

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

Statewide Performance Indicators
2nd Quarter FY 2009

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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), 78th Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system.

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

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

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

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

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

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

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

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

Promote and protect good health:

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

Achieve economic self-sufficiency:

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

Ensure safety and dignity:

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

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

A healthy Texas.

MISSION

To improve health and well-being in Texas.

GOALS

Goal 1: Preparedness and Prevention Services

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

Goal 2: Community Health Services

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

Goal 3: Hospital Services

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

Goal 4: Consumer Protection Services

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

DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

MISSION

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

DSHS STATE HOSPITALS SECTION

VISION

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

GOALS

Goal 1 – Provide Leadership

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

Goal 3 – Provide Individualized and Evidence Based Treatment

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

Goal 5 – Assure Continuum of Care

Goal 6 – Implement an Integrated Patient Safety Program

Goal 7 – Obtain, Manage and Use Information

Goal 8 – Assure a Competent Workforce

Goal 9 – Improve Organizational Performance

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

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

STATE HOSPITALS SECTION

FY2009 MANAGEMENT PLAN

The State Hospitals Section FY 2009 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

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

PERFORMANCE MEASURES:

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

REQUIRED REPORTING TO GOVERNING BODY:

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

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

HEALTH & HUMAN SERVICES COMMISSION DEPARTMENT

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

STATE HOSPITALS SECTION

GOALS AND PERFORMANCE OBJECTIVES AND MEASURES

GOAL 1

PROVIDE LEADERSHIP:

The leadership of the state hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on a safe and therapeutic environment. This goal also addresses the relationship between the Superintendent, the Governing Body and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and, maximizing reimbursement potential.

Performance Objectives:

Key Functions

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

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

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

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

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

Performance Measures:

Key Functions

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

GOAL 2

RECOGNIZE AND RESPECT THE RIGHTS OF EACH PATIENT BY CONDUCTING BUSINESS IN AN ETHICAL MANNER:

Patients deserve care, treatment and services that safeguard their personal dignity and respect their cultural, psychological and spiritual values. The ethics, rights and responsibilities function is to improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in the ethical manner. The State Hospitals will assure that each patient is respected and recognized in the provision of treatment and care in accordance with fundamental human, civil, constitutional and statutory rights. Patients, and when appropriate, their families are informed about outcomes of care including unanticipated outcomes.

Performance Objectives:

Key Functions

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

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

GOAL 3

PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT:

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

Performance Objectives:

Key Functions

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

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

Performance Measures:

Key Functions

A. GLOBAL ASSESSMENT OF FUNCTIONS (GAF):

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

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

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

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

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

GOAL 4

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

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

Performance Objectives:

Key Functions

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

Performance Measures:

Key Functions

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

GOAL 5

ASSURE CONTINUUM OF CARE:

All State Hospitals will collaborate and work cooperatively with designated local health authorities to assure patient access to an integrated system of setting services and care levels. To facilitate discharge or transfer, the hospital assesses the patient needs, plans for discharge or transfer process, and, helps to ensure that continuity of care, treatment and services are maintained.

Performance Objectives:

Key Functions

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

C. At the end of each quarter, patients having been in the State Mental Health Hospital over 365 days, will be identified by four categories:

1. Need continued hospitalization, (civil/forensic);
2. Accepted for placement;
3. Barrier to placement, and;
4. Criminal court involvement.

The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified. The progress of placements from Category 3 will be reviewed at each Governing Body meeting. A3

Performance Measures:

Key Functions

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

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

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

C. TCID WILL REPORT:

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

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

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

GOAL 6

IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM:

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

Performance Objectives:

Key Functions

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

Performance Measures:

Key Functions

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

GOAL 7

OBTAIN, MANAGE AND USE INFORMATION:

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

Performance Objectives:

Key Functions

- A. CPIC will review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY09. **B2**
- B. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than August 31, 2009. **B2**
- C. **State Hospitals will monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50 percent of the average monthly discharges. These data are trended and performance improvement initiatives are taken as appropriate.** **B2**
- D. **Each hospital will analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency and report annually to the Governing Body.** **B2**
- E. **Each State Hospital will monitor and analyze the CRS downtime and its effect on patient care and safety and report to the Governing Body.** **B2**
- F. State Hospitals Section, in conjunction with IT Operations and DSHS Legal Services will develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc. **B2**
- G. **State Hospitals will evaluate and report annually to the Governing Body on their use of video conferencing.** **B2**

GOAL 8

ASSURE A COMPETENT WORKFORCE:

The State Hospital Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer-employee arrangements or contractual arrangement; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.

Performance Objectives:

Key Functions

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

Performance Measures:

Key Functions

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

GOAL 9

IMPROVE ORGANIZATIONAL PERFORMANCE:

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

Performance Objectives:

Key Function

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

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

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

Outcome Measures:

Percent of consumers receiving MH campus services whose functional level stabilized or improved. **M-3A**
Reported Annually to the LBB*

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

Output Measures:

Average daily census of state mental health hospitals. **O-1E**
Reported Quarterly to the LBB.*

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

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

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

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

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

Efficiency Measures:

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

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

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

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

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

Explanatory Measures:

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

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

↓

GOAL 1: Provide Leadership

Performance Objective 1A:

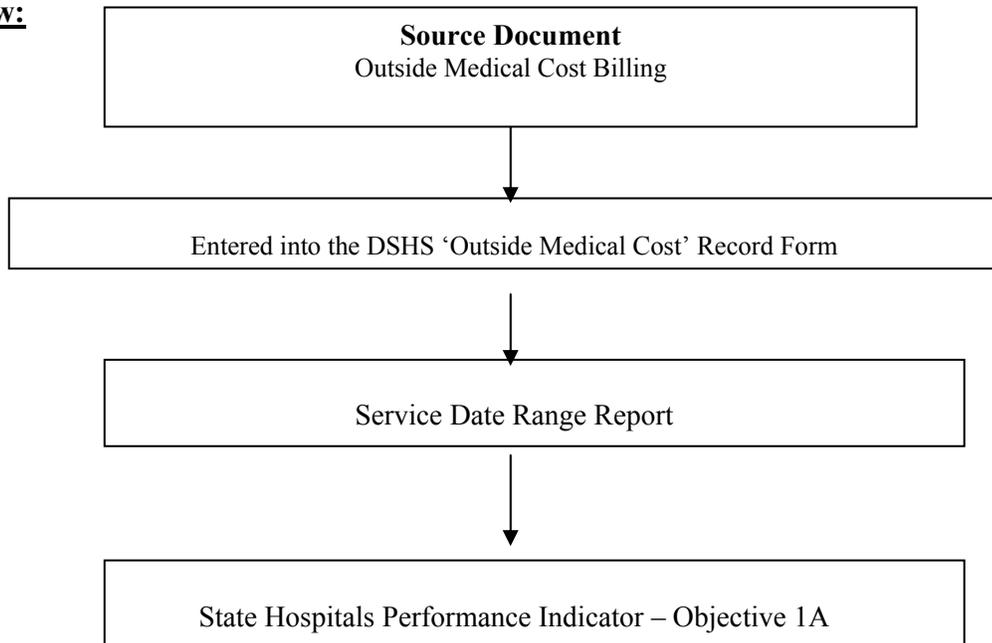
Each state hospital will monitor outside medical costs for civil and forensic patients using the outside medical cost web database and report findings to the governing body.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 1A - Outside Medical Cost
All State Hospitals

Outside Medical Cost - FY 2009

Data Not Available

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

Performance Objective 1B:

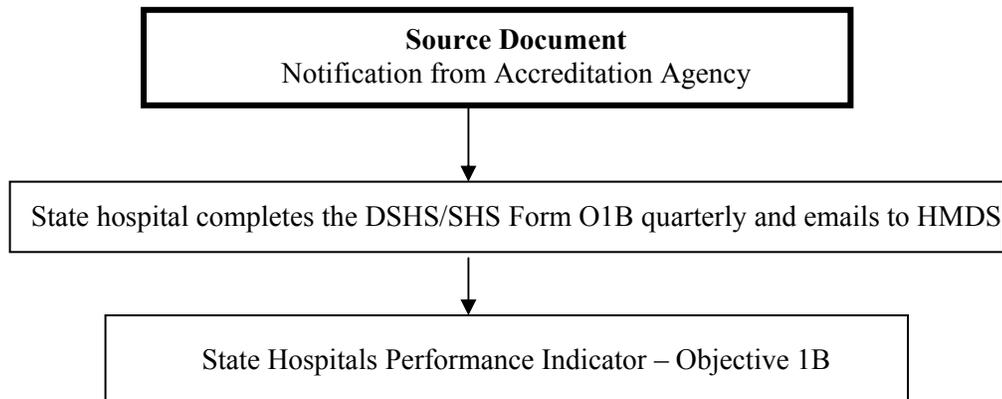
State hospitals will maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2009.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



**Objective 1B - Maintain Accreditation and Certifications
(As of February 28, 2009)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Jul-06	Mar-06	Nov-06	Oct-06	Feb-07	Jul-08	Jan-07	Apr-07	Apr-07	Dec-06	Jul-07
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint	0	0	0	0	0	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	23	48	100	55	166	208	94	72	N/A
No. of Complaint Visits for Q2	0	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey		Jan-02	Jan-09	Feb-07	Sep-07	May-08		Jan-06	Mar-08		
Date of last IMD Review:	Apr-08	Jul-07	N/A	Dec-08	Jul-08	N/A	Oct-07	Oct-07	May-08	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-08
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-08	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

Performance Objective 1C:

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

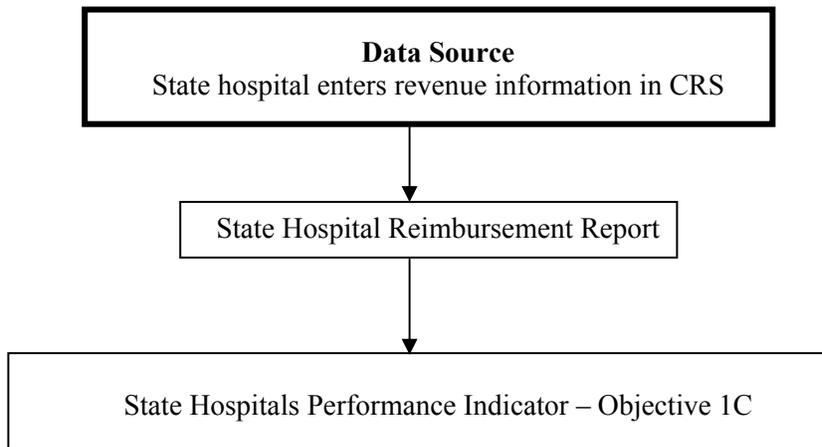
Performance Objective Operational Definition: The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

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

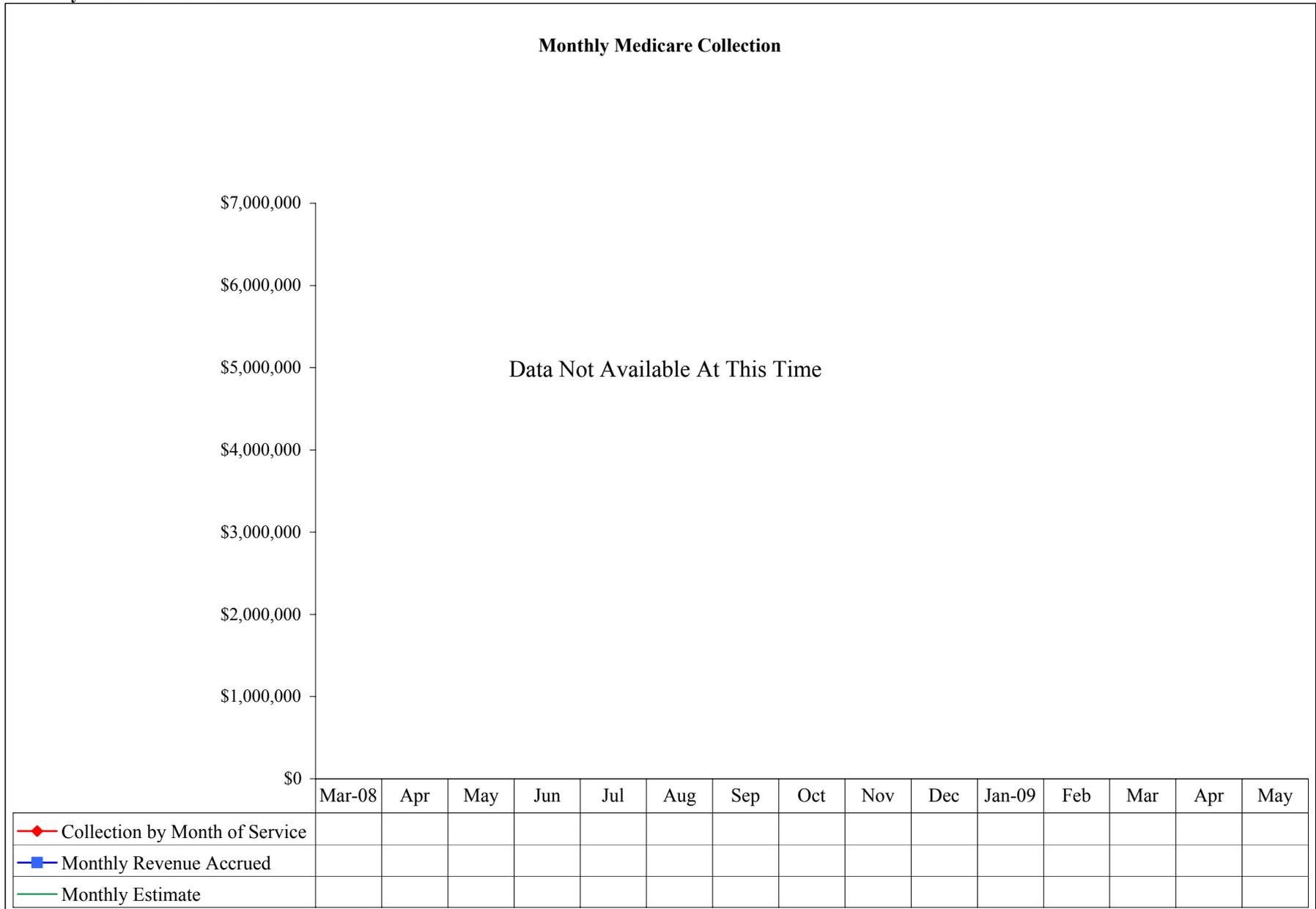
Performance Objective Data Display and Chart Description:

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

Data Flow:



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



Performance Objective 1E:

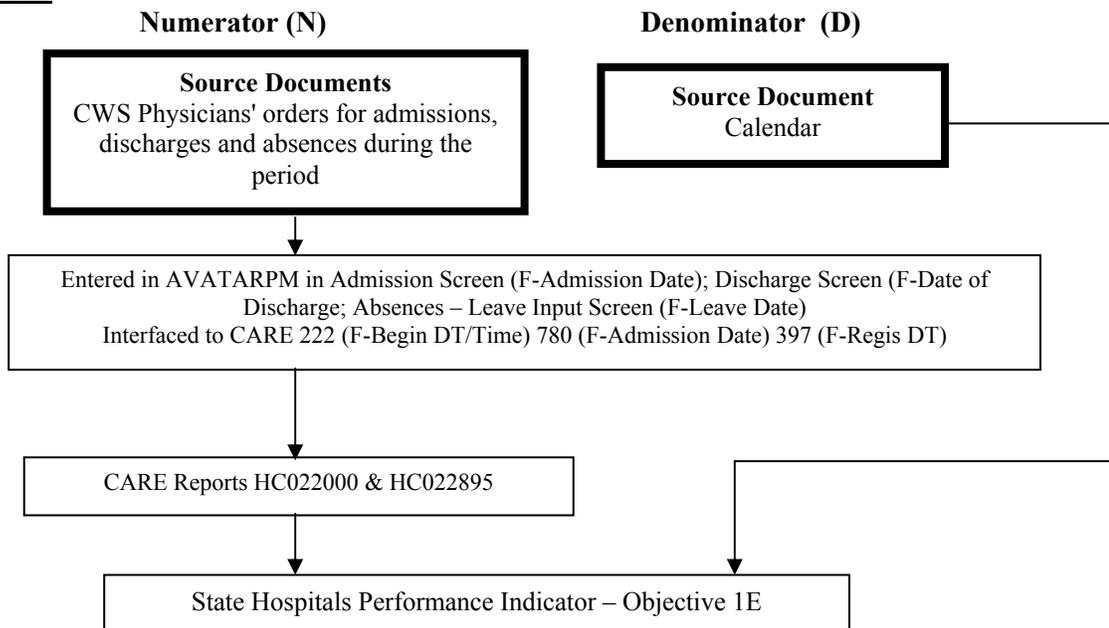
Each state hospital-inpatient services will operate a projected General Revenue ADC and Third Party ADC within the funds that are allocated and projected.

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

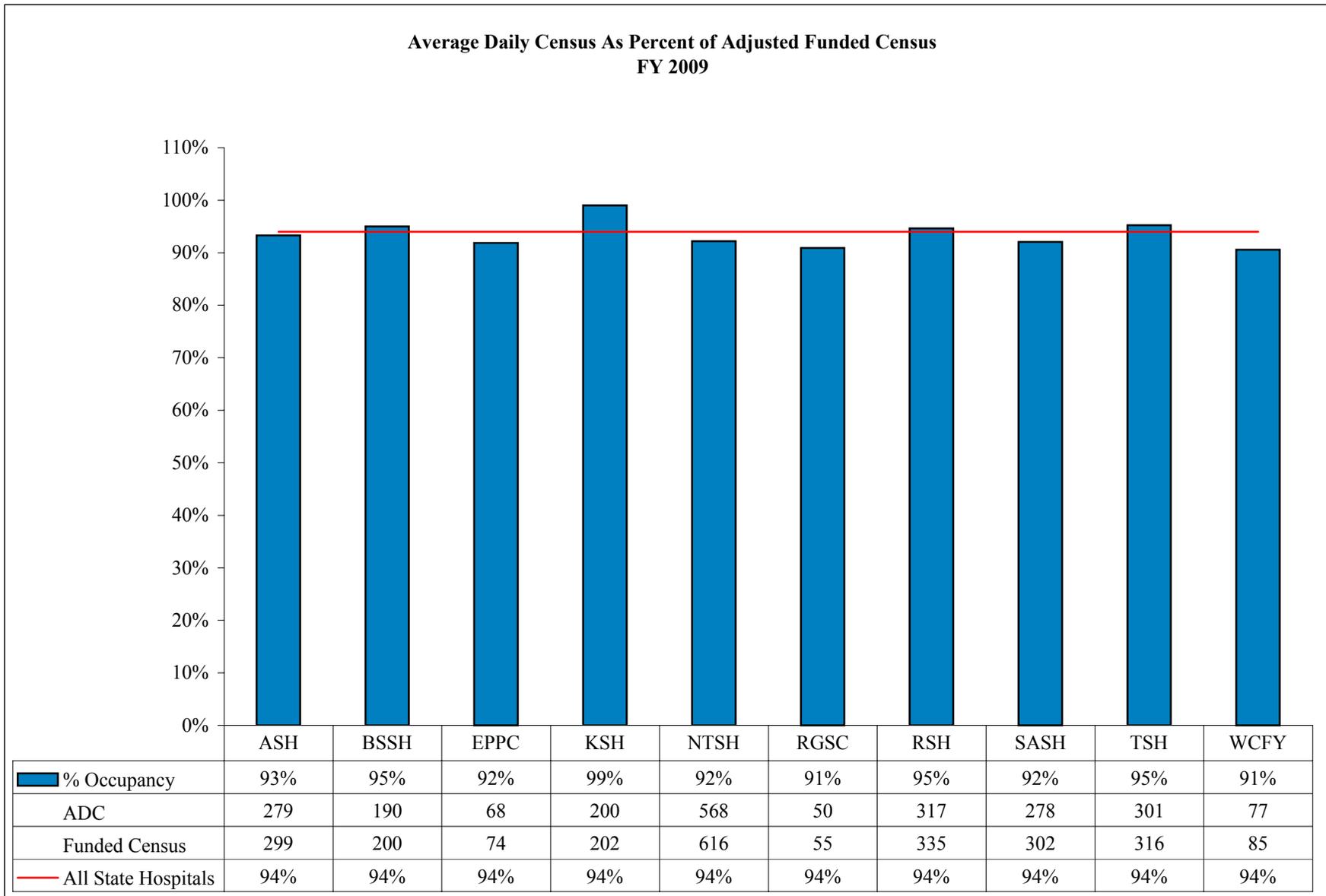
Performance Objective Formula:
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

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

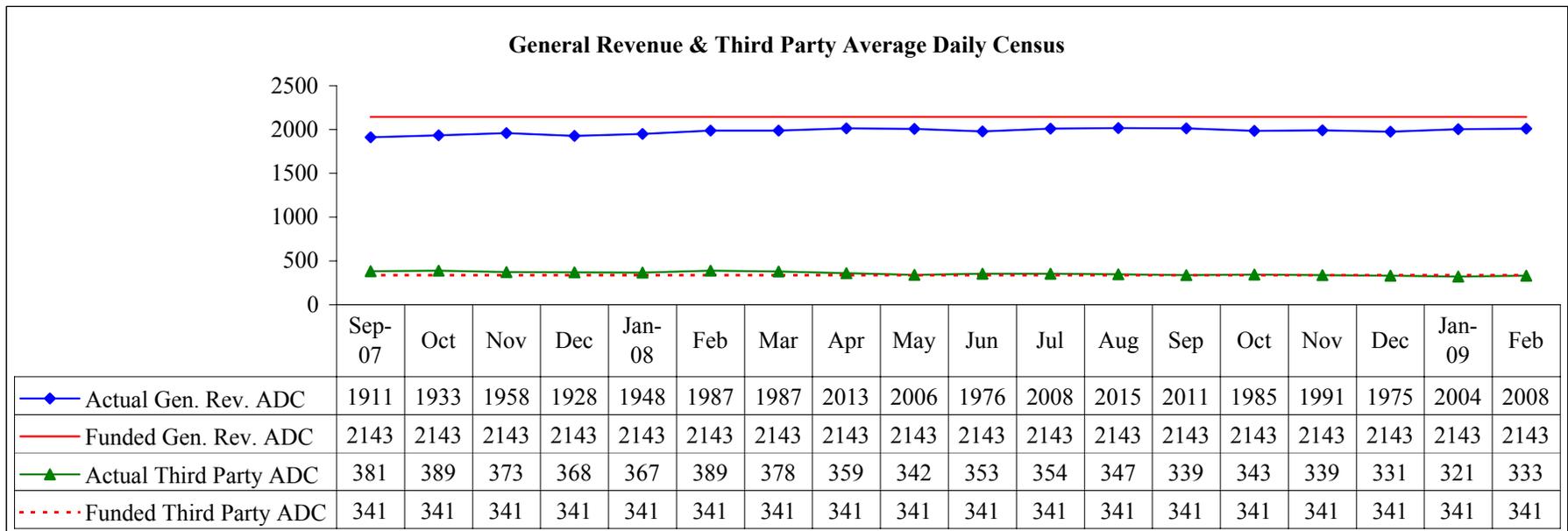
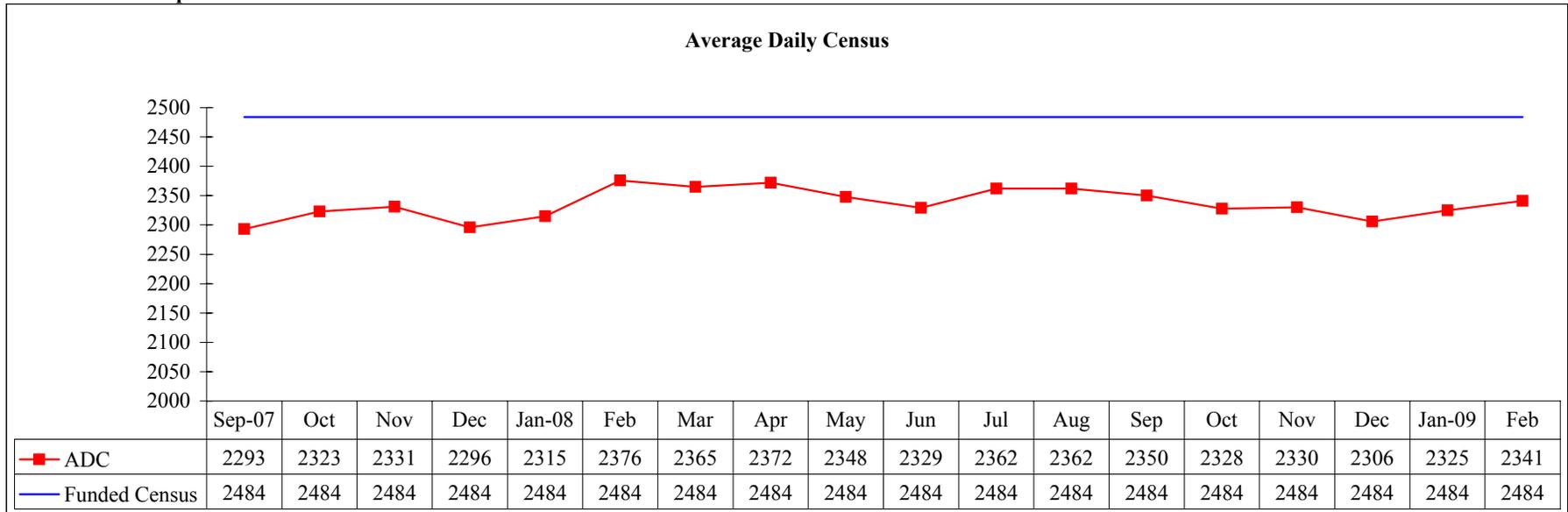
Data Flow:



Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals - As of February 28, 2009

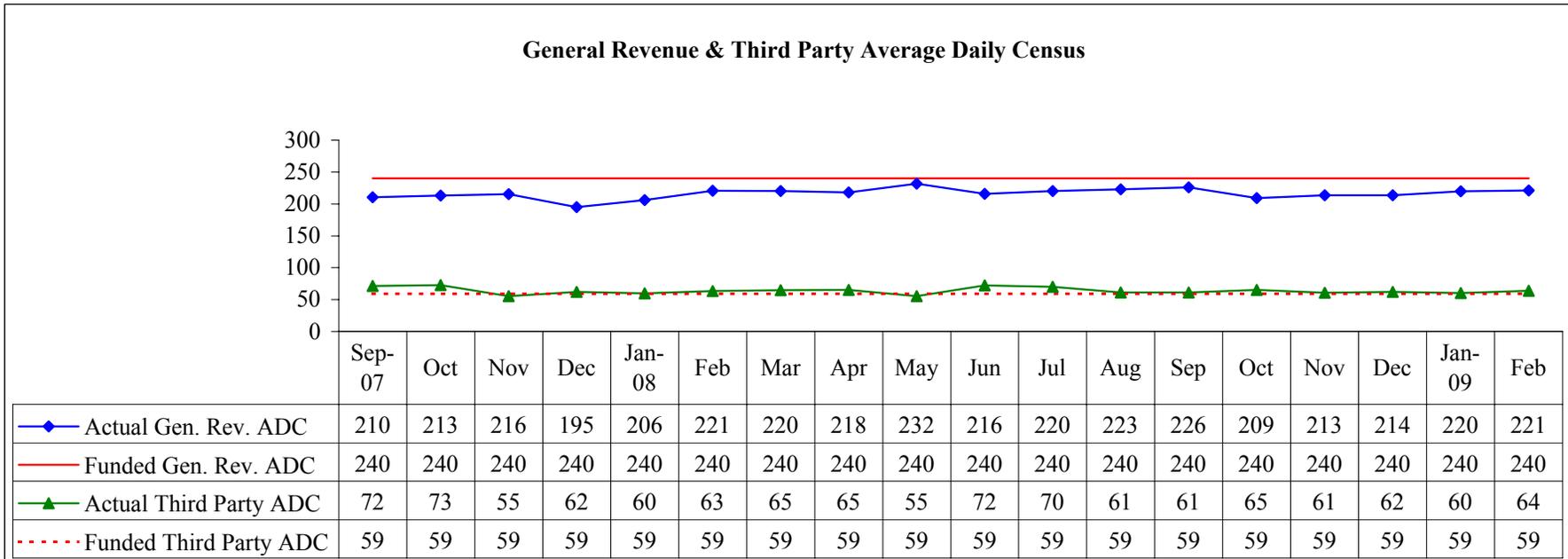
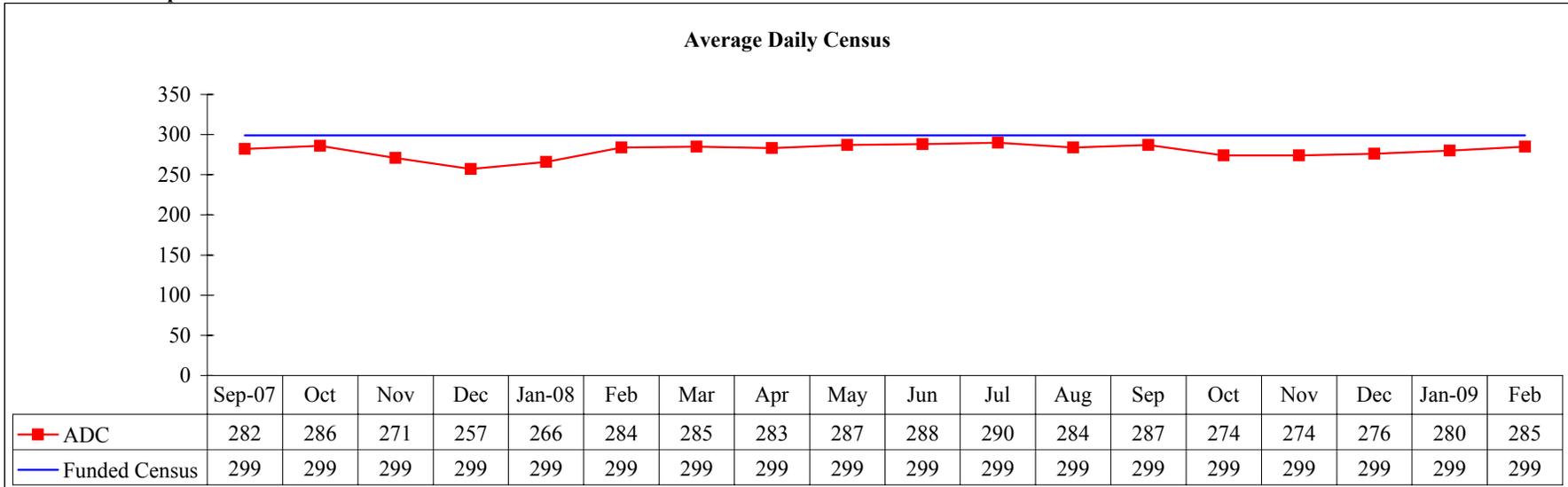


Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals



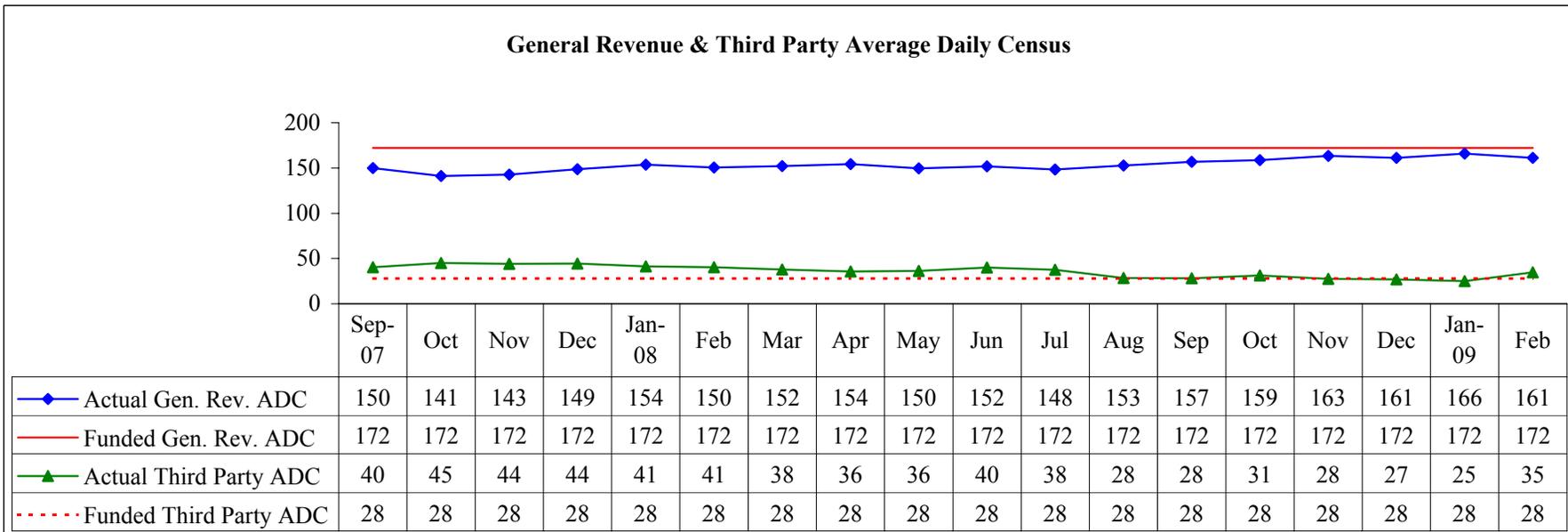
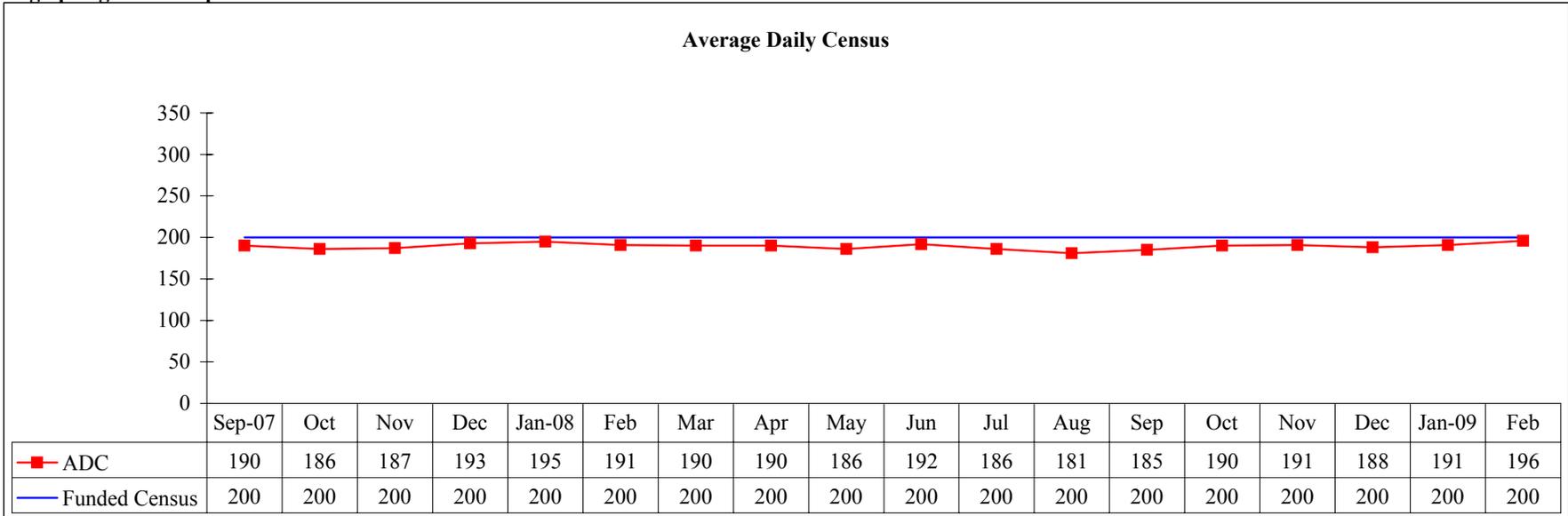
FY07 data revised using new coding

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



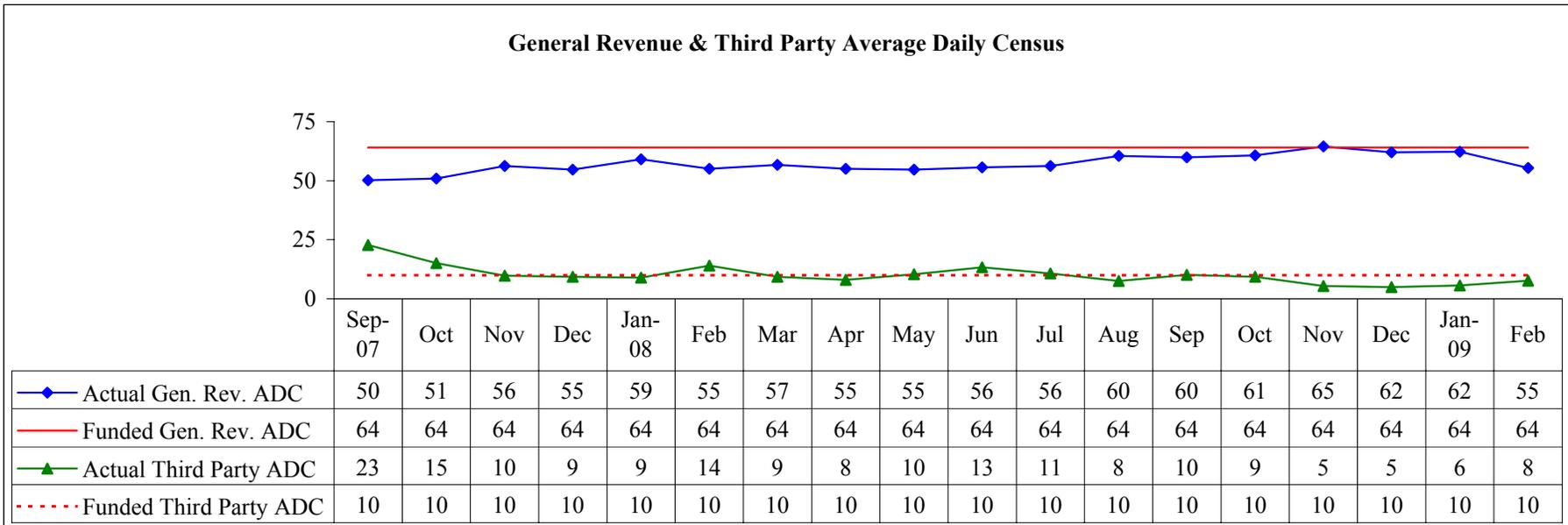
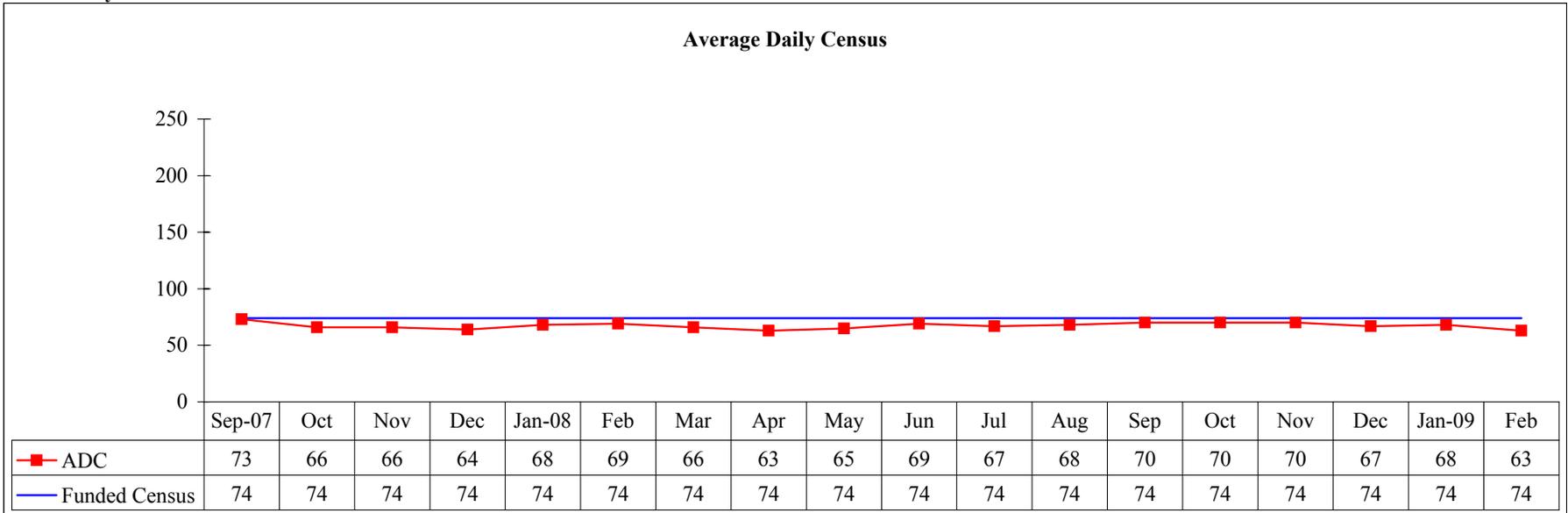
FY07 data revised using new coding

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



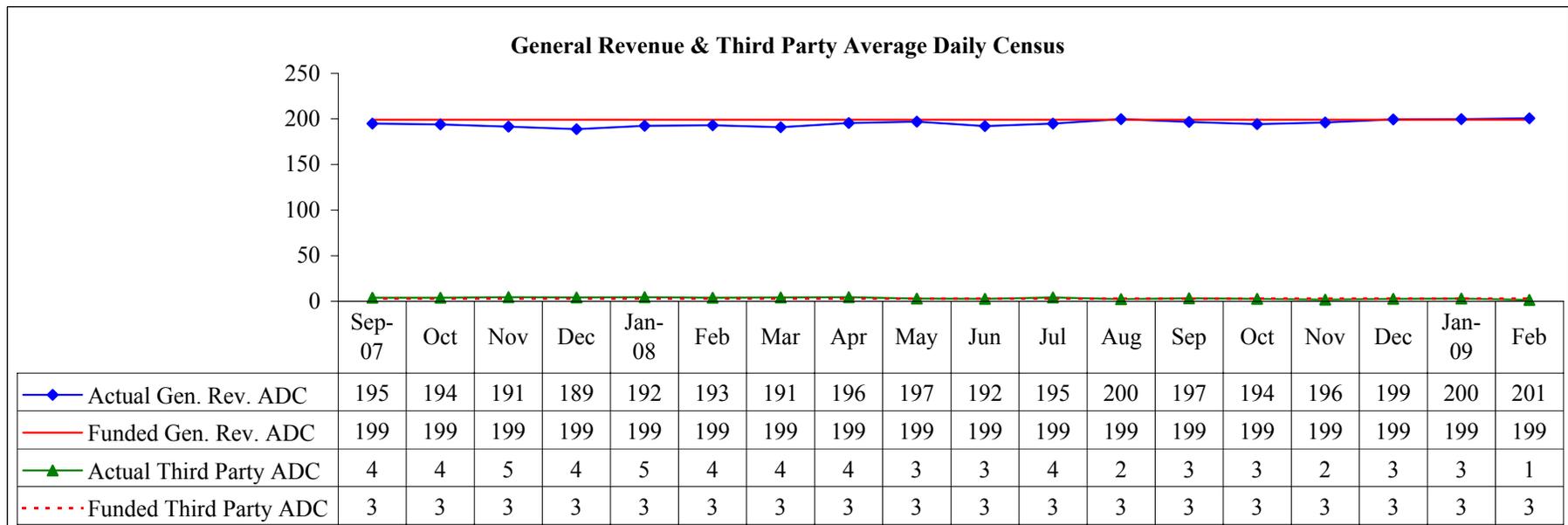
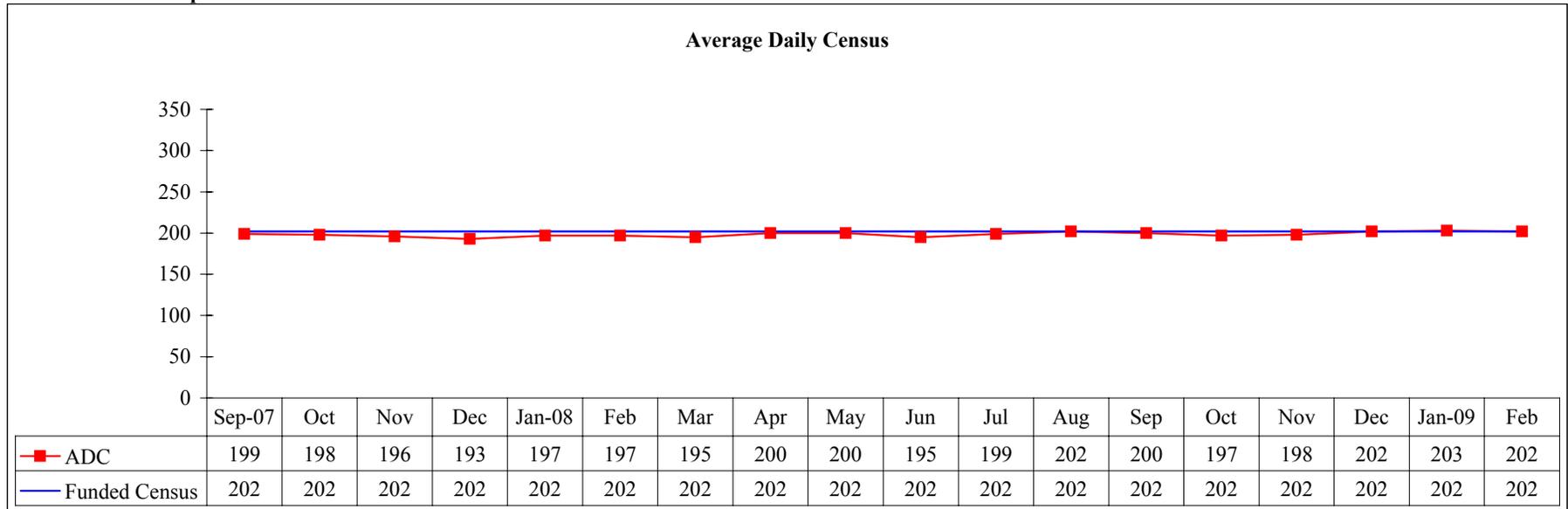
FY07 data revised using new coding

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



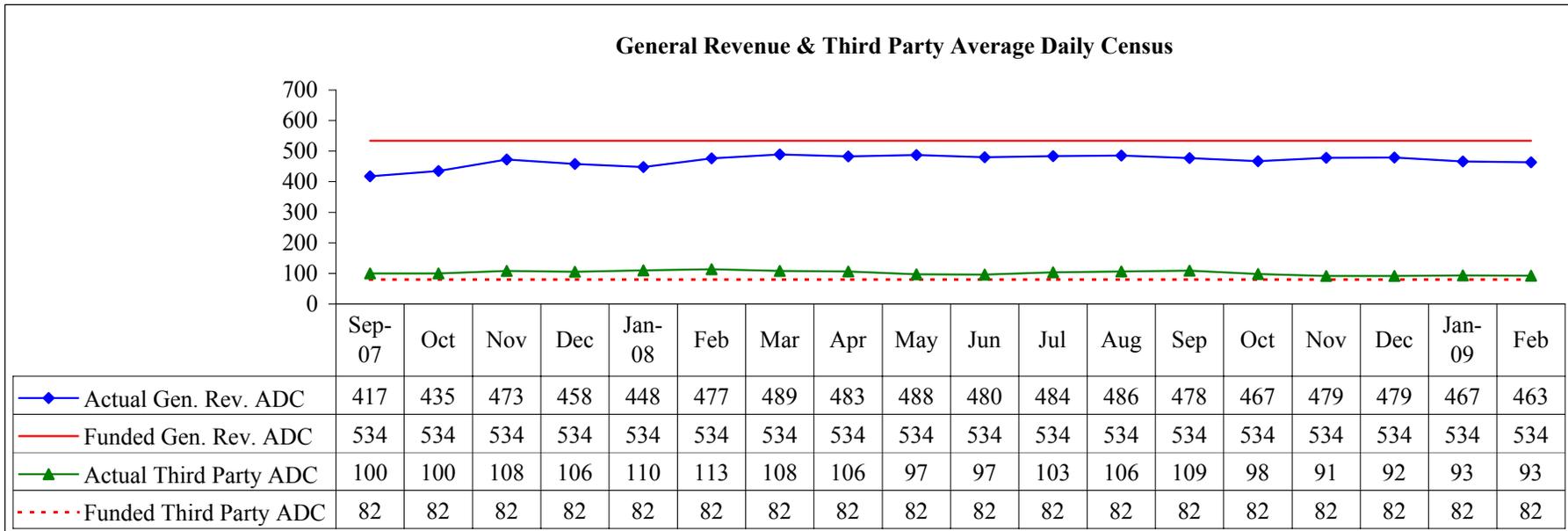
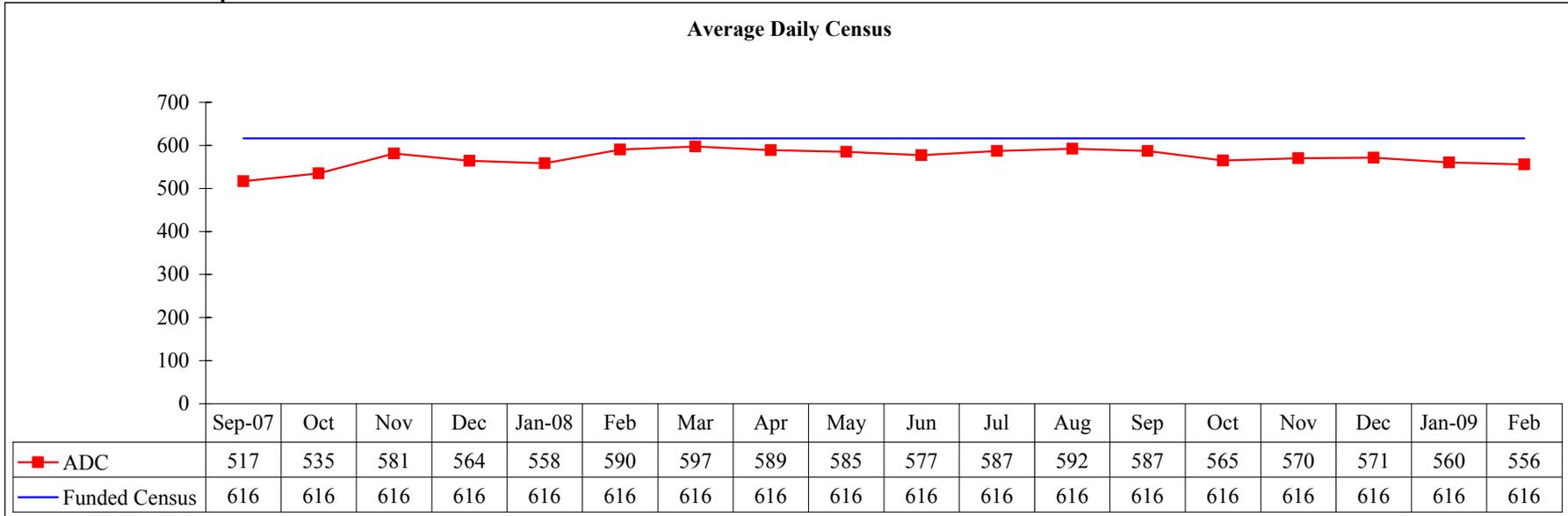
FY07 data revised using new coding

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



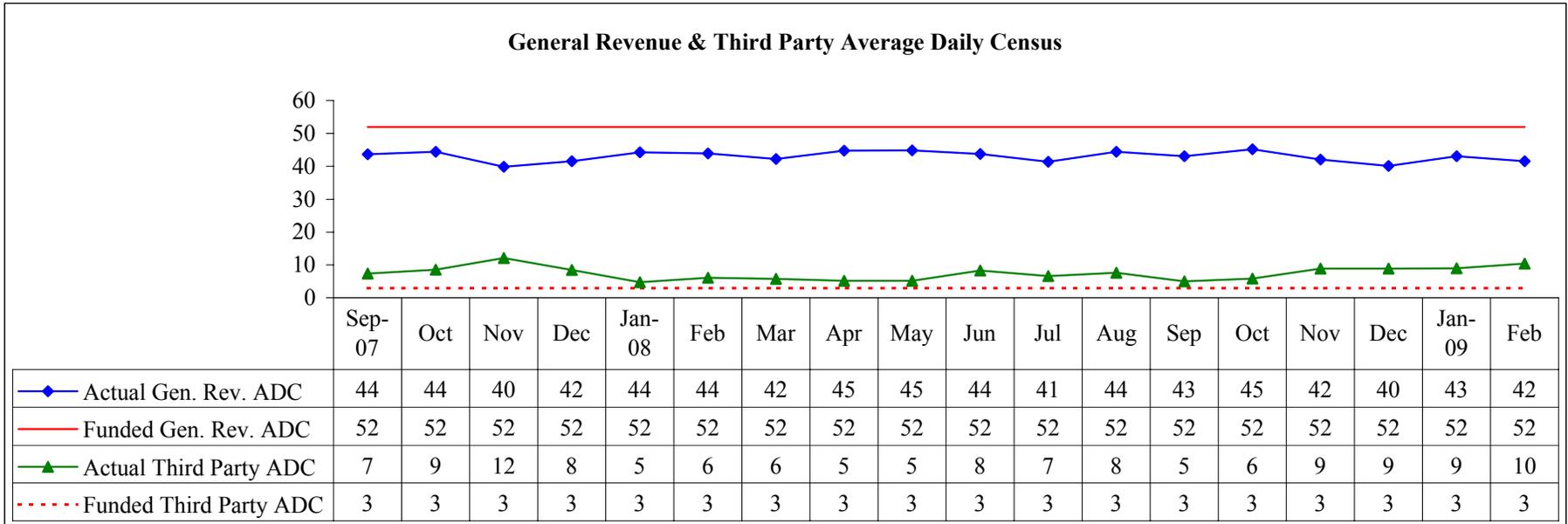
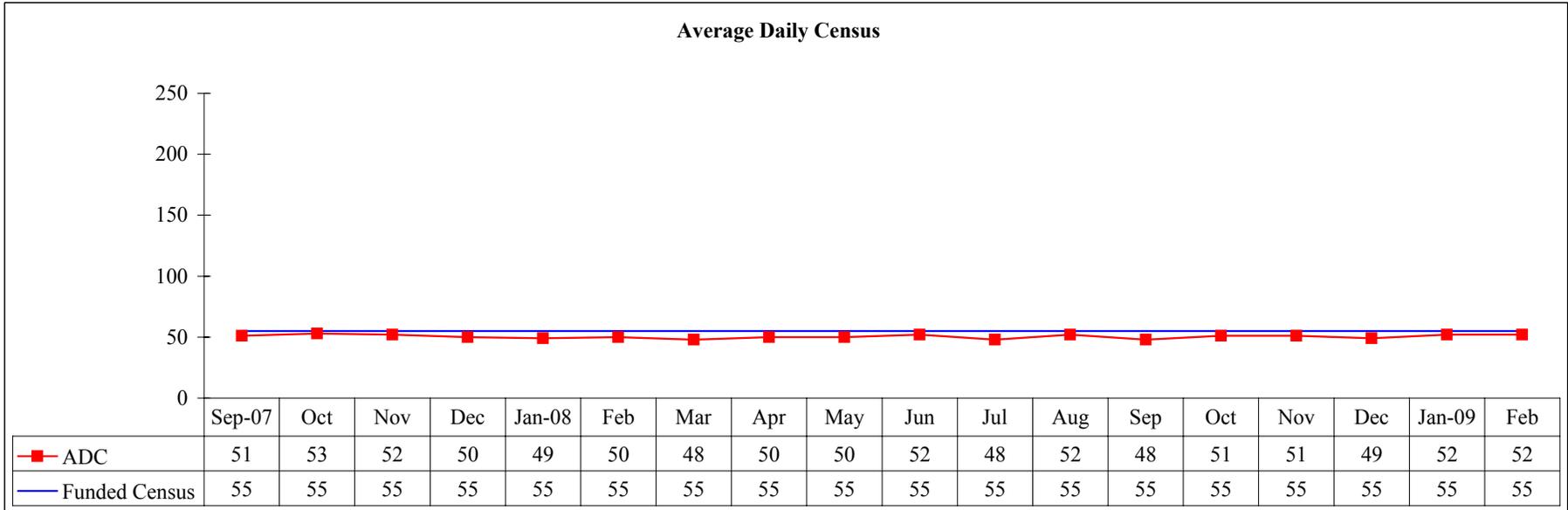
FY07 data revised using new coding

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



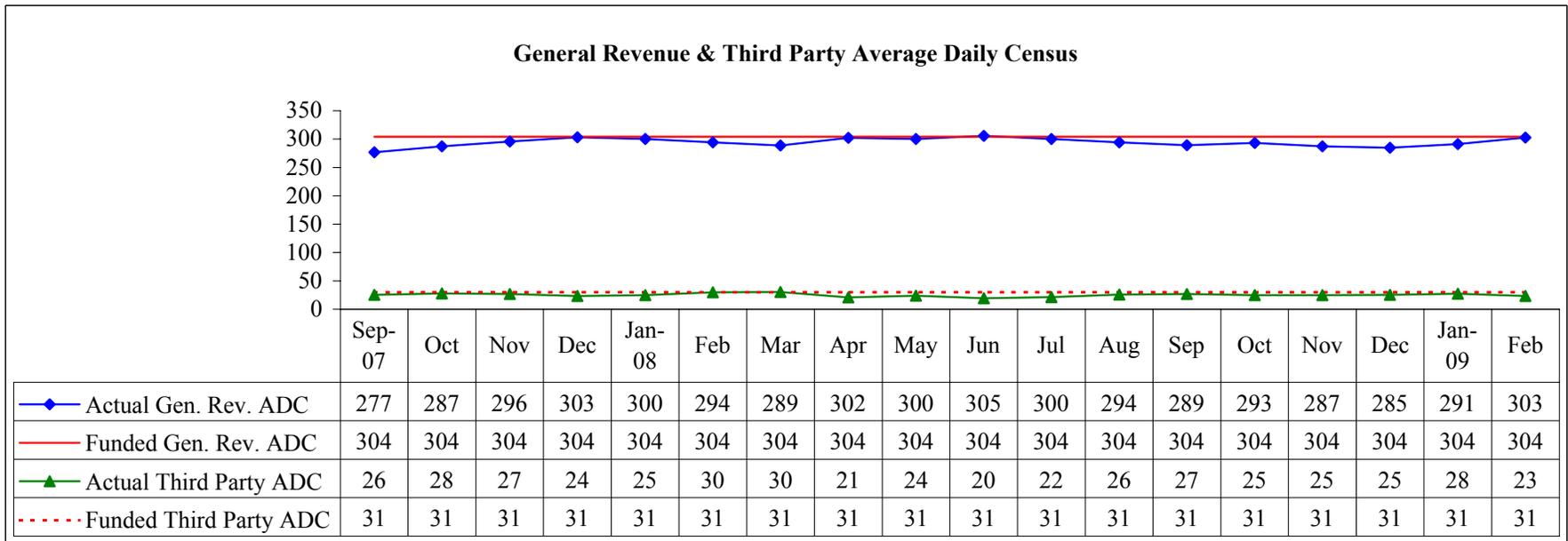
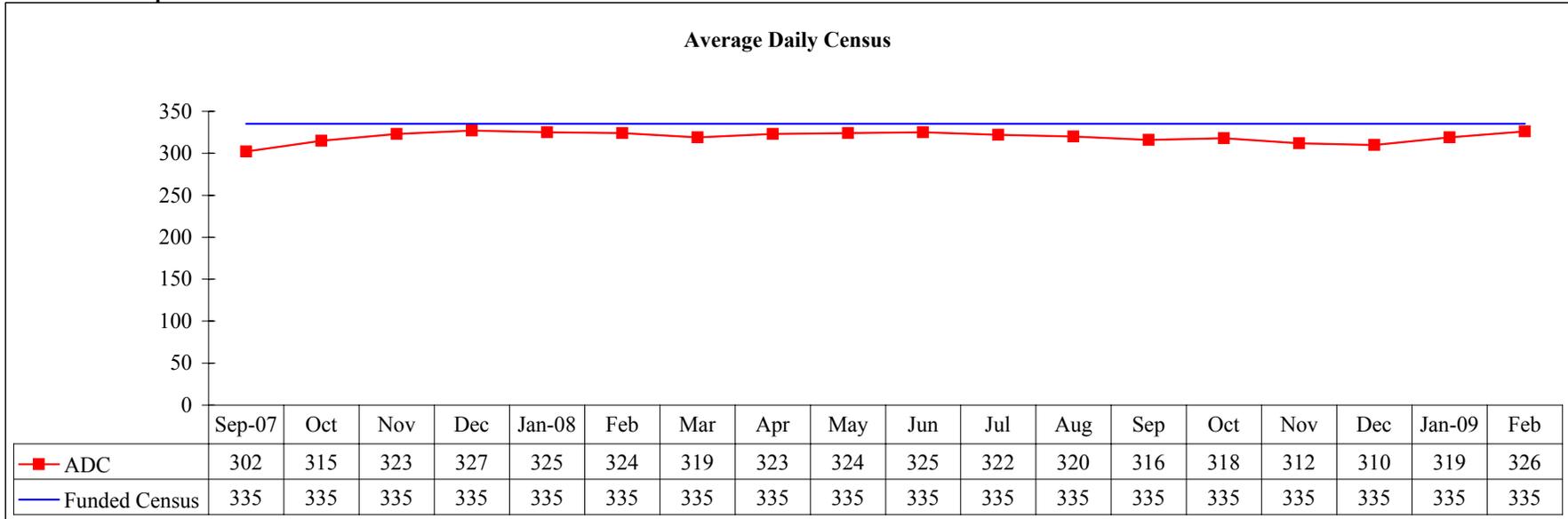
FY07 data revised using new coding

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



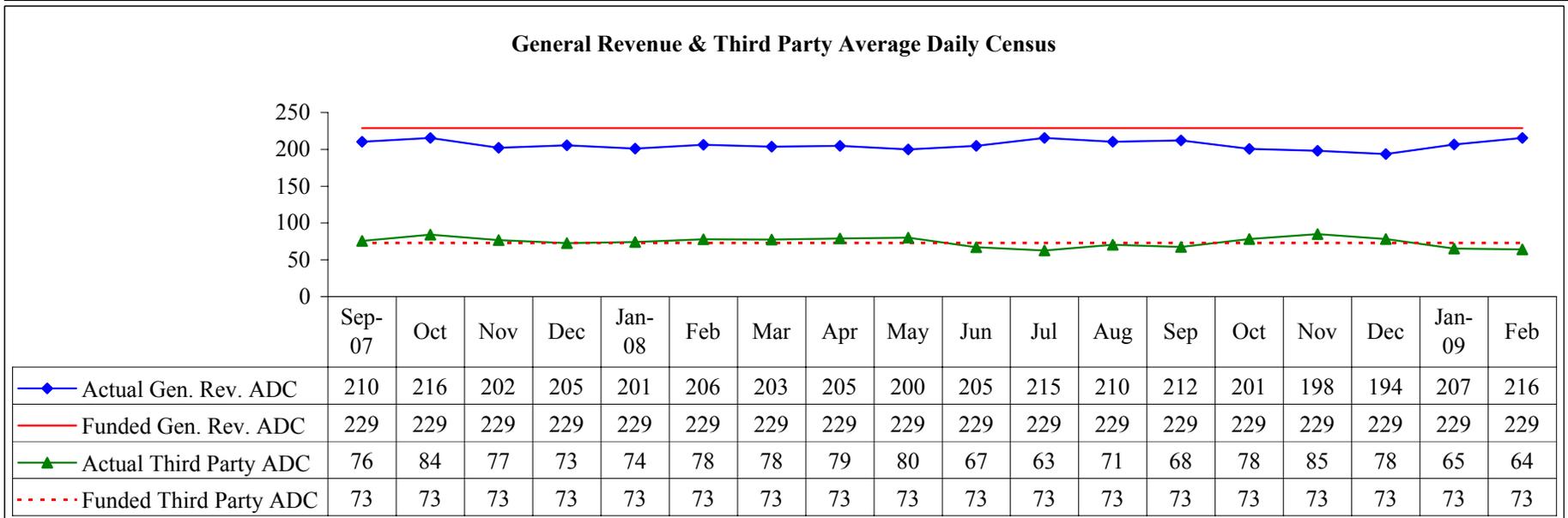
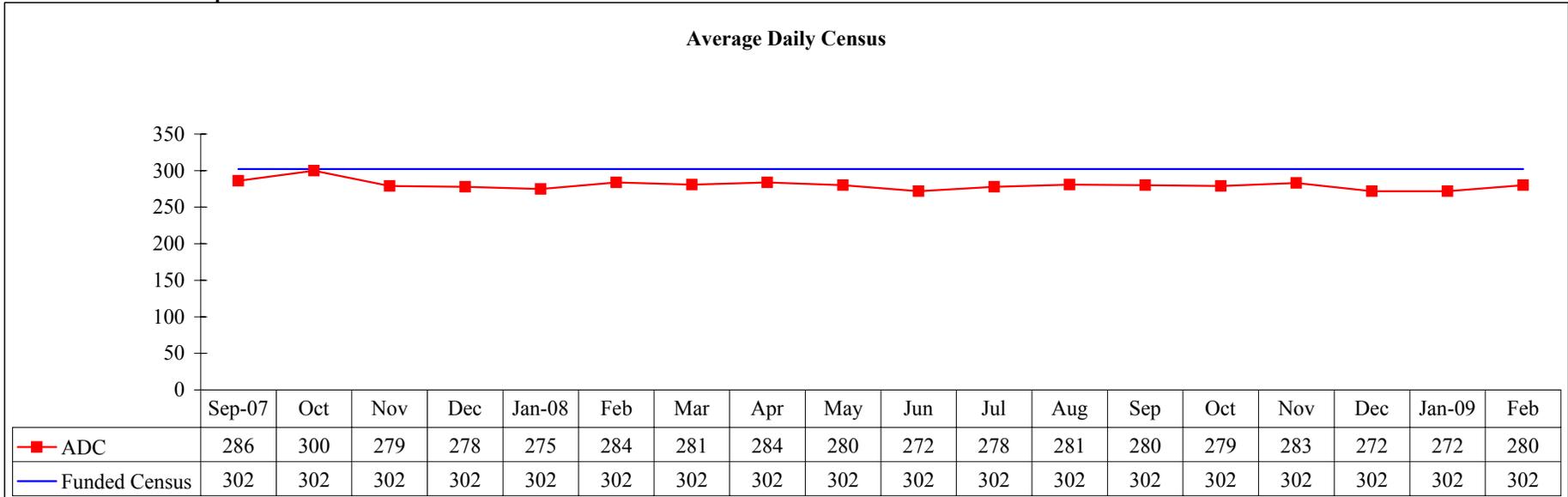
FY07 data revised using new coding

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



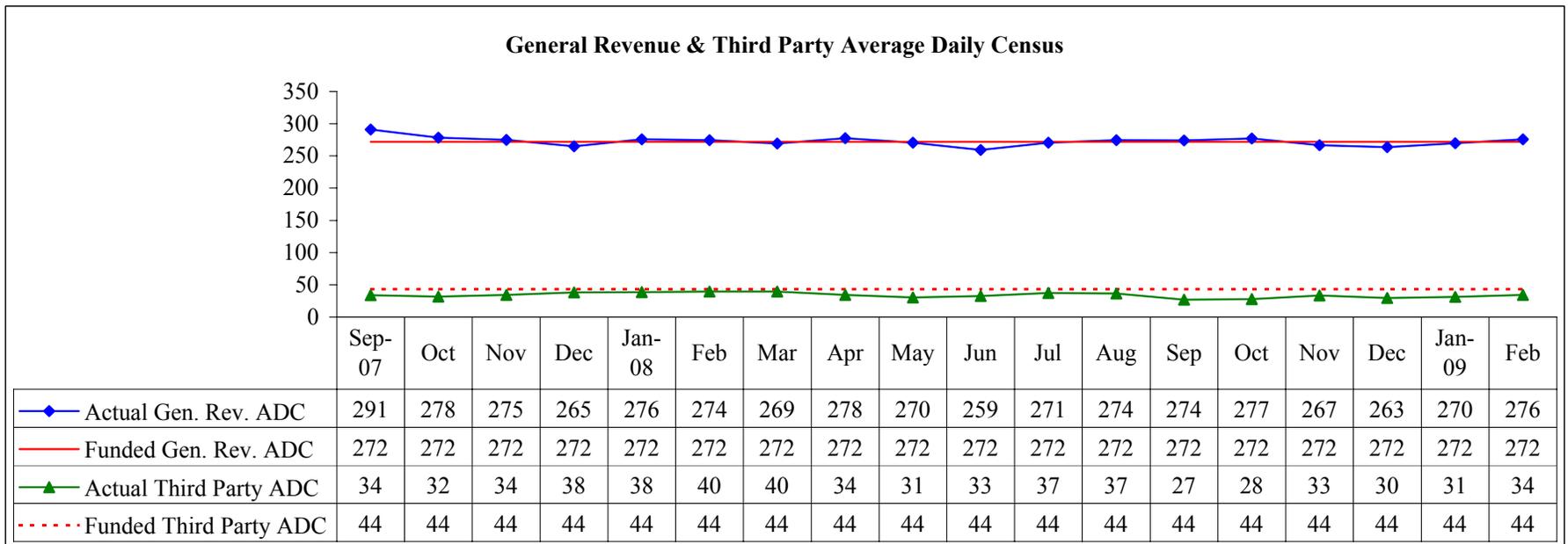
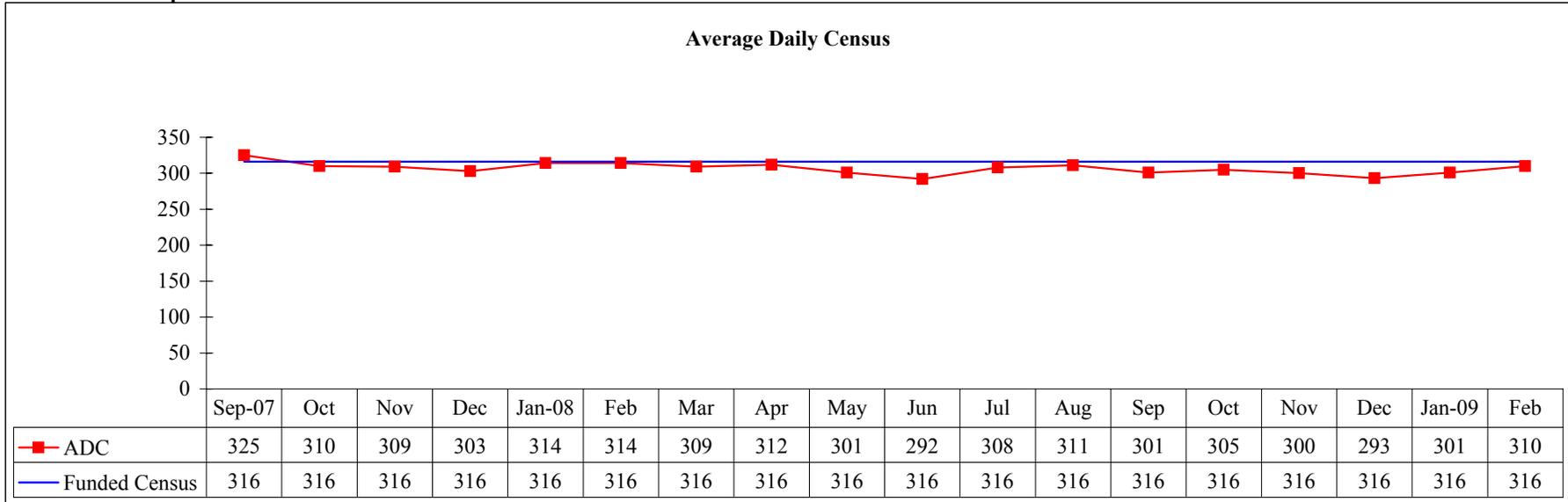
FY07 data revised using new coding

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



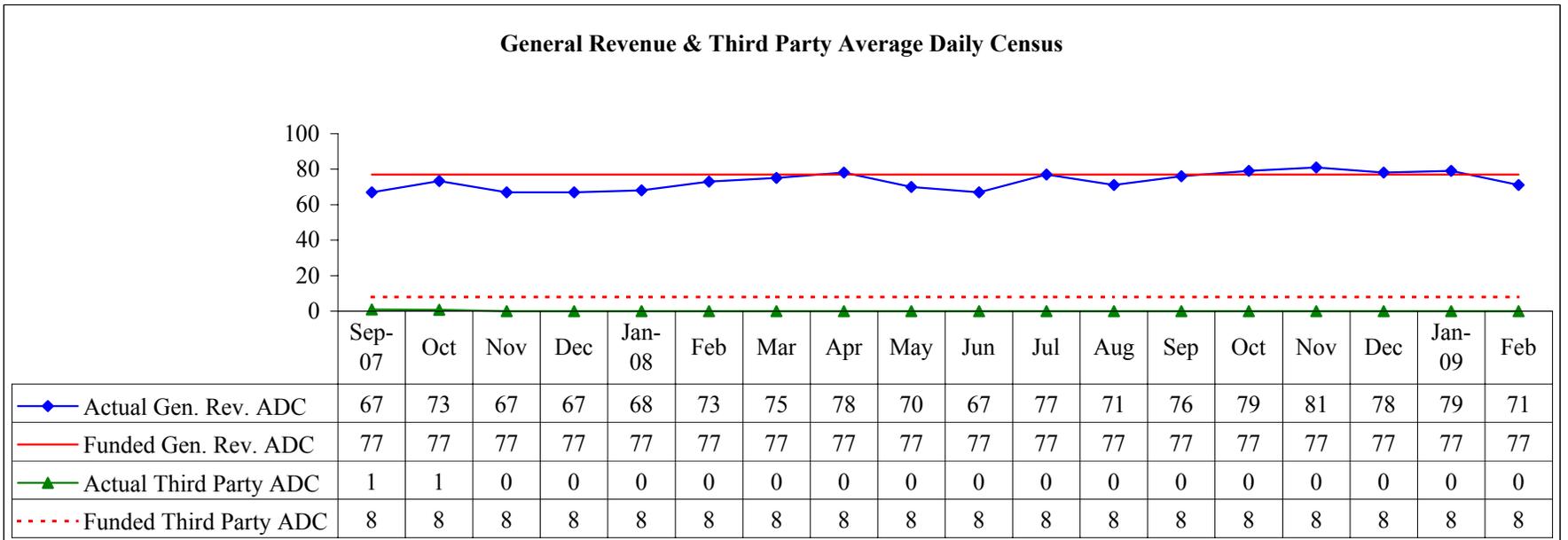
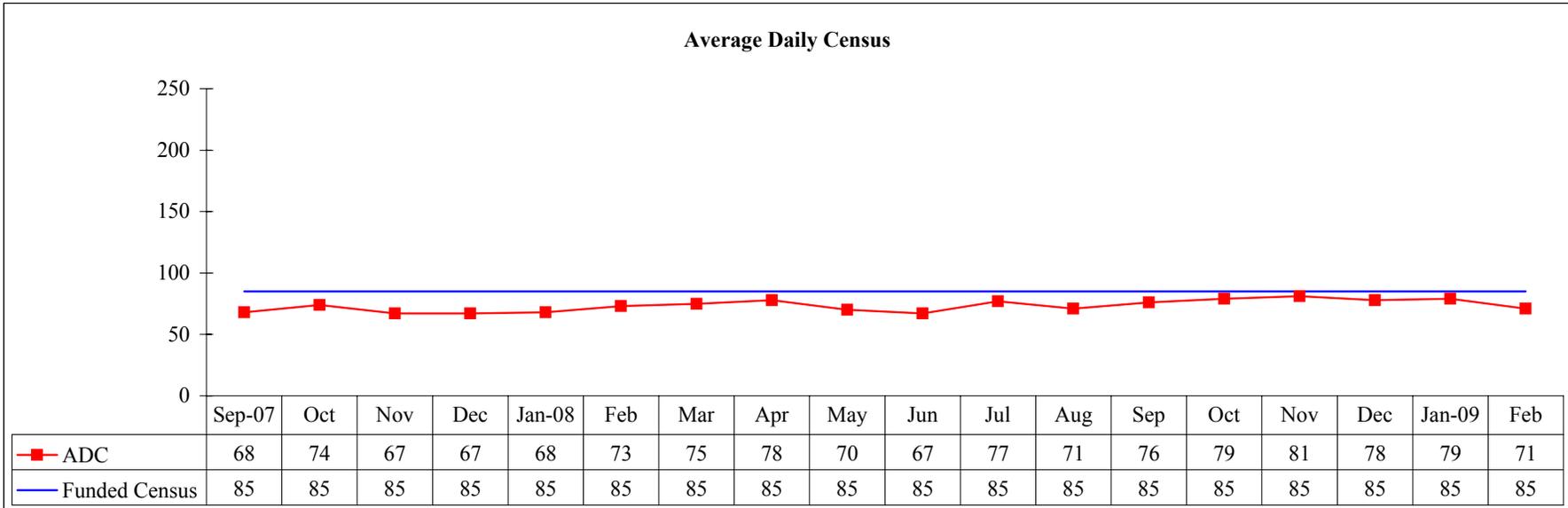
FY07 data revised using new coding

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



FY07 data revised using new coding

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



FY07 data revised using new coding

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

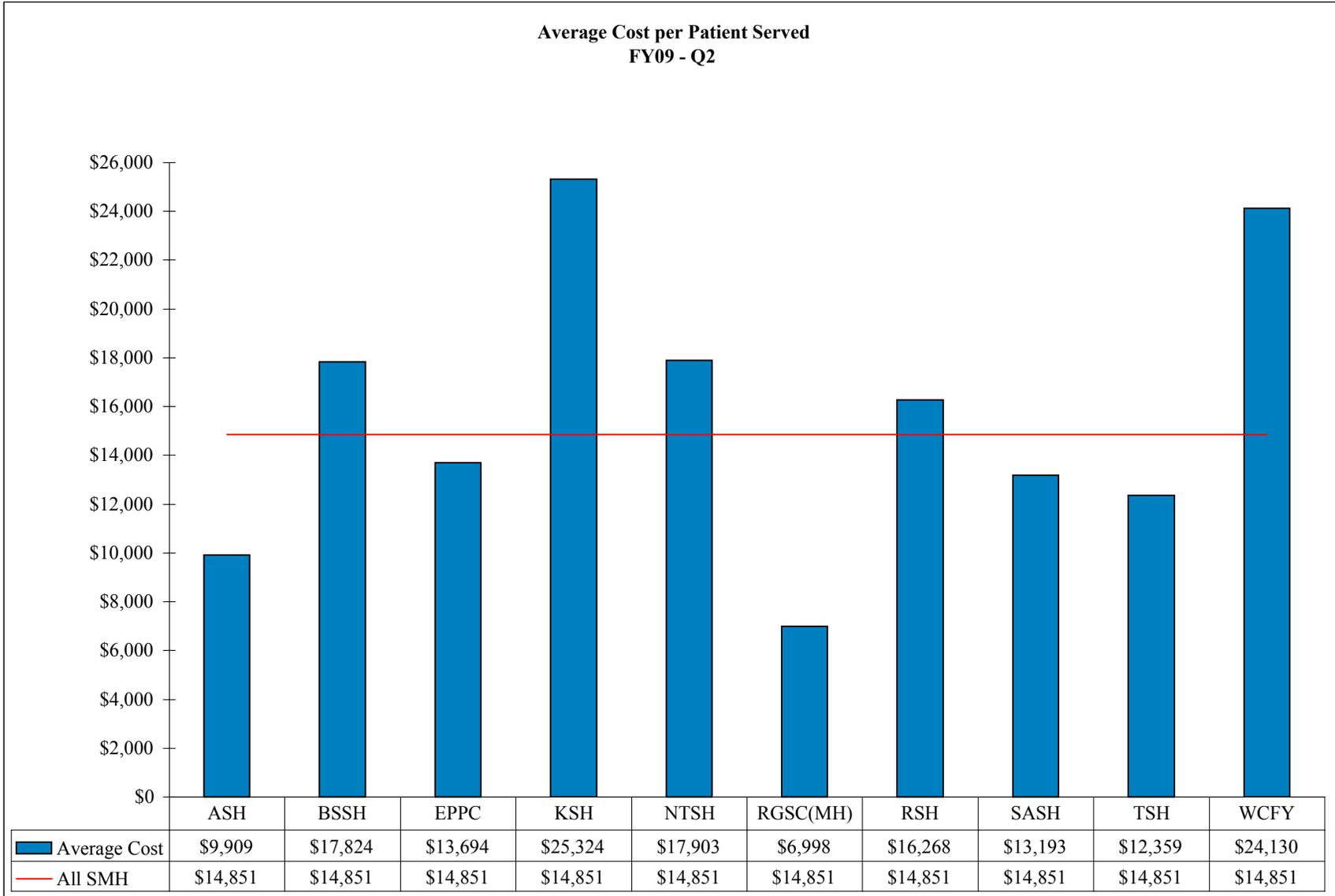
	FY07				FY08				FY09			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	20	20	20	20	22	23	24	25	23	23		
LBB Cost/Bed Day	\$375	\$387	\$392	\$397	\$395	\$435	\$393	\$380	\$394	\$438		
Average Cost	\$7,675	\$7,878	\$7,820	\$7,862	\$8,697	\$10,140	\$9,335	\$9,419	\$9,078	\$9,909		
Big Spring State Hospital												
Avg. Patient Days	39	36	42	39	39	41	39	43	42	43		
LBB Cost/Bed Day	\$354	\$369	\$377	\$377	\$364	\$395	\$389	\$384	\$373	\$417		
Average Cost	\$13,850	\$13,427	\$15,717	\$14,579	\$14,201	\$16,207	\$15,034	\$16,422	\$15,723	\$17,824		
El Paso Psychiatric Center												
Avg. Patient Days	19	22	21	20	19	19	20	23	22	24		
LBB Cost/Bed Day	\$469	\$467	\$461	\$504	\$447	\$507	\$530	\$516	\$451	\$568		
Average Cost	\$8,736	\$10,252	\$9,529	\$10,247	\$8,674	\$9,734	\$10,717	\$12,098	\$9,818	\$13,694		
Kerrville State Hospital												
Avg. Patient Days	63	66	65	65	65	67	68	66	68	69		
LBB Cost/Bed Day	\$337	\$329	\$345	\$333	\$328	\$351	\$338	\$342	\$342	\$366		
Average Cost	\$21,373	\$21,693	\$22,473	\$21,726	\$21,275	\$23,678	\$22,871	\$22,750	\$23,219	\$25,324		
North Texas State Hospital												
Avg. Patient Days	47	46	46	46	45	45	46	44	44	46		
LBB Cost/Bed Day	\$349	\$388	\$382	\$416	\$387	\$407	\$364	\$343	\$361	\$391		
Average Cost	\$16,363	\$17,961	\$17,706	\$19,000	\$17,471	\$18,193	\$16,546	\$15,188	\$16,047	\$17,903		
Rusk State Hospital												
Avg. Patient Days	37	42	37	37	38	43	38	40	40	45		
LBB Cost/Bed Day	\$361	\$387	\$368	\$371	\$343	\$377	\$364	\$325	\$338	\$363		
Average Cost	\$13,351	\$16,137	\$13,686	\$13,701	\$12,894	\$16,366	\$14,013	\$12,873	\$13,512	\$16,268		
San Antonio State Hospital												
Avg. Patient Days	25	34	27	28	29	30	29	29	30	29		
LBB Cost/Bed Day	\$398	\$397	\$429	\$431	\$404	\$444	\$409	\$410	\$393	\$453		
Average Cost	\$10,121	\$13,542	\$11,716	\$12,148	\$11,663	\$13,467	\$12,004	\$11,835	\$11,888	\$13,193		

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

	FY07				FY08				FY09			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	31	29	31	32	31	31	31	30	31	30		
LBB Cost/Bed Day	\$350	\$361	\$354	\$361	\$351	\$395	\$377	\$368	\$373	\$407		
Average Cost	\$10,843	\$10,578	\$10,935	\$11,647	\$11,024	\$12,277	\$11,598	\$10,886	\$11,416	\$12,359		
Waco Center for Youth												
Avg. Patient Days	62	61	59	56	62	54	65	51	63	62		
LBB Cost/Bed Day	\$306	\$363	\$333	\$404	\$339	\$424	\$362	\$364	\$305	\$391		
Average Cost	\$18,892	\$22,093	\$19,484	\$22,804	\$20,927	\$22,820	\$23,472	\$18,534	\$19,355	\$24,130		
Rio Grande State Center (MH)												
Avg. Patient Days	15	14	16	12	16	14	13	16	15	16		
LBB Cost/Bed Day	\$402	\$412	\$519	\$537	\$382	\$493	\$478	\$408	\$427	\$445		
Average Cost	\$5,946	\$5,682	\$8,231	\$6,519	\$6,140	\$6,927	\$6,073	\$6,613	\$6,394	\$6,998		
All MH Hospitals												
Avg. Patient Days	34	35	34	34	35	36	36	36	36	36		
LBB Cost/Bed Day	\$362	\$381	\$383	\$396	\$373	\$409	\$381	\$367	\$369	\$408		
Average Cost	\$12,197	\$13,384	\$12,961	\$13,342	\$12,856	\$14,712	\$13,544	\$13,077	\$13,198	\$14,851		
Texas Center for Infectious Disease												
Avg. Patient Days					150	144	192	153	159	152		
LBB Cost/Bed Day					\$524	\$864	\$633	\$798	\$527	\$868		
Average Cost					\$78,600	\$124,416	\$121,317	\$122,280	\$83,590	\$131,992		

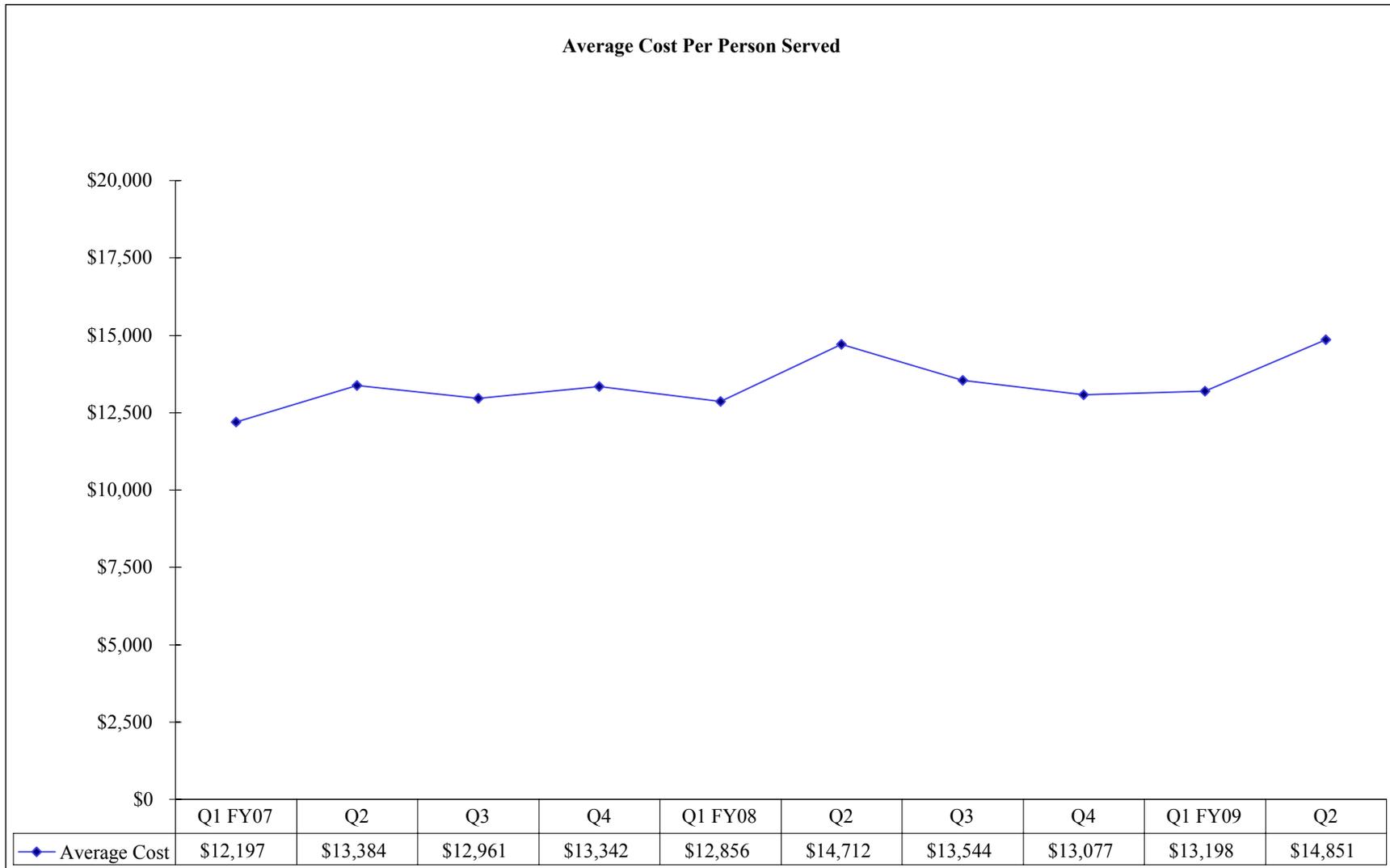
LBB Cost - total facility expense minus benefits and depreciation

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

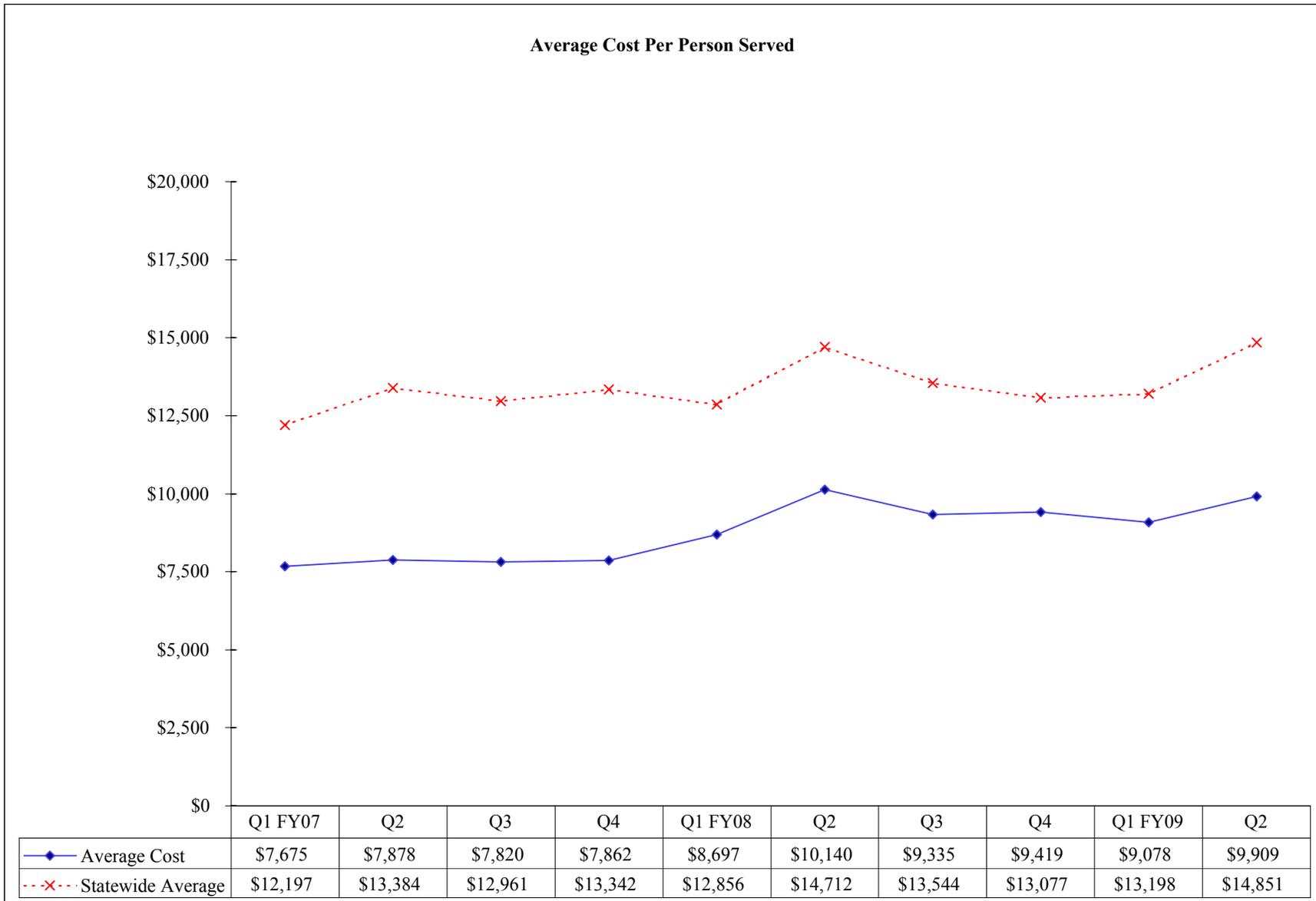


Source: CARE Report HC022330,
 Financial Statistical Report-Fiscal Services;
 FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

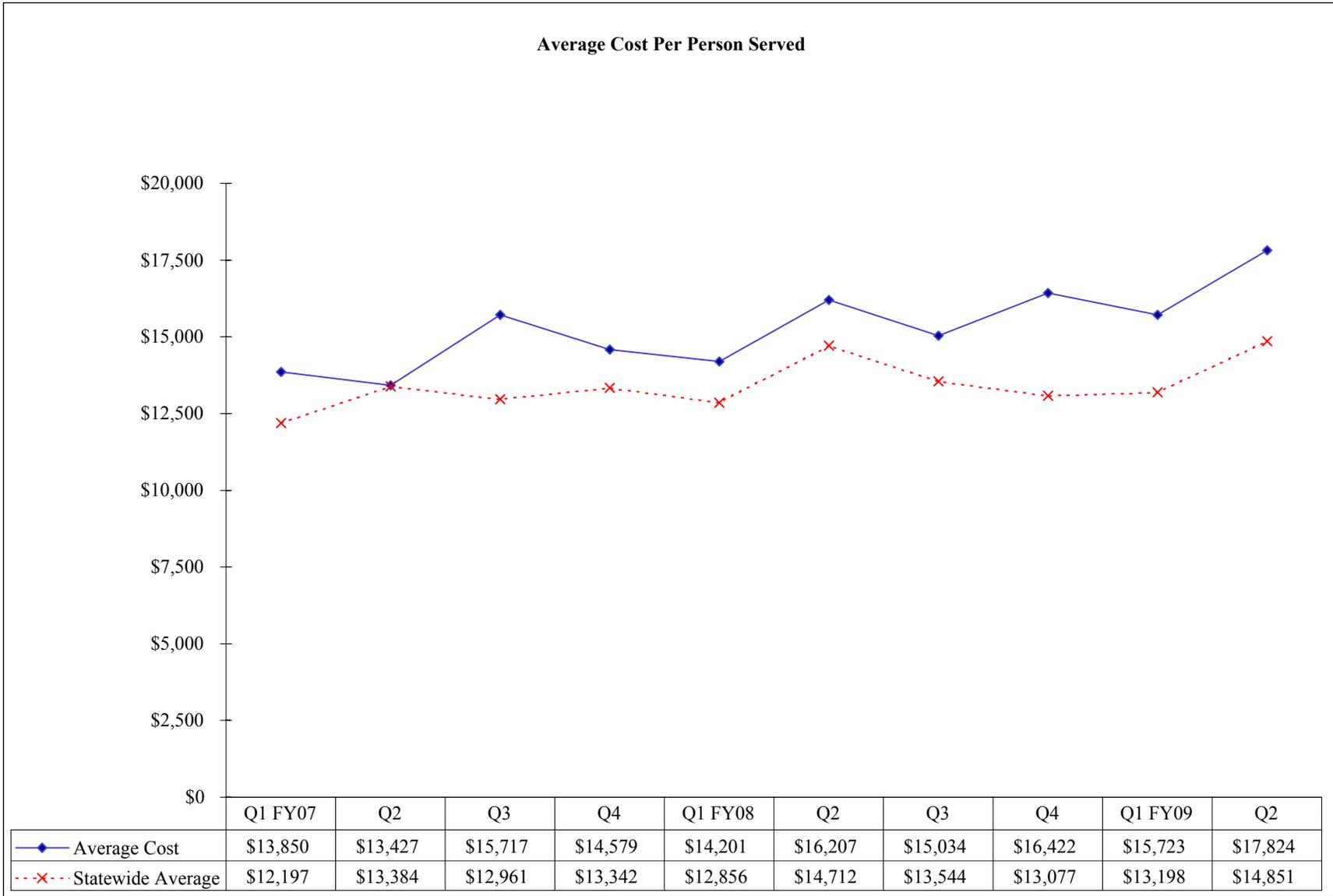
**Measure 1A - Average Cost Per Patient Served
All State MH Hospitals**



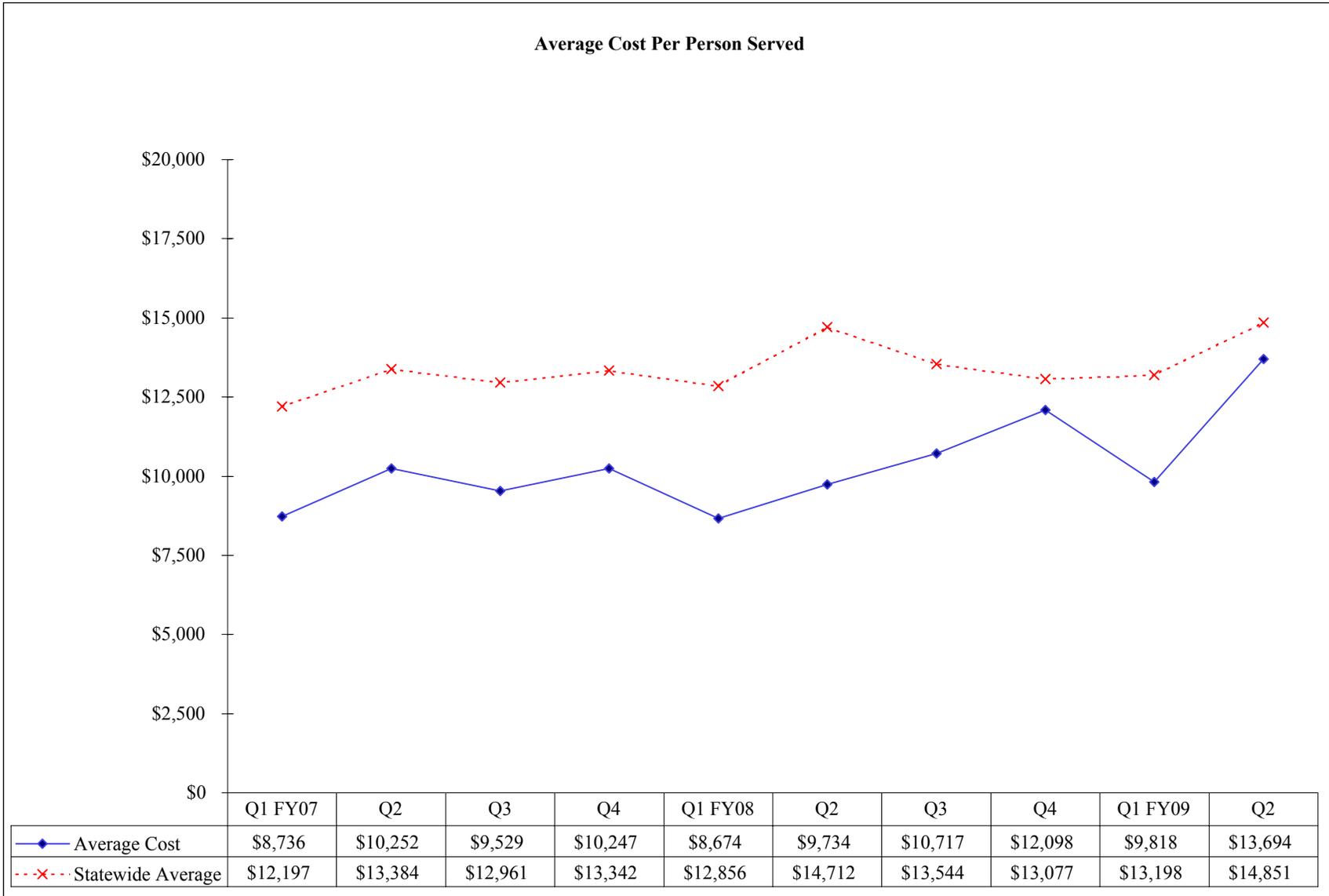
**Measure 1A - Average Cost Per Patient Served
Austin State Hospital**



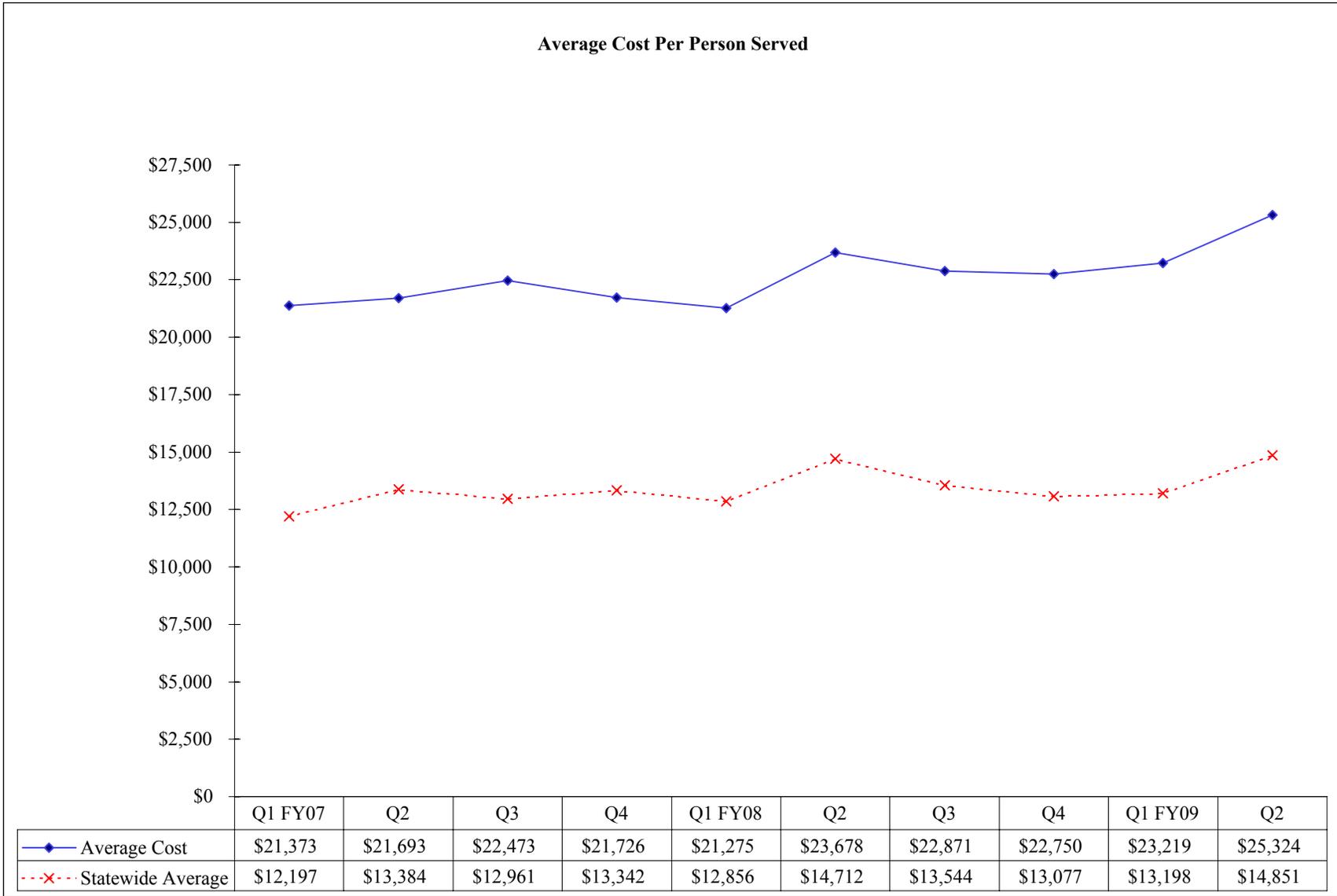
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



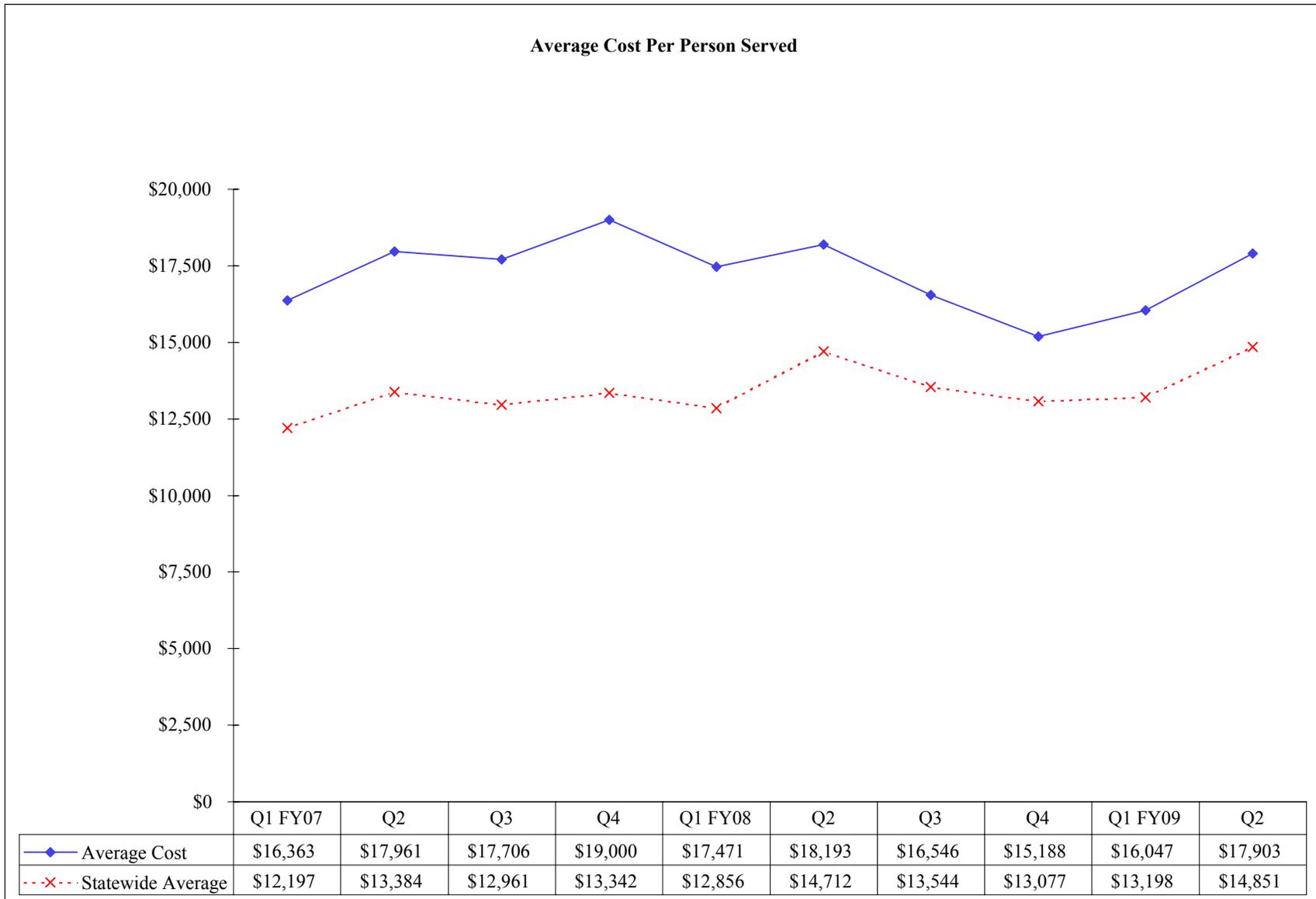
**Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center**



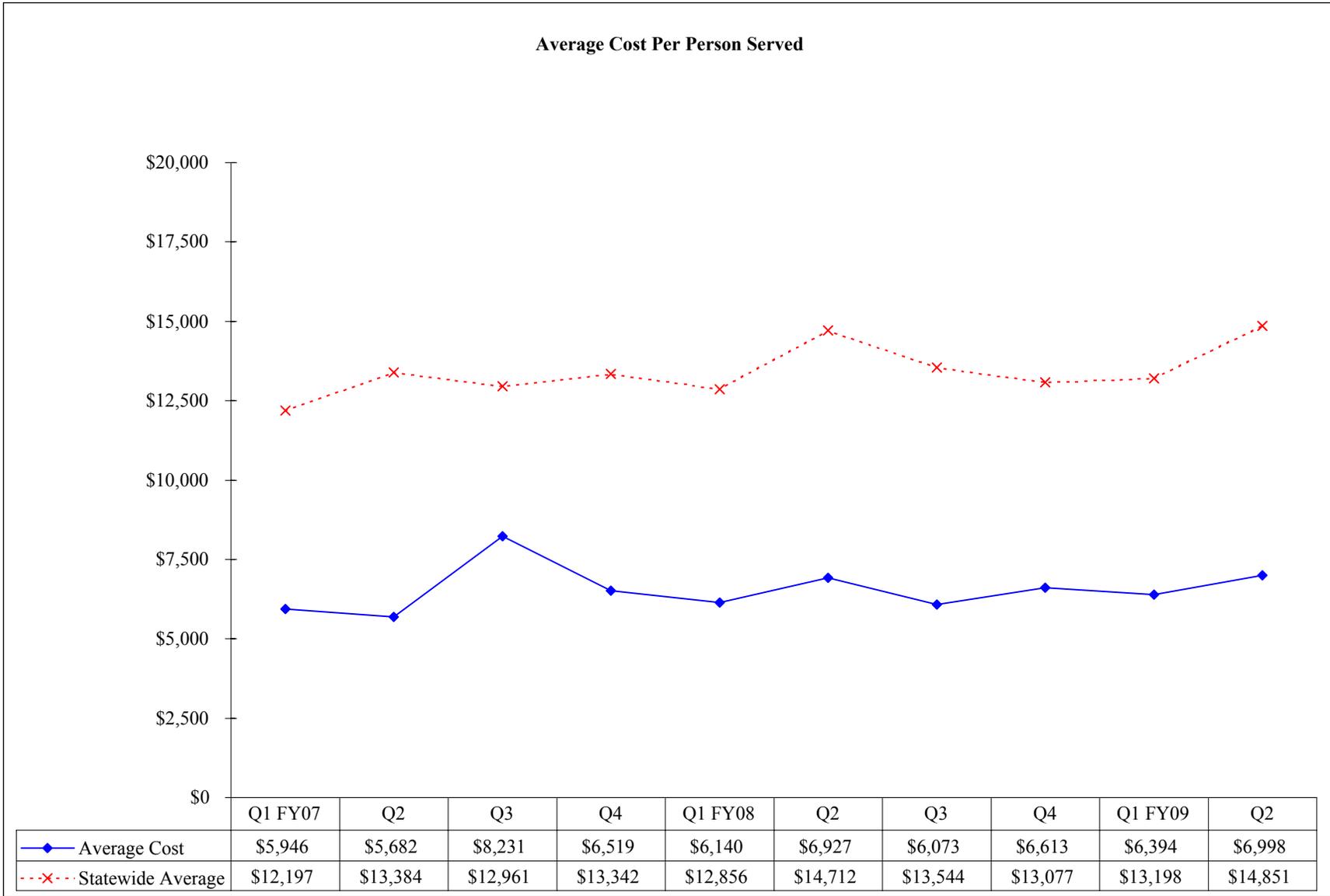
**Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital**



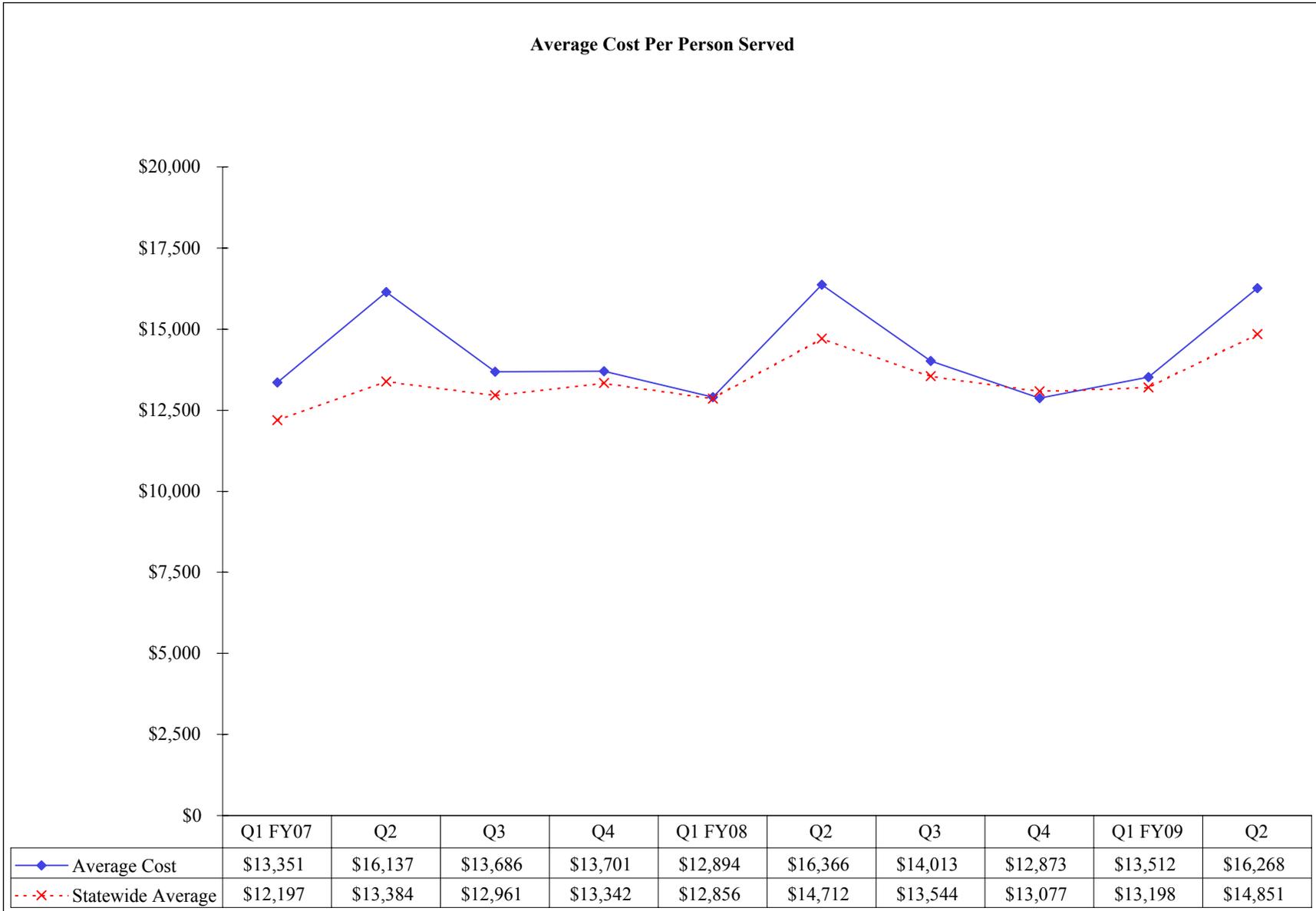
**Measure 1A - Average Cost Per Patient Served
North Texas State Hospital**



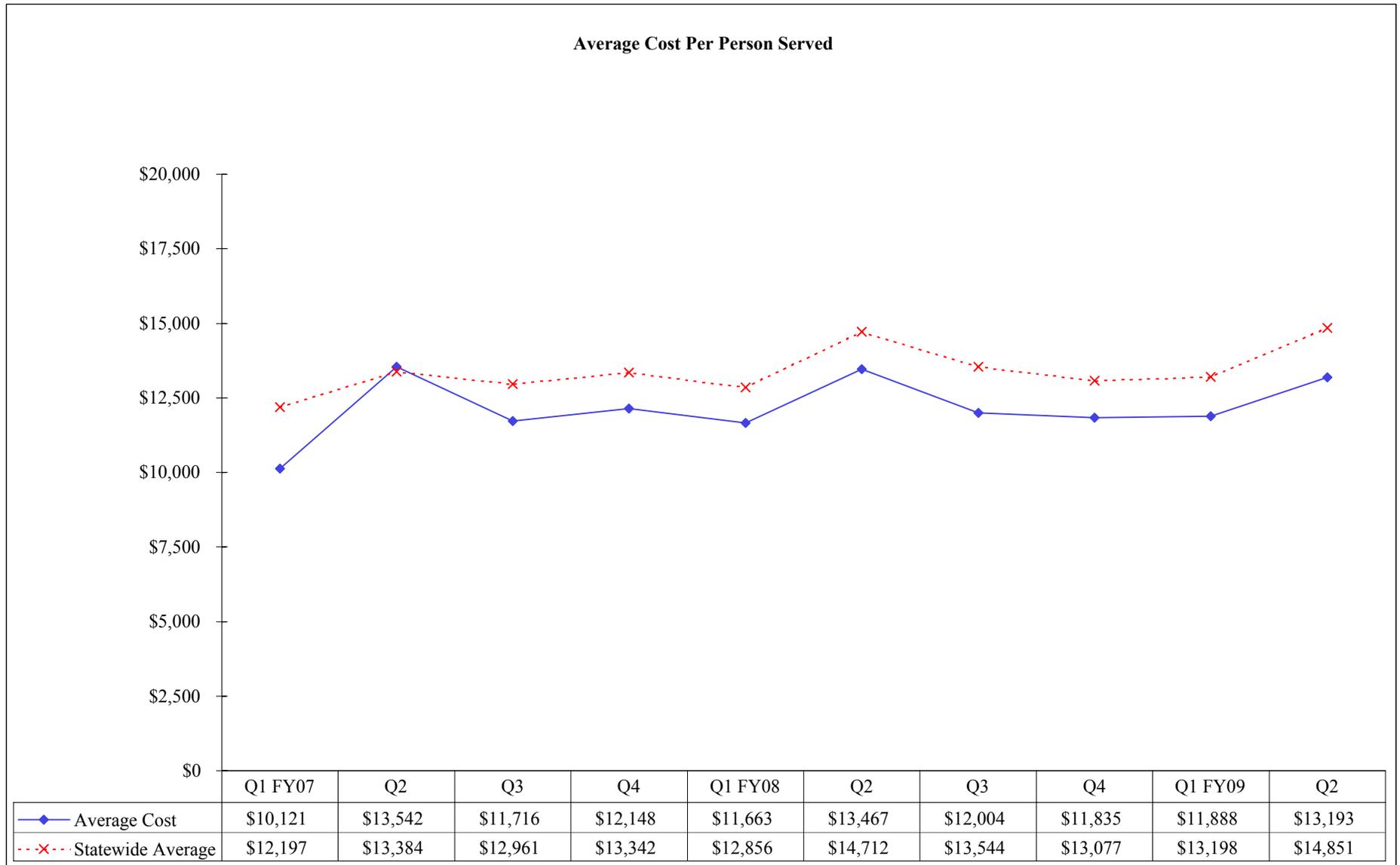
**Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)**



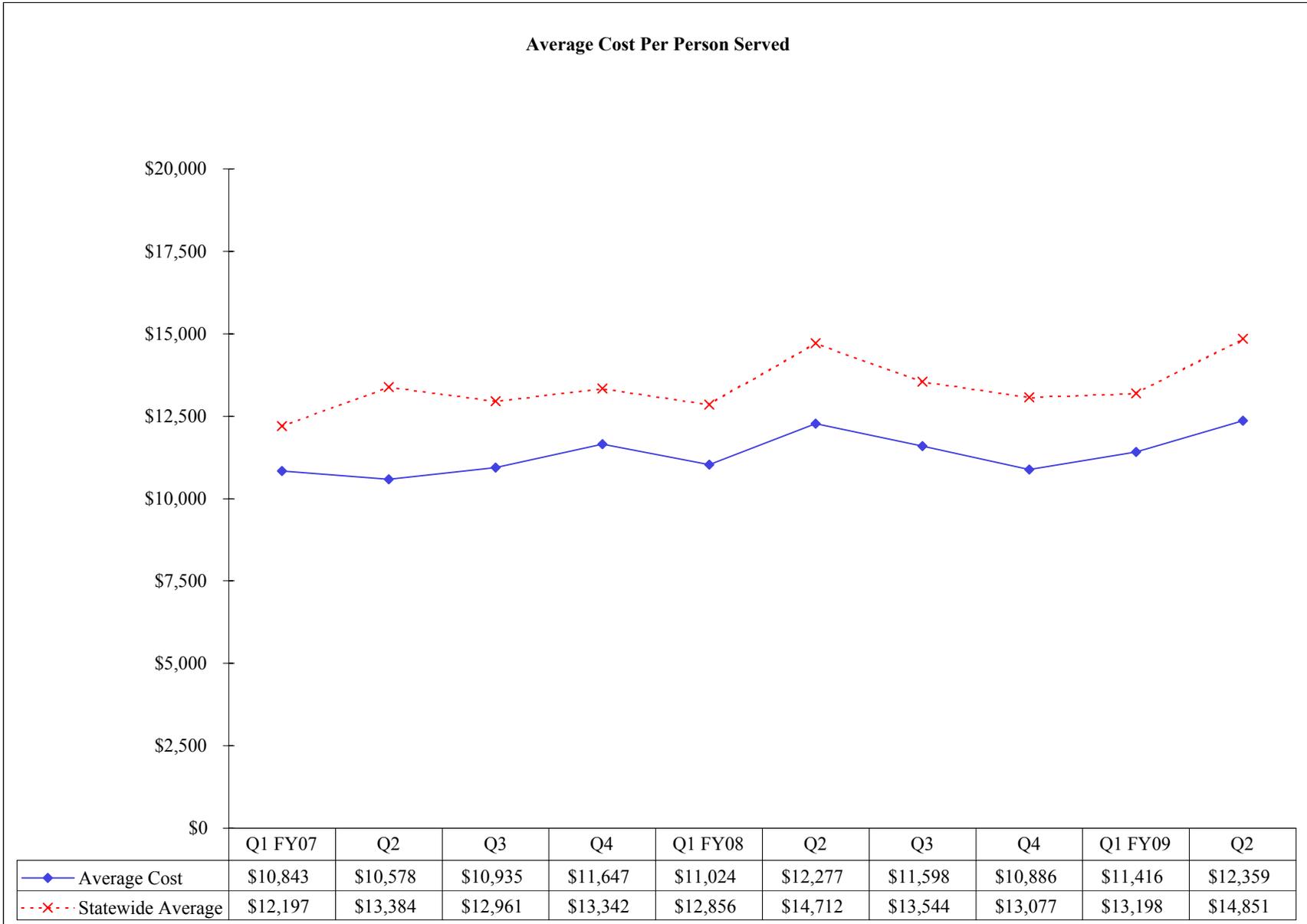
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



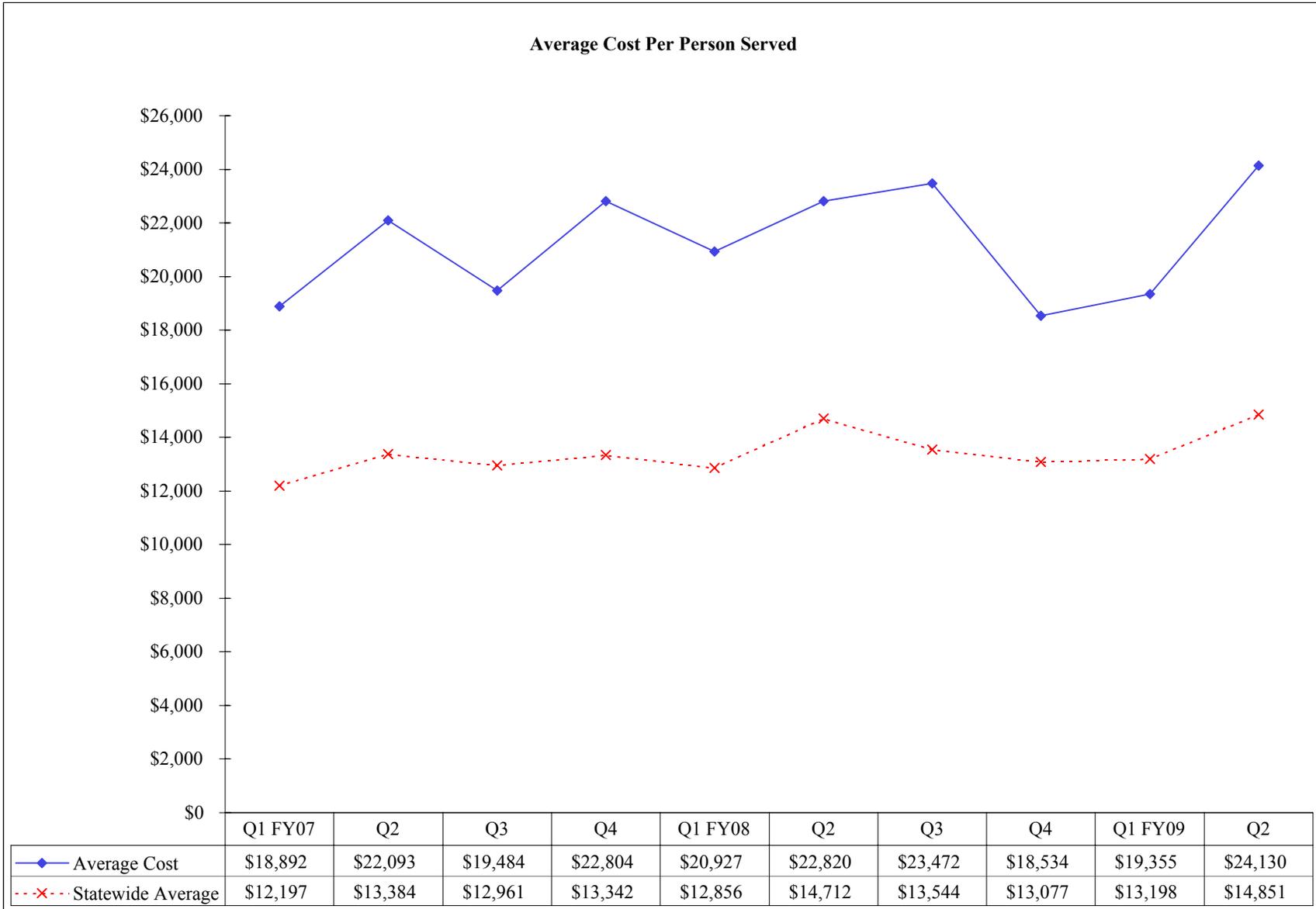
Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



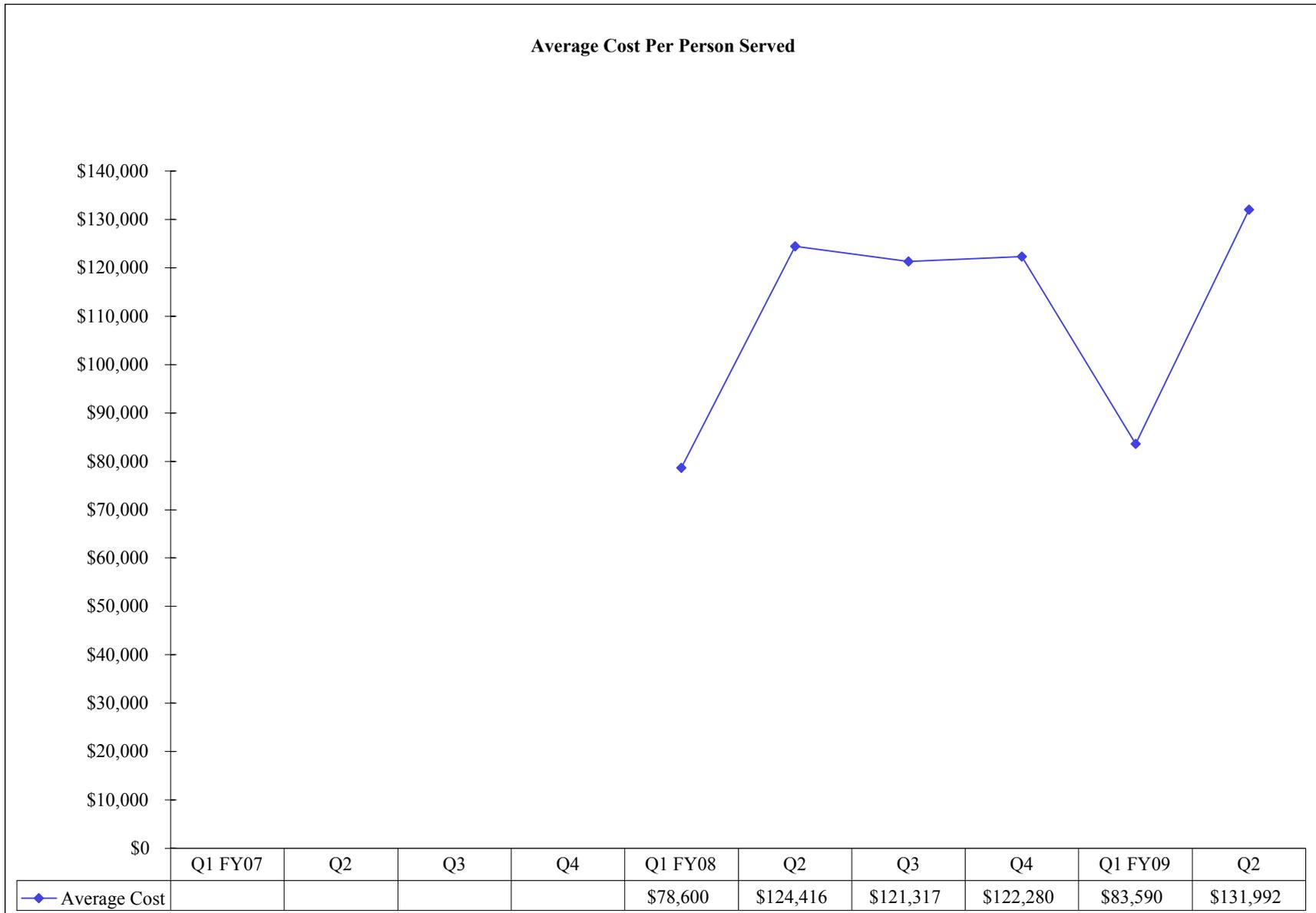
**Measure 1A - Average Cost Per Patient Served
Terrell State Hospital**



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



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



Performance Measure 1B:

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

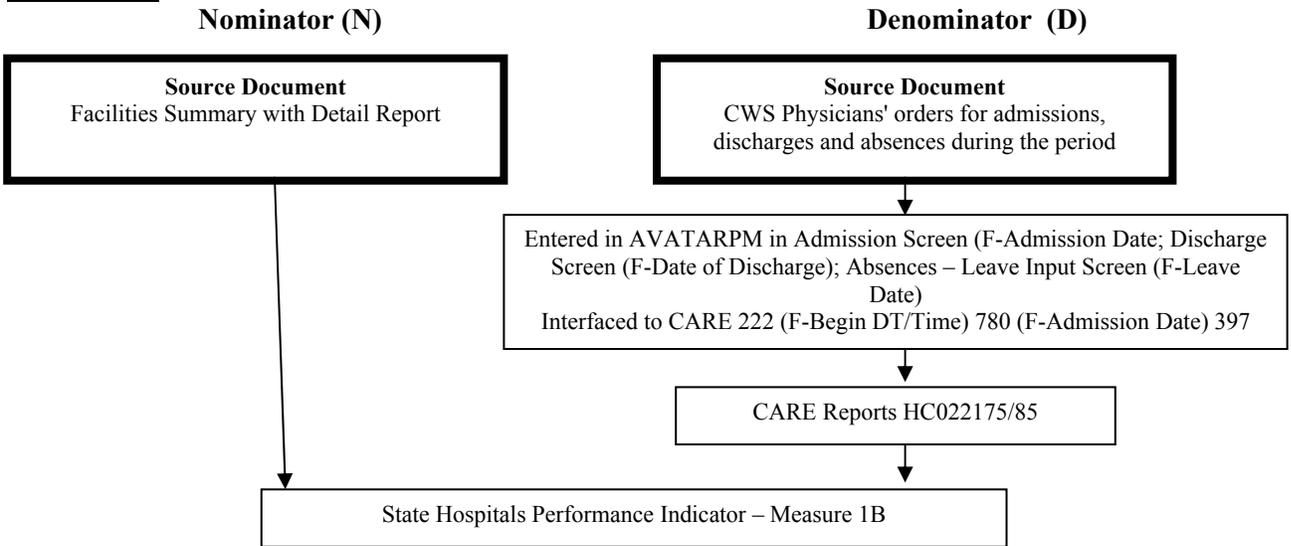
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

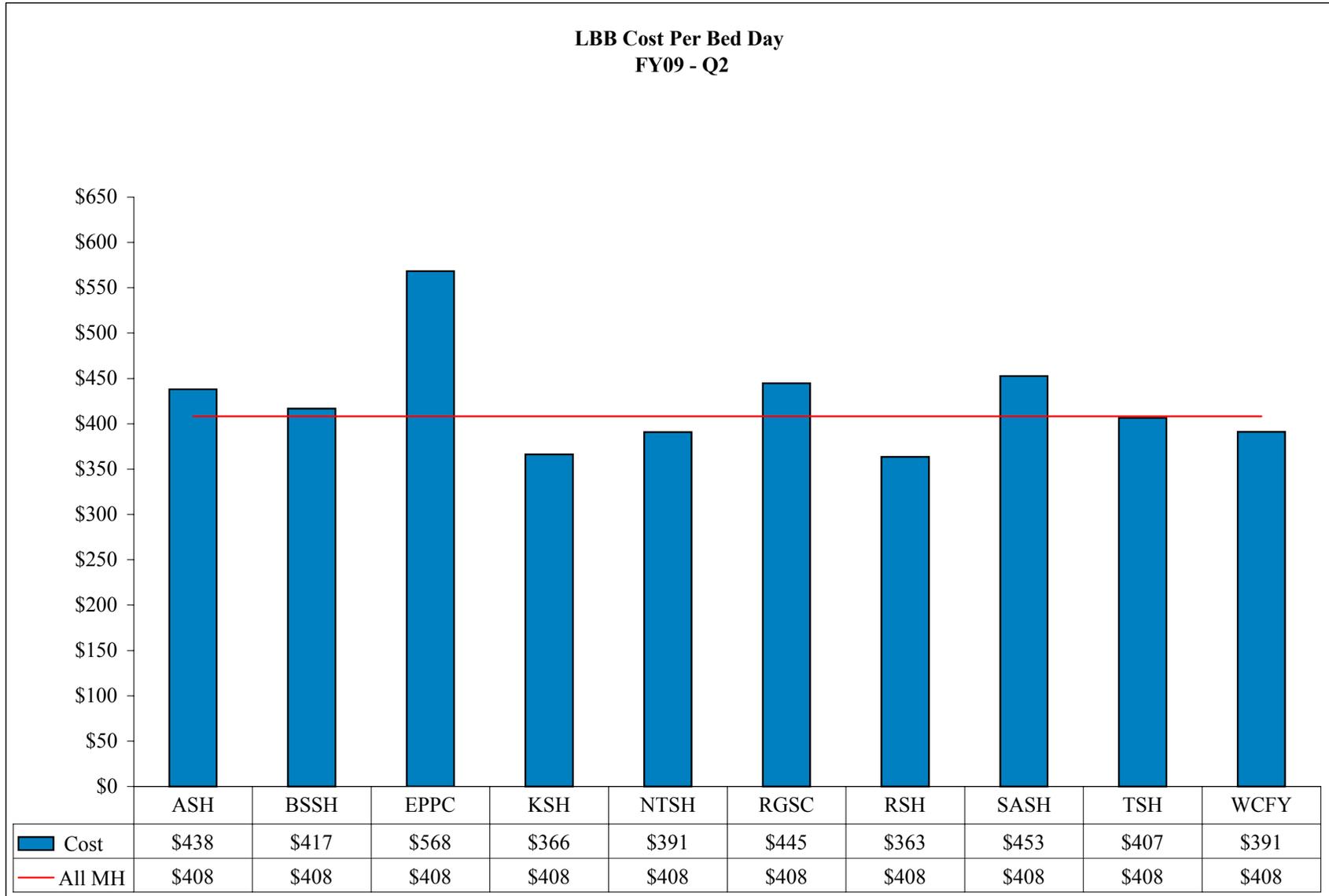
Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 1B - Cost Per Bed Day
All State MH Hospitals - FY09

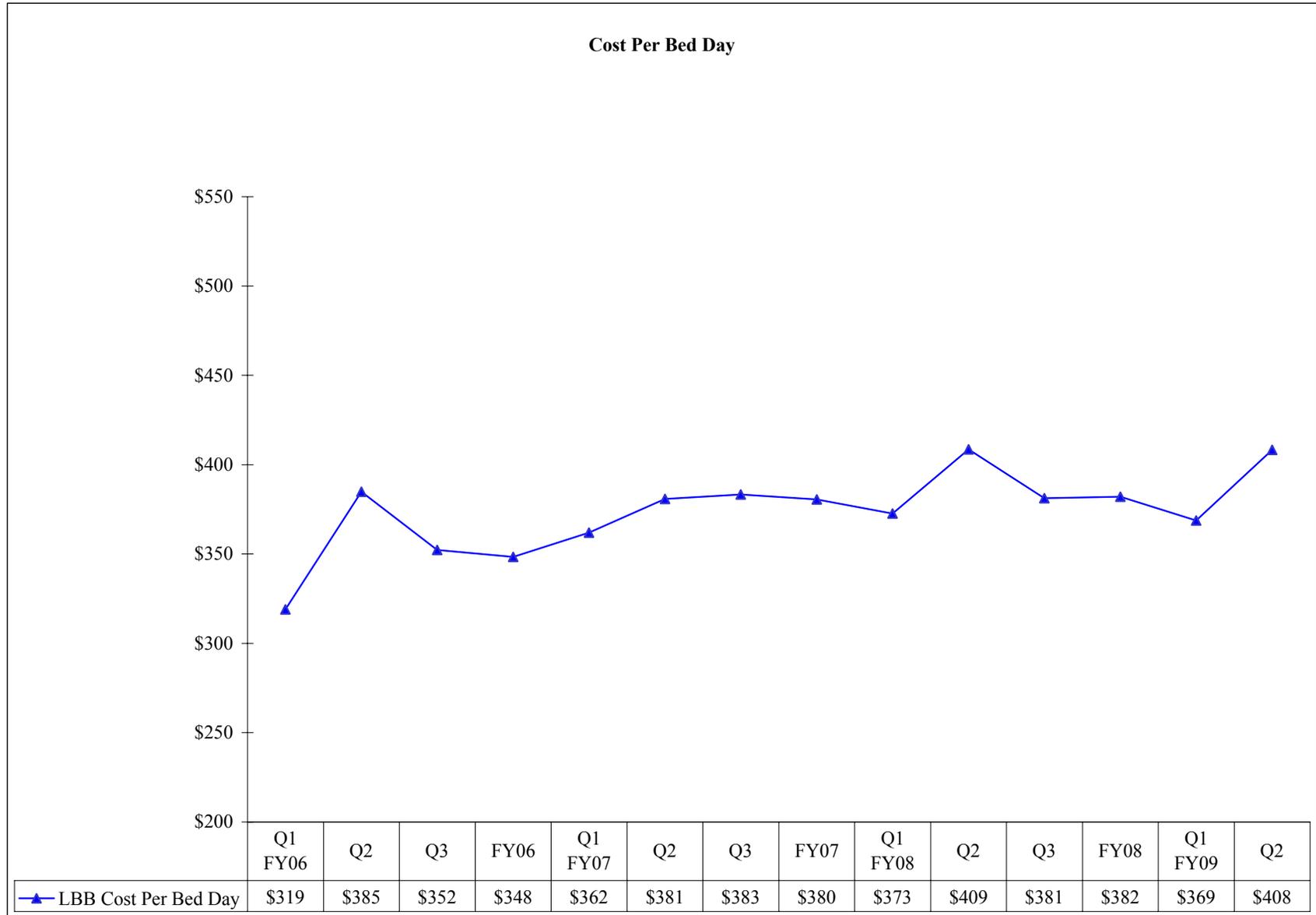


Measure 1B - Cost Per Bed Day
All State Hospitals

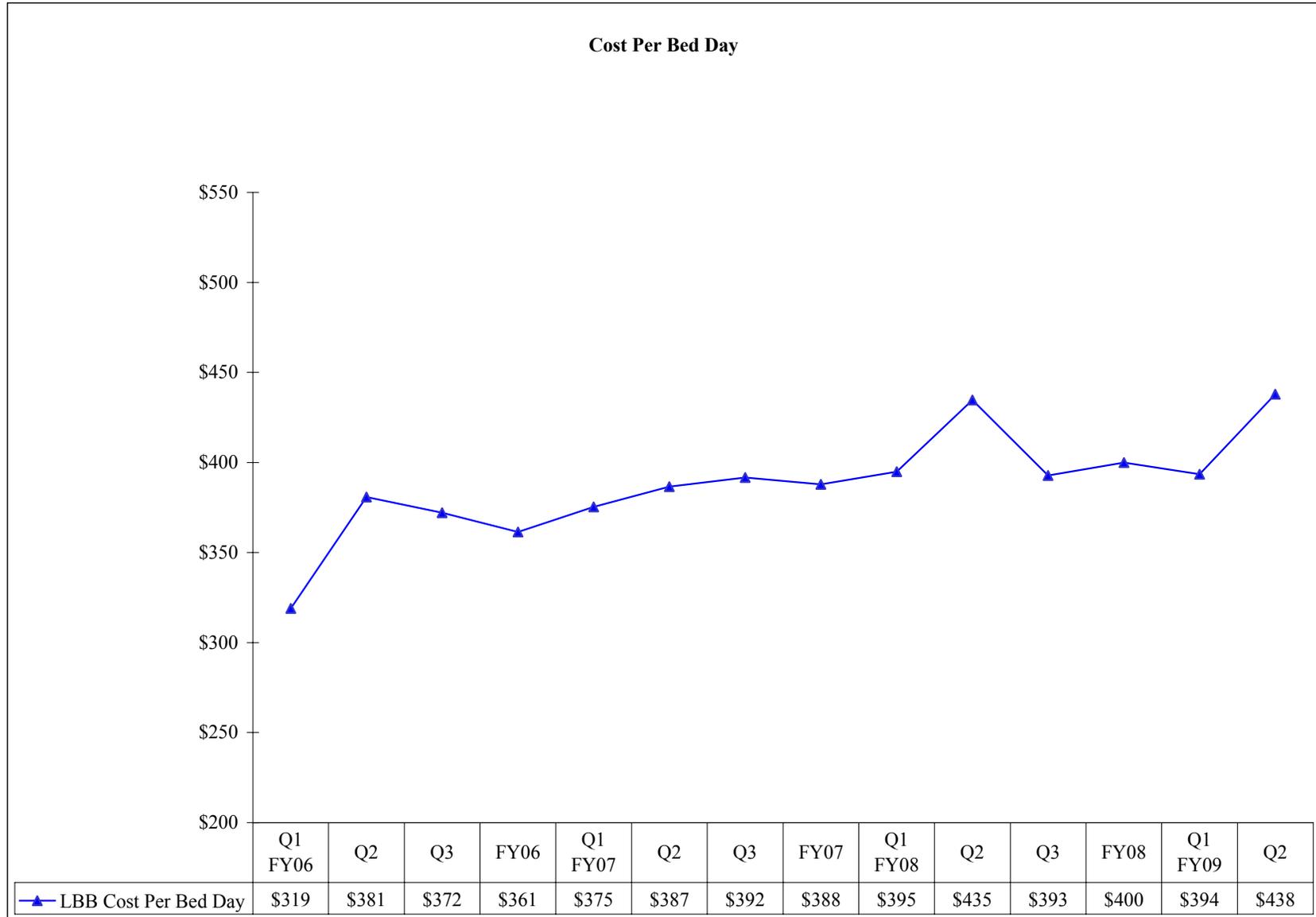
	FY06				FY07				FY08				FY09			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
Austin State Hospital																
LBB Cost Per Bed Day	\$319	\$381	\$372	\$361	\$375	\$387	\$392	\$388	\$395	\$435	\$393	\$400	\$394	\$438		
Big Spring State Hospital																
LBB Cost Per Bed Day	\$334	\$381	\$336	\$345	\$354	\$369	\$377	\$369	\$364	\$395	\$389	\$383	\$373	\$417		
El Paso Psychiatric Center																
LBB Cost Per Bed Day	\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$475	\$447	\$507	\$530	\$500	\$451	\$568		
Kerrville State Hospital																
LBB Cost Per Bed Day	\$289	\$334	\$342	\$328	\$337	\$329	\$345	\$336	\$328	\$351	\$338	\$340	\$342	\$366		
North Texas State Hospital																
LBB Cost Per Bed Day	\$303	\$356	\$331	\$331	\$349	\$388	\$382	\$383	\$387	\$407	\$364	\$375	\$361	\$391		
Rusk State Hospital																
LBB Cost Per Bed Day	\$298	\$346	\$339	\$331	\$361	\$387	\$368	\$371	\$343	\$377	\$364	\$353	\$338	\$363		
San Antonio State Hospital																
LBB Cost Per Bed Day	\$341	\$486	\$357	\$396	\$398	\$397	\$429	\$414	\$404	\$444	\$409	\$417	\$393	\$453		
Terrell State Hospital																
LBB Cost Per Bed Day	\$302	\$361	\$340	\$333	\$350	\$361	\$354	\$357	\$351	\$395	\$377	\$373	\$373	\$407		
Waco Center for Youth*																
LBB Cost Per Bed Day	\$292	\$304	\$302	\$309	\$306	\$363	\$333	\$351	\$339	\$424	\$362	\$372	\$305	\$391		
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	\$606	\$926	\$677	\$458	\$402	\$412	\$519	\$469	\$382	\$493	\$478	\$439	\$427	\$445		
All State MH Hospitals																
LBB Cost Per Bed Day	\$319	\$385	\$352	\$348	\$362	\$381	\$383	\$380	\$373	\$409	\$381	\$382	\$369	\$408		
Texas Center for Infectious Disease																
LBB Cost Per Bed Day									\$524	\$864	\$633	\$704	\$527	\$868		

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

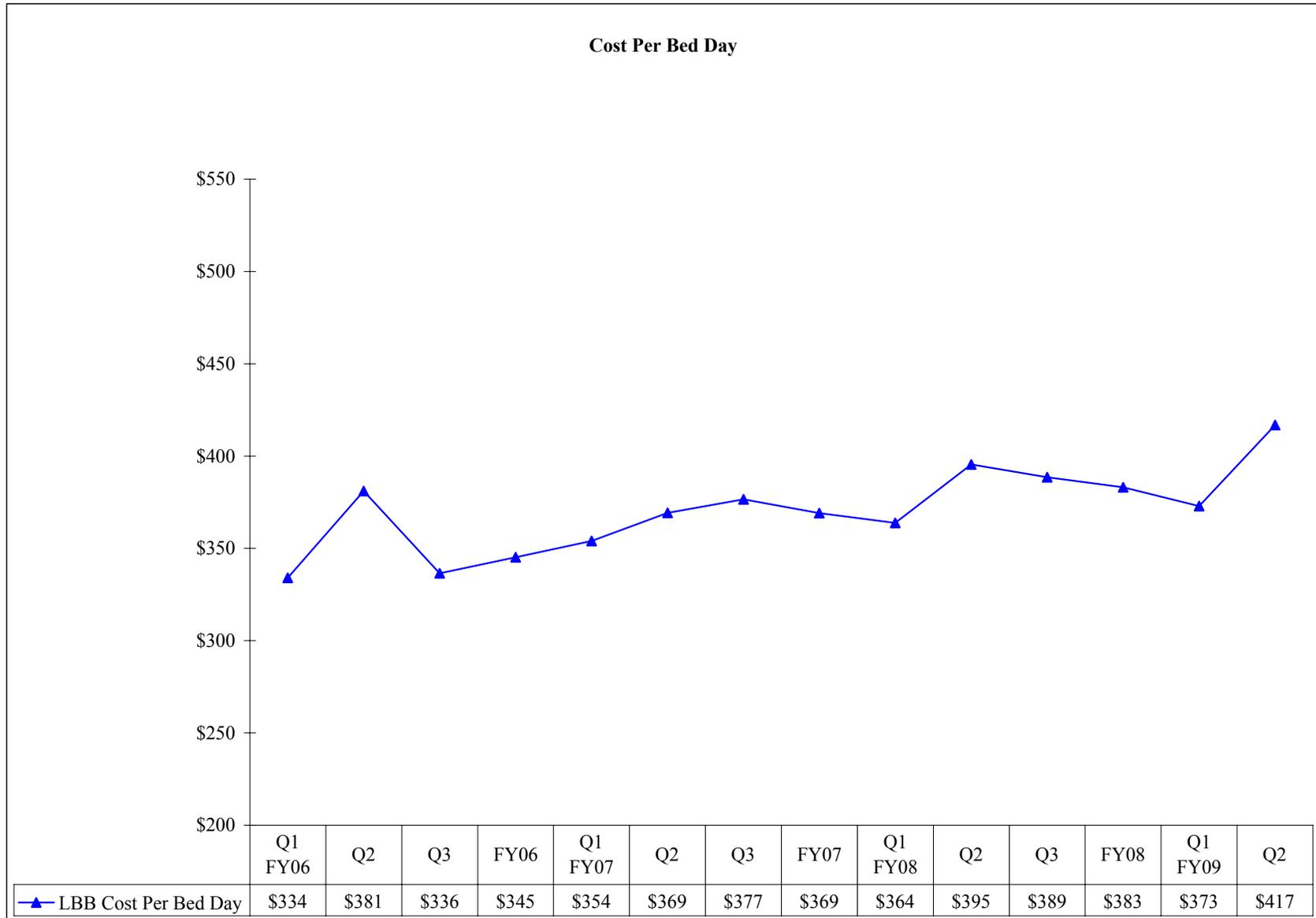
Measure 1B - Cost Per Bed Day
All State MH Hospitals



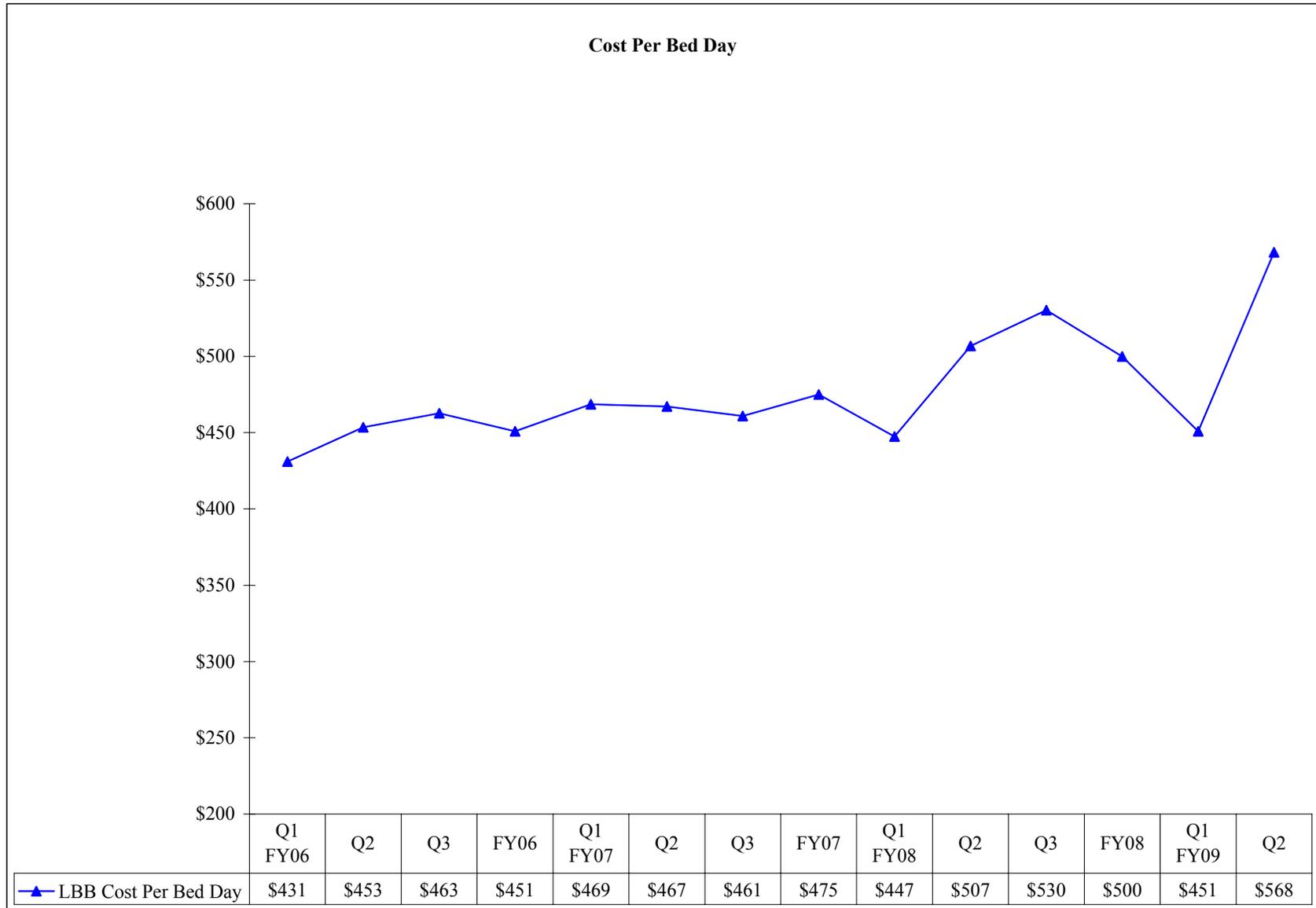
**Measure 1B - Cost Per Bed Day
Austin State Hospital**



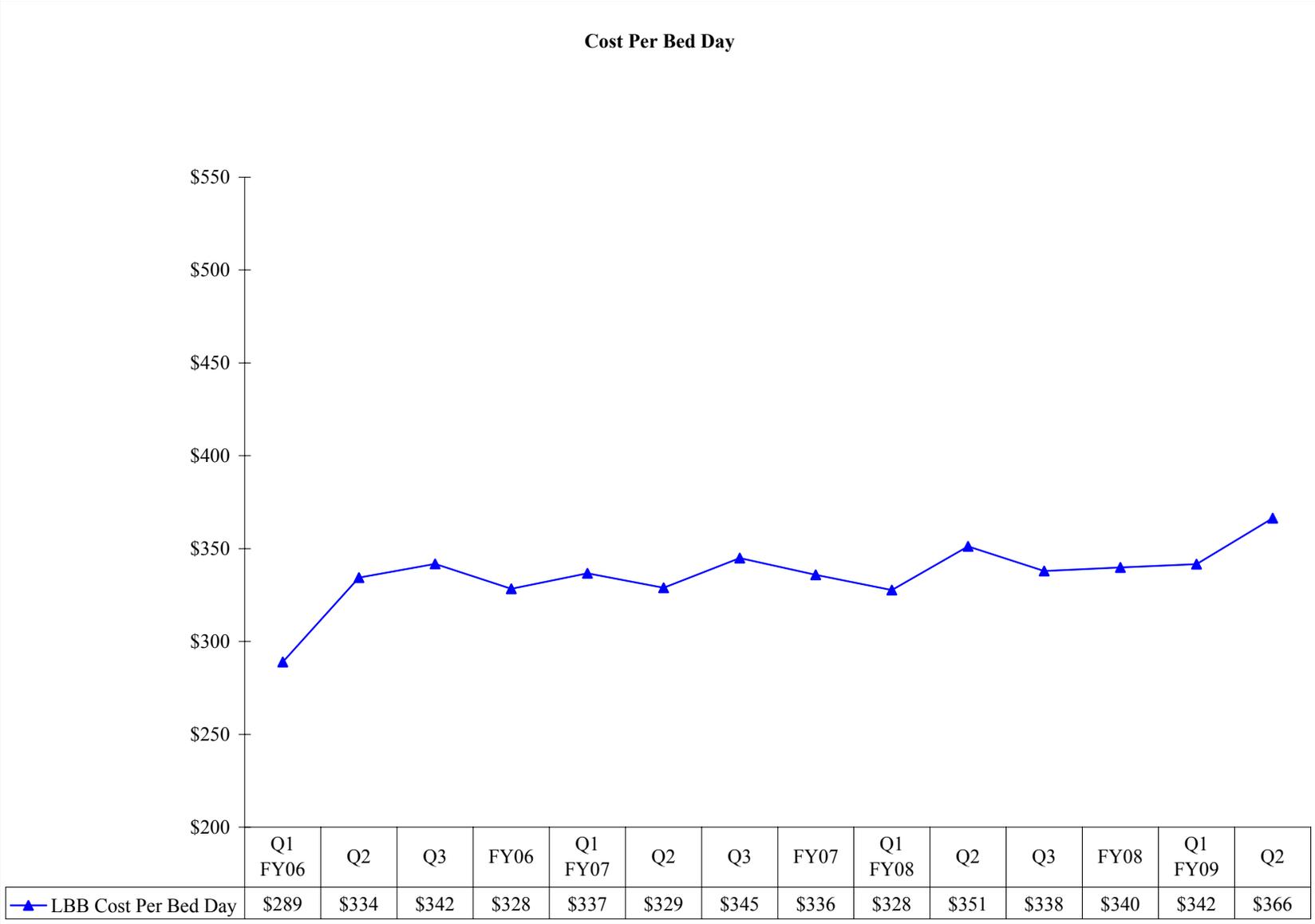
Measure 1B - Cost Per Bed Day
Big Spring State Hospital



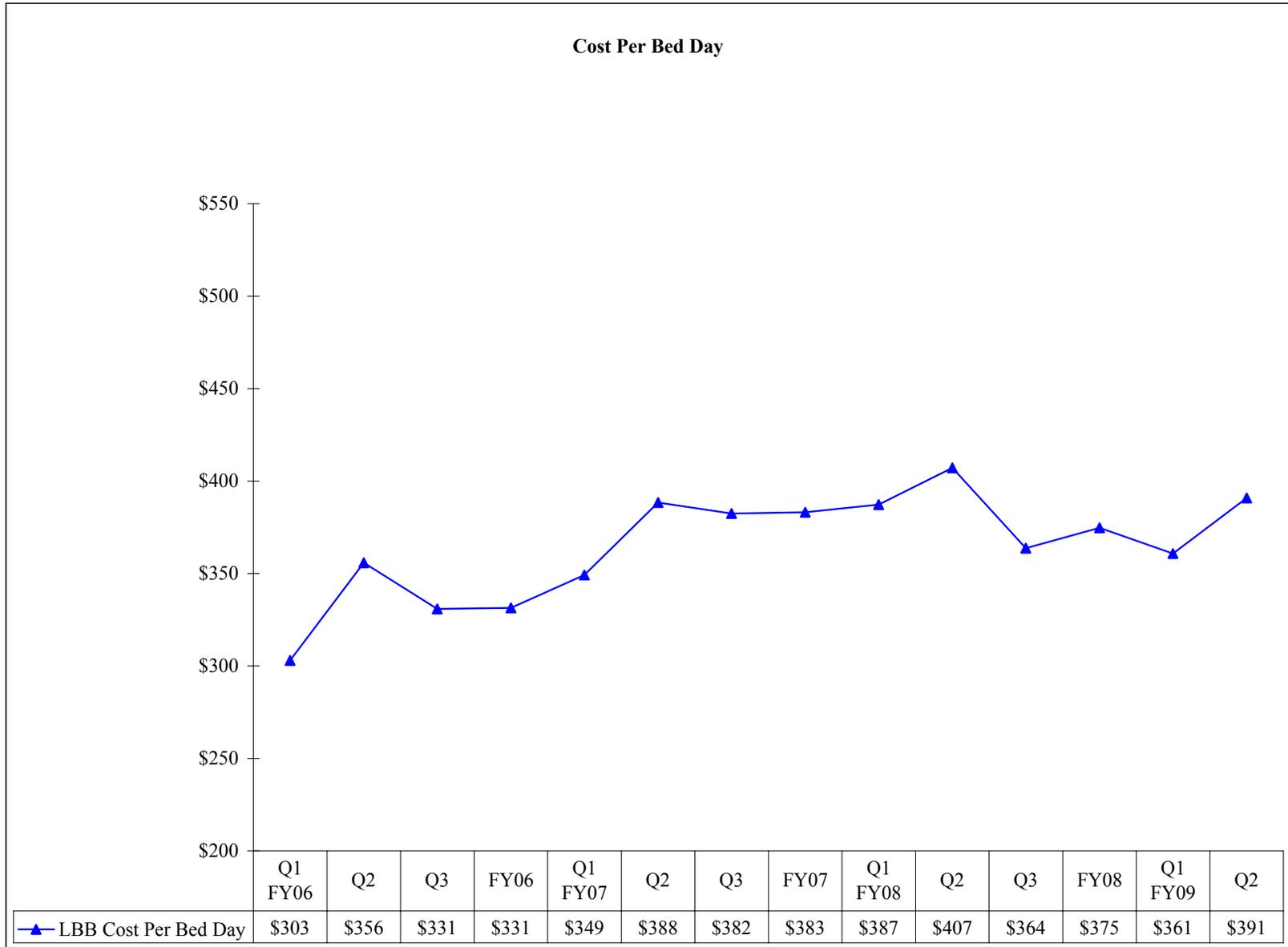
**Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center**



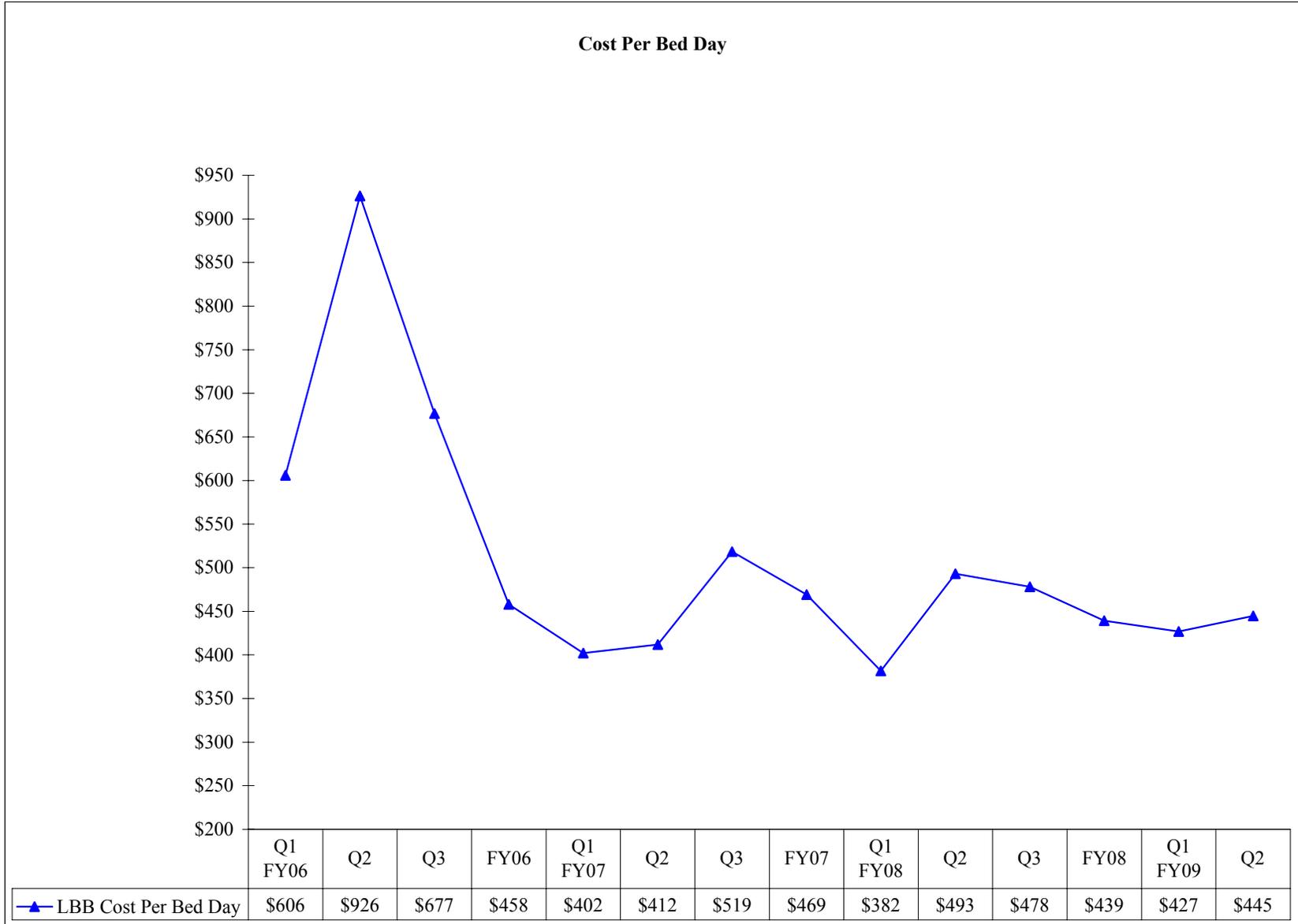
**Measure 1B - Cost Per Bed Day
Kerrville State Hospital**



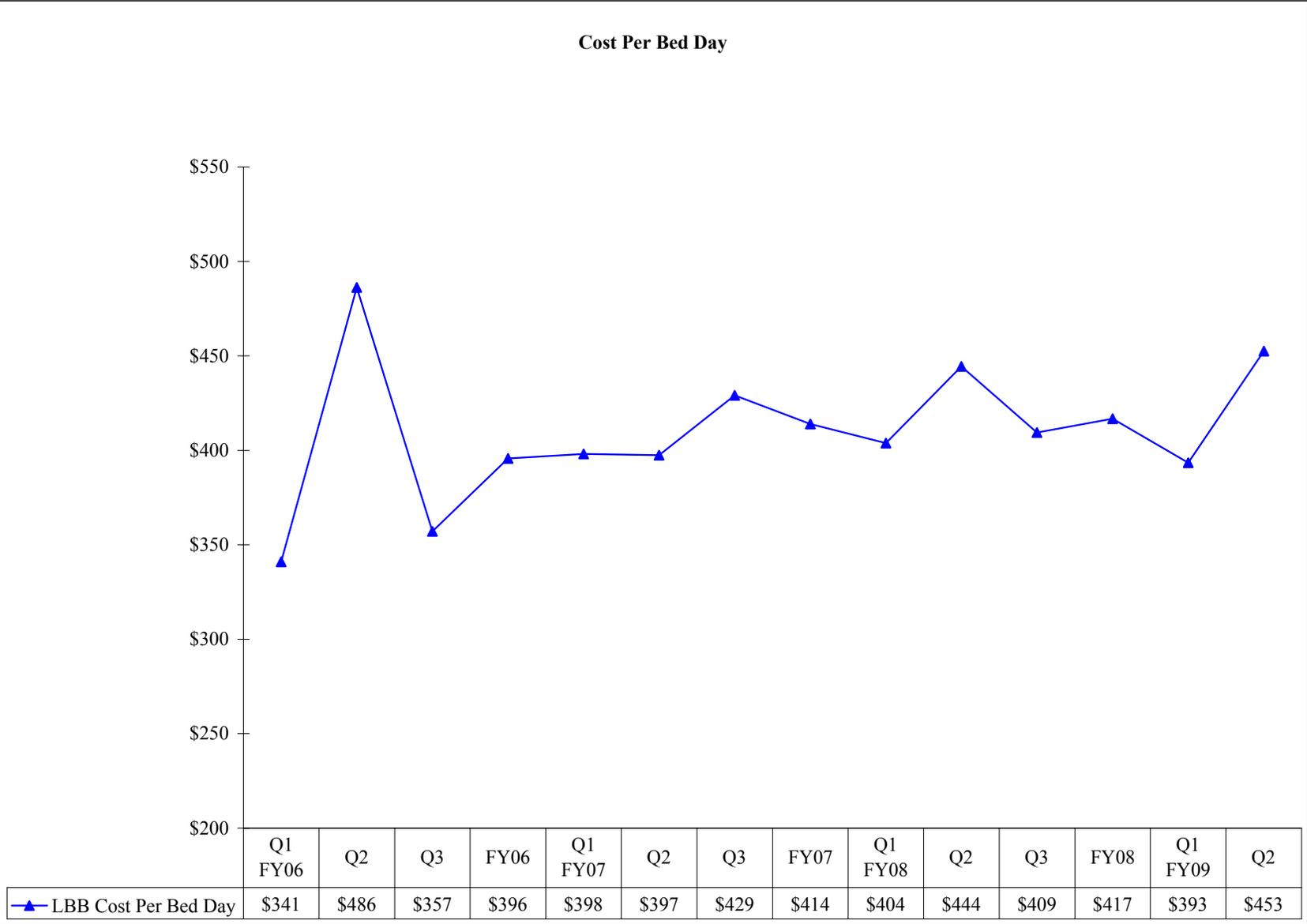
Measure 1B - Cost Per Bed Day
North Texas State Hospital



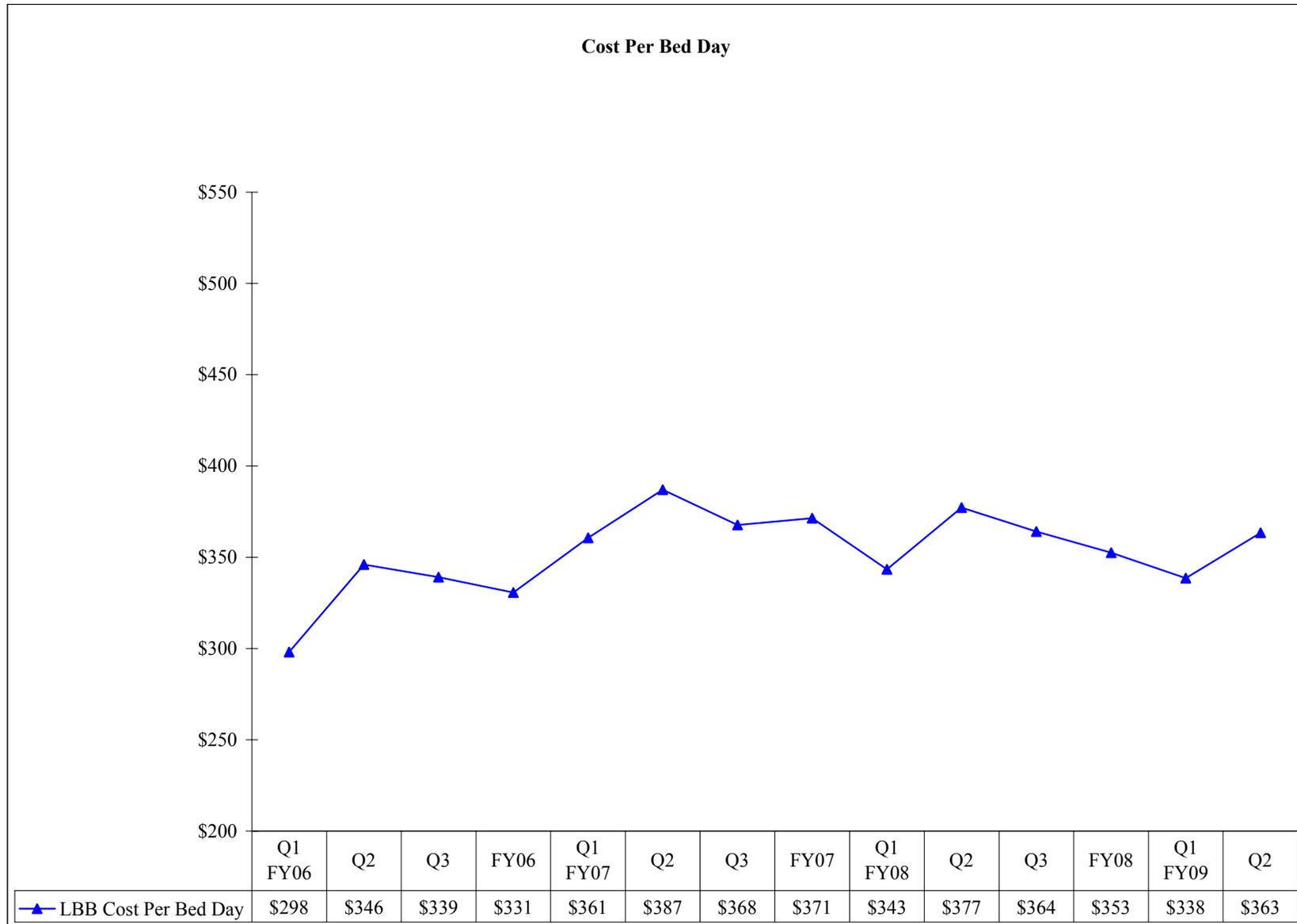
Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)



