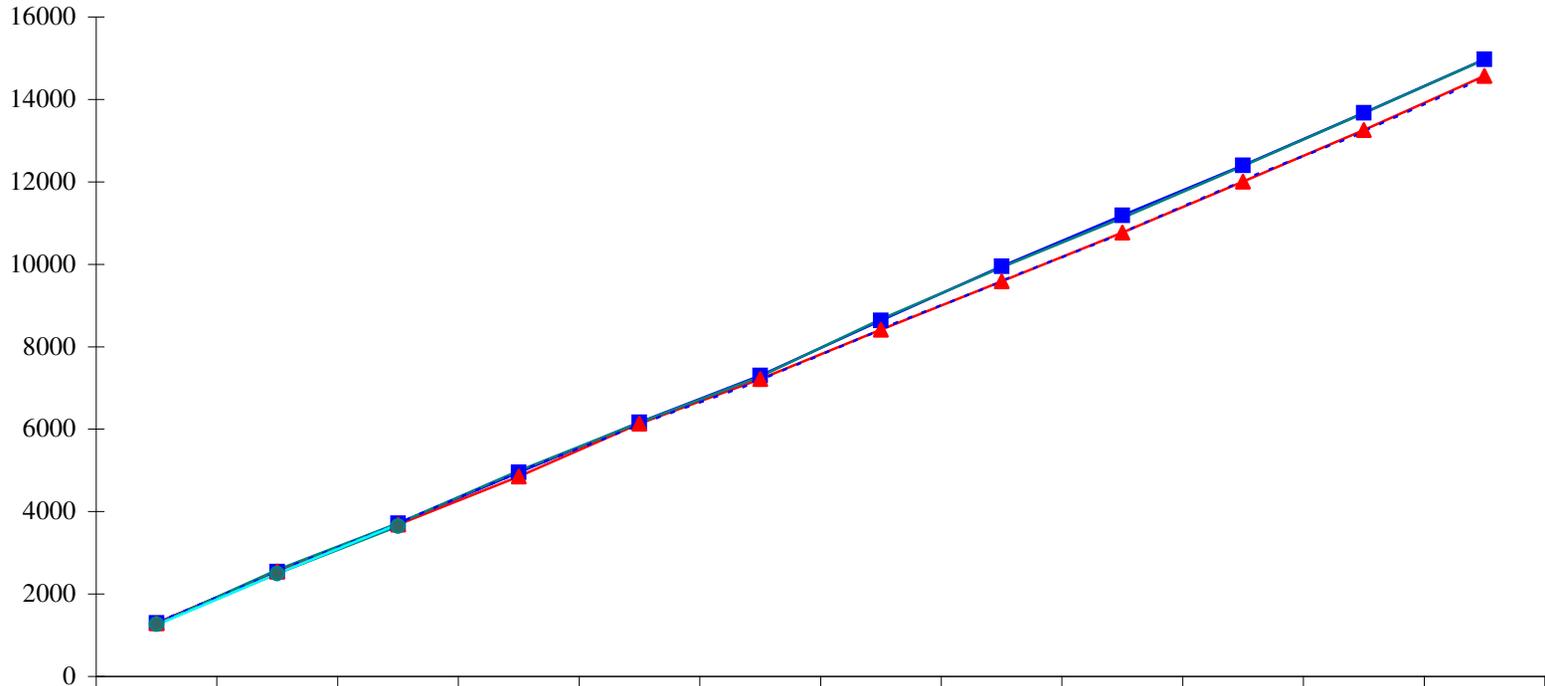
|                  | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Admissions | 1219   | 1268 | 1304 | 1293 | 1258 | 1136 | 1163 | 1281   | 1086 | 1197 | 1173 | 1179 | 1237 | 1251 | 1314 | 1266 | 1226 | 1156 |
| Voluntary        | 116    | 109  | 146  | 127  | 108  | 110  | 99   | 124    | 121  | 133  | 140  | 134  | 139  | 178  | 183  | 171  | 166  | 168  |
| Involuntary      | 1103   | 1159 | 1158 | 1166 | 1150 | 1026 | 1064 | 1157   | 965  | 1064 | 1033 | 1045 | 1098 | 1073 | 1131 | 1095 | 1060 | 988  |
| OPC              | 325    | 307  | 337  | 325  | 323  | 267  | 290  | 308    | 276  | 274  | 255  | 282  | 282  | 280  | 321  | 313  | 311  | 274  |
| Emergency        | 513    | 563  | 535  | 572  | 558  | 490  | 485  | 576    | 455  | 516  | 517  | 532  | 552  | 543  | 559  | 529  | 530  | 459  |
| Temporary        | 115    | 140  | 138  | 125  | 133  | 110  | 129  | 104    | 93   | 109  | 105  | 100  | 113  | 99   | 118  | 111  | 99   | 90   |
| Extended         | 7      | 5    | 2    | 1    | 2    | 5    | 7    | 5      | 6    | 8    | 7    | 1    | 6    | 1    | 4    | 3    | 4    | 4    |
| Forensic         | 122    | 121  | 127  | 121  | 121  | 131  | 131  | 146    | 119  | 138  | 126  | 114  | 121  | 132  | 112  | 122  | 102  | 137  |
| Order for MR S   | 21     | 23   | 19   | 22   | 13   | 23   | 22   | 18     | 16   | 19   | 23   | 16   | 24   | 18   | 17   | 17   | 14   | 24   |
| Discharges       | 1262   | 1283 | 1293 | 1287 | 1254 | 1167 | 1252 | 1148   | 1079 | 1236 | 1165 | 1176 | 1273 | 1183 | 1317 | 1250 | 1249 | 1197 |
| % New to System  | 50%    | 47%  | 48%  | 45%  | 49%  | 49%  | 48%  | 49%    | 46%  | 48%  | 48%  | 51%  | 51%  | 50%  | 51%  | 50%  | 52%  | 48%  |



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

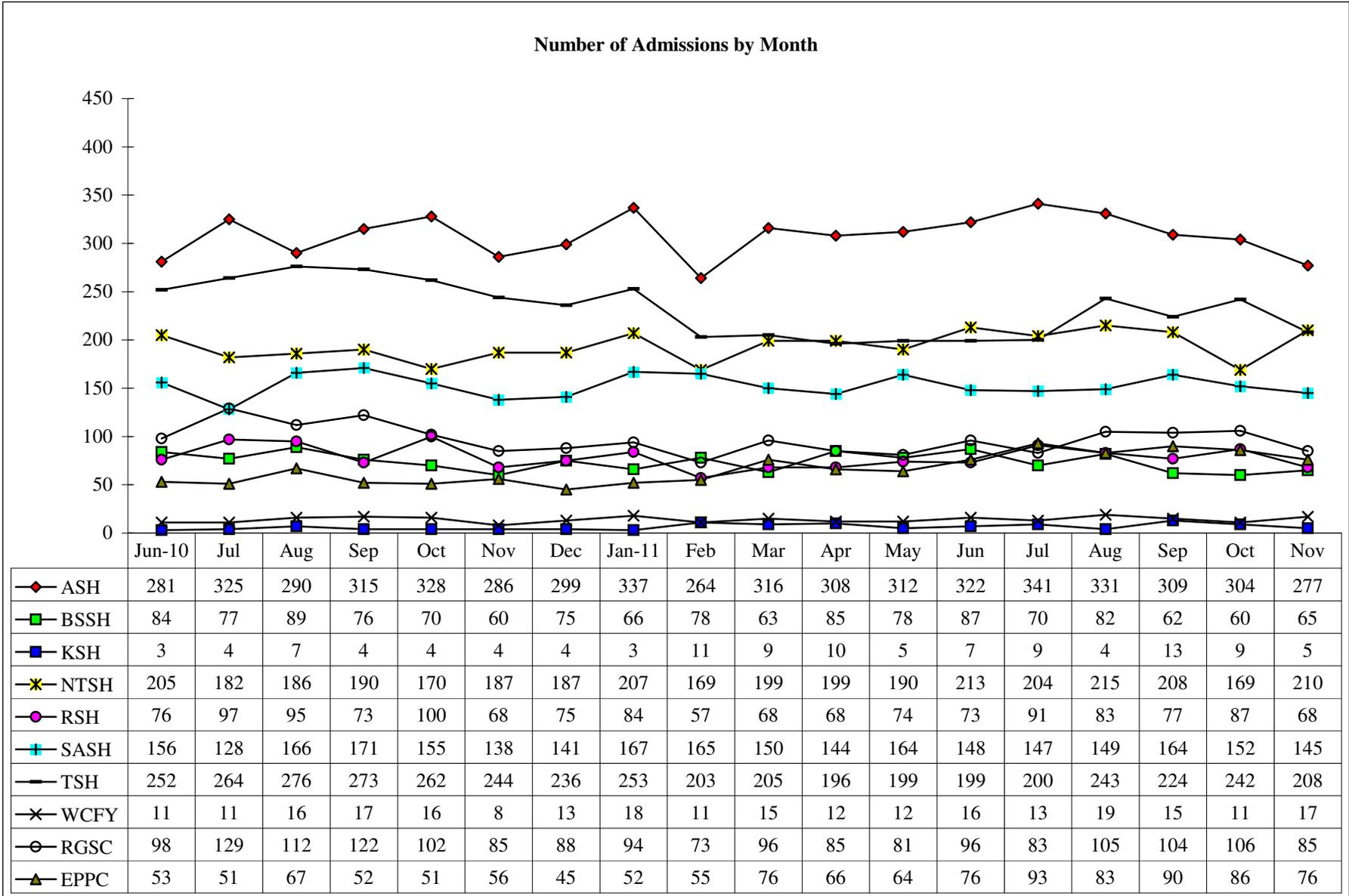
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**All State MH Hospitals**  
**FYTD Admissions & Discharges**

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



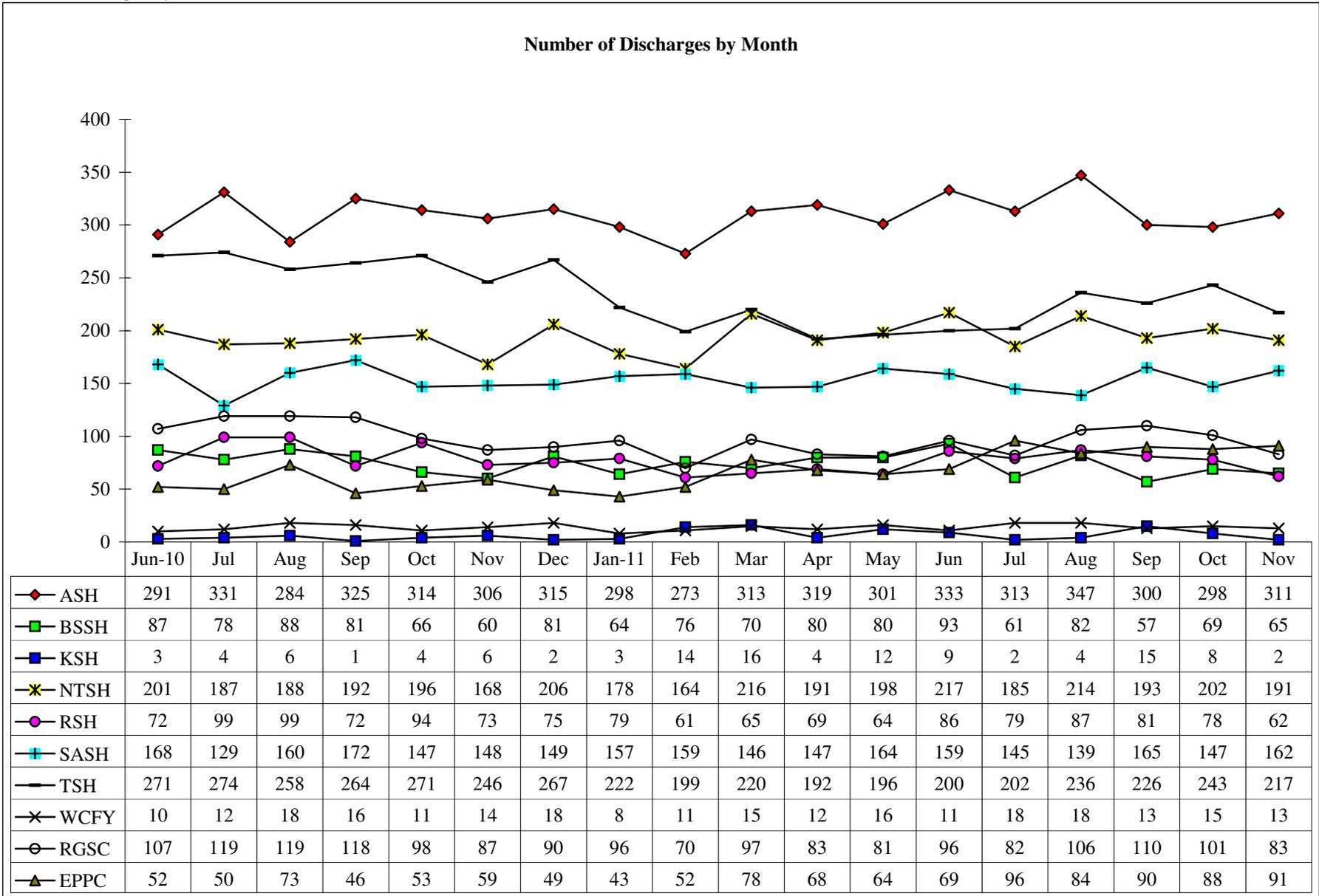
|                         | Sep  | Oct  | Nov  | Dec  | Jan  | Feb  | Mar  | Apr  | May   | Jun   | Jul   | Aug   |
|-------------------------|------|------|------|------|------|------|------|------|-------|-------|-------|-------|
| —■— FY10 Admissions     | 1296 | 2543 | 3714 | 4951 | 6164 | 7300 | 8640 | 9952 | 11184 | 12403 | 13671 | 14975 |
| —▲— FY11 Admissions     | 1293 | 2551 | 3687 | 4850 | 6131 | 7217 | 8414 | 9587 | 10766 | 12003 | 13254 | 14568 |
| —●— FY12 Admissions     | 1266 | 2492 | 3648 |      |      |      |      |      |       |       |       |       |
| — FY10 Discharges       | 1266 | 2588 | 3715 | 4992 | 6158 | 7277 | 8672 | 9925 | 11125 | 12387 | 13670 | 14963 |
| - - - - FY11 Discharges | 1287 | 2541 | 3708 | 4960 | 6108 | 7187 | 8423 | 9588 | 10764 | 12037 | 13220 | 14537 |
| — FY12 Discharges       | 1250 | 2499 | 3696 |      |      |      |      |      |       |       |       |       |

**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**



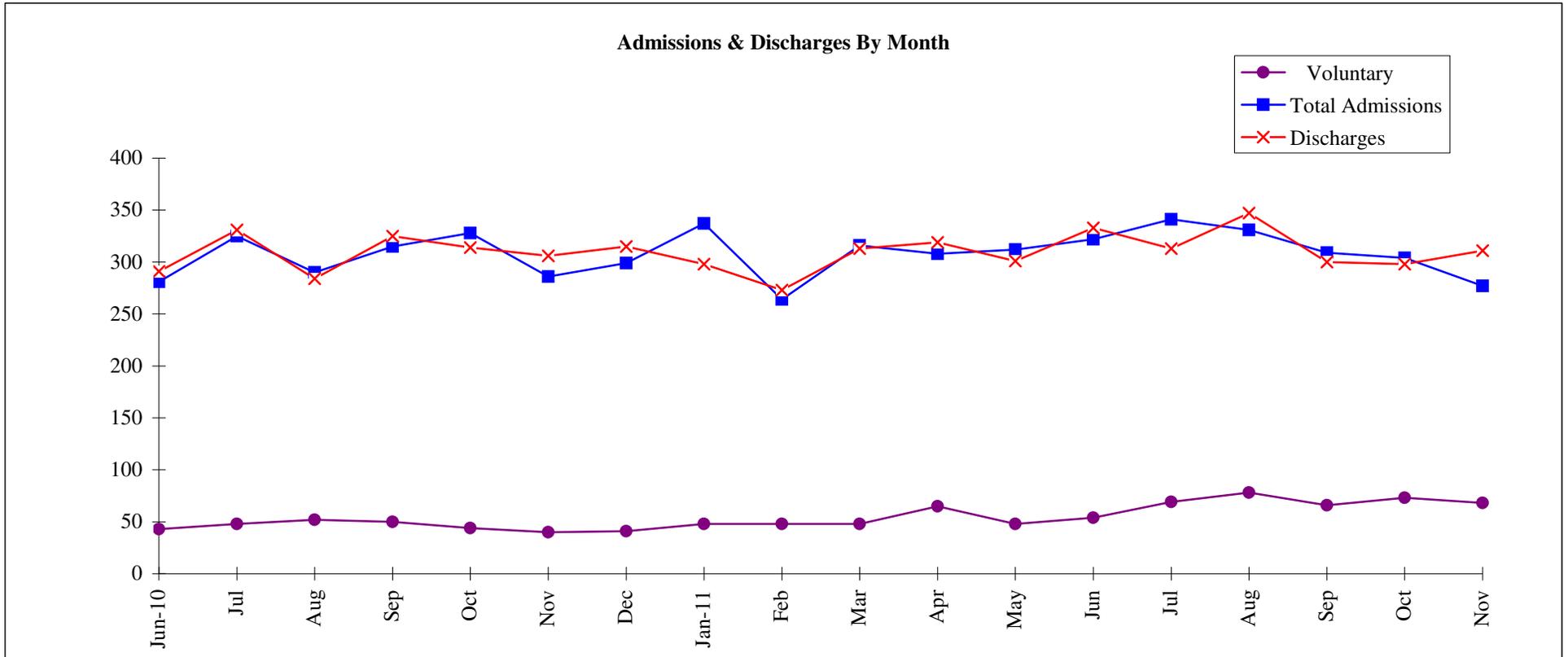
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Austin State Hospital**

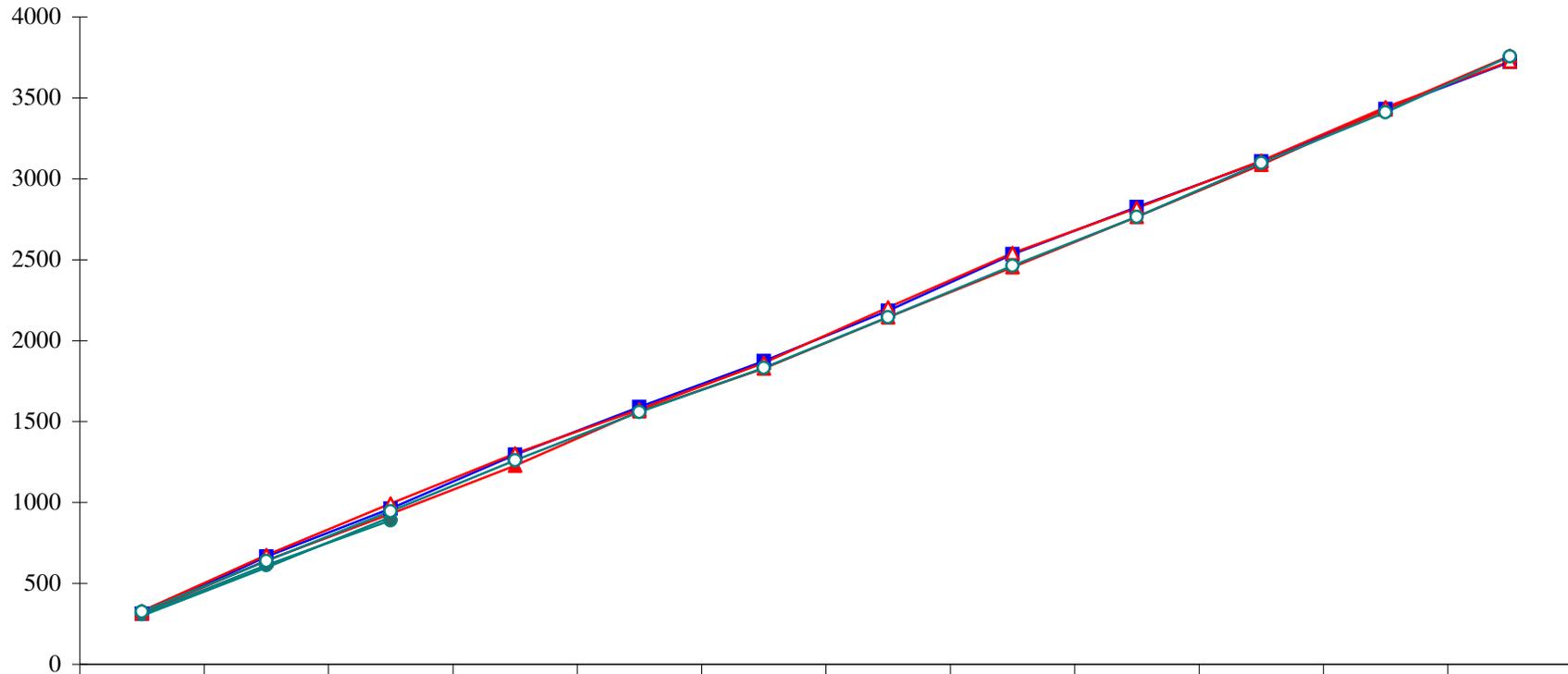
**Admissions by Month**

|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 281    | 325 | 290 | 315 | 328 | 286 | 299 | 337    | 264 | 316 | 308 | 312 | 322 | 341 | 331 | 309 | 304 | 277 |
| Voluntary        | 43     | 48  | 52  | 50  | 44  | 40  | 41  | 48     | 48  | 48  | 65  | 48  | 54  | 69  | 78  | 66  | 73  | 68  |
| Involuntary      | 238    | 277 | 238 | 265 | 284 | 246 | 258 | 289    | 216 | 268 | 243 | 264 | 268 | 272 | 253 | 243 | 231 | 209 |
| OPC              | 16     | 20  | 17  | 17  | 20  | 13  | 13  | 12     | 6   | 19  | 14  | 7   | 11  | 9   | 25  | 23  | 15  | 9   |
| Emergency        | 198    | 228 | 203 | 218 | 232 | 208 | 222 | 238    | 189 | 221 | 200 | 219 | 227 | 234 | 202 | 189 | 183 | 177 |
| Temporary        | 12     | 13  | 8   | 21  | 11  | 11  | 13  | 15     | 11  | 12  | 15  | 19  | 23  | 12  | 12  | 13  | 14  | 7   |
| Extended         | 0      | 0   | 0   | 0   | 0   | 0   | 2   | 0      | 3   | 1   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   |
| Forensic         | 12     | 16  | 10  | 8   | 20  | 14  | 8   | 24     | 7   | 15  | 13  | 19  | 7   | 15  | 14  | 17  | 19  | 16  |
| Order for MR Svc | 0      | 0   | 0   | 1   | 1   | 0   | 0   | 0      | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   |
| Discharges       | 291    | 331 | 284 | 325 | 314 | 306 | 315 | 298    | 273 | 313 | 319 | 301 | 333 | 313 | 347 | 300 | 298 | 311 |
| % New to System  | 52%    | 48% | 52% | 44% | 45% | 48% | 46% | 48%    | 45% | 45% | 45% | 48% | 51% | 48% | 48% | 49% | 47% | 47% |



**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  |
|-------------------|-----|-----|-----|------|------|------|------|------|------|------|------|------|
| ■ 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 | 3087 | 3428 | 3759 |
| ● FY12 Admissions | 309 | 613 | 890 |      |      |      |      |      |      |      |      |      |
| ▾ 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 | 3097 | 3410 | 3757 |
| — FY12 Discharges | 300 | 598 | 909 |      |      |      |      |      |      |      |      |      |

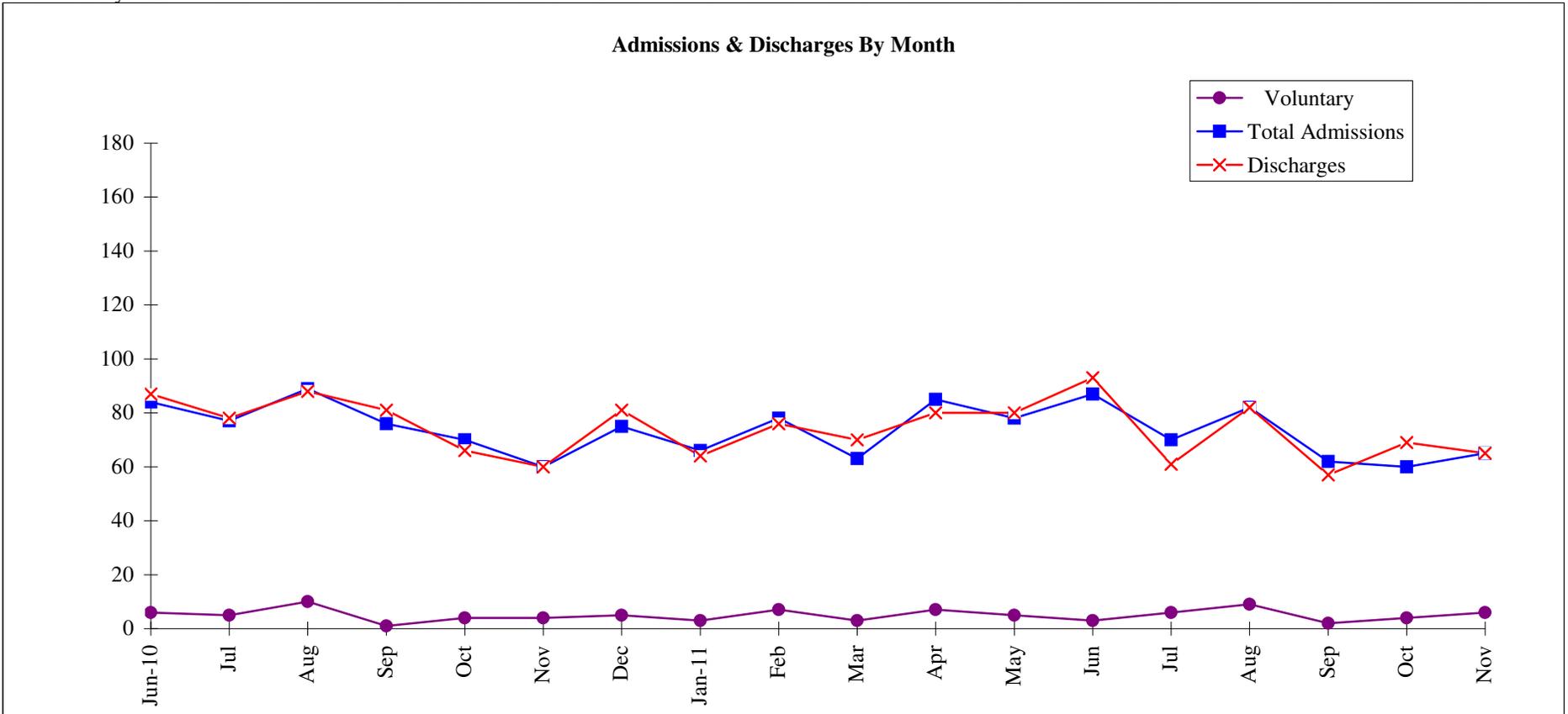
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Big Spring State Hospital**

**Admissions by Month**

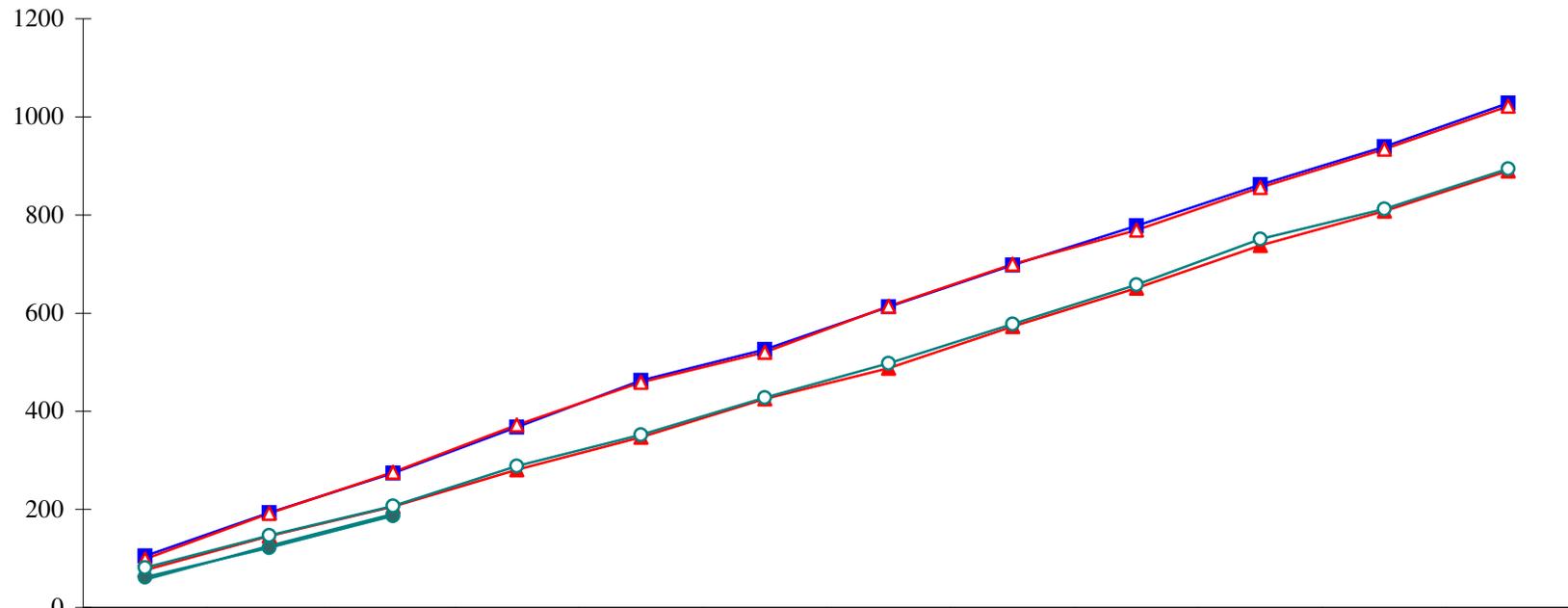
|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 84     | 77  | 89  | 76  | 70  | 60  | 75  | 66     | 78  | 63  | 85  | 78  | 87  | 70  | 82  | 62  | 60  | 65  |
| Voluntary        | 6      | 5   | 10  | 1   | 4   | 4   | 5   | 3      | 7   | 3   | 7   | 5   | 3   | 6   | 9   | 2   | 4   | 6   |
| Involuntary      | 78     | 72  | 79  | 75  | 66  | 56  | 70  | 63     | 71  | 60  | 78  | 73  | 84  | 64  | 73  | 60  | 56  | 59  |
| OPC              | 8      | 6   | 10  | 11  | 5   | 5   | 7   | 6      | 12  | 12  | 6   | 12  | 10  | 7   | 8   | 7   | 6   | 3   |
| Emergency        | 60     | 57  | 60  | 49  | 55  | 37  | 48  | 46     | 40  | 38  | 60  | 52  | 62  | 44  | 61  | 46  | 45  | 41  |
| Temporary        | 1      | 2   | 1   | 1   | 1   | 2   | 1   | 2      | 3   | 2   | 2   | 3   | 1   | 1   | 1   | 1   | 1   | 3   |
| Extended         | 1      | 0   | 0   | 0   | 0   | 2   | 0   | 0      | 0   | 1   | 3   | 0   | 1   | 0   | 0   | 0   | 0   | 0   |
| Forensic         | 8      | 6   | 6   | 13  | 3   | 5   | 13  | 9      | 16  | 6   | 7   | 6   | 10  | 12  | 3   | 6   | 4   | 9   |
| Order for MR     | 0      | 1   | 2   | 1   | 2   | 5   | 1   | 0      | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3   |
| Discharges       | 87     | 78  | 88  | 81  | 66  | 60  | 81  | 64     | 76  | 70  | 80  | 80  | 93  | 61  | 82  | 57  | 69  | 65  |
| % New to System  | 40%    | 39% | 42% | 34% | 50% | 28% | 36% | 36%    | 38% | 40% | 41% | 47% | 53% | 53% | 54% | 47% | 45% | 40% |



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

**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**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  |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| —■— 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 | 738 | 808 | 890  |
| —●— FY12 Admissions | 62  | 122 | 187 |     |     |     |     |     |     |     |     |      |
| —▲— FY10 Discharges | 99  | 192 | 276 | 372 | 459 | 520 | 614 | 700 | 769 | 856 | 934 | 1022 |
| —○— FY11 Discharges | 81  | 147 | 207 | 288 | 352 | 428 | 498 | 578 | 658 | 751 | 812 | 894  |
| —●— FY12 Discharges | 57  | 126 | 191 |     |     |     |     |     |     |     |     |      |

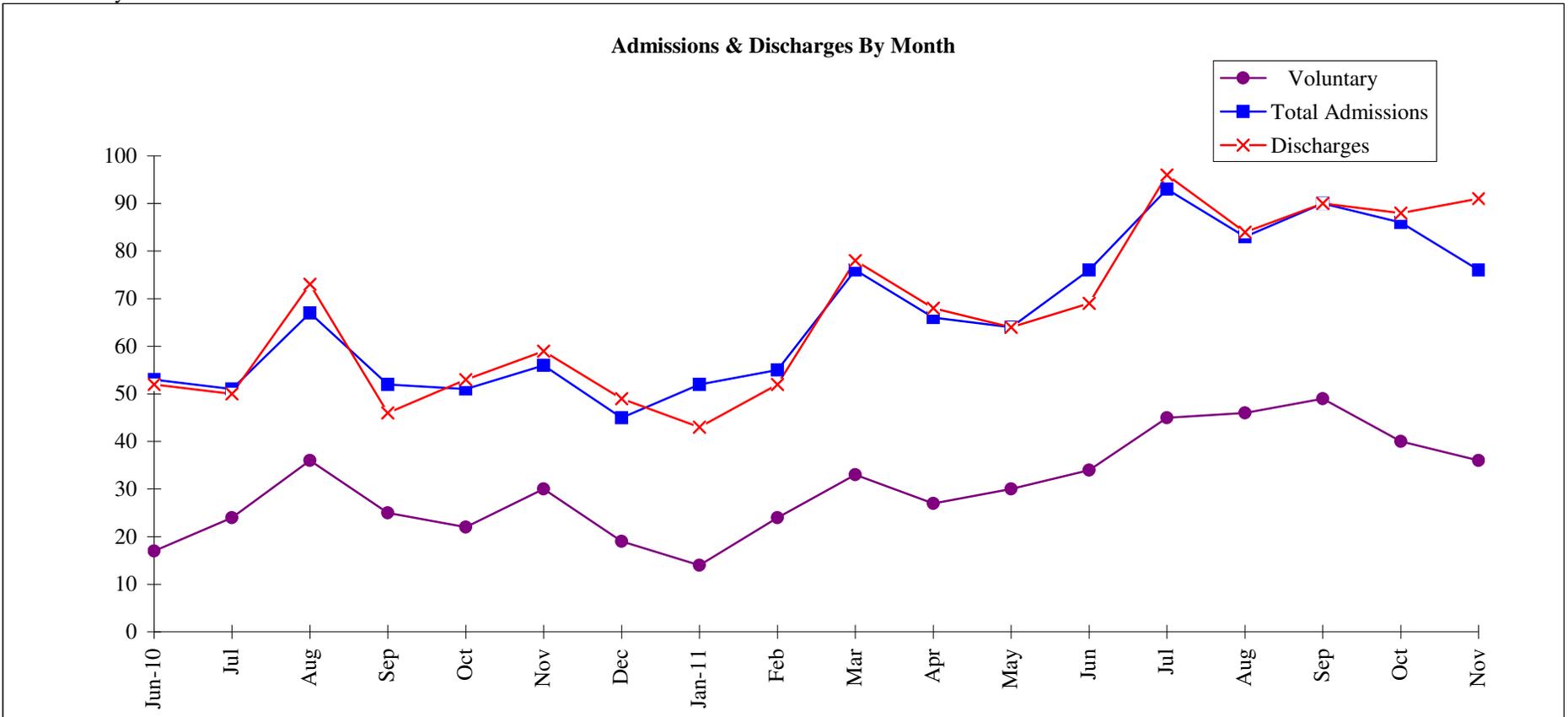
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**El Paso Psychiatric Center**

**Admissions by Month**

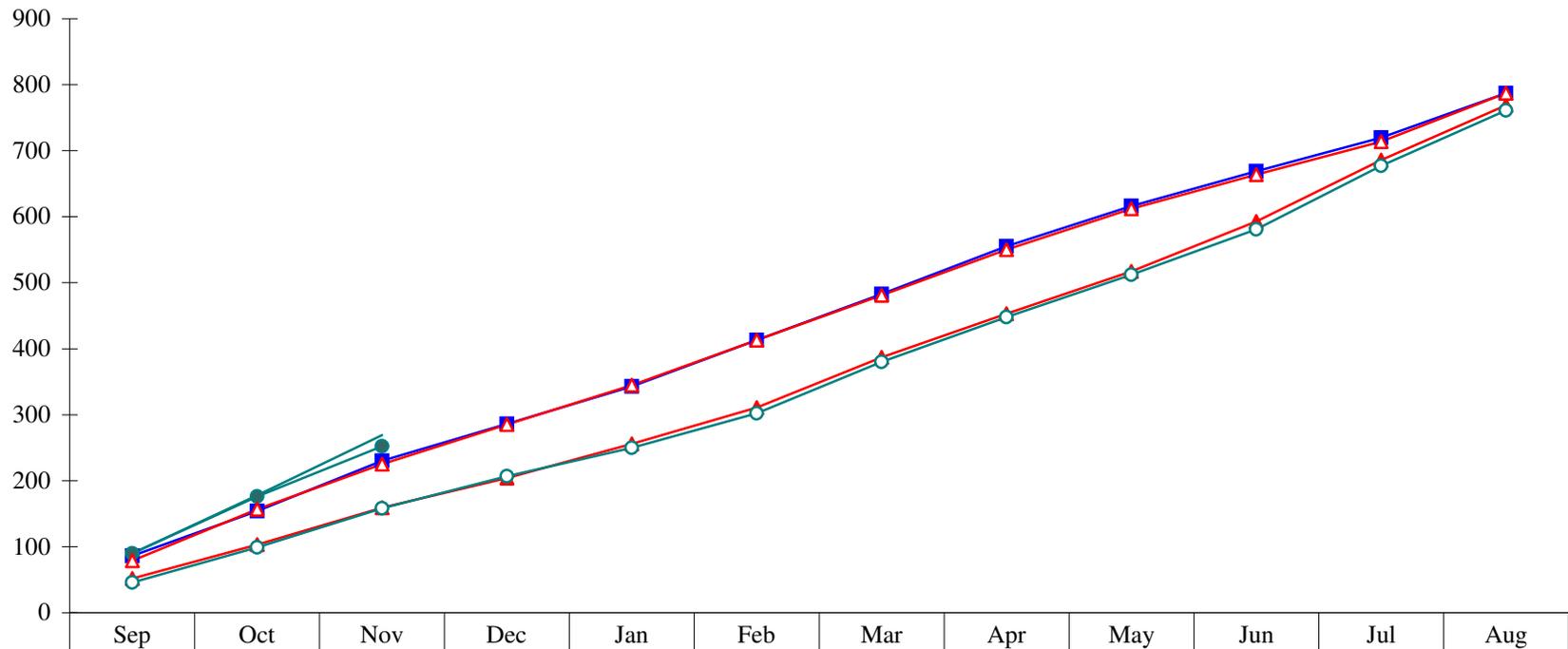
|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 53     | 51  | 67  | 52  | 51  | 56  | 45  | 52     | 55  | 76  | 66  | 64  | 76  | 93  | 83  | 90  | 86  | 76  |
| Voluntary        | 17     | 24  | 36  | 25  | 22  | 30  | 19  | 14     | 24  | 33  | 27  | 30  | 34  | 45  | 46  | 49  | 40  | 36  |
| Involuntary      | 36     | 27  | 31  | 27  | 29  | 26  | 26  | 38     | 31  | 43  | 39  | 34  | 42  | 48  | 37  | 41  | 46  | 40  |
| OPC              | 0      | 2   | 8   | 4   | 4   | 3   | 5   | 3      | 9   | 5   | 9   | 10  | 13  | 21  | 17  | 21  | 29  | 21  |
| Emergency        | 24     | 19  | 16  | 20  | 18  | 14  | 13  | 29     | 18  | 31  | 21  | 20  | 27  | 17  | 14  | 16  | 13  | 14  |
| Temporary        | 9      | 6   | 5   | 3   | 5   | 5   | 4   | 4      | 2   | 6   | 4   | 1   | 1   | 6   | 2   | 1   | 2   | 2   |
| Extended         | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   |
| Forensic         | 3      | 0   | 2   | 0   | 2   | 4   | 4   | 2      | 2   | 1   | 5   | 3   | 0   | 4   | 4   | 3   | 2   | 3   |
| Order for MR     | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Discharges       | 52     | 50  | 73  | 46  | 53  | 59  | 49  | 43     | 52  | 78  | 68  | 64  | 69  | 96  | 84  | 90  | 88  | 91  |
| % New to System  | 47%    | 59% | 48% | 44% | 49% | 55% | 53% | 40%    | 43% | 43% | 55% | 52% | 53% | 55% | 61% | 51% | 49% | 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**  
**El Paso Psychiatric Center**  
**FYTD Admissions & Discharges**

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



|                   | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ■ FY10 Admissions | 86  | 154 | 230 | 286 | 343 | 413 | 483 | 555 | 616 | 669 | 720 | 787 |
| ▲ FY11 Admissions | 52  | 103 | 159 | 204 | 256 | 311 | 387 | 453 | 517 | 593 | 686 | 769 |
| ● FY12 Admissions | 90  | 176 | 252 |     |     |     |     |     |     |     |     |     |
| △ FY10 Discharges | 79  | 157 | 225 | 285 | 345 | 413 | 481 | 550 | 612 | 664 | 714 | 787 |
| ○ FY11 Discharges | 46  | 99  | 158 | 207 | 250 | 302 | 380 | 448 | 512 | 581 | 677 | 761 |
| — FY12 Discharges | 90  | 178 | 269 |     |     |     |     |     |     |     |     |     |

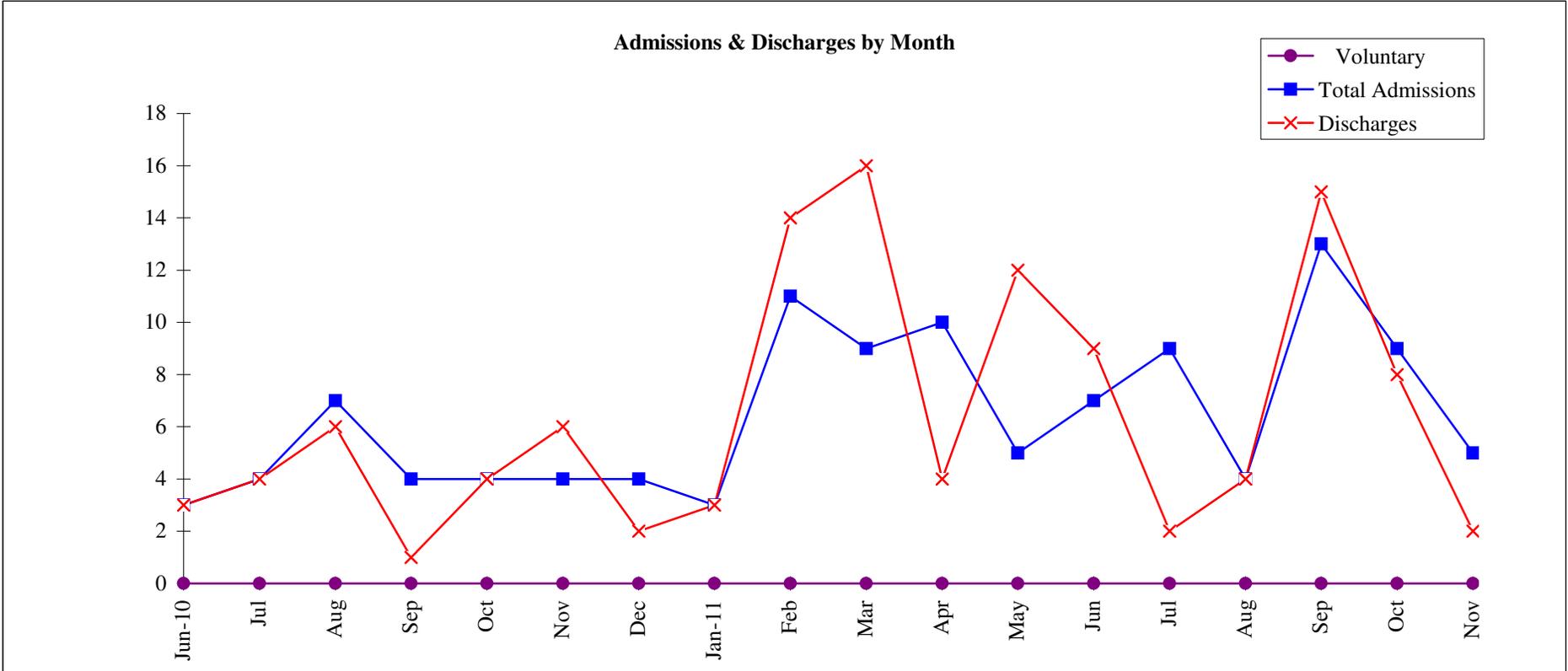
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Kerrville State Hospital**

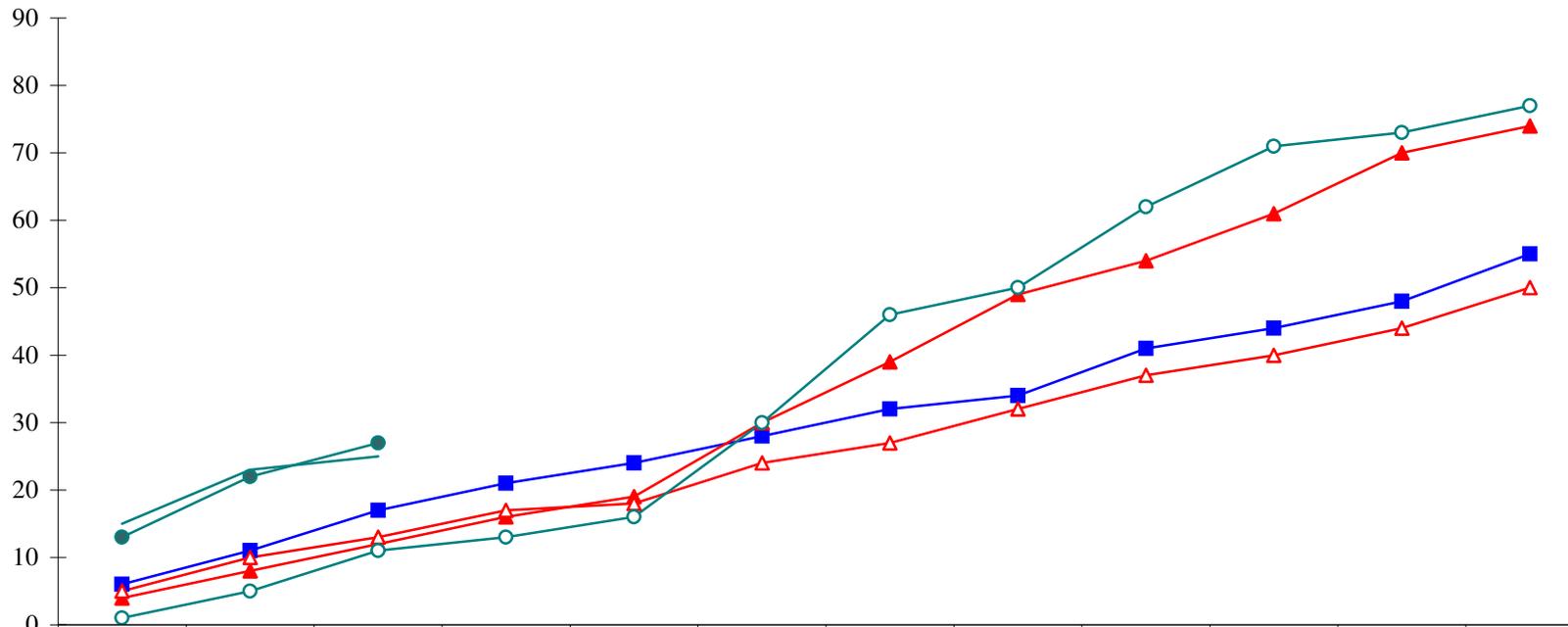
**Admissions by Month**

|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 3      | 4   | 7   | 4   | 4   | 4   | 4   | 3      | 11  | 9   | 10  | 5   | 7   | 9   | 4   | 13  | 9   | 5   |
| Voluntary        | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Involuntary      | 3      | 4   | 7   | 4   | 4   | 4   | 4   | 3      | 11  | 9   | 10  | 5   | 7   | 9   | 4   | 13  | 9   | 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         | 3      | 4   | 7   | 4   | 4   | 4   | 4   | 3      | 11  | 9   | 10  | 5   | 7   | 9   | 4   | 13  | 9   | 5   |
| Order for MR     | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Discharges       | 3      | 4   | 6   | 1   | 4   | 6   | 2   | 3      | 14  | 16  | 4   | 12  | 9   | 2   | 4   | 15  | 8   | 2   |
| % New to System  | 0%     | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%     | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  | 0%  |



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

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



|                     | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| —■— 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  | 61  | 70  | 74  |
| —●— FY12 Admissions | 13  | 22  | 27  |     |     |     |     |     |     |     |     |     |
| —△— 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  | 71  | 73  | 77  |
| —○— FY12 Discharges | 15  | 23  | 25  |     |     |     |     |     |     |     |     |     |

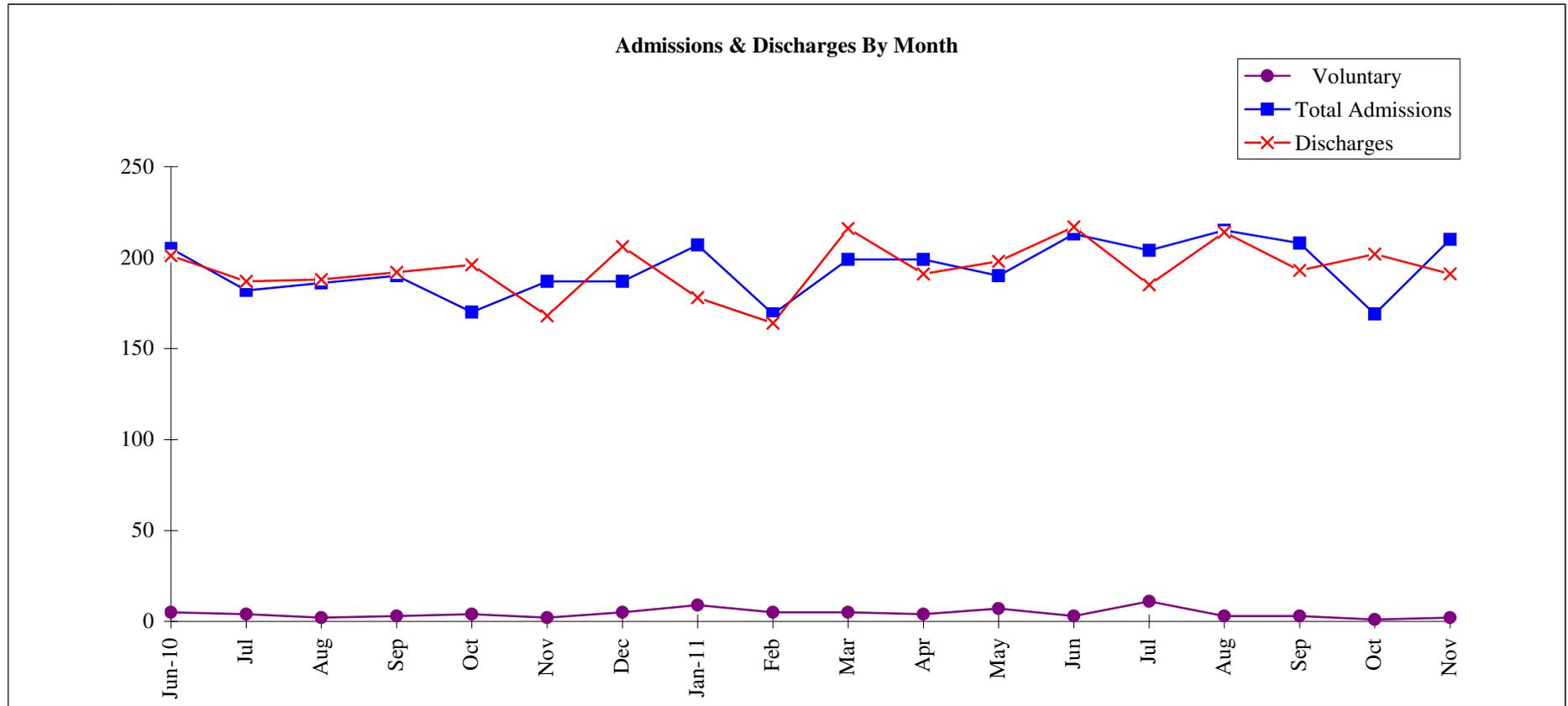
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**North Texas State Hospital**

**Admissions by Month**

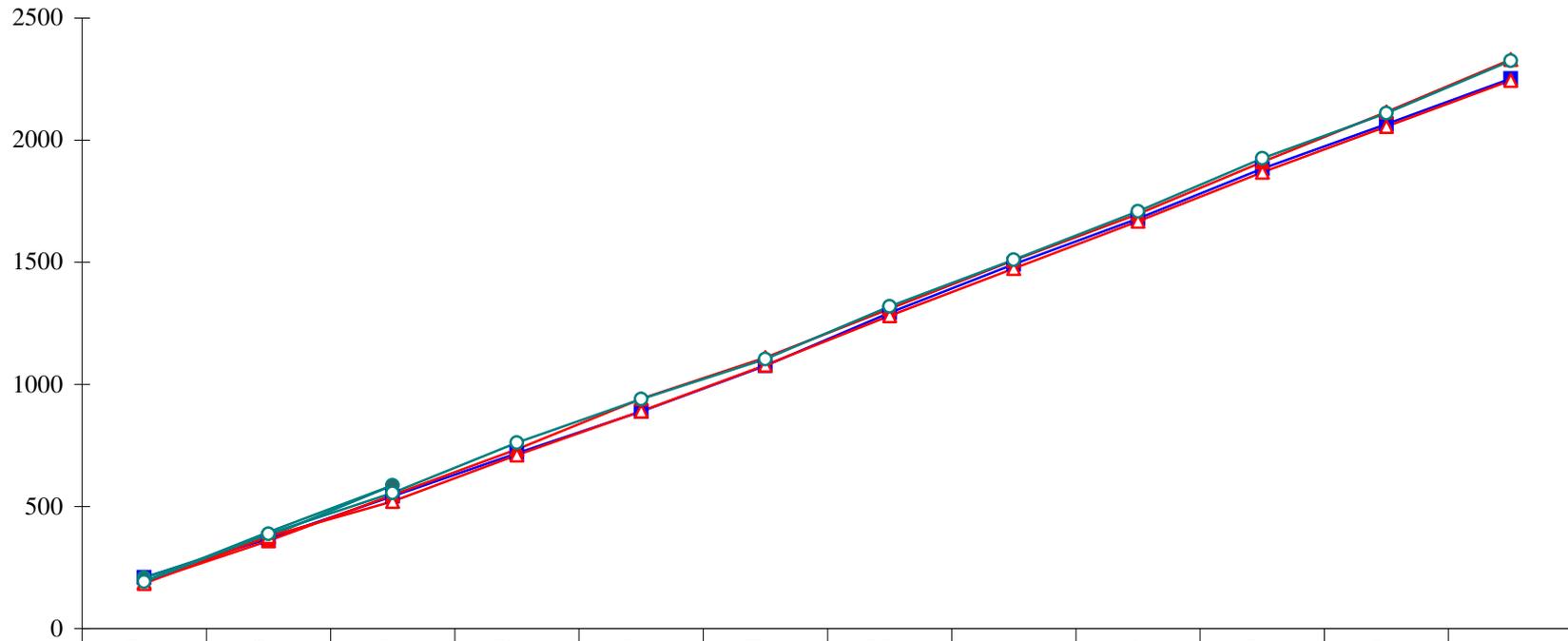
|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 205    | 182 | 186 | 190 | 170 | 187 | 187 | 207    | 169 | 199 | 199 | 190 | 213 | 204 | 215 | 208 | 169 | 210 |
| Voluntary        | 5      | 4   | 2   | 3   | 4   | 2   | 5   | 9      | 5   | 5   | 4   | 7   | 3   | 11  | 3   | 3   | 1   | 2   |
| Involuntary      | 200    | 178 | 184 | 187 | 166 | 185 | 182 | 198    | 164 | 194 | 195 | 183 | 210 | 193 | 212 | 205 | 168 | 208 |
| OPC              | 18     | 16  | 17  | 13  | 11  | 15  | 16  | 29     | 26  | 28  | 24  | 20  | 24  | 17  | 28  | 24  | 22  | 30  |
| Emergency        | 35     | 30  | 31  | 49  | 43  | 47  | 37  | 55     | 40  | 50  | 53  | 49  | 49  | 45  | 53  | 55  | 57  | 45  |
| Temporary        | 68     | 67  | 68  | 48  | 60  | 55  | 51  | 44     | 39  | 47  | 53  | 50  | 56  | 56  | 63  | 61  | 42  | 49  |
| Extended         | 2      | 0   | 1   | 0   | 0   | 0   | 0   | 2      | 0   | 2   | 1   | 0   | 1   | 0   | 1   | 0   | 2   | 0   |
| Forensic         | 61     | 50  | 53  | 63  | 45  | 51  | 63  | 51     | 45  | 55  | 46  | 51  | 62  | 61  | 52  | 51  | 34  | 68  |
| Order for MR     | 16     | 15  | 14  | 14  | 7   | 17  | 15  | 17     | 14  | 12  | 18  | 13  | 18  | 14  | 15  | 14  | 11  | 16  |
| Discharges       | 201    | 187 | 188 | 192 | 196 | 168 | 206 | 178    | 164 | 216 | 191 | 198 | 217 | 185 | 214 | 193 | 202 | 191 |
| % New to System  | 53%    | 54% | 48% | 48% | 55% | 61% | 48% | 60%    | 49% | 56% | 51% | 58% | 50% | 54% | 55% | 50% | 60% | 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**  
**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  |
|---------------------|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|
| —■— 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 | 1911 | 2115 | 2330 |
| —●— FY12 Admissions | 208 | 377 | 587 |     |     |      |      |      |      |      |      |      |
| —▲— 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 | 1926 | 2111 | 2325 |
| —●— FY12 Discharges | 193 | 395 | 586 |     |     |      |      |      |      |      |      |      |

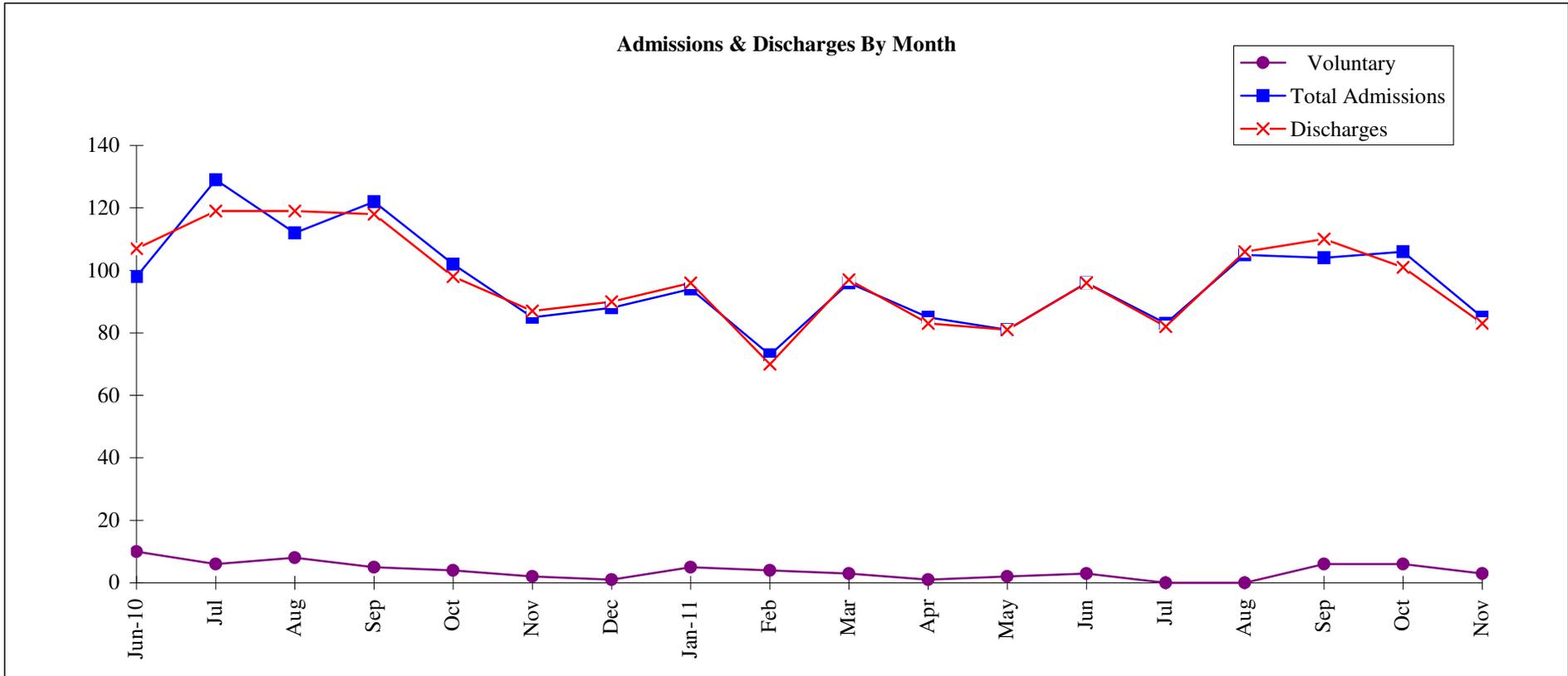
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Rio Grande State Center**

**Admissions by Month**

|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 98     | 129 | 112 | 122 | 102 | 85  | 88  | 94     | 73  | 96  | 85  | 81  | 96  | 83  | 105 | 104 | 106 | 85  |
| Voluntary        | 10     | 6   | 8   | 5   | 4   | 2   | 1   | 5      | 4   | 3   | 1   | 2   | 3   | 0   | 0   | 6   | 6   | 3   |
| Involuntary      | 88     | 123 | 104 | 117 | 98  | 83  | 87  | 89     | 69  | 93  | 84  | 79  | 93  | 83  | 105 | 98  | 100 | 82  |
| OPC              | 0      | 1   | 0   | 1   | 1   | 1   | 1   | 1      | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 2   | 1   | 0   |
| Emergency        | 86     | 121 | 104 | 114 | 94  | 80  | 84  | 87     | 69  | 93  | 84  | 79  | 93  | 82  | 105 | 94  | 99  | 79  |
| Temporary        | 1      | 0   | 0   | 2   | 1   | 0   | 1   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   |
| Extended         | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   |
| Forensic         | 1      | 0   | 0   | 0   | 2   | 2   | 1   | 1      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3   |
| Order for MR     | 0      | 1   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Discharges       | 107    | 119 | 119 | 118 | 98  | 87  | 90  | 96     | 70  | 97  | 83  | 81  | 96  | 82  | 106 | 110 | 101 | 83  |
| % New to System  | 57%    | 51% | 61% | 48% | 49% | 49% | 58% | 57%    | 49% | 53% | 51% | 53% | 60% | 58% | 55% | 56% | 60% | 54% |



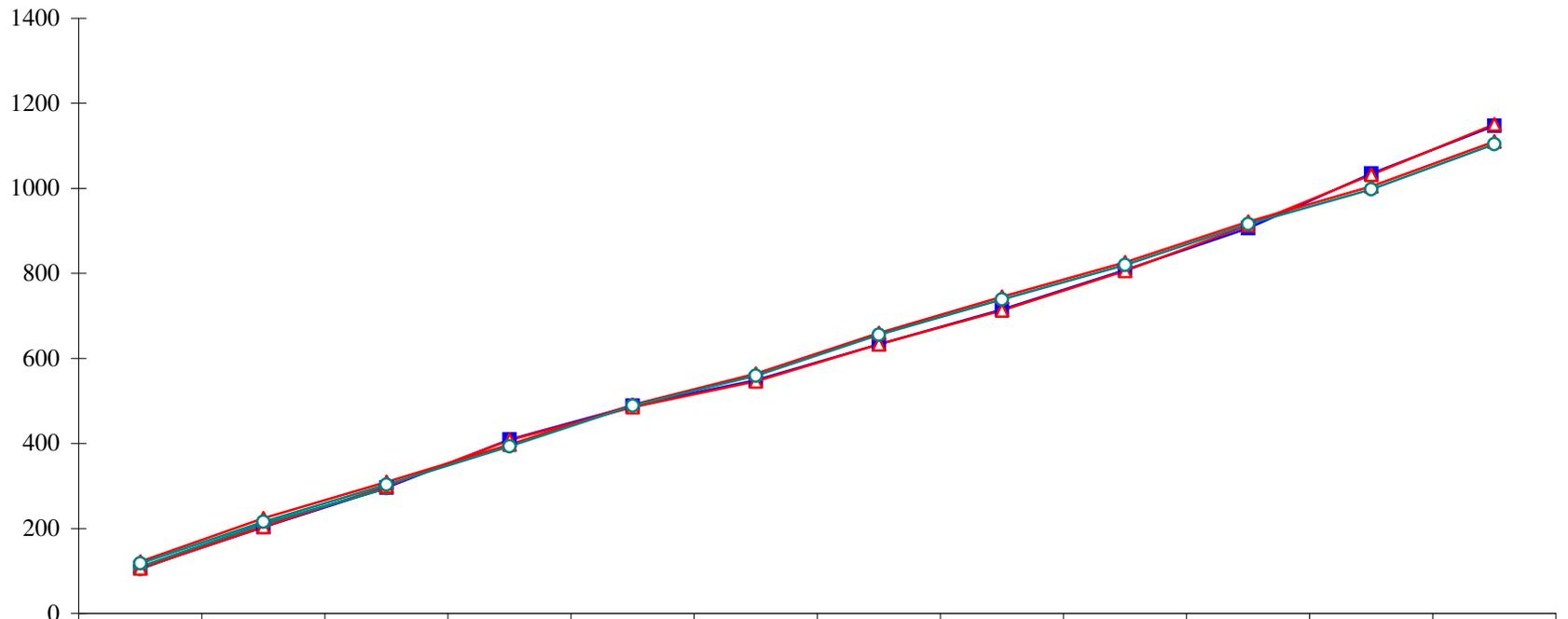
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

**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  |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|
| ■ 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 | 922 | 1005 | 1110 |
| ● FY12 Admissions | 104 | 210 | 295 |     |     |     |     |     |     |     |      |      |
| ▲ 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 | 916 | 998  | 1104 |
| ■ FY12 Discharges | 110 | 211 | 294 |     |     |     |     |     |     |     |      |      |

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

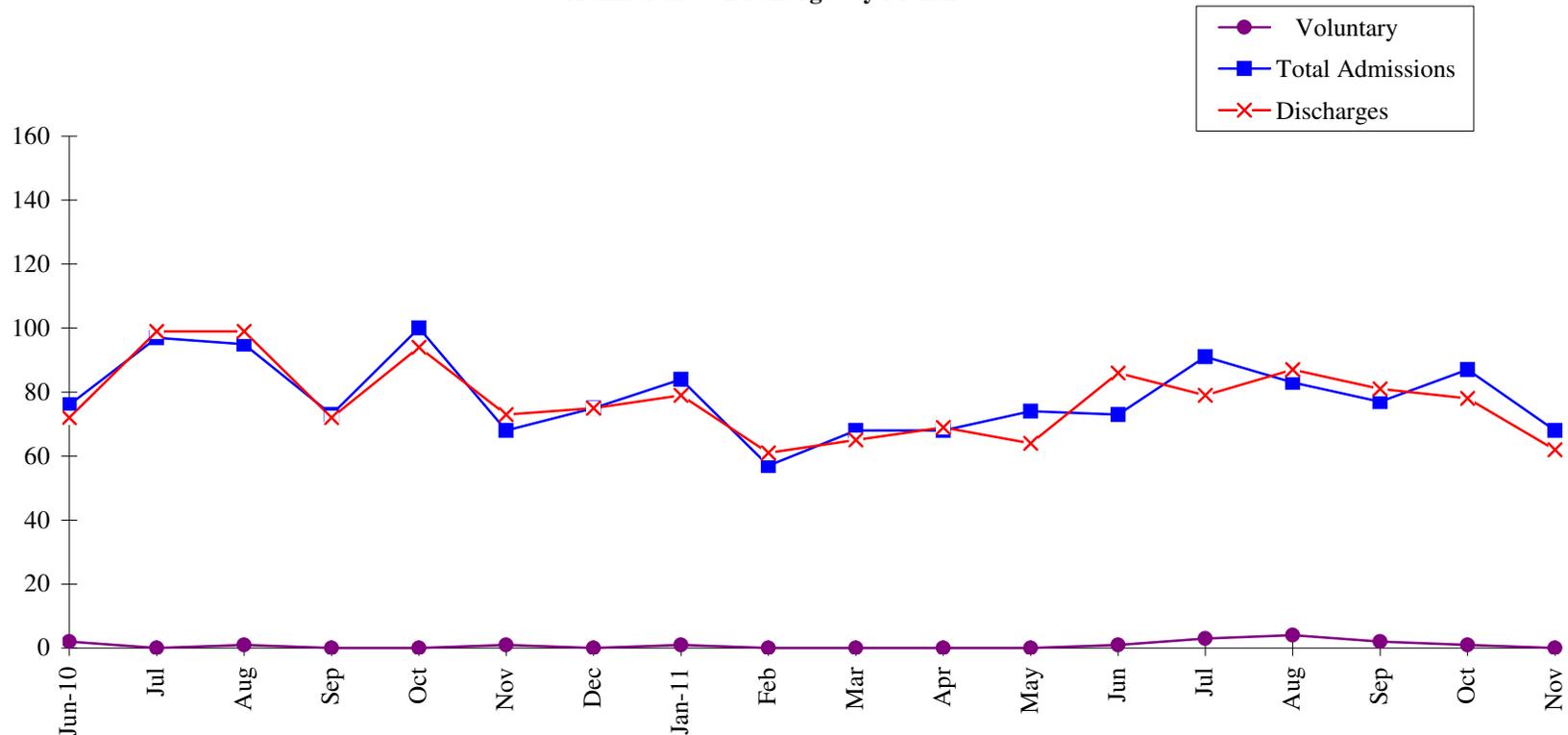
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rusk State Hospital**

**Admissions by Month**

|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 76     | 97  | 95  | 73  | 100 | 68  | 75  | 84     | 57  | 68  | 68  | 74  | 73  | 91  | 83  | 77  | 87  | 68  |
| Voluntary        | 2      | 0   | 1   | 0   | 0   | 1   | 0   | 1      | 0   | 0   | 0   | 0   | 1   | 3   | 4   | 2   | 1   | 0   |
| Involuntary      | 74     | 97  | 94  | 73  | 100 | 67  | 75  | 83     | 57  | 68  | 68  | 74  | 72  | 88  | 79  | 75  | 86  | 68  |
| OPC              | 22     | 23  | 27  | 25  | 32  | 17  | 27  | 25     | 19  | 24  | 22  | 26  | 15  | 24  | 12  | 14  | 21  | 15  |
| Emergency        | 31     | 43  | 34  | 29  | 40  | 24  | 21  | 24     | 18  | 13  | 21  | 31  | 33  | 46  | 44  | 40  | 41  | 28  |
| Temporary        | 4      | 7   | 13  | 7   | 6   | 5   | 6   | 6      | 8   | 7   | 4   | 6   | 11  | 4   | 7   | 6   | 9   | 10  |
| Extended         | 1      | 1   | 0   | 0   | 0   | 1   | 0   | 1      | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 1   | 2   | 0   |
| Forensic         | 16     | 23  | 20  | 12  | 22  | 20  | 21  | 27     | 12  | 24  | 21  | 11  | 12  | 14  | 15  | 14  | 13  | 15  |
| Order for MR     | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Discharges       | 72     | 99  | 99  | 72  | 94  | 73  | 75  | 79     | 61  | 65  | 69  | 64  | 86  | 79  | 87  | 81  | 78  | 62  |
| % New to System  | 47%    | 44% | 49% | 47% | 49% | 41% | 45% | 31%    | 47% | 47% | 50% | 59% | 42% | 56% | 46% | 56% | 53% | 47% |

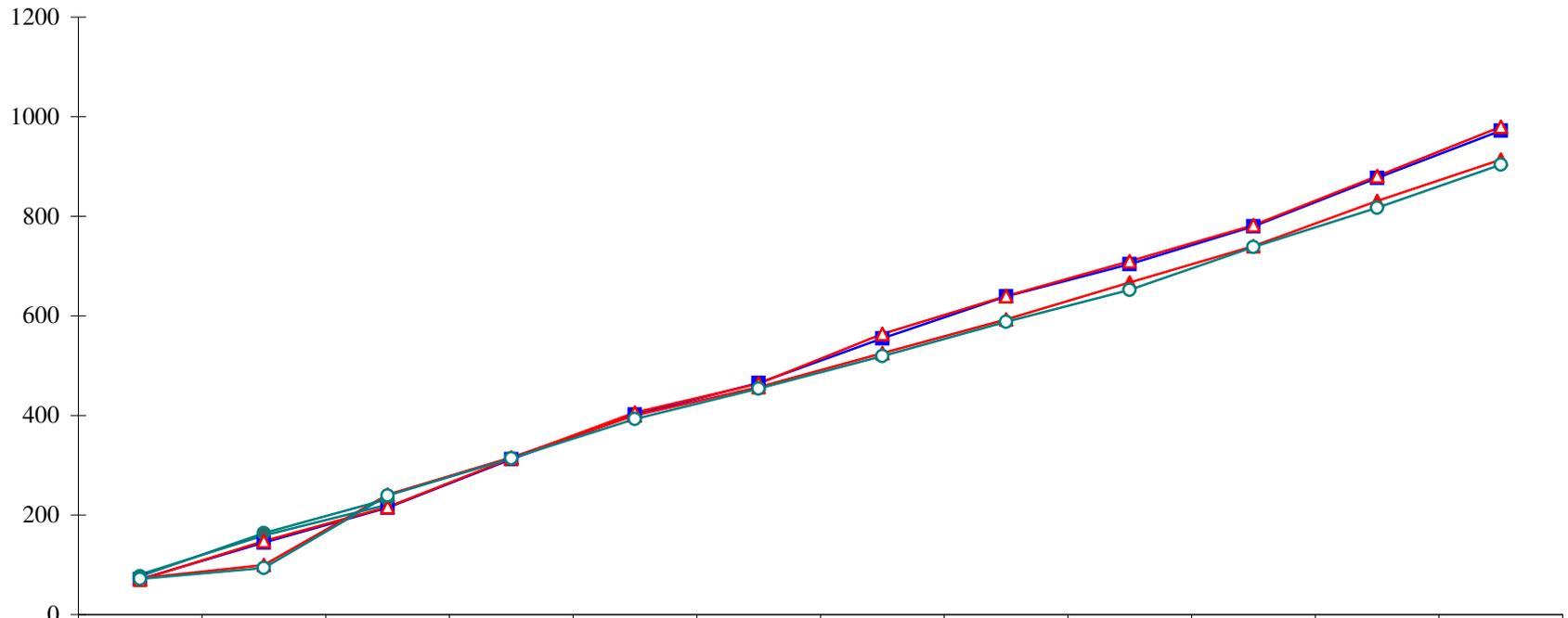
**Admissions & Discharges by Month**



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 |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ■ 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 | 740 | 831 | 914 |
| ● FY12 Admissions | 77  | 164 | 232 |     |     |     |     |     |     |     |     |     |
| ▲ 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 | 738 | 817 | 904 |
| ○ FY12 Discharges | 81  | 159 | 221 |     |     |     |     |     |     |     |     |     |

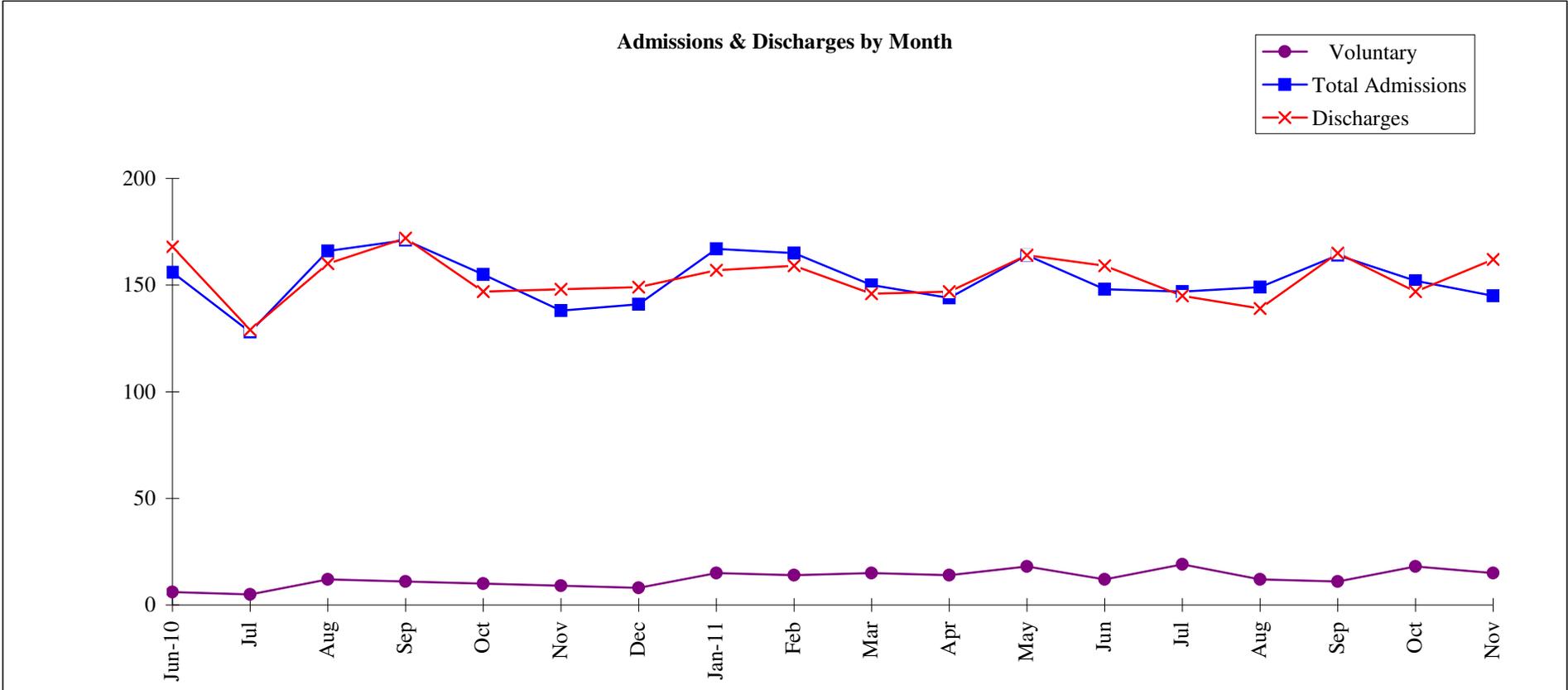
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**San Antonio State Hospital**

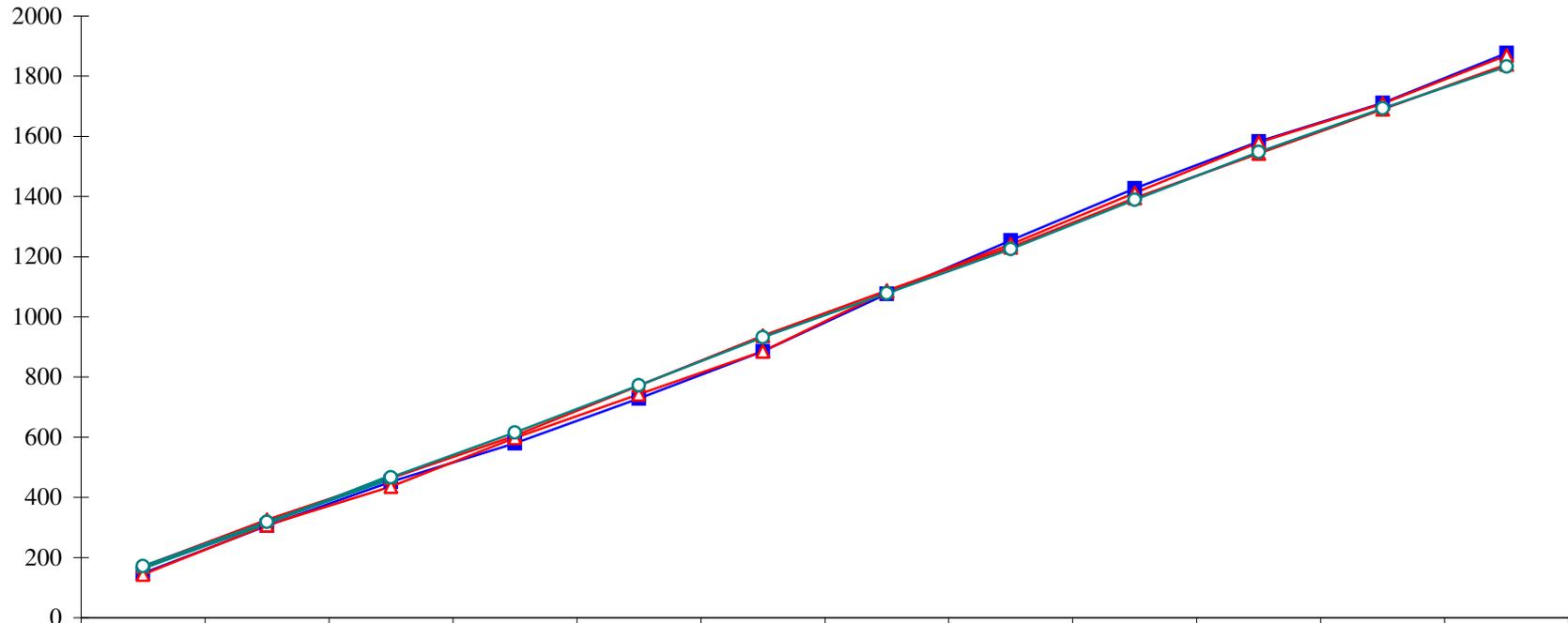
**Admissions by Month**

|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 156    | 128 | 166 | 171 | 155 | 138 | 141 | 167    | 165 | 150 | 144 | 164 | 148 | 147 | 149 | 164 | 152 | 145 |
| Voluntary        | 6      | 5   | 12  | 11  | 10  | 9   | 8   | 15     | 14  | 15  | 14  | 18  | 12  | 19  | 12  | 11  | 18  | 15  |
| Involuntary      | 150    | 123 | 154 | 160 | 145 | 129 | 133 | 152    | 151 | 135 | 130 | 146 | 136 | 128 | 137 | 153 | 134 | 130 |
| OPC              | 54     | 46  | 43  | 45  | 51  | 36  | 50  | 42     | 46  | 42  | 35  | 49  | 47  | 38  | 45  | 45  | 33  | 33  |
| Emergency        | 71     | 49  | 80  | 82  | 66  | 69  | 54  | 83     | 72  | 65  | 69  | 76  | 56  | 67  | 68  | 78  | 76  | 69  |
| Temporary        | 11     | 13  | 16  | 15  | 19  | 12  | 16  | 15     | 14  | 9   | 13  | 12  | 16  | 12  | 16  | 19  | 17  | 15  |
| Extended         | 1      | 1   | 0   | 0   | 1   | 0   | 2   | 1      | 2   | 2   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 3   |
| Forensic         | 8      | 8   | 12  | 12  | 5   | 11  | 5   | 10     | 15  | 11  | 9   | 6   | 11  | 8   | 5   | 8   | 5   | 5   |
| Order for MR     | 5      | 6   | 3   | 6   | 3   | 1   | 6   | 1      | 2   | 6   | 4   | 3   | 6   | 3   | 2   | 3   | 3   | 5   |
| Discharges       | 168    | 129 | 160 | 172 | 147 | 148 | 149 | 157    | 159 | 146 | 147 | 164 | 159 | 145 | 139 | 165 | 147 | 162 |
| % New to System  | 49%    | 48% | 49% | 47% | 52% | 49% | 55% | 53%    | 47% | 51% | 56% | 49% | 49% | 40% | 48% | 51% | 58% | 44% |



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

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



|                   | Sep | Oct | Nov | Dec | Jan | Feb | Mar  | Apr  | May  | Jun  | Jul  | Aug  |
|-------------------|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|
| ■ 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 | 1543 | 1690 | 1839 |
| ● FY12 Admissions | 164 | 316 | 461 |     |     |     |      |      |      |      |      |      |
| ▲ 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 | 1548 | 1693 | 1832 |
| — FY12 Discharges | 165 | 312 | 474 |     |     |     |      |      |      |      |      |      |

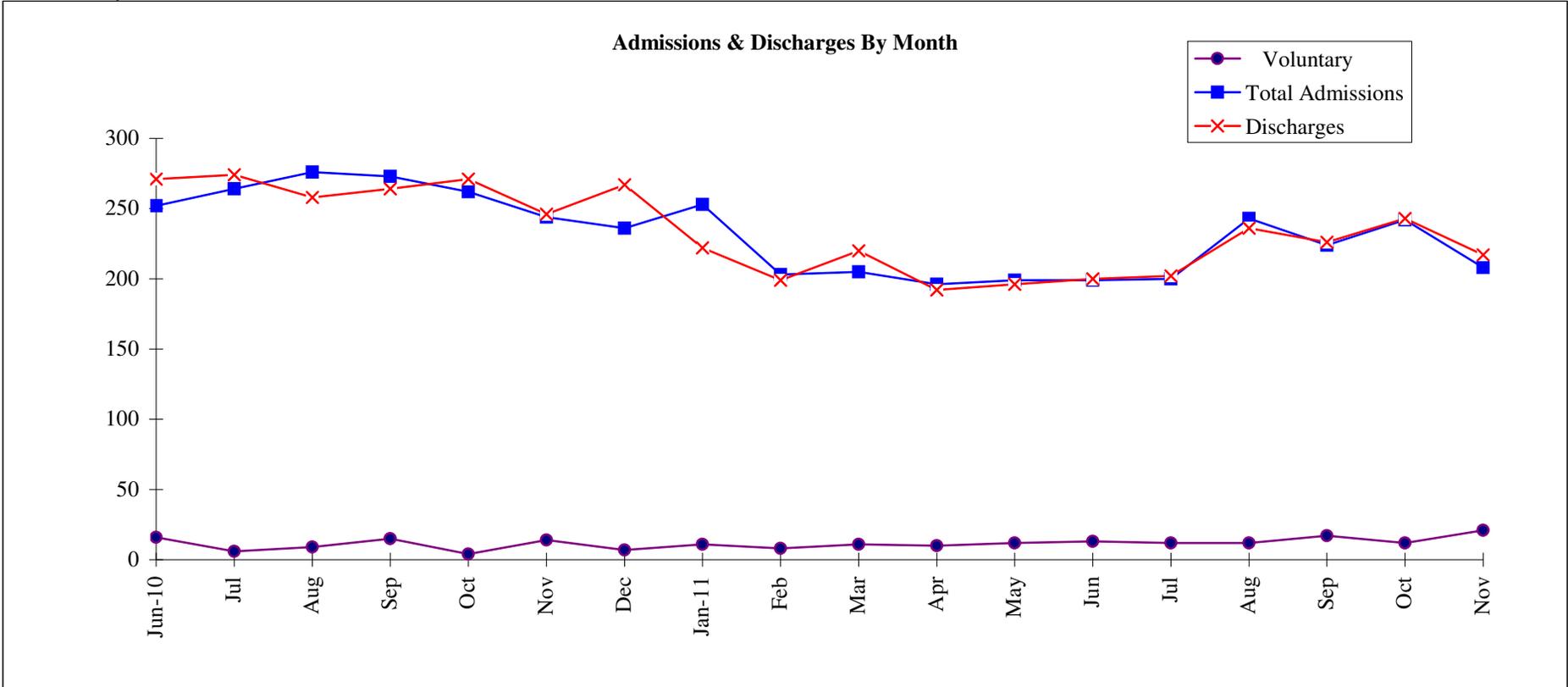
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Terrell State Hospital**

**Admissions by Month**

|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 252    | 264 | 276 | 273 | 262 | 244 | 236 | 253    | 203 | 205 | 196 | 199 | 199 | 200 | 243 | 224 | 242 | 208 |
| Voluntary        | 16     | 6   | 9   | 15  | 4   | 14  | 7   | 11     | 8   | 11  | 10  | 12  | 13  | 12  | 12  | 17  | 12  | 21  |
| Involuntary      | 236    | 258 | 267 | 258 | 258 | 230 | 229 | 242    | 195 | 194 | 186 | 187 | 186 | 188 | 231 | 207 | 230 | 187 |
| OPC              | 207    | 193 | 215 | 209 | 199 | 177 | 171 | 190    | 158 | 144 | 145 | 158 | 162 | 163 | 186 | 177 | 184 | 163 |
| Emergency        | 8      | 16  | 7   | 11  | 10  | 11  | 6   | 14     | 9   | 5   | 9   | 6   | 5   | 8   | 12  | 11  | 16  | 6   |
| Temporary        | 9      | 32  | 27  | 28  | 30  | 20  | 37  | 18     | 16  | 26  | 14  | 9   | 5   | 8   | 17  | 9   | 14  | 4   |
| Extended         | 2      | 3   | 1   | 1   | 1   | 2   | 3   | 1      | 1   | 2   | 3   | 1   | 2   | 0   | 1   | 0   | 0   | 1   |
| Forensic         | 10     | 14  | 17  | 9   | 18  | 20  | 12  | 19     | 11  | 17  | 15  | 13  | 12  | 9   | 15  | 10  | 16  | 13  |
| Order for MR     | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |
| Discharges       | 271    | 274 | 258 | 264 | 271 | 246 | 267 | 222    | 199 | 220 | 192 | 196 | 200 | 202 | 236 | 226 | 243 | 217 |
| % New to System  | 50%    | 41% | 43% | 45% | 48% | 46% | 45% | 43%    | 49% | 45% | 43% | 47% | 50% | 49% | 53% | 54% | 48% | 48% |

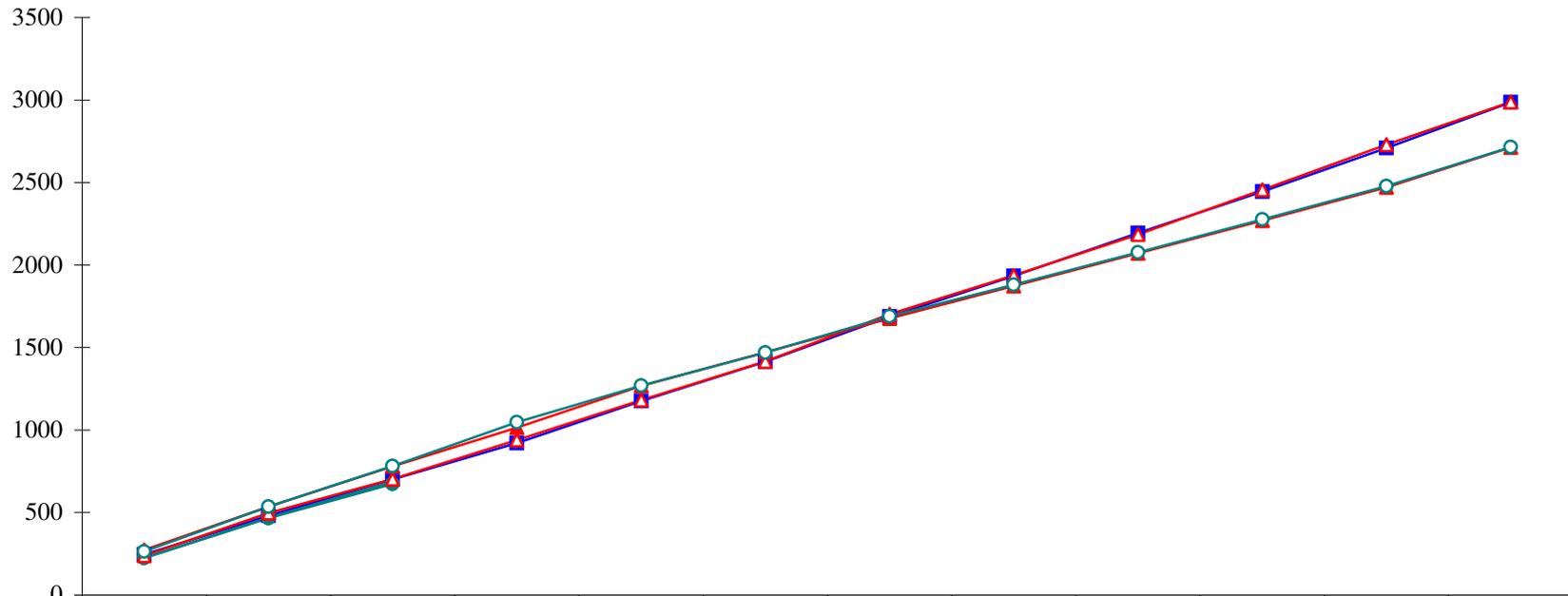


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Terrell State Hospital**

**FYTD Admissions & Discharges**

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



|                   | Sep | Oct | Nov | Dec  | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  |
|-------------------|-----|-----|-----|------|------|------|------|------|------|------|------|------|
| ■ 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 | 2270 | 2470 | 2713 |
| ● FY12 Admissions | 224 | 466 | 674 |      |      |      |      |      |      |      |      |      |
| ▾ 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 | 2277 | 2479 | 2715 |
| — FY12 Discharges | 226 | 469 | 686 |      |      |      |      |      |      |      |      |      |

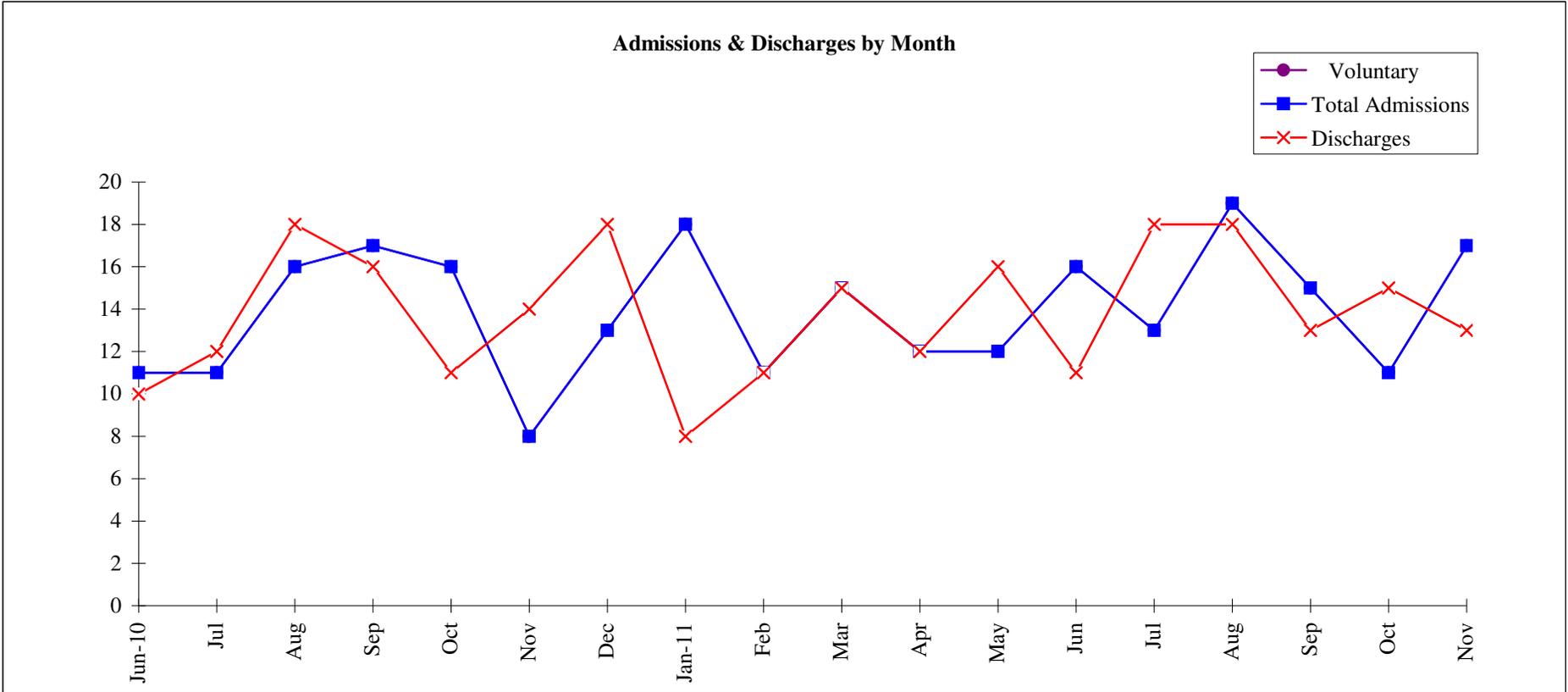
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Waco Center for Youth**

**Admissions by Month**

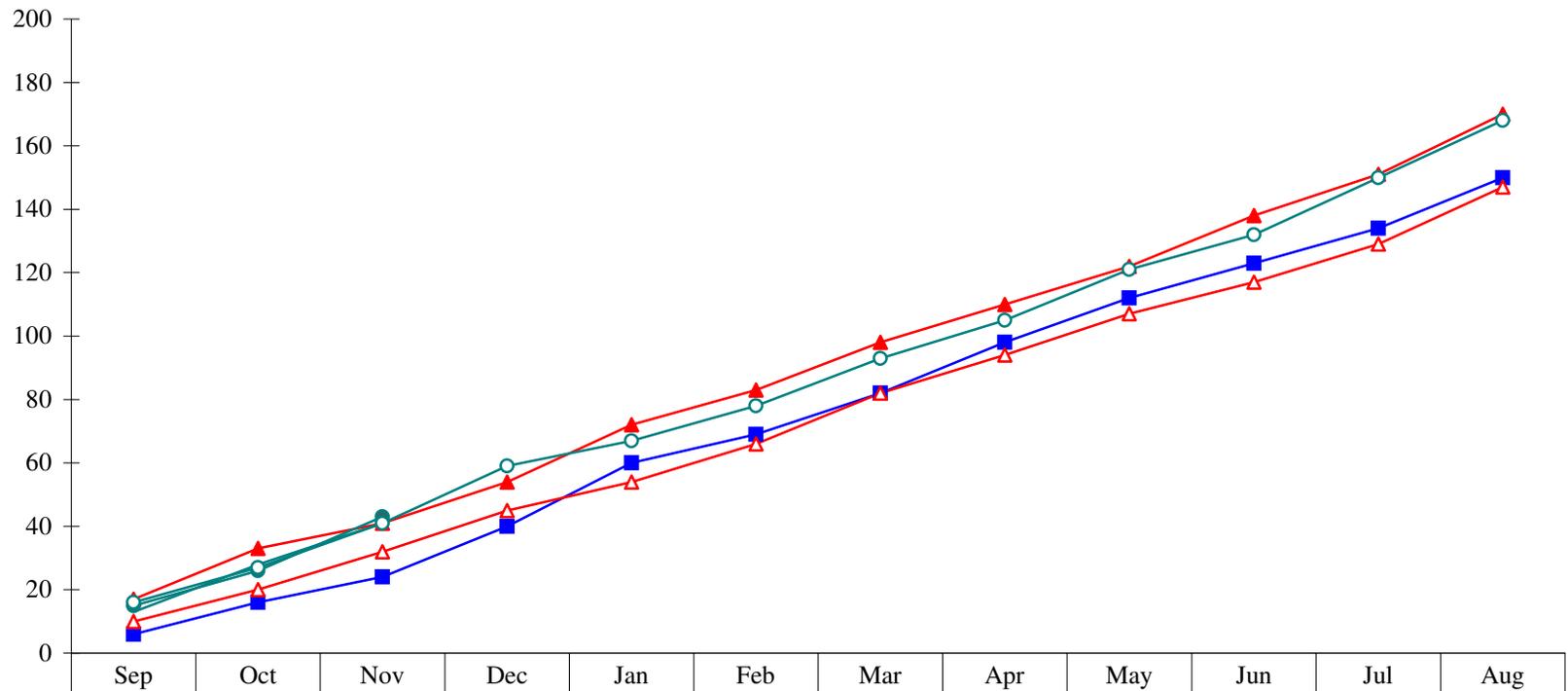
|                  | Jun-10 | Jul | Aug | Sep | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------|--------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Total Admissions | 11     | 11  | 16  | 17  | 16  | 8   | 13  | 18     | 11  | 15  | 12  | 12  | 16  | 13  | 19  | 15  | 11  | 17  |
| Voluntary        | 11     | 11  | 16  | 17  | 16  | 8   | 13  | 18     | 11  | 15  | 12  | 12  | 16  | 13  | 19  | 15  | 11  | 17  |
| 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       | 10     | 12  | 18  | 16  | 11  | 14  | 18  | 8      | 11  | 15  | 12  | 16  | 11  | 18  | 18  | 13  | 15  | 13  |
| % New to System  | 73%    | 64% | 38% | 59% | 44% | 50% | 54% | 61%    | 36% | 60% | 58% | 50% | 63% | 46% | 32% | 53% | 82% | 53% |



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

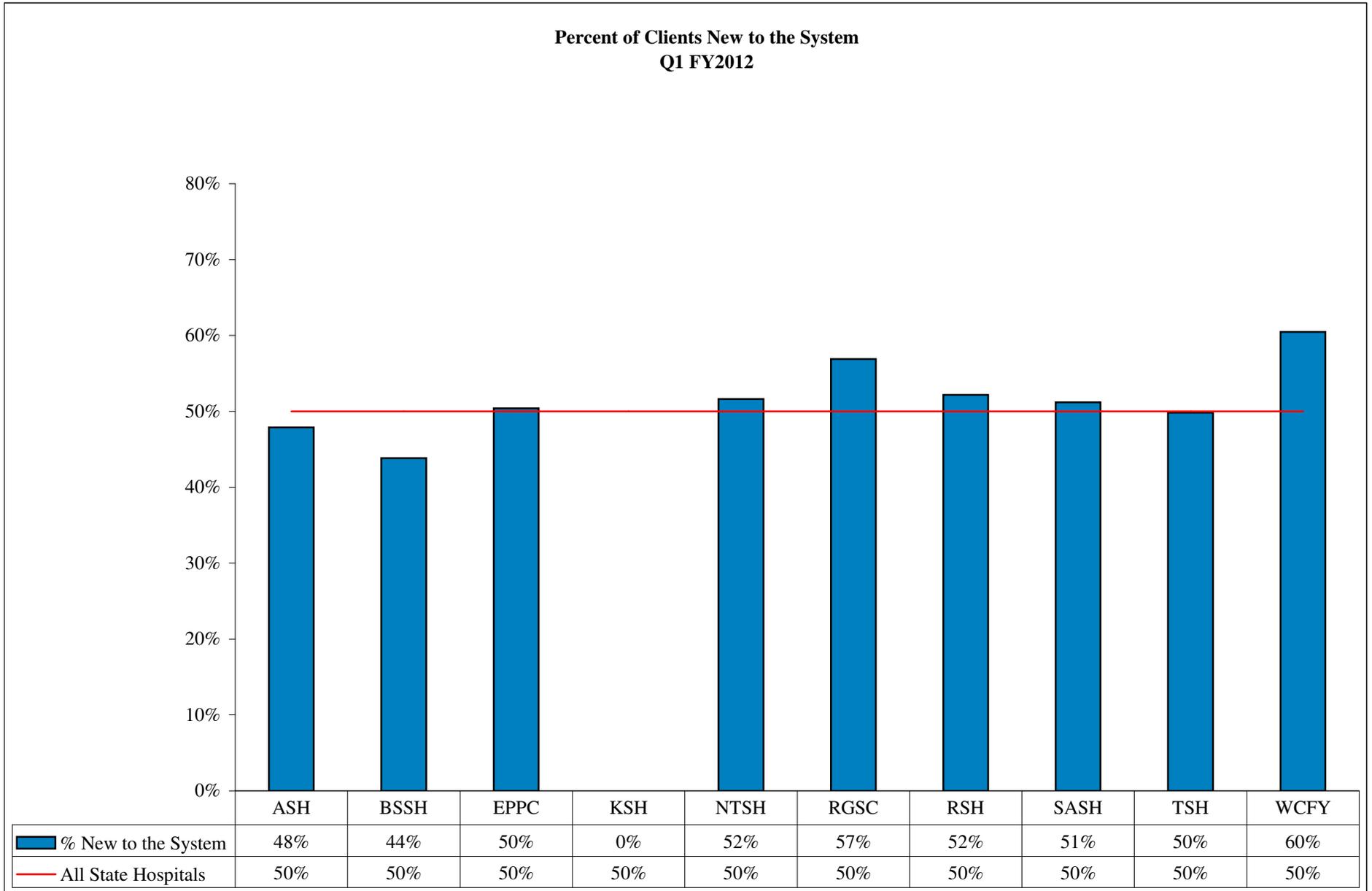
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**Waco Center for Youth**  
**FYTD Admissions & Discharges**

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



|                     | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| —■— FY10 Admissions | 6   | 16  | 24  | 40  | 60  | 69  | 82  | 98  | 112 | 123 | 134 | 150 |
| —▲— FY11 Admissions | 17  | 33  | 41  | 54  | 72  | 83  | 98  | 110 | 122 | 138 | 151 | 170 |
| —●— FY12 Admissions | 15  | 26  | 43  |     |     |     |     |     |     |     |     |     |
| —▲— 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 | 132 | 150 | 168 |
| —■— FY12 Discharges | 13  | 28  | 41  |     |     |     |     |     |     |     |     |     |

**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

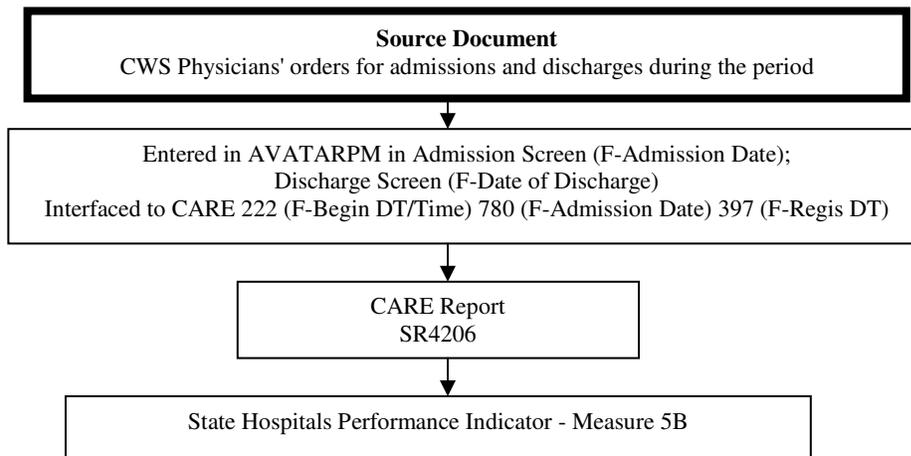
D = total persons discharged during the quarter

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:**

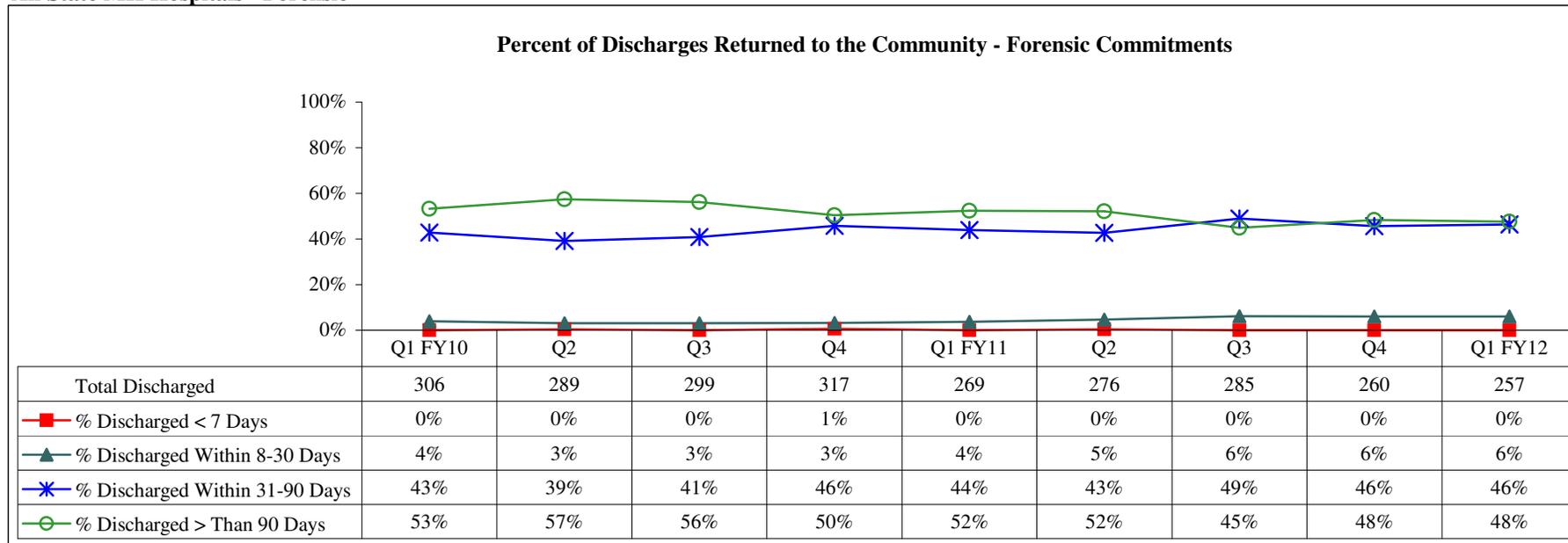
- ◆ Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- ◆ Table shows total discharges for the quarter for individual state hospitals and system-wide.

