

**Health and Human Services Commission**  
**Department of State Health Services**  
*State Hospitals Section*  
**Mission, Vision, Goals and**  
**2008 Work Plan**

**Statewide Performance Indicators**  
**4<sup>th</sup> Quarter FY 2008**

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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.

### **HHS SYSTEM MISSION**

The mission of health and human services agencies in Texas is to develop and administer an accessible, effective, efficient health and human services delivery system that is beneficial and responsive to the people of Texas.

### **HHS SYSTEM PHILOSOPHY**

Every Texan should be able to access and utilize available health and human services provided by State agencies in the most integrated, cost-effective setting possible. The Texas Health and Human Services system is dedicated to developing client-focused program and policy initiatives that are relevant, timely and within the means of the tax payers of the State of Texas. The HHS system will advocate for client-choice, appropriate funding and streamlined service delivery. Additionally, we hold to these guiding principles:

Every person, regardless of income, race, ethnicity, physical or mental limitations, gender, religion or age, is entitled to dignity, independence and request,

Texans deserve openness, fairness and the highest ethical standards from us, their public servants,

Taxpayers and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability,

We work in partnership with lawmakers, agency personnel, customers, service providers and the public to continually improve the quality of our service.

## **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.

# **HEALTH AND HUMAN SERVICES COMMISSION**

## **VISION**

Through the Texas Health and Human Services Commission's strategic direction and leadership, we envision a coordinated health and human services system that ensures quality services, cost-effective service delivery and careful stewardship of public resources. HHSC will direct and support collaboration and partnerships of agencies with consumers and local communities to establish systems that support individual choices and personal responsibility.

## **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.

## **HEALTH AND HUMAN SERVICES**

### **OVERVIEW**

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

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

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

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

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

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

### **VISION**

Texans have access to effectively delivered public health, medical care, mental health and substance abuse services and all Texans live and work in safe, healthy communities.

### **MISSION**

To promote optimal health for individuals and communities while providing effective health, mental health and substance abuse services to Texans.

### **DSHS SCOPE**

The Department of State Health Services (DSHS) administers and regulates health, mental health and substance abuse programs. The Department began its formal operations September 1, 2004.

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

### **VISION**

Sound mind, sound body for all Texans.

### **MISSION**

Provide statewide leadership, direction and oversight for services to help Texans prevent mental health or substance abuse problems, build resiliency and facilitate recovery in their own home or community.

## **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.

## STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

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

## STATE HOSPITALS SECTION

### FY2008 MANAGEMENT PLAN

The State Hospitals Section FY 2008 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 and the Chief Executive Officer 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 2008. B1
  
- C. FY 2008 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, 2008. **B1**
- E. **EACH STATE HOSPITAL INPATIENT SERVICES 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, 2008. **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 develop a plan to monitor patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit. The plan shall include the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.** **B1**
- J. The Forensic Committee will review and update the “Forensic Standards and Curriculum Workgroup Final Report and Recommendations” as needed. **B1**
- K. The Forensic Committee will review the new forensic performance indicators and report findings to the Executive Committee of the Governing Body. **B1**

**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 DOWNWARD TREND OF CONFIRMED ALLEGATIONS OF ABUSE OR NEGLECT.** **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 Indicator Committee (CPIC) to identify system issues and/or opportunities for system improvements.** **A1**
- C. **EACH STATE HOSPITAL WILL ANALYZE PATIENT COMPLAINTS.** **A1**
- D. **The COC will review best practices concerning the recovery model and peer support services and recommend a strategy for implementation in the state hospital system by May 1, 2008.**

**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 DOWNWARD TREND IN THE USE OF RESTRAINTS AND/OR SECLUSION.** 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 plan described in the State Hospitals Section "Guidelines for Managing Obesity and Blood Glucose Levels" for individuals receiving new generation antipsychotic medications and report plan progress to the Governing Body.** A2
- D. **Body Mass Index (BMI) will be calculated on all individuals receiving new generation antipsychotic medication at the time of admission, monthly for the first six months, quarterly when the dose is stable and again at discharge.** A2
- E. **PATIENTS WILL BE TREATED IN ACCORDANCE WITH TIMA GUIDELINES AS MEASURED BY:**
- **ASSIGNMENT OF THE APPROPRIATE ALGORITHM AS MEASURED BY MATCHING DIAGNOSIS TO ALGORITHM AT THE TIME OF DISCHARGE.**
  - **USE OF TIMA RATING SCALES AS MEASURED BY PERCENT OF PATIENTS WITH SCORES FROM 2 OR MORE DIFFERENT DATES. (This report will be pulled from CWS).** A2, A4
- F. **Reassessment of the implementation and utilization of TIMA will be completed by the Psychiatric Advisor to the State Hospitals and the new Behavior Health Medical Director by January 1, 2008.** A2
- G. **A new reporting methodology for treatment outcomes will be implemented by September 30, 2007. (Replace BRPS and TIMA)** A2

- H. Each State Hospital will report to the Governing Body initiatives related to promoting patient wellness and healthy lifestyle. 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 report to the Governing Body:

- The percent of active Hansen’s patients who were seen according to protocol (3 times a year).
- The percent of inactive Hansen’s patients who were seen according to protocol. A2

**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. A4
- B. Each State Hospital will evaluate their medication management systems and report annually 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. **TCID WILL REPORT THE COST OF MEDICATIONS.** 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 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.** 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 FY2008 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 NOT EXCEED 0.85 PER 1000 BED DAYS. B4
- D. THE RATE OF PATIENT INJURIES IN MENTAL HEALTH HOSPITALS RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WILL NOT EXCEED 0.45 PER 1000 BED DAYS FOR FY2008. B4
- E. EMPLOYEES IN MENTAL HEALTH HOSPITALS INJURED DURING RESTRAINT OR SECLUSION WILL NOT EXCEED 0.85 PER 1000 BED DAYS ACROSS ALL MENTAL HEALTH HOSPITALS FOR FY2008. B4
- F. THE RATE OF UNAUTHORIZED DEPARTURES WILL NOT EXCEED 0.36 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS DURING FY2008. B4
- G. CALCULATE AND BENCHMARK FALL DATA WITHIN AND ACROSS STATE HOSPITALS AS FOLLOWS:
  - RATE OF FALLS FOR ALL FALLS REPORTED ON CLIENT INJURY REPORT.
  - RATE OF FALLS INJURIES FOR ALL FALLS INJURIES REPORTED ON CLIENT INJURY REPORT. B4
- H. According to the National Patient Safety Goal 2C, each state hospital will measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values. 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 **B4**

**C. RATE OF EMPLOYEE INJURIES WILL BE CALCULATED, TRENDED AND REVIEWED FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES AS FOLLOWS:**

- Age 18 – 39
- Age 40 – 64
- Age 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****

## **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 FY08. **B2**
- B. Hospital Information Management Committee (HIMC) will review and renew Health and Human Services Commission (HHSC) Information Technology (IT) Service Level Agreements (SLA), no later than August 31, 2008. **B2**

- C. HIMC will review and renew Department of State Health Services (DSHS) IT Service Level Agreements, no later than August 31, 2008. **B2**
- D. HIMC will monitor WORx functionality through the HHSC and DSHS SLAs and report to the Executive Committee of the Governing Body. **B2**
- E. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than November 30, 2007. **B2**
- F. HIMC will ensure timely completion of RAD Plus 2006 Upgrade through the HHSC and DSHS SLAs and report to the Executive Committee of the Governing Body. **B2**
- G. HIMC will establish timeframes and monitor progress of Avatar PM at TCID through the HHSC and DSHS IT SLAs and report to the Executive Committee of the Governing Body. **B2**
- H. HIMC will establish timeframes and monitor progress of CWS at TCID through the HHSC and DSHS IT SLAs and report to the Executive Committee of the Governing Body. **B2**
- I. **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**
- J. **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**
- K. The Information Management Committee (IMC) will monitor CRS downtime and report to the Executive Committee of the Governing Body. **B2**
- L. 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**
- M. State Mental Hospitals Forensic Committee will develop specialized forensic evaluations/reports in CWS (e.g., competency evaluation, dangerousness risk assessment, etc.) and report to the Executive Committee of the Governing Body. **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 on 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. State Hospitals Section will request HHSC to provide all hospitals with a report on the status of performance evaluations. **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. **CHILDREN AND 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. **ADULTS AND ADOLESCENTS 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. Hospitals will monitor and evaluate the Joint Commission areas related to Medication management, environment of care and the national patient safety goals, through the clinical performance improvement 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 do a minimum of one patient tracer for each treatment team. Data is collected by using tracer methodology to follow the care that individual patients receive and to evaluate patient care processes. Aggregate information will be collected and evaluated by CPIC and reported to the Executive Committee of the Governing Body.** **B6**
- E. CPIC will evaluate the FY2008 CPI Plan by June 2008 and incorporate recommendations into the CPI Plan for FY2009. **B6**
- F. **REGULARLY SCHEDULED ASSESSMENTS WILL BE CONDUCTED USING ESTABLISHED CRITERIA AND IMPROVEMENT OPPORTUNITIES IDENTIFIED BY EACH STATE HOSPITAL ON THE FACILITY SUPPORT PERFORMANCE INDICATORS (FSPI).** **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:**

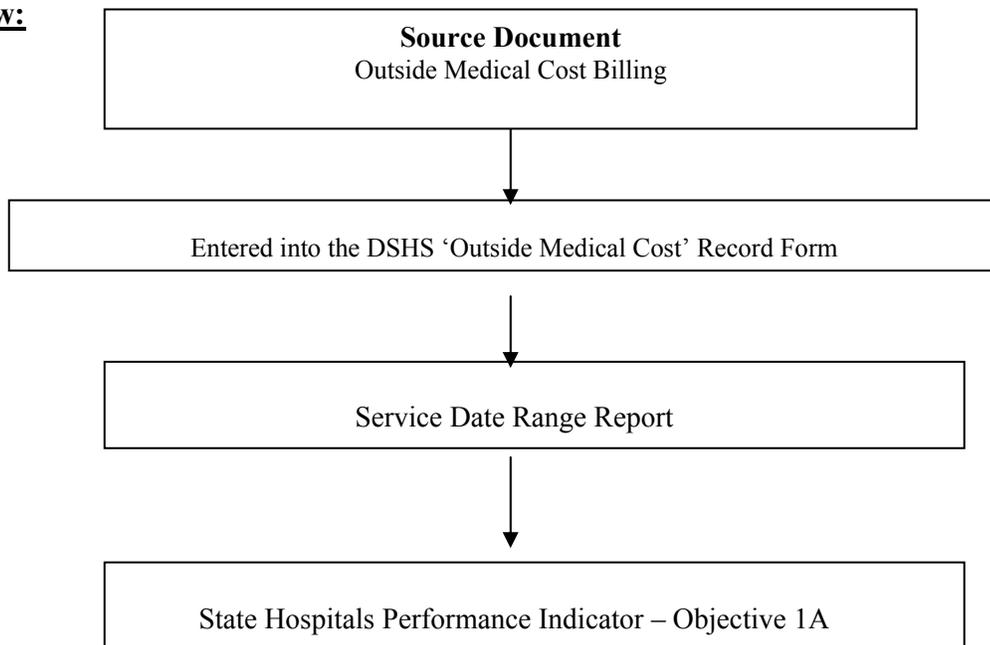
**Each state hospital will monitor outside medical costs for civil and forensic patients using the outside medical cost web database and report findings to the governing body.**

**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 2008**

**Data Not Available**

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

**Performance Objective 1B:**

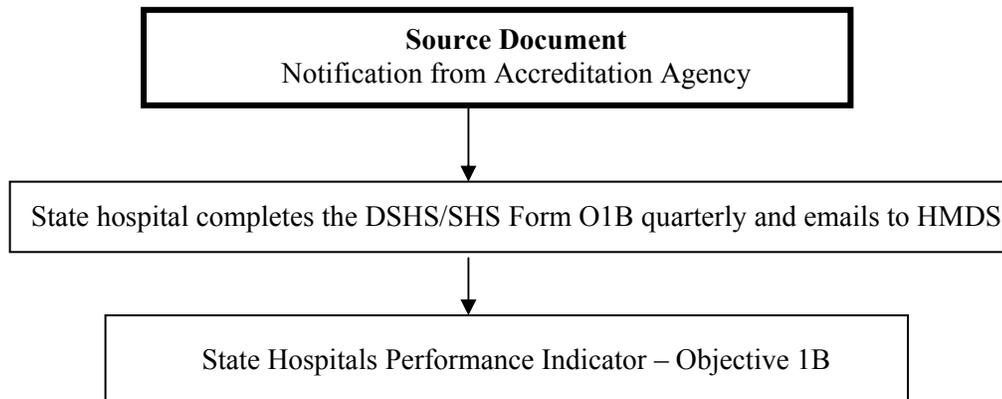
**State hospitals will maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2008.**

**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 August 31, 2008)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
<b>JC Accreditation</b>											
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 FY08	0	0	0	0	0	0	0	0	0	0	1
<b>Medicare Certification</b>											
No. certified beds:	201	156	23	48	100	27	172	208	94	72	N/A
No. of Complaint Visits for Q4	0	0	0	1	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	1	0	0	1	0	0	1	0	1	0	N/A
Date of CMS On-Site Survey		Jan-02		Feb-07	Sep-07	May-08		Jan-06	Mar-08		
Date of last IMD Review:	Apr-08	Jul-07	N/A	Dec-07	Aug-06	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-07
<b>ICF-MR Certification</b>											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-07	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:**

**FY2008 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.**

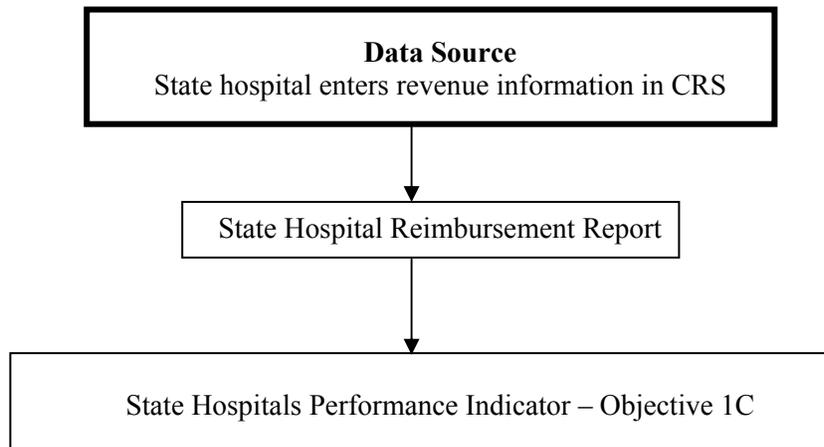
**Performance Objective Operational Definition:** The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

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

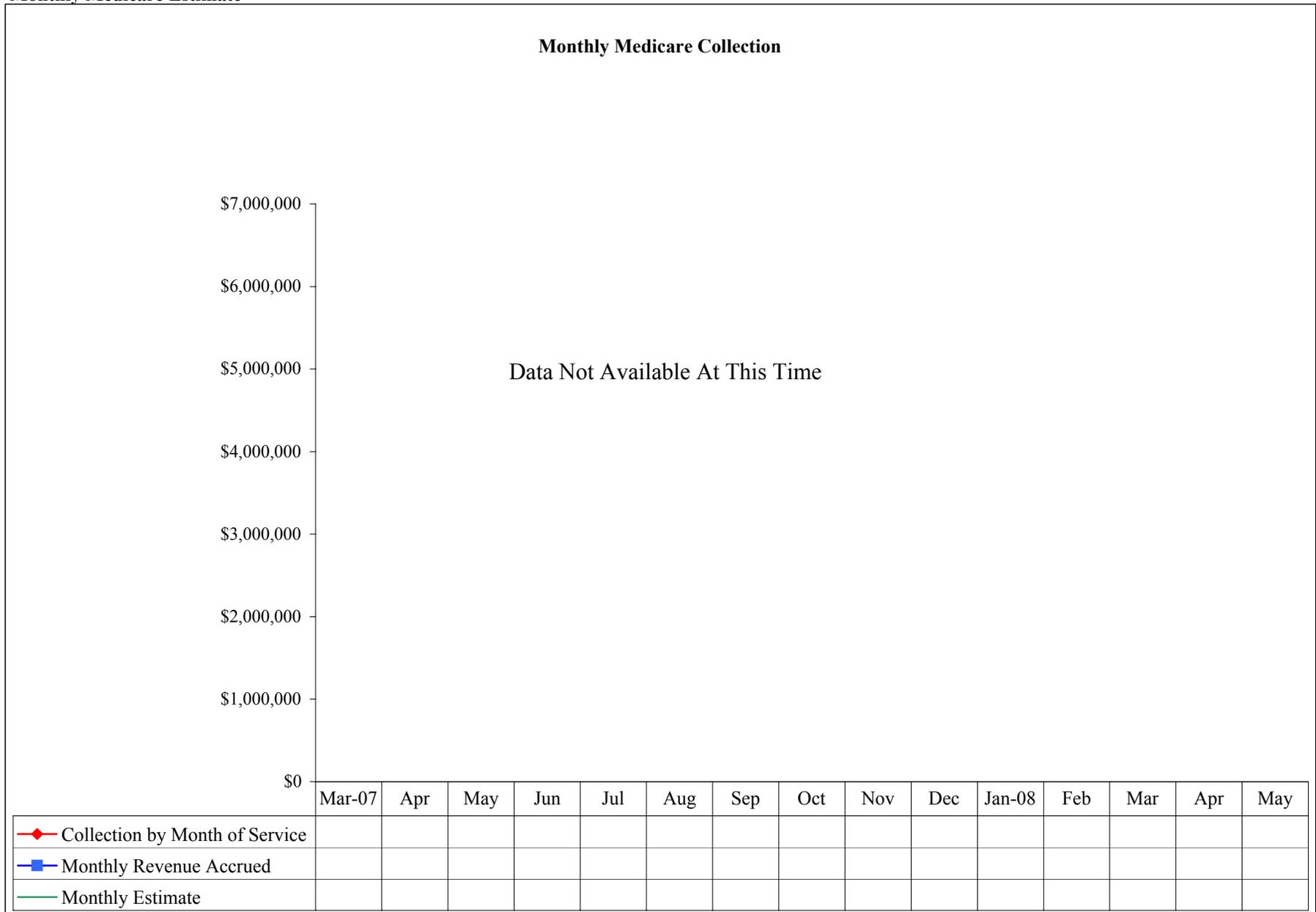
**Performance Objective Data Display and Chart Description:**

- ◆ 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 2008 Revenue Estimates**  
**All State Hospitals**  
**Monthly Medicare Estimate**



**Performance Objective 1E:**

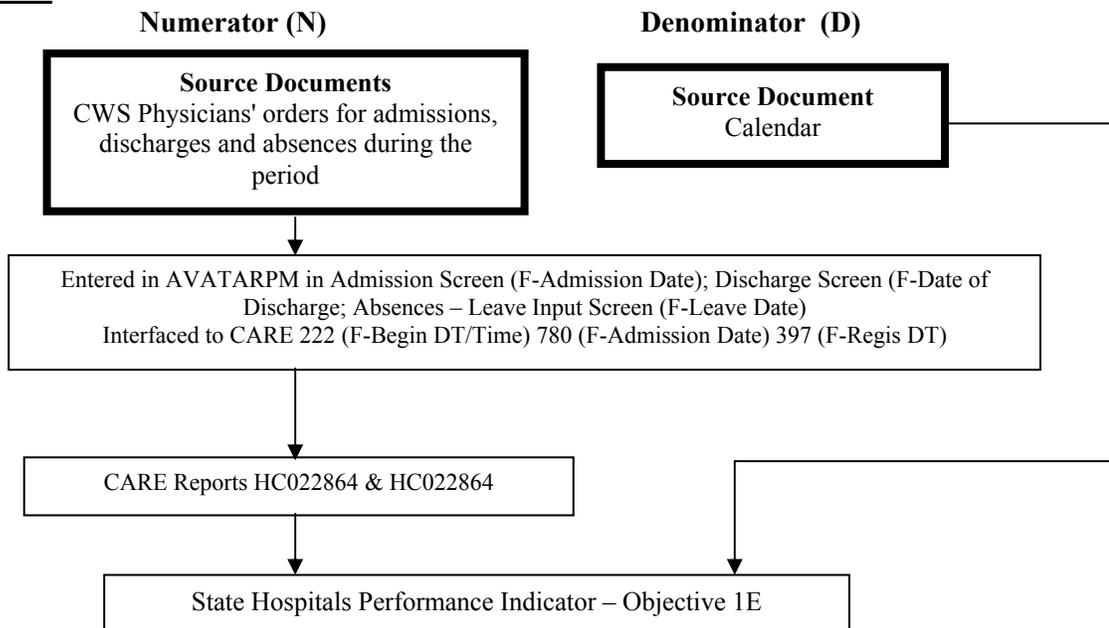
**Each state hospital-inpatient services will operate a projected General Revenue ADC and Third Party ADC within the funds that are allocated and projected.**

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

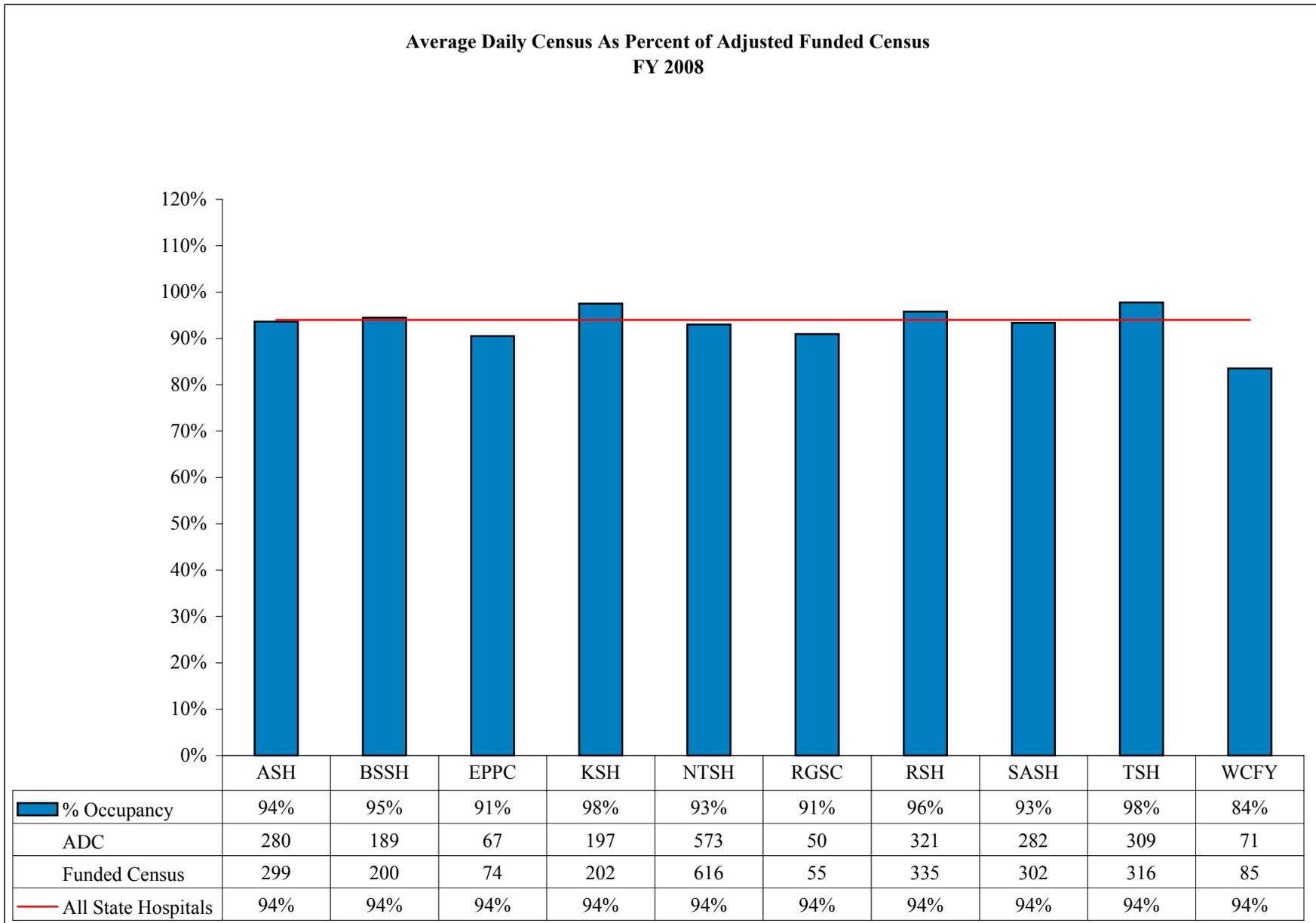
**Performance Objective Formula:** 
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

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

**Data Flow:**

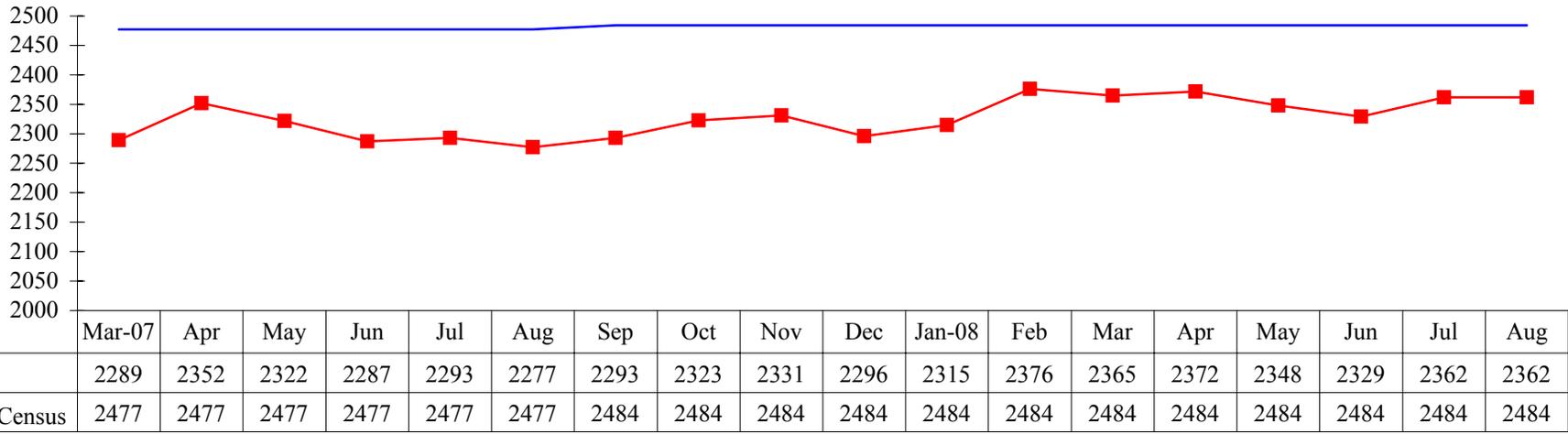


**Objective 1E & Measure 1C - Average Daily Census**  
**All State Hospitals -As of August 31, 2008**

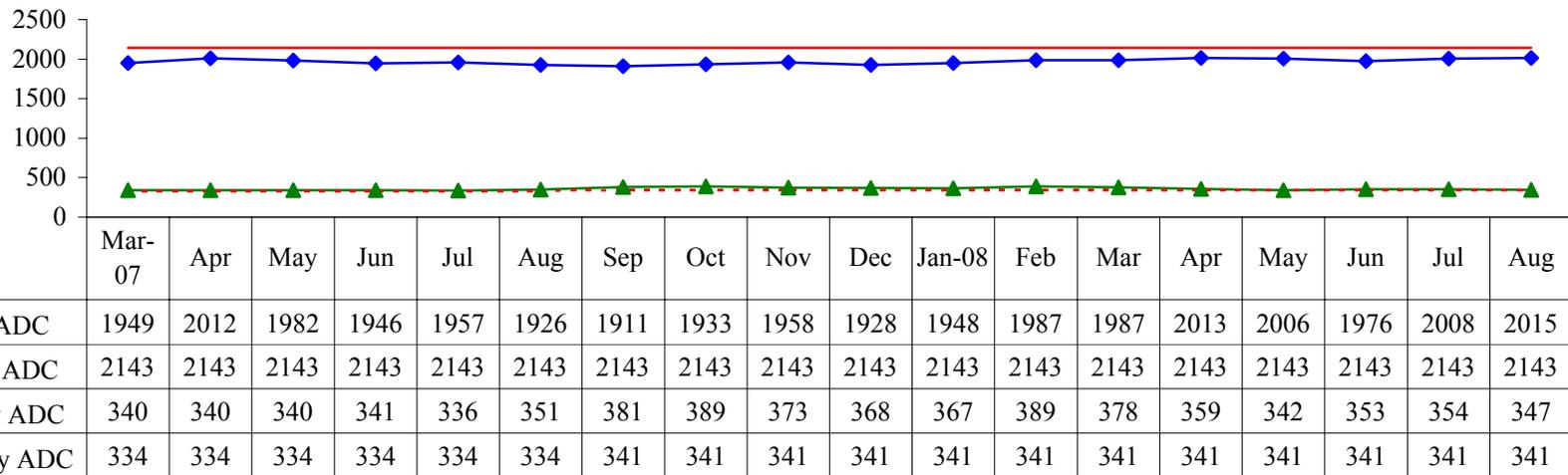


**Objective 1E & Measure 1C - Average Daily Census**  
**All State Hospitals**

**Average Daily Census**

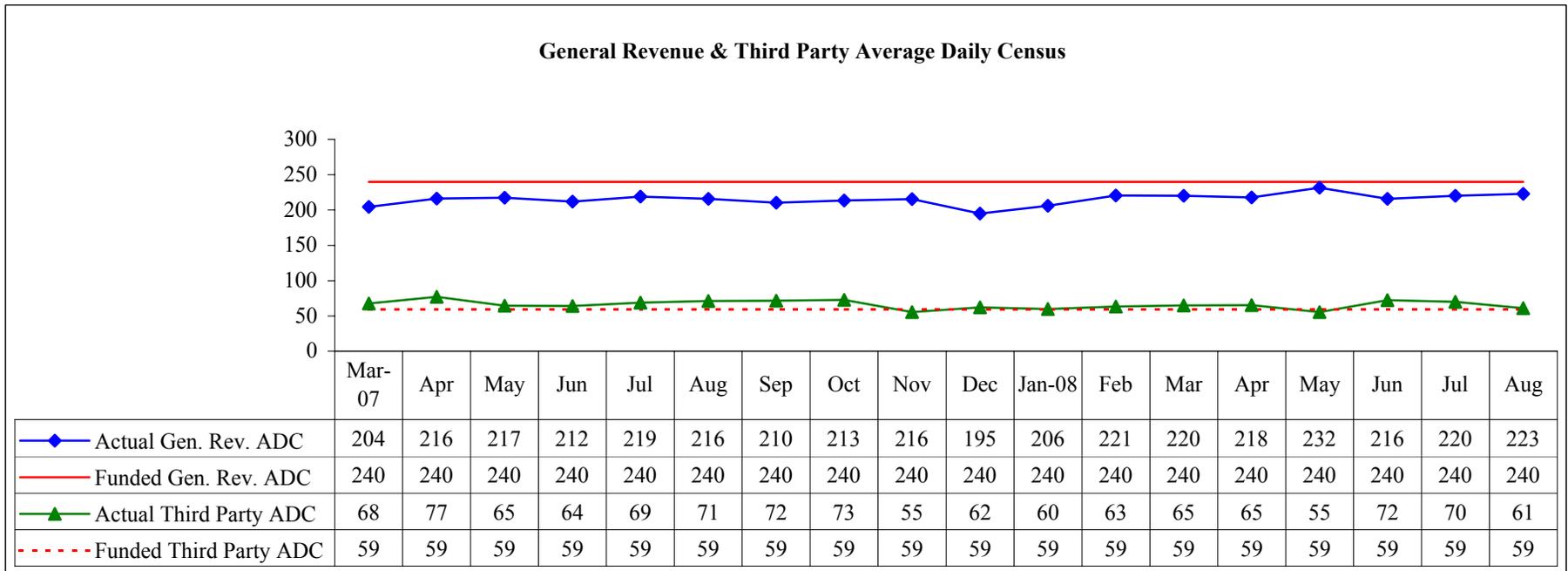
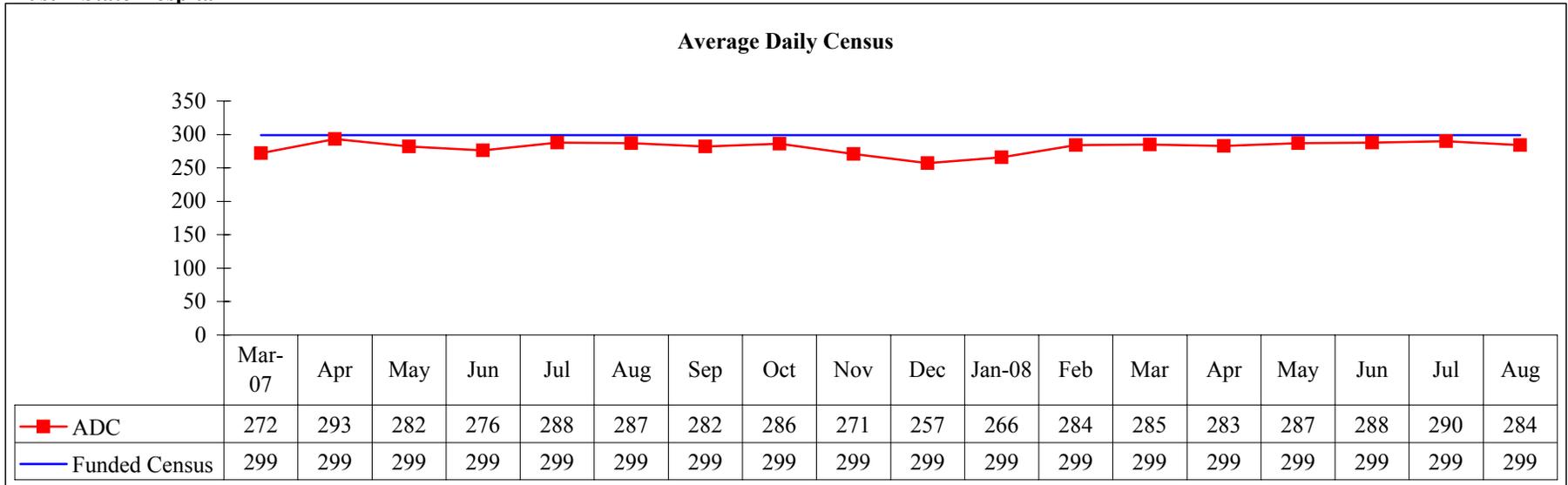


**General Revenue & Third Party Average Daily Census**



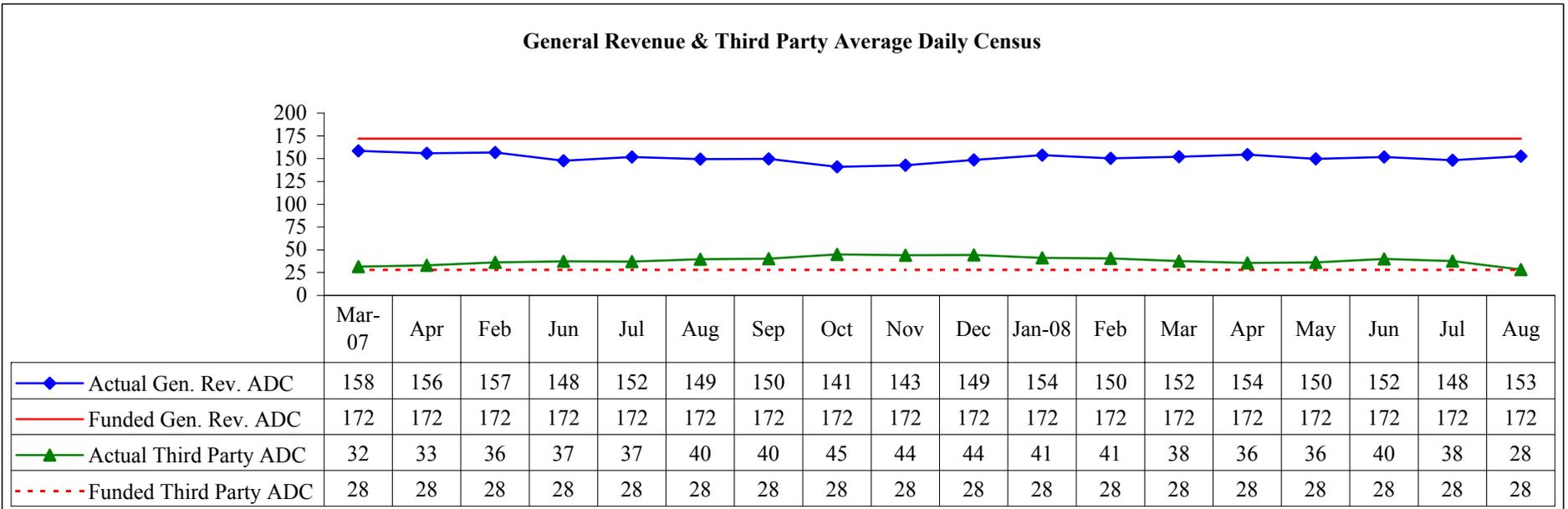
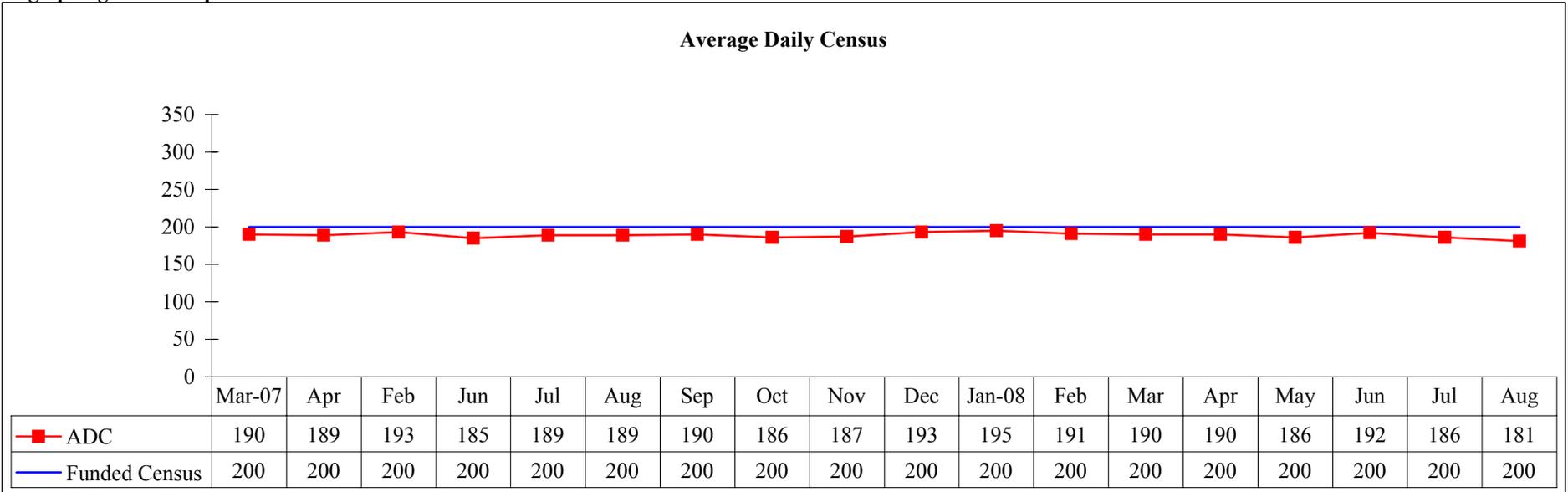
FY07 data revised using new coding

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



FY07 data revised using new coding

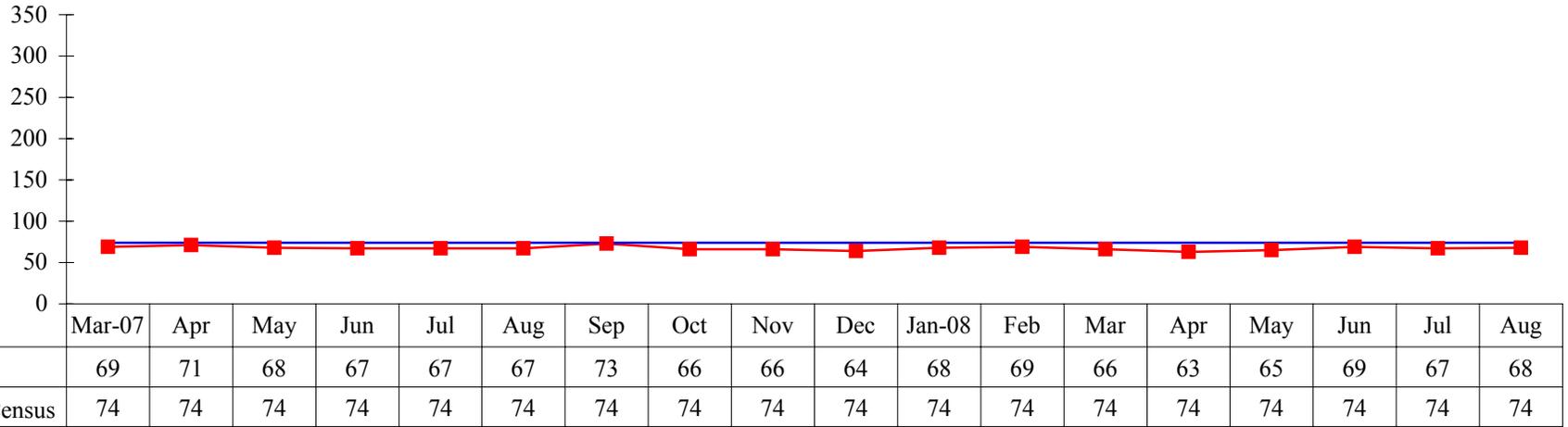
**Objective 1E & Measure 1C - Average Daily Census**  
**Big Spring State Hospital**



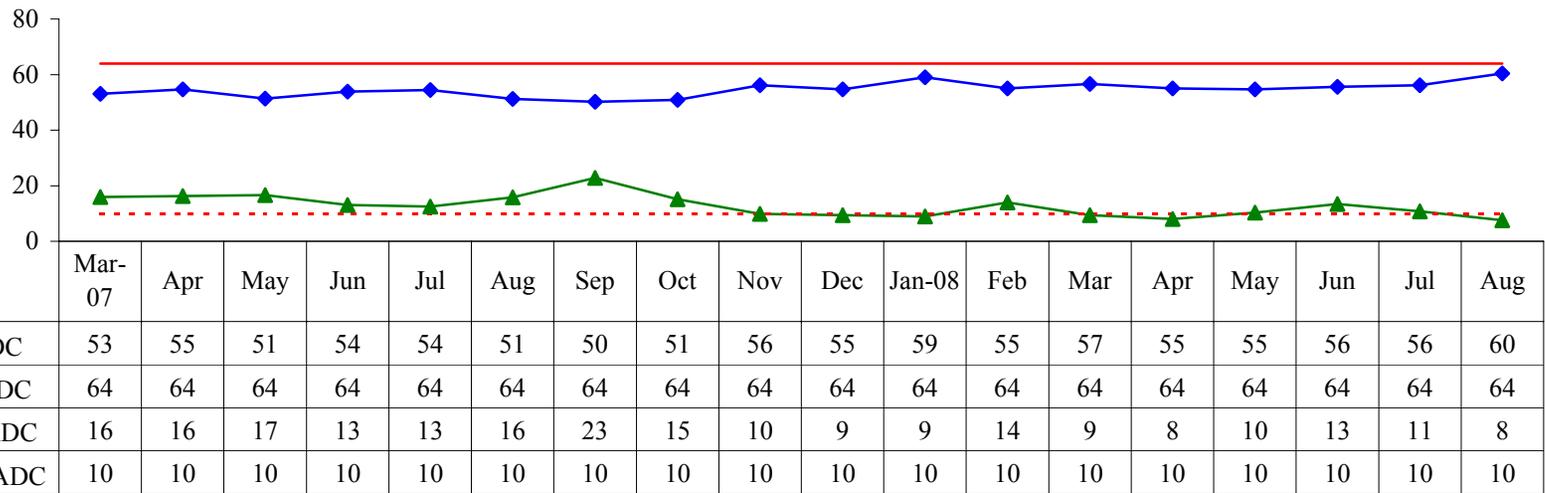
FY07 data revised using new coding

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

**Average Daily Census**

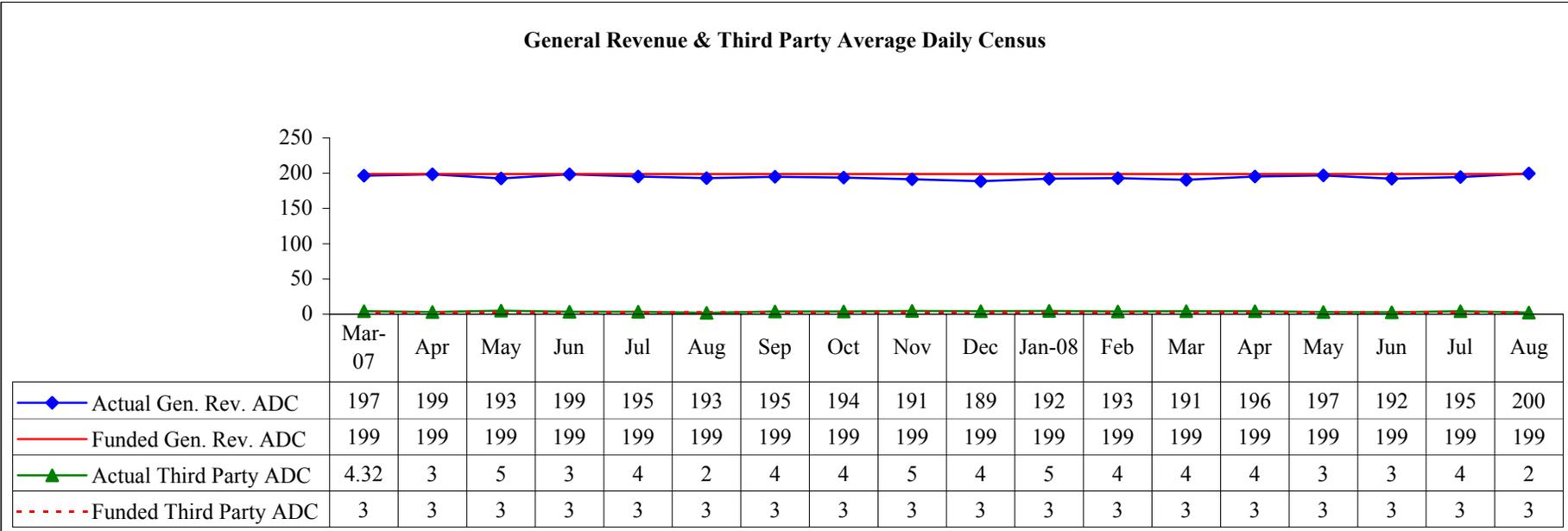
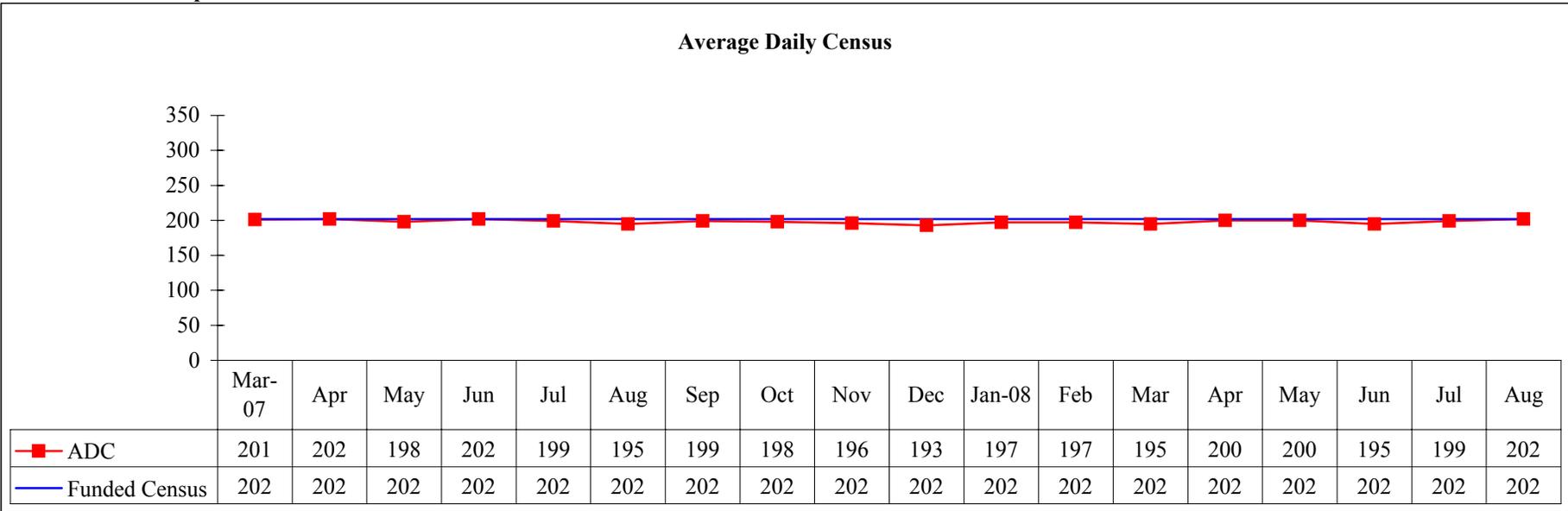


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

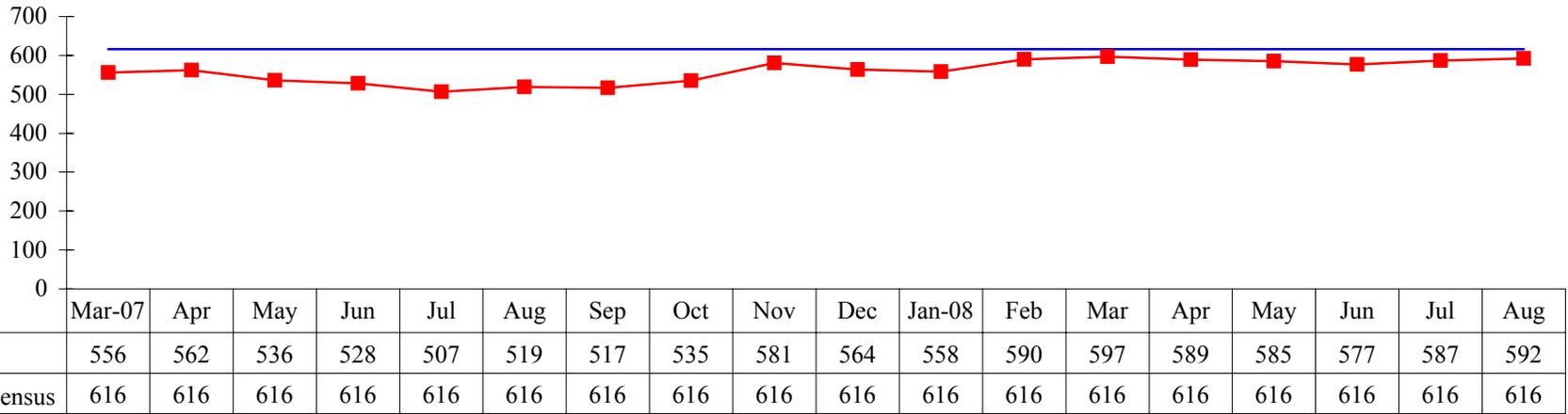
**Objective 1E & Measure 1C - Average Daily Census  
Kerrville State Hospital**



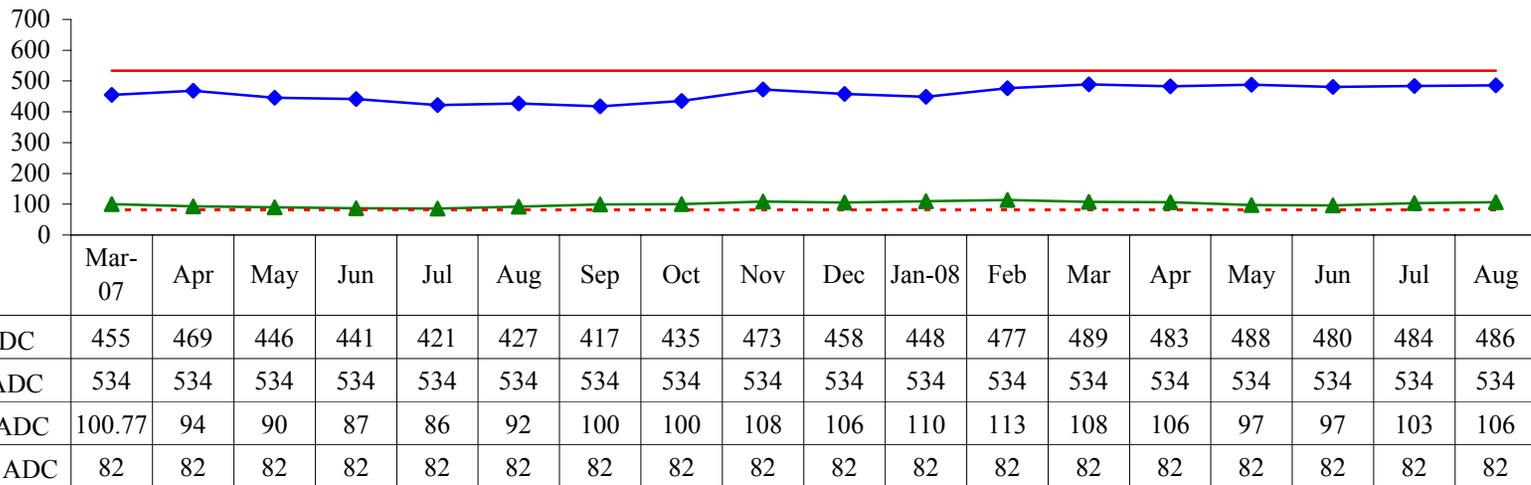
FY07 data revised using new coding

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

**Average Daily Census**

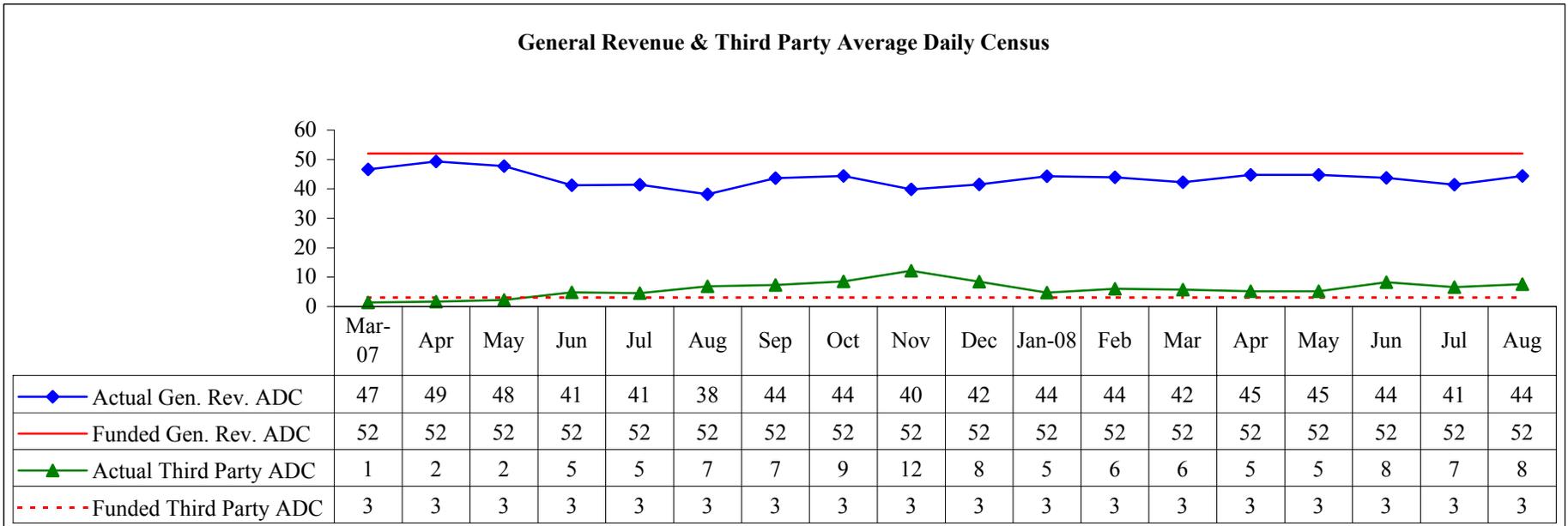
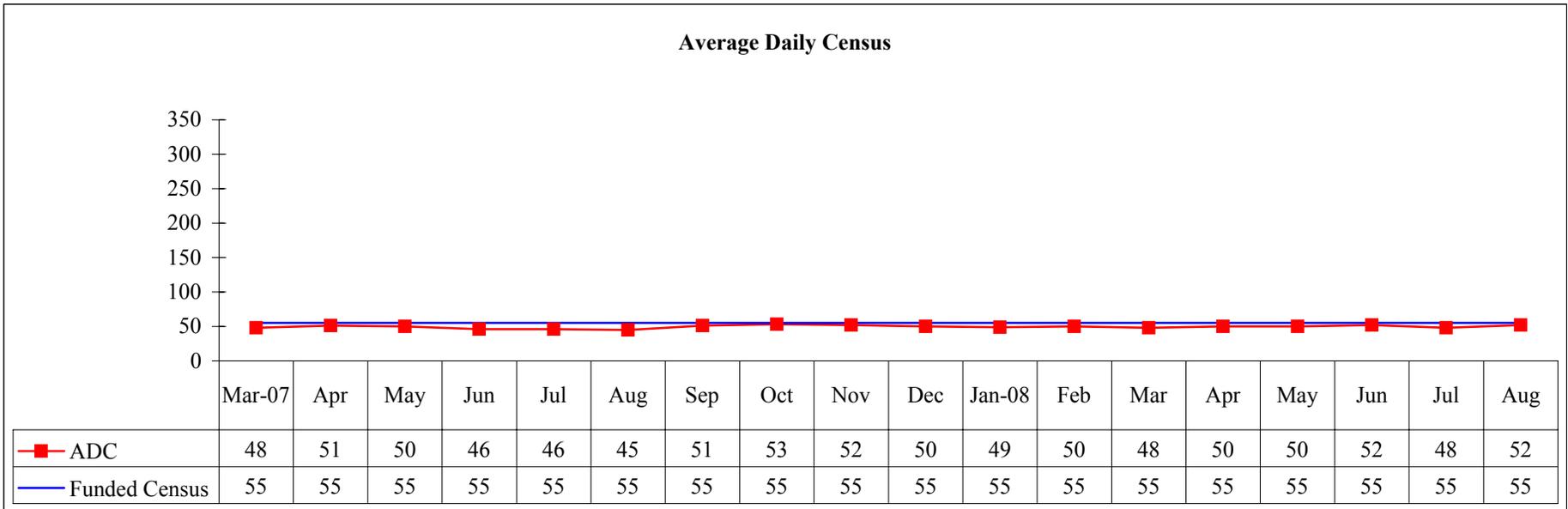


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

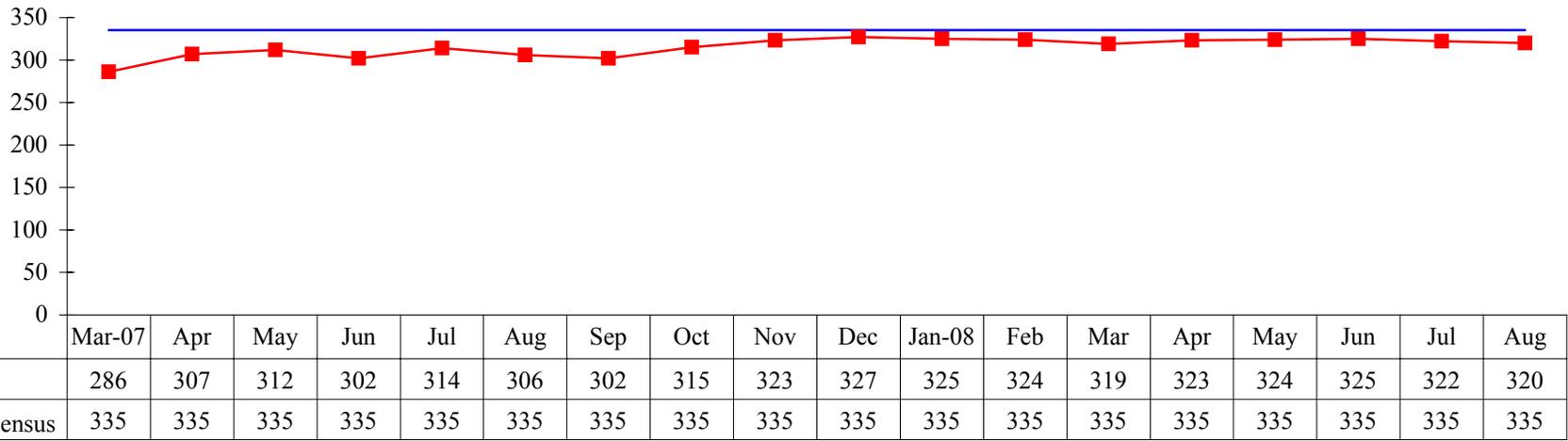
**Objective 1E & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**



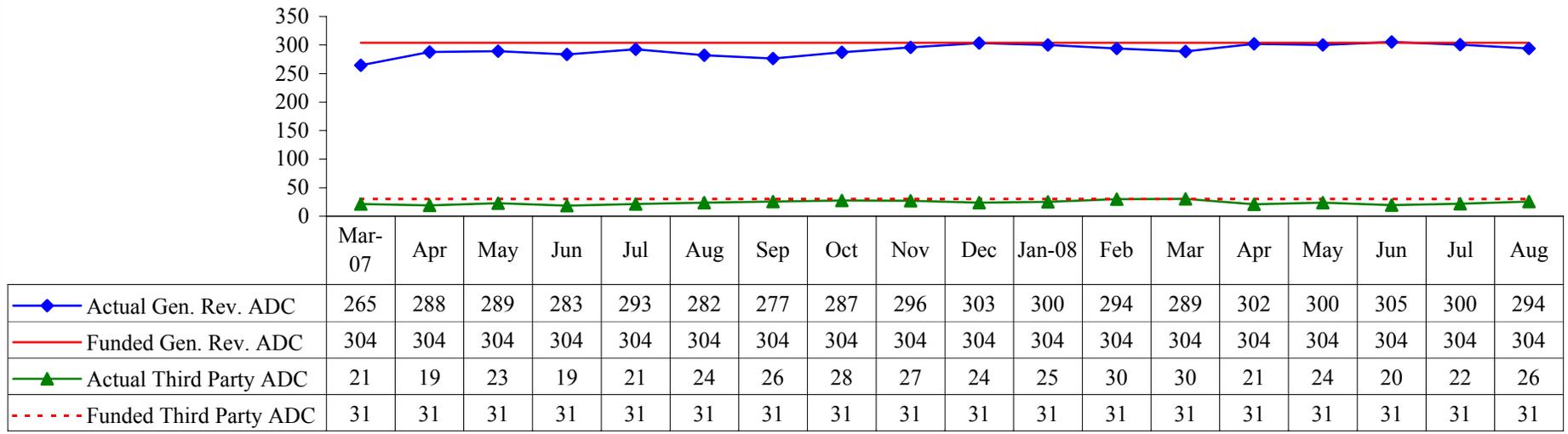
FY07 data revised using new coding

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

**Average Daily Census**

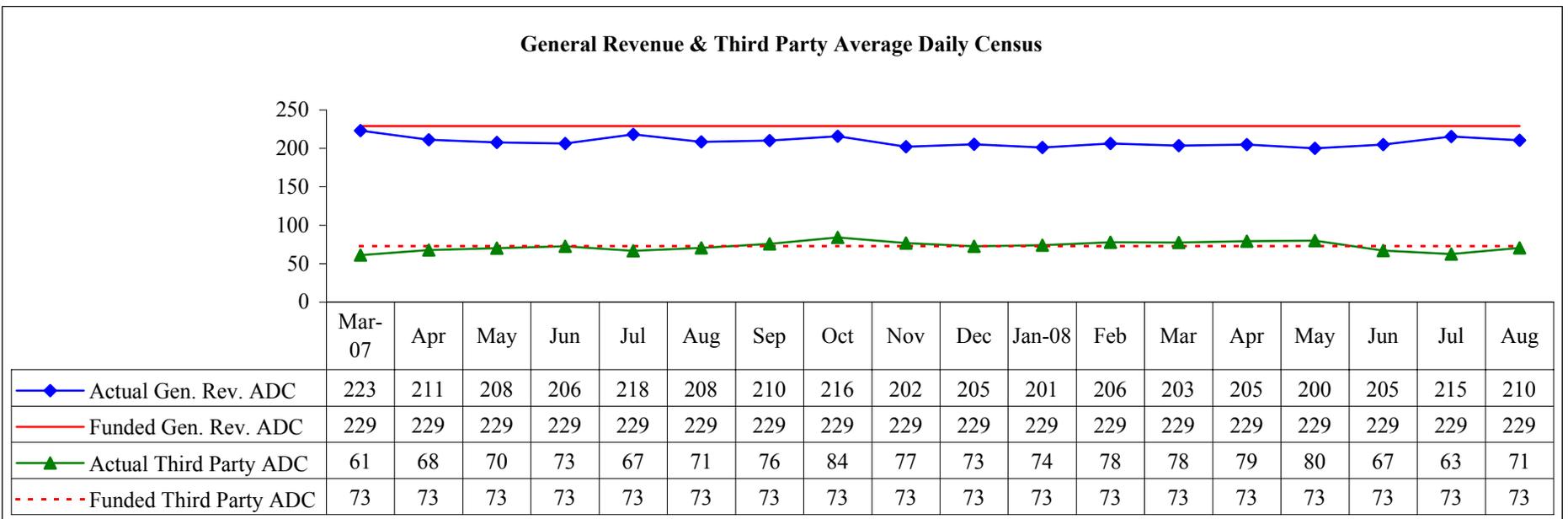
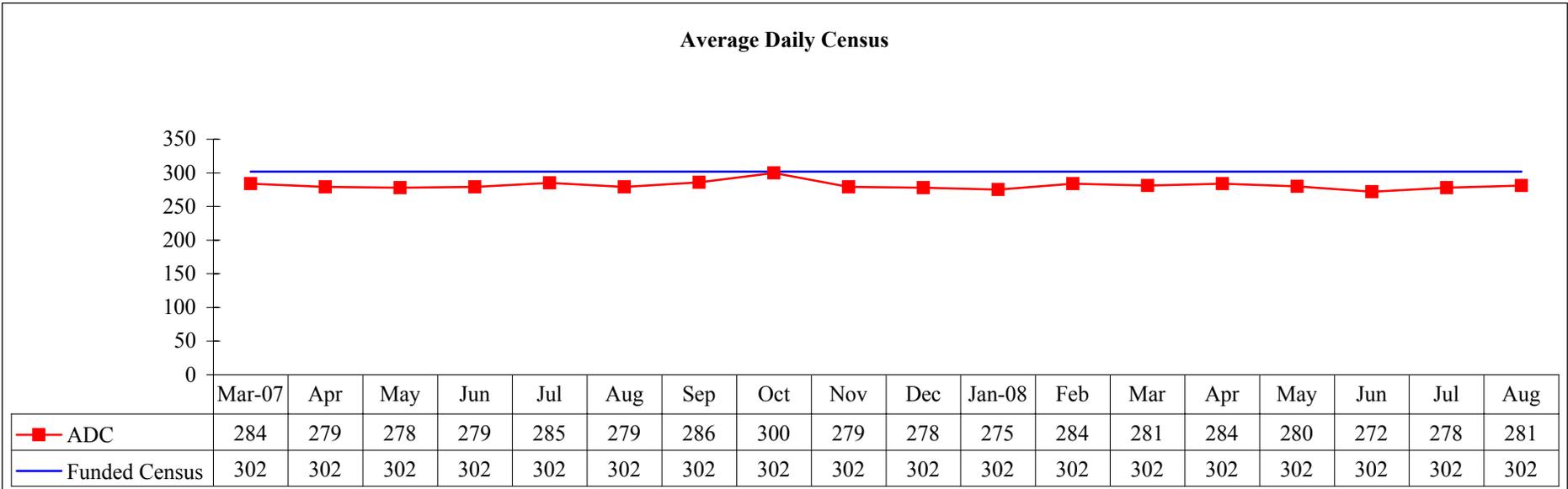


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

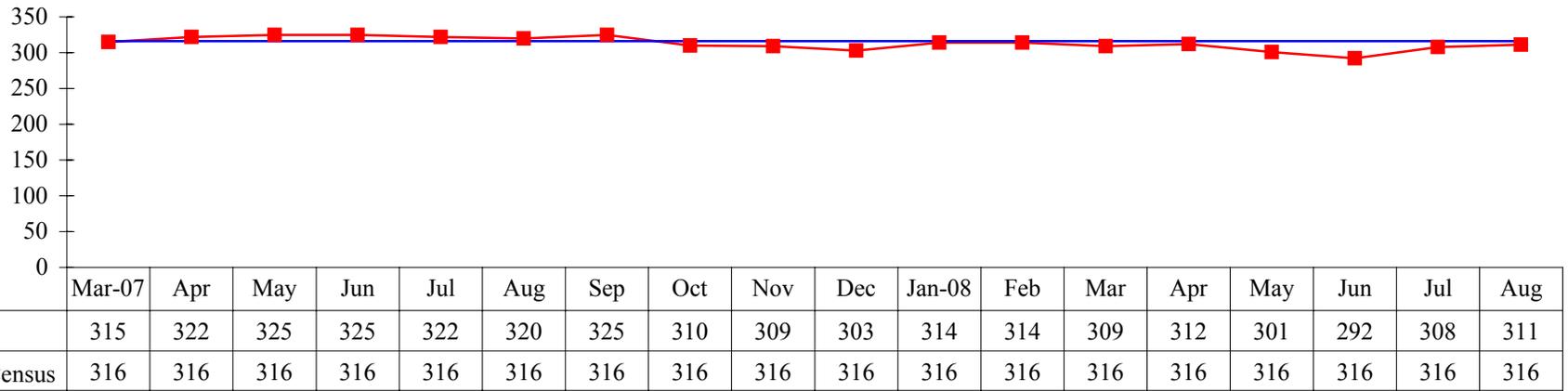
**Objective 1E & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**



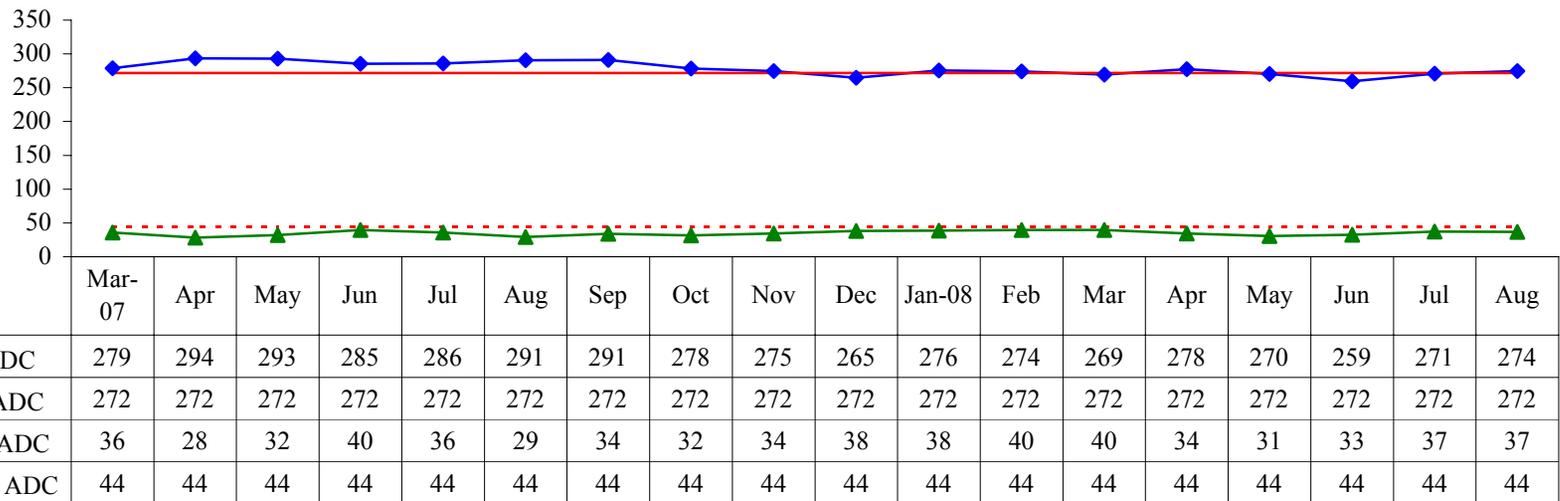
FY07 data revised using new coding

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

**Average Daily Census**



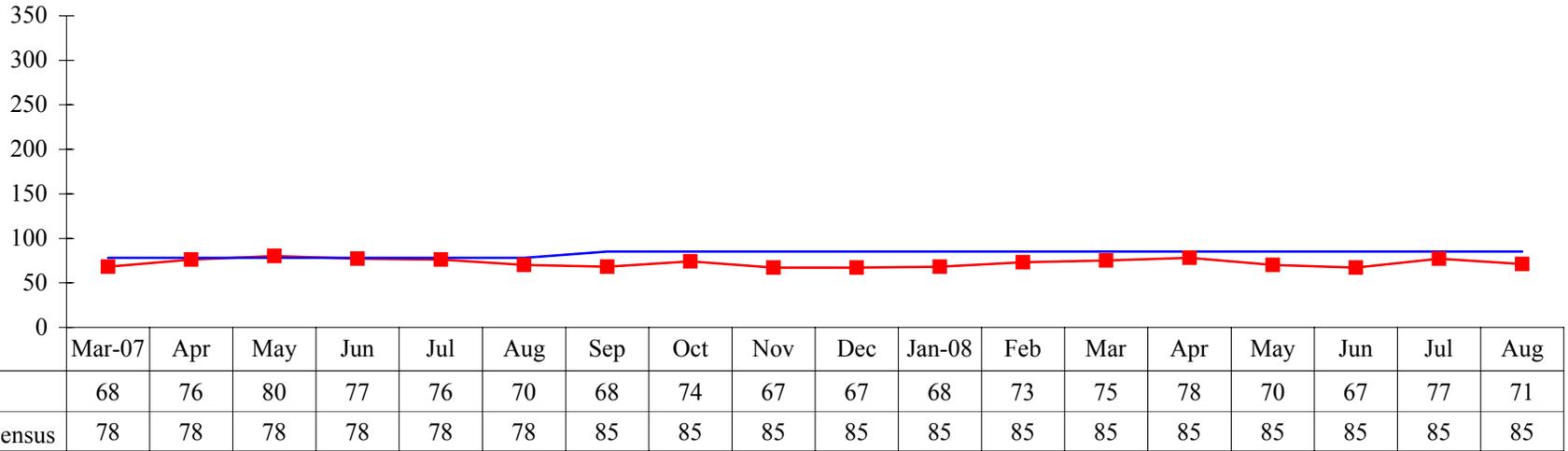
**General Revenue & Third Party Average Daily Census**



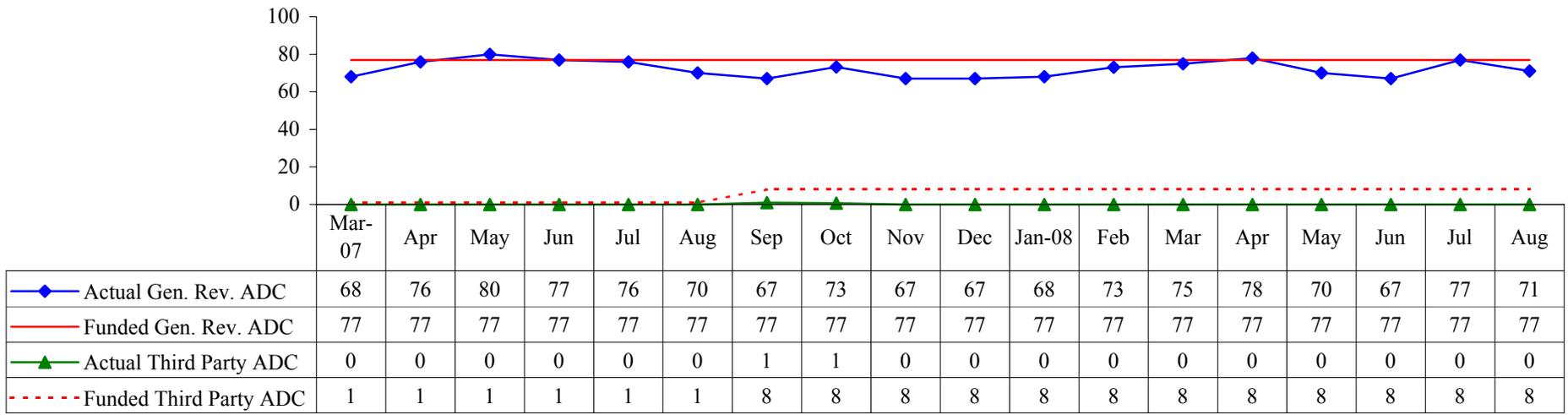
FY07 data revised using new coding

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

**Average Daily Census**



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



FY07 data revised using new coding



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

	<b>FY05</b>	<b>FY06</b>				<b>FY07</b>				<b>FY08</b>			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>													
Avg. Patient Days		22	21	20	20	20	20	20	20	22	23	24	25
LBB Cost/Bed Day		\$319	\$381	\$372	\$377	\$375	\$387	\$392	\$397	\$395	\$435	\$393	\$380
Average Cost	\$0	\$7,174	\$7,826	\$7,372	\$7,681	\$7,675	\$7,878	\$7,820	\$7,862	\$8,697	\$10,140	\$9,335	\$9,419
<b>Big Spring State Hospital</b>													
Avg. Patient Days		38	41	40	39	39	36	42	39	39	41	39	43
LBB Cost/Bed Day		\$334	\$381	\$336	\$332	\$354	\$369	\$377	\$377	\$364	\$395	\$389	\$384
Average Cost	\$0	\$12,812	\$15,507	\$13,474	\$12,899	\$13,850	\$13,427	\$15,717	\$14,579	\$14,201	\$16,207	\$15,034	\$16,422
<b>El Paso Psychiatric Center</b>													
Avg. Patient Days		18	23	20	20	19	22	21	20	19	19	20	23
LBB Cost/Bed Day		\$431	\$453	\$463	\$452	\$469	\$467	\$461	\$504	\$447	\$507	\$530	\$516
Average Cost	\$0	\$7,949	\$10,333	\$9,153	\$9,157	\$8,736	\$10,252	\$9,529	\$10,247	\$8,674	\$9,734	\$10,717	\$12,098
<b>Kerrville State Hospital</b>													
Avg. Patient Days		68	64	63	65	63	66	65	65	65	67	68	66
LBB Cost/Bed Day		\$289	\$334	\$342	\$350	\$337	\$329	\$345	\$333	\$328	\$351	\$338	\$342
Average Cost	\$0	\$19,754	\$21,226	\$21,381	\$22,663	\$21,373	\$21,693	\$22,473	\$21,726	\$21,275	\$23,678	\$22,871	\$22,750
<b>North Texas State Hospital</b>													
Avg. Patient Days		46	46	48	45	47	46	46	46	45	45	46	44
LBB Cost/Bed Day		\$303	\$356	\$331	\$337	\$349	\$388	\$382	\$416	\$387	\$407	\$364	\$343
Average Cost	\$0	\$13,972	\$16,315	\$15,855	\$15,230	\$16,363	\$17,961	\$17,706	\$19,000	\$17,471	\$18,193	\$16,546	\$15,188
<b>Rusk State Hospital</b>													
Avg. Patient Days		35	36	37	37	37	42	37	37	38	43	38	40
LBB Cost/Bed Day		\$298	\$346	\$339	\$339	\$361	\$387	\$368	\$371	\$343	\$377	\$364	\$325
Average Cost	\$0	\$10,506	\$12,307	\$12,405	\$12,465	\$13,351	\$16,137	\$13,686	\$13,701	\$12,894	\$16,366	\$14,013	\$12,873
<b>San Antonio State Hospital</b>													
Avg. Patient Days		24	24	24	24	25	34	27	28	29	30	29	29
LBB Cost/Bed Day		\$341	\$486	\$357	\$410	\$398	\$397	\$429	\$431	\$404	\$444	\$409	\$410
Average Cost	\$0	\$8,314	\$11,892	\$8,459	\$9,885	\$10,121	\$13,542	\$11,716	\$12,148	\$11,663	\$13,467	\$12,004	\$11,835

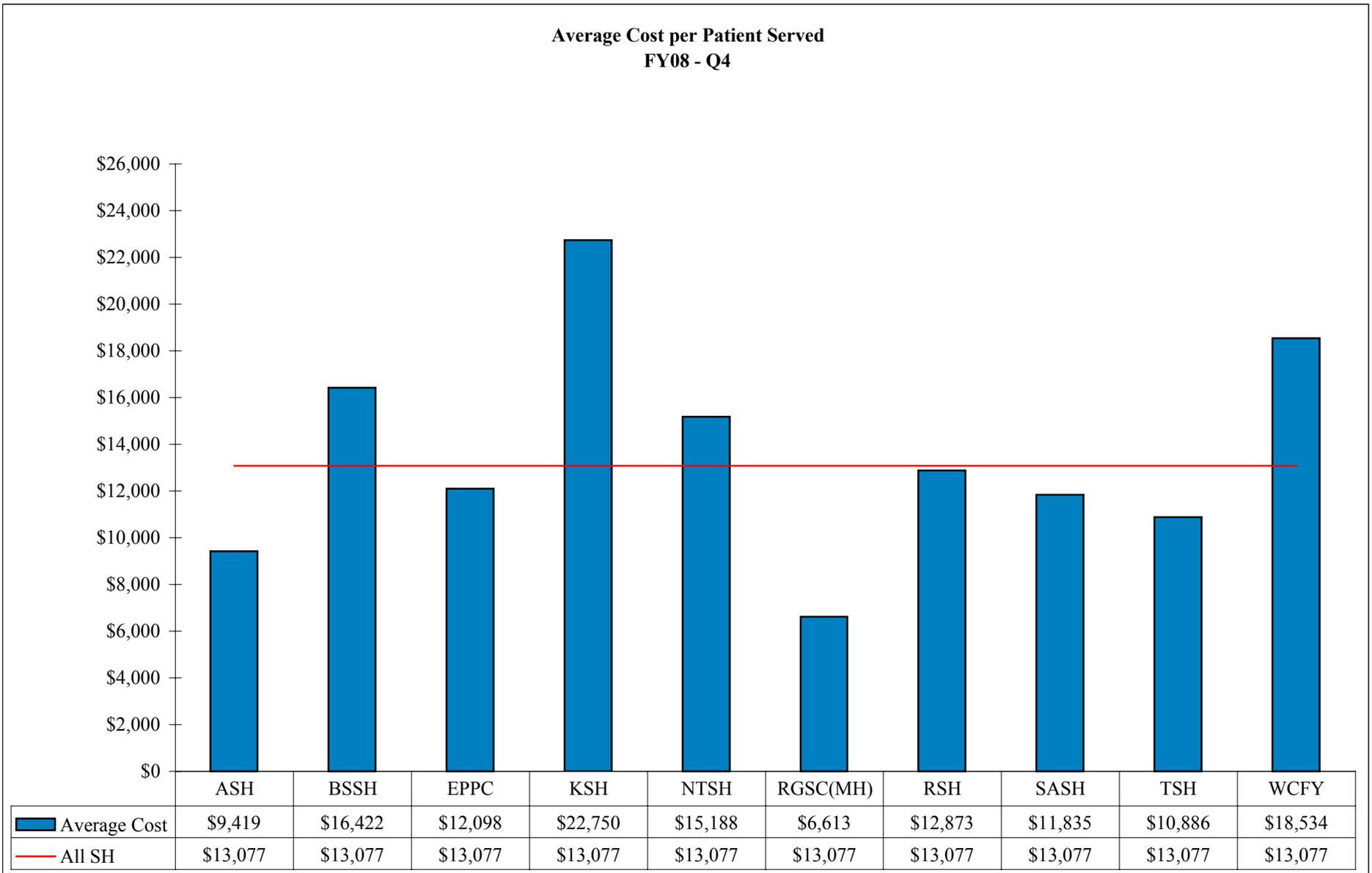
Source: CARE Report HC022330,  
Financial Statistical Report-Fiscal Services;  
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

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

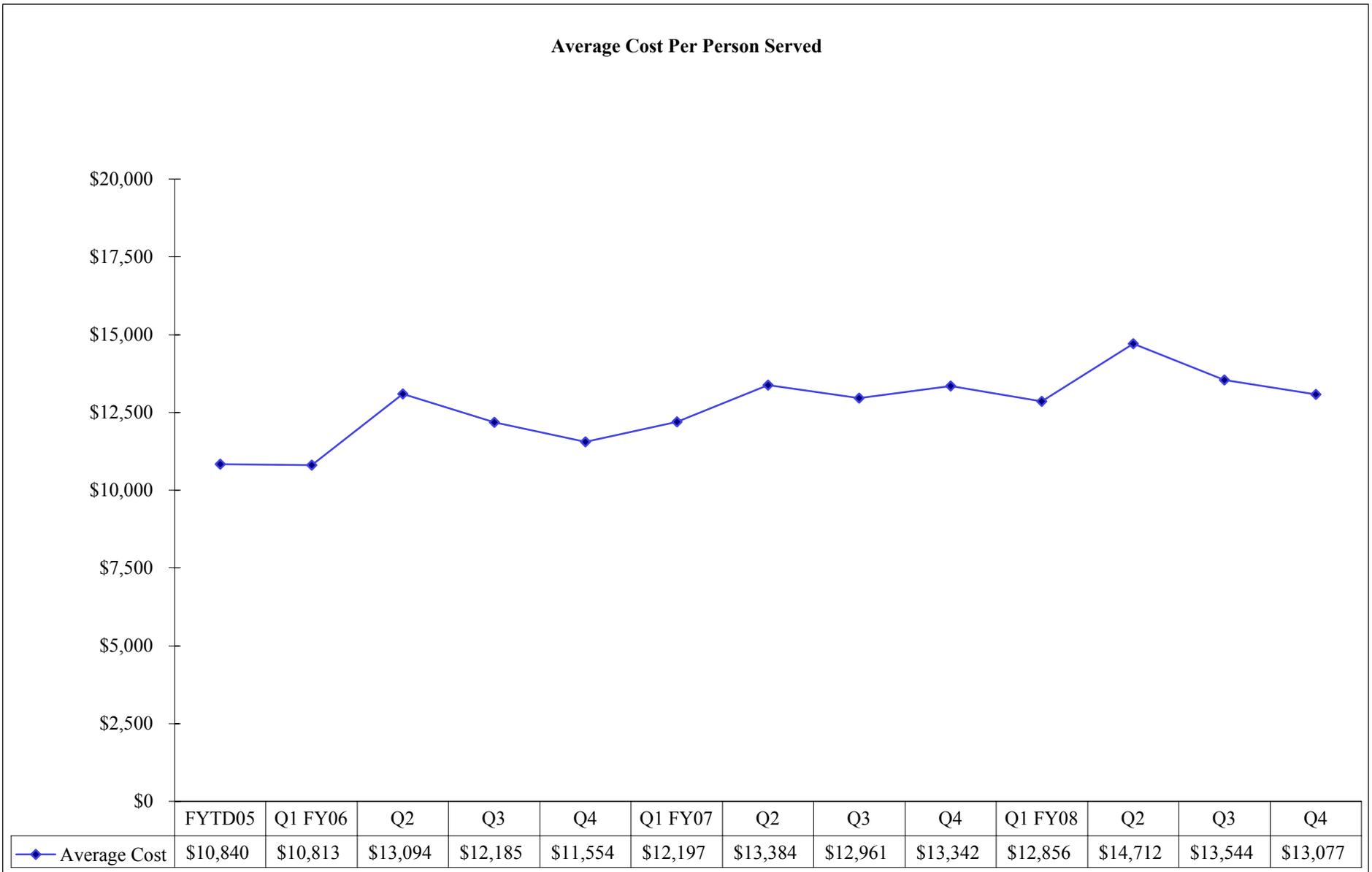
	<b>FY05</b>	<b>FY06</b>				<b>FY07</b>				<b>FY08</b>			
	<b>FYTD</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Terrell State Hospital</b>													
Avg. Patient Days		31	31	32	31	31	29	31	32	31	31	31	30
LBB Cost/Bed Day		\$302	\$361	\$340	\$332	\$350	\$361	\$354	\$361	\$351	\$395	\$377	\$368
Average Cost	\$0	\$9,303	\$11,104	\$10,786	\$10,315	\$10,843	\$10,578	\$10,935	\$11,647	\$11,024	\$12,277	\$11,598	\$10,886
<b>Waco Center for Youth*</b>													
Avg. Patient Days		61	59	67	57	62	61	59	56	62	54	65	51
LBB Cost/Bed Day		\$292	\$304	\$302	\$339	\$306	\$363	\$333	\$404	\$339	\$424	\$362	\$364
Average Cost	\$0	\$17,836	\$18,015	\$20,391	\$19,440	\$18,892	\$22,093	\$19,484	\$22,804	\$20,927	\$22,820	\$23,472	\$18,534
<b>Rio Grande State Center (MH)</b>													
Avg. Patient Days		13	14	16	15	15	14	16	12	16	14	13	16
LBB Cost/Bed Day		\$606	\$926	\$677	\$448	\$402	\$412	\$519	\$537	\$382	\$493	\$478	\$408
Average Cost	\$0	\$8,145	\$12,658	\$10,828	\$6,704	\$5,946	\$5,682	\$8,231	\$6,519	\$6,140	\$6,927	\$6,073	\$6,613
<b>All MH Hospitals</b>													
Avg. Patient Days	33	34	34	34	32	34	35	34	34	35	36	36	36
LBB Cost/Bed Day	\$325	\$319	\$385	\$359	\$356	\$362	\$381	\$383	\$396	\$373	\$409	\$381	\$367
Average Cost	\$10,840	\$10,813	\$13,094	\$12,185	\$11,554	\$12,197	\$13,384	\$12,961	\$13,342	\$12,856	\$14,712	\$13,544	\$13,077
<b>Texas Center for Infectious Disease</b>													
Avg. Patient Days										150	144	192	153
LBB Cost/Bed Day										\$524	\$864	\$633	\$798
Average Cost										\$78,600	\$124,416	\$121,317	\$122,280

LBB Cost - total facility expense minus benefits and depreciation

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



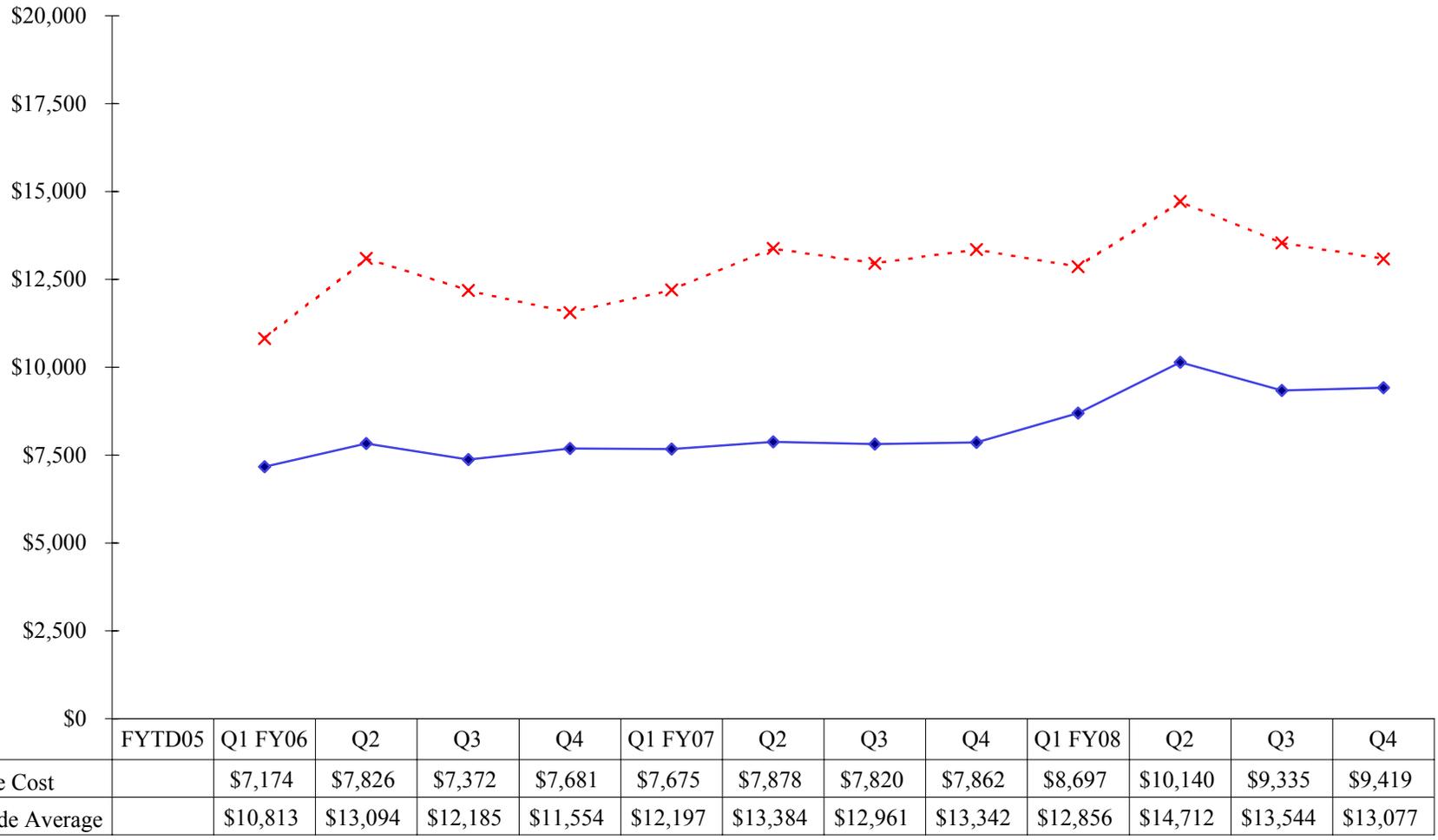
**Measure 1A - Average Cost Per Patient Served  
All State Hospitals**



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

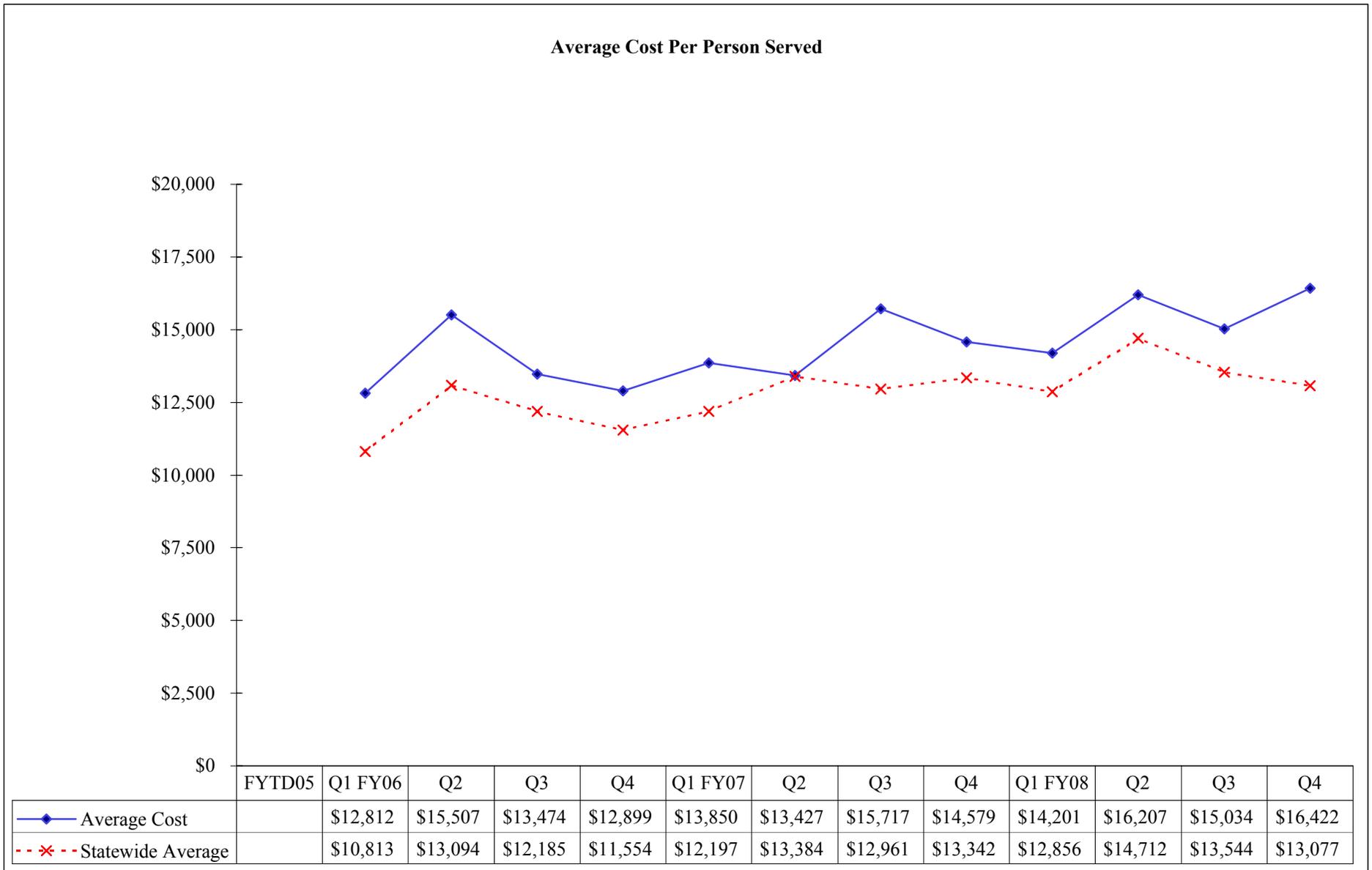
**Measure 1A - Average Cost Per Patient Served  
Austin State Hospital**

**Average Cost Per Person Served**



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

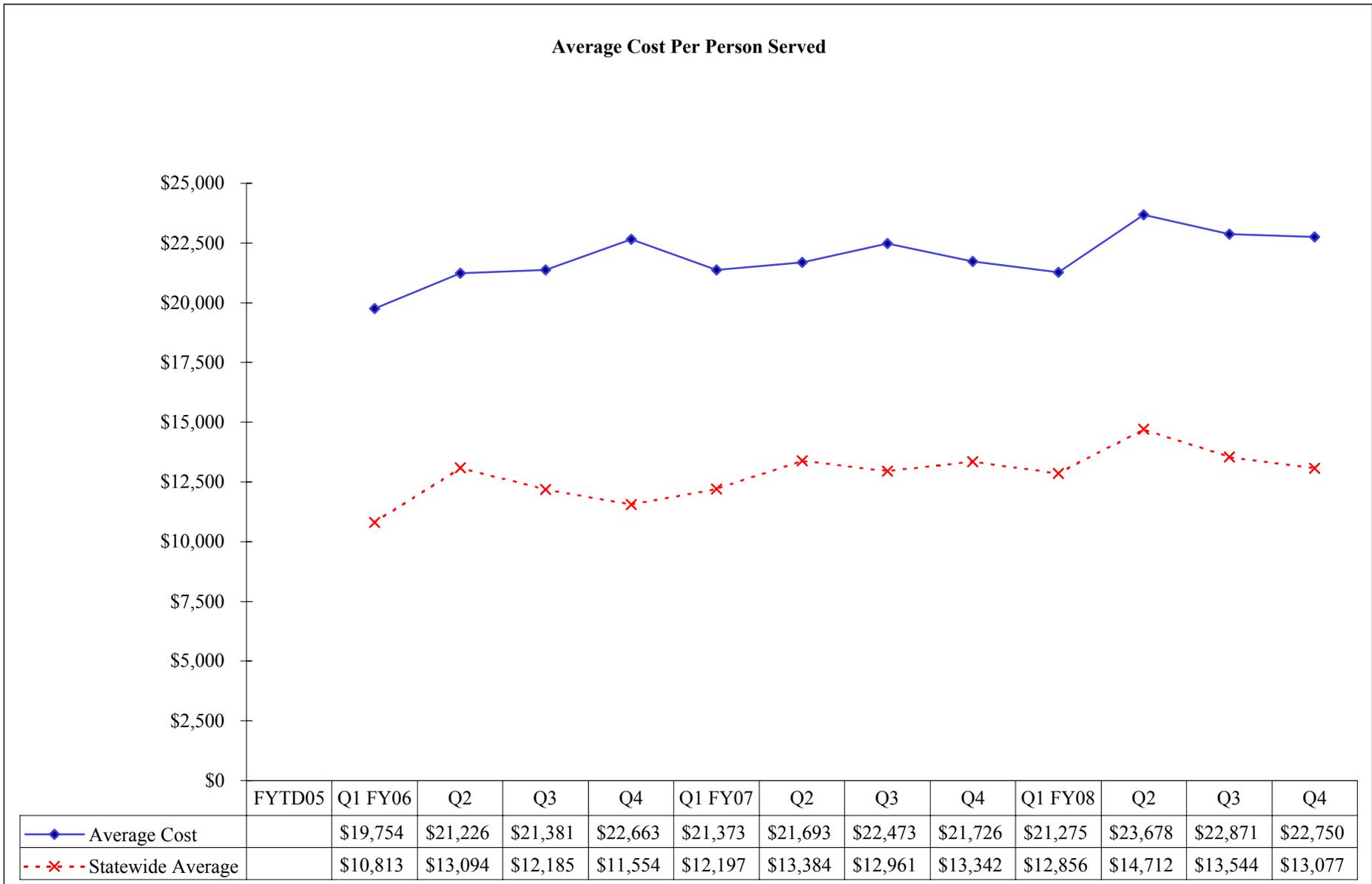
**Measure 1A - Average Cost Per Patient Served**  
**Big Spring State Hospital**



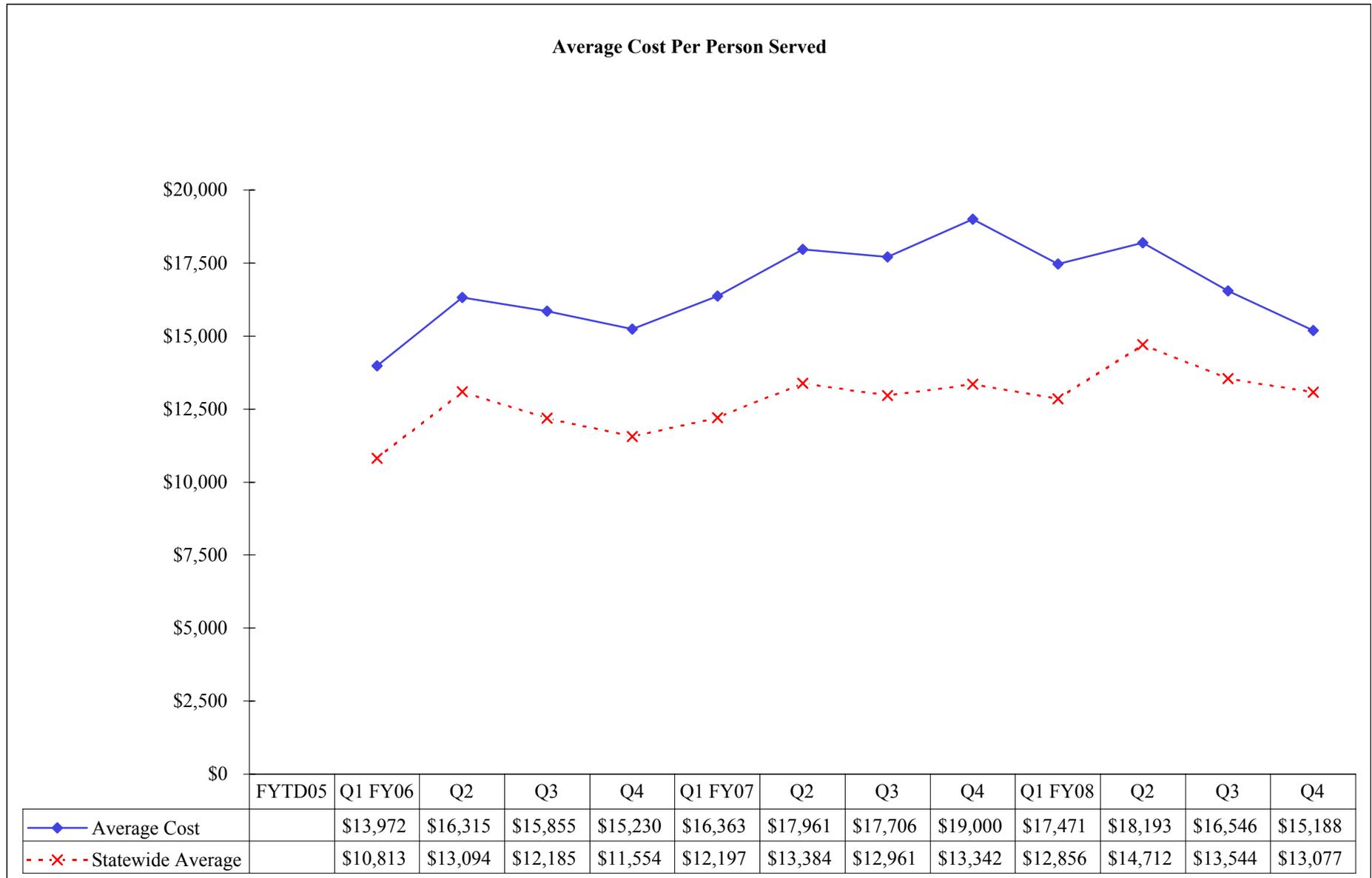
**Measure 1A - Average Cost Per Patient Served**  
**El Paso Psychiatric Center**



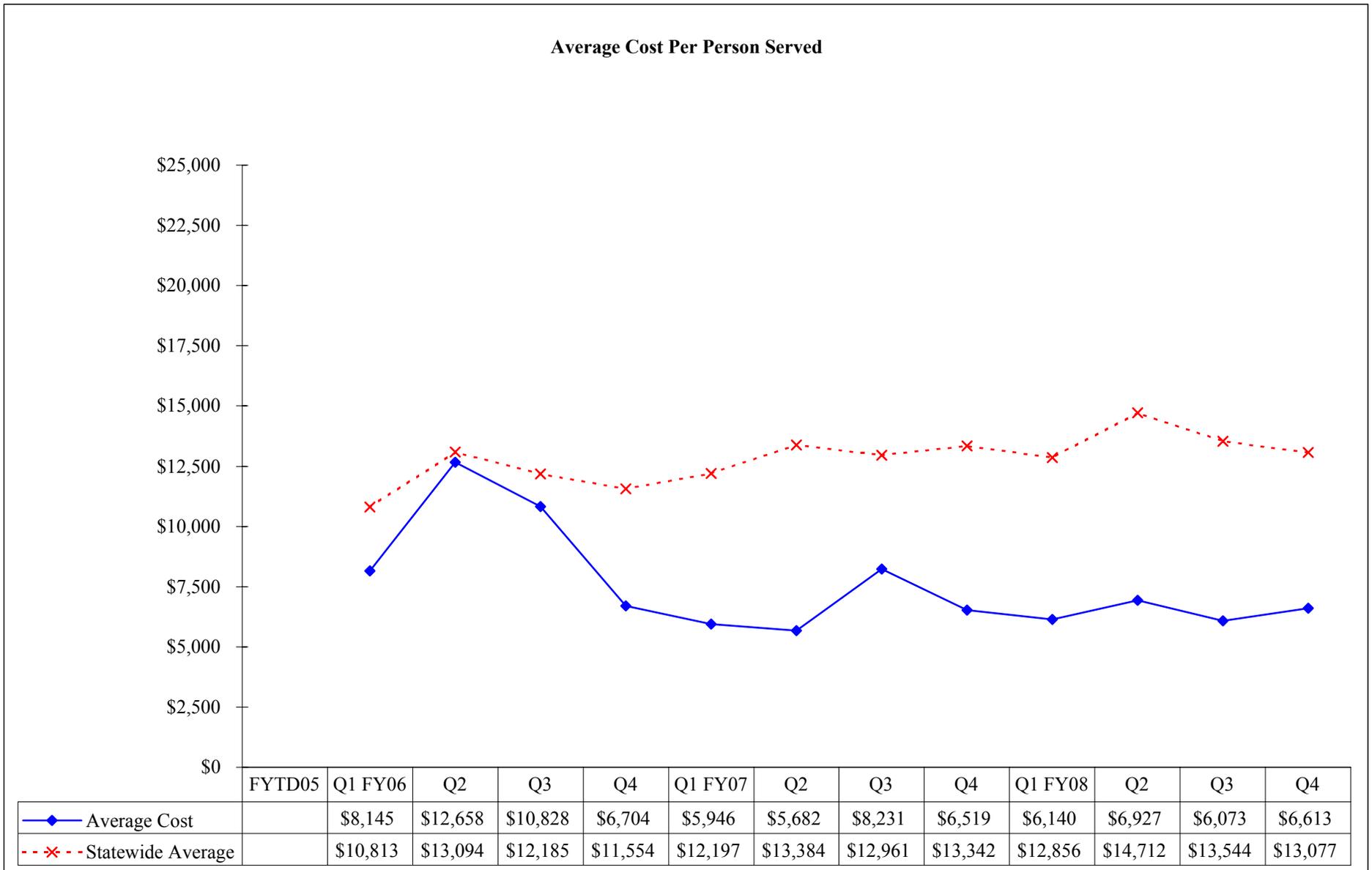
**Measure 1A - Average Cost Per Patient Served**  
**Kerrville State Hospital**



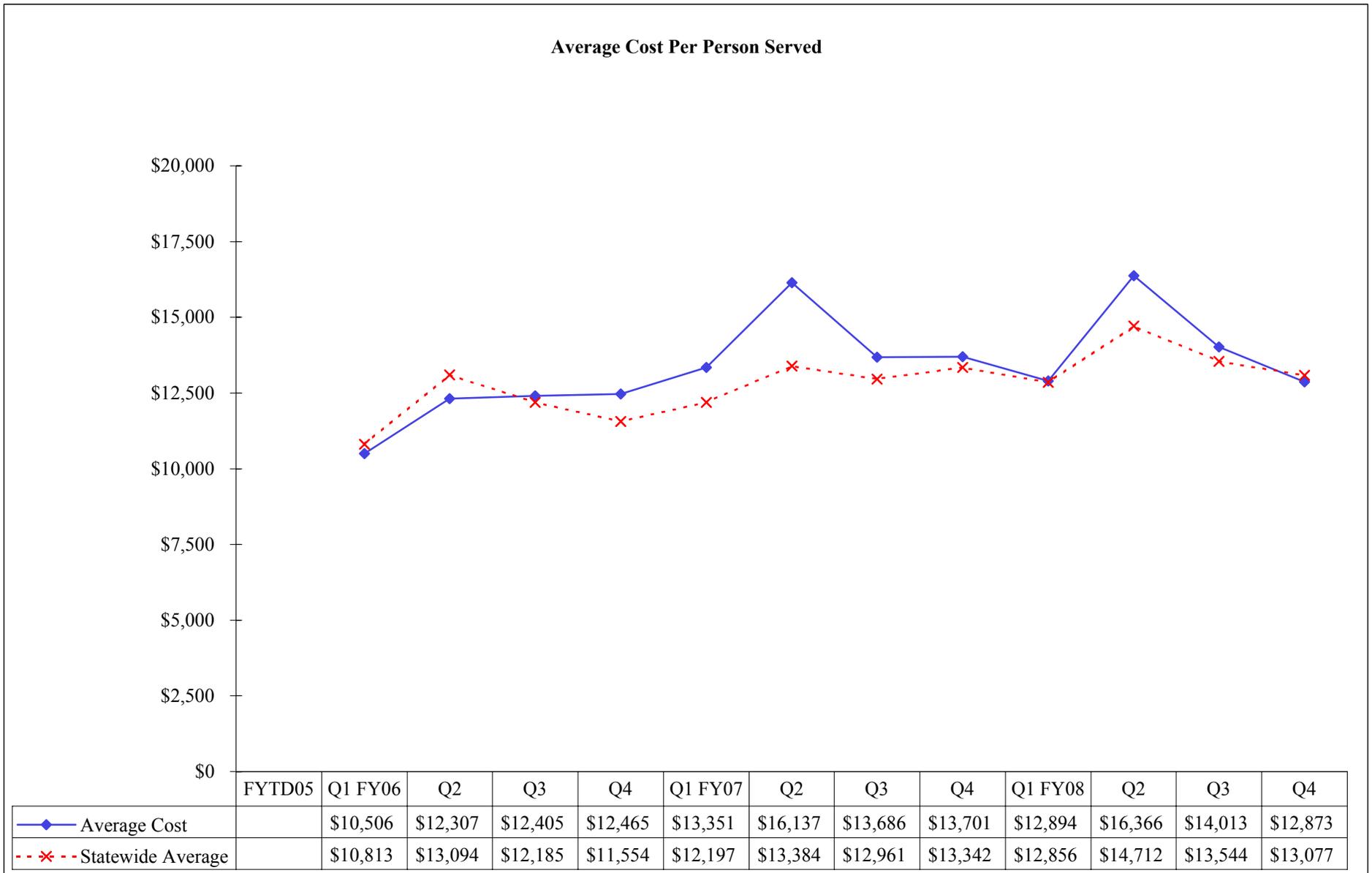
**Measure 1A - Average Cost Per Patient Served**  
**North Texas State Hospital**



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



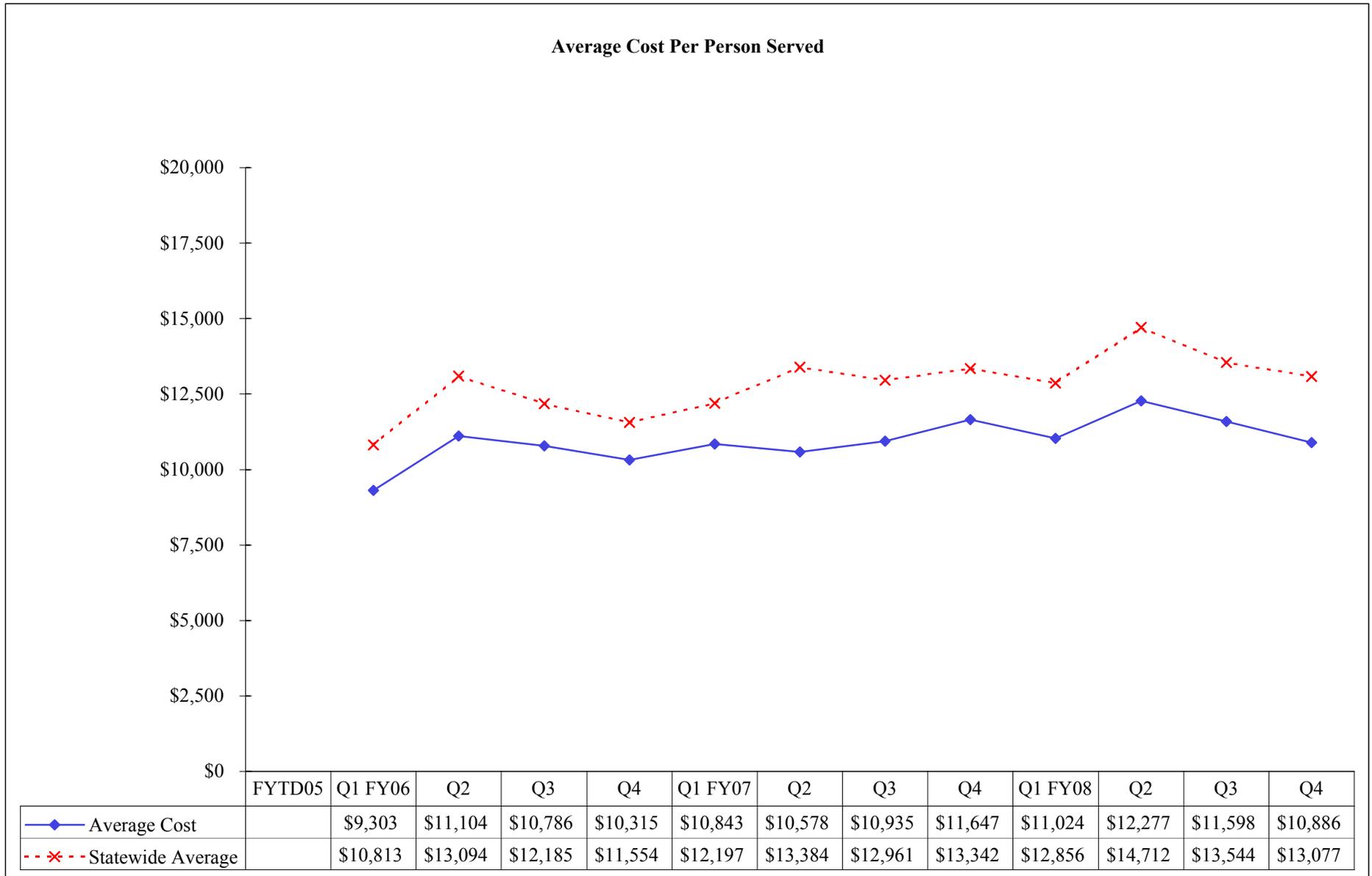
**Measure 1A - Average Cost Per Patient Served**  
**Rusk State Hospital**



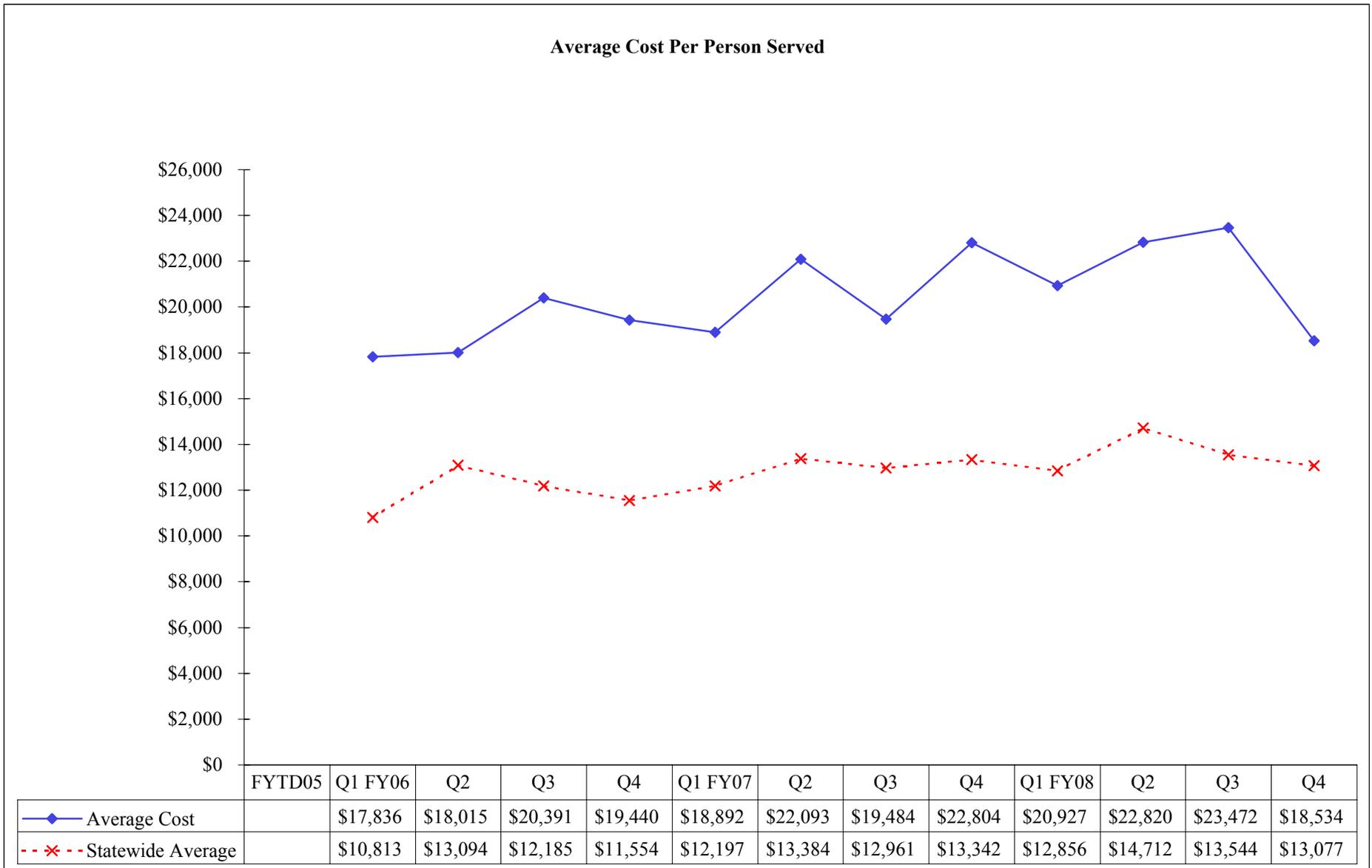
**Measure 1A - Average Cost Per Patient Served**  
**San Antonio State Hospital**



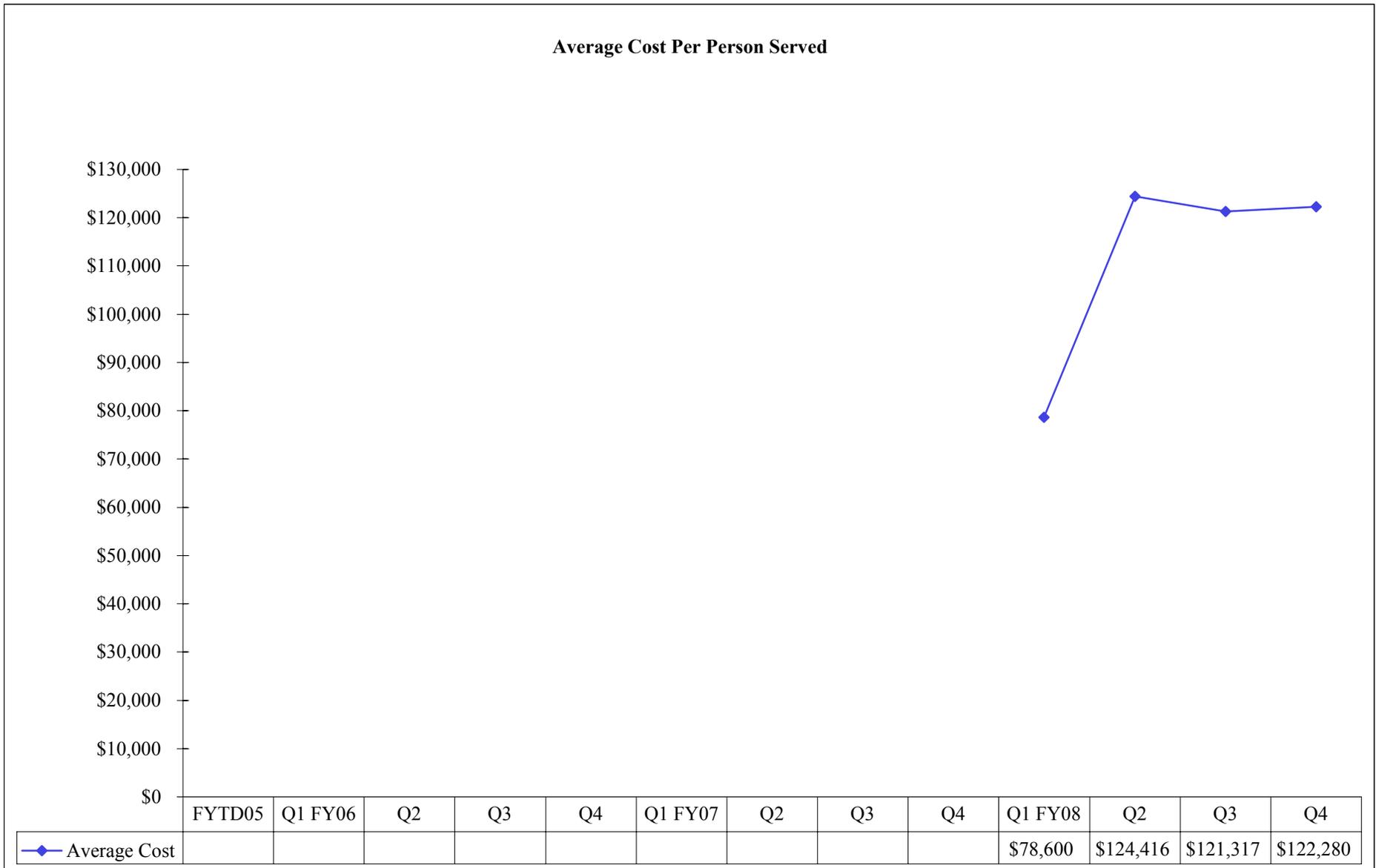
**Measure 1A - Average Cost Per Patient Served**  
**Terrell State Hospital**



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



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



**Performance Measure 1B:**

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

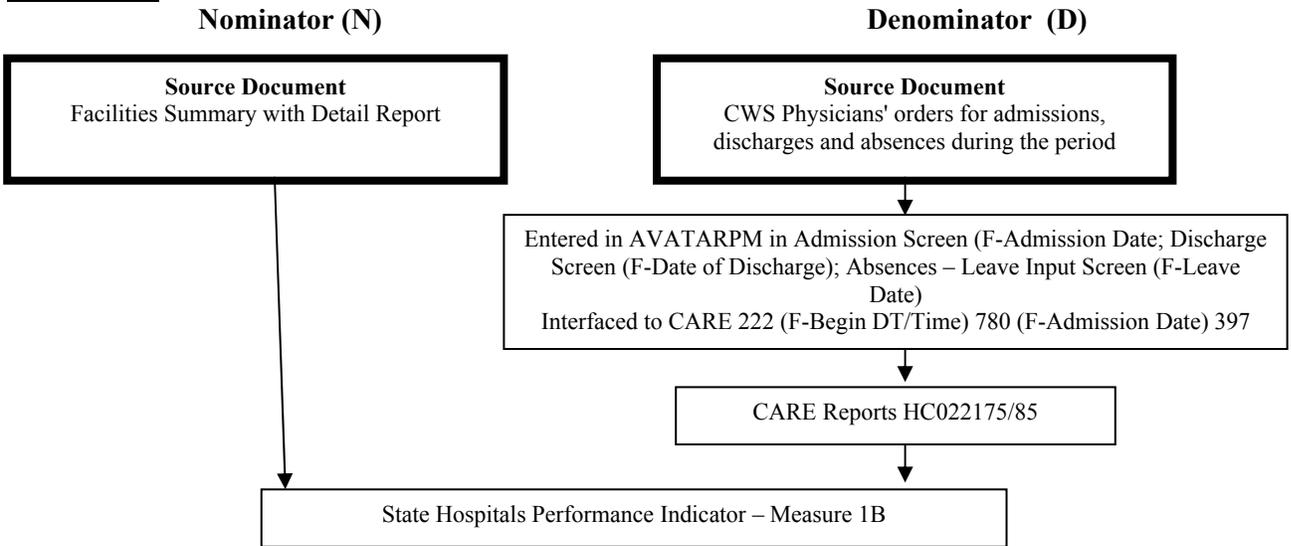
**Performance Measure Operational Definition:** The state hospital average cost per occupied bed day.

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

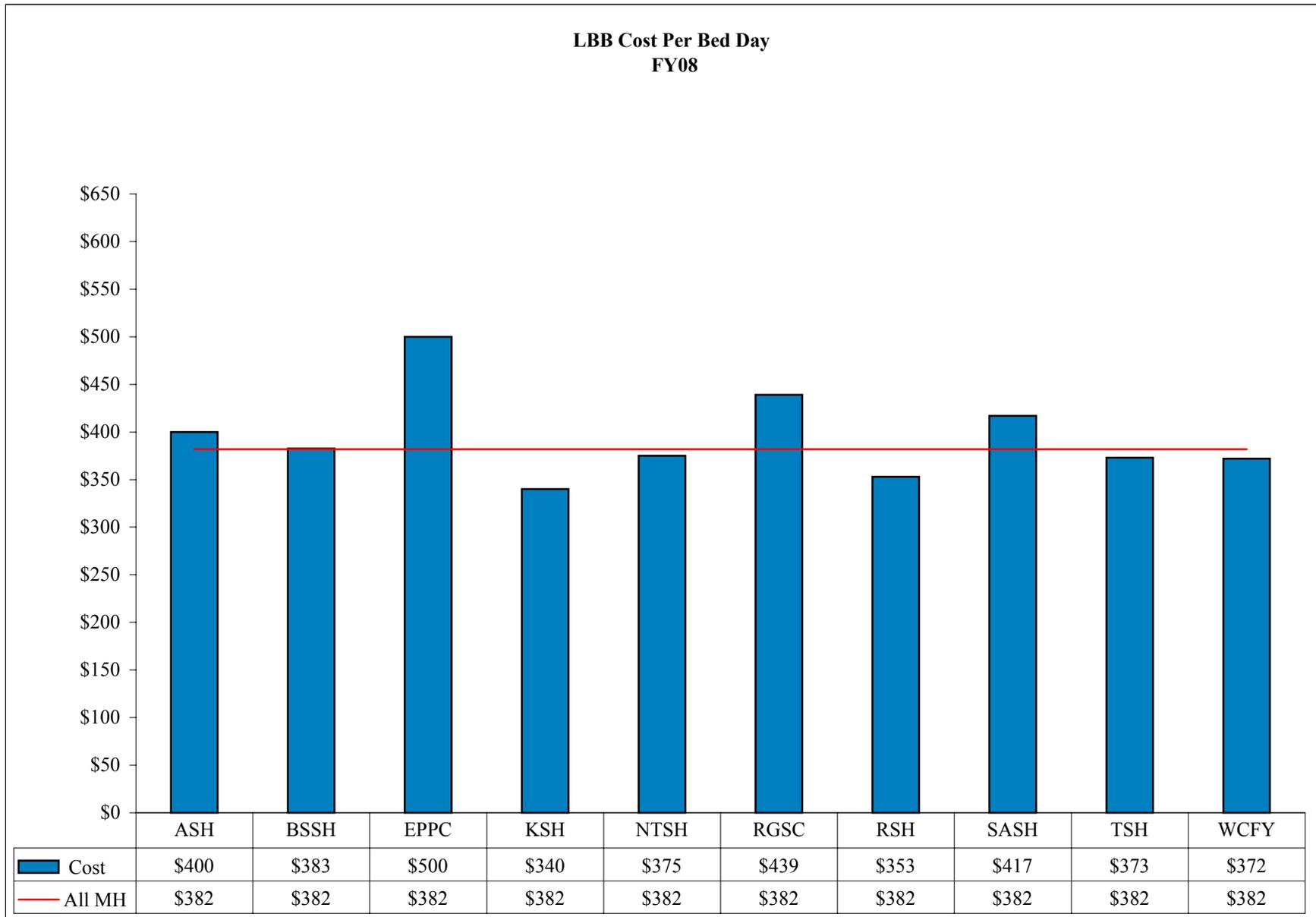
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**



**Measure 1B - Cost Per Bed Day**  
**All MH Hospitals - FY08**



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

**All State Hospitals**

	FY04				FY05	FY06				FY07				FY08			
	Q1	Q2	Q3	FY	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
<b>Austin State Hospital</b>																	
Cost Per Bed Day	\$419	\$414	\$419	\$415													
Cost Per Bed Day w/DICAP/SWICAP	\$459	\$456	\$460	\$461													
LBB Cost Per Bed Day	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$361	\$375	\$387	\$392	\$388	\$395	\$435	\$393	\$400
<b>Big Spring State Hospital</b>																	
Cost Per Bed Day	\$522	\$492	\$467	\$451													
Cost Per Bed Day w/DICAP/SWICAP	\$575	\$547	\$520	\$512													
LBB Cost Per Bed Day	\$429	\$401	\$380	\$366		\$334	\$381	\$336	\$345	\$354	\$369	\$377	\$369	\$364	\$395	\$389	\$383
<b>El Paso Psychiatric Center</b>																	
Cost Per Bed Day	\$533	\$515	\$499	\$509													
Cost Per Bed Day w/DICAP/SWICAP	\$538	\$519	\$503	\$521													
LBB Cost Per Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$475	\$447	\$507	\$530	\$500
<b>Kerrville State Hospital</b>																	
Cost Per Bed Day	\$438	\$430	\$417	\$405													
Cost Per Bed Day w/DICAP/SWICAP	\$480	\$474	\$460	\$456													
LBB Cost Per Bed Day	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328	\$337	\$329	\$345	\$336	\$328	\$351	\$338	\$340
<b>North Texas State Hospital</b>																	
Cost Per Bed Day	\$379	\$378	\$375	\$370													
Cost Per Bed Day w/DICAP/SWICAP	\$412	\$413	\$409	\$406													
LBB Cost Per Bed Day	\$307	\$305	\$302	\$298		\$303	\$356	\$331	\$331	\$349	\$388	\$382	\$383	\$387	\$407	\$364	\$375
<b>Rusk State Hospital</b>																	
Cost Per Bed Day	\$419	\$413	\$399	\$398													
Cost Per Bed Day w/DICAP/SWICAP	\$459	\$454	\$439	\$442													
LBB Cost Per Bed Day	\$342	\$334	\$323	\$322		\$298	\$346	\$339	\$331	\$361	\$387	\$368	\$371	\$343	\$377	\$364	\$353
<b>San Antonio State Hospital</b>																	
Cost Per Bed Day	\$453	\$441	\$419	\$411													
Cost Per Bed Day w/DICAP/SWICAP	\$496	\$486	\$463	\$458													
LBB Cost Per Bed Day	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$396	\$398	\$397	\$429	\$414	\$404	\$444	\$409	\$417
<b>Terrell State Hospital</b>																	
Cost Per Bed Day	\$404	\$397	\$389	\$384													
Cost Per Bed Day w/DICAP/SWICAP	\$443	\$438	\$428	\$427													
LBB Cost Per Bed Day	\$329	\$323	\$316	\$312		\$302	\$361	\$340	\$333	\$350	\$361	\$354	\$357	\$351	\$395	\$377	\$373

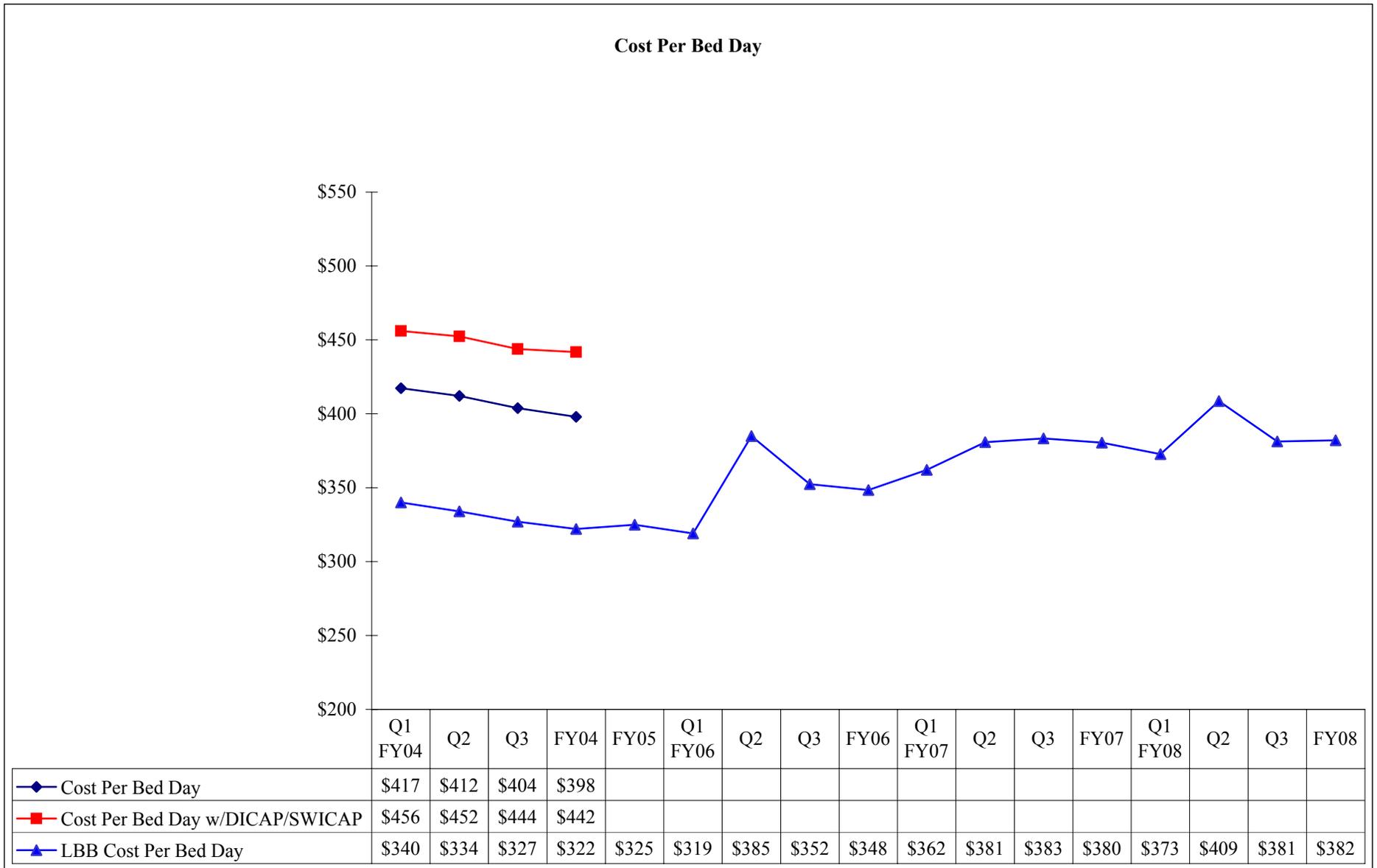
LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

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

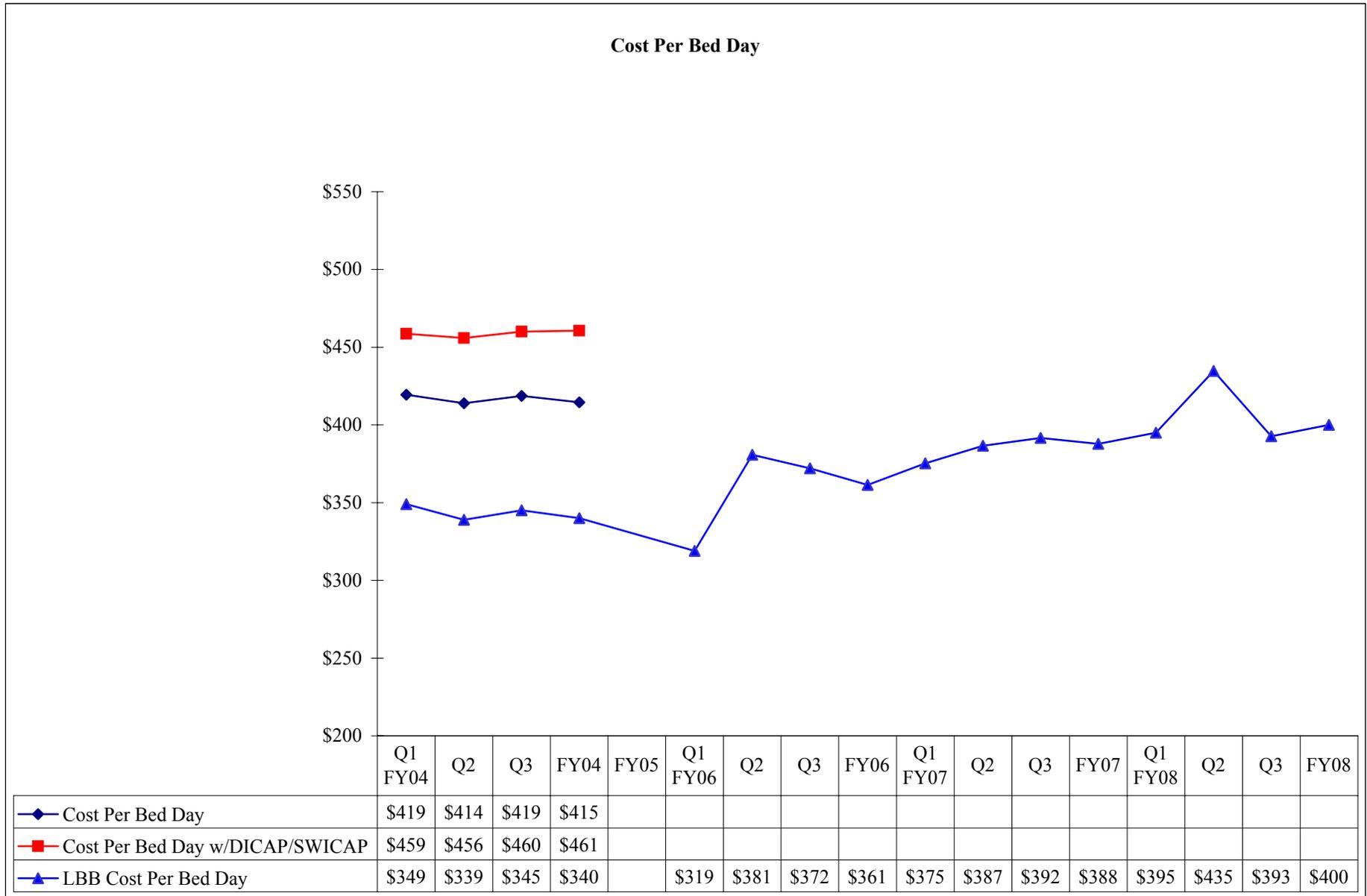
	FY04				FY05	FY06				FY07				FY08			
	Q1	Q2	Q3	FY	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
<b>Waco Center for Youth*</b>																	
Cost Per Bed Day	\$237	\$295	\$310	\$319													
Cost Per Bed Day w/DICAP/SWICAP	\$273	\$333	\$348	\$361													
LBB Cost Per Bed Day	\$168	\$227	\$242	\$252		\$292	\$304	\$302	\$309	\$306	\$363	\$333	\$351	\$339	\$424	\$362	\$372
<b>Rio Grande State Center (MH)</b>																	
Cost Per Bed Day	\$556	\$530	\$525	\$524													
Cost Per Bed Day w/DICAP/SWICAP	\$621	\$596	\$596	\$600													
LBB Cost Per Bed Day	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$458	\$402	\$412	\$519	\$469	\$382	\$493	\$478	\$439
<b>All State Hospitals</b>																	
Cost Per Bed Day	\$417	\$412	\$404	\$398													
Cost Per Bed Day w/DICAP/SWICAP	\$456	\$452	\$444	\$442													
LBB Cost Per Bed Day	\$340	\$334	\$327	\$322	\$325	\$319	\$385	\$352	\$348	\$362	\$381	\$383	\$380	\$373	\$409	\$381	\$382
<b>Texas Center for Infectious Disease</b>																	
Cost Per Bed Day																	
Cost Per Bed Day w/DICAP/SWICAP																	
LBB Cost Per Bed Day														\$524	\$864	\$633	\$704

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation  
Starting with FY03 Q2 RGSC (MH) is included in All SMHF Average Cost.