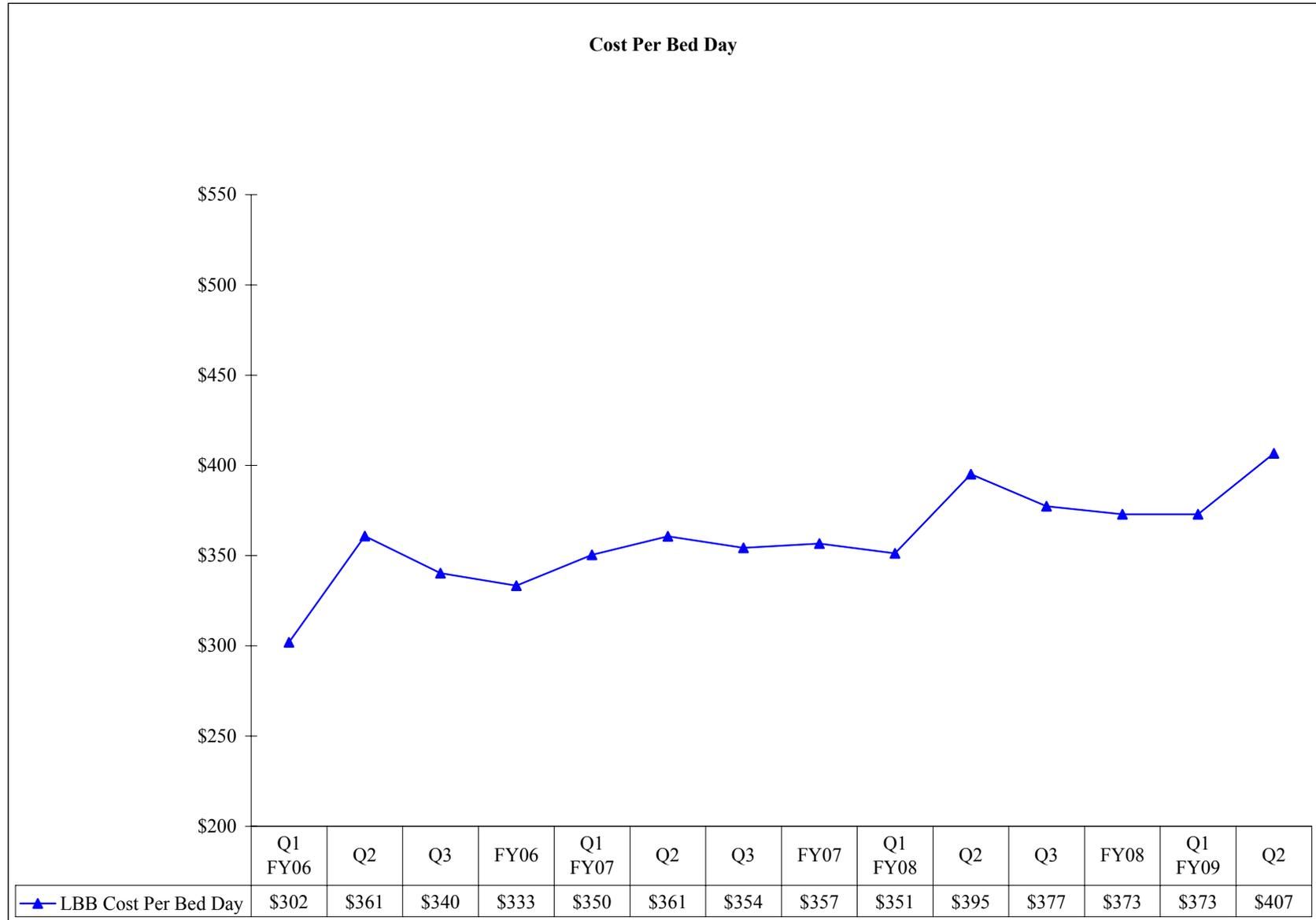
Measure 1B - Cost Per Bed Day
San Antonio State Hospital



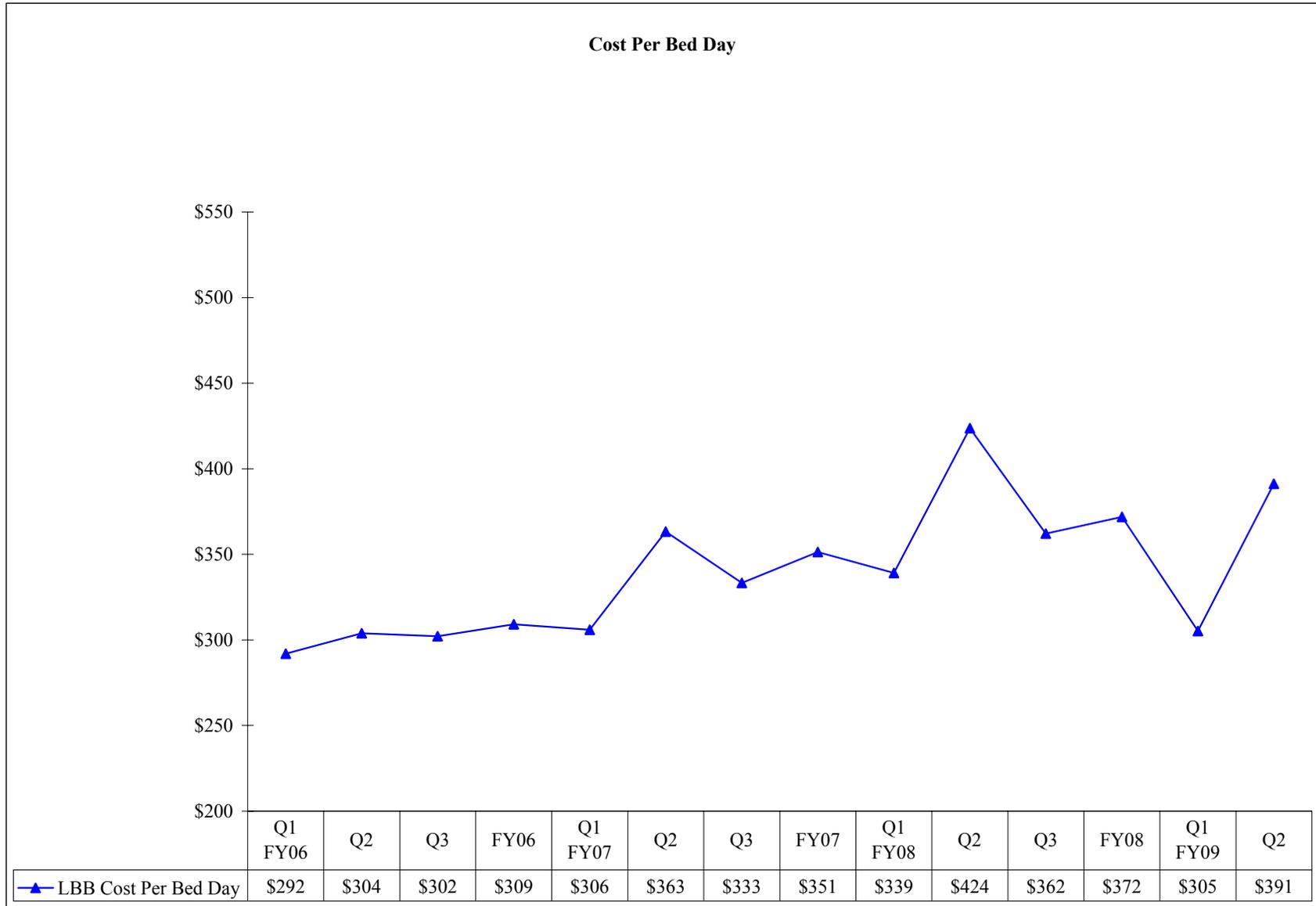
Measure 1B - Cost Per Bed Day
Rusk State Hospital



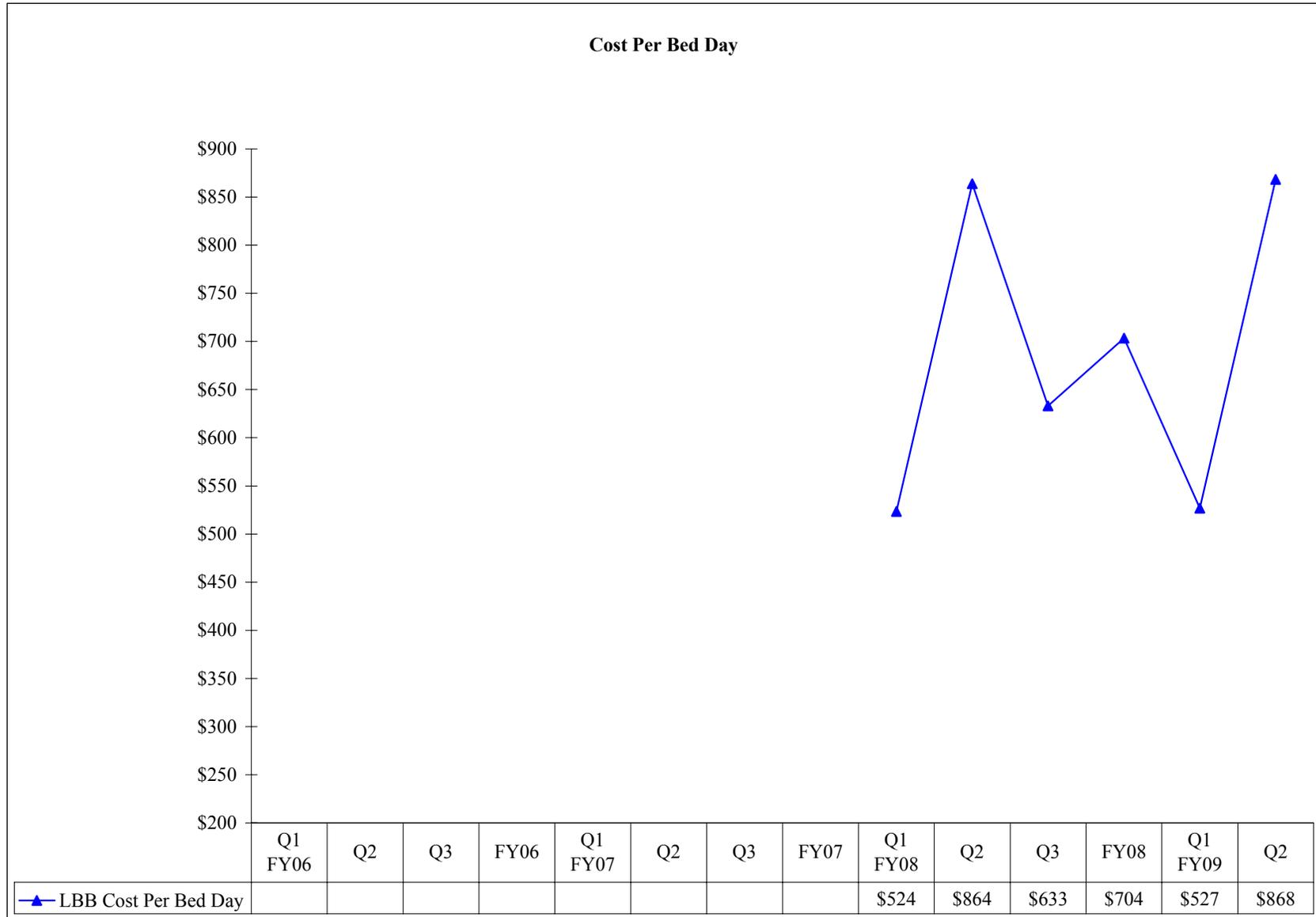
Measure 1B - Cost Per Bed Day
Terrell State Hospital



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



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



Performance Measure 1C:

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

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

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

C = average daily census

N = number of bed days

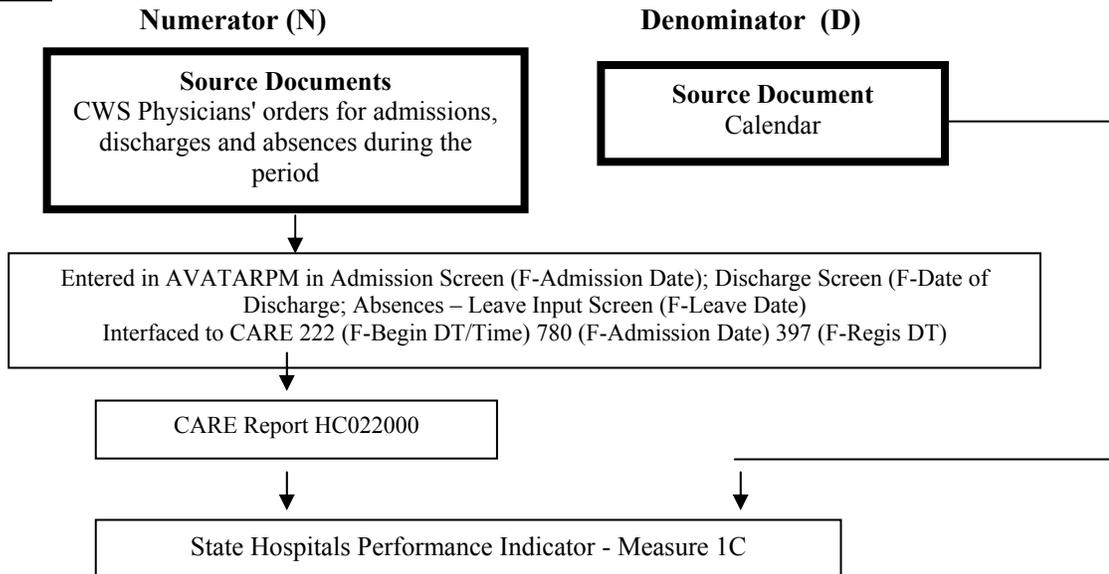
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

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

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

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

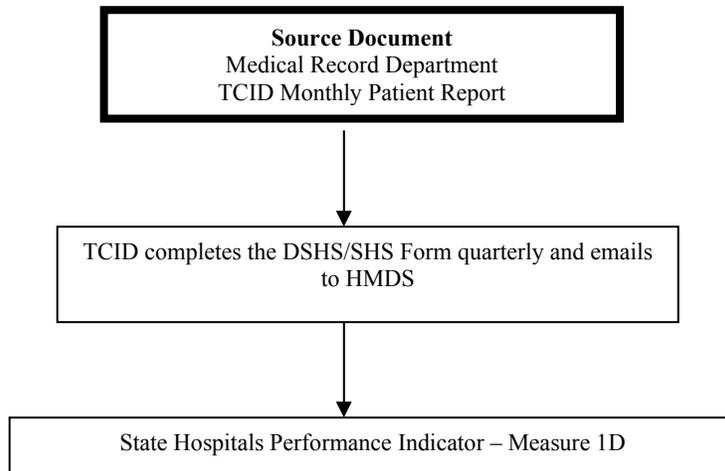
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

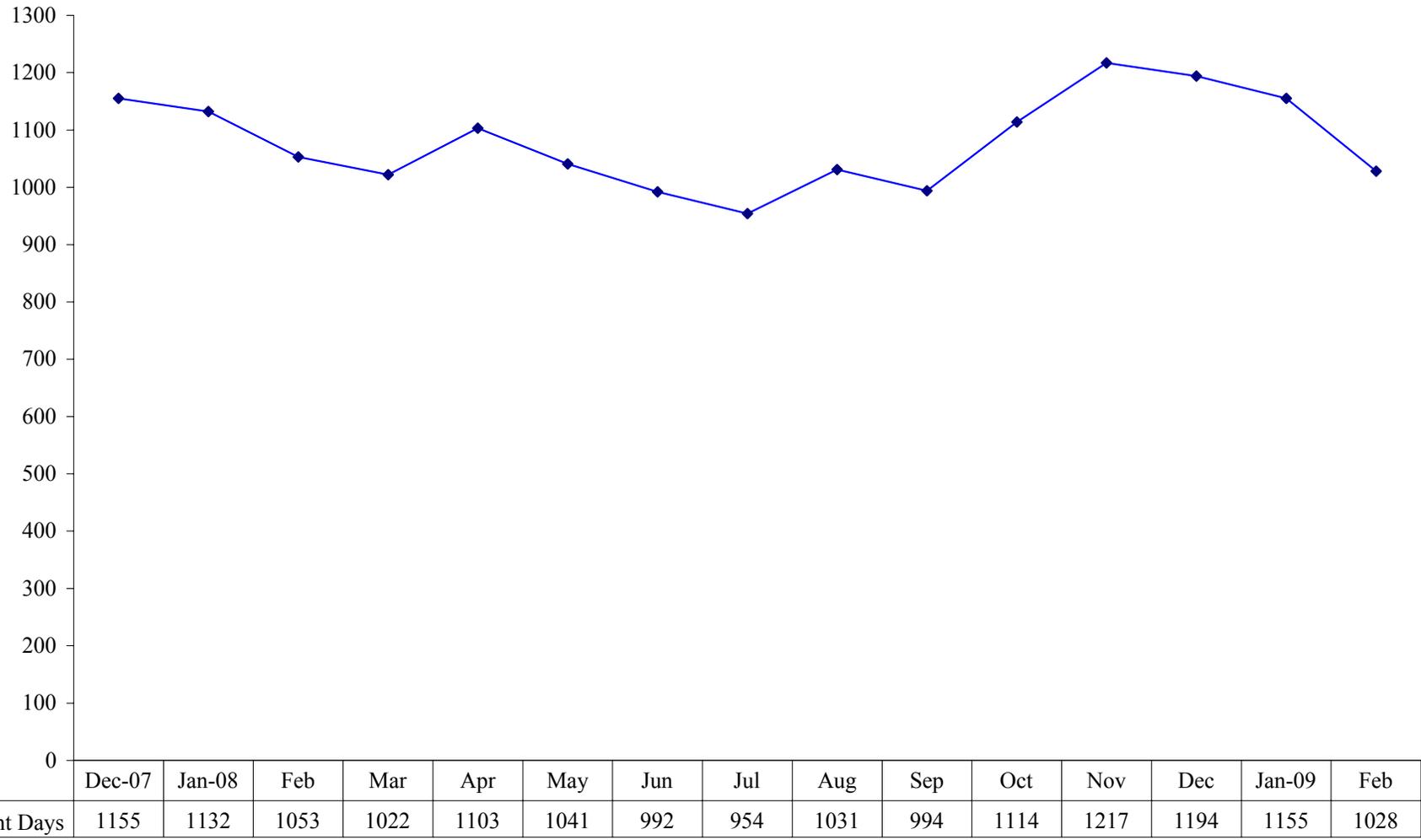
Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID

Inpatient Days



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

Performance Objective 2A:

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

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

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

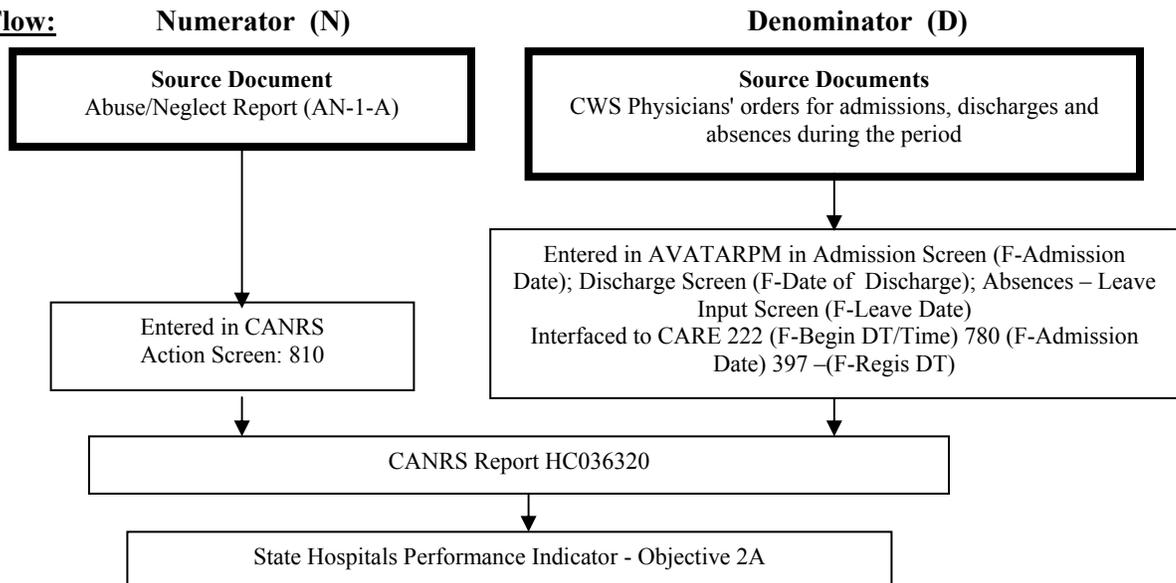
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 2A - Abuse/Neglect Rate

All State MH Hospitals - As of February 28, 2009

Facility	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09				
	Total	Class I	Class II	Class III	Neglect	Total								
All State Hospitals														
Total Cases	2419	2260	2387	2188	1476	1536	1617	1431	1251	80	311	127	121	639
Total Confirmed	220	211	193	175	76	117	112	137	132	3	13	14	17	47
Total Confirmed Rate/1000 Bed	0.22	0.24	0.23	0.21	0.09	0.13	0.13	0.16	0.15	0.00	0.02	0.03	0.04	0.11

Performance Objective 2C:

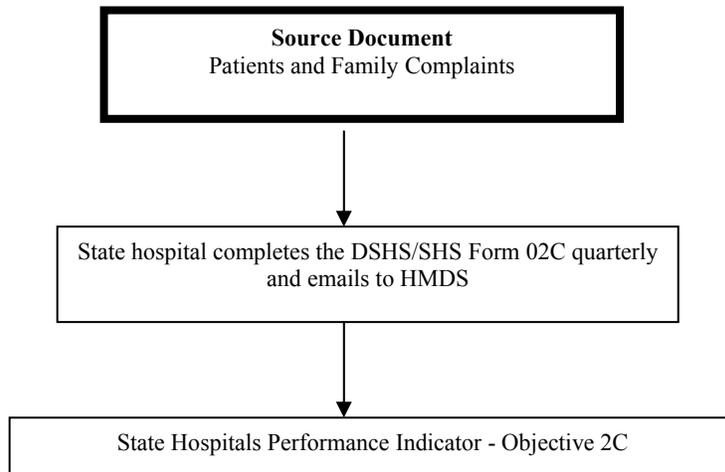
Each state hospital will analyze patient complaints.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

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

Objective 2C - Patient Complaints
All State Hospitals - Q2 FY09

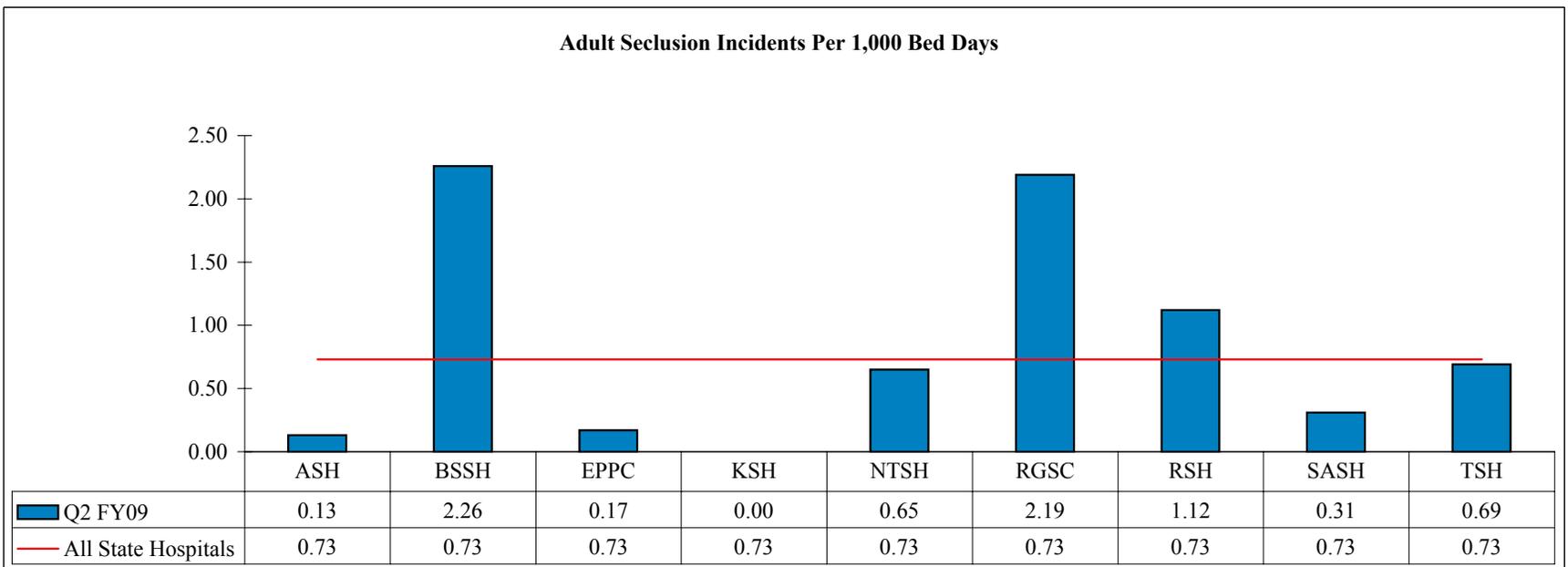
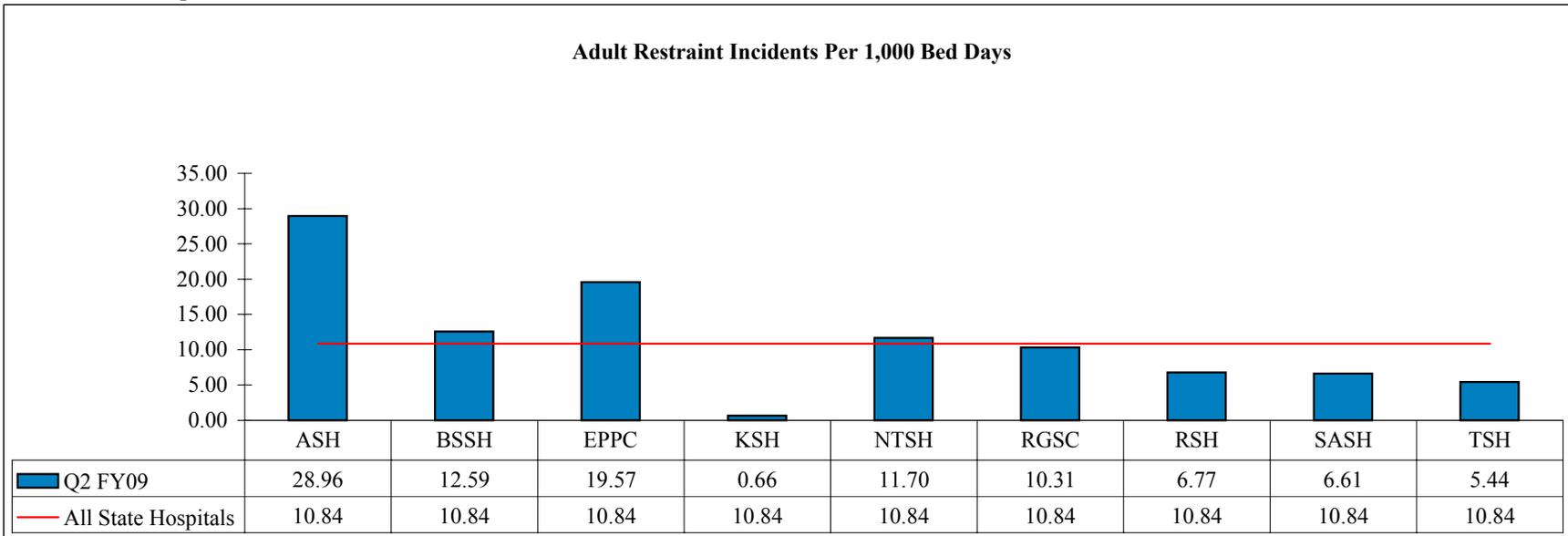
Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	6	18	7	8	10	3	18	11	15	0	2	98
Per 1,000 Bed Days	0.24	1.04	1.18	0.44	0.20	0.66	0.63	0.45	0.55	0.00	0.29	0.46
Respect	10	13	11	6	8	1	35	8	53	2	8	155
Per 1,000 Bed Days	0.40	0.75	1.86	0.33	0.16	0.22	1.22	0.32	1.96	0.59	1.17	0.73
Discharge	9	21	8	5	6	5	43	16	7	0	2	122
Per 1,000 Bed Days	0.36	1.22	1.35	0.27	0.12	1.10	1.50	0.65	0.26	0.00	0.29	0.57
Medication	3	14	5	1	8	6	45	5	20	0	1	108
Per 1,000 Bed Days	0.12	0.81	0.84	0.05	0.16	1.32	1.57	0.20	0.74	0.00	0.15	0.51
Treatment Team/Pla	3	43	7	21	18	3	19	10	15	0	10	149
Per 1,000 Bed Days	0.12	2.49	1.18	1.15	0.36	0.66	0.66	0.41	0.55	0.00	1.46	0.70
Others	64	13	15	5	81	14	67	53	50	1	13	376
Per 1,000 Bed Days	2.54	0.75	2.53	0.27	1.60	3.07	2.34	2.15	1.85	0.30	1.90	1.77
Total	95	122	53	46	131	32	227	103	160	3	36	1008
Per 1,000 Bed Days	3.77	7.08	8.94	2.53	2.59	7.02	7.92	4.17	5.91	0.89	5.26	4.75

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

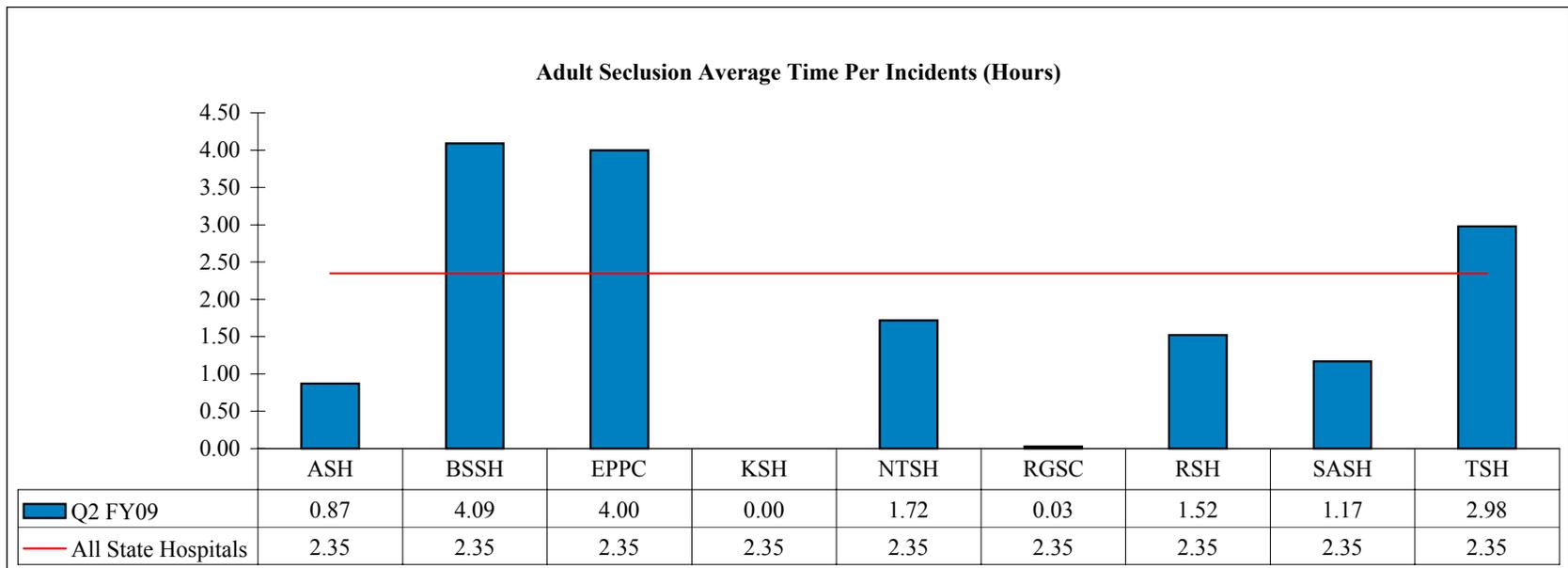
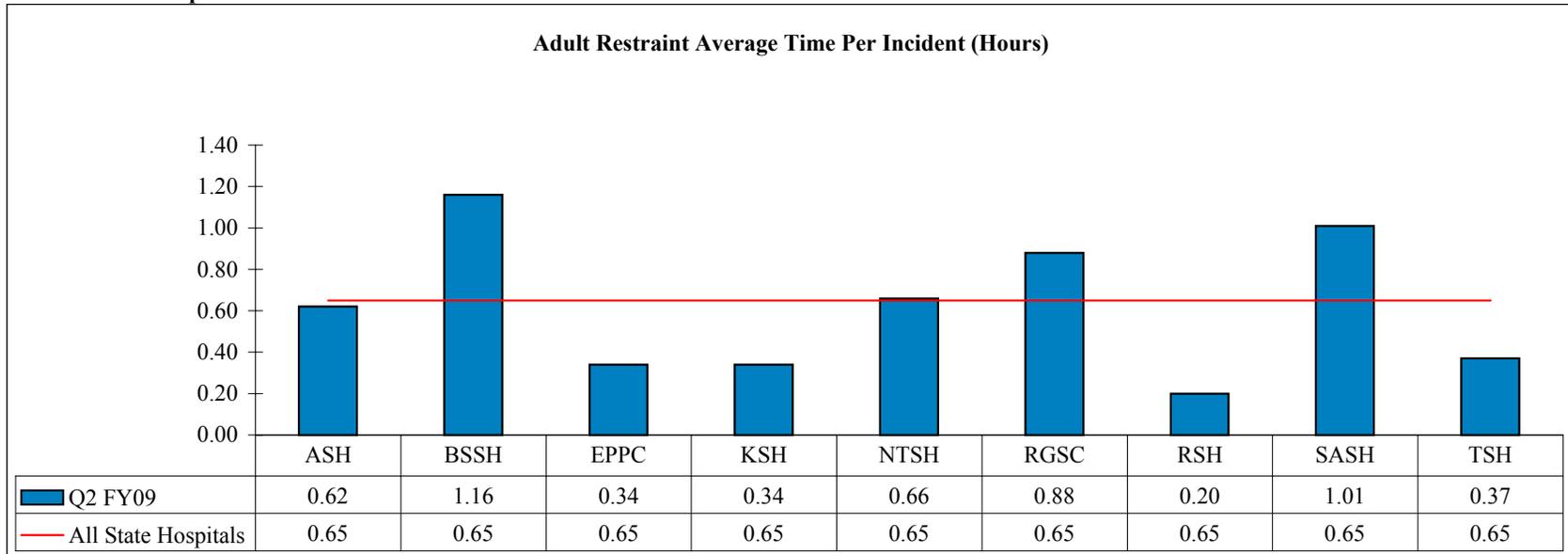
FY09

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	19	26	16	15	50	7	42	18	25	0	5	223
Per 1,000 Bed Days	0.38	0.76	1.30	0.41	0.49	0.77	0.73	0.36	0.46	0.00	0.36	0.52
Respect	13	25	18	15	27	2	81	17	110	4	14	326
Per 1,000 Bed Days	0.26	0.73	1.46	0.41	0.26	0.22	1.41	0.34	2.02	0.60	1.00	0.76
Discharge	27	42	16	7	60	13	95	28	13	0	3	304
Per 1,000 Bed Days	0.53	1.22	1.30	0.19	0.58	1.43	1.66	0.56	0.24	0.00	0.21	0.71
Medication	4	23	11	6	56	7	102	8	26	0	1	244
Per 1,000 Bed Days	0.08	0.67	0.89	0.17	0.54	0.77	1.78	0.16	0.48	0.00	0.07	0.57
Treatment Team/Plannin	3	75	15	34	63	13	34	23	24	0	35	319
Per 1,000 Bed Days	0.06	2.18	1.22	0.94	0.61	1.43	0.59	0.46	0.44	0.00	2.50	0.75
Others	137	39	34	18	195	28	188	105	81	2	24	851
Per 1,000 Bed Days	2.71	1.13	2.76	0.50	1.90	3.08	3.28	2.09	1.48	0.30	1.71	1.99
Total	203	230	110	95	451	70	542	199	279	6	82	2267
Per 1,000 Bed Days	4.02	6.69	8.94	2.62	4.39	7.70	9.46	3.96	5.11	0.90	5.85	5.29

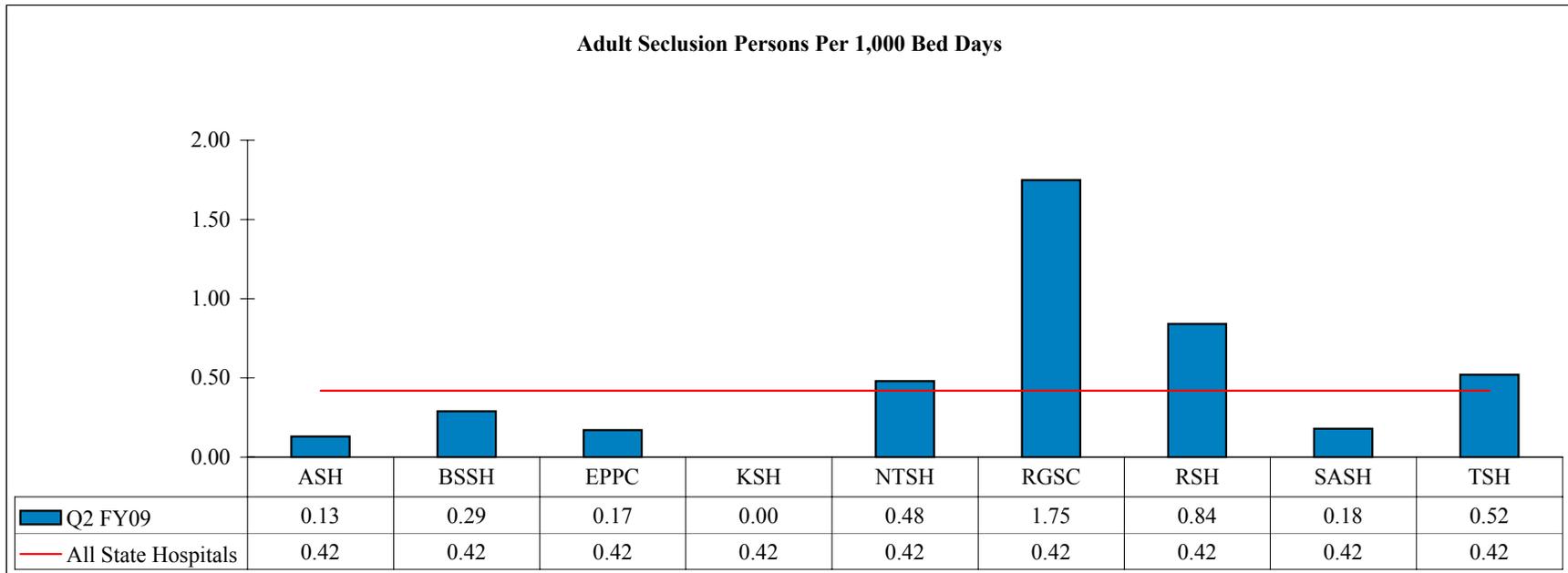
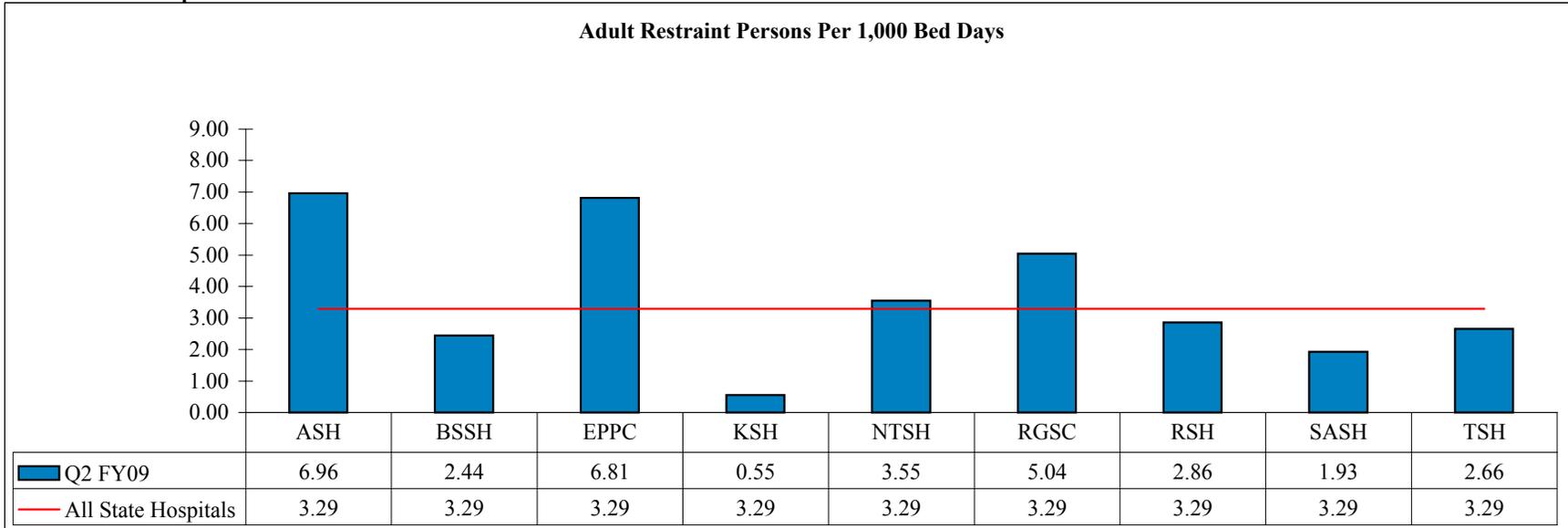
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



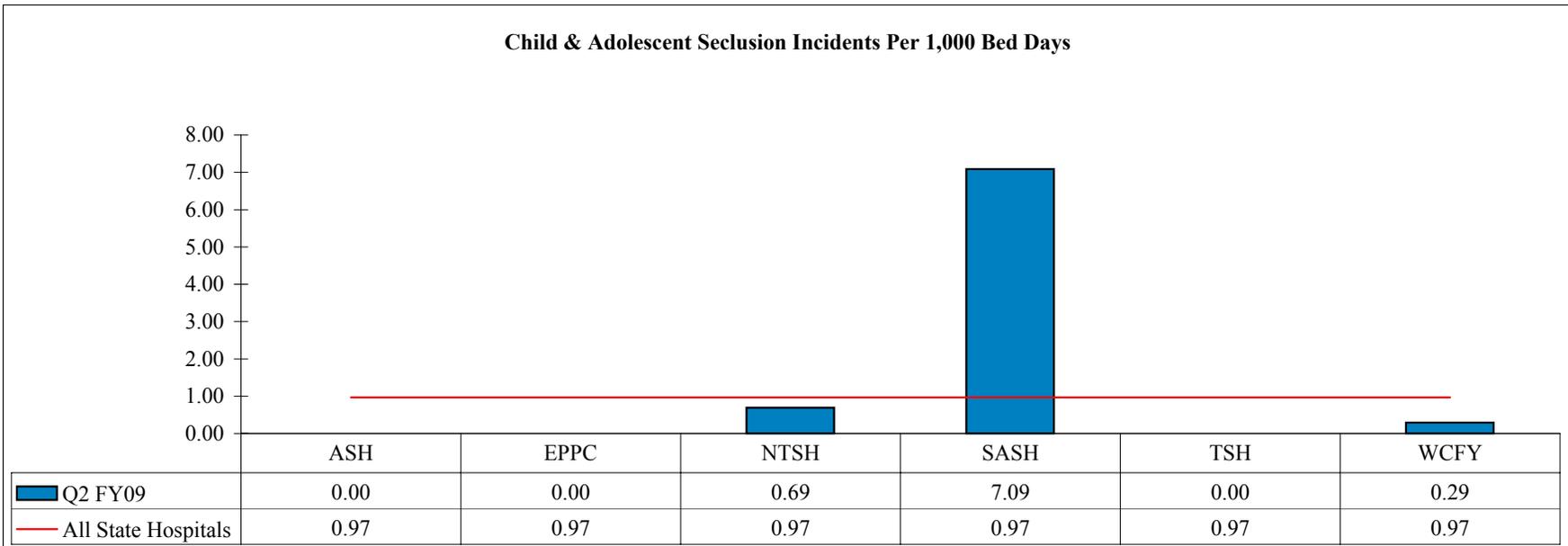
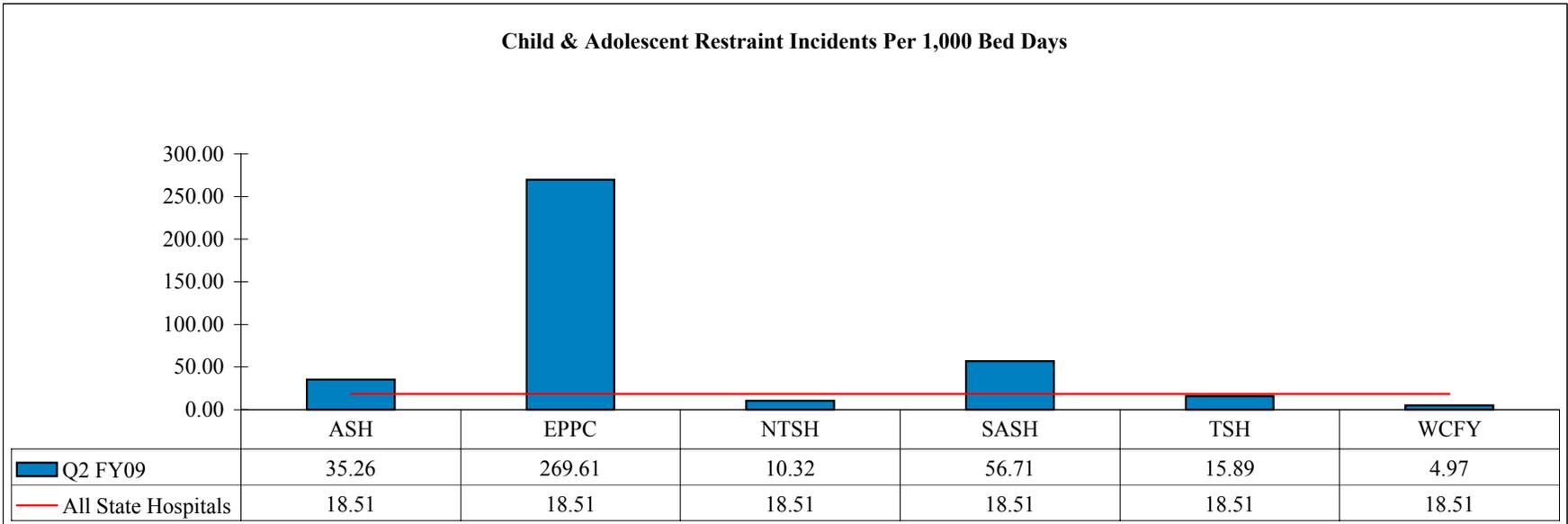
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



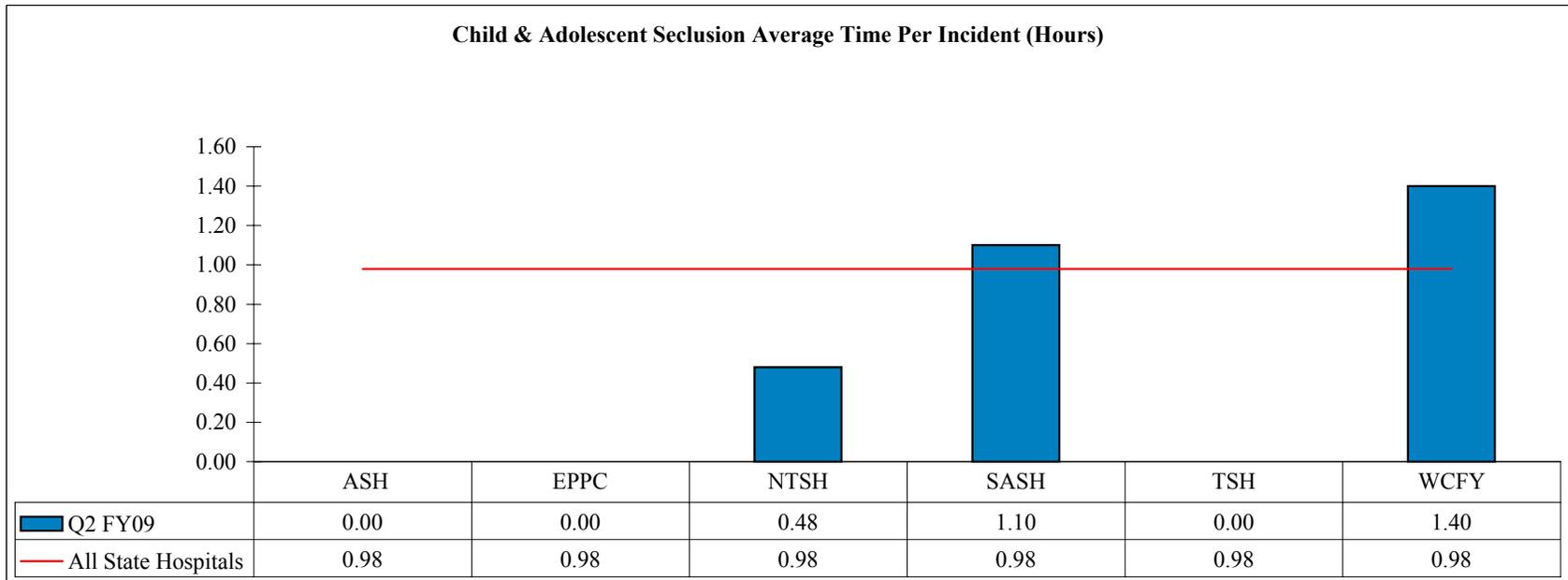
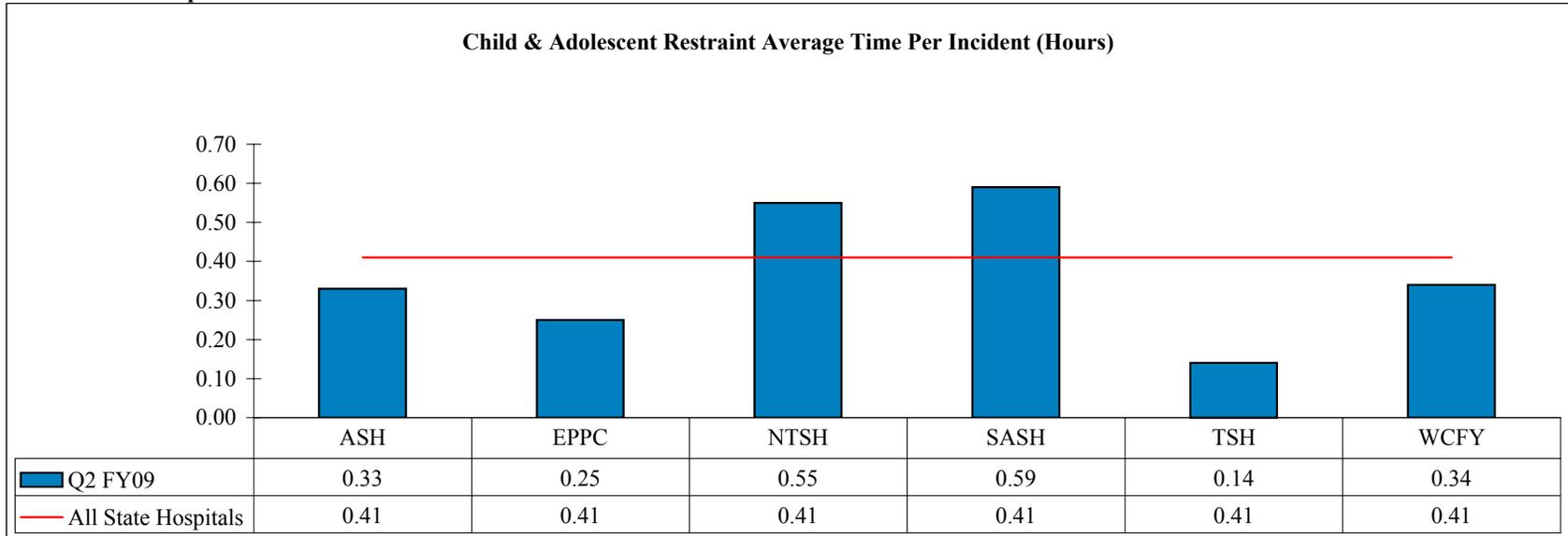
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



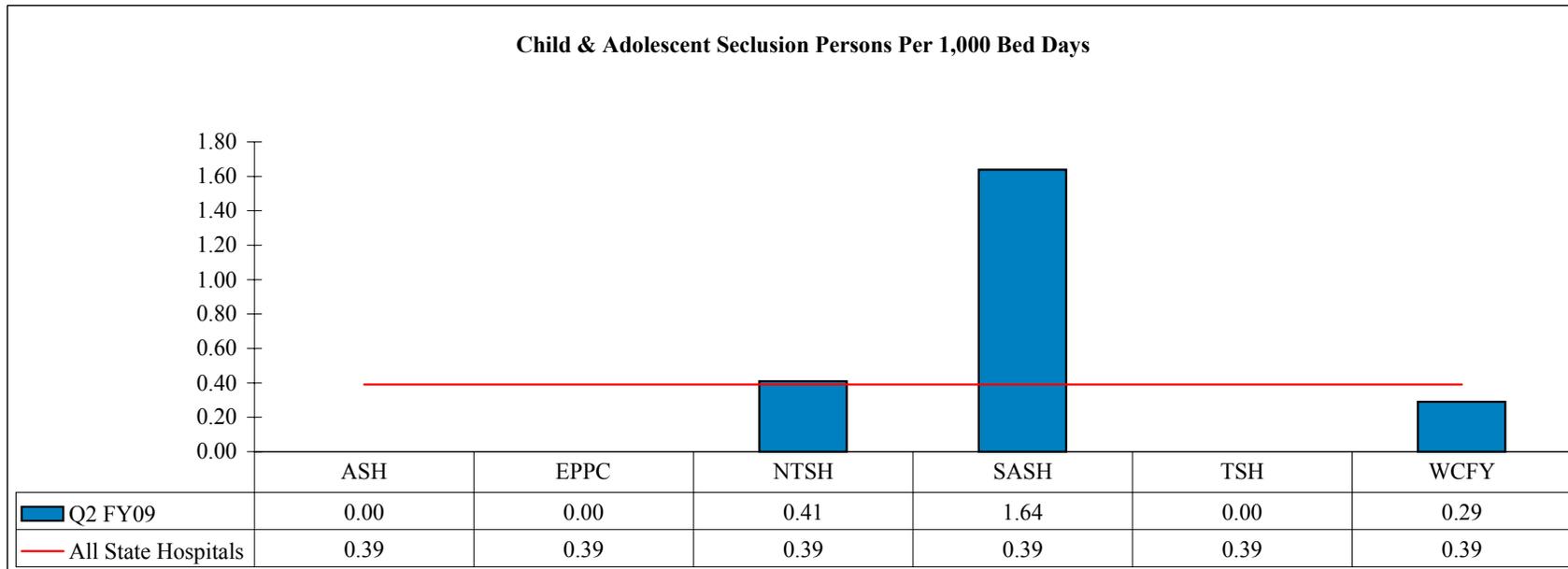
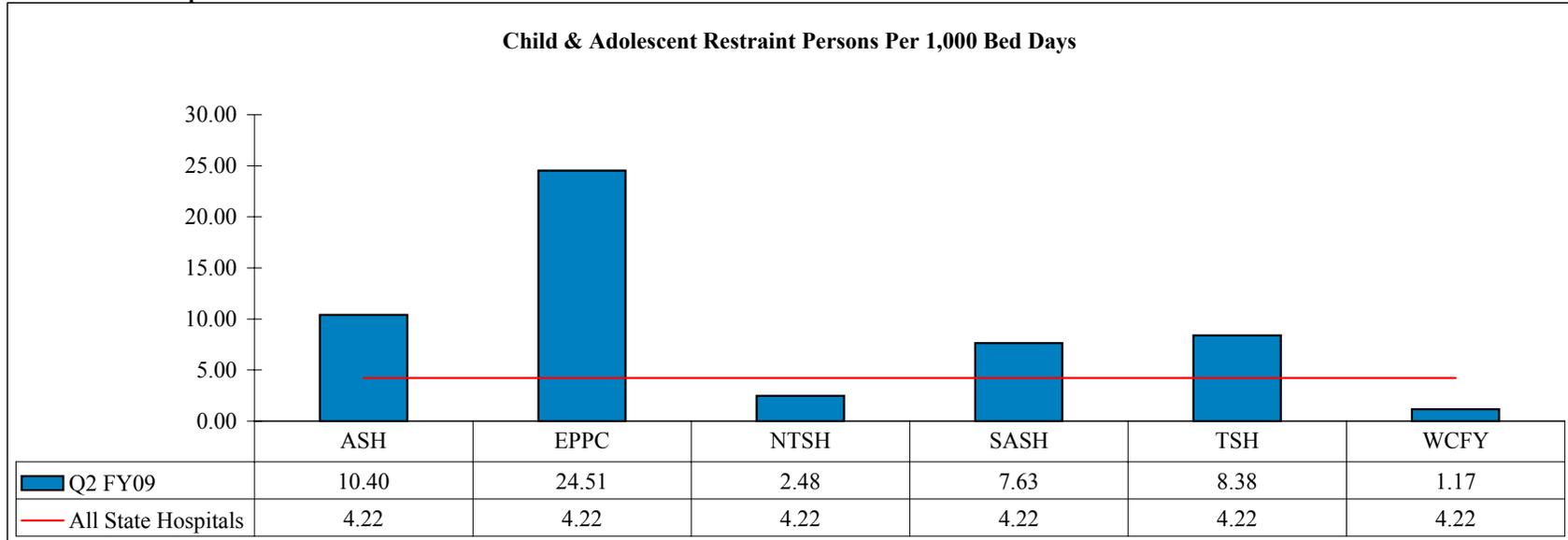
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



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



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



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

	Fiscal Year 2009											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,529	2,212			2,529	2,212			2,529	2,212		
Bed Days in Quarter-All Other Units	22,800	22,994			22,800	22,994			22,800	22,994		
Restraint Involving Children	26	1			5	1			6.8	0.2		
Restraint Involving Adolescents	207	77			30	22			85.1	25.9		
Restraint Involving Adults	680	666			154	160			484.2	412.4		
Seclusion Involving Children	4	0			3	0			2.3	0.0		
Seclusion Involving Adolescents	4	0			2	0			2.0	0.0		
Seclusion Involving Adults	13	3			6	3			28.7	2.6		
Big Spring State Hospital												
Bed Days in Quarter	17,162	17,236			17,162	17,236			17,162	17,236		
Restraint Involving Adults	219	217			41	42			176.7	252.2		
Seclusion Involving Adults	11	39			3	5			11.2	159.4		
El Paso Psychiatric Center												
Child/Adolescent Bed Days	468	204			468	204			468	204		
Bed Days in Quarter-All Other Units	5,912	5,724			5,912	5,724			5,912	5,724		
Restraint Involving Children	19	4			4	2			6.5	0.2		
Restraint Involving Adolescents	34	51			8	3			18.2	13.8		
Restraint Involving Adults	93	112			33	39			42.3	38.3		
Seclusion Involving Children	1	0			1	0			0.4	0.0		
Seclusion Involving Adolescents	2	0			1	0			1.2	0.0		
Seclusion Involving Adults	1	1			1	1			2.3	4.0		
Kerrville State Hospital												
Bed Days in Quarter	18,079	18,182			18,079	18,182			18,079	18,182		
Restraint Involving Adults	17	12			9	10			11.2	4.1		
Seclusion Involving Adults	0	0			0	0			0.0	0.0		

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

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

	Fiscal Year 2009											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	8,083	7,270			8,083	7,270			8,083	7,270		
Bed Days in Quarter-All Other Units	44,086	43,344			44,086	43,344			44,086	43,344		
Restraint Involving Children	1	0			1	0			0.0	0.0		
Restraint Involving Adolescents	202	75			38	18			95.2	41.0		
Restraint Involving Adults	607	507			183	154			546.8	336.0		
Seclusion Involving Children	2	0			1	0			1.6	0.0		
Seclusion Involving Adolescents	27	5			8	3			27.0	2.4		
Seclusion Involving Adults	30	28			25	21			44.1	48.1		
Rio Grande State Center												
Bed Days in Quarter	4,530	4,560			4,530	4,560			4,530	4,560		
Restraint Involving Adults	17	47			10	23			8.9	41.3		
Seclusion Involving Adults	7	10			7	8			0.1	0.3		
Rusk State Hospital												
Bed Days in Quarter	28,667	28,645			28,667	28,645			28,667	28,645		
Restraint Involving Adults	230	194			82	82			109.6	38.9		
Seclusion Involving Adults	21	32			15	24			24.6	48.5		
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,205	1,834			2,205	1,834			2,205	1,834		
Bed Days in Quarter-All Other Units	23,324	22,855			23,324	22,855			23,324	22,855		
Restraint Involving Adolescents	131	104			16	14			74.7	60.9		
Restraint Involving Adults	128	151			36	44			96.6	152.8		
Seclusion Involving Adolescents	28	13			5	3			28.1	14.3		
Seclusion Involving Adults	14	7			6	4			12.6	8.2		

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

Fiscal Year 2009

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,324	2,266			2,324	2,266			2,324	2,266		
Bed Days in Quarter-All Other Units	25,163	24,808			25,163	24,808			25,163	24,808		
Restraint Involving Children	0	2			0	2			0.0	0.1		
Restraint Involving Adolescents	73	34			22	17			15.7	4.8		
Restraint Involving Adults	81	135			47	66			21.0	50.4		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	8	17			5	13			6.8	50.7		
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	7,166	6,846			7,166	6,846			7,166	6,846		
Restraint Involving Adolescents	77	34			26	8			17.8	11.4		
Seclusion Involving Adolescents	9	2			6	2			10.4	2.8		
All State MH Hospitals												
Child/Adolescent Bed Days	22,775	20,632			22,775	20,632			22,775	20,632		
Bed Days in Quarter-All Other Units	189,723	188,348			189,723	188,348			189,723	188,348		
Restraint Involving Children	46	7			10	5			13.3	0.5		
Restraint Involving Adolescents	724	375			140	82			306.7	158		
Restraint Involving Adults	2,072	2,041			595	620			1,497.3	1,326		
Seclusion Involving Children	7	0			5	0			4.3	0		
Seclusion Involving Adolescents	70	20			22	8			68.7	20		
Seclusion Involving Adults	105	137			68	79			130.4	322		

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

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

Fiscal Year 2009

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	8	0			5	0		
< 5 Restraint Involving Adolescents	42	19			17	13		
< 5 Restraint Involving Adults	322	304			127	125		
Big Spring State Hospital								
< 5 Restraint Involving Adults	57	49			24	23		
El Paso Psychiatric Center								
< 5 Restraint Involving Children	6	4			3	2		
< 5 Restraint Involving Adolescents	12	28			3	3		
< 5 Restraint Involving Adults	63	77			29	31		
Kerrville State Hospital								
< 5 Restraint Involving Adults	6	8			4	7		
North Texas State Hospital								
< 5 Restraint Involving Children	1	0			1	0		
< 5 Restraint Involving Adolescents	65	19			26	13		
< 5 Restraint Involving Adults	217	208			114	112		
Rio Grande State Center								
< 5 Restraint Involving Adults	6	19			5	12		
Rusk State Hospital								
< 5 Restraint Involving Adults	125	124			70	66		
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	45	29			11	11		
< 5 Restraint Involving Adults	38	49			20	25		
Terrell State Hospital								
< 5 Restraint Involving Children	0	2			0	2		
< 5 Restraint Involving Adolescents	31	17			14	14		
< 5 Restraint Involving Adults	54	98			38	56		
Waco Center For Youth								
< 5 Restraint Involving Adolescents	20	2			16	2		
All State MH Hospitals								
< 5 Restraint Involving Children	15	6			9	4		
< 5 Restraint Involving Adolescents	215	114			87	56		
< 5 Restraint Involving Adults	888	936			431	457		

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

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

Fiscal Year 2009

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Austin State Hospital					
Personal Restraint	544	440			984
Mechanical Restraint	369	304			673
Seclusion	21	3			24
Big Spring State Hospital					
Personal Restraint	128	139			267
Mechanical Restraint	91	78			169
Seclusion	11	39			50
El Paso Psychiatric Center					
Personal Restraint	90	143			233
Mechanical Restraint	56	24			80
Seclusion	4	1			5
Kerrville State Hospital					
Personal Restraint	13	11			24
Mechanical Restraint	4	1			5
Seclusion	0	0			0
North Texas State Hospital					
Personal Restraint	498	367			865
Mechanical Restraint	312	215			527
Seclusion	59	33			92
Rio Grande State Center					
Personal Restraint	17	47			64
Mechanical Restraint	0	0			0
Seclusion	7	11			18
Rusk State Hospital					
Personal Restraint	166	164			330
Mechanical Restraint	64	30			94
Seclusion	21	32			53
San Antonio State Hospital					
Personal Restraint	143	140			283
Mechanical Restraint	116	115			231
Seclusion	44	20			64

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

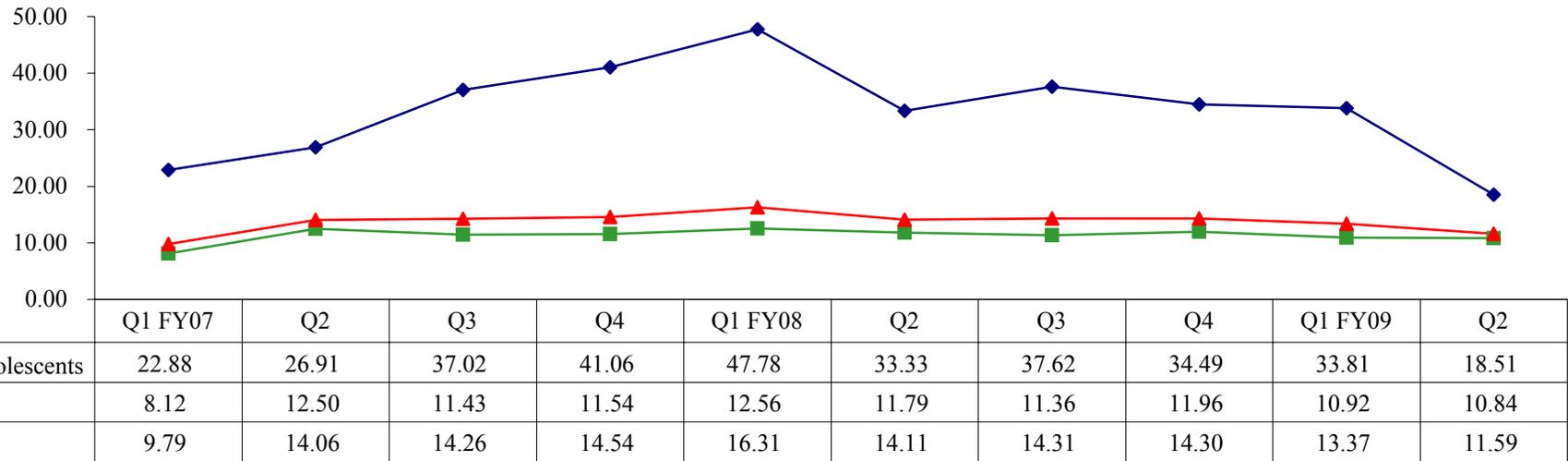
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2009

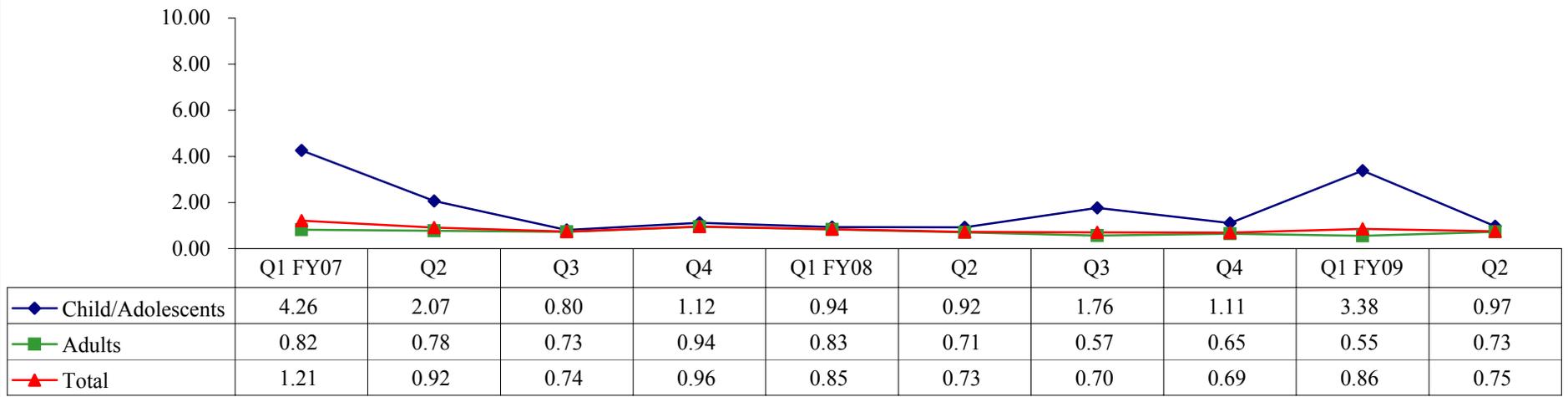
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Terrell State Hospital					
Personal Restraint	133	144			277
Mechanical Restraint	21	27			48
Seclusion	8	17			25
Waco Center For Youth					
Personal Restraint	66	26			92
Mechanical Restraint	11	8			19
Seclusion	9	2			11
All State MH Hospitals					
Personal Restraint	1,798	1,621			3,419
Mechanical Restraint	1,044	802			1,846
Seclusion	184	158			342

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

Restraint Incidents Per 1,000 Bed Days

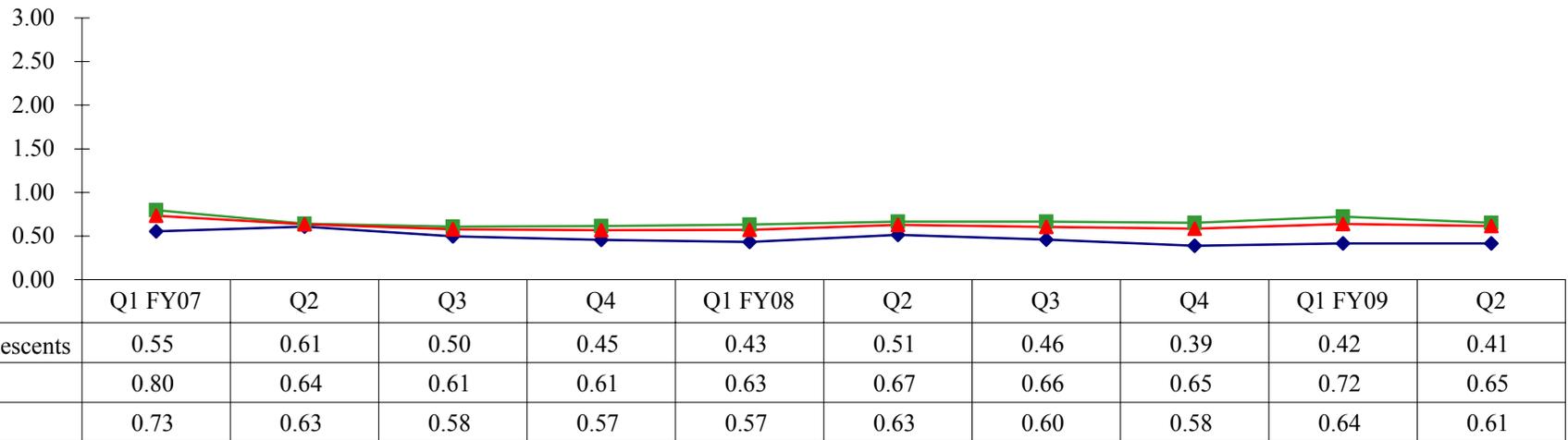


Seclusion Incidents Per 1,000 Bed Days

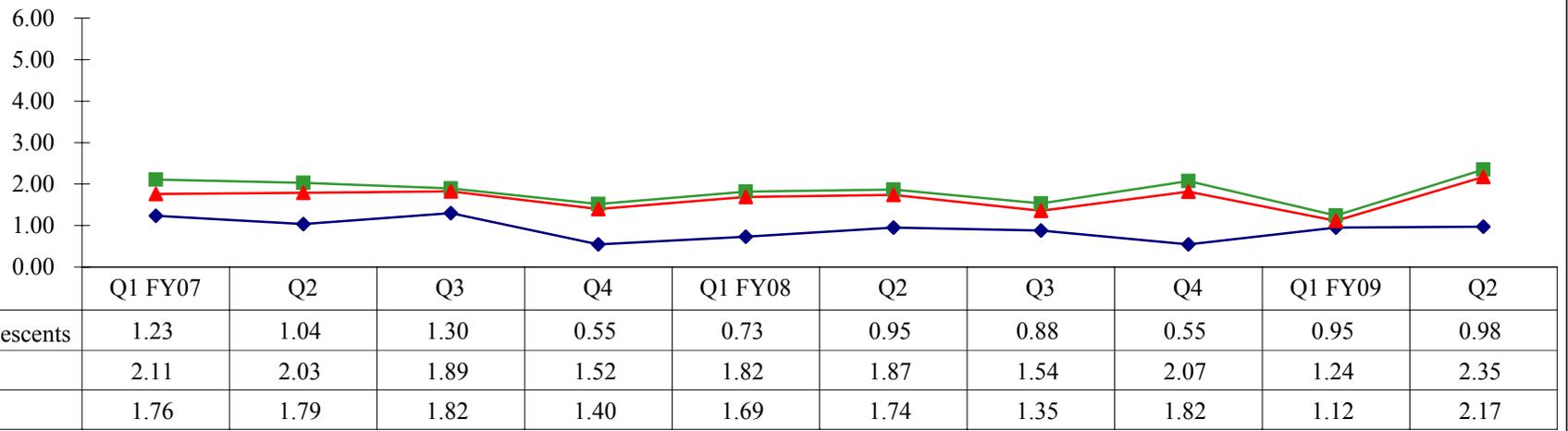


Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

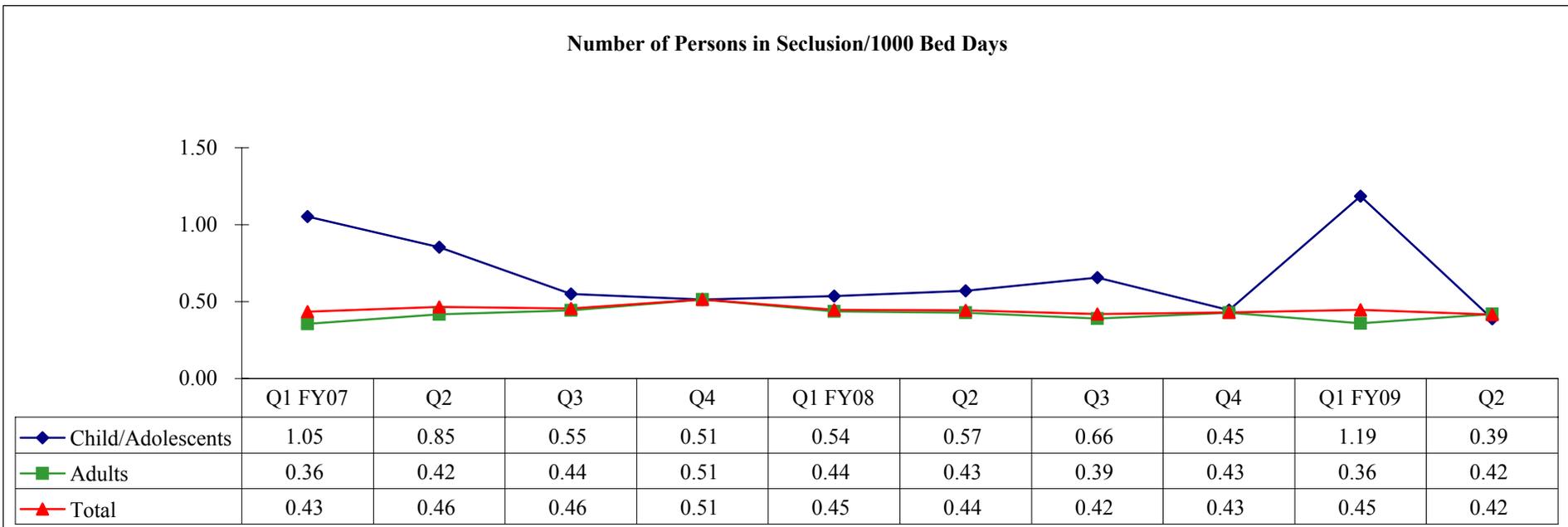
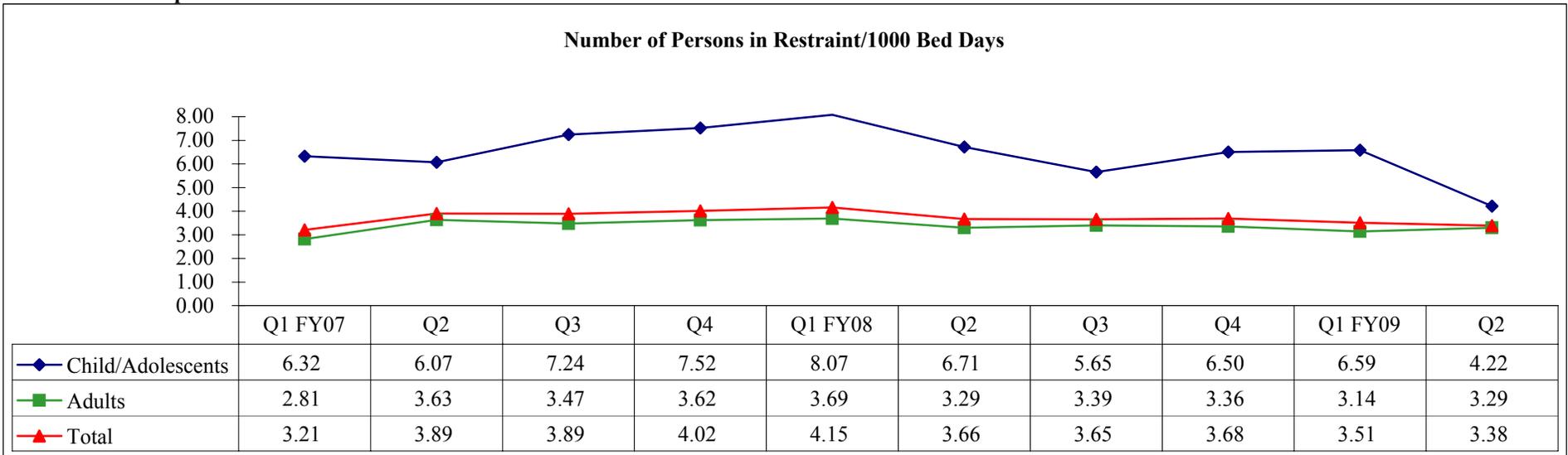
Average Number of Hours Per Incident in Restraints



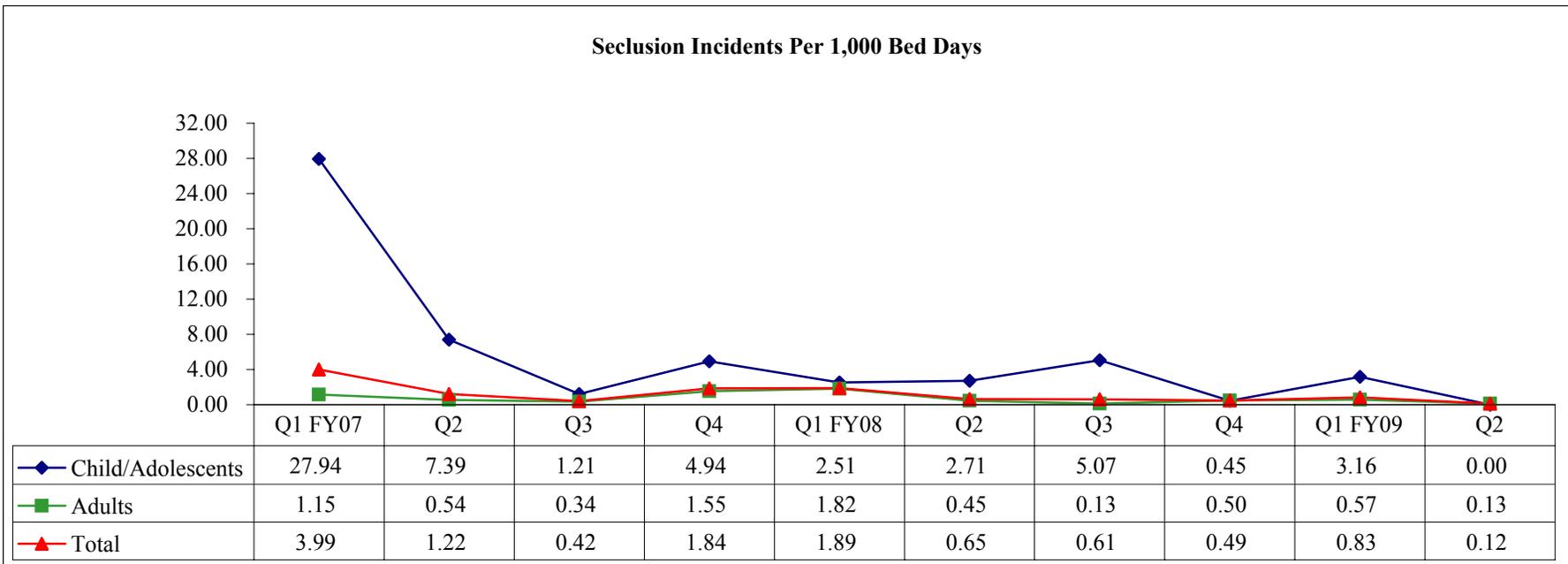
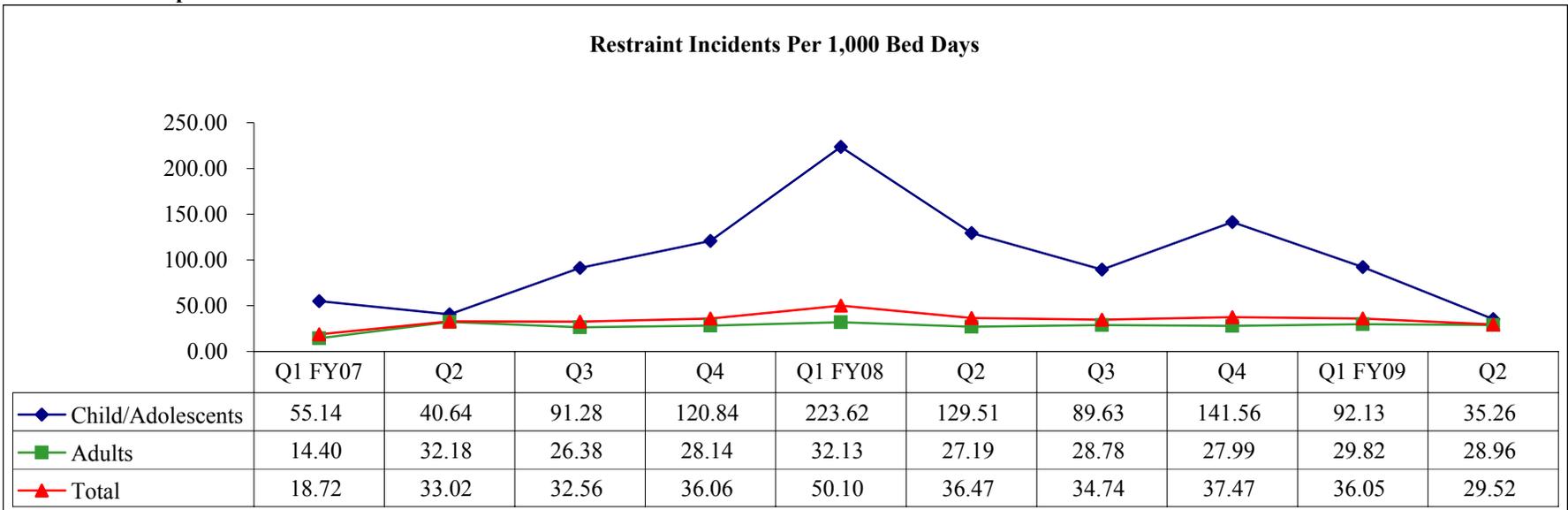
Average Number of Hours Per Incident in Seclusion



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

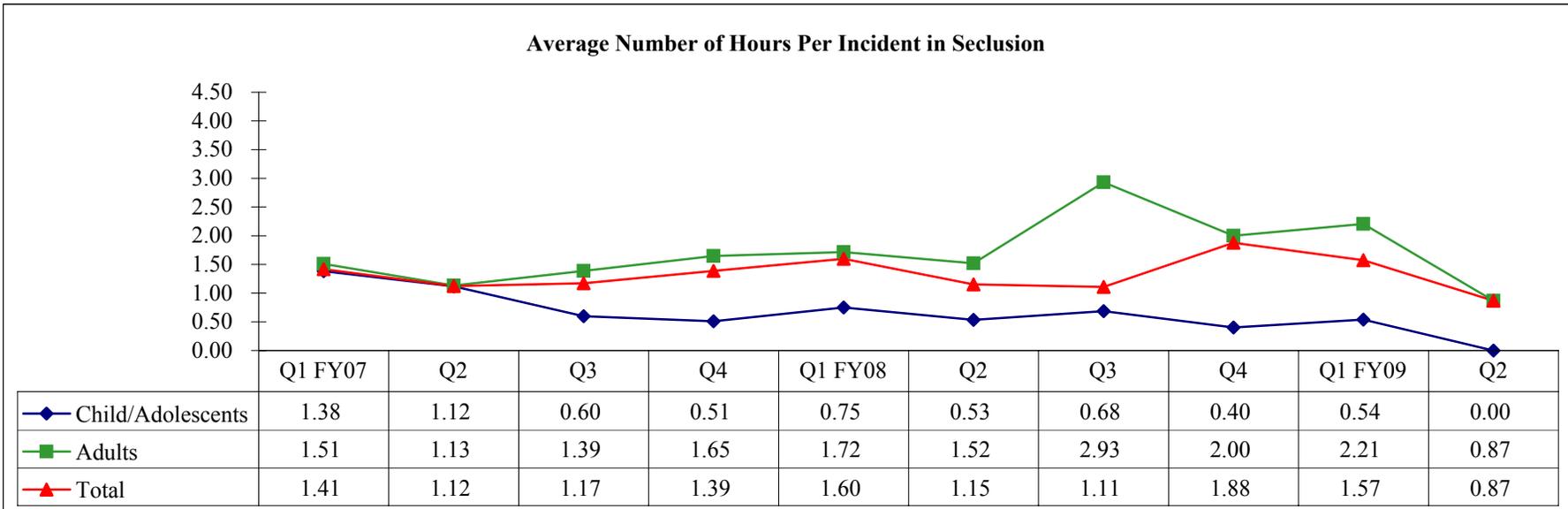
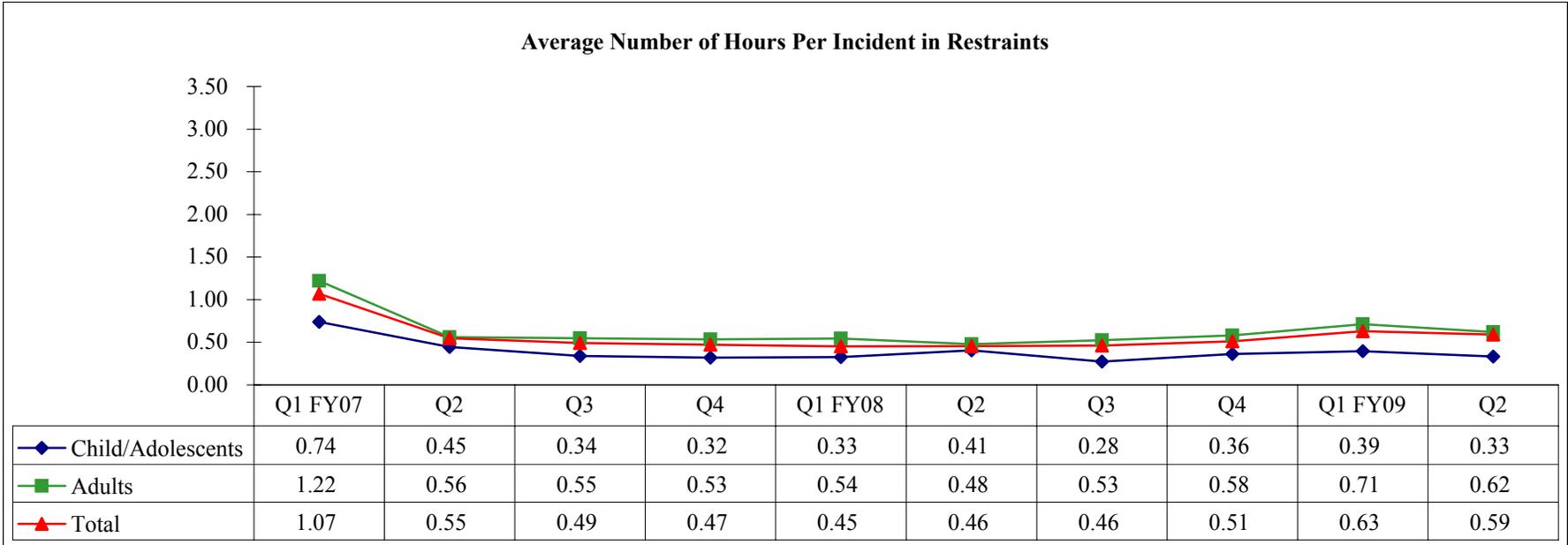


Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

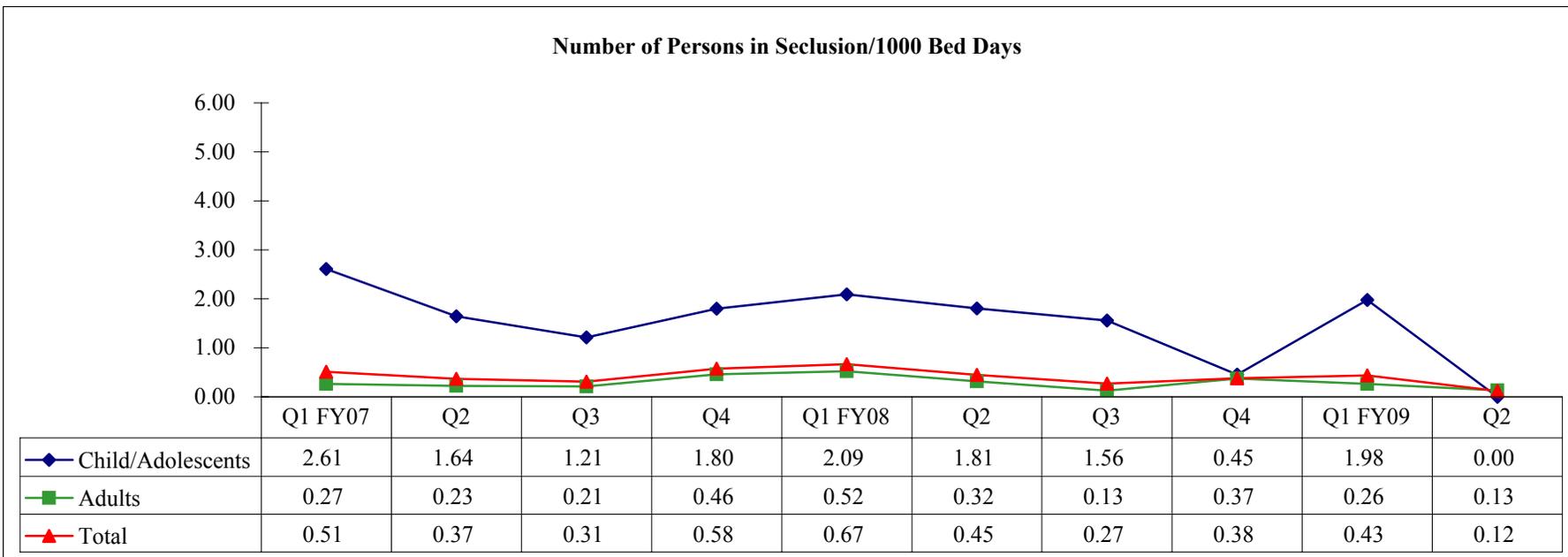
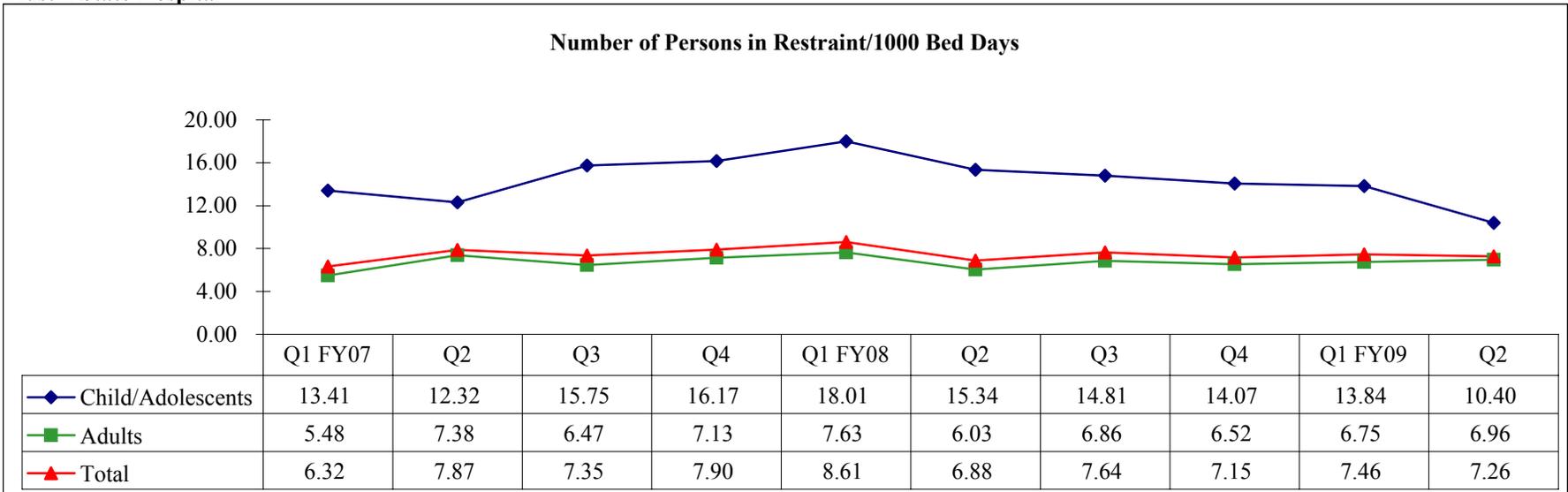


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

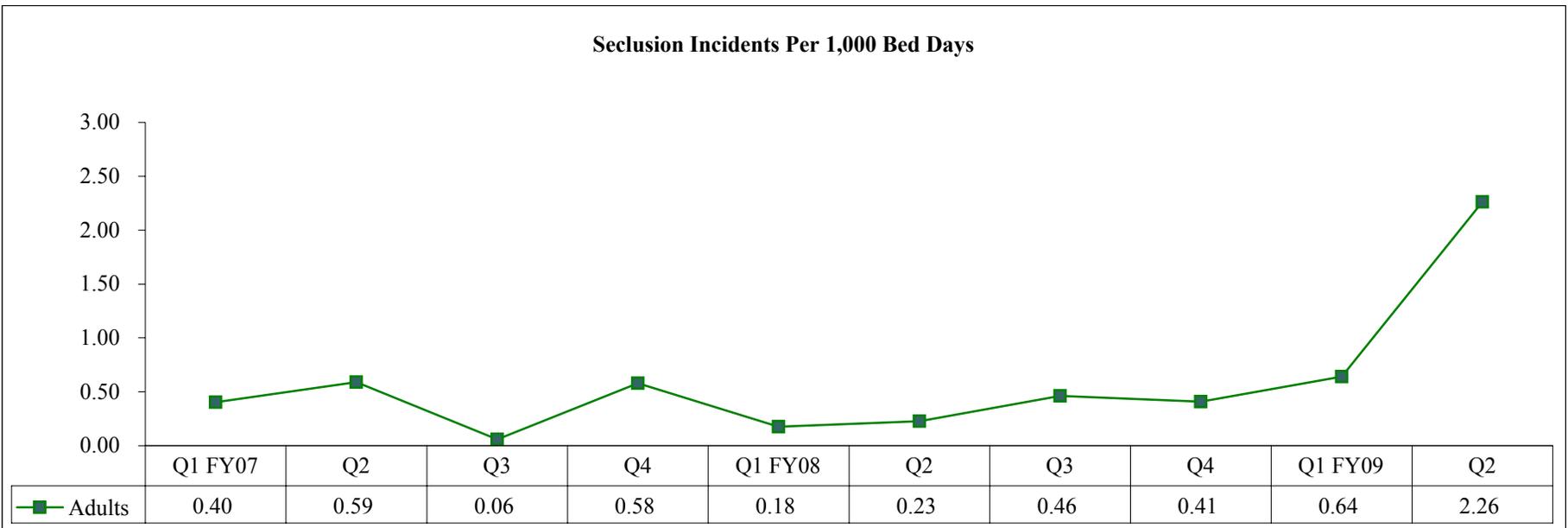
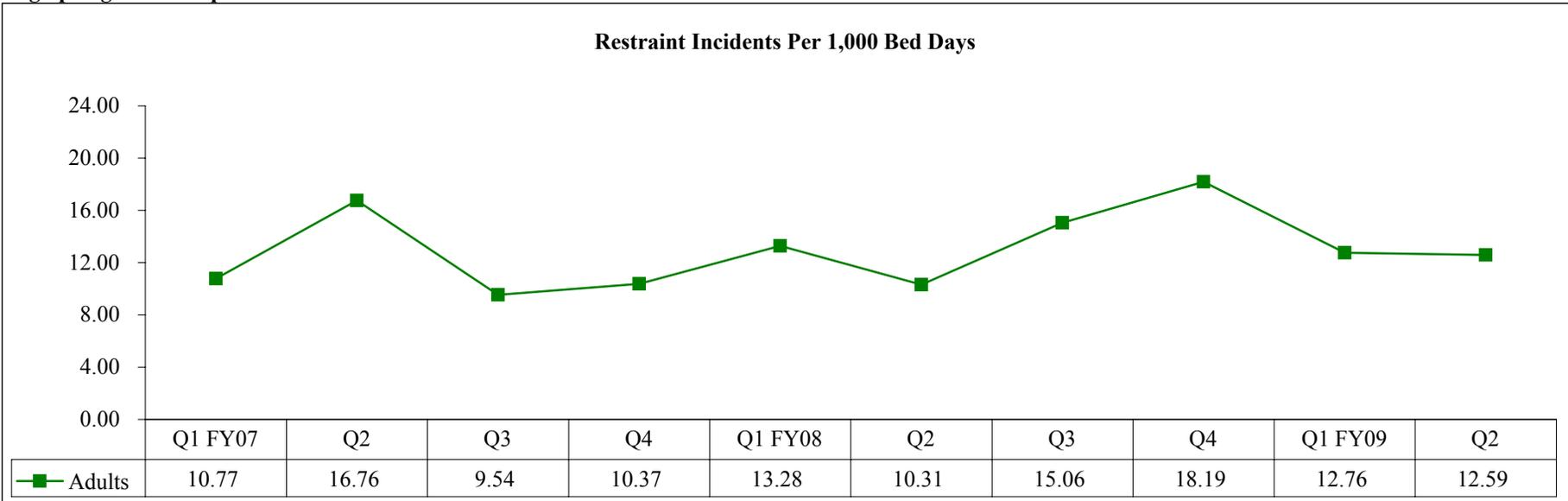


Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital



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

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

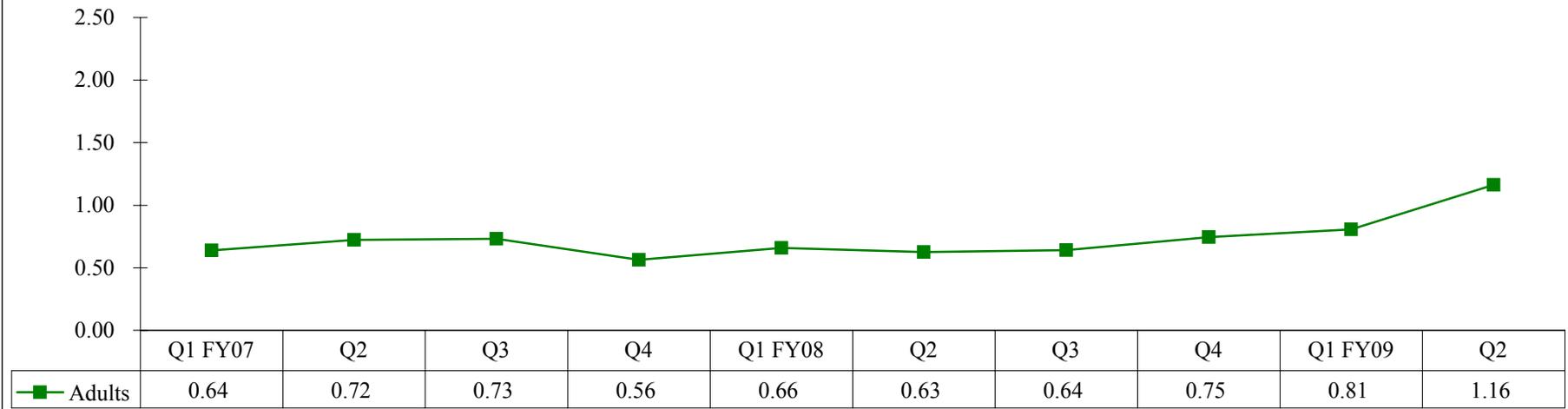


Change in reporting definition December 2006
 Table: Hospital Management Data Services

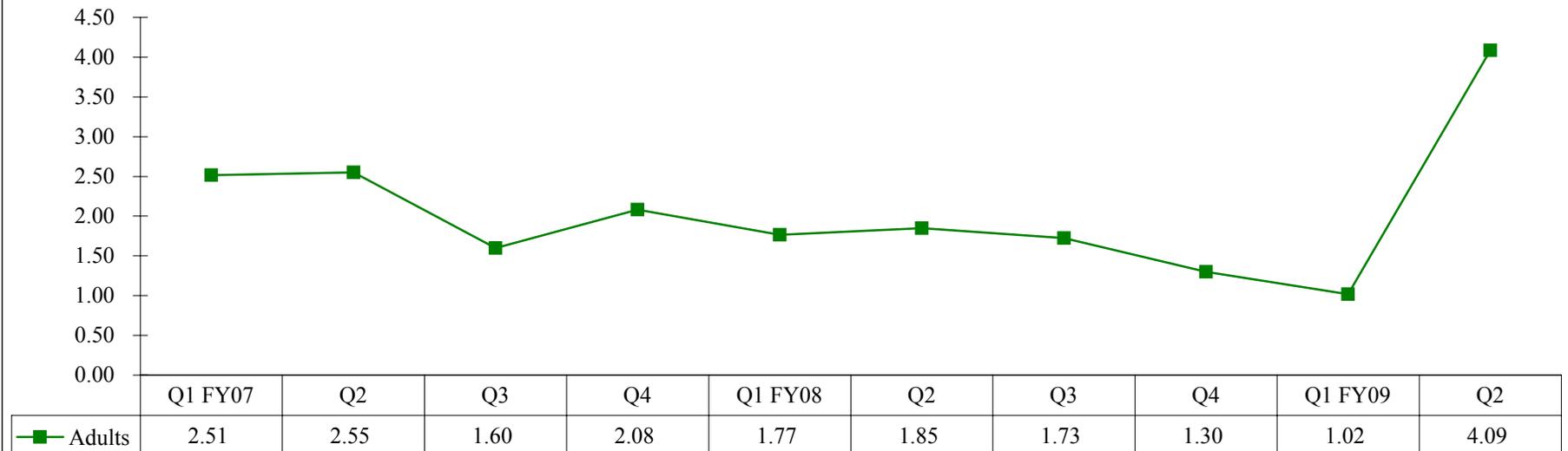
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

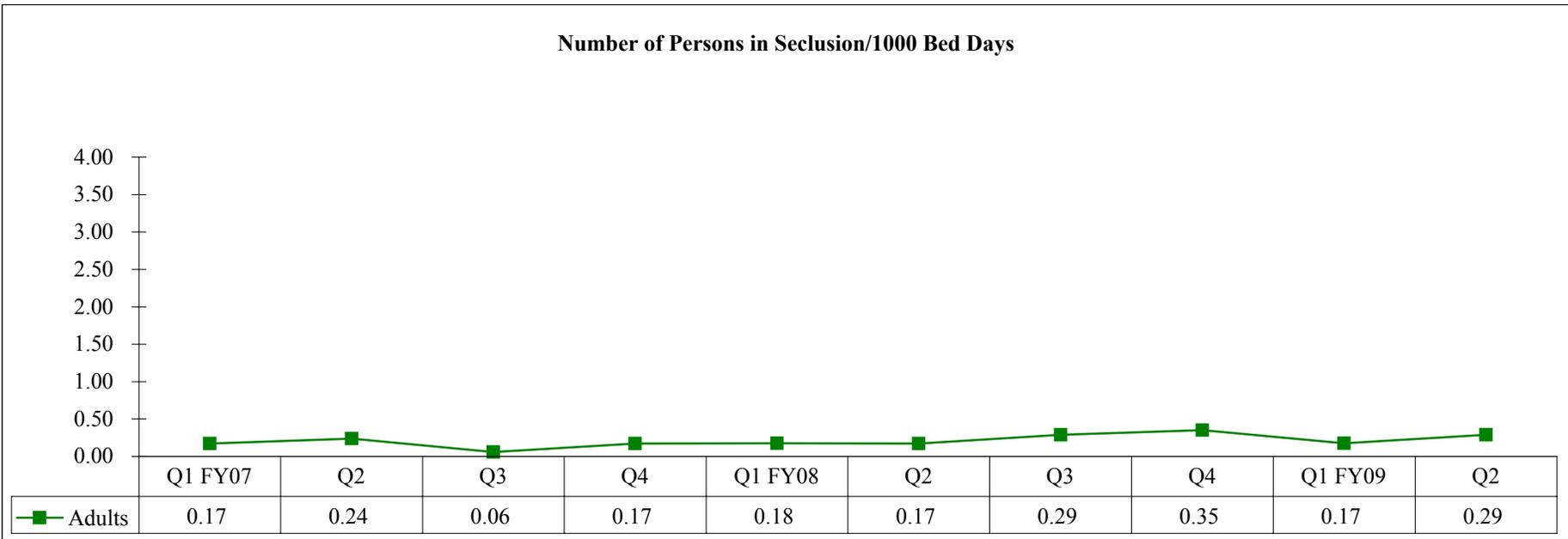
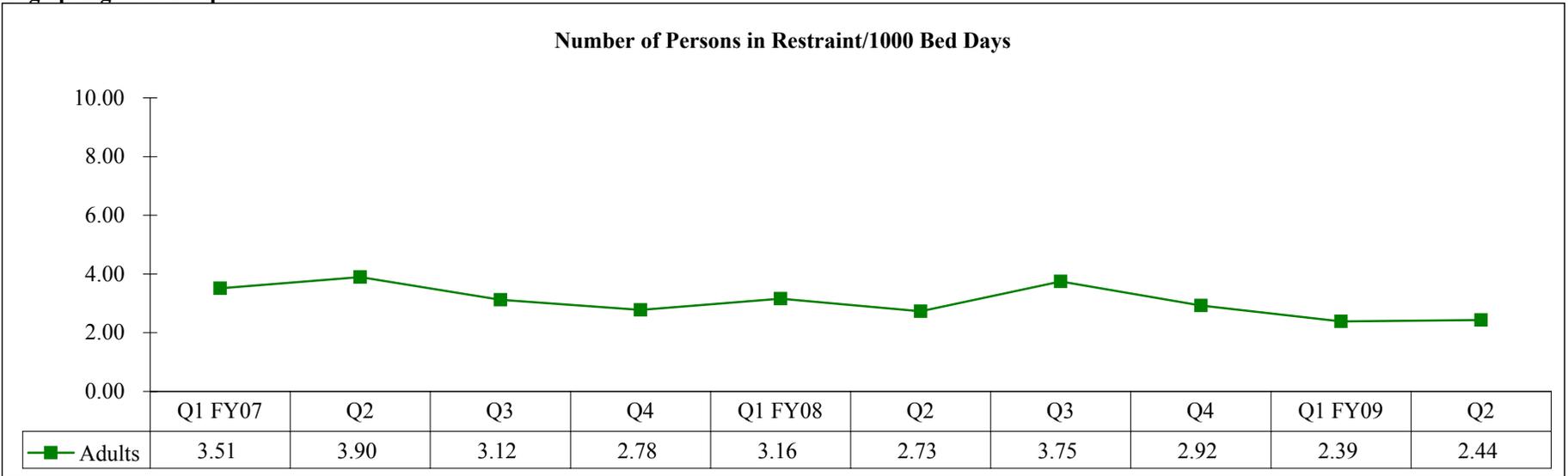


Average Number of Hours Per Incident in Seclusion

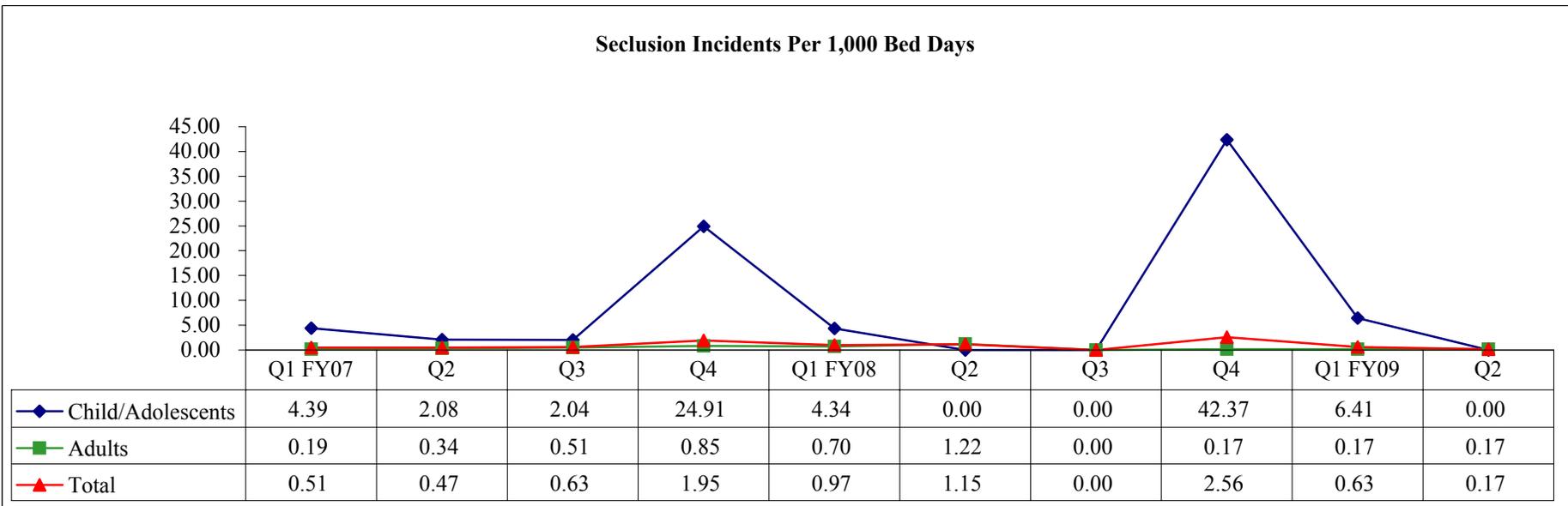
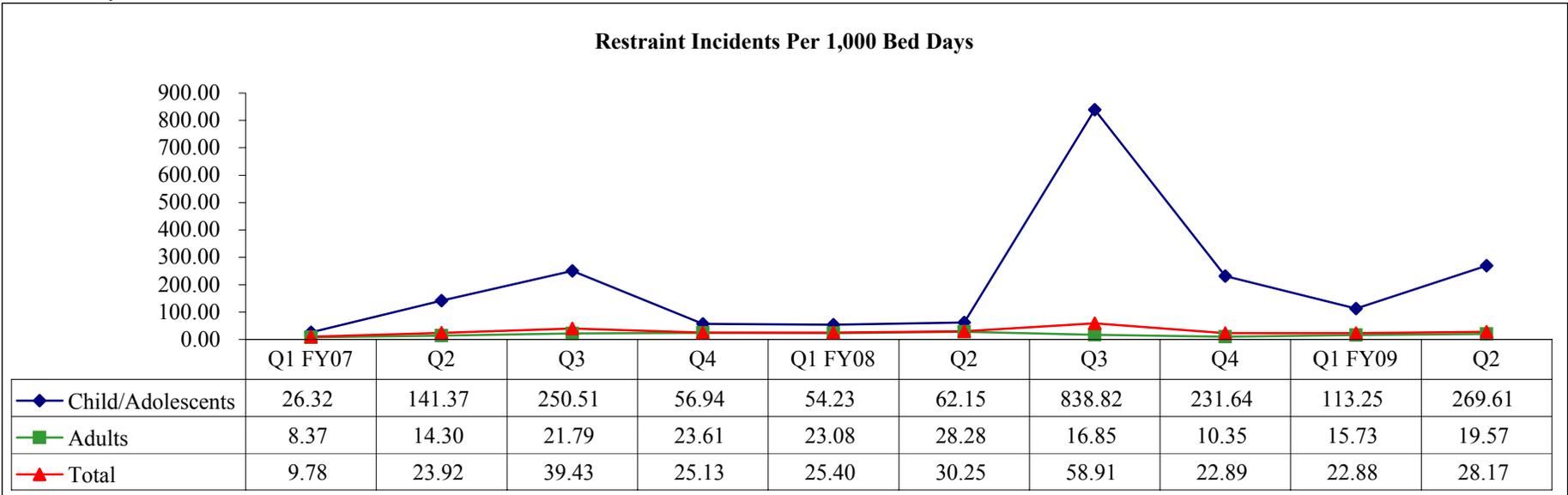


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

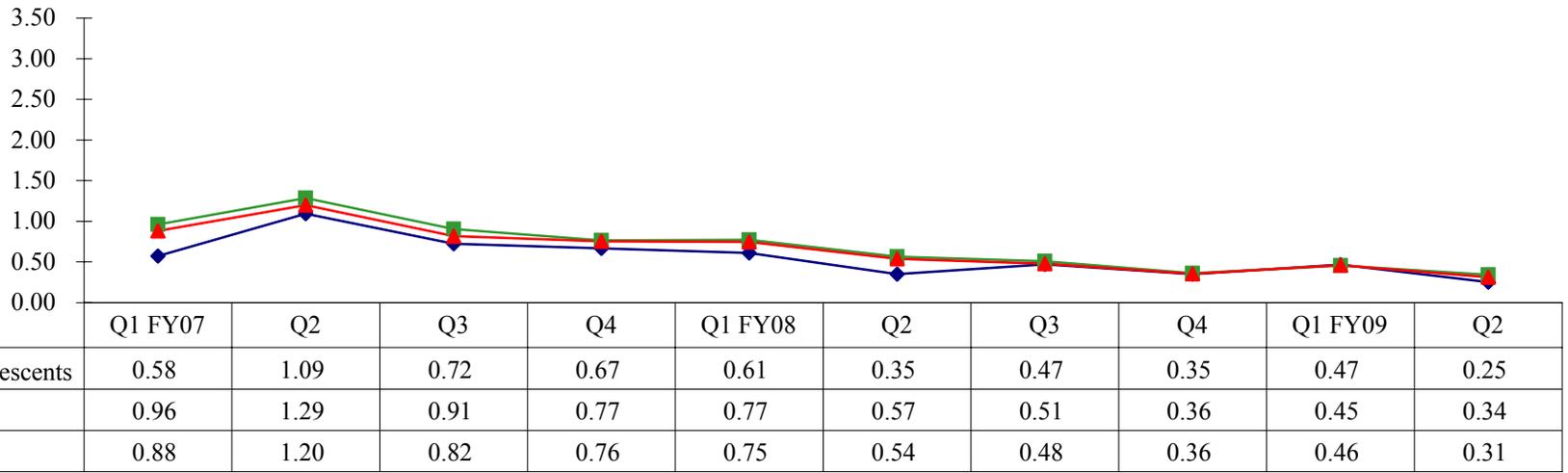


Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

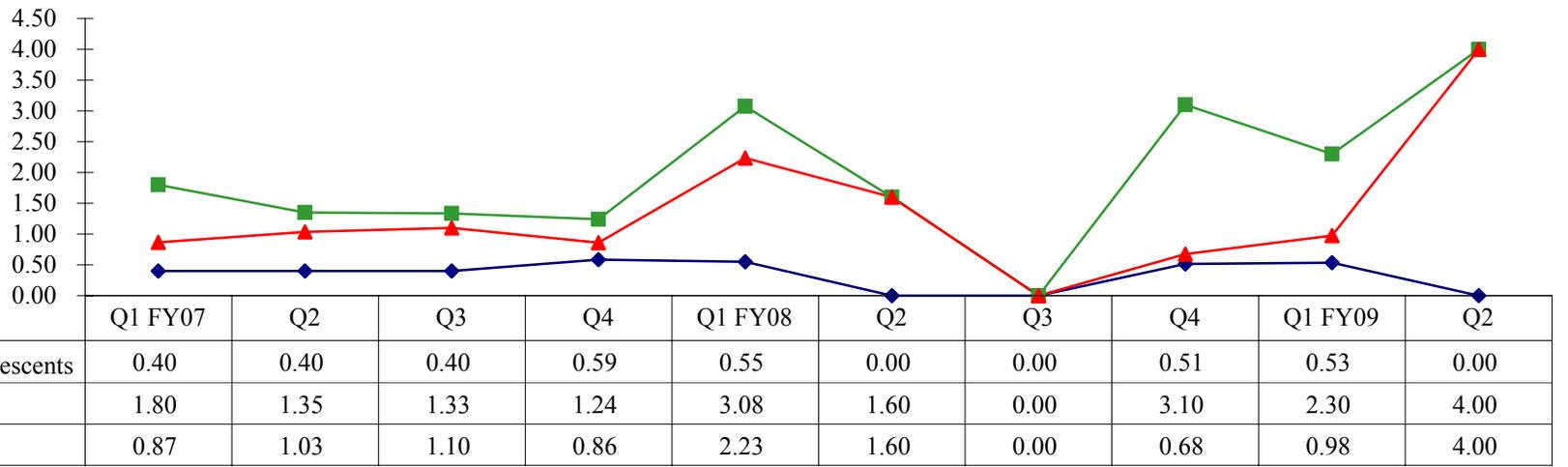


Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

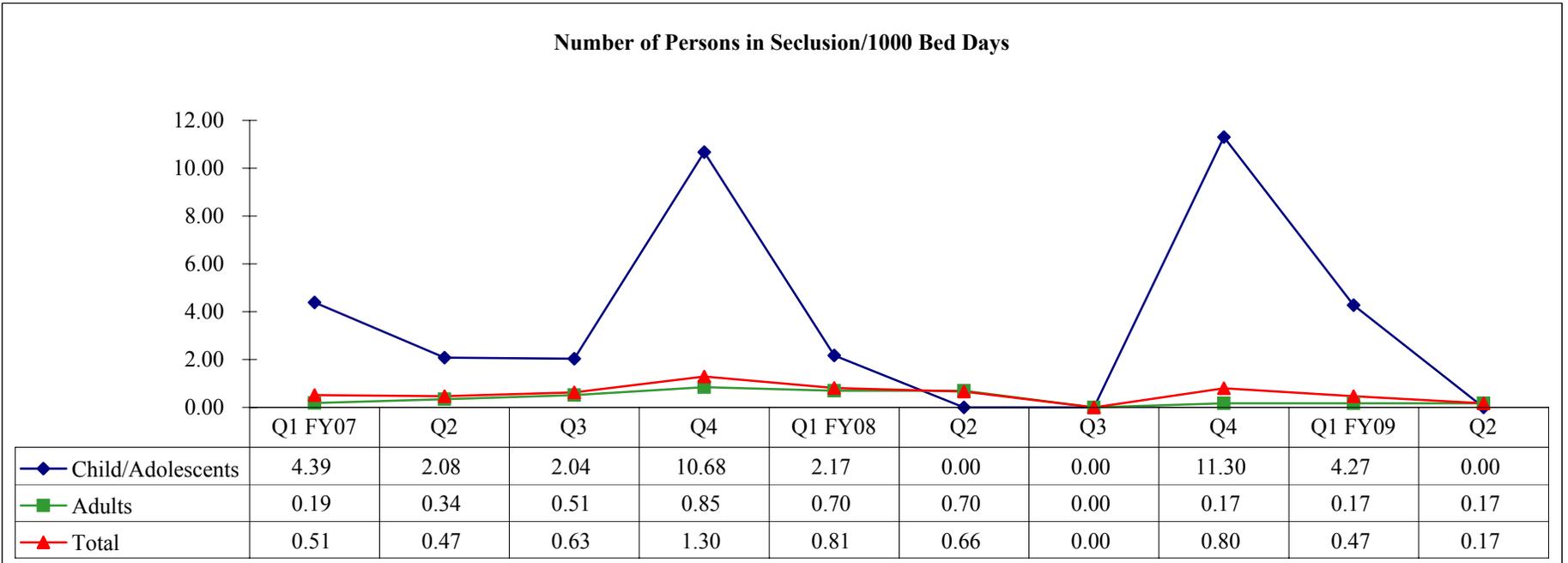
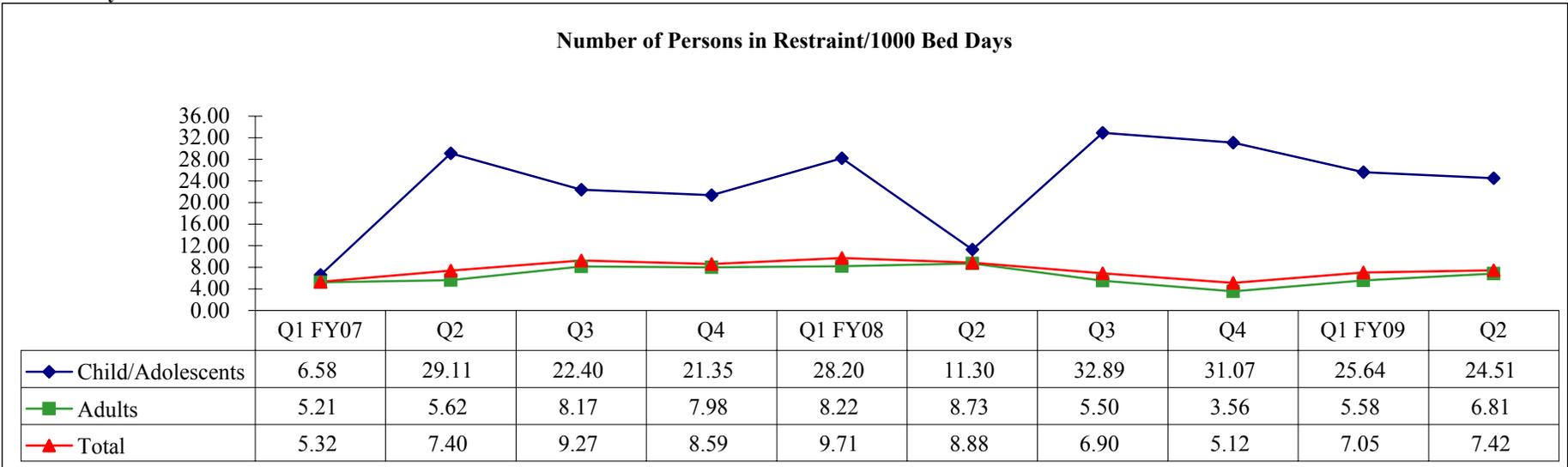
Average Number of Hours Per Incident in Restraints



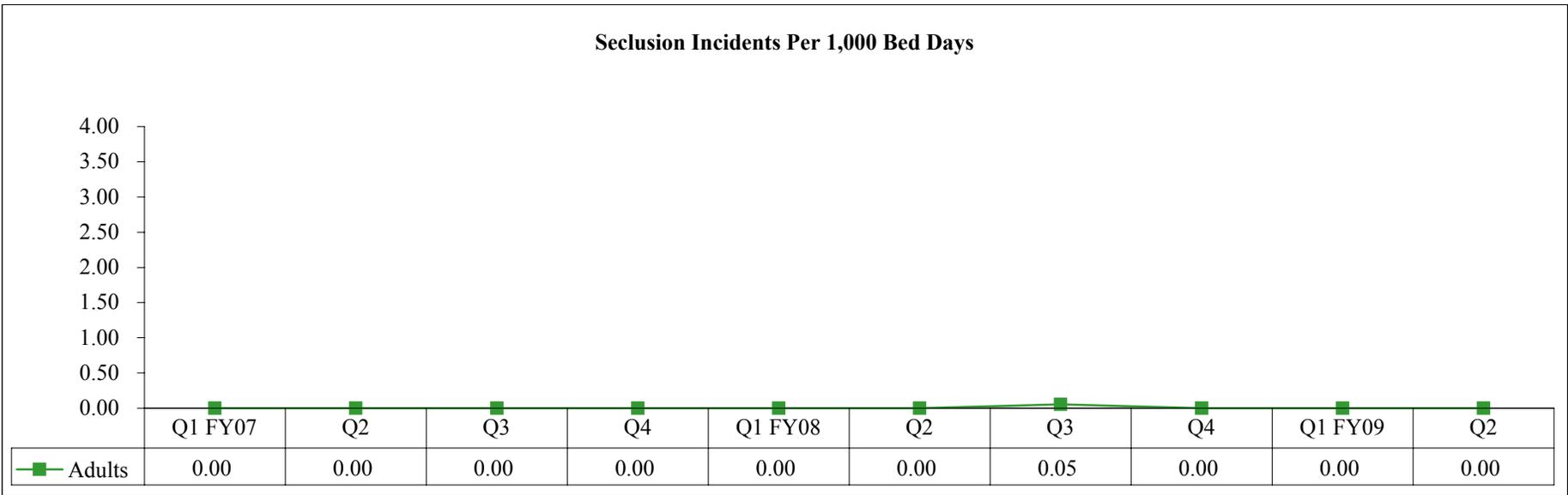
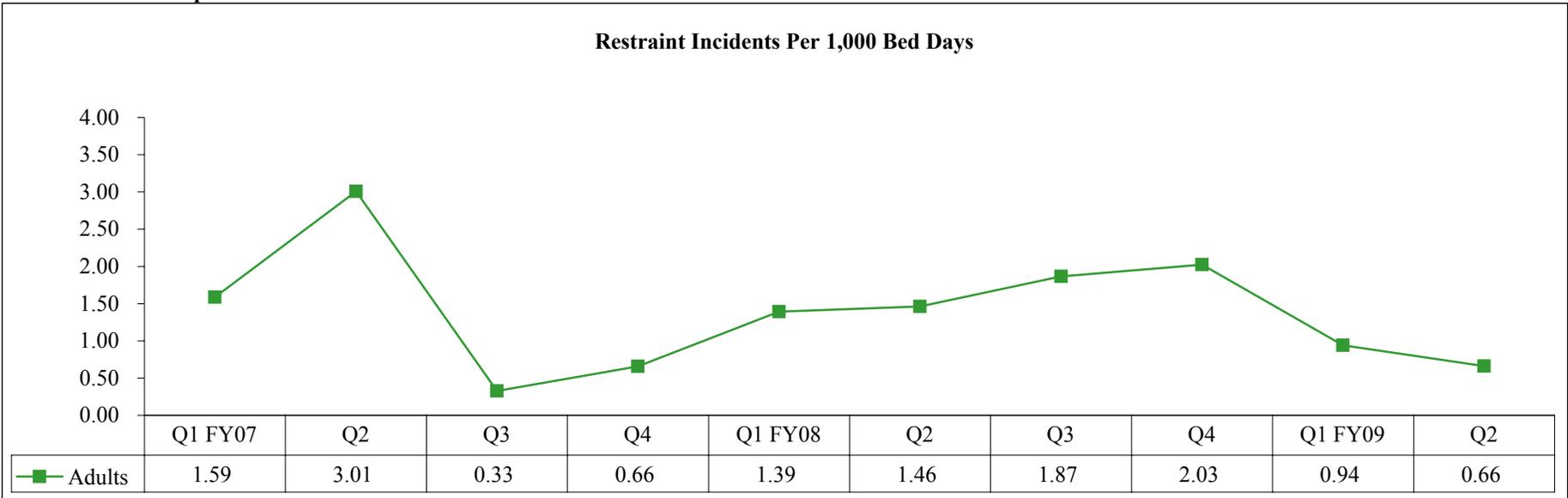
Average Number of Hours Per Incident in Seclusion



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

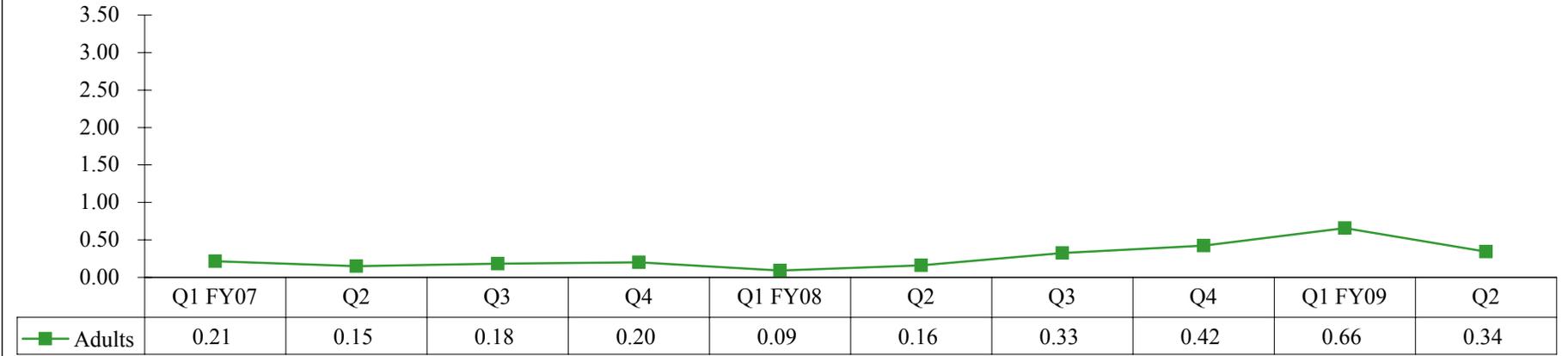


**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**

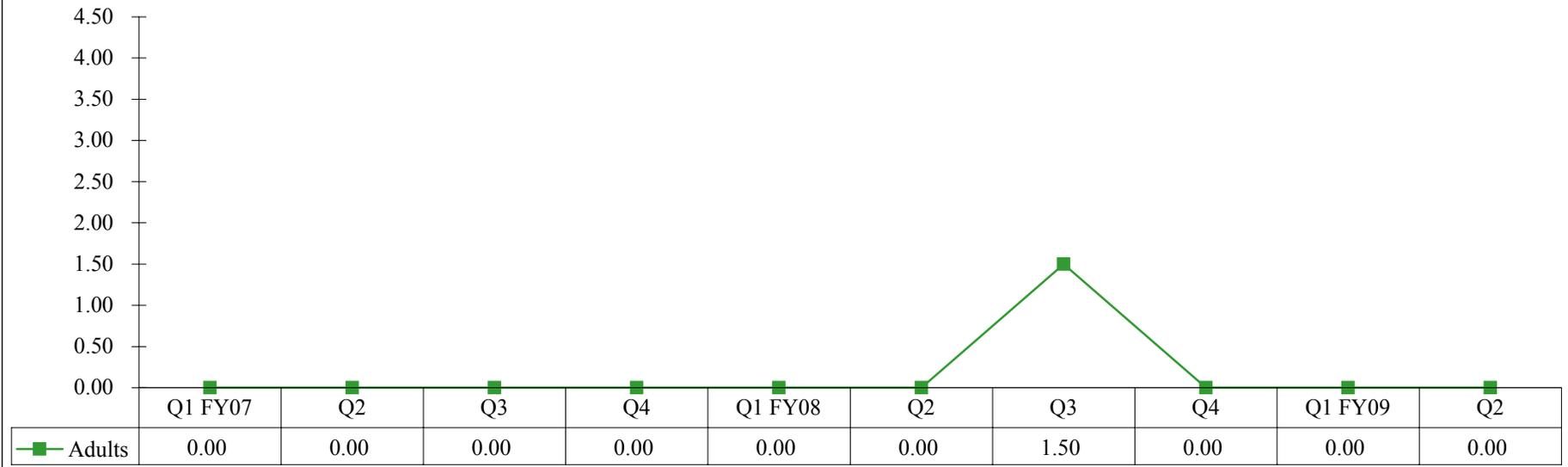


**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**

Average Number of Hours Per Incident in Restraints

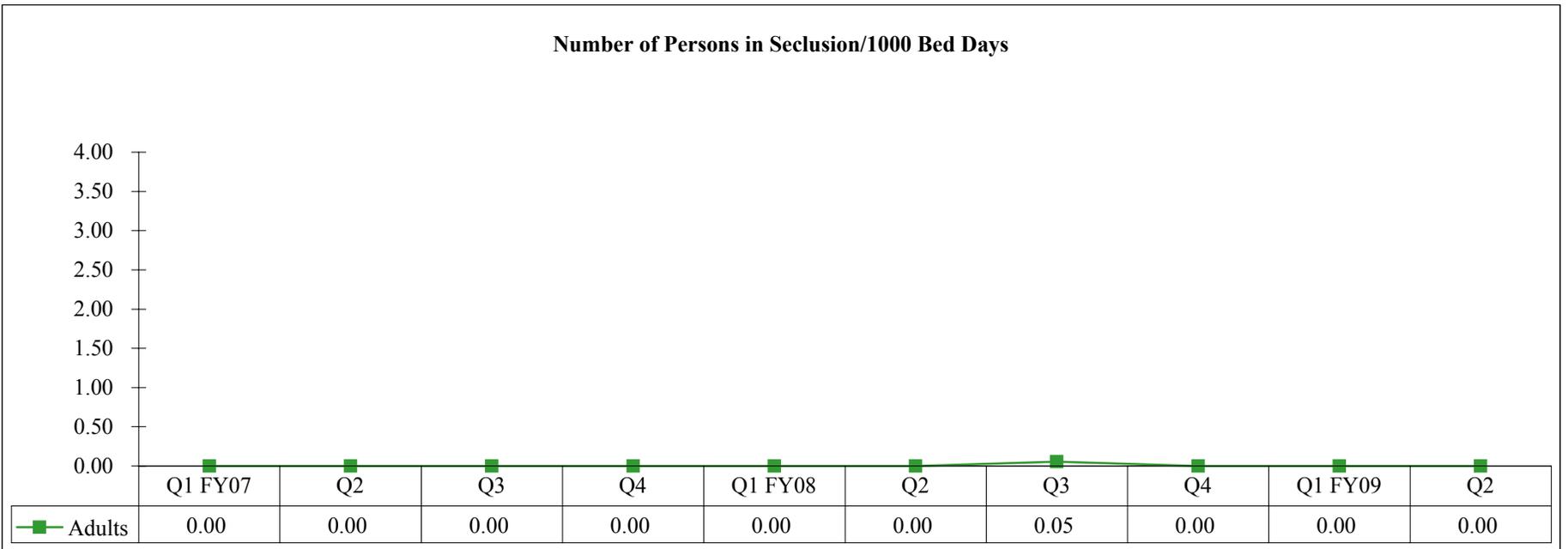
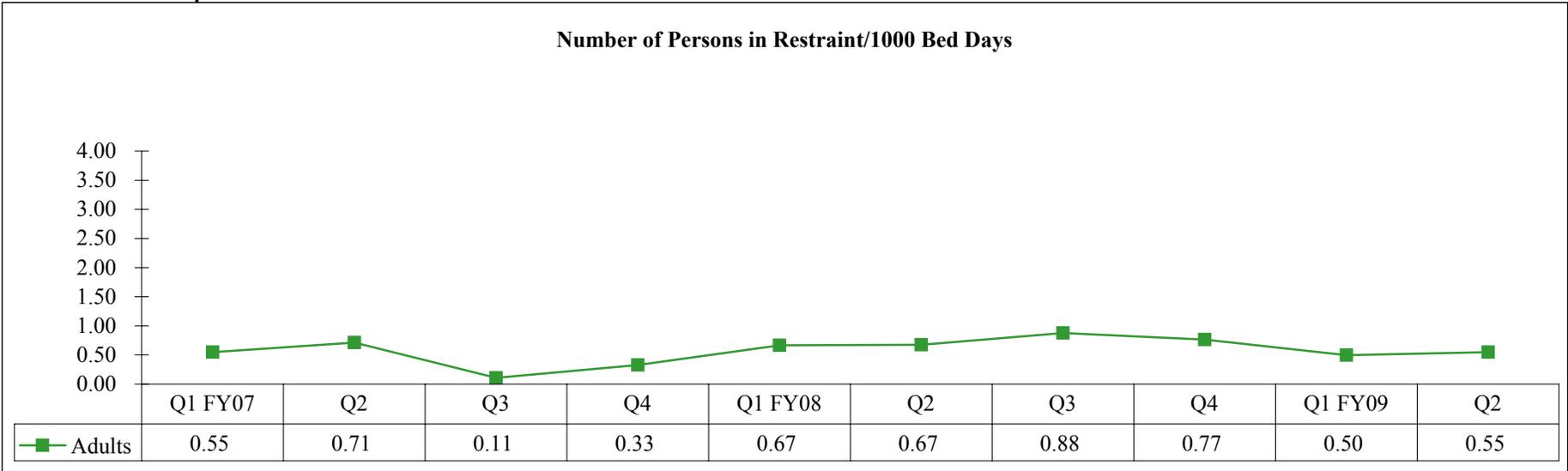


Average Number of Hours Per Incident in Seclusion

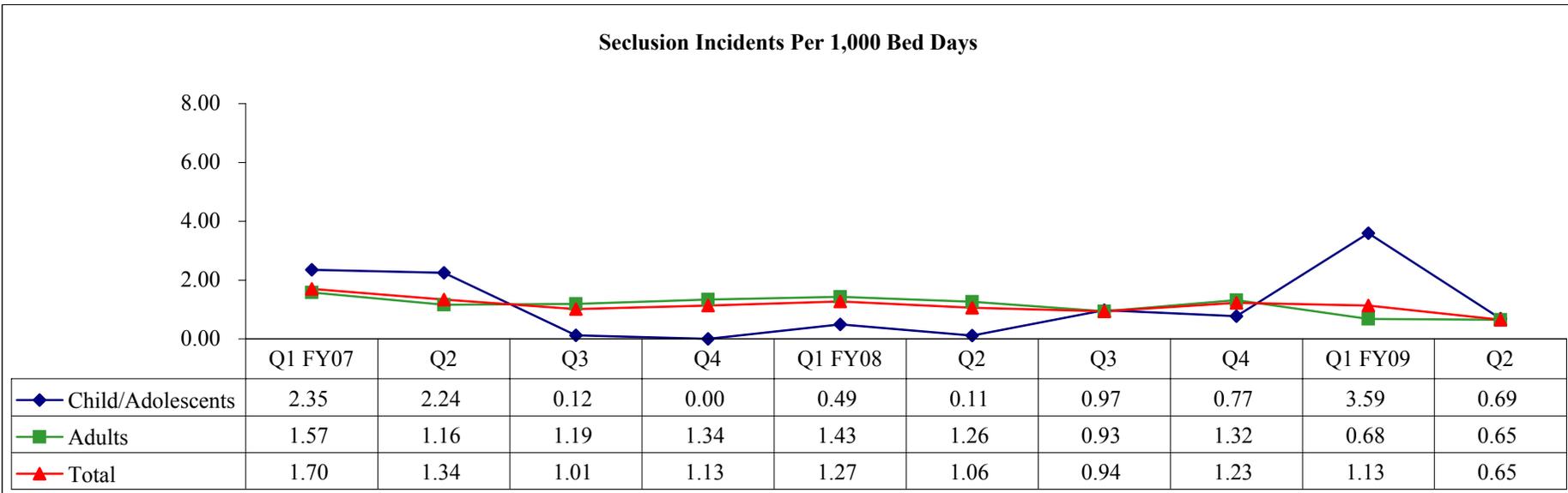
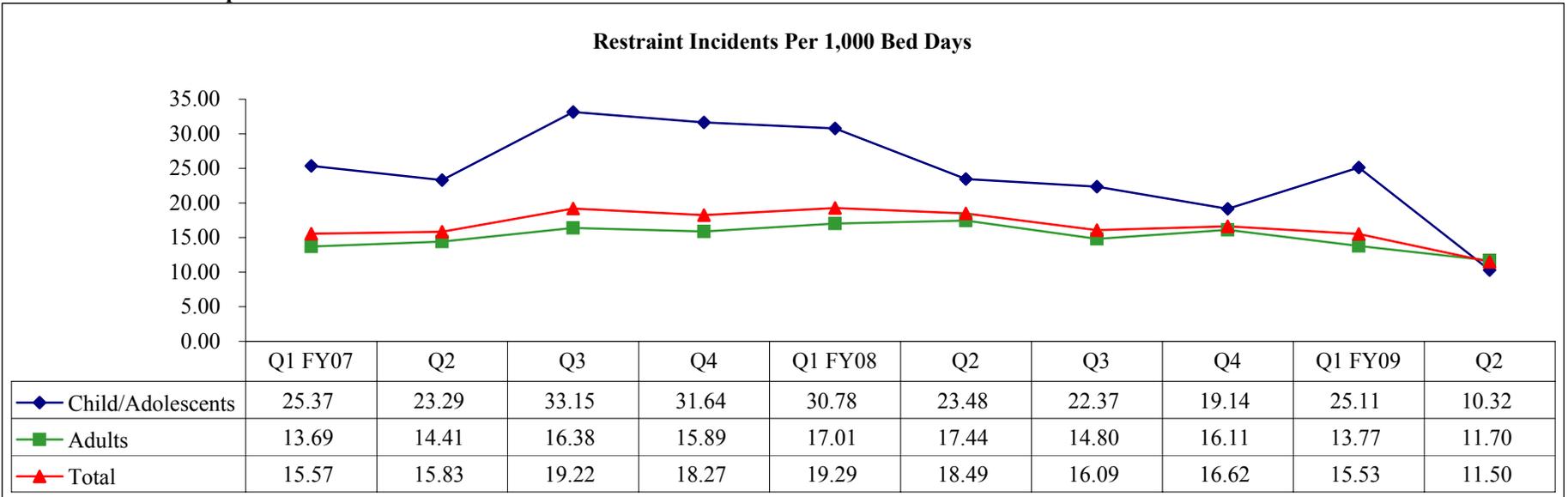


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

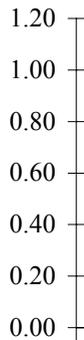


Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



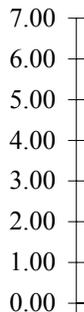
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2
◆ Child/Adolescents	0.54	0.60	0.65	0.62	0.65	0.59	0.59	0.47	0.47	0.55
■ Adults	0.73	0.70	0.70	0.77	0.90	0.93	0.97	0.80	0.90	0.66
▲ Total	0.68	0.68	0.69	0.73	0.83	0.85	0.88	0.74	0.79	0.65

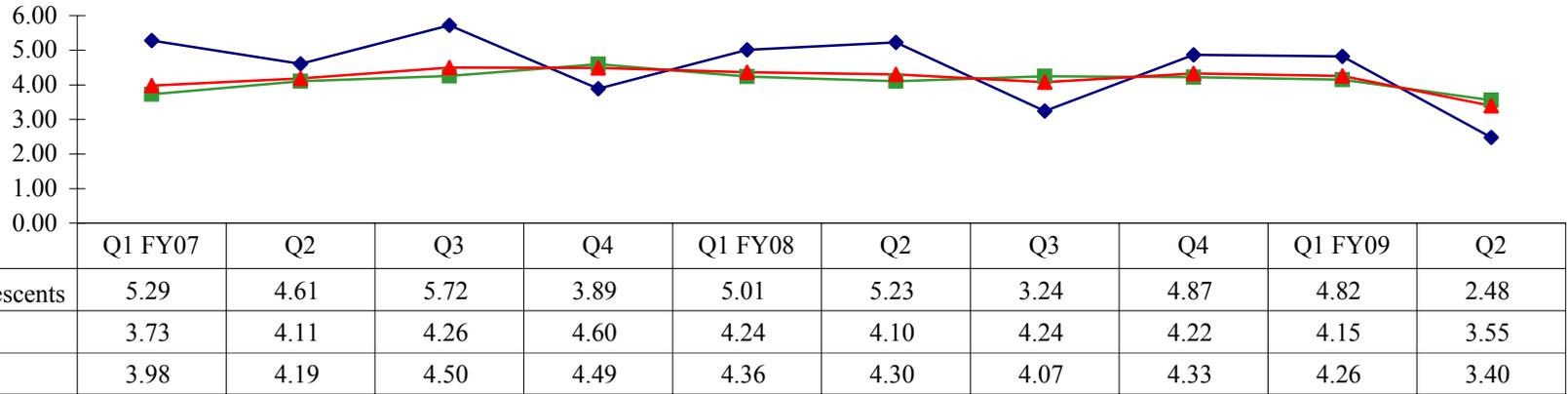
Average Number of Hours Per Incident in Seclusion



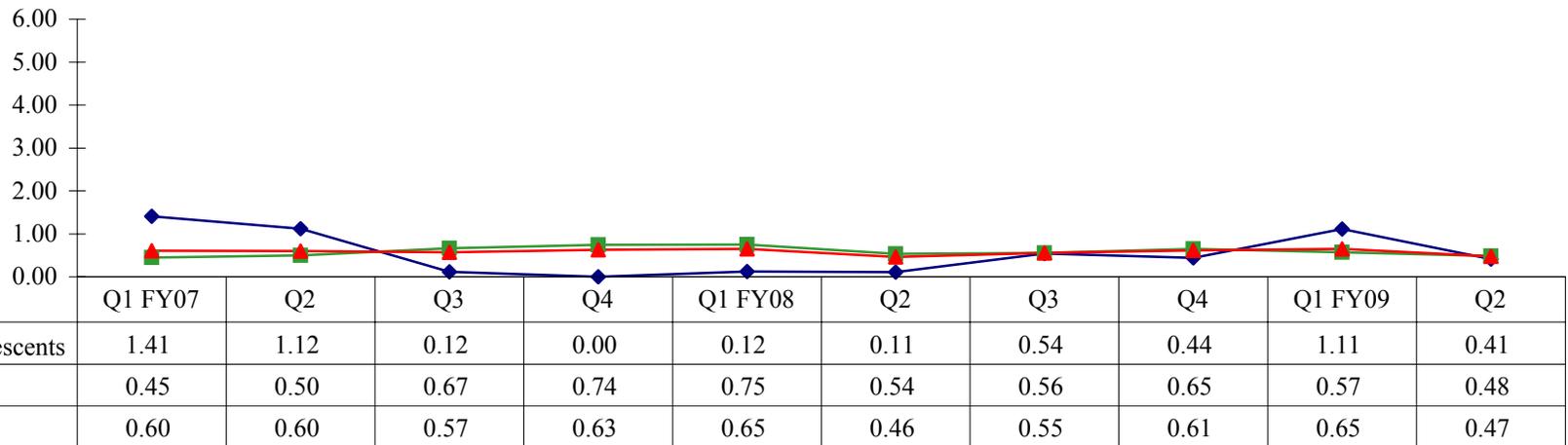
	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2
◆ Child/Adolescents	0.76	0.87	0.70	0.00	0.98	2.00	0.48	0.71	0.99	0.48
■ Adults	2.75	2.01	1.84	1.49	2.34	2.27	1.60	2.35	1.47	1.72
▲ Total	2.30	1.70	1.82	1.49	2.25	2.27	1.41	2.18	1.23	1.53

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

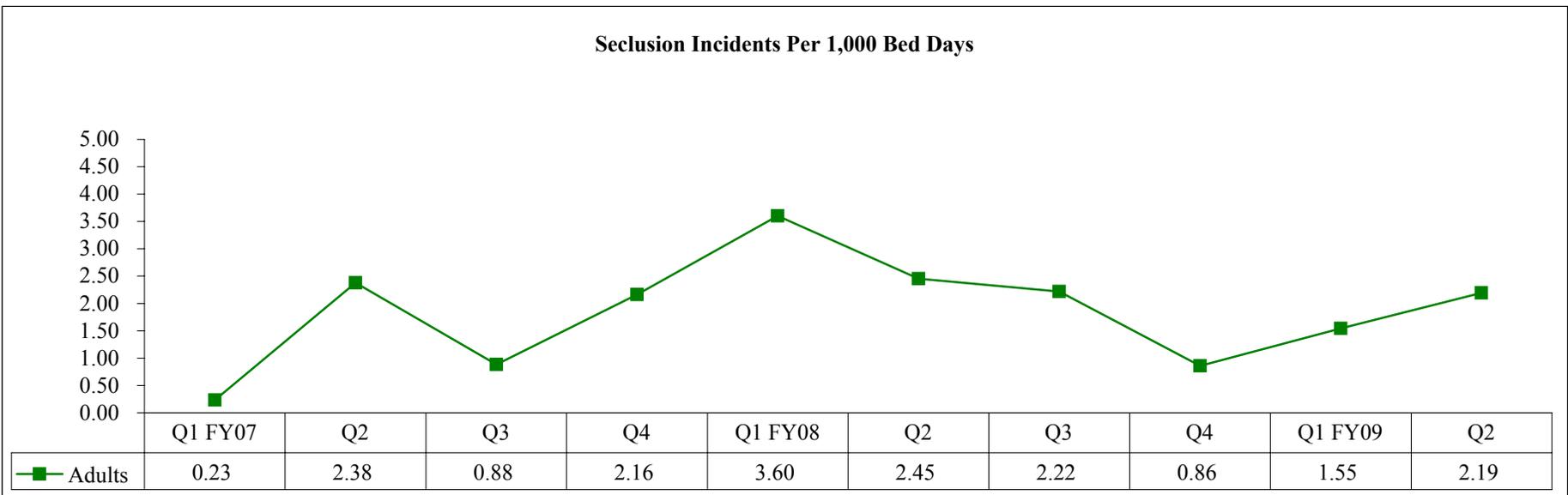
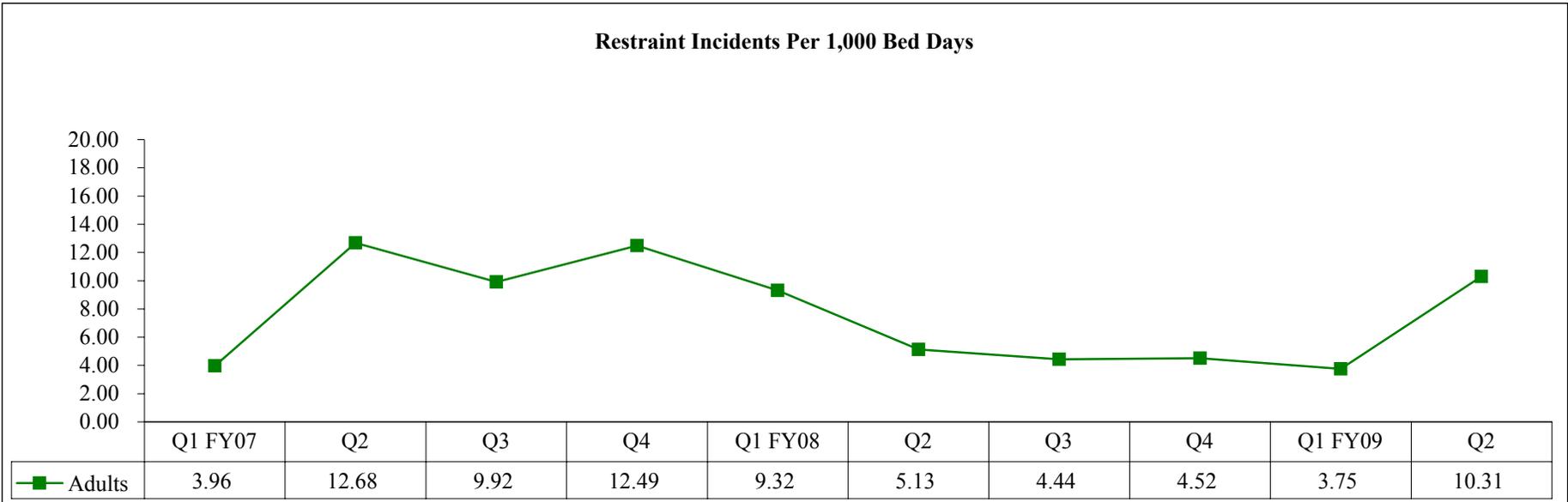
Number of Persons in Restraint/1000 Bed Days



Number of Persons in Seclusion/1000 Bed Days

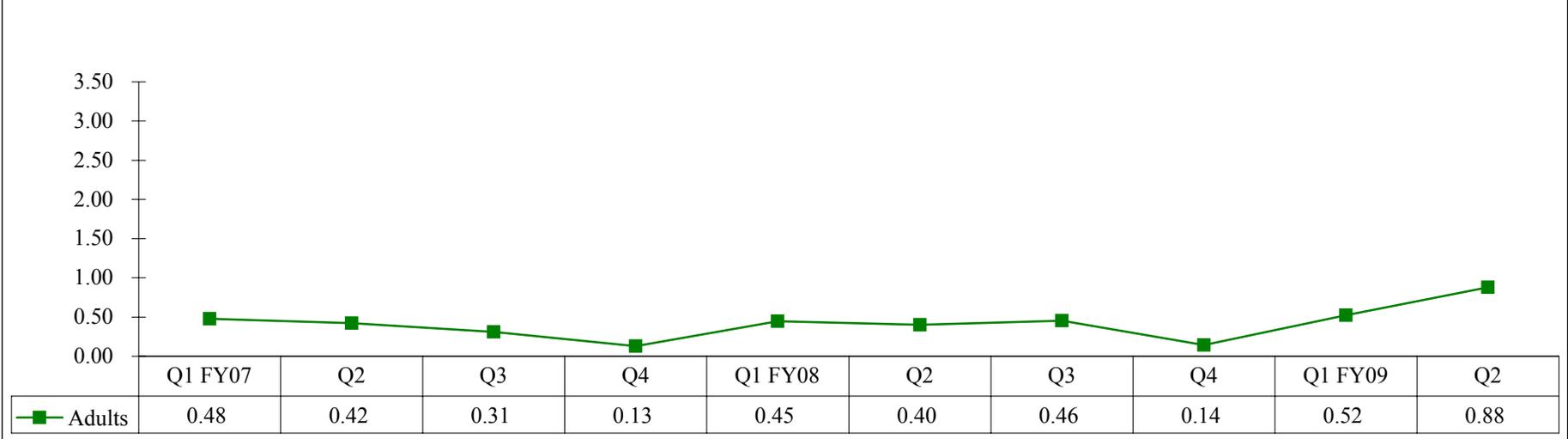


Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center

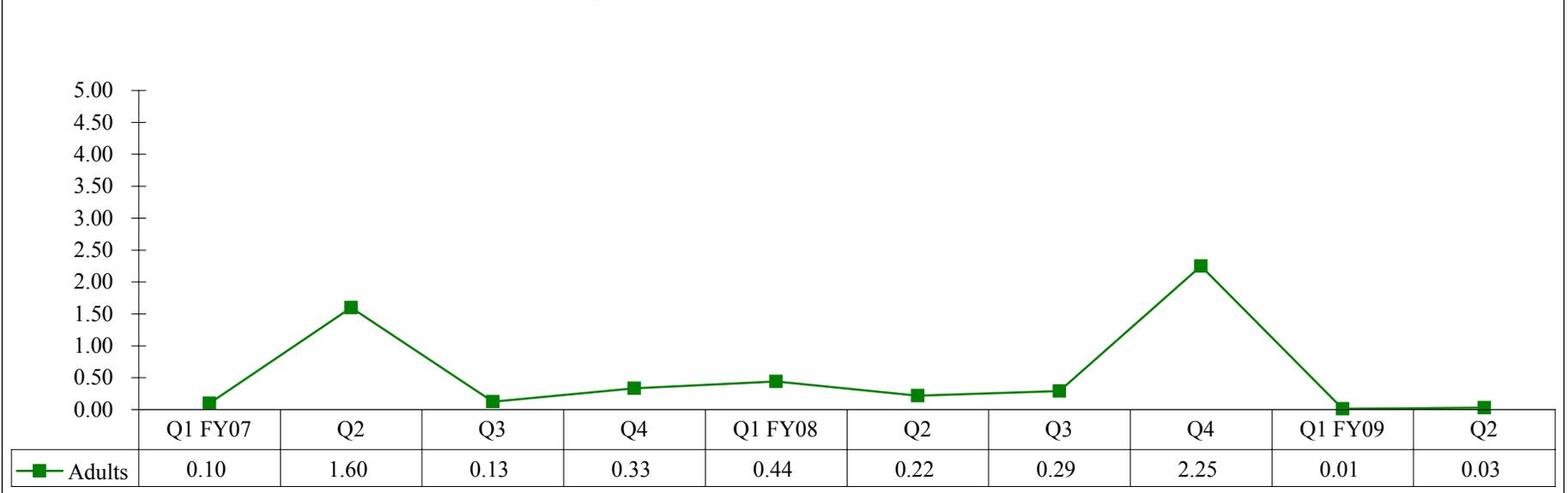


**Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center**

Average Number of Hours Per Incident in Restraints



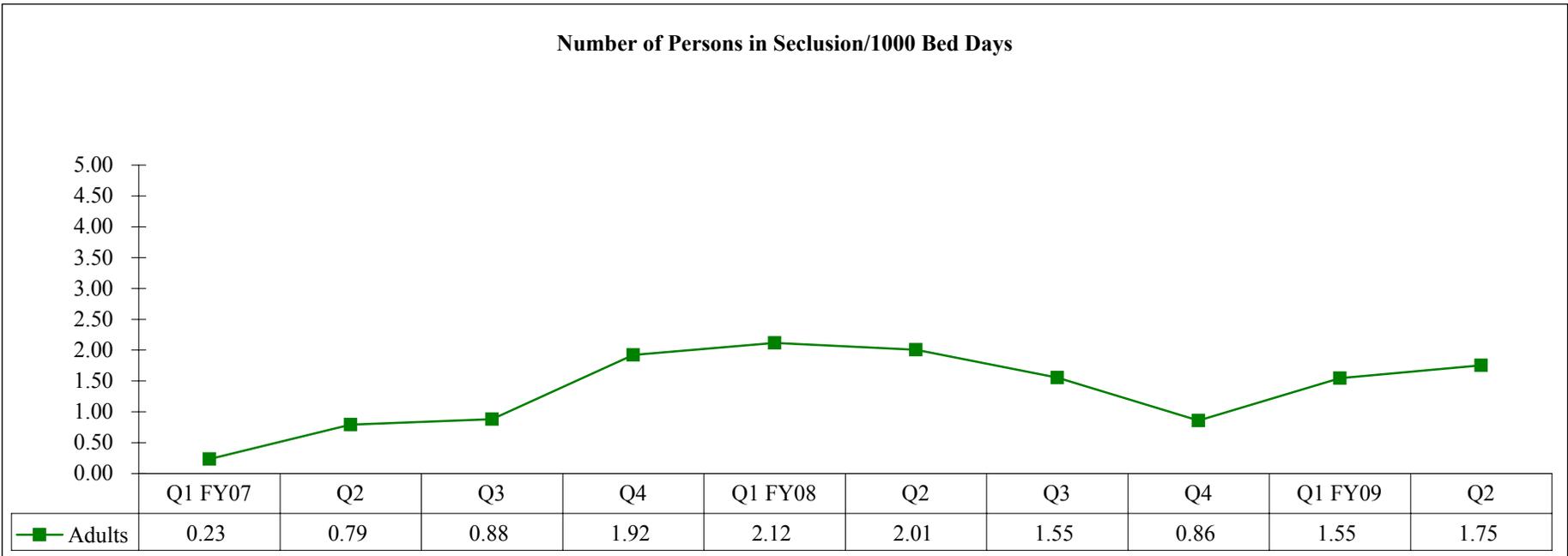
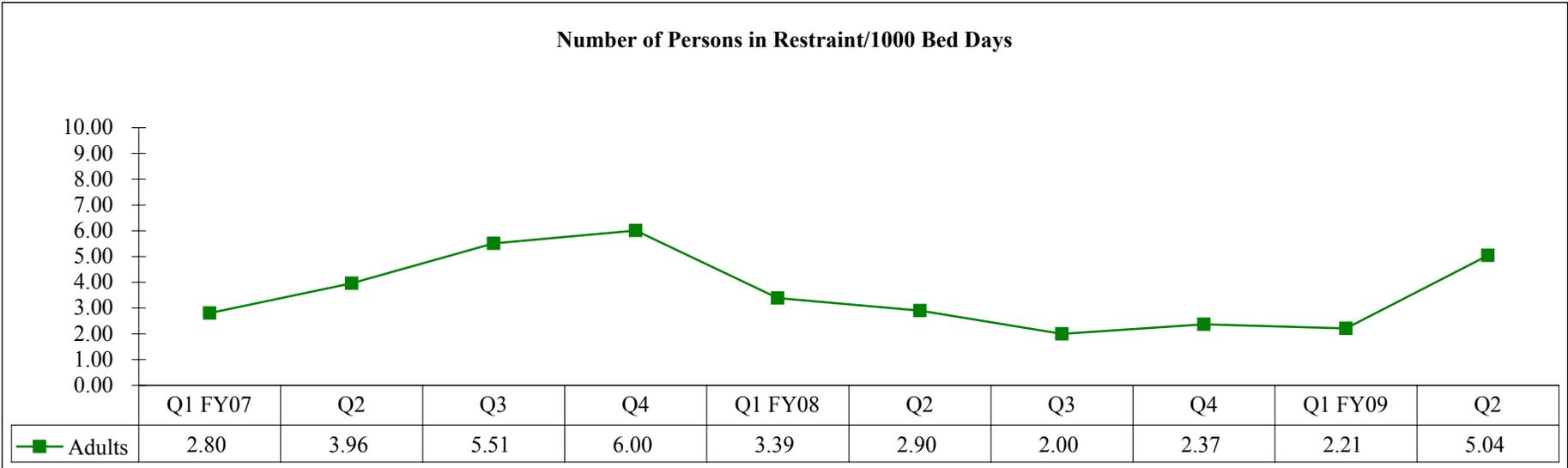
Average Number of Hours Per Incident in Seclusion



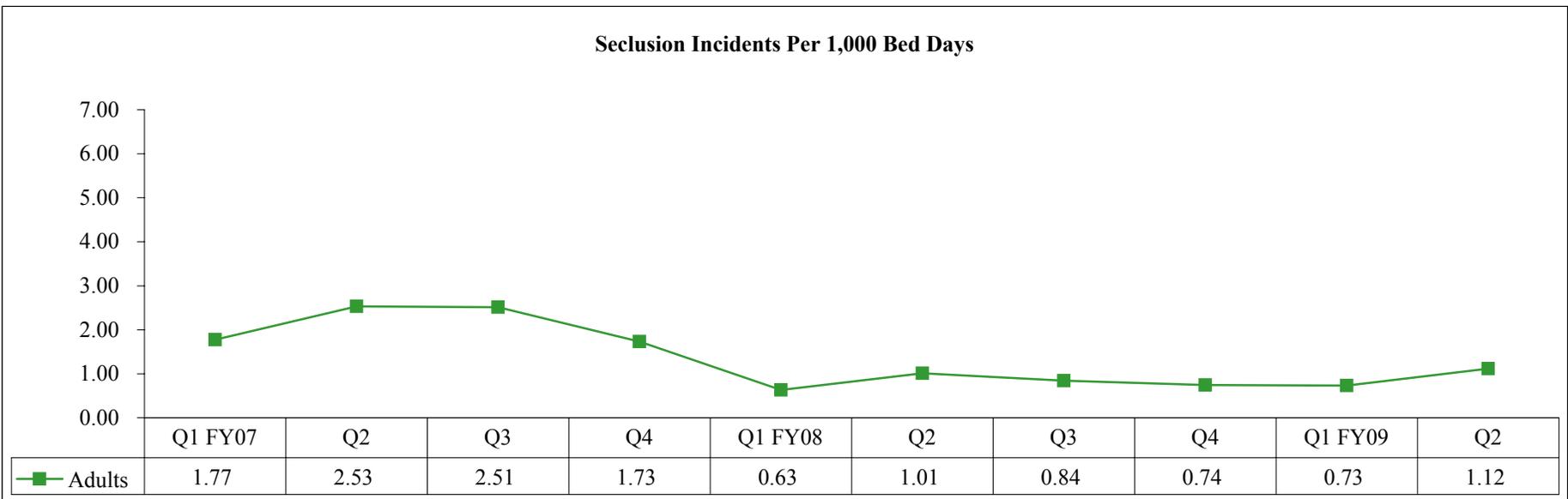
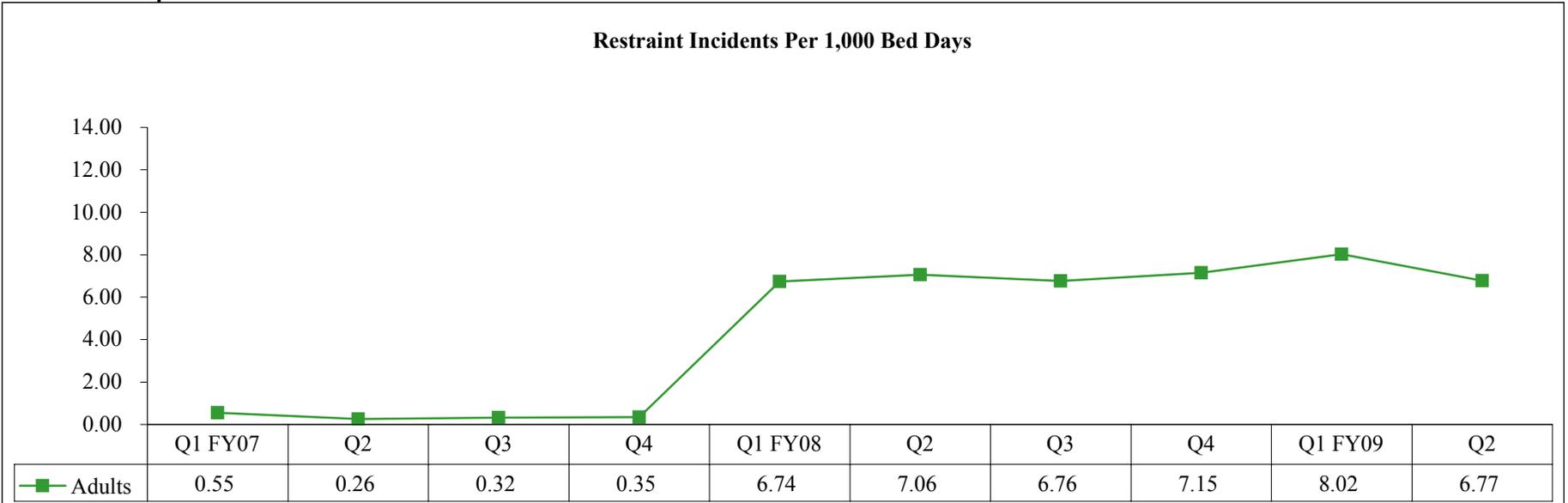
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data

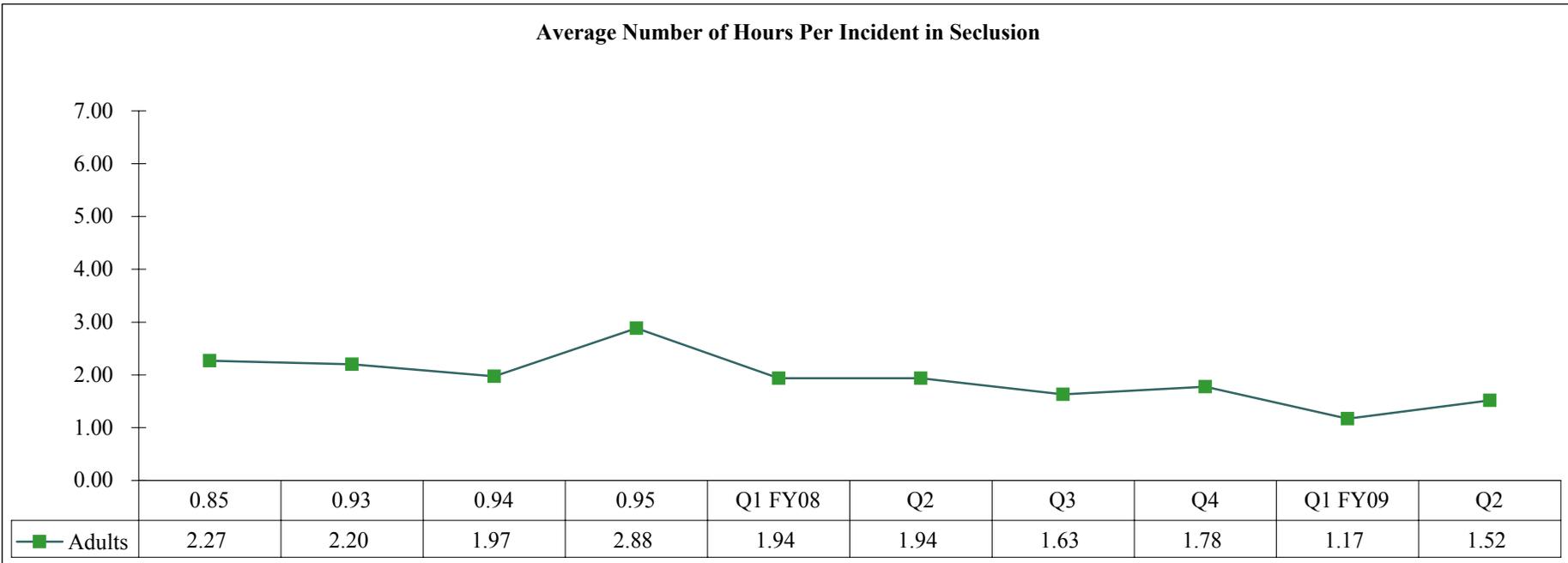
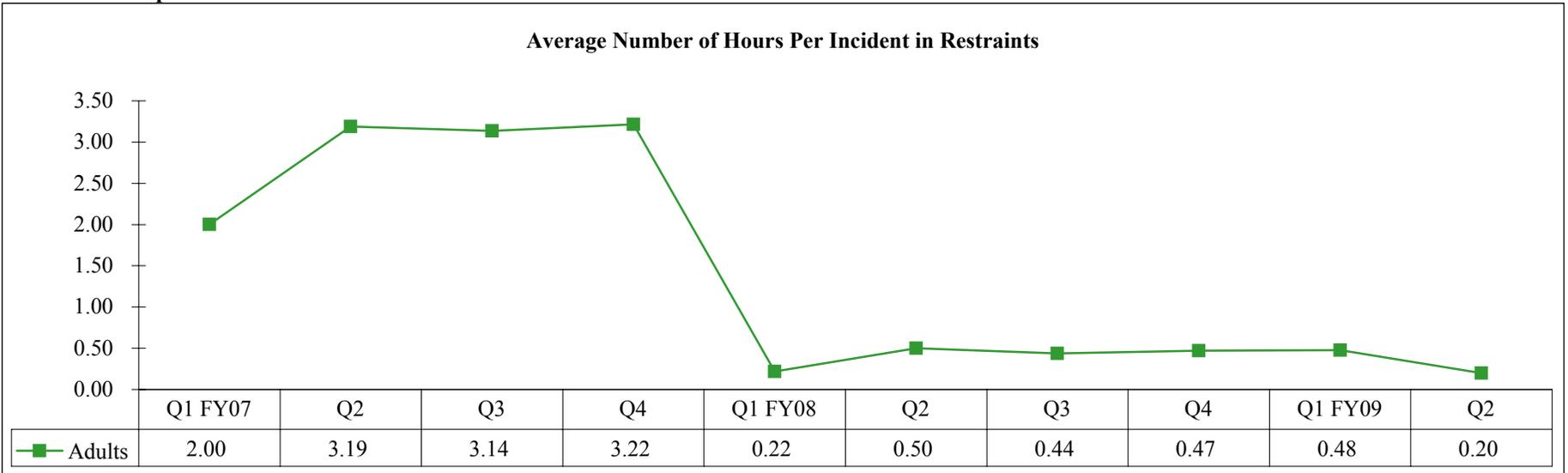
Rio Grande State Center