**Data Flow:**



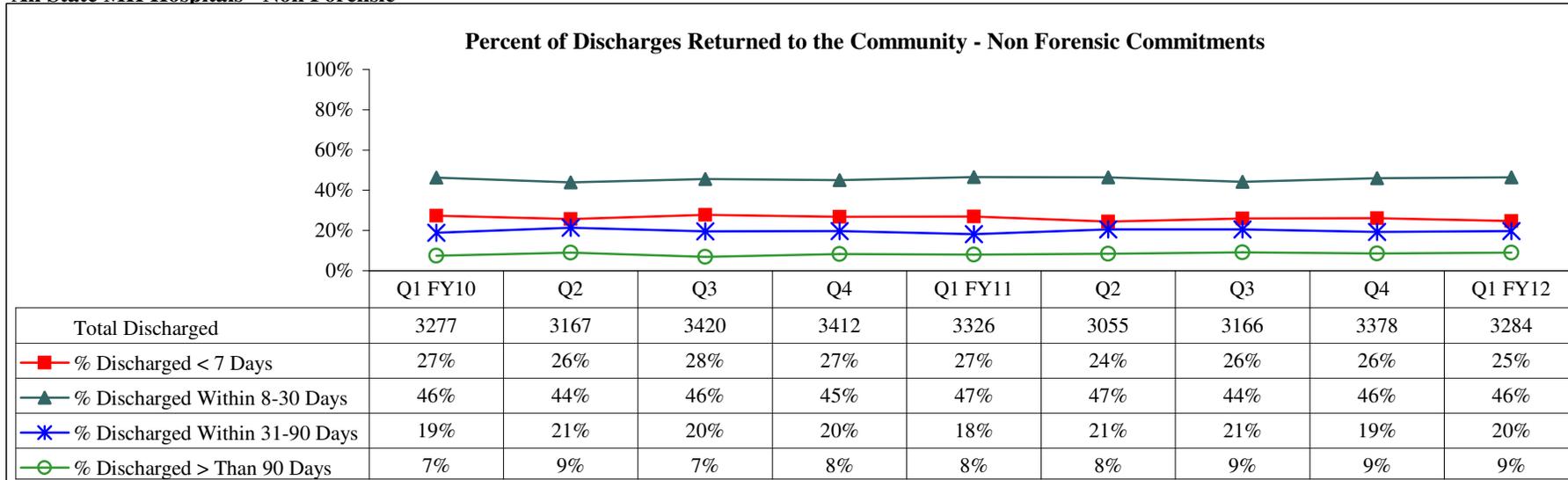
**Measure 5B - Percent of Discharges Returned to the Community**

**All State MH Hospitals - Forensic**



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

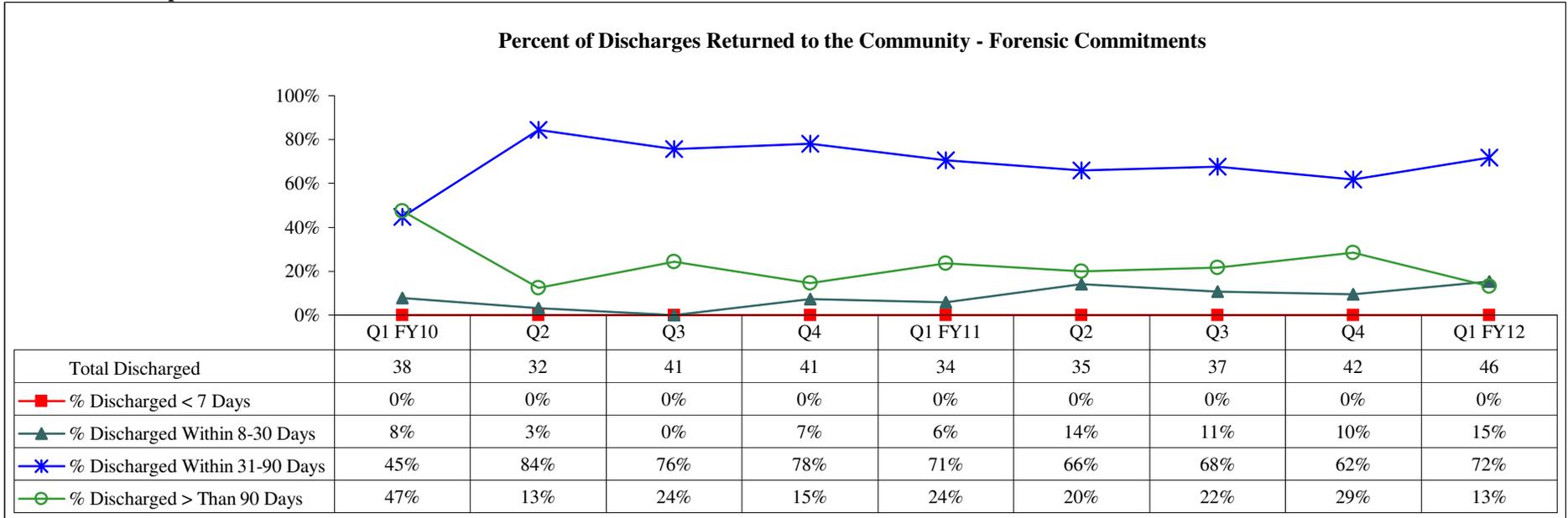
**All State MH Hospitals - Non Forensic**



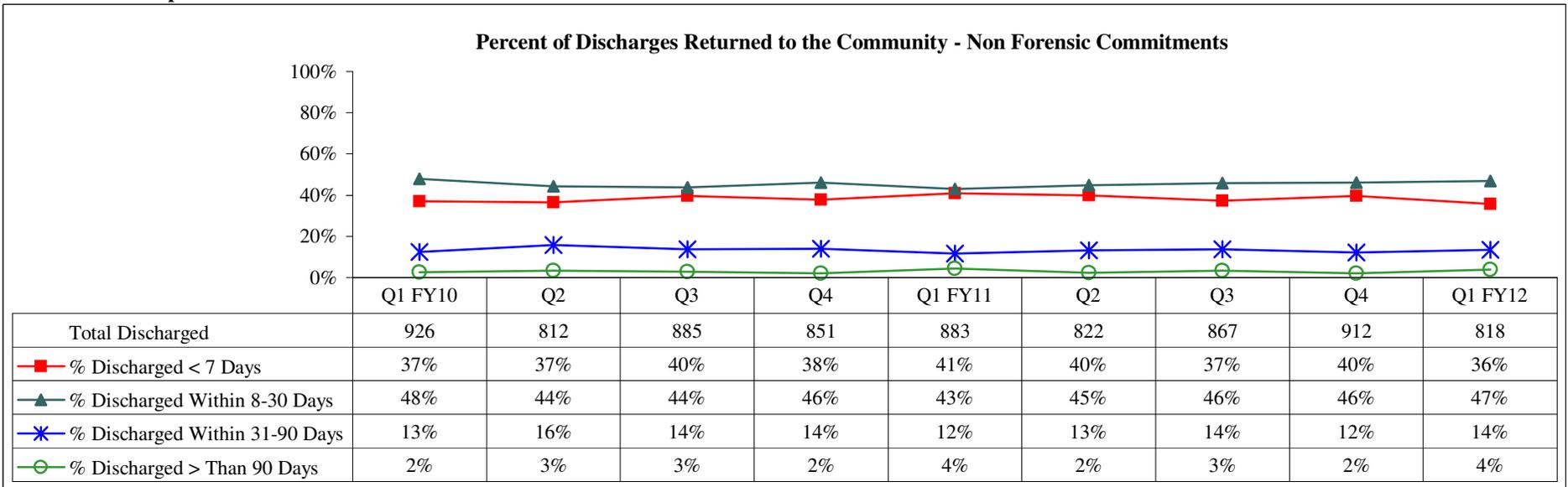
Total Discharges do not include transfers or DMAs

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

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



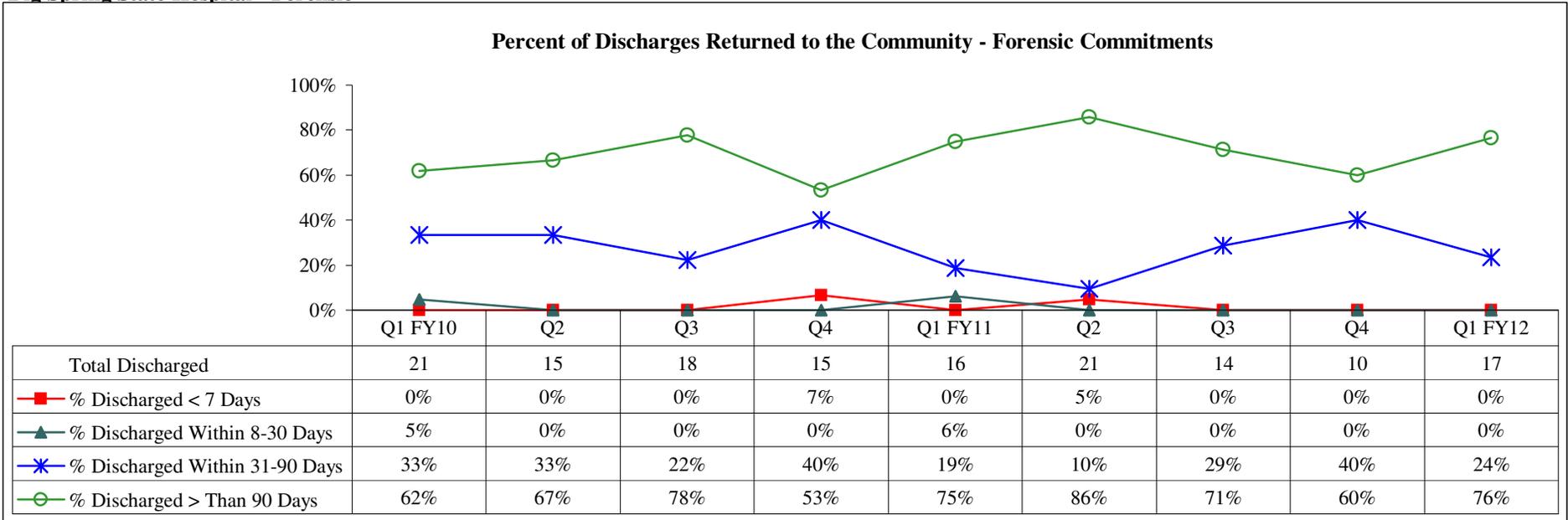
**Measure 5B - Percent of Discharges Returned to the Community**  
**Austin State Hospital - Non Forensic**



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

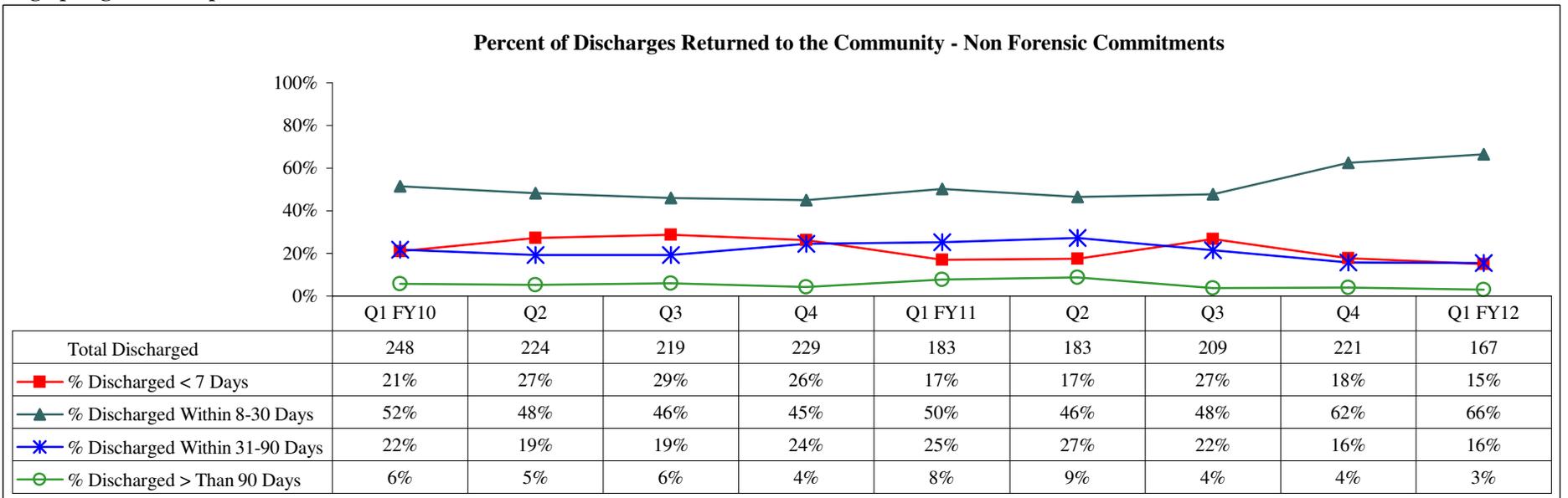
**Measure 5B - Percent of Discharges Returned to the Community**

**Big Spring State Hospital - Forensic**



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

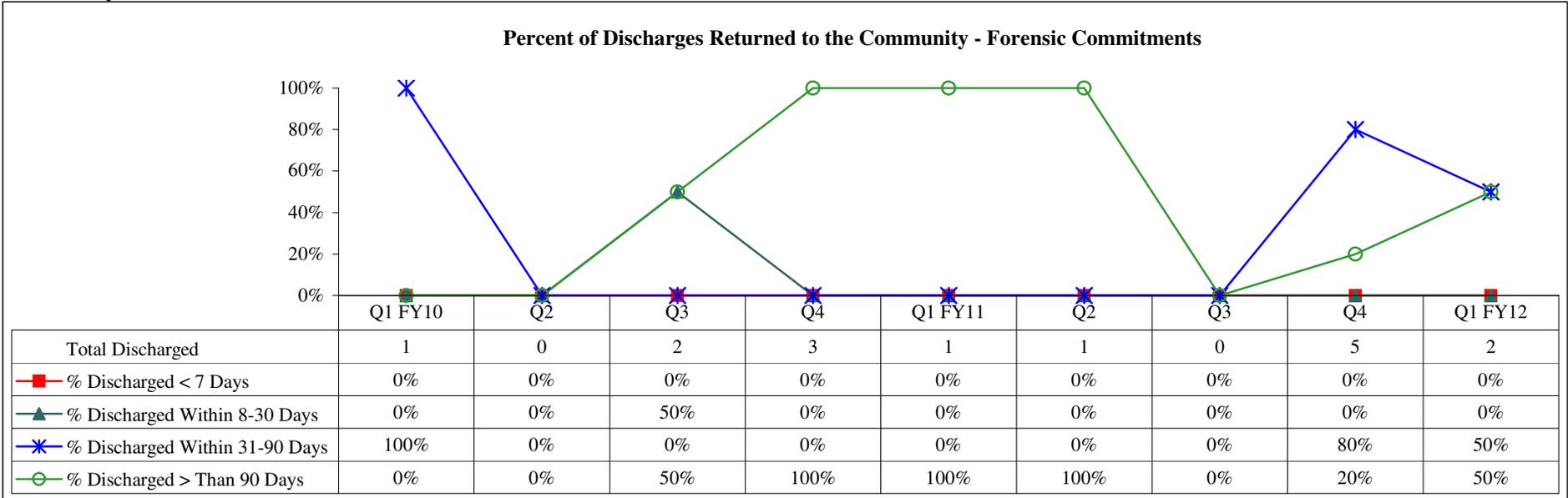
**Big Spring State Hospital - Non Forensic**



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

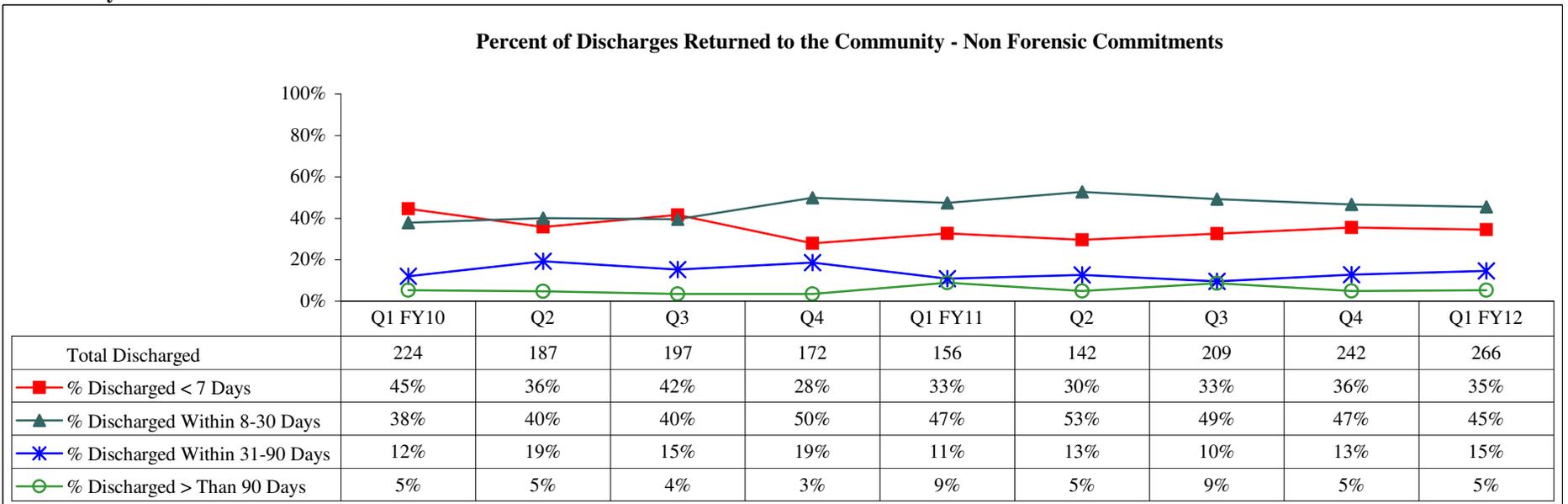
**Measure 5B - Percent of Discharges Returned to the Community**

**El Paso Psychiatric Center - Forensic**



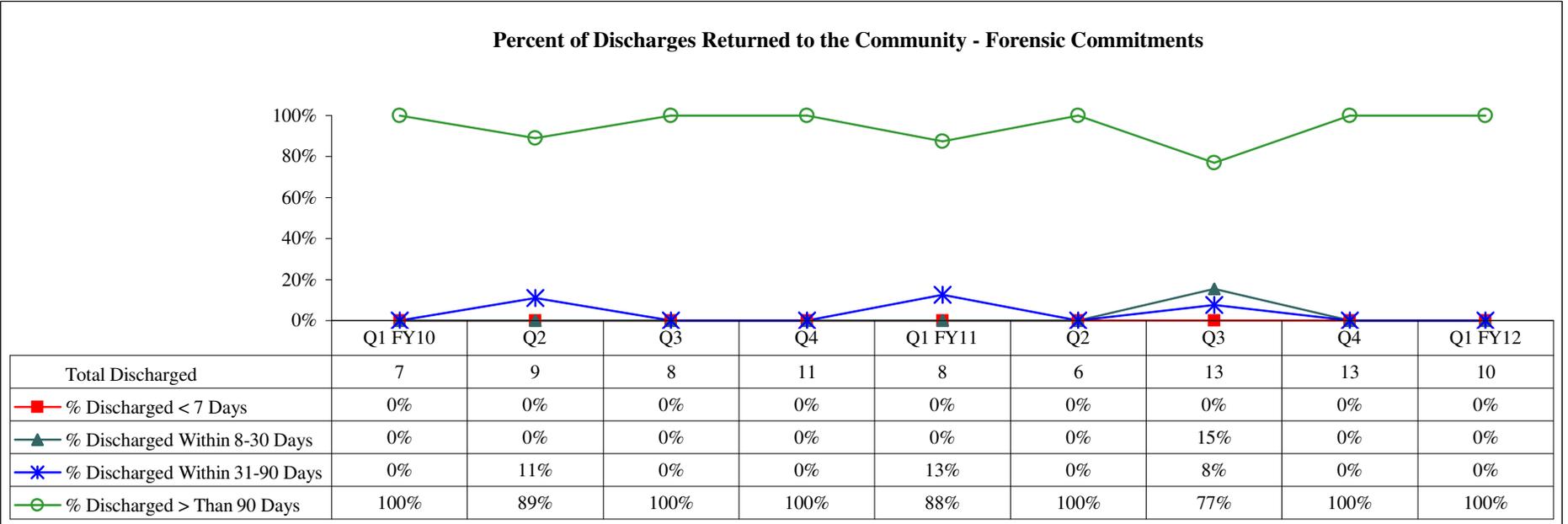
**Measure 5B - Percent of Discharges Returned to the Community**

**El Paso Psychiatric Center - Non Forensic**

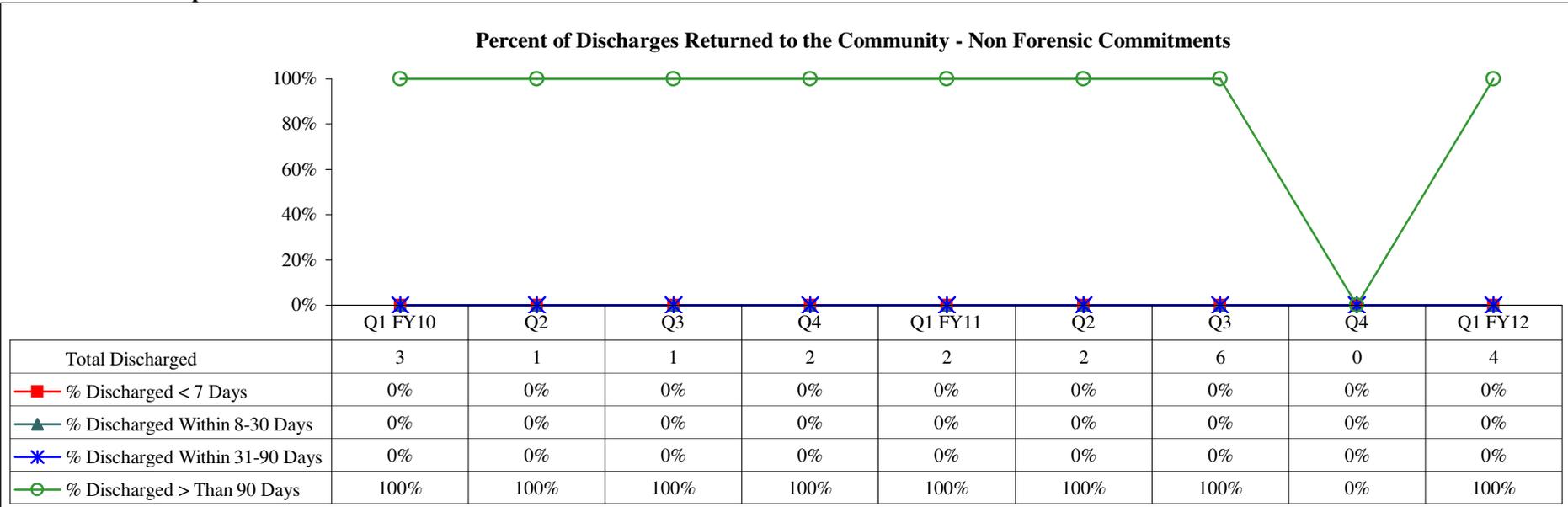


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

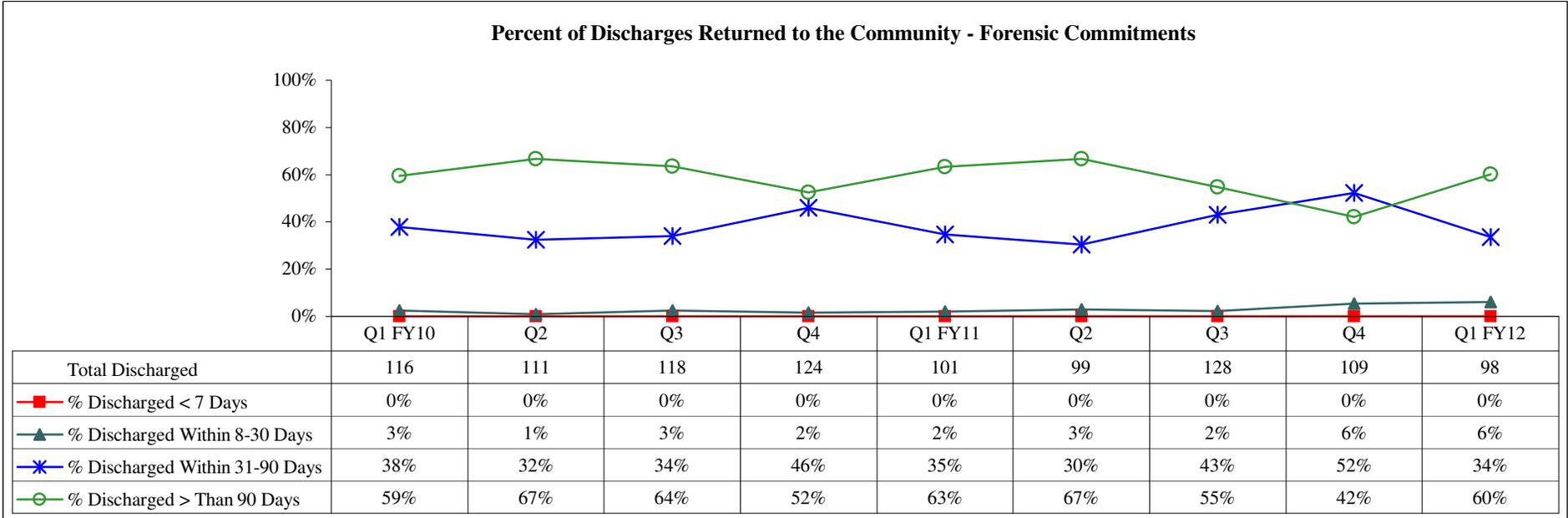


**Measure 5B - Percent of Discharges Returned to the Community**  
**Kerrville State Hospital - Non Forensic**

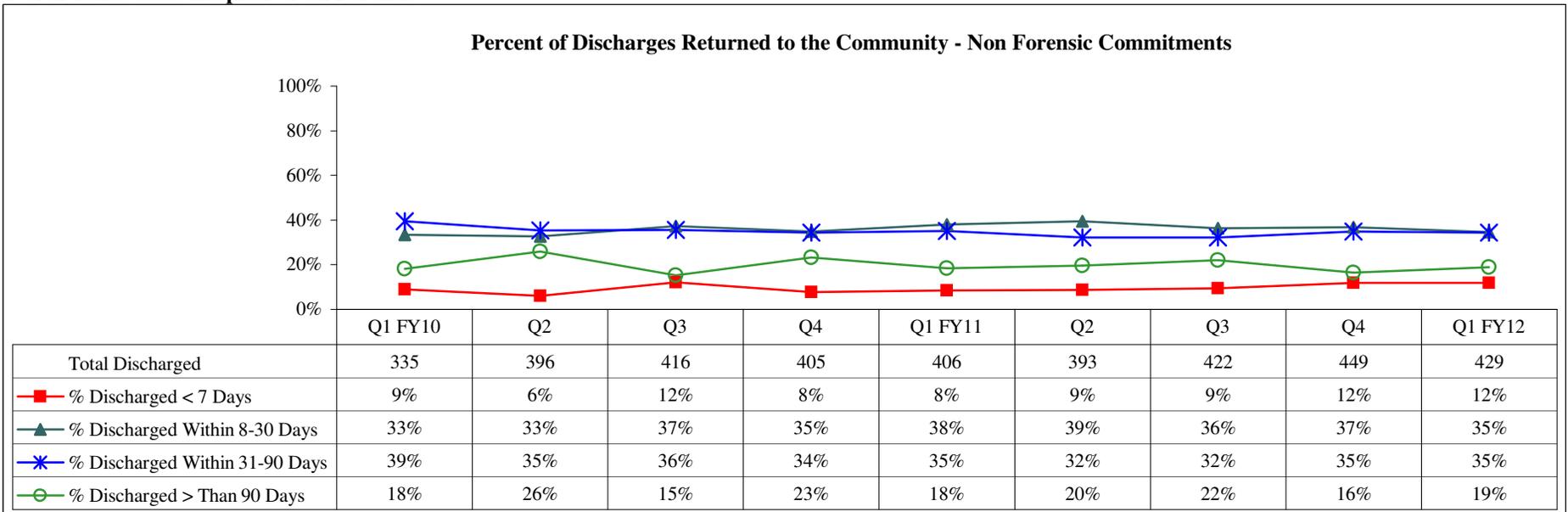


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



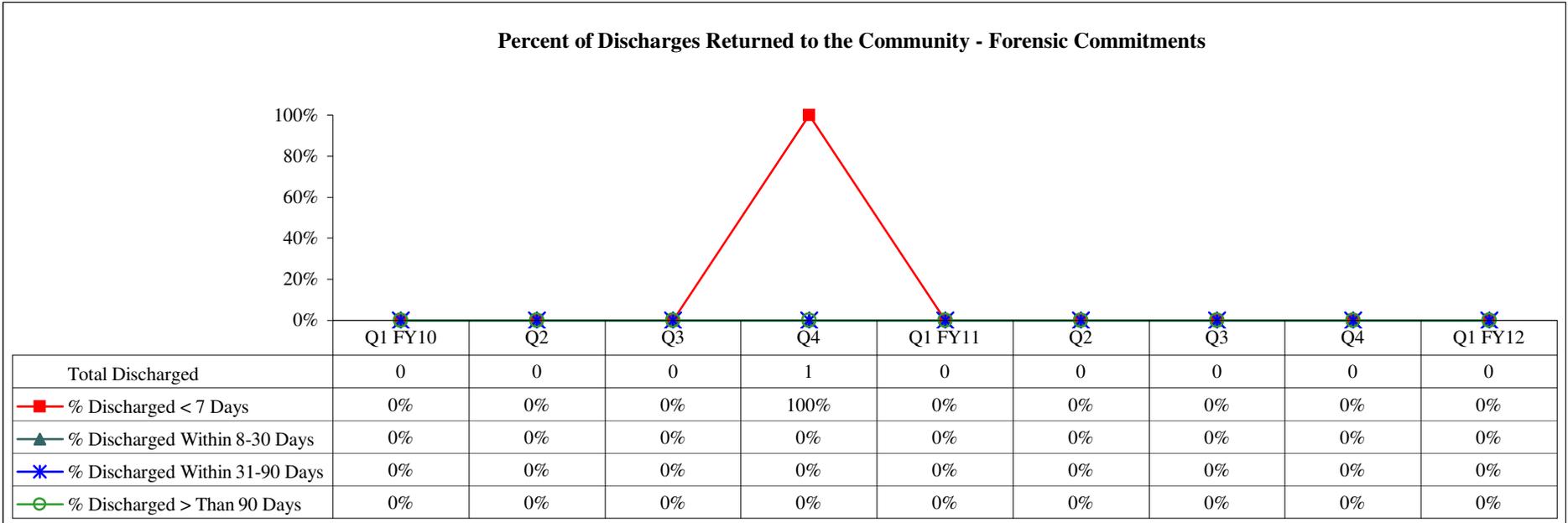
**Measure 5B - Percent of Discharges Returned to the Community**  
**North Texas State Hospital - Non Forensic**



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

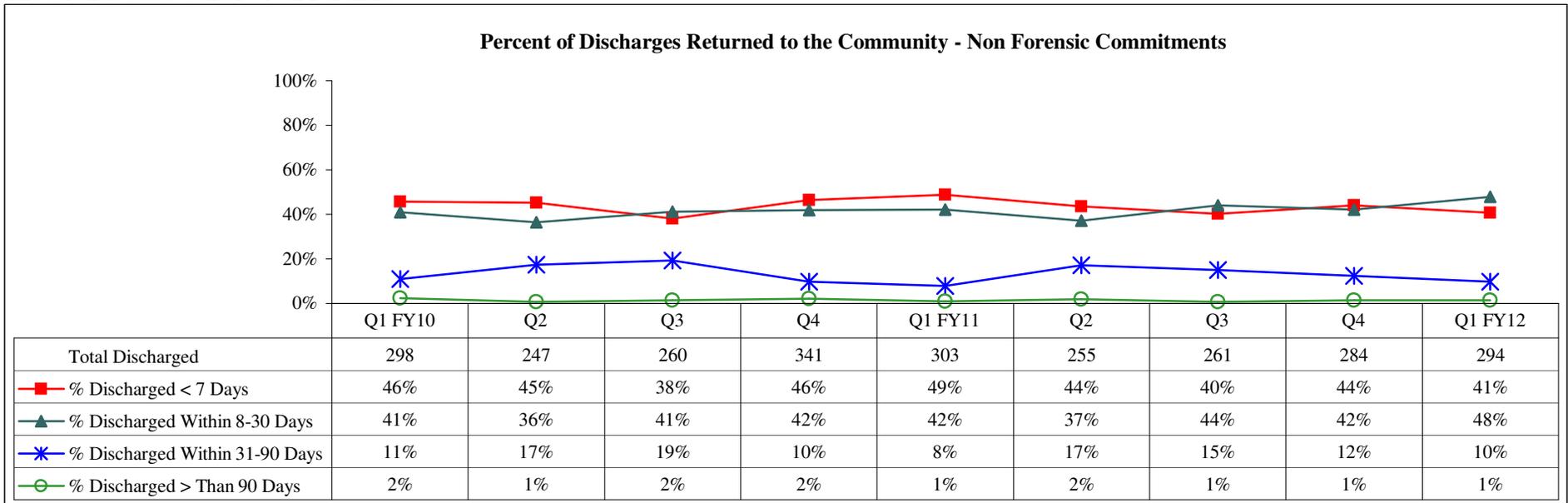
**Measure 5B - Percent of Discharges Returned to the Community**

**Rio Grande State Center - Forensic**



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

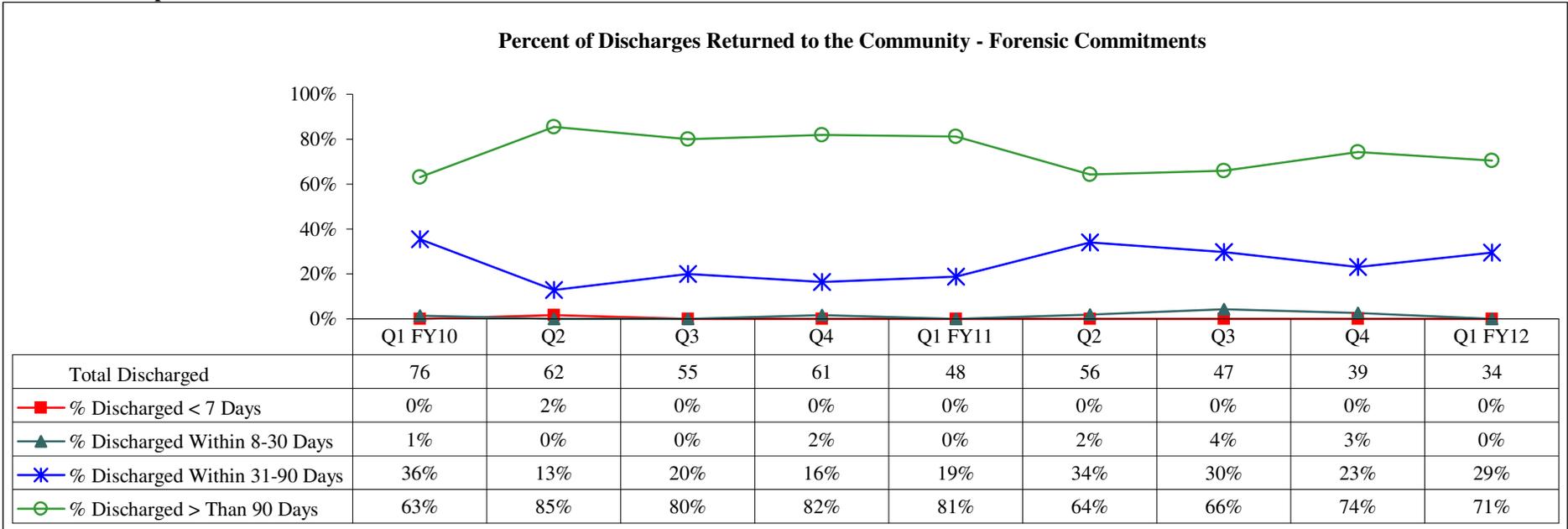
**Rio Grande State Center - Non Forensic**



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

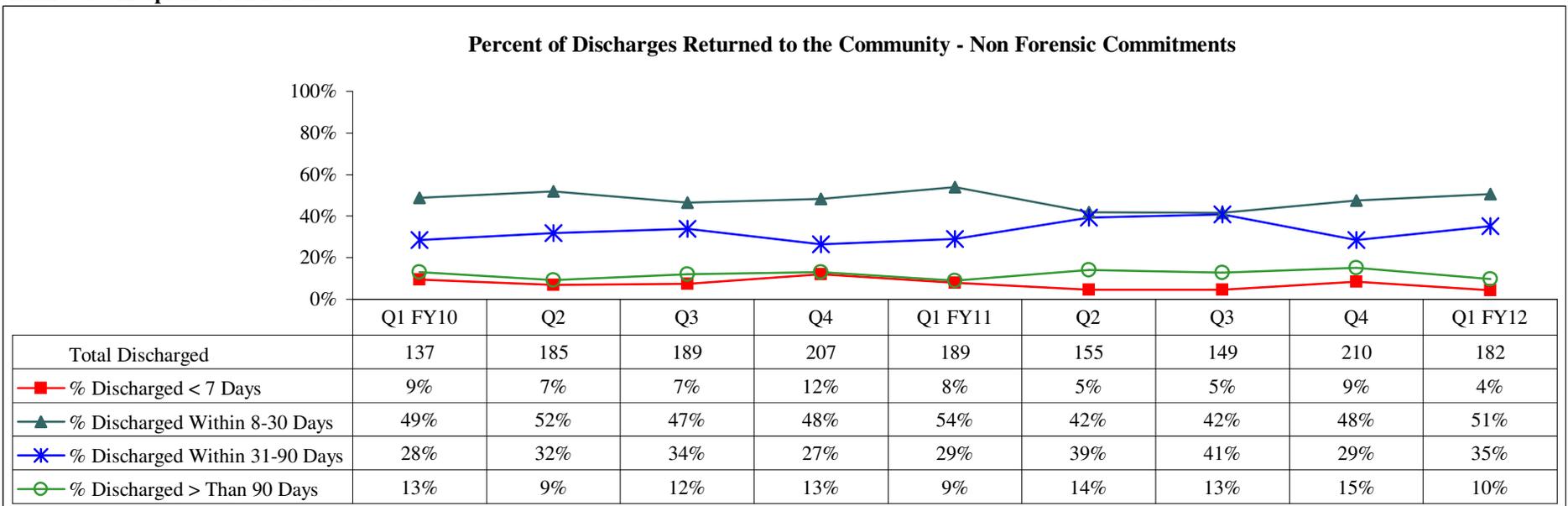
**Measure 5B - Percent of Discharges Returned to the Community**

**Rusk State Hospital - Forensic**



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

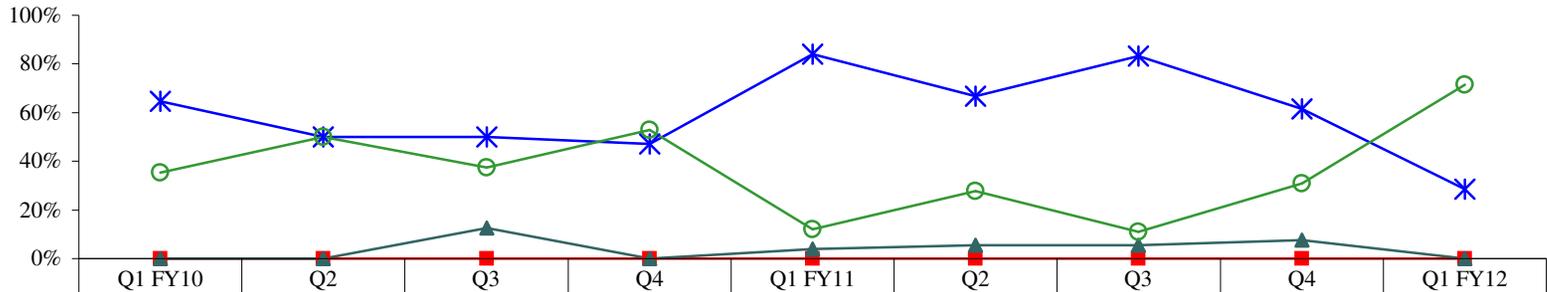
**Rusk State Hospital - Non Forensic**



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**

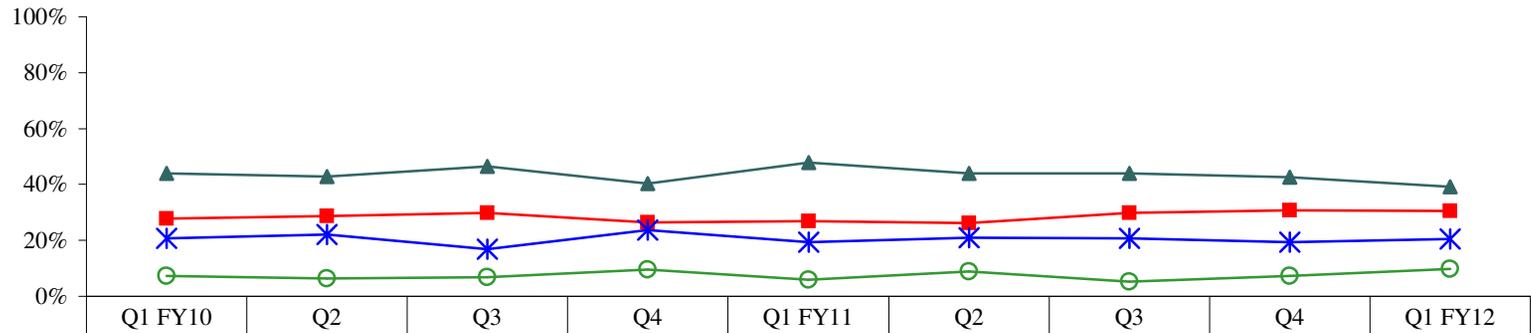
**Percent of Discharges Returned to the Community - Forensic Commitments**



|                                | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|--------------------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Total Discharged               | 17      | 16  | 16  | 17  | 25      | 18  | 18  | 13  | 14      |
| % Discharged < 7 Days          | 0%      | 0%  | 0%  | 0%  | 0%      | 0%  | 0%  | 0%  | 0%      |
| % Discharged Within 8-30 Days  | 0%      | 0%  | 13% | 0%  | 4%      | 6%  | 6%  | 8%  | 0%      |
| % Discharged Within 31-90 Days | 65%     | 50% | 50% | 47% | 84%     | 67% | 83% | 62% | 29%     |
| % Discharged > Than 90 Days    | 35%     | 50% | 38% | 53% | 12%     | 28% | 11% | 31% | 71%     |

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

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

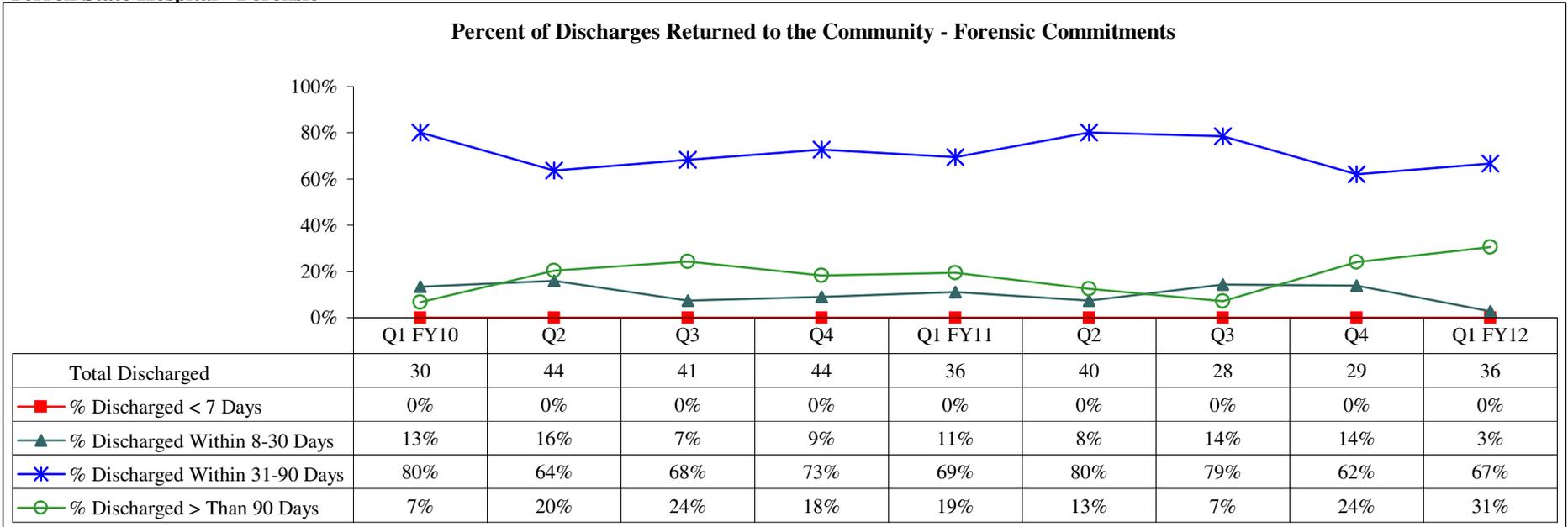


|                                | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|--------------------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Total Discharged               | 413     | 422 | 502 | 428 | 433     | 435 | 432 | 418 | 447     |
| % Discharged < 7 Days          | 28%     | 29% | 30% | 26% | 27%     | 26% | 30% | 31% | 30%     |
| % Discharged Within 8-30 Days  | 44%     | 43% | 46% | 40% | 48%     | 44% | 44% | 43% | 39%     |
| % Discharged Within 31-90 Days | 21%     | 22% | 17% | 24% | 19%     | 21% | 21% | 19% | 21%     |
| % Discharged > Than 90 Days    | 7%      | 6%  | 7%  | 10% | 6%      | 9%  | 5%  | 7%  | 10%     |

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

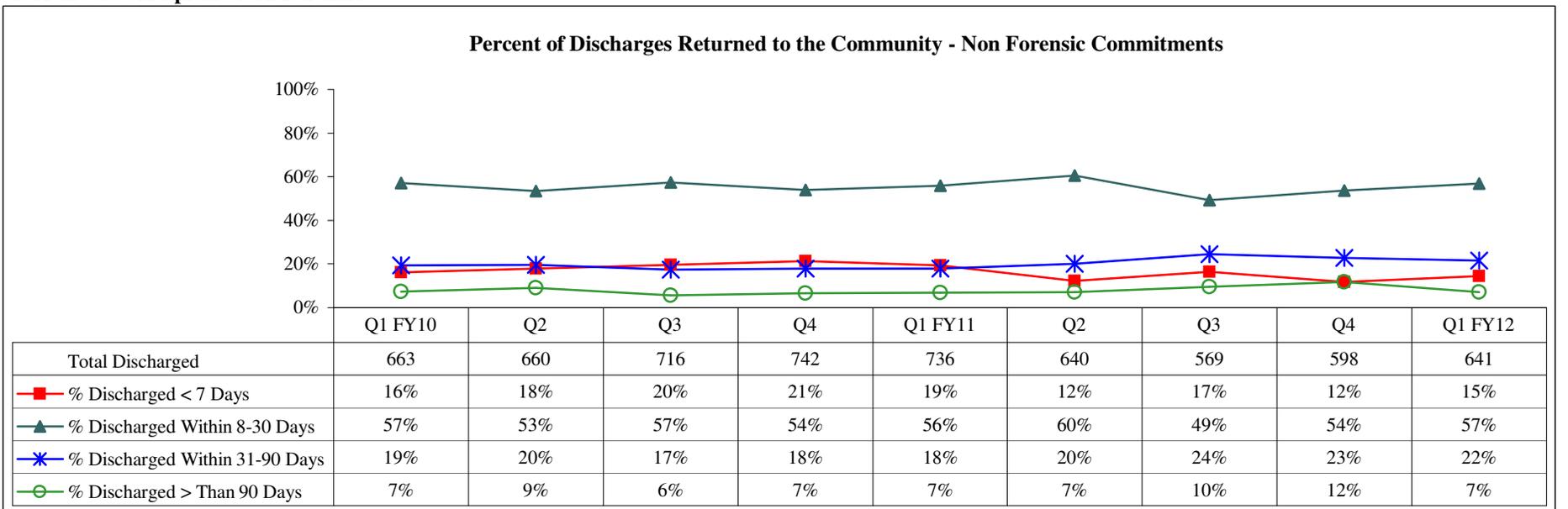
**Measure 5B - Percent of Discharges Returned to the Community**

**Terrell State Hospital - Forensic**



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

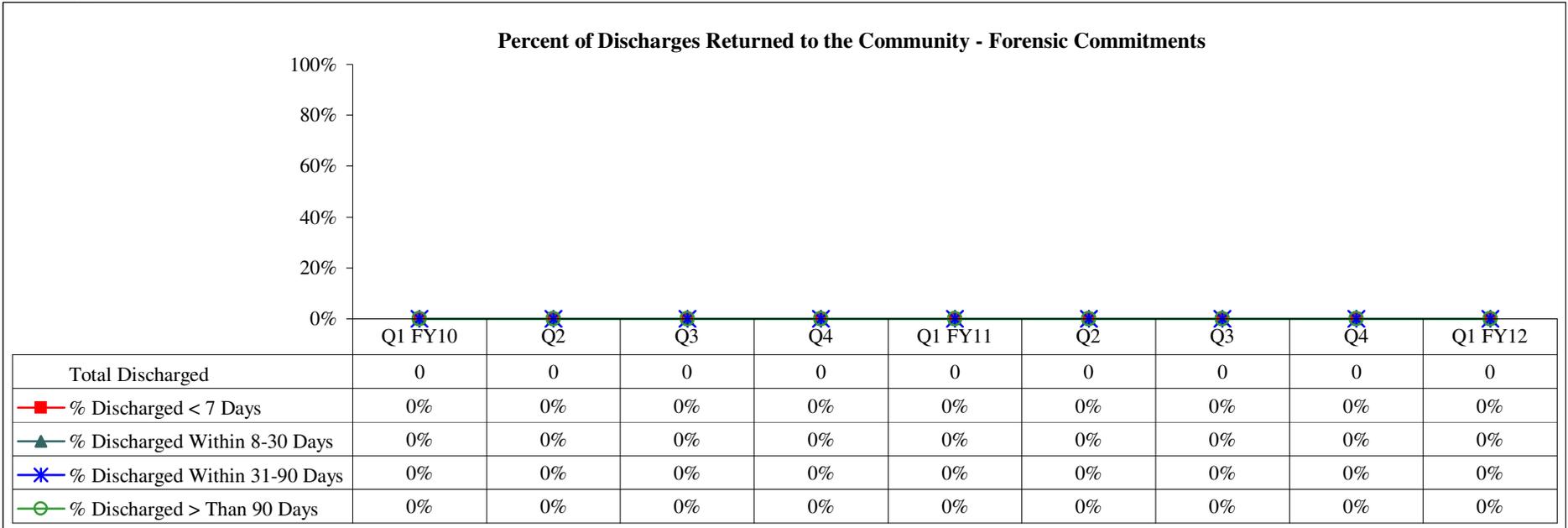
**Terrell State Hospital - Non Forensic**



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

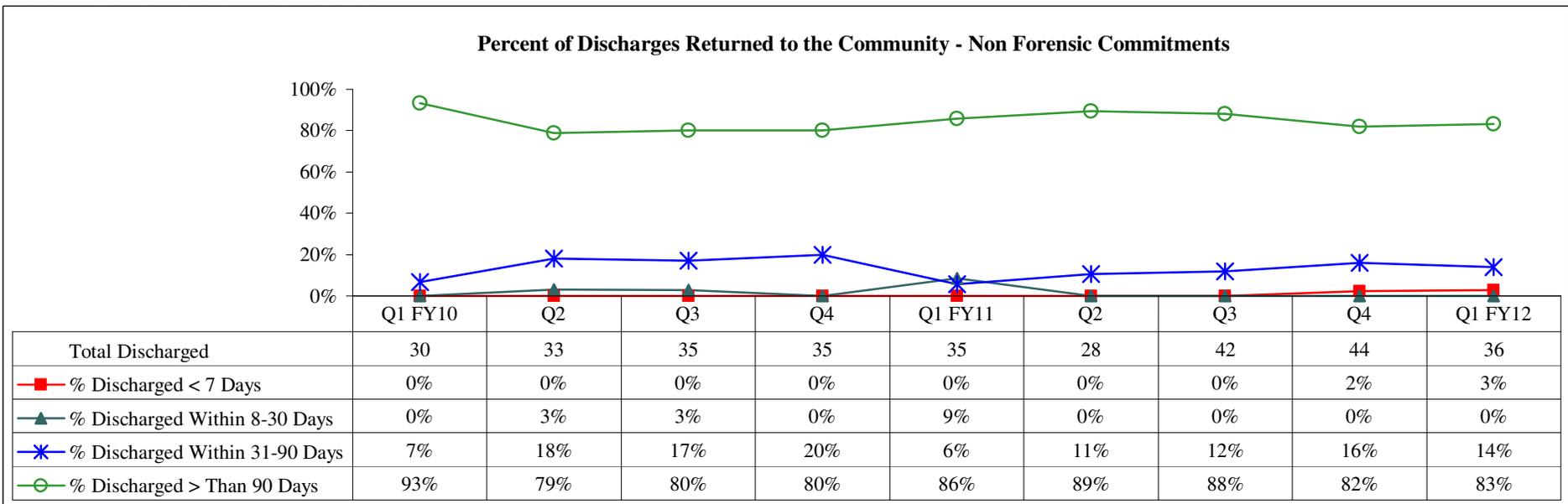
**Measure 5B - Percent of Discharges Returned to the Community**

**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 (tuberculosis, multi-drug resistant tuberculosis [MDRTB], and extensively drug related tuberculosis [XDRTB]).**

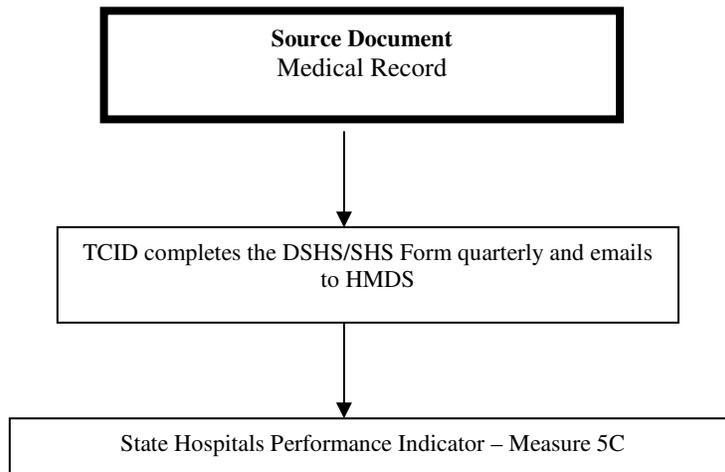
**Performance Measure Operational Definition:** Data reported by TCID.

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

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

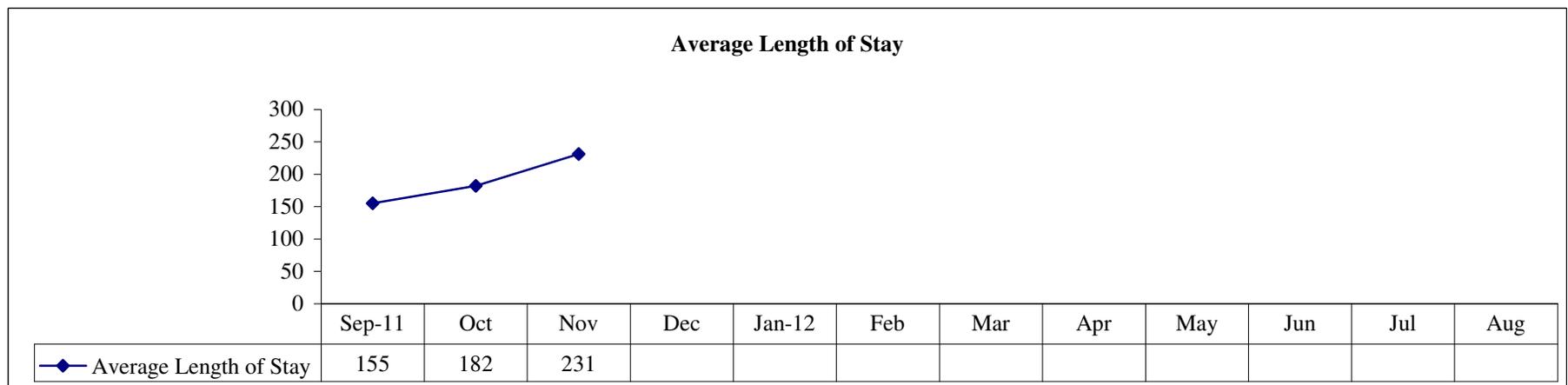
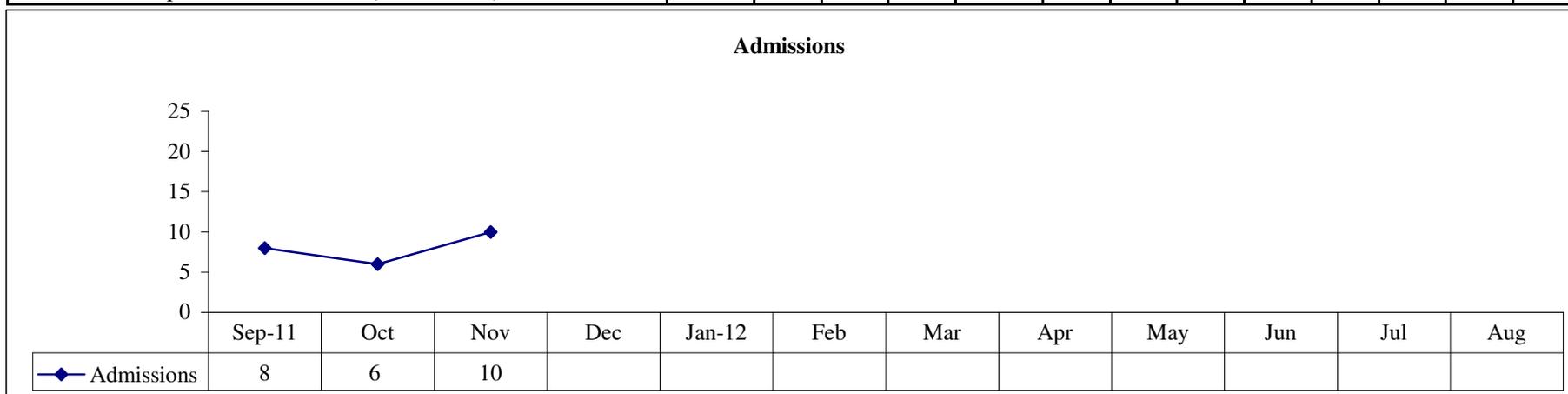
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

**Data Flow:**



**Measure 5C - Admissions and Average Length of Stay  
TCID - FY12**

|  | Sep-11 | Oct | Nov | Dec | Jan-12 | Feb | Mar | Apr | May | Jun | Jul | Aug | FY  |
|--|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|
| Admissions   | 8      | 6   | 10  |     |        |     |     |     |     |     |     |     | 24  |
| Average Length of Stay                                     | 155    | 182 | 231 |     |        |     |     |     |     |     |     |     | 189 |
| Number of Patients Admitted for Inpatient Care & Treatment | 8      | 6   | 10  |     |        |     |     |     |     |     |     |     | 24  |
| Tuberculoses   | 4      | 3   | 9   |     |        |     |     |     |     |     |     |     | 16  |
| Multi-drug related tuberculoses                            | 3      | 3   | 1   |     |        |     |     |     |     |     |     |     | 7   |
| Extensively drug related tuberculosis                      | 1      | 0   | 0   |     |        |     |     |     |     |     |     |     | 1   |
| Number of Outpatient Admissions (Encounters)               | 8      | 12  | 14  |     |        |     |     |     |     |     |     |     | 34  |



**Performance Measure 5D:**

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

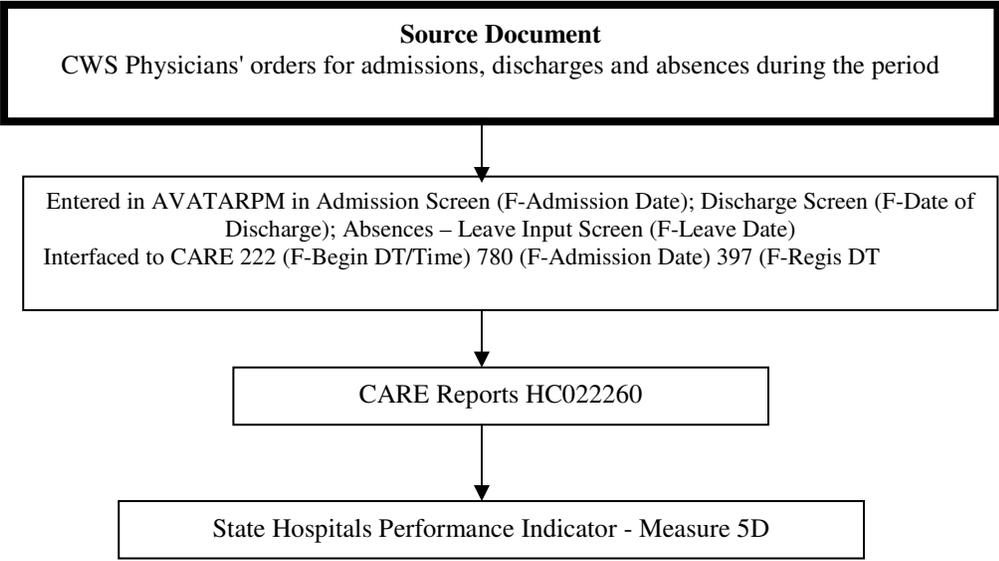
**Performance Measure Operational Definition:** The state hospital average length of stay at discharged using admissions, absence and discharge data.

**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.

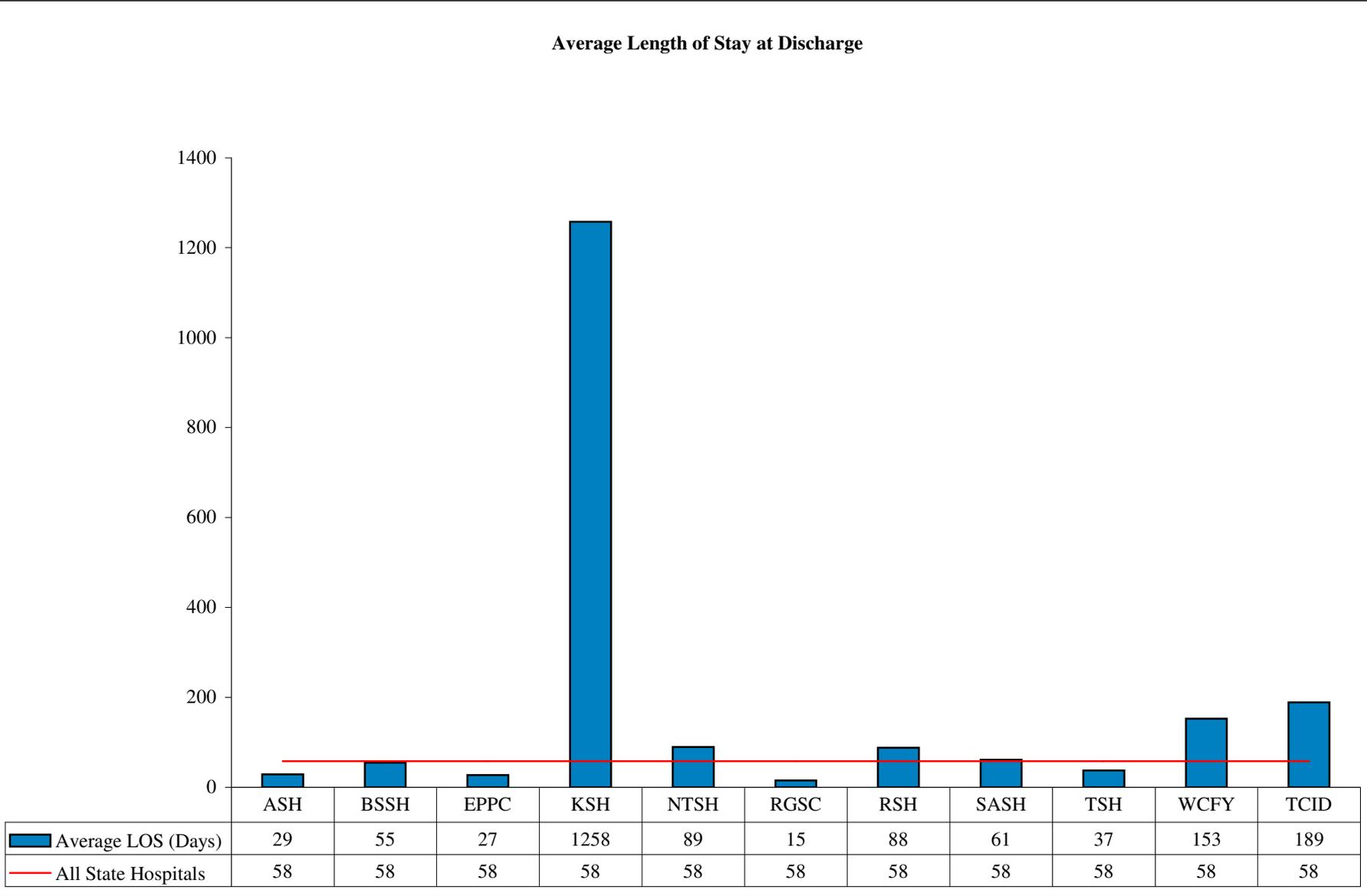
**Performance Measure Data Display and Chart Description:**

- ◆ 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:**



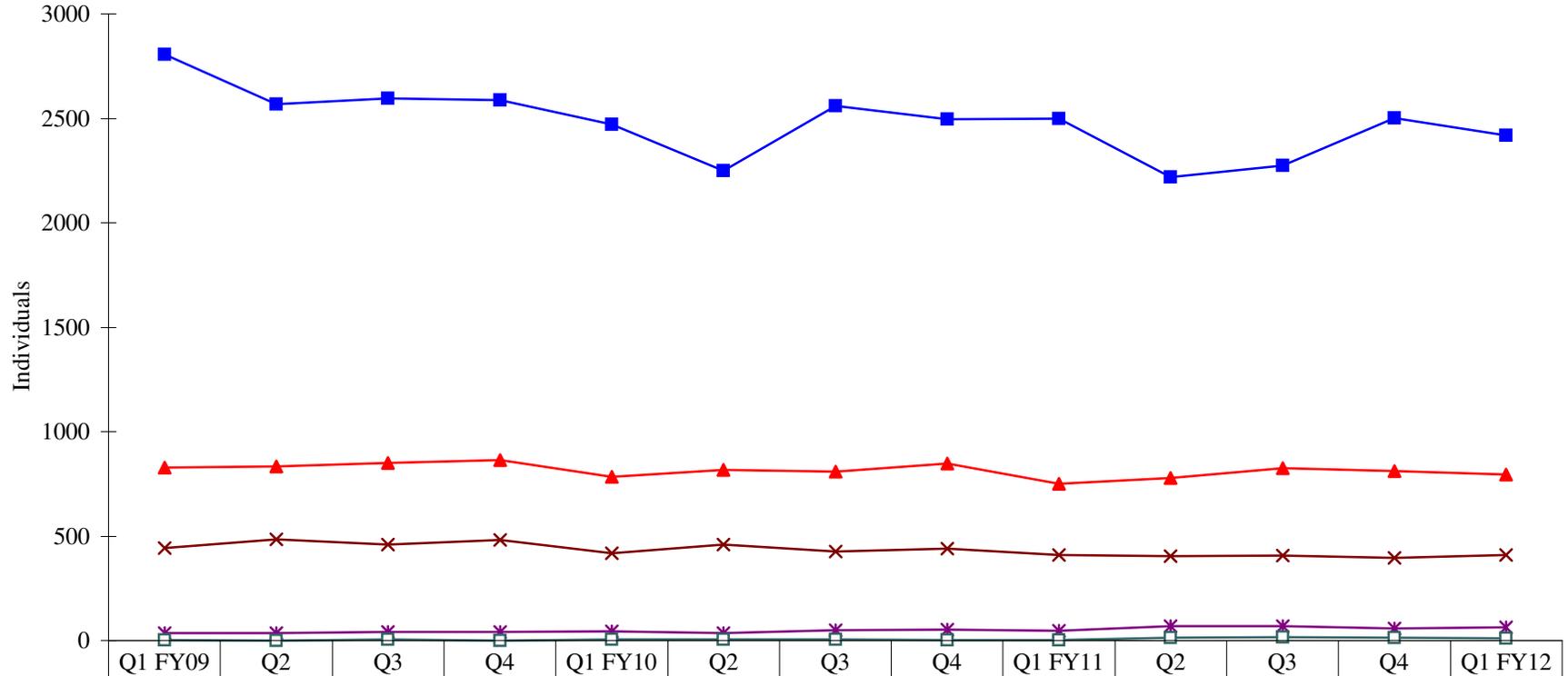
**Measure 5D - Average Length of Stay at Discharge  
All State Hospitals**



TCID - not included in All State Hospitals Average

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

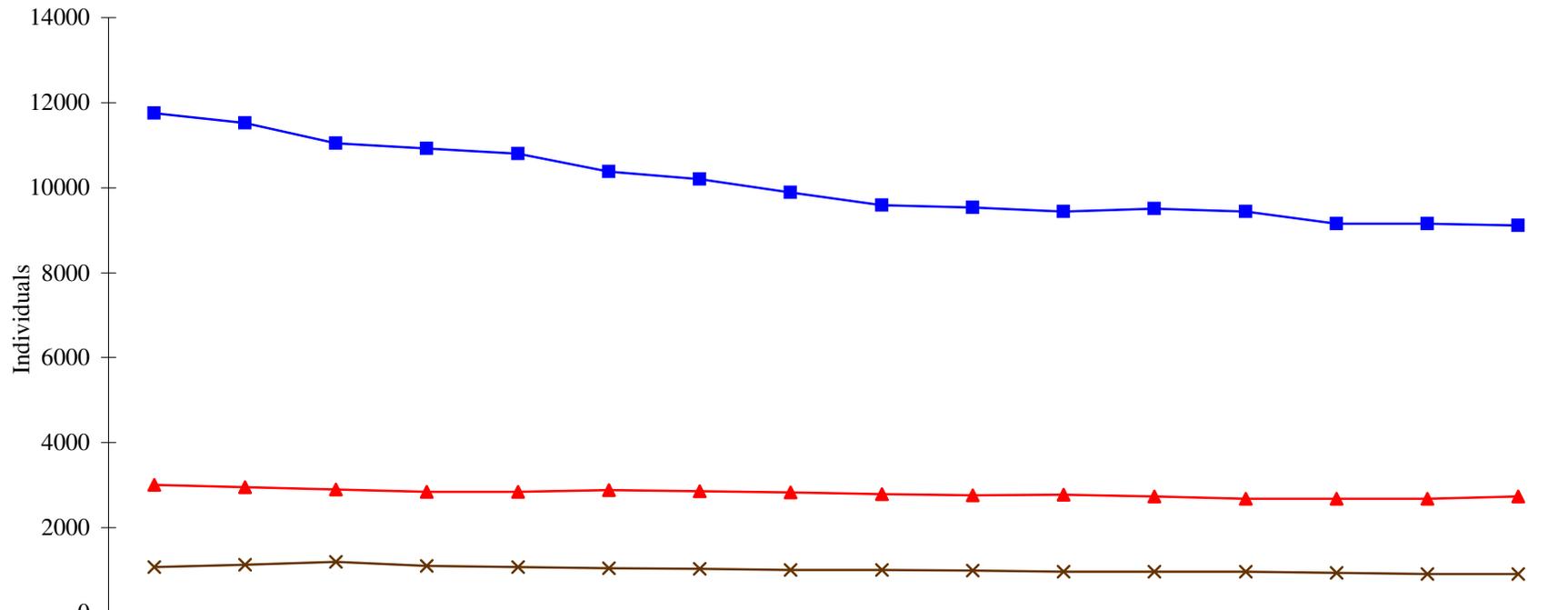
**Average Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2   | Q3   | Q4   | Q1 FY10 | Q2   | Q3   | Q4   | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|-----------------|---------|------|------|------|---------|------|------|------|---------|------|------|------|---------|
| Average LOS     | 45      | 45   | 48   | 47   | 52      | 54   | 50   | 50   | 48      | 65   | 64   | 57   | 58      |
| 30 Days or Less | 2805    | 2569 | 2596 | 2588 | 2472    | 2249 | 2559 | 2496 | 2500    | 2218 | 2275 | 2501 | 2419    |
| 31 - 90 Days    | 829     | 834  | 851  | 863  | 783     | 816  | 809  | 849  | 752     | 779  | 825  | 811  | 795     |
| 91 - 365 Days   | 443     | 485  | 461  | 482  | 418     | 459  | 427  | 441  | 410     | 404  | 407  | 396  | 410     |
| 1 - 5 Years     | 35      | 35   | 42   | 41   | 43      | 37   | 49   | 52   | 48      | 69   | 68   | 57   | 63      |
| Over 5 Years    | 3       | 1    | 6    | 1    | 5       | 6    | 6    | 4    | 2       | 13   | 17   | 13   | 11      |

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

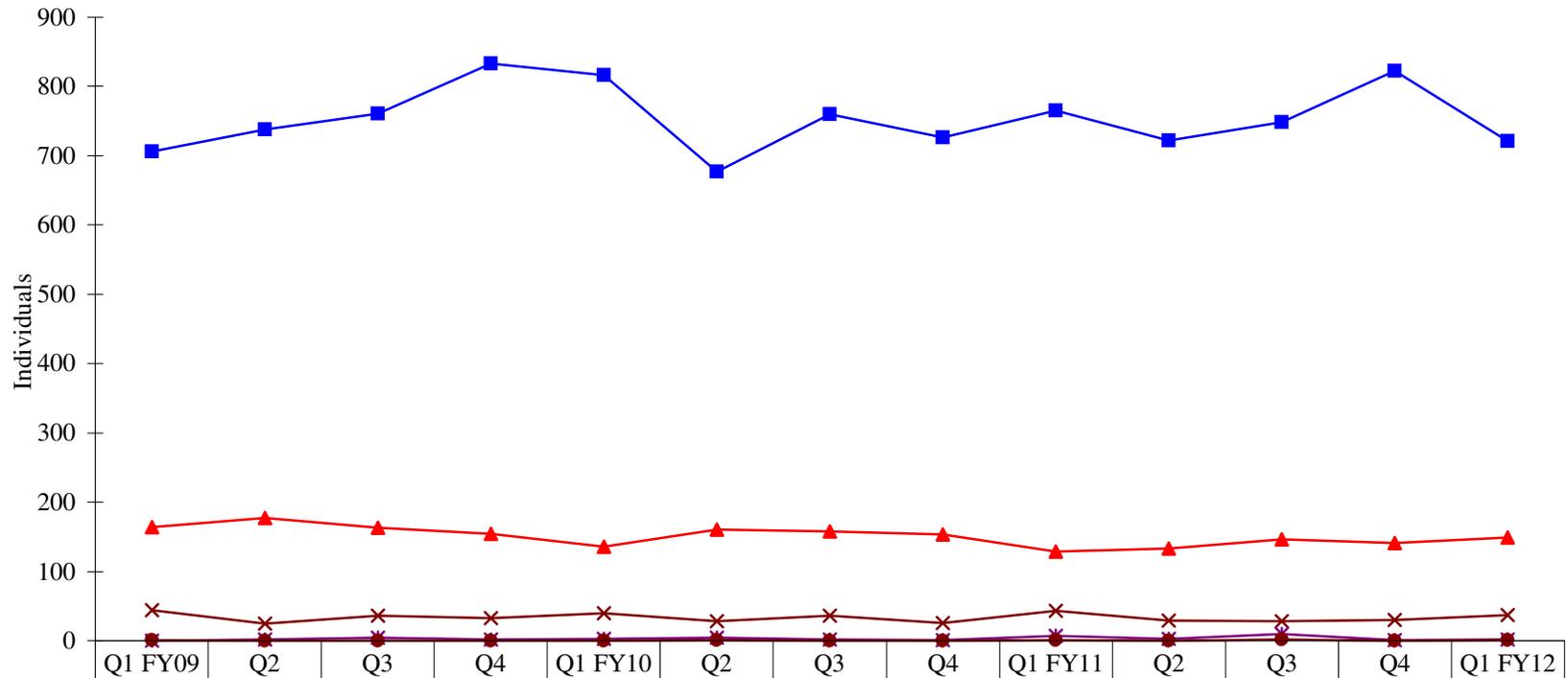
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                 | 3/07-2/08 | 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 | 9/10-8/11 | 12/10-11/11 |
|-----------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS     | 27        | 28        | 29        | 28          | 28        | 29        | 29        | 29          | 29        | 29        | 29        | 29          | 29        | 30        | 30        | 30          |
| 30 Days or Less | 11751     | 11516     | 11040     | 10922       | 10805     | 10380     | 10205     | 9882        | 9583      | 9530      | 9438      | 9506        | 9440      | 9158      | 9150      | 9108        |
| 31-90 Days      | 3006      | 2949      | 2898      | 2847        | 2844      | 2891      | 2859      | 2835        | 2791      | 2762      | 2781      | 2742        | 2681      | 2680      | 2682      | 2732        |
| 91-365 Days     | 1079      | 1131      | 1202      | 1101        | 1076      | 1047      | 1035      | 1006        | 1011      | 999       | 973       | 962         | 968       | 942       | 918       | 906         |

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

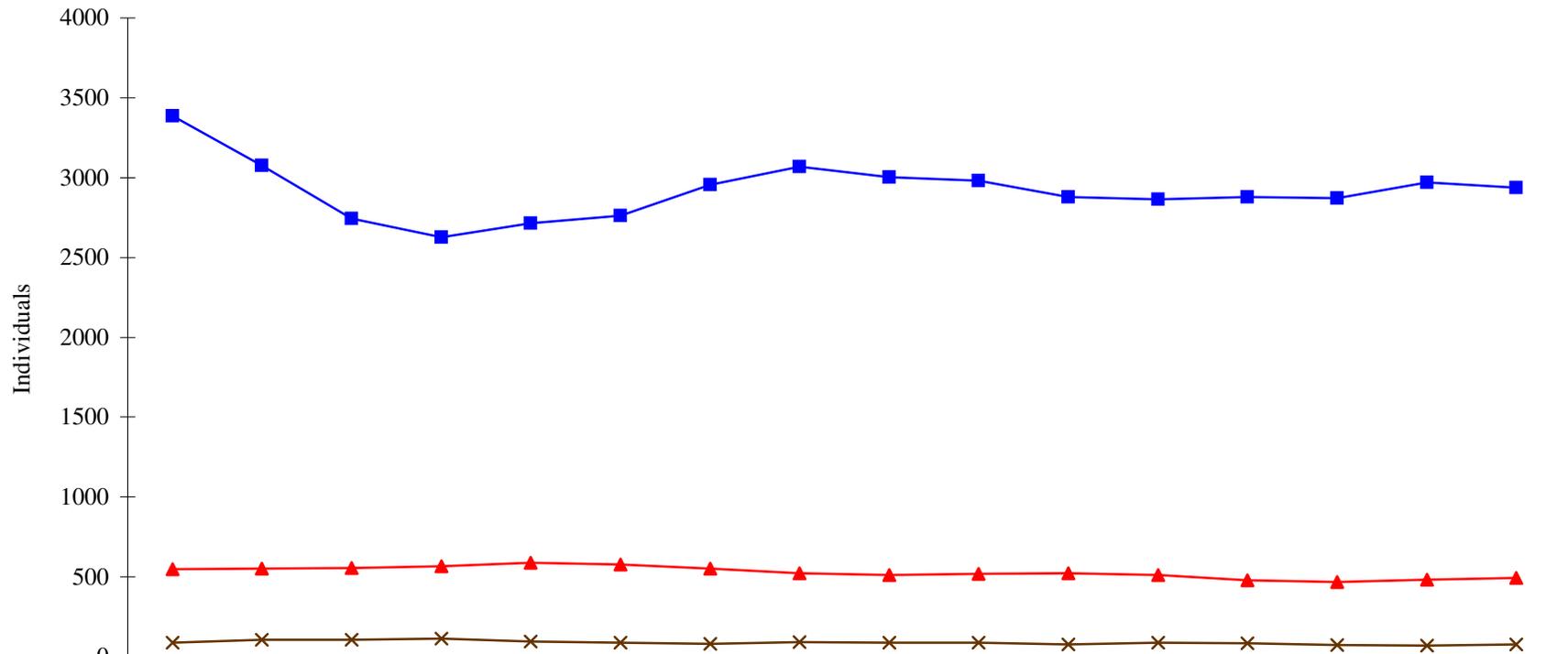
**Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS     | 32      | 23  | 25  | 22  | 24      | 31  | 23  | 21  | 28      | 23  | 39  | 21  | 29      |
| 30 Days or Less | 706     | 738 | 761 | 833 | 816     | 677 | 760 | 726 | 765     | 722 | 748 | 822 | 721     |
| 31 - 90 Days    | 164     | 177 | 163 | 154 | 136     | 160 | 158 | 153 | 129     | 133 | 146 | 141 | 149     |
| 91 - 365 Days   | 44      | 25  | 36  | 33  | 40      | 28  | 36  | 26  | 43      | 29  | 28  | 30  | 37      |
| 1 - 5 Years     | 0       | 2   | 4   | 2   | 3       | 4   | 2   | 1   | 7       | 3   | 10  | 1   | 2       |
| Over 5 Years    | 1       | 0   | 0   | 0   | 0       | 1   | 0   | 0   | 1       | 0   | 2   | 0   | 1       |

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

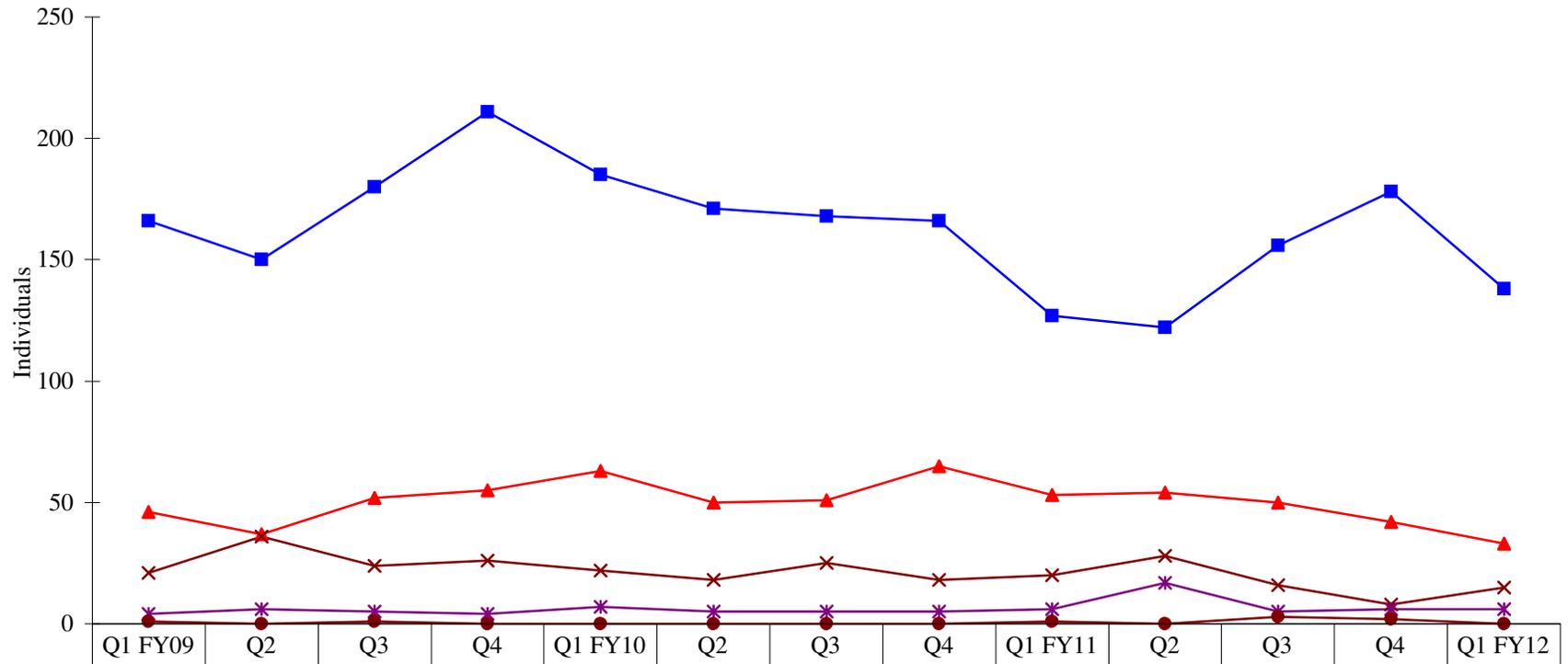
**Average Length of Stay For Admitted and Discharged During Prior 12 Months**



|                   | 3/07-2/08 | 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 | 9/10-8/11 | 12/10-11/11 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS       | 18        | 19        | 20        | 21          | 21        | 21        | 19        | 19          | 19        | 19        | 19        | 19          | 19        | 18        | 18        | 18          |
| ■ 30 Days or Less | 3386      | 3075      | 2742      | 2625        | 2713      | 2762      | 2956      | 3069        | 3002      | 2980      | 2879      | 2865        | 2879      | 2873      | 2969      | 2937        |
| ▲ 31-90 Days      | 549       | 552       | 557       | 568         | 587       | 577       | 550       | 523         | 510       | 518       | 524       | 510         | 479       | 469       | 481       | 492         |
| × 91-365 Days     | 89        | 106       | 105       | 115         | 94        | 86        | 81        | 93          | 87        | 89        | 76        | 86          | 83        | 74        | 68        | 75          |