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

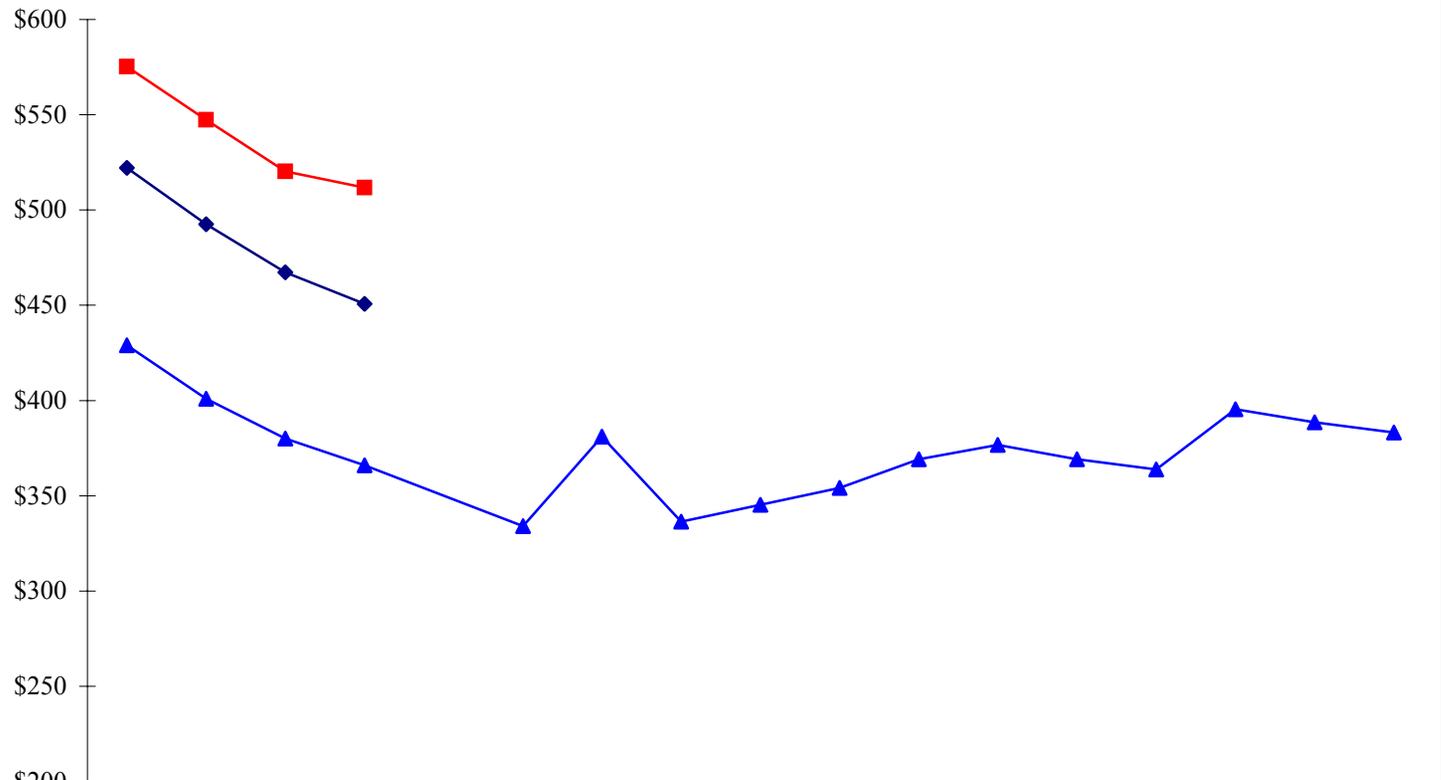


**Measure 1B - Cost Per Bed Day**  
**Austin State Hospital**



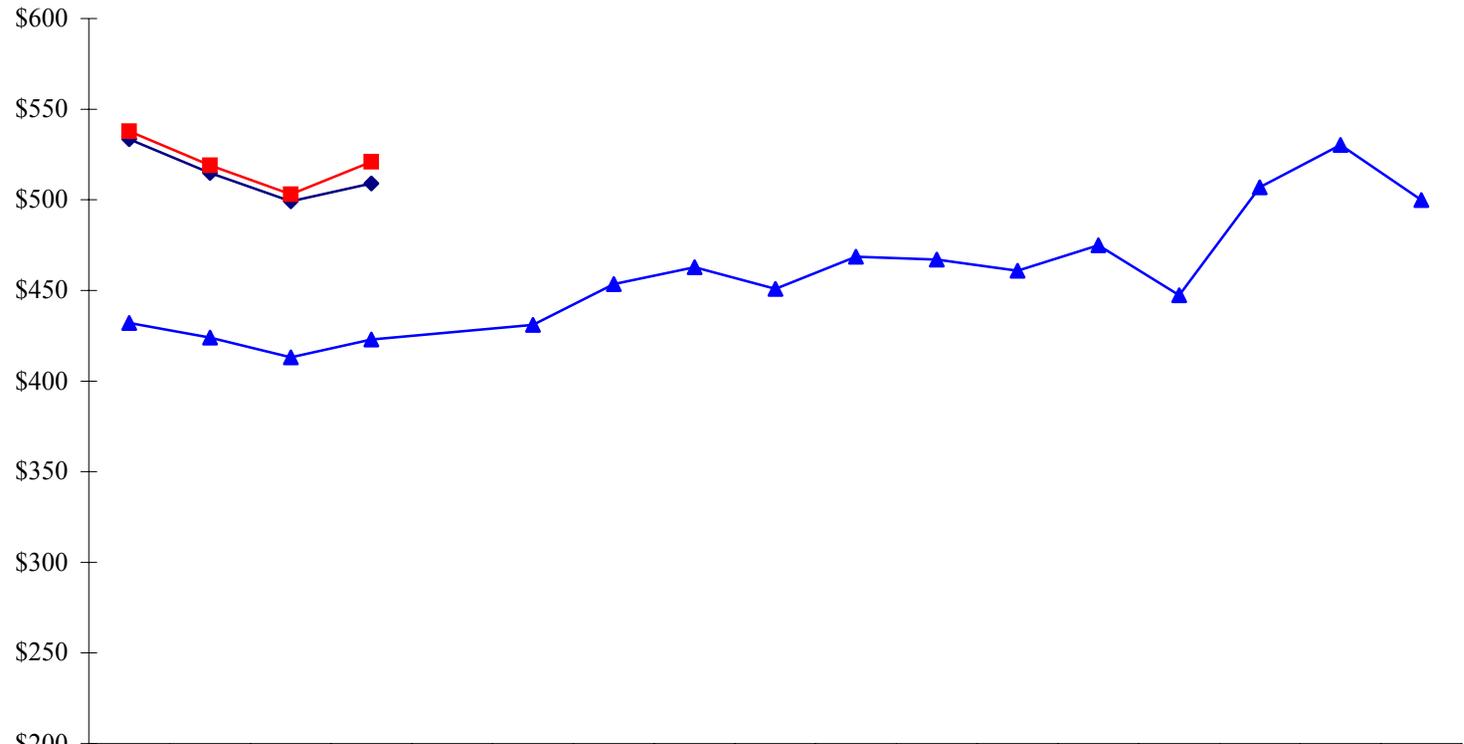
**Measure 1B - Cost Per Bed Day**  
**Big Spring State Hospital**

**Cost Per Bed Day**



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

**Cost Per Bed Day**

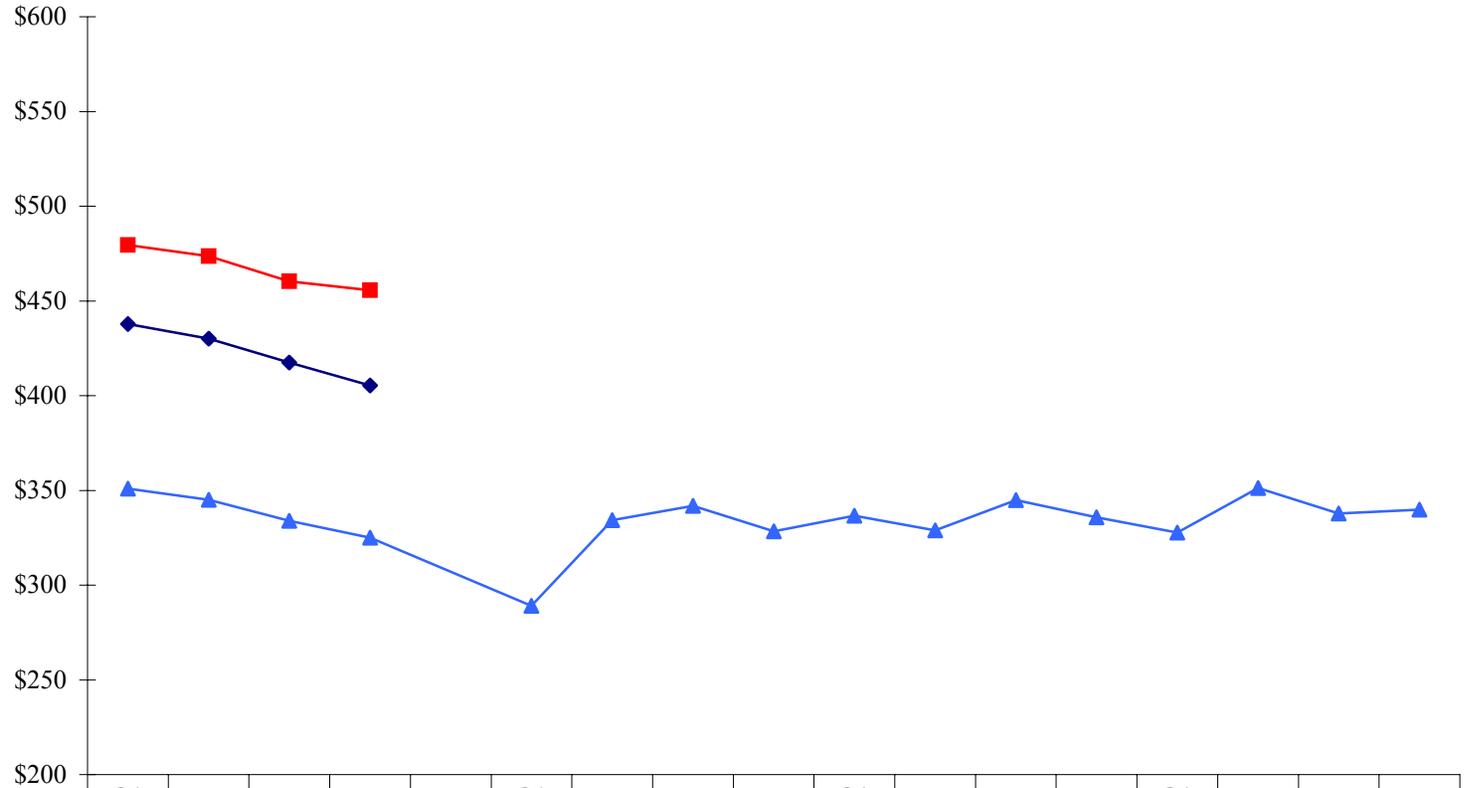


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3	FY07	Q1 FY08	Q2	Q3	FY08
Cost Per Bed Day	\$533	\$515	\$499	\$509													
Cost Per Bed Day w/DICAP/SWICAP	\$538	\$519	\$503	\$521													
LBB Cost Per Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$475	\$447	\$507	\$530	\$500

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

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

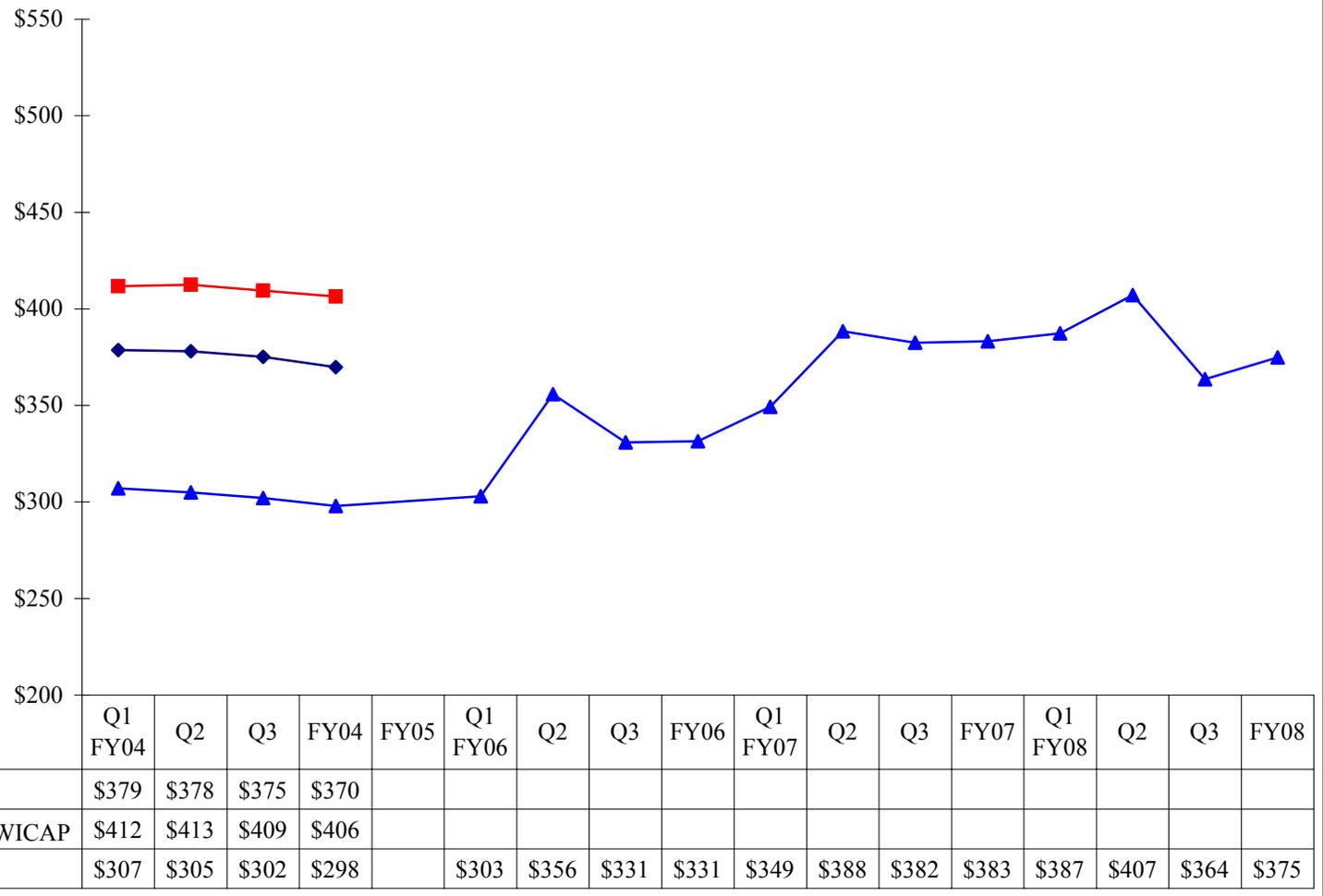
**Cost Per Bed Day**



◆ Cost Per Bed Day	\$438	\$430	\$417	\$405													
■ Cost Per Bed Day w/DICAP/SWICAP	\$480	\$474	\$460	\$456													
▲ LBB Cost Per Bed Day	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328	\$337	\$329	\$345	\$336	\$328	\$351	\$338	\$340

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

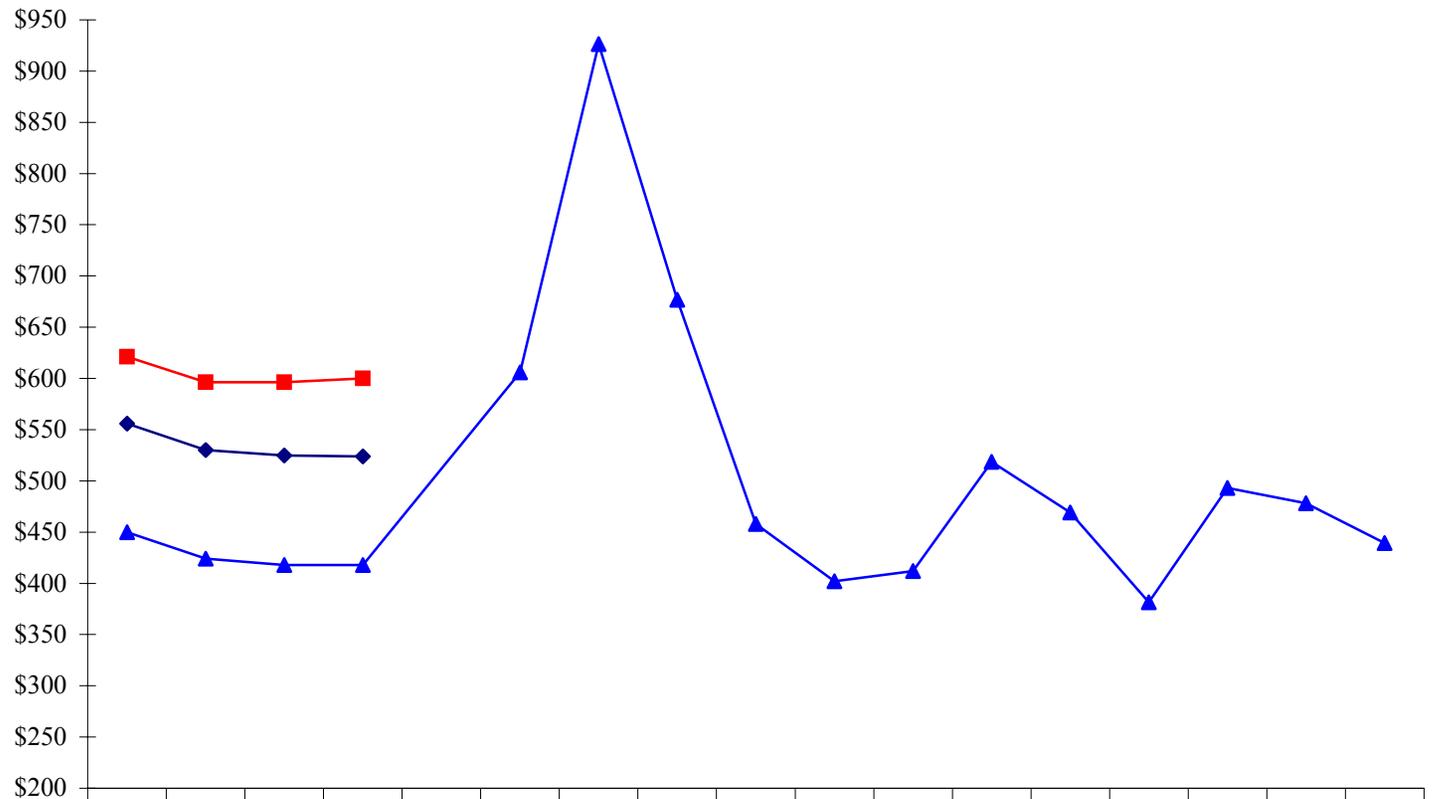
**Cost Per Bed Day**



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

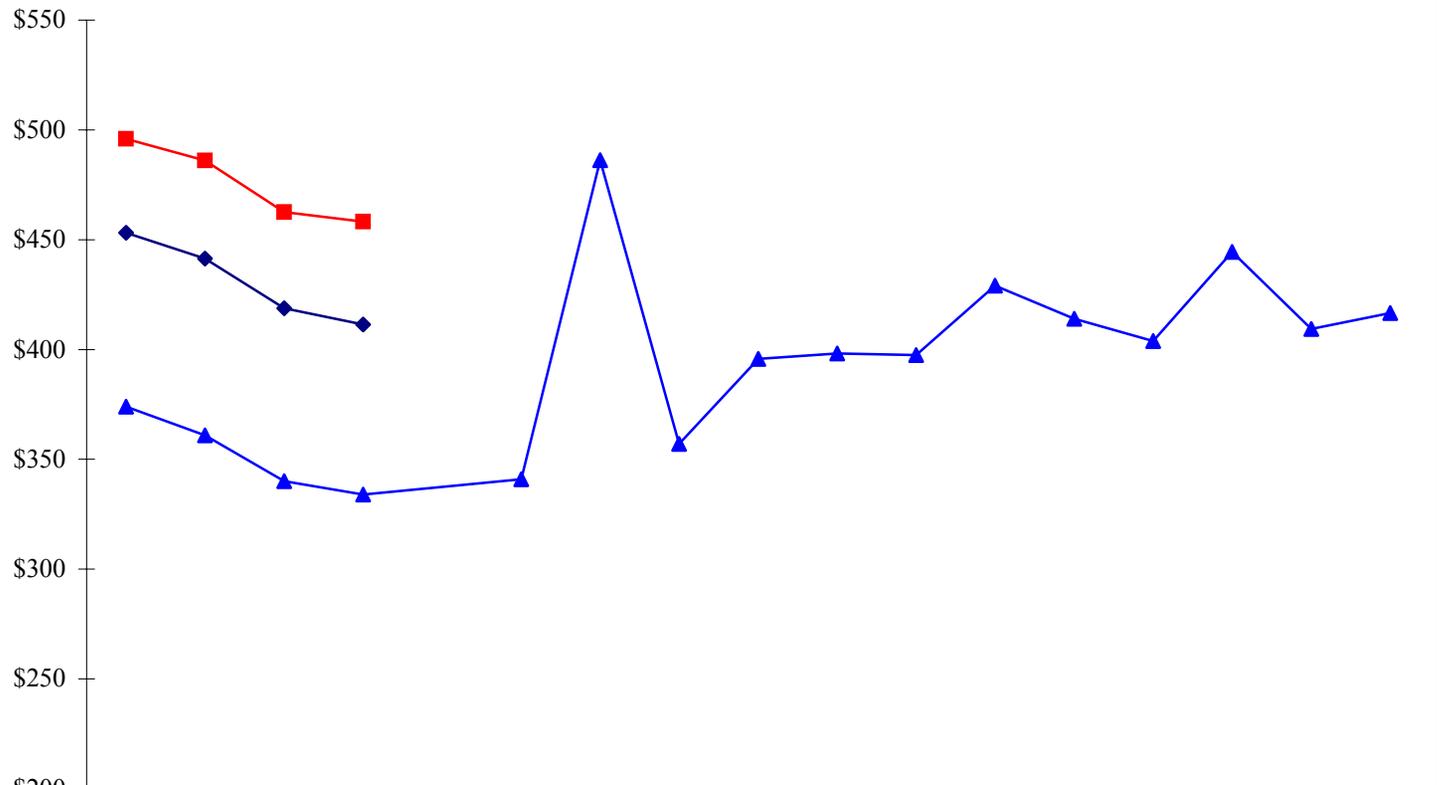
**Measure 1B - Cost Per Bed Day**  
**Rio Grande State Center (MH only)**

**Cost Per Bed Day**



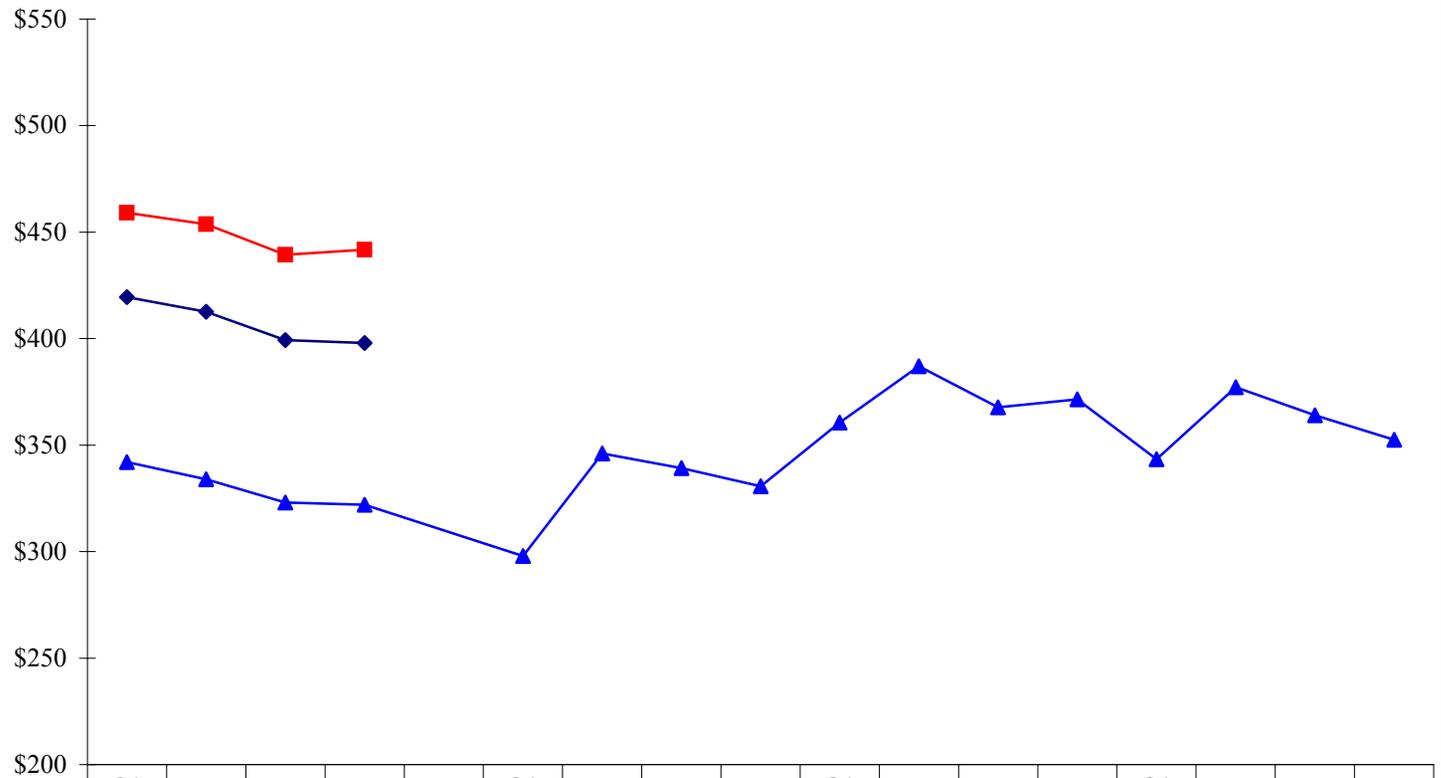
**Measure 1B - Cost Per Bed Day**  
**San Antonio State Hospital**

**Cost Per Bed Day**



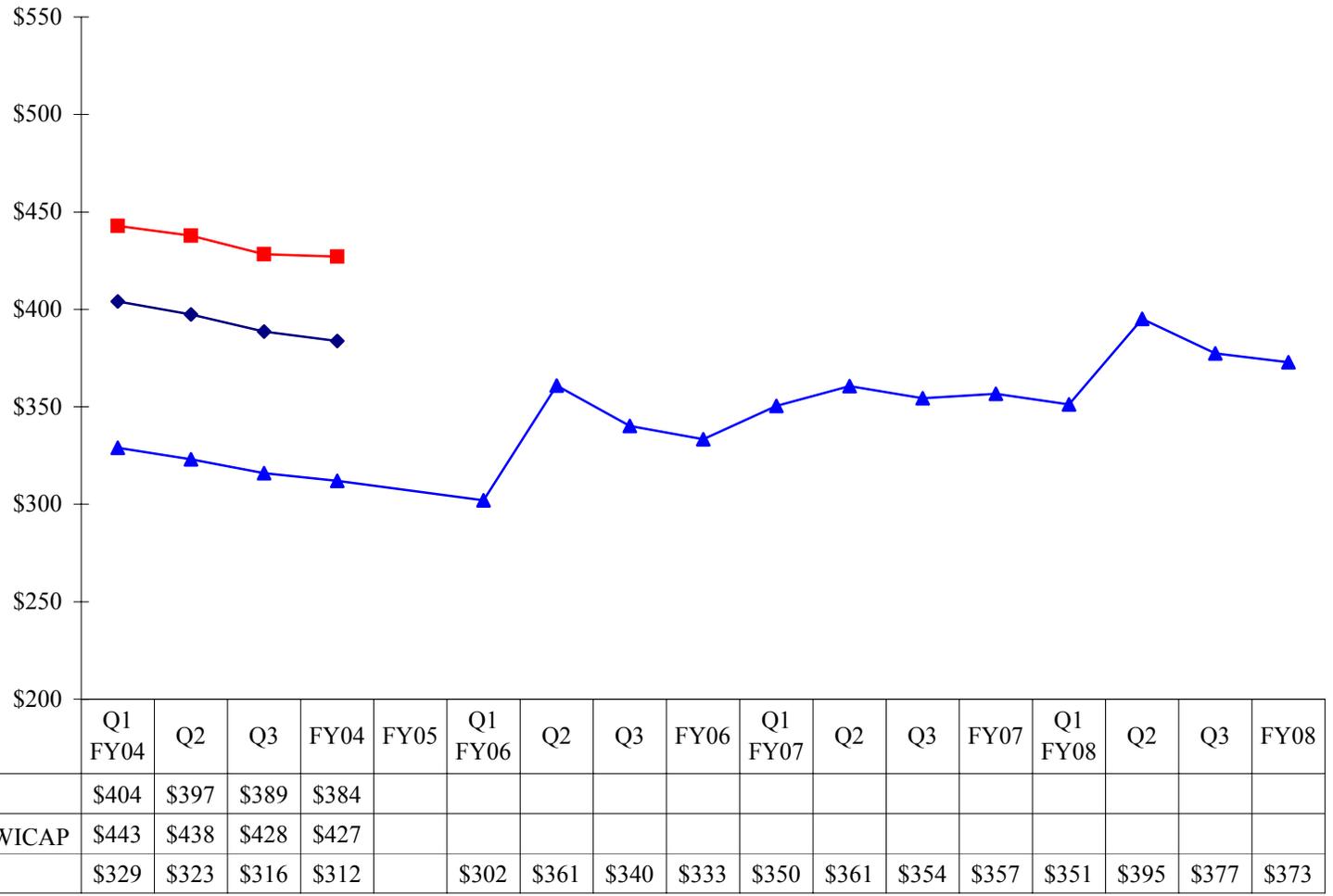
**Measure 1B - Cost Per Bed Day**  
**Rusk State Hospital**

**Cost Per Bed Day**



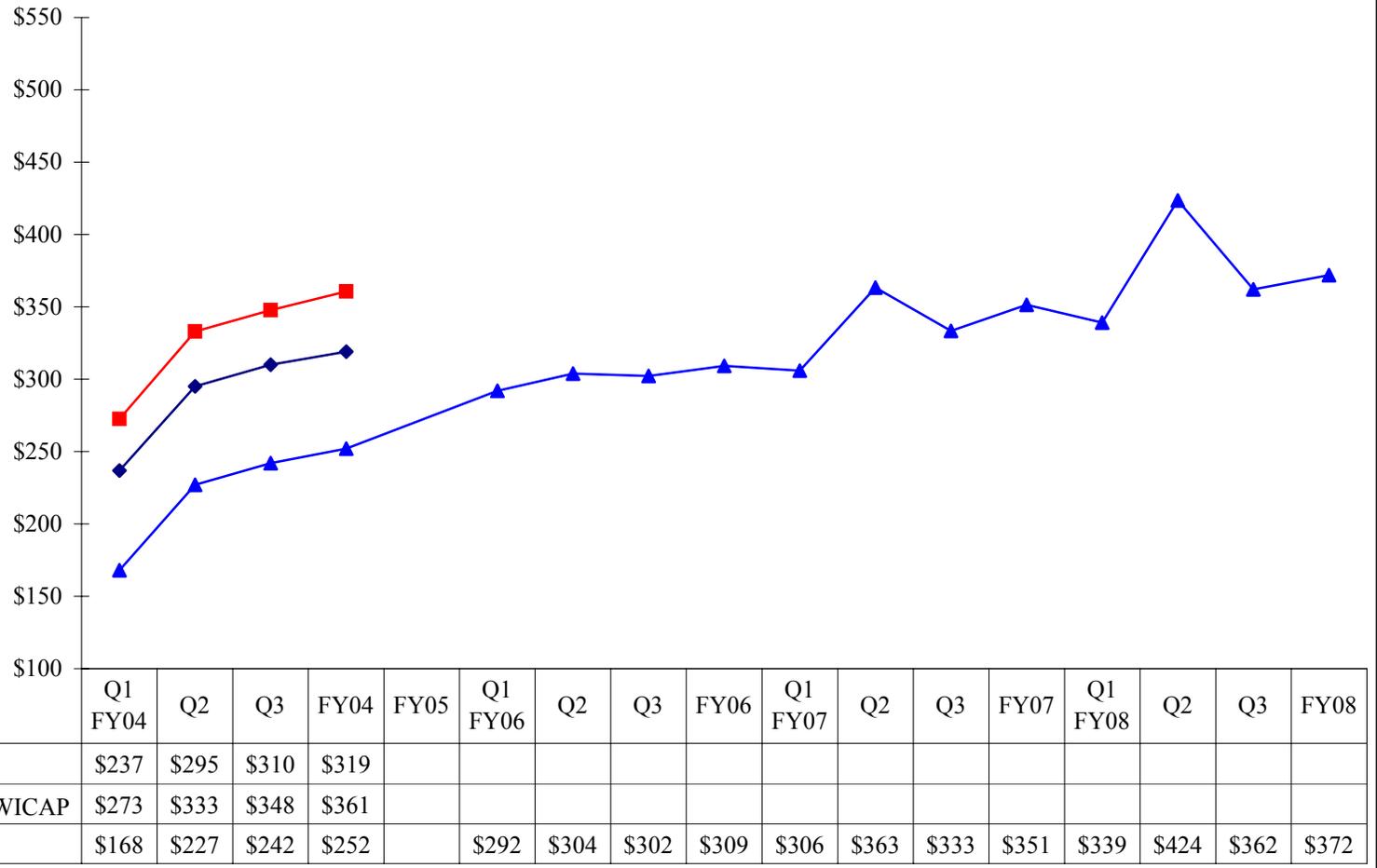
**Measure 1B - Cost Per Bed Day**  
**Terrell State Hospital**

**Cost Per Bed Day**



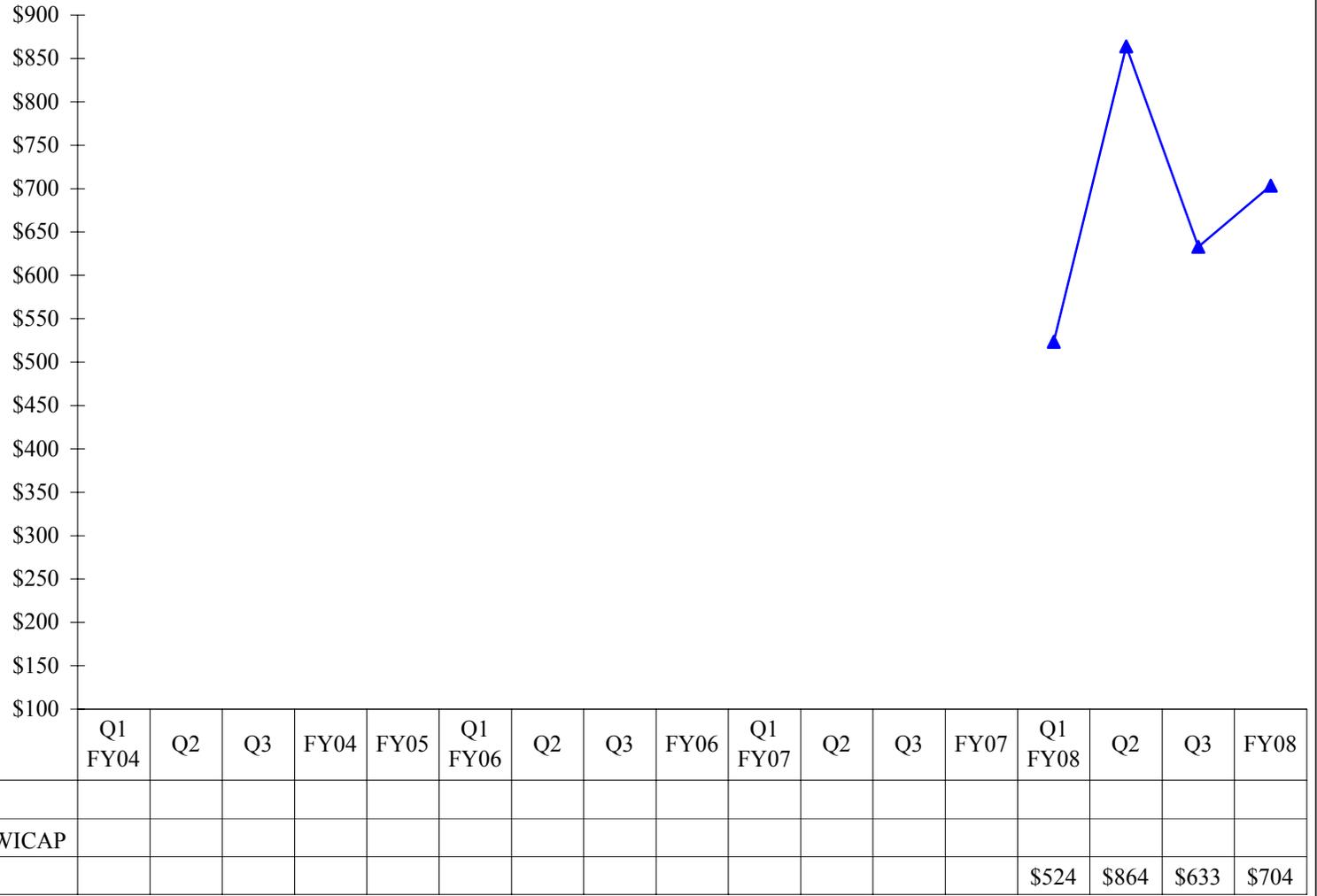
**Measure 1B - Cost Per Bed Day**  
**Waco Center for Youth**

**Cost Per Bed Day**



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

**Cost Per Bed Day**



**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

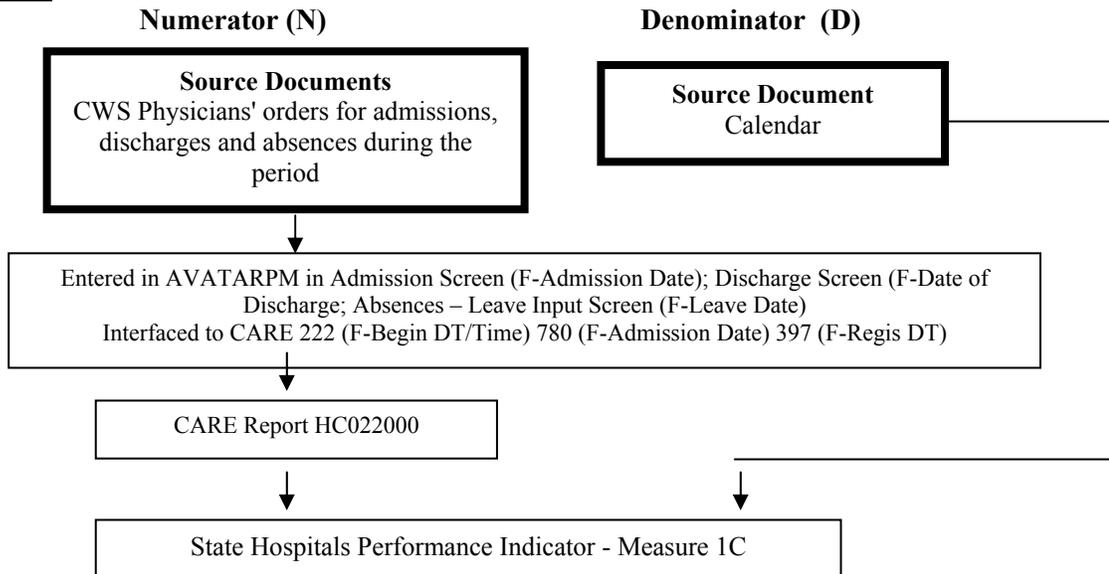
D = number of calendar days in the month

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

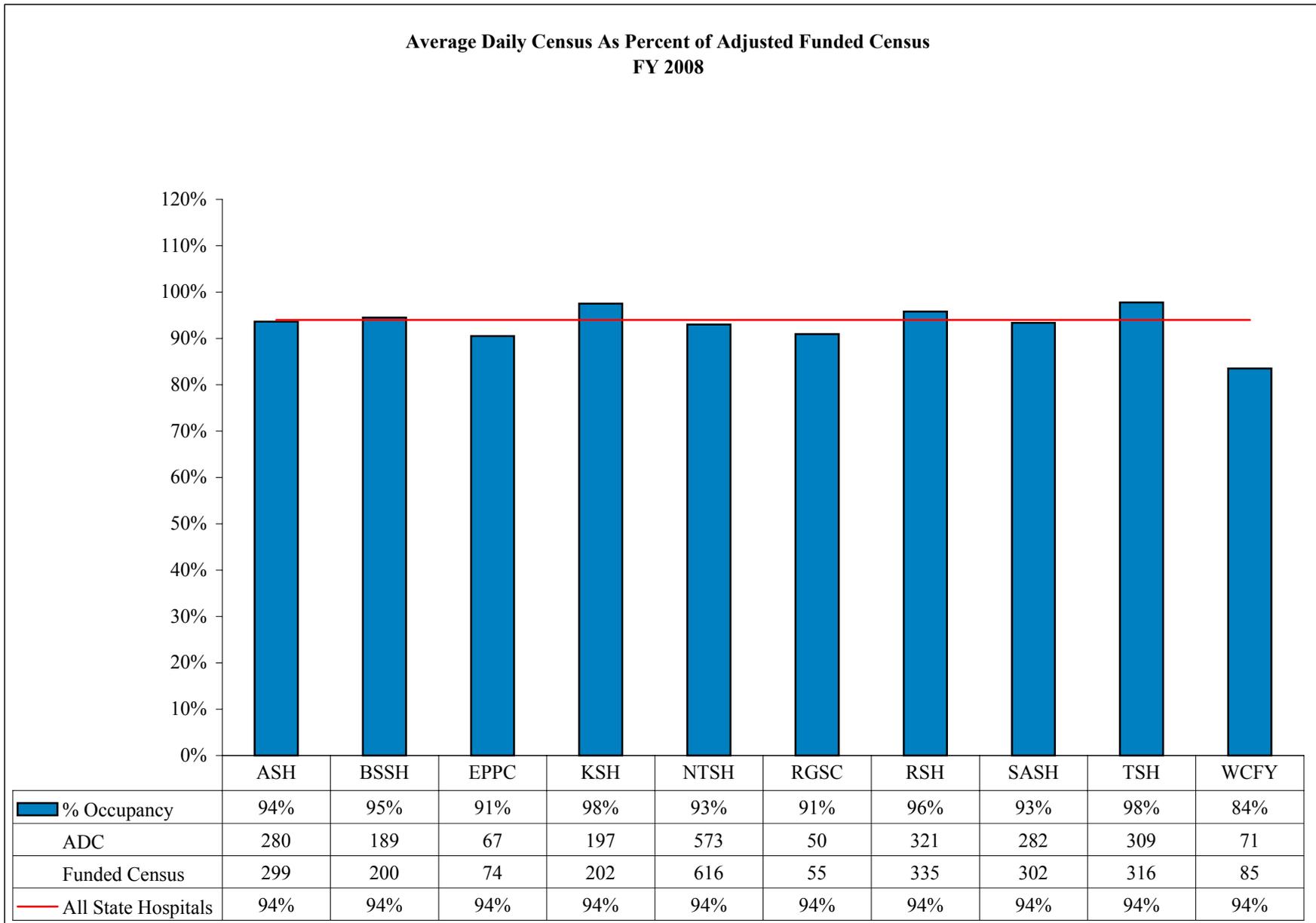
Chart with monthly data points of average daily census and funded census for individual state hospitals and system-wide.

**See Objective 1E for charts**

**Data Flow:**

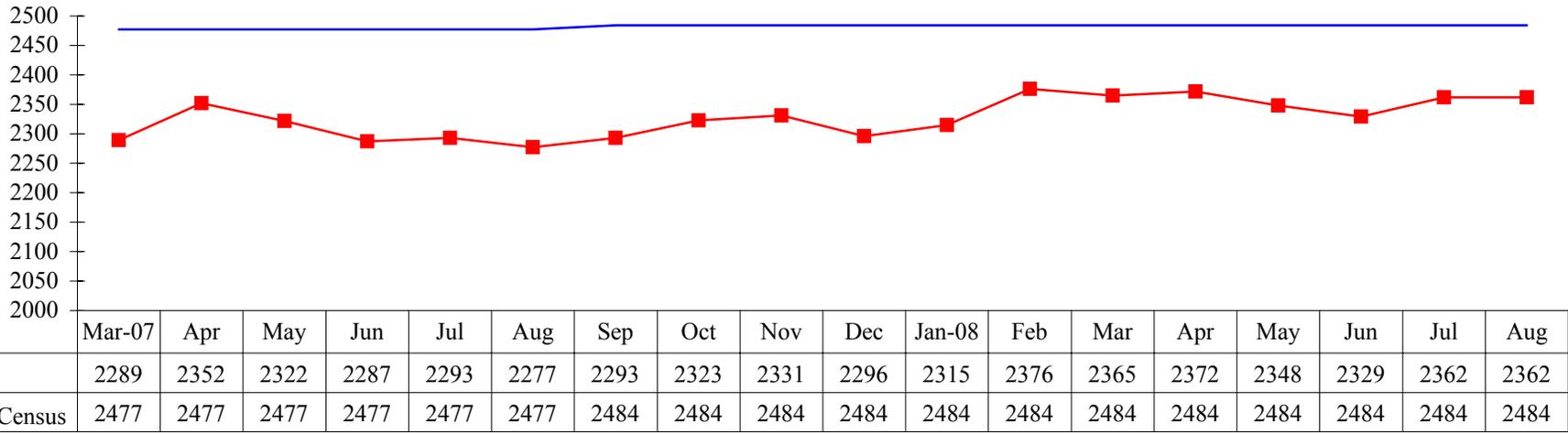


**Objective 1E & Measure 1C - Average Daily Census**  
**All State Hospitals -As of August 31, 2008**

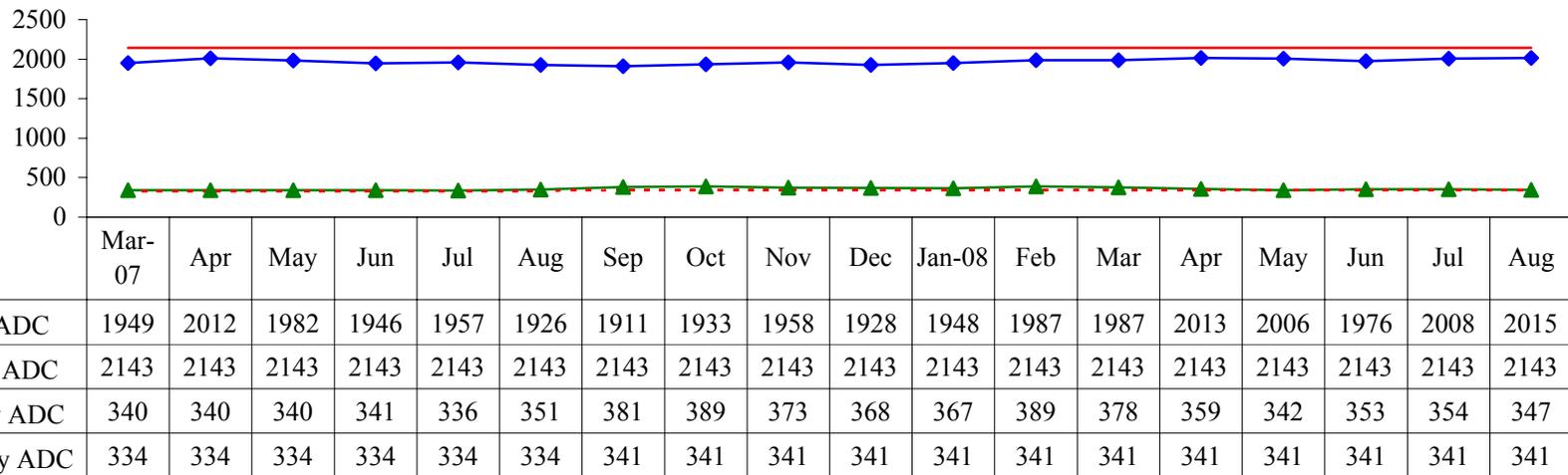


**Objective 1E & Measure 1C - Average Daily Census**  
**All State Hospitals**

**Average Daily Census**

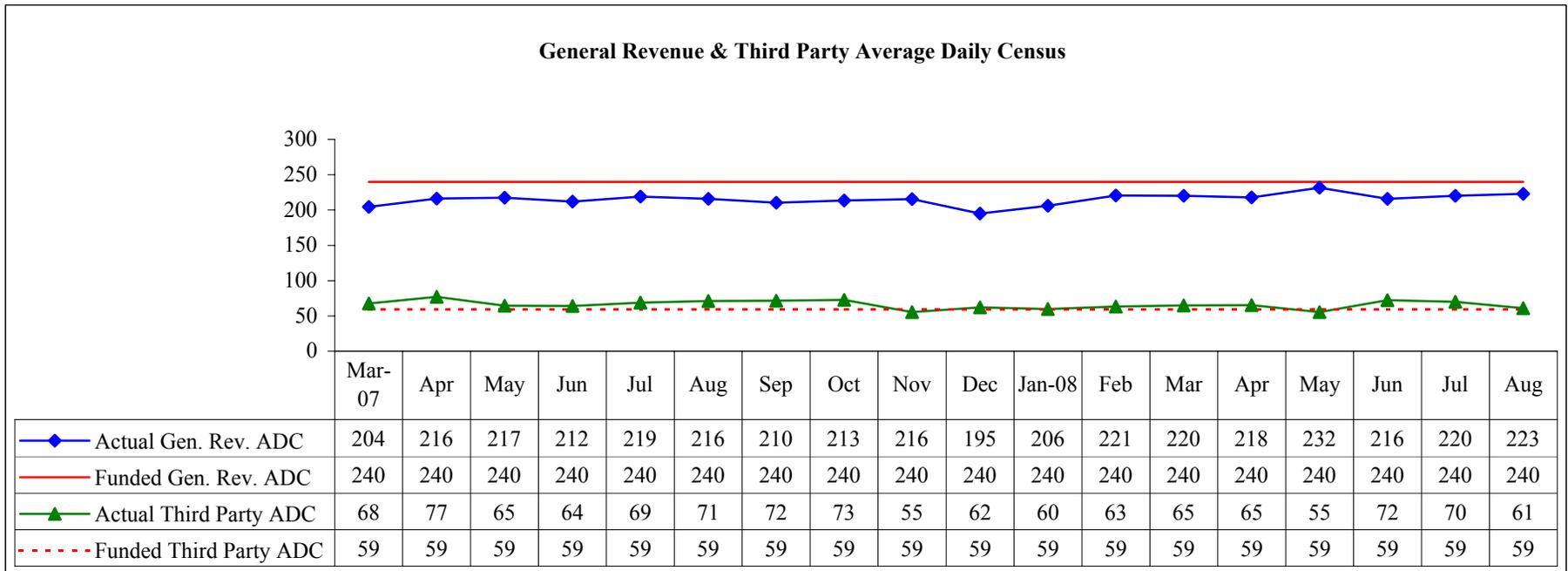
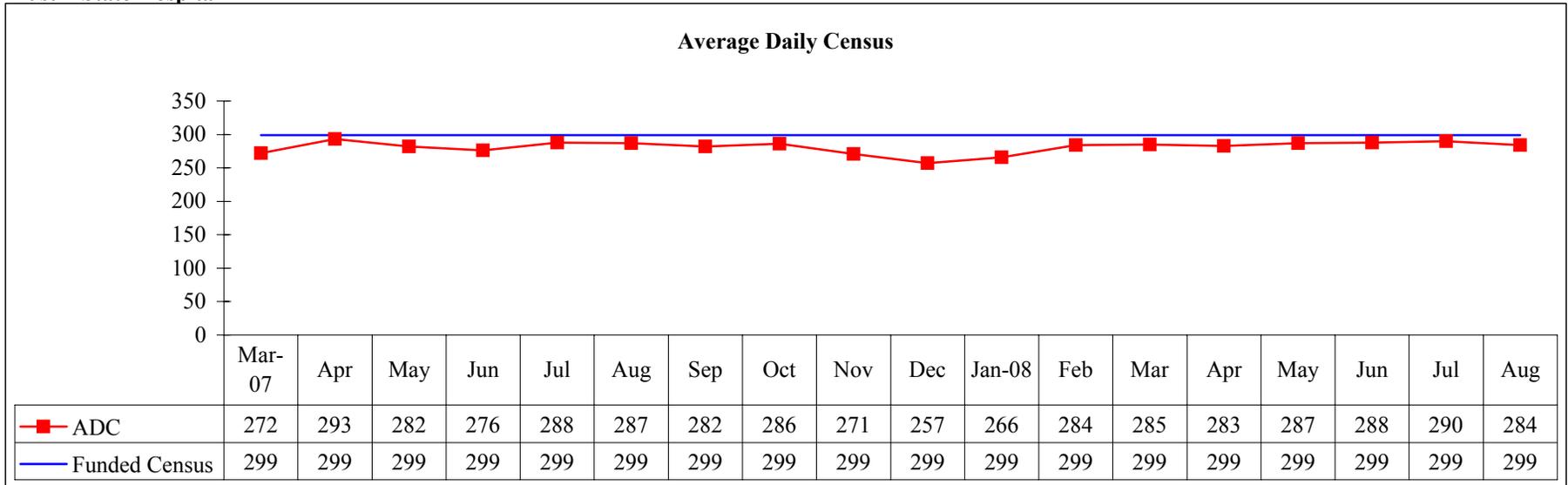


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

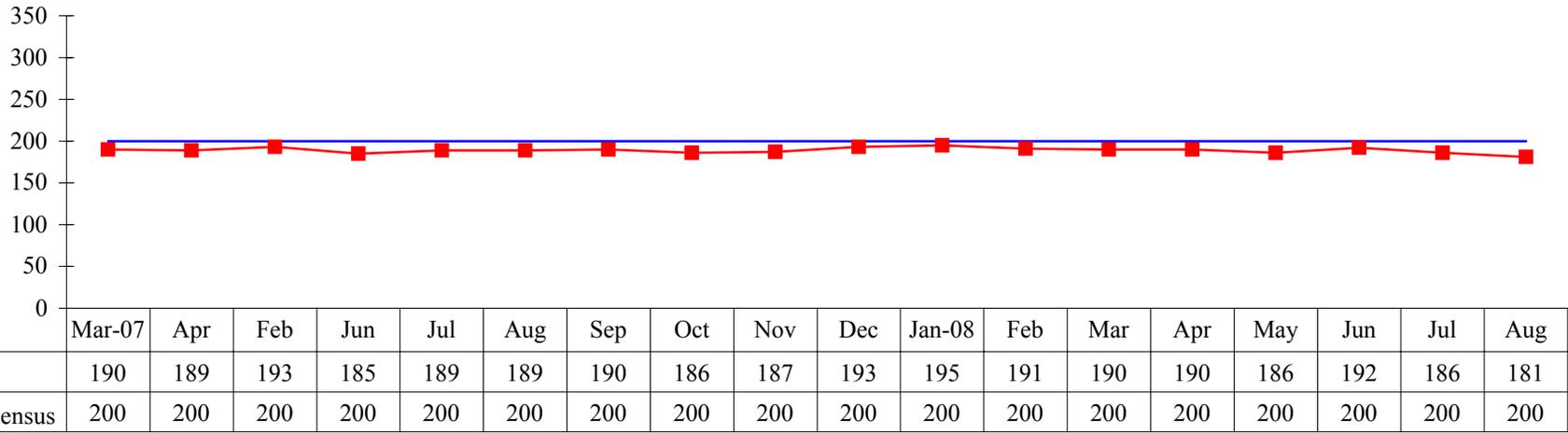
**Objective 1E & Measure 1C - Average Daily Census  
Austin State Hospital**



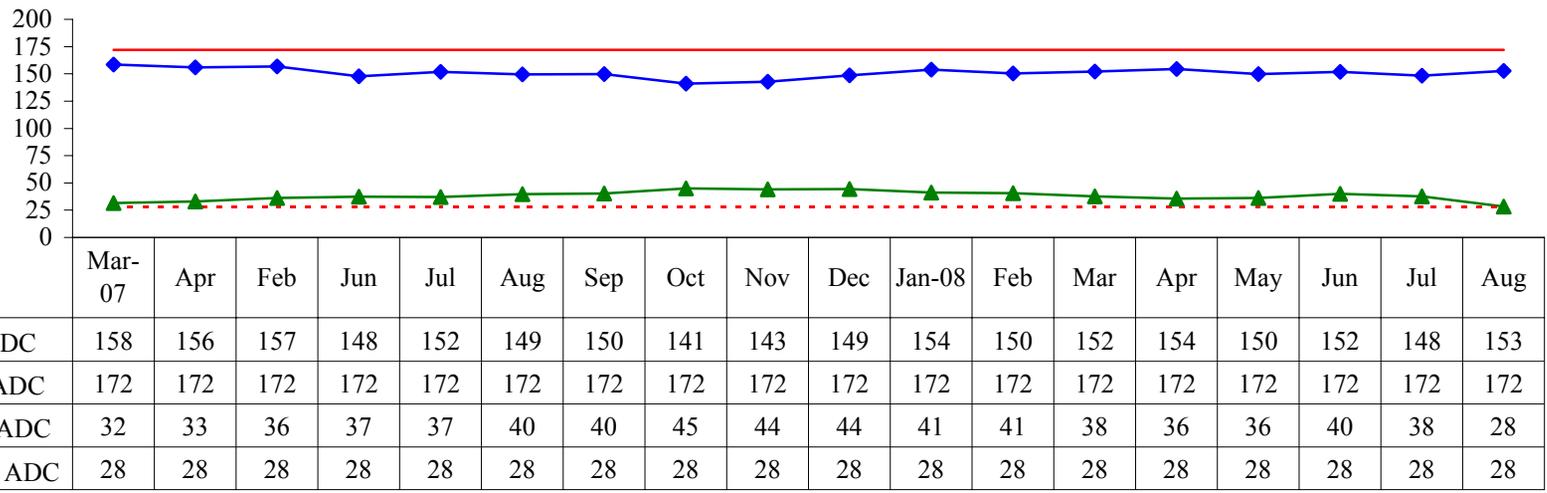
FY07 data revised using new coding

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

**Average Daily Census**



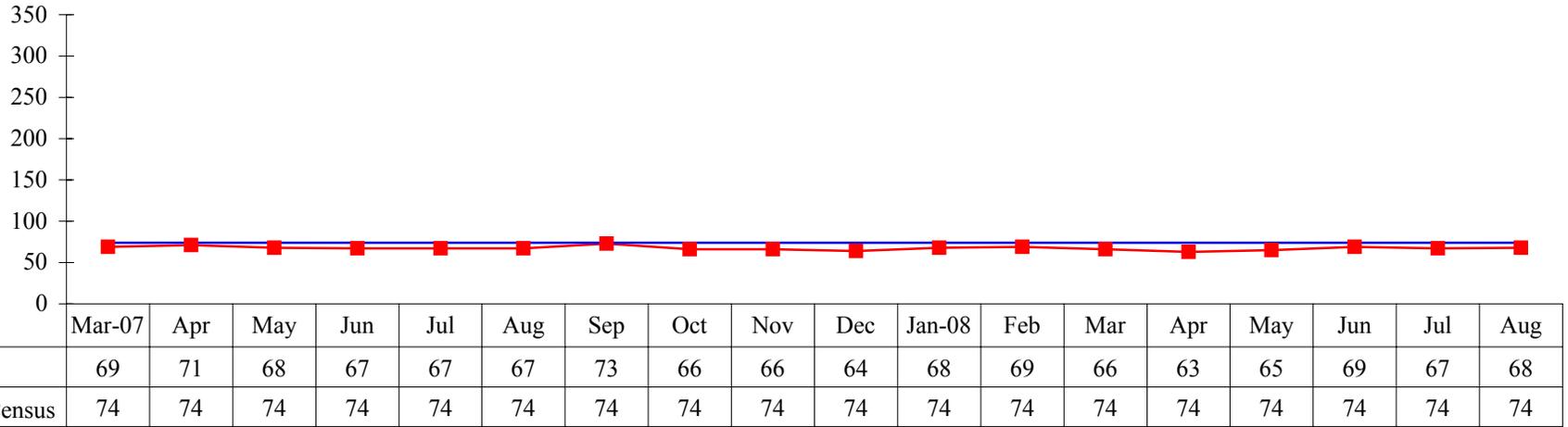
**General Revenue & Third Party Average Daily Census**



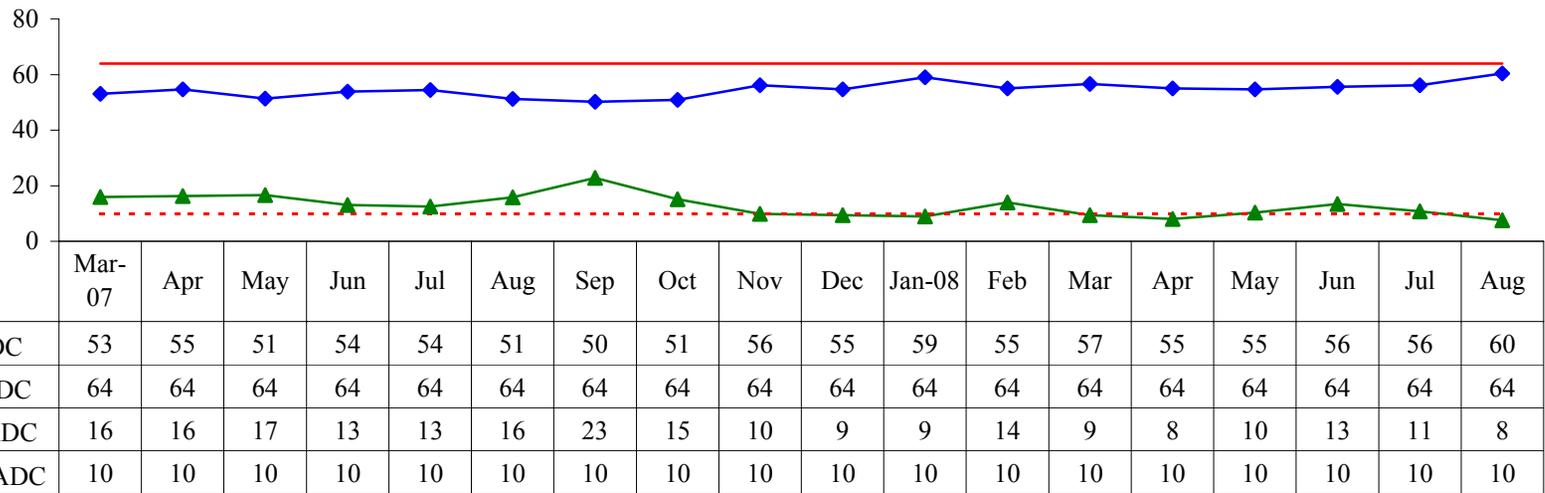
FY07 data revised using new coding

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

**Average Daily Census**

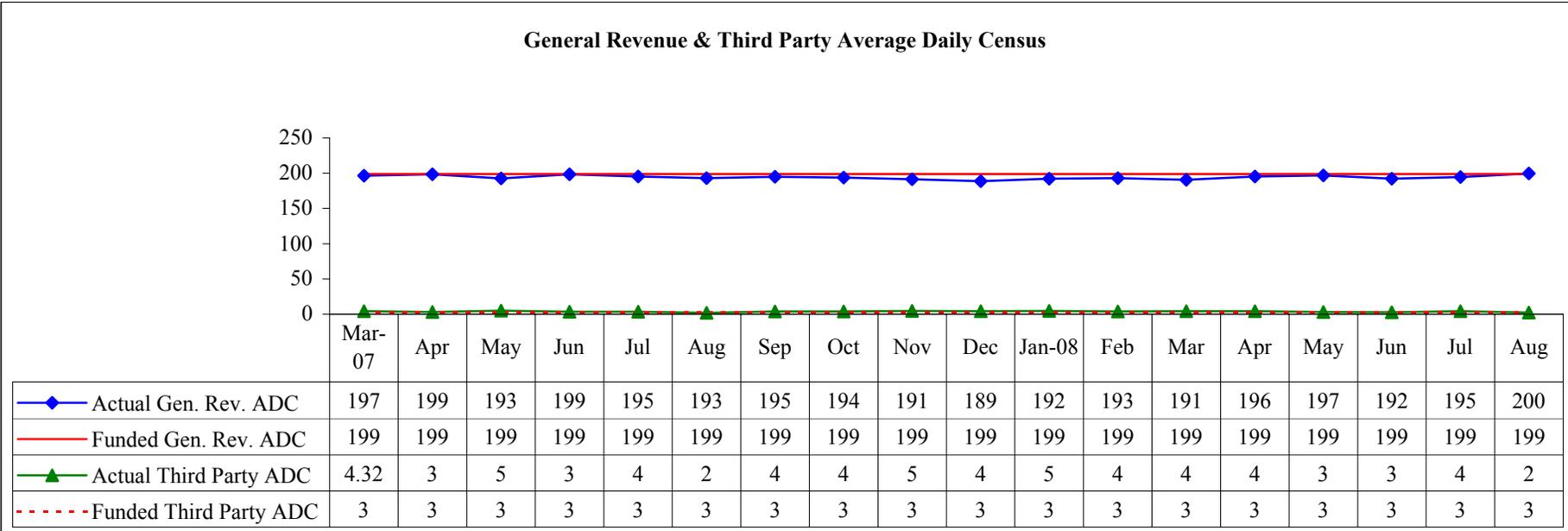
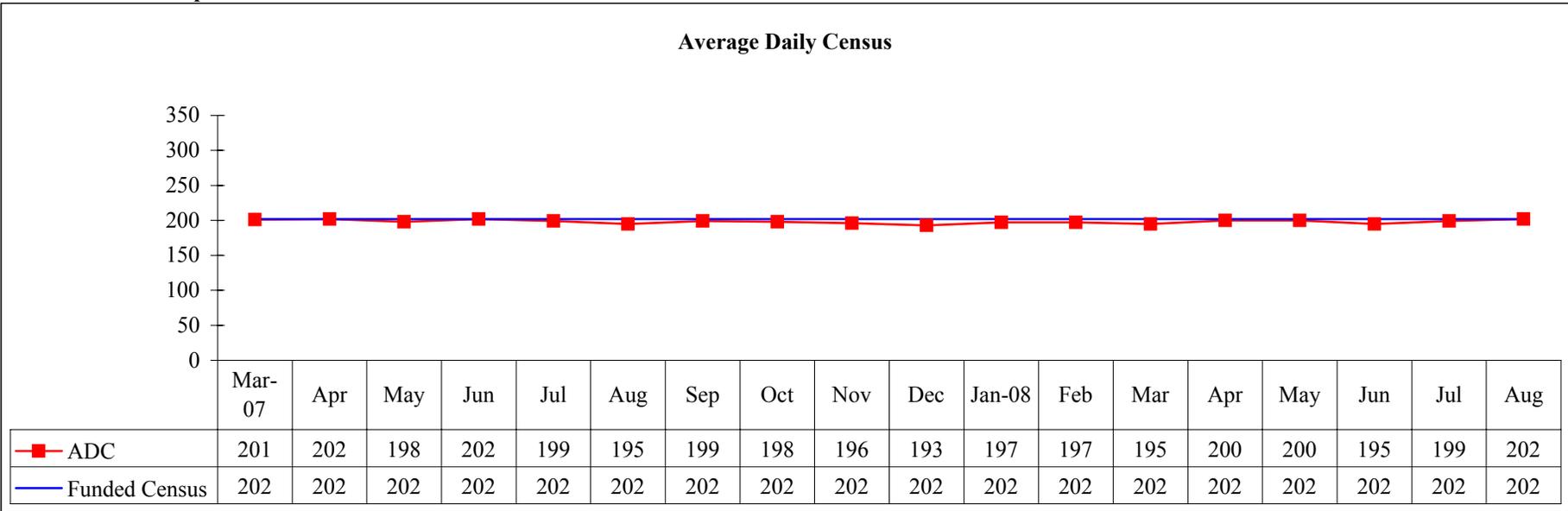


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

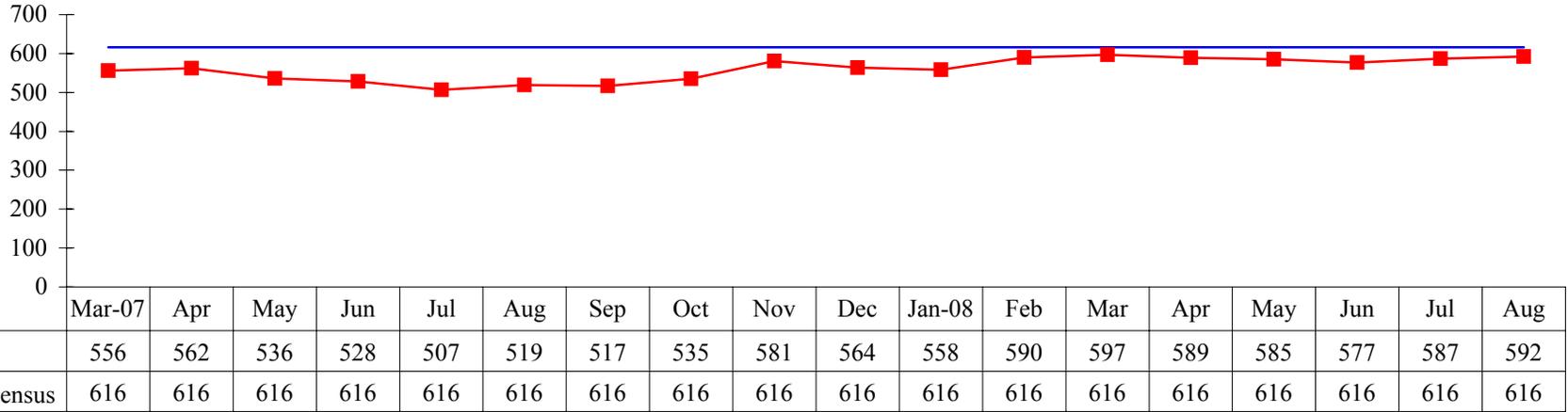
**Objective 1E & Measure 1C - Average Daily Census  
Kerrville State Hospital**



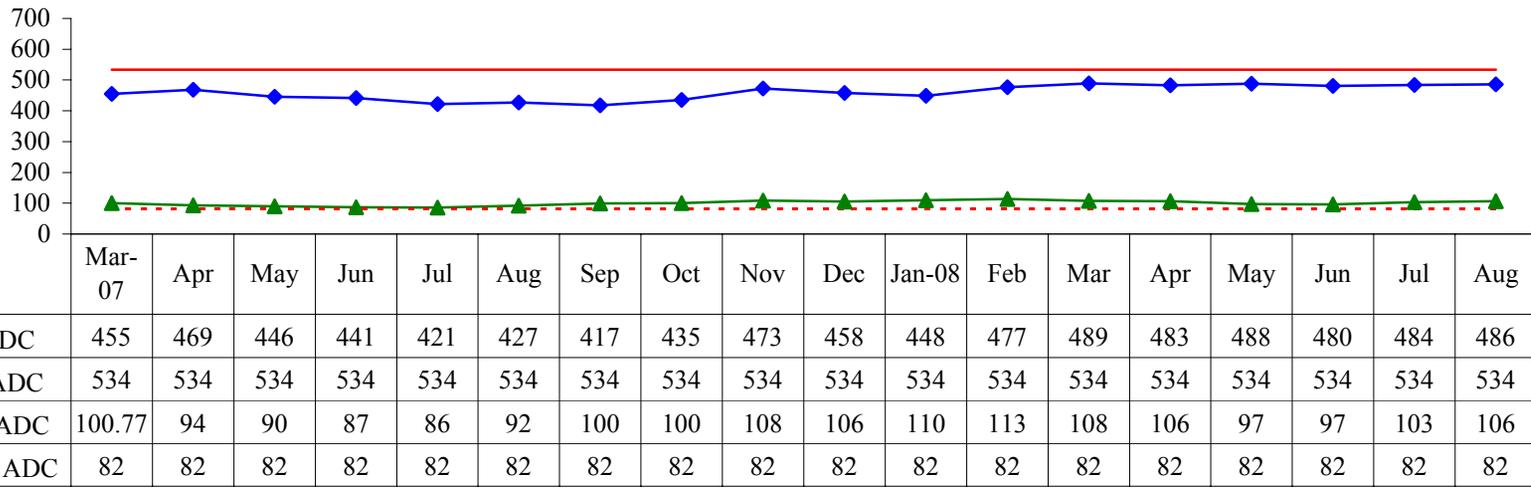
FY07 data revised using new coding

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

**Average Daily Census**

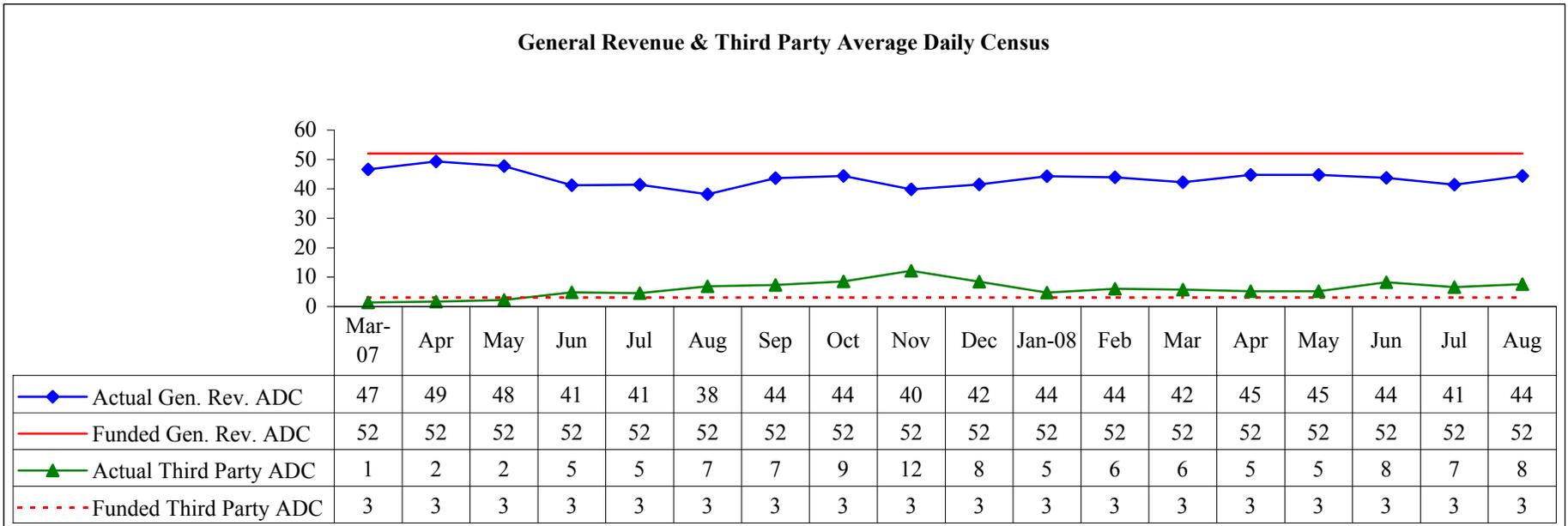
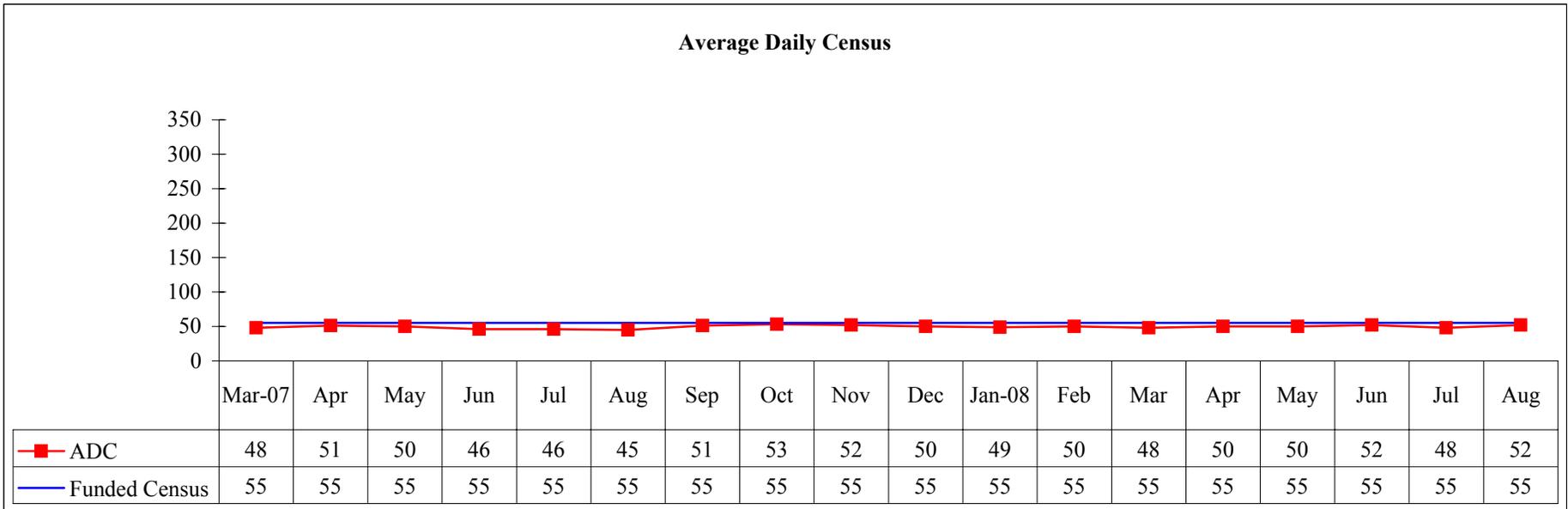


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

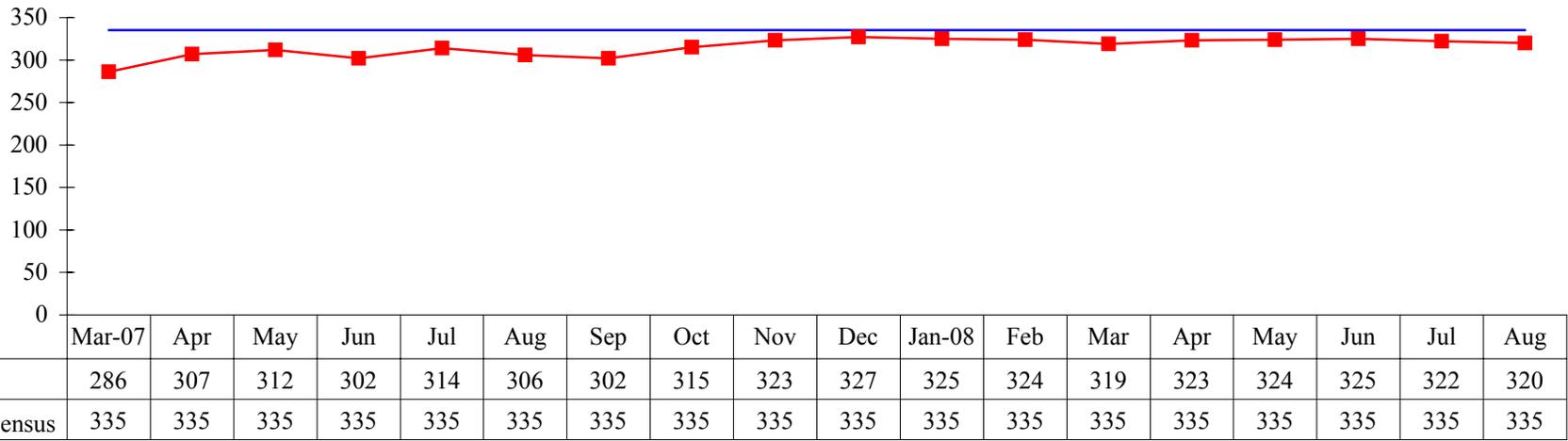
**Objective 1E & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**



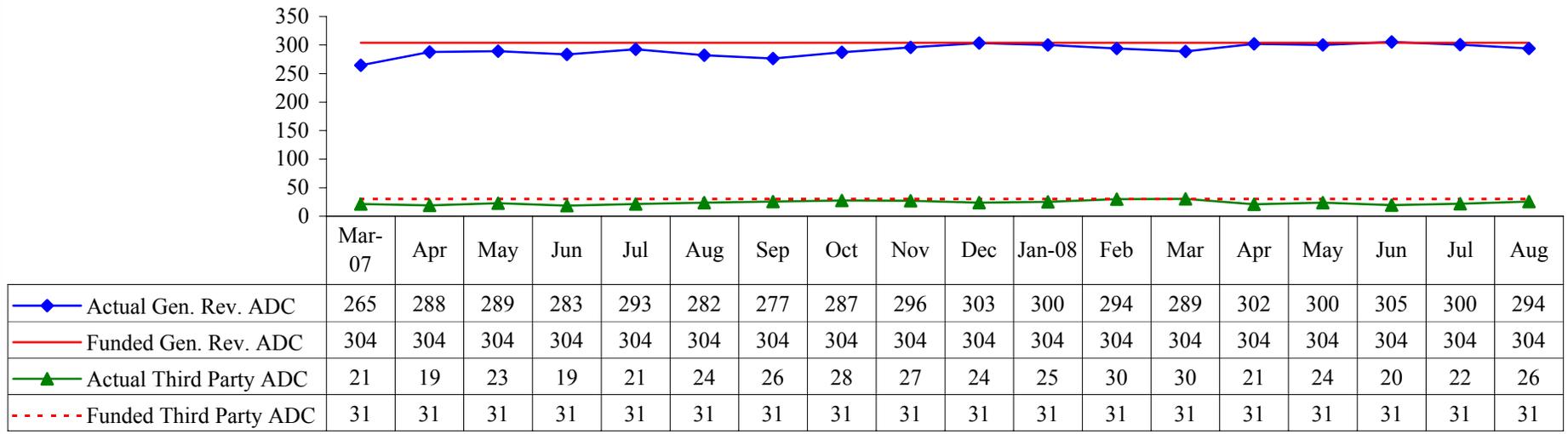
FY07 data revised using new coding

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

**Average Daily Census**

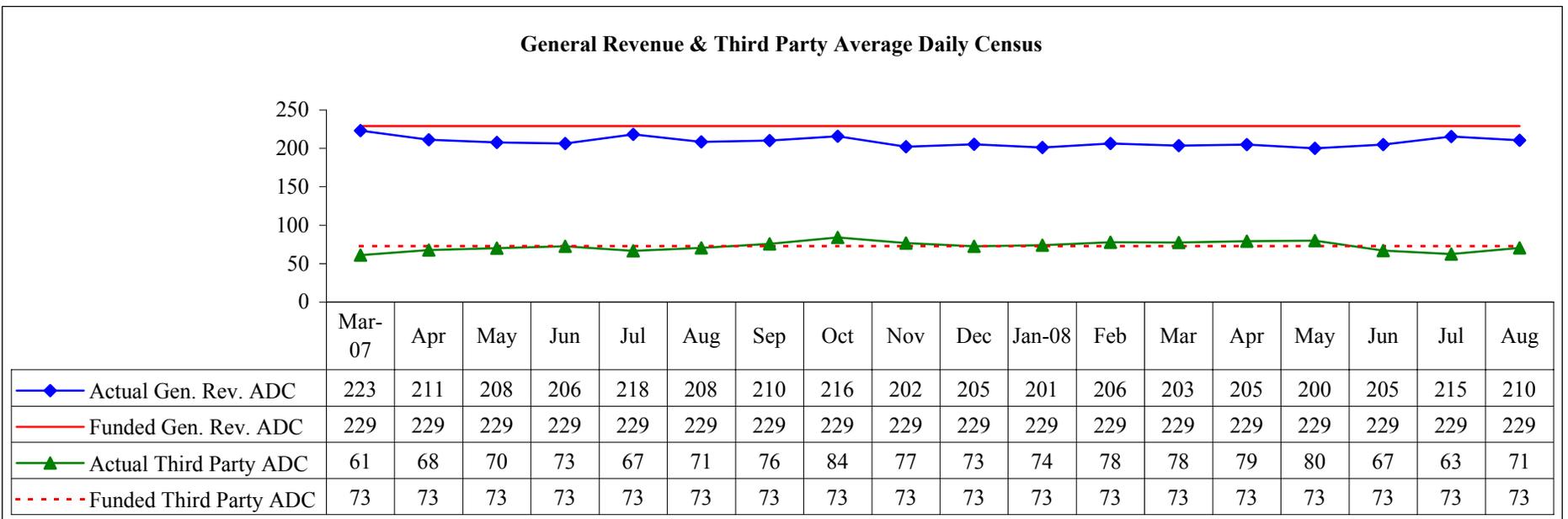
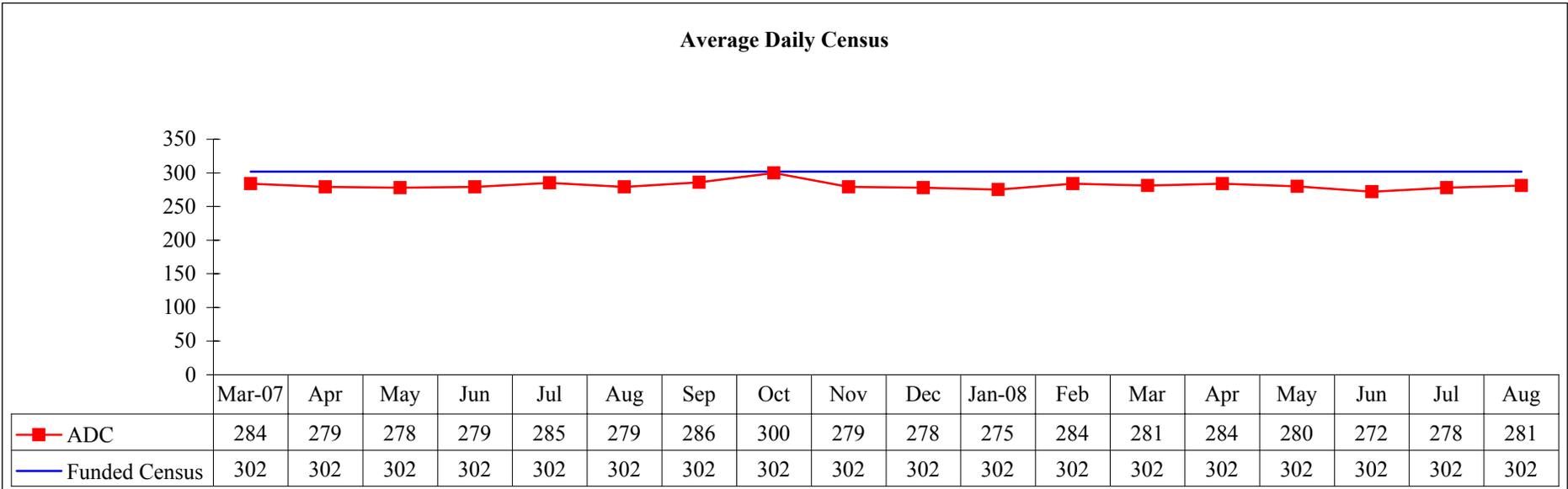


**General Revenue & Third Party Average Daily Census**



FY07 data revised using new coding

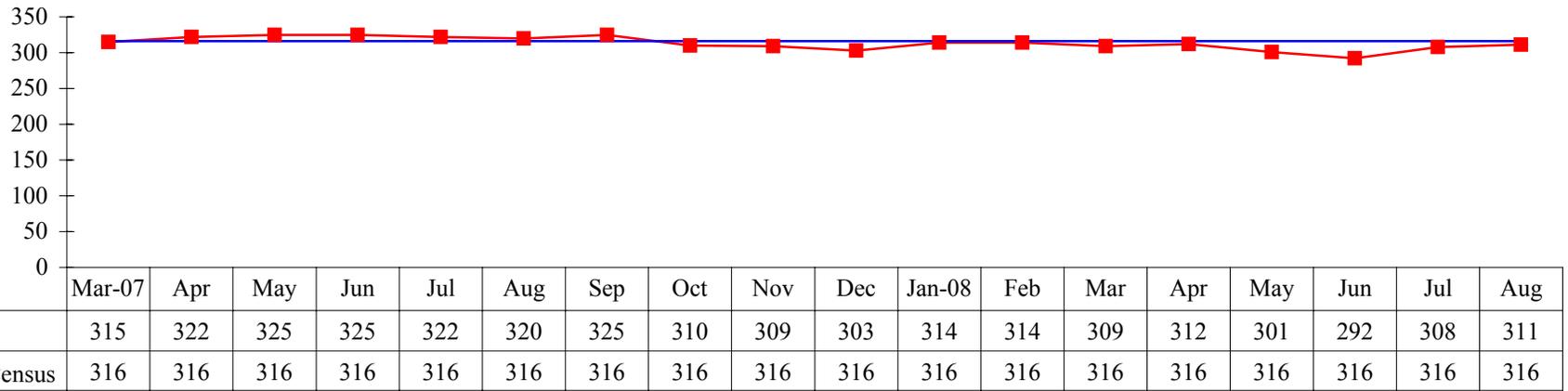
**Objective 1E & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**



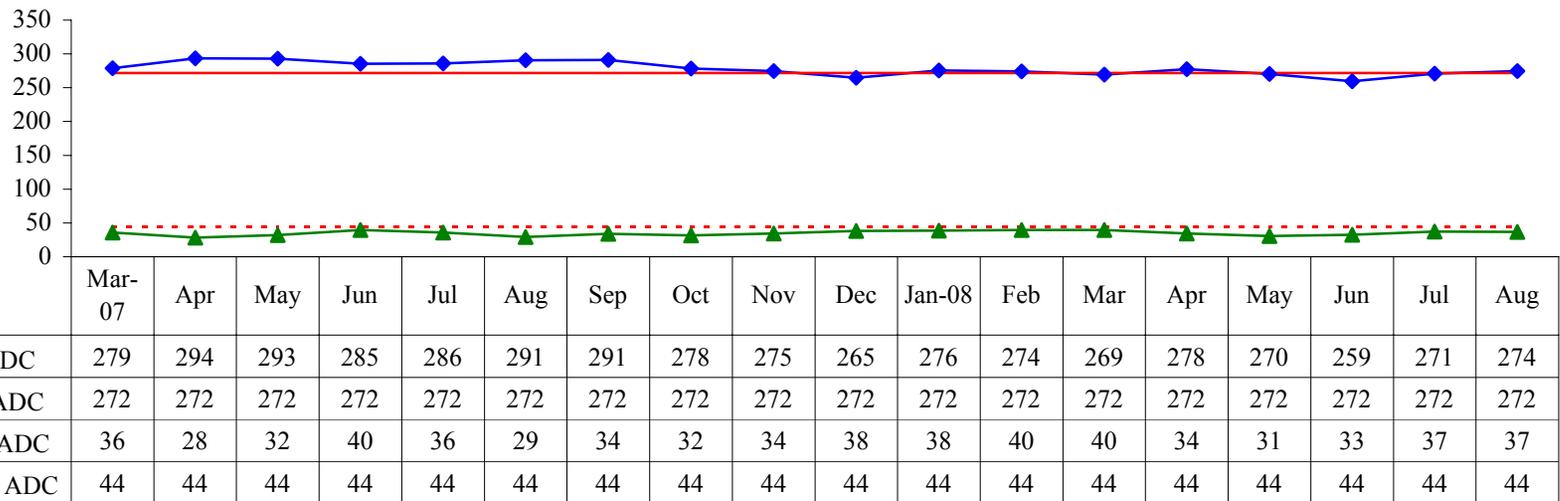
FY07 data revised using new coding

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

**Average Daily Census**



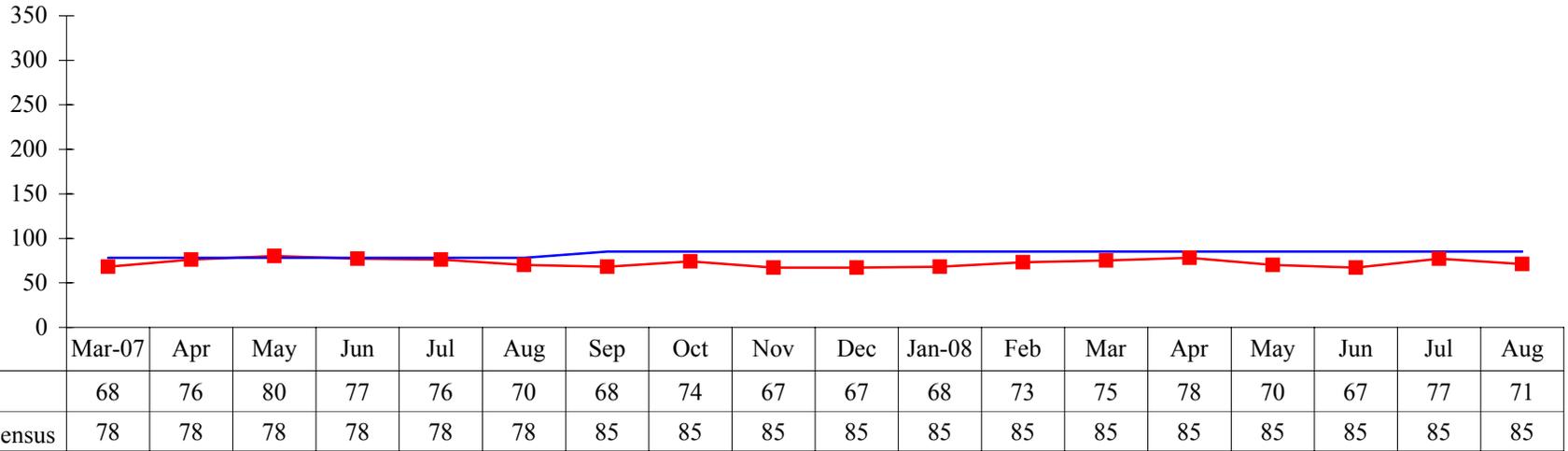
**General Revenue & Third Party Average Daily Census**



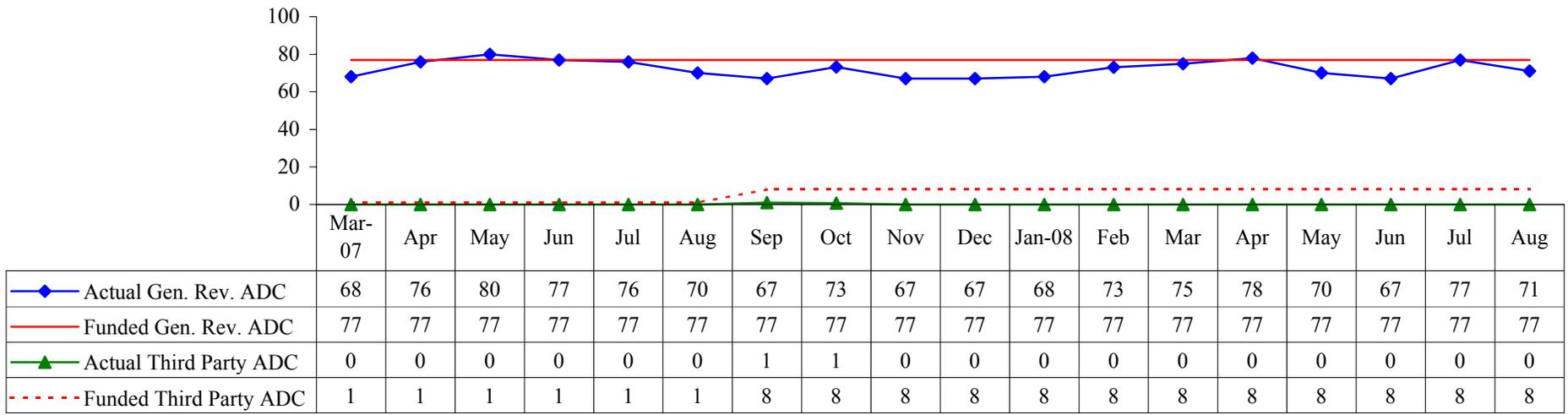
FY07 data revised using new coding

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

**Average Daily Census**



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



FY07 data revised using new coding

**Performance Measure 1D:**

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

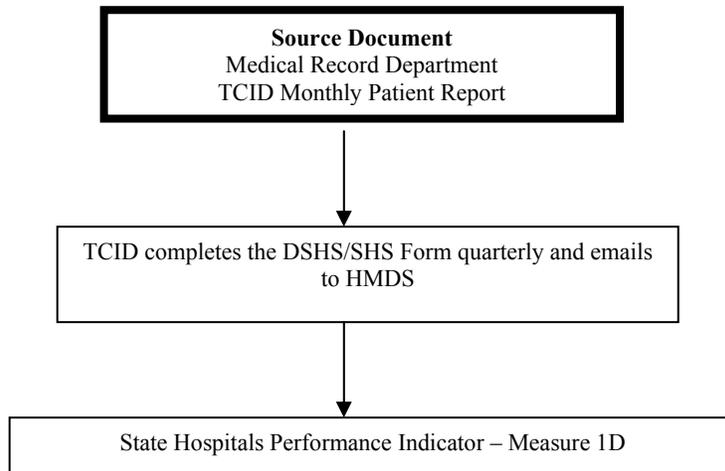
**Performance Measure Operational Definition:** TCID inpatient days will be monitored.

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

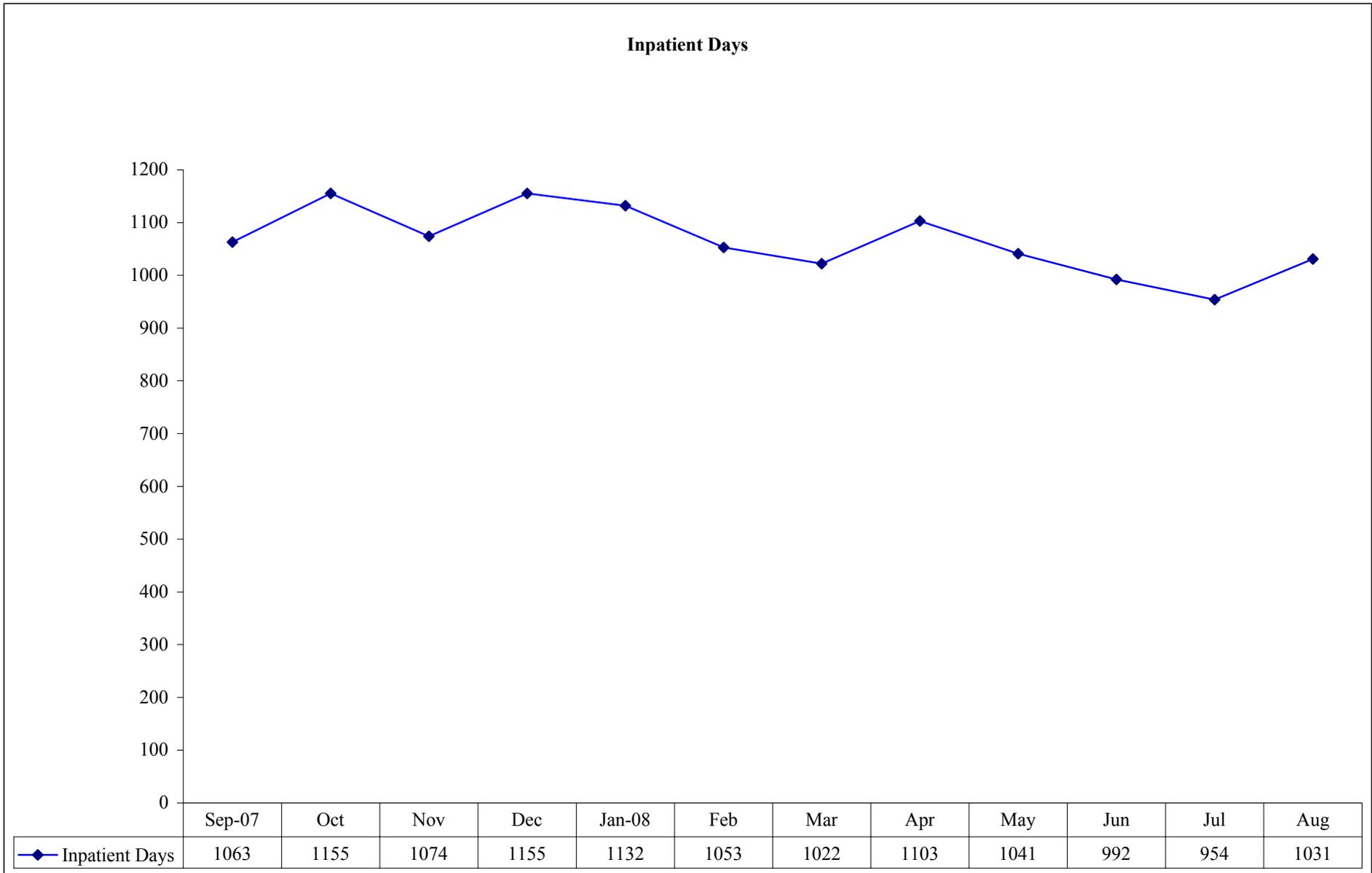
**Performance Measure Data Display and Chart Description:**

Table shows monthly numbers of inpatient days at TCID.

**Data Flow:**



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



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

**Performance Objective 2A:**

**State hospitals will demonstrate a downward trend of confirmed allegations of abuse or neglect.**

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

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

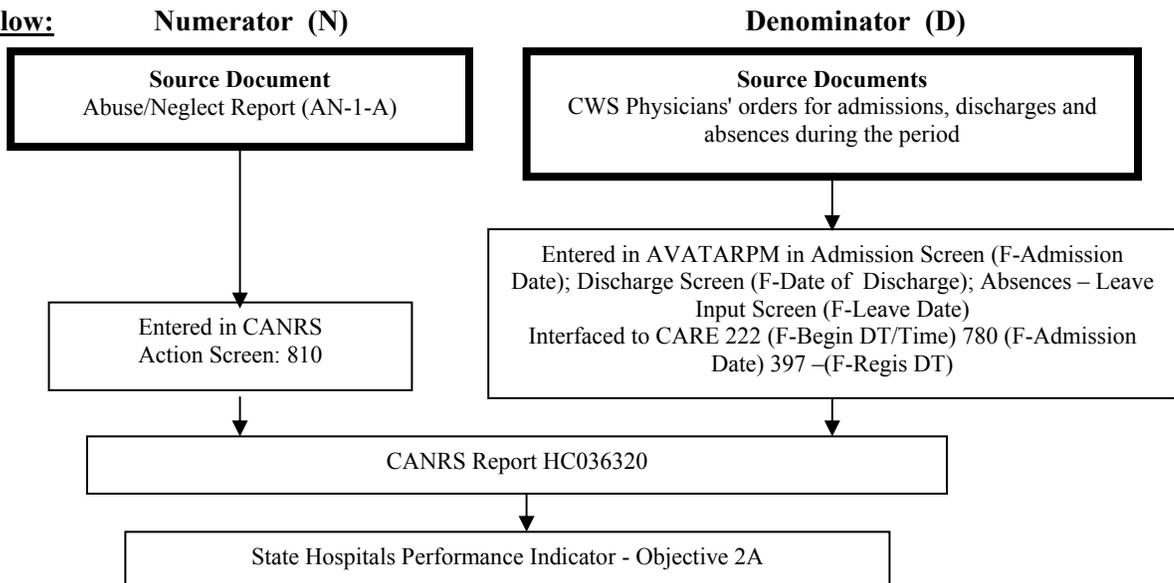
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

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

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

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

**Data Flow:**



**Objective 2A - Abuse/Neglect Rate**  
**All State Hospitals - As of August 31, 2008**

Facility	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08					
	Total	Class I	Class II	Class III	Neglect	Total								
<b>All State Hospitals</b>														
Total Cases	2419	2260	2387	2188	1476	1536	1617	1431	109	610	210	244	1173	
Total Confirmed	220	211	193	175	76	117	112	137	12	42	21	45	120	
Total Confirmed Rate/1000 Bed Days	0.22	0.24	0.23	0.21	0.09	0.13	0.13	0.16	0.01	0.05	0.02	0.05	0.14	

**Performance Objective 2C:**

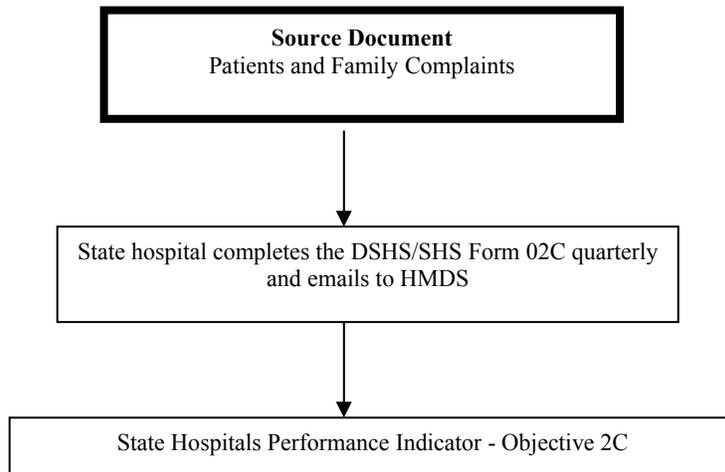
**Each state hospital will analyze patient complaints.**

**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 - Q4 FY08**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	22	7	5	8	51	2	31	8	22	0	2	<b>158</b>
<b>Per 1,000 Bed Days</b>	<b>0.83</b>	<b>0.41</b>	<b>0.80</b>	<b>0.44</b>	<b>0.95</b>	<b>0.43</b>	<b>1.05</b>	<b>0.31</b>	<b>0.79</b>	<b>0.00</b>	<b>0.30</b>	<b>0.72</b>
Respect	9	10	5	5	30	3	38	15	59	0	2	<b>176</b>
<b>Per 1,000 Bed Days</b>	<b>0.34</b>	<b>0.58</b>	<b>0.80</b>	<b>0.27</b>	<b>0.56</b>	<b>0.65</b>	<b>1.28</b>	<b>0.59</b>	<b>2.11</b>	<b>0.00</b>	<b>0.30</b>	<b>0.80</b>
Discharge	1	15	4	0	36	4	49	8	8	0	0	<b>125</b>
<b>Per 1,000 Bed Days</b>	<b>0.04</b>	<b>0.88</b>	<b>0.64</b>	<b>0.00</b>	<b>0.67</b>	<b>0.86</b>	<b>1.65</b>	<b>0.31</b>	<b>0.29</b>	<b>0.00</b>	<b>0.00</b>	<b>0.57</b>
Medication	12	15	7	2	23	3	46	4	18	0	0	<b>130</b>
<b>Per 1,000 Bed Days</b>	<b>0.45</b>	<b>0.88</b>	<b>1.12</b>	<b>0.11</b>	<b>0.43</b>	<b>0.65</b>	<b>1.55</b>	<b>0.16</b>	<b>0.64</b>	<b>0.00</b>	<b>0.00</b>	<b>0.59</b>
Treatment Team/Planning	2	24	9	12	41	9	29	14	9	0	12	<b>161</b>
<b>Per 1,000 Bed Days</b>	<b>0.08</b>	<b>1.40</b>	<b>1.44</b>	<b>0.66</b>	<b>0.76</b>	<b>1.94</b>	<b>0.98</b>	<b>0.55</b>	<b>0.32</b>	<b>0.00</b>	<b>1.81</b>	<b>0.73</b>
Others	160	14	15	1	83	13	137	21	36	0	0	<b>480</b>
<b>Per 1,000 Bed Days</b>	<b>6.06</b>	<b>0.82</b>	<b>2.40</b>	<b>0.05</b>	<b>1.54</b>	<b>2.80</b>	<b>4.62</b>	<b>0.82</b>	<b>1.29</b>	<b>0.00</b>	<b>0.00</b>	<b>2.19</b>
Total	206	85	45	28	264	34	330	70	152	0	16	1230
<b>Per 1,000 Bed Days</b>	<b>7.80</b>	<b>4.97</b>	<b>7.20</b>	<b>1.53</b>	<b>4.91</b>	<b>7.31</b>	<b>11.13</b>	<b>2.75</b>	<b>5.45</b>	<b>0.00</b>	<b>2.42</b>	<b>5.61</b>

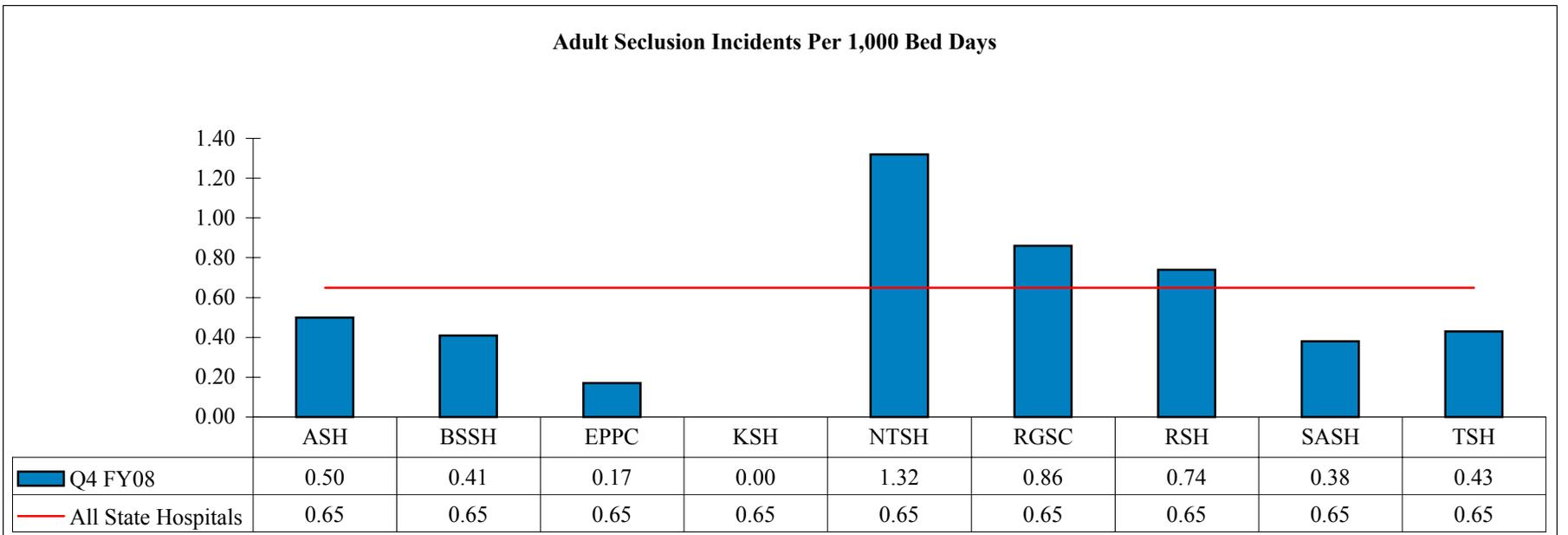
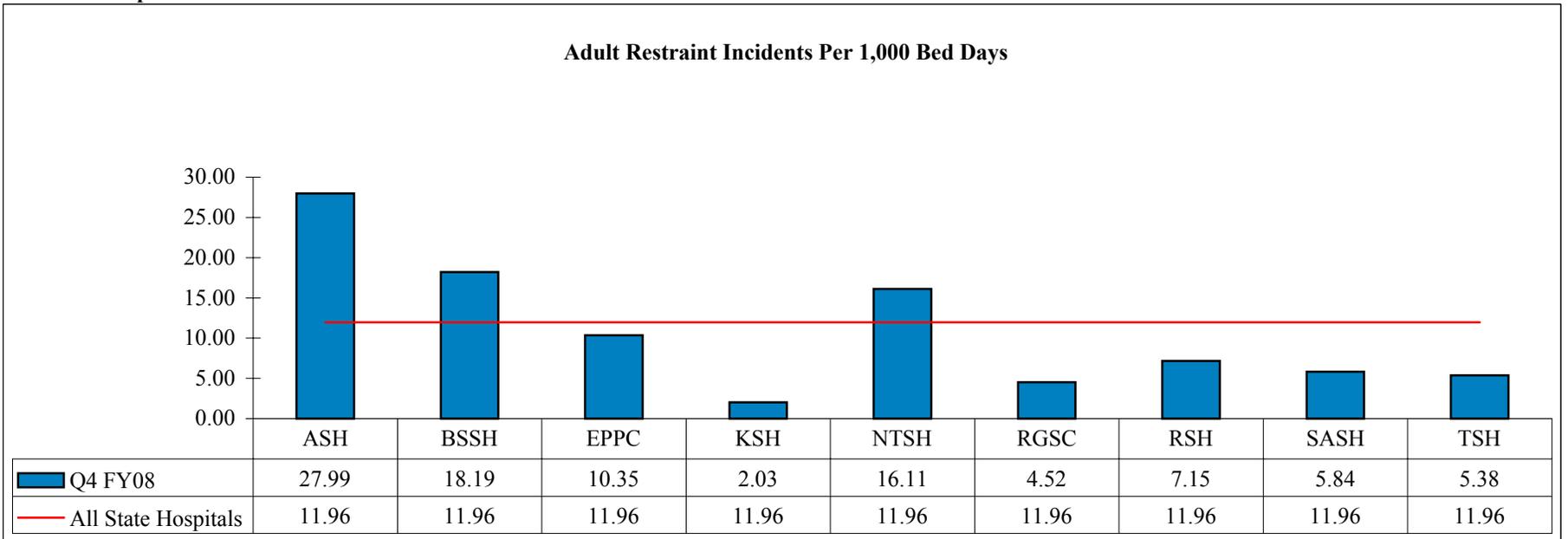
**Objective 2C - Patient Complaints**

**FY08**

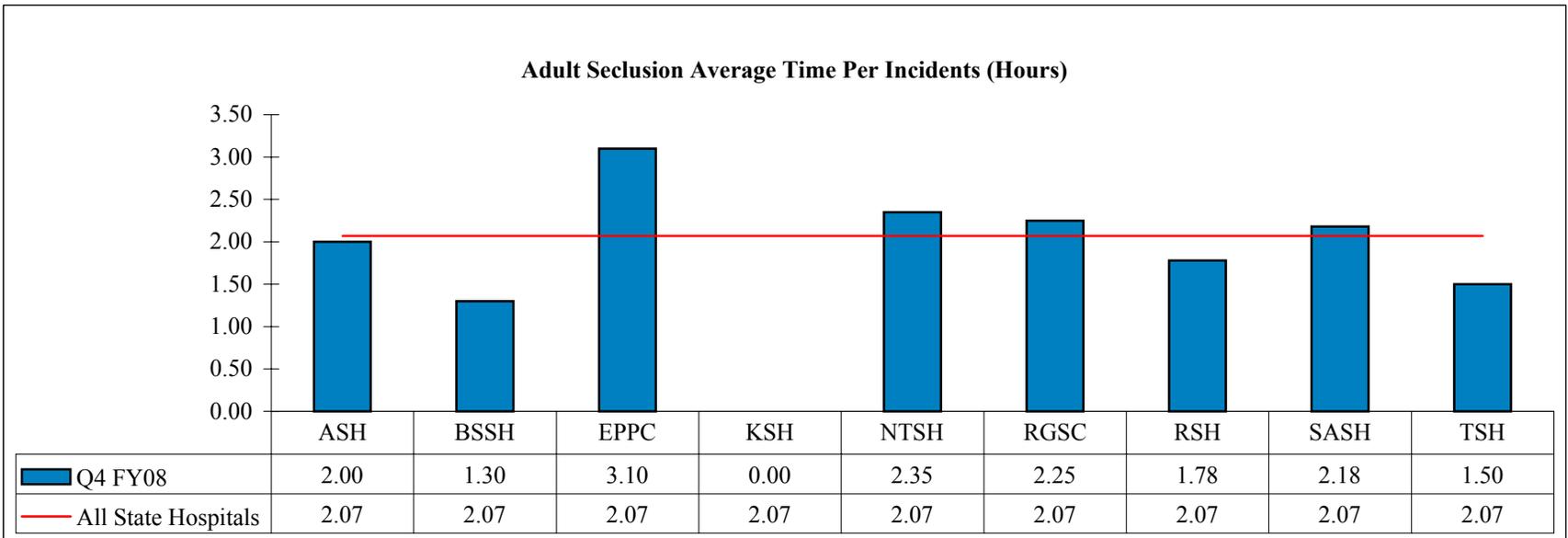
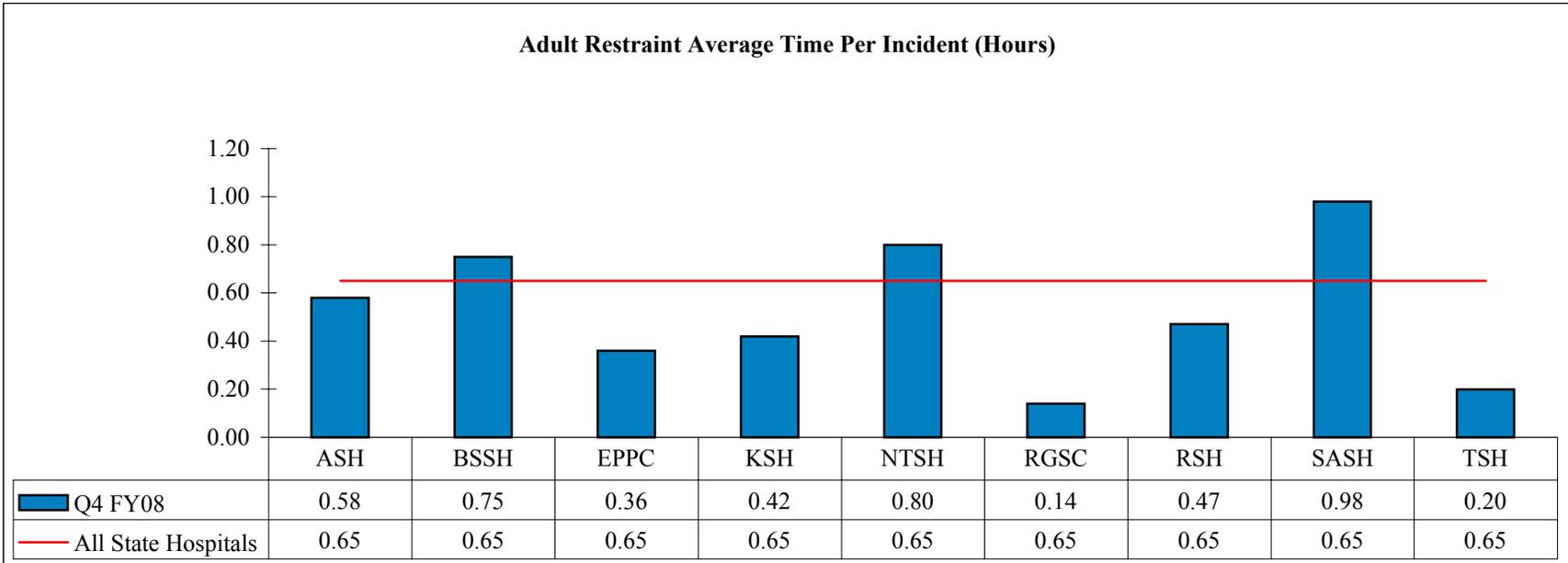
<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>TCID</b>	<b>WCFY</b>	<b>System Total</b>
Property	72	41	21	24	164	6	120	24	80	1	7	<b>560</b>
<b>Per 1,000 Bed Days</b>	<b>0.70</b>	<b>0.59</b>	<b>0.86</b>	<b>0.33</b>	<b>0.78</b>	<b>0.33</b>	<b>1.02</b>	<b>0.23</b>	<b>0.71</b>	<b>0.08</b>	<b>0.27</b>	<b>0.64</b>
Respect	57	74	30	21	124	6	154	70	200	1	13	<b>750</b>
<b>Per 1,000 Bed Days</b>	<b>0.56</b>	<b>1.07</b>	<b>1.23</b>	<b>0.29</b>	<b>0.59</b>	<b>0.33</b>	<b>1.31</b>	<b>0.68</b>	<b>1.77</b>	<b>0.08</b>	<b>0.50</b>	<b>0.86</b>
Discharge	65	76	33	2	119	33	177	34	24	0	3	<b>566</b>
<b>Per 1,000 Bed Days</b>	<b>0.63</b>	<b>1.10</b>	<b>1.35</b>	<b>0.03</b>	<b>0.57</b>	<b>1.80</b>	<b>1.51</b>	<b>0.33</b>	<b>0.21</b>	<b>0.00</b>	<b>0.11</b>	<b>0.65</b>
Medication	28	70	25	7	94	4	135	14	41	0	2	<b>420</b>
<b>Per 1,000 Bed Days</b>	<b>0.27</b>	<b>1.01</b>	<b>1.02</b>	<b>0.10</b>	<b>0.45</b>	<b>0.22</b>	<b>1.15</b>	<b>0.14</b>	<b>0.36</b>	<b>0.00</b>	<b>0.08</b>	<b>0.48</b>
Treatment Team/Planning	10	131	35	23	136	55	82	45	30	0	45	<b>592</b>
<b>Per 1,000 Bed Days</b>	<b>0.10</b>	<b>1.90</b>	<b>1.43</b>	<b>0.32</b>	<b>0.65</b>	<b>3.00</b>	<b>0.70</b>	<b>0.44</b>	<b>0.27</b>	<b>0.00</b>	<b>1.72</b>	<b>0.68</b>
Others	566	90	63	12	363	38	476	165	153	2	44	<b>1972</b>
<b>Per 1,000 Bed Days</b>	<b>5.52</b>	<b>1.30</b>	<b>2.58</b>	<b>0.17</b>	<b>1.73</b>	<b>2.07</b>	<b>4.06</b>	<b>1.60</b>	<b>1.35</b>	<b>0.16</b>	<b>1.68</b>	<b>2.27</b>
Total	798	482	207	89	1000	142	1144	352	528	4	114	4860
<b>Per 1,000 Bed Days</b>	<b>7.79</b>	<b>6.98</b>	<b>8.47</b>	<b>1.23</b>	<b>4.77</b>	<b>7.73</b>	<b>9.75</b>	<b>3.42</b>	<b>4.67</b>	<b>0.31</b>	<b>4.36</b>	<b>5.60</b>



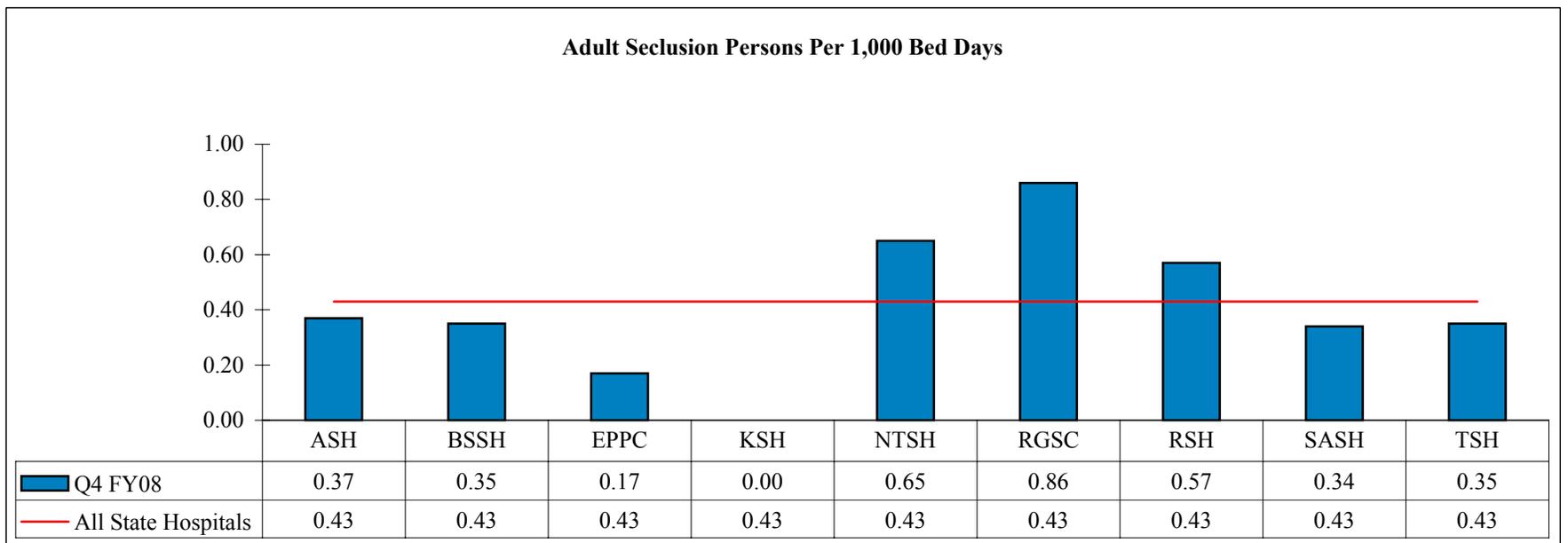
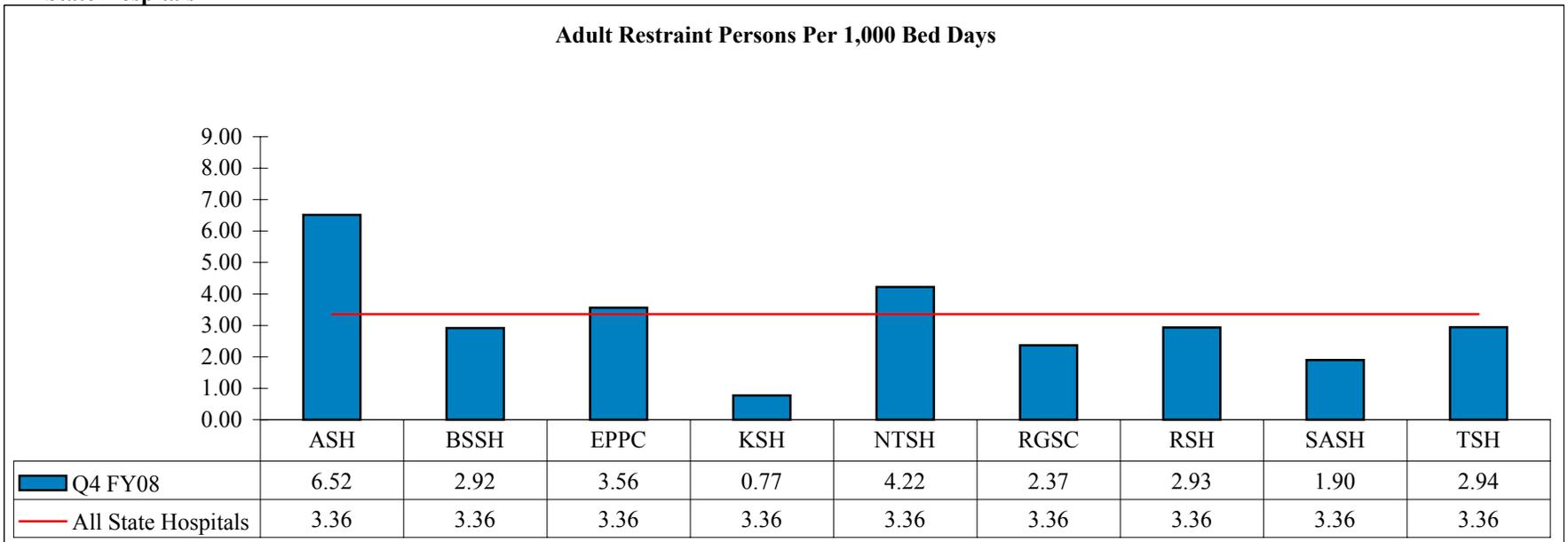
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State Hospitals**



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

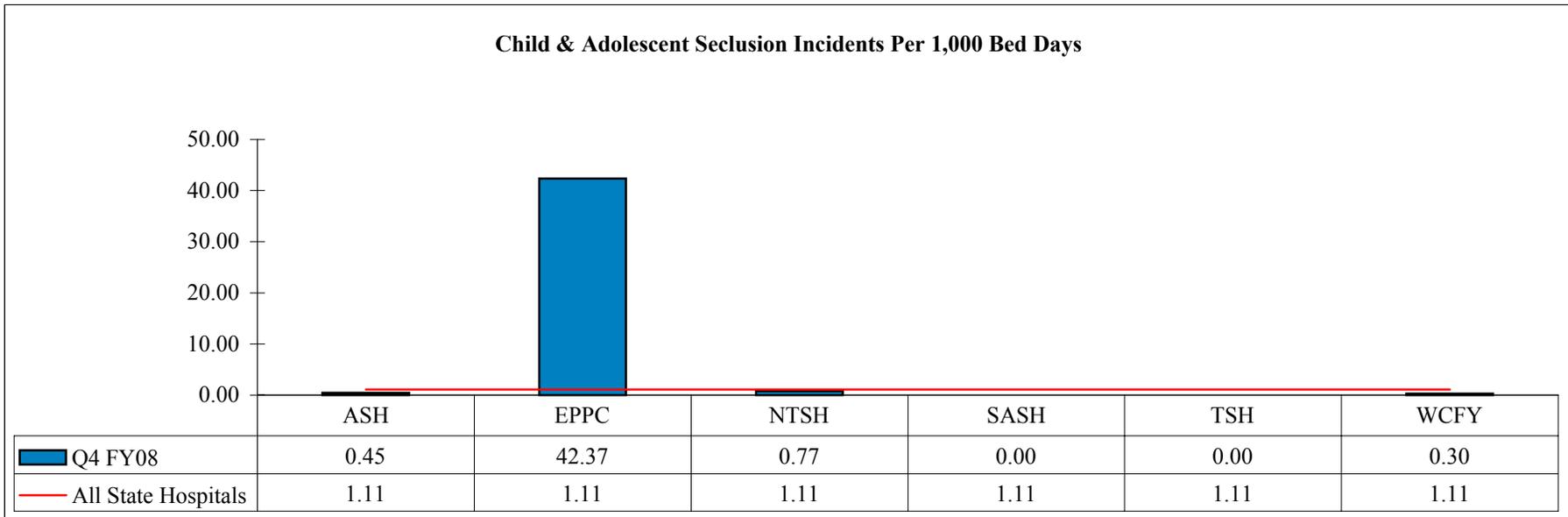
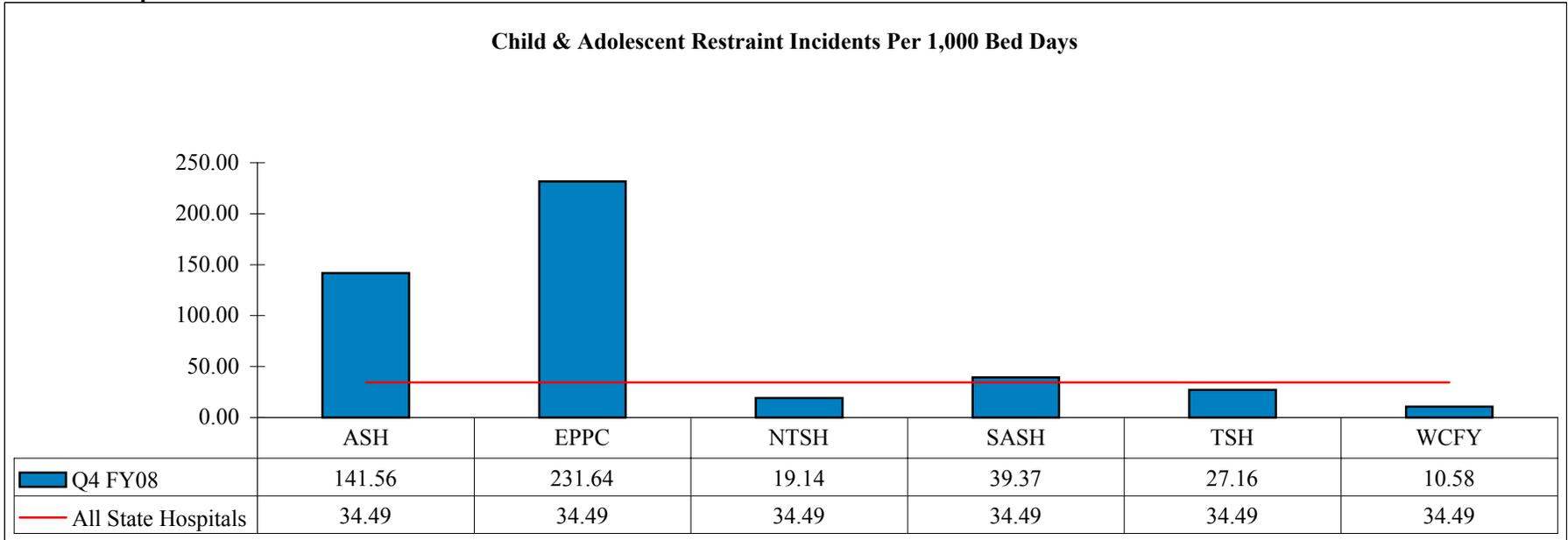


**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State Hospitals**

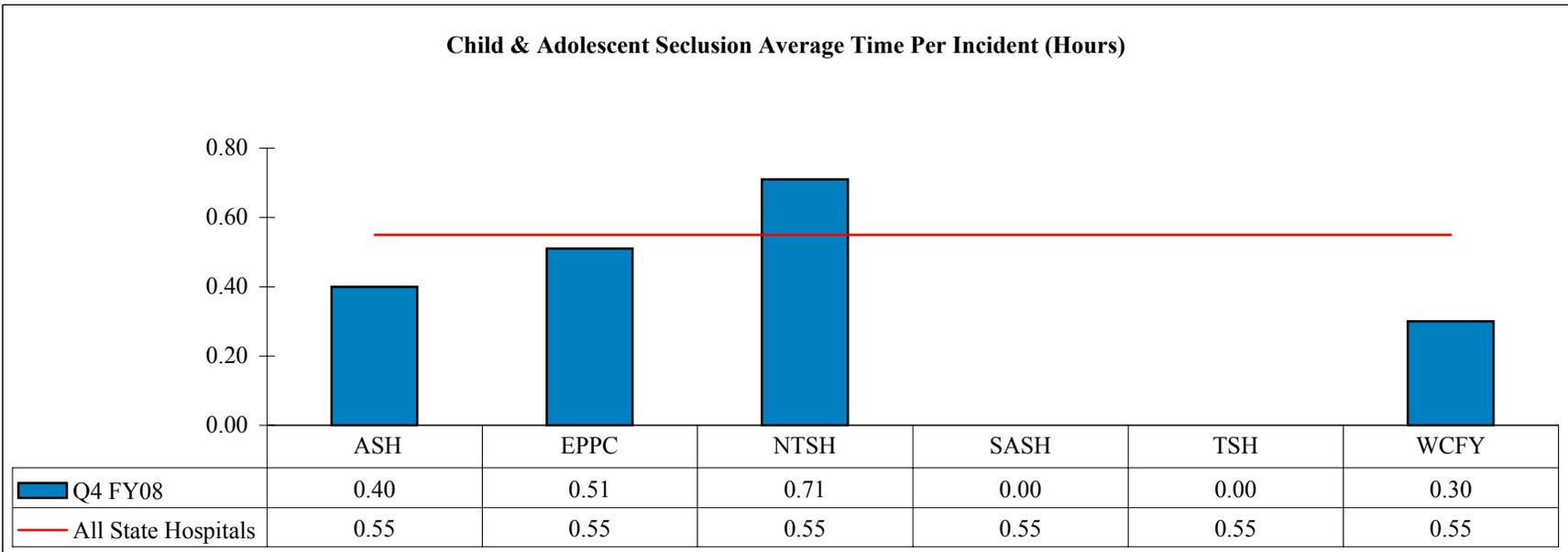
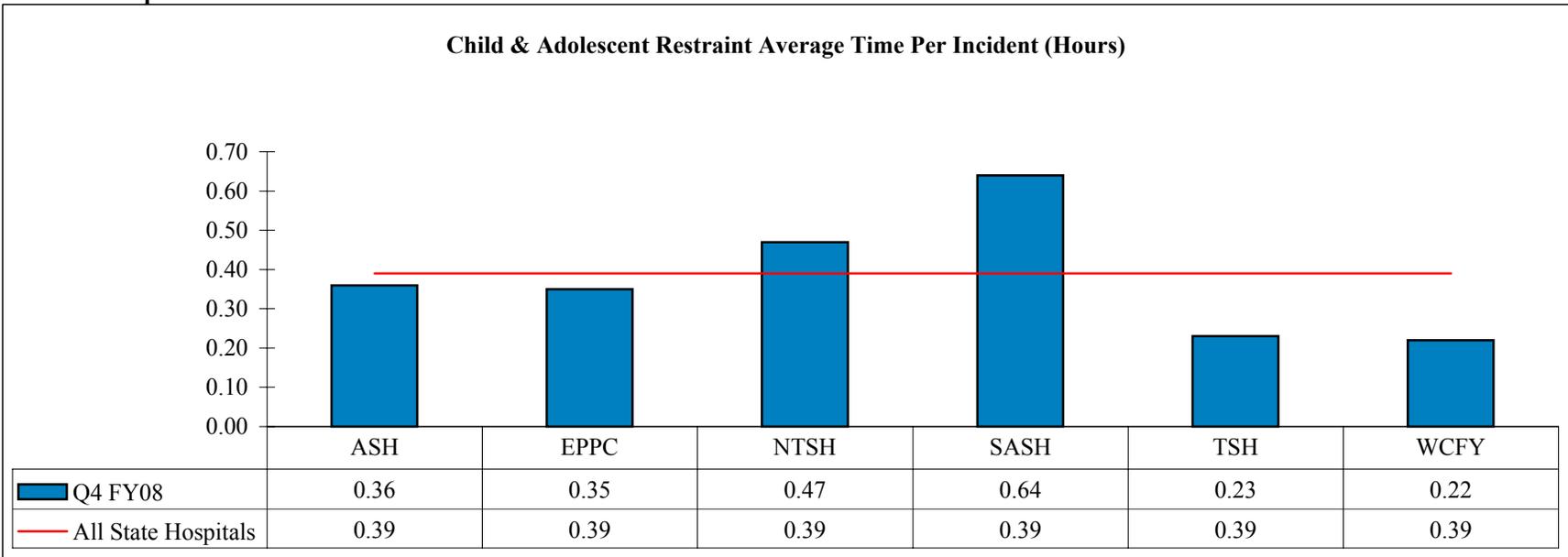


**Objective 3A - Maintain Restraint and Seclusion Data**

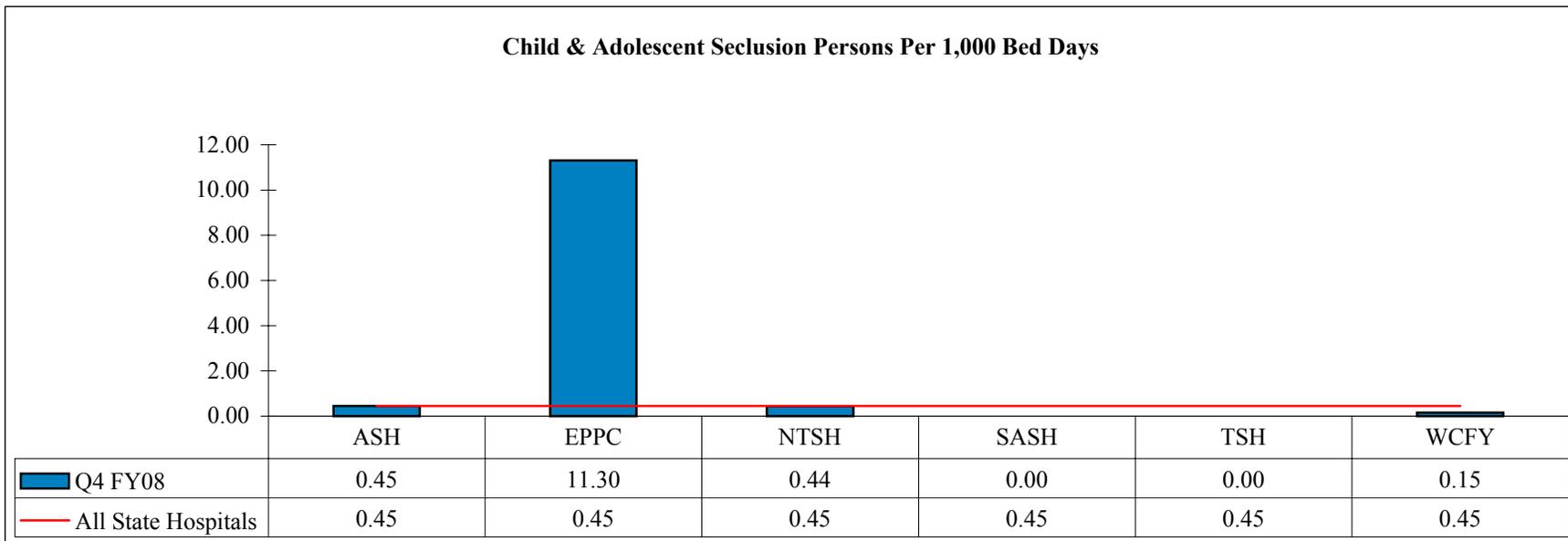
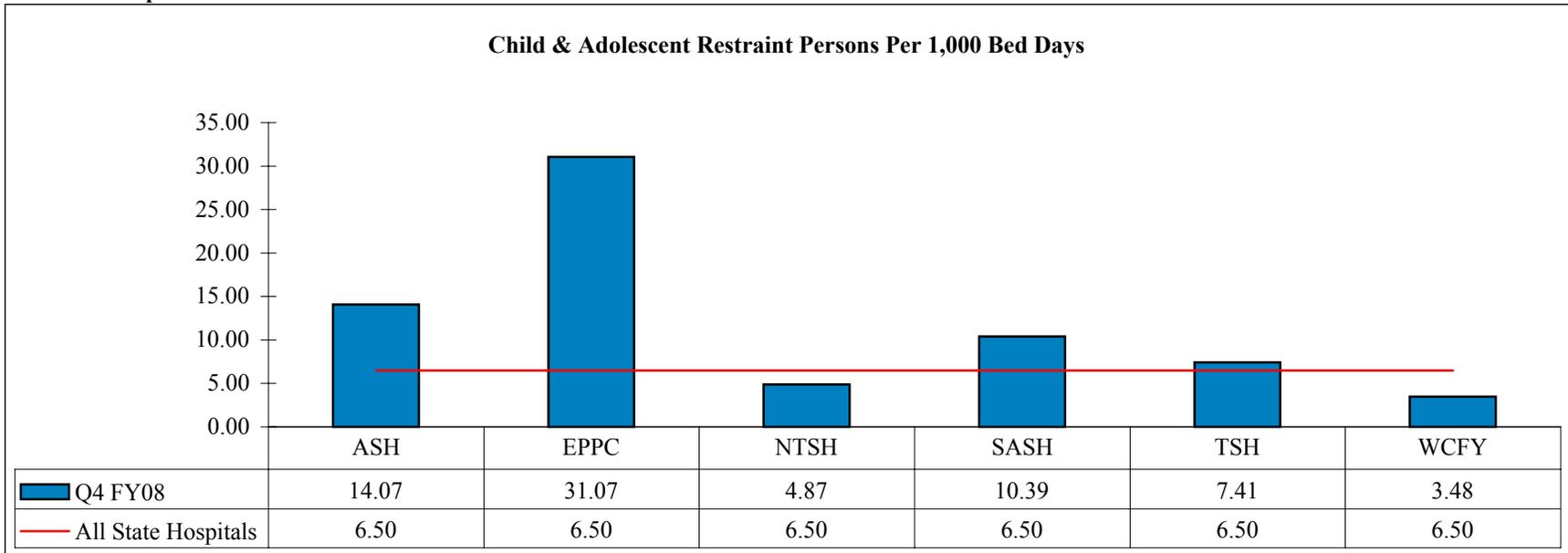
**All State Hospitals**



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



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



**Objective 3A - Maintain Restraint and Seclusion Data**  
**All MH Facilities - FY08**

	Fiscal Year 2008											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Child/Adolescent Bed Days	2,388	2,216	2,566	2,204	2,388	2,216	2,566	2,204	2,388	2,216	2,566	2,204
Bed Days in Quarter-All Other Units	23,062	22,214	23,627	24,219	23,062	22,214	23,627	24,219	23,062	22,214	23,627	24,219
Restraint Involving Children	86	52	48	27	3	7	8	3	23.6	13.9	5.5	7.2
Restraint Involving Adolescents	448	235	182	285	40	27	30	28	151.1	102.7	57.8	106.5
Restraint Involving Adults	741	604	680	678	176	134	162	158	403.4	289.9	357	393.1
Seclusion Involving Children	1	2	0	0	1	1	0	0	0.8	1.1	0.0	0.0
Seclusion Involving Adolescents	5	4	13	1	4	3	4	1	3.7	2.1	8.9	0.4
Seclusion Involving Adults	42	10	3	12	12	7	3	9	72.1	15.2	8.8	24.0
<b>Big Spring State Hospital</b>												
Bed Days in Quarter	17,095	17,561	17,335	17,098	17,095	17,561	17,335	17,098	17,095	17,561	17,335	17,098
Restraint Involving Adults	227	181	261	311	54	48	65	50	149.3	113.3	167.1	232.0
Seclusion Involving Adults	3	4	8	7	3	3	5	6	5.3	7.4	13.8	9.1
<b>El Paso Psychiatric Center</b>												
Child/Adolescent Bed Days	461	354	304	354	461	354	304	354	461	354	304	354
Bed Days in Quarter-All Other Units	5,719	5,729	5,637	5,894	5,719	5,729	5,637	5,894	5,719	5,729	5,637	5,894
Restraint Involving Children	6	13	6	43	3	1	1	1	1.3	4.00	1.5	16.1
Restraint Involving Adolescents	19	9	249	39	10	3	9	10	14.0	3.7	118.3	12.6
Restraint Involving Adults	132	162	95	61	47	50	31	21	102.0	91.6	48.5	22.2
Seclusion Involving Children	2	0	0	13	1	0	0	2	1.1	0.0	0	7.0
Seclusion Involving Adolescents	0	0	0	2	0	0	0	2	0.0	0.0	0.0	0.7
Seclusion Involving Adults	4	7	0	1	4	4	0	1	12.3	11.2	0	3.1
<b>Kerrville State Hospital</b>												
Bed Days in Quarter	17,980	17,804	18,209	18,271	17,980	17,804	18,209	18,271	17,980	17,804	18,209	18,271
Restraint Involving Adults	25	26	34	37	12	12	16	14	2.3	4.2	11.1	15.7
Seclusion Involving Adults	0	0	1	0	0	0	1	0	0.0	0.0	1.5	0.0

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

**Objective 3A - Maintain Restraint and Seclusion Data**  
**All MH Facilities - FY08**

	Fiscal Year 2008											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>North Texas State Hospital</b>												
Child/Adolescent Bed Days	8,186	8,987	9,254	9,038	8,186	8,987	9,254	9,038	8,186	8,987	9,254	9,038
Bed Days in Quarter-All Other Units	41,321	42,886	44,998	44,763	41,321	42,886	44,998	44,763	41,321	42,886	44,998	44,763
Restraint Involving Children	4	0	1	1	1	0	1	1	0.4	0.0	0.1	0.1
Restraint Involving Adolescents	248	211	206	172	40	47	29	43	163.8	125.3	123	81.1
Restraint Involving Adults	703	748	666	721	175	176	191	189	631.6	694.1	645.9	577.0
Seclusion Involving Children	4	0	4	0	1	0	1	0	3.9	0.0	1.5	0.0
Seclusion Involving Adolescents	0	1	5	7	0	1	4	4	0.0	2.0	2.8	5.0
Seclusion Involving Adults	59	54	42	59	31	23	25	29	137.9	122.7	67.4	138.7
<b>Rio Grande State Center</b>												
Bed Days in Quarter	4,720	4,484	4,509	4,650	4,720	4,484	4,509	4,650	4,720	4,484	4,509	4,650
Restraint Involving Adults	44	23	20	21	16	13	9	11	19.6	9.2	9.1	3.0
Seclusion Involving Adults	17	11	10	4	10	9	7	4	7.5	2.4	2.9	9.0
<b>Rusk State Hospital</b>												
Bed Days in Quarter	28,501	29,606	29,600	29,647	28,501	29,606	29,600	29,647	28,501	29,606	29,600	29,647
Restraint Involving Adults	192	209	200	212	81	78	79	87	42.3	104.5	87.4	99.6
Seclusion Involving Adults	18	30	25	22	14	22	19	17	34.9	58.1	40.8	39.1
<b>San Antonio State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,637	2,329	2,502	1,829	2,637	2,329	2,502	1,829	2,637	2,329	2,502	1,829
Bed Days in Quarter-All Other Units	23,586	23,076	23,409	23,631	23,586	23,076	23,409	23,631	23,586	23,076	23,409	23,631
Restraint Involving Adolescents	147	128	133	72	36	26	21	19	91.9	109.2	98.1	46.1
Restraint Involving Adults	170	137	113	138	74	50	39	45	123.4	155.4	95.7	135.7
Seclusion Involving Adolescents	5	11	19	0	2	6	5	0	4.0	11.7	24	0.0
Seclusion Involving Adults	10	8	8	9	5	6	6	8	12.7	15.3	9.8	19.6

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

**Objective 3A - Maintain Restraint and Seclusion Data**  
**All MH Facilities - FY08**

**Fiscal Year 2008**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,388	2,617	2,910	2,430	2,388	2,617	2,910	2,430	2,388	2,617	2,910	2,430
Bed Days in Quarter-All Other Units	26,212	25,602	25,359	25,483	26,212	25,602	25,359	25,483	26,212	25,602	25,359	25,483
Restraint Involving Children	3	2	0	0	1	1	0	0	0.3	0.1	0.0	0.0
Restraint Involving Adolescents	57	40	51	66	21	16	17	18	8.3	10.3	10.2	15.0
Restraint Involving Adults	130	137	119	137	59	61	62	75	17.1	19.5	32.1	27.2
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Seclusion Involving Adolescents	1	0	2	0	1	0	2	0	0.3	0.0	0.8	0.0
Seclusion Involving Adults	4	10	13	11	3	7	9	9	2.4	17.7	24.1	16.5
<b>Waco Center For Youth</b>												
Child/Adolescent Bed Days in Quarter	6,355	6,296	6,869	6,614	6,355	6,296	6,869	6,614	6,355	6,296	6,869	6,614
Restraint Involving Adolescents	53	70	42	70	26	25	22	23	8.6	19.8	7.2	15.2
Seclusion Involving Adolescents	3	3	0	2	2	2	0	1	1.6	3.1	0.0	0.6
<b>All MH Facilities</b>												
Child/Adolescent Bed Days	22,415	22,799	24,405	22,469	22,415	22,799	24,405	22,469	22,415	22,799	24,405	22,469
Bed Days in Quarter-All Other Units	188,196	188,962	192,683	193,656	188,196	188,962	192,683	193,656	188,196	188,962	192,683	193,656
Restraint Involving Children	99	67	55	71	8	9	10	5	25.6	18.0	7.1	23.4
Restraint Involving Adolescents	972	693	863	704	173	144	128	141	437.7	371.0	414.6	276.5
Restraint Involving Adults	2,364	2,227	2,188	2,316	694	622	654	650	1,491.0	1,481.7	1,453.9	1,505.5
Seclusion Involving Children	7	2	4	13	3	1	1	2	5.8	1.1	1.5	7.0
Seclusion Involving Adolescents	14	19	39	12	9	12	15	8	9.6	18.9	36.5	6.7
Seclusion Involving Adults	157	134	110	125	82	81	75	83	285.1	250.0	169.1	259.1

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

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

**Fiscal Year 2008**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>								
< 5 Restraint Involving Children	20	11	22	8	3	5	7	3
< 5 Restraint Involving Adolescents	122	45	41	47	23	16	18	18
< 5 Restraint Involving Adults	368	314	336	332	144	112	130	134
<b>Big Spring State Hospital</b>								
< 5 Restraint Involving Adults	63	52	71	70	27	28	37	29
<b>El Paso Psychiatric Center</b>								
< 5 Restraint Involving Children	2	9	3	20	2	1	1	1
< 5 Restraint Involving Adolescents	5	3	12	23	5	2	3	7
< 5 Restraint Involving Adults	64	97	58	38	32	40	25	16
<b>Kerrville State Hospital</b>								
< 5 Restraint Involving Adults	15	13	20	18	9	9	11	12
<b>North Texas State Hospital</b>								
< 5 Restraint Involving Children	2	0	0	0	1	0	0	0
< 5 Restraint Involving Adolescents	57	62	58	41	26	33	18	21
< 5 Restraint Involving Adults	316	325	269	289	135	138	140	129
<b>Rio Grande State Center</b>								
< 5 Restraint Involving Adults	25	17	8	9	11	10	6	8
<b>Rusk State Hospital</b>								
< 5 Restraint Involving Adults	138	112	101	111	71	63	61	68
<b>San Antonio State Hospital</b>								
< 5 Restraint Involving Adolescents	27	42	21	16	17	15	12	12
< 5 Restraint Involving Adults	64	33	30	38	49	25	19	20
<b>Terrell State Hospital</b>								
< 5 Restraint Involving Children	2	2	0	0	1	1	0	0
< 5 Restraint Involving Adolescents	25	16	21	16	16	13	14	11
< 5 Restraint Involving Adults	89	88	74	87	51	52	42	62
<b>Waco Center For Youth</b>								
< 5 Restraint Involving Adolescents	14	13	13	24	12	13	10	16
<b>All State Hospitals</b>								
< 5 Restraint Involving Children	26	22	25	28	7	7	8	4
< 5 Restraint Involving Adolescents	250	181	166	167	99	92	75	85
< 5 Restraint Involving Adults	1,142	1,051	967	992	529	477	471	478

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

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

**Fiscal Year 2008**

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
<b>Austin State Hospital</b>					
Personal Restraint	843	583	632	636	2,694
Mechanical Restraint	432	308	278	354	1,372
Seclusion	48	16	16	13	93
<b>Big Spring State Hospital</b>					
Personal Restraint	134	116	164	191	605
Mechanical Restraint	93	65	97	120	375
Seclusion	3	4	8	7	22
<b>El Paso Psychiatric Center</b>					
Personal Restraint	84	123	192	98	497
Mechanical Restraint	73	61	158	45	337
Seclusion	6	7	0	17	30
<b>Kerrville State Hospital</b>					
Personal Restraint	22	23	28	29	102
Mechanical Restraint	3	3	6	8	20
Seclusion	0	0	1	0	1
<b>North Texas State Hospital</b>					
Personal Restraint	615	606	539	558	2,318
Mechanical Restraint	340	353	334	336	1,363
Seclusion	63	55	51	66	235
<b>Rio Grande State Center</b>					
Personal Restraint	44	23	20	21	108
Mechanical Restraint	0	0	0	0	0
Seclusion	17	11	12	4	44
<b>Rusk State Hospital</b>					
Personal Restraint	165	144	143	152	604
Mechanical Restraint	27	65	57	60	209
Seclusion	18	30	25	22	95
<b>San Antonio State Hospital</b>					
Personal Restraint	187	151	127	109	574
Mechanical Restraint	130	114	119	101	464
Seclusion	15	19	27	9	70

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

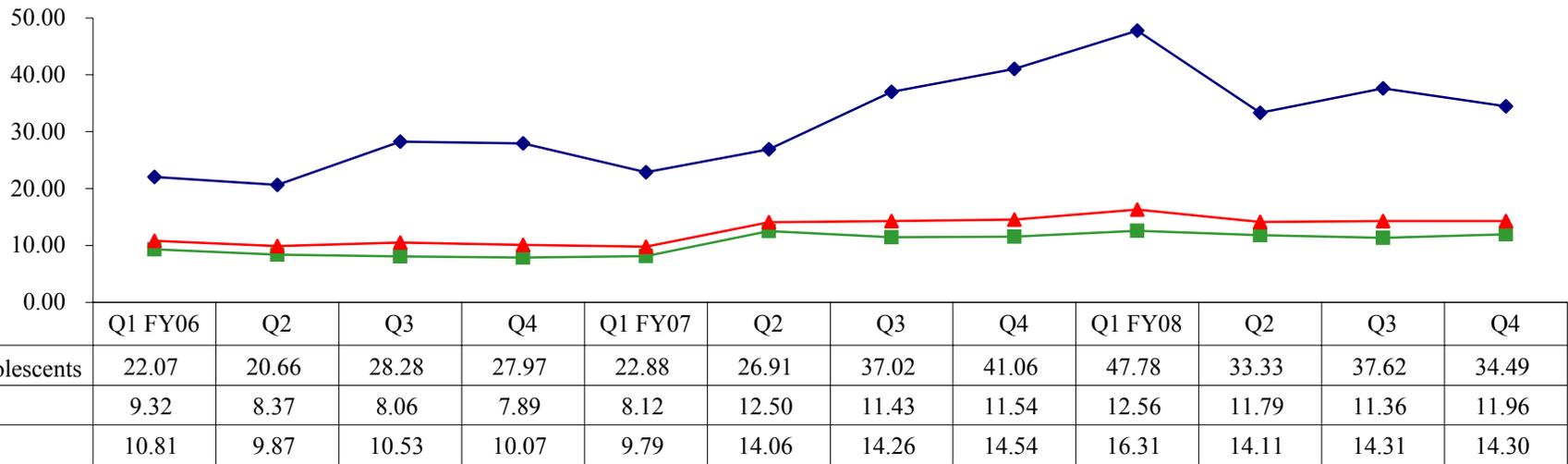
**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State Hospitals**

**Fiscal Year 2008**

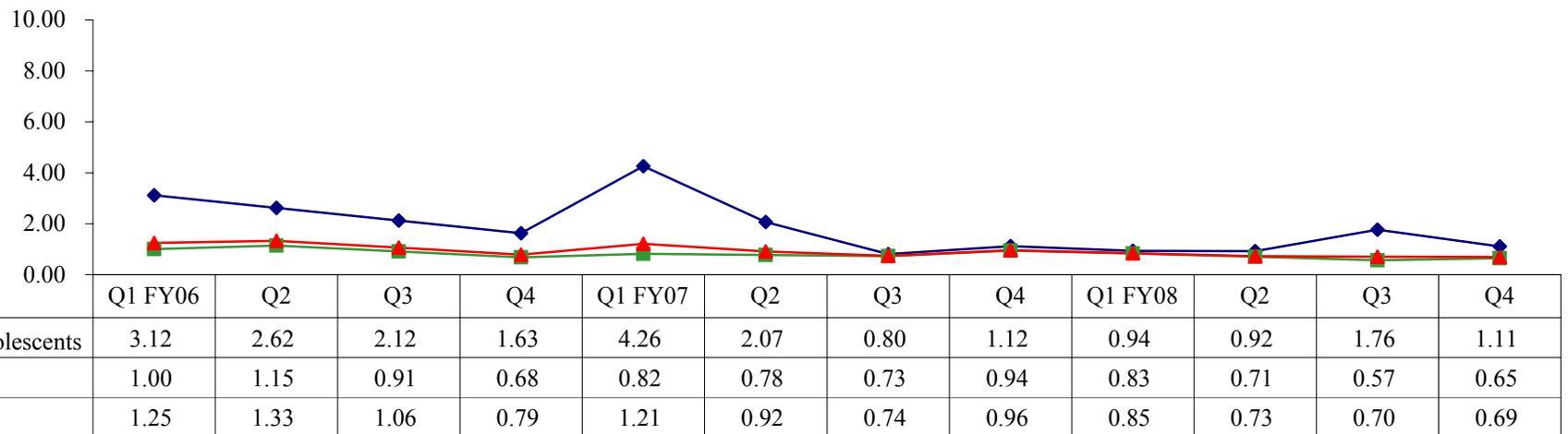
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Terrell State Hospital</b>					
Personal Restraint	175	155	145	175	650
Mechanical Restraint	15	24	25	28	92
Seclusion	5	10	15	11	41
<b>Waco Center For Youth</b>					
Personal Restraint	47	59	37	60	203
Mechanical Restraint	6	11	5	10	32
Seclusion	3	3	0	2	8
<b>All State Hospitals</b>					
Personal Restraint	2,316	1,983	2,027	2,029	8,355
Mechanical Restraint	1,119	1,004	1,079	1,062	4,264
Seclusion	178	155	155	151	639

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

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



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

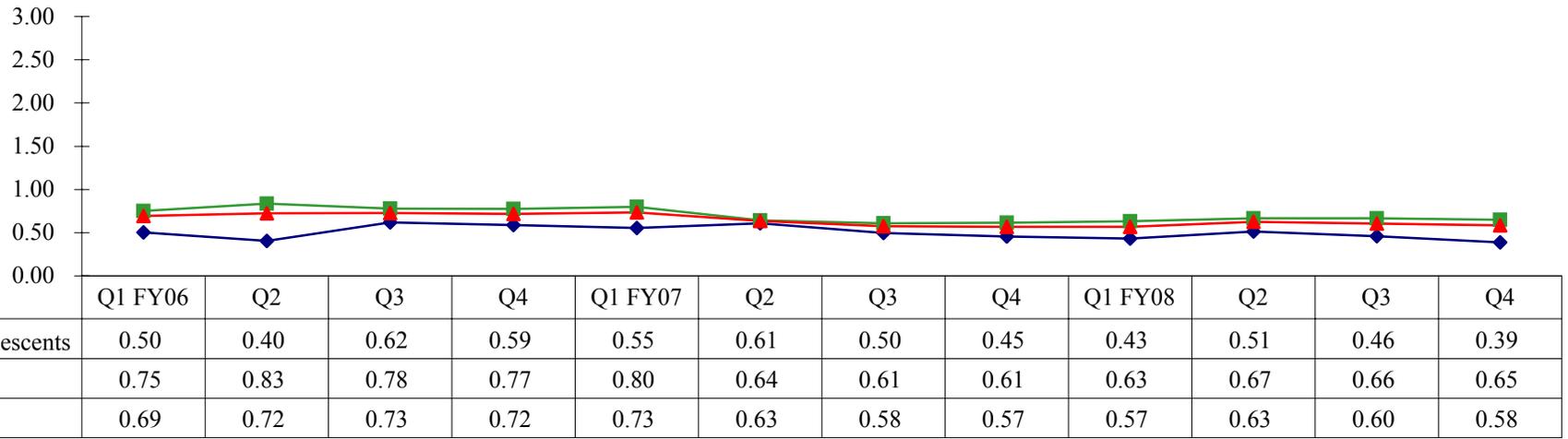


Change in reporting definition December 2006  
 Table: Hospital Management Data Services

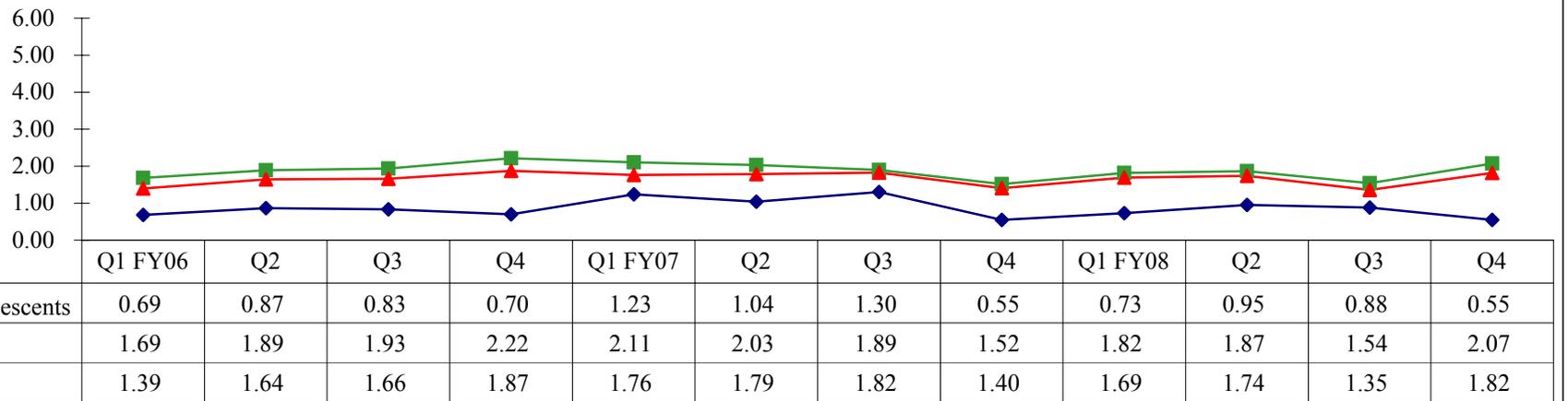
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

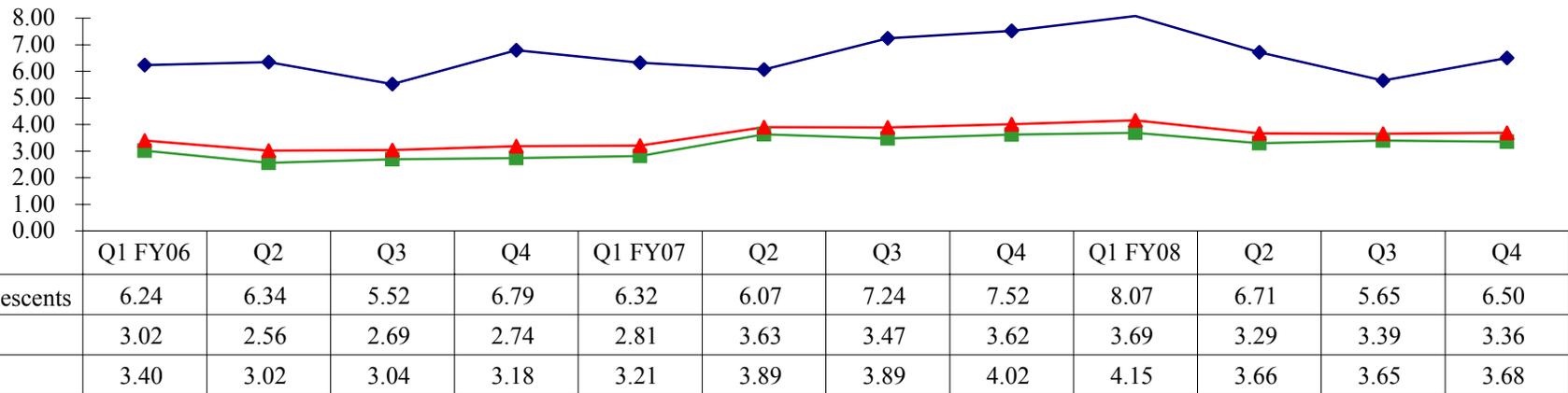


**Average Number of Hours Per Incident in Seclusion**

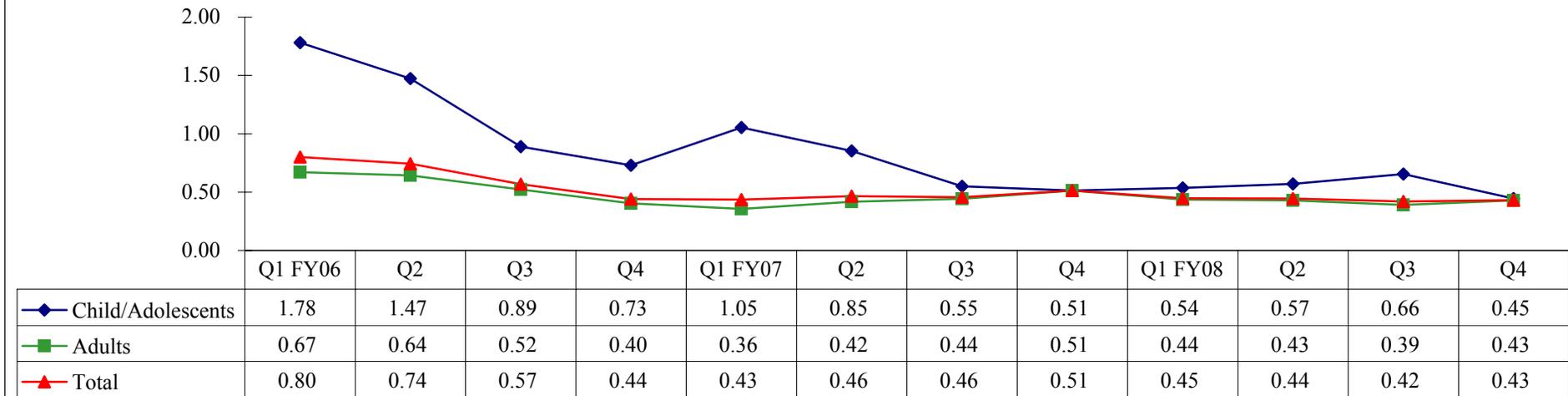


**Objective 3A - Maintain Restraint and Seclusion Data**  
**All State Hospitals**

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

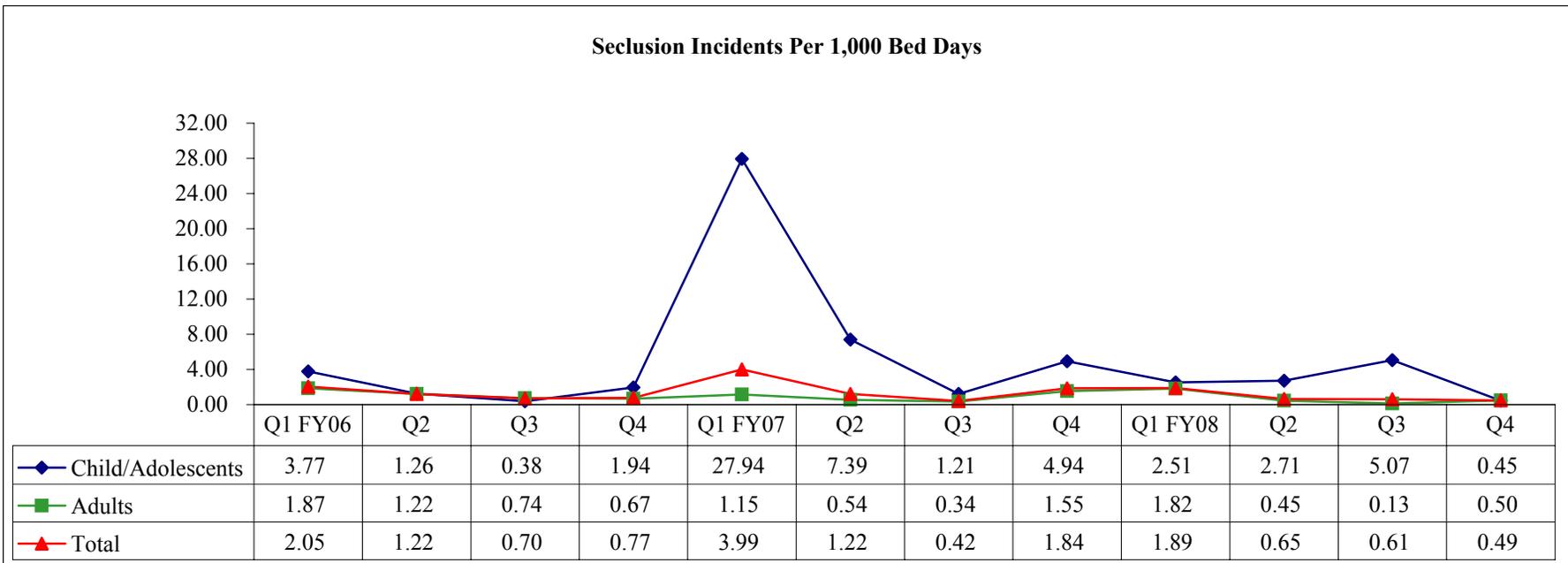
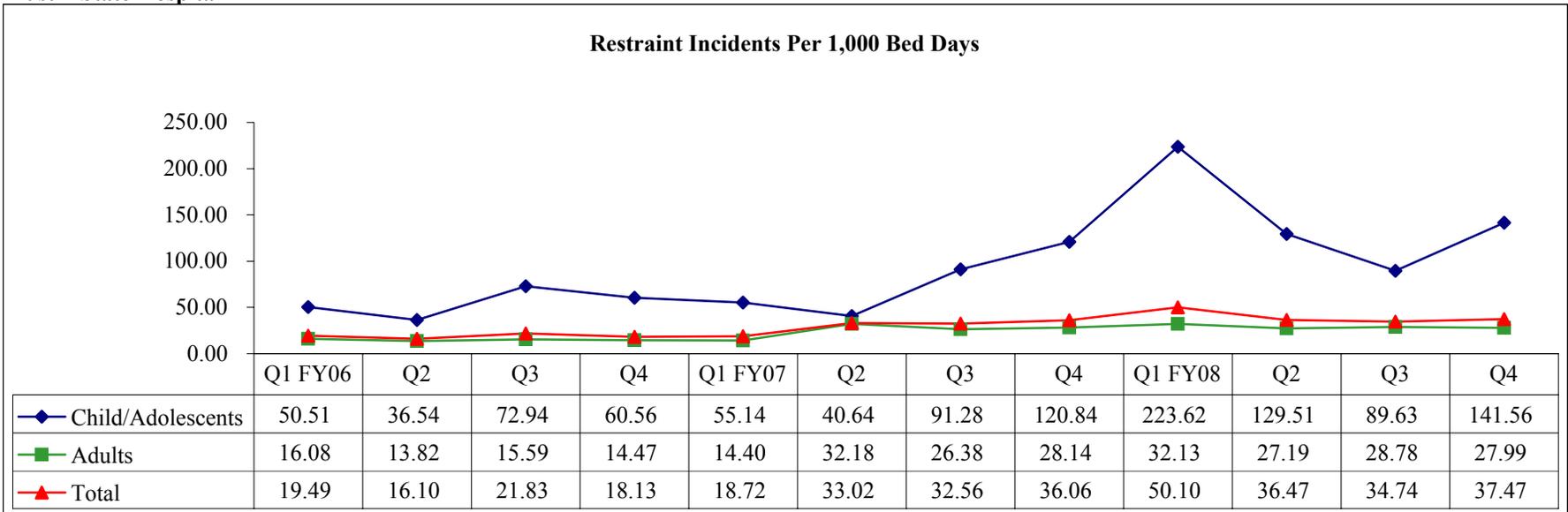


**Number of Persons in Seclusion/1000 Bed Days**



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

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

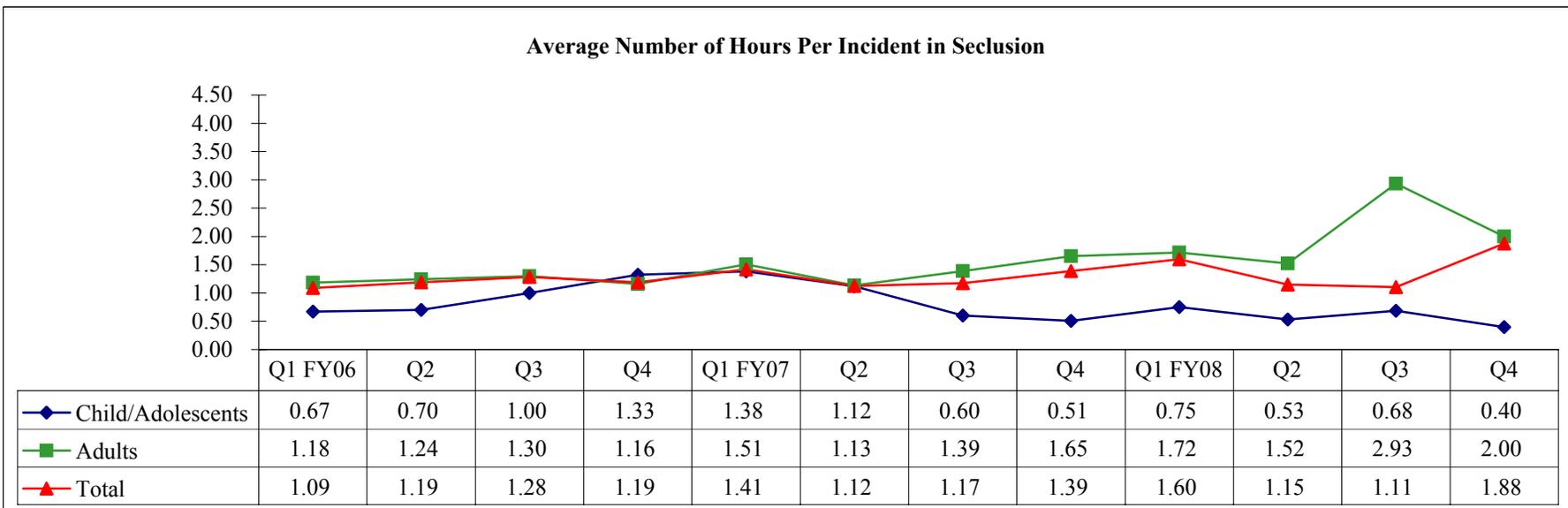
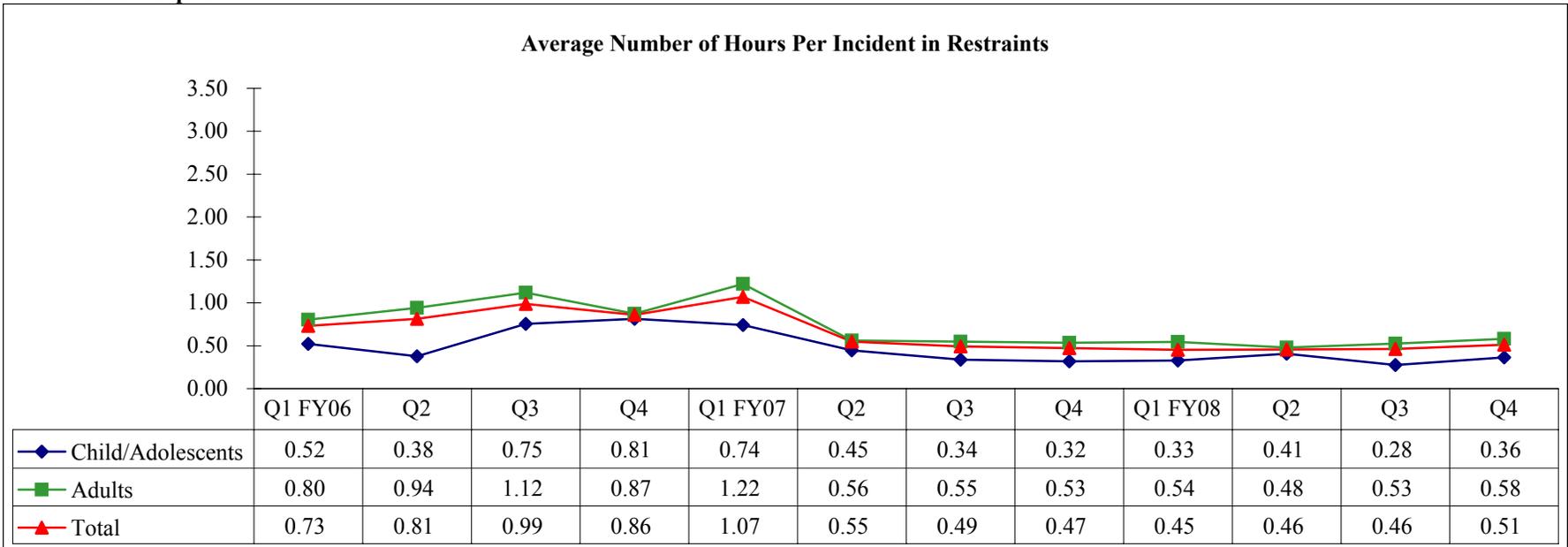


Change in reporting definition December 2006  
 Table: Hospital Management Data Services

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

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

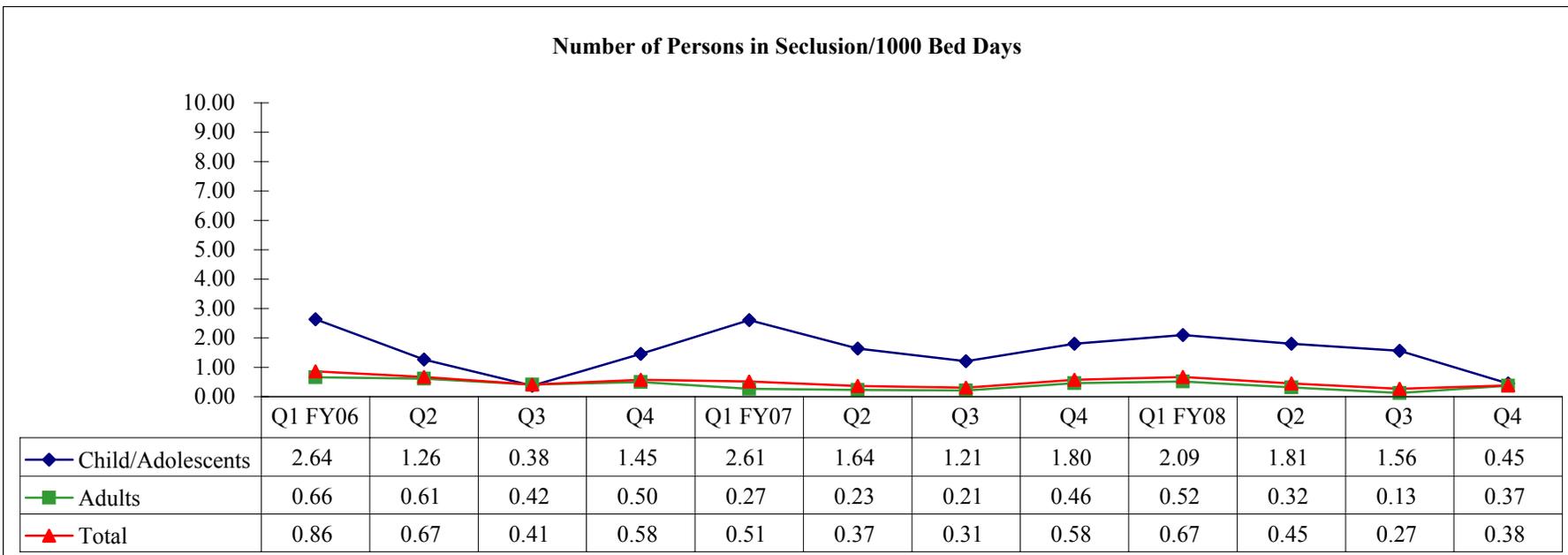
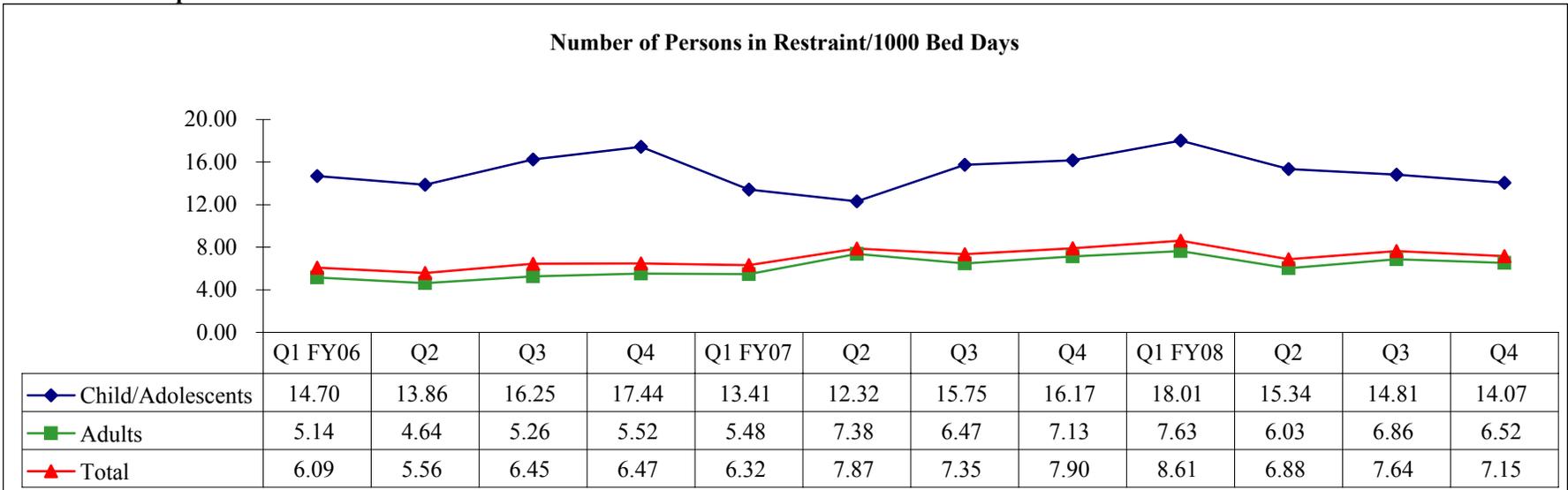
**Austin State Hospital**