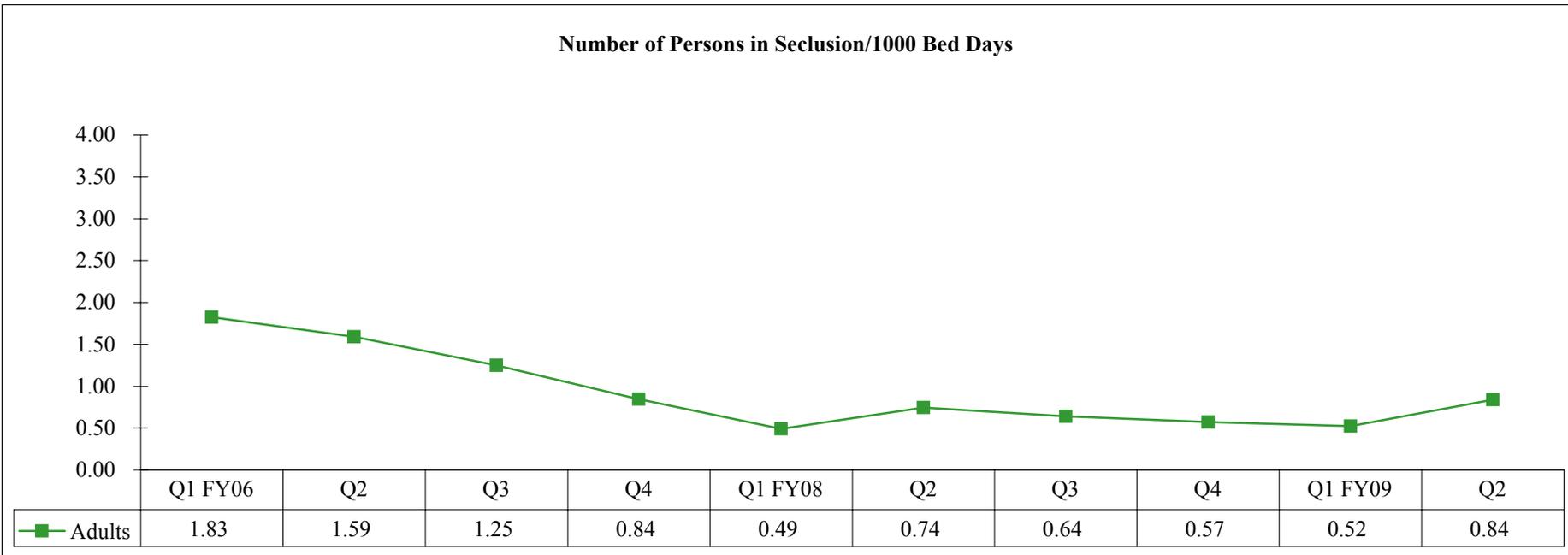
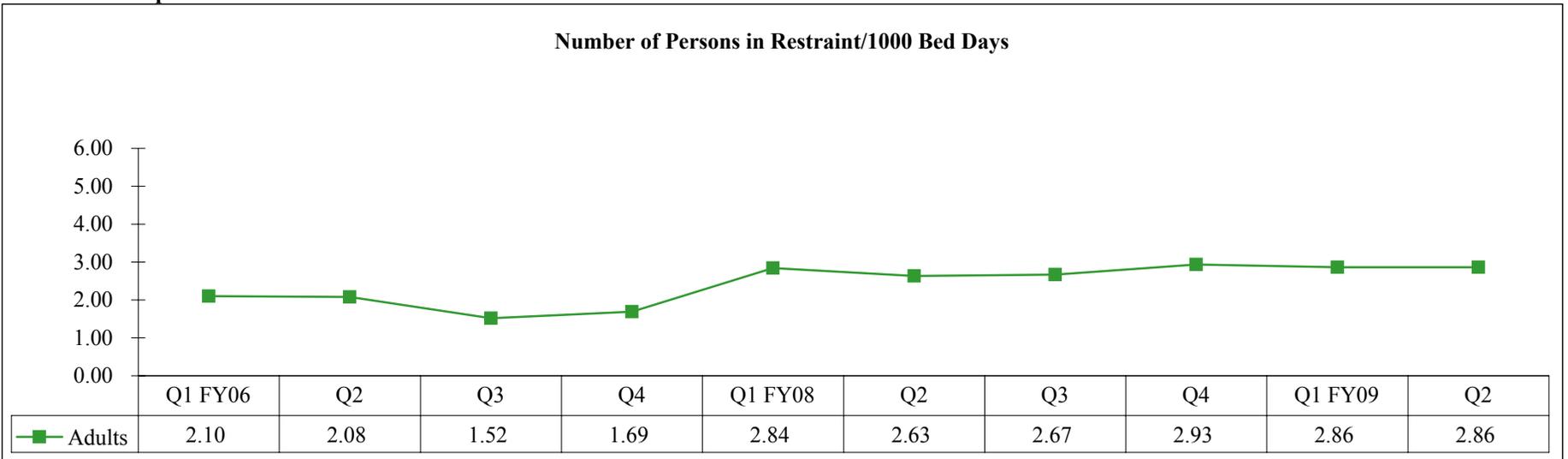
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



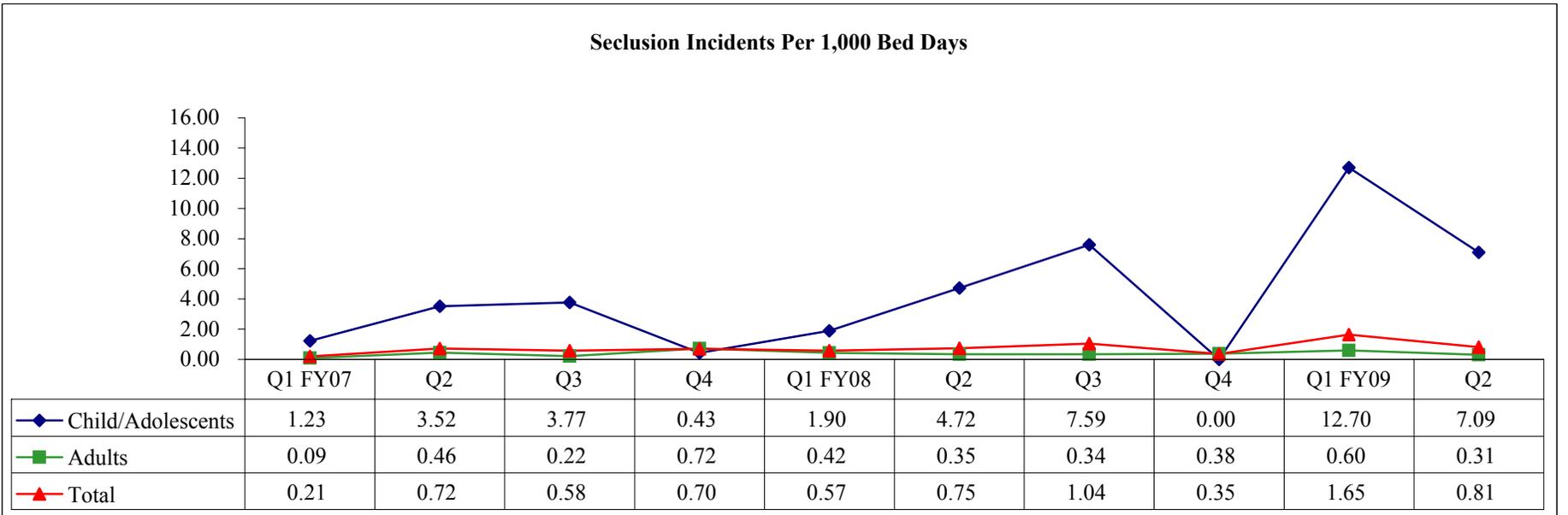
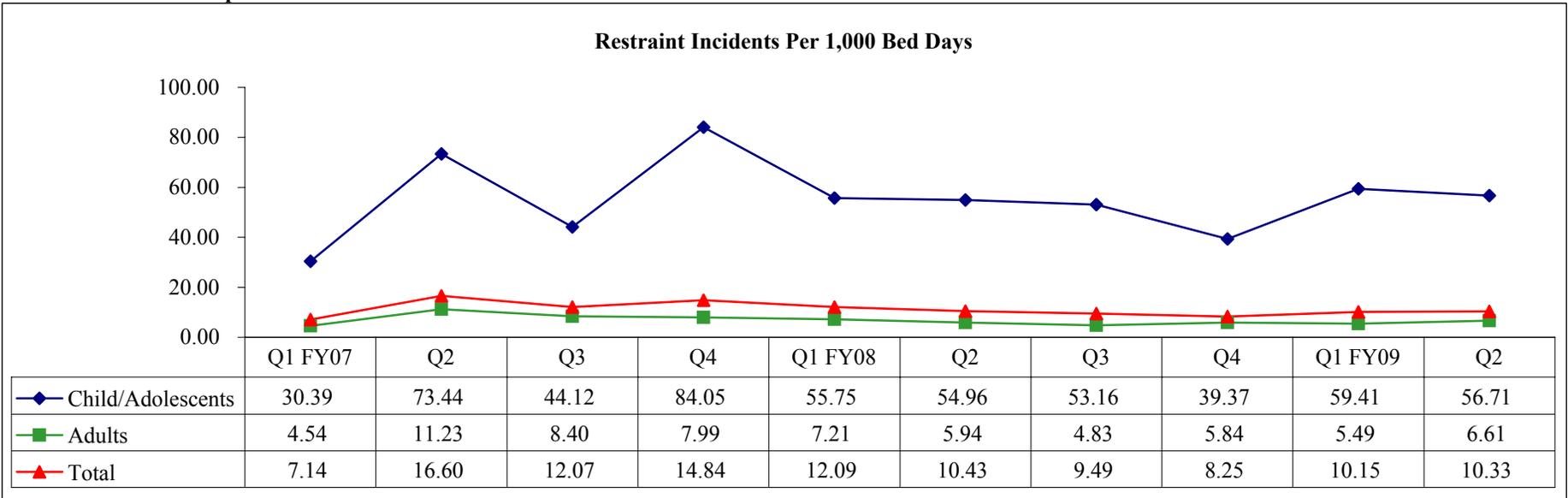
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



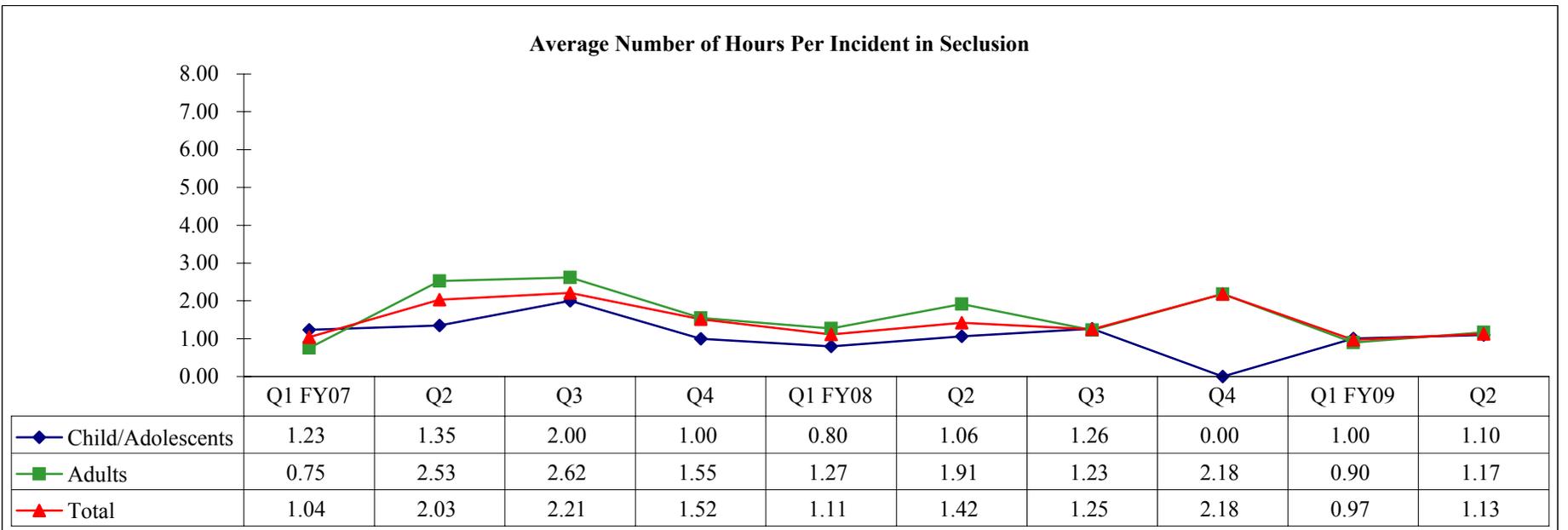
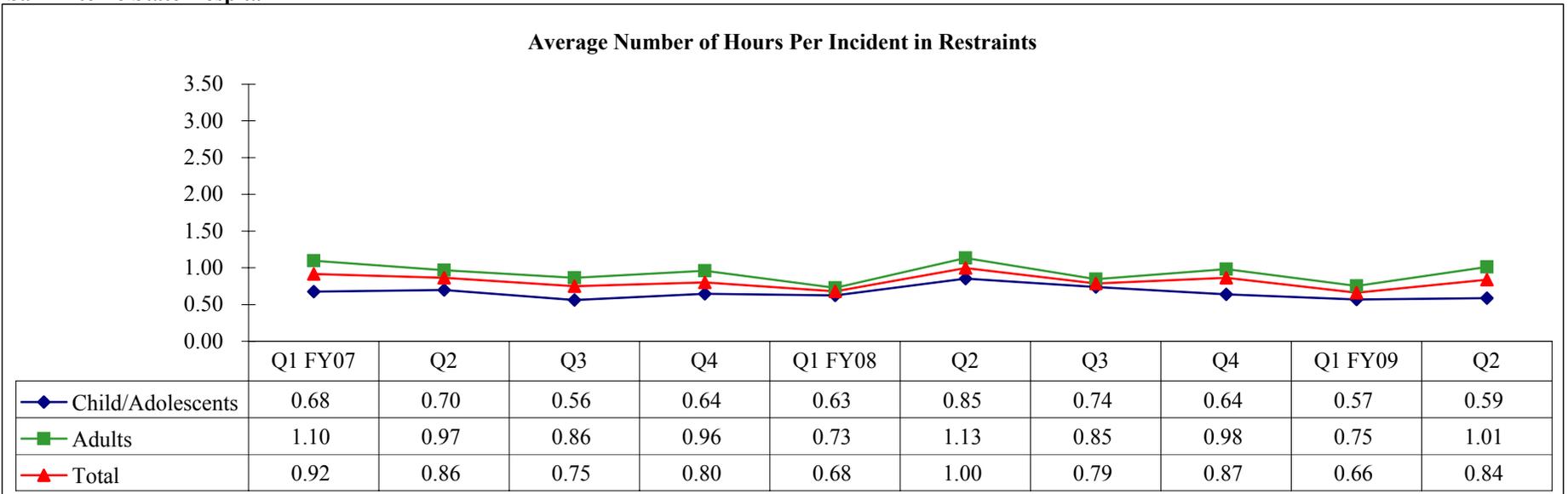
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



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

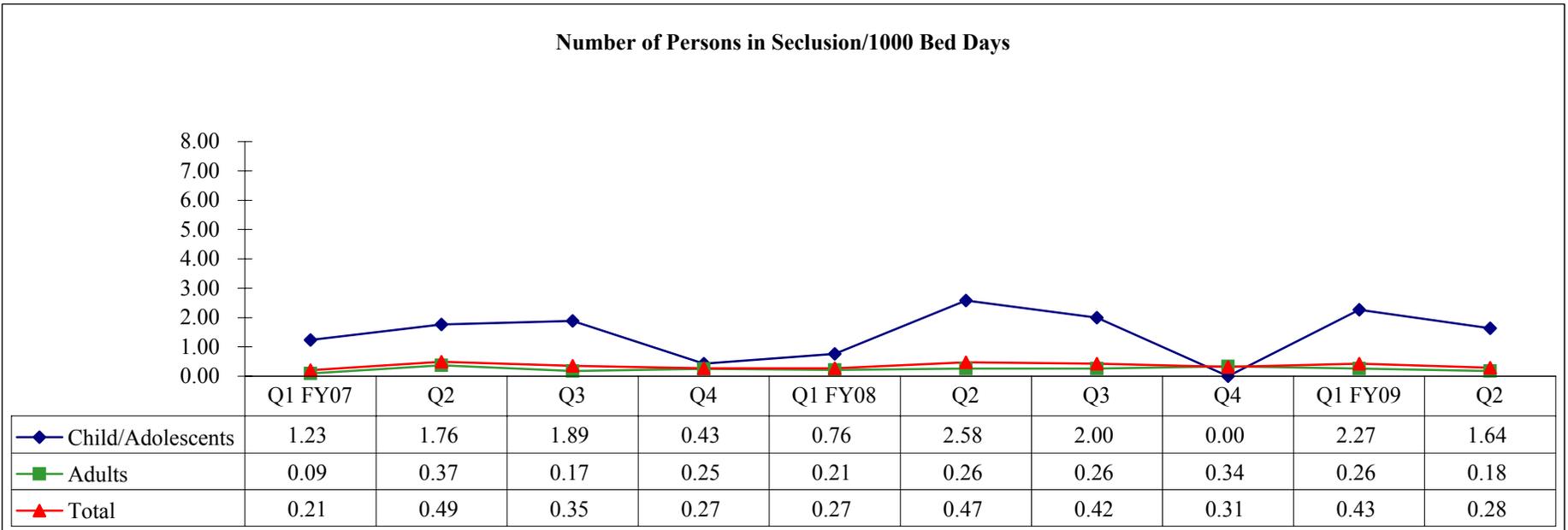
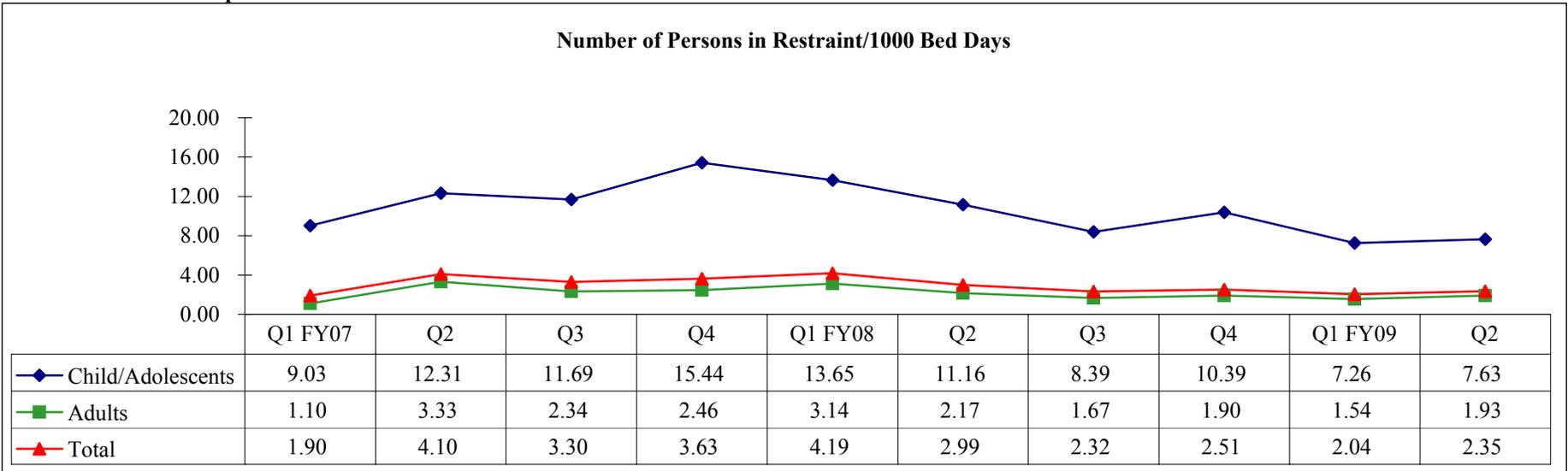


Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

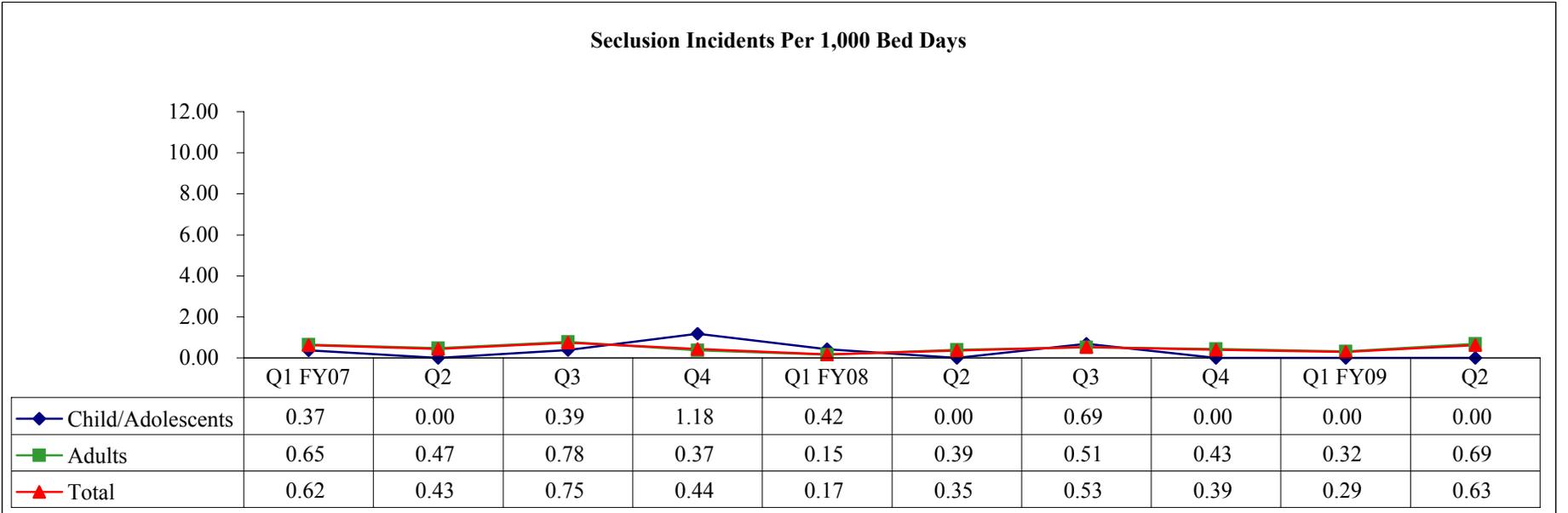
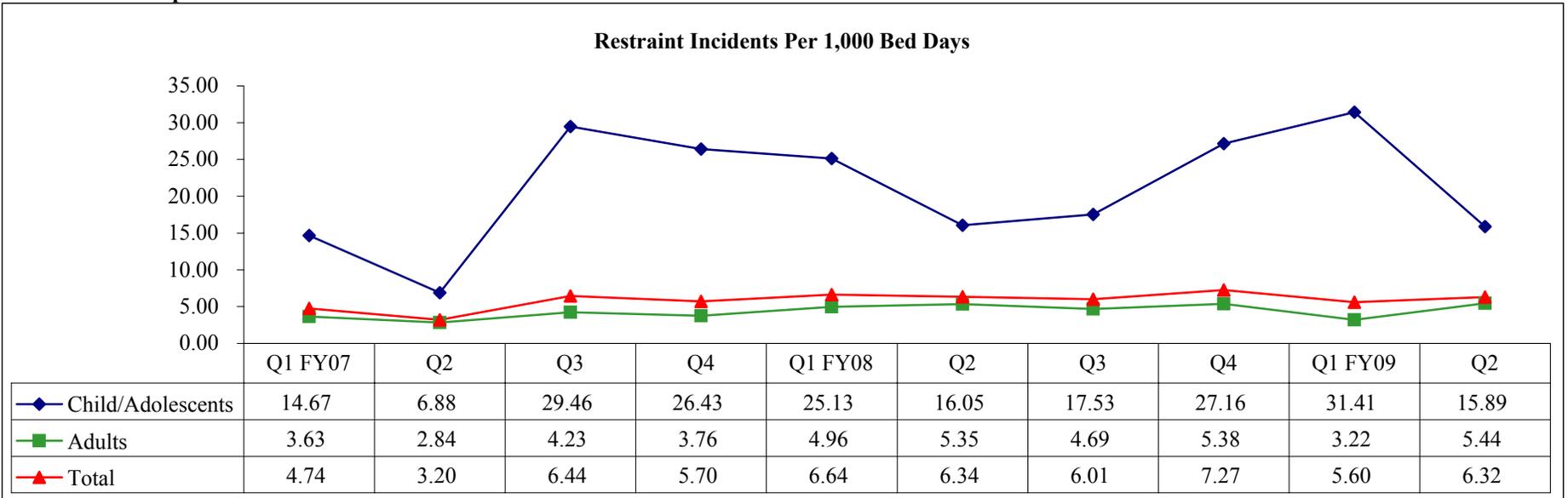


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

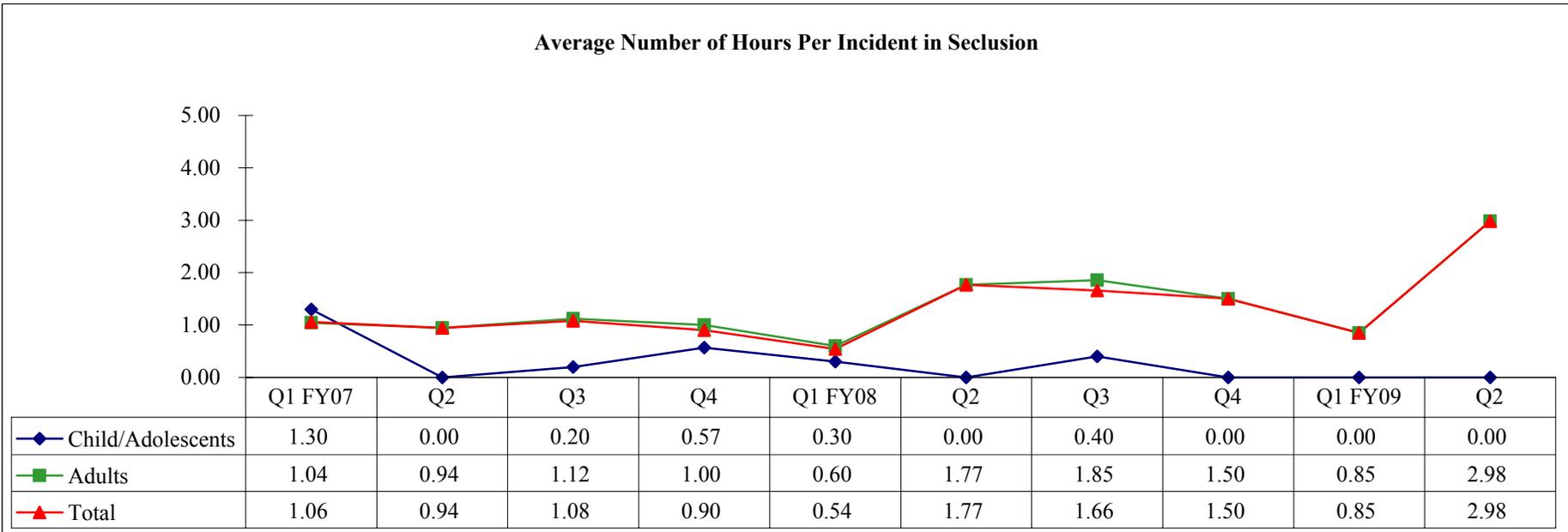
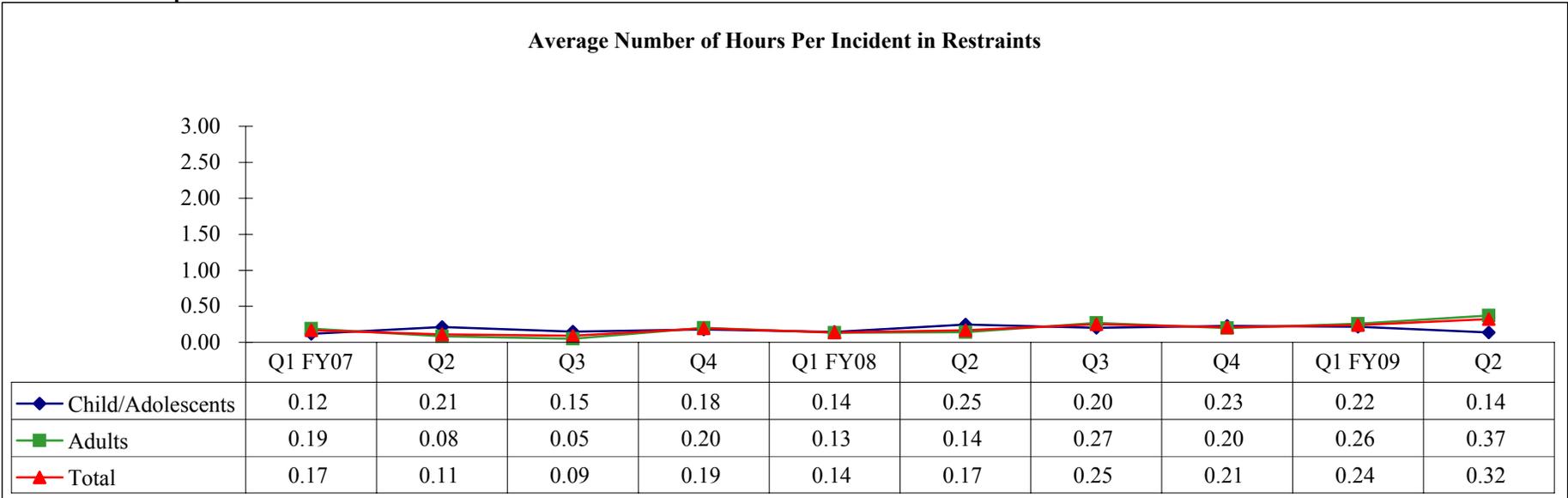
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



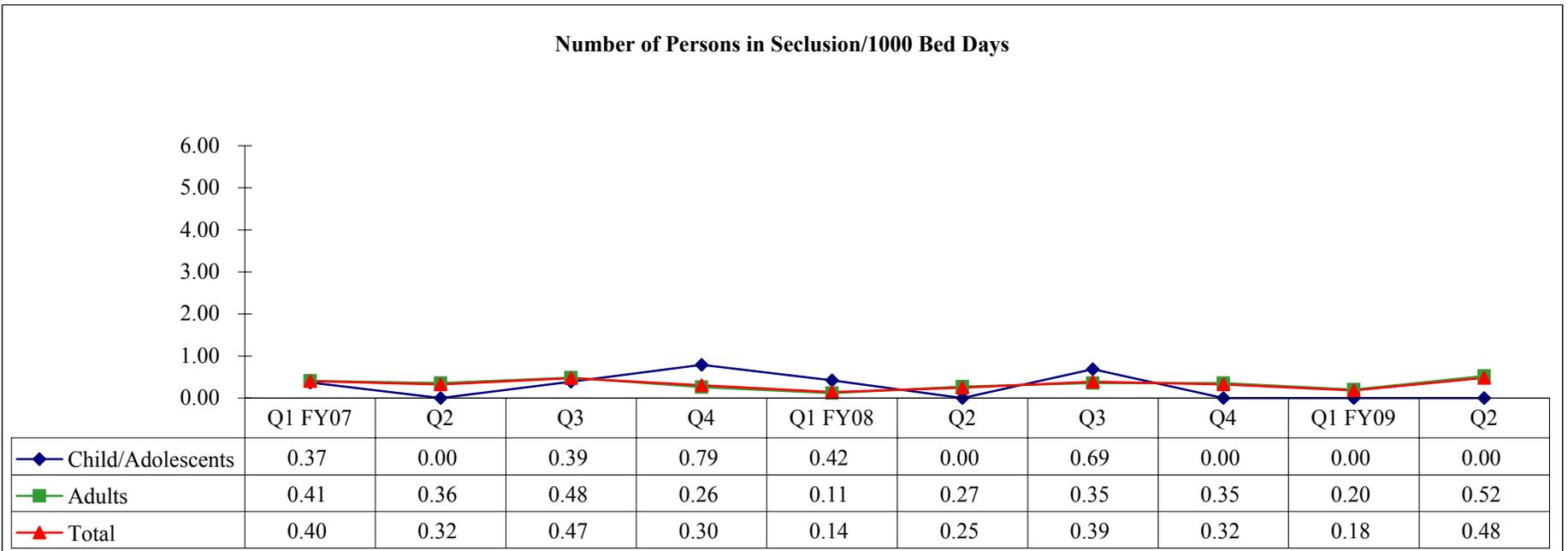
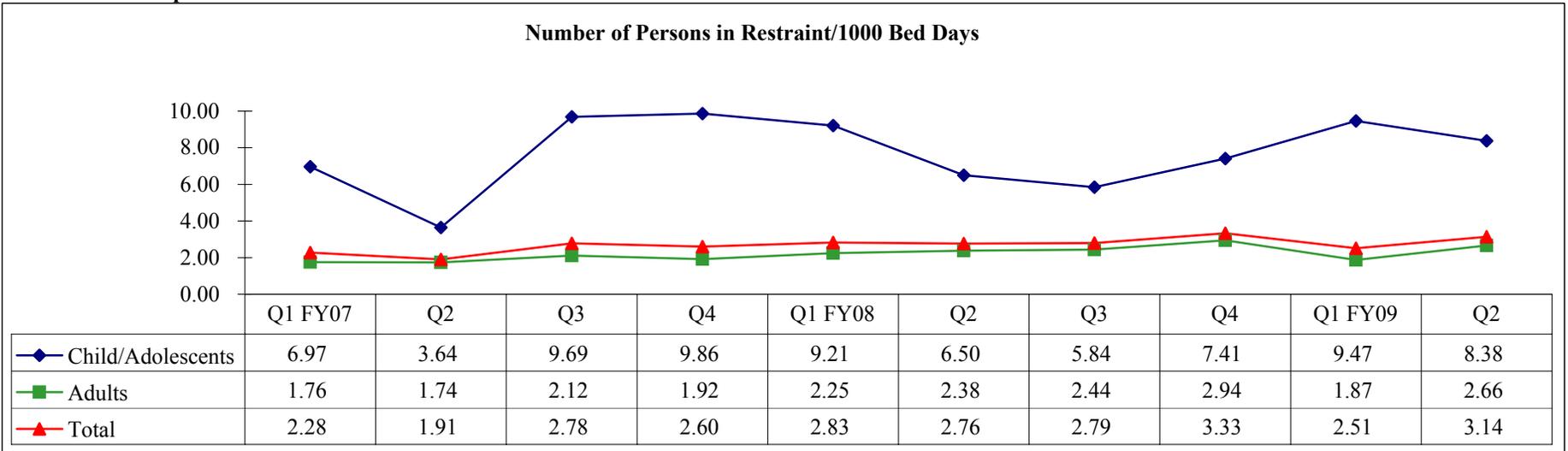
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



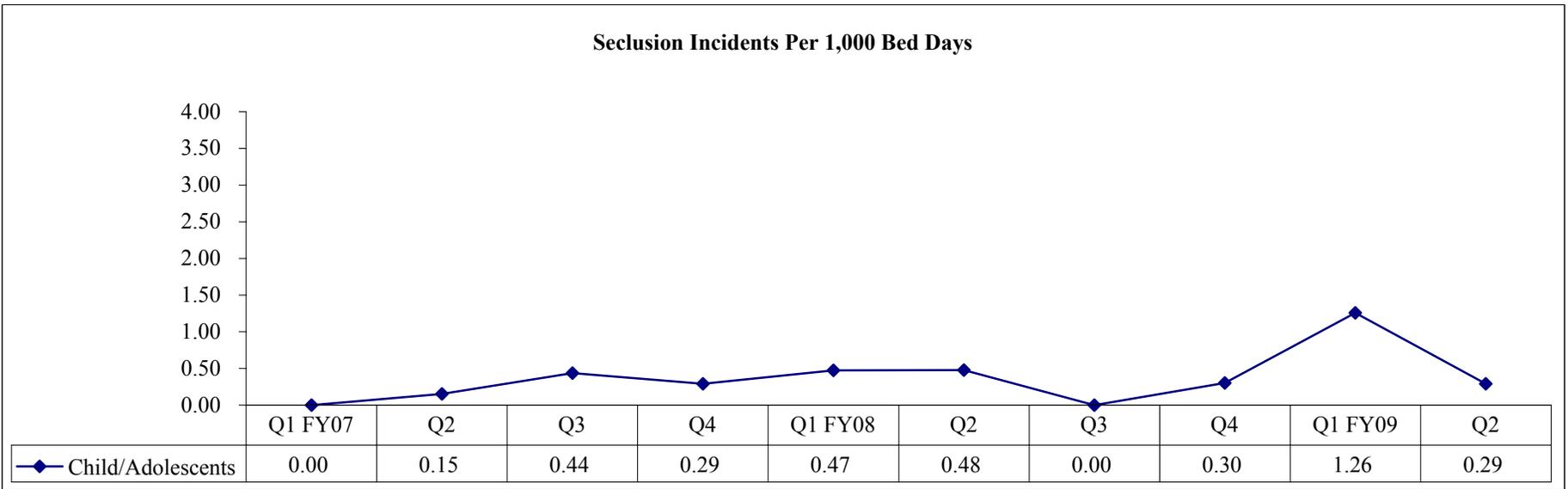
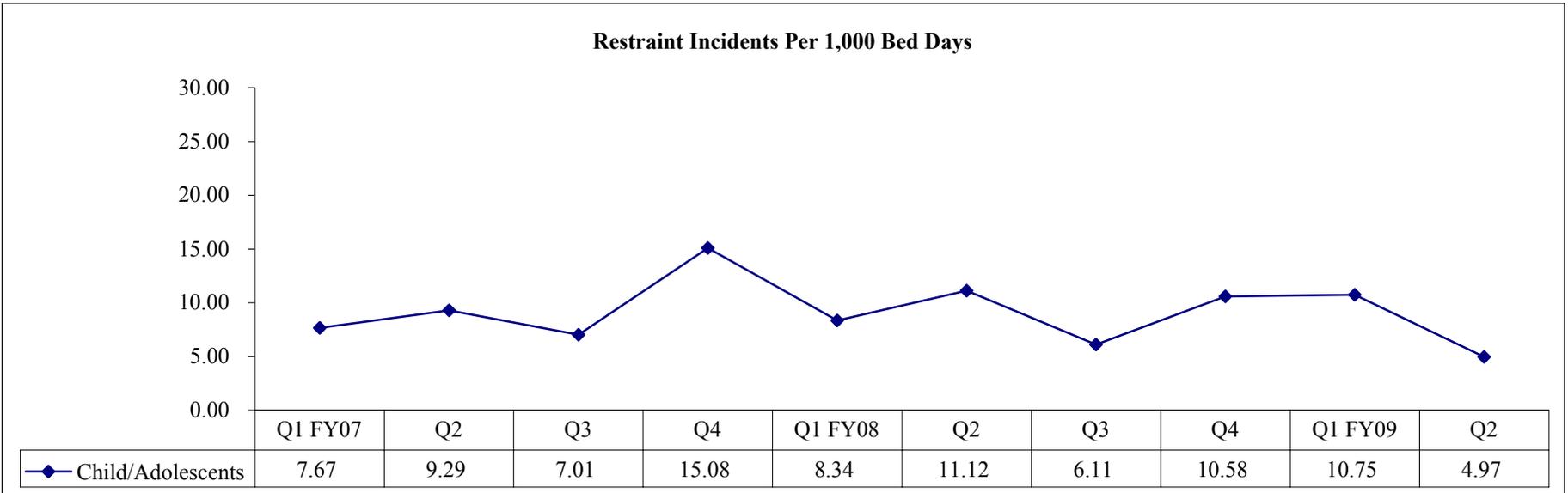
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



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



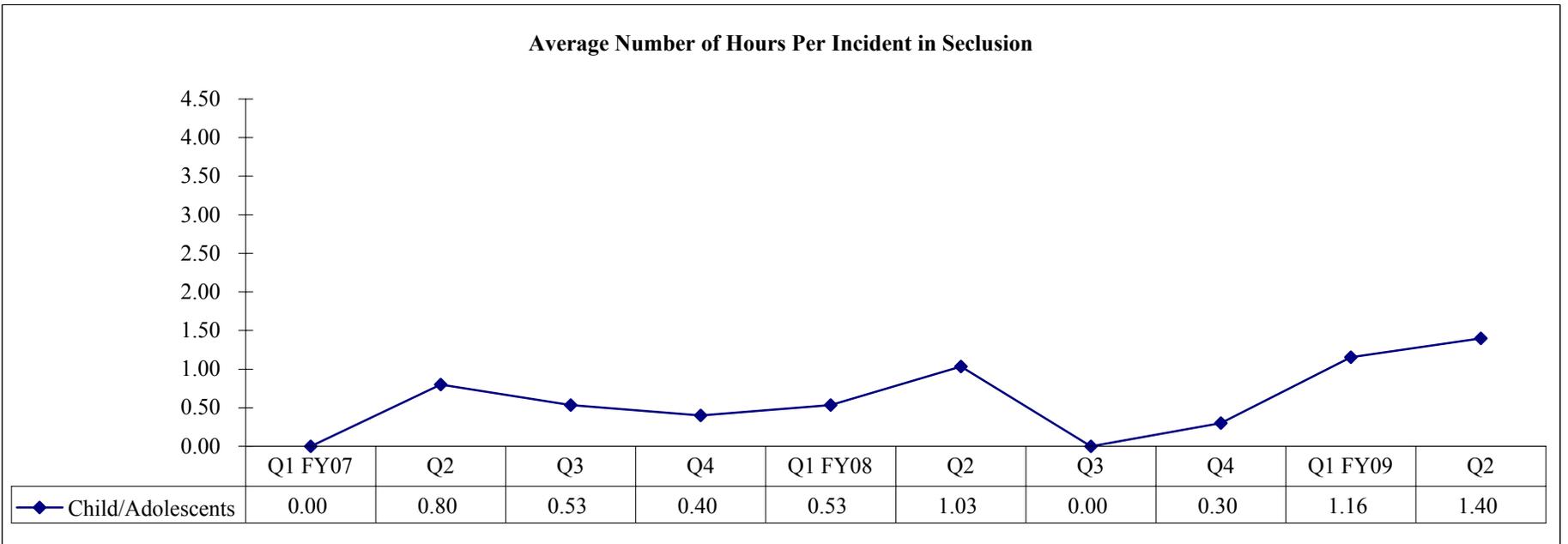
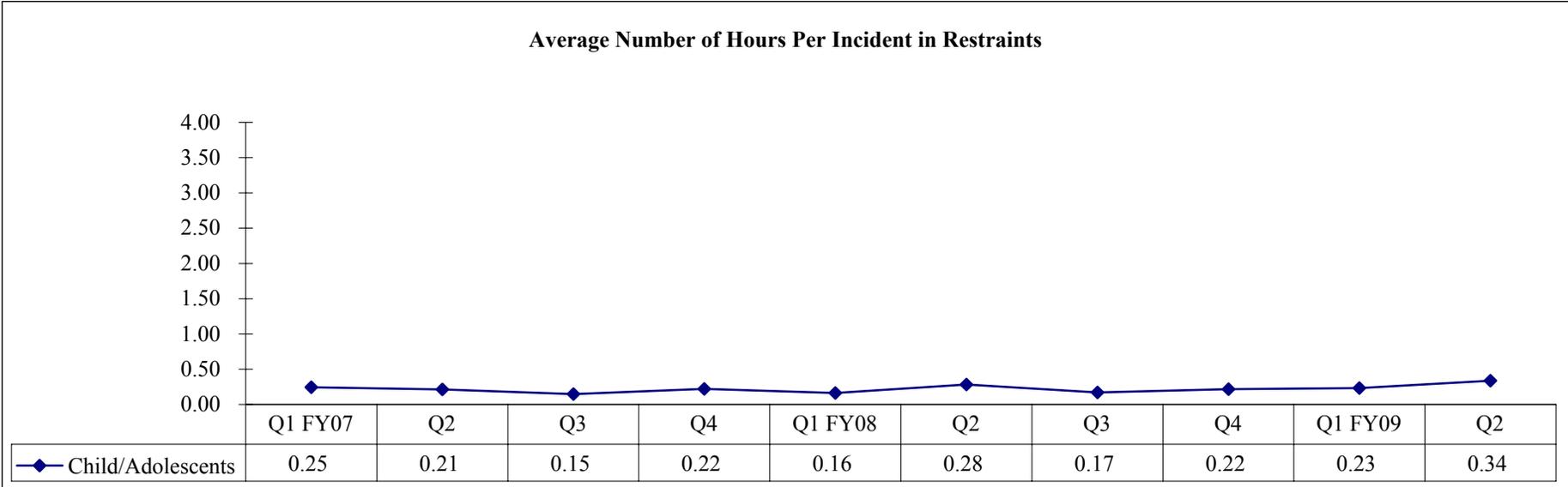
**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**



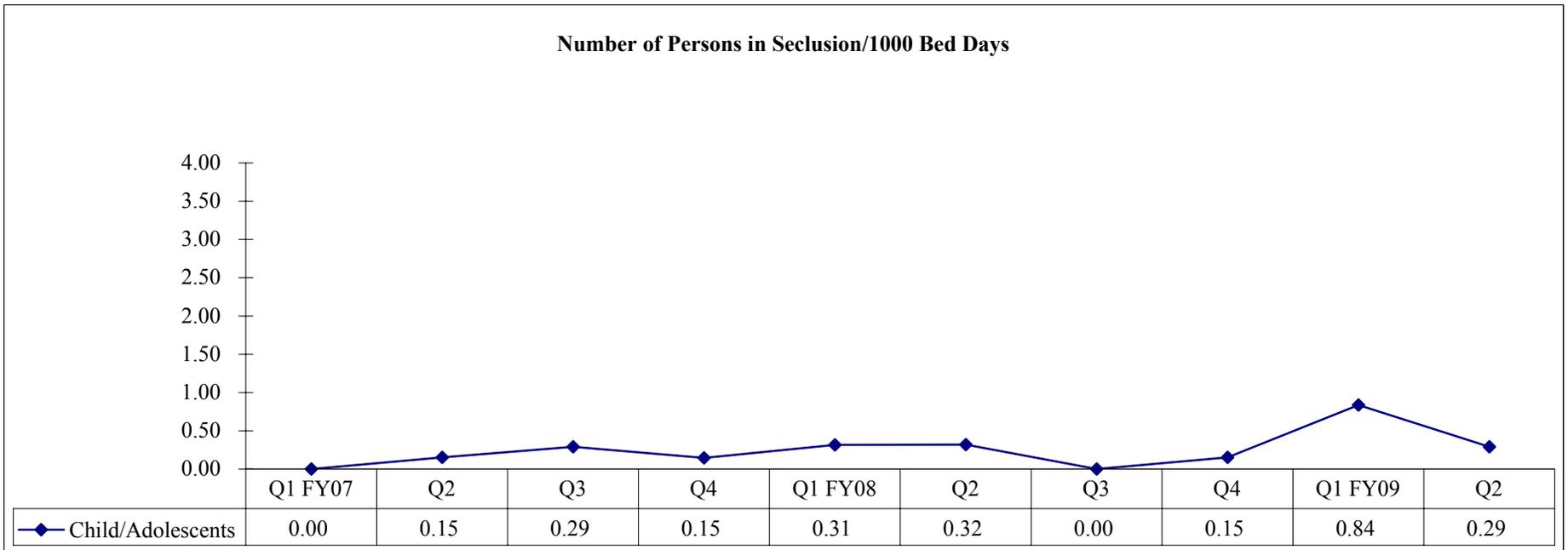
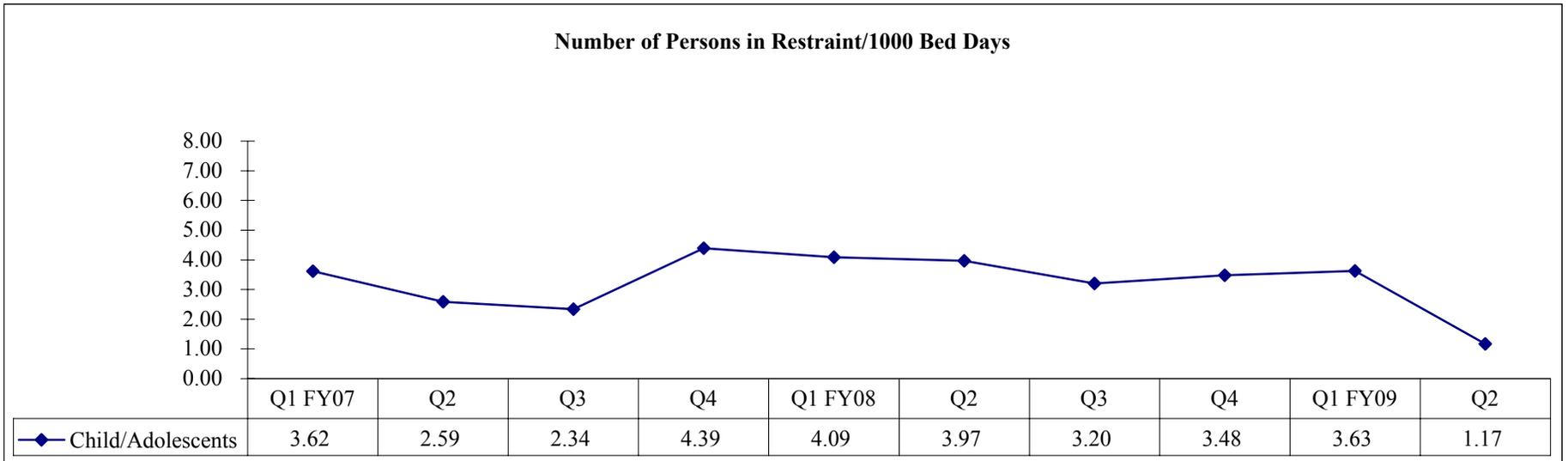
Change in reporting definition December 2006

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

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



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



Performance Objective 3B:

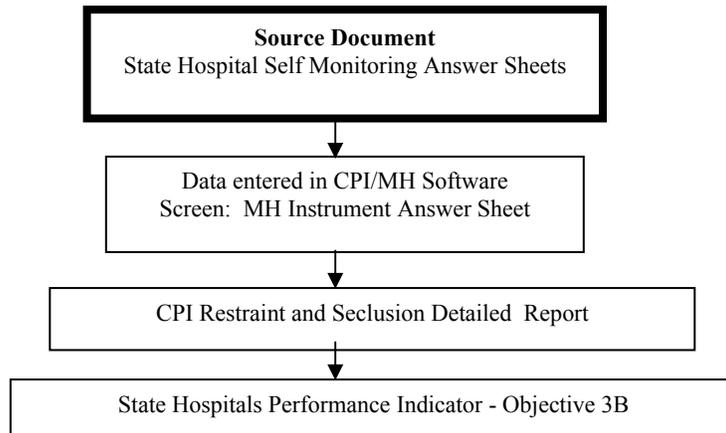
The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

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

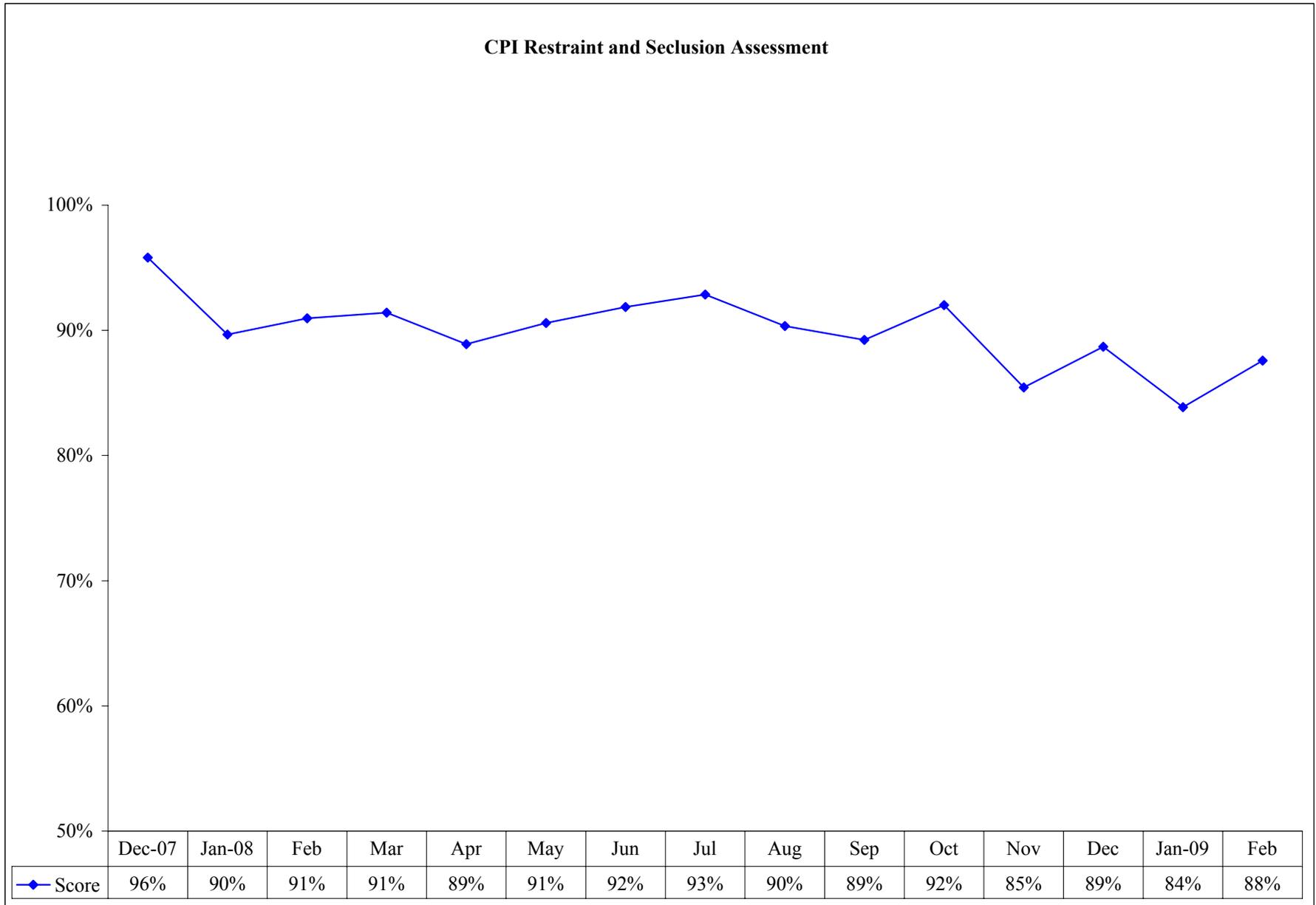
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

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

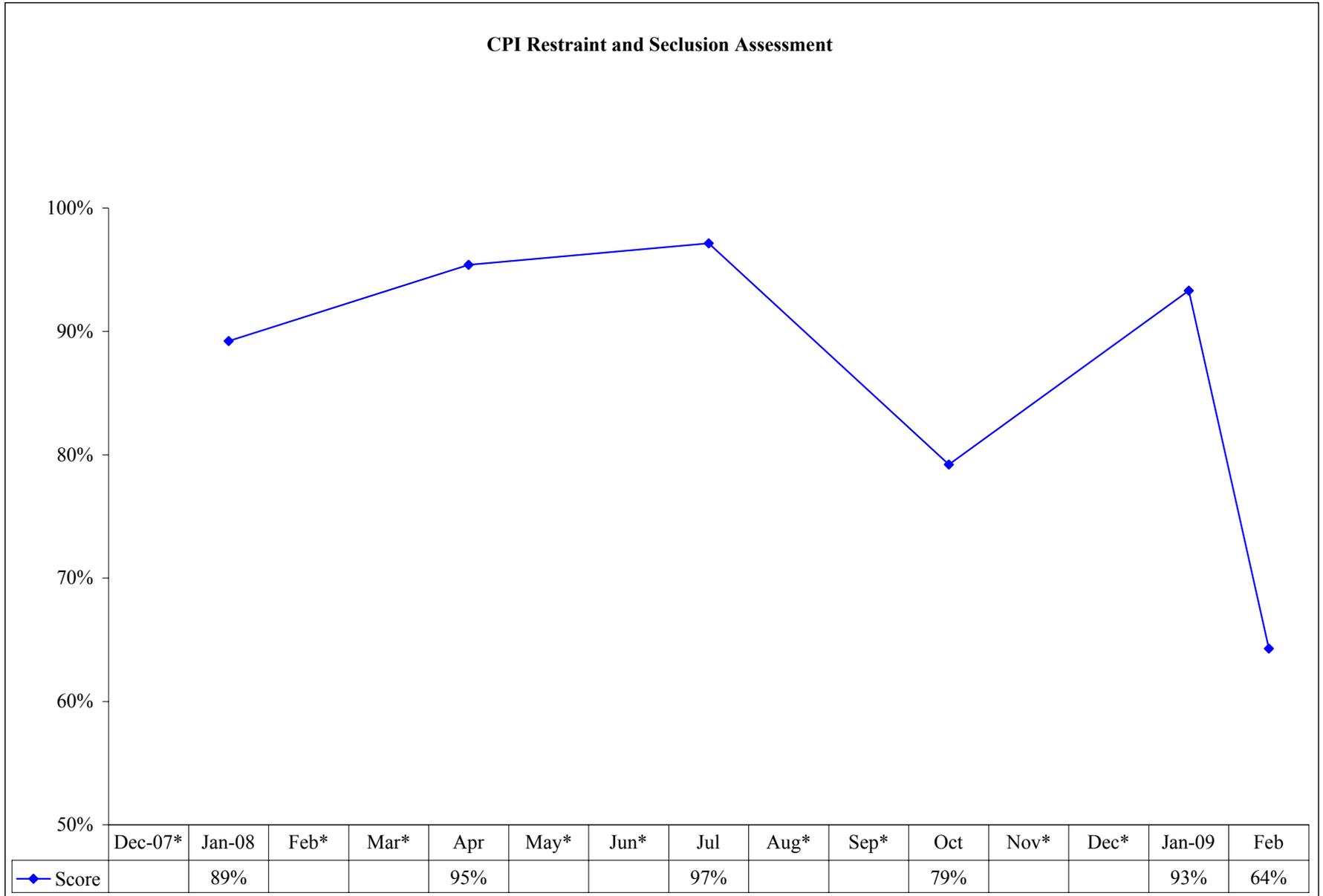
Data Flow:



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

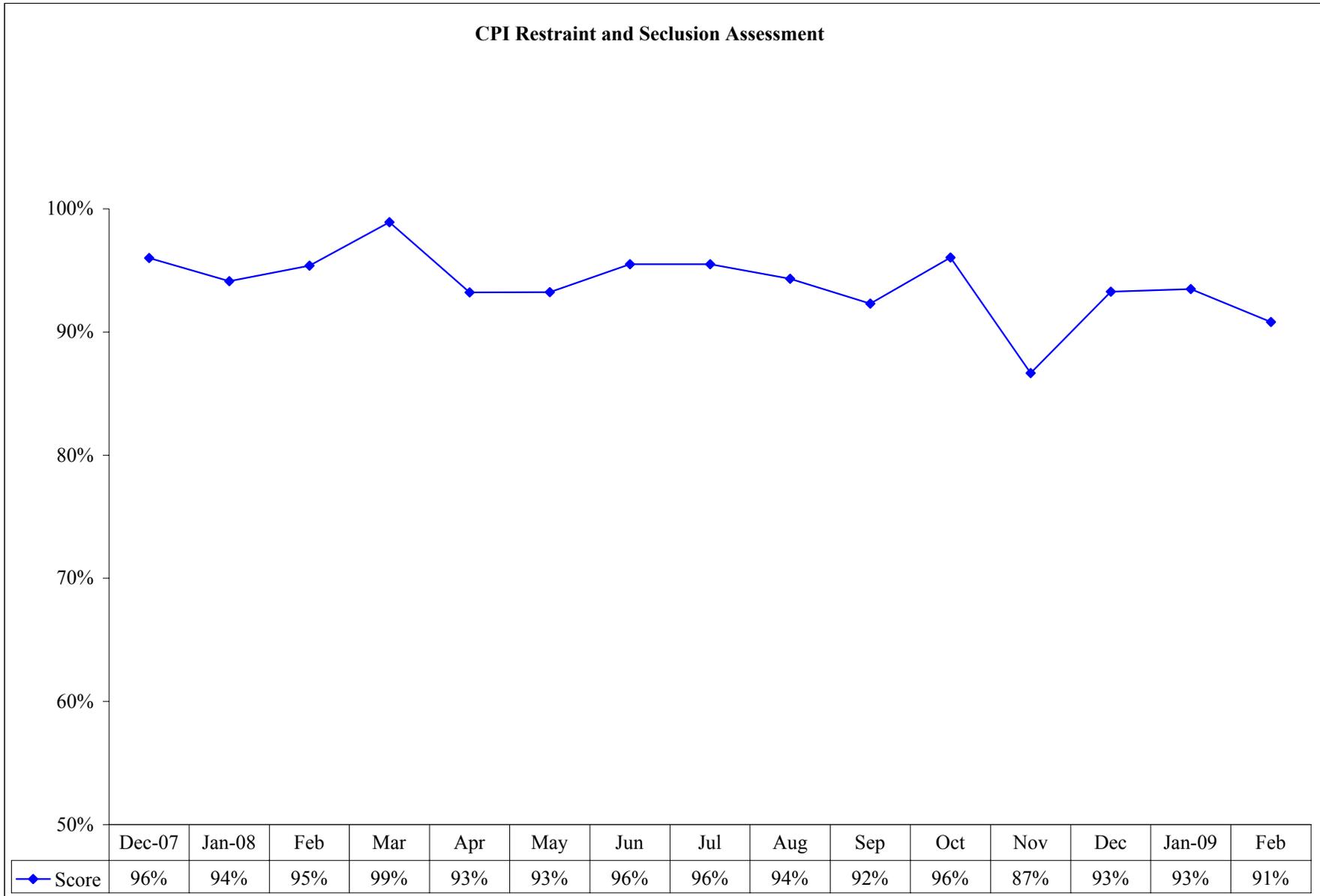


Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital

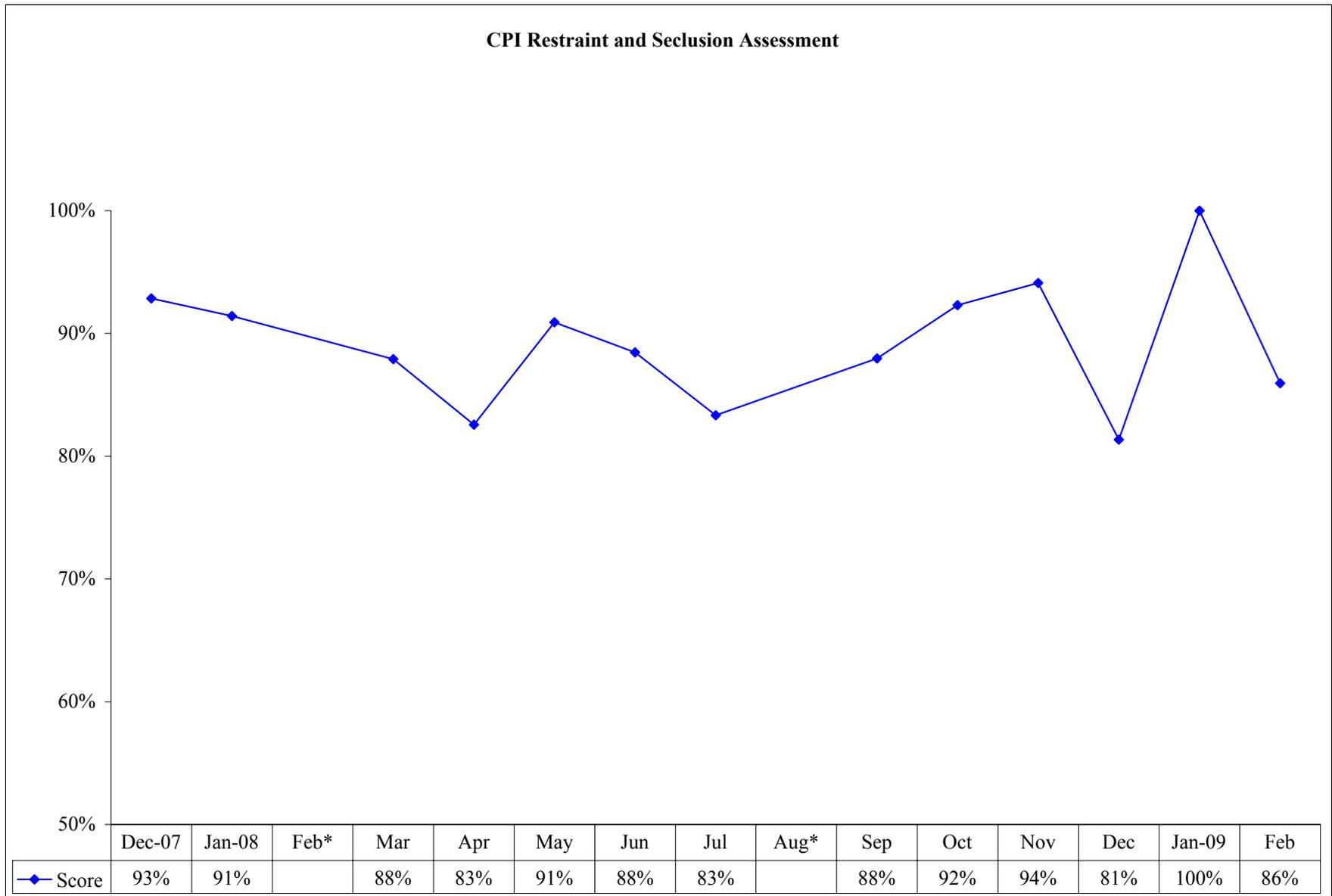


*No scores reported to HMDS.

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

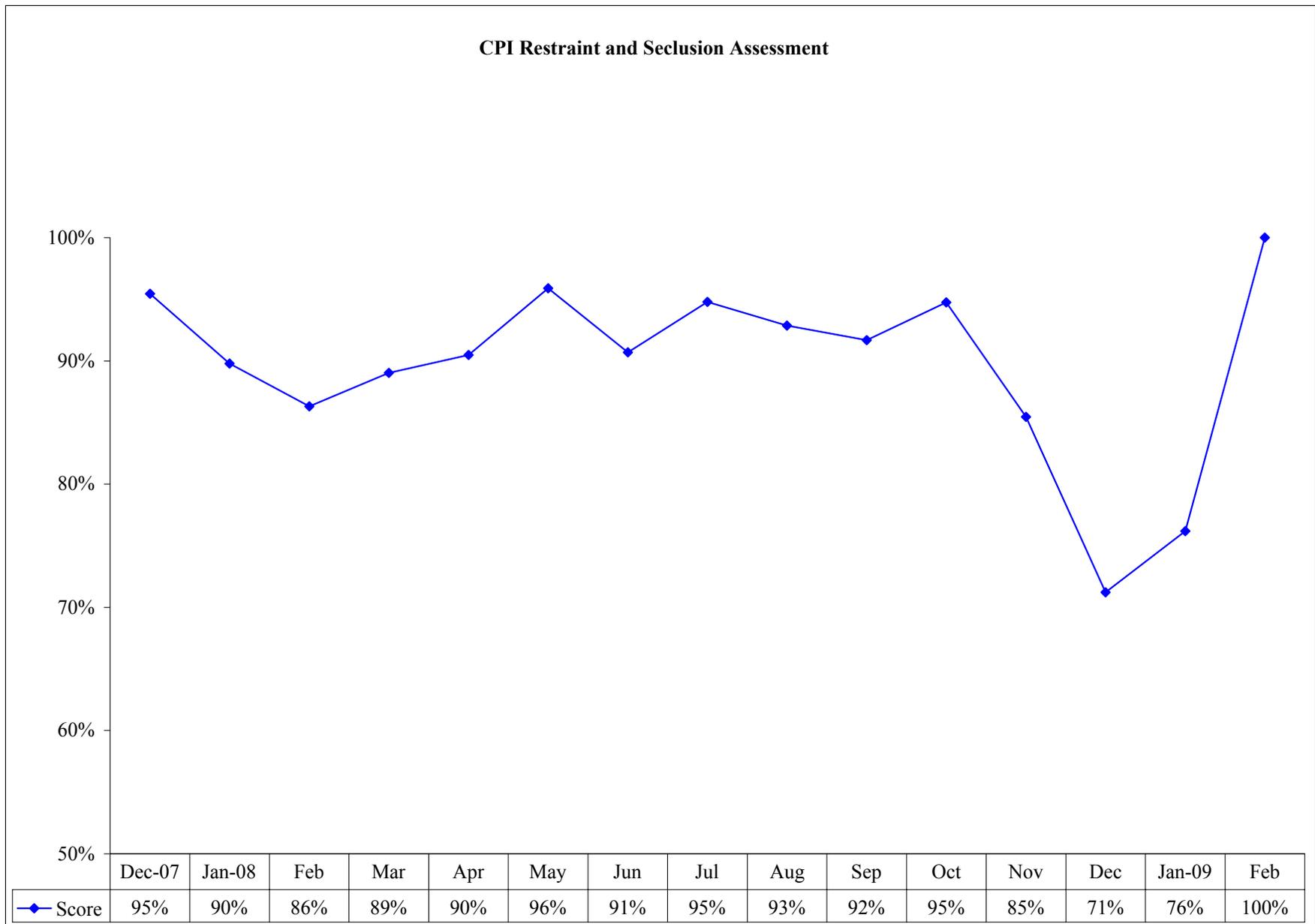


Objective 3B - Behavioral Restraint and Seclusion Assessment
El Paso Psychiatric Center

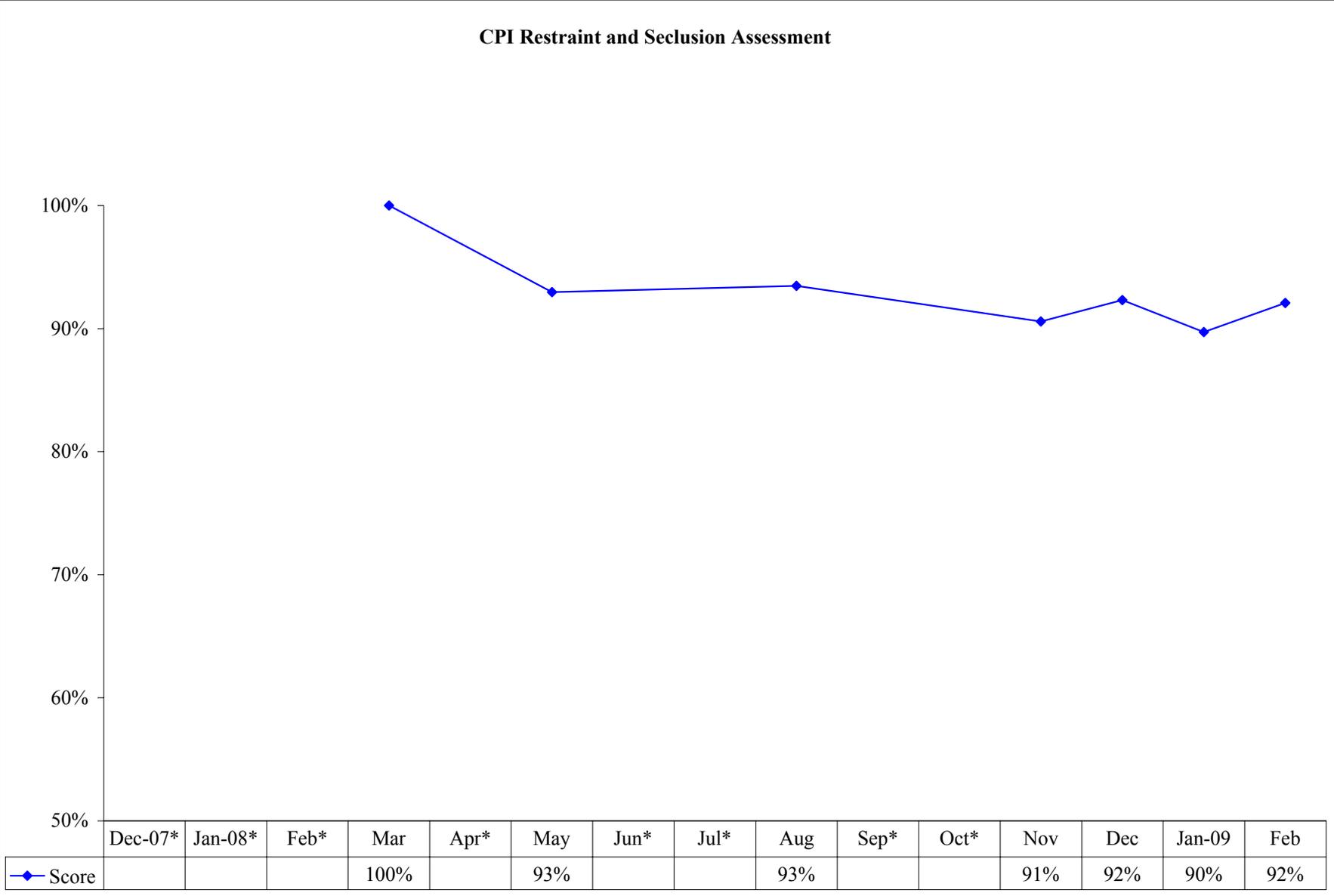


*No scores reported to HMDS.

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

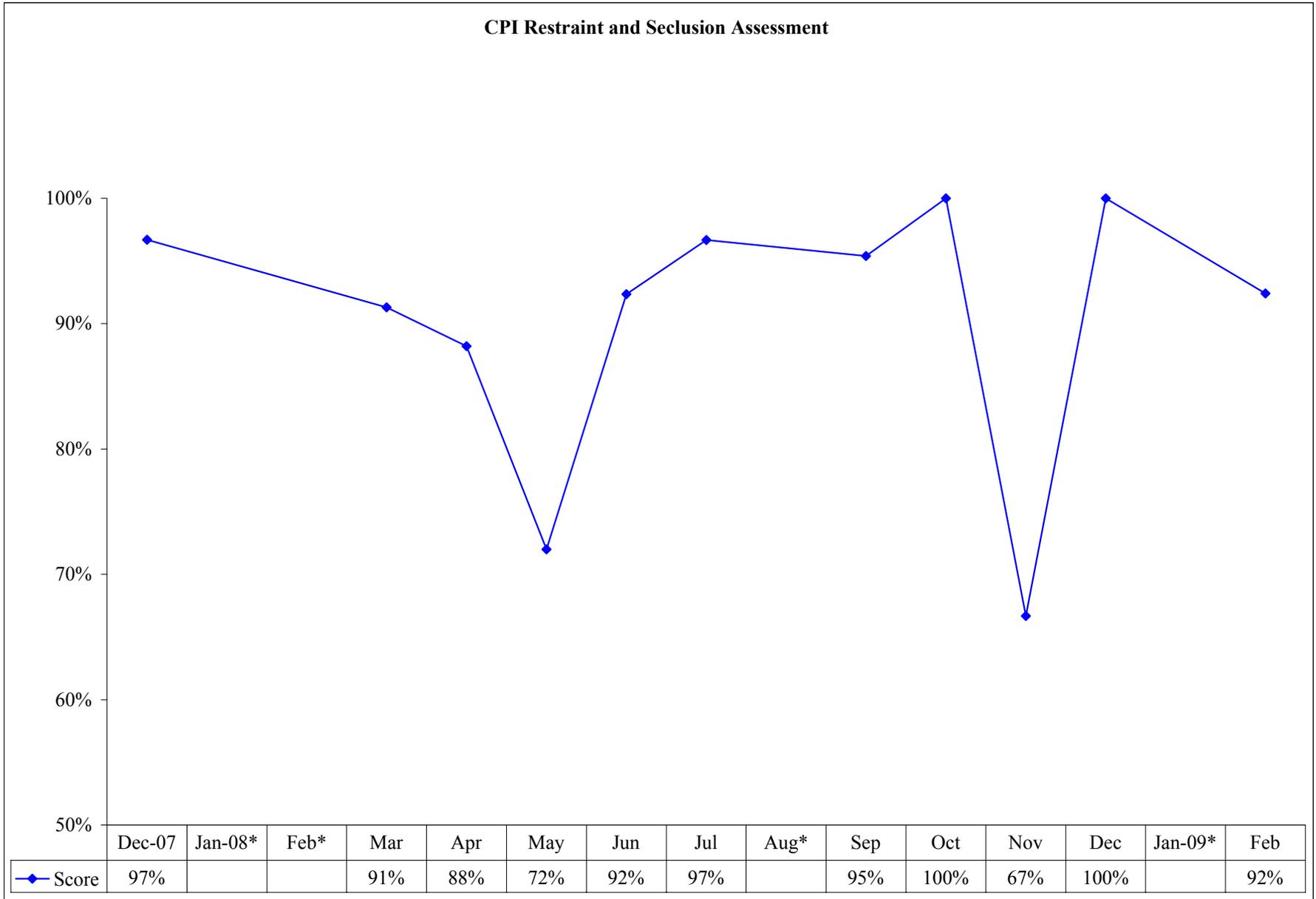


Objective 3B - Behavioral Restraint and Seclusion Assessment
North Texas State Hospital



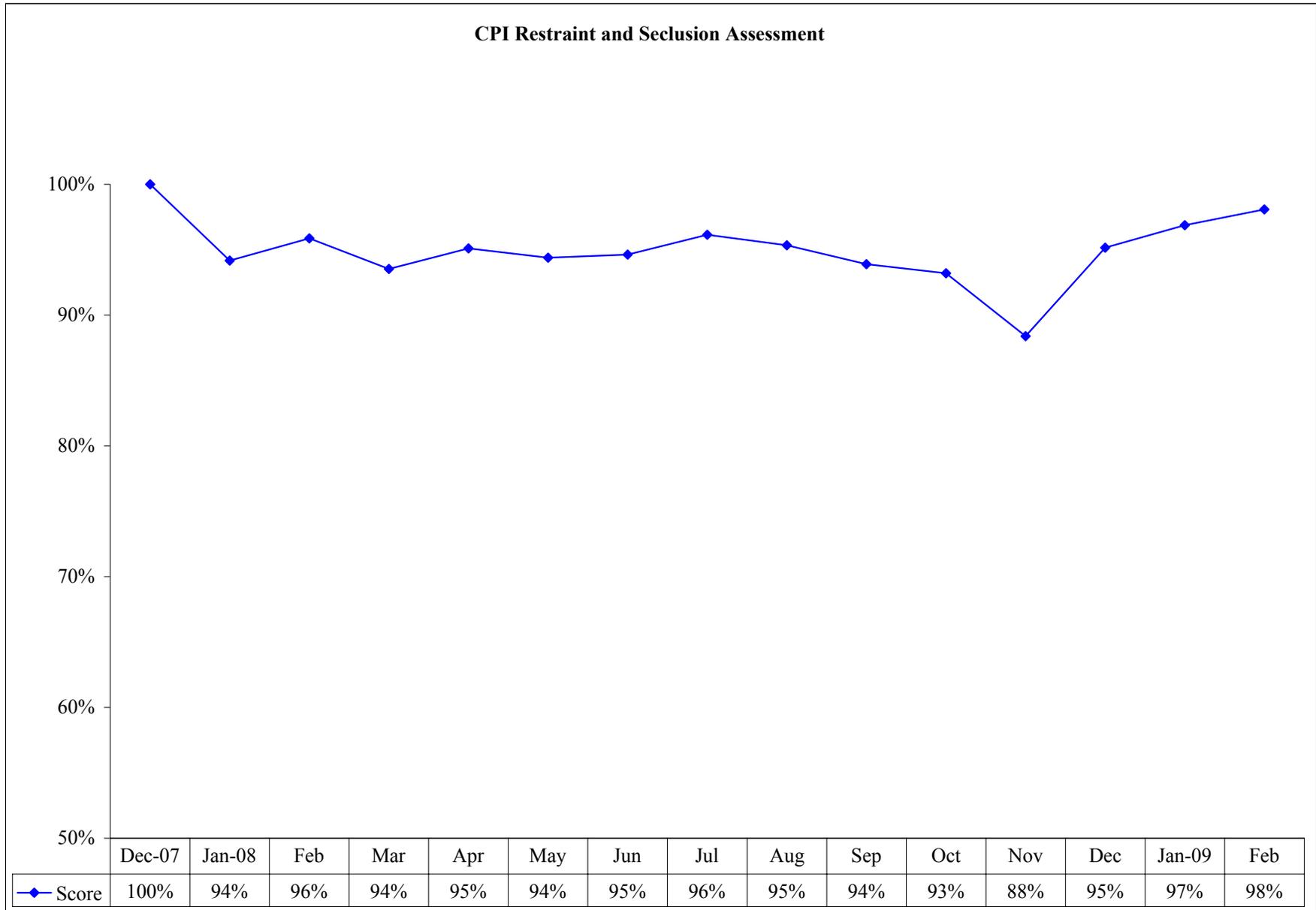
*No scores reported to HMDS.

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

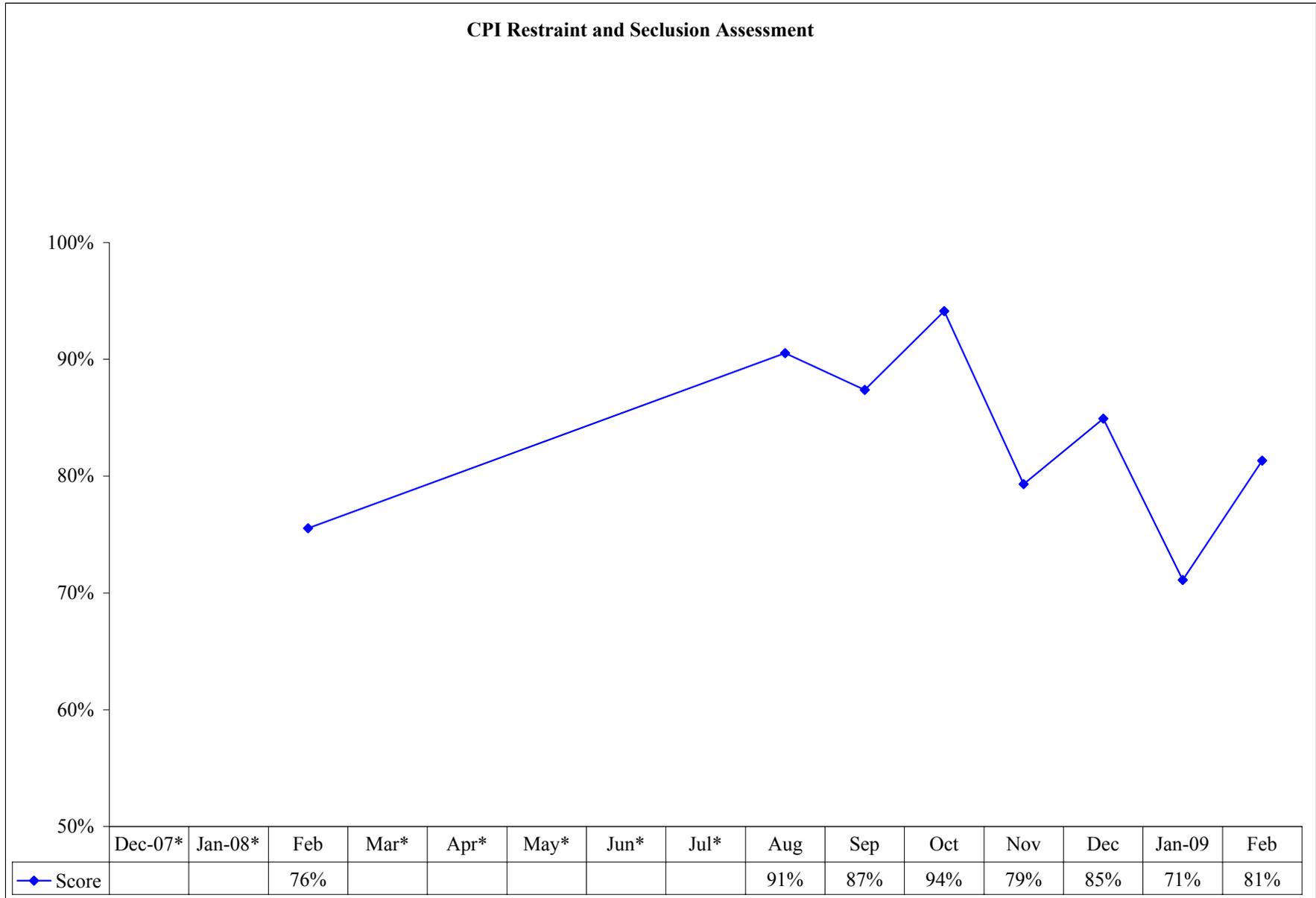


*No scores reported to HMDS.

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

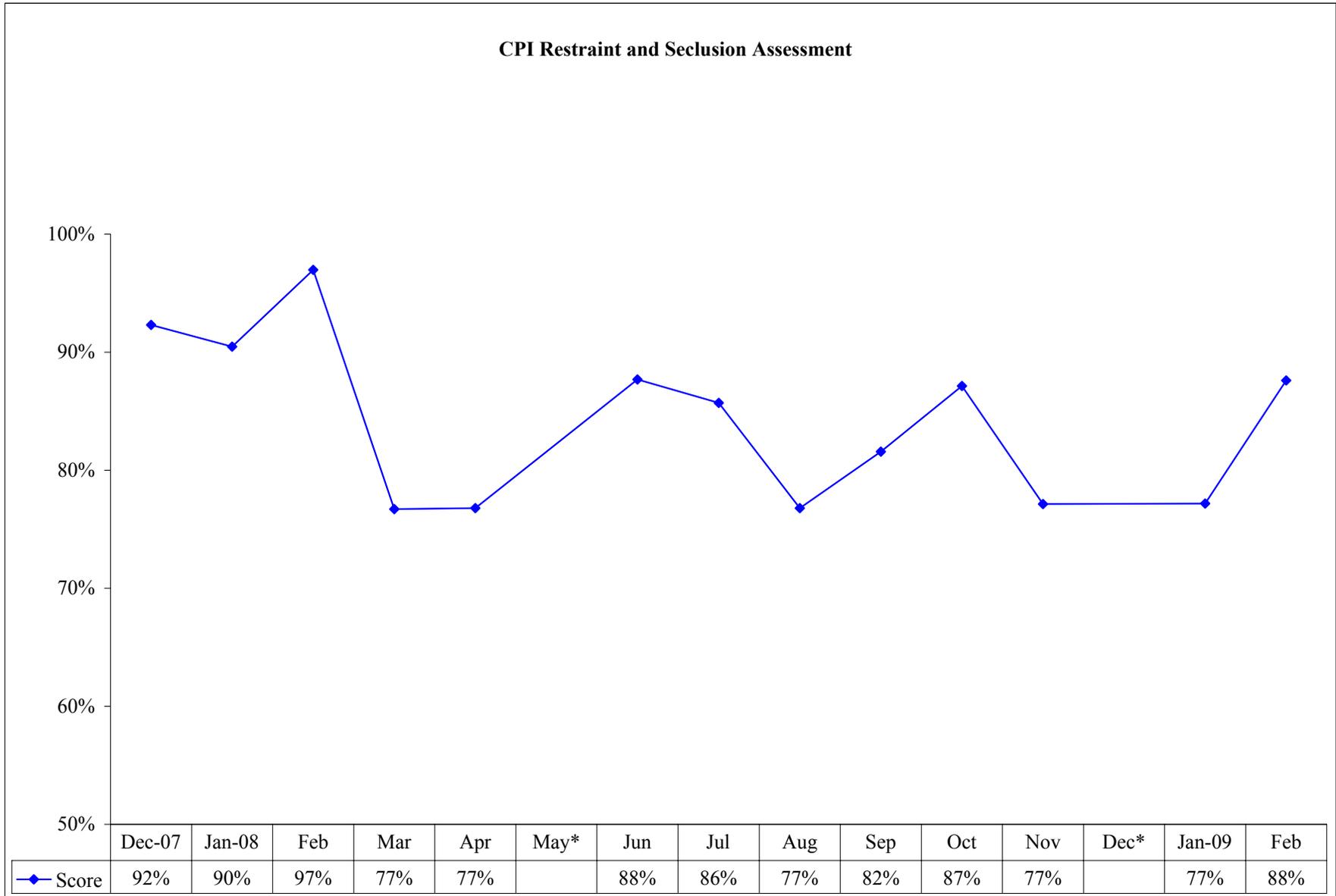


Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital



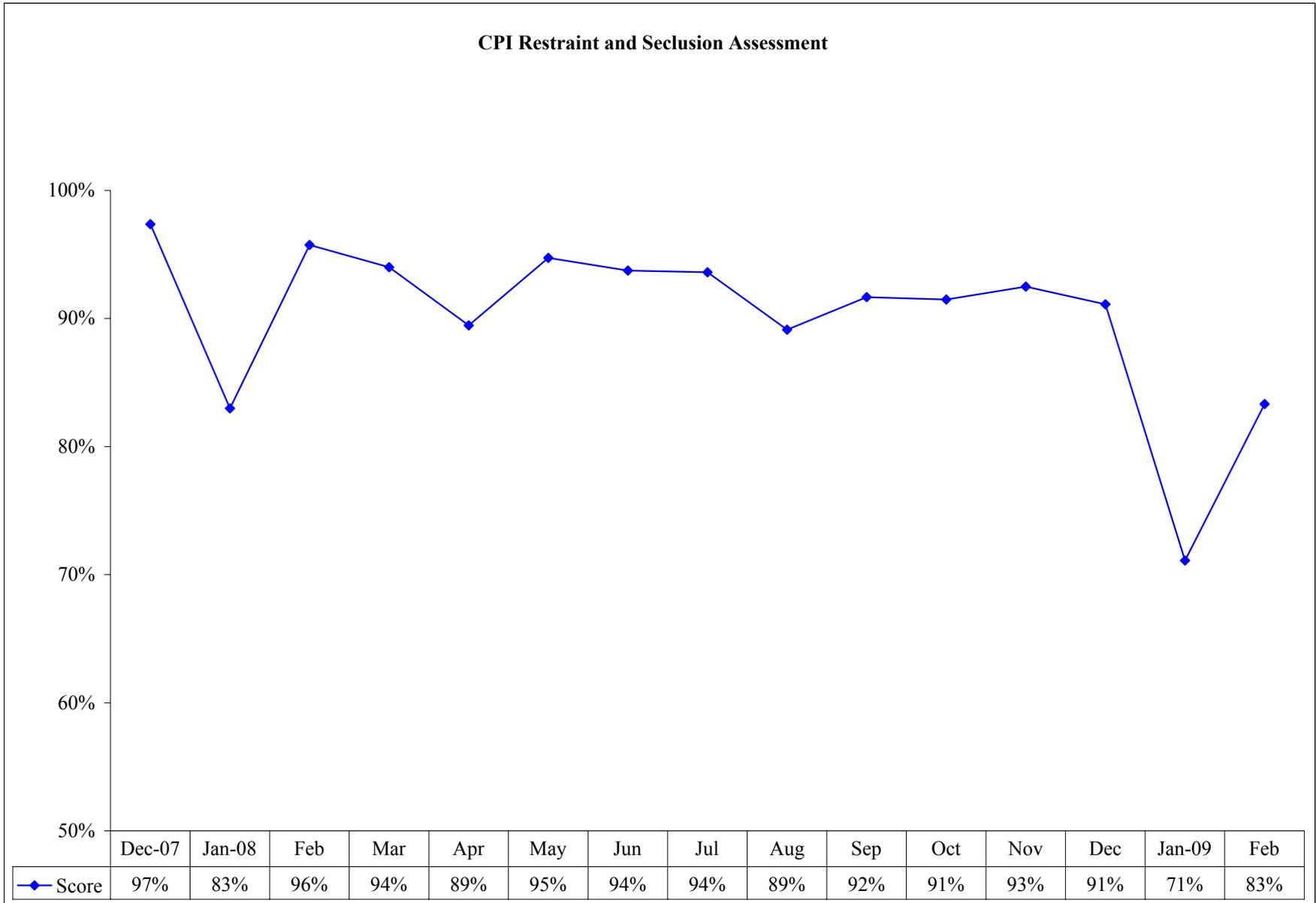
*No scores reported to HMDS.

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



*No scores reported to HMDS.

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



Performance Objective 3D:

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

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

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

R = rate of patients that are tracked by TIMA

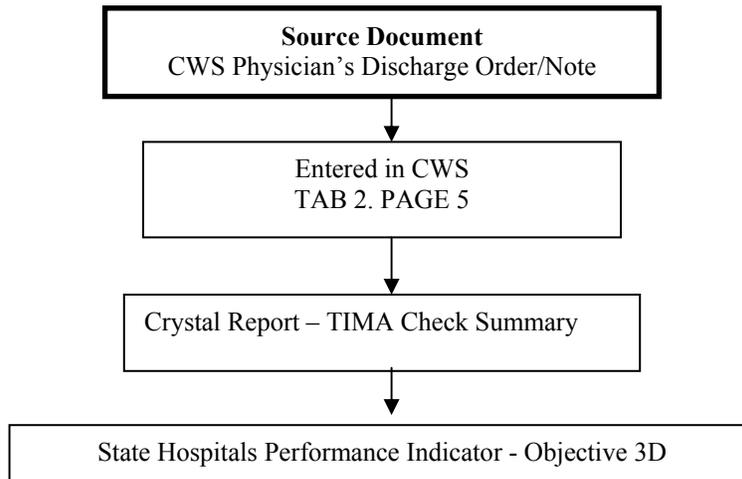
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

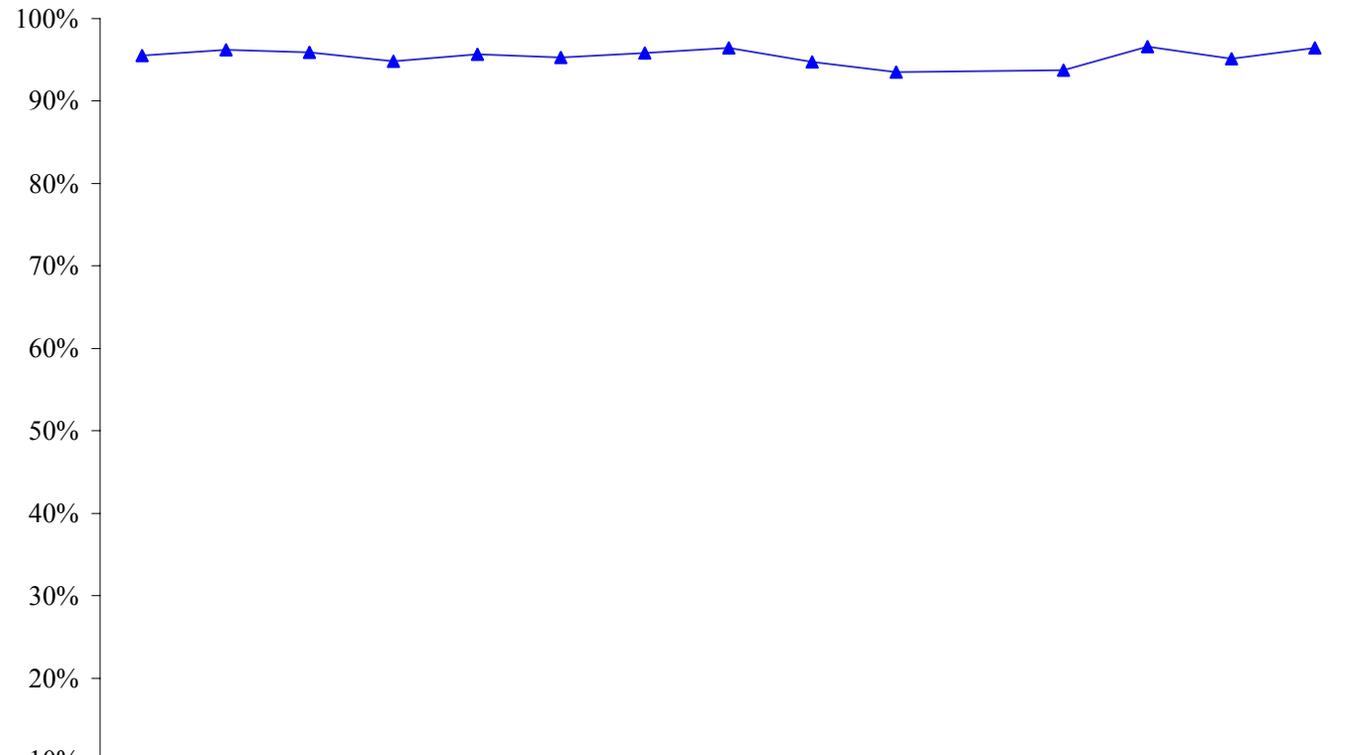
- ◆ Table shows the percent of patients with episodes that are tracked by TIMA for individual state hospitals.
- ◆ Chart with monthly data points of percent of patients with episodes that are tracked by TIMA, number of patients with episodes that should be tracked and number of patients with episodes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

Data Flow:



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

Percent of Patients with Episodes that are Tracked by TIMA

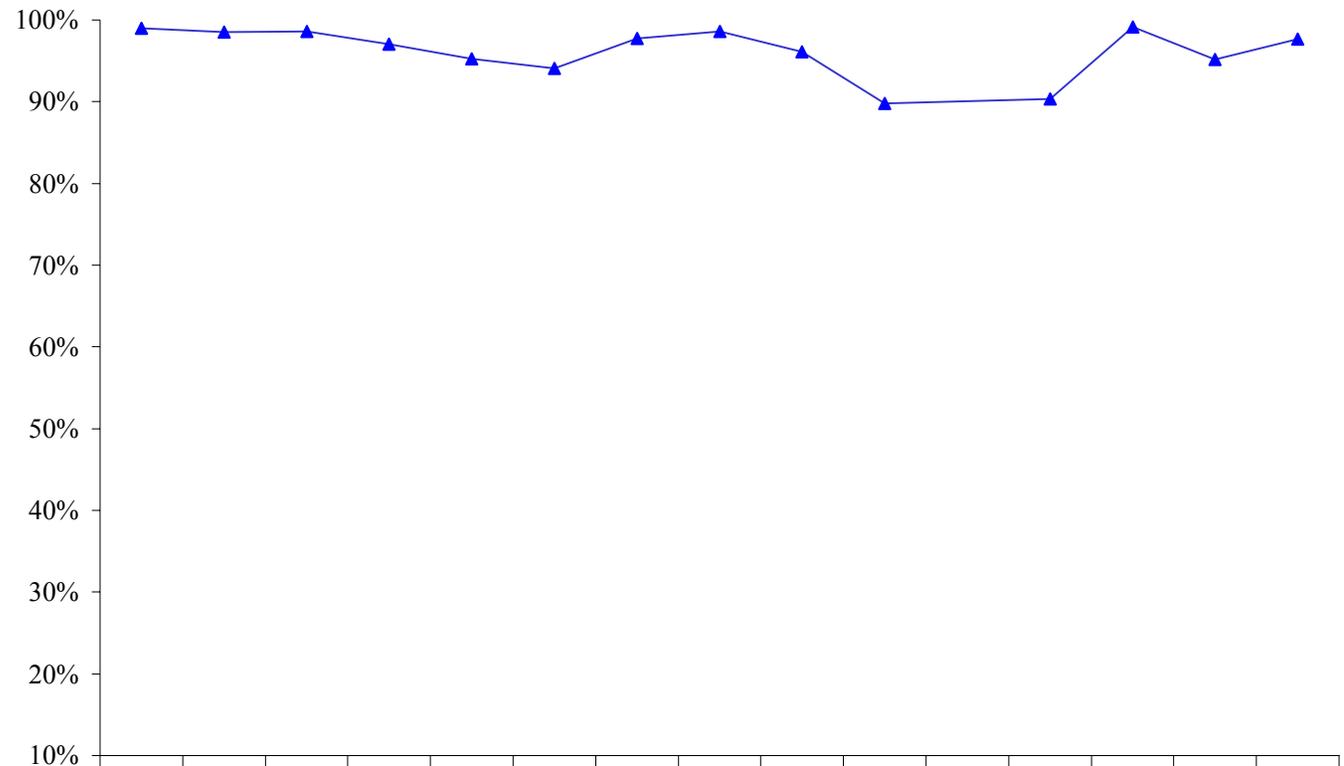


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	868	976	1001	945	1105	1046	1037	1010	971	999		874	968	985	892
Patients with Episodes that are Tracked	829	939	960	896	1057	997	994	974	920	934		819	935	937	860
▲ Percent Tracked by TIMA	96%	96%	96%	95%	96%	95%	96%	96%	95%	93%		94%	97%	95%	96%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

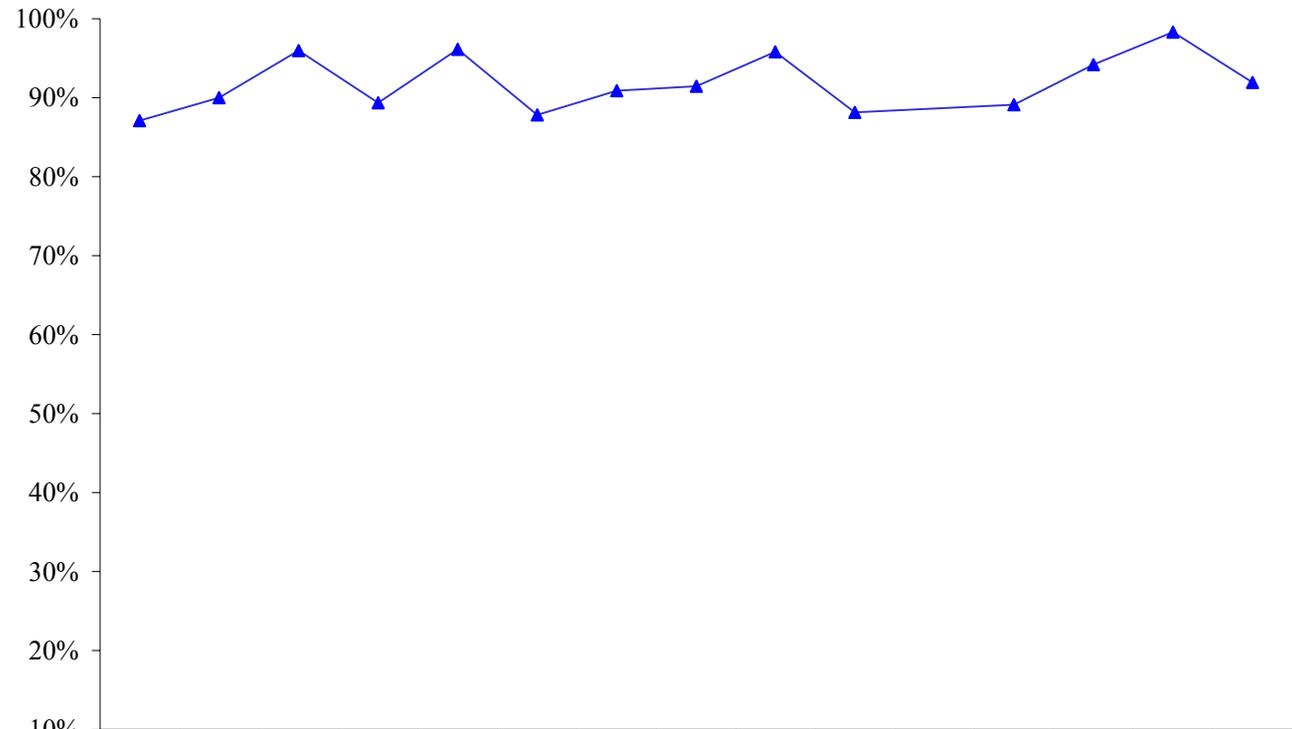


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	191	205	214	203	230	219	218	209	207	216		207	231	250	214
Patients with Episodes that are Tracked	189	202	211	197	219	206	213	206	199	194		187	229	238	209
▲ Percent Tracked by TIMA	99%	99%	99%	97%	95%	94%	98%	99%	96%	90%		90%	99%	95%	98%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

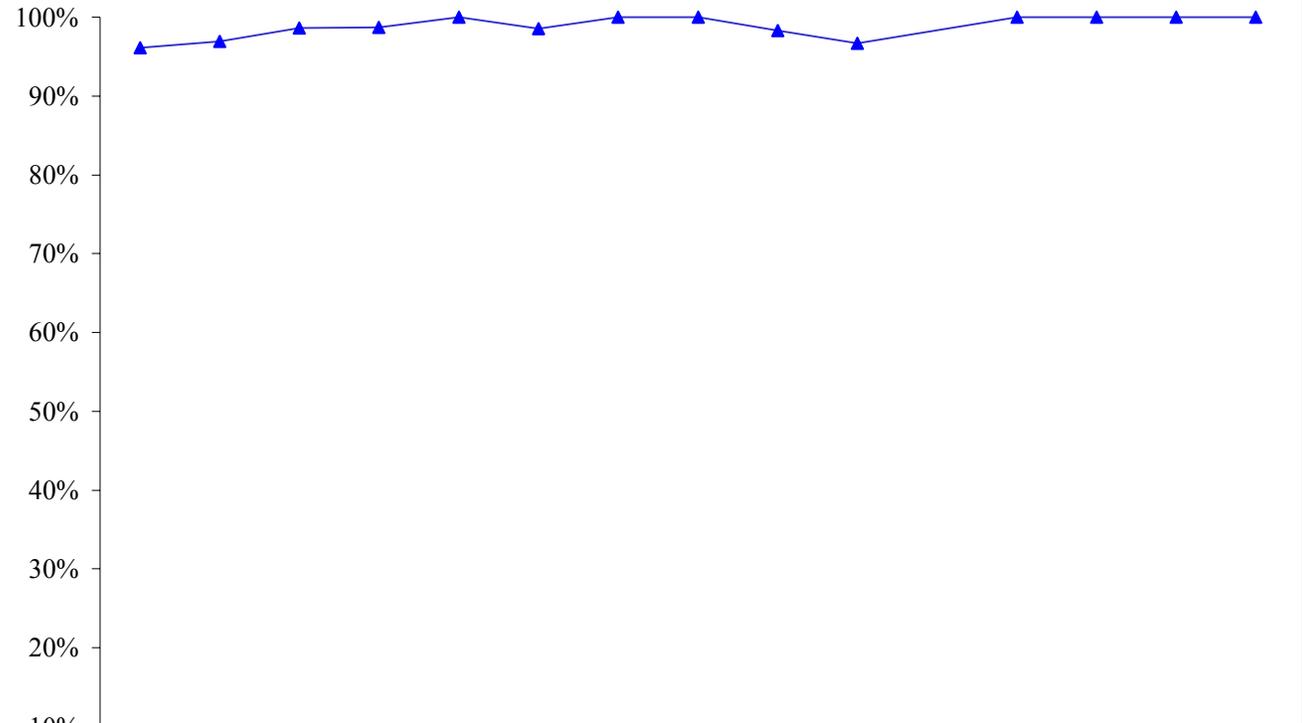


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	62	70	74	66	78	74	55	70	48	59		55	52	59	62
Patients with Episodes that are Tracked	54	63	71	59	75	65	50	64	46	52		49	49	58	57
—▲ Percent Tracked by TIMA	87%	90%	96%	89%	96%	88%	91%	91%	96%	88%		89%	94%	98%	92%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

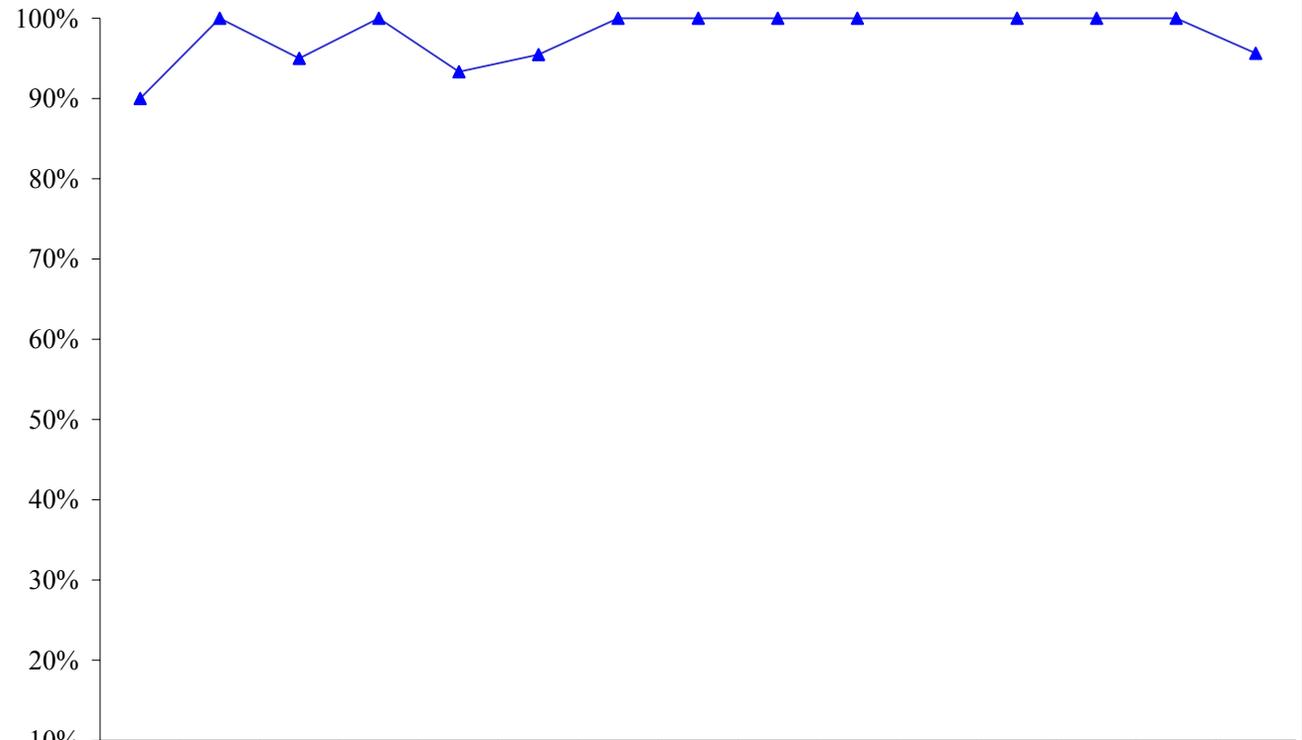


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	52	65	72	76	71	67	52	43	58	60		51	53	48	41
Patients with Episodes that are Tracked	50	63	71	75	71	66	52	43	57	58		51	53	48	41
▲ Percent Tracked by TIMA	96%	97%	99%	99%	100%	99%	100%	100%	98%	97%		100%	100%	100%	100%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

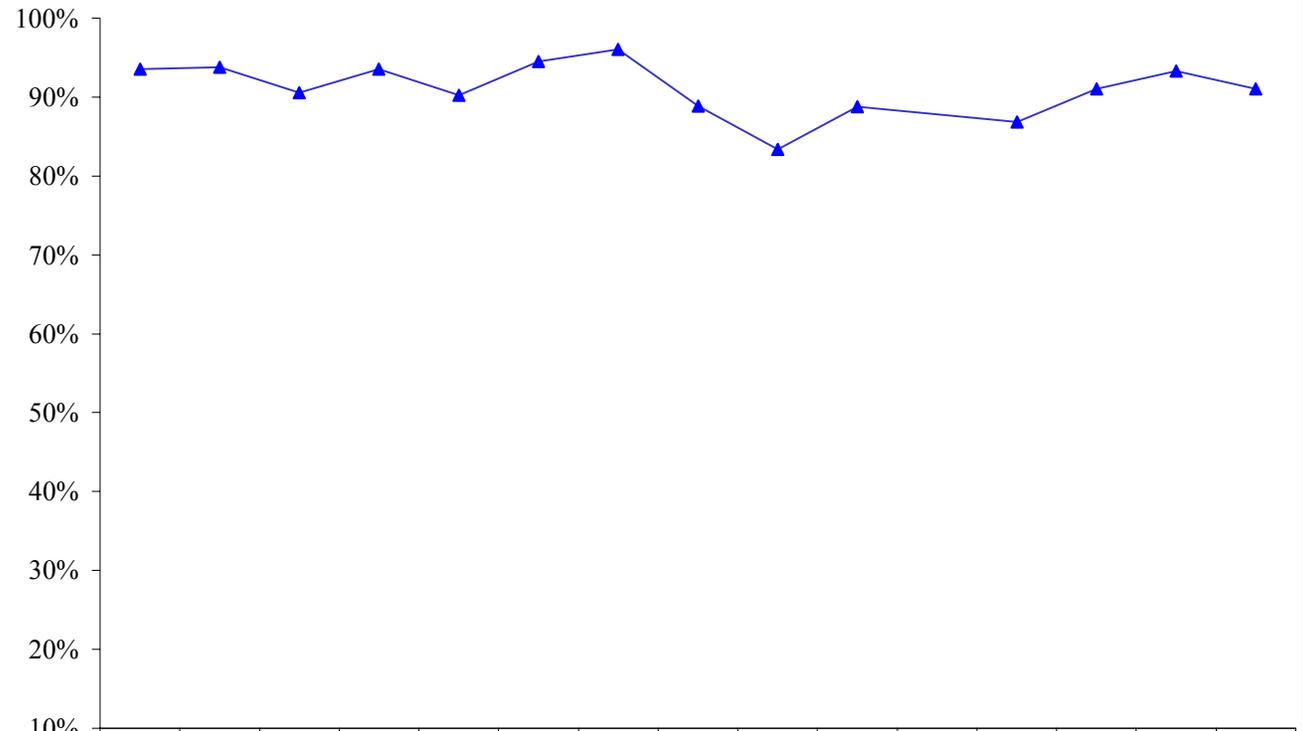


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	20	17	20	10	15	22	24	18	16	15		16	11	18	23
Patients with Episodes that are Tracked	18	17	19	10	14	21	24	18	16	15		16	11	18	22
—▲ Percent Tracked by TIMA	90%	100%	95%	100%	93%	95%	100%	100%	100%	100%		100%	100%	100%	96%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

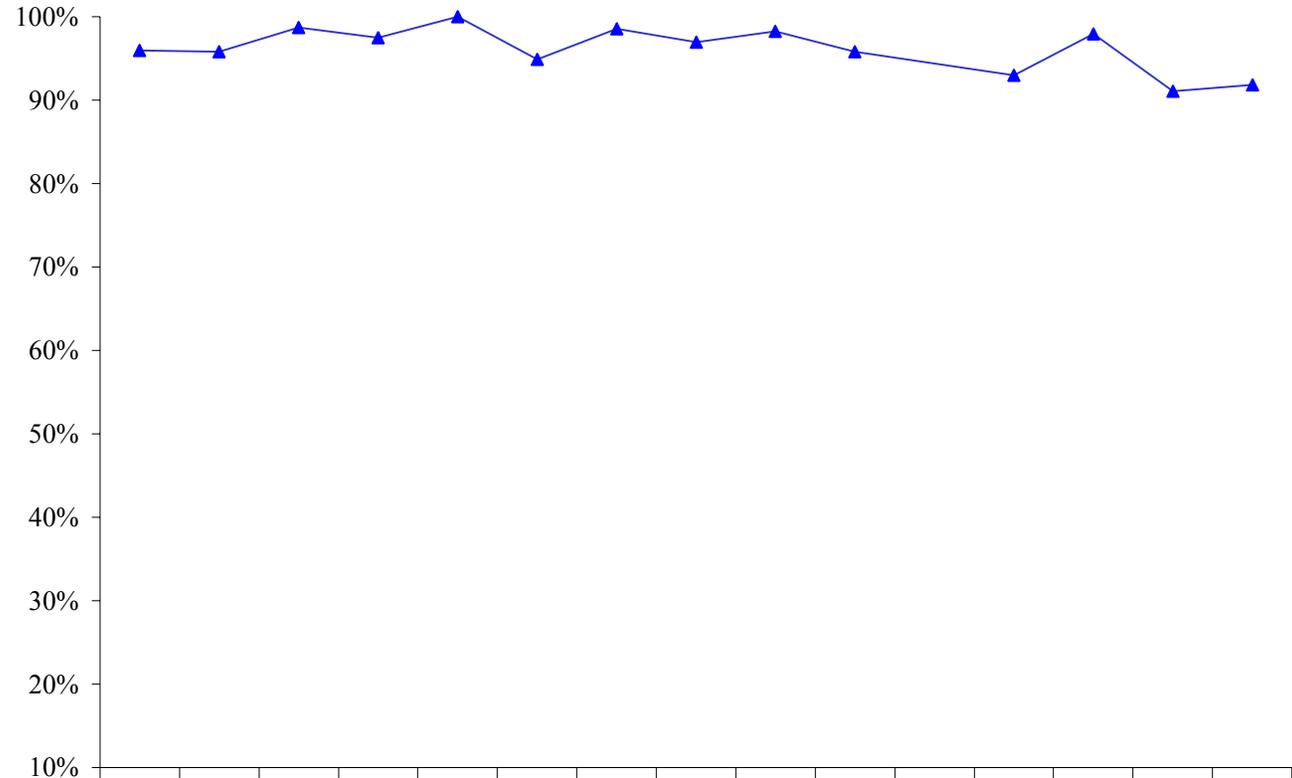


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	109	97	95	93	123	127	126	108	108	107		91	89	119	112
Patients with Episodes that are Tracked	102	91	86	87	111	120	121	96	90	95		79	81	111	102
▲ Percent Tracked by TIMA	94%	94%	91%	94%	90%	94%	96%	89%	83%	89%		87%	91%	93%	91%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

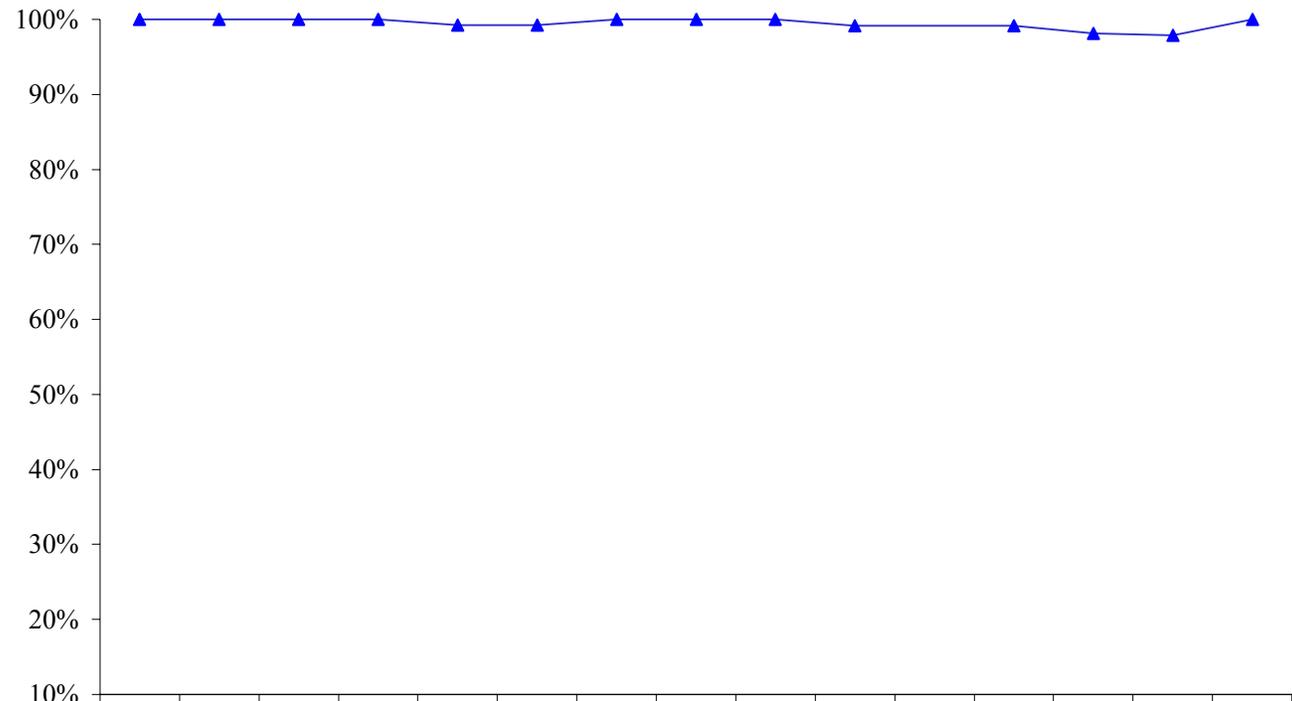


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	74	72	79	79	80	78	68	65	56	72		71	97	67	61
Patients with Episodes that are Tracked	71	69	78	77	80	74	67	63	55	69		66	95	61	56
▲ Percent Tracked by TIMA	96%	96%	99%	97%	100%	95%	99%	97%	98%	96%		93%	98%	91%	92%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

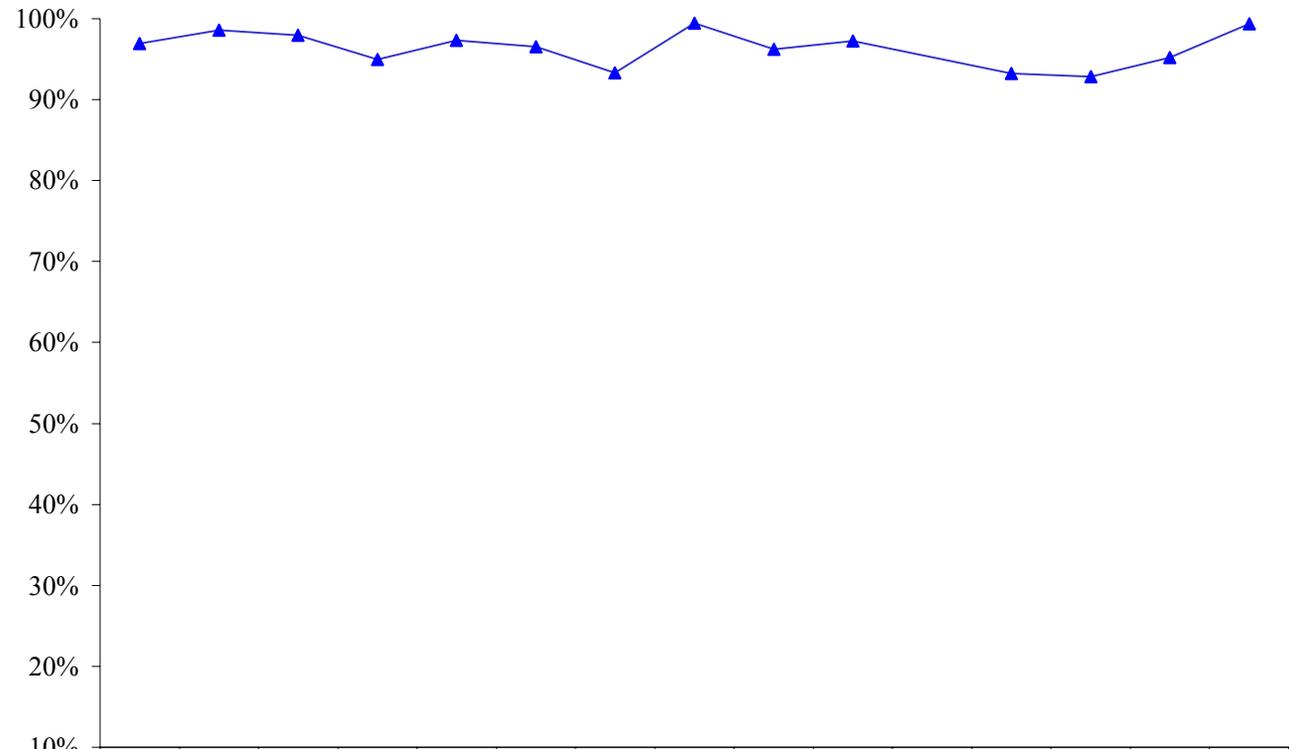


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	86	131	119	120	126	132	121	131	130	113		114	109	96	83
Patients with Episodes that are Tracked	86	131	119	120	125	131	121	131	130	112		113	107	94	83
▲ Percent Tracked by TIMA	100%	100%	100%	100%	99%	99%	100%	100%	100%	99%		99%	98%	98%	100%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA

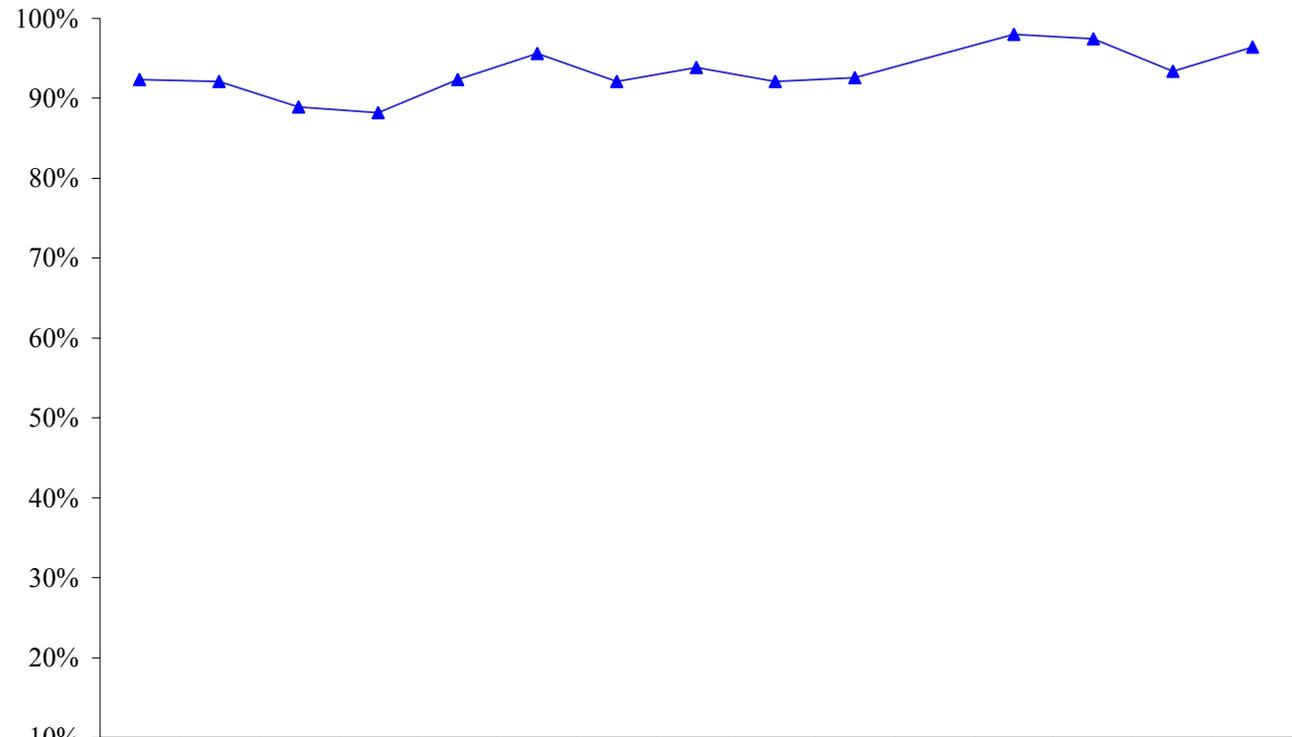


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	130	142	147	120	186	146	195	170	158	182		118	168	146	157
Patients with Episodes that are Tracked	126	140	144	114	181	141	182	169	152	177		110	156	139	156
▲ Percent Tracked by TIMA	97%	99%	98%	95%	97%	97%	93%	99%	96%	97%		93%	93%	95%	99%

October Data Unavailable

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

Percent of Patients with Episodes that are Tracked by TIMA



	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Patients with Episodes that Should be Tracked	144	177	181	178	196	181	178	196	190	175		151	158	182	139
Patients with Episodes that are Tracked	133	163	161	157	181	173	164	184	175	162		148	154	170	134
—▲ Percent Tracked by TIMA	92%	92%	89%	88%	92%	96%	92%	94%	92%	93%		98%	97%	93%	96%

October Data Unavailable

Performance Objective 3E:

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

Performance Objective Operational Definition: State hospital reported Data Integrity Review (DIR) measures are reviewed for accuracy, completeness and timeliness as found in the CRS and CARE systems.

Performance Objective Formula: Percentage for compliance is calculated by:

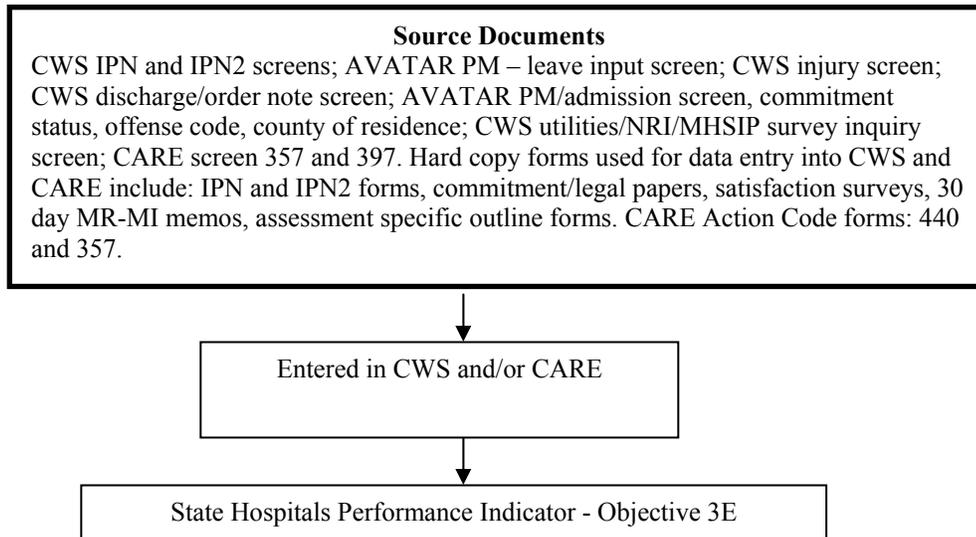
N = # of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.

D = total # of cases per sample measure being reviewed.

Performance Objective Data Display and Chart Description:

◆ Chart with Data Integrity Review compliance scores per state hospital DIR.

Data Flow:



Performance Measure 3A:

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

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

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

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

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

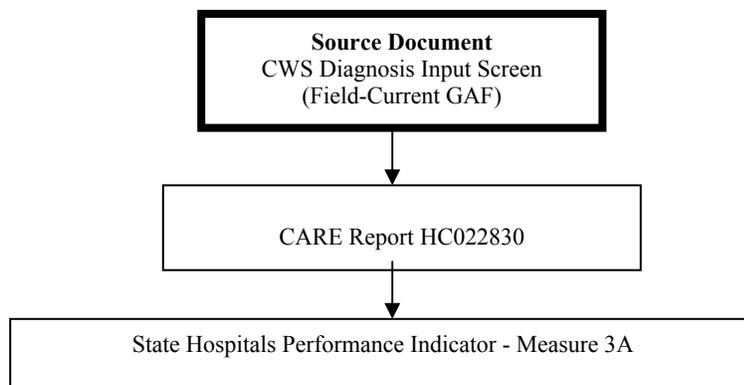
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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

Performance Measure Data Display and Chart Description:

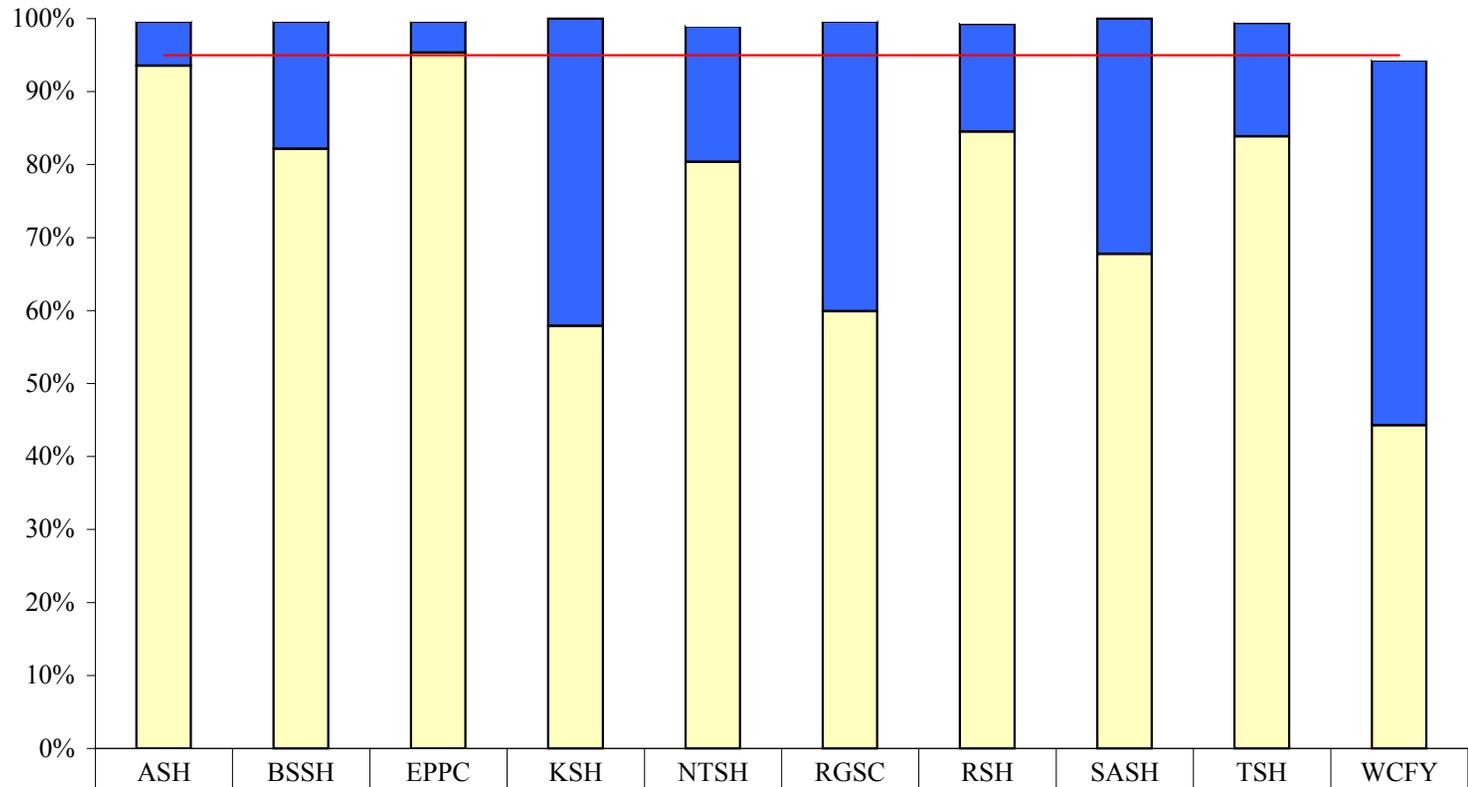
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10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

Data Flow:



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals - As of February 28, 2009

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

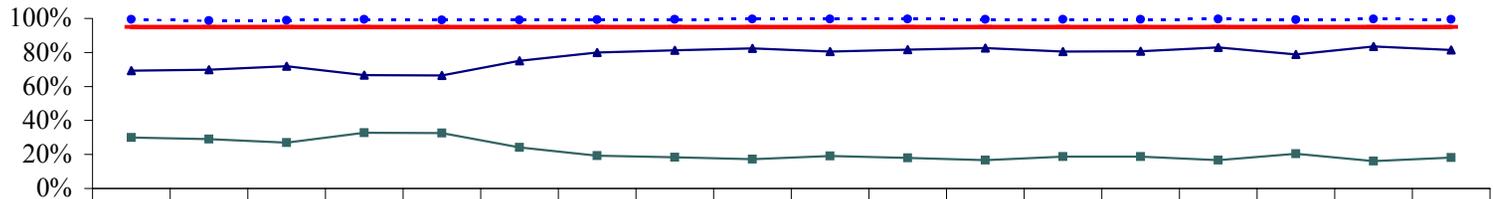


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	100%	100%	100%	100%	99%	100%	99%	100%	99%	94%
% Stabilized	6%	17%	4%	42%	19%	40%	15%	32%	16%	50%
% Increased by 10 or More	94%	82%	95%	58%	80%	60%	85%	68%	84%	44%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

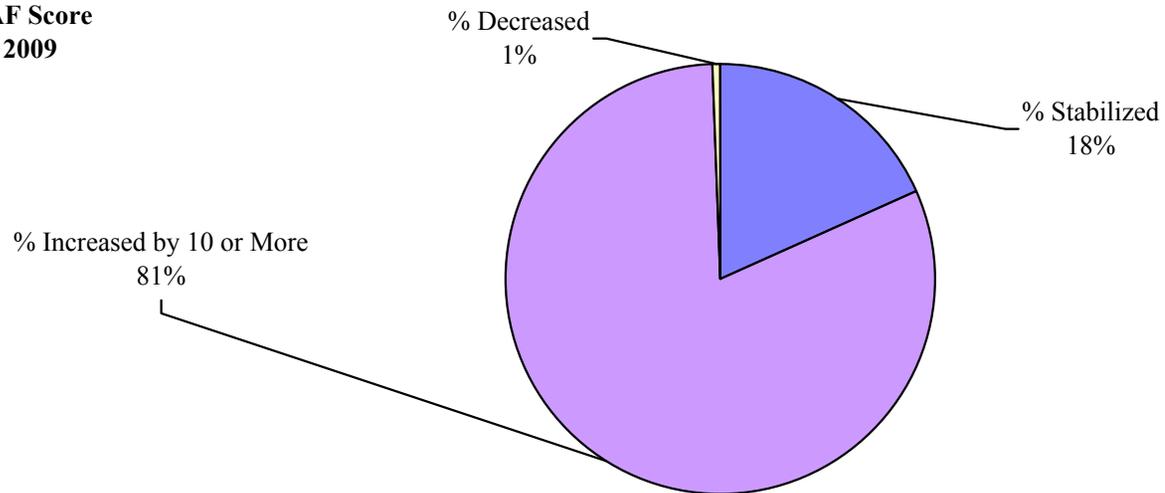
All State MH Hospitals

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	69%	70%	72%	67%	67%	75%	80%	81%	82%	80%	82%	83%	81%	81%	83%	79%	84%	81%
—■— % Stabilized	30%	29%	27%	33%	33%	24%	19%	18%	17%	19%	18%	17%	19%	19%	17%	21%	16%	18%
-.-●-.- % Stabilized + Increased	99%	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	99%	99%	99%	100%	99%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

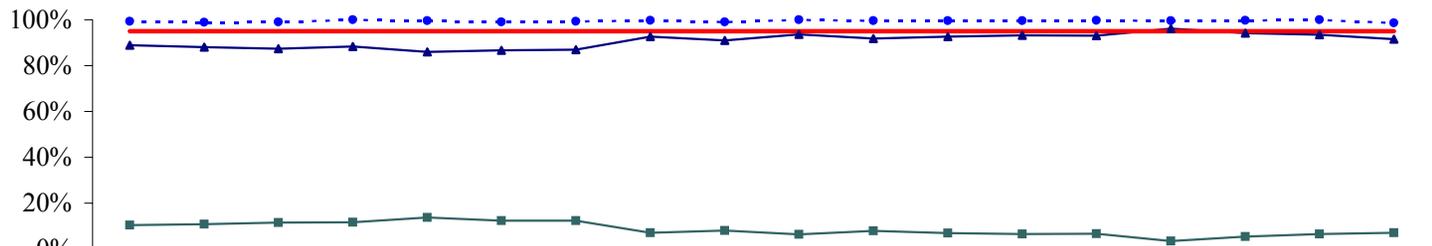
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

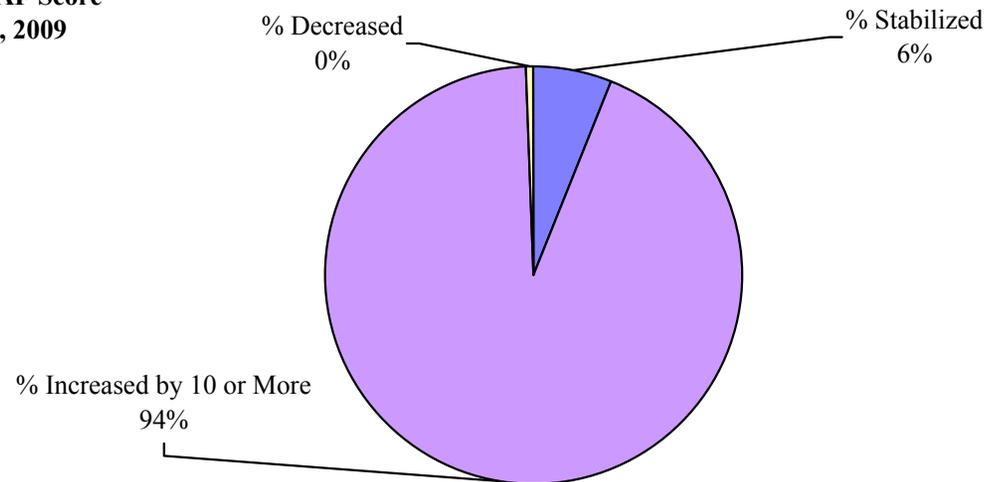
Austin State Hospital

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	89%	88%	87%	88%	86%	87%	87%	93%	91%	94%	92%	93%	93%	93%	96%	94%	93%	92%
—■— % Stabilized	10%	11%	12%	12%	14%	12%	12%	7%	8%	6%	8%	7%	6%	7%	4%	5%	7%	7%
- - ● - - % Stabilized + Increased	99%	99%	99%	100%	100%	99%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

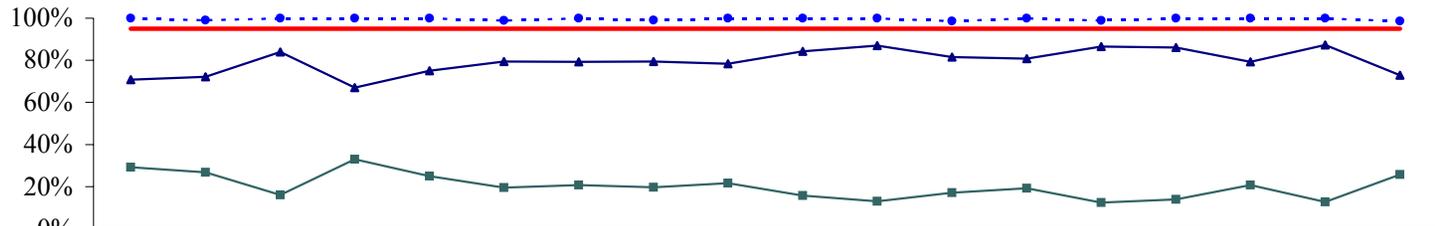
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

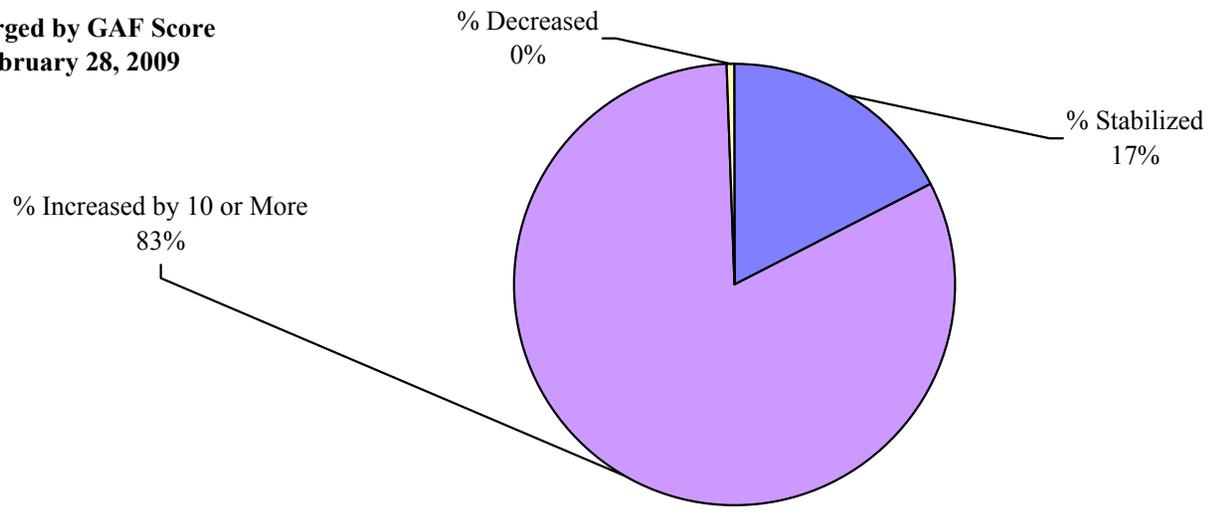
Big Spring State Hospital

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	71%	72%	84%	67%	75%	79%	79%	79%	78%	84%	87%	82%	81%	87%	86%	79%	87%	73%
—■— % Stabilized	29%	27%	16%	33%	25%	20%	21%	20%	22%	16%	13%	17%	19%	12%	14%	21%	13%	26%
- - ● - - % Stabilized + Increased	100%	99%	100%	100%	100%	99%	100%	99%	100%	100%	100%	99%	100%	99%	100%	100%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

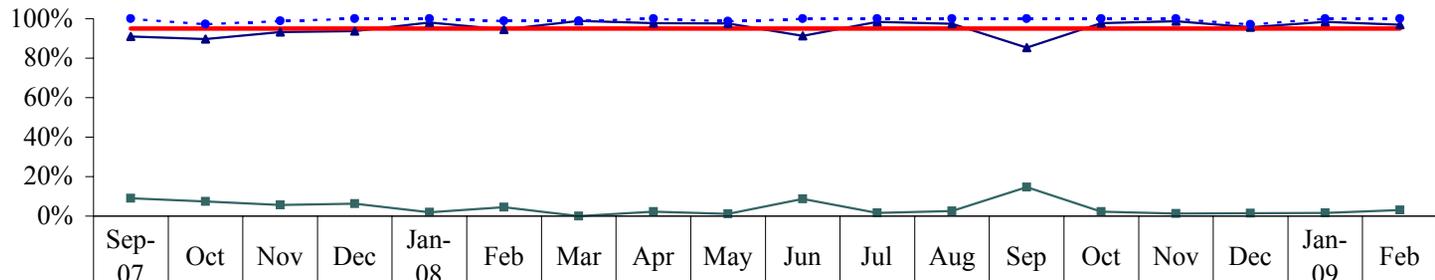
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

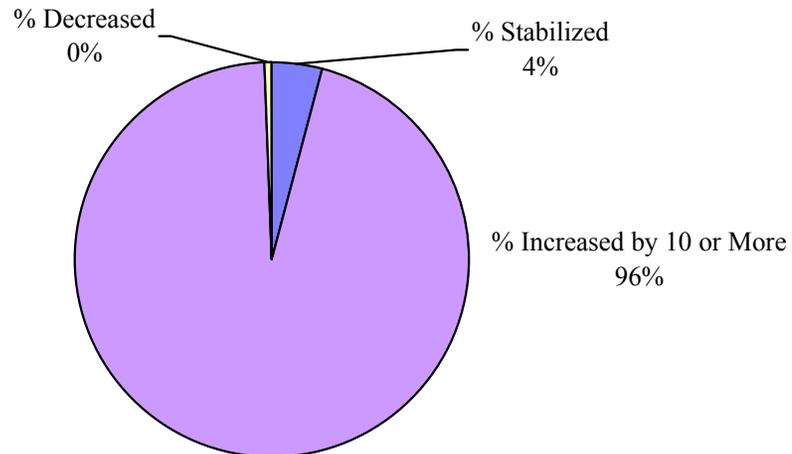
El Paso Psychiatric Center

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



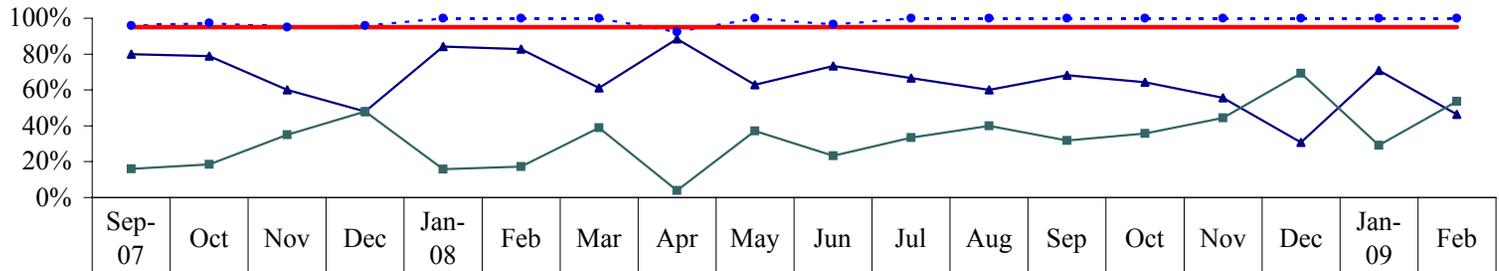
—▲— % Increased by 10 or More	91%	90%	93%	94%	98%	94%	99%	98%	98%	91%	98%	97%	85%	98%	99%	96%	98%	97%
—■— % Stabilized	9%	7%	6%	6%	2%	4%	0%	2%	1%	9%	2%	3%	15%	2%	1%	1%	2%	3%
- - -●- - - % Stabilized + Increased	100%	97%	99%	100%	100%	99%	99%	100%	99%	100%	100%	100%	100%	100%	100%	97%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



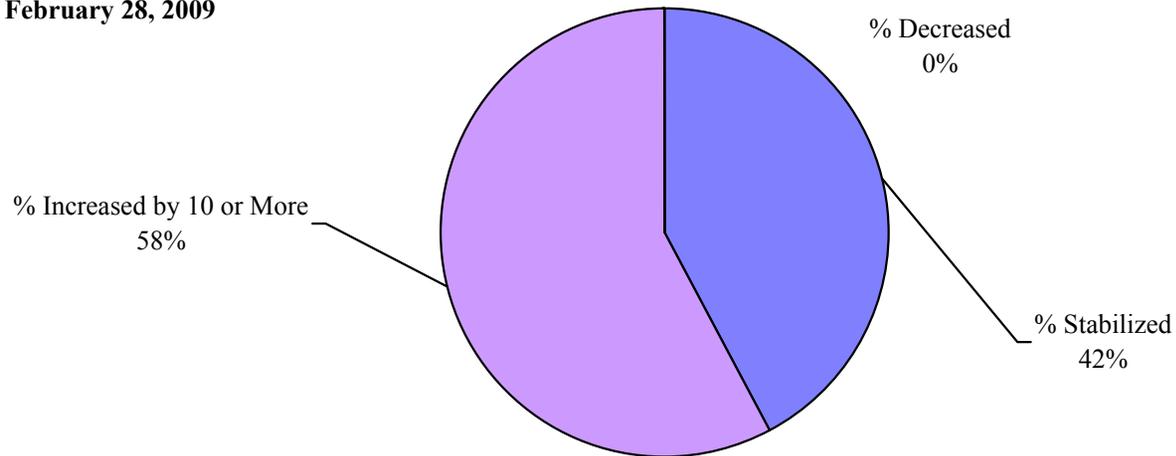
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	80%	79%	60%	48%	84%	83%	61%	88%	63%	73%	67%	60%	68%	64%	56%	31%	71%	46%
—■— % Stabilized	16%	18%	35%	48%	16%	17%	39%	4%	37%	23%	33%	40%	32%	36%	44%	69%	29%	54%
- - ● - - % Stabilized + Increased	96%	97%	95%	96%	100%	100%	100%	92%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

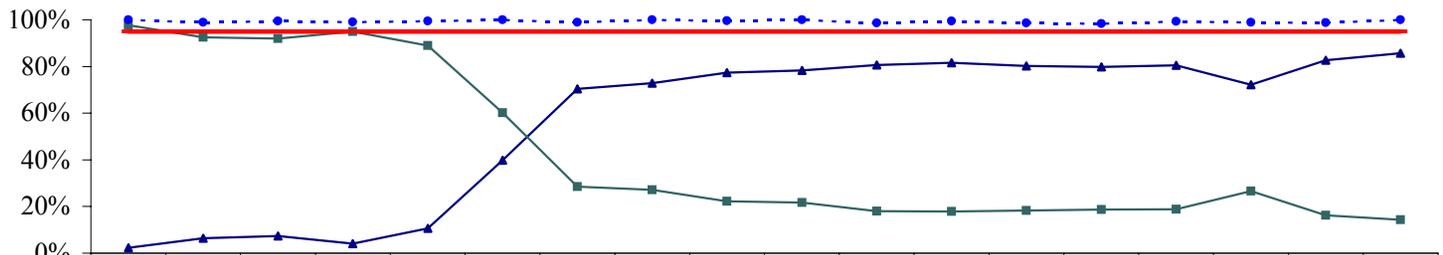
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

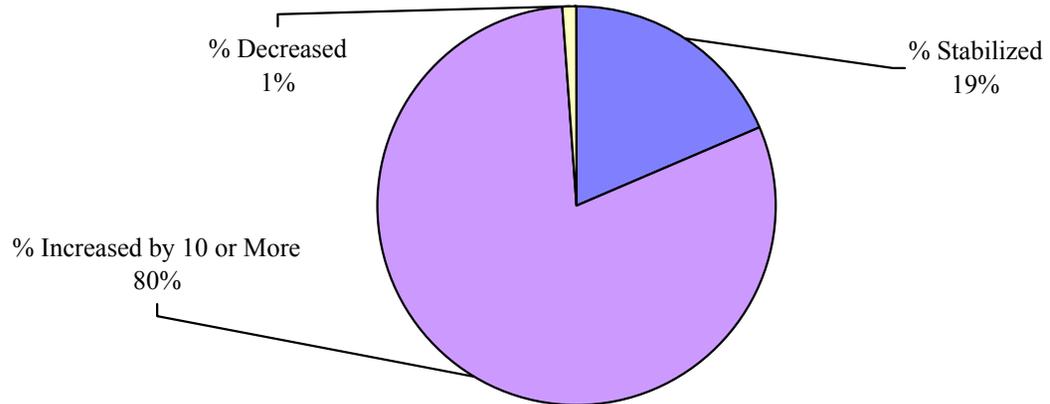
North Texas State Hospital

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



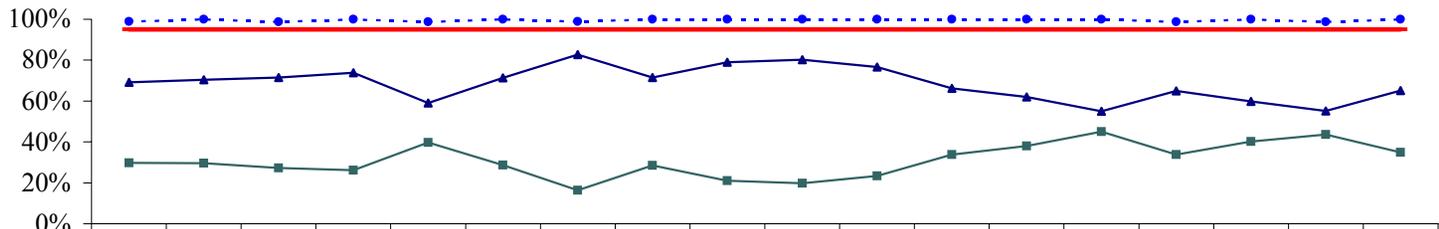
	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
% Increased by 10 or More	2%	6%	7%	4%	11%	40%	70%	73%	77%	78%	81%	82%	80%	80%	80%	72%	83%	86%
% Stabilized	98%	92%	92%	95%	89%	60%	28%	27%	22%	22%	18%	18%	18%	19%	19%	27%	16%	14%
% Stabilized + Increased	100%	99%	99%	99%	100%	100%	99%	100%	100%	100%	99%	100%	99%	98%	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 February 28, 2009



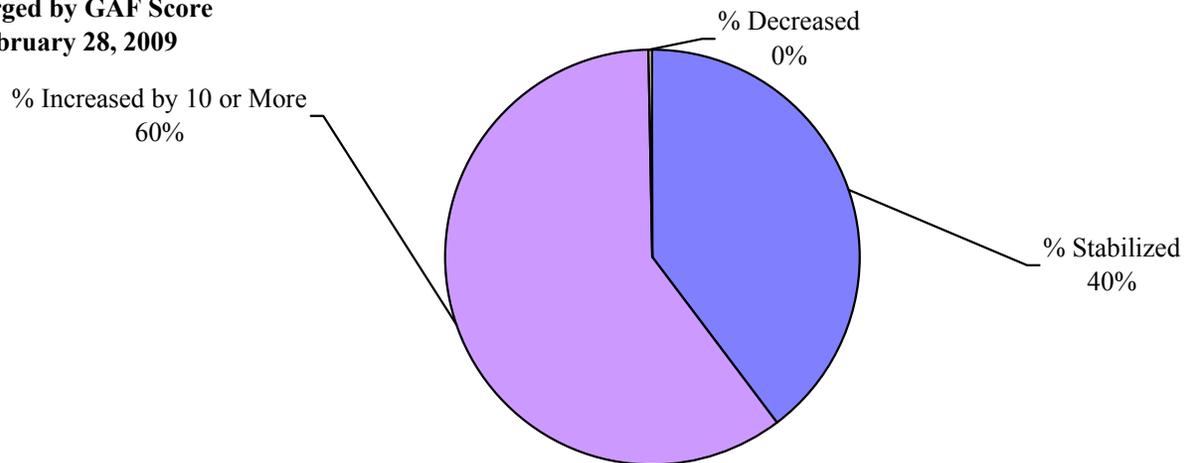
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	69%	70%	71%	74%	59%	71%	83%	72%	79%	80%	77%	66%	62%	55%	65%	60%	55%	65%
—■— % Stabilized	30%	30%	27%	26%	40%	29%	16%	28%	21%	20%	23%	34%	38%	45%	34%	40%	44%	35%
- - ● - - % Stabilized + Increased	99%	100%	99%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	99%	100%	99%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

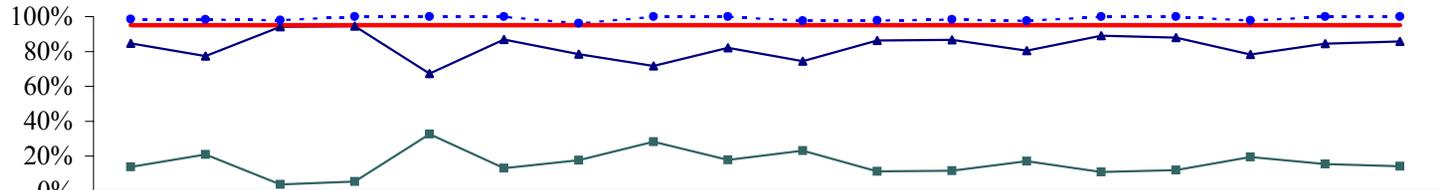
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

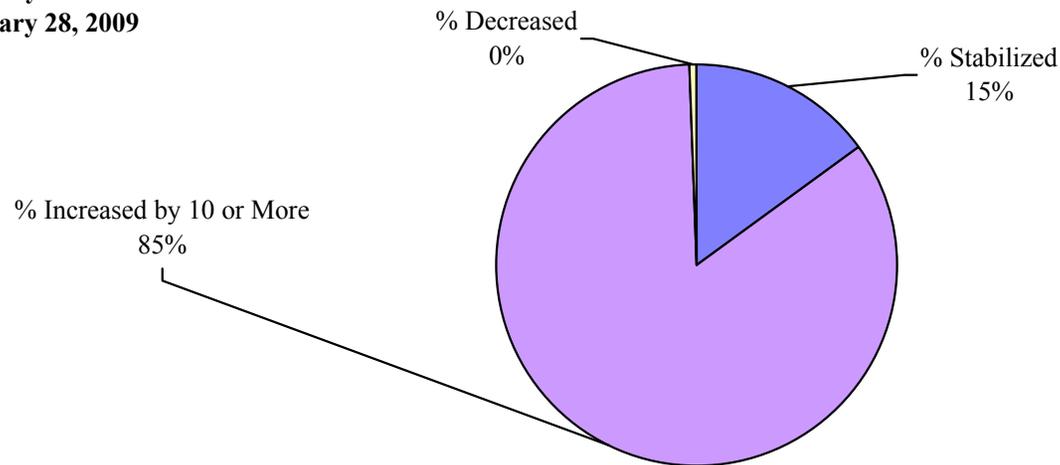
Rusk State Hospital

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	85%	77%	94%	95%	67%	87%	78%	72%	82%	74%	86%	87%	80%	89%	88%	78%	84%	86%
—■— % Stabilized	14%	21%	4%	5%	33%	13%	18%	28%	18%	23%	11%	12%	17%	11%	12%	20%	16%	14%
-.-●-.- % Stabilized + Increased	98%	98%	98%	100%	100%	100%	96%	100%	100%	98%	98%	98%	98%	100%	100%	98%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

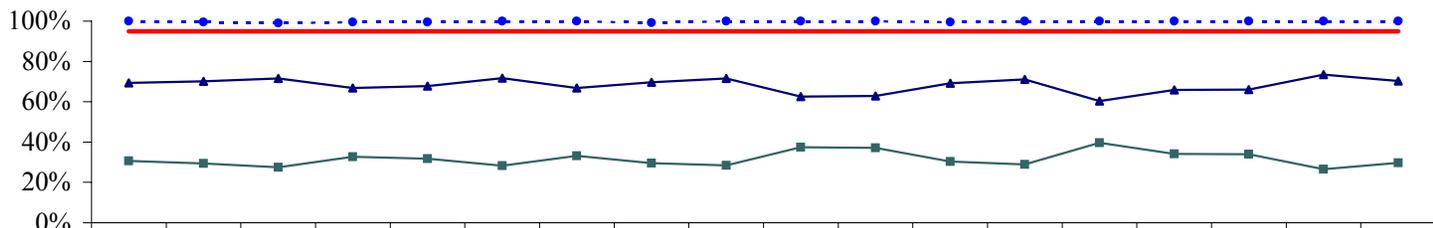
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

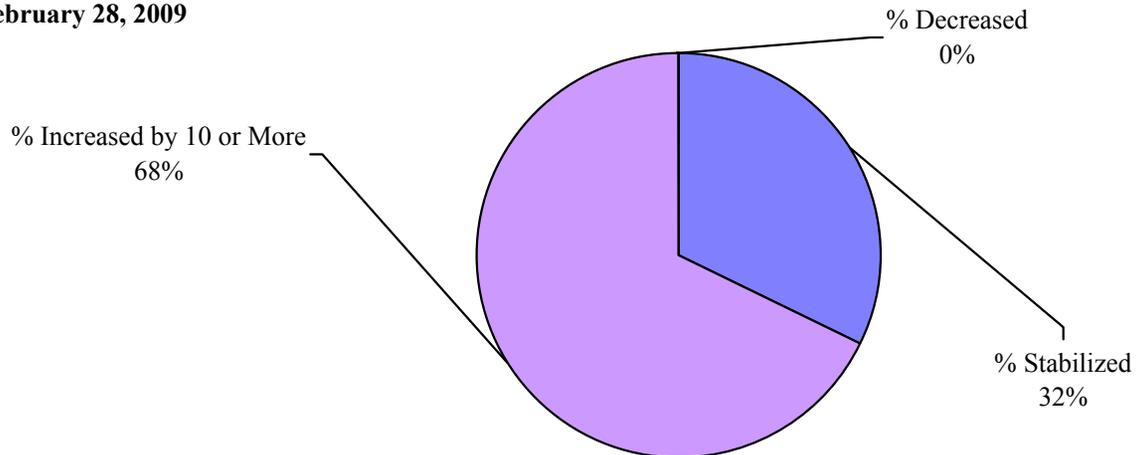
San Antonio State Hospital

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	69%	70%	72%	67%	68%	72%	67%	70%	72%	63%	63%	69%	71%	60%	66%	66%	74%	70%
—■— % Stabilized	31%	29%	27%	33%	32%	28%	33%	29%	29%	38%	37%	30%	29%	40%	34%	34%	26%	30%
- - ◆ - - % Stabilized + Increased	100%	100%	99%	99%	100%	100%	100%	99%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

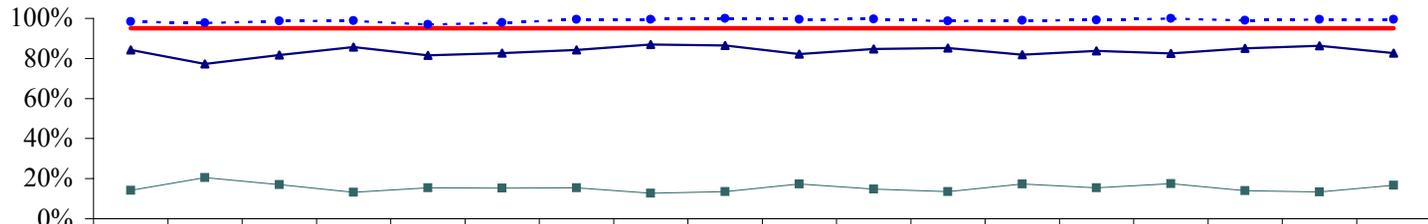
Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



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

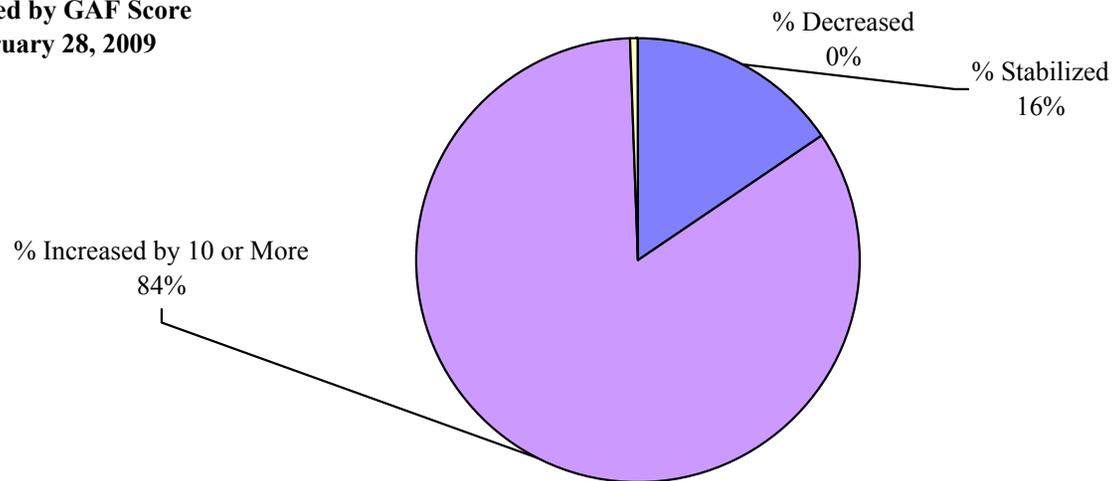
Terrell State Hospital

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



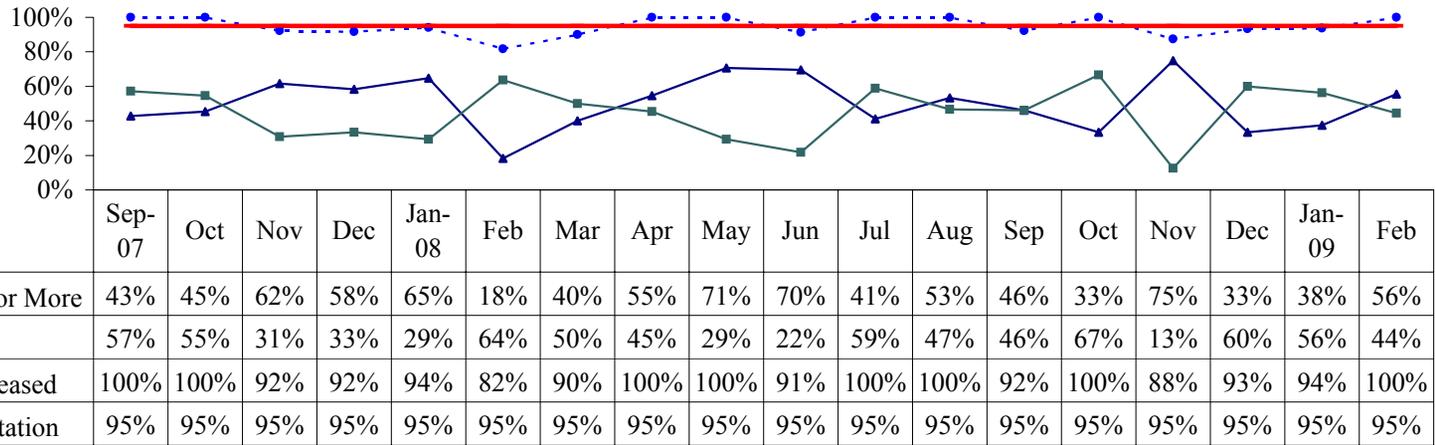
	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—▲— % Increased by 10 or More	84%	77%	82%	86%	82%	83%	84%	87%	86%	82%	85%	85%	82%	84%	83%	85%	86%	83%
—■— % Stabilized	14%	21%	17%	13%	15%	15%	15%	13%	14%	17%	15%	14%	17%	15%	17%	14%	13%	17%
- - -●- - % Stabilized + Increased	98%	98%	99%	99%	97%	98%	100%	100%	100%	100%	100%	99%	99%	99%	100%	99%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009

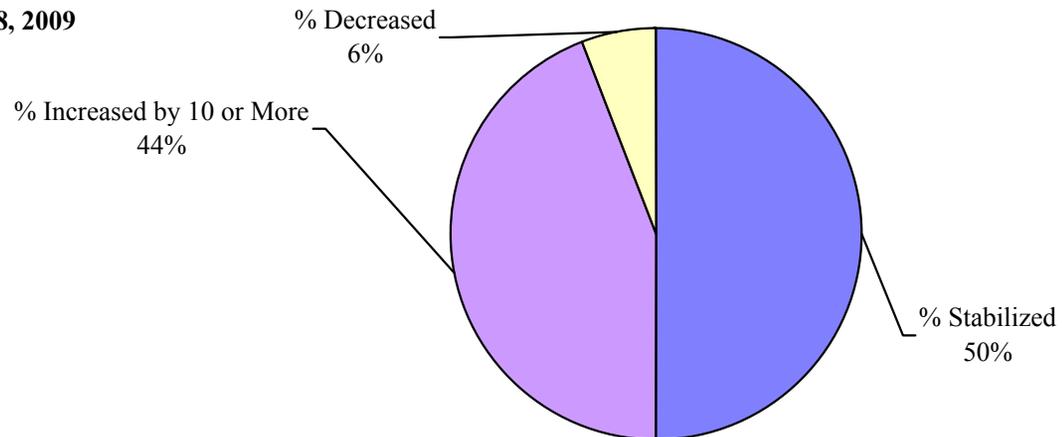


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2009



Performance Measure 3D:

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

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

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

R = rate of discharged patients that are tracked by TIMA

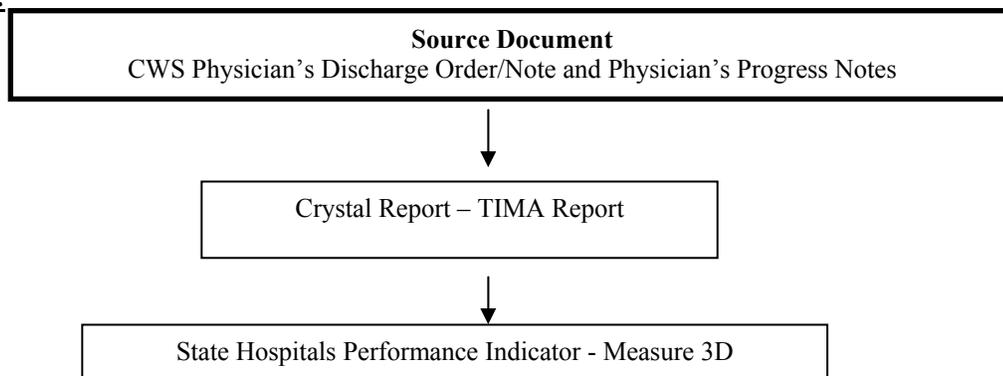
N = patients with episodes that are tracked by TIMA that have 2 rating scale scores on different dates

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



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

Data Not Available

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

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

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

Performance Objective 4A:

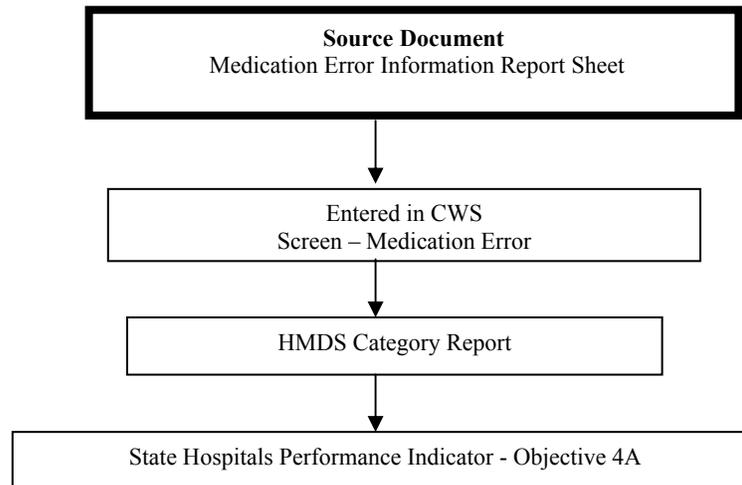
Each state hospital will identify, collect, aggregate, and analyze medication errors per 1,000 bed days.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 4A - Medication Variance Data