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

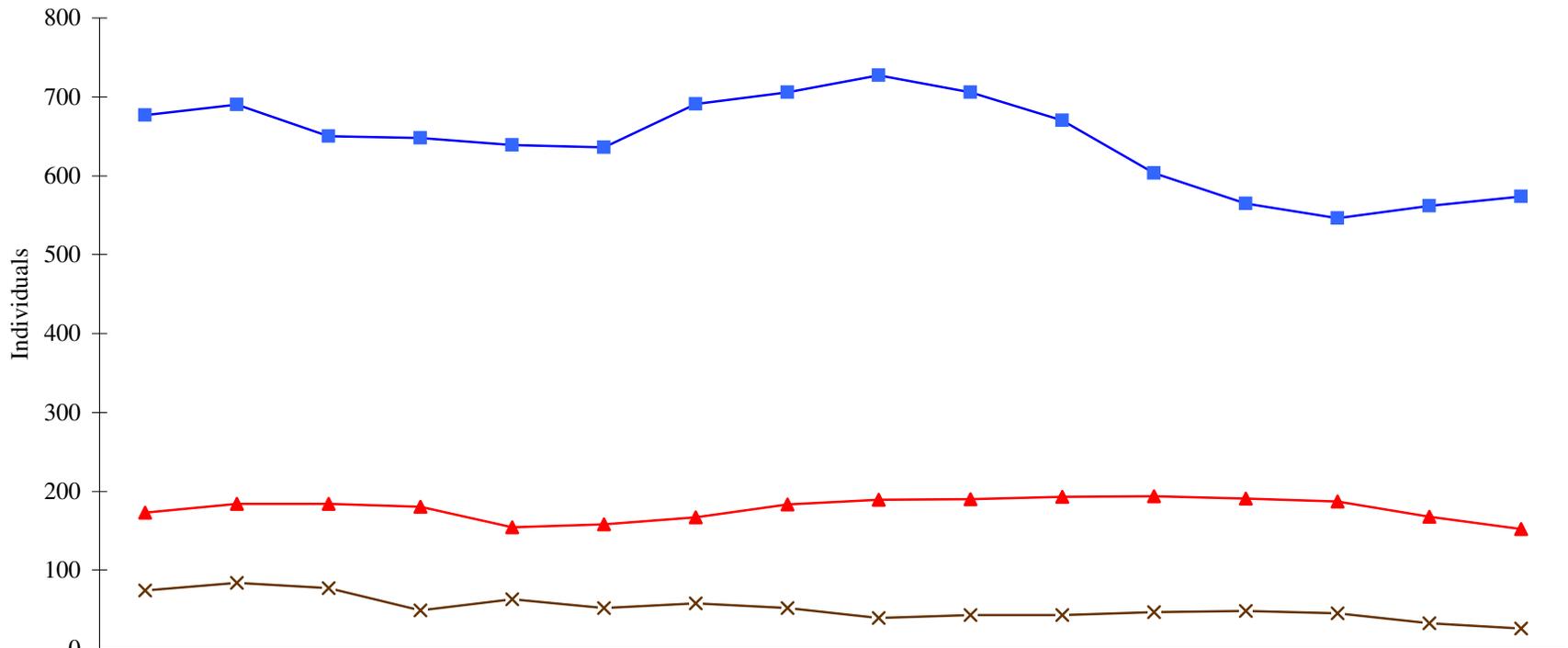
**Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS     | 51      | 62  | 54  | 45  | 56      | 46  | 54  | 49  | 71      | 105 | 84  | 75  | 55      |
| 30 Days or Less | 166     | 150 | 180 | 211 | 185     | 171 | 168 | 166 | 127     | 122 | 156 | 178 | 138     |
| 31 - 90 Days    | 46      | 37  | 52  | 55  | 63      | 50  | 51  | 65  | 53      | 54  | 50  | 42  | 33      |
| 91 - 365 Days   | 21      | 36  | 24  | 26  | 22      | 18  | 25  | 18  | 20      | 28  | 16  | 8   | 15      |
| 1 - 5 Years     | 4       | 6   | 5   | 4   | 7       | 5   | 5   | 5   | 6       | 17  | 5   | 6   | 6       |
| Over 5 Years    | 1       | 0   | 1   | 0   | 0       | 0   | 0   | 0   | 1       | 0   | 3   | 2   | 0       |

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

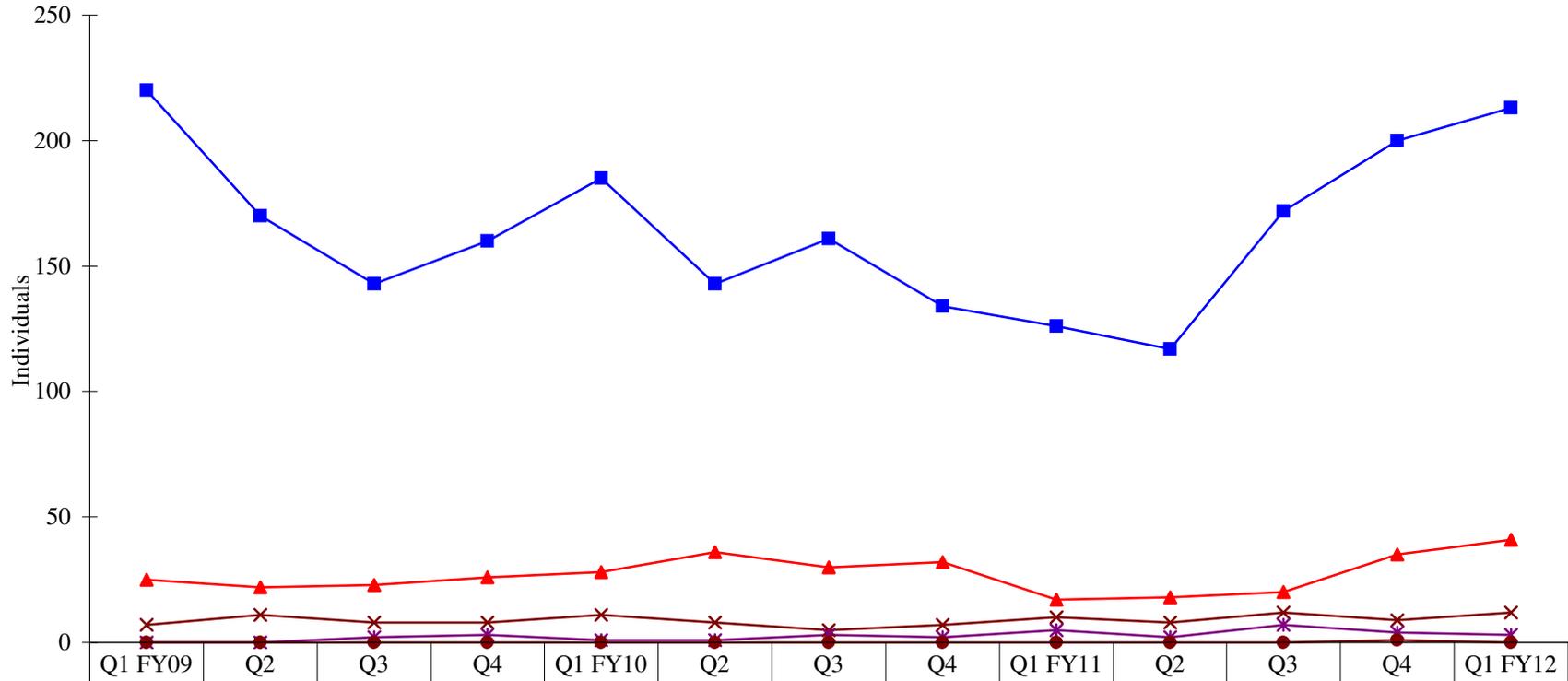
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                 | 3/07-2/08 | 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 | 9/10-8/11 | 12/10-11/11 |
|-----------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS     | 29        | 31        | 31        | 27          | 29        | 27        | 27        | 27          | 24        | 25        | 25        | 28          | 29        | 29        | 27        | 26          |
| 30 Days or Less | 677       | 690       | 650       | 648         | 639       | 636       | 691       | 706         | 727       | 706       | 670       | 603         | 565       | 546       | 562       | 574         |
| 31-90 Days      | 173       | 184       | 184       | 180         | 154       | 158       | 167       | 183         | 189       | 190       | 193       | 194         | 191       | 187       | 168       | 152         |
| 91-365 Days     | 74        | 84        | 77        | 49          | 63        | 52        | 58        | 52          | 39        | 43        | 43        | 47          | 48        | 45        | 33        | 26          |

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

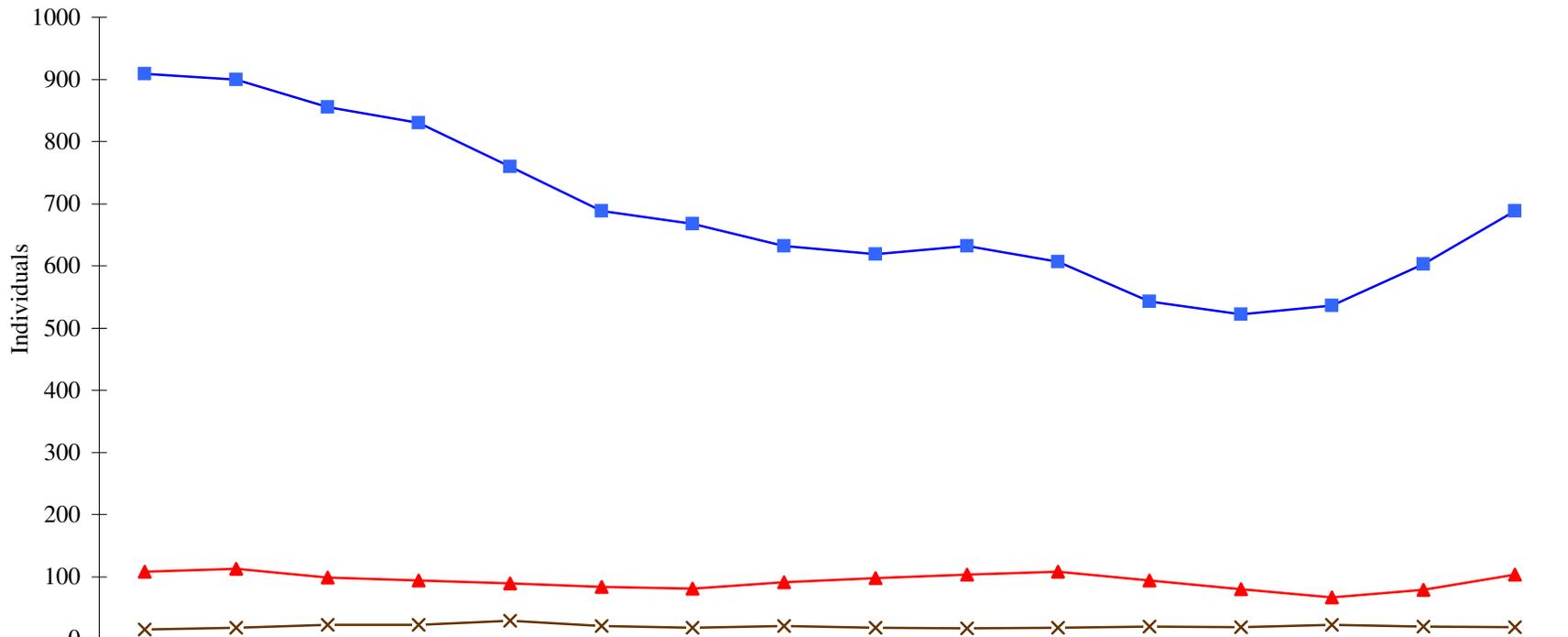
**Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS     | 17      | 22  | 27  | 37  | 24      | 27  | 30  | 29  | 46      | 41  | 42  | 38  | 27      |
| 30 Days or Less | 220     | 170 | 143 | 160 | 185     | 143 | 161 | 134 | 126     | 117 | 172 | 200 | 213     |
| 31 - 90 Days    | 25      | 22  | 23  | 26  | 28      | 36  | 30  | 32  | 17      | 18  | 20  | 35  | 41      |
| 91 - 365 Days   | 7       | 11  | 8   | 8   | 11      | 8   | 5   | 7   | 10      | 8   | 12  | 9   | 12      |
| 1 - 5 Years     | 0       | 0   | 2   | 3   | 1       | 1   | 3   | 2   | 5       | 2   | 7   | 4   | 3       |
| Over 5 Years    | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 1   | 0       |

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

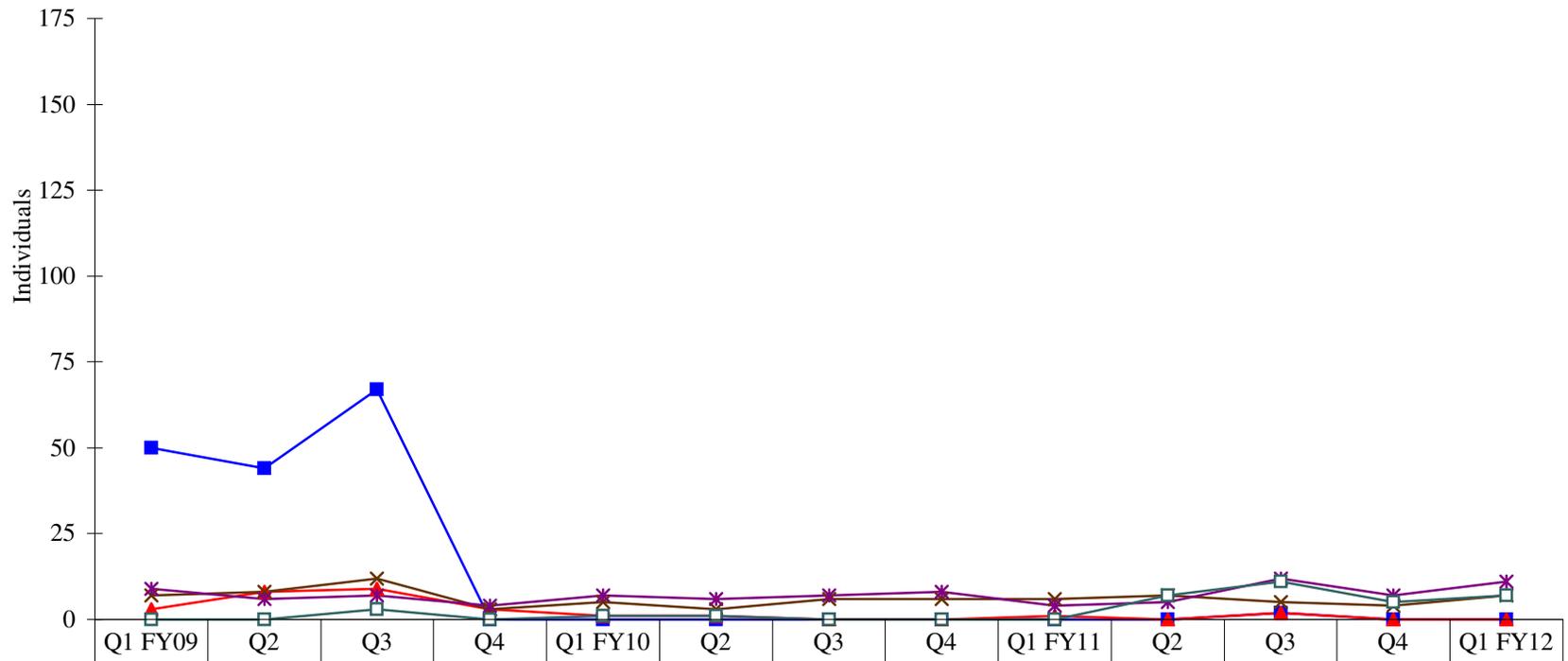
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                 | 3/07-2/08 | 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 | 9/10-8/11 | 12/10-11/11 |
|-----------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS     | 15        | 15        | 16        | 16          | 18        | 17        | 17        | 18          | 18        | 18        | 19        | 20          | 20        | 21        | 19        | 19          |
| 30 Days or Less | 909       | 900       | 855       | 830         | 760       | 688       | 668       | 632         | 619       | 632       | 607       | 543         | 522       | 536       | 603       | 688         |
| 31-90 Days      | 108       | 113       | 99        | 94          | 89        | 84        | 81        | 91          | 98        | 103       | 108       | 94          | 80        | 67        | 79        | 103         |
| 91-365 Days     | 15        | 18        | 23        | 23          | 29        | 21        | 18        | 21          | 18        | 17        | 18        | 20          | 19        | 23        | 20        | 19          |

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

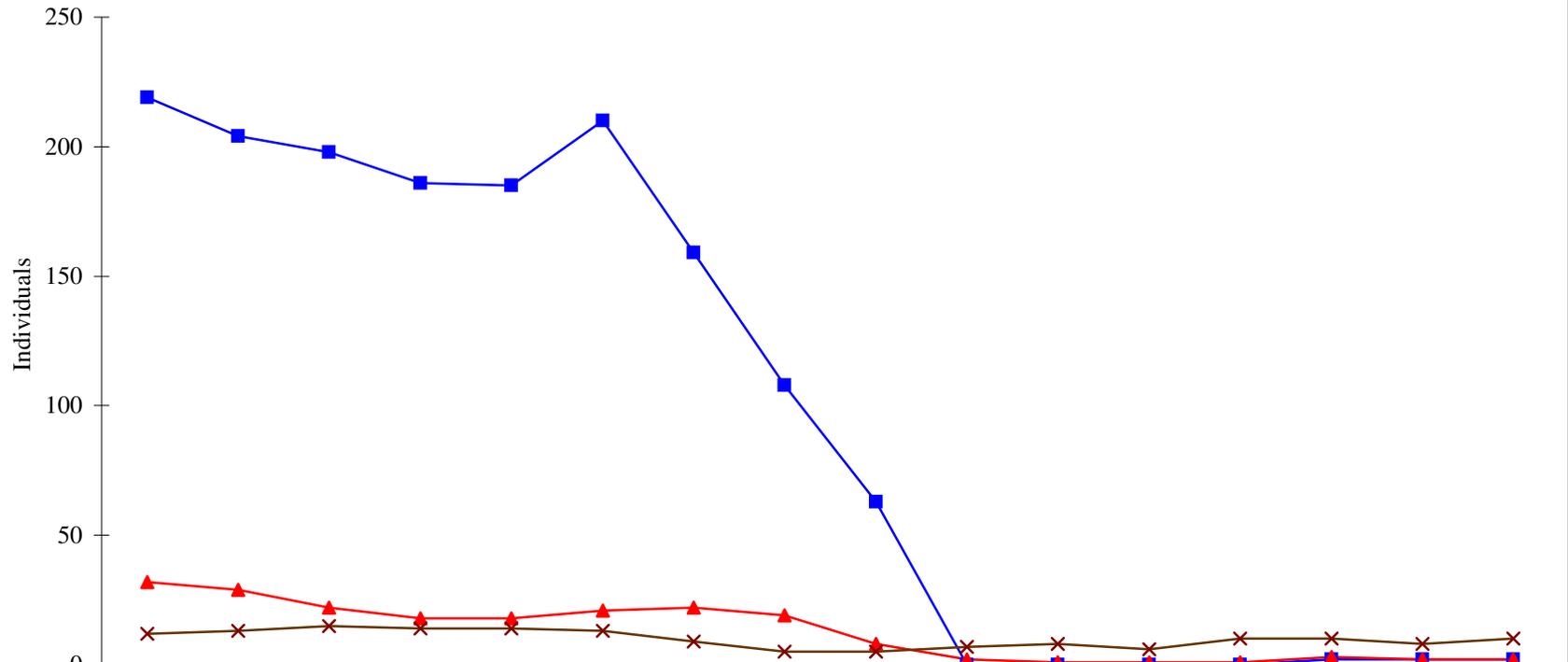
**Length of Stay at Discharge by Category**



| Average LOS       | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2   | Q3  | Q4  | Q1 FY11 | Q2   | Q3   | Q4   | Q1 FY12 |
|-------------------|---------|-----|-----|-----|---------|------|-----|-----|---------|------|------|------|---------|
| Average LOS       | 164     | 108 | 182 | 541 | 724     | 1004 | 584 | 696 | 539     | 1332 | 1235 | 1119 | 1258    |
| ■ 30 Days or Less | 50      | 44  | 67  | 0   | 0       | 0    | 0   | 0   | 0       | 0    | 2    | 0    | 0       |
| ▲ 31 - 90 Days    | 3       | 8   | 9   | 3   | 1       | 1    | 0   | 0   | 1       | 0    | 2    | 0    | 0       |
| ✕ 91 - 365 Days   | 7       | 8   | 12  | 3   | 5       | 3    | 6   | 6   | 6       | 7    | 5    | 4    | 7       |
| ✱ 1 - 5 Years     | 9       | 6   | 7   | 4   | 7       | 6    | 7   | 8   | 4       | 5    | 12   | 7    | 11      |
| □ Over 5 Years    | 0       | 0   | 3   | 0   | 1       | 1    | 0   | 0   | 0       | 7    | 11   | 5    | 7       |

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

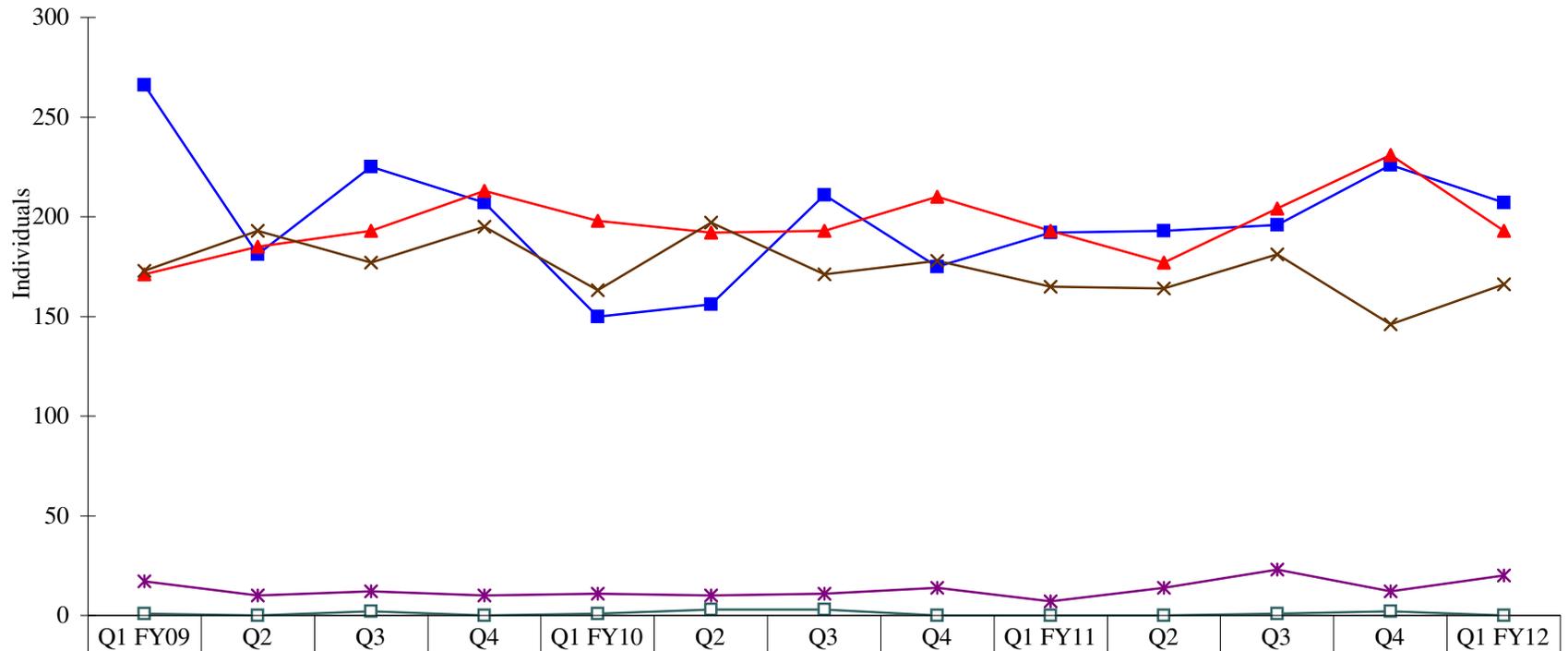
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                   | 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 | 9/10-8/11 | 12/10-11/11 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS       | 22        | 22        | 23        | 21          | 22        | 19        | 21        | 20          | 24        | 176       | 197       | 180         | 160       | 115       | 111       | 109         |
| ■ 30 Days or Less | 219       | 204       | 198       | 186         | 185       | 210       | 159       | 108         | 63        | 0         | 0         | 0           | 0         | 2         | 2         | 2           |
| ▲ 31-90 Days      | 32        | 29        | 22        | 18          | 18        | 21        | 22        | 19          | 8         | 2         | 1         | 1           | 1         | 3         | 2         | 2           |
| × 91-365 Days     | 12        | 13        | 15        | 14          | 14        | 13        | 9         | 5           | 5         | 7         | 8         | 6           | 10        | 10        | 8         | 10          |

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

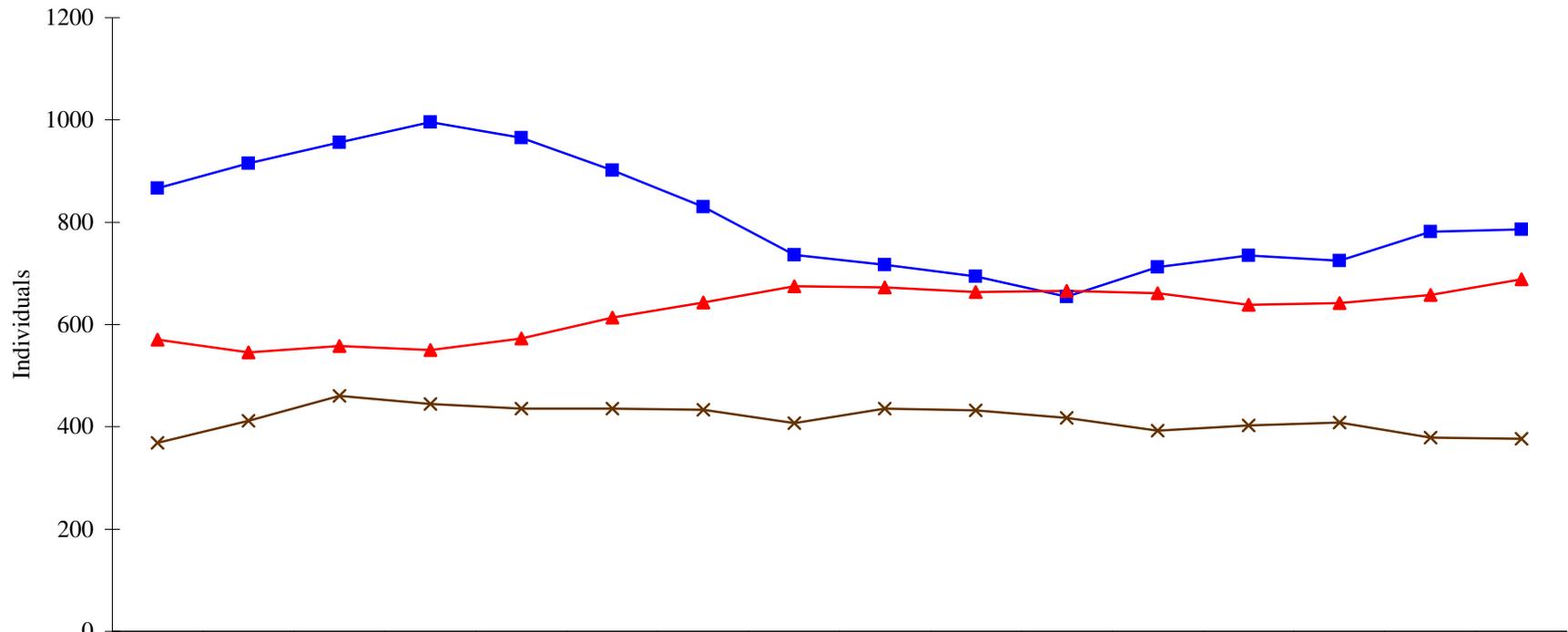
**Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS     | 85      | 84  | 87  | 84  | 93      | 104 | 100 | 90  | 84      | 87  | 96  | 83  | 89      |
| 30 Days or Less | 266     | 181 | 225 | 207 | 150     | 156 | 211 | 175 | 192     | 193 | 196 | 226 | 207     |
| 31 - 90 Days    | 171     | 185 | 193 | 213 | 198     | 192 | 193 | 210 | 193     | 177 | 204 | 231 | 193     |
| 91 - 365 Days   | 173     | 193 | 177 | 195 | 163     | 197 | 171 | 178 | 165     | 164 | 181 | 146 | 166     |
| 1 - 5 Years     | 17      | 10  | 12  | 10  | 11      | 10  | 11  | 14  | 7       | 14  | 23  | 12  | 20      |
| Over 5 Years    | 1       | 0   | 2   | 0   | 1       | 3   | 3   | 0   | 0       | 0   | 1   | 2   | 0       |

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

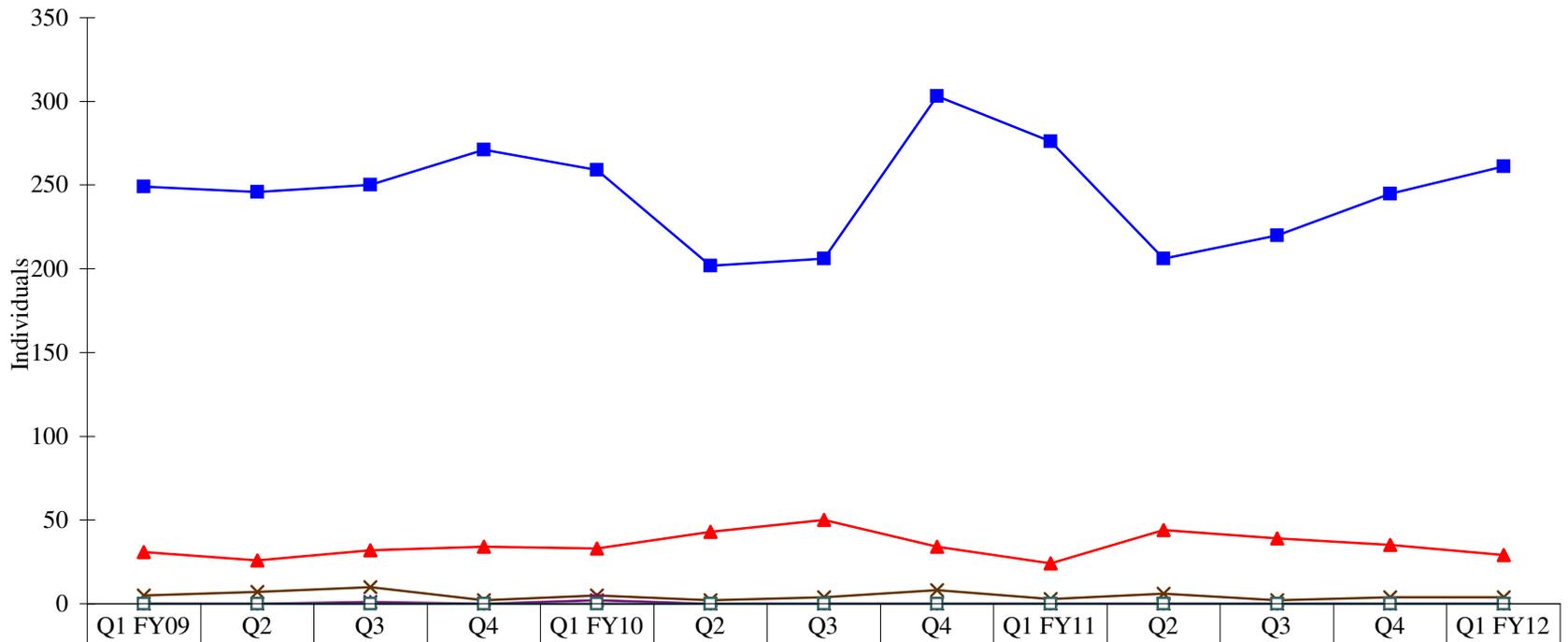
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                 | 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 | 9/10-8/11 | 12/10-11/11 |
|-----------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS     | 51        | 53        | 54        | 52          | 52        | 55        | 56        | 56          | 59        | 60        | 61        | 57          | 59        | 59        | 56        | 55          |
| 30 Days or Less | 867       | 915       | 956       | 996         | 965       | 902       | 830       | 736         | 717       | 694       | 655       | 712         | 735       | 725       | 782       | 786         |
| 31-90 Days      | 570       | 545       | 558       | 550         | 573       | 614       | 643       | 675         | 673       | 664       | 666       | 661         | 639       | 642       | 658       | 689         |
| 91-365 Days     | 369       | 412       | 461       | 445         | 435       | 435       | 433       | 407         | 435       | 432       | 417       | 392         | 403       | 408       | 379       | 376         |

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

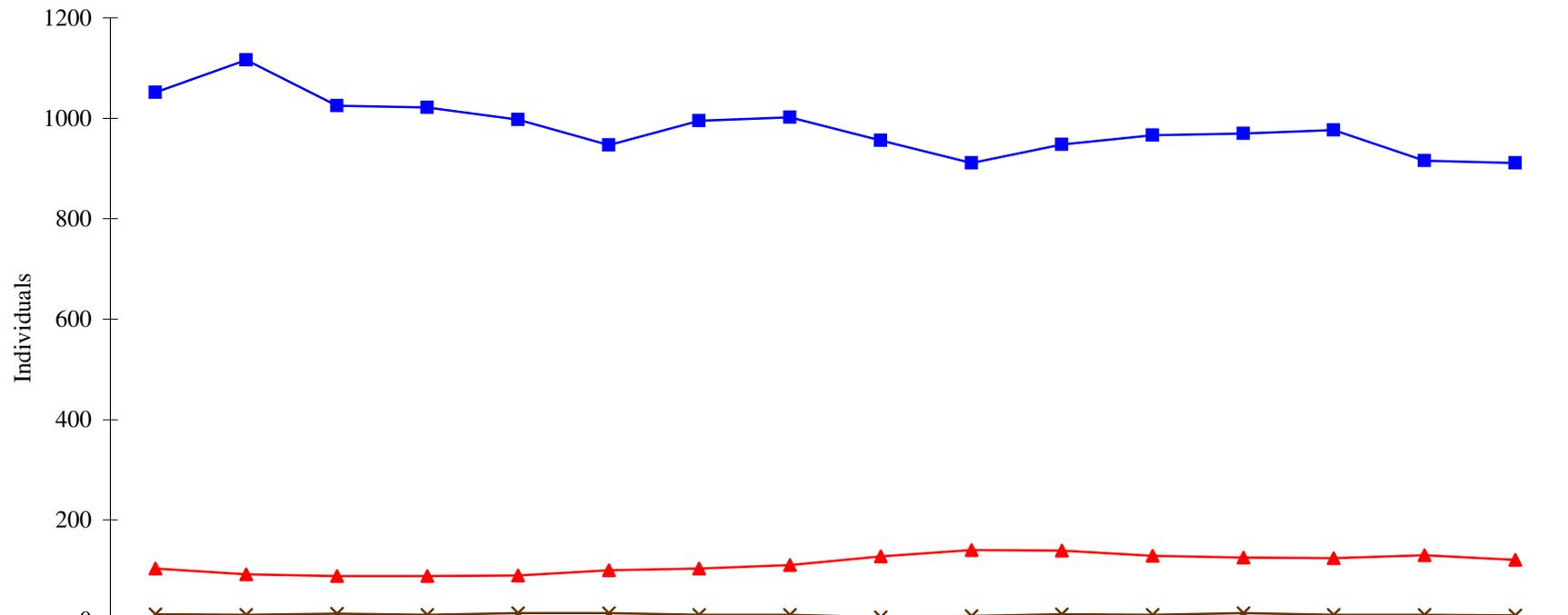
**Average Length of Stay at Discharge by Category**



|                   | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS       | 15      | 16  | 19  | 15  | 19      | 18  | 19  | 16  | 14      | 19  | 17  | 17  | 15      |
| ■ 30 Days or Less | 249     | 246 | 250 | 271 | 259     | 202 | 206 | 303 | 276     | 206 | 220 | 245 | 261     |
| ▲ 31 - 90 Days    | 31      | 26  | 32  | 34  | 33      | 43  | 50  | 34  | 24      | 44  | 39  | 35  | 29      |
| × 91 - 365 Days   | 5       | 7   | 10  | 2   | 5       | 2   | 4   | 8   | 3       | 6   | 2   | 4   | 4       |
| * 1 - 5 Years     | 0       | 0   | 1   | 0   | 2       | 0   | 0   | 0   | 0       | 0   | 0   | 0   | 0       |
| □ Over 5 Years    | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 0   | 0       |

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

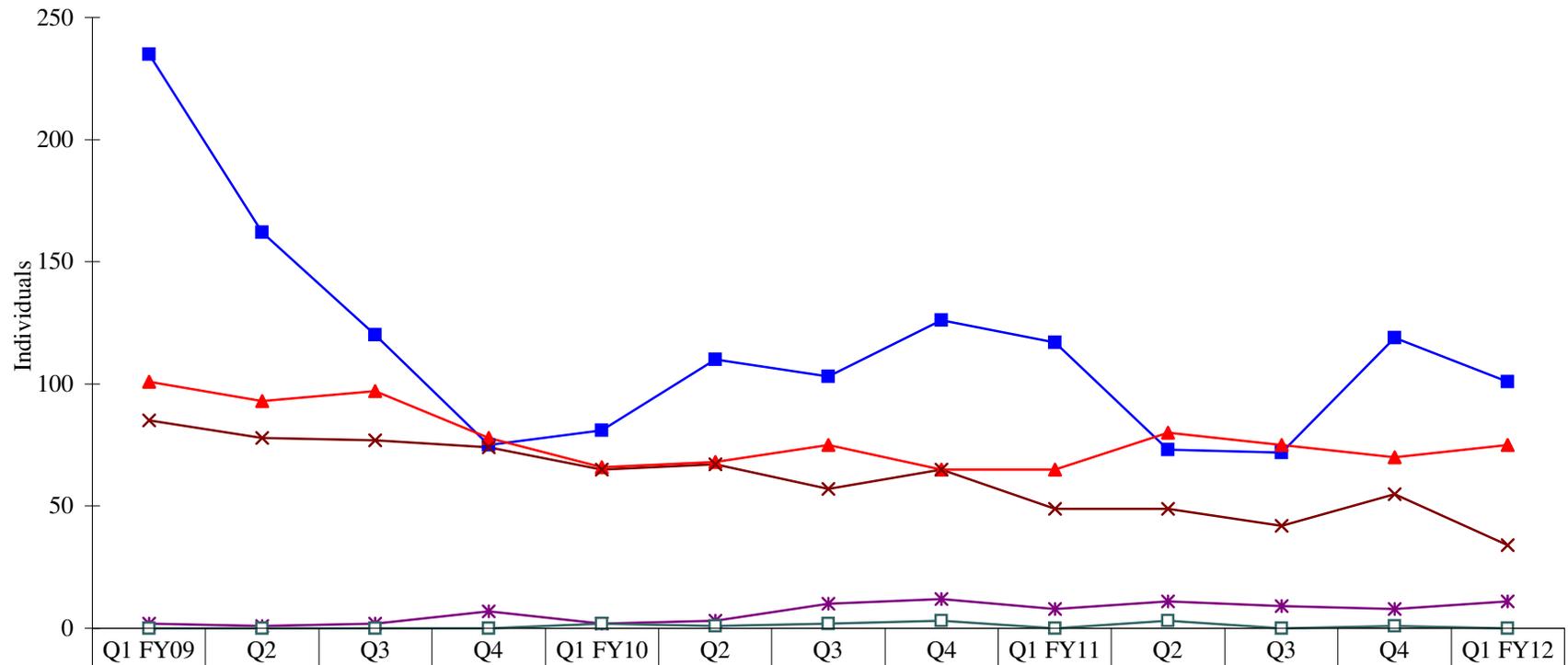
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                   | 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 | 9/10-8/11 | 12/10-11/11 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS       | 13        | 12        | 13        | 12          | 13        | 13        | 13        | 14          | 14        | 15        | 16        | 15          | 15        | 15        | 16        | 15          |
| ■ 30 Days or Less | 1052      | 1116      | 1025      | 1022        | 997       | 947       | 995       | 1002        | 956       | 911       | 948       | 966         | 970       | 977       | 916       | 911         |
| ▲ 31-90 Days      | 104       | 92        | 89        | 89          | 90        | 100       | 104       | 110         | 128       | 141       | 139       | 129         | 125       | 124       | 130       | 121         |
| × 91-365 Days     | 13        | 12        | 14        | 12          | 15        | 15        | 12        | 12          | 7         | 9         | 13        | 12          | 15        | 11        | 11        | 10          |

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

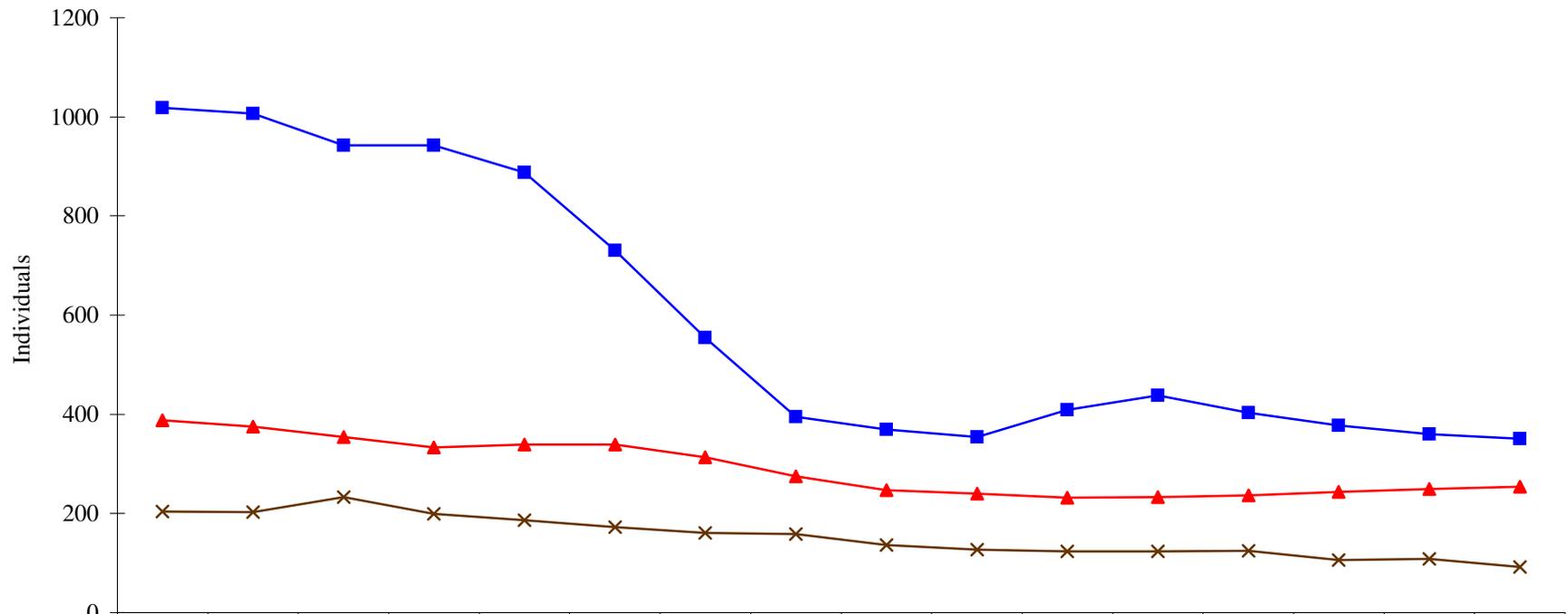
**Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2  | Q3  | Q4 | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3 | Q4  | Q1 FY12 |
|-----------------|---------|-----|-----|----|---------|-----|-----|-----|---------|-----|----|-----|---------|
| Average LOS     | 56      | 65  | 70  | 94 | 139     | 92  | 103 | 117 | 88      | 147 | 90 | 97  | 88      |
| 30 Days or Less | 235     | 162 | 120 | 75 | 81      | 110 | 103 | 126 | 117     | 73  | 72 | 119 | 101     |
| 31 - 90 Days    | 101     | 93  | 97  | 78 | 66      | 68  | 75  | 65  | 65      | 80  | 75 | 70  | 75      |
| 91 - 365 Days   | 85      | 78  | 77  | 74 | 65      | 67  | 57  | 65  | 49      | 49  | 42 | 55  | 34      |
| 1 - 5 Years     | 2       | 1   | 2   | 7  | 2       | 3   | 10  | 12  | 8       | 11  | 9  | 8   | 11      |
| Over 5 Years    | 0       | 0   | 0   | 0  | 2       | 1   | 2   | 3   | 0       | 3   | 0  | 1   | 0       |

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

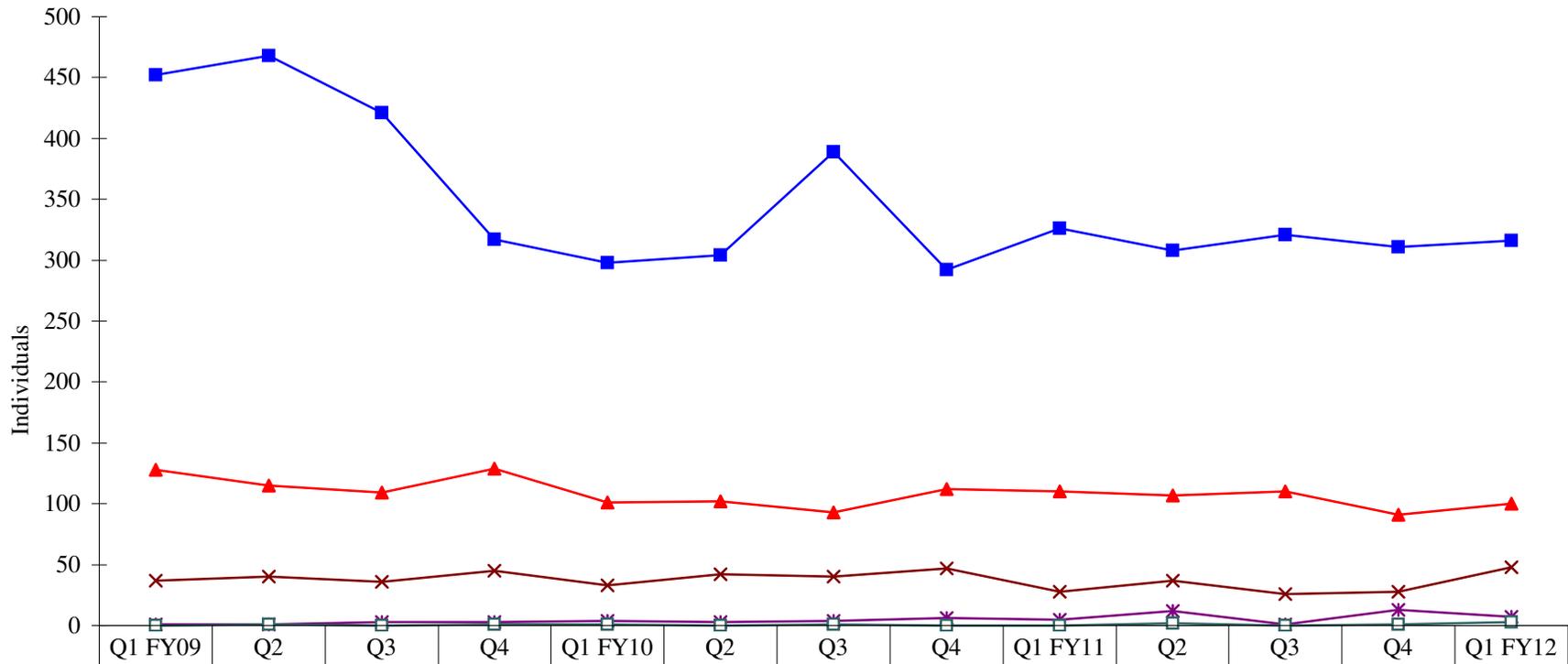
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                 | 3/07-2/08 | 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 | 9/10-8/11 | 12/10-11/11 |
|-----------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS     | 38        | 38        | 40        | 38          | 39        | 41        | 45        | 52          | 49        | 49        | 45        | 45          | 46        | 45        | 46        | 45          |
| 30 Days or Less | 1018      | 1007      | 943       | 943         | 888       | 730       | 554       | 395         | 369       | 354       | 409       | 438         | 403       | 377       | 360       | 351         |
| 31-90 Days      | 388       | 375       | 354       | 333         | 339       | 339       | 313       | 275         | 247       | 240       | 232       | 233         | 237       | 244       | 249       | 254         |
| 91-365 Days     | 204       | 203       | 233       | 199         | 186       | 173       | 161       | 158         | 136       | 127       | 124       | 124         | 125       | 106       | 108       | 92          |

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

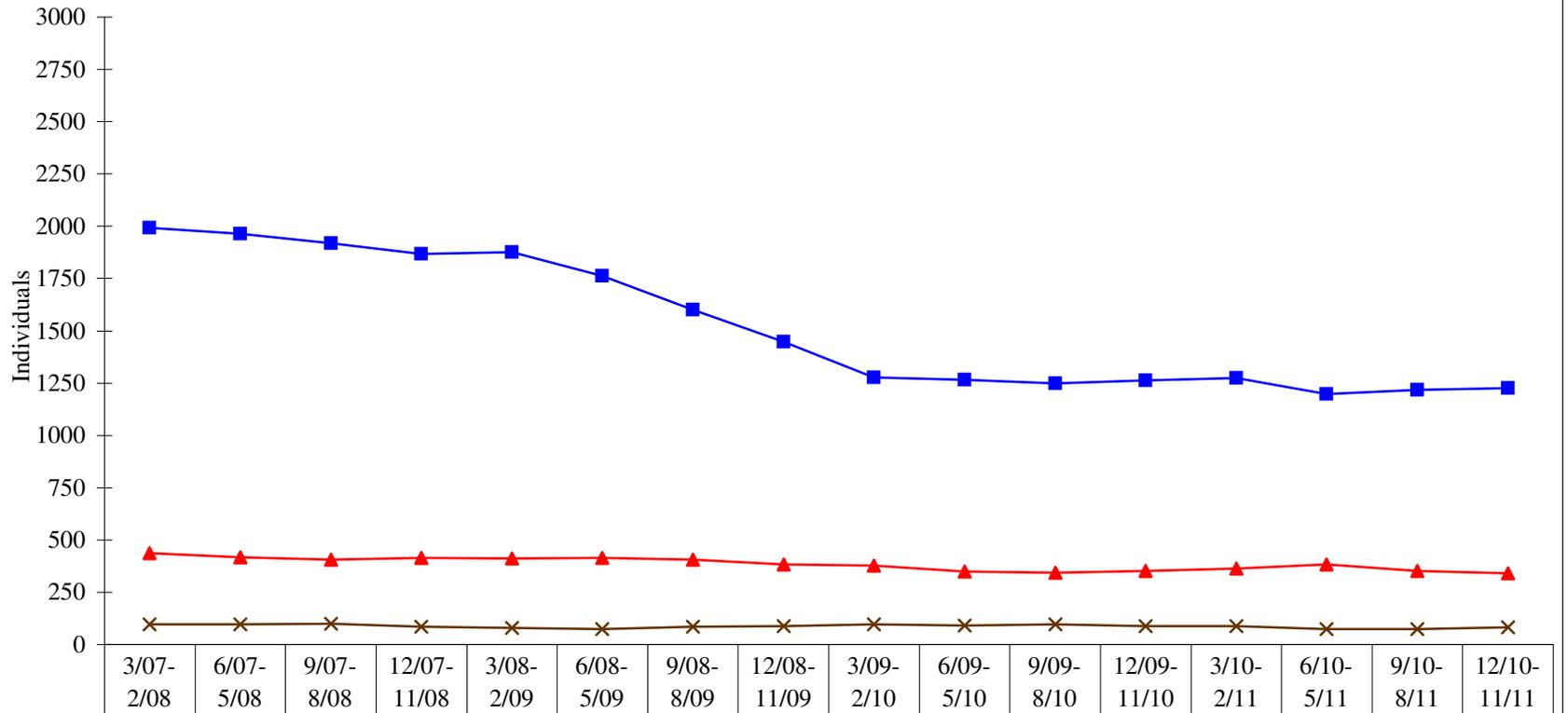
**Length of Stay at Discharge by Category**



|                   | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS       | 31      | 35  | 32  | 47  | 50      | 41  | 39  | 46  | 40      | 66  | 31  | 58  | 61      |
| ■ 30 Days or Less | 452     | 468 | 421 | 317 | 298     | 304 | 389 | 292 | 326     | 308 | 321 | 311 | 316     |
| ▲ 31 - 90 Days    | 128     | 115 | 109 | 129 | 101     | 102 | 93  | 112 | 110     | 107 | 110 | 91  | 100     |
| × 91 - 365 Days   | 37      | 40  | 36  | 45  | 33      | 42  | 40  | 47  | 28      | 37  | 26  | 28  | 48      |
| * 1 - 5 Years     | 1       | 1   | 3   | 3   | 4       | 3   | 4   | 6   | 5       | 12  | 1   | 13  | 7       |
| □ Over 5 Years    | 0       | 1   | 0   | 1   | 1       | 0   | 1   | 0   | 0       | 2   | 0   | 1   | 3       |

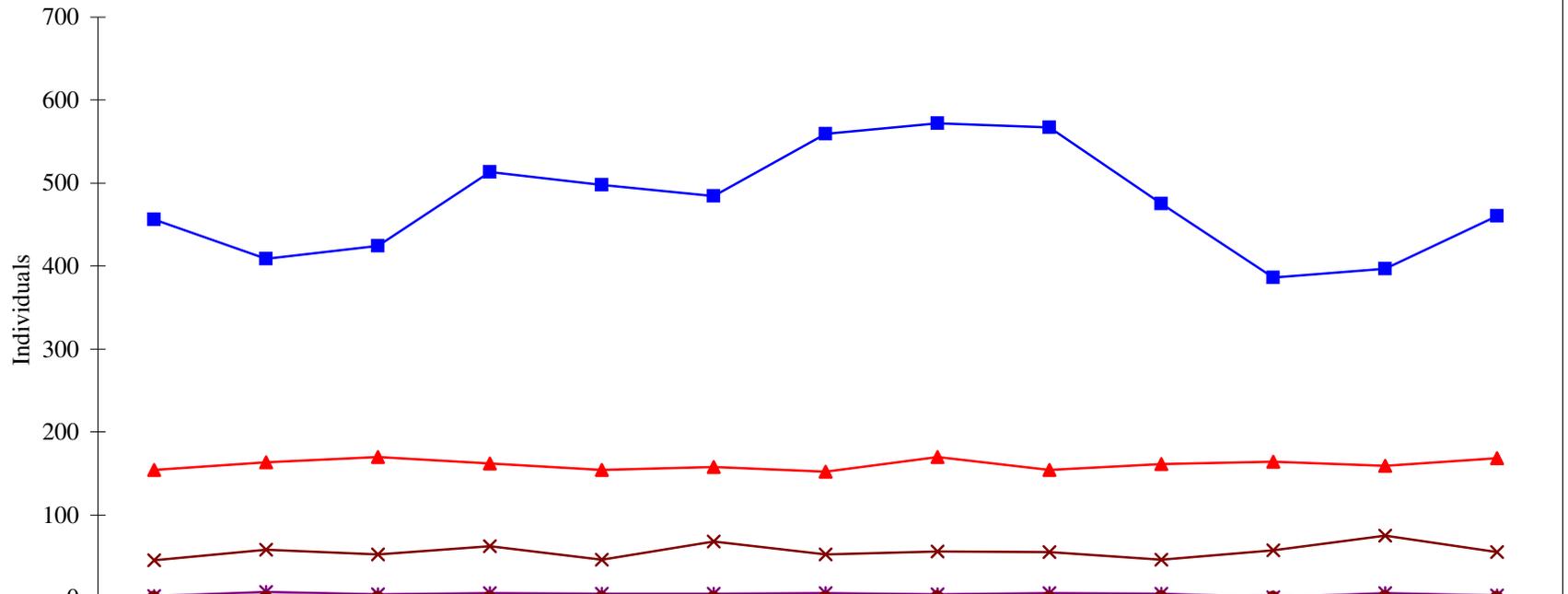
**Measure 5D - Average Length of Stay at Discharge**  
**San Antonio State Hospital**

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



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

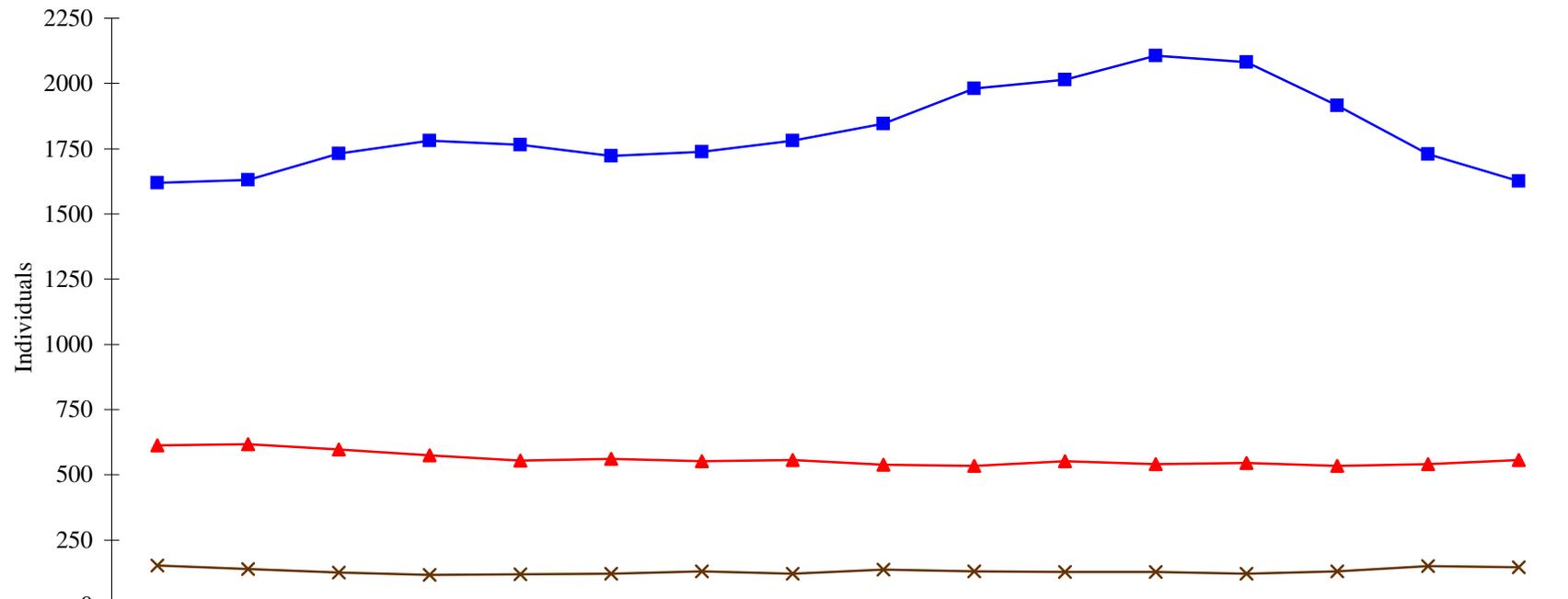
**Average Length of Stay at Discharge by Category**



|                   | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-------------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS       | 34      | 44  | 40  | 36  | 36      | 39  | 35  | 38  | 36      | 42  | 39  | 53  | 37      |
| ■ 30 Days or Less | 456     | 409 | 424 | 513 | 498     | 484 | 559 | 572 | 567     | 475 | 386 | 397 | 460     |
| ▲ 31 - 90 Days    | 154     | 163 | 170 | 162 | 154     | 158 | 152 | 170 | 154     | 161 | 164 | 159 | 168     |
| × 91 - 365 Days   | 45      | 58  | 52  | 62  | 46      | 68  | 52  | 56  | 55      | 46  | 57  | 75  | 55      |
| * 1 - 5 Years     | 2       | 7   | 4   | 6   | 5       | 5   | 6   | 4   | 6       | 5   | 1   | 6   | 3       |
| ● Over 5 Years    | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 1   | 0       | 1   | 0   | 1   | 0       |

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

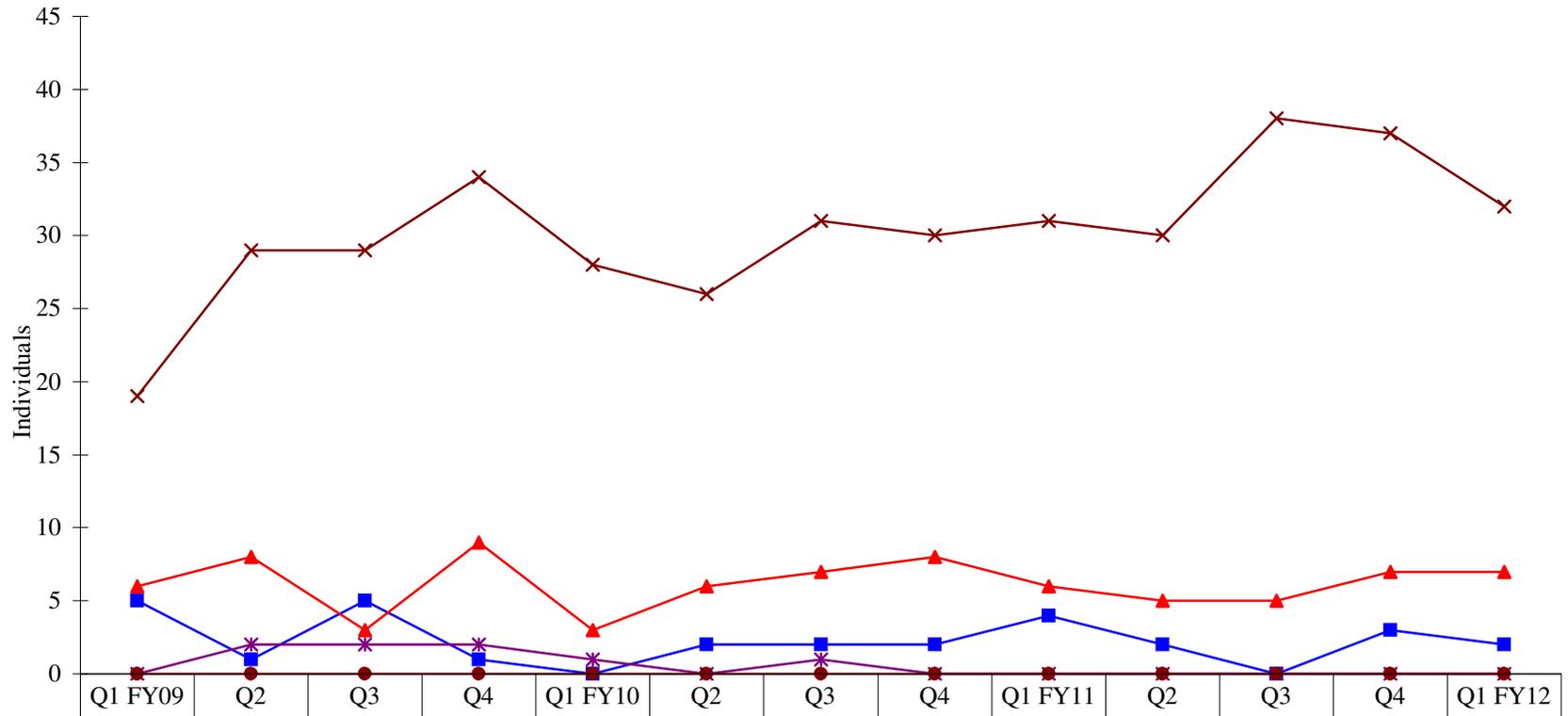
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



|                   | 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 | 9/10-8/11 | 12/10-11/11 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS       | 32        | 31        | 30        | 29          | 29        | 29        | 29        | 28          | 28        | 27        | 27        | 26          | 26        | 28        | 30        | 31          |
| ■ 30 Days or Less | 1619      | 1630      | 1731      | 1781        | 1764      | 1723      | 1739      | 1780        | 1845      | 1981      | 2015      | 2106        | 2082      | 1915      | 1730      | 1626        |
| ▲ 31-90 Days      | 614       | 617       | 598       | 574         | 555       | 561       | 553       | 558         | 539       | 534       | 552       | 542         | 545       | 534       | 542       | 557         |
| × 91-365 Days     | 153       | 139       | 126       | 117         | 118       | 122       | 130       | 121         | 138       | 130       | 129       | 128         | 122       | 131       | 151       | 147         |

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

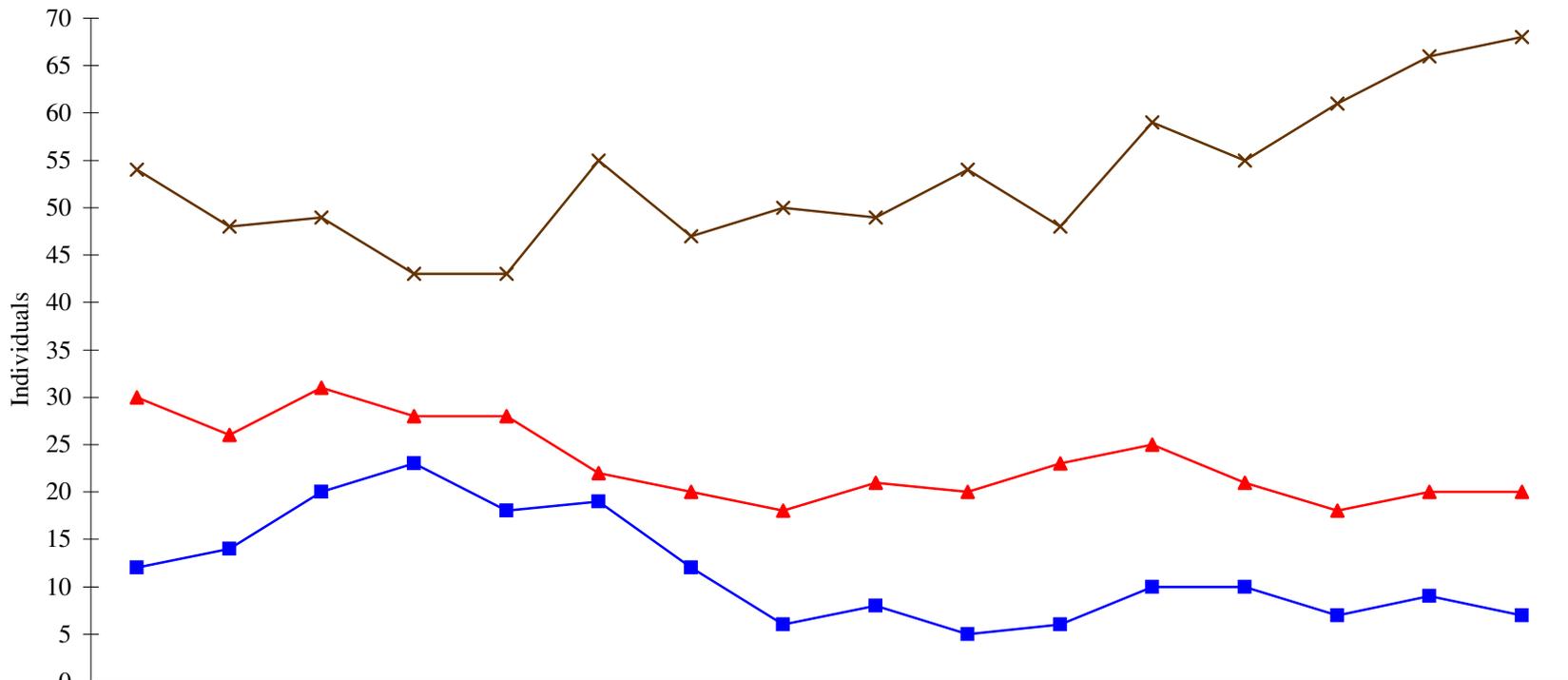
**Average Length of Stay at Discharge by Category**



|                 | Q1 FY09 | Q2  | Q3  | Q4  | Q1 FY10 | Q2  | Q3  | Q4  | Q1 FY11 | Q2  | Q3  | Q4  | Q1 FY12 |
|-----------------|---------|-----|-----|-----|---------|-----|-----|-----|---------|-----|-----|-----|---------|
| Average LOS     | 140     | 174 | 199 | 190 | 192     | 167 | 174 | 166 | 155     | 162 | 188 | 161 | 153     |
| 30 Days or Less | 5       | 1   | 5   | 1   | 0       | 2   | 2   | 2   | 4       | 2   | 0   | 3   | 2       |
| 31 - 90 Days    | 6       | 8   | 3   | 9   | 3       | 6   | 7   | 8   | 6       | 5   | 5   | 7   | 7       |
| 91 - 365 Days   | 19      | 29  | 29  | 34  | 28      | 26  | 31  | 30  | 31      | 30  | 38  | 37  | 32      |
| 1 - 5 Years     | 0       | 2   | 2   | 2   | 1       | 0   | 1   | 0   | 0       | 0   | 0   | 0   | 0       |
| Over 5 Years    | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 0   | 0       | 0   | 0   | 0   | 0       |

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

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



|                   | 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 | 9/10-8/11 | 12/10-11/11 |
|-------------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| Average LOS       | 117       | 114       | 106       | 95          | 101       | 125       | 120       | 138         | 128       | 138       | 132       | 132         | 124       | 142       | 138       | 137         |
| ■ 30 Days or Less | 12        | 14        | 20        | 23          | 18        | 19        | 12        | 6           | 8         | 5         | 6         | 10          | 10        | 7         | 9         | 7           |
| ▲ 31-90 Days      | 30        | 26        | 31        | 28          | 28        | 22        | 20        | 18          | 21        | 20        | 23        | 25          | 21        | 18        | 20        | 20          |
| ✕ 91-365 Days     | 54        | 48        | 49        | 43          | 43        | 55        | 47        | 50          | 49        | 54        | 48        | 59          | 55        | 61        | 66        | 68          |

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

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

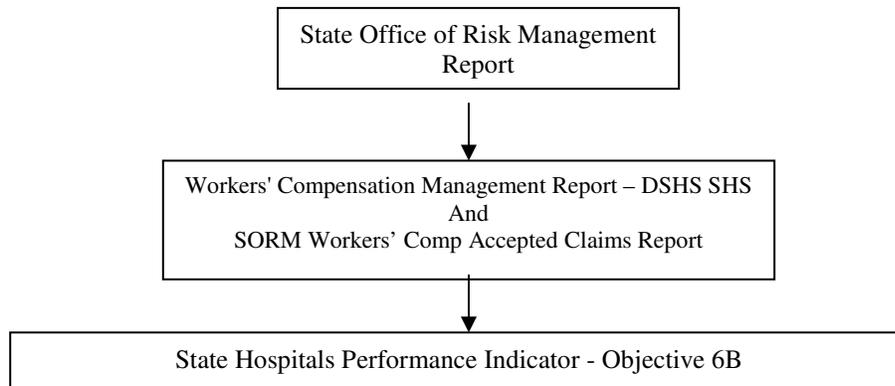
**Maintain workers' compensation claim expenses per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.**

**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.

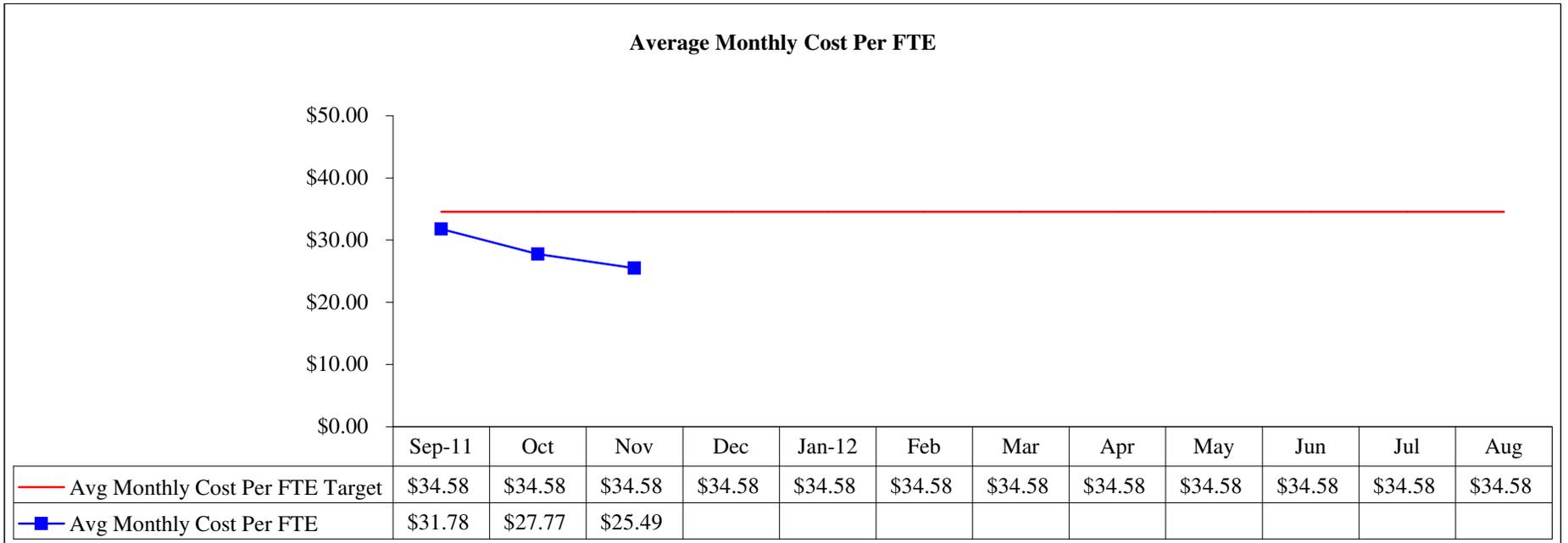
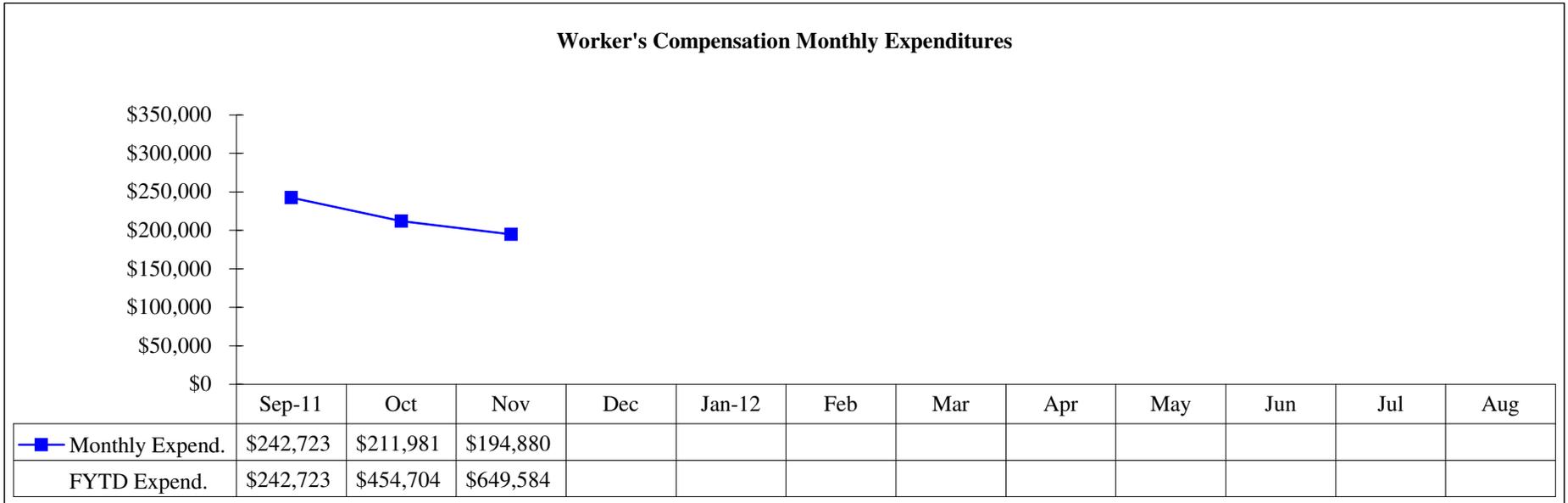
### **Performance Objective Data Display and Chart Description:**

- ◆ 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.

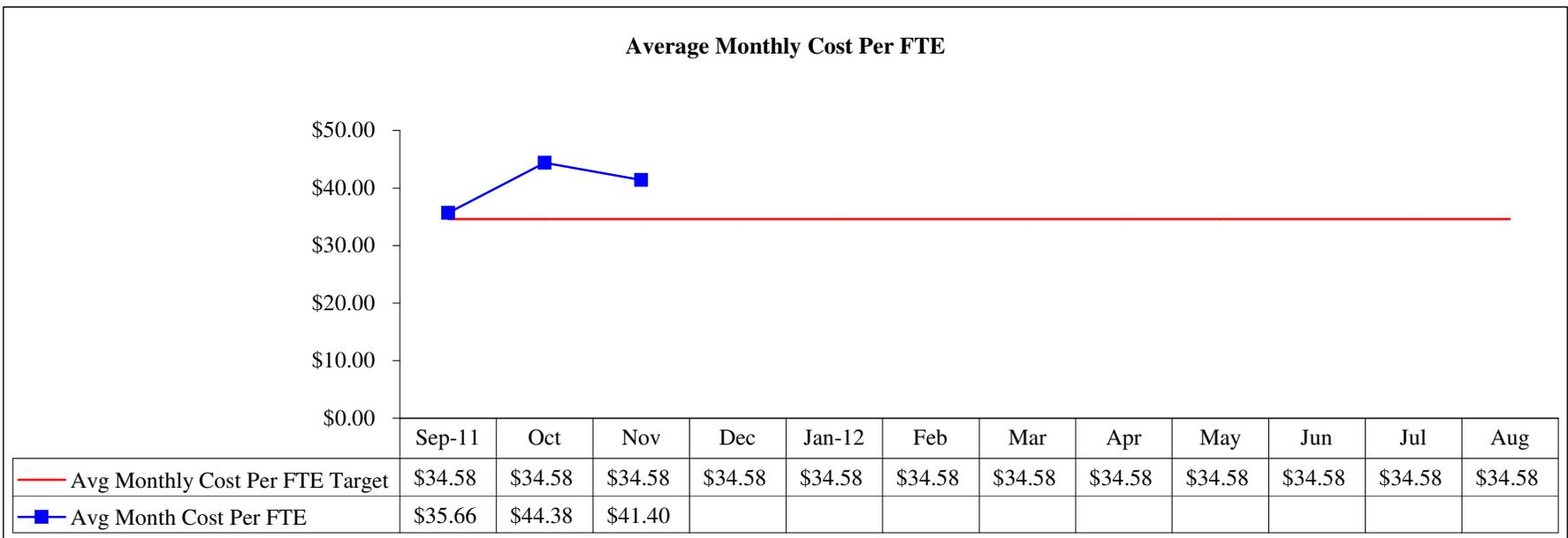
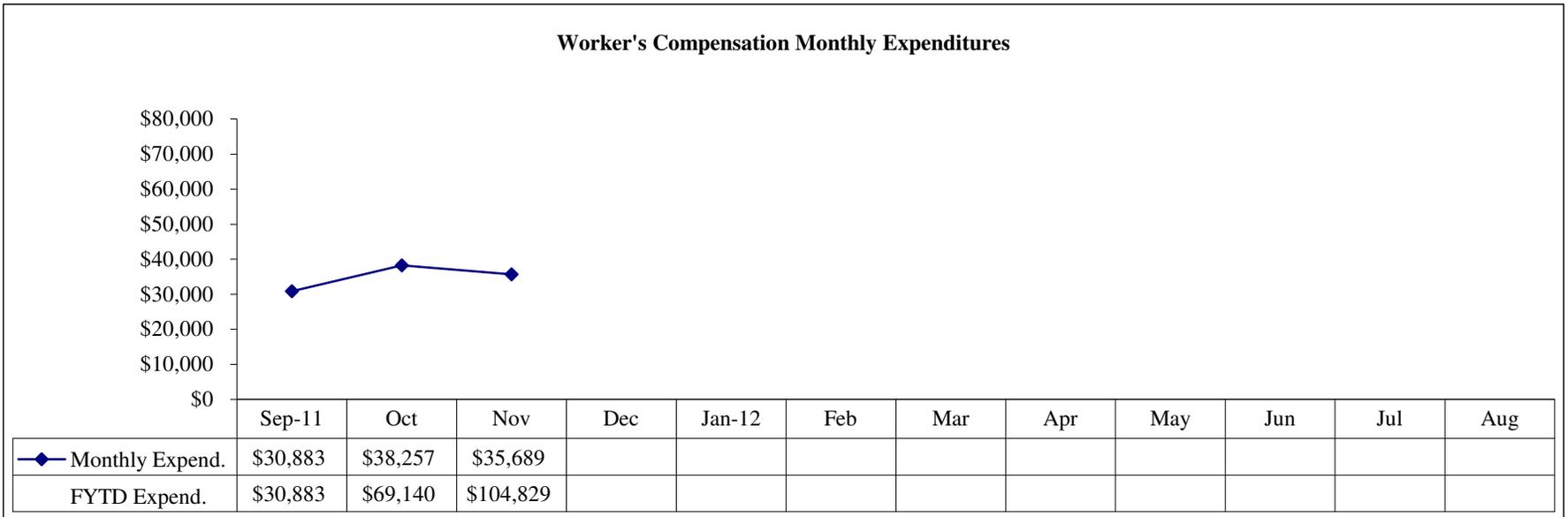
### **Data Flow:**



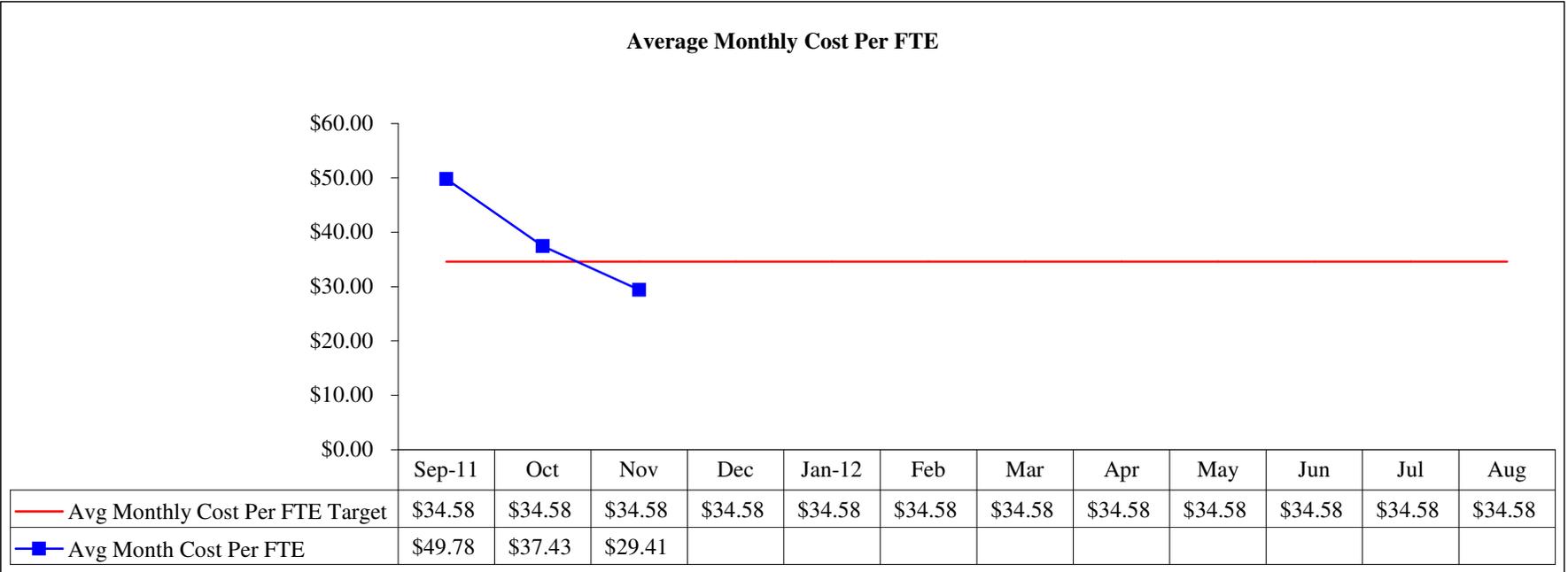
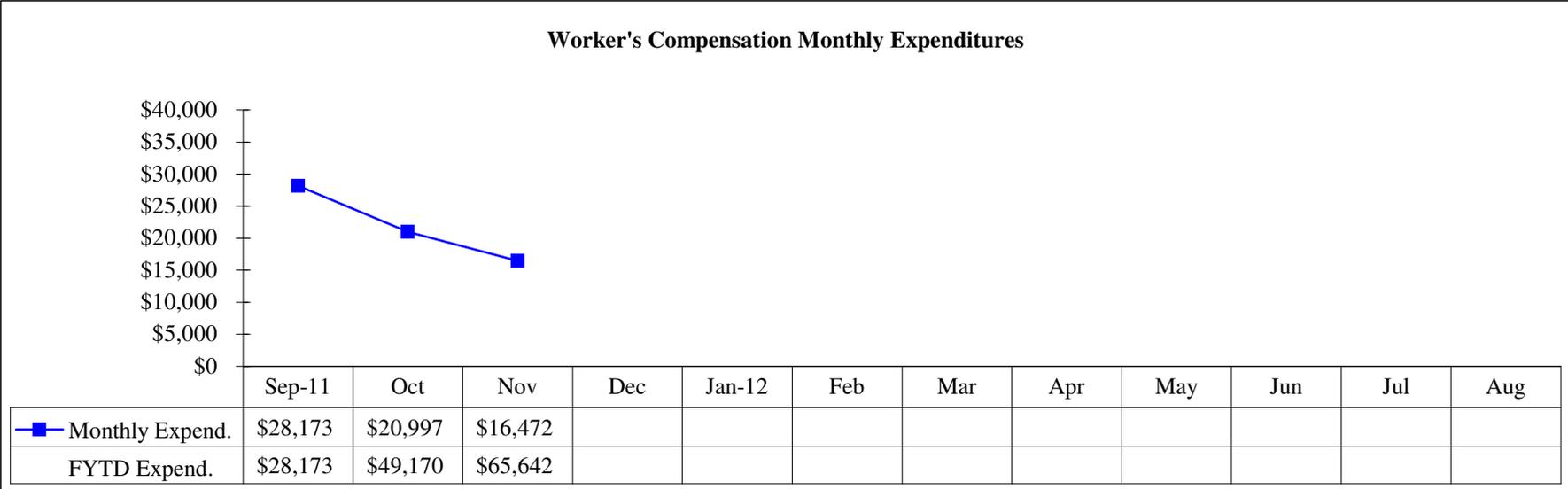
**Objective 6B - Workers Compensation  
All State Hospitals**



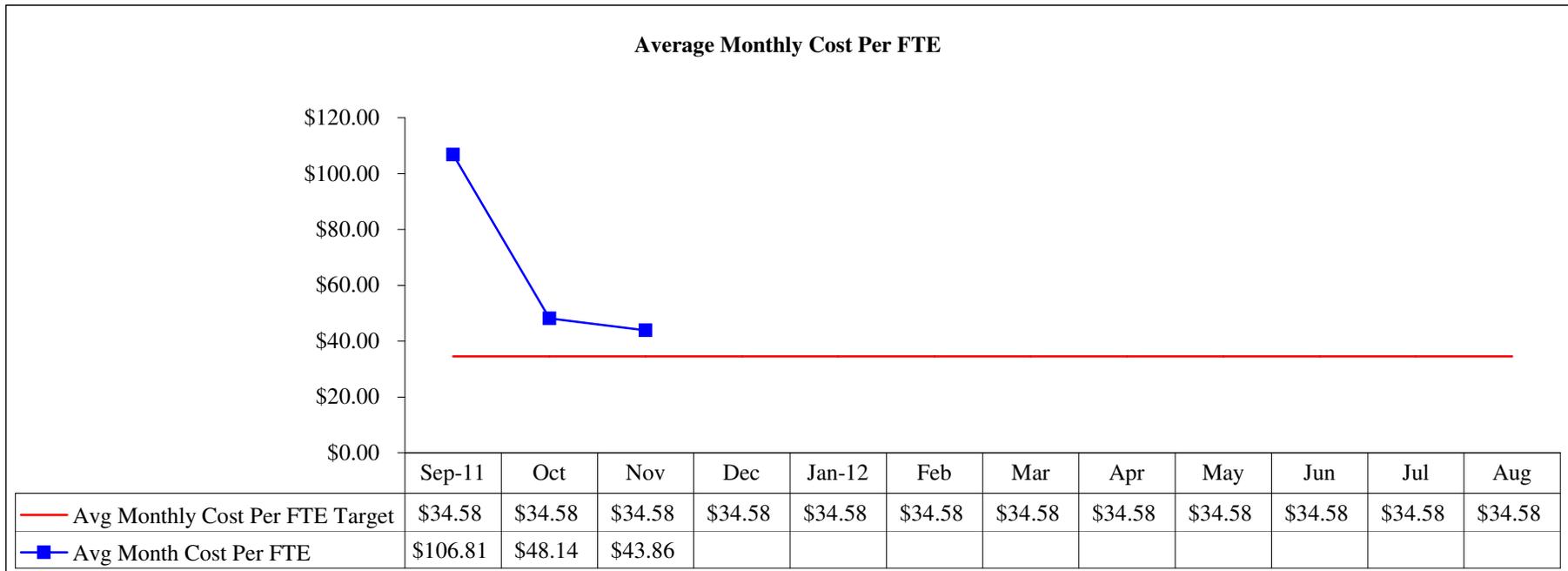
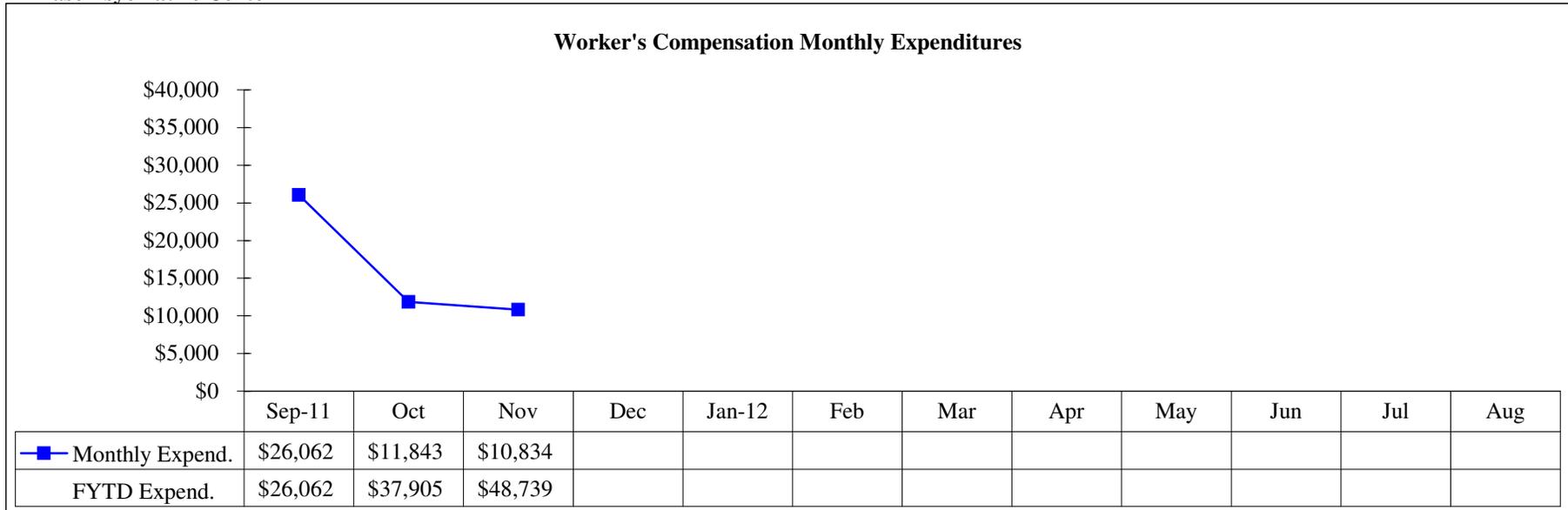
**Objective 6B - Workers Compensation  
Austin State Hospital**



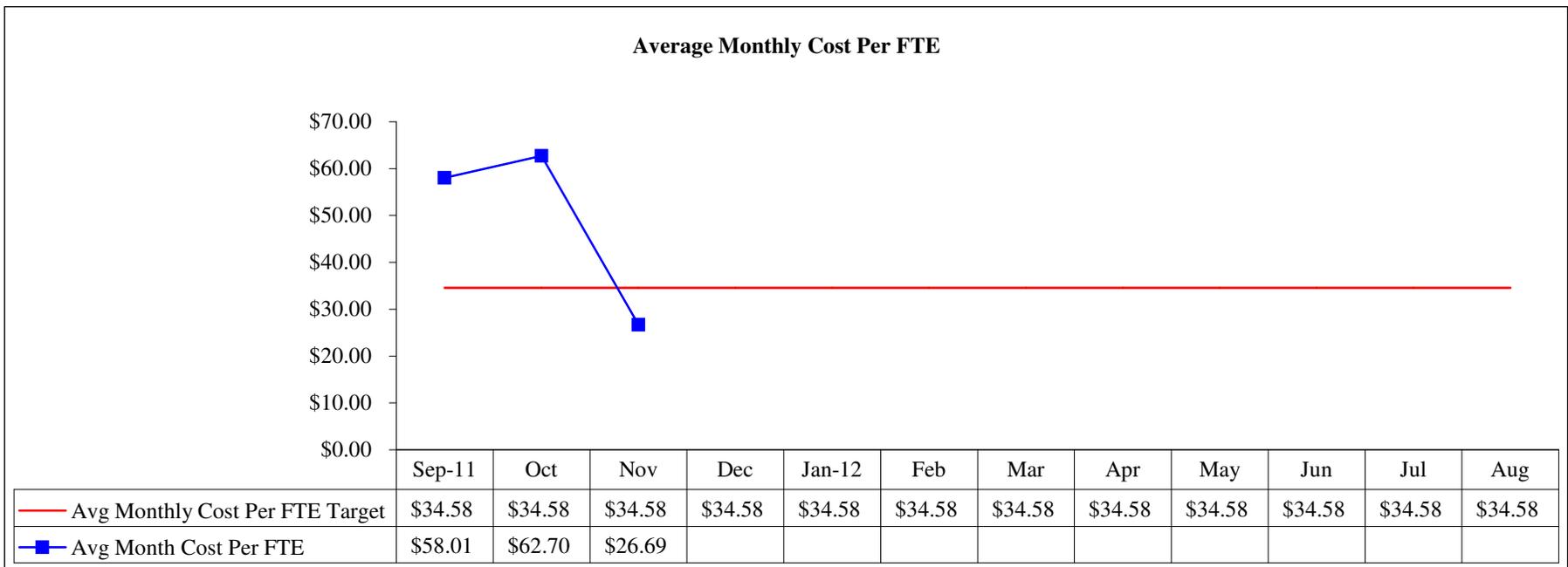
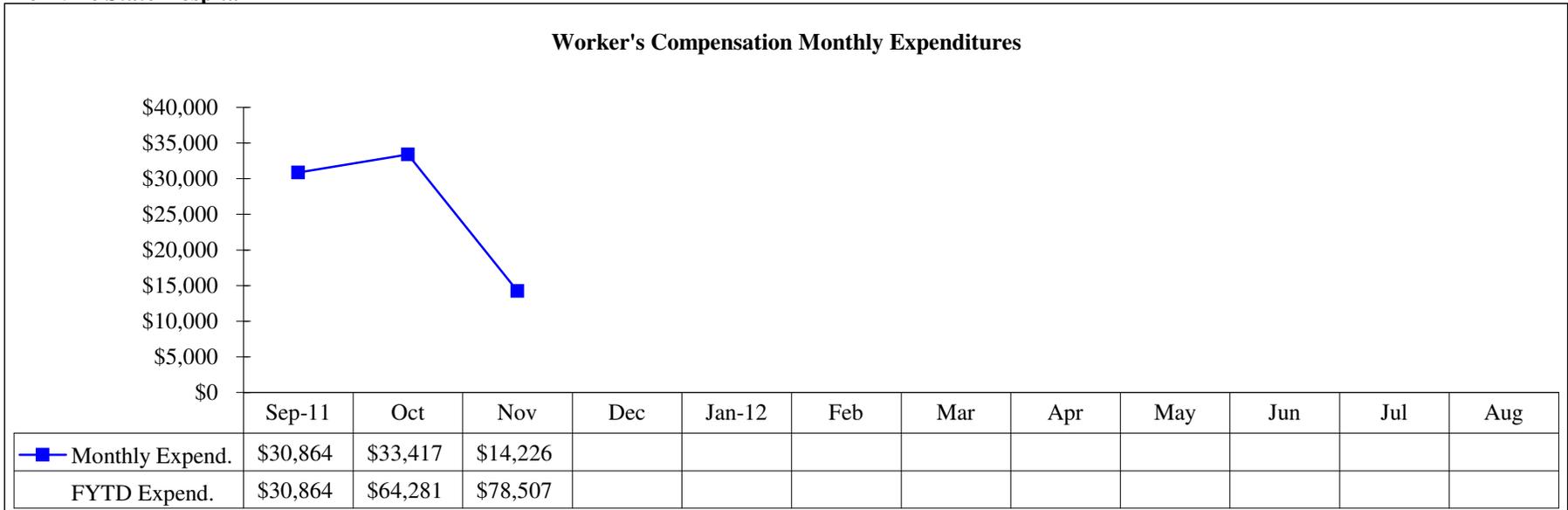
**Objective 6B - Workers Compensation  
Big Spring State Hospital**