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

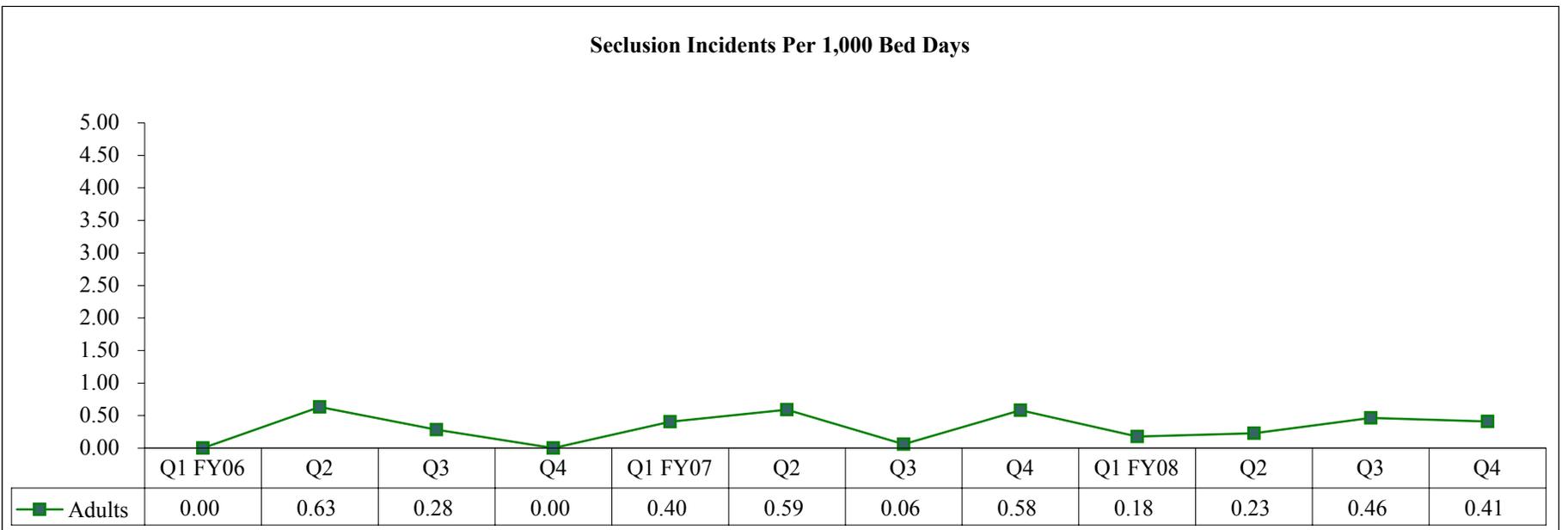
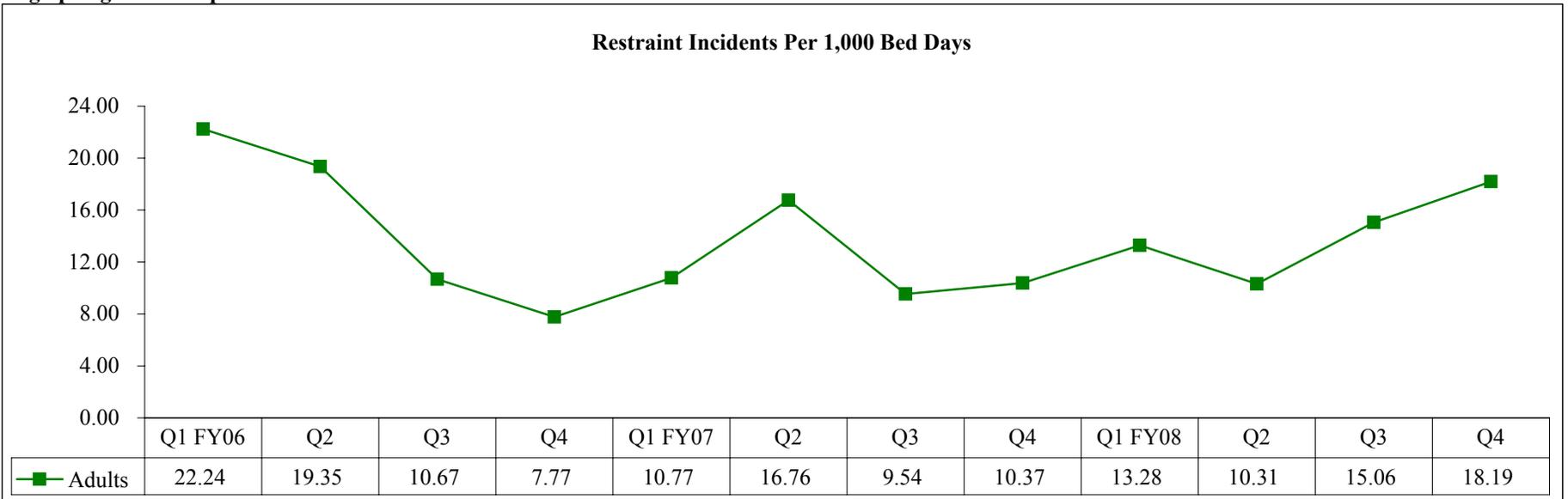
**Objective 3A - Maintain Restraint and Seclusion Data**

**Austin State Hospital**



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

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

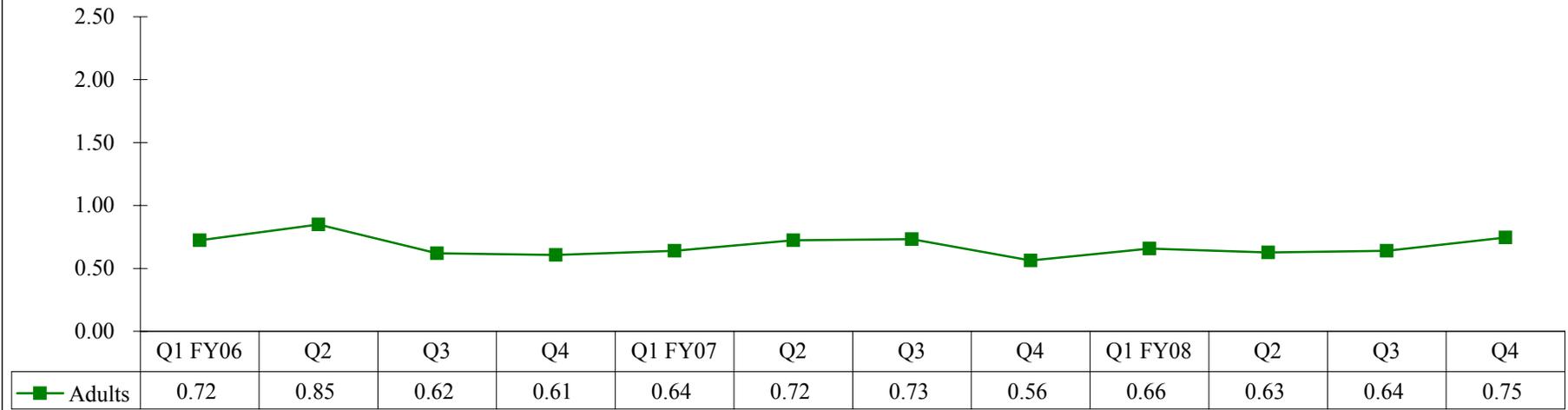


Change in reporting definition December 2006  
 Table: Hospital Management Data Services

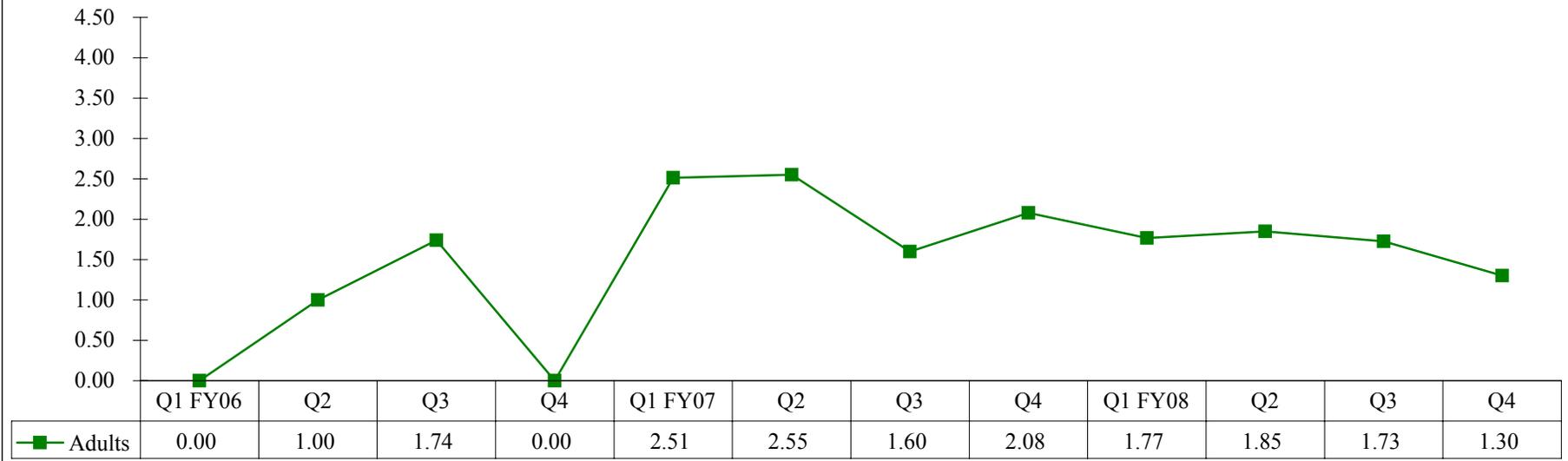
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

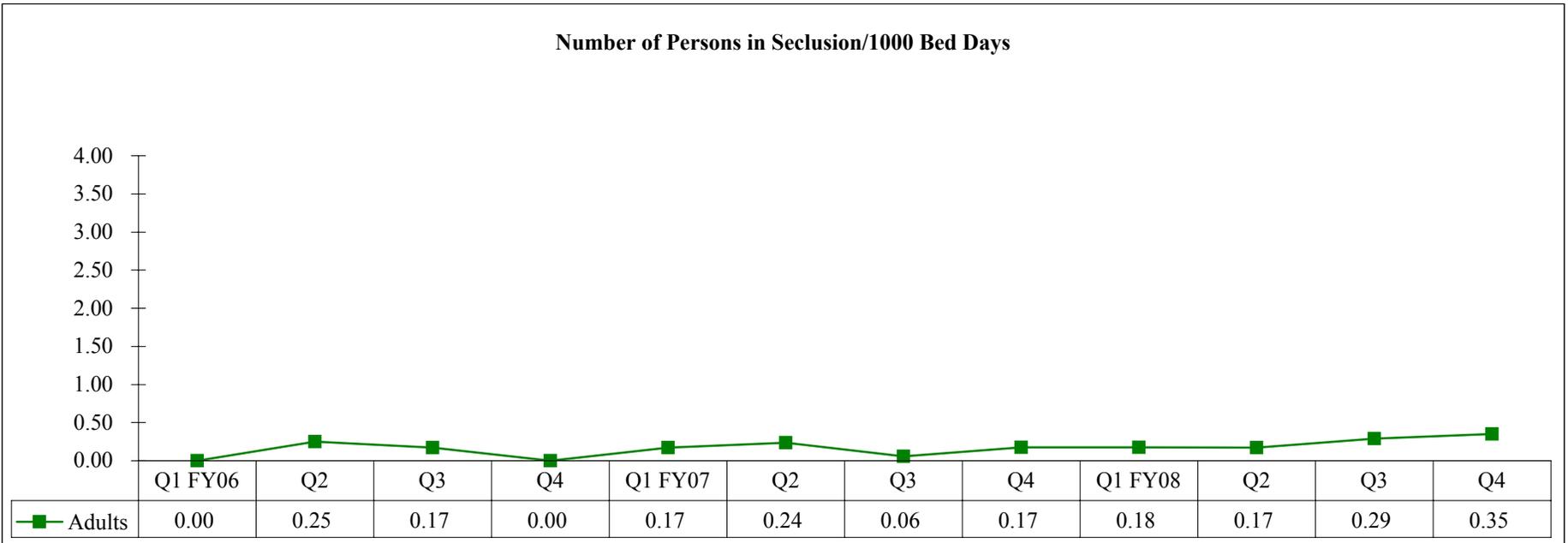
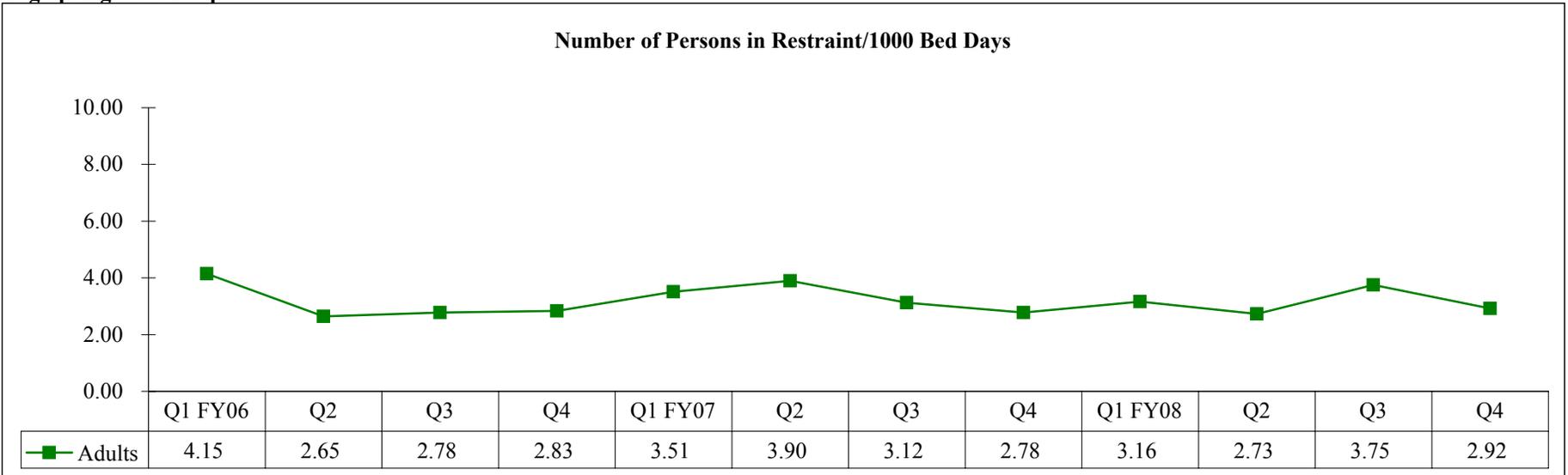


**Average Number of Hours Per Incident in Seclusion**

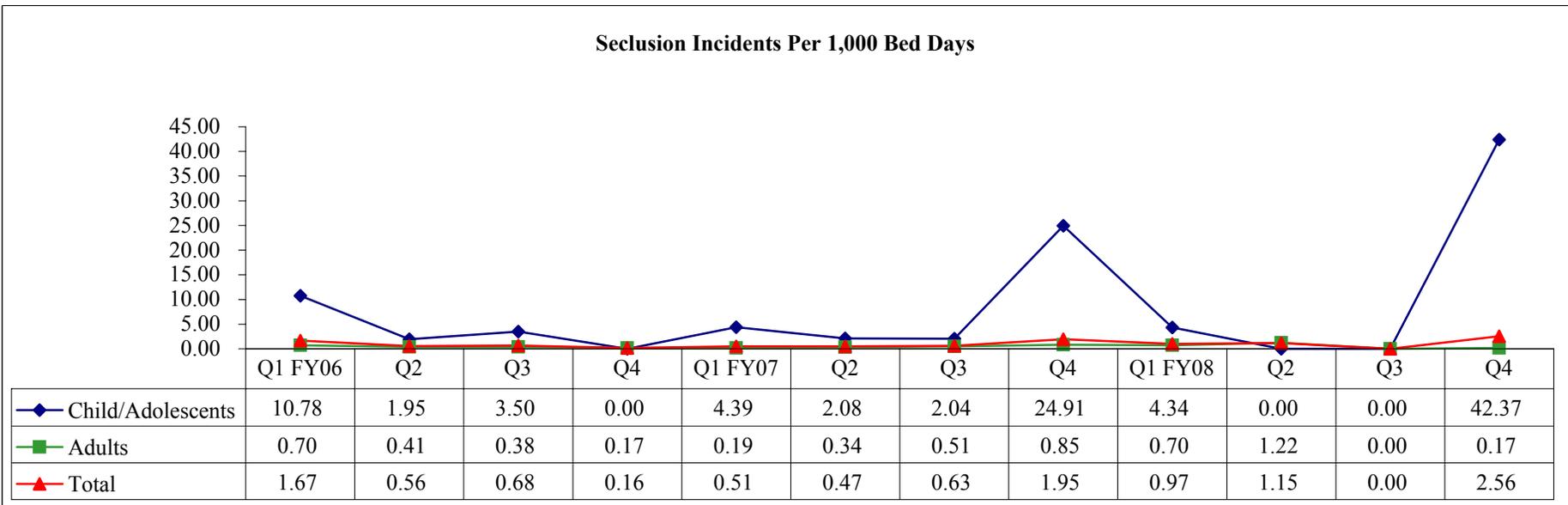
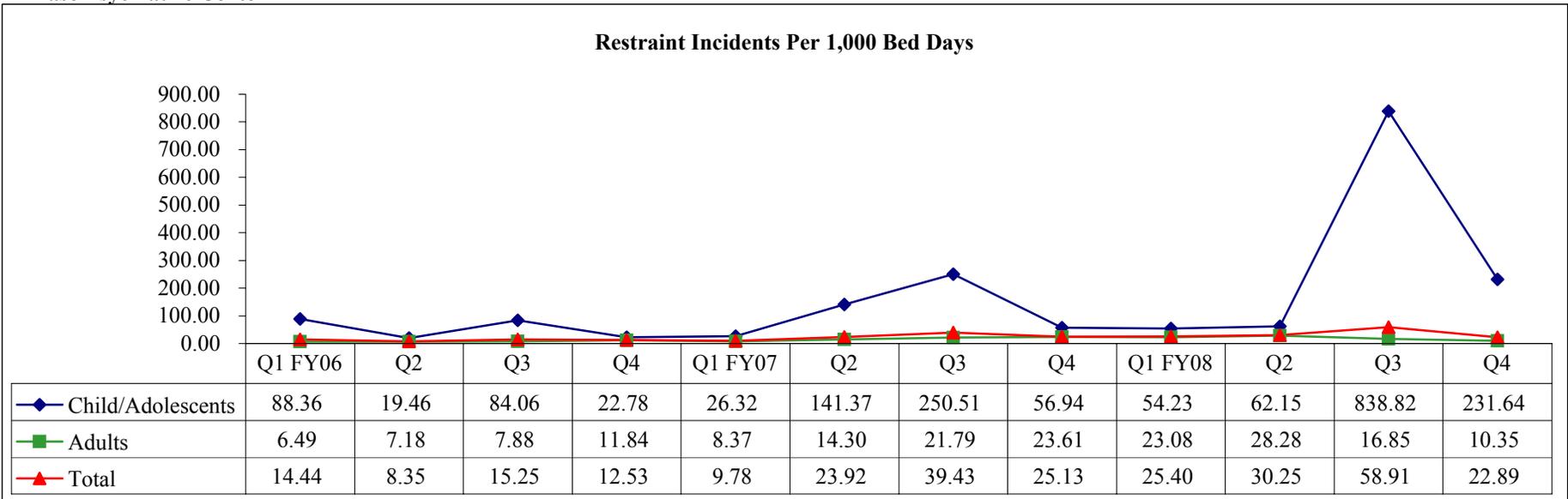


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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



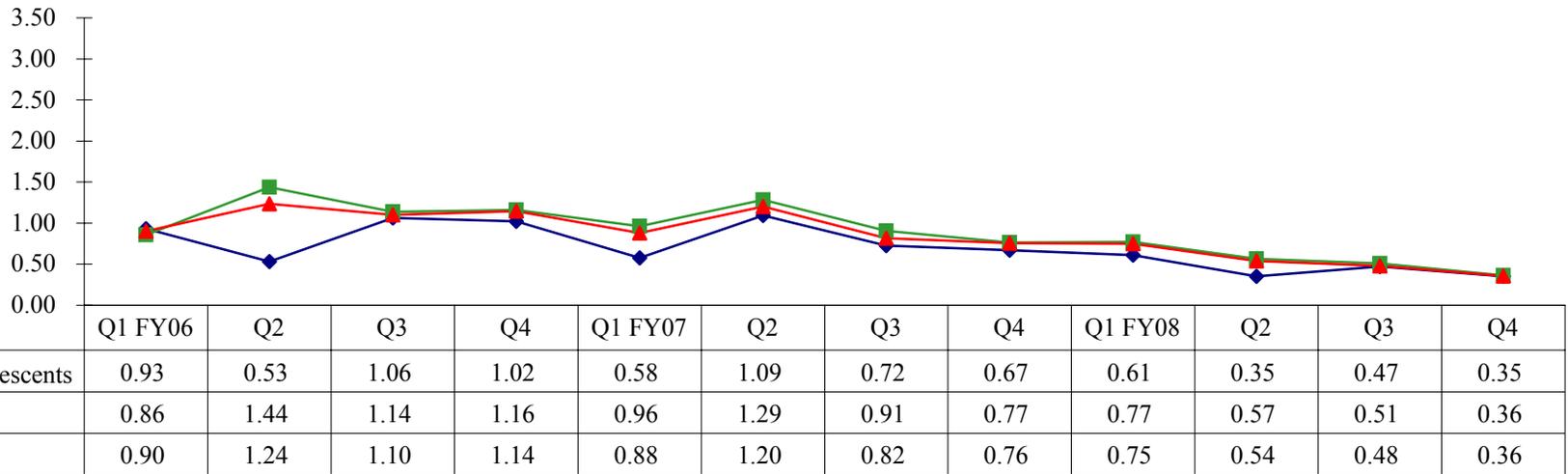
Change in reporting definition December 2006

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

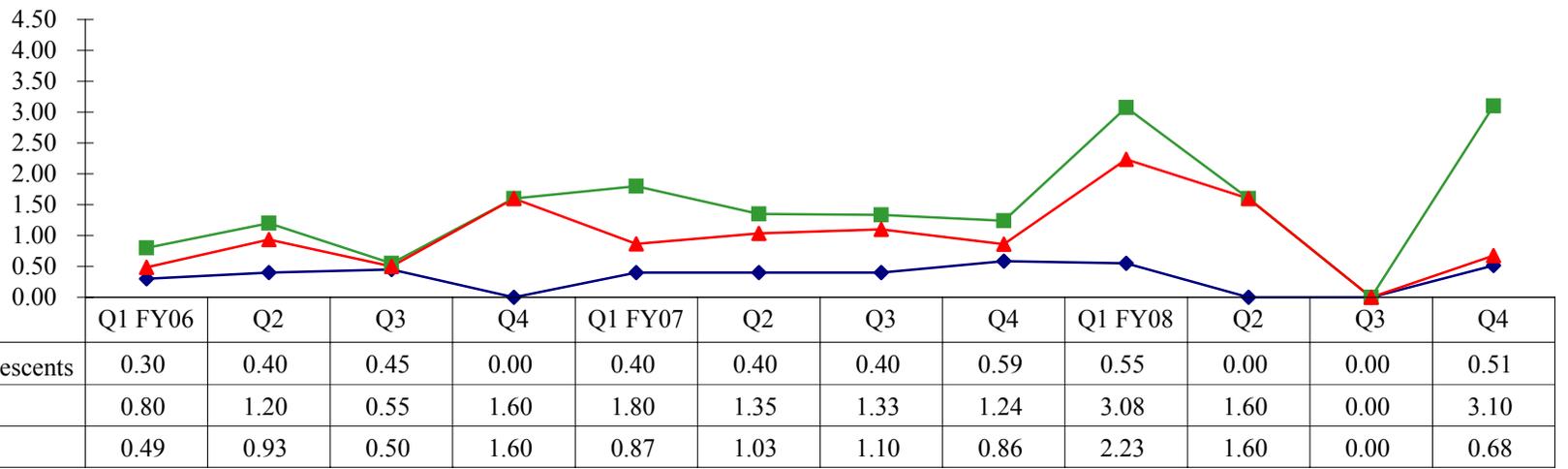
Table: Hospital Management Data Services

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

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

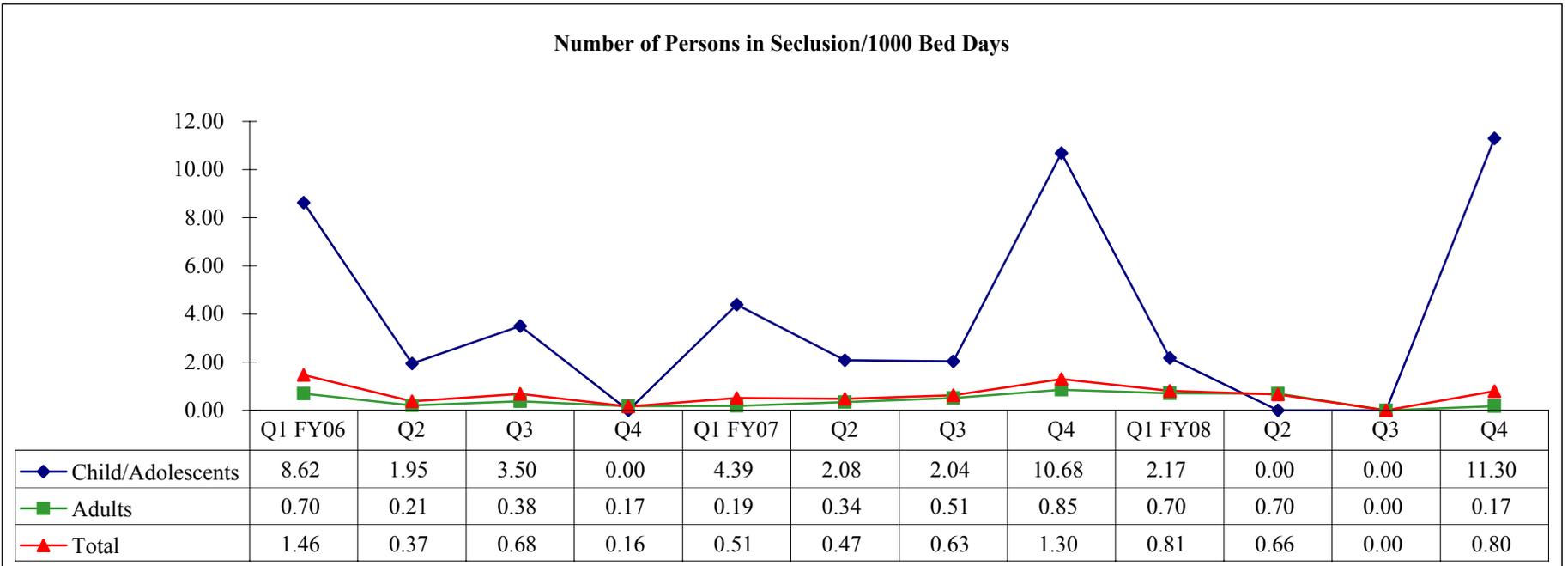
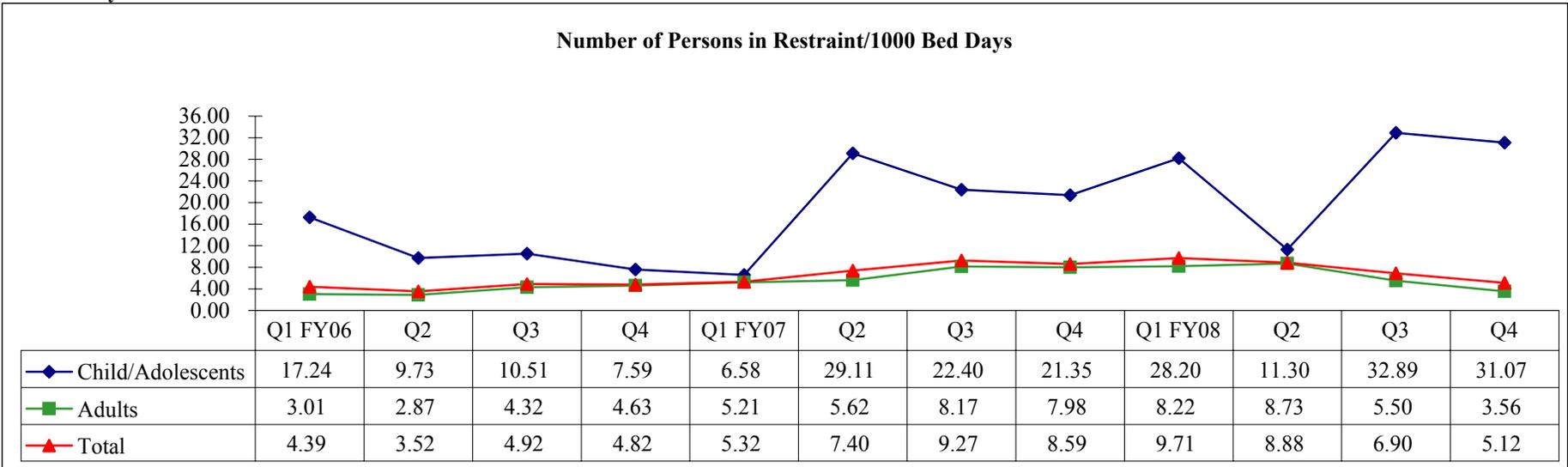


**Average Number of Hours Per Incident in Seclusion**



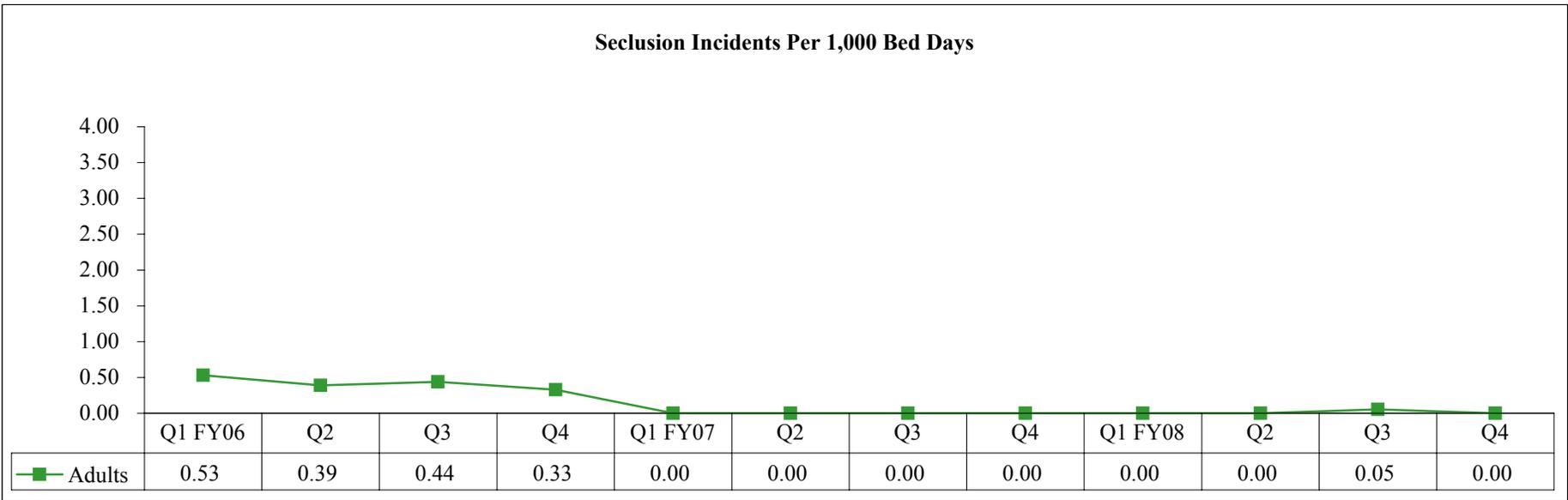
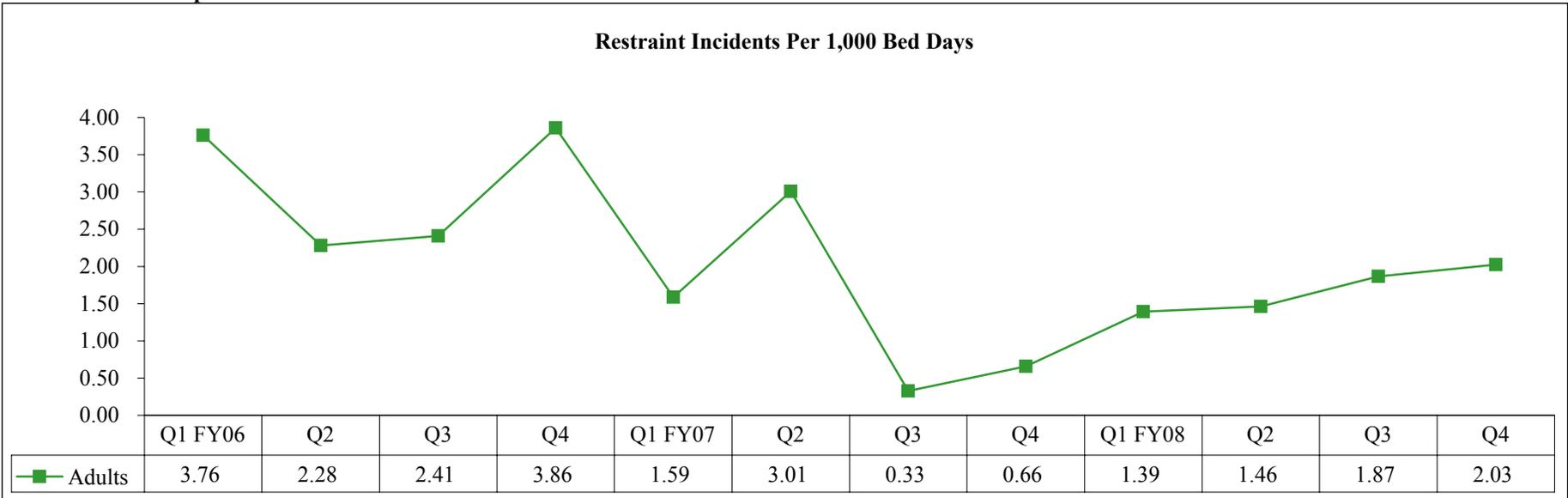
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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

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

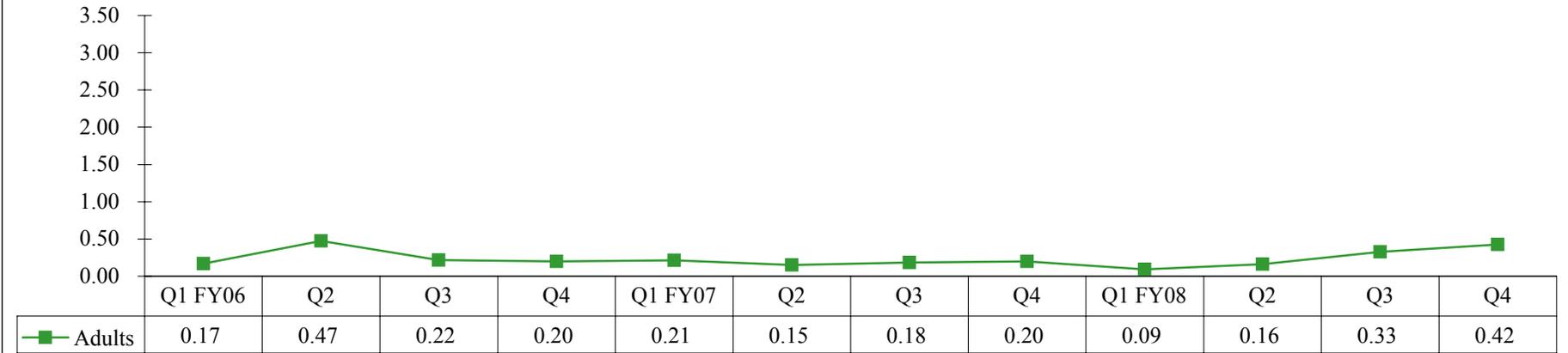


Change in reporting definition December 2006

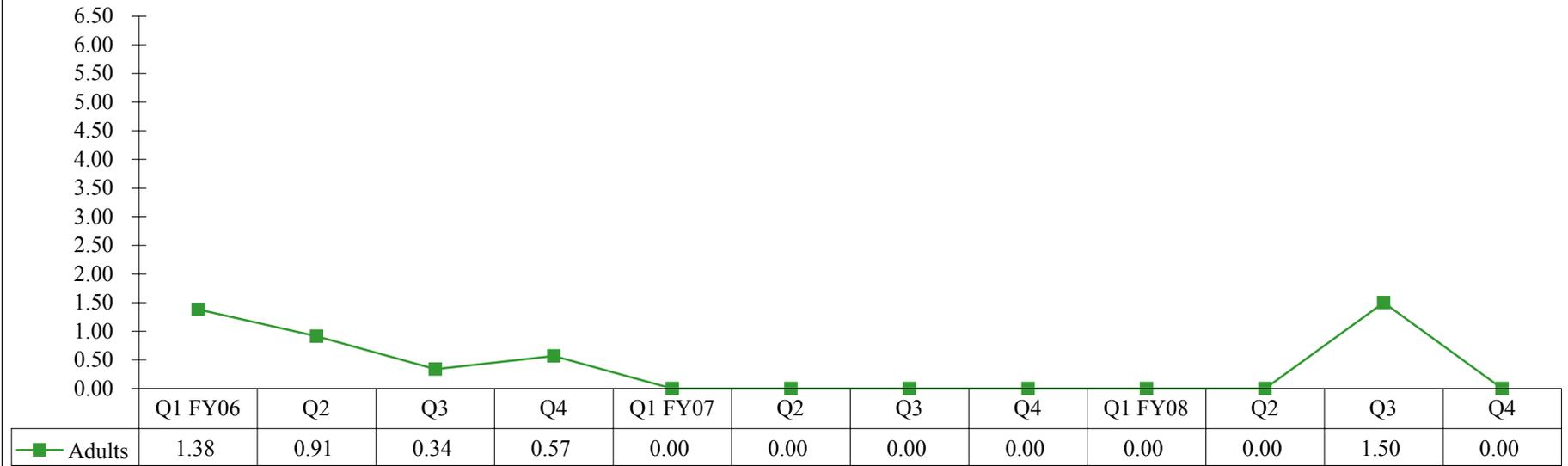
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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

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

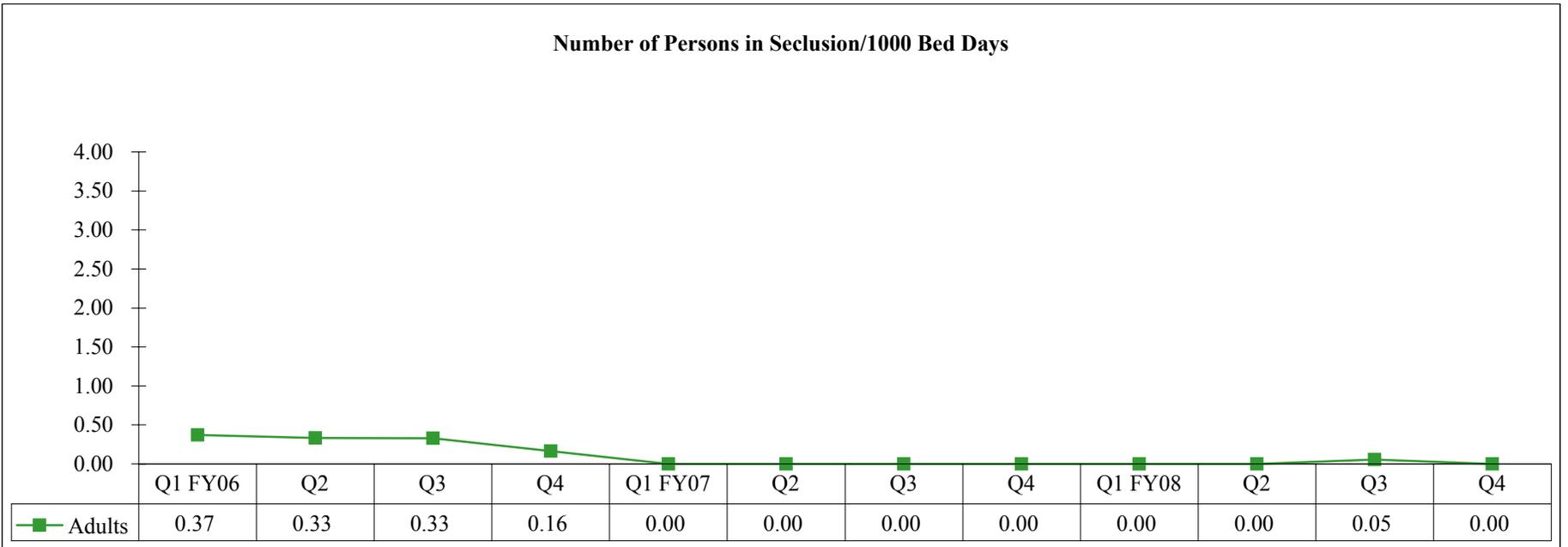
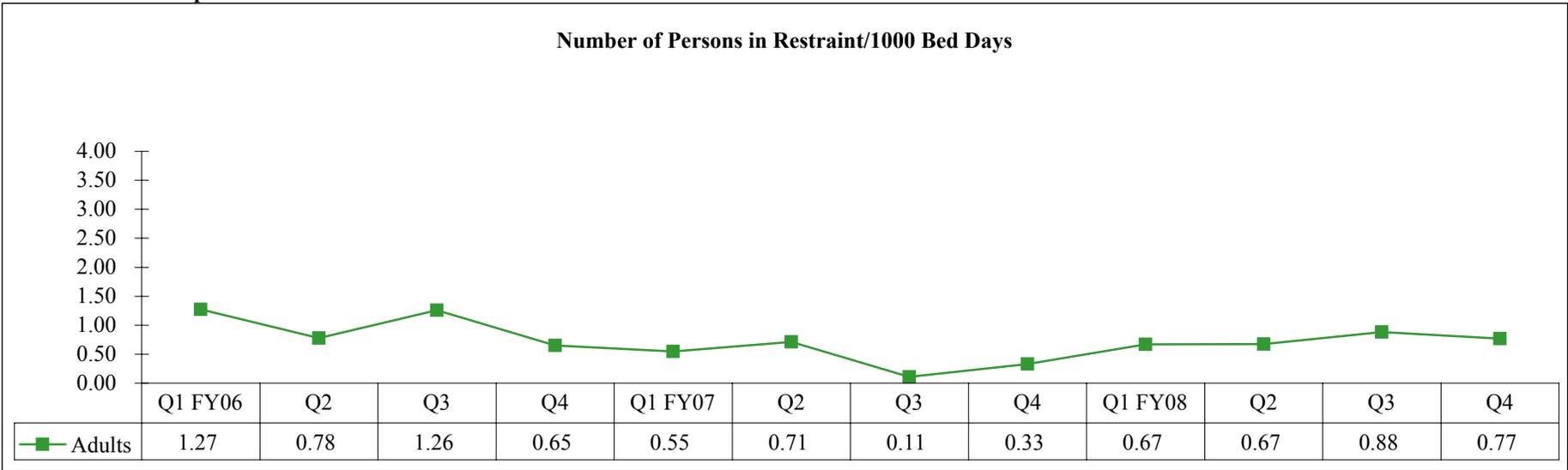


**Average Number of Hours Per Incident in Seclusion**

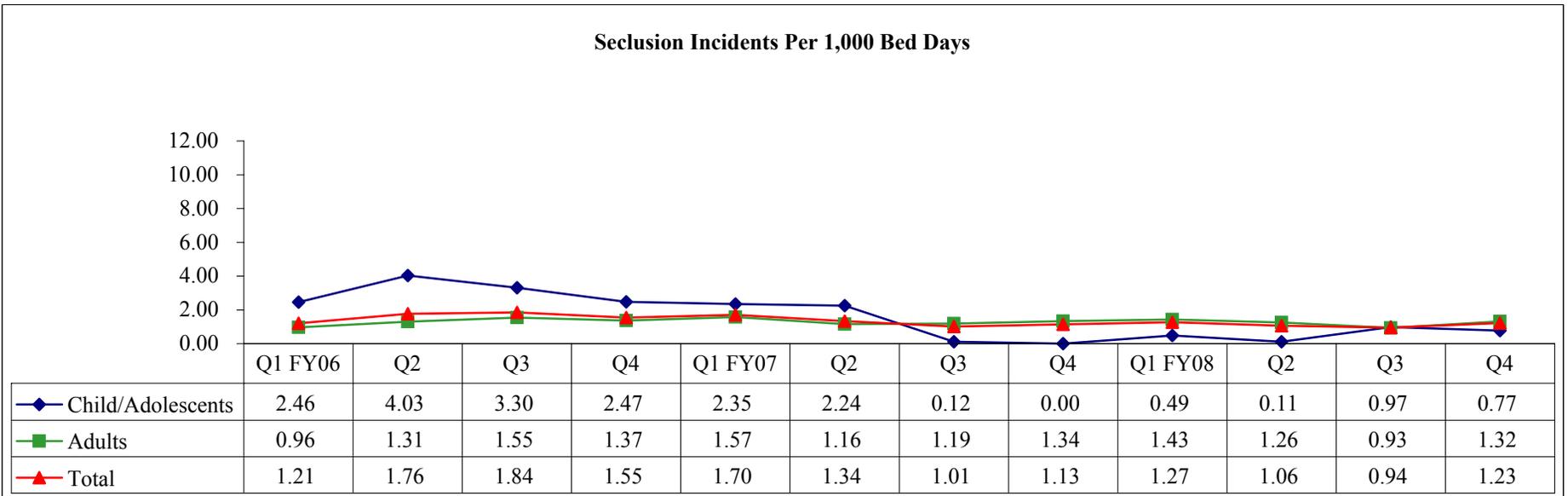
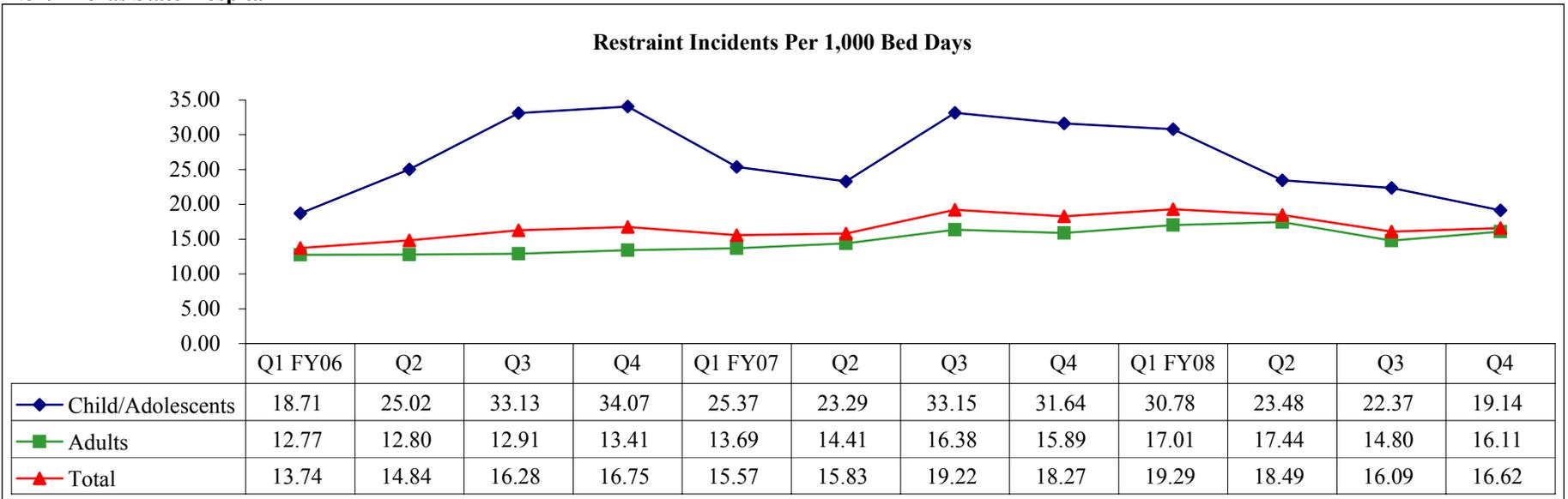


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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

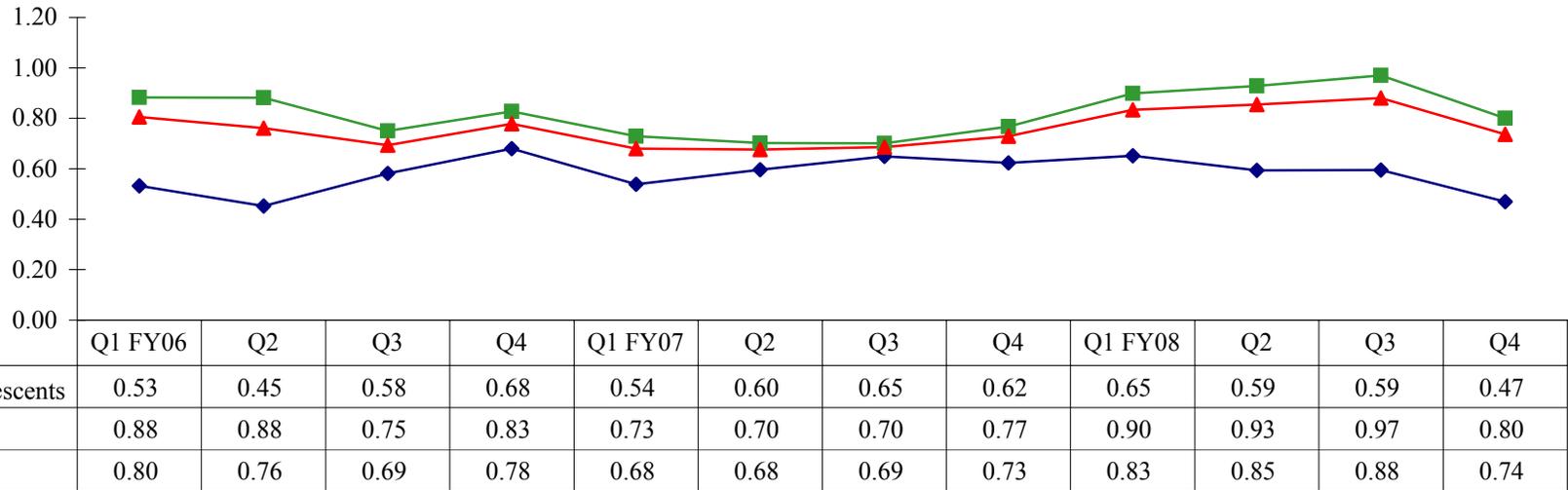


Change in reporting definition December 2006

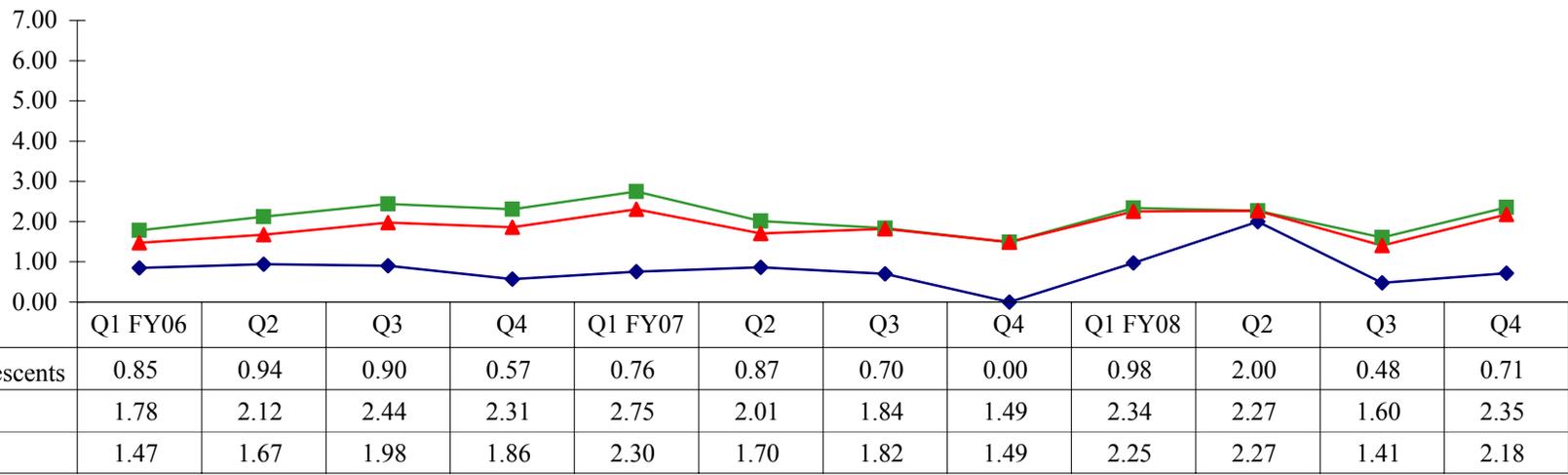
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

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

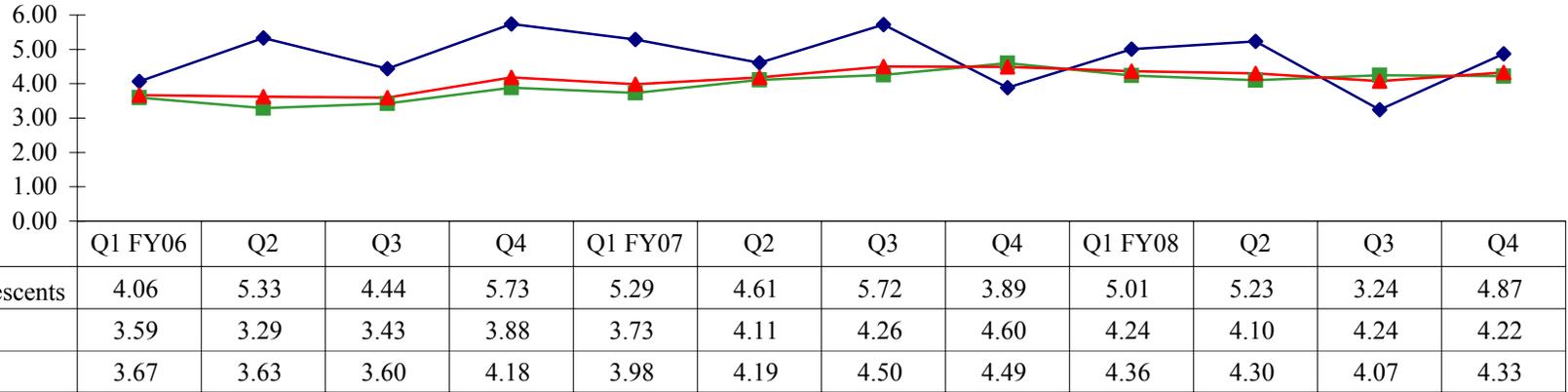


**Average Number of Hours Per Incident in Seclusion**

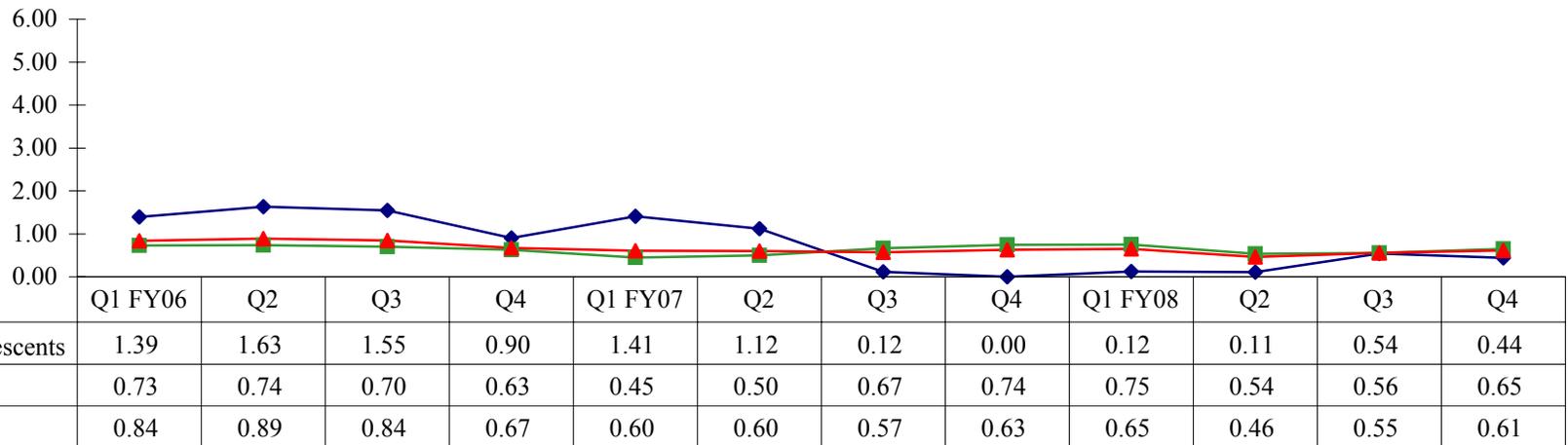


**Objective 3A - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

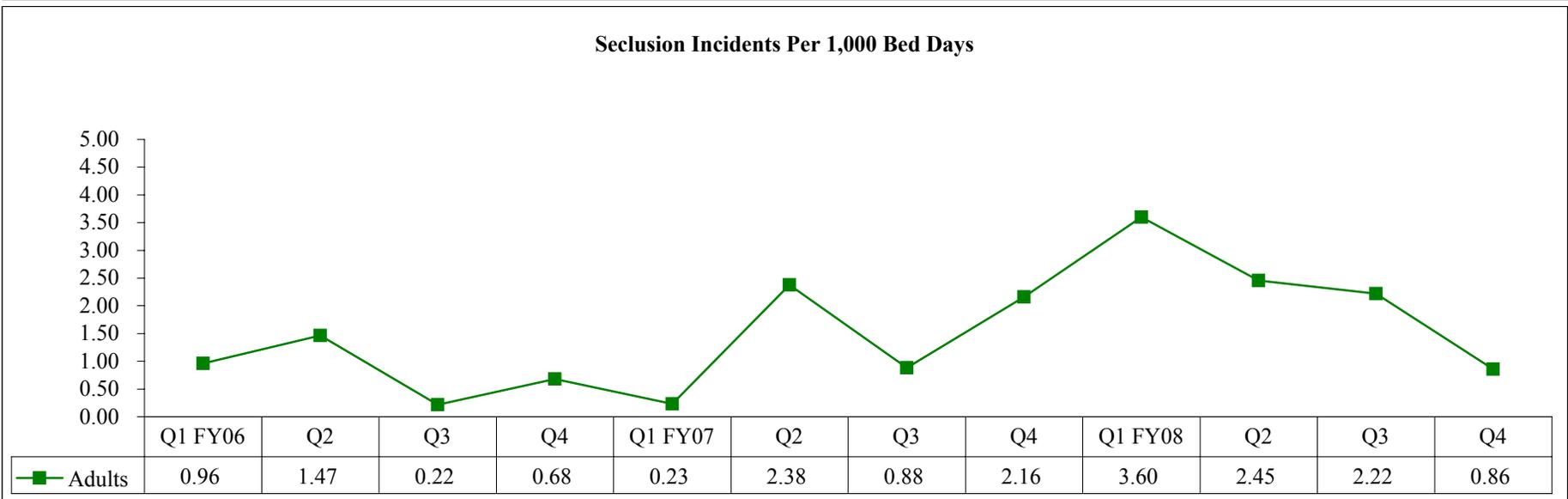
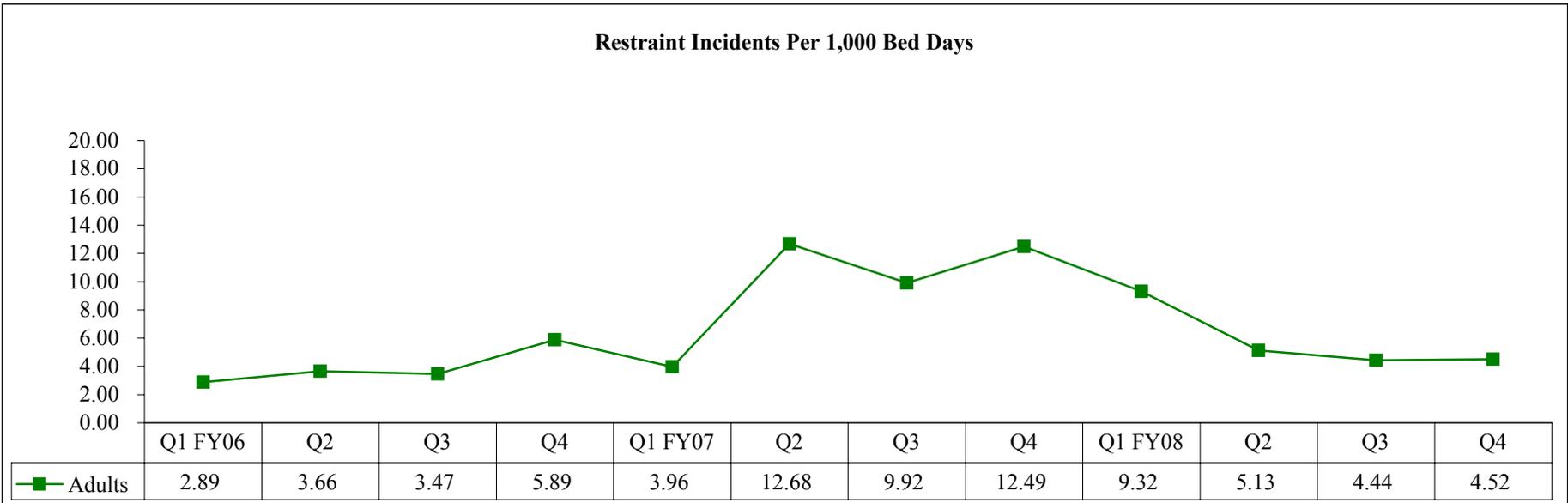
**Number of Persons in Restraint/1000 Bed Days**



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



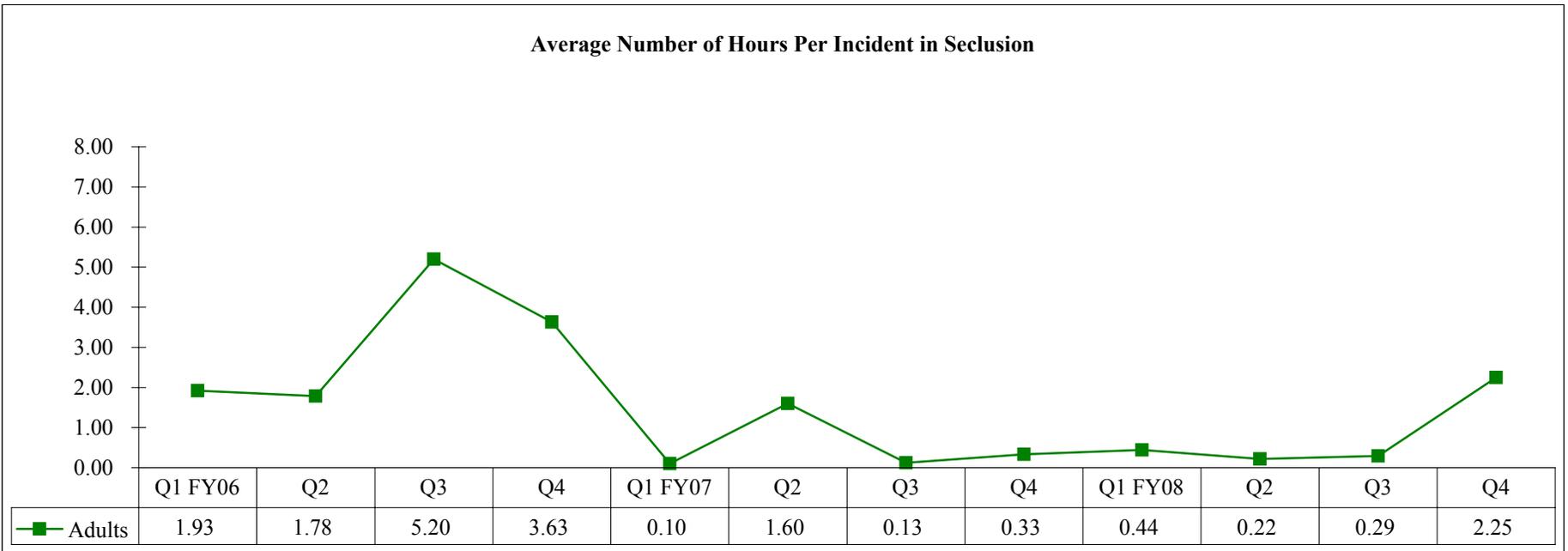
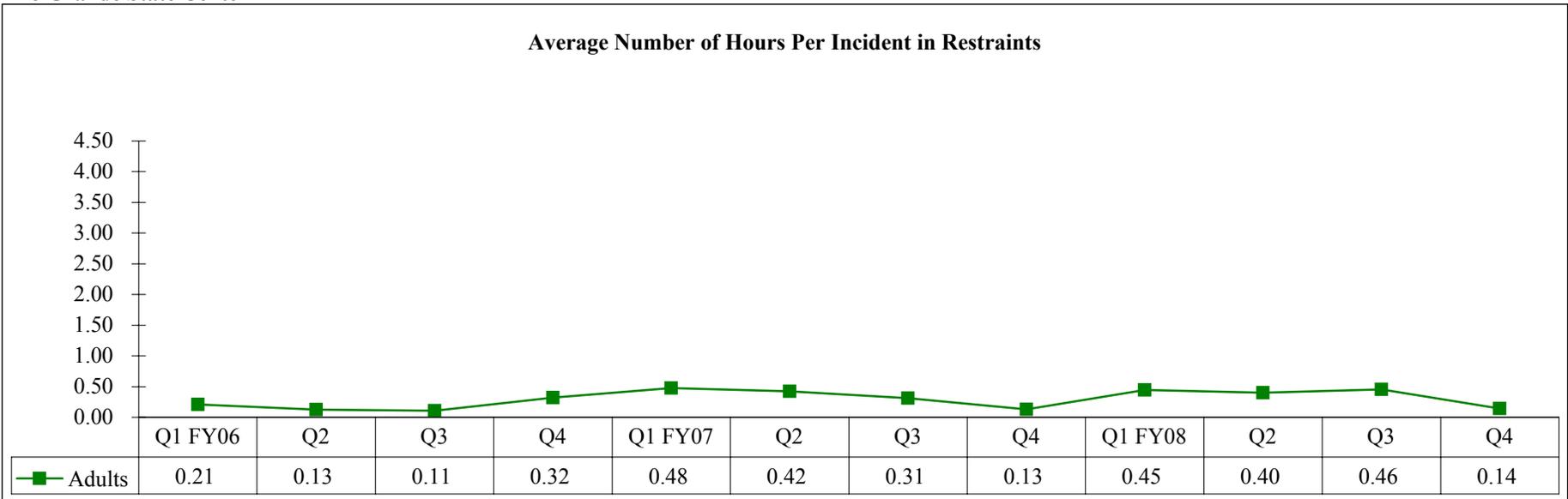
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**



Change in reporting definition December 2006

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

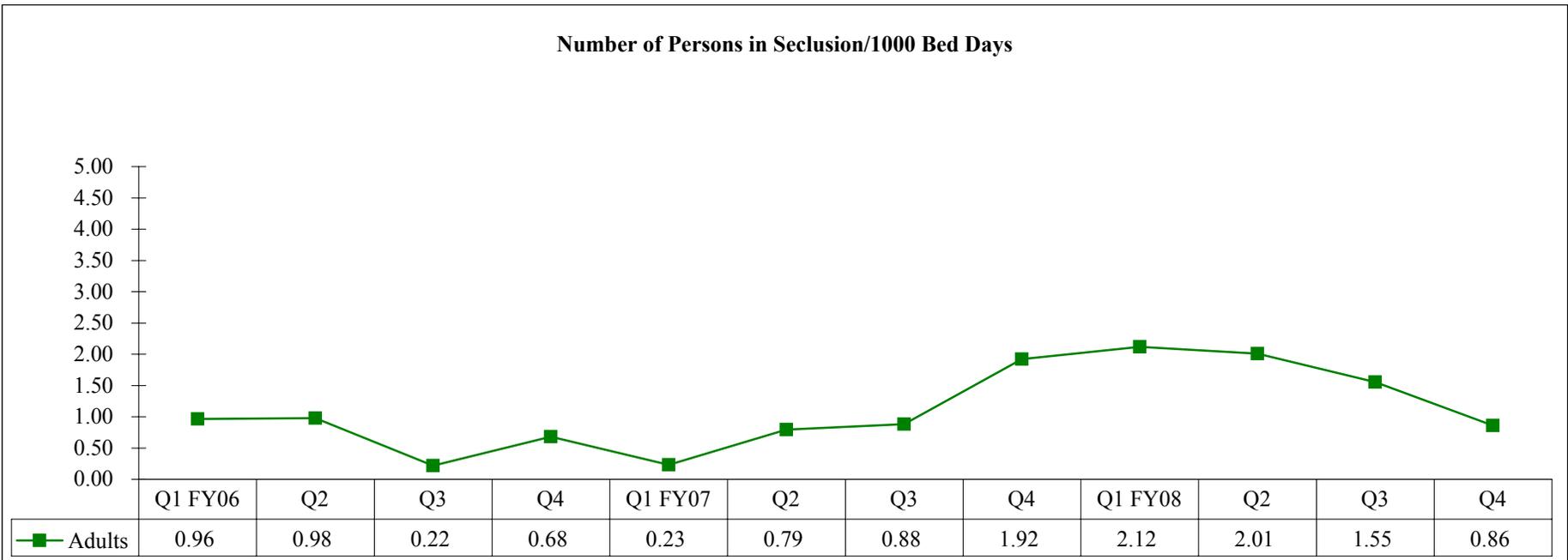
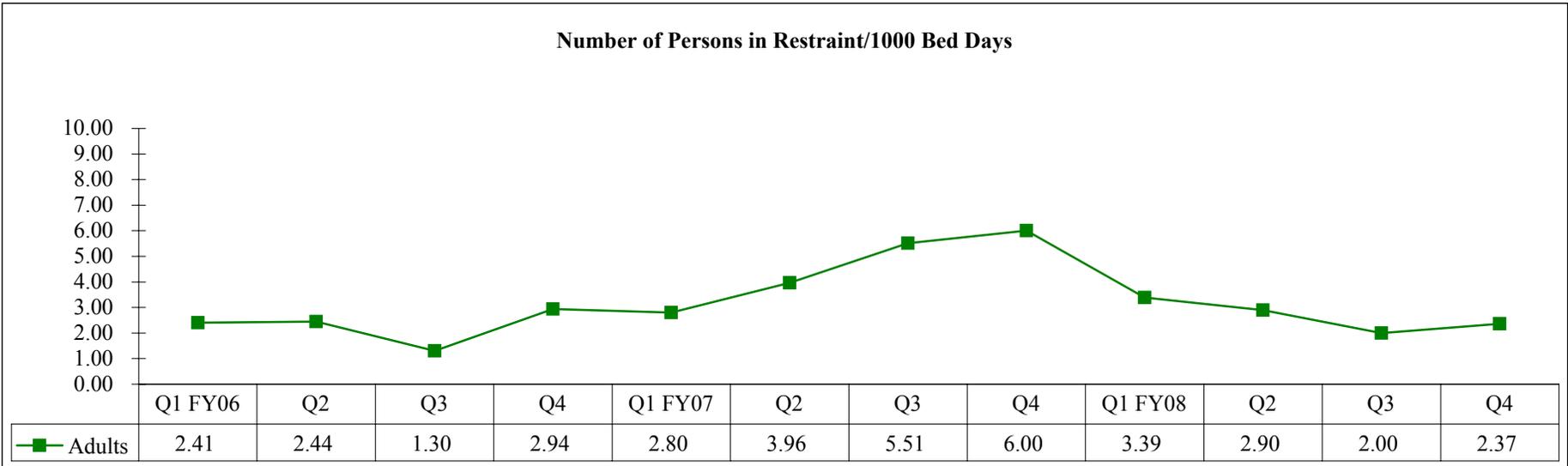
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**



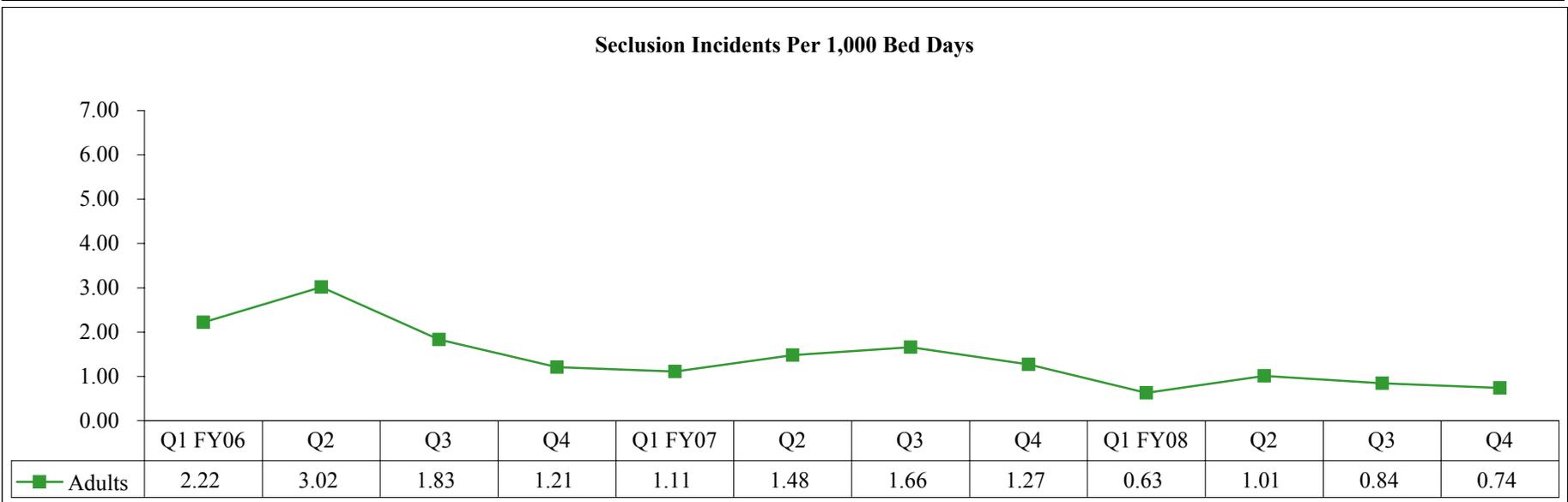
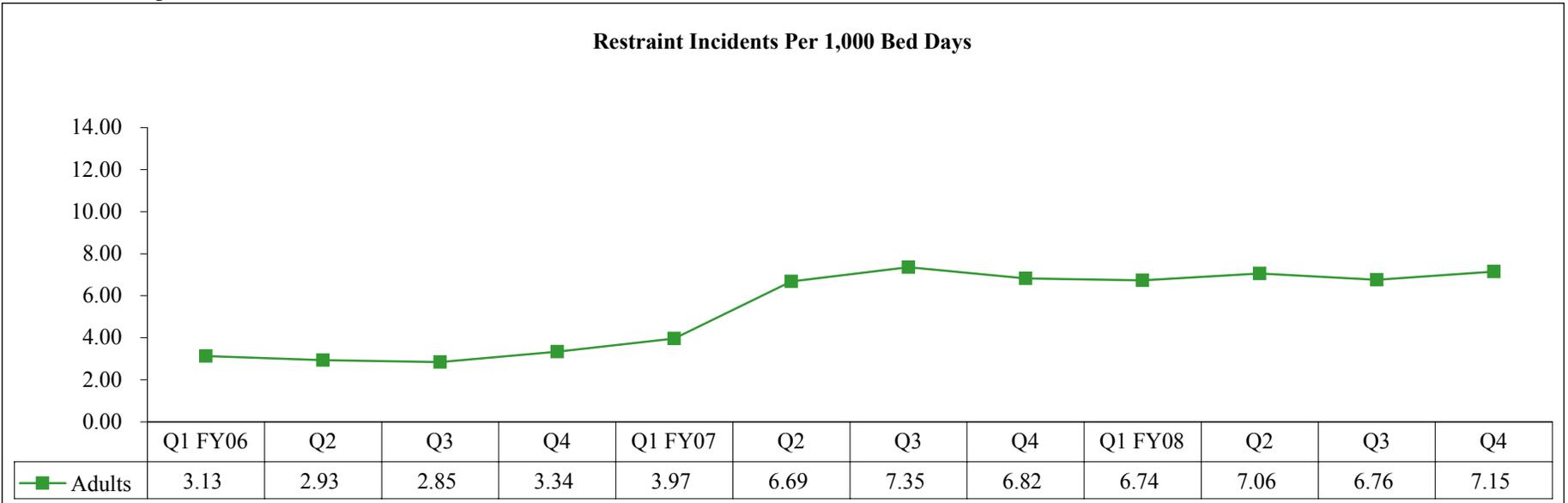
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

**Rio Grande State Center**



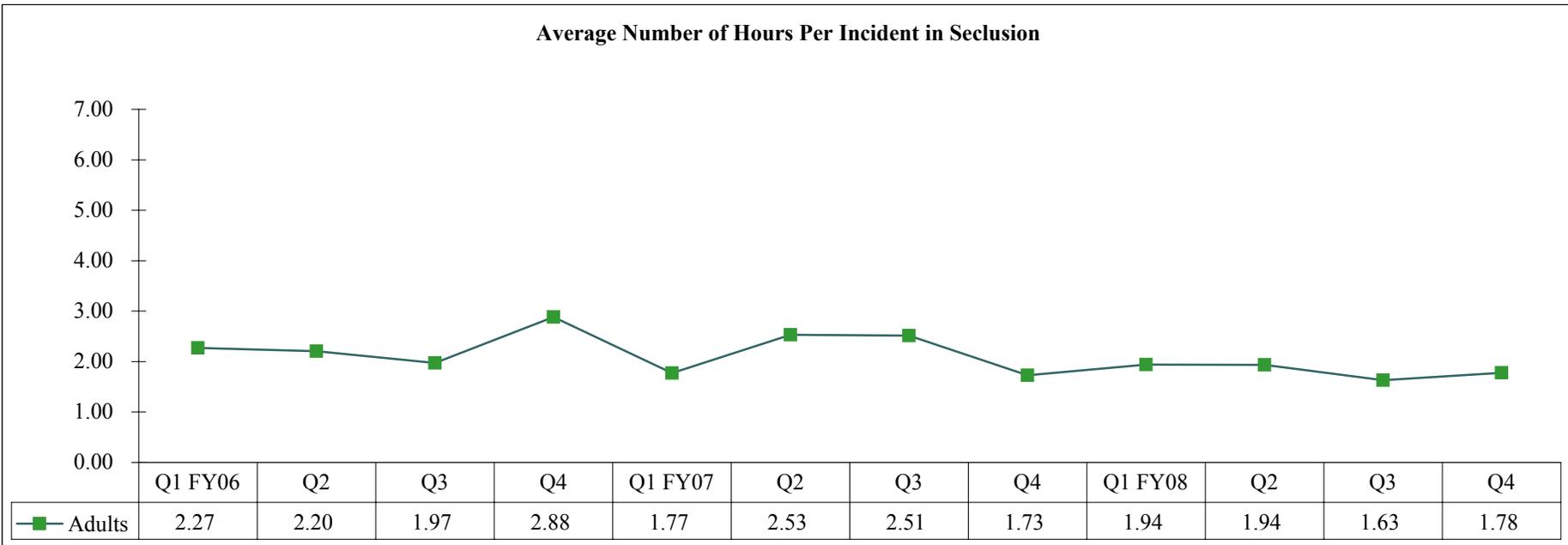
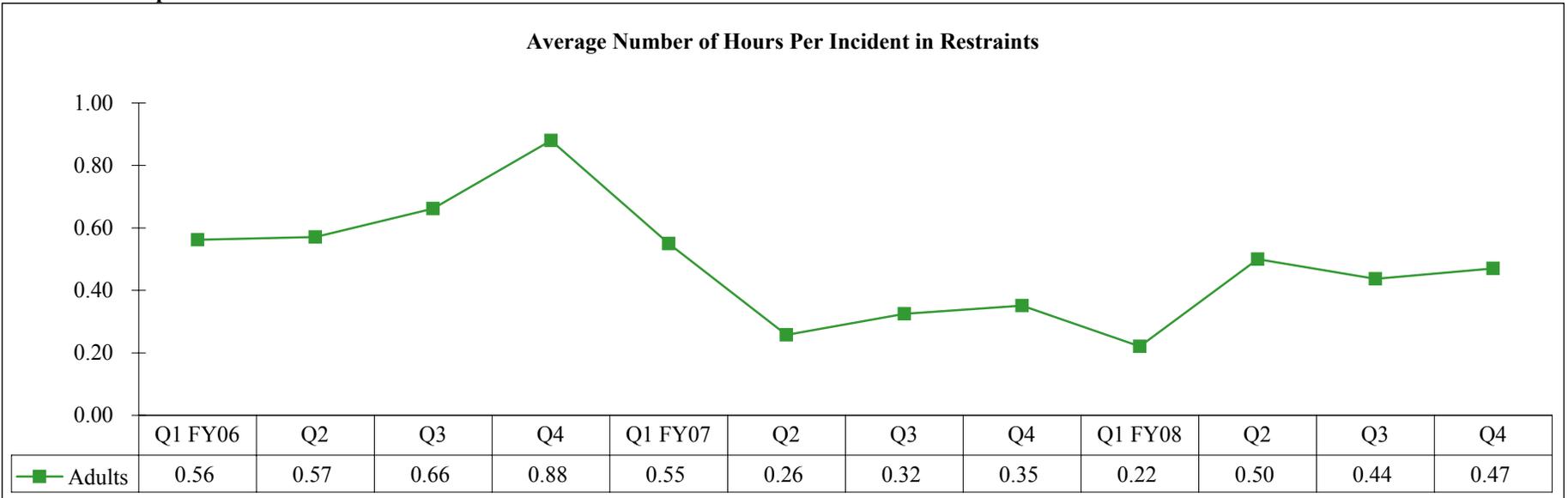
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



Change in reporting definition December 2006

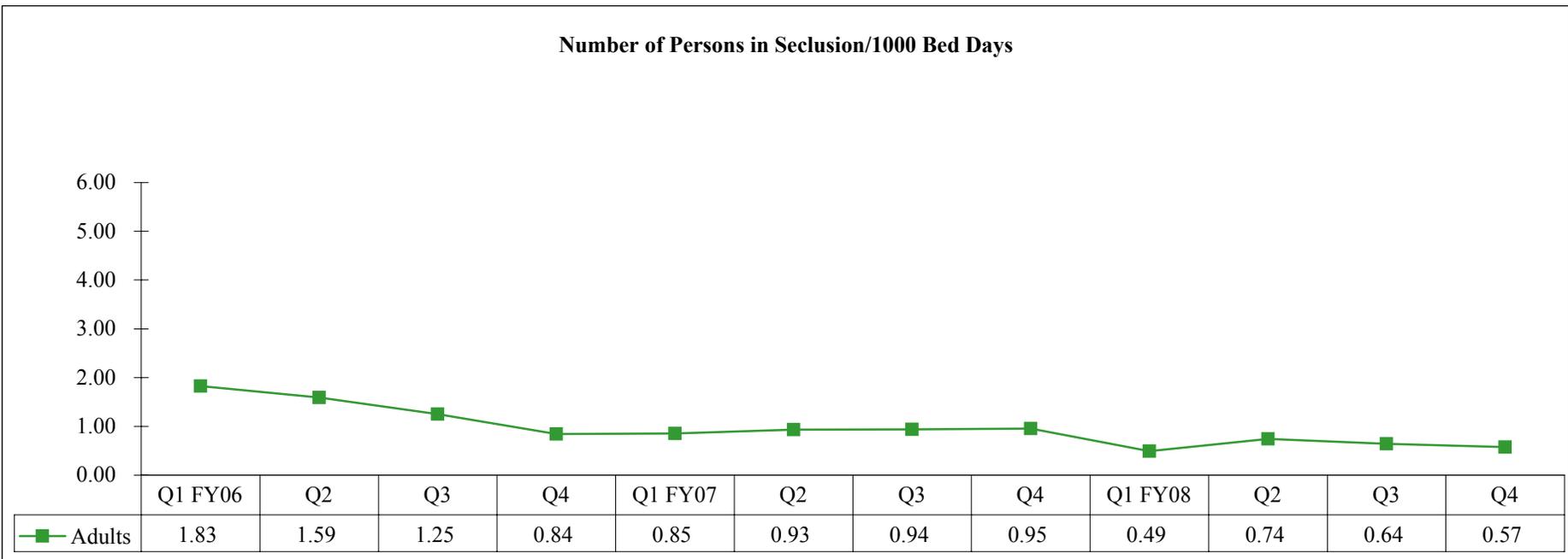
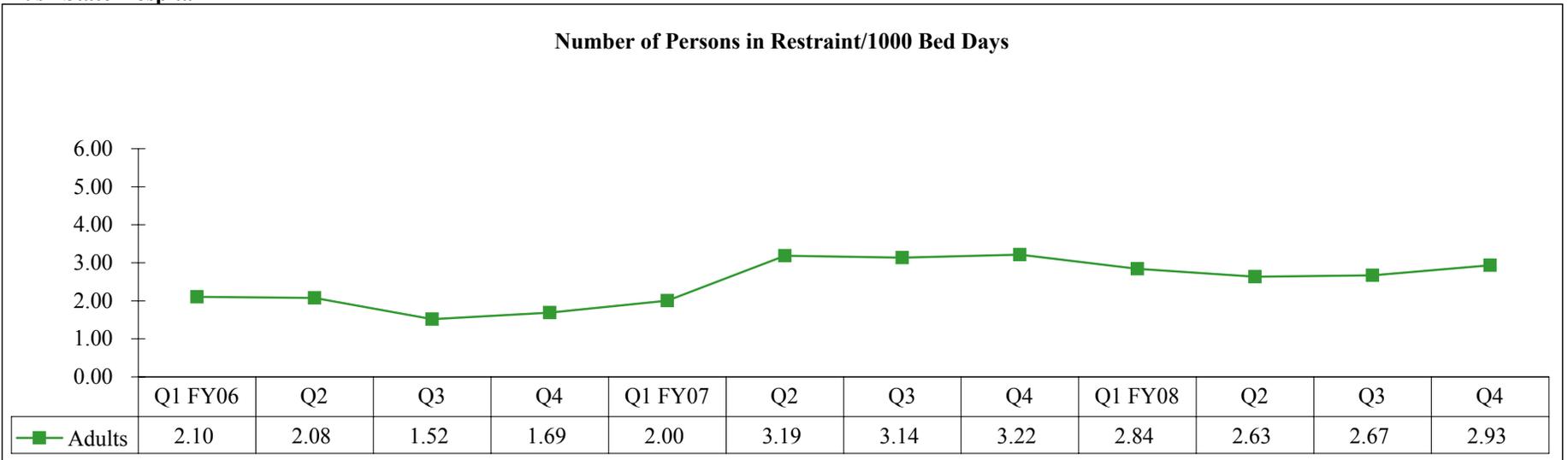
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

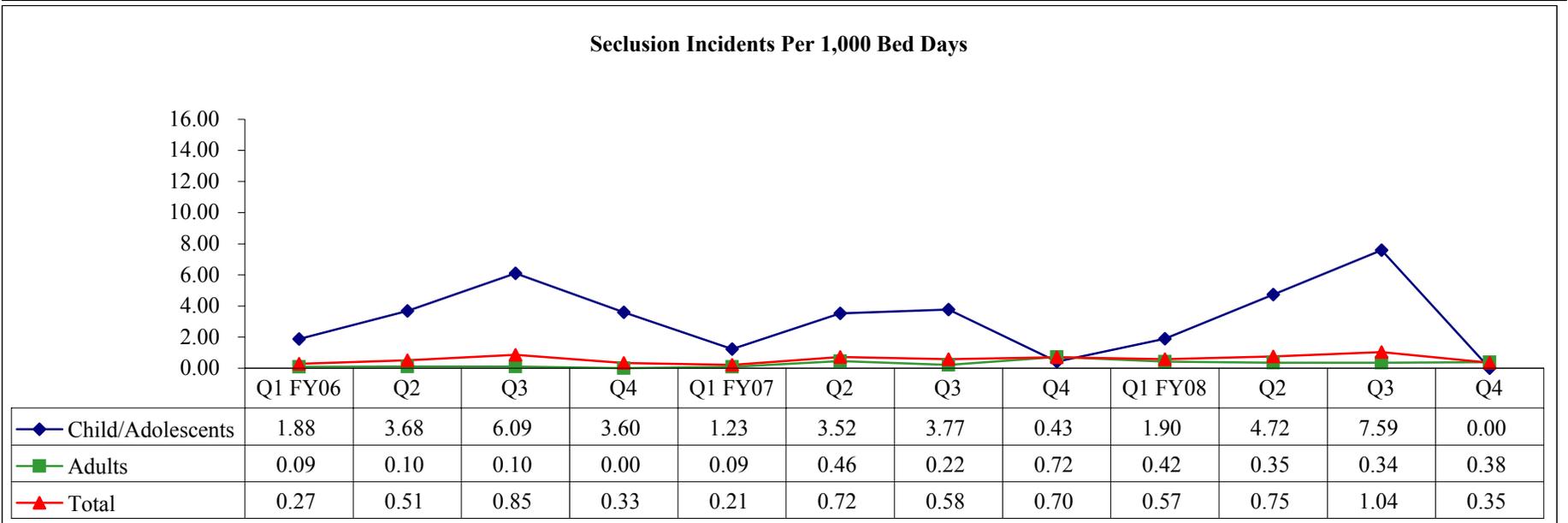
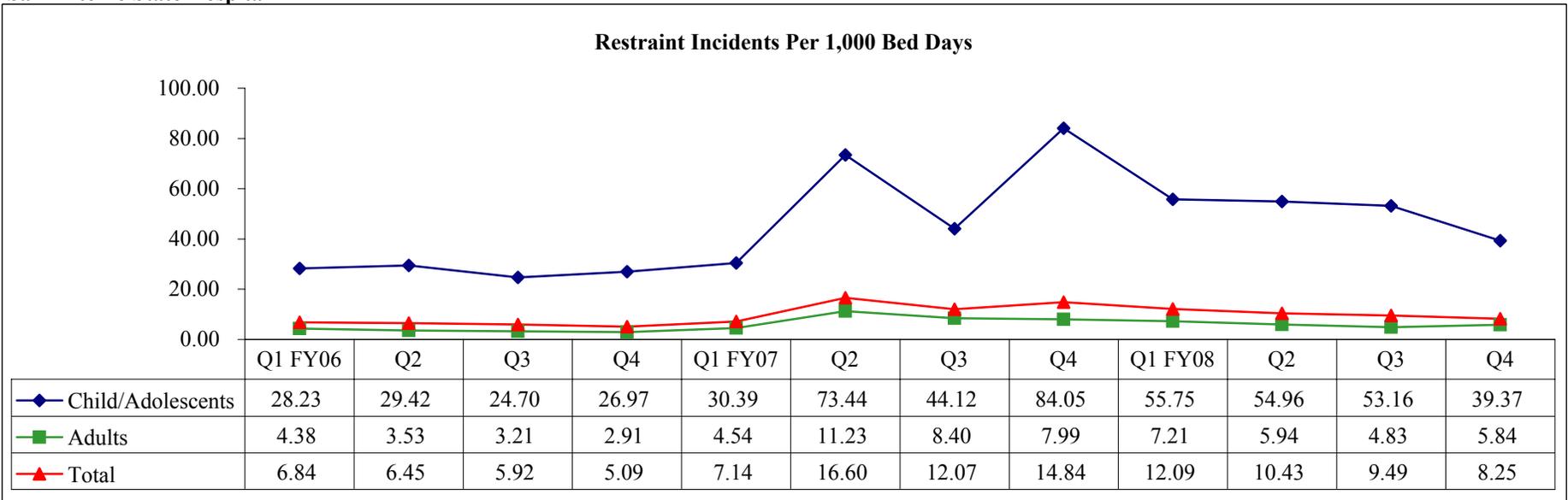


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
Access Database

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



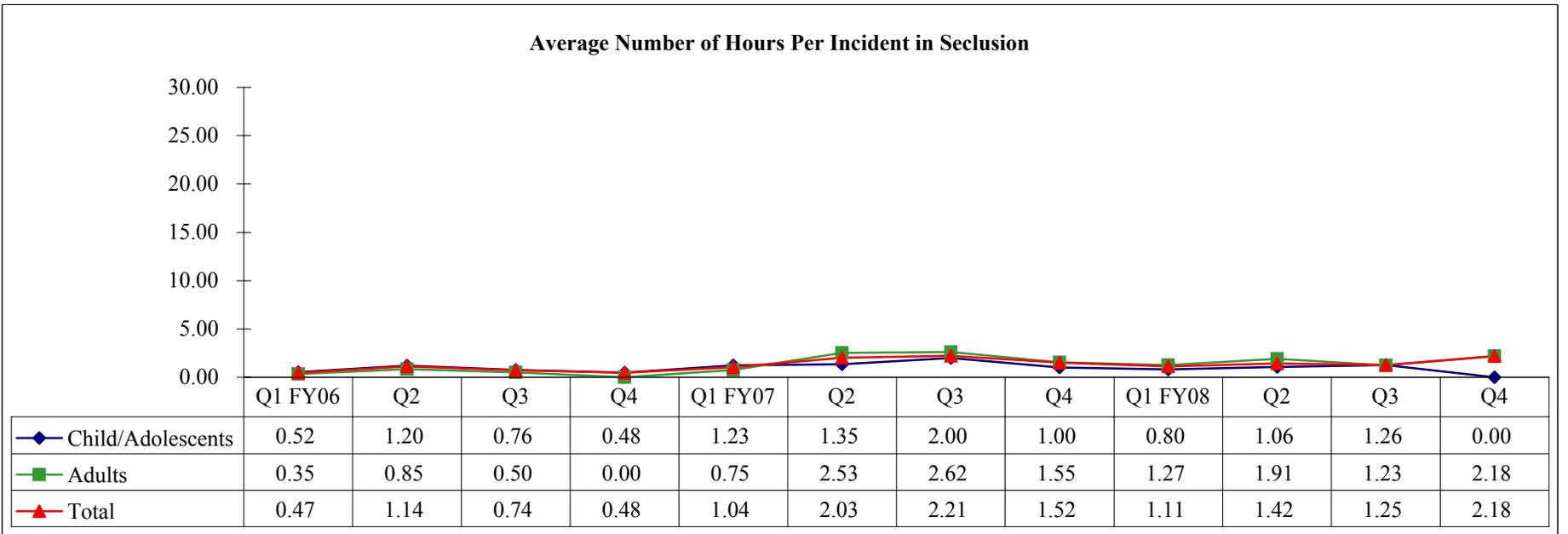
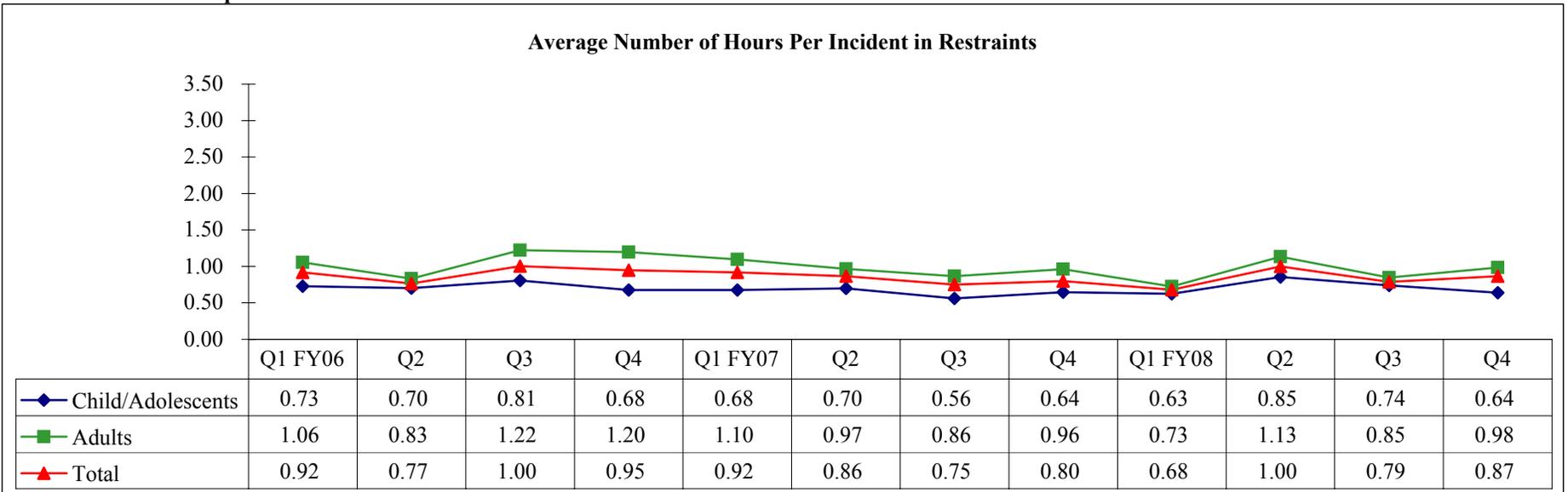
**Objective 3A - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**



Change in reporting definition December 2006

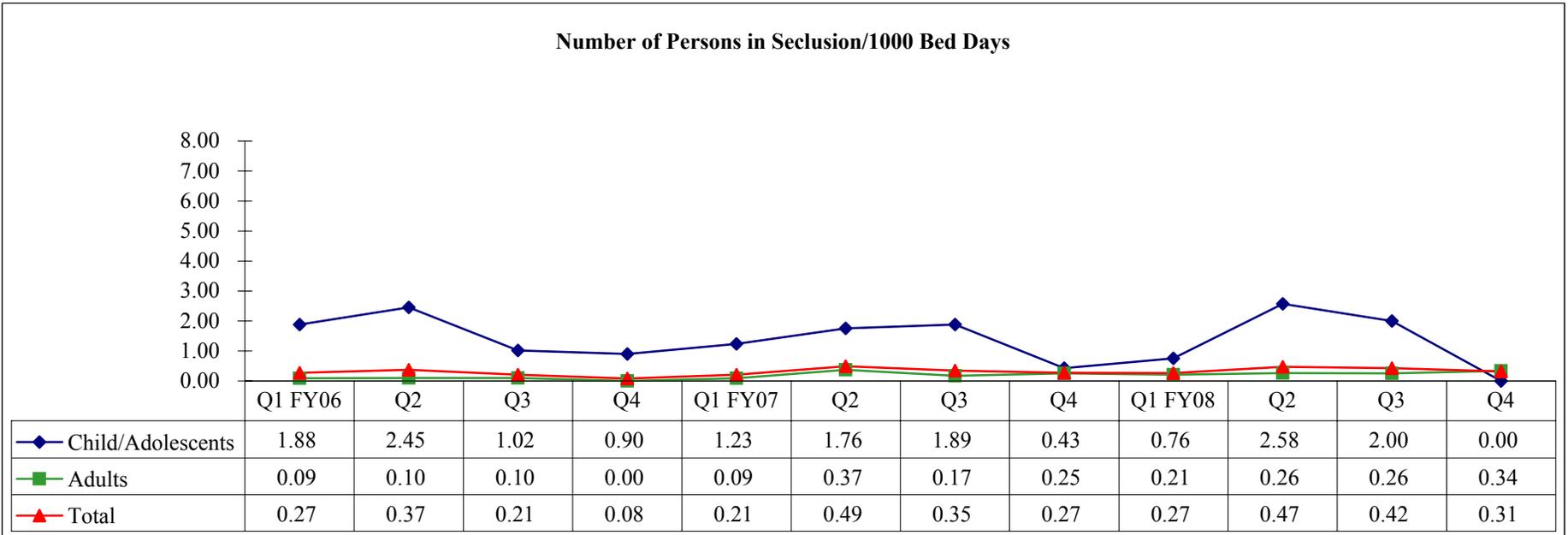
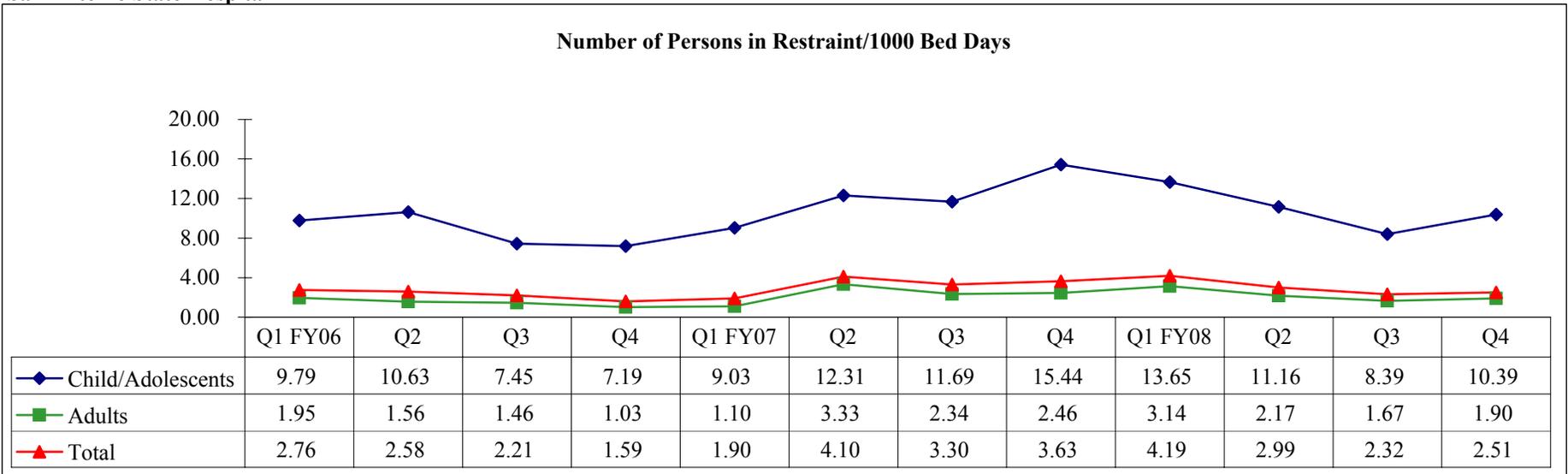
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



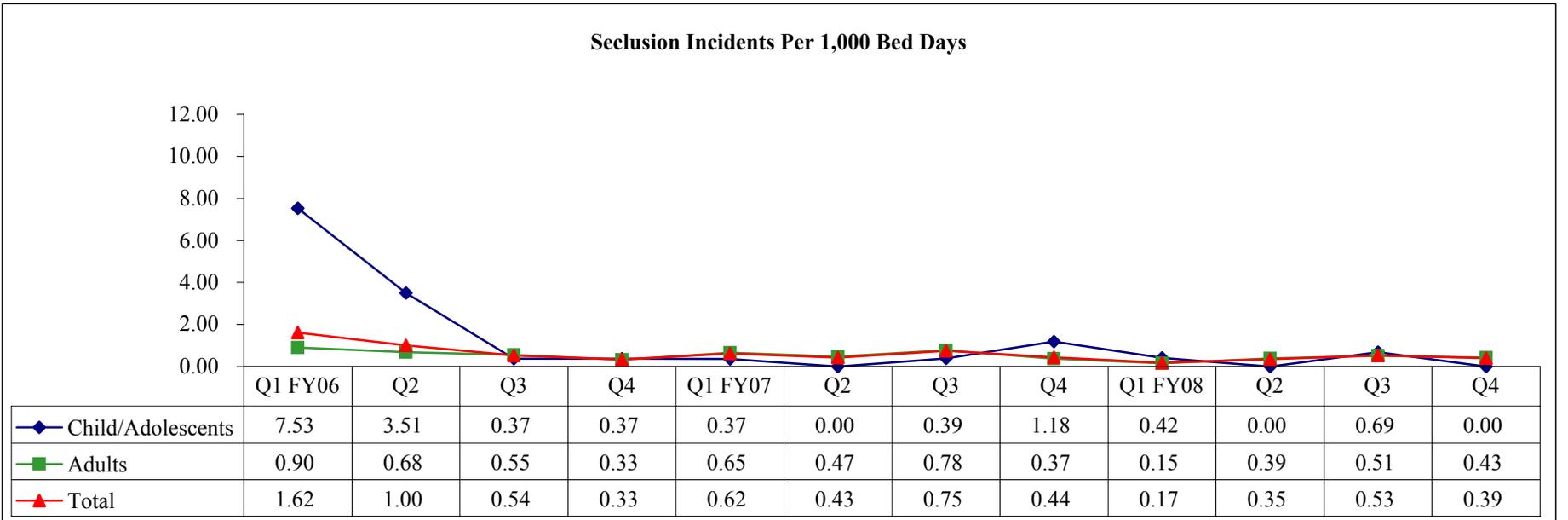
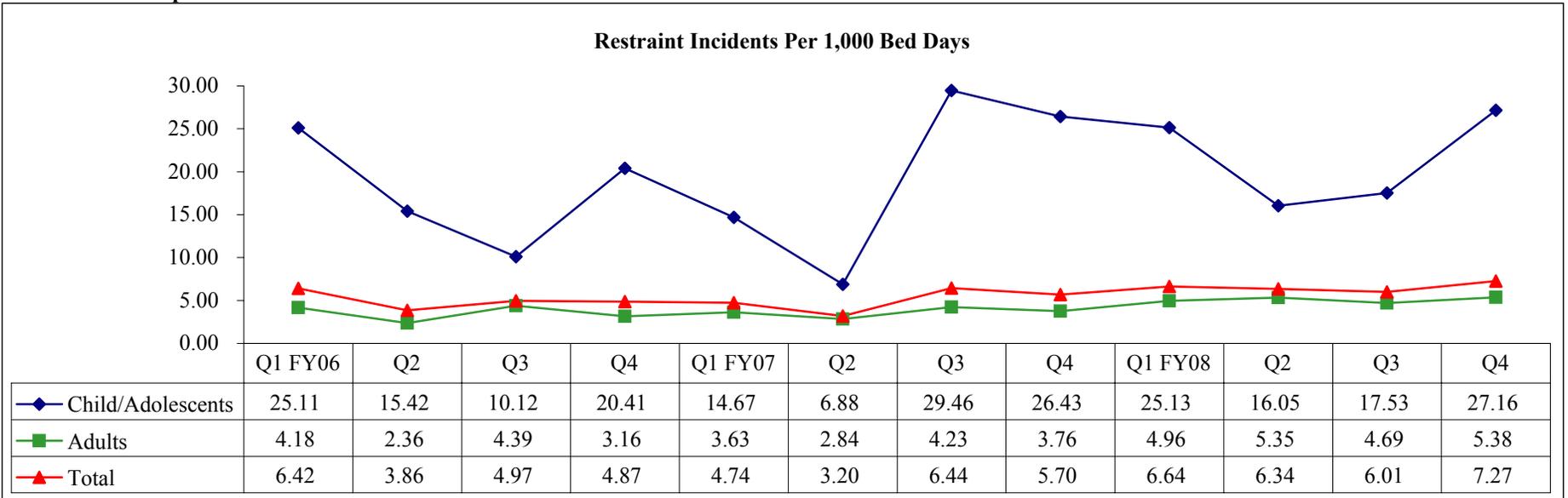
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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

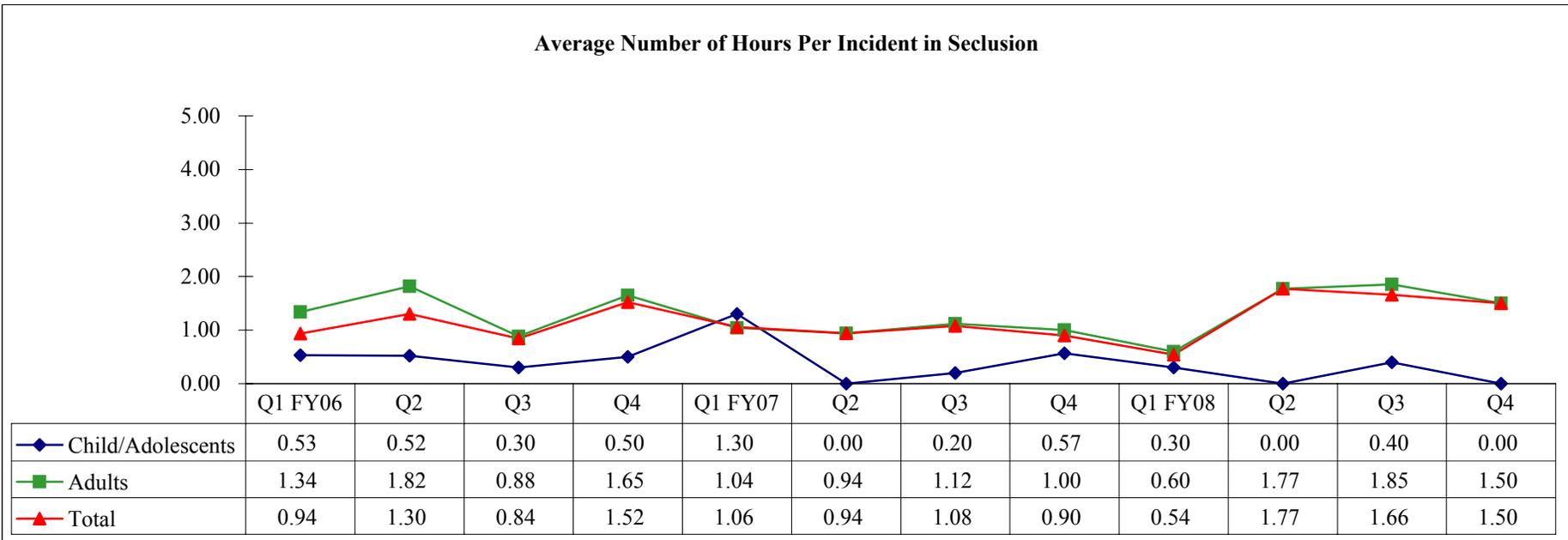
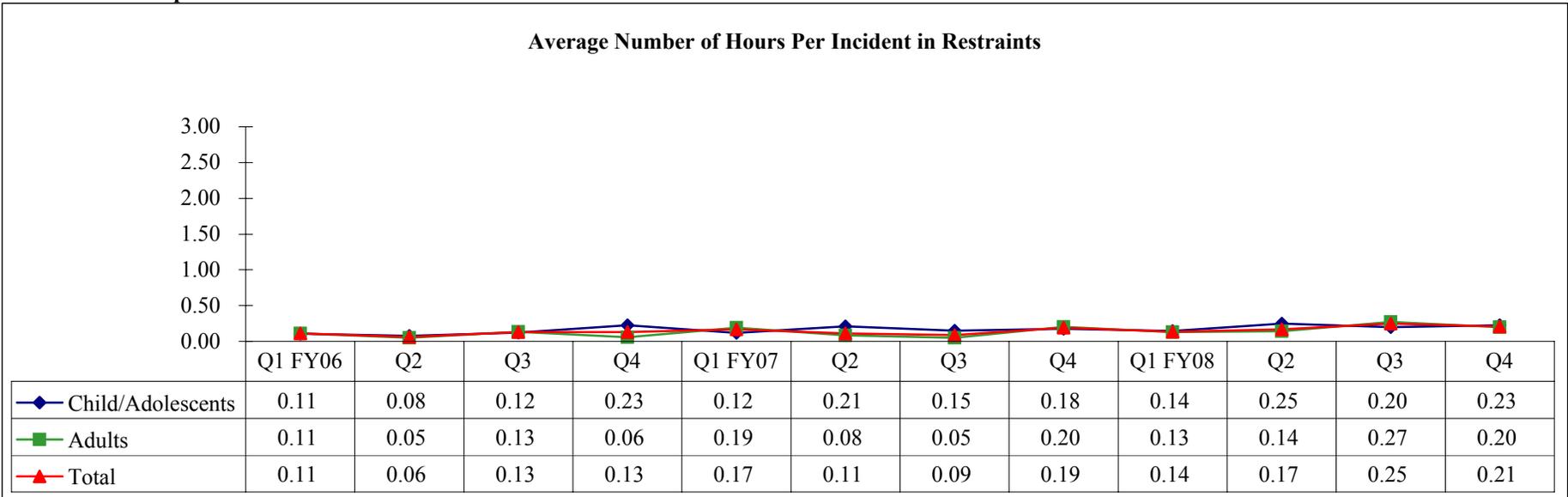
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



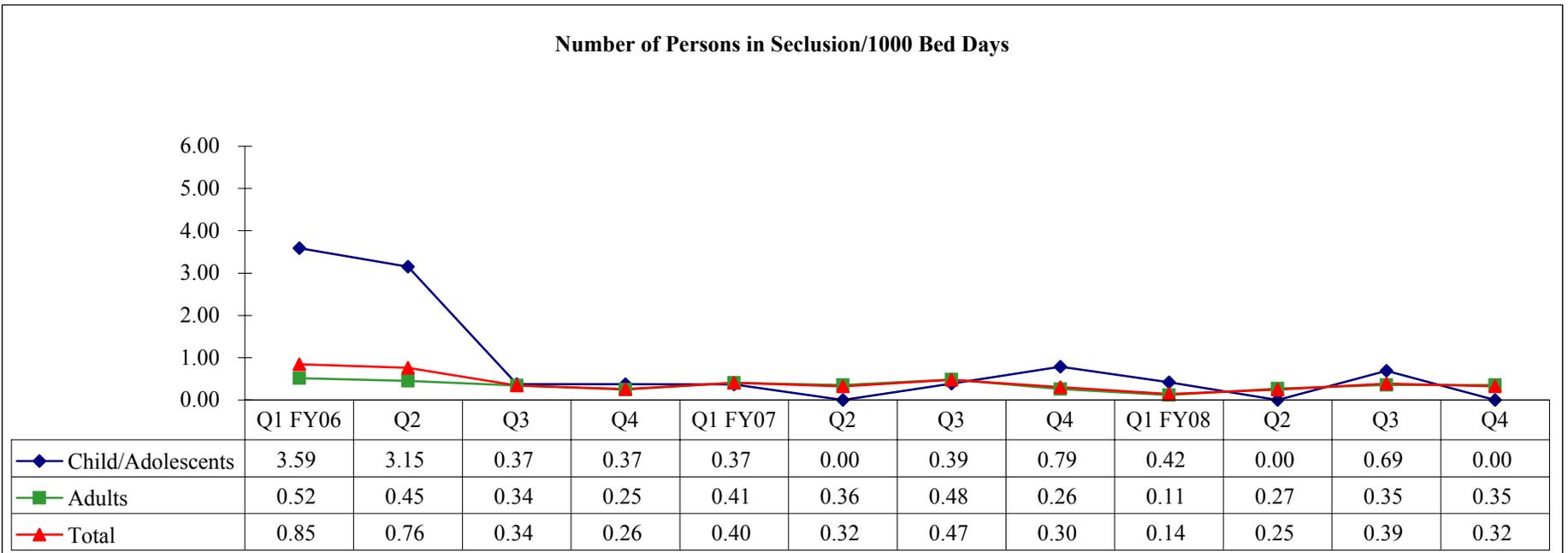
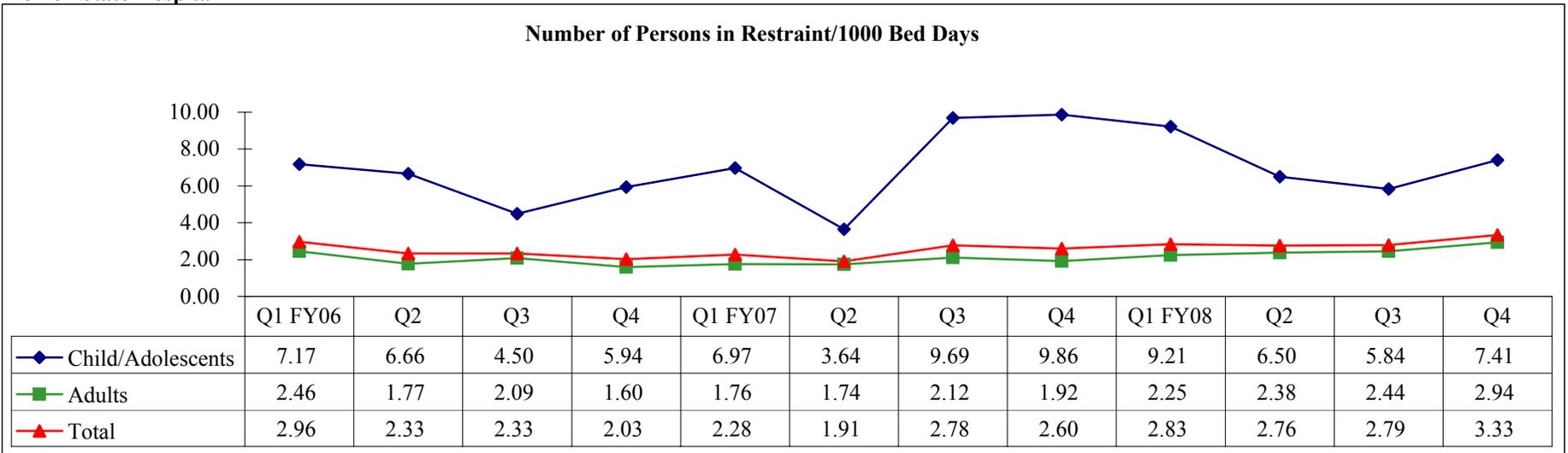
Change in reporting definition December 2006

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

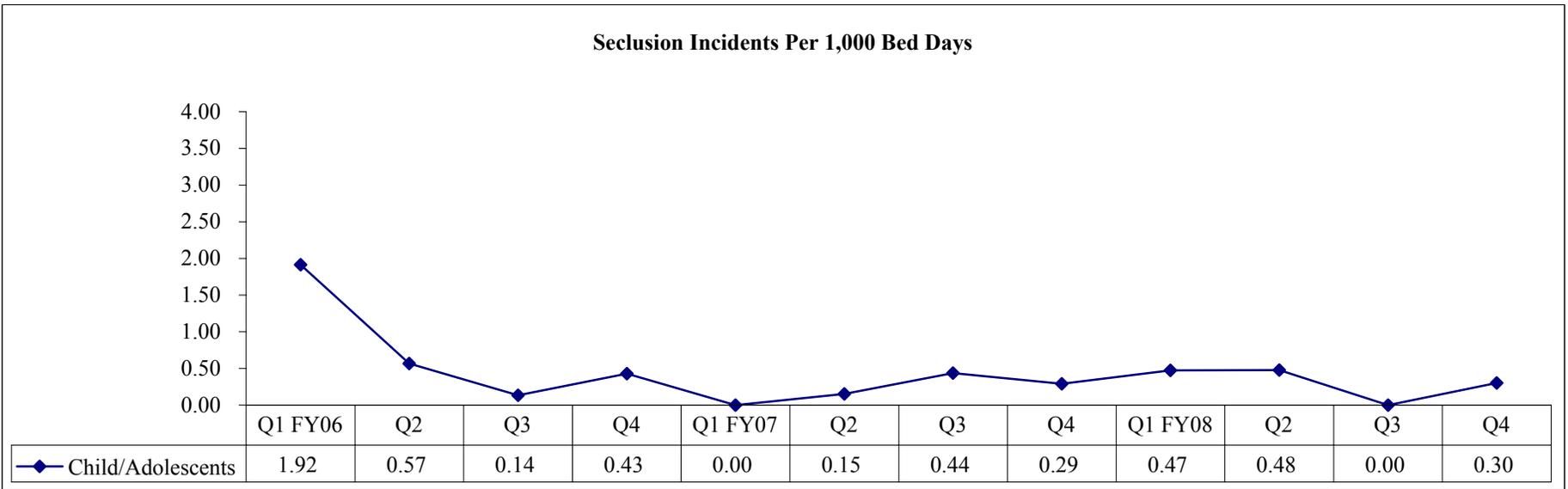
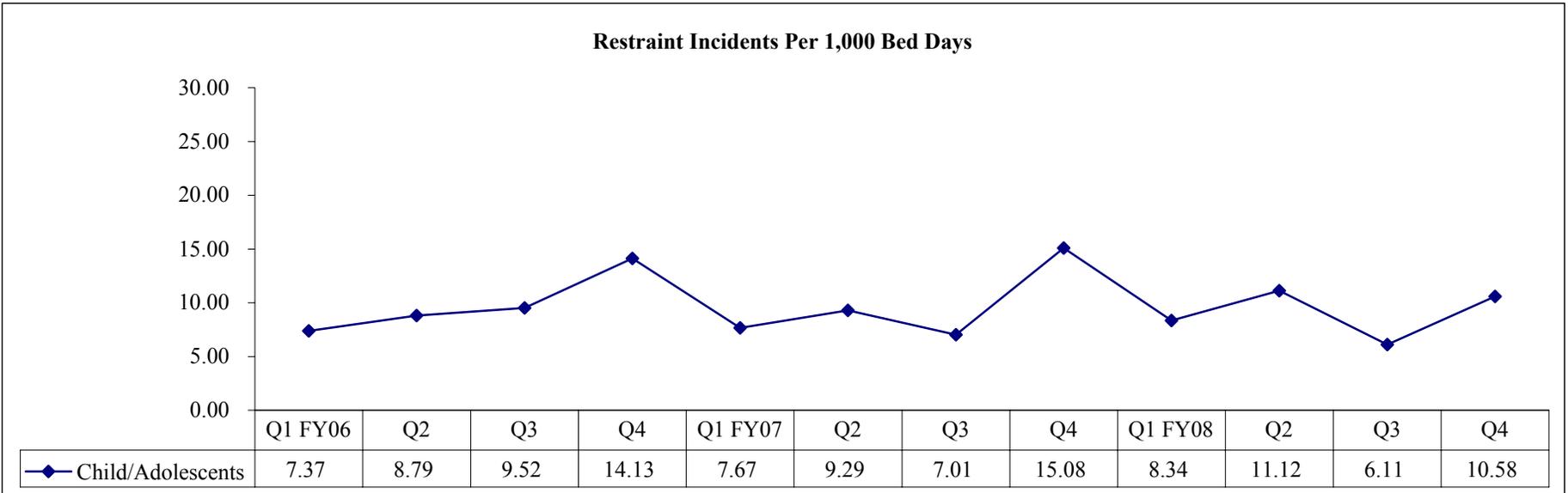
**Objective 3A - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



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



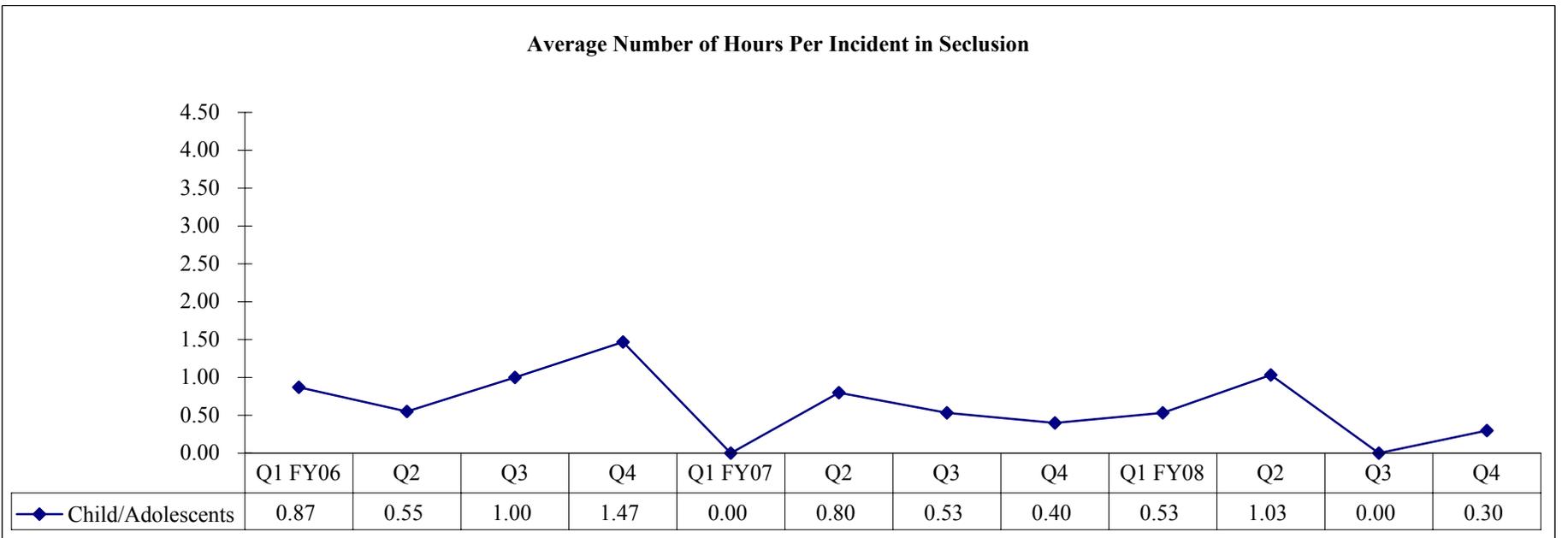
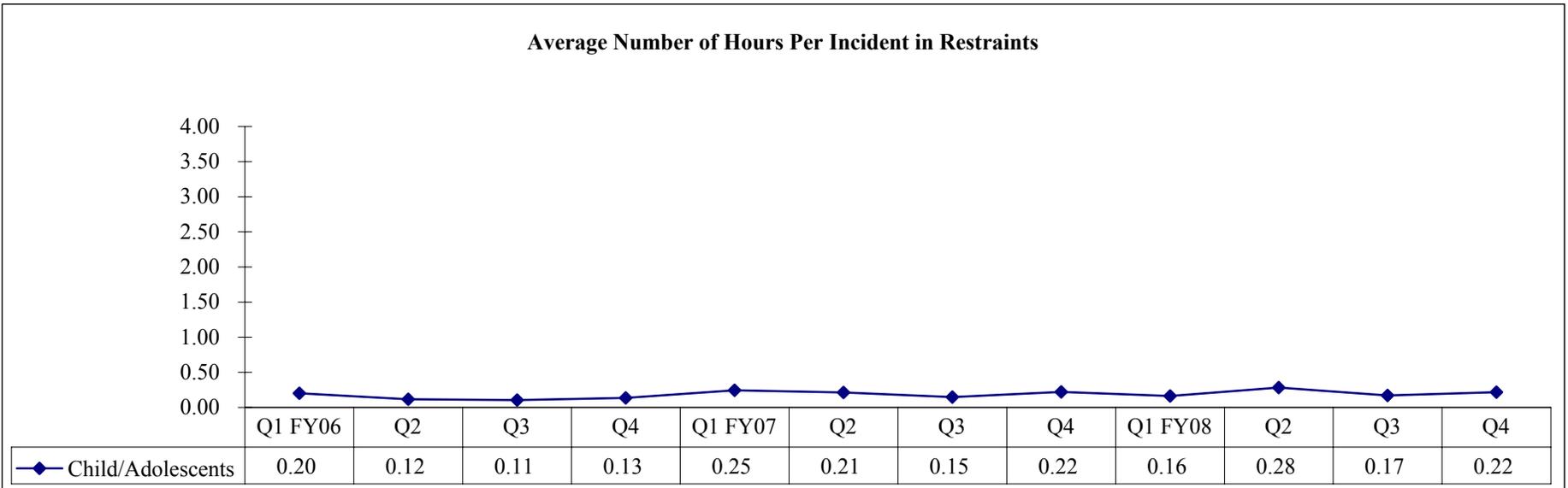
**Objective 3A - Maintain Restraint and Seclusion Data  
Waco Center for Youth**



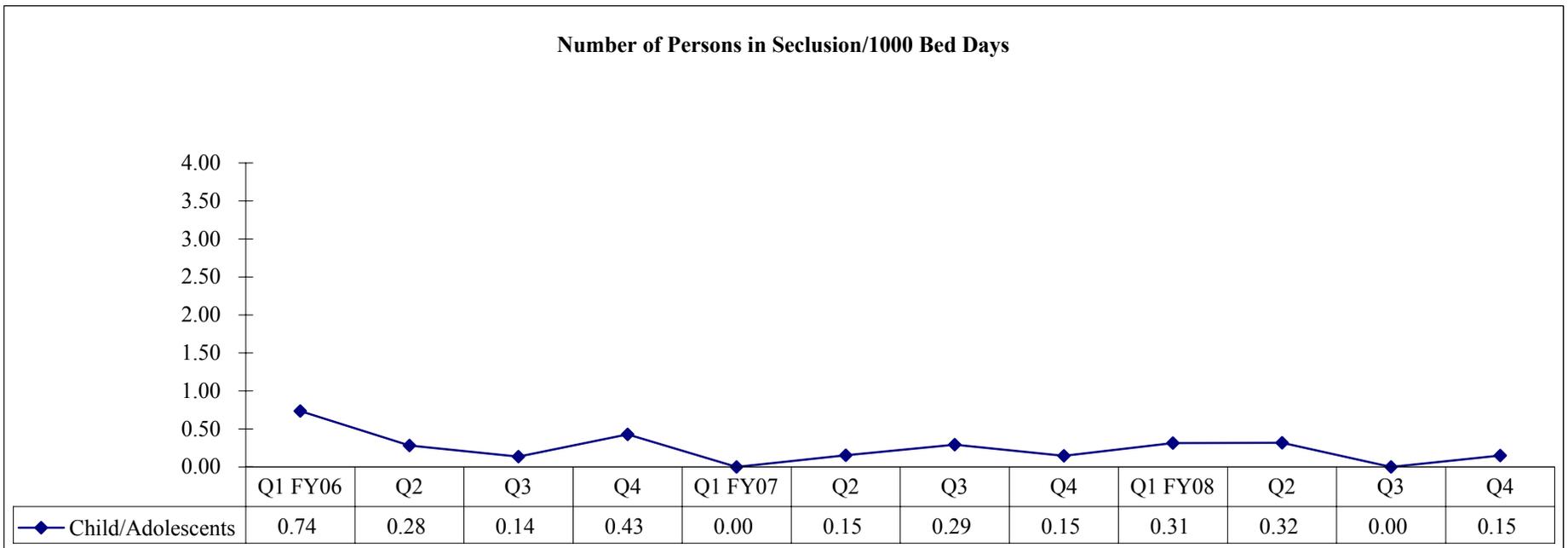
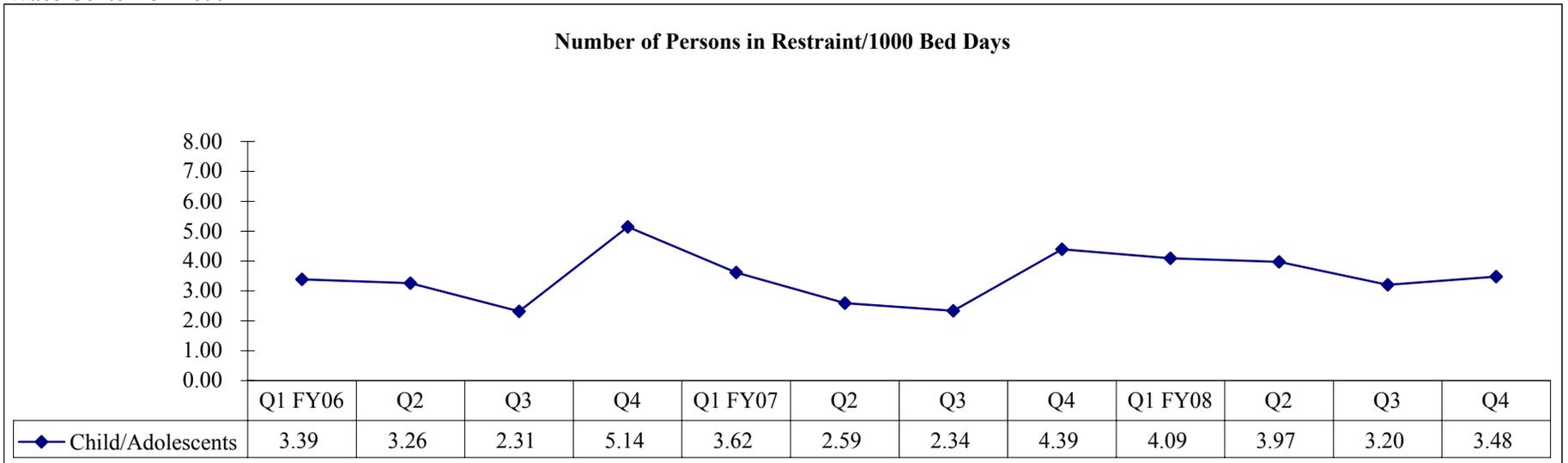
Change in reporting definition December 2006

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

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



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



**Performance Objective 3B:**

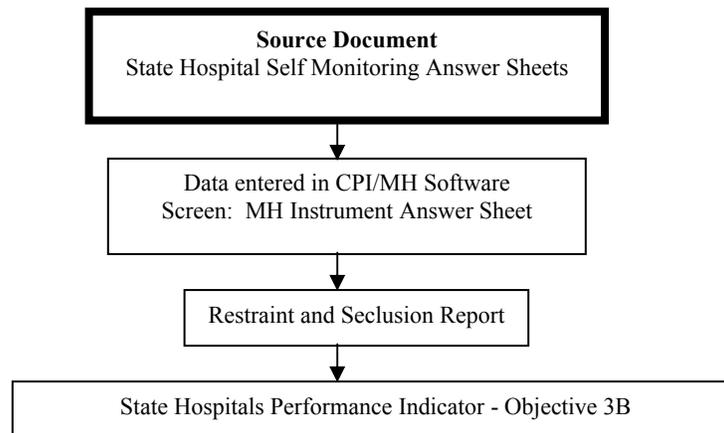
**The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.**

**Performance Objective Operational Definition:** Score from the CPI Restraint and Seclusion Monitoring instrument.

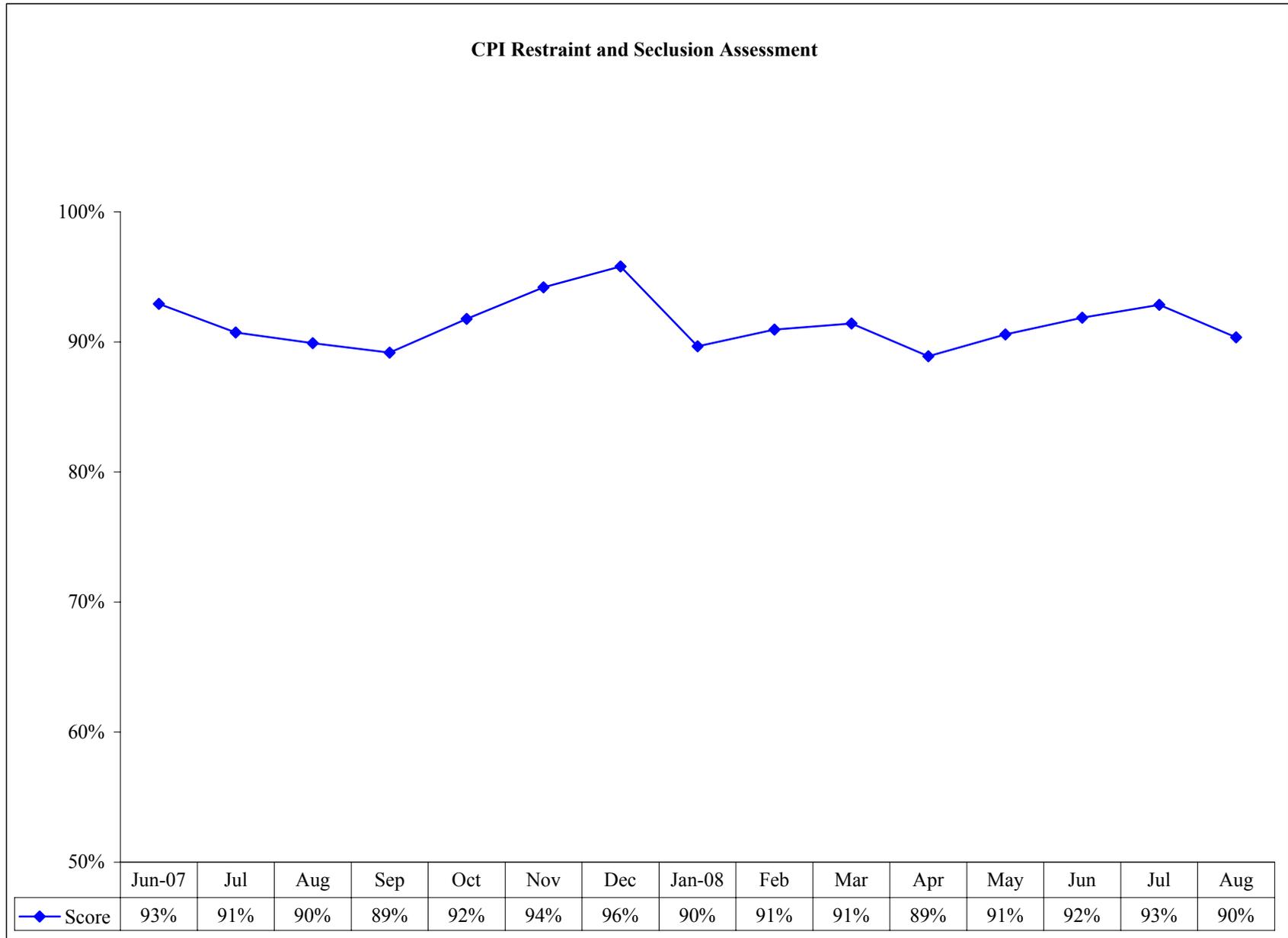
**Performance Objective Formula:** According to the CPI Restraint and Seclusion Monitoring instrument  $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$ .

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

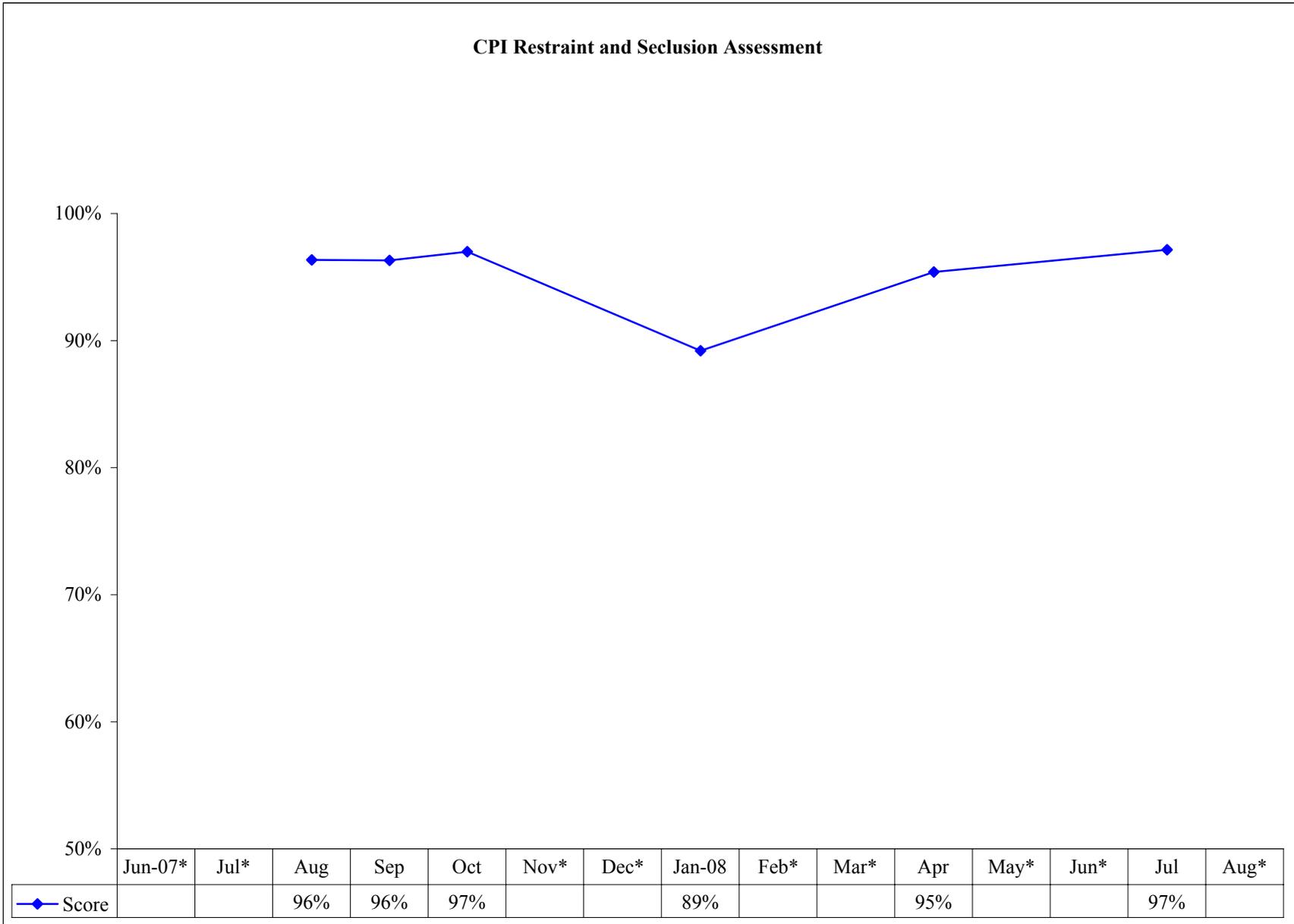
**Data Flow:**



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

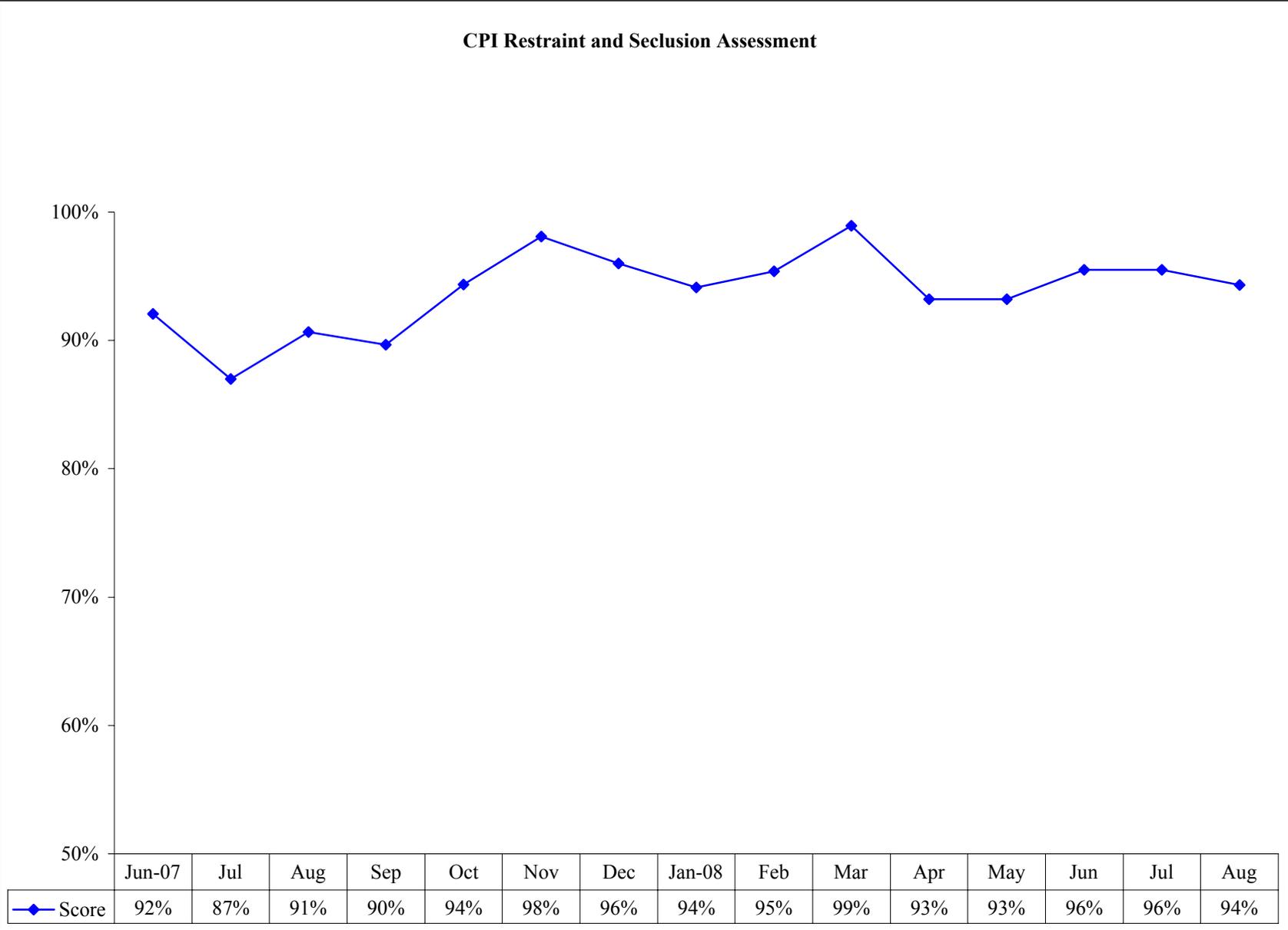


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
Austin State Hospital**

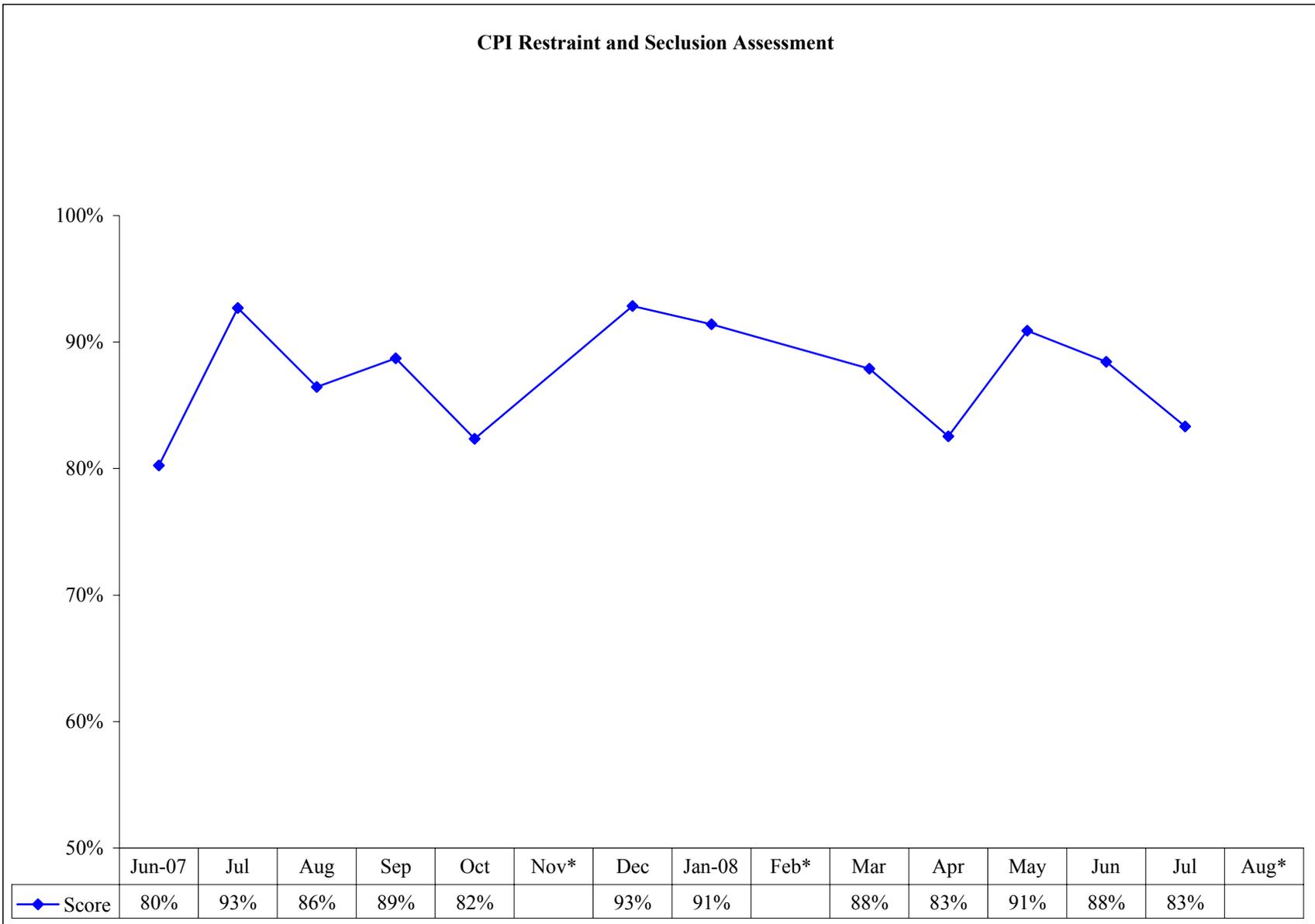


\*No scores reported to HMDS.

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

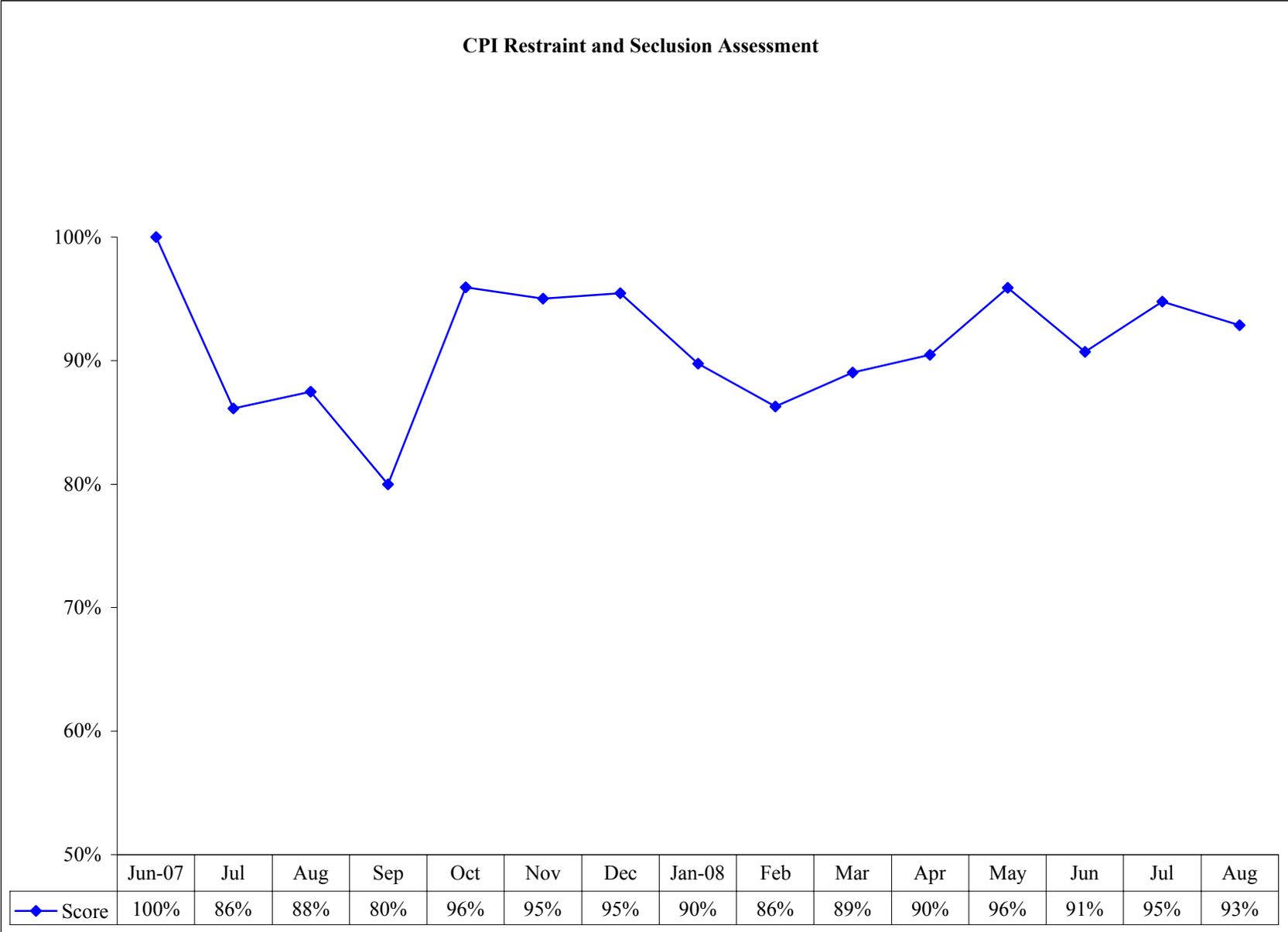


**Objective 3B - Behavioral Restraint and Seclusion Assessment**  
**El Paso Psychiatric Center**



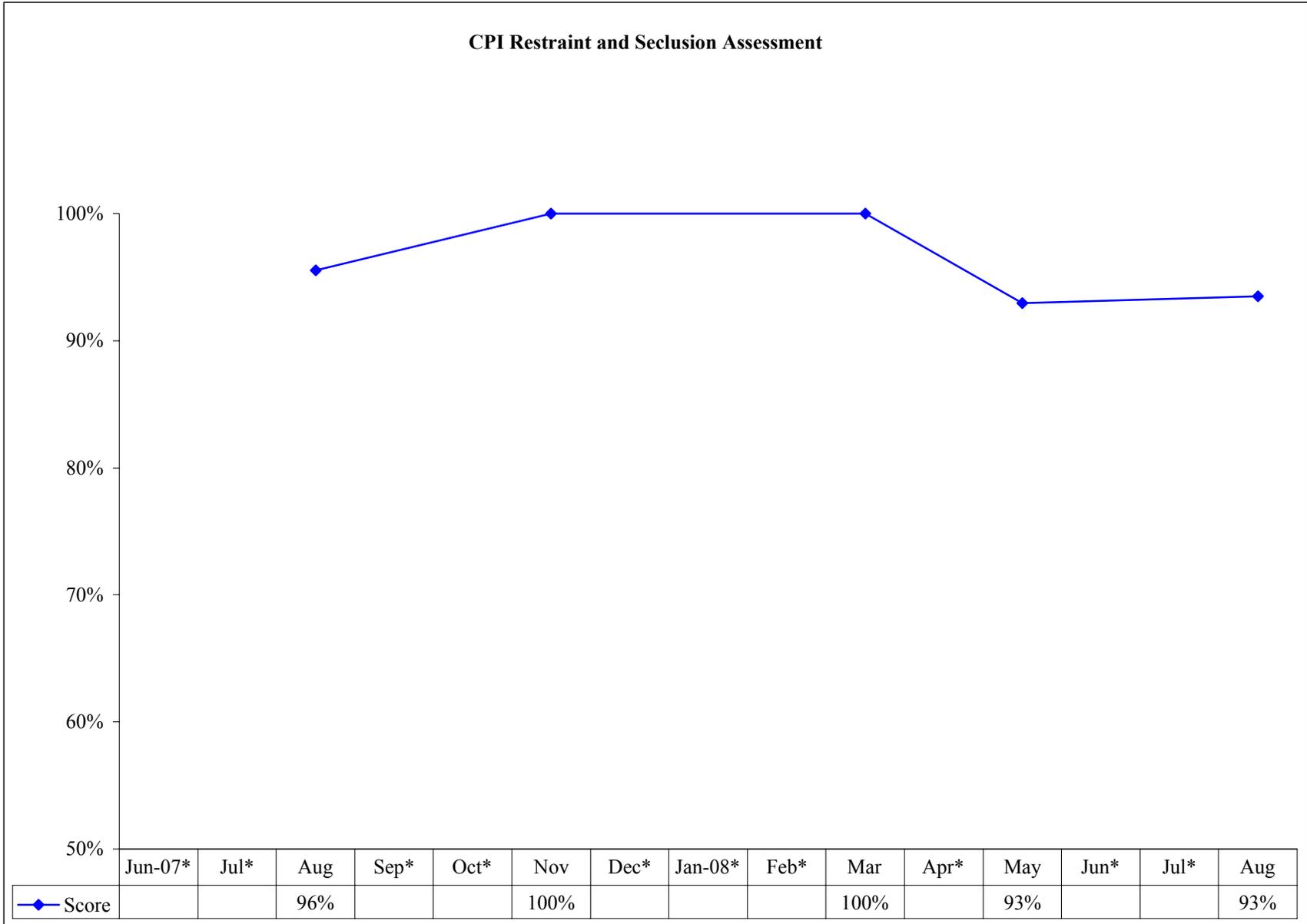
\*No scores reported to HMDS.

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



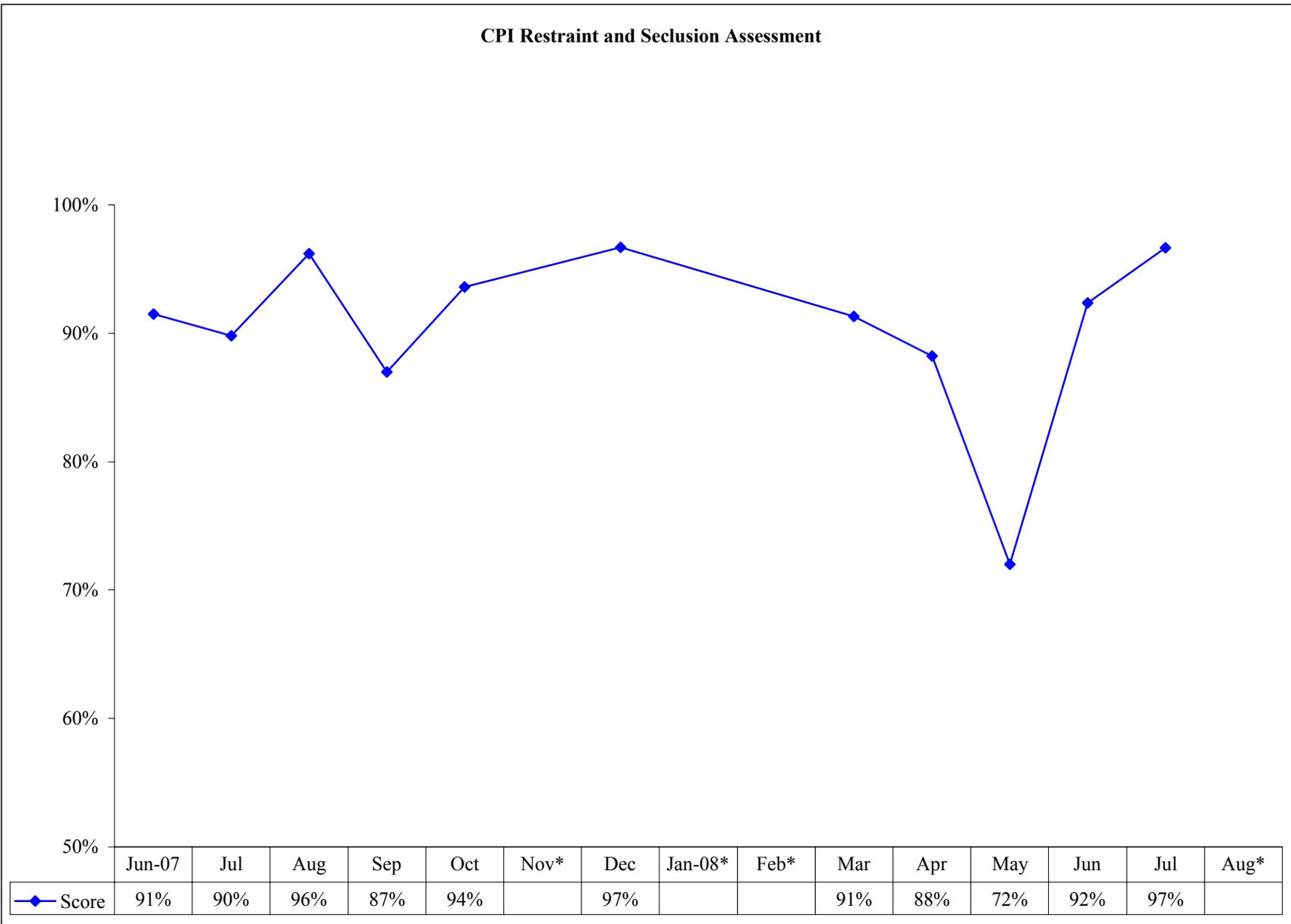
\*No scores reported to HMDS.