All State Hospitals

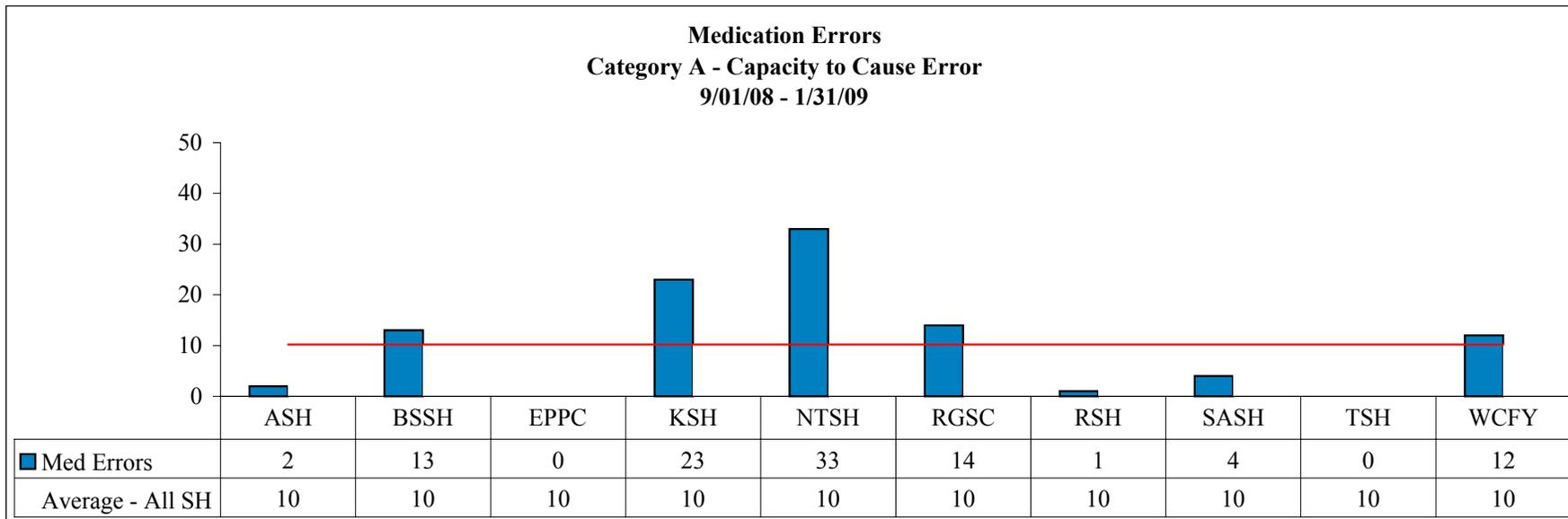
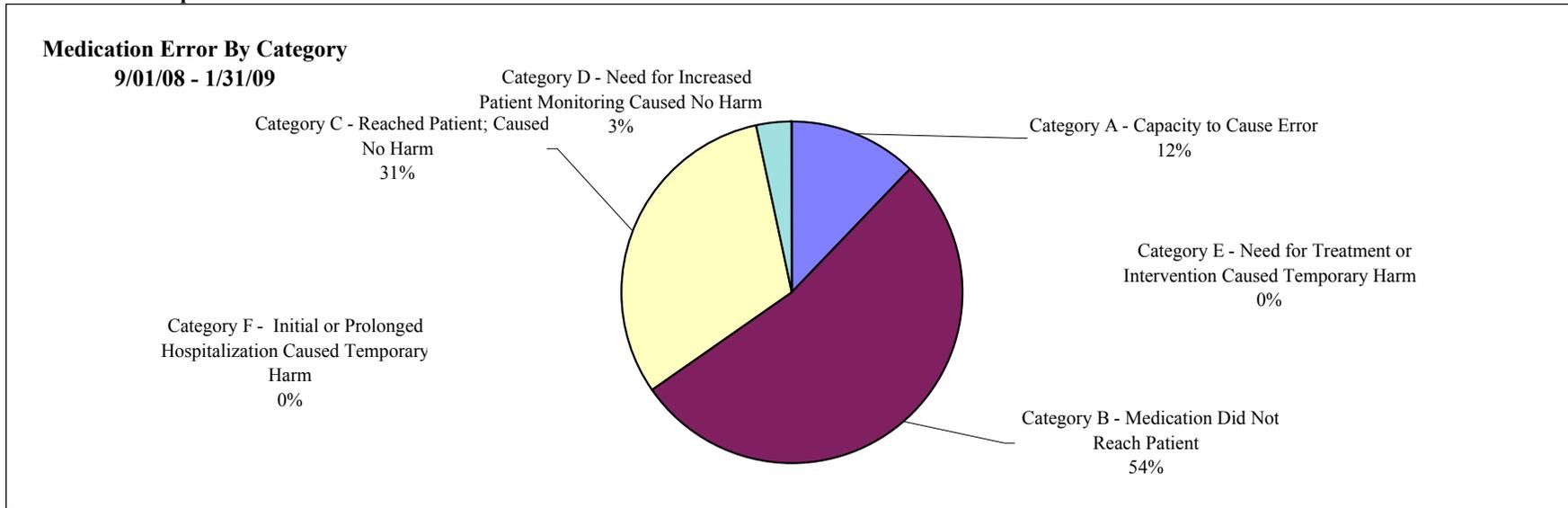
	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09
AUSTIN STATE HOSPITAL														
Medication Errors	45	26	28	20	22	22	26	17	10	17	32	32	21	20
Bed Days in Month	7976	8228	8226	8816	8476	8901	8629	8985	8809	8612	8486	8569	8673	7964
Med Errors/1000 Bed Days	5.64	3.16	3.40	2.27	2.60	2.47	3.01	1.89	1.14	1.97	3.77	3.73	2.42	2.51
BIG SPRING STATE HOSPITAL														
Medication Errors	11	4	10	9	9	5	2	7	10	16	14	49	18	33
Bed Days in Month	5986	6034	5541	5890	5694	5751	5750	5752	5596	5549	5891	5821	5928	5487
Falls/1000 Bed Days	1.84	0.66	1.80	1.53	1.58	0.87	0.35	1.22	1.79	2.88	2.38	8.42	3.04	6.01
EL PASO PSYCHIATRIC CENTER														
Medication Errors	7	5	9	9	7	7	3	5	6	0	9	4	5	7
Bed Days in Month	1984	2097	2002	2057	1880	2004	2082	2078	2088	2113	2162	2067	2094	1767
Med Errors/1000 Bed Days	3.53	2.38	4.50	4.38	3.72	3.49	1.44	2.41	2.87	0.00	4.16	1.94	2.39	3.96
KERRVILLE STATE HOSPITAL														
Medication Errors	81	51	37	75	99	37	60	57	71	62	71	42	31	24
Bed Days in Month	5984	6106	5714	6031	5986	6192	5841	6172	6258	6008	6120	6249	6291	5642
Med Errors/1000 Bed Days	13.54	8.35	6.48	12.44	16.54	5.98	10.27	9.24	11.35	10.32	11.60	6.72	4.93	4.25
NORTH TEXAS STATE HOSPITAL														
Medication Errors	95	55	40	73	44	46	29	56	54	28	47	42	31	43
Bed Days in Month	17474	17308	17091	18475	17641	18136	17294	18184	18323	17577	17504	17693	17345	15576
Med Errors/1000 Bed Days	5.44	3.18	2.34	3.95	2.49	2.54	1.68	3.08	2.95	1.59	2.69	2.37	1.79	2.76
RIO GRANDE STATE CENTER														
Medication Errors	6	10	0	0	1	4	0	6	1	1	6	8	6	2
Bed Days in Month	1535	1505	1444	1472	1491	1546	1552	1499	1599	1423	1584	1509	1610	1441
Med Errors/1000 Bed Days	3.91	6.64	0.00	0.00	0.67	2.59	0.00	4.00	0.63	0.70	3.79	5.30	3.73	1.39
RUSK STATE HOSPITAL														
Medication Errors	5	4	8	10	2	18	5	6	8	9	11	10	22	5
Bed Days in Month	10120	10088	9398	9878	9686	10036	9736	9984	9927	9467	9849	9621	9893	9131
Med Errors/1000 Bed Days	0.49	0.40	0.85	1.01	0.21	1.79	0.51	0.60	0.81	0.95	1.12	1.04	2.22	0.55
SAN ANTONIO STATE HOSPITAL														
Medication Errors	13	15	10	23	19	6	16	4	2	12	7	5	4	4
Bed Days in Month	8624	8535	8246	8720	8507	8684	8142	8608	8710	8407	8641	8424	8428	7837
Med Errors/1000 Bed Days	1.51	1.76	1.21	2.64	2.23	0.69	1.97	0.46	0.23	1.43	0.81	0.59	0.47	0.51
TERRELL STATE HOSPITAL														
Medication Errors	6	7	7	8	8	10	2	0	0	0	8	3	0	2
Bed Days in Month	9383	9738	9098	9579	9348	9342	8744	9540	9629	9038	9460	9081	9316	8677
Med Errors/1000 Bed Days	0.64	0.72	0.77	0.84	0.86	1.07	0.23	0.00	0.00	0.00	0.85	0.33	0.00	0.23

Objective 4A - Medication Variance Data

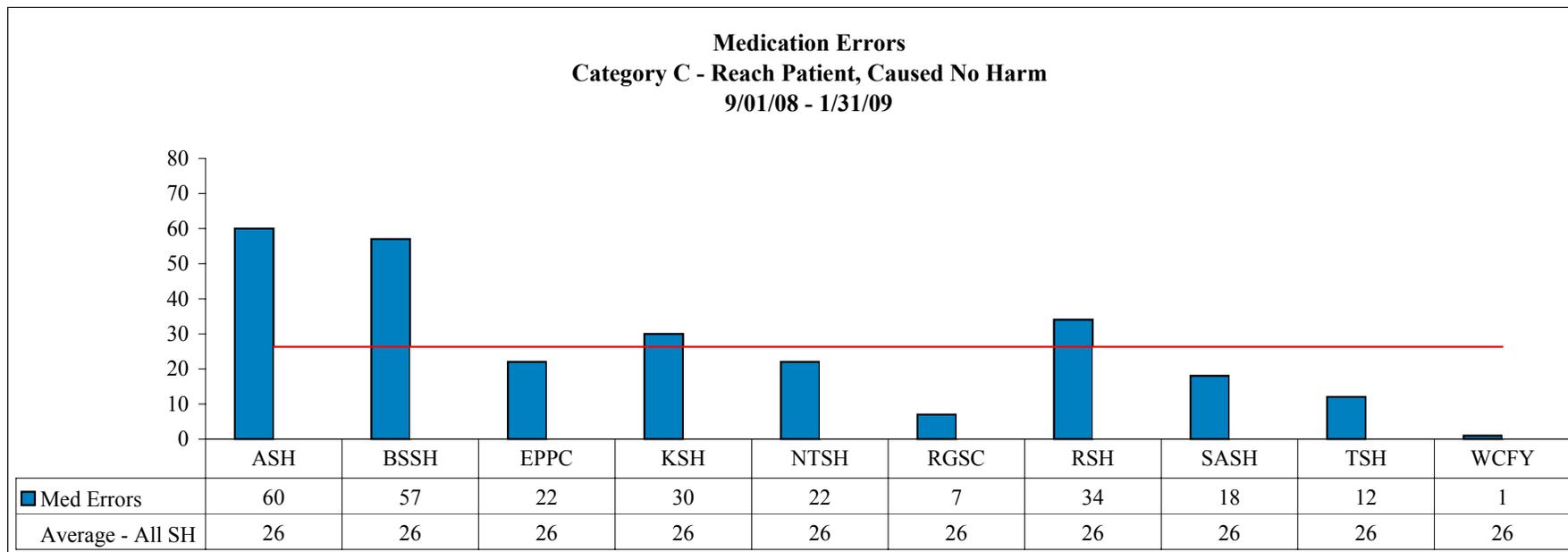
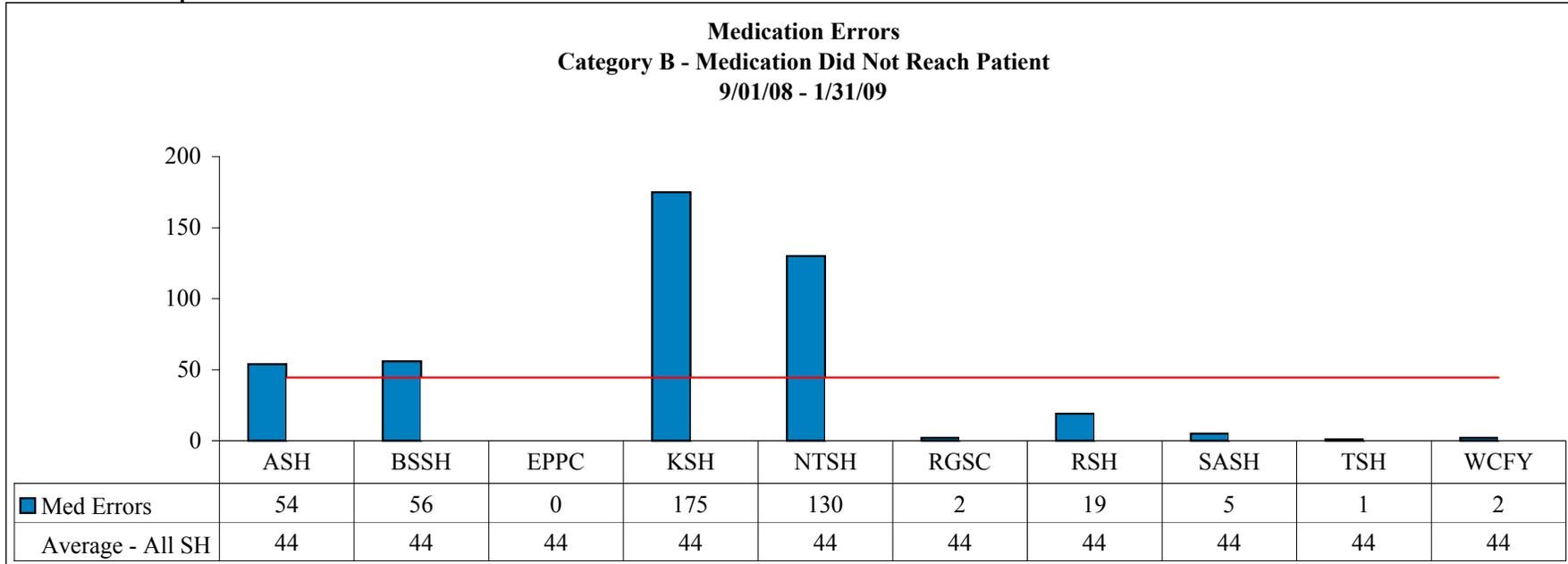
All State Hospitals

	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09
WACO CENTER FOR YOUTH														
Medication Errors	1	1	2	6	2	2	0	4	1	2	1	5	6	1
Bed Days in Month	2088	2099	2109	2334	2351	2184	2012	2392	2210	2291	2453	2420	2451	1975
Med Errors/1000 Bed Days	0.48	0.48	0.95	2.57	0.85	0.92	0.00	1.67	0.45	0.87	0.41	2.07	2.45	0.51
TEXAS CENTER FOR INFECTIOUS DISEASE														
Medication Errors	7	3	3	0	3	3	2	7	2	3	5	3	5	1
Bed Days in Month	1155	1132	1053	1022	1103	1041	992	954	1031	994	1114	1194	1155	1028
Med Errors/1000 Bed Days	6.06	2.65	2.85	0.00	2.72	2.88	2.02	7.34	1.94	3.02	4.49	2.51	4.33	0.97
ALL STATE HOSPITALS														
Medication Errors	277	181	154	233	216	160	145	169	165	150	211	203	149	142
Bed Days in Month	72309	72870	69922	74274	72163	73817	70774	74148	74180	71479	73264	72648	73184	66525
Med Errors/1000 Bed Days	3.83	2.48	2.20	3.14	2.99	2.17	2.05	2.28	2.22	2.10	2.88	2.79	2.04	2.13

Objective 4A - Medication Variance Data
All State MH Hospitals

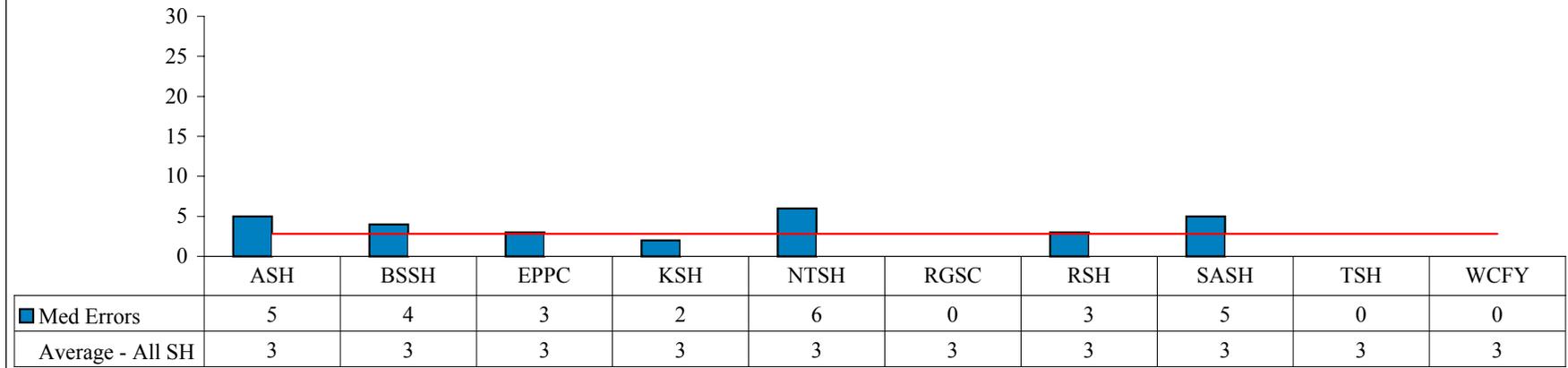


Objective 4A - Medication Variance Data
All State MH Hospitals

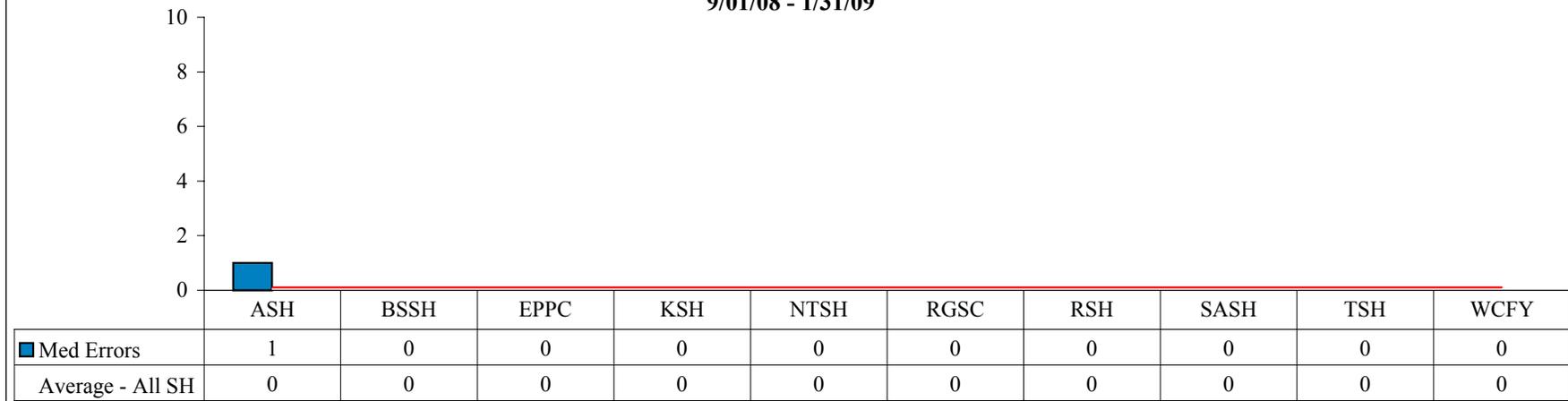


Objective 4A - Medication Variance Data
All State MH Hospitals

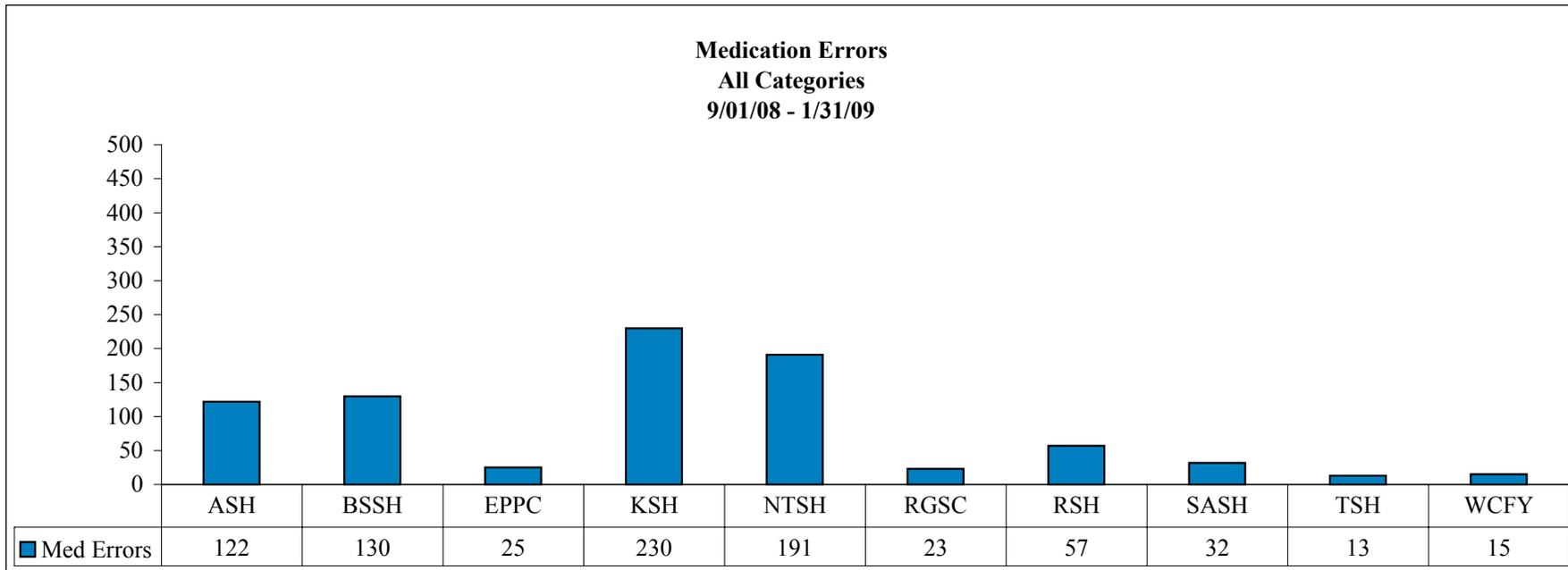
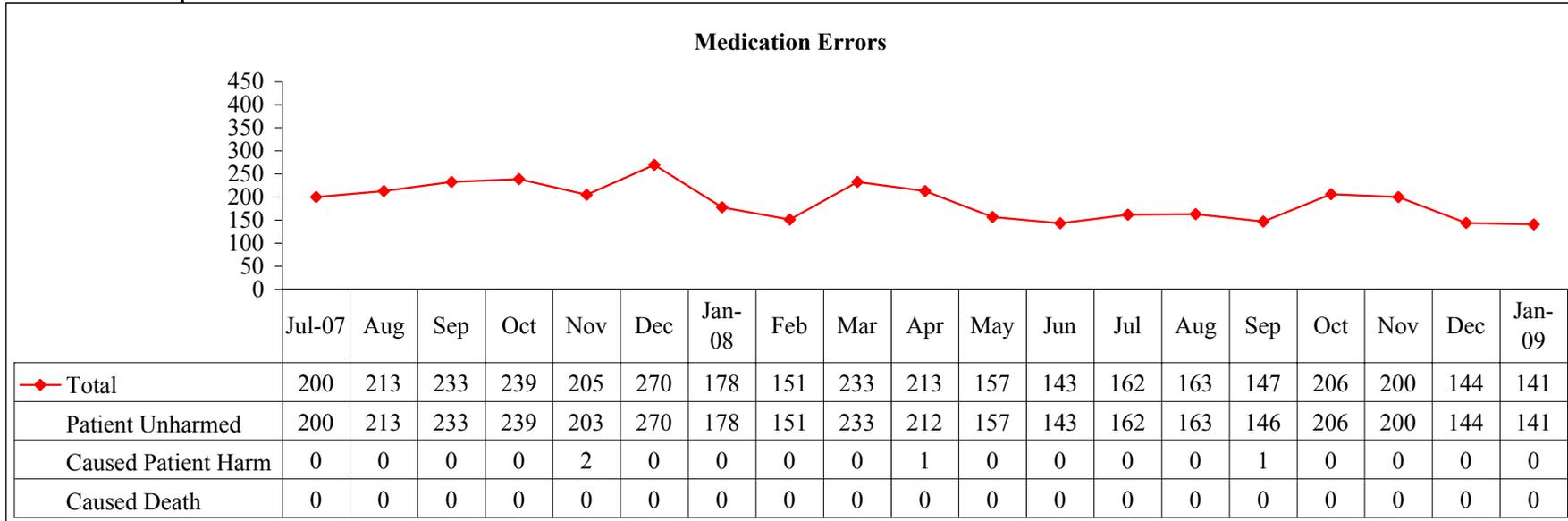
Medication Errors
Category D - Need for Increased Patient Monitoring: Caused No Harm
9/01/08 - 1/31/09



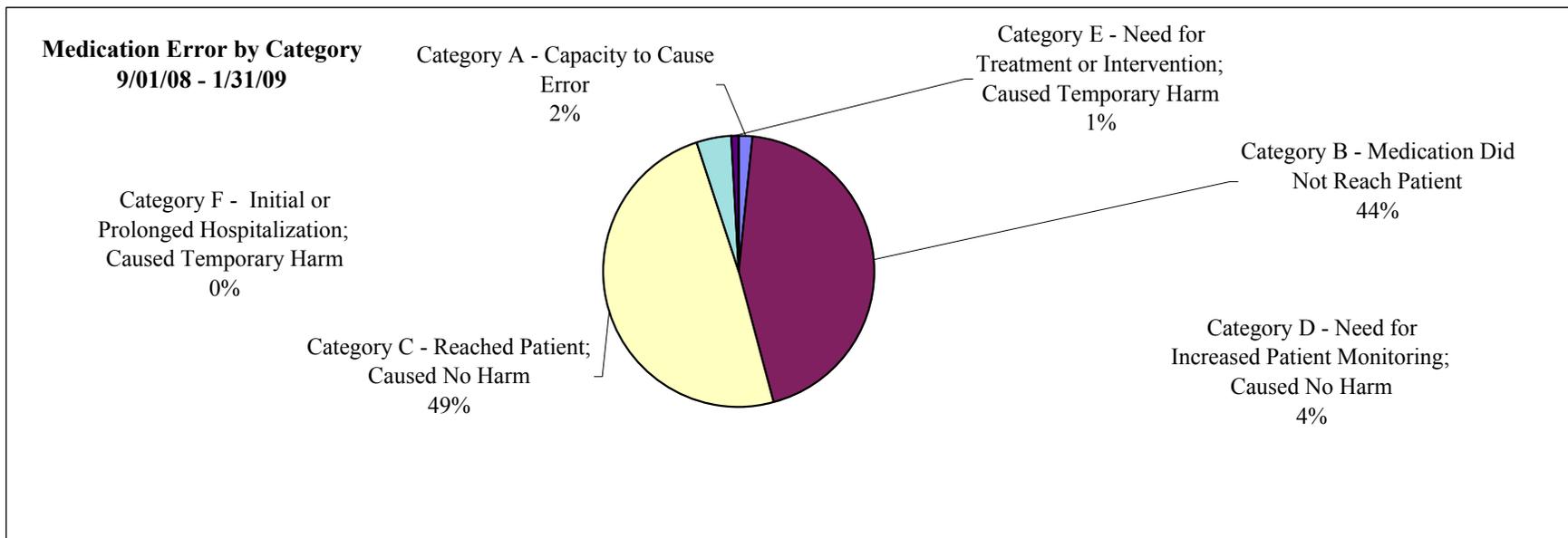
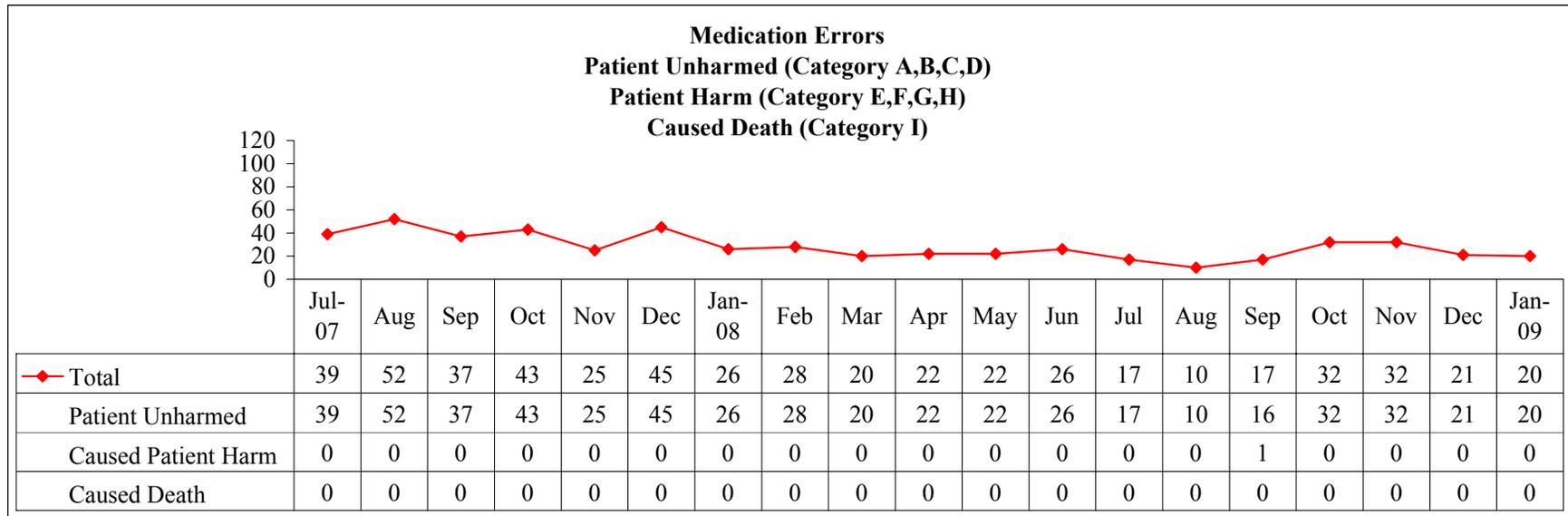
Medication Errors
Category E - Need for Treatment or Intervention: Caused Temporary Harm
Category F - Initial or Prolonged Hospitalization: Caused Temporary Harm
9/01/08 - 1/31/09



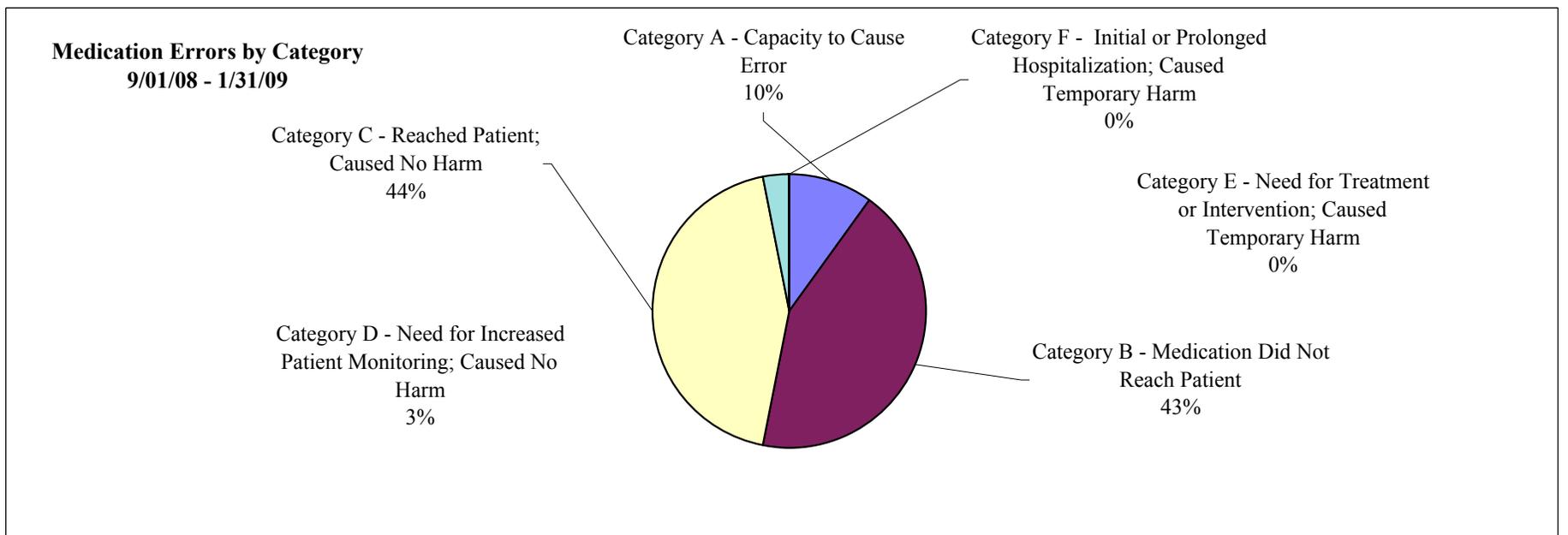
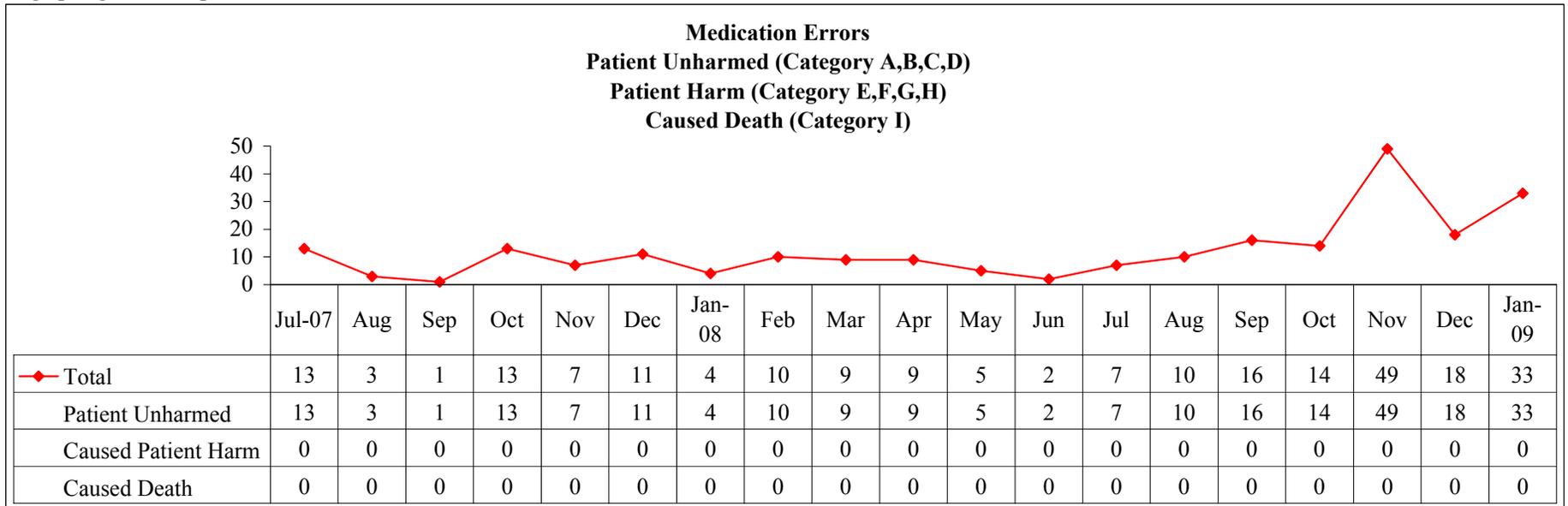
Objective 4A - Medication Variance Data
All State MH Hospitals



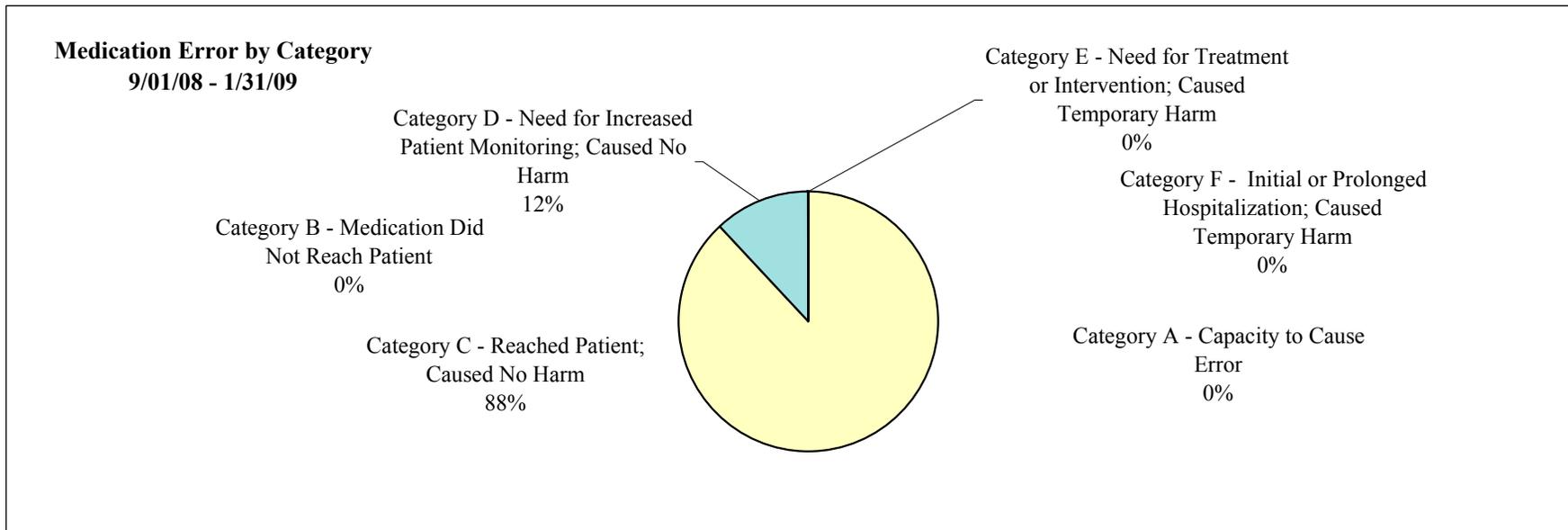
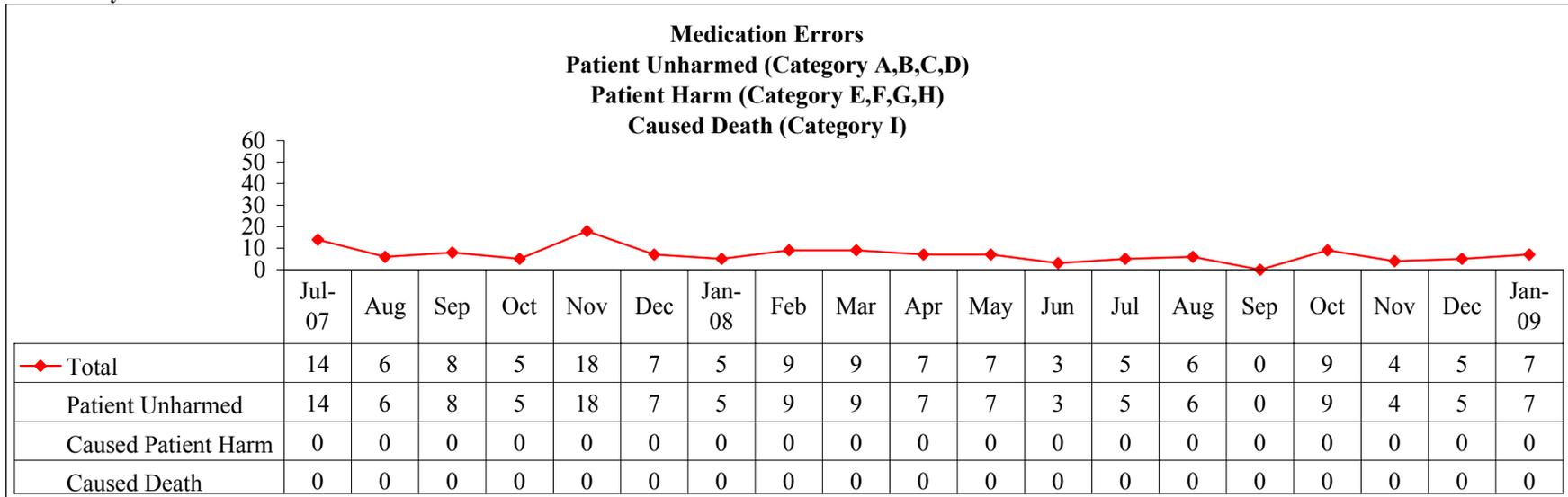
Objective 4A - Medication Variance Data
Austin State Hospital



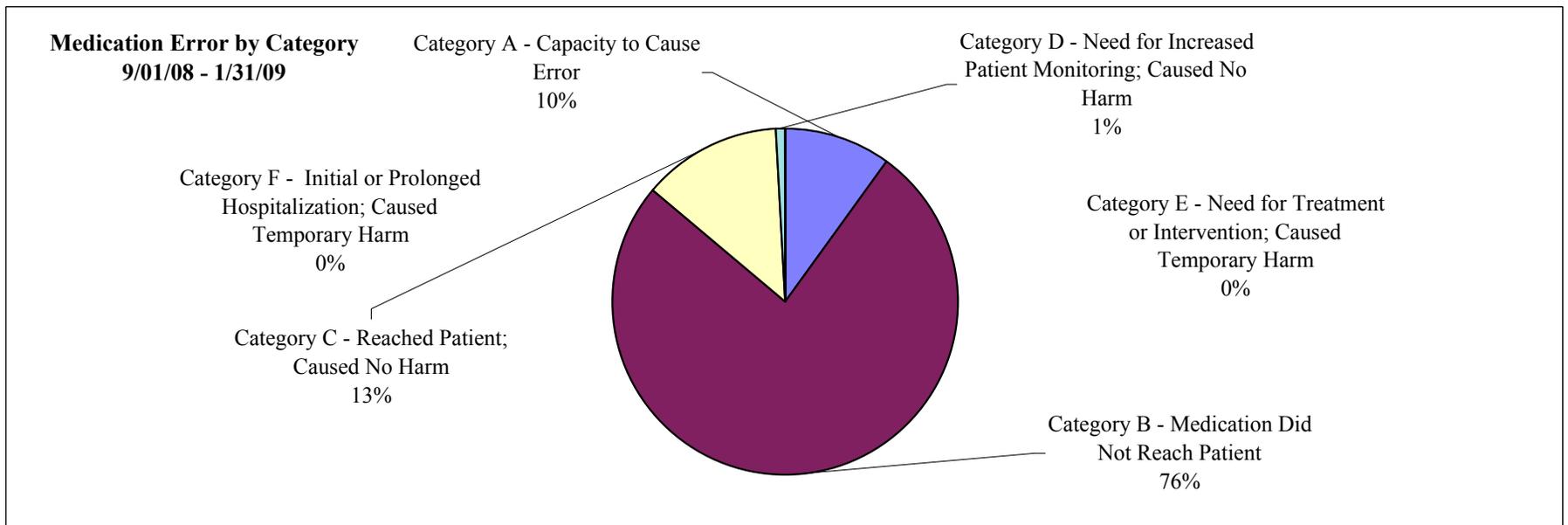
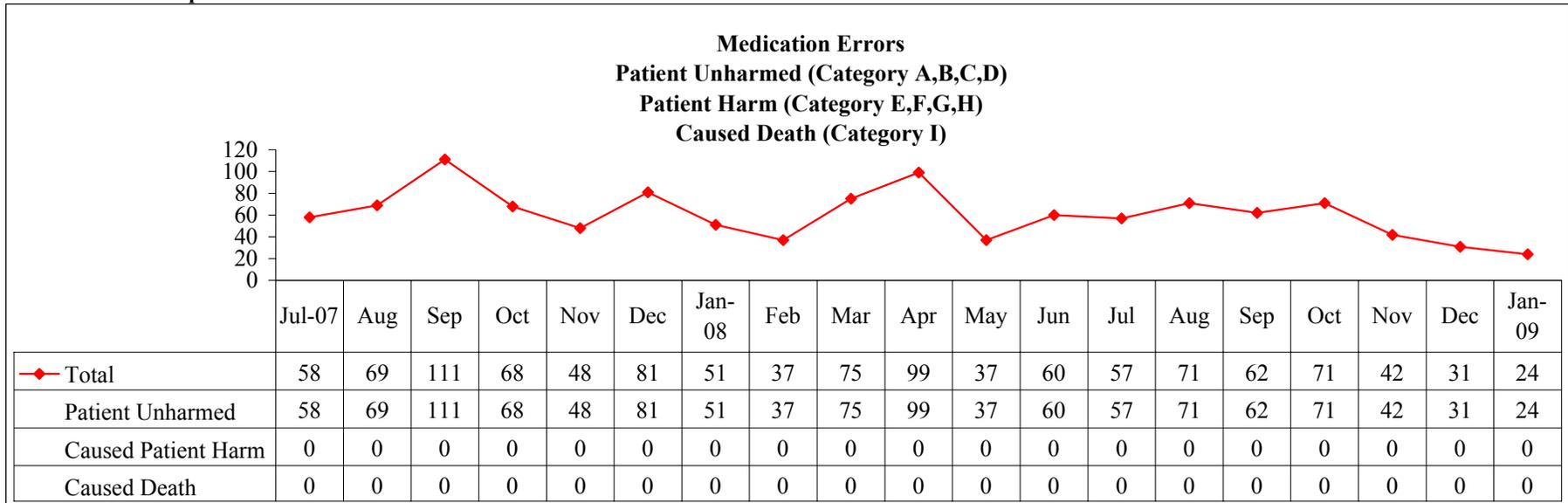
Objective 4A - Medication Variance Data
Big Spring State Hospital



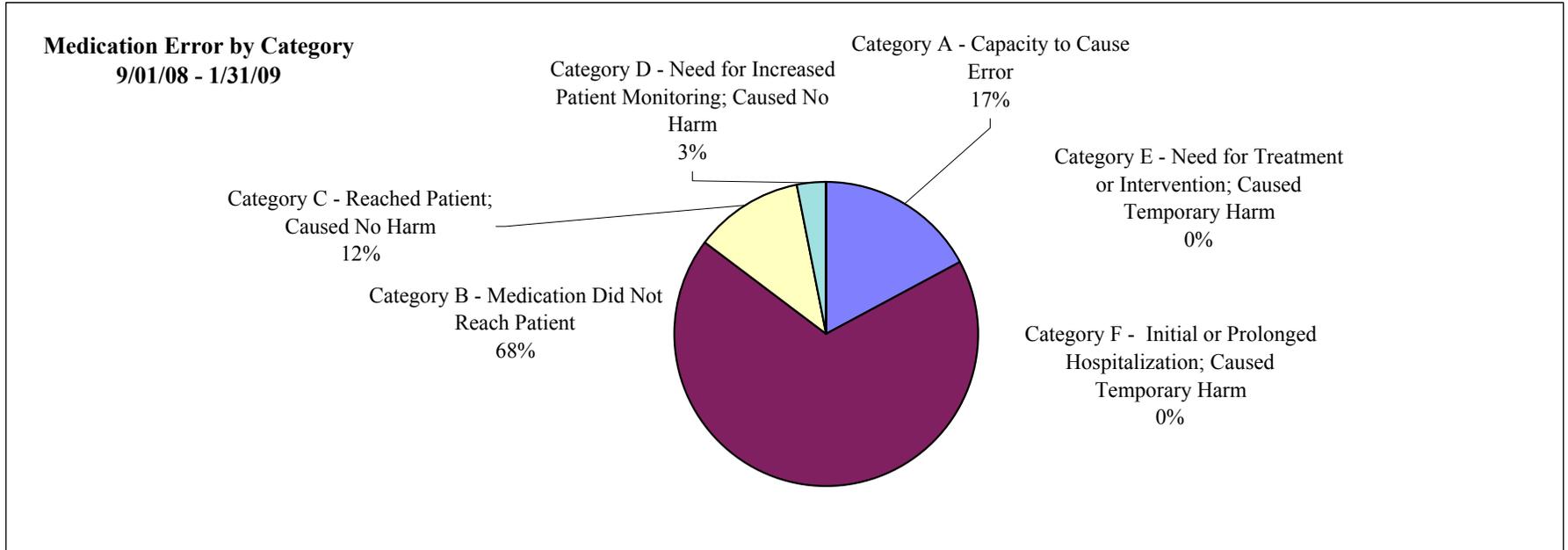
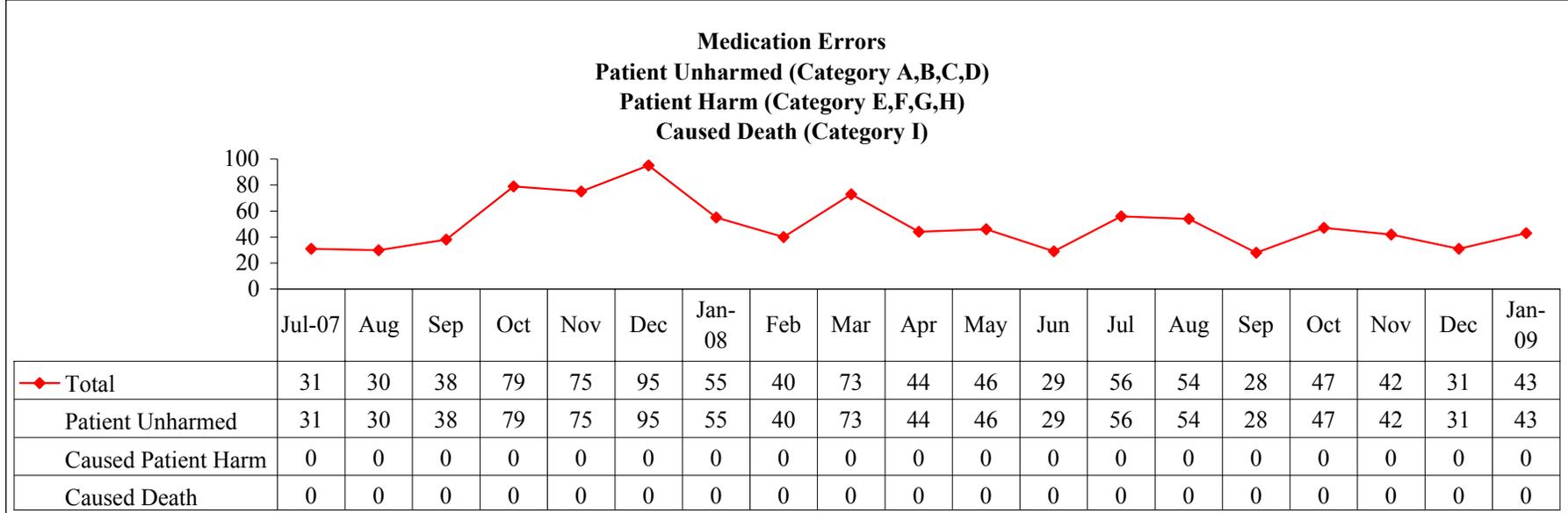
Objective 4A - Medication Variance Data
El Paso Psychiatric Center



Objective 4A - Medication Variance Data
Kerrville State Hospital

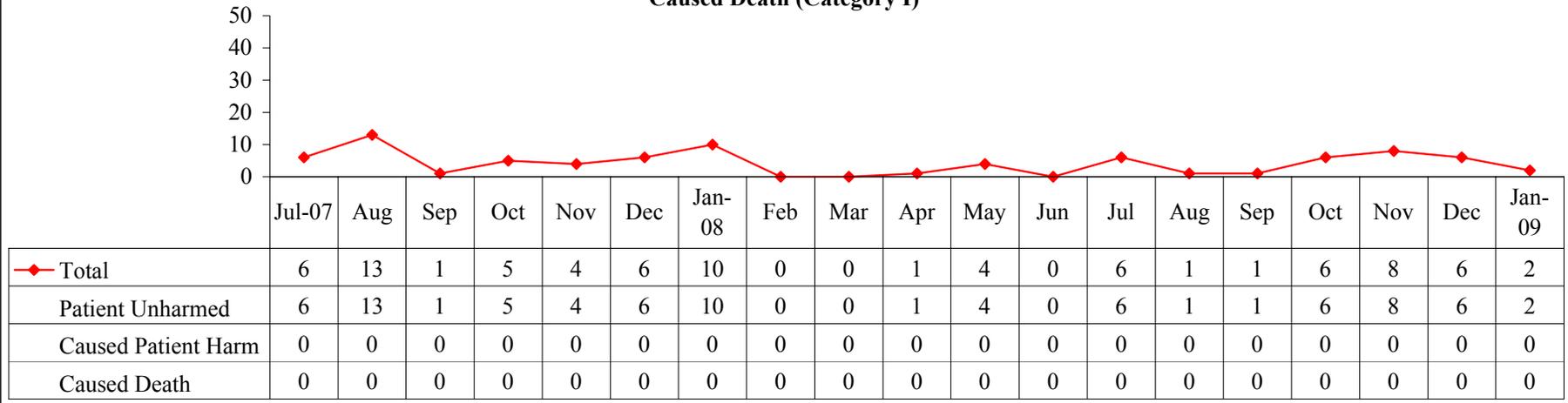


**Objective 4A - Medication Variance Data
North Texas State Hospital**

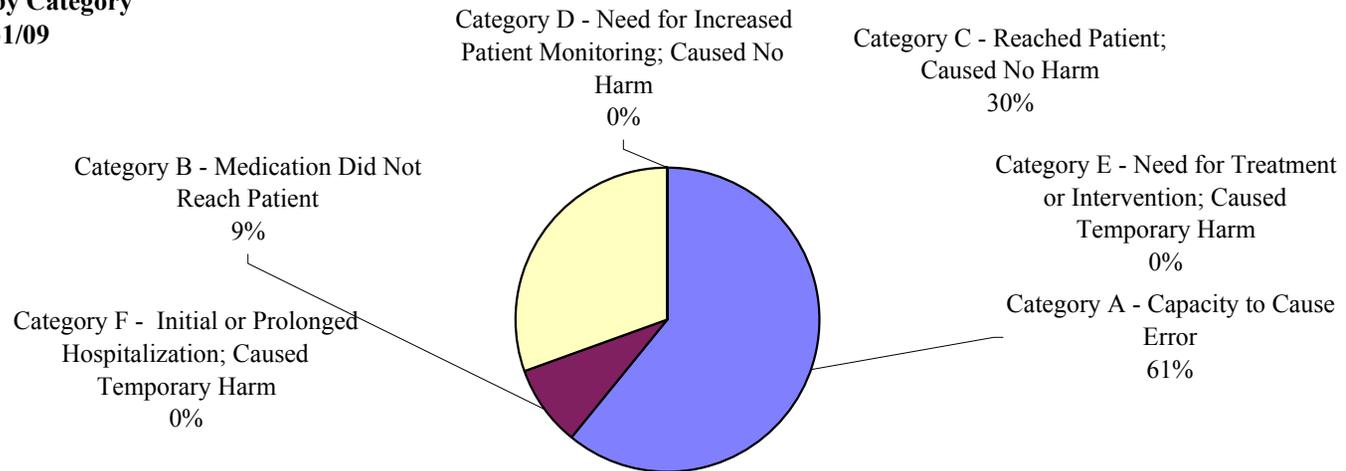


Objective 4A - Medication Variance Data
Rio Grande State Center

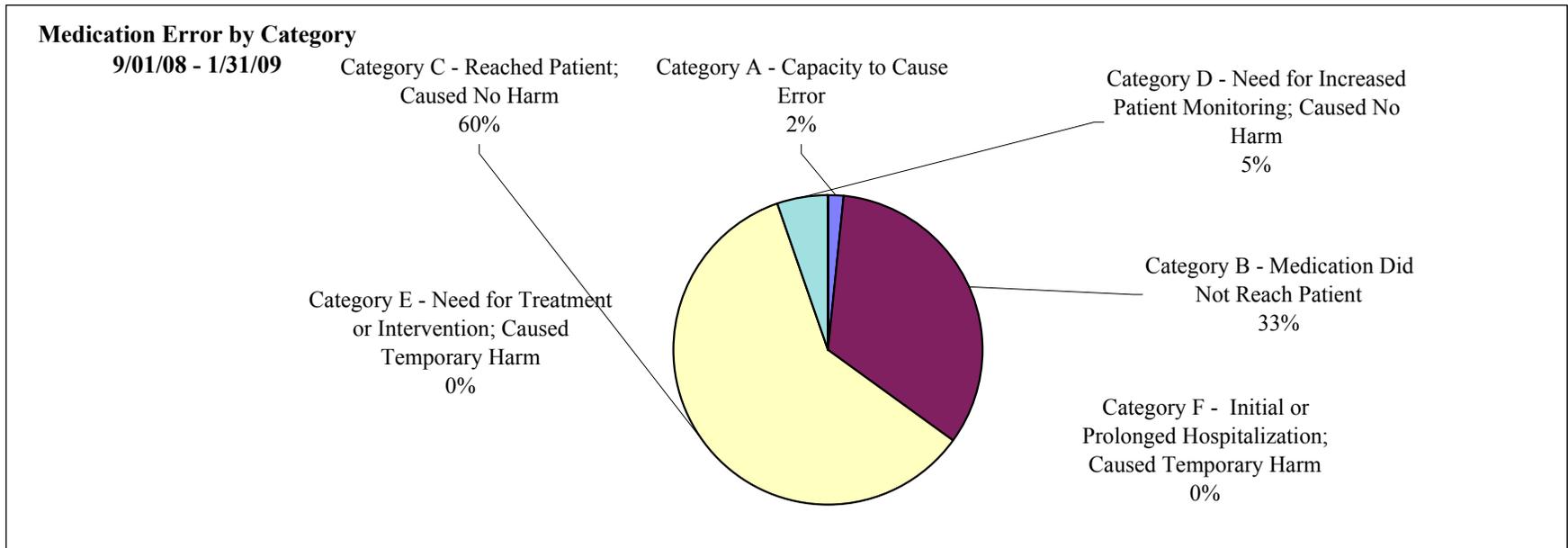
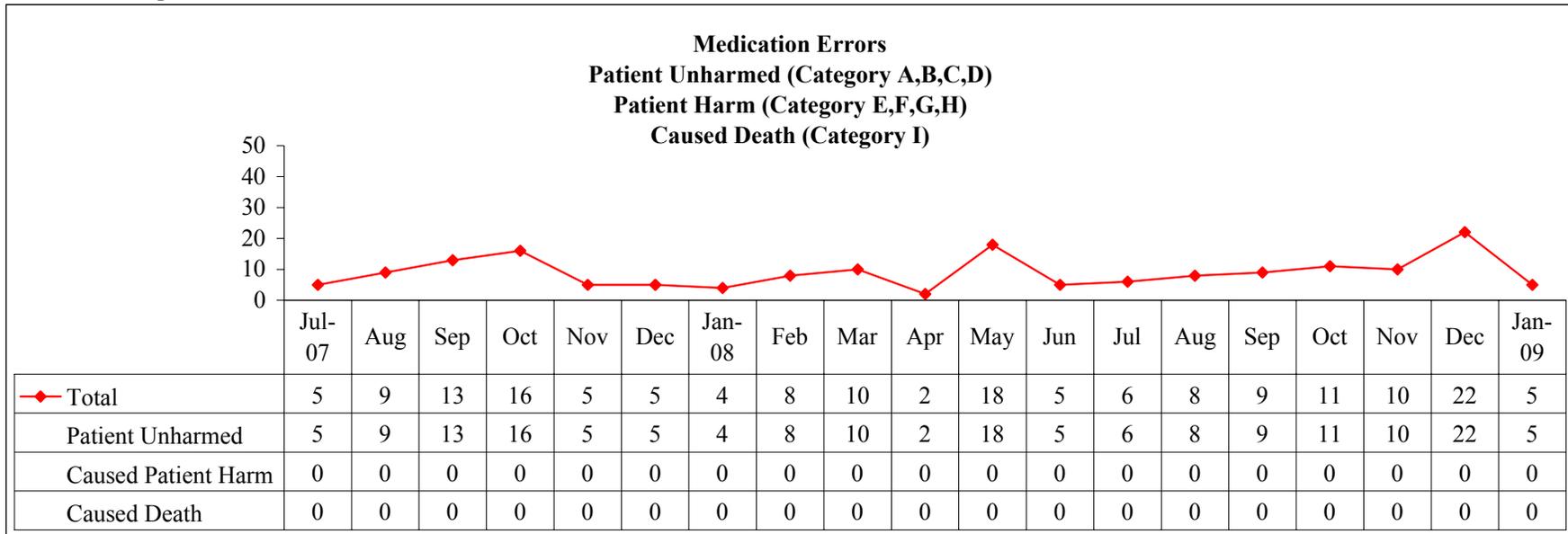
Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



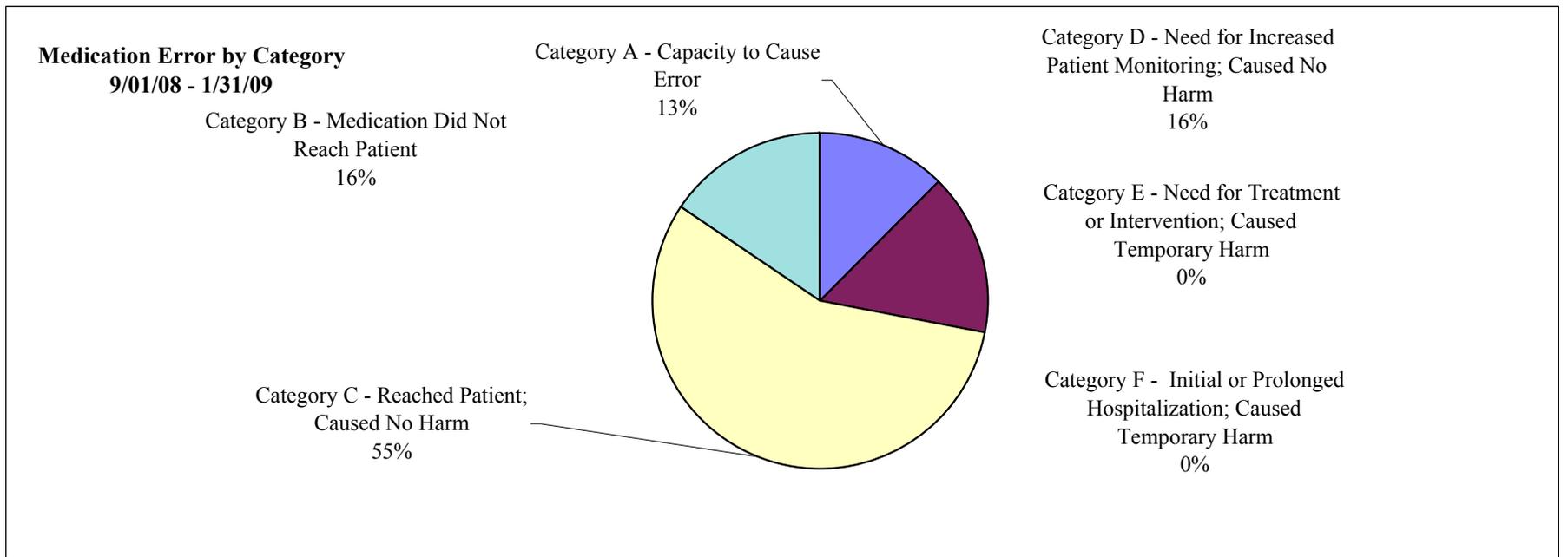
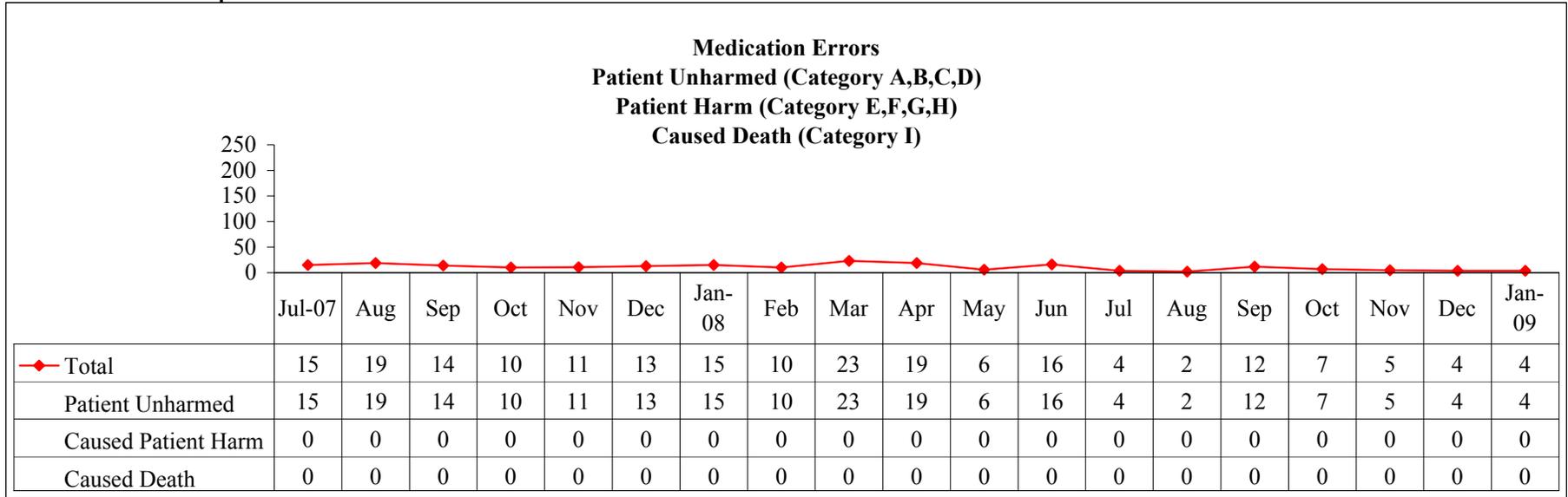
Medication Error by Category
9/01/08 - 1/31/09



Objective 4A - Medication Variance Data
Rusk State Hospital

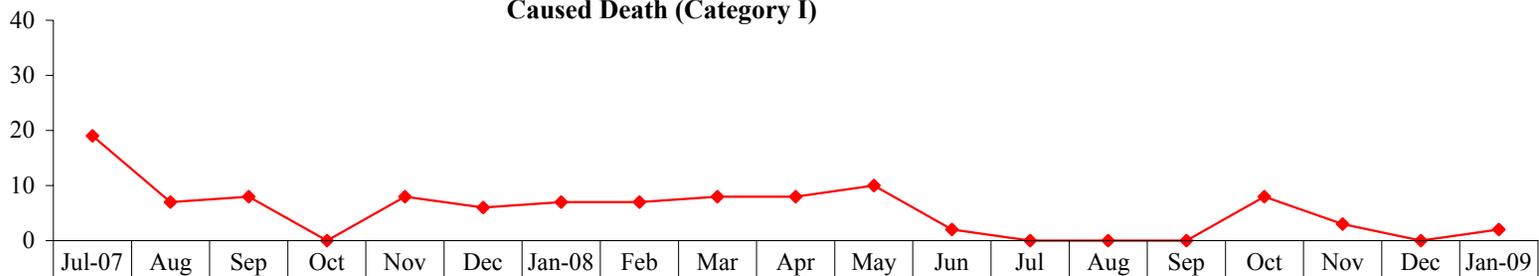


Objective 4A - Medication Variance Data
San Antonio State Hospital



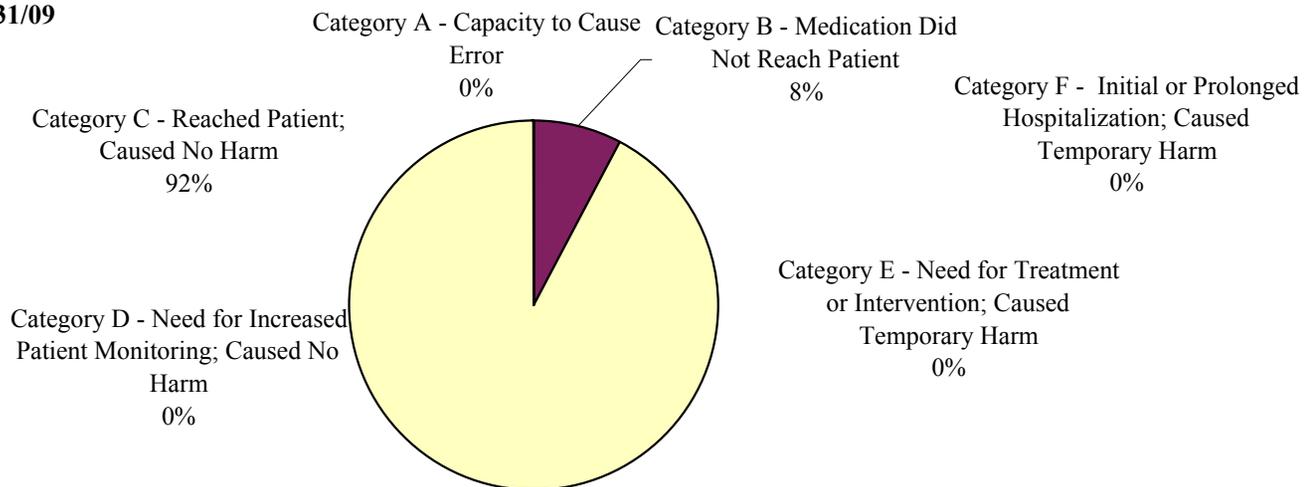
Objective 4A - Medication Variance Data
Terrell State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)

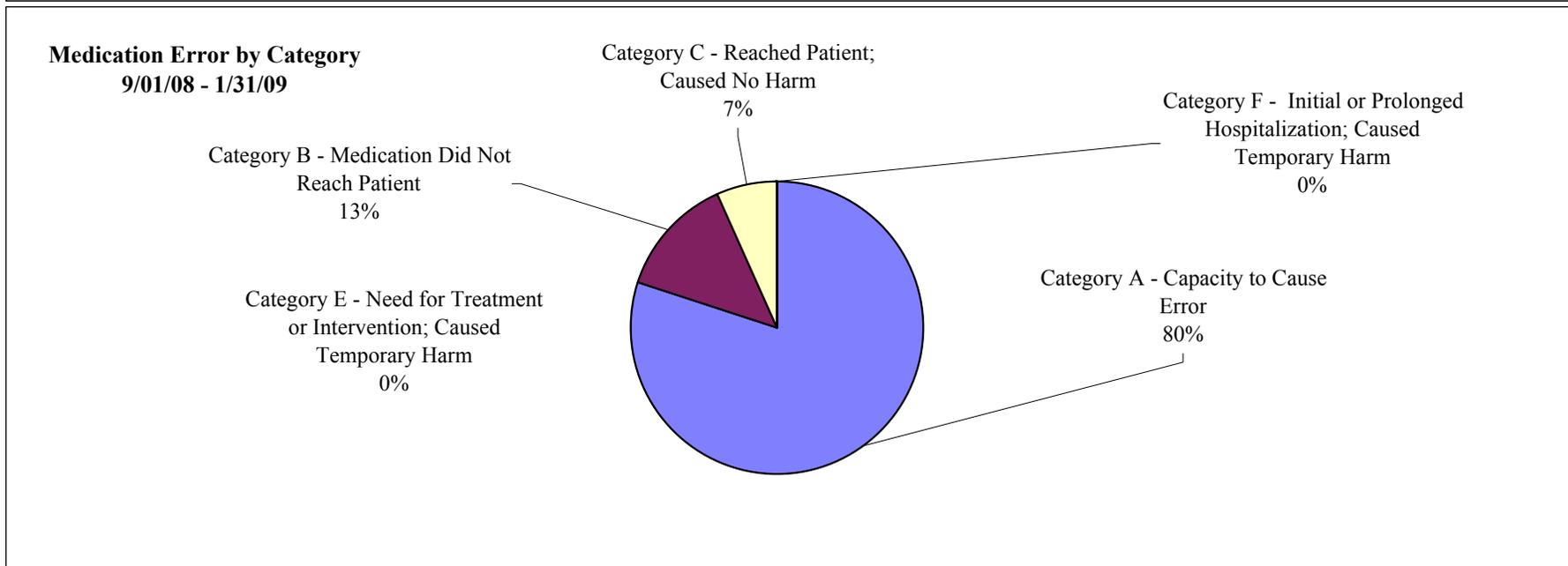
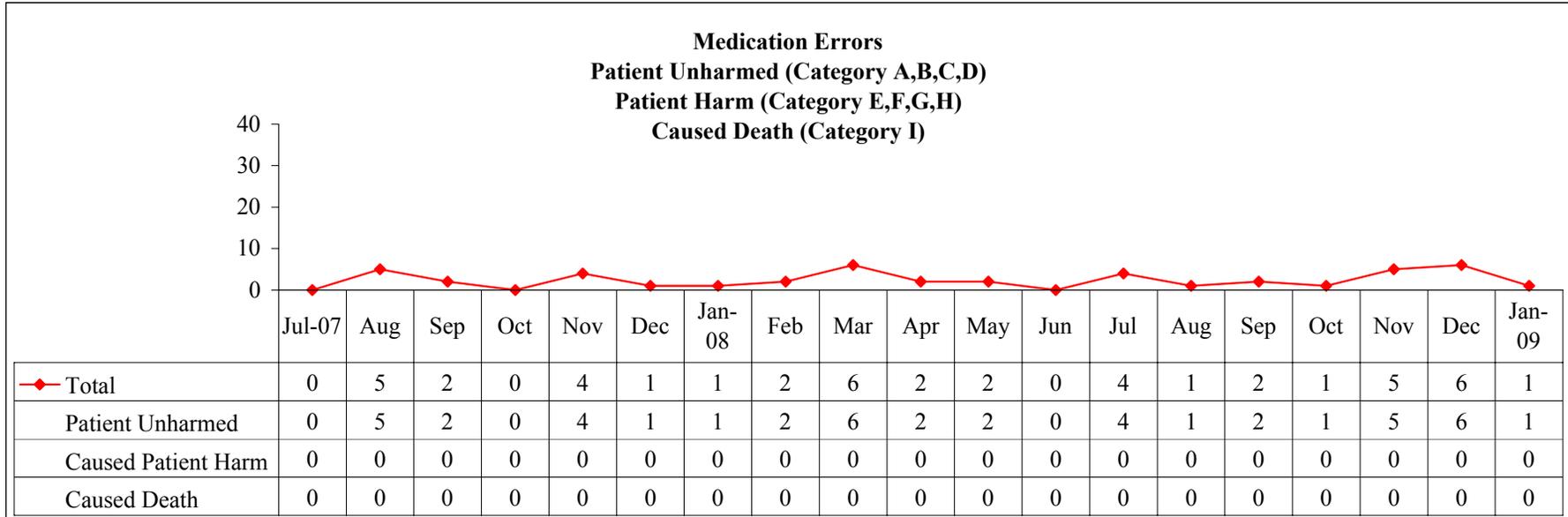


	Jul-07	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09
◆ Total	19	7	8	0	8	6	7	7	8	8	10	2	0	0	0	8	3	0	2
Patient Unharmed	19	7	8	0	6	6	7	7	8	7	10	2	0	0	0	8	3	0	2
Caused Patient Harm	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error by Category
9/01/08 - 1/31/09



Objective 4A - Medication Variance Data
Waco Center for Youth



Performance Measure 4A:

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

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

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

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

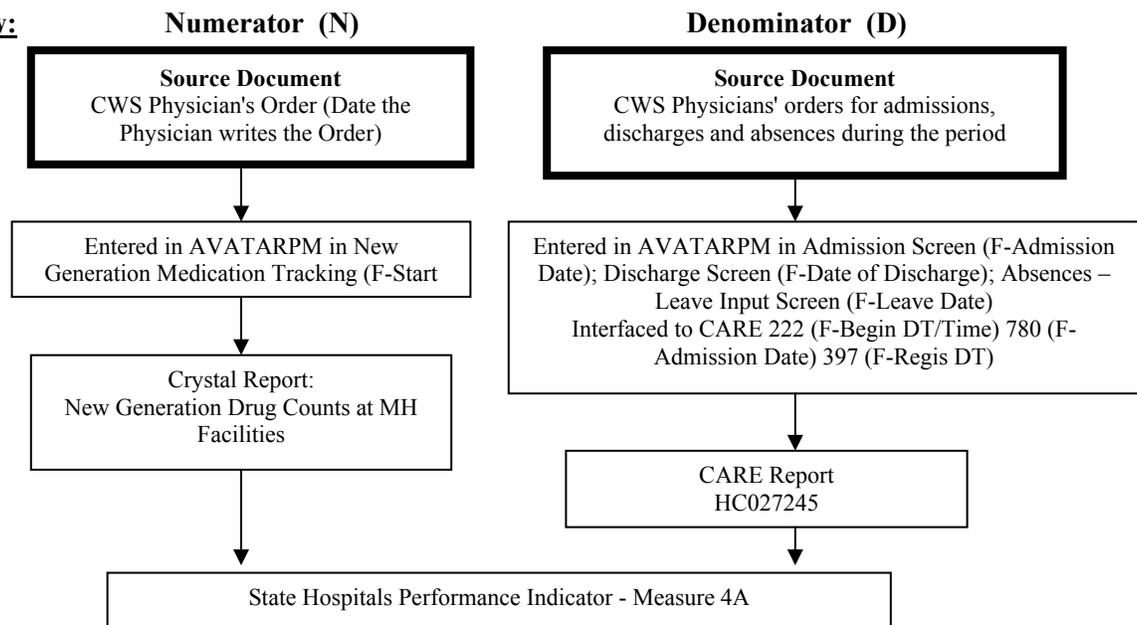
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

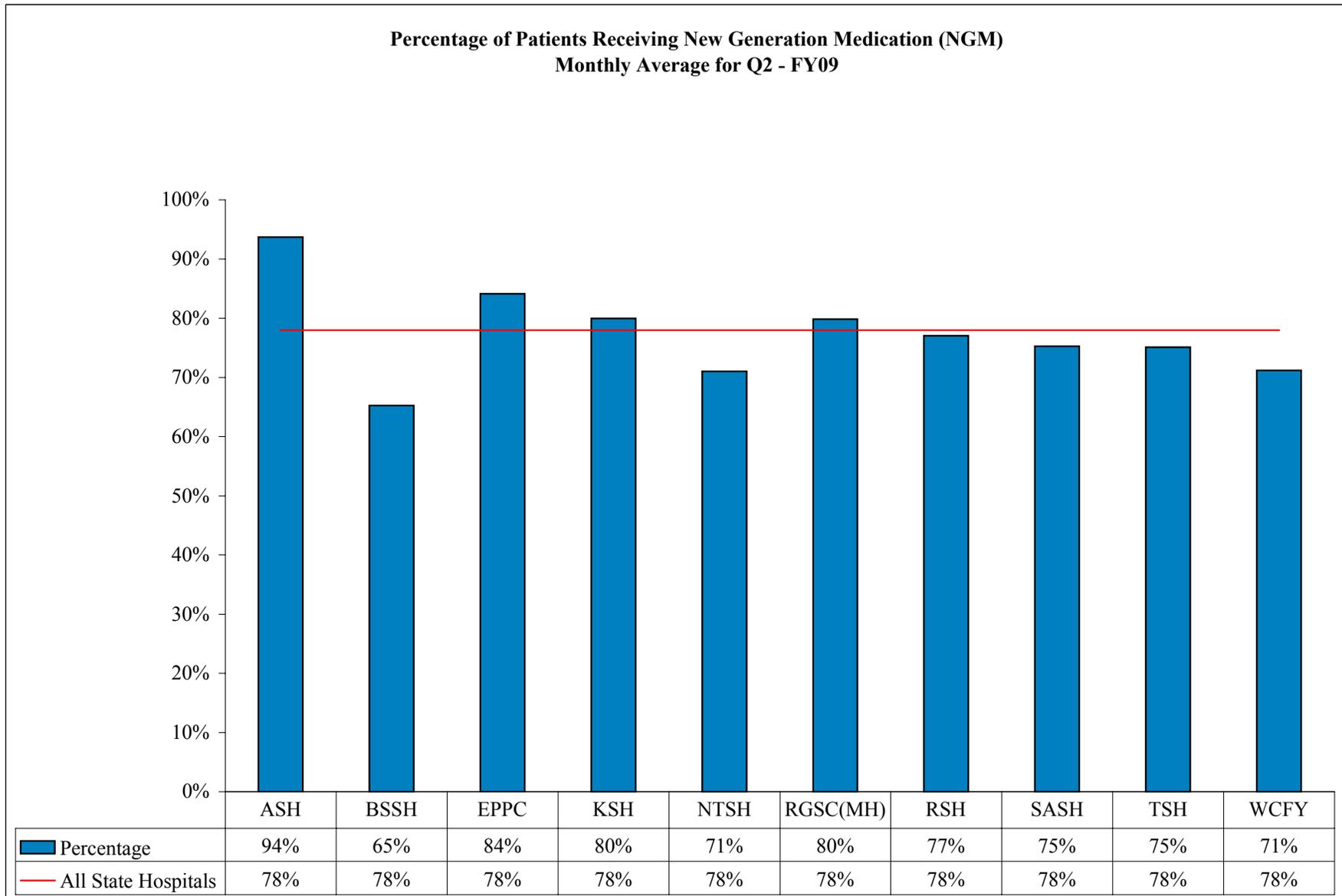
Performance Measure Data Display and Chart Description:

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

Data Flow:

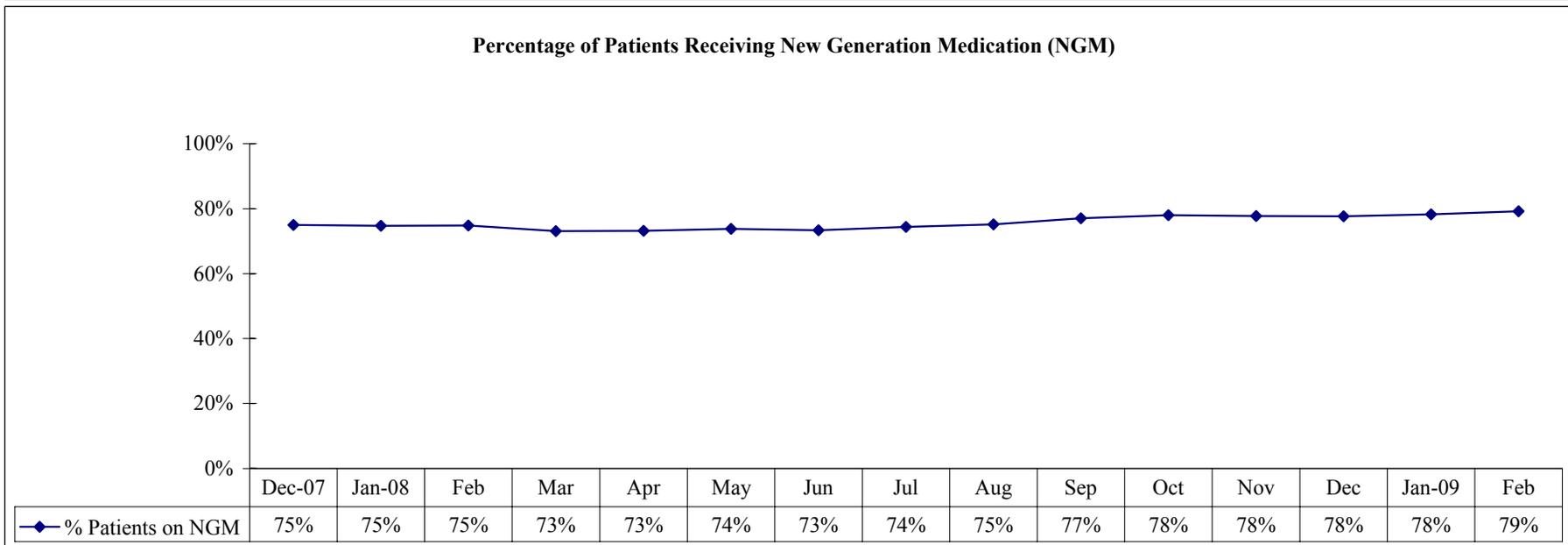
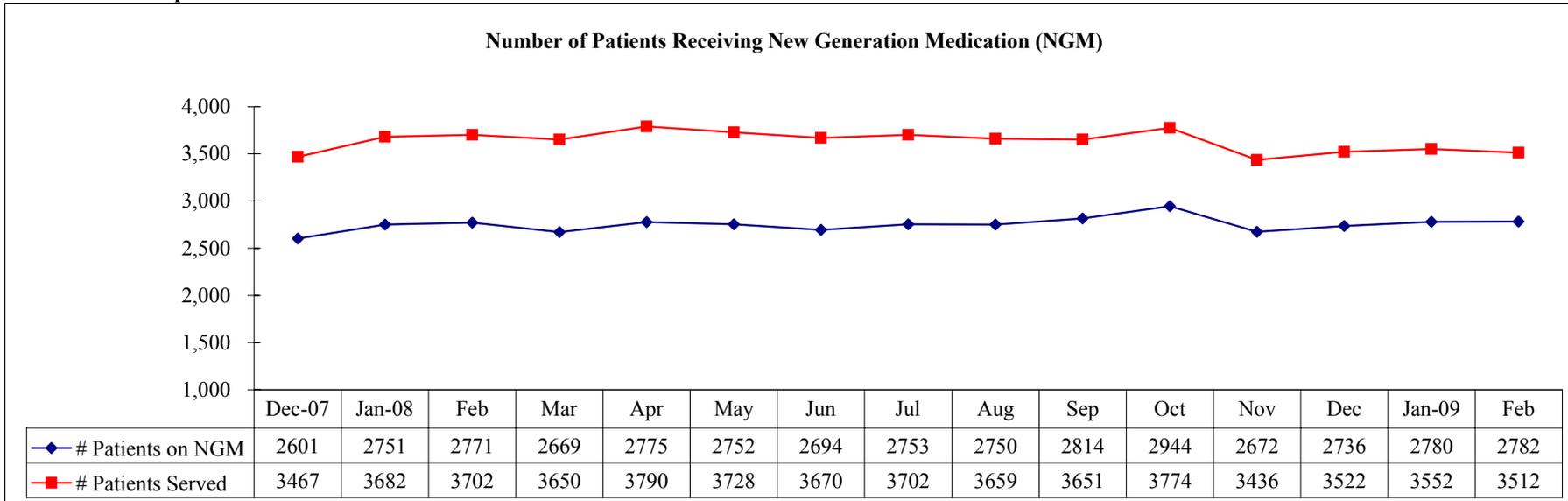


Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals



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

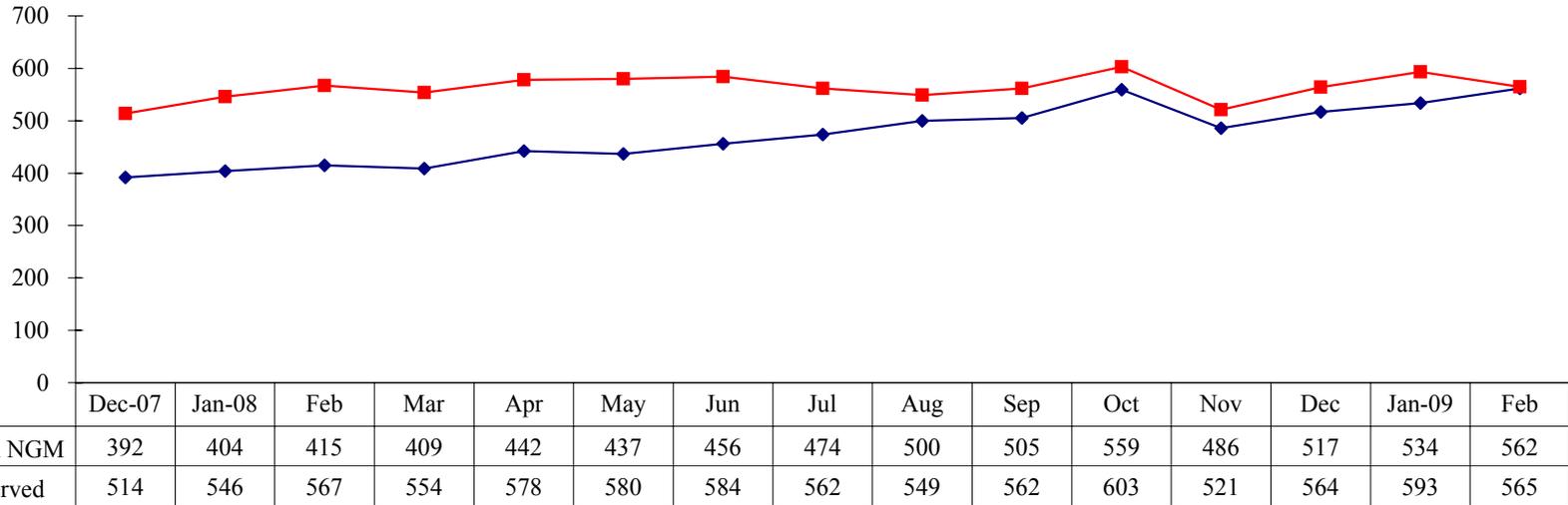
All State MH Hospitals



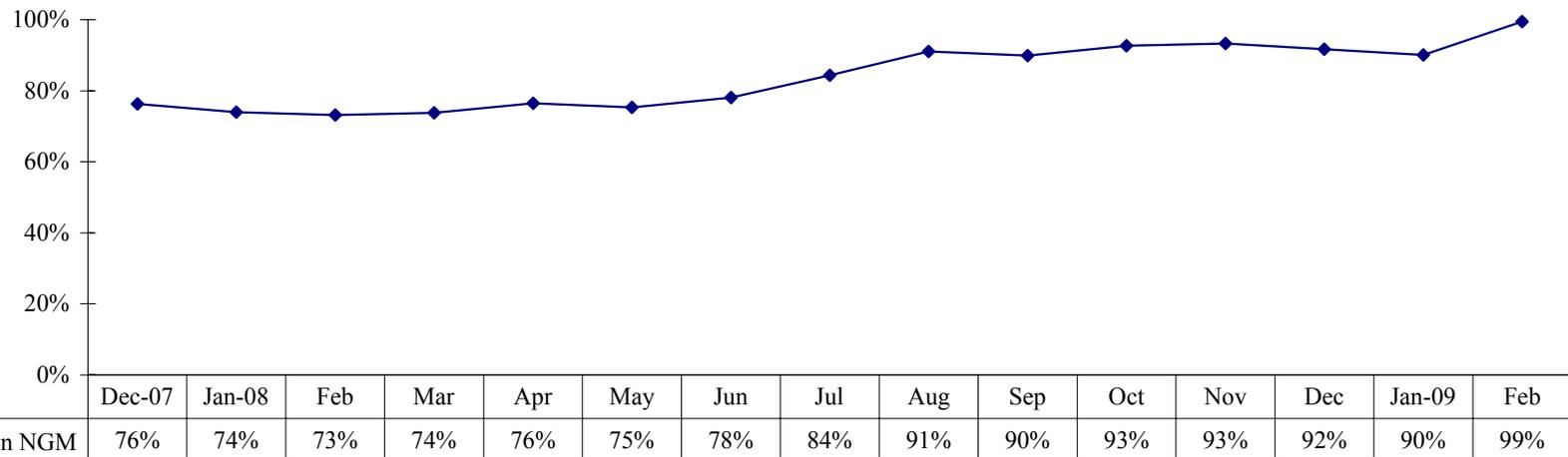
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)



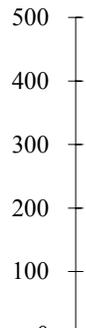
Percentage of Patients Receiving New Generation Medication (NGM)



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

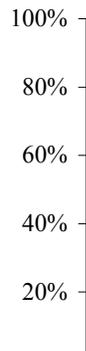
Big Spring State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ # Patients on NGM	170	173	179	178	179	191	181	181	176	179	183	168	161	180	173
■ # Patients Served	274	275	278	269	282	280	260	273	249	269	273	250	254	270	264

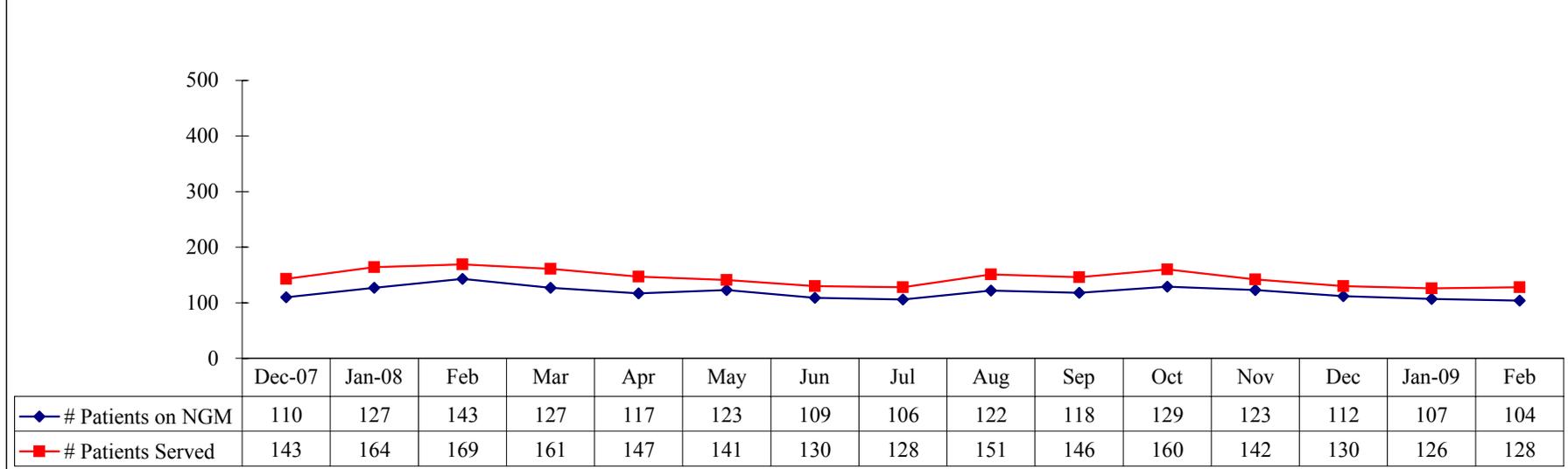
Percentage of Patients Receiving New Generation Medication (NGM)



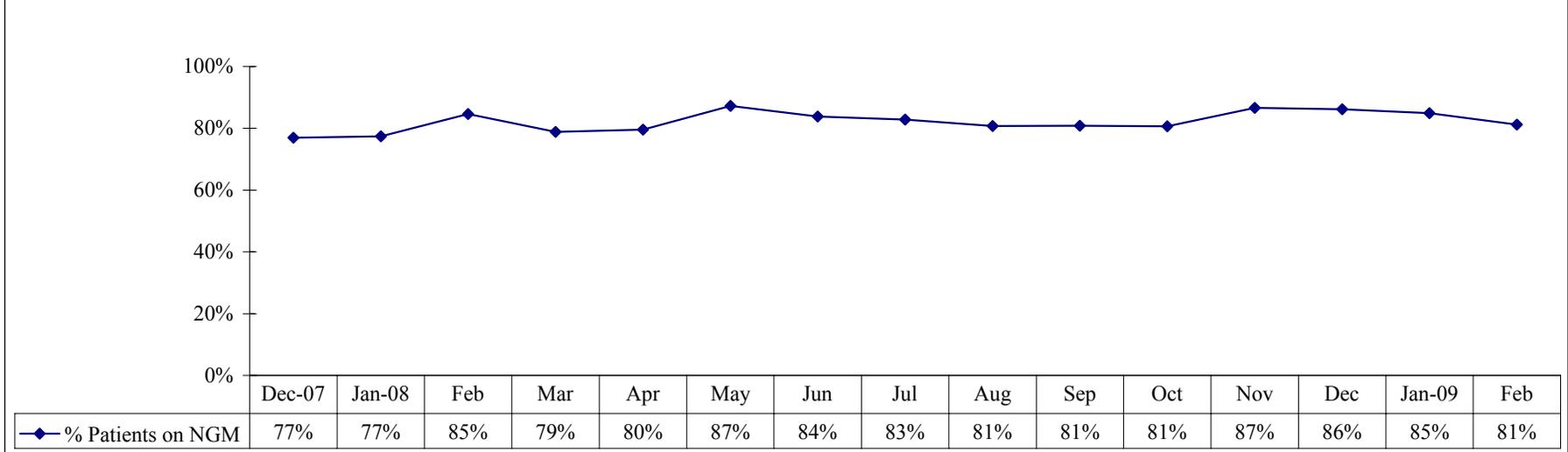
	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Patients on NGM	62%	63%	64%	66%	63%	68%	70%	66%	71%	67%	67%	67%	63%	67%	66%

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

Number of Patients Receiving New Generation Medication (NGM)



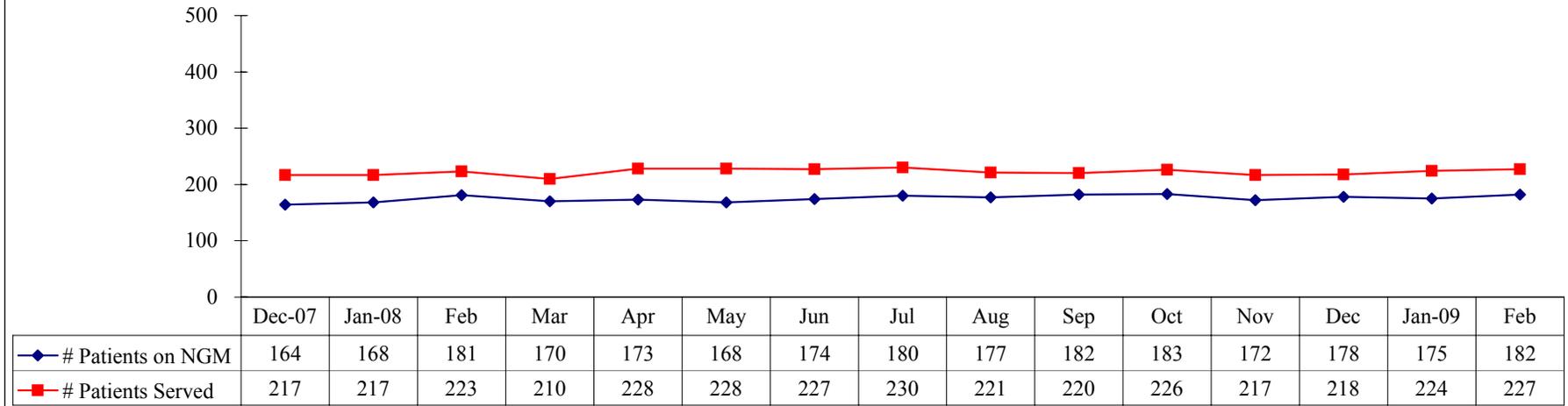
Percentage of Patients Receiving New Generation Medication (NGM)



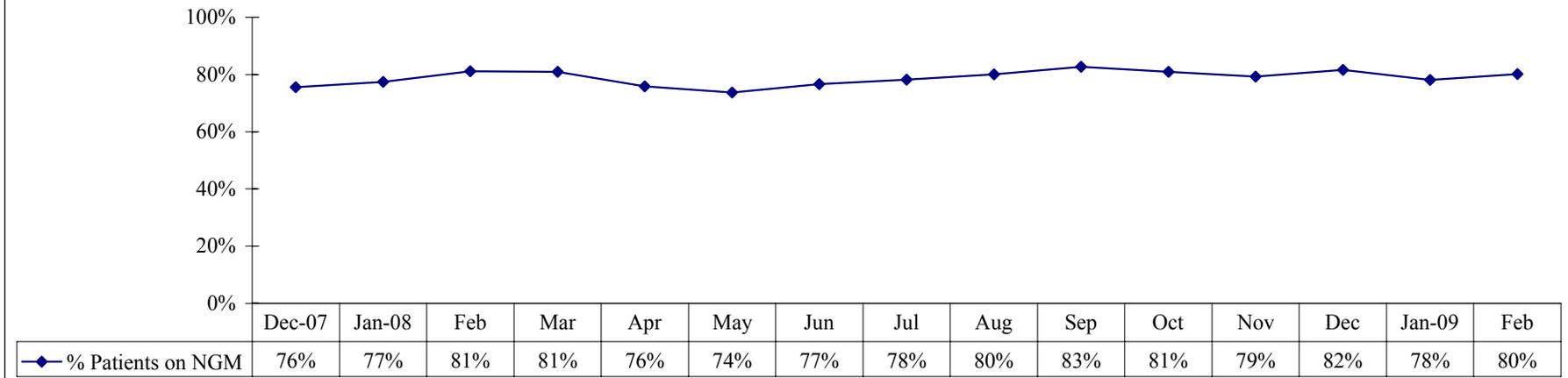
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)

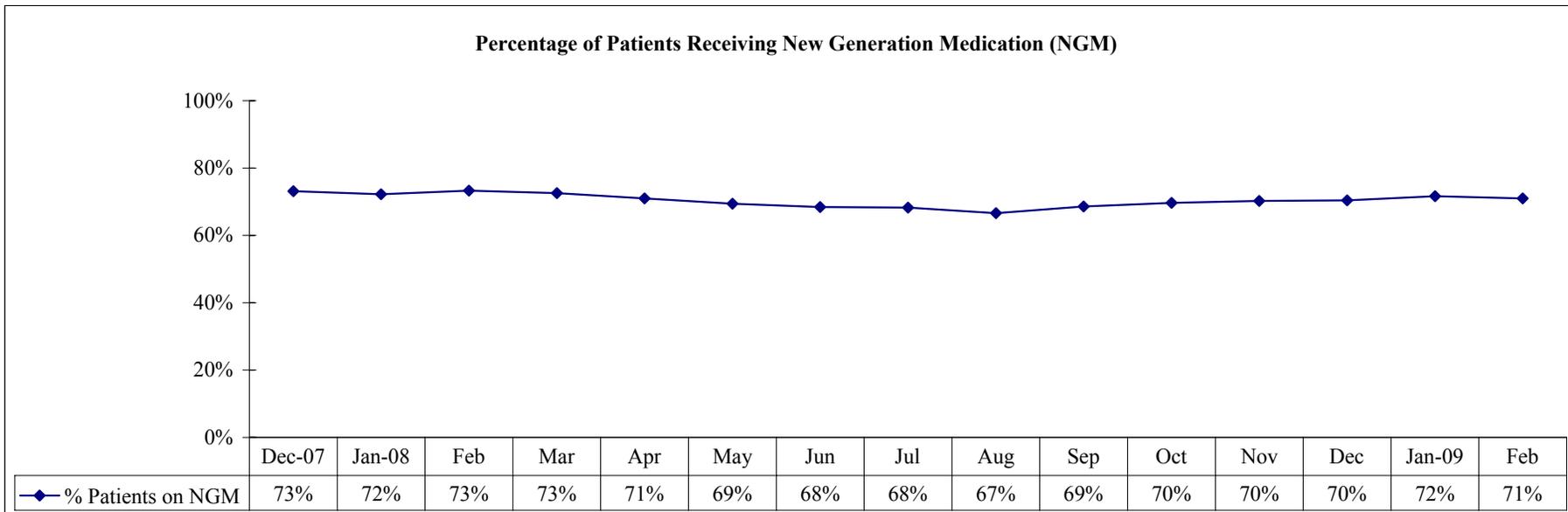
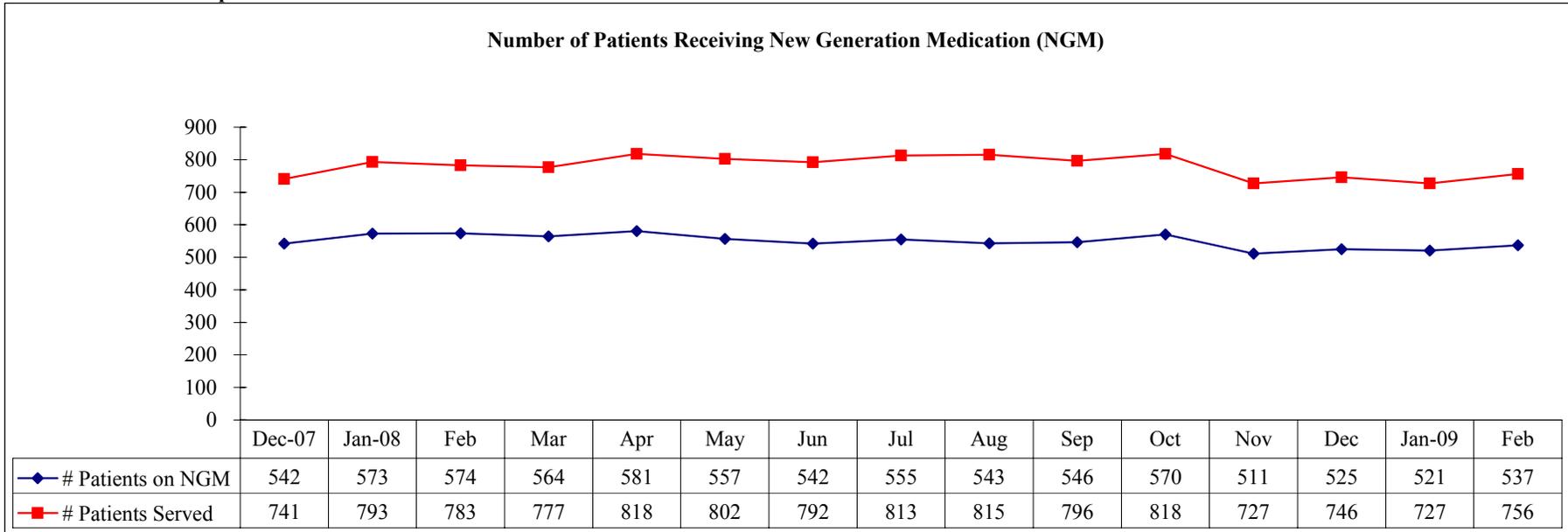


Percentage of Patients Receiving New Generation Medication (NGM)



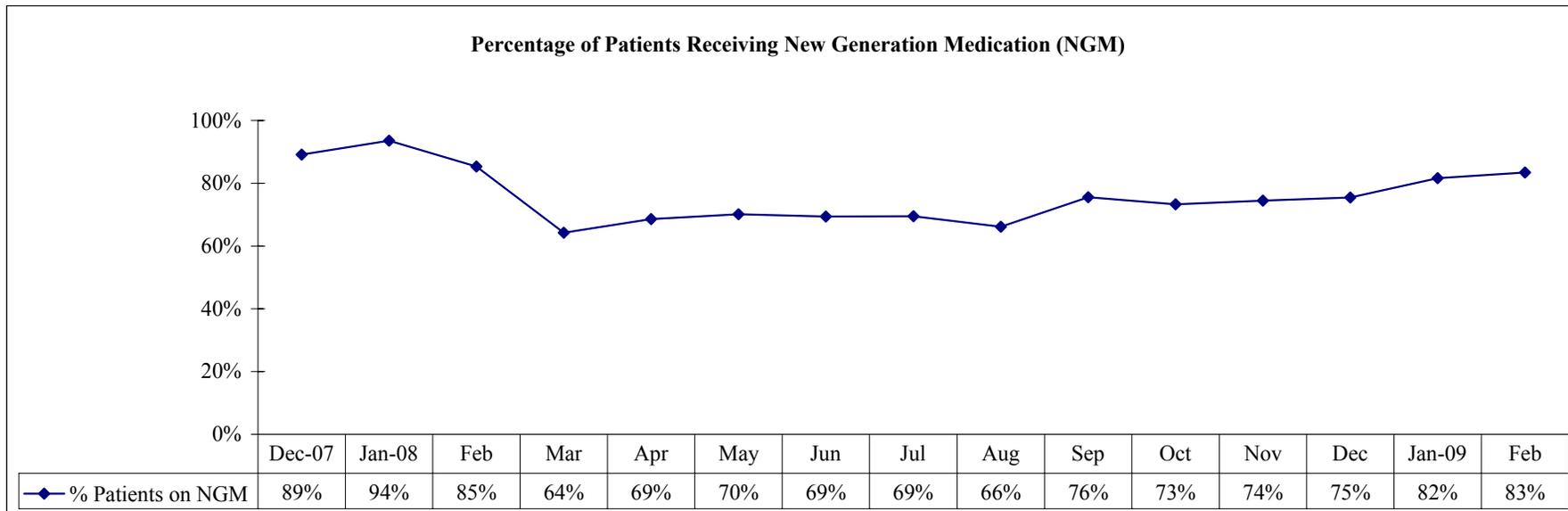
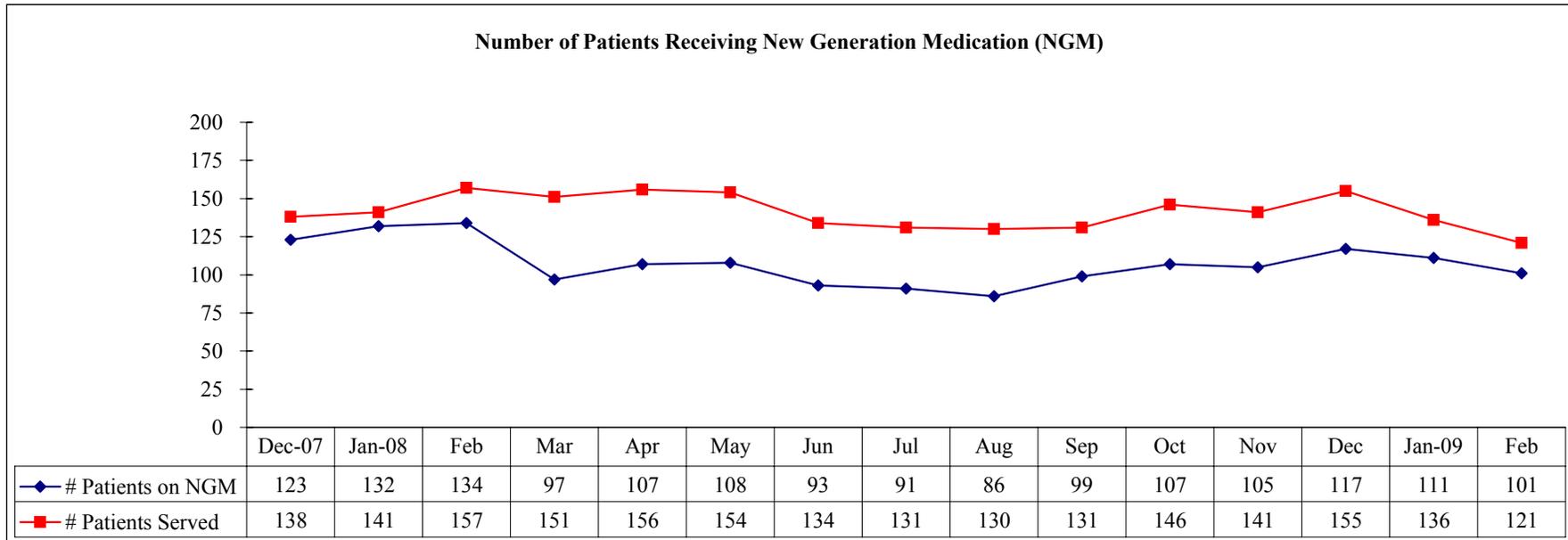
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



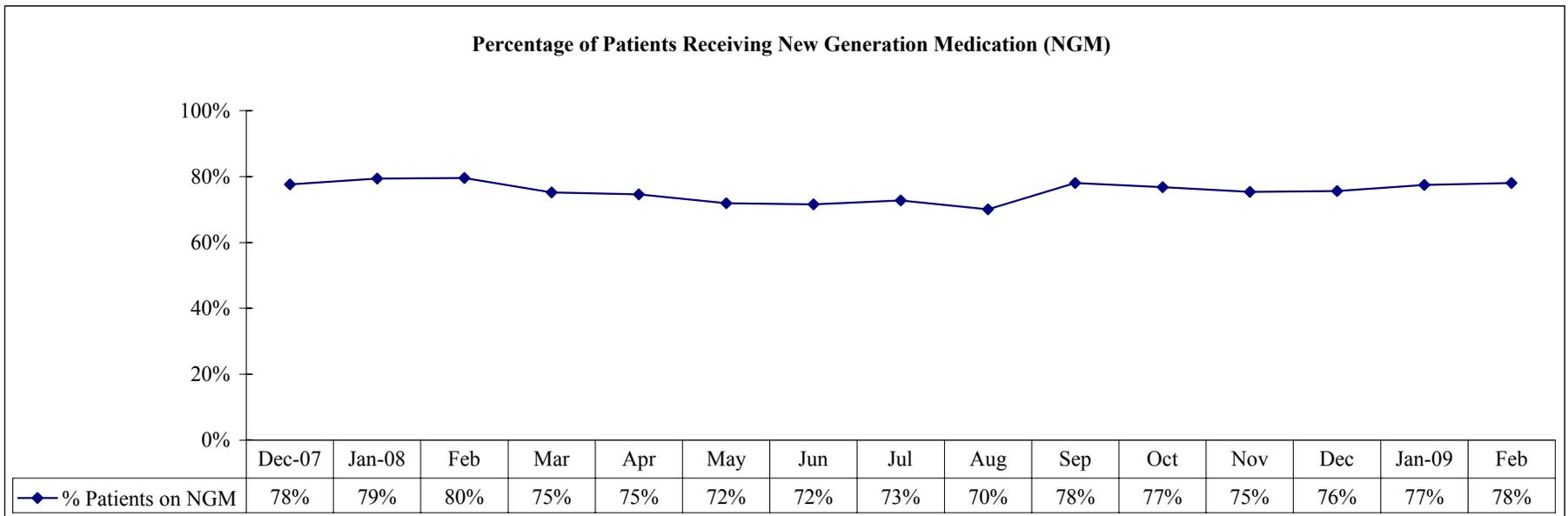
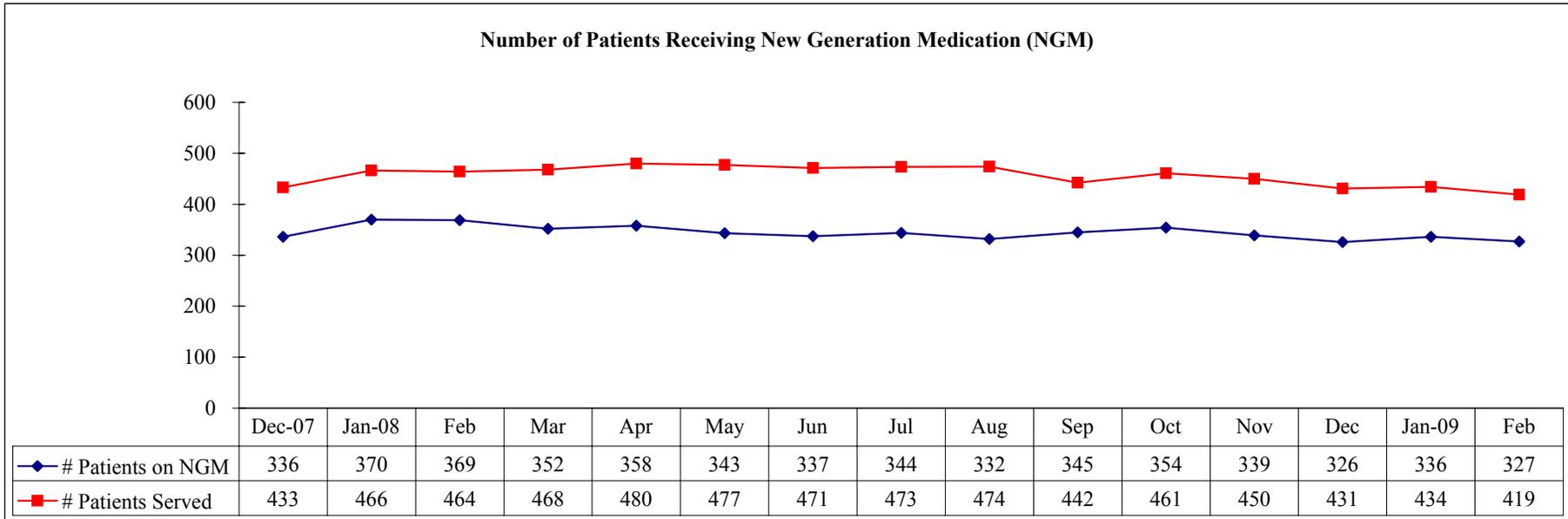
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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

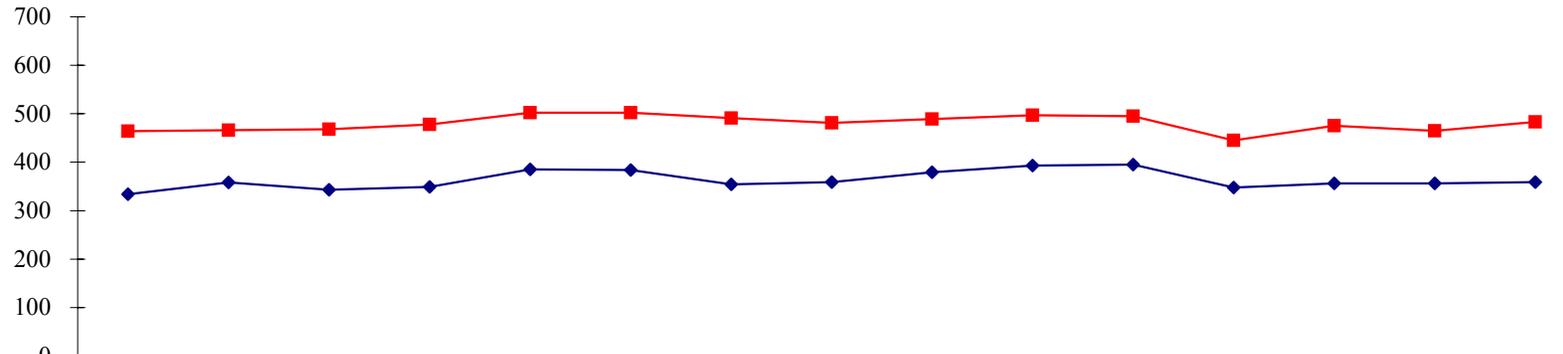
Rusk State Hospital



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

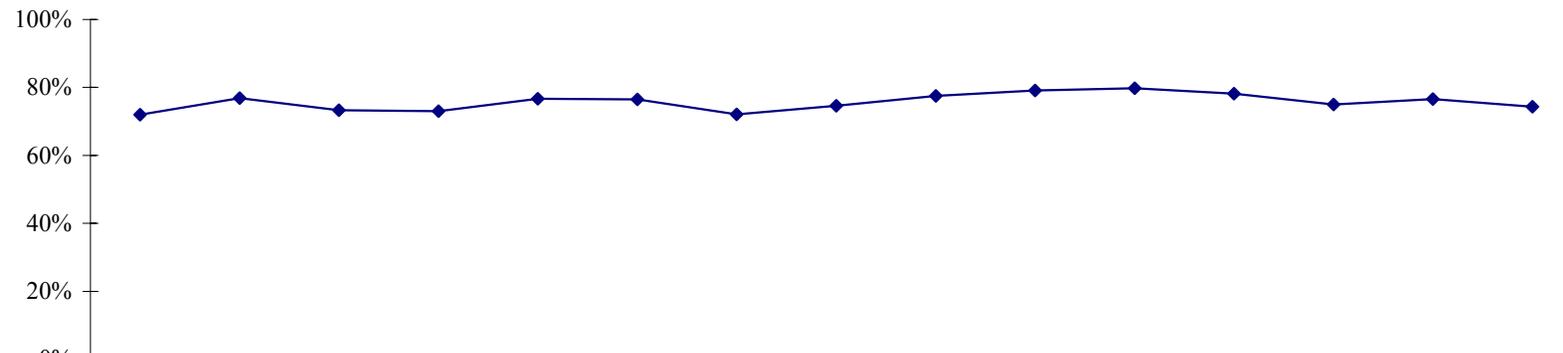
Measure 4A - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital

Number of Patients Receiving New Generation Medication (NGM)



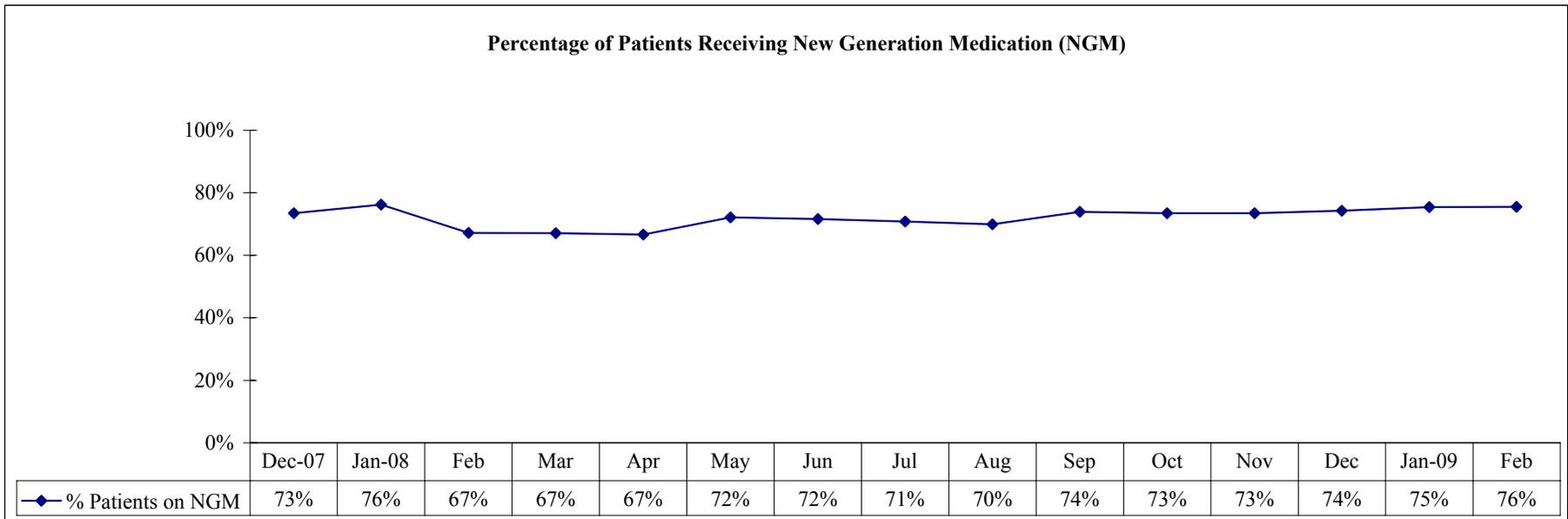
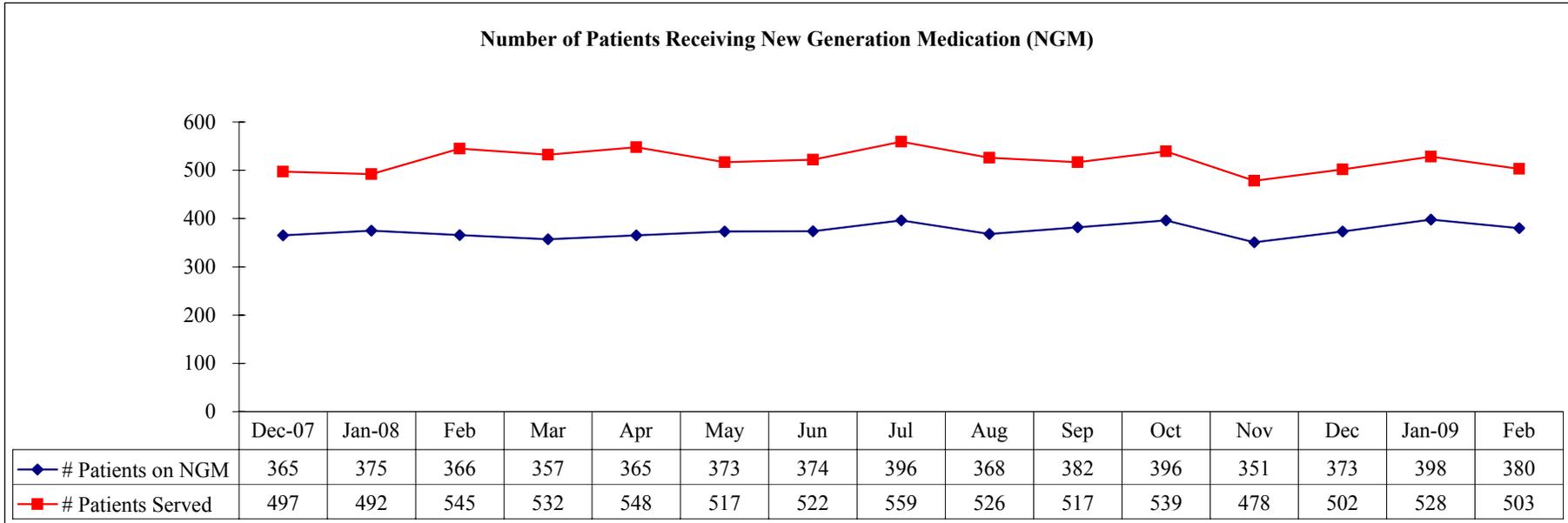
	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ # Patients on NGM	334	358	343	349	385	384	354	359	379	393	395	348	356	356	359
■ # Patients Served	464	466	468	478	502	502	491	481	489	497	495	445	475	465	483

Percentage of Patients Receiving New Generation Medication (NGM)



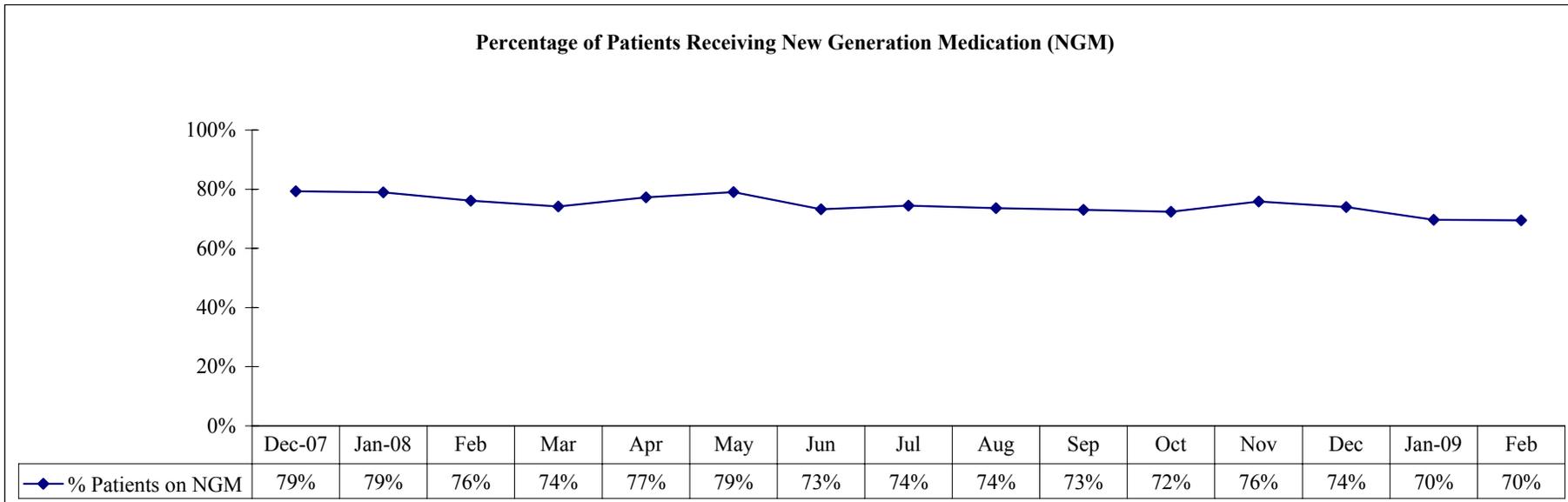
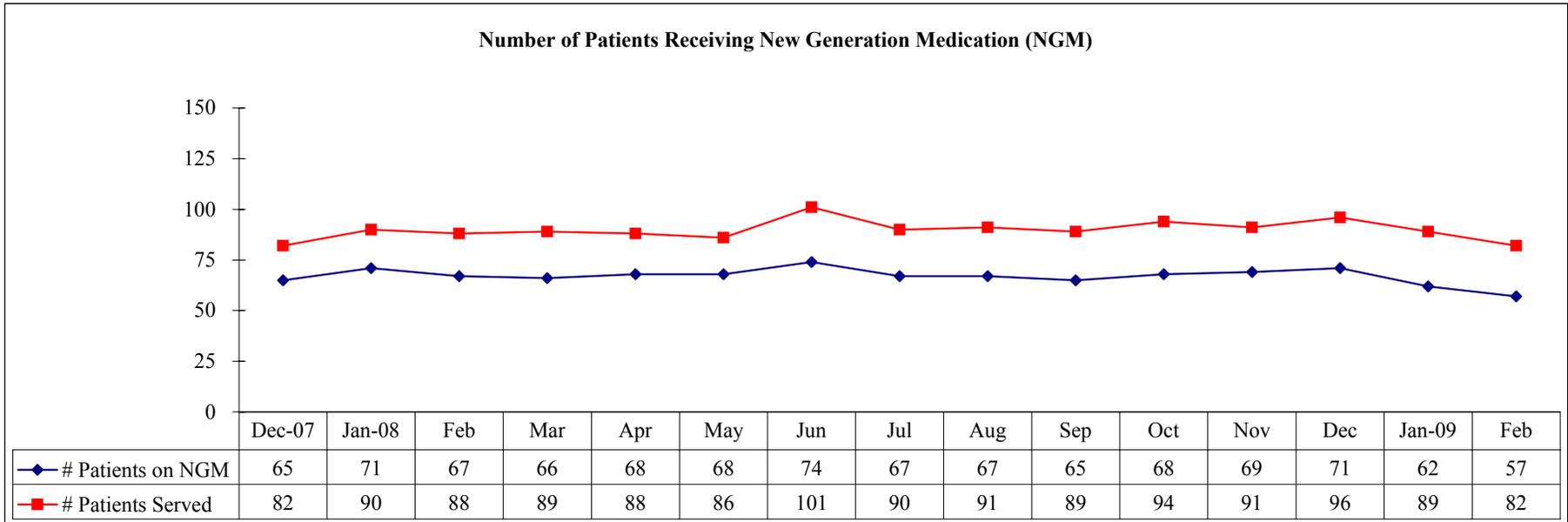
	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Patients on NGM	72%	77%	73%	73%	77%	76%	72%	75%	78%	79%	80%	78%	75%	77%	74%

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



Performance Measure 4B:

The costs of antipsychotic medications will be tracked and analyzed.

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

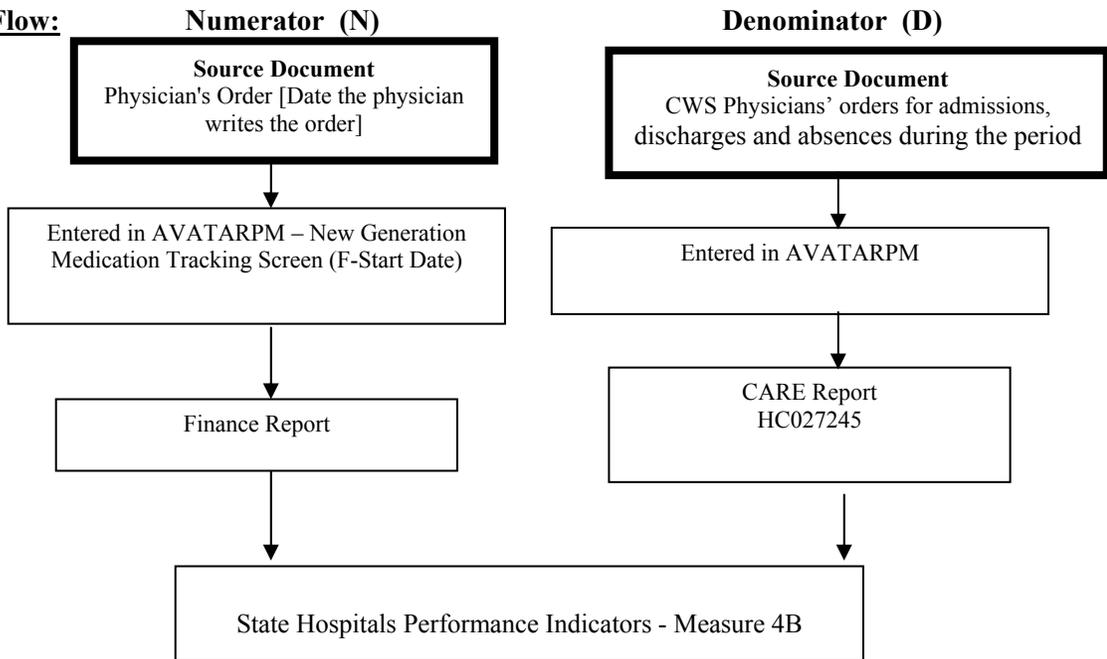
Performance Measure Formula: $\frac{N}{D}$ (Dollar Amount)
D (Unduplicated Persons Served)

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

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

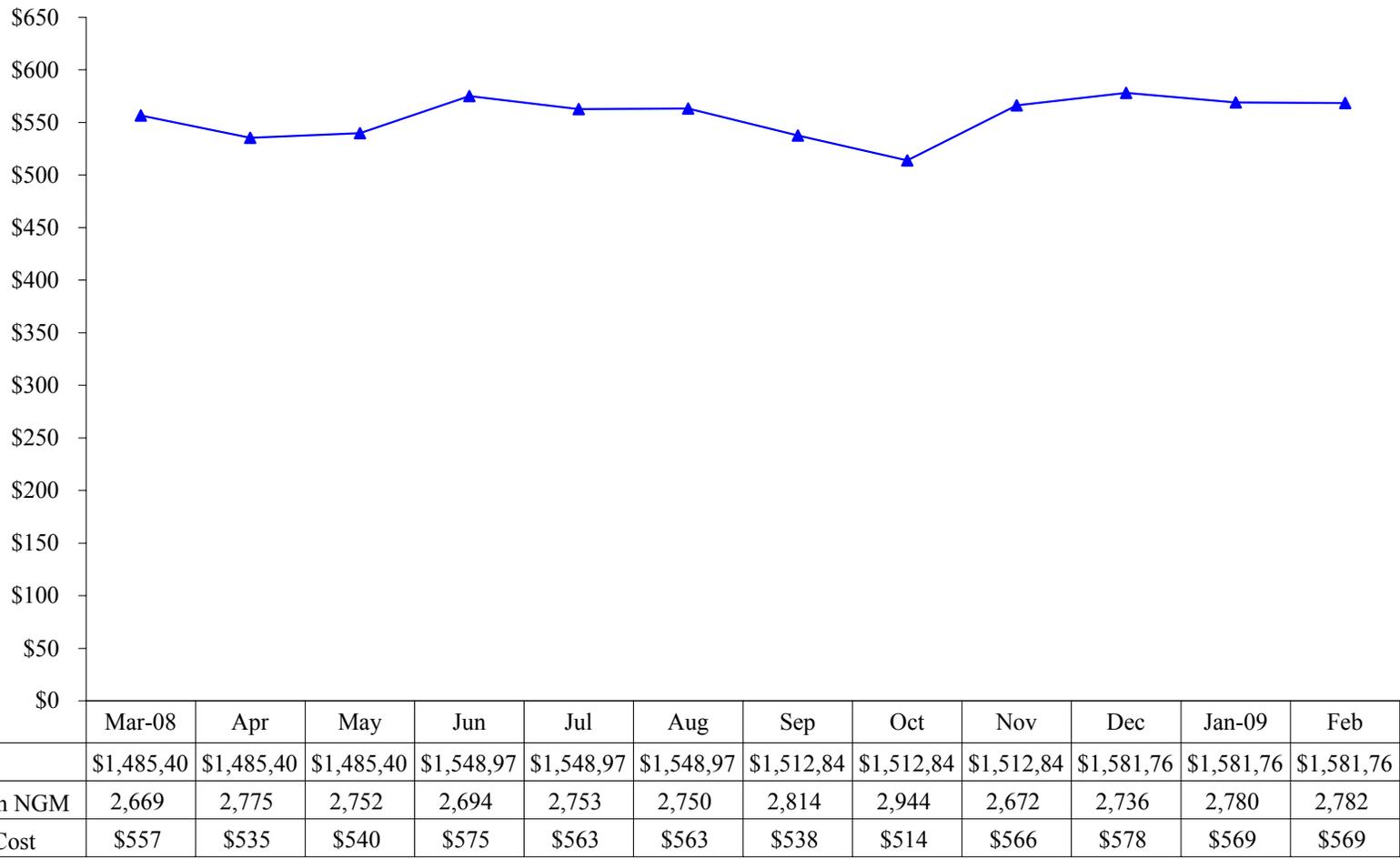
Performance Measure Data Display and Chart Description:

Data Flow:



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

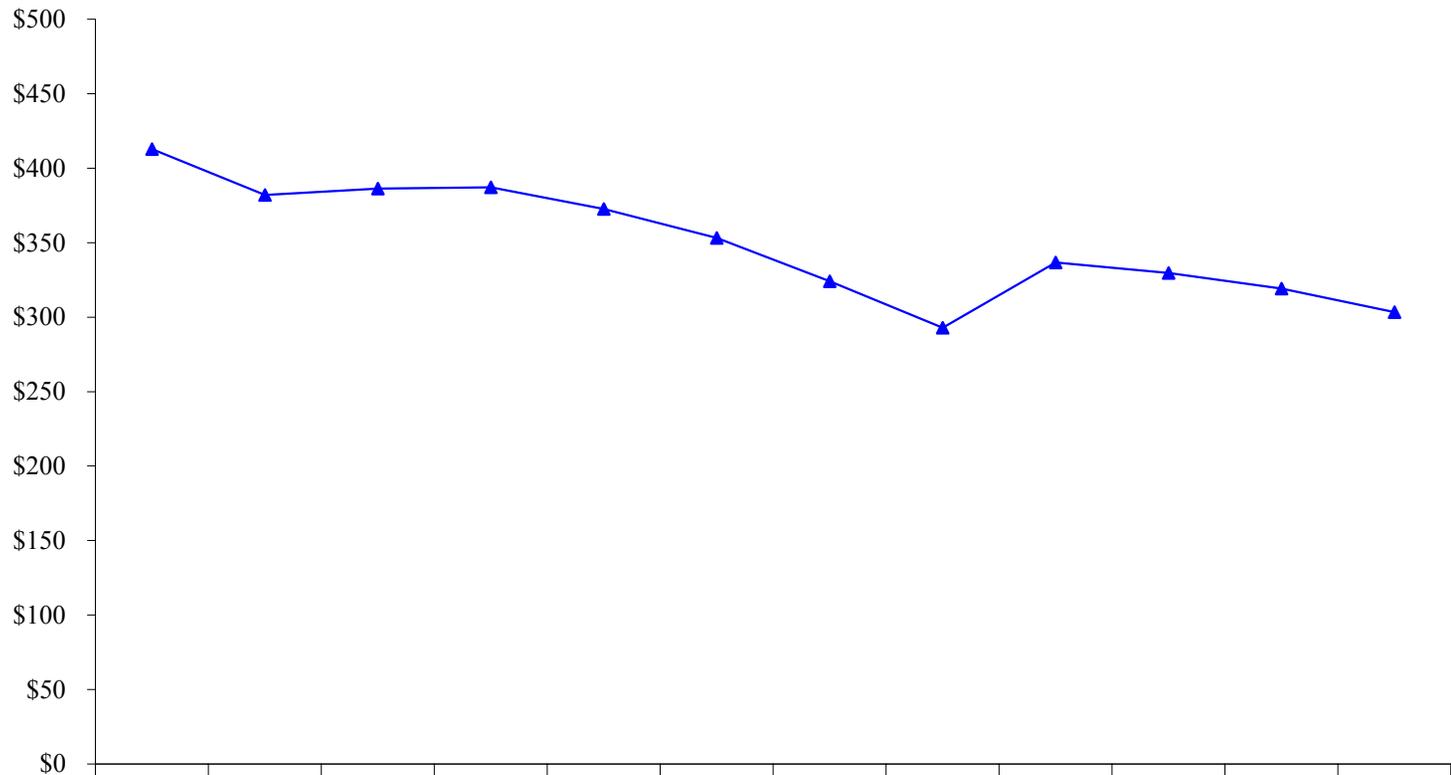
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

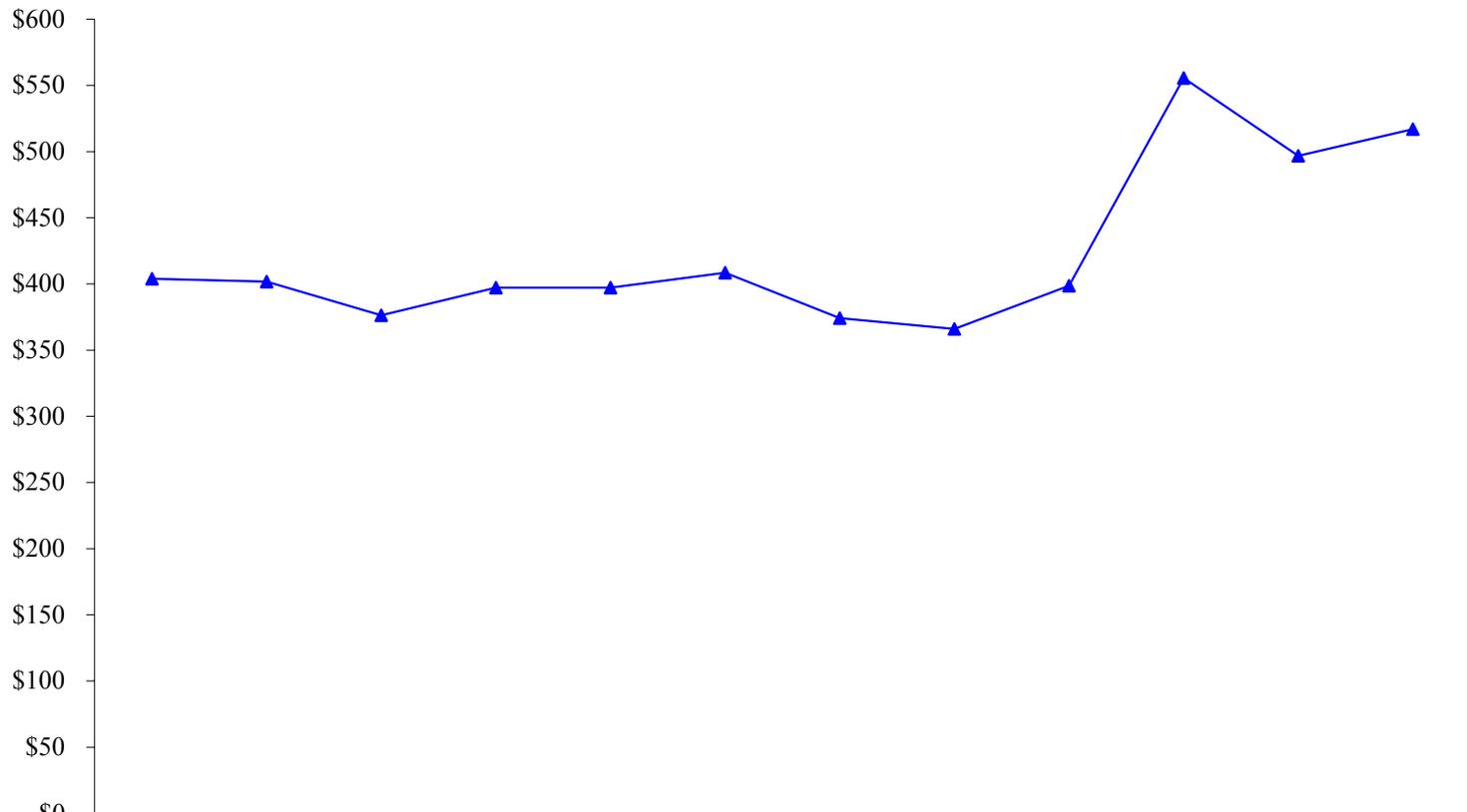


	Mar-08	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Cost*	\$168,831	\$168,831	\$168,831	\$176,576	\$176,576	\$176,576	\$163,660	\$163,660	\$163,660	\$170,421	\$170,421	\$170,421
# of Pts on NGM	409	442	437	456	474	500	505	559	486	517	534	562
▲ Average Cost per Patient	\$413	\$382	\$386	\$387	\$373	\$353	\$324	\$293	\$337	\$330	\$319	\$303

* Average Monthly Cost per Quarter

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

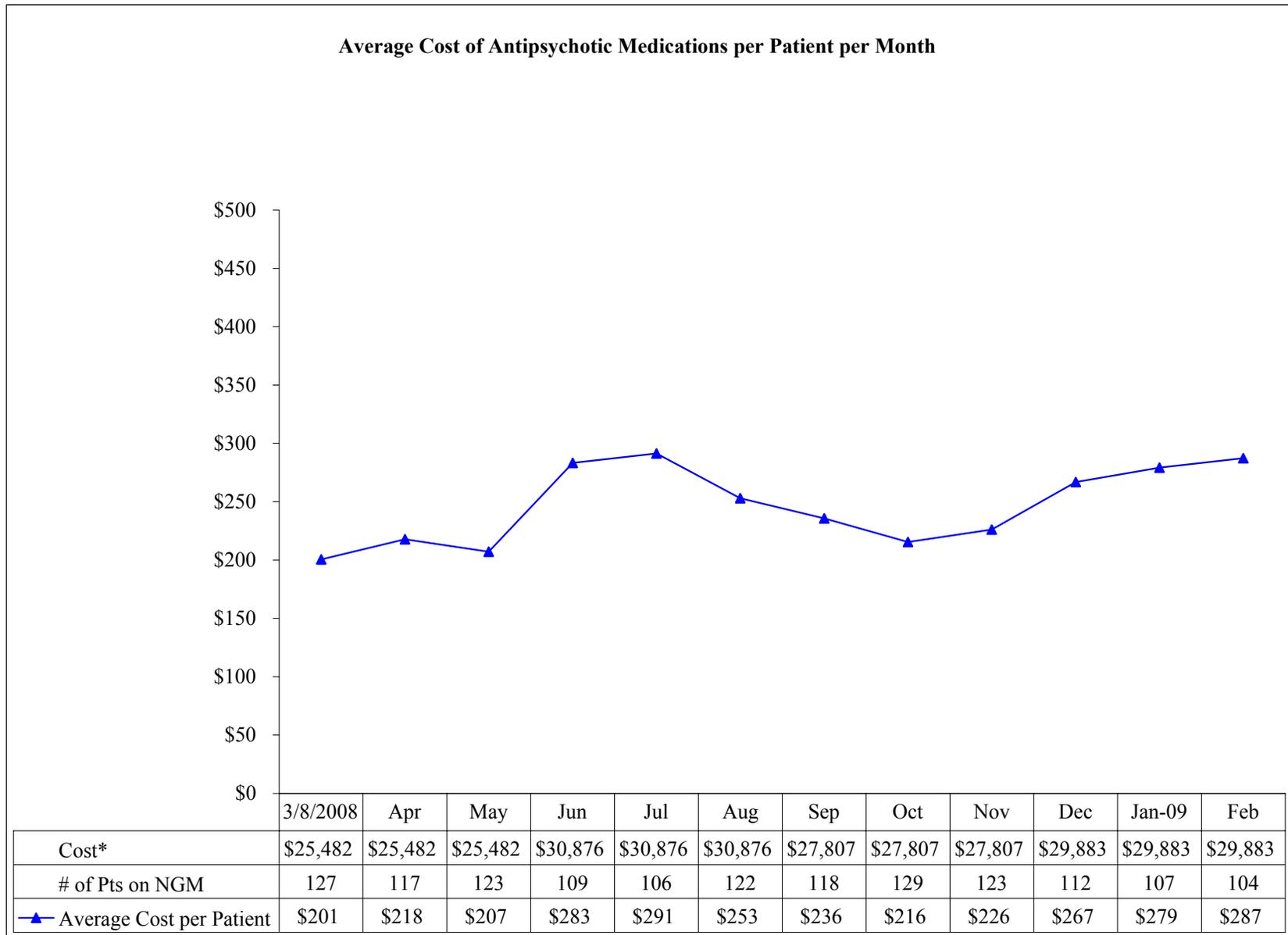
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

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

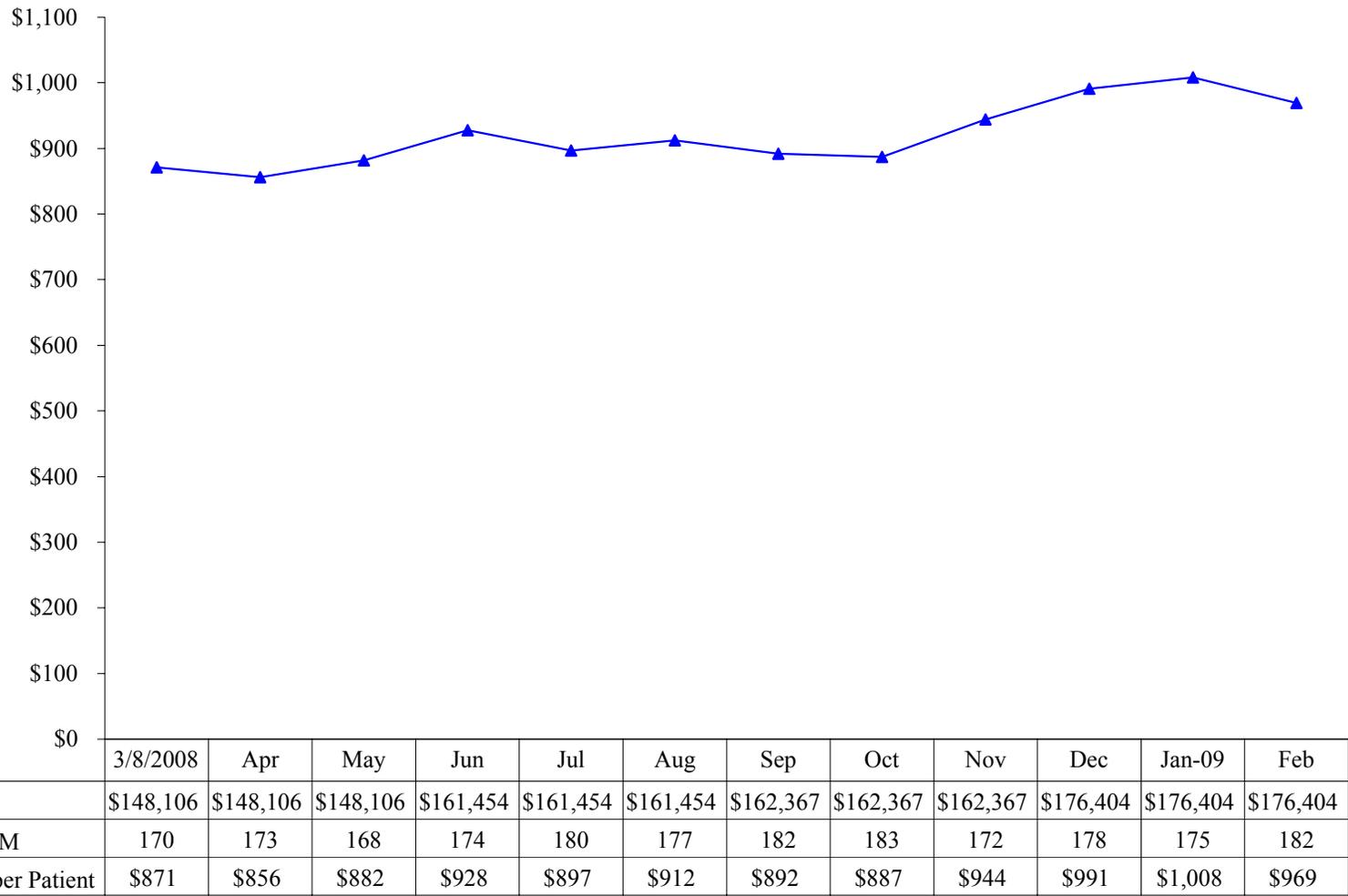


* Average Monthly Cost per Quarter

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

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

Average Cost of Antipsychotic Medications per Patient per Month

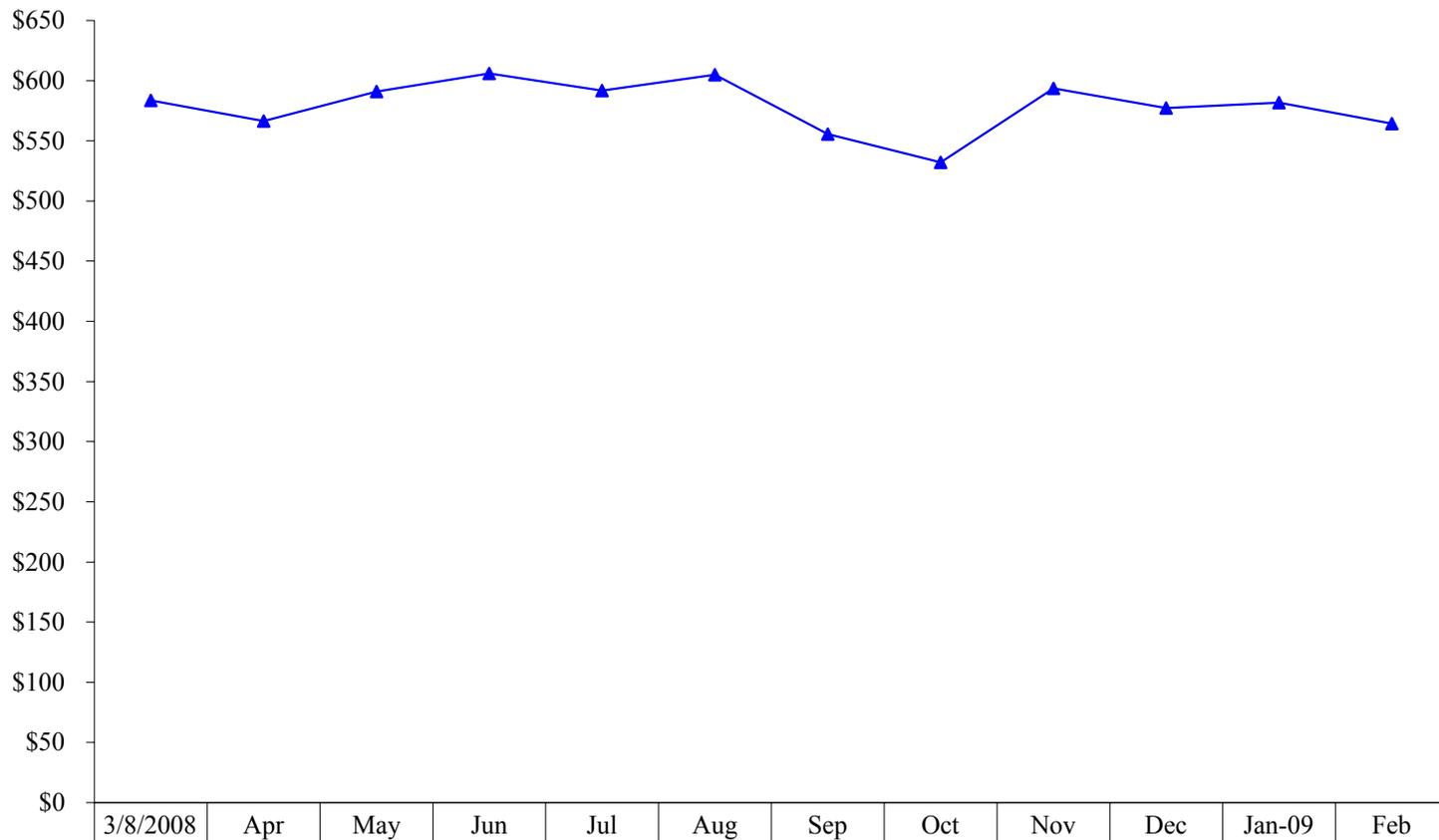


* Average Monthly Cost per Quarter

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

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

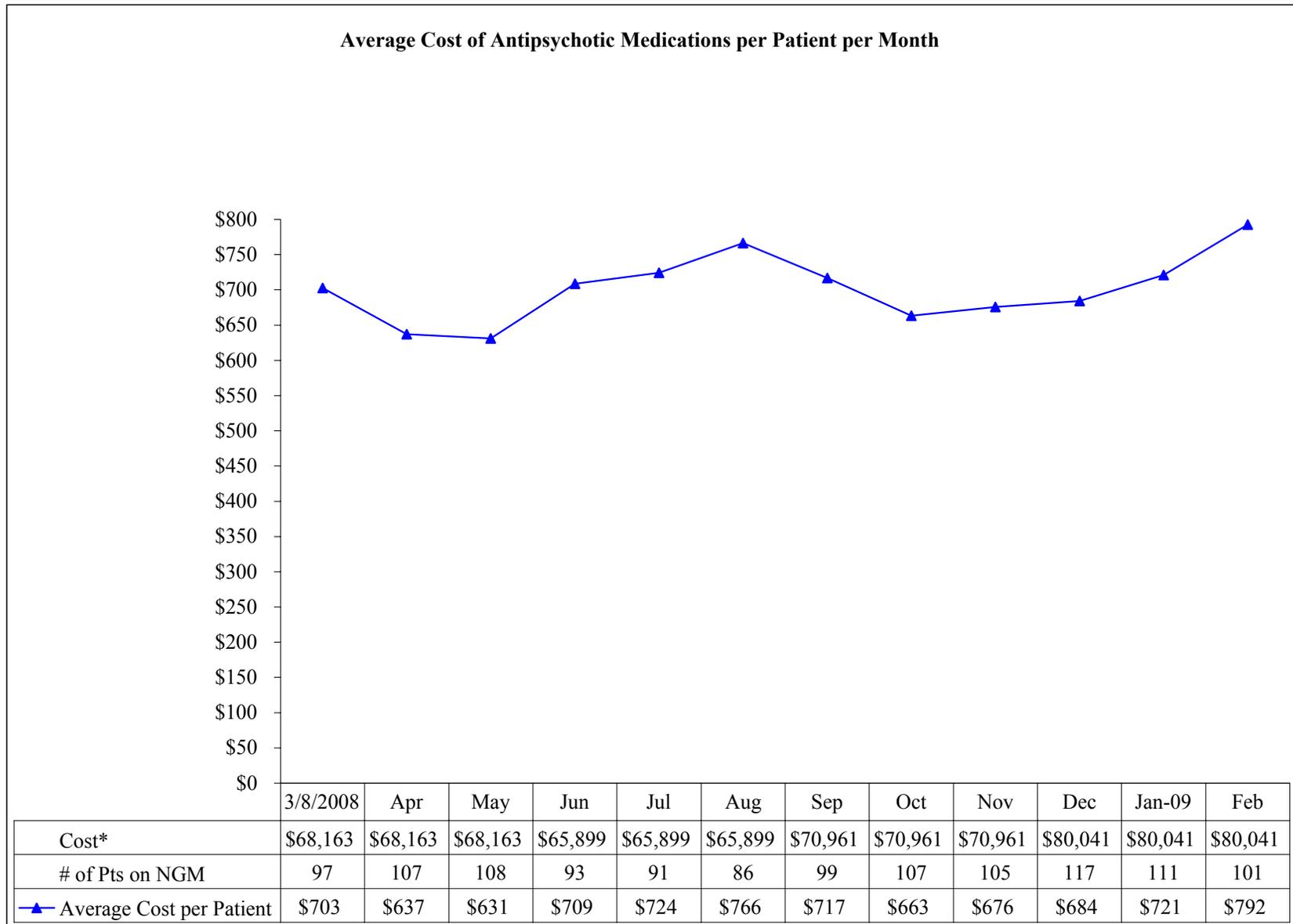
Average Cost of Antipsychotic Medications per Patient per Month



* 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

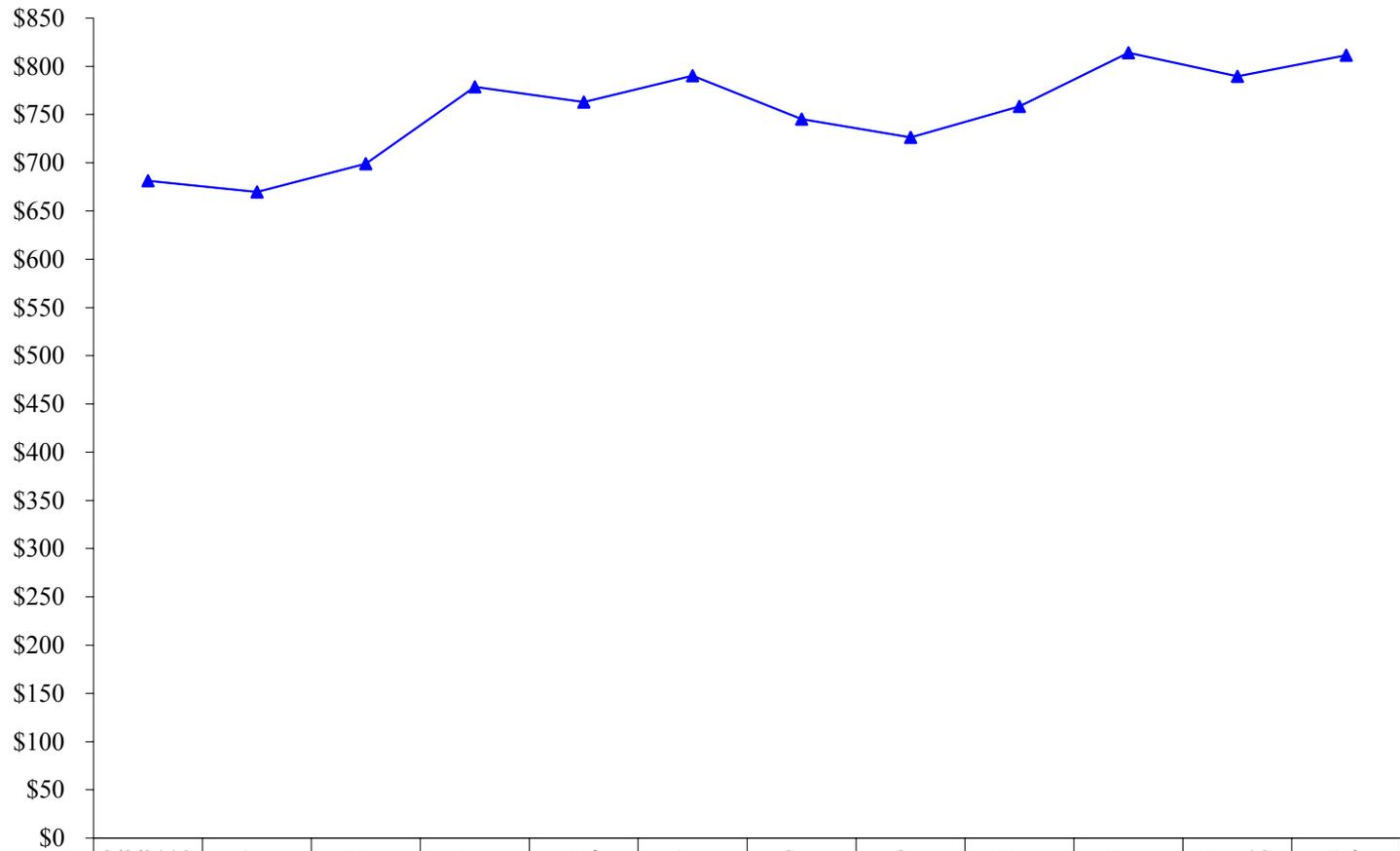
**Measure 4B - Cost of Antipsychotic Medications
Rio Grande State Center (MH only)**



* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

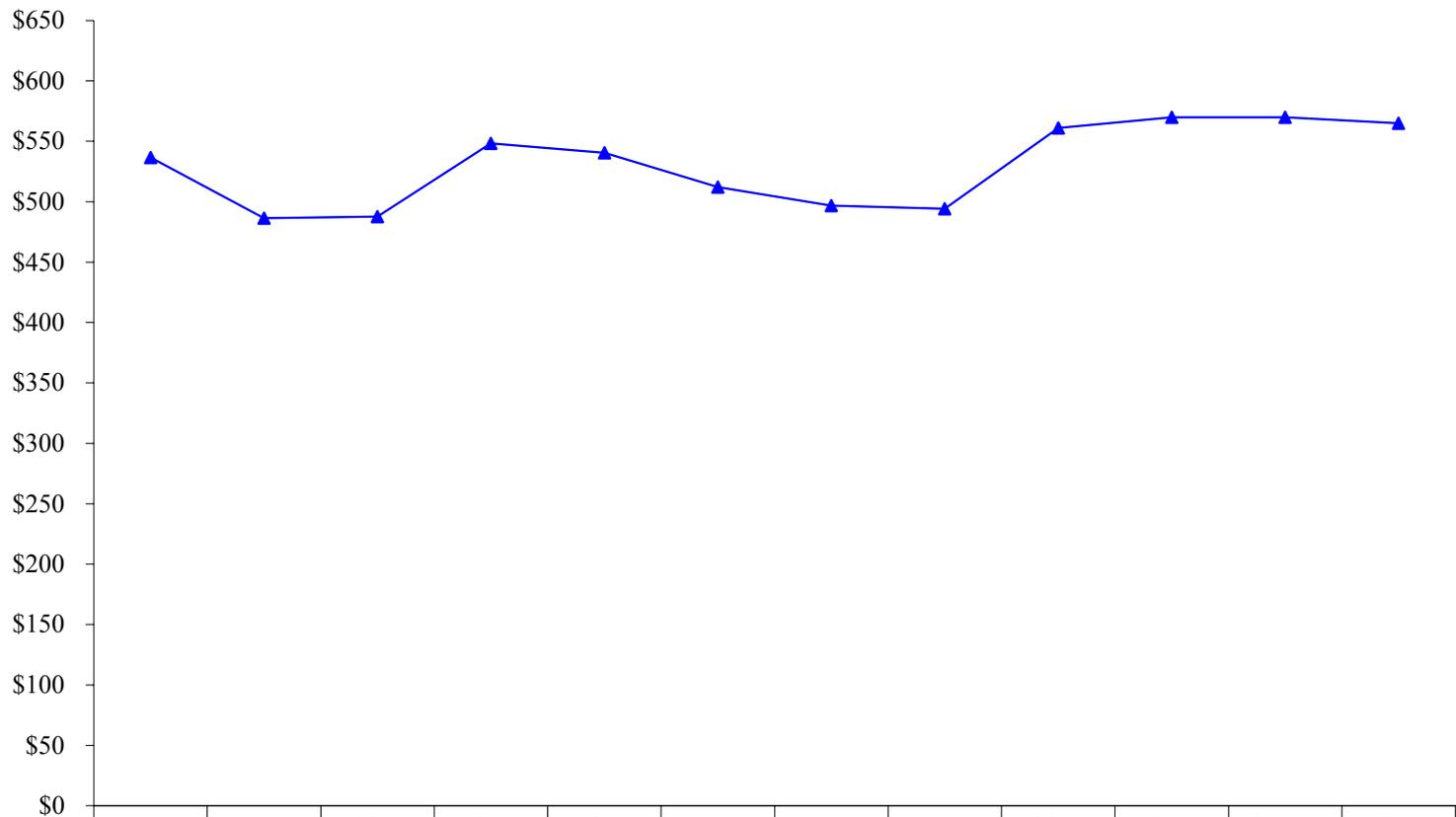
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

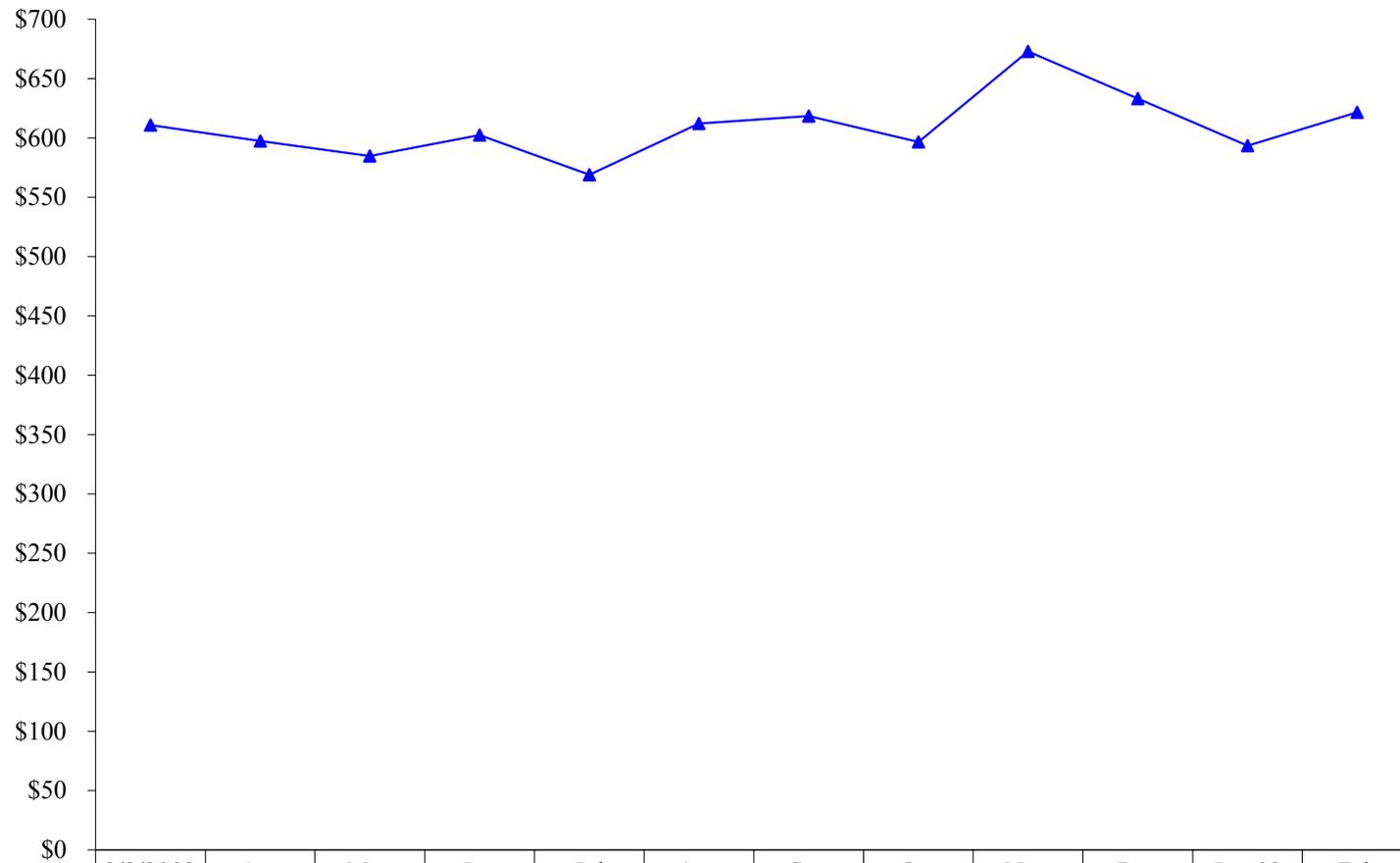


* Average Monthly Cost per Quarter

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

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

Average Cost of Antipsychotic Medications per Patient per Month

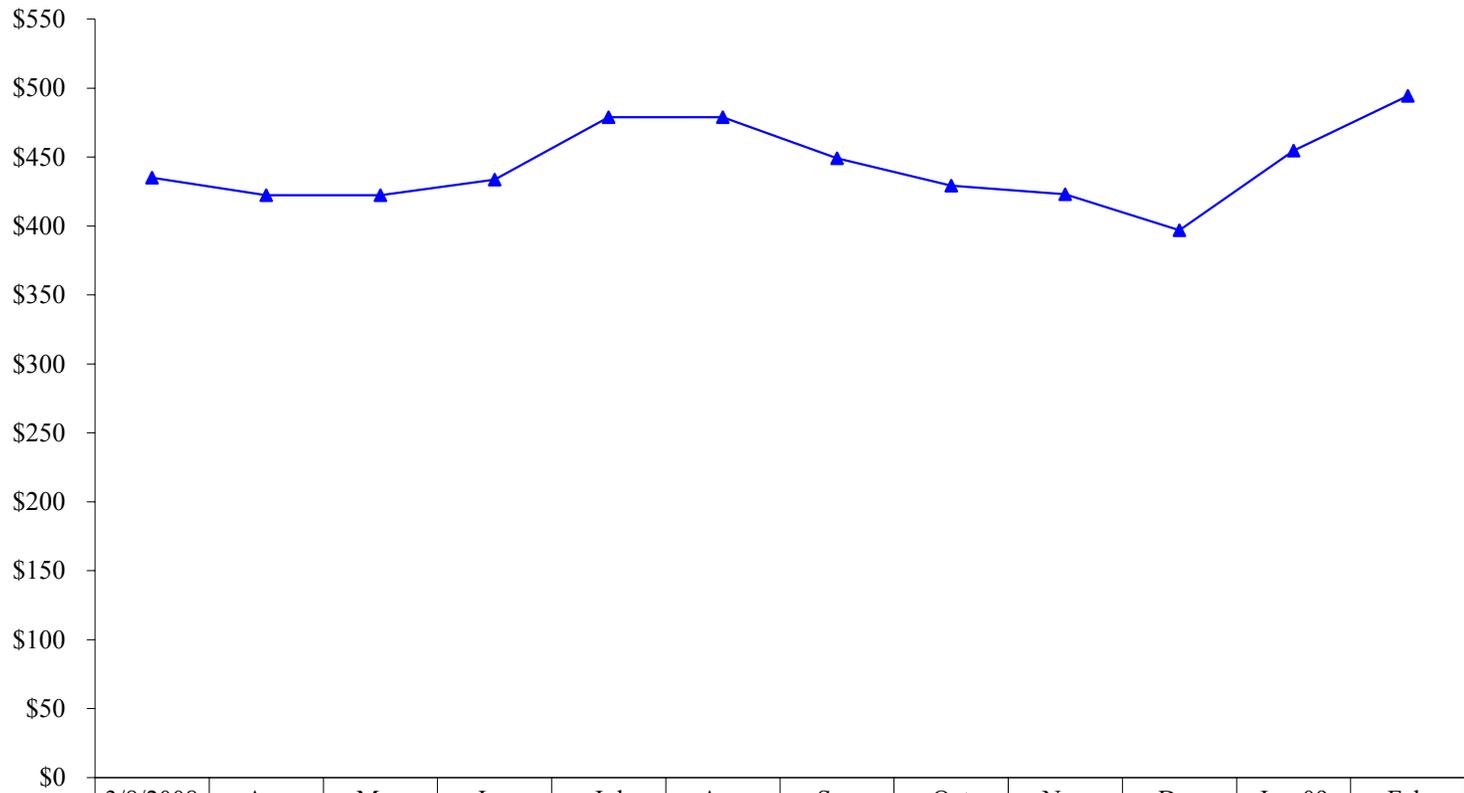


* Average Monthly Cost per Quarter

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

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

Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

Performance Measure 4C:

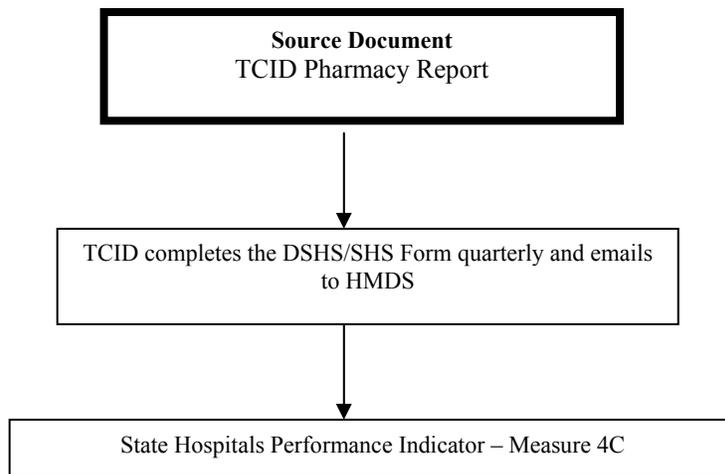
The cost of TB medications will be tracked and analyzed by TCID.