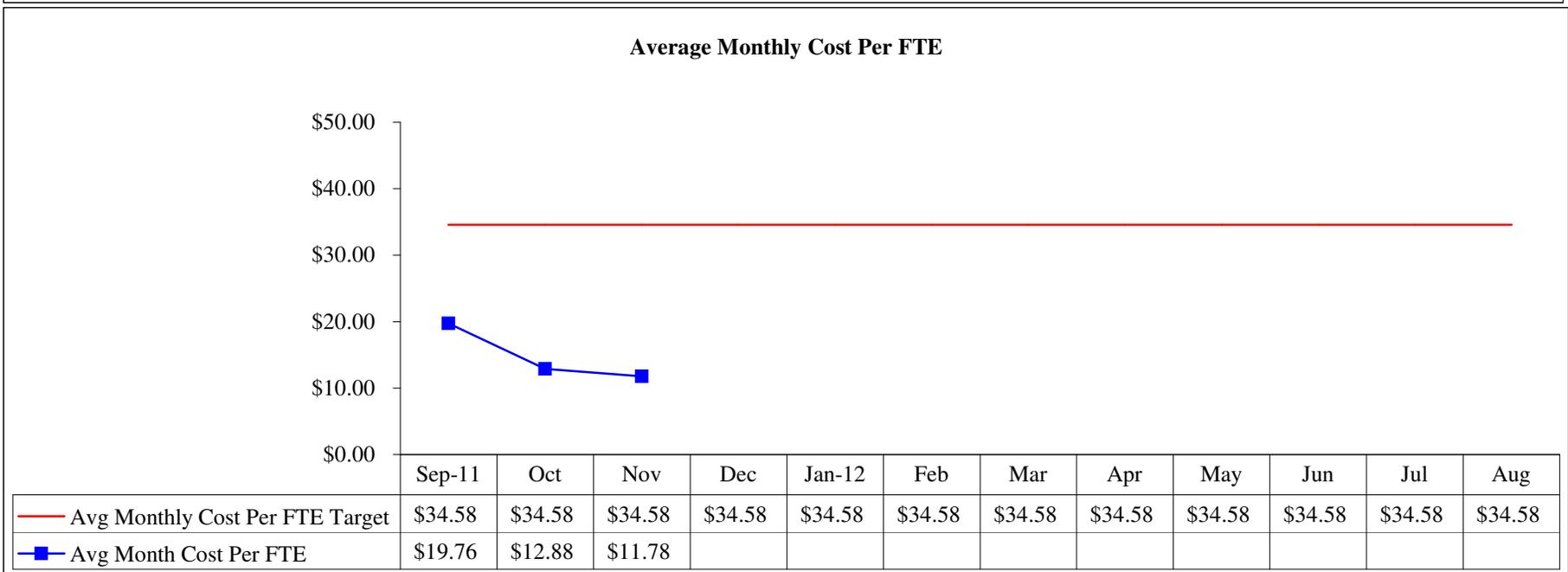
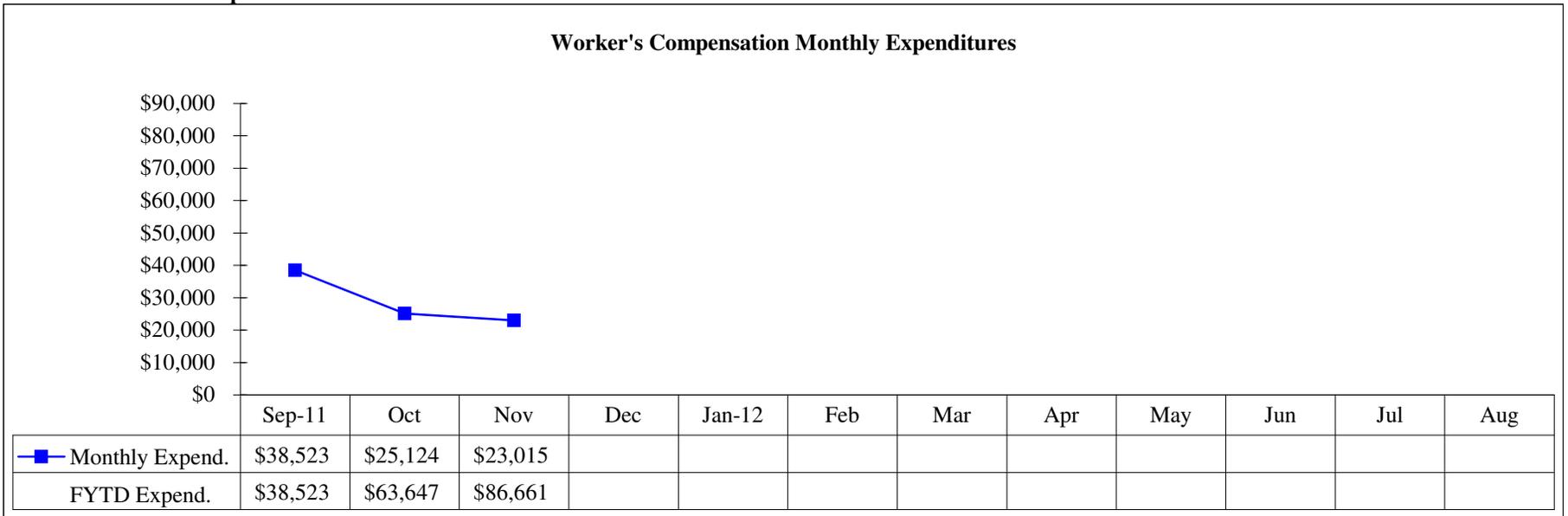
**Objective 6B - Workers Compensation  
El Paso Psychiatric Center**



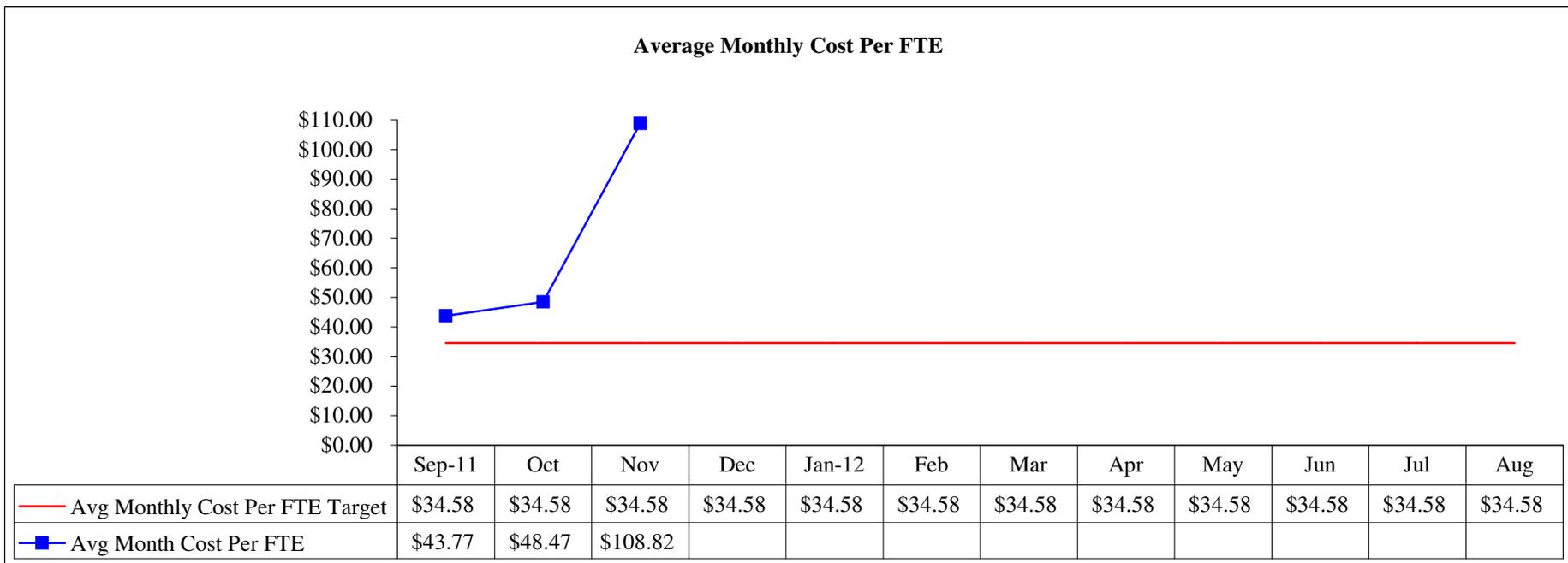
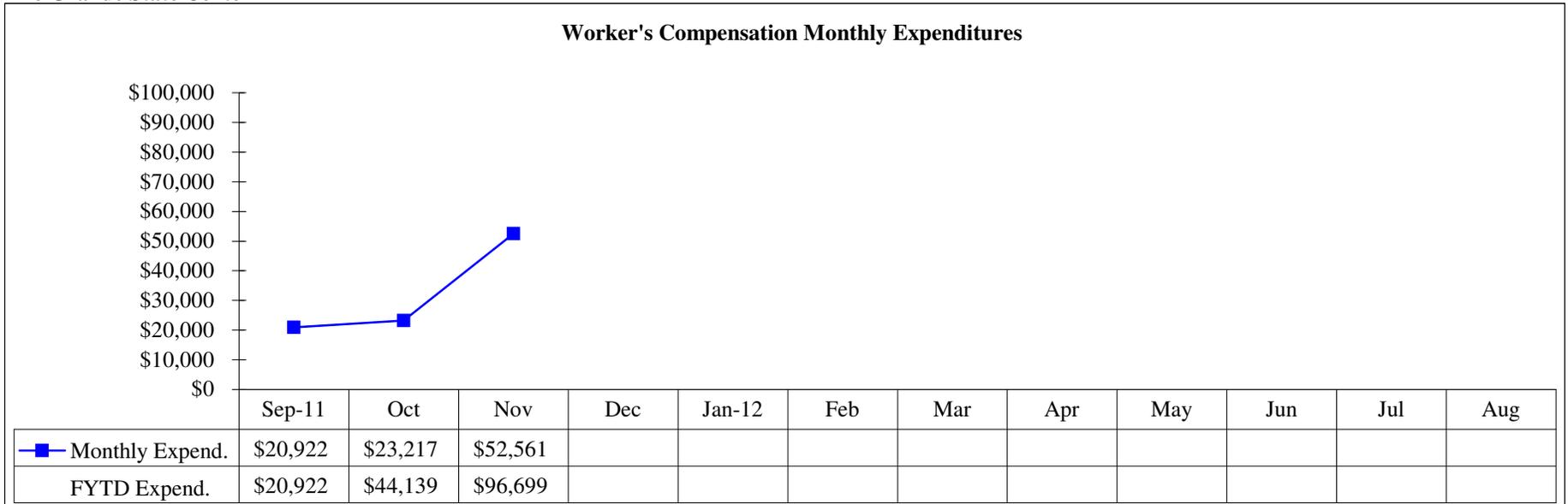
**Objective 6B - Workers Compensation  
Kerrville State Hospital**



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

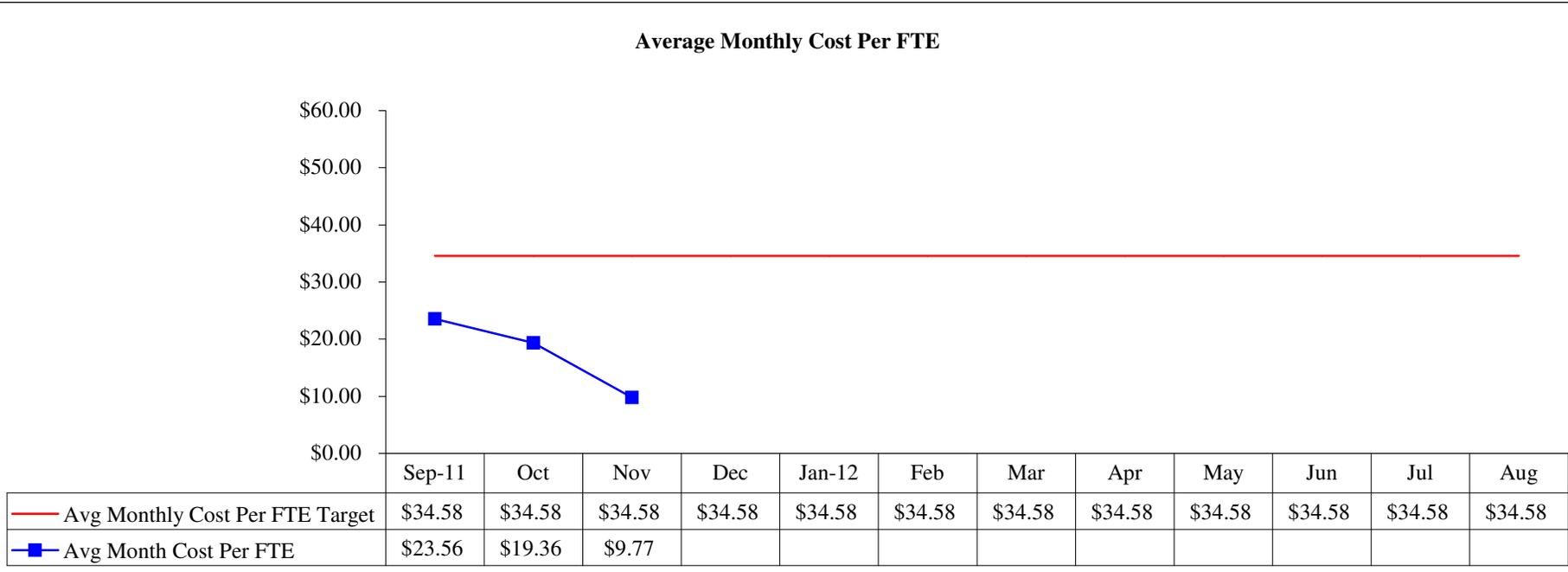
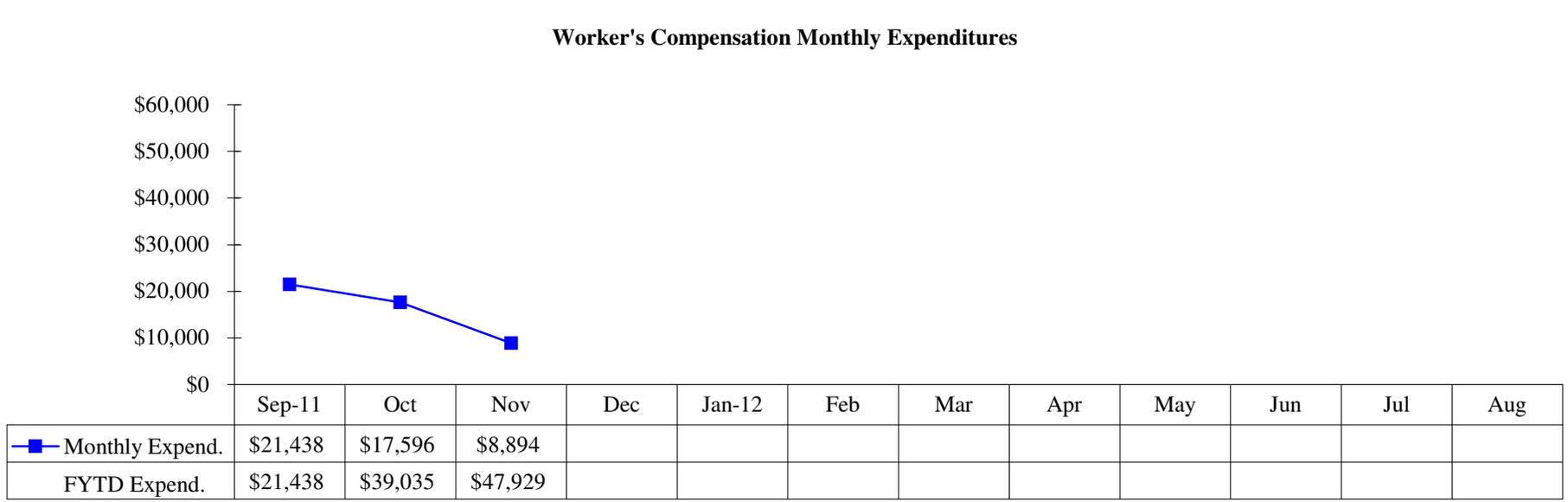


**Objective 6B - Workers Compensation  
Rio Grande State Center**

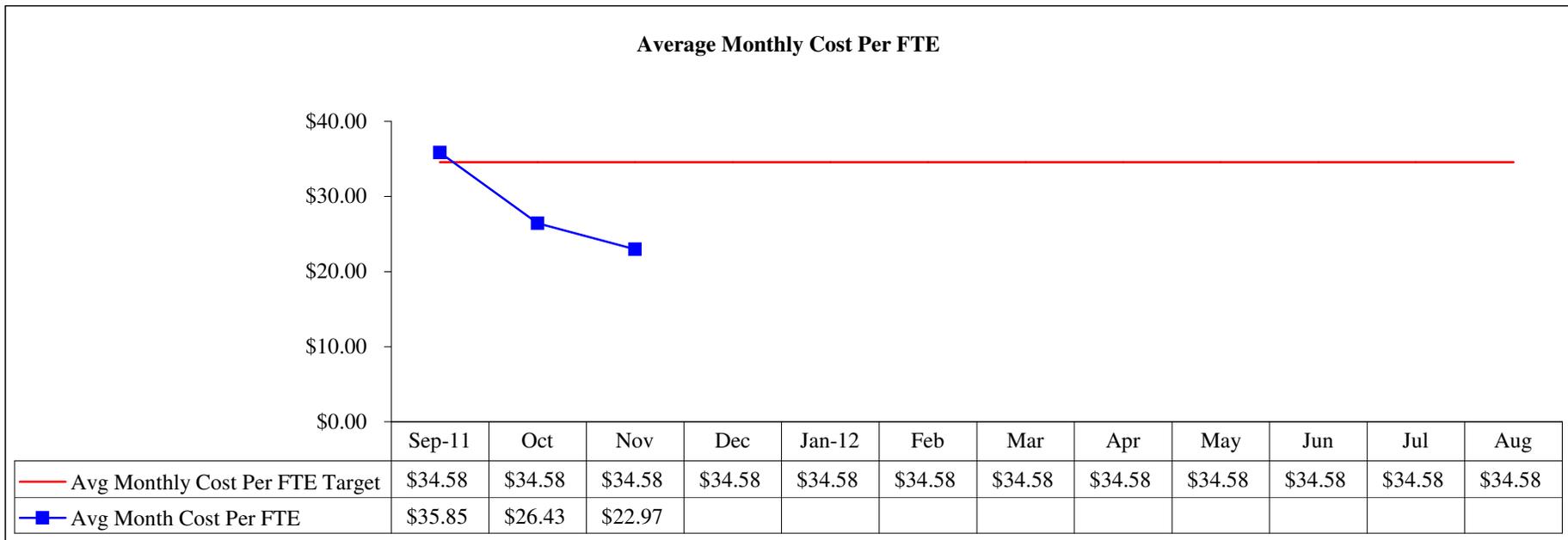
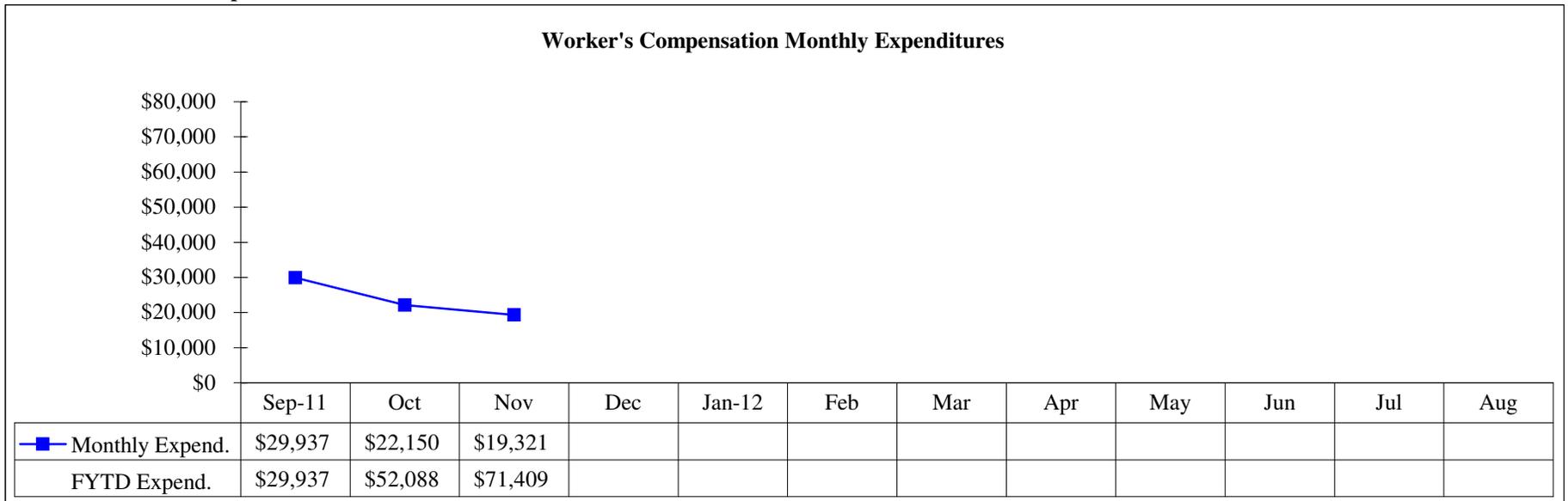


**Objective 6B - Workers Compensation**

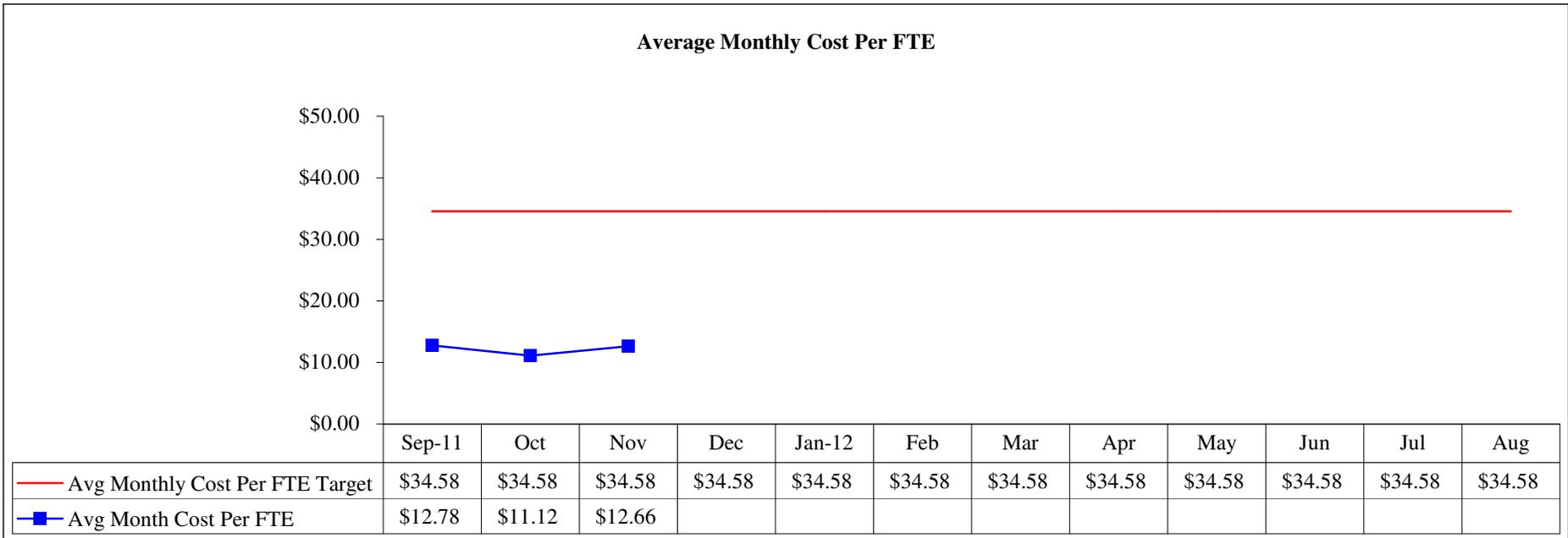
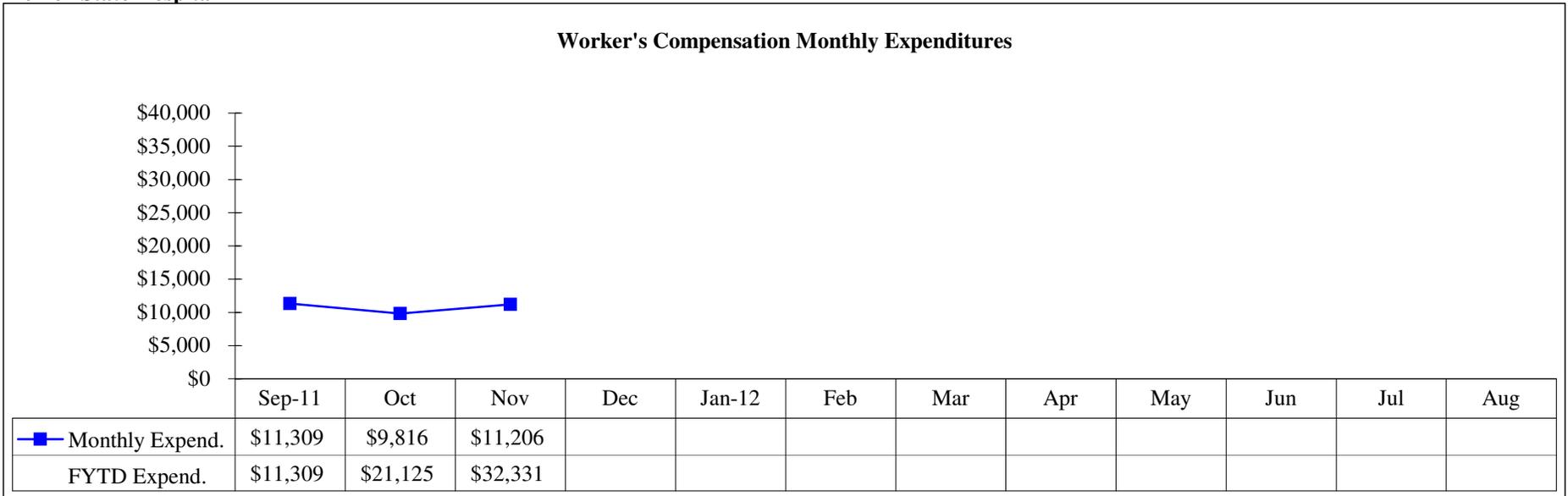
**Rusk State Hospital**



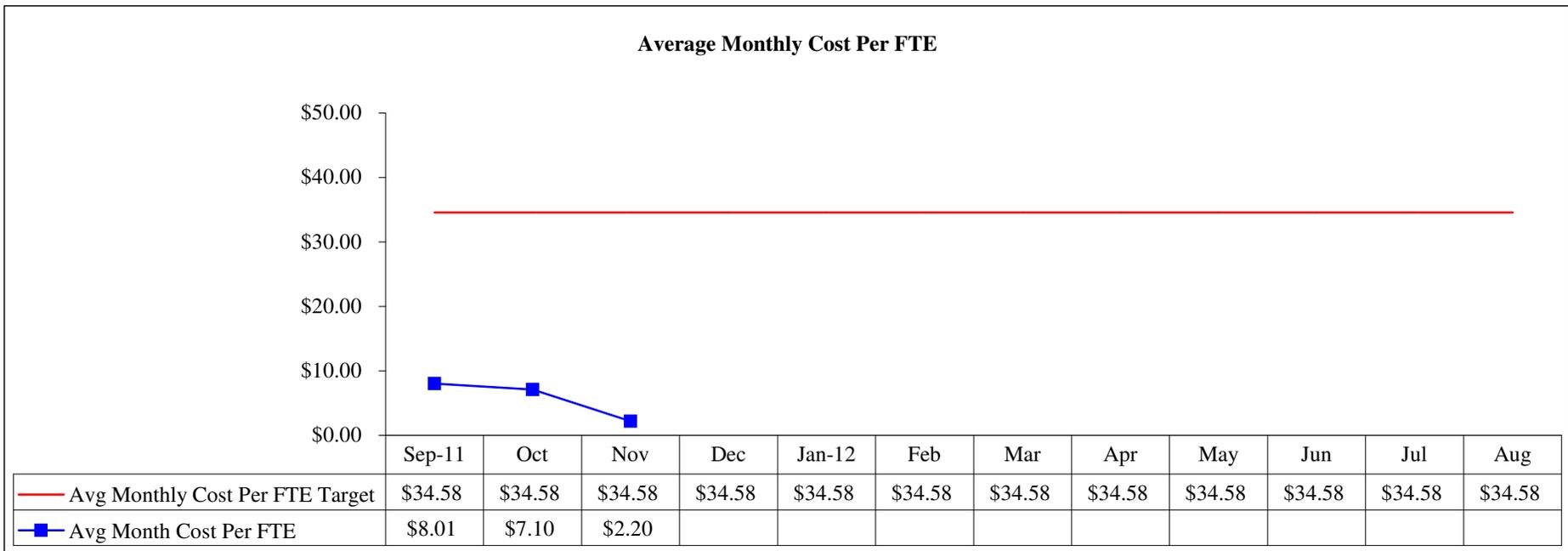
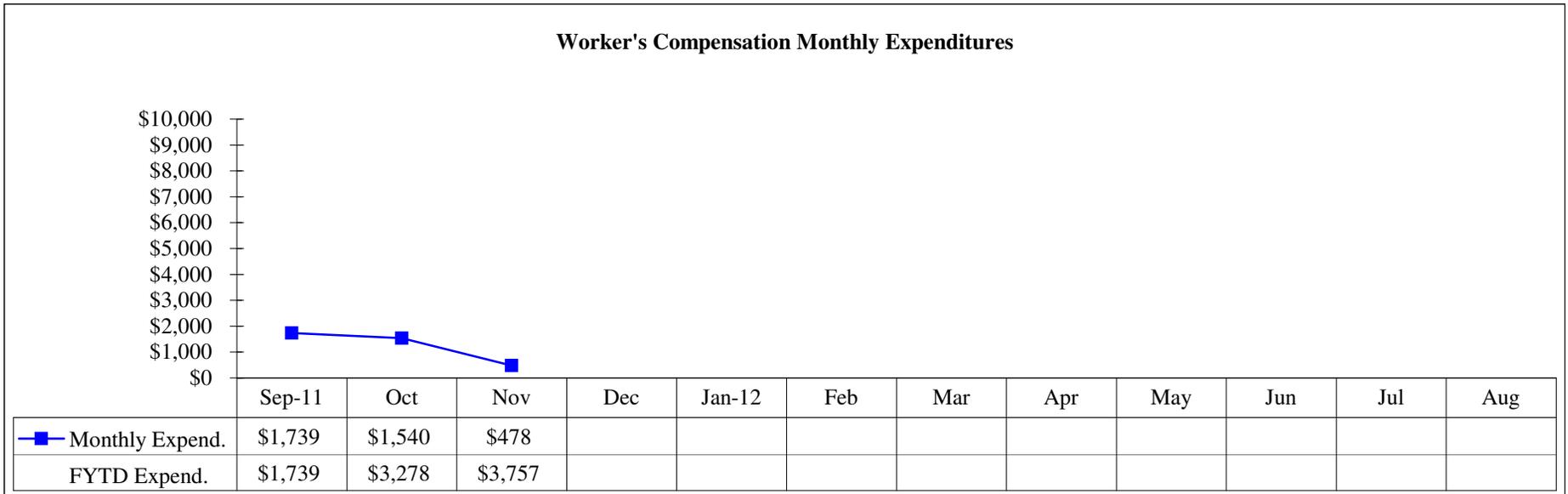
**Objective 6B - Workers Compensation  
San Antonio State Hospital**



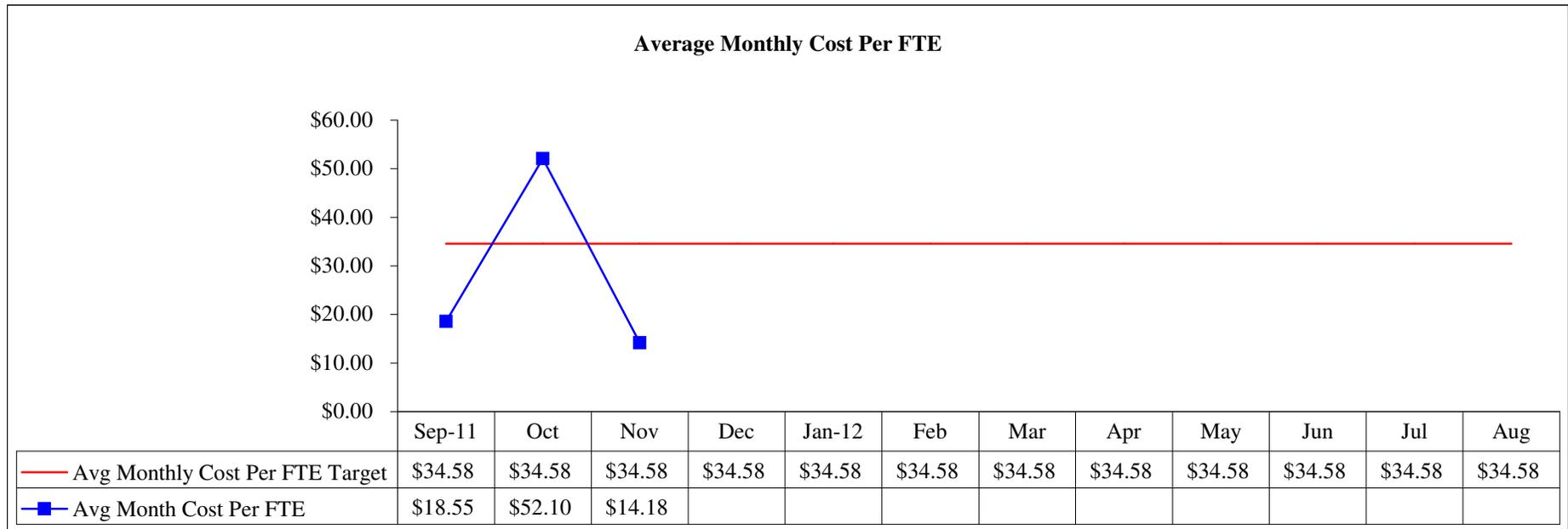
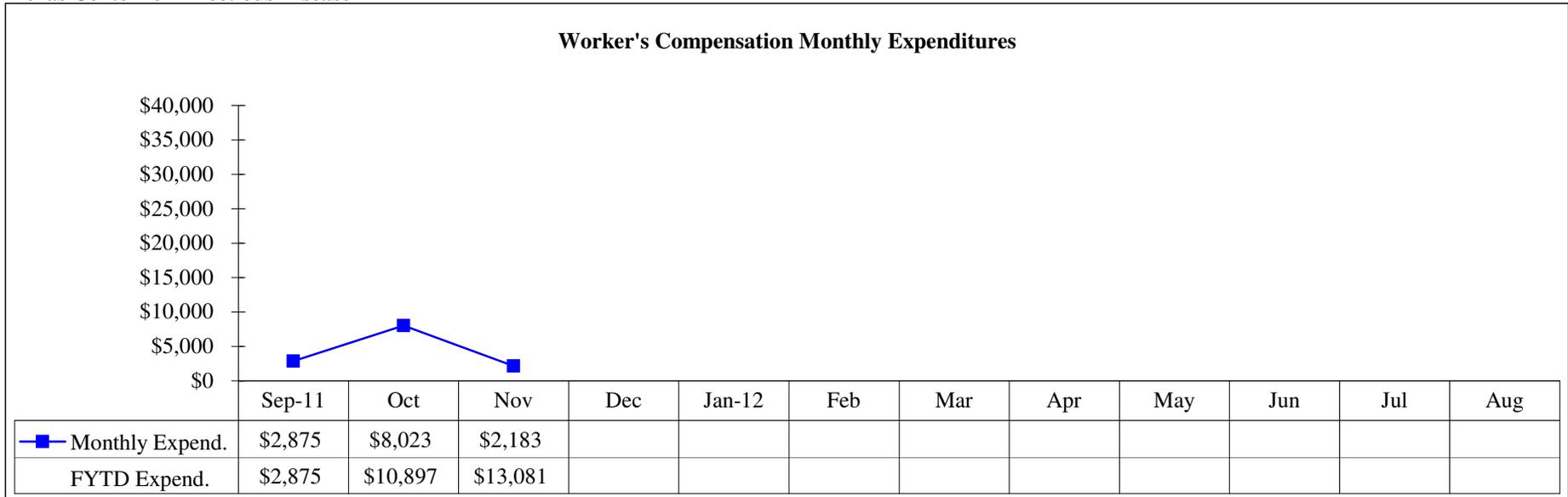
**Objective 6B - Workers Compensation  
Terrell State Hospital**



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



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



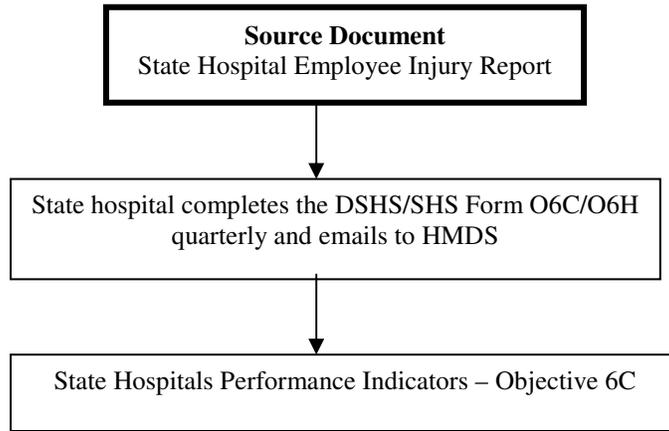
**Performance Objective 6C:**

**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.

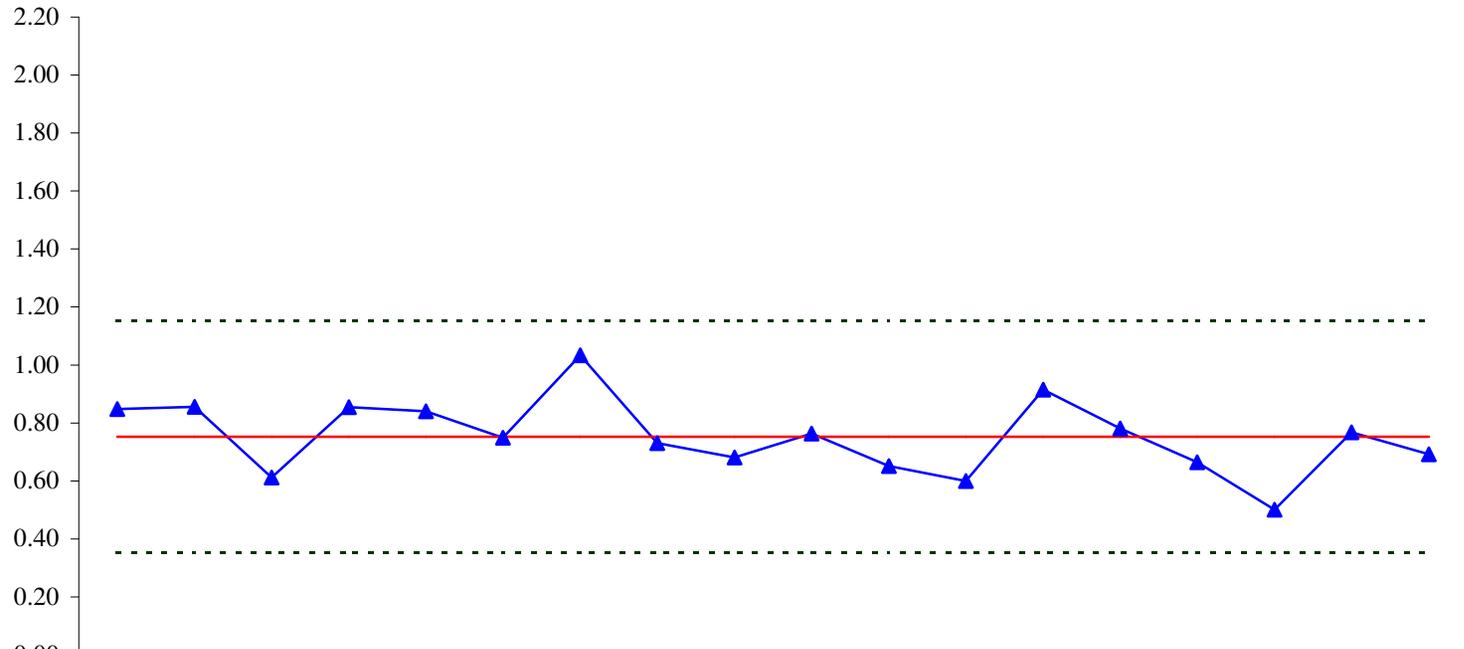
**Performance Objective Data Display and Chart Description:**  
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

**Data Flow:**



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

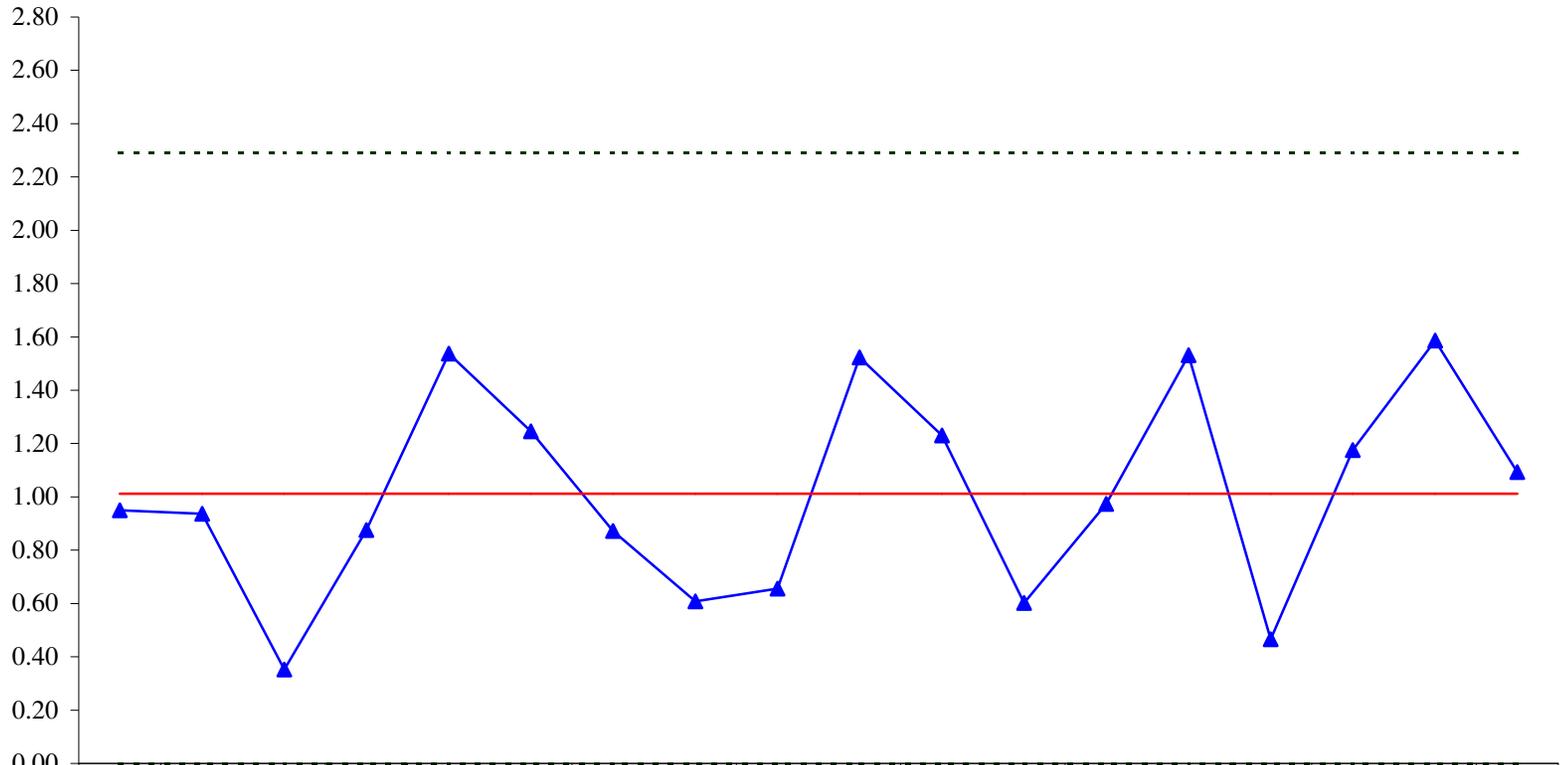
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 190    | 170  | 195  | 205  | 174  | 165  | 219  | 183    | 190  | 184  | 152  | 168  | 195  | 153  | 173  | 168  | 177  | 202  |
| Injuries Resulting in a WCC    | 61     | 63   | 45   | 61   | 62   | 53   | 74   | 53     | 45   | 56   | 46   | 44   | 65   | 57   | 49   | 36   | 57   | 49   |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.85   | 0.86 | 0.61 | 0.85 | 0.84 | 0.75 | 1.03 | 0.73   | 0.68 | 0.76 | 0.65 | 0.60 | 0.91 | 0.78 | 0.66 | 0.50 | 0.77 | 0.69 |
| -----UCL                       | 1.15   | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15   | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 | 1.15 |
| -----Avg                       | 0.75   | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75   | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 |
| -----LCL                       | 0.35   | 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 |

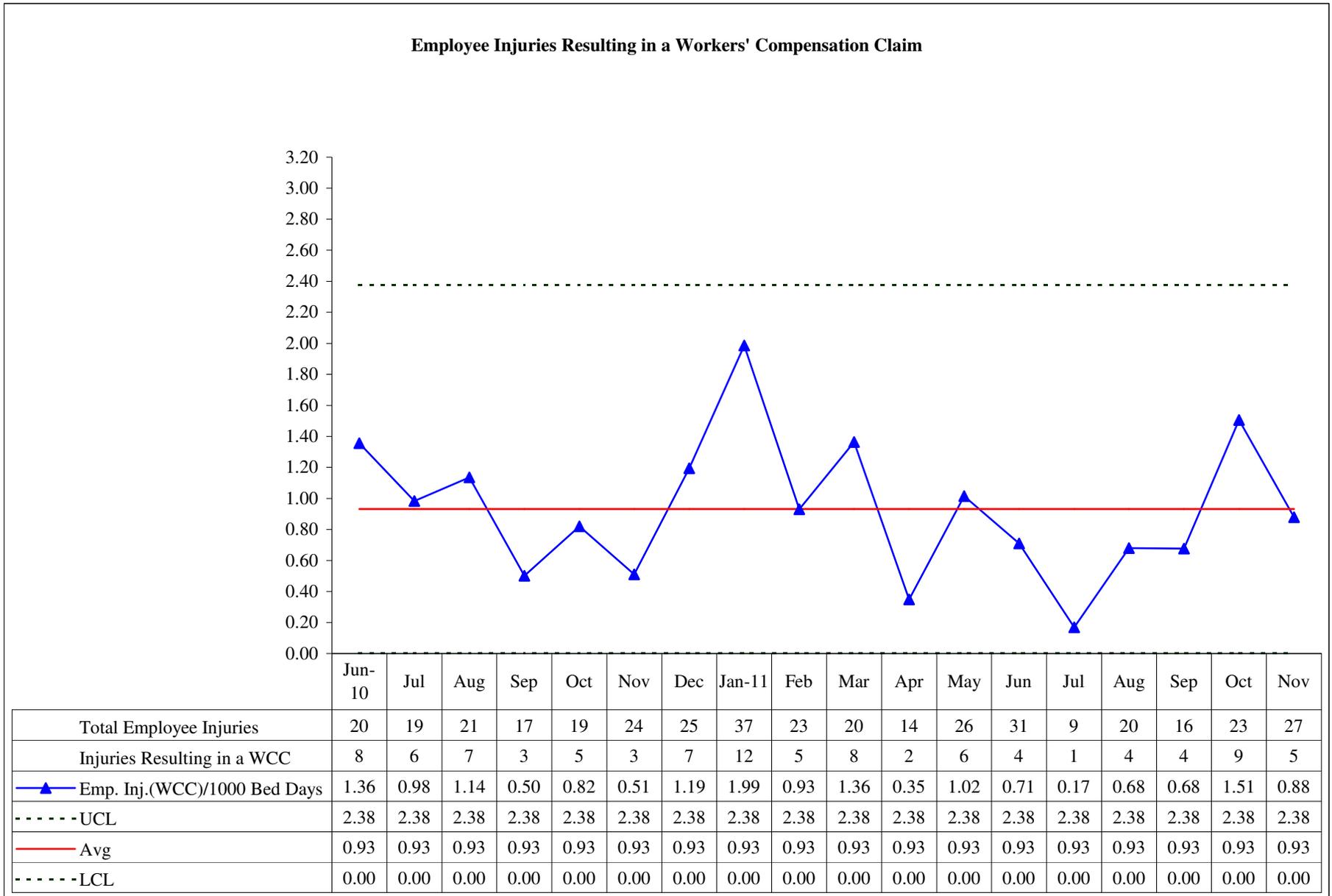
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**Austin State Hospital**

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



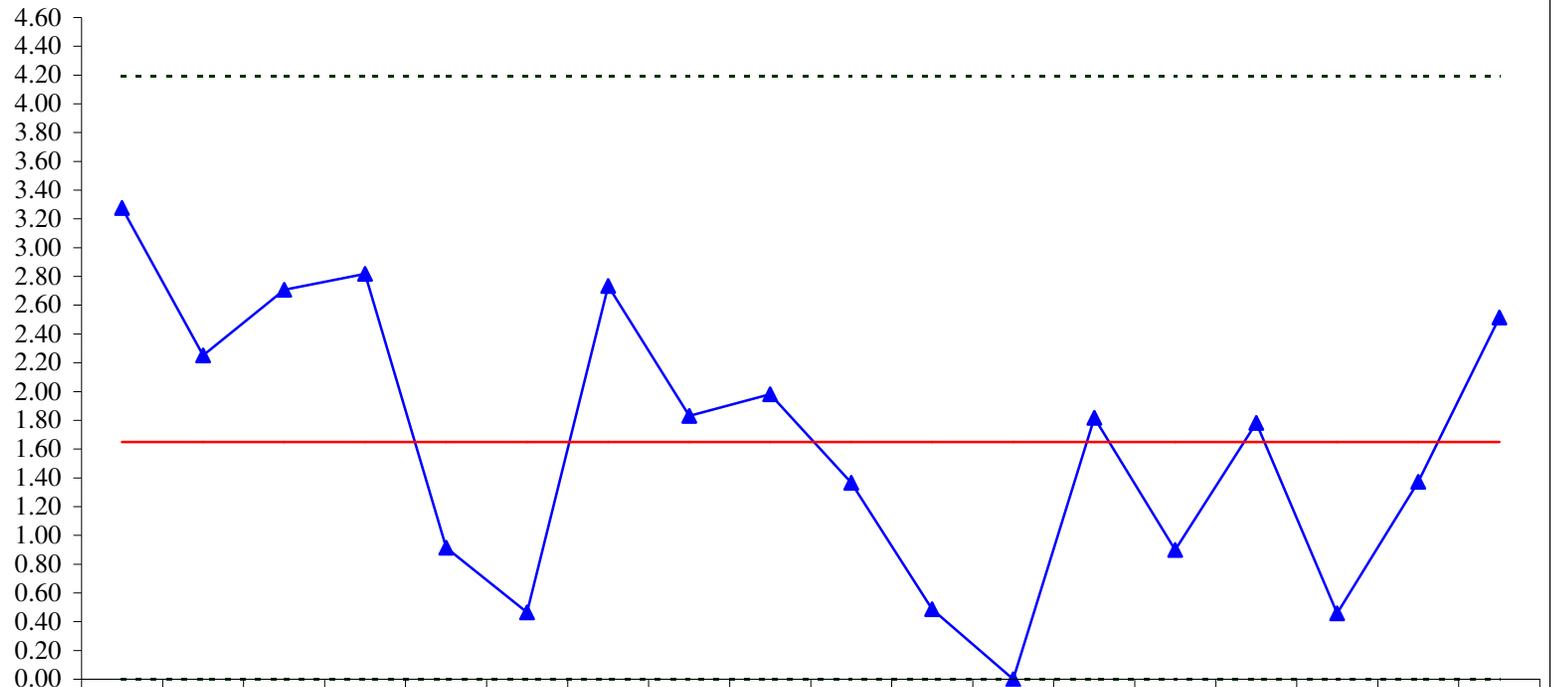
|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 8      | 8    | 3    | 7    | 13   | 10   | 8    | 5      | 5    | 14   | 10   | 9    | 8    | 14   | 4    | 11   | 16   | 21   |
| Injuries Resulting in a WCC    | 8      | 8    | 3    | 7    | 13   | 10   | 7    | 5      | 5    | 13   | 10   | 5    | 8    | 13   | 4    | 10   | 14   | 9    |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.95   | 0.94 | 0.35 | 0.88 | 1.54 | 1.25 | 0.87 | 0.61   | 0.66 | 1.52 | 1.23 | 0.60 | 0.97 | 1.53 | 0.47 | 1.18 | 1.59 | 1.09 |
| -----UCL                       | 2.29   | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29   | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 | 2.29 |
| — Avg                          | 1.01   | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01   | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 | 1.01 |
| -----LCL                       | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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



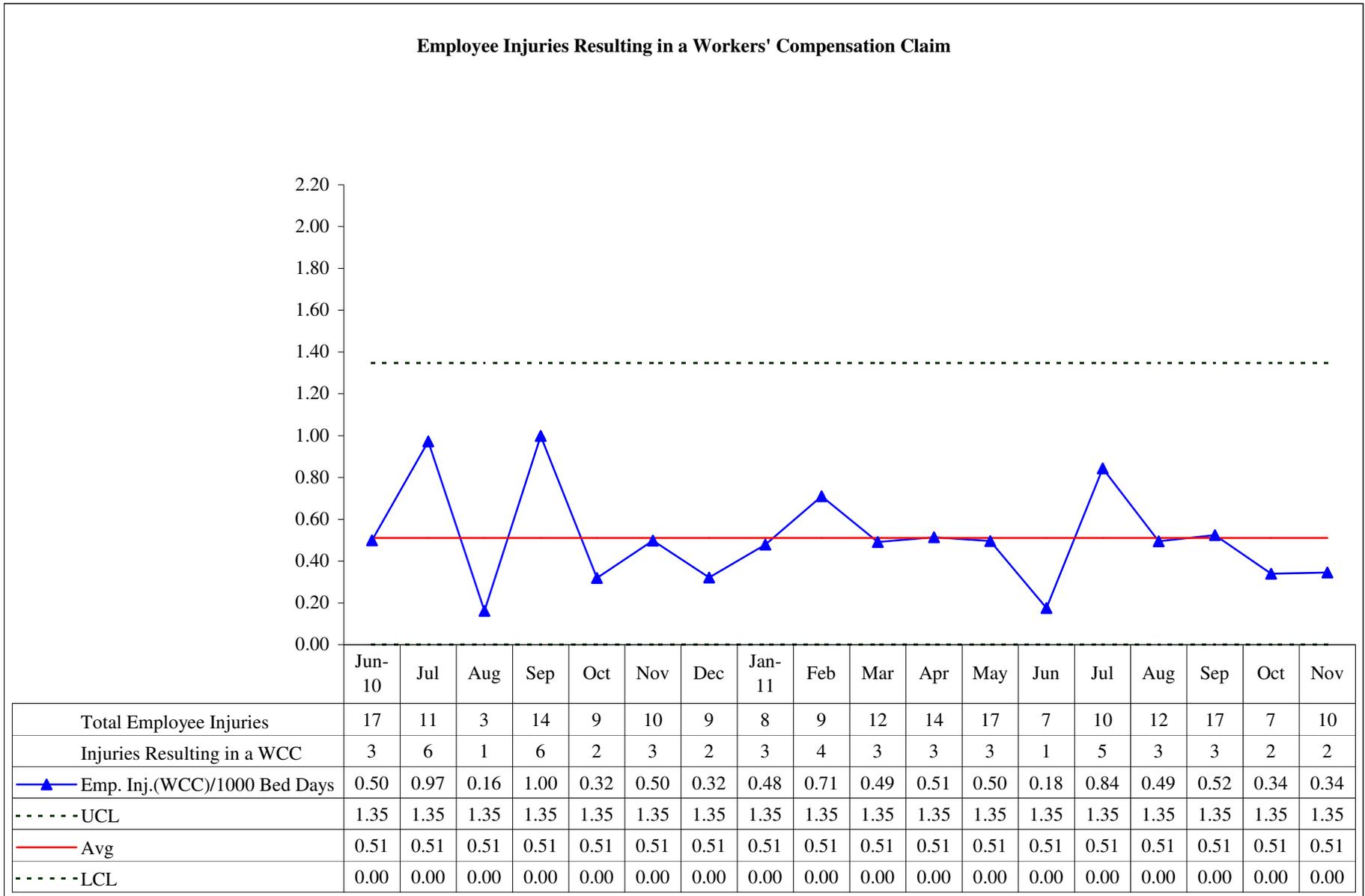
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**El Paso Psychiatric Center**

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



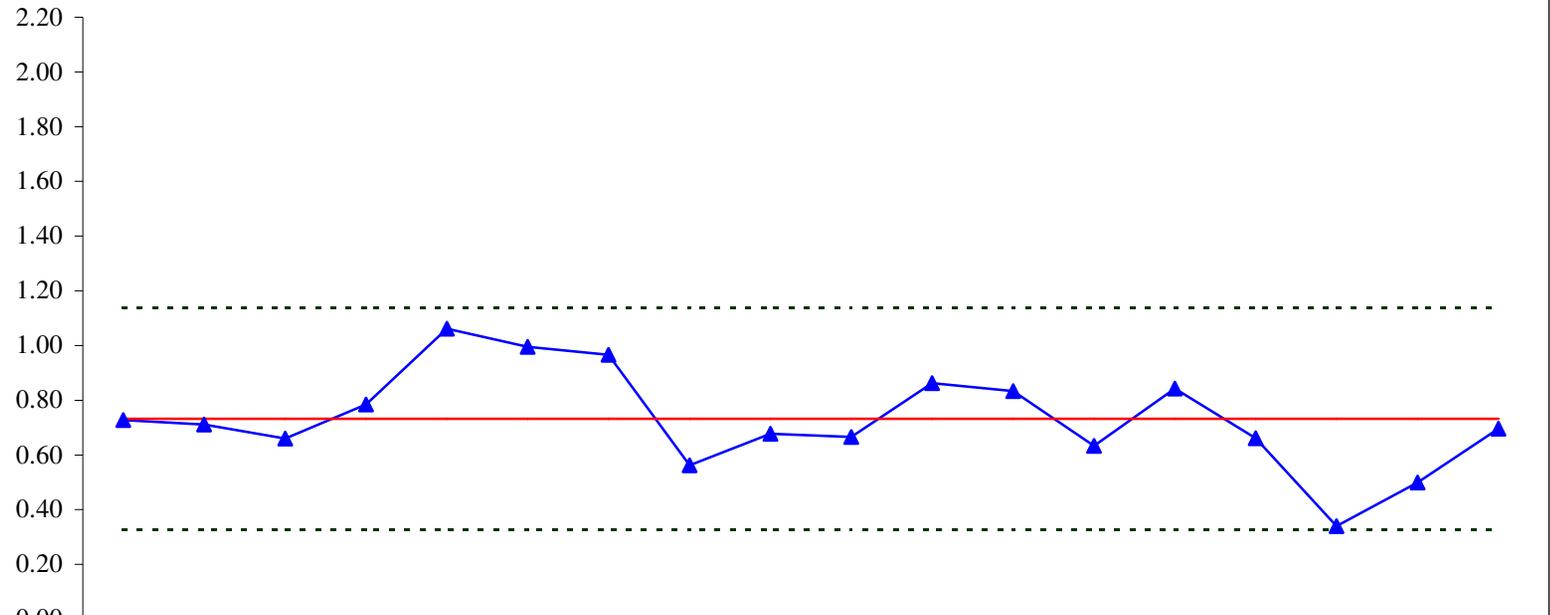
|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |      |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 14     | 7    | 12   | 10   | 4    | 3    | 18   | 11     | 11   | 7    | 6    | 5    | 10   | 3    | 8    | 10   | 8    | 17   |      |
| Injuries Resulting in a WCC    | 7      | 5    | 6    | 6    | 2    | 1    | 6    | 4      | 4    | 3    | 1    | 0    | 4    | 2    | 4    | 1    | 3    | 5    |      |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 3.28   | 2.25 | 2.71 | 2.82 | 0.91 | 0.46 | 2.73 | 1.83   | 1.98 | 1.37 | 0.49 | 0.00 | 1.82 | 0.90 | 1.78 | 0.46 | 1.37 | 2.51 |      |
| -----UCL                       | 4.19   | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19   | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 |
| — Avg                          | 1.65   | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65   | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 | 1.65 |
| -----LCL                       | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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



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

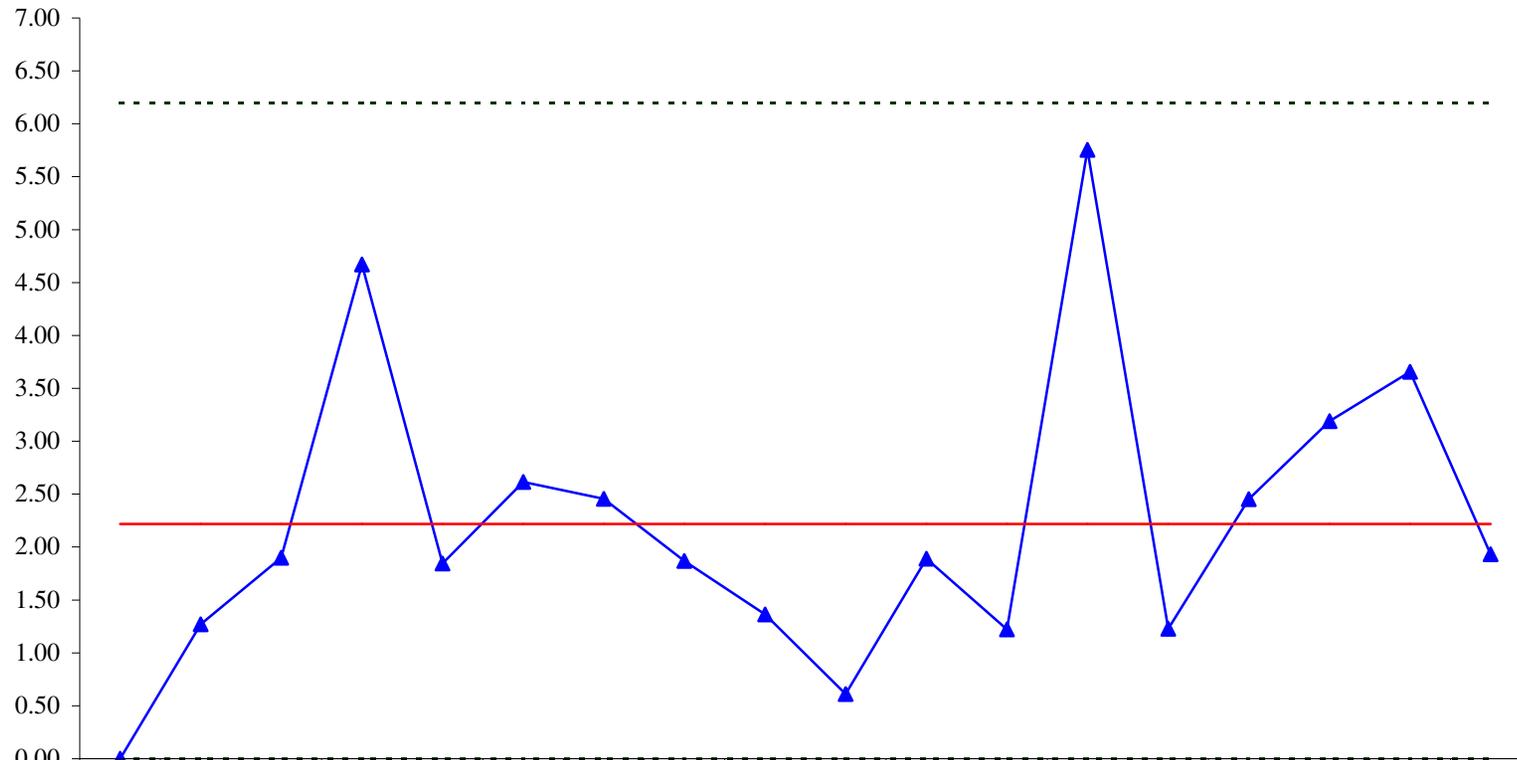
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 41     | 35   | 29   | 49   | 36   | 35   | 38   | 35     | 36   | 46   | 42   | 35   | 37   | 47   | 28   | 32   | 24   | 31   |
| Injuries Resulting in a WCC    | 13     | 13   | 12   | 14   | 19   | 17   | 17   | 10     | 11   | 12   | 15   | 15   | 11   | 15   | 12   | 6    | 9    | 12   |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.73   | 0.71 | 0.66 | 0.78 | 1.06 | 1.00 | 0.97 | 0.56   | 0.68 | 0.67 | 0.86 | 0.83 | 0.63 | 0.84 | 0.66 | 0.34 | 0.50 | 0.70 |
| -----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                          | 0.73   | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73   | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 | 0.73 |
| -----LCL                       | 0.33   | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33   | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 | 0.33 |

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

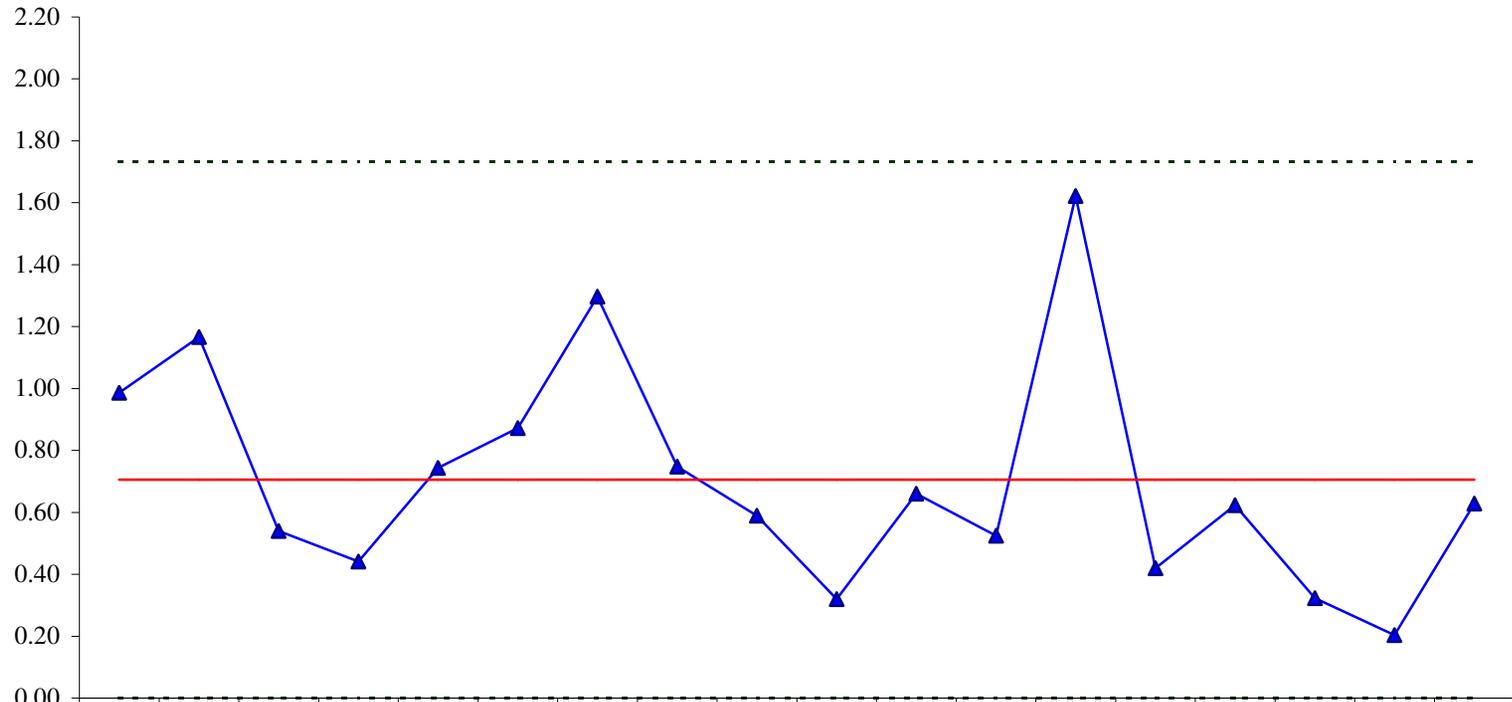
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 18     | 17   | 27   | 27   | 19   | 27   | 33   | 20     | 17   | 24   | 16   | 26   | 25   | 13   | 22   | 21   | 24   | 20   |
| Injuries Resulting in a WCC    | 0      | 2    | 3    | 7    | 3    | 4    | 4    | 3      | 2    | 1    | 3    | 2    | 9    | 2    | 4    | 5    | 6    | 3    |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.00   | 1.27 | 1.90 | 4.67 | 1.84 | 2.62 | 2.46 | 1.87   | 1.36 | 0.61 | 1.89 | 1.22 | 5.75 | 1.23 | 2.45 | 3.19 | 3.66 | 1.93 |
| -----UCL                       | 6.20   | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20   | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 | 6.20 |
| — Avg                          | 2.22   | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22   | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 | 2.22 |
| -----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 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**Rusk State Hospital**

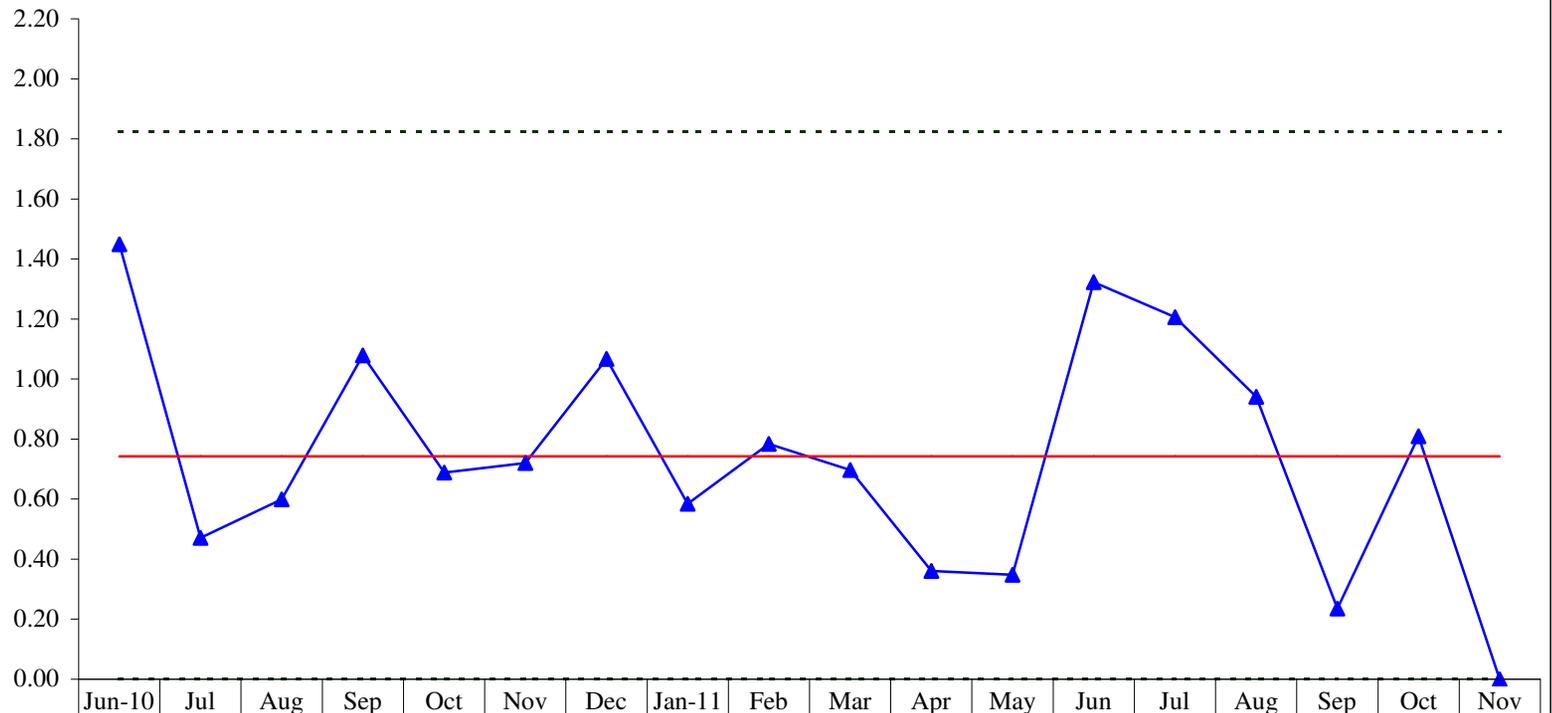
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 22     | 29   | 43   | 22   | 23   | 23   | 33   | 17     | 25   | 18   | 21   | 19   | 36   | 18   | 36   | 21   | 24   | 22   |
| Injuries Resulting in a WCC    | 9      | 11   | 5    | 4    | 7    | 8    | 12   | 7      | 5    | 3    | 6    | 5    | 15   | 4    | 6    | 3    | 2    | 6    |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.99   | 1.17 | 0.54 | 0.44 | 0.74 | 0.87 | 1.30 | 0.75   | 0.59 | 0.32 | 0.66 | 0.52 | 1.62 | 0.42 | 0.62 | 0.32 | 0.20 | 0.63 |
| -----UCL                       | 1.73   | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73   | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 |
| — Avg                          | 0.71   | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71   | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 | 0.71 |
| -----LCL                       | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

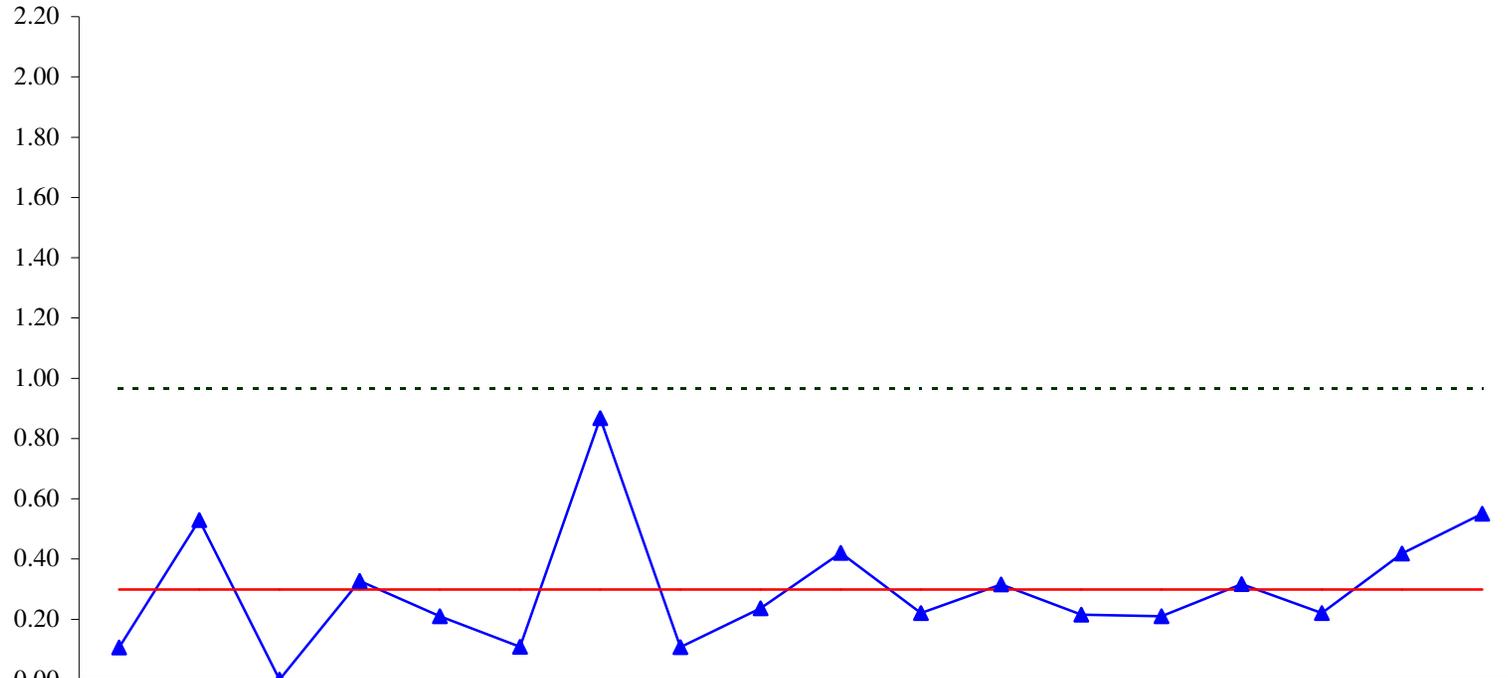
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 28     | 20   | 18   | 27   | 25   | 10   | 20   | 22     | 21   | 11   | 3    | 9    | 19   | 14   | 10   | 13   | 17   | 15   |
| Injuries Resulting in a WCC    | 12     | 4    | 5    | 9    | 6    | 6    | 9    | 5      | 6    | 6    | 3    | 3    | 11   | 10   | 8    | 2    | 7    | 0    |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 1.45   | 0.47 | 0.60 | 1.08 | 0.69 | 0.72 | 1.07 | 0.58   | 0.78 | 0.70 | 0.36 | 0.35 | 1.32 | 1.21 | 0.94 | 0.24 | 0.81 | 0.00 |
| -----UCL                       | 1.82   | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82   | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 | 1.82 |
| — 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**

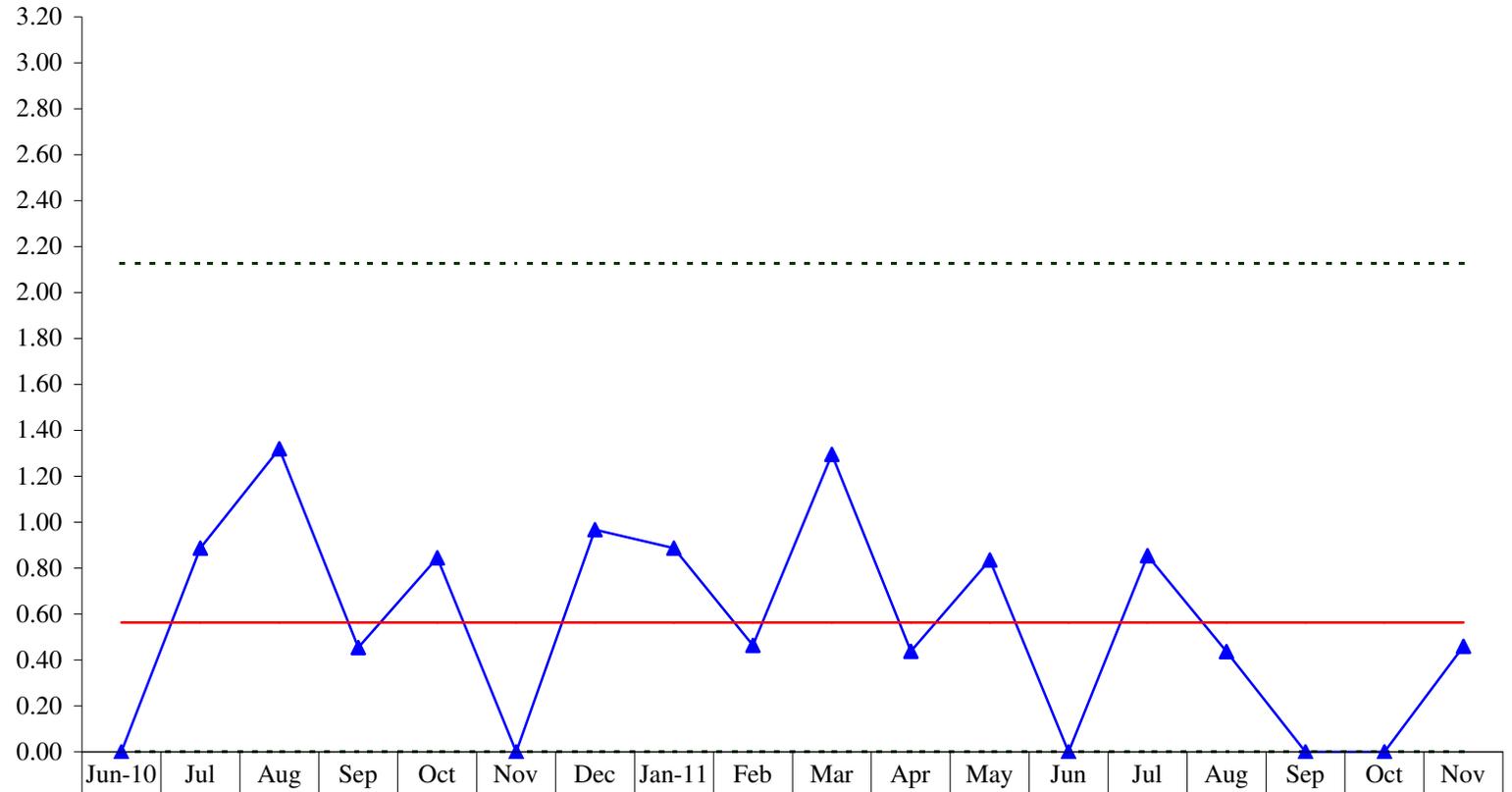
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                                | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|--------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries        | 20     | 20   | 34   | 29   | 21   | 19   | 30   | 23     | 39   | 27   | 20   | 18   | 19   | 22   | 29   | 22   | 27   | 34   |
| Injuries Resulting in a WCC    | 1      | 5    | 0    | 3    | 2    | 1    | 8    | 1      | 2    | 4    | 2    | 3    | 2    | 2    | 3    | 2    | 4    | 5    |
| ▲ Emp. Inj.(WCC)/1000 Bed Days | 0.11   | 0.53 | 0.00 | 0.33 | 0.21 | 0.11 | 0.87 | 0.11   | 0.24 | 0.42 | 0.22 | 0.32 | 0.22 | 0.21 | 0.32 | 0.22 | 0.42 | 0.55 |
| -----UCL                       | 0.97   | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97   | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 | 0.97 |
| — Avg                          | 0.30   | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30   | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| -----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**

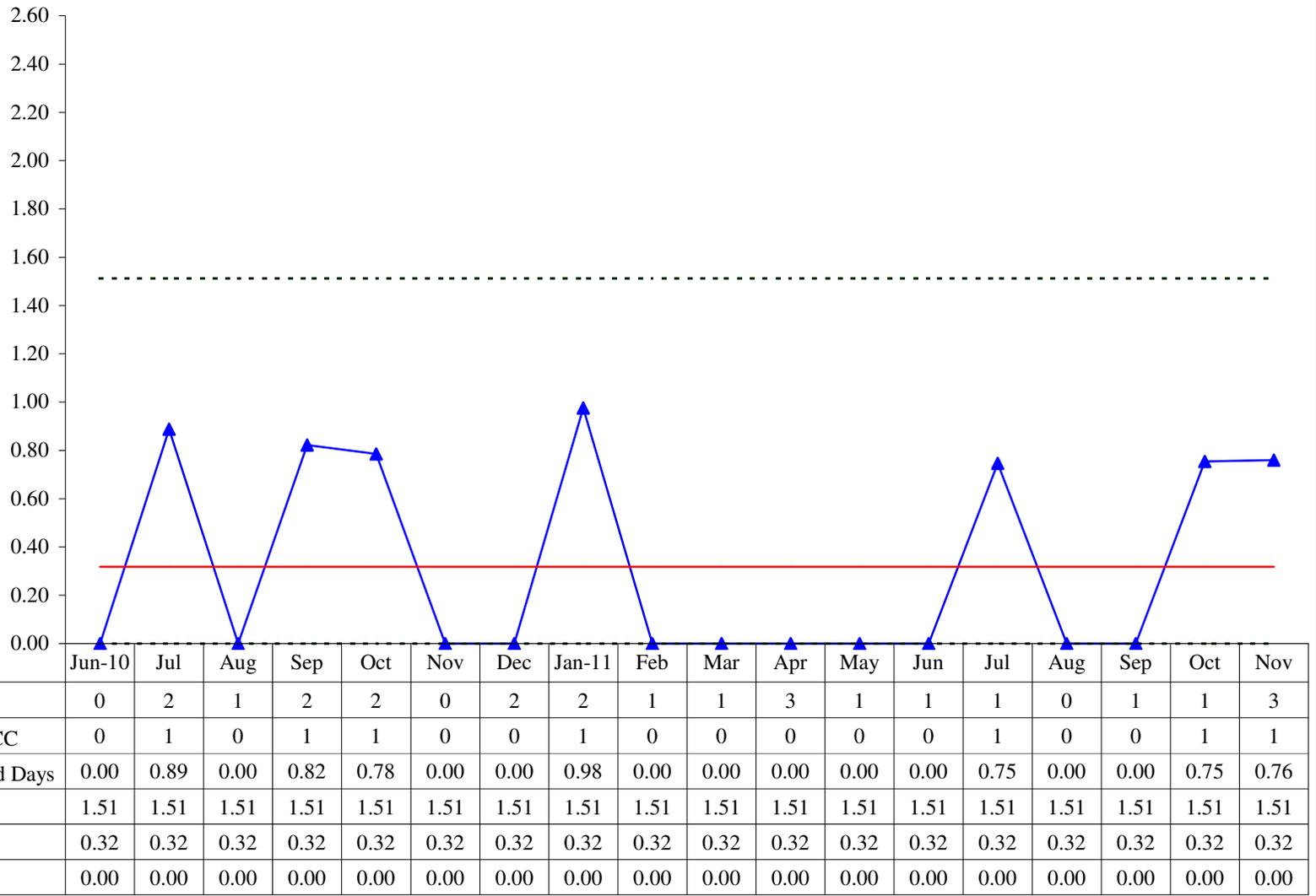
**Employee Injuries Resulting in a Workers' Compensation Claim**



|                              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries      | 2    | 2    | 4    | 1    | 3    | 4    | 3    | 3    | 3    | 4    | 3    | 3    | 2    | 2    | 4    | 4    | 6    | 2    |
| Injuries Resulting in a WCC  | 0    | 2    | 3    | 1    | 2    | 0    | 2    | 2    | 1    | 3    | 1    | 2    | 0    | 2    | 1    | 0    | 0    | 1    |
| Emp. Inj.(WCC)/1000 Bed Days | 0.00 | 0.89 | 1.32 | 0.45 | 0.84 | 0.00 | 0.97 | 0.89 | 0.46 | 1.29 | 0.44 | 0.84 | 0.00 | 0.85 | 0.44 | 0.00 | 0.00 | 0.46 |
| UCL                          | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 | 2.12 |
| Avg                          | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 | 0.56 |
| LCL                          | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 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.**

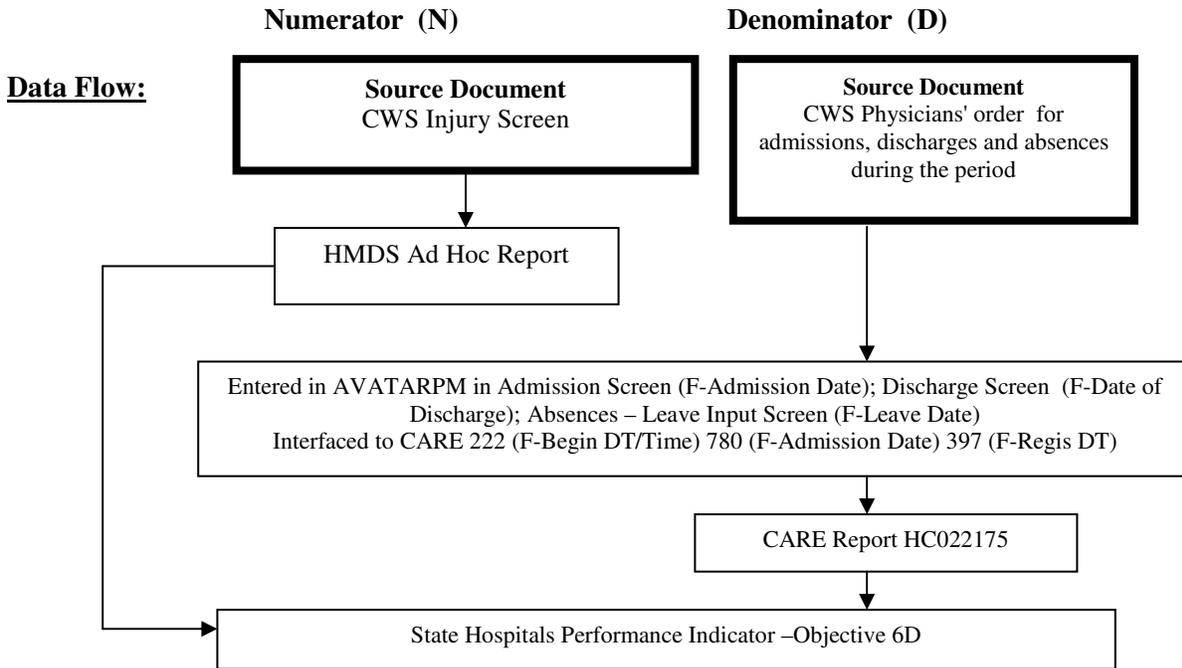
**Performance Objective Operational Definition:** Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

**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 - FY2012**

| 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                     | 2        | 53        | 51        | 4        | 0                | 0        | <b>110</b> |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |
| Seclusion                     | 0        | 1         | 0         | 0        | 0                | 0        | <b>1</b>   |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |
| <b>Total</b>                  | <b>2</b> | <b>54</b> | <b>51</b> | <b>4</b> | <b>0</b>         | <b>0</b> | <b>111</b> |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |
| Per 1000 Beddays              |          |           |           |          |                  |          | <b>0.5</b> |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |

**Performance Objective 6E:**

**Analyze the number of employee injuries resulted by patient aggression.**

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

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

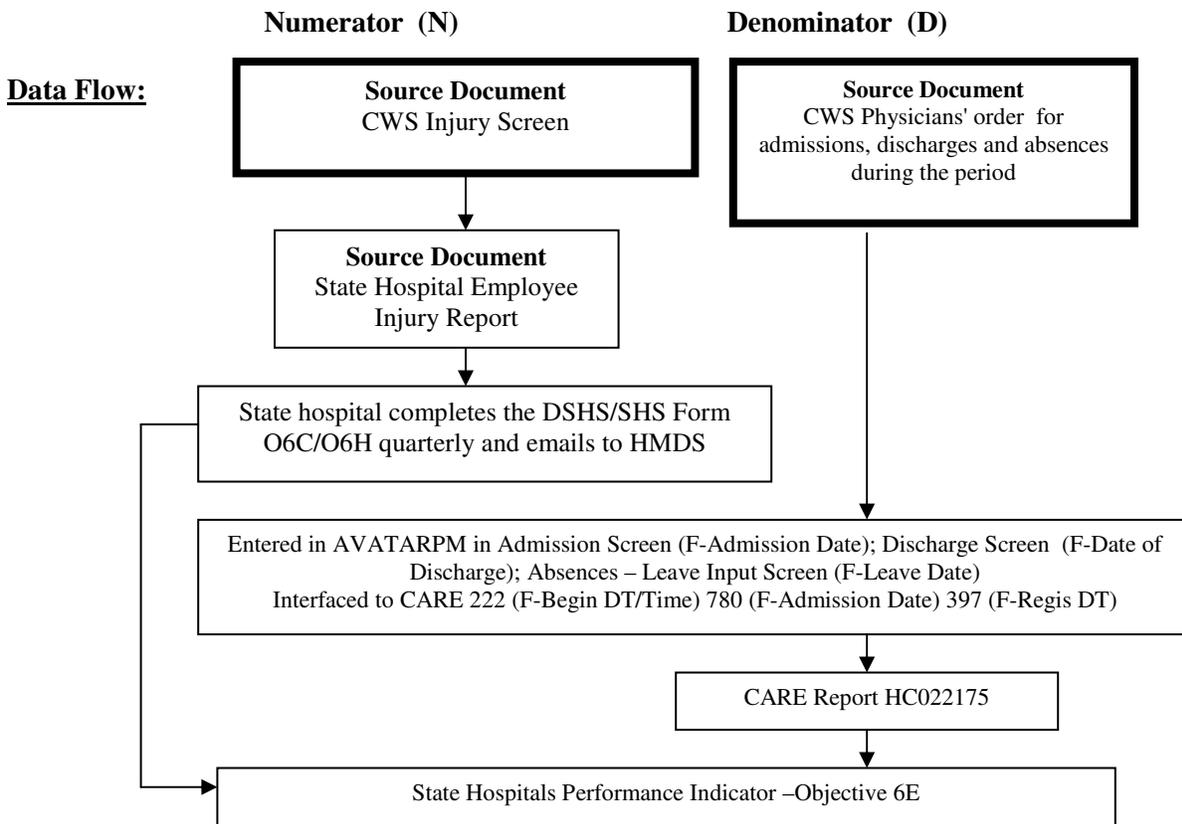
R = rate of employees injured by patient aggression per 1000 bed days per month

N = number of employees injured by patient aggression per month

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

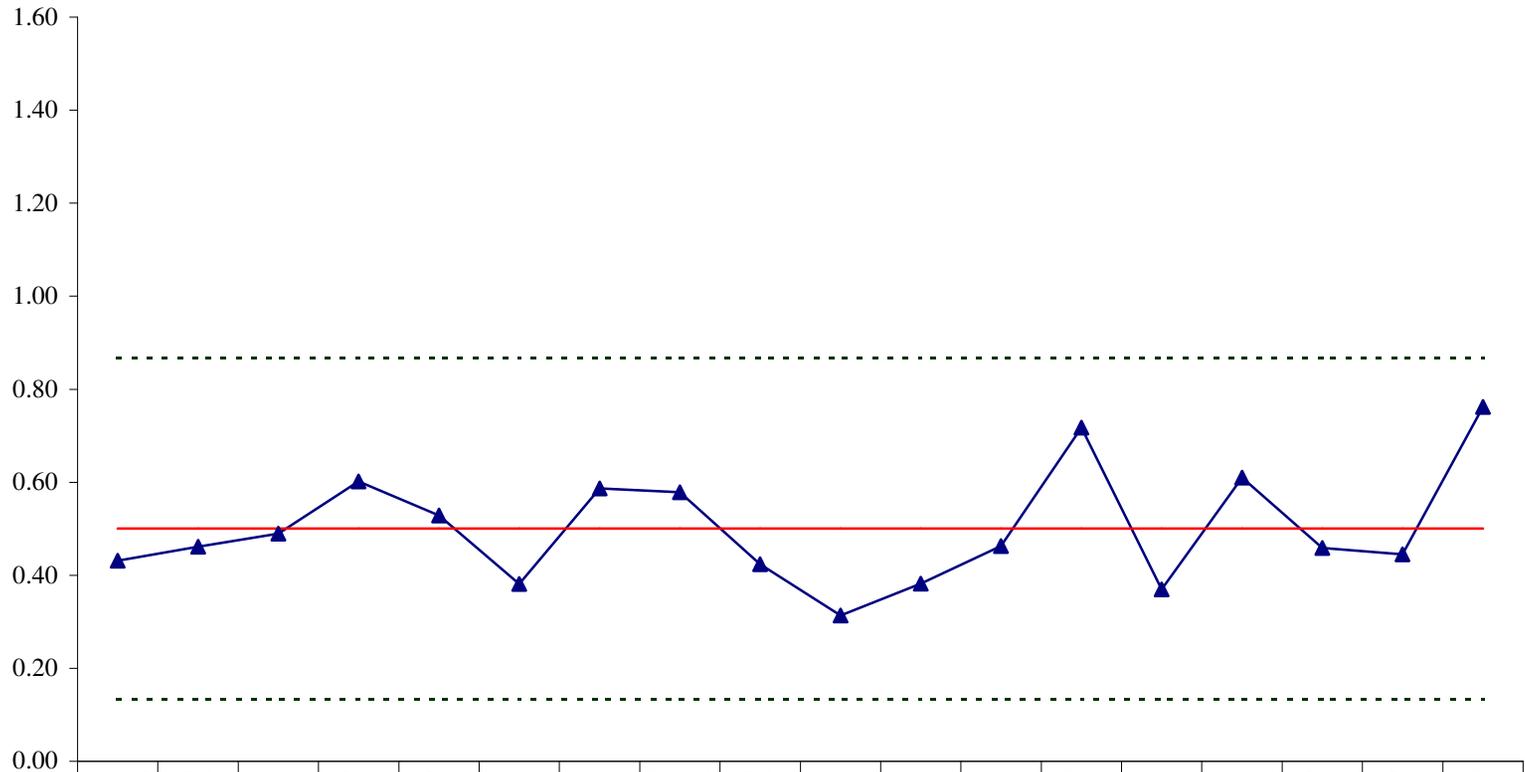
**Performance Objective Data Display and Chart Description:**