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



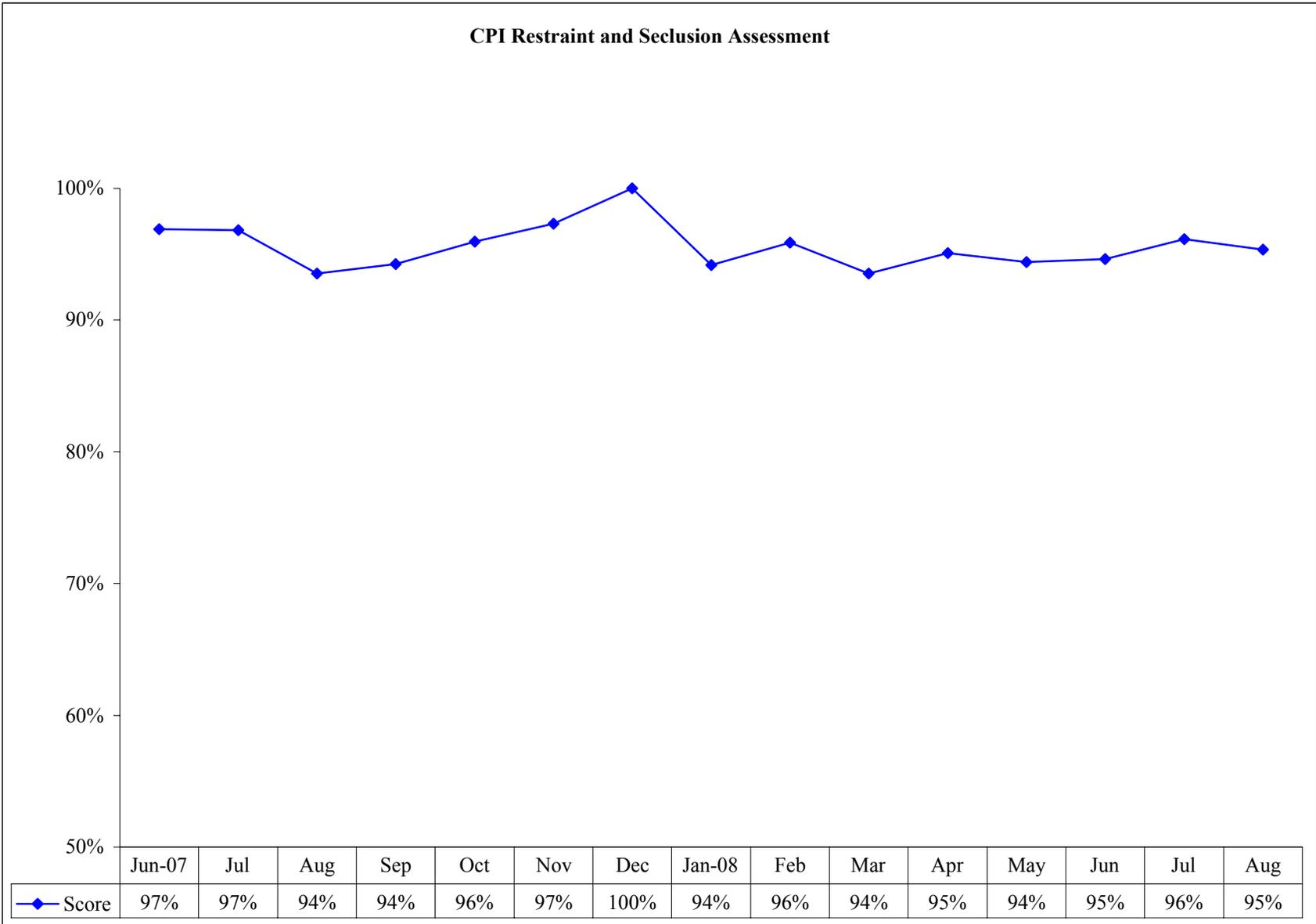
\*No scores reported to HMDS.

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

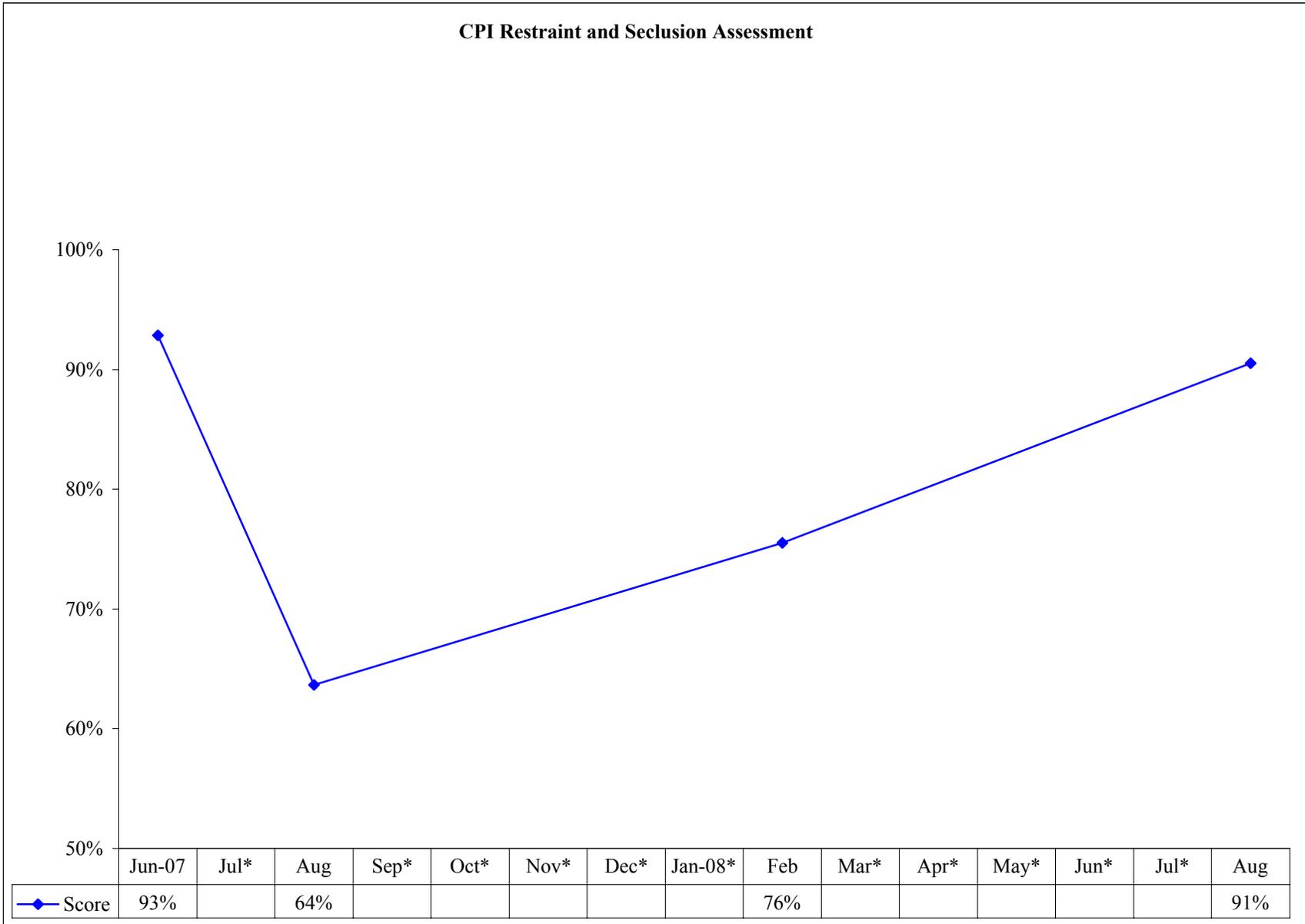


\*No scores reported to HMDS.

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

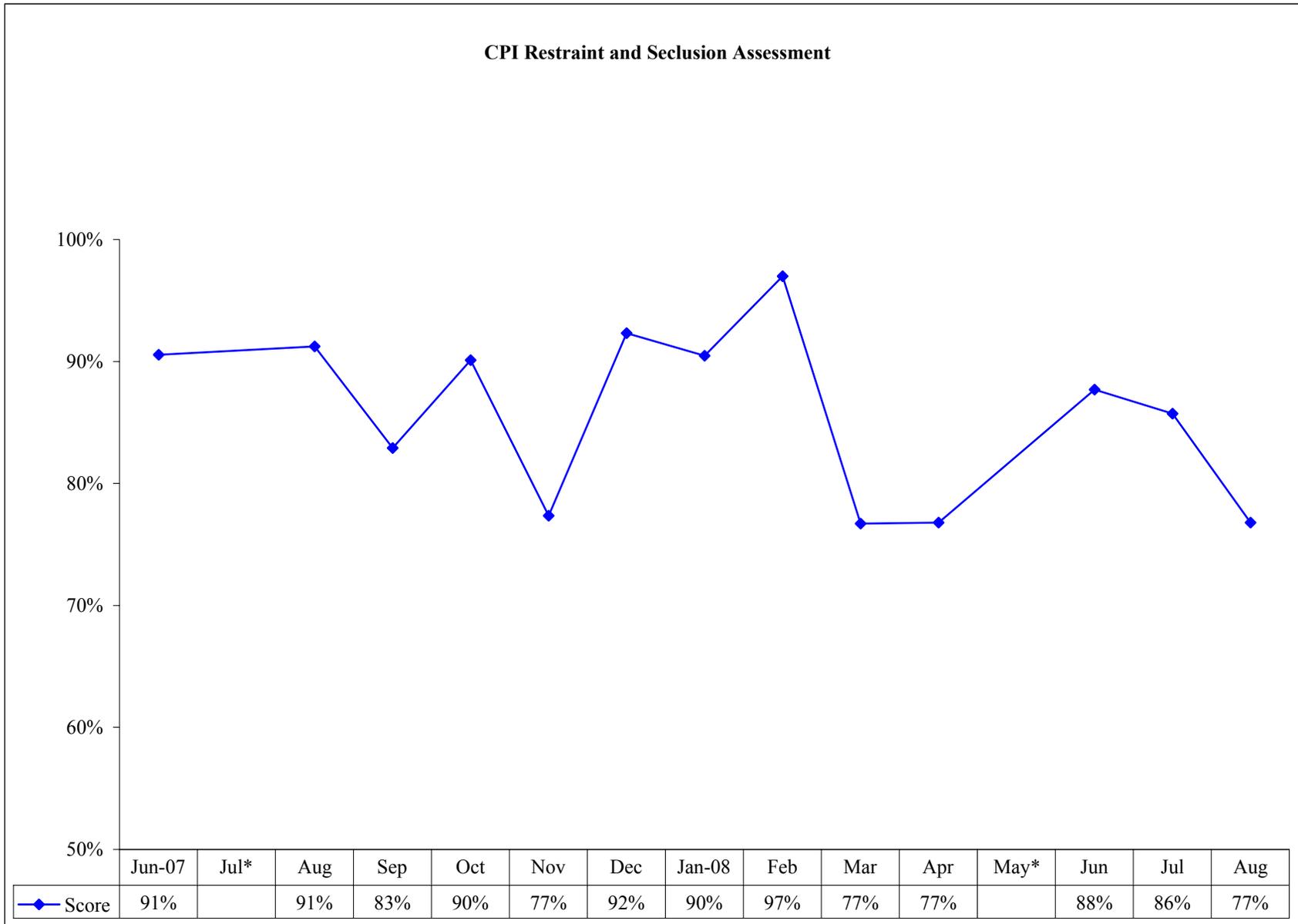


**Objective 3B - Behavioral Restraint and Seclusion Assessment  
San Antonio State Hospital**



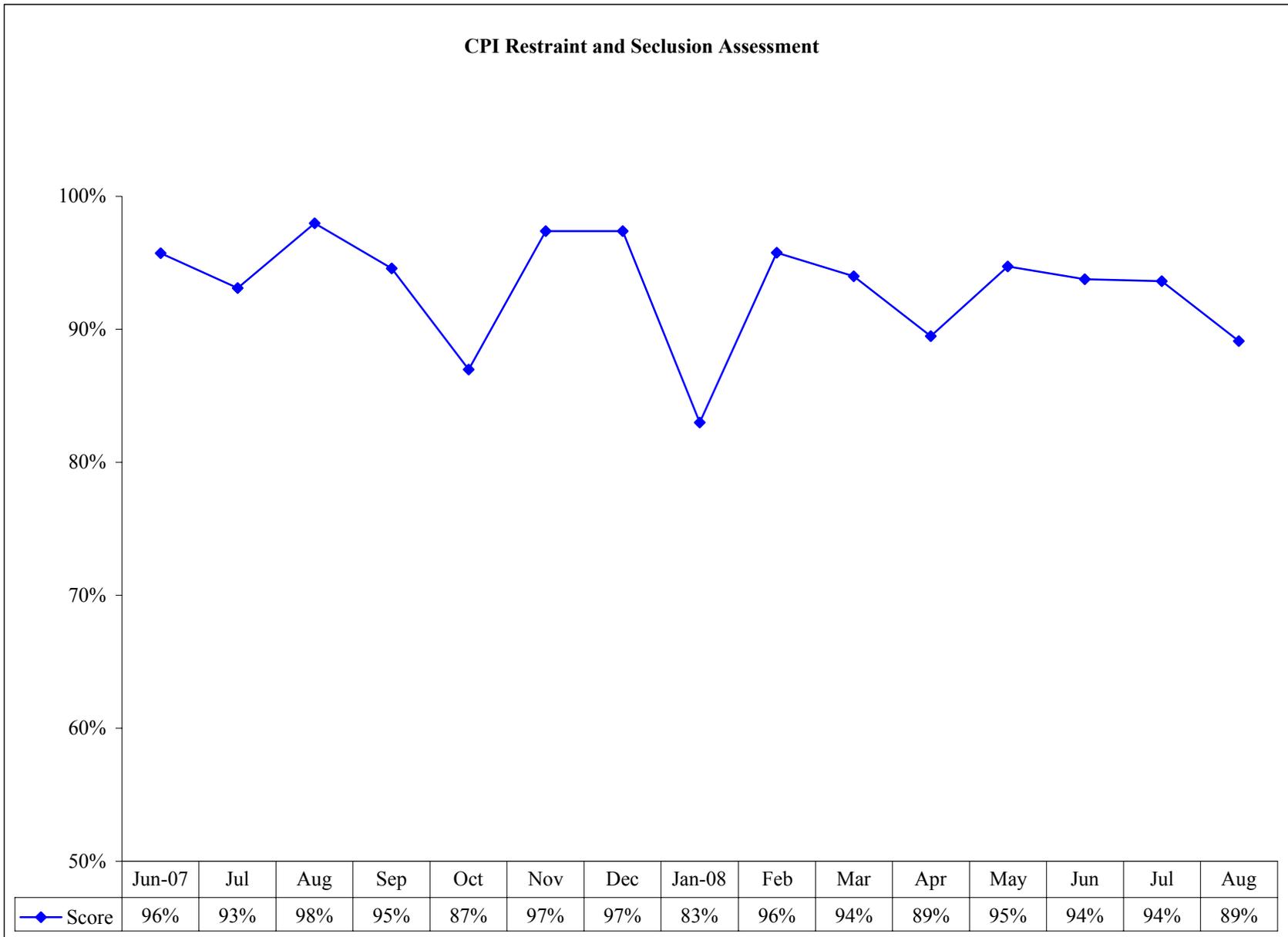
\*No scores reported to HMDS.

**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**



\*No scores reported to HMDS.

### Performance Objective 3E:

Patients will be treated in accordance with TIMA guidelines as measured by:

1. Assignment of the appropriate algorithm as measured by matching diagnosis to algorithm at the time of discharge.
2. Use of TIMA rating scales as measured by percent of patients with scores from 2 or more different dates.

**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

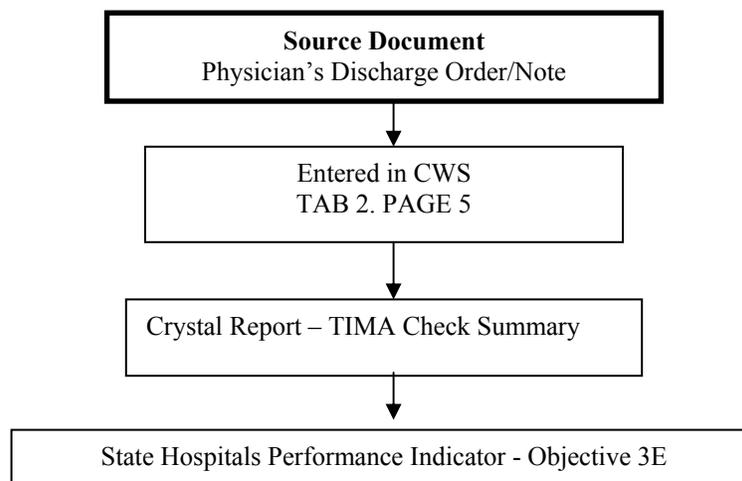
N = patients with episodes that are tracked by TIMA

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 3E - Texas Implementation of Medication Algorithm (TIMA)  
All State Hospitals**

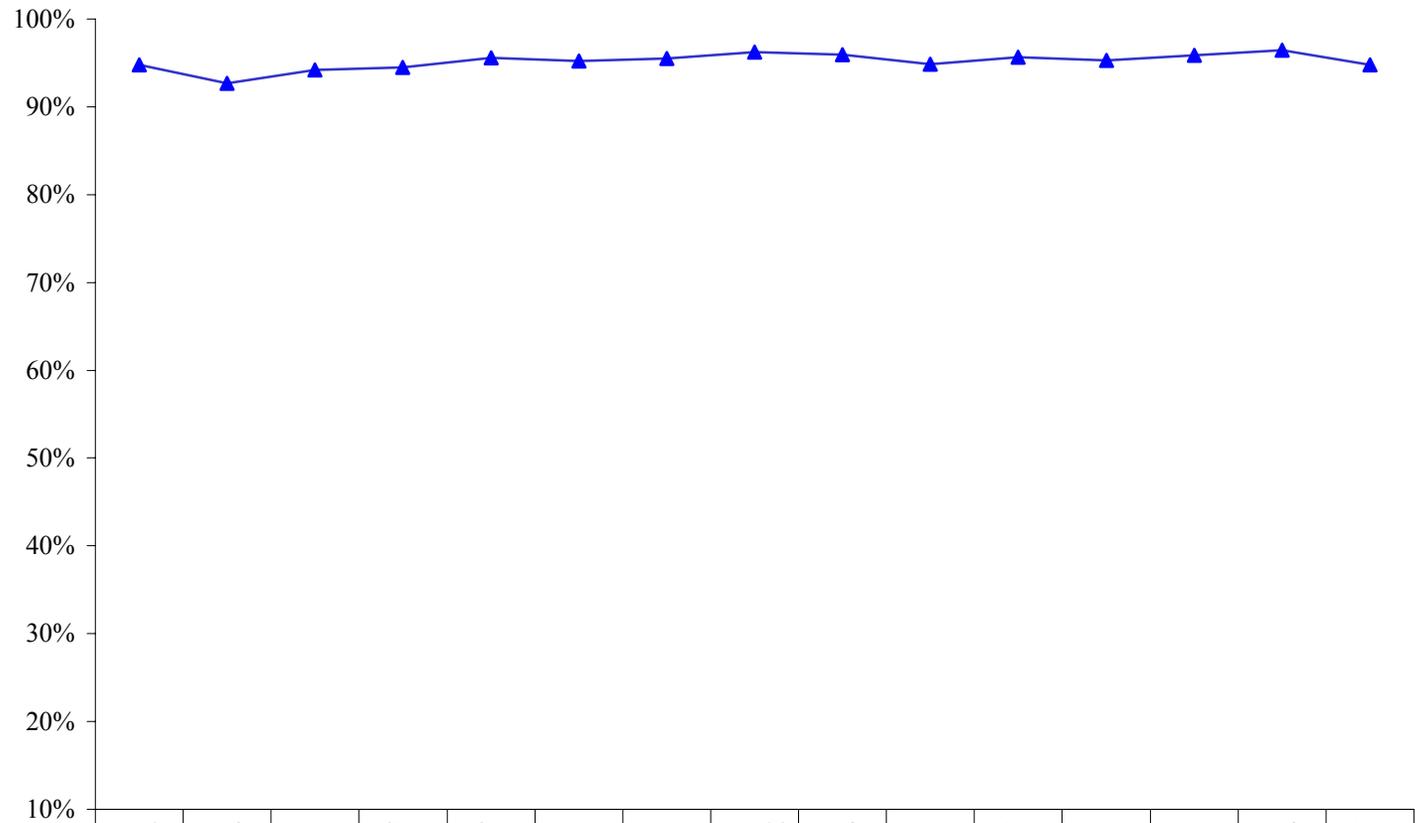
**Percent of Patients with Episodes that are Tracked by TIMA**

<b>Facility</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan-08</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>
<b>ASH</b>	96%	91%	95%	93%	95%	97%	99%	99%	99%	97%	95%	94%	98%	99%	96%
<b>BSSH</b>	89%	82%	94%	98%	93%	88%	87%	90%	96%	89%	96%	88%	91%	91%	96%
<b>EPPC</b>	86%	100%	100%	98%	100%	100%	96%	97%	99%	99%	100%	99%	100%	100%	98%
<b>KSH</b>	100%	100%	100%	95%	100%	91%	90%	100%	95%	100%	93%	95%	100%	100%	100%
<b>NTSH</b>	94%	95%	90%	91%	90%	93%	94%	94%	91%	94%	90%	94%	96%	89%	83%
<b>RGSC</b>	99%	96%	96%	99%	98%	97%	96%	96%	99%	97%	100%	95%	99%	97%	98%
<b>RSH</b>	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	99%	99%	100%	100%	100%
<b>SASH</b>	95%	94%	97%	97%	95%	97%	97%	99%	98%	95%	97%	97%	93%	99%	96%
<b>TSH</b>	91%	87%	83%	88%	93%	90%	92%	92%	89%	88%	92%	96%	92%	94%	92%
<b>All SH</b>	<b>95%</b>	<b>93%</b>	<b>94%</b>	<b>95%</b>	<b>96%</b>	<b>95%</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>	<b>95%</b>	<b>96%</b>	<b>95%</b>	<b>96%</b>	<b>96%</b>	<b>95%</b>

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

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
All State Hospitals**

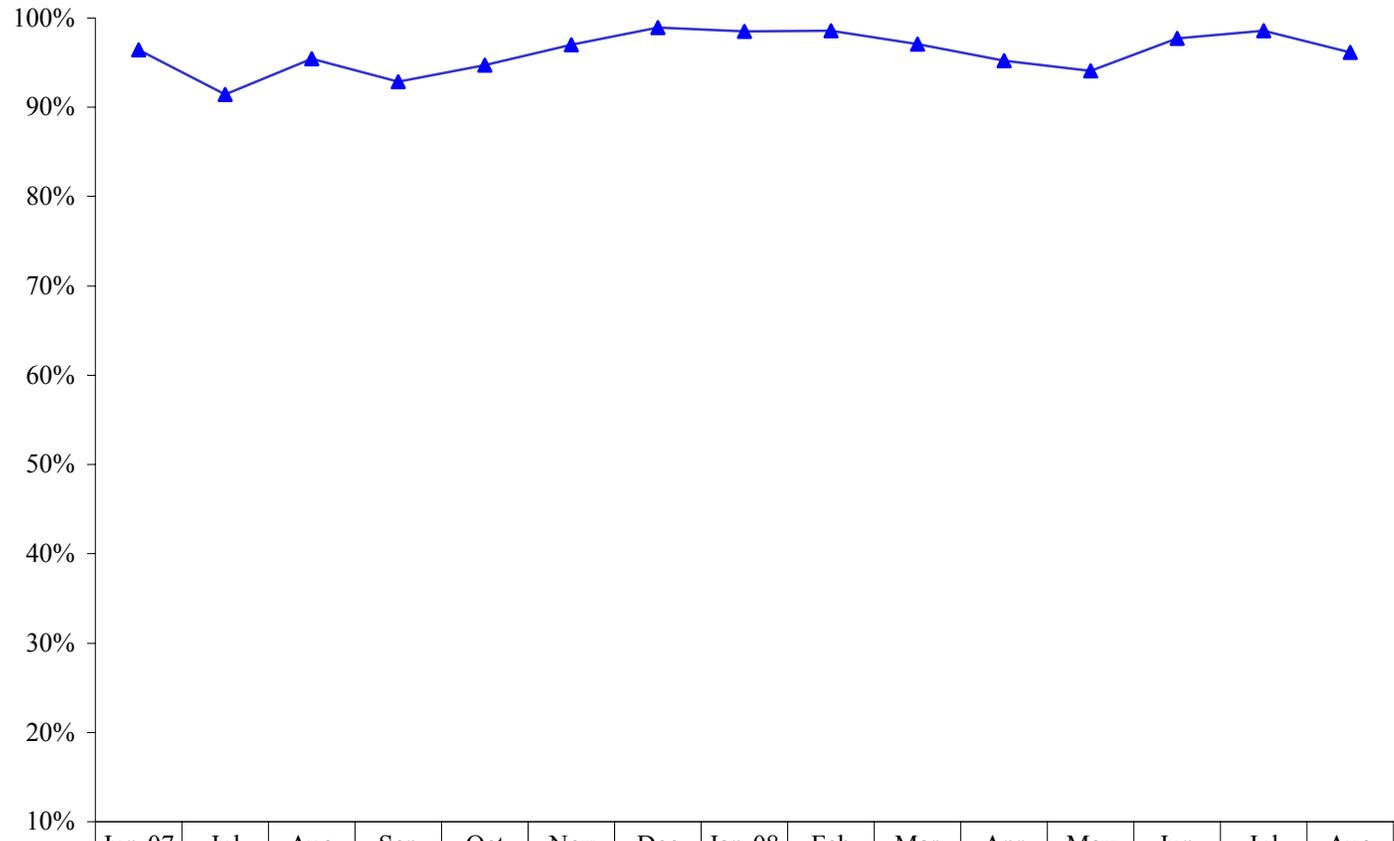
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	980	1069	1218	984	1087	947	868	976	1001	945	1105	1046	1037	1010	971
Patients with Episodes that are Tracked	929	991	1147	930	1039	902	829	939	960	896	1057	997	994	974	920
▲ Percent Tracked by TIMA	95%	93%	94%	95%	96%	95%	96%	96%	96%	95%	96%	95%	96%	96%	95%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)**  
**Austin State Hospital**

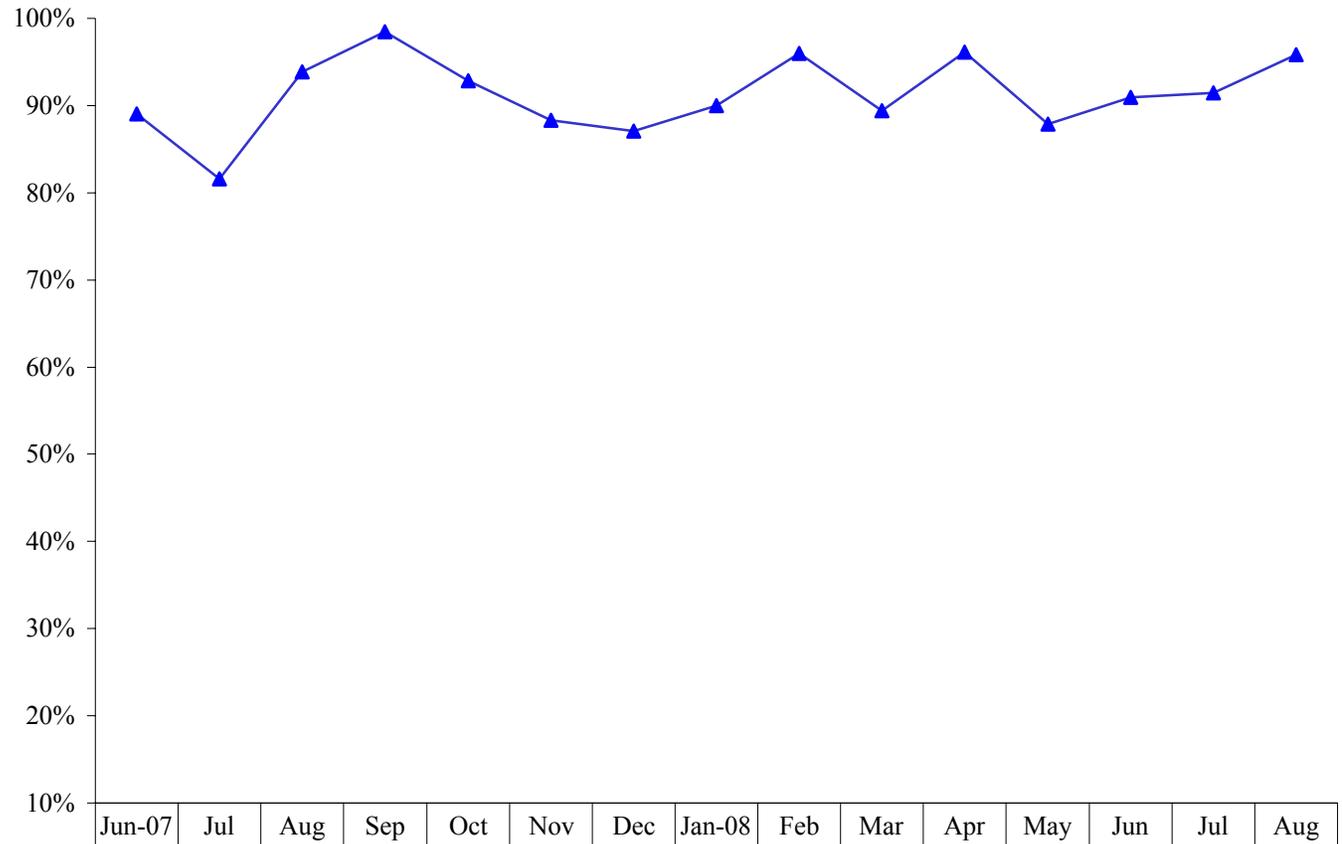
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	251	292	309	225	266	200	191	205	214	203	230	219	218	209	207
Patients with Episodes that are Tracked	242	267	295	209	252	194	189	202	211	197	219	206	213	206	199
▲ Percent Tracked by TIMA	96%	91%	95%	93%	95%	97%	99%	99%	99%	97%	95%	94%	98%	99%	96%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
Big Spring State Hospital**

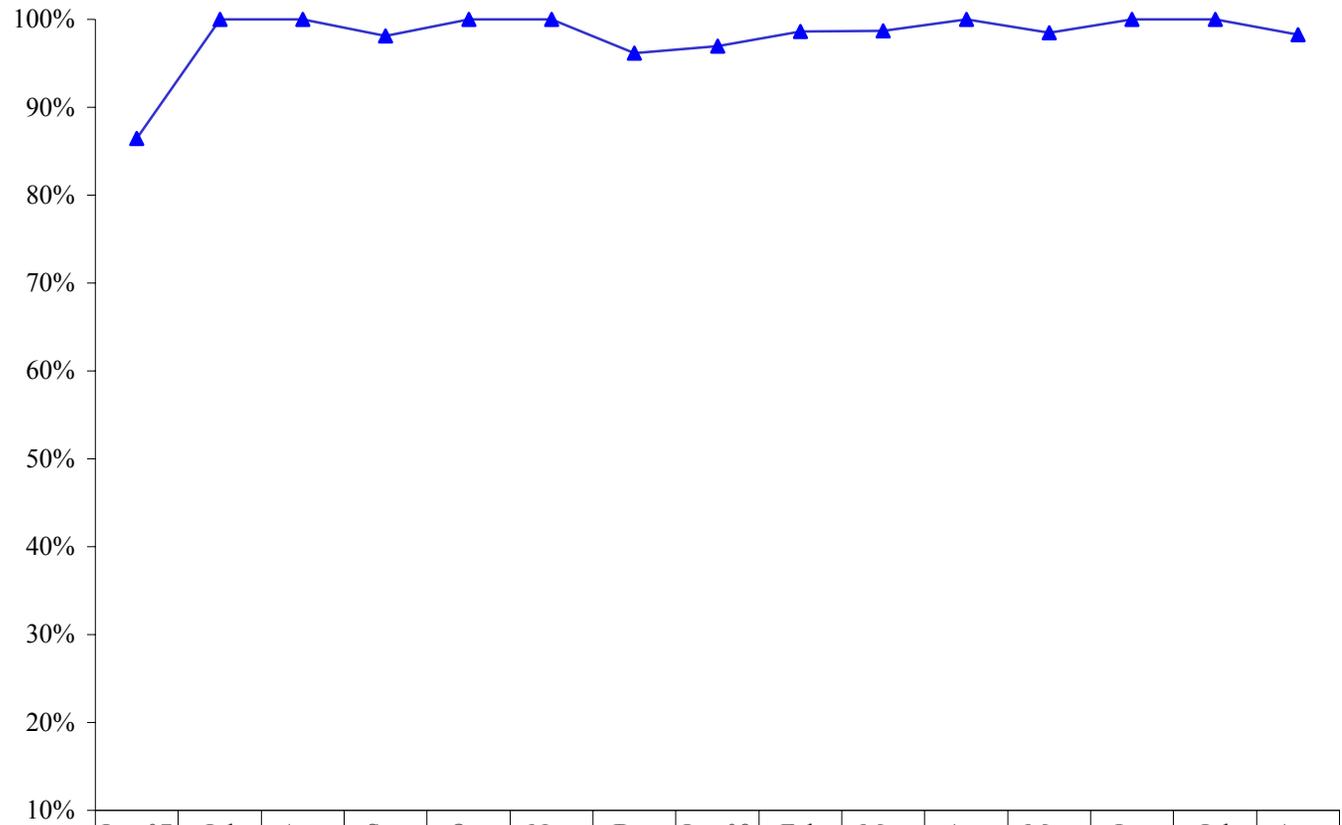
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	64	76	98	64	84	60	62	70	74	66	78	74	55	70	48
Patients with Episodes that are Tracked	57	62	92	63	78	53	54	63	71	59	75	65	50	64	46
▲ Percent Tracked by TIMA	89%	82%	94%	98%	93%	88%	87%	90%	96%	89%	96%	88%	91%	91%	96%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
El Paso Psychiatric Center**

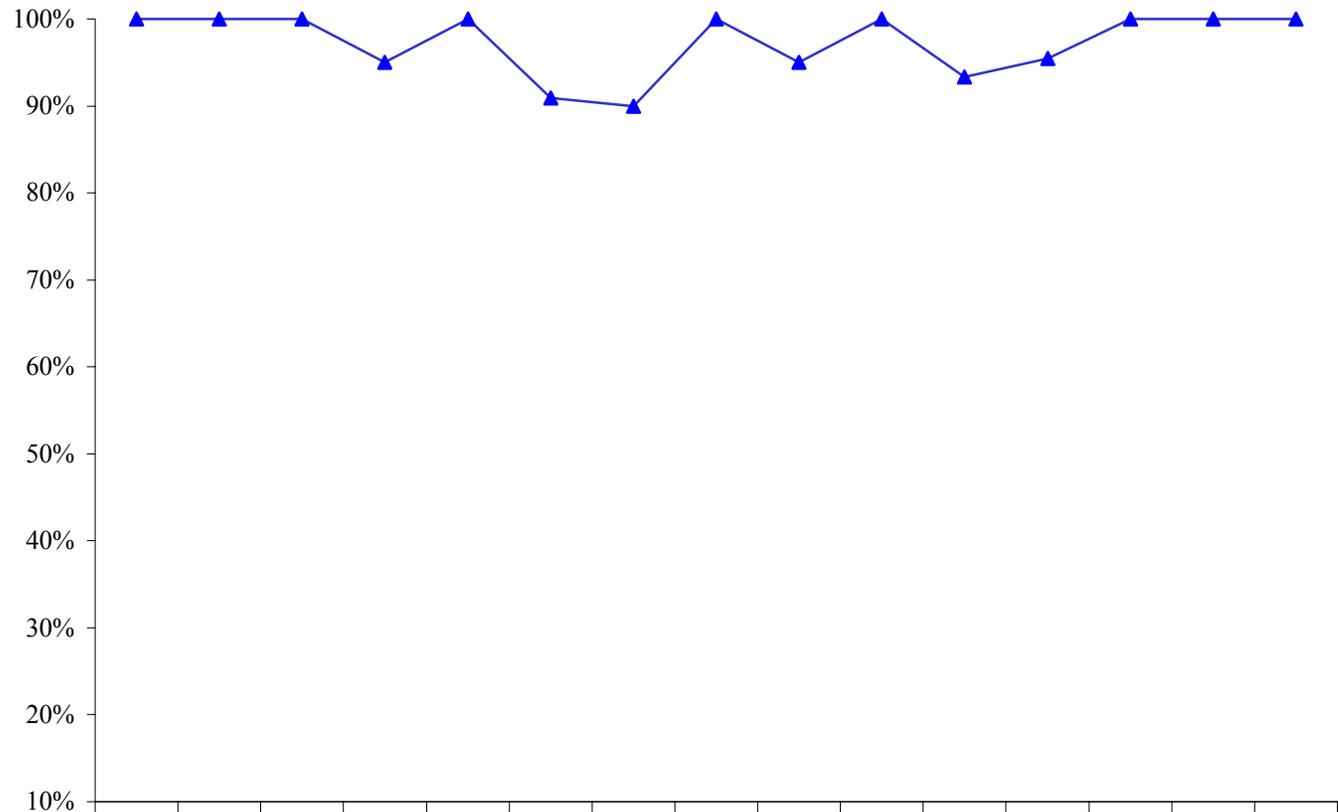
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	59	65	71	53	87	63	52	65	72	76	71	67	52	43	58
Patients with Episodes that are Tracked	51	65	71	52	87	63	50	63	71	75	71	66	52	43	57
▲ Percent Tracked by TIMA	86%	100%	100%	98%	100%	100%	96%	97%	99%	99%	100%	99%	100%	100%	98%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
Kerrville State Hospital**

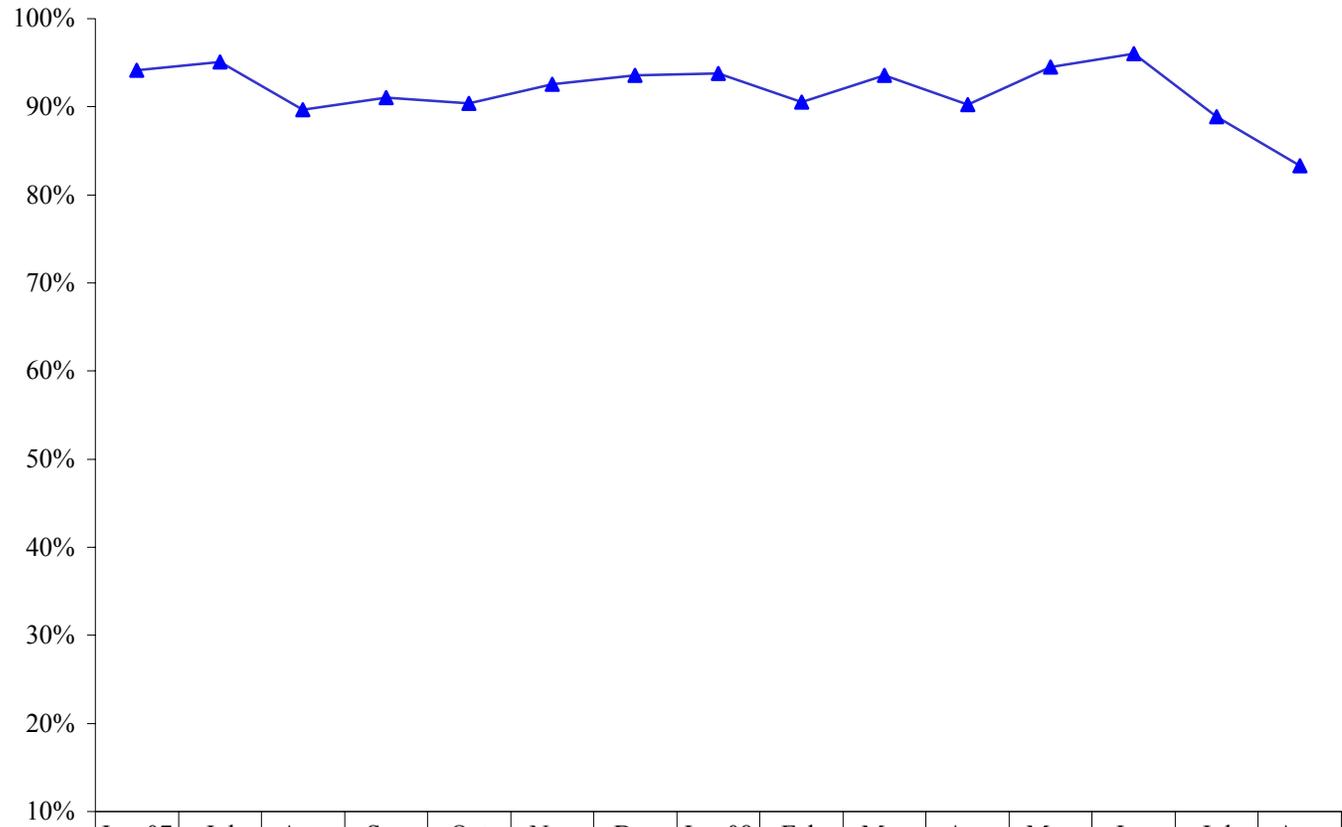
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	23	18	26	20	26	11	20	17	20	10	15	22	24	18	16
Patients with Episodes that are Tracked	23	18	26	19	26	10	18	17	19	10	14	21	24	18	16
▲ Percent Tracked by TIMA	100%	100%	100%	95%	100%	91%	90%	100%	95%	100%	93%	95%	100%	100%	100%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
North Texas State Hospital**

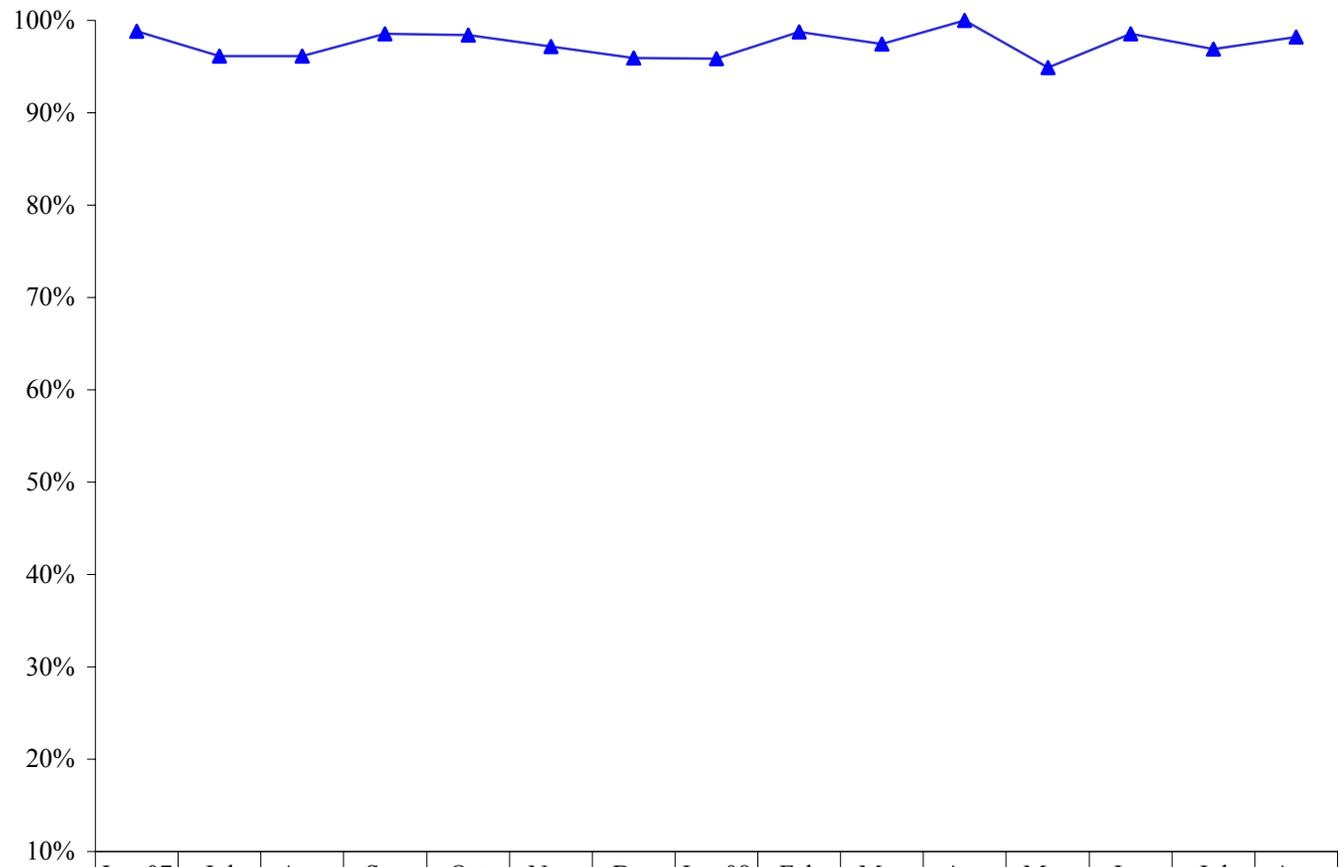
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	68	81	87	89	73	67	109	97	95	93	123	127	126	108	108
Patients with Episodes that are Tracked	64	77	78	81	66	62	102	91	86	87	111	120	121	96	90
▲ Percent Tracked by TIMA	94%	95%	90%	91%	90%	93%	94%	94%	91%	94%	90%	94%	96%	89%	83%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
Rio Grande State Center**

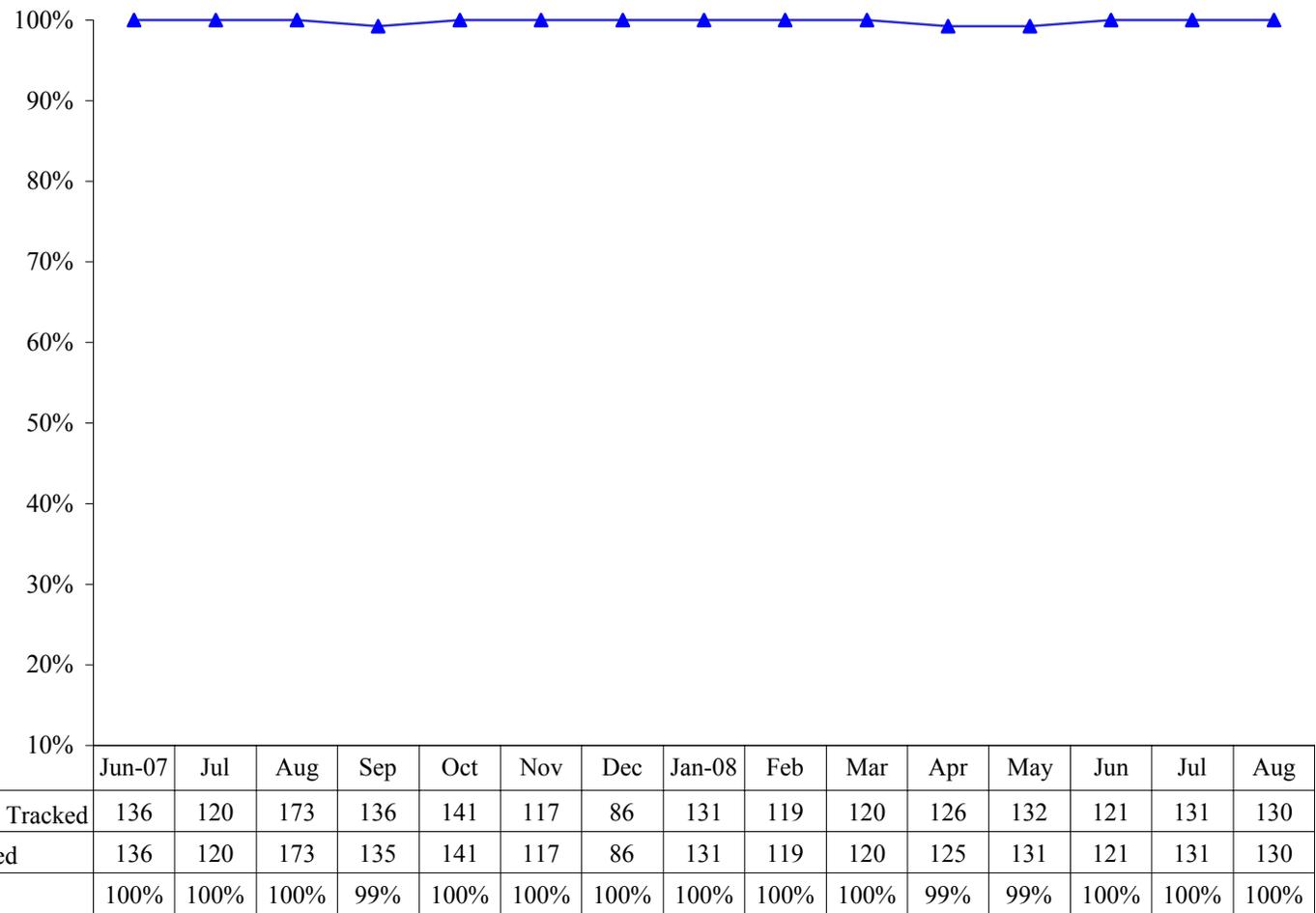
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	83	77	77	69	62	71	74	72	79	79	80	78	68	65	56
Patients with Episodes that are Tracked	82	74	74	68	61	69	71	69	78	77	80	74	67	63	55
—▲— Percent Tracked by TIMA	99%	96%	96%	99%	98%	97%	96%	96%	99%	97%	100%	95%	99%	97%	98%

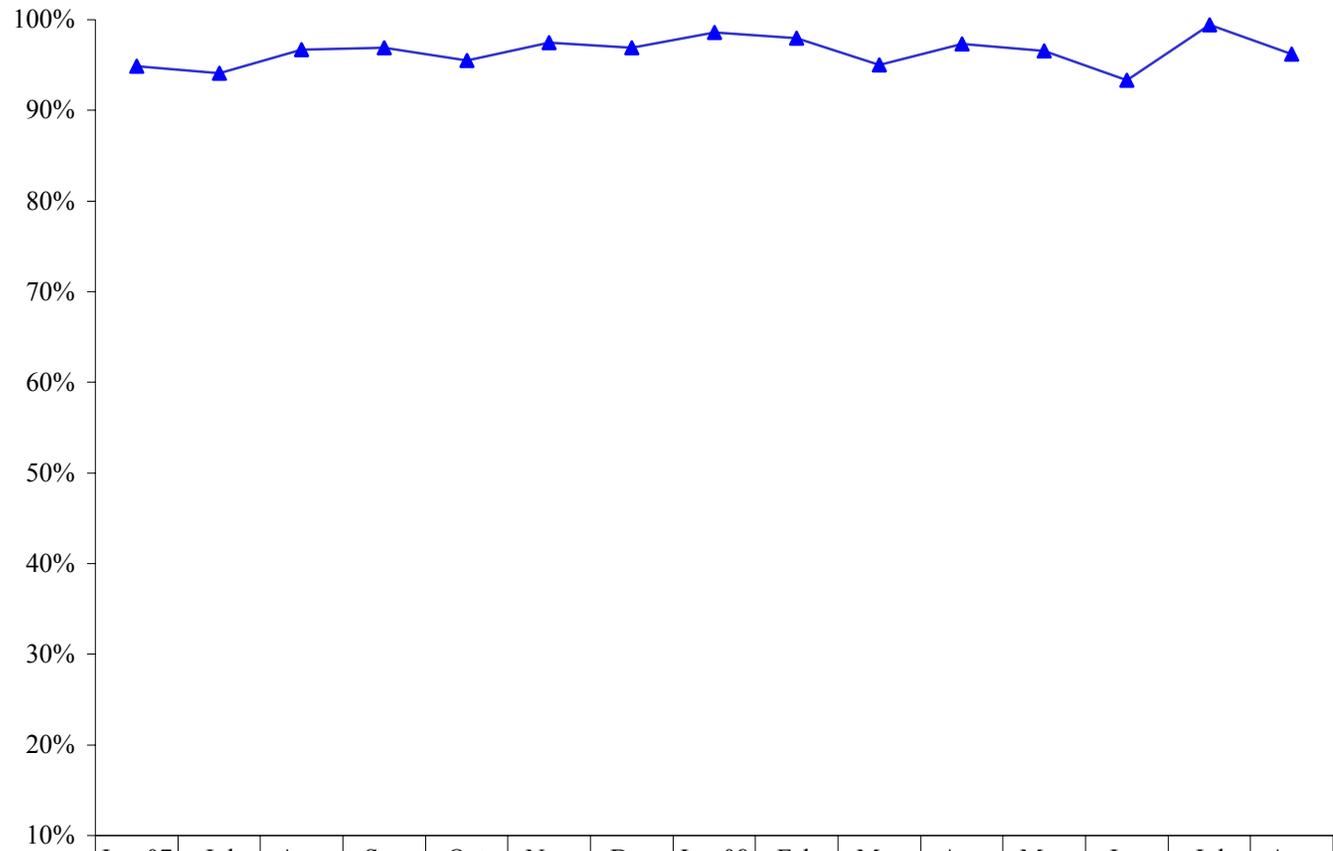
**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
Rusk State Hospital**

**Percent of Patients with Episodes that are Tracked by TIMA**



**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
San Antonio State Hospital**

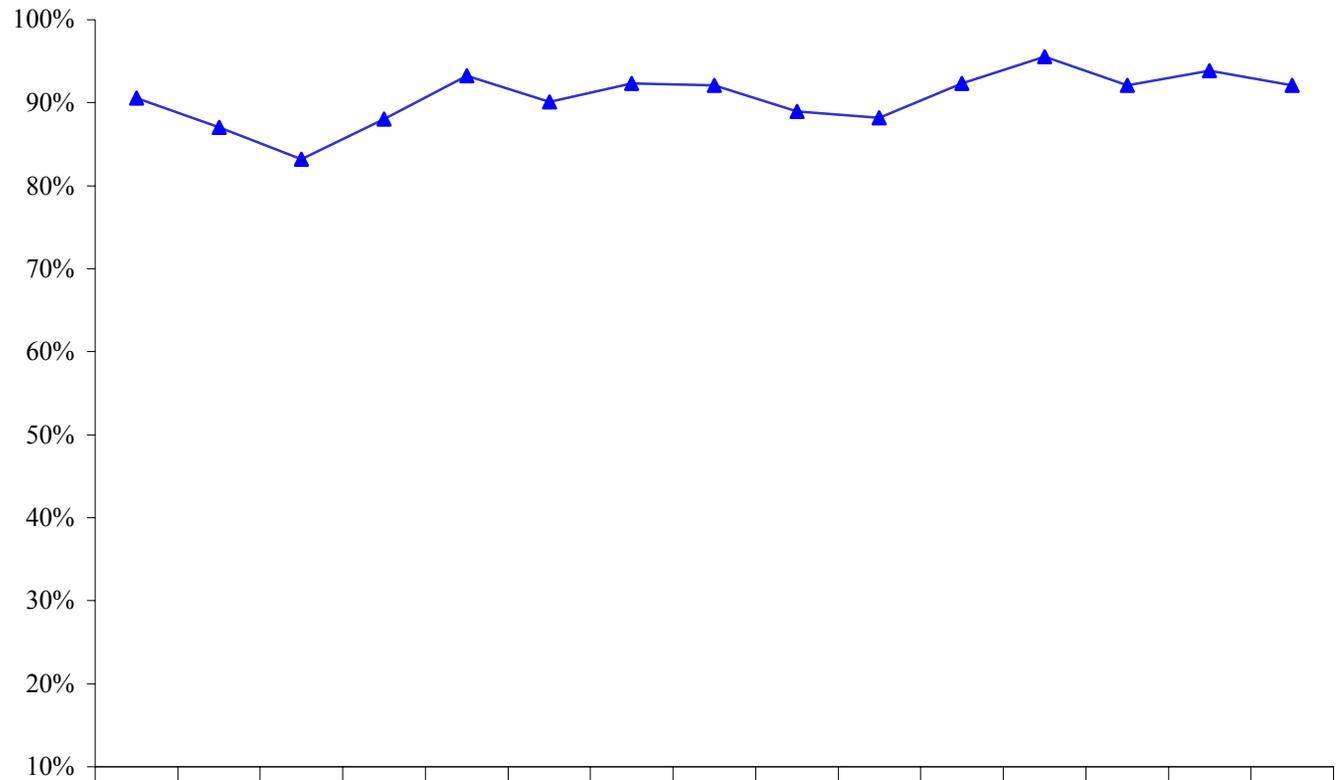
**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	137	170	181	161	155	156	130	142	147	120	186	146	195	170	158
Patients with Episodes that are Tracked	130	160	175	156	148	152	126	140	144	114	181	141	182	169	152
▲ Percent Tracked by TIMA	95%	94%	97%	97%	95%	97%	97%	99%	98%	95%	97%	97%	93%	99%	96%

**Objective 3E - Texas Implementation of Medication Algorithm (TIMA)  
Terrell State Hospital**

**Percent of Patients with Episodes that are Tracked by TIMA**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	159	170	196	167	193	202	144	177	181	178	196	181	178	196	190
Patients with Episodes that are Tracked	144	148	163	147	180	182	133	163	161	157	181	173	164	184	175
▲ Percent Tracked by TIMA	91%	87%	83%	88%	93%	90%	92%	92%	89%	88%	92%	96%	92%	94%	92%

### 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.

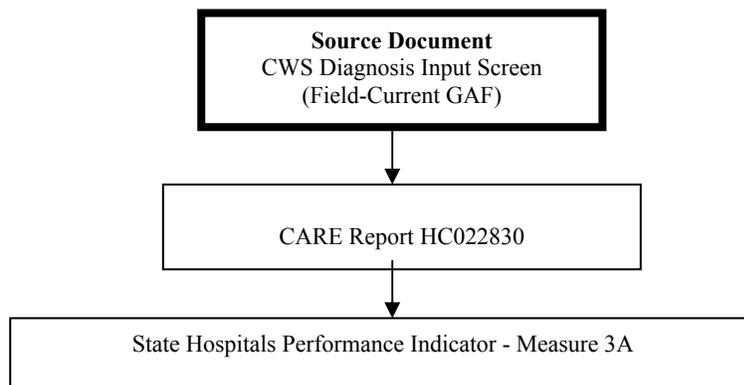
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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:**

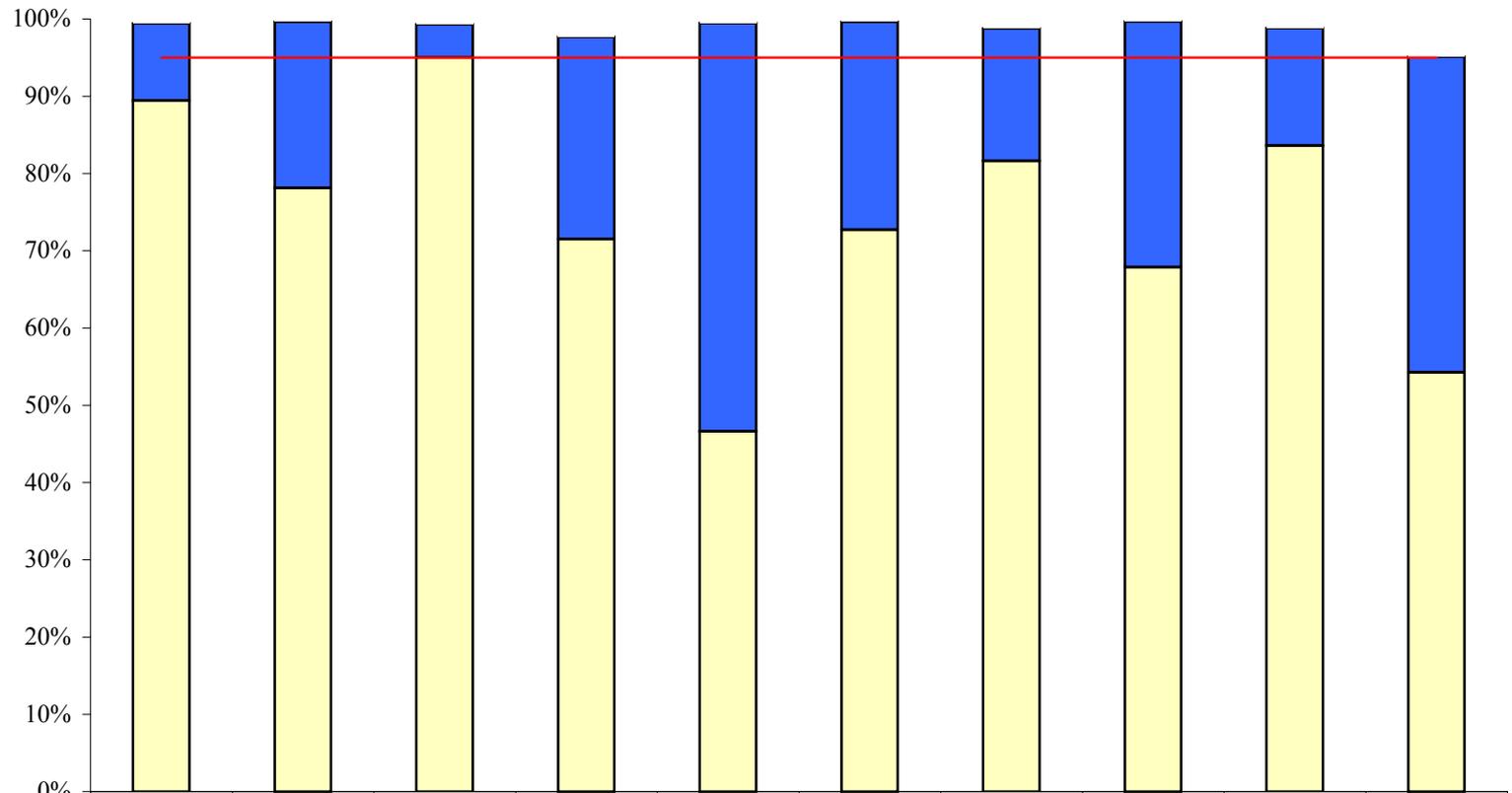
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 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 Hospitals - As of August 31, 2008**

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

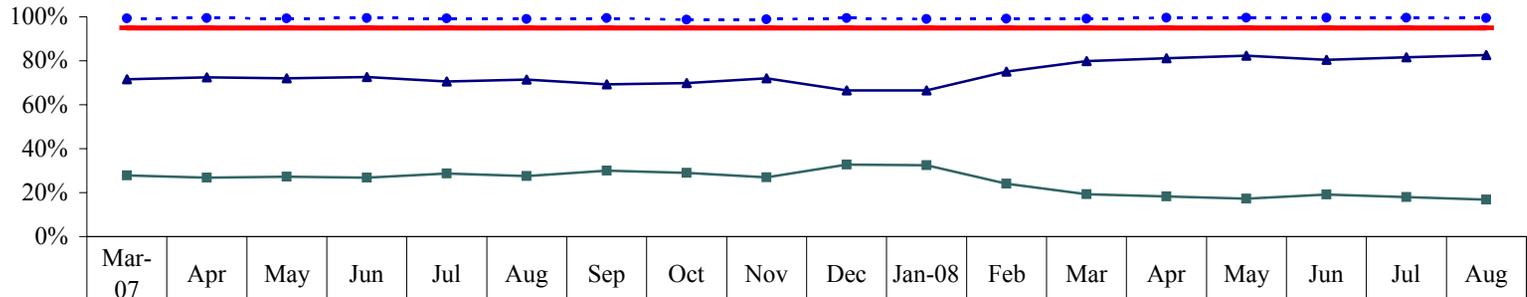


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
<b>% Stabilized + Increased</b>	99%	100%	99%	98%	99%	100%	99%	100%	99%	95%
<b>% Stabilized</b>	10%	21%	4%	26%	53%	27%	17%	32%	15%	41%
<b>% Increased by 10 or More</b>	89%	78%	95%	72%	47%	73%	82%	68%	84%	54%
<b>% Expectation</b>	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

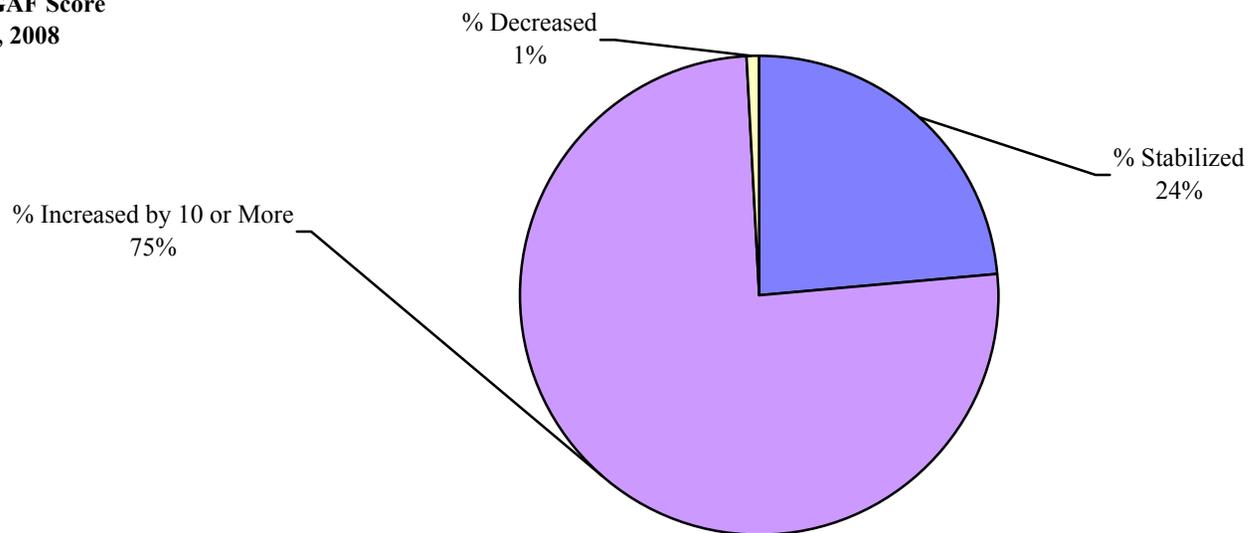
**All State Hospitals**

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



—▲— % Increased by 10 or More	72%	73%	72%	73%	71%	71%	69%	70%	72%	67%	67%	75%	80%	81%	82%	80%	82%	83%
—■— % Stabilized	28%	27%	27%	27%	29%	28%	30%	29%	27%	33%	33%	24%	19%	18%	17%	19%	18%	17%
- - ● - - % Stabilized + Increased	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	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%

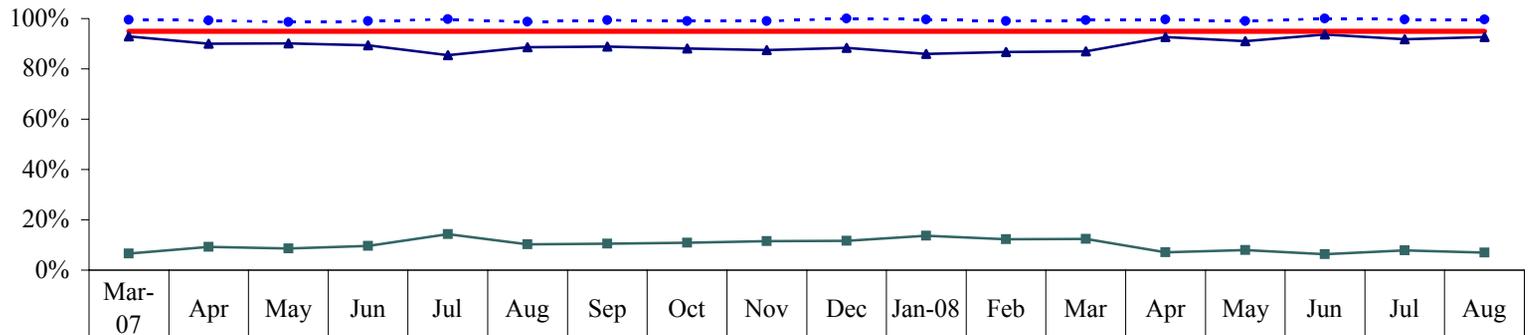
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2008**



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

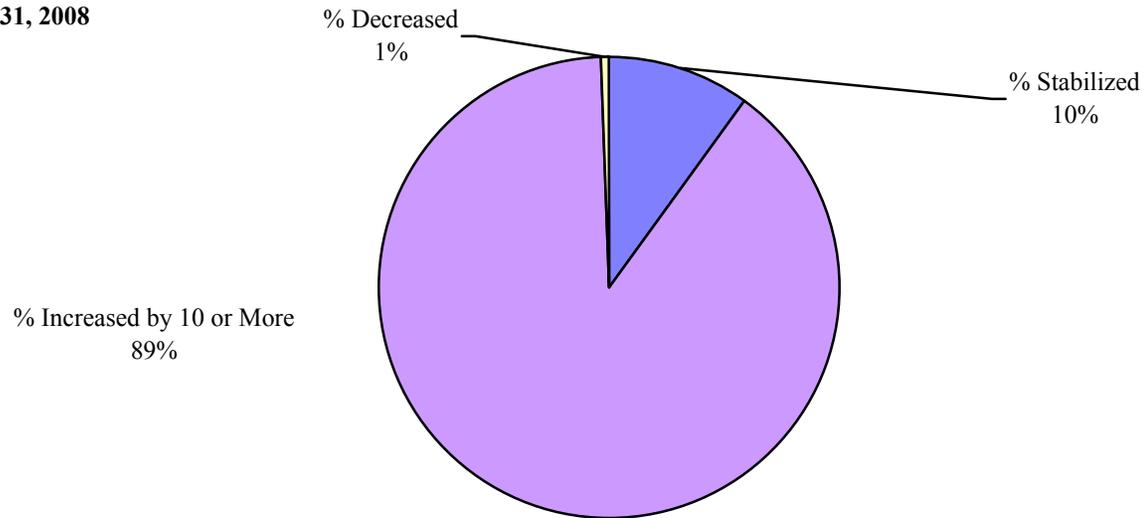
**Austin State Hospital**

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



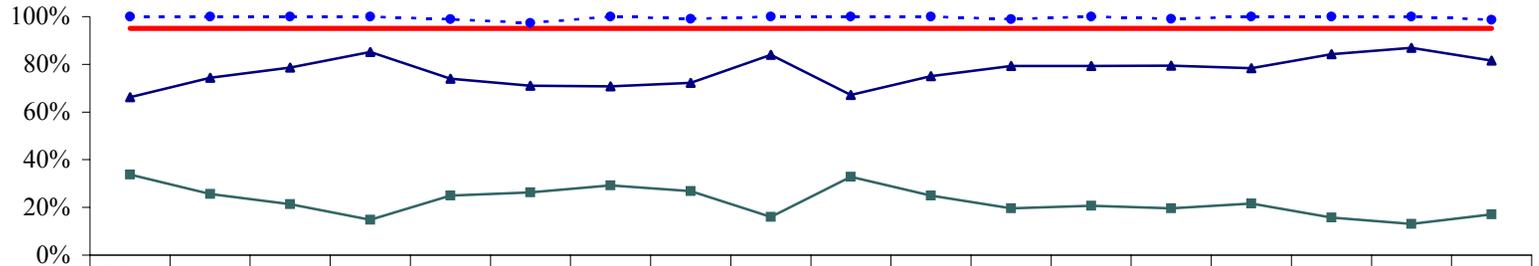
—▲— % Increased by 10 or More	93%	90%	90%	89%	85%	89%	89%	88%	87%	88%	86%	87%	87%	93%	91%	94%	92%	93%
—■— % Stabilized	7%	9%	9%	10%	14%	10%	10%	11%	12%	12%	14%	12%	12%	7%	8%	6%	8%	7%
- - ● - - % Stabilized + Increased	99%	99%	99%	99%	100%	99%	99%	99%	99%	100%	100%	99%	99%	100%	99%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2008**



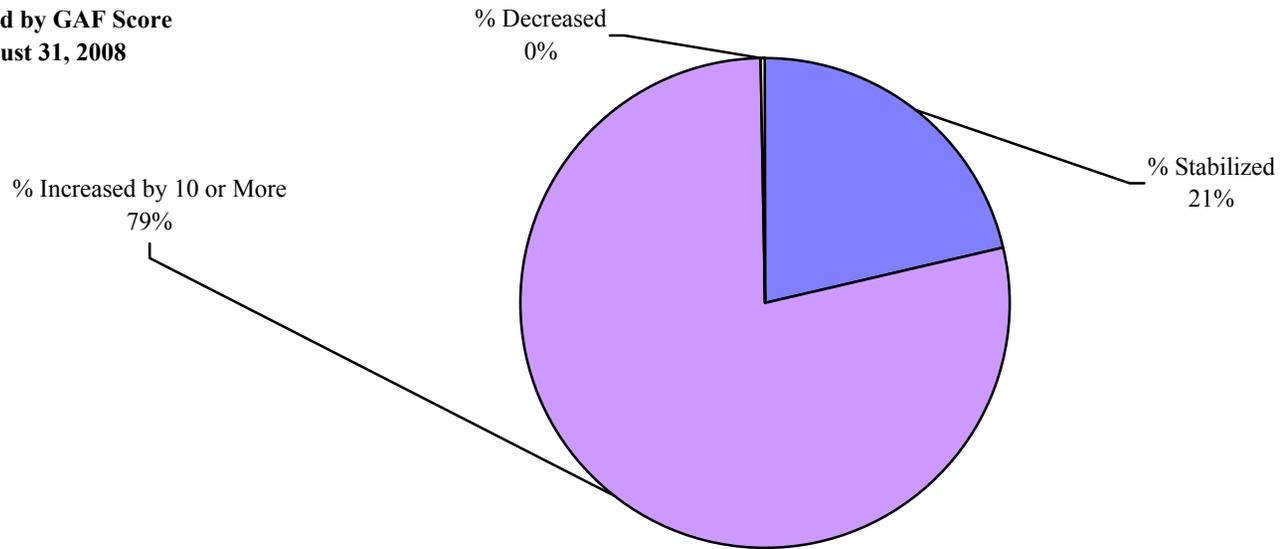
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Big Spring State Hospital**

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



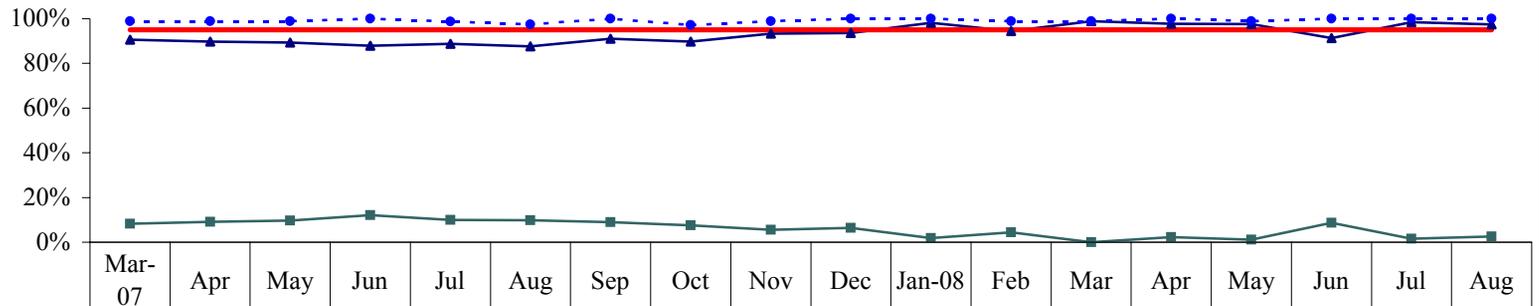
	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	66%	74%	79%	85%	74%	71%	71%	72%	84%	67%	75%	79%	79%	79%	78%	84%	87%	82%
—■— % Stabilized	34%	26%	21%	15%	25%	26%	29%	27%	16%	33%	25%	20%	21%	20%	22%	16%	13%	17%
- - ● - - % Stabilized + Increased	100%	100%	100%	100%	99%	97%	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 August 31, 2008**



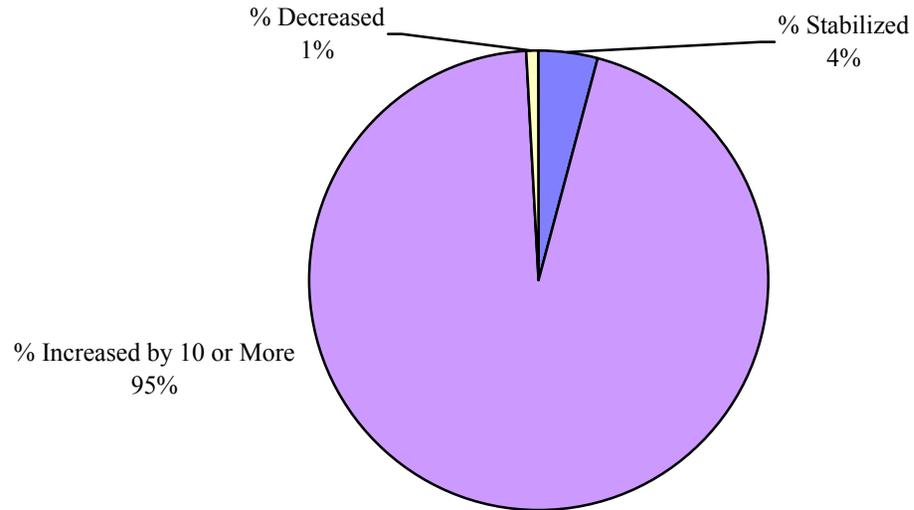
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**El Paso Psychiatric Center**

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



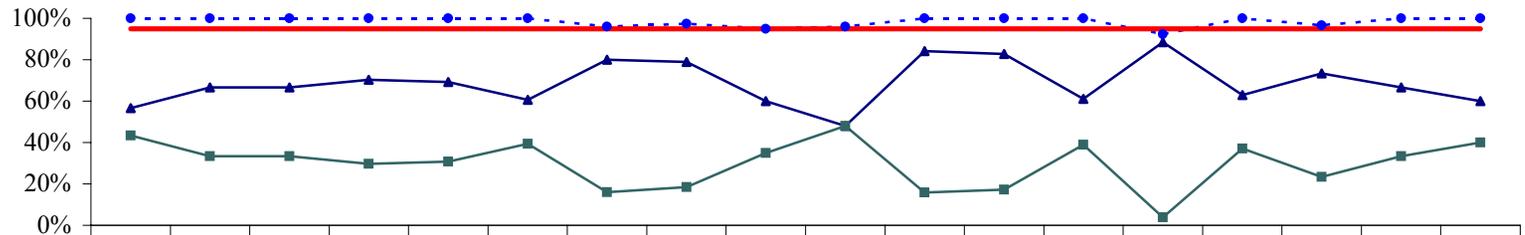
	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	91%	90%	89%	88%	89%	88%	91%	90%	93%	94%	98%	94%	99%	98%	98%	91%	98%	97%
—■— % Stabilized	8%	9%	10%	12%	10%	10%	9%	7%	6%	6%	2%	4%	0%	2%	1%	9%	2%	3%
- - ● - - % Stabilized + Increased	99%	99%	99%	100%	99%	97%	100%	97%	99%	100%	100%	99%	99%	100%	99%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2008**



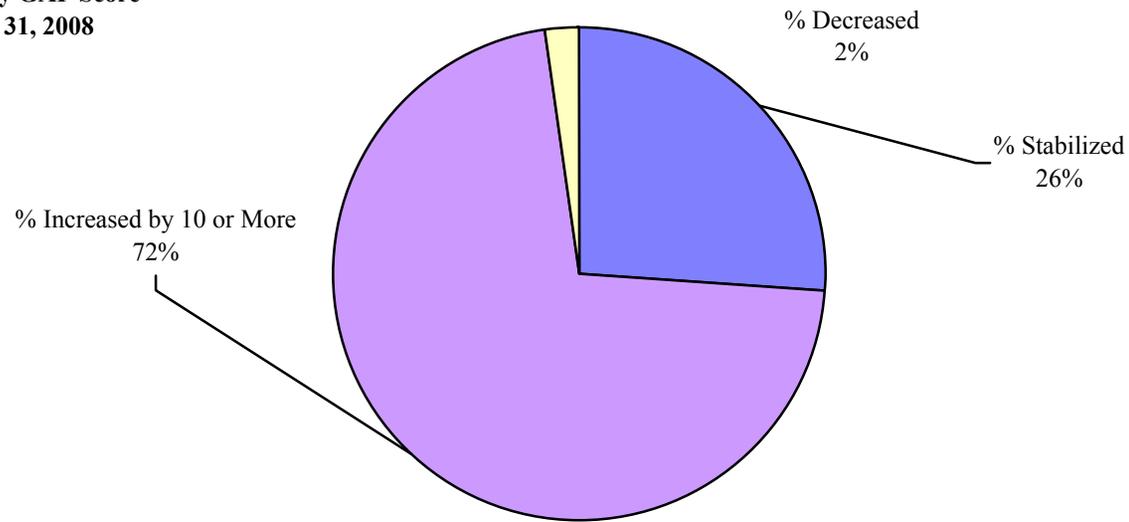
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Kerrville State Hospital**

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

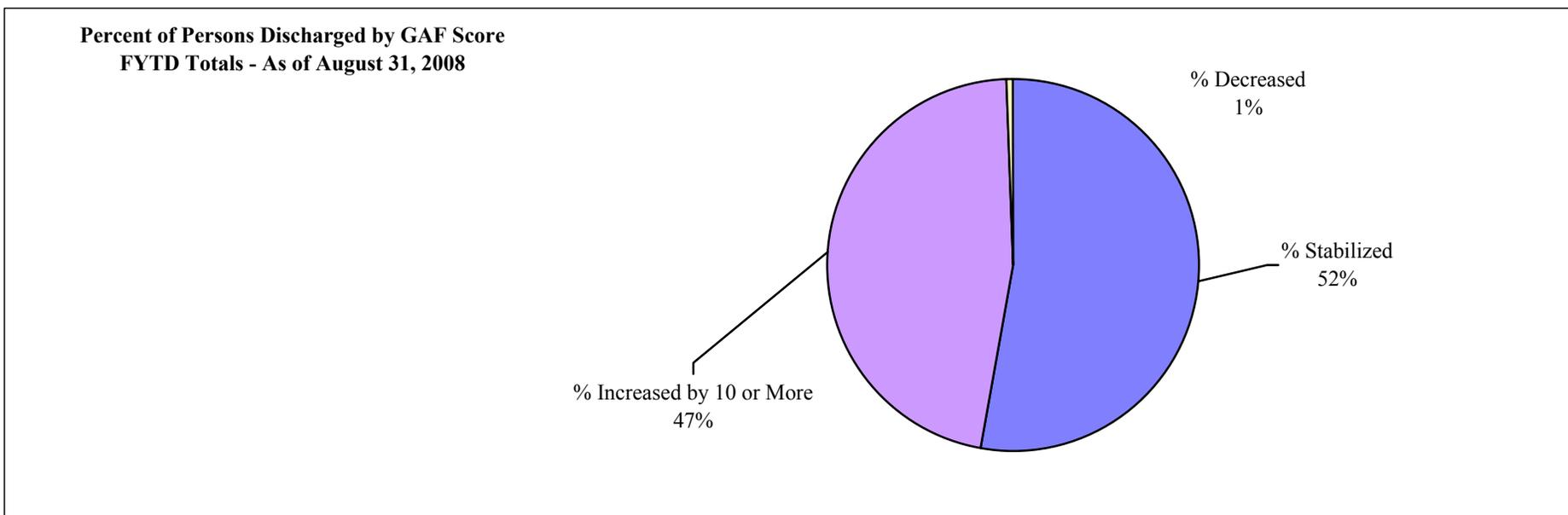
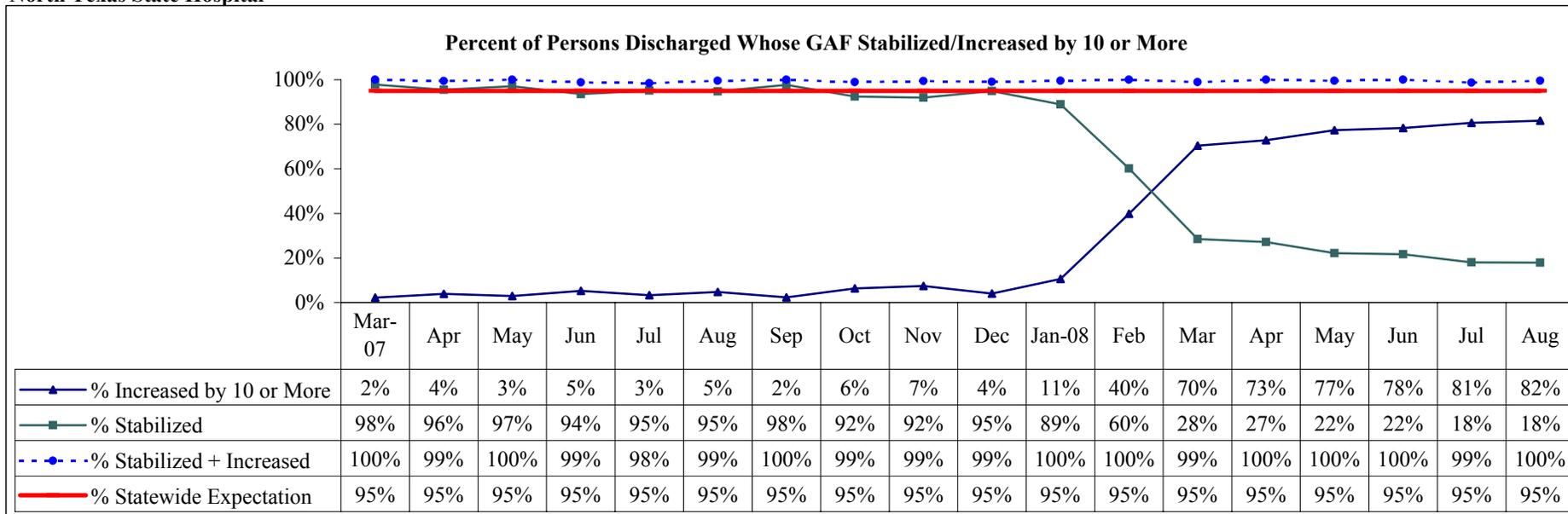


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	57%	67%	67%	70%	69%	61%	80%	79%	60%	48%	84%	83%	61%	88%	63%	73%	67%	60%
—■— % Stabilized	43%	33%	33%	30%	31%	39%	16%	18%	35%	48%	16%	17%	39%	4%	37%	23%	33%	40%
- - ● - - % Stabilized + Increased	100%	100%	100%	100%	100%	100%	96%	97%	95%	96%	100%	100%	100%	92%	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 August 31, 2008**

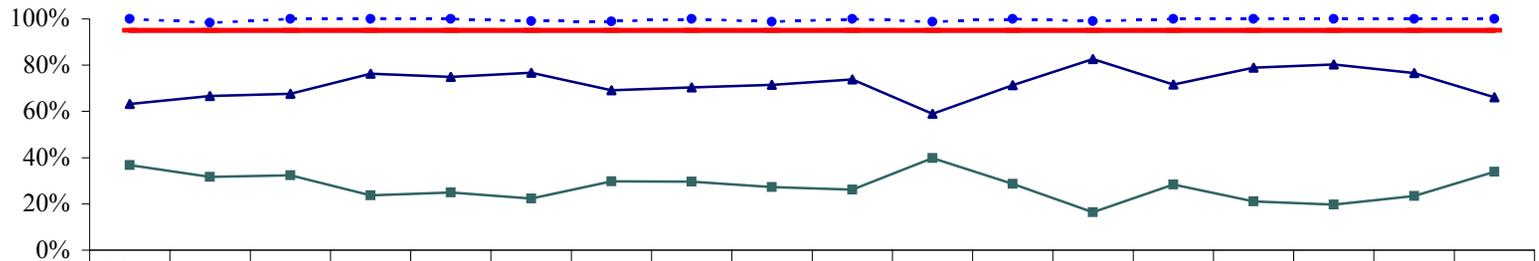


**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**North Texas State Hospital**



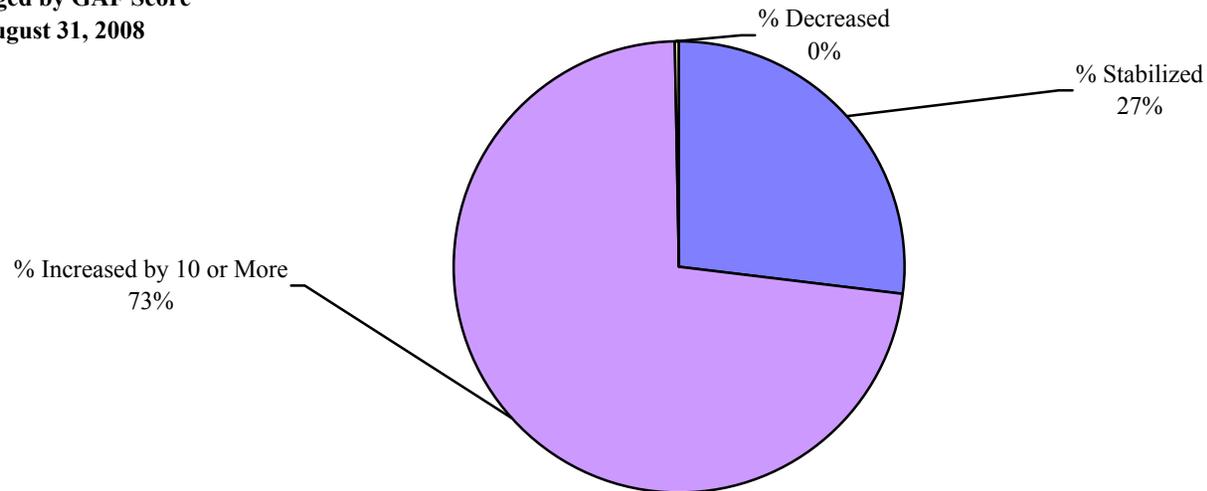
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Rio Grande State Center**

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



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	63%	67%	68%	76%	75%	77%	69%	70%	71%	74%	59%	71%	83%	72%	79%	80%	77%	66%
—■— % Stabilized	37%	32%	32%	24%	25%	22%	30%	30%	27%	26%	40%	29%	16%	28%	21%	20%	23%	34%
- - ● - - % Stabilized + Increased	100%	98%	100%	100%	100%	99%	99%	100%	99%	100%	99%	100%	99%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

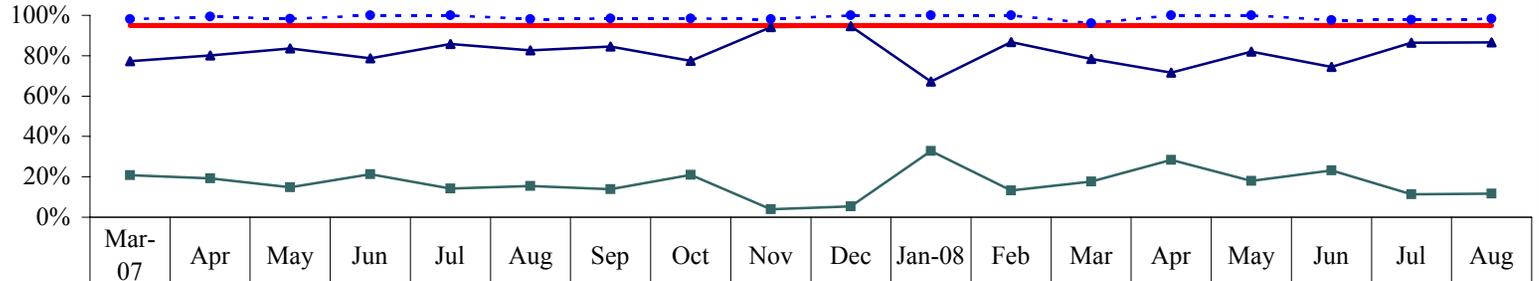
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2008**



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

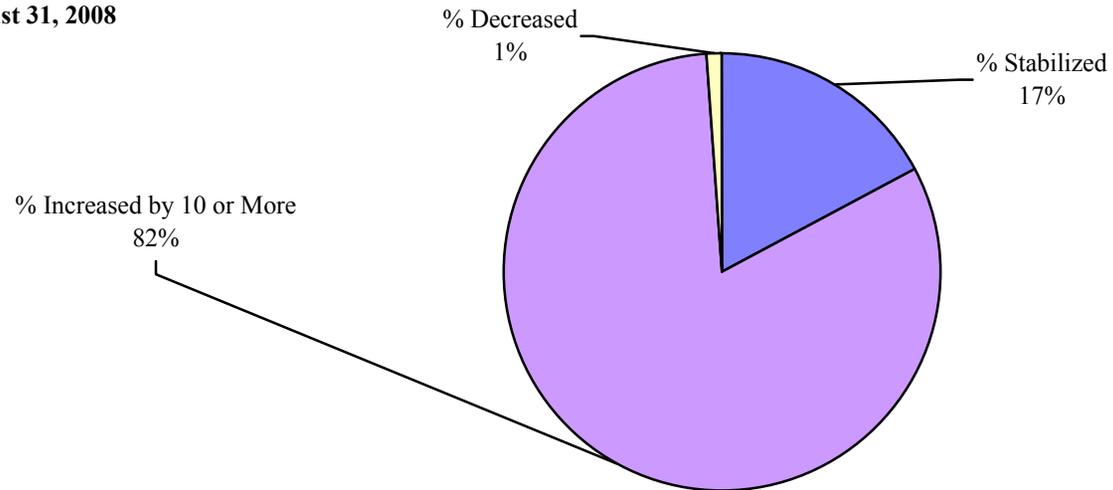
**Rusk State Hospital**

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



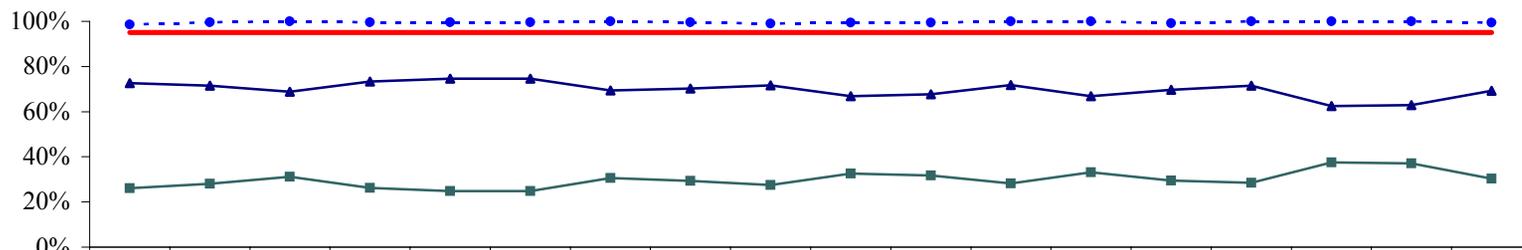
	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	77%	80%	84%	79%	86%	83%	85%	77%	94%	95%	67%	87%	78%	72%	82%	74%	86%	87%
—■— % Stabilized	21%	19%	15%	21%	14%	15%	14%	21%	4%	5%	33%	13%	18%	28%	18%	23%	11%	12%
- - ● - - % Stabilized + Increased	98%	99%	98%	100%	100%	98%	98%	98%	98%	100%	100%	100%	96%	100%	100%	98%	98%	98%
— % 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 August 31, 2008**



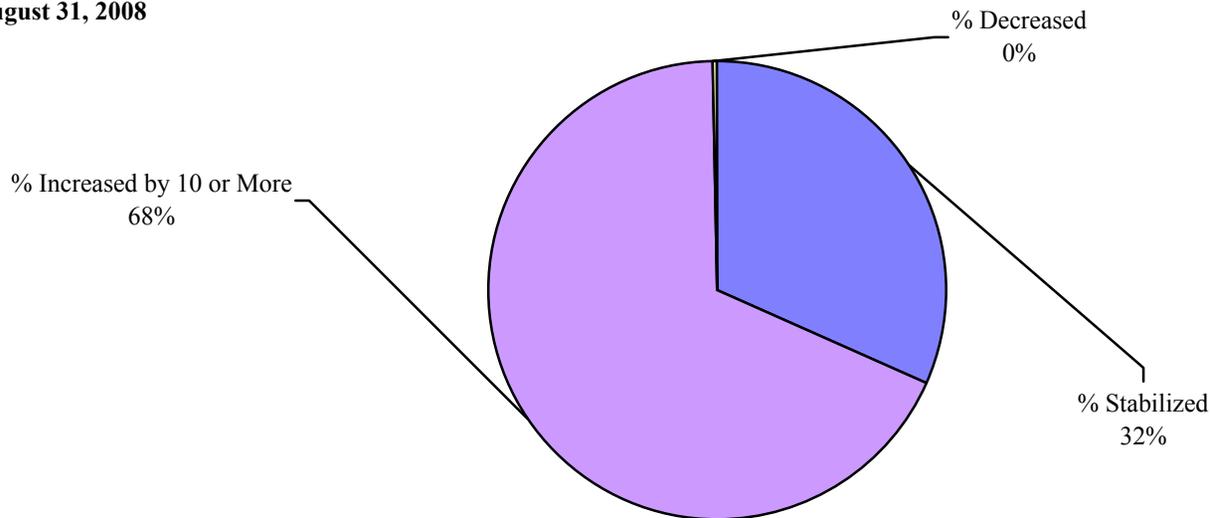
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**San Antonio State Hospital**

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



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

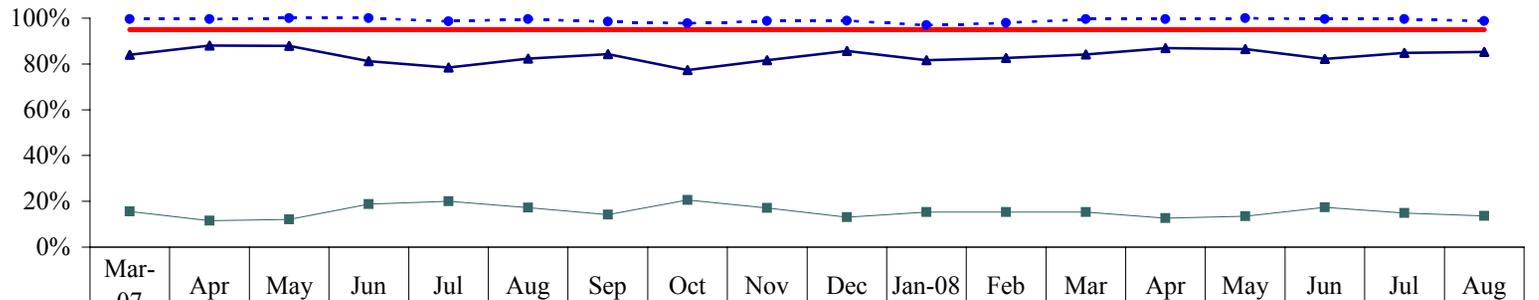
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2008**



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

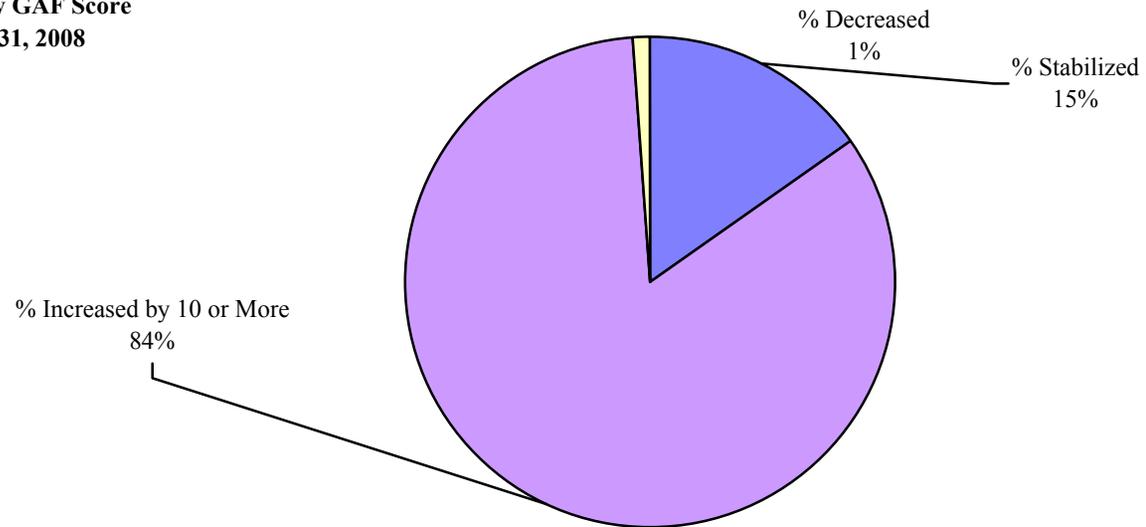
**Terrell State Hospital**

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



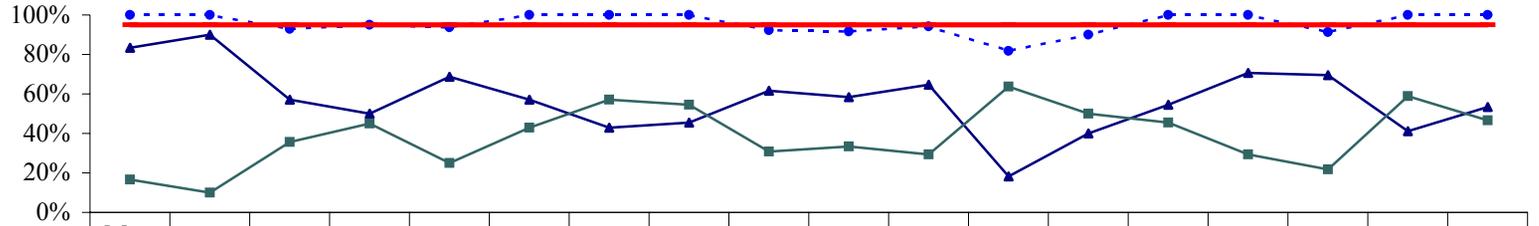
	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
% Increased by 10 or More	84%	88%	88%	81%	79%	82%	84%	77%	82%	86%	82%	83%	84%	87%	86%	82%	85%	85%
% Stabilized	16%	11%	12%	19%	20%	17%	14%	21%	17%	13%	15%	15%	15%	13%	14%	17%	15%	14%
% Stabilized + Increased	100%	100%	100%	100%	99%	100%	98%	98%	99%	99%	97%	98%	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 August 31, 2008**



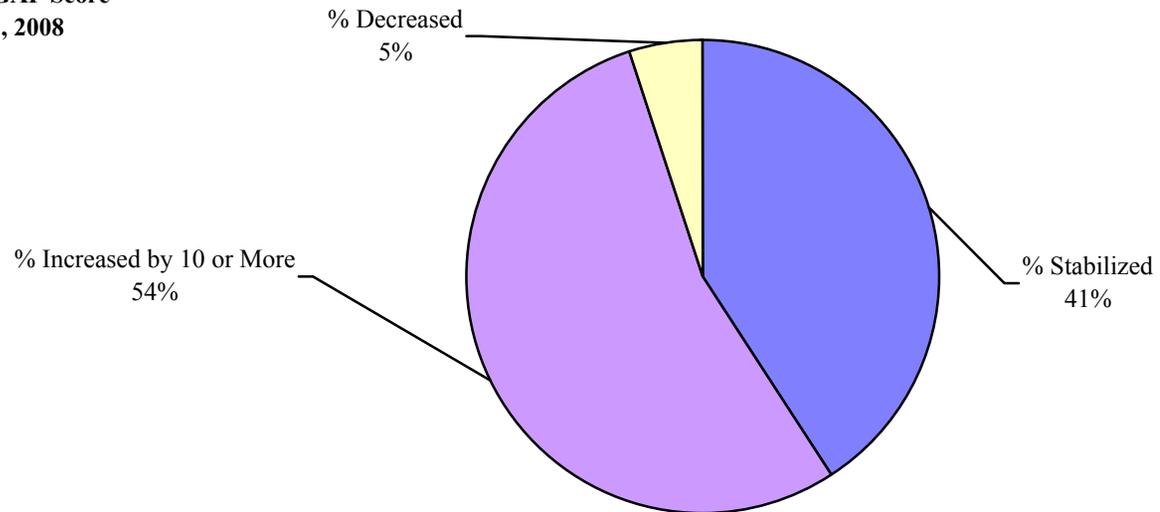
**Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Waco Center for Youth**

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



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	83%	90%	57%	50%	69%	57%	43%	45%	62%	58%	65%	18%	40%	55%	71%	70%	41%	53%
—■— % Stabilized	17%	10%	36%	45%	25%	43%	57%	55%	31%	33%	29%	64%	50%	45%	29%	22%	59%	47%
- - ● - - % Stabilized + Increased	100%	100%	93%	95%	94%	100%	100%	100%	92%	92%	94%	82%	90%	100%	100%	91%	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 August 31, 2008**



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

**Performance Objective 4A:**

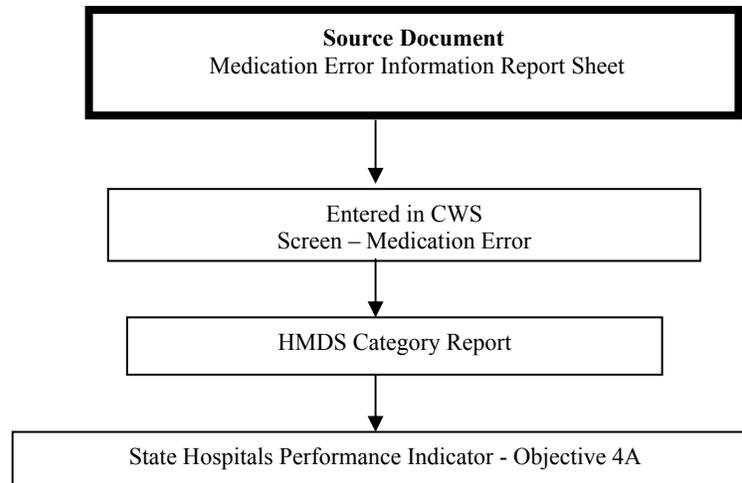
**Each state hospital will identify, collect, aggregate, and analyze medication errors.**

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

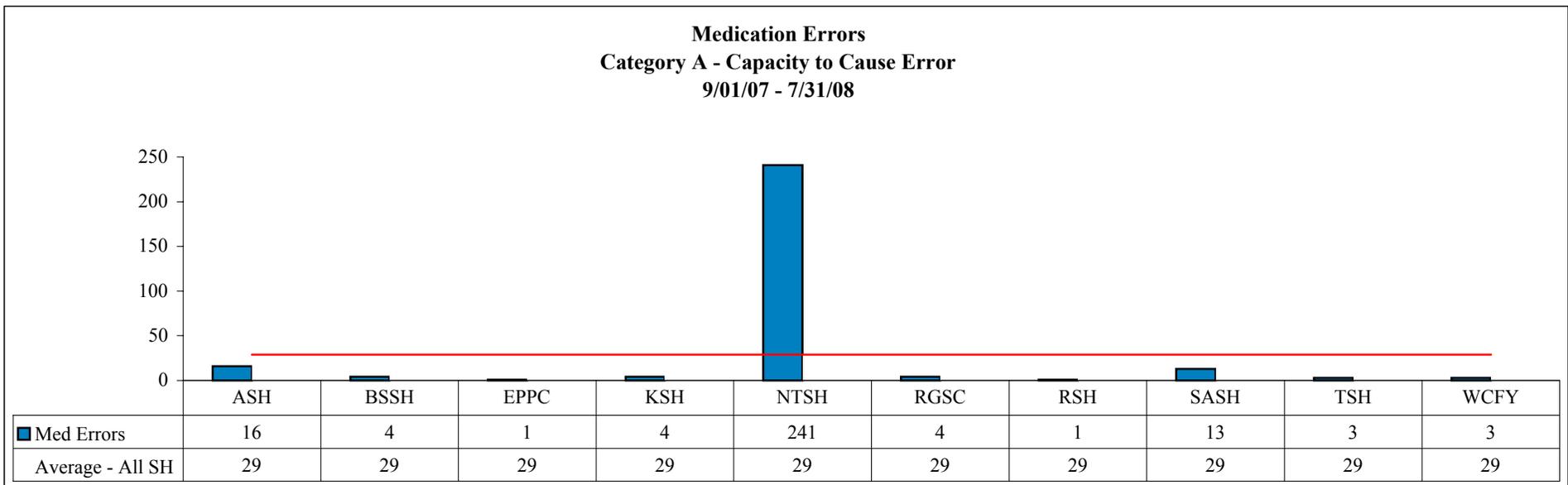
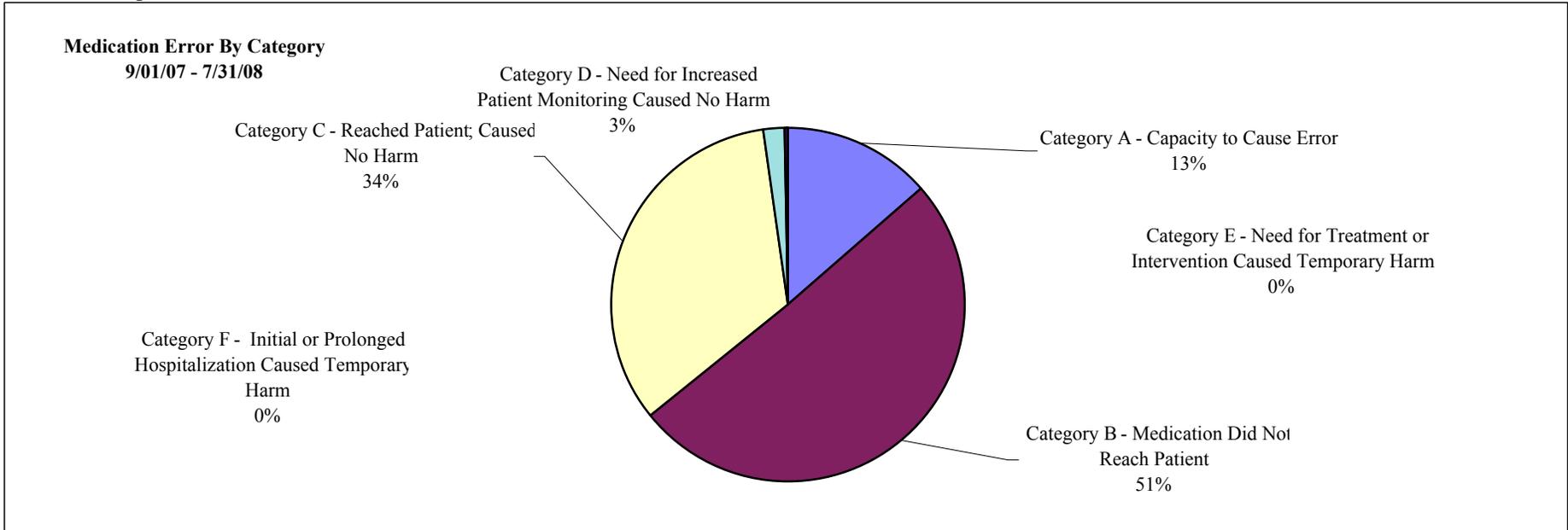
**Performance Objective Data Display and Chart Description:**

- ◆ 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.

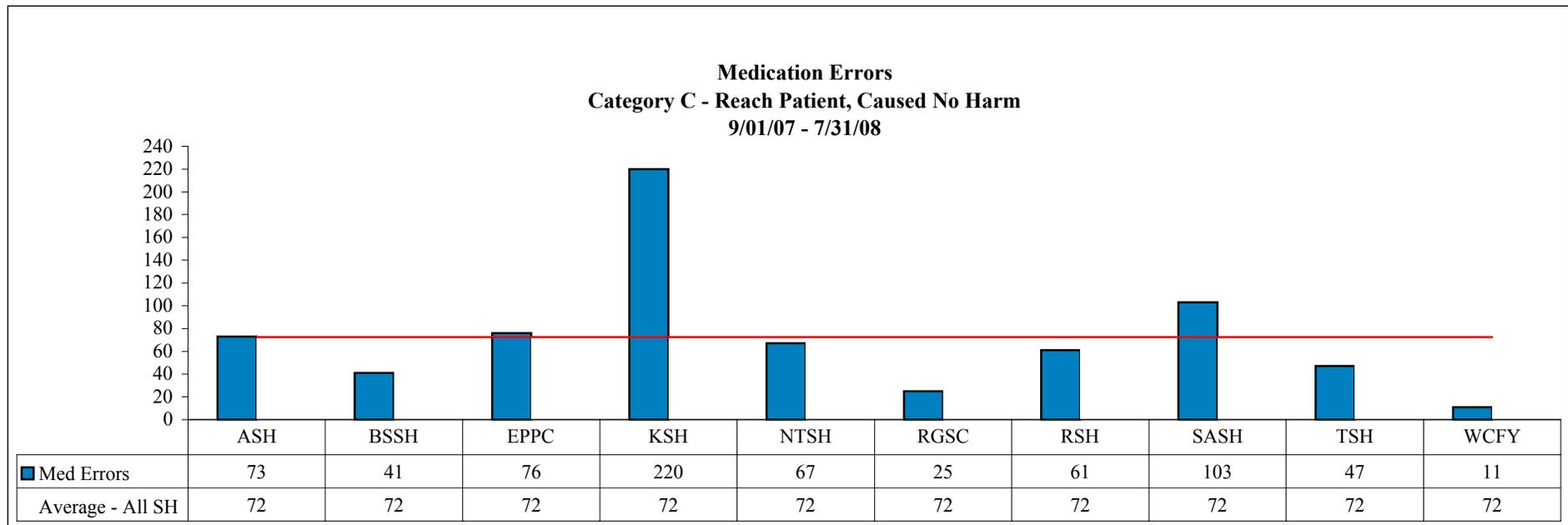
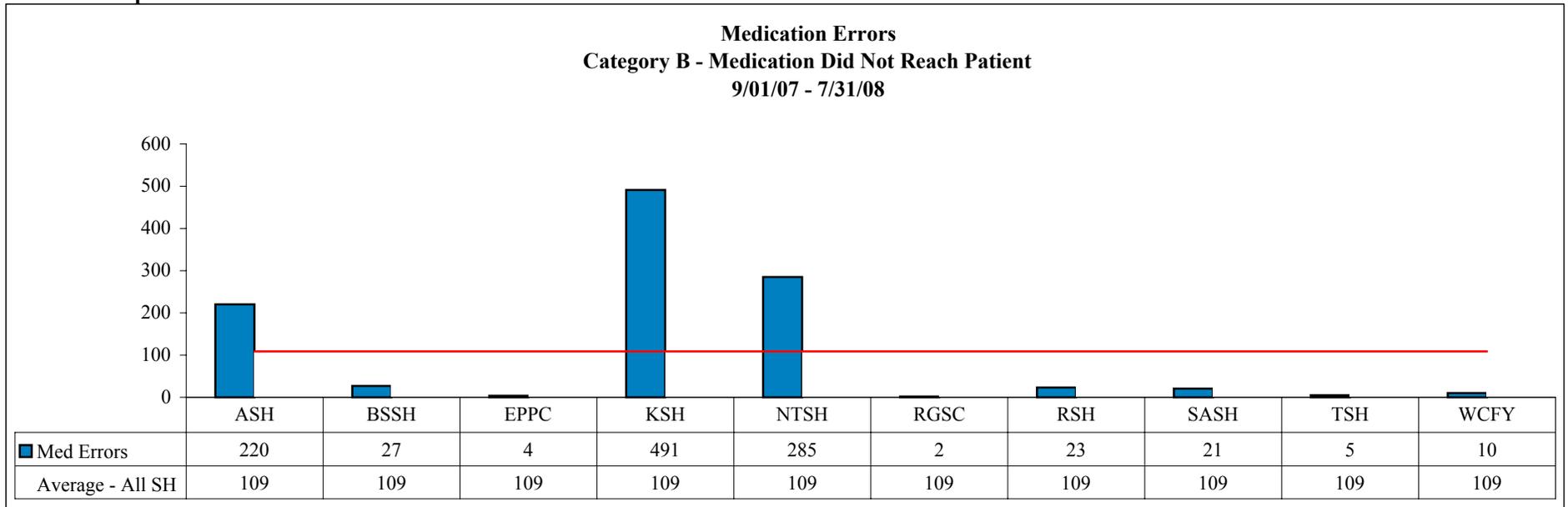
**Data Flow:**



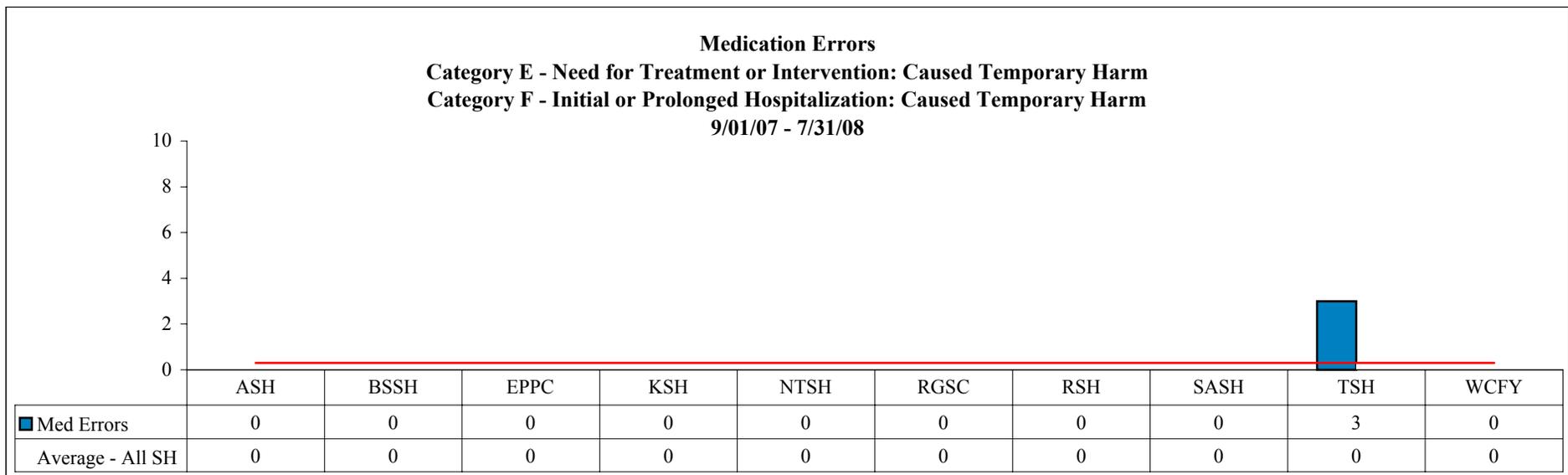
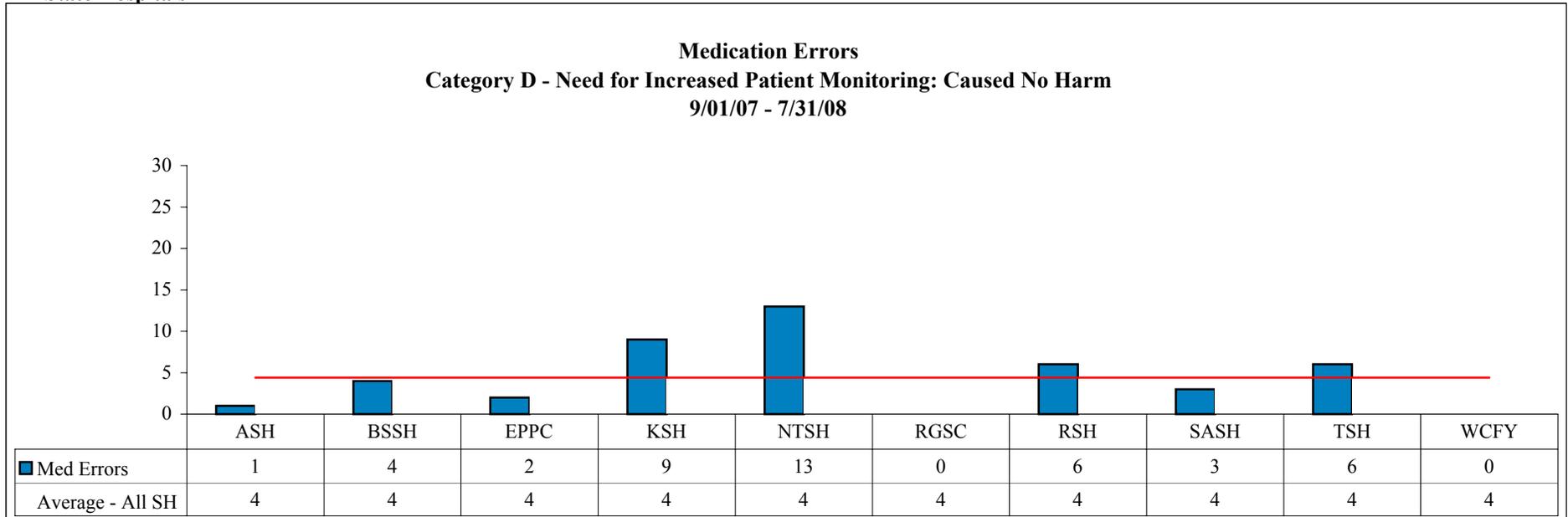
**Objective 4A - Medication Variance Data**  
**All State Hospitals**



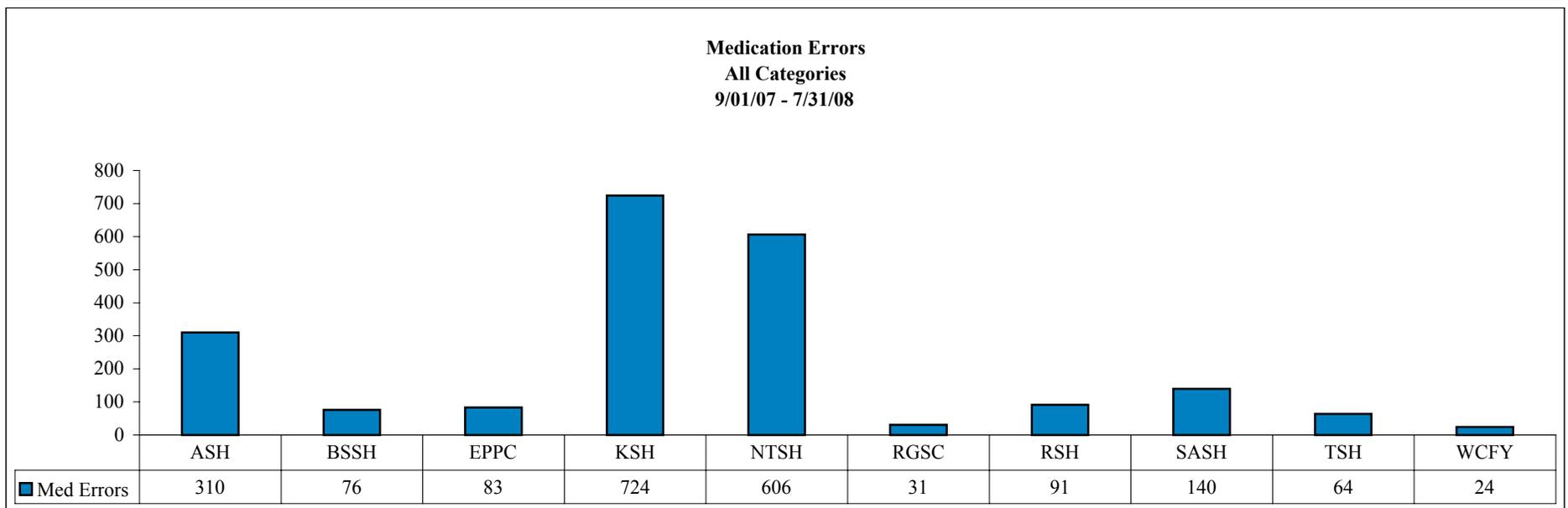
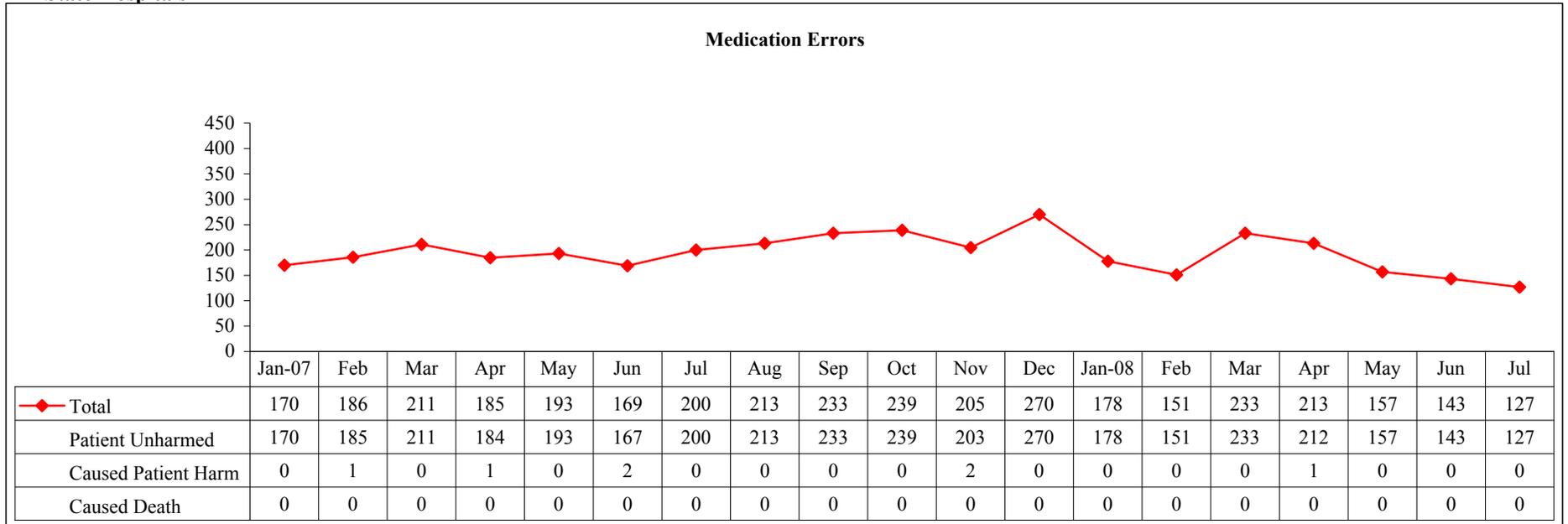
**Objective 4A - Medication Variance Data**  
**All State Hospitals**



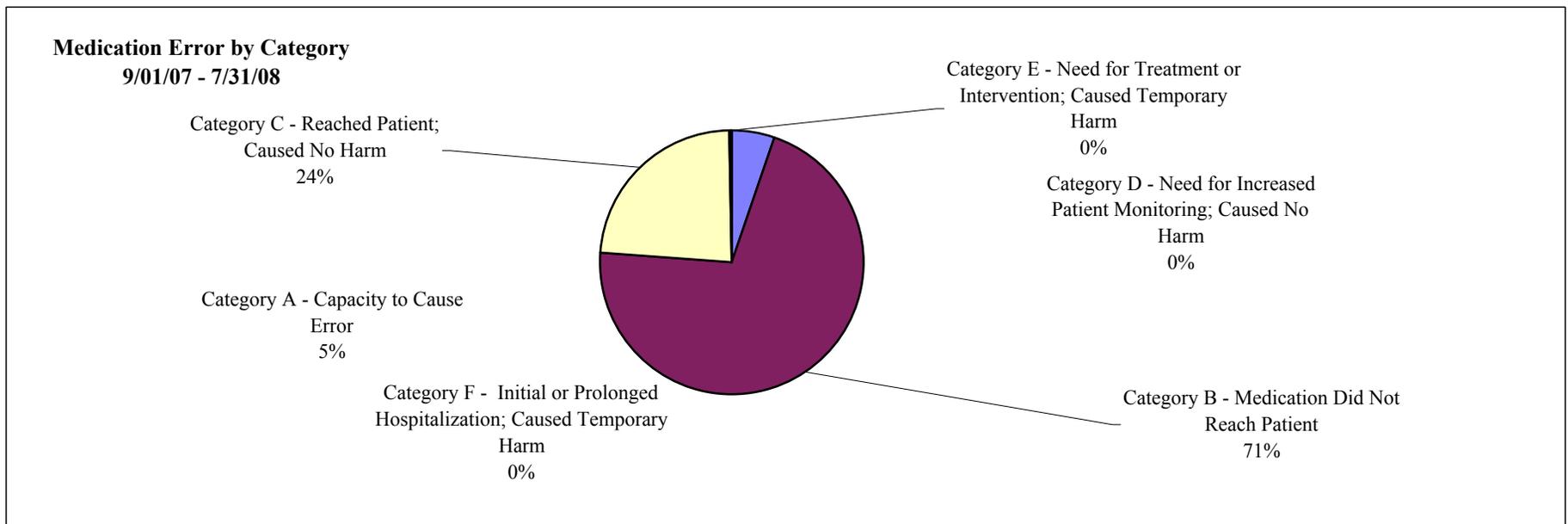
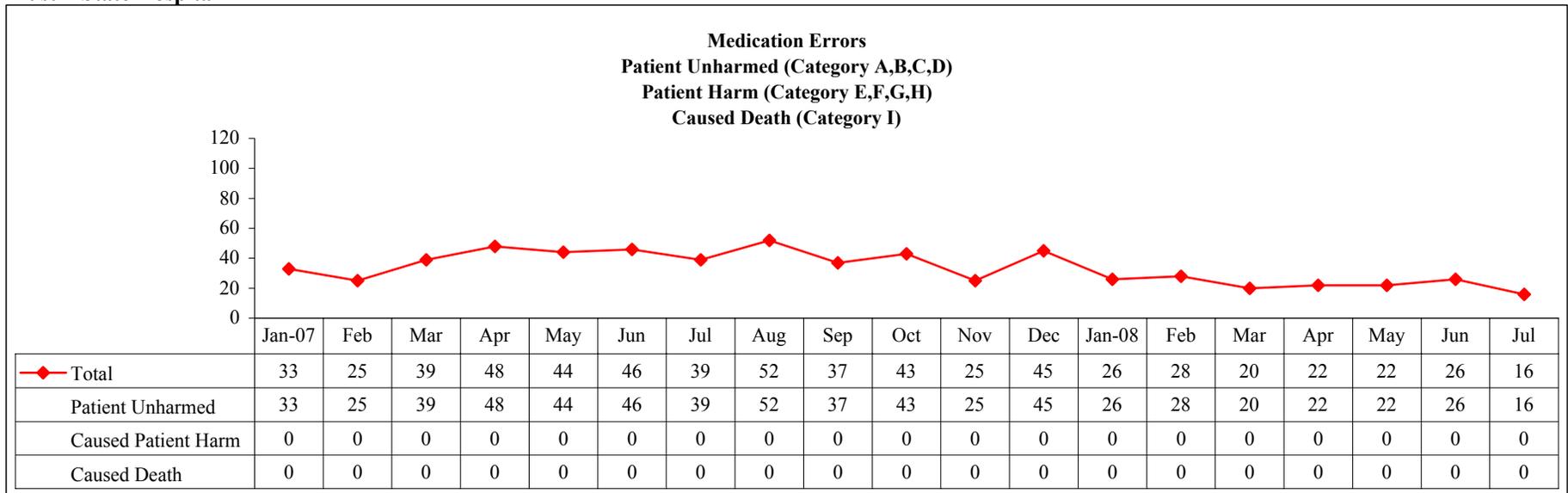
**Objective 4A - Medication Variance Data**  
**All State Hospitals**



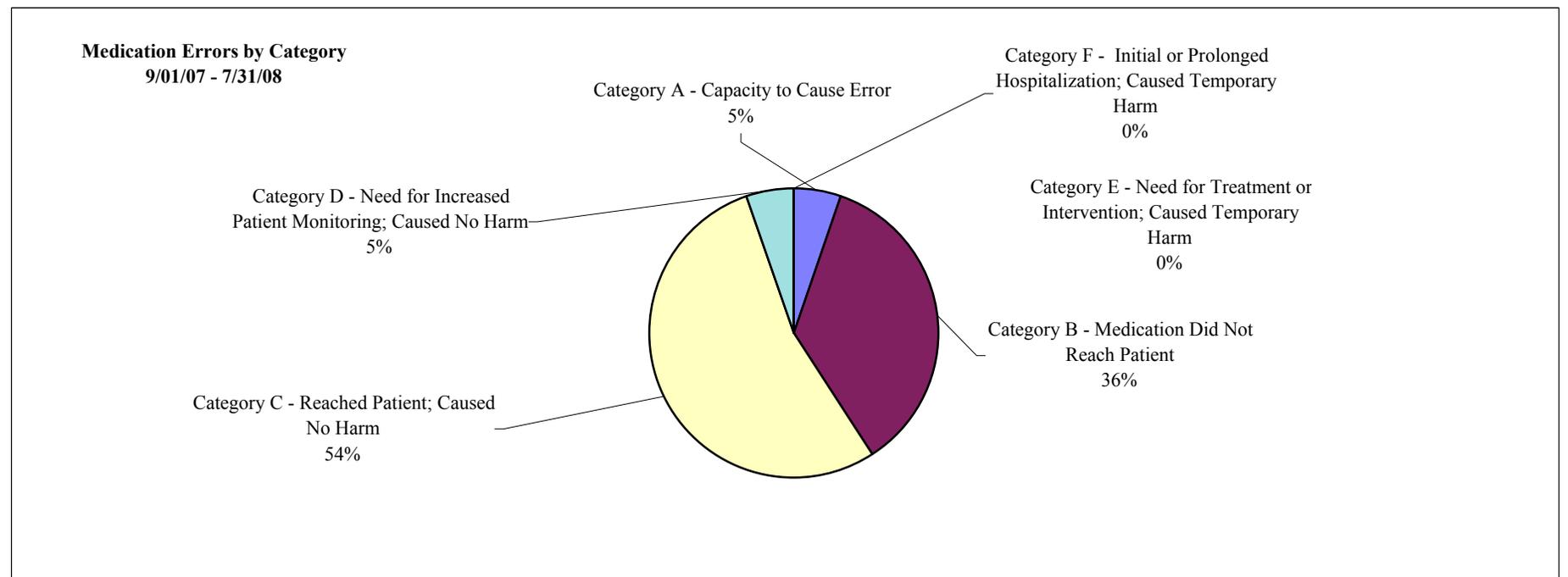
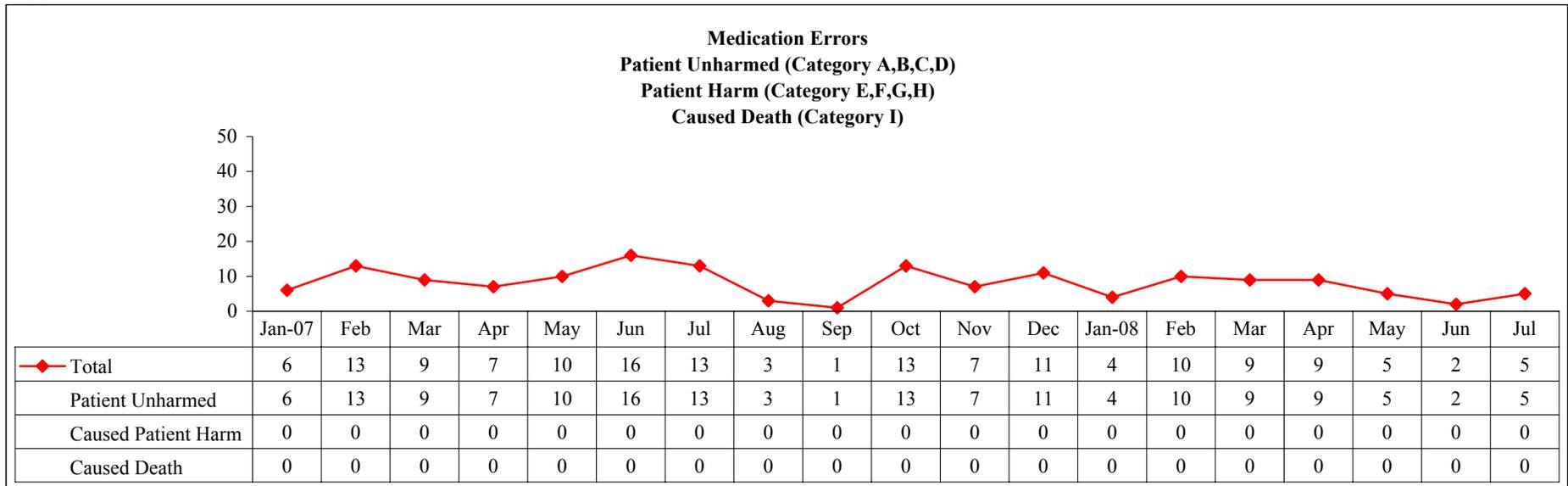
**Objective 4A - Medication Variance Data**  
**All State Hospitals**



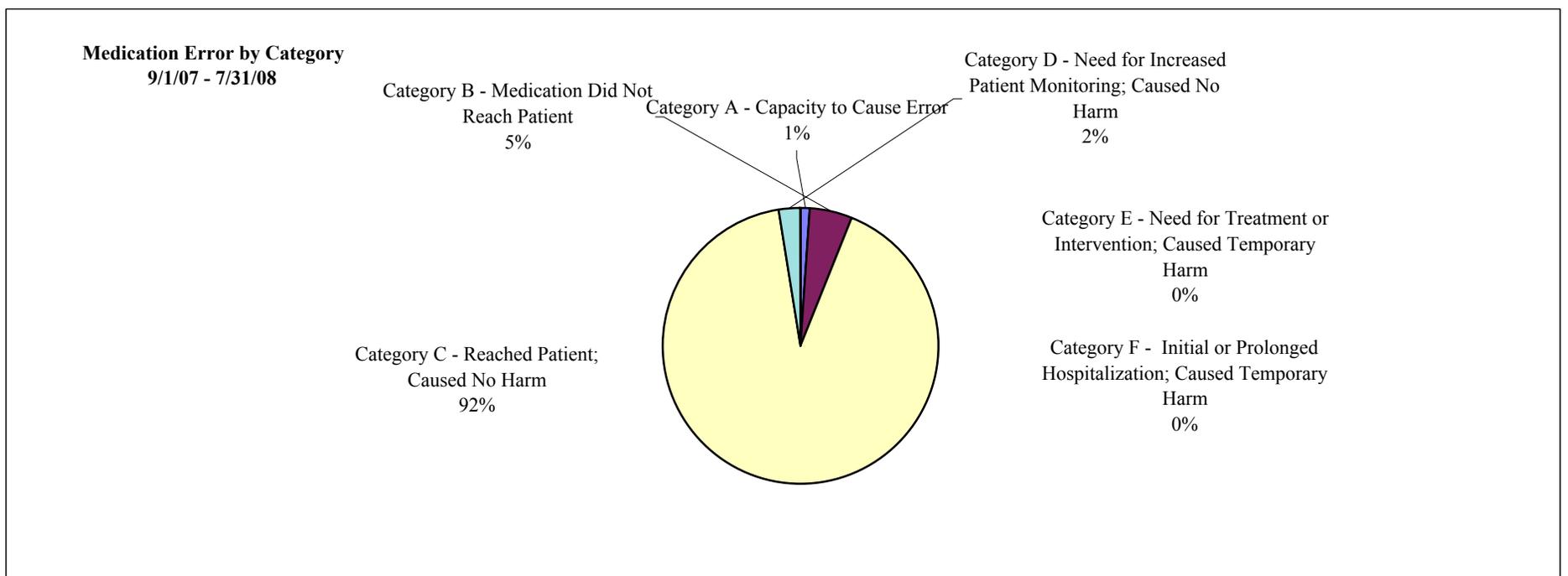
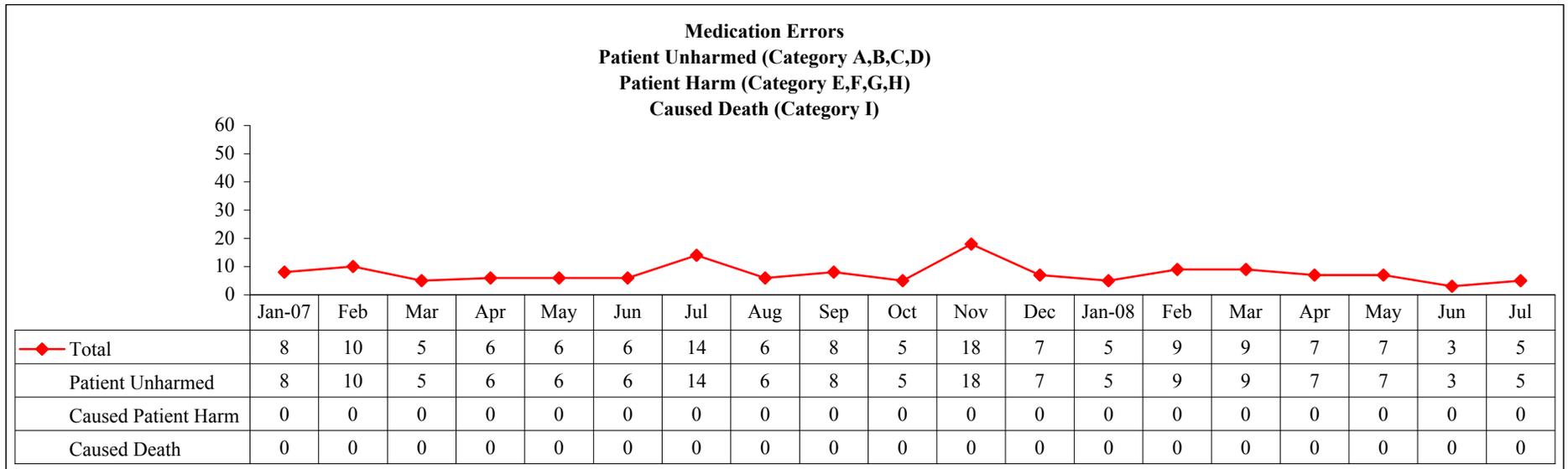
**Objective 4A - Medication Variance Data  
Austin State Hospital**



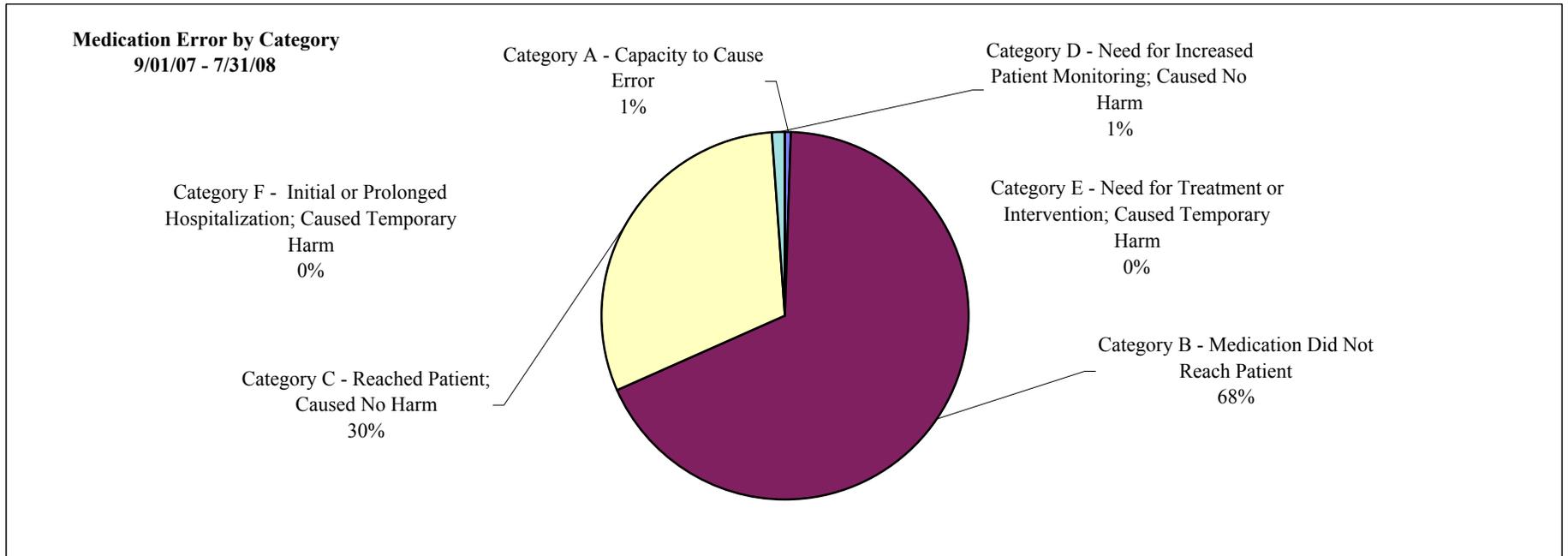
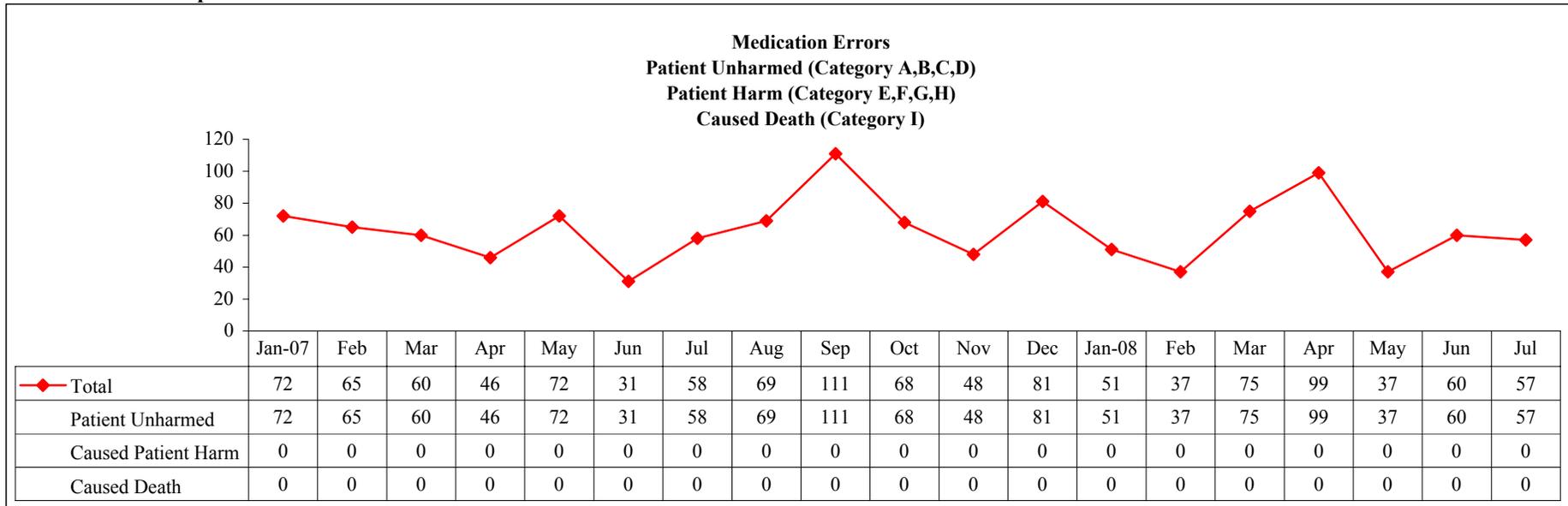
**Objective 4A - Medication Variance Data**  
**Big Spring State Hospital**



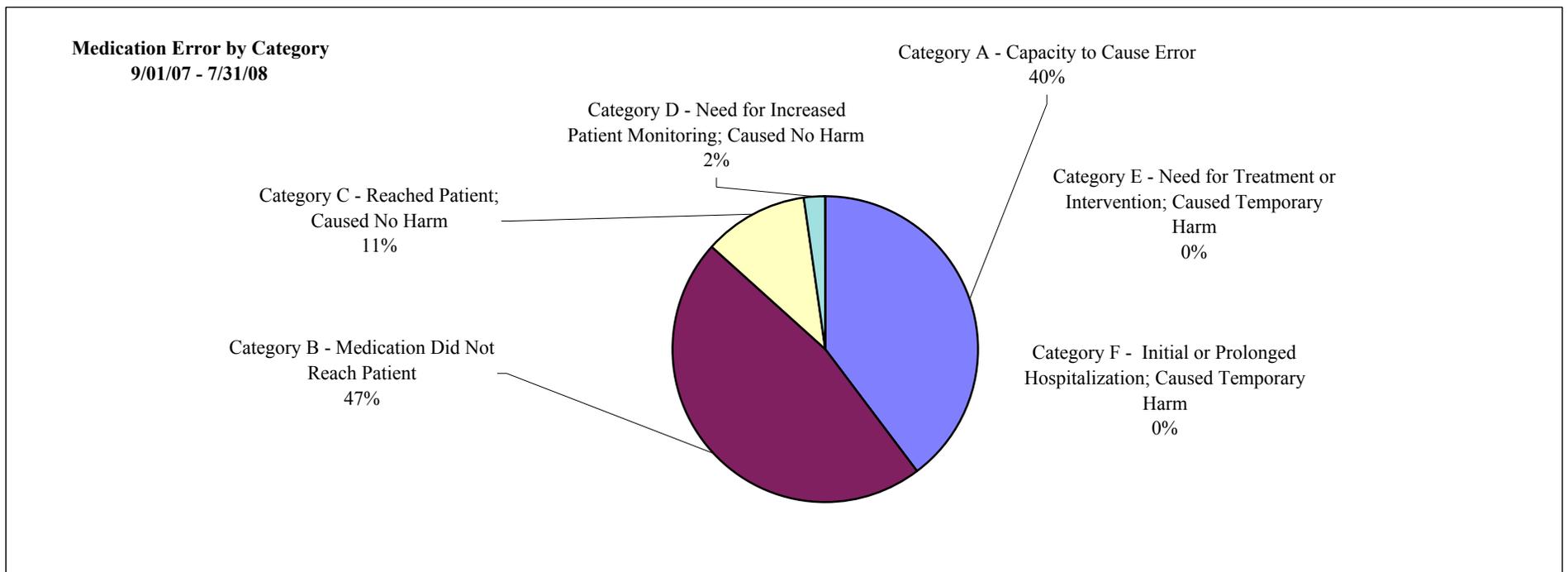
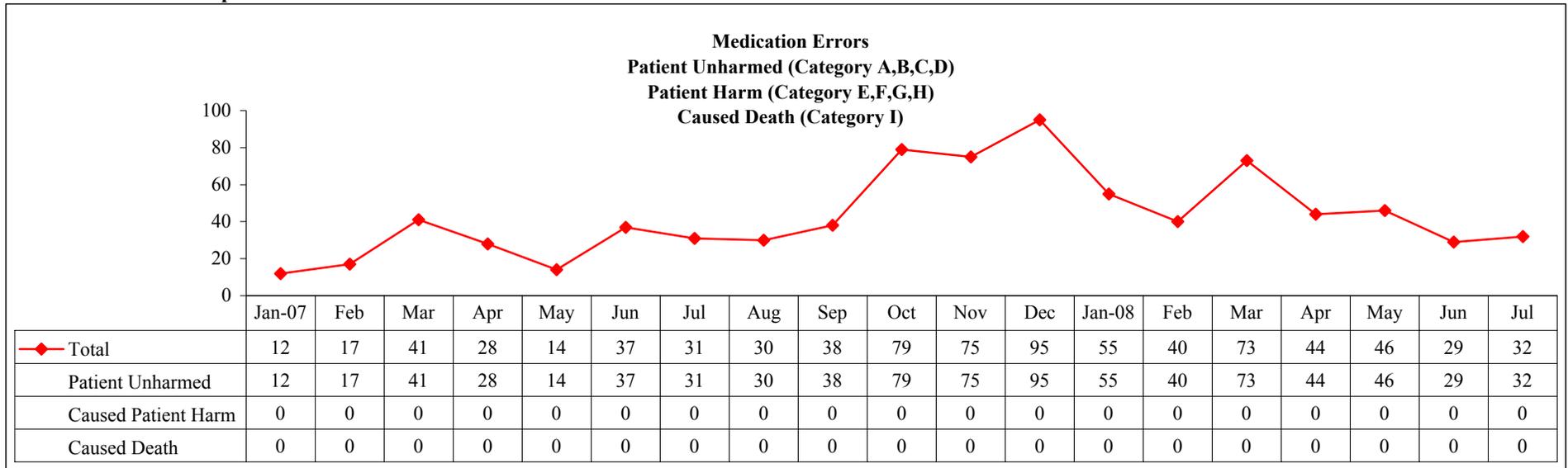
**Objective 4A - Medication Variance Data**  
**El Paso Psychiatric Center**



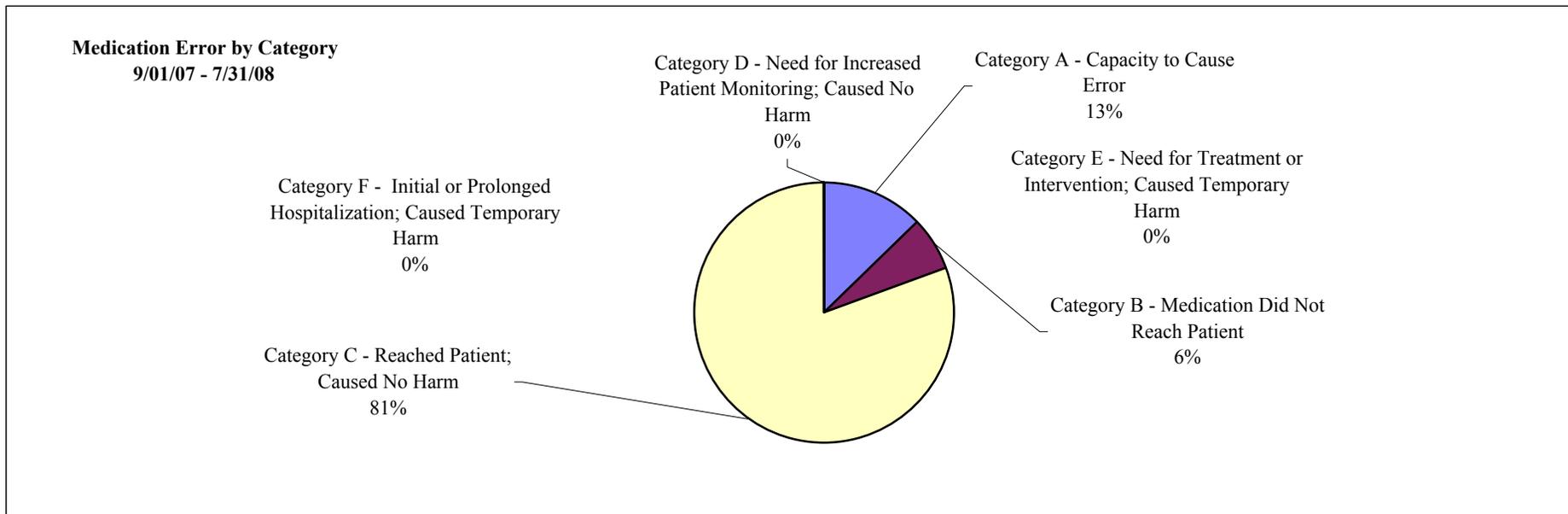
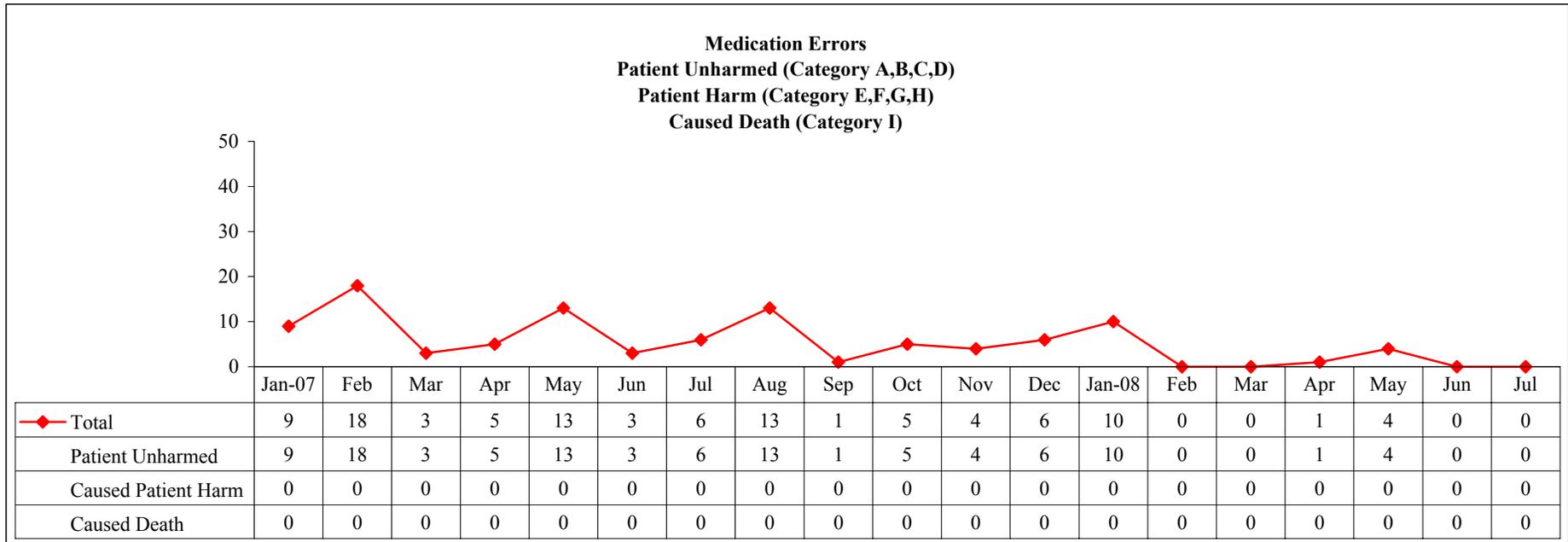
**Objective 4A - Medication Variance Data  
Kerrville State Hospital**



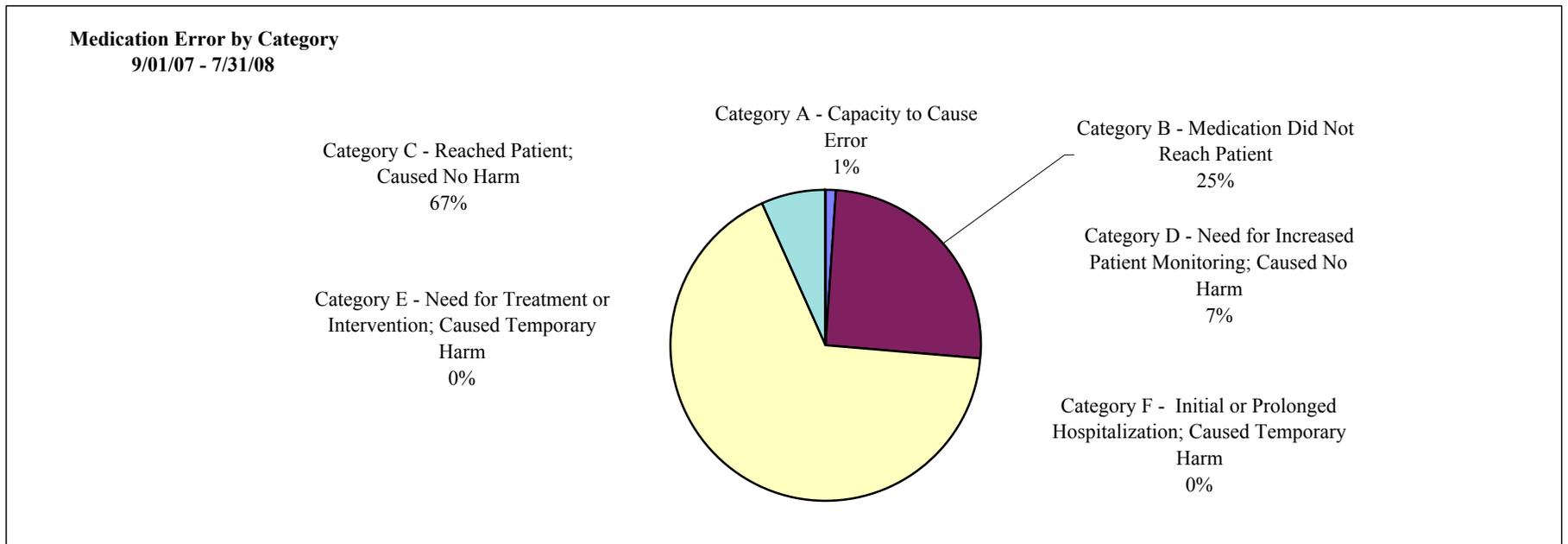
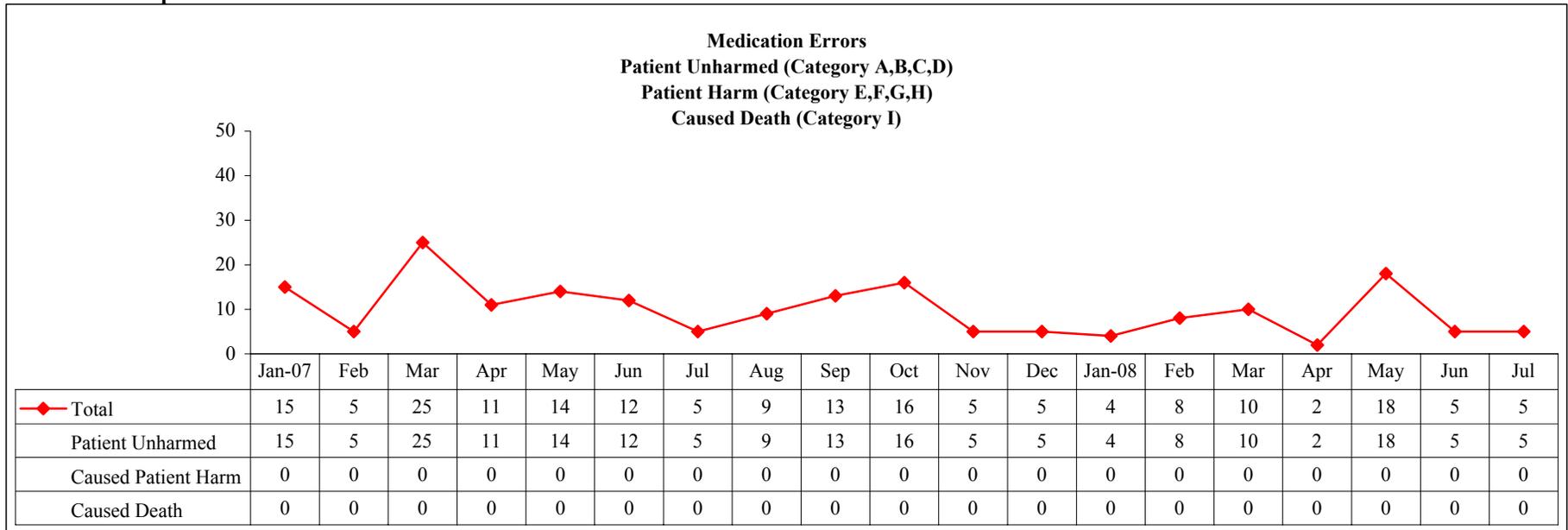
**Objective 4A - Medication Variance Data  
North Texas State Hospital**