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

Performance Measure Formula: No formula – continuous variable.

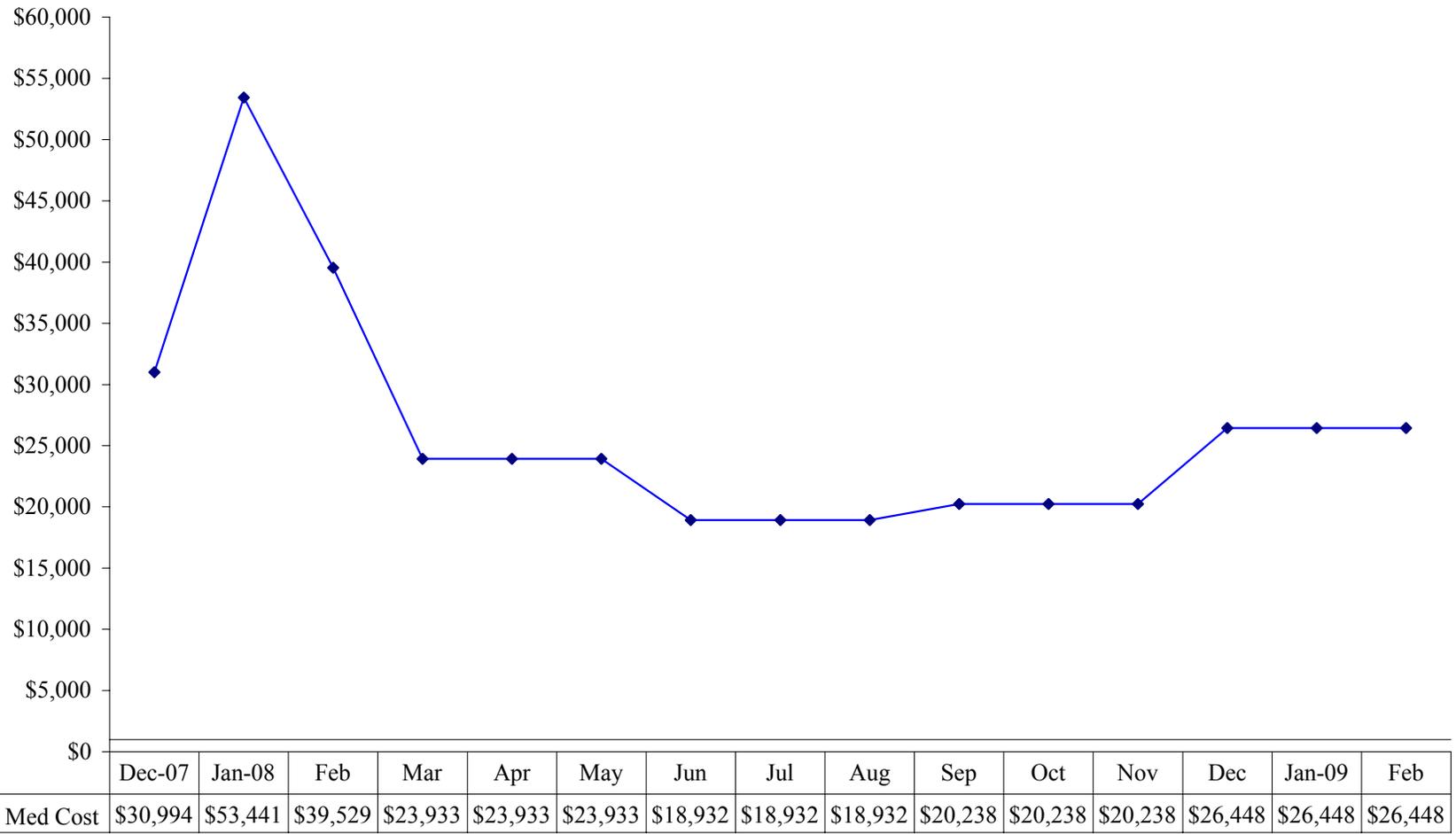
Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



Measure 4C - Cost of TB Medications
TCID

Cost of TB Medications



GOAL 5: Assure Continuum of Care

Performance Objective 5A:

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

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

Performance Objective Formula:

R = Rate of dually diagnosed patients admitted every two weeks to the state hospitals.

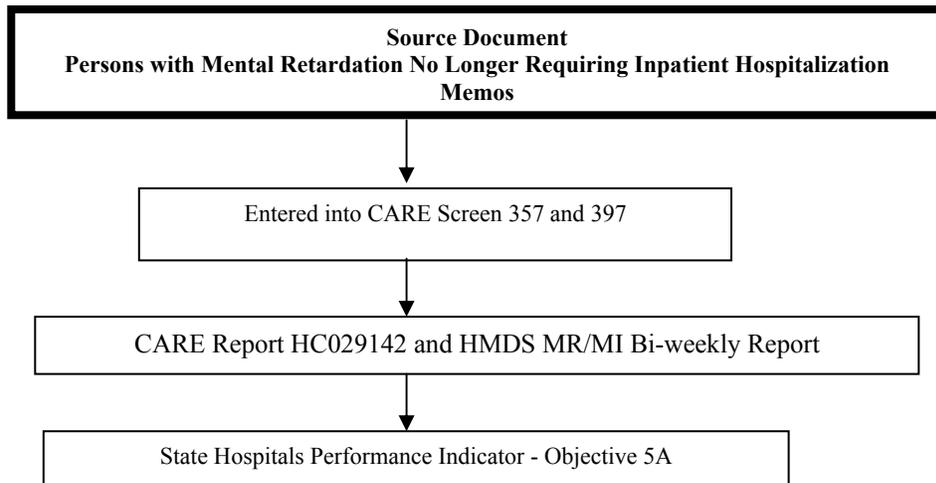
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

D = Number of admitted dually diagnosed patients who are eligible to be placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

Performance Objective Data Display and Chart Description:

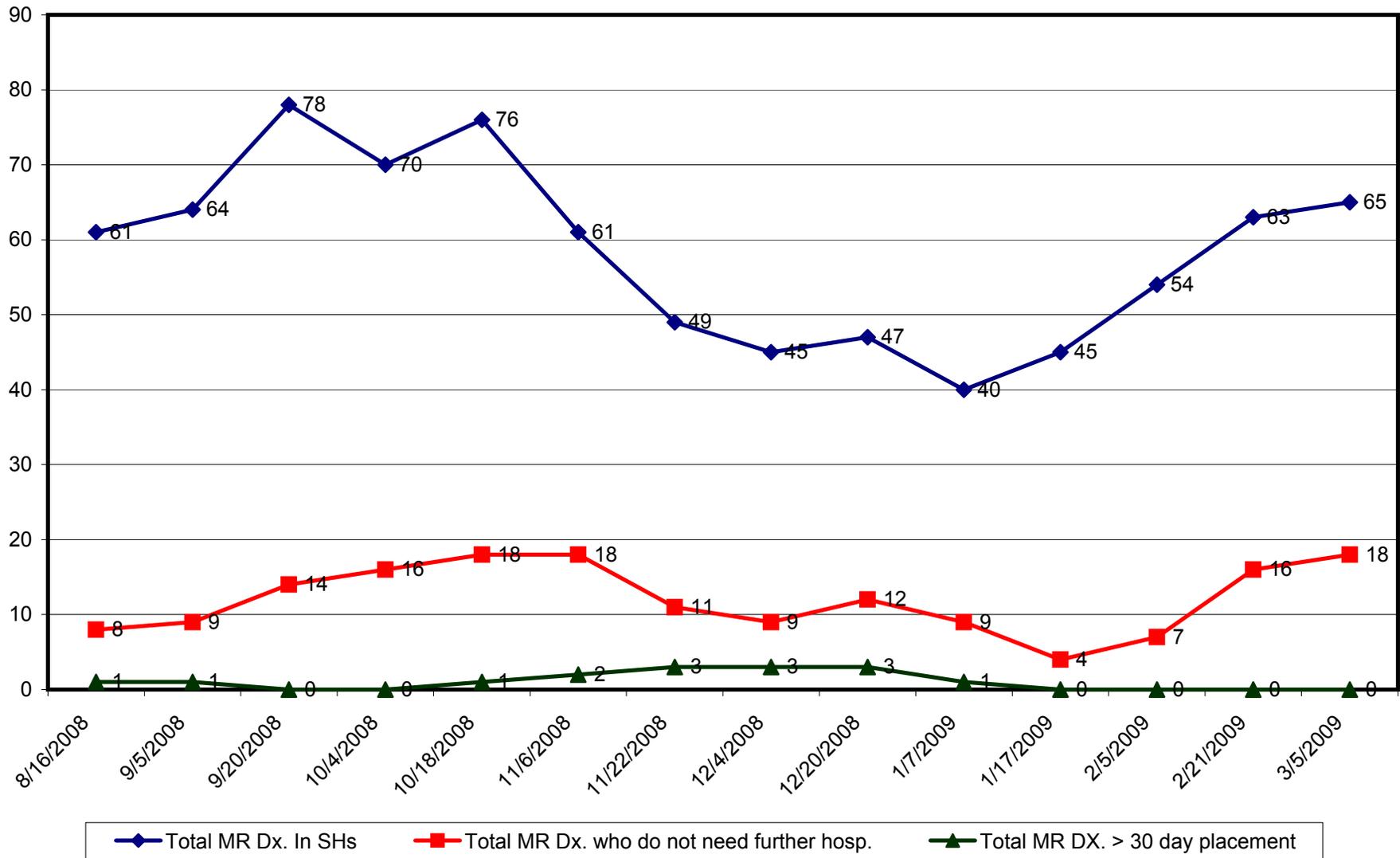
- ◆ Chart with persons with MR Diagnosis in state mental health hospitals.

Data Flow:



Objective 5A - Dually Diagnosed Patients
All State MH Hospitals

Persons with MR Diagnosis in SHs



Performance Measure 5A:

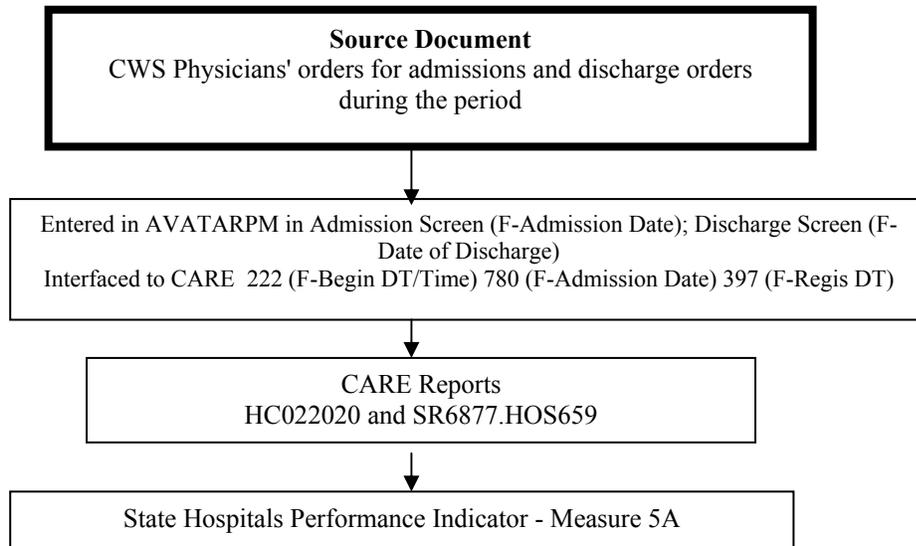
Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each hospital.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:

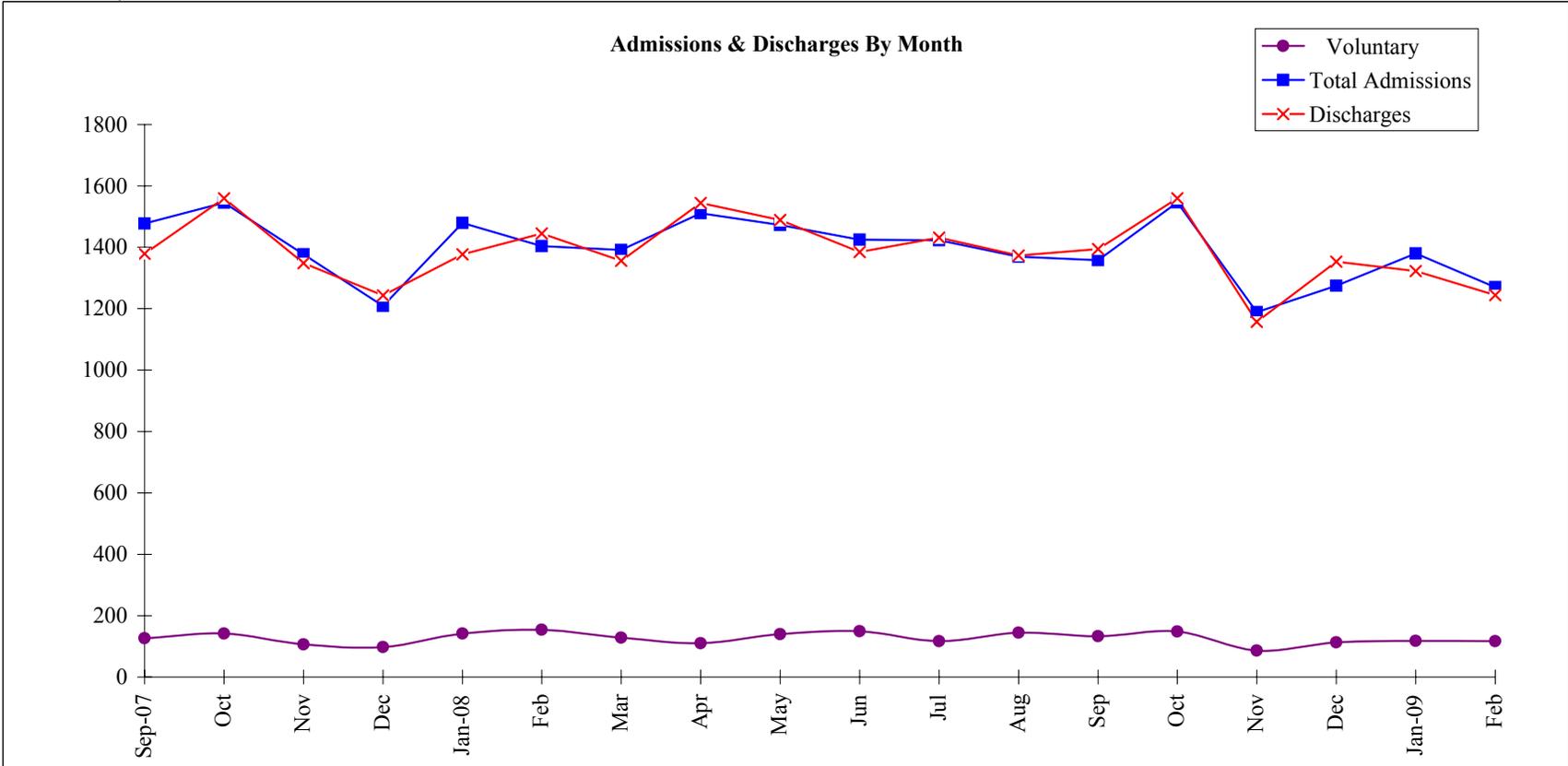


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State MH Hospitals

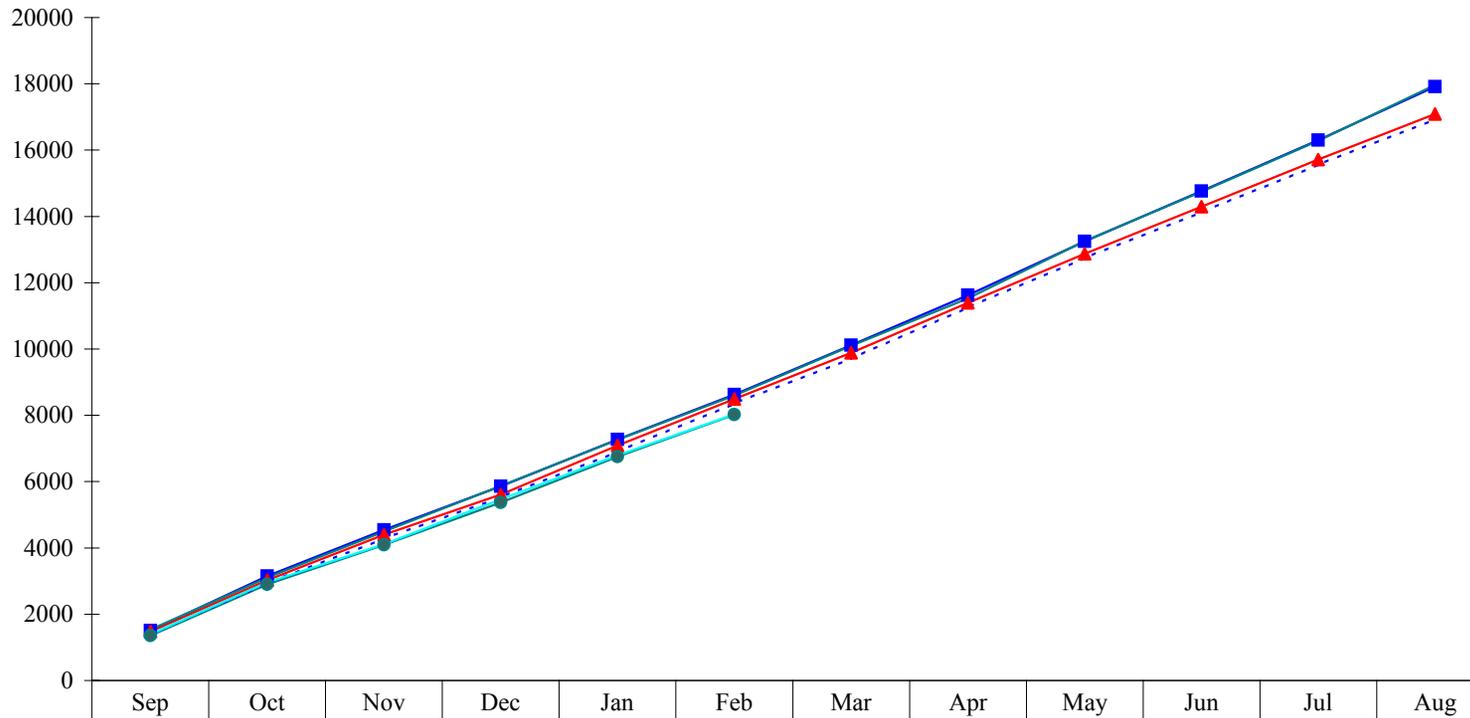
Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions	1478	1546	1377	1209	1480	1404	1392	1511	1473	1425	1423	1370	1358	1547	1189	1275	1380	1270
Voluntary	126	142	106	98	142	154	128	110	140	149	117	144	133	148	86	113	118	117
Involuntary	1352	1404	1271	1111	1338	1250	1264	1401	1333	1276	1306	1226	1225	1399	1103	1162	1262	1153
OPC	314	353	321	265	331	333	336	366	327	336	376	332	338	358	277	313	325	293
Emergency	724	677	615	594	624	643	662	697	665	602	580	593	651	696	589	610	613	540
Temporary	153	147	122	98	145	124	116	156	152	155	158	143	136	128	98	107	139	122
Extended	5	10	2	4	4	5	6	3	5	2	4	4	3	6	3	3	6	9
46.02/46.03	143	189	194	132	213	131	132	164	162	155	164	133	79	199	118	110	160	171
Order for MR	13	28	17	18	21	14	12	15	22	26	24	21	18	12	18	19	19	18
Discharges	1379	1560	1349	1243	1377	1445	1356	1545	1489	1385	1432	1373	1394	1560	1157	1353	1323	1244
% New to System	44%	45%	45%	45%	46%	46%	46%	46%	46%	44%	45%	46%	49%	46%	46%	41%	43%	47%



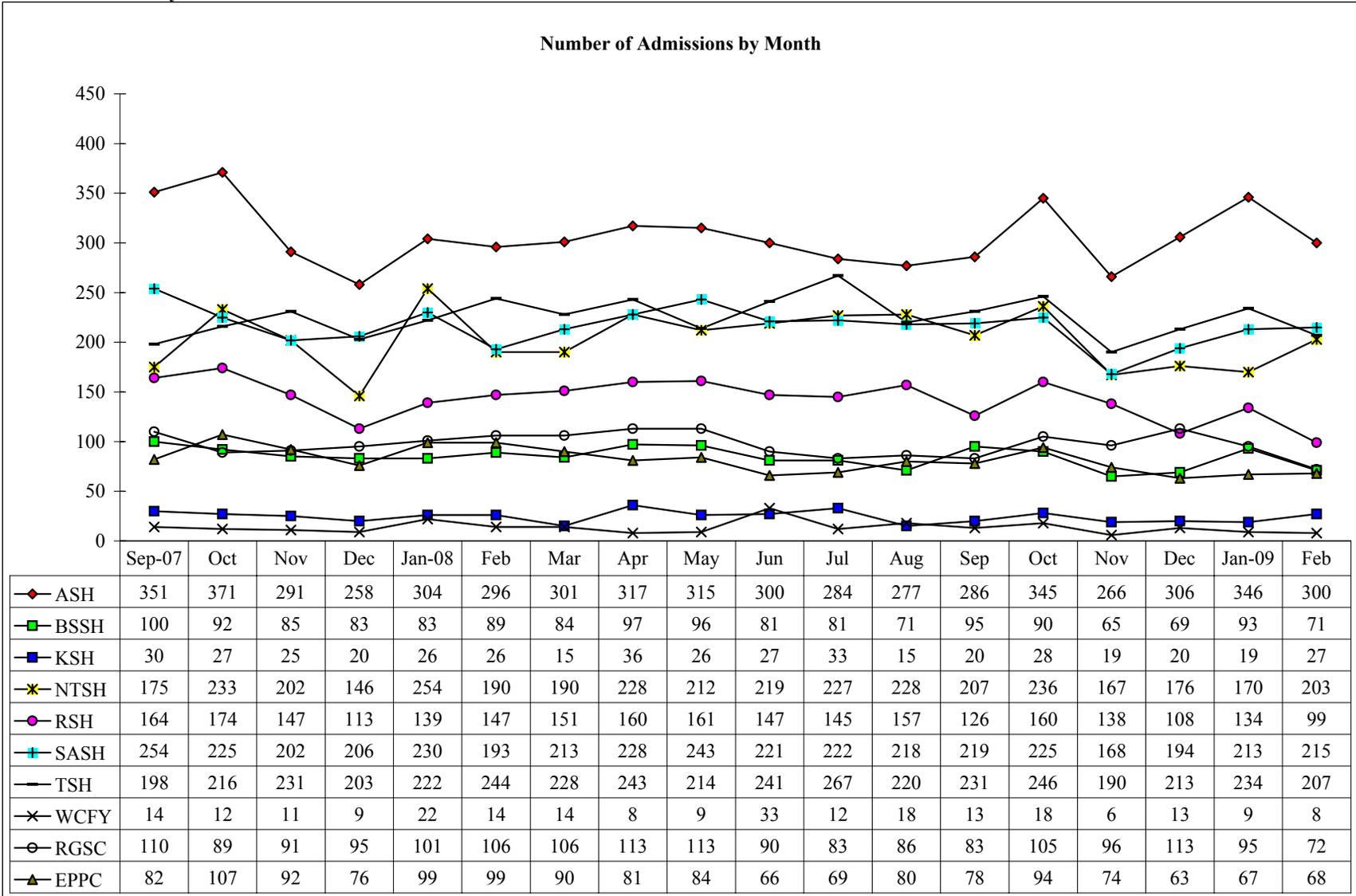
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date

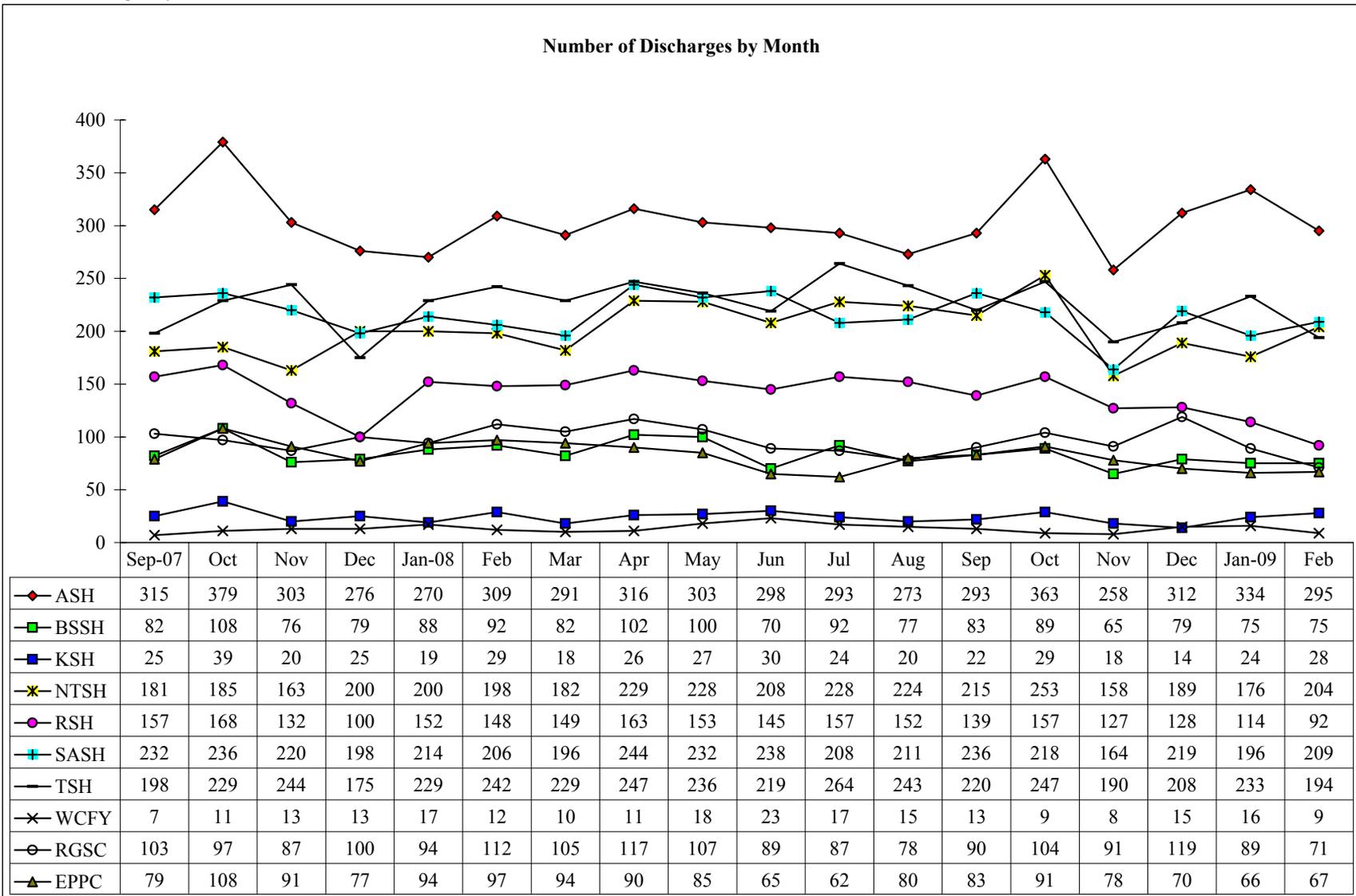


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY07 Admissions	1505	3149	4541	5856	7268	8627	10117	11627	13250	14762	16304	17919
FY08 Admissions	1478	3024	4401	5610	7090	8494	9886	11397	12870	14295	15718	17088
FY09 Admissions	1358	2905	4094	5369	6749	8019						
FY07 Discharges	1534	3103	4499	5865	7265	8597	10093	11530	13257	14741	16283	17967
FY08 Discharges	1379	2939	4288	5531	6908	8353	9709	11254	12743	14128	15560	16933
FY09 Discharges	1394	2954	4111	5464	6787	8031						

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



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

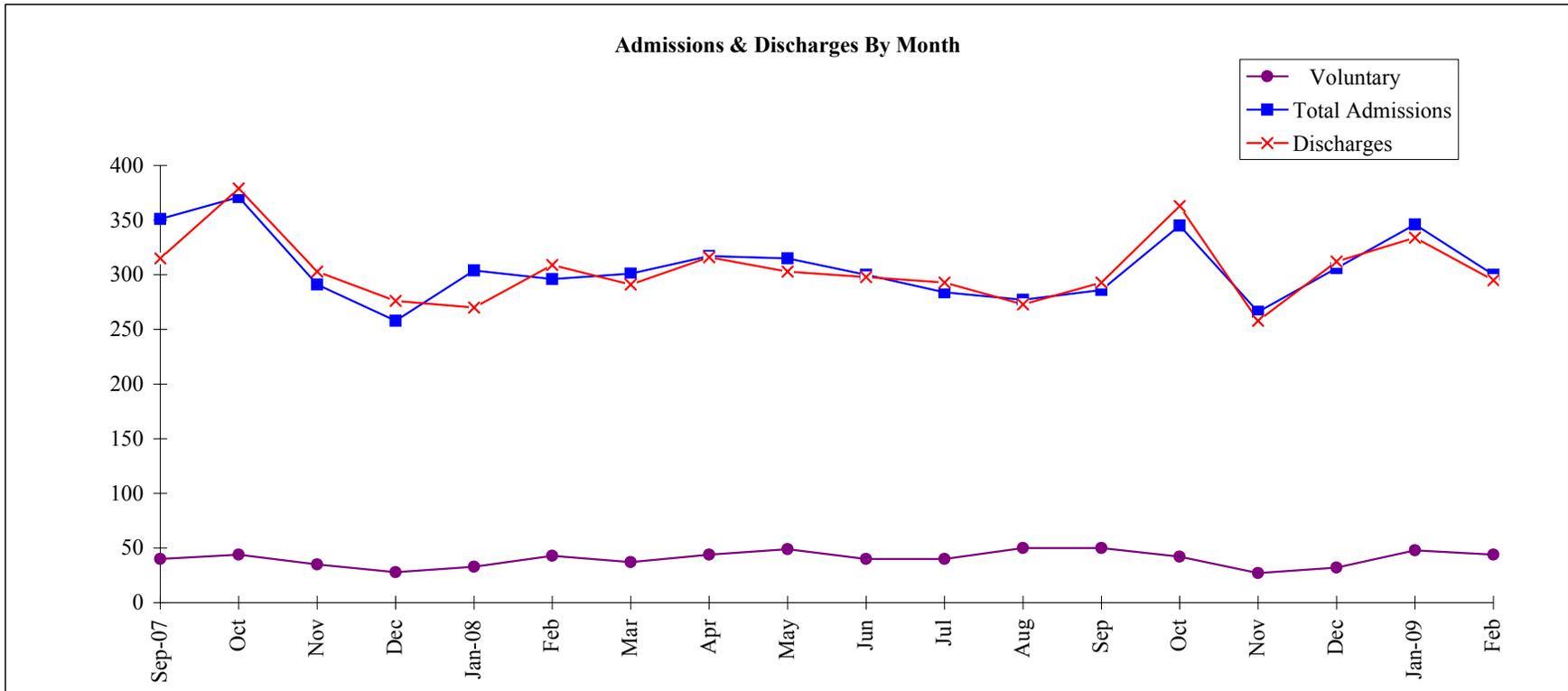


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

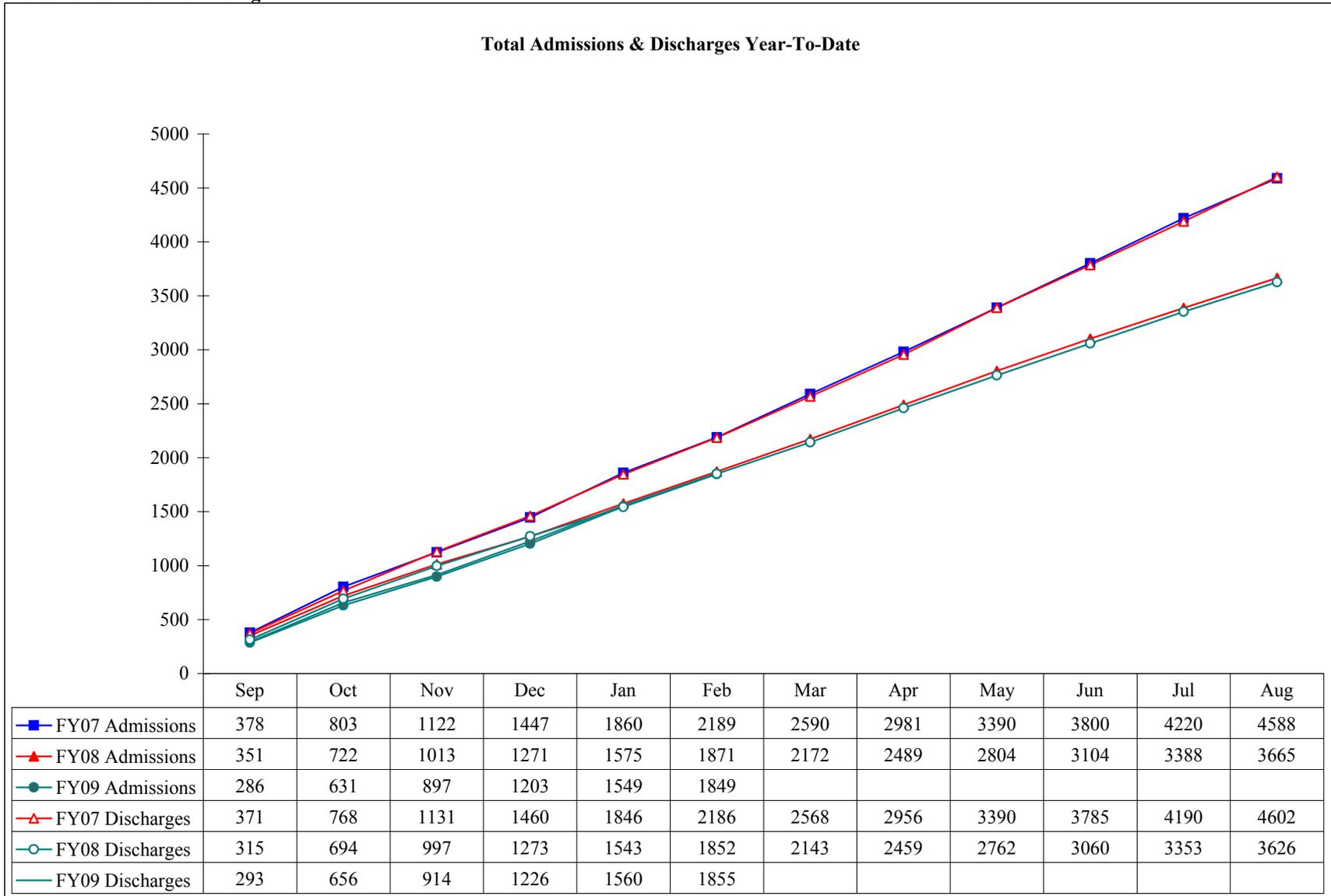
Austin State Hospital

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions:	351	371	291	258	304	296	301	317	315	300	284	277	286	345	266	306	346	300
Voluntary	40	44	35	28	33	43	37	44	49	40	40	50	50	42	27	32	48	44
Involuntary	311	327	256	230	271	253	264	273	266	260	244	227	236	303	239	274	298	256
OPC	40	40	20	15	23	15	14	21	22	22	19	24	19	16	20	26	34	29
Emergency	237	249	197	182	188	200	211	208	198	174	177	159	194	244	188	224	231	184
Temporary	24	20	22	14	19	21	20	30	23	39	25	22	16	14	9	7	13	20
Extended	0	1	0	0	0	1	1	0	2	1	0	0	0	0	0	1	2	0
46.02/46.03	10	16	15	18	41	16	18	13	20	23	18	20	7	28	20	16	17	22
Order for MI	0	1	2	1	0	0	0	1	1	1	5	2	0	1	2	0	1	1
Discharges	315	379	303	276	270	309	291	316	303	298	293	273	293	363	258	312	334	295
% New to System	46%	47%	40%	49%	45%	48%	44%	49%	46%	44%	44%	44%	50%	47%	52%	42%	44%	47%



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

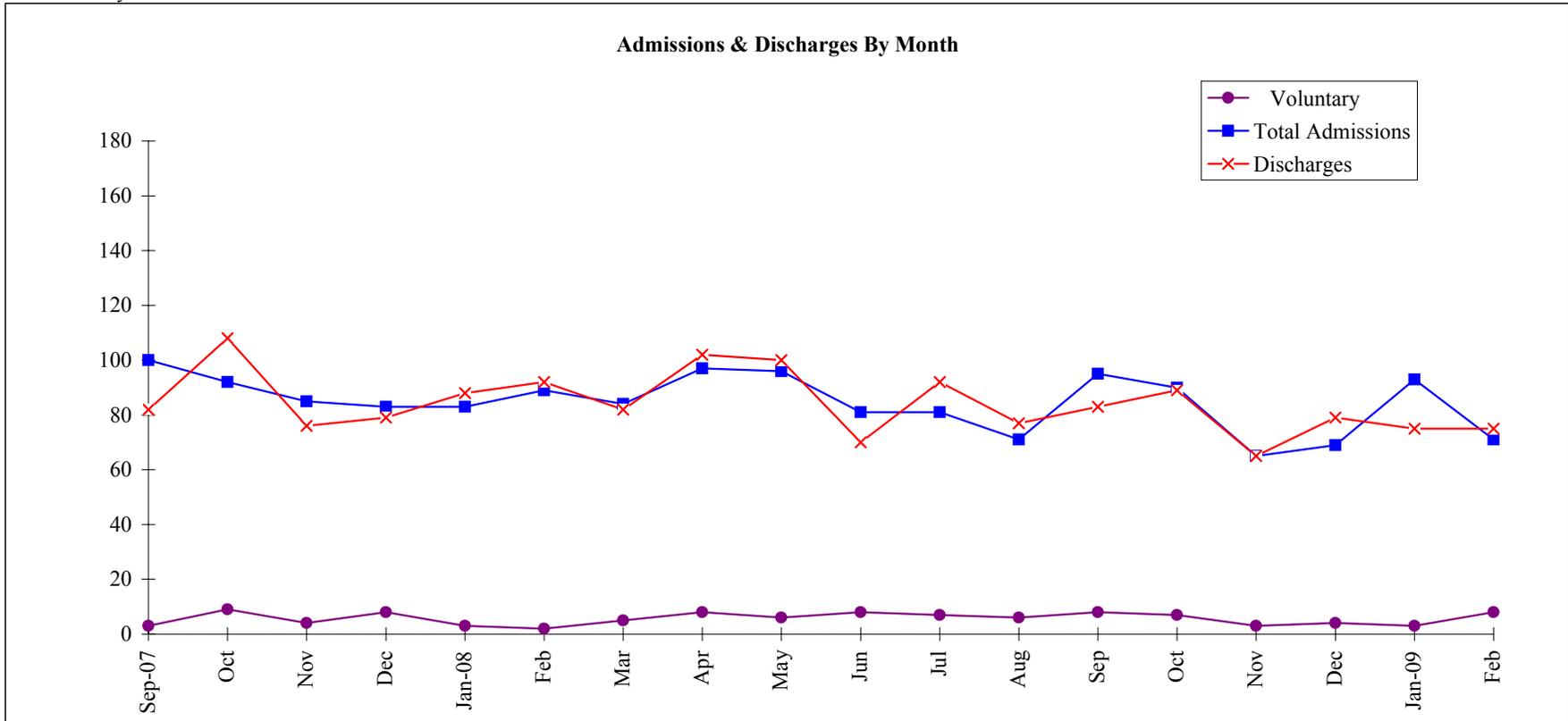


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

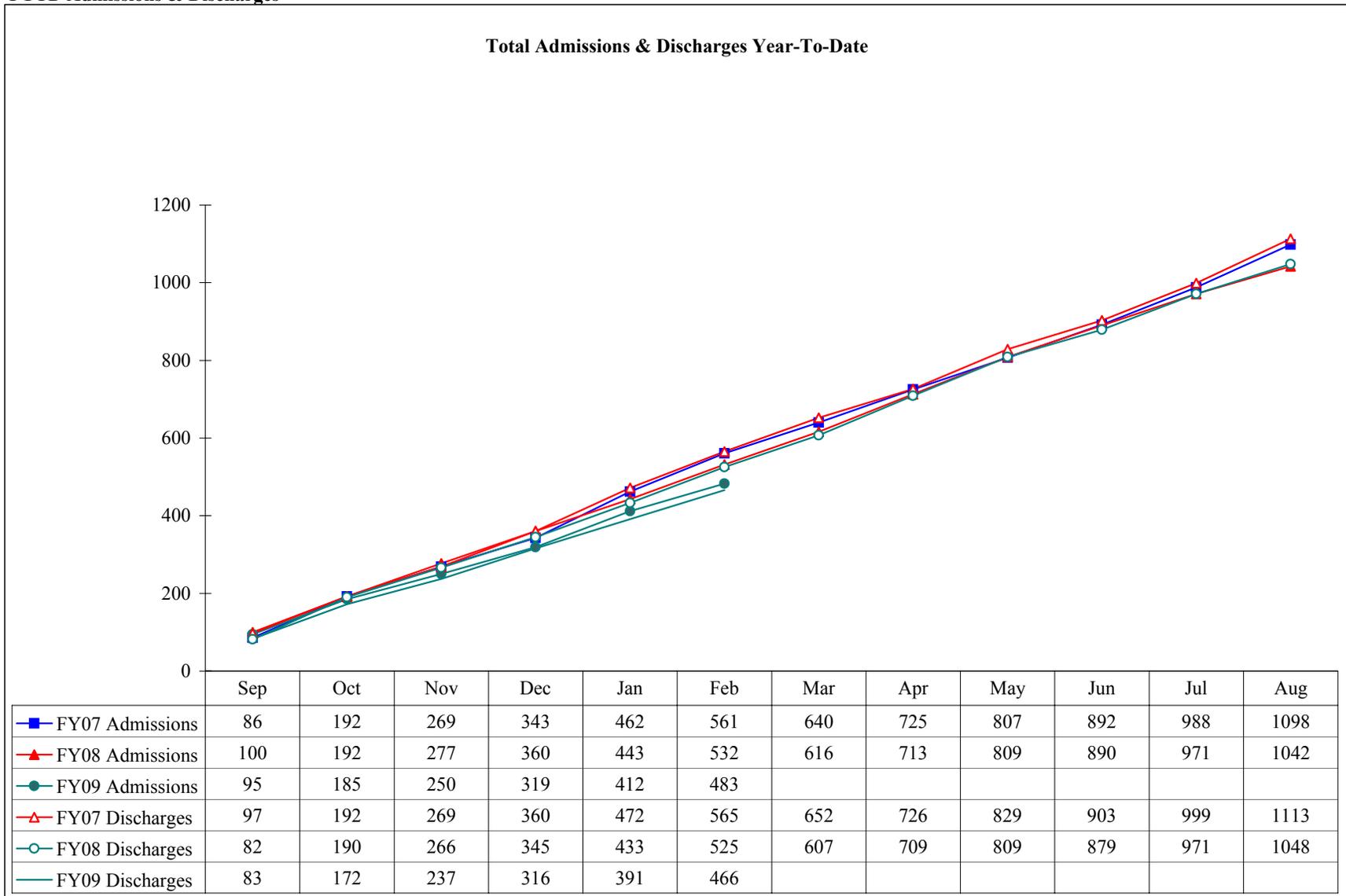
Big Spring State Hospital

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions:	100	92	85	83	83	89	84	97	96	81	81	71	95	90	65	69	93	71
Voluntary	3	9	4	8	3	2	5	8	6	8	7	6	8	7	3	4	3	8
Involuntary	97	83	81	75	80	87	79	89	90	73	74	65	87	83	62	65	90	63
OPC	9	7	12	8	6	7	7	2	8	8	8	5	12	3	5	5	5	9
Emergency	71	50	48	54	62	61	58	67	58	50	53	49	65	64	48	44	61	43
Temporary	1	1	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Extended	0	1	0	1	0	0	0	0	1	0	0	0	1	0	1	0	0	0
46.02/46.03	15	23	18	8	11	17	12	19	16	11	9	9	9	16	8	14	22	11
Order for MI	1	1	1	4	1	2	2	1	7	3	4	2	0	0	0	2	2	0
Discharges	82	108	76	79	88	92	82	102	100	70	92	77	83	89	65	79	75	75
% New to System	38%	45%	39%	40%	46%	34%	44%	40%	42%	31%	38%	39%	45%	42%	34%	36%	34%	34%



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

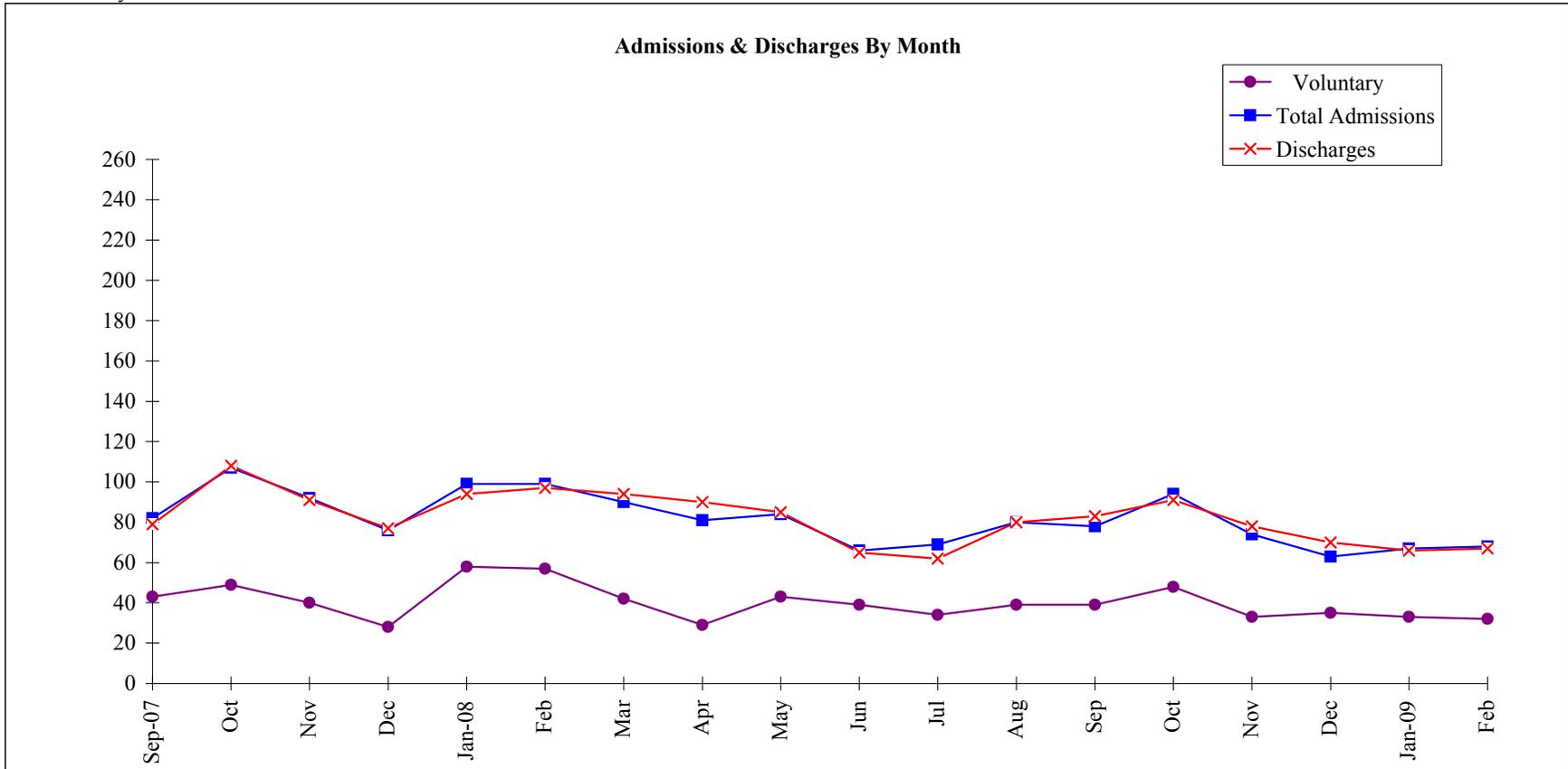


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

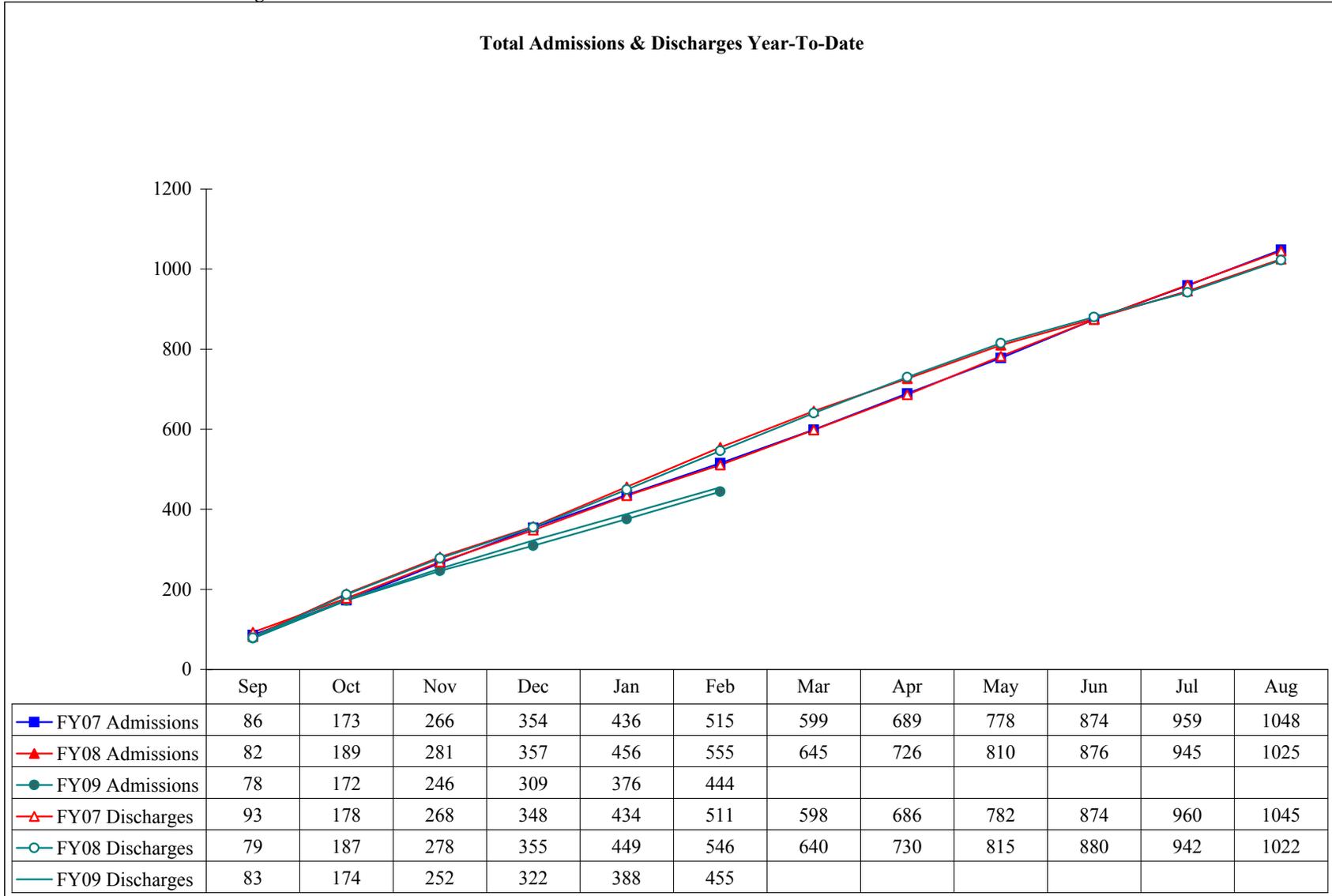
El Paso Psychiatric Center

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions	82	107	92	76	99	99	90	81	84	66	69	80	78	94	74	63	67	68
Voluntary	43	49	40	28	58	57	42	29	43	39	34	39	39	48	33	35	33	32
Involuntary	39	58	52	48	41	42	48	52	41	27	35	41	39	46	41	28	34	36
OPC	2	2	5	1	2	1	1	1	1	0	0	2	0	0	0	0	0	0
Emergency	37	51	43	39	38	40	44	49	38	26	29	33	37	41	41	27	32	28
Temporary	0	2	1	1	1	0	1	1	2	1	2	1	0	1	0	1	0	2
Extended	0	1	0	0	0	0	0	0	0	0	1	1	1	2	0	0	0	0
46.02/46.03	0	2	3	7	0	1	2	1	0	0	3	4	1	2	0	0	0	6
Order for MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Discharges	79	108	91	77	94	97	94	90	85	65	62	80	83	91	78	70	66	67
% New to System	45%	39%	52%	50%	52%	49%	43%	36%	39%	45%	39%	52%	49%	53%	41%	51%	37%	46%



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

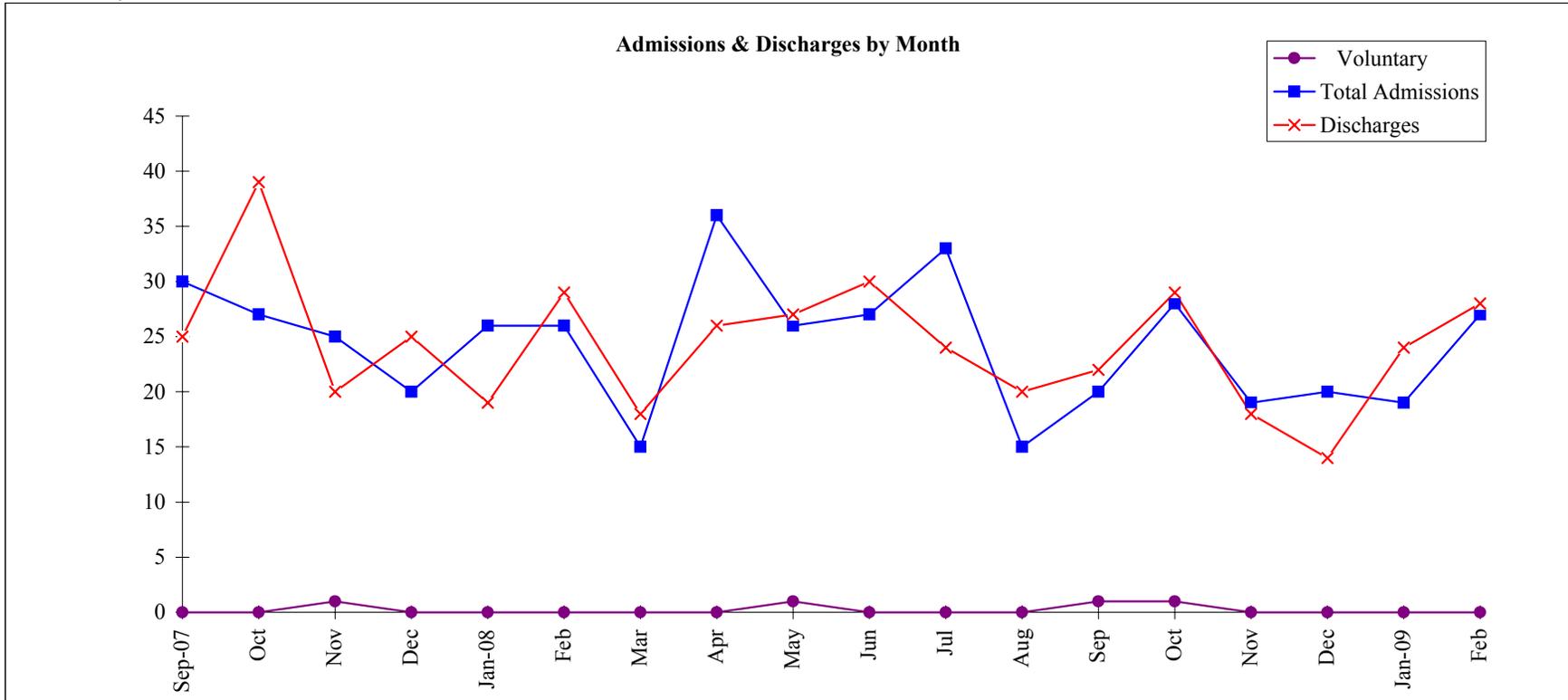


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Kerrville State Hospital

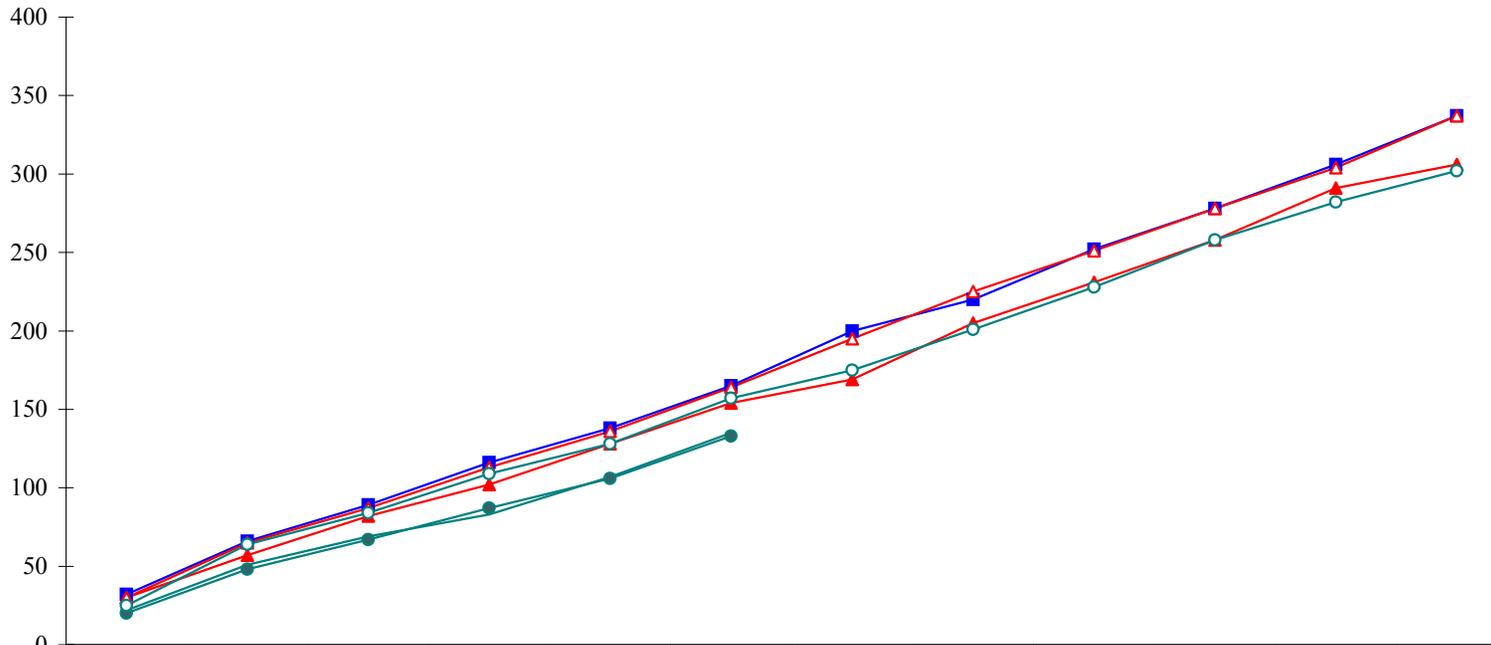
Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions	30	27	25	20	26	26	15	36	26	27	33	15	20	28	19	20	19	27
Voluntary	0	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0
Involuntary	30	27	24	20	26	26	15	36	25	27	33	15	19	27	19	20	19	27
OPC	0	0	1	0	1	0	0	3	1	0	0	0	1	0	0	0	0	0
Emergency	21	21	20	15	15	23	8	19	16	18	21	15	18	19	16	13	18	27
Temporary	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	6	4	2	5	10	3	7	14	8	9	12	0	0	8	3	7	1	0
Order for MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	25	39	20	25	19	29	18	26	27	30	24	20	22	29	18	14	24	28
% New to System	40%	52%	28%	20%	35%	54%	20%	36%	58%	30%	45%	40%	60%	29%	26%	25%	63%	41%



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



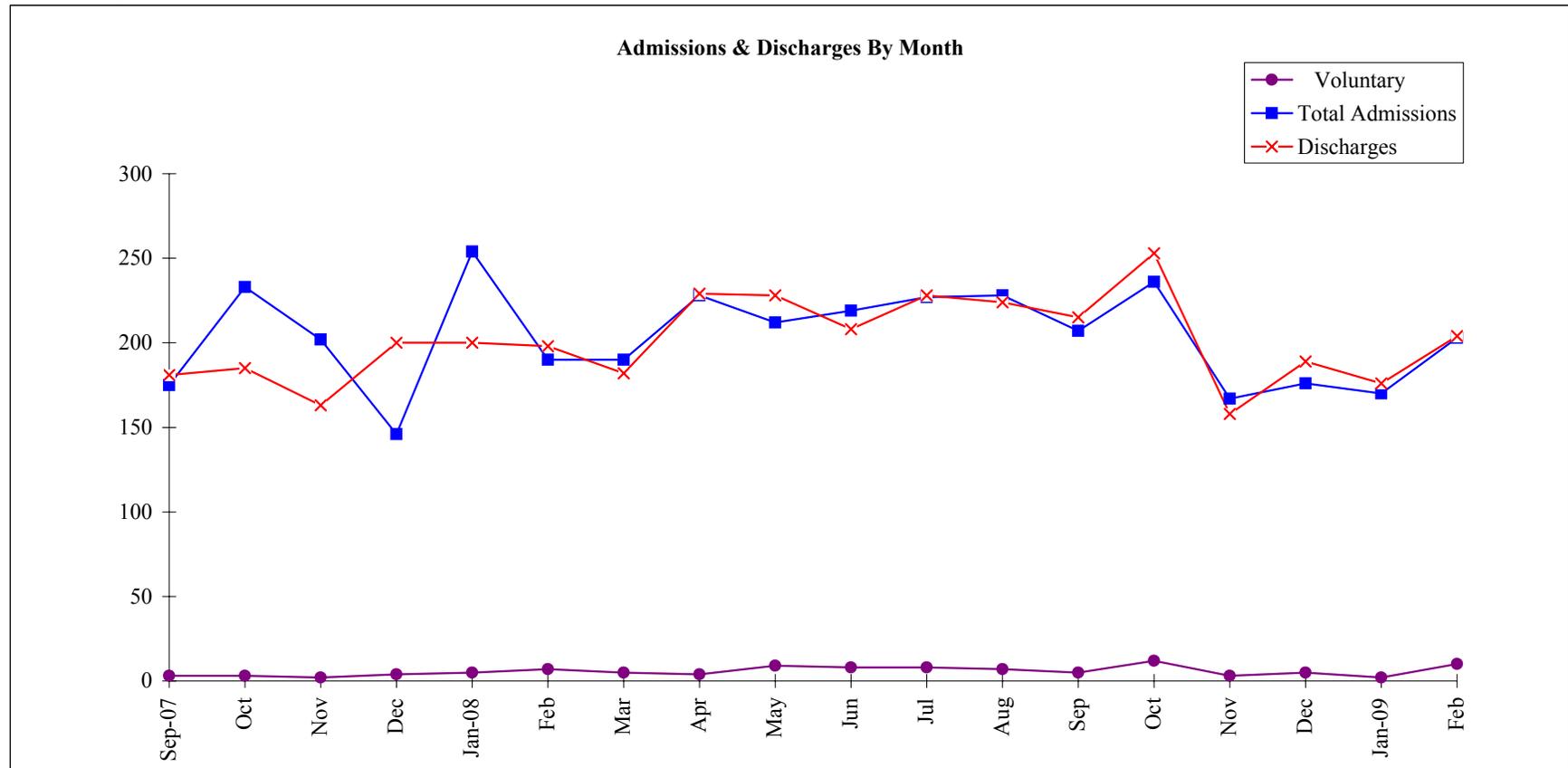
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY07 Admissions	32	66	89	116	138	165	200	220	252	278	306	337
▲ FY08 Admissions	30	57	82	102	128	154	169	205	231	258	291	306
● FY09 Admissions	20	48	67	87	106	133						
▲ FY07 Discharges	30	65	87	113	136	164	195	225	251	278	304	337
○ FY08 Discharges	25	64	84	109	128	157	175	201	228	258	282	302
— FY09 Discharges	22	51	69	83	107	135						

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

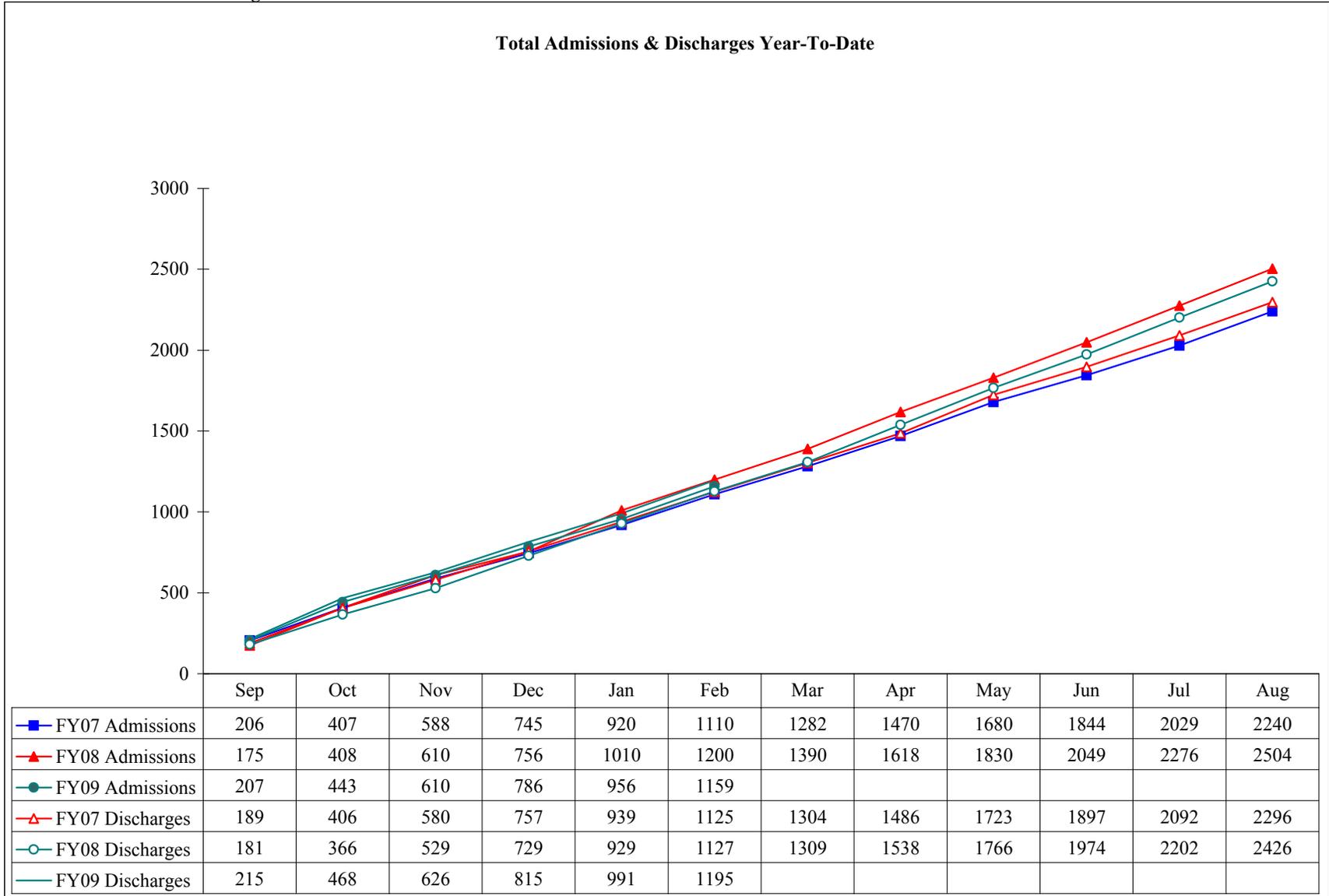
North Texas State Hospital

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions	175	233	202	146	254	190	190	228	212	219	227	228	207	236	167	176	170	203
Voluntary	3	3	2	4	5	7	5	4	9	8	8	7	5	12	3	5	2	10
Involuntary	172	230	200	142	249	183	185	224	203	211	219	221	202	224	164	171	168	193
OPC	12	23	13	15	20	17	24	31	12	17	17	20	13	17	11	19	16	18
Emergency	51	44	57	38	45	47	49	58	57	53	55	80	68	51	43	49	32	50
Temporary	42	46	53	44	65	53	50	54	50	54	53	67	53	61	42	44	59	44
Extended	1	3	0	0	0	0	1	2	1	0	0	0	0	0	0	1	1	4
46.02/46.03	56	91	65	33	103	54	51	68	72	70	82	41	52	86	55	43	50	64
Order for MI	10	23	12	12	16	12	10	11	11	17	12	13	16	9	13	15	10	13
Discharges	181	185	163	200	200	198	182	229	228	208	228	224	215	253	158	189	176	204
% New to System	46%	47%	56%	46%	44%	47%	51%	49%	50%	48%	48%	50%	51%	44%	53%	44%	51%	52%



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

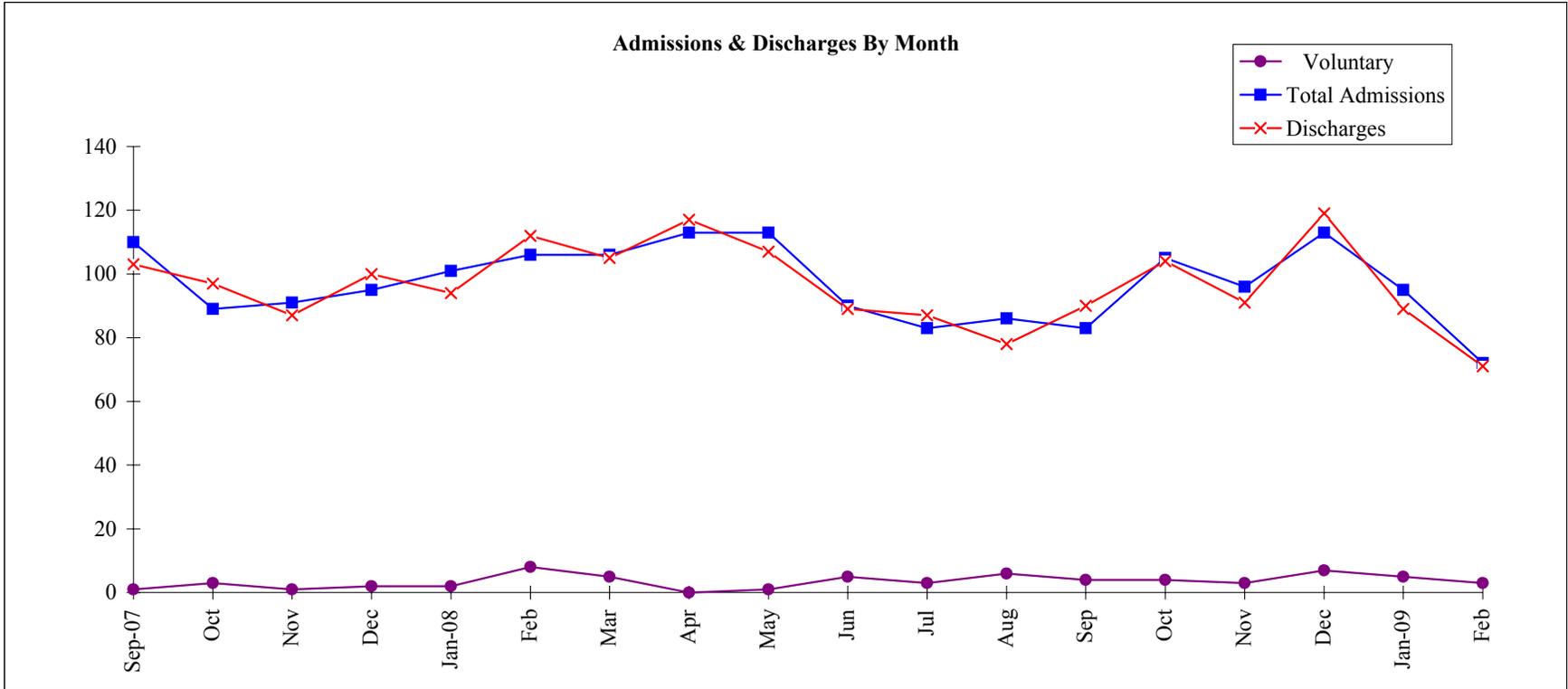


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

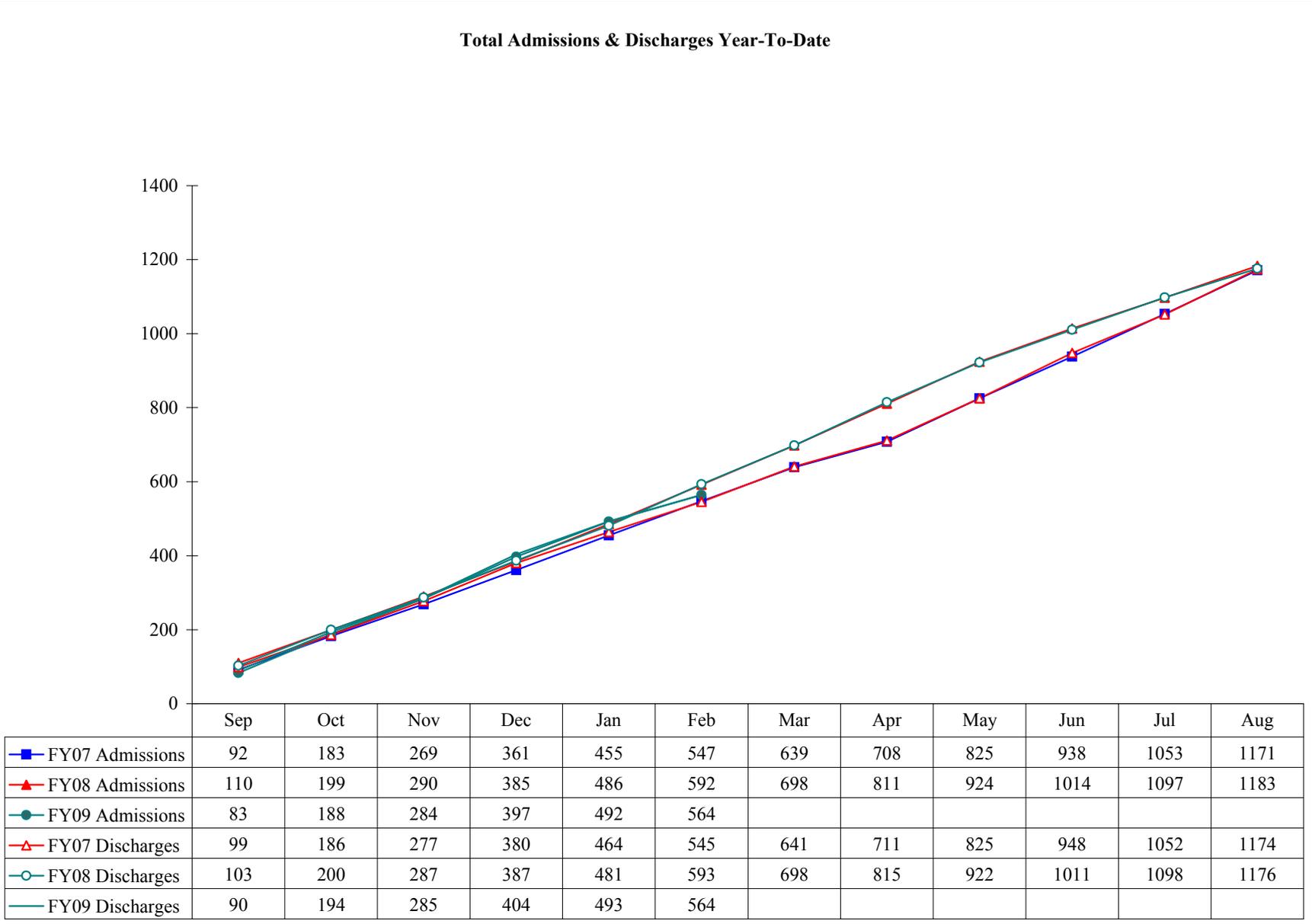
Rio Grande State Center

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions:	110	89	91	95	101	106	106	113	113	90	83	86	83	105	96	113	95	72
Voluntary	1	3	1	2	2	8	5	0	1	5	3	6	4	4	3	7	5	3
Involuntary	109	86	90	93	99	98	101	113	112	85	80	80	79	101	93	106	90	69
OPC	0	2	0	0	3	2	2	1	1	0	3	0	0	2	1	3	2	0
Emergency	108	83	90	90	91	96	98	112	109	82	74	77	77	99	90	100	85	67
Temporary	1	1	0	3	5	0	0	0	2	2	2	2	2	0	0	3	2	1
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1
Order for MI	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2	0	1	0
Discharges	103	97	87	100	94	112	105	117	107	89	87	78	90	104	91	119	89	71
% New to System	44%	40%	37%	51%	42%	56%	51%	43%	50%	46%	53%	48%	48%	40%	47%	41%	40%	47%



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

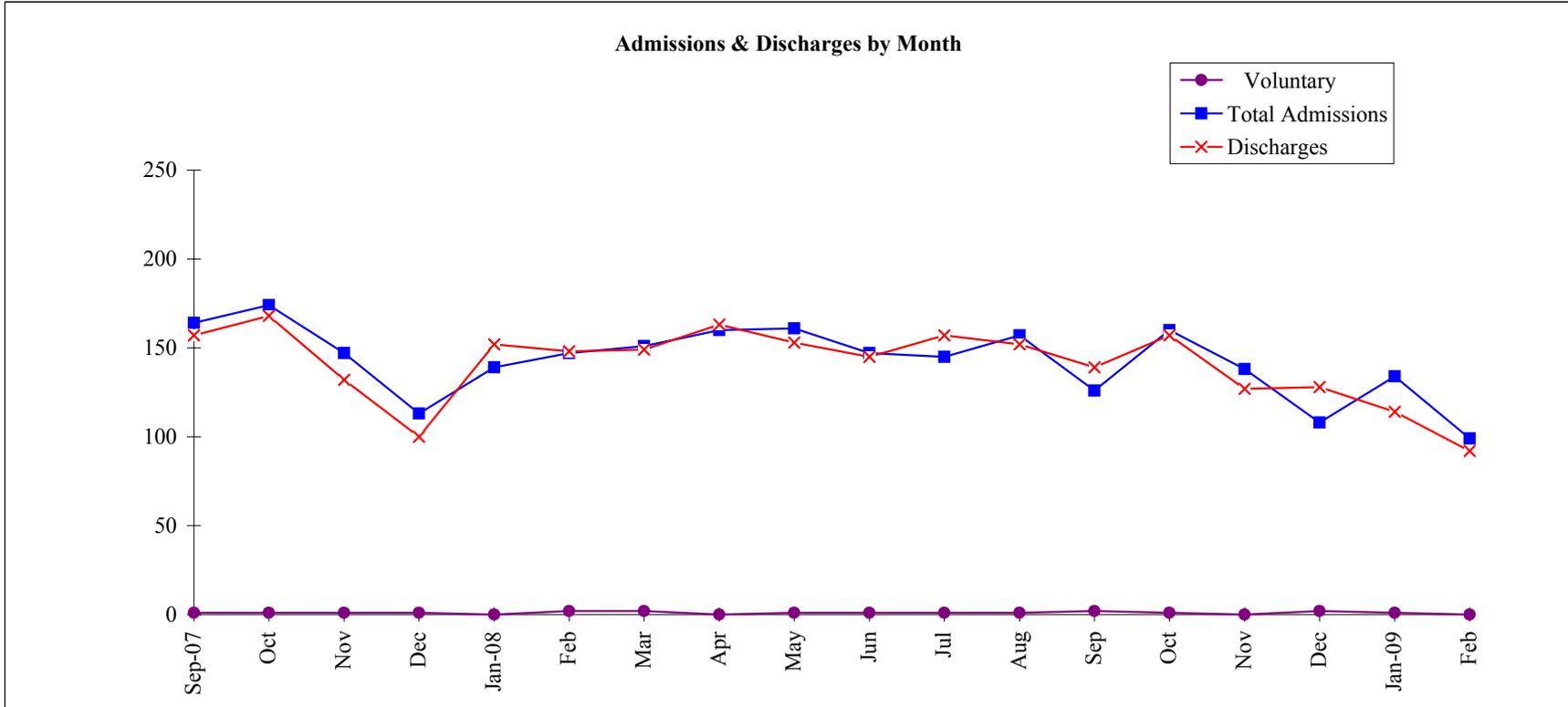


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

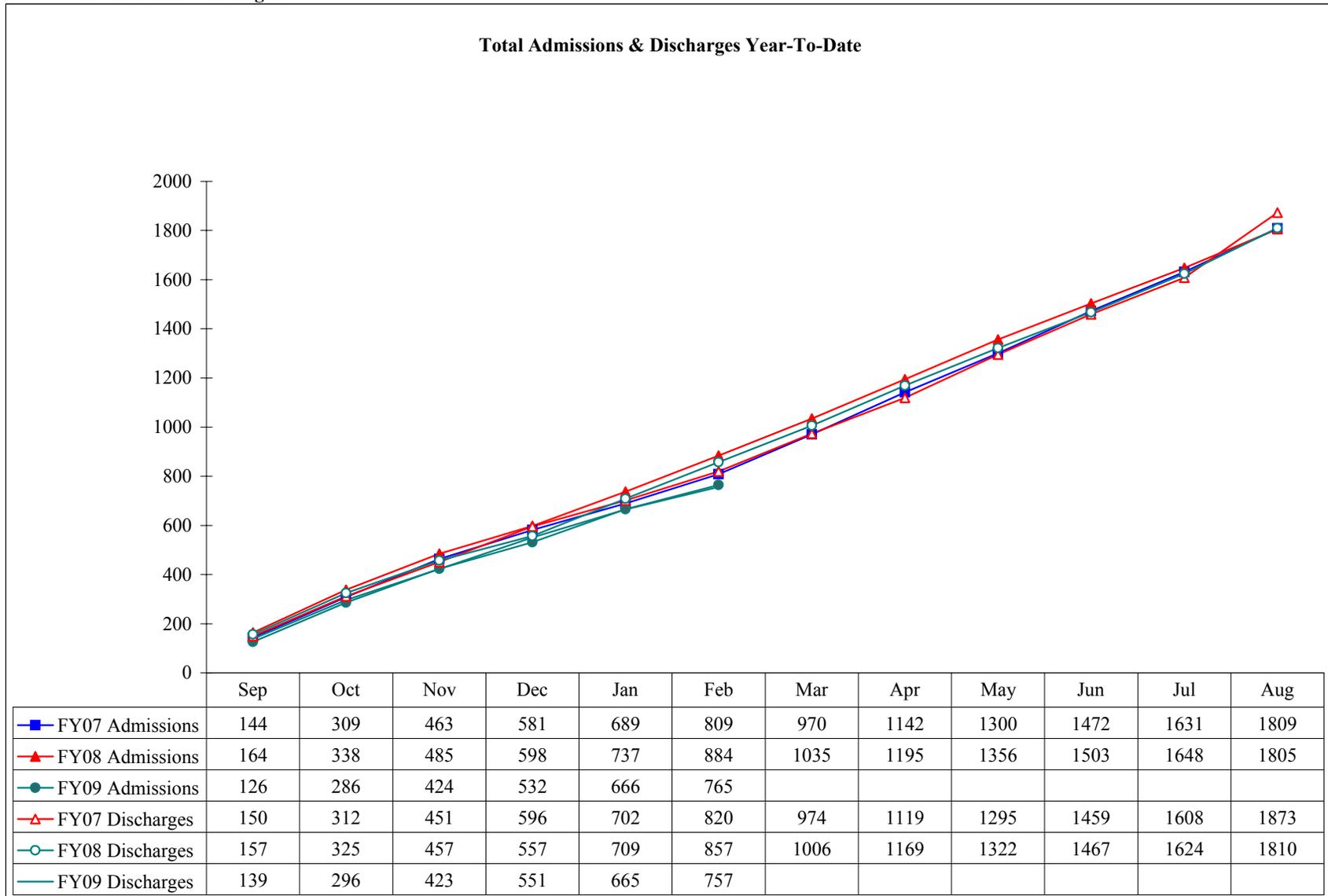
Rusk State Hospital

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions:	164	174	147	113	139	147	151	160	161	147	145	157	126	160	138	108	134	99
Voluntary	1	1	1	1	0	2	2	0	1	1	1	1	2	1	0	2	1	0
Involuntary	163	173	146	112	139	145	149	160	160	146	144	156	124	159	138	106	133	99
OPC	56	57	33	28	45	45	54	64	53	45	60	54	36	35	33	24	34	21
Emergency	62	53	40	51	59	56	64	63	54	59	52	62	73	77	66	41	37	22
Temporary	15	17	9	7	13	10	8	10	25	14	12	7	10	10	15	21	14	11
Extended	1	1	0	0	1	2	1	0	0	0	1	1	0	0	0	0	0	2
46.02/46.03	29	45	64	26	21	32	22	23	28	28	19	32	5	37	24	20	48	43
Order for MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	157	168	132	100	152	148	149	163	153	145	157	152	139	157	127	128	114	92
% New to System	43%	45%	46%	40%	46%	39%	54%	54%	48%	40%	55%	48%	55%	49%	40%	30%	38%	34%



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

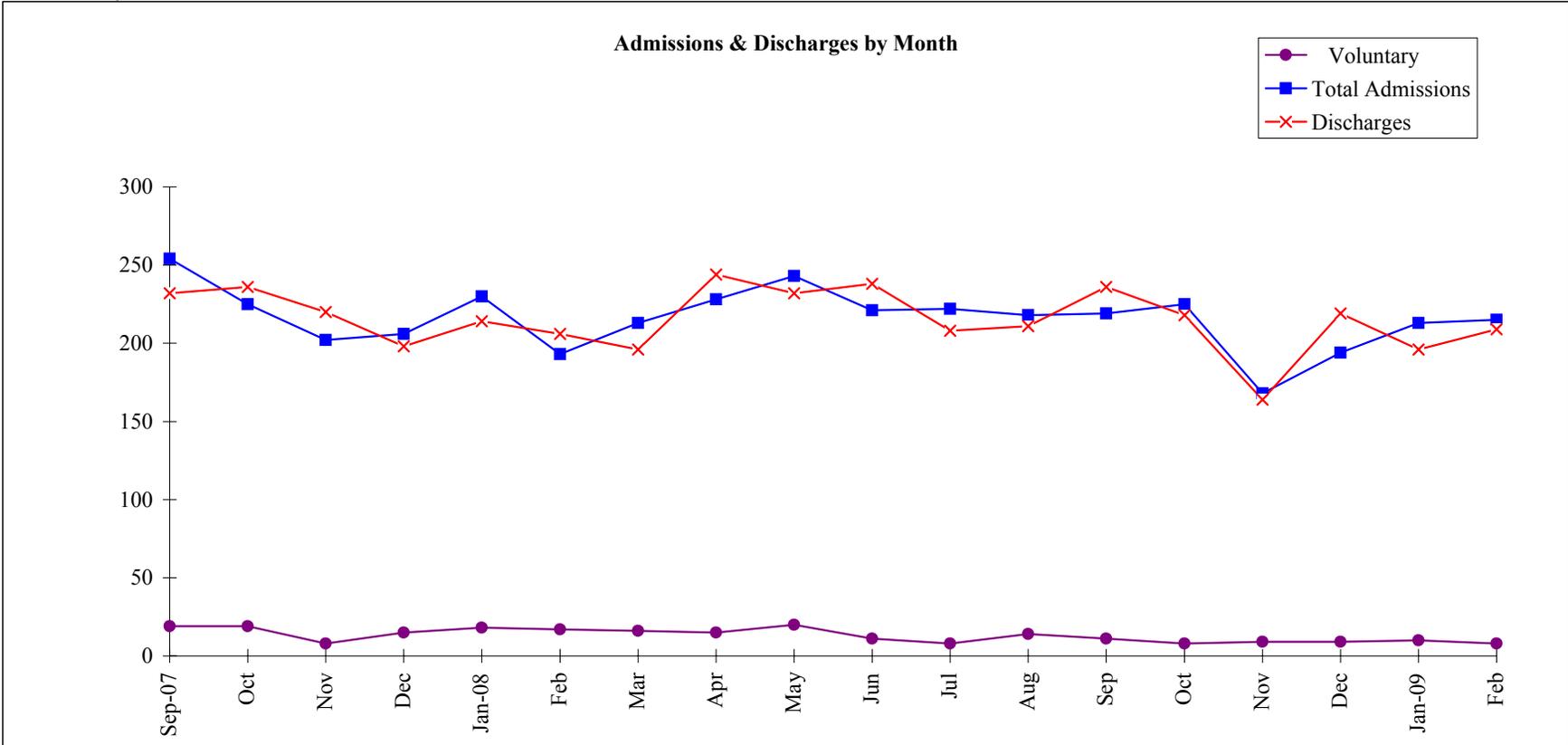


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

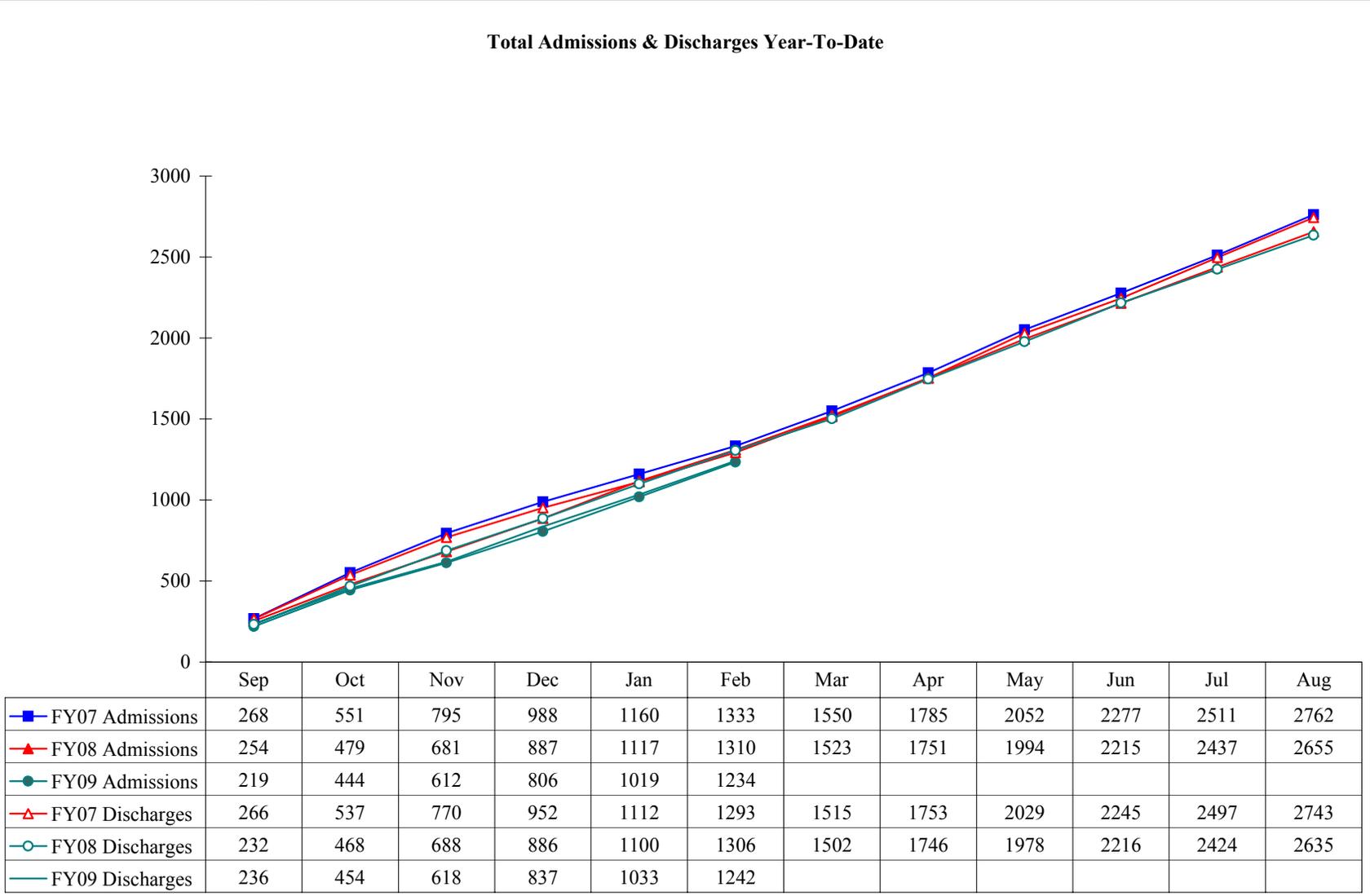
San Antonio State Hospital

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions:	254	225	202	206	230	193	213	228	243	221	222	218	219	225	168	194	213	215
Voluntary	19	19	8	15	18	17	16	15	20	11	8	14	11	8	9	9	10	8
Involuntary	235	206	194	191	212	176	197	213	223	210	214	204	208	217	159	185	203	207
OPC	69	52	55	47	58	64	51	72	70	55	77	64	68	96	48	62	66	60
Emergency	127	118	112	113	120	101	121	107	121	122	104	103	102	91	85	100	105	110
Temporary	23	27	14	12	13	11	19	22	19	23	27	22	32	23	21	14	24	22
Extended	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
46.02/46.03	14	4	11	18	17	0	6	10	10	6	4	10	4	5	4	7	5	10
Order for MI	2	3	2	1	4	0	0	2	3	4	2	4	2	2	1	2	3	4
Discharges	232	236	220	198	214	206	196	244	232	238	208	211	236	218	164	219	196	209
% New to System	46%	46%	51%	42%	47%	42%	44%	42%	45%	42%	40%	43%	48%	45%	46%	45%	44%	55%



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

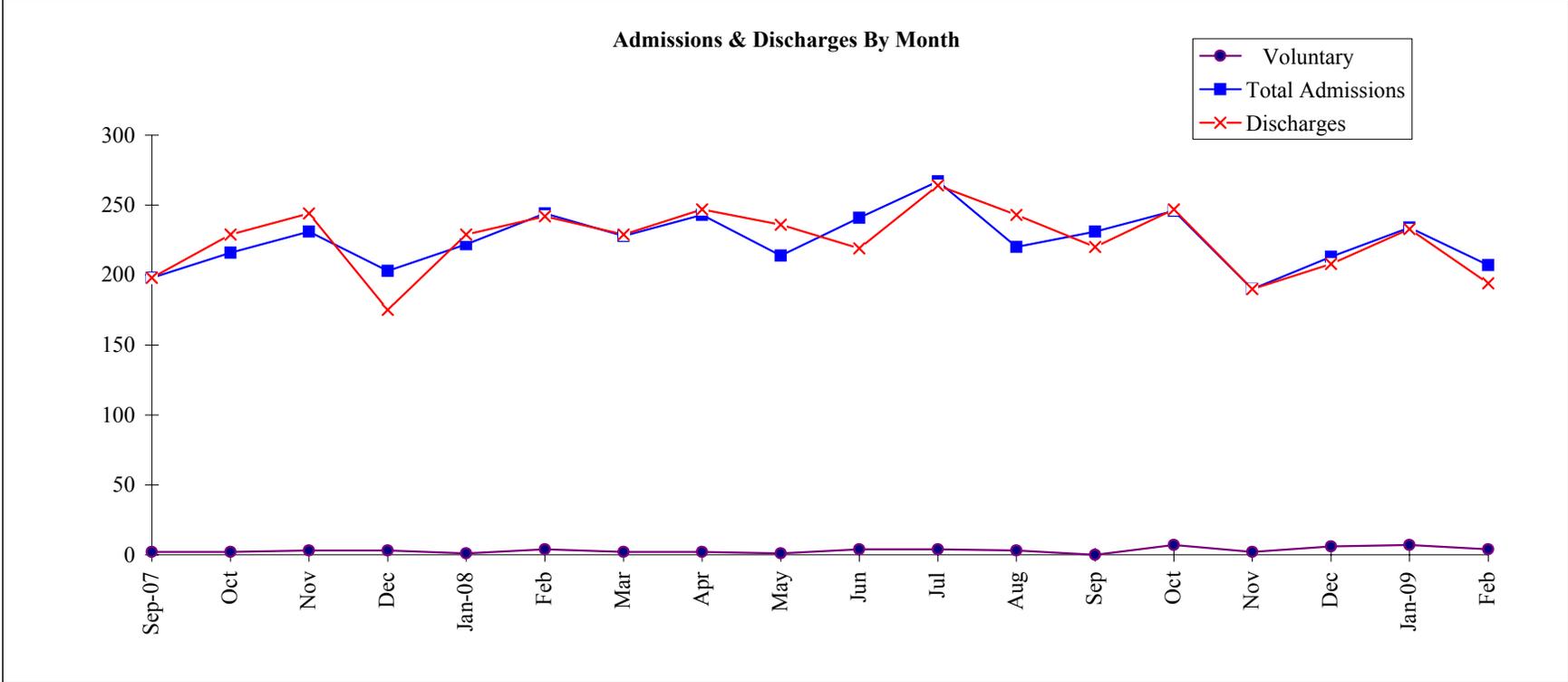


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

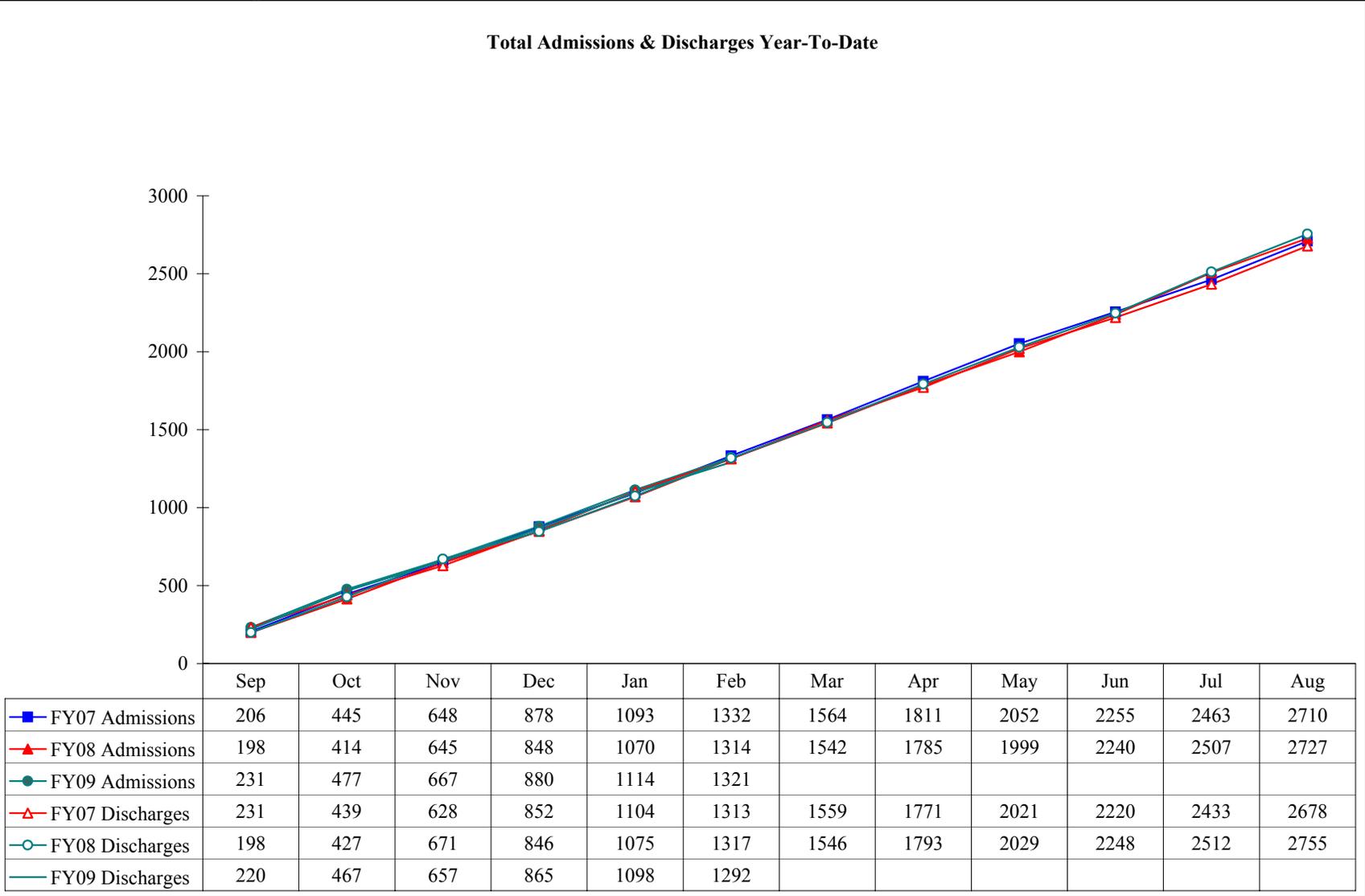
Terrell State Hospital

Admissions by Month

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions:	198	216	231	203	222	244	228	243	214	241	267	220	231	246	190	213	234	207
Voluntary	2	2	3	3	1	4	2	2	1	4	4	3	0	7	2	6	7	4
Involuntary	196	214	228	200	221	240	226	241	213	237	263	217	231	239	188	207	227	203
OPC	126	170	182	151	173	182	183	171	159	189	192	163	189	189	159	174	168	156
Emergency	10	8	8	12	6	19	9	14	14	18	15	15	17	10	12	12	12	9
Temporary	44	31	21	17	29	29	18	39	31	21	37	22	23	19	11	17	27	22
Extended	3	1	1	3	3	2	3	1	1	1	2	1	1	4	2	1	3	2
46.02/46.03	13	4	16	17	10	8	13	16	8	8	17	16	1	17	4	3	17	14
Order for MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	198	229	244	175	229	242	229	247	236	219	264	243	220	247	190	208	233	194
% New to Svsyten	37%	40%	38%	47%	46%	46%	43%	44%	45%	46%	40%	45%	45%	45%	44%	40%	44%	46%



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

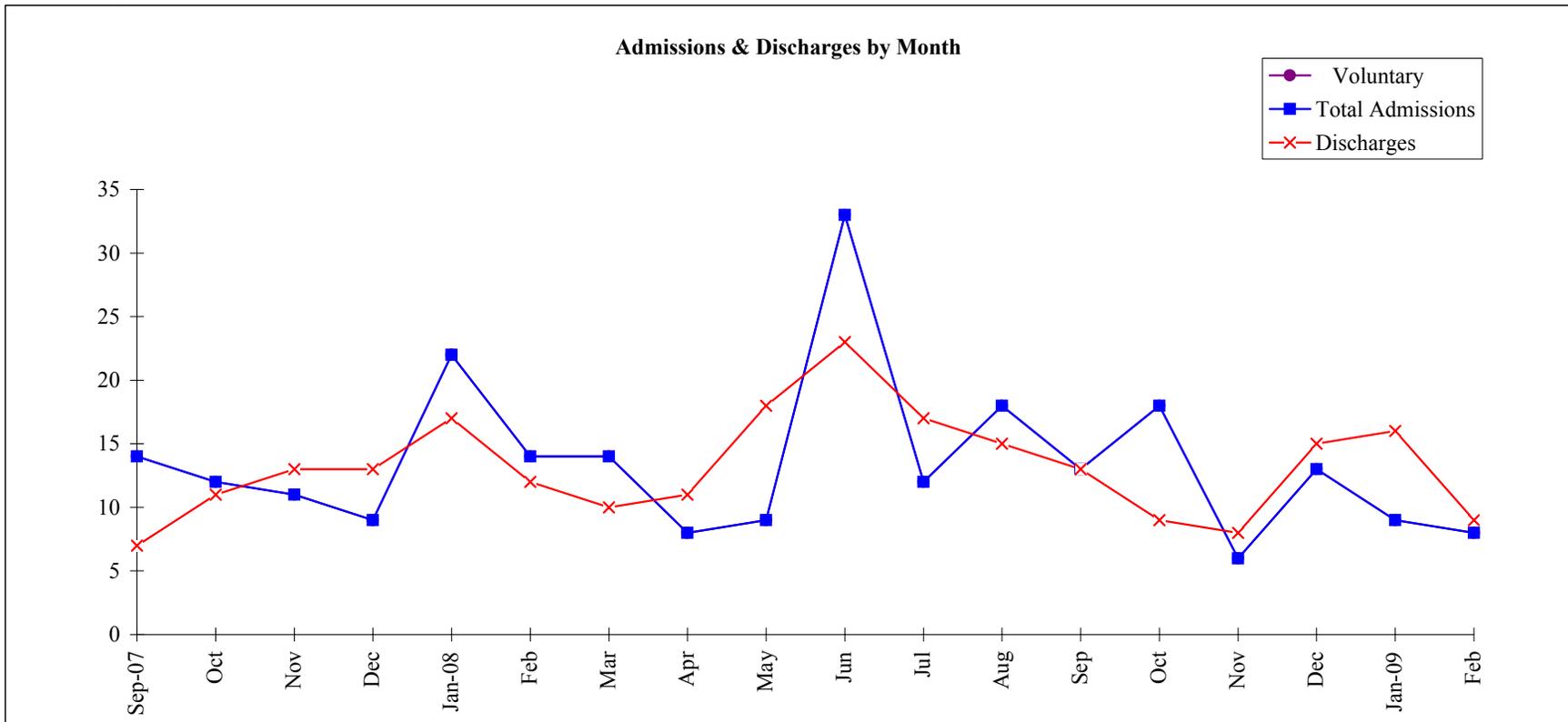


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

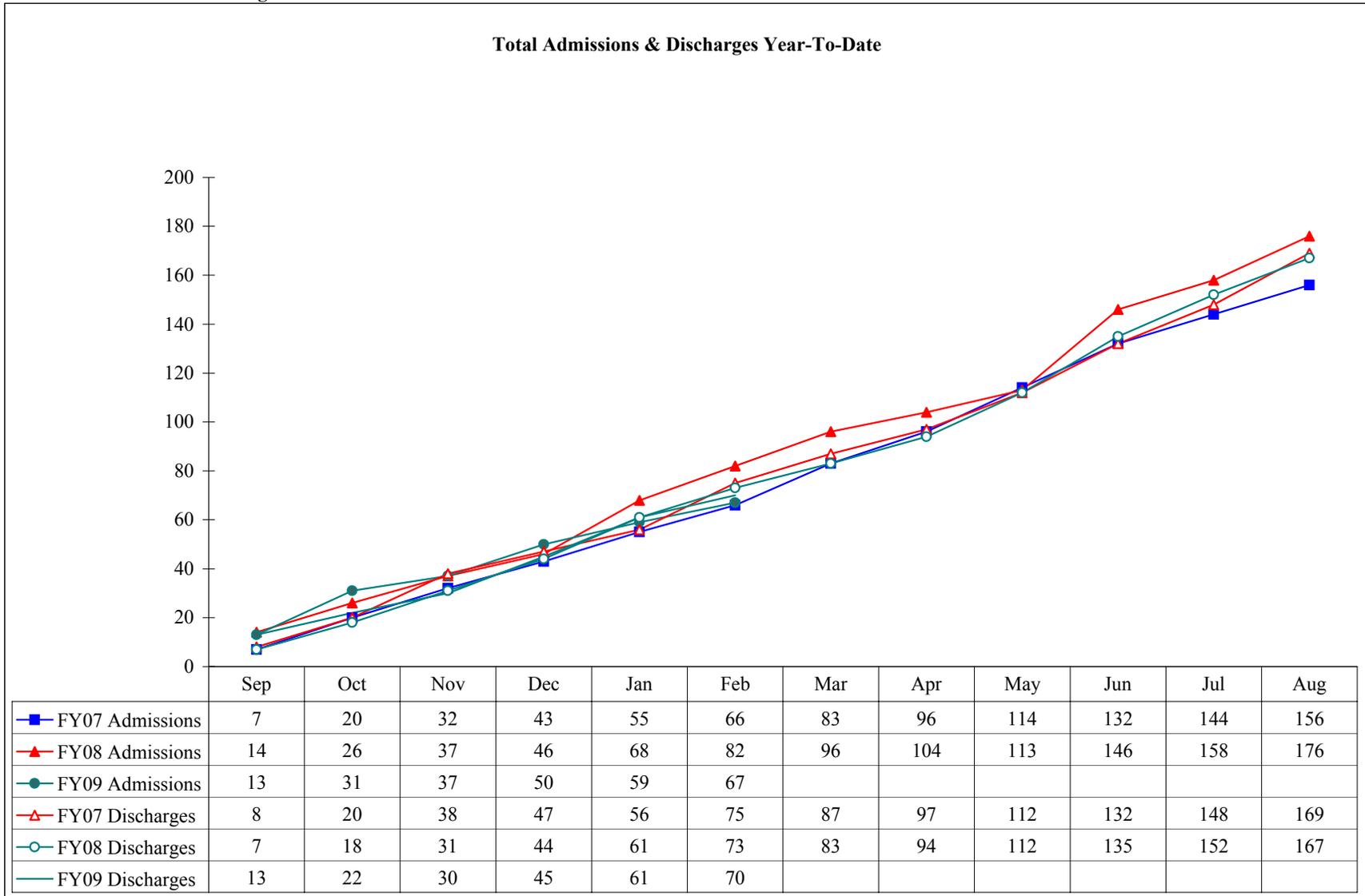
Waco Center for Youth

Admissions by Month

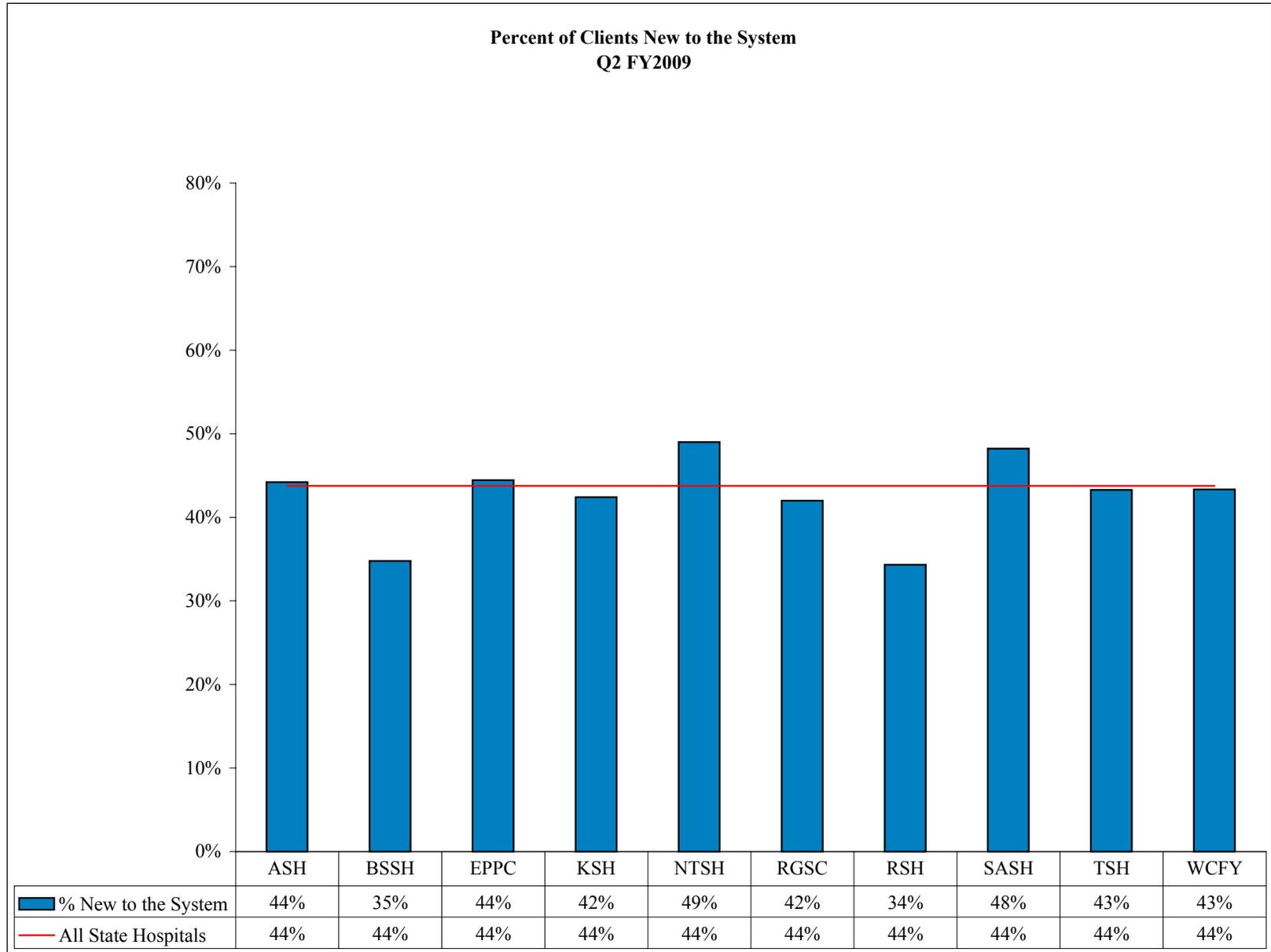
	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Admissions	14	12	11	9	22	14	14	8	9	33	12	18	13	18	6	13	9	8
Voluntary	14	12	11	9	22	14	14	8	9	33	12	18	13	18	6	13	9	8
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	7	11	13	13	17	12	10	11	18	23	17	15	13	9	8	15	16	9
% New to System	57%	58%	82%	56%	68%	29%	50%	50%	44%	67%	58%	61%	69%	61%	67%	46%	44%	38%



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



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



Performance Measure 5B:

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

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

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

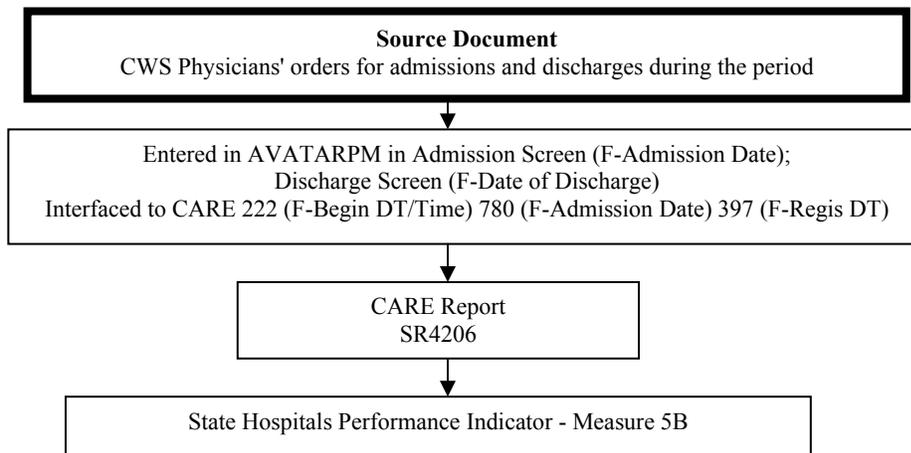
D = total persons discharged during the quarter

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

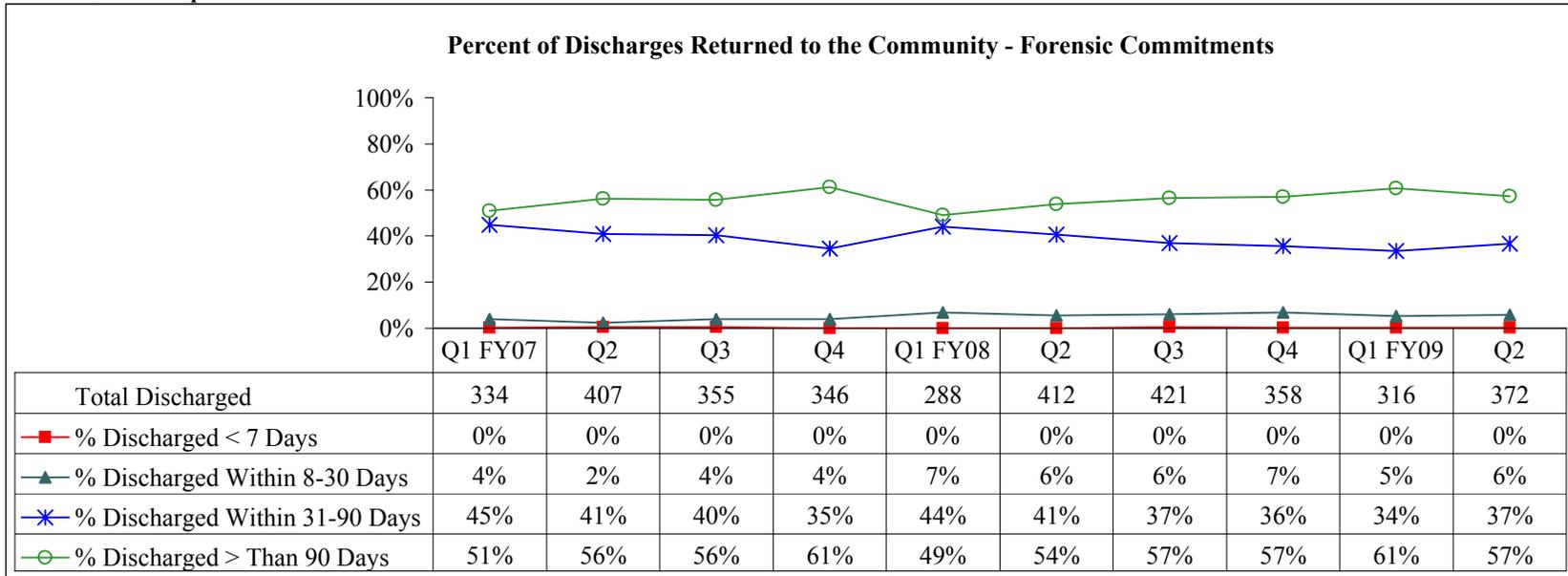
Performance Measure Data Display and Chart Description:

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

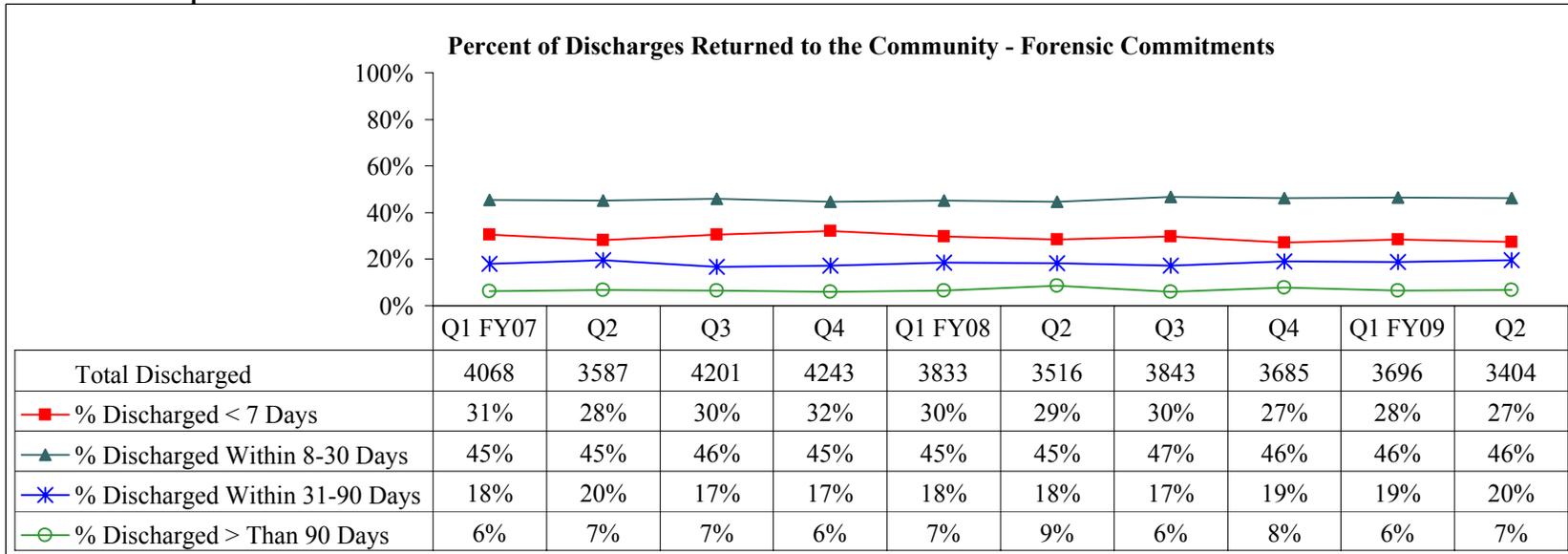
Data Flow:



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

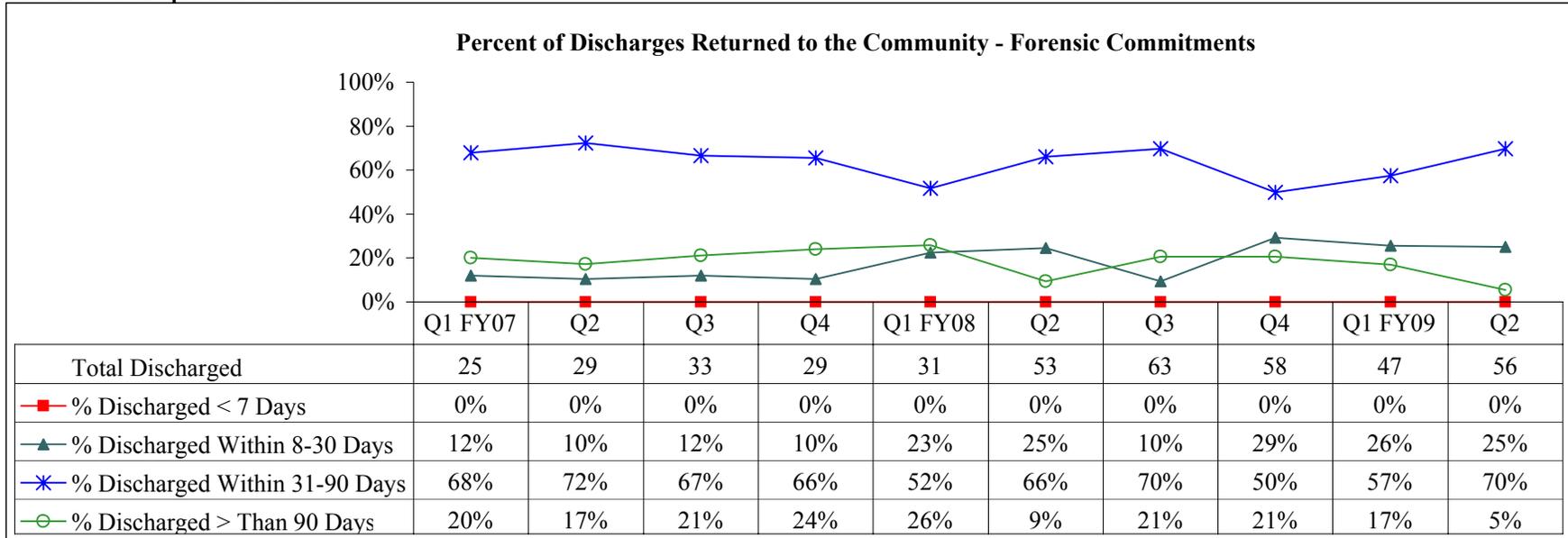


Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Non Forensic

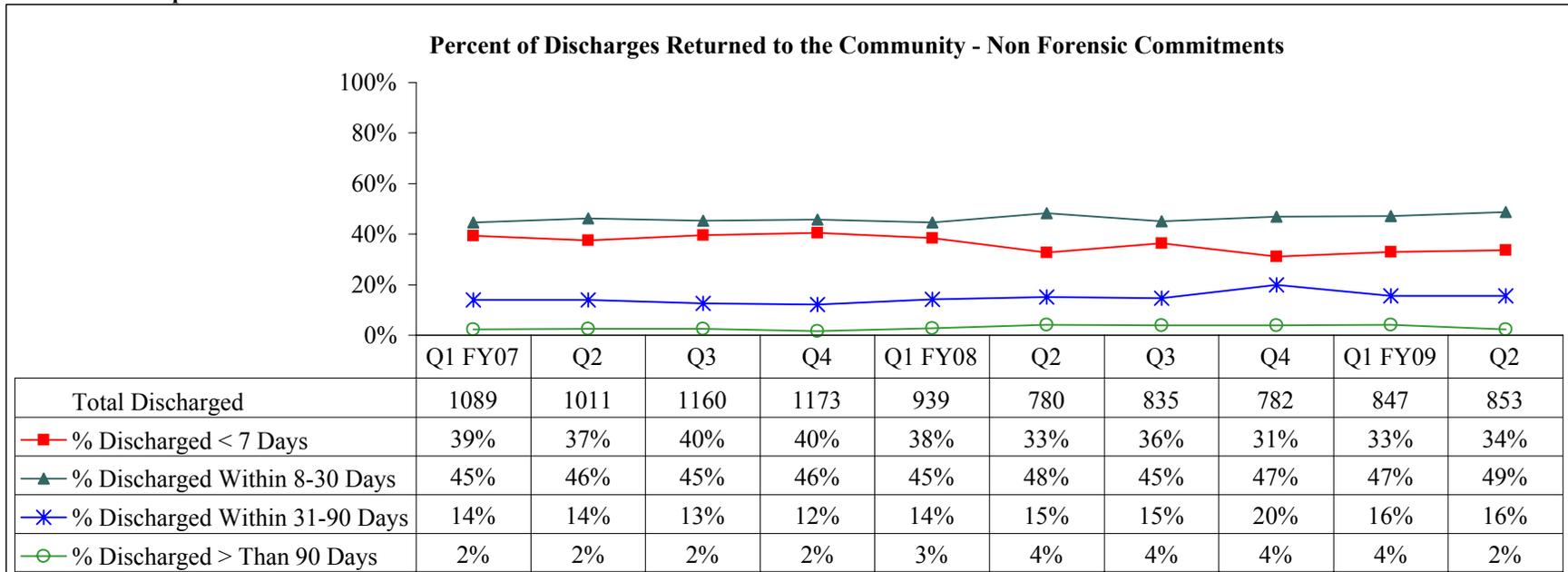


Total Discharges do not include transfers or DMAs

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

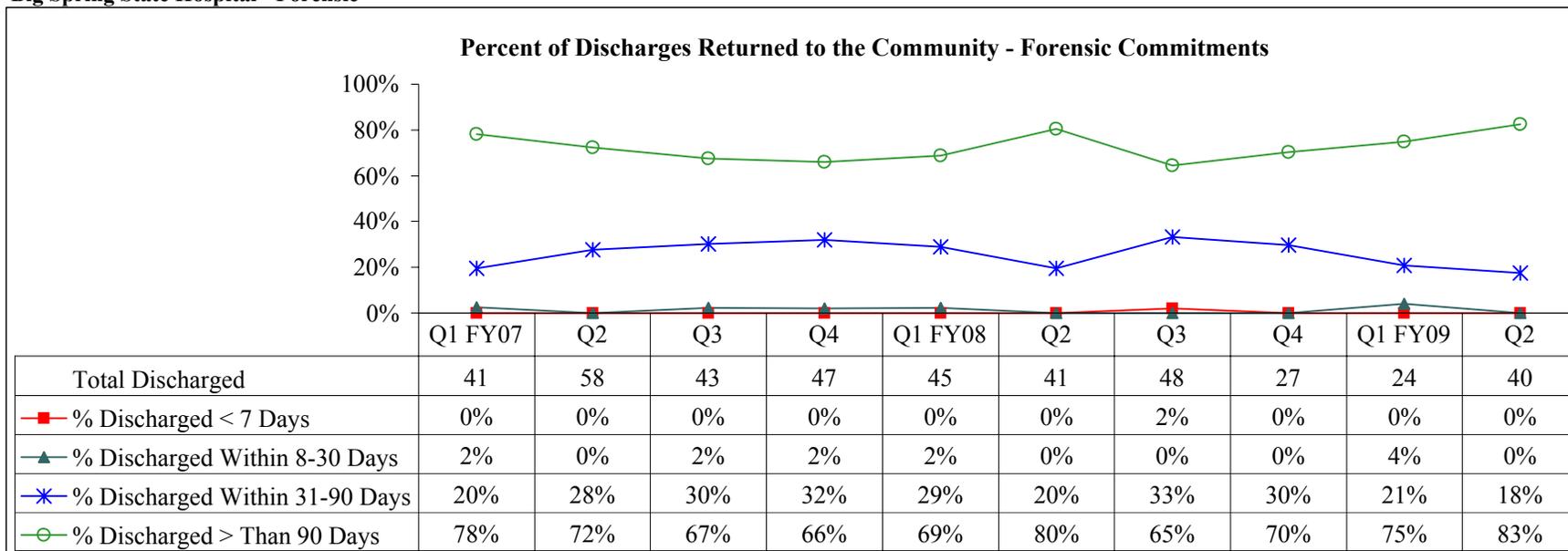


Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

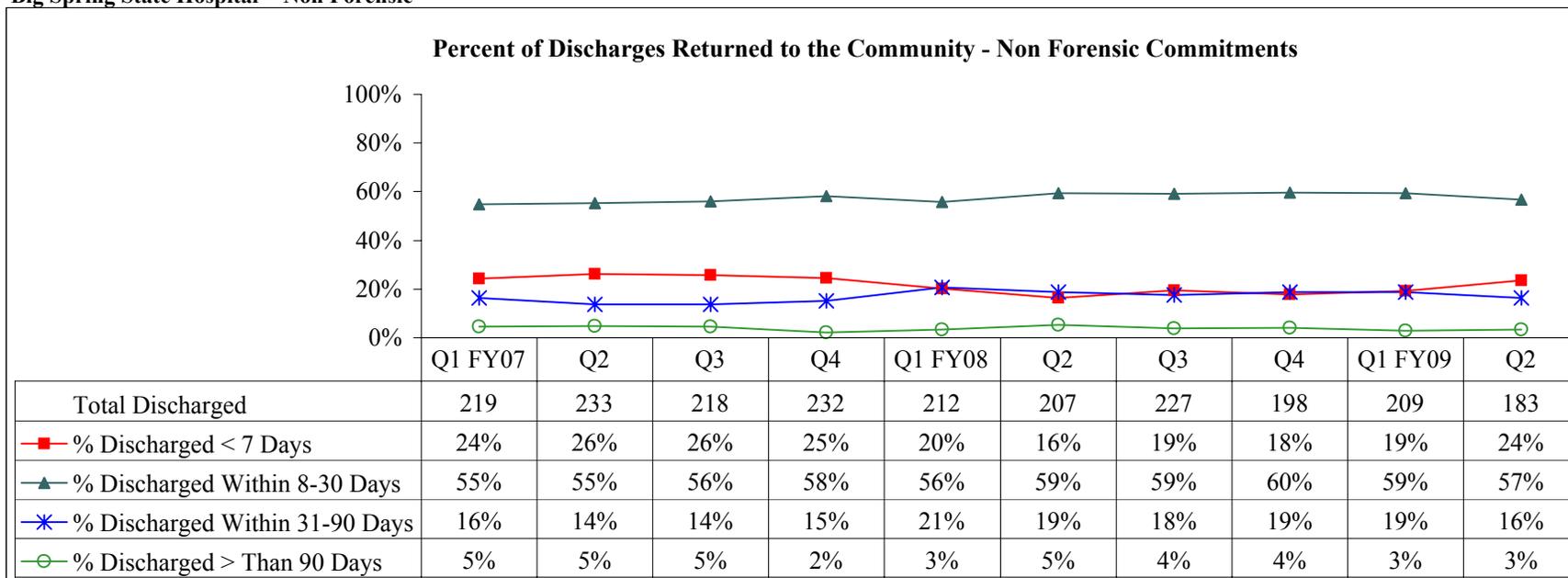


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

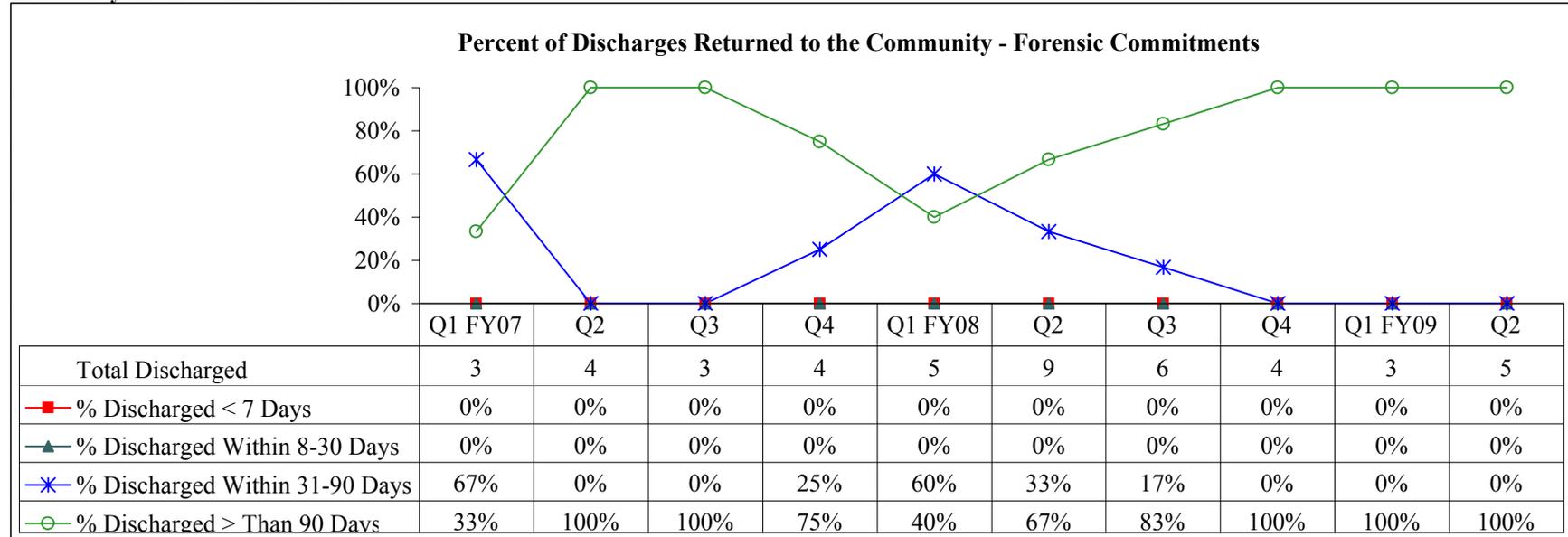
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic



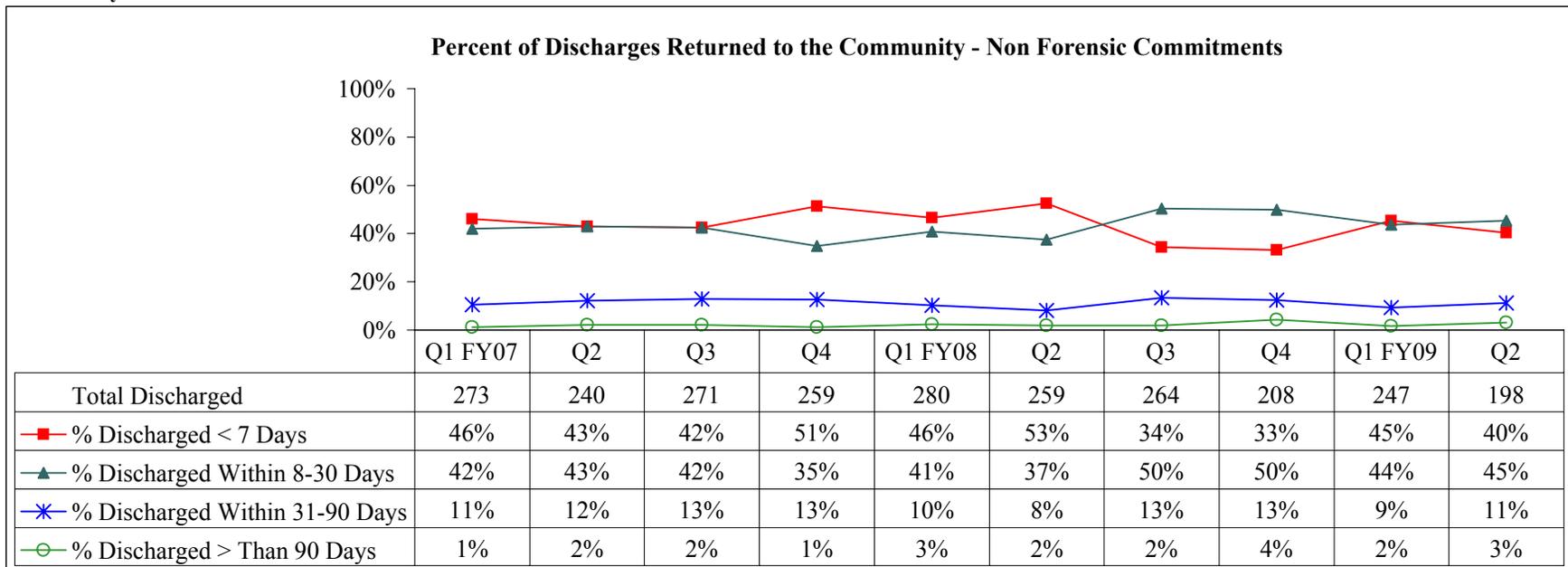
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic



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



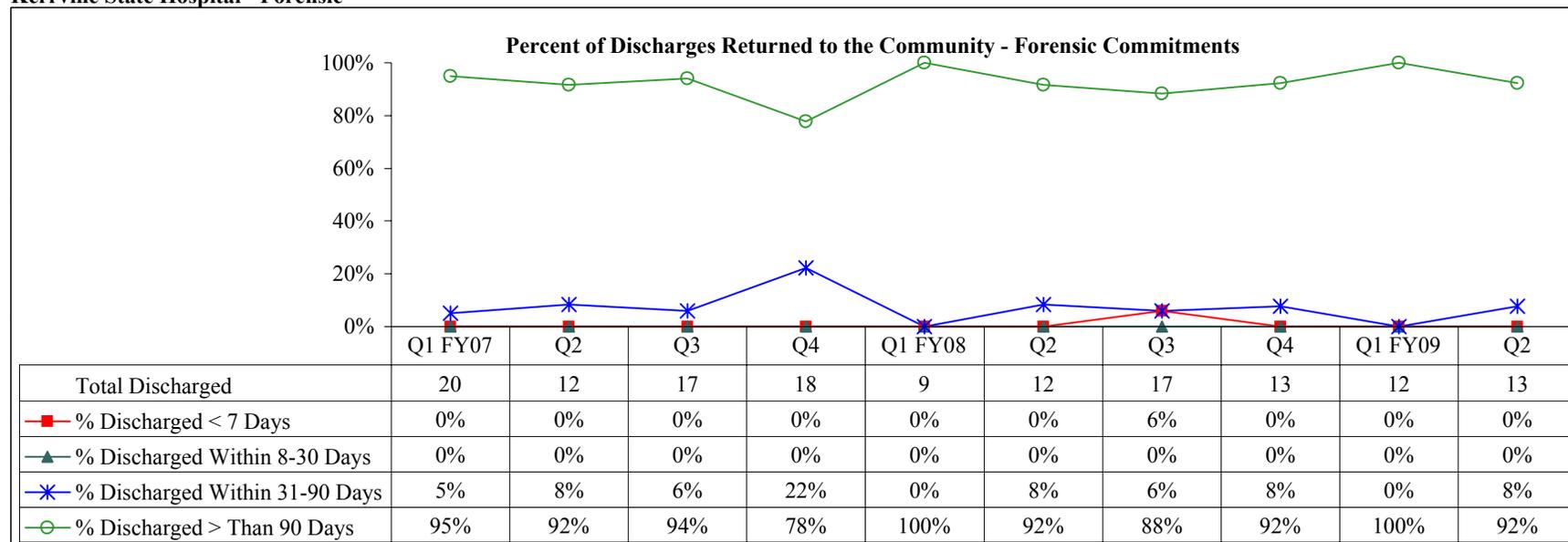
Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Non Forensic



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

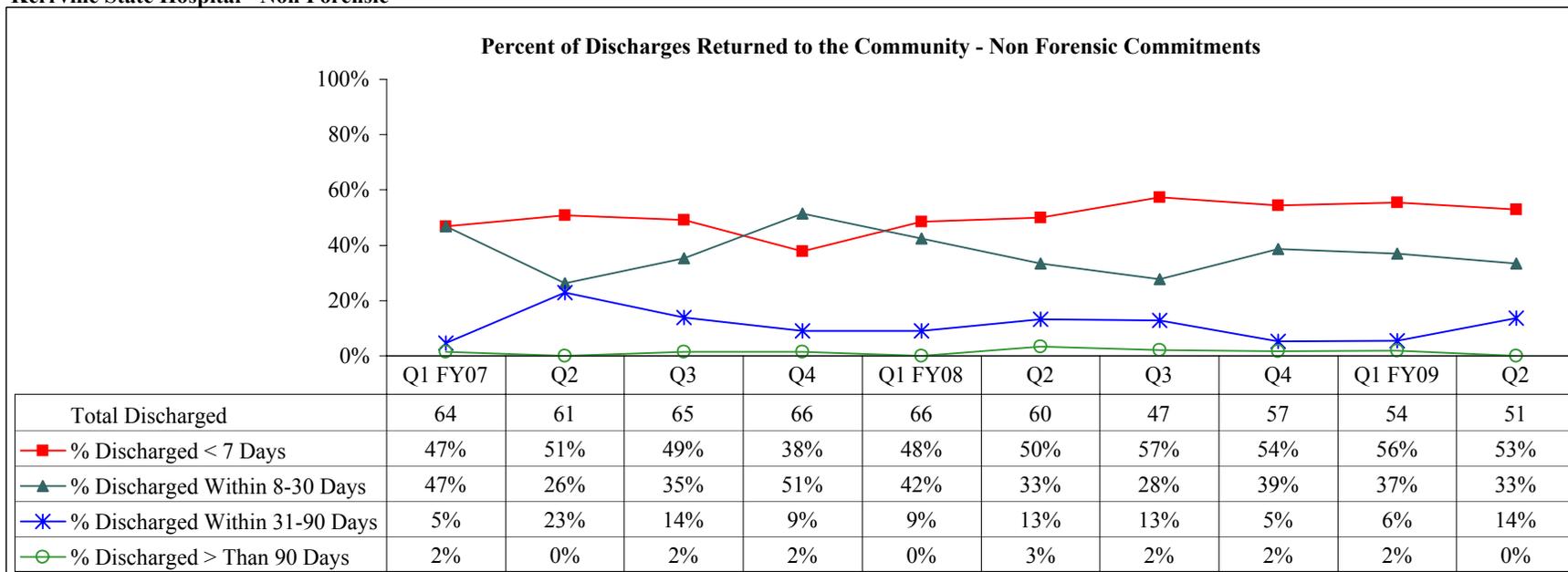
Measure 5B - Percent of Discharges Returned to the Community

Kerrville State Hospital - Forensic

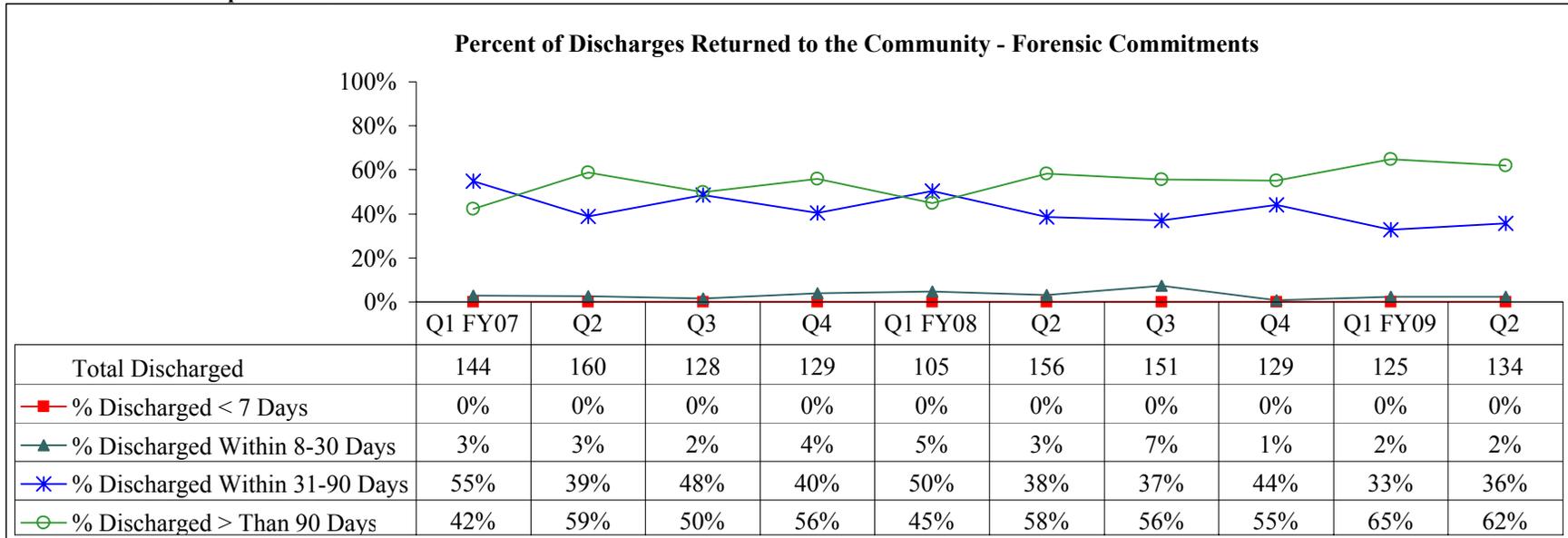


Measure 5B - Percent of Discharges Returned to the Community

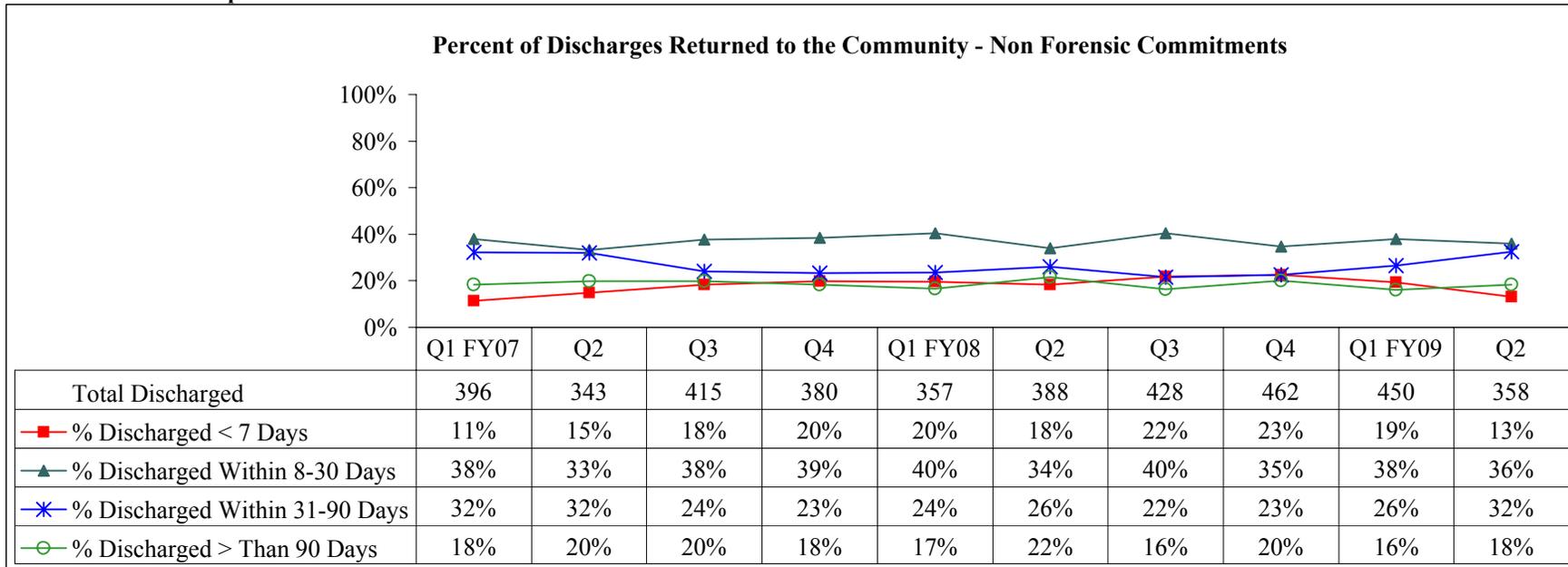
Kerrville State Hospital - Non Forensic



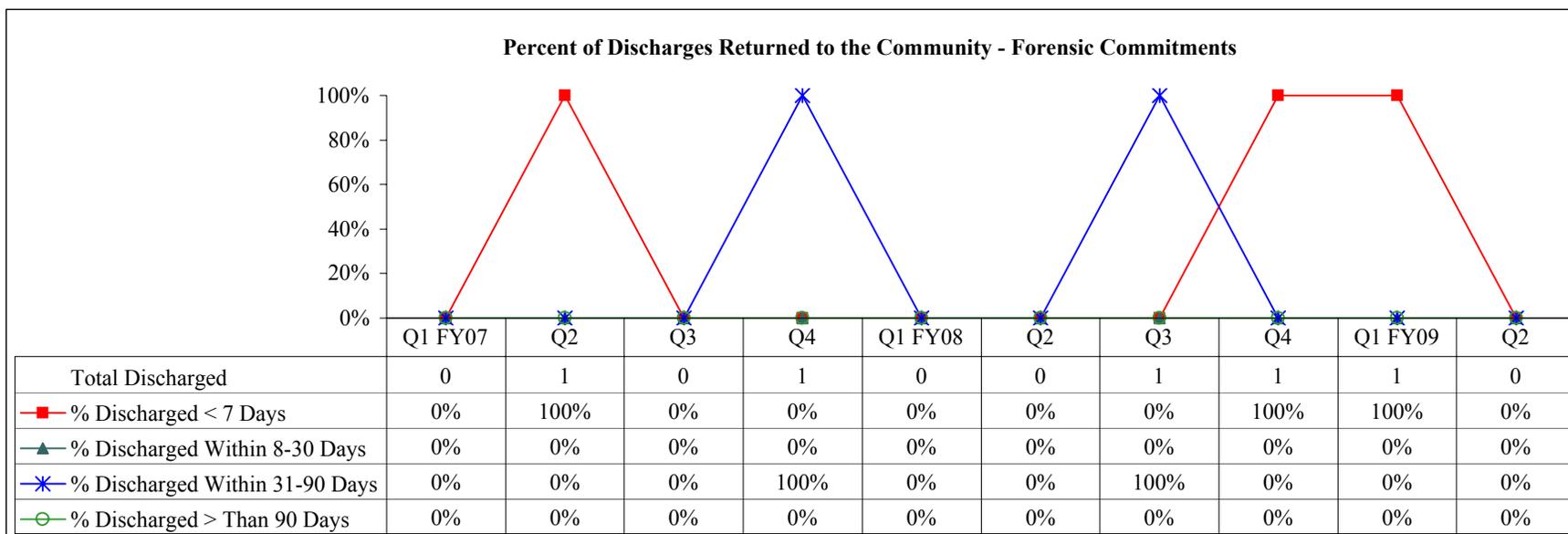
Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Forensic



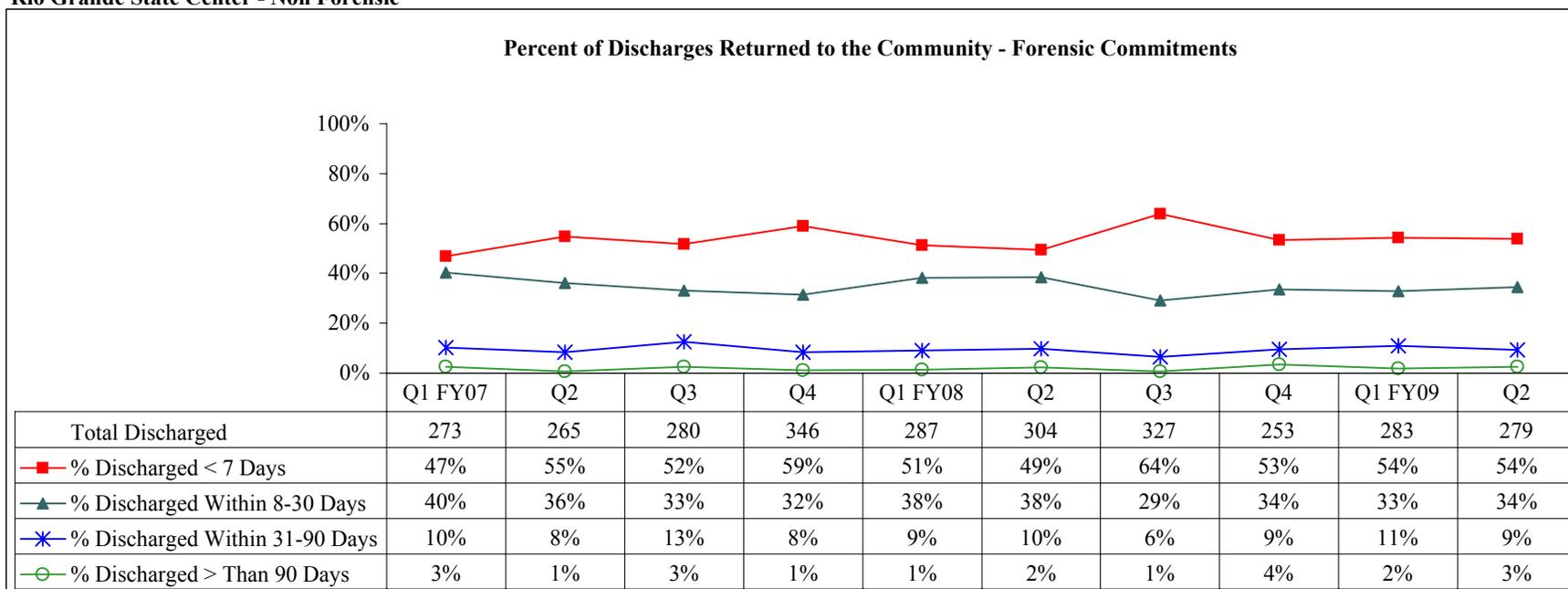
Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic



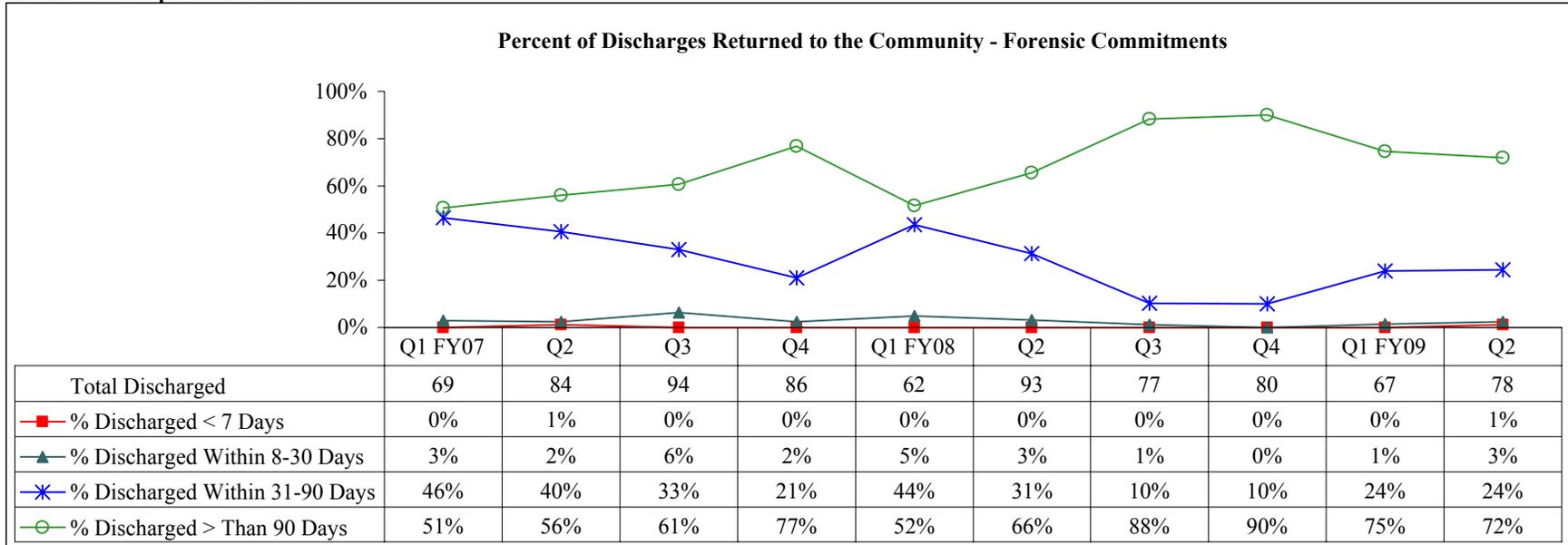
Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Forensic



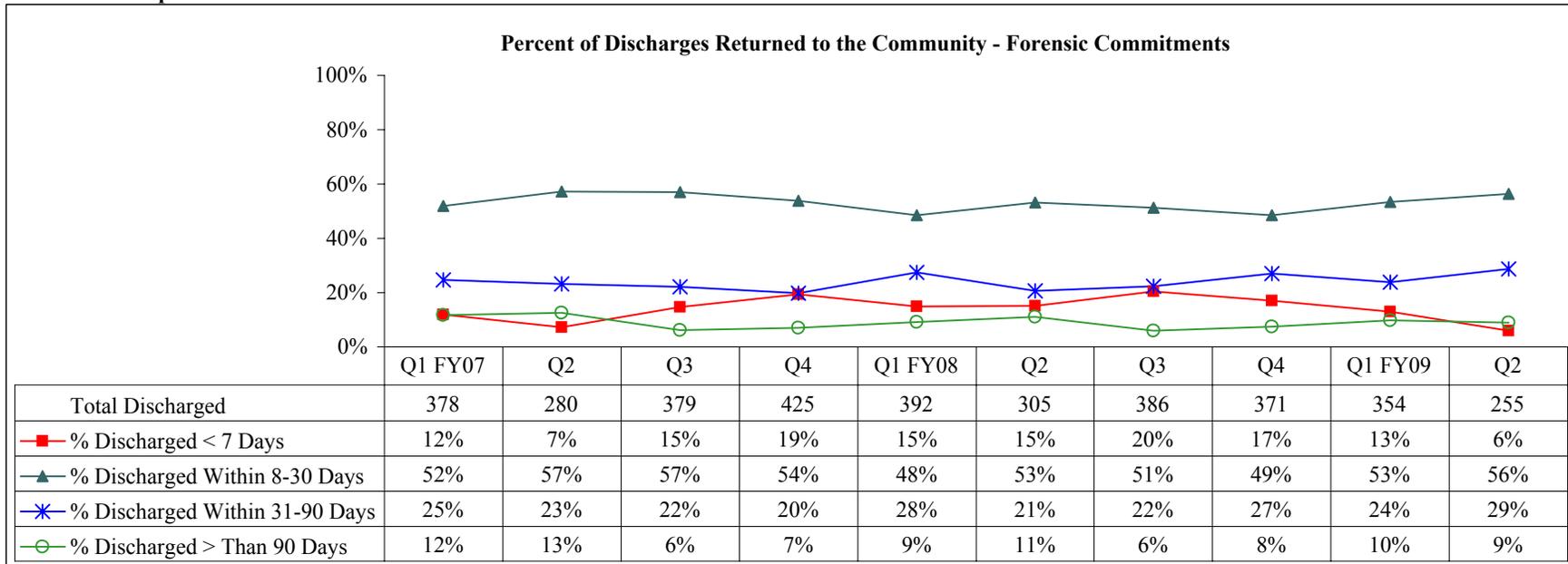
Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic



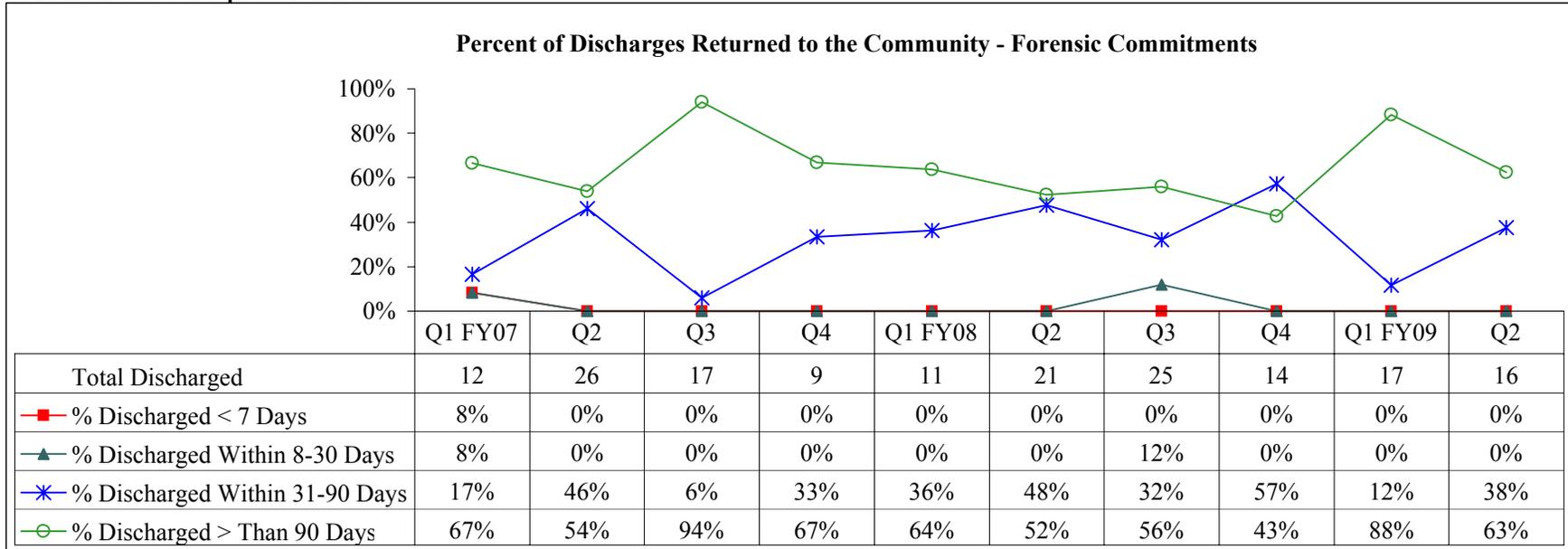
Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Forensic



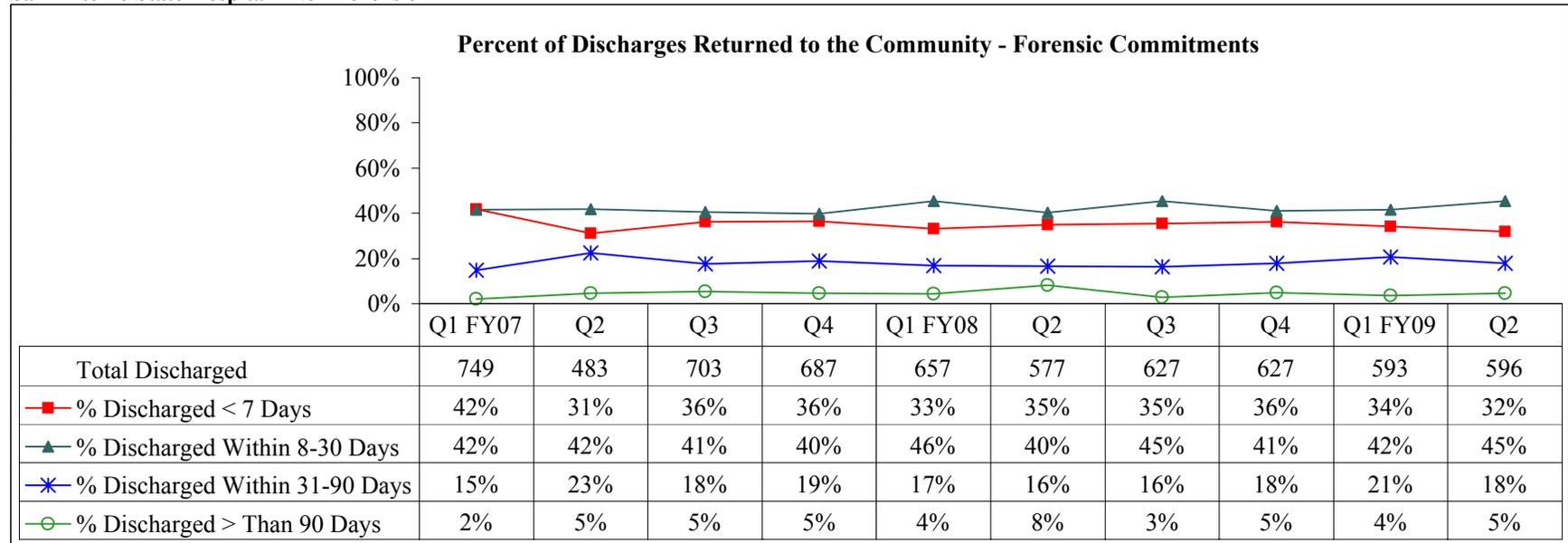
Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic



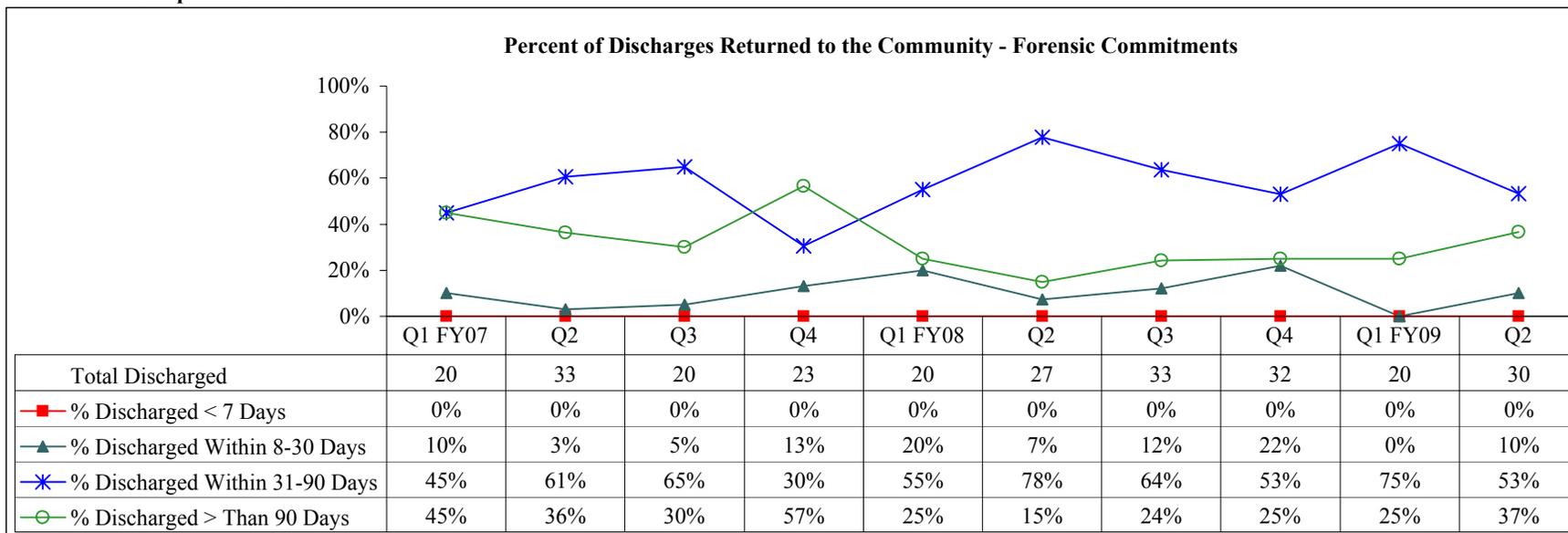
Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Forensic



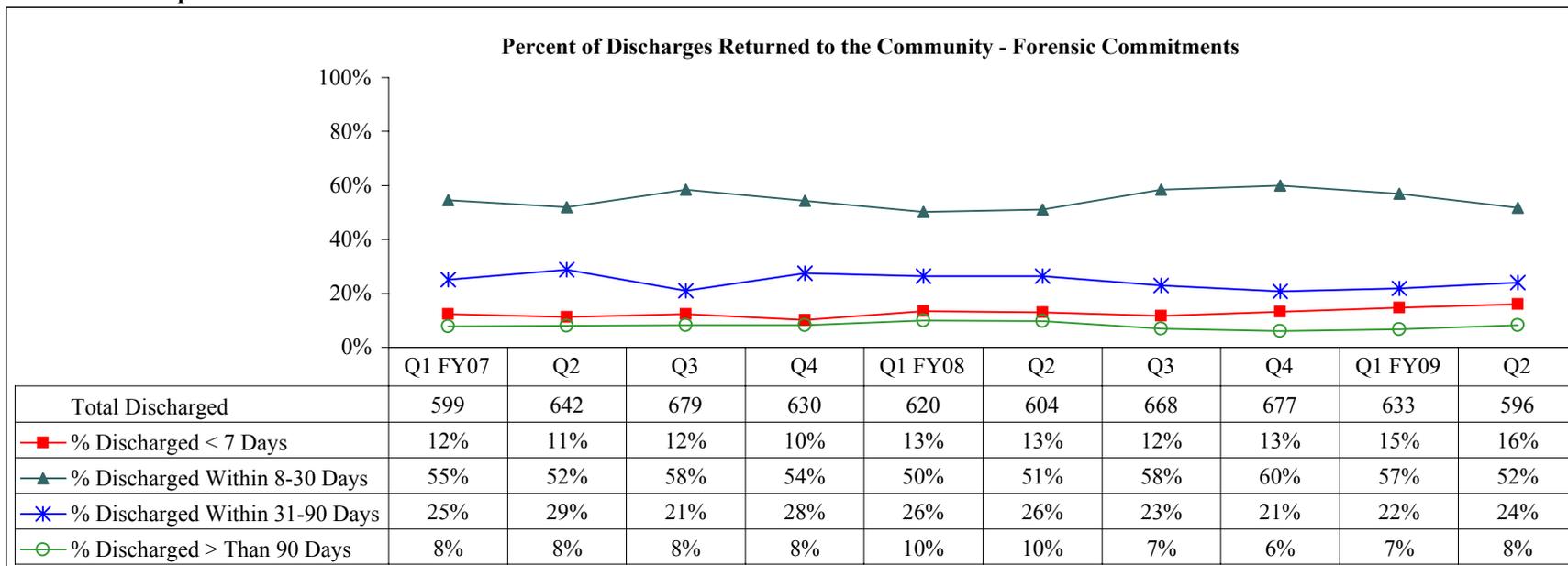
Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic



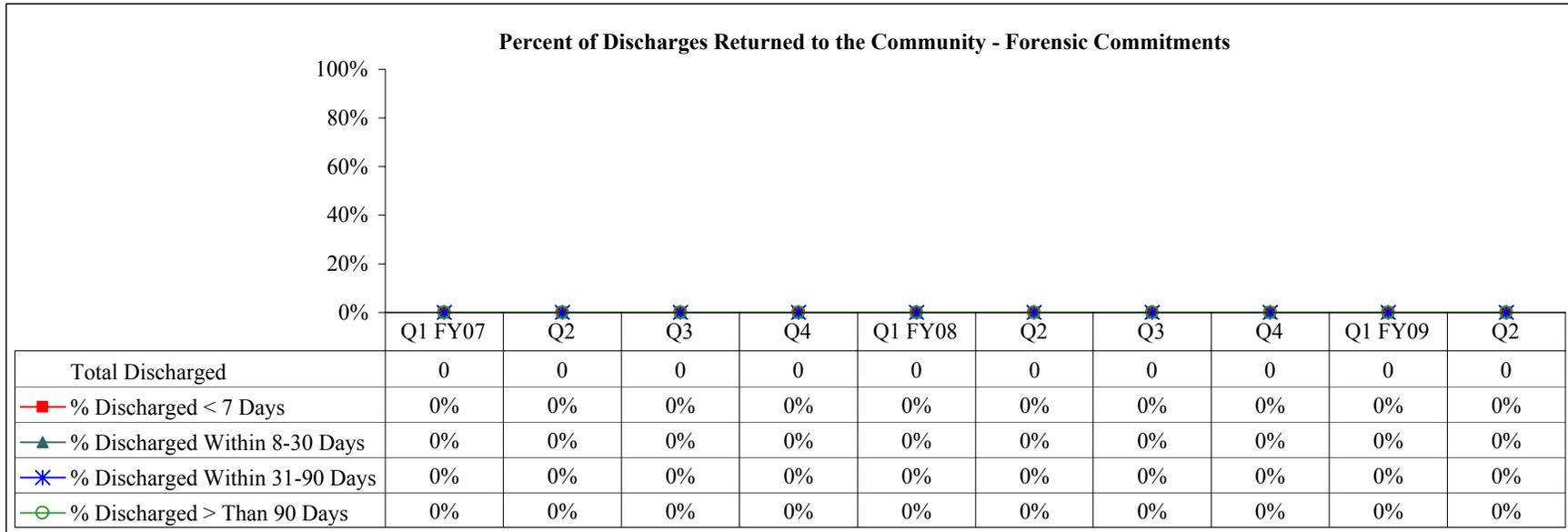
Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Forensic