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



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

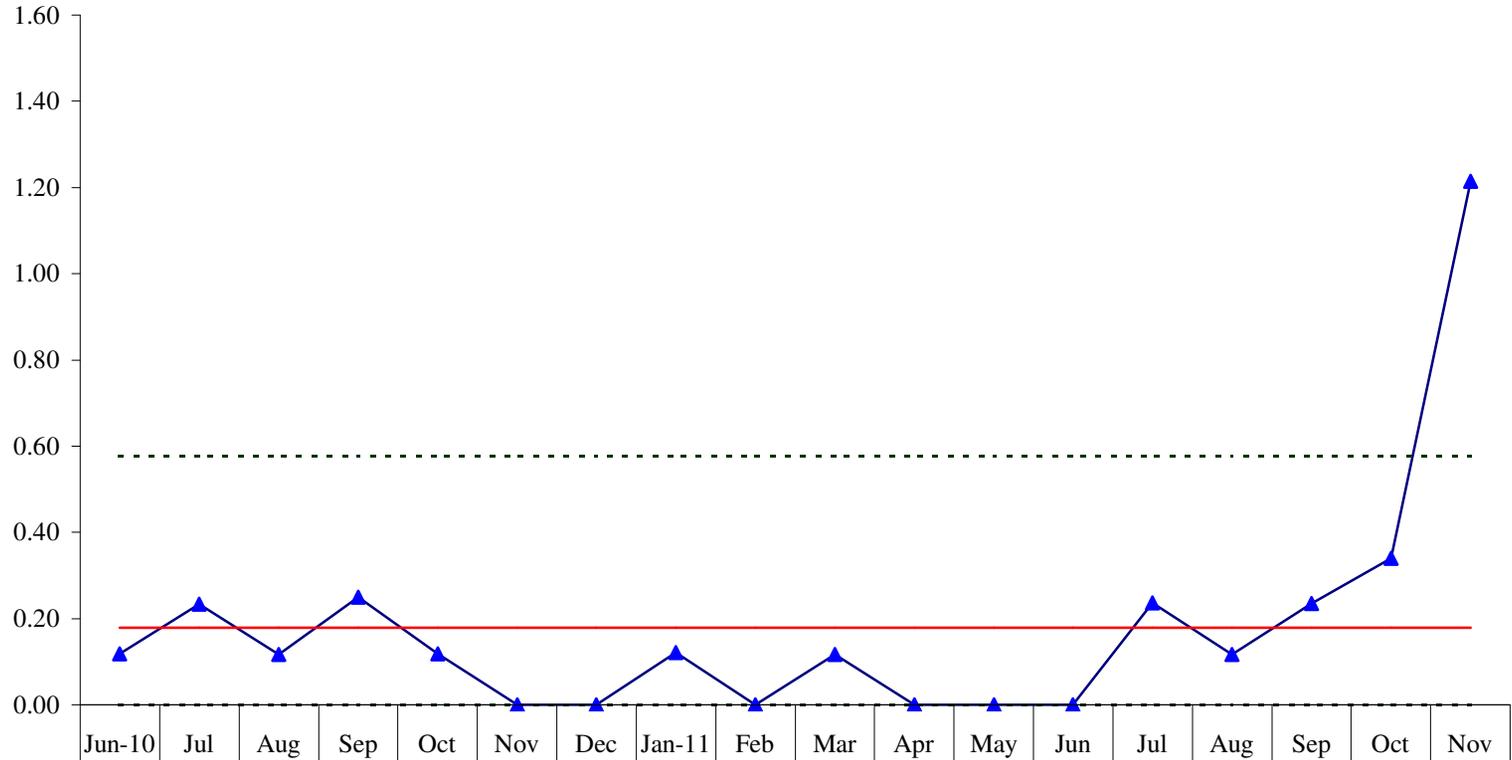
**Employee Injured During Restraint or Seclusion**



|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 190    | 170  | 195  | 205  | 174  | 165  | 219  | 183    | 190  | 184  | 152  | 168  | 195  | 153  | 173  | 168  | 177  | 202  |
| Injuries Associated with R/S  | 31     | 34   | 36   | 43   | 39   | 27   | 42   | 42     | 28   | 23   | 27   | 34   | 51   | 27   | 45   | 33   | 33   | 54   |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.43   | 0.46 | 0.49 | 0.60 | 0.53 | 0.38 | 0.59 | 0.58   | 0.42 | 0.31 | 0.38 | 0.46 | 0.72 | 0.37 | 0.61 | 0.46 | 0.44 | 0.76 |
| ----- UCL                     | 0.87   | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87   | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 |
| — Avg                         | 0.50   | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50   | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 |
| ----- LCL                     | 0.13   | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13   | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 |

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

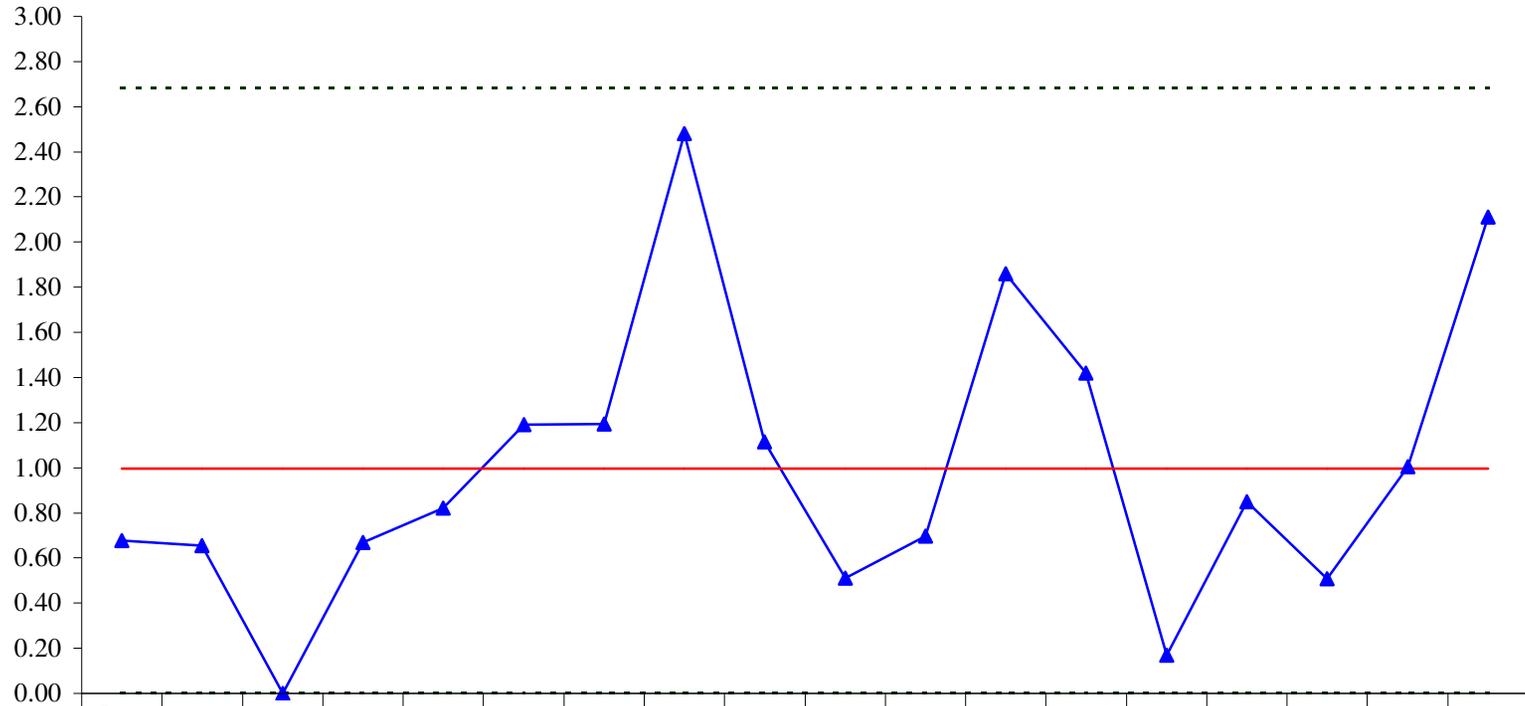
**Employee Injured During Restraint or Seclusion**



|                                 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries         | 8    | 8    | 3    | 7    | 13   | 10   | 8    | 5    | 5    | 14   | 10   | 9    | 8    | 14   | 4    | 11   | 16   | 21   |
| Injuries Associated with R/S    | 1    | 2    | 1    | 2    | 1    | 0    | 0    | 1    | 0    | 1    | 0    | 0    | 0    | 2    | 1    | 2    | 3    | 10   |
| —▲— Emp. Inj.(RS)/1000 Bed Days | 0.12 | 0.23 | 0.12 | 0.25 | 0.12 | 0.00 | 0.00 | 0.12 | 0.00 | 0.12 | 0.00 | 0.00 | 0.00 | 0.24 | 0.12 | 0.24 | 0.34 | 1.21 |
| - - - - - UCL                   | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 |
| — Avg                           | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 | 0.18 |
| - - - - - LCL                   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

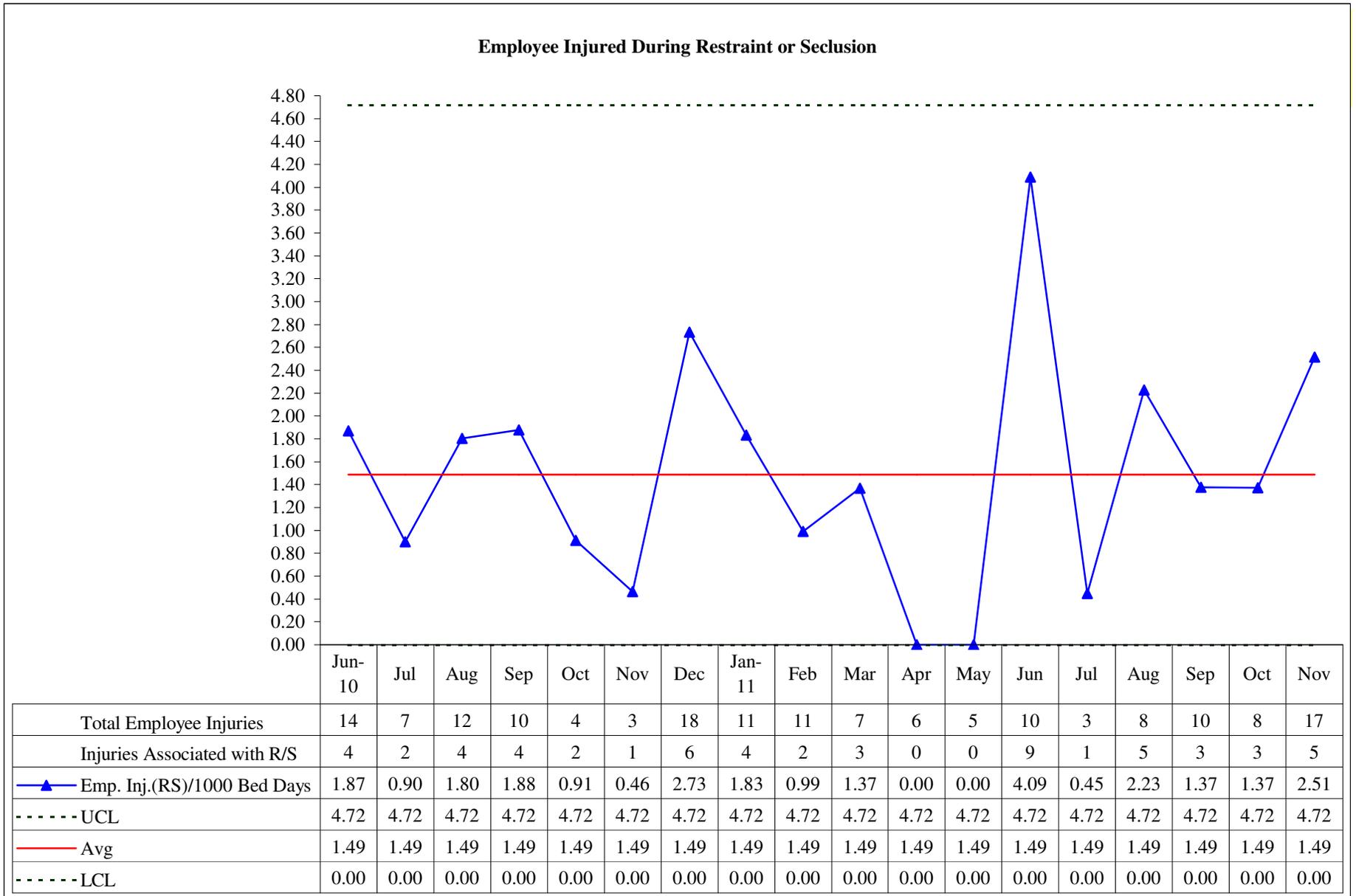
**Objective 6E - Employees Injured During Restraint or Seclusion  
Big Spring State Hospital**

**Employee Injured During Restraint or Seclusion**

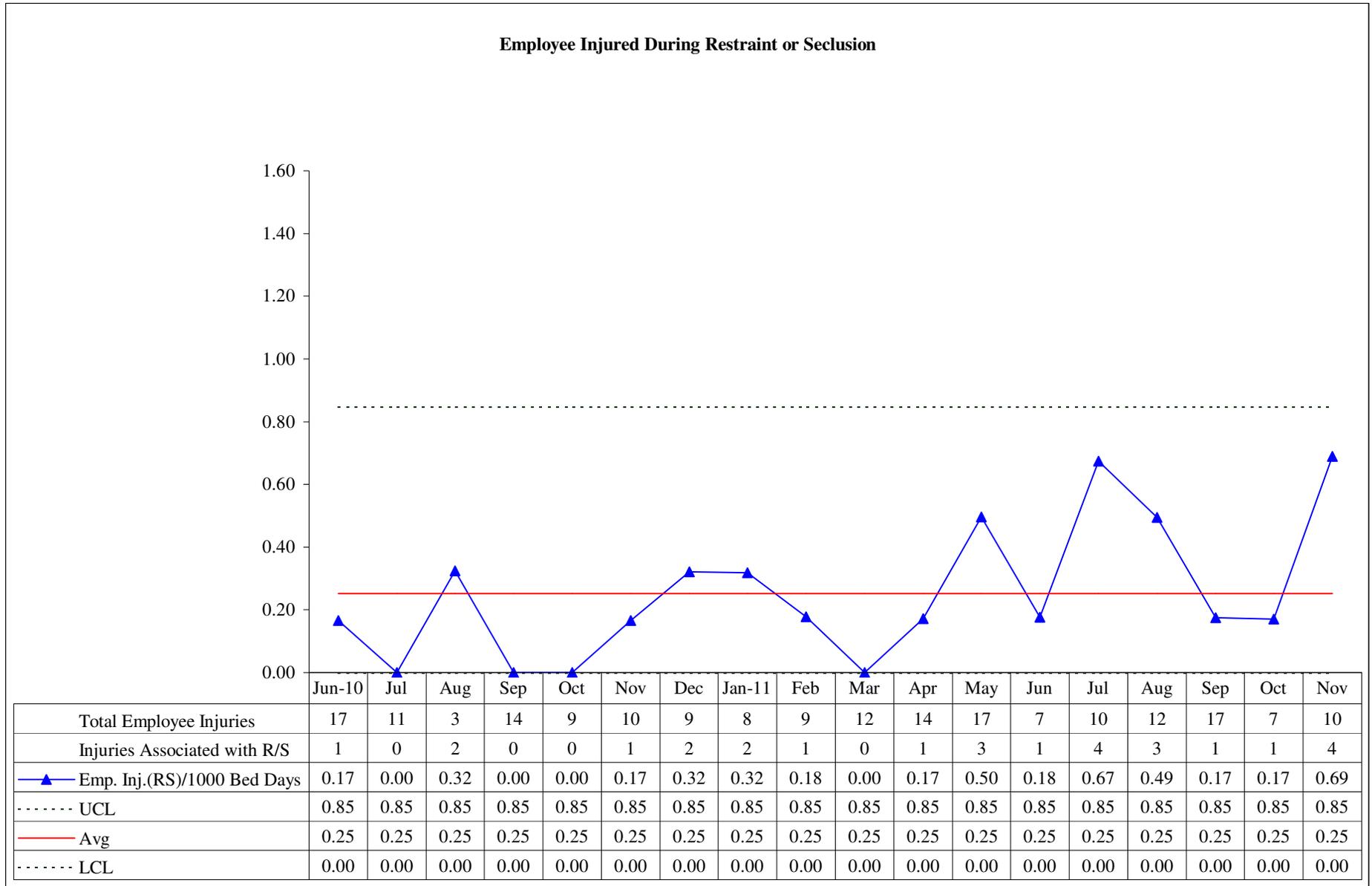


|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 20     | 19   | 21   | 17   | 19   | 24   | 25   | 37     | 23   | 20   | 14   | 26   | 31   | 9    | 20   | 16   | 23   | 27   |
| Injuries Associated with R/S  | 4      | 4    | 0    | 4    | 5    | 7    | 7    | 15     | 6    | 3    | 4    | 11   | 8    | 1    | 5    | 3    | 6    | 12   |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.68   | 0.66 | 0.00 | 0.67 | 0.82 | 1.19 | 1.19 | 2.48   | 1.12 | 0.51 | 0.70 | 1.86 | 1.42 | 0.17 | 0.85 | 0.51 | 1.00 | 2.11 |
| ----- UCL                     | 2.69   | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69   | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 | 2.69 |
| ----- Avg                     | 1.00   | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00   | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| ----- LCL                     | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

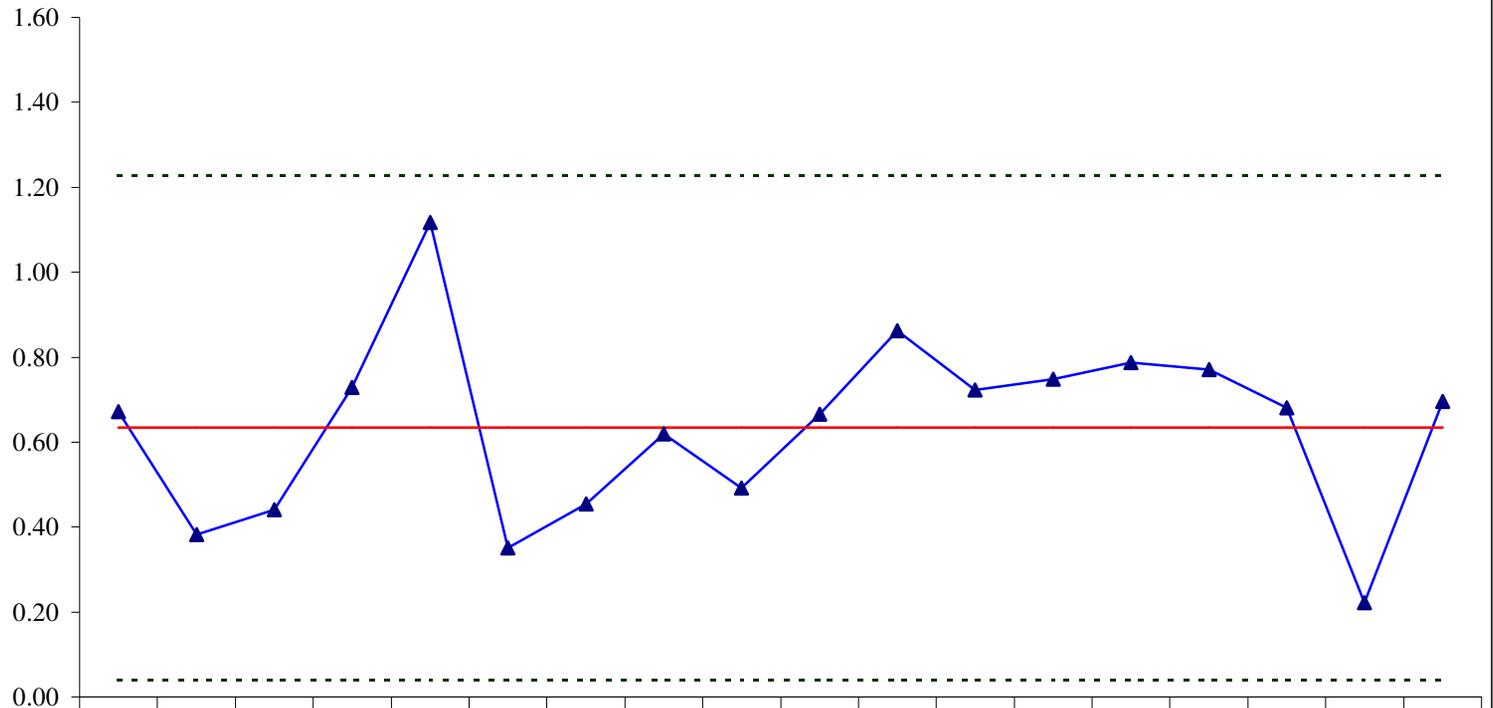


**Objective 6E - Employees Injured During Restraint or Seclusion  
Kerrville State Hospital**



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

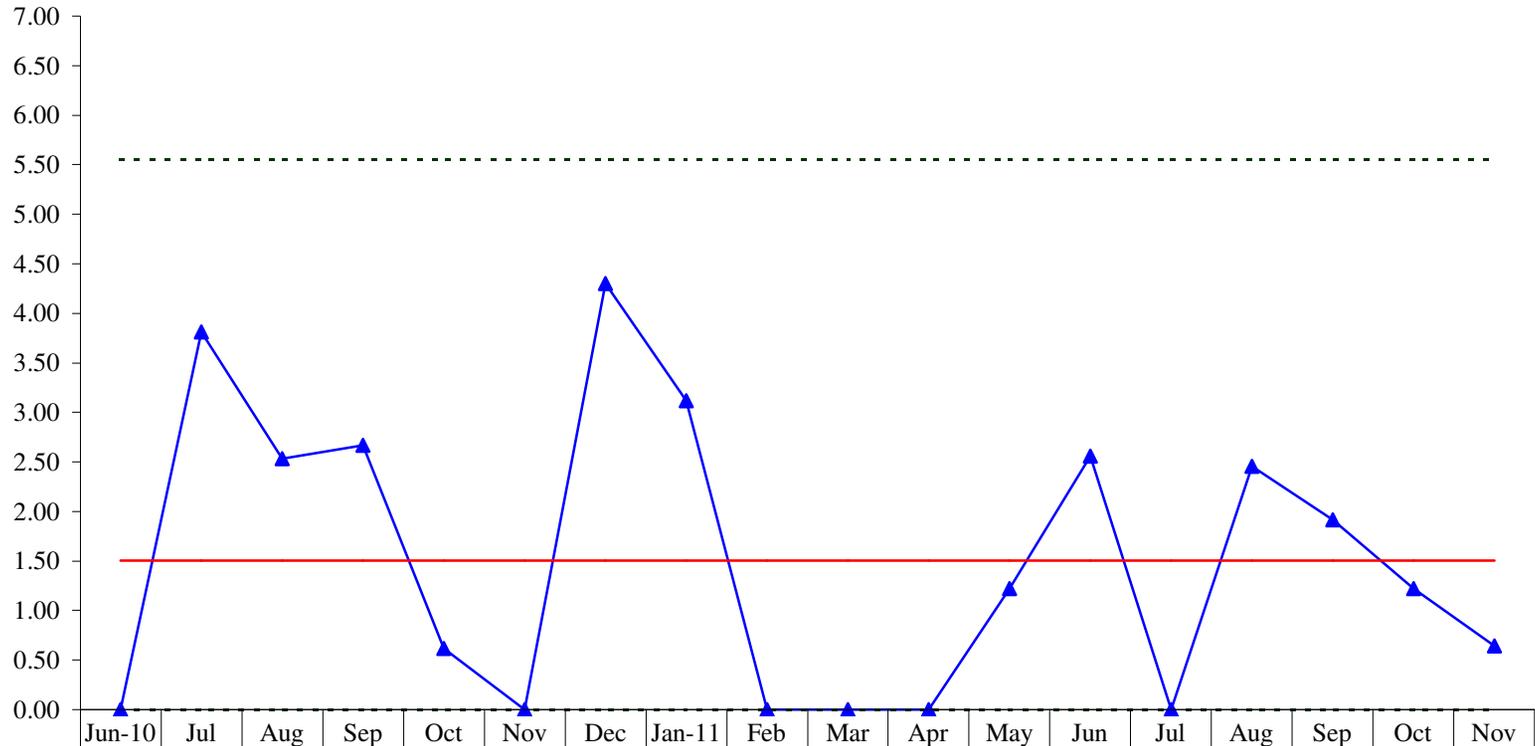
**Employee Injured During Restraint or Seclusion**



|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 41     | 35   | 29   | 49   | 36   | 35   | 38   | 35     | 36   | 46   | 42   | 35   | 37   | 47   | 28   | 32   | 24   | 31   |
| Injuries Associated with R/S  | 12     | 7    | 8    | 13   | 20   | 6    | 8    | 11     | 8    | 12   | 15   | 13   | 13   | 14   | 14   | 12   | 4    | 12   |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.67   | 0.38 | 0.44 | 0.73 | 1.12 | 0.35 | 0.45 | 0.62   | 0.49 | 0.67 | 0.86 | 0.72 | 0.75 | 0.79 | 0.77 | 0.68 | 0.22 | 0.70 |
| -----UCL                      | 1.23   | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23   | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 | 1.23 |
| -----Avg                      | 0.63   | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63   | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 | 0.63 |
| -----LCL                      | 0.04   | 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**

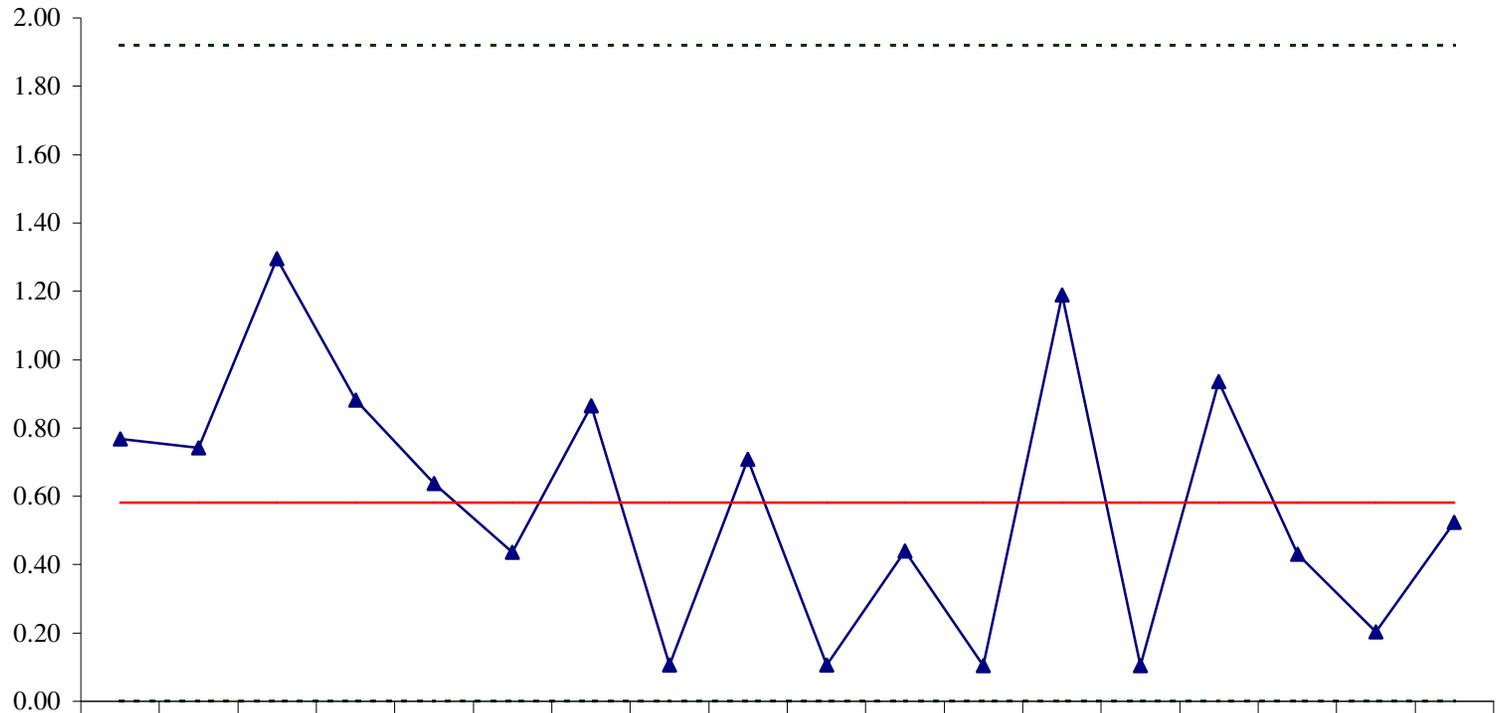
**Employee Injured During Restraint or Seclusion**



|                              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries      | 18   | 17   | 27   | 27   | 19   | 27   | 33   | 20   | 17   | 24   | 16   | 26   | 25   | 13   | 22   | 21   | 24   | 20   |
| Injuries Associated with R/S | 0    | 6    | 4    | 4    | 1    | 0    | 7    | 5    | 0    | 0    | 0    | 2    | 4    | 0    | 4    | 3    | 2    | 1    |
| Emp. Inj.(RS)/1000 Bed Days  | 0.00 | 3.81 | 2.53 | 2.67 | 0.61 | 0.00 | 4.30 | 3.12 | 0.00 | 0.00 | 0.00 | 1.22 | 2.56 | 0.00 | 2.45 | 1.91 | 1.22 | 0.64 |
| UCL                          | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 | 5.55 |
| Avg                          | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 |
| LCL                          | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

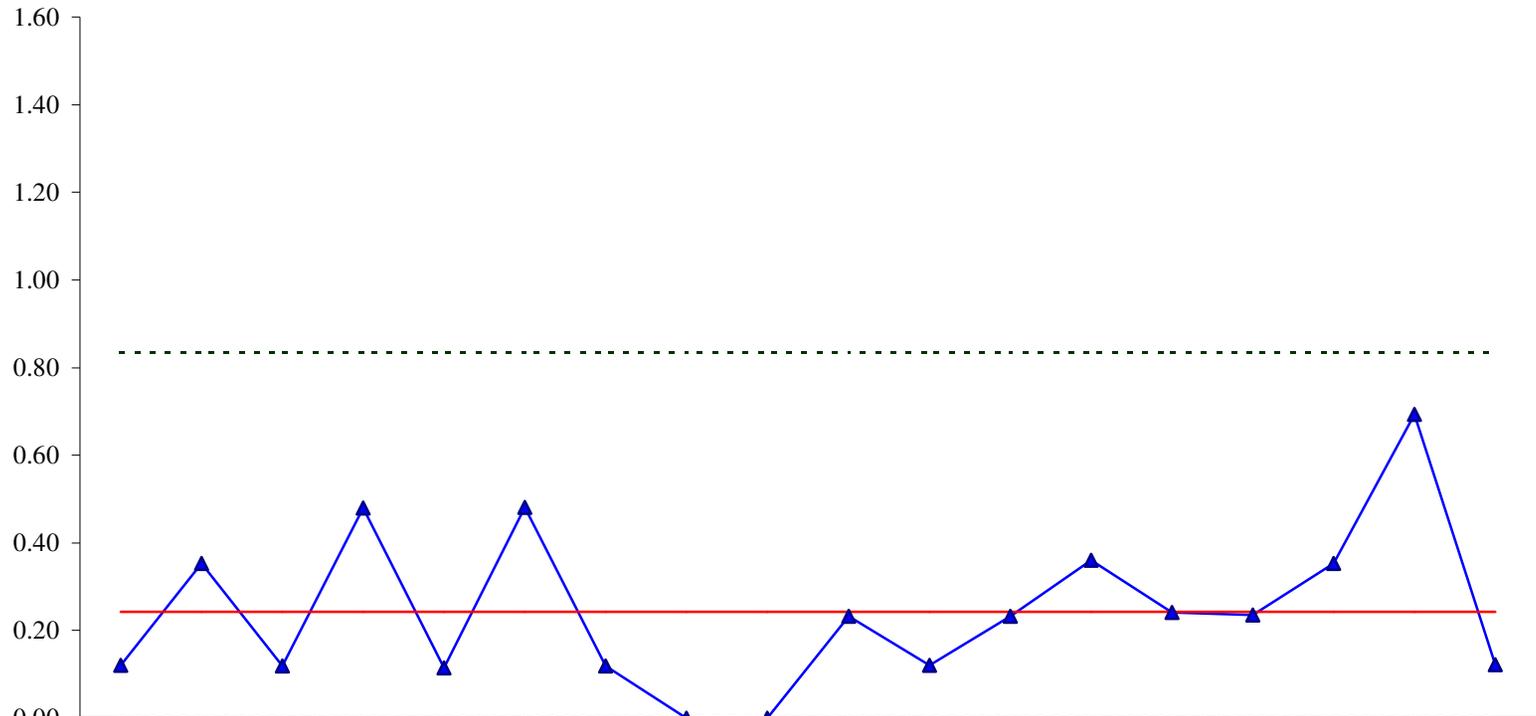
**Employee Injured During Restraint or Seclusion**



|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 22     | 29   | 43   | 22   | 23   | 23   | 33   | 17     | 25   | 18   | 21   | 19   | 36   | 18   | 36   | 21   | 24   | 22   |
| Injuries Associated with R/S  | 7      | 7    | 12   | 8    | 6    | 4    | 8    | 1      | 6    | 1    | 4    | 1    | 11   | 1    | 9    | 4    | 2    | 5    |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.77   | 0.74 | 1.30 | 0.88 | 0.64 | 0.44 | 0.86 | 0.11   | 0.71 | 0.11 | 0.44 | 0.10 | 1.19 | 0.10 | 0.94 | 0.43 | 0.20 | 0.52 |
| -----UCL                      | 1.92   | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92   | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 | 1.92 |
| — Avg                         | 0.58   | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58   | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 | 0.58 |
| -----LCL                      | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

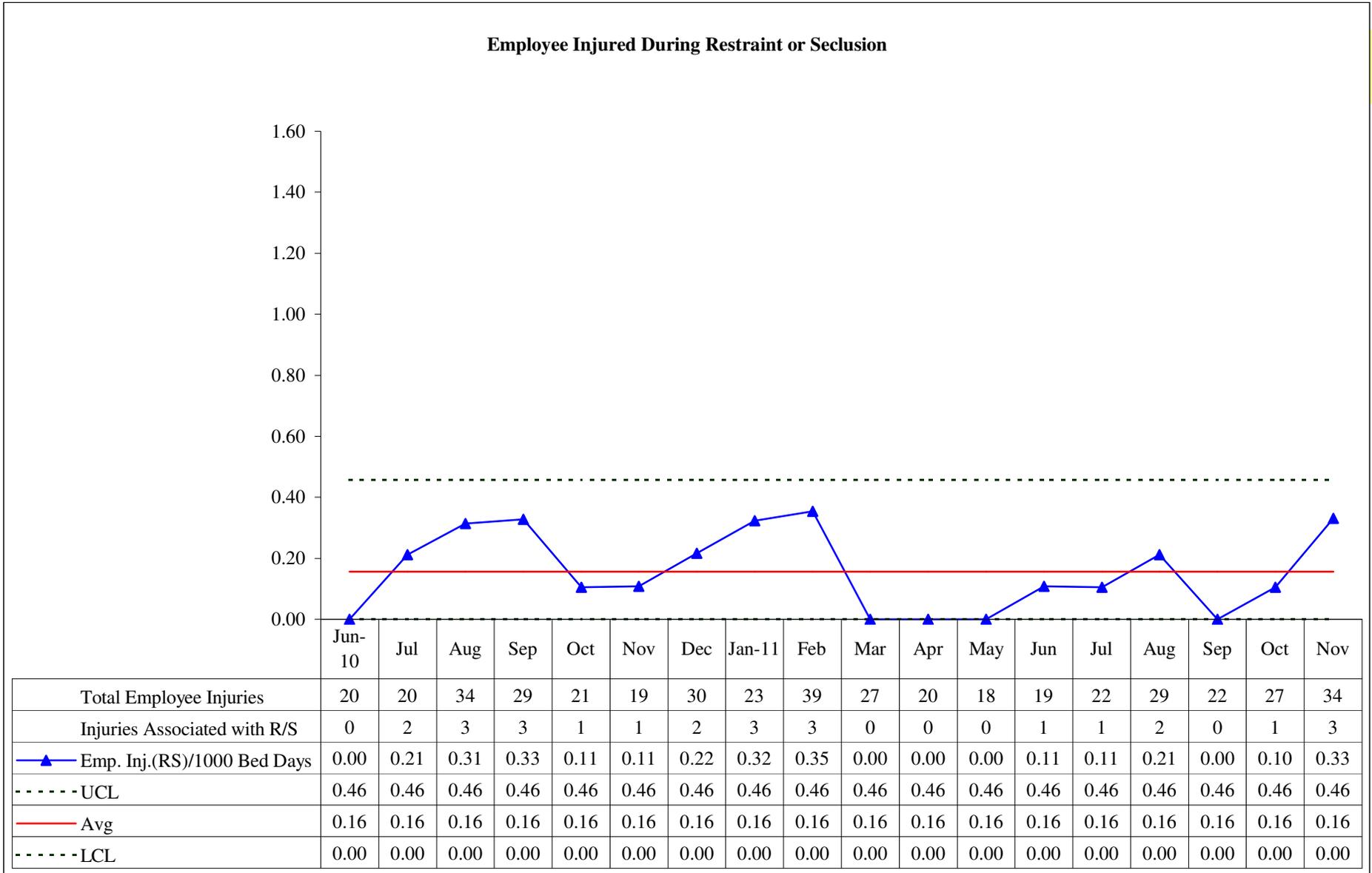
**Objective 6E - Employees Injured During Restraint or Seclusion  
San Antonio State Hospital**

**Employee Injured During Restraint or Seclusion**



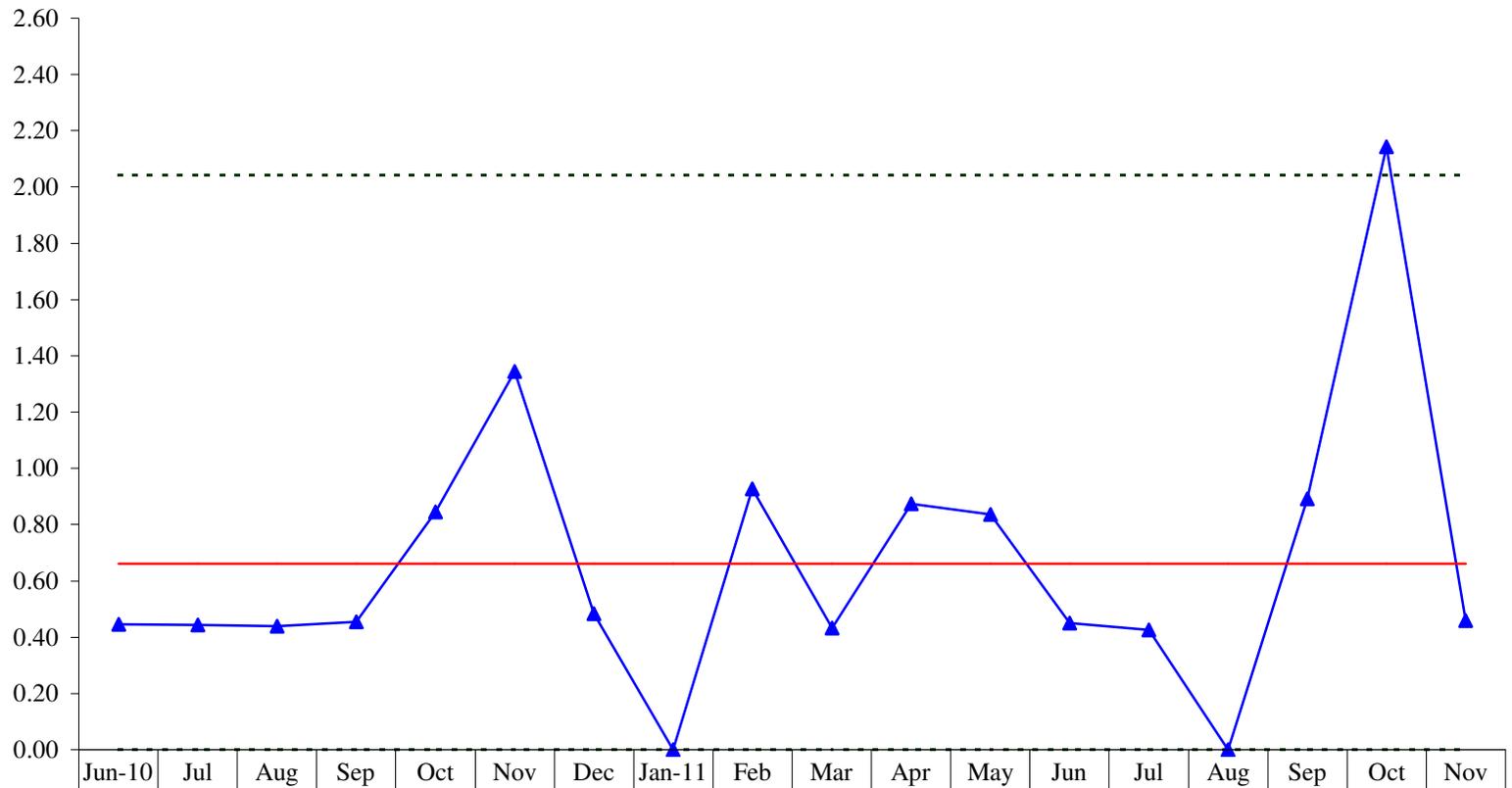
|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 28     | 20   | 18   | 27   | 25   | 10   | 20   | 22     | 21   | 11   | 3    | 9    | 19   | 14   | 10   | 13   | 17   | 15   |
| Injuries Associated with R/S  | 1      | 3    | 1    | 4    | 1    | 4    | 1    | 0      | 0    | 2    | 1    | 2    | 3    | 2    | 2    | 3    | 6    | 1    |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.12   | 0.35 | 0.12 | 0.48 | 0.11 | 0.48 | 0.12 | 0.00   | 0.00 | 0.23 | 0.12 | 0.23 | 0.36 | 0.24 | 0.24 | 0.35 | 0.69 | 0.12 |
| -----UCL                      | 0.83   | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83   | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 | 0.83 |
| — Avg                         | 0.24   | 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**

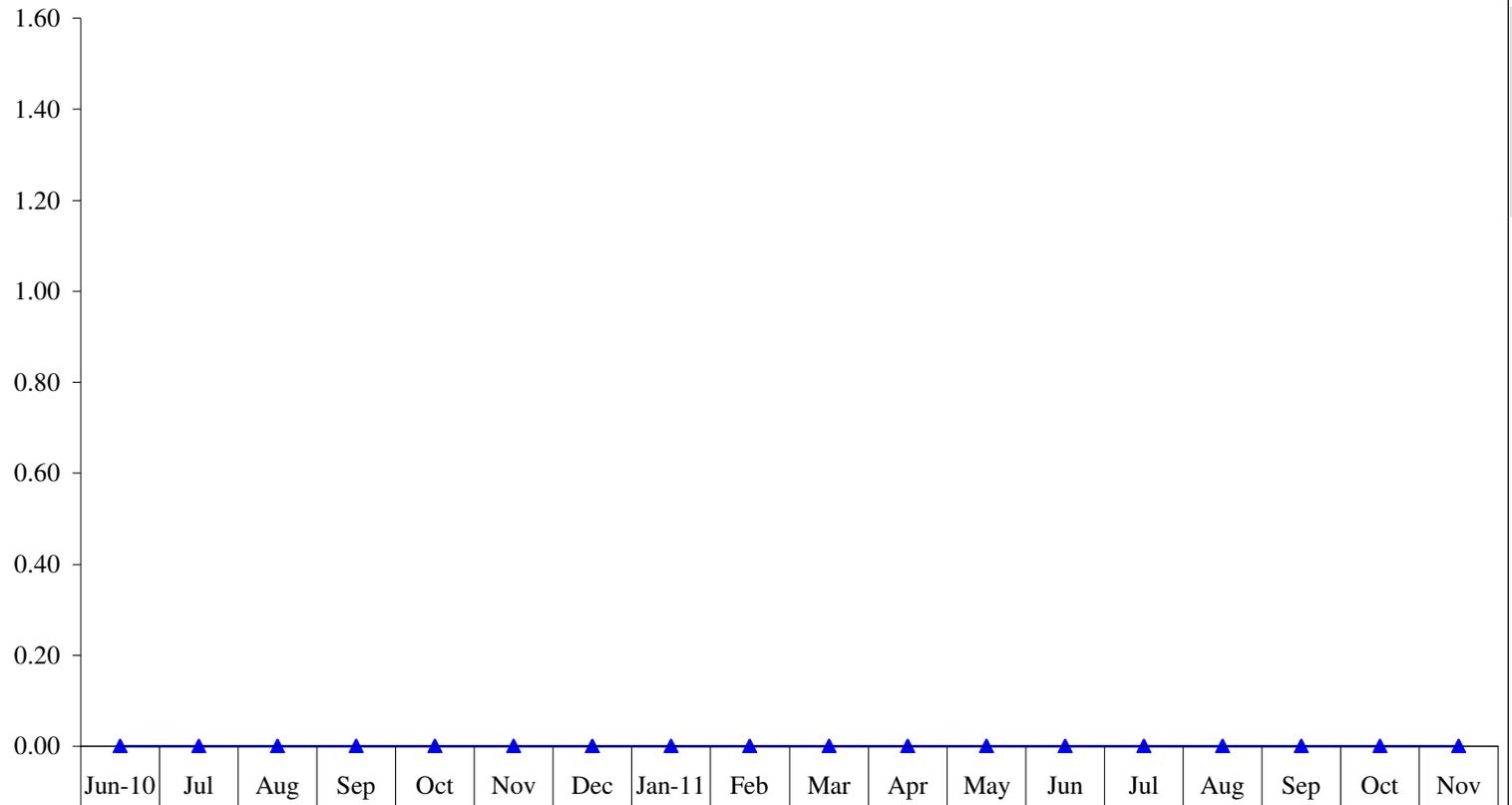
**Employee Injured During Restraint or Seclusion**



|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 2      | 2    | 4    | 1    | 3    | 4    | 3    | 3      | 3    | 4    | 3    | 3    | 2    | 2    | 4    | 4    | 6    | 2    |
| Injuries Associated with R/S  | 1      | 1    | 1    | 1    | 2    | 3    | 1    | 0      | 2    | 1    | 2    | 2    | 1    | 1    | 0    | 2    | 5    | 1    |
| ▲ Emp. Inj.(RS)/1000 Bed Days | 0.45   | 0.44 | 0.44 | 0.45 | 0.84 | 1.34 | 0.48 | 0.00   | 0.93 | 0.43 | 0.87 | 0.84 | 0.45 | 0.43 | 0.00 | 0.89 | 2.14 | 0.46 |
| -----UCL                      | 2.04   | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04   | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 |
| — Avg                         | 0.66   | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66   | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 | 0.66 |
| -----LCL                      | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00   | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

**Employee Injured During Restraint or Seclusion**



|                               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|-------------------------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Total Employee Injuries       | 0      | 2    | 1    | 2    | 2    | 0    | 2    | 2      | 1    | 1    | 3    | 1    | 1    | 1    | 0    | 1    | 1    | 3    |
| 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

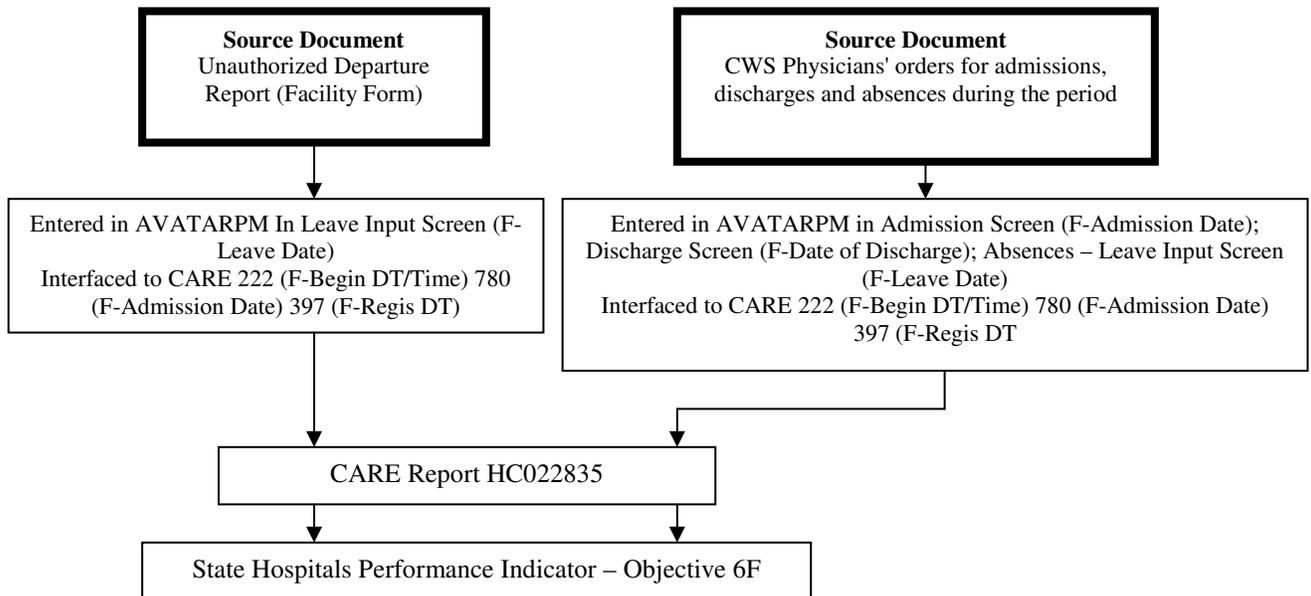
**Performance Objective Data Display and Chart Description:**

- ◆ 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                  | Dec-10 | Jan-11 | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   |
|-----------------------------------|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| ALL MH HOSPITALS                  |        |        |       |       |       |       |       |       |       |       |       |       |
| Unauthorized Departures Incidents | 21     | 22     | 19    | 37    | 41    | 47    | 44    | 35    | 26    | 35    | 33    | 28    |
| Unauthorized Departures Persons   | 21     | 21     | 18    | 31    | 33    | 39    | 29    | 28    | 25    | 30    | 26    | 24    |
| Bed Days in Month                 | 70555  | 71582  | 65137 | 72189 | 69482 | 72163 | 69797 | 71710 | 72506 | 70645 | 72888 | 69536 |
| Incidents/1000 Bed Days           | 0.30   | 0.31   | 0.29  | 0.51  | 0.59  | 0.65  | 0.63  | 0.49  | 0.36  | 0.50  | 0.45  | 0.40  |

**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

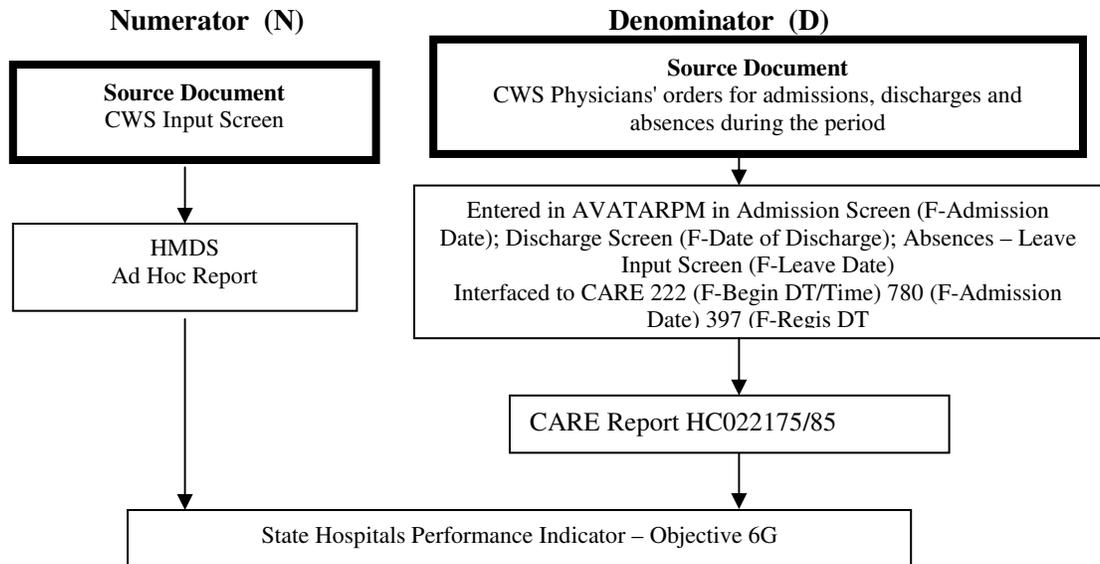
N = number of fall injuries D = number of bed days per FY quarter

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**

|                            | Jun-10 | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan-11 | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   |
|----------------------------|--------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|
| <b>ALL STATE HOSPITALS</b> |        |       |       |       |       |       |       |        |       |       |       |       |       |       |       |
| All Falls                  | 179    | 191   | 179   | 168   | 172   | 151   | 186   | 170    | 214   | 180   | 212   | 214   | 196   | 190   | 163   |
| Bed Days in Month          | 71429  | 73803 | 70798 | 71619 | 72597 | 66053 | 73379 | 70625  | 73425 | 71051 | 72973 | 73751 | 71900 | 74204 | 70838 |
| Falls/1000 Bed Days        | 2.51   | 2.59  | 2.53  | 2.35  | 2.37  | 2.29  | 2.53  | 2.41   | 2.91  | 2.53  | 2.91  | 2.90  | 2.73  | 2.56  | 2.30  |

**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

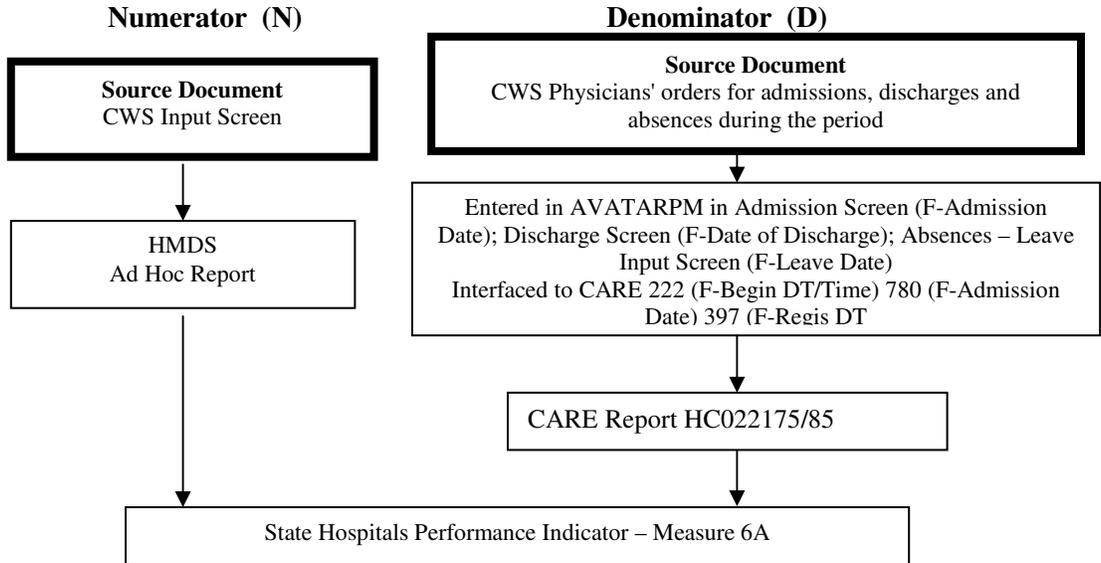
N = number of injuries D = number of bed days per FY quarter

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 - FY12**

| Hospital              | Q1        |             |             |            |                 |          |             | Q2  |       |           |        |                 |       |   | Q3  |       |           |        |                 |       |   | Q4  |       |           |        |                 |       |   |
|-----------------------|-----------|-------------|-------------|------------|-----------------|----------|-------------|-----|-------|-----------|--------|-----------------|-------|---|-----|-------|-----------|--------|-----------------|-------|---|-----|-------|-----------|--------|-----------------|-------|---|
|                       | N/A       | No Tx       | First Aid   | Med Tx     | ospital-ization | Fatal    | *           | N/A | No Tx | First Aid | Med Tx | ospital-ization | Fatal | * | N/A | No Tx | First Aid | Med Tx | ospital-ization | Fatal | * | N/A | No Tx | First Aid | Med Tx | ospital-ization | Fatal | * |
| <b>ALL MH</b>         |           |             |             |            |                 |          |             |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Accident              | 3         | 467         | 356         | 35         | 2               | 0        | <b>863</b>  |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Another Client        | 0         | 517         | 302         | 28         | 1               | 0        | <b>848</b>  |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Alleged Abuse/Neglect |           |             |             |            |                 |          |             |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Employee/Accident     | 0         | 12          | 13          | 0          | 0               | 0        | <b>25</b>   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Medical Condition     | 0         | 23          | 22          | 5          | 0               | 0        | <b>50</b>   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Self Inflicted        | 4         | 206         | 259         | 21         | 0               | 0        | <b>490</b>  |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Undetermined          | 30        | 262         | 125         | 18         | 0               | 0        | <b>435</b>  |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Visitor               | 0         | 2           | 2           | 0          | 0               | 0        | <b>4</b>    |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| <b>Total</b>          | <b>37</b> | <b>1489</b> | <b>1079</b> | <b>107</b> | <b>3</b>        | <b>0</b> | <b>2715</b> |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |     |       |           |        |                 |       |   |
| Rate/1000 Bed Days    | 0.17      | 6.99        | 5.07        | 0.50       | 0.01            | 0.00     | <b>0.52</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 - FY12**

| 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      | 3         | 275         | 315         | 19         | 0                | 0        | <b>612</b>  |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |
| Age 18-64     | 33        | 1108        | 720         | 86         | 2                | 0        | <b>1949</b> |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |
| Age 65-olde   | 1         | 106         | 44          | 2          | 1                | 0        | <b>154</b>  |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |
| <b>Total</b>  | <b>37</b> | <b>1489</b> | <b>1079</b> | <b>107</b> | <b>3</b>         | <b>0</b> | <b>2715</b> |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |     |       |           |        |                  |       |       |

N/A = Not Available

**Performance Measure 6B:**

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

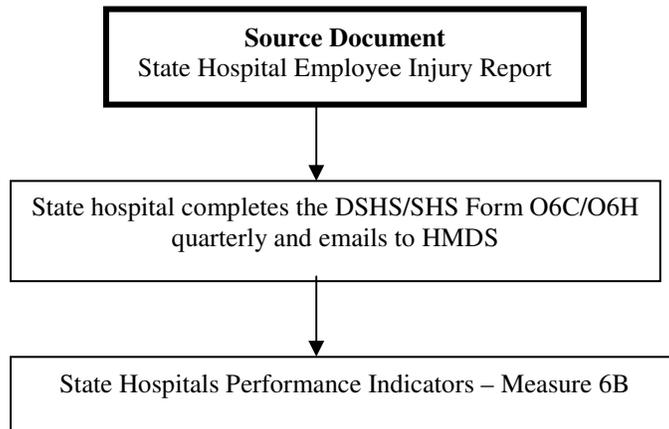
**Performance Measure Operational Definition:** The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

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

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

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

**Data Flow:**



**Measure 6B - Employee Injuries**  
**All State Hospitals - Q1 FY12**

|                           | ASH         | BSSH        | EPPC        | KSH         | NTSH        | RGSC         | RSH         | SASH        | TSH         | TCID        | WCFY        | System Total |
|---------------------------|-------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Age 18-39                 | 25          | 26          | 22          | 13          | 43          | 27           | 42          | 25          | 37          | 0           | 3           | 263          |
| <b>Per 1,000 Bed Days</b> | <b>0.98</b> | <b>1.48</b> | <b>3.46</b> | <b>0.75</b> | <b>0.81</b> | <b>5.67</b>  | <b>1.47</b> | <b>0.99</b> | <b>1.34</b> | <b>0.00</b> | <b>0.44</b> | <b>1.21</b>  |
| Age 40-64                 | 23          | 40          | 13          | 20          | 34          | 38           | 25          | 19          | 44          | 5           | 8           | 269          |
| <b>Per 1,000 Bed Days</b> | <b>0.90</b> | <b>2.28</b> | <b>2.04</b> | <b>1.15</b> | <b>0.64</b> | <b>7.98</b>  | <b>0.87</b> | <b>0.75</b> | <b>1.59</b> | <b>1.28</b> | <b>1.19</b> | <b>1.24</b>  |
| Age 65 - Older            | 0           | 0           | 0           | 1           | 10          | 0            | 0           | 1           | 2           | 0           | 1           | 15           |
| <b>Per 1,000 Bed Days</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.06</b> | <b>0.19</b> | <b>0.00</b>  | <b>0.00</b> | <b>0.04</b> | <b>0.07</b> | <b>0.00</b> | <b>0.15</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                     | 48          | 66          | 35          | 34          | 87          | 65           | 67          | 45          | 83          | 5           | 12          | 547          |
| <b>Per 1,000 Bed Days</b> | <b>1.88</b> | <b>3.76</b> | <b>5.50</b> | <b>1.95</b> | <b>1.64</b> | <b>13.65</b> | <b>2.34</b> | <b>1.78</b> | <b>3.00</b> | <b>1.28</b> | <b>1.78</b> | <b>2.52</b>  |

**Measure 6B - Employee Injuries**  
**All State Hospitals - FY12**

|  | ASH       | BSSH      | EPPC      | KSH       | NTSH      | RGSC      | RSH       | SASH      | TSH       | TCID     | WCFY      | System Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|--------------|
| <b>Q1 Total Injuries</b>                                   | <b>48</b> | <b>66</b> | <b>35</b> | <b>34</b> | <b>85</b> | <b>65</b> | <b>67</b> | <b>45</b> | <b>83</b> | <b>5</b> | <b>12</b> | <b>545</b>   |
| # Injuries Associated with Patient Aggression/No Restraint | 31        | 25        | 15        | 7         | 31        | 42        | 32        | 17        | 53        | 0        | 0         | 253          |
|  | 0.65      | 0.38      | 0.43      | 0.21      | 0.36      | 0.65      | 0.48      | 0.38      | 0.64      | 0.00     | 0.00      | 0.46         |
| <b>Q2 Total Injuries</b>                                   |           |           |           |           |           |           |           |           |           |          |           |              |
| # Injuries Associated with Patient Aggression/No Restraint |           |           |           |           |           |           |           |           |           |          |           |              |
|  |           |           |           |           |           |           |           |           |           |          |           |              |
| <b>Q3 Total Injuries</b>                                   |           |           |           |           |           |           |           |           |           |          |           |              |
| # Injuries Associated with Patient Aggression/No Restraint |           |           |           |           |           |           |           |           |           |          |           |              |
|  |           |           |           |           |           |           |           |           |           |          |           |              |
| <b>Q4 Total Injuries</b>                                   |           |           |           |           |           |           |           |           |           |          |           |              |
| # Injuries Associated with Patient Aggression/No Restraint |           |           |           |           |           |           |           |           |           |          |           |              |
|  |           |           |           |           |           |           |           |           |           |          |           |              |
| <b>FY Total Injuries</b>                                   | <b>48</b> | <b>66</b> | <b>35</b> | <b>34</b> | <b>85</b> | <b>65</b> | <b>67</b> | <b>45</b> | <b>83</b> | <b>5</b> | <b>12</b> | <b>545</b>   |
| # Injuries Associated with Patient Aggression/No Restraint | 31        | 25        | 15        | 7         | 31        | 42        | 32        | 17        | 53        | 0        | 0         | 253          |
|  | 0.65      | 0.38      | 0.43      | 0.21      | 0.36      | 0.65      | 0.48      | 0.38      | 0.64      | 0.00     | 0.00      | 0.46         |

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

### **Performance Objective 7H:**

**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:

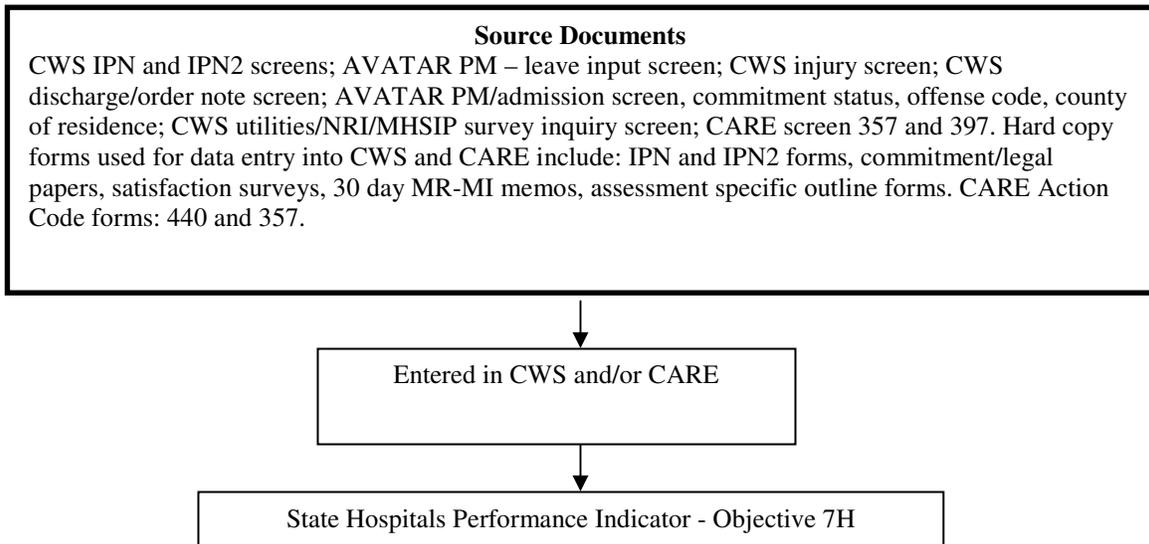
$N$  = # of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.

$D$  = 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 7H - Data Integrity Review Measures**  
**All State Hospitals - As of November 30, 2011**

| Measure                  | NTSH 10/10 | KSH 12/10 | RSH 1/11 | ASH 2/11 | RGSC 3/11 | TSH 5/11 | WCY 6/11 | SASH 7/11 | EPPC 8/11 | BSH 9/11 | TCID 10/11 |
|--------------------------|------------|-----------|----------|----------|-----------|----------|----------|-----------|-----------|----------|------------|
| RESTR                    | 100        | 100       | 100      | 100      | 100       | 100      | 100      | 100       | 100       | 100      | NA         |
| SECL                     | 100        | NA        | 100      | 100      | 100       | 100      | 100      | NA        | 100       | 100      | NA         |
| LEAVE                    | 100        | 100       | 100      | 100      | NA        | 100      | 100      | 100       | NA        | 100      | NA         |
| ELOPE                    | 100        | NA        | 100      | 100      | NA        | 100      | 100      | 100       | NA        | 100      | 100        |
| INJURY                   | 100        | 100       | 100      | 100      | 100       | 100      | 100      | 100       | 100       | 100      | 100        |
| MR/MI Memo               |            | NA        | 100      | NA       | 0         | 100      | NA       | 100       | 0         | 100      | NA         |
| MR/MI CARE               |            | NA        | 100      | NA       | 100       | 100      | NA       | 100       | 100       | 100      | NA         |
| MR/MI Comb               |            | NA        | 100      | NA       | 50        | 100      | NA       | 100       | 0         | 100      | NA         |
| NRI-S/A                  | 100        | NA        | 100      | 100      | 100       | 100      | NA       | 100       | 100       | 100      | NA         |
| NRI-S/C                  | 99         | NA        | NA       | 100      | NA        | 100      | 100      | 100       |           | 100      | NA         |
| COMMIT                   | 100        | 100       | 100      | 100      | 100       | 100      | 100      | 100       | 100       | 100      | NA         |
| OFFENSE                  | 100        | 100       | 100      | 100      | 100       | 100      | NA       | 100       | 100       | 100      | NA         |
| CTY RES                  | 100        | 83        | 100      | 97       | 100       | 97       | 100      | 100       | 100       | 100      | NA         |
| %                        | 99.90      | 97.17     | 100.00   | 99.70    | 85.00     | 99.77    | 100      | 100.00    | 80.00     | 100.00   | 100.00     |
| CWS Finalization         |            |           |          |          |           |          |          |           |           |          |            |
| AIMS                     | 97         | 100       | 99       | 95       | 95        | 100      | 100      | 99        | 98        | 100      | NA         |
| NURSING                  | 97         | 100       | 100      | 92       | 95        | 97       | 100      | 97        | 98        | 100      | 100        |
| MEDICAL HX               | 94         | 100       | 100      | 95       | 96        | 96       | 93       | 99        | 97        | 99       | 100        |
| PHYS EXAM                | 92         | 100       | 100      | 95       | 96        | 97       | 100      | 99        | 97        | 99       | 100        |
| DIAGNOSIS                | 99         | 100       | 100      | 96       | 95        | 97       | 100      | 97        | 100       | 98       | NA         |
| MENTAL S.E               | 98         | 100       | 100      | 97       | 95        | 97       | 87       | 99        | 100       | 99       | NA         |
| PSY EVAL                 | 97         | 100       | 100      | 95       | 95        | 97       | 100      | 98        | 100       | 98       | 100        |
| SOCIAL HX                | 99         | 75        | 100      | 99       | 99        | 94       | 93       | 97        | 100       | 99       | 100        |
| SUICIDE ASSESSMENT-Admit |            |           |          |          |           |          |          |           |           |          |            |
| Numerator                | 1620       | 31        | 583      | 2735     | 729       | 1957     | 116      | 1130      | 506       | 672      | 102        |
| Denominator              | 1648       | 32        | 584      | 2880     | 765       | 2018     | 120      | 1152      | 512       | 680      | 102        |
| %                        | 98         | 97        | 100      | 95       | 95        | 97       | 97       | 98        | 99        | 99       | 97         |
| CWS Forms Finalized      |            |           |          |          |           |          |          |           |           |          |            |
| TX PLAN*                 | 100        | 100       | 100      | 97       | 100       | 100      | 100      | 100       | 100       | 100      | NA         |
| TX PLAN REV              | 100        | 100       | 100      | 100      | 56        | 100      | 100      | 100       | 100       | 100      | NA         |
| CONSENT 9-7              | 100        | 100       | 100      | 100      | 100       | 100      | 100      | 100       | 100       | 100      | NA         |
| RIGHTS 9-1               | 100        | 100       | 100      | 100      | 100       | 97       | 100      | 100       | 100       | 100      | NA         |
| External Validation      |            |           |          |          |           |          |          |           |           |          |            |
| R/S VALIDATION           | YES        | YES       | YES      | YES      | YES       | YES      | YES      | YES       | YES       | YES      | NA         |

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.**

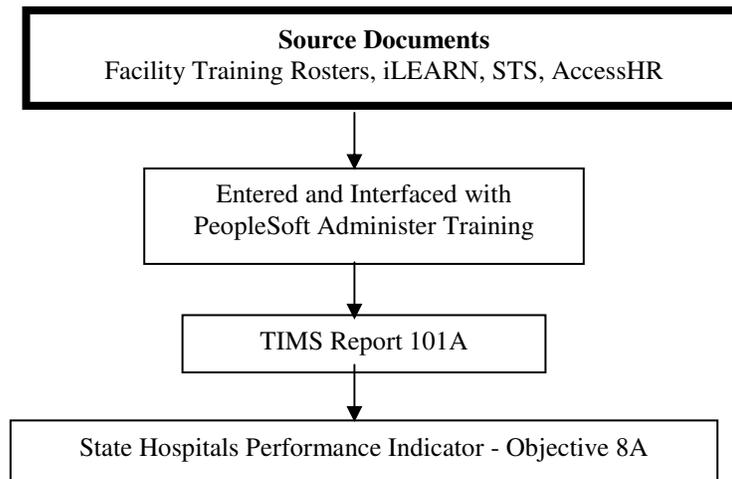
**Performance Objective Operational Definition:** The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered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

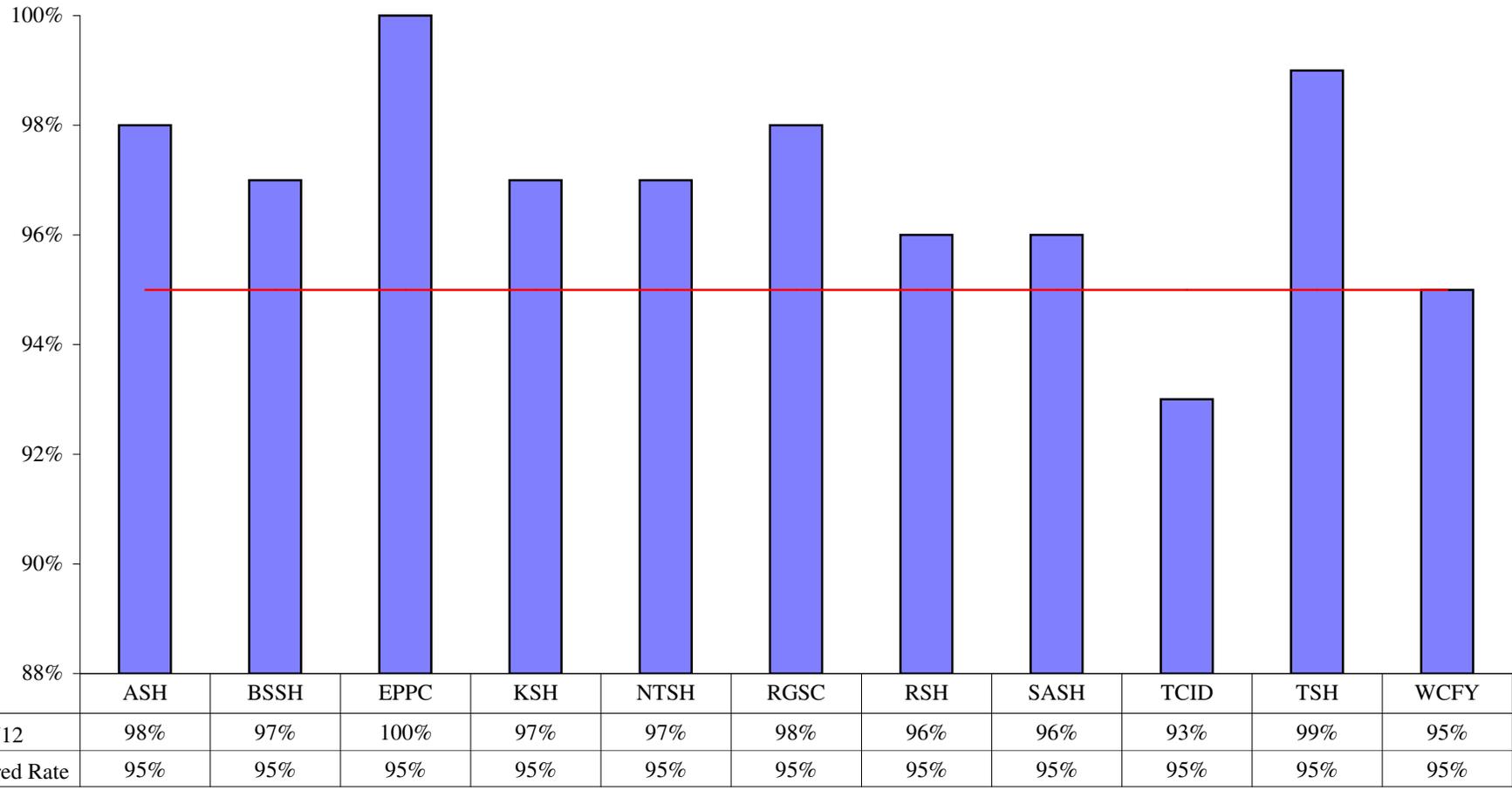
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

### **Data Flow:**



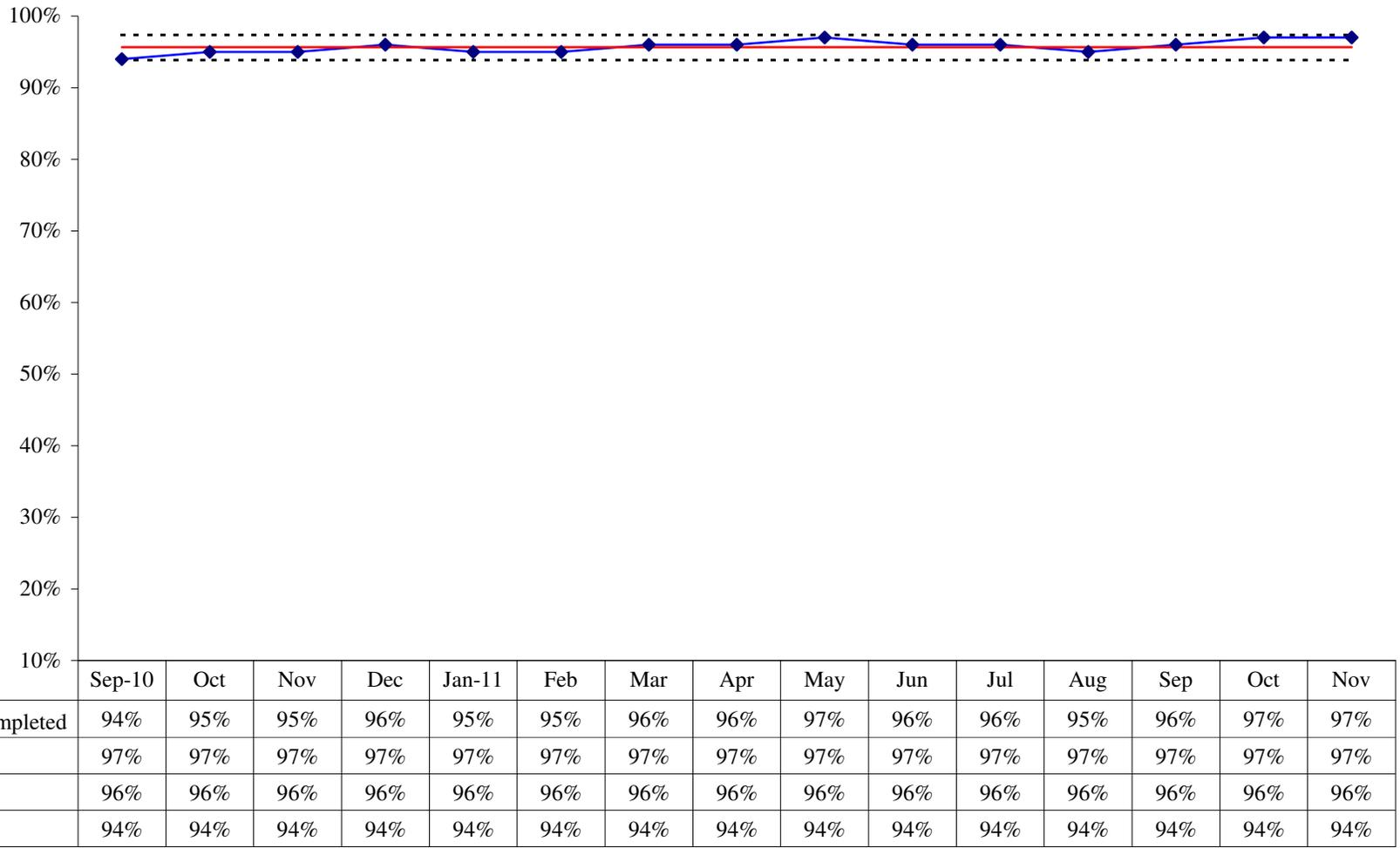
**Objective 8A - Staff Current With CORE and Specialty Training  
All State Hospitals**

**CORE and Specialty Training  
(As of November 30, 2011)**



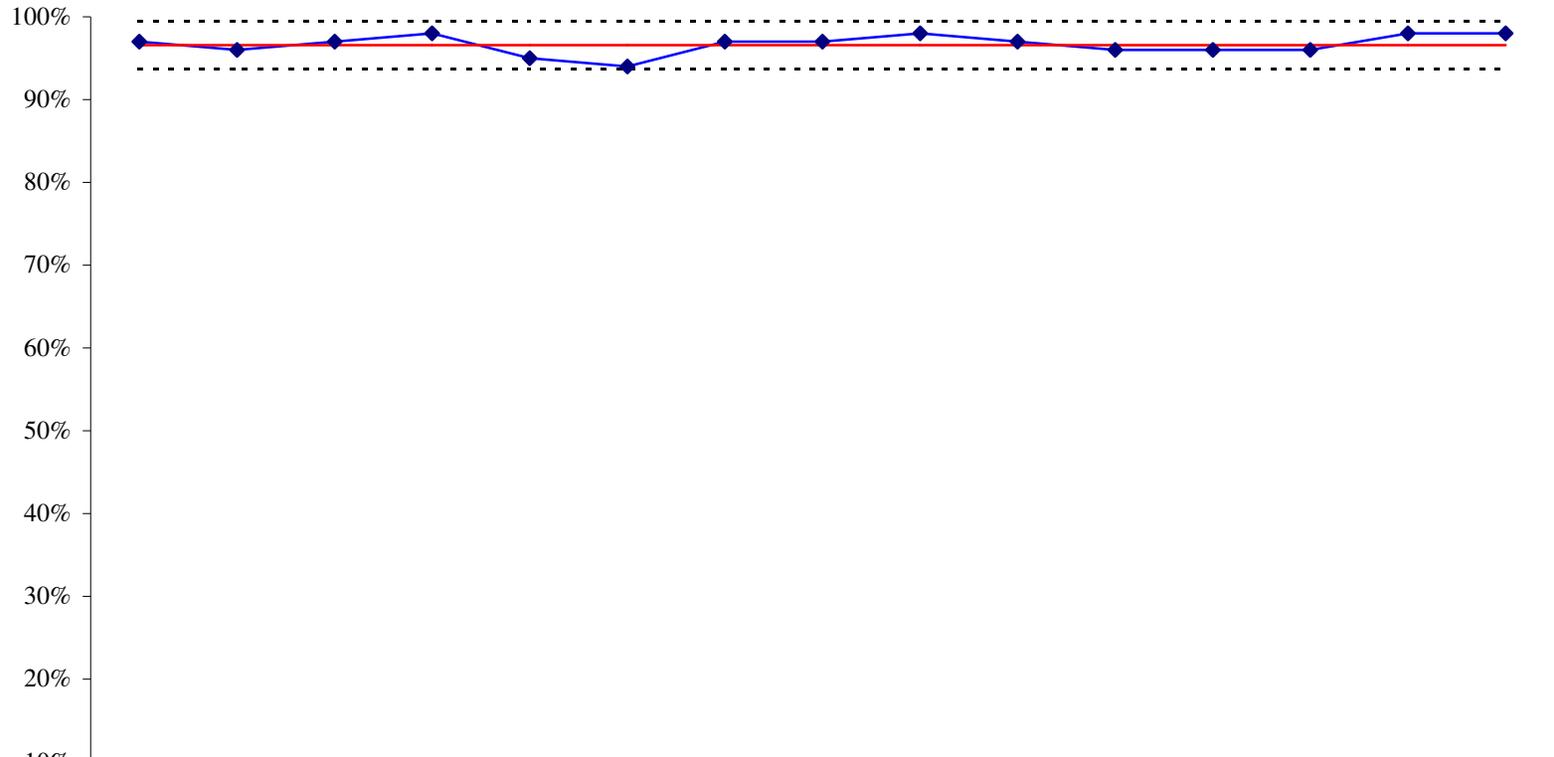
**Objective 8A - Staff Current With CORE and Specialty Training  
All State Hospitals**

**Percentage of CORE and Specialty Training Completed**



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

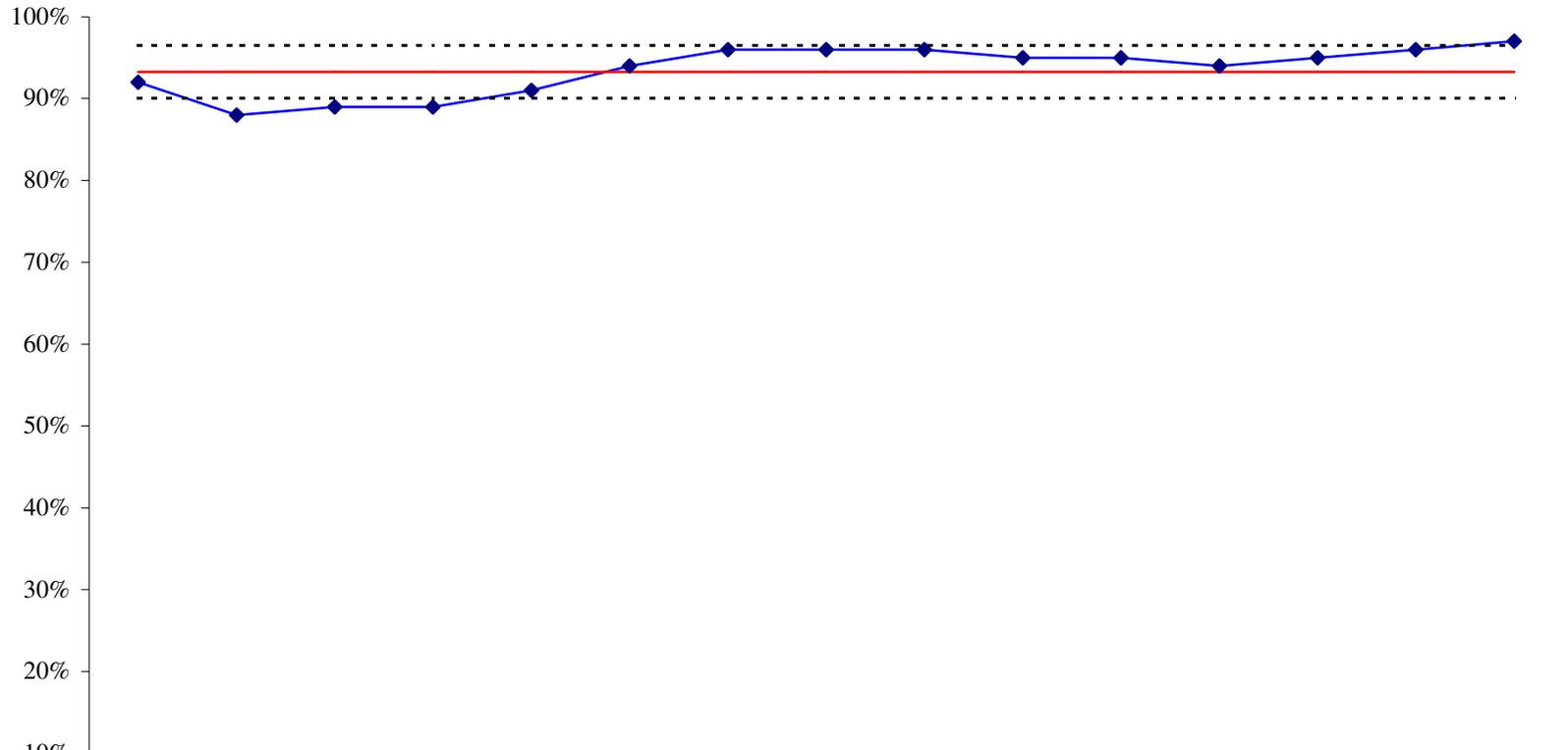
**Percentage of CORE and Specialty Training Completed**



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

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

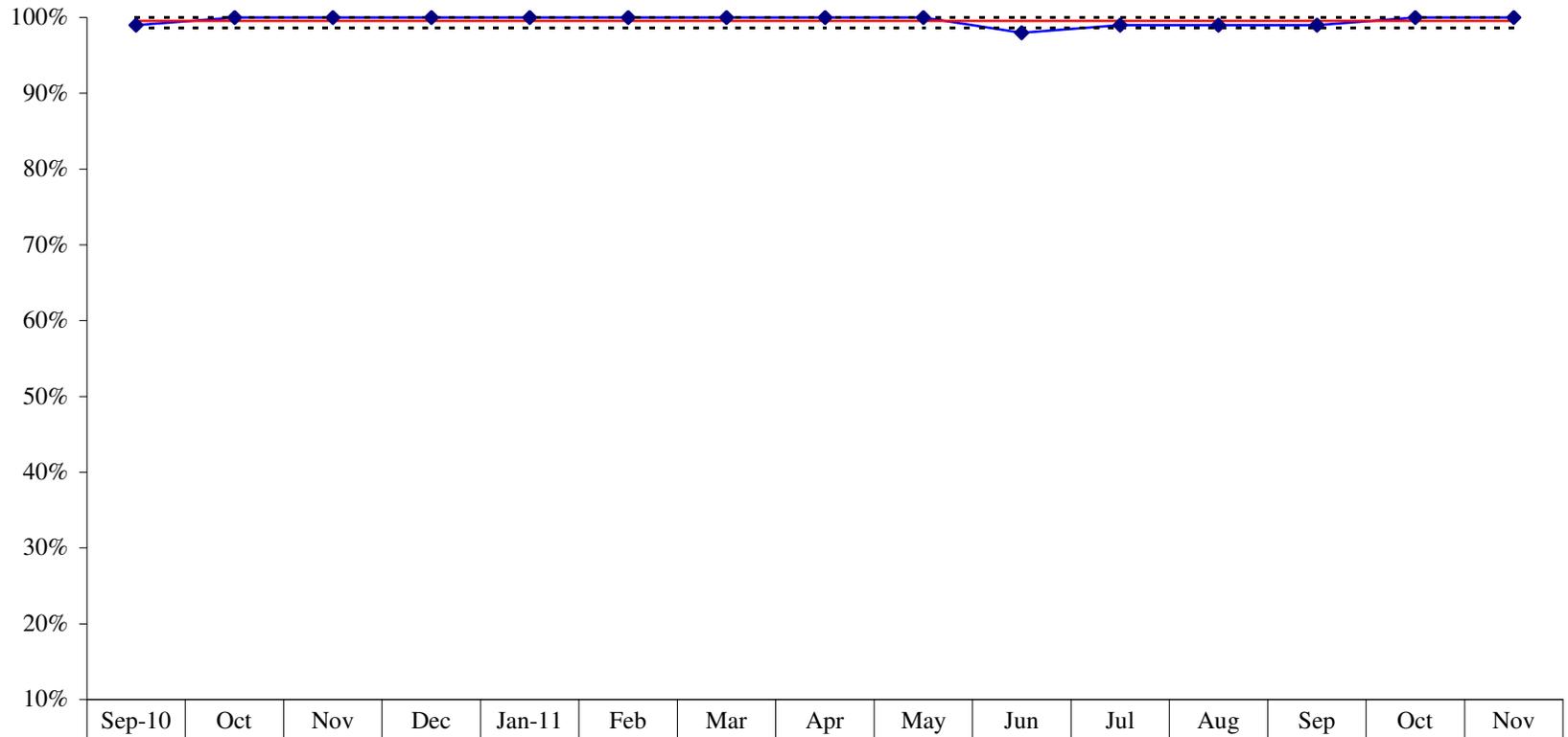
**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 92%    | 88% | 89% | 89% | 91%    | 94% | 96% | 96% | 96% | 95% | 95% | 94% | 95% | 96% | 97% |
| - - - - - 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          | 90%    | 90% | 90% | 90% | 90%    | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% |

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

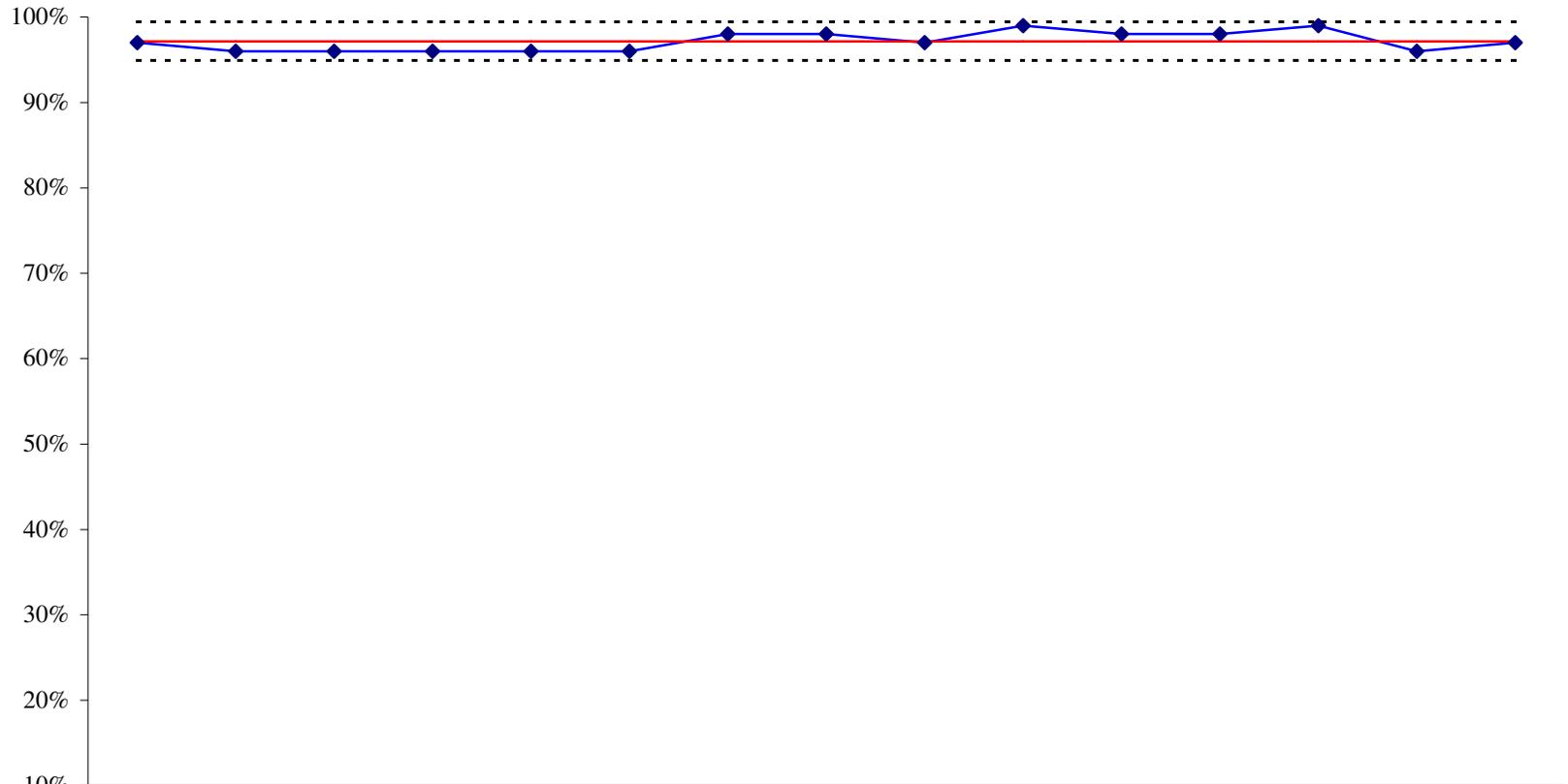
**Percentage of CORE and Specialty Training Completed**



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

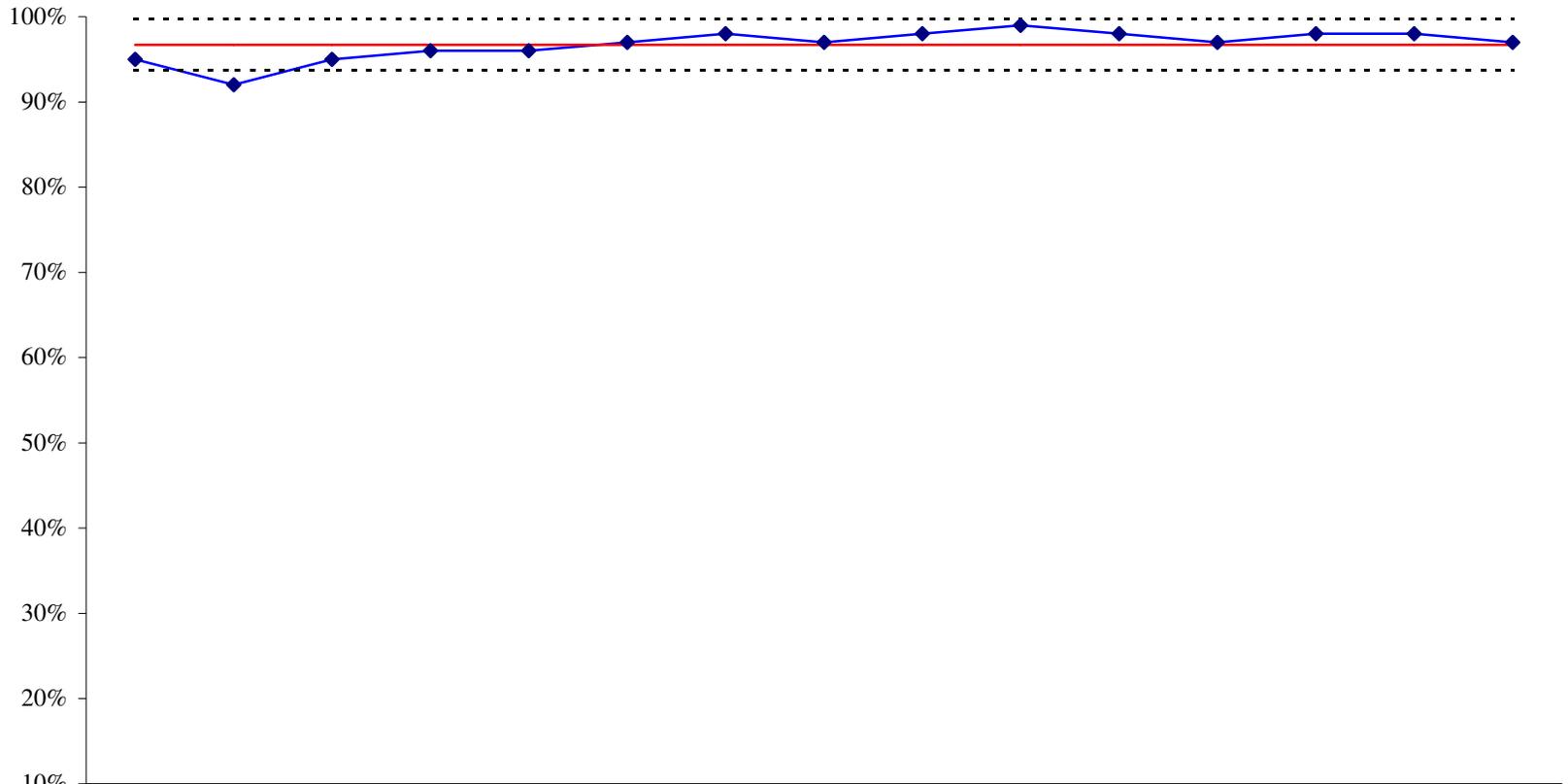
**Percentage of CORE and Specialty Training Completed**