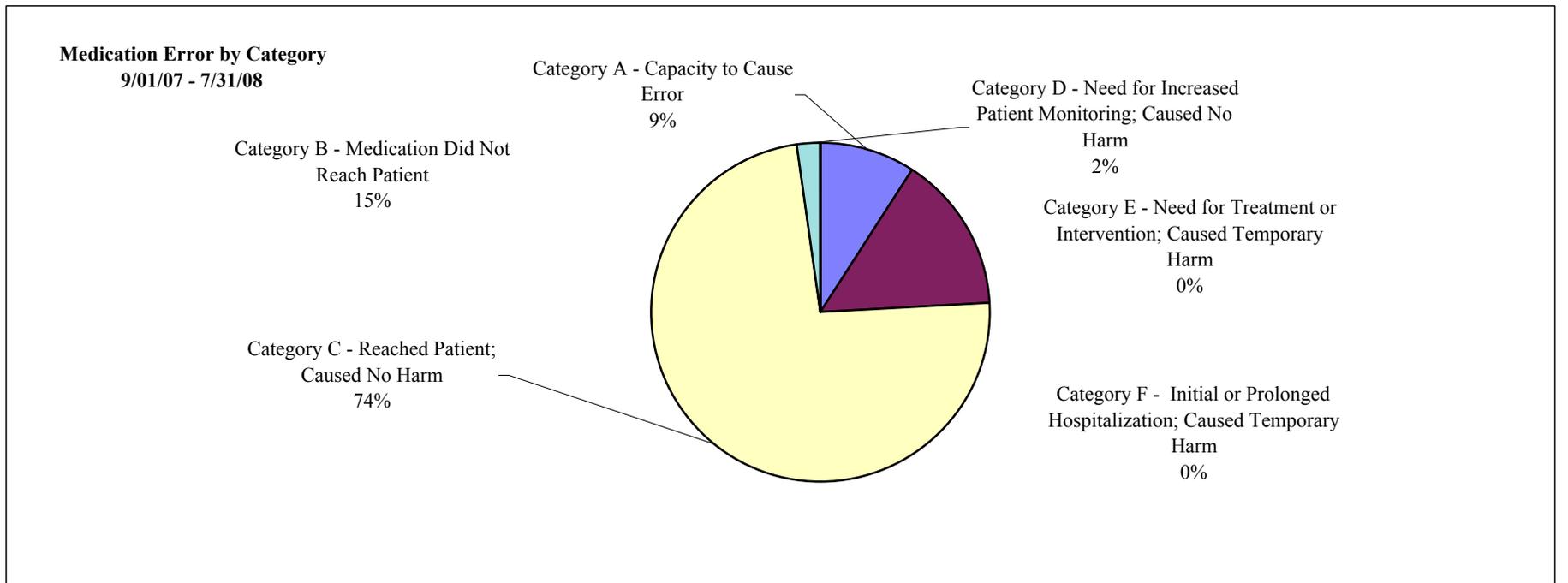
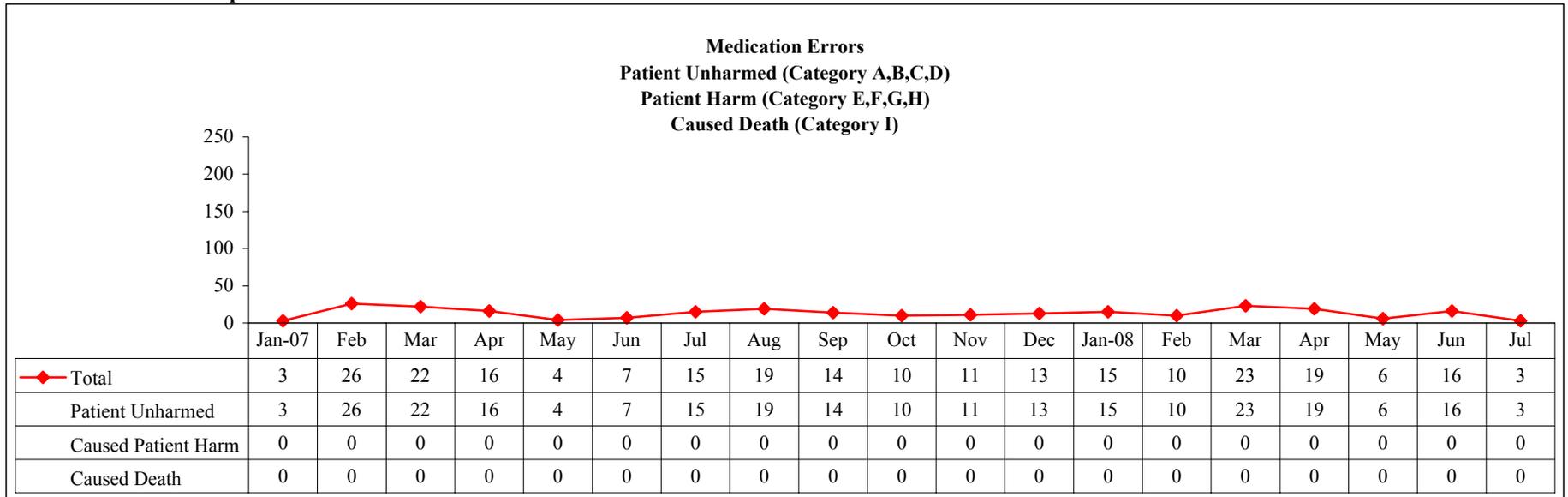
**Objective 4A - Medication Variance Data**  
**Rio Grande State Center**



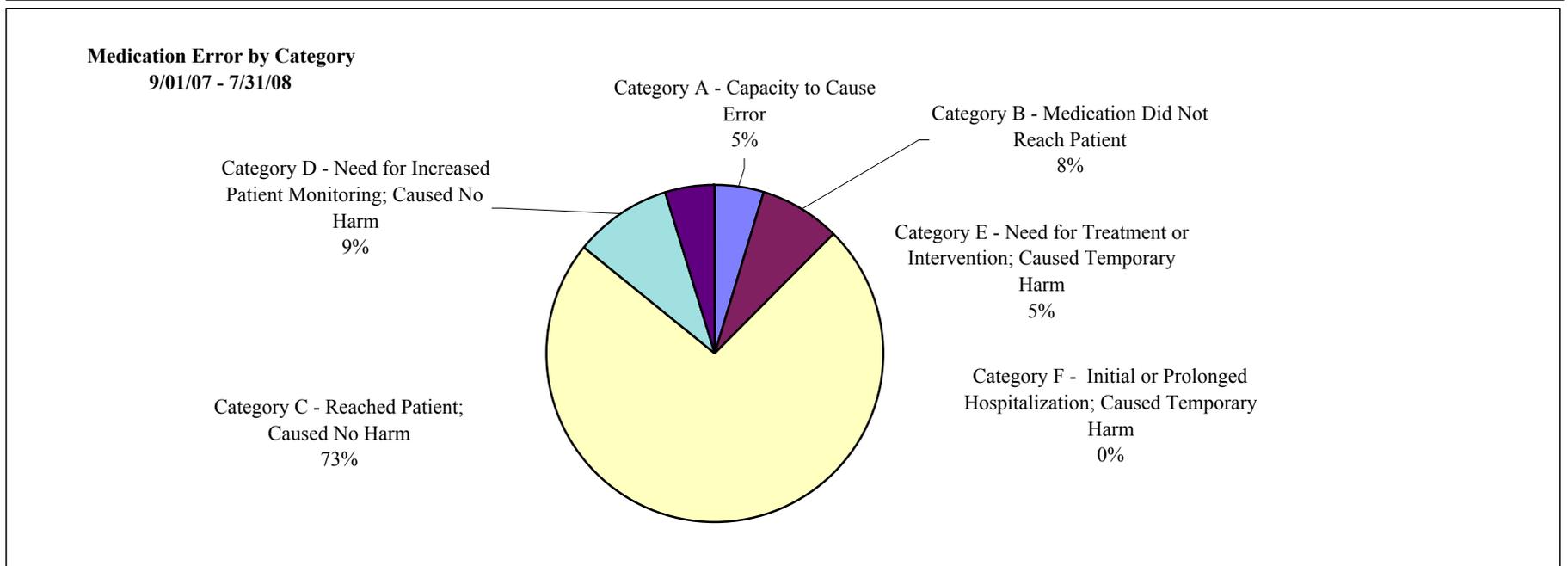
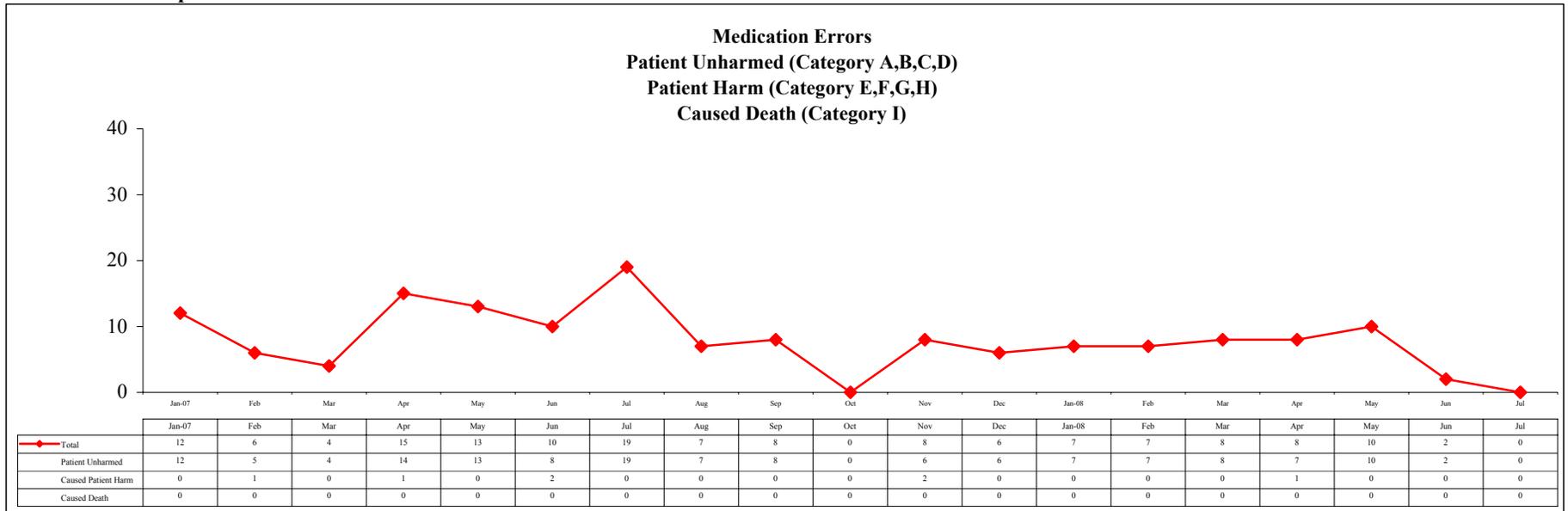
**Objective 4A - Medication Variance Data**  
**Rusk State Hospital**



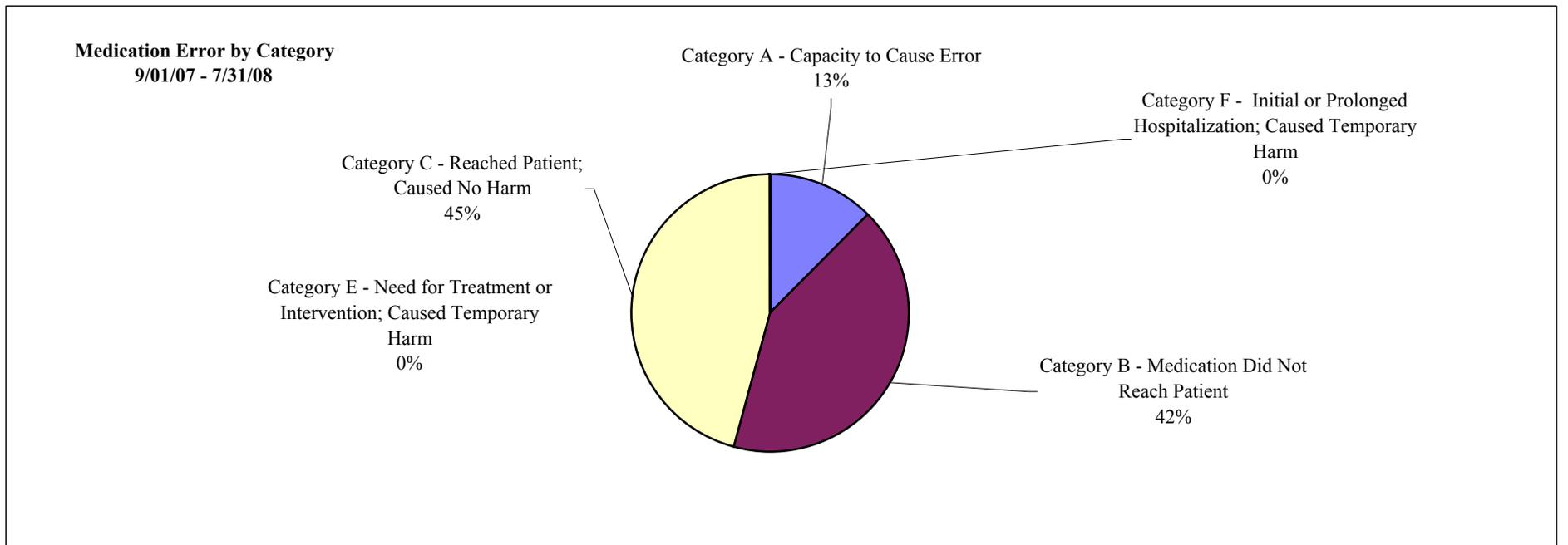
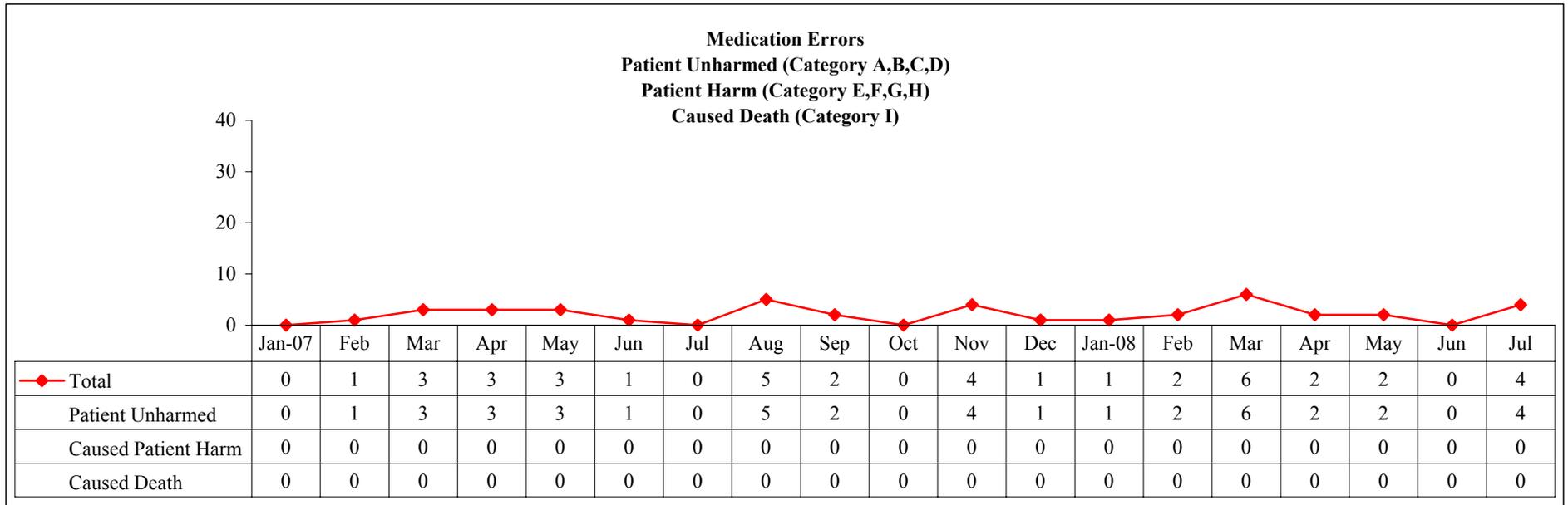
**Objective 4A - Medication Variance Data  
San Antonio State Hospital**



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



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



**Performance Measure 4A:**

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

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

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

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

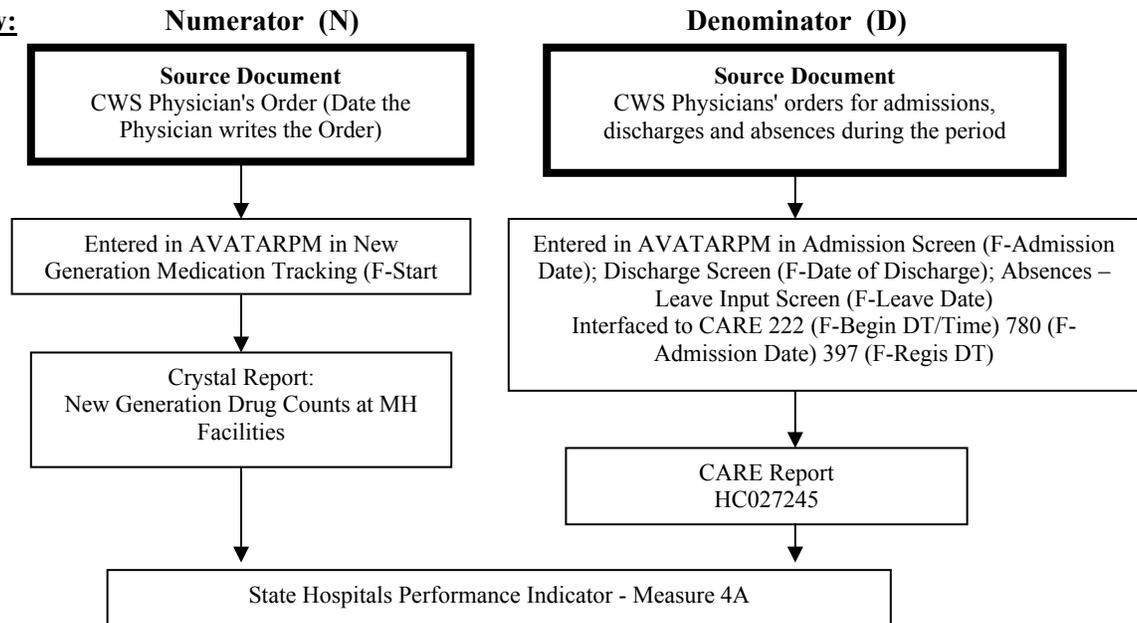
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

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

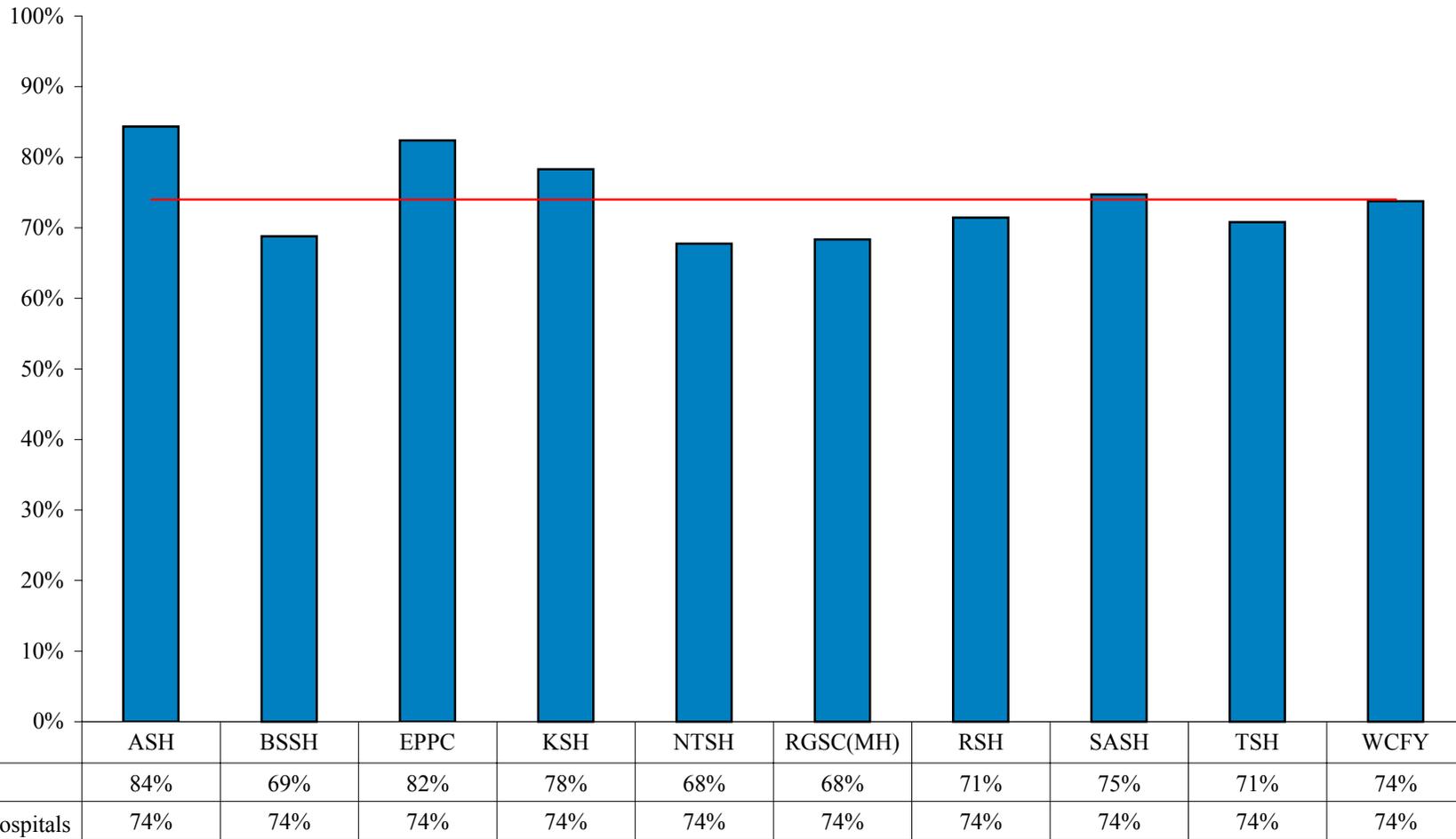
- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.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

**Data Flow:**



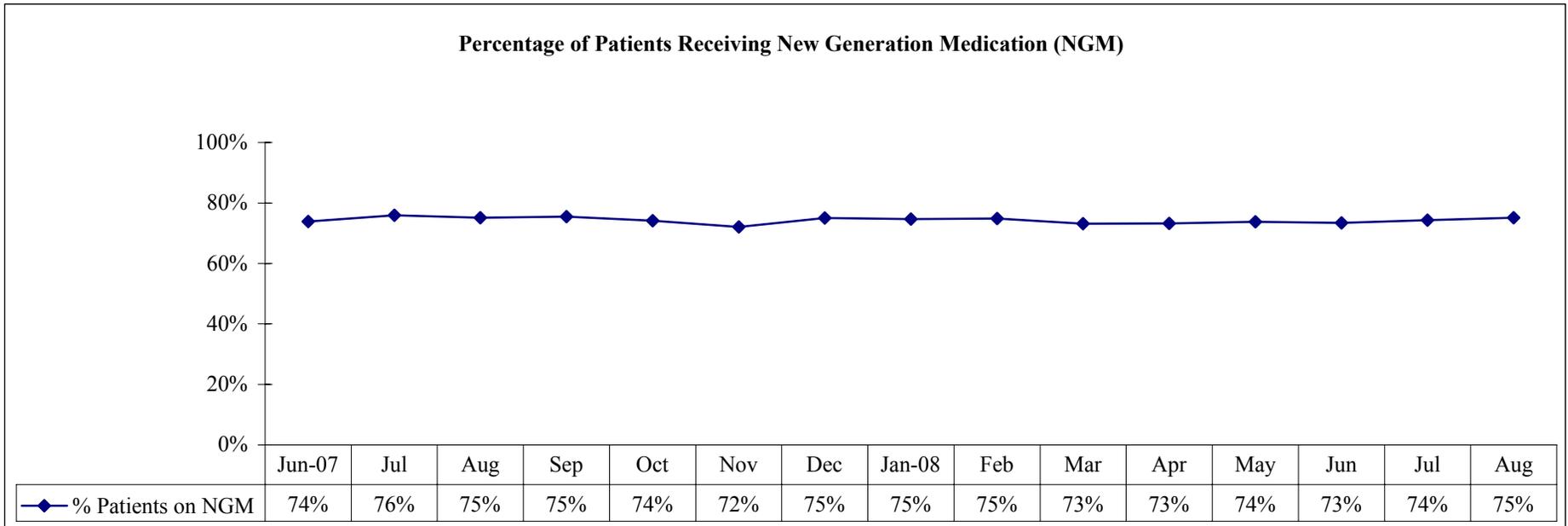
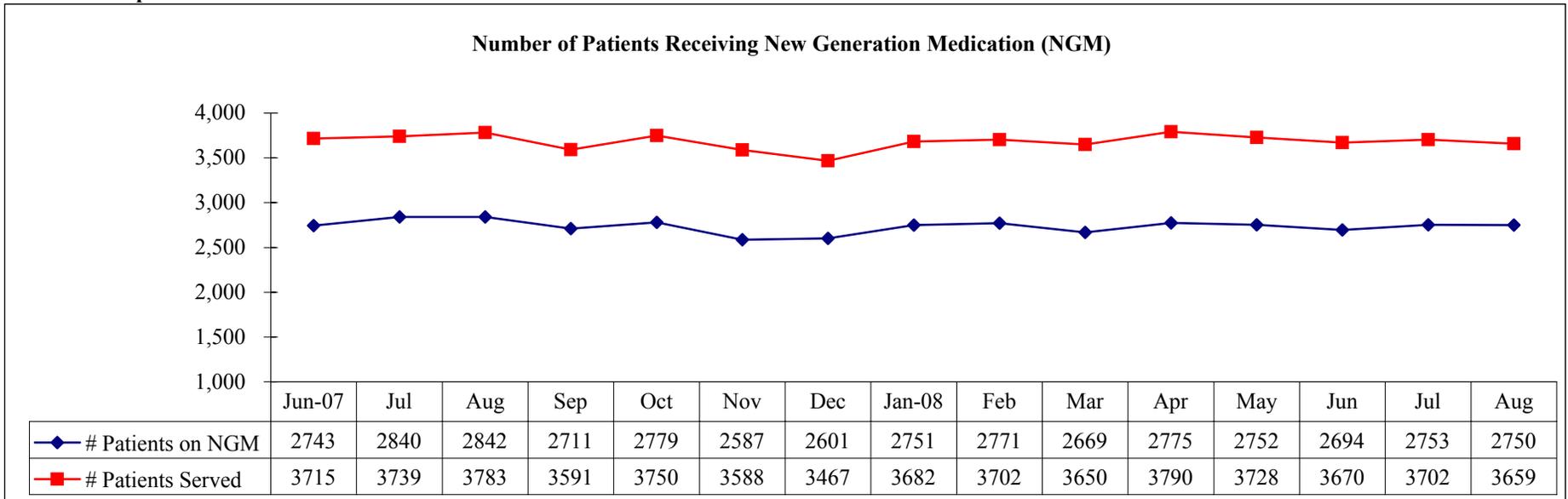
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**All State Hospitals**

**Percentage of Patients Receiving New Generation Medication (NGM)**  
**Monthly Average for Q4 - FY08**



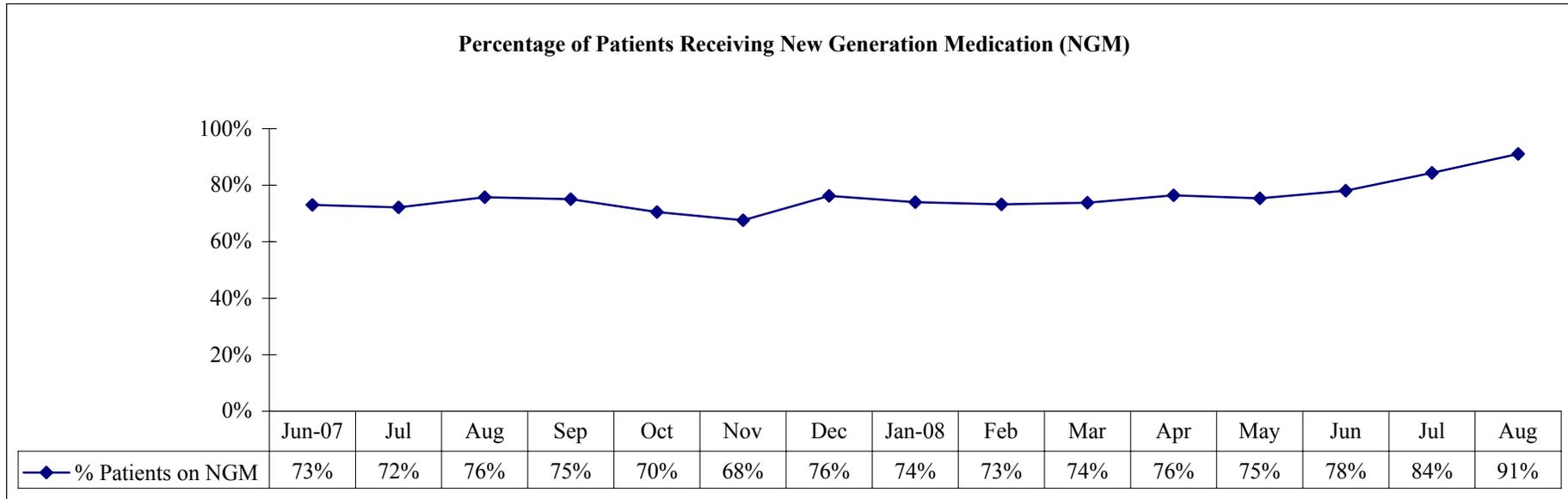
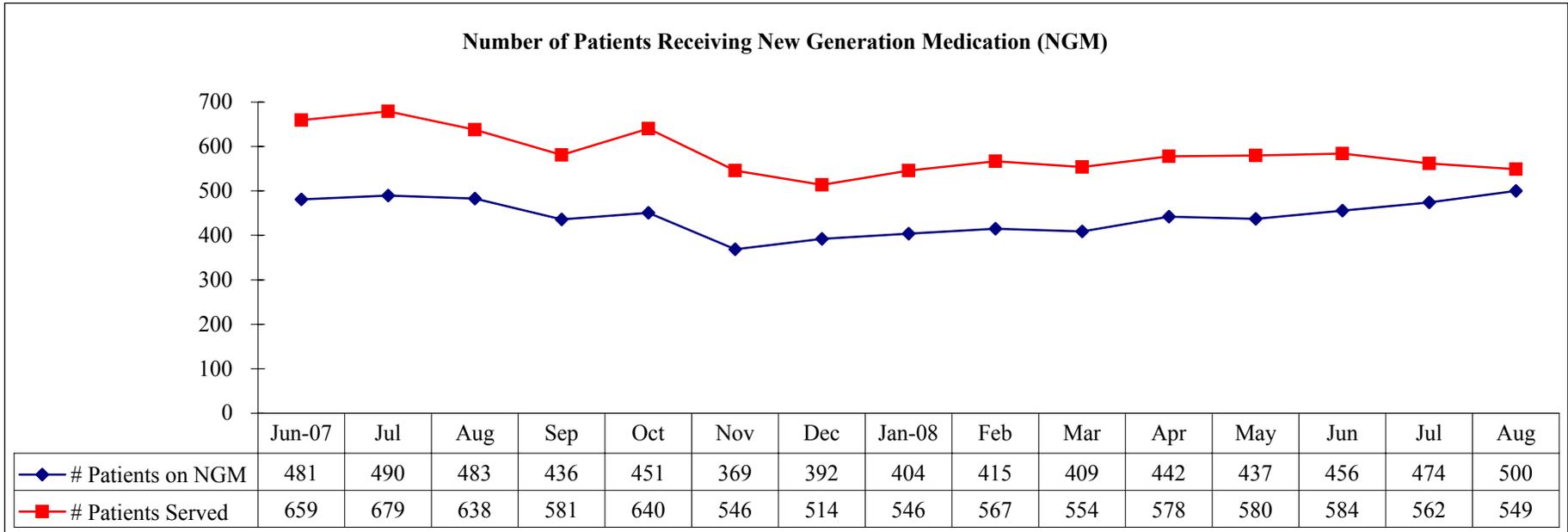
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



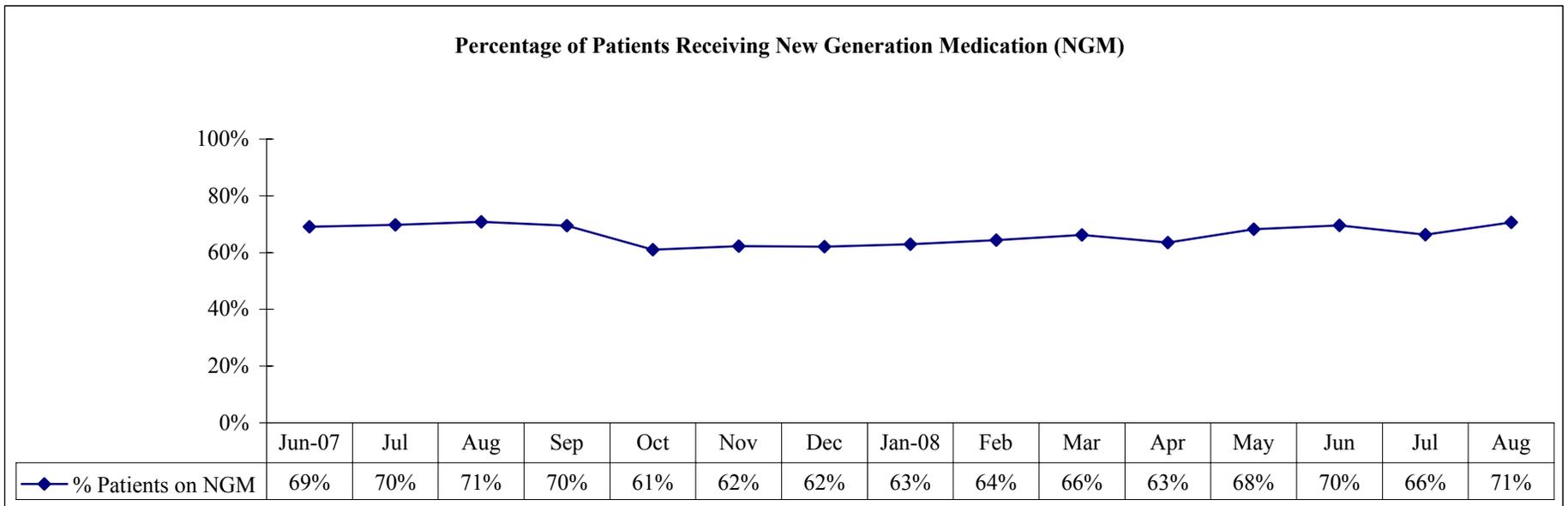
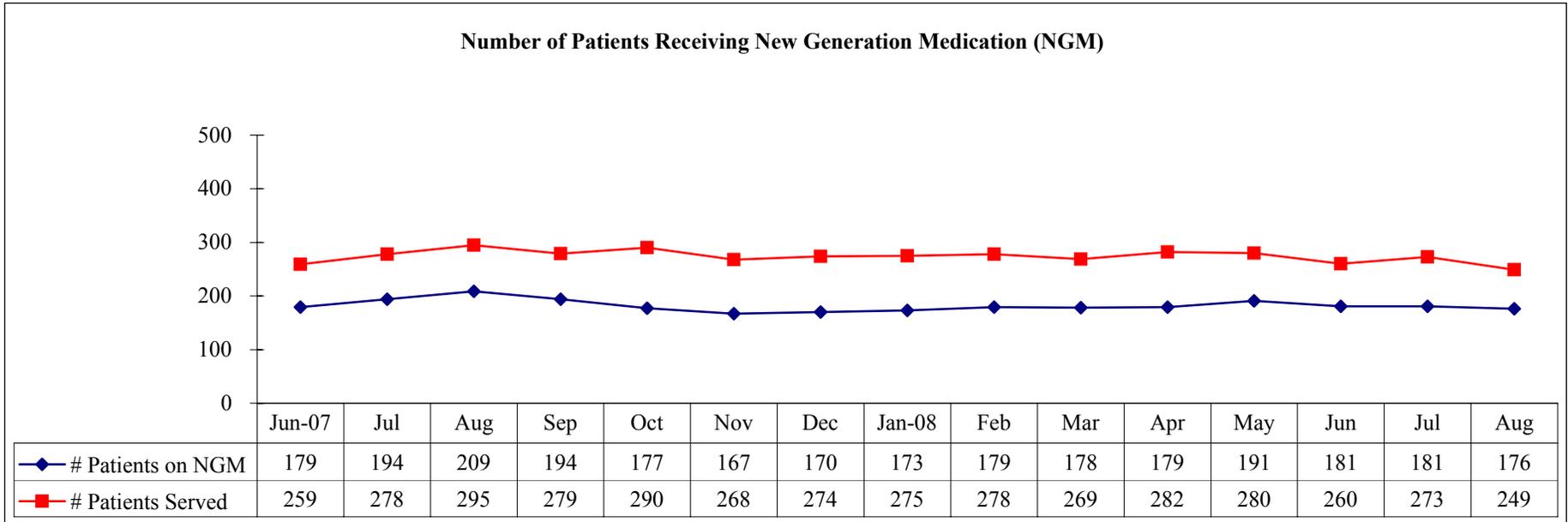
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

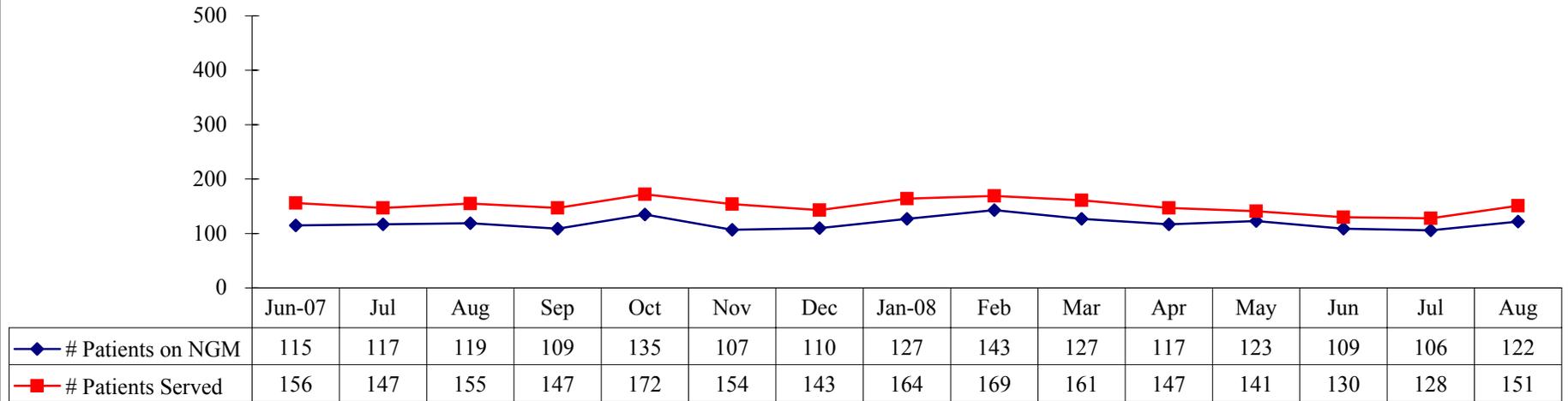
**Measure 4A - Patients Receiving New Generation Medication (NGM)  
Big Spring State Hospital**



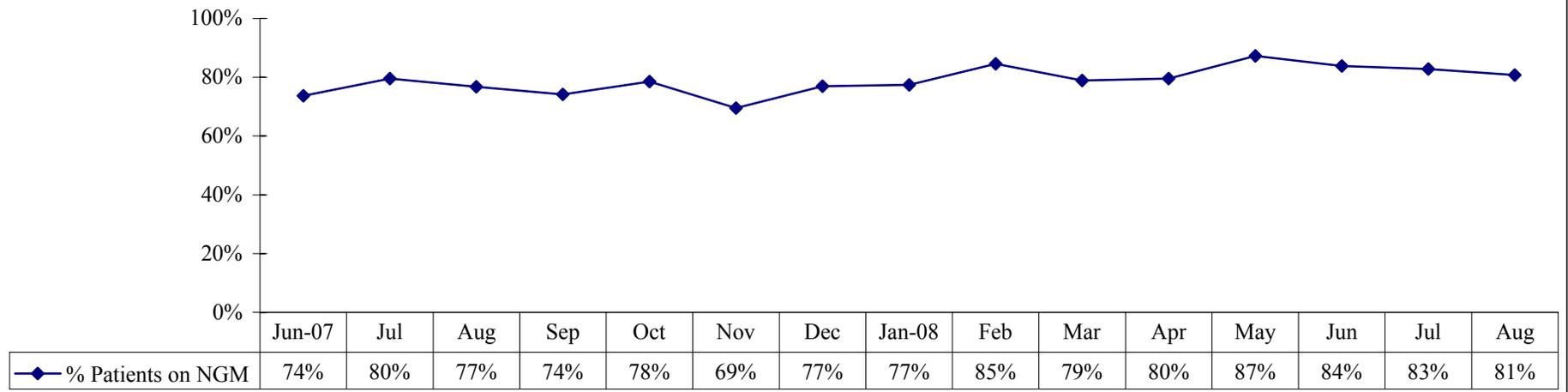
Source: HMDS # of Pts on NGM Report;  
Counts of Persons Receiving MH Services (HC027245)

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

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



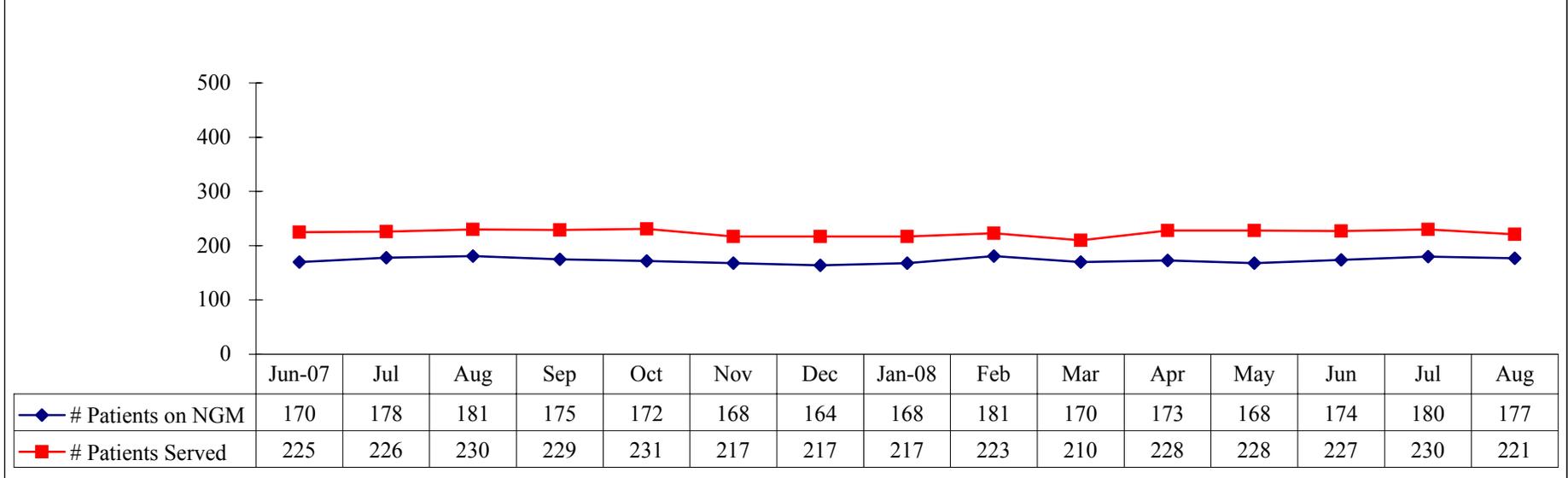
**Percentage of Patients Receiving New Generation Medication (NGM)**



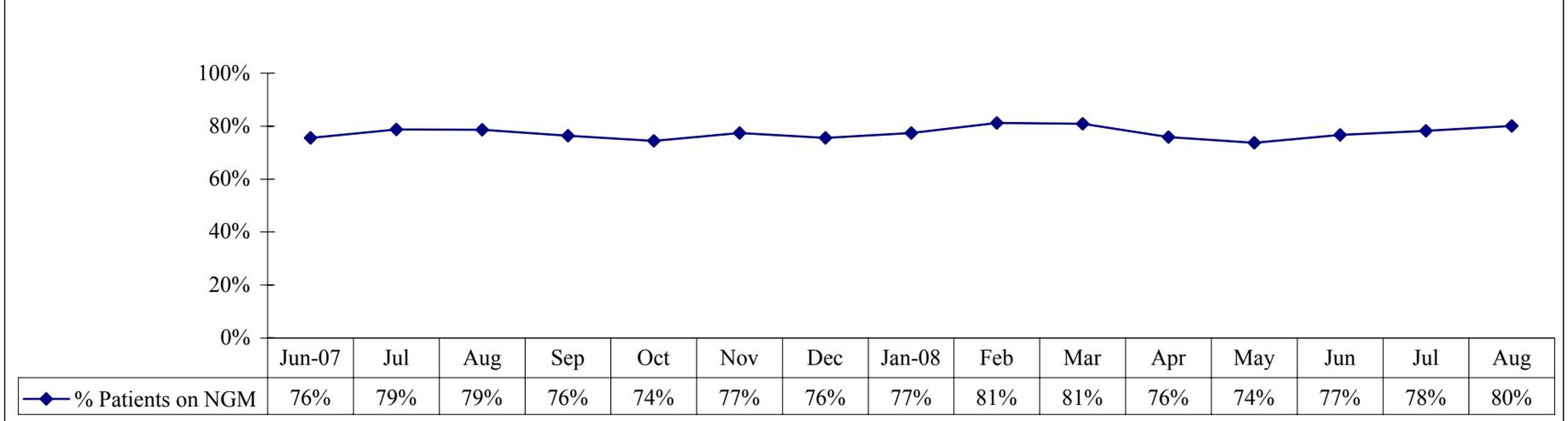
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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

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

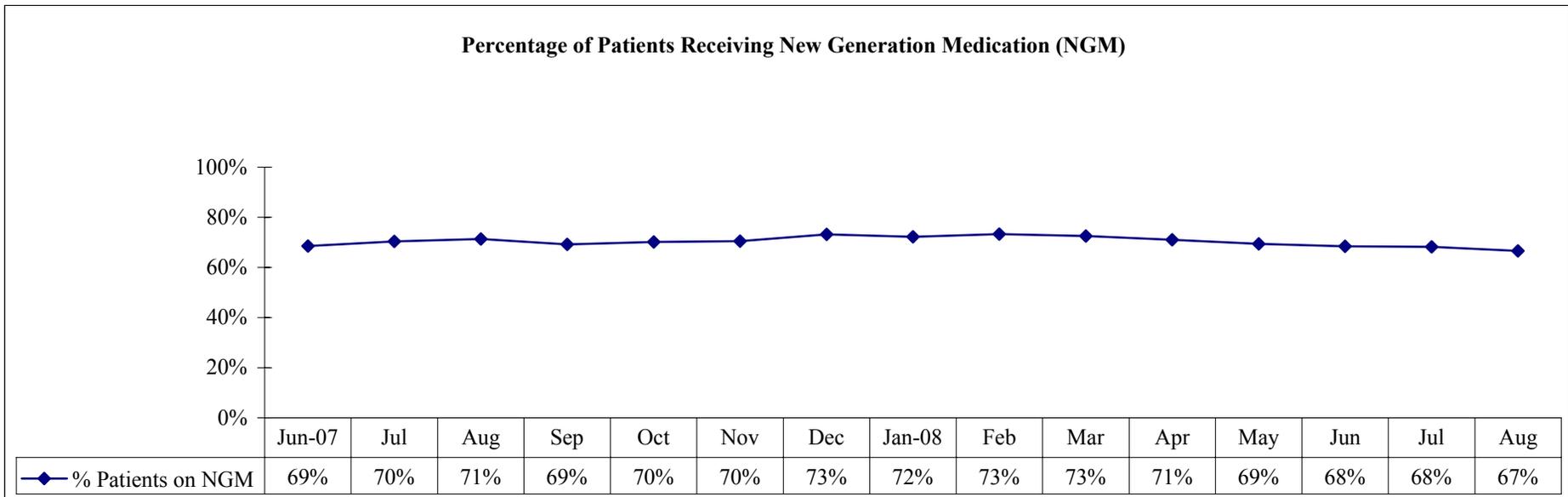
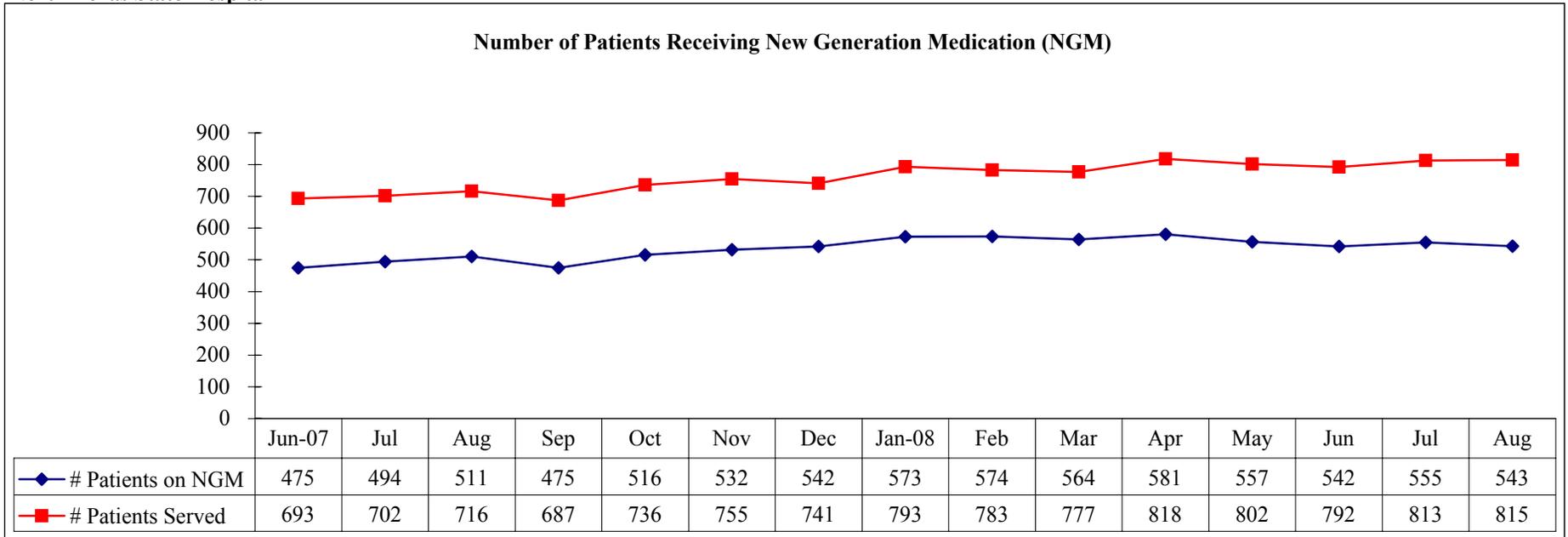


**Percentage of Patients Receiving New Generation Medication (NGM)**



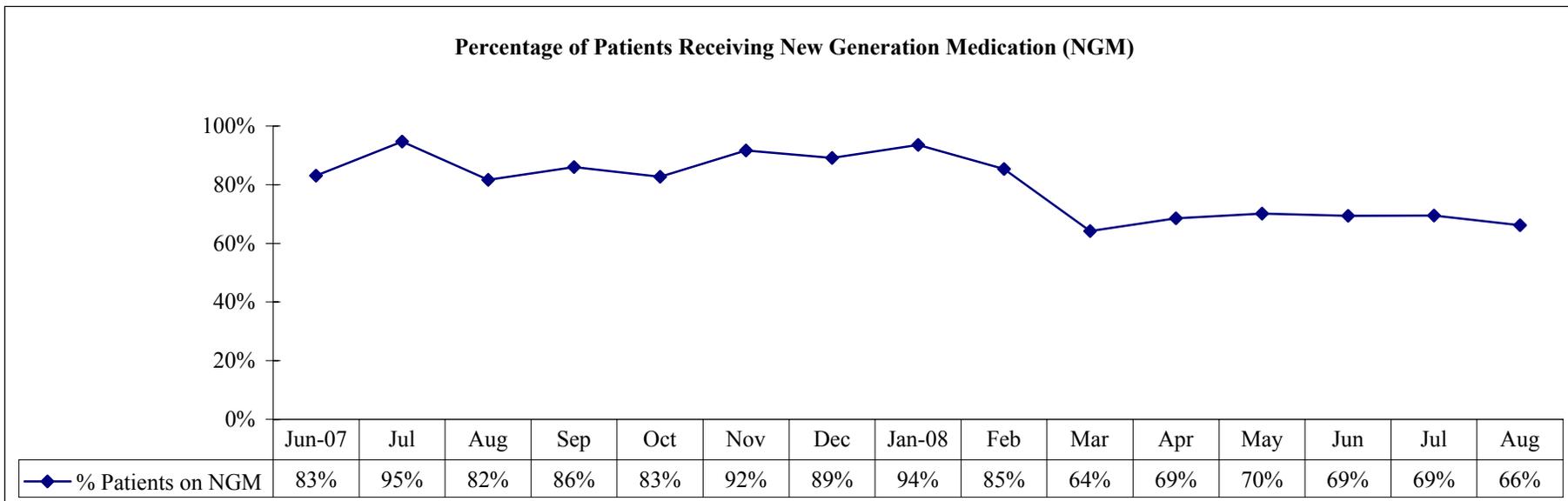
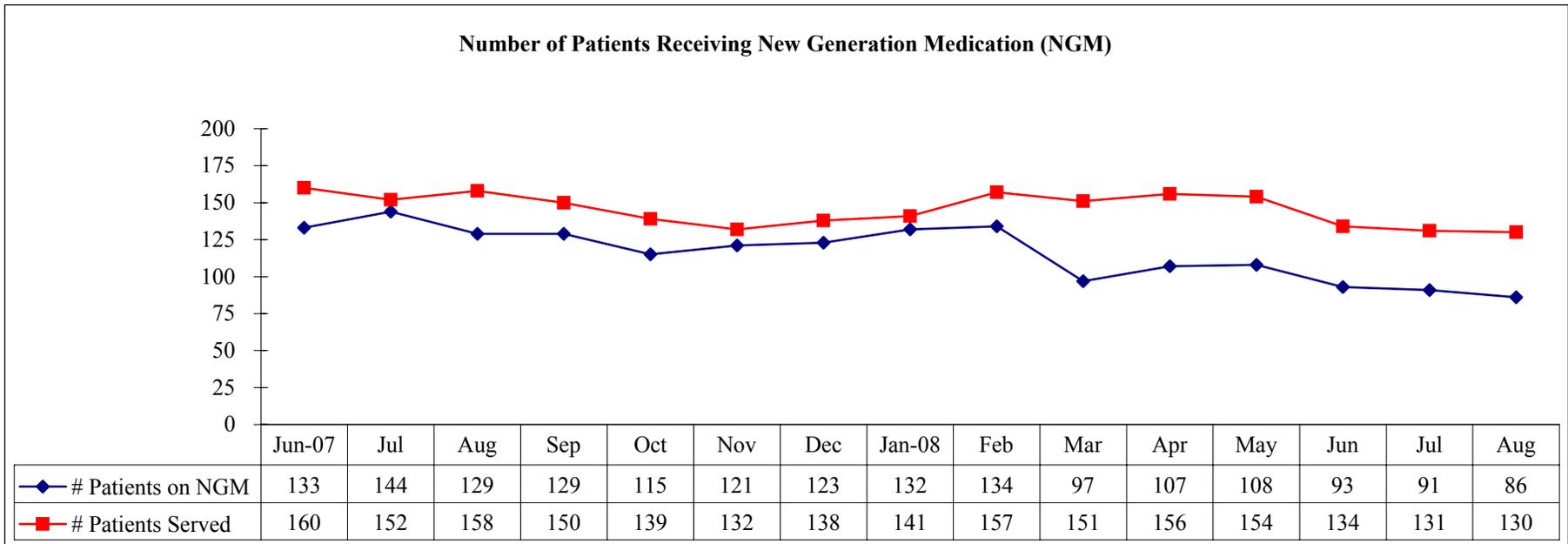
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



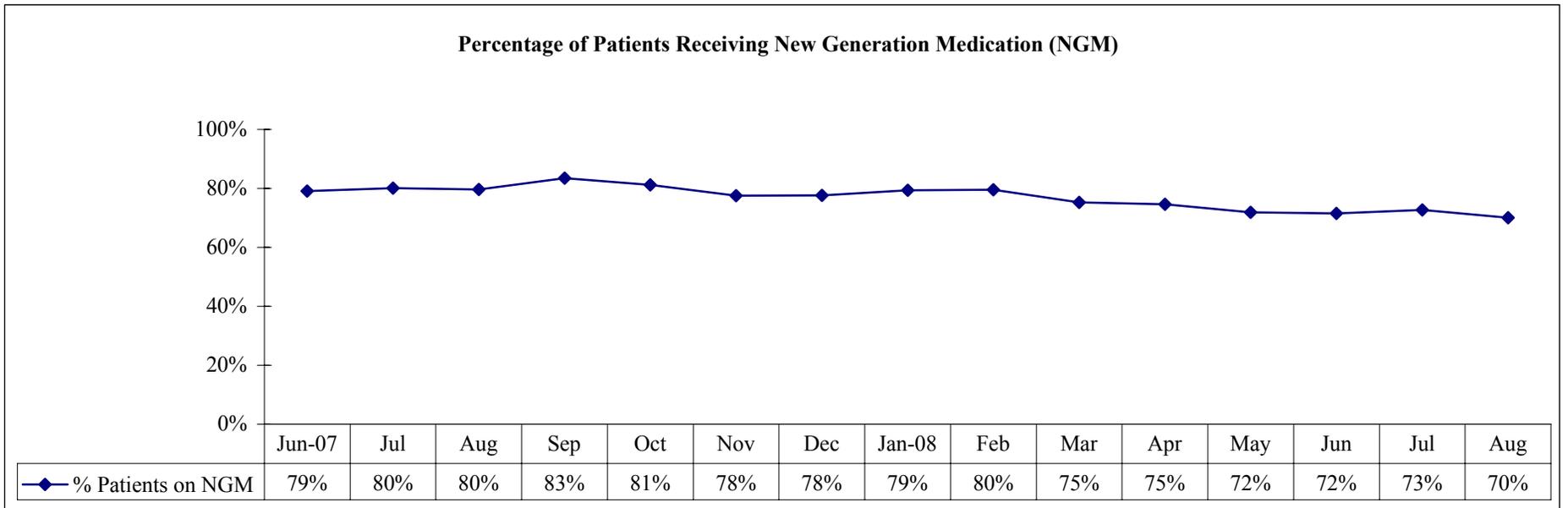
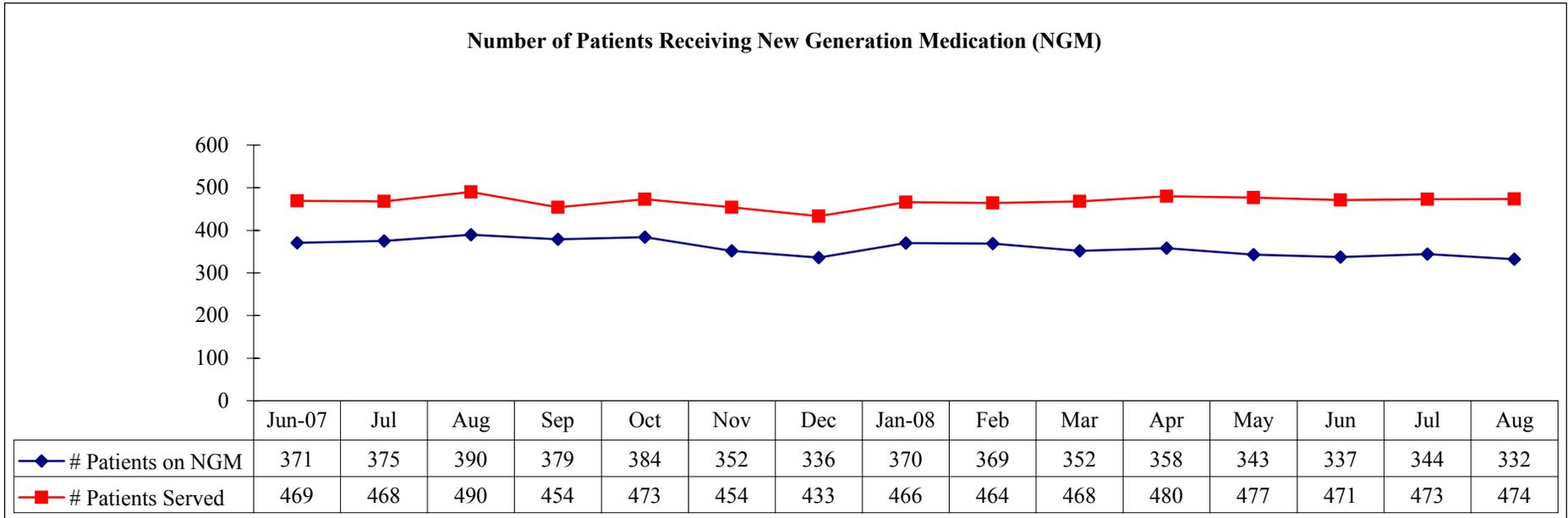
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

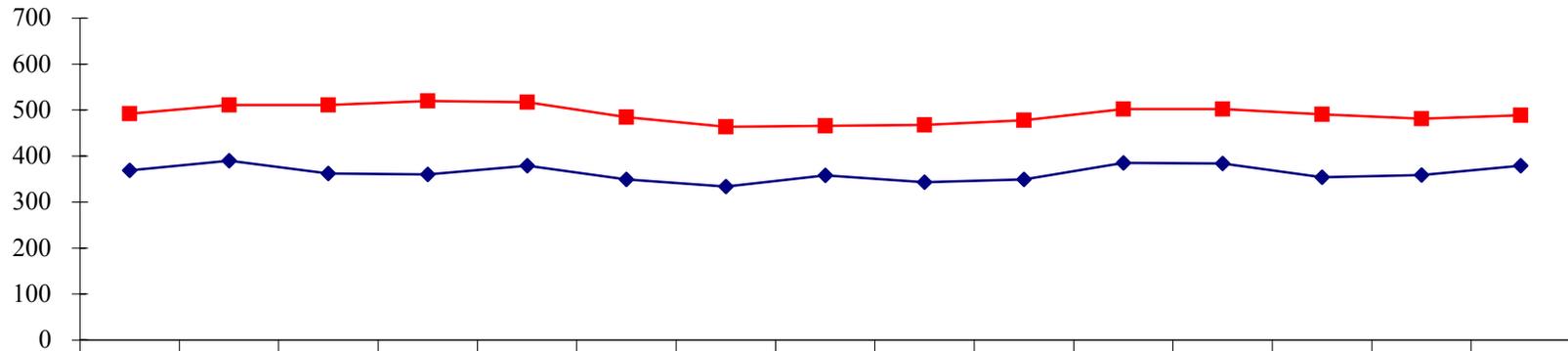
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Rusk State Hospital**



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

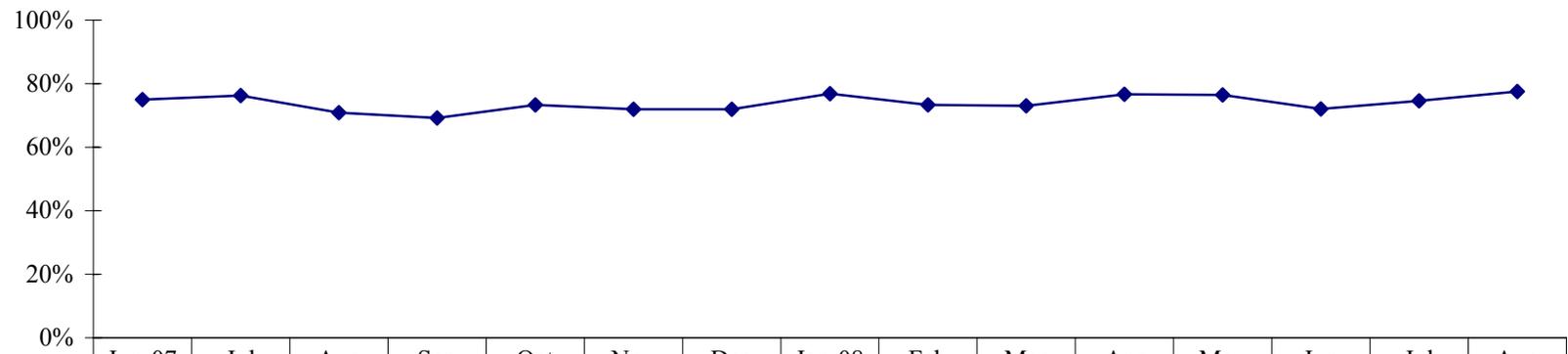
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**San Antonio State Hospital**

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



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
# Patients on NGM	369	390	362	360	379	349	334	358	343	349	385	384	354	359	379
# Patients Served	492	511	511	520	517	485	464	466	468	478	502	502	491	481	489

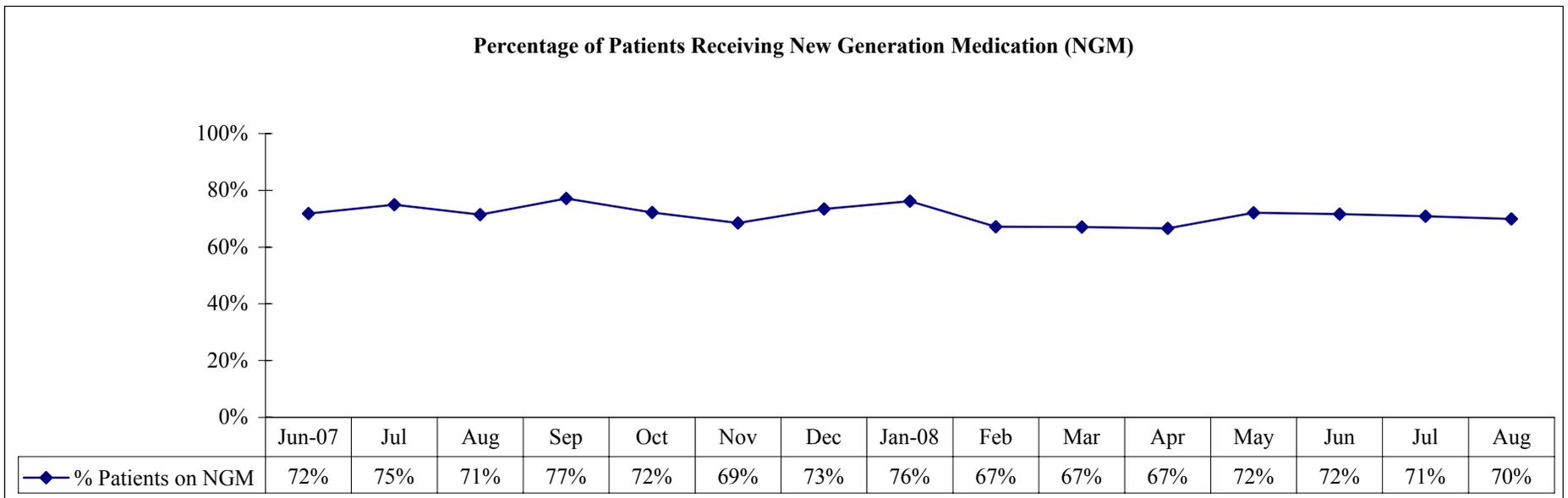
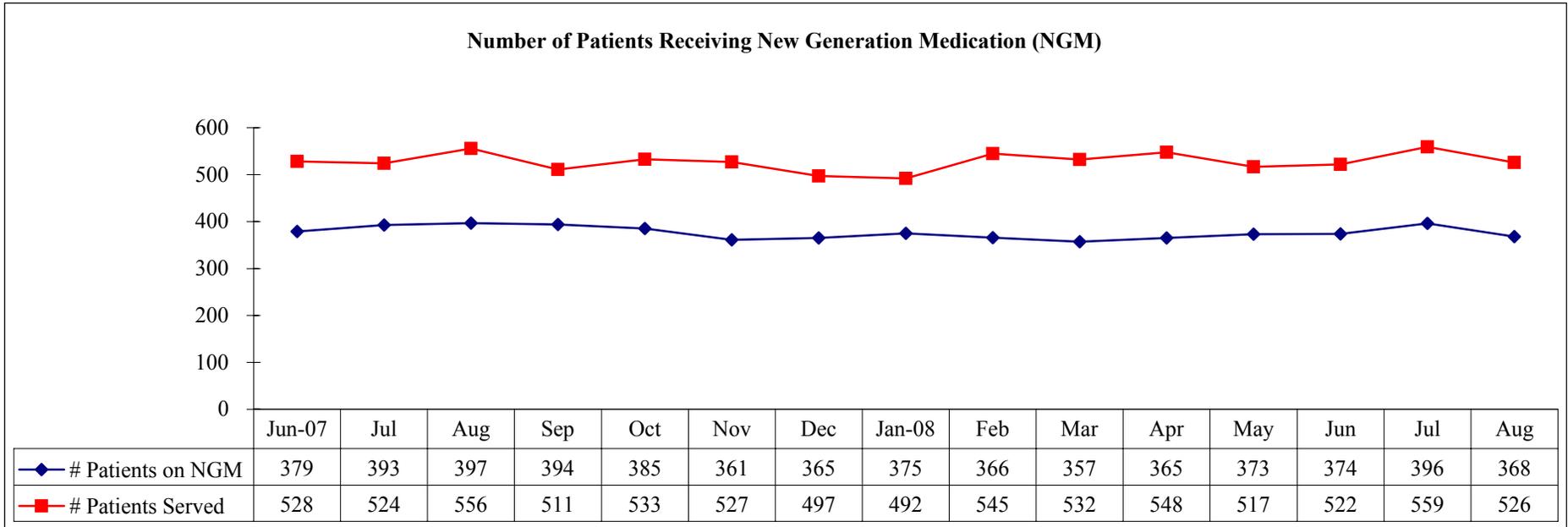
**Percentage of Patients Receiving New Generation Medication (NGM)**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
% Patients on NGM	75%	76%	71%	69%	73%	72%	72%	77%	73%	73%	77%	76%	72%	75%	78%

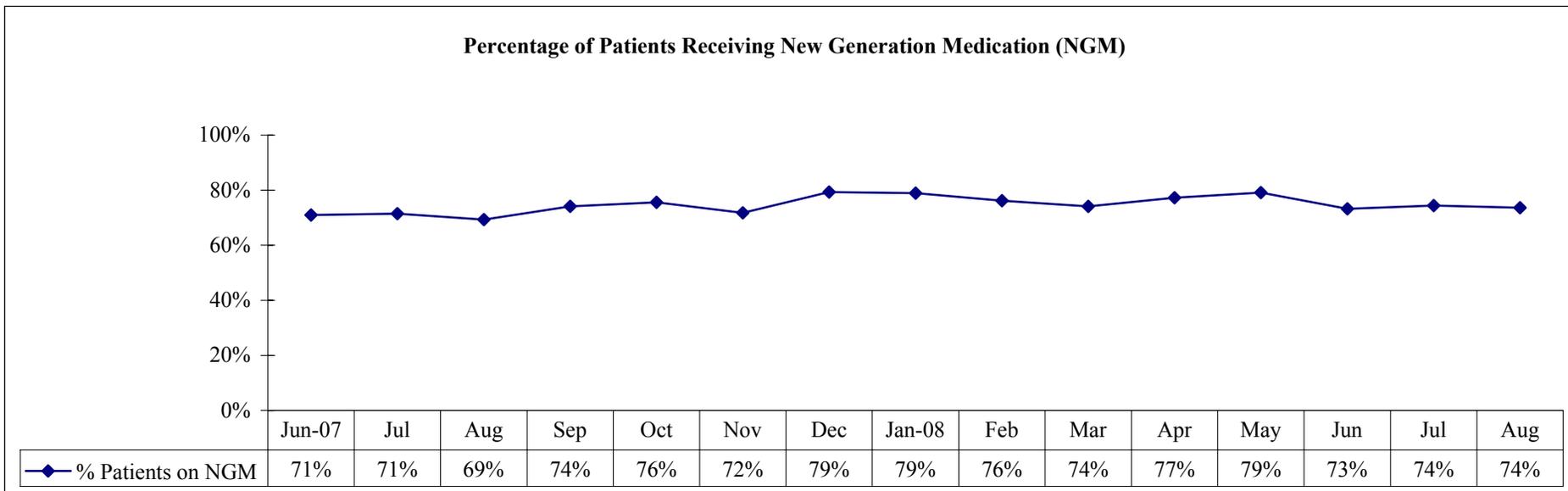
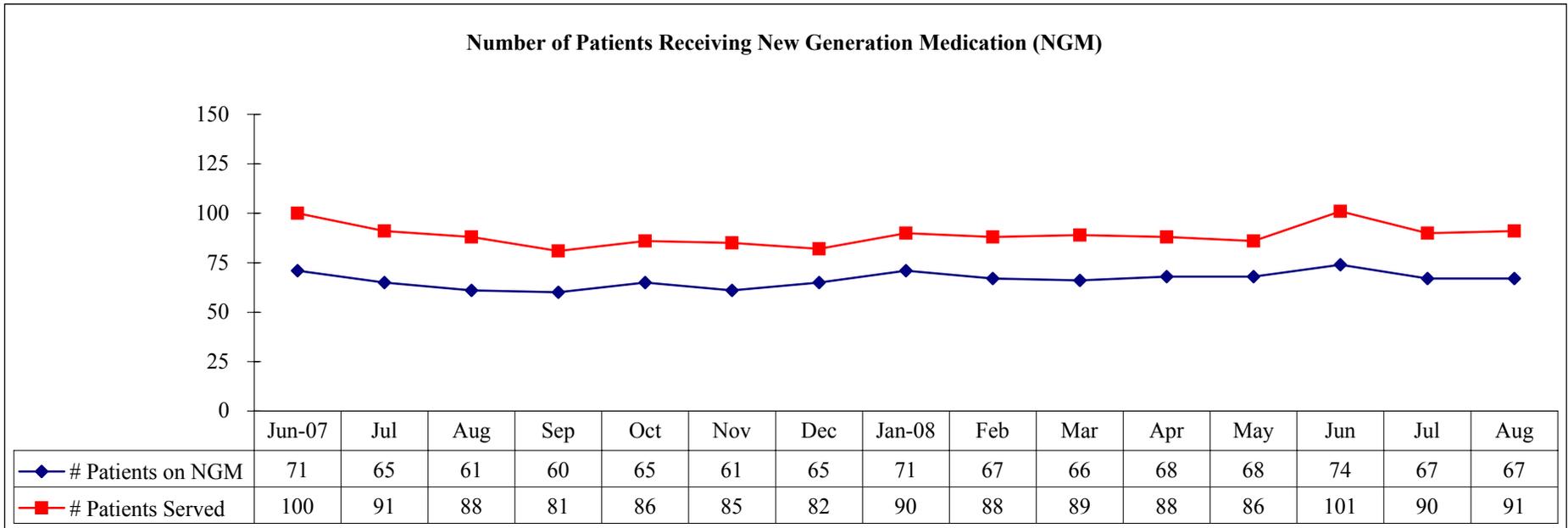
Source: HMDS # of Pts on NGM Report;  
 Counts of Persons Receiving MH Services (HC027245)

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



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

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



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

**Performance Measure 4B:**

**The costs of antipsychotic medications will be tracked and analyzed.**

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

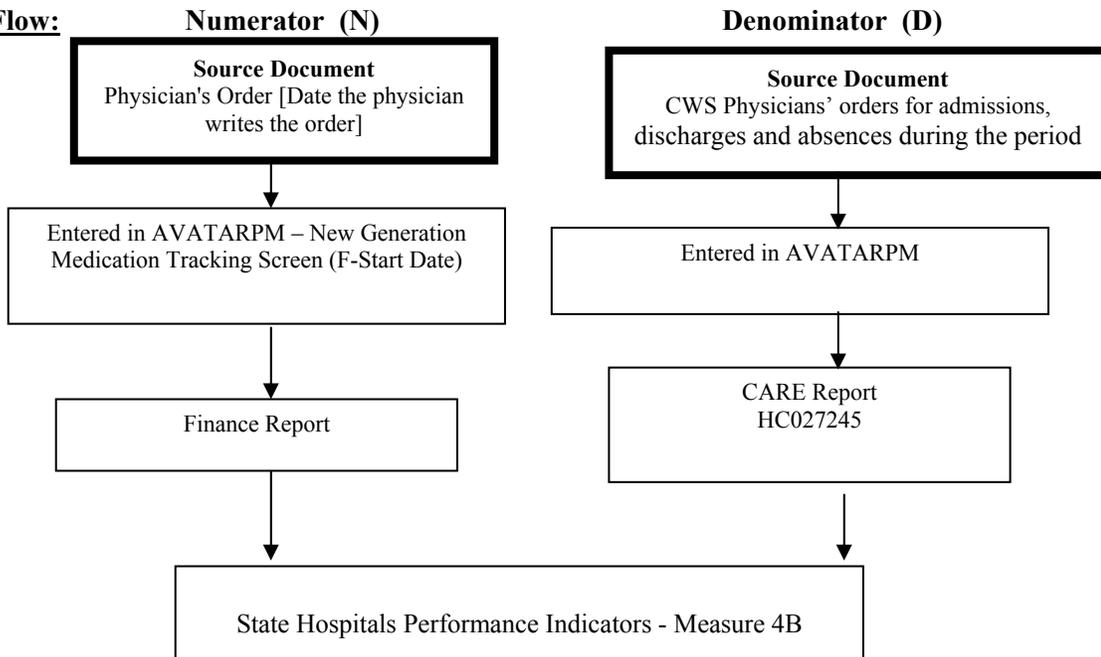
**Performance Measure Formula:**  $\frac{N}{D}$  (Dollar Amount)  
D (Unduplicated Persons Served)

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

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

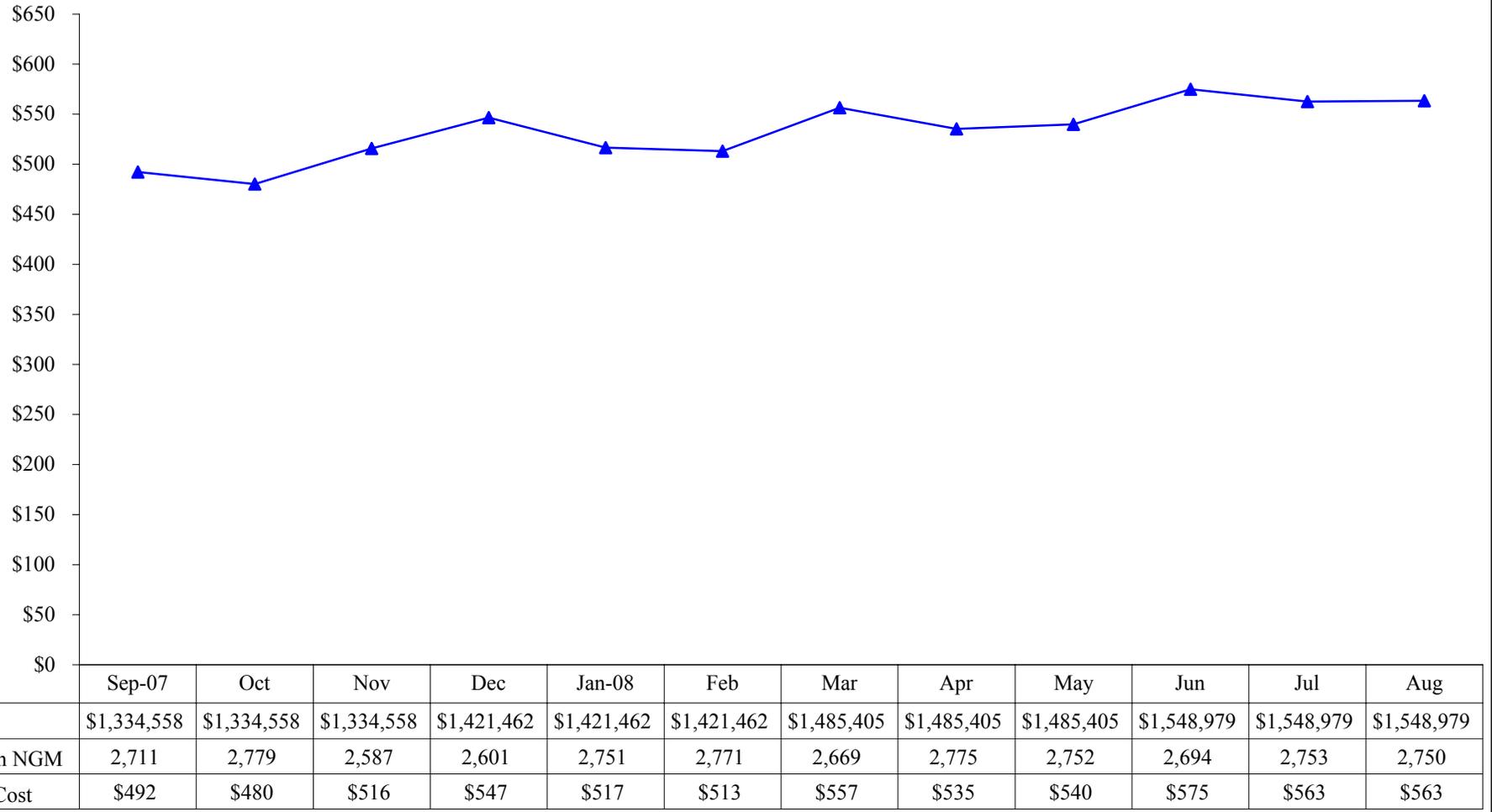
**Performance Measure Data Display and Chart Description:**

**Data Flow:**



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

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



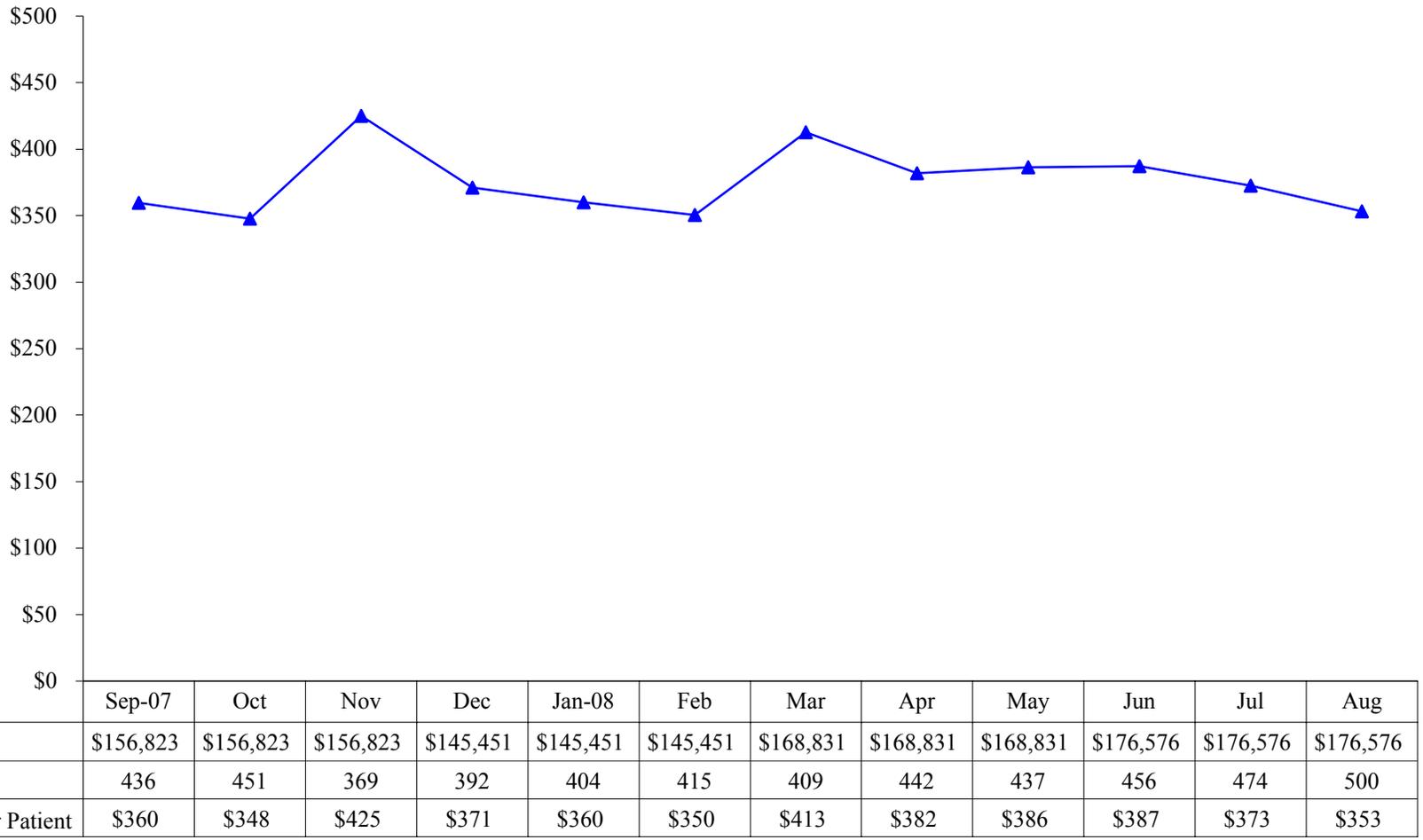
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

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



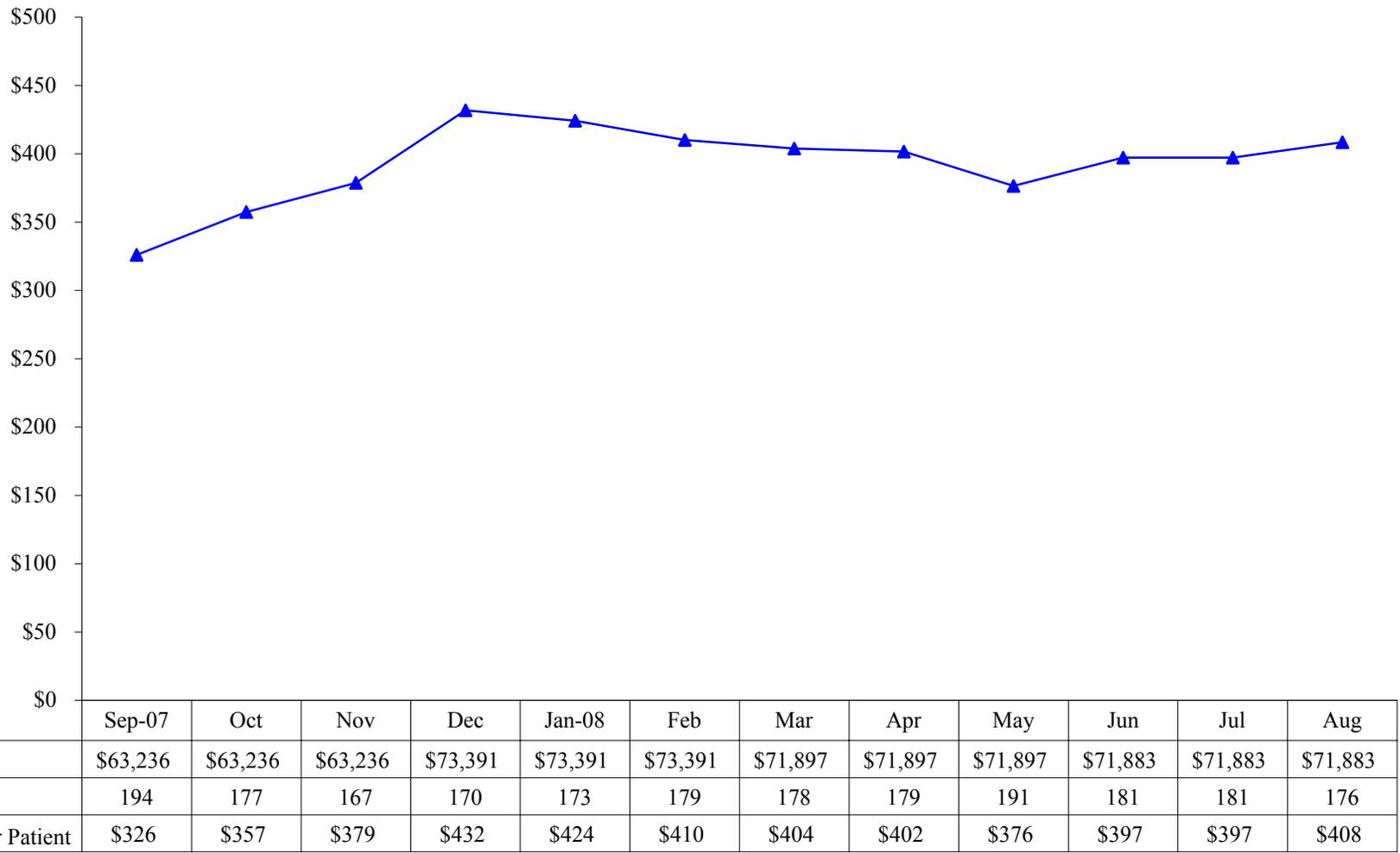
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

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

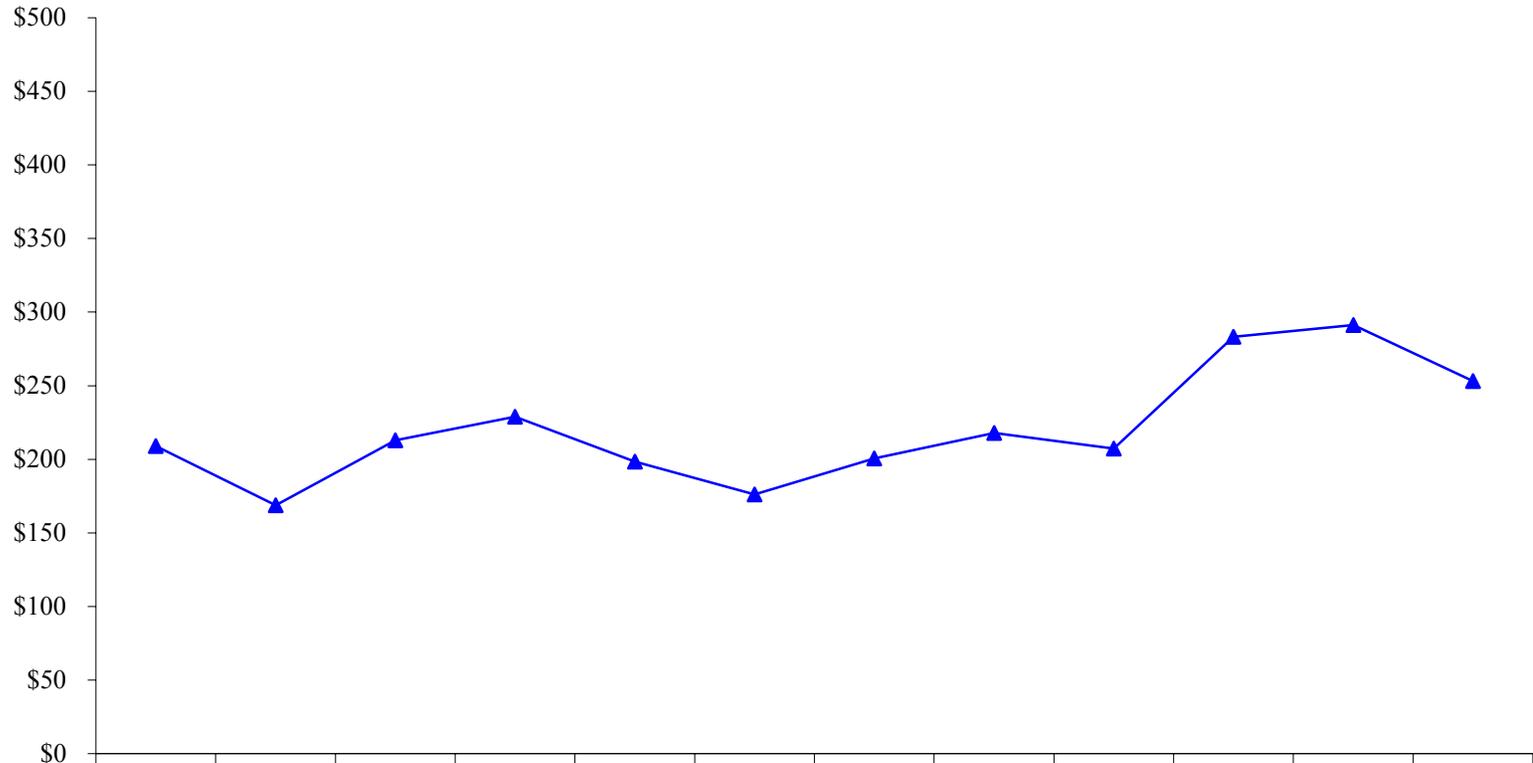


\* Average Monthly Cost per Quarter  
 Chart: Hospital Management Data Services

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

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

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

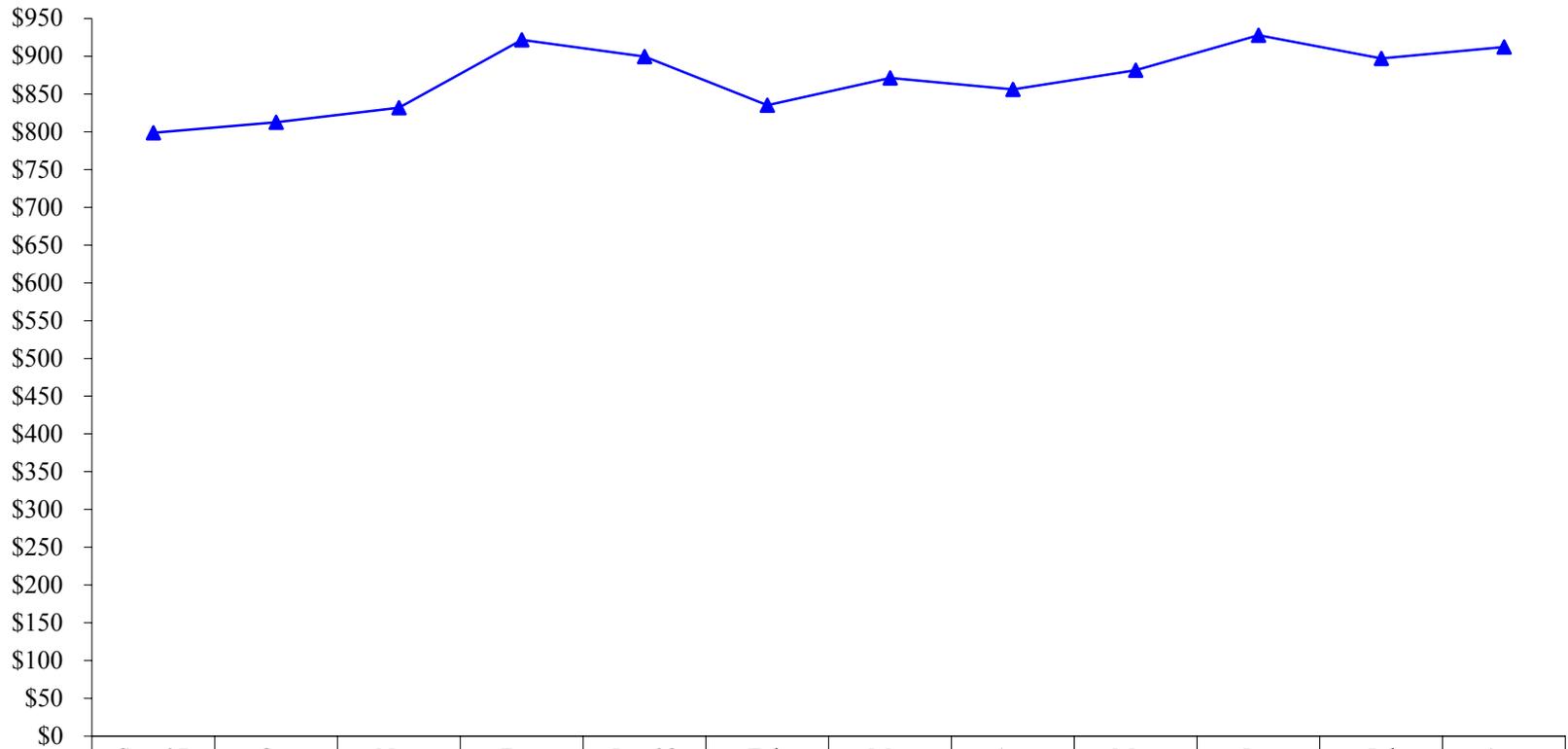


	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$22,774	\$22,774	\$22,774	\$25,185	\$25,185	\$25,185	\$25,482	\$25,482	\$25,482	\$30,876	\$30,876	\$30,876
# of Pts on NGM	109	135	107	110	127	143	127	117	123	109	106	122
▲ Average Cost per Patient	\$209	\$169	\$213	\$229	\$198	\$176	\$201	\$218	\$207	\$283	\$291	\$253

\* Average Monthly Cost per Quarter

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

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

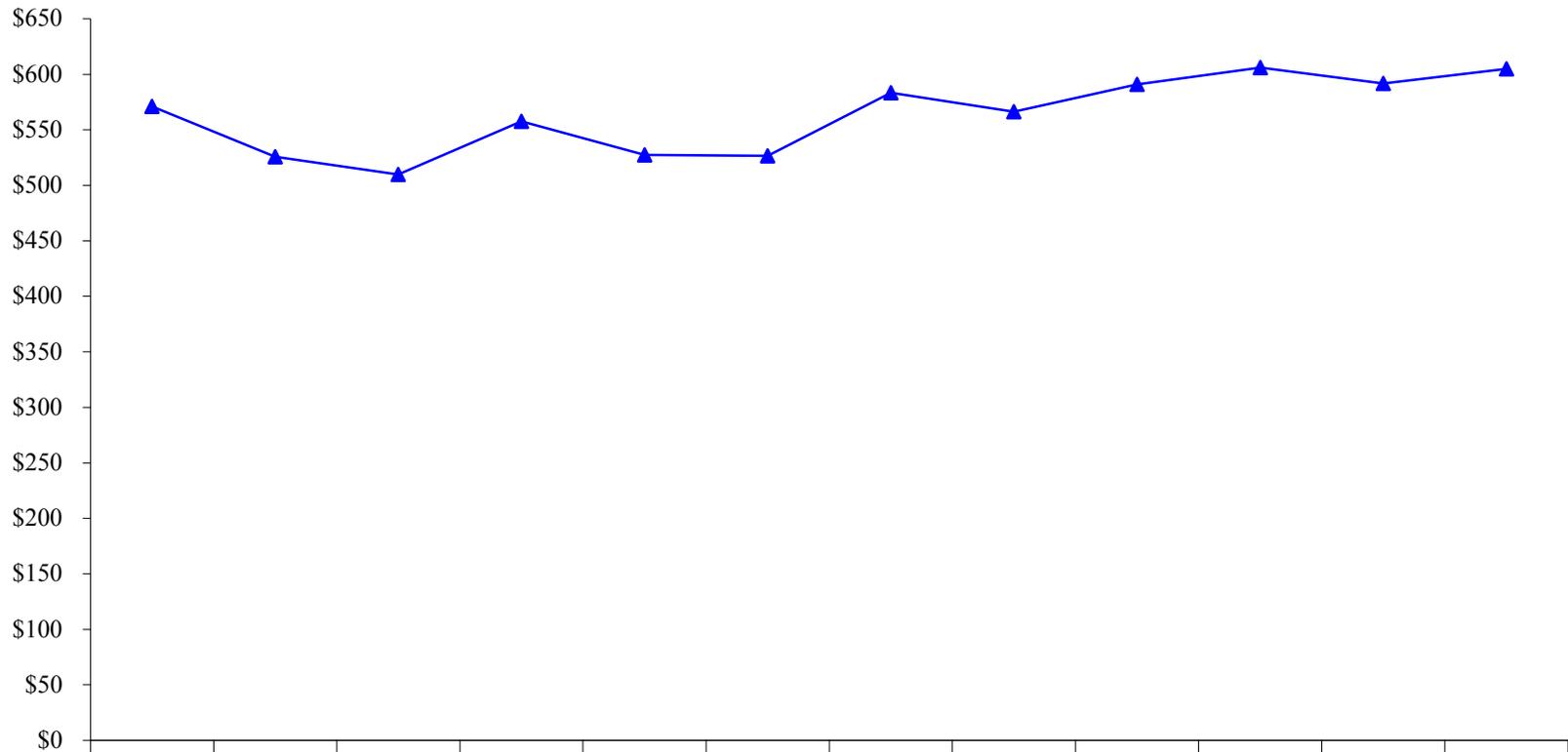


	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$139,746	\$139,746	\$139,746	\$151,136	\$151,136	\$151,136	\$148,106	\$148,106	\$148,106	\$161,454	\$161,454	\$161,454
# of Pts on NGM	175	172	168	164	168	181	170	173	168	174	180	177
▲ Average Cost per Patient	\$799	\$812	\$832	\$922	\$900	\$835	\$871	\$856	\$882	\$928	\$897	\$912

\* Average Monthly Cost per Quarter

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

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

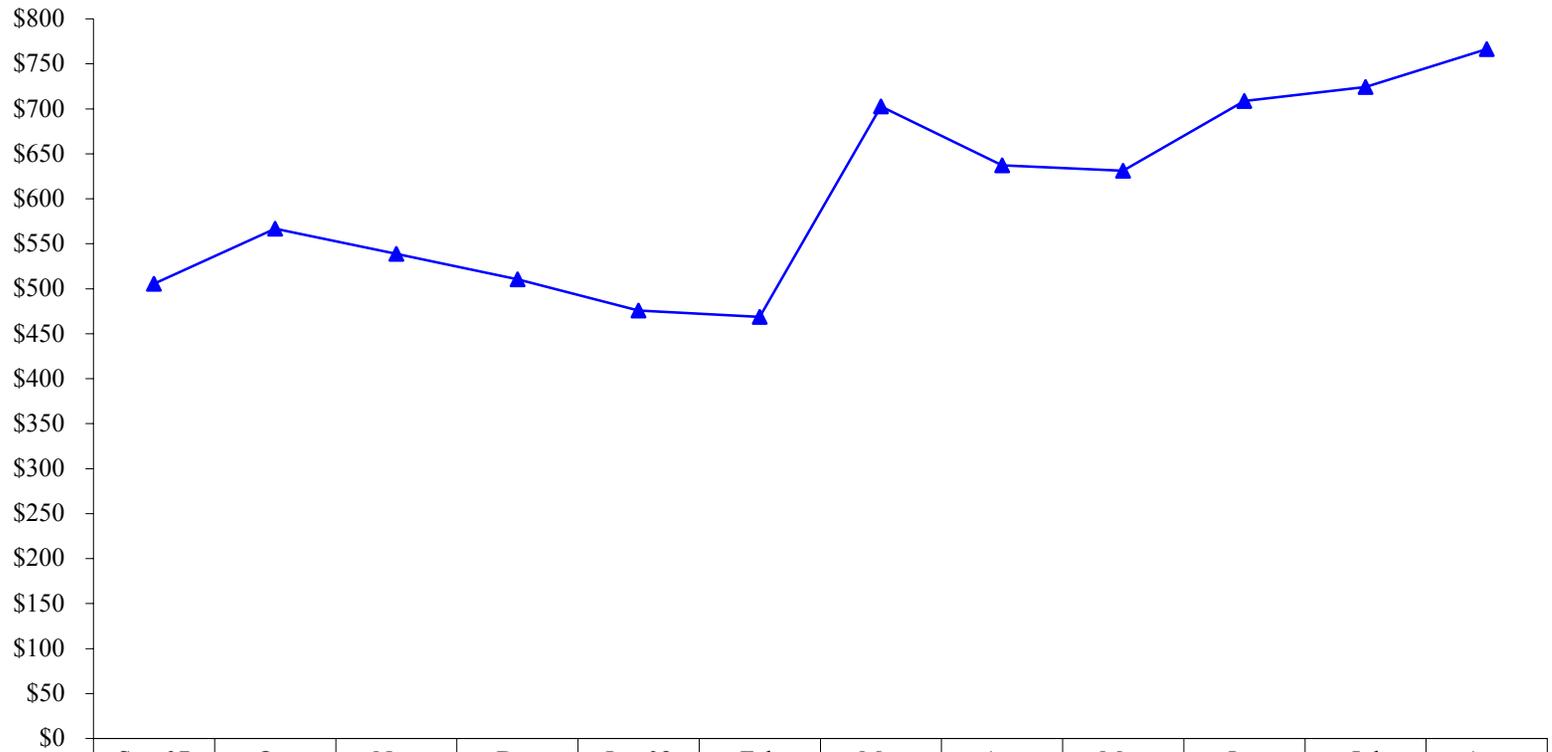


	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$271,260	\$271,260	\$271,260	\$302,276	\$302,276	\$302,276	\$329,099	\$329,099	\$329,099	\$328,452	\$328,452	\$328,452
# of Pts on NGM	475	516	532	542	573	574	564	581	557	542	555	543
—▲ Average Cost per Patient	\$571	\$526	\$510	\$558	\$528	\$527	\$584	\$566	\$591	\$606	\$592	\$605

\* Average Monthly Cost per Quarter

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

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

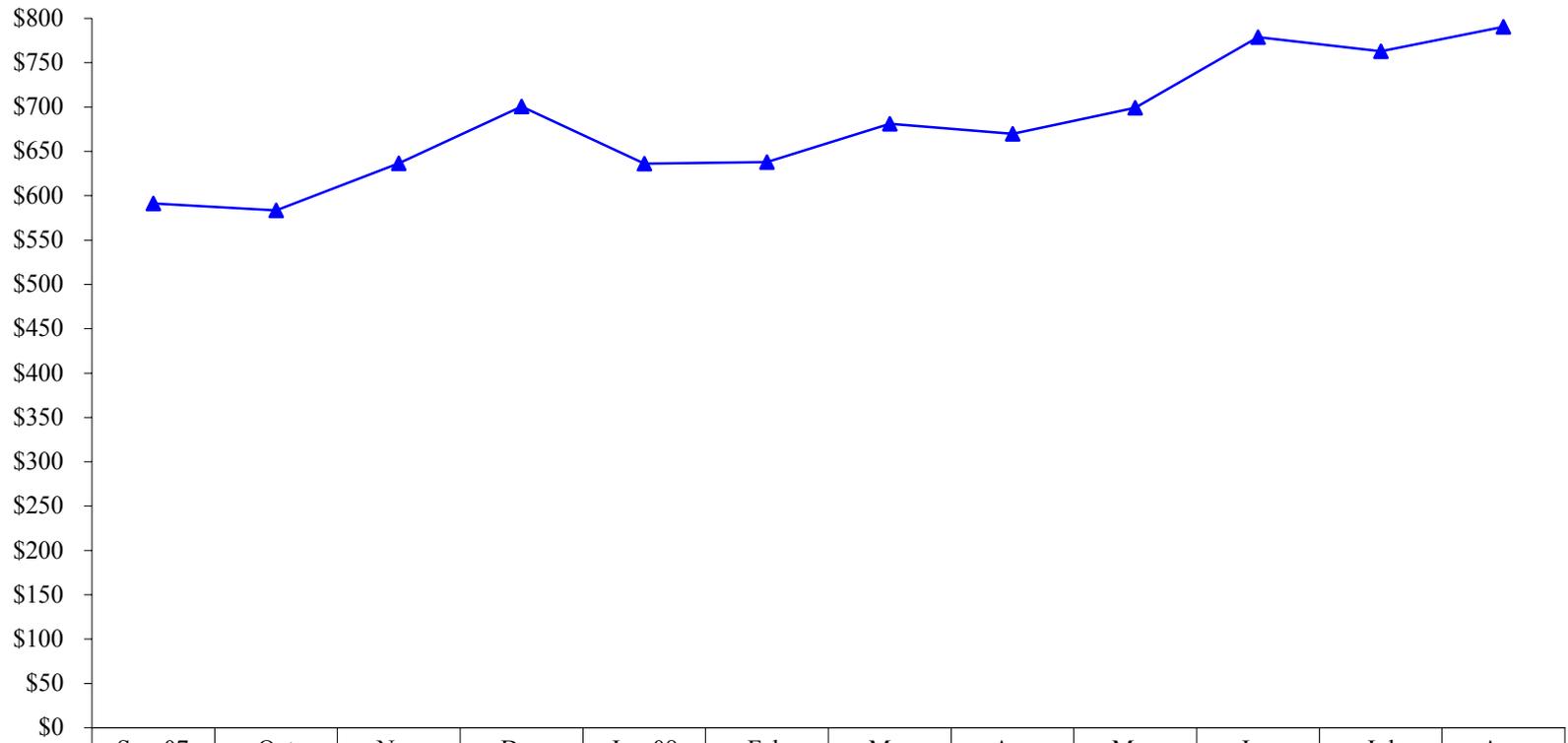


	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$65,188	\$65,188	\$65,188	\$62,781	\$62,781	\$62,781	\$68,163	\$68,163	\$68,163	\$65,899	\$65,899	\$65,899
# of Pts on NGM	129	115	121	123	132	134	97	107	108	93	91	86
▲ Average Cost per Patient	\$505	\$567	\$539	\$510	\$476	\$469	\$703	\$637	\$631	\$709	\$724	\$766

\* Average Monthly Cost per Quarter

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

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

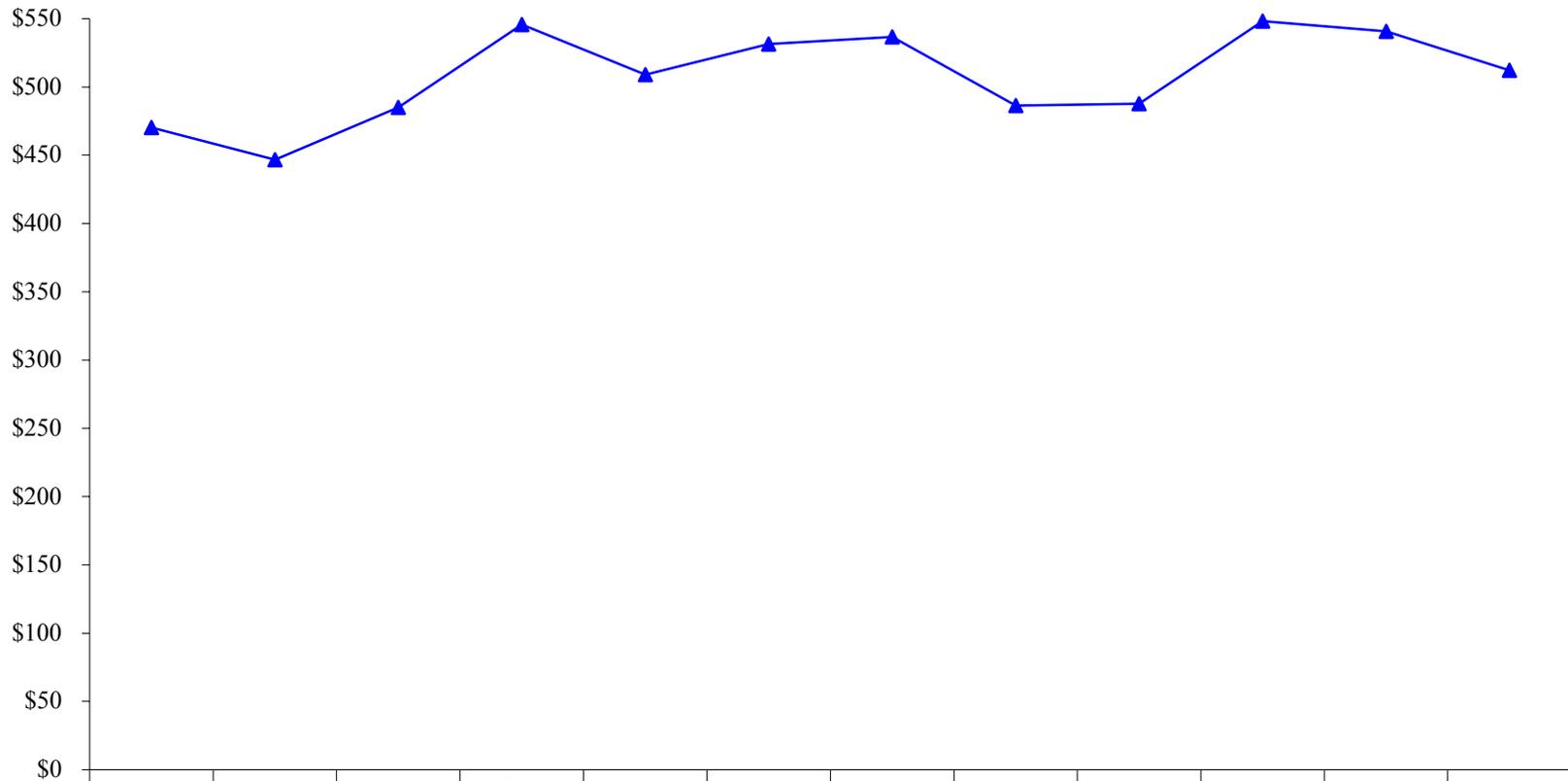


	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$224,073	\$224,073	\$224,073	\$235,361	\$235,361	\$235,361	\$239,766	\$239,766	\$239,766	\$262,403	\$262,403	\$262,403
# of Pts on NGM	379	384	352	336	370	369	352	358	343	337	344	332
▲ Average Cost per Patient	\$591	\$584	\$637	\$700	\$636	\$638	\$681	\$670	\$699	\$779	\$763	\$790

\* Average Monthly Cost per Quarter

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

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

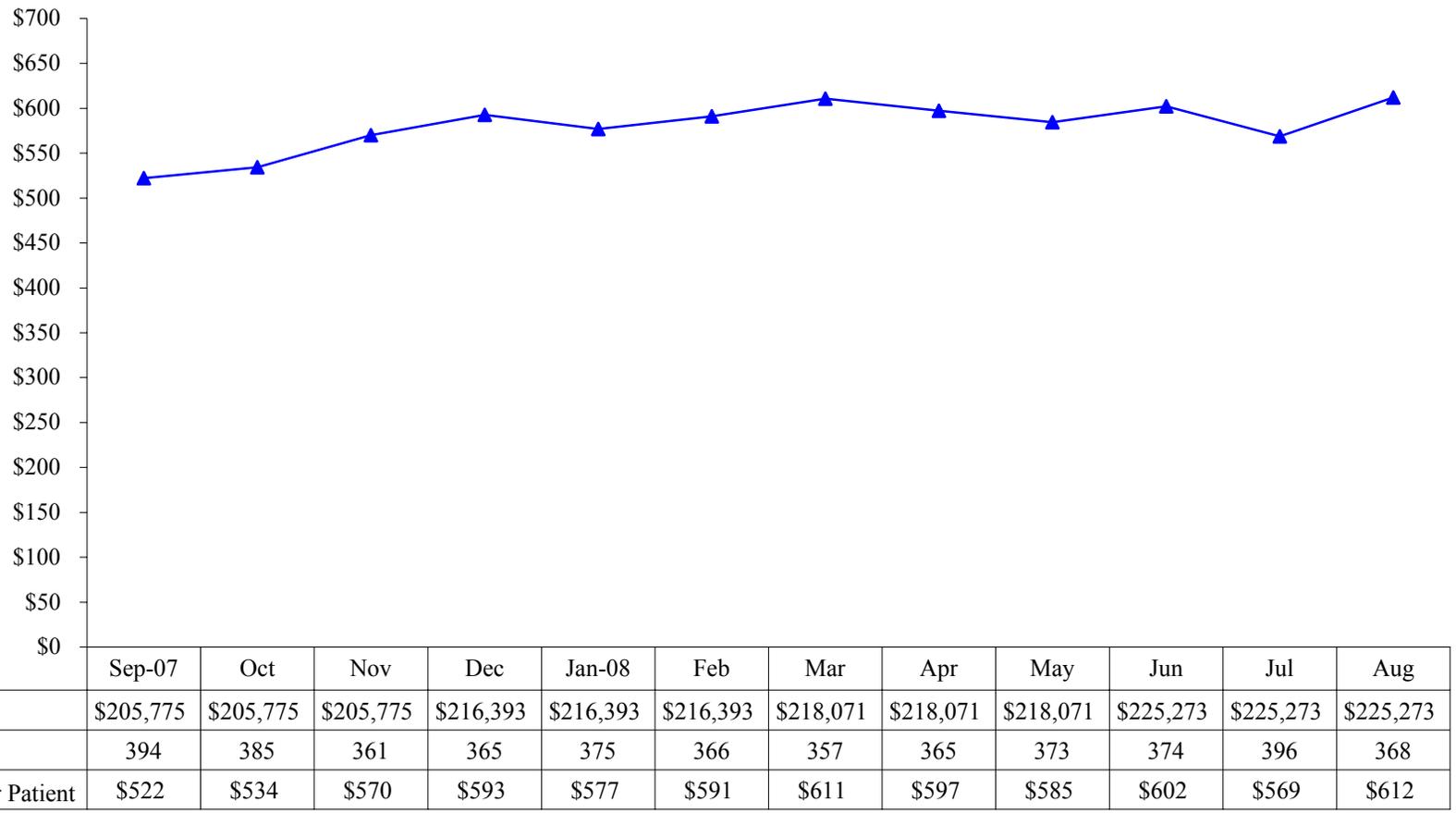


	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$169,281	\$169,281	\$169,281	\$182,257	\$182,257	\$182,257	\$187,274	\$187,274	\$187,274	\$194,082	\$194,082	\$194,082
# of Pts on NGM	360	379	349	334	358	343	349	385	384	354	359	379
▲ Average Cost per Patient	\$470	\$447	\$485	\$546	\$509	\$531	\$537	\$486	\$488	\$548	\$541	\$512

\* Average Monthly Cost per Quarter

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

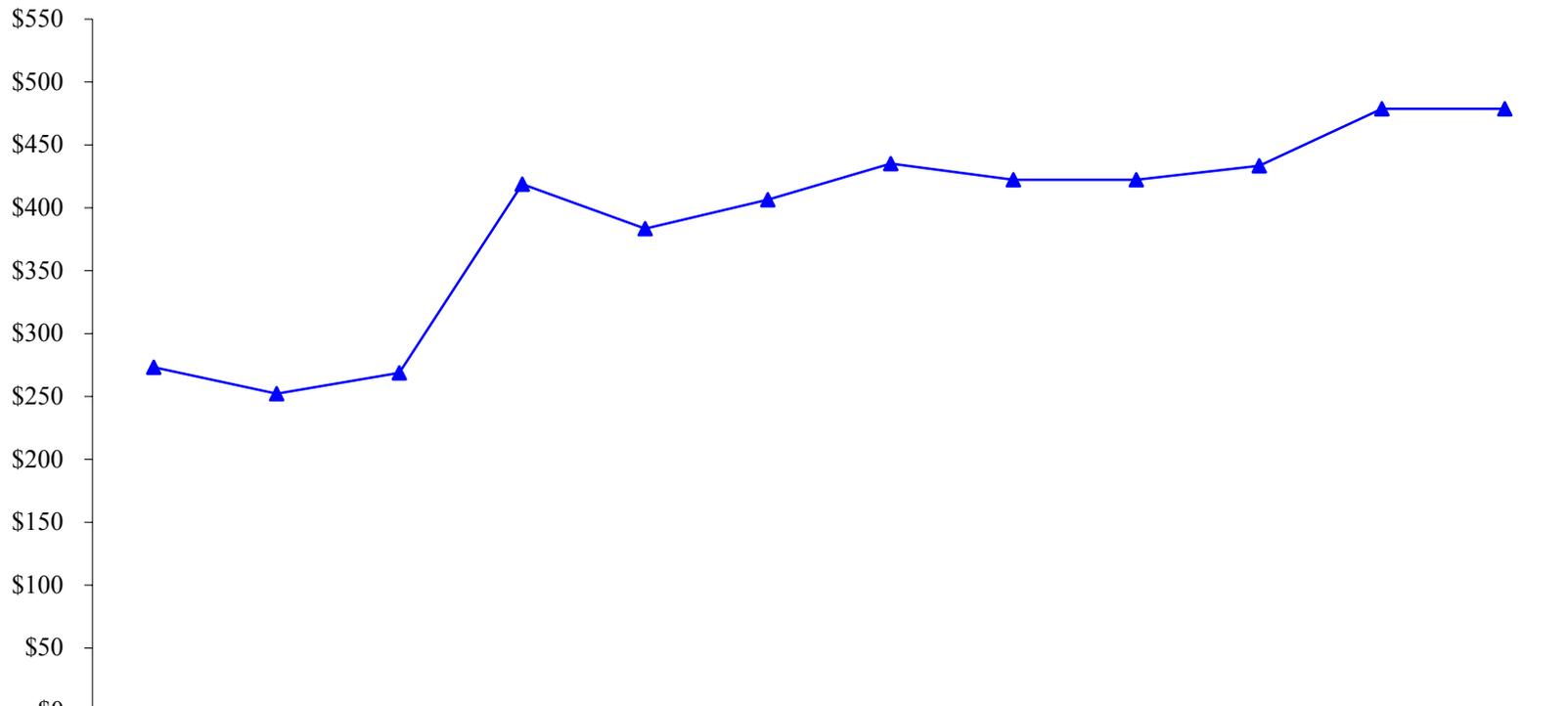
**Average Cost of Antipsychotic Medications per Patient per Month**



\* Average Monthly Cost per Quarter

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

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$16,401	\$16,401	\$16,401	\$27,230	\$27,230	\$27,230	\$28,717	\$28,717	\$28,717	\$32,081	\$32,081	\$32,081
# of Pts on NGM	60	65	61	65	71	67	66	68	68	74	67	67
—▲ Average Cost per Patient	\$273	\$252	\$269	\$419	\$384	\$406	\$435	\$422	\$422	\$434	\$479	\$479

\* Average Monthly Cost per Quarter

**Performance Measure 4C:**

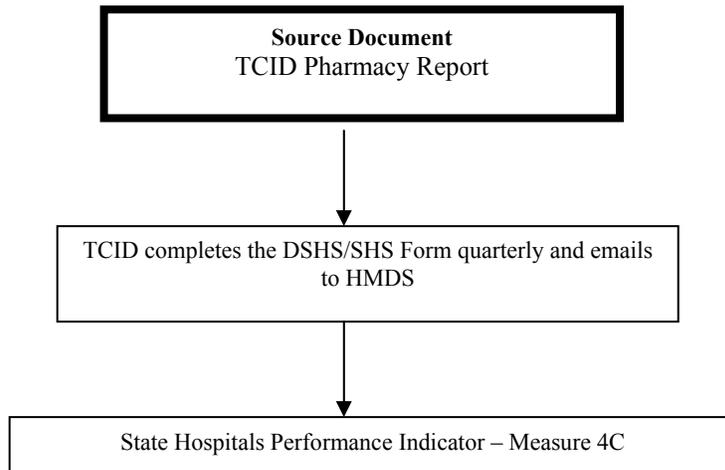
**TCID will report the cost of medications.**

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

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

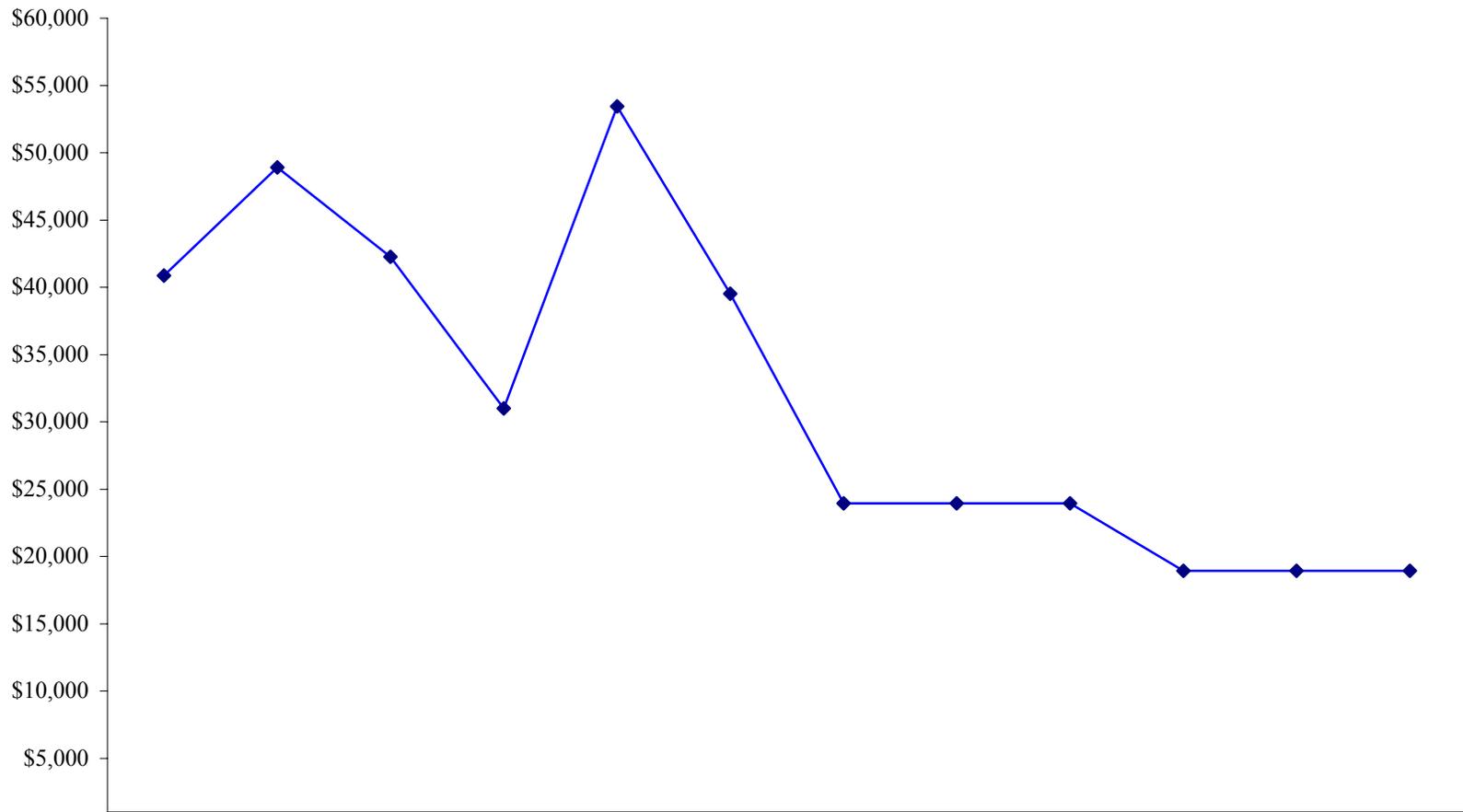
**Performance Measure Data Display and Chart Description:**  
Table shows monthly cost of medications.

**Data Flow:**



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

**Cost of TB Medications**



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

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

### **Performance Measure 5A:**

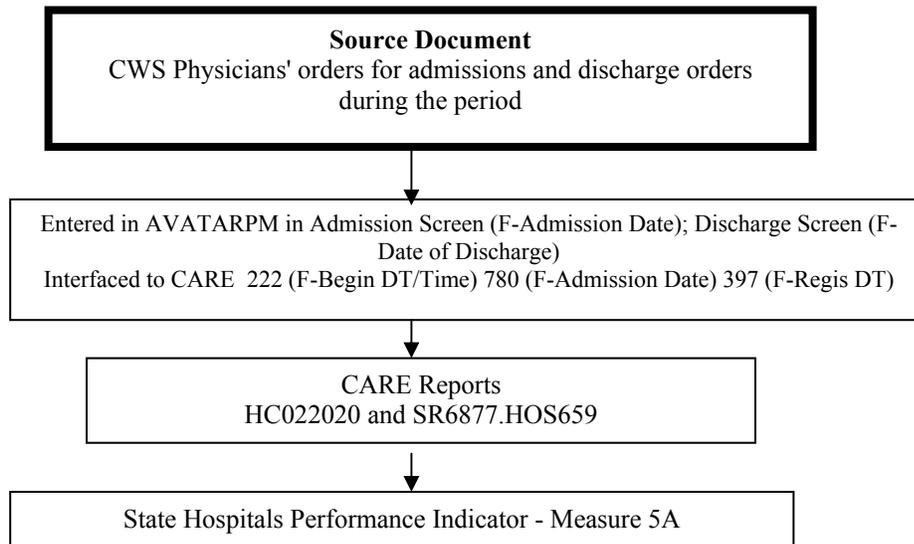
**Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each hospital.**

**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:**

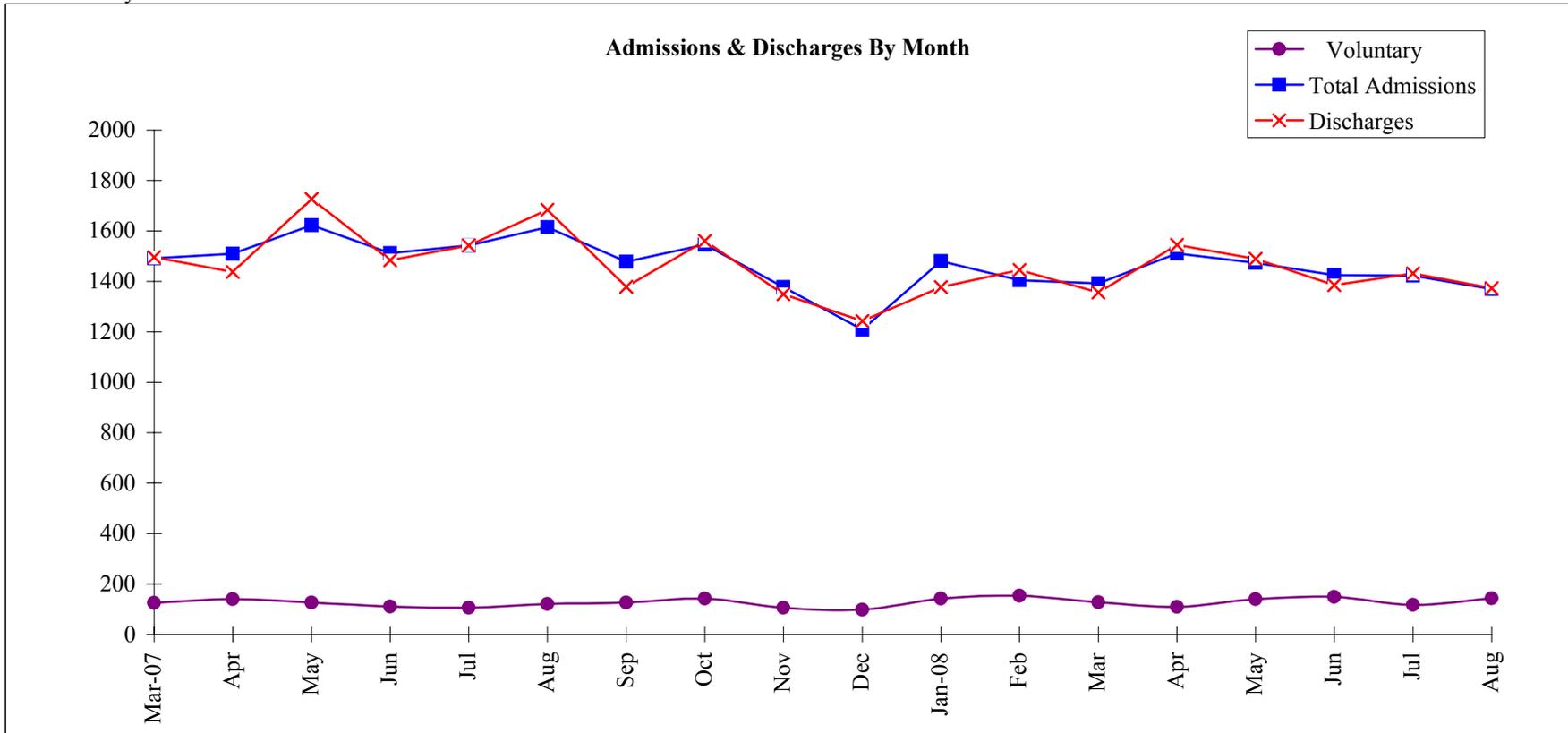


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**All State Hospitals**

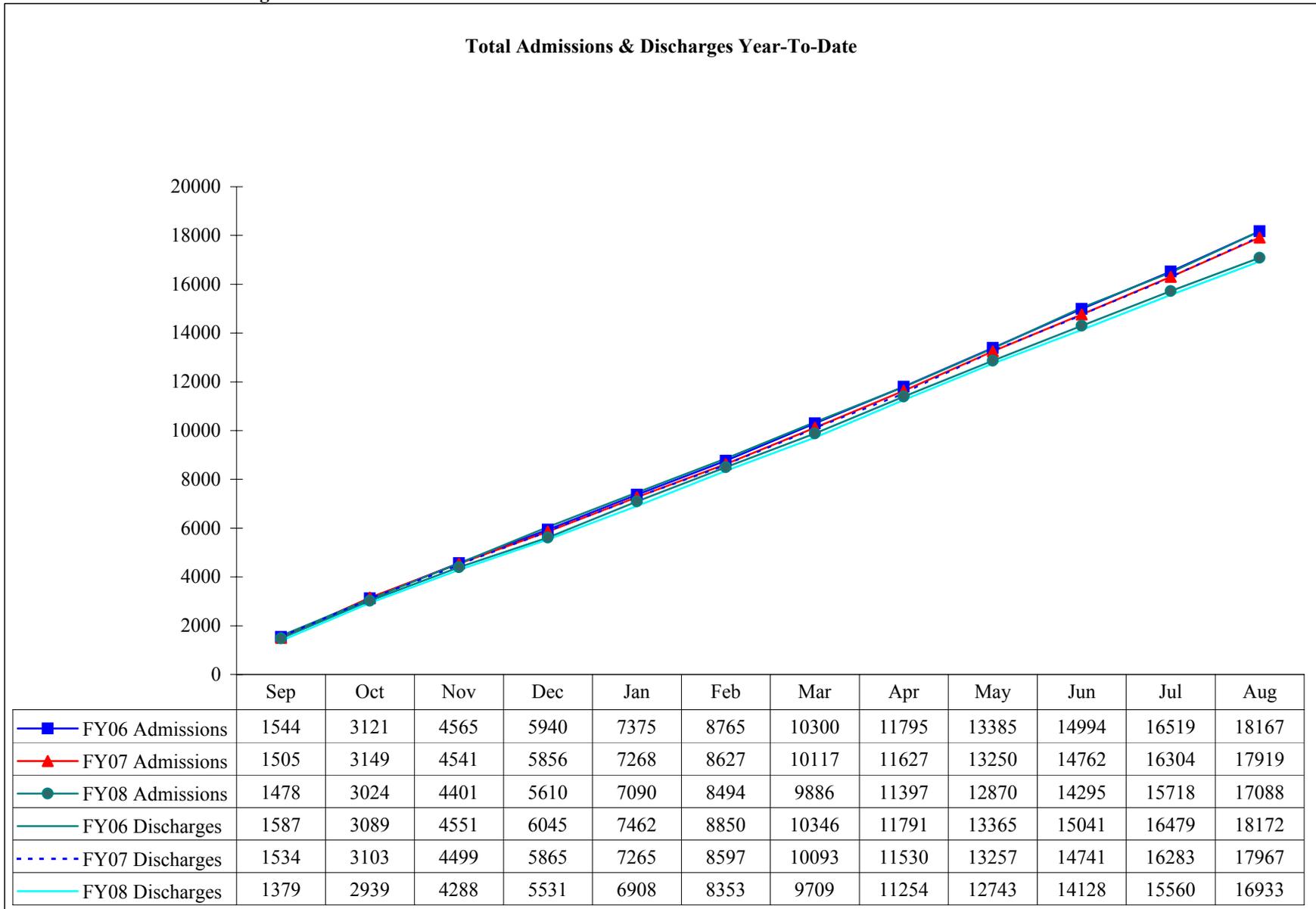
**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	1491	1510	1623	1512	1542	1615	1478	1546	1377	1209	1480	1404	1392	1511	1473	1425	1423	1370
Voluntary	125	140	127	111	106	121	126	142	106	98	142	154	128	110	140	149	117	144
Involuntary	1366	1370	1496	1401	1436	1494	1352	1404	1271	1111	1338	1250	1264	1401	1333	1276	1306	1226
OPC	402	396	418	340	361	406	314	353	321	265	331	333	336	366	327	336	376	332
Emergency	681	717	799	748	807	759	724	677	615	594	624	643	662	697	665	602	580	593
Temporary	148	123	148	165	160	190	153	147	122	98	145	124	116	156	152	155	158	143
Extended	4	4	3	1	3	6	5	10	2	4	4	5	6	3	5	2	4	4
46.02/46.03	127	127	116	130	96	115	143	189	194	132	213	131	132	164	162	155	164	133
Order for MR S	4	3	12	17	9	18	13	28	17	18	21	14	12	15	22	26	24	21
Discharges	1496	1437	1727	1484	1542	1684	1379	1560	1349	1243	1377	1445	1356	1545	1489	1385	1432	1373
% New to System	46%	47%	43%	46%	45%	45%	44%	45%	45%	45%	46%	46%	46%	46%	46%	44%	45%	46%



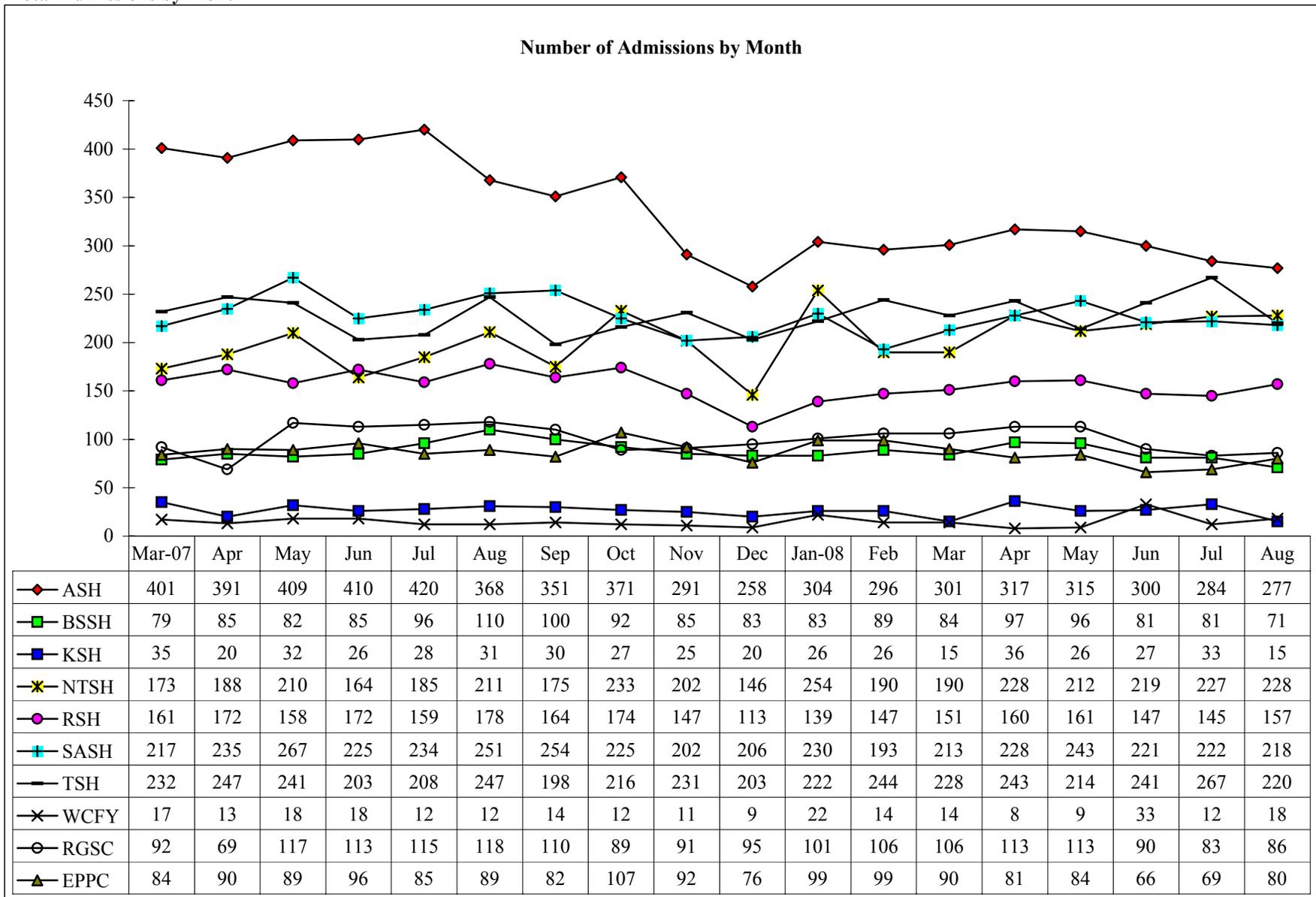
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

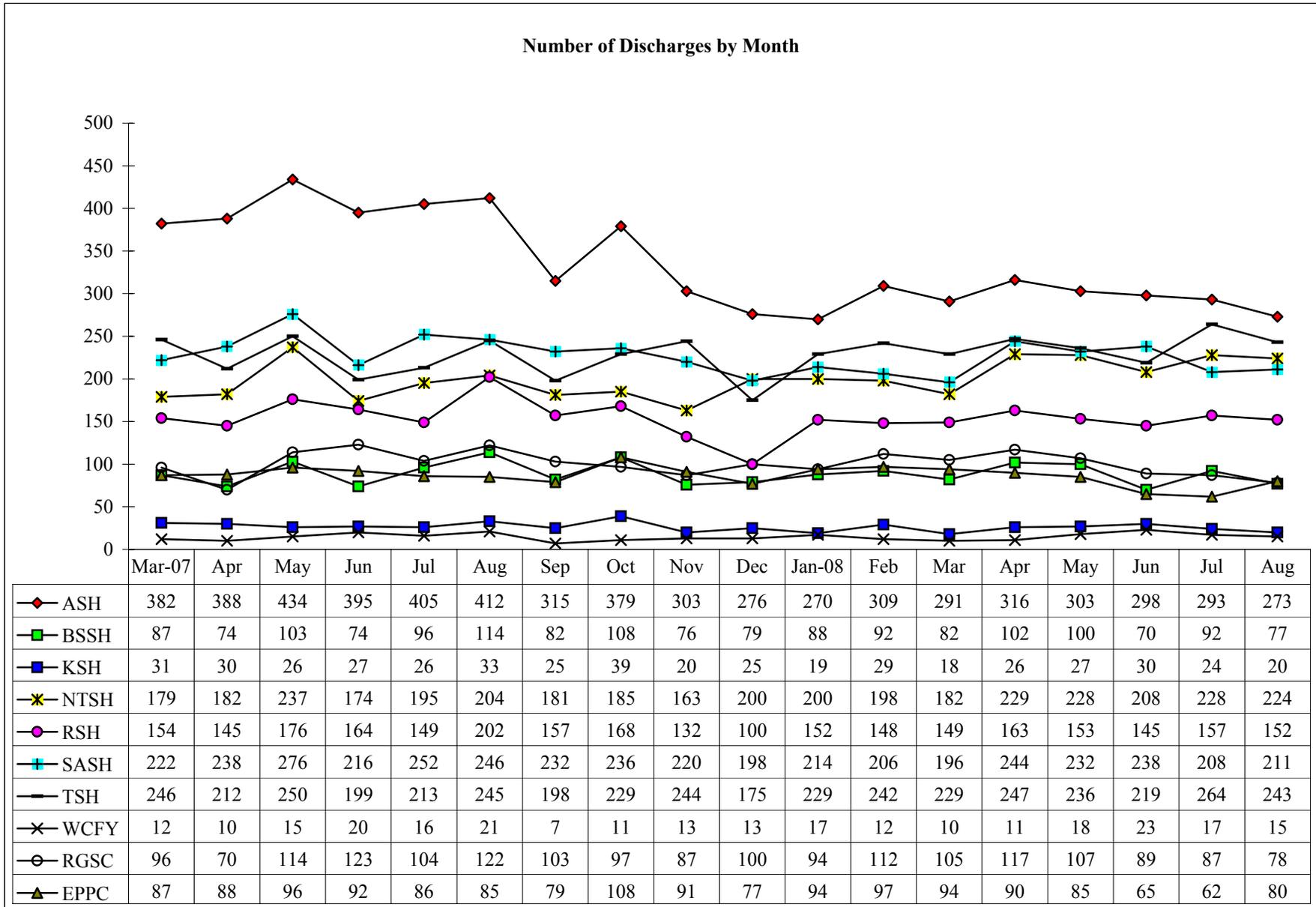


Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



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

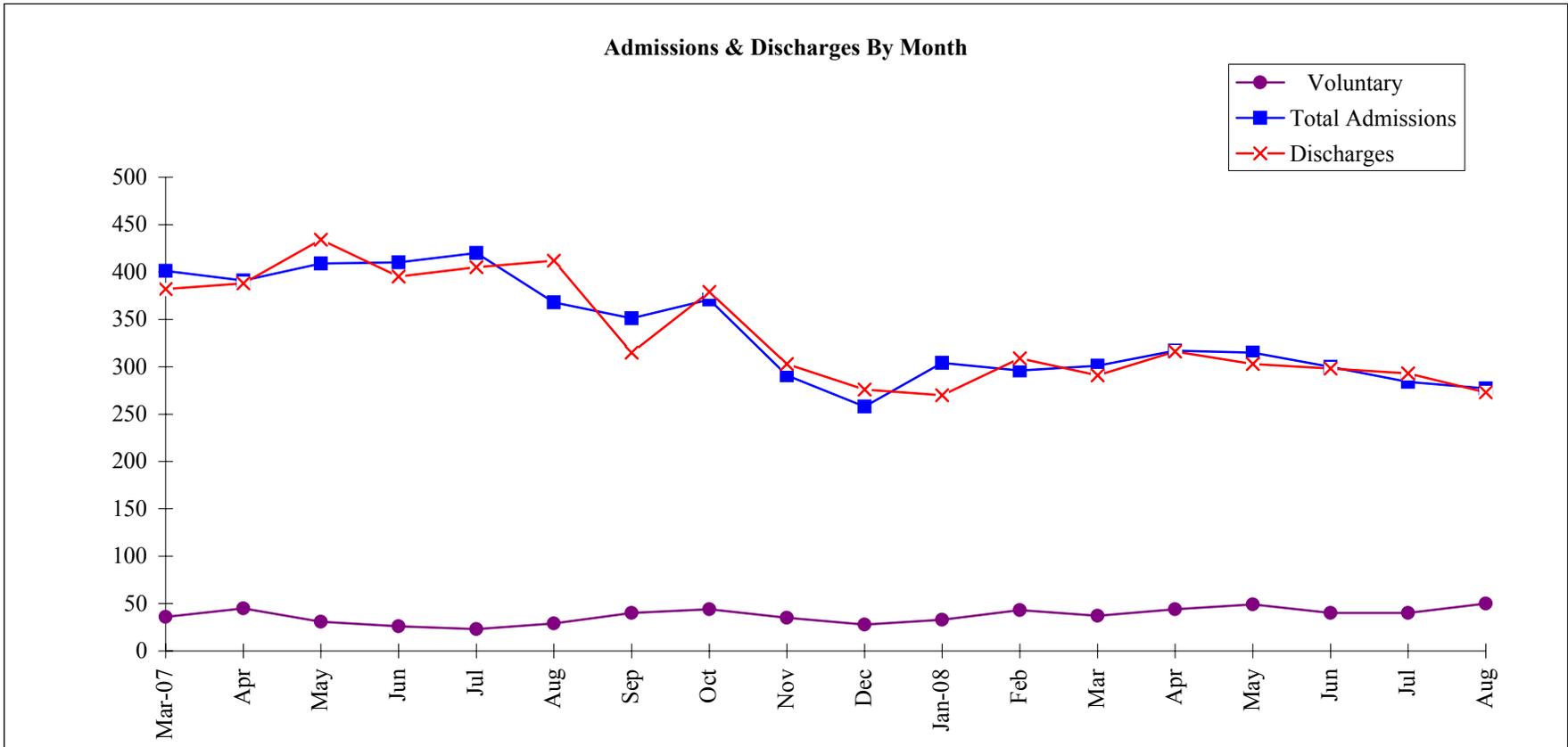


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Austin State Hospital**

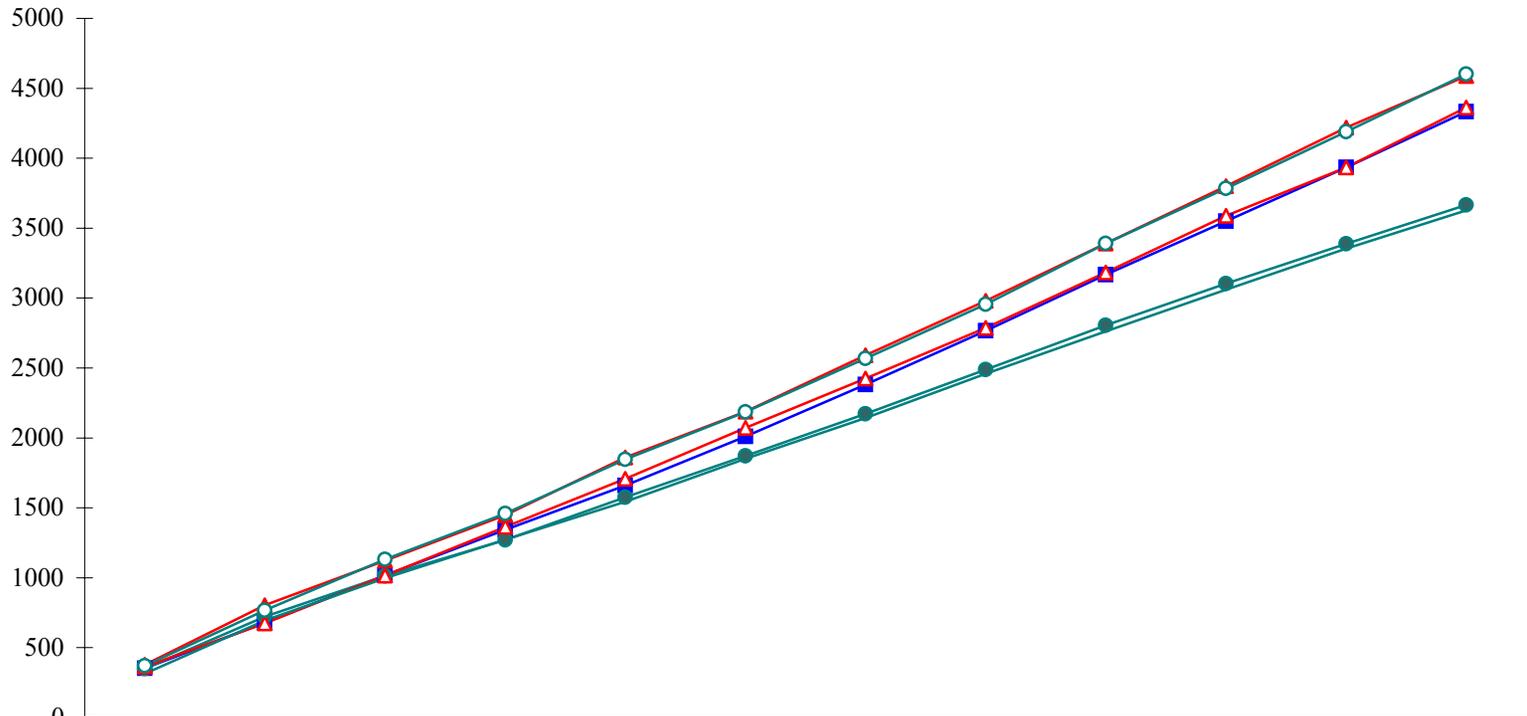
**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	401	391	409	410	420	368	351	371	291	258	304	296	301	317	315	300	284	277
Voluntary	36	45	31	26	23	29	40	44	35	28	33	43	37	44	49	40	40	50
Involuntary	365	346	378	384	397	339	311	327	256	230	271	253	264	273	266	260	244	227
OPC	42	52	52	44	55	38	40	40	20	15	23	15	14	21	22	22	19	24
Emergency	284	254	282	295	299	266	237	249	197	182	188	200	211	208	198	174	177	159
Temporary	27	27	33	33	33	25	24	20	22	14	19	21	20	30	23	39	25	22
Extended	0	1	1	0	0	1	0	1	0	0	0	1	1	0	2	1	0	0
46.02/46.03	12	12	9	11	9	8	10	16	15	18	41	16	18	13	20	23	18	20
Order for MR	0	0	1	1	1	1	0	1	2	1	0	0	0	1	1	1	5	2
Discharges	382	388	434	395	405	412	315	379	303	276	270	309	291	316	303	298	293	273
% New to System	45%	45%	45%	48%	45%	42%	46%	47%	40%	49%	45%	48%	44%	49%	46%	44%	44%	44%



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

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



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY06 Admissions	352	678	1017	1344	1660	2010	2382	2767	3166	3550	3935	4334
—▲— FY07 Admissions	378	803	1122	1447	1860	2189	2590	2981	3390	3800	4220	4588
—●— FY08 Admissions	351	722	1013	1271	1575	1871	2172	2489	2804	3104	3388	3665
—△— FY06 Discharges	365	675	1016	1364	1708	2071	2426	2788	3183	3588	3934	4363
—○— FY07 Discharges	371	768	1131	1460	1846	2186	2568	2956	3390	3785	4190	4602
—●— FY08 Discharges	315	694	997	1273	1543	1852	2143	2459	2762	3060	3353	3626

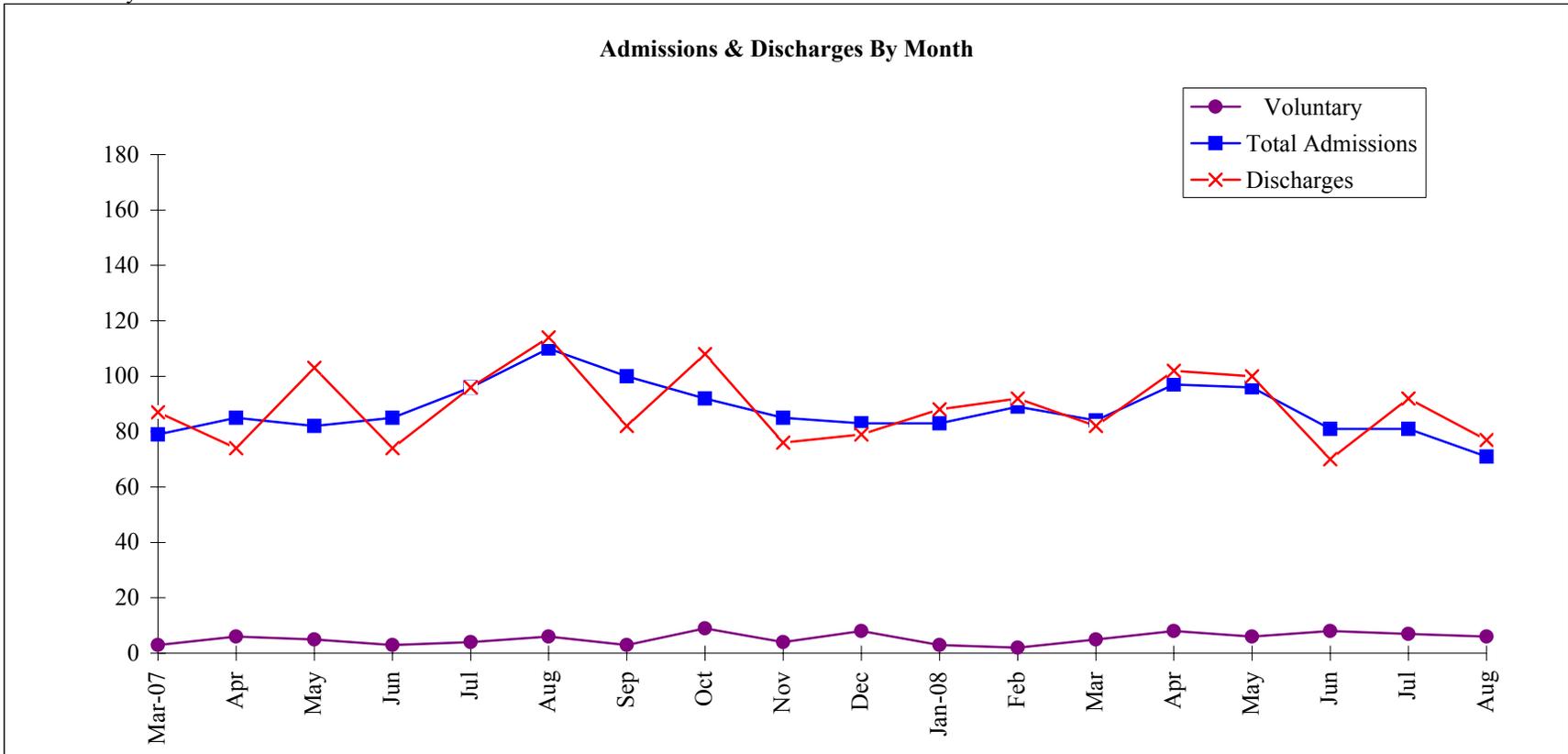
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

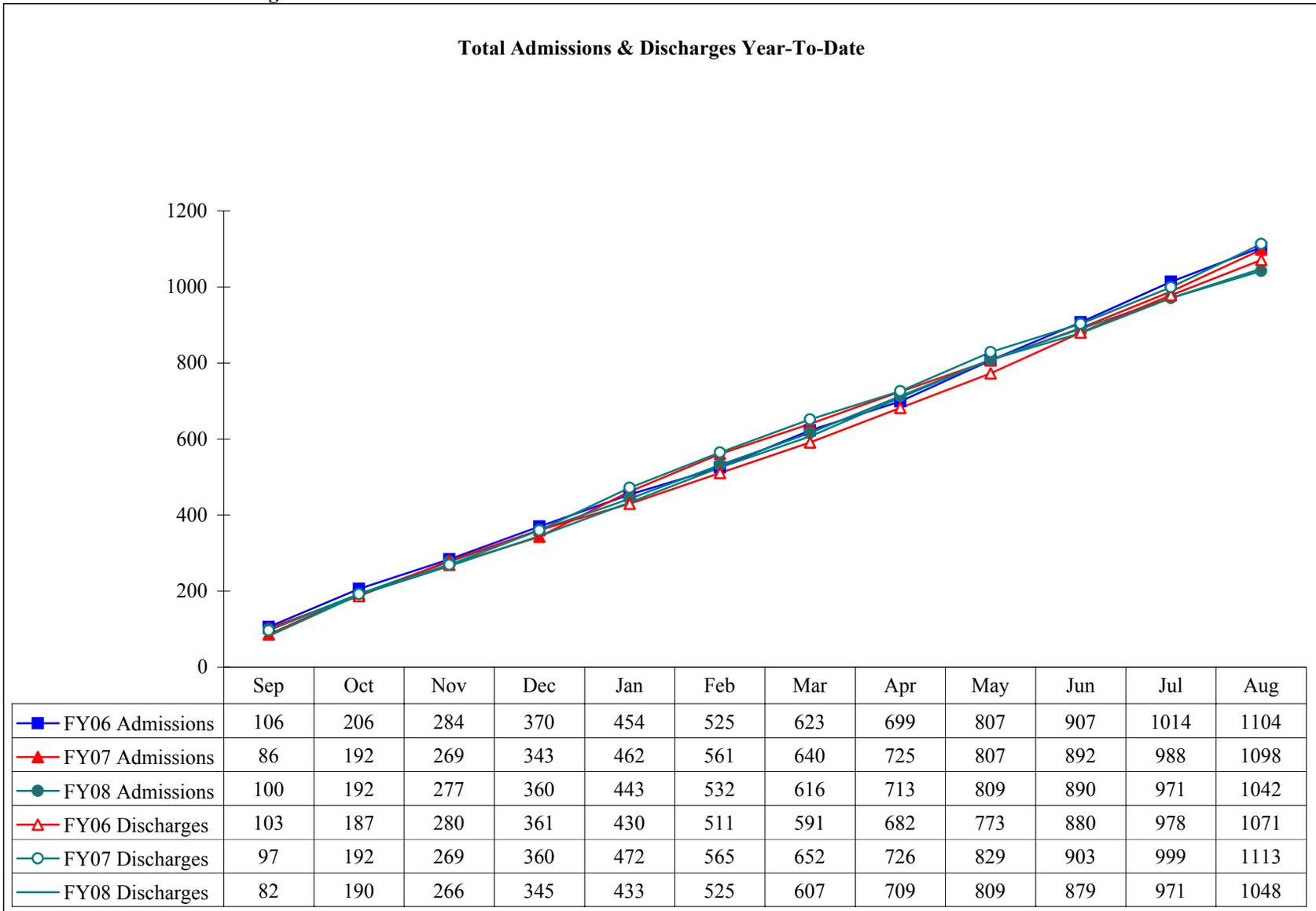
**Big Spring State Hospital**

**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	79	85	82	85	96	110	100	92	85	83	83	89	84	97	96	81	81	71
Voluntary	3	6	5	3	4	6	3	9	4	8	3	2	5	8	6	8	7	6
Involuntary	76	79	77	82	92	104	97	83	81	75	80	87	79	89	90	73	74	65
OPC	10	6	10	9	10	7	9	7	12	8	6	7	7	2	8	8	8	5
Emergency	51	65	55	48	68	74	71	50	48	54	62	61	58	67	58	50	53	49
Temporary	0	0	0	0	2	1	1	1	2	0	0	0	0	0	0	1	0	0
Extended	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0
46.02/46.03	14	8	10	24	10	19	15	23	18	8	11	17	12	19	16	11	9	9
Order for MR	1	0	2	1	2	3	1	1	1	4	1	2	2	1	7	3	4	2
Discharges	87	74	103	74	96	114	82	108	76	79	88	92	82	102	100	70	92	77
% New to System	42%	44%	35%	41%	46%	51%	38%	45%	39%	40%	46%	34%	44%	40%	42%	31%	38%	39%