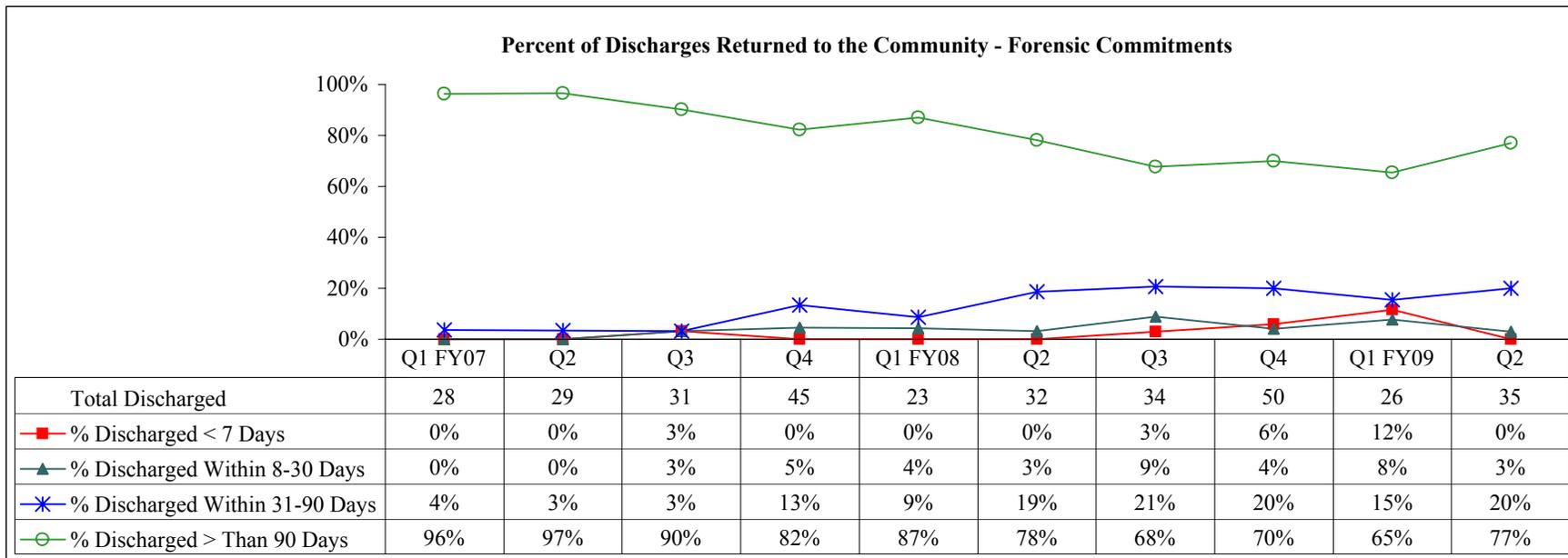
Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic



**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**



Performance Measure 5C:

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

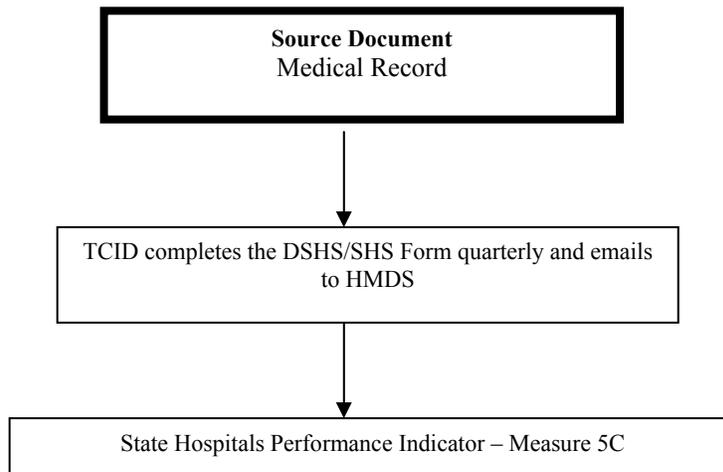
Performance Measure Operational Definition:

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

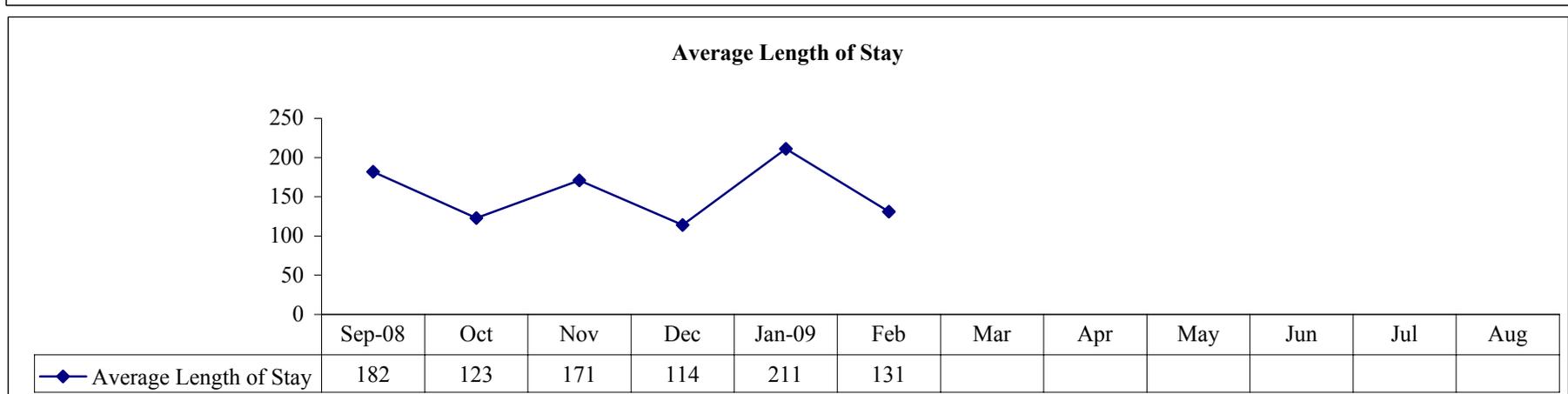
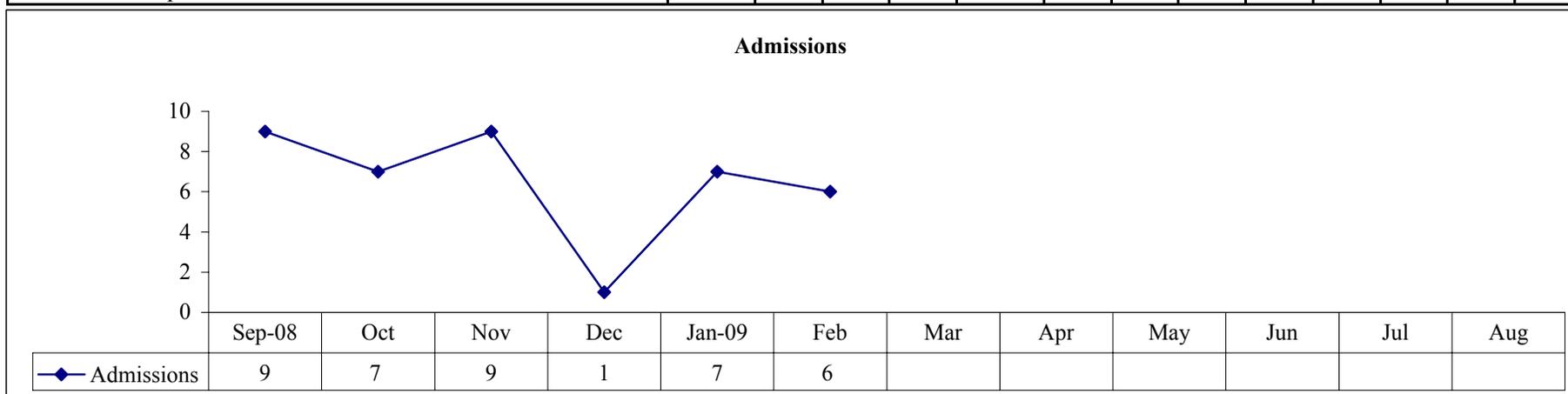
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



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

	Sep-08	Oct	Nov	Dec	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	9	7	9	1	7	6							39
Average Length of Stay	182	123	171	114	211	131							155
Number of Patients Admitted for Inpatient Care & Treatment	9	7	9	1	7	6							39
Tuberculoses	9	7	9	1	7	6							39
Multi-drug related tuberculoses	1	0	1	1	1	0							4
Extensively drug related tuberculosis	0	0	0	0	0	0							0
Number of Outpatient Admissions	4	6	4	7	9	2							32



Performance Measure 5D:

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

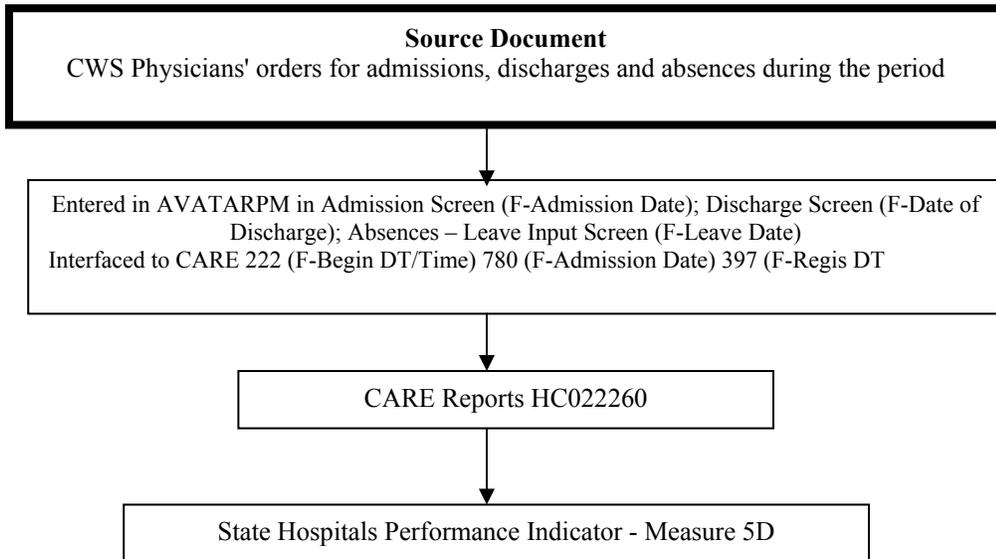
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

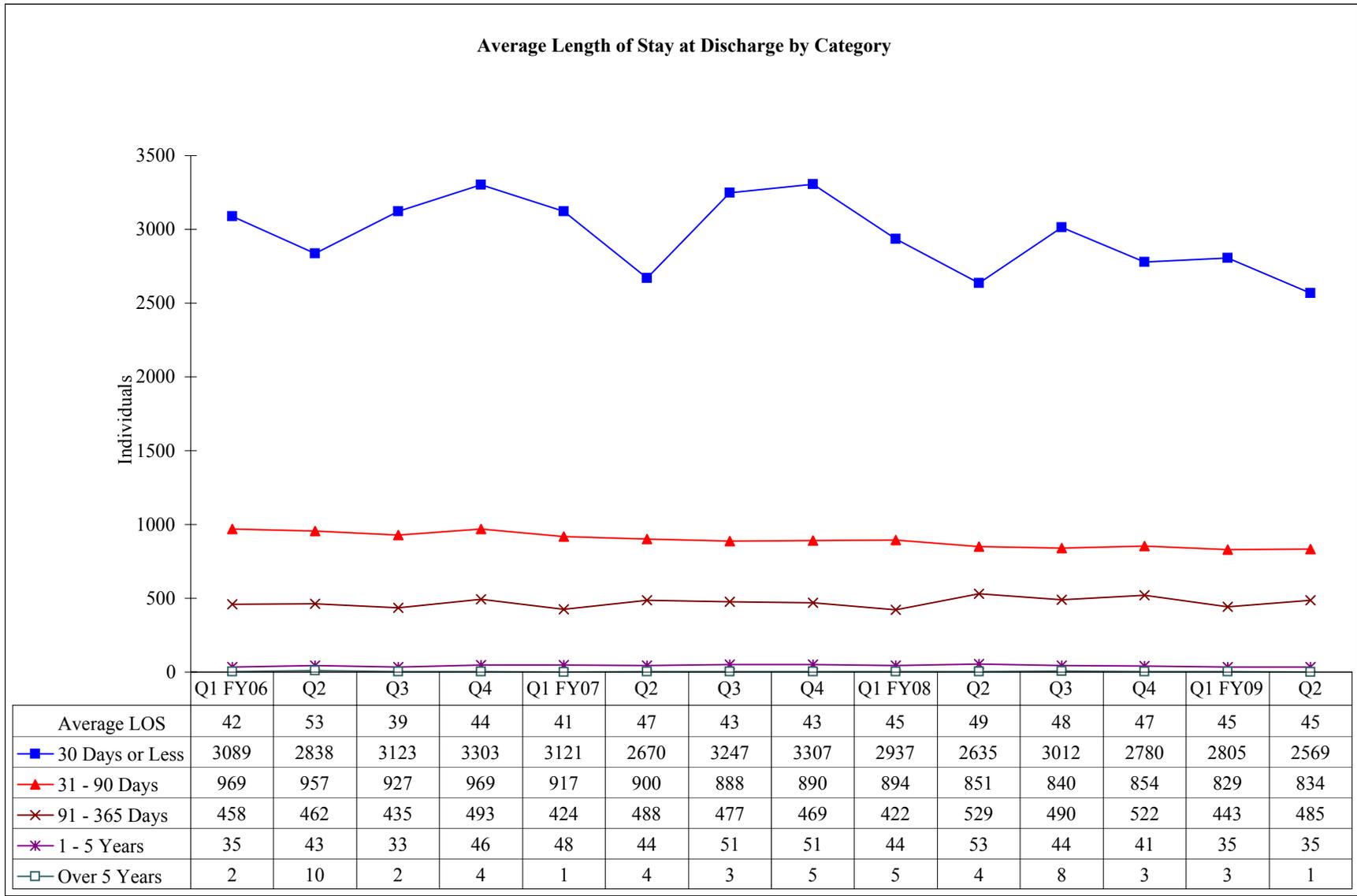
Performance Measure Data Display and Chart Description:

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

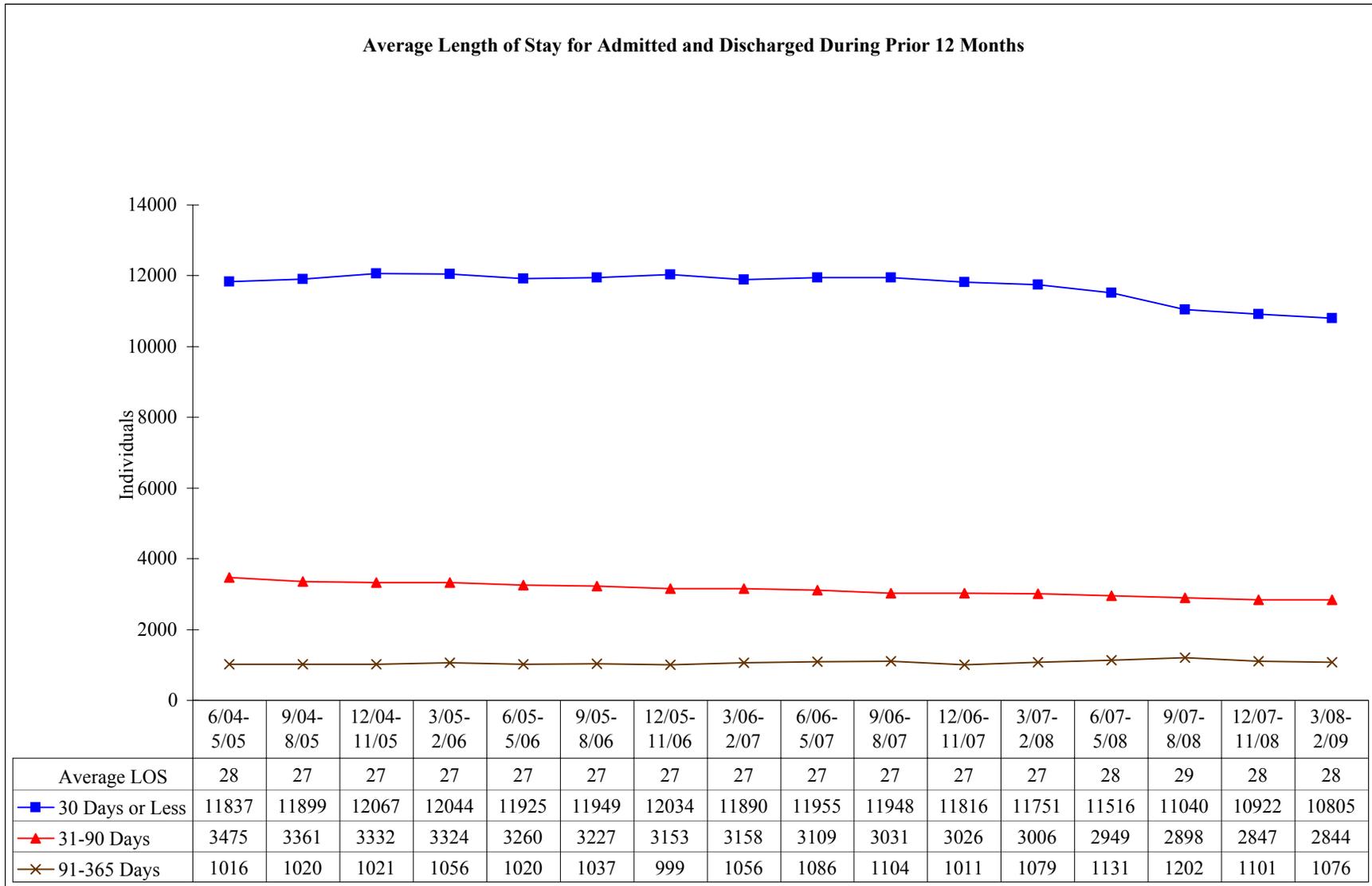
Data Flow:



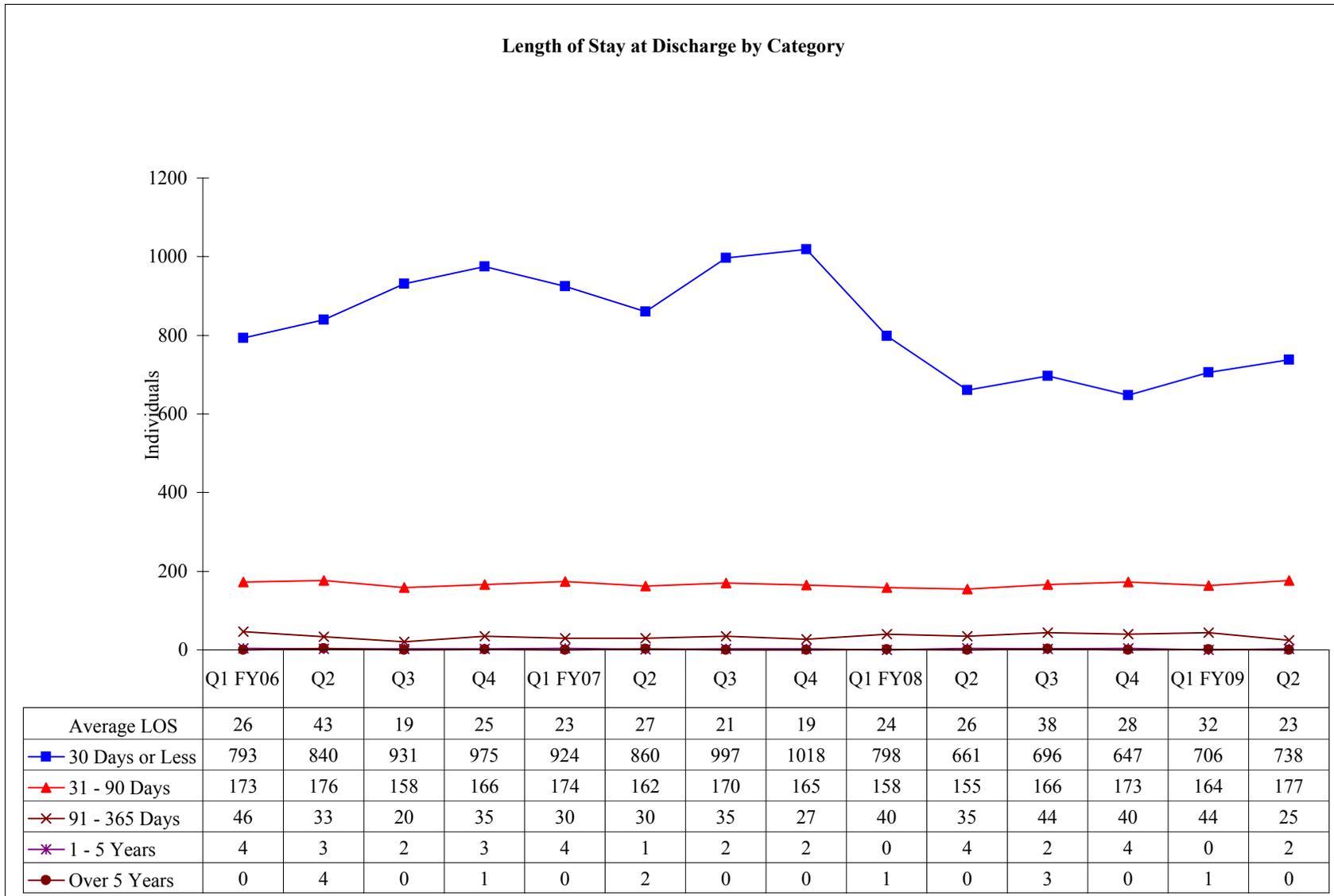
**Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals**



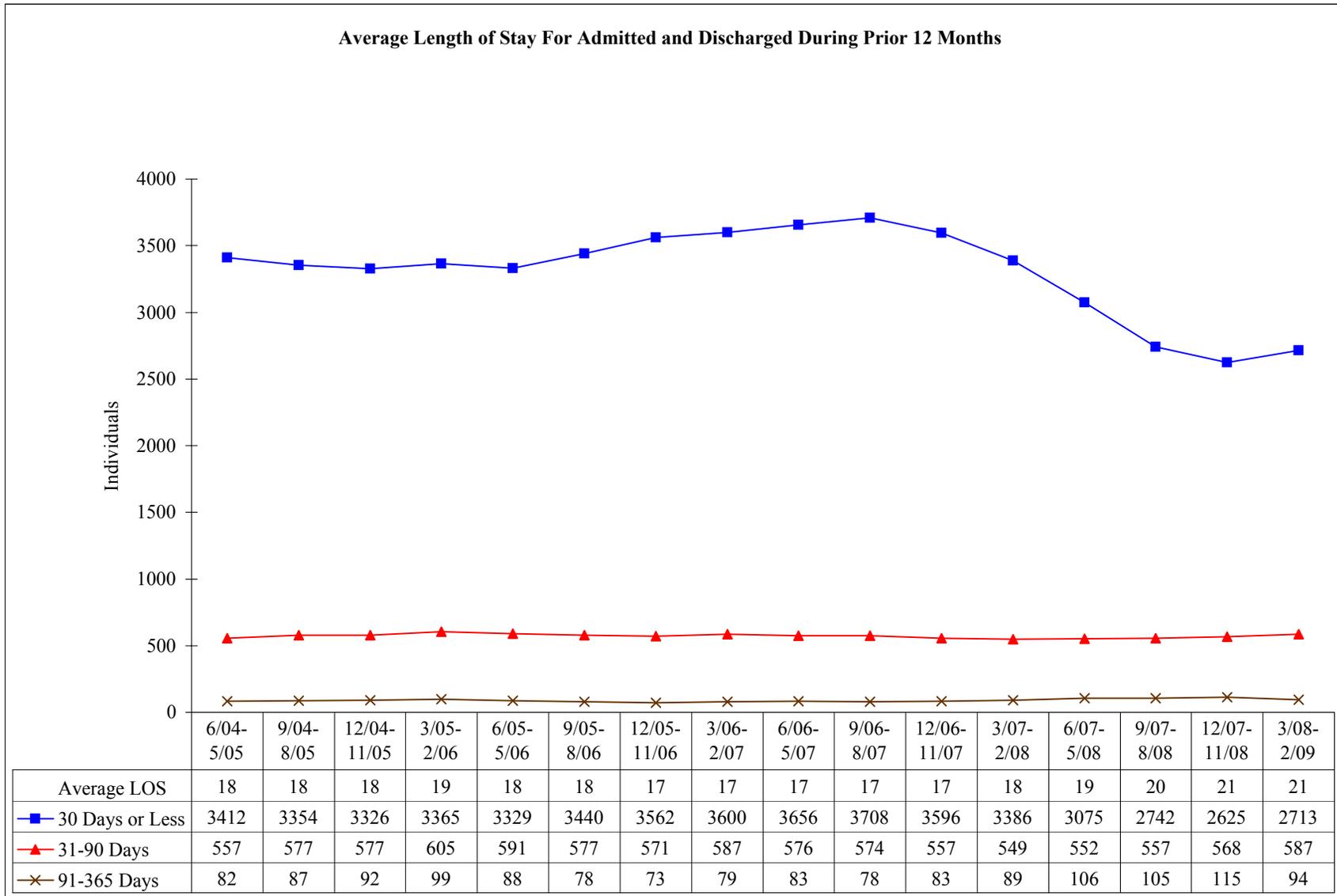
**Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals**



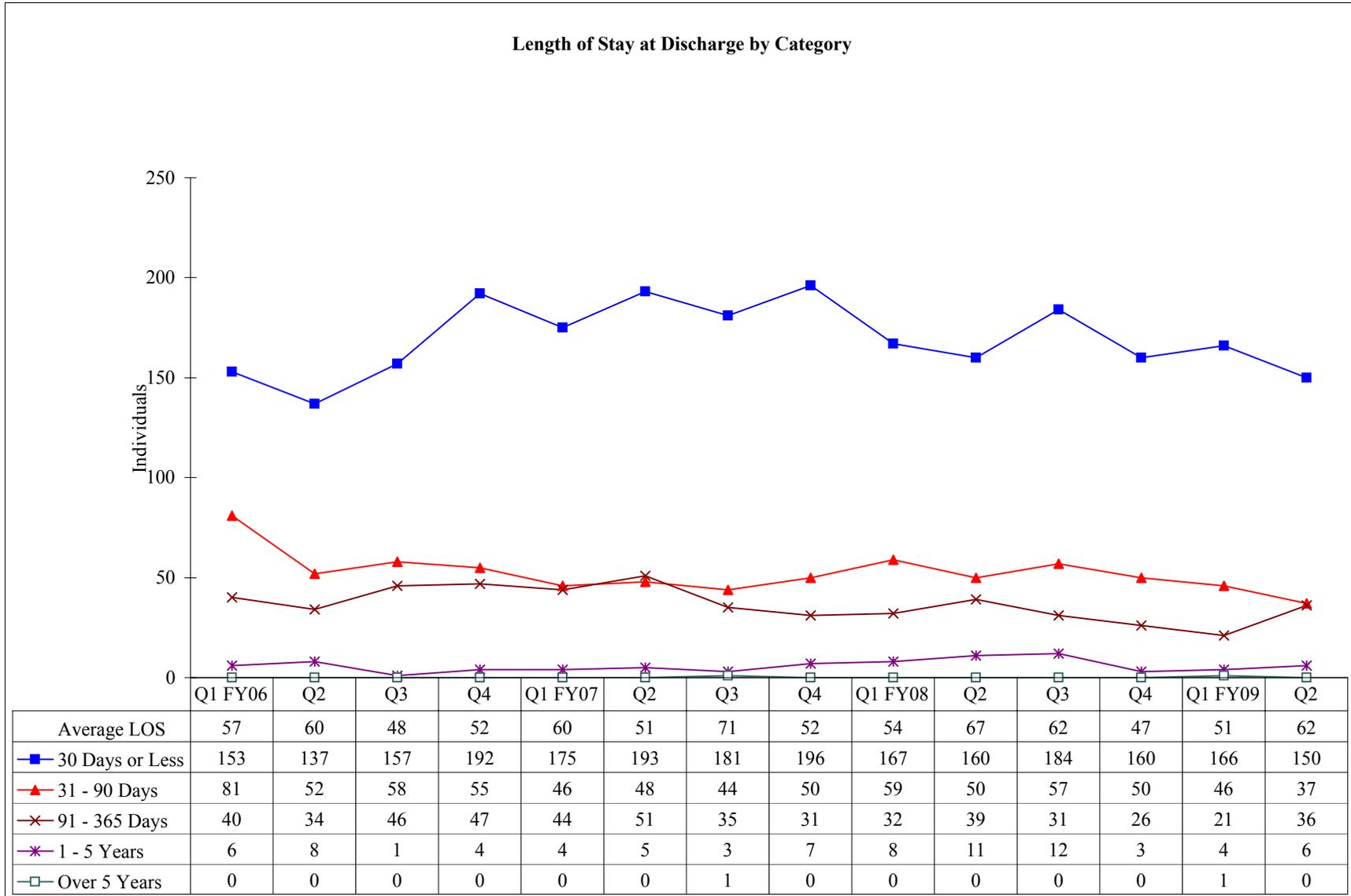
**Measure 5D - Average Length of Stay at Discharge
Austin State Hospital**



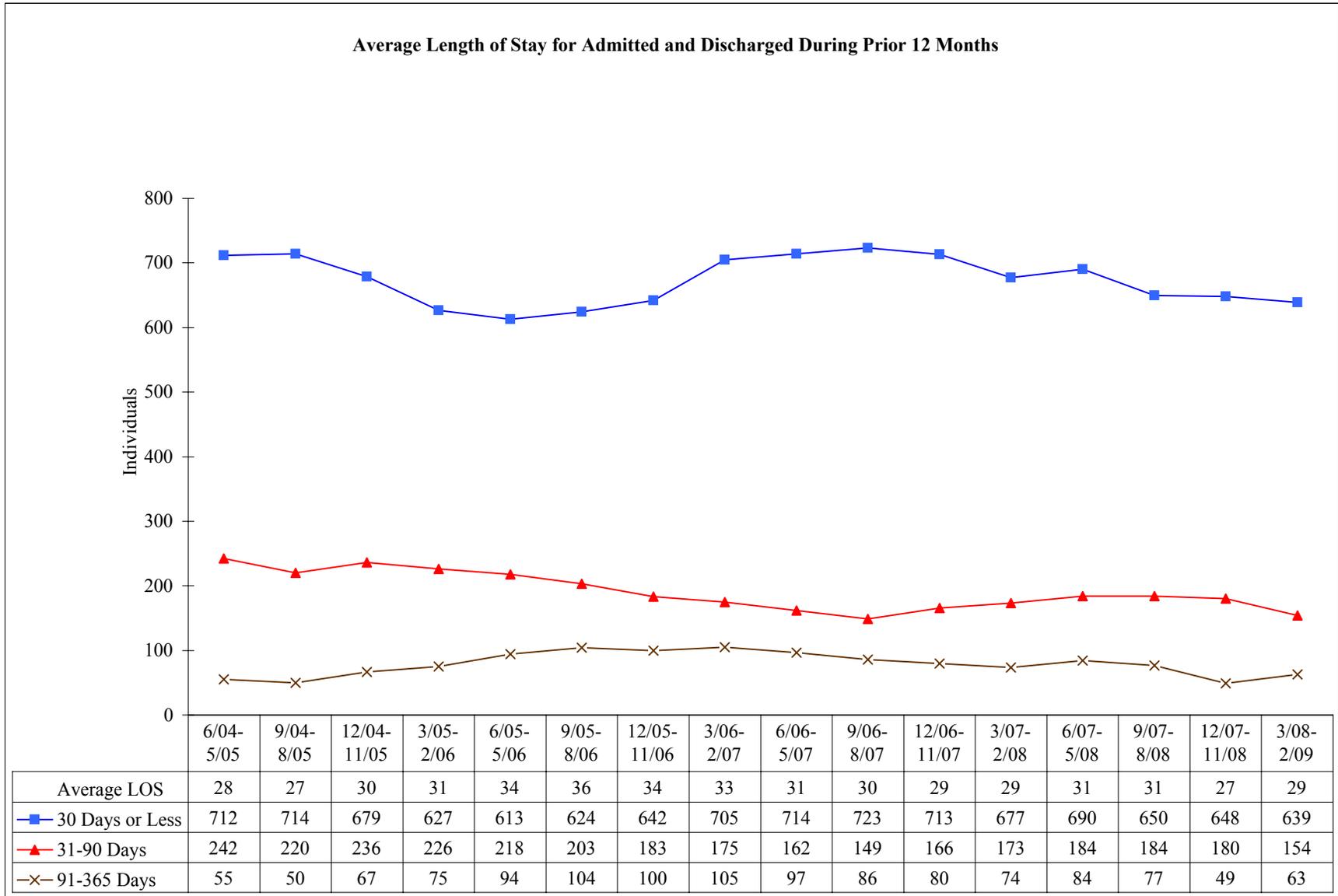
**Measure 5D - Average Length of Stay at Discharge
Austin State Hospital**



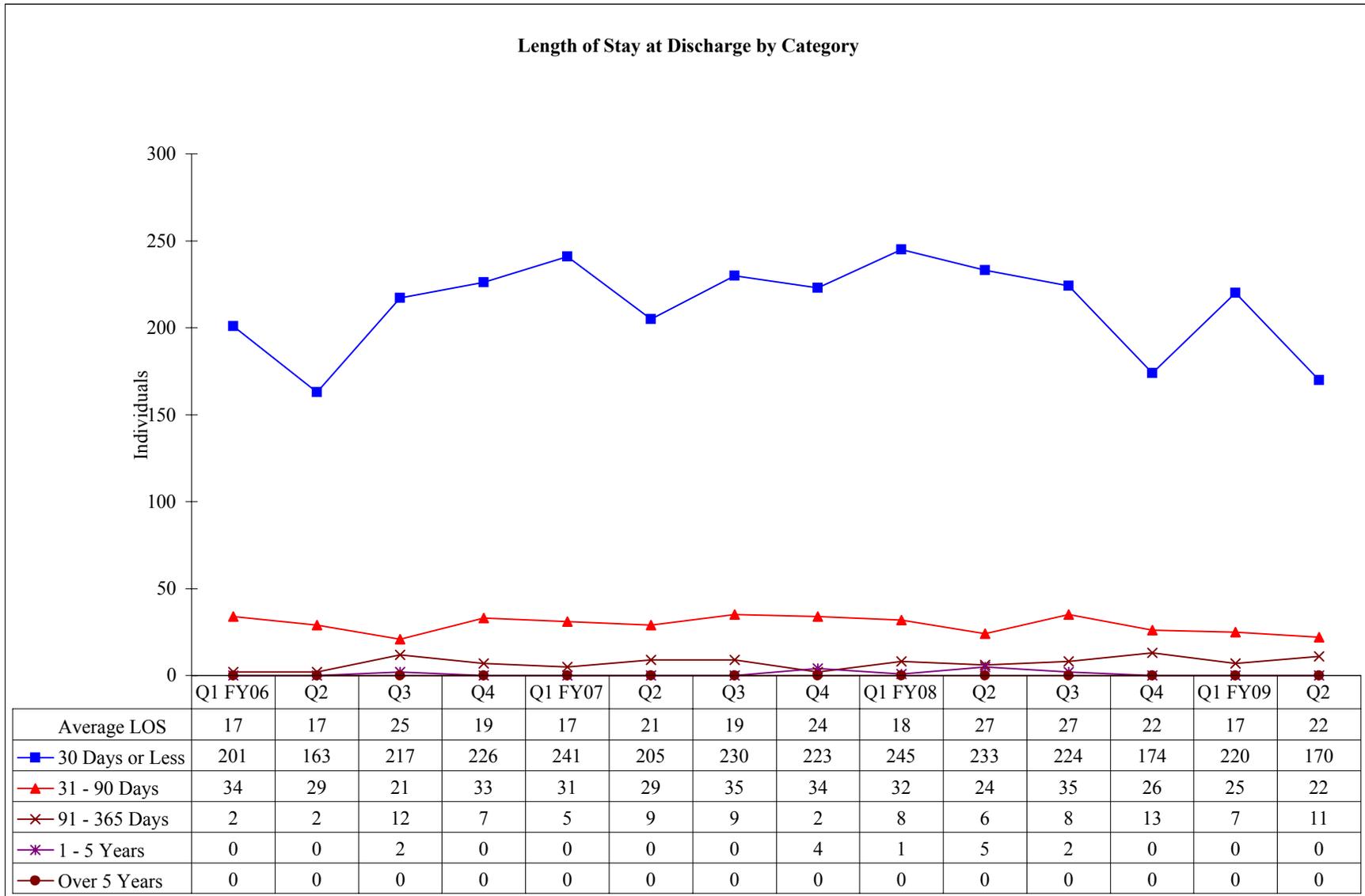
**Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital**



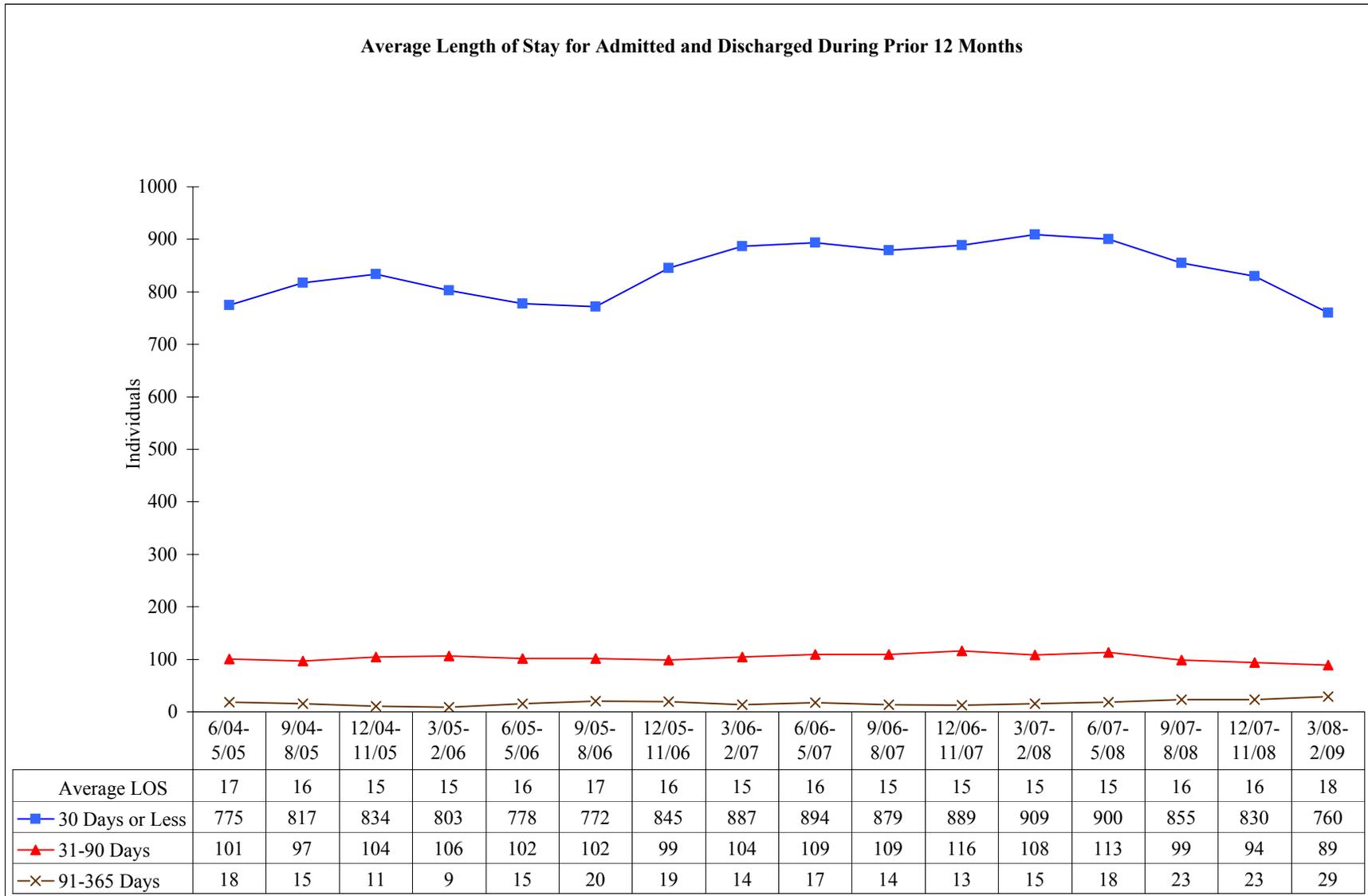
**Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital**



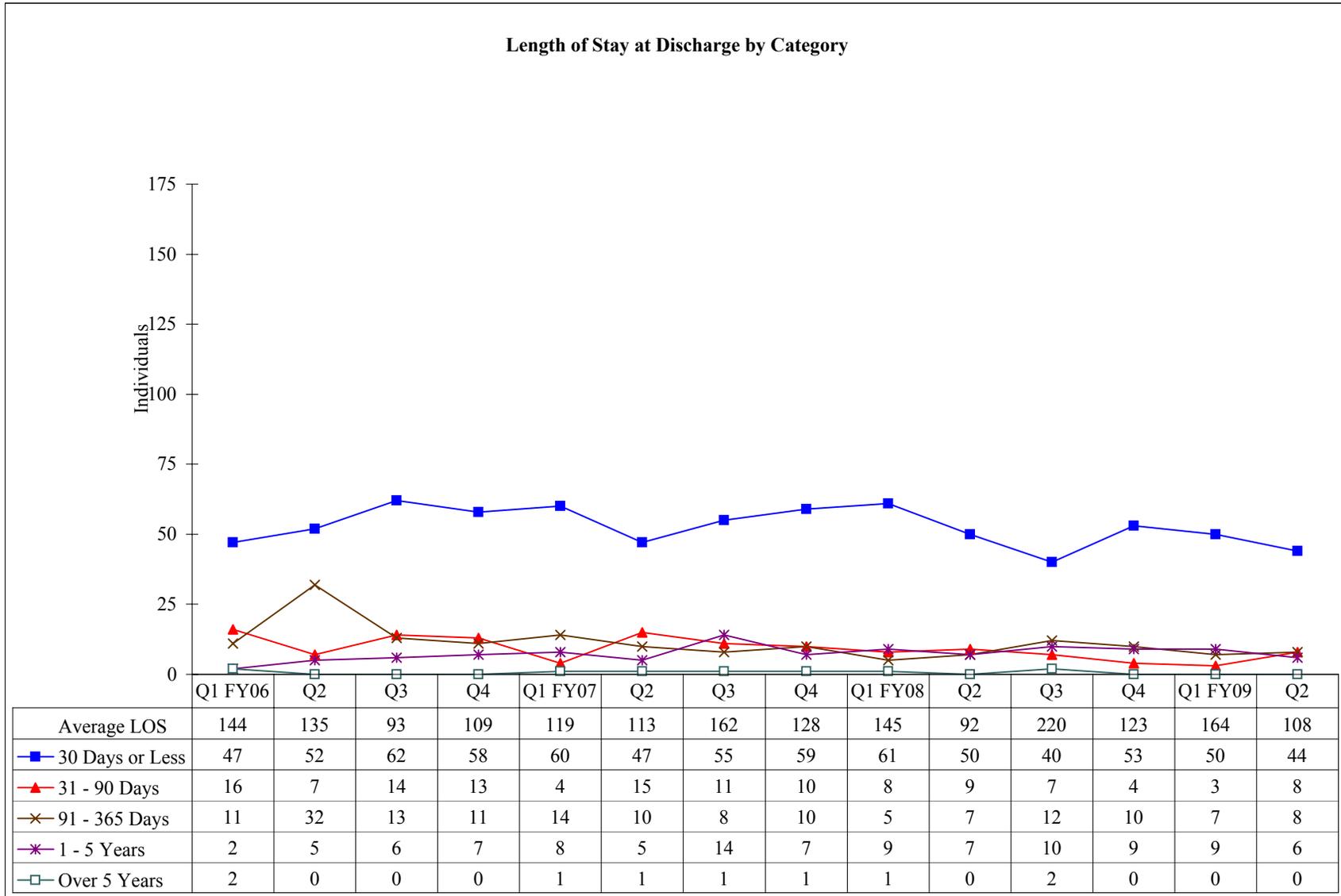
**Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center**



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

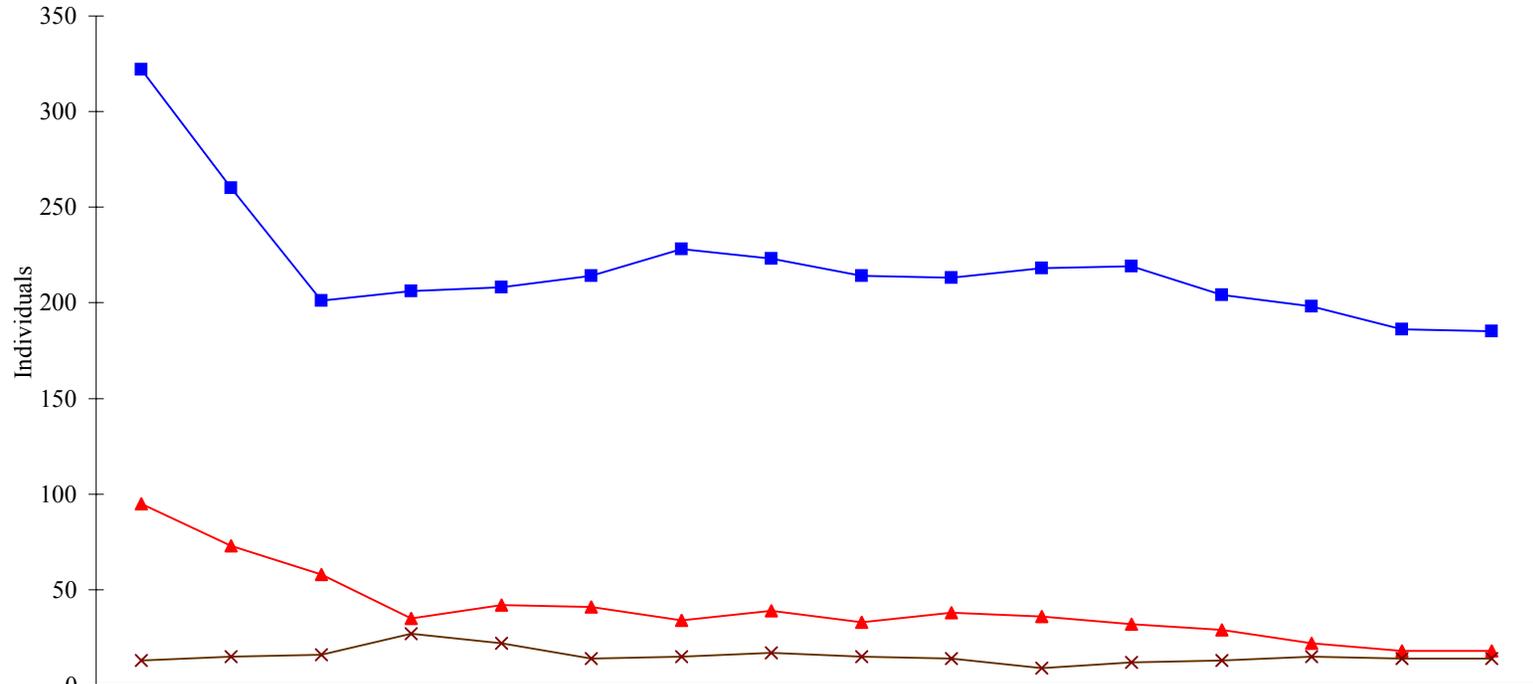


**Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital**



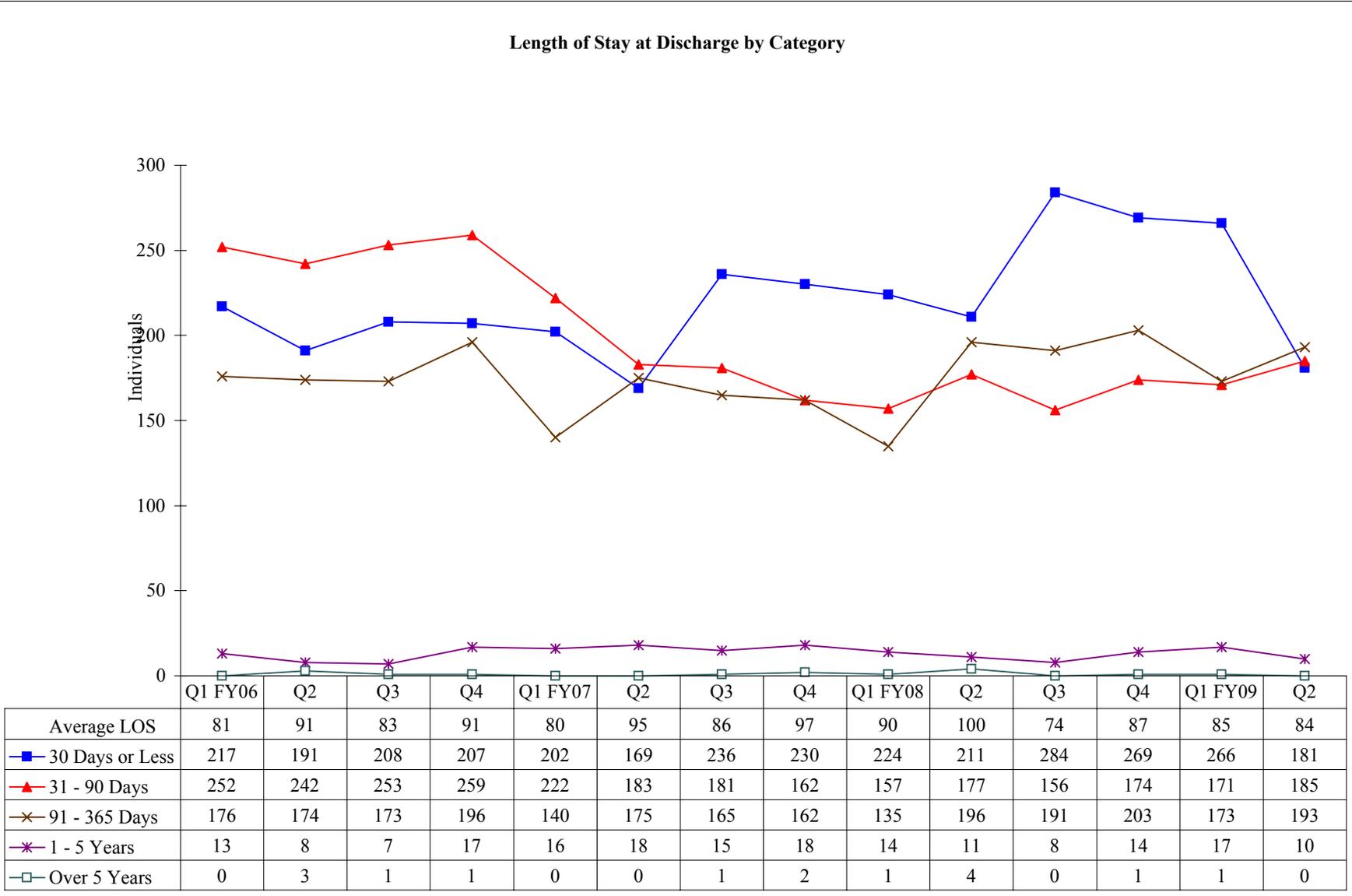
**Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital**

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

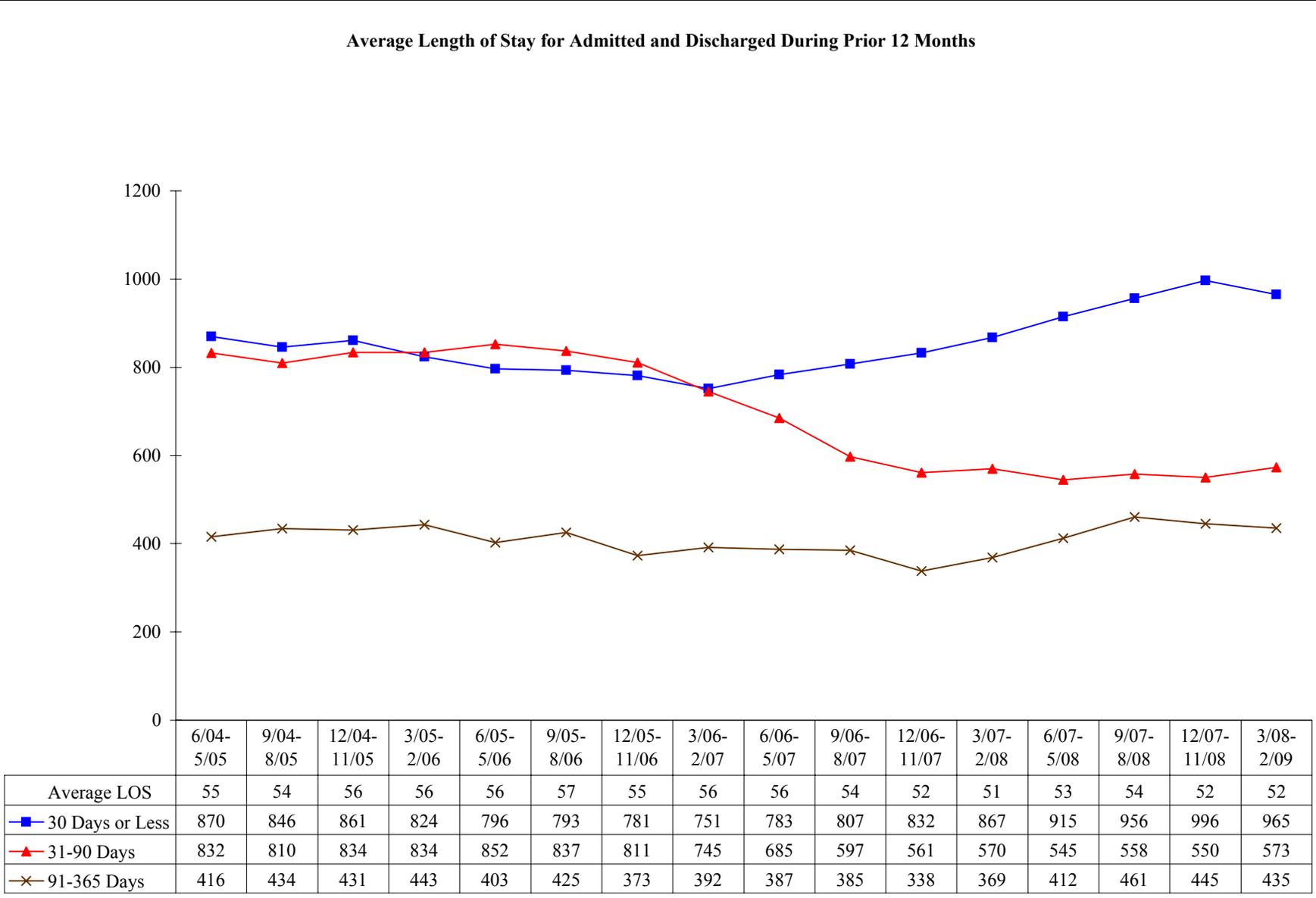


	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09
Average LOS	29	30	33	36	31	25	23	23	22	24	20	22	22	23	21	22
30 Days or Less	322	260	201	206	208	214	228	223	214	213	218	219	204	198	186	185
31-90 Days	95	73	58	35	42	41	34	39	33	38	36	32	29	22	18	18
91-365 Days	13	15	16	27	22	14	15	17	15	14	9	12	13	15	14	14

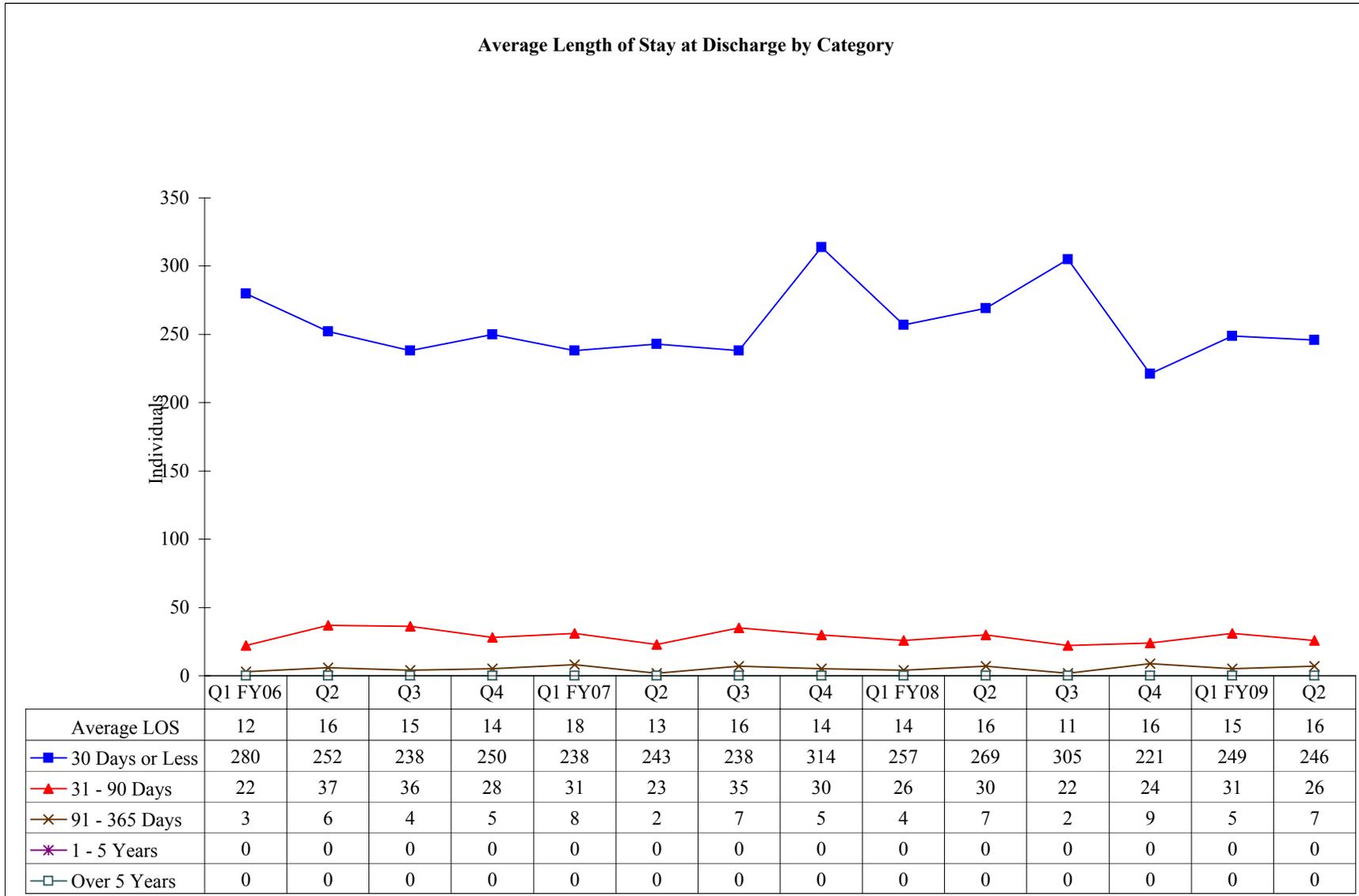
**Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital**



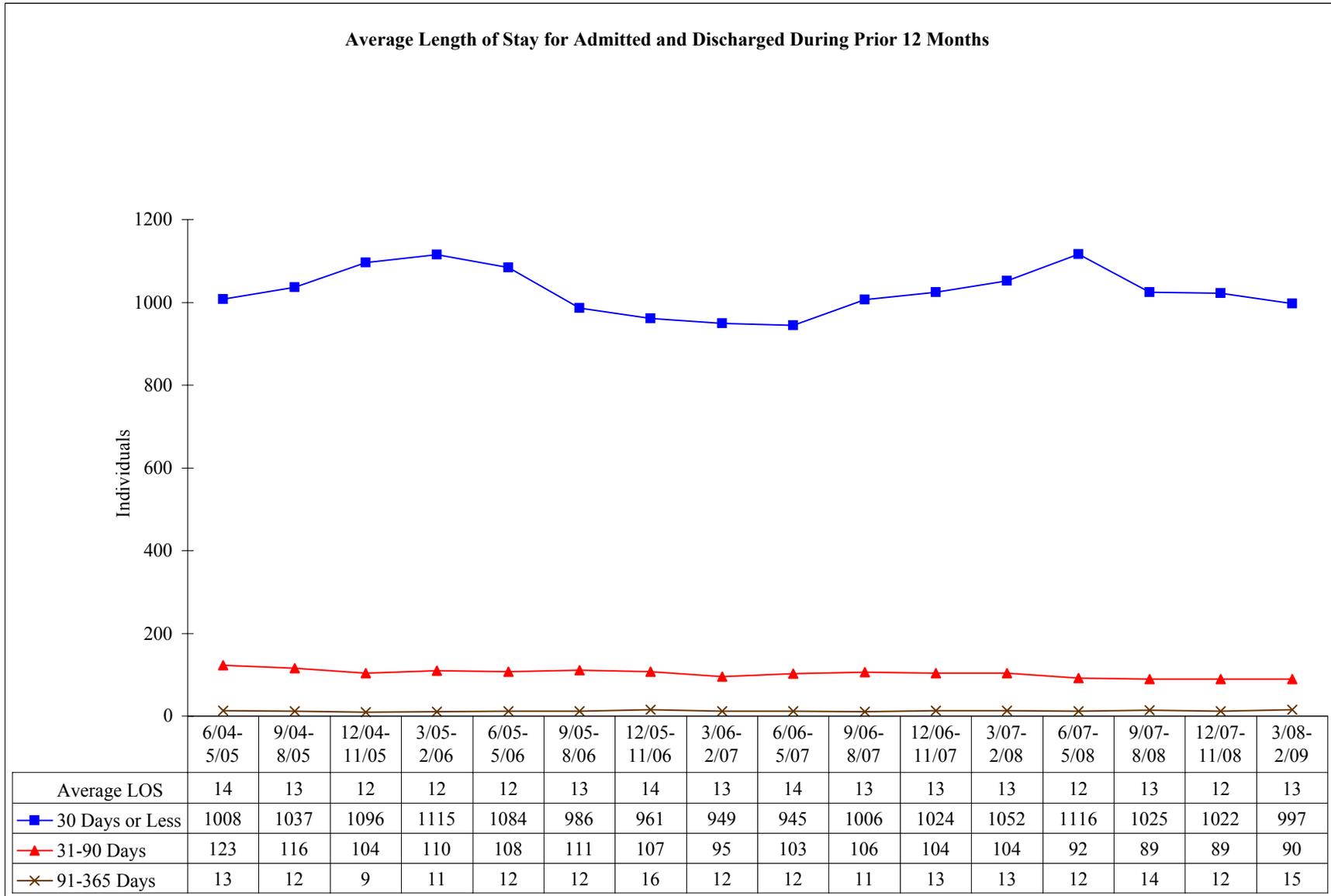
**Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital**



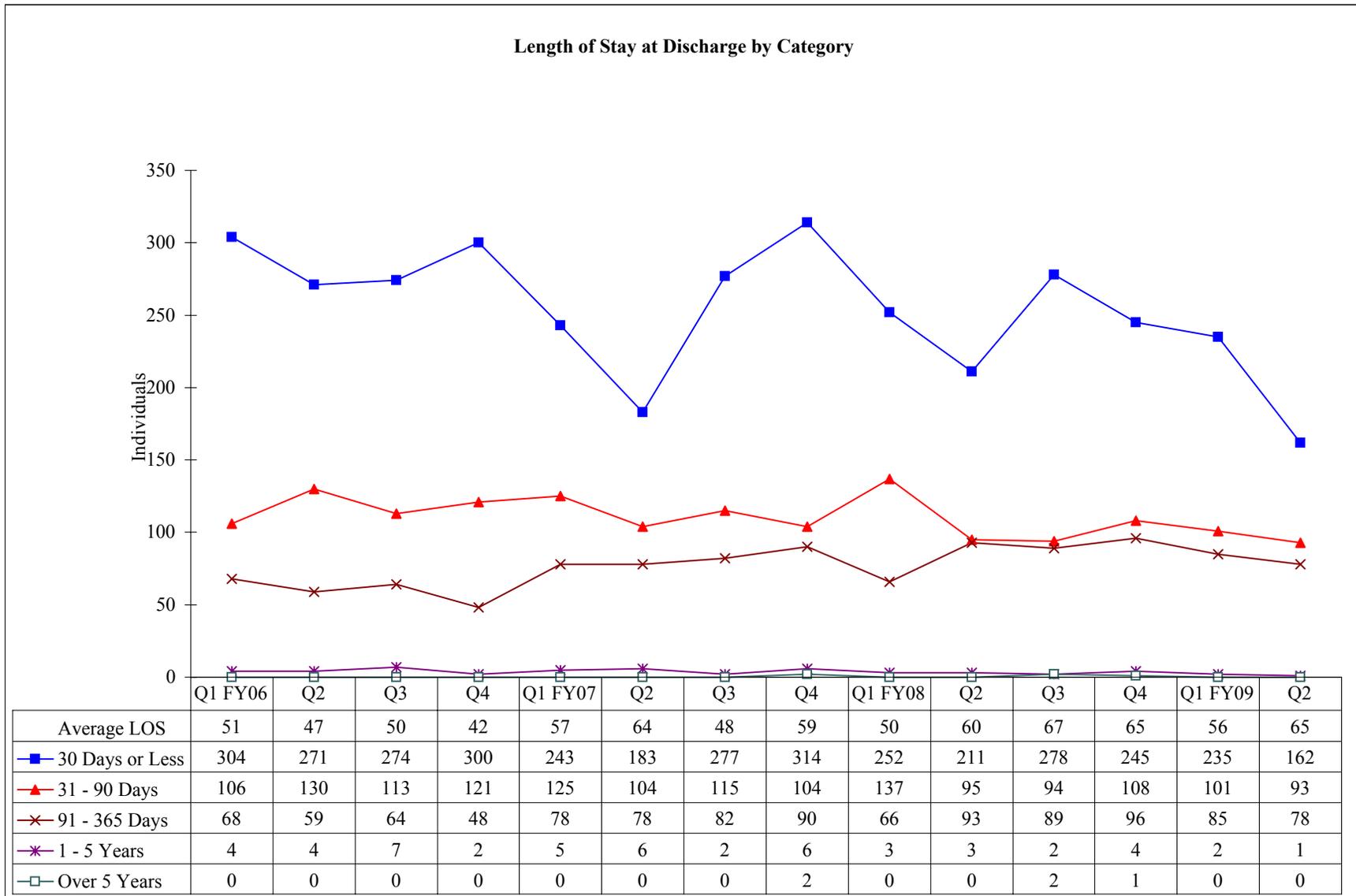
**Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center**



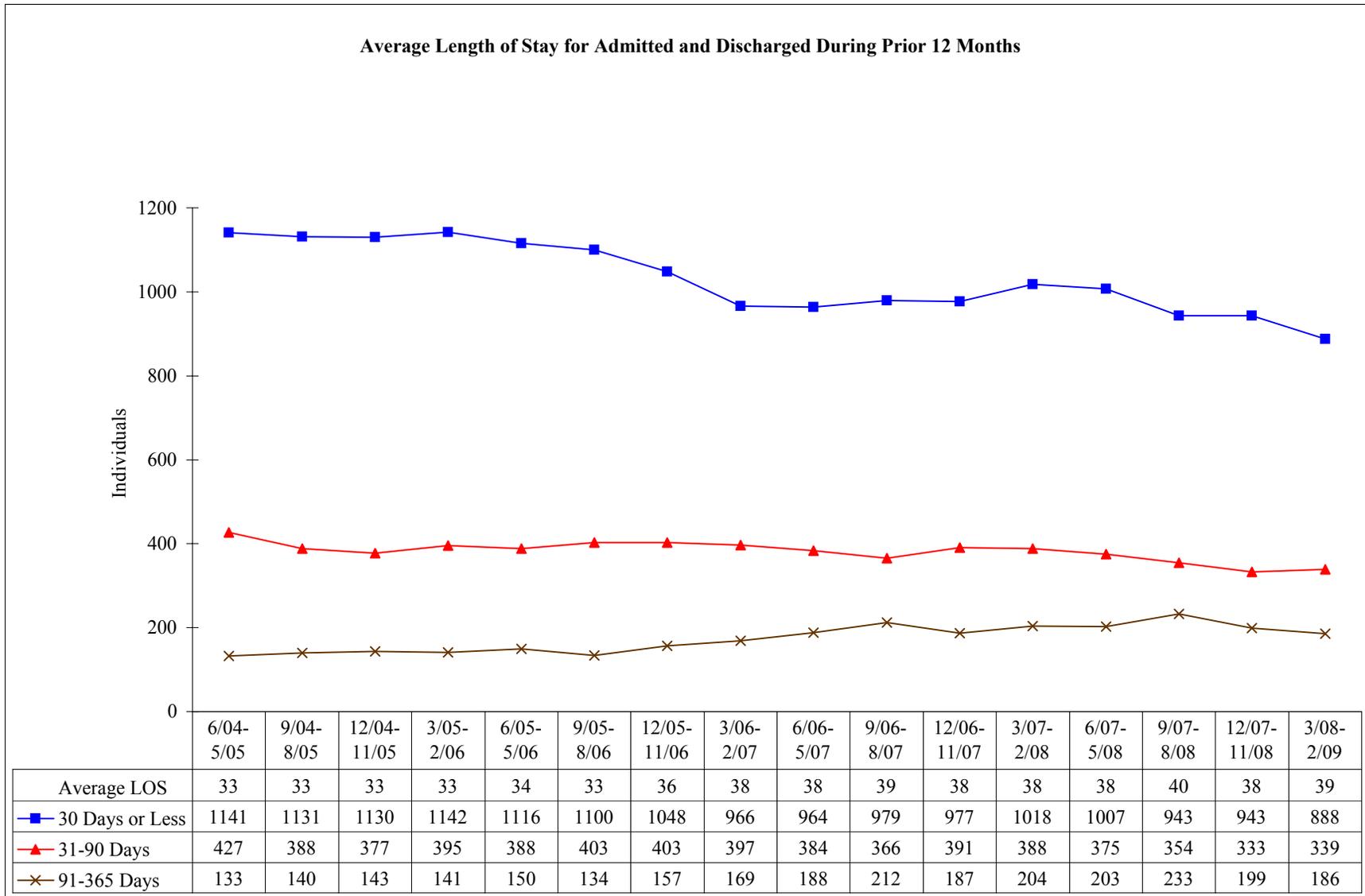
**Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center**



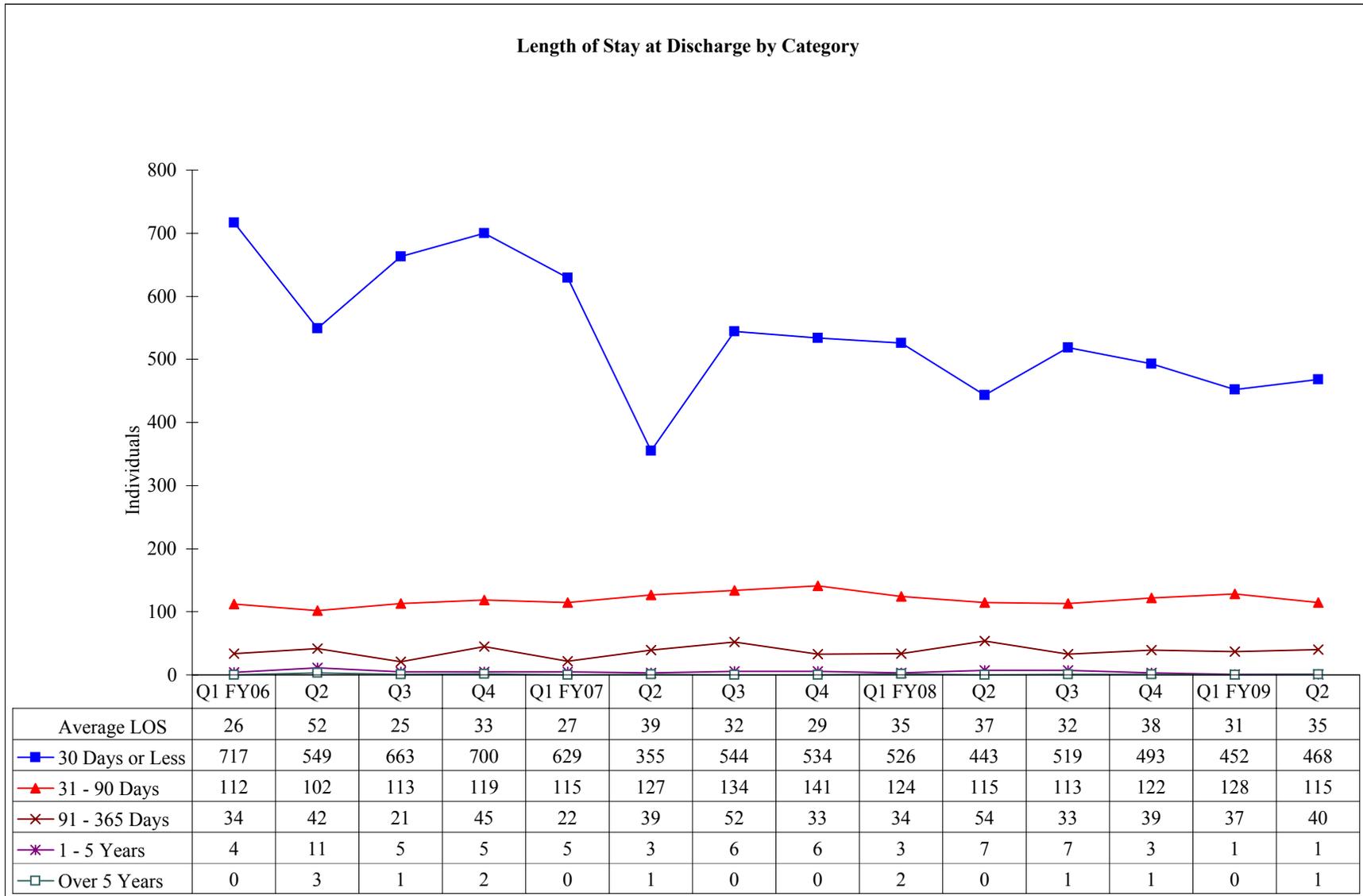
**Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital**



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

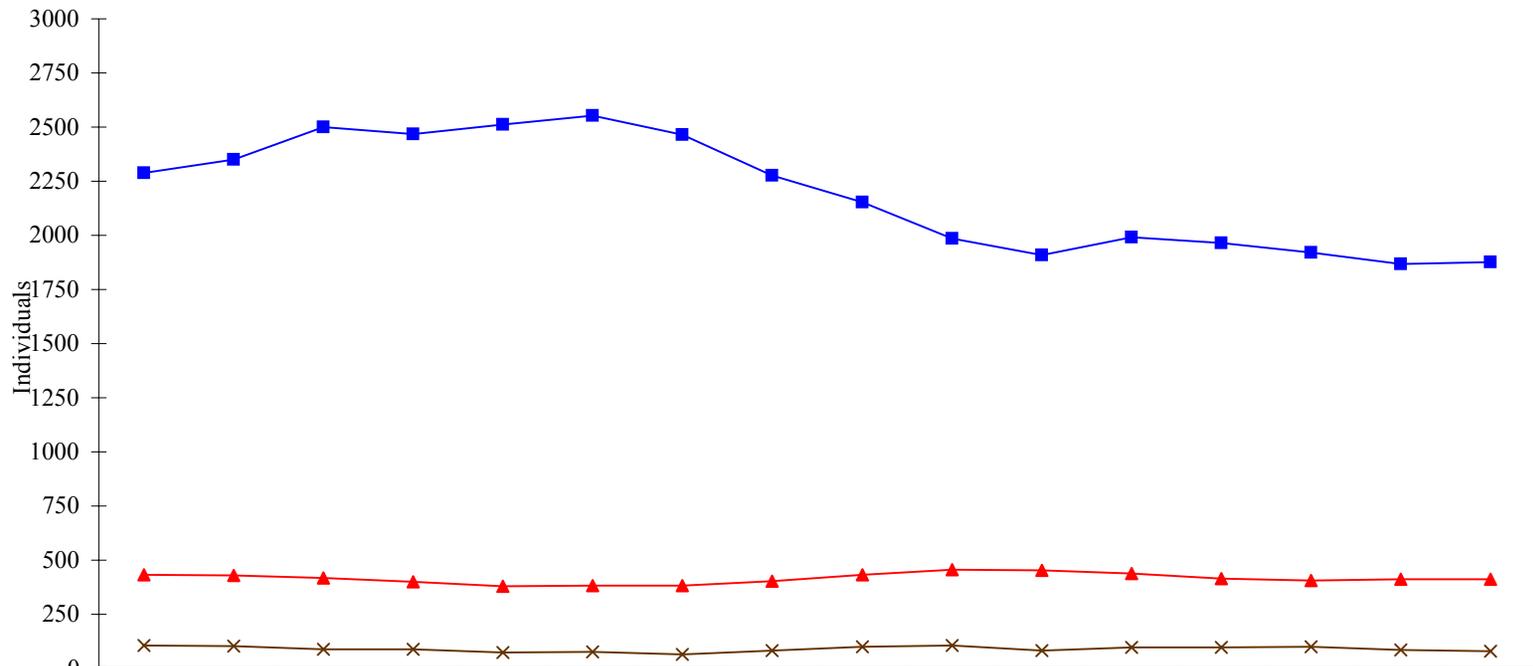


**Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital**



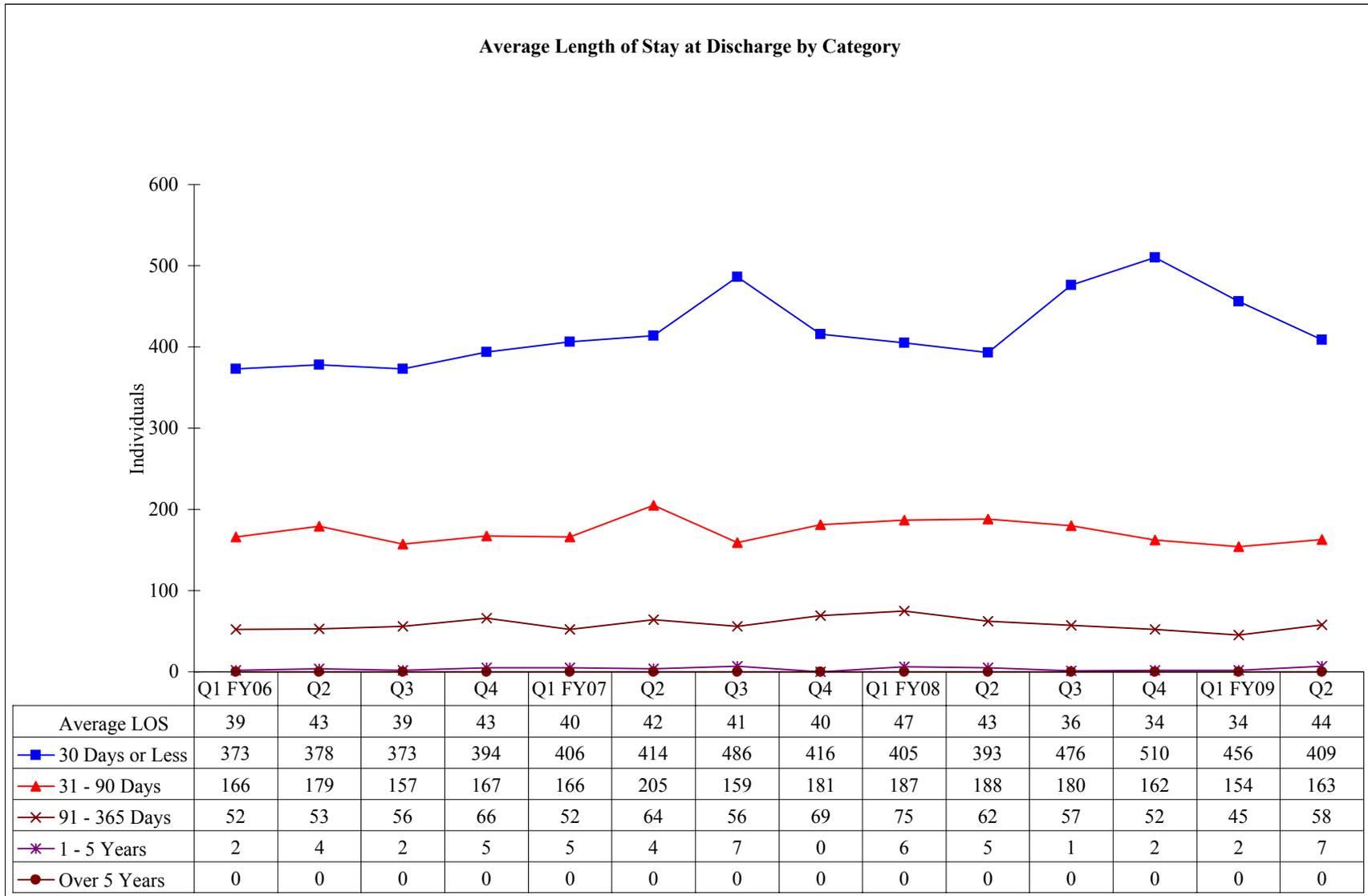
**Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital**

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

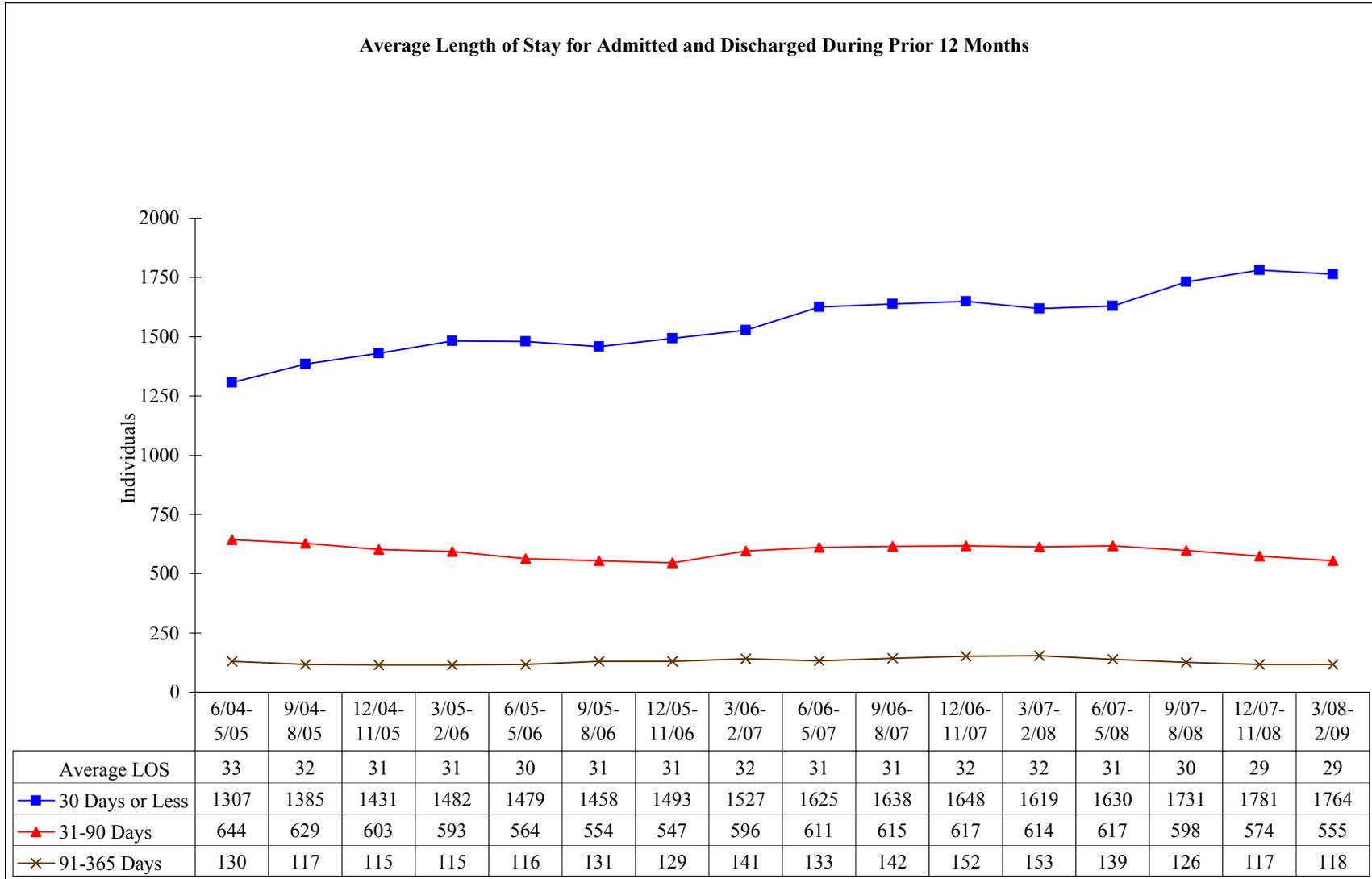


	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09
Average LOS	20	20	19	19	18	18	18	19	21	22	22	22	22	22	22	22
■ 30 Days or Less	2289	2351	2501	2468	2511	2553	2465	2277	2152	1985	1910	1992	1965	1920	1868	1876
▲ 31-90 Days	432	429	418	400	379	381	383	403	431	455	452	438	416	406	413	411
× 91-365 Days	105	102	88	89	73	75	66	82	99	105	83	96	96	99	84	79

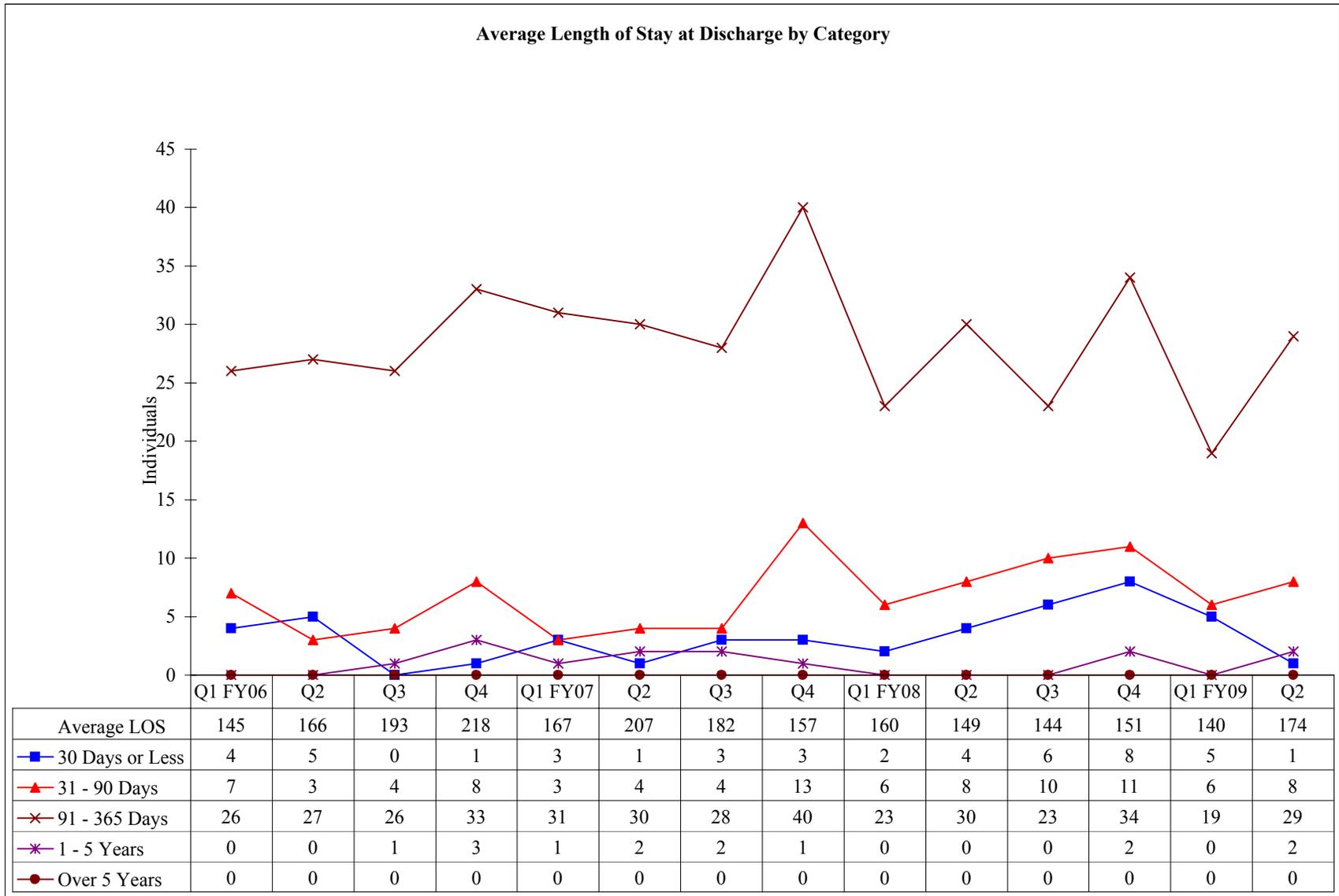
**Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital**



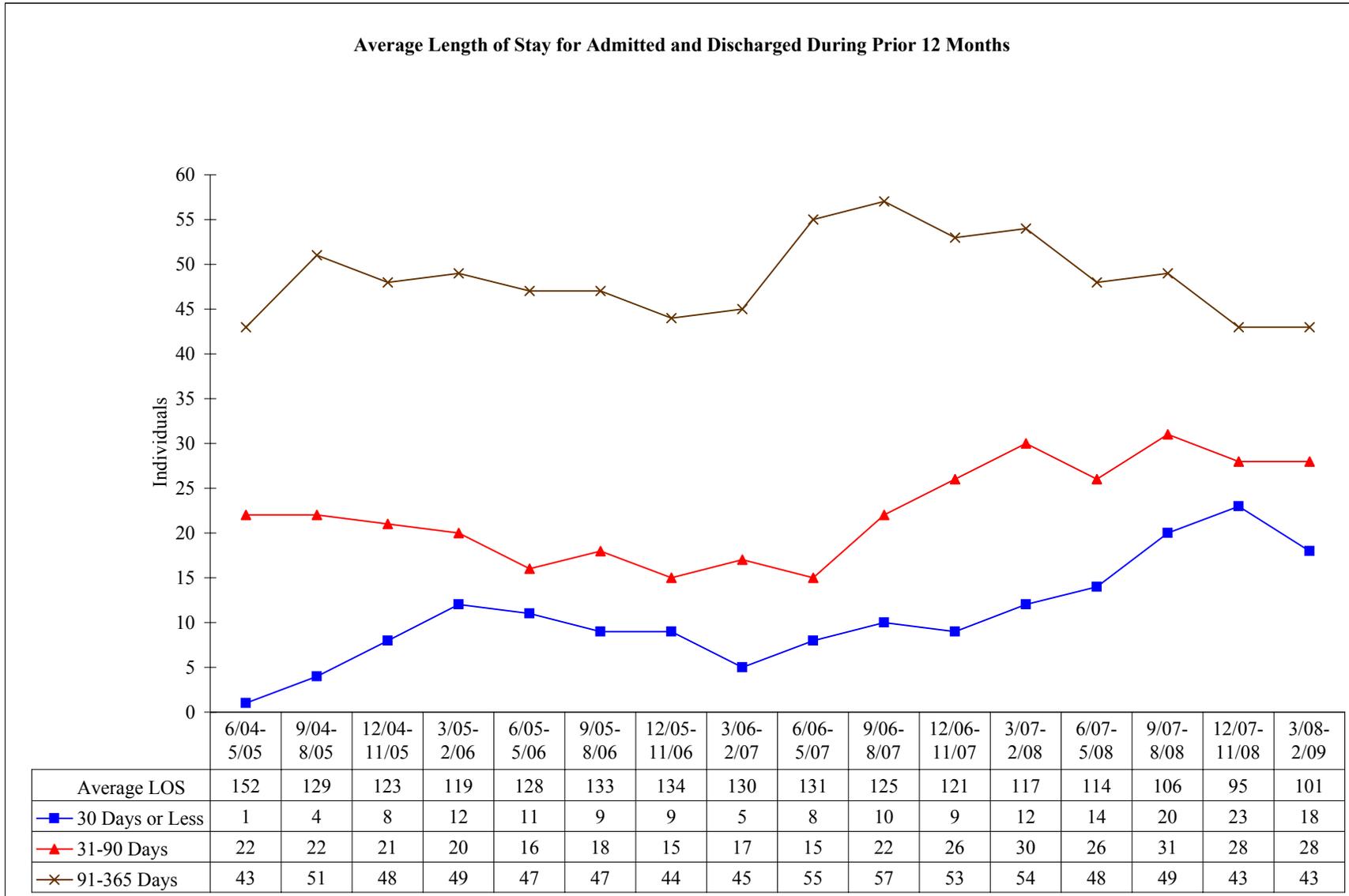
**Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital**



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



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



GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

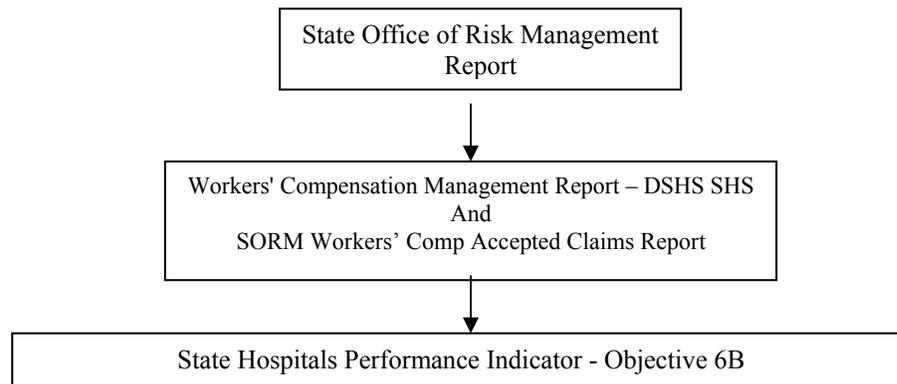
State hospitals will manage workers' compensation claim expenses so that an individual hospital's total FY 2009 claims expense will be at or below the dollar target amount established for that hospital.

Performance Objective Operational Definition: Total workers compensation claim expenses filed for FY 2008 will not exceed the target amounts specified for each state hospital by System Risk Management. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

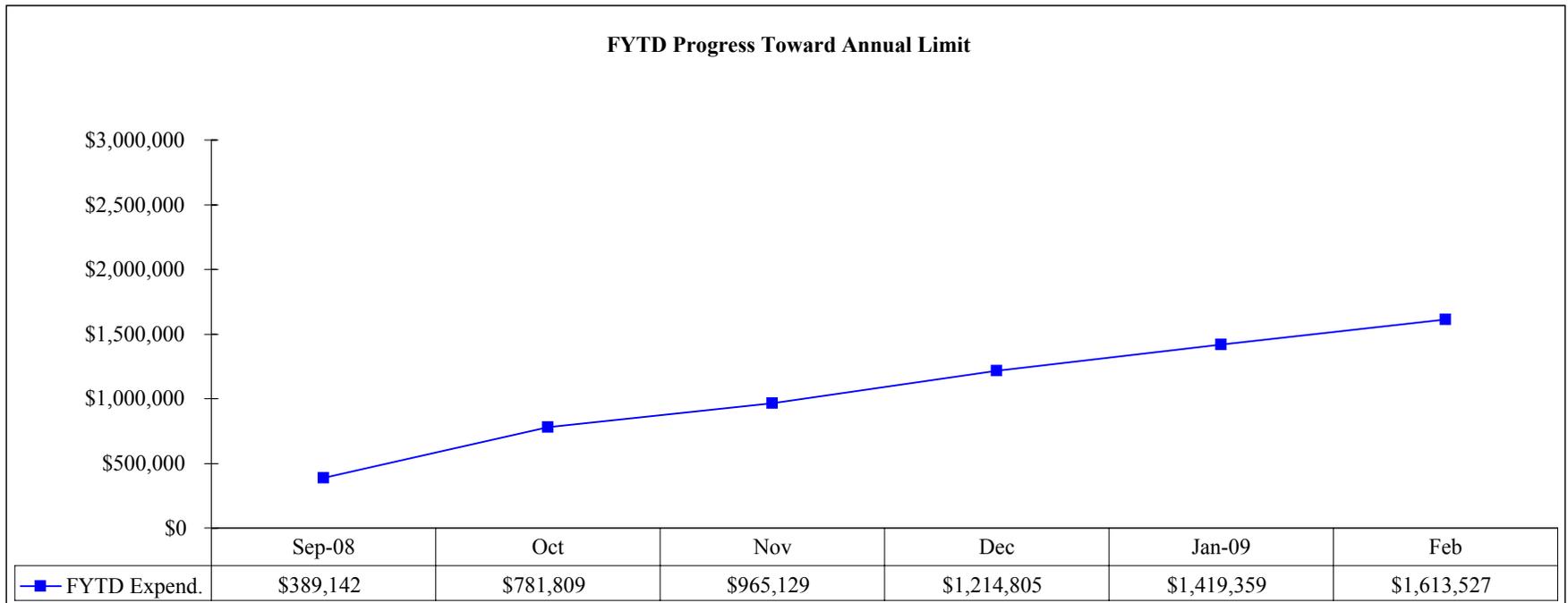
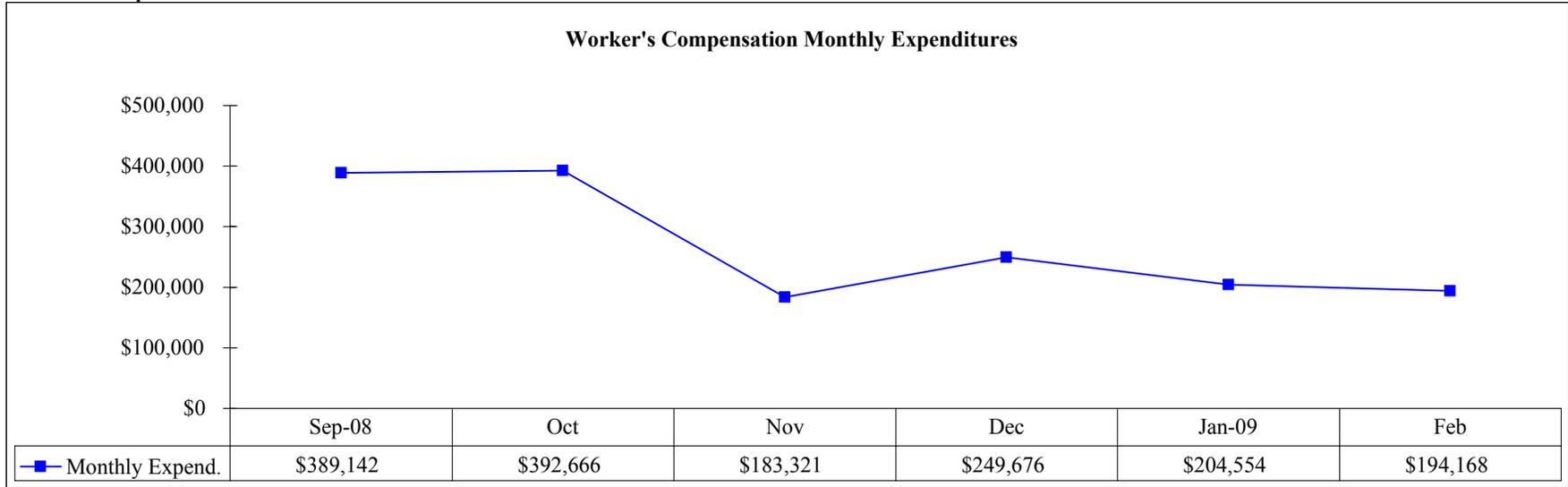
Performance Objective Data Display and Chart Description:

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

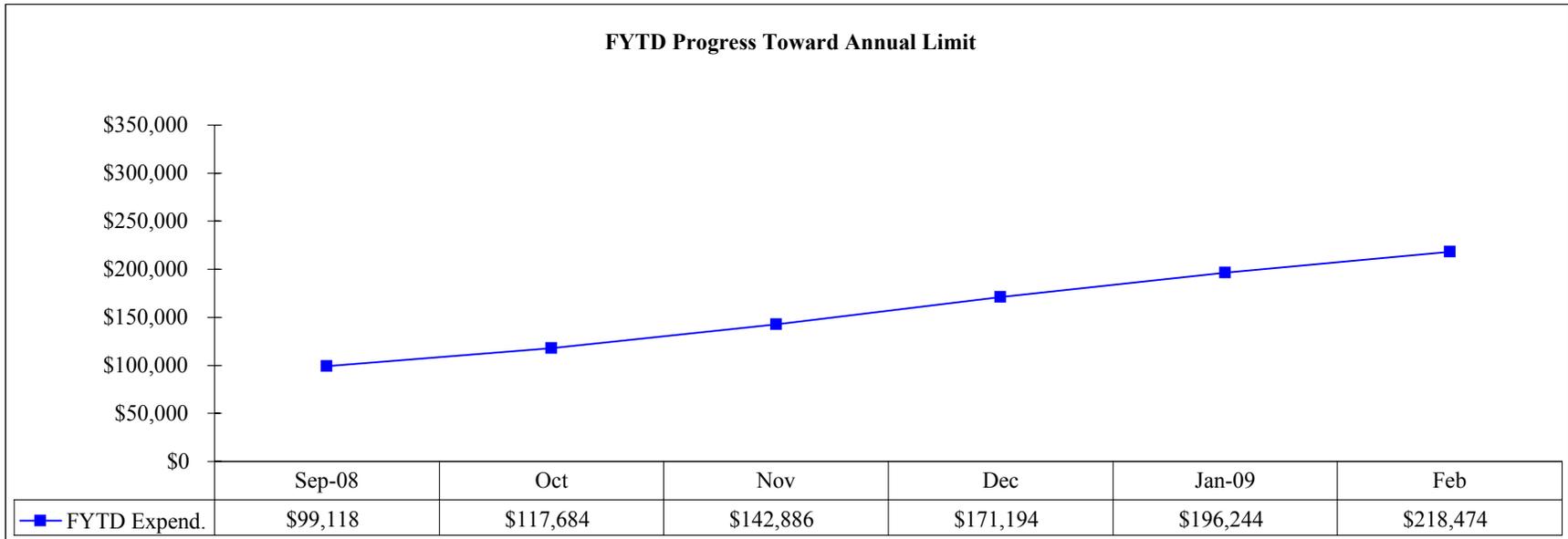
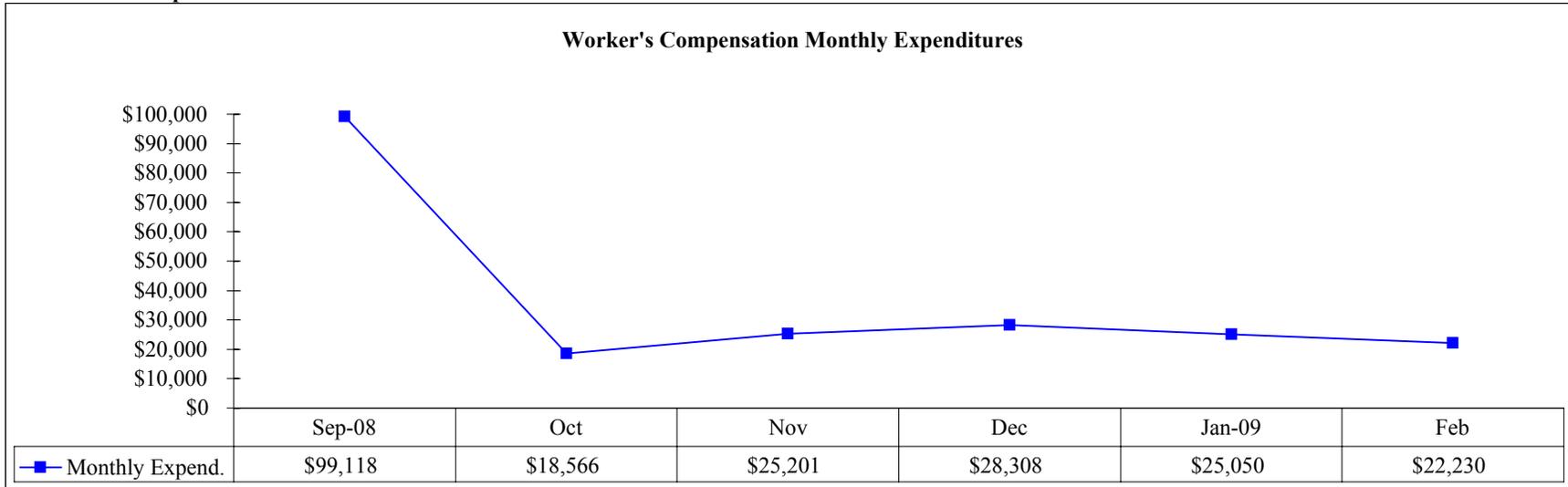
Data Flow:



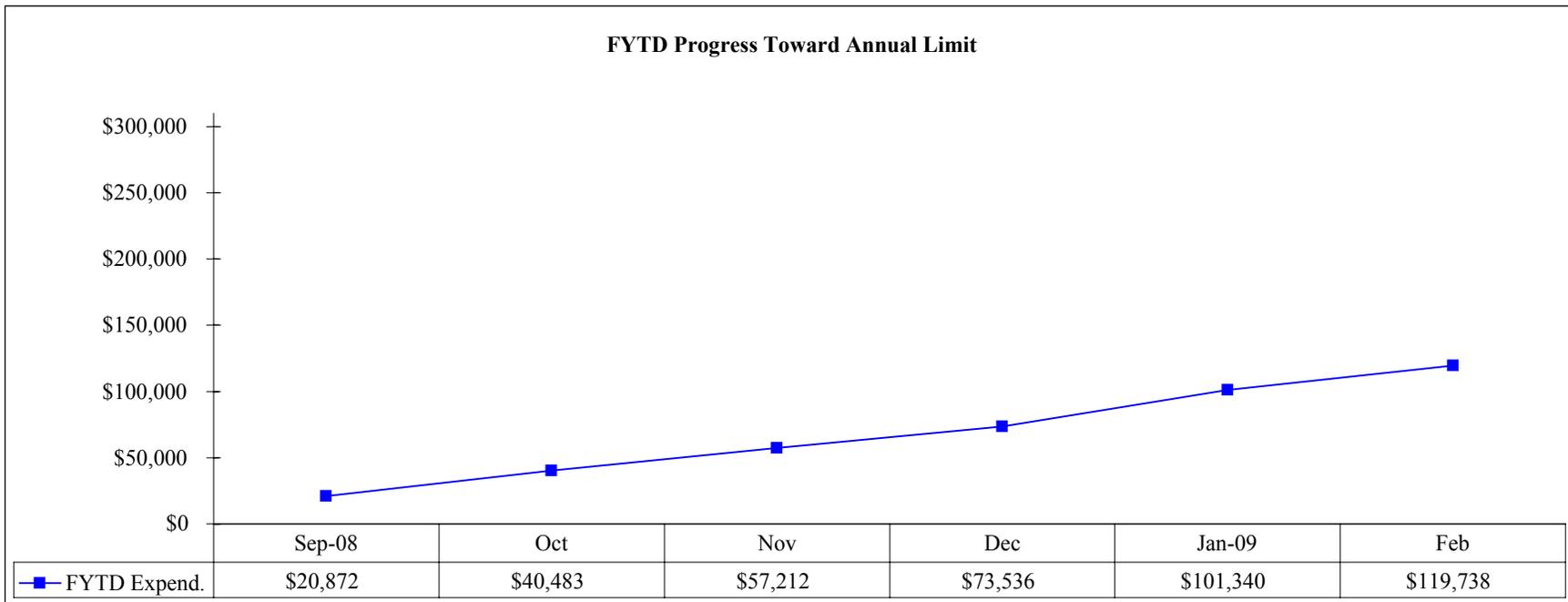
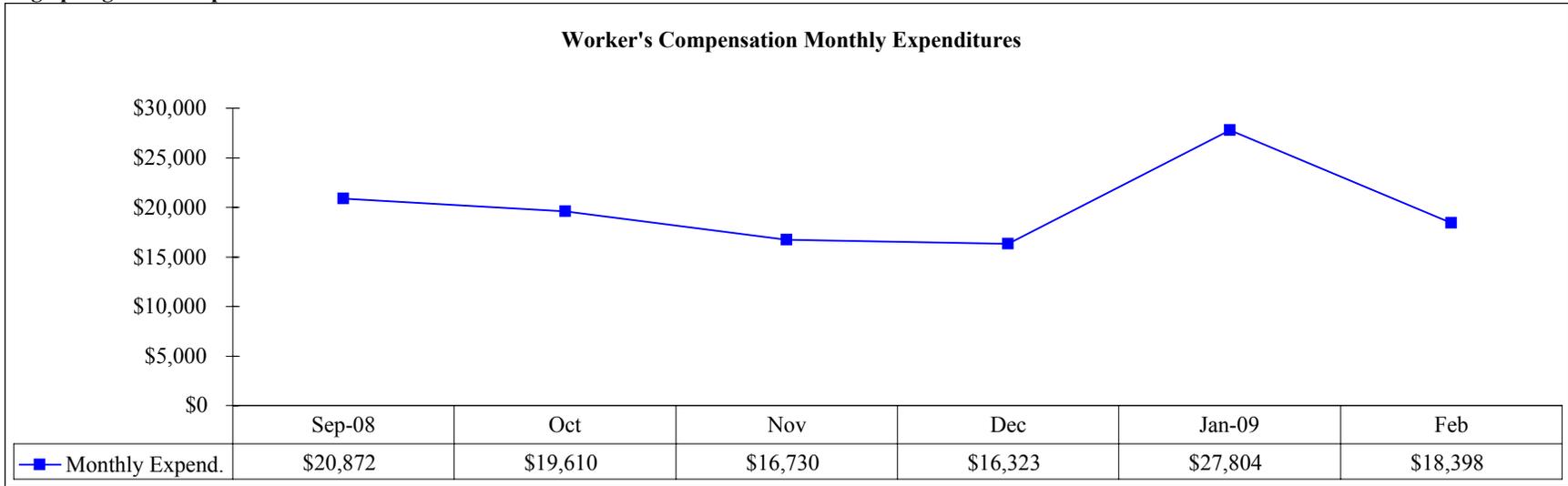
**Objective 6B - Workers Compensation
All State Hospitals**



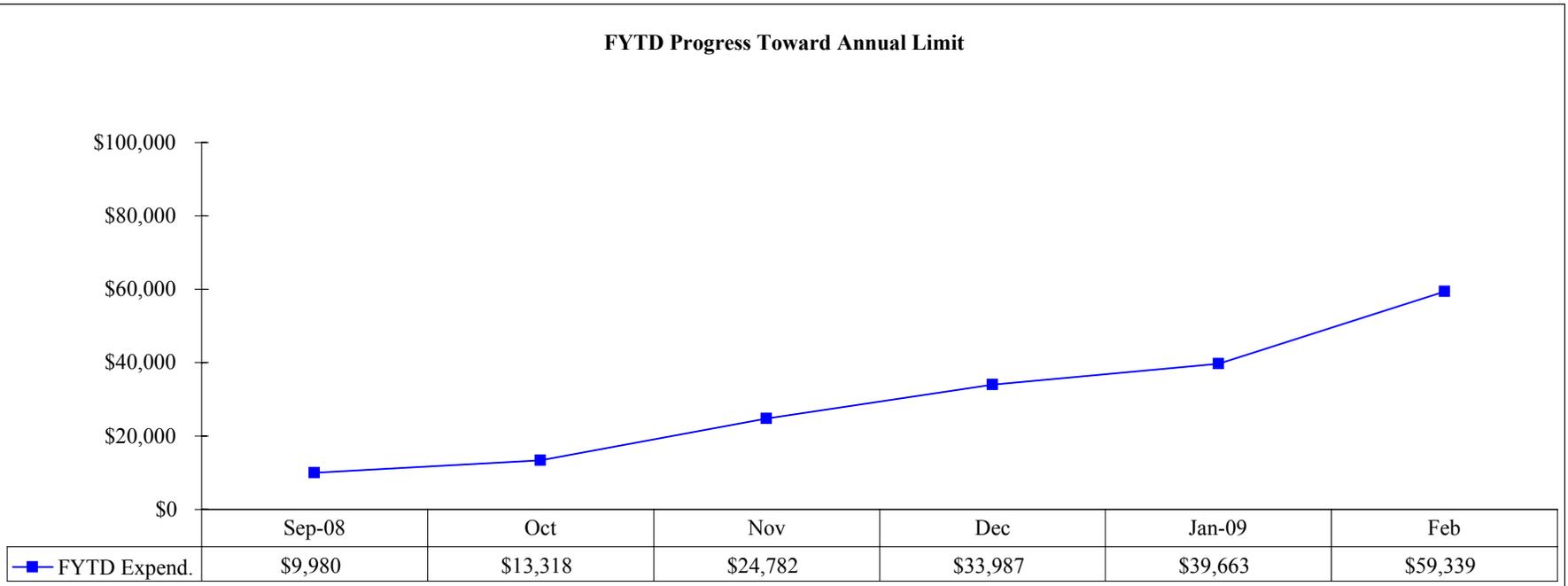
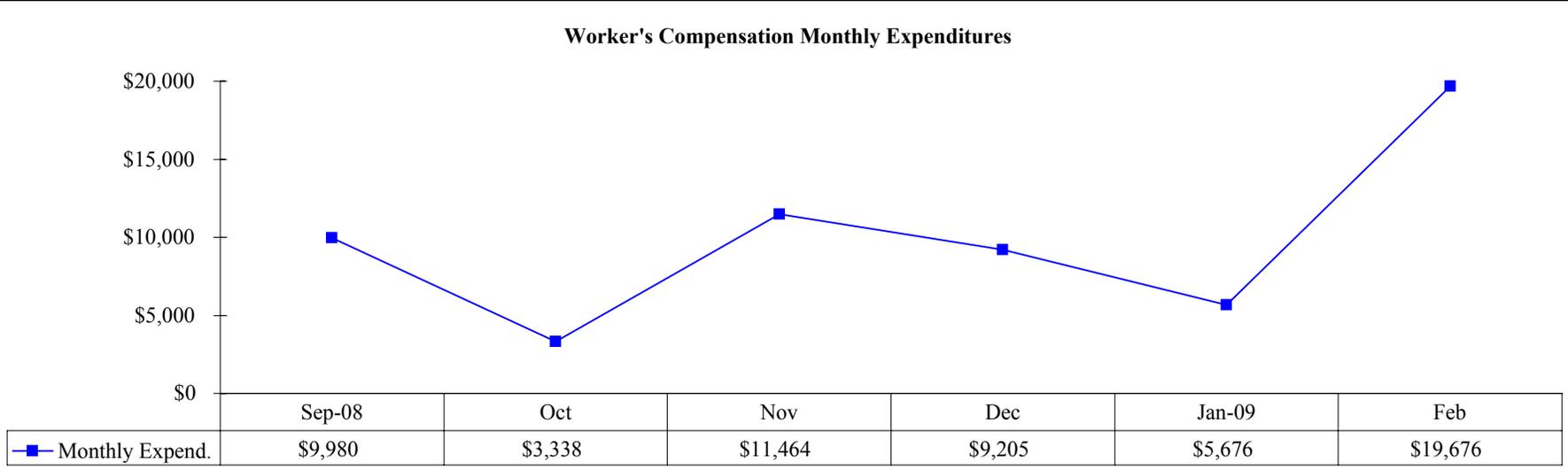
**Objective 6B - Workers Compensation
Austin State Hospital**



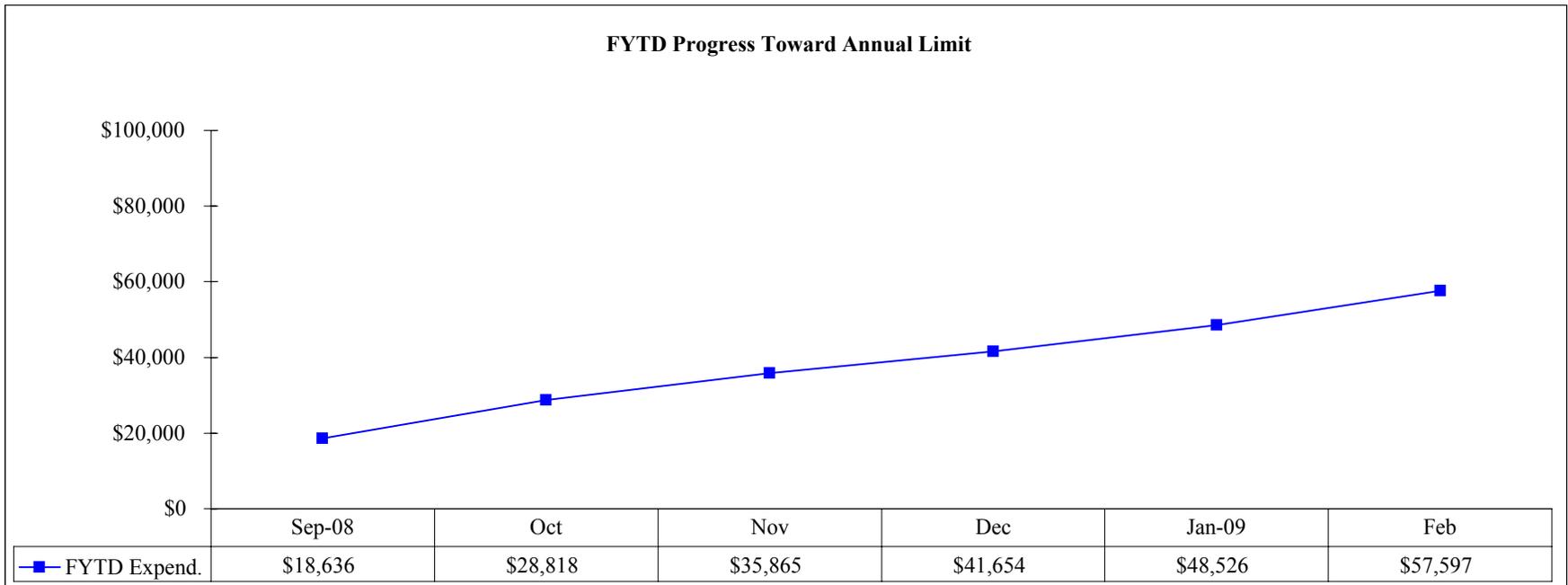
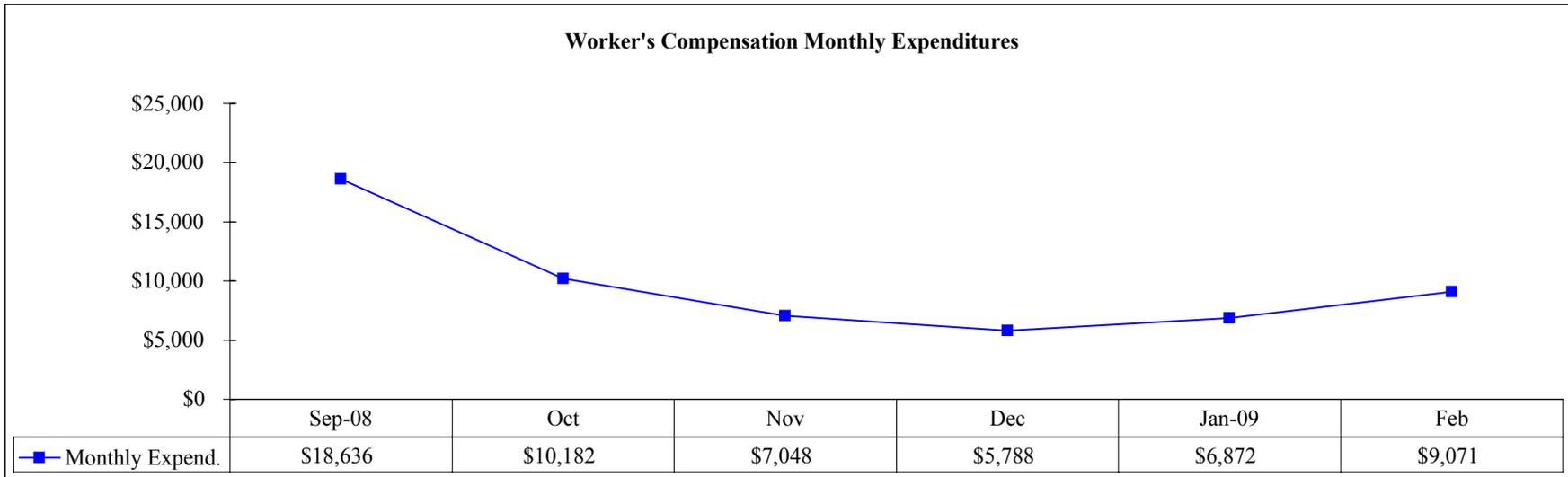
**Objective 6B - Workers Compensation
Big Spring State Hospital**



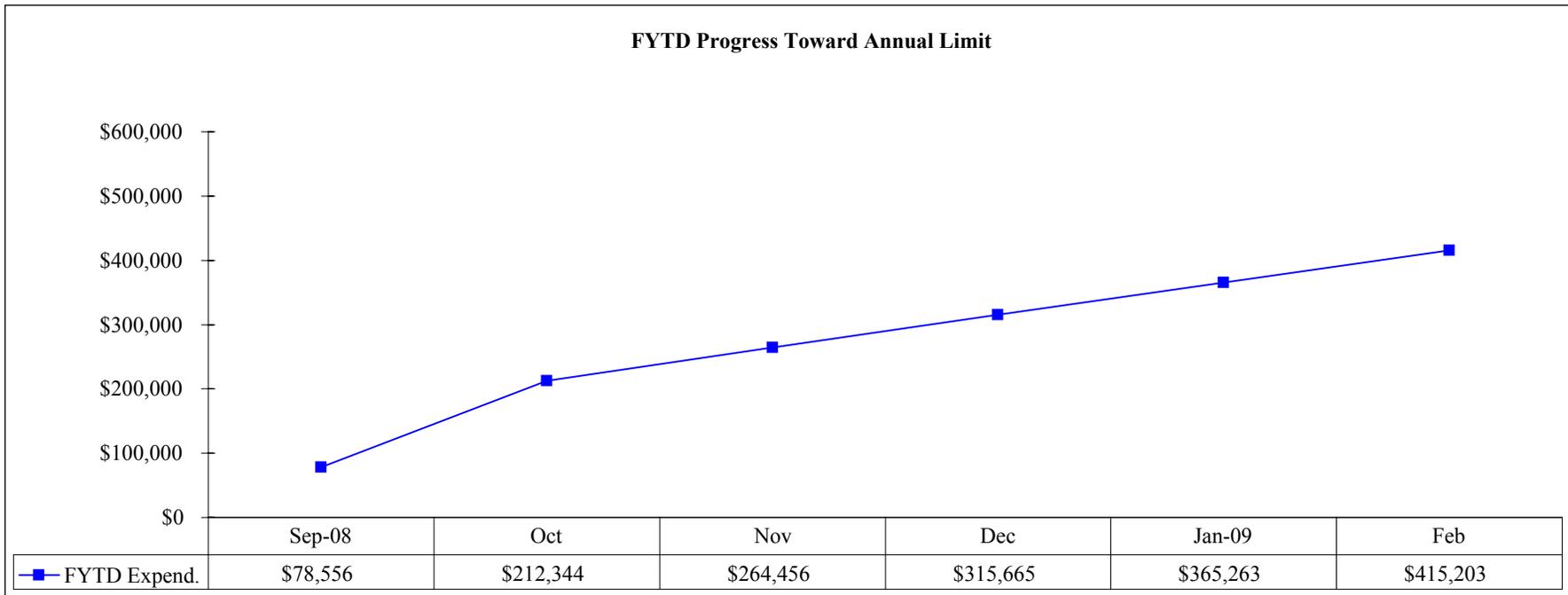
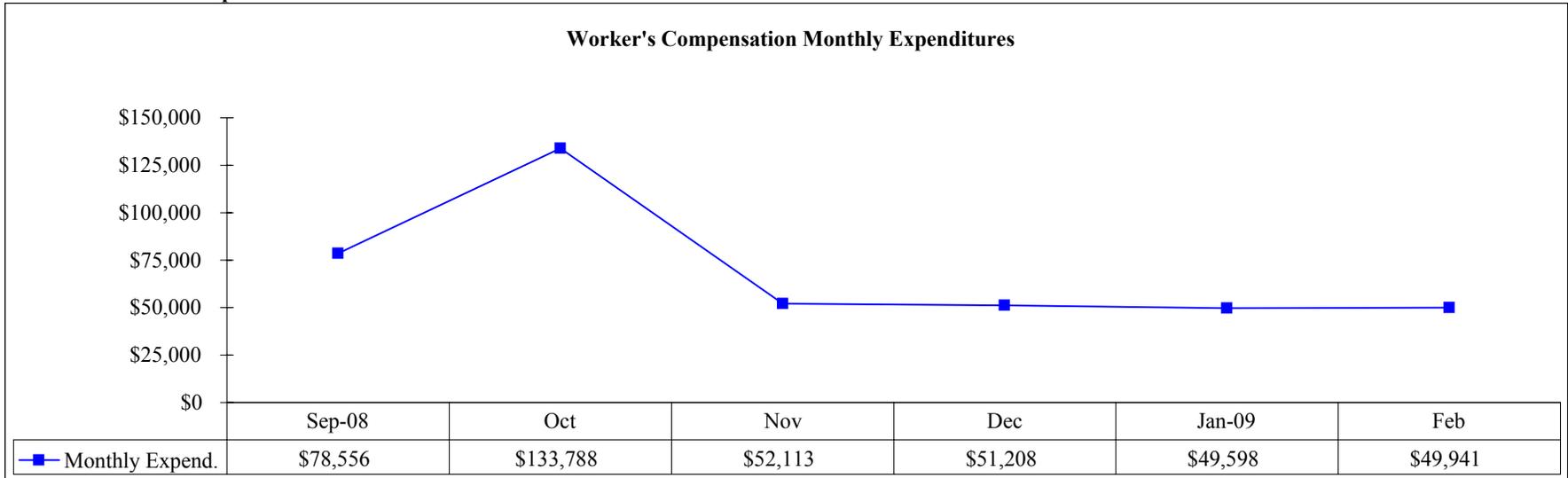
**Objective 6B - Workers Compensation
El Paso Psychiatric Center**



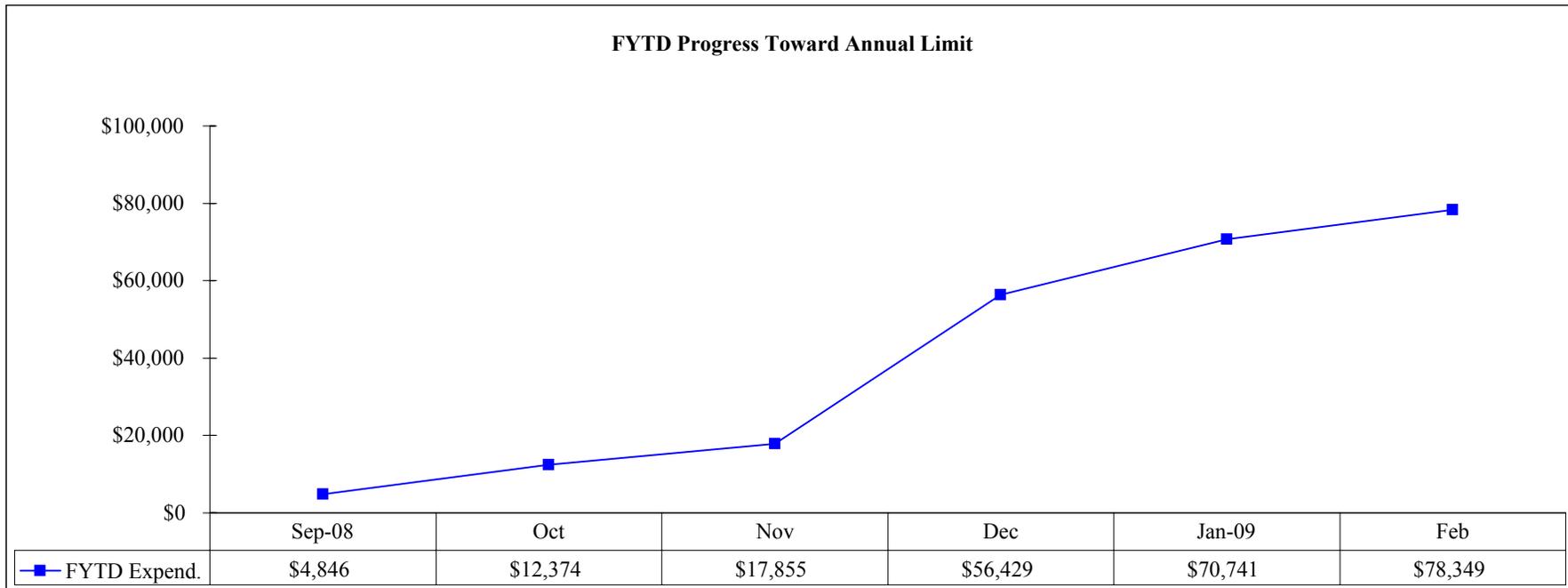
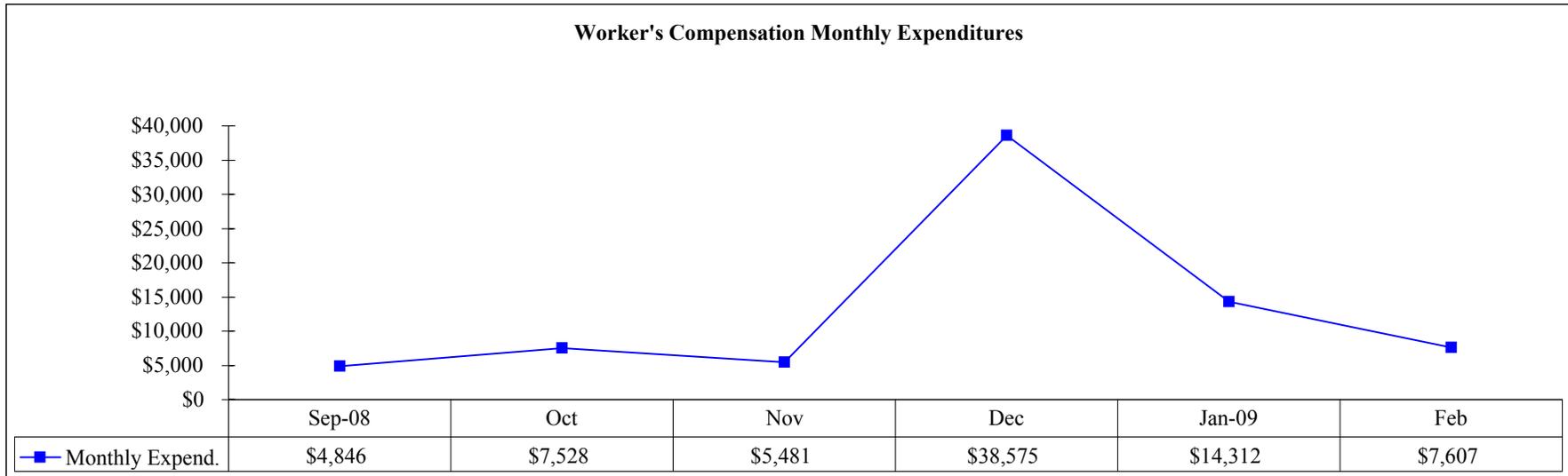
**Objective 6B - Workers Compensation
Kerrville State Hospital**



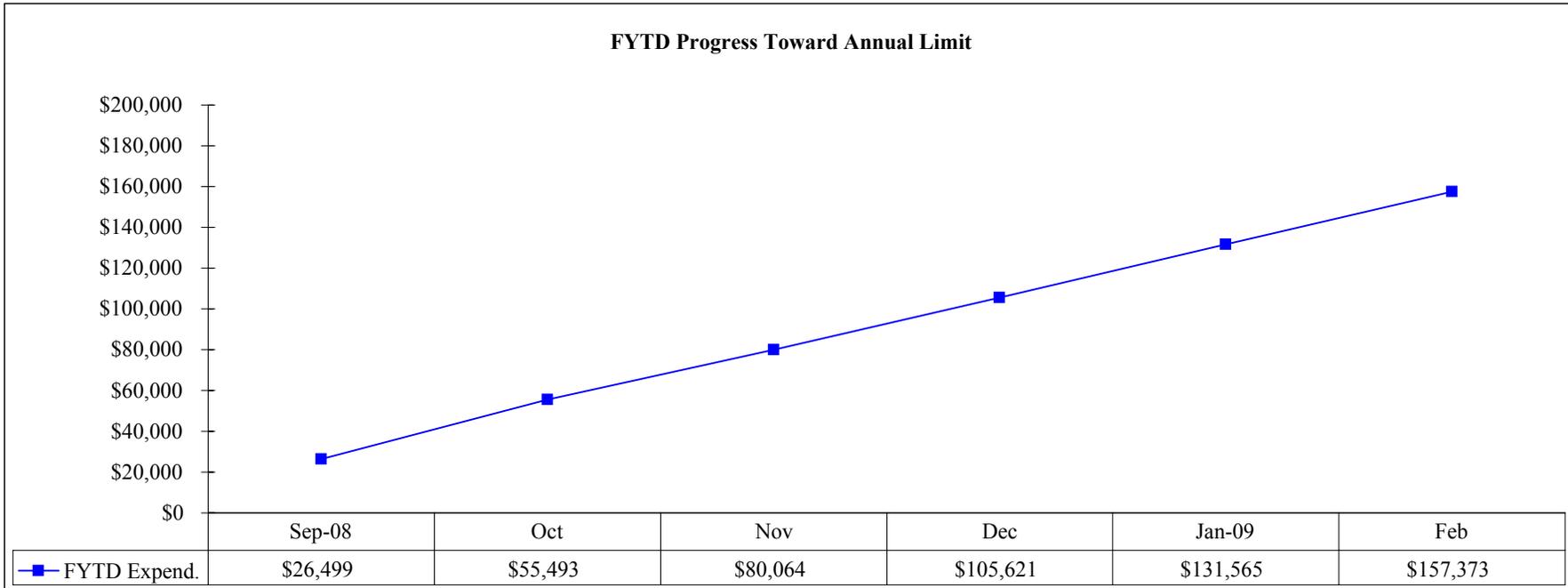
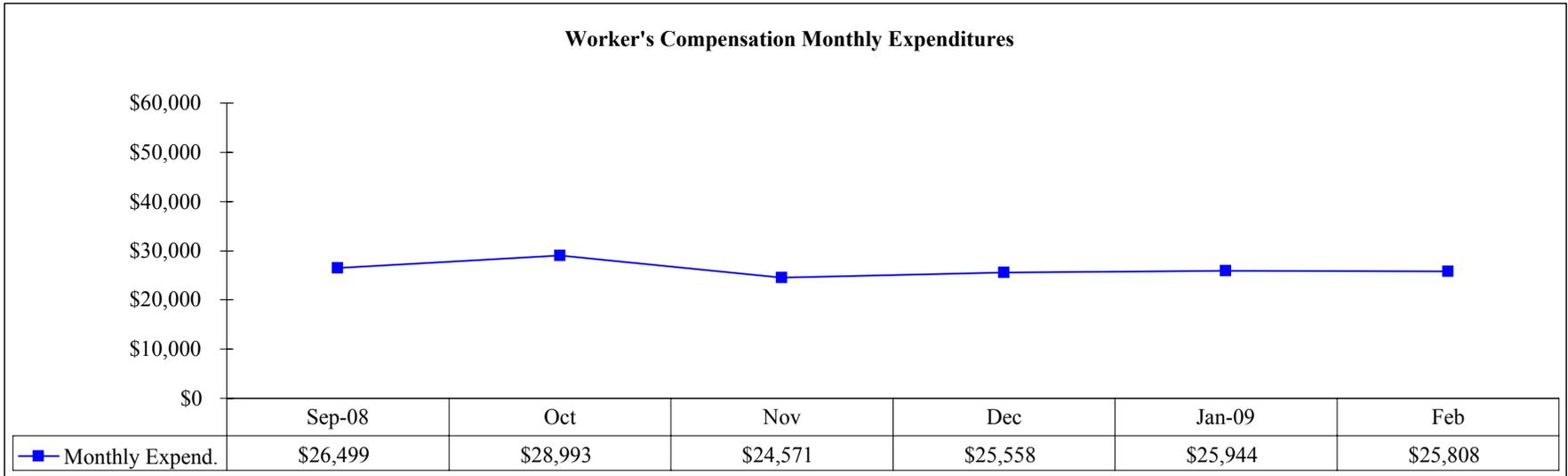
**Objective 6B - Workers Compensation
North Texas State Hospital**



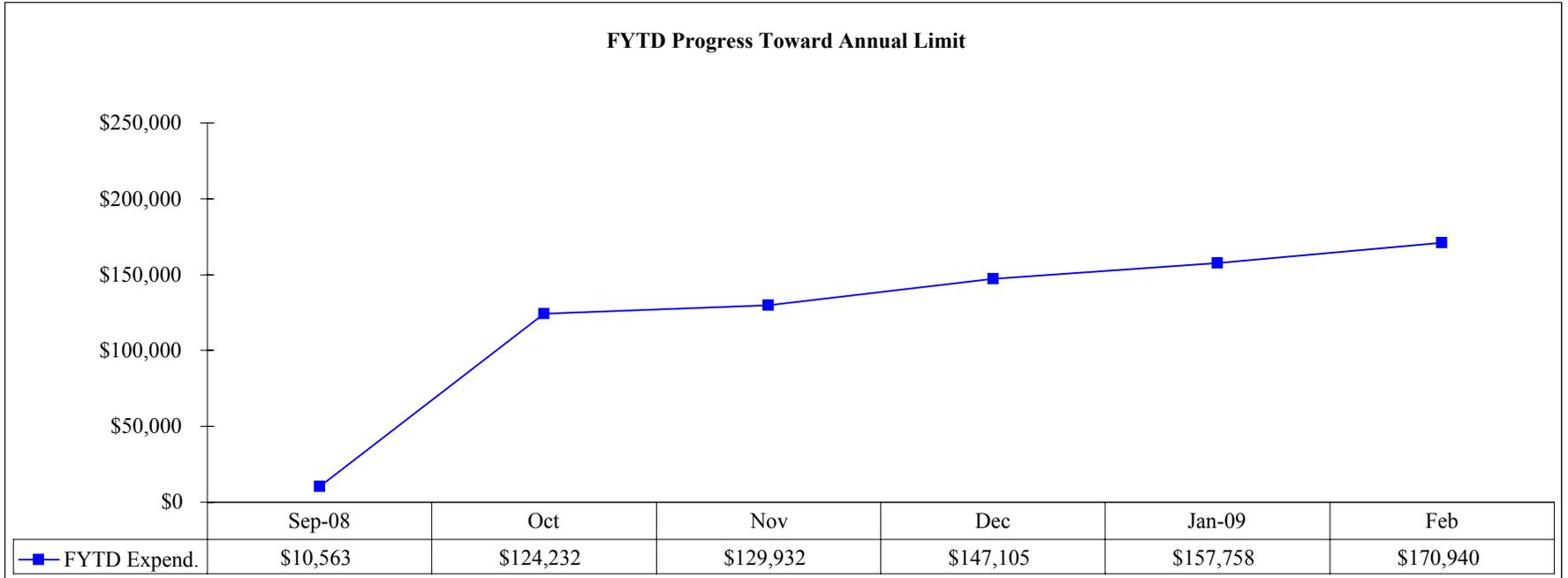
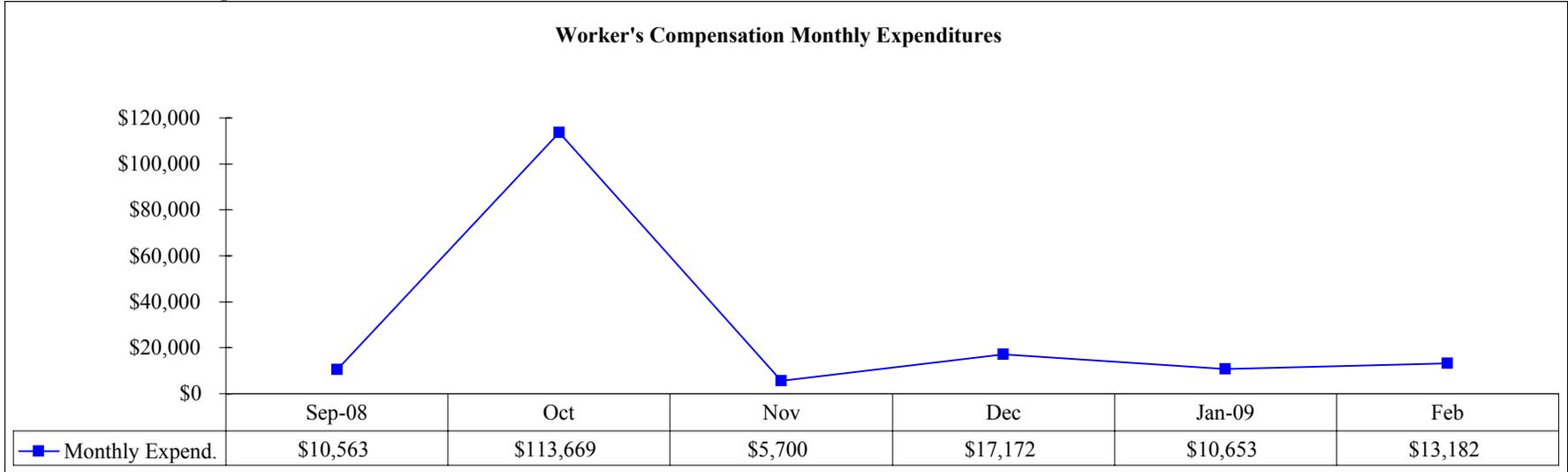
**Objective 6B - Workers Compensation
Rio Grande State Center**



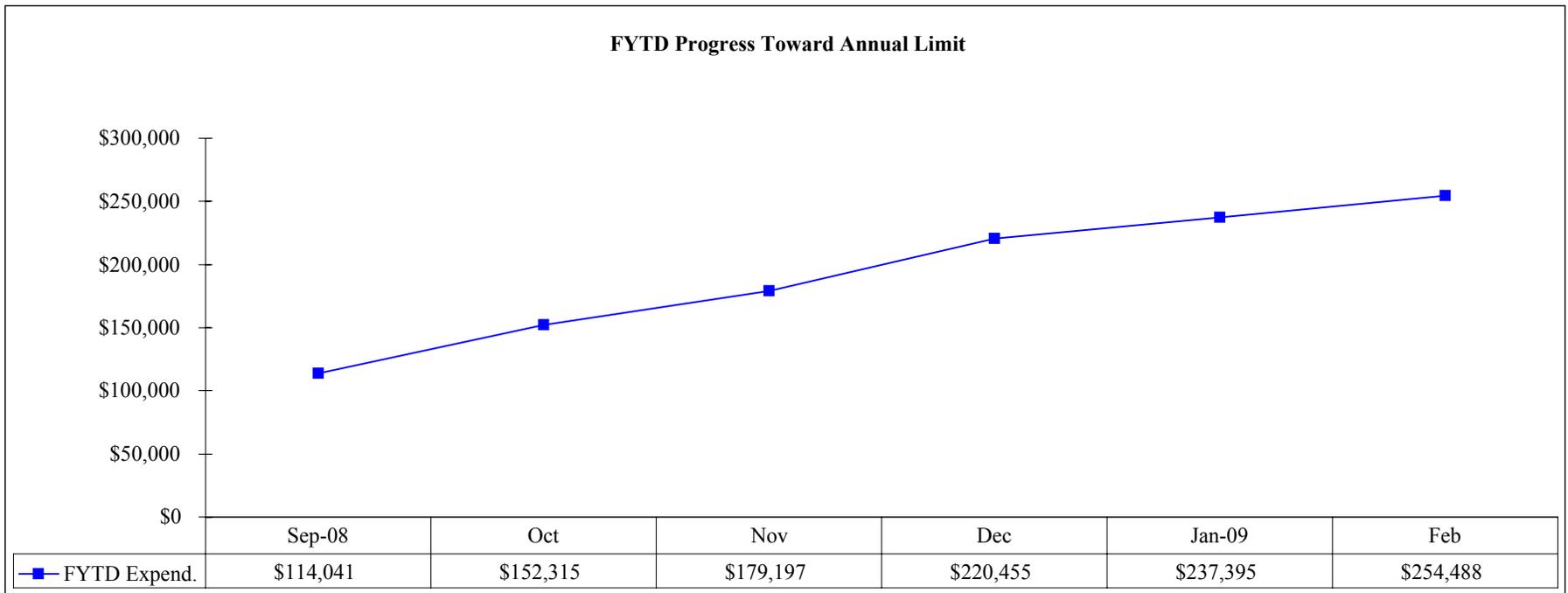
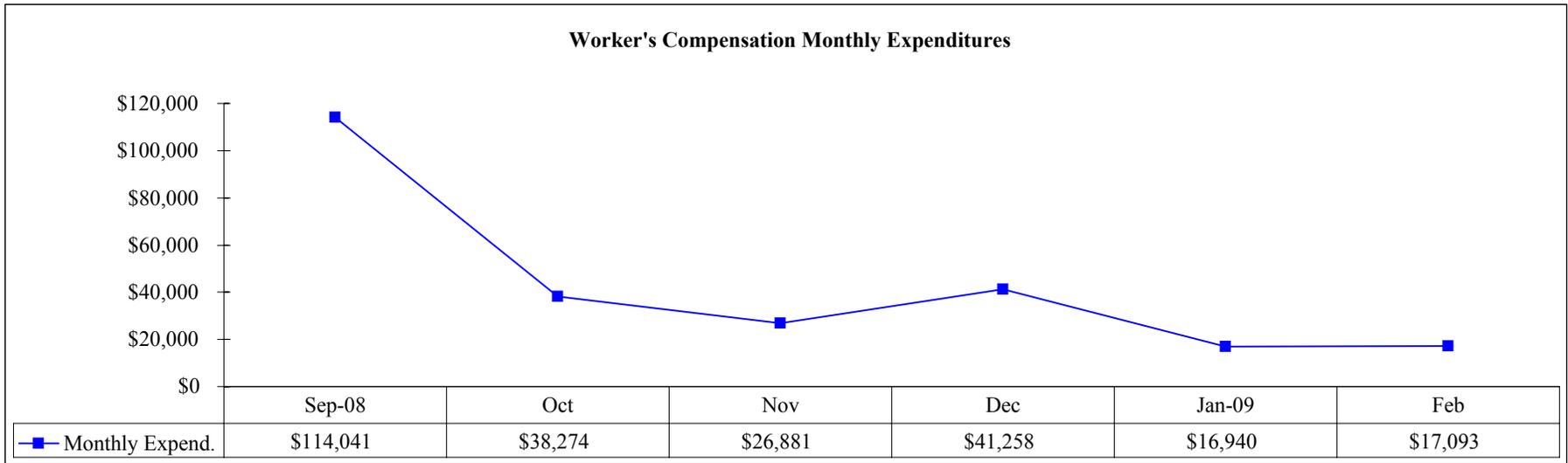
**Objective 6B - Workers Compensation
Rusk State Hospital**



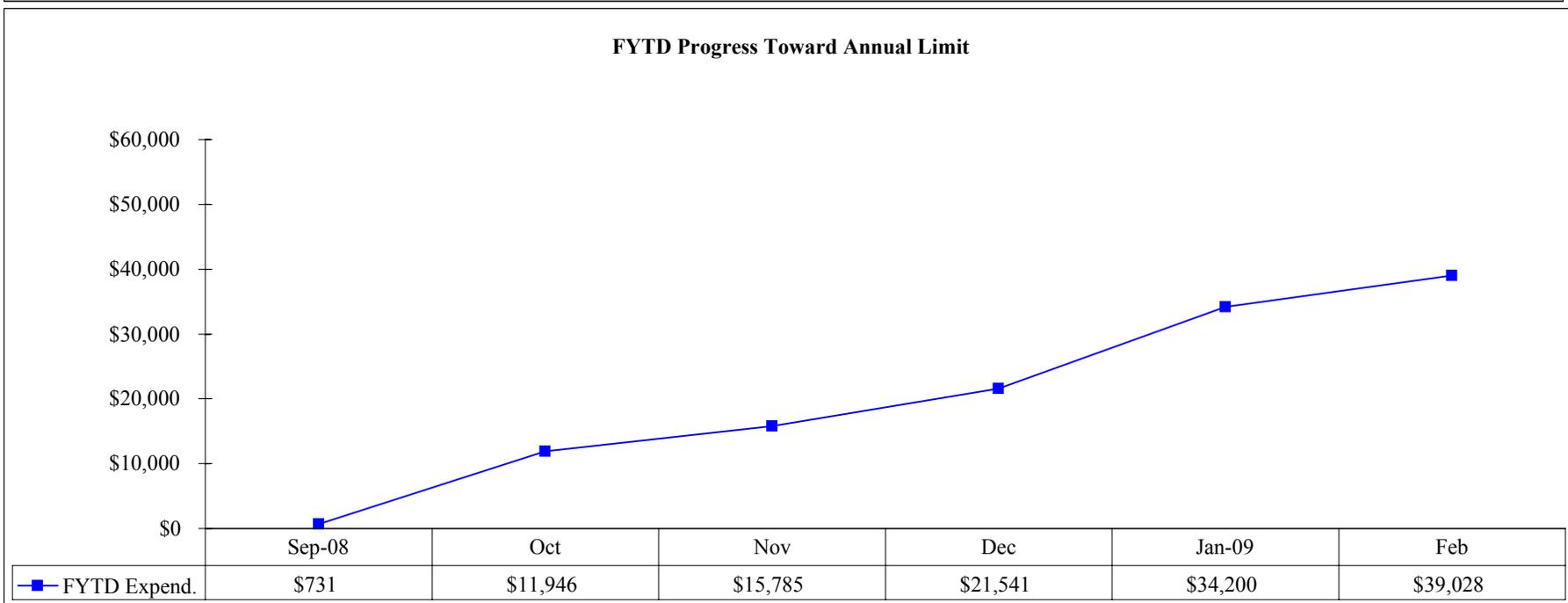
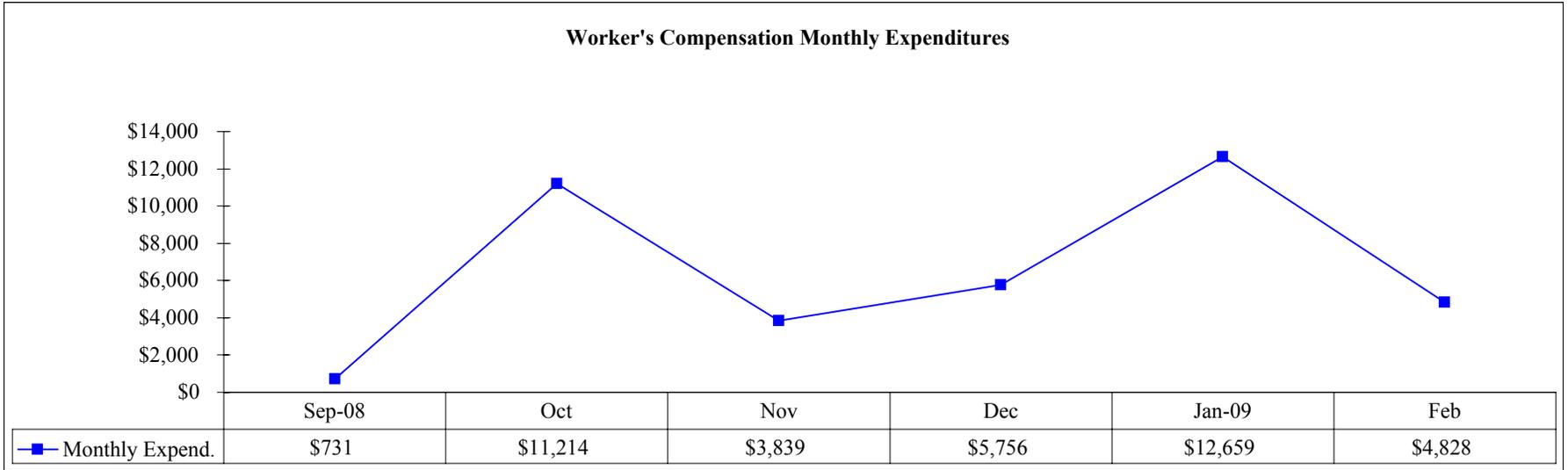
**Objective 6B - Workers Compensation
San Antonio State Hospital**



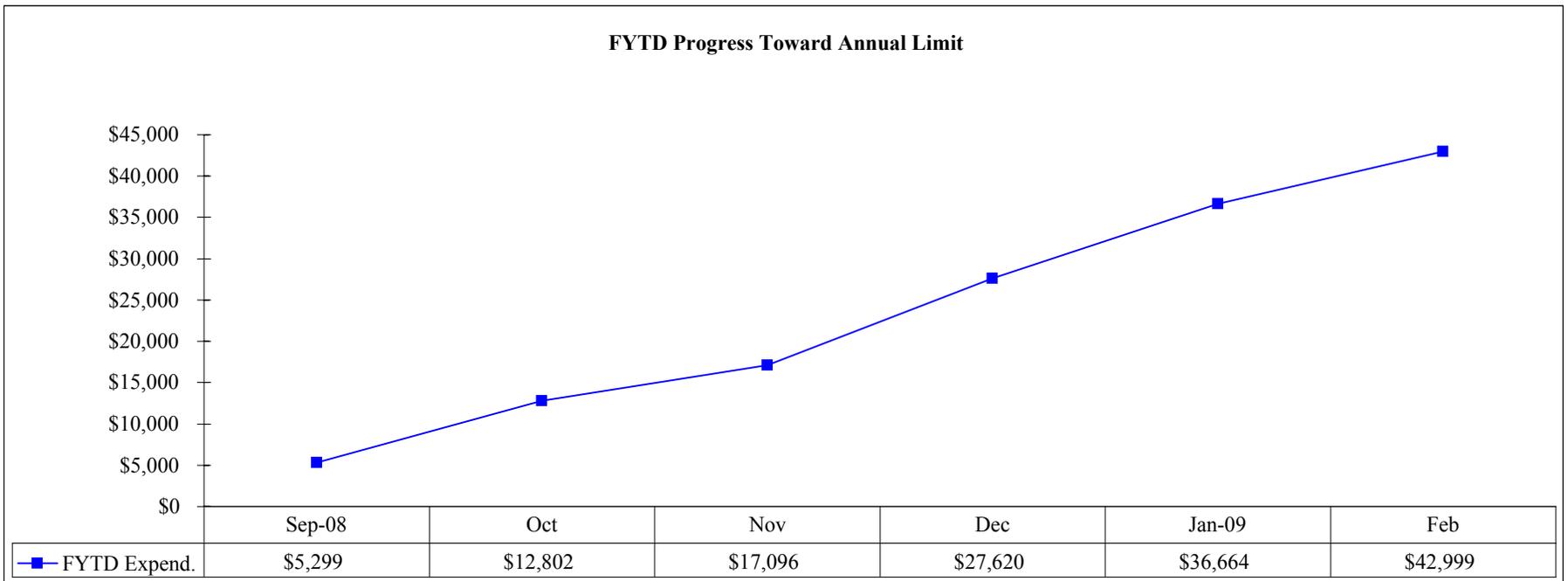
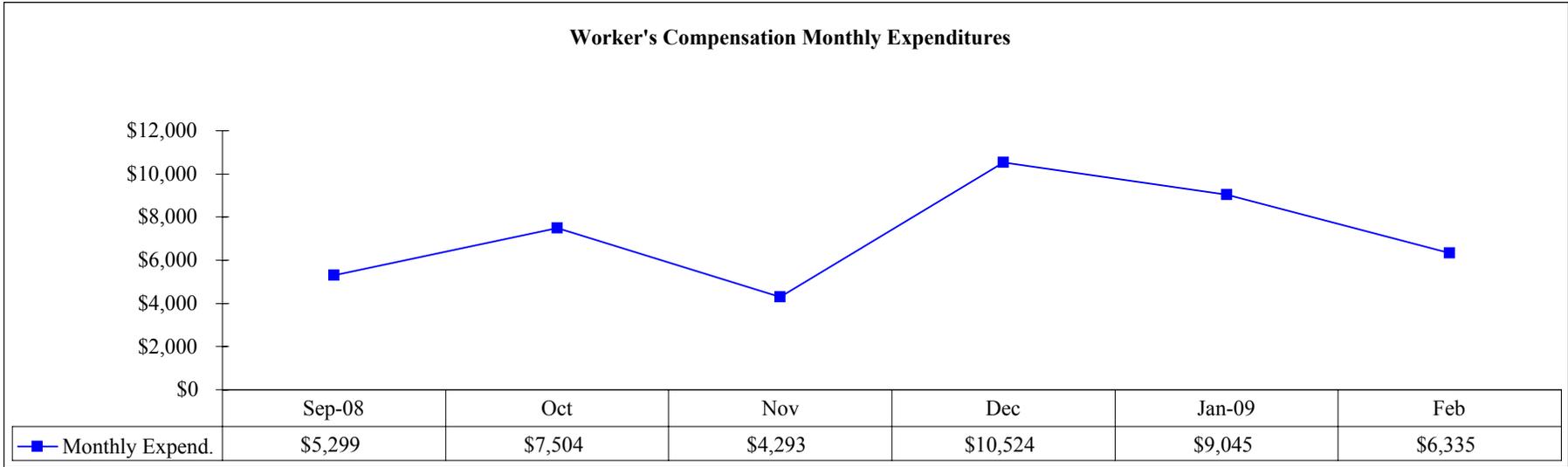
**Objective 6B - Workers Compensation
Terrell State Hospital**



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



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



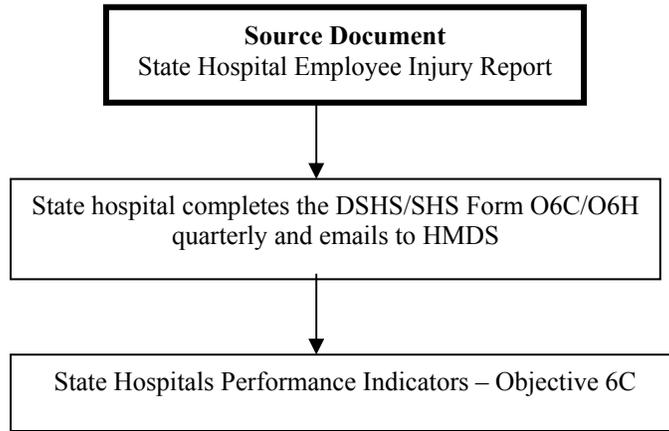
Performance Objective 6C:

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

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

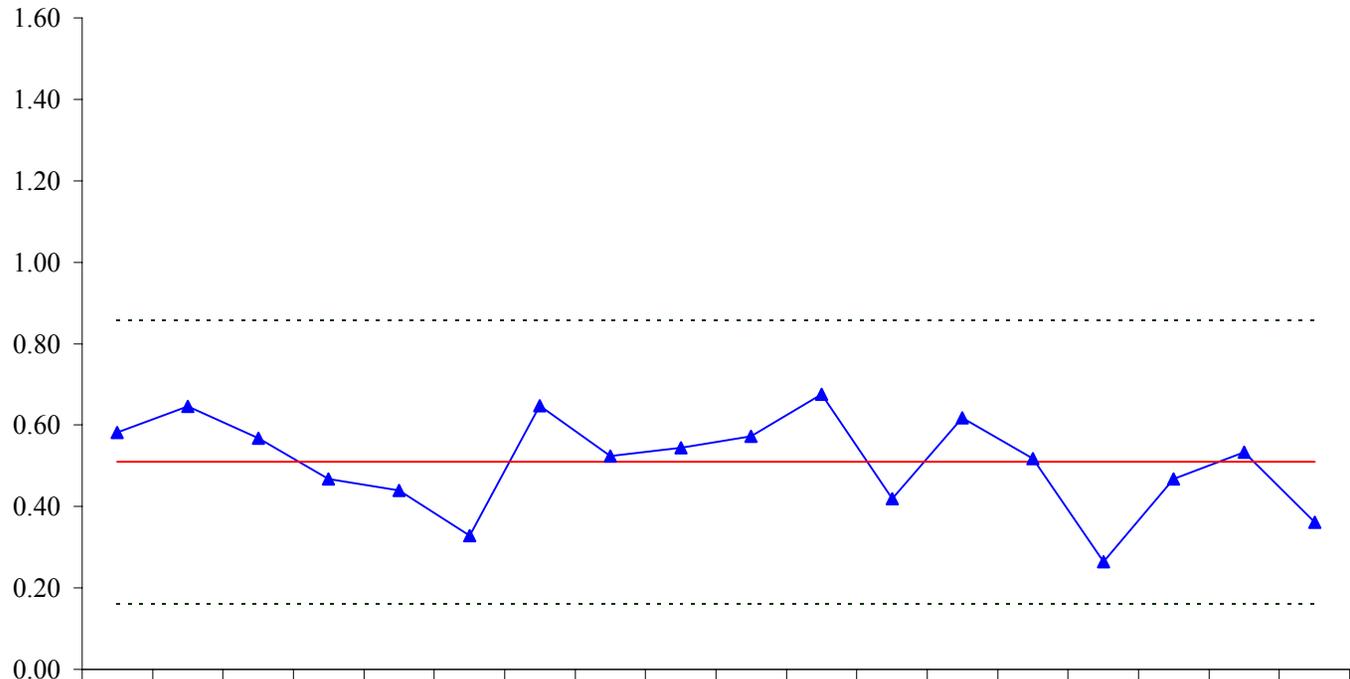
Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:



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

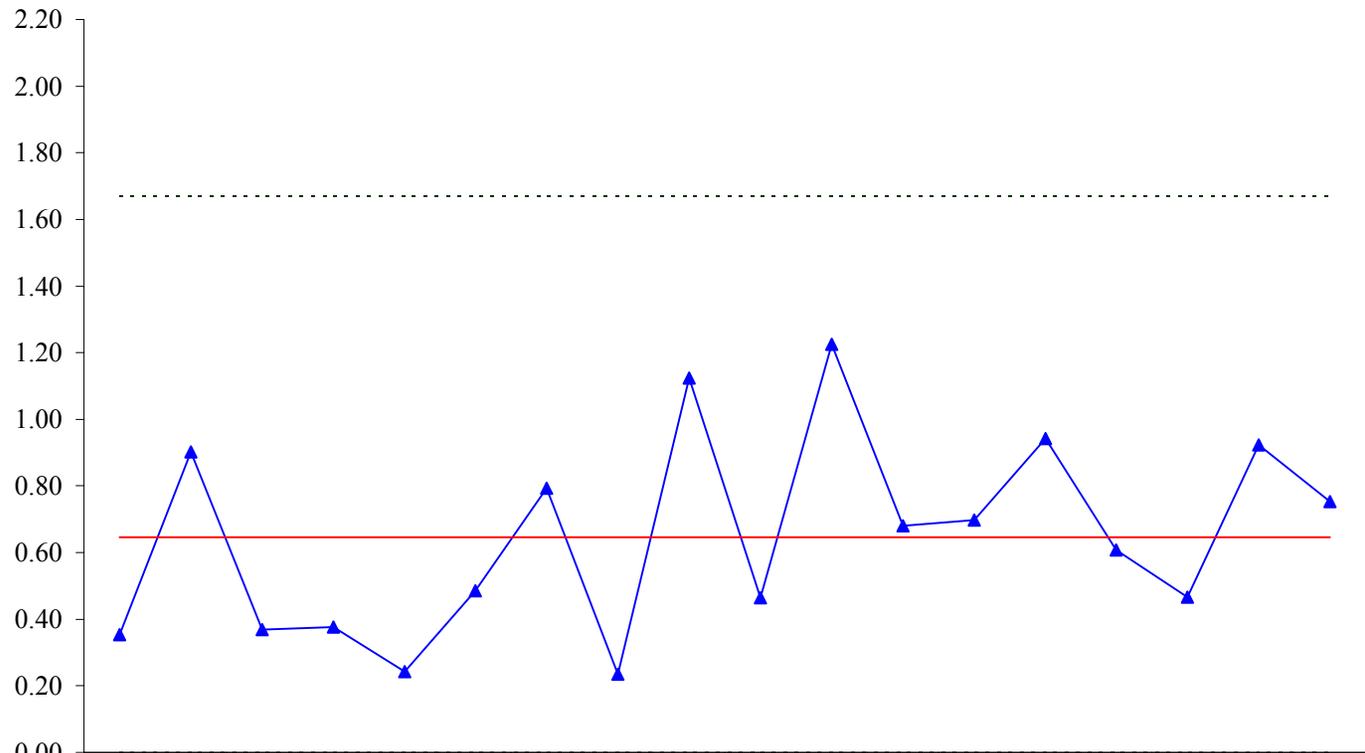
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	175	186	158	167	168	148	205	176	162	187	175	159	172	167	123	156	175	114
Injuries Resulting in a WCC	35	41	35	34	32	23	48	38	40	41	50	31	44	38	19	34	39	24
▲ Emp. Inj.(WCC)/1000 Bed Days	0.58	0.65	0.57	0.47	0.44	0.33	0.65	0.52	0.54	0.57	0.68	0.42	0.62	0.52	0.26	0.47	0.53	0.36
----- UCL	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86
— Avg	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51
----- LCL	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16

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

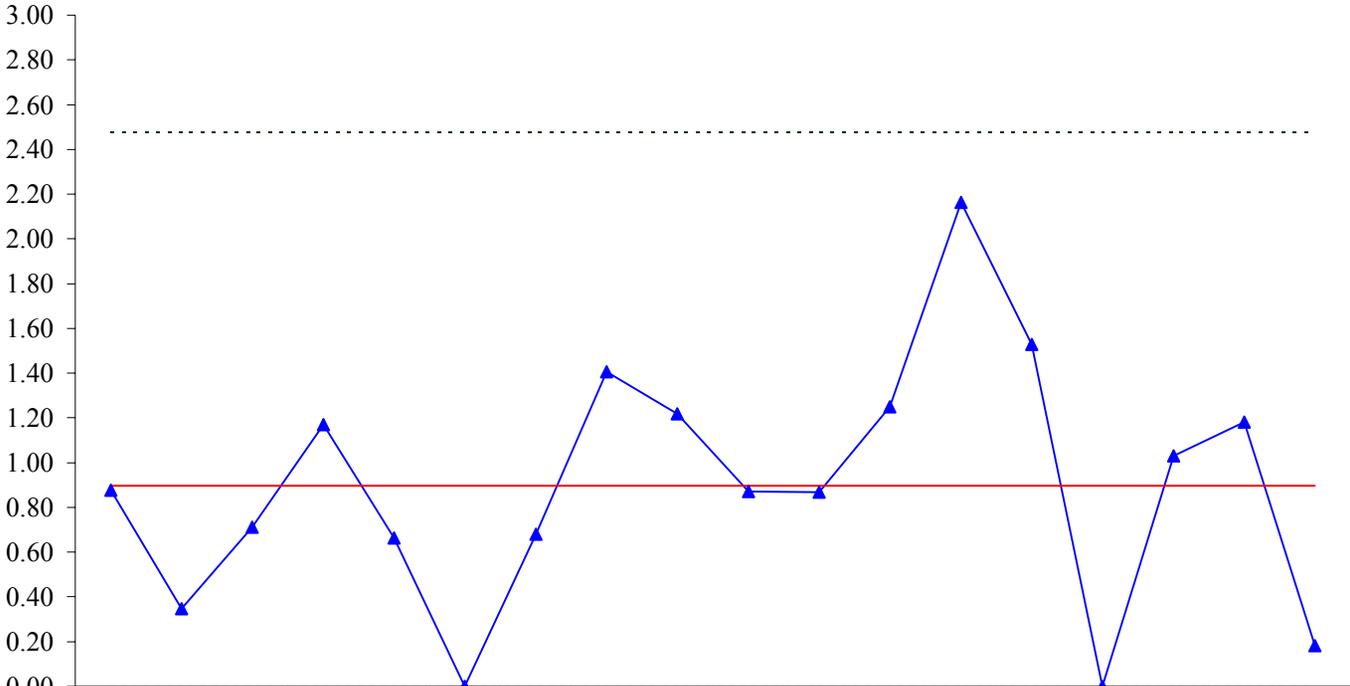
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	3	9	5	5	2	4	8	2	10	6	19	9	6	8	5	4	8	6
Injuries Resulting in a WCC	3	8	3	3	2	4	7	2	10	4	11	6	6	8	5	4	8	6
Emp. Inj.(WCC)/1000 Bed Days	0.35	0.90	0.37	0.38	0.24	0.49	0.79	0.24	1.12	0.46	1.22	0.68	0.70	0.94	0.61	0.47	0.92	0.75
UCL	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67
Avg	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

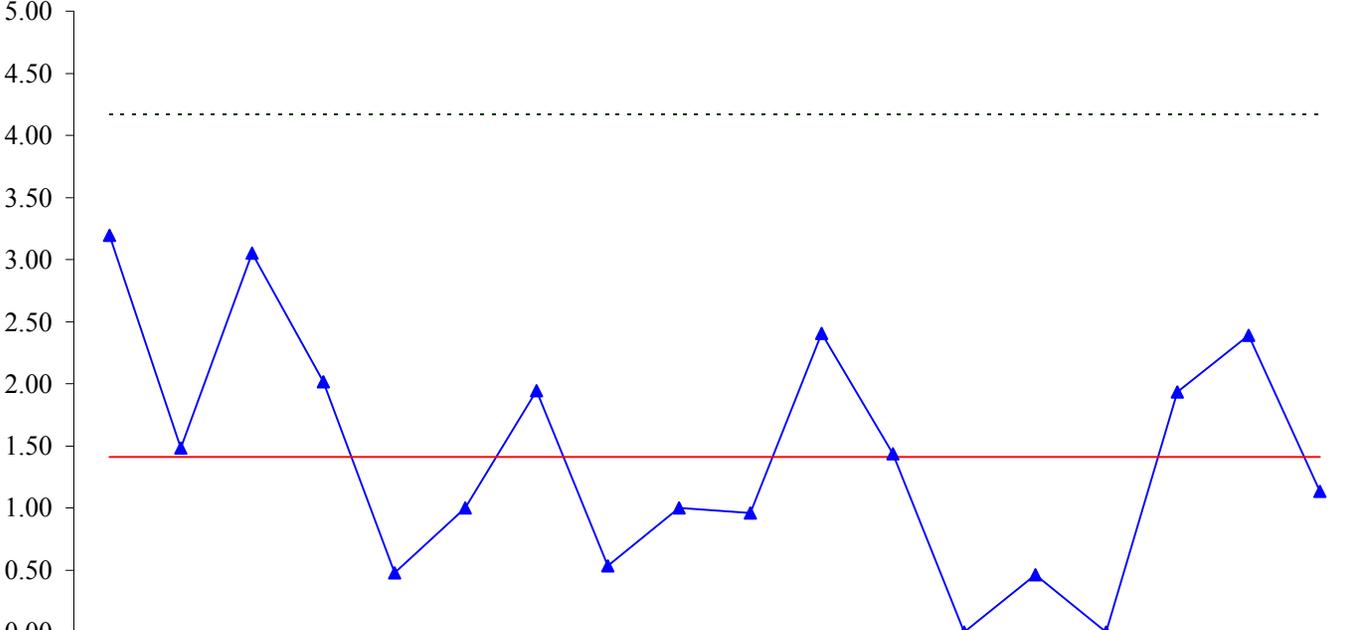
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	15	18	15	16	20	12	21	25	19	24	16	20	18	23	6	21	28	12
Injuries Resulting in a WCC	5	2	4	7	4	0	4	8	7	5	5	7	12	9	0	6	7	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.88	0.35	0.71	1.17	0.66	0.00	0.68	1.40	1.22	0.87	0.87	1.25	2.16	1.53	0.00	1.03	1.18	0.18
..... UCL	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48
— Avg	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