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

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

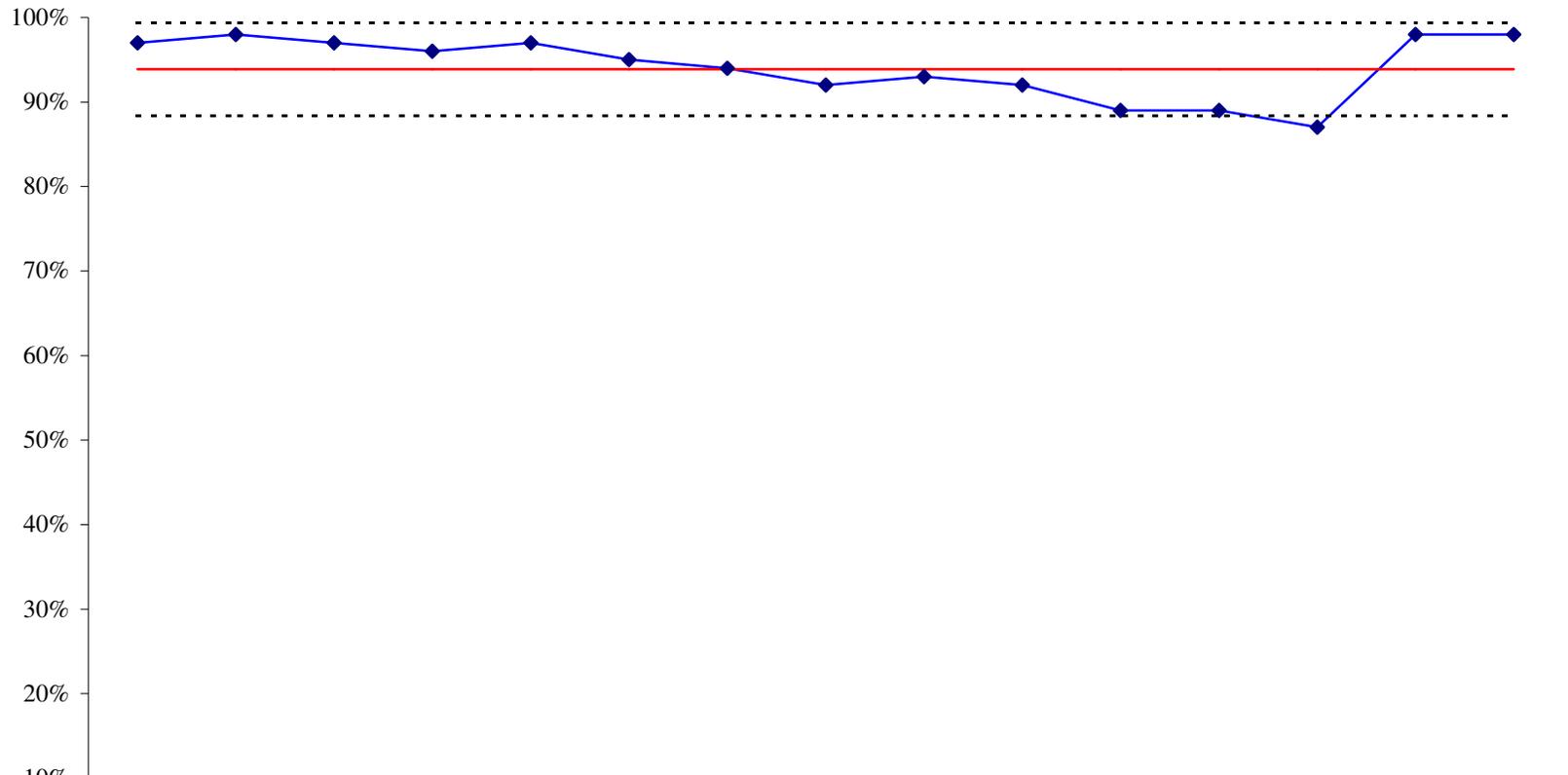
**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ◆ % Training Completed | 95%    | 92%  | 95%  | 96%  | 96%    | 97%  | 98%  | 97%  | 98%  | 99%  | 98%  | 97%  | 98%  | 98%  | 97%  |
| ----- 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          | 94%    | 94%  | 94%  | 94%  | 94%    | 94%  | 94%  | 94%  | 94%  | 94%  | 94%  | 94%  | 94%  | 94%  | 94%  |

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

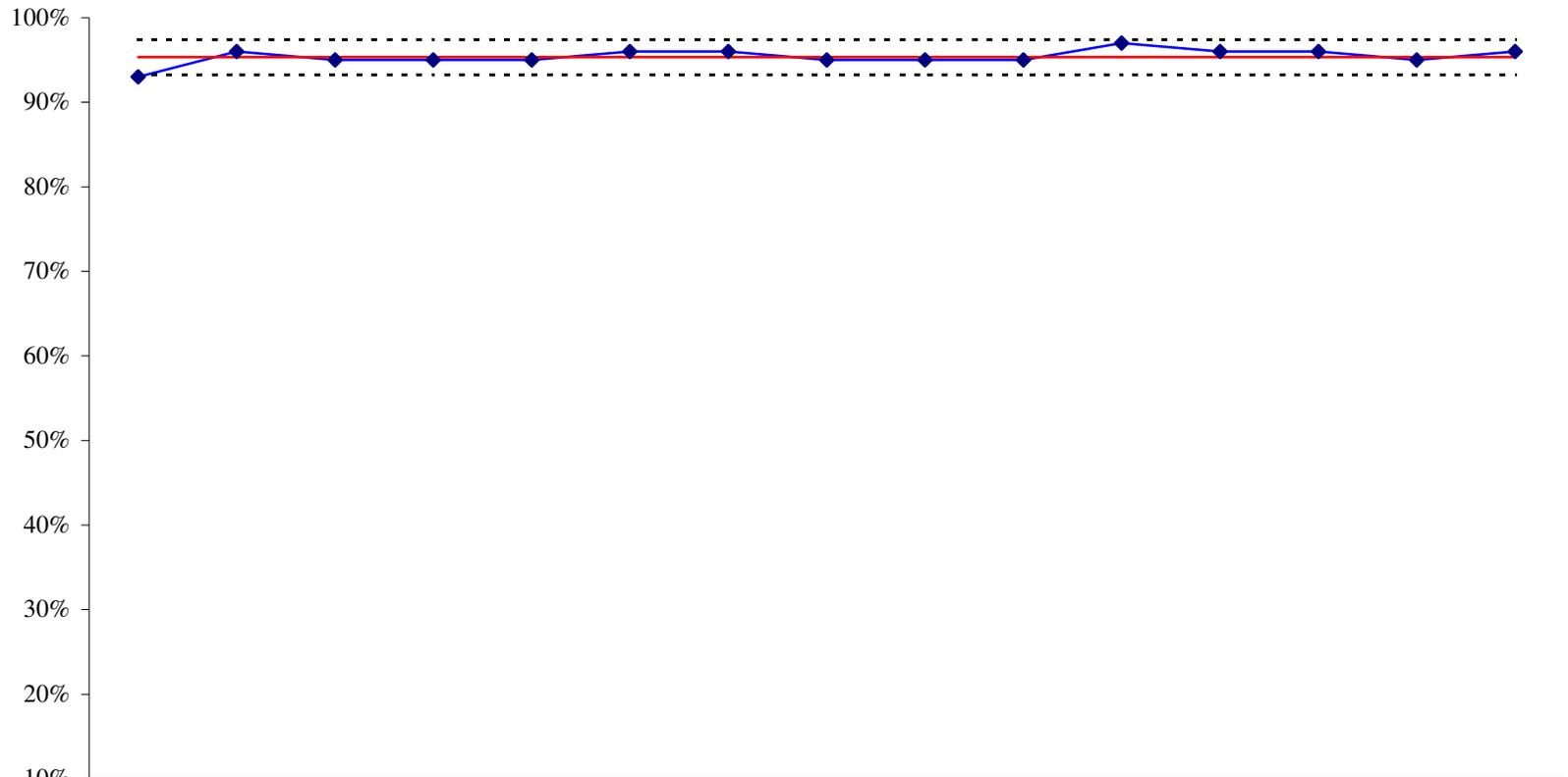
**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 97%    | 98% | 97% | 96% | 97%    | 95% | 94% | 92% | 93% | 92% | 89% | 89% | 87% | 98% | 98% |
| ----- 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              | 88%    | 88% | 88% | 88% | 88%    | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% | 88% |

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

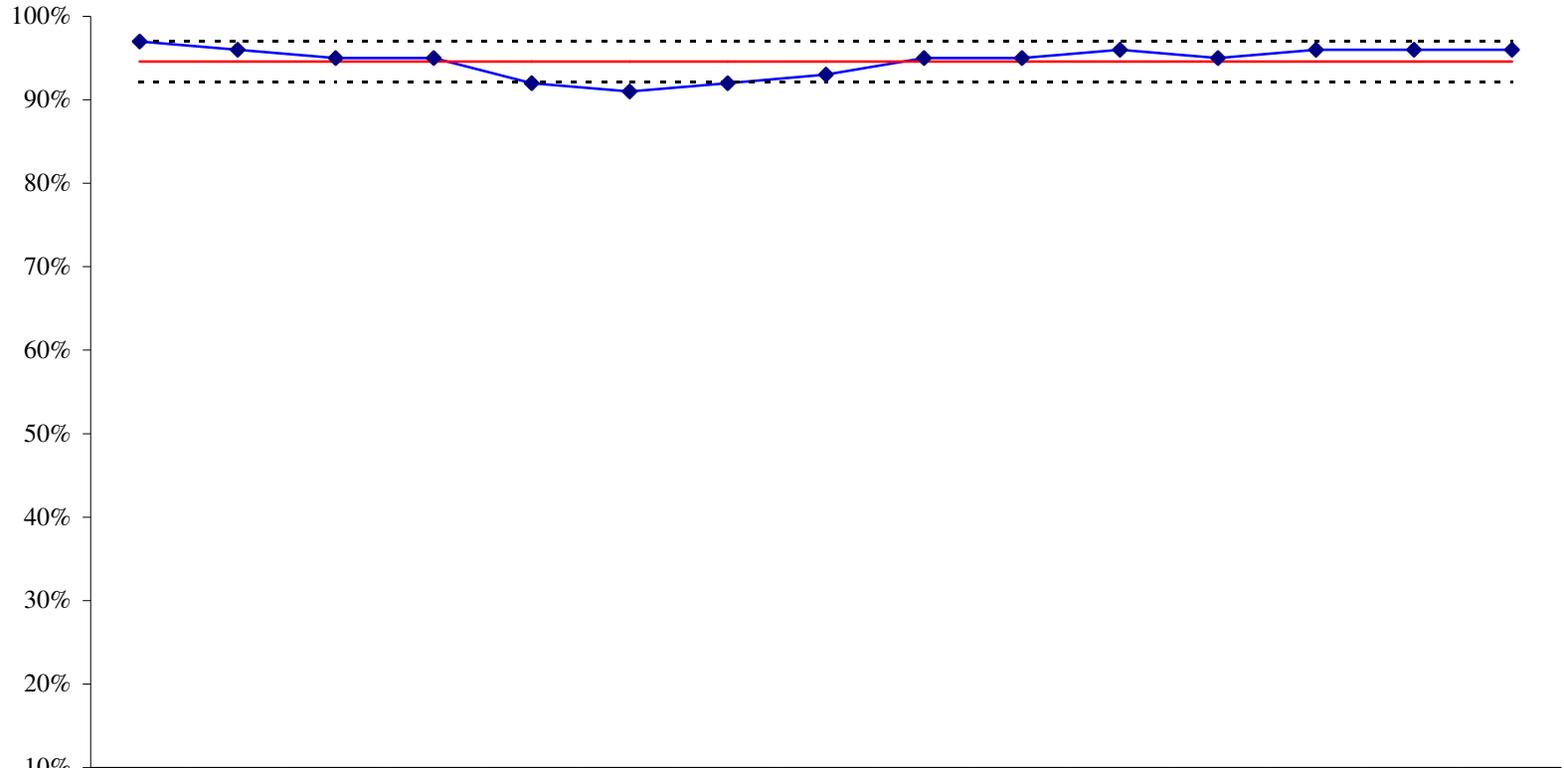
**Percentage of CORE and Specialty Training Completed**



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

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

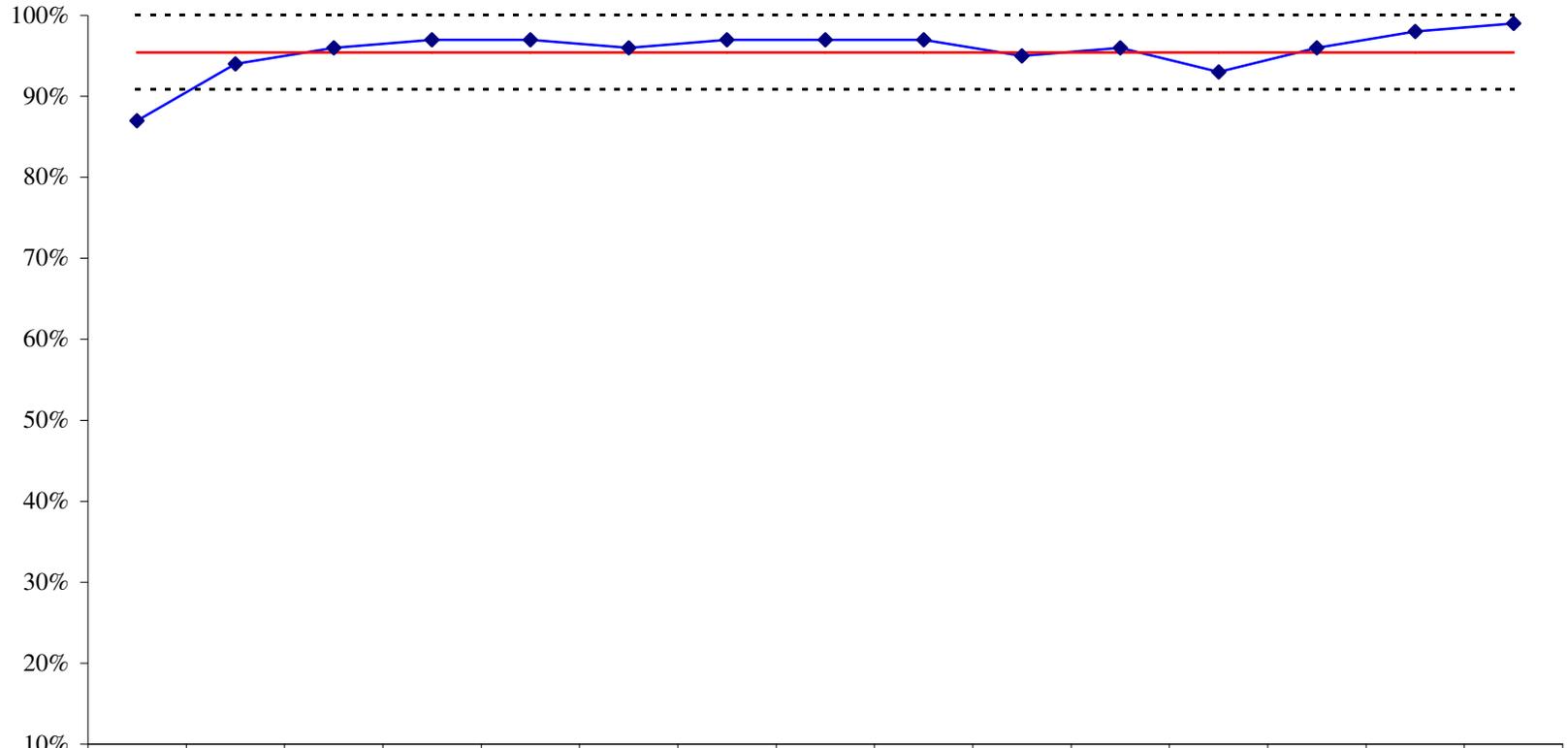
**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct | Nov | Dec | Jan-11 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
|------------------------|--------|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ◆ % Training Completed | 97%    | 96% | 95% | 95% | 92%    | 91% | 92% | 93% | 95% | 95% | 96% | 95% | 96% | 96% | 96% |
| ----- UCL              | 97%    | 97% | 97% | 97% | 97%    | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| — Avg                  | 95%    | 95% | 95% | 95% | 95%    | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| ----- LCL              | 92%    | 92% | 92% | 92% | 92%    | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% |

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

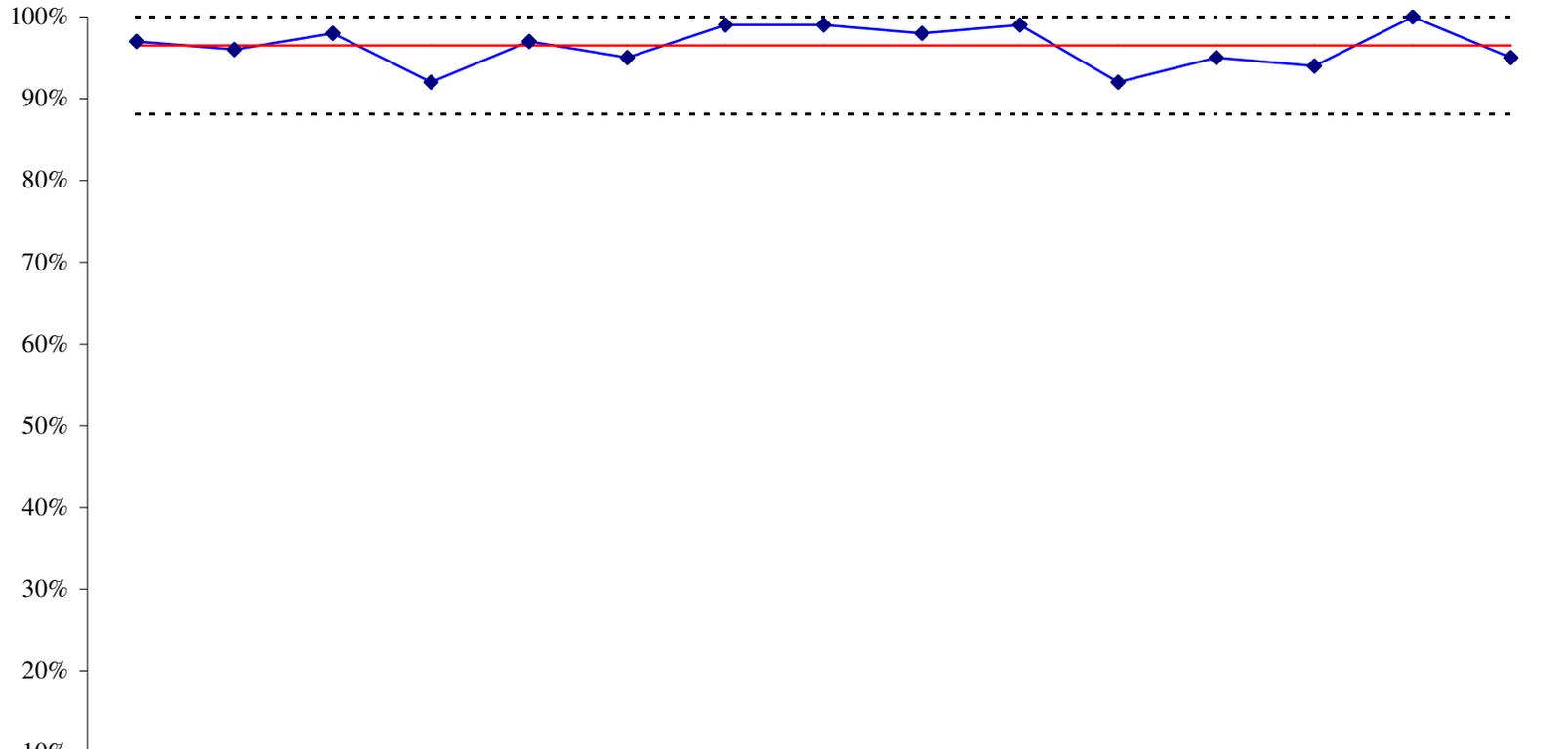
**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ◆ % Training Completed | 87%    | 94%  | 96%  | 97%  | 97%    | 96%  | 97%  | 97%  | 97%  | 95%  | 96%  | 93%  | 96%  | 98%  | 99%  |
| ----- 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              | 91%    | 91%  | 91%  | 91%  | 91%    | 91%  | 91%  | 91%  | 91%  | 91%  | 91%  | 91%  | 91%  | 91%  | 91%  |

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

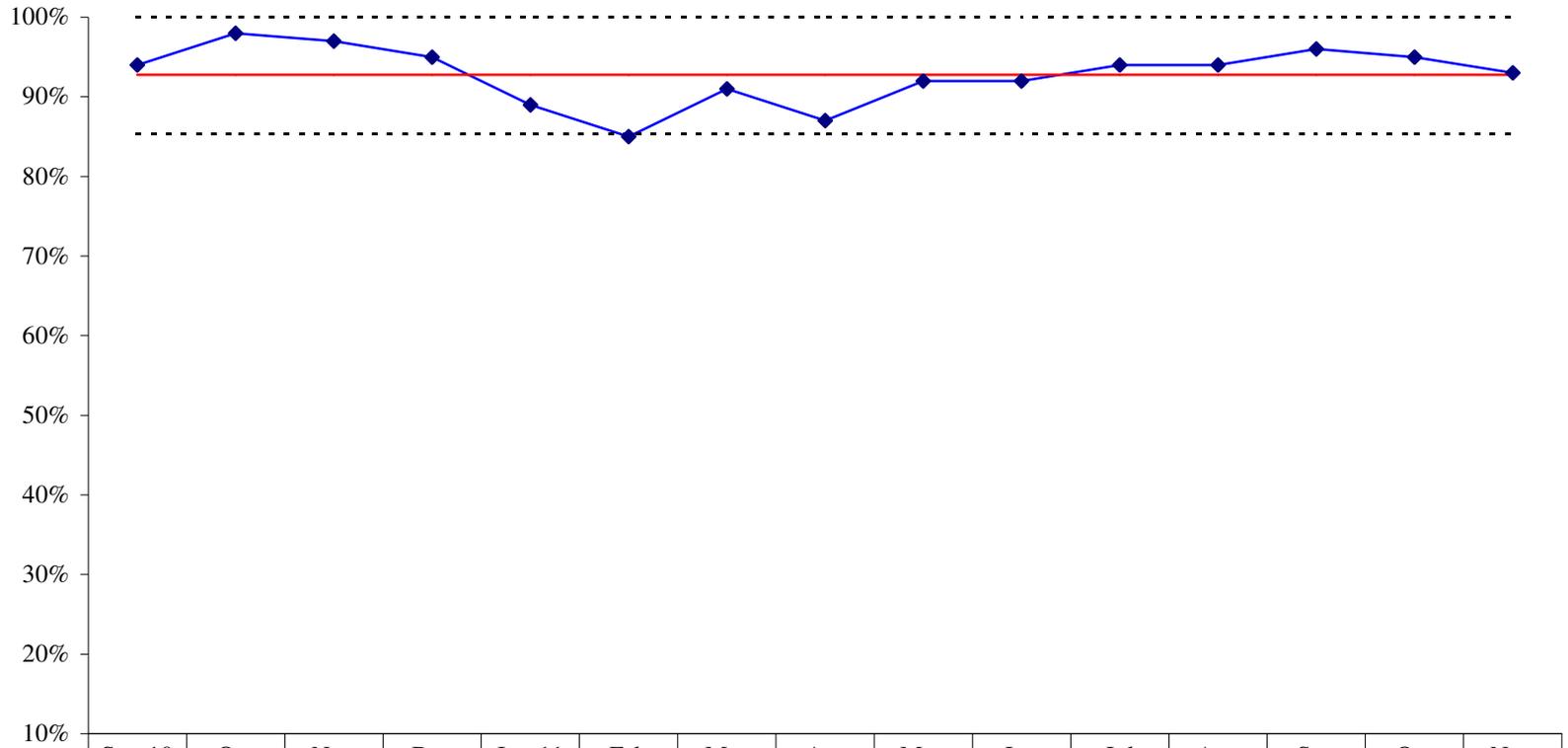
**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ◆ % Training Completed | 97%    | 96%  | 98%  | 92%  | 97%    | 95%  | 99%  | 99%  | 98%  | 99%  | 92%  | 95%  | 94%  | 100% | 95%  |
| ----- 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              | 88%    | 88%  | 88%  | 88%  | 88%    | 88%  | 88%  | 88%  | 88%  | 88%  | 88%  | 88%  | 88%  | 88%  | 88%  |

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

**Percentage of CORE and Specialty Training Completed**



|                        | Sep-10 | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------------------|--------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ◆ % Training Completed | 94%    | 98%  | 97%  | 95%  | 89%    | 85%  | 91%  | 87%  | 92%  | 92%  | 94%  | 94%  | 96%  | 95%  | 93%  |
| ----- UCL              | 100%   | 100% | 100% | 100% | 100%   | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| — Avg                  | 93%    | 93%  | 93%  | 93%  | 93%    | 93%  | 93%  | 93%  | 93%  | 93%  | 93%  | 93%  | 93%  | 93%  | 93%  |
| ----- LCL              | 85%    | 85%  | 85%  | 85%  | 85%    | 85%  | 85%  | 85%  | 85%  | 85%  | 85%  | 85%  | 85%  | 85%  | 85%  |

**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

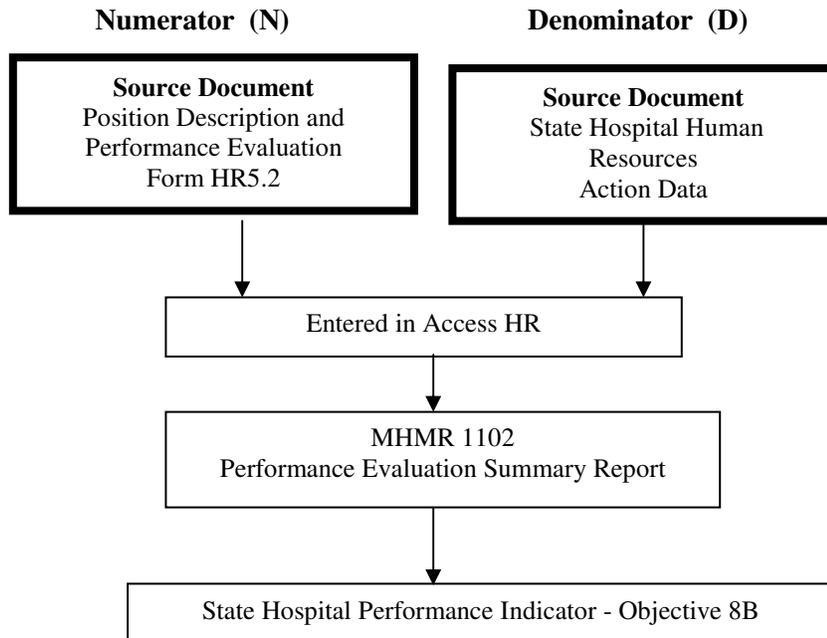
N = number of employees with current evaluations on the last day of the month

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**

|                            | FY10 |     |      |      | FY11 |     |      |      | FY12 |    |    |    |
|----------------------------|------|-----|------|------|------|-----|------|------|------|----|----|----|
|                            | Q1   | Q2  | Q3   | Q4   | Q1   | Q2  | Q3   | Q4   | Q1   | Q2 | Q3 | Q4 |
| Austin State Hospital      | 1%   | 0%  | 100% | 100% | 100% | 97% | 100% | 100% | 100% |    |    |    |
| Big Spring State Hospital  | 94%  | 96% | 99%  | 98%  | 99%  | 98% | 98%  | 100% | 98%  |    |    |    |
| El Paso Psychiatric Center | 96%  | 95% | 95%  | 90%  | 95%  | 80% | 91%  | 97%  | 98%  |    |    |    |
| Kerrville State Hospital   | 92%  | 94% | 93%  | 93%  | 92%  | 91% | 91%  | 95%  | 93%  |    |    |    |
| North Texas State Hospital | 94%  | 91% | 93%  | 84%  | 81%  | 81% | 80%  |      | 96%  |    |    |    |
| Rio Grande State Center    | 90%  | 85% | 87%  | 91%  | 82%  | 80% | 82%  | 76%  |      |    |    |    |
| Rusk State Hospital        | 100% | 95% | 95%  | 90%  | 96%  | 95% | 100% | 95%  | 100% |    |    |    |
| San Antonio State Hospital |      | 94% | 95%  | 94%  | 87%  | 74% | 81%  | 89%  | 89%  |    |    |    |
| Terrell State Hospital     | 60%  | 74% | 75%  | 69%  | 85%  | 93% | 91%  | 93%  | 89%  |    |    |    |
| Waco Center for Youth      |      | 95% | 96%  | 96%  | 96%  | 96% | 97%  | 96%  | 97%  |    |    |    |
| TCID                       |      | 89% | 91%  | 92%  | 91%  |     | 51%  | 43%  | 55%  |    |    |    |
| All State Hospitals        |      |     | 93%  | 91%  | 91%  | 88% | 87%  | 88%  | 92%  |    |    |    |

**Performance Measure 8A:**

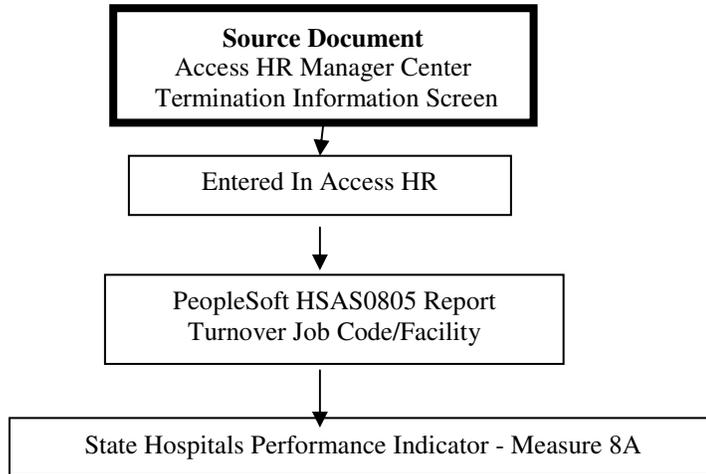
**Collect, analyze and report staff turnover rates for critical shortage staff.**

**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.

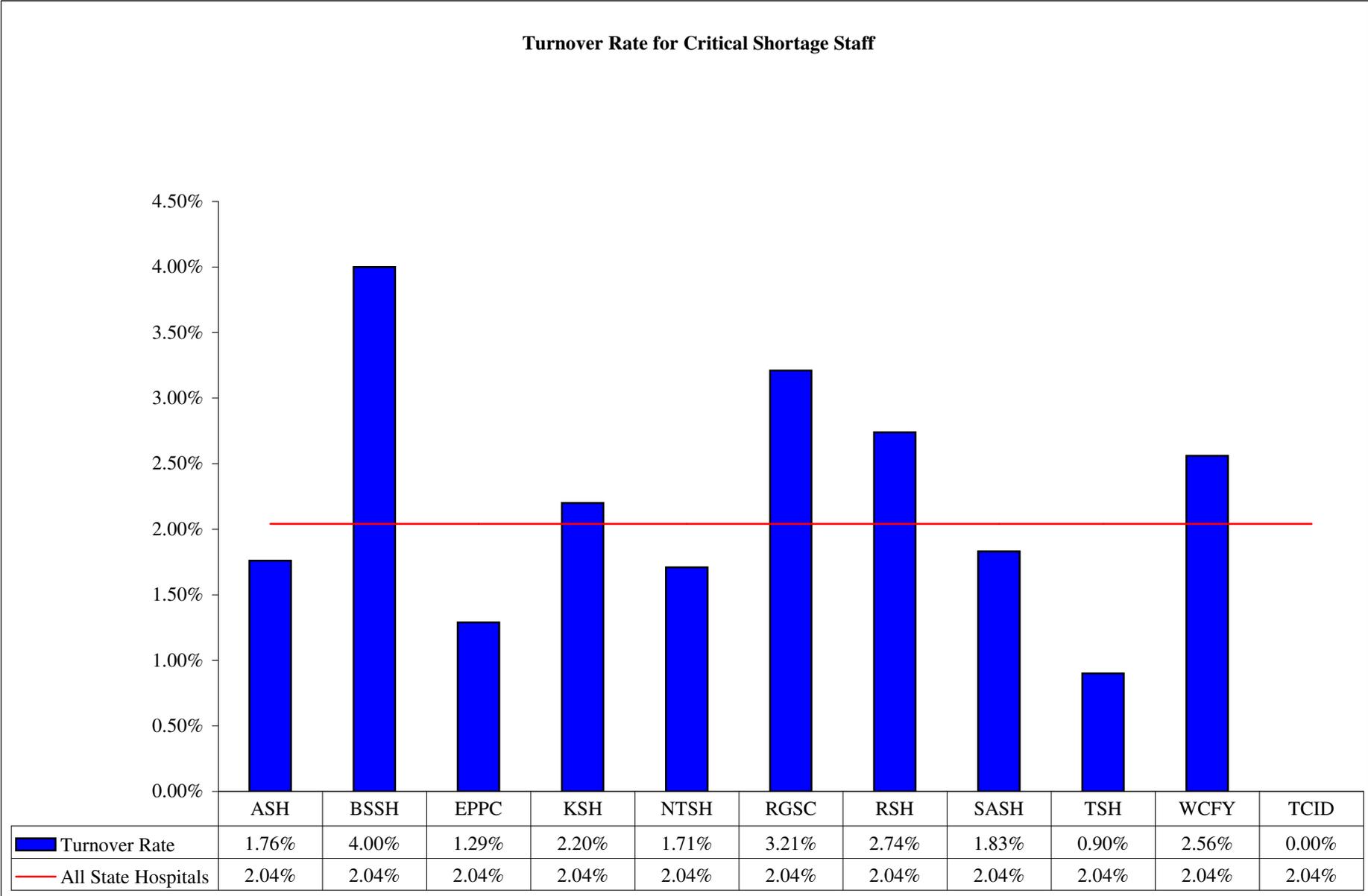
**Performance Measure Formula:** The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

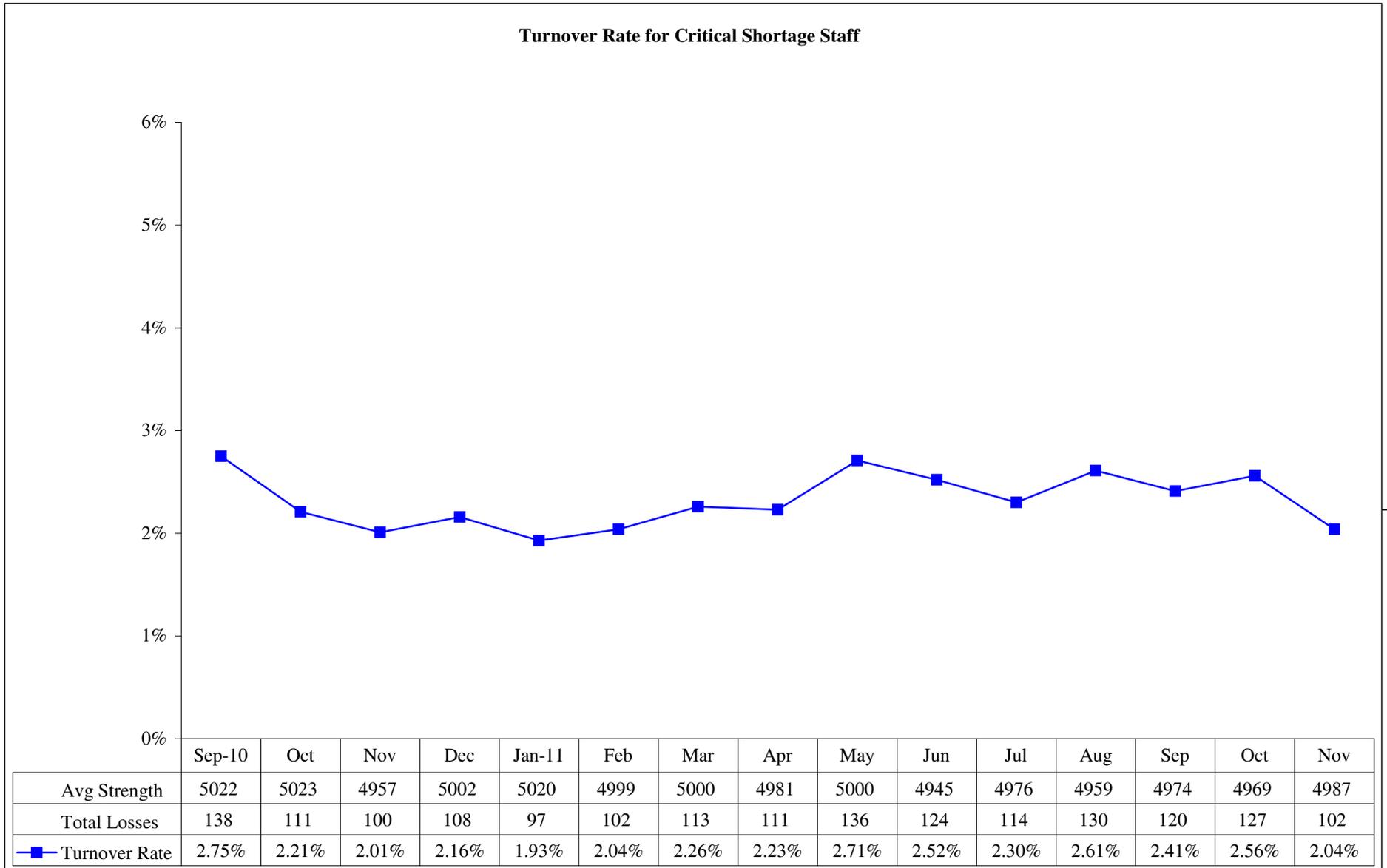
**Data Flow:**



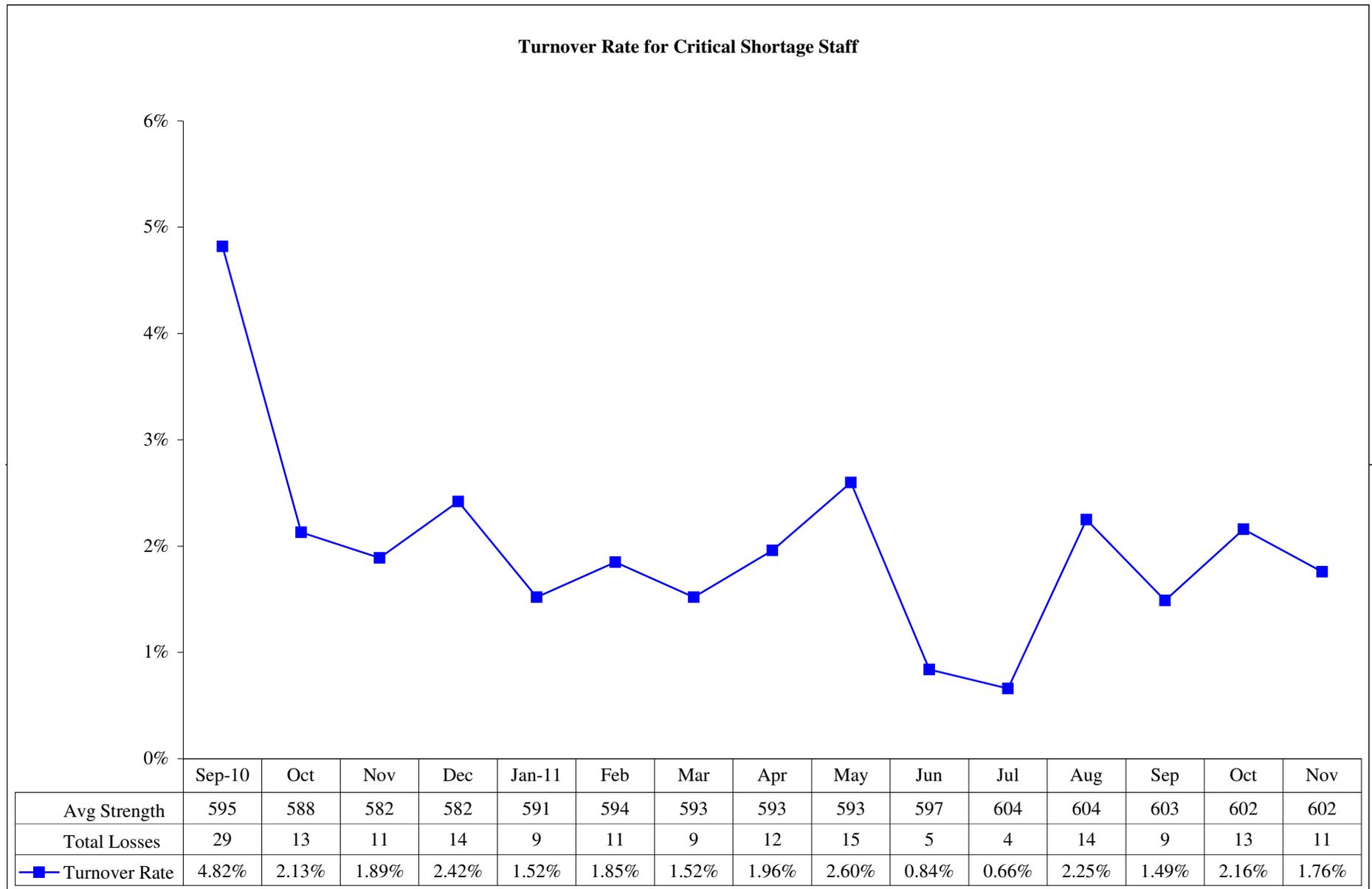
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals - As of November 30, 2011**



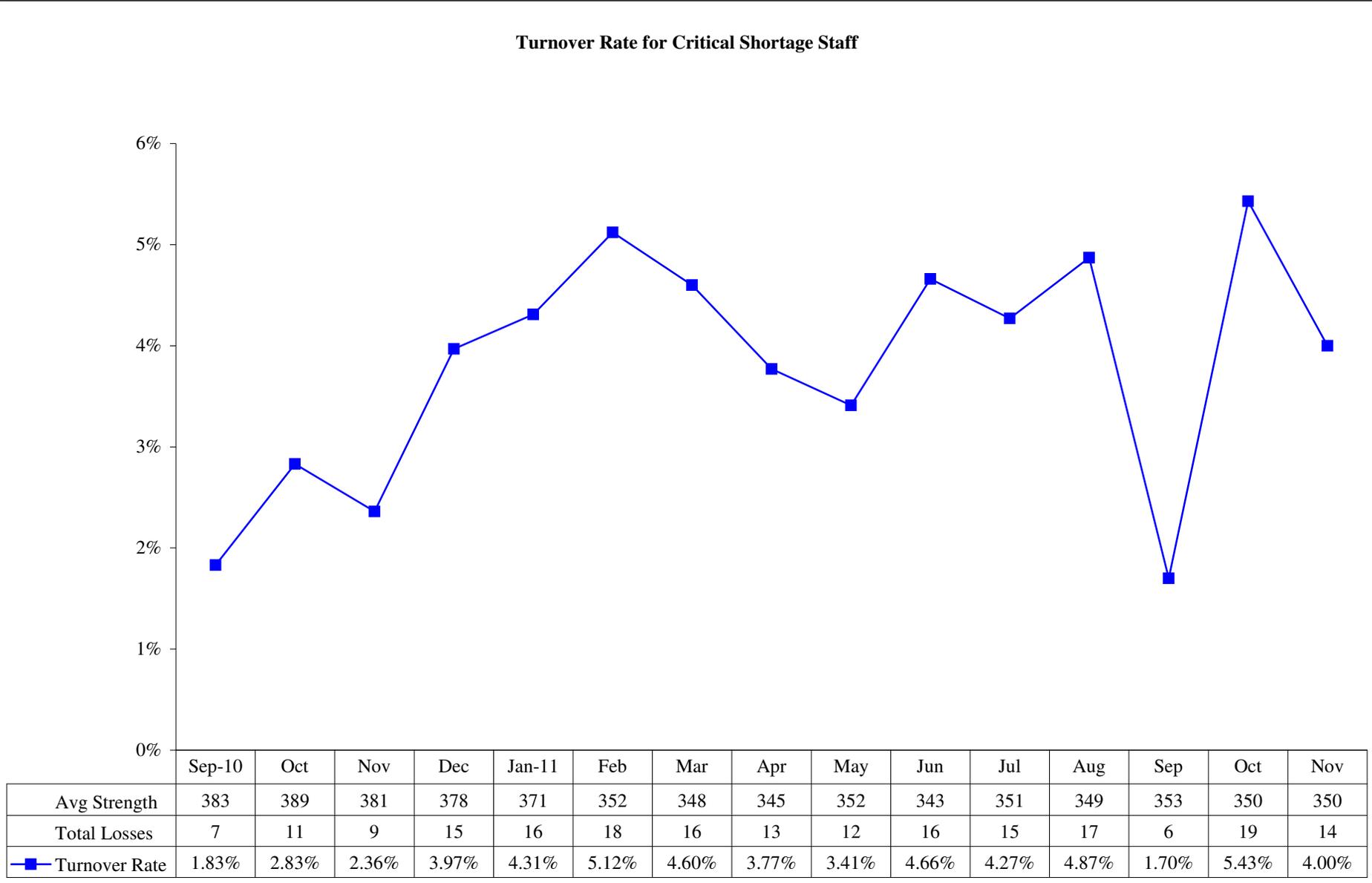
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**All State Hospitals**



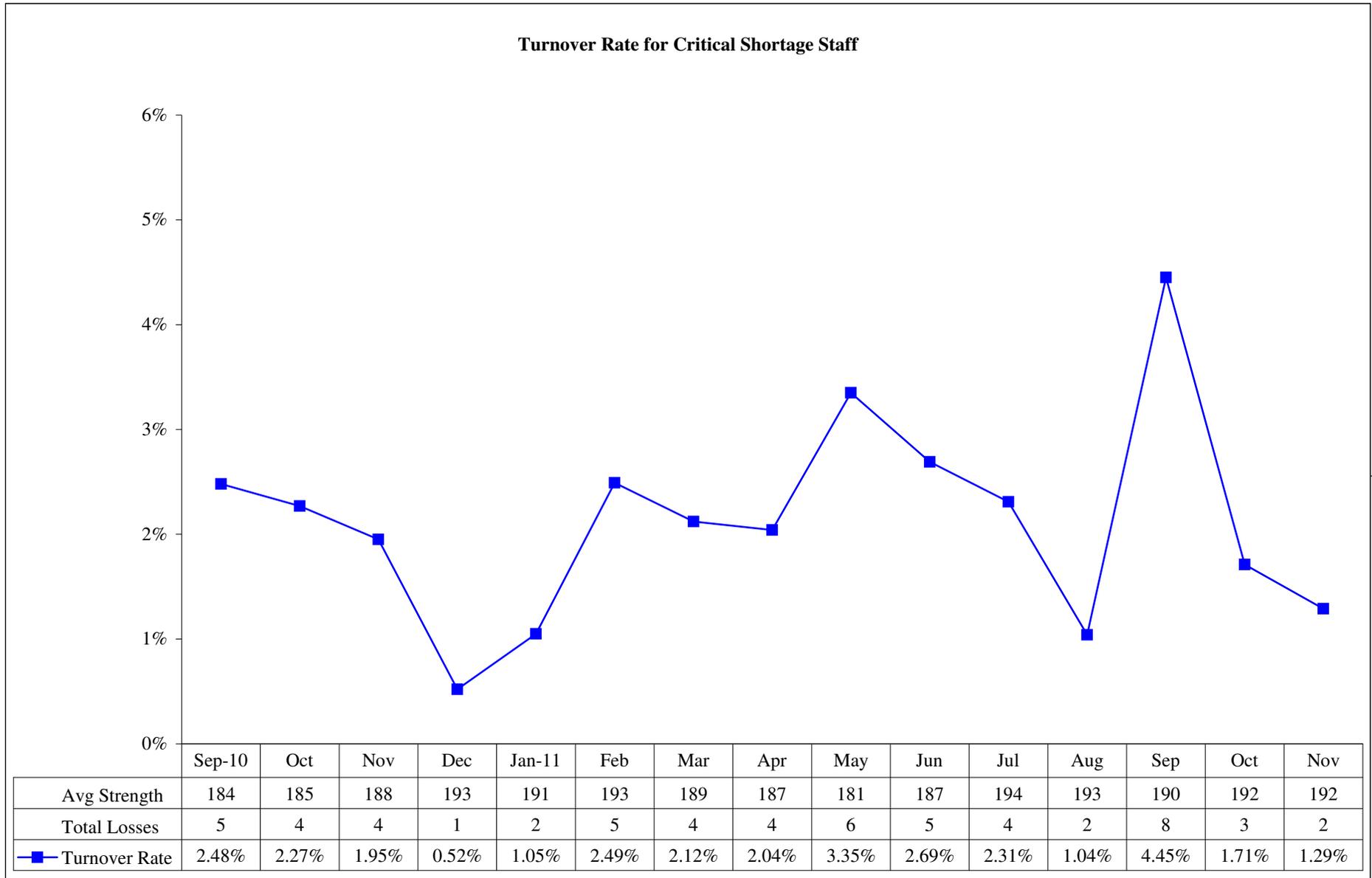
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Austin State Hospital**



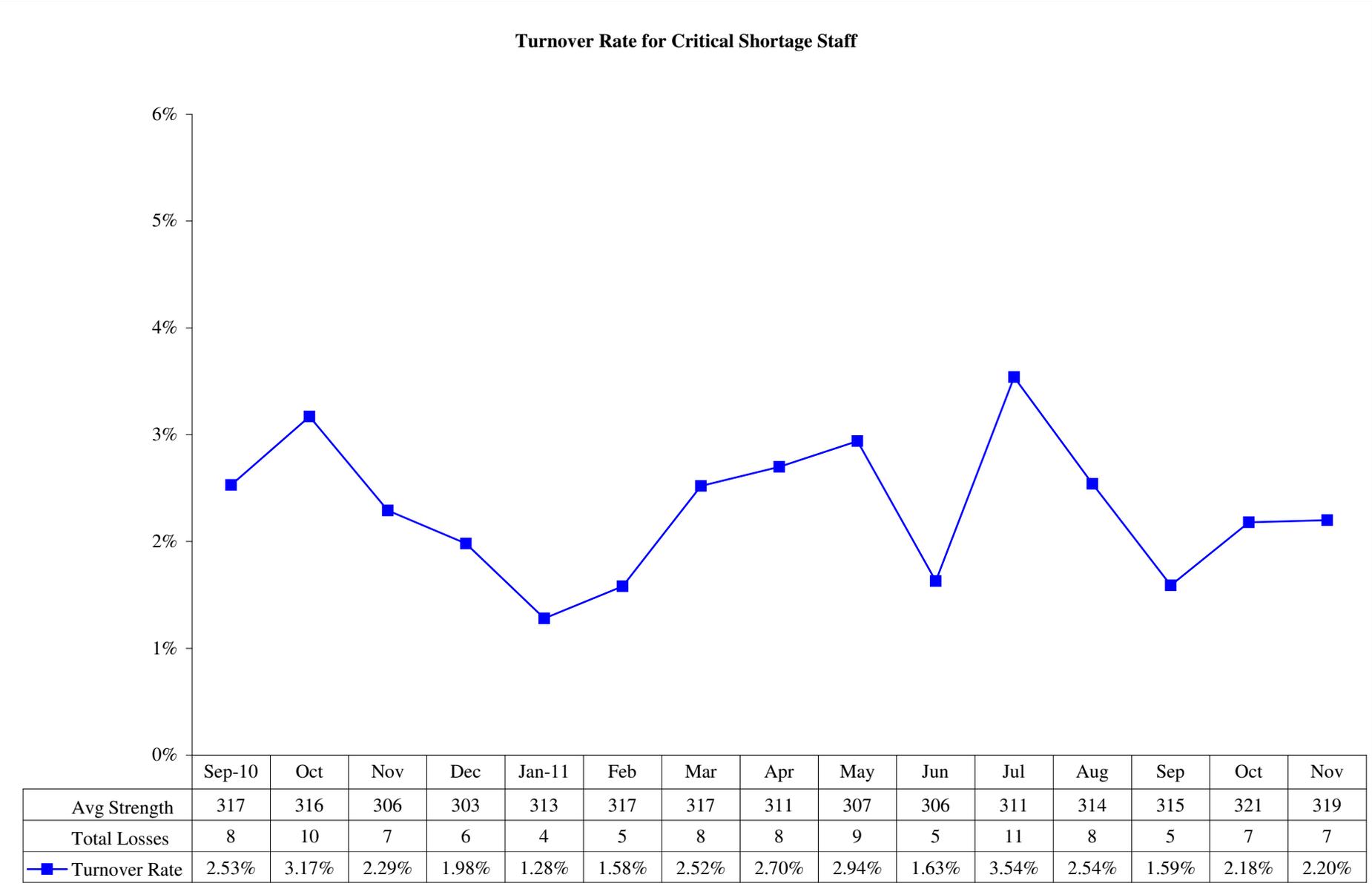
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Big Spring State Hospital**



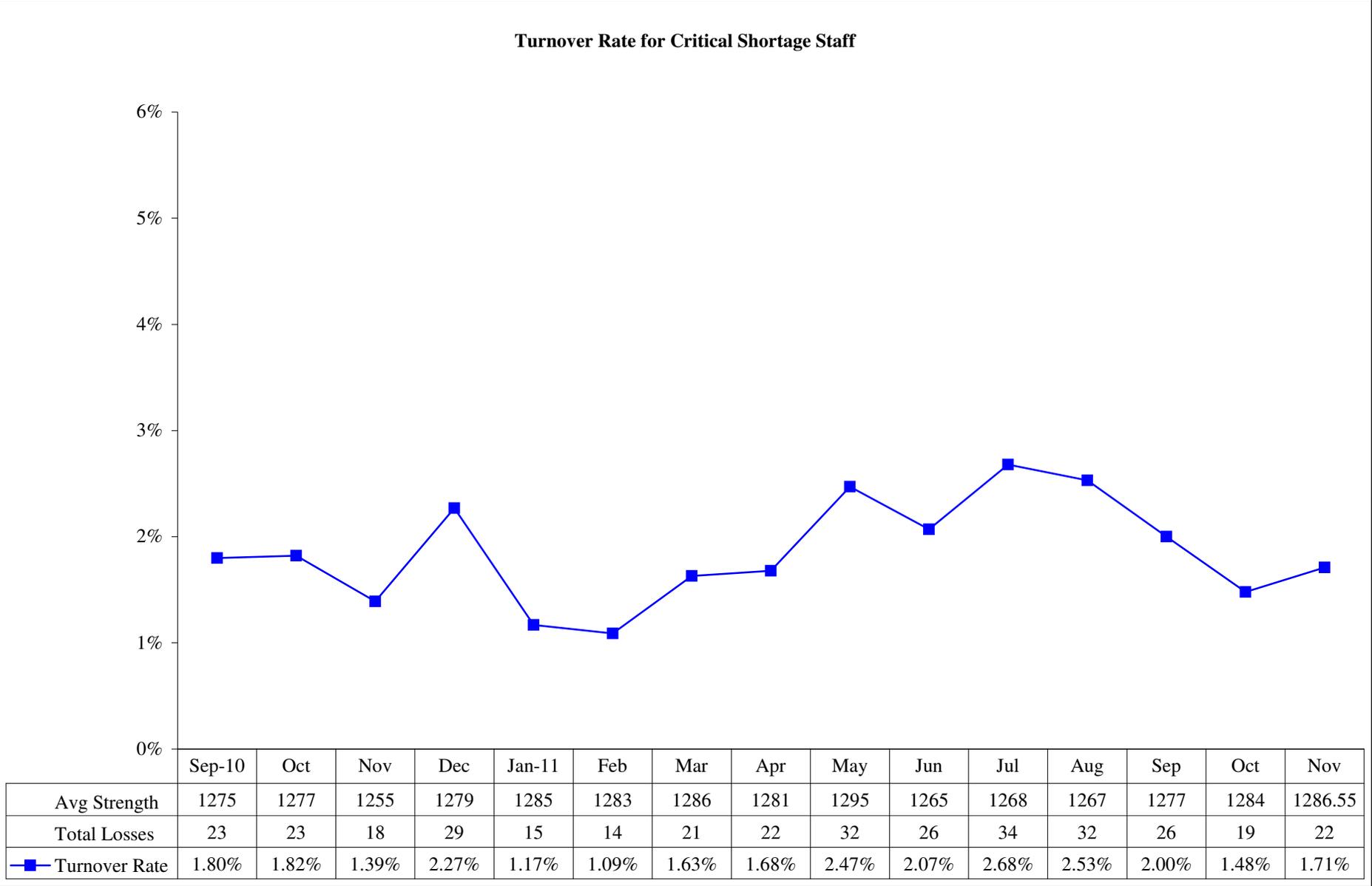
**Measure 8A - Turnover Rate for Critical Shortage Staff  
El Paso Psychiatric Center**



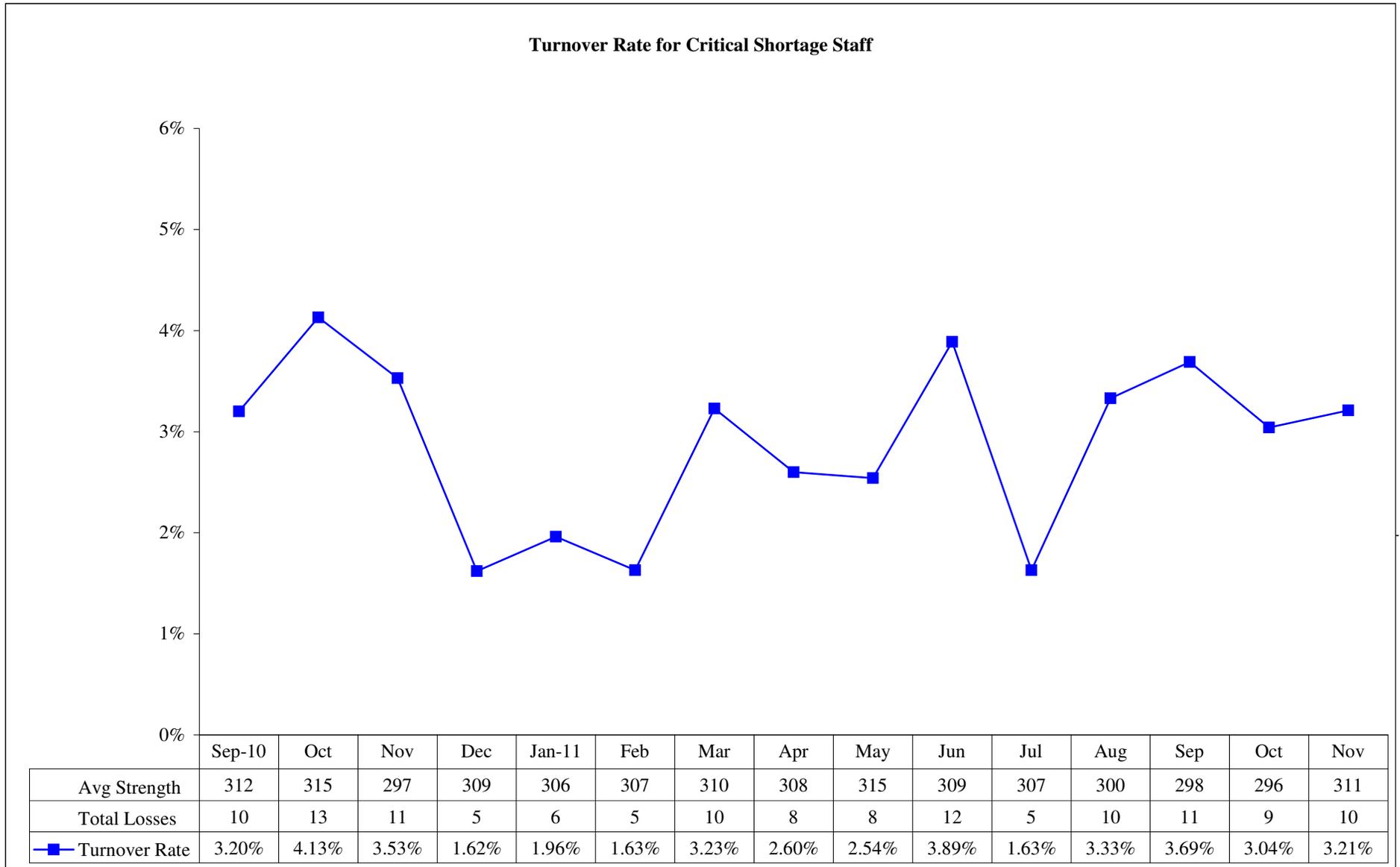
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Kerrville State Hospital**



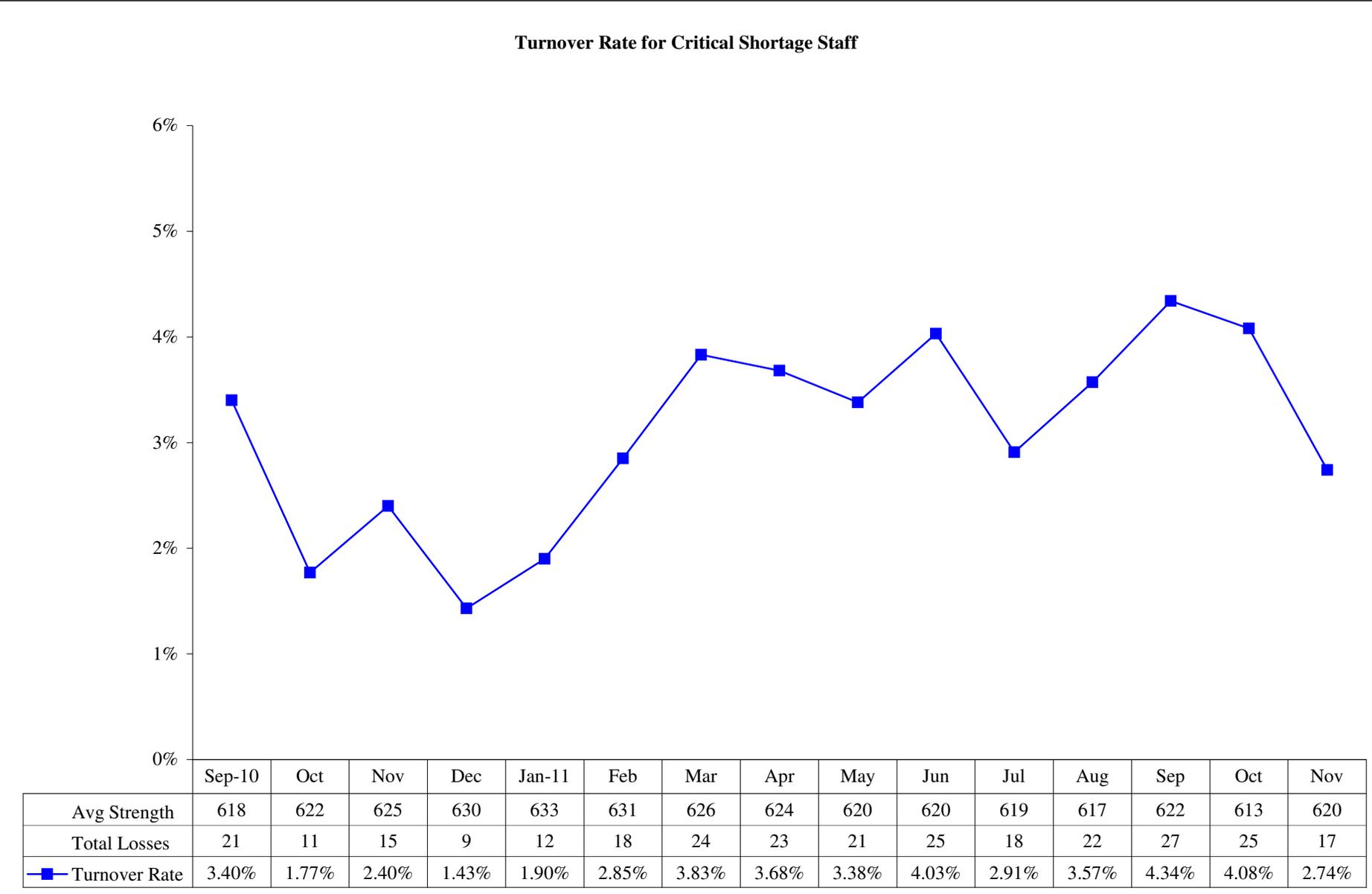
**Measure 8A - Turnover Rate for Critical Shortage Staff  
North Texas State Hospital**



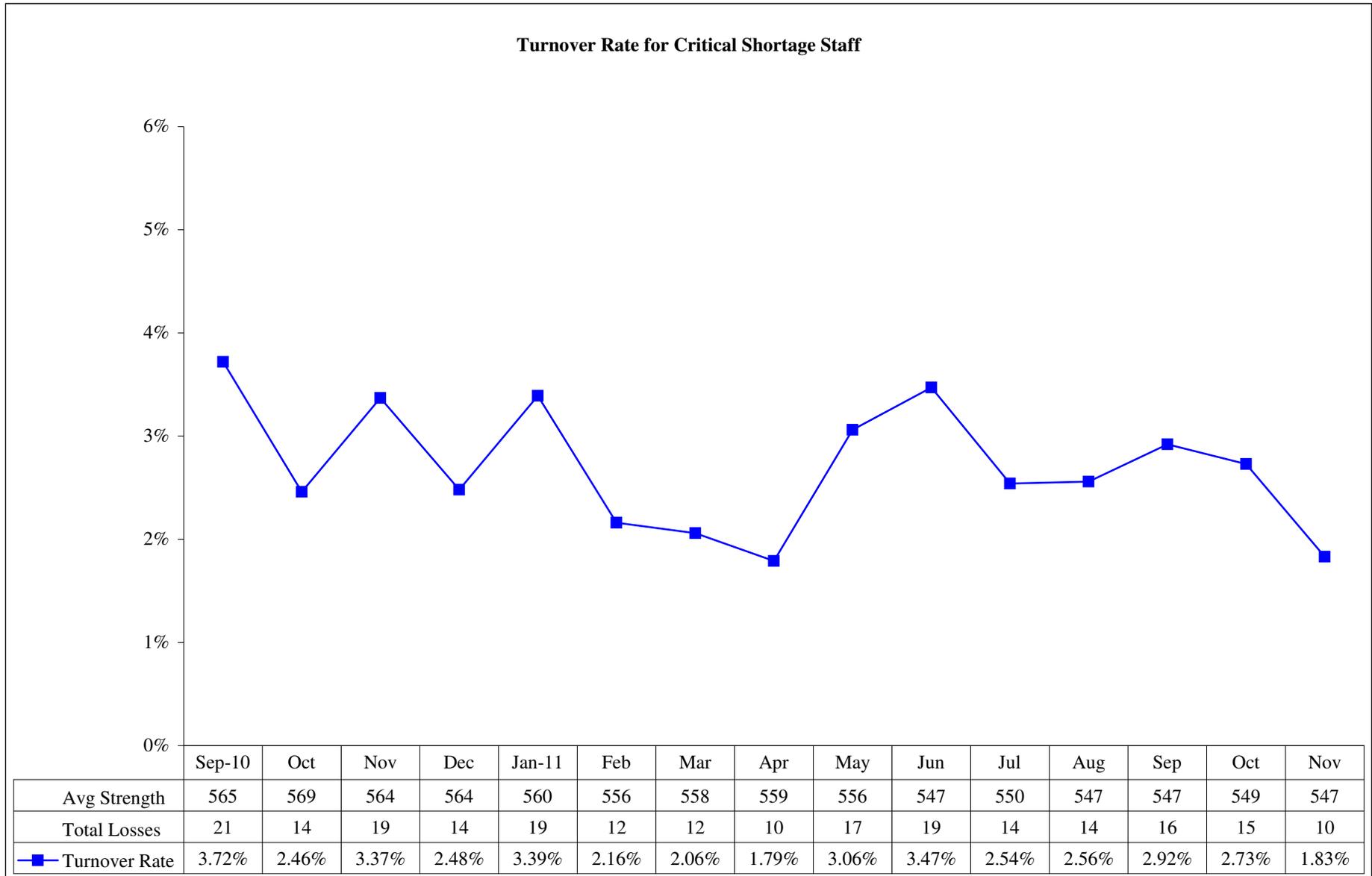
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**Rio Grande State Center**



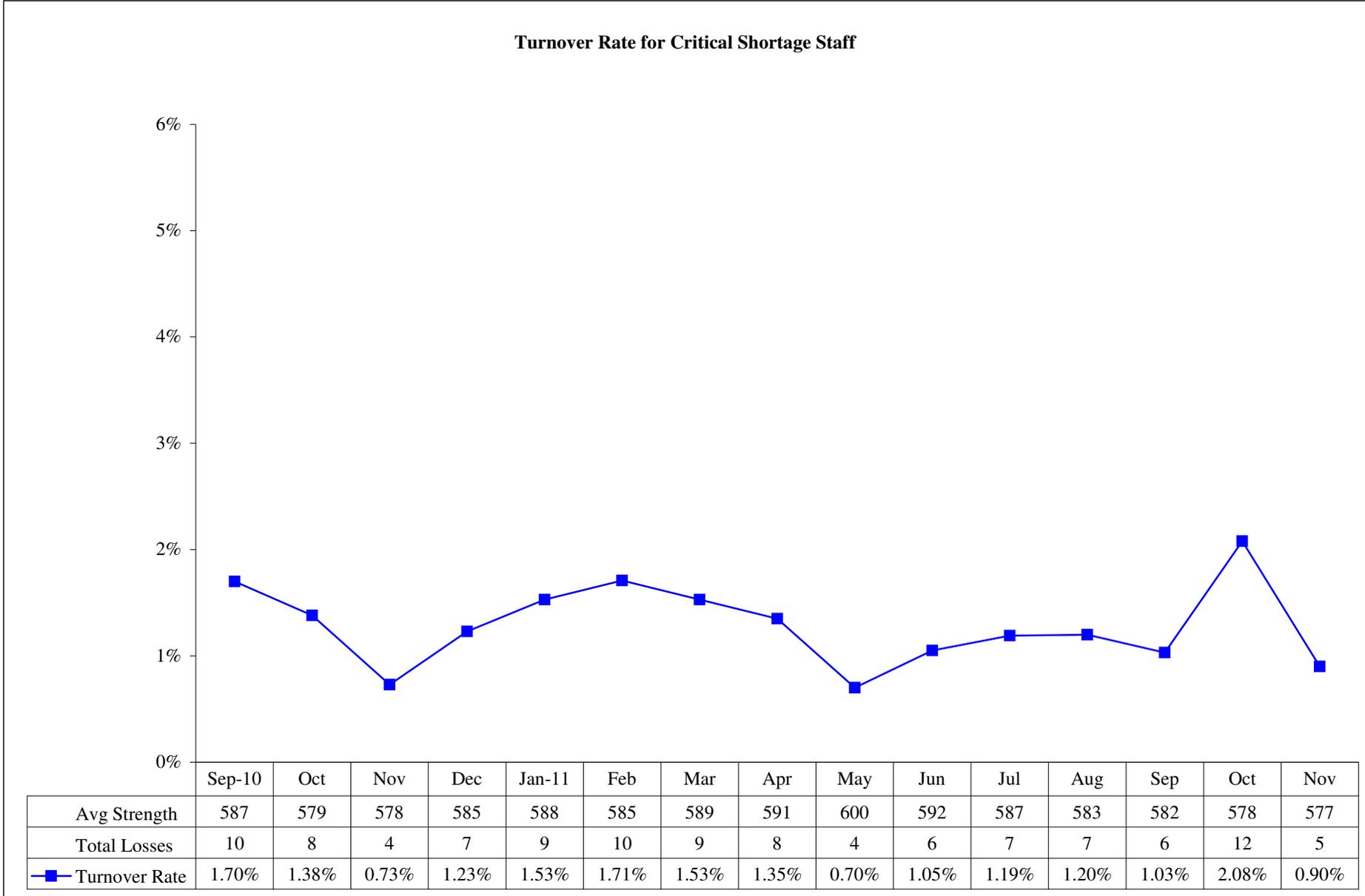
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**Rusk State Hospital**



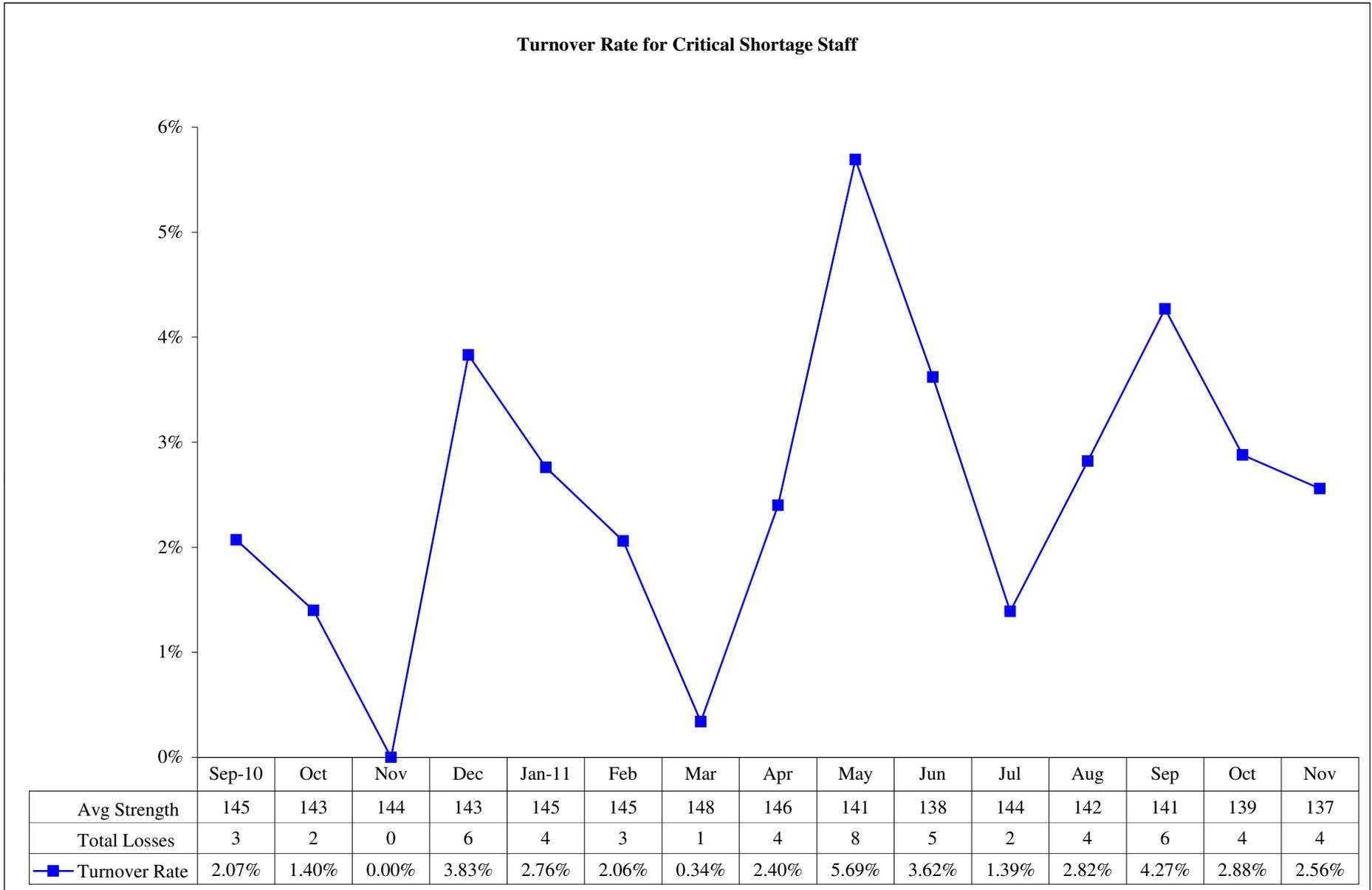
**Measure 8A - Turnover Rate for Critical Shortage Staff  
San Antonio State Hospital**



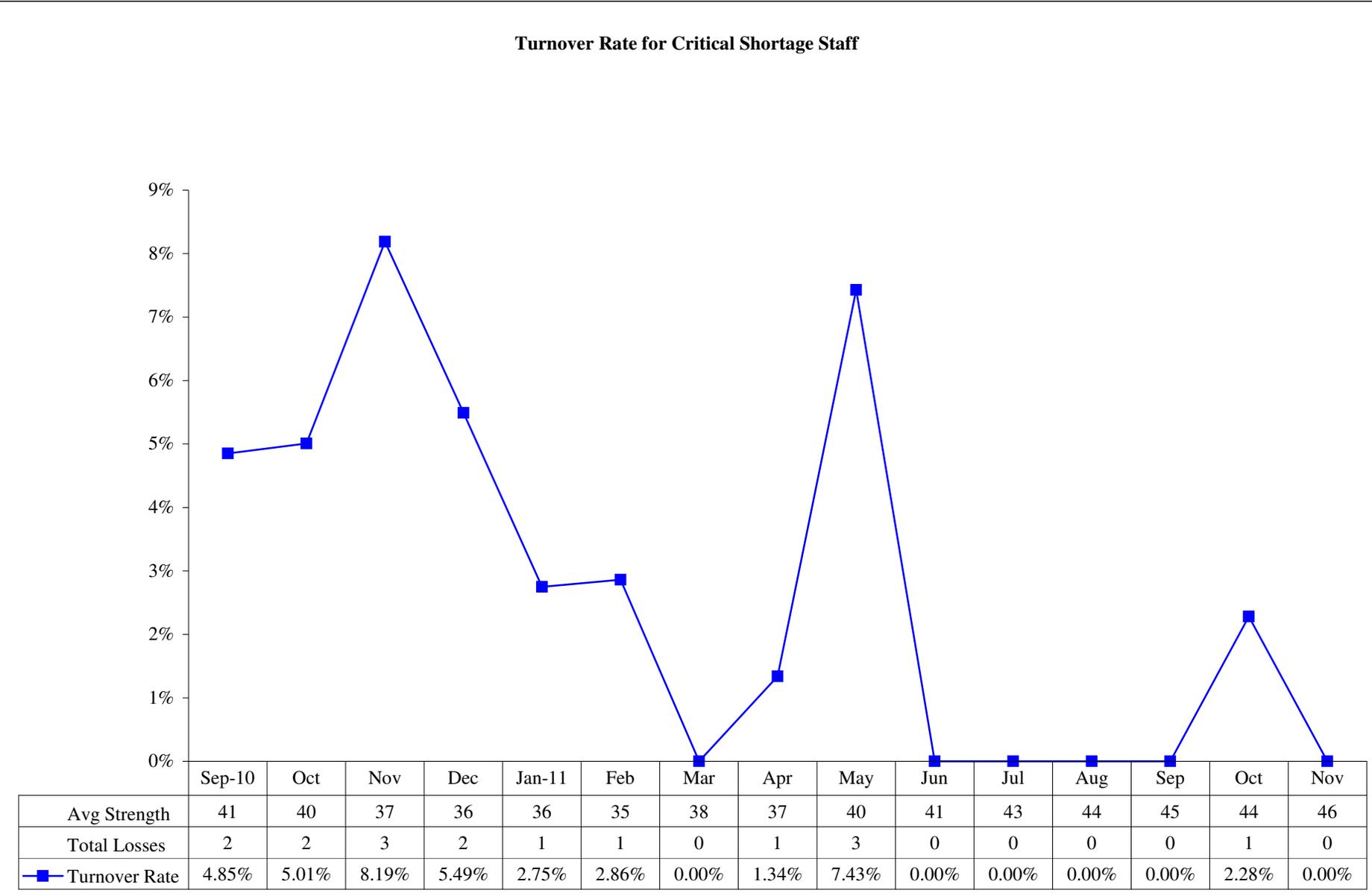
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Terrell State Hospital**



**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.

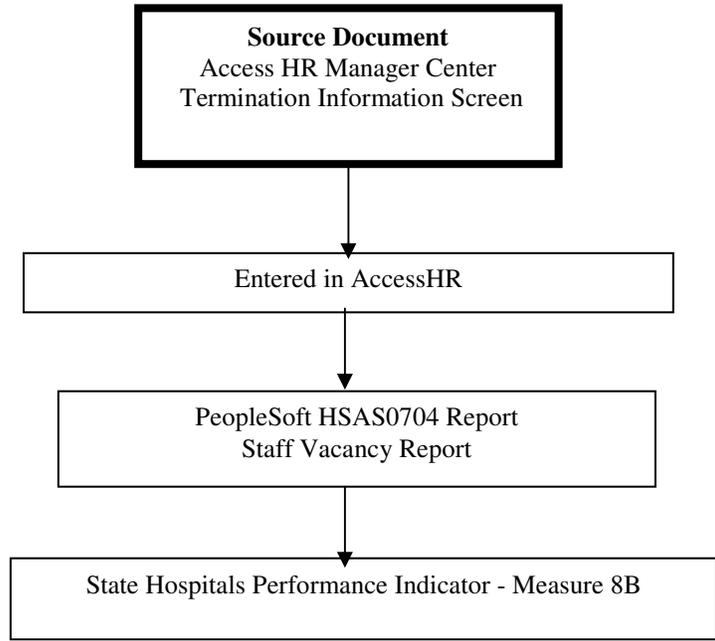
**Performance Measure Formula:**

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

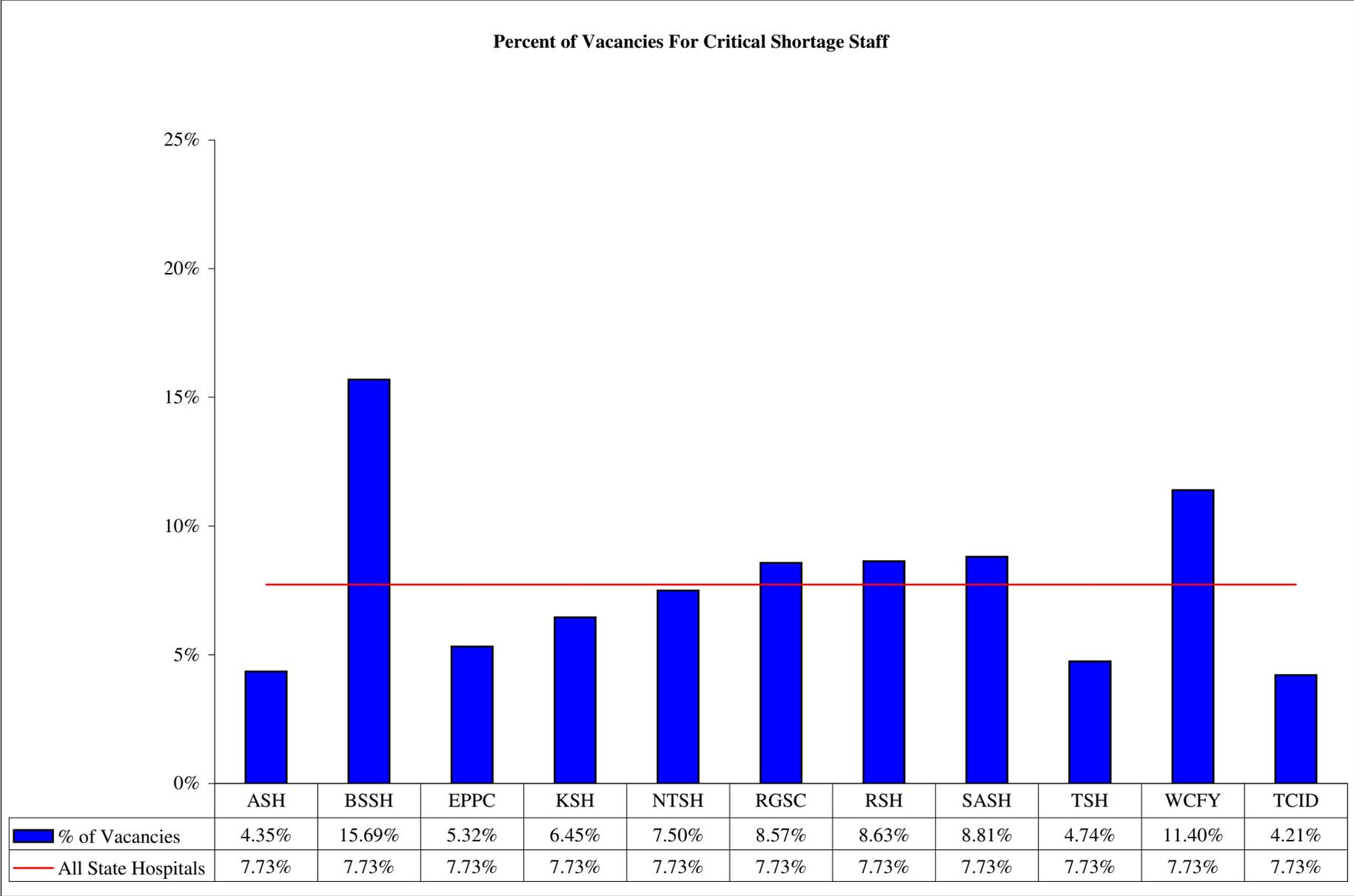
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of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

**Data Flow:**

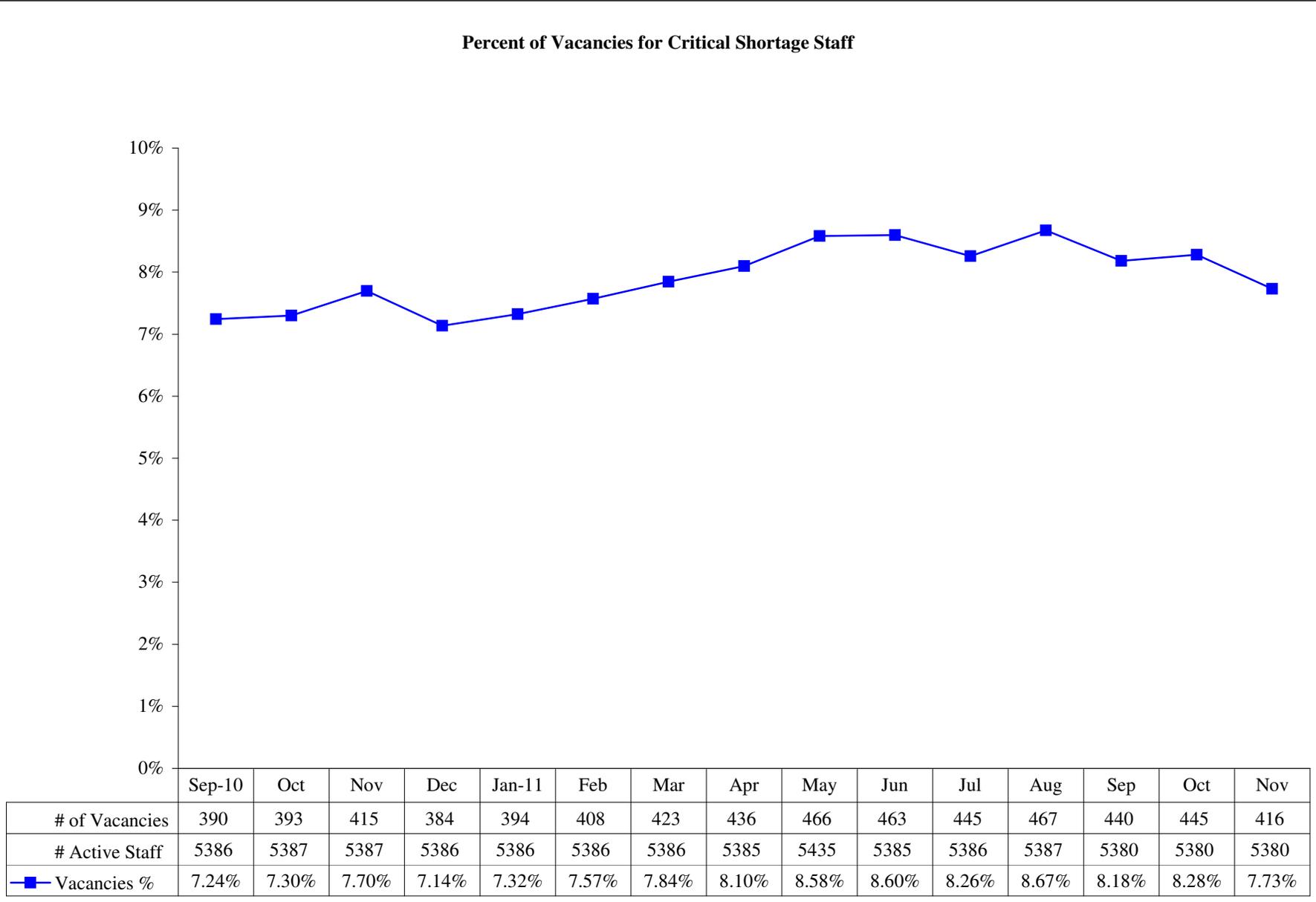
**Data Flow:**



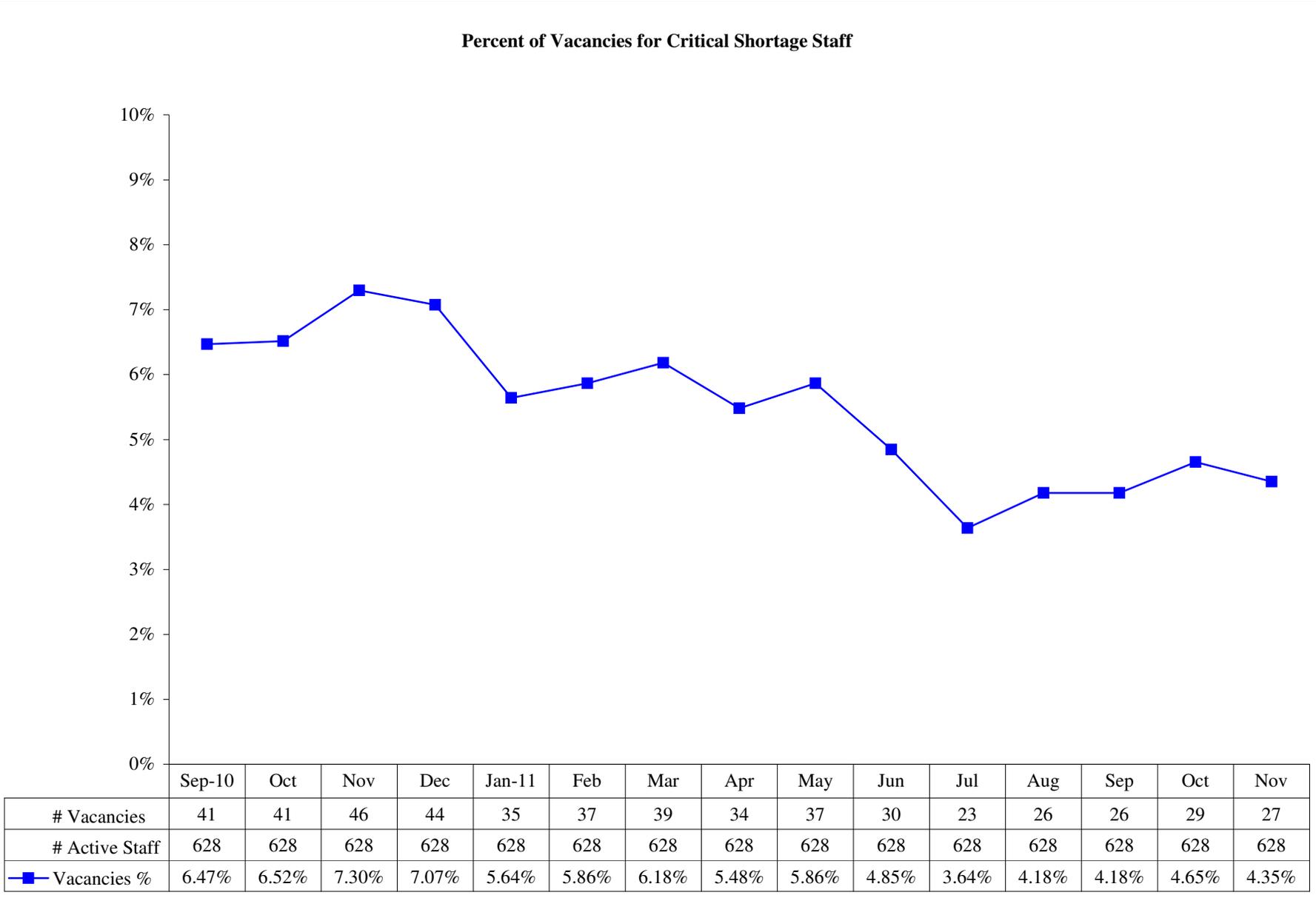
**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of November 30, 2011**



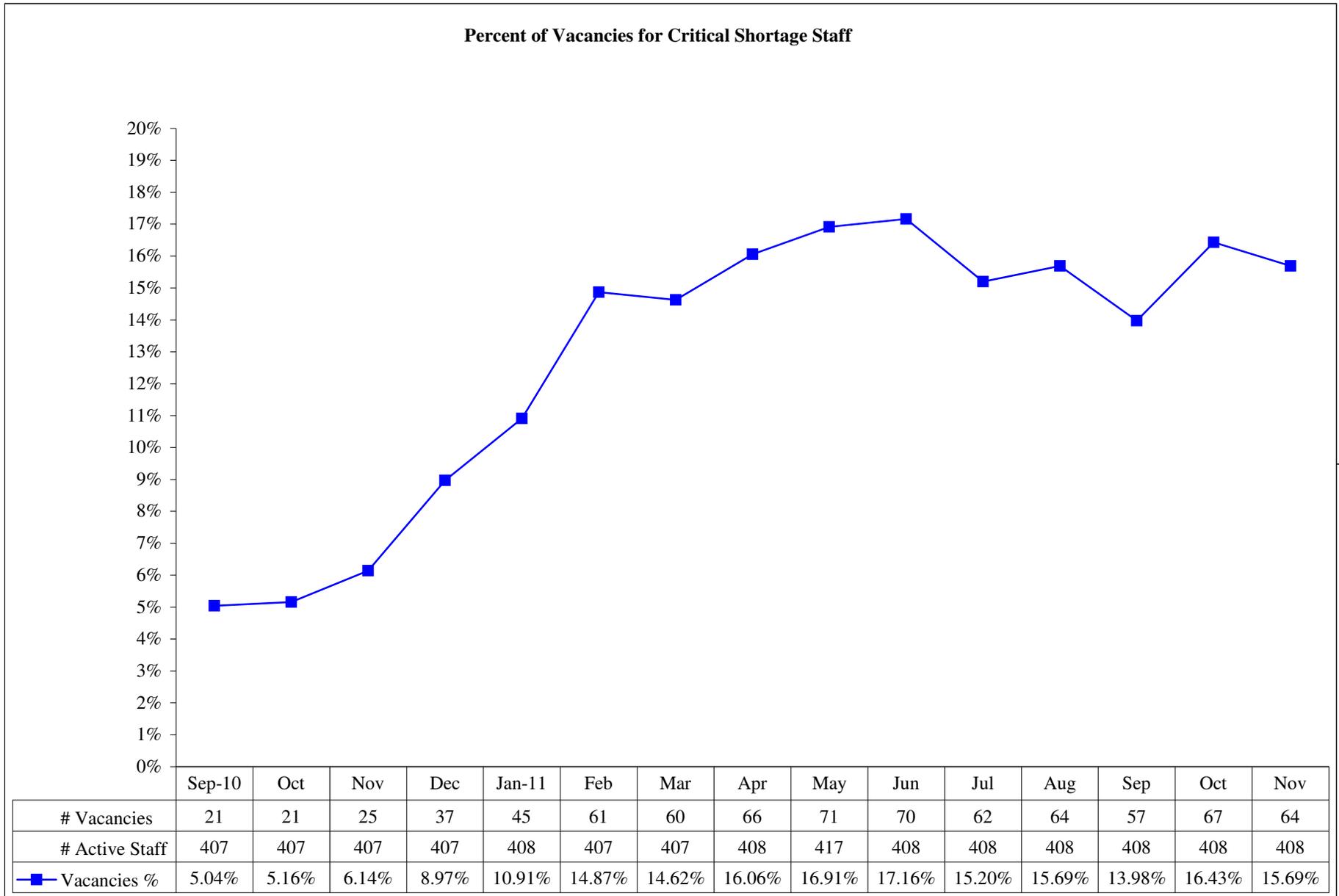
**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals**



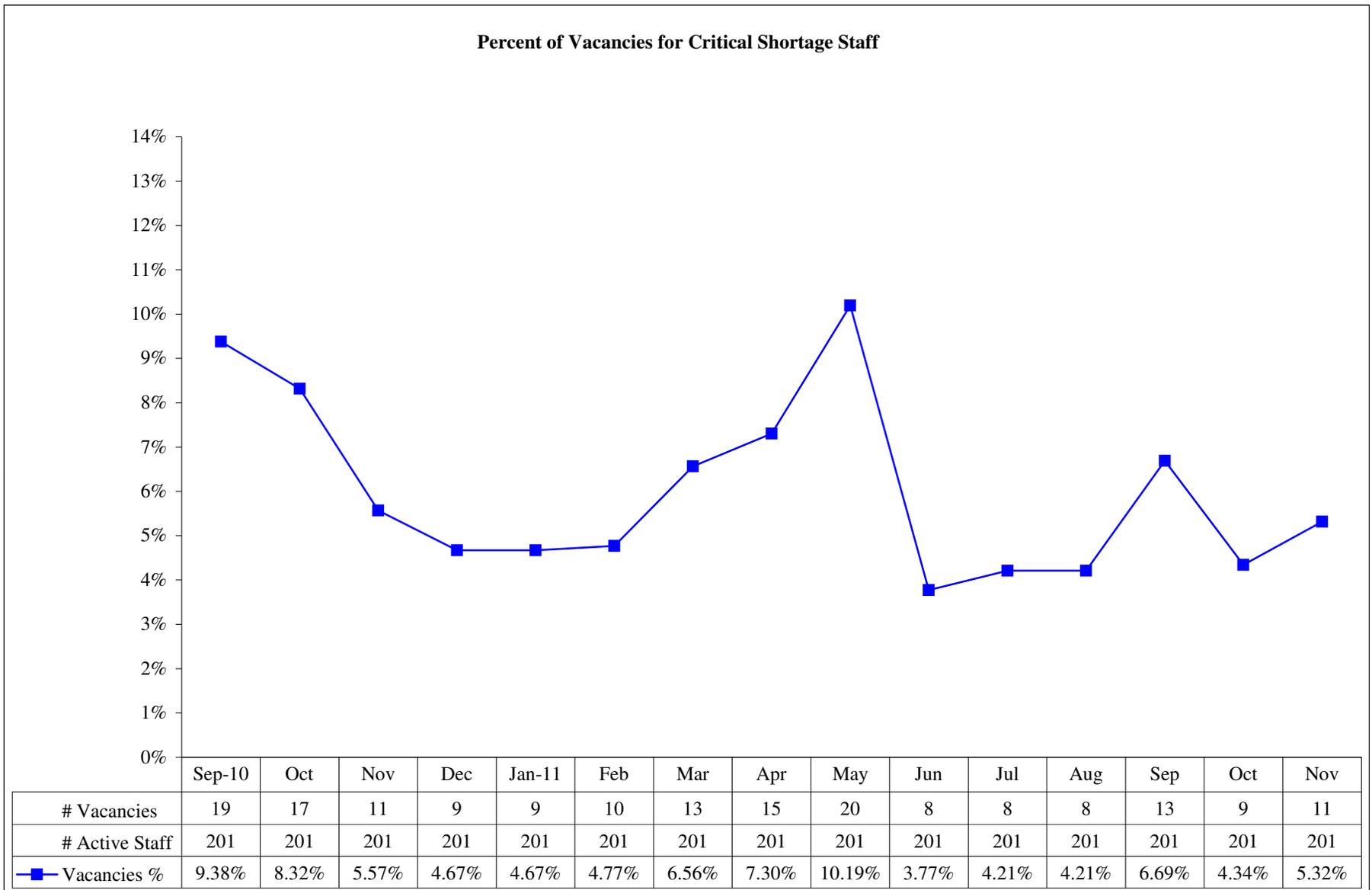
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