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

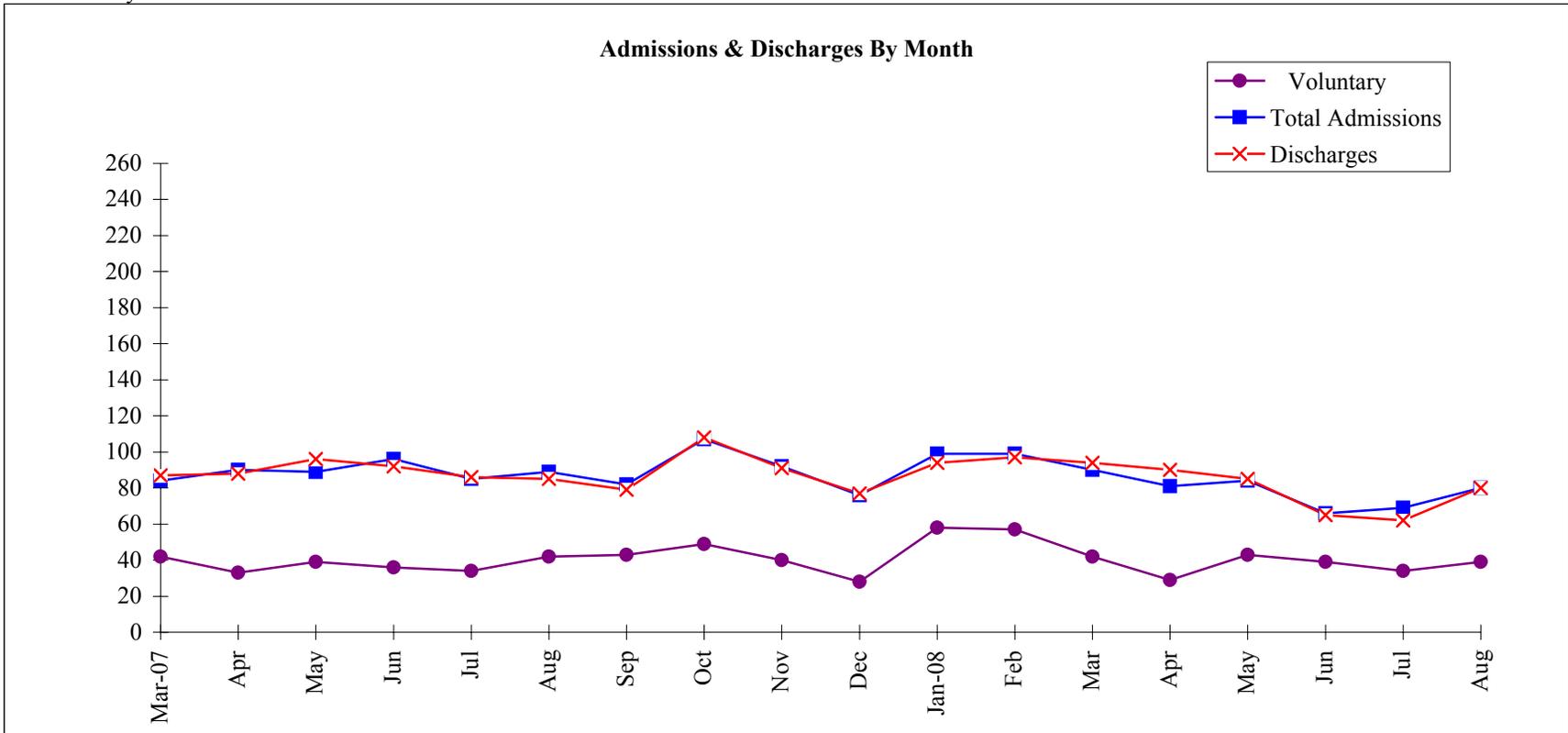


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**El Paso Psychiatric Center**

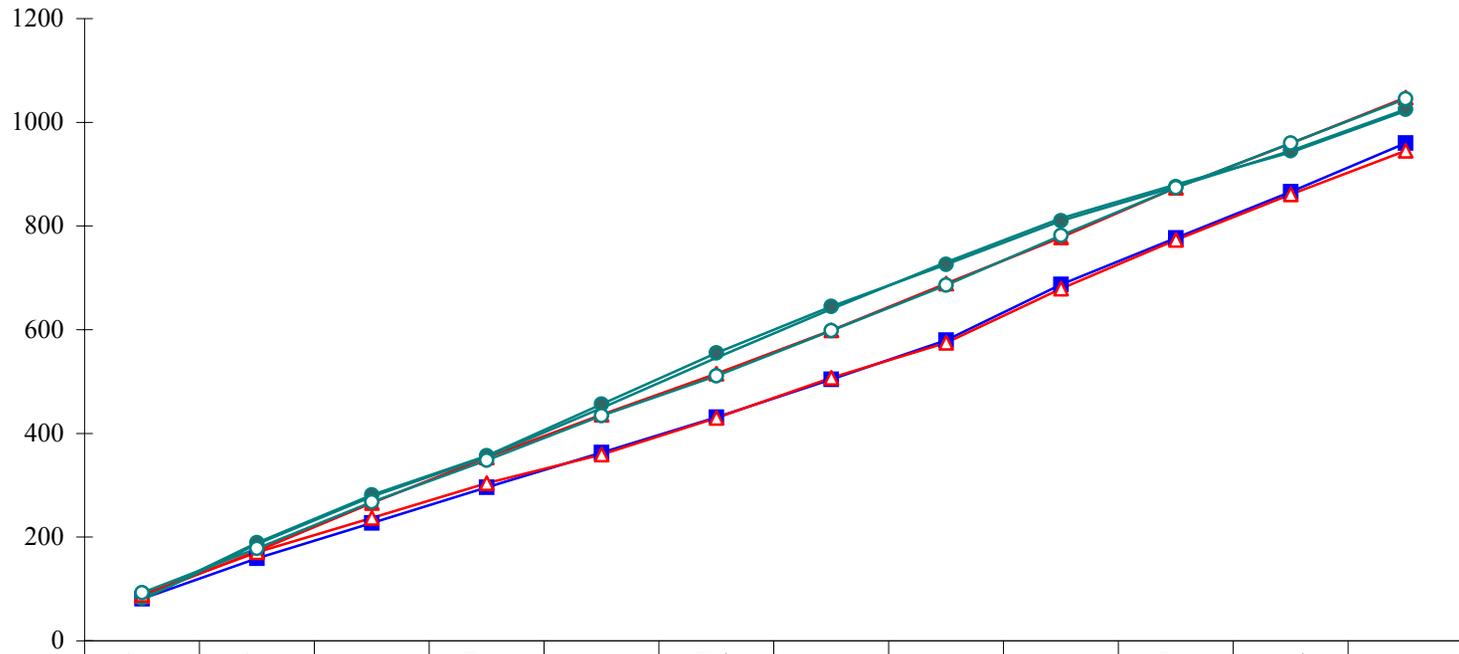
**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	84	90	89	96	85	89	82	107	92	76	99	99	90	81	84	66	69	80
Voluntary	42	33	39	36	34	42	43	49	40	28	58	57	42	29	43	39	34	39
Involuntary	42	57	50	60	51	47	39	58	52	48	41	42	48	52	41	27	35	41
OPC	3	5	3	6	5	7	2	2	5	1	2	1	1	1	1	0	0	2
Emergency	37	52	46	52	44	37	37	51	43	39	38	40	44	49	38	26	29	33
Temporary	0	0	1	0	1	1	0	2	1	1	1	0	1	1	2	1	2	1
Extended	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1
46.02/46.03	1	0	0	2	1	2	0	2	3	7	0	1	2	1	0	0	3	4
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	87	88	96	92	86	85	79	108	91	77	94	97	94	90	85	65	62	80
% New to System	45%	51%	43%	48%	36%	43%	45%	39%	52%	50%	52%	49%	43%	36%	39%	45%	39%	52%



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

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



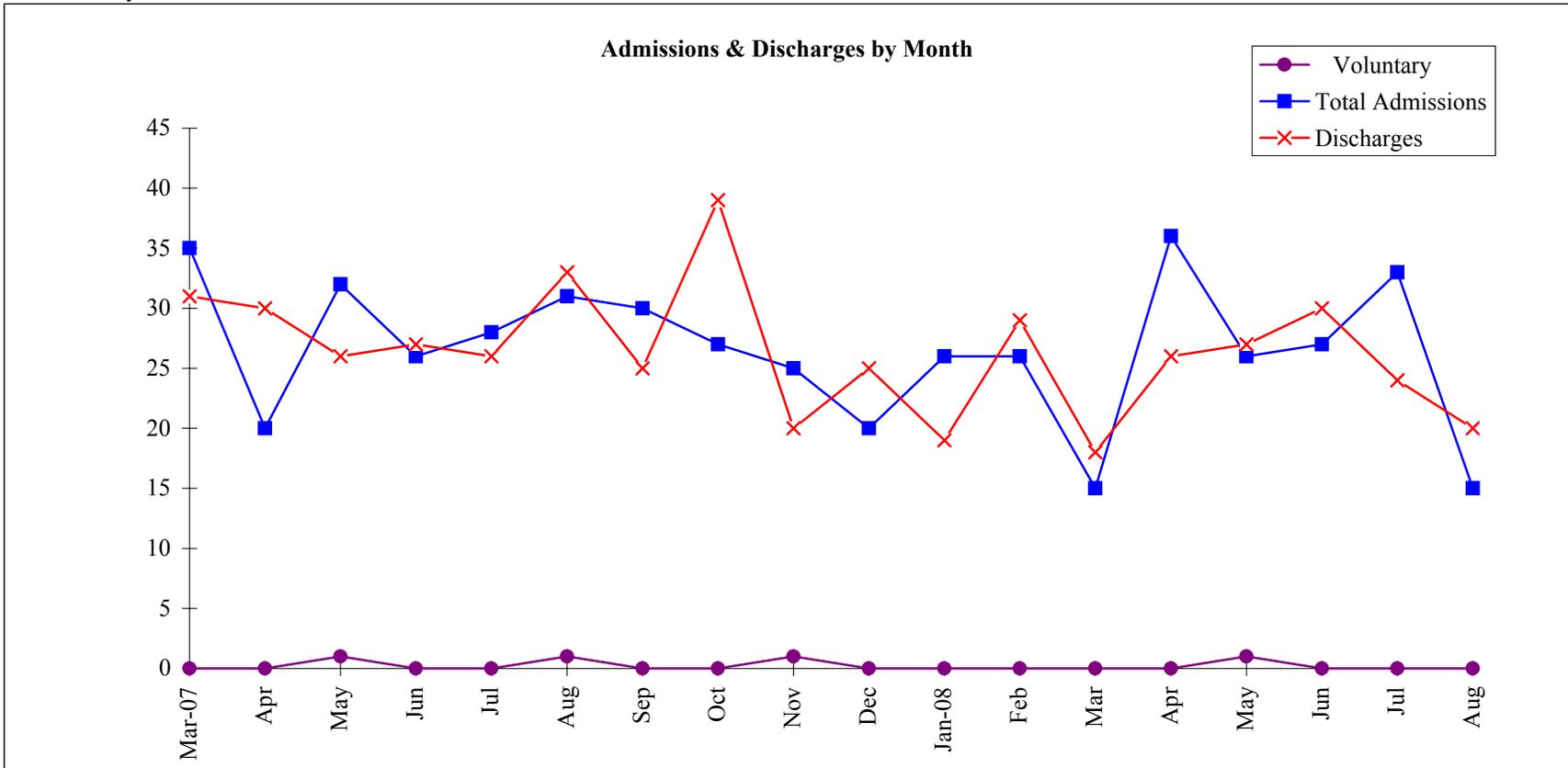
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY06 Admissions	81	159	227	296	363	431	504	580	687	777	866	960
▲ FY07 Admissions	86	173	266	354	436	515	599	689	778	874	959	1048
● FY08 Admissions	82	189	281	357	456	555	645	726	810	876	945	1025
▲ FY06 Discharges	89	171	237	304	359	430	507	575	679	773	861	945
○ FY07 Discharges	93	178	268	348	434	511	598	686	782	874	960	1045
● FY08 Discharges	79	187	278	355	449	546	640	730	815	880	942	1022

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

**Kerrville State Hospital**

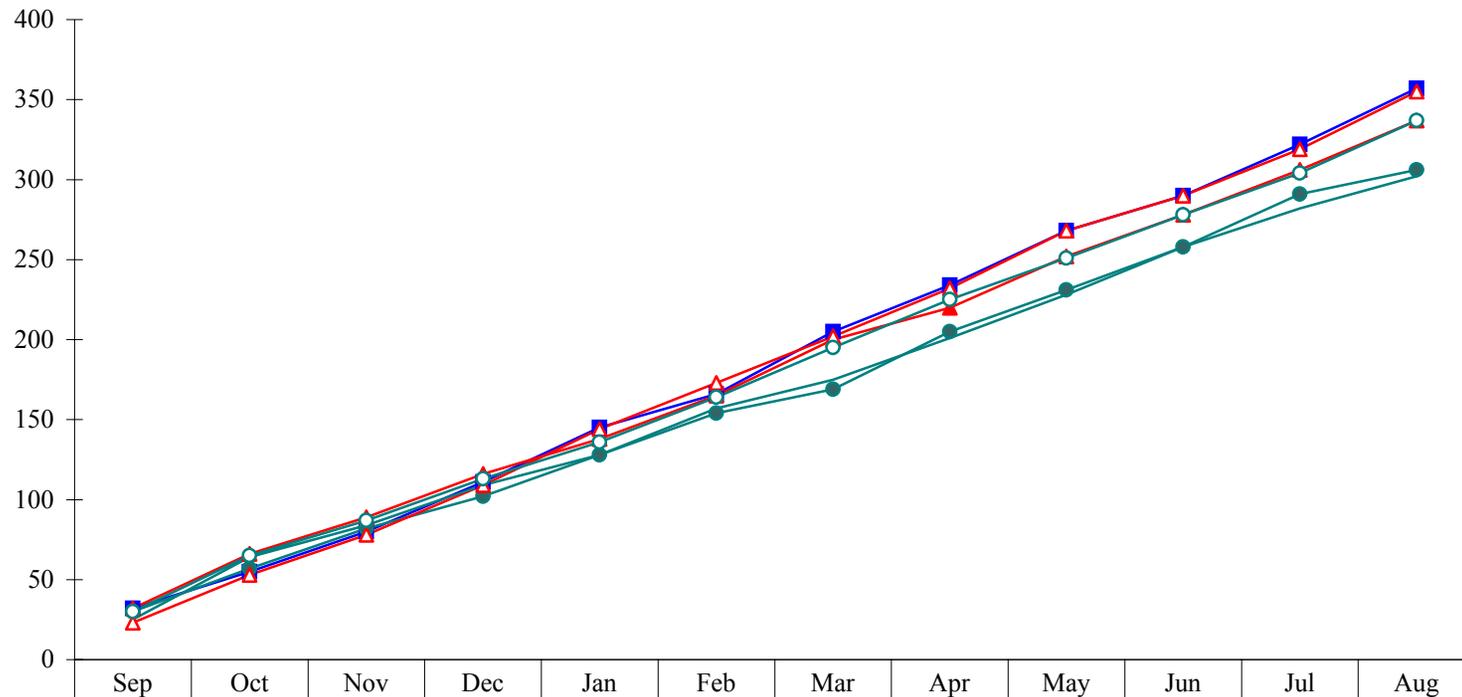
**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	35	20	32	26	28	31	30	27	25	20	26	26	15	36	26	27	33	15
Voluntary	0	0	1	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0
Involuntary	35	20	31	26	28	30	30	27	24	20	26	26	15	36	25	27	33	15
OPC	1	1	0	0	0	0	0	0	1	0	1	0	0	3	1	0	0	0
Emergency	25	16	18	21	20	17	21	21	20	15	15	23	8	19	16	18	21	15
Temporary	0	1	4	1	4	4	3	2	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46.02/46.03	9	2	9	4	4	9	6	4	2	5	10	3	7	14	8	9	12	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	31	30	26	27	26	33	25	39	20	25	19	29	18	26	27	30	24	20
% New to System	37%	50%	28%	54%	46%	42%	40%	52%	28%	20%	35%	54%	20%	36%	58%	30%	45%	40%



**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**



—■— FY06 Admissions	32	55	80	111	145	166	205	234	268	290	322	357
—▲— 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
—▲— FY06 Discharges	23	53	78	109	144	173	202	232	268	290	319	355
—○— 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

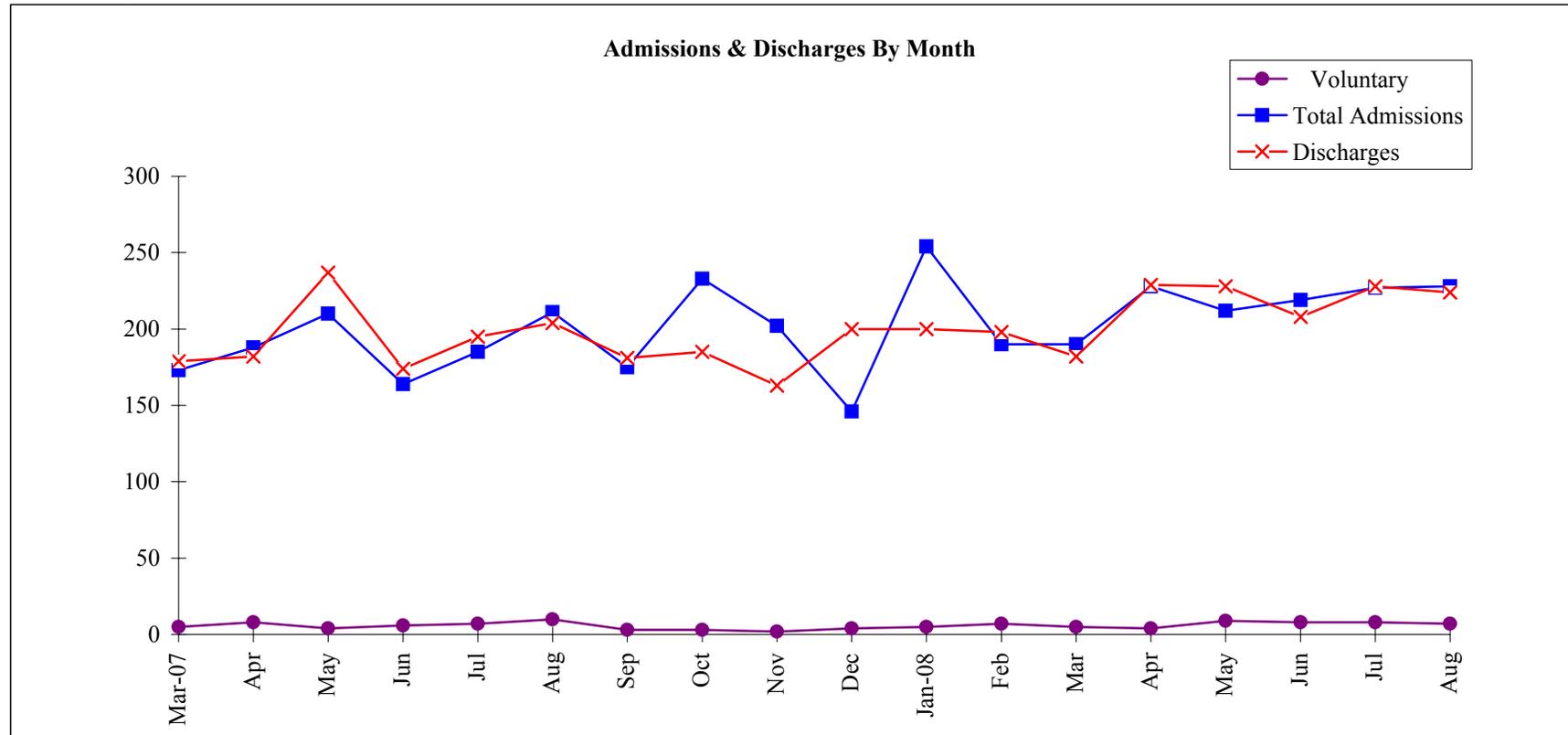
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

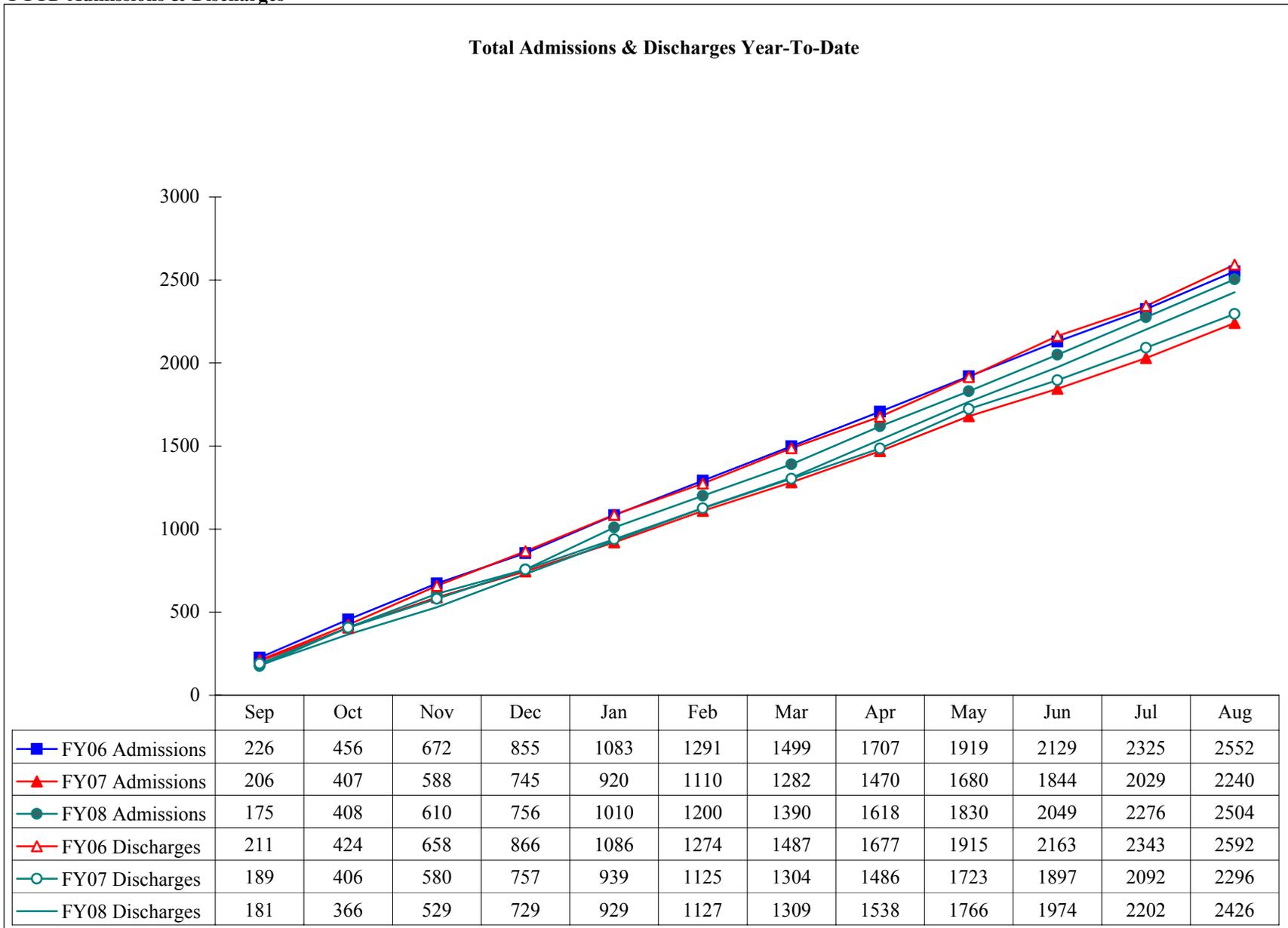
**North Texas State Hospital**

**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	173	188	210	164	185	211	175	233	202	146	254	190	190	228	212	219	227	228
Voluntary	5	8	4	6	7	10	3	3	2	4	5	7	5	4	9	8	8	7
Involuntary	168	180	206	158	178	201	172	230	200	142	249	183	185	224	203	211	219	221
OPC	25	25	26	13	12	21	12	23	13	15	20	17	24	31	12	17	17	20
Emergency	45	49	59	38	58	57	51	44	57	38	45	47	49	58	57	53	55	80
Temporary	50	48	46	43	48	57	42	46	53	44	65	53	50	54	50	54	53	67
Extended	1	2	0	0	1	0	1	3	0	0	0	0	1	2	1	0	0	0
46.02/46.03	44	53	69	52	54	55	56	91	65	33	103	54	51	68	72	70	82	41
Order for MR	3	3	6	12	5	11	10	23	12	12	16	12	10	11	11	17	12	13
Discharges	179	182	237	174	195	204	181	185	163	200	200	198	182	229	228	208	228	224
% New to System	50%	52%	45%	50%	41%	48%	46%	47%	56%	46%	44%	47%	51%	49%	50%	48%	48%	50%



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



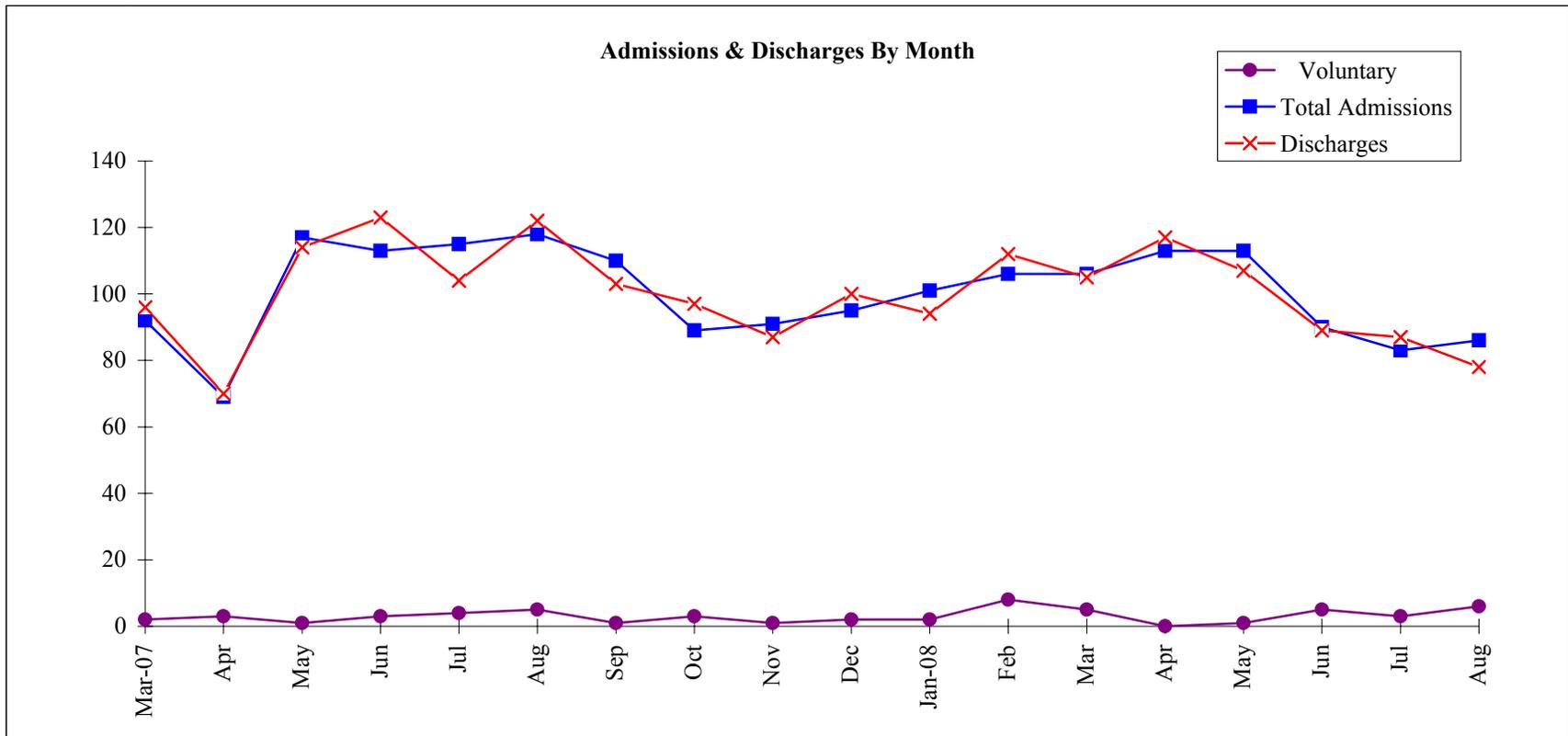
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

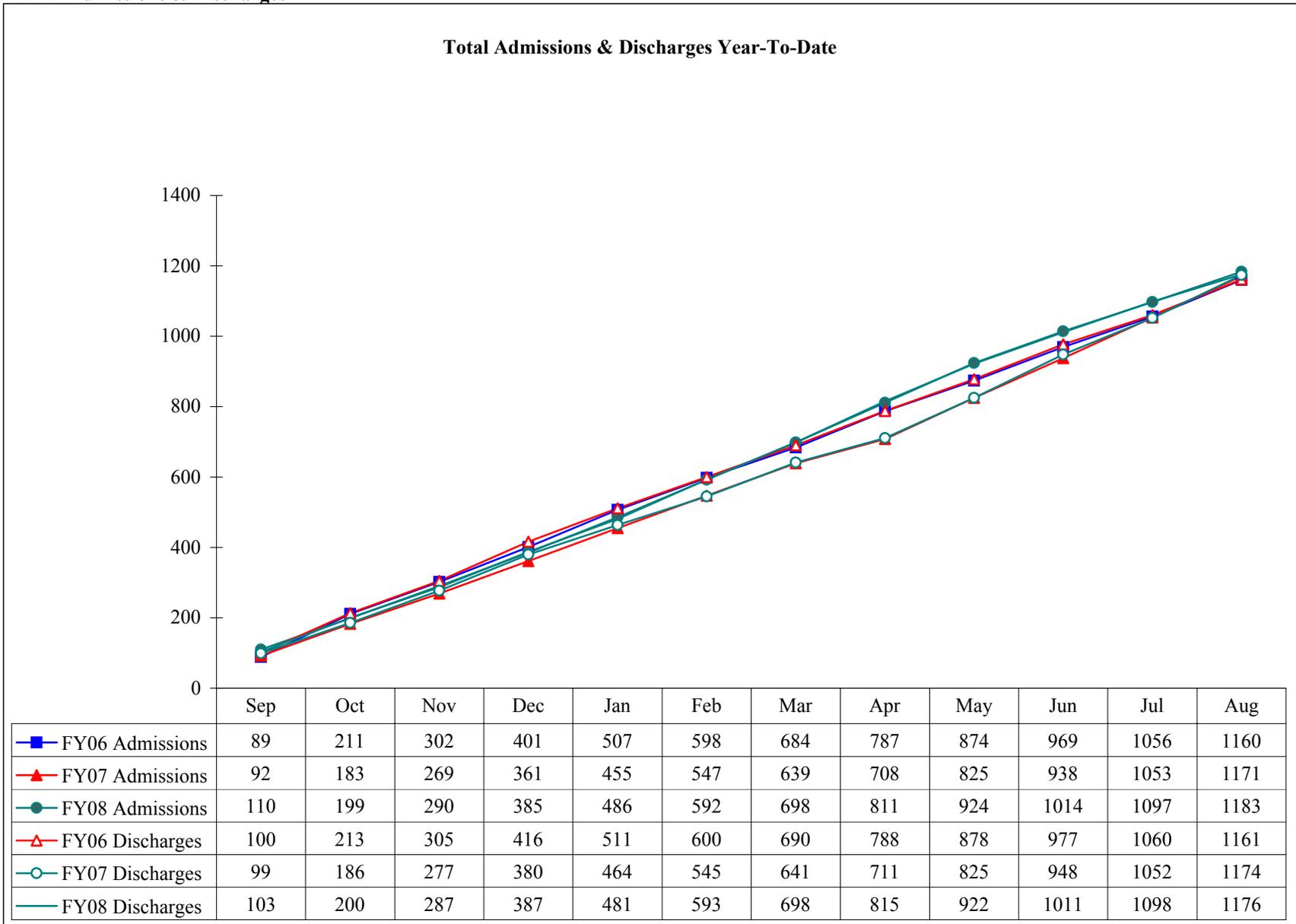
**Rio Grande State Center**

**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	92	69	117	113	115	118	110	89	91	95	101	106	106	113	113	90	83	86
Voluntary	2	3	1	3	4	5	1	3	1	2	2	8	5	0	1	5	3	6
Involuntary	90	66	116	110	111	113	109	86	90	93	99	98	101	113	112	85	80	80
OPC	0	1	0	0	1	0	0	2	0	0	3	2	2	1	1	0	3	0
Emergency	90	64	116	109	109	112	108	83	90	90	91	96	98	112	109	82	74	77
Temporary	0	0	0	1	1	1	1	1	0	3	5	0	0	0	2	2	2	2
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
Discharges	96	70	114	123	104	122	103	97	87	100	94	112	105	117	107	89	87	78
% New to System	47%	45%	45%	52%	49%	44%	44%	40%	37%	51%	42%	56%	51%	43%	50%	46%	53%	48%



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



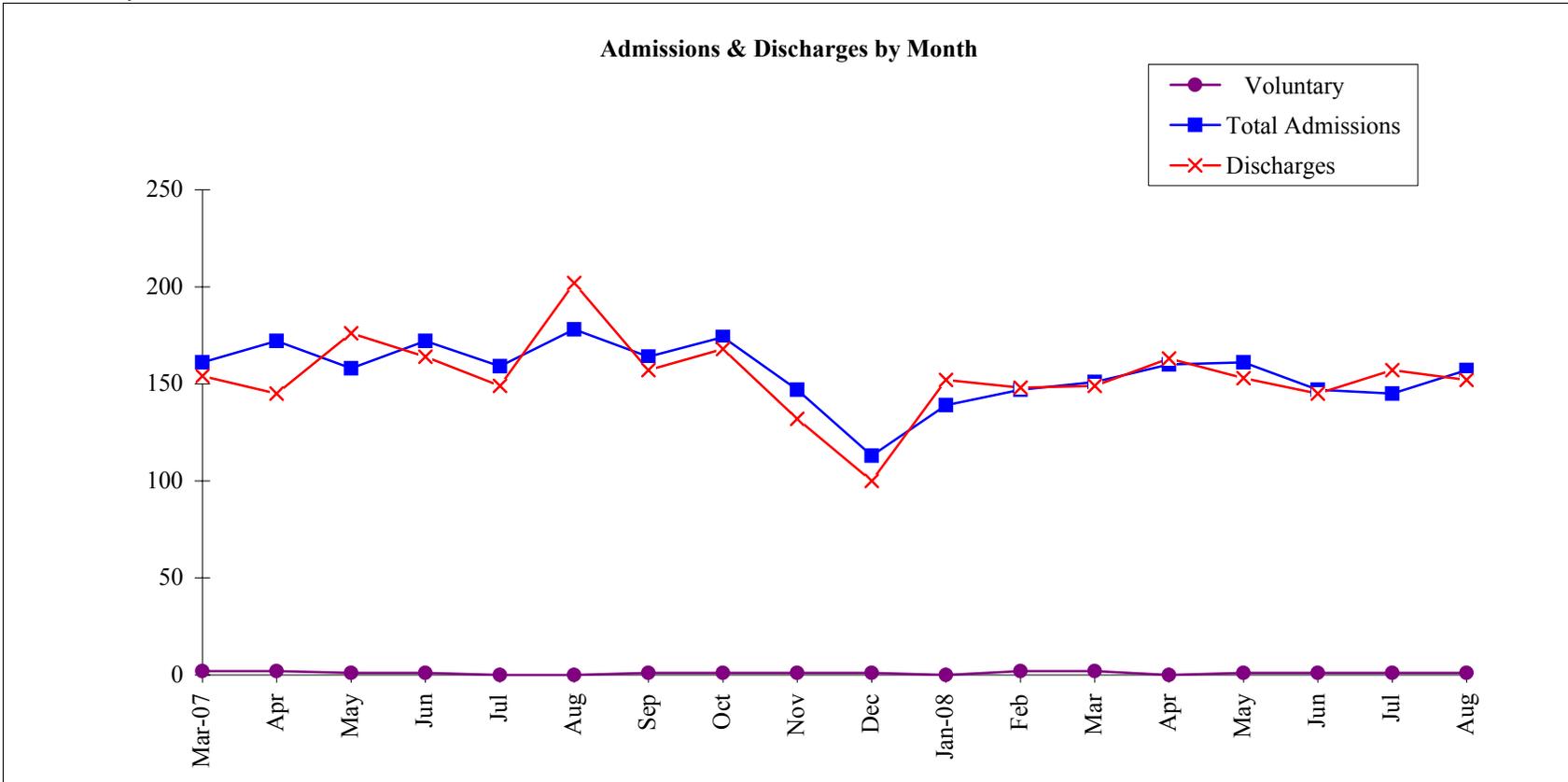
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

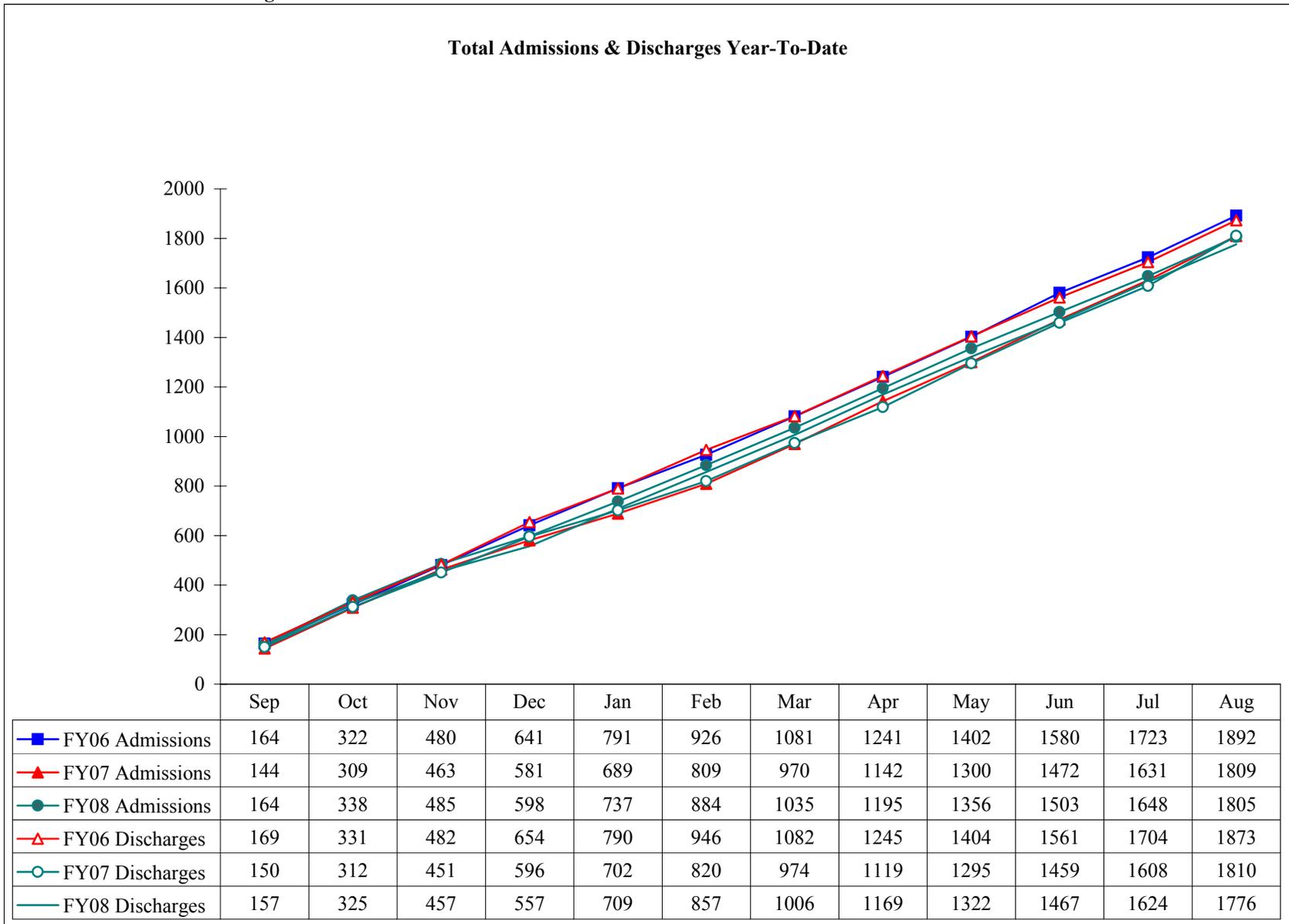
**Rusk State Hospital**

**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	161	172	158	172	159	178	164	174	147	113	139	147	151	160	161	147	145	157
Voluntary	2	2	1	1	0	0	1	1	1	1	0	2	2	0	1	1	1	1
Involuntary	159	170	157	171	159	178	163	173	146	112	139	145	149	160	160	146	144	156
OPC	59	51	55	57	43	69	56	57	33	28	45	45	54	64	53	45	60	54
Emergency	37	73	76	73	82	76	62	53	40	51	59	56	64	63	54	59	52	62
Temporary	18	9	14	21	20	20	15	17	9	7	13	10	8	10	25	14	12	7
Extended	0	0	0	0	0	1	1	1	0	0	1	2	1	0	0	0	1	1
46.02/46.03	45	37	12	20	14	12	29	45	64	26	21	32	22	23	28	28	19	32
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	154	145	176	164	149	202	157	168	132	100	152	148	149	163	153	145	157	152
% New to System	49%	46%	44%	46%	49%	49%	43%	45%	46%	40%	46%	39%	54%	54%	48%	40%	55%	48%



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

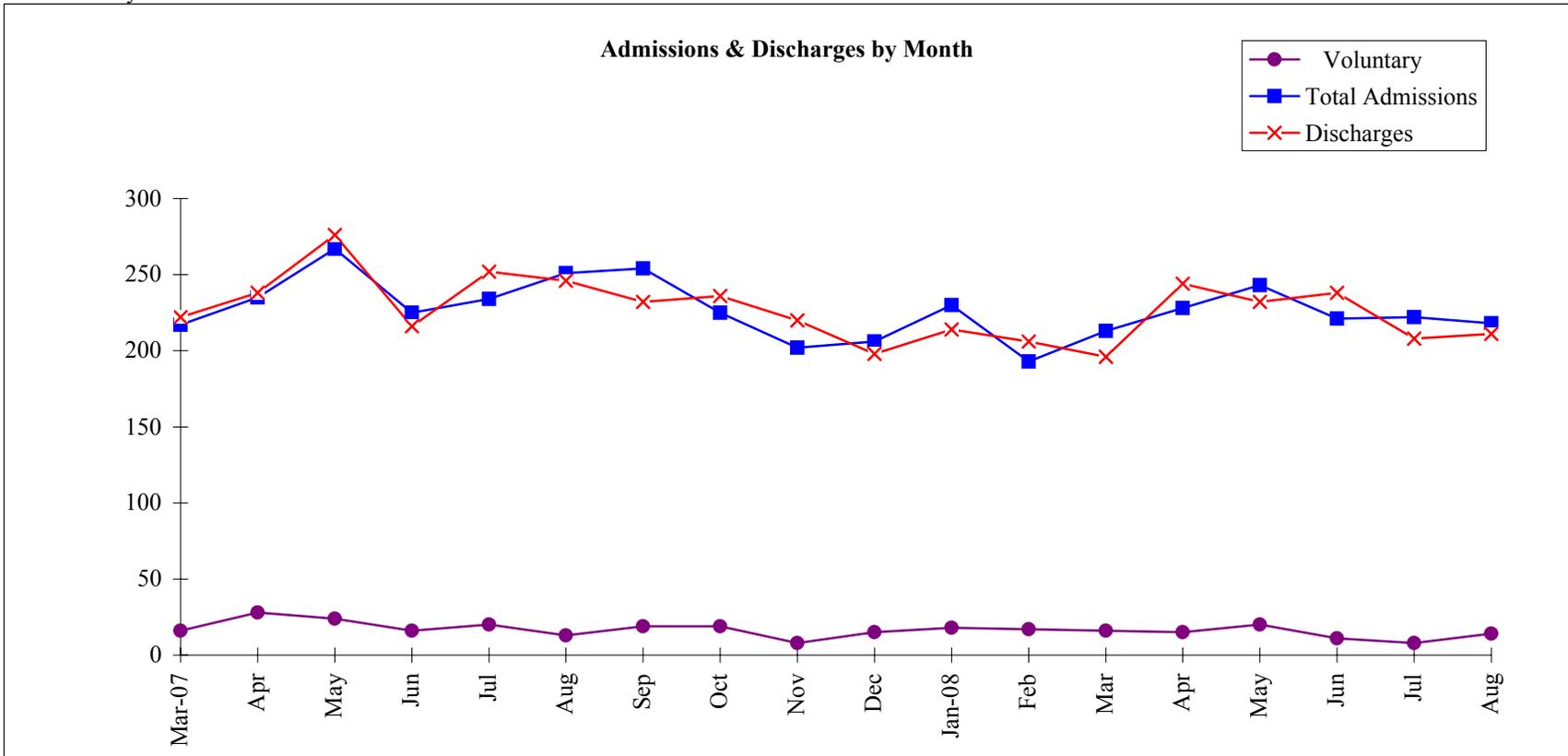


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

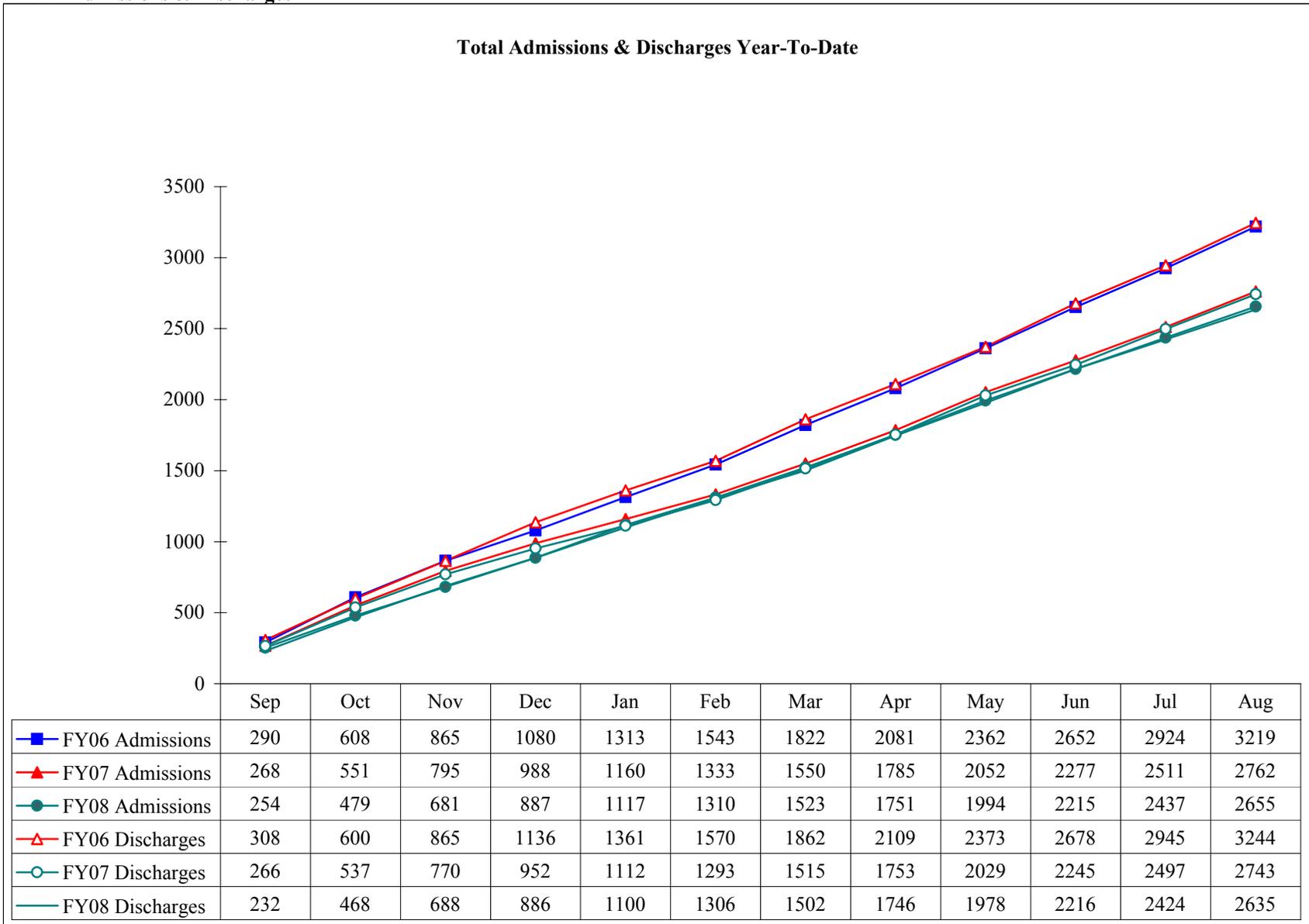
**San Antonio State Hospital**

**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	217	235	267	225	234	251	254	225	202	206	230	193	213	228	243	221	222	218
Voluntary	16	28	24	16	20	13	19	19	8	15	18	17	16	15	20	11	8	14
Involuntary	201	207	243	209	214	238	235	206	194	191	212	176	197	213	223	210	214	204
OPC	78	56	83	67	76	91	69	52	55	47	58	64	51	72	70	55	77	64
Emergency	100	130	143	106	122	111	127	118	112	113	120	101	121	107	121	122	104	103
Temporary	23	16	12	26	14	28	23	27	14	12	13	11	19	22	19	23	27	22
Extended	0	0	1	0	1	2	0	2	0	0	0	0	0	0	0	0	0	1
46.02/46.03	0	5	1	7	0	3	14	4	11	18	17	0	6	10	10	6	4	10
Order for MR	0	0	3	3	1	3	2	3	2	1	4	0	0	2	3	4	2	4
Discharges	222	238	276	216	252	246	232	236	220	198	214	206	196	244	232	238	208	211
% New to System	45%	54%	45%	42%	45%	43%	46%	46%	51%	42%	47%	42%	44%	42%	45%	42%	40%	43%



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

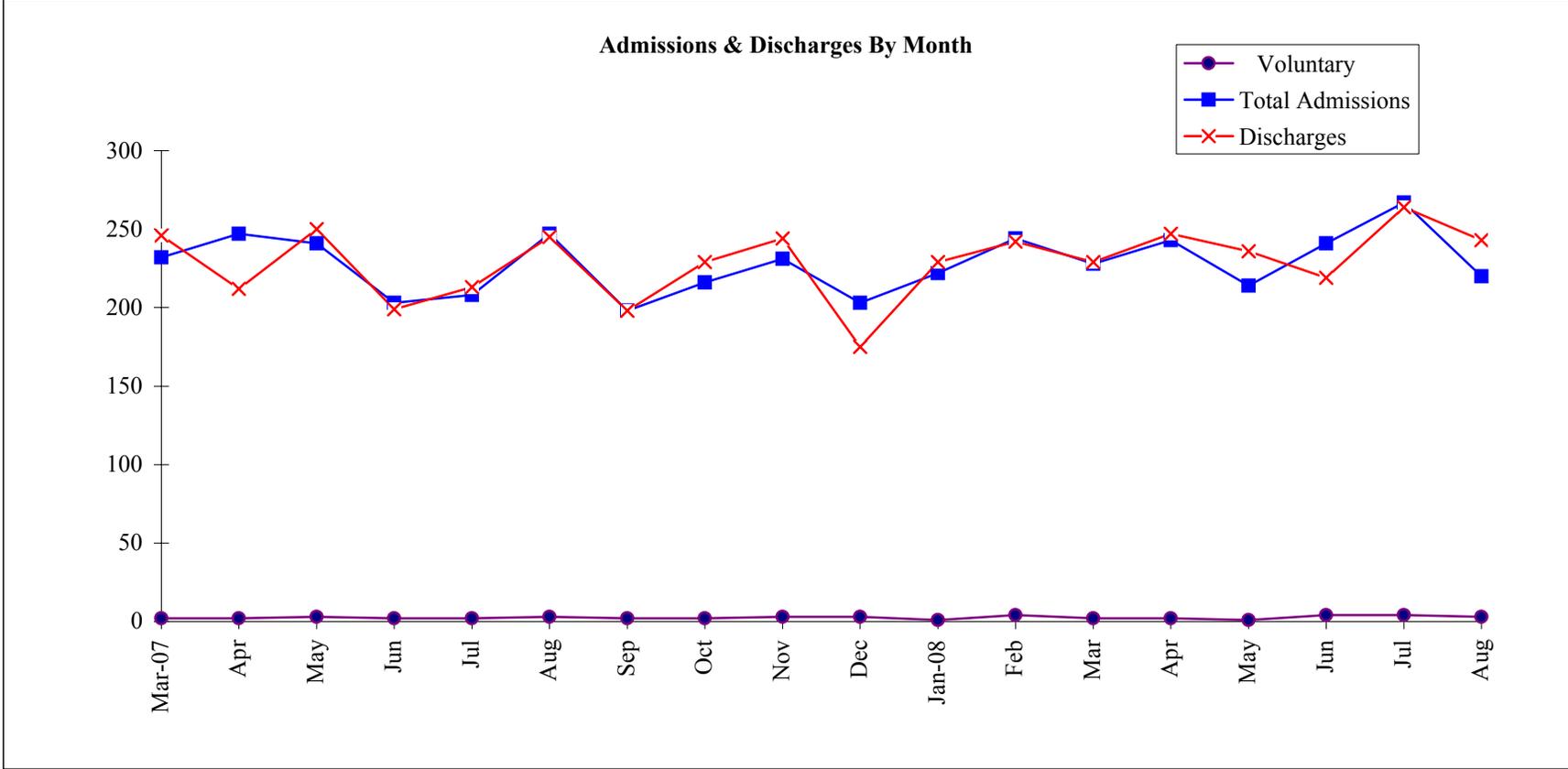


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Terrell State Hospital**

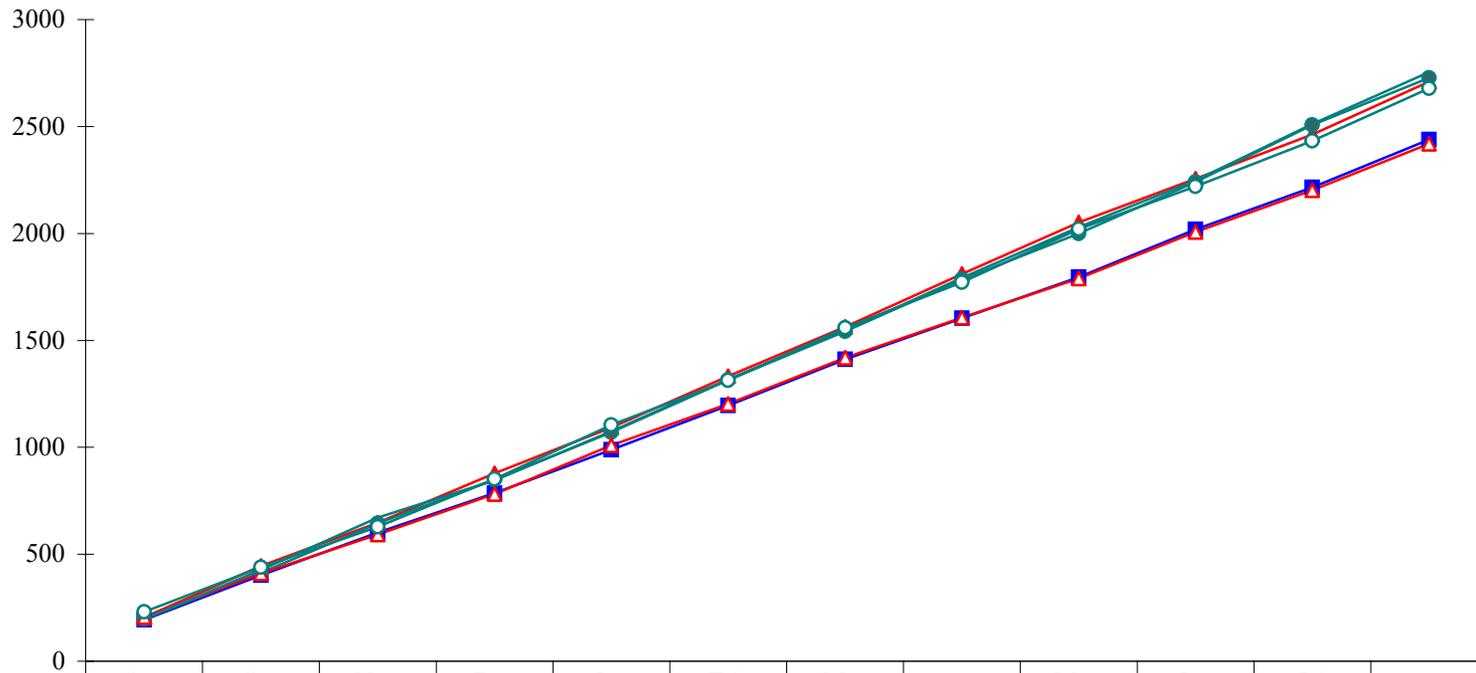
**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	232	247	241	203	208	247	198	216	231	203	222	244	228	243	214	241	267	220
Voluntary	2	2	3	2	2	3	2	2	3	3	1	4	2	2	1	4	4	3
Involuntary	230	245	238	201	206	244	196	214	228	200	221	240	226	241	213	237	263	217
OPC	184	199	189	144	159	173	126	170	182	151	173	182	183	171	159	189	192	163
Emergency	12	14	4	6	5	9	10	8	8	12	6	19	9	14	14	18	15	15
Temporary	30	22	38	40	37	53	44	31	21	17	29	29	18	39	31	21	37	22
Extended	2	1	1	1	1	2	3	1	1	3	3	2	3	1	1	1	2	1
46.02/46.03	2	9	6	10	4	7	13	4	16	17	10	8	13	16	8	8	17	16
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	246	212	250	199	213	245	198	229	244	175	229	242	229	247	236	219	264	243
% New to System	43%	43%	40%	38%	44%	44%	37%	40%	38%	47%	46%	46%	43%	44%	45%	46%	40%	45%



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

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



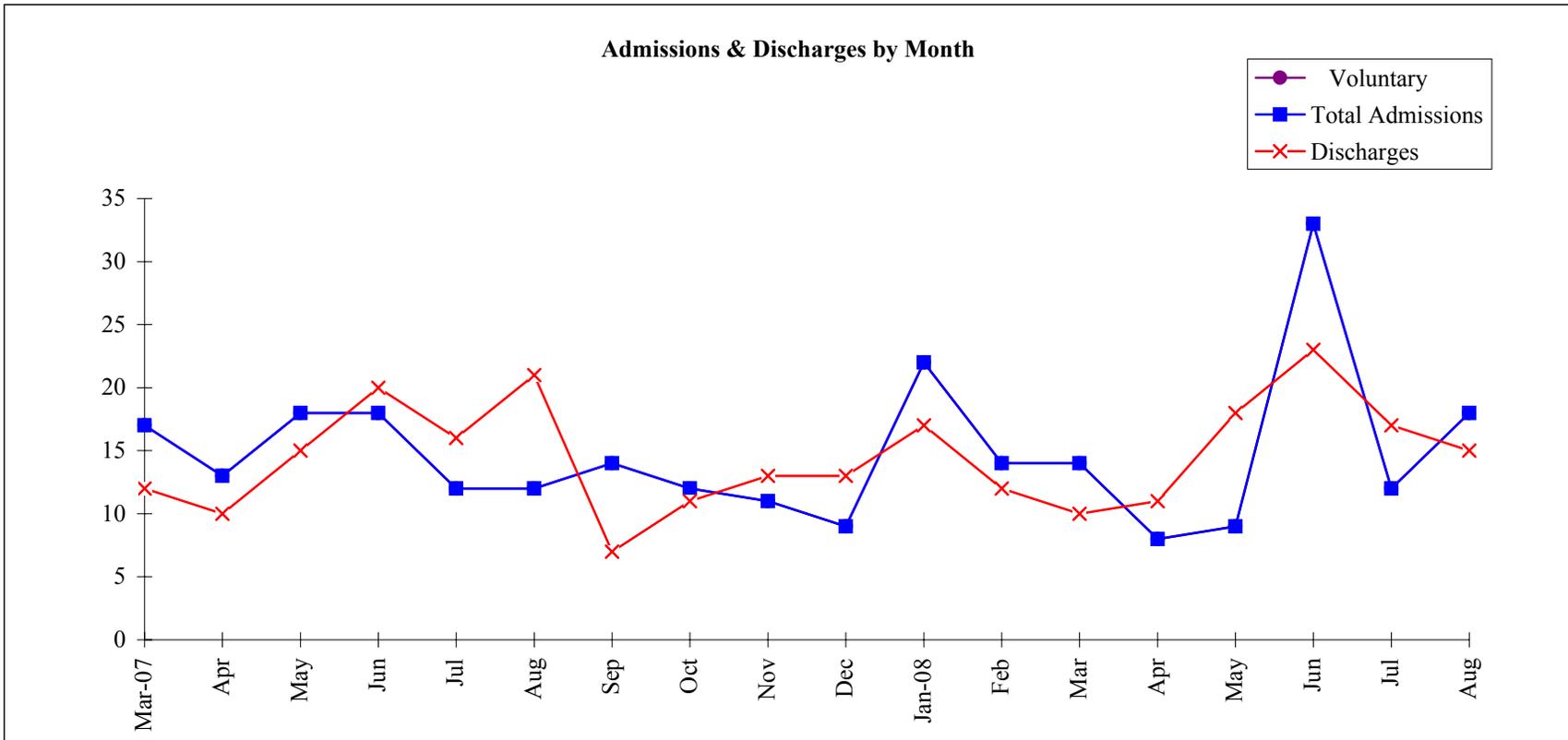
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY06 Admissions	194	402	602	786	989	1196	1412	1603	1795	2019	2215	2438
FY07 Admissions	206	445	648	878	1093	1332	1564	1811	2052	2255	2463	2710
FY08 Admissions	198	414	645	848	1070	1314	1542	1785	1999	2240	2507	2727
FY06 Discharges	207	411	593	782	1010	1203	1419	1607	1789	2007	2202	2420
FY07 Discharges	231	439	628	852	1104	1313	1559	1771	2021	2220	2433	2678
FY08 Discharges	198	427	671	846	1075	1317	1546	1793	2029	2248	2512	2755

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

**Waco Center for Youth**

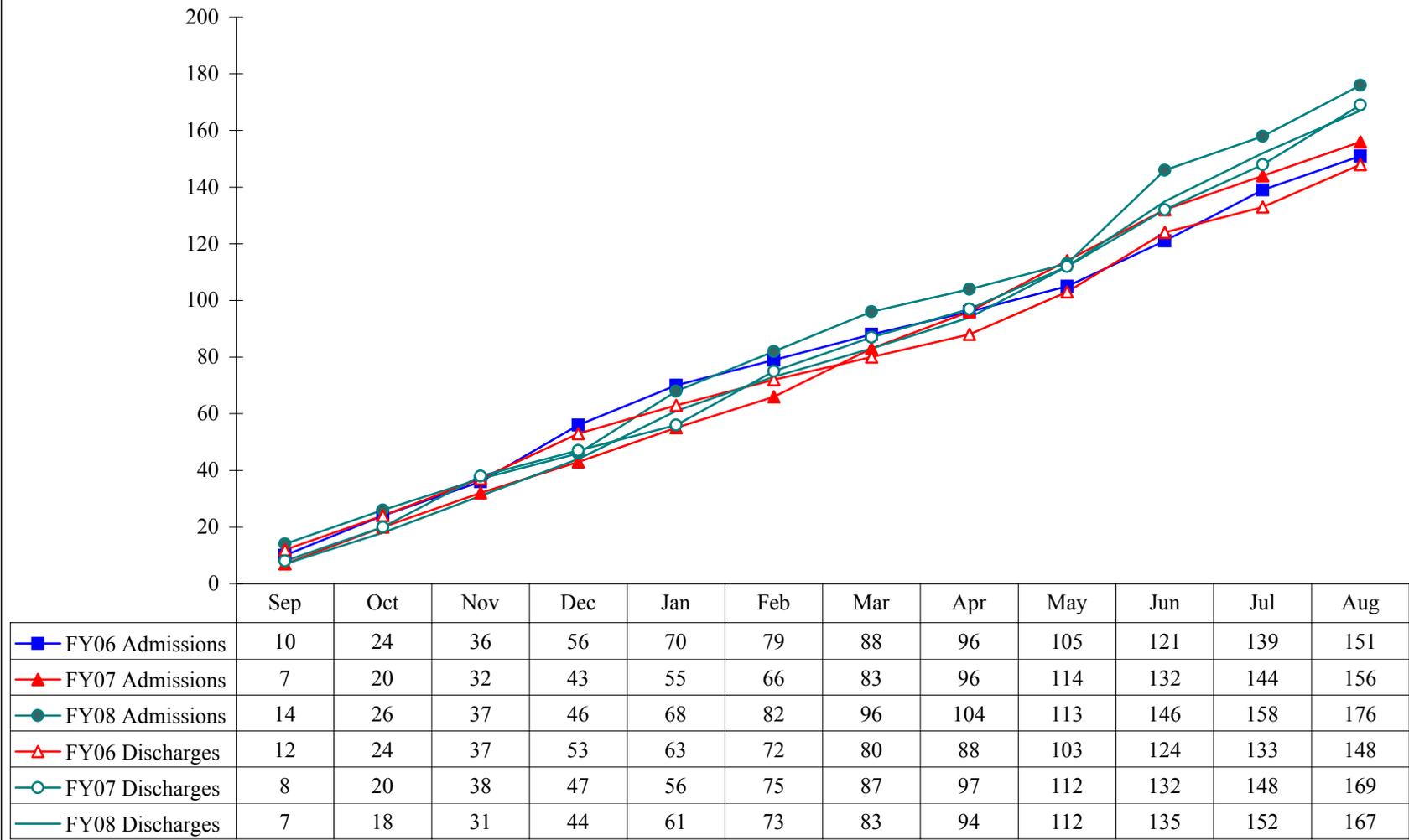
**Admissions by Month**

	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	17	13	18	18	12	12	14	12	11	9	22	14	14	8	9	33	12	18
Voluntary	17	13	18	18	12	12	14	12	11	9	22	14	14	8	9	33	12	18
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	12	10	15	20	16	21	7	11	13	13	17	12	10	11	18	23	17	15
% New to System	53%	31%	72%	39%	42%	58%	57%	58%	82%	56%	68%	29%	50%	50%	44%	67%	58%	61%



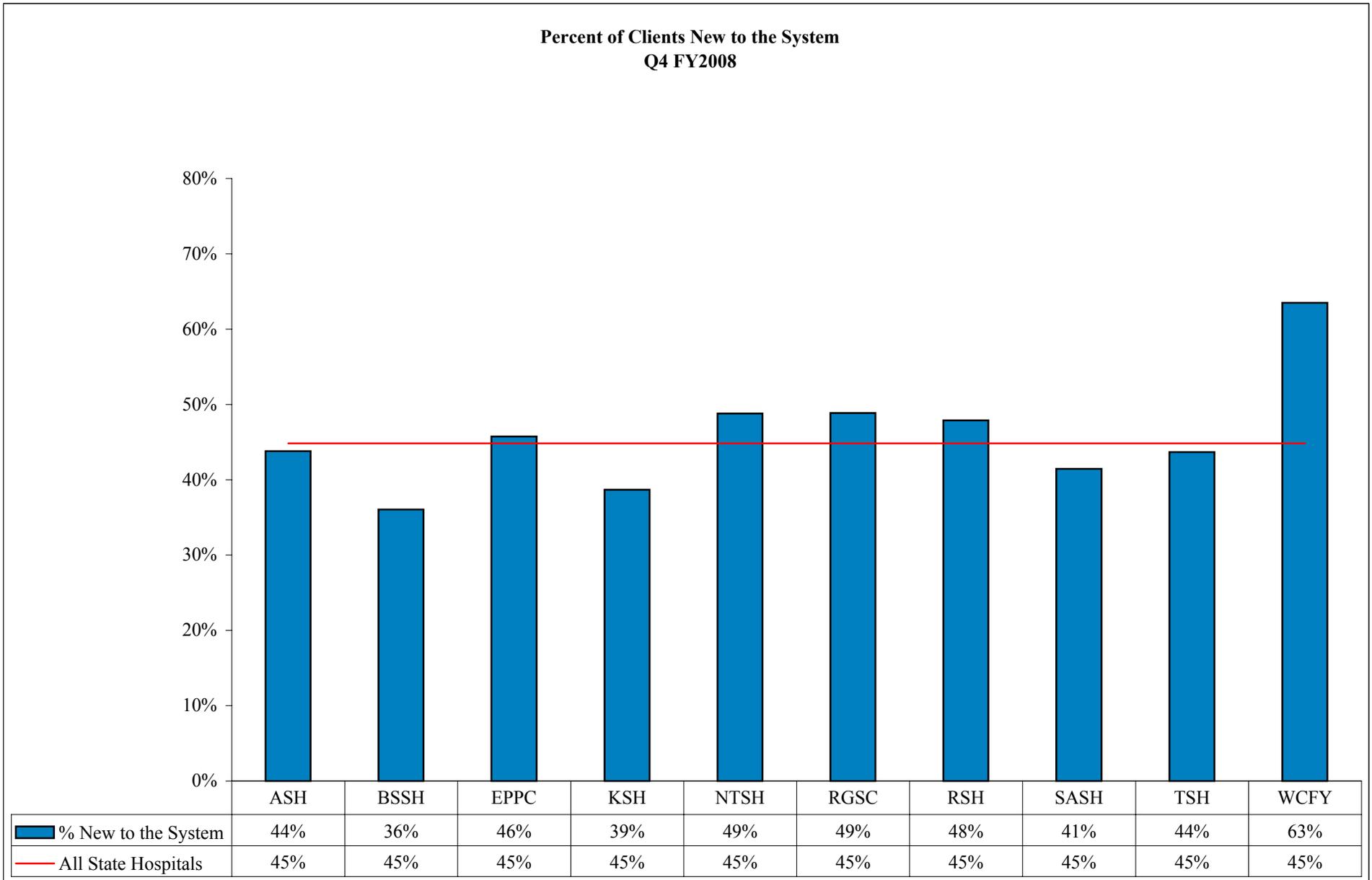
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**Waco Center for Youth**  
**FYTD Admissions & Discharges**

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



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

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

**Performance Measure Formula:**

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

N = # persons discharged during time frame

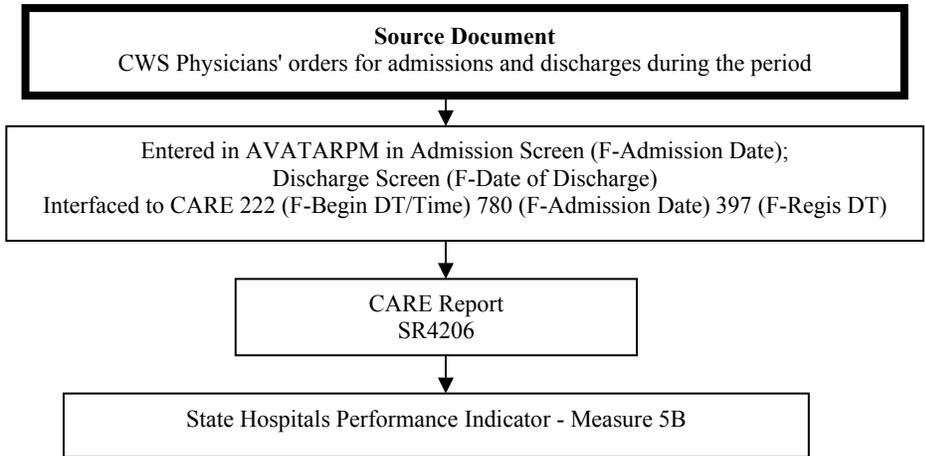
D = total persons discharged during the quarter

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

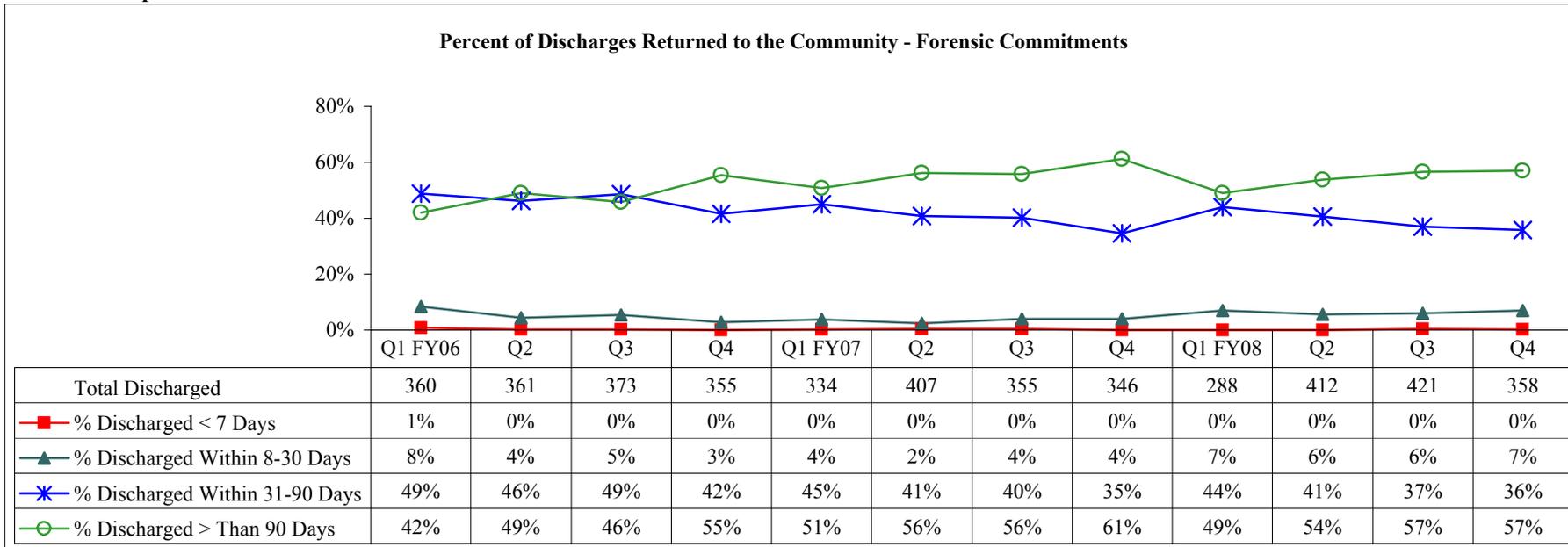
**Performance Measure Data Display and Chart Description:**

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

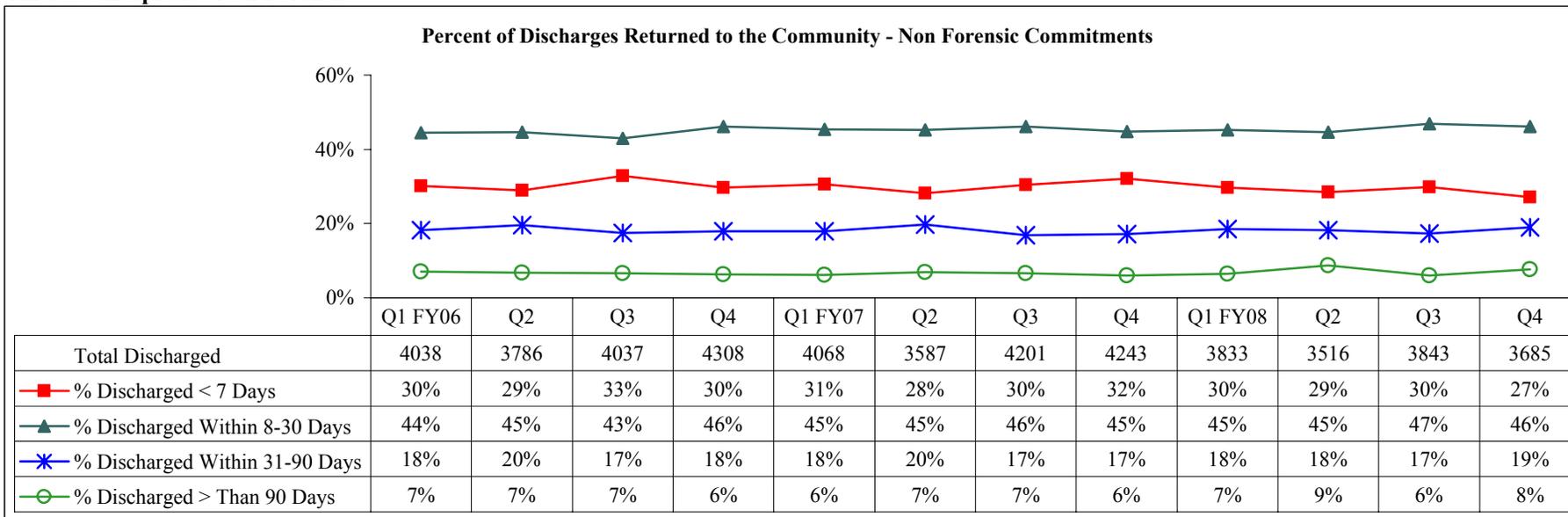
**Data Flow:**



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



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

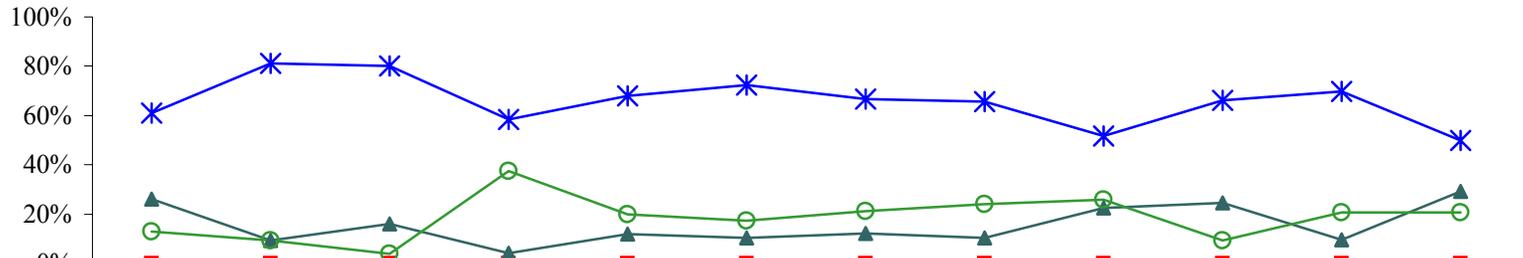


Total Discharges do not include transfers or DMAs

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

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

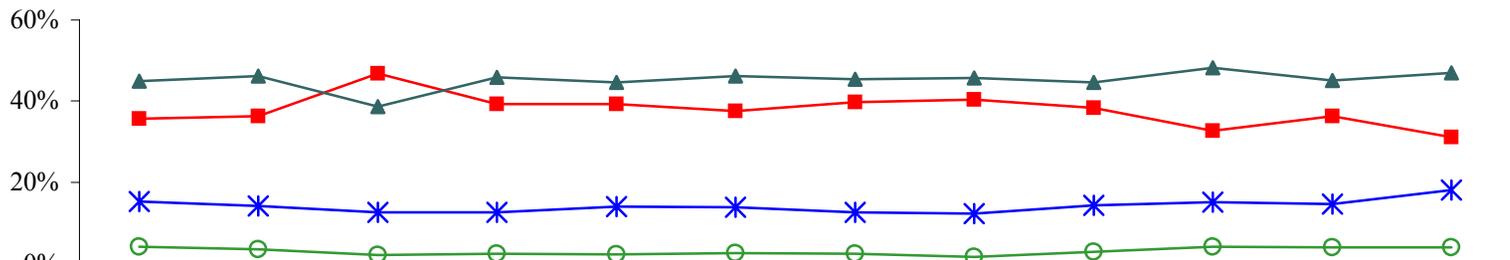
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Total Discharged	46	32	25	24	25	29	33	29	31	53	63	58
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	26%	9%	16%	4%	12%	10%	12%	10%	23%	25%	10%	29%
★ % Discharged Within 31-90 Days	61%	81%	80%	58%	68%	72%	67%	66%	52%	66%	70%	50%
○ % Discharged > Than 90 Days	13%	9%	4%	38%	20%	17%	21%	24%	26%	9%	21%	21%

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

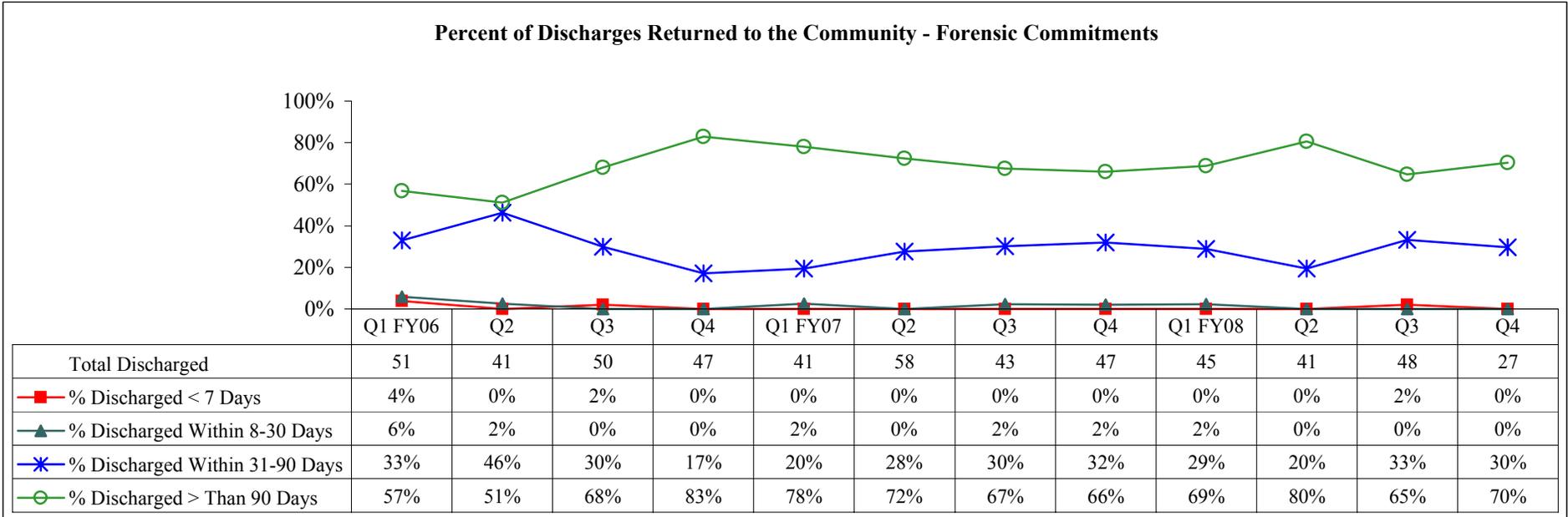
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



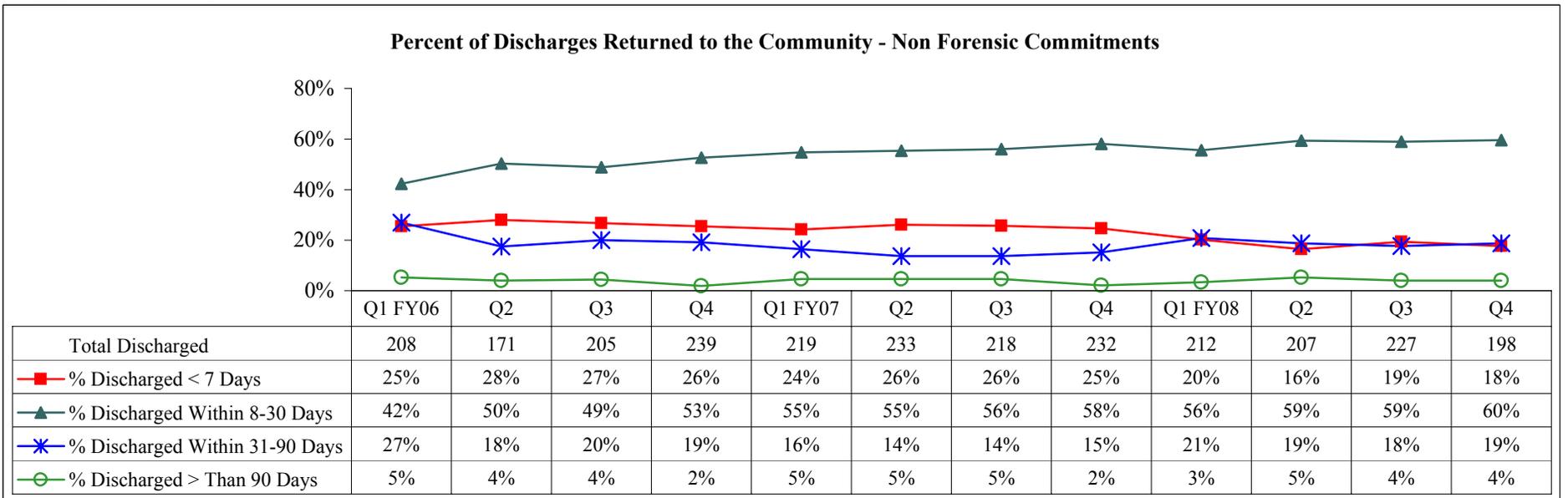
	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Total Discharged	947	996	1067	1135	1089	1011	1160	1173	939	780	835	782
■ % Discharged < 7 Days	36%	36%	47%	39%	39%	37%	40%	40%	38%	33%	36%	31%
▲ % Discharged Within 8-30 Days	45%	46%	39%	46%	45%	46%	45%	46%	45%	48%	45%	47%
★ % Discharged Within 31-90 Days	15%	14%	13%	13%	14%	14%	13%	12%	14%	15%	15%	18%
○ % Discharged > Than 90 Days	4%	3%	2%	2%	2%	2%	2%	2%	3%	4%	4%	4%

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

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



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

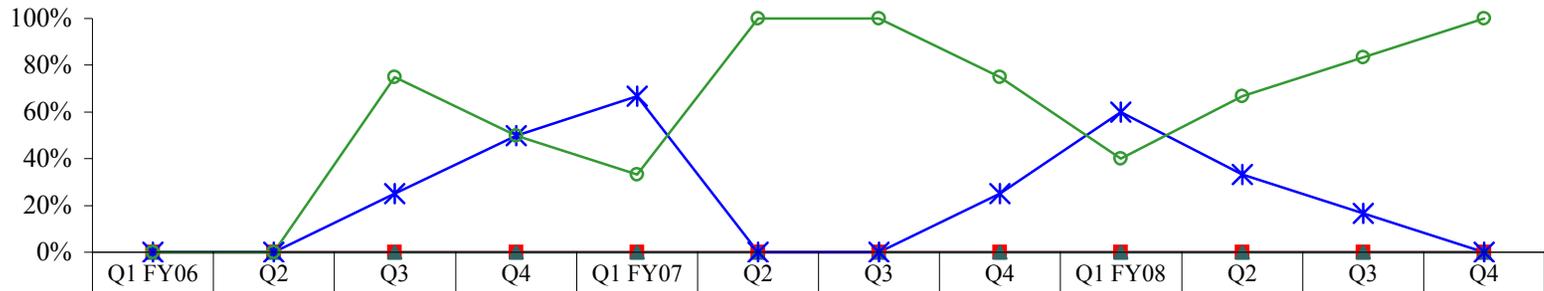


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

**El Paso Psychiatric Center - Forensic**

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

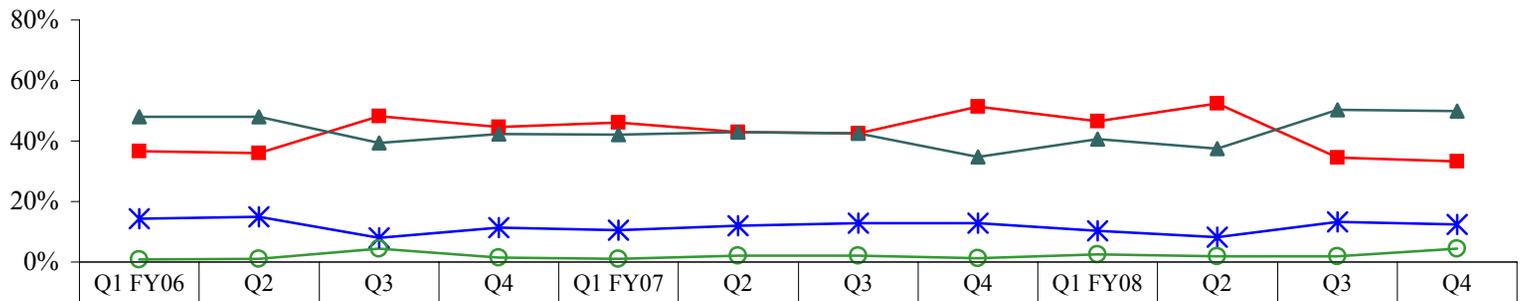


Total Discharged	0	0	4	4	3	4	3	4	5	9	6	4
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
✱ % Discharged Within 31-90 Days	0%	0%	25%	50%	67%	0%	0%	25%	60%	33%	17%	0%
○ % Discharged > Than 90 Days	0%	0%	75%	50%	33%	100%	100%	75%	40%	67%	83%	100%

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

**El Paso Psychiatric Center - Non Forensic**

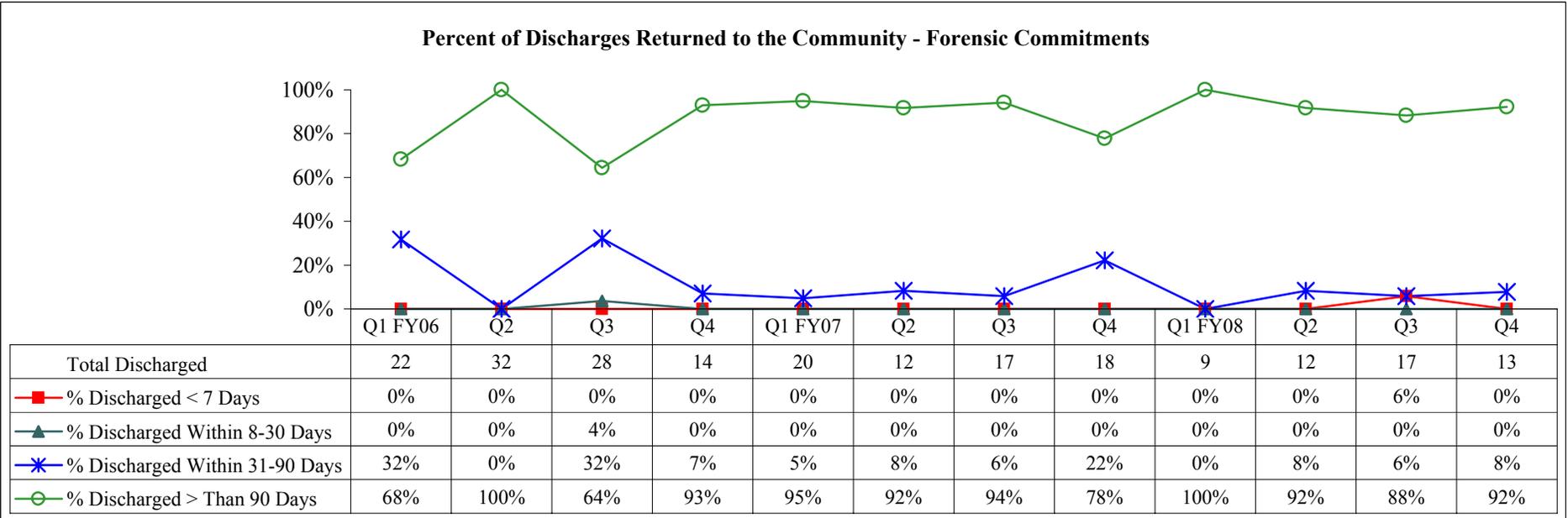
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



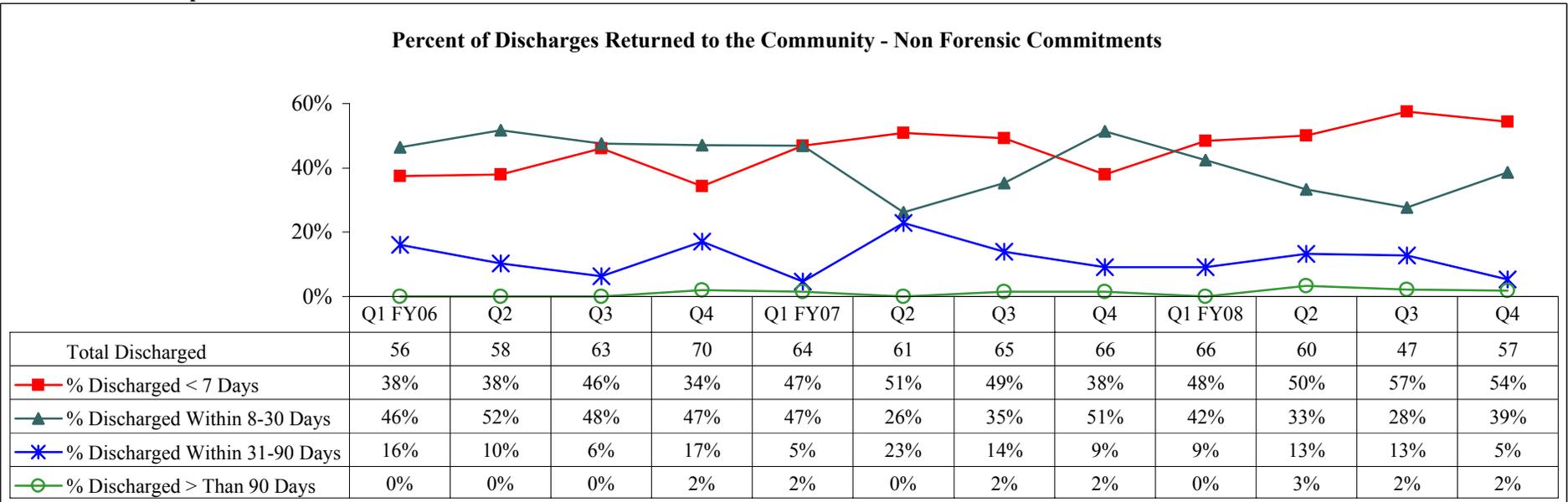
Total Discharged	237	194	249	262	273	240	271	259	280	259	264	208
■ % Discharged < 7 Days	37%	36%	48%	45%	46%	43%	42%	51%	46%	53%	34%	33%
▲ % Discharged Within 8-30 Days	48%	48%	39%	42%	42%	43%	42%	35%	41%	37%	50%	50%
✱ % Discharged Within 31-90 Days	14%	15%	8%	11%	11%	12%	13%	13%	10%	8%	13%	13%
○ % Discharged > Than 90 Days	1%	1%	4%	2%	1%	2%	2%	1%	3%	2%	2%	4%

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

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

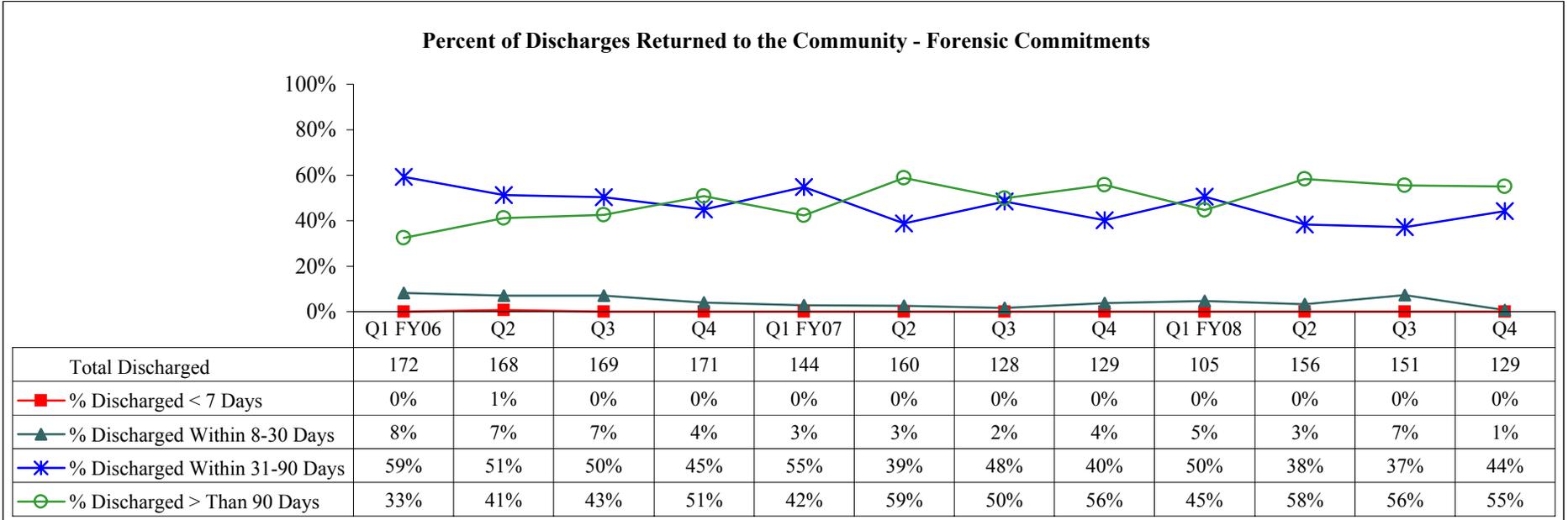


**Measure 5B - Percent of Discharges Returned to the Community**  
**Kerrville State Hospital - Non Forensic**

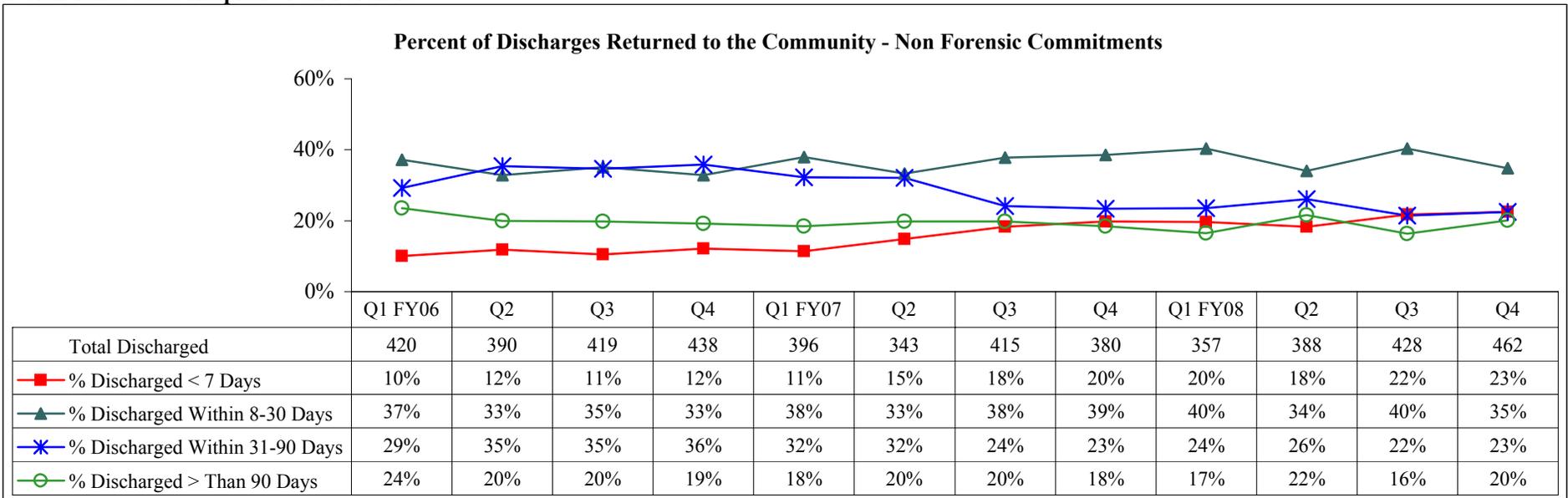


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

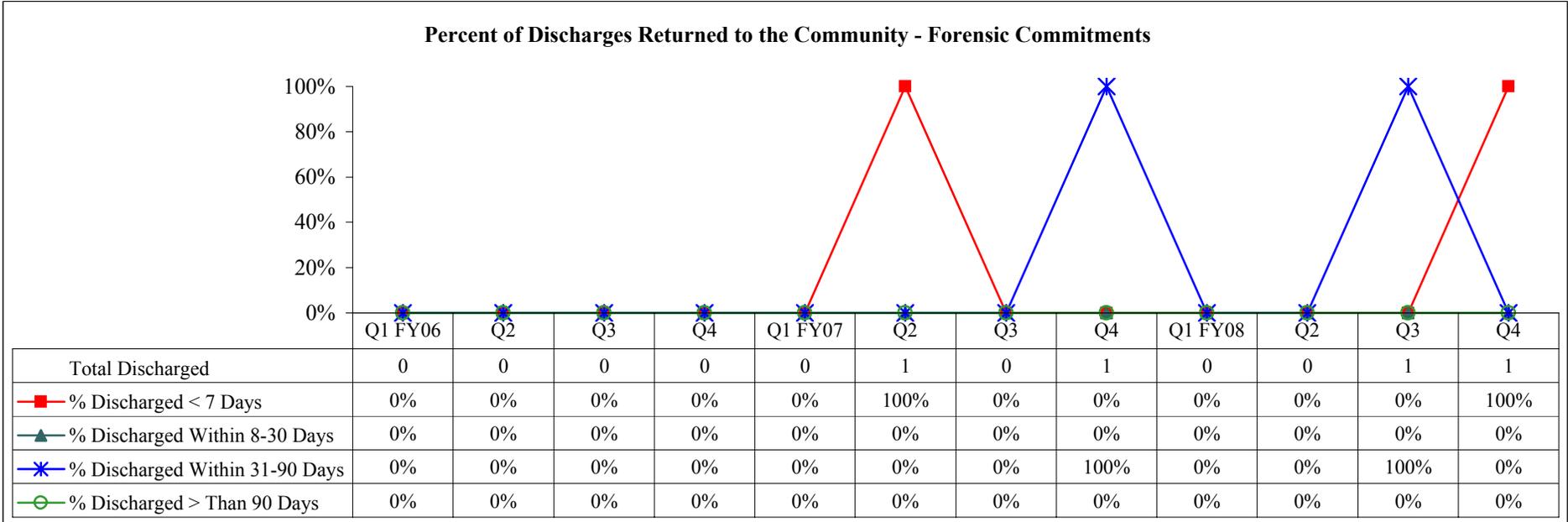


**Measure 5B - Percent of Discharges Returned to the Community**  
**North Texas State Hospital - Non Forensic**

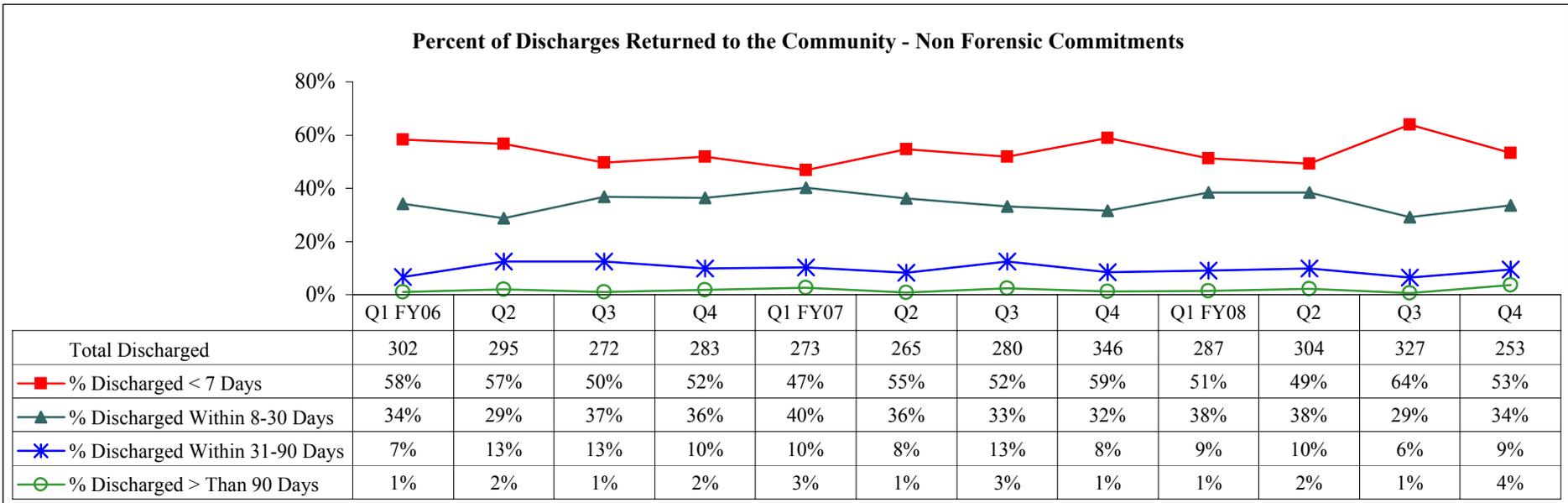


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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

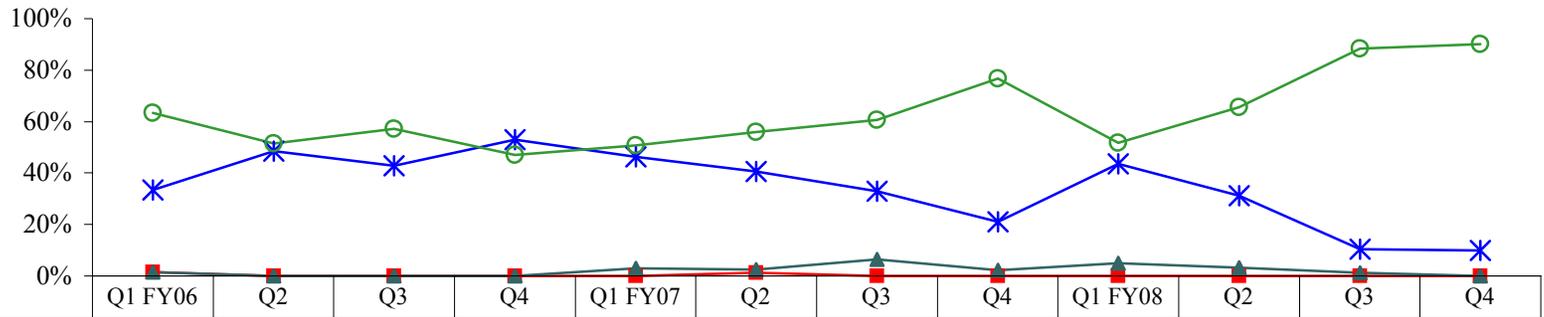


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

**Rusk State Hospital - Forensic**

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

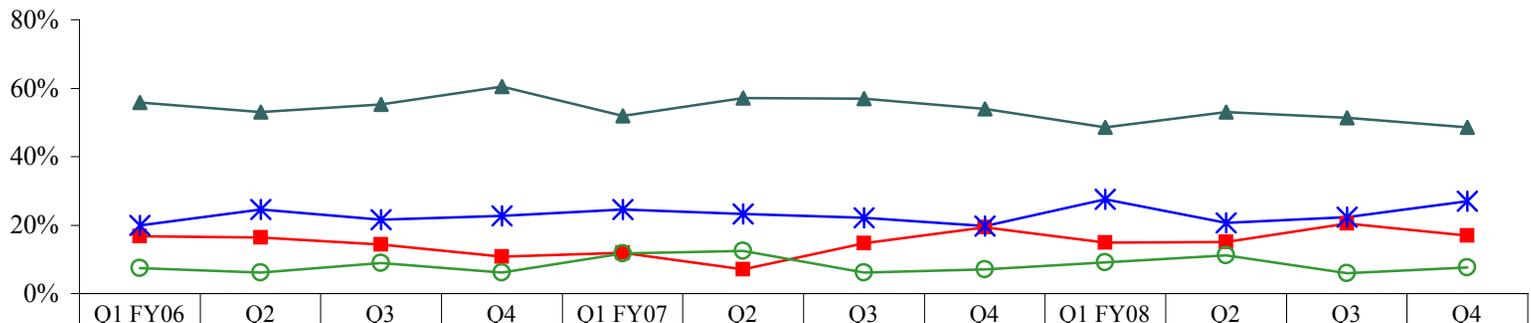


Total Discharged	63	70	63	49	69	84	94	86	62	93	77	80
% Discharged < 7 Days	2%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	2%	0%	0%	0%	3%	2%	6%	2%	5%	3%	1%	0%
% Discharged Within 31-90 Days	33%	49%	43%	53%	46%	40%	33%	21%	44%	31%	10%	10%
% Discharged > Than 90 Days	63%	51%	57%	47%	51%	56%	61%	77%	52%	66%	88%	90%

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

**Rusk State Hospital - Non Forensic**

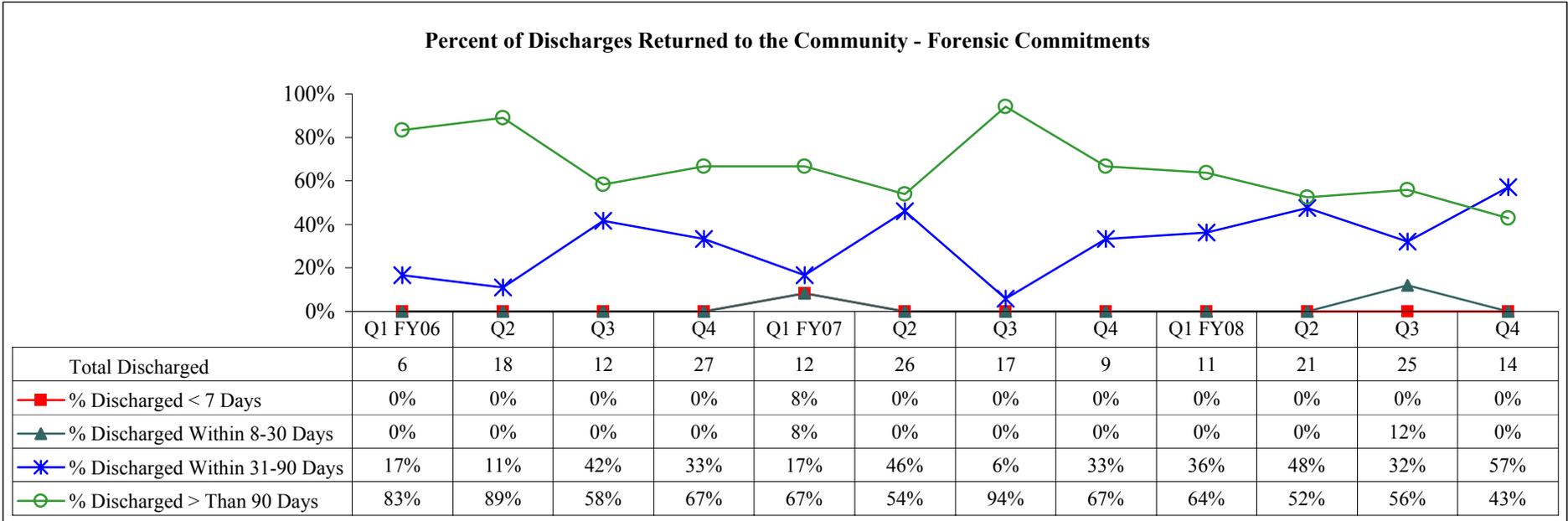
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



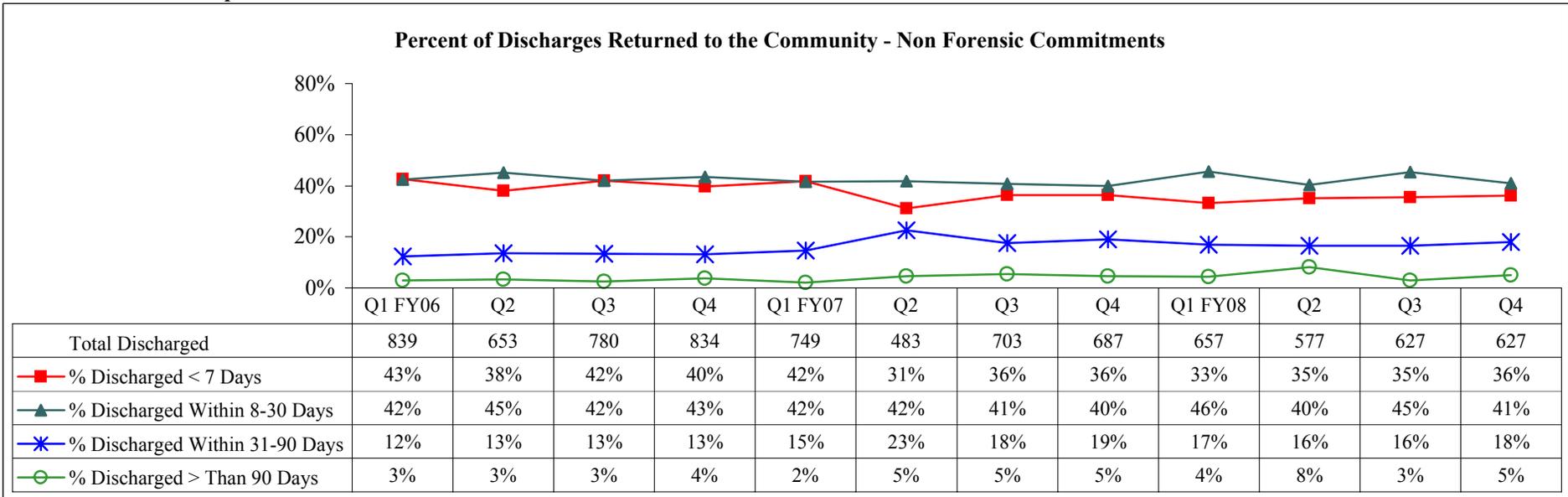
Total Discharged	417	391	393	420	378	280	379	425	392	305	386	371
% Discharged < 7 Days	17%	16%	14%	11%	12%	7%	15%	19%	15%	15%	20%	17%
% Discharged Within 8-30 Days	56%	53%	55%	60%	52%	57%	57%	54%	48%	53%	51%	49%
% Discharged Within 31-90 Days	20%	25%	22%	23%	25%	23%	22%	20%	28%	21%	22%	27%
% Discharged > Than 90 Days	7%	6%	9%	6%	12%	13%	6%	7%	9%	11%	6%	8%

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

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

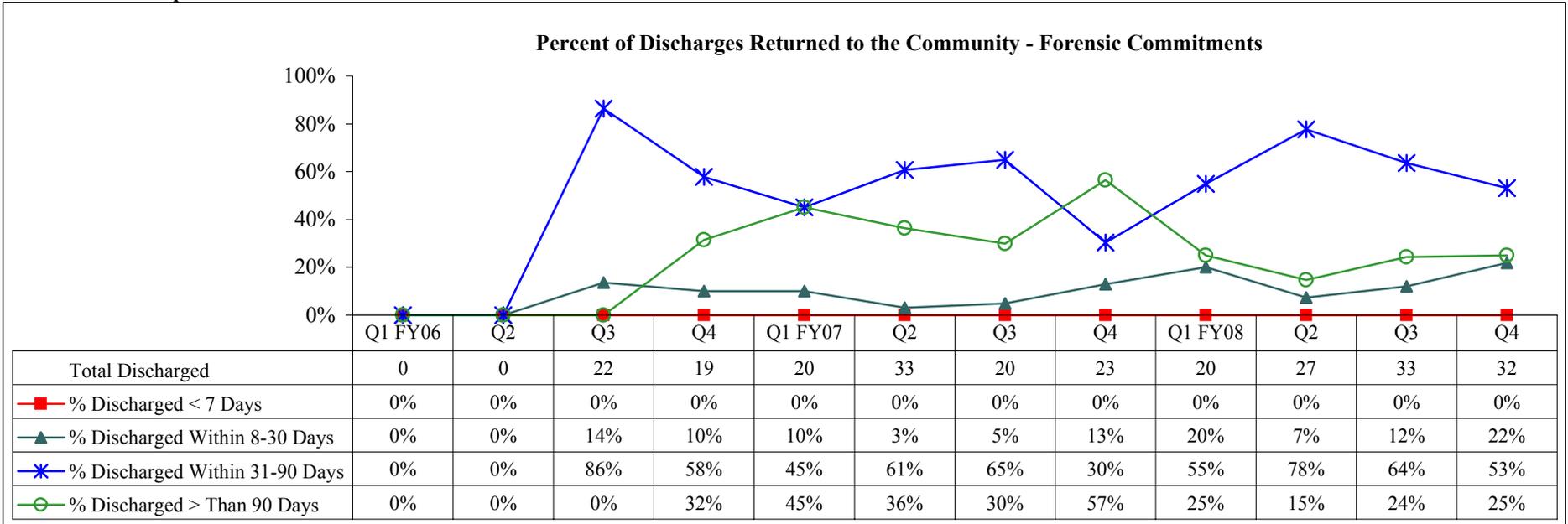


**Measure 5B - Percent of Discharges Returned to the Community**  
**San Antonio State Hospital - Non Forensic**

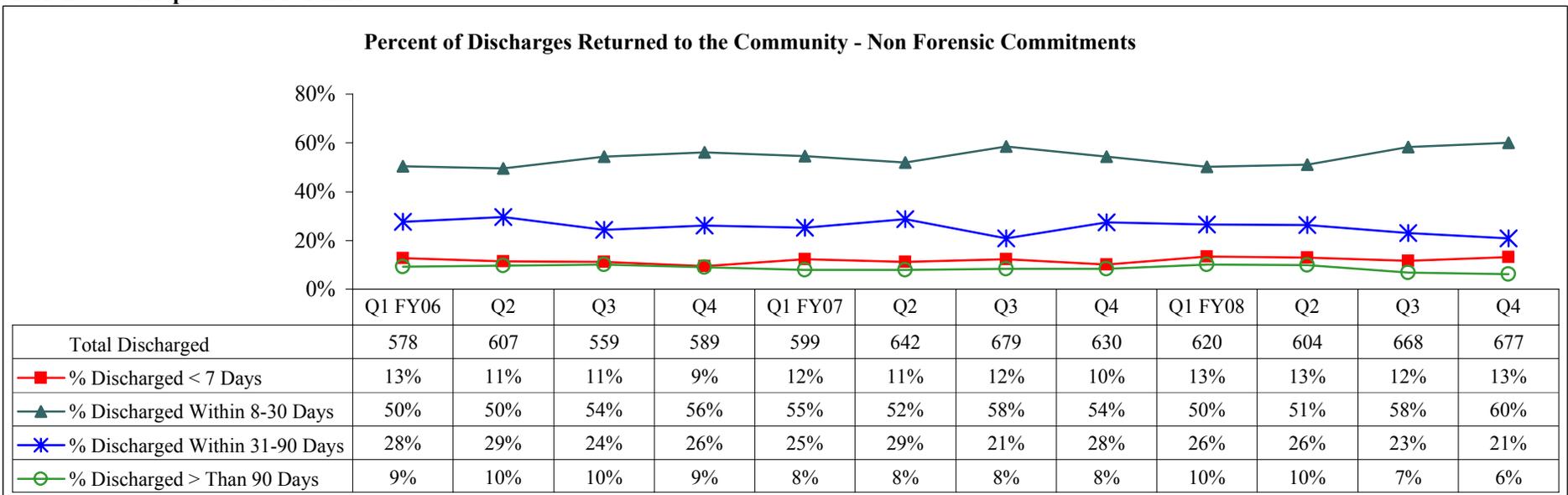


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

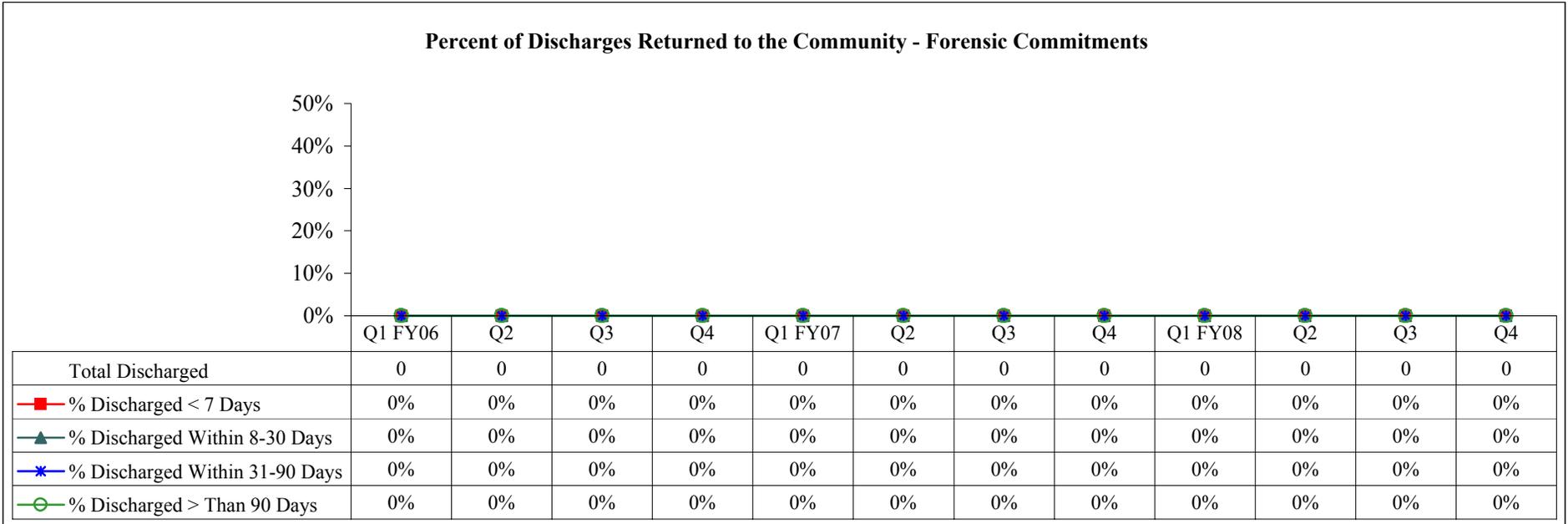


**Measure 5B - Percent of Discharges Returned to the Community**  
**Terrell State Hospital - Non Forensic**

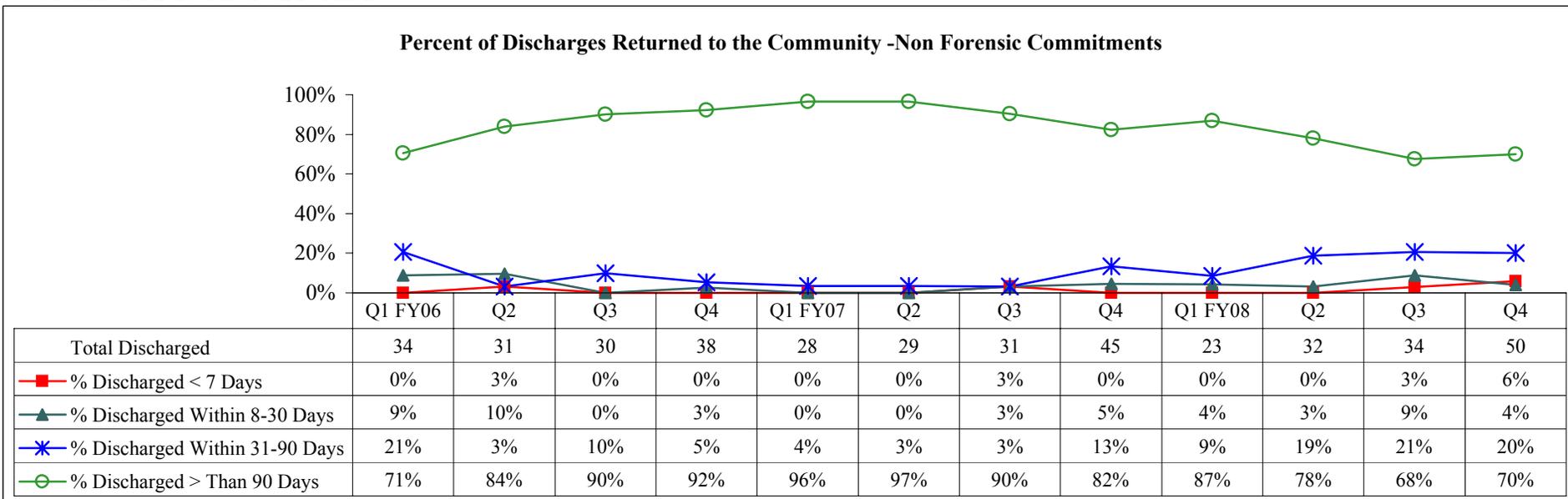


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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



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

**Performance Measure 5C:**

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

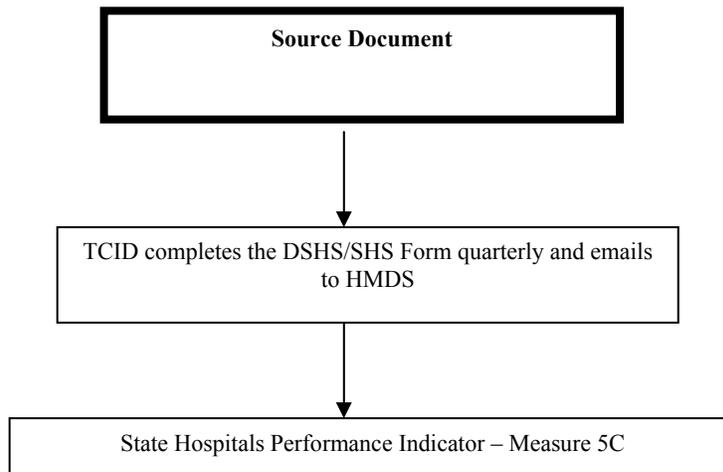
**Performance Measure Operational Definition:**

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

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

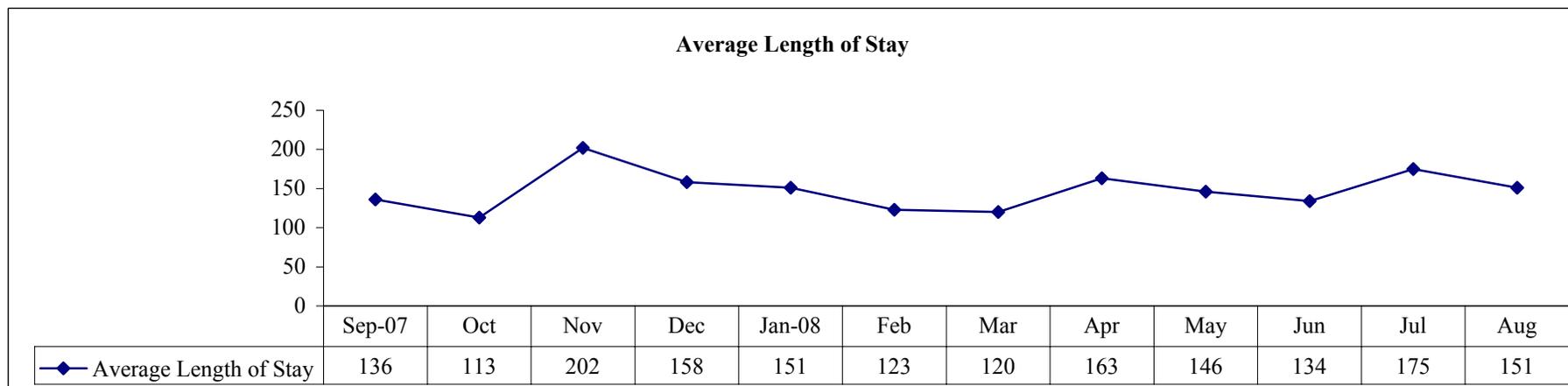
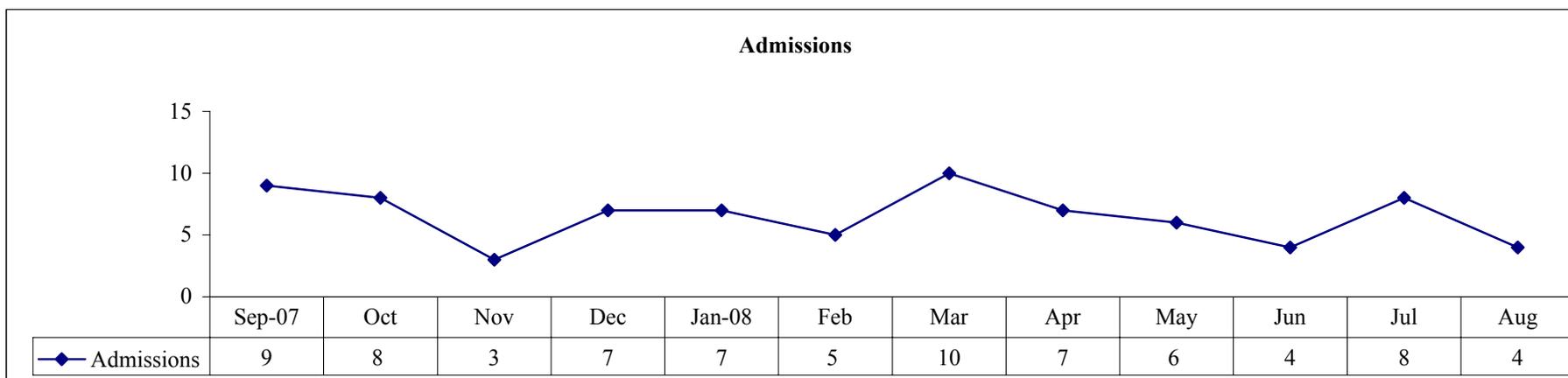
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

**Data Flow:**



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

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	9	8	3	7	7	5	10	7	6	4	8	4	78
Average Length of Stay	136	113	202	158	151	123	120	163	146	134	175	151	148
Number of Patients Admitted for Inpatient Care & Treatment	9	8	3	7	7	5	10	7	6	4	8	4	78
Tuberculoses	9	8	3	7	6	5	9	5	4	4	8	4	72
Multi-drug related tuberculoses	0	1	0	1	0	1	1	1	2	0	0	0	7
Extensively drug related tuberculosis	0	0	0	0	0	0	0	1	0	0	0	0	1
Number of Outpatient Admissions	1	0	0	1	5	2	0	0	2	7	6	7	31



**Performance Measure 5D:**

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

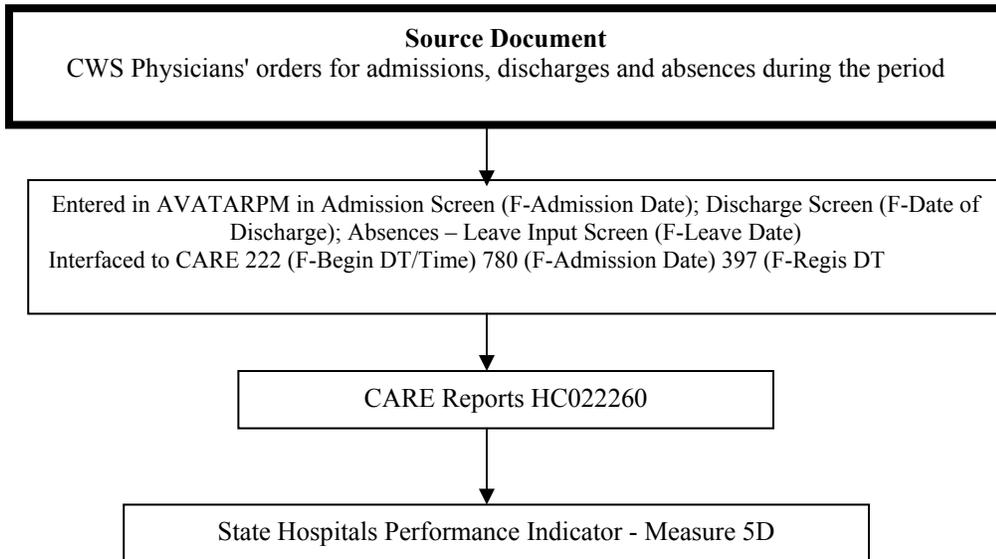
**Performance Measure Operational Definition:** The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

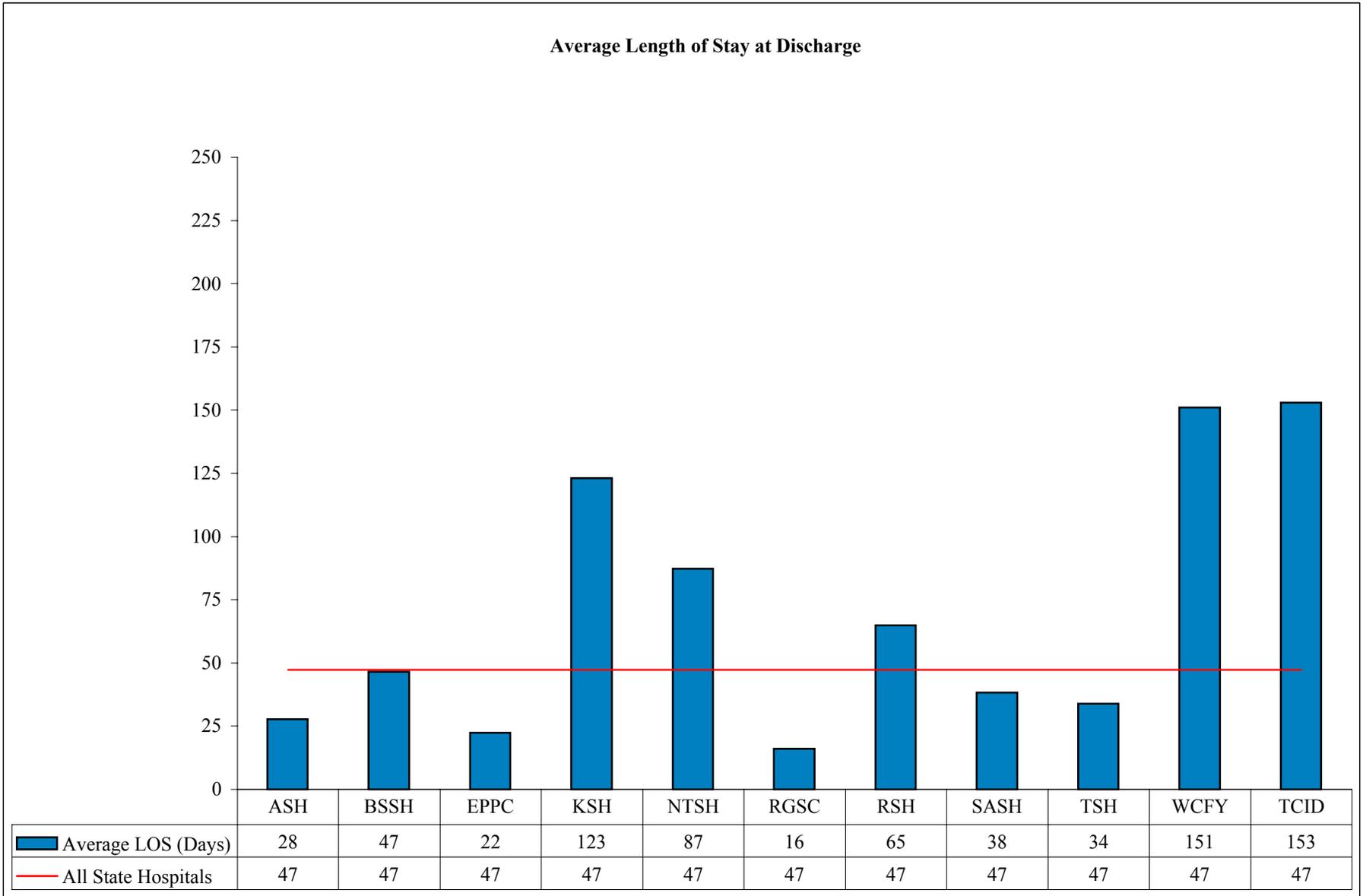
**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**

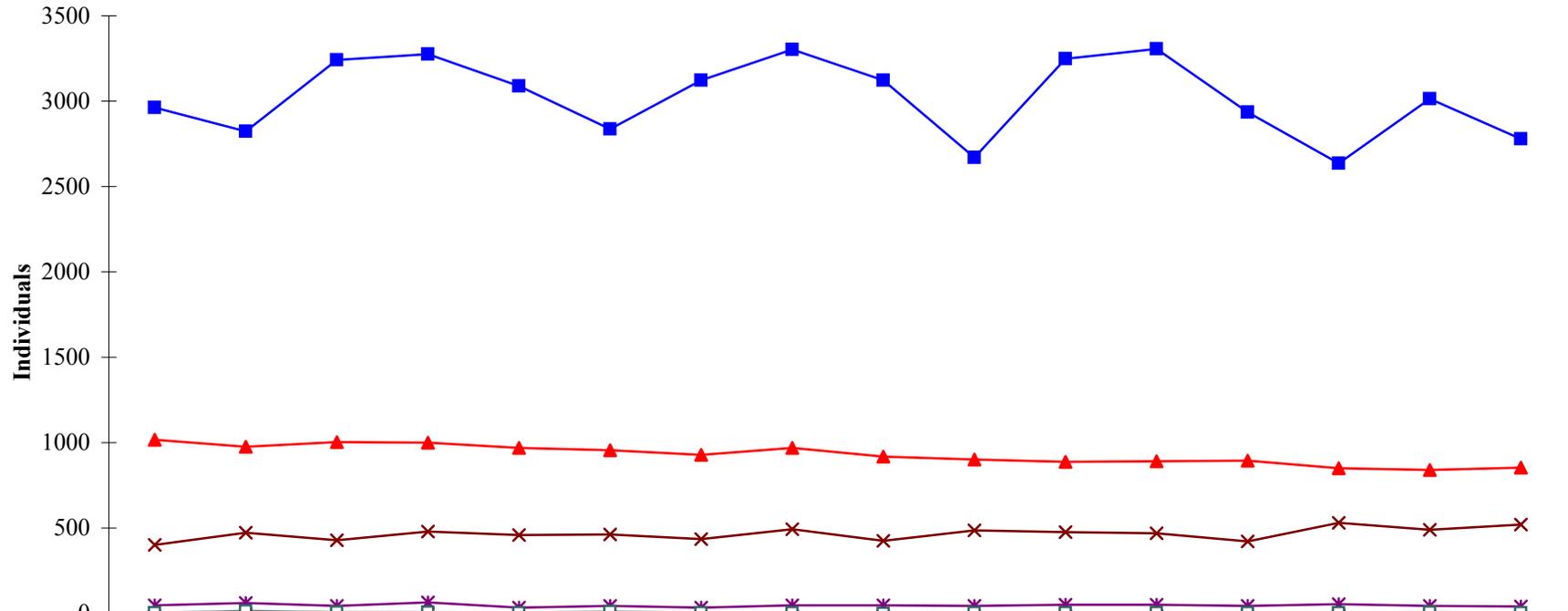


**Measure 5D - Average Length of Stay at Discharge  
All State Hospitals**



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

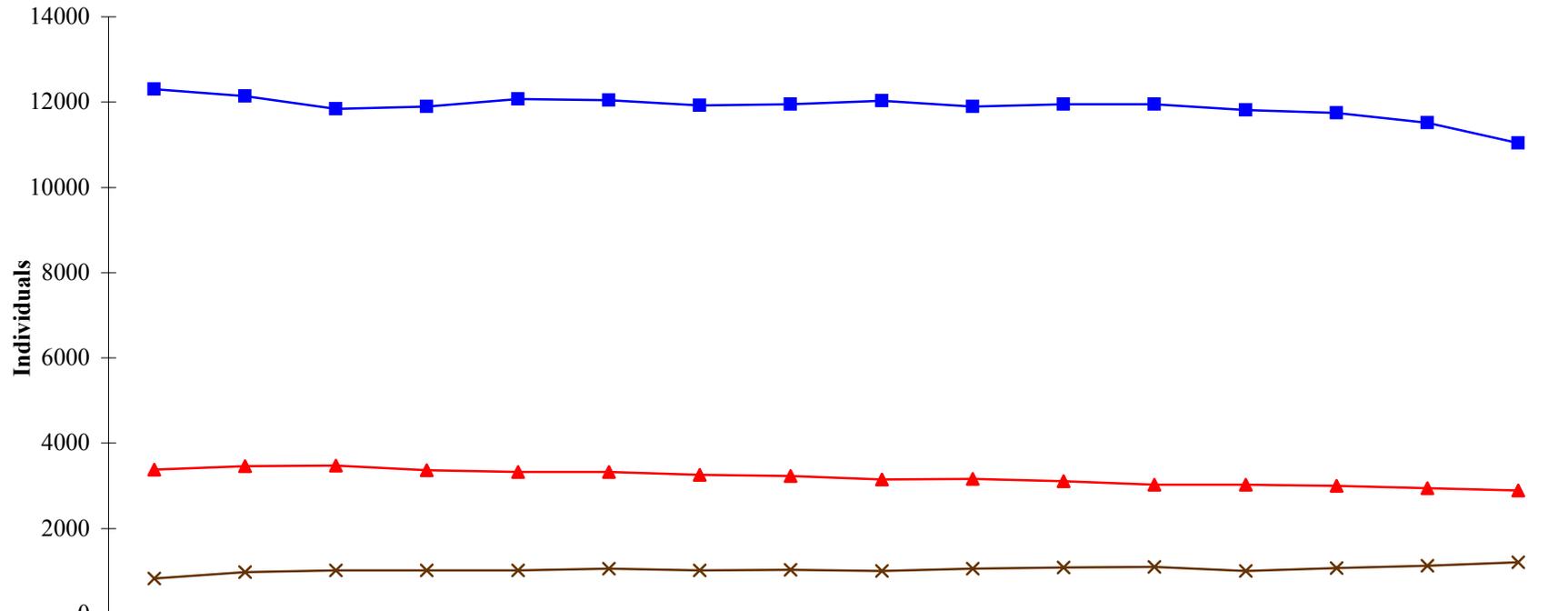
**Average Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	47	59	43	49	42	53	39	44	41	47	43	43	45	49	48	47
■ 30 Days or Less	2963	2824	3240	3277	3089	2838	3123	3303	3121	2670	3247	3307	2937	2635	3012	2780
▲ 31 - 90 Days	1017	975	1004	999	969	957	927	969	917	900	888	890	894	851	840	854
✕ 91 - 365 Days	400	474	428	479	458	462	435	493	424	488	477	469	422	529	490	522
✱ 1 - 5 Years	47	61	43	63	35	43	33	46	48	44	51	51	44	53	44	41
□ Over 5 Years	4	12	6	6	2	10	2	4	1	4	3	5	5	4	8	3

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

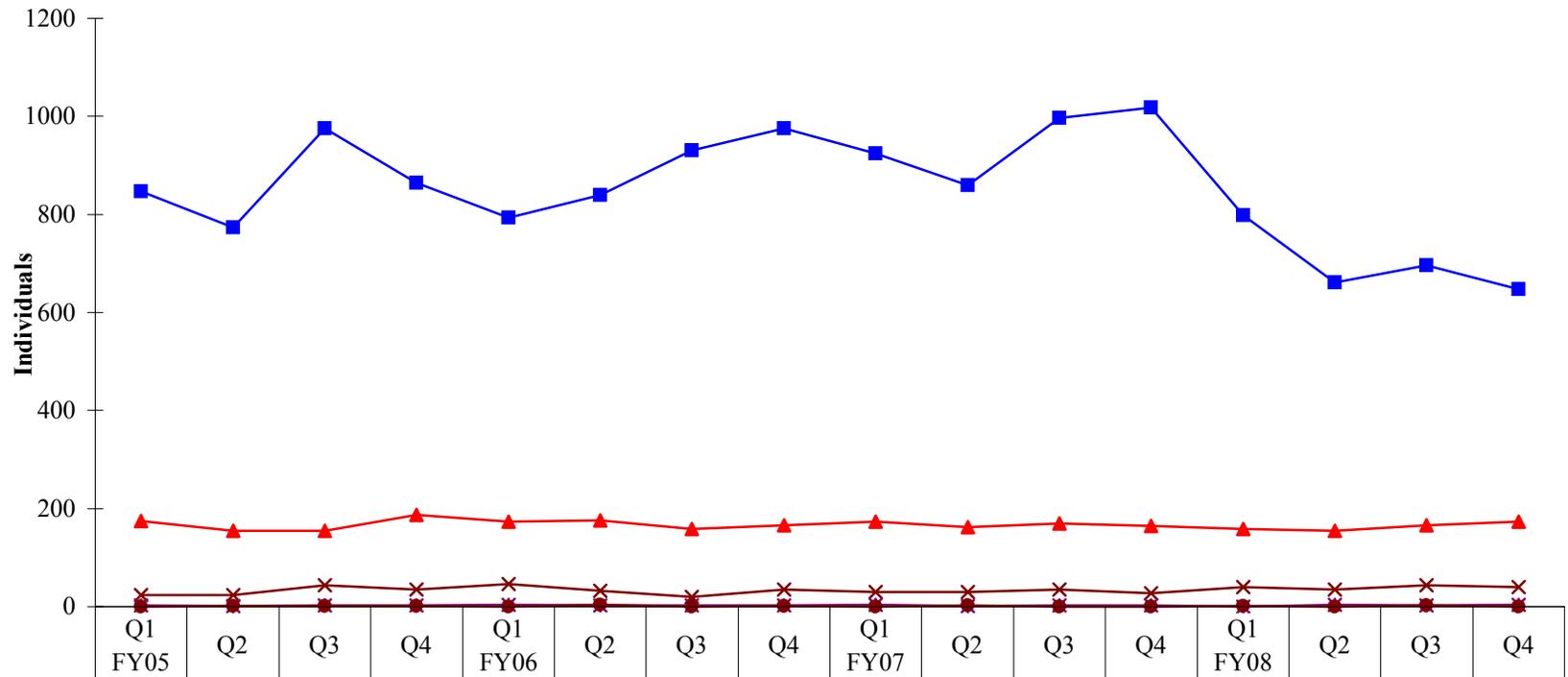
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	26	27	28	27	27	27	27	27	27	27	27	27	27	27	28	29
■ 30 Days or Less	12301	12141	11837	11899	12067	12044	11925	11949	12034	11890	11955	11948	11816	11751	11516	11040
▲ 31-90 Days	3381	3462	3475	3361	3332	3324	3260	3227	3153	3158	3109	3031	3026	3006	2949	2898
✕ 91-365 Days	833	974	1016	1020	1021	1056	1020	1037	999	1056	1086	1104	1011	1079	1131	1202

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

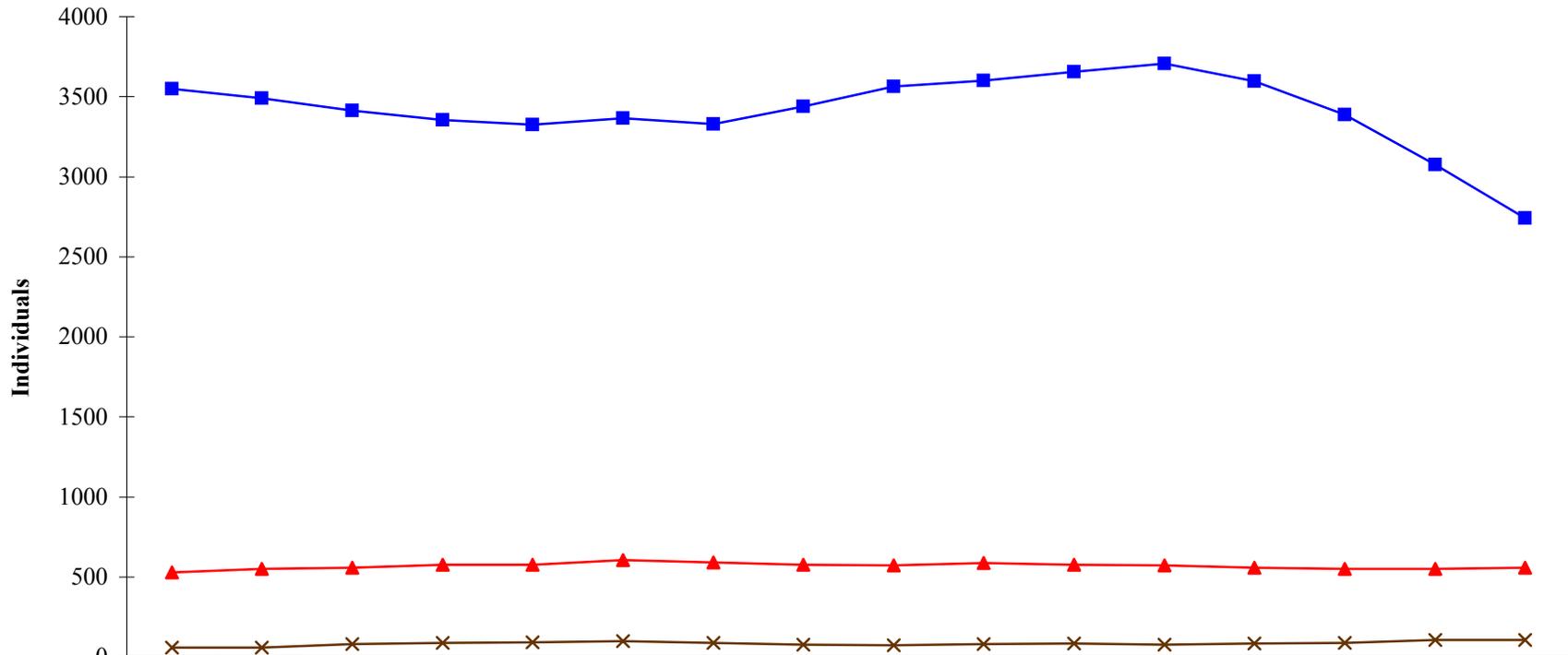
**Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	22	26	24	28	26	43	19	25	23	27	21	19	24	26	38	28
■ 30 Days or Less	847	773	975	865	793	840	931	975	924	860	997	1018	798	661	696	647
▲ 31 - 90 Days	175	155	155	187	173	176	158	166	174	162	170	165	158	155	166	173
× 91 - 365 Days	24	24	44	35	46	33	20	35	30	30	35	27	40	35	44	40
* 1 - 5 Years	2	1	3	3	4	3	2	3	4	1	2	2	0	4	2	4
● Over 5 Years	0	1	1	1	0	4	0	1	0	2	0	0	1	0	3	0

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

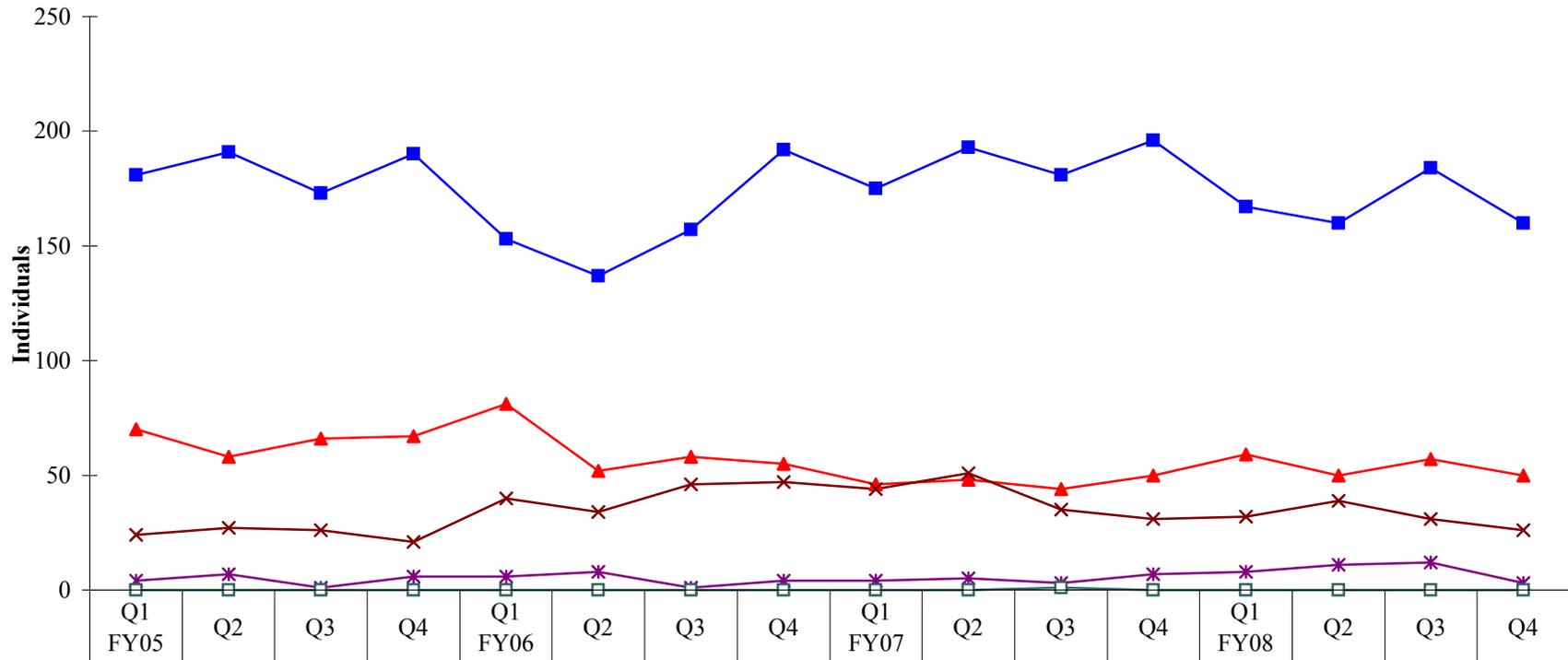
**Average Length of Stay For Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	16	17	18	18	18	19	18	18	17	17	17	17	17	18	19	20
■ 30 Days or Less	3548	3490	3412	3354	3326	3365	3329	3440	3562	3600	3656	3708	3596	3386	3075	2742
▲ 31-90 Days	529	550	557	577	577	605	591	577	571	587	576	574	557	549	552	557
✕ 91-365 Days	60	59	82	87	92	99	88	78	73	79	83	78	83	89	106	105

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

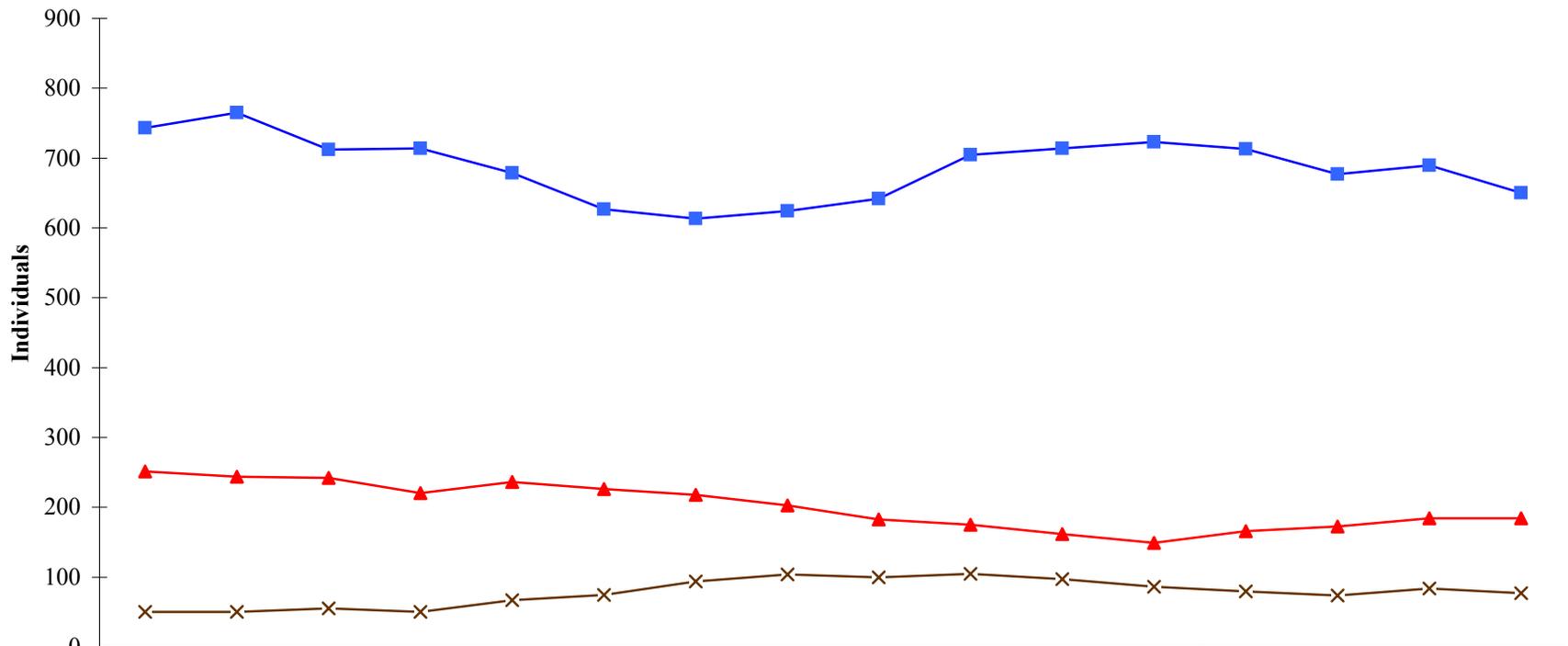
**Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	48	57	38	43	57	60	48	52	60	51	71	52	54	67	62	47
30 Days or Less	181	191	173	190	153	137	157	192	175	193	181	196	167	160	184	160
31 - 90 Days	70	58	66	67	81	52	58	55	46	48	44	50	59	50	57	50
91 - 365 Days	24	27	26	21	40	34	46	47	44	51	35	31	32	39	31	26
1 - 5 Years	4	7	1	6	6	8	1	4	4	5	3	7	8	11	12	3
Over 5 Years	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

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

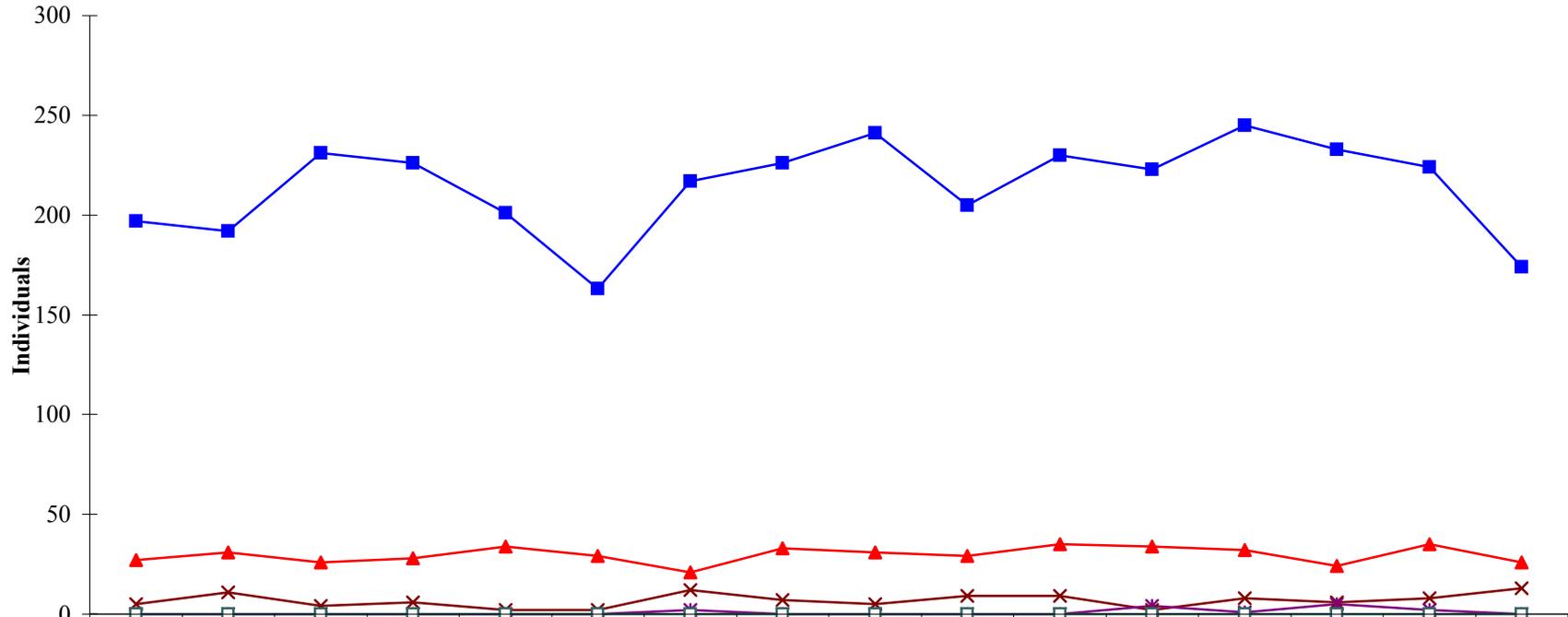
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	28	28	28	27	30	31	34	36	34	33	31	30	29	29	31	31
■ 30 Days or Less	743	765	712	714	679	627	613	624	642	705	714	723	713	677	690	650
▲ 31-90 Days	251	244	242	220	236	226	218	203	183	175	162	149	166	173	184	184
× 91-365 Days	50	50	55	50	67	75	94	104	100	105	97	86	80	74	84	77