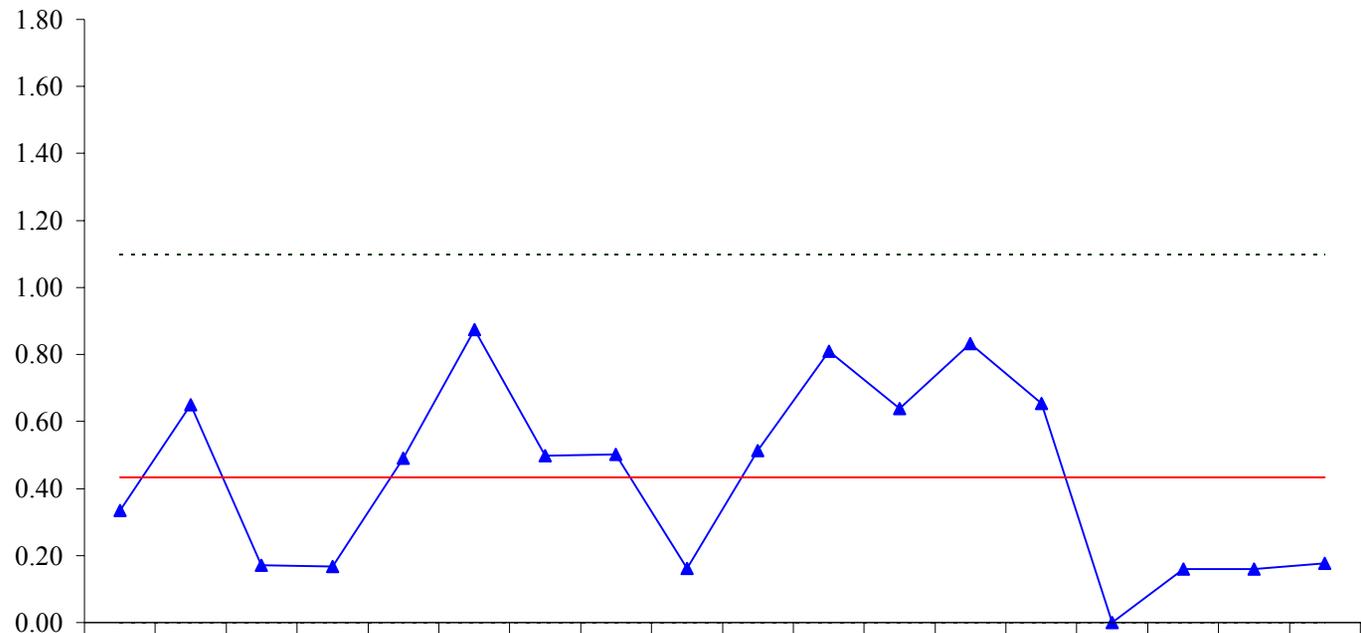
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	11	5	14	7	15	5	7	15	5	5	9	6	8	5	4	9	12	6
Injuries Resulting in a WCC	7	3	6	4	1	2	4	1	2	2	5	3	0	1	0	4	5	2
Emp. Inj.(WCC)/1000 Bed Days	3.19	1.48	3.05	2.02	0.48	1.00	1.94	0.53	1.00	0.96	2.41	1.44	0.00	0.46	0.00	1.94	2.39	1.13
UCL	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
Avg	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

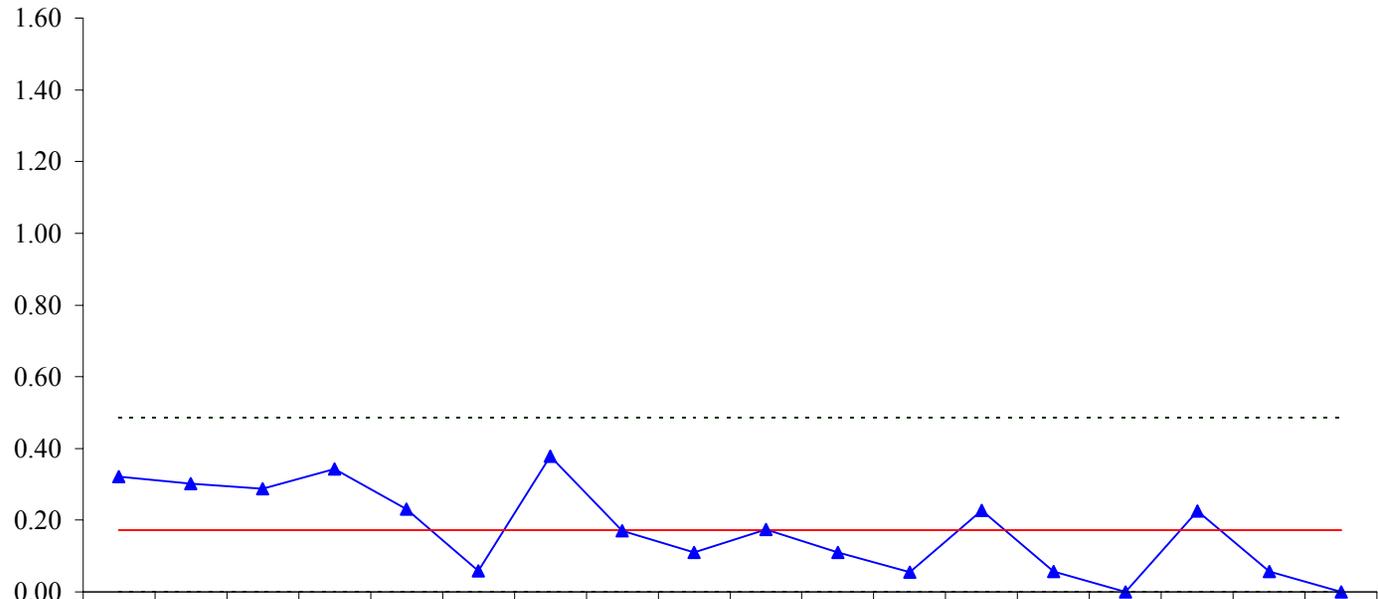
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	11	10	4	4	7	14	12	13	6	7	11	9	6	8	7	10	6	9
Injuries Resulting in a WCC	2	4	1	1	3	5	3	3	1	3	5	4	5	4	0	1	1	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.34	0.65	0.17	0.17	0.49	0.88	0.50	0.50	0.16	0.51	0.81	0.64	0.83	0.65	0.00	0.16	0.16	0.18
..... UCL	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
— Avg	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

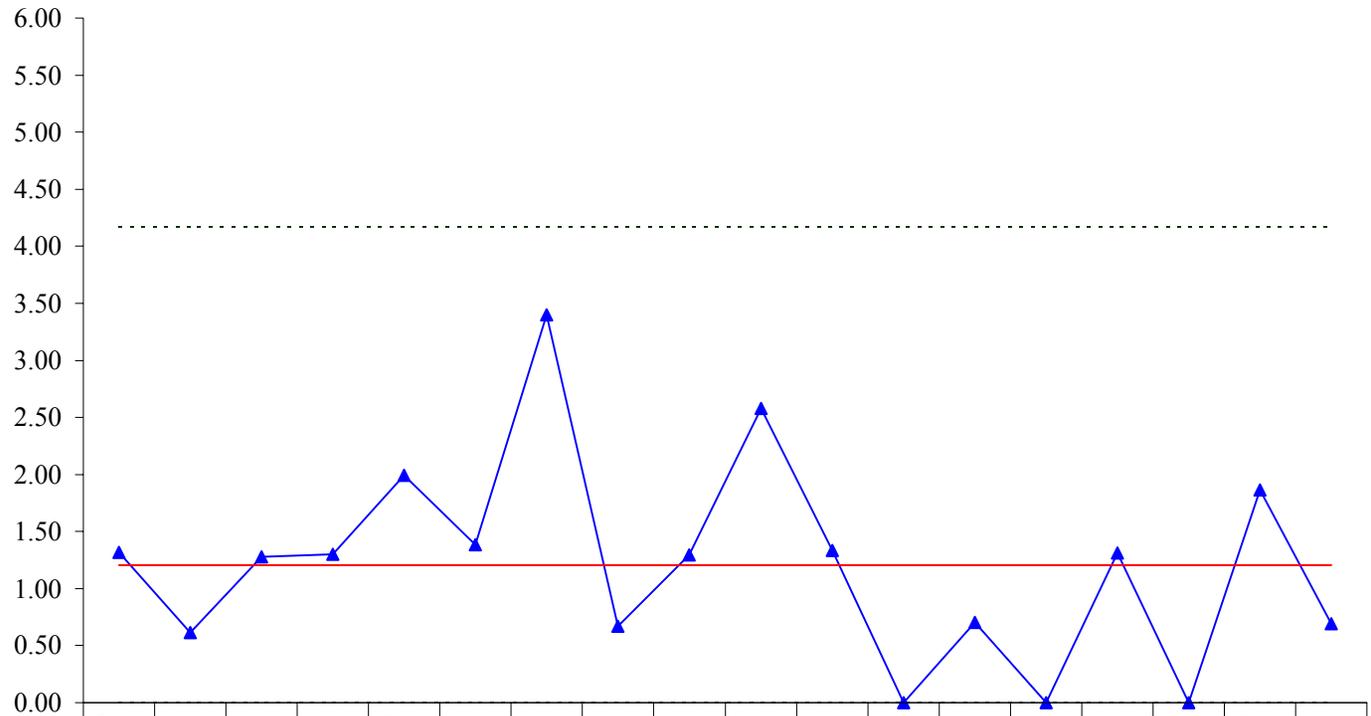
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	36	33	36	43	27	16	49	30	34	34	33	35	41	26	23	35	26	4
Injuries Resulting in a WCC	5	5	5	6	4	1	7	3	2	3	2	1	4	1	0	4	1	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.32	0.30	0.29	0.34	0.23	0.06	0.38	0.17	0.11	0.17	0.11	0.05	0.23	0.06	0.00	0.23	0.06	0.00
..... UCL	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49
— Avg	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

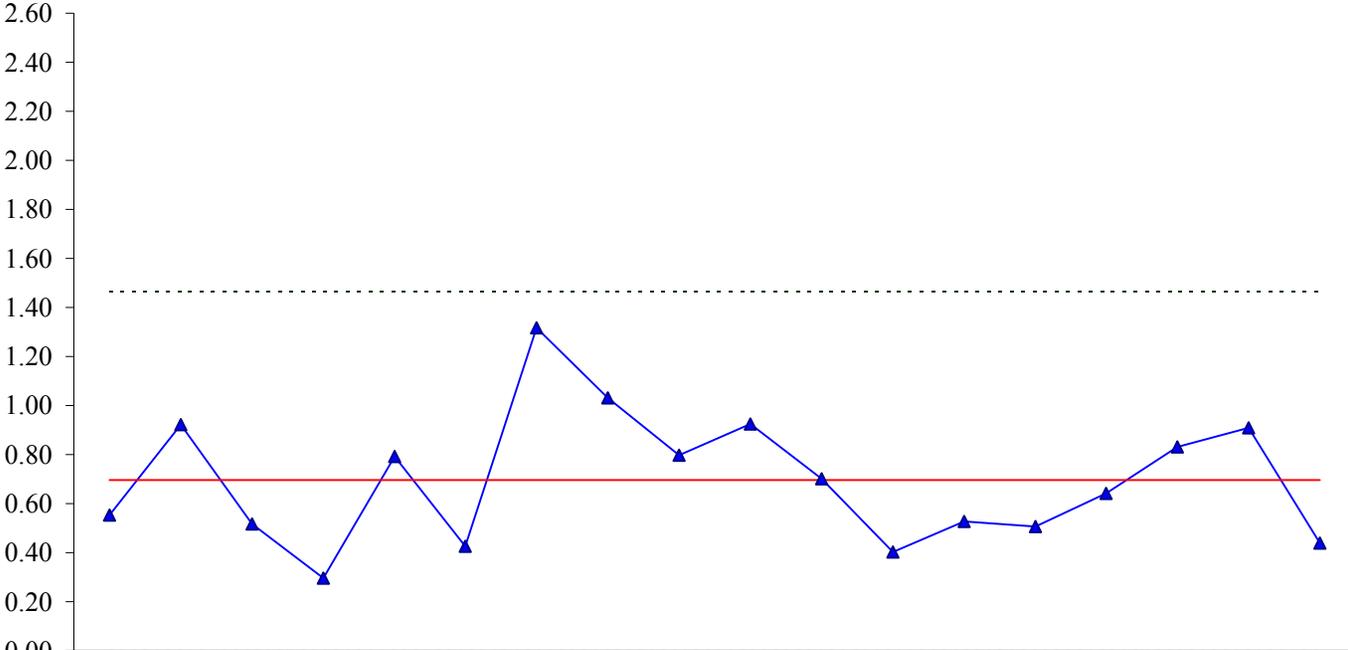
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	17	7	7	11	10	5	16	12	10	7	8	6	4	8	9	8	11	12
Injuries Resulting in a WCC	2	1	2	2	3	2	5	1	2	4	2	0	1	0	2	0	3	1
▲ Emp. Inj.(WCC)/1000 Bed Days	1.31	0.61	1.28	1.30	1.99	1.39	3.40	0.67	1.29	2.58	1.33	0.00	0.70	0.00	1.31	0.00	1.86	0.69
..... UCL	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
— Avg	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21
..... 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

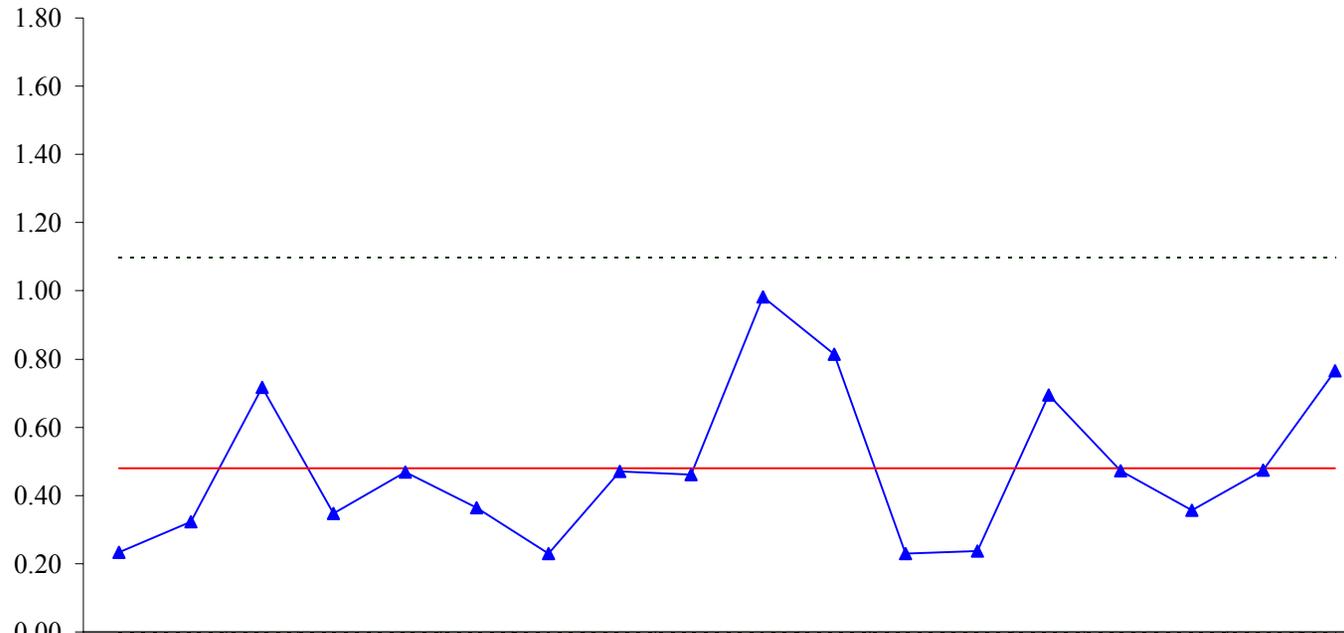
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	31	41	30	27	31	37	55	35	25	44	27	16	27	40	32	30	38	19
Injuries Resulting in a WCC	5	9	5	3	8	4	13	10	8	9	7	4	5	5	6	8	9	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.55	0.92	0.52	0.30	0.79	0.43	1.32	1.03	0.80	0.92	0.70	0.40	0.53	0.51	0.64	0.83	0.91	0.44
..... UCL	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47
— Avg	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

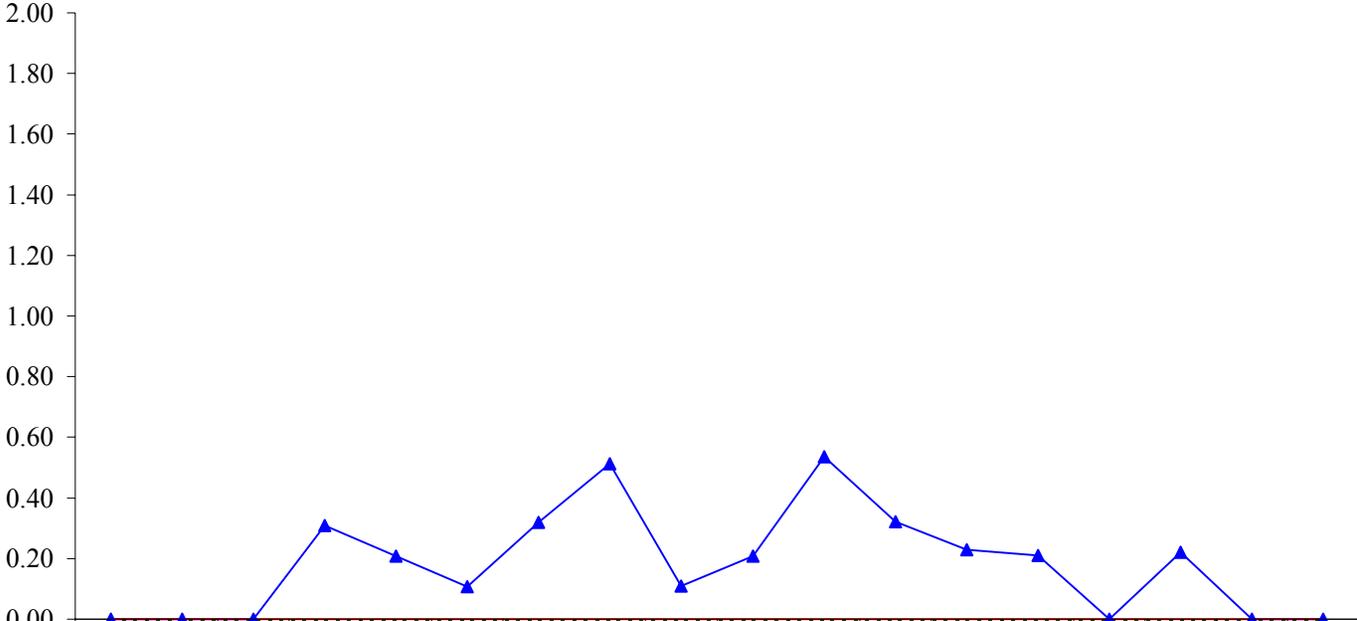
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	23	28	30	23	25	18	18	15	22	24	20	21	31	29	20	14	17	9
Injuries Resulting in a WCC	2	3	6	3	4	3	2	4	4	8	7	2	2	6	4	3	4	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.23	0.32	0.72	0.35	0.47	0.36	0.23	0.47	0.46	0.98	0.81	0.23	0.24	0.69	0.47	0.36	0.47	0.77
-----UCL	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
— Avg	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

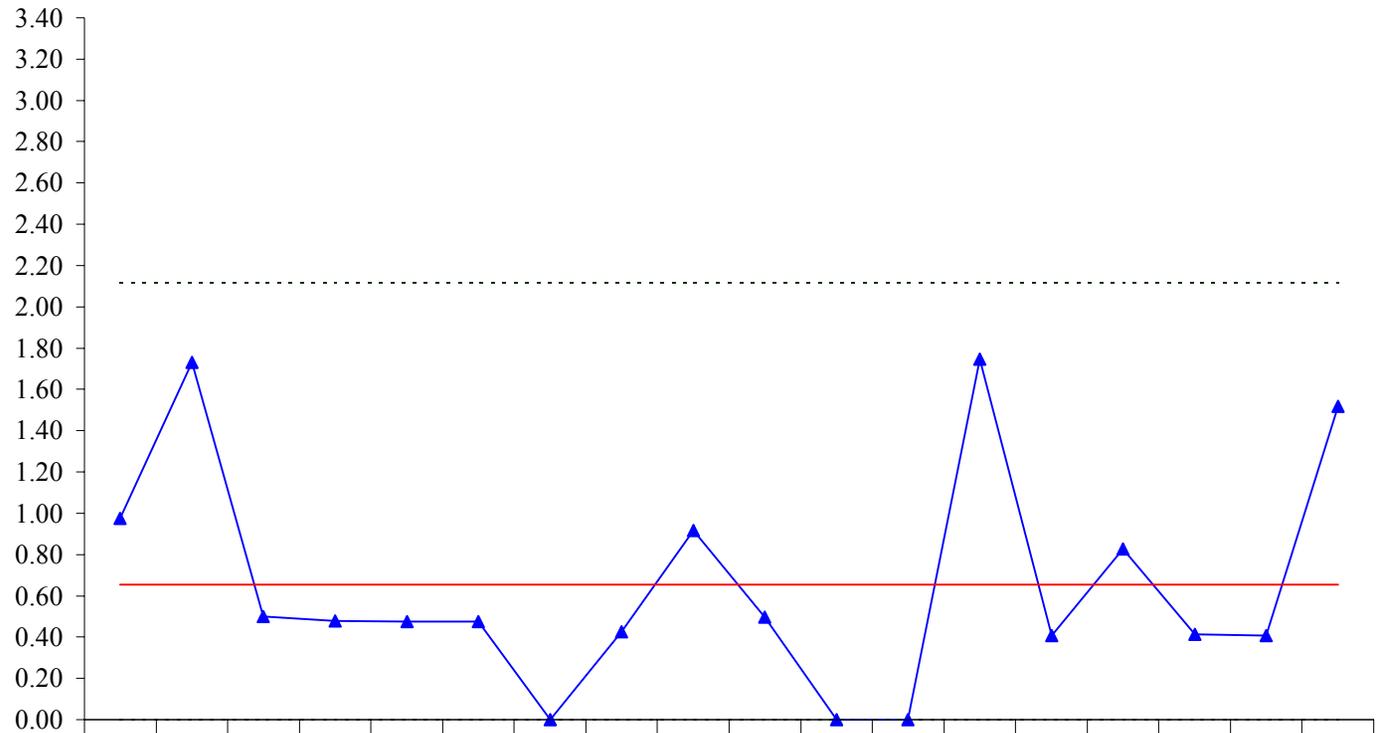
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	23	29	13	27	28	31	16	26	23	34	29	32	21	17	15	22	26	33
Injuries Resulting in a WCC	2	2	2	3	2	1	3	5	1	2	5	3	2	2	0	2	0	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.00	0.00	0.31	0.21	0.11	0.32	0.51	0.11	0.21	0.53	0.32	0.23	0.21	0.00	0.22	0.00	0.00
..... UCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
— Avg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
..... 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 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

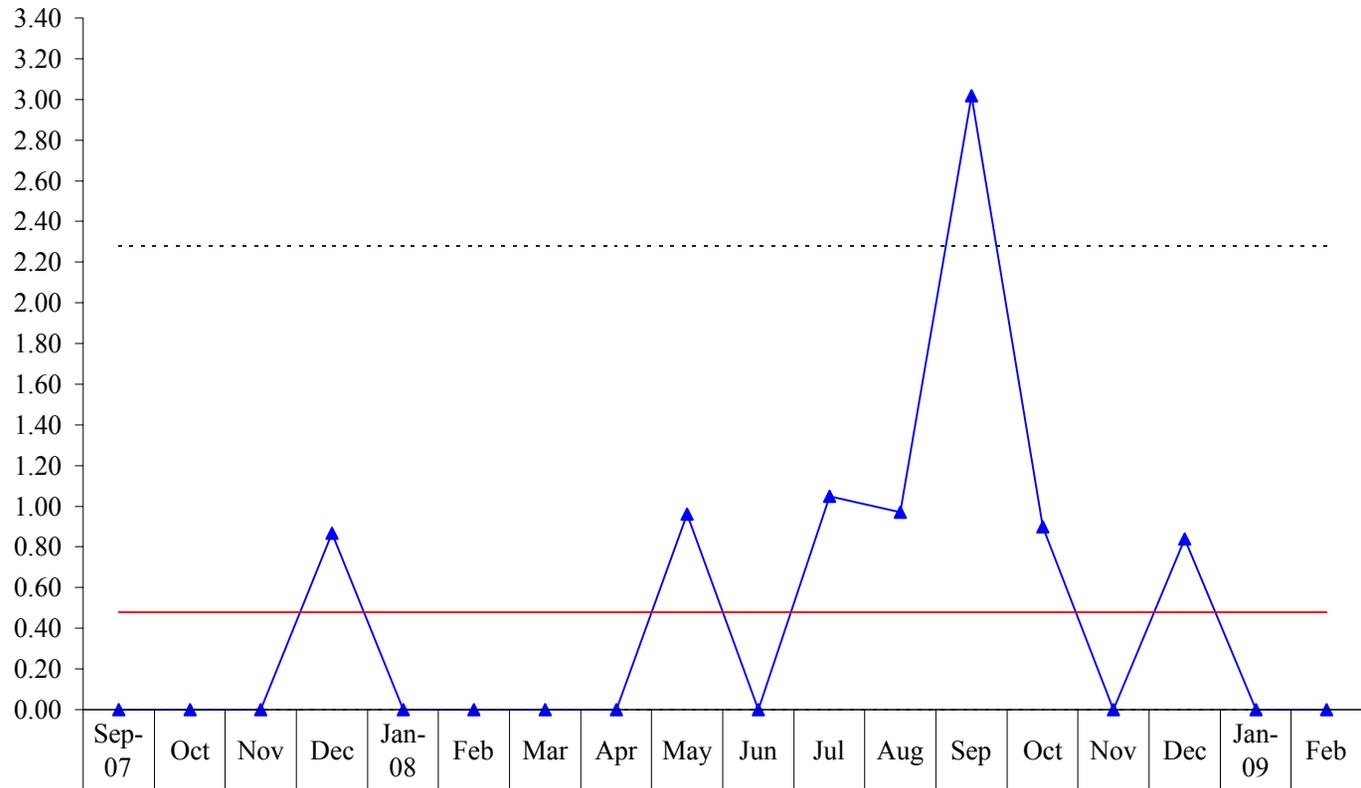
Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	4	5	2	3	1	4	2	2	5	2	1	2	6	1	2	1	2	4
Injuries Resulting in a WCC	2	4	1	1	1	1	0	1	2	1	0	0	4	1	2	1	1	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.98	1.73	0.50	0.48	0.48	0.47	0.00	0.43	0.92	0.50	0.00	0.00	1.75	0.41	0.83	0.41	0.41	1.52
..... 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	0.66	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 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Texas Center for Infectious Disease**

Employee Injuries Resulting in a Workers' Compensation Claim



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	1	1	2	1	2	2	1	1	3	0	2	3	4	2	0	2	1	0
Injuries Resulting in a WCC	0	0	0	1	0	0	0	0	1	0	1	1	3	1	0	1	0	0
Emp. Inj.(WCC)/1000 Bed Days	0.00	0.00	0.00	0.87	0.00	0.00	0.00	0.00	0.96	0.00	1.05	0.97	3.02	0.90	0.00	0.84	0.00	0.00
UCL	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
Avg	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6D:

The rate of patient injuries in mental health hospitals related to behavioral seclusion and restraint will show a measurable downward trend with a goal of zero.

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

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

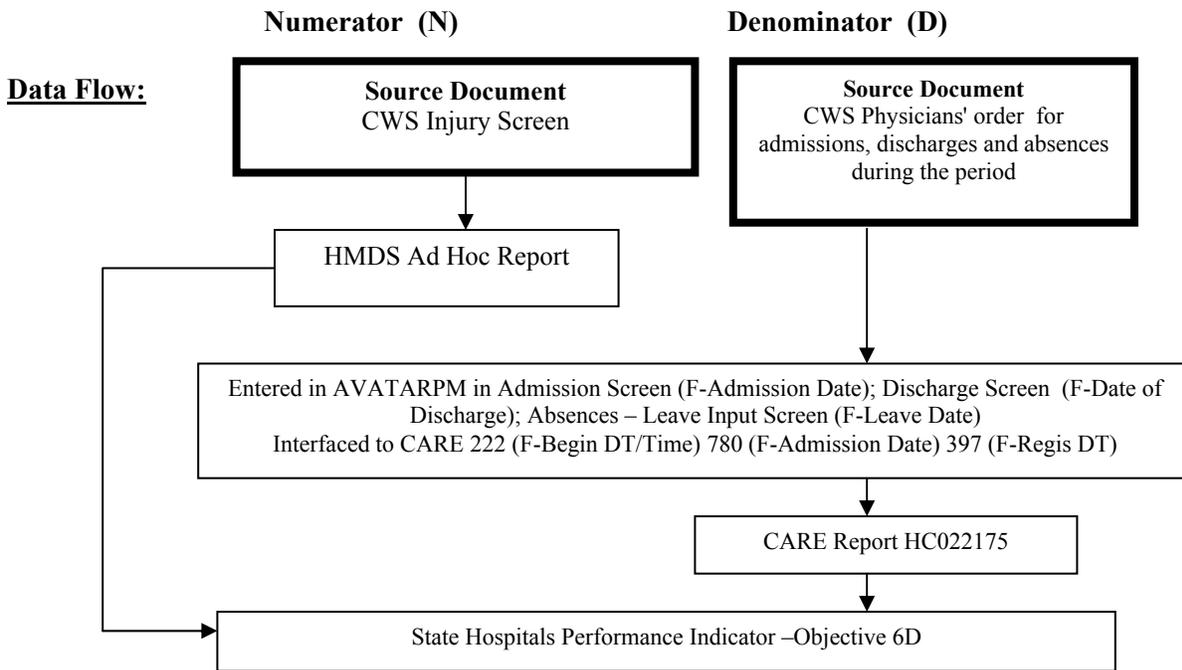
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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

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

Performance Objective Data Display and Chart Description:

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



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State MH Hospitals - FY2009

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	
ALL SH																													
Restraint	3	29	52	4	0	0	88	2	34	39	2	0	0	77															
Seclusion	0	4	0	0	0	0	4	0	3	3	1	0	0	7															
Total	3	33	52	4	0	0	92	2	37	42	3	0	0	84															
Per 1000 Beddays							0.4							0.4															

Performance Objective 6E:

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

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

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

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

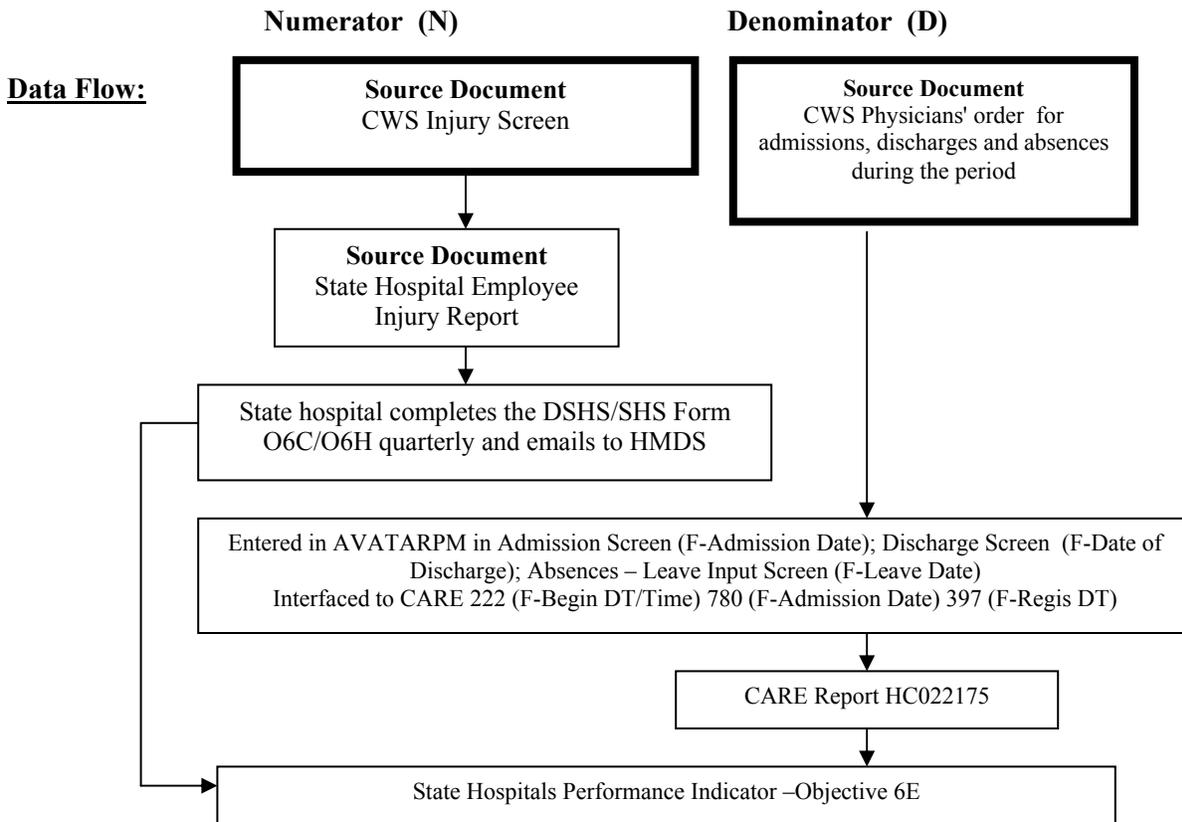
N = number of employees injured during restraint or seclusion per month

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

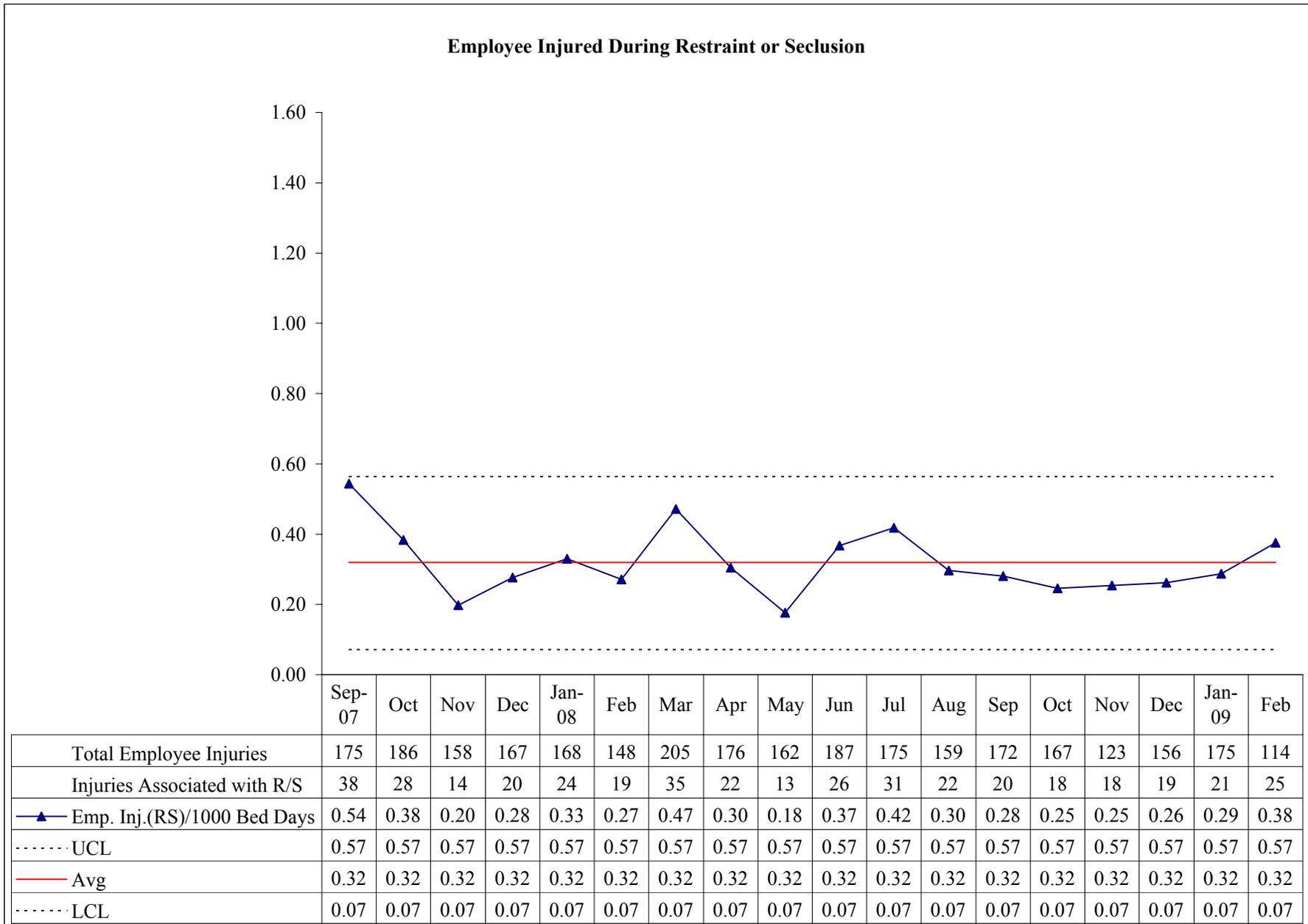
Performance Objective Data Display and Chart Description:

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

See Objective 6C for charts.

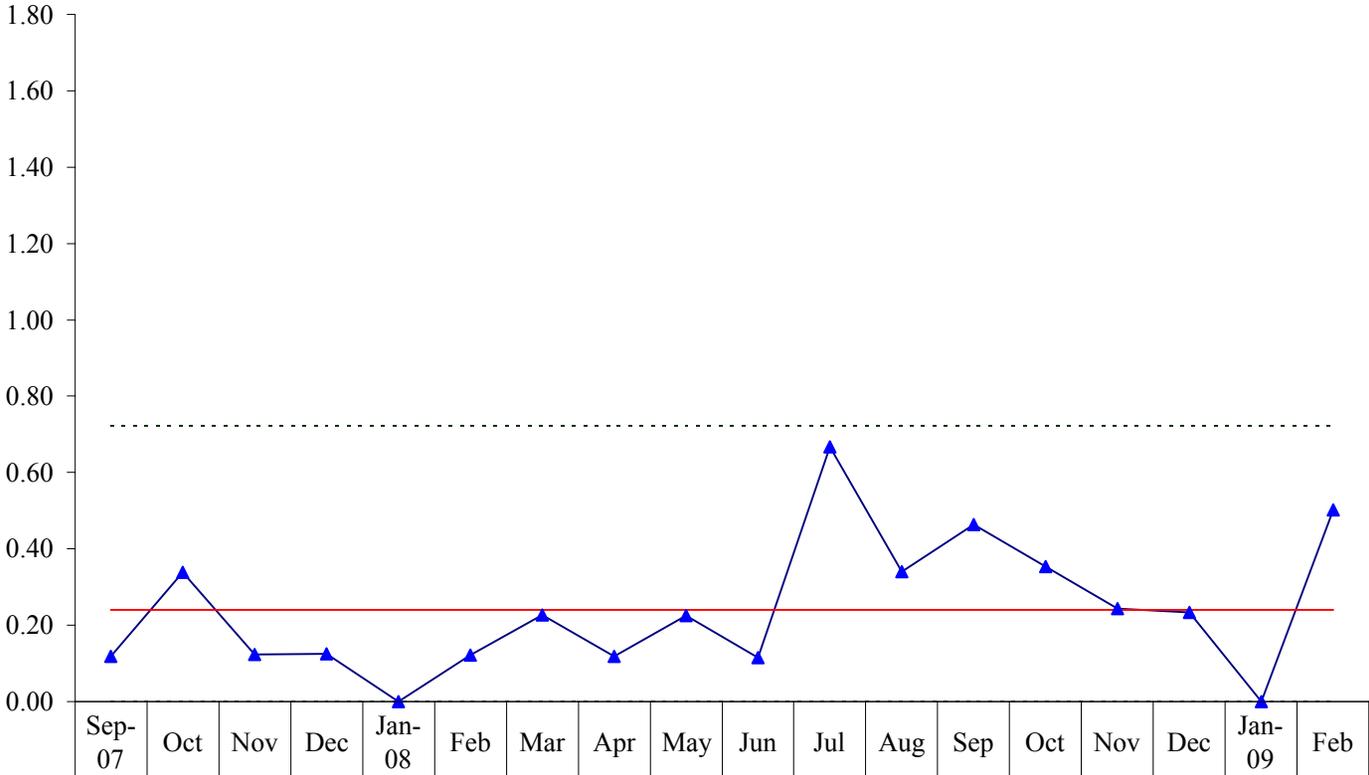


**Objective 6E - Employees Injured During Restraint or Seclusion
All State Hospitals**



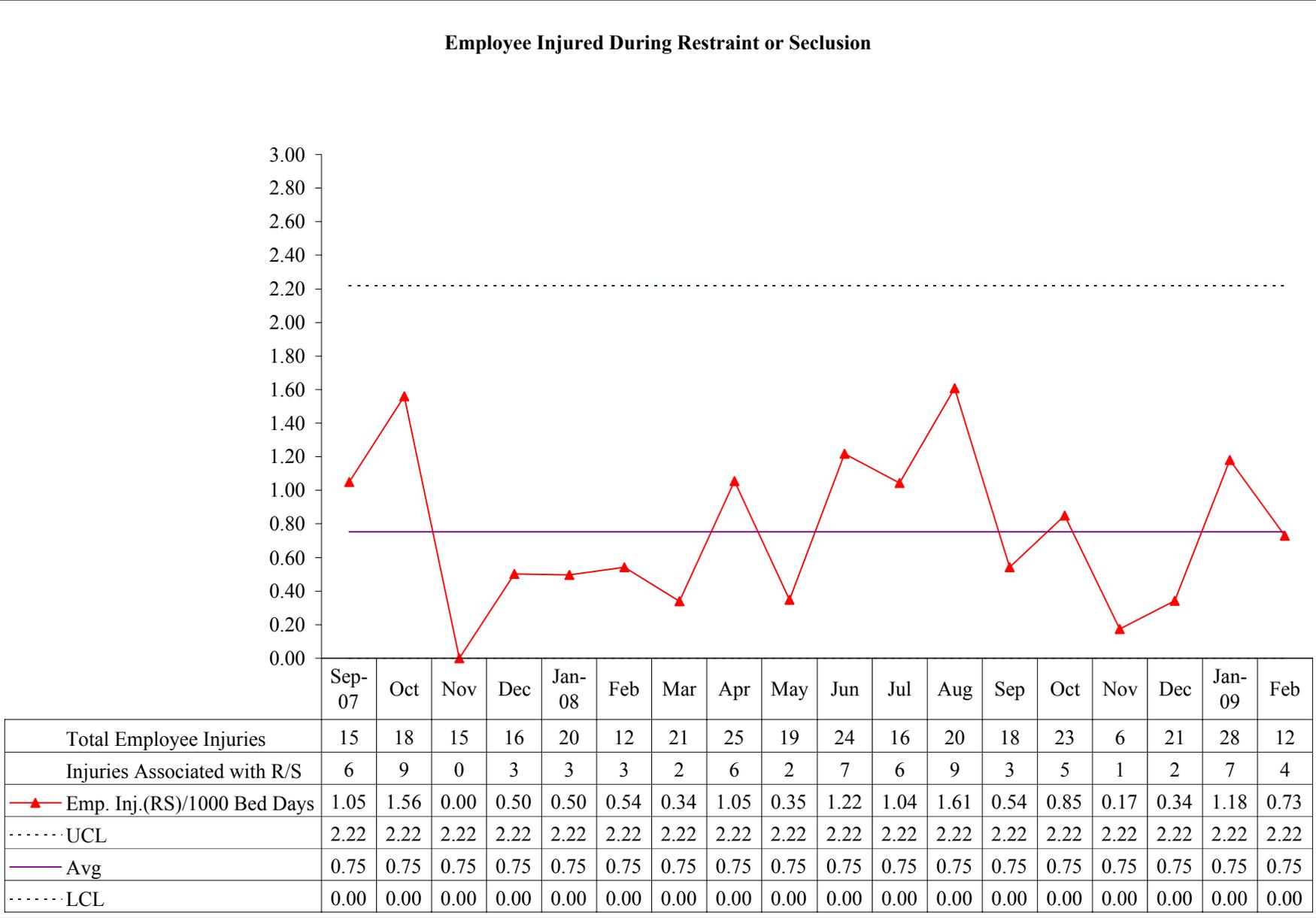
**Objective 6E - Employees Injured During Restraint or Seclusion
Austin State Hospital**

Employee Injured During Restraint or Seclusion



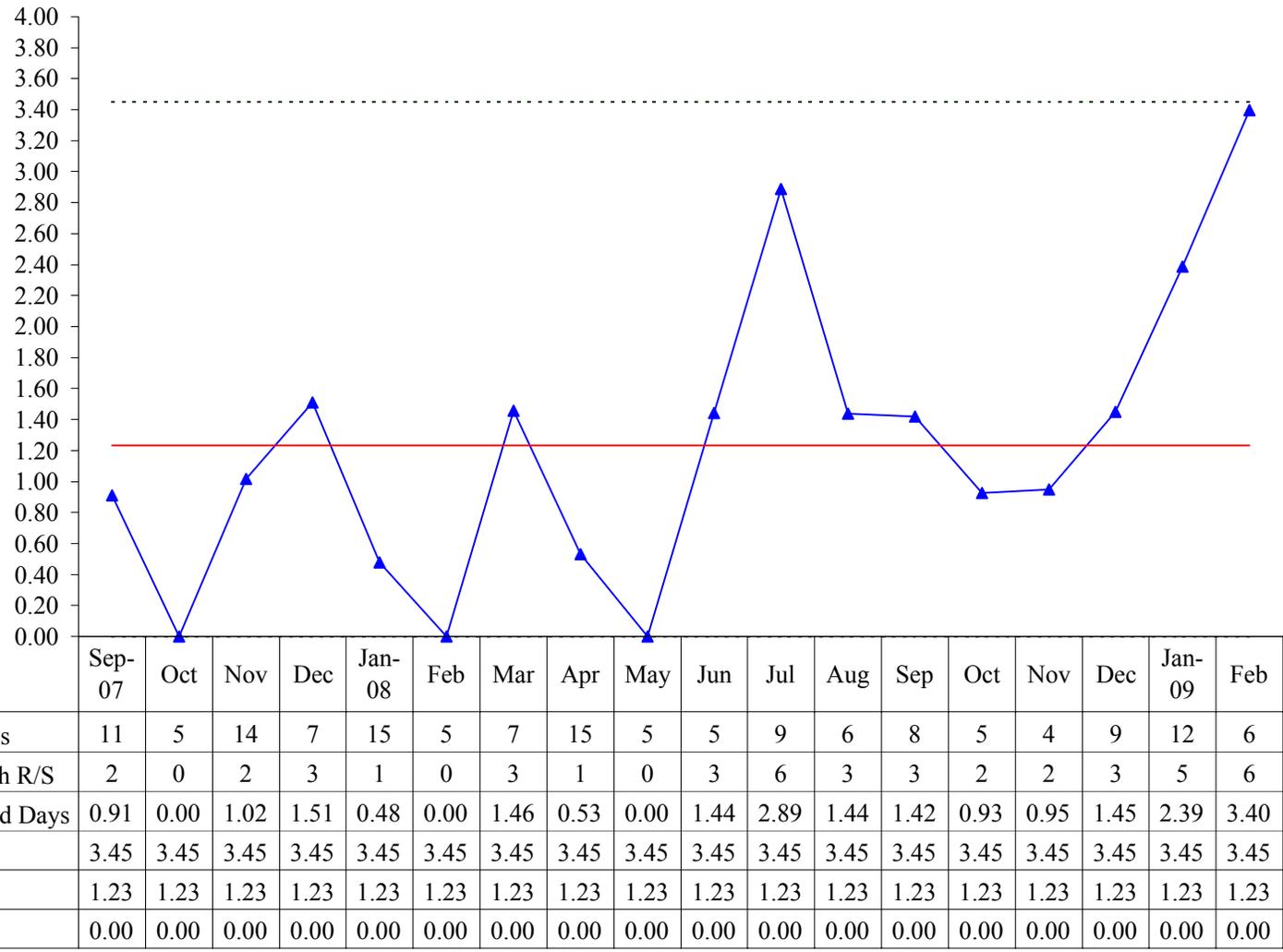
	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	3	9	5	5	2	4	8	2	10	6	19	9	6	8	5	4	8	6
Injuries Associated with R/S	1	3	1	1	0	1	2	1	2	1	6	3	4	3	2	2	0	4
▲ Emp. Inj.(RS)/1000 Bed Days	0.12	0.34	0.12	0.13	0.00	0.12	0.23	0.12	0.22	0.12	0.67	0.34	0.46	0.35	0.24	0.23	0.00	0.50
----- UCL	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
— Avg	0.24	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
Big Spring State Hospital



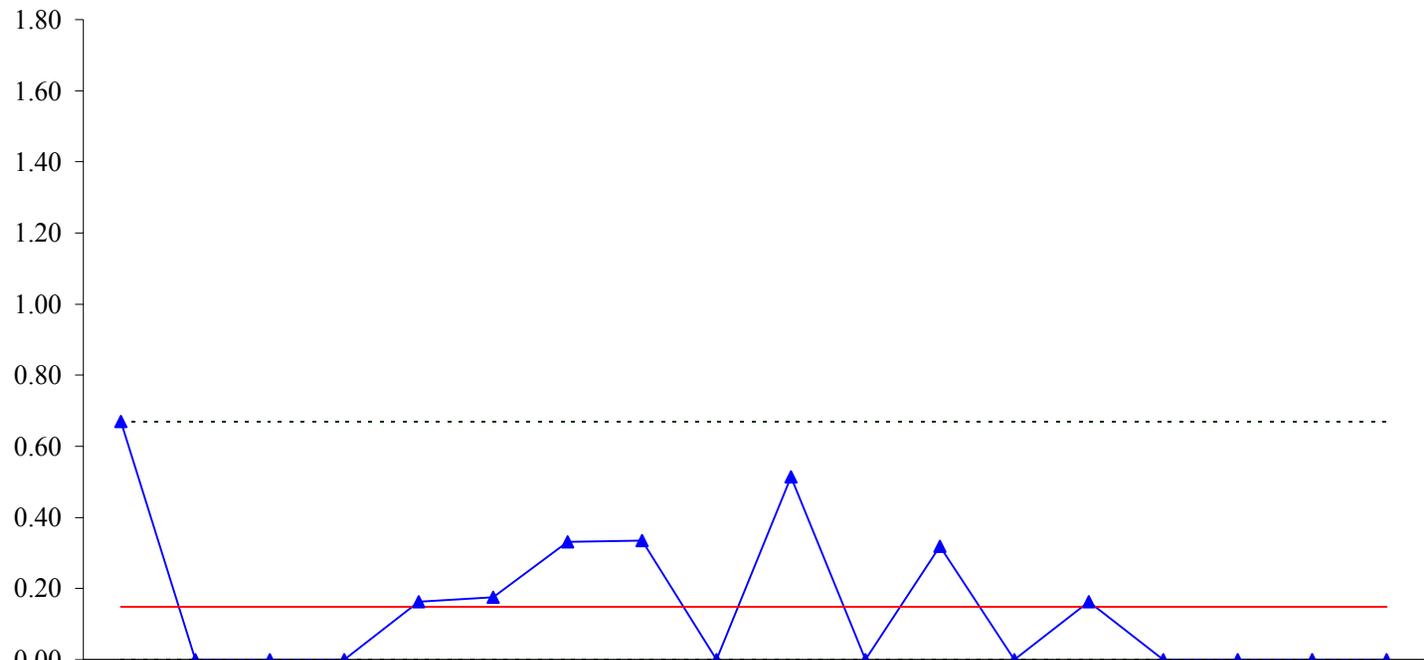
Objective 6E - Employees Injured During Restraint or Seclusion
El Paso Psychiatric Center

Employee Injured During Restraint or Seclusion



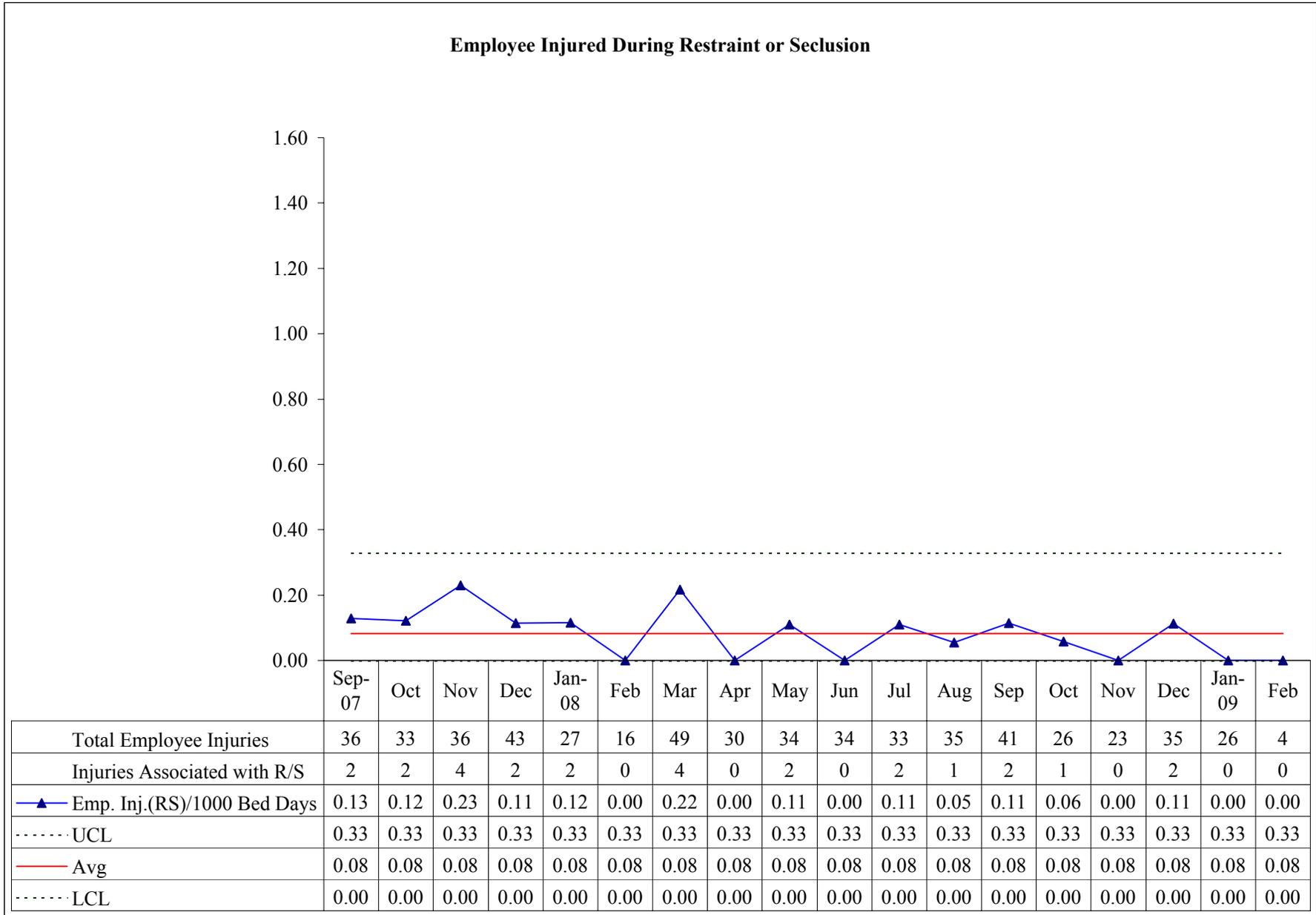
**Objective 6E - Employees Injured During Restraint or Seclusion
Kerrville State Hospital**

Employee Injured During Restraint or Seclusion

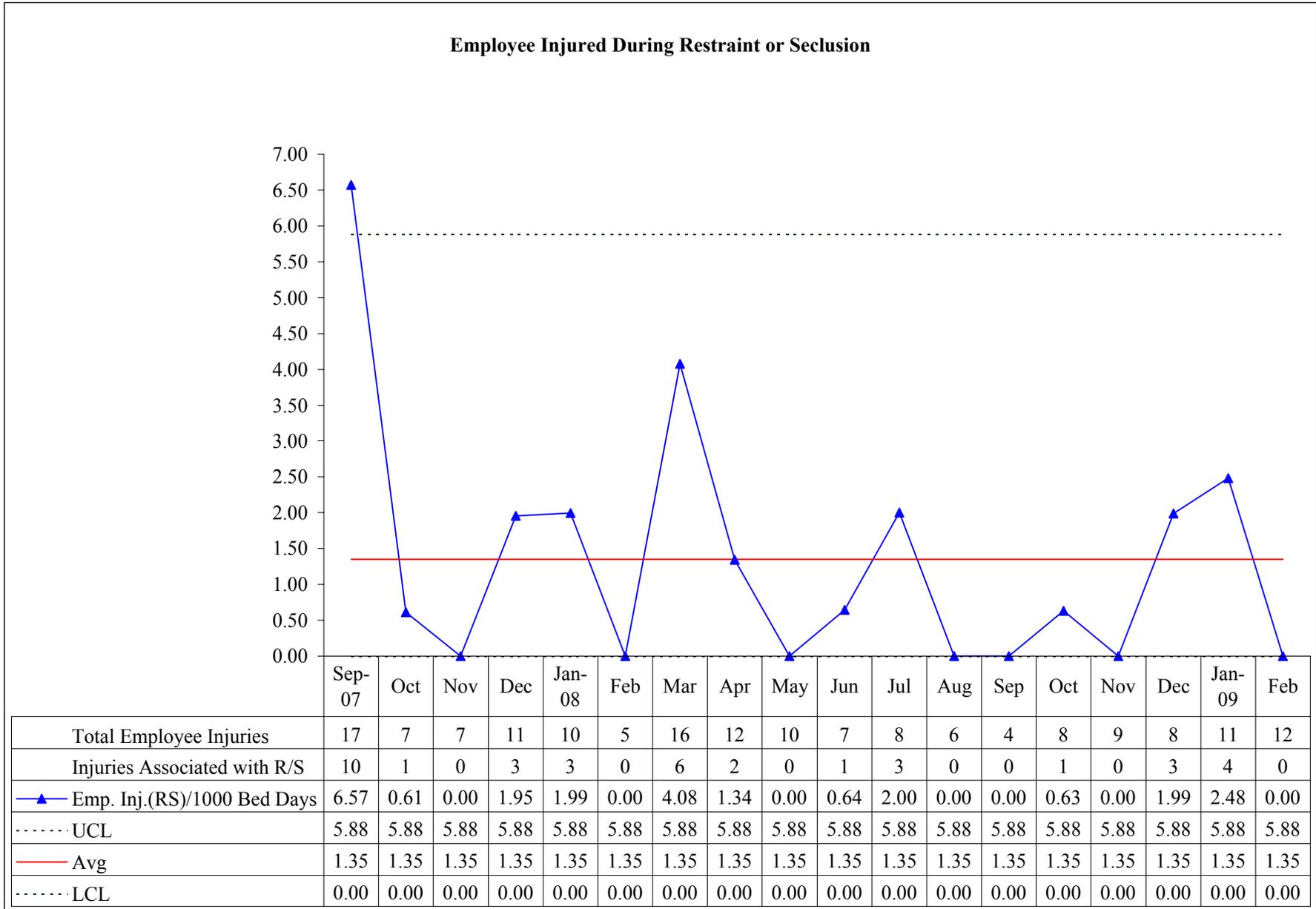


Total Employee Injuries	11	10	4	4	7	14	12	13	6	7	11	9	6	8	7	10	6	9
Injuries Associated with R/S	4	0	0	0	1	1	2	2	0	3	0	2	0	1	0	0	0	0
—▲— Emp. Inj.(RS)/1000 Bed Days	0.67	0.00	0.00	0.00	0.16	0.18	0.33	0.33	0.00	0.51	0.00	0.32	0.00	0.16	0.00	0.00	0.00	0.00
..... UCL	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67
— Avg	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

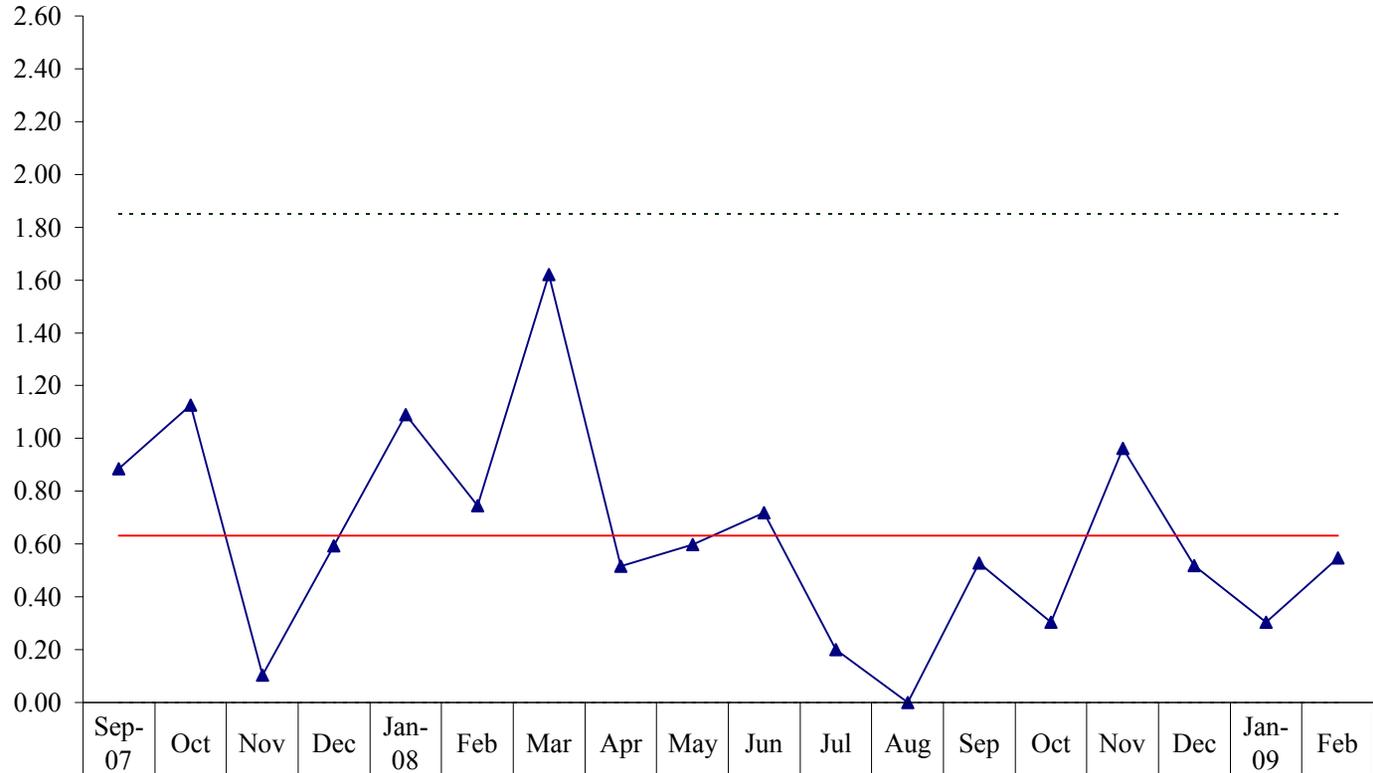


**Objective 6E - Employees Injured During Restraint or Seclusion
Rio Grande State Center**



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

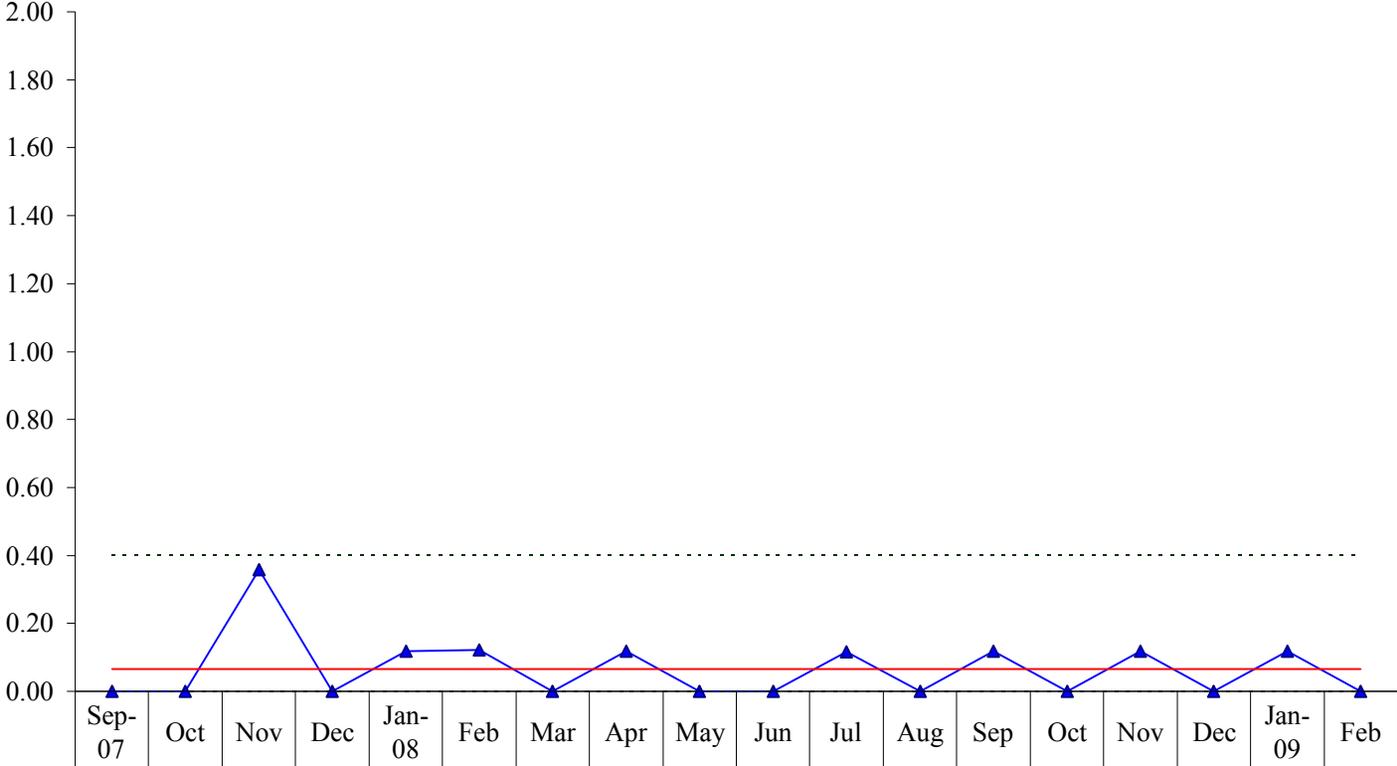
Employee Injured During Restraint or Seclusion



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	31	41	30	27	31	37	55	35	25	44	27	16	27	40	32	30	38	19
Injuries Associated with R/S	8	11	1	6	11	7	16	5	6	7	2	0	5	3	9	5	3	5
▲ Emp. Inj.(RS)/1000 Bed Days	0.88	1.13	0.10	0.59	1.09	0.74	1.62	0.52	0.60	0.72	0.20	0.00	0.53	0.30	0.96	0.52	0.30	0.55
----- UCL	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85
----- 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	0.00	0.00	0.00	0.00	0.00	0.00	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**

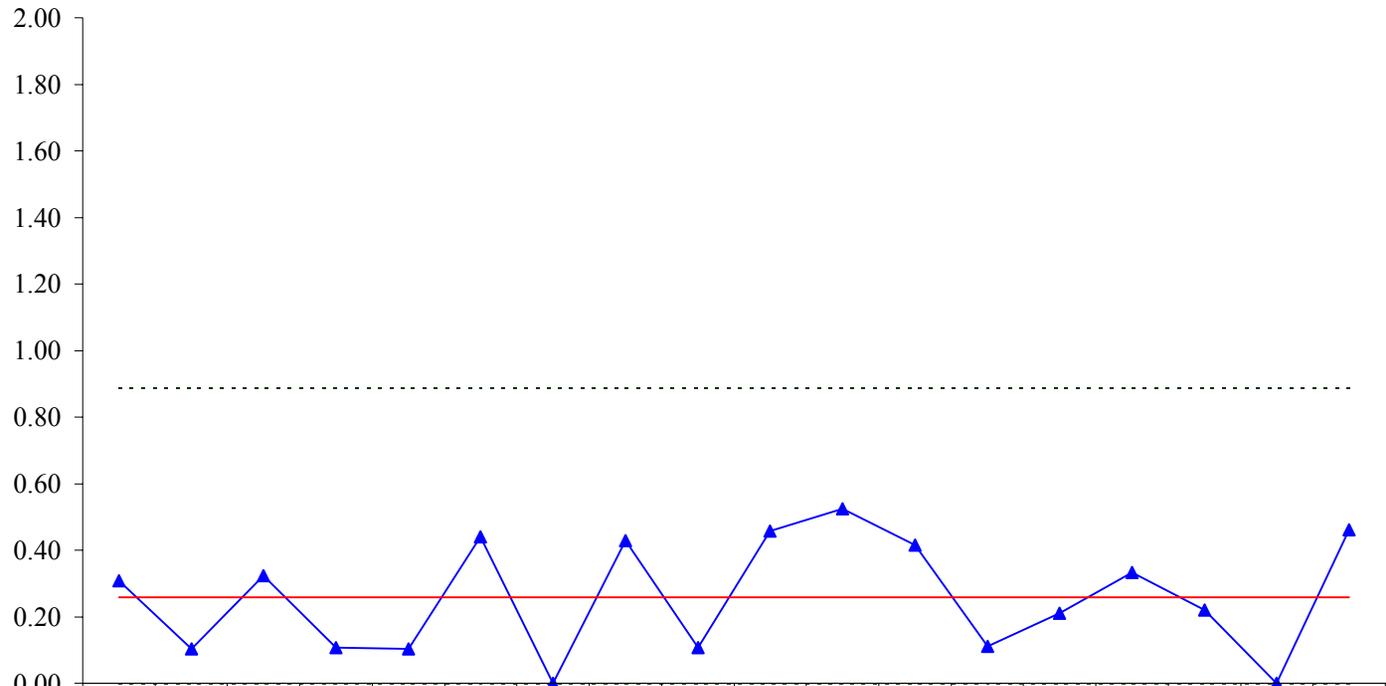
Employee Injured During Restraint or Seclusion



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	23	28	30	23	25	18	18	15	22	24	20	21	31	29	20	14	17	9
Injuries Associated with R/S	0	0	3	0	1	1	0	1	0	0	1	0	1	0	1	0	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.36	0.00	0.12	0.12	0.00	0.12	0.00	0.00	0.12	0.00	0.12	0.00	0.12	0.00	0.12	0.00
..... UCL	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40
— Avg	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

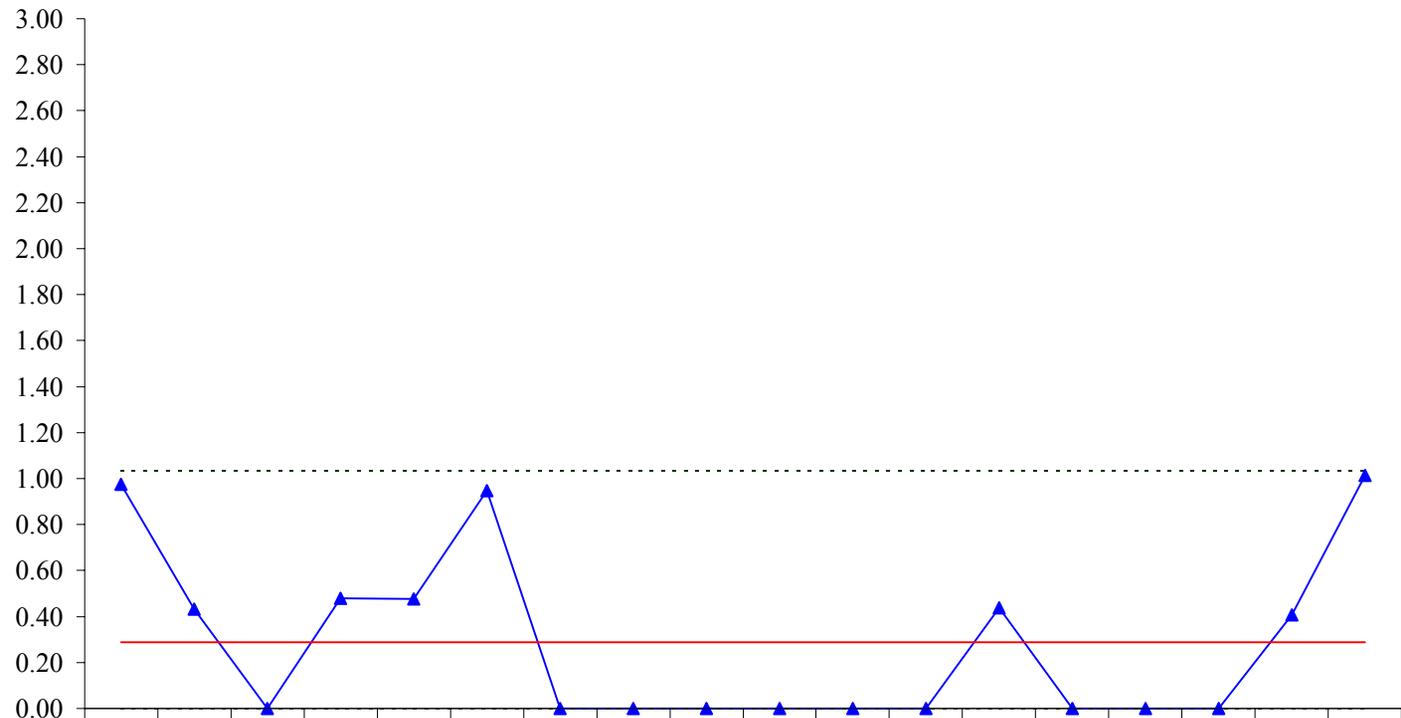
Employee Injured During Restraint or Seclusion



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	23	29	13	27	28	31	16	26	23	34	29	32	21	17	15	22	26	33
Injuries Associated with R/S	3	1	3	1	1	4	0	4	1	4	5	4	1	2	3	2	0	4
▲ Emp. Inj.(RS)/1000 Bed Days	0.31	0.10	0.32	0.11	0.10	0.44	0.00	0.43	0.11	0.46	0.52	0.42	0.11	0.21	0.33	0.22	0.00	0.46
..... UCL	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89
— Avg	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

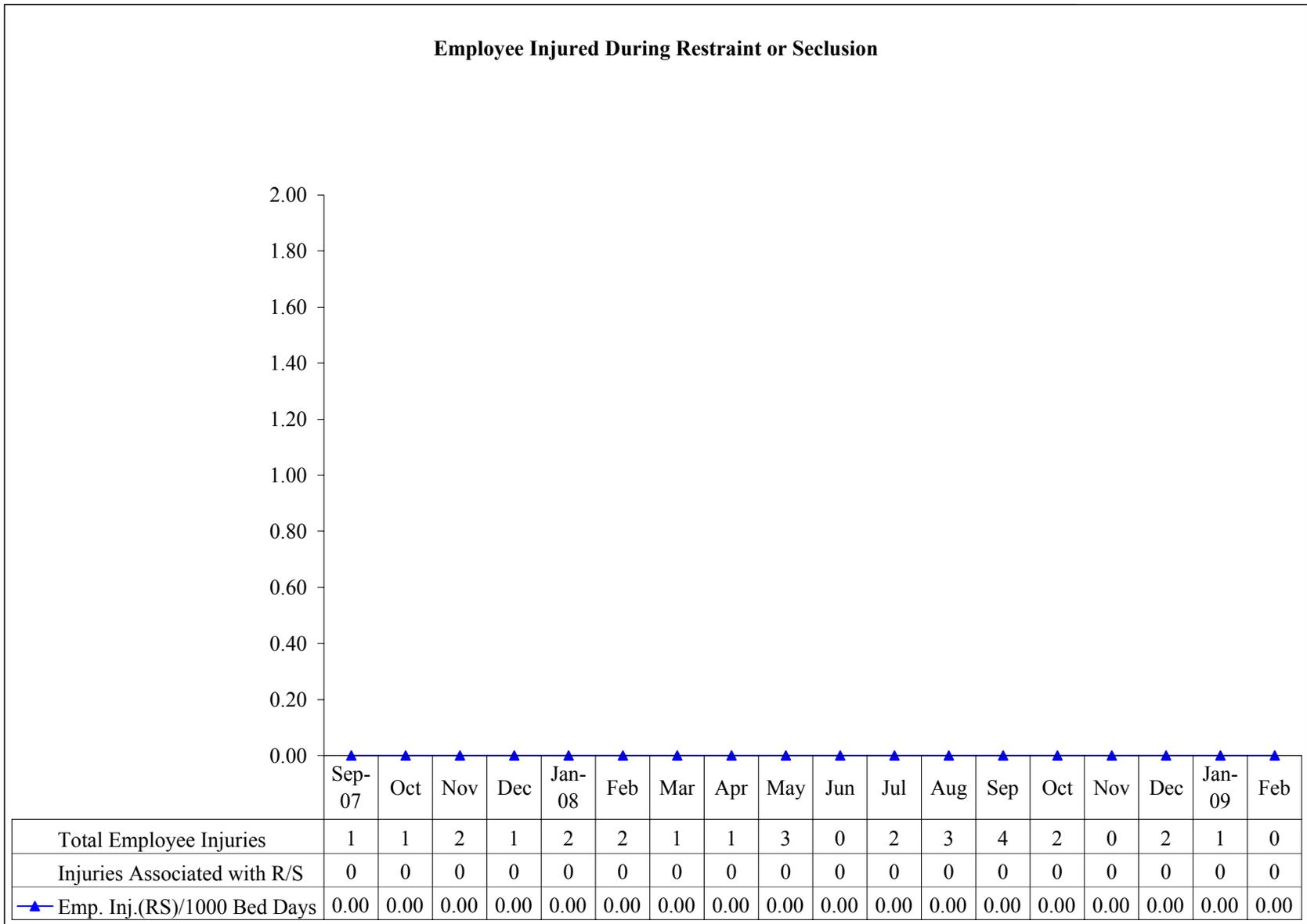
**Objective 6E - Employees Injured During Restraint or Seclusion
Waco Center for Youth**

Employee Injured During Restraint or Seclusion



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Total Employee Injuries	4	5	2	3	1	4	2	2	5	2	1	2	6	1	2	1	2	4
Injuries Associated with R/S	2	1	0	1	1	2	0	0	0	0	0	0	1	0	0	0	1	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.98	0.43	0.00	0.48	0.48	0.95	0.00	0.00	0.00	0.00	0.00	0.00	0.44	0.00	0.00	0.00	0.41	1.01
-----UCL	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03
-----Avg	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



Performance Objective 6F:

The rate of Unauthorized Departures will show a measurable downward trend with a goal of zero.

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

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

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

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

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

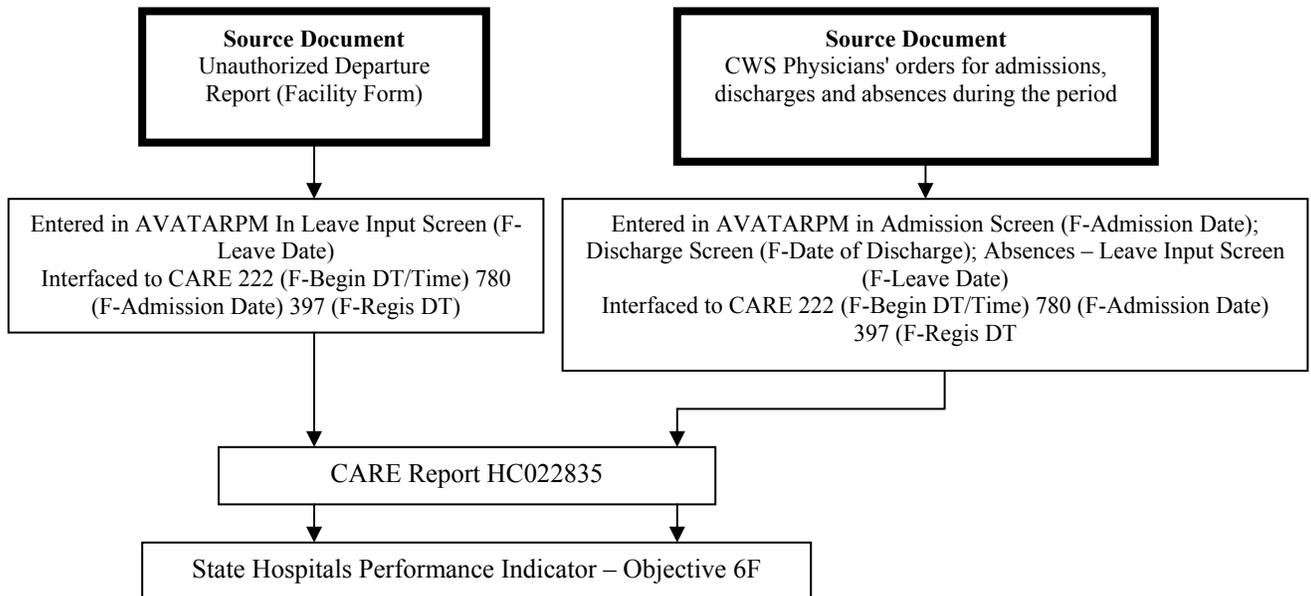
Performance Objective Data Display and Chart Description:

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

Data Flow:

Numerator (N)

Denominator (D)



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

ALL MH HOSPITALS	Sep	Oct	Nov	Dec	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug
Unauthorized Departures Incidents	18	16	7	12	13	8						
Unauthorized Departures Persons	17	15	6	12	11	8						
Bed Days in Month	70520	72155	69878	71469	72039	65509						
Incidents/1000 Bed Days	0.25525	0.22174	0.10017	0.1679	0.18046	0.12212						

Performance Objective 6G:

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

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

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

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

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

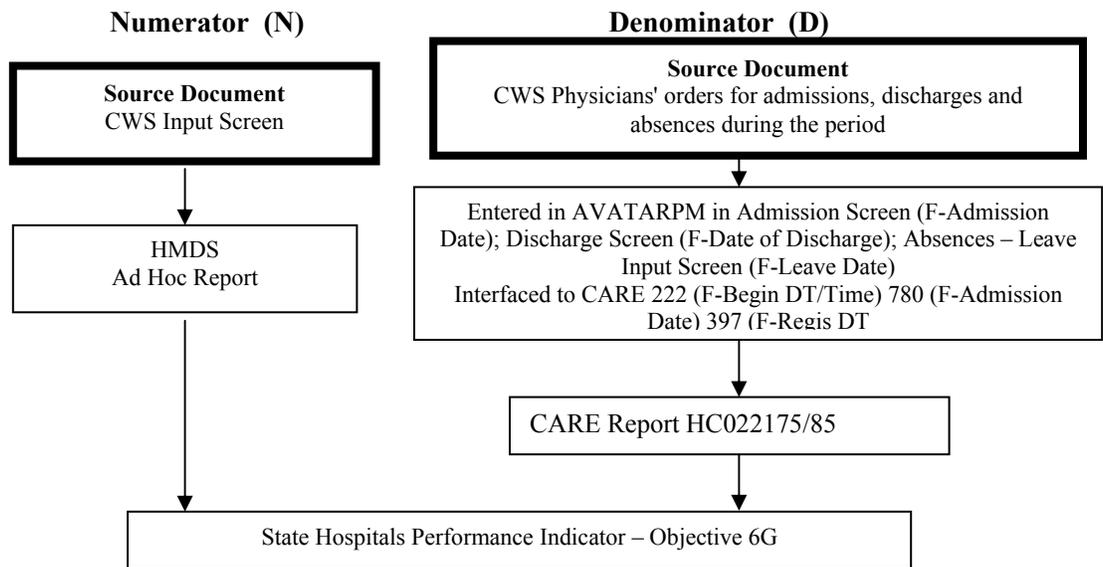
1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

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

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

Data Flow:



Objective 6G - Rate of Falls
All State Hospitals

	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
ALL STATE HOSPITALS															
All Falls	130	133	104	146	127	115	135	116	151	158	169	146	194	123	153
Bed Days in Month	72309	72870	69922	74274	72163	73817	70774	74148	74180	71479	73264	71080	72648	73184	66525
Falls/1000 Bed Days	1.80	1.83	1.49	1.97	1.76	1.56	1.91	1.56	2.04	2.21	2.31	2.05	2.67	1.68	2.30

Performance Measure 6A:

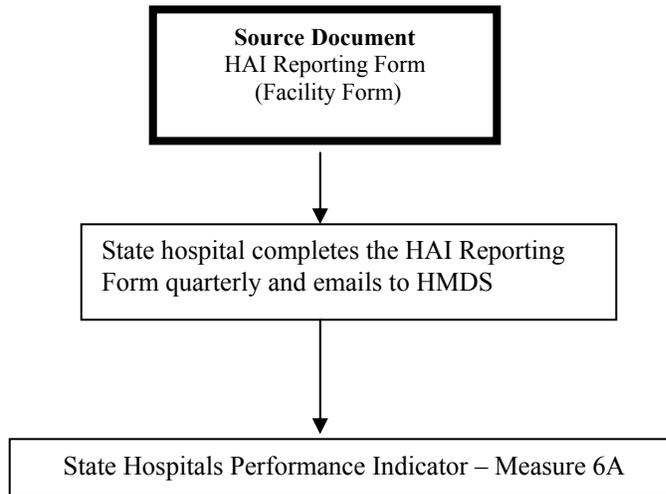
Hospital infection control professionals (ICPS) will collect and compare data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

Performance Measure Operational Definition: The state hospital rate of healthcare associated infection rates will be collected quarterly.

Performance Measure Data Display and Chart Description:

- ◆ Table shows quarterly numbers of nosocomial infection type by ages 0-17, 18-64 and 64+ by the individual state hospitals and system-wide.

Data Flow:



Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	1	1	0	0	0	2
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	1	0	2	0	0	3	6
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	0	0	0	2	2
Skin and Soft Tissue Infection	0	0	0	1	0	8	9
Systemic Infection	0	0	0	0	0	13	13
Total	1	1	3	1	0	26	32
Rate Per 1,000 Beddays	0.5	4.9	0.4	0.5	0.0	3.7	1.5

**Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q2**

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	2	3	3	2	4	2	6	2	0	0	24
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	2	0	0	0	0	2	0	1	0	0	5
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	4	22	1	6	9	2	25	1	10	0	80
Gastrointestinal System Infection	0	0	5	0	1	0	0	0	0	1	7
Lower Respiratory Infection, other than Pneumonia	0	7	0	0	4	0	6	0	2	0	19
Reproductive Tract Infection	0	0	0	1	0	0	0	0	0	0	1
Skin and Soft Tissue Infection	3	6	0	3	1	0	12	4	3	1	33
Systemic Infection	0	0	0	0	0	0	0	0	0	0	0
Total	11	38	9	12	19	6	49	8	15	2	169
Rate Per 1,000 Beddays	0.5	2.4	1.7	0.7	0.5	1.4	1.8	0.4	0.6	0.6	1.0

**Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q2**

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	0	3	0	3	0	0	2	1	0	1	10
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	4	0	0	0	0	0	1	1	0	0	6
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	1	0	1	1	0	0	0	0	0	3
Gastrointestinal System Infection	0	0	0	0	0	0	1	0	0	0	1
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	4	0	0	0	4
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	0	0	0	0	0	2	2	0	0	4
Systemic Infection	0	0	0	0	0	0	0	0	0	0	0
Total	4	4	0	4	1	0	10	4	0	1	28
Rate Per 1,000 Beddays	2.2	3.8	0.0	2.4	0.5	0.0	6.7	1.3	0.0	4.7	2.1

Performance Measure 6B:

Rate of patient injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows: Ages 0-17; 18-64; and 65-older.

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

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

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

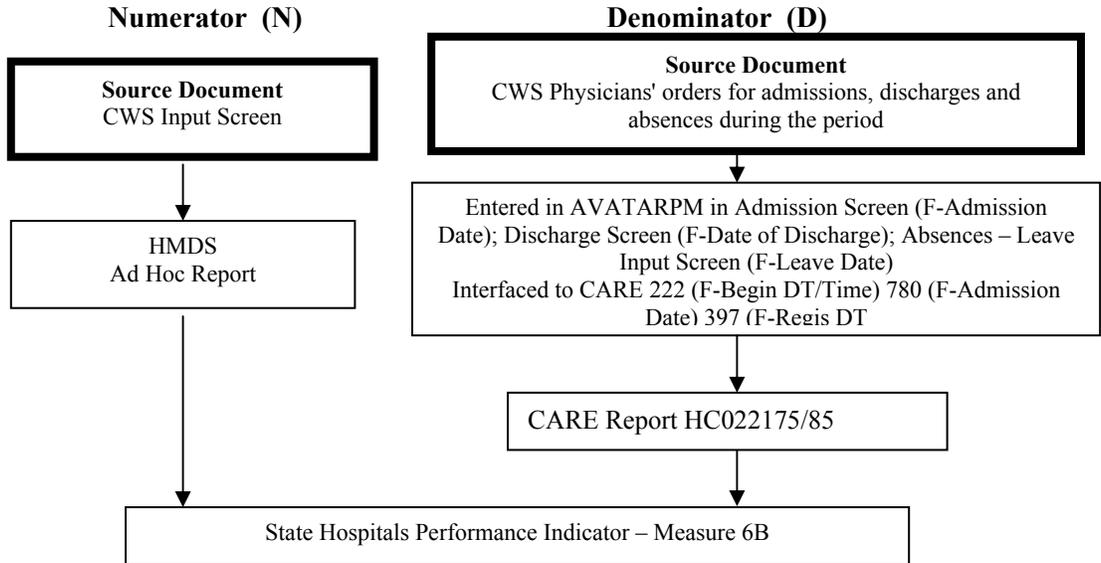
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

- ◆ Table shows number of injuries by probable cause and rate (per 1,000 bed days) of injuries by treatment for individual state hospitals and system-wide.
- ◆ Bar chart with fiscal year to date of total NRI Categories 3,4 and 5 injuries per 1,000 bed days for individual state hospitals and system-wide. (Category 3 – Medical Treatment; Category 4 – Hospitalization; and Category 5 – Fatal)
- ◆ Table showing number of injuries by age category per quarter.

Data Flow:



Measure 6B - Patient Injuries

All Mental Health Hospitals - FY09

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	
ALL MH																													
Accident	17	380	365	30	1	0	793	13	407	309	15	0	0	744															
Another Client	16	396	244	20	0	0	676	5	476	226	17	0	0	724															
Alleged Abuse/Neglect								0	0	0	0	0	0	0															
Employee/Accident	1	11	16	3	0	0	31	0	18	19	1	0	0	38															
Medical Condition	3	29	20	0	0	0	52	1	24	11	0	1	0	37															
Self Inflicted	20	158	232	17	3	0	430	18	137	189	8	1	0	353															
Undetermined	31	209	75	8	1	0	324	32	250	82	3	0	0	367															
Visitor	0	0	0	0	0	0	0	0	0	1	0	0	0	1															
Total	88	1183	952	78	5	0	2306	69	1312	837	44	2	0	2264															
Rate/1000 Bed Days	0.41	5.57	4.48	0.37	0.02	0.00	0.39	0.33	6.28	4.01	0.21	0.01	0.00	0.22															

N/A = Not Available

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

Measure 6B - Patient Injuries

All State Hospitals

Hospitals	Q1 FY09							Q2							Q3							FYTD							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	
ALL SH																													
Age 0-17	8	156	246	10	0	0	420	5	116	160	6	1	0	288															
Age 18-64	76	968	659	65	5	0	1773	61	1097	632	36	1	0	1827															
Age 65-older	4	59	47	3	0	0	113	3	99	45	2	0	0	149															
Total	88	1183	952	78	5	0	2306	69	1312	837	44	2	0	2264															

N/A = Not Available

Performance Measure 6C:

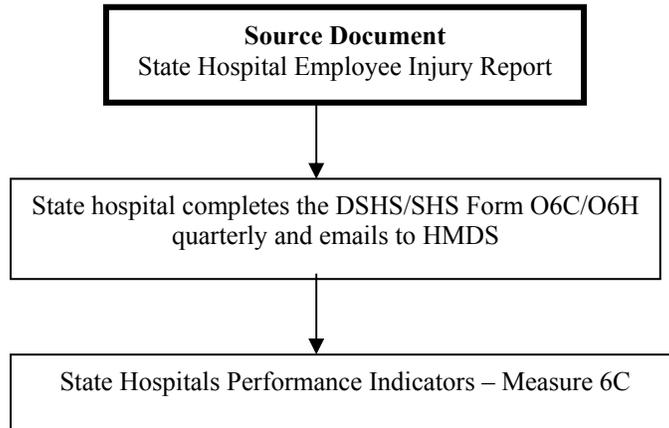
**Rate of on the job employee injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows:
Ages: 18 – 39; 40 – 64 and 65 – older.**

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

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

Performance Measure Data Display and Chart Description:
Table shows quarterly employee injuries and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



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

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

Measure 6C - Employee Injuries
All State Hospitals - Q2 FY09

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	10	26	19	9	29	17	50	18	42	1	4	225
Per 1,000 Bed Days	0.40	1.51	3.21	0.49	0.57	3.73	1.75	0.73	1.55	0.30	0.58	1.06
Age 40-64	7	34	8	15	32	14	34	21	38	2	3	208
Per 1,000 Bed Days	0.28	1.97	1.35	0.82	0.63	3.07	1.19	0.85	1.40	0.59	0.44	0.98
Age 65 - Older	1	1	0	1	4	0	3	0	1	0	0	11
Per 1,000 Bed Days	0.04	0.06	0.00	0.05	0.08	0.00	0.10	0.00	0.04	0.00	0.00	0.05
Unknown	0	0	0	0	0	0	0	1	0	0	0	1
Per 1,000 Bed Days	0.00	0.04	0.00	0.00	0.00	0.00						
Total	18	61	27	25	65	31	87	40	81	3	7	445
Per 1,000 Bed Days	0.71	3.54	4.55	1.37	1.28	6.80	3.04	1.62	2.99	0.89	1.02	2.10

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

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

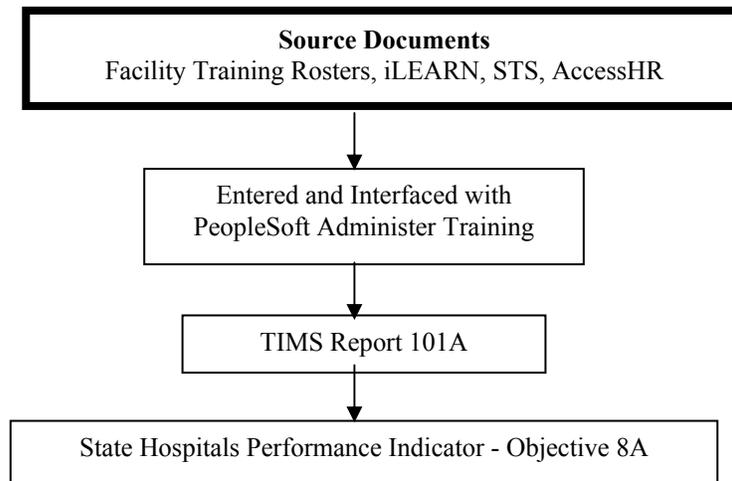
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up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

Performance Objective Formula: $\text{Rate} = \frac{\text{number of employees with active training statuses who have completed their training}}{\text{number of current employees at the state hospital}}$

Performance Objective Data Display and Chart Description:

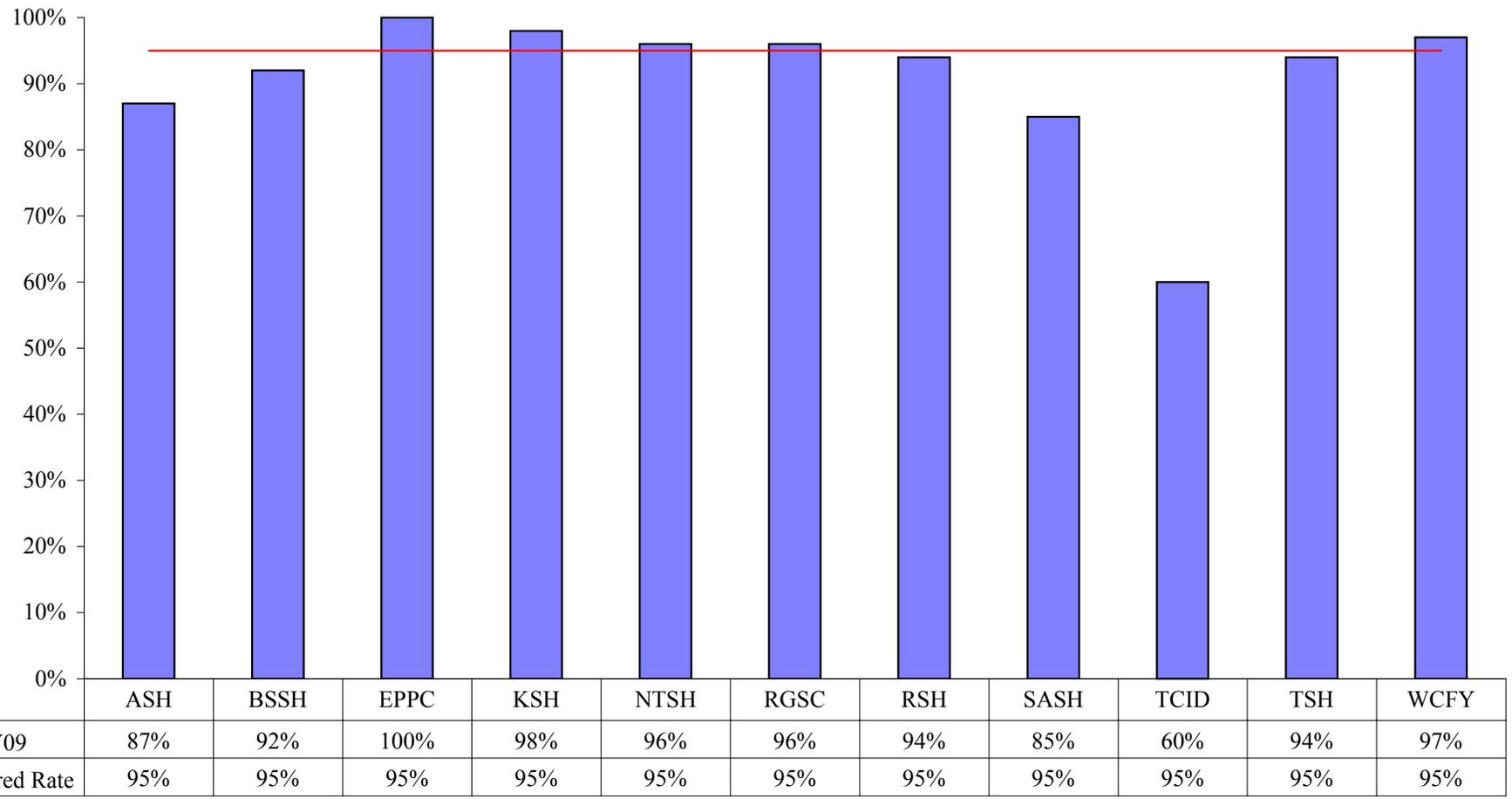
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



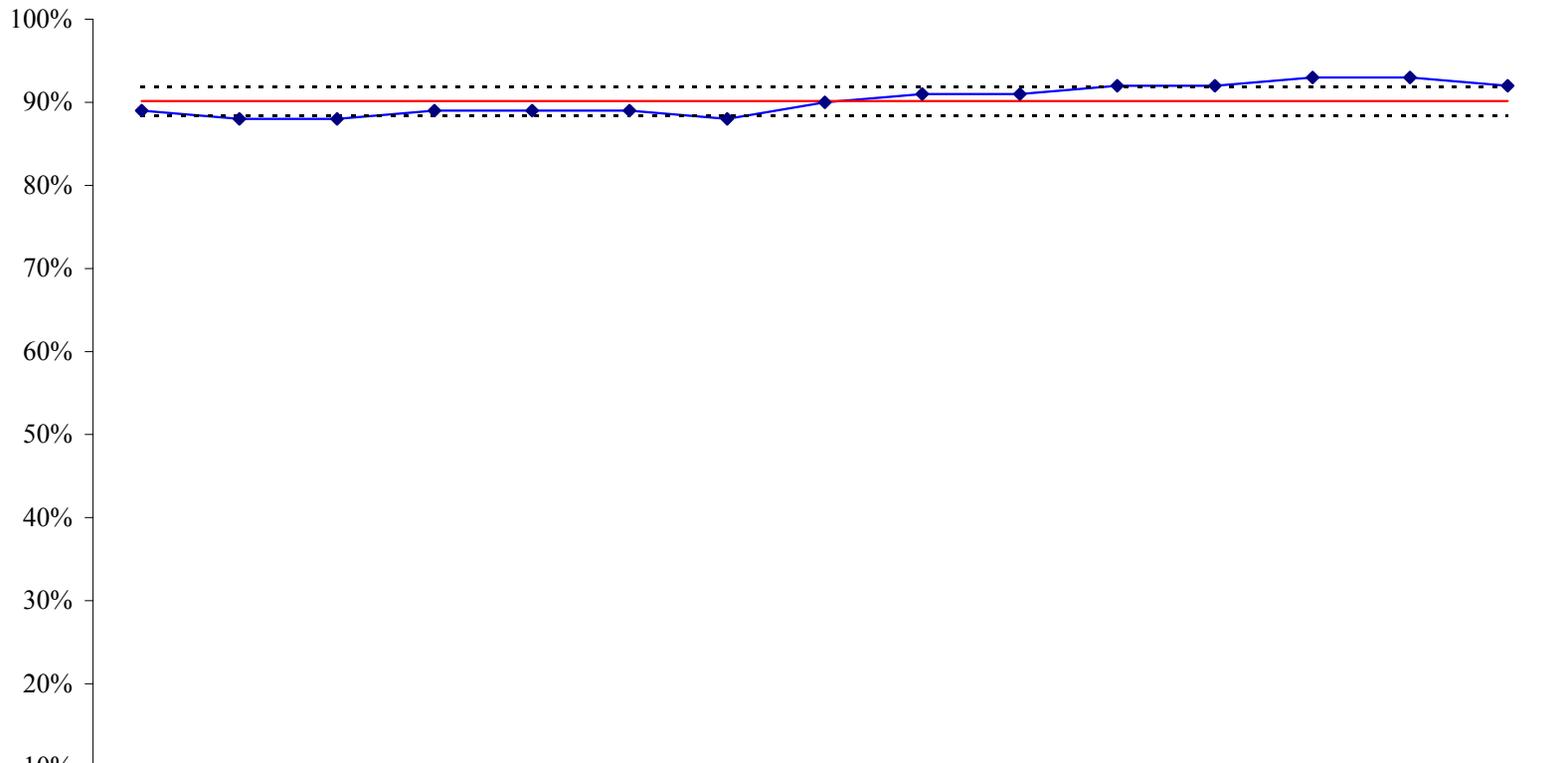
**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

**CORE and Specialty Training
(As of February 28, 2009)**



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

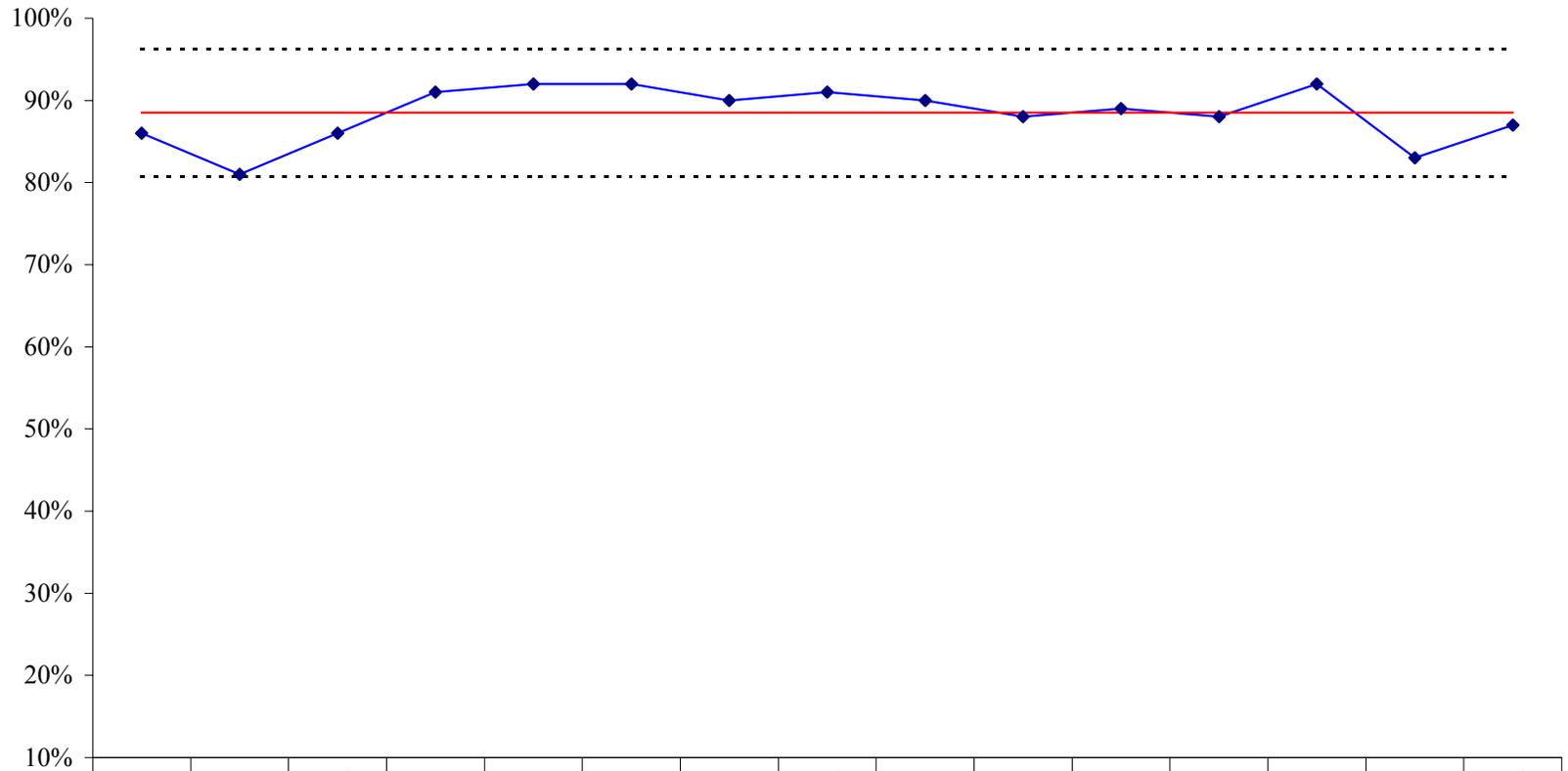
Percentage of CORE and Specialty Training Completed



	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	89%	88%	88%	89%	89%	89%	88%	90%	91%	91%	92%	92%	93%	93%	92%
.....UCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
— Avg	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
.....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
Austin State Hospital

Percentage of CORE and Specialty Training Completed

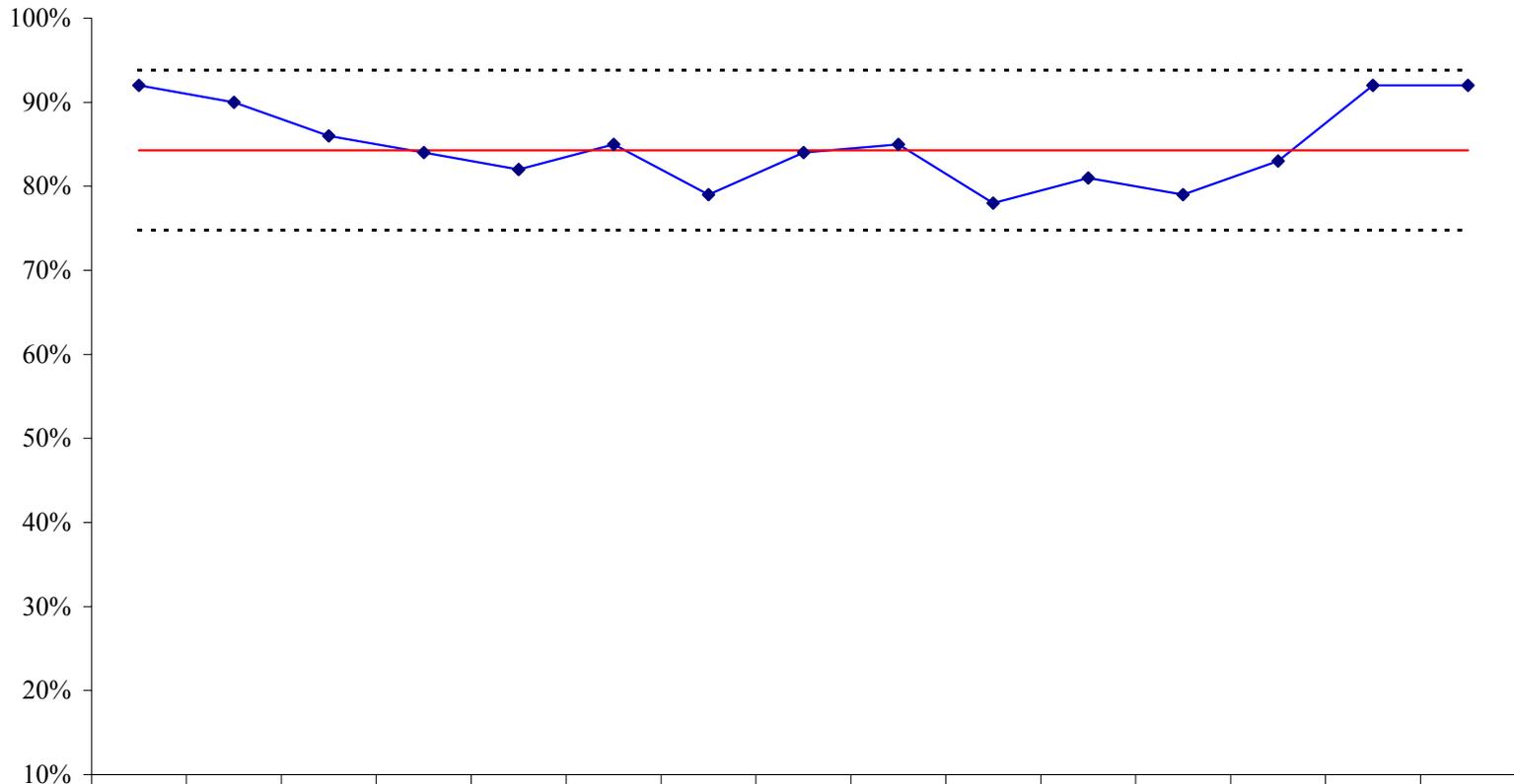


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	86%	81%	86%	91%	92%	92%	90%	91%	90%	88%	89%	88%	92%	83%	87%
.....UCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
— Avg	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
.....LCL	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

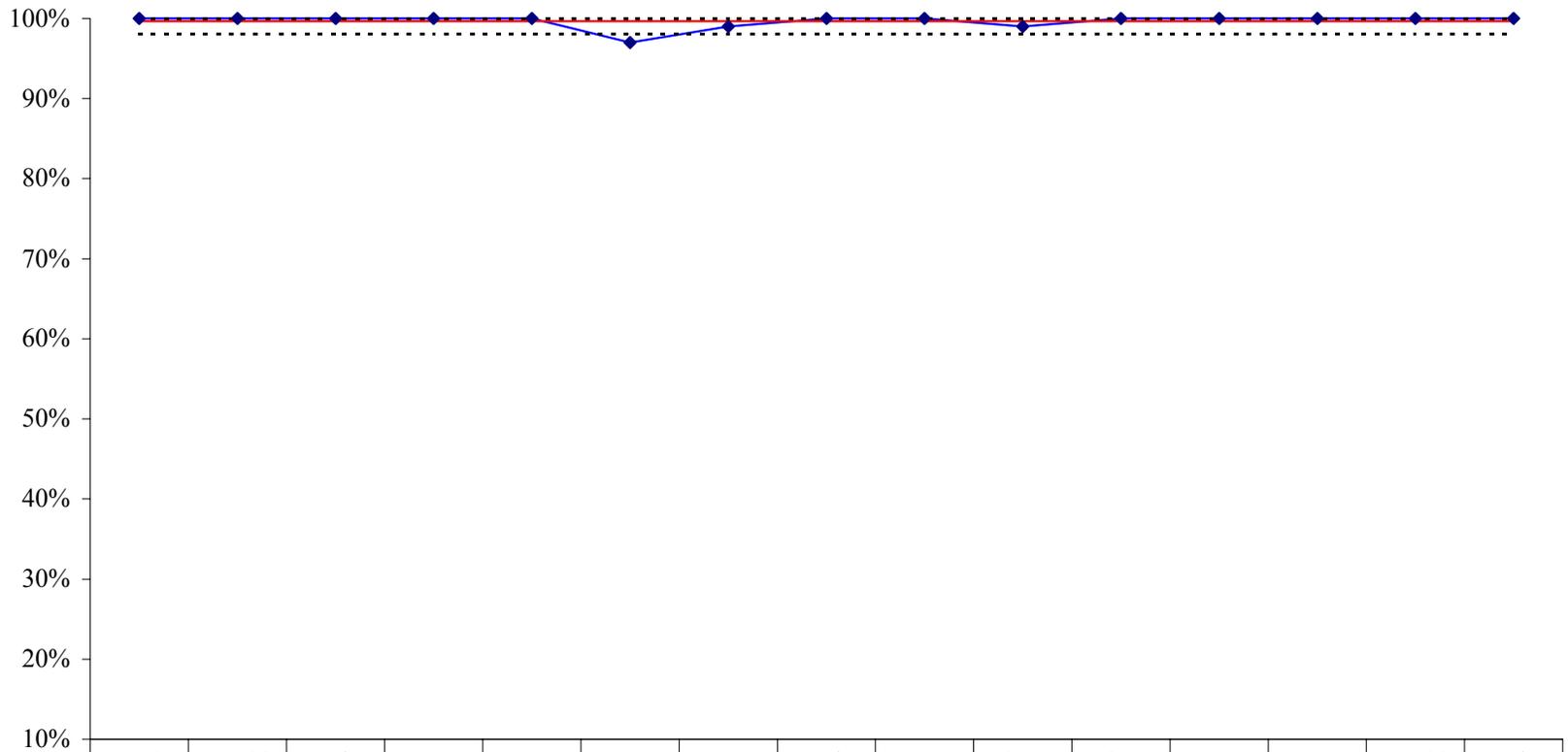


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	92%	90%	86%	84%	82%	85%	79%	84%	85%	78%	81%	79%	83%	92%	92%
..... UCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
— Avg	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%
..... LCL	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

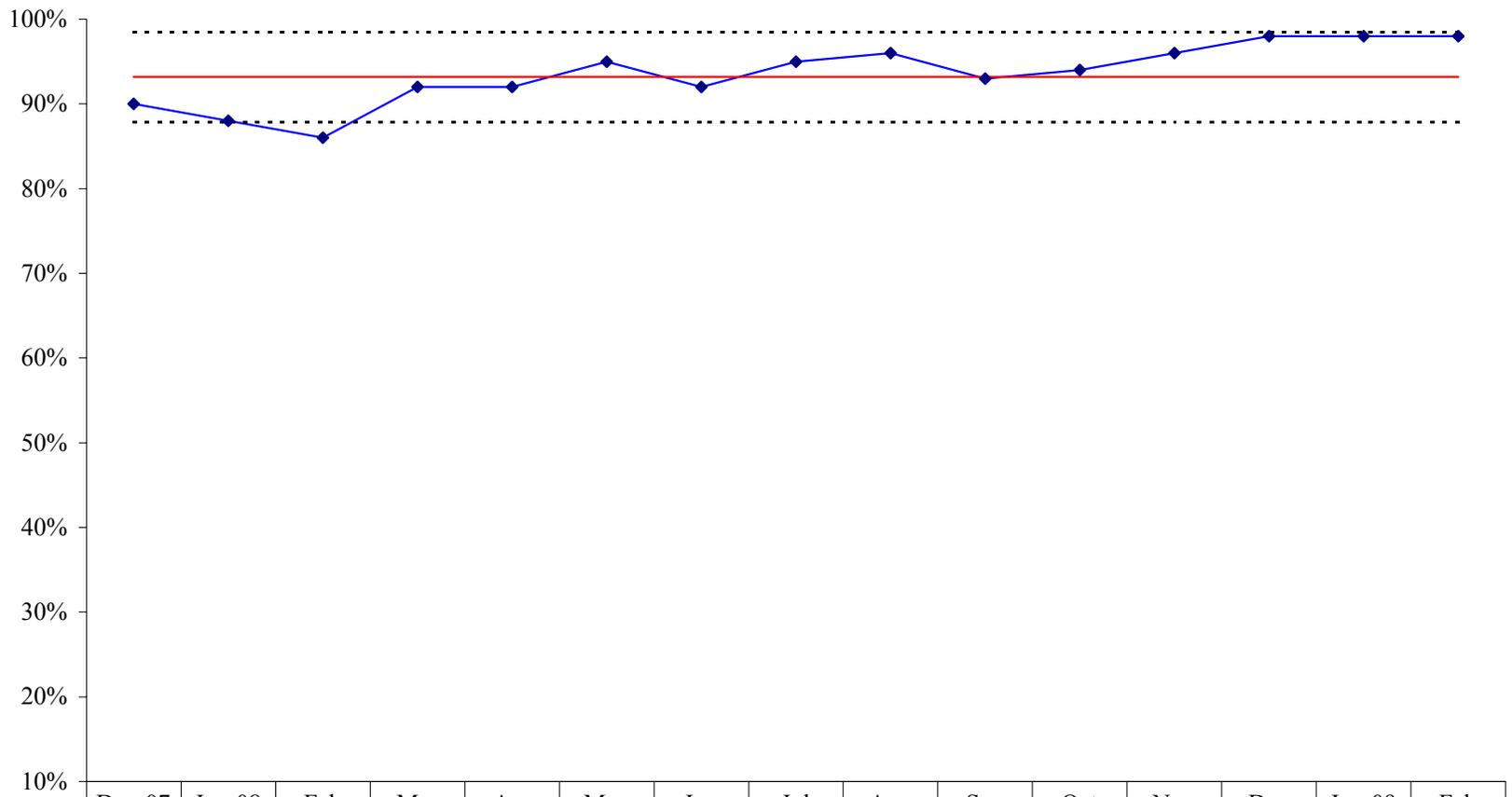


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	100%	100%	100%	100%	100%	97%	99%	100%	100%	99%	100%	100%	100%	100%	100%
..... UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
..... LCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

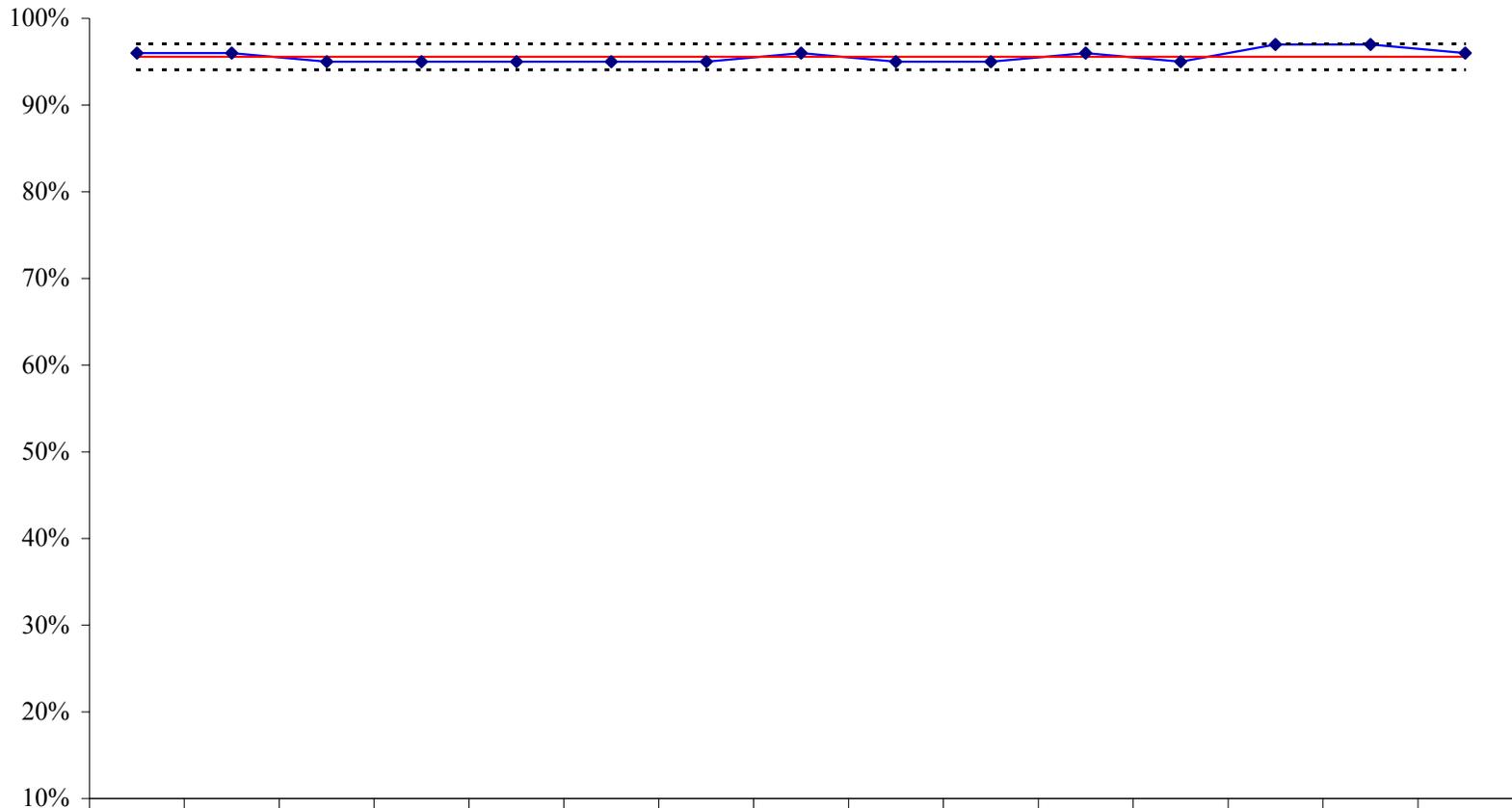


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	90%	88%	86%	92%	92%	95%	92%	95%	96%	93%	94%	96%	98%	98%	98%
⋯ UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
⋯ LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

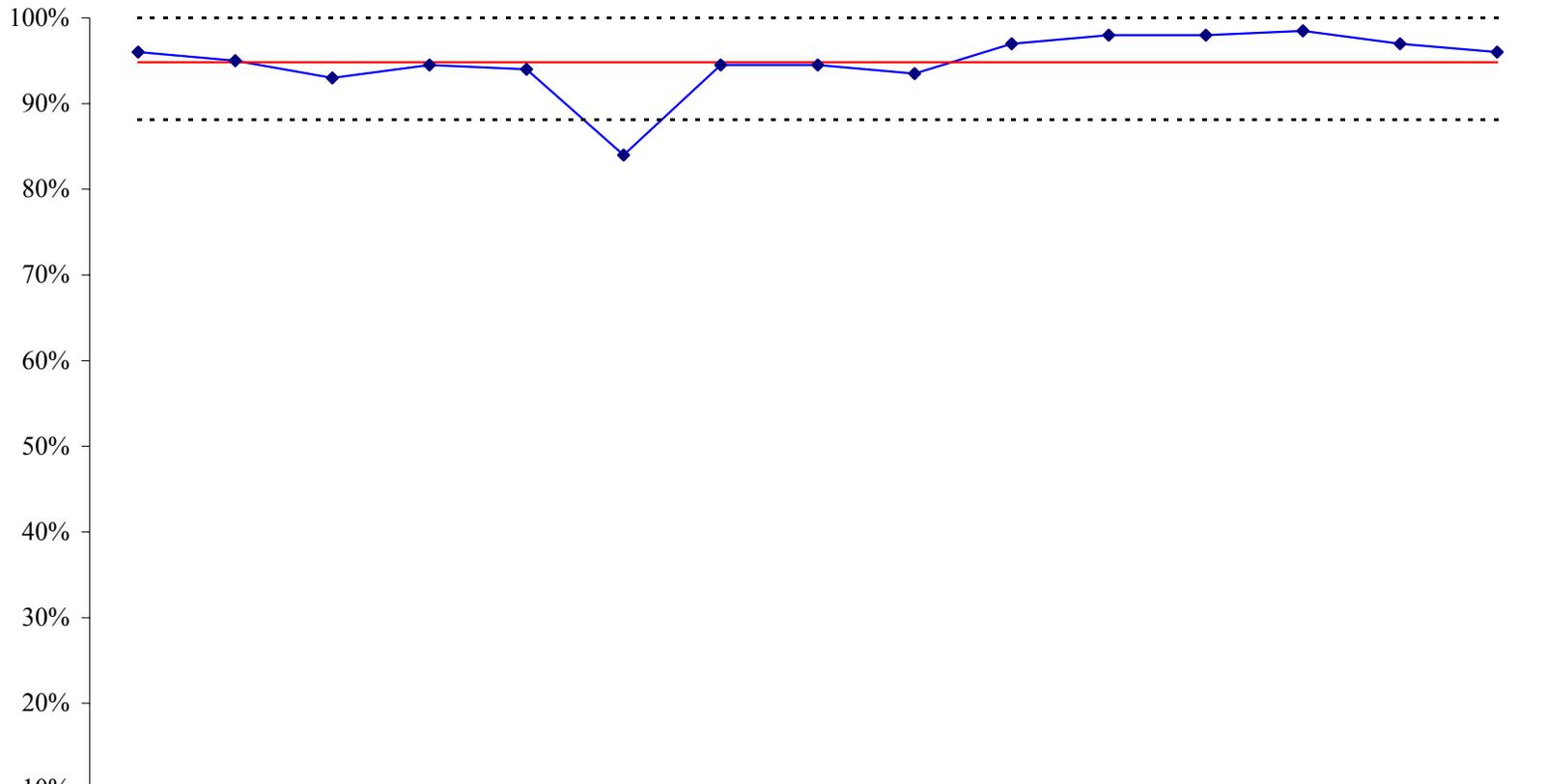


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	96%	96%	95%	95%	95%	95%	95%	96%	95%	95%	96%	95%	97%	97%	96%
.....UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
.....LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

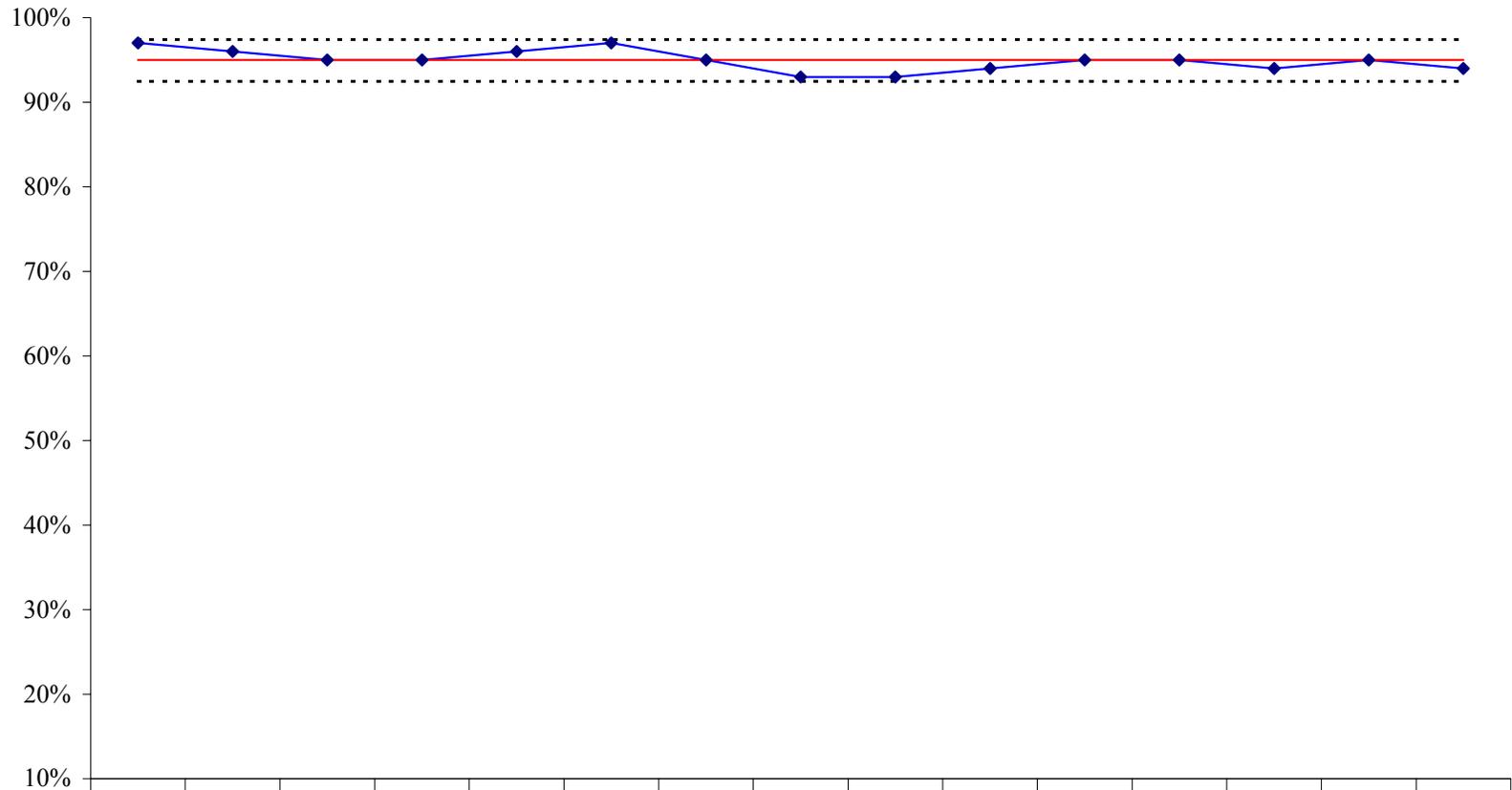


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	96%	95%	93%	95%	94%	84%	95%	95%	94%	97%	98%	98%	99%	97%	96%
..... UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
..... LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

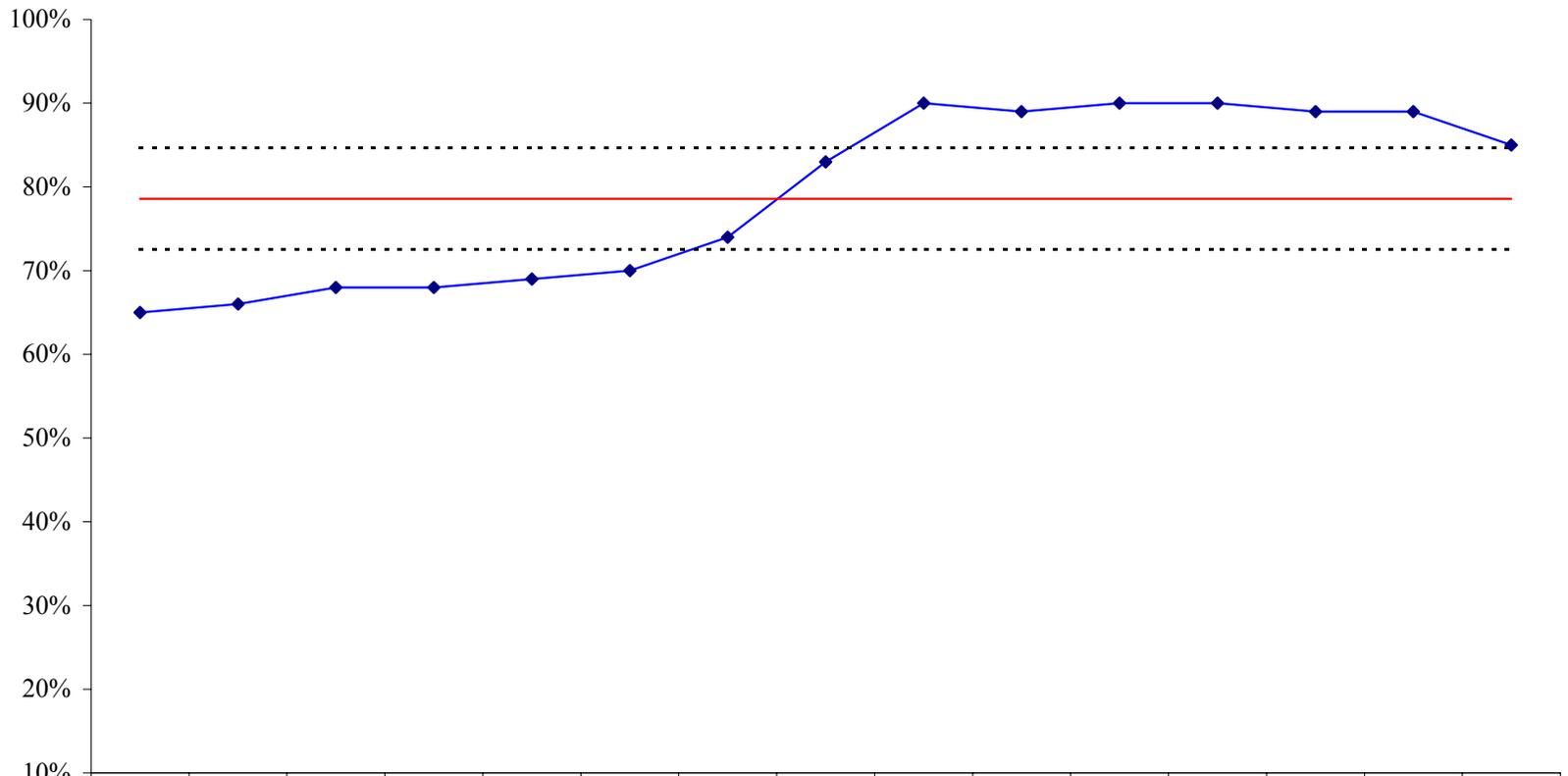


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	97%	96%	95%	95%	96%	97%	95%	93%	93%	94%	95%	95%	94%	95%	94%
..... UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
..... LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

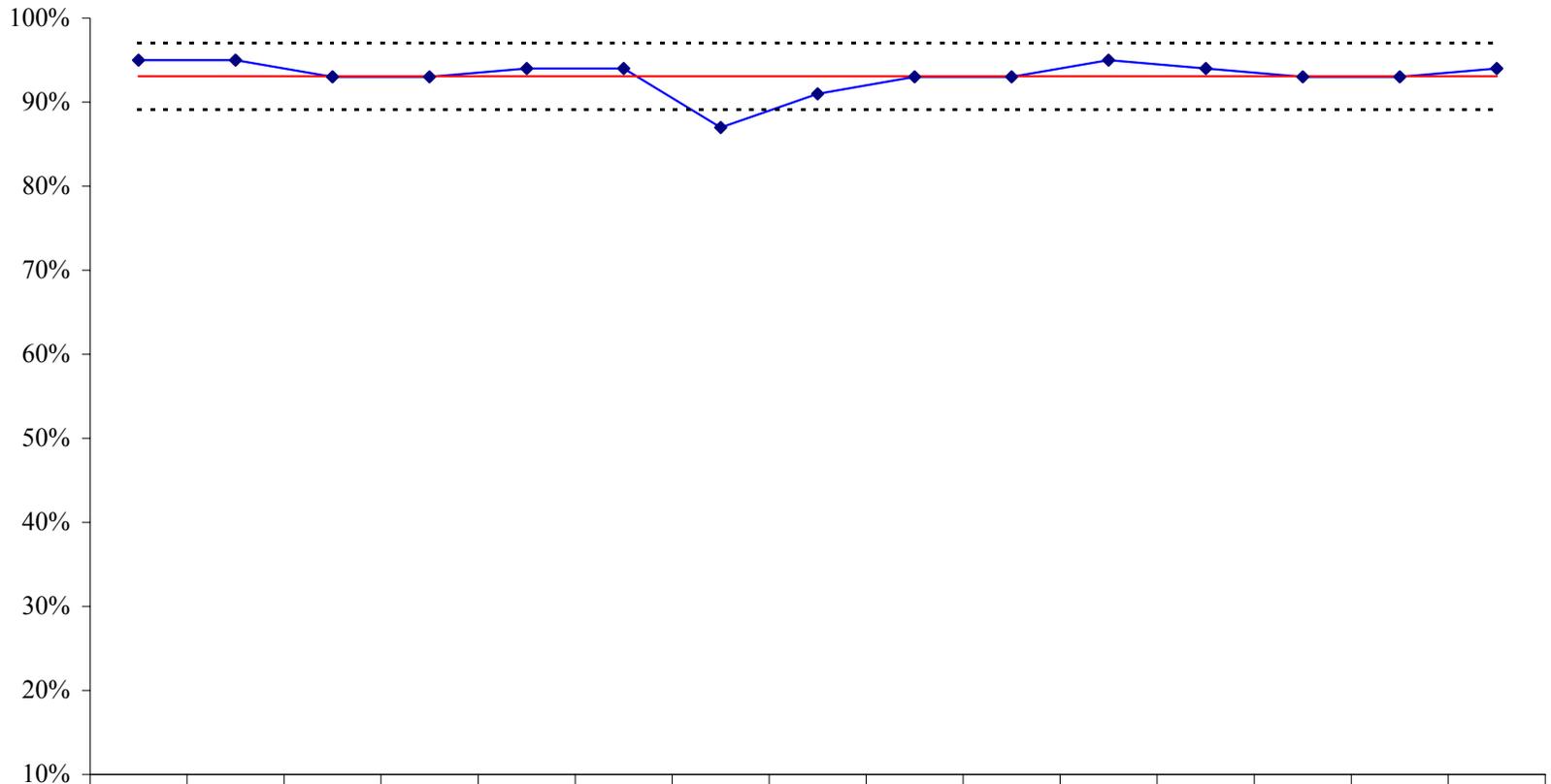


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—◆— % Training Completed	65%	66%	68%	68%	69%	70%	74%	83%	90%	89%	90%	90%	89%	89%	85%
..... UCL	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
— Avg	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%
..... LCL	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

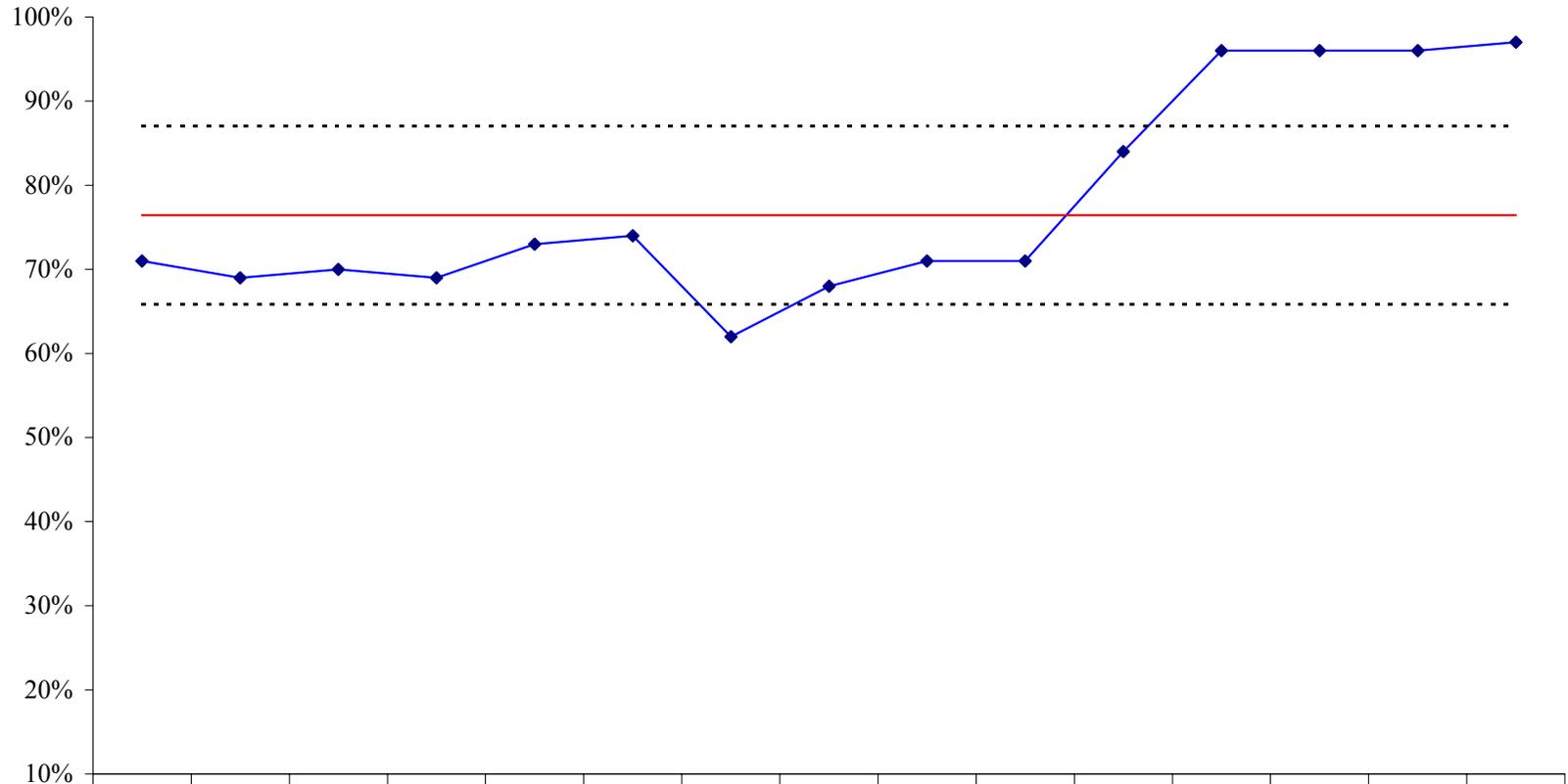


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	95%	95%	93%	93%	94%	94%	87%	91%	93%	93%	95%	94%	93%	93%	94%
⋯ UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
⋯ LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

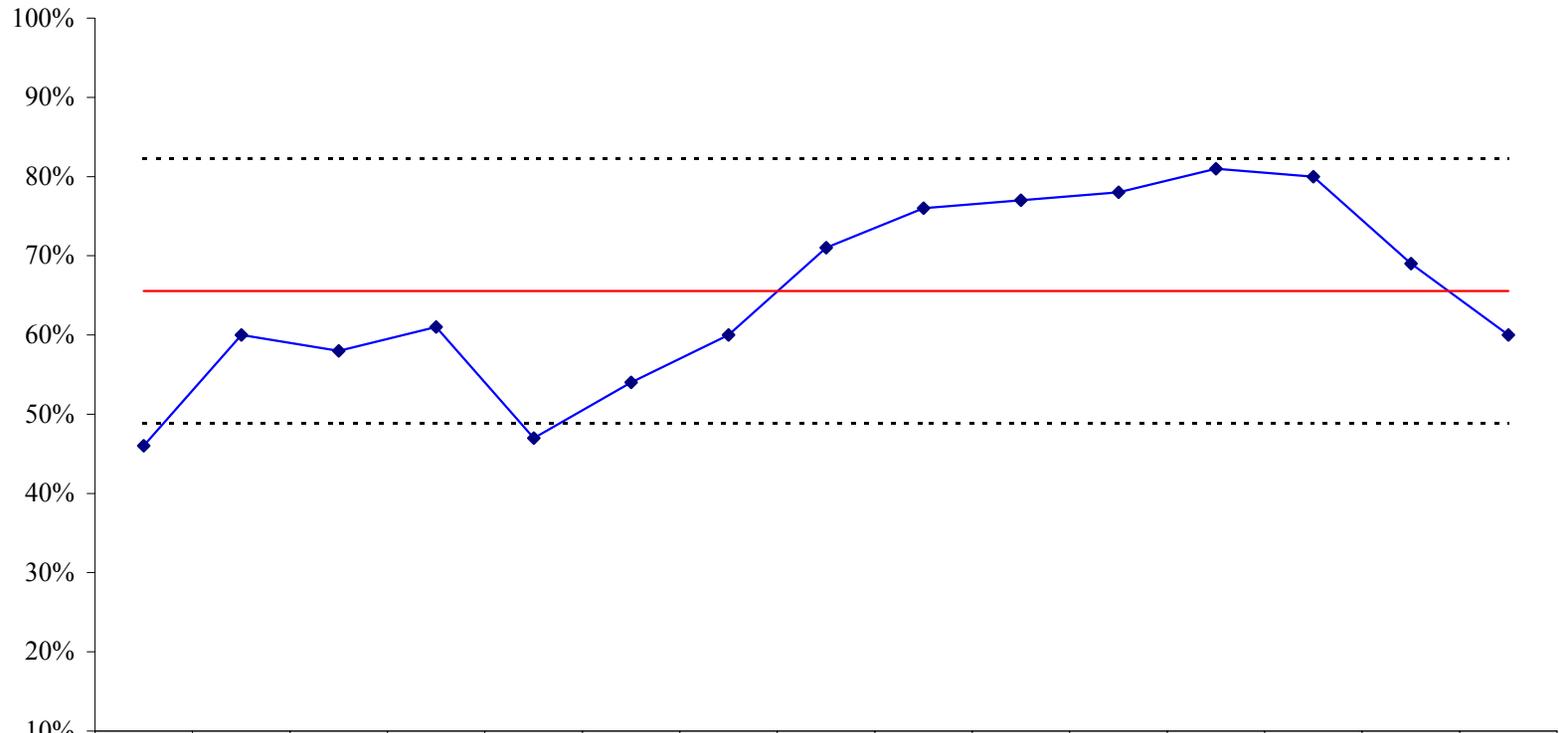


	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—◆— % Training Completed	71%	69%	70%	69%	73%	74%	62%	68%	71%	71%	84%	96%	96%	96%	97%
.....UCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%
— Avg	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%	76%
.....LCL	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed



	Dec-07	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
◆ % Training Completed	46%	60%	58%	61%	47%	54%	60%	71%	76%	77%	78%	81%	80%	69%	60%
..... UCL	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%
— Avg	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%
..... LCL	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%

As of September 1, 2007 CORE and Specialty Training reported

Performance Measure 8A:

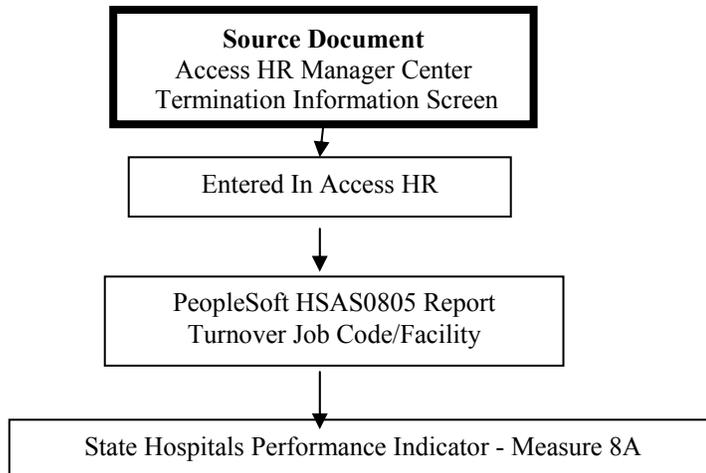
“Staff Turnover” rates for critical shortage staff will be maintained and reported.

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

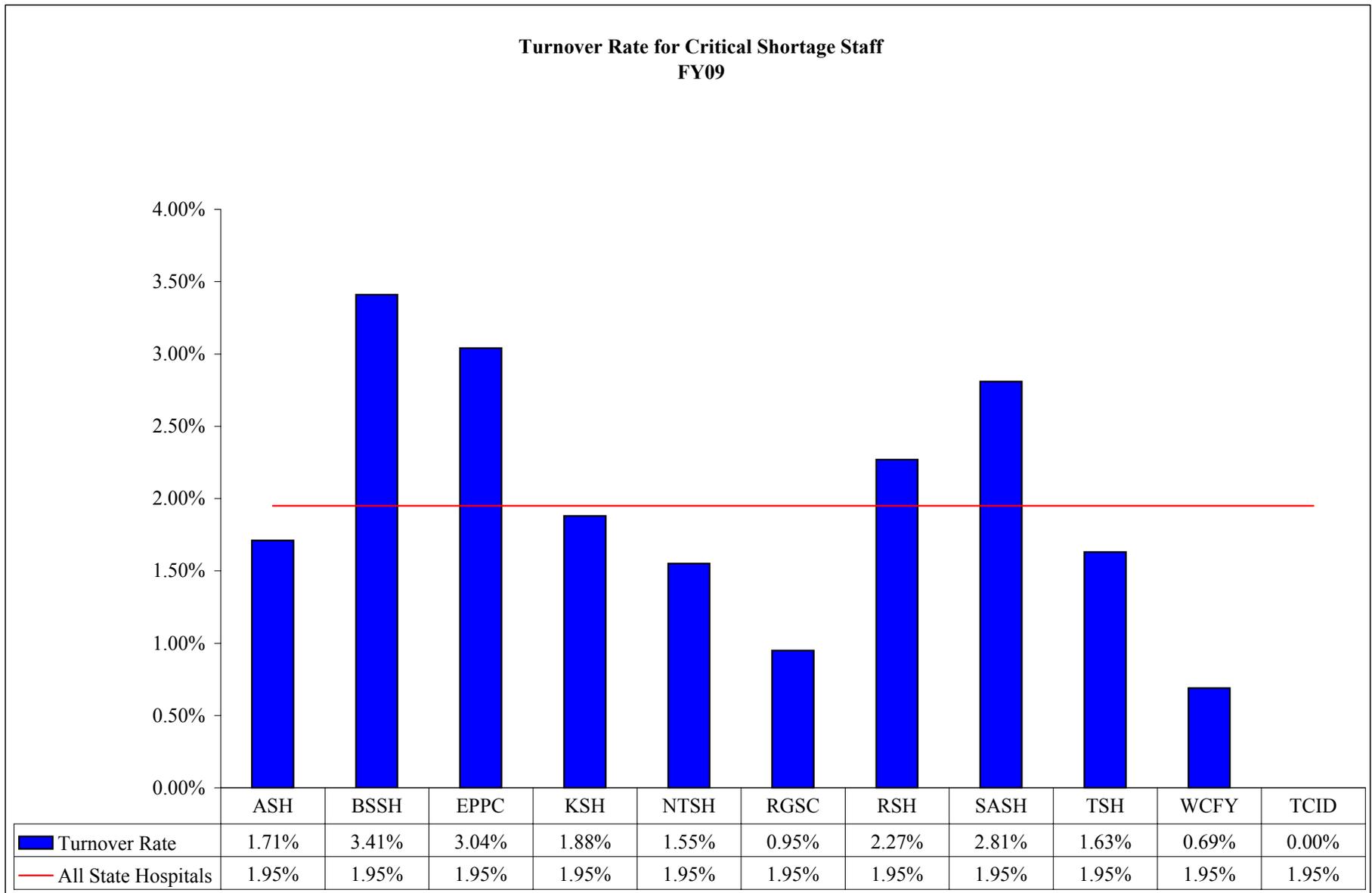
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

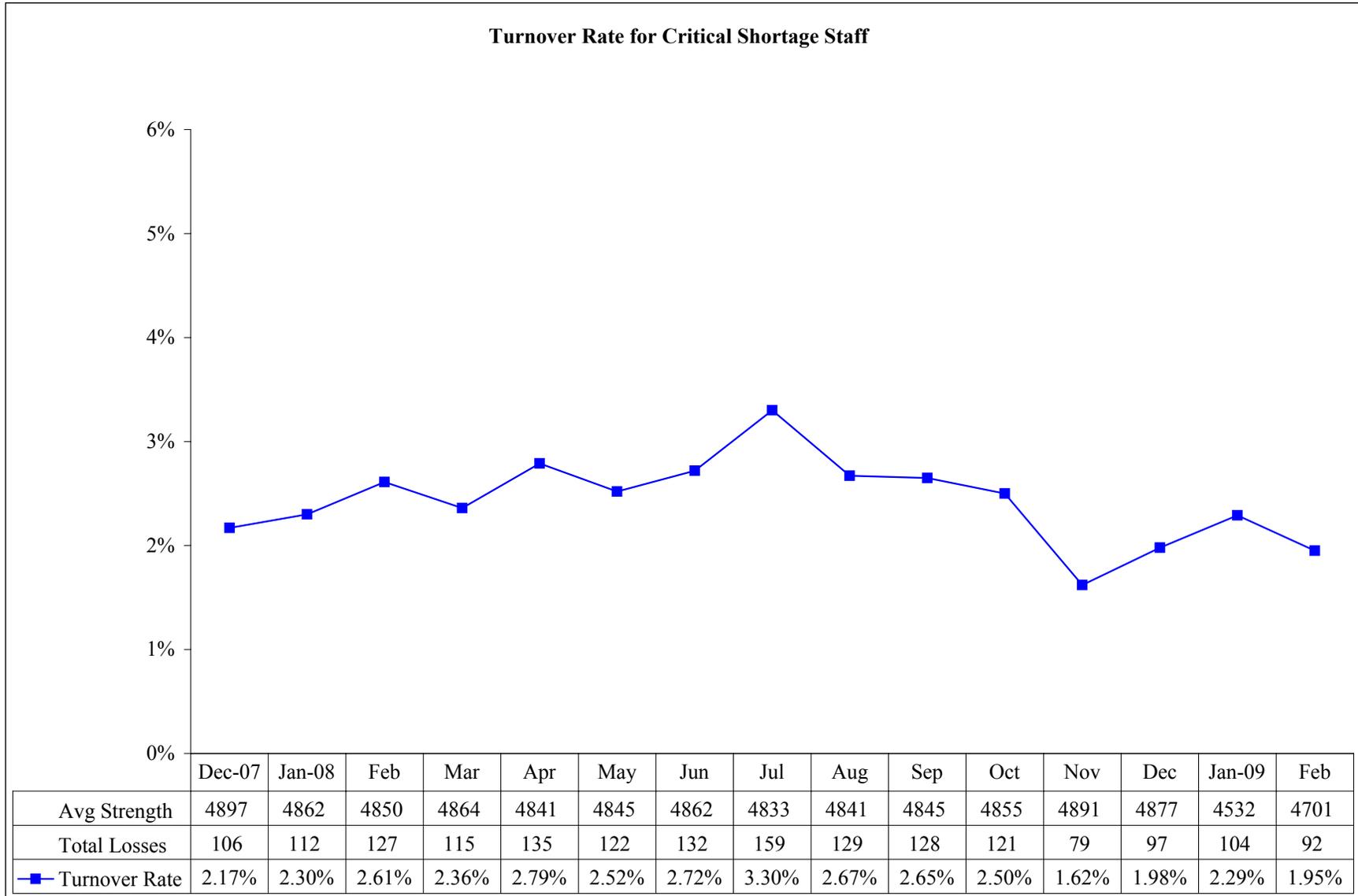
Data Flow:



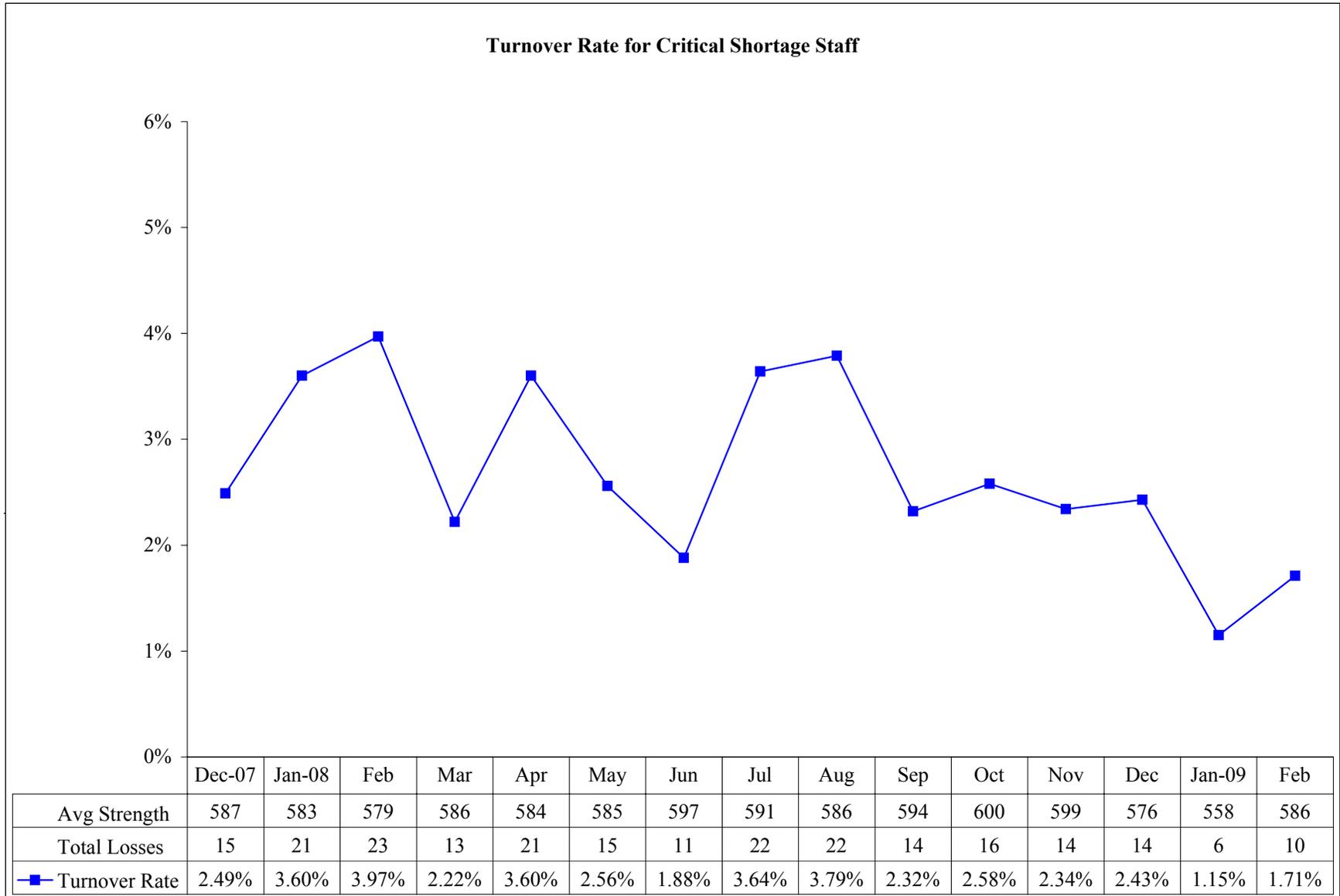
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of February 28, 2009**



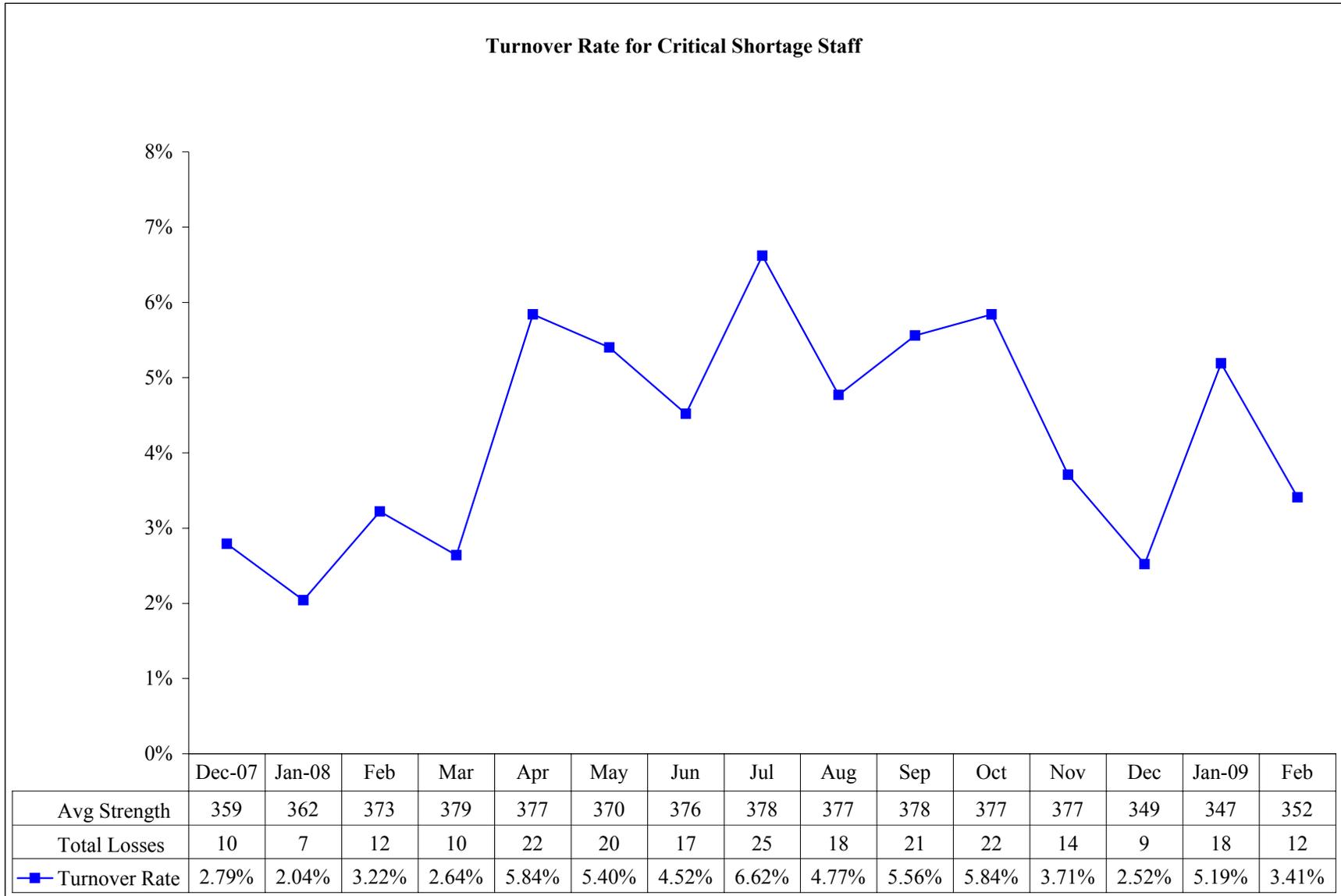
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals**



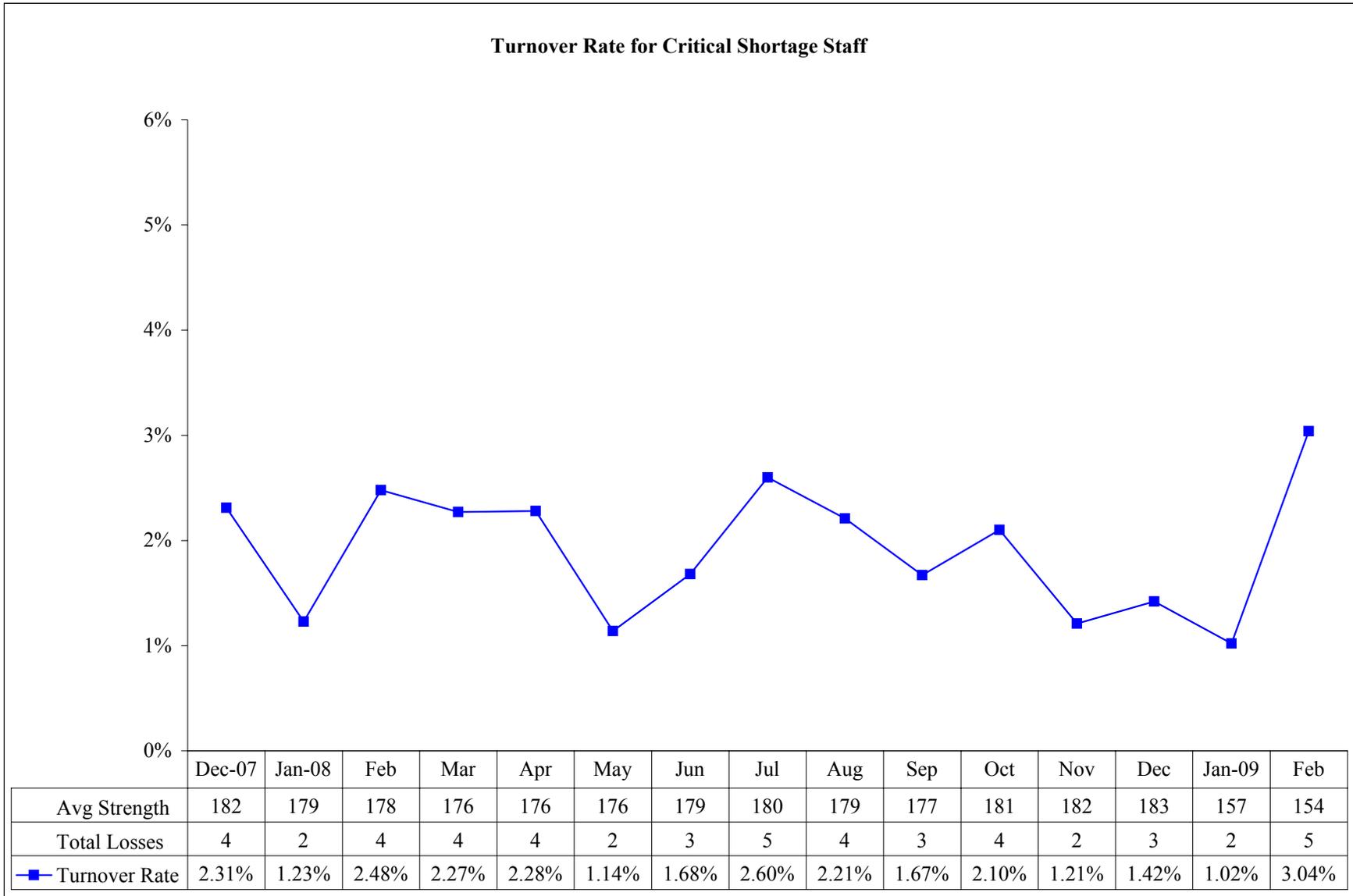
**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



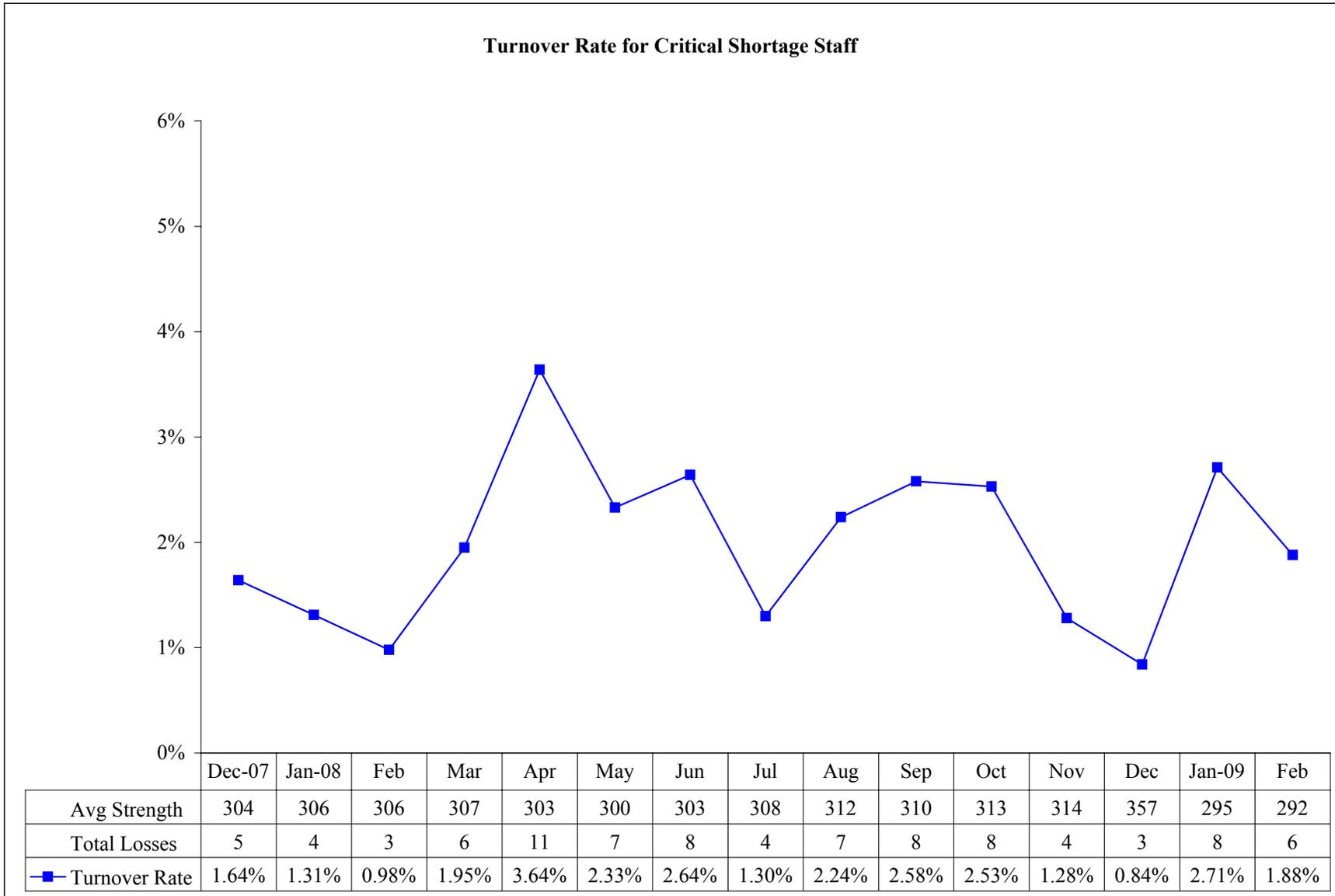
**Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital**



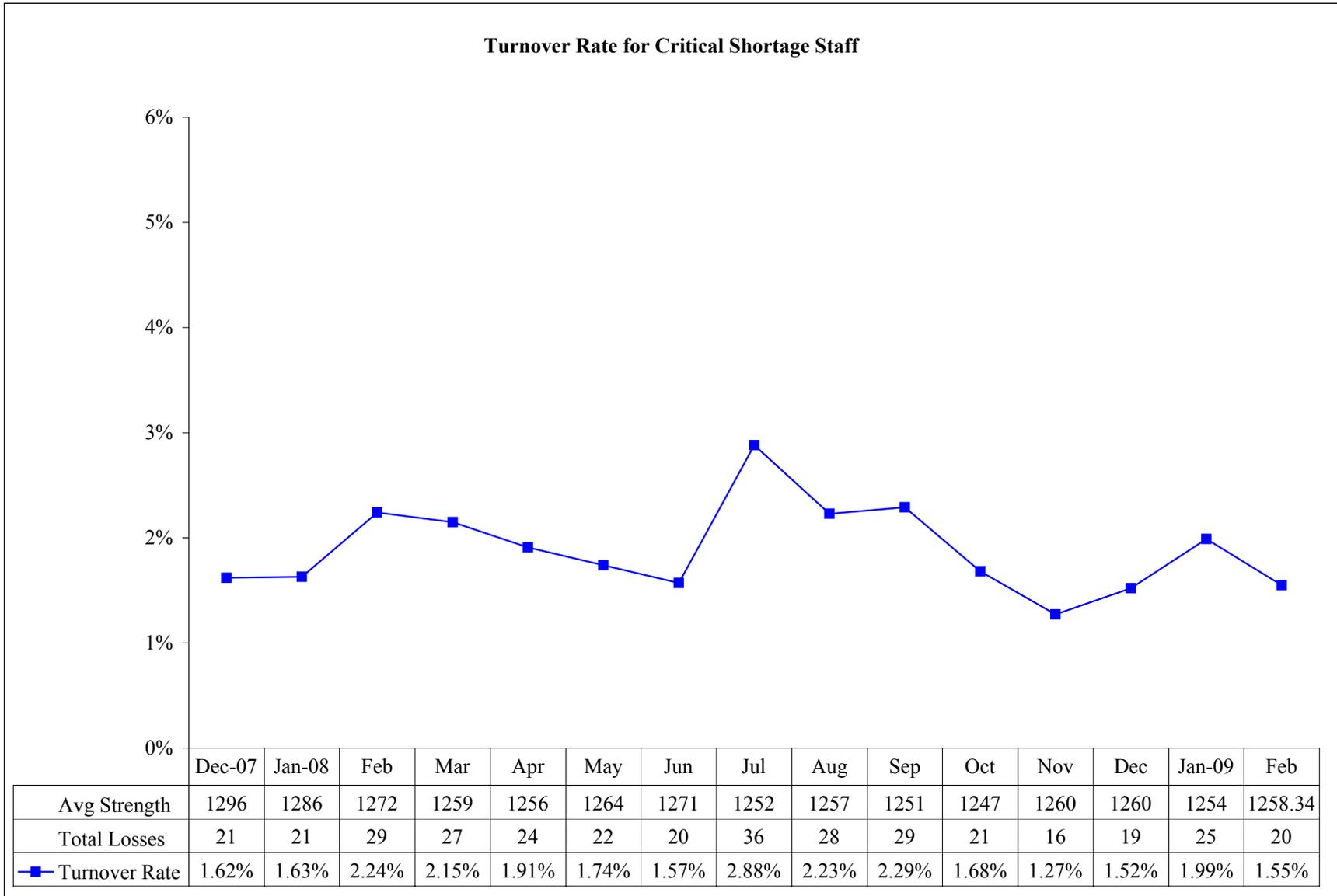
Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center