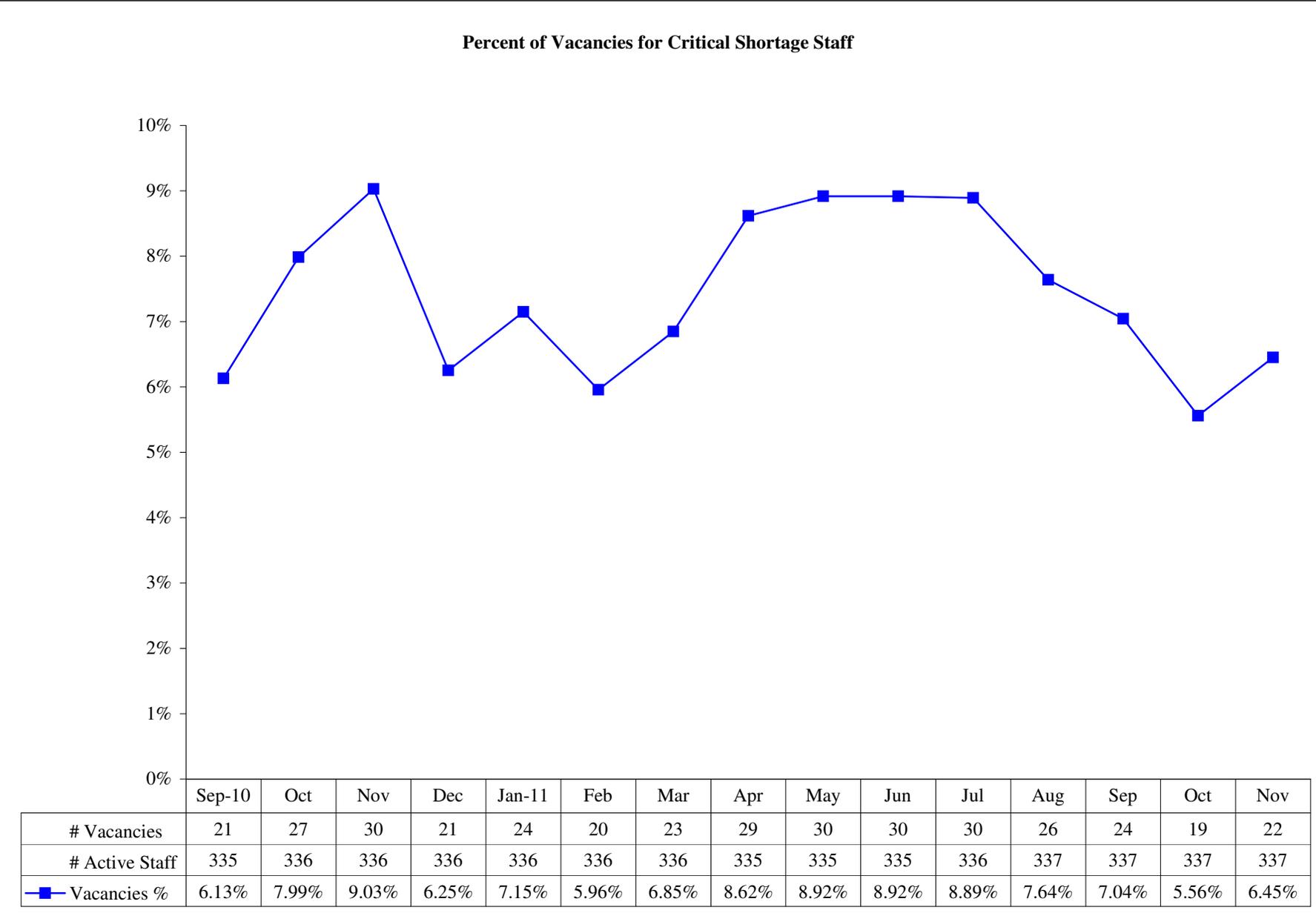
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



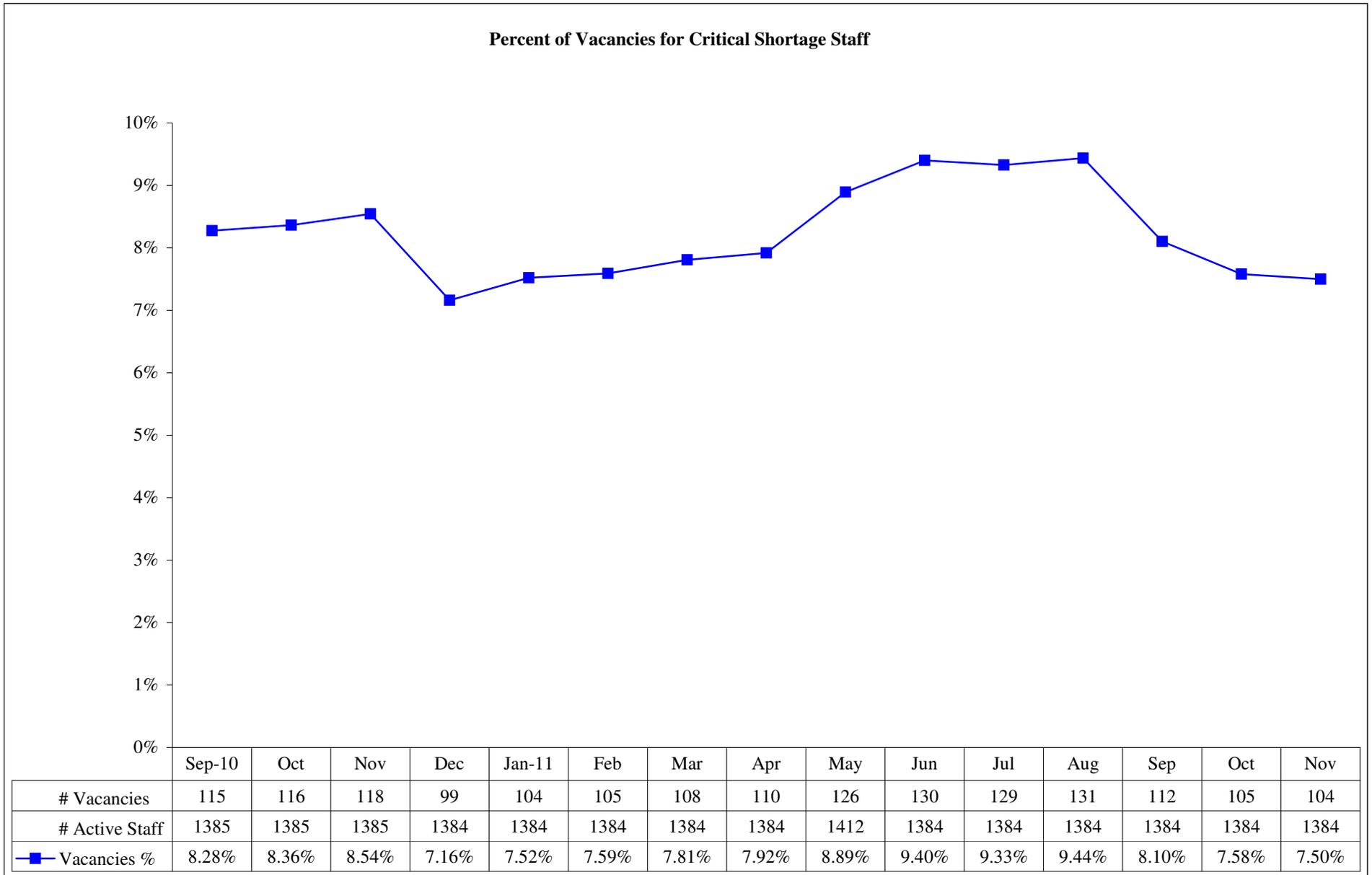
**Measure 8B - Vacancies for Critical Shortage Staff  
El Paso Psychiatric Center**



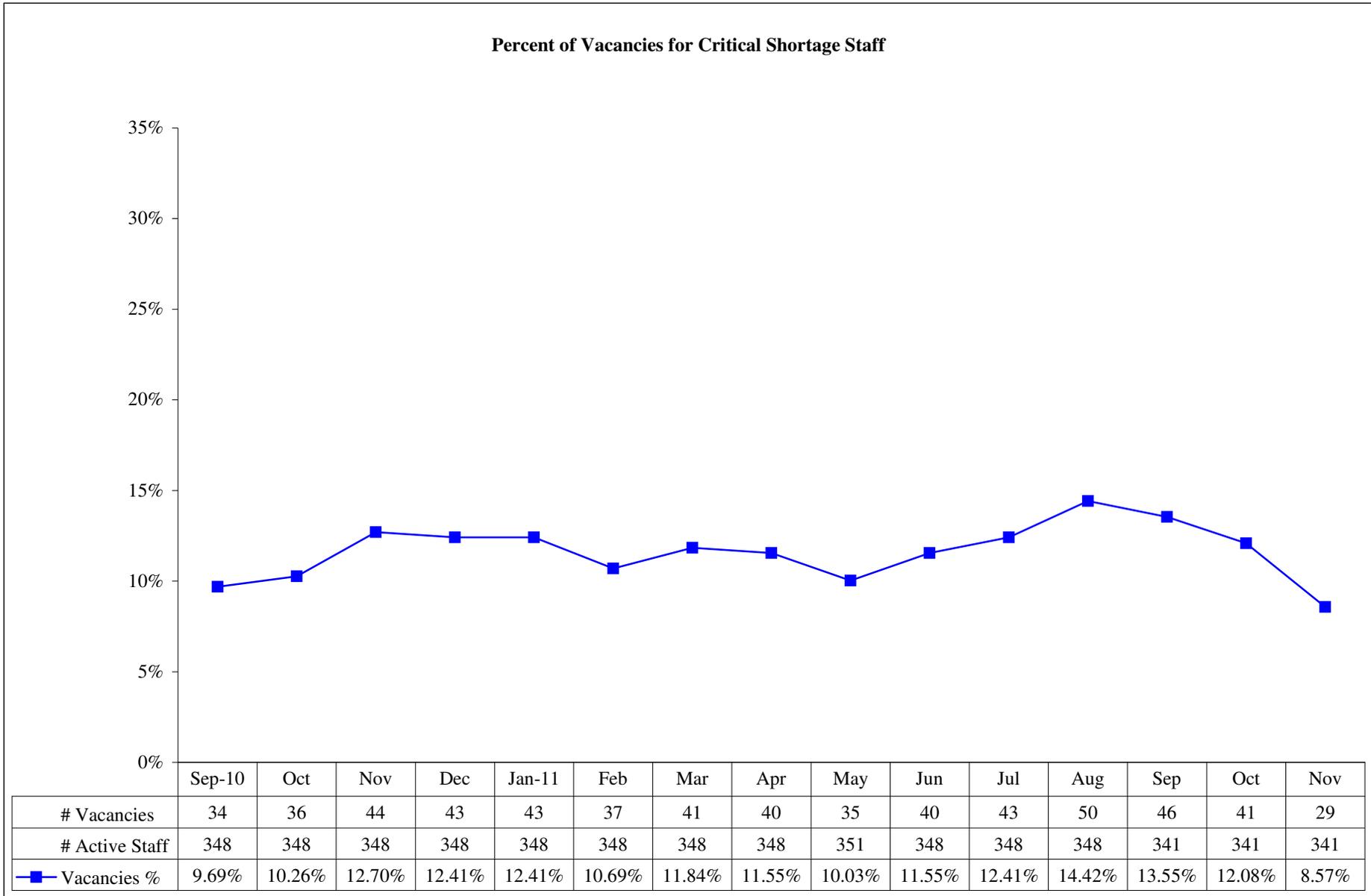
**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



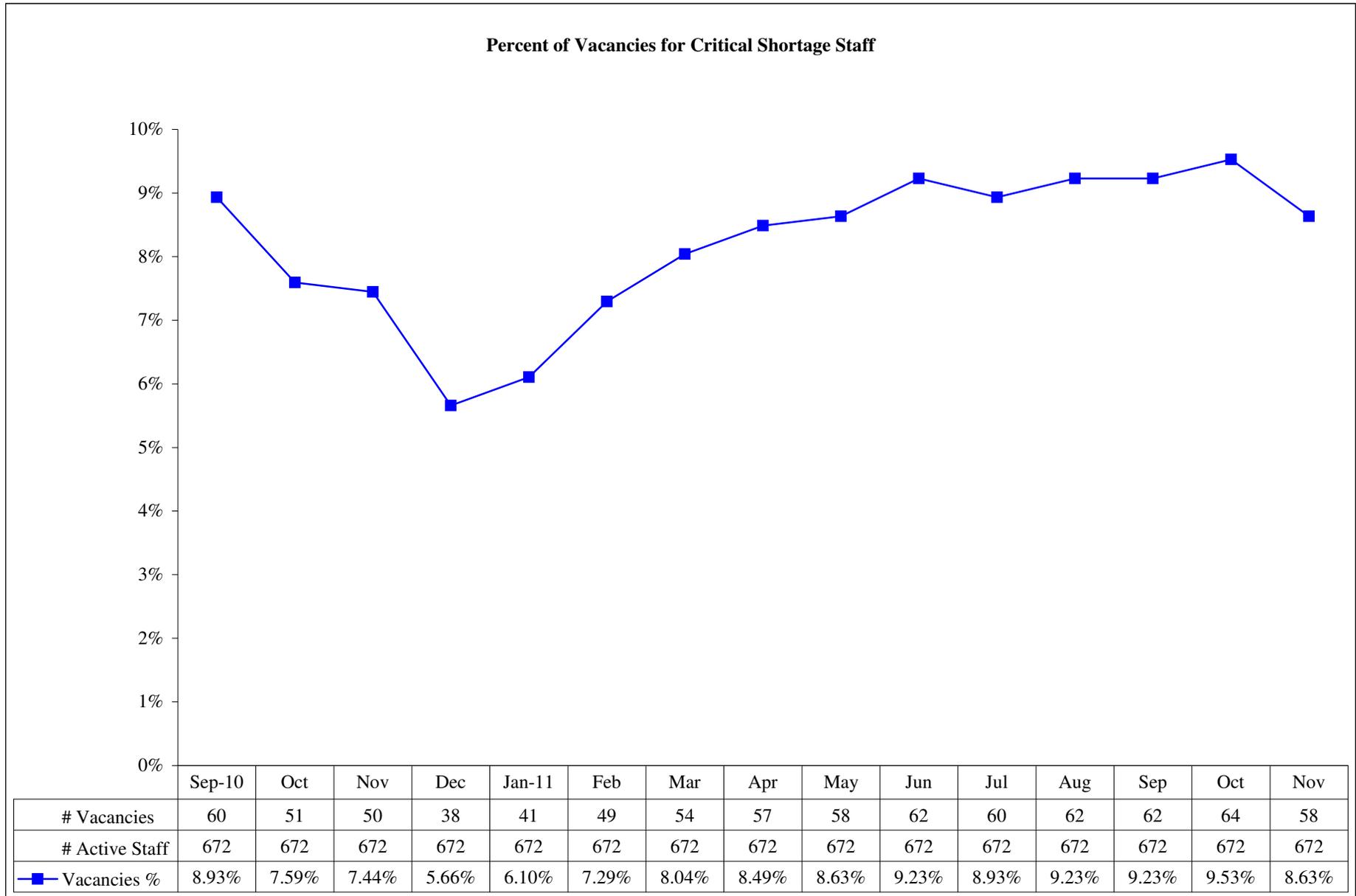
**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**



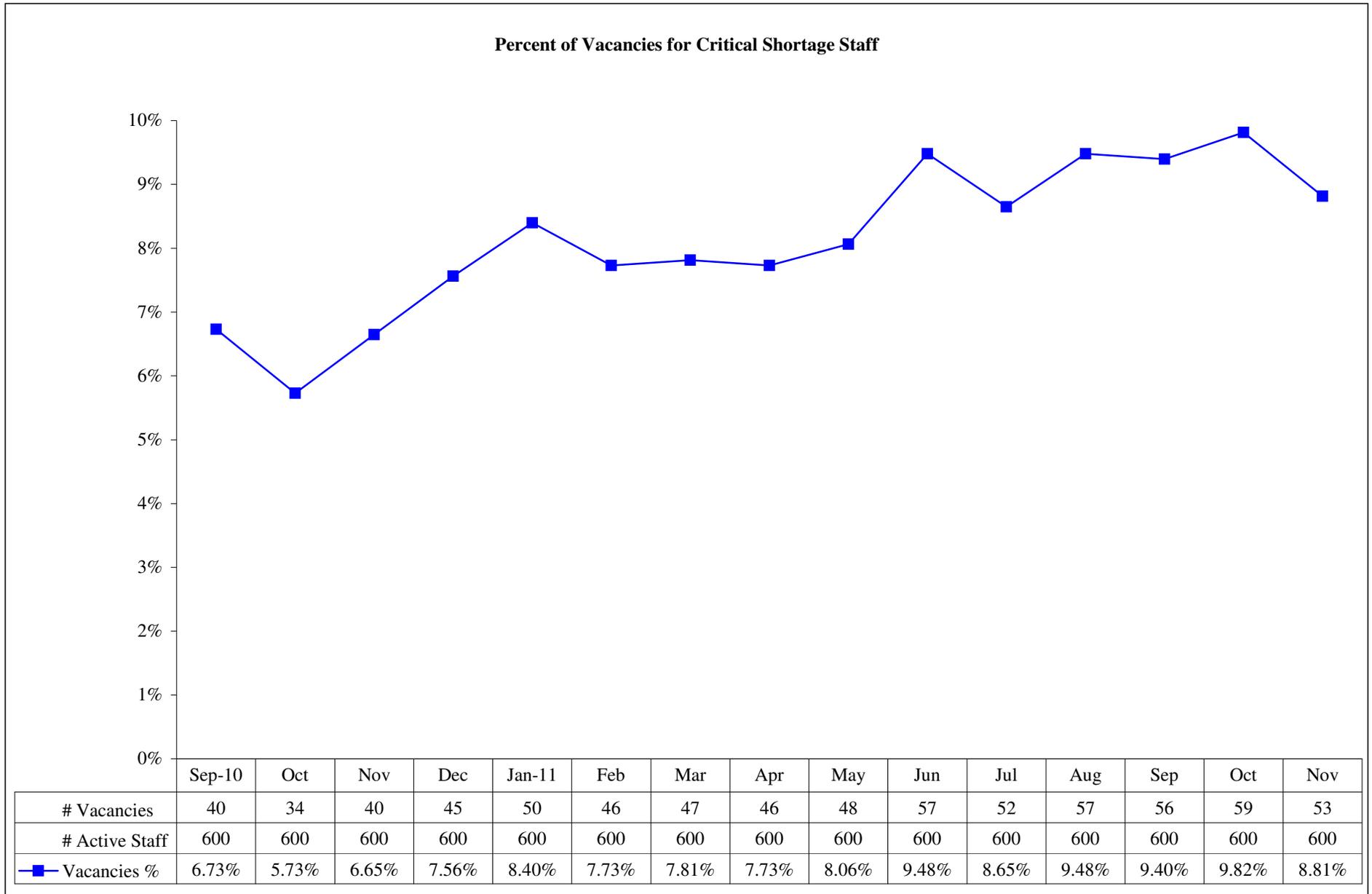
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



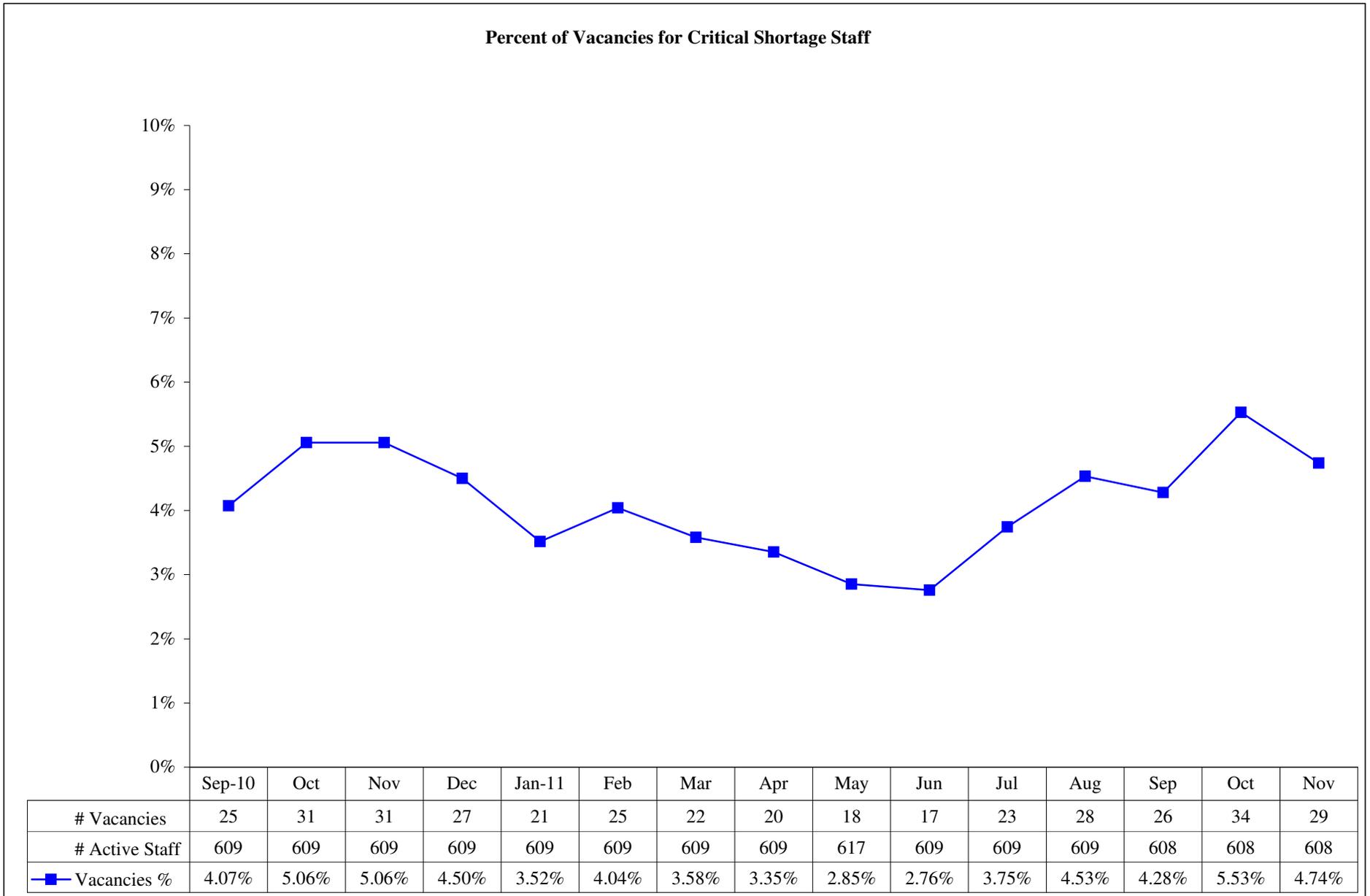
**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**



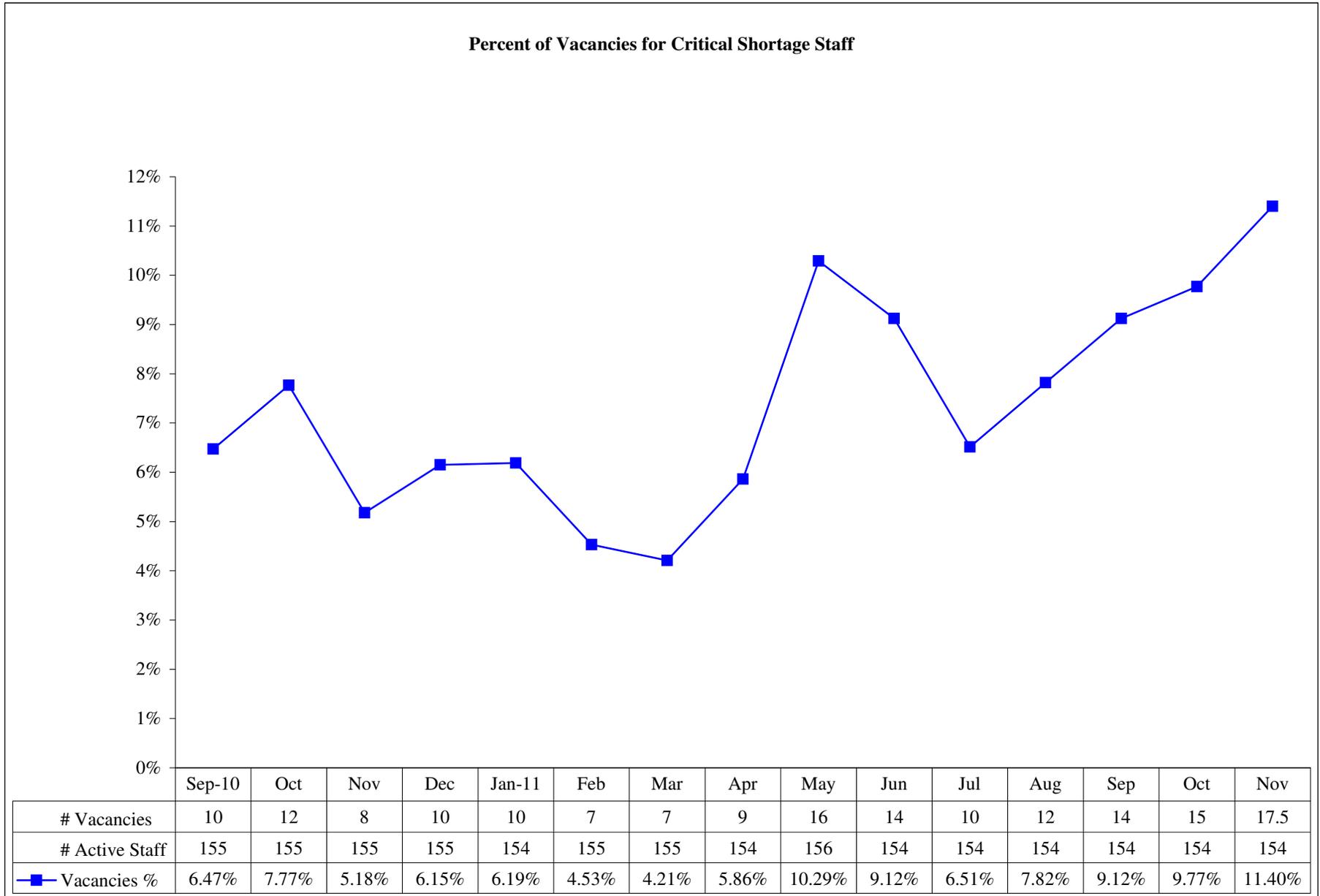
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



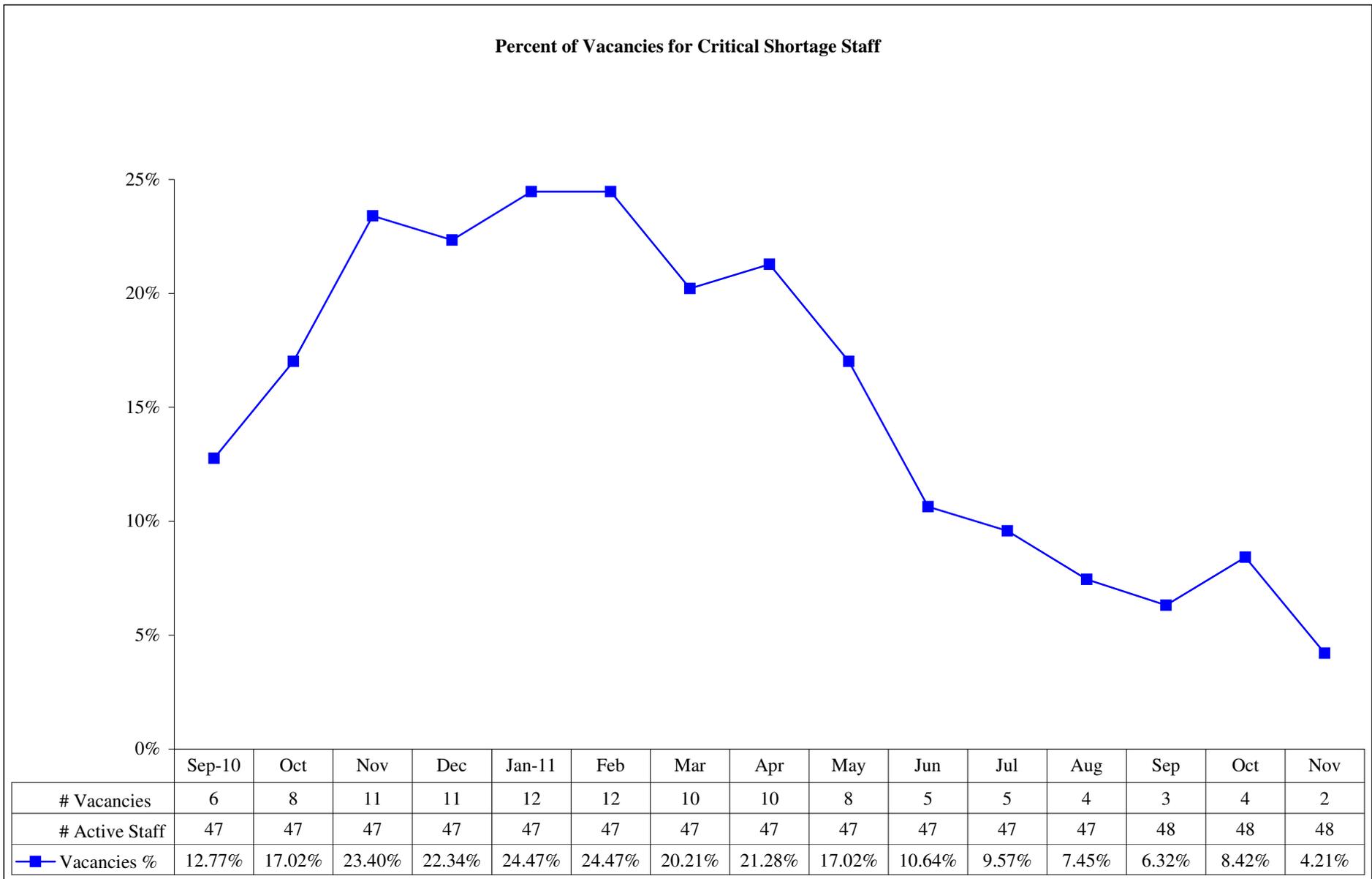
**Measure 8B - Vacancies for Critical Shortage Staff  
Terrell State Hospital**



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

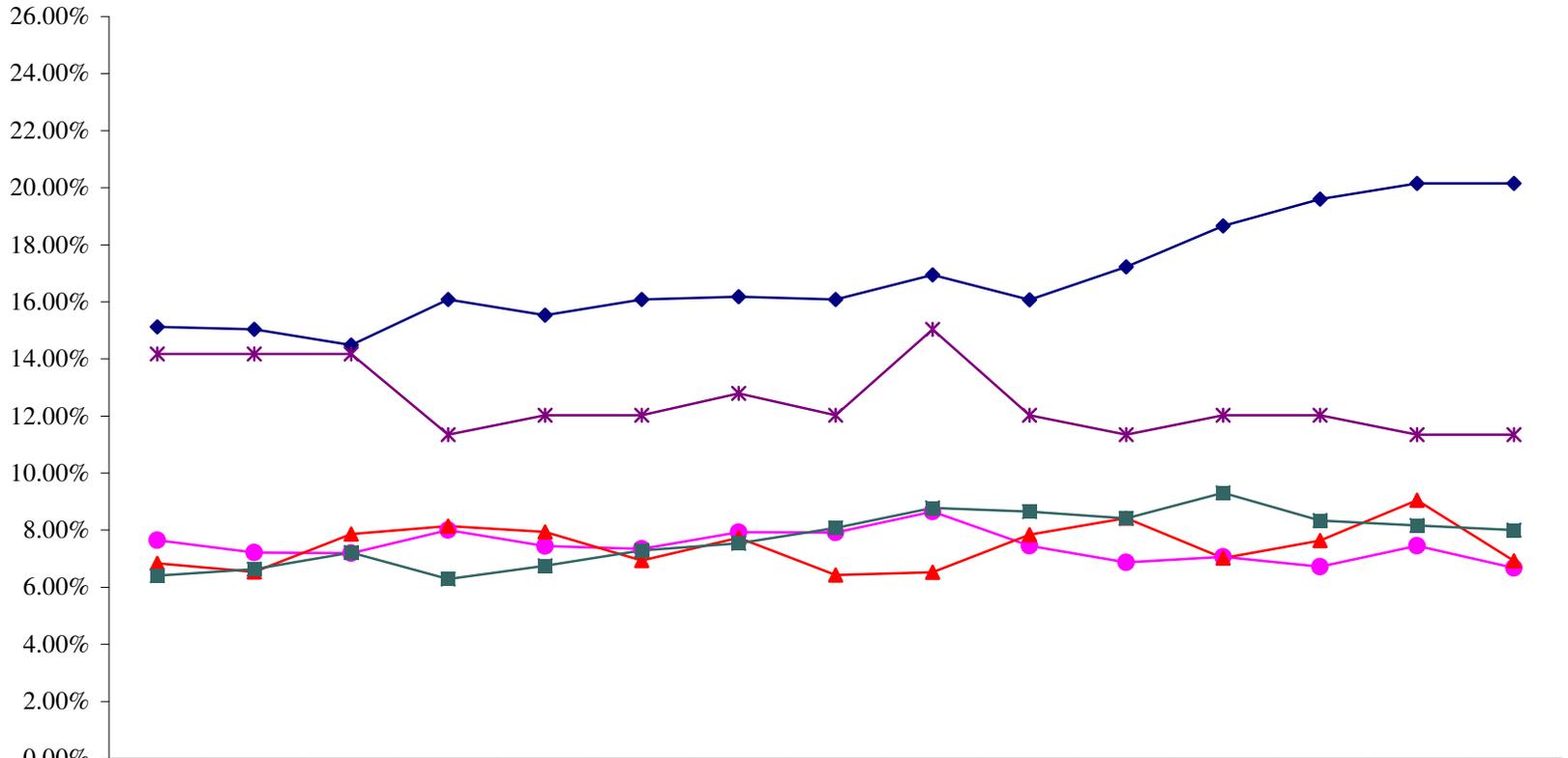


**Measure 8B - Vacancies for Critical Shortage Staff  
Texas Center for Infectious Disease**



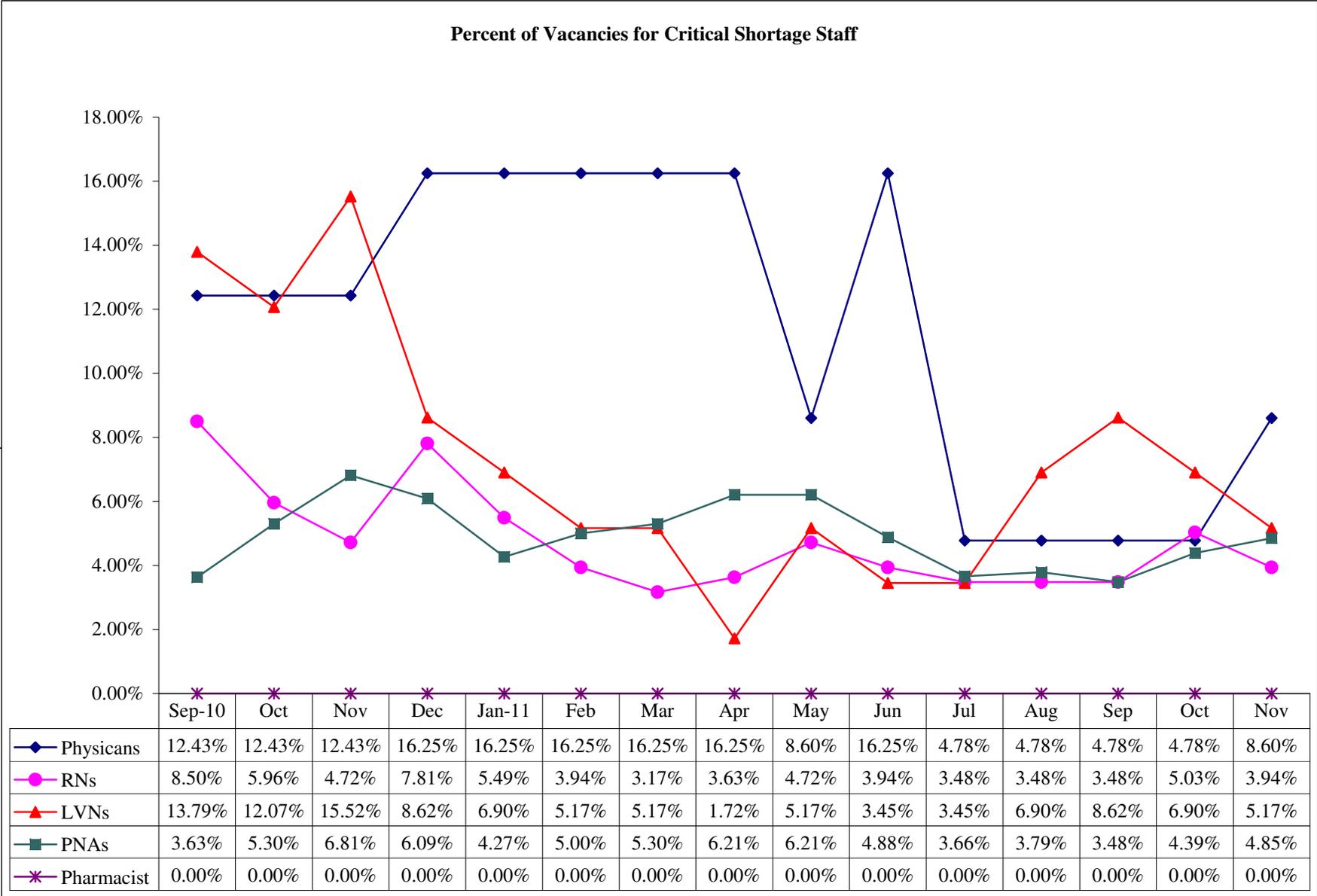
**Measure 8B - Vacancies for Critical Shortage Staff**  
**All State Hospitals**

**Percent of Vacancies for Critical Shortage Staff**

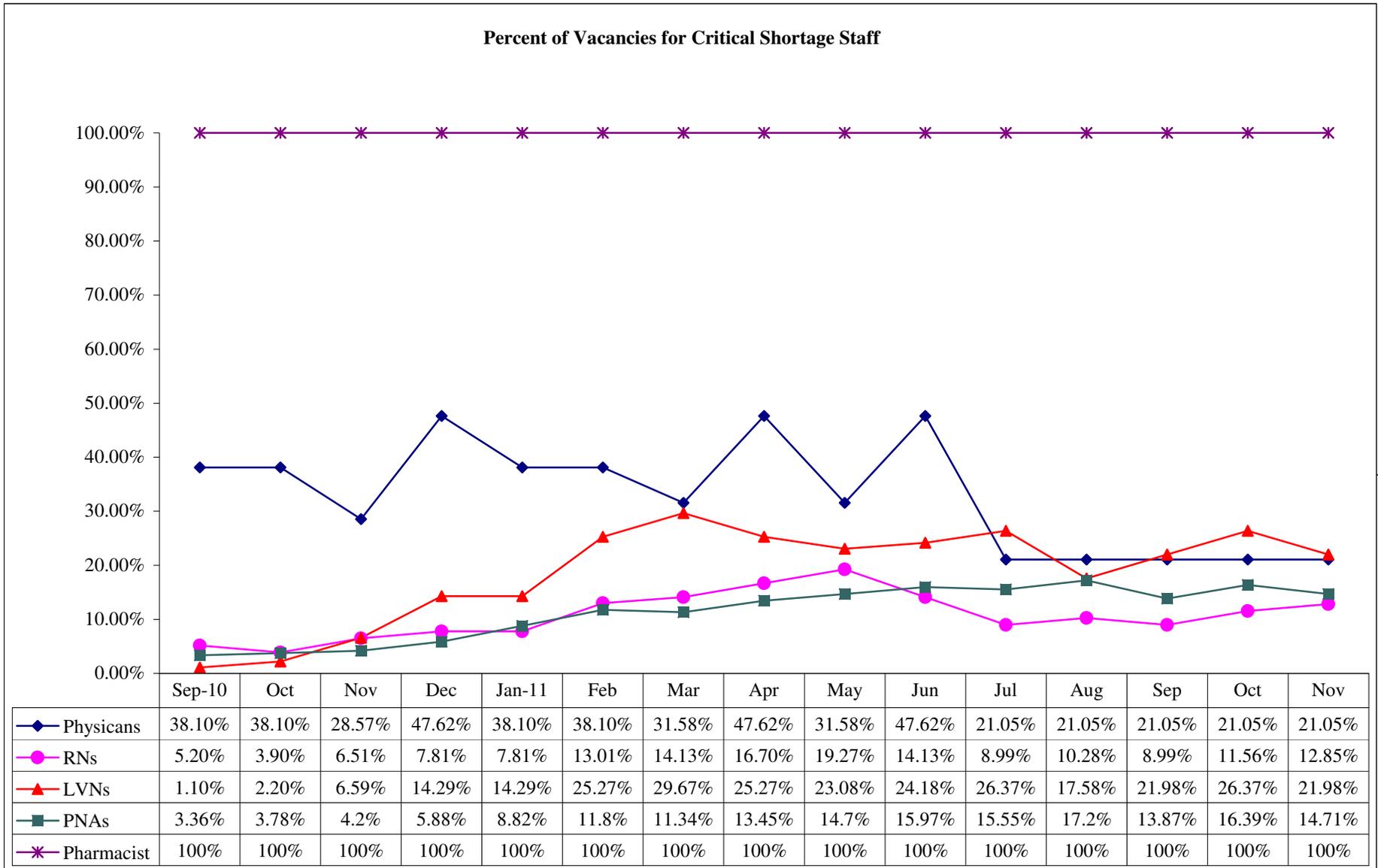


|               | Sep-10 | Oct    | Nov    | Dec    | Jan-11 | Feb    | Mar    | Apr    | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| ◆ Physicians  | 15.13% | 15.04% | 14.49% | 16.09% | 15.54% | 16.09% | 16.18% | 16.09% | 16.95% | 16.08% | 17.23% | 18.66% | 19.60% | 20.15% | 20.15% |
| ● RNs         | 7.65%  | 7.22%  | 7.20%  | 8.01%  | 7.44%  | 7.35%  | 7.93%  | 7.92%  | 8.65%  | 7.45%  | 6.87%  | 7.07%  | 6.72%  | 7.46%  | 6.68%  |
| ▲ LVNs        | 6.84%  | 6.54%  | 7.86%  | 8.14%  | 7.94%  | 6.94%  | 7.74%  | 6.43%  | 6.53%  | 7.84%  | 8.43%  | 7.02%  | 7.64%  | 9.05%  | 6.93%  |
| ■ PNAs        | 6.41%  | 6.64%  | 7.22%  | 6.29%  | 6.75%  | 7.29%  | 7.54%  | 8.08%  | 8.78%  | 8.65%  | 8.42%  | 9.31%  | 8.34%  | 8.17%  | 8.01%  |
| * Pharmacists | 14.18% | 14.18% | 14.18% | 11.35% | 12.03% | 12.03% | 12.80% | 12.03% | 15.04% | 12.03% | 11.35% | 12.03% | 12.03% | 11.35% | 11.35% |

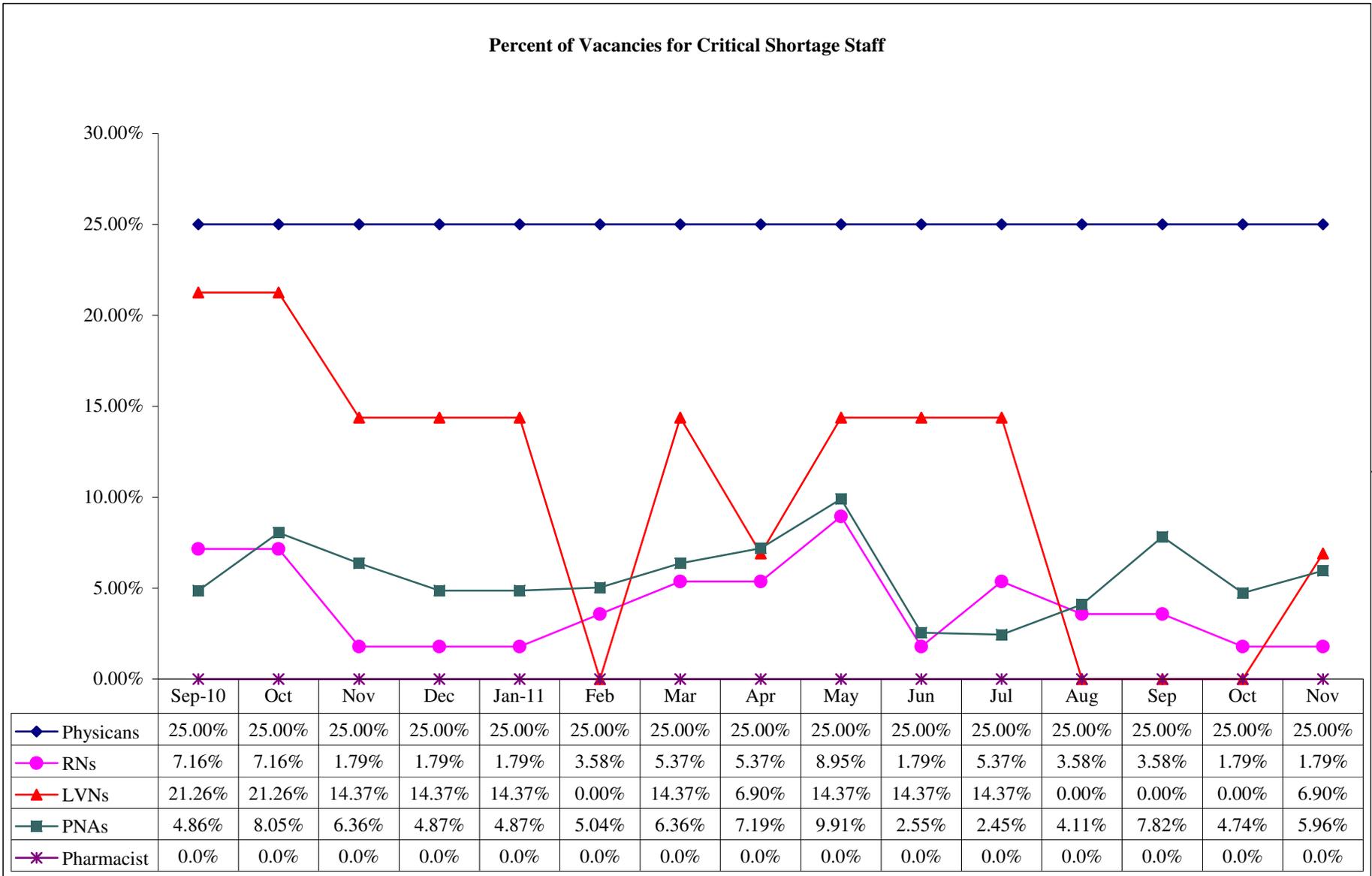
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



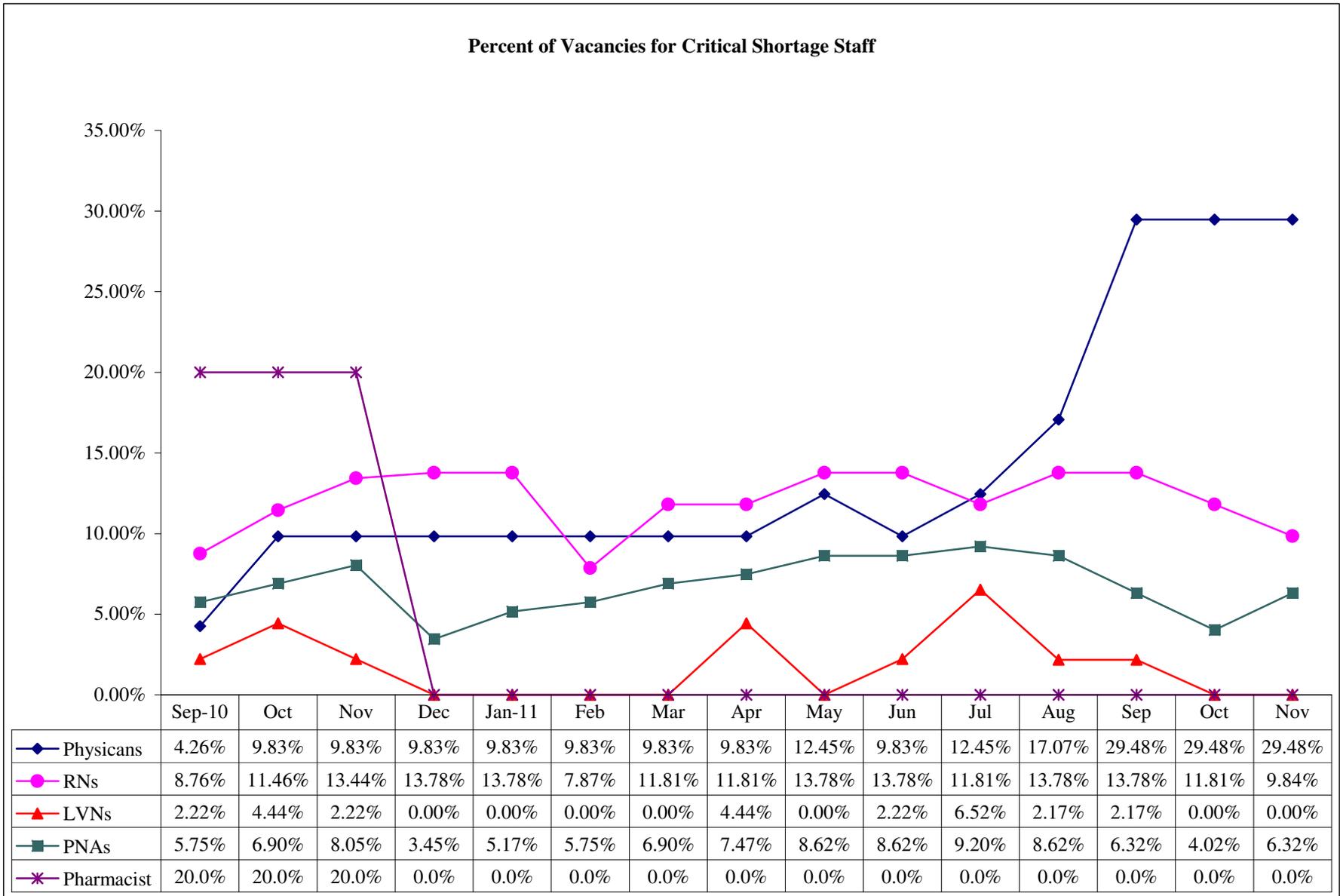
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



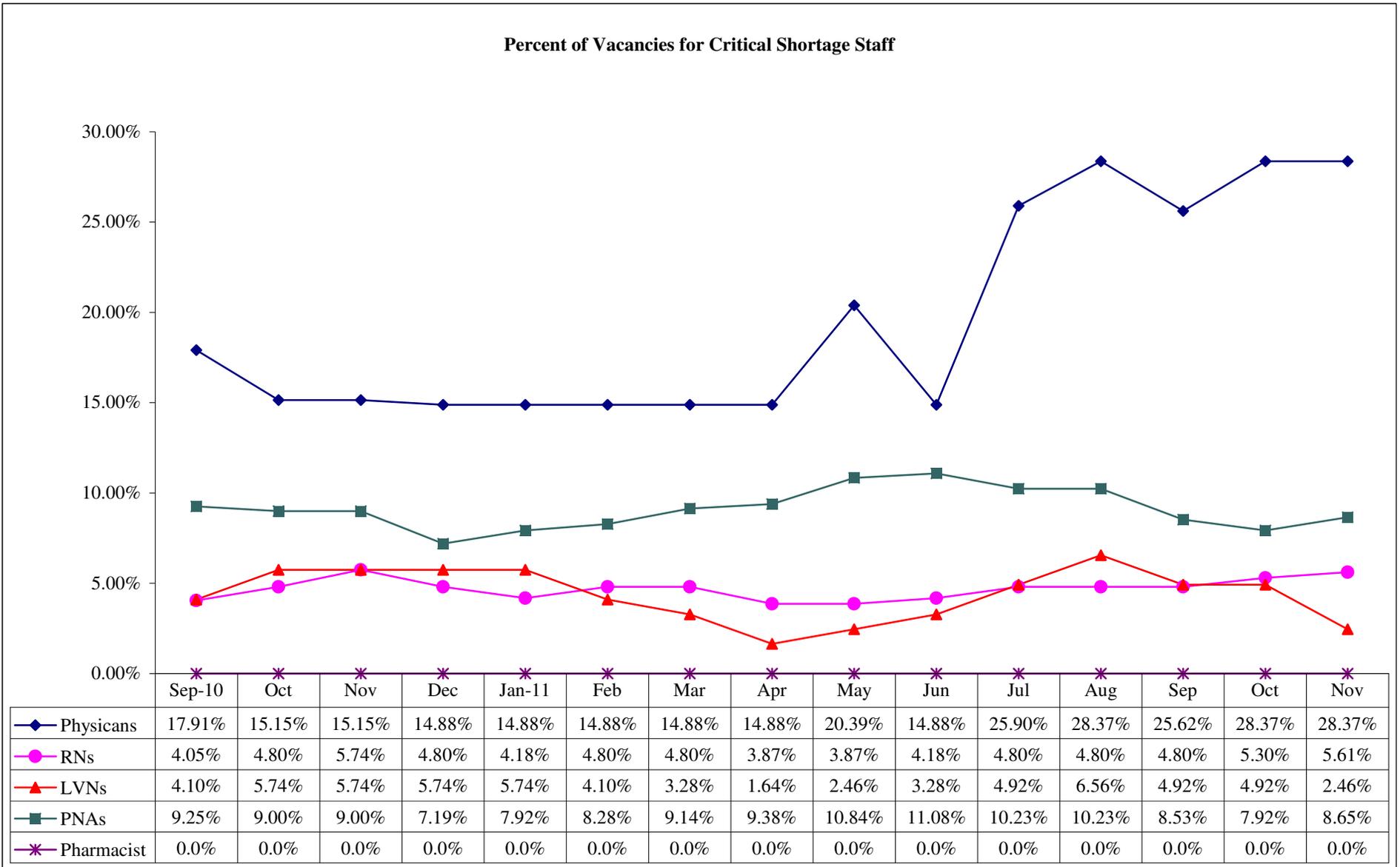
**Measure 8B - Vacancies for Critical Shortage Staff  
El Paso Psychiatric Center**



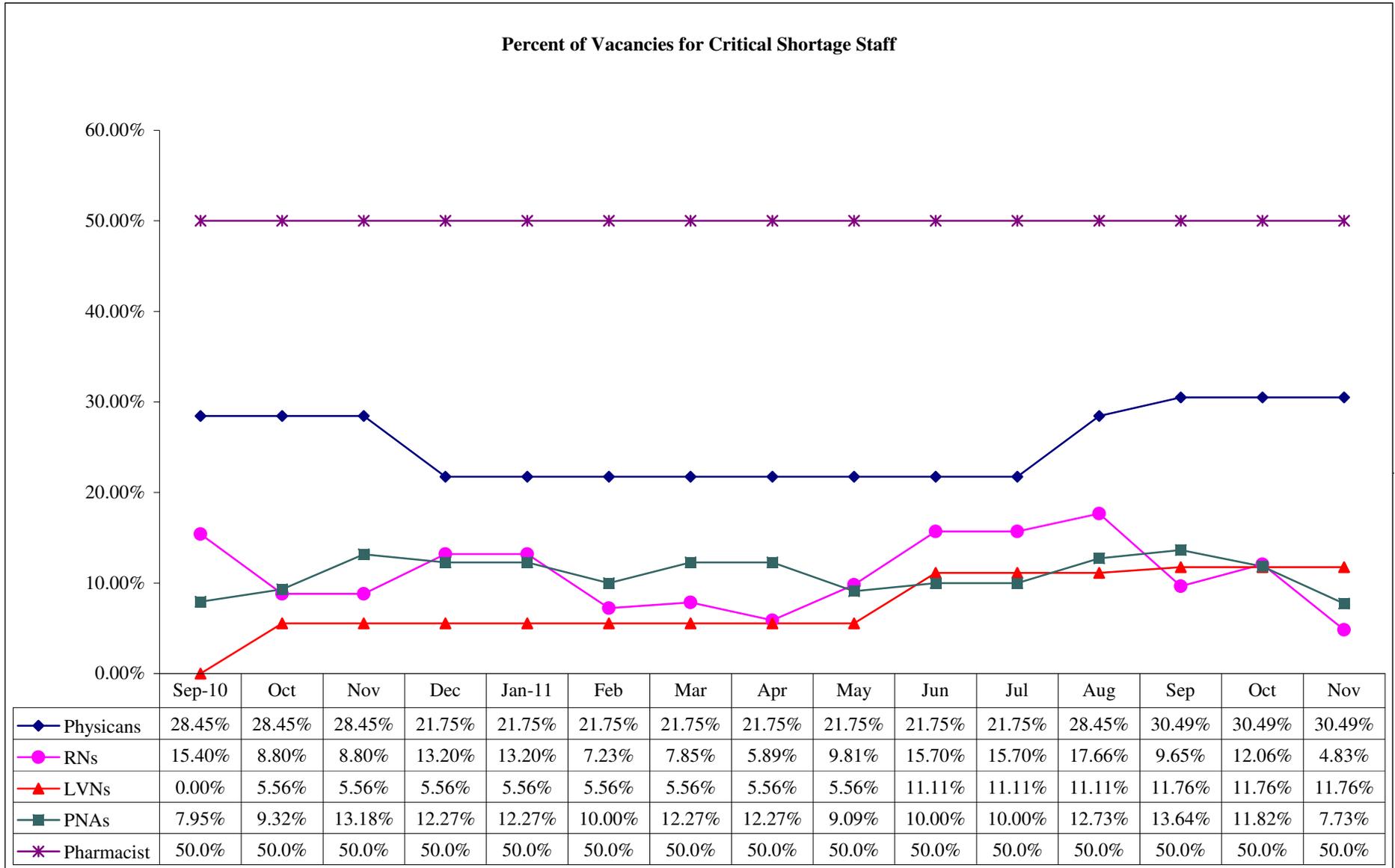
**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



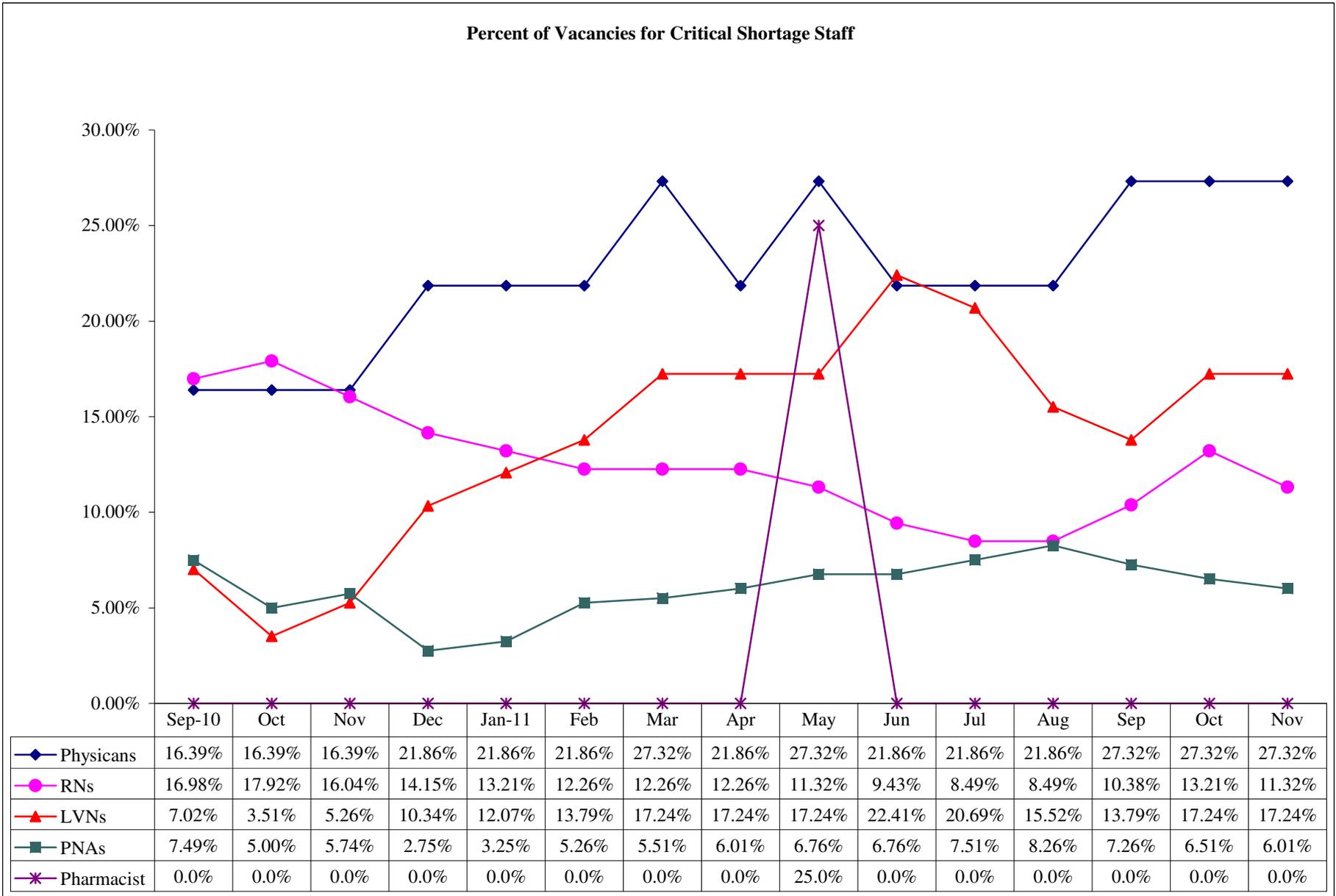
**Measure 8B - Vacancies for Critical Shortage Staff**  
**North Texas State Hospital**



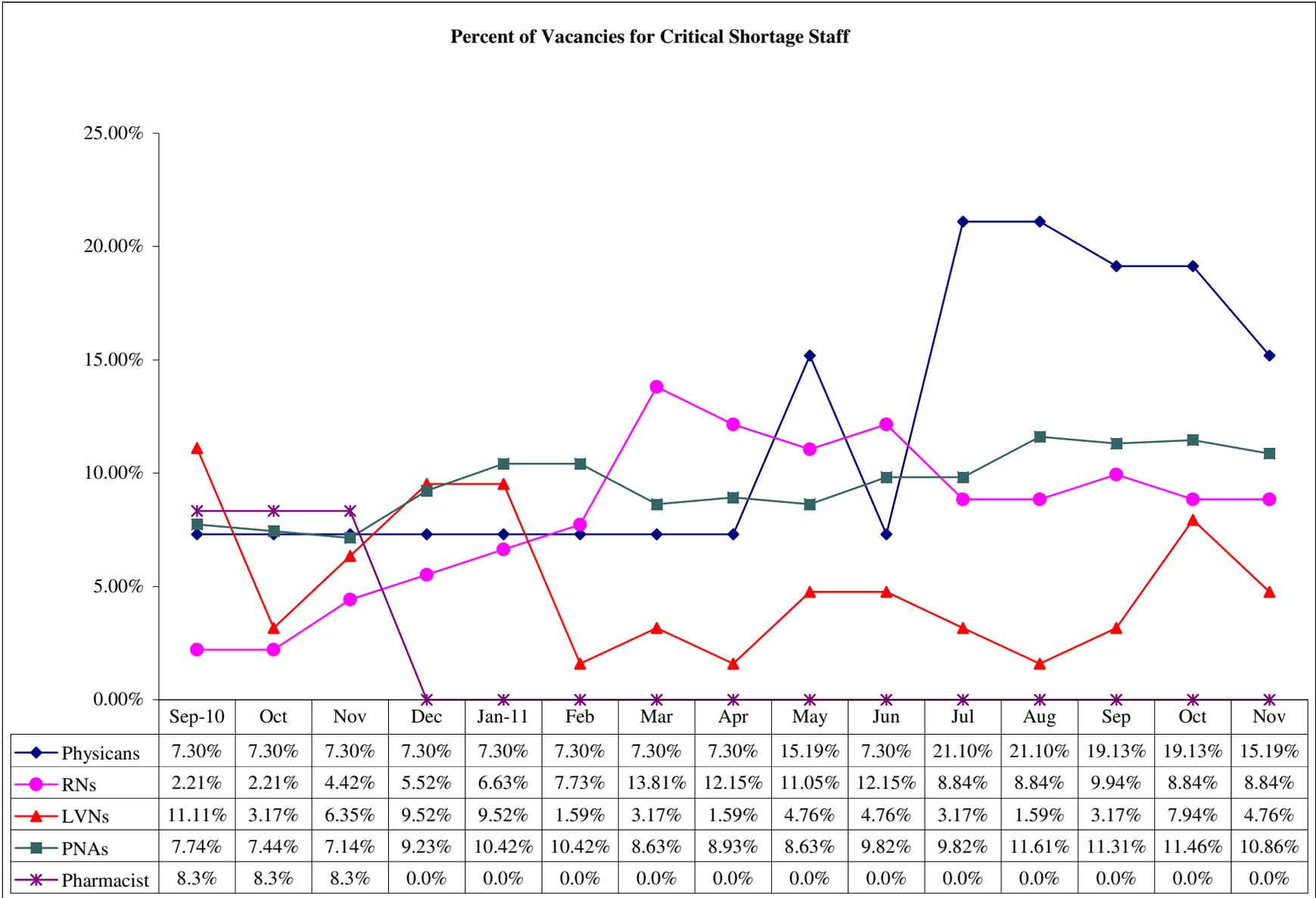
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



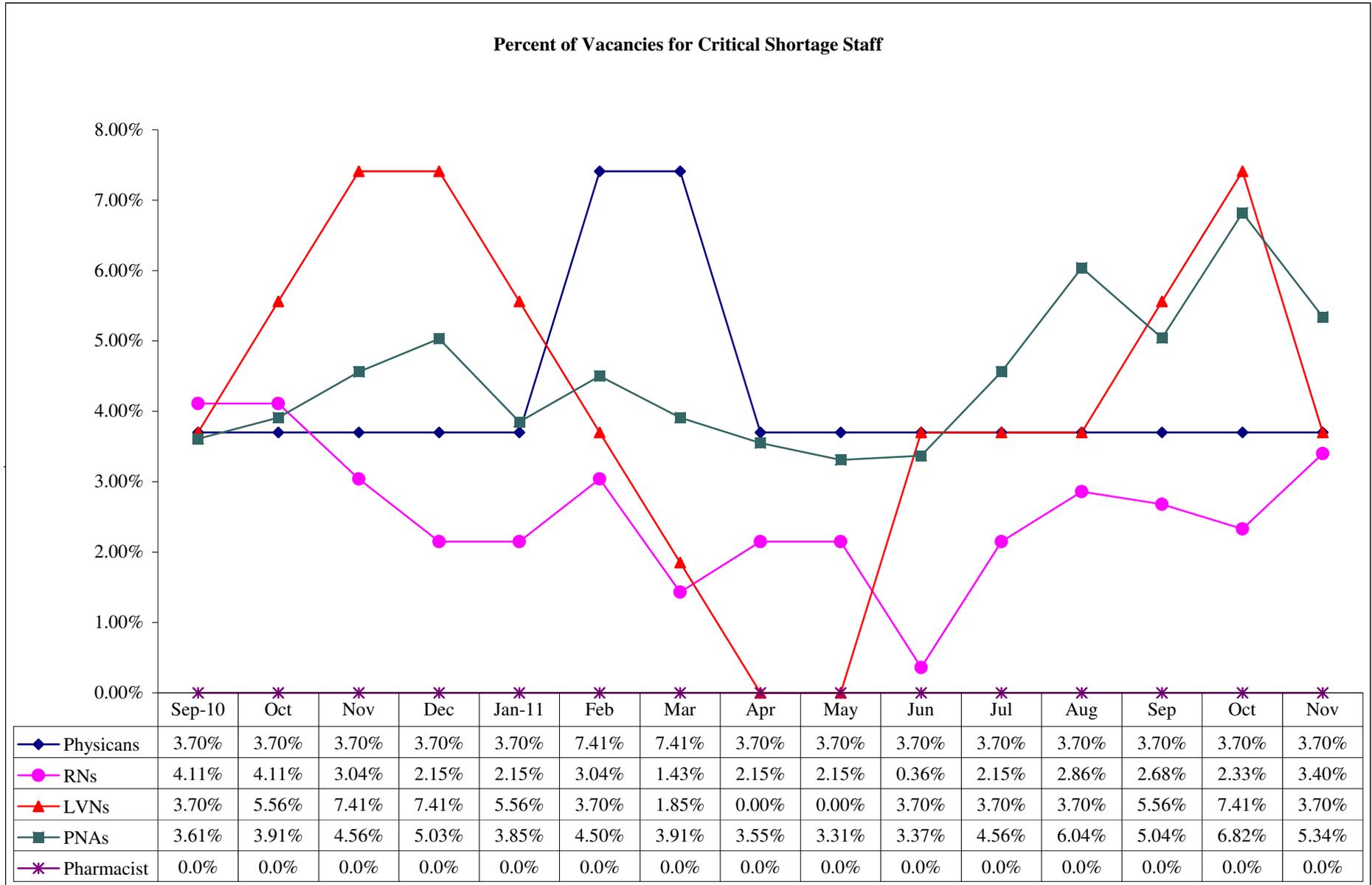
**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**



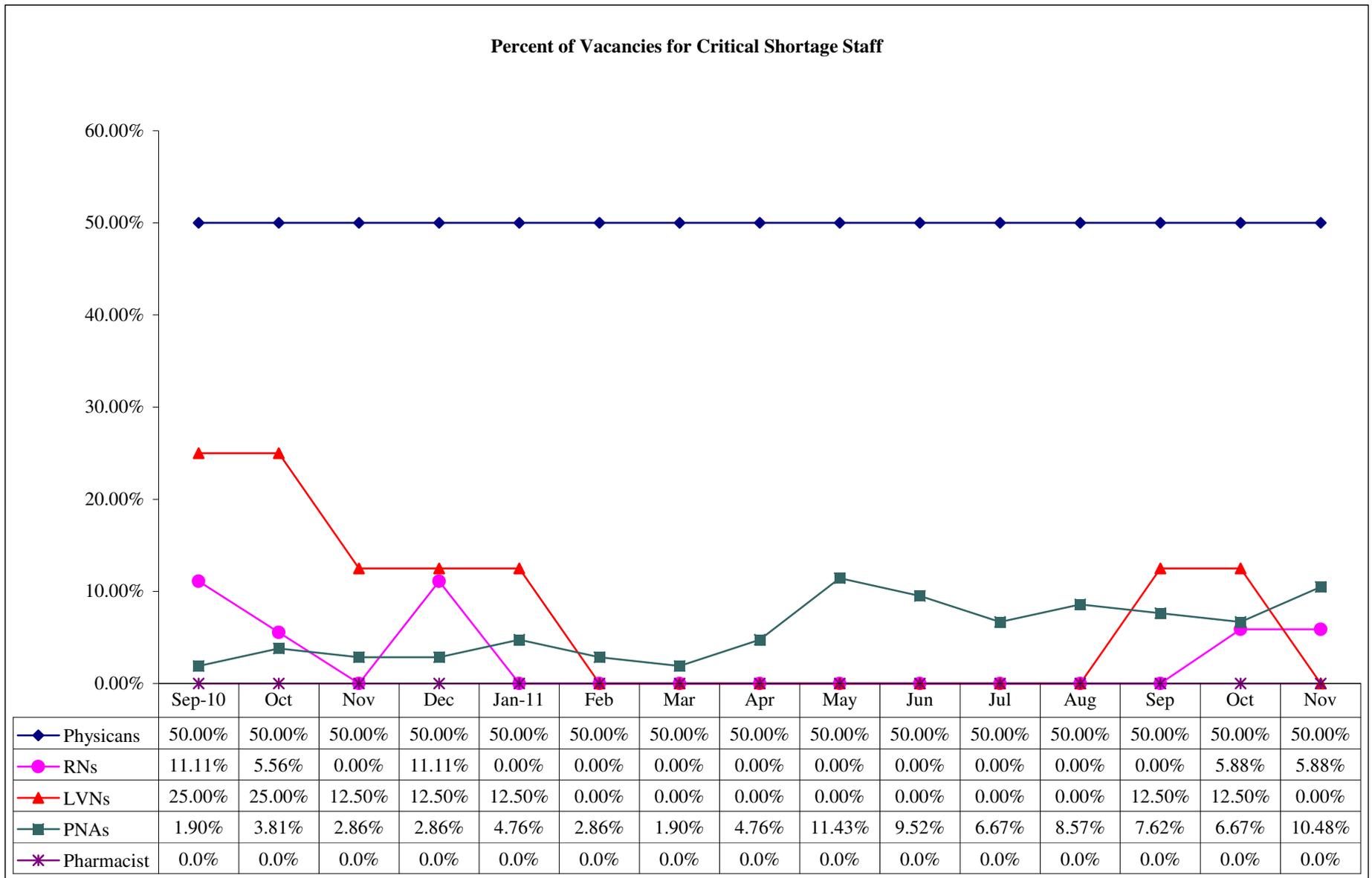
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



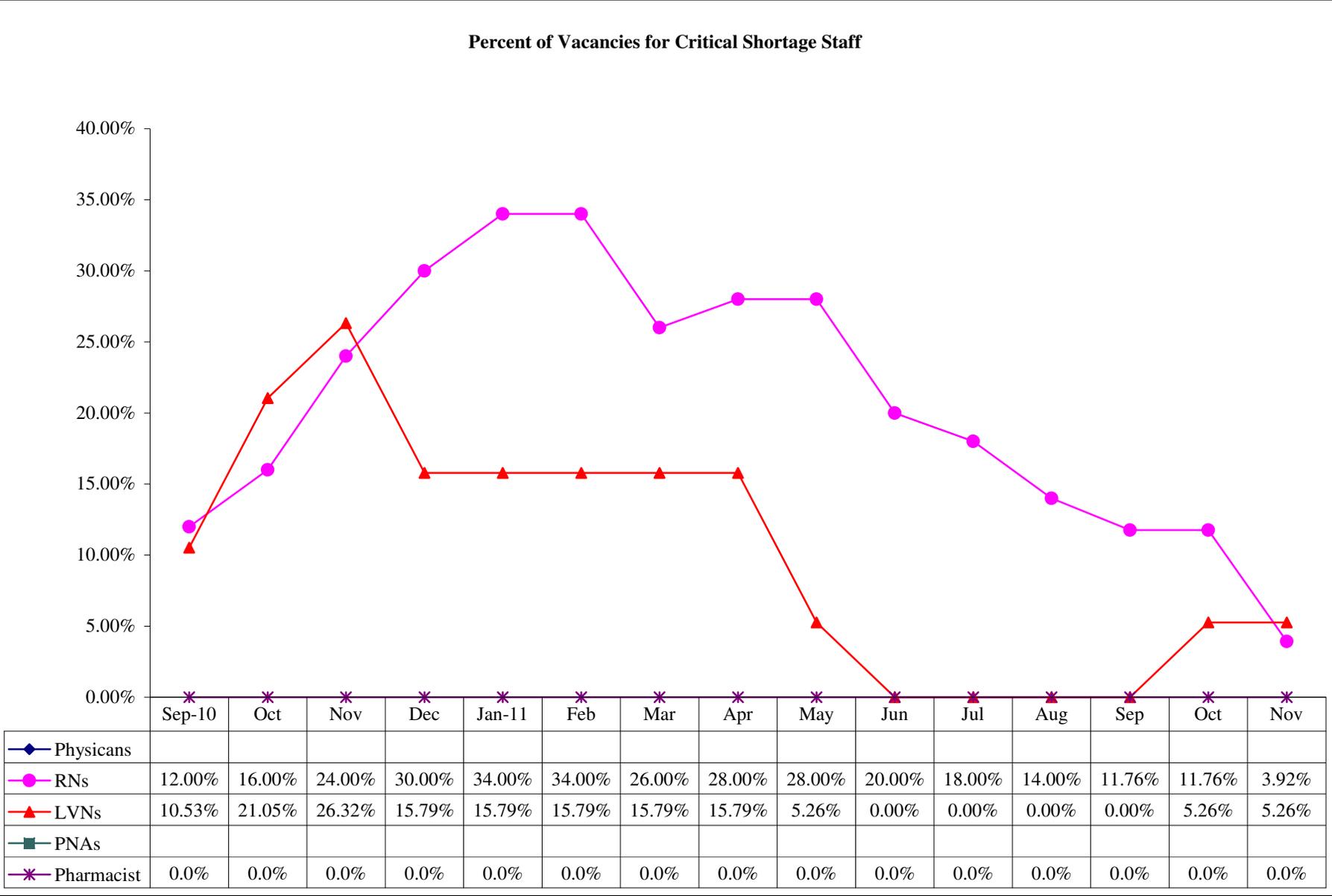
**Measure 8B - Vacancies for Critical Shortage Staff**  
**Terrell State Hospital**



**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:**

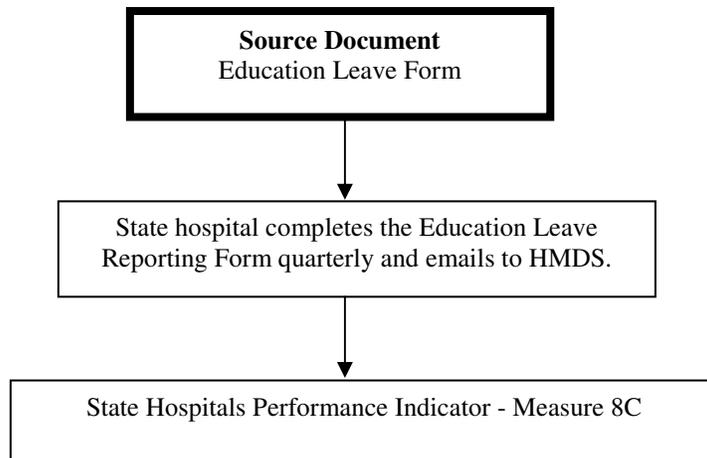
**Report number of staff members currently utilizing education leave and the area of study.**

**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 - FY2012**

|                               | Q1         | Q2 | Q3 | Q4 |
|-------------------------------|------------|----|----|----|
| Austin State Hospital         | 8          |    |    |    |
| Big Spring State Hospital     | 10         |    |    |    |
| El Paso Psychiatric Center    | 0          |    |    |    |
| Kerrville State Hospital      | 4          |    |    |    |
| North Texas State Hospital    | 31         |    |    |    |
| Rio Grande State Center       | 0          |    |    |    |
| Rusk State Hospital           | 27         |    |    |    |
| San Antonio State Hospital    | 4          |    |    |    |
| Terrell State Hospital        | 17         |    |    |    |
| Waco Center for Youth         |            |    |    |    |
| TCID                          | 2          |    |    |    |
| <b>All State Hospitals</b>    | <b>103</b> |    |    |    |
|                               | Q1         | Q2 | Q3 | Q4 |
| Associate Degree              |            |    |    |    |
| Coding                        | 1          |    |    |    |
| Criminal Justice              | 1          |    |    |    |
| Dietician/Nutrition           |            |    |    |    |
| Engineering                   | 1          |    |    |    |
| IT                            | 1          |    |    |    |
| Management                    |            |    |    |    |
| Nursing                       | 75         |    |    |    |
| Nurse Practitioner            | 5          |    |    |    |
| O. Therapy                    |            |    |    |    |
| Pharmacist                    | 1          |    |    |    |
| Pharmacy Tech                 | 1          |    |    |    |
| Phlebotomy                    | 1          |    |    |    |
| Post-Doctoral Neuropsychology | 1          |    |    |    |
| Psychology                    | 5          |    |    |    |
| Public Health                 |            |    |    |    |
| Rehabilitation                | 2          |    |    |    |
| Social Work                   | 8          |    |    |    |
| Sociology                     |            |    |    |    |
| Therapeutic Recreation        |            |    |    |    |
| Unknown                       | 1          |    |    |    |
| <b>All State Hospitals</b>    | <b>103</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**

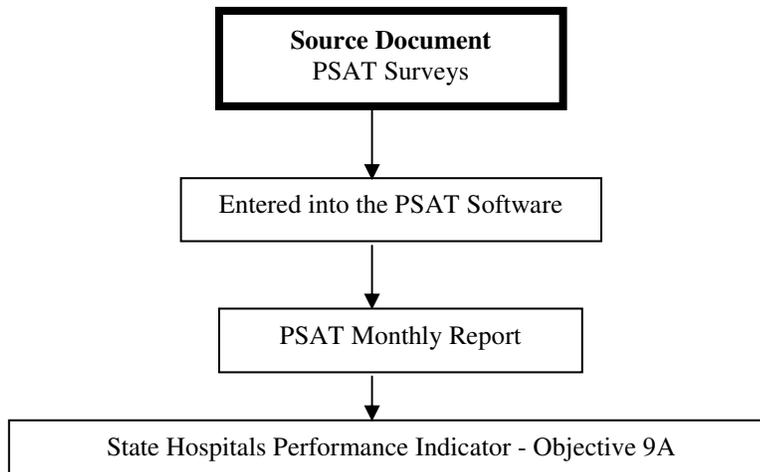
**Performance Objective Operational Definition:** At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

**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.

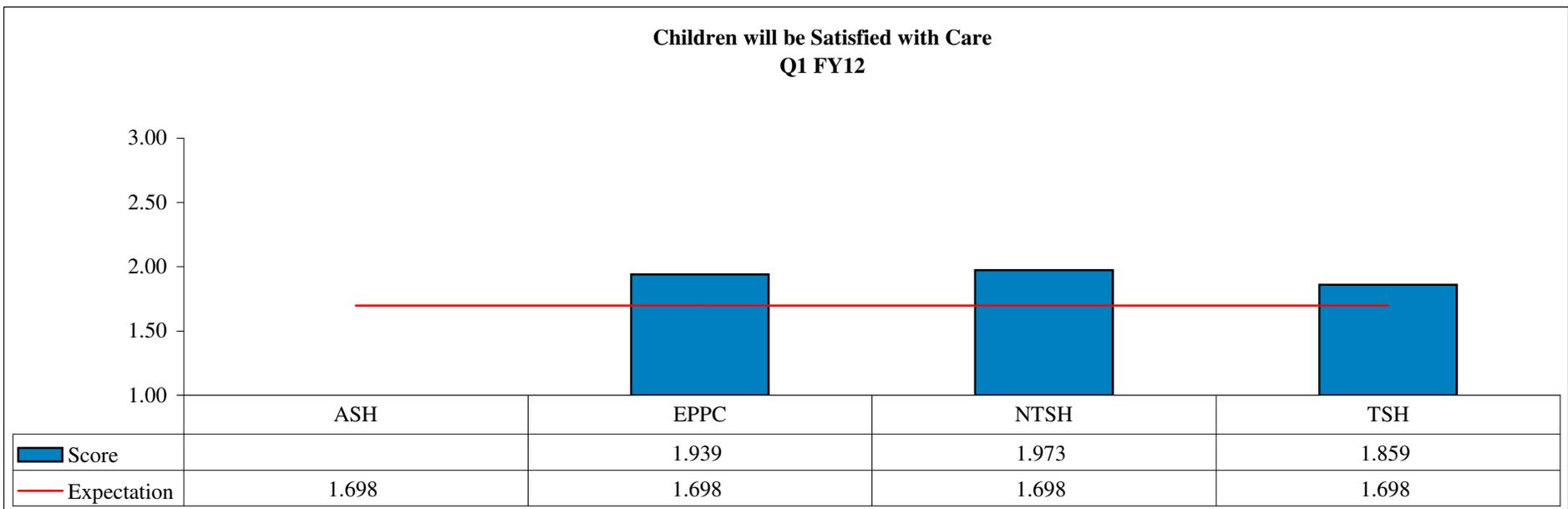
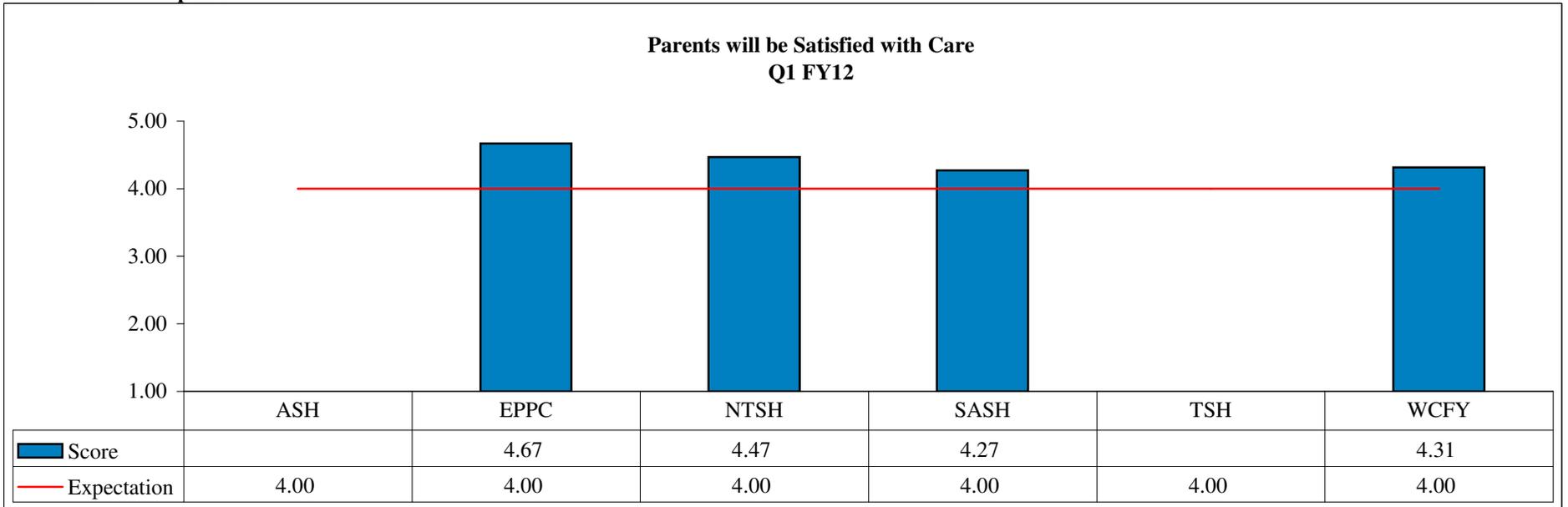
### **Data Flow:**



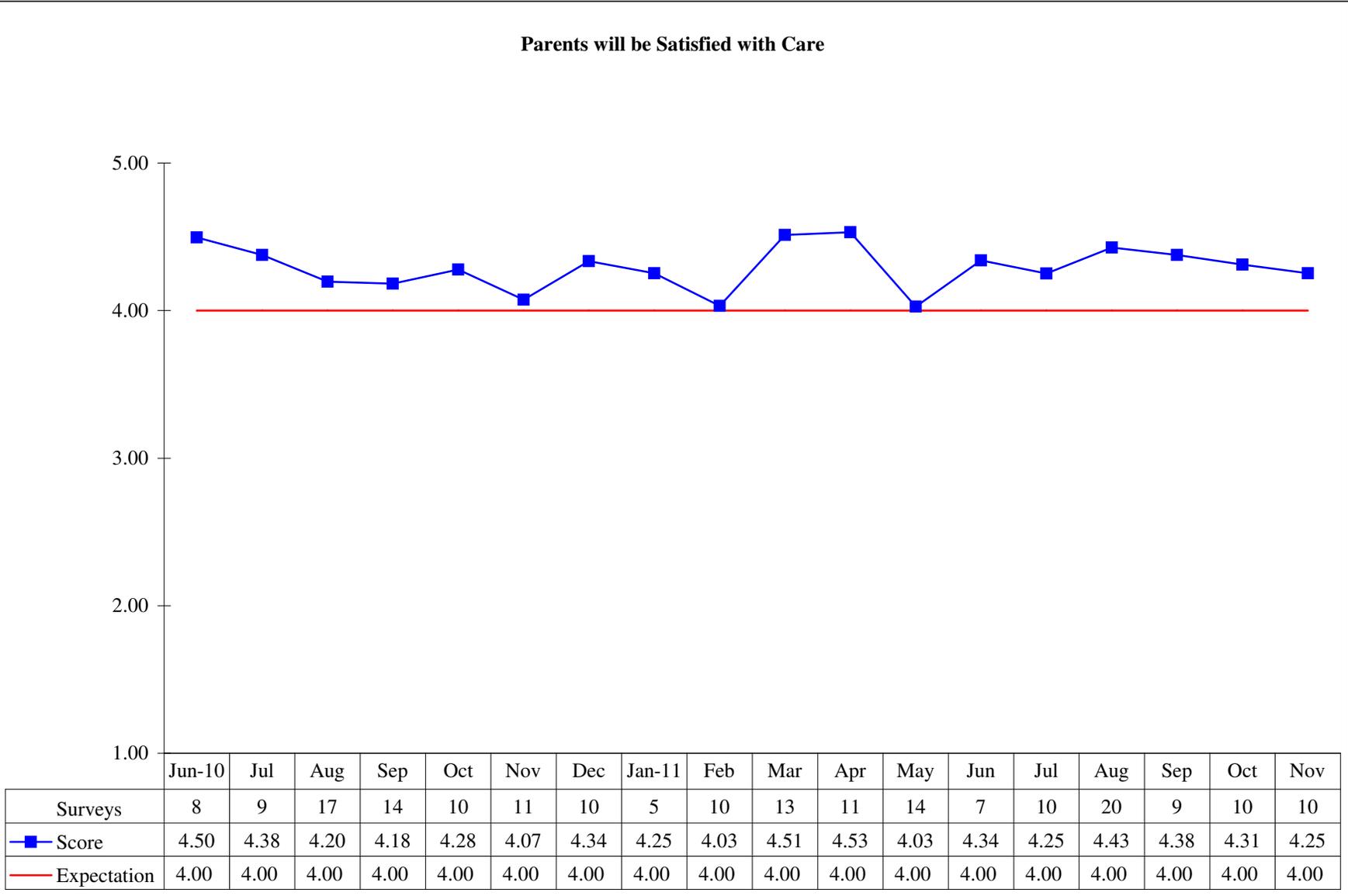
**Objective 9A - Patient Satisfaction**

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

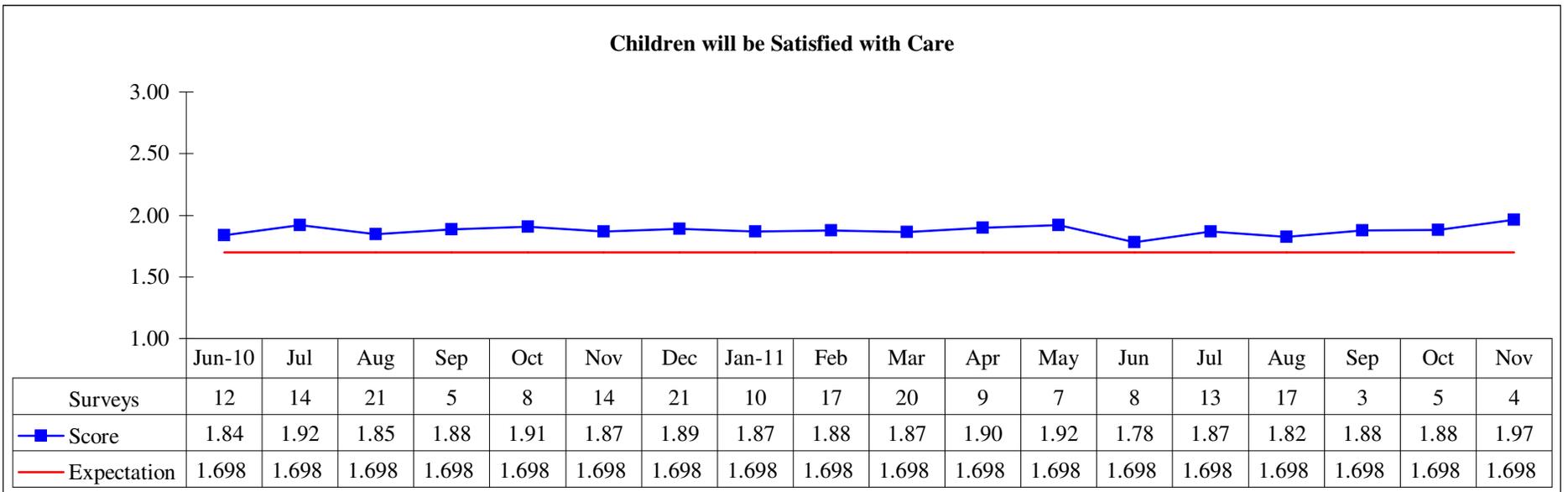
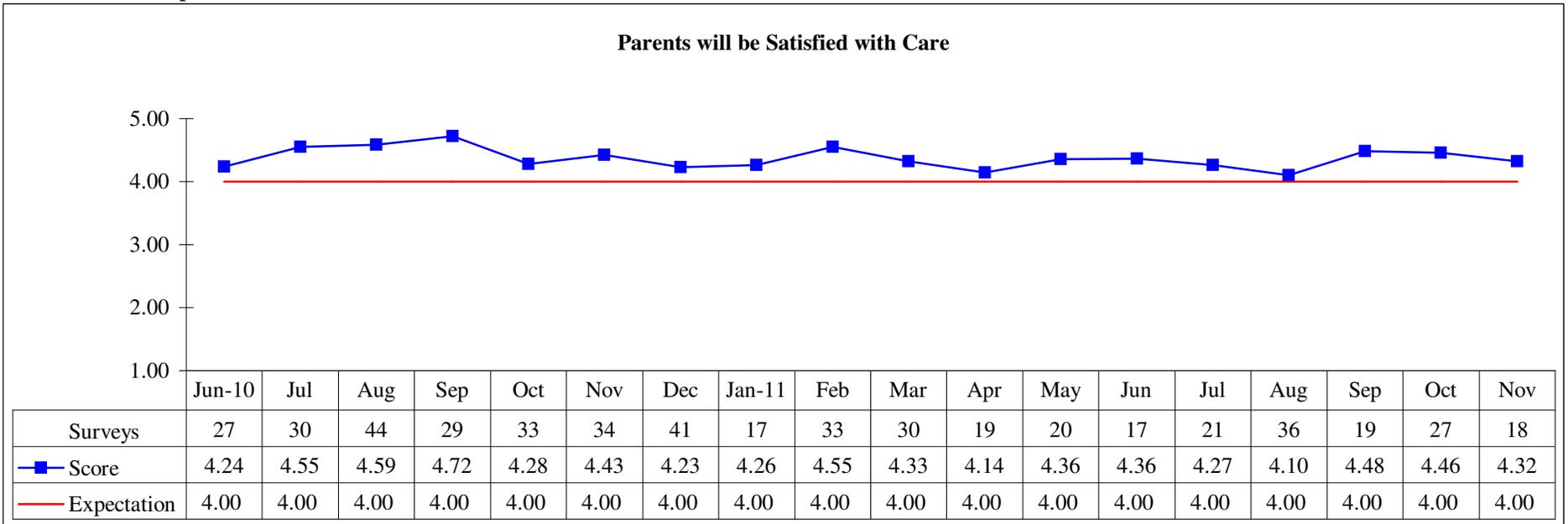
**All State MH Hospitals**