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

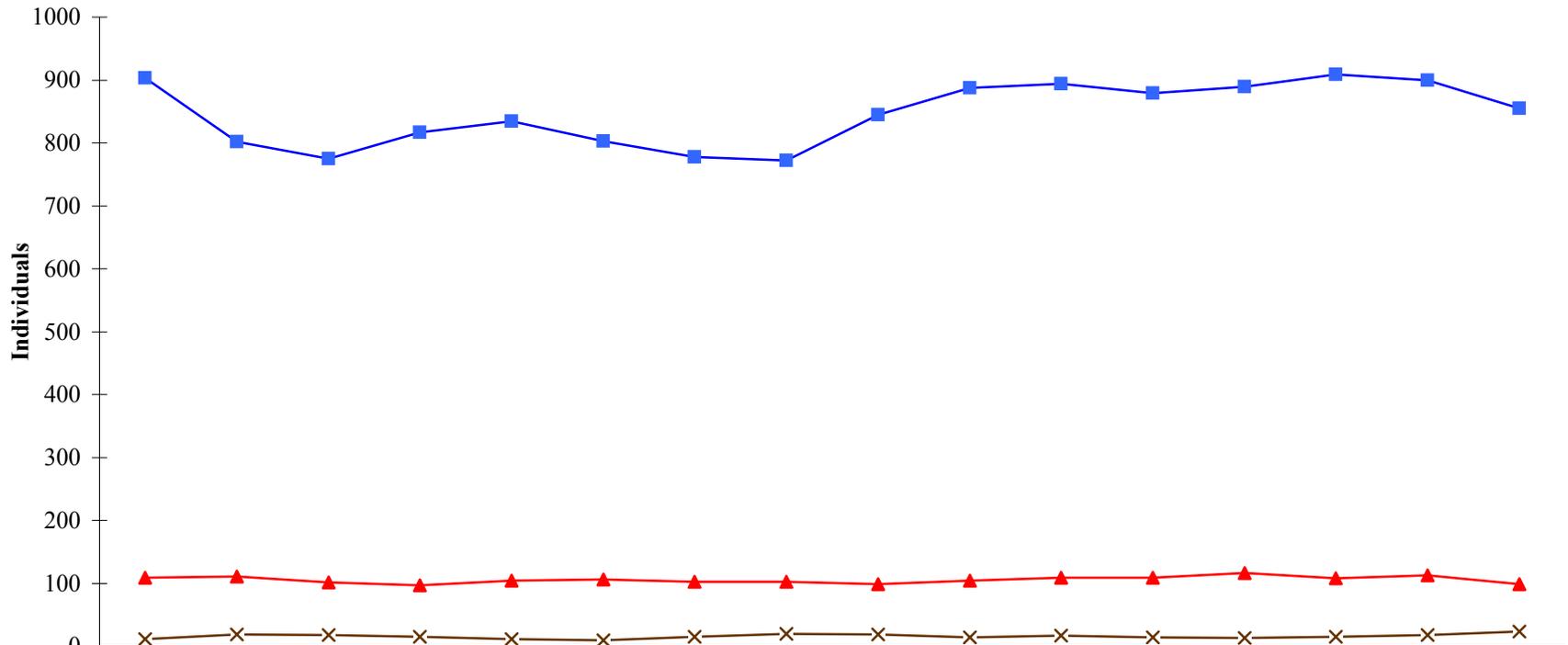
**Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	18	22	15	17	17	17	25	19	17	21	19	24	18	27	27	22
■ 30 Days or Less	197	192	231	226	201	163	217	226	241	205	230	223	245	233	224	174
▲ 31 - 90 Days	27	31	26	28	34	29	21	33	31	29	35	34	32	24	35	26
✕ 91 - 365 Days	5	11	4	6	2	2	12	7	5	9	9	2	8	6	8	13
✱ 1 - 5 Years	0	0	0	0	0	0	2	0	0	0	0	4	1	5	2	0
□ Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

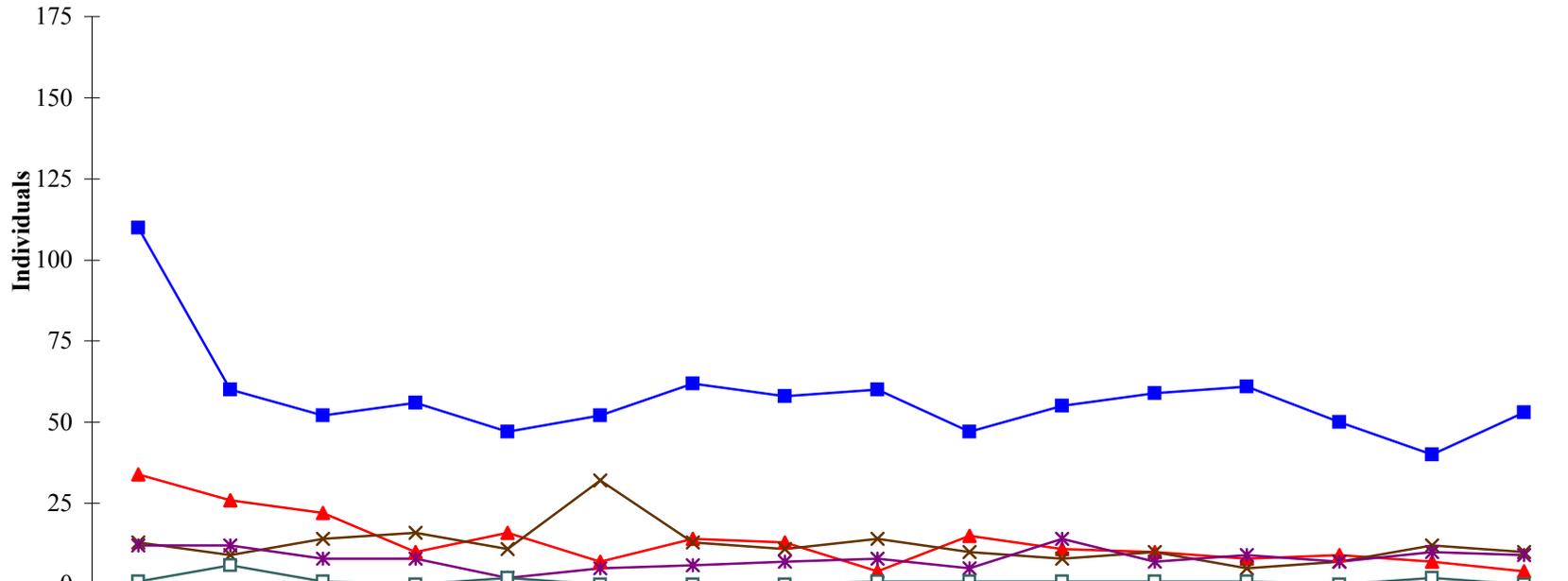
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	14	17	17	16	15	15	16	17	16	15	16	15	15	15	15	16
■ 30 Days or Less	903	802	775	817	834	803	778	772	845	887	894	879	889	909	900	855
▲ 31-90 Days	109	111	101	97	104	106	102	102	99	104	109	109	116	108	113	99
× 91-365 Days	11	19	18	15	11	9	15	20	19	14	17	14	13	15	18	23

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

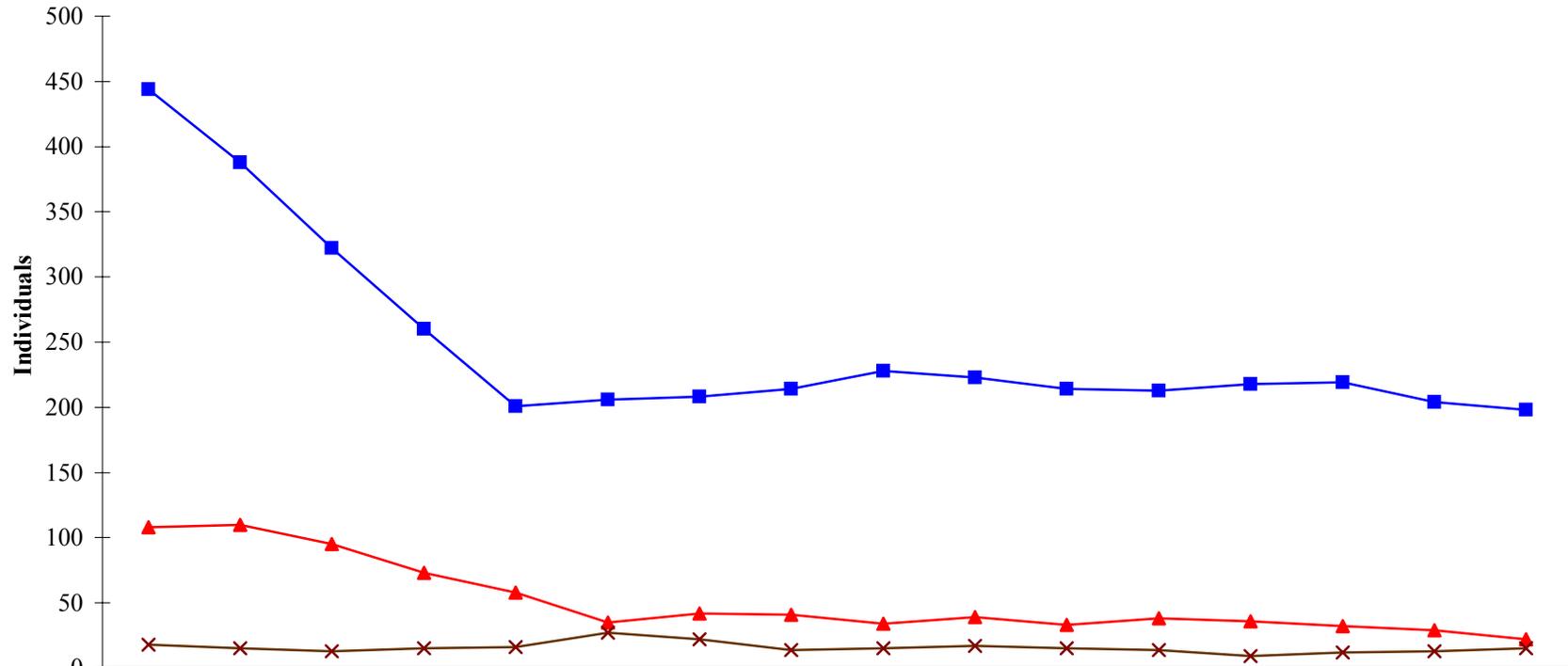
**Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	131	449	161	119	144	135	93	109	119	113	162	128	145	92	220	123
■ 30 Days or Less	110	60	52	56	47	52	62	58	60	47	55	59	61	50	40	53
▲ 31 - 90 Days	34	26	22	10	16	7	14	13	4	15	11	10	8	9	7	4
✕ 91 - 365 Days	13	9	14	16	11	32	13	11	14	10	8	10	5	7	12	10
✱ 1 - 5 Years	12	12	8	8	2	5	6	7	8	5	14	7	9	7	10	9
□ Over 5 Years	1	6	1	0	2	0	0	0	1	1	1	1	1	0	2	0

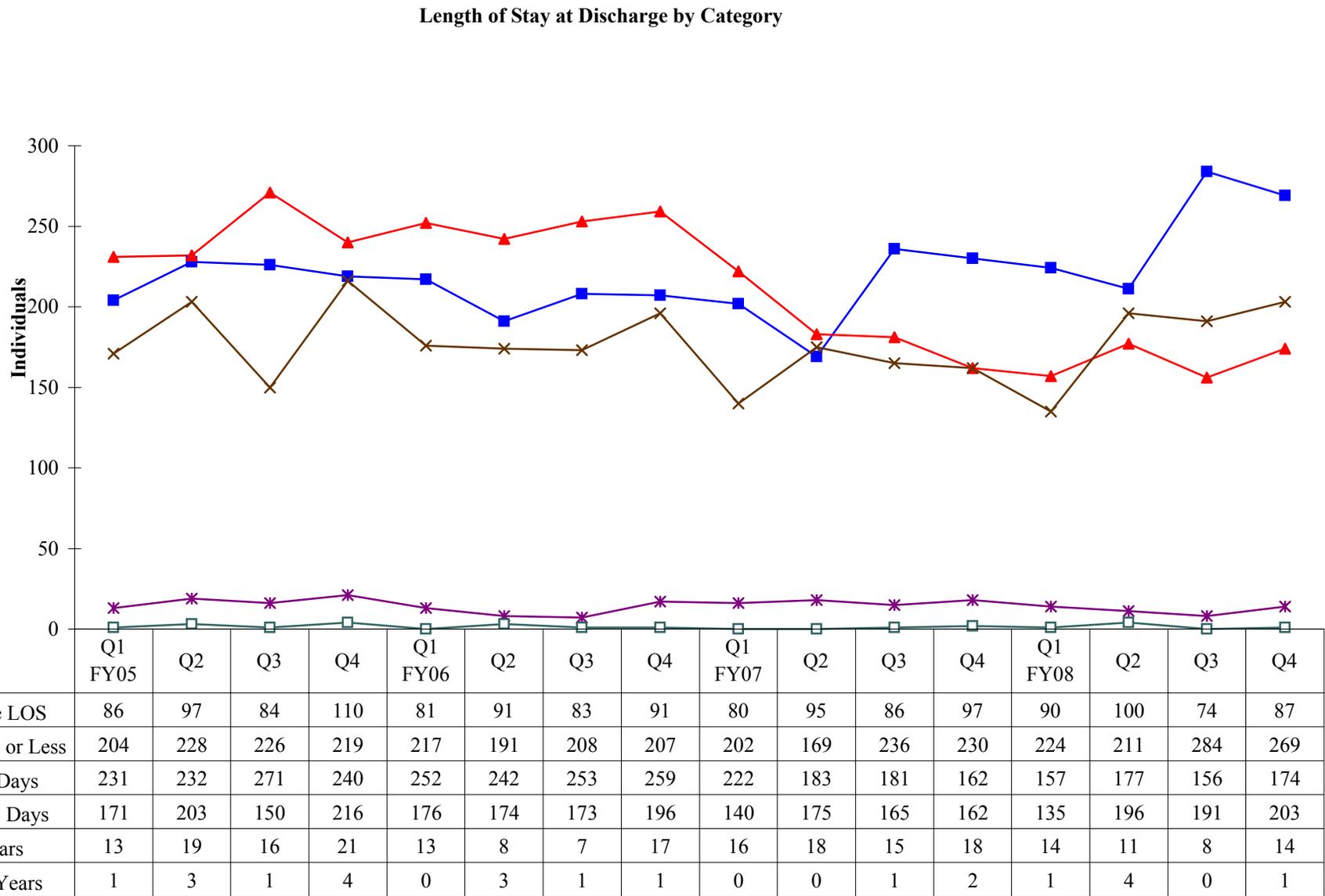
**Measure 5D - Average Length of Stay at Discharge  
Kerrville State Hospital**

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



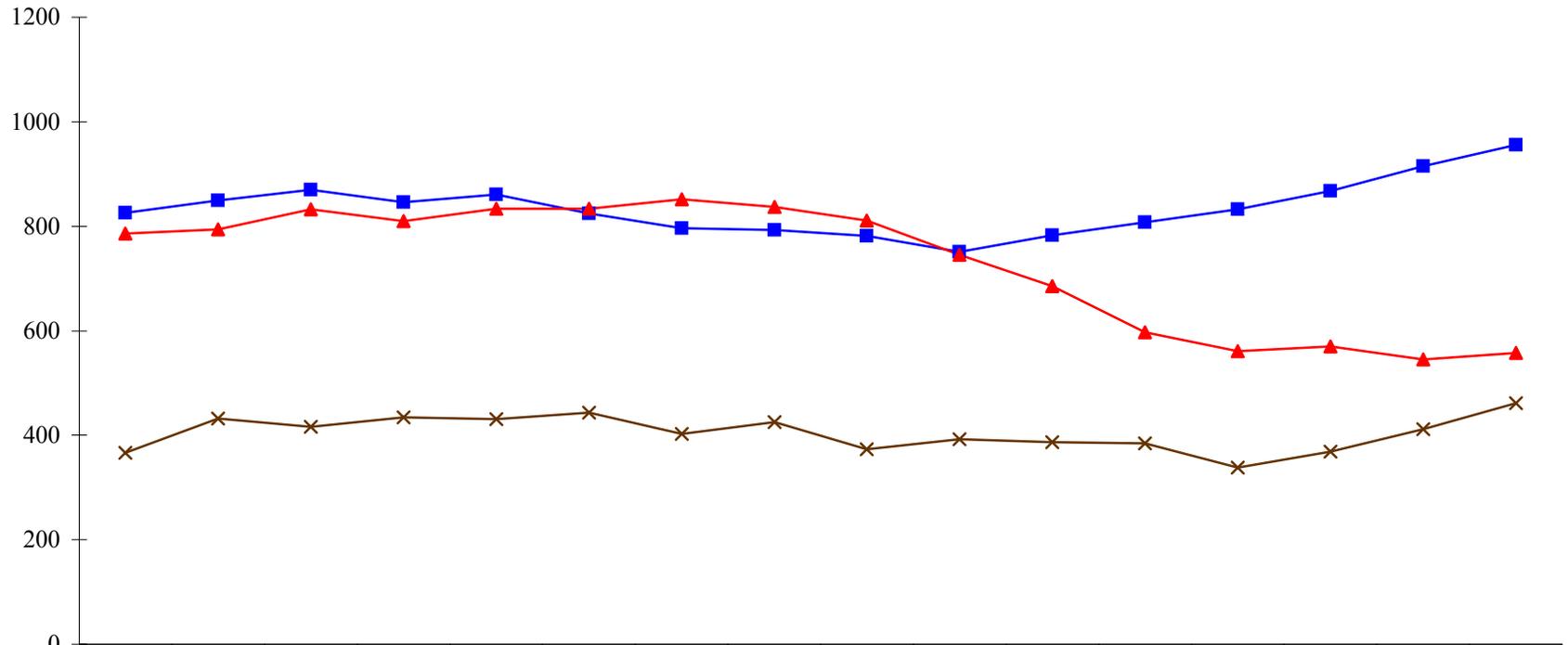
	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	26	27	29	30	33	36	31	25	23	23	22	24	20	22	22	23
■ 30 Days or Less	444	388	322	260	201	206	208	214	228	223	214	213	218	219	204	198
▲ 31-90 Days	108	110	95	73	58	35	42	41	34	39	33	38	36	32	29	22
× 91-365 Days	18	15	13	15	16	27	22	14	15	17	15	14	9	12	13	15

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



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

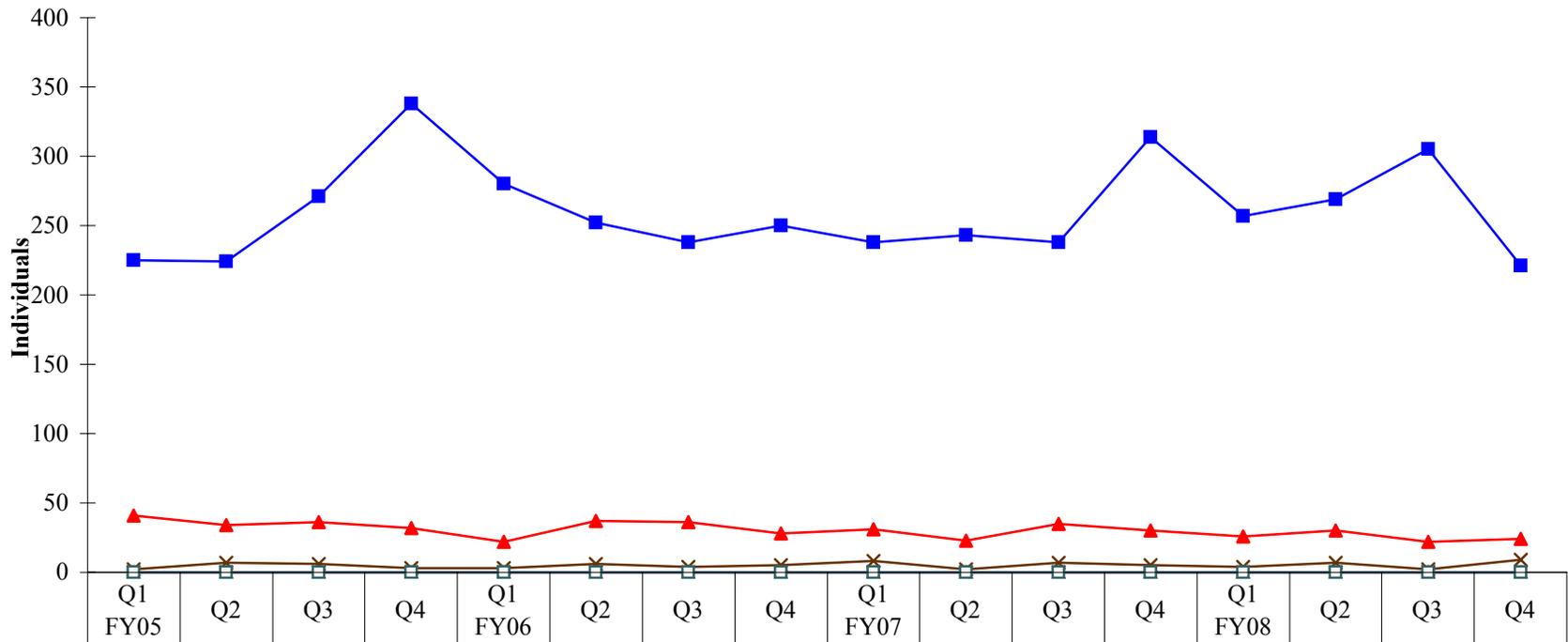
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	53	56	55	54	56	56	56	57	55	56	56	54	52	51	53	54
30 Days or Less	826	849	870	846	861	824	796	793	781	751	783	807	832	867	915	956
31-90 Days	786	794	832	810	834	834	852	837	811	745	685	597	561	570	545	558
91-365 Days	366	432	416	434	431	443	403	425	373	392	387	385	338	369	412	461

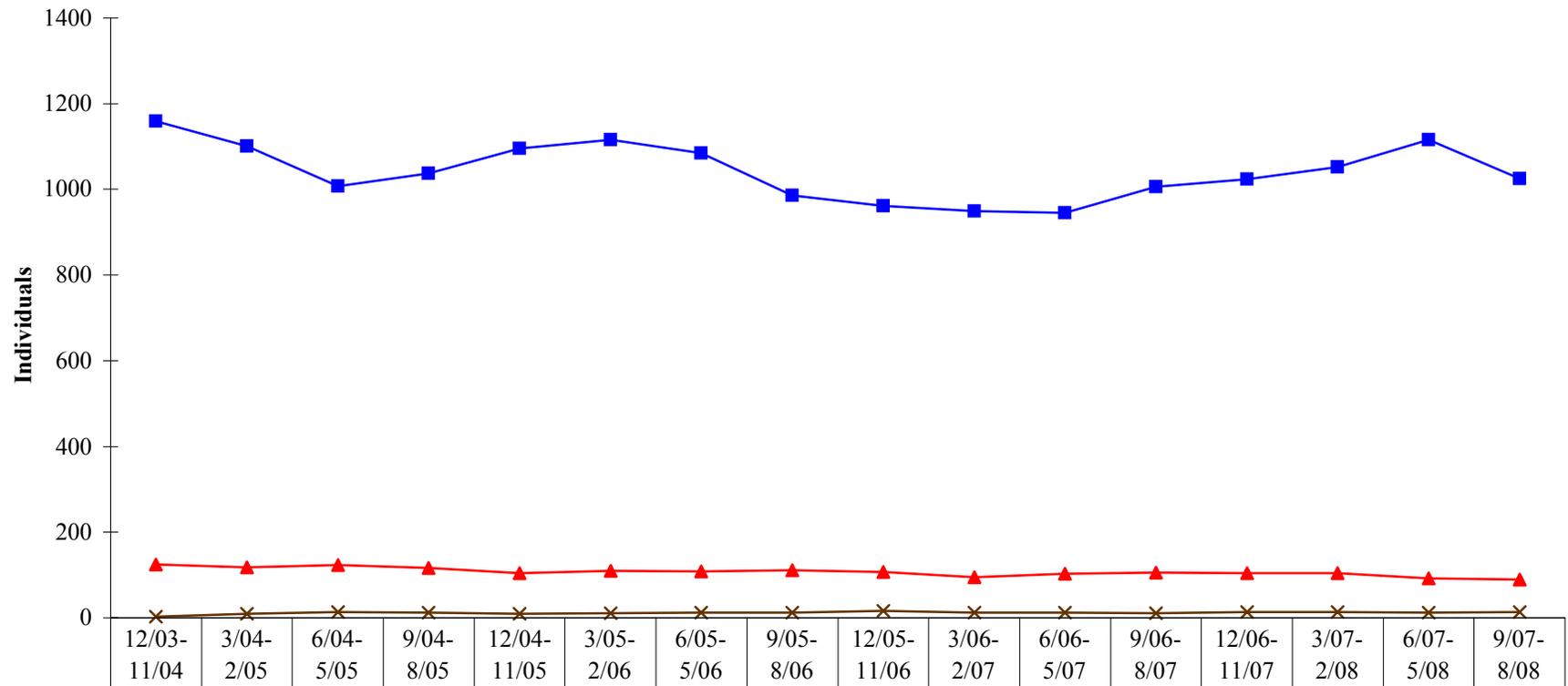
**Measure 5D - Average Length of Stay at Discharge  
Rio Grande State Center**

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



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

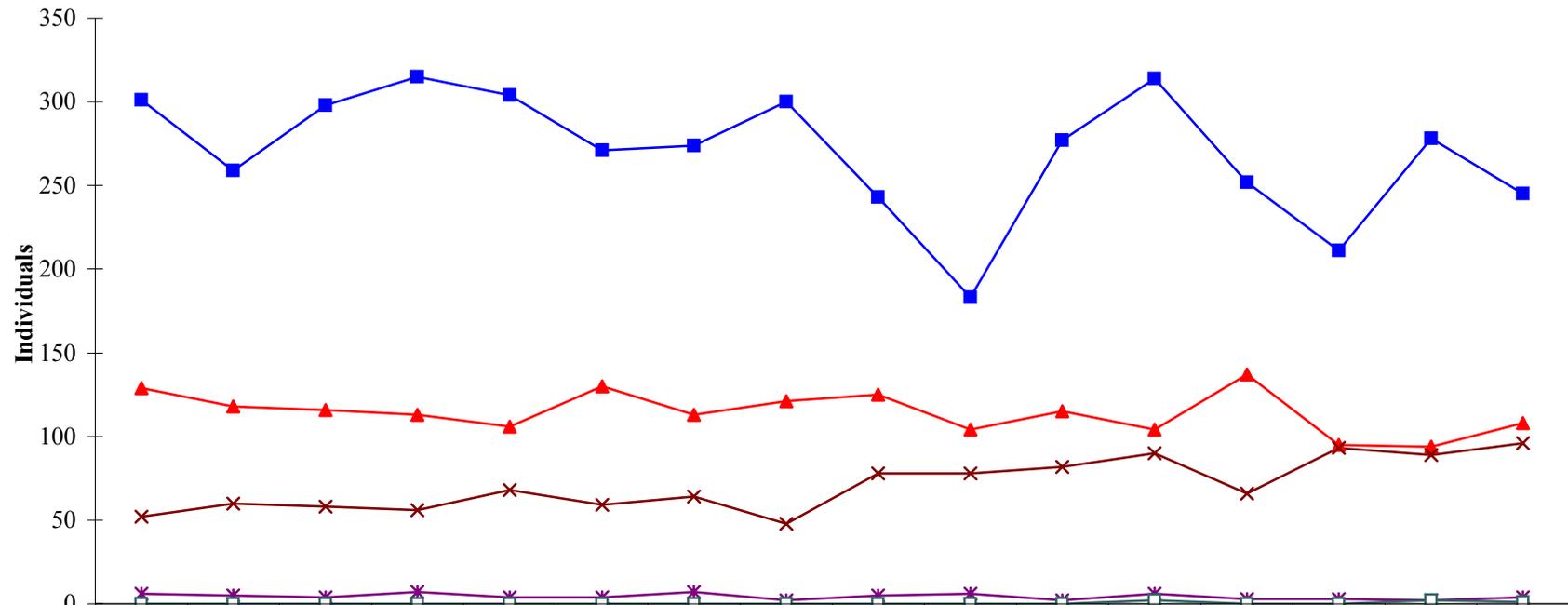
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	12	13	14	13	12	12	12	13	14	13	14	13	13	13	12	13
30 Days or Less	1159	1101	1008	1037	1096	1115	1084	986	961	949	945	1006	1024	1052	1116	1025
31-90 Days	125	118	123	116	104	110	108	111	107	95	103	106	104	104	92	89
91-365 Days	3	10	13	12	9	11	12	12	16	12	12	11	13	13	12	14

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

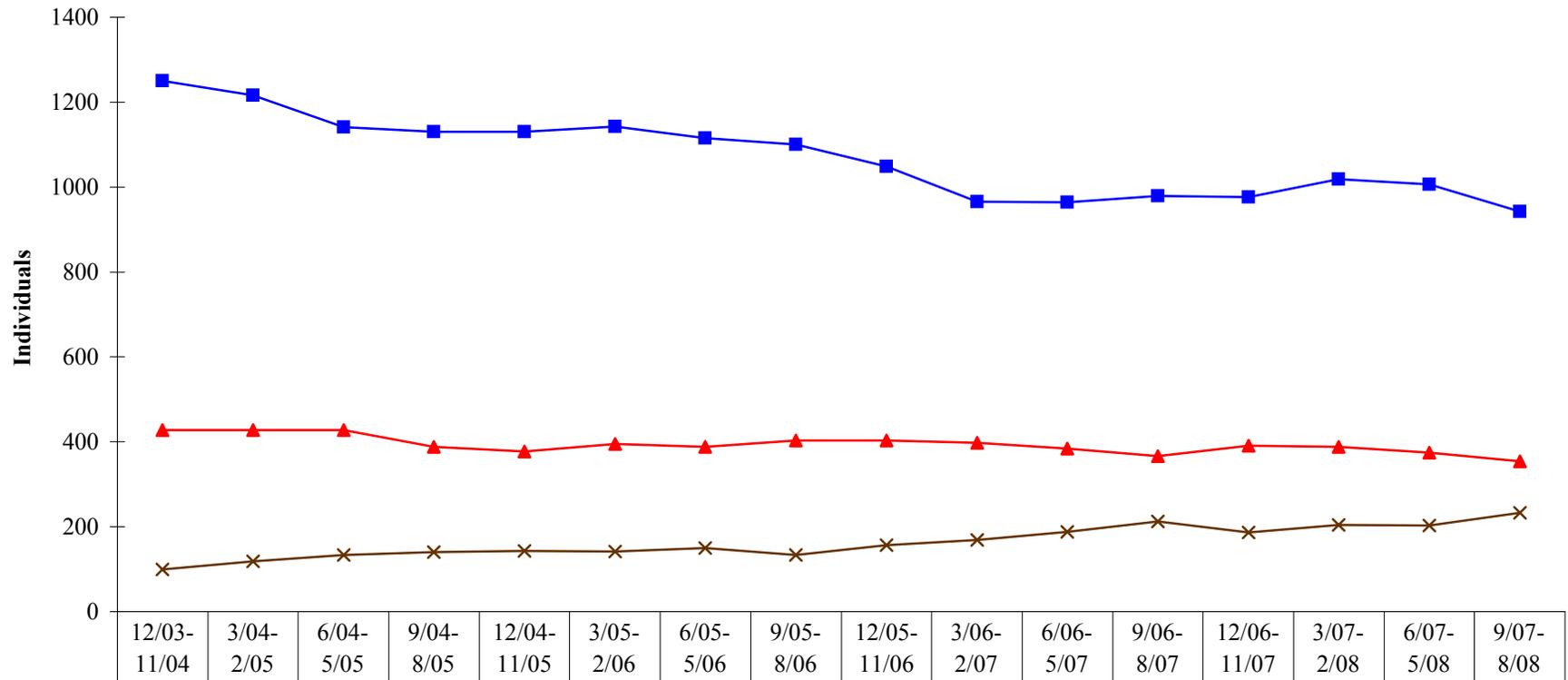
**Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	52	49	45	49	51	47	50	42	57	64	48	59	50	60	67	65
■ 30 Days or Less	301	259	298	315	304	271	274	300	243	183	277	314	252	211	278	245
▲ 31 - 90 Days	129	118	116	113	106	130	113	121	125	104	115	104	137	95	94	108
× 91 - 365 Days	52	60	58	56	68	59	64	48	78	78	82	90	66	93	89	96
* 1 - 5 Years	6	5	4	7	4	4	7	2	5	6	2	6	3	3	2	4
□ Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	1

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

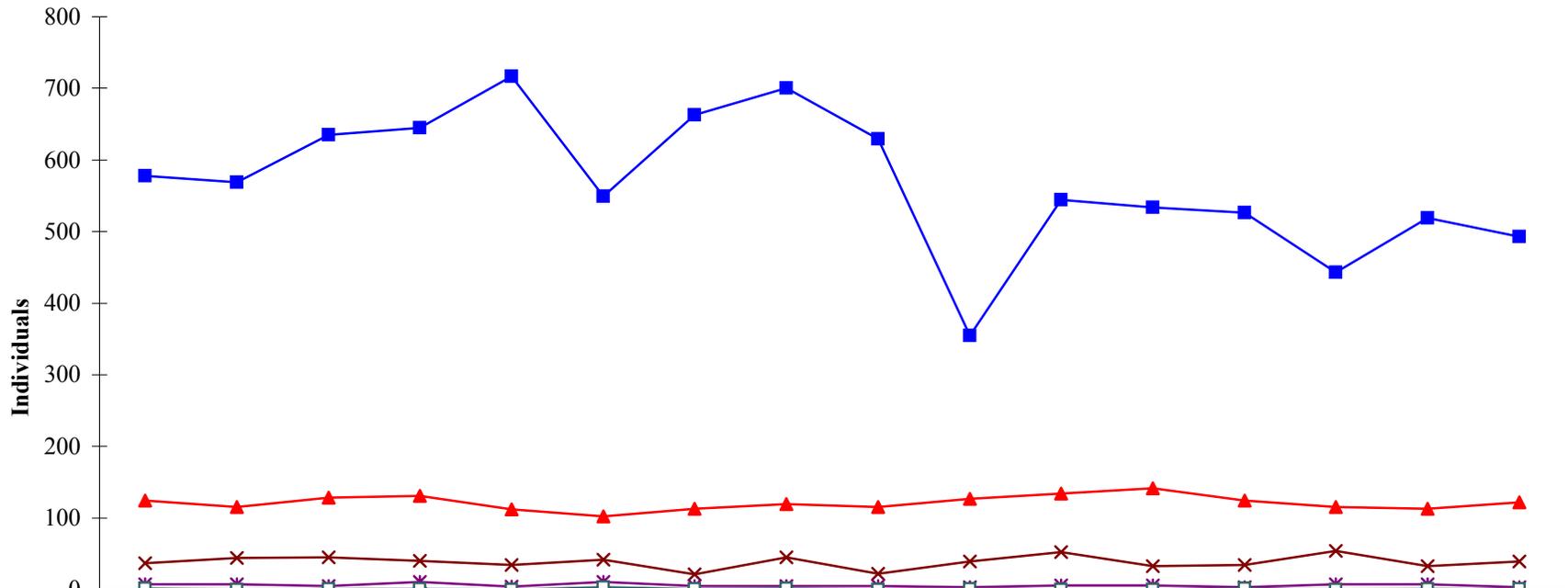
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	30	31	33	33	33	33	34	33	36	38	38	39	38	38	38	40
30 Days or Less	1250	1216	1141	1131	1130	1142	1116	1100	1048	966	964	979	977	1018	1007	943
31-90 Days	427	428	427	388	377	395	388	403	403	397	384	366	391	388	375	354
91-365 Days	100	118	133	140	143	141	150	134	157	169	188	212	187	204	203	233

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

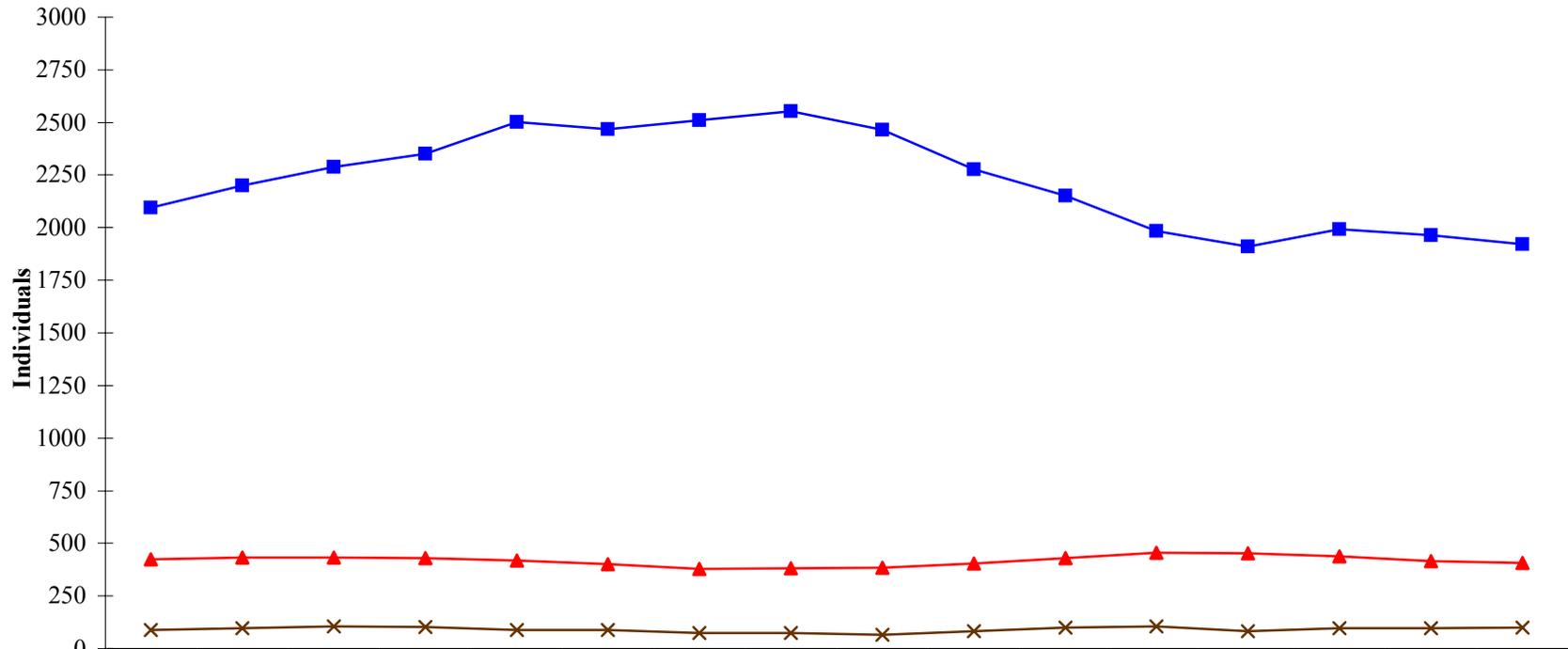
**Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	46	32	31	47	26	52	25	33	27	39	32	29	35	37	32	38
■ 30 Days or Less	578	569	635	645	717	549	663	700	629	355	544	534	526	443	519	493
▲ 31 - 90 Days	124	115	128	131	112	102	113	119	115	127	134	141	124	115	113	122
× 91 - 365 Days	37	44	45	40	34	42	21	45	22	39	52	33	34	54	33	39
* 1 - 5 Years	7	7	5	11	4	11	5	5	5	3	6	6	3	7	7	3
□ Over 5 Years	2	0	1	1	0	3	1	2	0	1	0	0	2	0	1	1

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

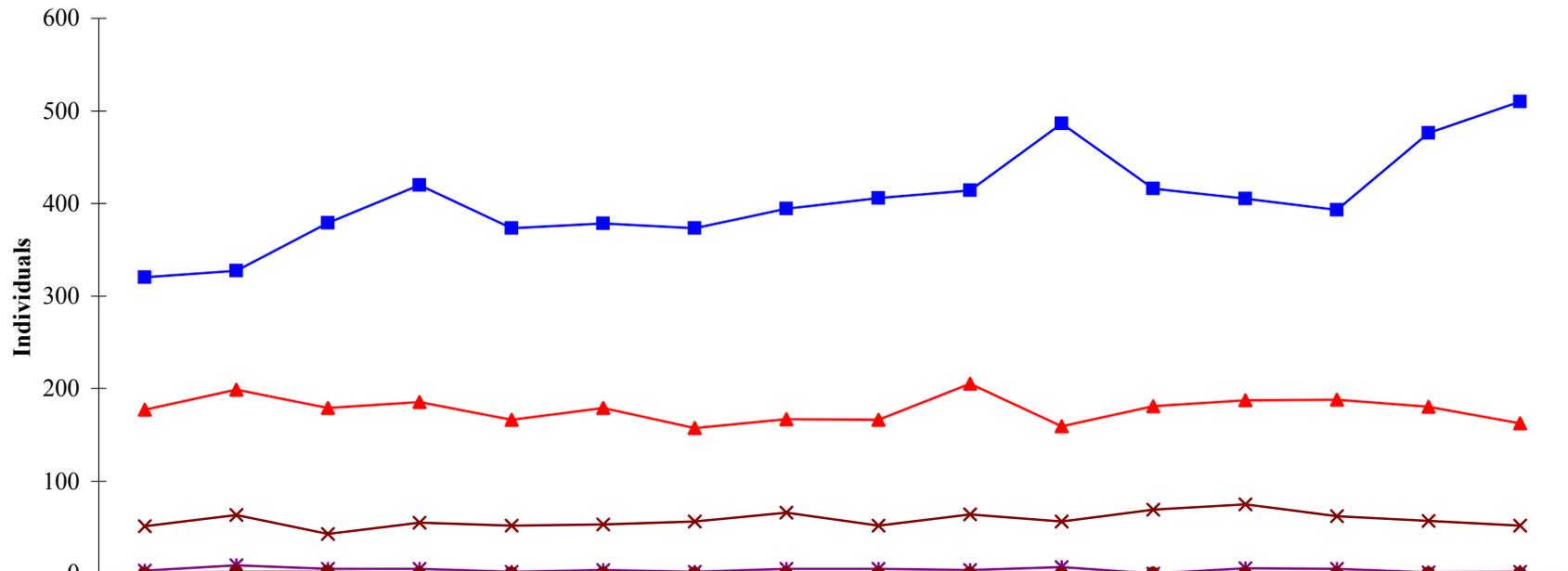
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	20	20	20	20	19	19	18	18	18	19	21	22	22	22	22	22
■ 30 Days or Less	2096	2199	2289	2351	2501	2468	2511	2553	2465	2277	2152	1985	1910	1992	1965	1920
▲ 31-90 Days	423	432	432	429	418	400	379	381	383	403	431	455	452	438	416	406
✕ 91-365 Days	87	98	105	102	88	89	73	75	66	82	99	105	83	96	96	99

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

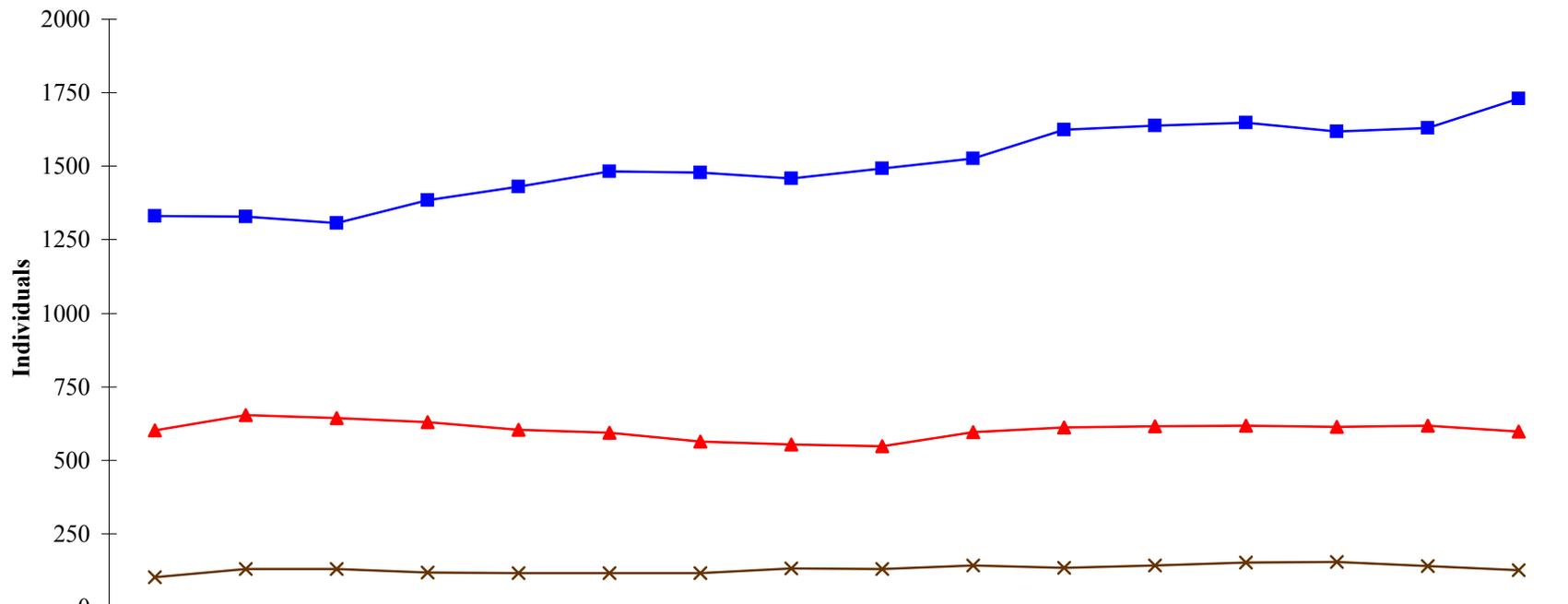
**Average Length of Stay at Discharge by Category**



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4
Average LOS	43	64	51	41	39	43	39	43	40	42	41	40	47	43	36	34
■ 30 Days or Less	320	327	379	420	373	378	373	394	406	414	486	416	405	393	476	510
▲ 31 - 90 Days	177	199	179	185	166	179	157	167	166	205	159	181	187	188	180	162
× 91 - 365 Days	51	63	43	55	52	53	56	66	52	64	56	69	75	62	57	52
* 1 - 5 Years	3	9	5	5	2	4	2	5	5	4	7	0	6	5	1	2
● Over 5 Years	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0

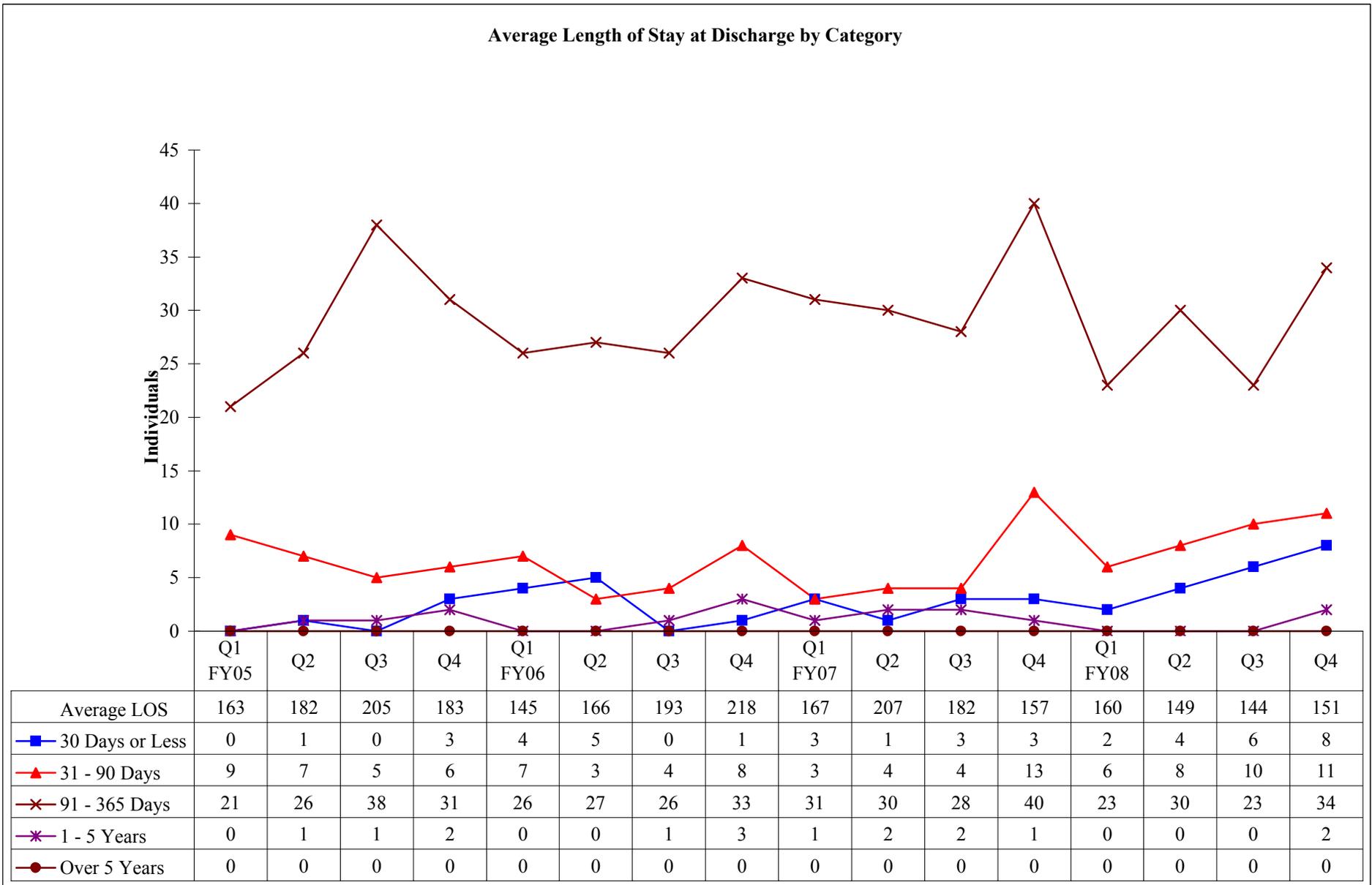
**Measure 5D - Average Length of Stay at Discharge  
Terrell State Hospital**

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



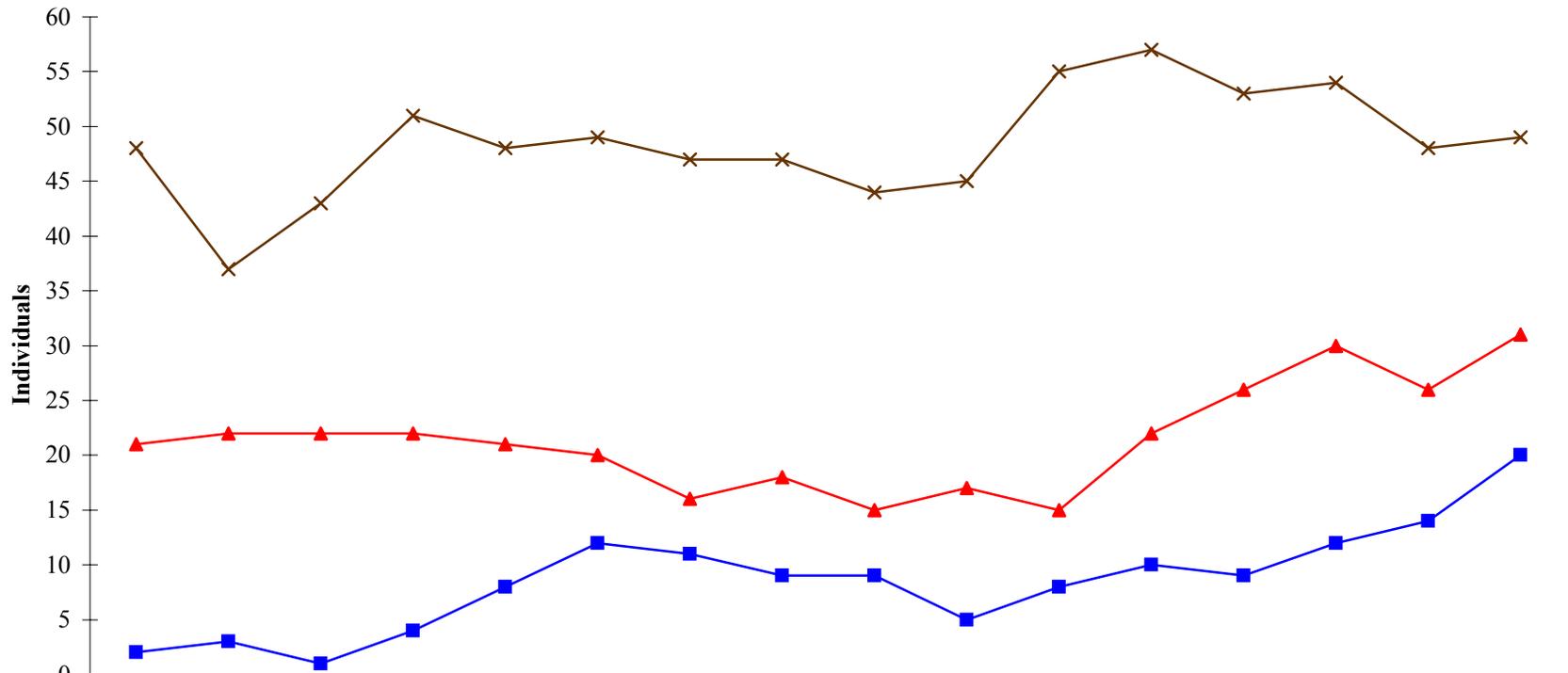
	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
<b>Average LOS</b>	31	33	33	32	31	31	30	31	31	32	31	31	32	32	31	30
<b>30 Days or Less</b>	1330	1328	1307	1385	1431	1482	1479	1458	1493	1527	1625	1638	1648	1619	1630	1731
<b>31-90 Days</b>	602	653	644	629	603	593	564	554	547	596	611	615	617	614	617	598
<b>91-365 Days</b>	101	130	130	117	115	115	116	131	129	141	133	142	152	153	139	126

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



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

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



	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08
Average LOS	131	131	152	129	123	119	128	133	134	130	131	125	121	117	114	106
■ 30 Days or Less	2	3	1	4	8	12	11	9	9	5	8	10	9	12	14	20
▲ 31-90 Days	21	22	22	22	21	20	16	18	15	17	15	22	26	30	26	31
✕ 91-365 Days	48	37	43	51	48	49	47	47	44	45	55	57	53	54	48	49

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

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

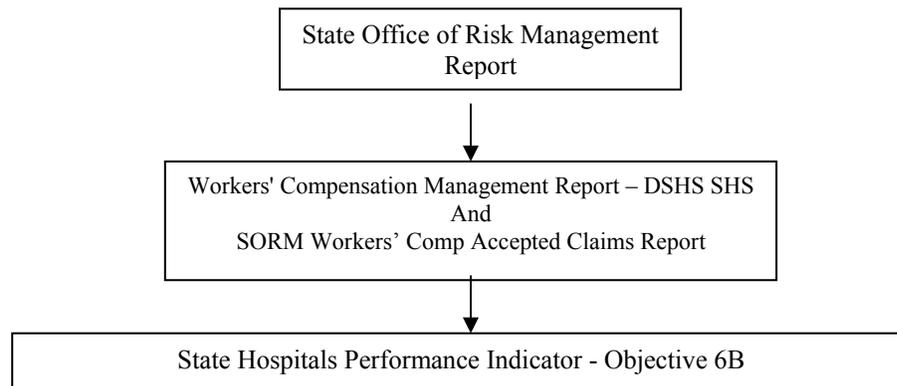
**State hospitals will manage workers' compensation claim expenses so that an individual hospital's total FY 2008 claims expense will be at or below the dollar target amount established for that hospital.**

**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.

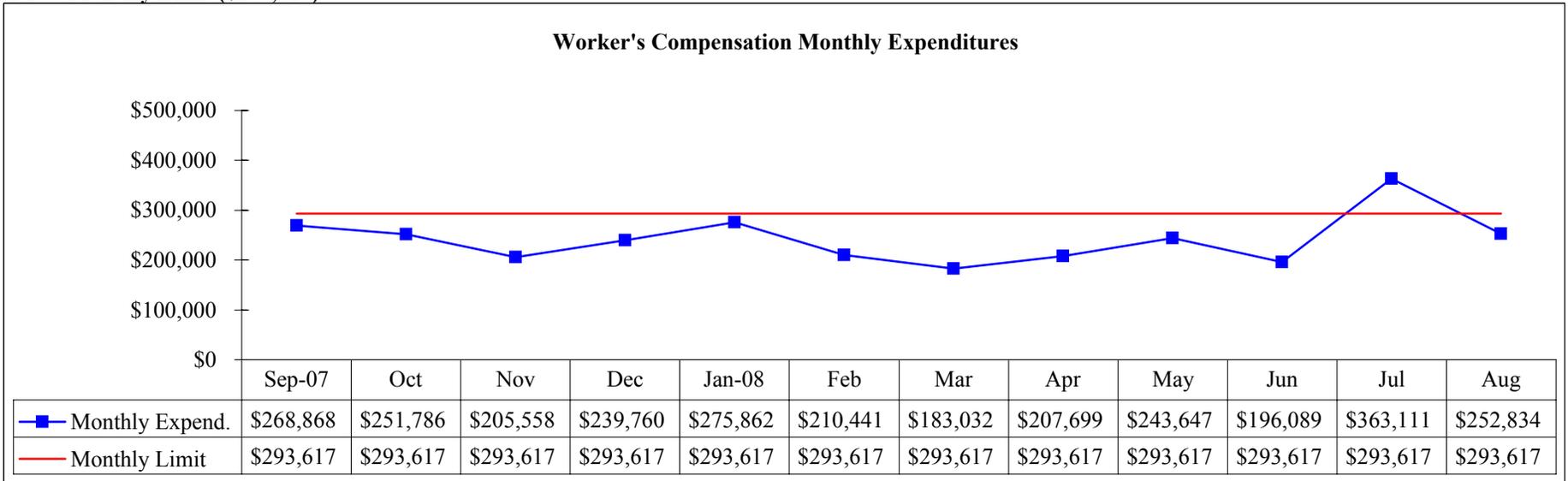
### **Performance Objective Data Display and Chart Description:**

- ◆ 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.

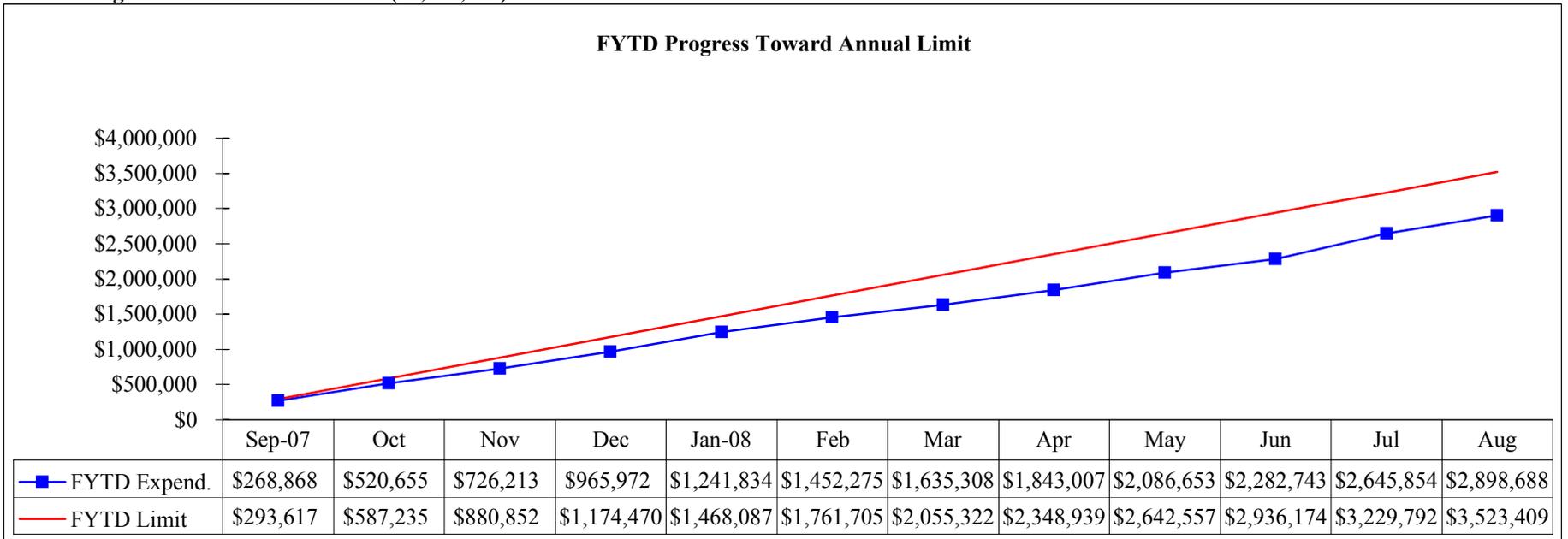
### **Data Flow:**



**Objective 6B - Workers Compensation**  
**All State Hospitals**  
**FY08 Monthly Limit (\$293,617)**



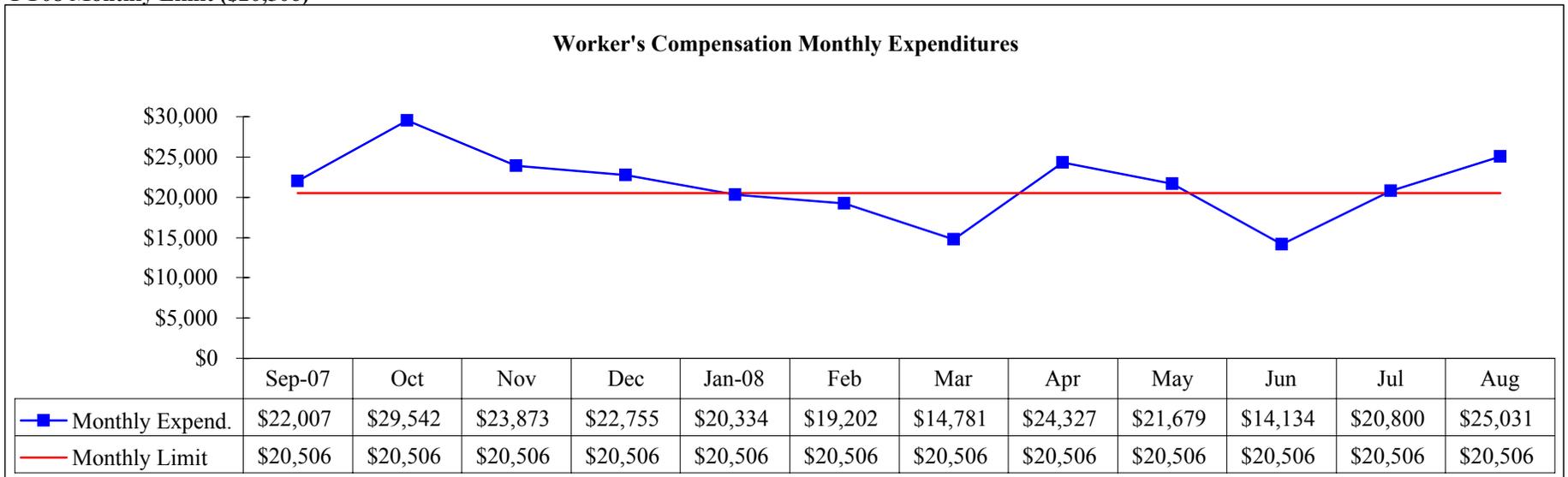
**FYTD Progress Toward Annual Limit (\$3,523,409)**



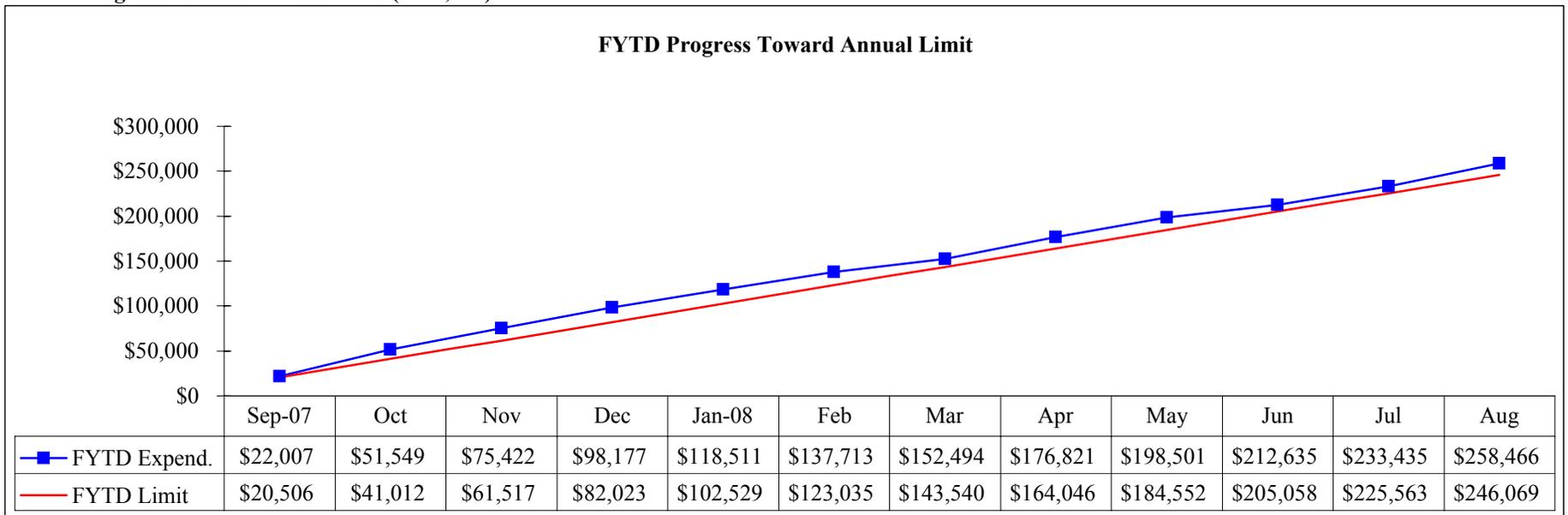
**Objective 6B - Workers Compensation**

**Austin State Hospital**

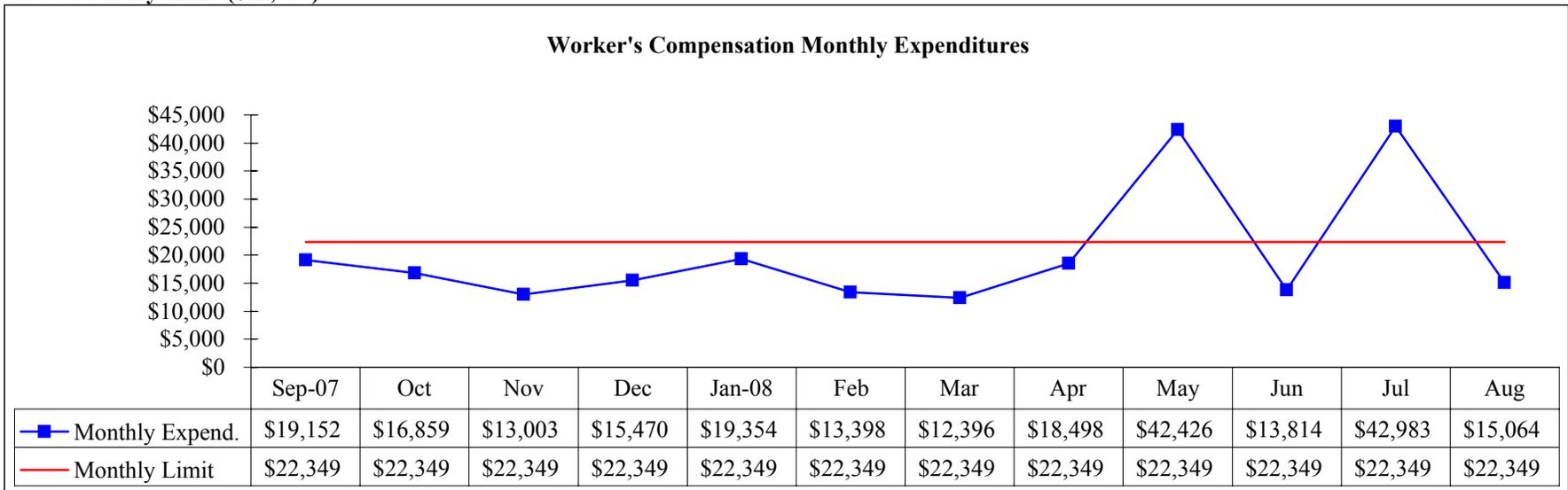
**FY08 Monthly Limit (\$20,506)**



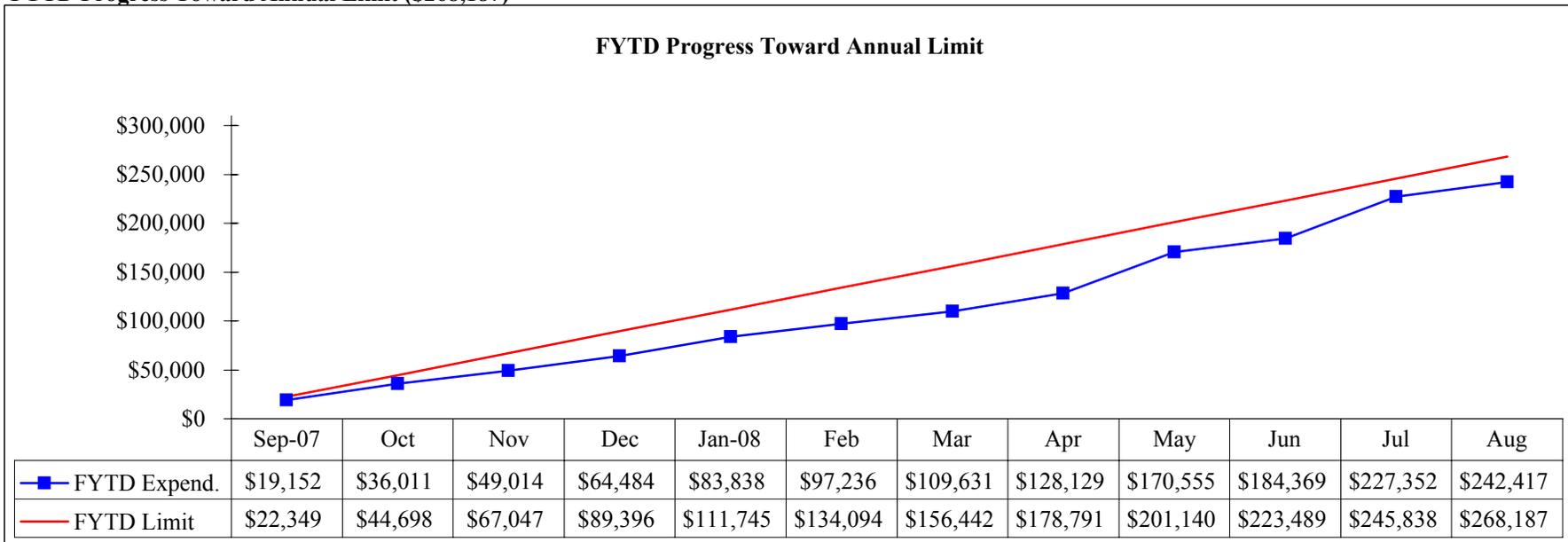
**FYTD Progress Toward Annual Limit (\$246,069)**



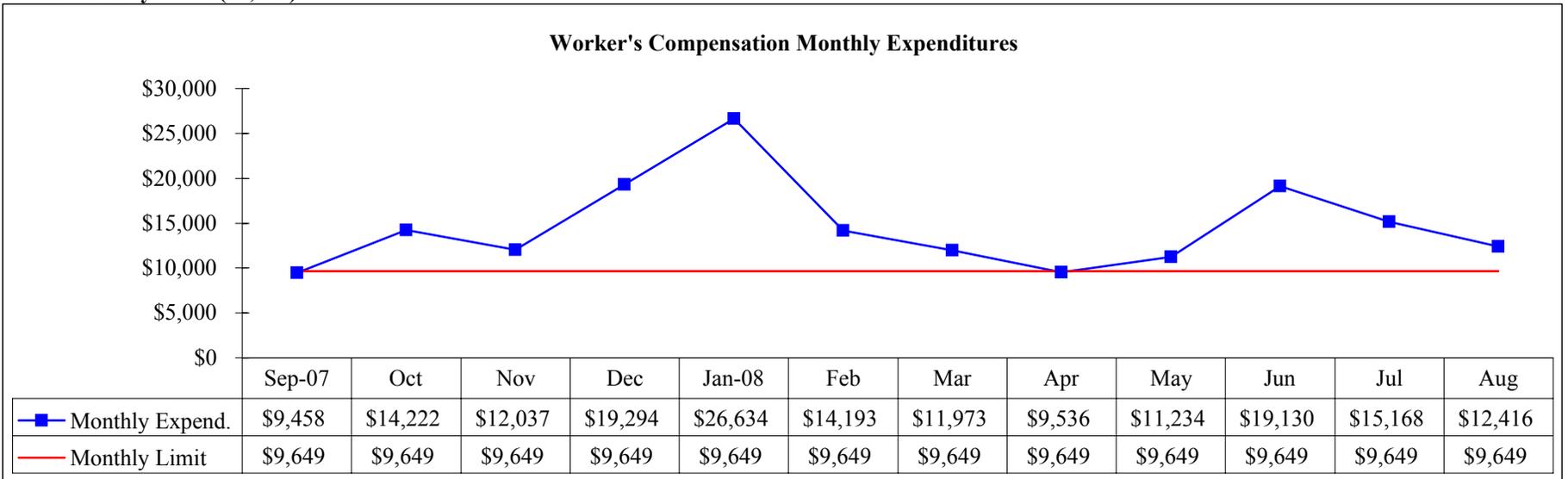
**Objective 6B - Workers Compensation**  
**Big Spring State Hospital**  
**FY08 Monthly Limit (\$22,349)**



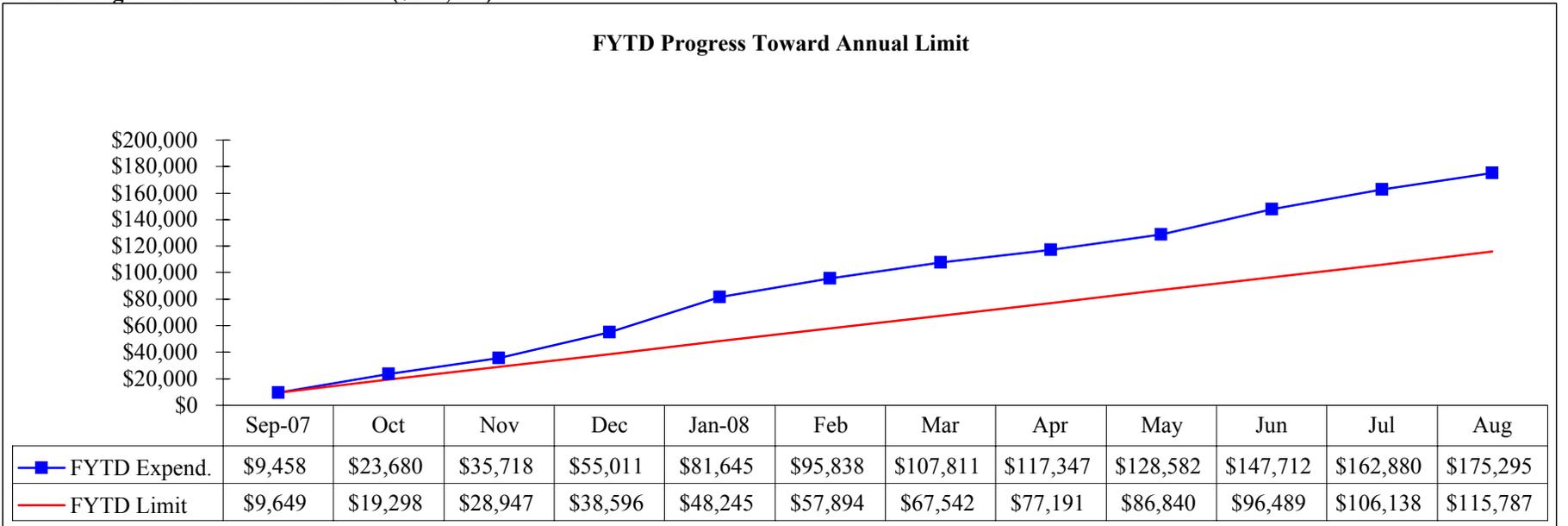
**FYTD Progress Toward Annual Limit (\$268,187)**



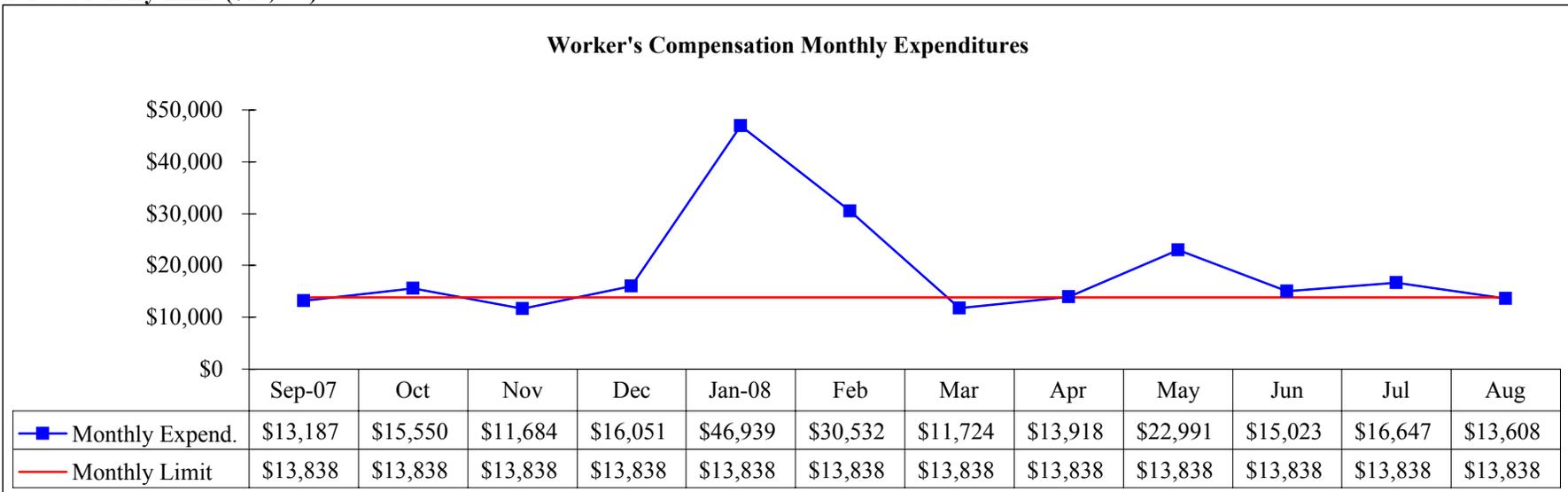
**Objective 6B - Workers Compensation**  
**El Paso Psychiatric Center**  
**FY08 Monthly Limit (\$9,649)**



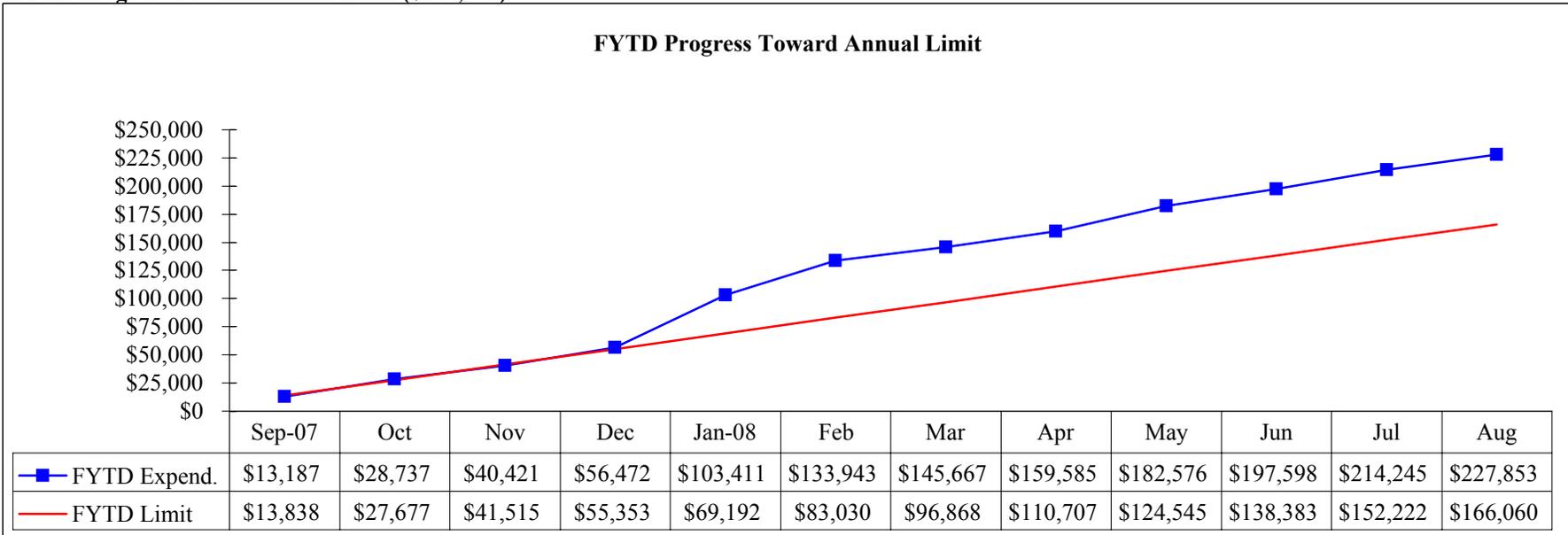
**FYTD Progress Toward Annual Limit (\$115,787)**



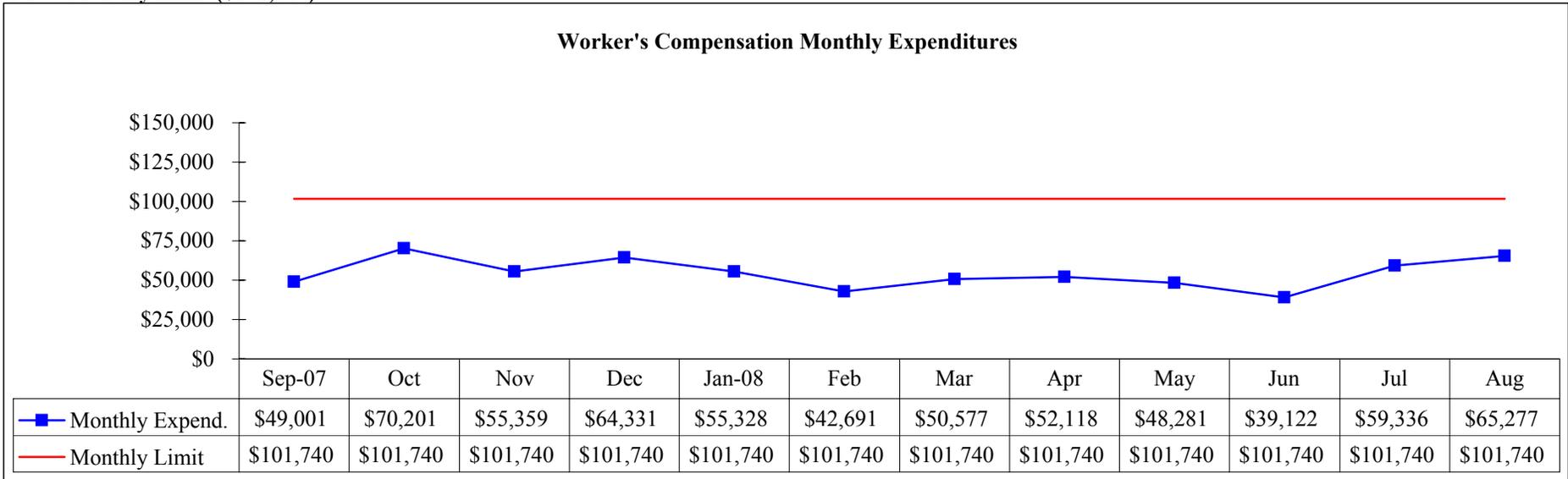
**Objective 6B - Workers Compensation**  
**Kerrville State Hospital**  
**FY08 Monthly Limit (\$13,838)**



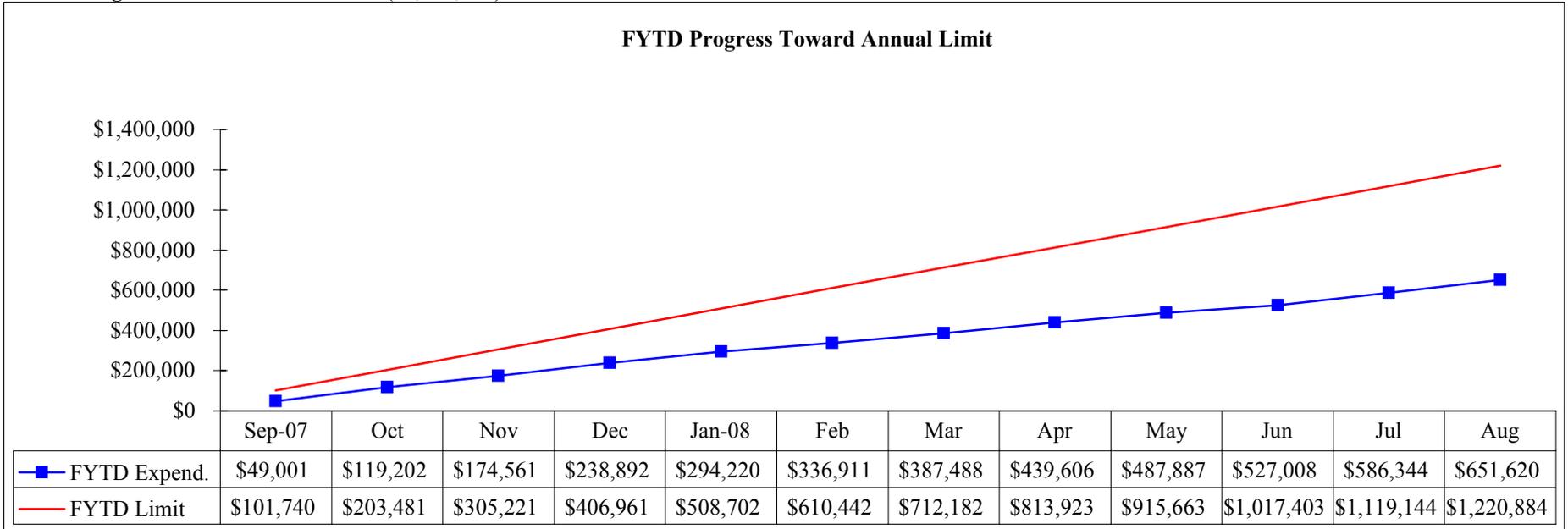
**FYTD Progress Toward Annual Limit (\$166,060)**



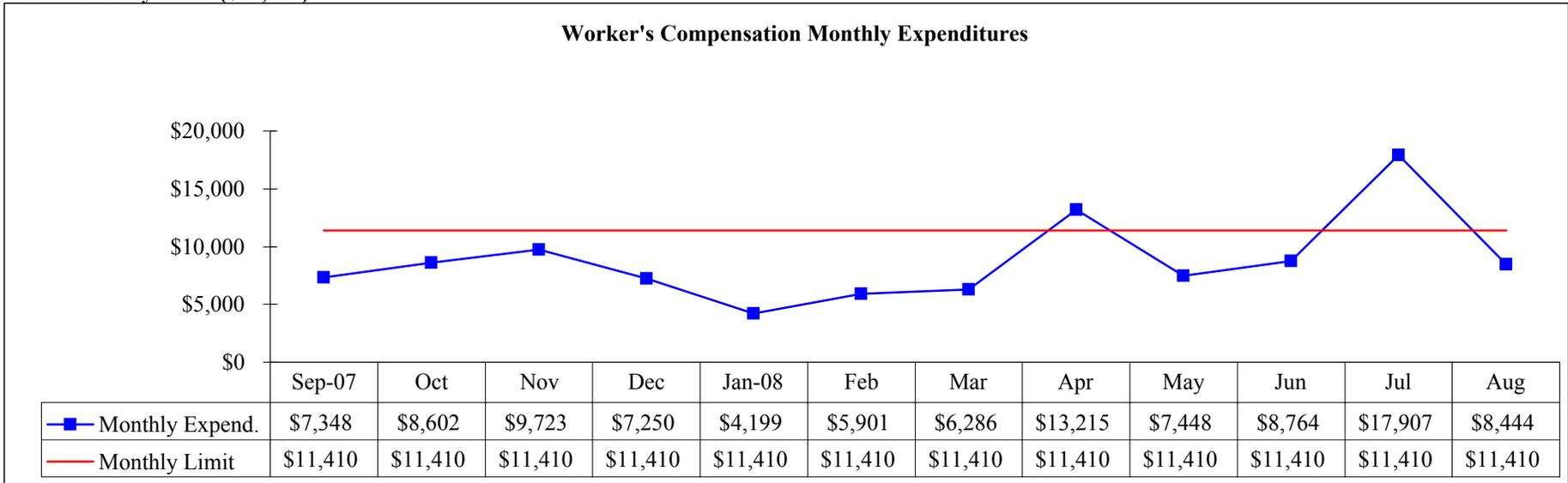
**Objective 6B - Workers Compensation**  
**North Texas State Hospital**  
**FY08 Monthly Limit (\$101,740)**



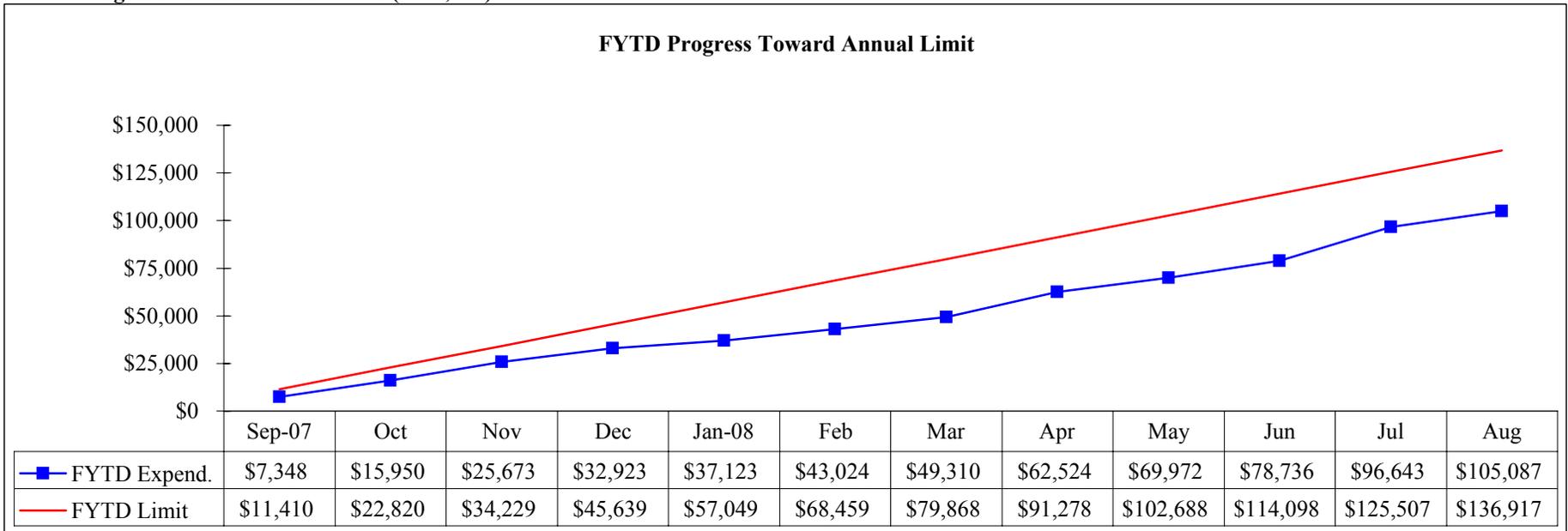
**FYTD Progress Toward Annual Limit (\$1,220,884)**



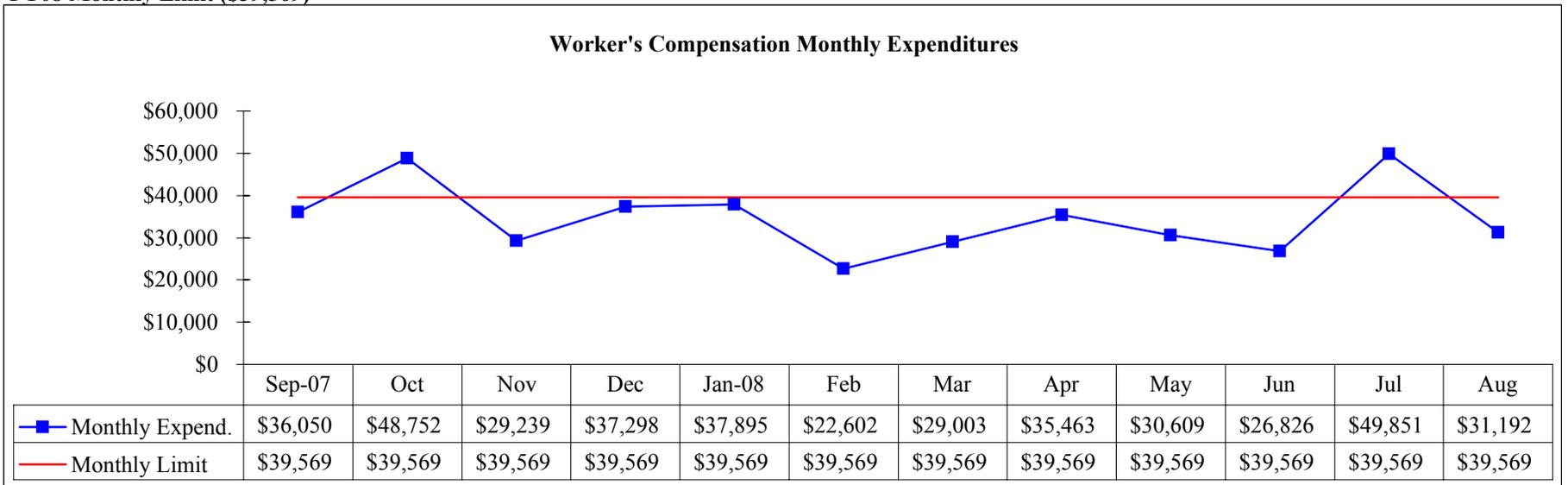
**Objective 6B - Workers Compensation  
Rio Grande State Center  
FY08 Monthly Limit (\$11,410)**



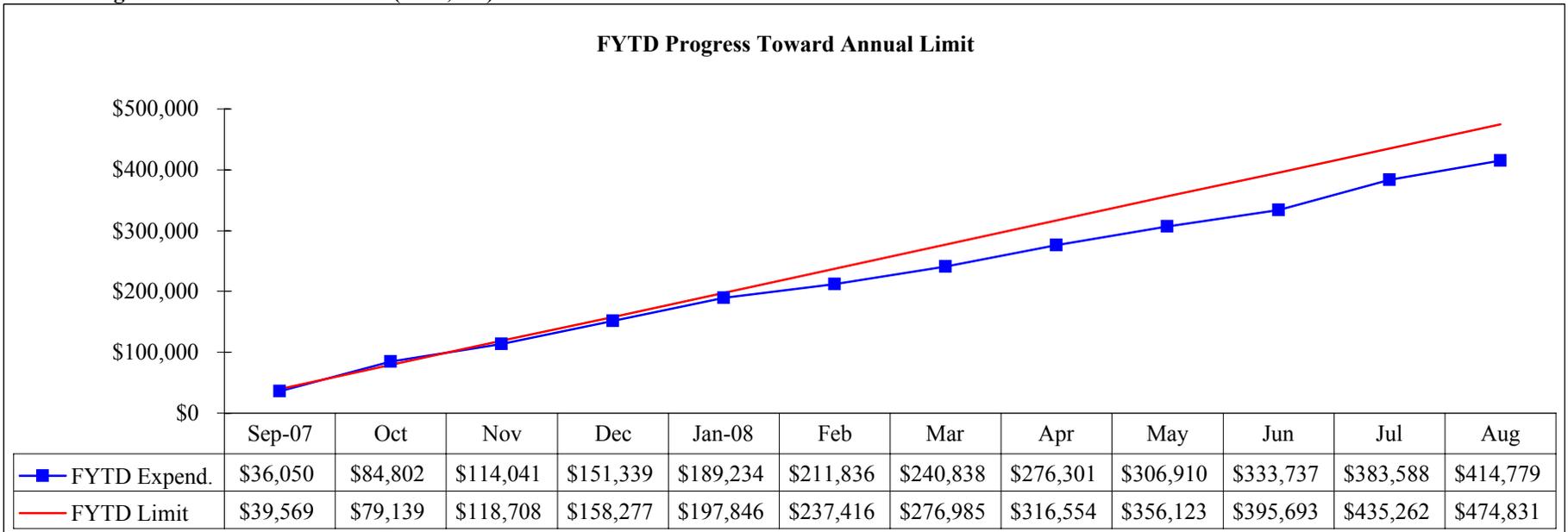
**FYTD Progress Toward Annual Limit (\$136,917)**



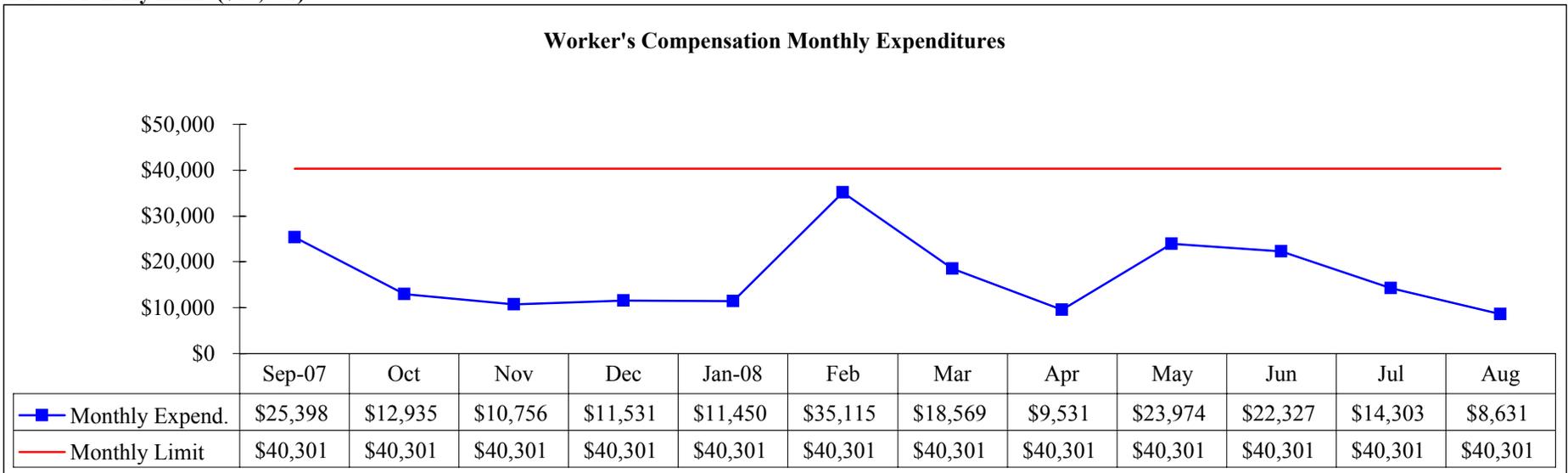
**Objective 6B - Workers Compensation**  
**Rusk State Hospital**  
**FY08 Monthly Limit (\$39,569)**



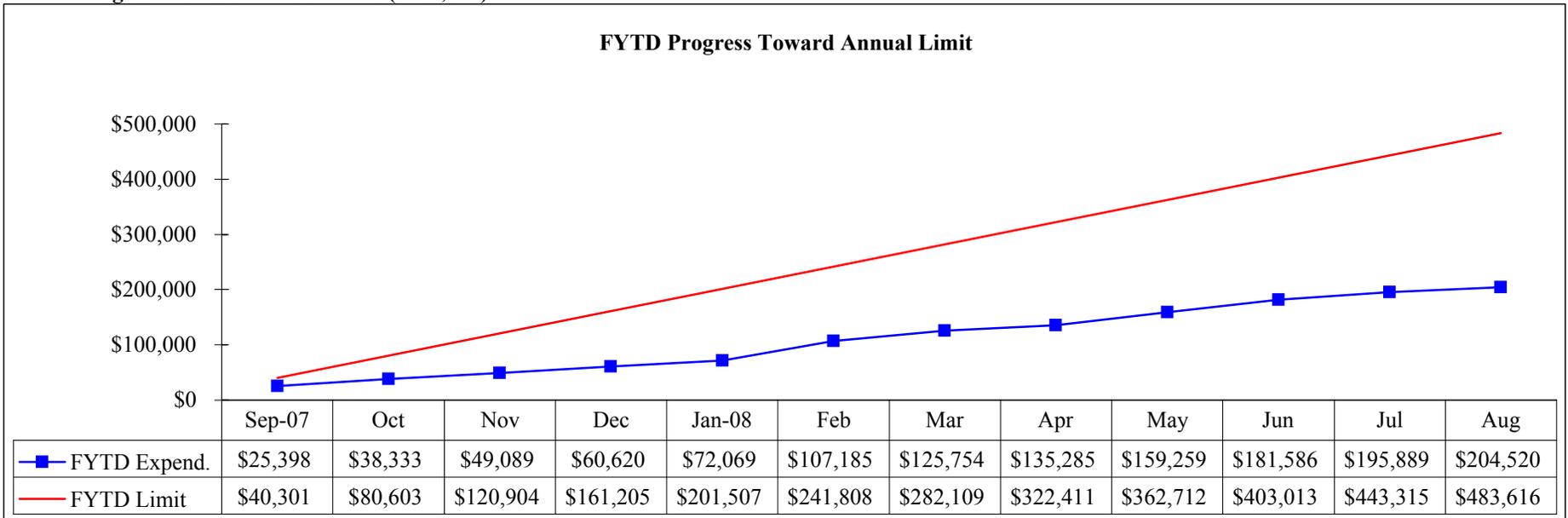
**FYTD Progress Toward Annual Limit (\$474,831)**



**Objective 6B - Workers Compensation**  
**San Antonio State Hospital**  
**FY08 Monthly Limit (\$40,301)**



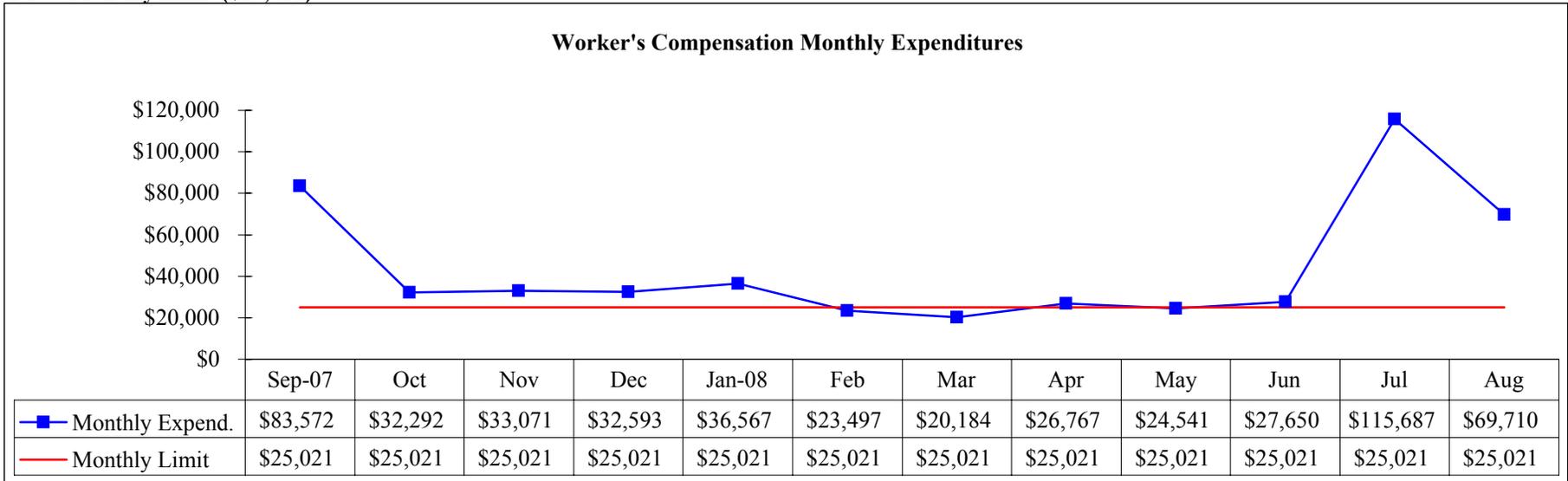
**FYTD Progress Toward Annual Limit (\$483,616)**



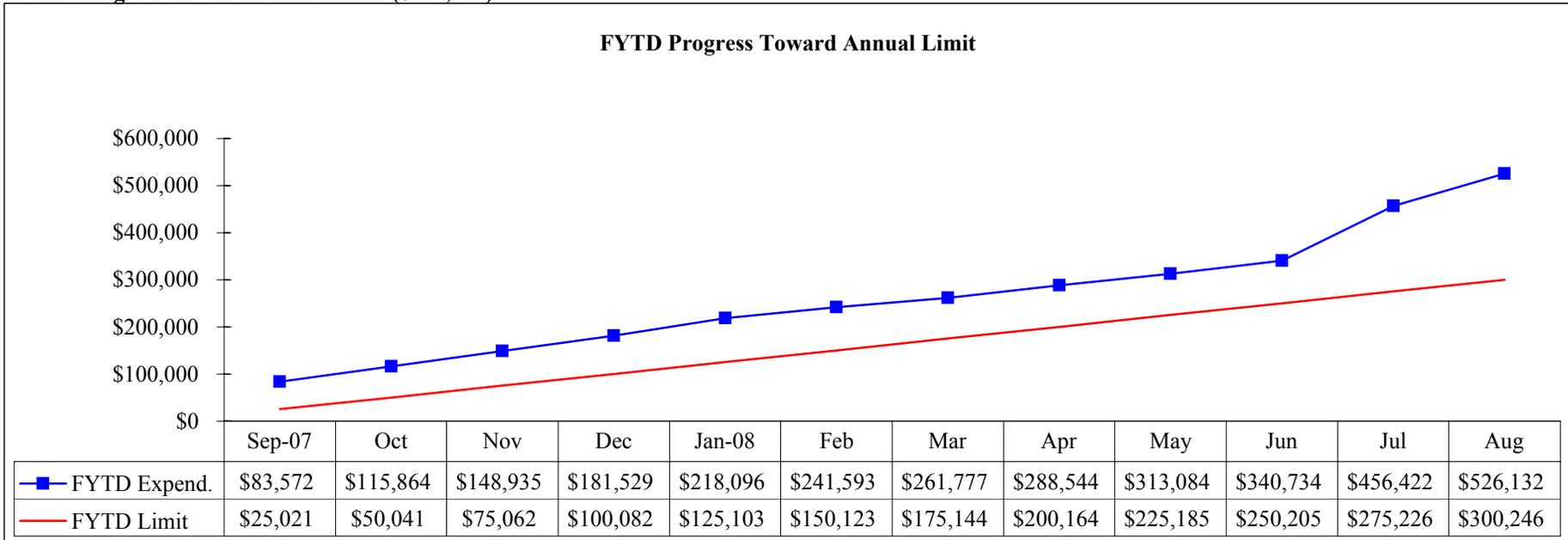
**Objective 6B - Workers Compensation**

**Terrell State Hospital**

**FY08 Monthly Limit (\$25,021)**



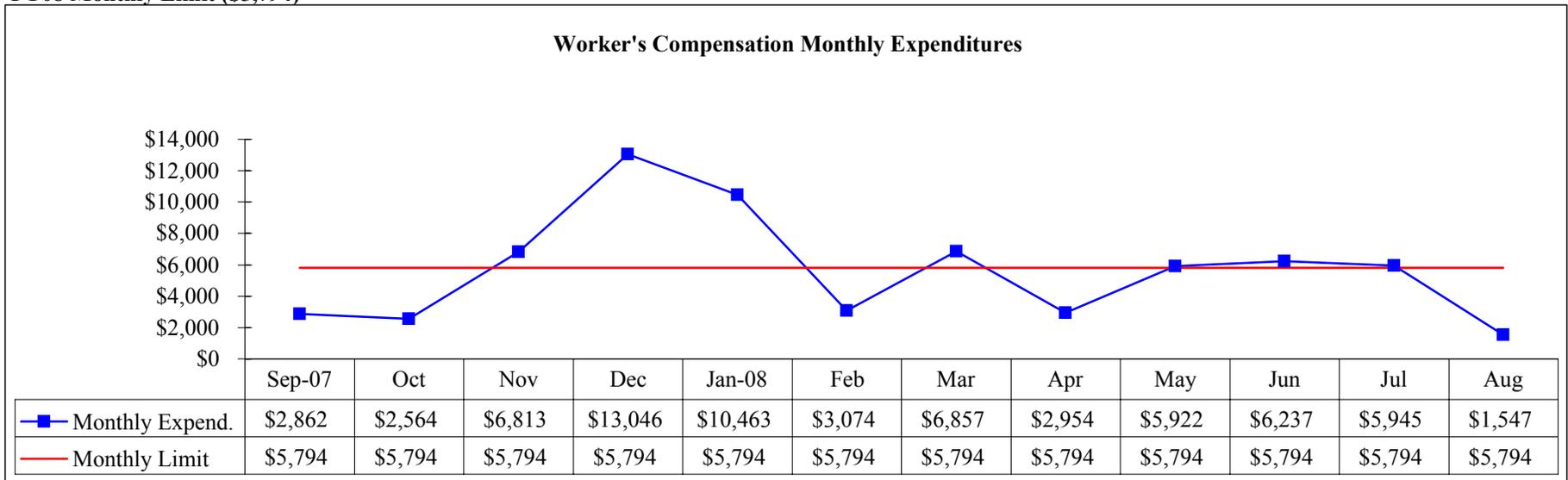
**FYTD Progress Toward Annual Limit (\$300,246)**



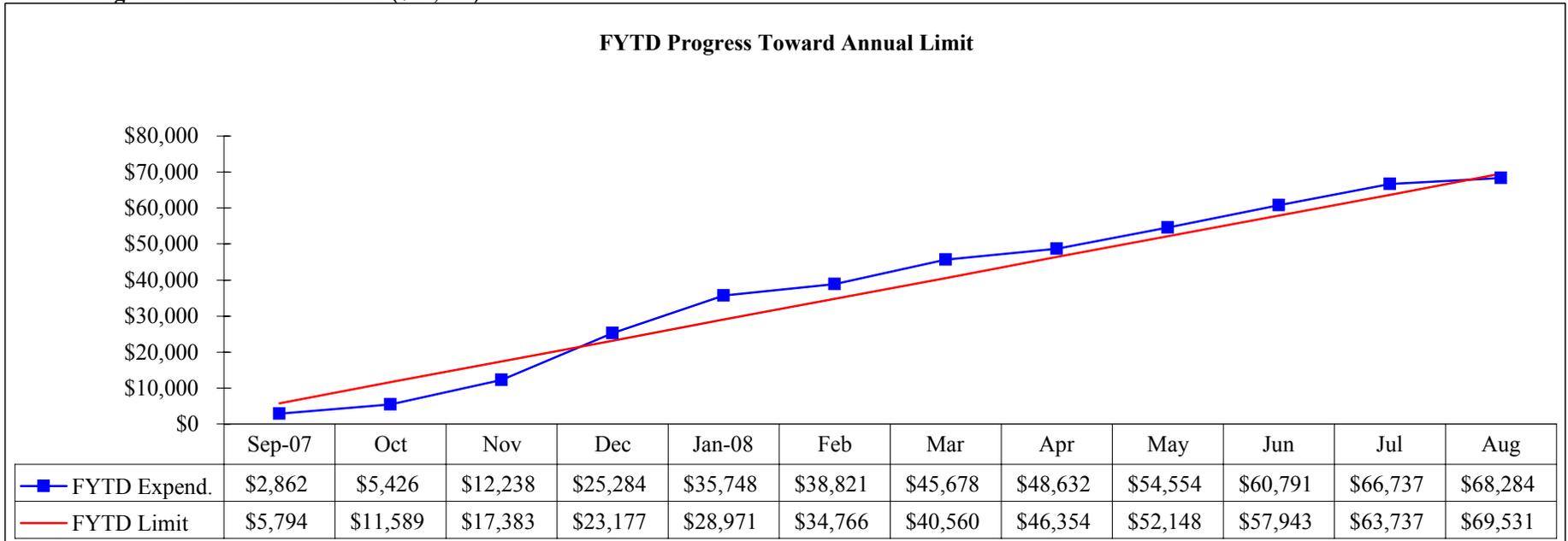
**Objective 6B - Workers Compensation**

**Waco Center for Youth**

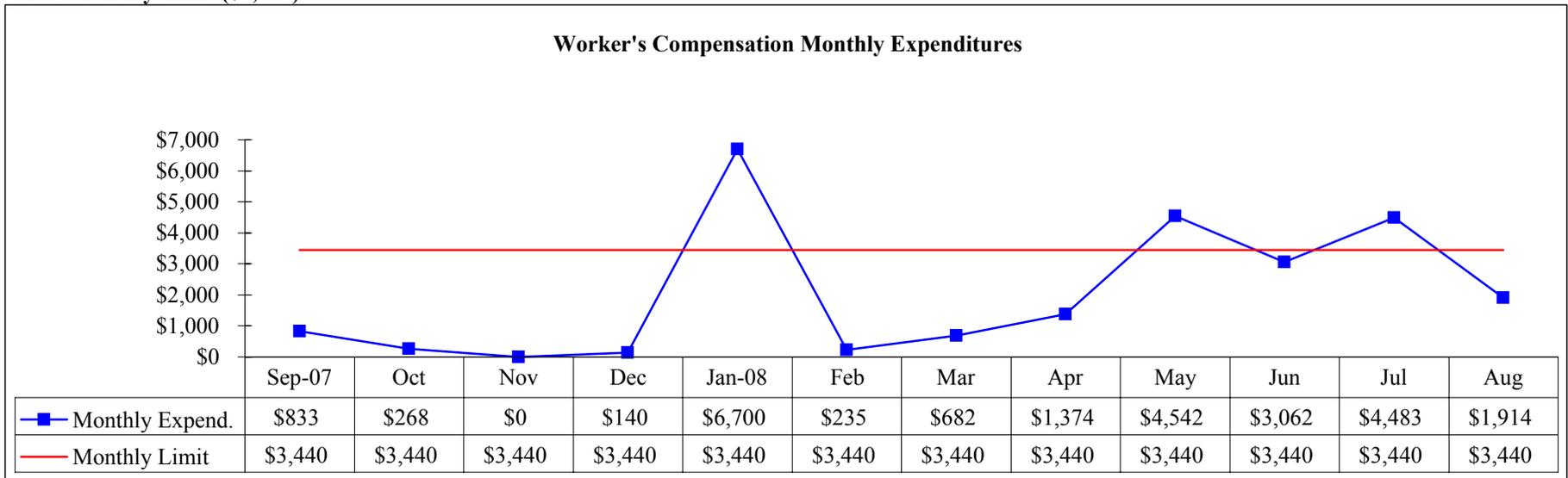
**FY08 Monthly Limit (\$5,794)**



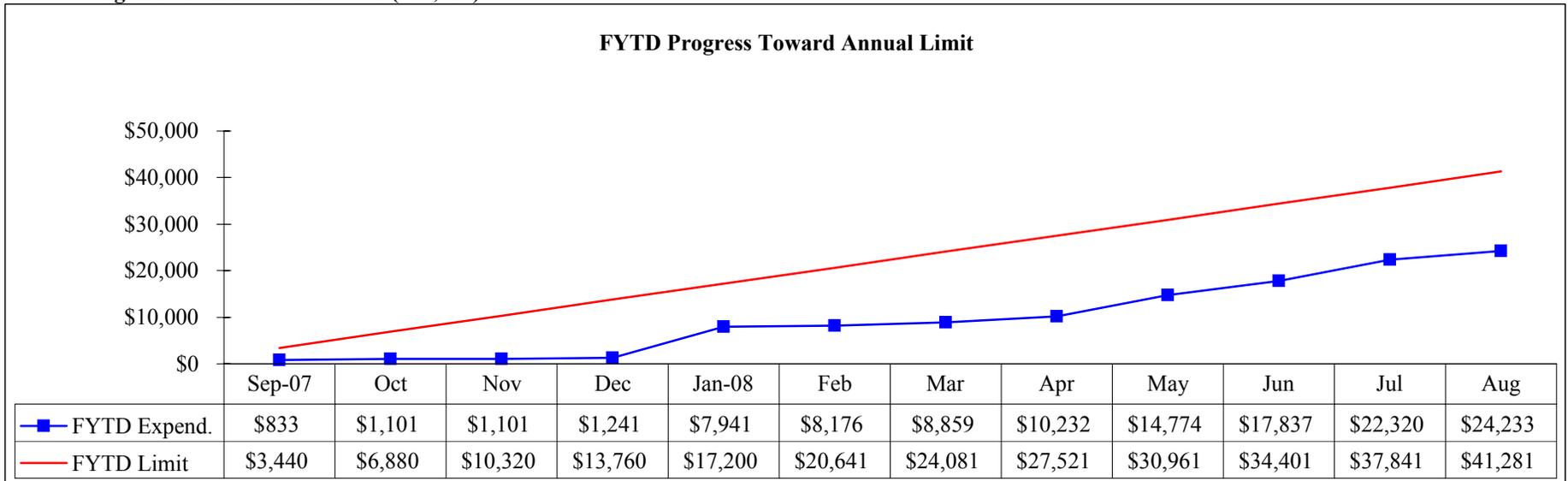
**FYTD Progress Toward Annual Limit (\$69,531)**



**Objective 6B - Workers Compensation**  
**Texas Center for Infectious Disease**  
**FY08 Monthly Limit (\$3,440)**



**FYTD Progress Toward Annual Limit (\$41,281)**



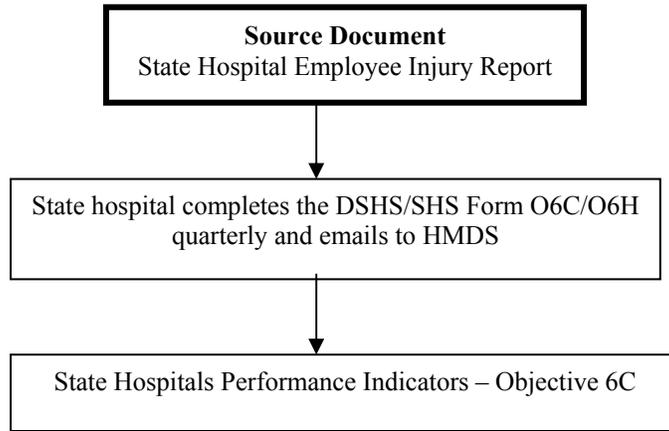
**Performance Objective 6C:**

**Employee injuries resulting in a workers' compensation claim will not exceed 0.85 per 1,000 bed days.**

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

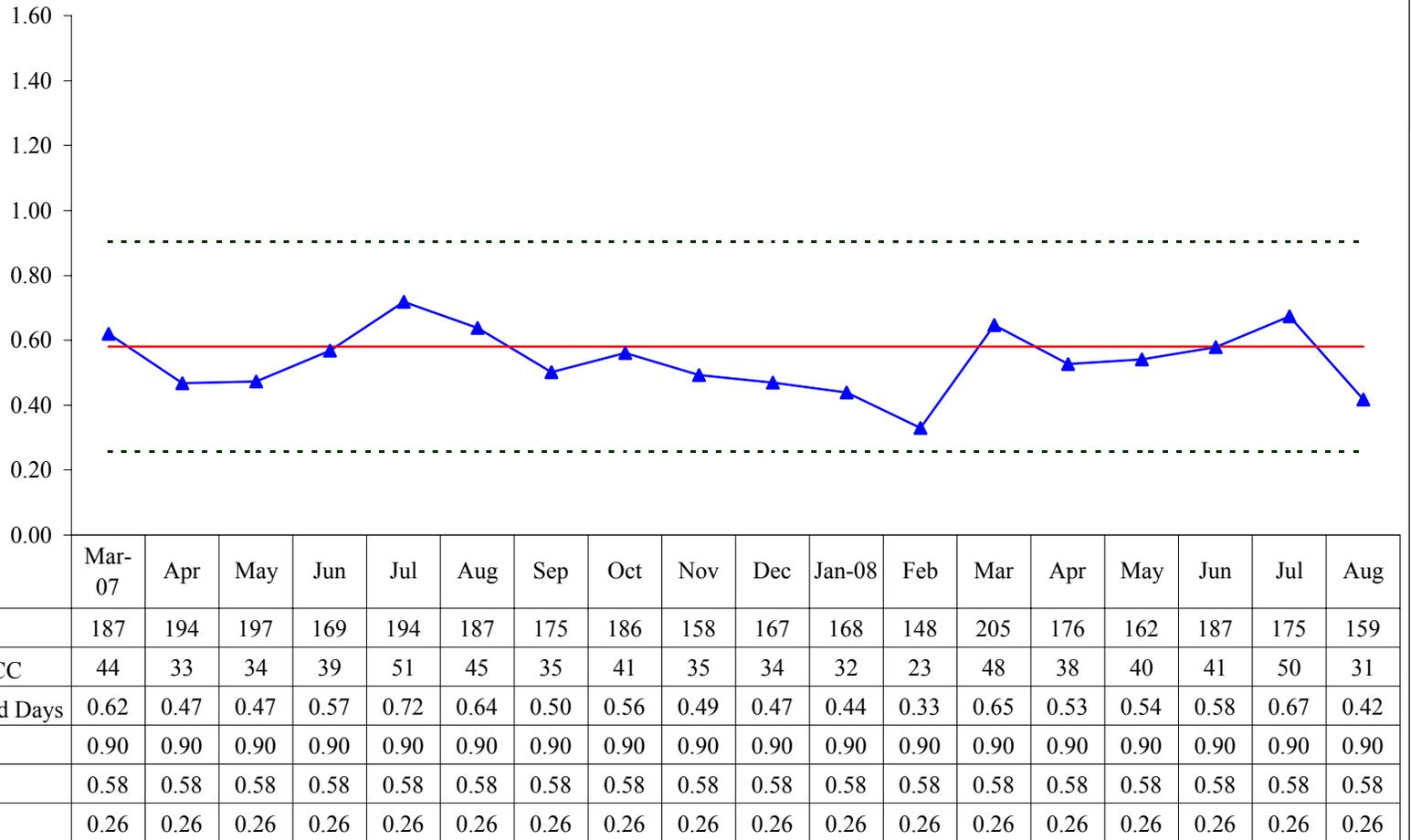
**Performance Objective Data Display and Chart Description:**  
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

**Data Flow:**



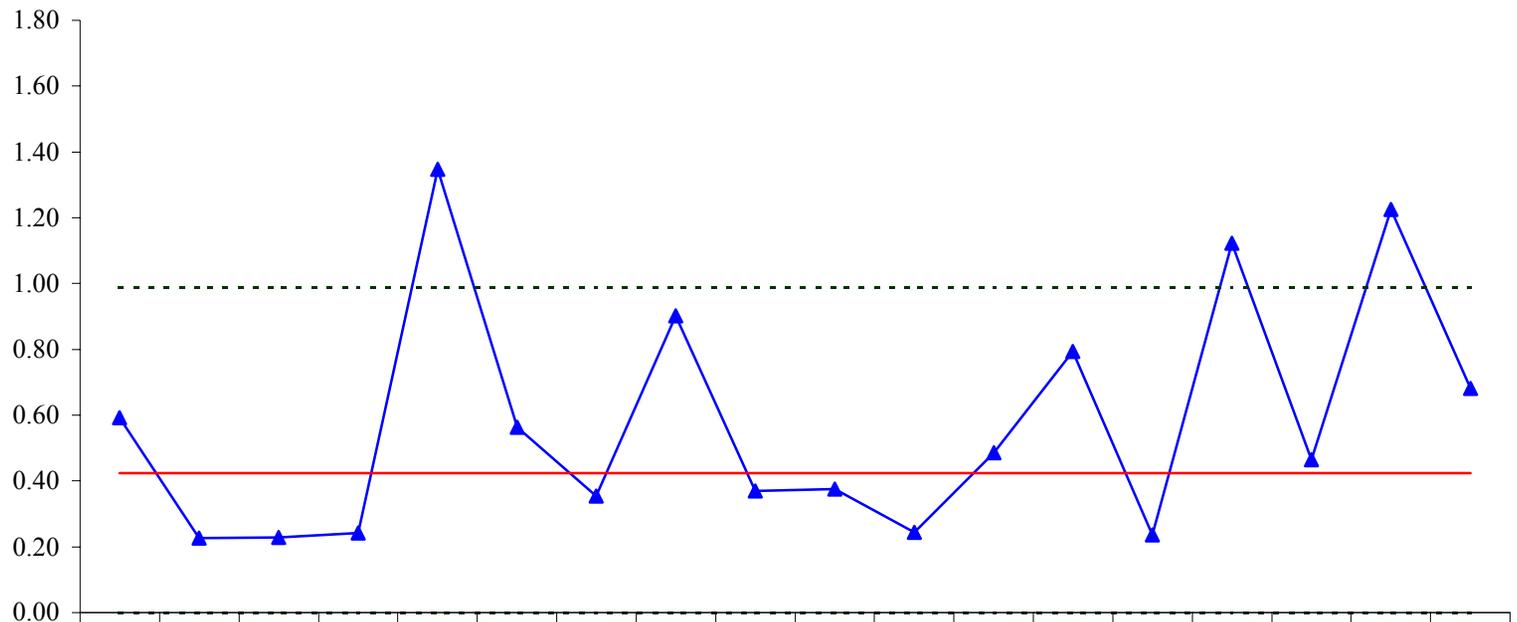
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim  
All State Hospitals**

**Employee Injuries Resulting in a Workers' Compensation Claim  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



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

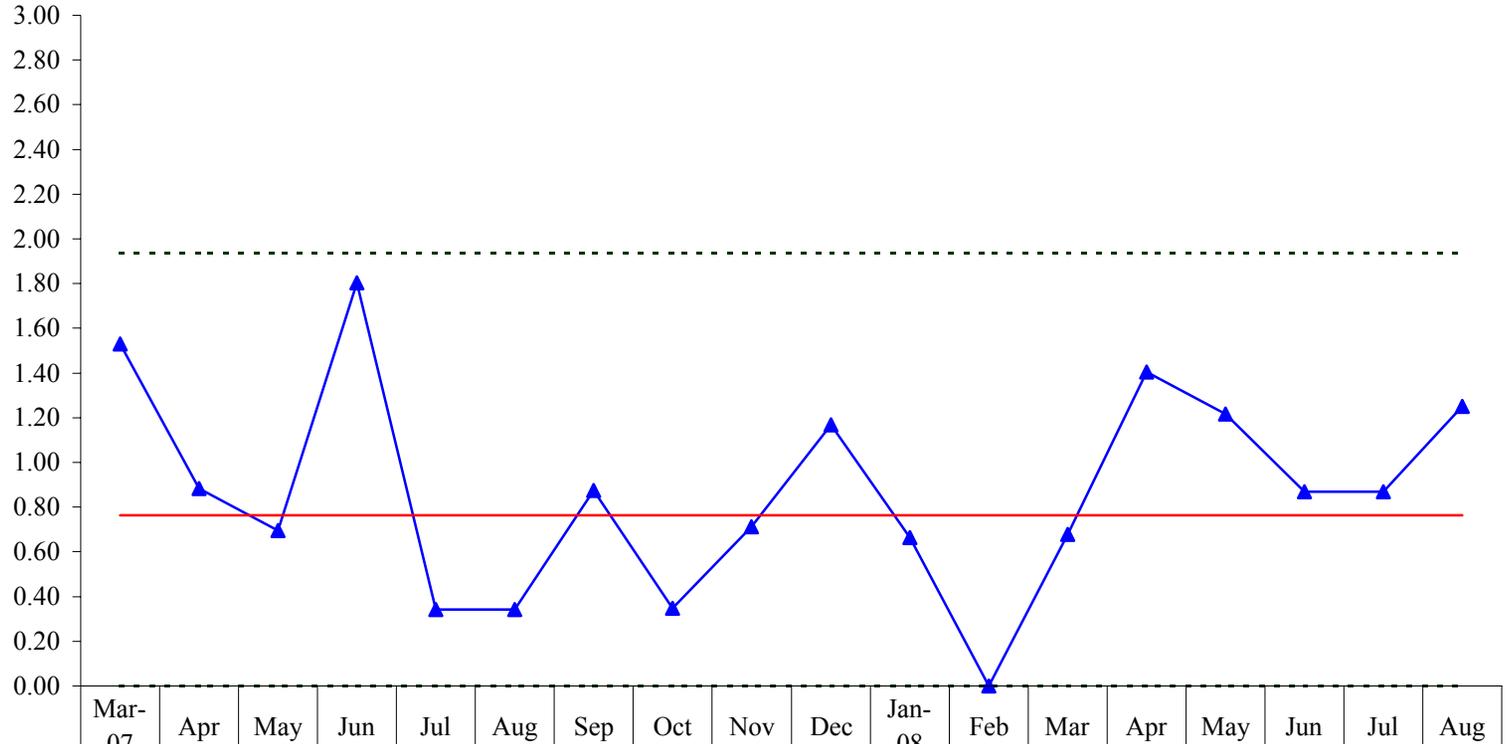
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	5	2	4	2	13	5	3	9	5	5	2	4	8	2	10	6	19	9
Injuries Resulting in a WCC	5	2	2	2	12	5	3	8	3	3	2	4	7	2	10	4	11	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.59	0.23	0.23	0.24	1.35	0.56	0.35	0.90	0.37	0.38	0.24	0.49	0.79	0.24	1.12	0.46	1.22	0.68
-----UCL	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
-----Avg	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42
-----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**

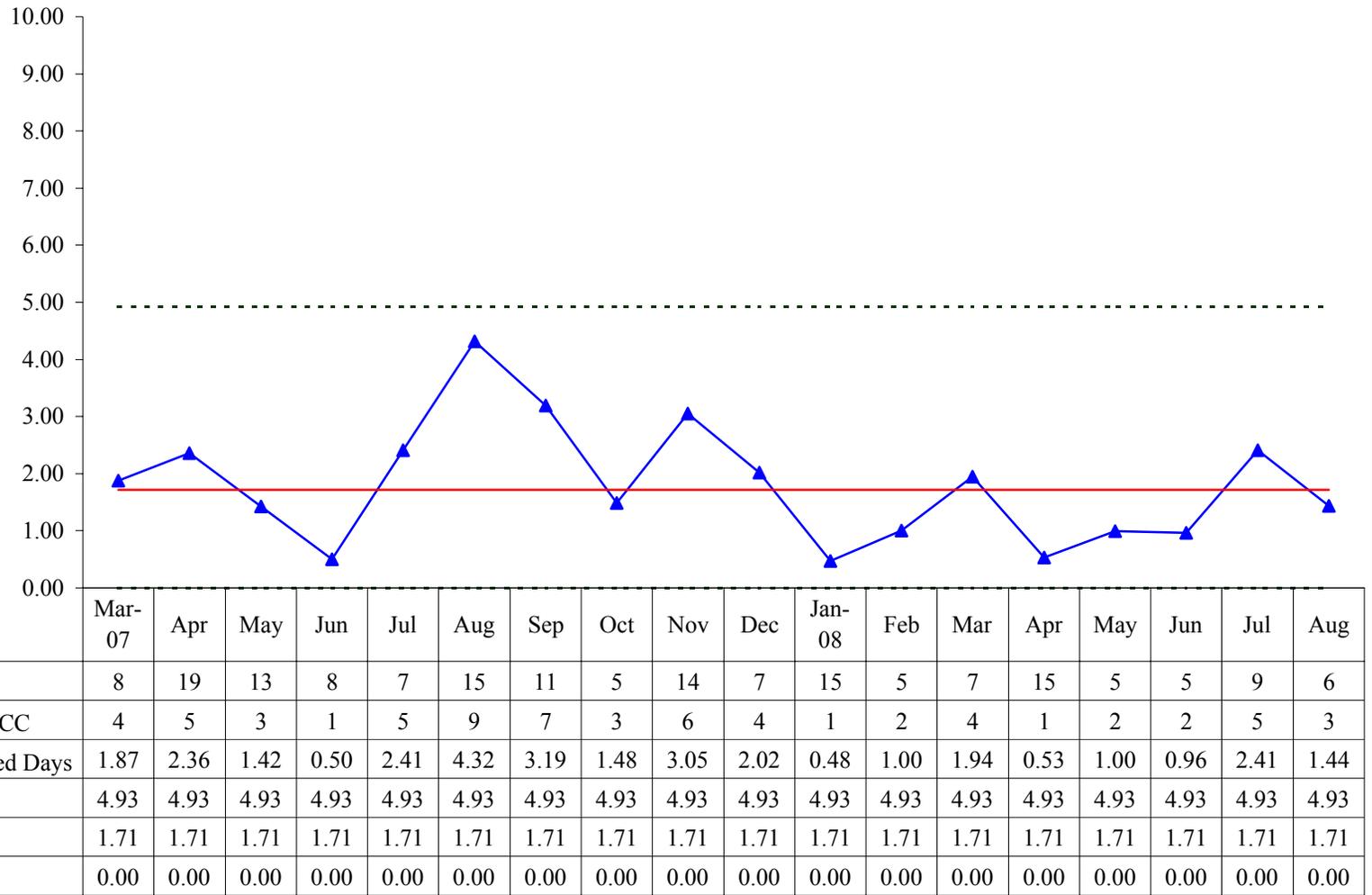
**Employee Injuries Resulting in a Workers' Compensation Claim  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	24	21	26	13	17	23	15	18	15	16	20	12	21	25	19	24	16	20
Injuries Resulting in a WCC	9	5	4	10	2	2	5	2	4	7	4	0	4	8	7	5	5	7
▲ Emp. Inj.(WCC)/1000 Bed Days	1.53	0.88	0.69	1.80	0.34	0.34	0.88	0.35	0.71	1.17	0.66	0.00	0.68	1.40	1.22	0.87	0.87	1.25
-----UCL	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94
— Avg	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
-----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

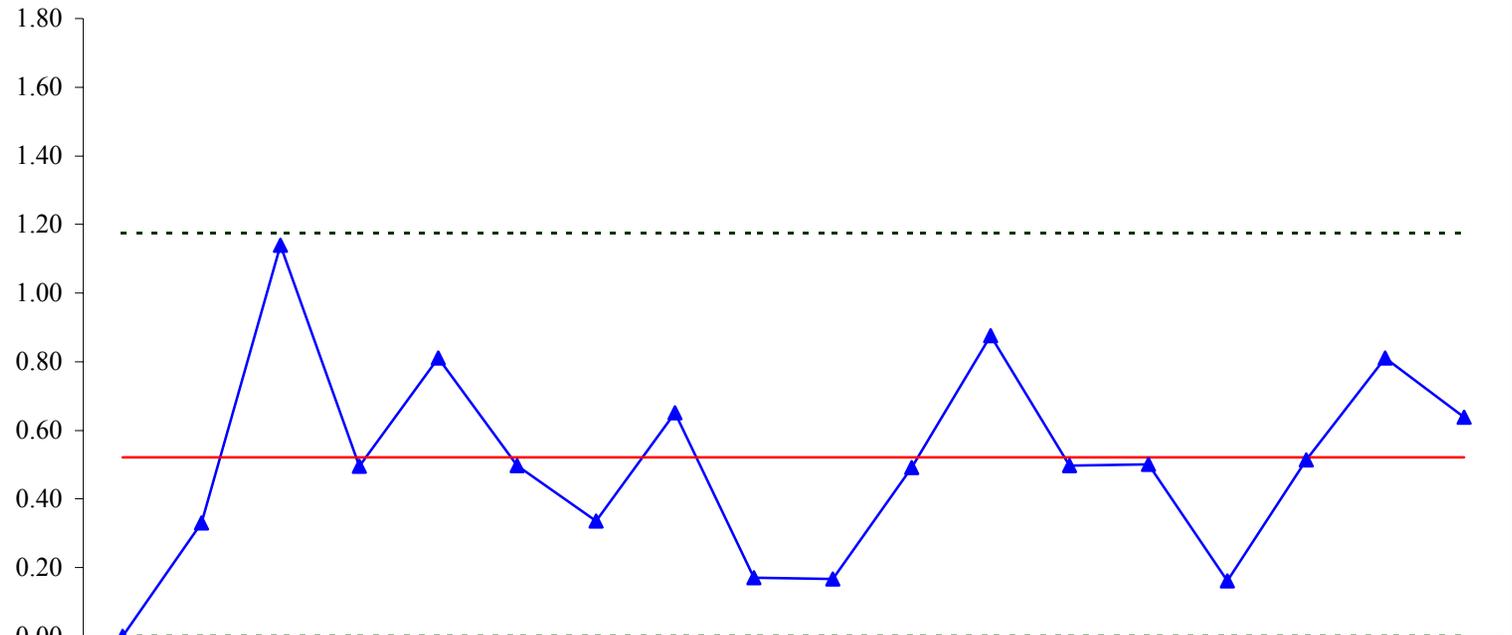
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**El Paso Psychiatric Center**

**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



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

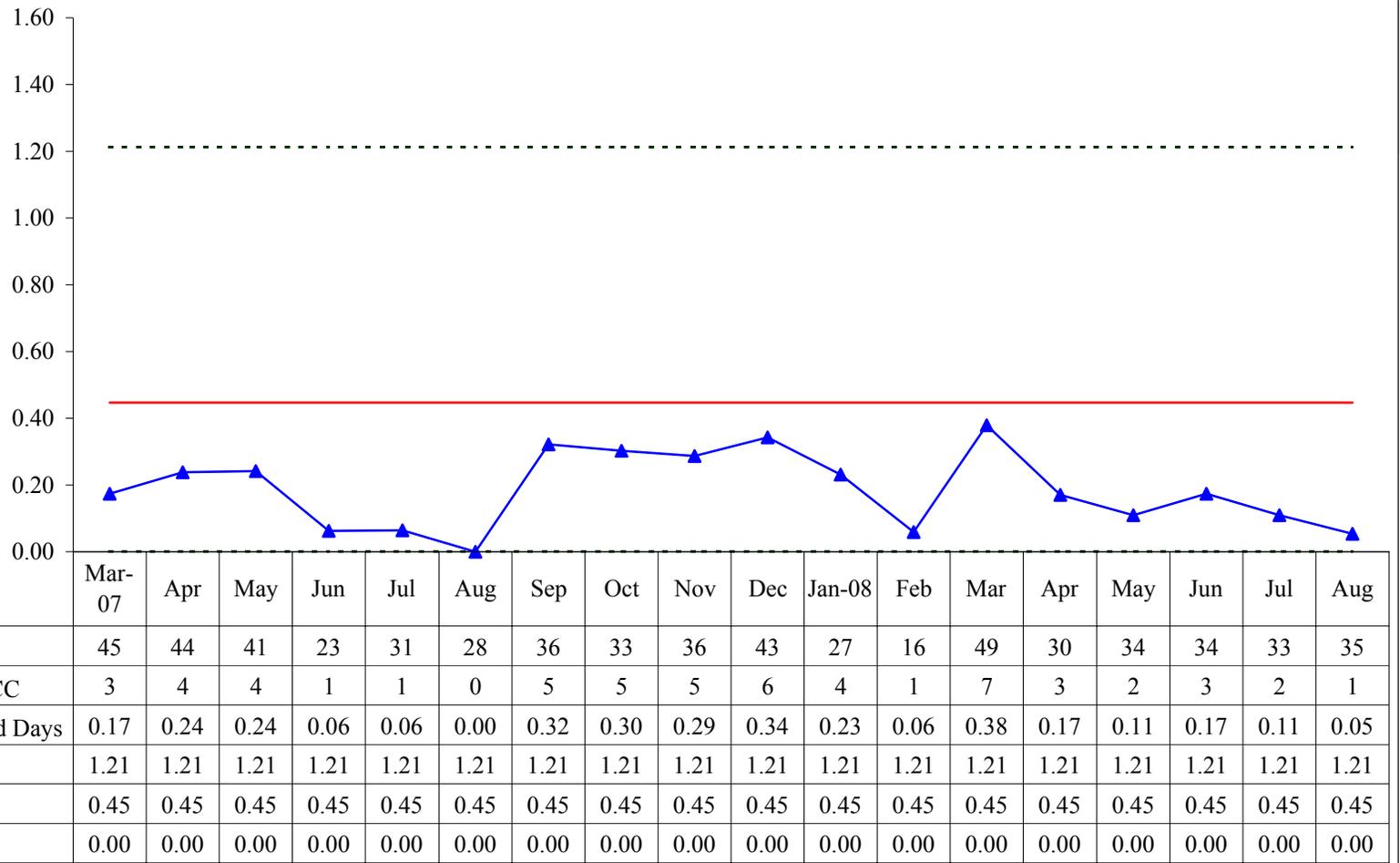
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	4	11	12	11	12	7	11	10	4	4	7	14	12	13	6	7	11	9
Injuries Resulting in a WCC	0	2	7	3	5	3	2	4	1	1	3	5	3	3	1	3	5	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.33	1.14	0.50	0.81	0.50	0.34	0.65	0.17	0.17	0.49	0.88	0.50	0.50	0.16	0.51	0.81	0.64
----- UCL	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
— Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

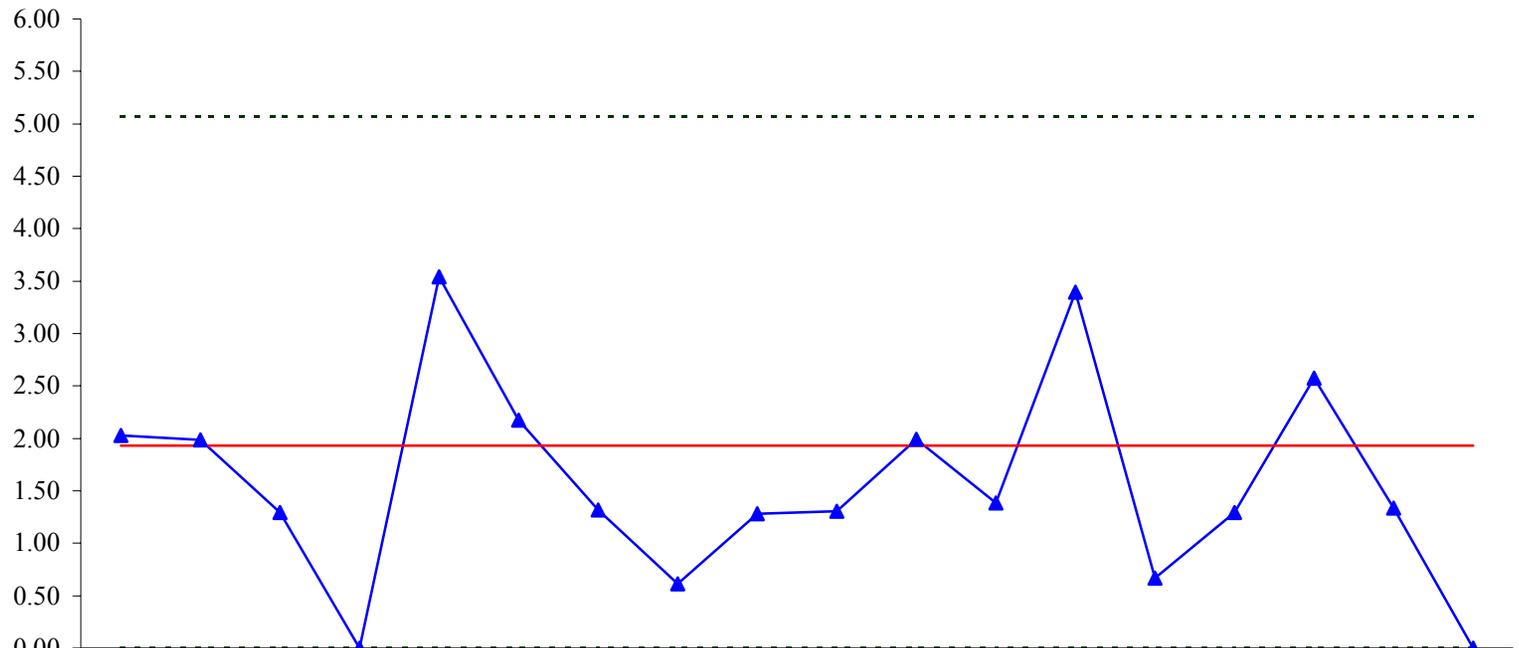
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim**  
**North Texas State Hospital**

**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



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

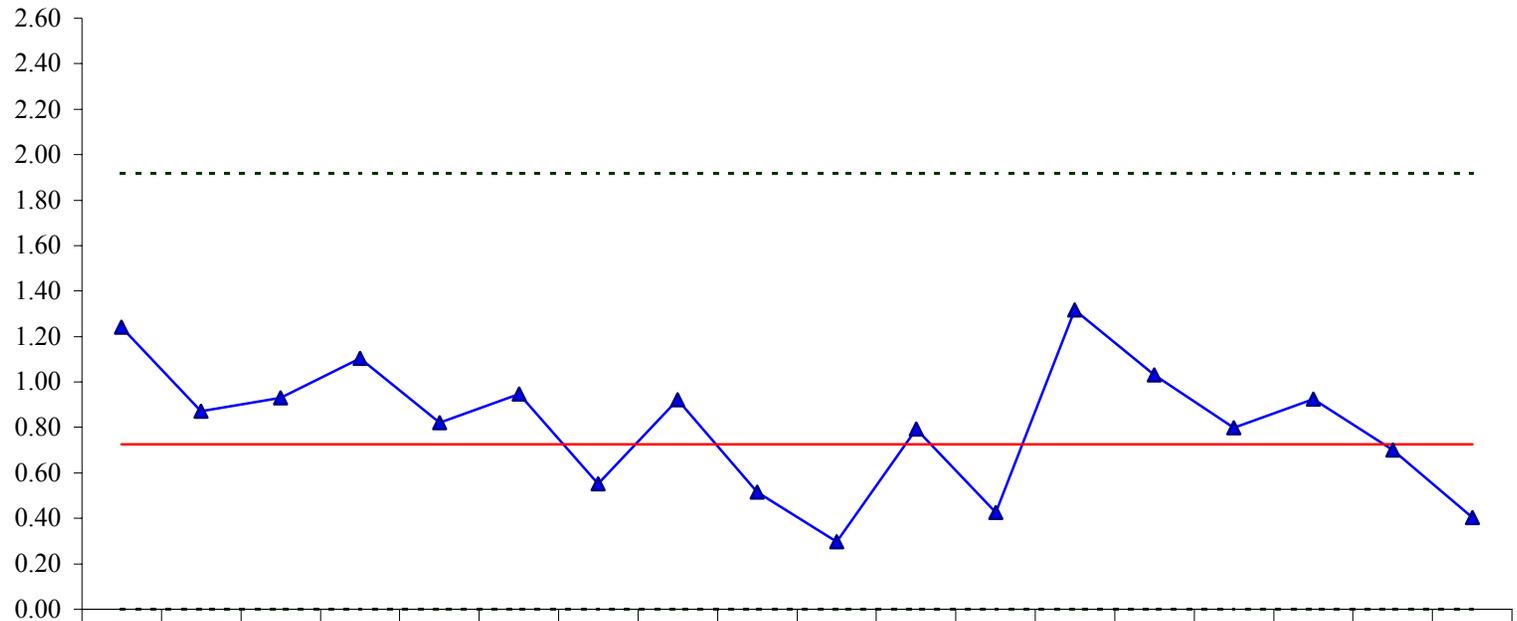
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	8	7	13	2	13	8	17	7	7	11	10	5	16	12	10	7	8	6
Injuries Resulting in a WCC	3	3	2	0	5	3	2	1	2	2	3	2	5	1	2	4	2	0
▲ Emp. Inj.(WCC)/1000 Bed Days	2.03	1.98	1.29	0.00	3.54	2.17	1.31	0.61	1.28	1.30	1.99	1.39	3.40	0.67	1.29	2.58	1.33	0.00
-----UCL	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07
— Avg	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

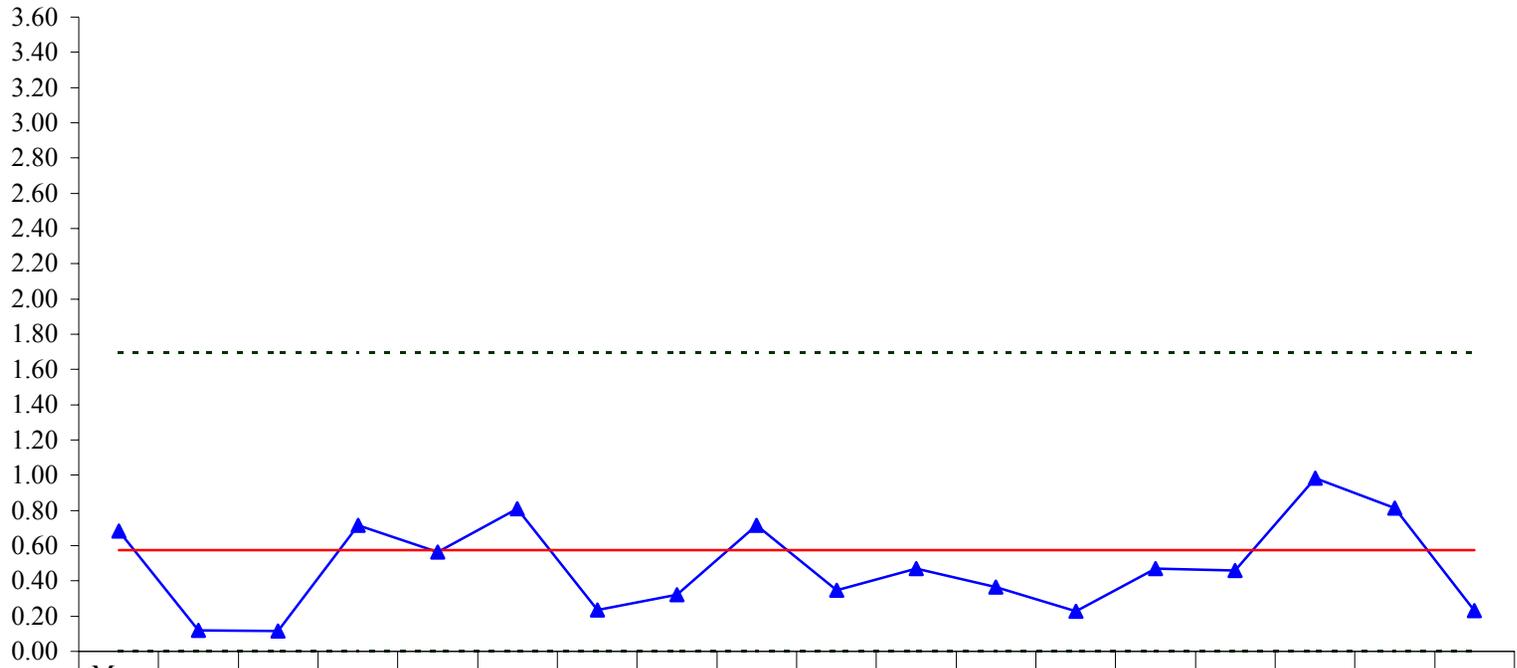
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	32	33	24	46	27	24	31	41	30	27	31	37	55	35	25	44	27	16
Injuries Resulting in a WCC	11	8	9	10	8	9	5	9	5	3	8	4	13	10	8	9	7	4
▲ Emp. Inj.(WCC)/1000 Bed Days	1.24	0.87	0.93	1.10	0.82	0.95	0.55	0.92	0.52	0.30	0.79	0.43	1.32	1.03	0.80	0.92	0.70	0.40
-----UCL	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
-----Avg	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

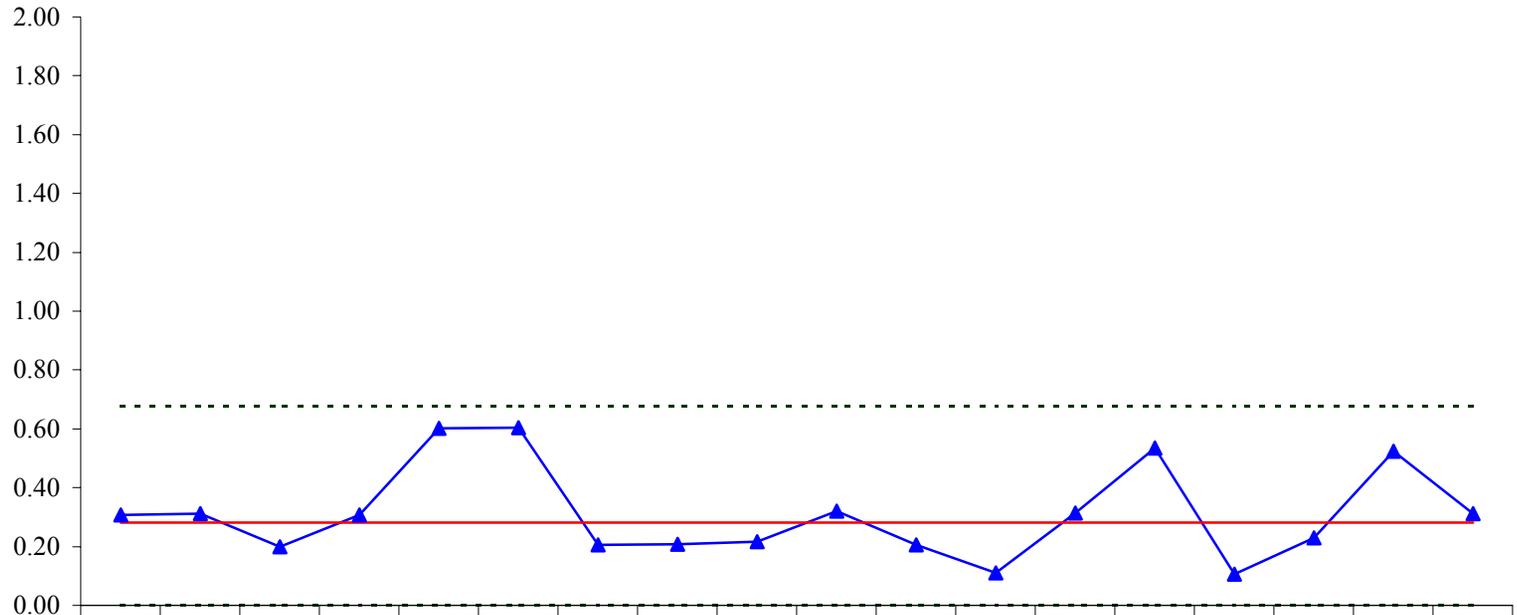
**Employee Injuries Resulting in a Workers' Compensation Claim  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	26	21	16	28	34	28	23	28	30	23	25	18	18	15	22	24	20	21
Injuries Resulting in a WCC	6	1	1	6	5	7	2	3	6	3	4	3	2	4	4	8	7	2
▲ Emp. Inj.(WCC)/1000 Bed Days	0.68	0.12	0.12	0.72	0.57	0.81	0.23	0.32	0.72	0.35	0.47	0.36	0.23	0.47	0.46	0.98	0.81	0.23
-----UCL	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69
— Avg	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
-----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**

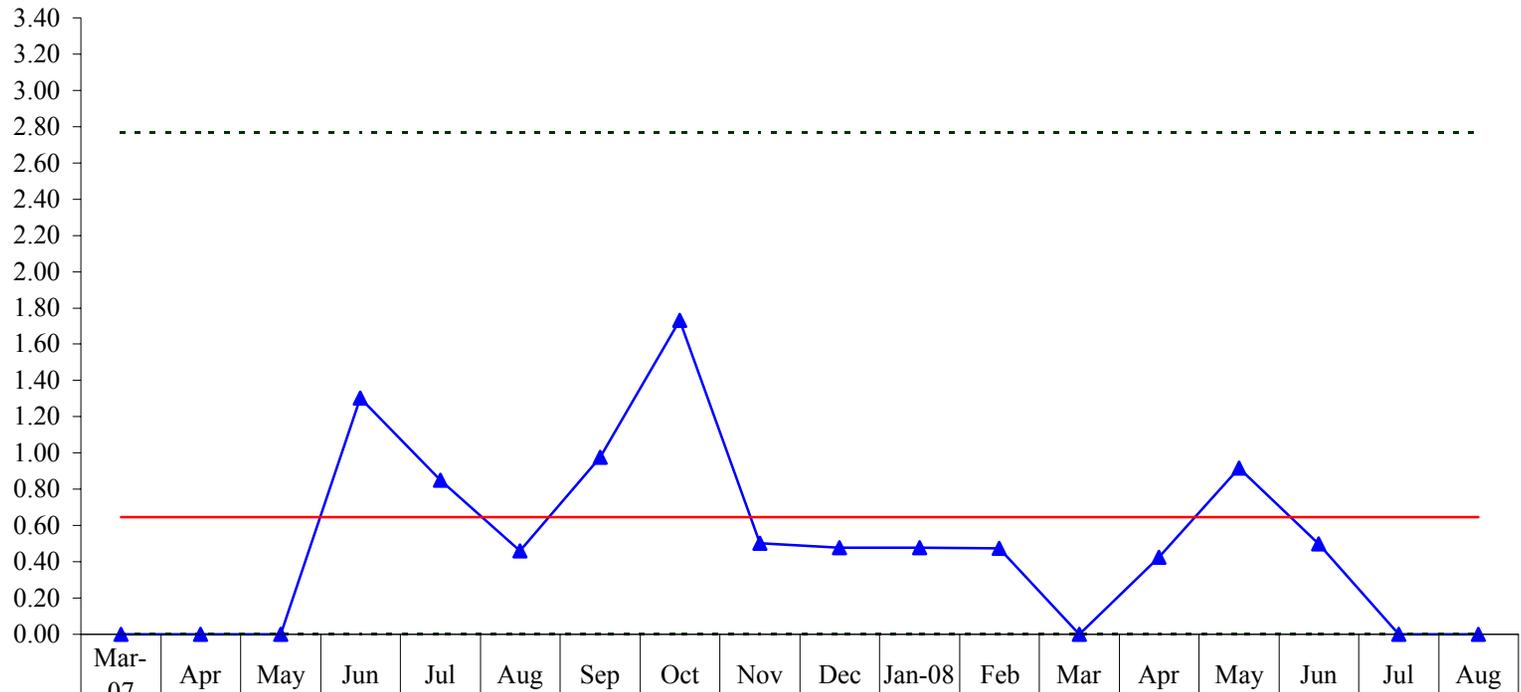
**Employee Injuries Resulting in a Workers' Compensation Claim**  
 (Expectation is  $\leq 0.85$  per 1,000 Bed Days)



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	34	36	48	32	35	48	23	29	13	27	28	31	16	26	23	34	29	32
Injuries Resulting in a WCC	3	3	2	3	6	6	2	2	2	3	2	1	3	5	1	2	5	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.31	0.31	0.20	0.31	0.60	0.60	0.21	0.21	0.22	0.32	0.21	0.11	0.31	0.53	0.11	0.23	0.52	0.31
-----UCL	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
— Avg	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

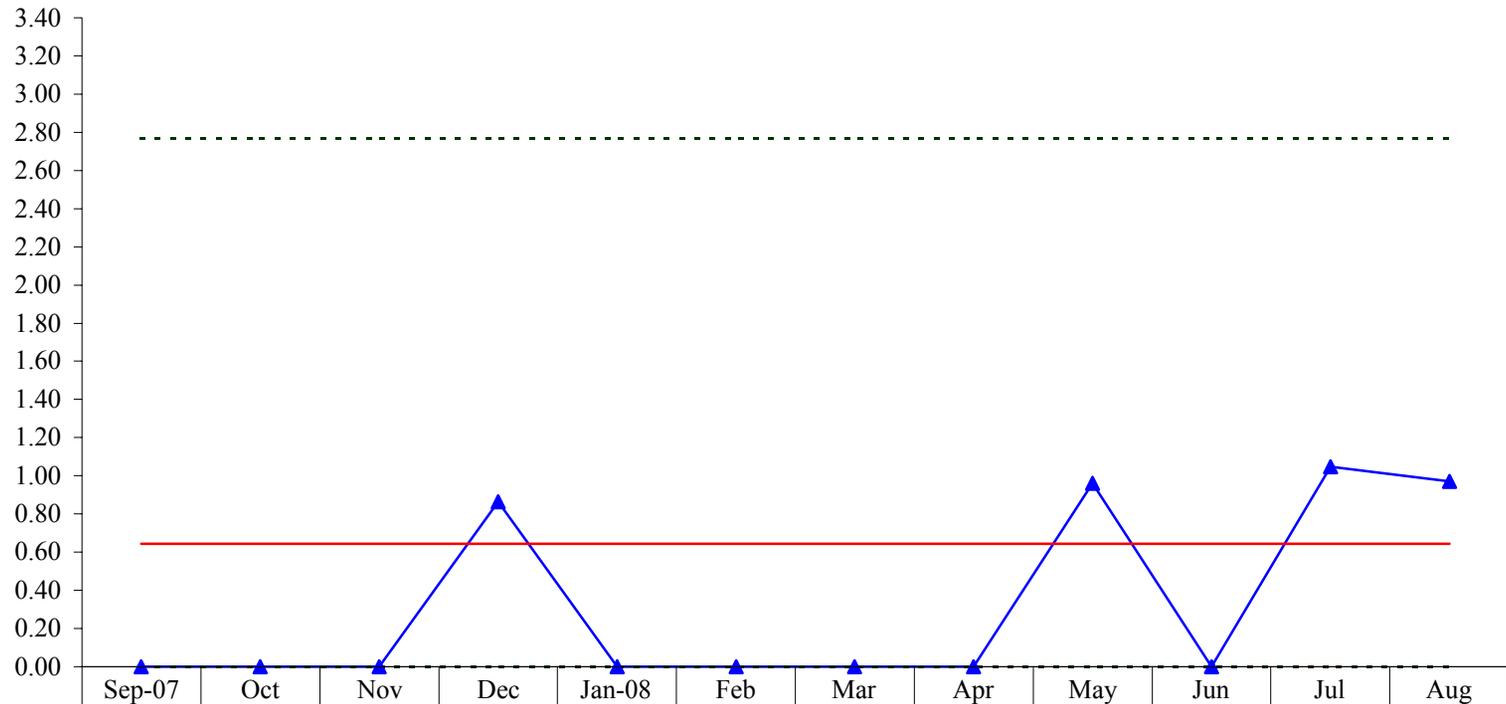
**Employee Injuries Resulting in a Workers' Compensation Claim  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	1	0	0	4	5	1	4	5	2	3	1	4	2	2	5	2	1	2
Injuries Resulting in a WCC	0	0	0	3	2	1	2	4	1	1	1	1	0	1	2	1	0	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.00	0.00	1.30	0.85	0.46	0.98	1.73	0.50	0.48	0.48	0.47	0.00	0.43	0.92	0.50	0.00	0.00
-----UCL	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77
— Avg	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
-----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**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	1	1	2	1	2	2	1	1	3	0	2	3
Injuries Resulting in a WCC	0	0	0	1	0	0	0	0	1	0	1	1
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
UCL	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77
Avg	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
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

**Performance Objective 6D:**

**The rate of patient injuries in mental health hospitals related to behavioral seclusion and restraint will not exceed 0.49 per 1,000 bed days for FY08.**

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

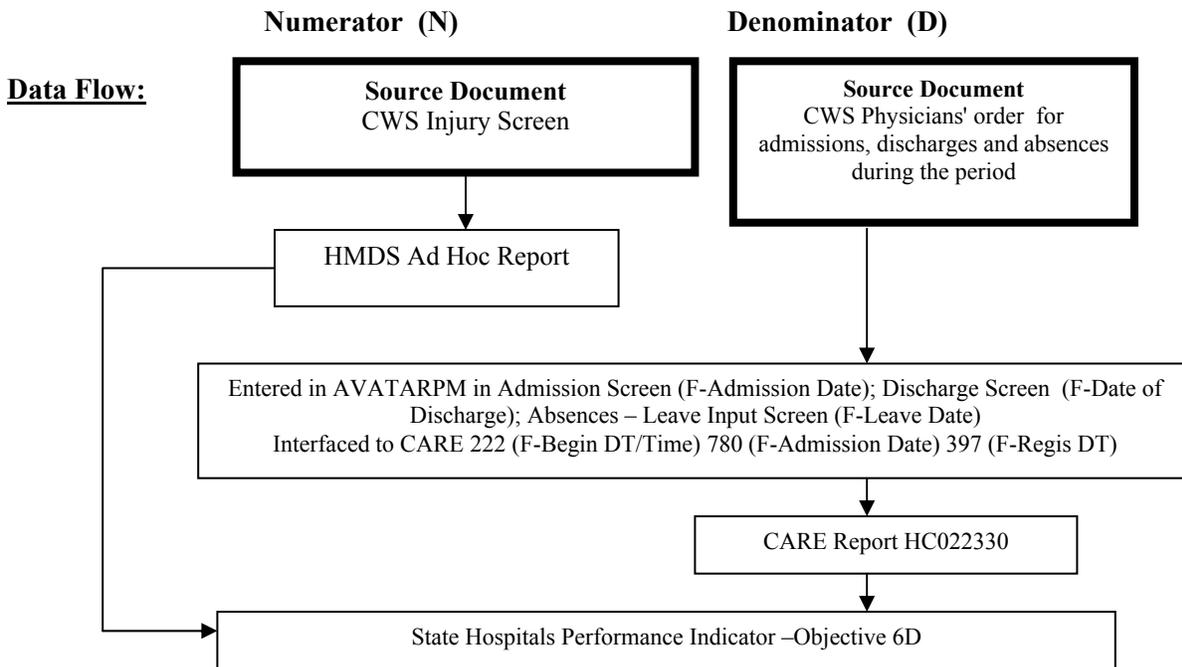
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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 Hospitals - FY2008**

Hospital	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
<b>ALL SH</b>																												
Restraint	2	36	72	3	0	0	<b>113</b>	3	50	38	0	0	<b>91</b>	5	25	40	5	0	0	<b>75</b>	5	32	39	3	0	0	<b>79</b>	
Seclusion	0	3	0	1	0	0	<b>4</b>	0	2	5	0	0	<b>7</b>	0	2	1	0	0	<b>3</b>	0	1	1	0	0	0	<b>2</b>		
Total	2	39	72	4	0	0	<b>117</b>	3	52	43	0	0	<b>98</b>	5	27	41	5	0	0	<b>78</b>	5	33	40	3	0	0	<b>81</b>	
Per 1000 Beddays							<b>0.6</b>						<b>0.5</b>														<b>0.4</b>	

**Performance Objective 6E:**

**Employees in mental health hospitals injured during restraint or seclusion will not exceed .85 per 1,000 bed days across all mental health hospitals for FY 2008.**

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

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

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

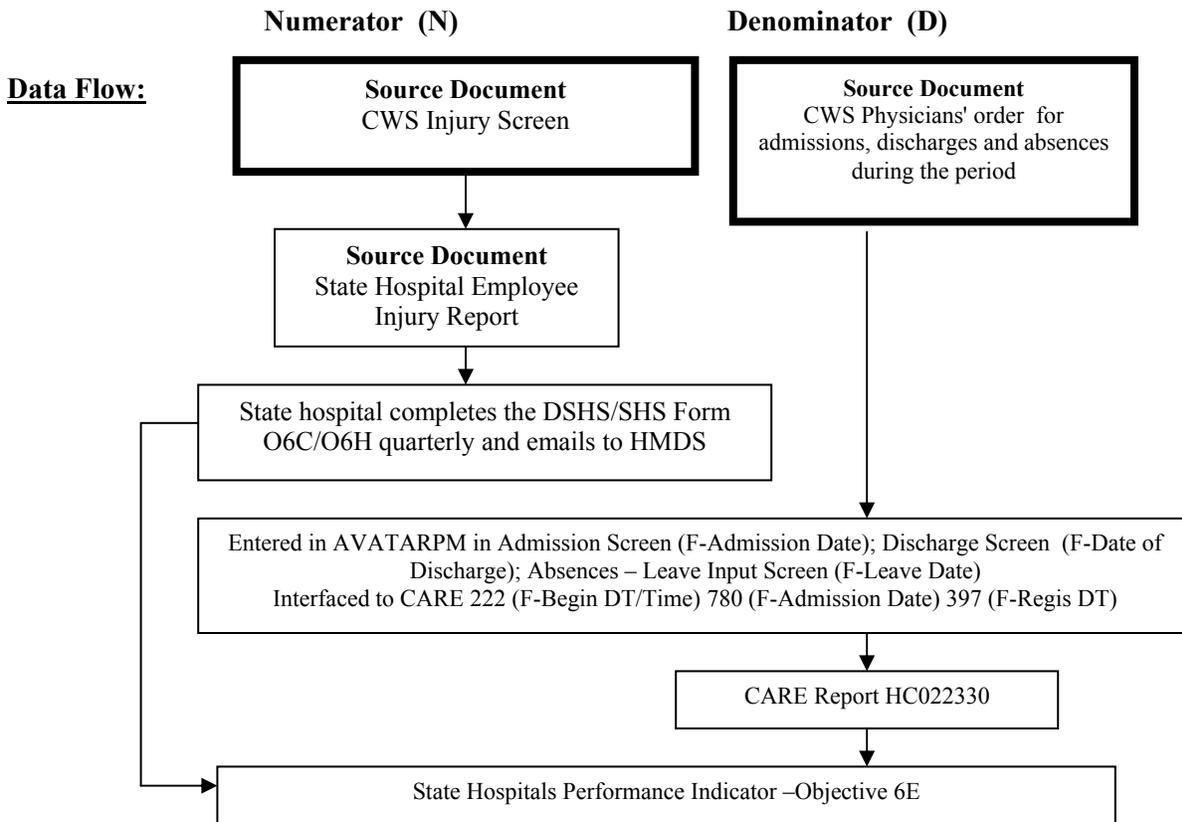
N = number of employees injured during restraint or seclusion per month

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

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

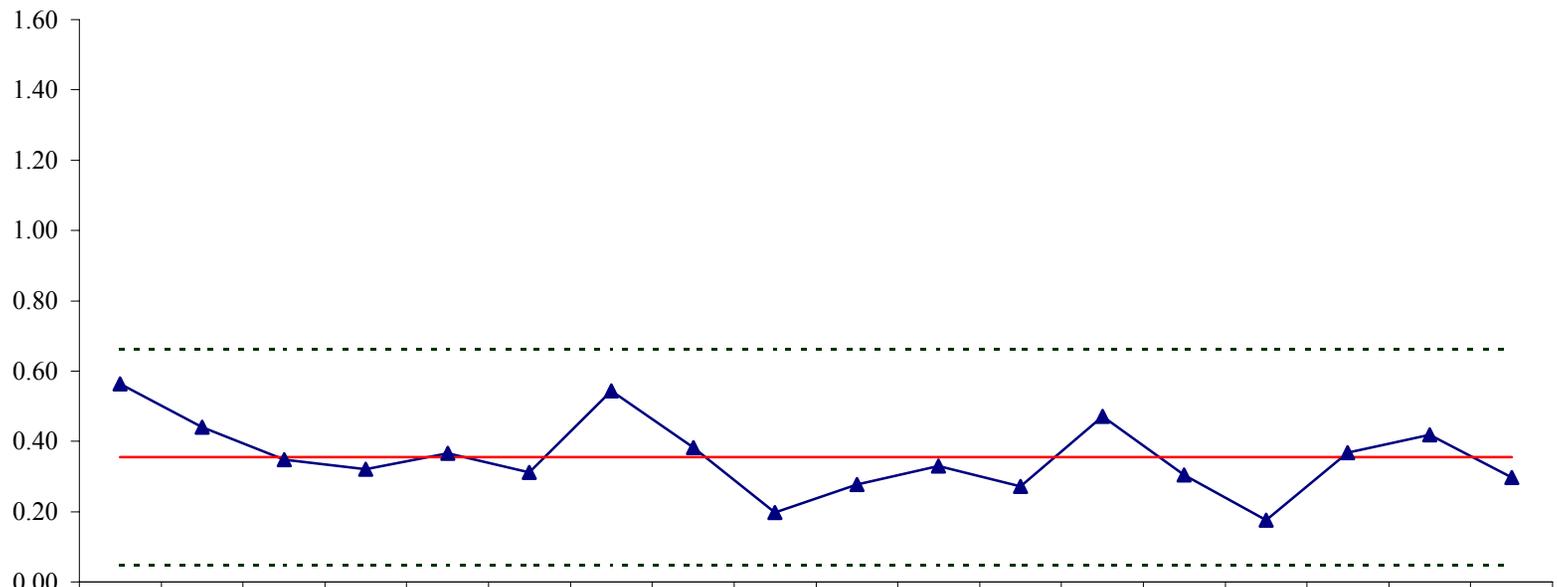
Chart with monthly data points showing total employee injuries, injuries associated with restraint or seclusion and rate per 1,000 bed days.