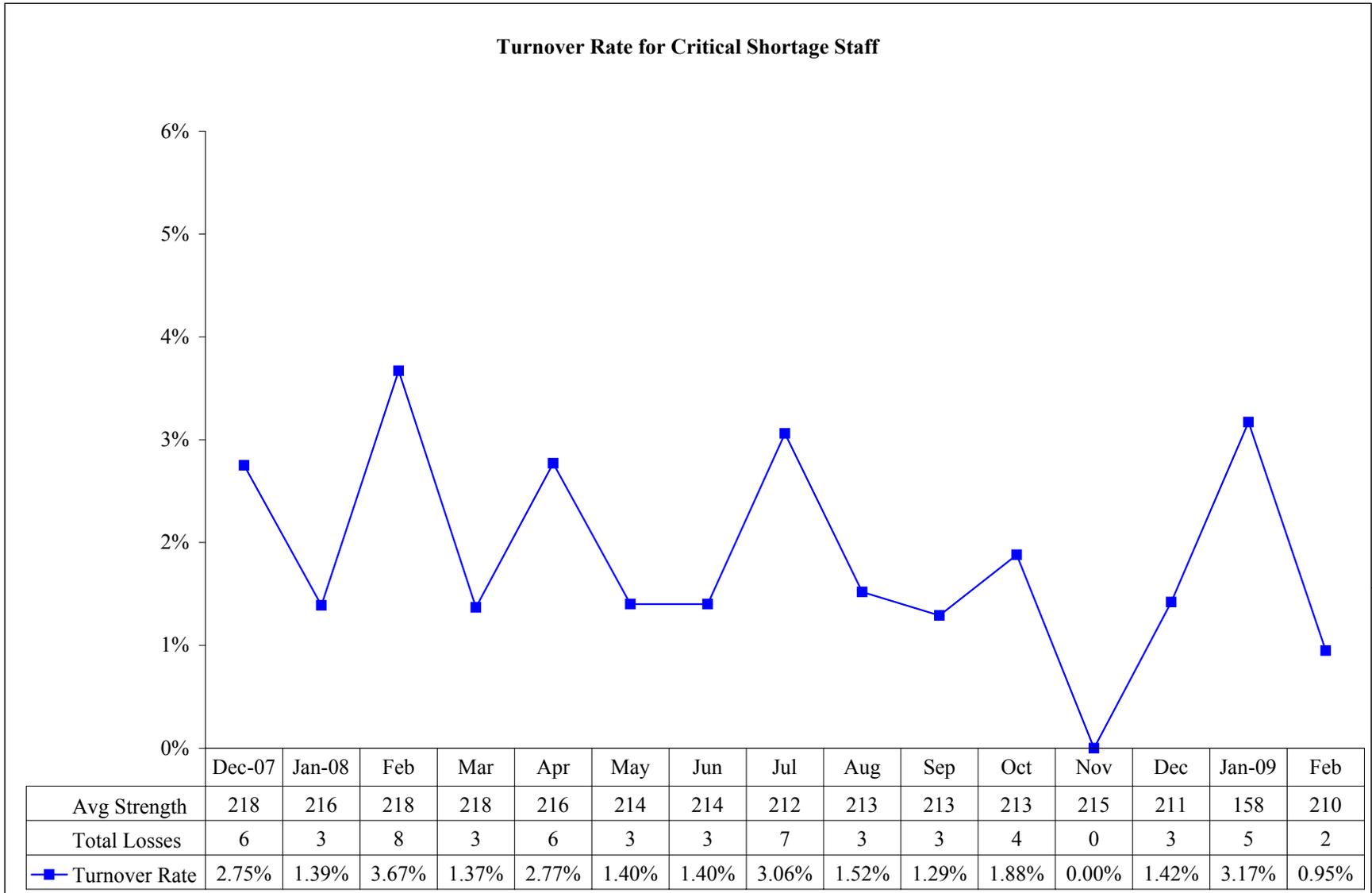
**Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital**



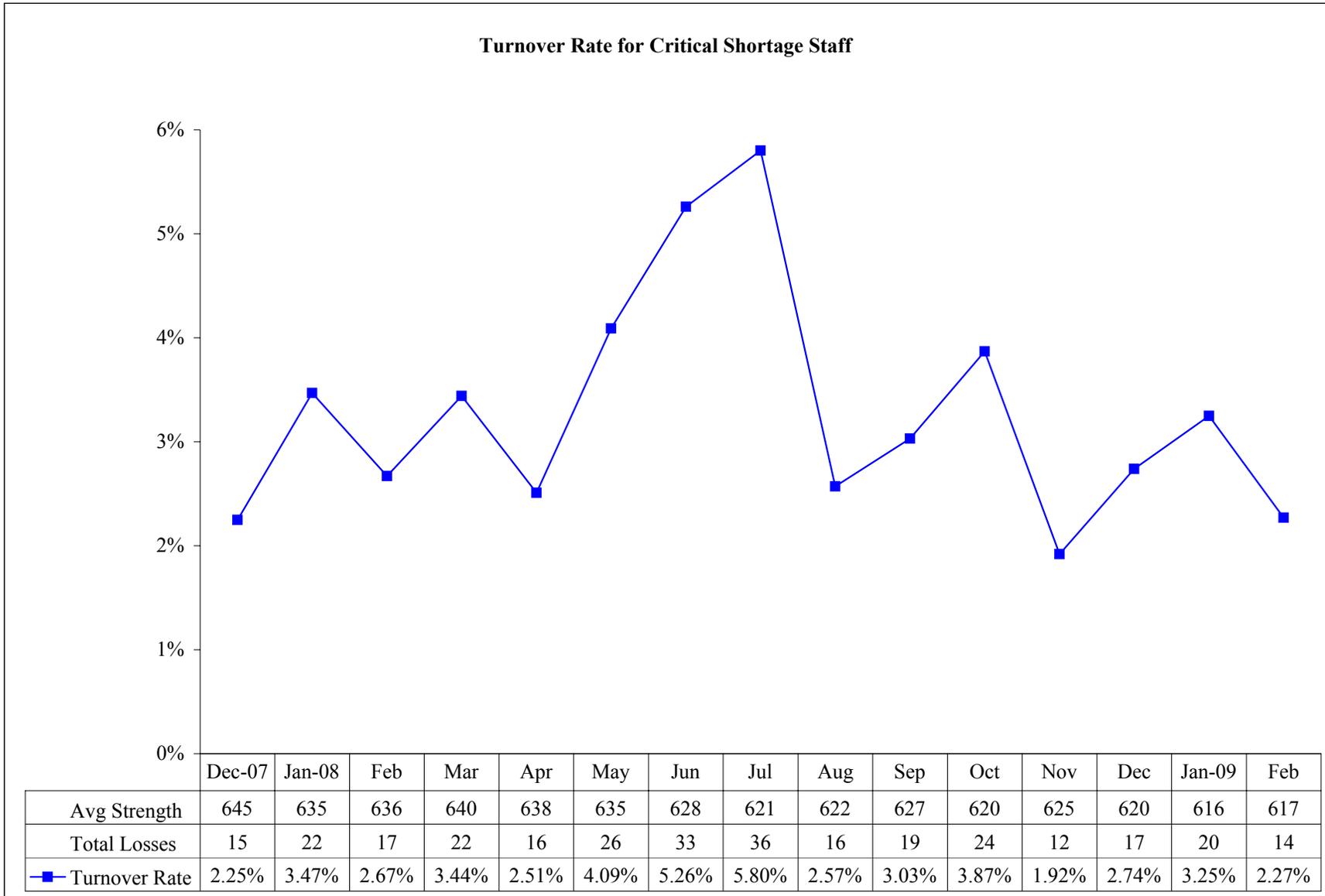
**Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital**



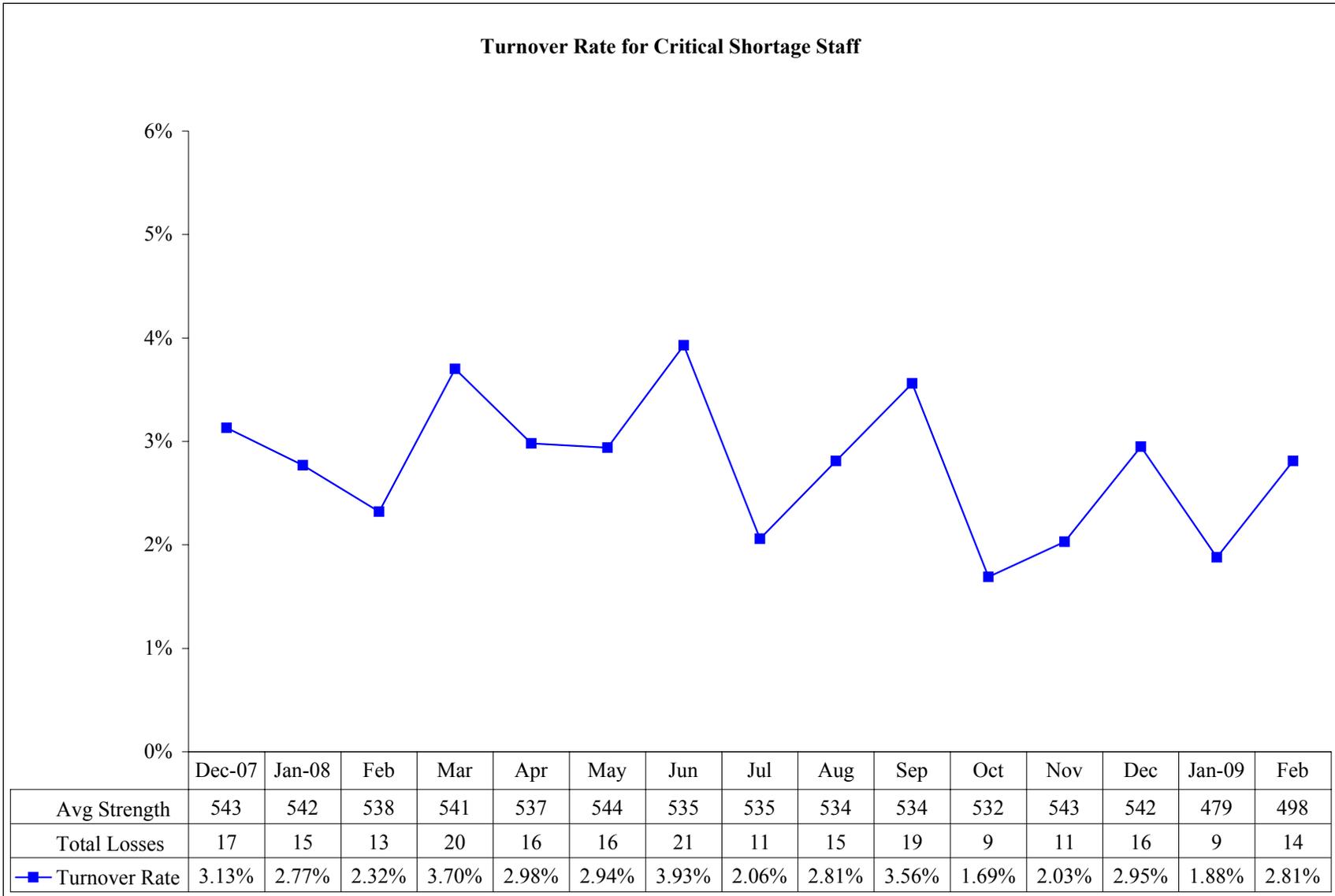
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center**



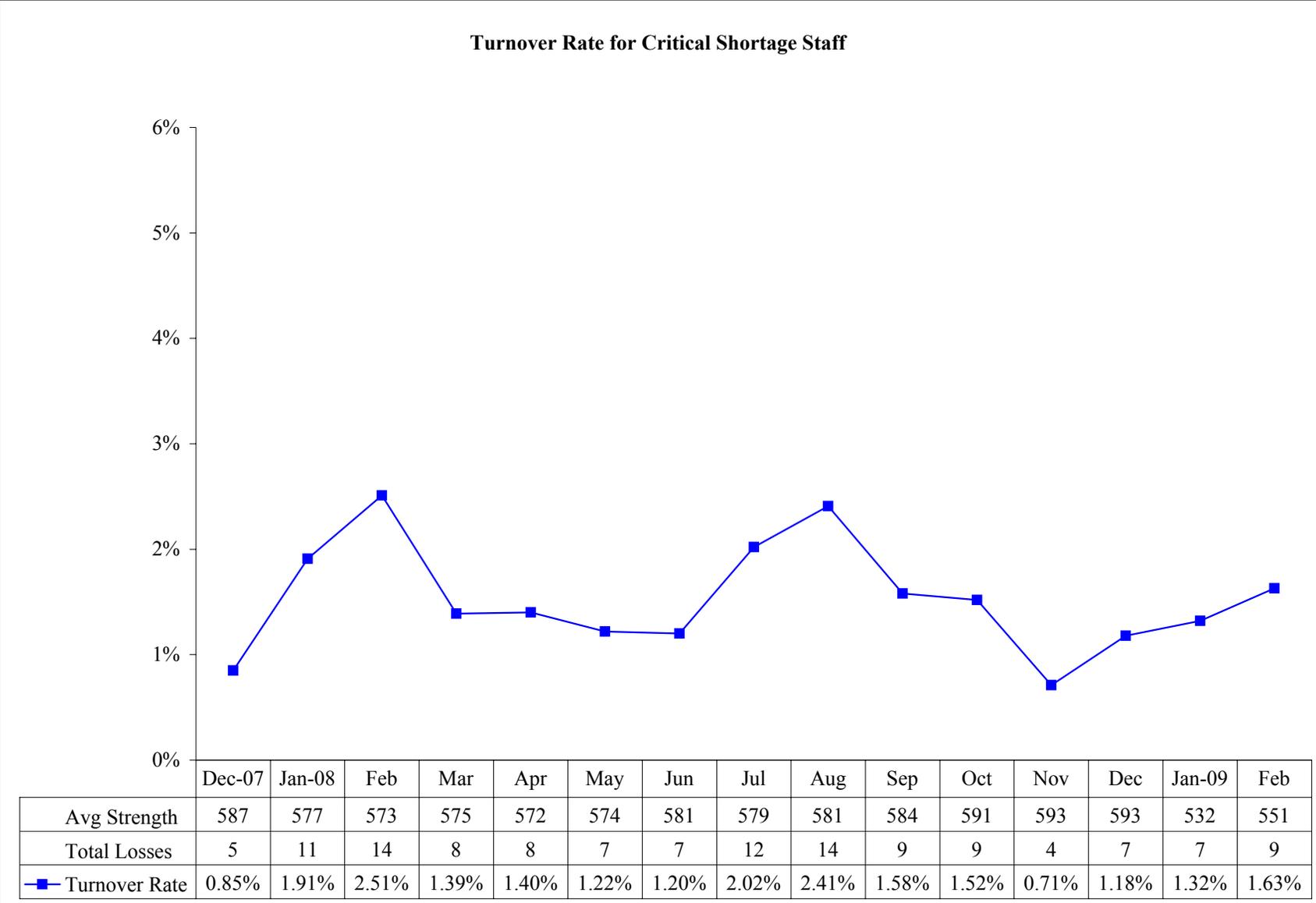
Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital



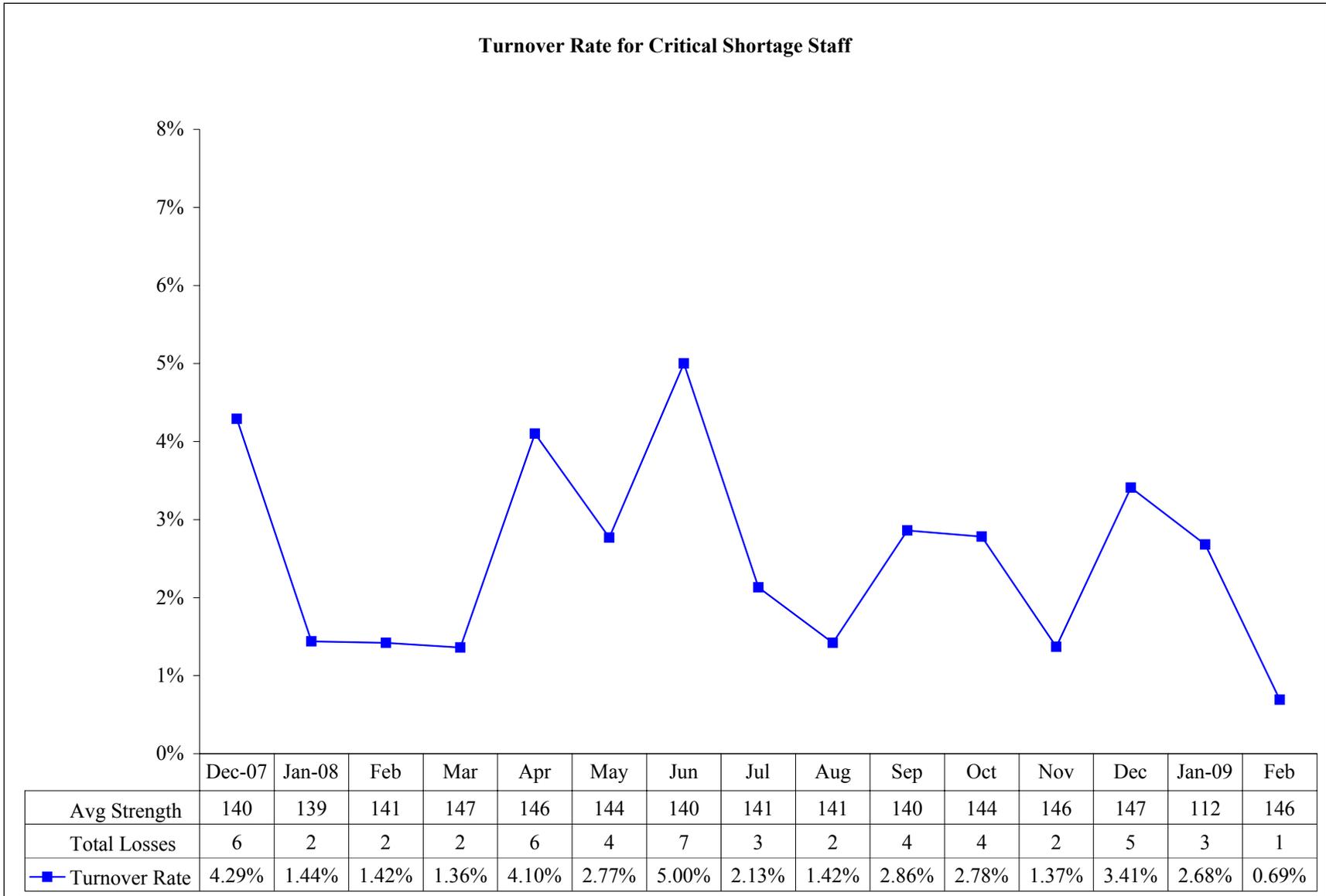
**Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital**



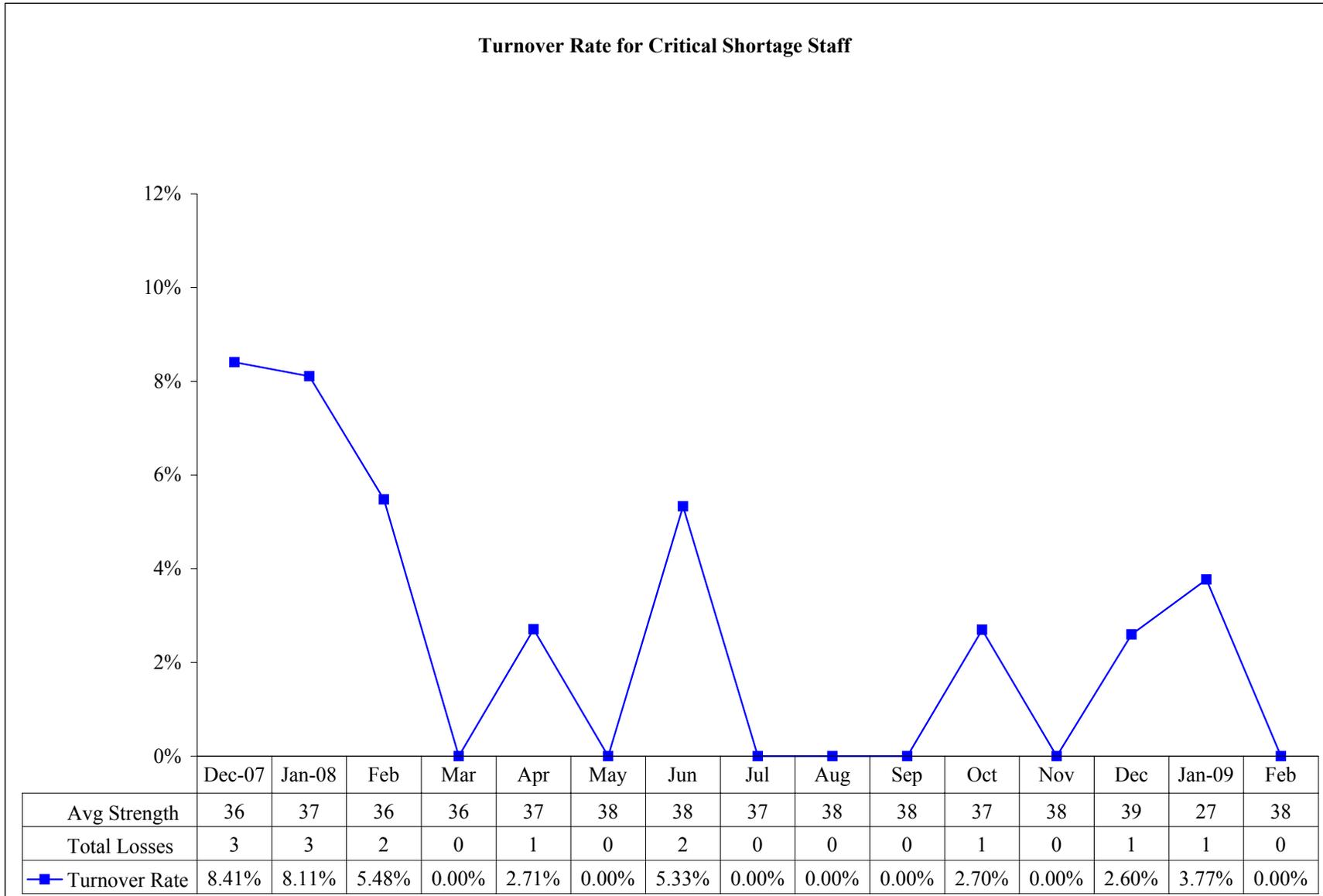
**Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital**



**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:

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

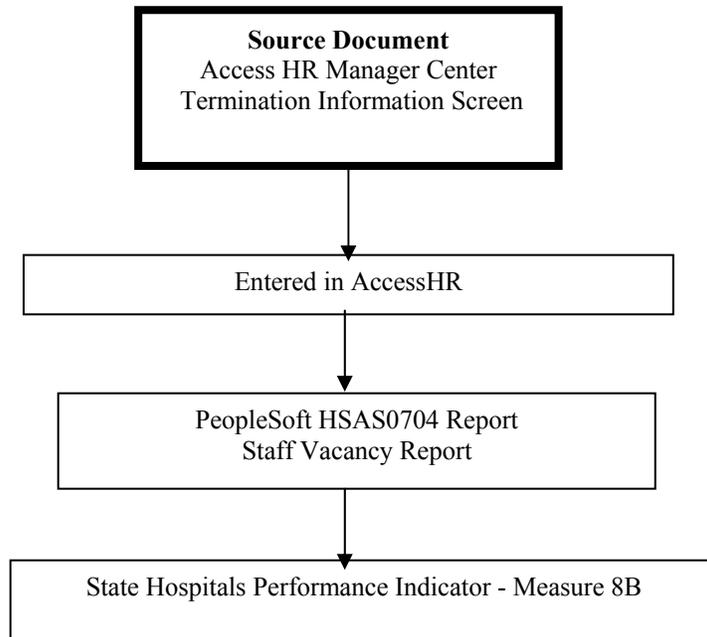
Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula:

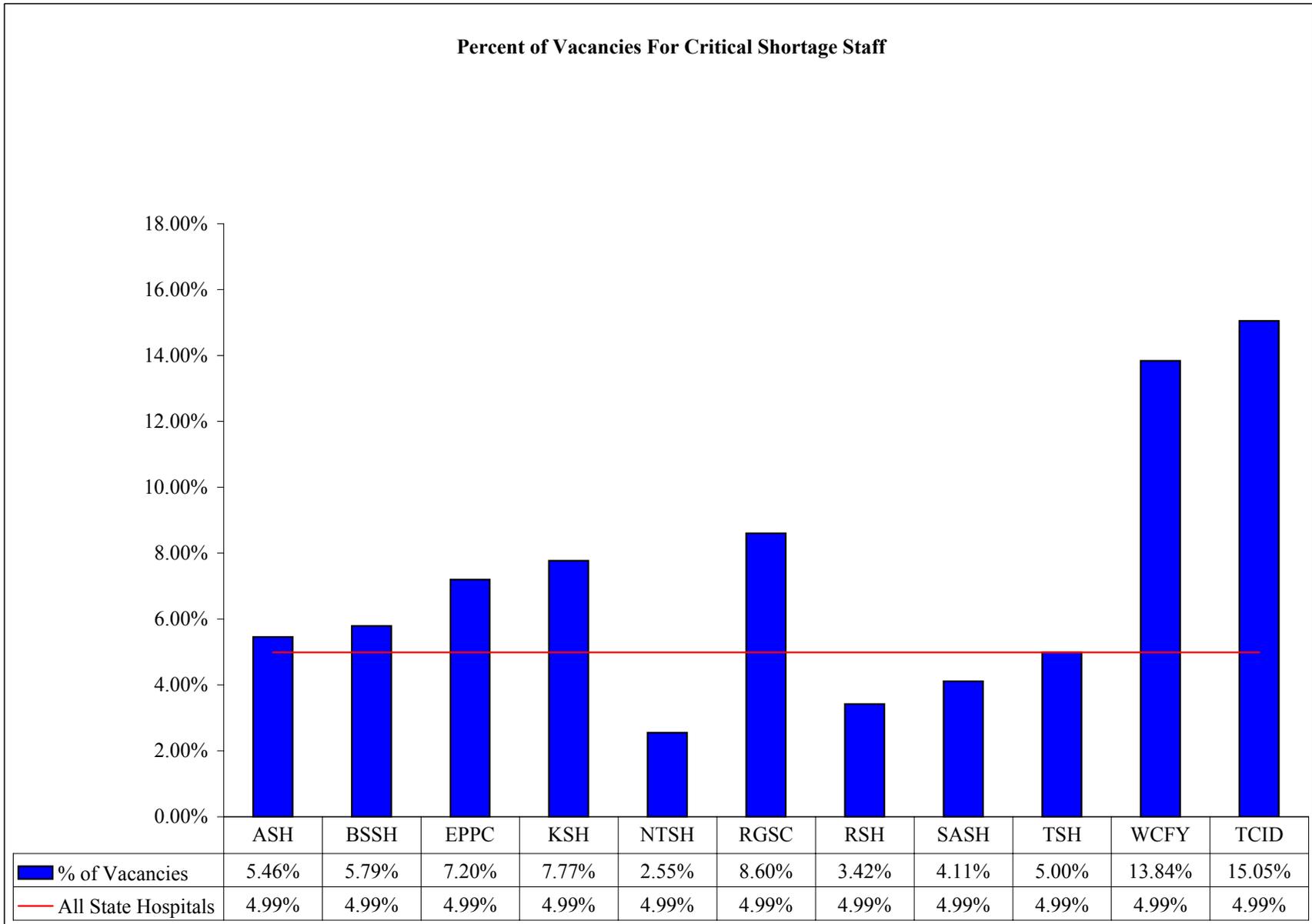
Performance Measure Data Display and Chart Description:

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

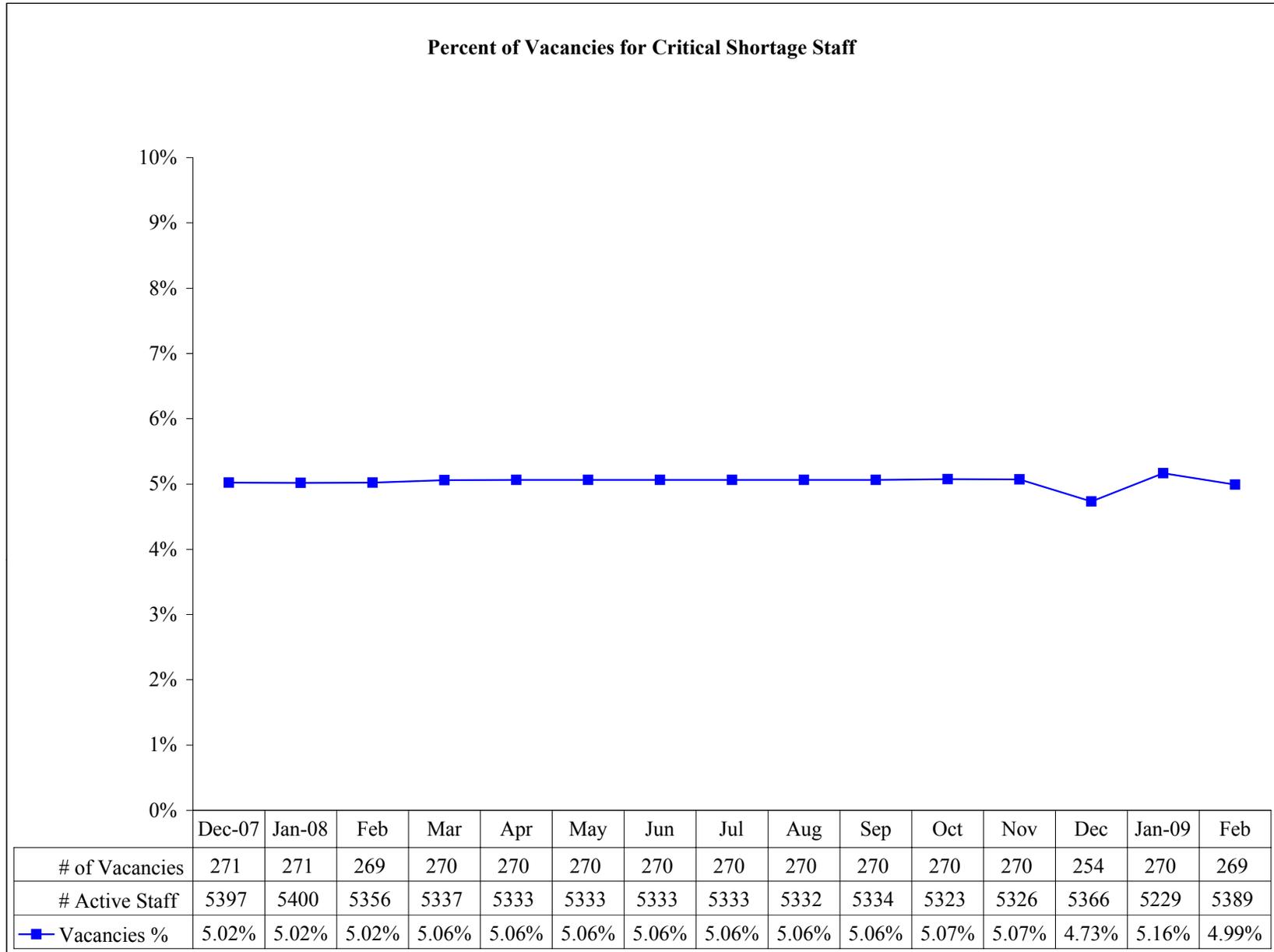
Data Flow:



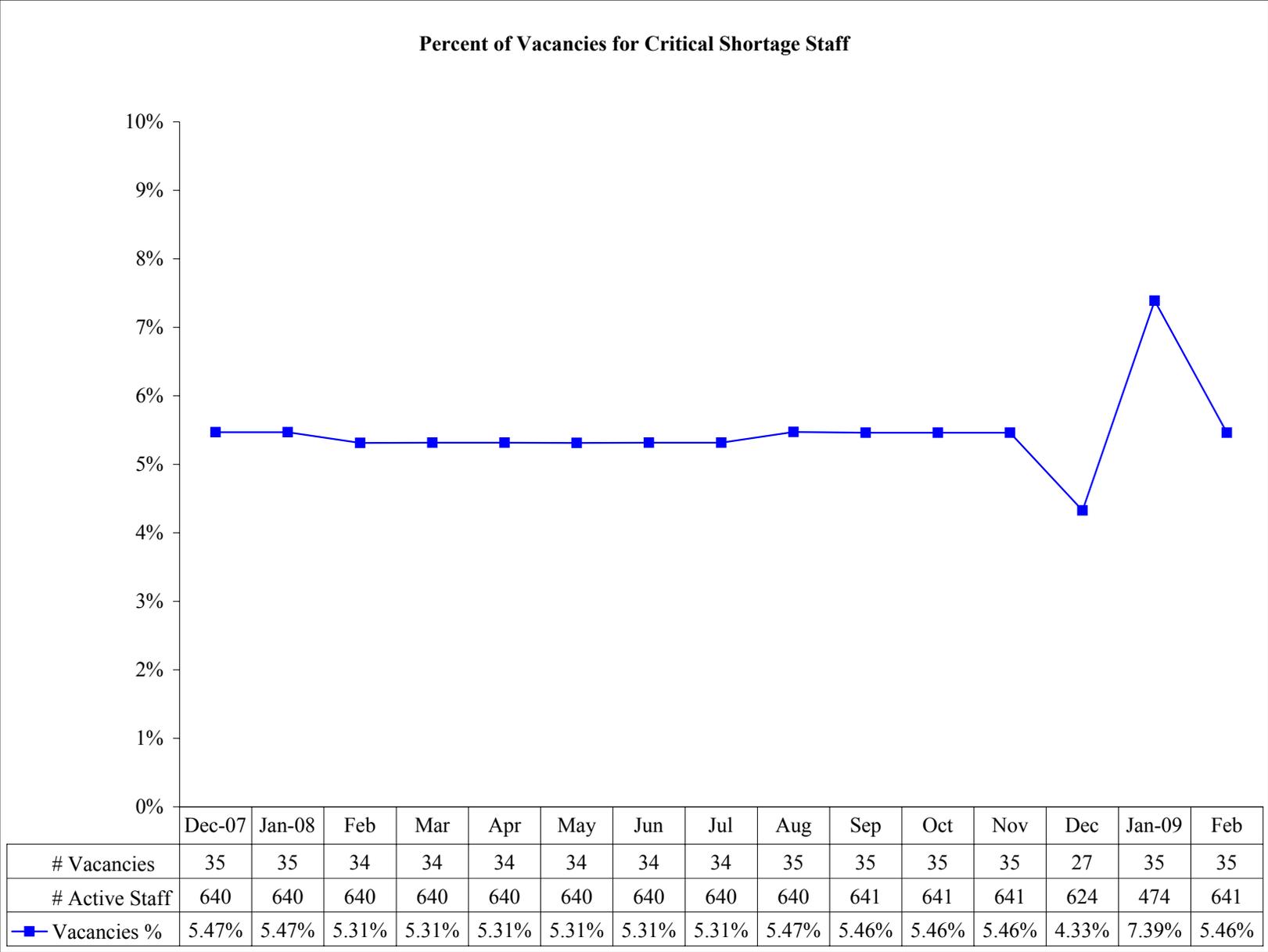
**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of February 28, 2009**



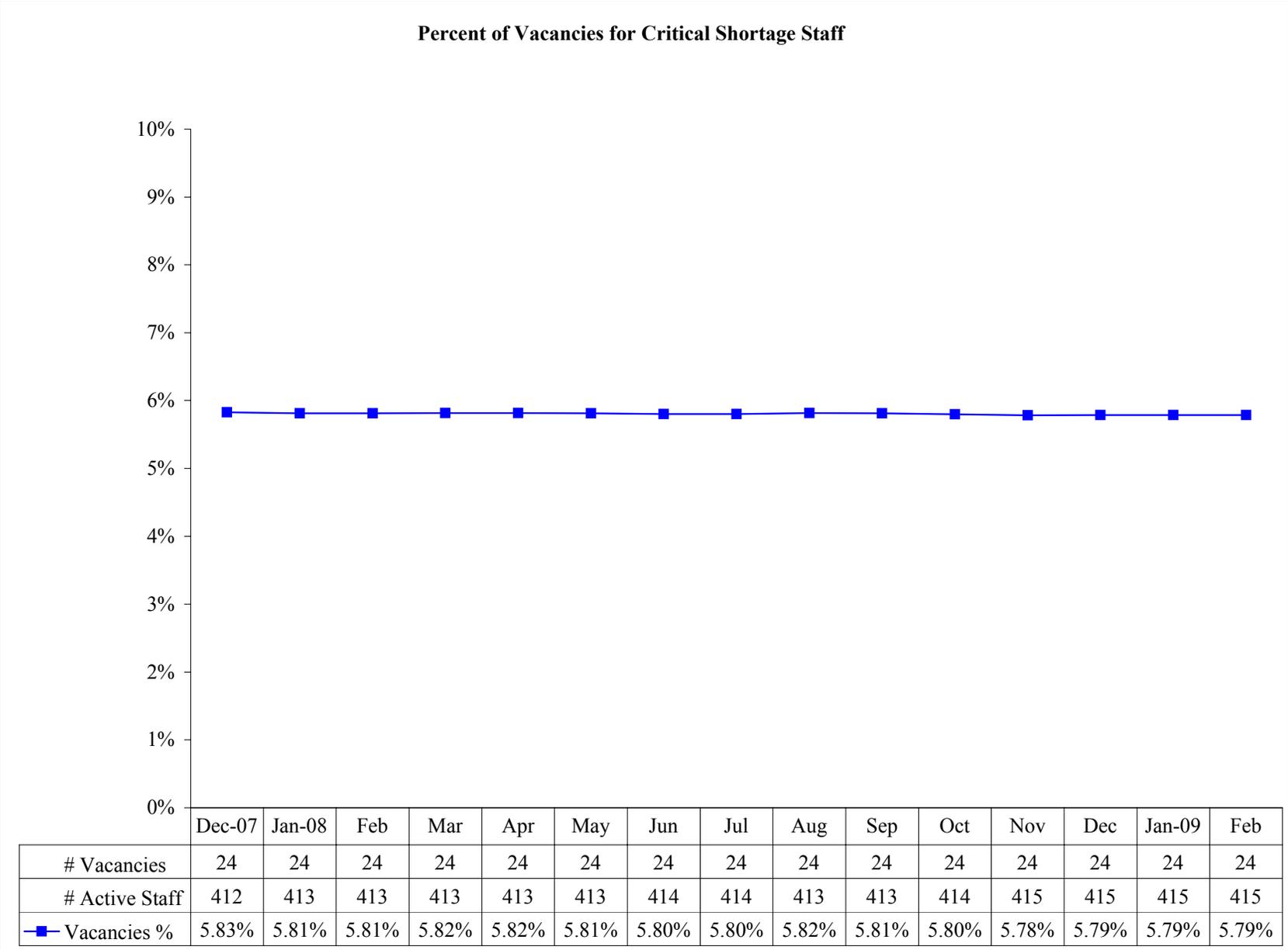
**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals**



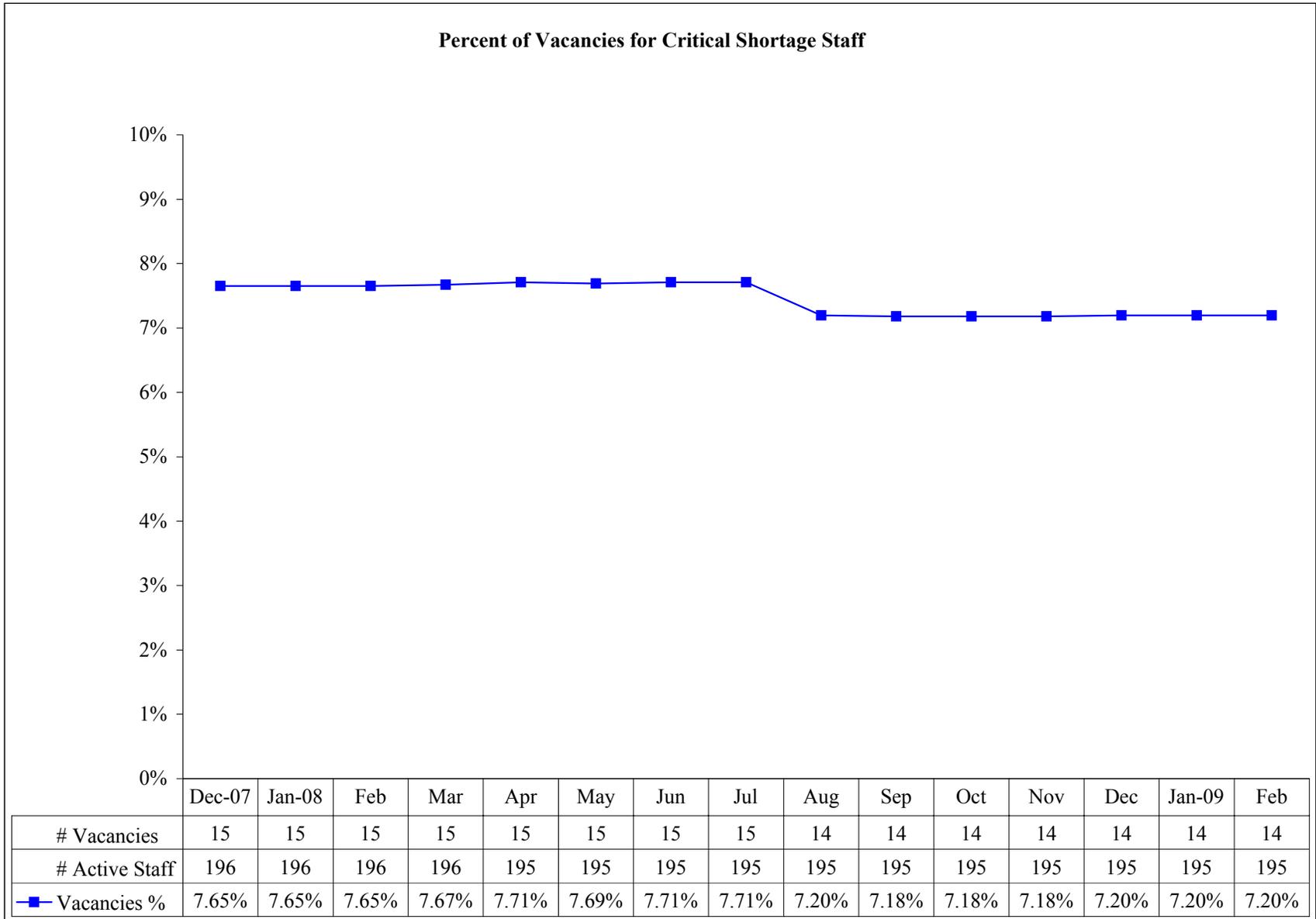
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



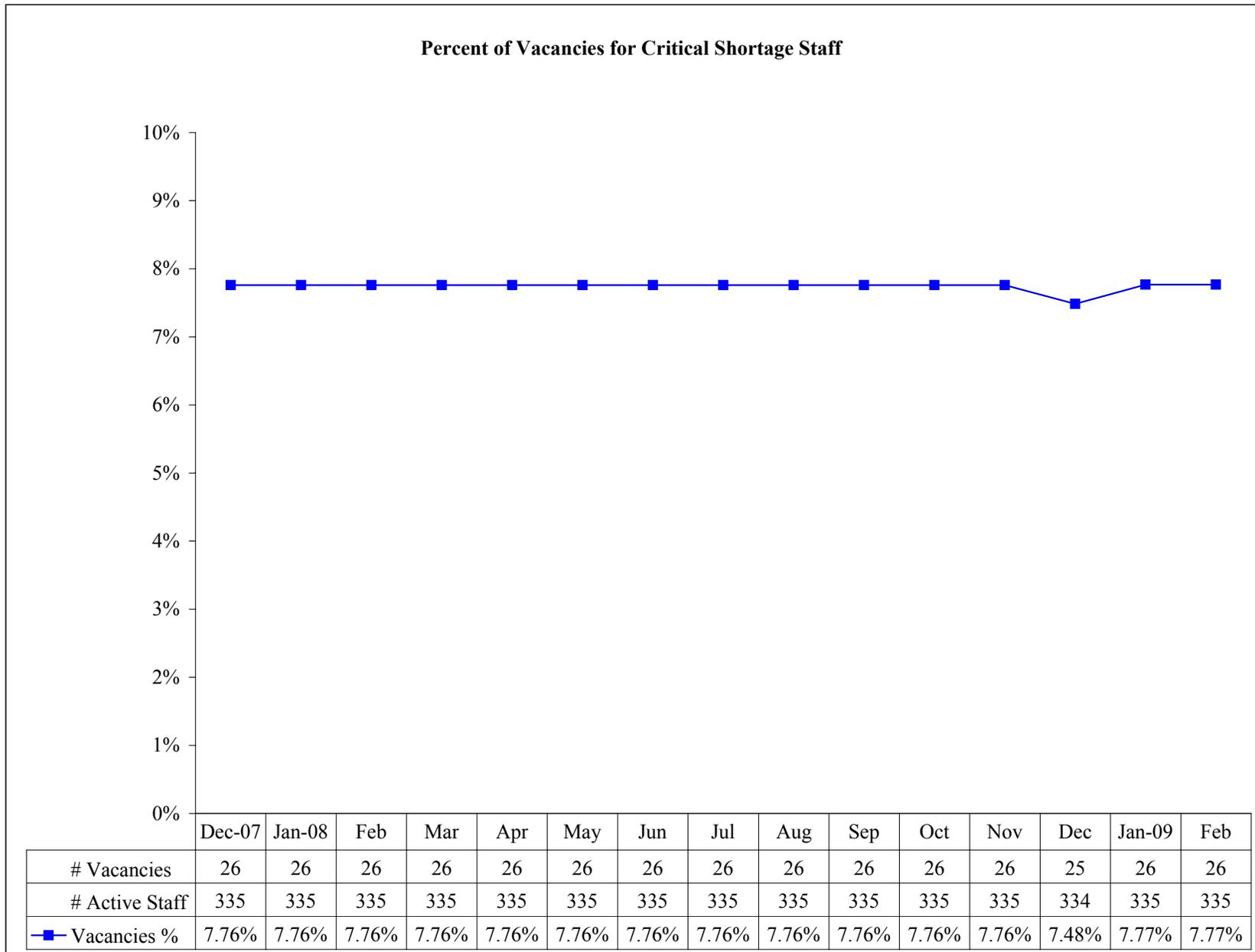
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



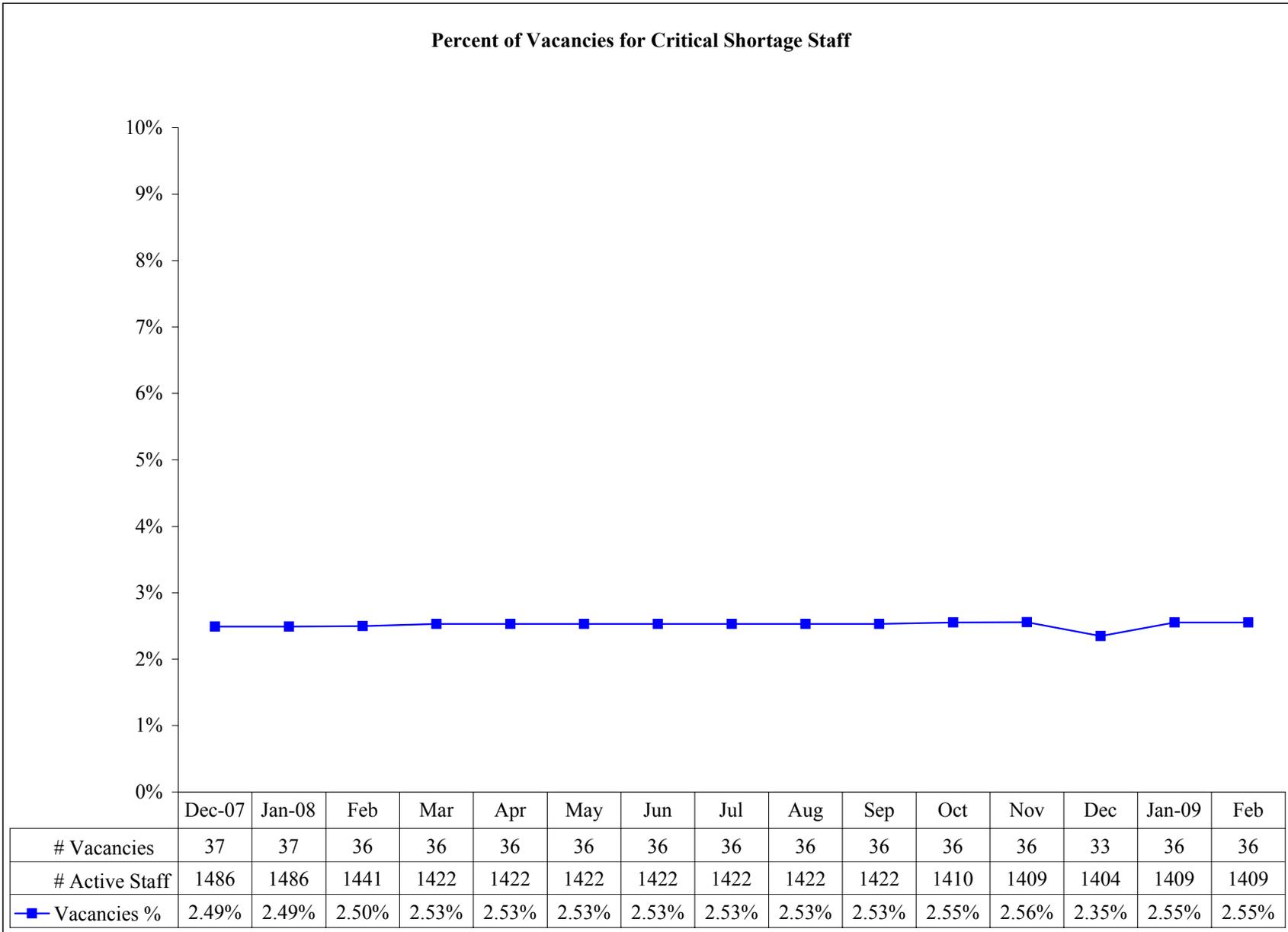
**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



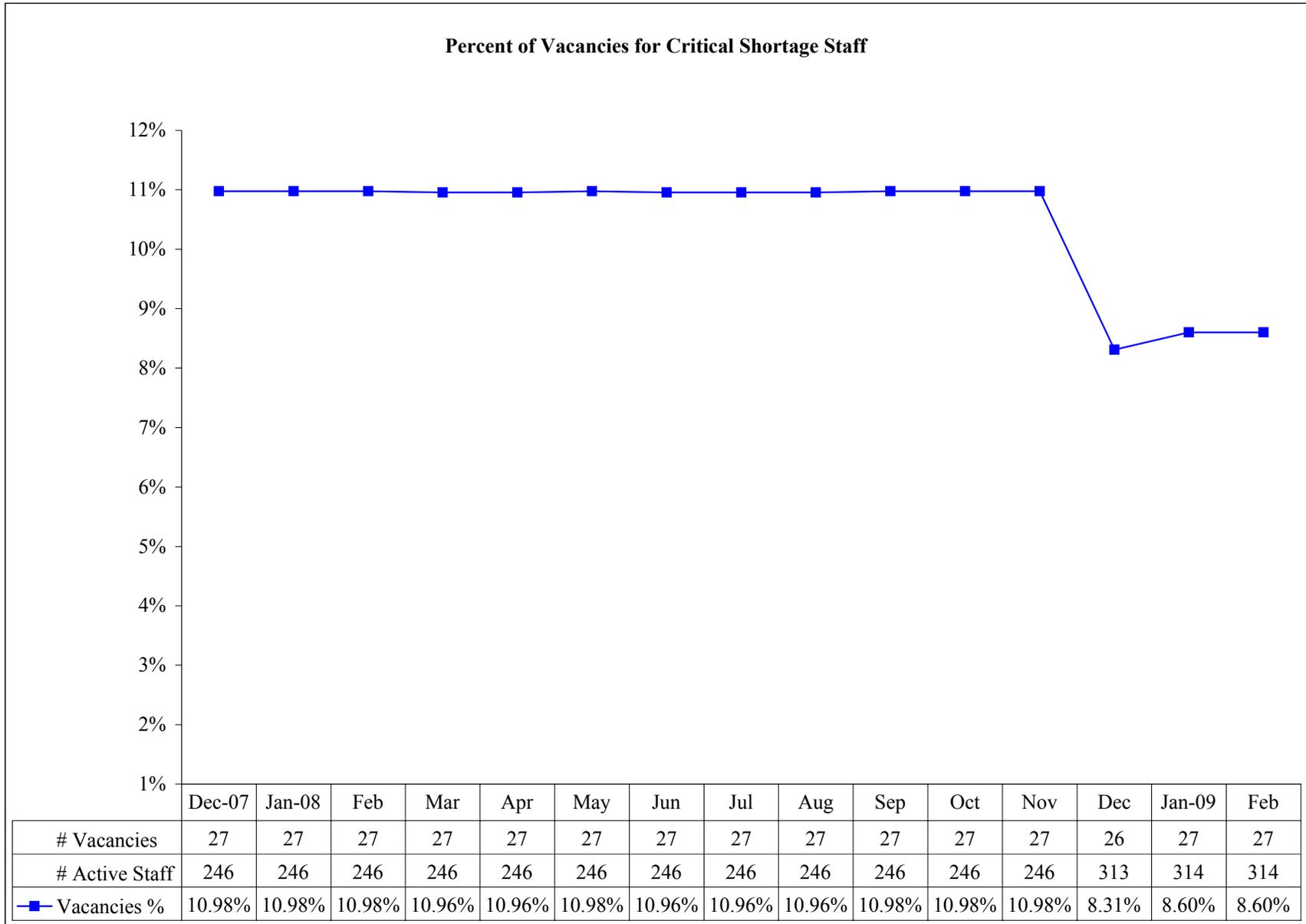
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



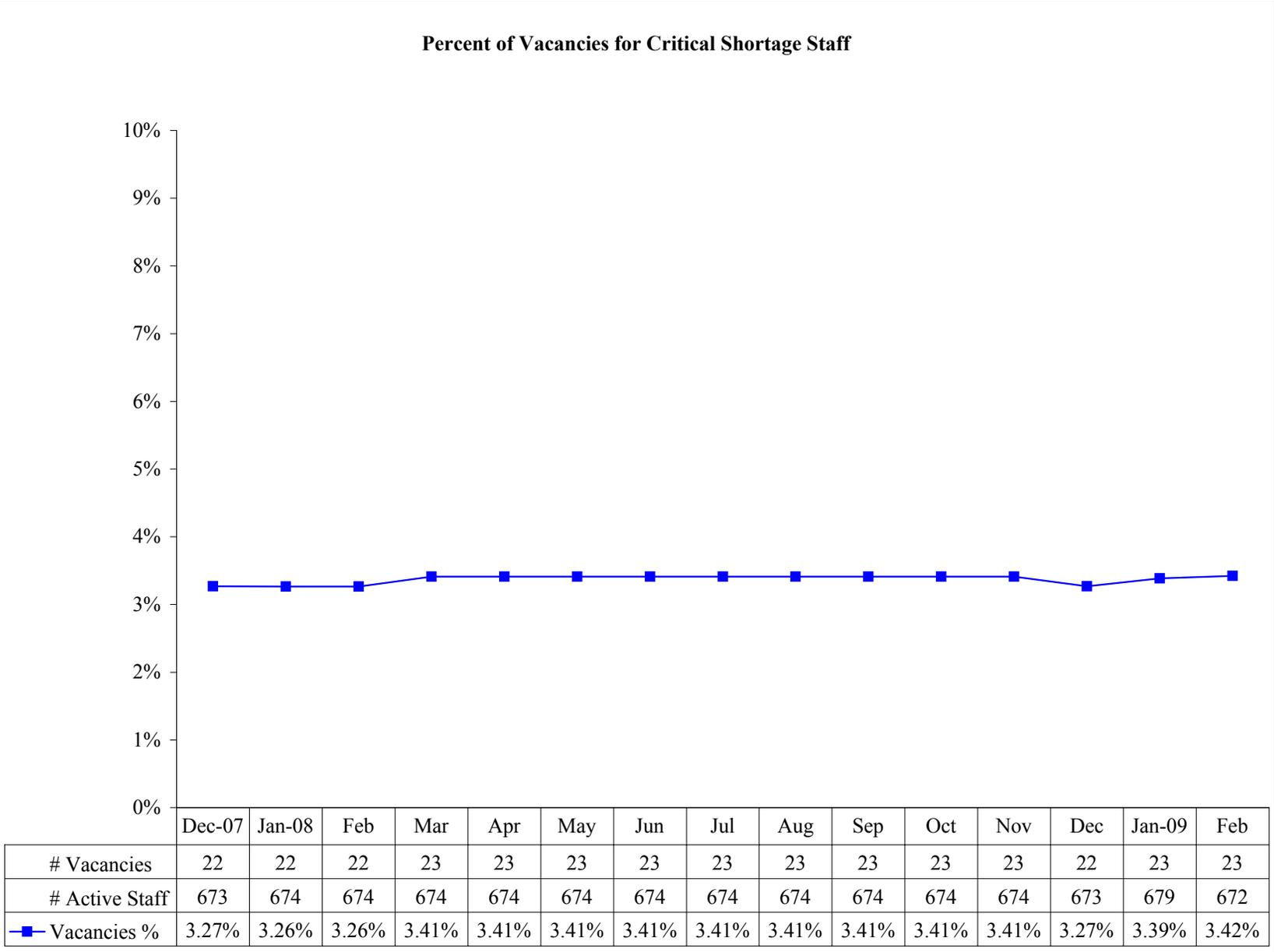
**Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital**



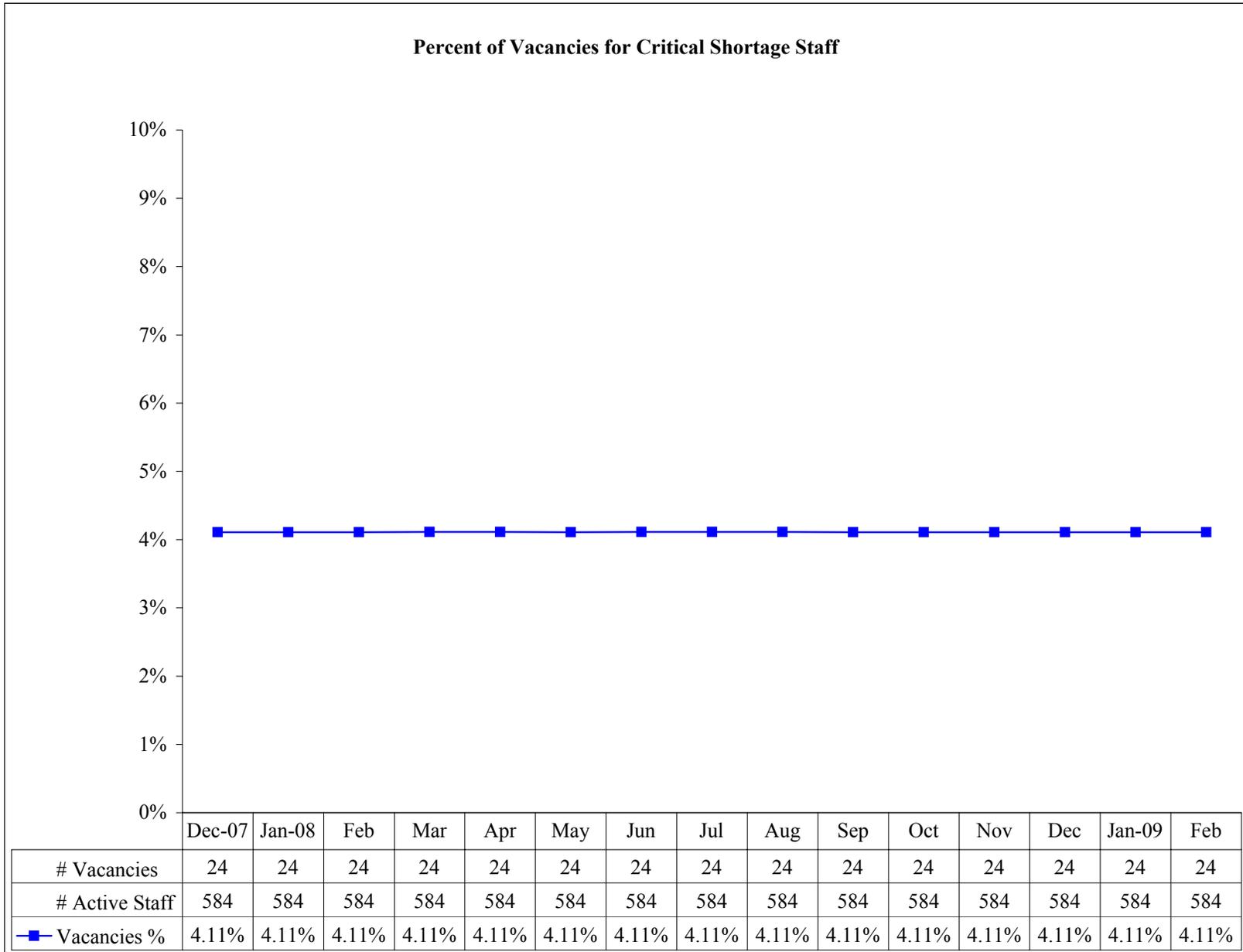
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



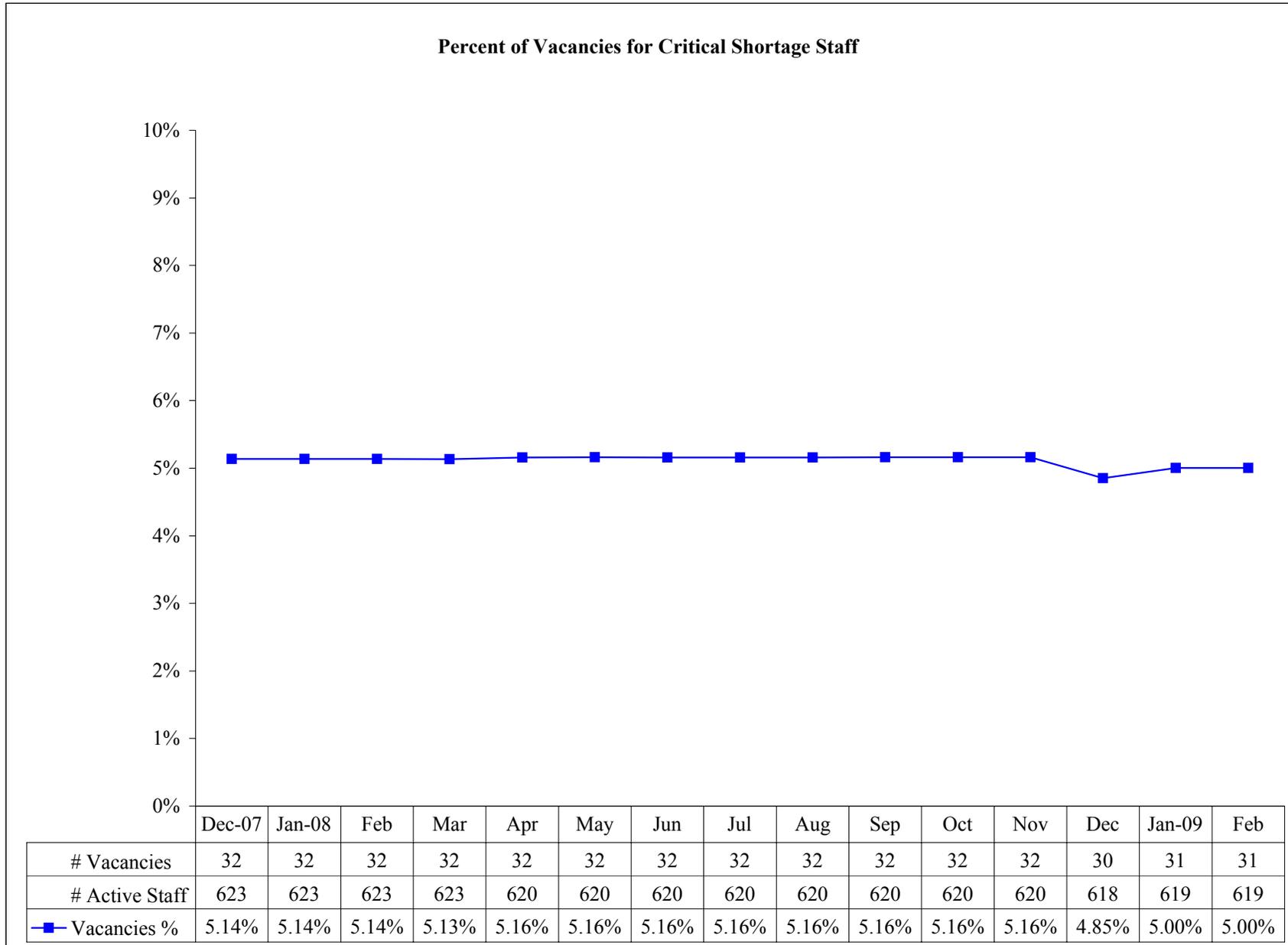
**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**



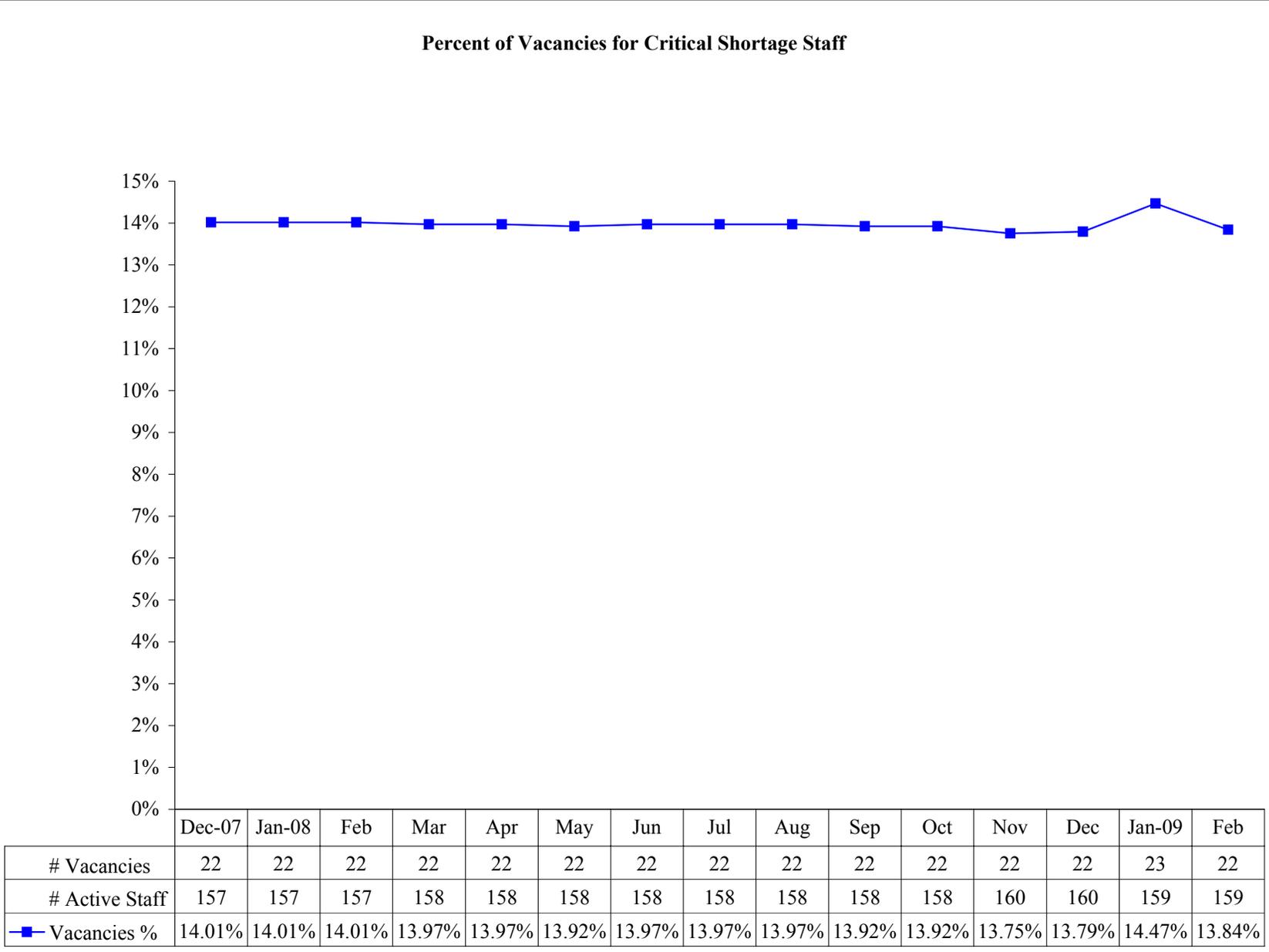
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



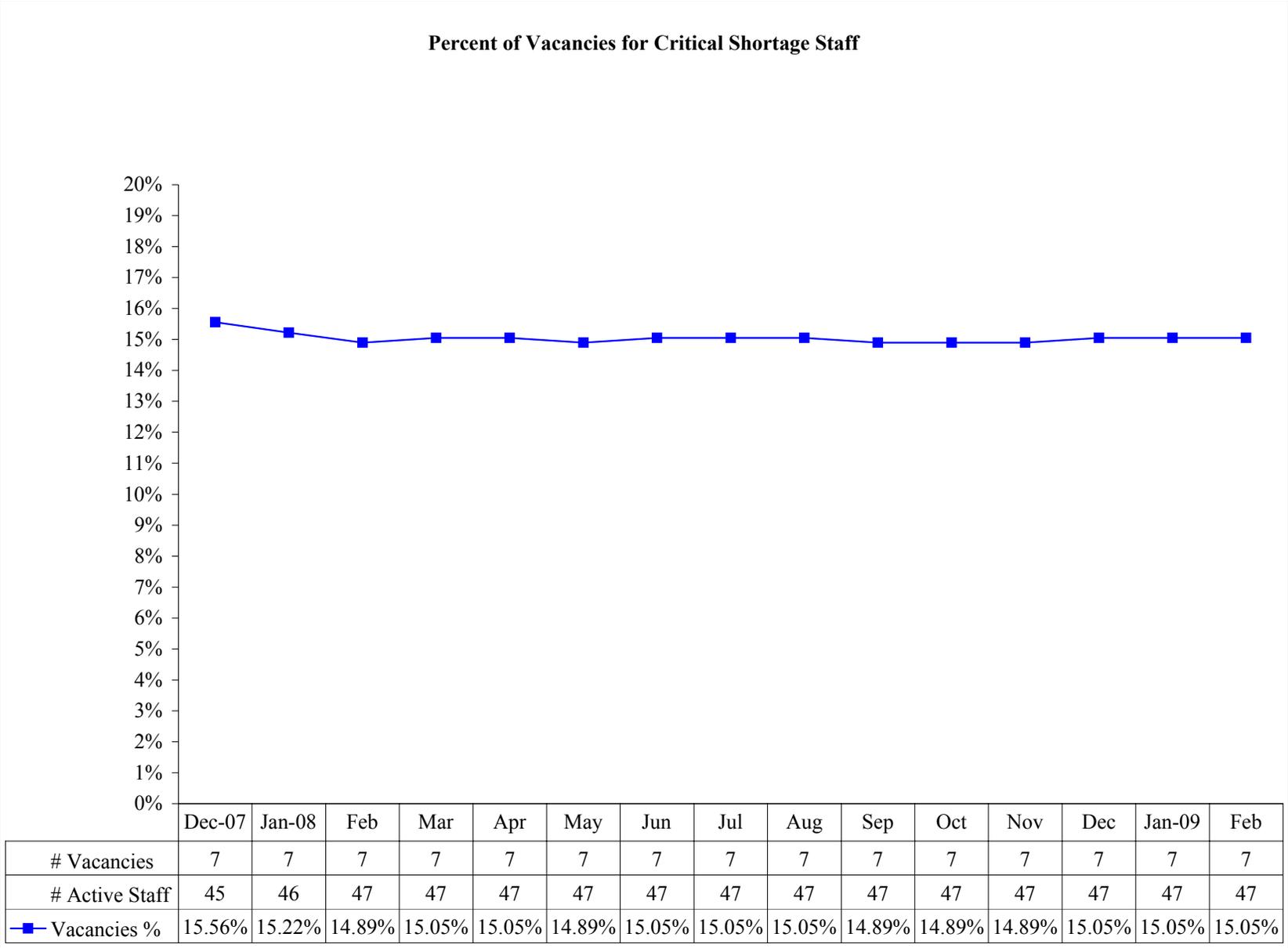
**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**



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



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



GOAL 9: Improve Organizational Performance

Performance Objective 9A:

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

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

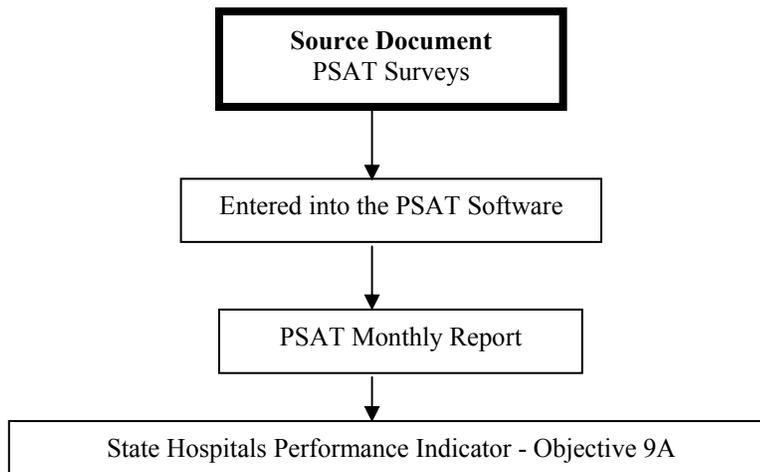
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

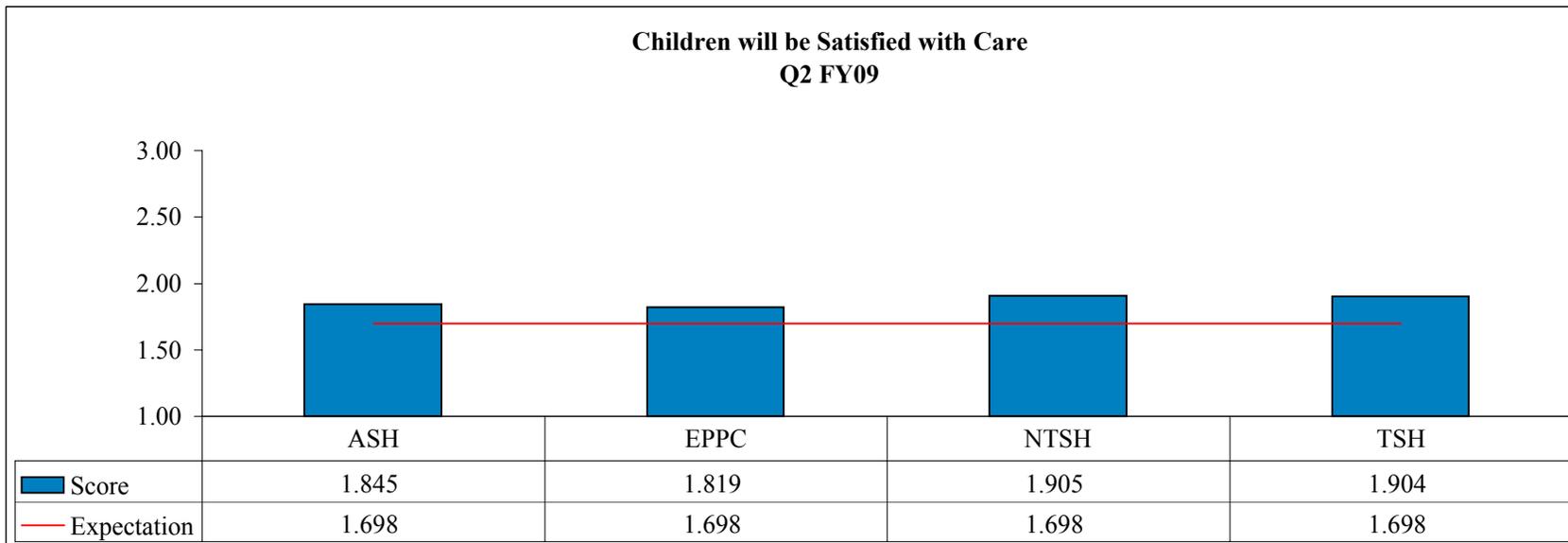
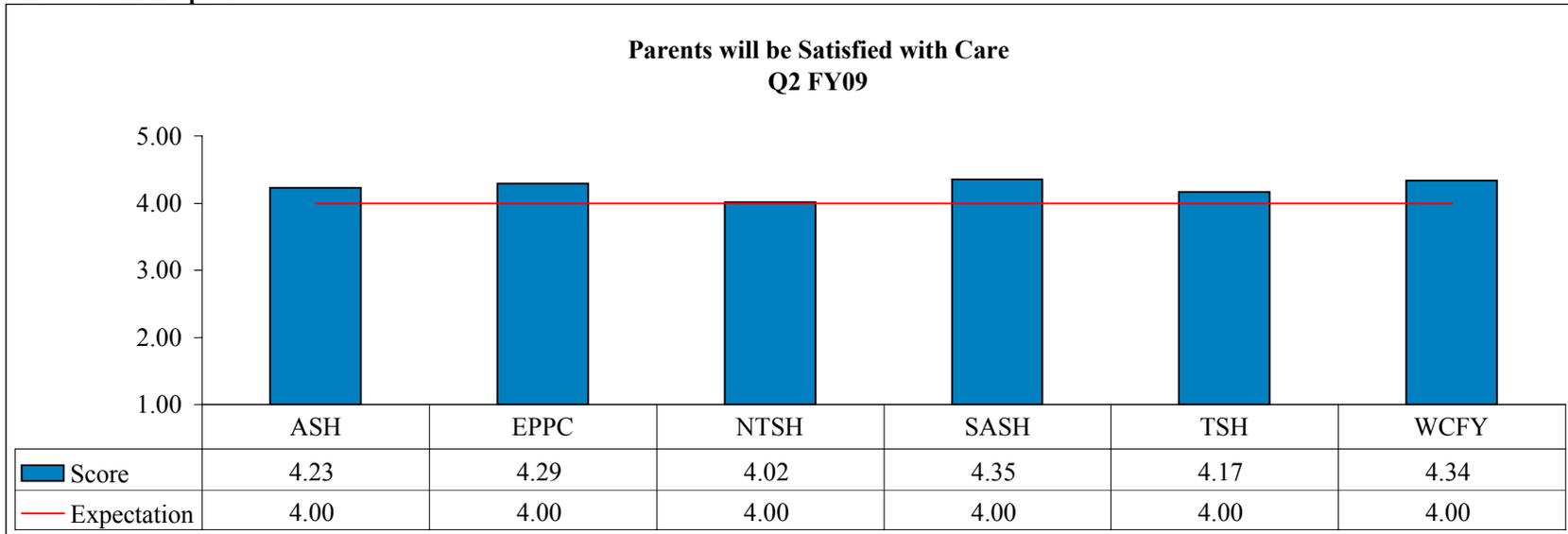
Performance Objective Data Display and Chart Description:

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

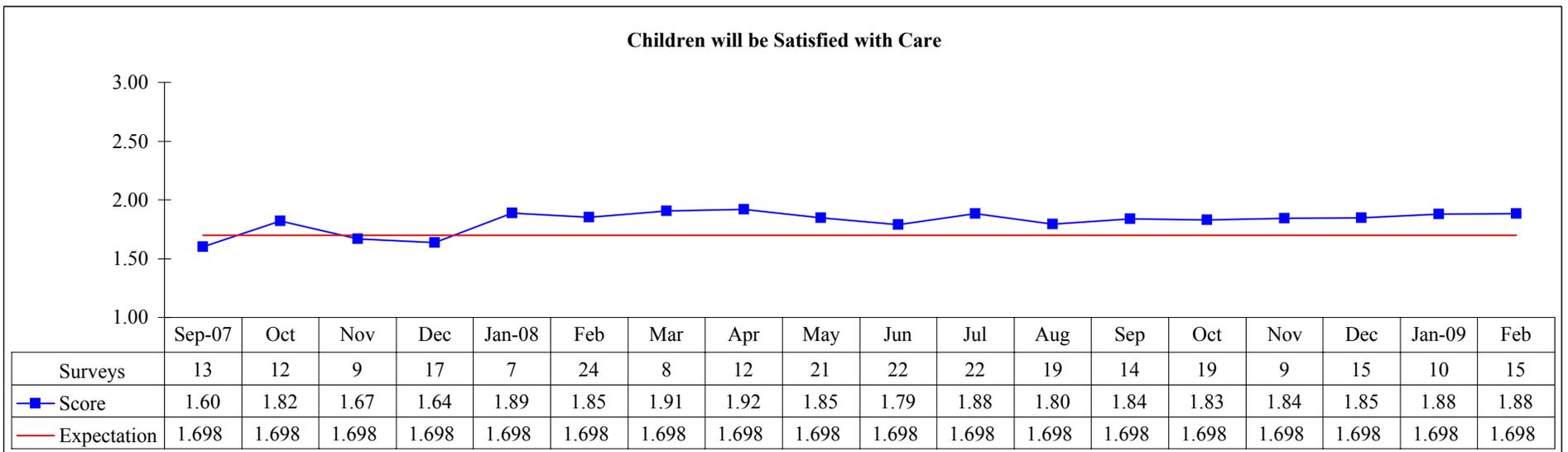
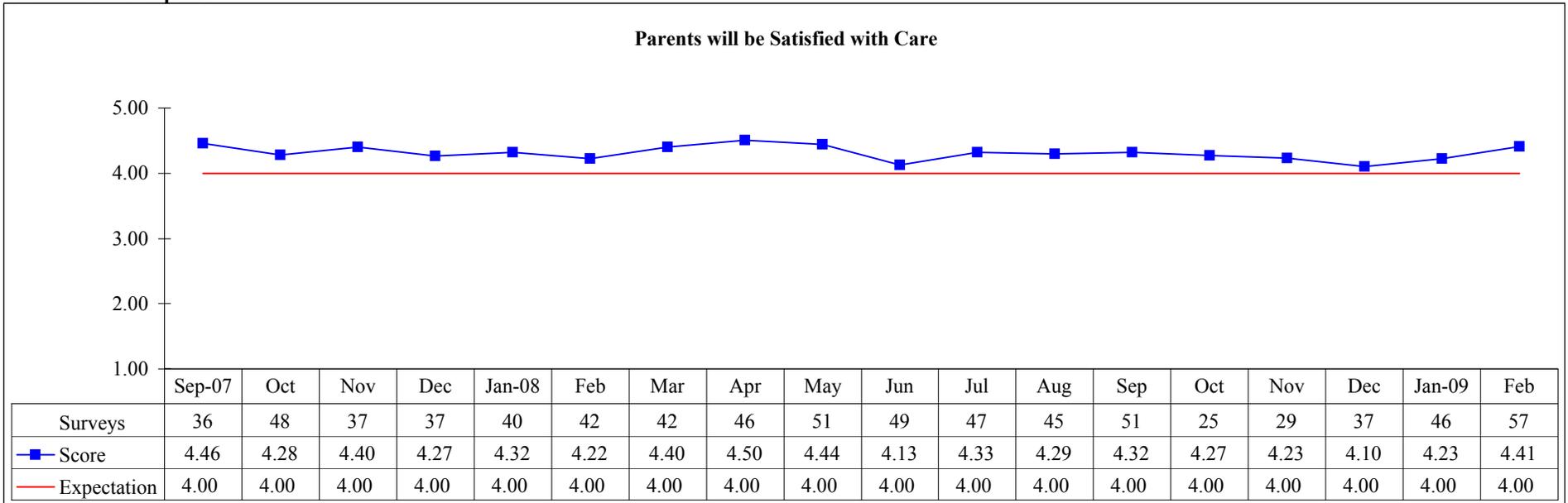
Data Flow:



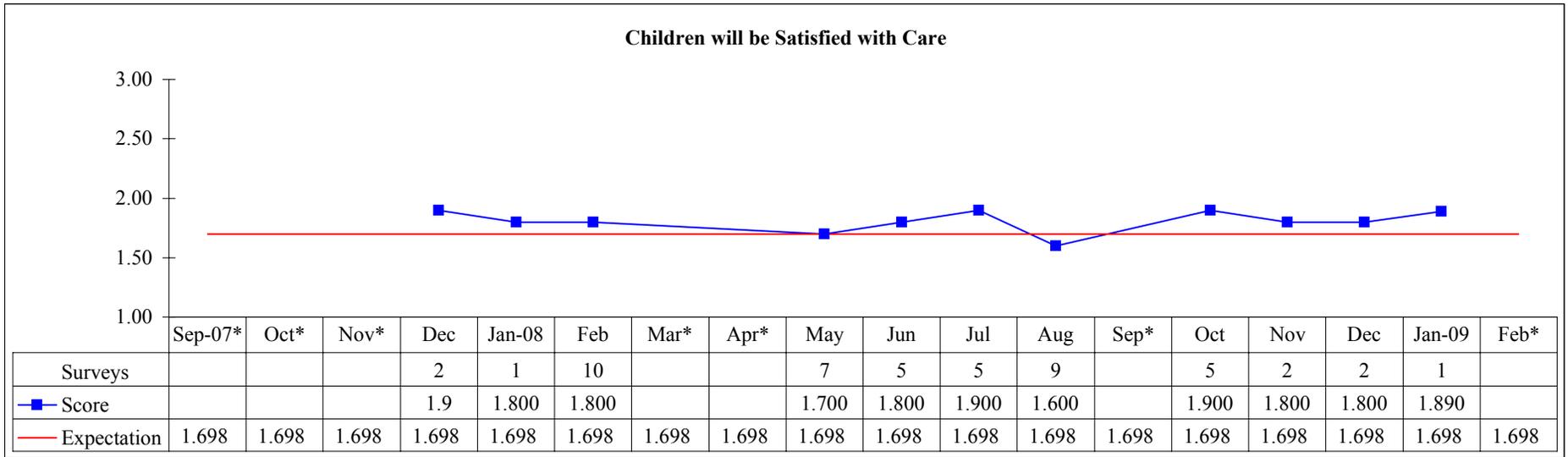
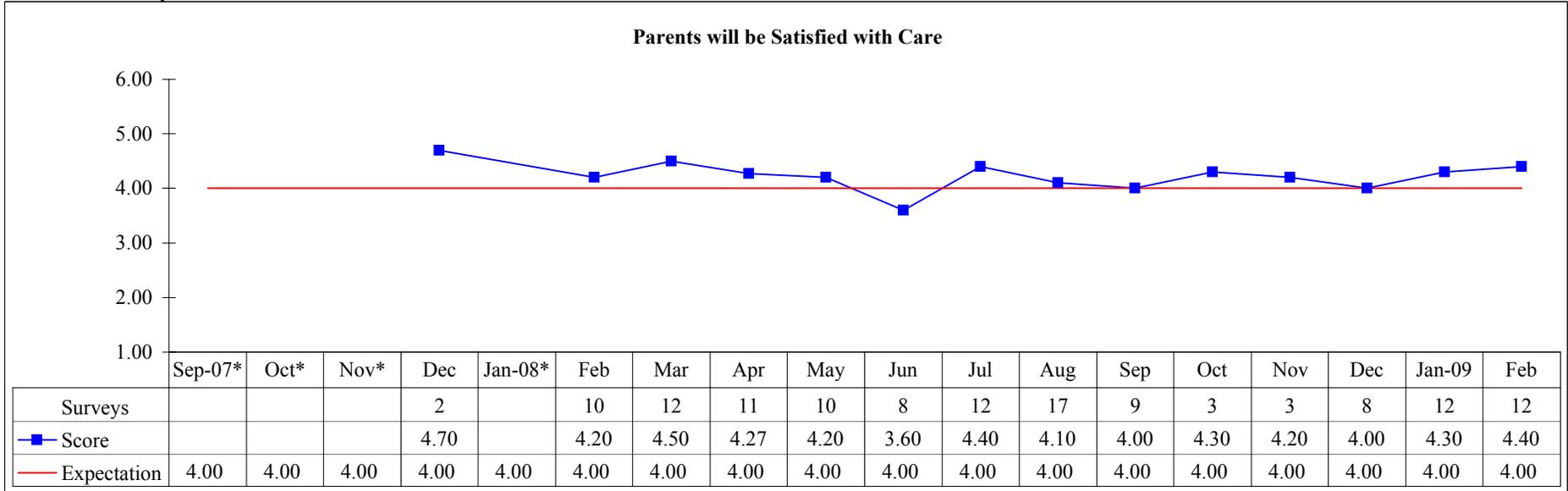
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State MH Hospitals



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

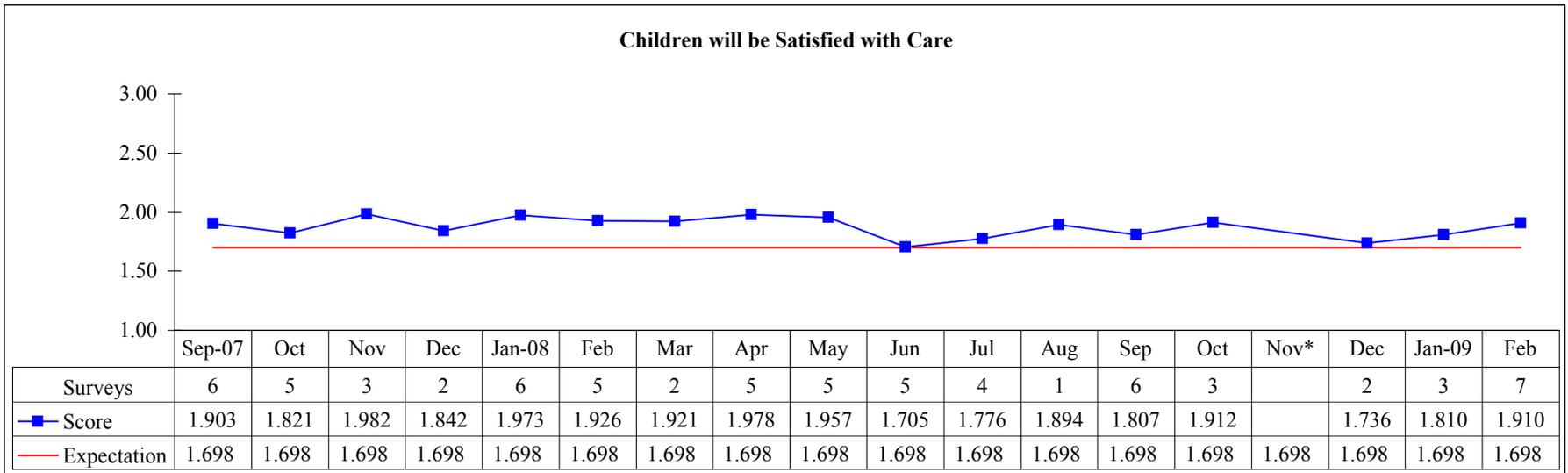
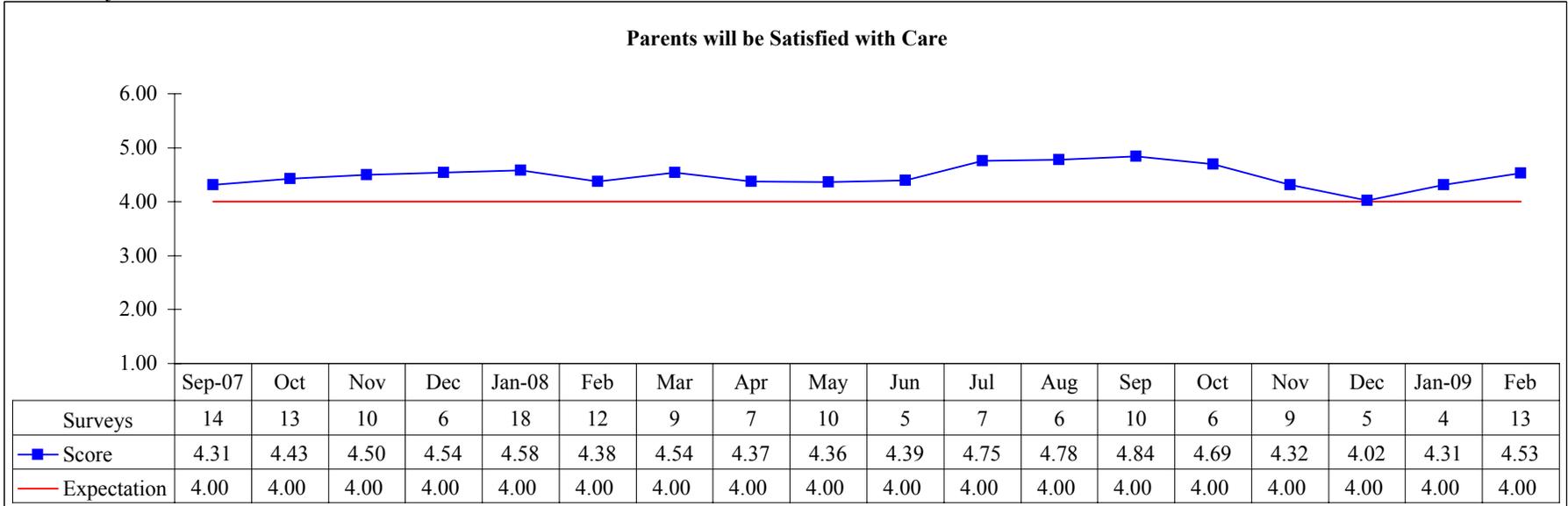


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



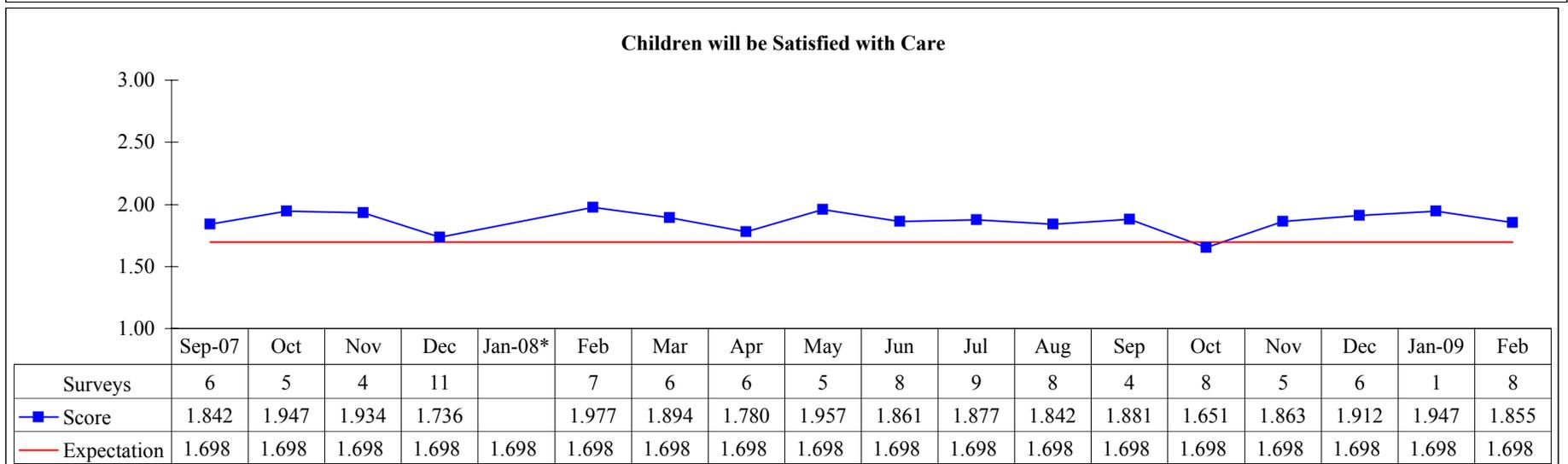
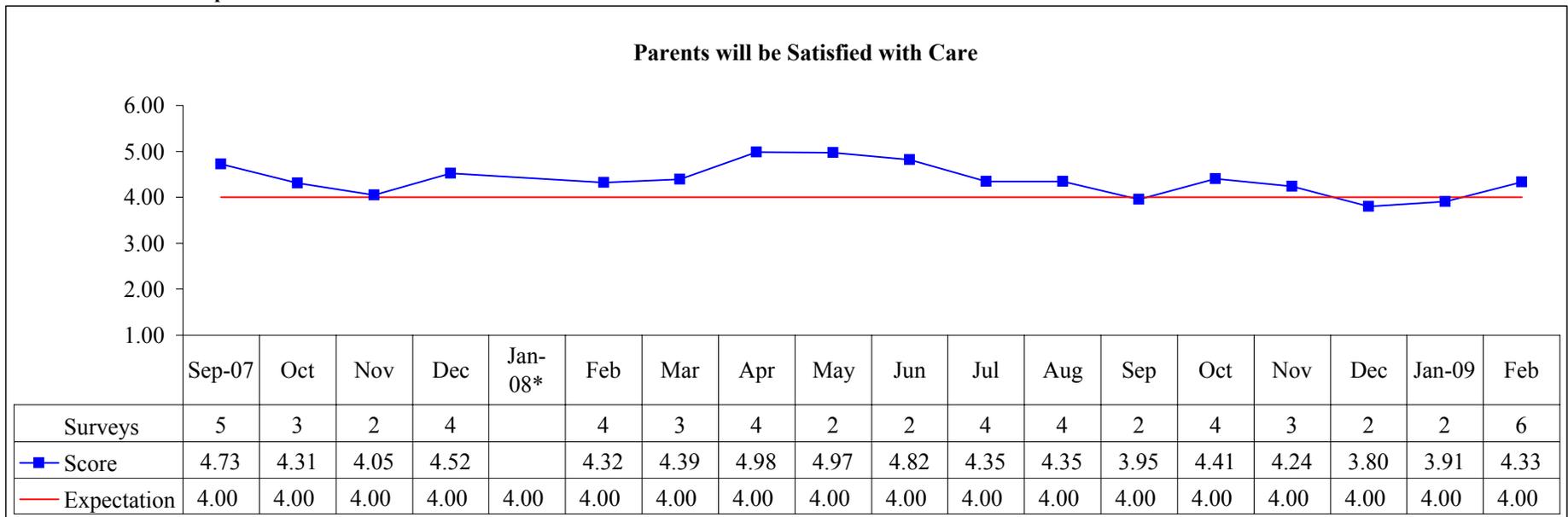
*No surveys submitted

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



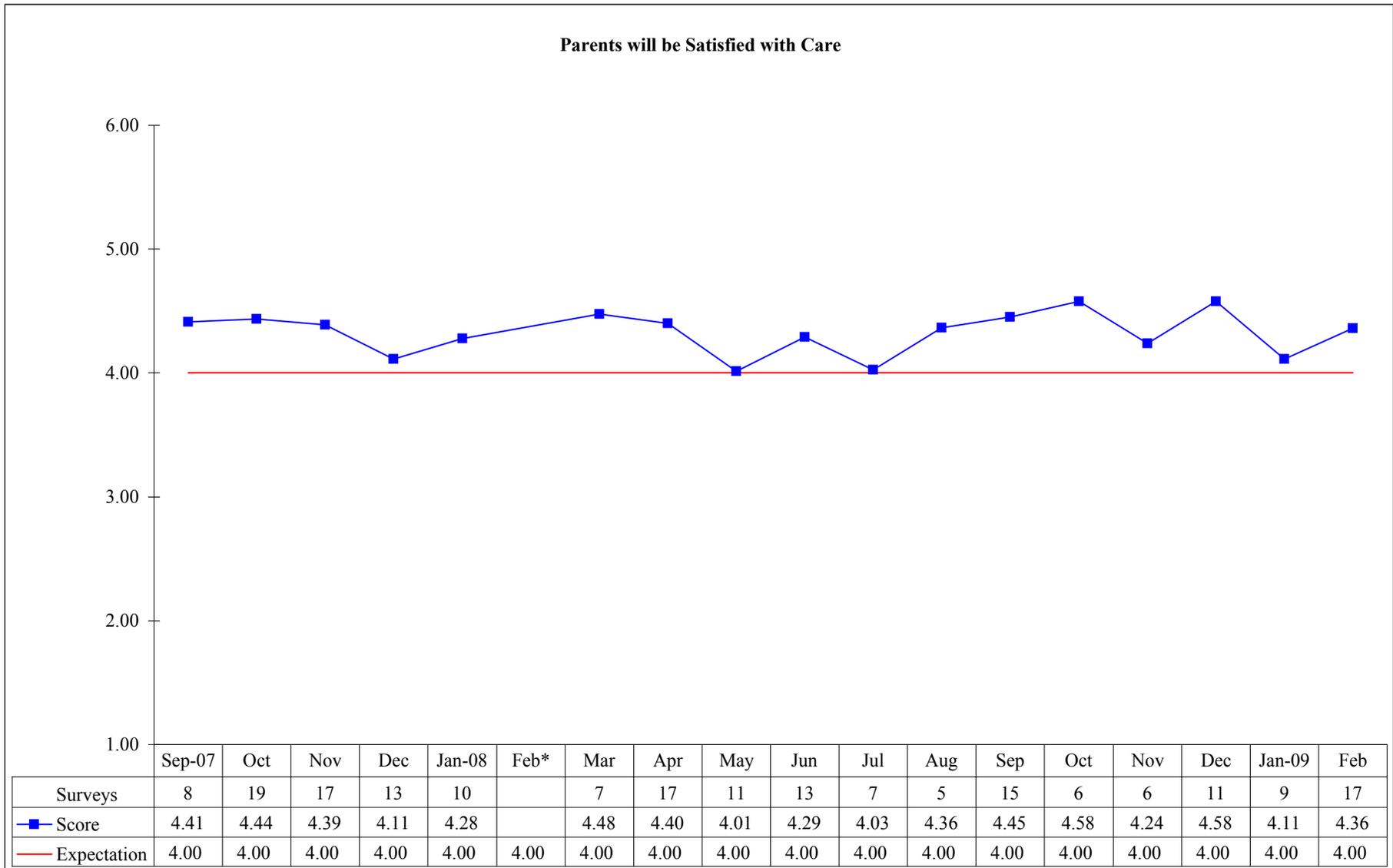
*No surveys submitted

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



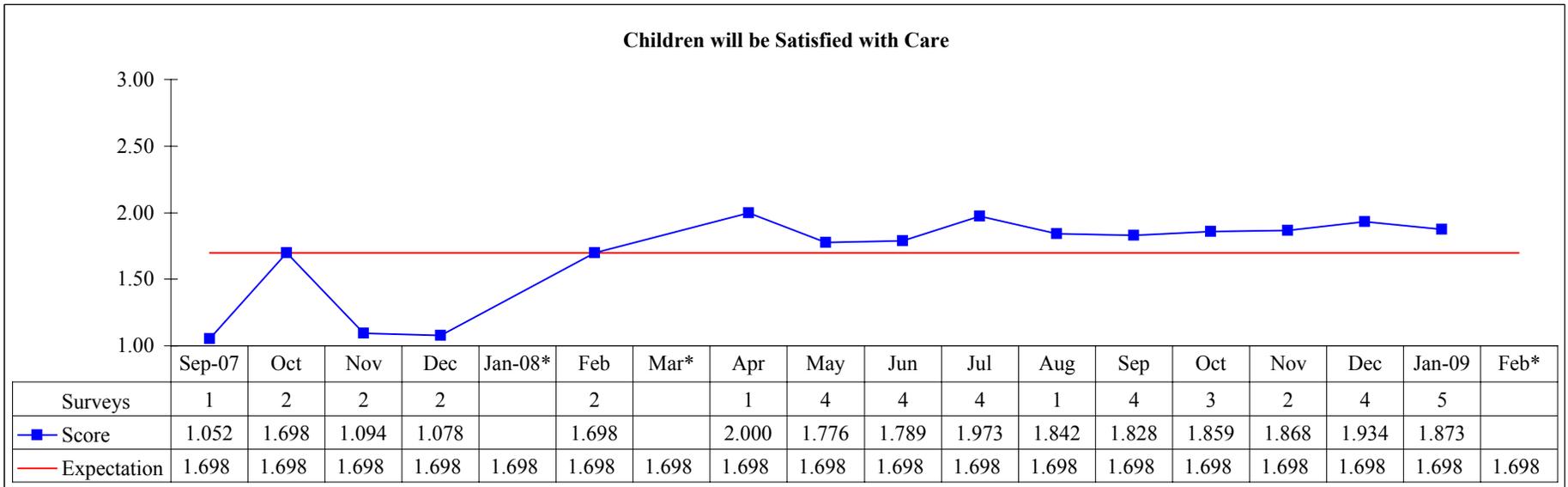
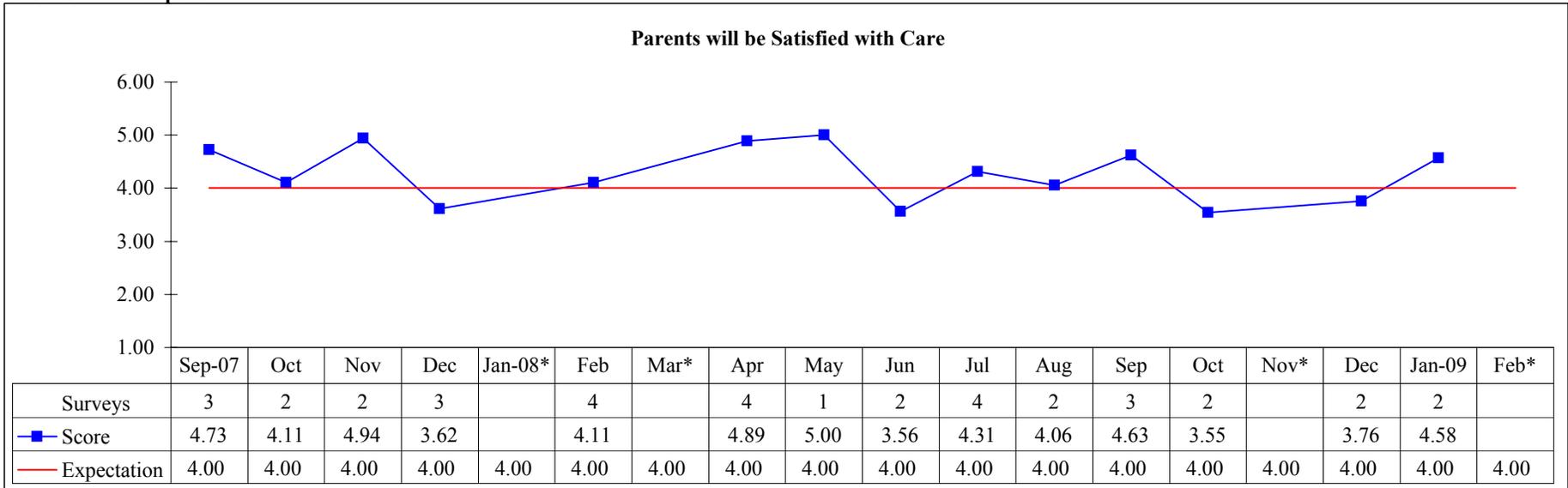
*No surveys submitted

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



*No surveys submitted

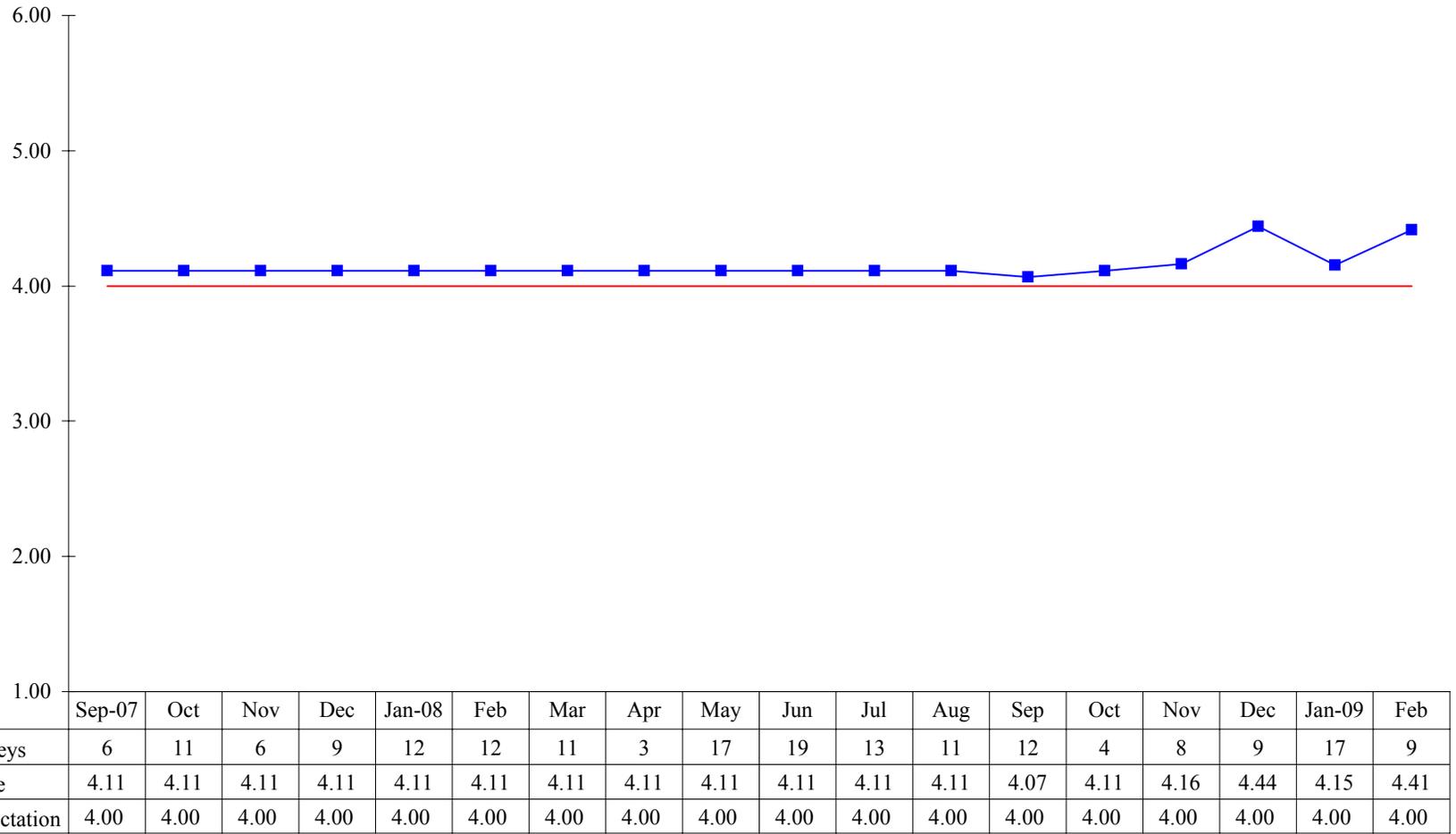
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Terrell State Hospital



*No surveys submitted

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

Parents will be Satisfied with Care



Performance Objective 9B:

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

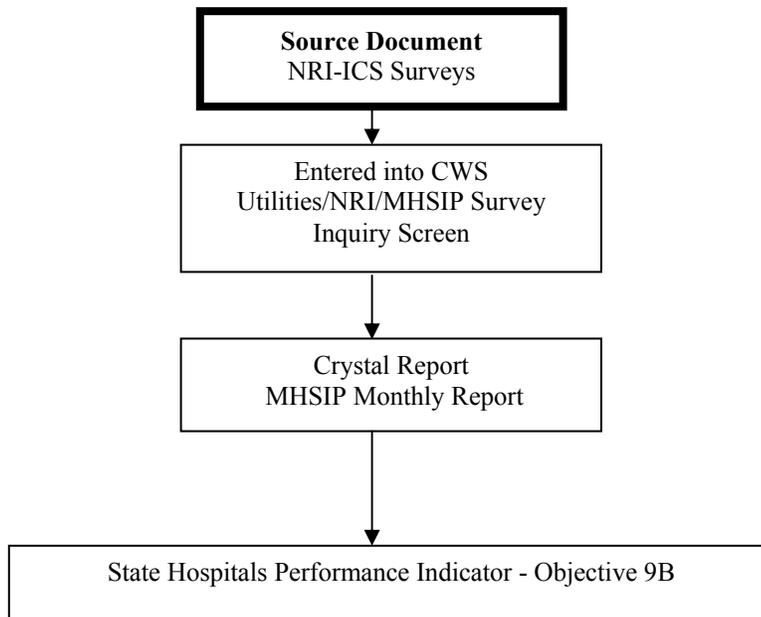
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

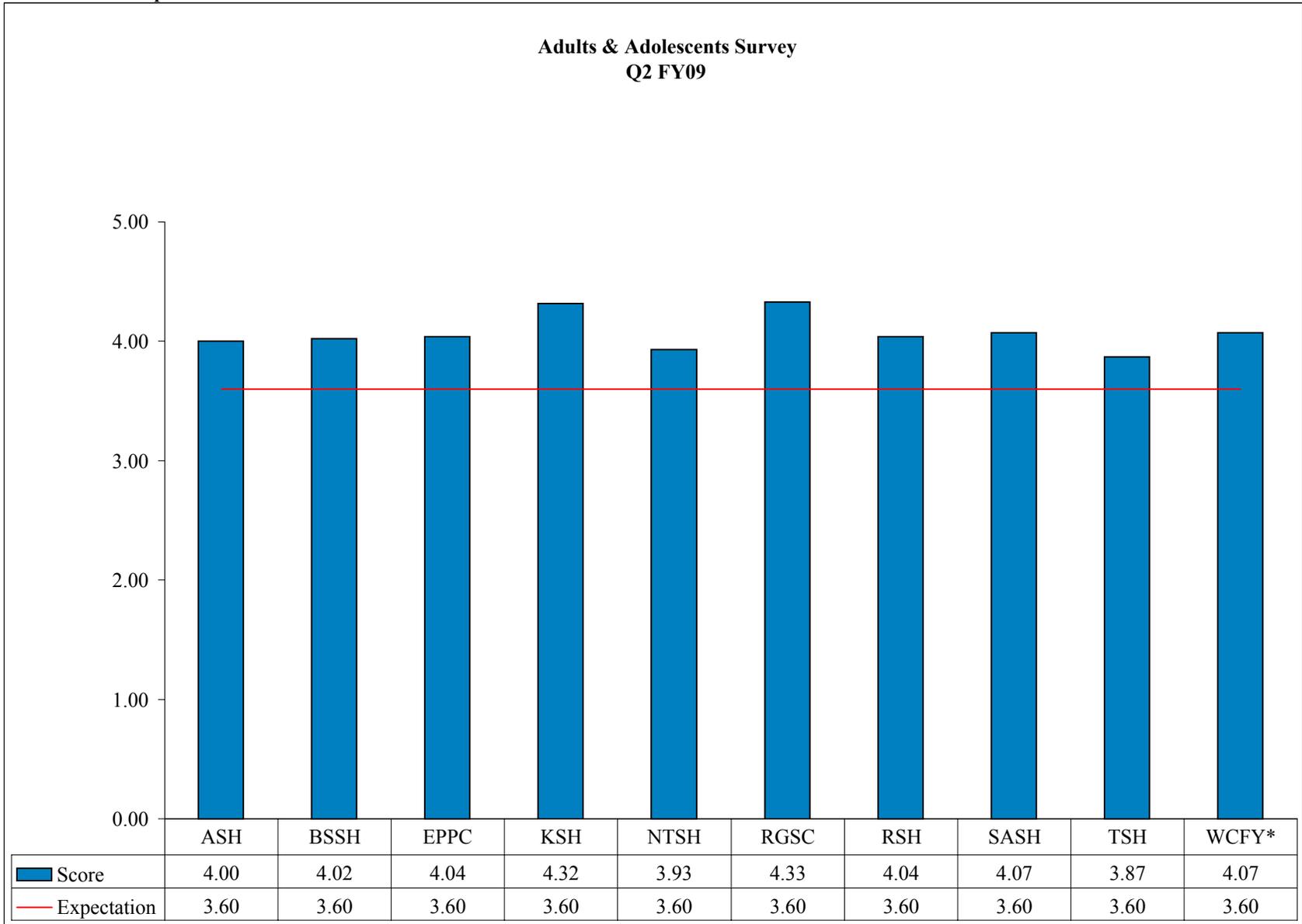
Performance Objective Data Display and Chart Description:

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

Data Flow:

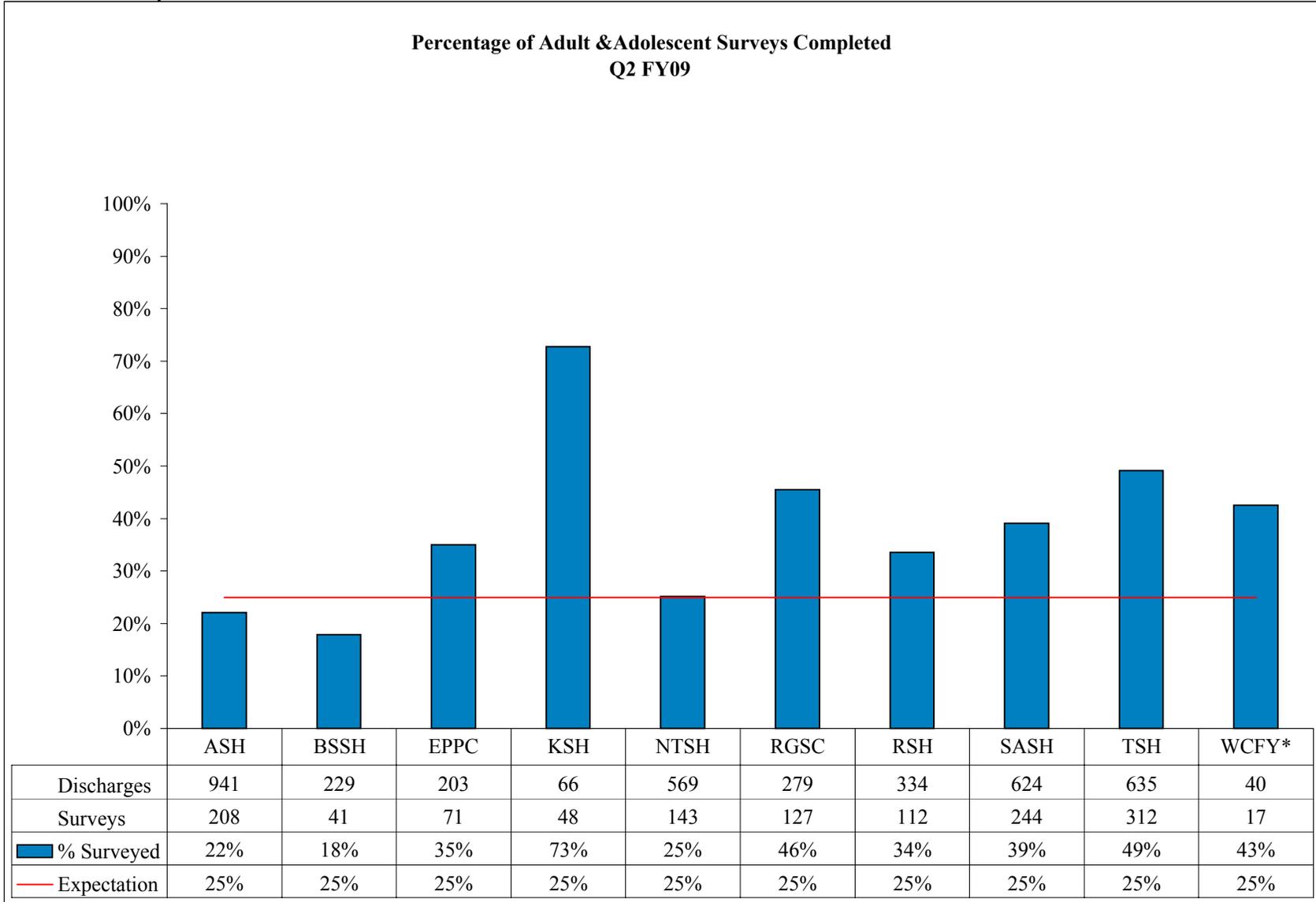


Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State MH Hospitals



*WCFY - Adolescent Surveys Only

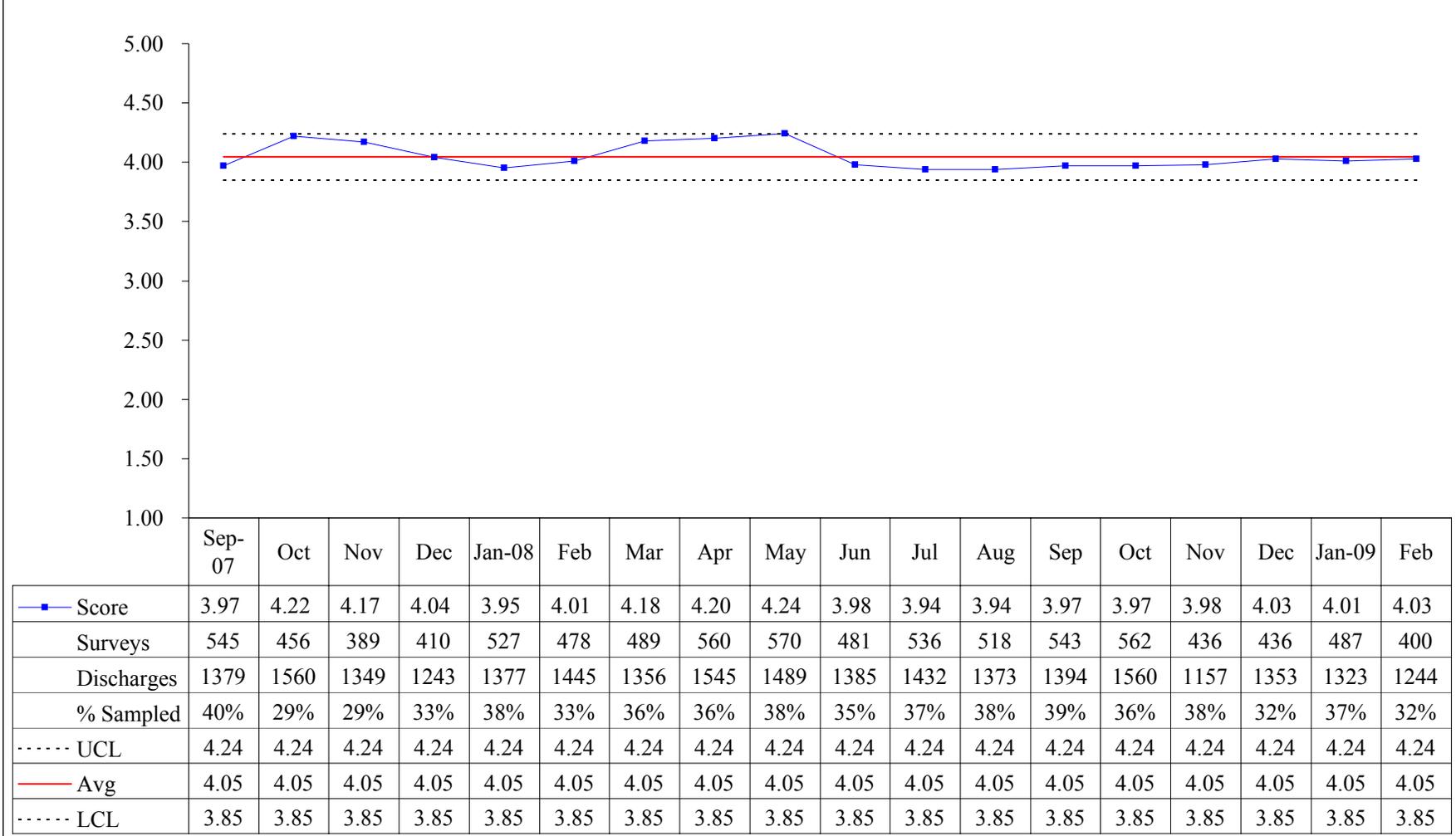
Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State MH Hospitals



*WCFY - Adolescent Surveys Only

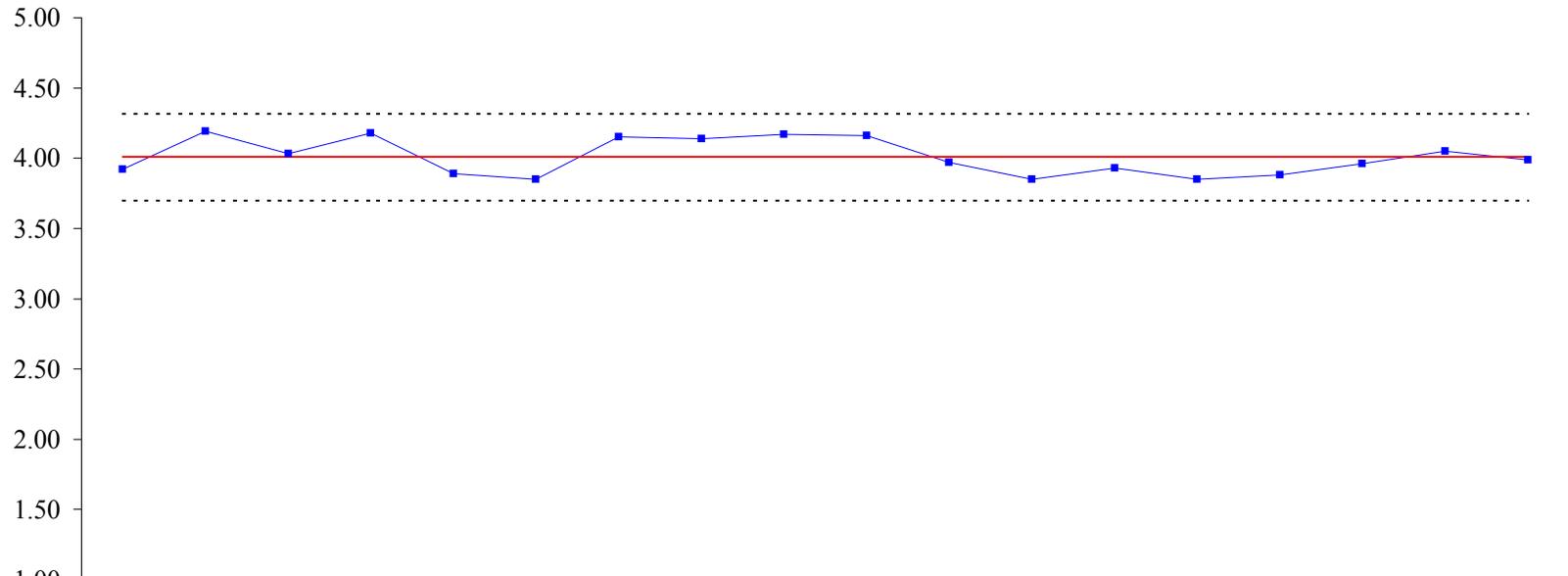
Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State MH Hospitals

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



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

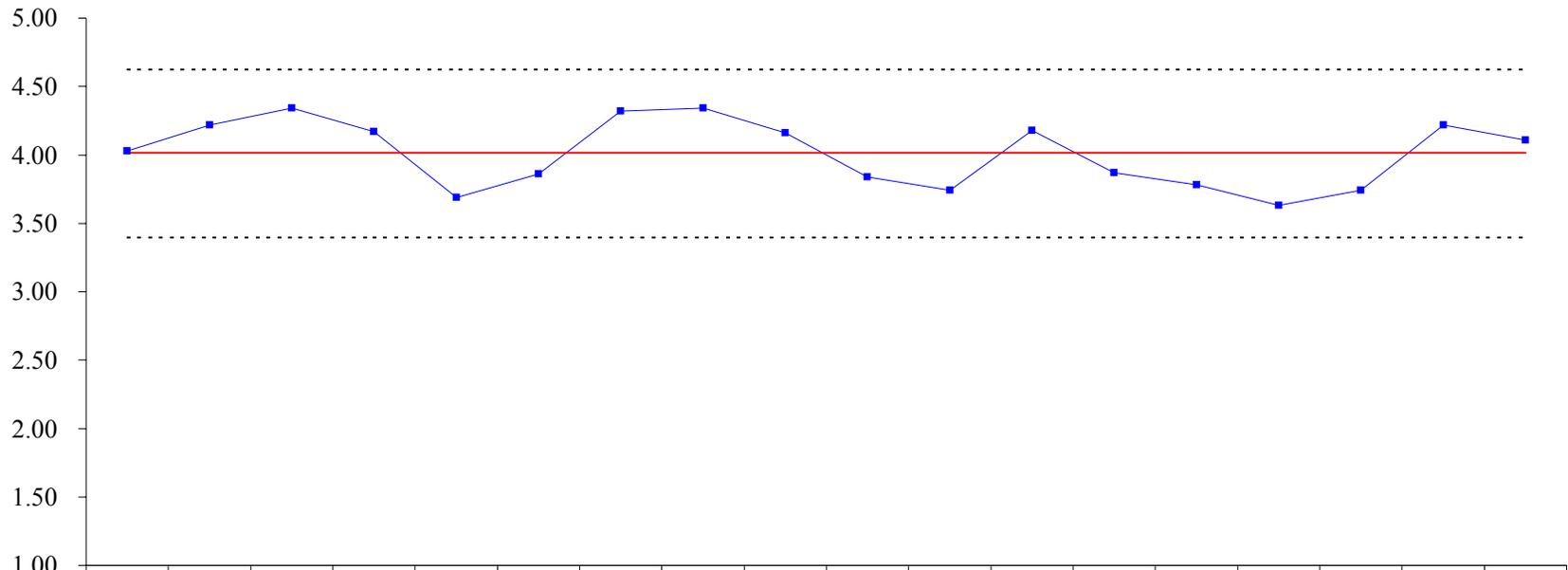
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■ Score	3.92	4.19	4.03	4.18	3.89	3.85	4.15	4.14	4.17	4.16	3.97	3.85	3.93	3.85	3.88	3.96	4.05	3.99
Surveys	72	81	79	56	101	108	83	98	75	90	64	53	81	79	58	68	79	61
Discharges	315	379	303	276	270	309	291	316	303	298	293	273	293	363	258	312	334	295
% Sampled	23%	21%	26%	20%	37%	35%	29%	31%	25%	30%	22%	19%	28%	22%	22%	22%	24%	21%
..... UCL	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
— Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
..... LCL	3.70	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

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

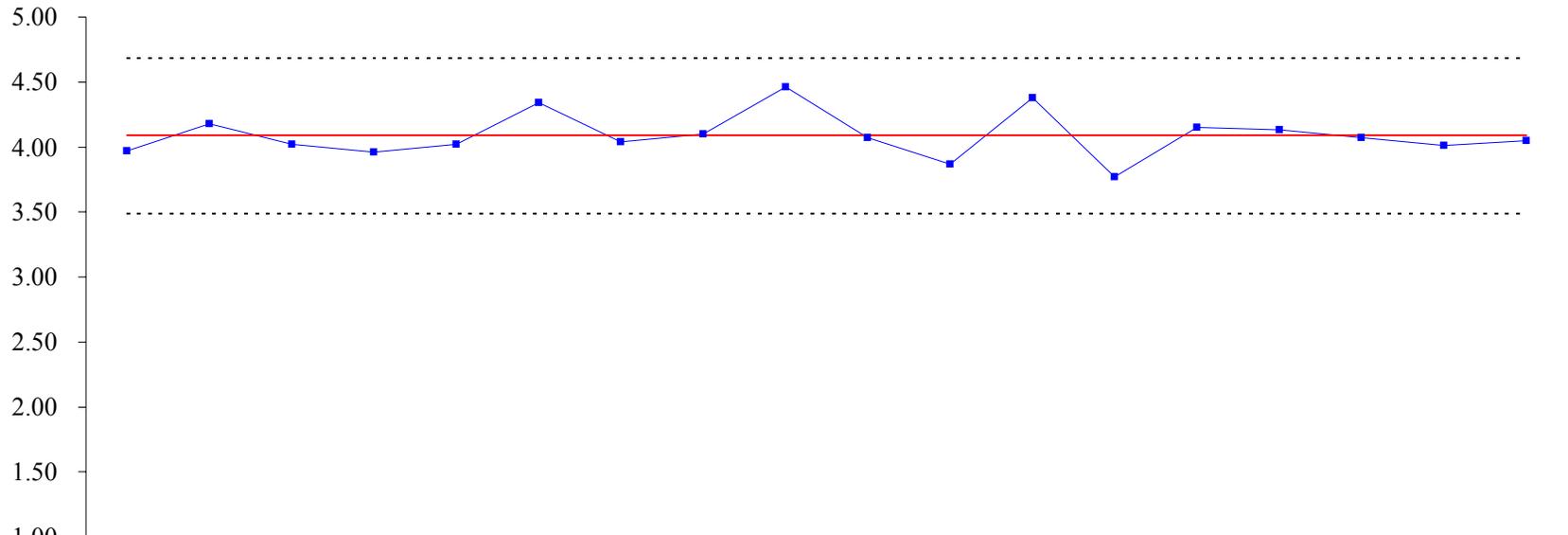
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■— Score	4.03	4.22	4.34	4.17	3.69	3.86	4.32	4.34	4.16	3.84	3.74	4.18	3.87	3.78	3.63	3.74	4.22	4.11
Surveys	22	30	17	18	24	26	29	19	33	12	24	22	27	19	9	10	12	19
Discharges	82	108	76	79	88	92	82	102	100	70	92	77	83	89	65	79	75	75
% Sampled	27%	28%	22%	23%	27%	28%	35%	19%	33%	17%	26%	29%	33%	21%	14%	13%	16%	25%
..... UCL	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62
— Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
..... LCL	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
El Paso Psychiatric Center

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■ Score	3.97	4.18	4.02	3.96	4.02	4.34	4.04	4.10	4.46	4.07	3.87	4.38	3.77	4.15	4.13	4.07	4.01	4.05
Surveys	66	49	18	26	50	7	37	34	30	20	29	35	23	31	34	20	28	23
Discharges	79	108	91	77	94	97	94	90	85	65	62	80	83	91	78	70	66	67
% Sampled	84%	45%	20%	34%	53%	7%	39%	38%	35%	55%	47%	44%	55%	34%	44%	55%	42%	34%
..... UCL	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68	4.68
— Avg	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09
..... LCL	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49

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

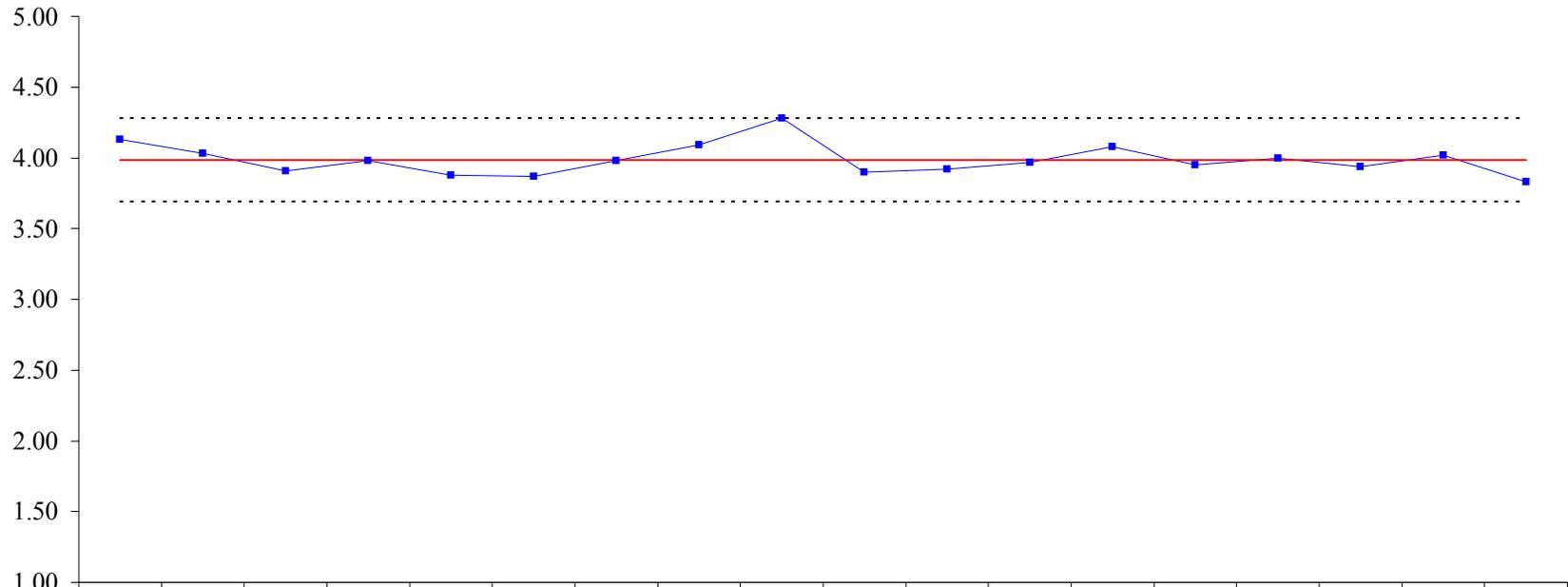
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■ Score	4.27	4.50	4.45	4.18	4.39	4.27	4.68	4.66	4.51	4.19	4.18	3.87	4.11	3.86	4.56	4.15	4.44	4.36
Surveys	17	29	16	18	12	24	10	20	23	22	24	19	18	15	10	14	14	20
Discharges	25	39	20	25	19	29	18	26	27	30	24	20	22	29	18	14	24	28
% Sampled	68%	74%	80%	72%	63%	83%	56%	77%	85%	73%	100%	95%	82%	52%	56%	100%	58%	71%
..... UCL	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95
— Avg	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31
..... LCL	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68

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

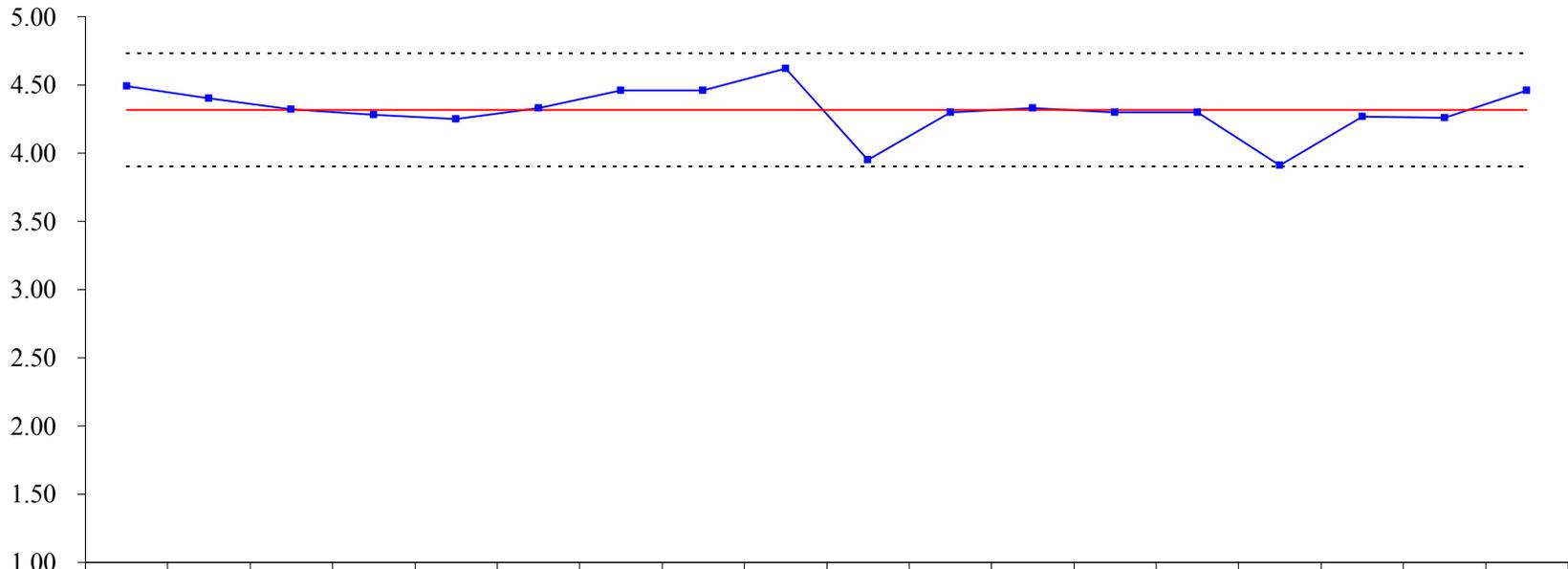
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■— Score	4.13	4.03	3.91	3.98	3.88	3.87	3.98	4.09	4.28	3.90	3.92	3.97	4.08	3.95	4.00	3.94	4.02	3.83
Surveys	50	43	33	50	42	37	41	62	54	27	50	44	61	103	39	47	50	46
Discharges	181	185	163	200	200	198	182	229	228	208	228	224	215	253	158	189	176	204
% Sampled	28%	23%	20%	25%	21%	19%	23%	27%	24%	13%	22%	20%	28%	41%	25%	25%	28%	23%
..... UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
— Avg	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	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69

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

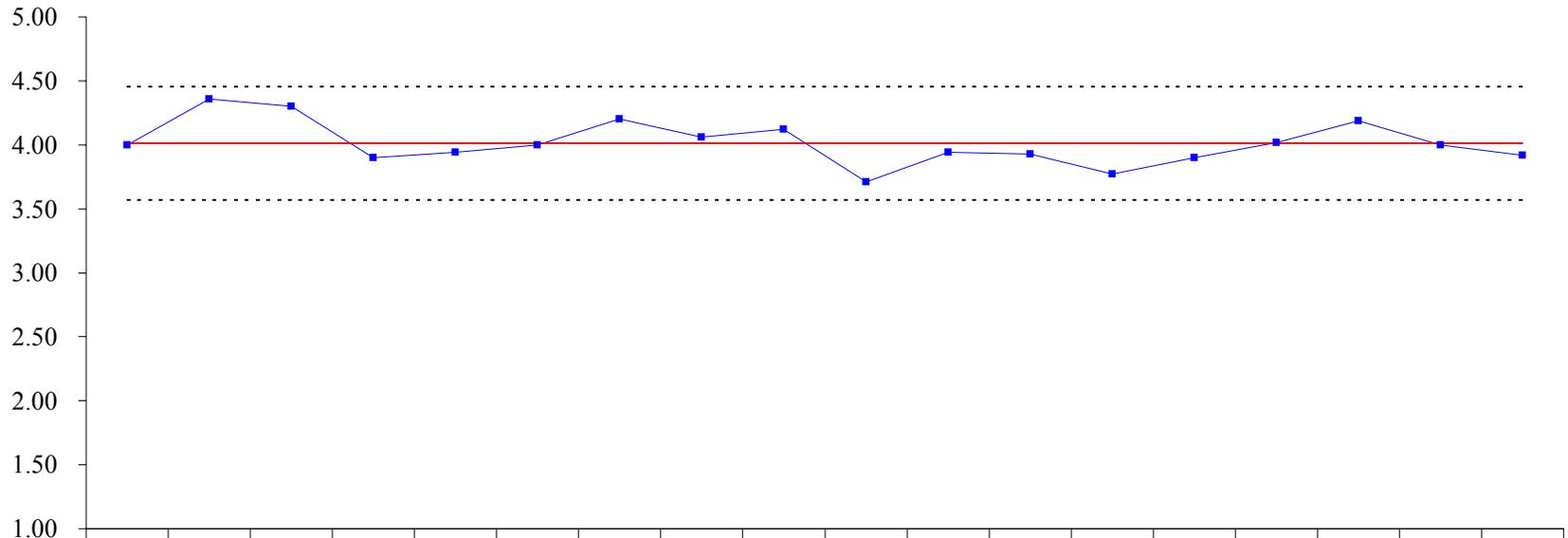
Adults & Adolescents will be Satisfied With Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■— Score	4.49	4.40	4.32	4.28	4.25	4.33	4.46	4.46	4.62	3.95	4.30	4.33	4.30	4.30	3.91	4.27	4.26	4.46
Surveys	26	19	40	50	57	63	57	58	47	37	36	25	49	25	31	40	46	41
Discharges	103	97	87	100	94	112	105	117	107	89	87	78	90	104	91	119	89	71
% Sampled	25%	20%	46%	50%	61%	56%	54%	50%	44%	42%	41%	32%	54%	24%	34%	34%	52%	58%
..... UCL	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73	4.73
— Avg	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
..... LCL	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90

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

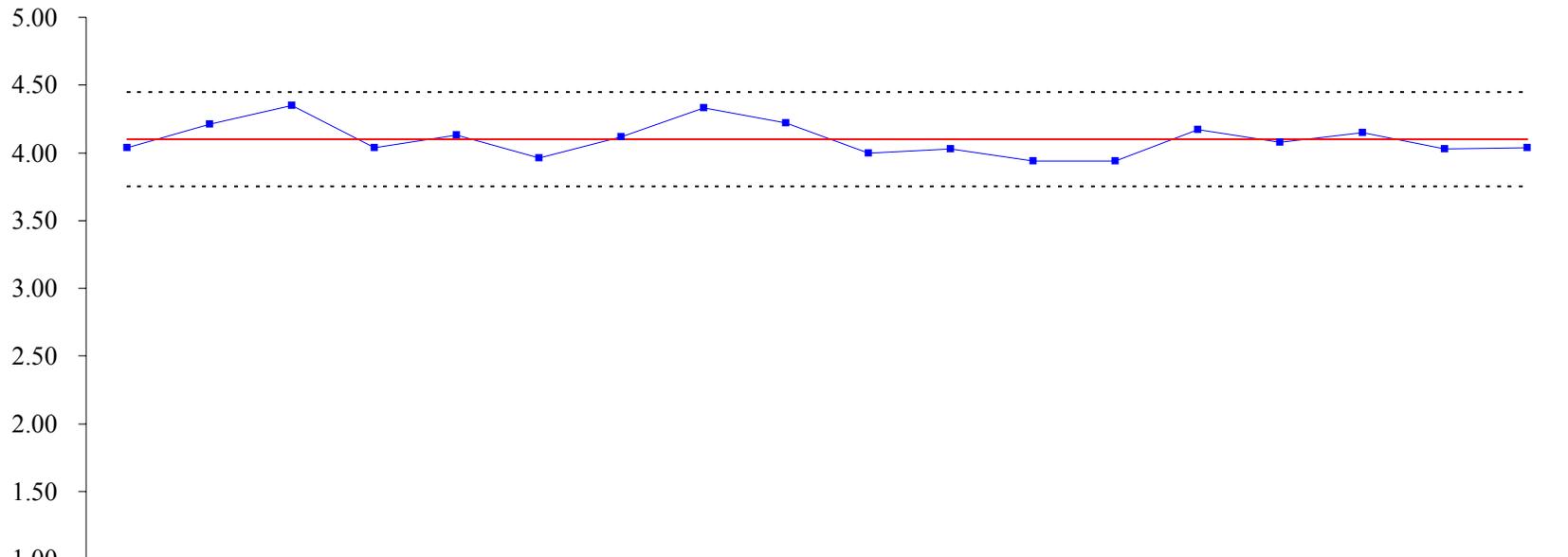
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Score	4.00	4.36	4.30	3.90	3.94	4.00	4.20	4.06	4.12	3.71	3.94	3.93	3.77	3.90	4.02	4.19	4.00	3.92
Surveys	75	73	72	49	64	40	59	60	81	52	69	66	49	65	61	39	40	33
Discharges	157	168	132	100	152	148	149	163	153	145	157	152	139	157	127	128	114	92
% Sampled	48%	43%	55%	49%	42%	27%	40%	37%	53%	36%	44%	43%	35%	41%	48%	30%	35%	36%
UCL	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46
Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
LCL	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57

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

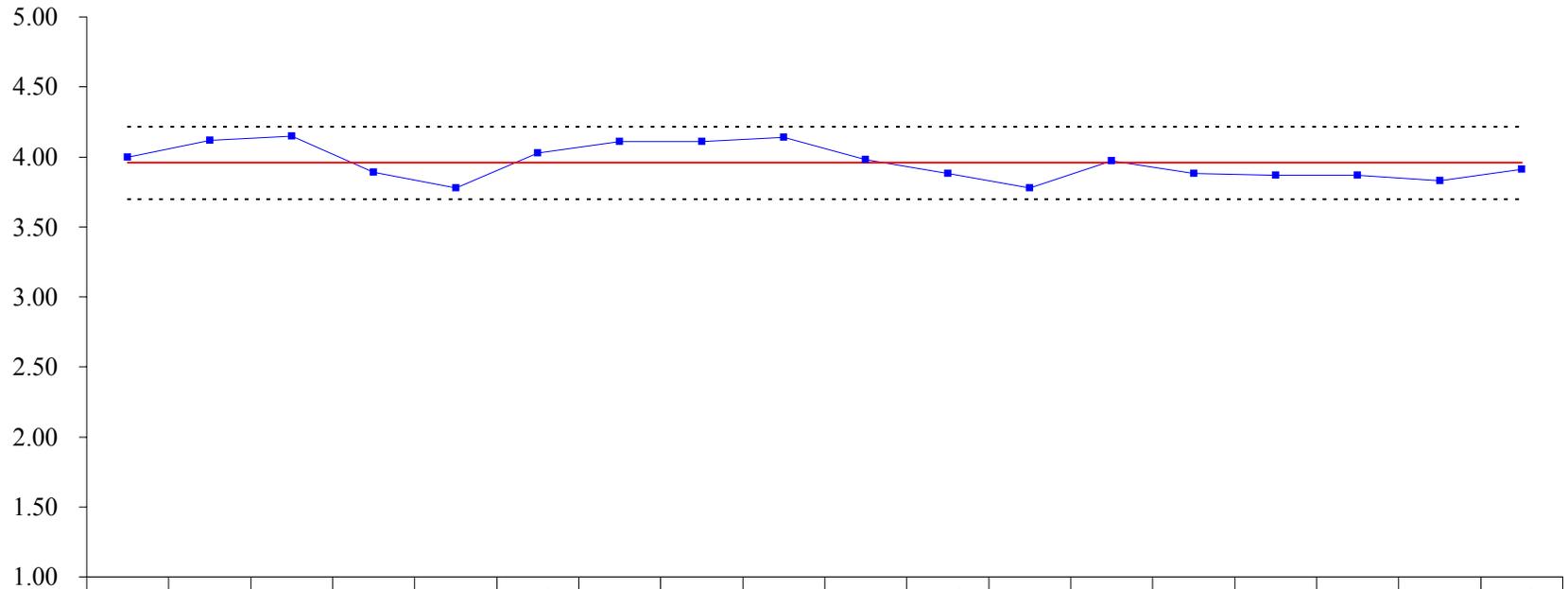
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
Score	4.04	4.21	4.35	4.04	4.13	3.96	4.12	4.33	4.22	4.00	4.03	3.94	3.94	4.17	4.08	4.15	4.03	4.04
Surveys	102	27	28	51	58	42	66	69	94	90	71	104	117	90	77	94	74	76
Discharges	232	236	220	198	214	206	196	244	232	238	208	211	236	218	164	219	196	209
% Sampled	44%	11%	13%	26%	27%	20%	34%	28%	41%	38%	34%	49%	50%	41%	47%	43%	38%	36%
UCL	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45
Avg	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
LCL	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75

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

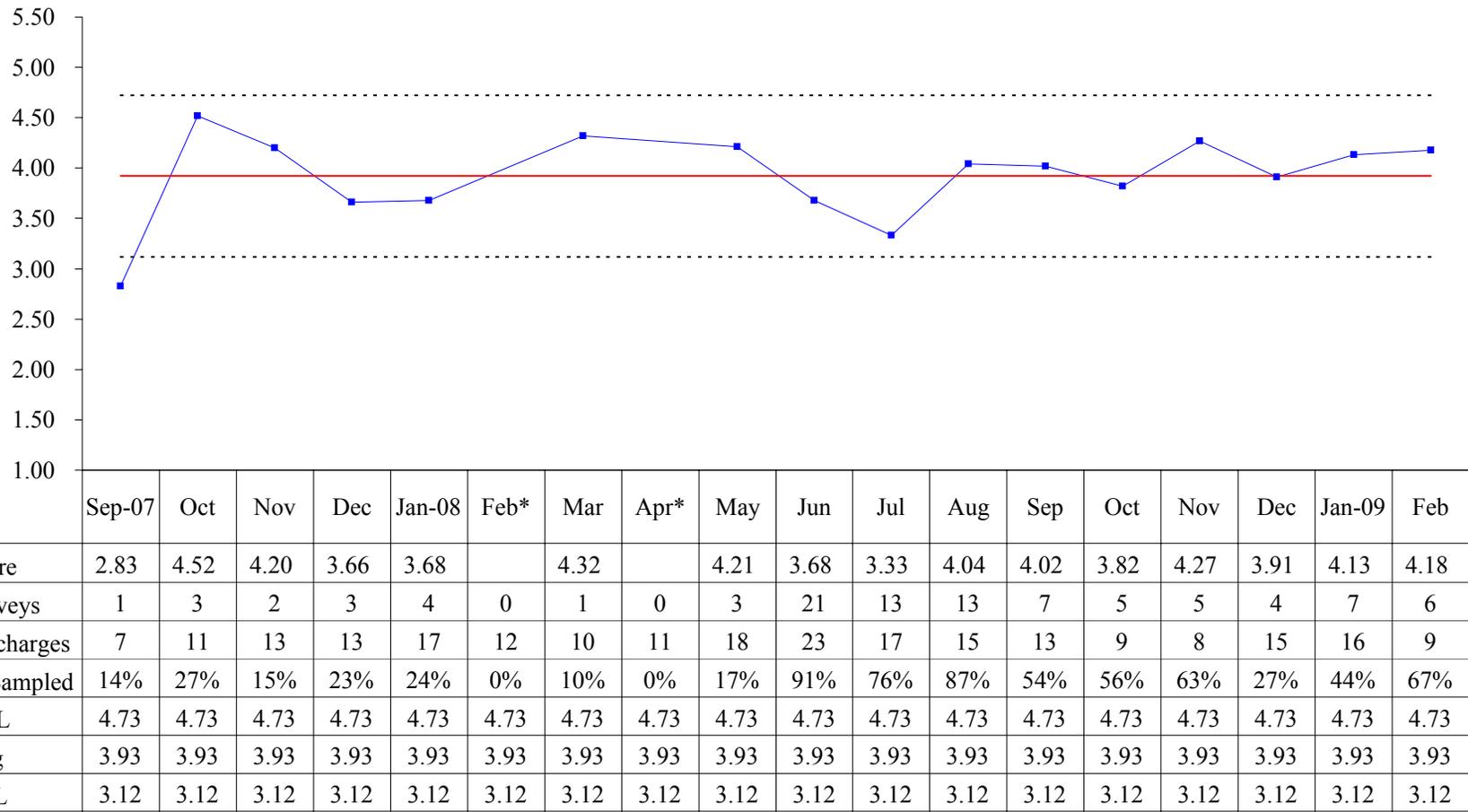
Adults & Adolescents will be Satisfied with Care
(FY2009 Expectation is Average Score ≥ 3.60)



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-09	Feb
—■— Score	4.00	4.12	4.15	3.89	3.78	4.03	4.11	4.11	4.14	3.98	3.88	3.78	3.97	3.88	3.87	3.87	3.83	3.91
Surveys	114	102	84	89	115	131	106	140	130	110	156	137	111	130	112	100	137	75
Discharges	198	229	244	175	229	242	229	247	236	219	264	243	220	247	190	208	233	194
% Sampled	58%	45%	34%	51%	50%	54%	46%	57%	55%	50%	59%	56%	50%	53%	59%	48%	59%	39%
..... UCL	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22
— Avg	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96
..... LCL	3.70	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

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

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



*No Survey Done

Performance Objective 9E:

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

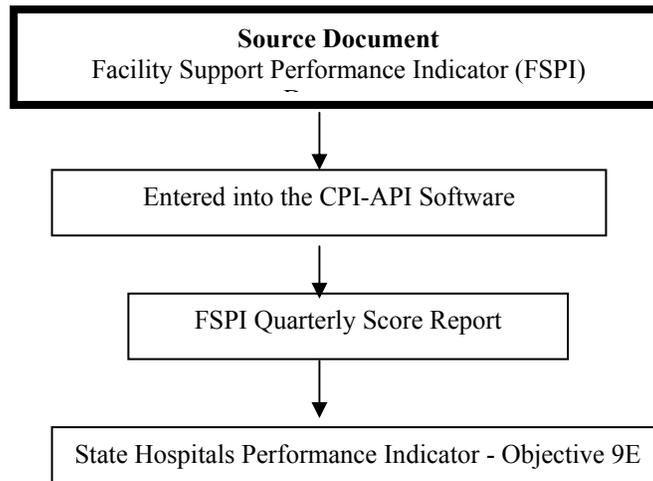
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: $[(\# \text{ of yes} + \# \text{ of no with justification}) / (\# \text{ of NA} - \text{Contract Facility})] \times 100$.

Performance Objective Data Display and Chart Description:

- ◆ Table shows the assessment score for individual state hospitals and system-wide
- ◆ Chart shows the assessment score for individual state hospitals.

Data Flow:

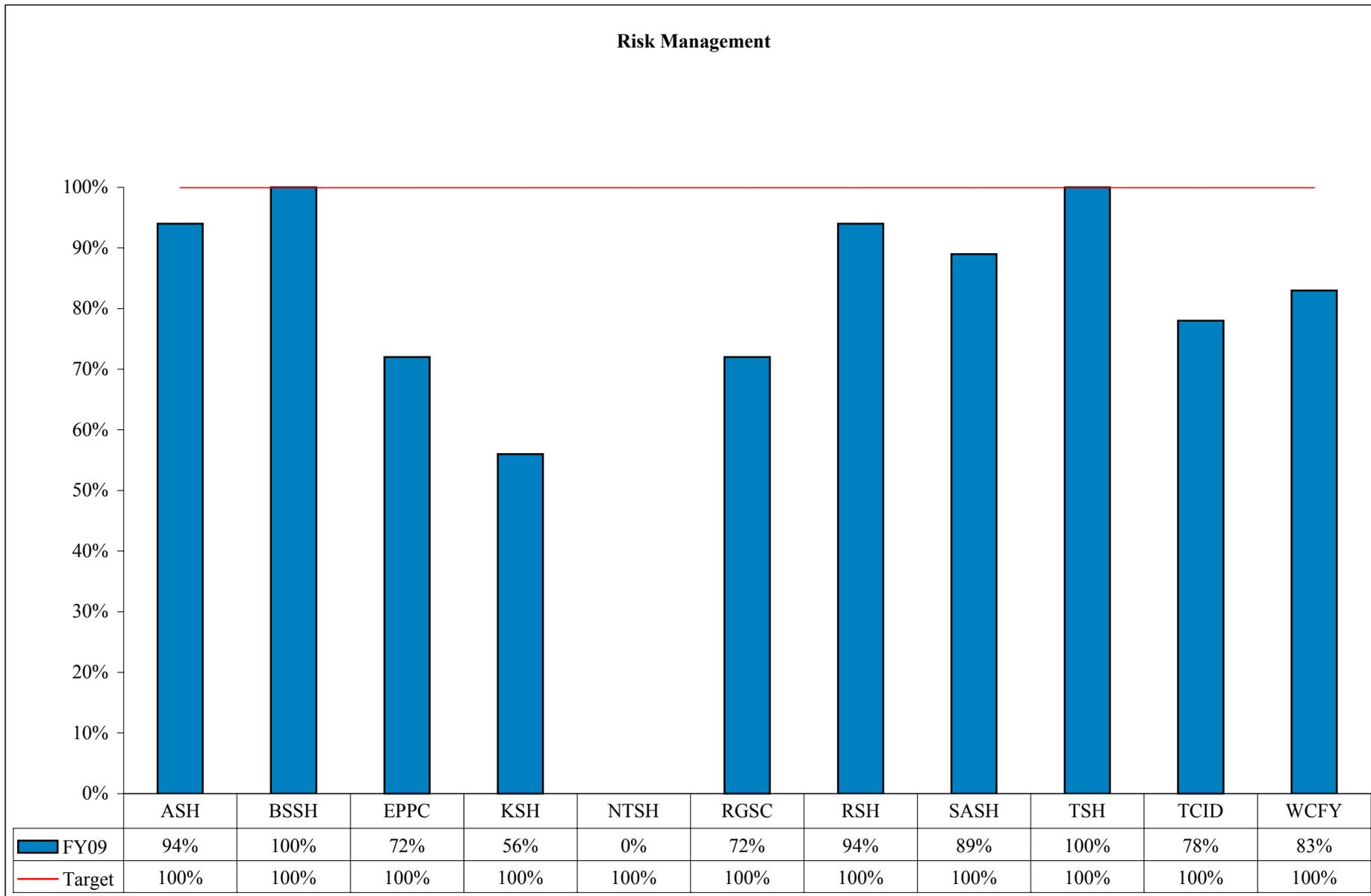


Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2009

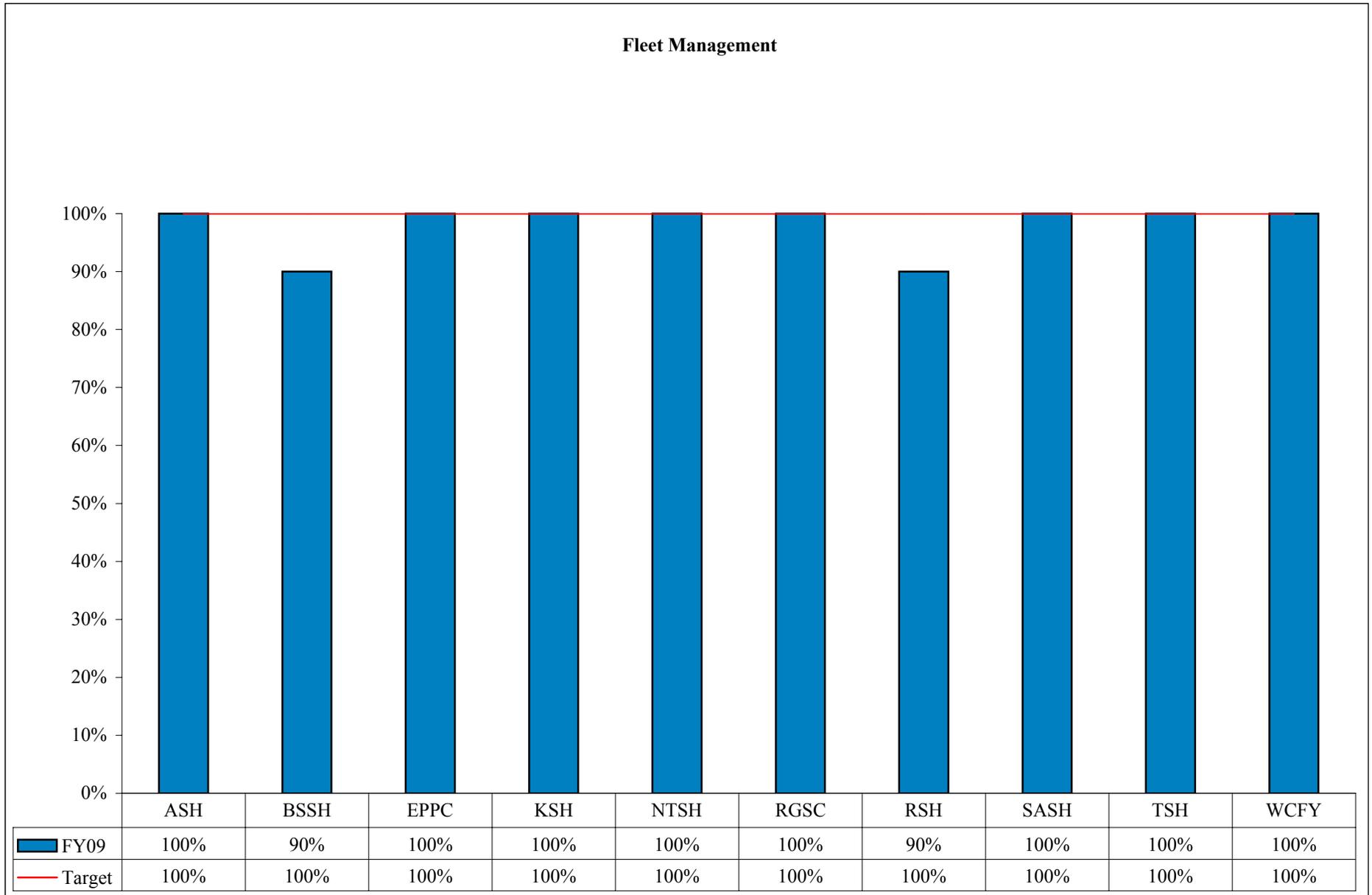
	Q1	Q2		Q3				Q4	
	Risk Management	Fleet Management	Consumer Monies/ Personal Effects	Vocational Services	Food Service Management	Food Inventory Management	Community Relations	Cash Receipts	Petty Cash
Compliance Target	100%	100%	100%						
State Hospital Totals	76%	98%	93%						
Austin State Hospital	94%	100%	100%						
Big Spring State Hospital	100%	90%	100%						
El Paso Psychiatric Center	72%	100%	87%						
Kerrville State Hospital	56%	100%	100%						
North Texas State Hospital	0%	100%	73%						
Rio Grande State Center	72%	100%	93%						
Rusk State Hospital	94%	90%	100%						
San Antonio State Hospital	89%	100%	93%						
Terrell State Hospital	100%	100%	100%						
Texas Center for Infectious Disease	78%	CF	80%						
Waco Center For Youth	83%	100%	100%						

*CF = Contract Facility

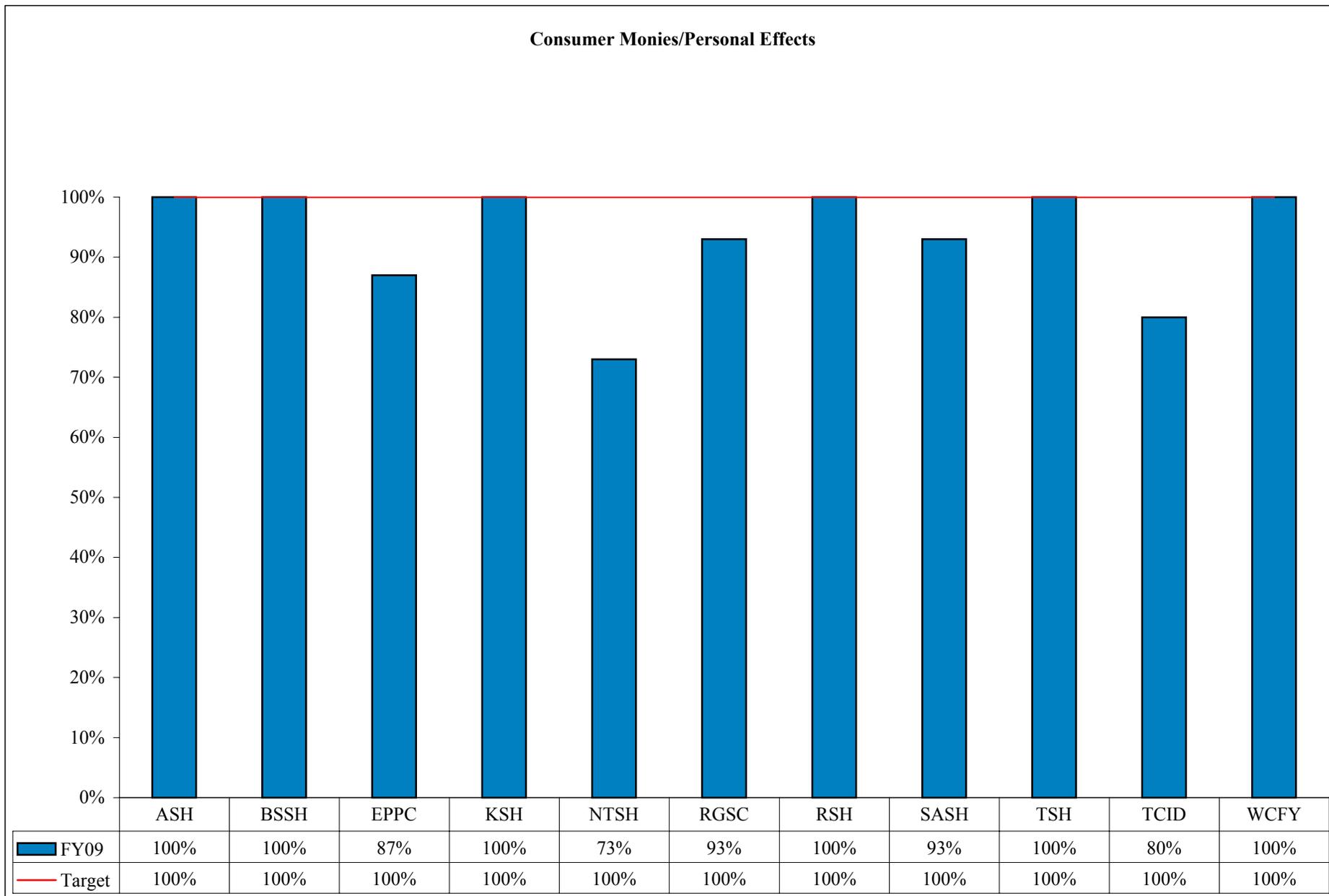
Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2009
Risk Management



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



Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2009
Consumer Monies/Personal Effects



Texas Center for Infectious Disease (TCID) Data Sheet

FY08

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

FY09

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	37	37			37
O 2A	Number of Abuse/Neglect Allegations	0	3			3
O 3A	Number of Patients Restrained	0	0			0
O 4A	Number of Medication Errors	13	9			22
O 4A	Number of Medication Errors that Received the Patient	11	7			18
M 5A	Number of New Patients to System	25	13			38
O 6D	Number of Patient Injuries during Restraint	0	0			0
M 6A	Facility Healthcare Associated Infection Rates	1	3			4
M 6B	Number of Patient Injuries	7	15			22
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	9	10			19

Appendix B - Control Chart Analysis

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

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

Why use control charts?

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

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

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

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

What information does control charts provide?

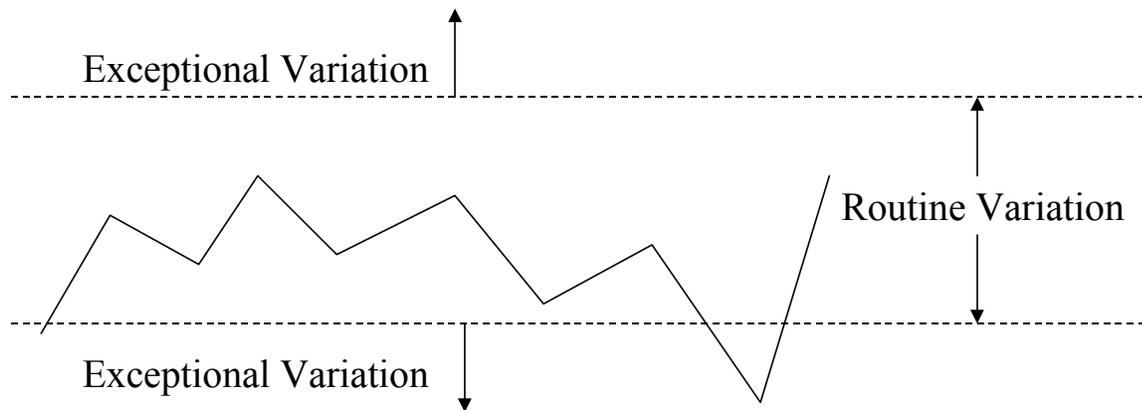
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

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

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

Don Wheeler, Building Continual Improvement.

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



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

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

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

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

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

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

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

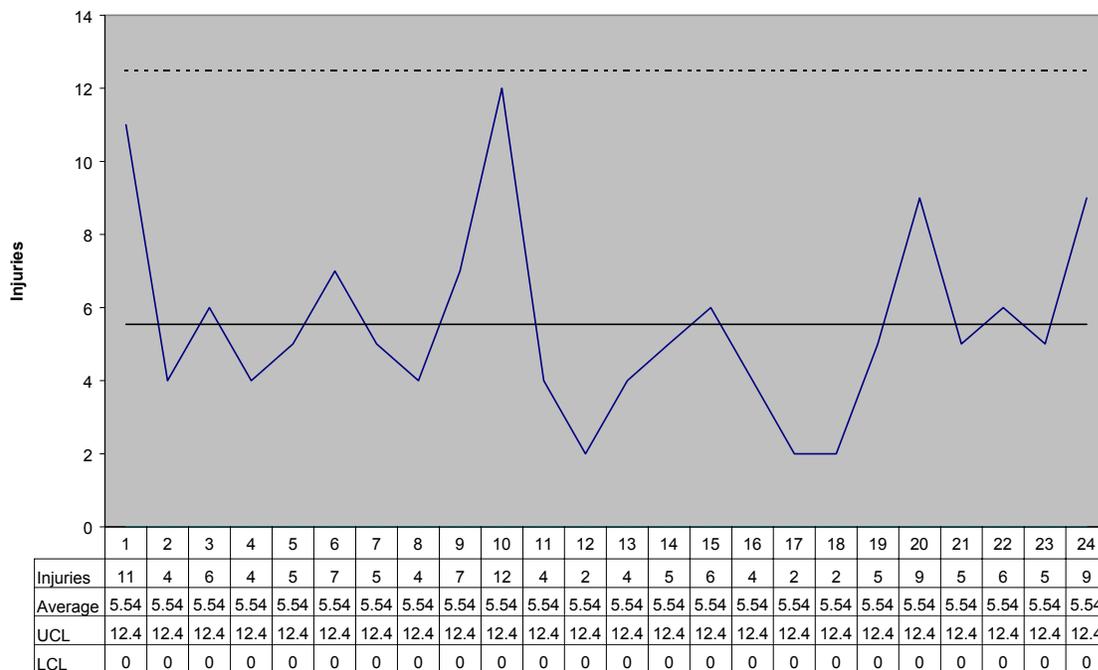
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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

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

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

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

The XmR Chart for Monthly Injuries



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

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

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

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

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

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

Thus the process behavior chart allows you to:

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

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

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

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

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

Detection Rule Two: Runs Near the Limits

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

Detection Rule Three: Runs About the Central Line

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

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

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

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

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

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

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

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

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