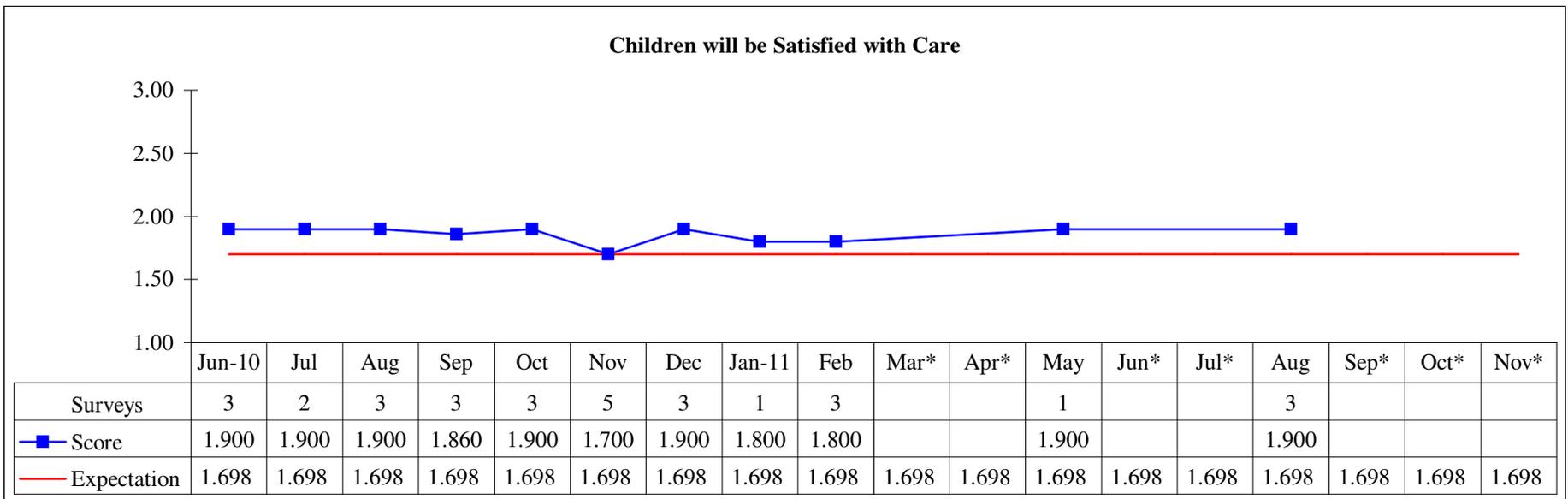
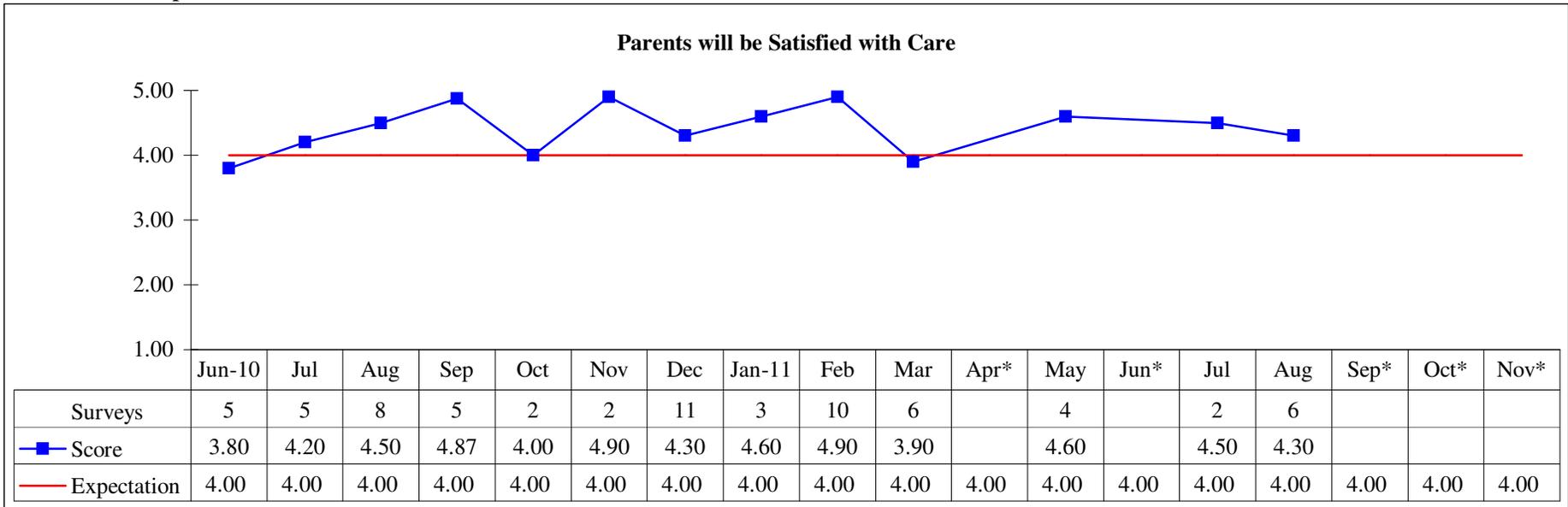
**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**Waco Center for Youth**



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

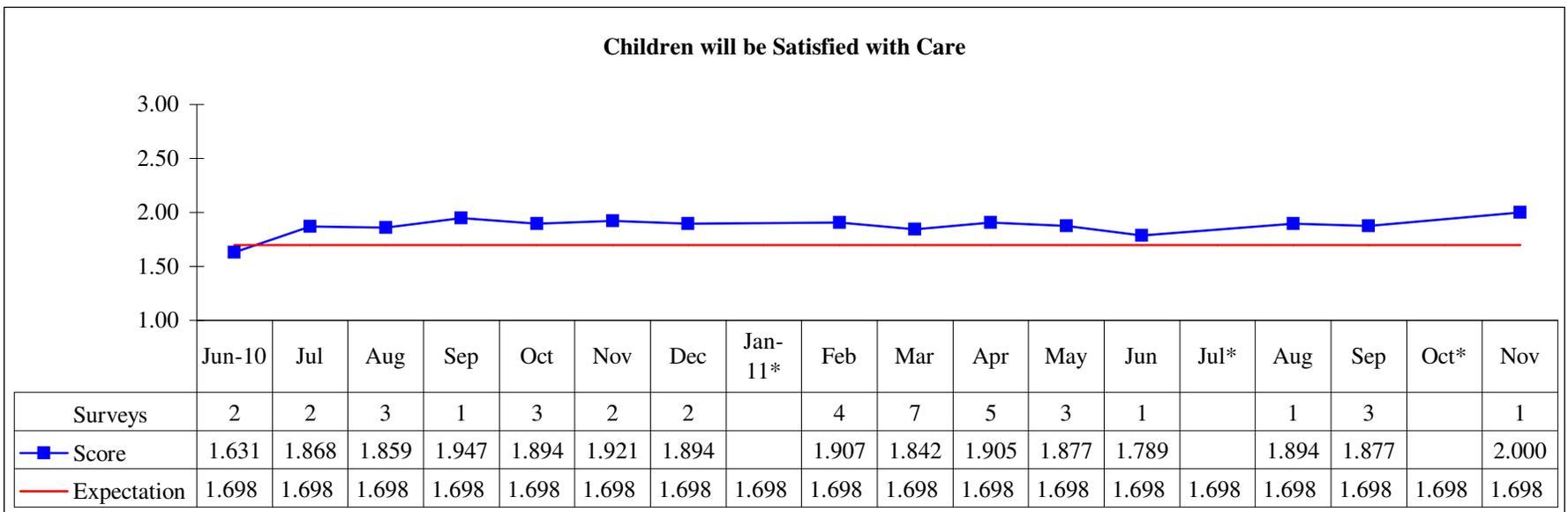
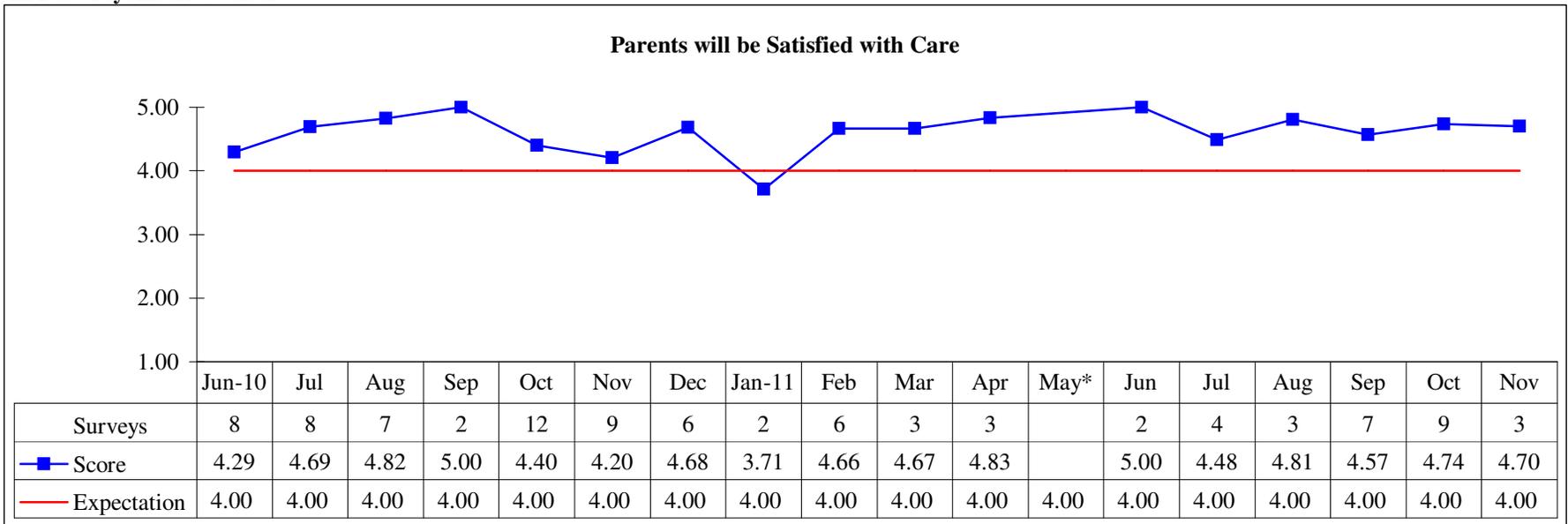


**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**Austin State Hospital**



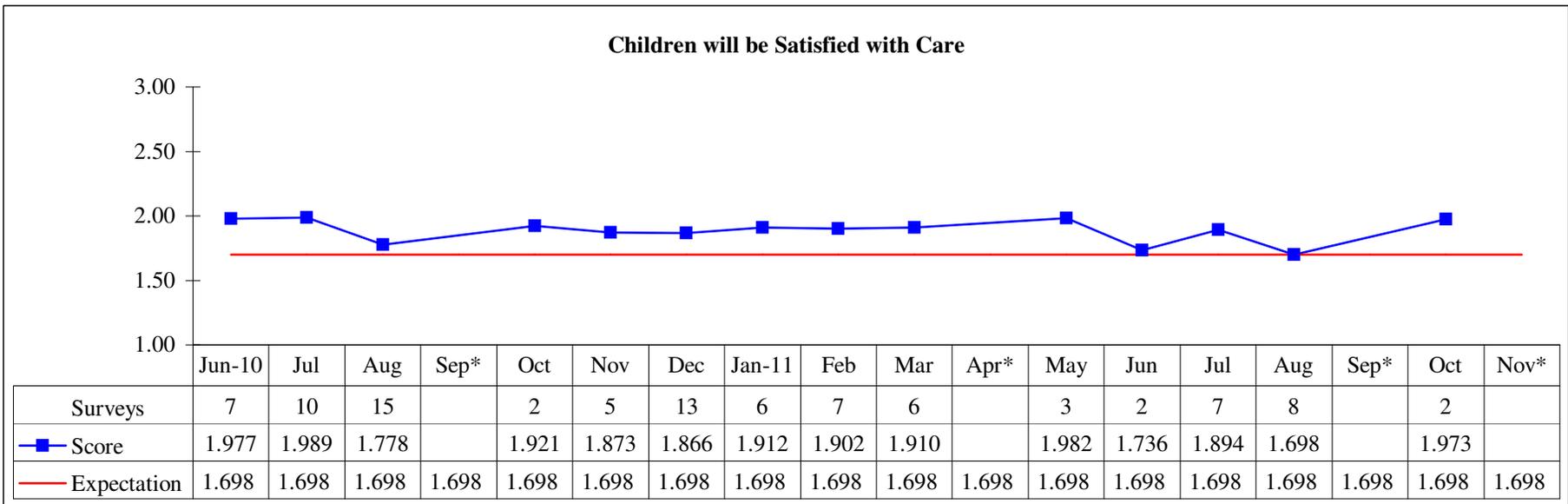
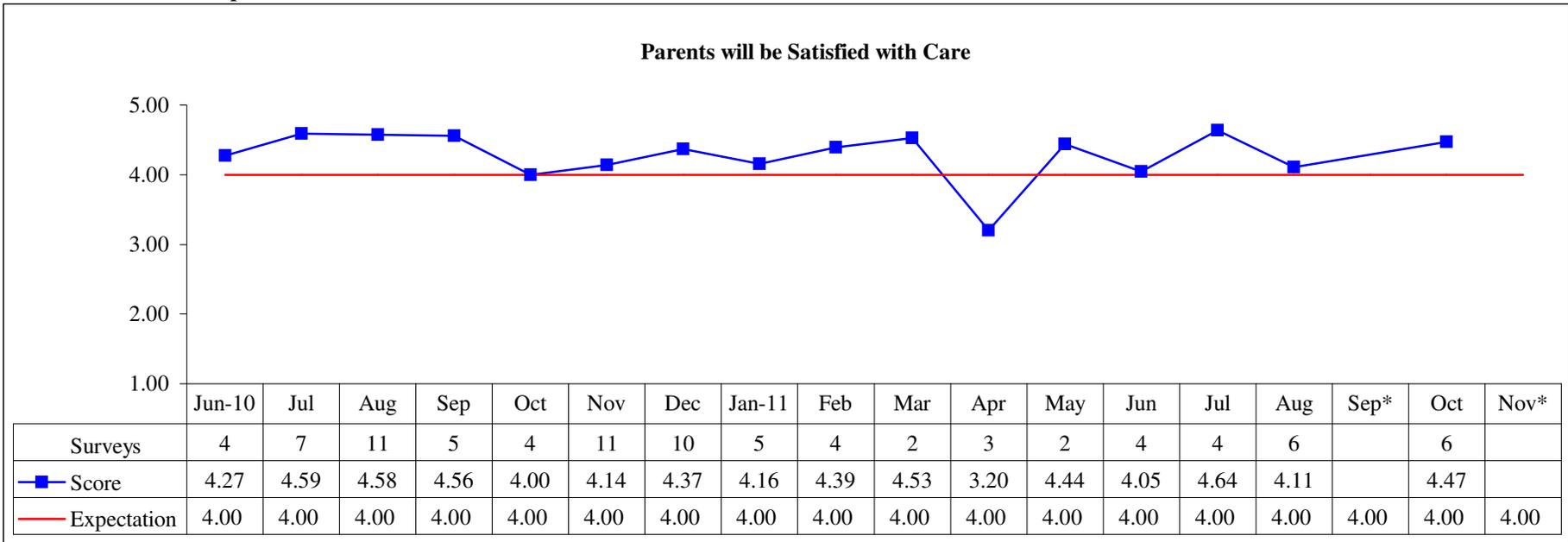
\*No surveys submitted

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



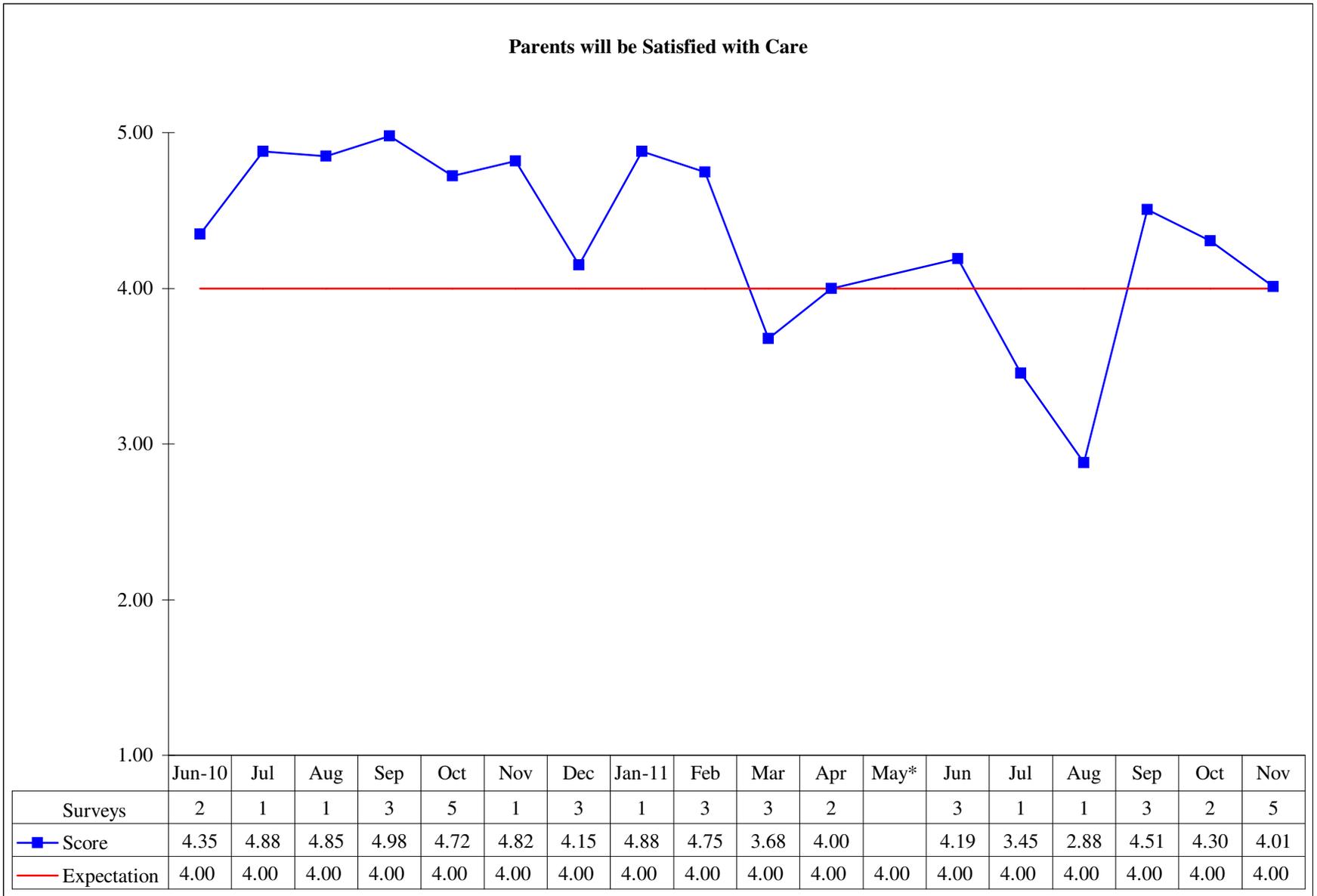
\*No surveys submitted

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



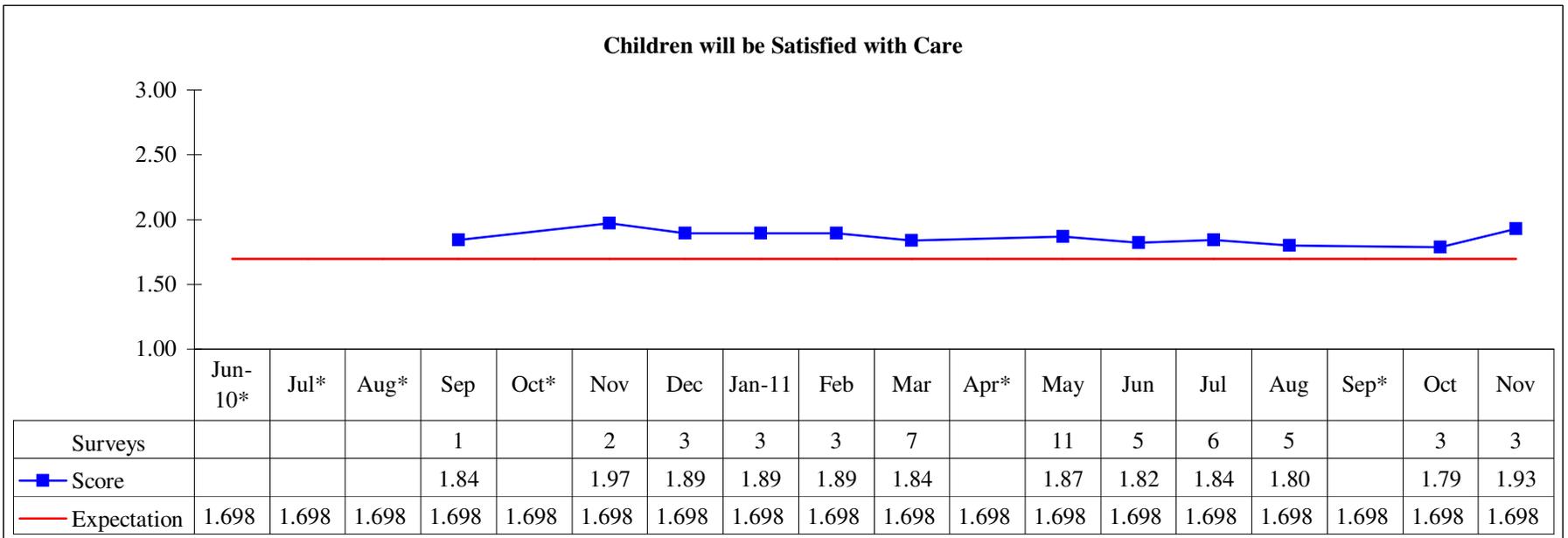
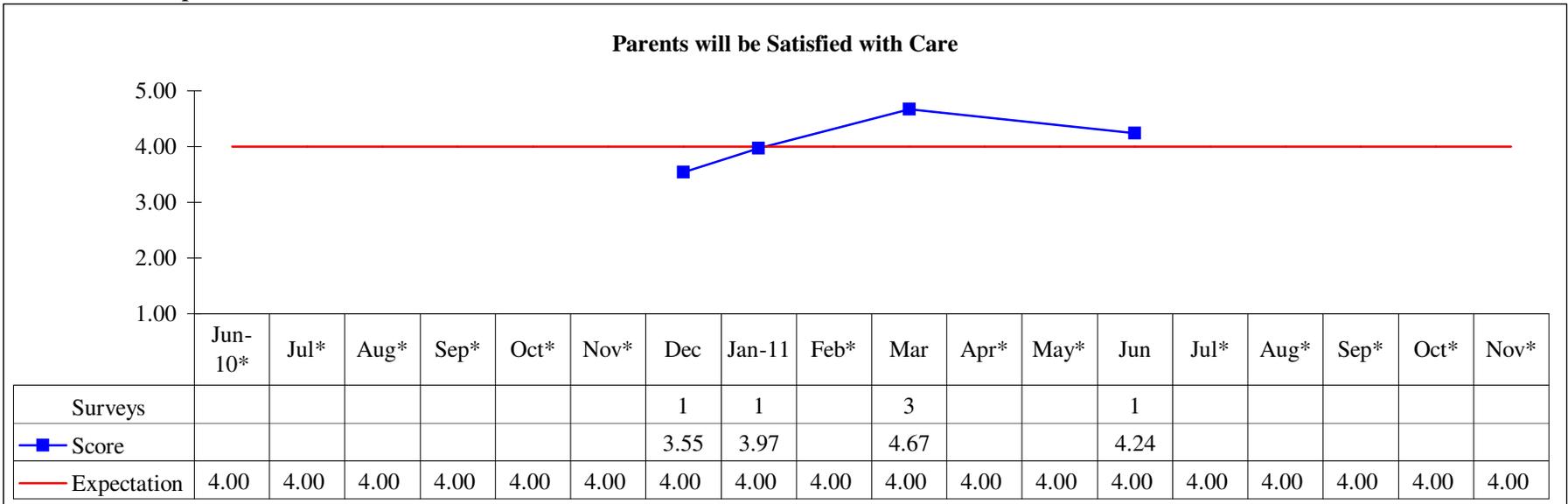
\*No surveys submitted

**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

**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).**

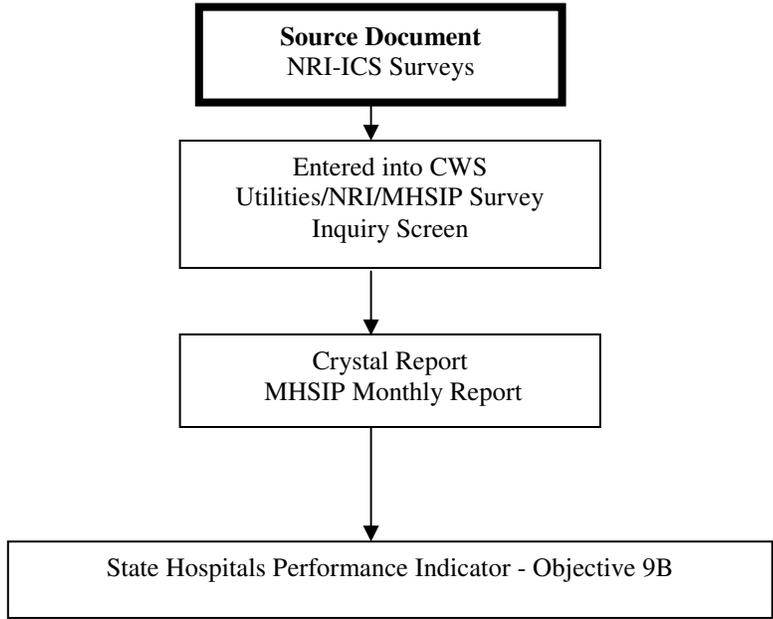
**Performance Objective Operational Definition:** At least 25% of discharges should be sampled each month for adult and adolescent patients.

**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.

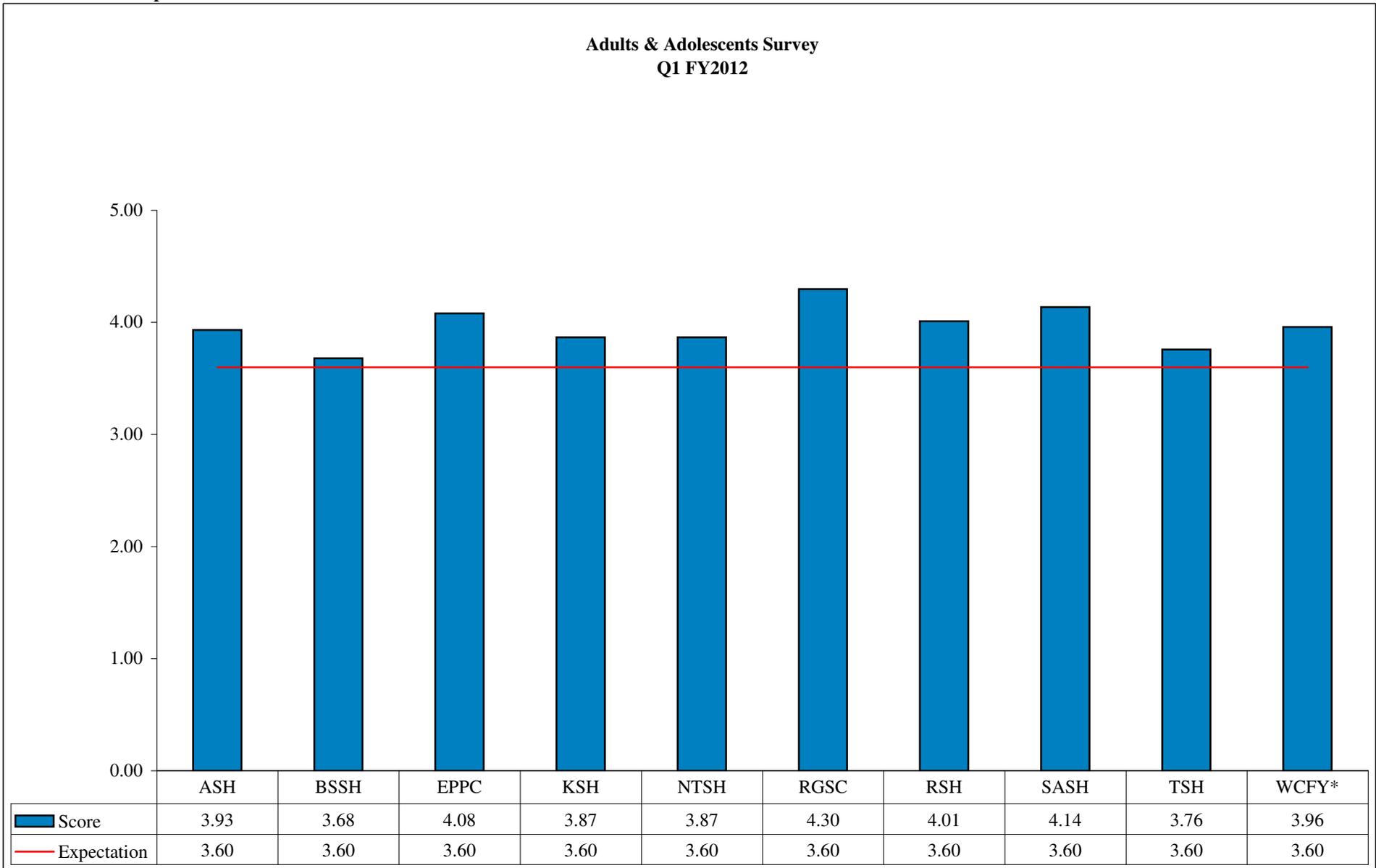
**Data Flow:**



**Objective 9B - Patient Satisfaction**

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

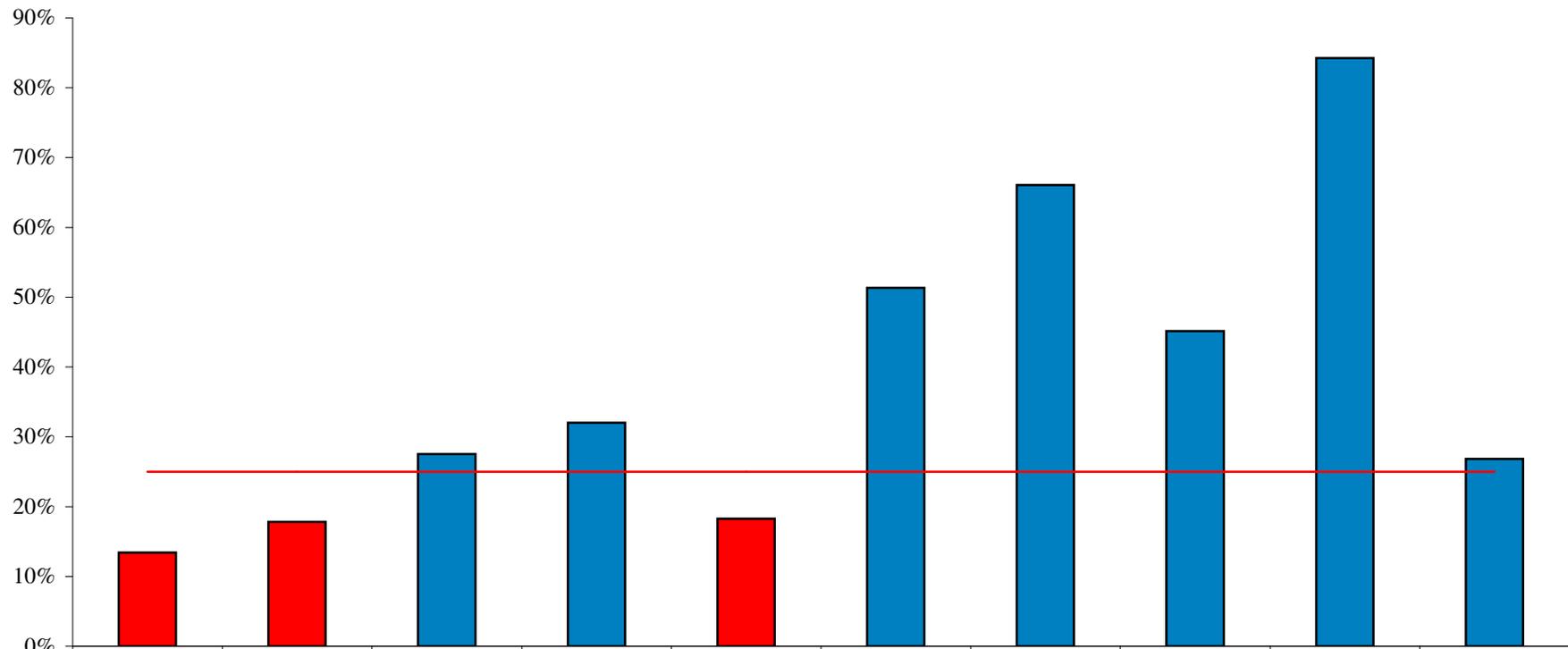
**All State MH Hospitals**



\*WCFY - Adolescent Surveys Only

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

**Percentage of Adult & Adolescent Surveys Completed**  
**Q1 FY12**



|             | ASH | BSSH | EPPC | KSH** | NTSH | RGSC | RSH | SASH | TSH | WCFY* |
|-------------|-----|------|------|-------|------|------|-----|------|-----|-------|
| Discharges  | 909 | 191  | 269  | 25    | 586  | 294  | 221 | 474  | 686 | 41    |
| Surveys     | 122 | 34   | 74   | 8     | 107  | 151  | 146 | 214  | 578 | 11    |
| % Surveyed  | 13% | 18%  | 28%  | 32%   | 18%  | 51%  | 66% | 45%  | 84% | 27%   |
| Expectation | 25% | 25%  | 25%  | 25%   | 25%  | 25%  | 25% | 25%  | 25% | 25%   |

\*WCFY - Adolescent Surveys Only

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

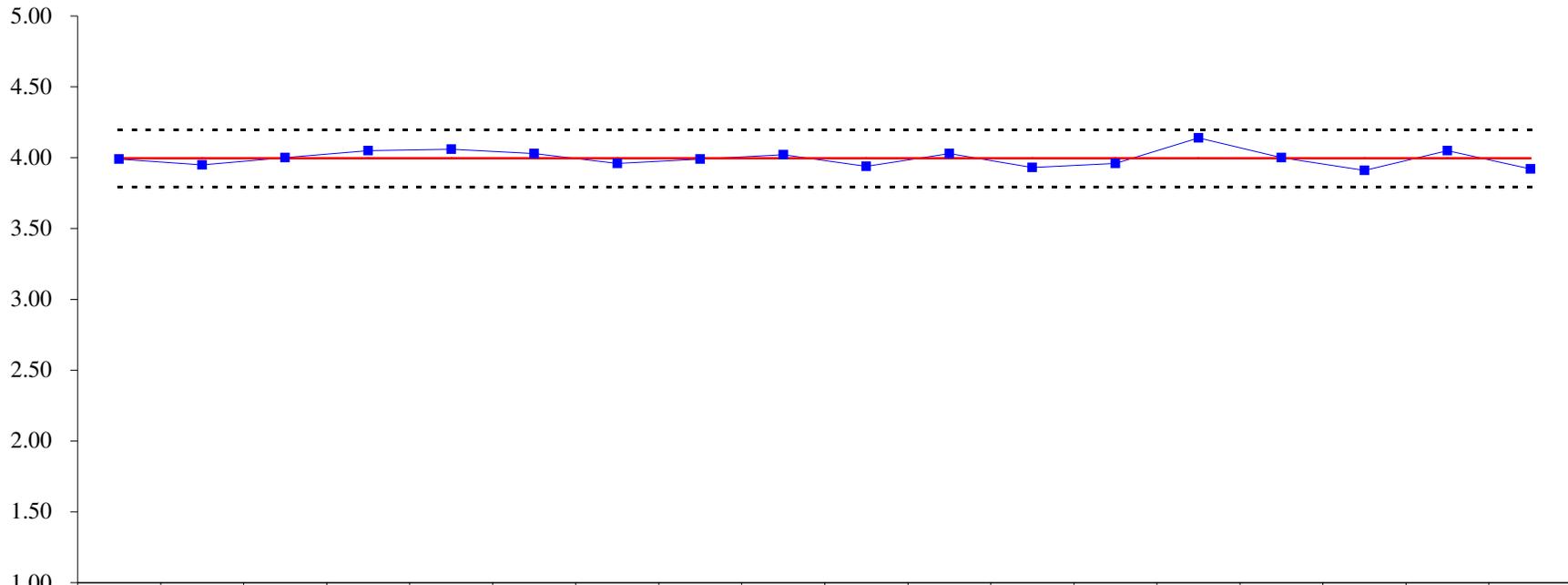
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**All State MH Hospitals**

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



|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score  | 3.99   | 3.95 | 4.00 | 4.05 | 4.06 | 4.03 | 3.96 | 3.99   | 4.02 | 3.94 | 4.03 | 3.93 | 3.96 | 4.14 | 4.00 | 3.91 | 4.05 | 3.92 |
| Surveys    | 502    | 394  | 414  | 421  | 460  | 367  | 421  | 391    | 388  | 428  | 428  | 413  | 512  | 474  | 506  | 524  | 510  | 411  |
| Discharges | 1262   | 1283 | 1293 | 1287 | 1254 | 1167 | 1252 | 1148   | 1079 | 1236 | 1165 | 1176 | 1273 | 1183 | 1317 | 1250 | 1249 | 1197 |
| % Sampled  | 40%    | 31%  | 32%  | 33%  | 37%  | 31%  | 34%  | 34%    | 36%  | 35%  | 37%  | 35%  | 40%  | 40%  | 38%  | 42%  | 41%  | 34%  |
| ----- UCL  | 4.20   | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20   | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 | 4.20 |
| ----- Avg  | 4.00   | 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  | 3.79   | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79   | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 | 3.79 |

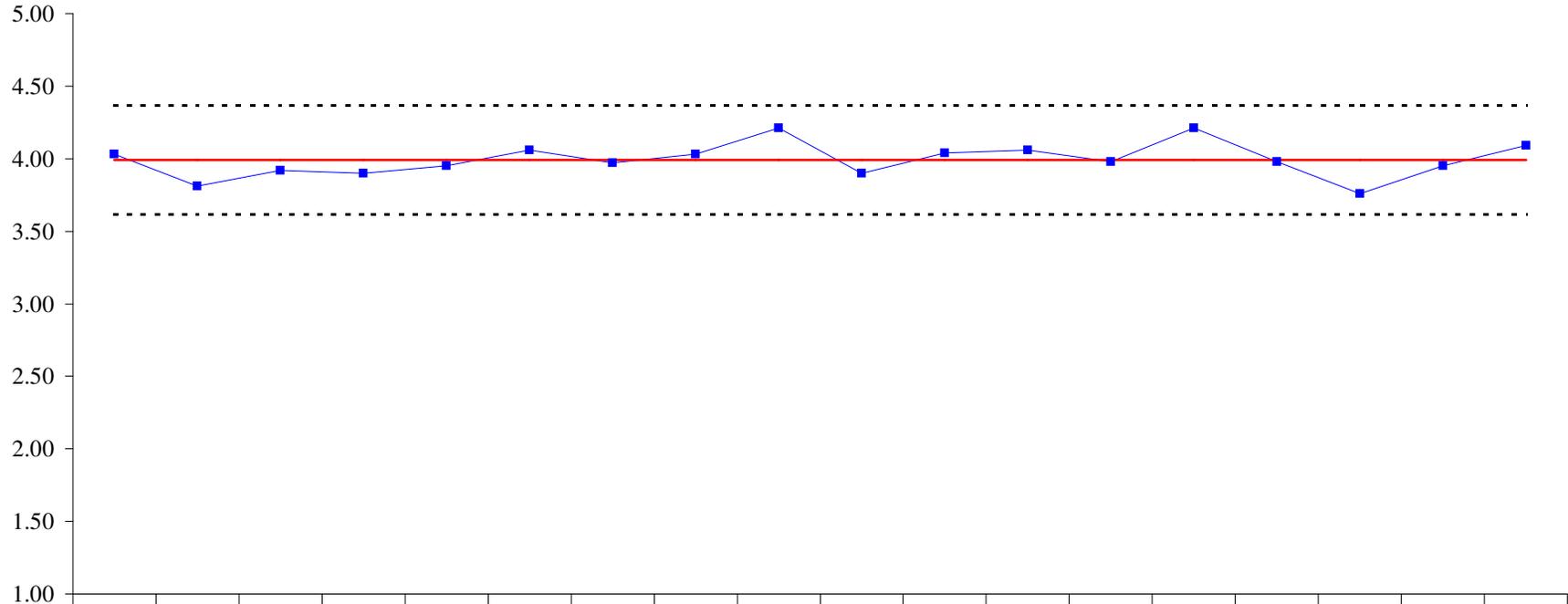
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
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**Objective 9B - Patient Satisfaction**

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

**Austin State Hospital**

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



|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| ■ Score    | 4.03   | 3.81 | 3.92 | 3.90 | 3.95 | 4.06 | 3.97 | 4.03   | 4.21 | 3.90 | 4.04 | 4.06 | 3.98 | 4.21 | 3.98 | 3.76 | 3.95 | 4.09 |
| Surveys    | 93     | 81   | 64   | 70   | 82   | 58   | 81   | 65     | 42   | 56   | 76   | 52   | 57   | 58   | 61   | 63   | 52   | 7    |
| Discharges | 291    | 331  | 284  | 325  | 314  | 306  | 315  | 298    | 273  | 313  | 319  | 301  | 333  | 313  | 347  | 300  | 298  | 311  |
| % Sampled  | 32%    | 24%  | 23%  | 22%  | 26%  | 19%  | 26%  | 22%    | 15%  | 18%  | 24%  | 17%  | 17%  | 19%  | 18%  | 21%  | 17%  | 2%   |
| ----- UCL  | 4.37   | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37   | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 | 4.37 |
| ----- 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  | 3.62   | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62   | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 | 3.62 |

Source: HC022020;

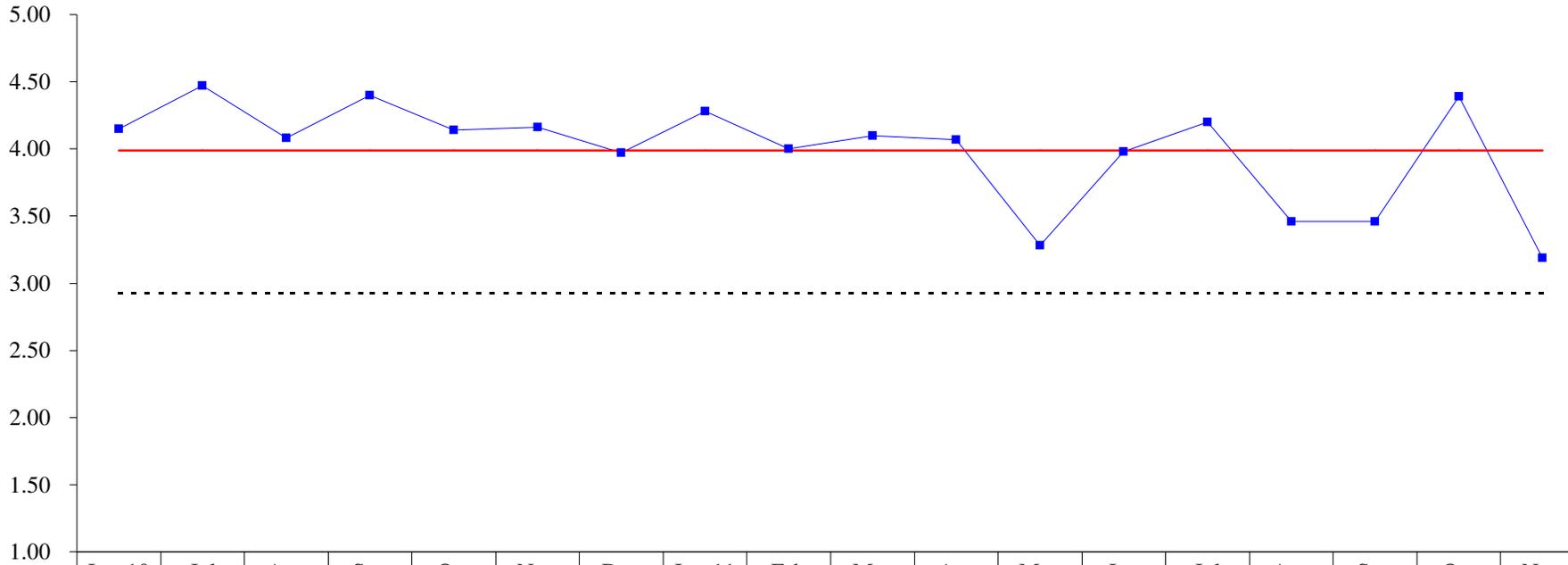
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Big Spring State Hospital**

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



|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score  | 4.15   | 4.47 | 4.08 | 4.40 | 4.14 | 4.16 | 3.97 | 4.28   | 4.00 | 4.10 | 4.07 | 3.28 | 3.98 | 4.20 | 3.46 | 3.46 | 4.39 | 3.19 |
| Surveys    | 14     | 5    | 14   | 10   | 14   | 10   | 13   | 12     | 15   | 11   | 13   | 13   | 14   | 6    | 16   | 15   | 11   | 8    |
| Discharges | 87     | 78   | 88   | 81   | 66   | 60   | 81   | 64     | 76   | 70   | 80   | 80   | 93   | 61   | 82   | 57   | 69   | 65   |
| % Sampled  | 16%    | 6%   | 16%  | 12%  | 21%  | 17%  | 16%  | 19%    | 20%  | 16%  | 16%  | 16%  | 15%  | 10%  | 20%  | 26%  | 16%  | 12%  |
| ----- UCL  | 5.05   | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05   | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 | 5.05 |
| — Avg      | 3.99   | 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  | 2.92   | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92   | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 | 2.92 |

Source: HC022020;

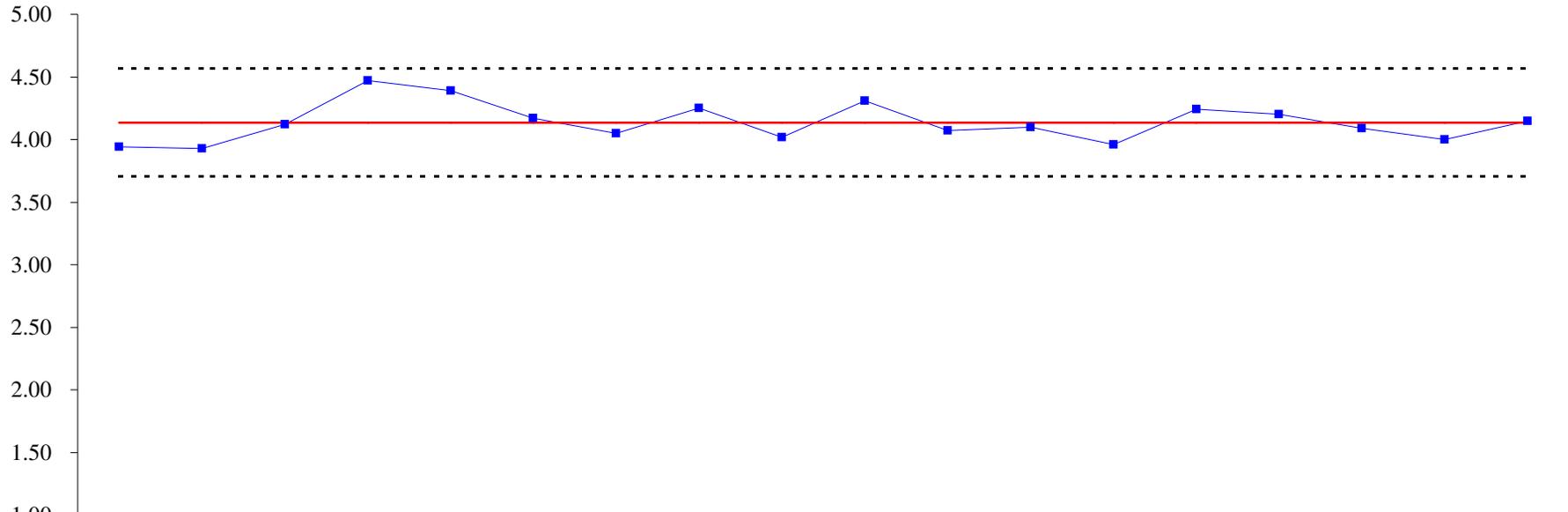
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**Objective 9B - Patient Satisfaction**

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

**El Paso Psychiatric Center**

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

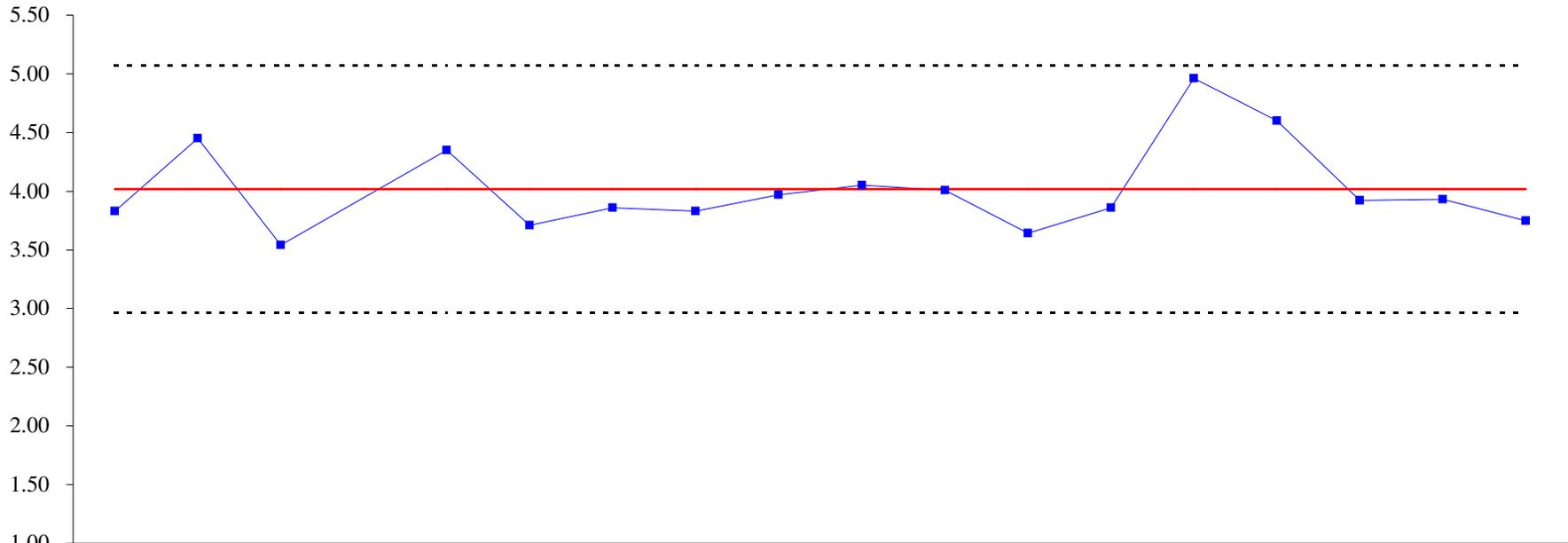


|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score  | 3.94   | 3.93 | 4.12 | 4.47 | 4.39 | 4.17 | 4.05 | 4.25   | 4.02 | 4.31 | 4.07 | 4.10 | 3.96 | 4.24 | 4.20 | 4.09 | 4.00 | 4.15 |
| Surveys    | 15     | 10   | 27   | 12   | 17   | 17   | 15   | 11     | 33   | 19   | 17   | 22   | 26   | 38   | 28   | 23   | 33   | 18   |
| Discharges | 52     | 50   | 73   | 46   | 53   | 59   | 49   | 43     | 52   | 78   | 68   | 64   | 69   | 96   | 84   | 90   | 88   | 91   |
| % Sampled  | 29%    | 20%  | 37%  | 26%  | 32%  | 29%  | 31%  | 26%    | 63%  | 55%  | 25%  | 34%  | 55%  | 40%  | 33%  | 55%  | 38%  | 20%  |
| ..... UCL  | 4.57   | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57   | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 | 4.57 |
| ———— Avg   | 4.14   | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14   | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 | 4.14 |
| ..... LCL  | 3.70   | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70   | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 | 3.70 |

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

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

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



|            | Jun-10 | Jul  | Aug  | Sep* | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score  | 3.83   | 4.45 | 3.54 |      | 4.35 | 3.71 | 3.86 | 3.83   | 3.97 | 4.05 | 4.01 | 3.64 | 3.86 | 4.96 | 4.60 | 3.92 | 3.93 | 3.75 |
| Surveys    | 5      | 4    | 5    |      | 3    | 4    | 1    | 2      | 10   | 8    | 3    | 4    | 6    | 1    | 3    | 6    | 1    | 1    |
| Discharges | 3      | 4    | 6    | 1    | 4    | 6    | 2    | 3      | 14   | 16   | 4    | 12   | 9    | 2    | 4    | 15   | 8    | 2    |
| % Sampled  | 167%   | 100% | 83%  | 0%   | 75%  | 67%  | 50%  | 67%    | 71%  | 50%  | 75%  | 33%  | 67%  | 50%  | 75%  | 40%  | 13%  | 50%  |
| ----- UCL  | 5.07   | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07   | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 | 5.07 |
| ----- 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  | 2.96   | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96   | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 | 2.96 |

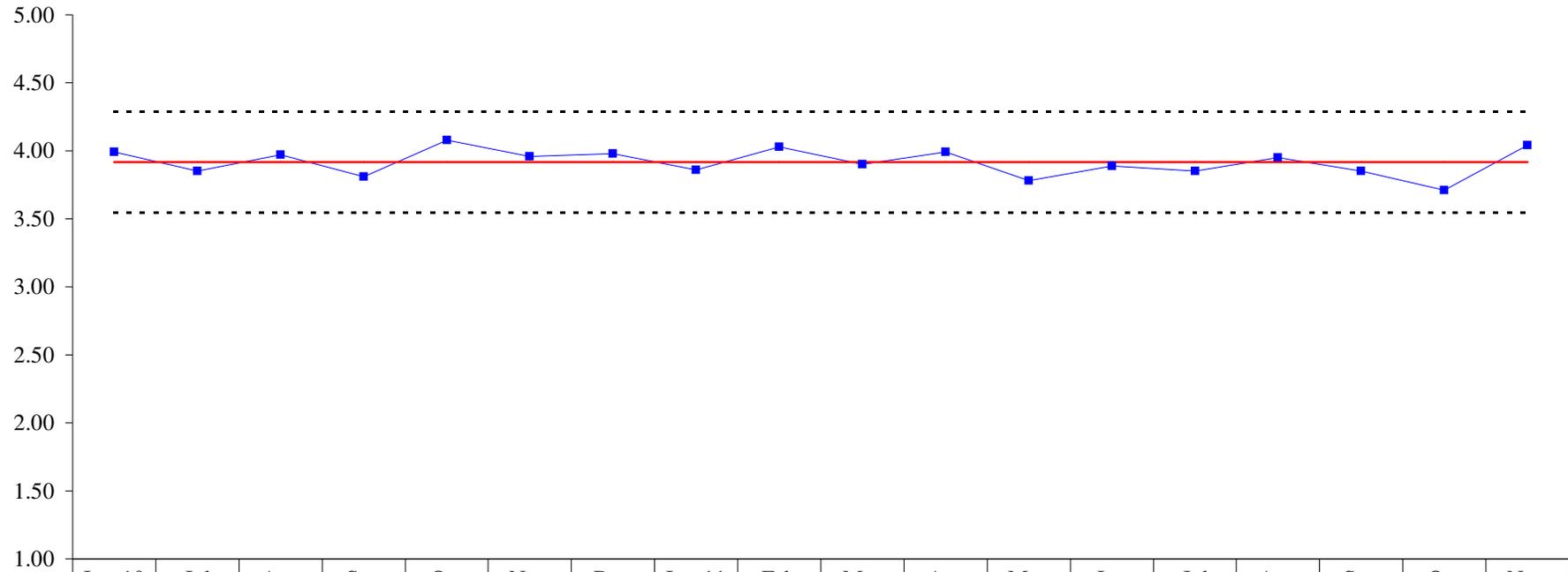
KSH provides surveys on request and offer them to annual reviews.

\*No Survey Done

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

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

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



|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Score      | 3.99   | 3.85 | 3.97 | 3.81 | 4.08 | 3.96 | 3.98 | 3.86   | 4.03 | 3.90 | 3.99 | 3.78 | 3.89 | 3.85 | 3.95 | 3.85 | 3.71 | 4.04 |
| Surveys    | 44     | 39   | 40   | 44   | 39   | 43   | 36   | 42     | 34   | 55   | 56   | 33   | 38   | 35   | 44   | 41   | 48   | 18   |
| Discharges | 201    | 187  | 188  | 192  | 196  | 168  | 206  | 178    | 164  | 216  | 191  | 198  | 217  | 185  | 214  | 193  | 202  | 191  |
| % Sampled  | 22%    | 21%  | 21%  | 23%  | 20%  | 26%  | 17%  | 24%    | 21%  | 25%  | 29%  | 17%  | 18%  | 19%  | 21%  | 21%  | 24%  | 9%   |
| UCL        | 4.29   | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29   | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 |
| Avg        | 3.92   | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92   | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 | 3.92 |
| LCL        | 3.55   | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55   | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 | 3.55 |

Source: HC022020;

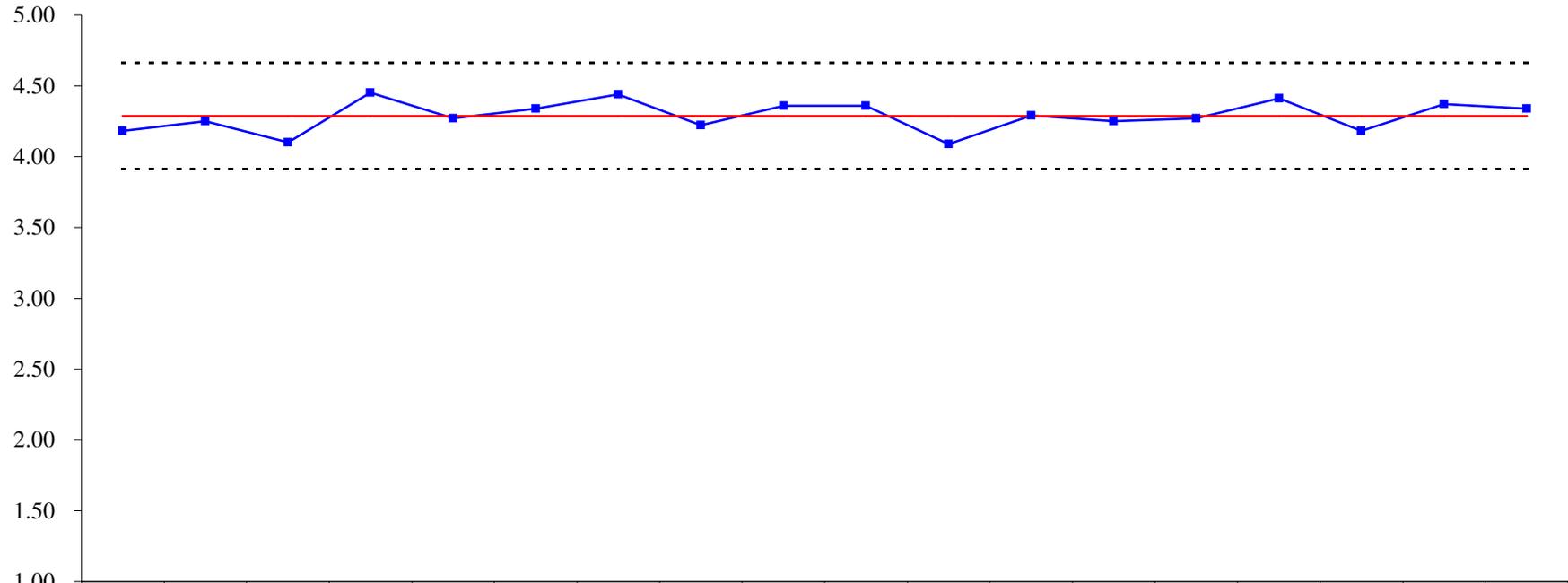
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Rio Grande State Center**

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



|               | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|---------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score     | 4.18   | 4.25 | 4.10 | 4.45 | 4.27 | 4.34 | 4.44 | 4.22   | 4.36 | 4.36 | 4.09 | 4.29 | 4.25 | 4.27 | 4.41 | 4.18 | 4.37 | 4.34 |
| Surveys       | 64     | 56   | 41   | 55   | 68   | 39   | 30   | 47     | 30   | 48   | 34   | 28   | 55   | 29   | 37   | 60   | 50   | 41   |
| Discharges    | 107    | 119  | 119  | 118  | 98   | 87   | 90   | 96     | 70   | 97   | 83   | 81   | 96   | 82   | 106  | 110  | 101  | 83   |
| % Sampled     | 60%    | 47%  | 34%  | 47%  | 69%  | 45%  | 33%  | 49%    | 43%  | 49%  | 41%  | 35%  | 57%  | 35%  | 35%  | 55%  | 50%  | 49%  |
| - - - - - UCL | 4.66   | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66   | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 | 4.66 |
| — Avg         | 4.29   | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29   | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 |
| - - - - - LCL | 3.91   | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91   | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 | 3.91 |

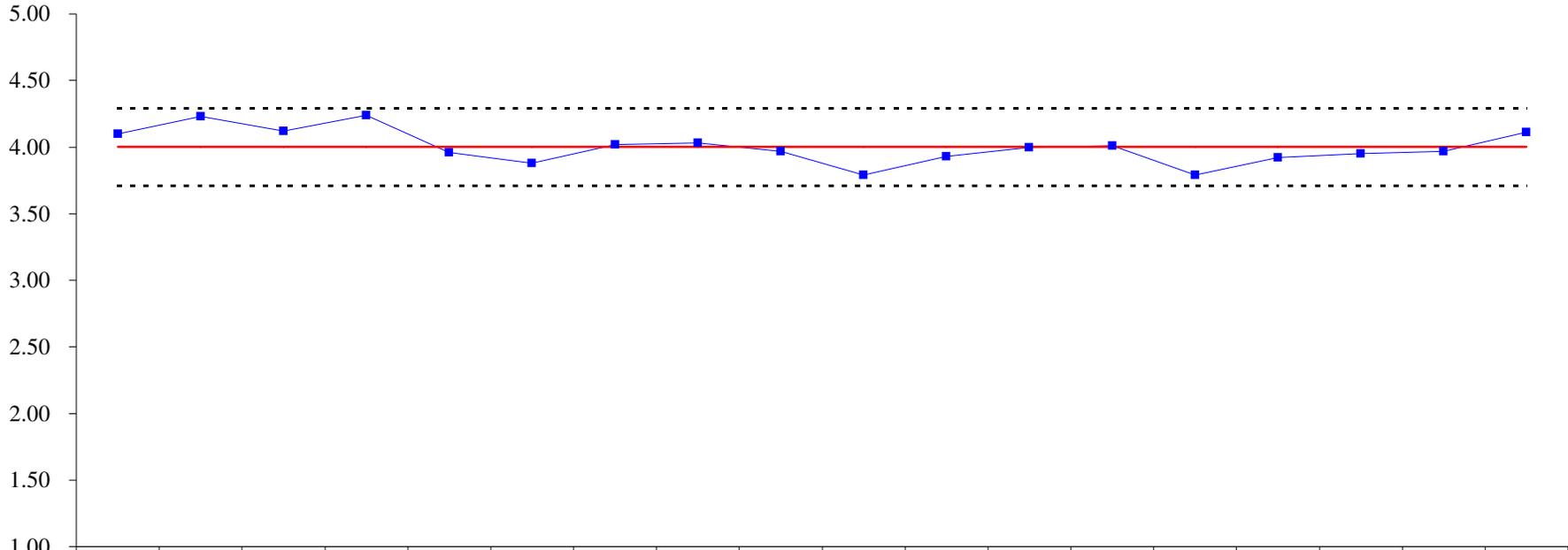
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Rusk State Hospital**

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

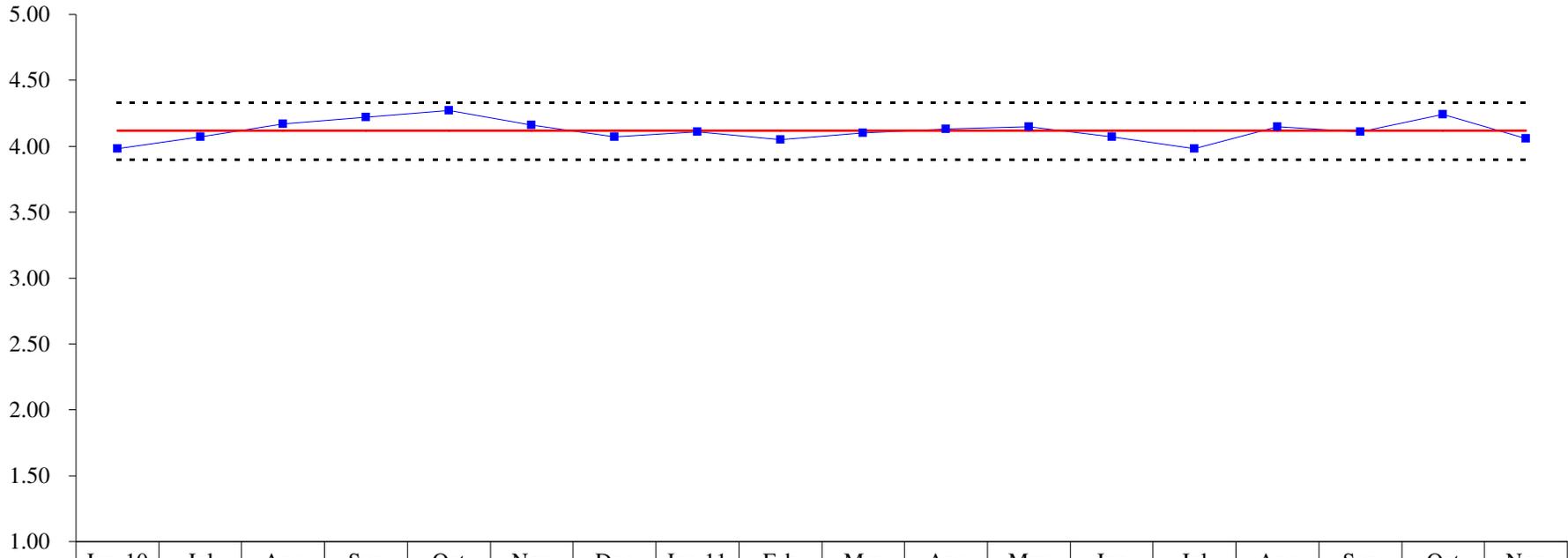


|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| —■— Score  | 4.10   | 4.23 | 4.12 | 4.24 | 3.96 | 3.88 | 4.02 | 4.03   | 3.97 | 3.79 | 3.93 | 4.00 | 4.01 | 3.79 | 3.92 | 3.95 | 3.97 | 4.11 |
| Surveys    | 20     | 17   | 21   | 17   | 21   | 19   | 10   | 21     | 14   | 6    | 5    | 35   | 48   | 57   | 51   | 42   | 62   | 42   |
| Discharges | 72     | 99   | 99   | 72   | 94   | 73   | 75   | 79     | 61   | 65   | 69   | 64   | 86   | 79   | 87   | 81   | 78   | 62   |
| % Sampled  | 28%    | 17%  | 21%  | 24%  | 22%  | 26%  | 13%  | 27%    | 23%  | 9%   | 7%   | 55%  | 56%  | 72%  | 59%  | 52%  | 79%  | 68%  |
| ----- UCL  | 4.29   | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29   | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 | 4.29 |
| — Avg      | 4.00   | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00   | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 |
| ----- LCL  | 3.71   | 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**  
**San Antonio State Hospital**

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



|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Score      | 3.98   | 4.07 | 4.17 | 4.22 | 4.27 | 4.16 | 4.07 | 4.11   | 4.05 | 4.10 | 4.13 | 4.15 | 4.07 | 3.98 | 4.15 | 4.11 | 4.24 | 4.06 |
| Surveys    | 82     | 56   | 86   | 75   | 67   | 56   | 73   | 59     | 80   | 60   | 88   | 77   | 80   | 76   | 65   | 76   | 62   | 76   |
| Discharges | 168    | 129  | 160  | 172  | 147  | 148  | 149  | 157    | 159  | 146  | 147  | 164  | 159  | 145  | 139  | 165  | 147  | 162  |
| % Sampled  | 49%    | 43%  | 54%  | 44%  | 46%  | 38%  | 49%  | 38%    | 50%  | 41%  | 60%  | 47%  | 50%  | 52%  | 47%  | 46%  | 42%  | 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        | 4.12   | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12   | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 | 4.12 |
| LCL        | 3.90   | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90   | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 | 3.90 |

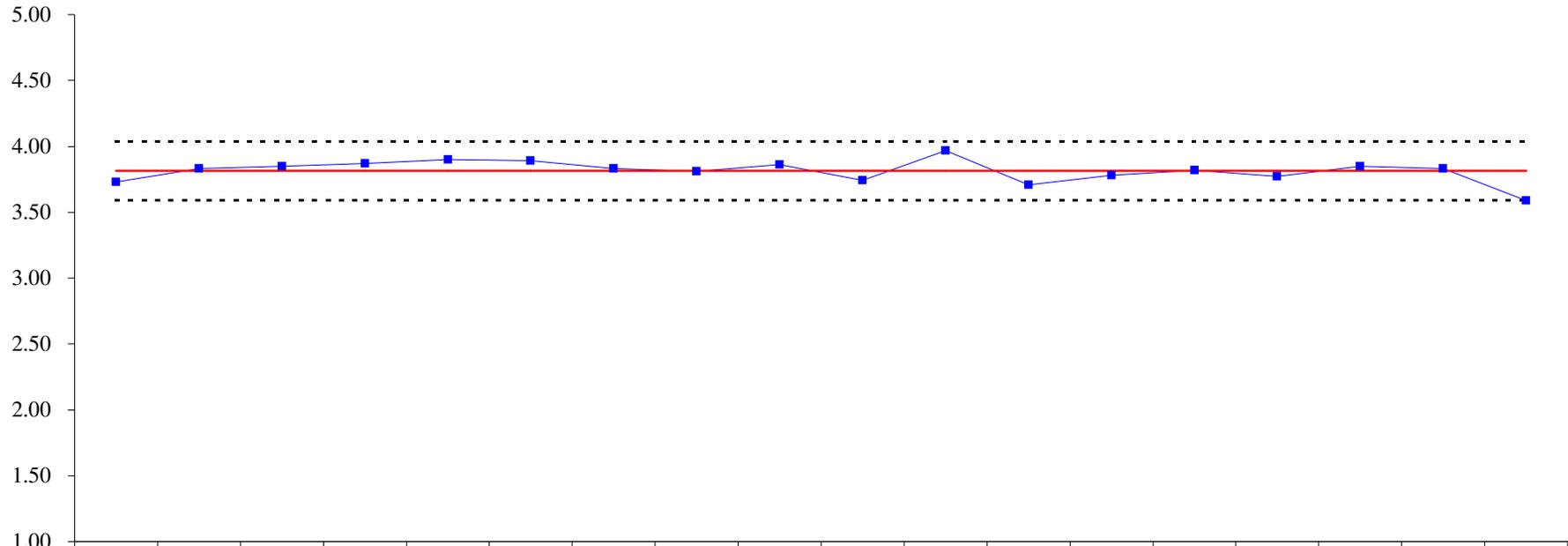
Source: HC022020;  
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
 and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Terrell State Hospital**

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



|            | Jun-10 | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan-11 | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|--------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Score      | 3.73   | 3.83 | 3.85 | 3.87 | 3.90 | 3.89 | 3.83 | 3.81   | 3.86 | 3.74 | 3.97 | 3.71 | 3.78 | 3.82 | 3.77 | 3.85 | 3.83 | 3.59 |
| Surveys    | 165    | 125  | 111  | 137  | 147  | 121  | 160  | 129    | 130  | 156  | 132  | 134  | 181  | 167  | 195  | 193  | 187  | 198  |
| Discharges | 271    | 274  | 258  | 264  | 271  | 246  | 267  | 222    | 199  | 220  | 192  | 196  | 200  | 202  | 236  | 226  | 243  | 217  |
| % Sampled  | 61%    | 46%  | 43%  | 52%  | 54%  | 49%  | 60%  | 58%    | 65%  | 71%  | 69%  | 68%  | 91%  | 83%  | 83%  | 85%  | 77%  | 91%  |
| 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        | 3.81   | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81   | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 | 3.81 |
| LCL        | 3.59   | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59   | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 | 3.59 |

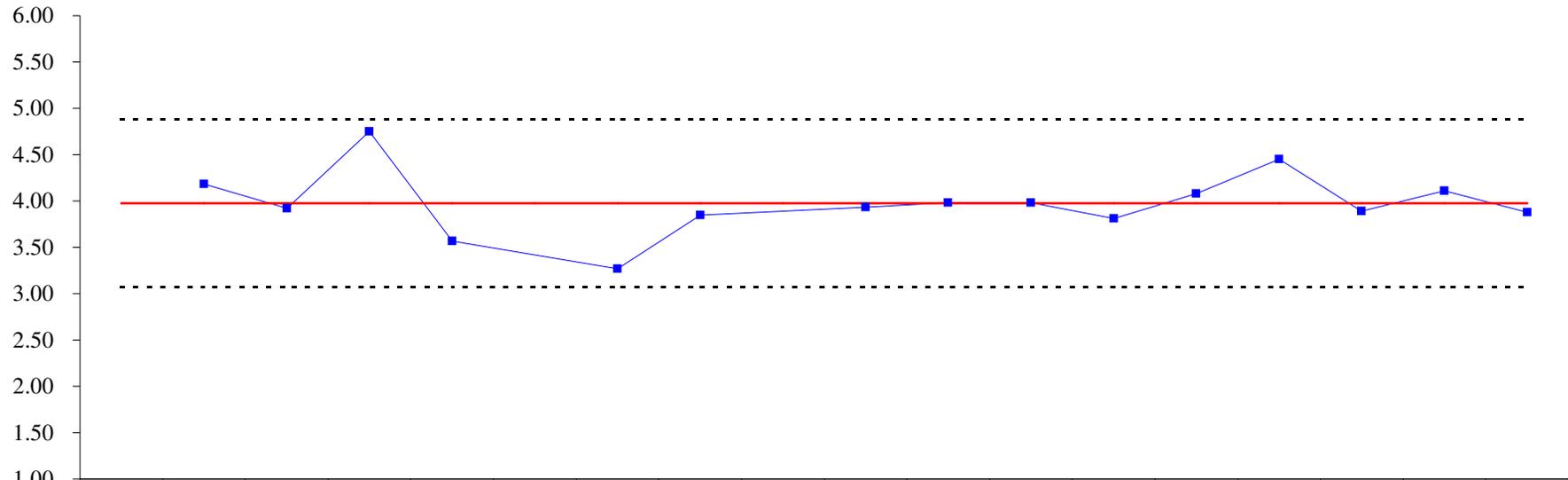
Source: HC022020;  
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain  
and MHSIP ICS Summary

**Objective 9B - Patient Satisfaction**

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

**Waco Center for Youth**

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



|            | Jun-10* | Jul  | Aug  | Sep  | Oct  | Nov* | Dec  | Jan-11 | Feb* | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  |
|------------|---------|------|------|------|------|------|------|--------|------|------|------|------|------|------|------|------|------|------|
| Score      |         | 4.18 | 3.92 | 4.75 | 3.57 |      | 3.27 | 3.85   |      | 3.93 | 3.98 | 3.98 | 3.81 | 4.08 | 4.45 | 3.89 | 4.11 | 3.88 |
| Surveys    | 0       | 1    | 5    | 1    | 2    | 0    | 2    | 3      | 0    | 9    | 4    | 15   | 7    | 7    | 6    | 5    | 4    | 2    |
| Discharges | 10      | 12   | 18   | 16   | 11   | 14   | 18   | 8      | 11   | 15   | 12   | 16   | 11   | 18   | 18   | 13   | 15   | 13   |
| % Sampled  | 0%      | 8%   | 28%  | 6%   | 18%  | 0%   | 11%  | 38%    | 0%   | 60%  | 33%  | 94%  | 64%  | 39%  | 33%  | 38%  | 27%  | 15%  |
| UCL        | 4.88    | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88   | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 | 4.88 |
| 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        | 3.07    | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07   | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 | 3.07 |

\*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.**

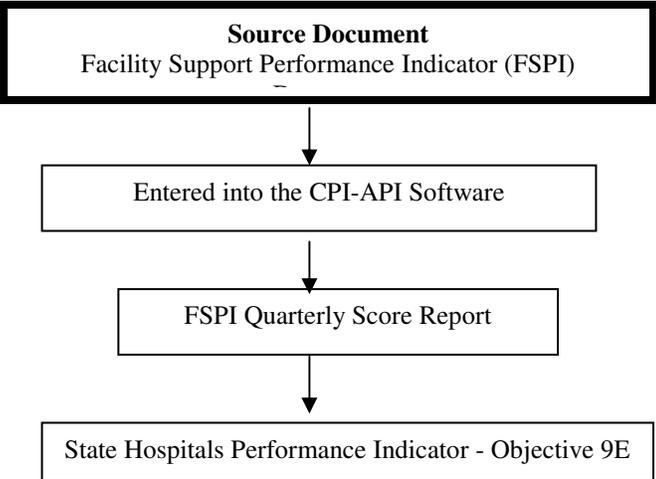
**Performance Objective Operational Definition:** The state hospital performs the self-assessment once per fiscal year according to the schedule.

**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:**

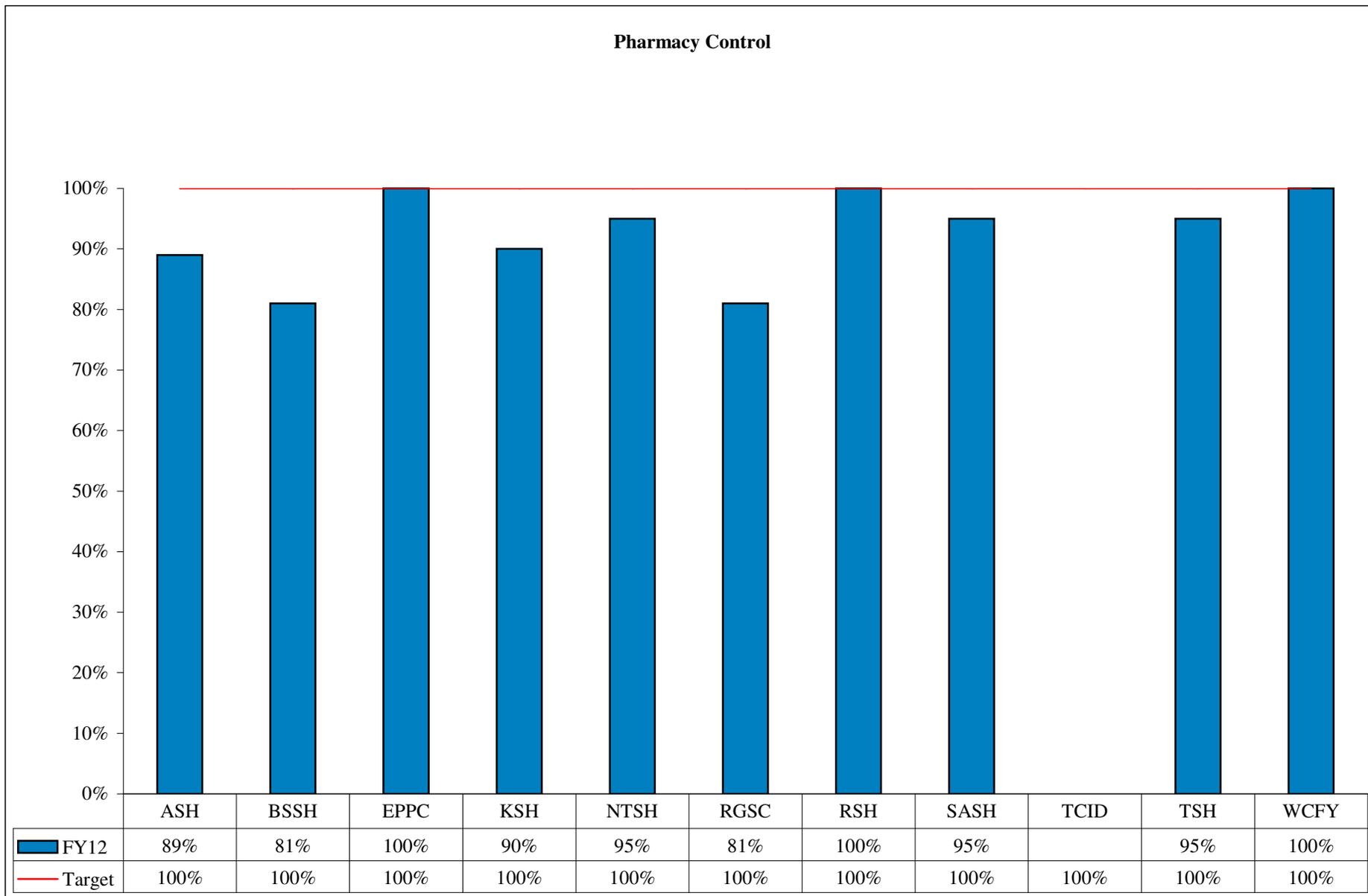


**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2012**

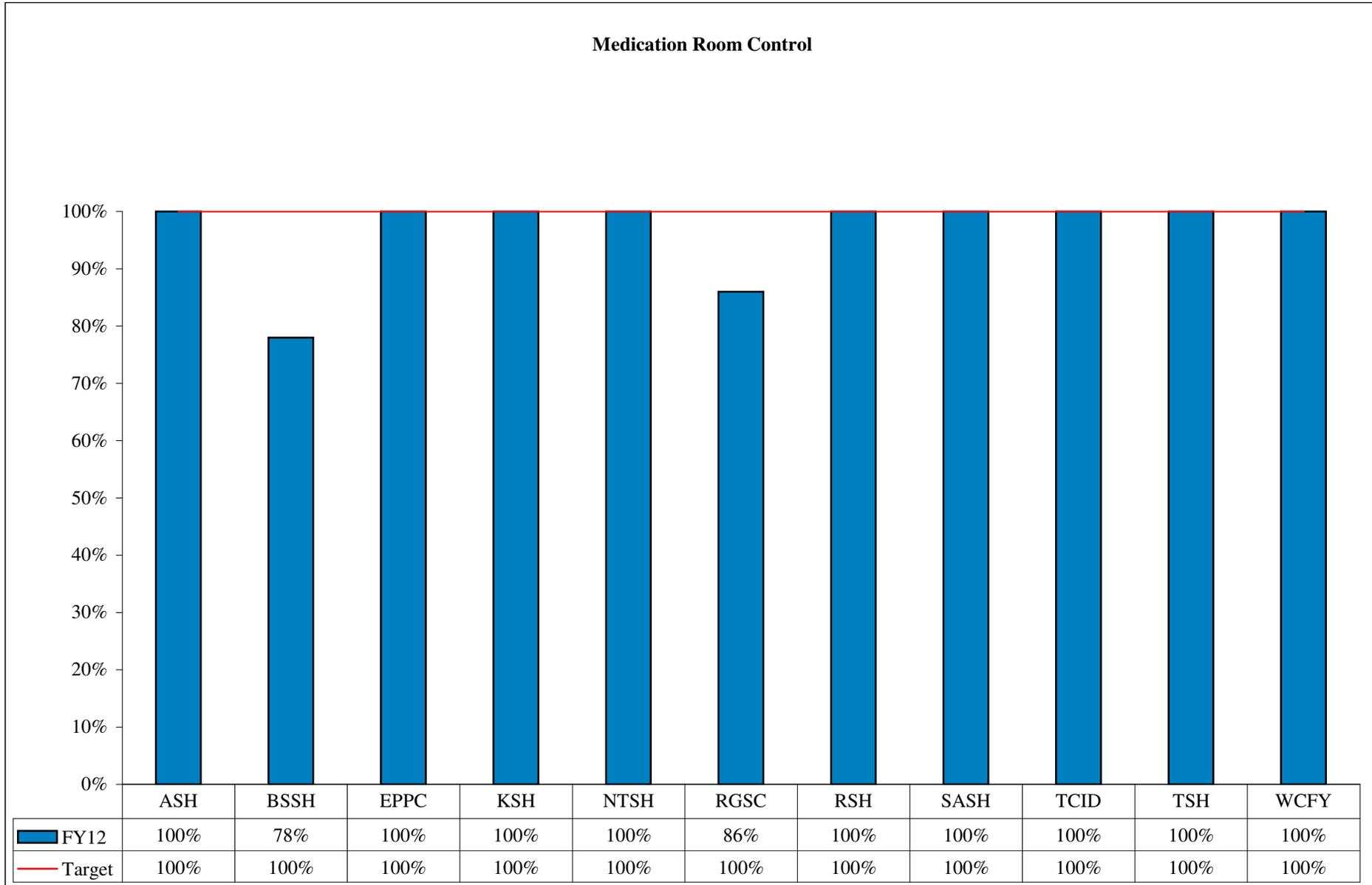
|                                     | Q1                |                          | Q2                                | Q3                        | Q4                |
|-------------------------------------|-------------------|--------------------------|-----------------------------------|---------------------------|-------------------|
|                                     | Pharmacy Controls | Medication Room Controls | Competency Training & Development | Procurement Card Controls | Plant Maintenance |
| Compliance Target                   | 100%              | 100%                     | 100%                              | 100%                      | 100%              |
| <b>State Hospital Totals</b>        | <b>93%</b>        | <b>97%</b>               |                                   |                           |                   |
| Austin State Hospital               | 89%               | 100%                     |                                   |                           |                   |
| Big Spring State Hospital           | 81%               | 78%                      |                                   |                           |                   |
| El Paso Psychiatric Center          | 100%              | 100%                     |                                   |                           |                   |
| Kerrville State Hospital            | 90%               | 100%                     |                                   |                           |                   |
| North Texas State Hospital          | 95%               | 100%                     |                                   |                           |                   |
| Rio Grande State Center             | 81%               | 86%                      |                                   |                           |                   |
| Rusk State Hospital                 | 100%              | 100%                     |                                   |                           |                   |
| San Antonio State Hospital          | 95%               | 100%                     |                                   |                           |                   |
| Terrell State Hospital              | 95%               | 100%                     |                                   |                           |                   |
| Texas Center for Infectious Disease | CF                | 100%                     |                                   |                           |                   |
| Waco Center For Youth               | 100%              | 100%                     |                                   |                           |                   |

\*CF = Contract Facility

**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2012**  
**Pharmacy Control**



**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2012**  
**Medication Room Control**



ASH, EPPC and TCID = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

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

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

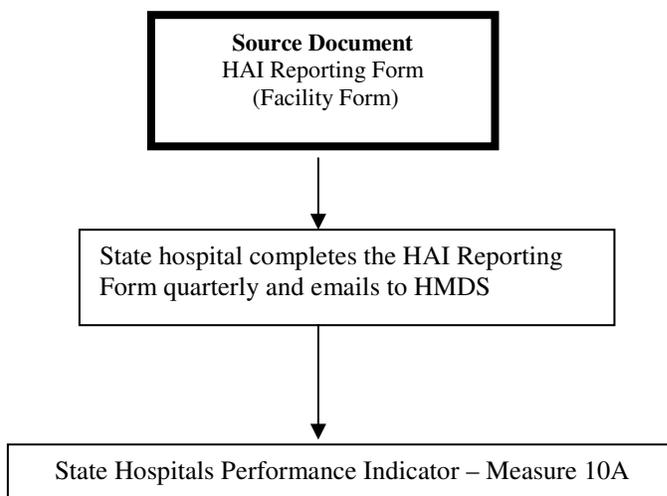
**Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.**

**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 - Q1**

**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                           | 1          | 0           | 1           | 0           |            | 2           | <b>4</b>            |
| Surgical Site Infection                           | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Pneumonia   | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Blood Stream Infection                            | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Bone and Joint Infections                         | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Central Nervous System Infection                  | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Cardiovascular System Infection                   | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Ear, Eyes, Nose, Throat Infection                 | 1          | 0           | 4           | 1           |            | 1           | <b>7</b>            |
| Gastrointestinal System Infection                 | 0          | 0           | 0           | 1           |            | 0           | <b>1</b>            |
| Lower Respiratory Infection, other than Pneumonia | 0          | 0           | 0           | 0           |            | 0           | <b>0</b>            |
| Reproductive Tract Infection                      | 0          | 0           | 0           | 1           |            | 0           | <b>1</b>            |
| Skin and Soft Tissue Infection                    | 1          | 0           | 3           | 6           |            | 5           | <b>15</b>           |
| Systemic Infection                                | 0          | 0           | 0           | 0           |            | 2           | <b>2</b>            |
| Other   | 0          | 0           | 0           | 1           |            | 0           | <b>1</b>            |
| <b>Total</b>                                      | <b>3</b>   | <b>0</b>    | <b>8</b>    | <b>10</b>   |            | <b>10</b>   | <b>31</b>           |
| <b>Rate Per 1,000 Beddays</b>                     | <b>1.3</b> | <b>0.0</b>  | <b>0.9</b>  | <b>4.0</b>  | <b>0.0</b> | <b>1.5</b>  | <b>1.3</b>          |

**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - Q1**

**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                           | 2          | 4           | 0           | 1          | 9           | 4           | 0          | 10          |            | 0           | <b>30</b>           |
| Surgical Site Infection                           | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | 0           | <b>0</b>            |
| Pneumonia   | 1          | 3           | 0           | 2          | 8           | 1           | 0          | 0           |            | 0           | <b>15</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                 | 6          | 20          | 0           | 7          | 7           | 6           | 20         | 13          |            | 0           | <b>79</b>           |
| Gastrointestinal System Infection                 | 0          | 3           | 0           | 1          | 1           | 0           | 0          | 0           |            | 0           | <b>5</b>            |
| Lower Respiratory Infection, other than Pneumonia | 1          | 11          | 0           | 1          | 8           | 0           | 1          | 0           |            | 0           | <b>22</b>           |
| Reproductive Tract Infection                      | 0          | 17          | 0           | 1          | 0           | 0           | 0          | 8           |            | 0           | <b>26</b>           |
| Skin and Soft Tissue Infection                    | 7          | 53          | 0           | 1          | 4           | 0           | 1          | 10          |            | 0           | <b>76</b>           |
| Systemic Infection                                | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | 0           | <b>0</b>            |
| Other   | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 6           |            | 0           | <b>6</b>            |
| <b>Total</b>                                      | <b>17</b>  | <b>111</b>  | <b>0</b>    | <b>14</b>  | <b>37</b>   | <b>11</b>   | <b>22</b>  | <b>47</b>   |            | <b>0</b>    | <b>259</b>          |
| <b>Rate Per 1,000 Beddays</b>                     | <b>0.8</b> | <b>6.9</b>  | <b>0.0</b>  | <b>0.9</b> | <b>0.9</b>  | <b>2.5</b>  | <b>0.8</b> | <b>2.4</b>  | <b>0.0</b> | <b>0.0</b>  | <b>1.4</b>          |

**Measure 10A - Healthcare Associated Infection Rate**  
**All State Hospitals - Q1**

**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          | 1           | 0           | 1          | 2           | 0           | 0          | 10          |            | <b>14</b>           |
| Surgical Site Infection                           | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Pneumonia   | 1          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>1</b>            |
| Blood Stream Infection                            | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Bone and Joint Infections                         | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Central Nervous System Infection                  | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Cardiovascular System Infection                   | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Ear, Eyes, Nose, Throat Infection                 | 0          | 1           | 1           | 2          | 0           | 0           | 2          | 3           |            | <b>9</b>            |
| Gastrointestinal System Infection                 | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Lower Respiratory Infection, other than Pneumonia | 1          | 2           | 0           | 0          | 0           | 0           | 1          | 0           |            | <b>4</b>            |
| Reproductive Tract Infection                      | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Skin and Soft Tissue Infection                    | 1          | 12          | 0           | 0          | 0           | 0           | 1          | 10          |            | <b>24</b>           |
| Systemic Infection                                | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 0           |            | <b>0</b>            |
| Other   | 0          | 0           | 0           | 0          | 0           | 0           | 0          | 2           |            | <b>2</b>            |
| <b>Total</b>                                      | <b>3</b>   | <b>16</b>   | <b>1</b>    | <b>3</b>   | <b>2</b>    | <b>0</b>    | <b>4</b>   | <b>25</b>   |            | <b>54</b>           |
| <b>Rate Per 1,000 Beddays</b>                     | <b>1.4</b> | <b>11.5</b> | <b>3.0</b>  | <b>1.5</b> | <b>0.8</b>  | <b>0.0</b>  | <b>3.1</b> | <b>7.4</b>  | <b>0.0</b> | <b>3.8</b>          |

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

**FY11**

|       |   | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> | <b>FY</b> |
|-------|---|-----------|-----------|-----------|-----------|-----------|
| M 1C  | Average Daily Census  | 41        | 34        | 40        | 42        | <b>39</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         | 4         | 5         | 5         | <b>19</b> |
| O 4B  | Number of Medication Errors that Reached the Patient          | 5         | 3         | 3         | 4         | <b>15</b> |
| M 5A  | Number of New Patients to System                              | 15        | 21        | 24        | 16        | <b>76</b> |
| O 6D  | Number of Patient Injuries during Restraint                   | 0         | 0         | 0         | 0         | <b>0</b>  |
| M 6A  | Number of Patient Injuries                                    | 0         | 4         | 6         | 4         | <b>14</b> |
| O 9B  | Number of Patient Satisfaction Surveys Completed at Discharge | 7         | 11        | 3         | 4         | <b>25</b> |
| M 10A | Facility Healthcare Associated Infection                      | 4         | 1         | 6         | 2         | <b>13</b> |

**FY12**

|       |   | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> | <b>FY</b> |
|-------|---|-----------|-----------|-----------|-----------|-----------|
| M 1C  | Average Daily Census  | 43        |           |           |           | <b>43</b> |
| O 2A  | Number of Abuse/Neglect Allegations                           | 0         |           |           |           | <b>0</b>  |
| O 3A  | Number of Patients Restrained                                 | 0         |           |           |           | <b>0</b>  |
| O 4B  | Number of Medication Errors                                   | 6         |           |           |           | <b>6</b>  |
| O 4B  | Number of Medication Errors that Reached the Patient          | 3         |           |           |           | <b>3</b>  |
| M 5A  | Number of New Patients to System                              | 23        |           |           |           | <b>23</b> |
| O 6D  | Number of Patient Injuries during Restraint                   | 0         |           |           |           | <b>0</b>  |
| M 6A  | Number of Patient Injuries                                    | 2         |           |           |           | <b>2</b>  |
| O 9B  | Number of Patient Satisfaction Surveys Completed at Discharge | 9         |           |           |           | <b>9</b>  |
| M 10A | Facility Healthcare Associated Infection                      | 0         |           |           |           | <b>0</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?**

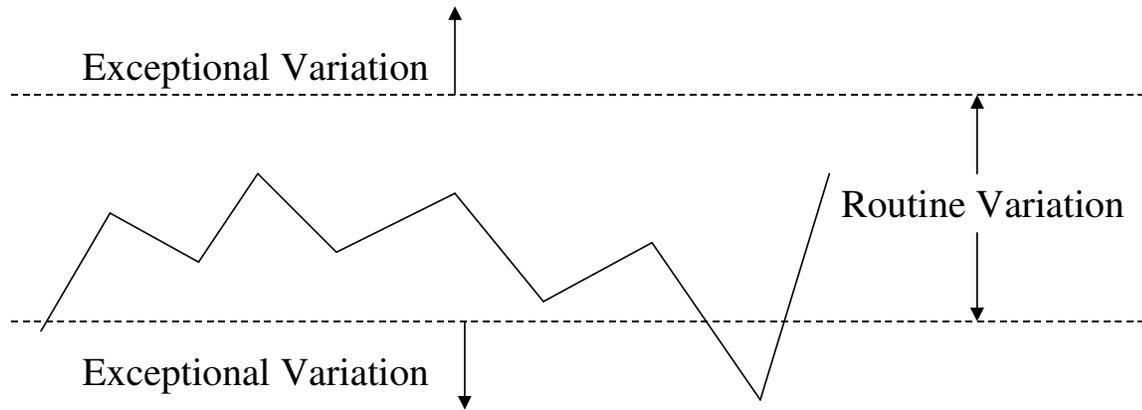
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

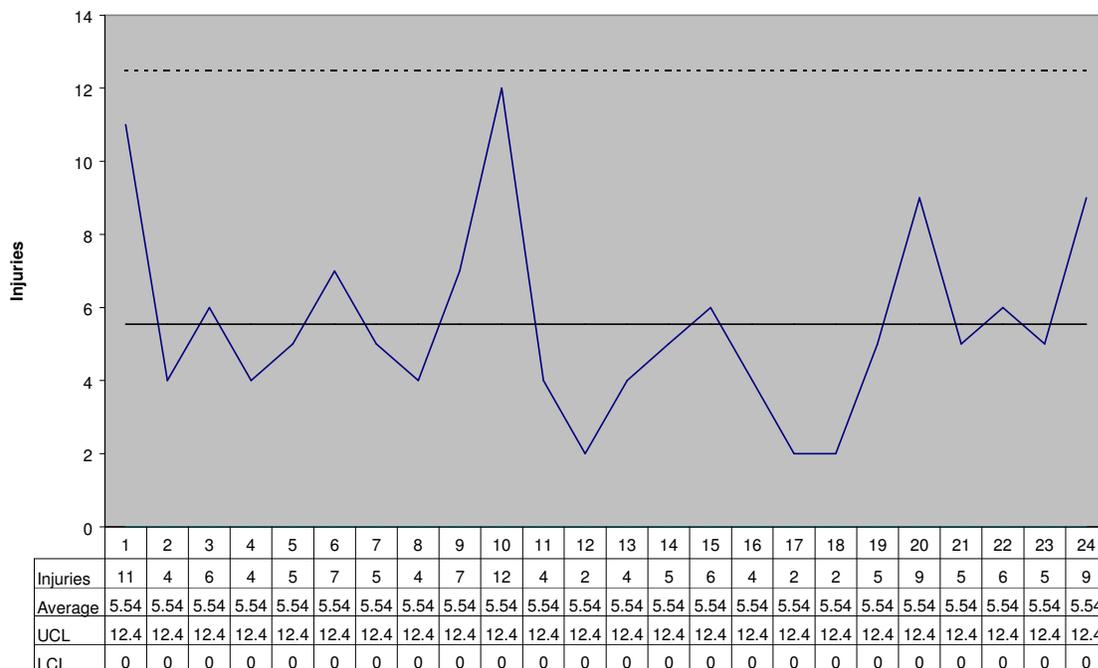
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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