See Objective 6C for charts.



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

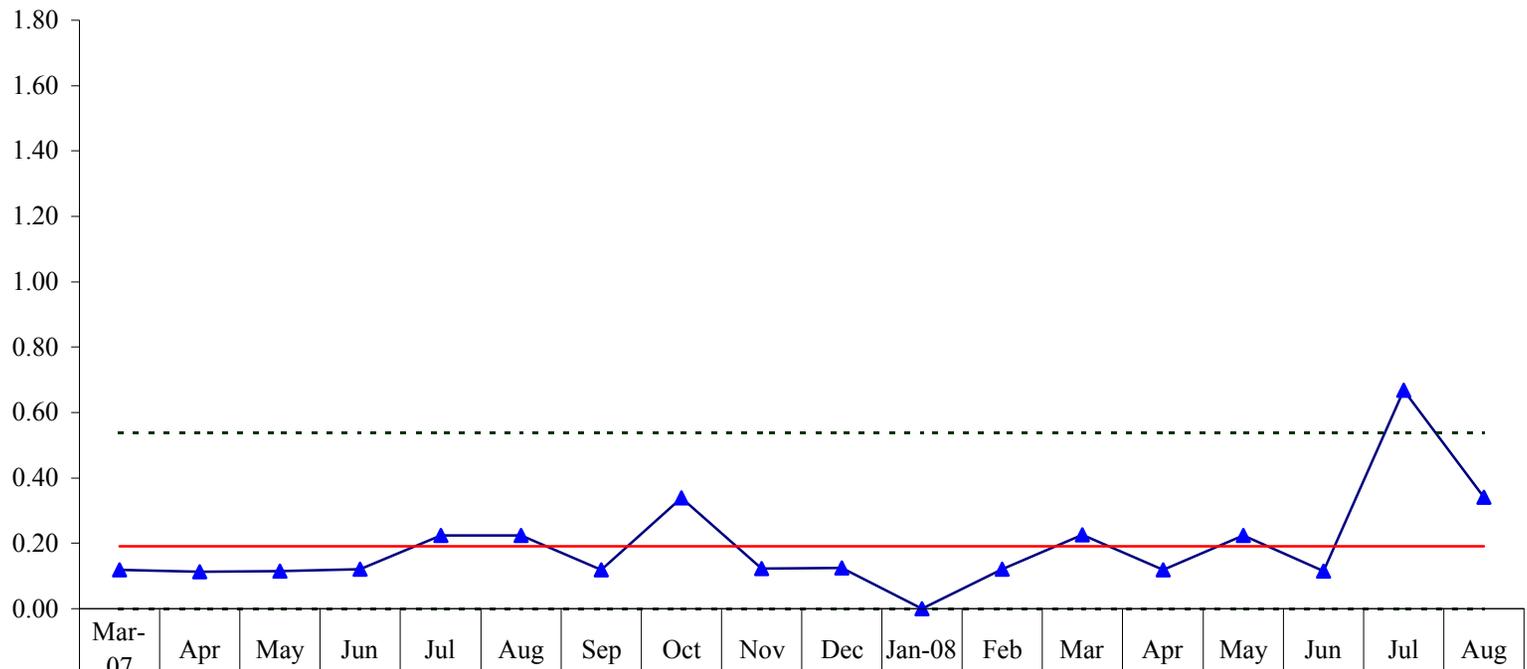
**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	187	194	197	169	194	187	175	186	158	167	168	148	205	176	162	187	175	159
Injuries Associated with R/S	40	31	25	22	26	22	38	28	14	20	24	19	35	22	13	26	31	22
▲ Emp. Inj.(RS)/1000 Bed Days	0.56	0.44	0.35	0.32	0.37	0.31	0.54	0.38	0.20	0.28	0.33	0.27	0.47	0.30	0.18	0.37	0.42	0.30
-----UCL	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
— Avg	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
-----LCL	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05

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

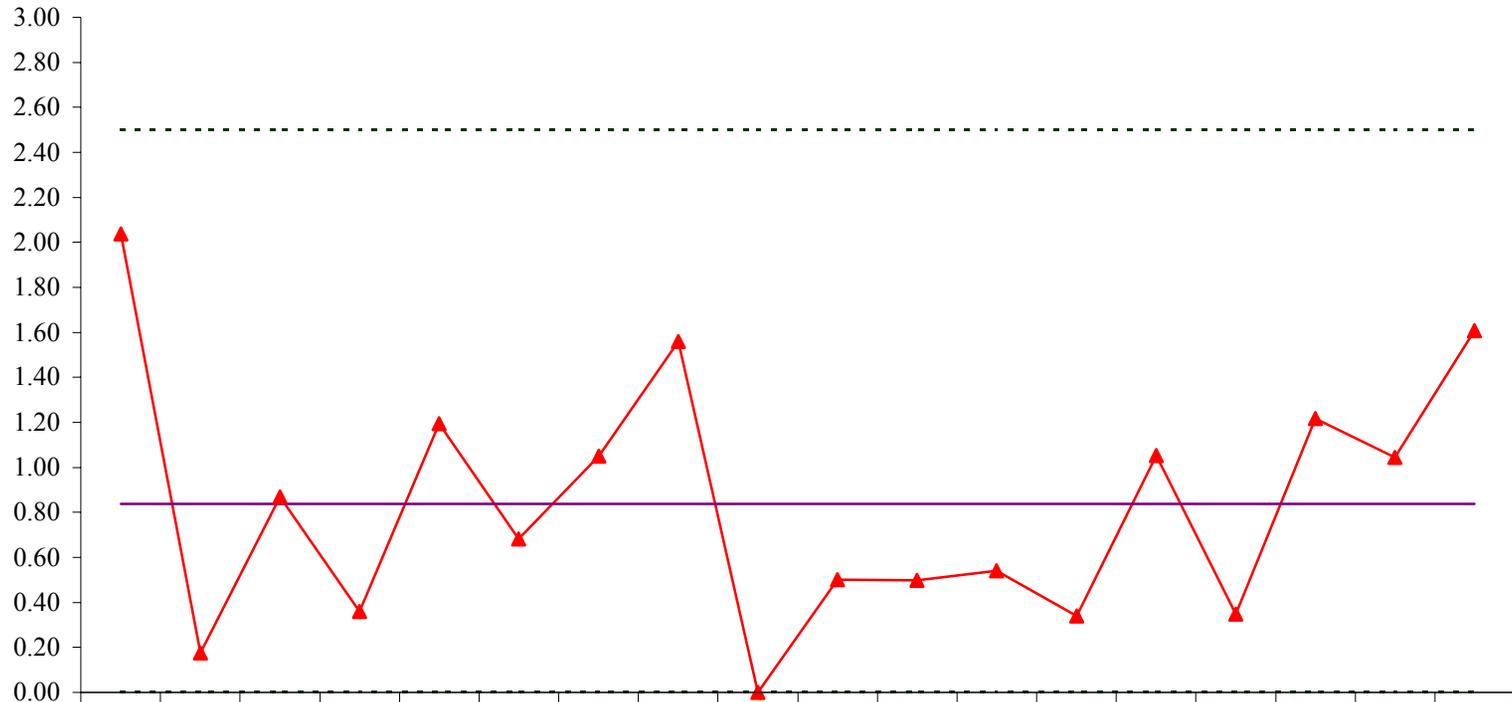
**Employee Injured During Restraint or Seclusion**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	5	2	4	2	13	5	3	9	5	5	2	4	8	2	10	6	19	9
Injuries Associated with R/S	1	1	1	1	2	2	1	3	1	1	0	1	2	1	2	1	6	3
Emp. Inj.(RS)/1000 Bed Days	0.12	0.11	0.11	0.12	0.22	0.22	0.12	0.34	0.12	0.13	0.00	0.12	0.23	0.12	0.22	0.12	0.67	0.34
UCL	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
Avg	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

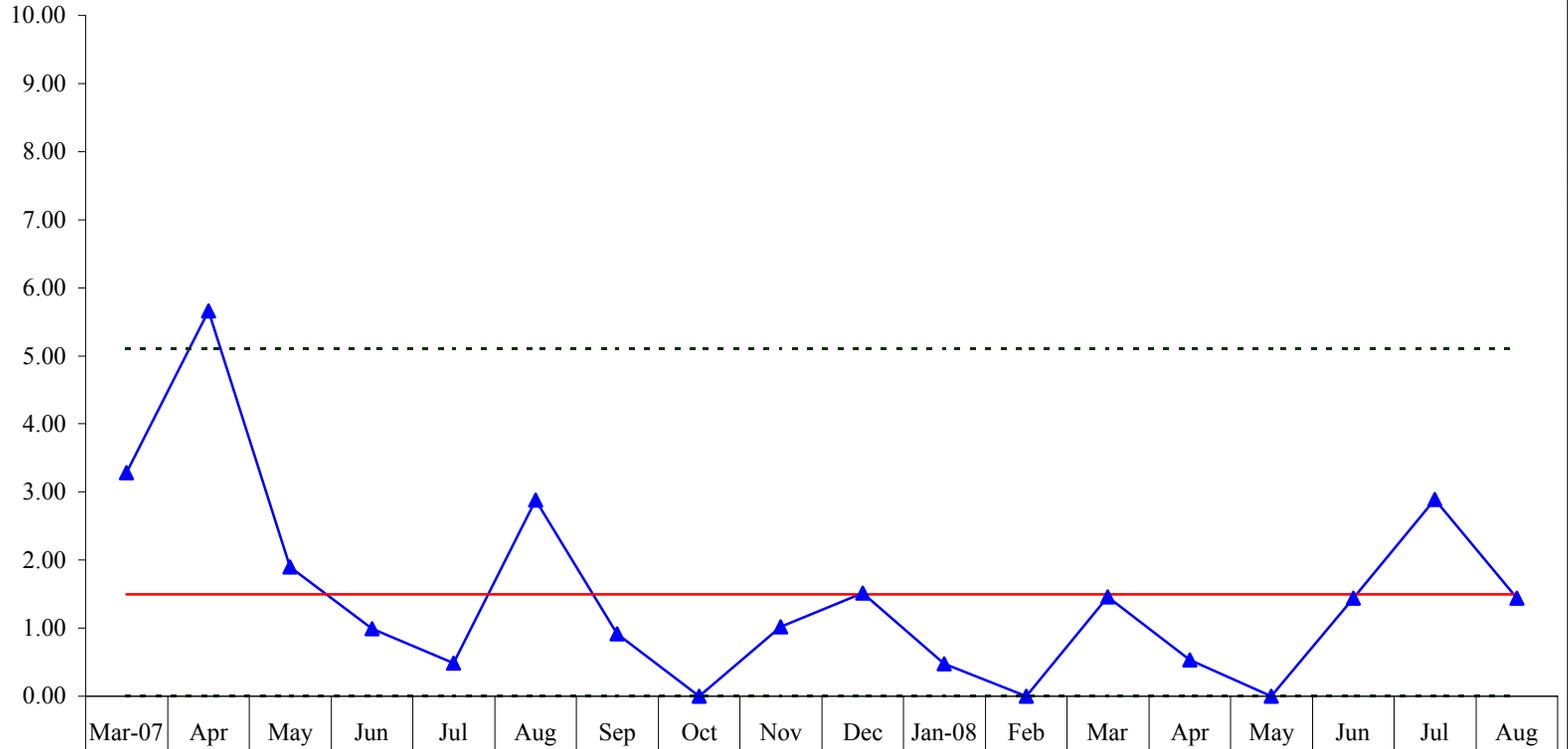
**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	24	21	26	13	17	23	15	18	15	16	20	12	21	25	19	24	16	20
Injuries Associated with R/S	12	1	5	2	7	4	6	9	0	3	3	3	2	6	2	7	6	9
▲ Emp. Inj.(RS)/1000 Bed Days	2.04	0.18	0.87	0.36	1.20	0.68	1.05	1.56	0.00	0.50	0.50	0.54	0.34	1.05	0.35	1.22	1.04	1.61
-----UCL	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50
— Avg	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

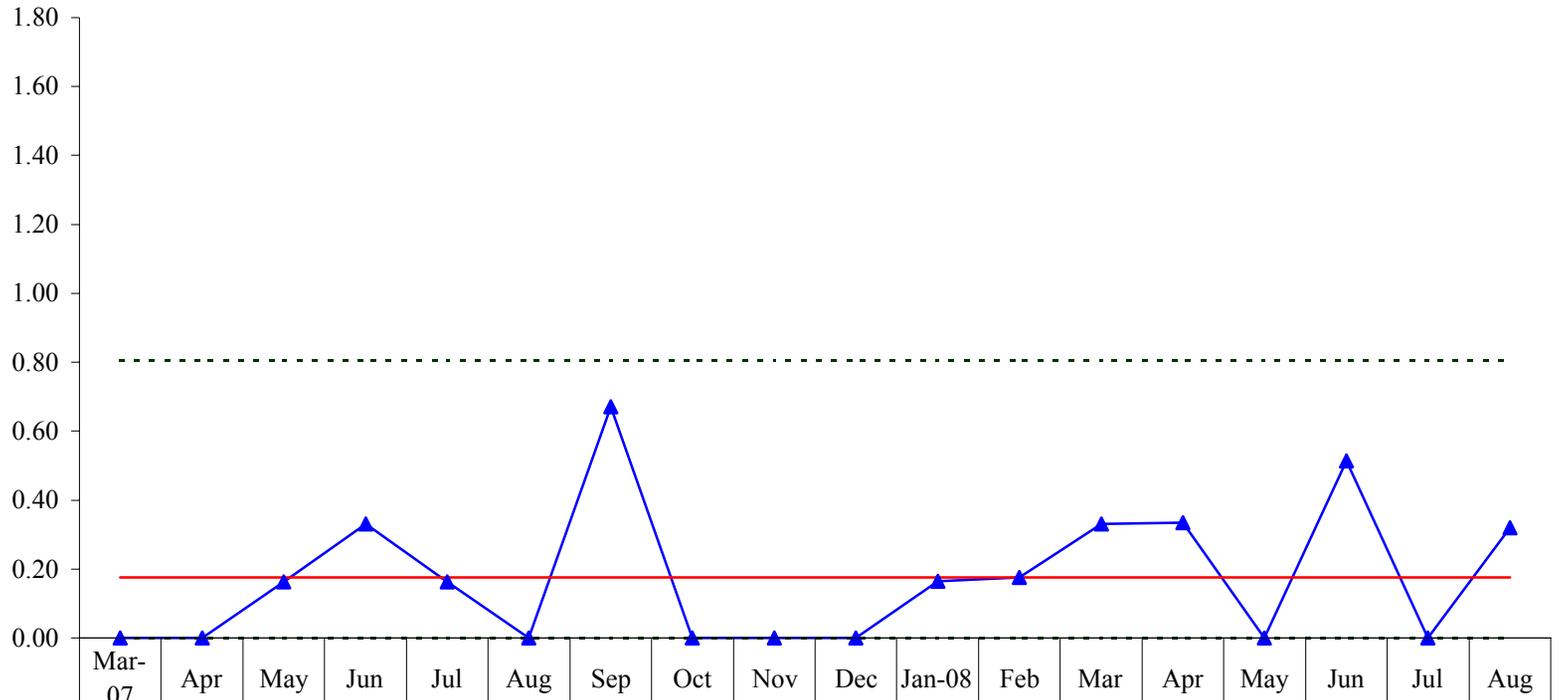
**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



Total Employee Injuries	8	19	13	8	7	15	11	5	14	7	15	5	7	15	5	5	9	6
Injuries Associated with R/S	7	12	4	2	1	6	2	0	2	3	1	0	3	1	0	3	6	3
Emp. Inj.(RS)/1000 Bed Days	3.28	5.66	1.90	1.00	0.48	2.88	0.91	0.00	1.02	1.51	0.48	0.00	1.46	0.53	0.00	1.44	2.89	1.44
UCL	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11	5.11
Avg	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

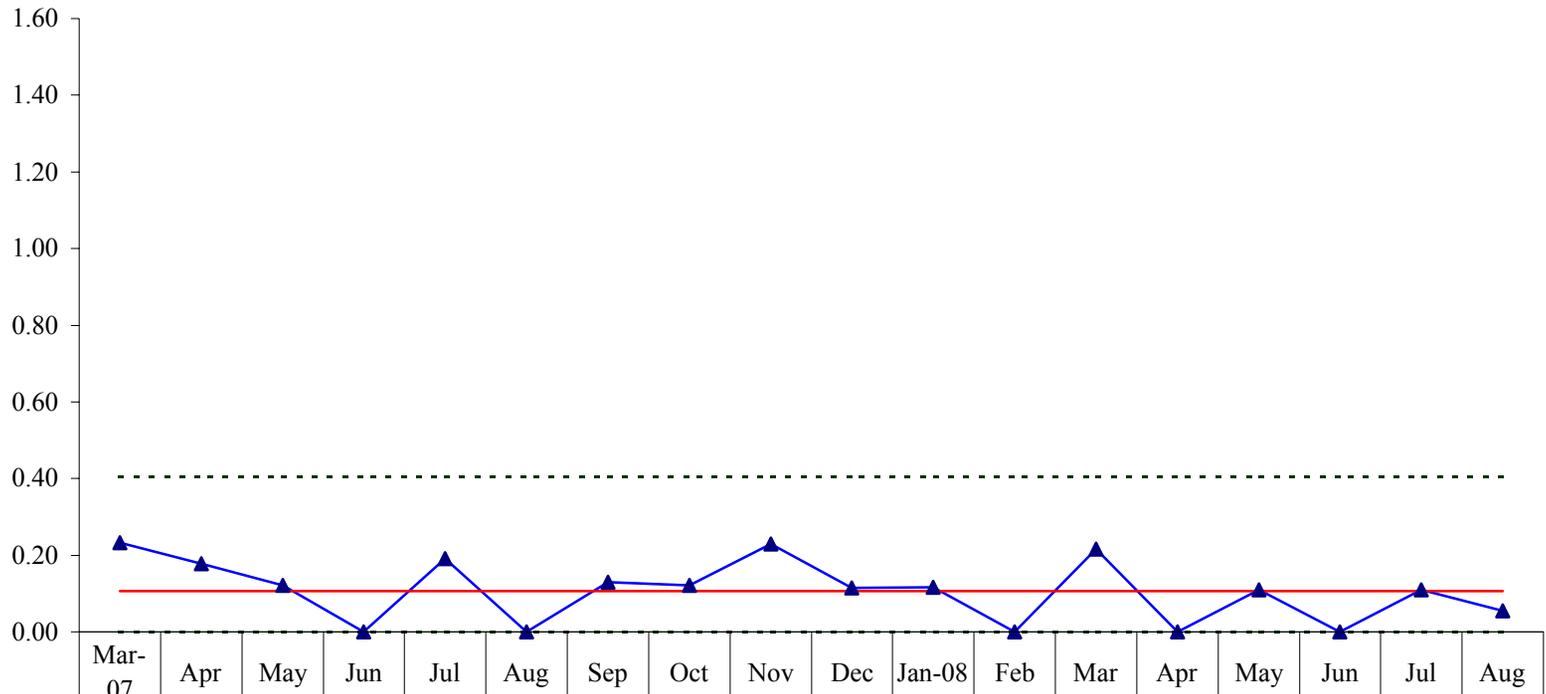
**Employee Injured During Restraint or Seclusion**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



Total Employee Injuries	4	11	12	11	12	7	11	10	4	4	7	14	12	13	6	7	11	9
Injuries Associated with R/S	0	0	1	2	1	0	4	0	0	0	1	1	2	2	0	3	0	2
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.16	0.33	0.16	0.00	0.67	0.00	0.00	0.00	0.16	0.18	0.33	0.33	0.00	0.51	0.00	0.32
UCL	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Avg	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

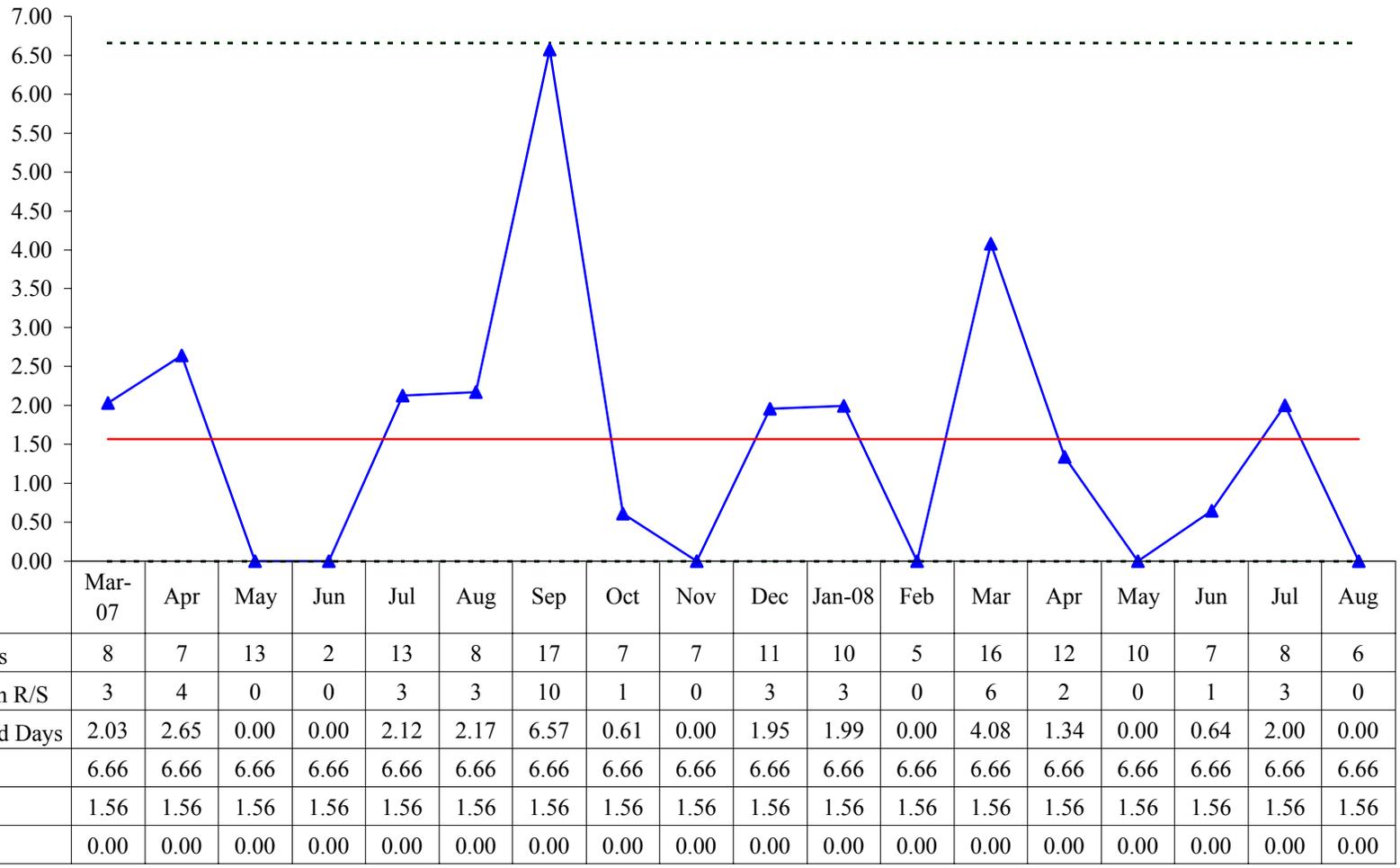
**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	45	44	41	23	31	28	36	33	36	43	27	16	49	30	34	34	33	35
Injuries Associated with R/S	4	3	2	0	3	0	2	2	4	2	2	0	4	0	2	0	2	1
▲ Emp. Inj.(RS)/1000 Bed Days	0.23	0.18	0.12	0.00	0.19	0.00	0.13	0.12	0.23	0.11	0.12	0.00	0.22	0.00	0.11	0.00	0.11	0.05
-----UCL	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41
— Avg	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

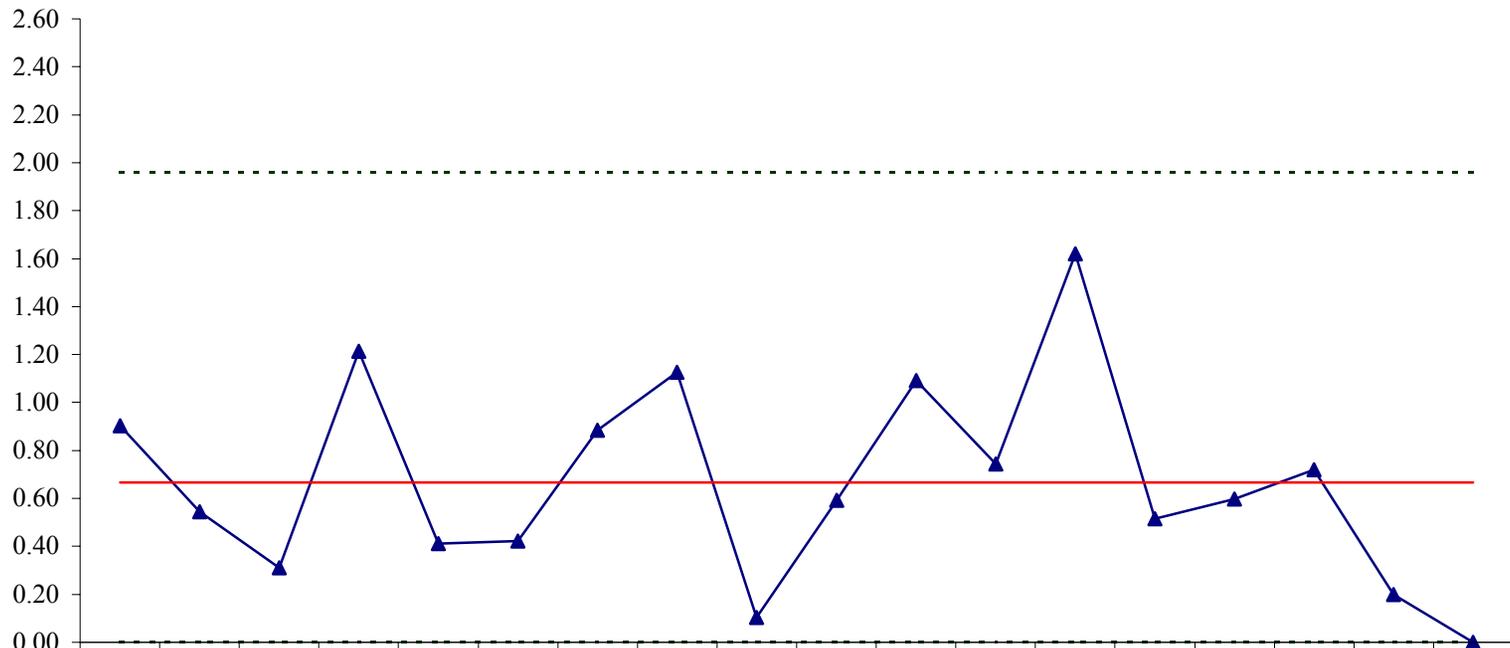
**Objective 6E - Employees Injured During Restraint or Seclusion  
Rio Grande State Center**

**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



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

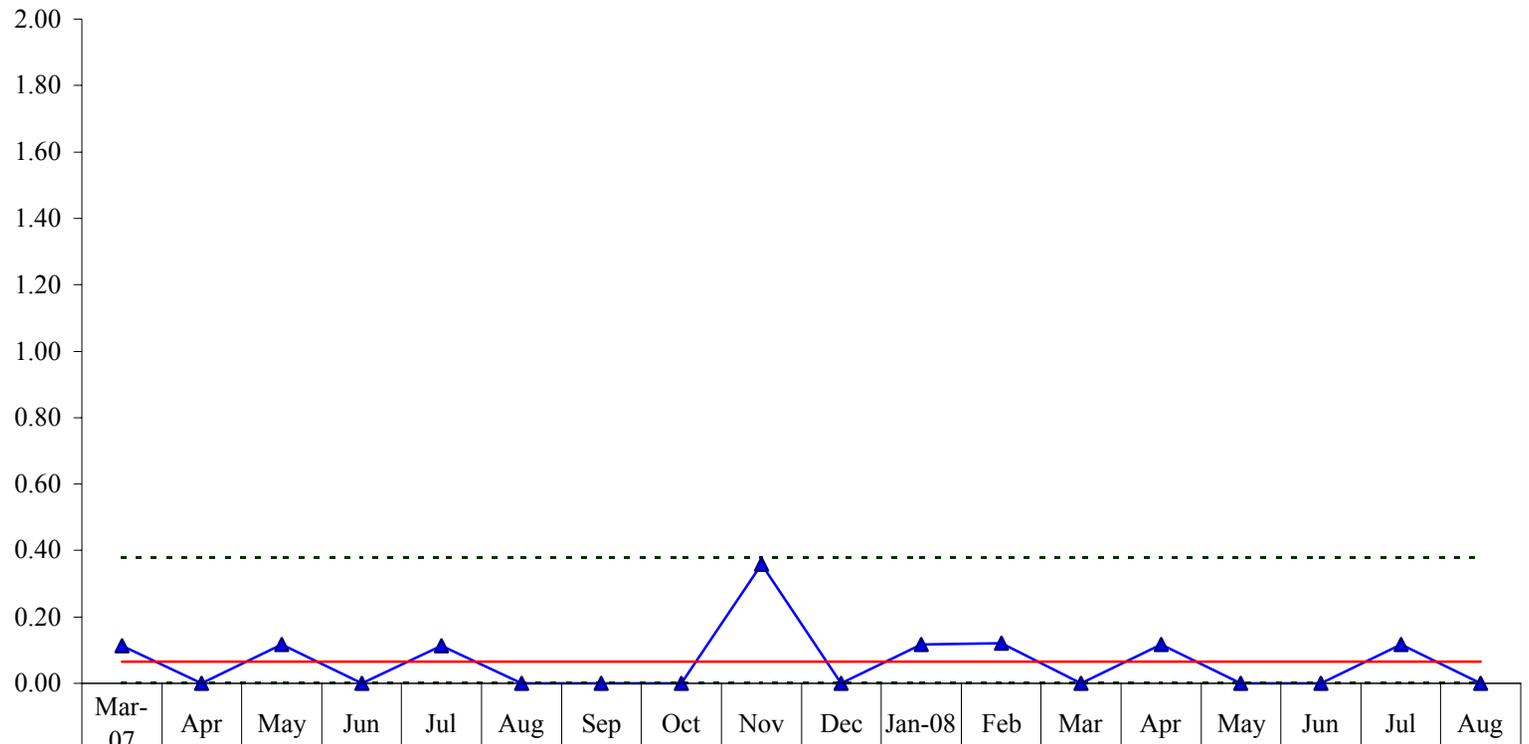
**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	32	33	24	46	27	24	31	41	30	27	31	37	55	35	25	44	27	16
Injuries Associated with R/S	8	5	3	11	4	4	8	11	1	6	11	7	16	5	6	7	2	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.90	0.54	0.31	1.21	0.41	0.42	0.88	1.13	0.10	0.59	1.09	0.74	1.62	0.52	0.60	0.72	0.20	0.00
-----UCL	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96	1.96
— Avg	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

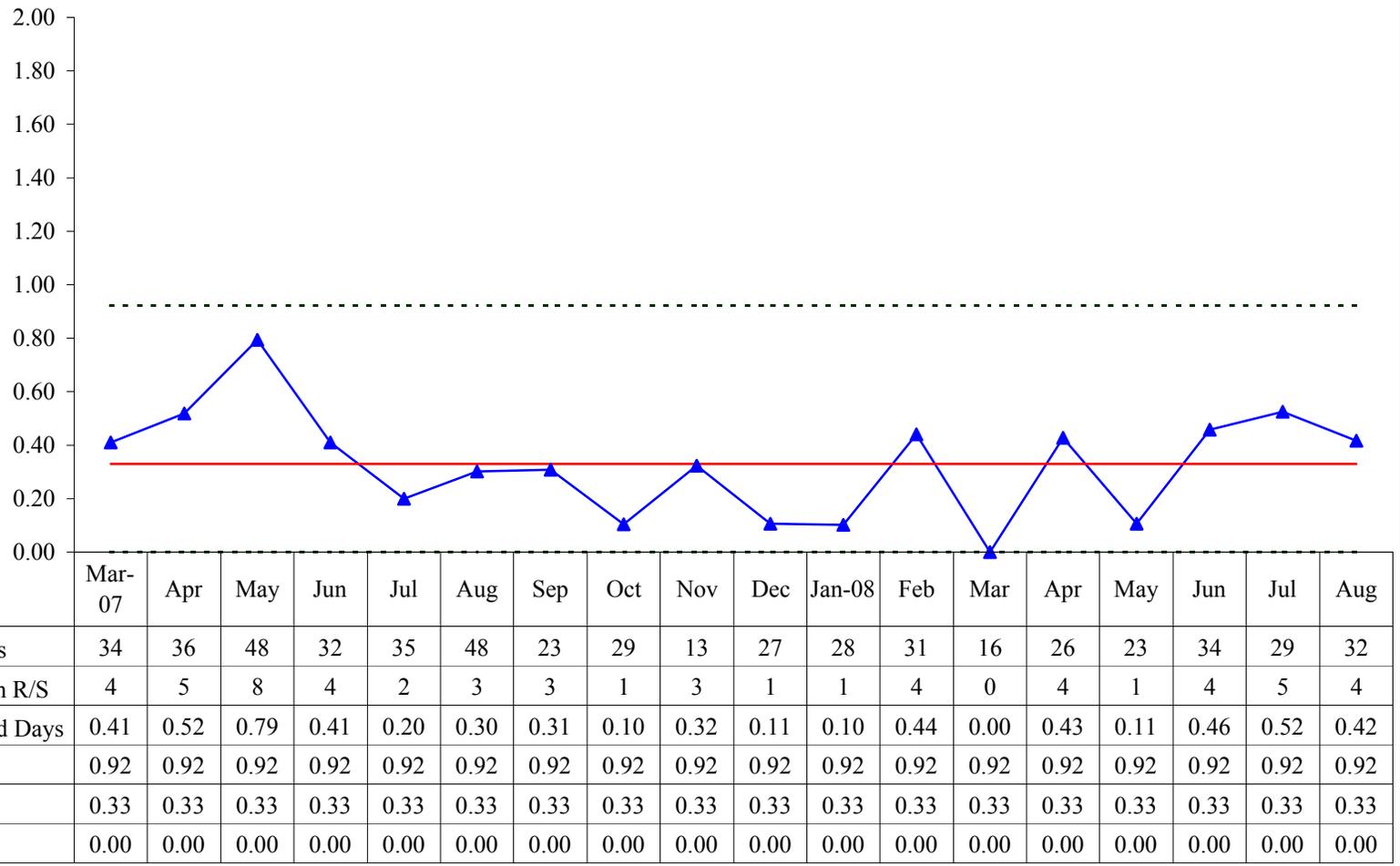
**Employee Injured During Restraint or Seclusion**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	26	21	16	28	34	28	23	28	30	23	25	18	18	15	22	24	20	21
Injuries Associated with R/S	1	0	1	0	1	0	0	0	3	0	1	1	0	1	0	0	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.11	0.00	0.12	0.00	0.11	0.00	0.00	0.00	0.36	0.00	0.12	0.12	0.00	0.12	0.00	0.00	0.12	0.00
-----UCL	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
— Avg	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

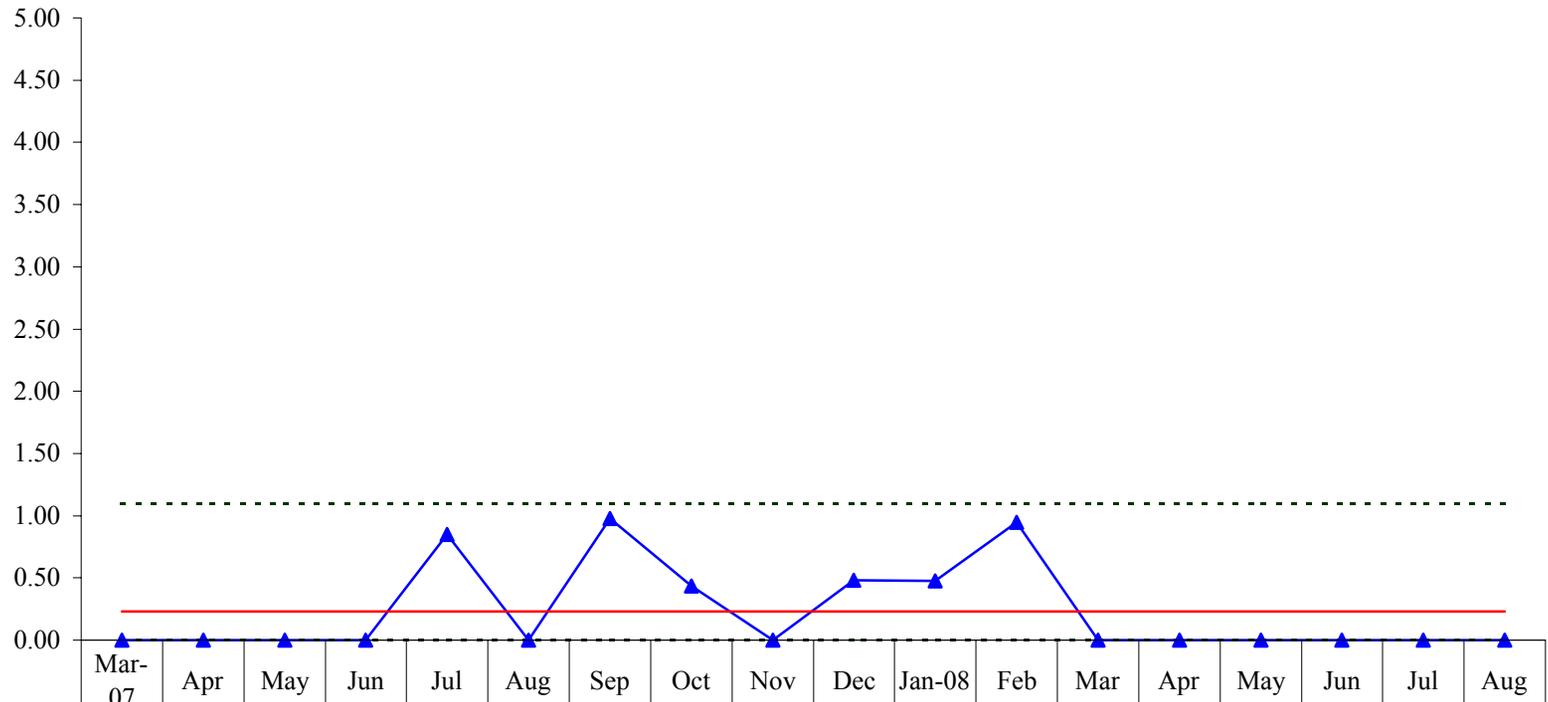
**Objective 6E - Employees Injured During Restraint or Seclusion**  
**Terrell State Hospital**

**Employee Injured During Restraint or Seclusion**  
**(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



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

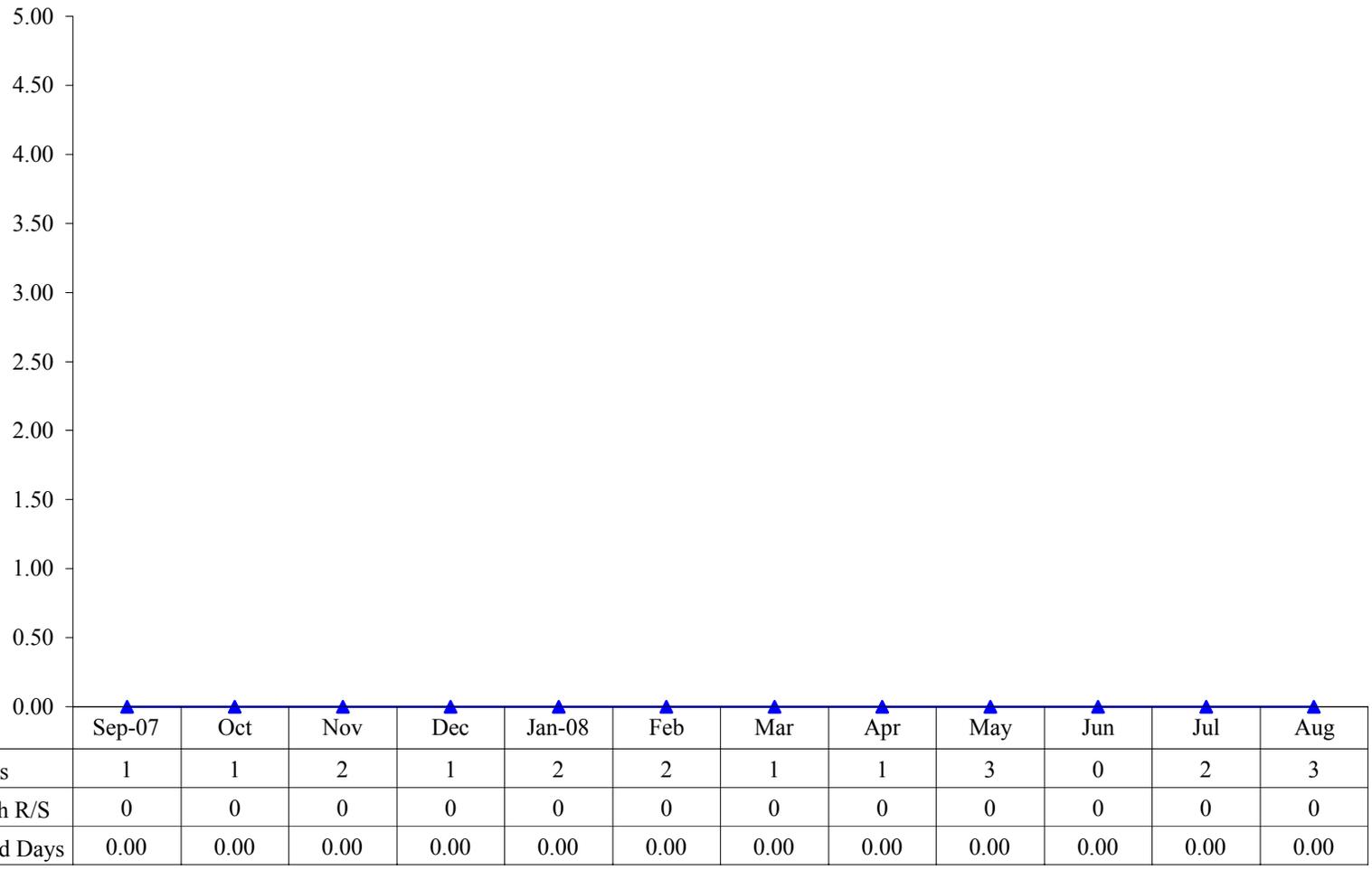
**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	1	0	0	4	5	1	4	5	2	3	1	4	2	2	5	2	1	2
Injuries Associated with R/S	0	0	0	0	2	0	2	1	0	1	1	2	0	0	0	0	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	0.00	0.85	0.00	0.98	0.43	0.00	0.48	0.48	0.95	0.00	0.00	0.00	0.00	0.00	0.00
-----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	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

**Employee Injured During Restraint or Seclusion  
(Expectation is  $\leq 0.85$  per 1,000 Bed Days)**



**Performance Objective 6F:**

**The rate of Unauthorized Departures will not exceed 0.36 per 1,000 bed days across all state hospitals during FY2008.**

**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

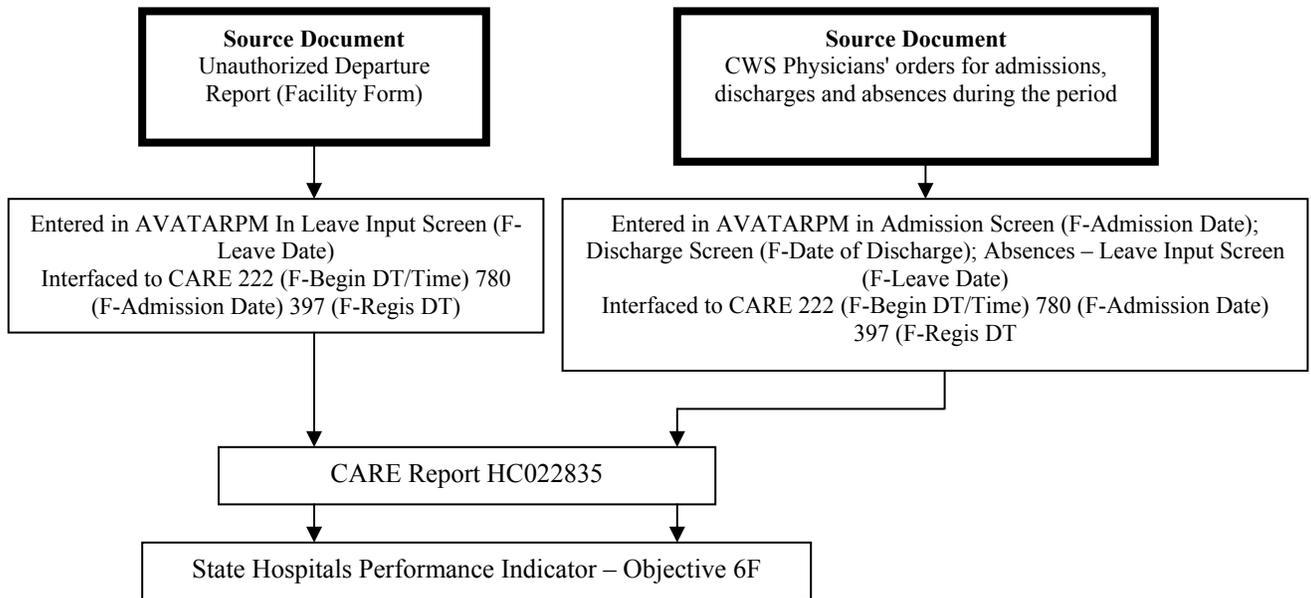
**Performance Objective Data Display and Chart Description:**

- ◆ 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-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Unauthorized Departures Incidents	21	16	18	14	8	11	12	19	23	21	9	11
Unauthorized Departures Persons	20	16	17	13	8	10	11	17	22	21	9	11
Bed Days in Month	68761	72037	69883	71158	71729	68881	73289	71092	72799	69812	73213	73185
Incidents/1000 Bed Days	0.3054	0.2221	0.2576	0.1967	0.1115	0.1597	0.1637	0.2673	0.316	0.301	0.123	0.15

**Performance Objective 6G:**

**Calculate and benchmark fall data within and across state hospitals as follows:**

- 1. Rate of falls for all falls reported on client injury report.**
- 2. Rate of falls injuries for all falls injuries reported on client injury report.**

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

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

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

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

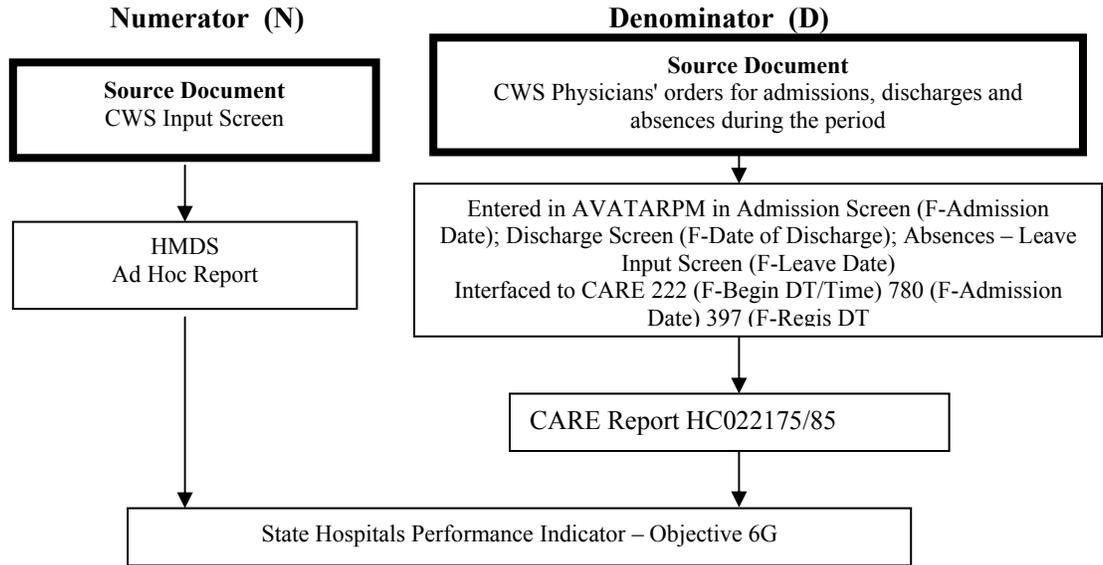
1000 = bed day rate multiplier

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

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

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

**Data Flow:**



**Objective 6G - Rate of Falls**

**All State Hospitals**

	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
<b>AUSTIN STATE HOSPITAL</b>												
All Falls	14	9	19	16	12	17	19	26	10	10	16	7
Bed Days in Month	8466	8867	8117	7976	8228	8226	8816	8476	8901	8629	8985	8809
Falls/1000 Bed Days	1.65	1.01	2.34	2.01	1.46	2.07	2.16	3.07	1.12	1.16	1.78	0.79
<b>BIG SPRING STATE HOSPITAL</b>												
All Falls	13	13	7	12	5	10	13	9	8	10	8	5
Bed Days in Month	5711	5773	5611	5986	6034	5541	5890	5694	5751	5750	5752	5596
Falls/1000 Bed Days	2.28	2.25	1.25	2.00	0.83	1.80	2.21	1.58	1.39	1.74	1.39	0.89
<b>EL PASO PSYCHIATRIC CENTER</b>												
All Falls	5	2	1	4	0	0	0	1	1	8	4	1
Bed Days in Month	2192	2023	1965	1984	2097	2002	2057	1880	2004	2082	2078	2088
Falls/1000 Bed Days	2.28	0.99	0.51	2.02	0.00	0.00	0.00	0.53	0.50	3.84	1.92	0.48
<b>KERRVILLE STATE HOSPITAL</b>												
All Falls	15	9	4	7	7	10	5	9	8	3	9	17
Bed Days in Month	5967	6145	5868	5984	6106	5714	6031	5986	6192	5841	6172	6258
Falls/1000 Bed Days	2.51	1.46	0.68	1.17	1.15	1.75	0.83	1.50	1.29	0.51	1.46	2.72
<b>NORTH TEXAS STATE HOSPITAL</b>												
All Falls	28	32	18	16	35	17	43	34	30	31	26	42
Bed Days in Month	15514	16569	17424	17474	17308	17091	18475	17641	18136	17294	18184	18323
Falls/1000 Bed Days	1.80	1.93	1.03	0.92	2.02	0.99	2.33	1.93	1.65	1.79	1.43	2.29
<b>RIO GRANDE STATE CENTER</b>												
All Falls	0	0	1	2	2	0	9	3	6	2	2	2
Bed Days in Month	1521	1636	1563	1535	1505	1444	1472	1491	1546	1552	1499	1599
Falls/1000 Bed Days	0.00	0.00	0.64	1.30	1.33	0.00	6.11	2.01	3.88	1.29	1.33	1.25
<b>RUSK STATE HOSPITAL</b>												
All Falls	29	30	14	30	30	17	22	17	21	38	23	34
Bed Days in Month	9044	9763	9694	10120	10088	9398	9878	9686	10036	9736	9984	9927
Falls/1000 Bed Days	3.21	3.07	1.44	2.96	2.97	1.81	2.23	1.76	2.09	3.90	2.30	3.43
<b>SAN ANTONIO STATE HOSPITAL</b>												
All Falls	16	12	12	32	23	20	26	18	23	17	15	33
Bed Days in Month	8564	9291	8368	8624	8535	8246	8720	8507	8684	8142	8608	8710
Falls/1000 Bed Days	1.87	1.29	1.43	3.71	2.69	2.43	2.98	2.12	2.65	2.09	1.74	3.79
<b>TERRELL STATE HOSPITAL</b>												
All Falls	20	9	11	10	17	13	9	8	7	15	9	10
Bed Days in Month	9736	9604	9260	9383	9738	9098	9579	9348	9342	8744	9540	9629
Falls/1000 Bed Days	2.05	0.94	1.19	1.07	1.75	1.43	0.94	0.86	0.75	1.72	0.94	1.04

**Objective 6G - Rate of Falls**

**All State Hospitals**

	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
<b>WACO CENTER FOR YOUTH</b>												
All Falls	0	0	0	0	0	0	0	0	0	0	0	0
Bed Days in Month	2051	2309	1995	2088	2099	2109	2334	2351	2184	2012	2392	2210
Falls/1000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TEXAS CENTER FOR INFECTIOUS DISEASE</b>												
All Falls	5	1	2	1	2	0	0	2	1	1	4	0
Bed Days in Month	1063	1155	1074	1155	1132	1053	1022	1103	1041	992	954	1031
Falls/1000 Bed Days	4.70	0.87	1.86	0.87	1.77	0.00	0.00	1.81	0.96	1.01	4.19	0.00
<b>ALL STATE HOSPITALS</b>												
All Falls	145	117	89	130	133	104	146	127	115	135	116	151
Bed Days in Month	69829	73135	70939	72309	72870	69922	74274	72163	73817	70774	74148	74180
Falls/1000 Bed Days	2.08	1.60	1.25	1.80	1.83	1.49	1.97	1.76	1.56	1.91	1.56	2.04

**Objective 6G - Rate of Falls**  
**All State Hospitals - As of August 31, 2008**

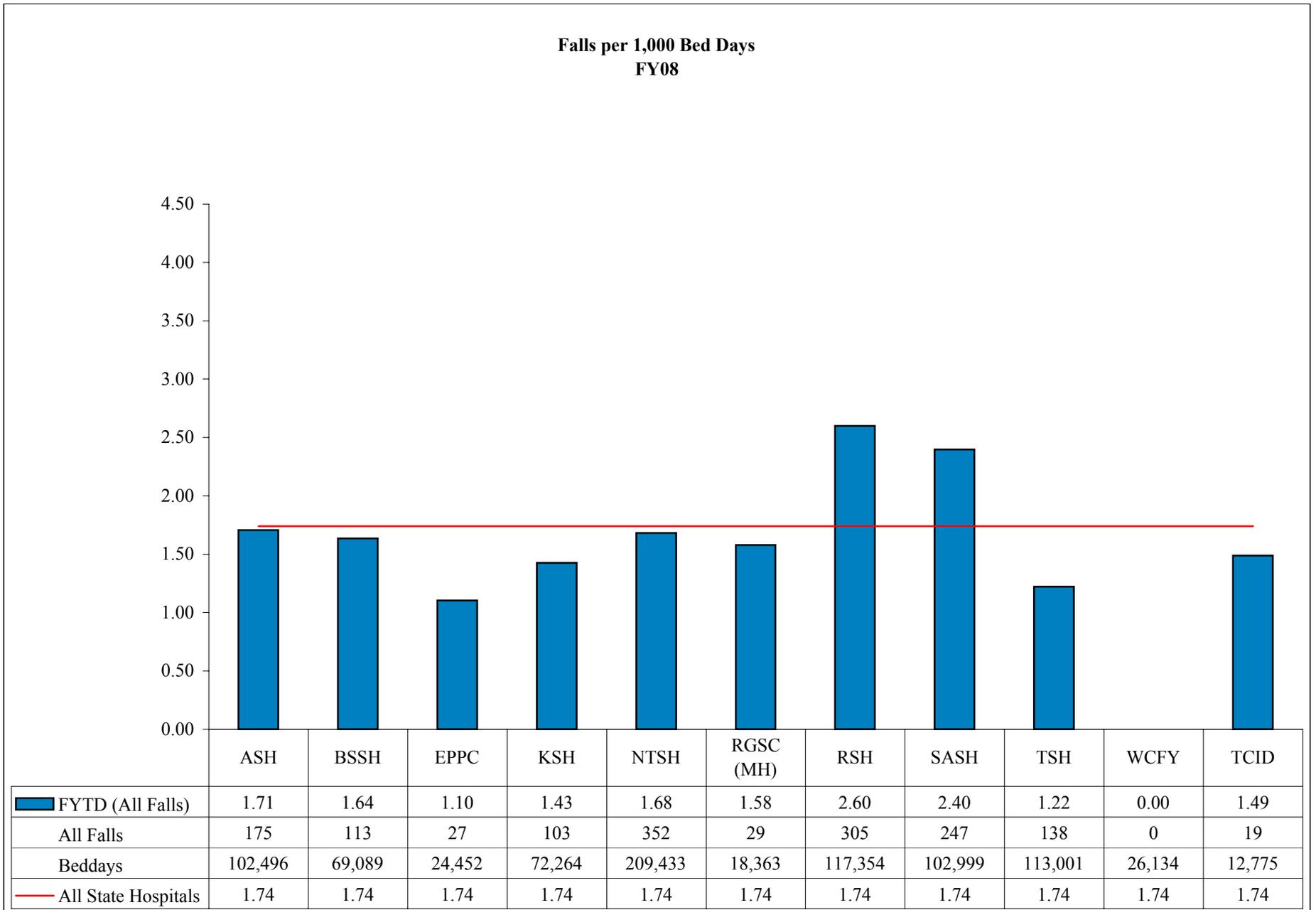
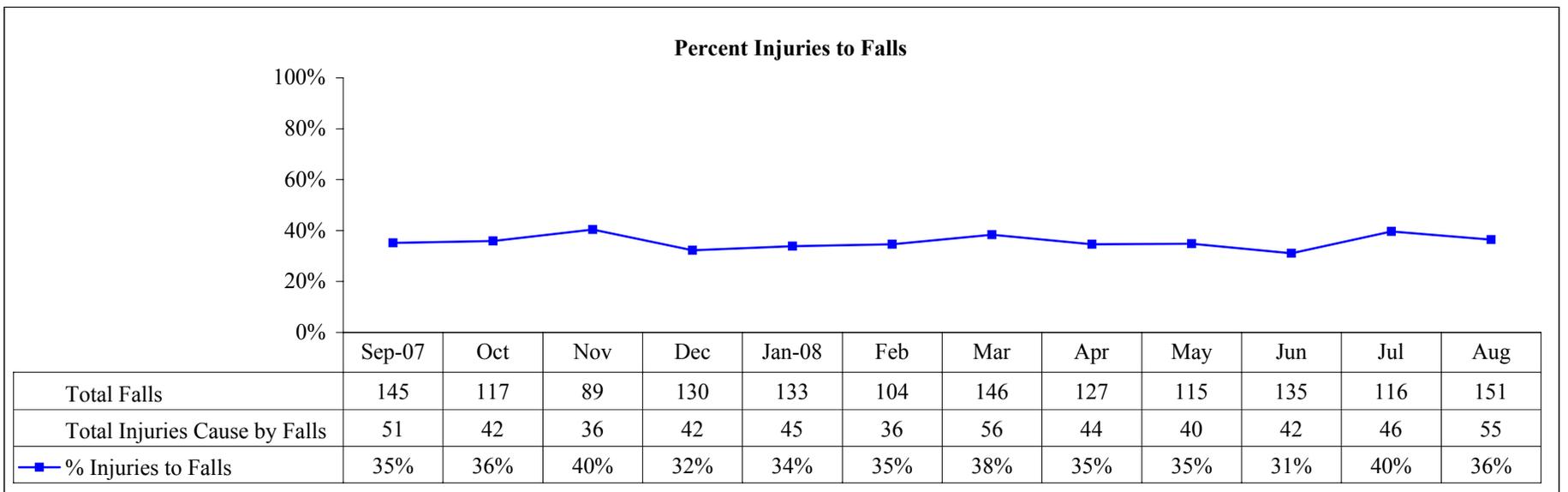
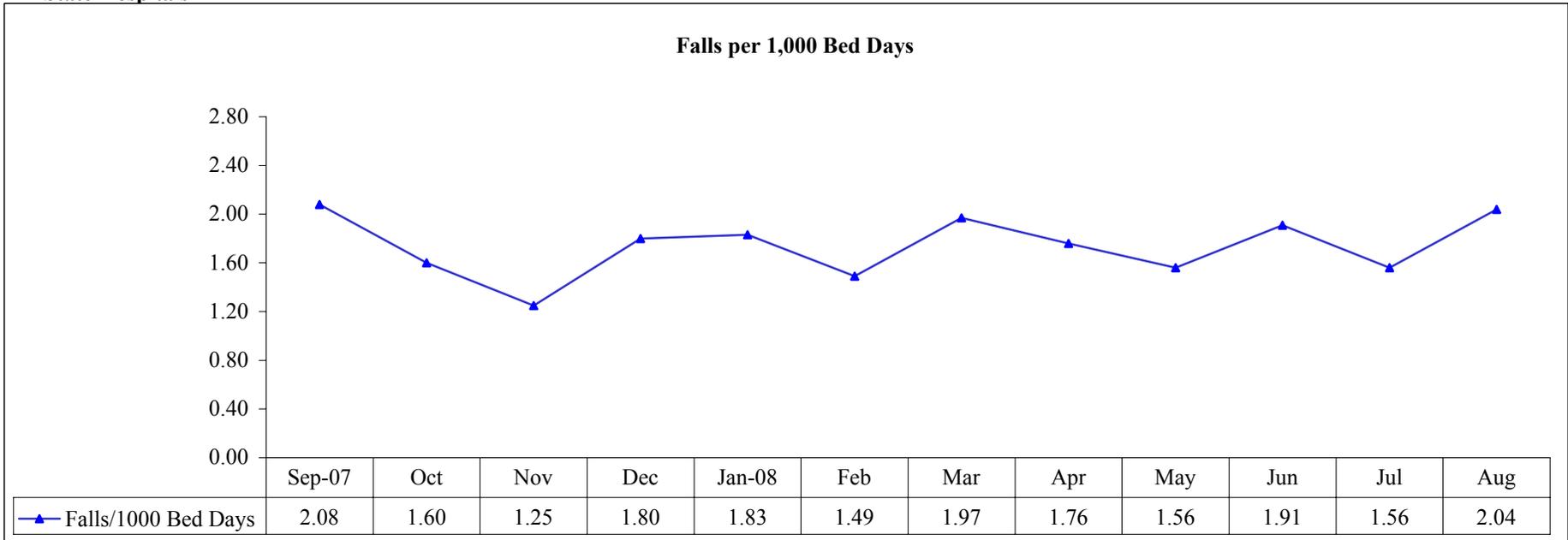


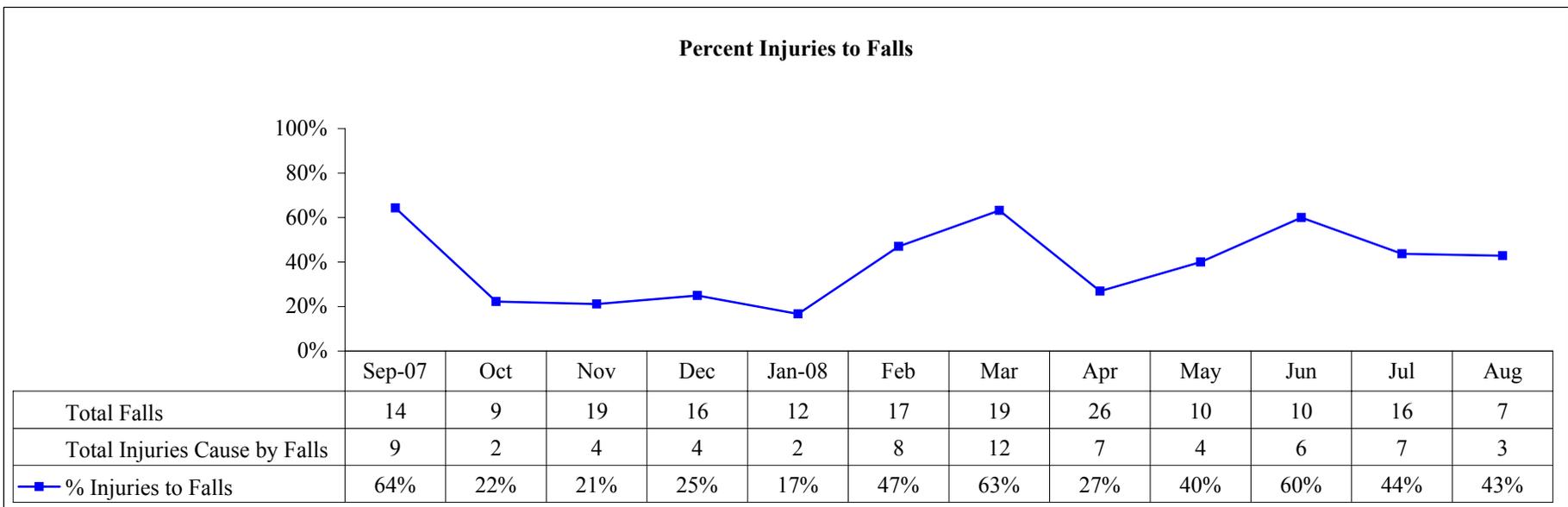
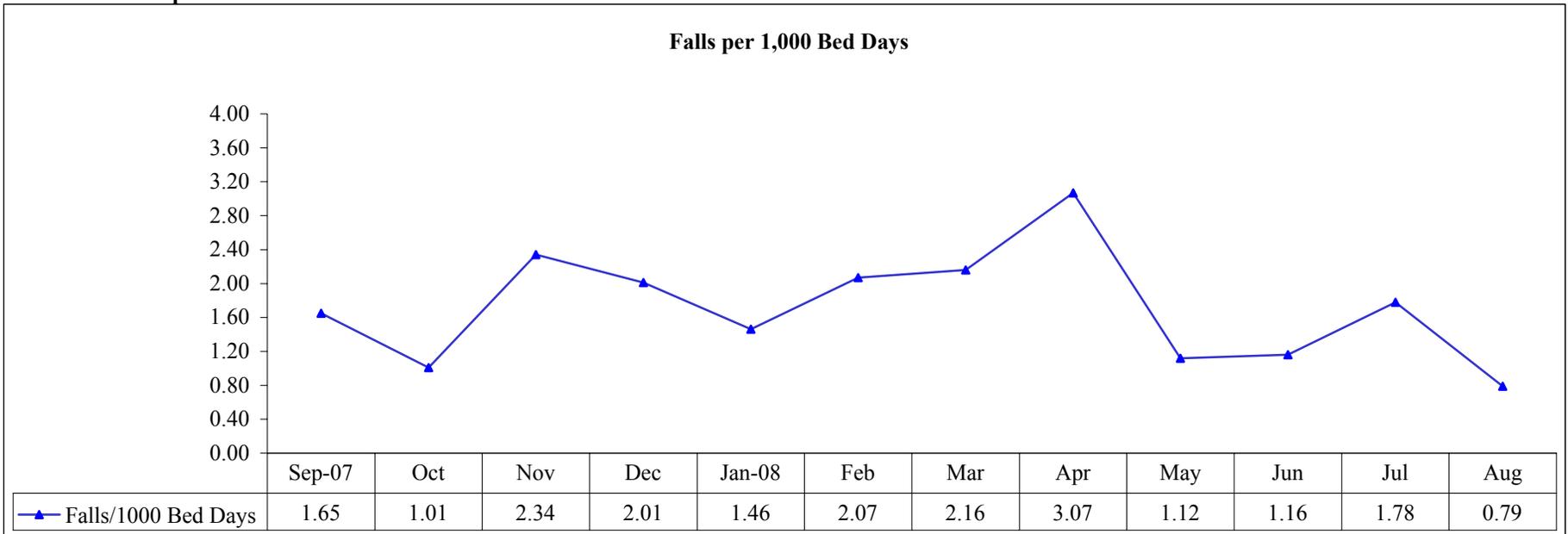
Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and  
 HMDS Ad Hoc Injury Report

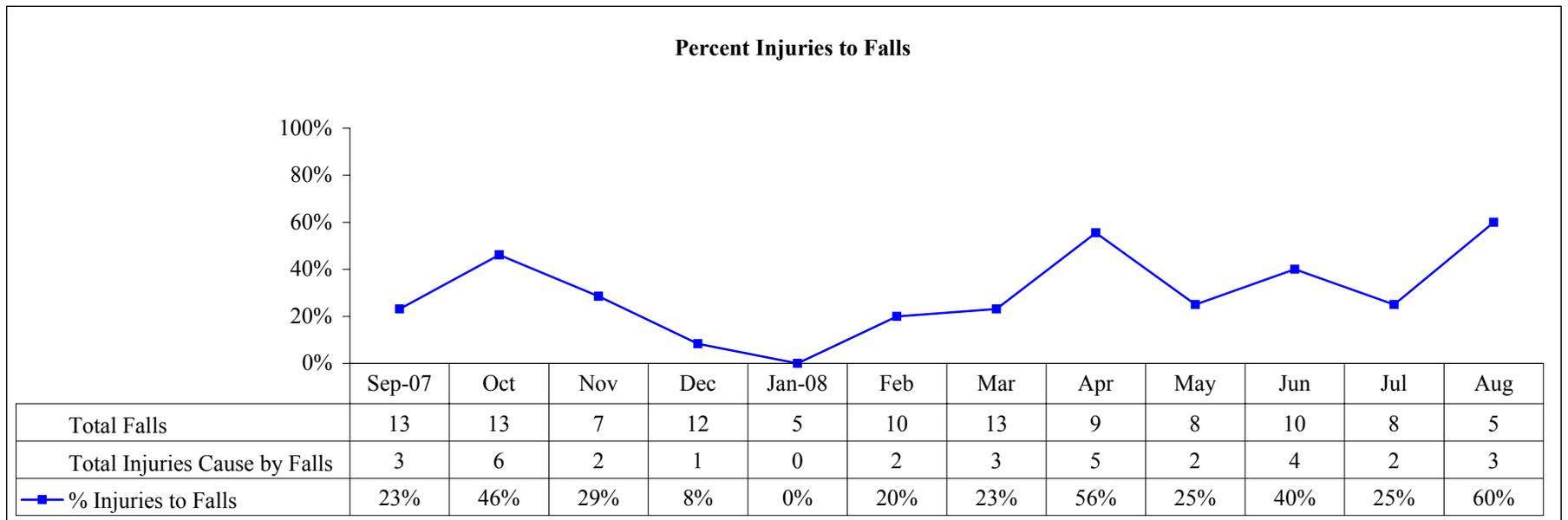
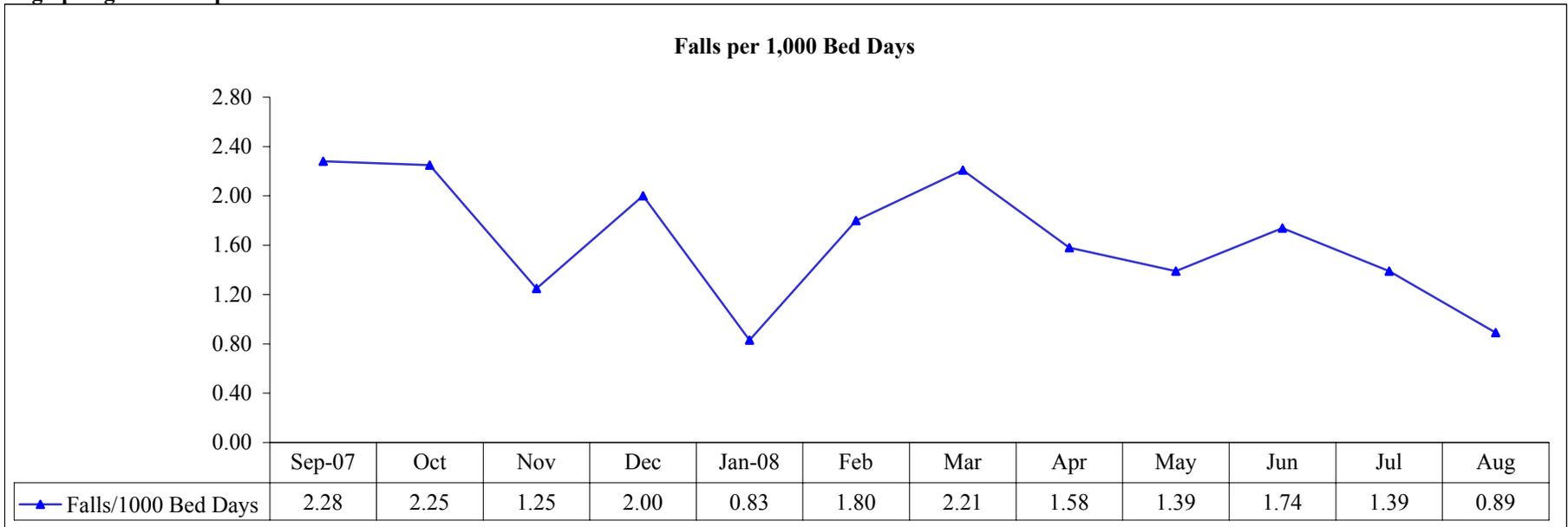
**Objective 6G - Rate of Falls  
All State Hospitals**



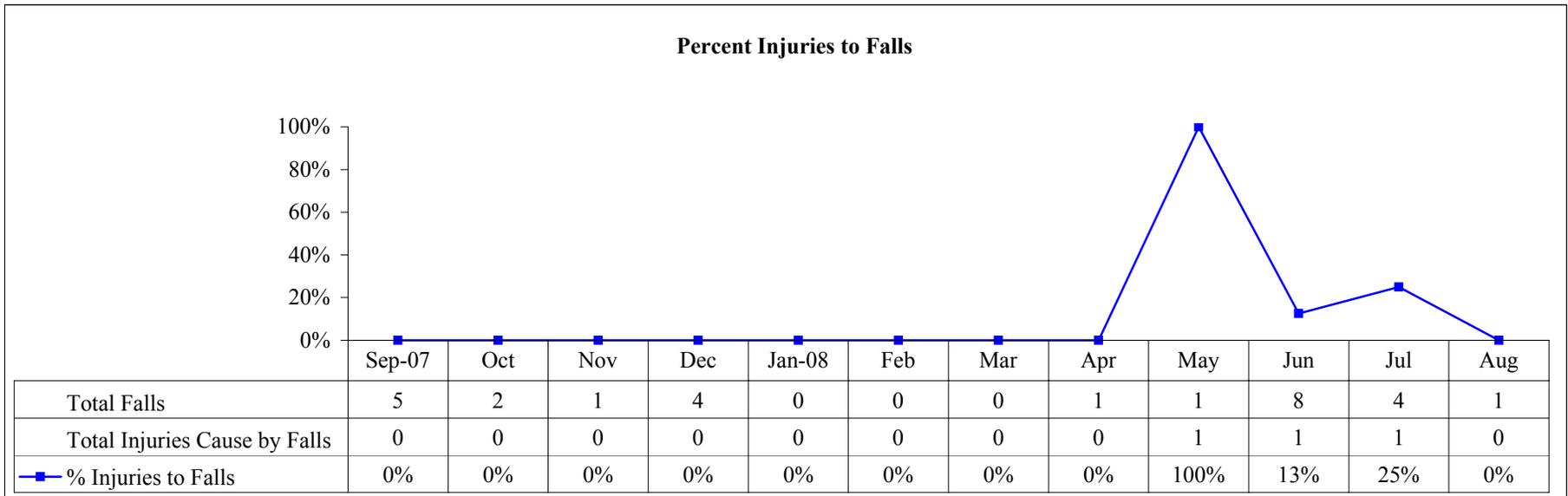
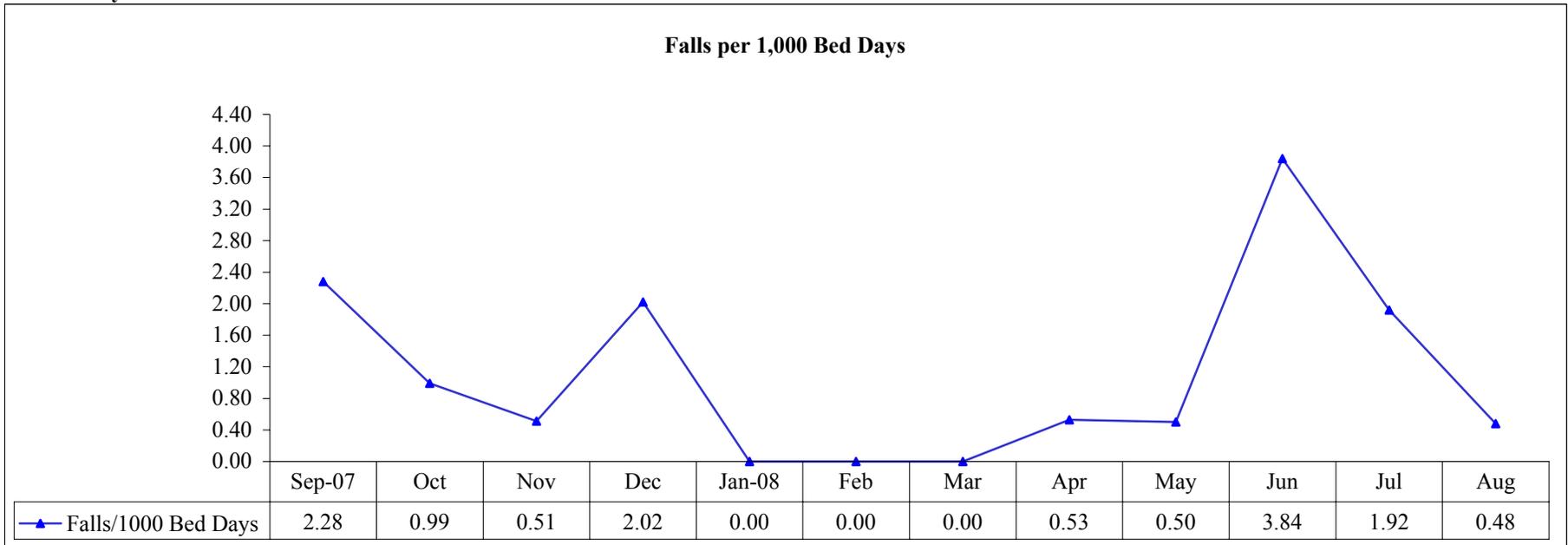
**Objective 6G - Rate of Falls**  
**Austin State Hospital**



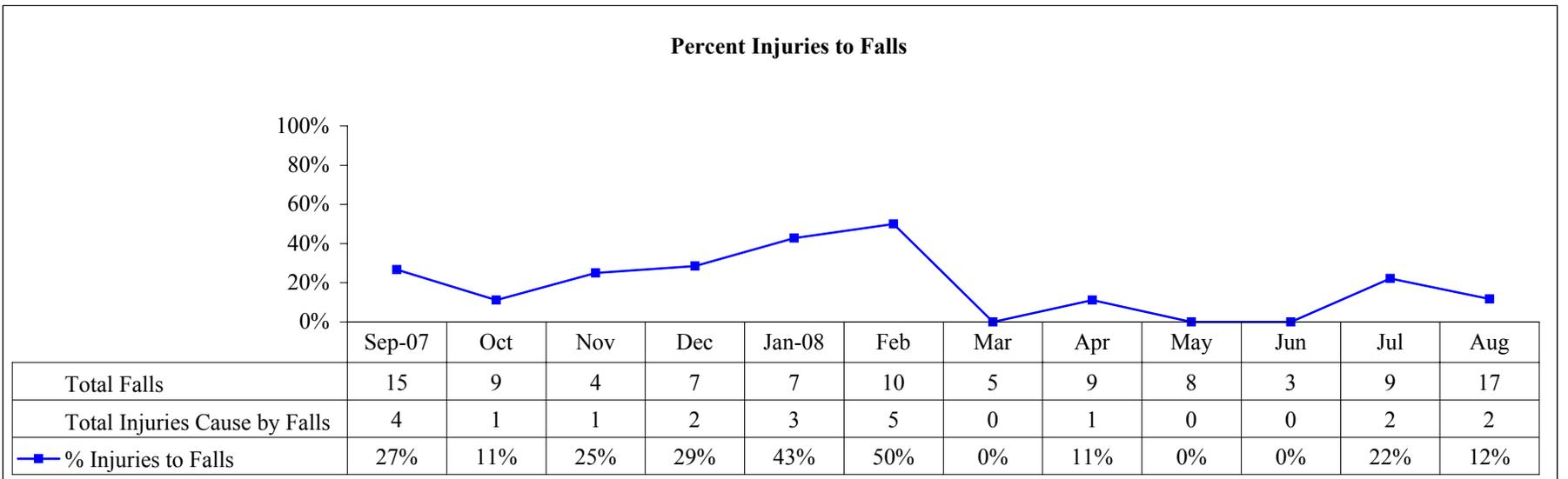
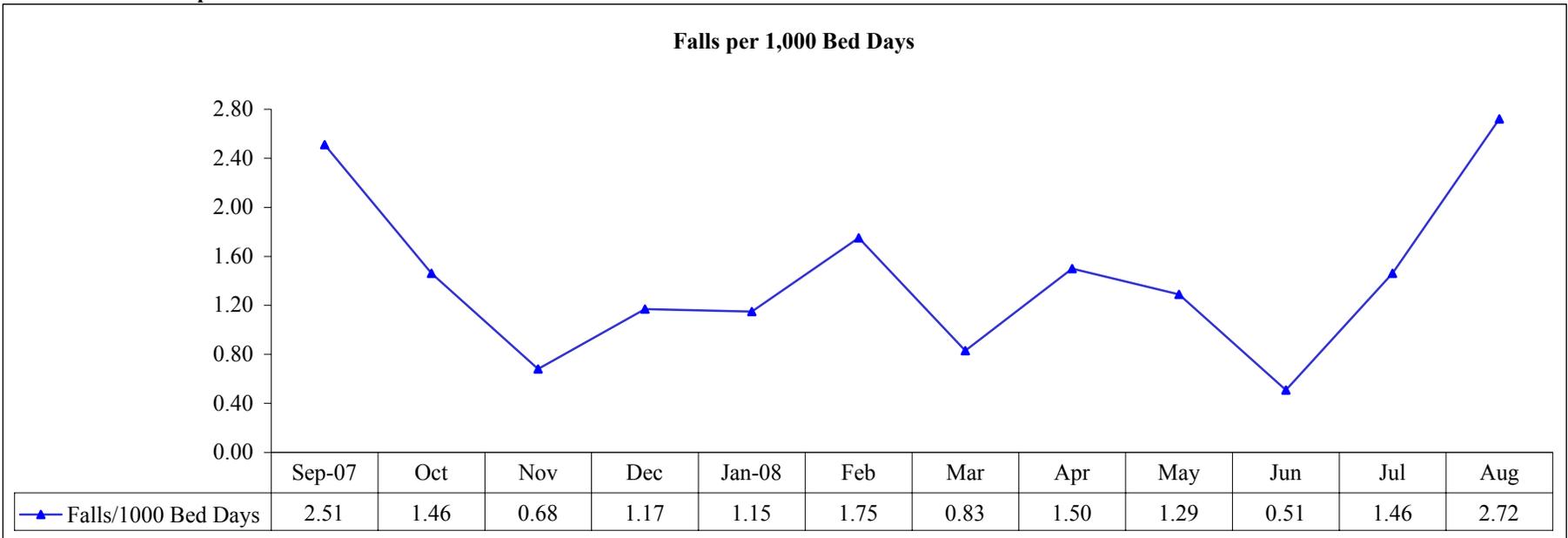
**Objective 6G - Rate of Falls  
Big Spring State Hospital**



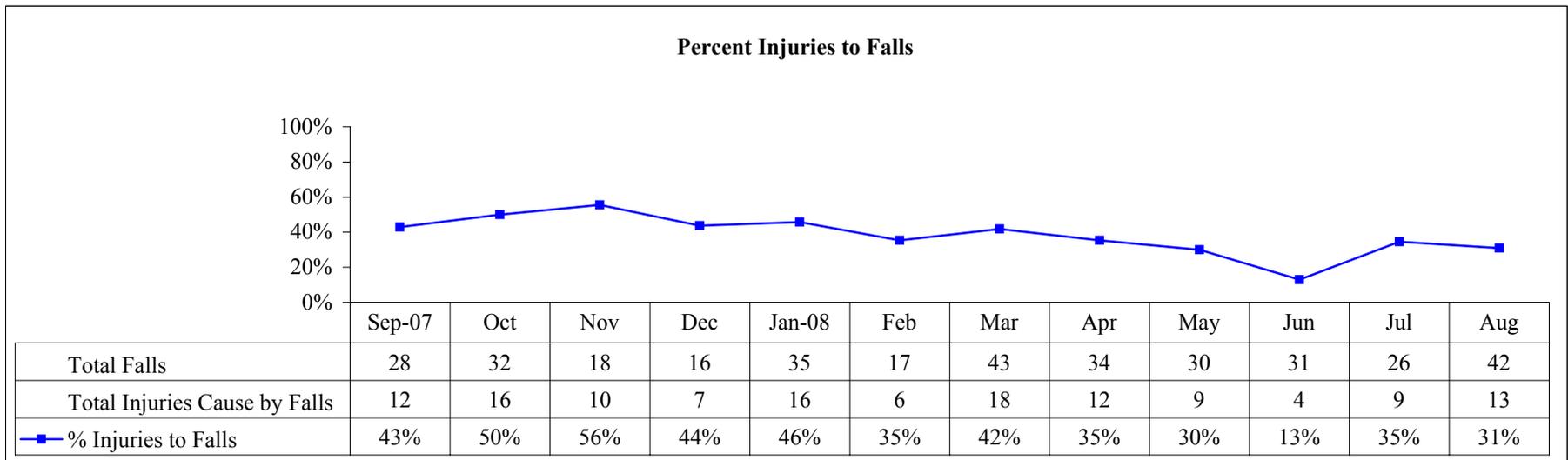
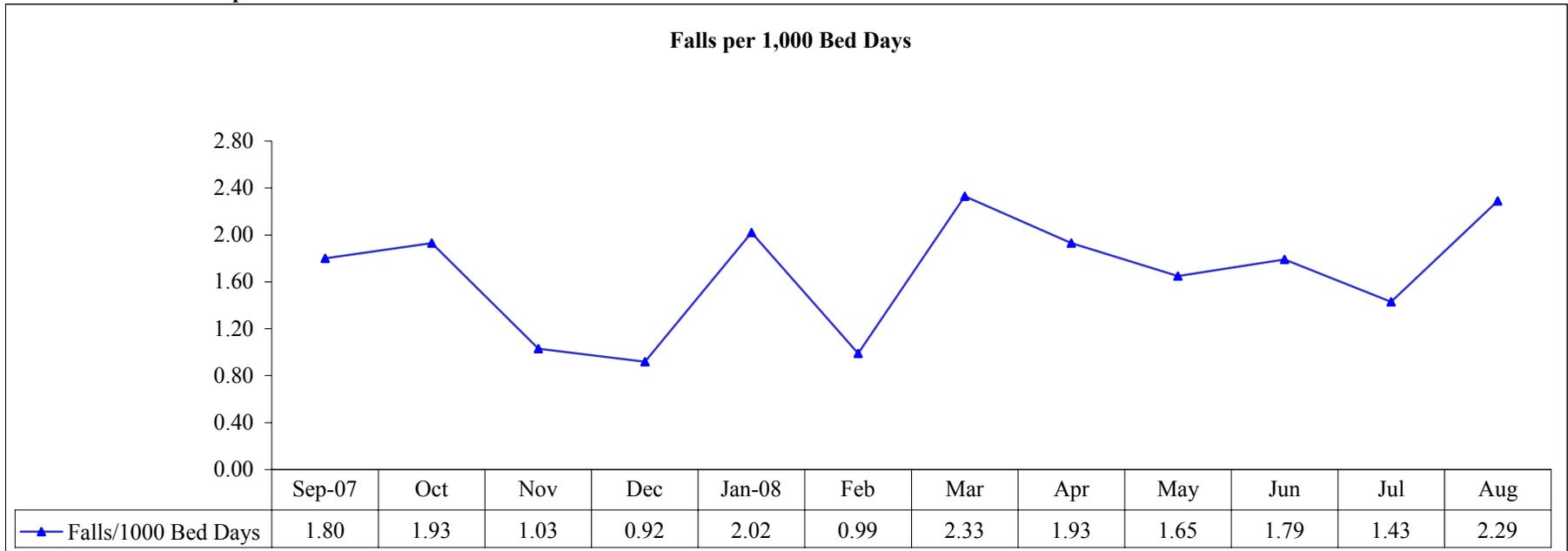
**Objective 6G - Rate of Falls**  
**El Paso Psychiatric Center**



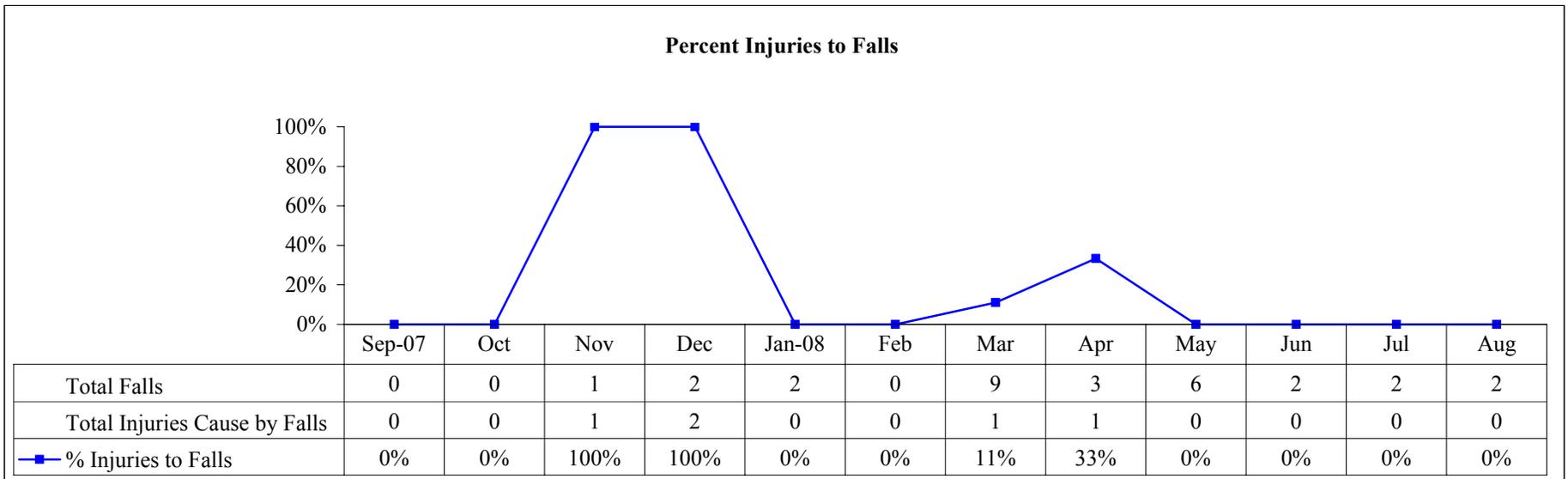
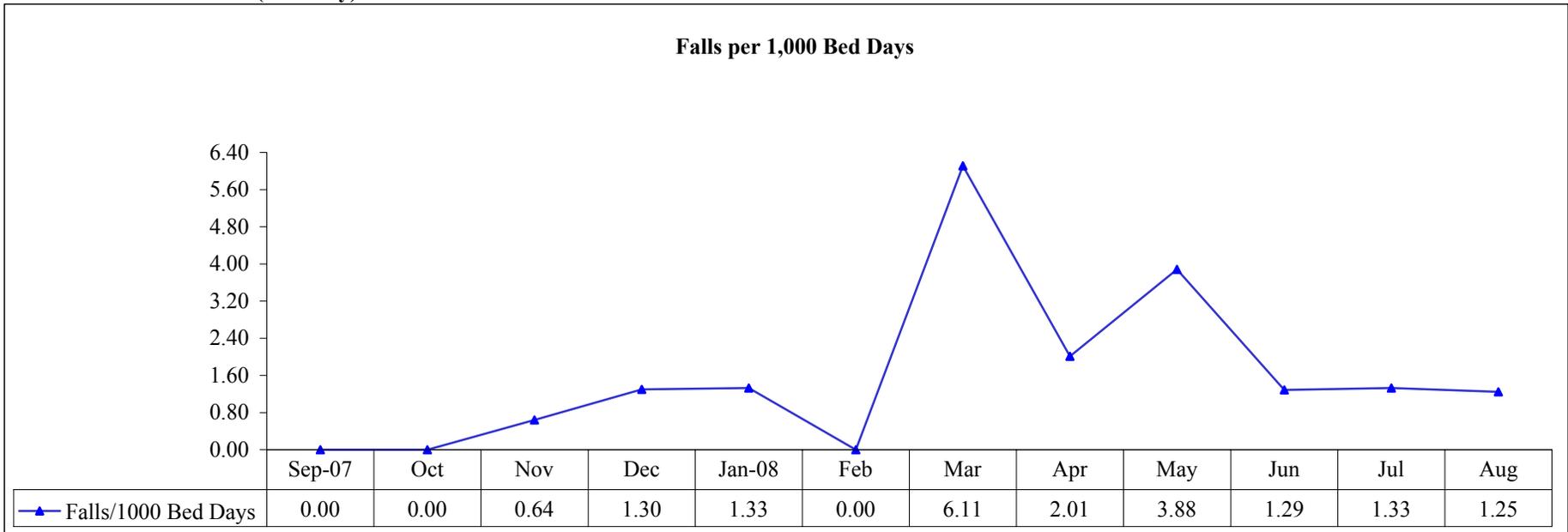
**Objective 6G - Rate of Falls  
Kerrville State Hospital**



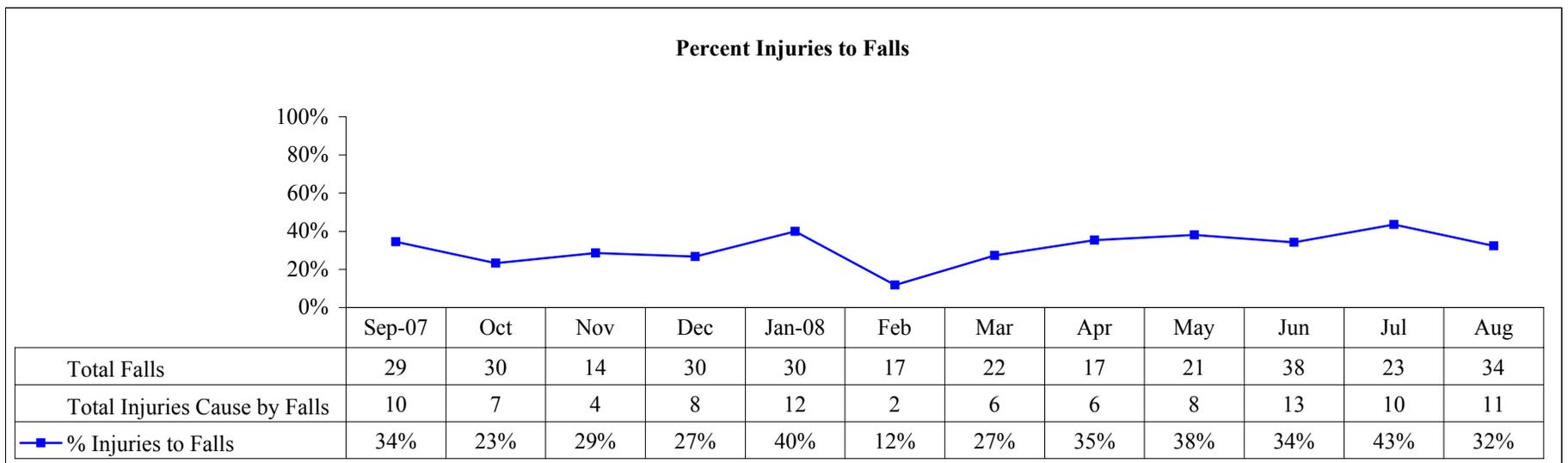
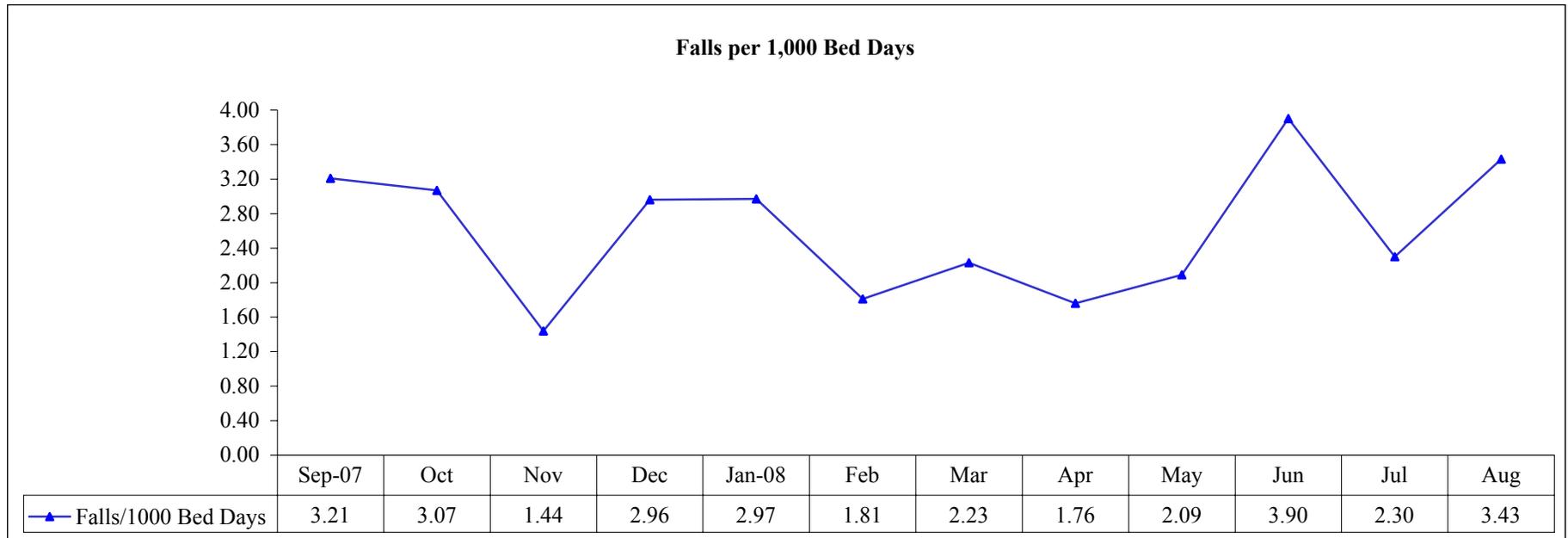
**Objective 6G - Rate of Falls**  
**North Texas State Hospital**



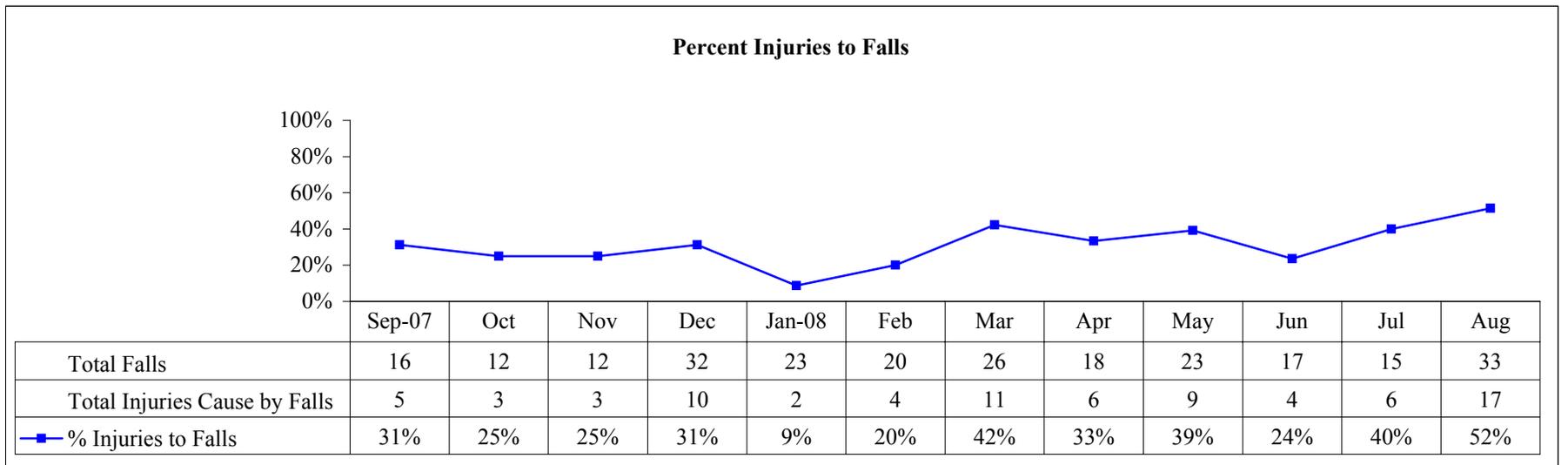
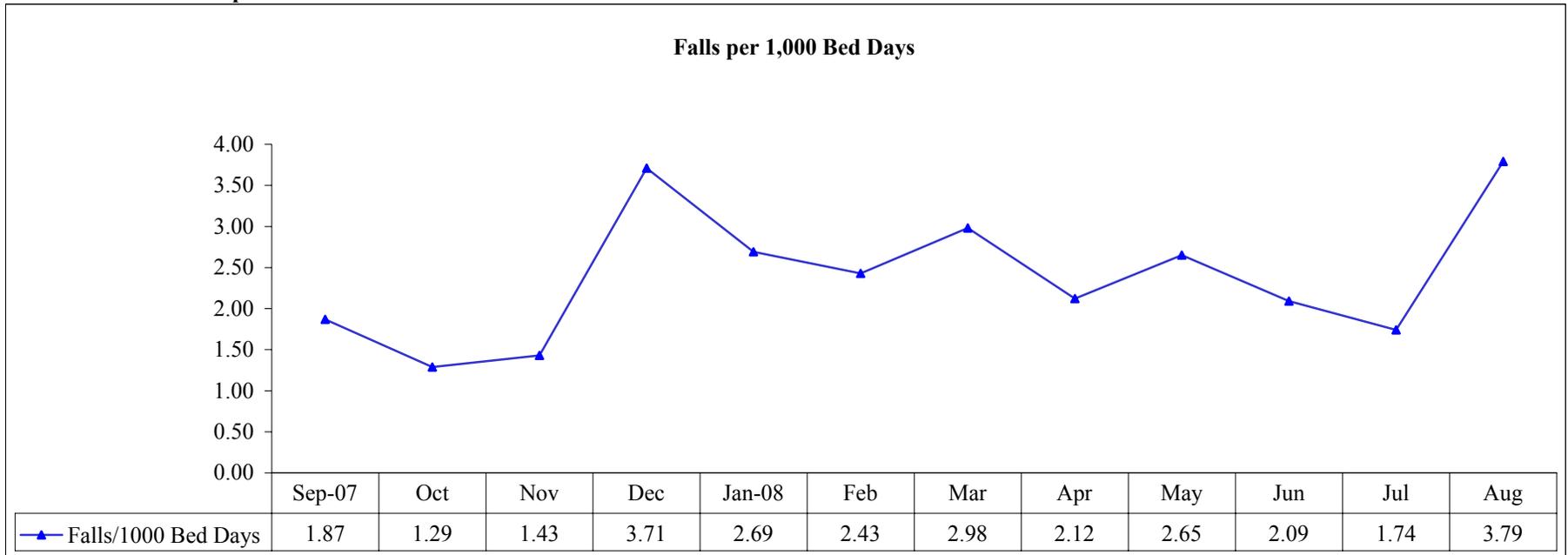
**Objective 6G - Rate of Falls**  
**Rio Grande State Center (MH only)**



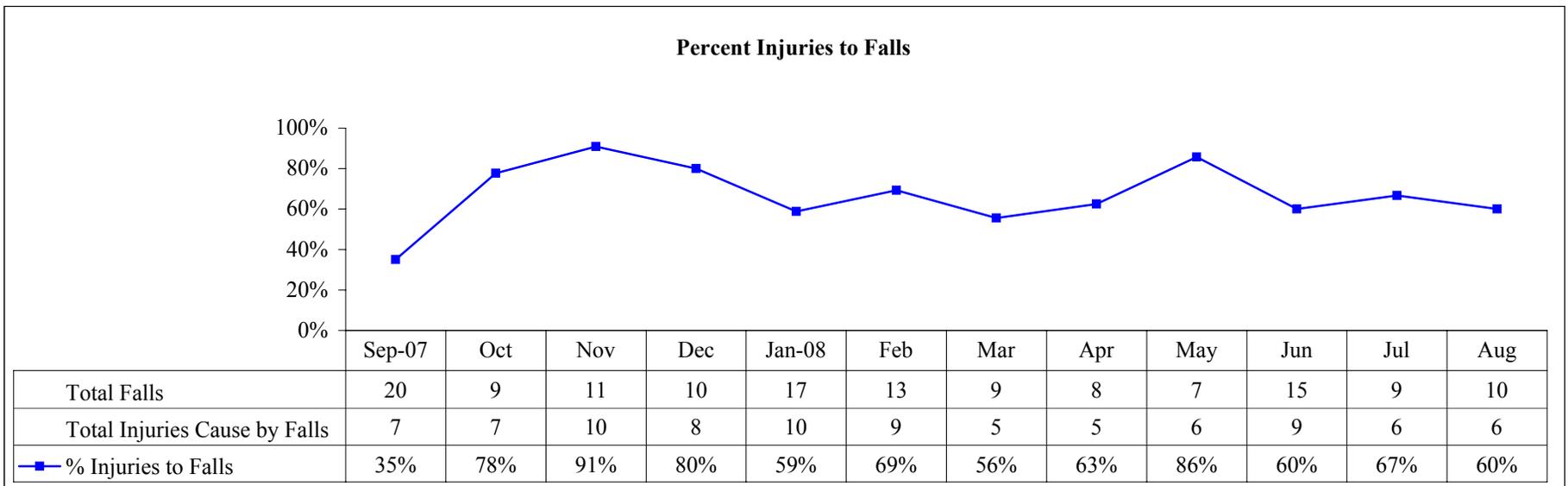
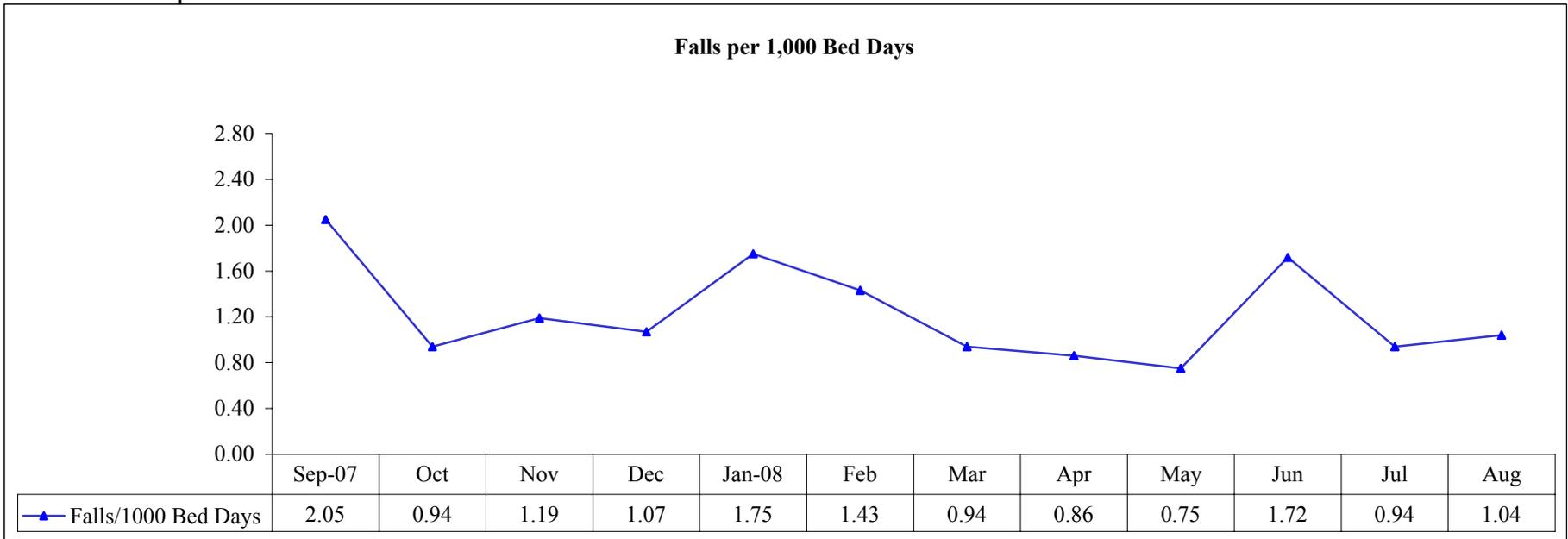
**Objective 6G - Rate of Falls  
Rusk State Hospital**



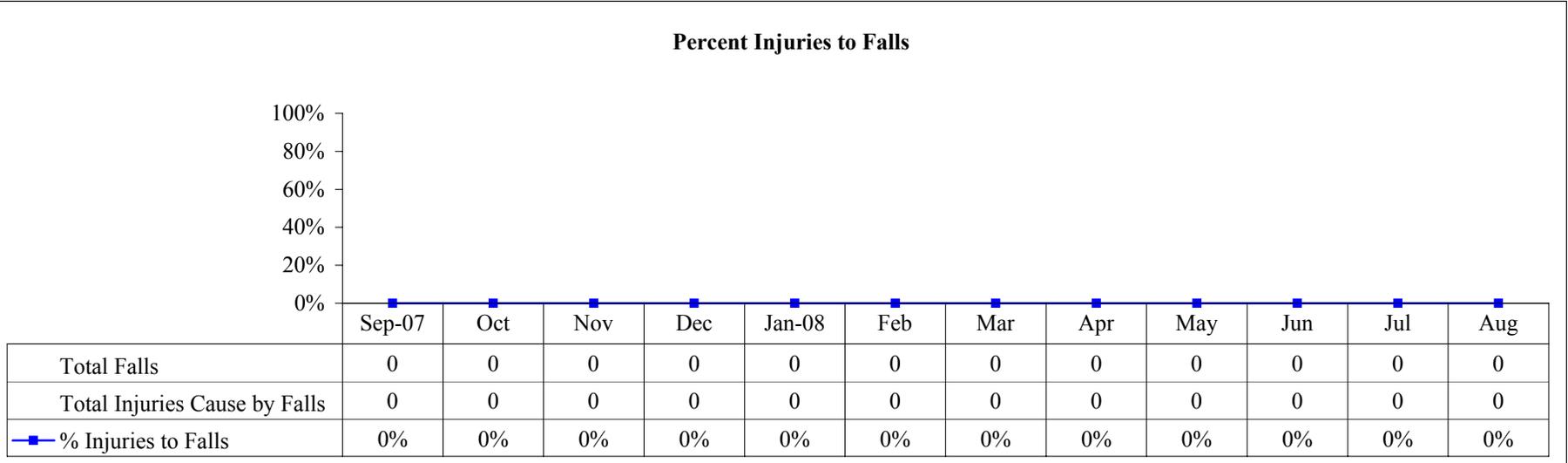
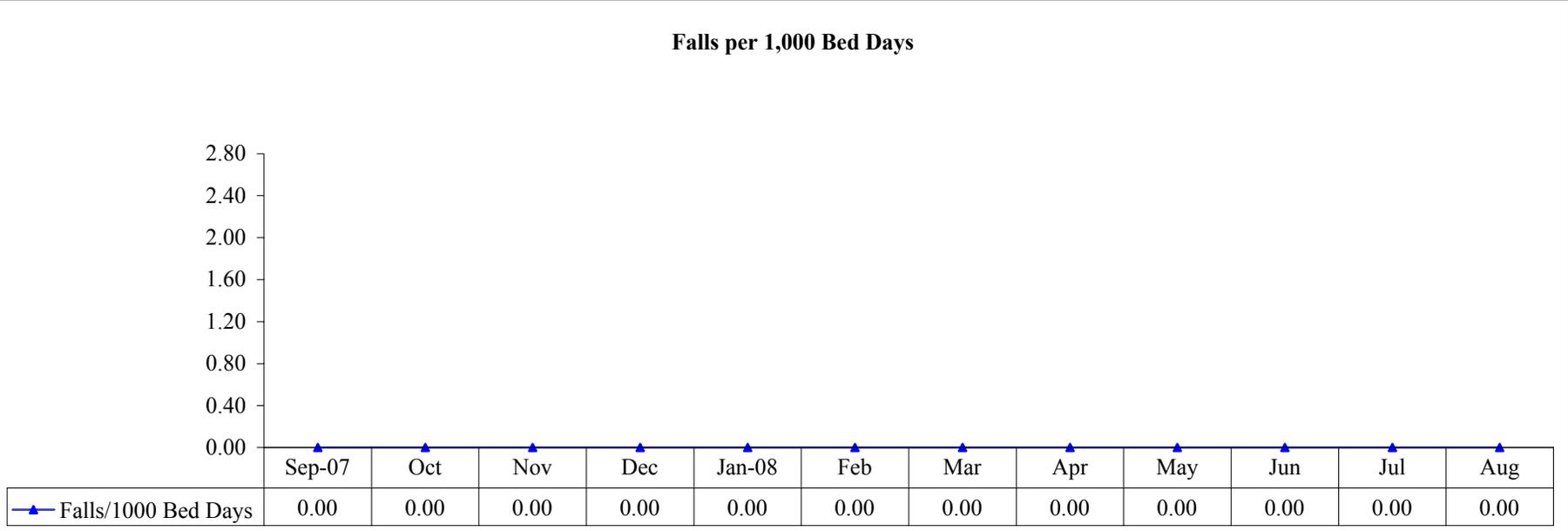
**Objective 6G - Rate of Falls**  
**San Antonio State Hospital**



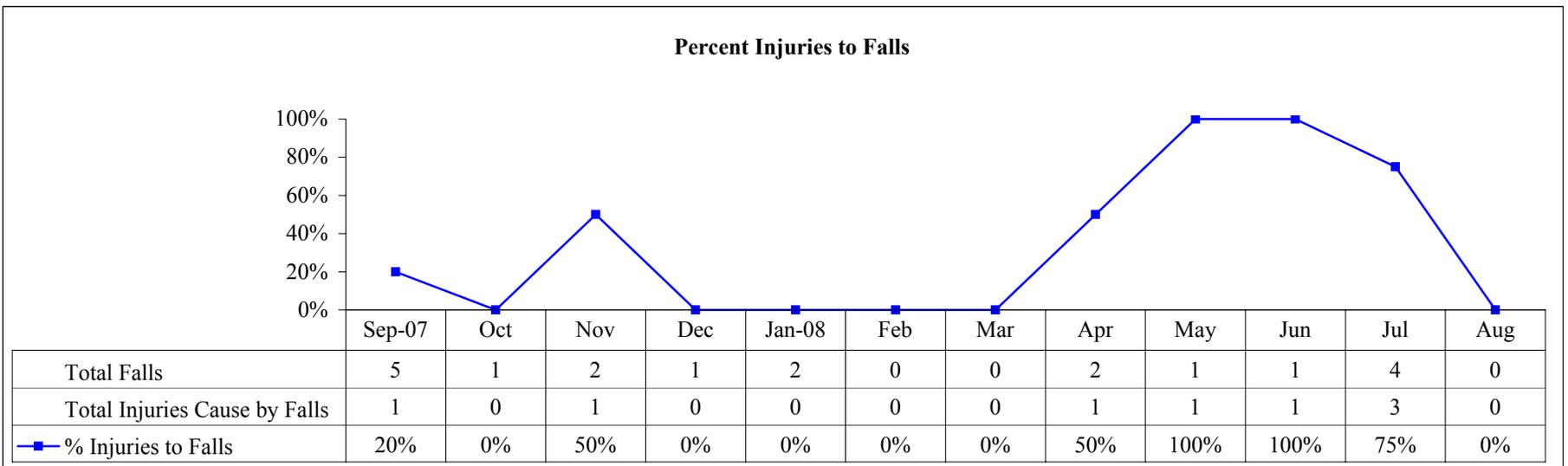
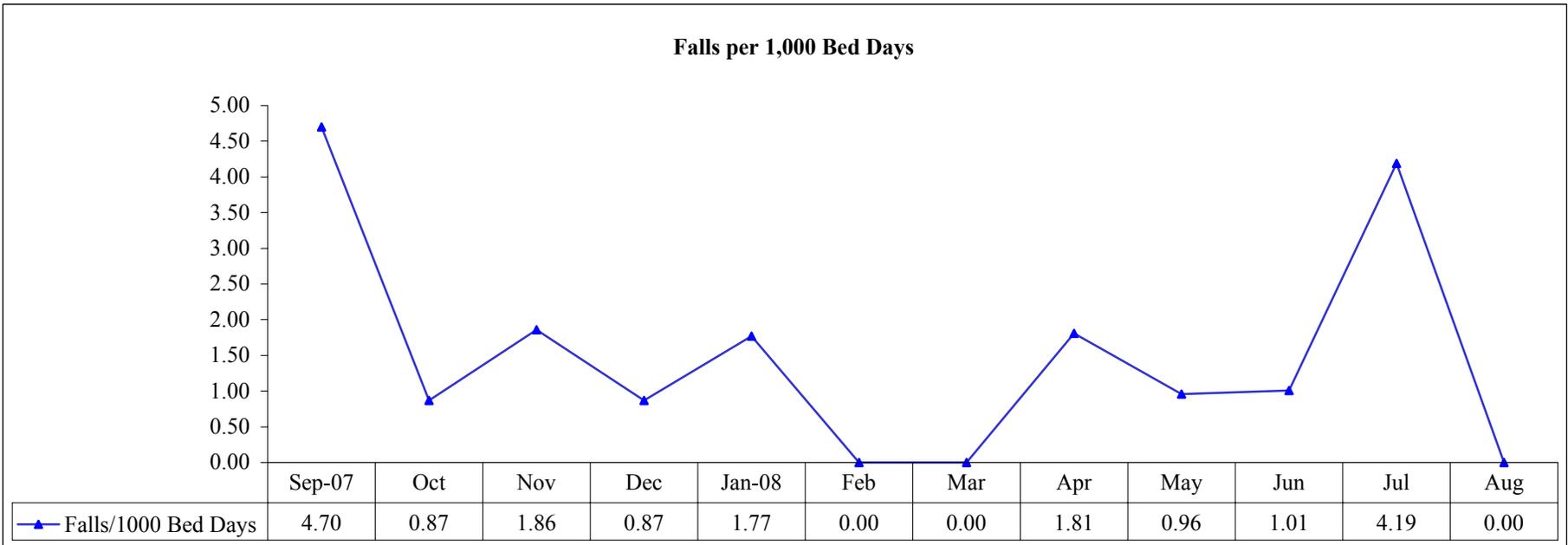
**Objective 6G - Rate of Falls**  
**Terrell State Hospital**



**Objective 6G - Rate of Falls  
Waco Center for Youth**



**Objective 6G - Rate of Falls**  
**Texas Center for Infectious Disease**



**Performance Measure 6A:**

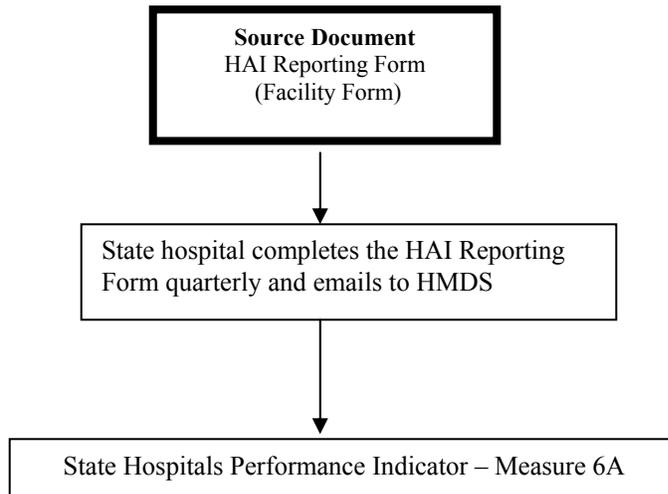
**Hospital infection control professionals (ICPS) will collect and compare data on healthcare associated infections according to Centers for Disease Control categories.**

**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 - Q4**

**Age 64+**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>System Total</b>
Urinary Tract Infection	0	0	0	3	0	0	0	14	3	<b>20</b>
Surgical Site Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Pneumonia	2	0	0	0	0	0	0	2	0	<b>4</b>
Blood Stream Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	0	0	0	0	0	0	1	1	0	<b>2</b>
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0	0	0	<b>0</b>
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
Skin and Soft Tissue Infection	0	2	0	1	1	0	1	2	0	<b>7</b>
Systemic Infection	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>19</b>	<b>3</b>	<b>33</b>
<b>Rate Per 1,000 Beddays</b>	<b>1.0</b>	<b>0.6</b>	<b>0.0</b>	<b>4.5</b>	<b>0.3</b>	<b>0.0</b>	<b>2.9</b>	<b>12.4</b>	<b>2.2</b>	<b>2.4</b>

**Measure 6A - Healthcare Associated Infection Rate  
All State Hospitals - Q4**

**Age 18 - 64**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>System Total</b>	<b>TCID</b>
Urinary Tract Infection	4	12	6	1	7	4	13	7	2	<b>56</b>	0
Surgical Site Infection	0	0	0	0	0	0	0	0	0	<b>0</b>	0
Pneumonia	3	0	0	1	1	4	1	2	0	<b>12</b>	0
Blood Stream Infection	0	0	0	0	0	0	0	0	0	<b>0</b>	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	<b>0</b>	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	<b>0</b>	0
Ear, Eyes, Nose, Throat Infection	0	15	7	10	8	0	22	5	23	<b>90</b>	0
Gastrointestinal System Infection	19	0	0	0	0	0	2	0	1	<b>22</b>	0
Lower Respiratory Infection, other than Pneumonia	0	7	2	0	1	0	2	0	0	<b>12</b>	0
Reproductive Tract Infection	0	9	0	0	0	0	0	3	0	<b>12</b>	0
Skin and Soft Tissue Infection	2	16	2	3	4	0	8	11	15	<b>61</b>	0
Systemic Infection	0	0	0	0	0	0	0	0	0	<b>0</b>	0
<b>Total</b>	<b>28</b>	<b>59</b>	<b>17</b>	<b>15</b>	<b>21</b>	<b>8</b>	<b>48</b>	<b>28</b>	<b>41</b>	<b>265</b>	<b>0</b>
<b>Rate Per 1,000 Beddays</b>	<b>1.3</b>	<b>5.0</b>	<b>3.6</b>	<b>1.7</b>	<b>0.4</b>	<b>1.7</b>	<b>1.5</b>	<b>1.1</b>	<b>1.7</b>	<b>1.4</b>	<b>0.0</b>

**Measure 6A - Healthcare Associated Infection Rate**  
**All State Hospitals - Q4**

**Age 0 - 17**

<b>Nosocomial Infection Type</b>	<b>ASH</b>	<b>EPPC</b>	<b>NTSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Urinary Tract Infection	0	0	2	0	0	4	<b>6</b>
Surgical Site Infection	0	0	0	0	0	0	<b>0</b>
Pneumonia	0	0	0	0	0	0	<b>0</b>
Blood Stream Infection	0	0	0	0	0	0	<b>0</b>
Bone and Joint Infections	0	0	0	0	0	0	<b>0</b>
Central Nervous System Infection	0	0	0	0	0	0	<b>0</b>
Cardiovascular System Infection	0	0	0	0	0	0	<b>0</b>
Ear, Eyes, Nose, Throat Infection	3	0	1	0	4	11	<b>19</b>
Gastrointestinal System Infection	3	0	0	0	0	0	<b>3</b>
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	<b>0</b>
Reproductive Tract Infection	0	0	0	0	0	0	<b>0</b>
Skin and Soft Tissue Infection	0	0	1	1	3	2	<b>7</b>
Systemic Infection	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>7</b>	<b>17</b>	<b>35</b>
<b>Rate Per 1,000 Beddays</b>	<b>2.1</b>	<b>0.0</b>	<b>0.3</b>	<b>0.4</b>	<b>2.1</b>	<b>1.9</b>	<b>1.2</b>

**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

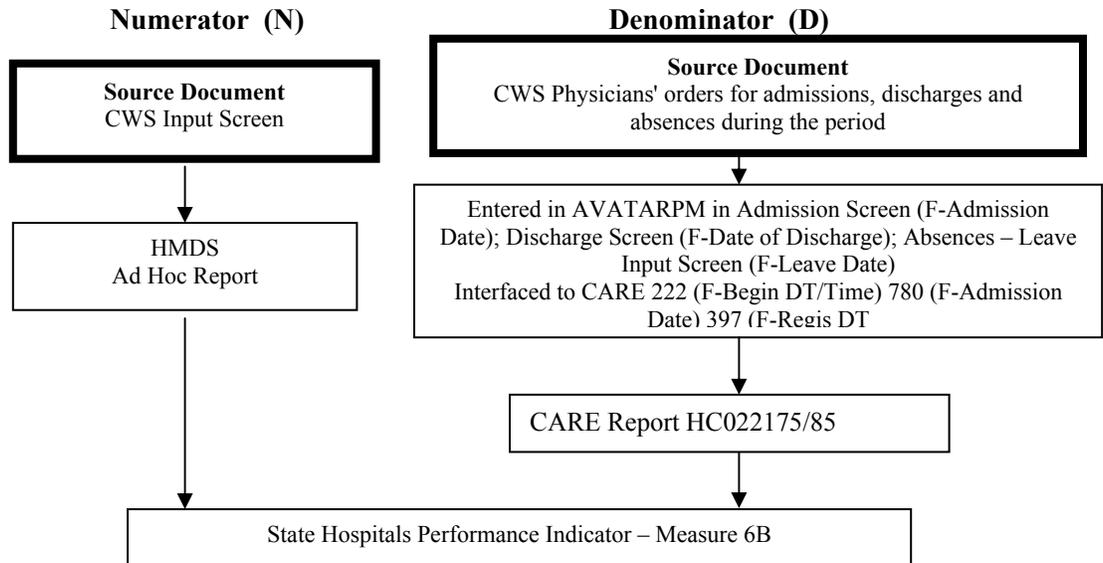
N = number of injuries D = number of bed days per FY quarter

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 State Hospitals**

Hospitals	Q1 FY08							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
<b>ALL SH</b>																												
Age 0-17	9	154	178	6	1	0	<b>348</b>	5	102	195	15	1	0	<b>318</b>	12	120	209	10	2	0	<b>353</b>	5	139	212	9	0	0	<b>365</b>
Age 18-64	33	933	656	79	7	0	<b>1708</b>	50	871	589	63	2	0	<b>1575</b>	79	984	618	64	4	0	<b>1749</b>	41	998	663	82	3	0	<b>1787</b>
Age 65-olde	10	58	24	3	1	0	<b>96</b>	6	76	41	2	1	0	<b>126</b>	4	62	31	1	0	0	<b>98</b>	4	75	43	2	0	0	<b>124</b>
<b>Total</b>	<b>52</b>	<b>1145</b>	<b>858</b>	<b>88</b>	<b>9</b>	<b>0</b>	<b>2152</b>	<b>61</b>	<b>1049</b>	<b>825</b>	<b>80</b>	<b>4</b>	<b>0</b>	<b>2019</b>	<b>95</b>	<b>1166</b>	<b>858</b>	<b>75</b>	<b>6</b>	<b>0</b>	<b>2200</b>	<b>50</b>	<b>1212</b>	<b>918</b>	<b>93</b>	<b>3</b>	<b>0</b>	<b>2276</b>

N/A = Not Available

**Performance Measure 6C:**

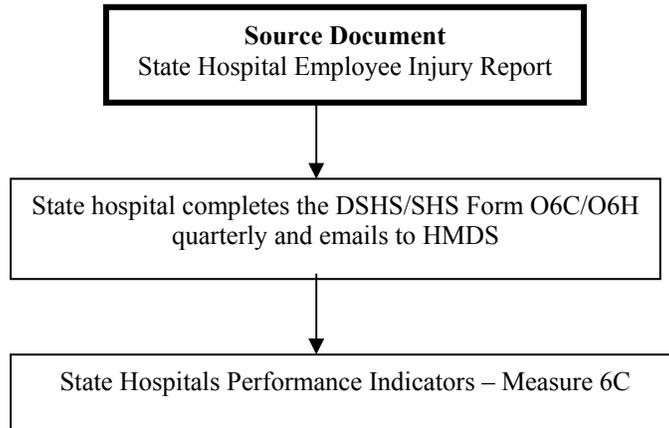
**Rate of employee injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows: Ages: 18 – 39; 40 – 64 and 65 – older.**

**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 Per 1,000 Bed Days**  
**All State Hospitals - Q4 FY08**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	14	38	17	14	57	6	45	26	42	1	1	261
Per 1,000 Bed Days	0.53	2.22	2.72	0.77	1.06	1.29	1.52	1.02	1.50	0.34	0.15	1.19
Age 40-64	7	21	3	12	39	13	41	38	50	4	3	231
Per 1,000 Bed Days	0.26	1.23	0.48	0.66	0.72	2.80	1.38	1.49	1.79	1.34	3.00	1.05
Age 65 - Older	0	1	0	1	5	2	1	1	2	0	1	14
Per 1,000 Bed Days	0.00	0.06	0.00	0.05	0.09	0.43	0.03	0.04	0.07	0.00	0.15	0.06
Unknown	13	0	0	0	1	0	0	0	1	0	0	15
Per 1,000 Bed Days	0.49	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.04	0.00	0.00	0.07
Total	34	60	20	27	102	21	87	65	95	5	5	521
Per 1,000 Bed Days	1.29	3.51	3.20	1.48	1.90	4.52	2.93	2.55	3.40	1.68	0.76	2.38

## ***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.**

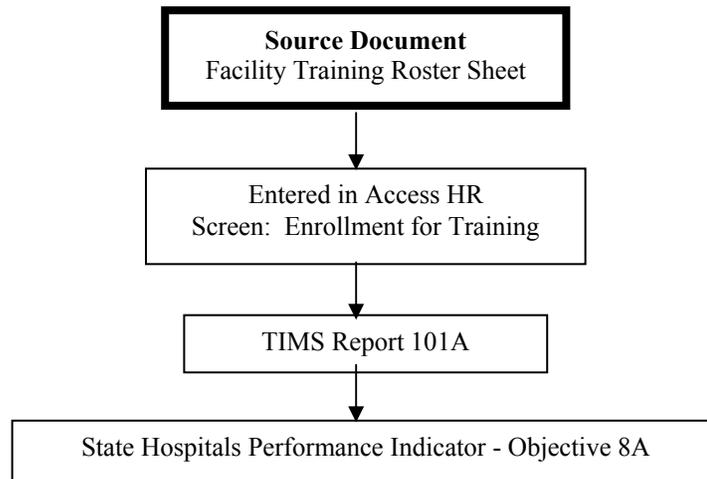
**Performance Objective Operational Definition:** The state hospital percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report is run) will be reported in TIMS Report 101A.

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

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

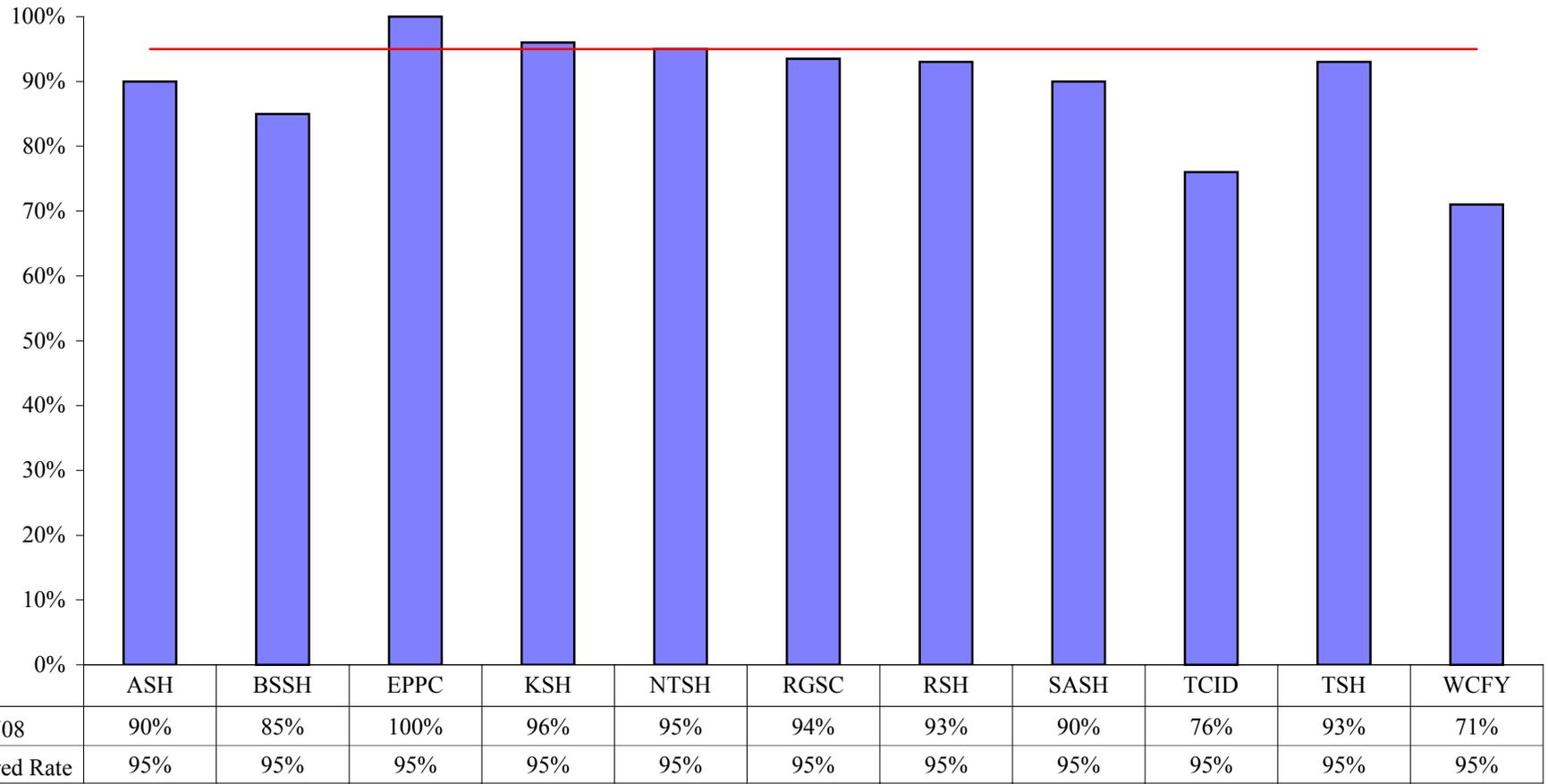
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

### **Data Flow:**



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

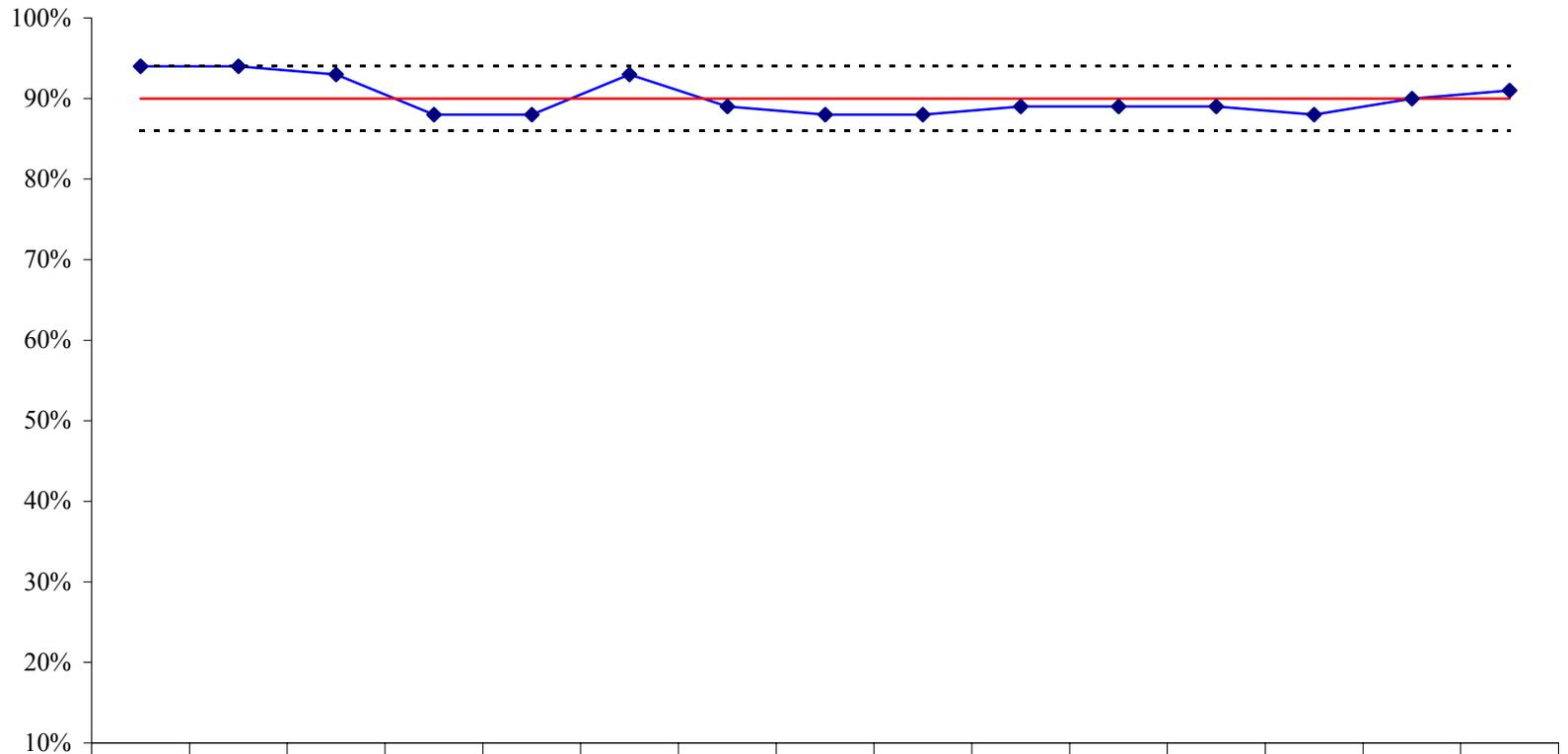
**CORE and Specialty Training  
(As of August 31, 2008)**



As of September 1, 2007 CORE and Specialty Training reported

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

**Percentage of CORE and Specialty Training Completed**

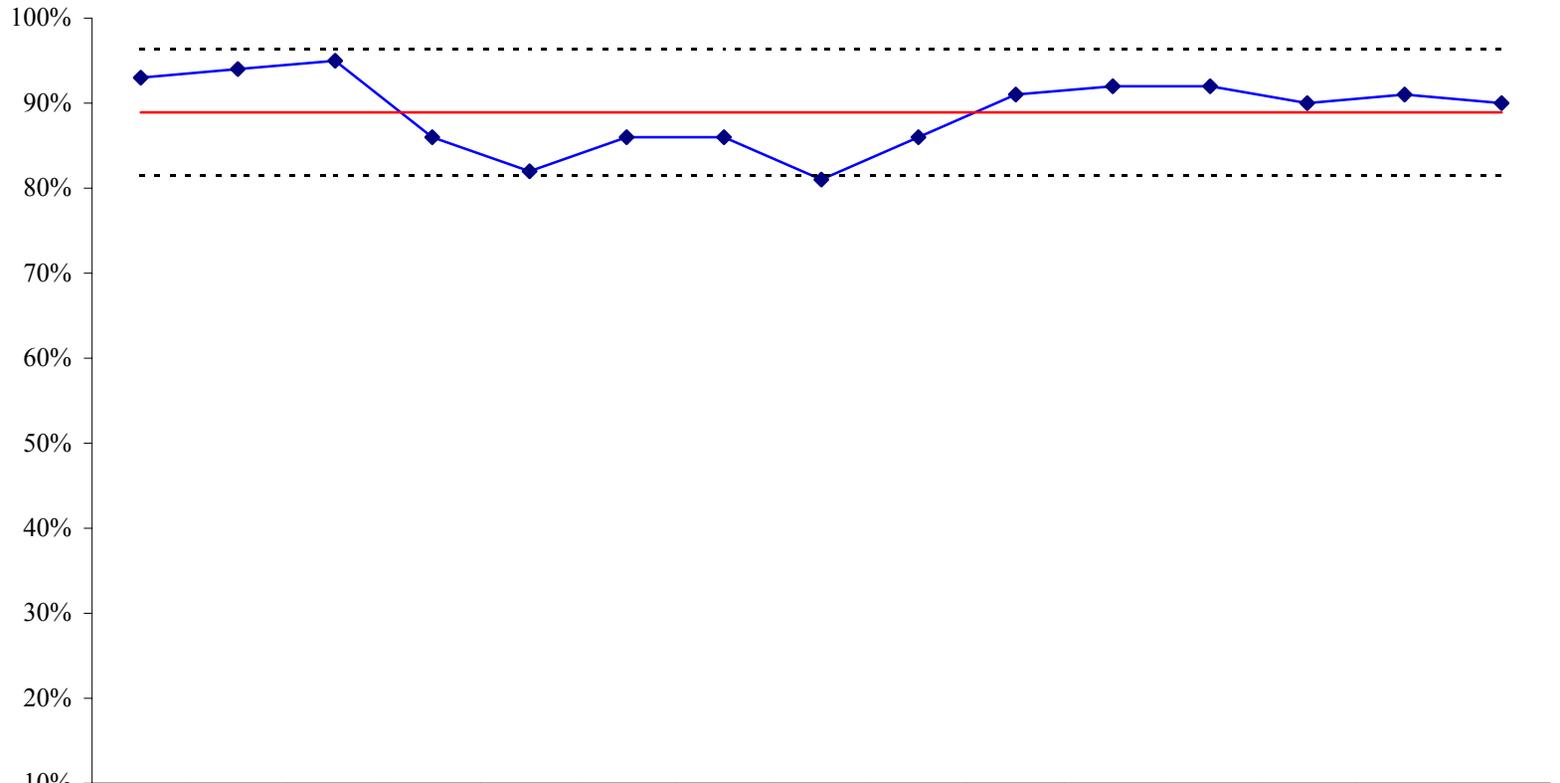


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	94%	94%	93%	88%	88%	93%	89%	88%	88%	89%	89%	89%	88%	90%	91%
----- UCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- Avg	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
----- LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

As of September 1, 2007 CORE and Specialty Training reported

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

**Percentage of CORE and Specialty Training Completed**

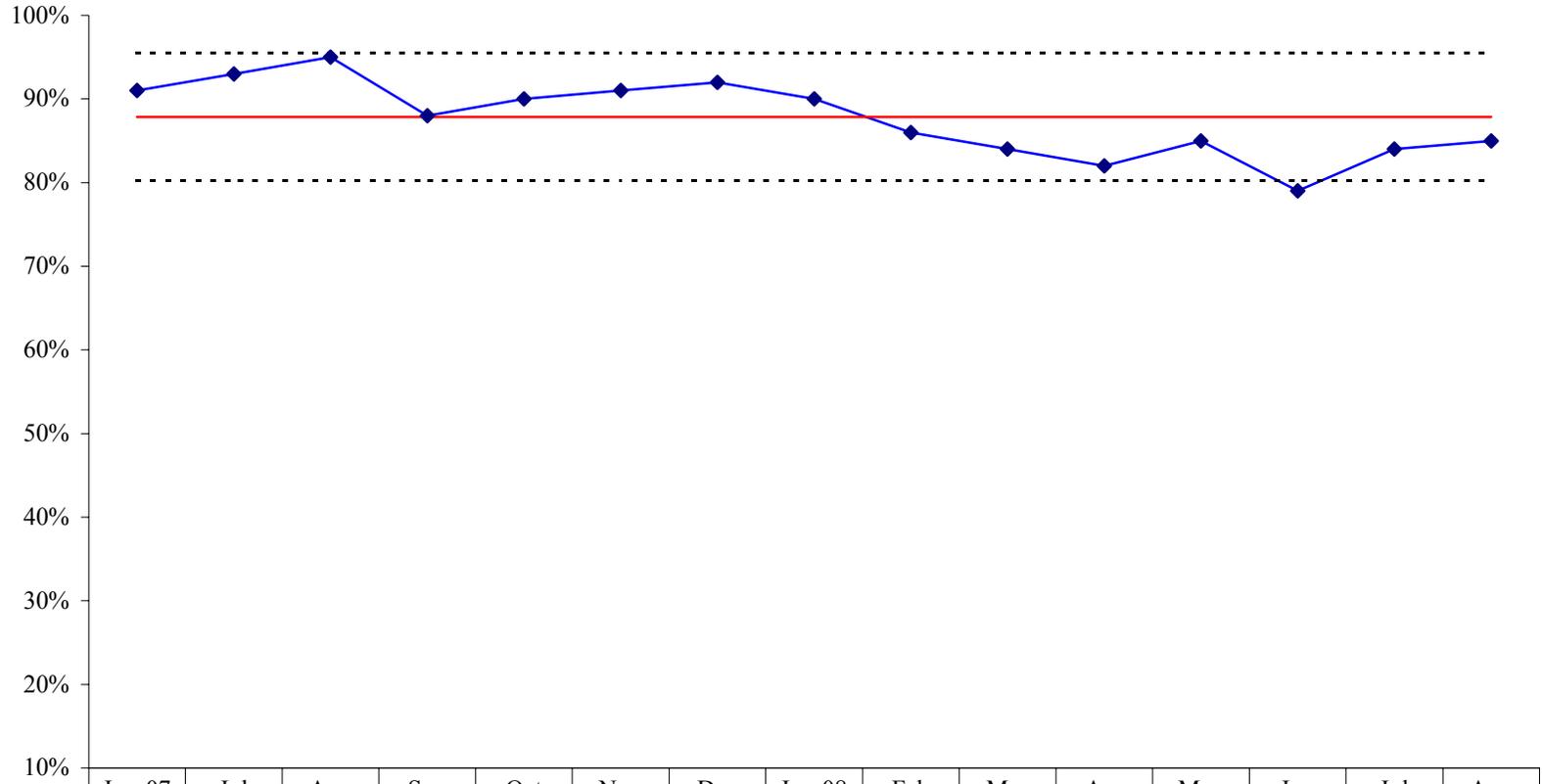


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	93%	94%	95%	86%	82%	86%	86%	81%	86%	91%	92%	92%	90%	91%	90%
----- UCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
— Avg	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
----- LCL	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%

As of September 1, 2007 CORE and Specialty Training reported

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

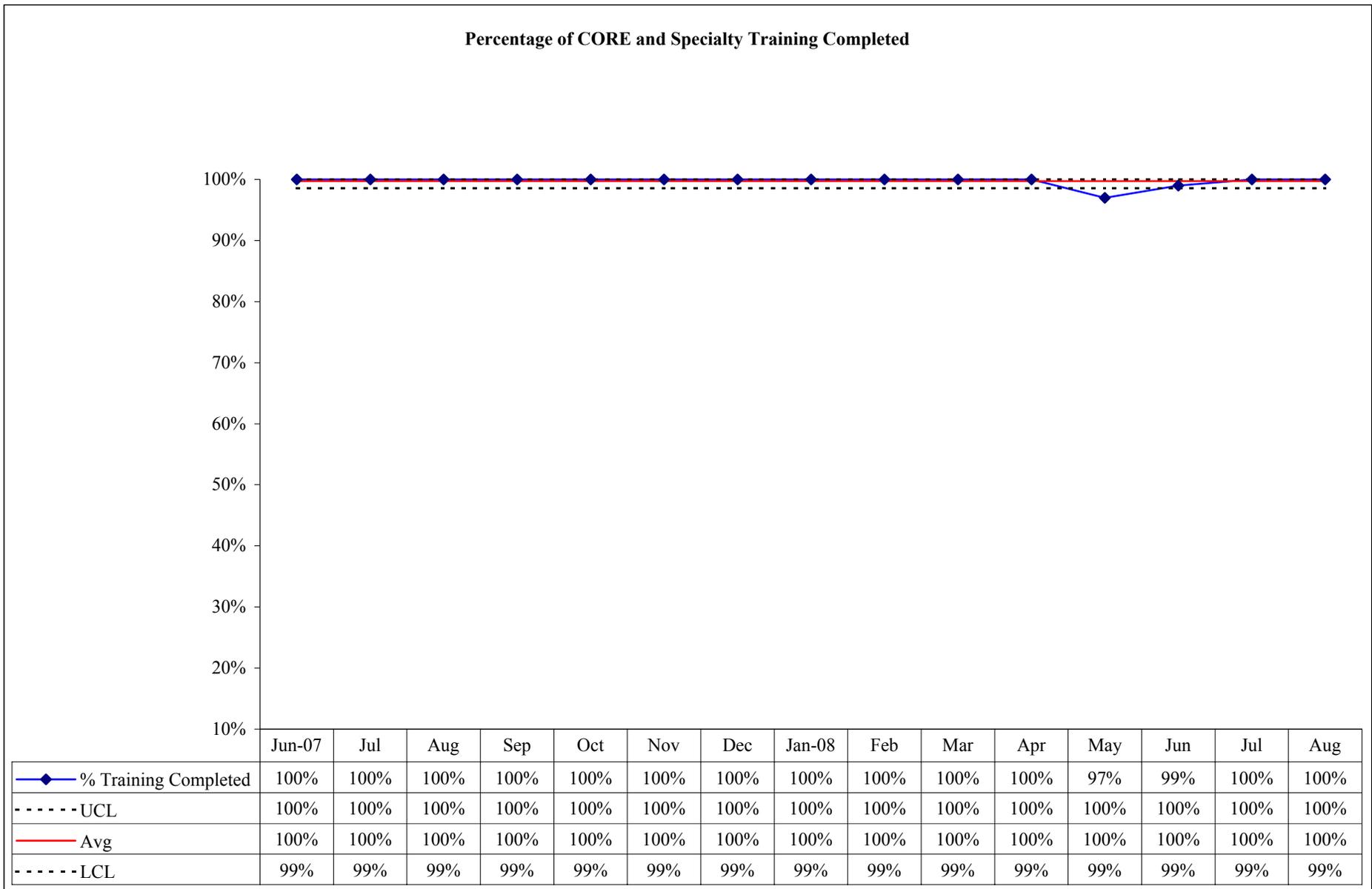
**Percentage of CORE and Specialty Training Completed**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	91%	93%	95%	88%	90%	91%	92%	90%	86%	84%	82%	85%	79%	84%	85%
----- UCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
———— Avg	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%
----- LCL	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

As of September 1, 2007 CORE and Specialty Training reported

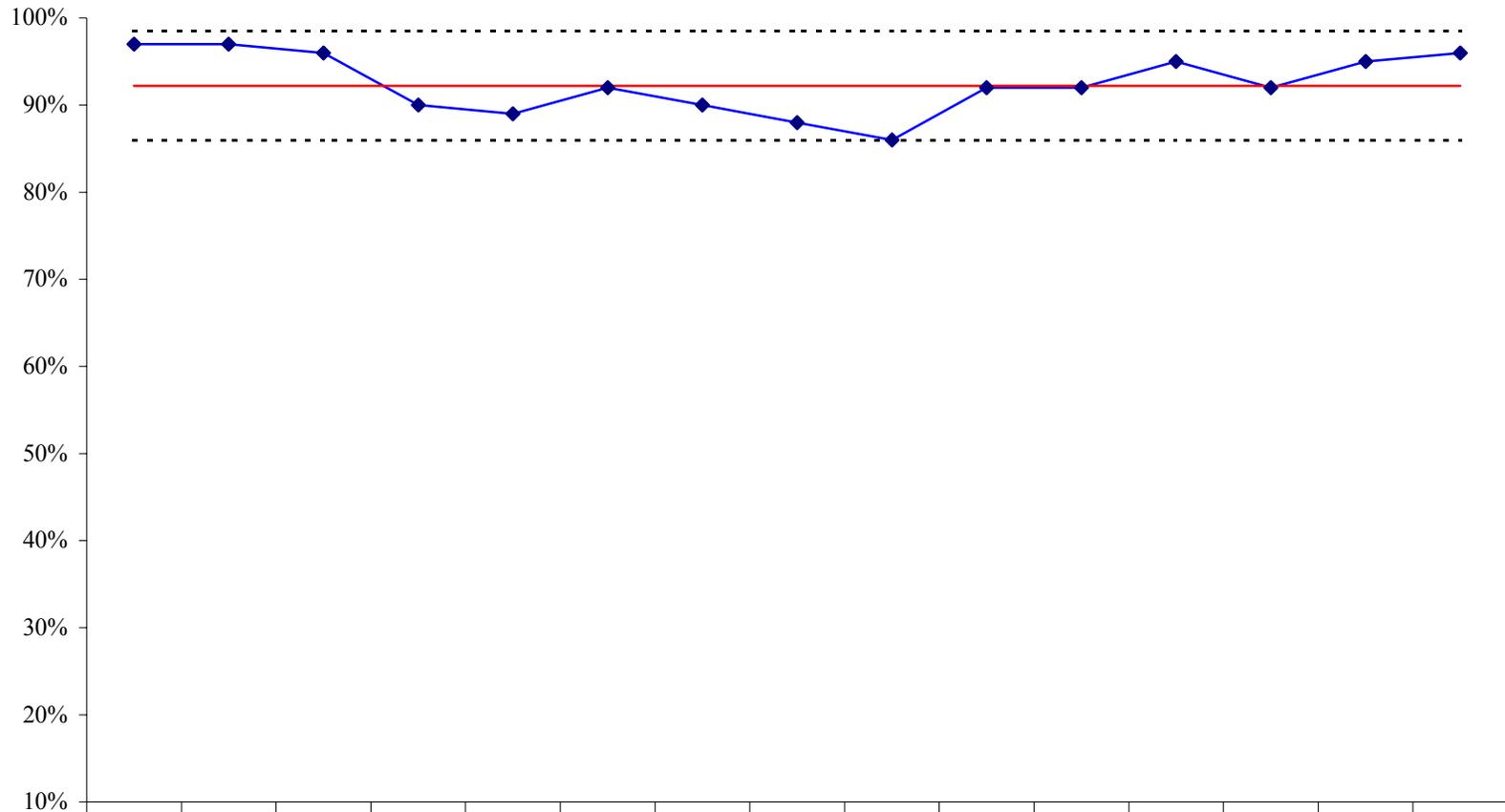
**Objective 8A - Staff Current With CORE and Specialty Training**  
**El Paso Psychiatric Center**



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**

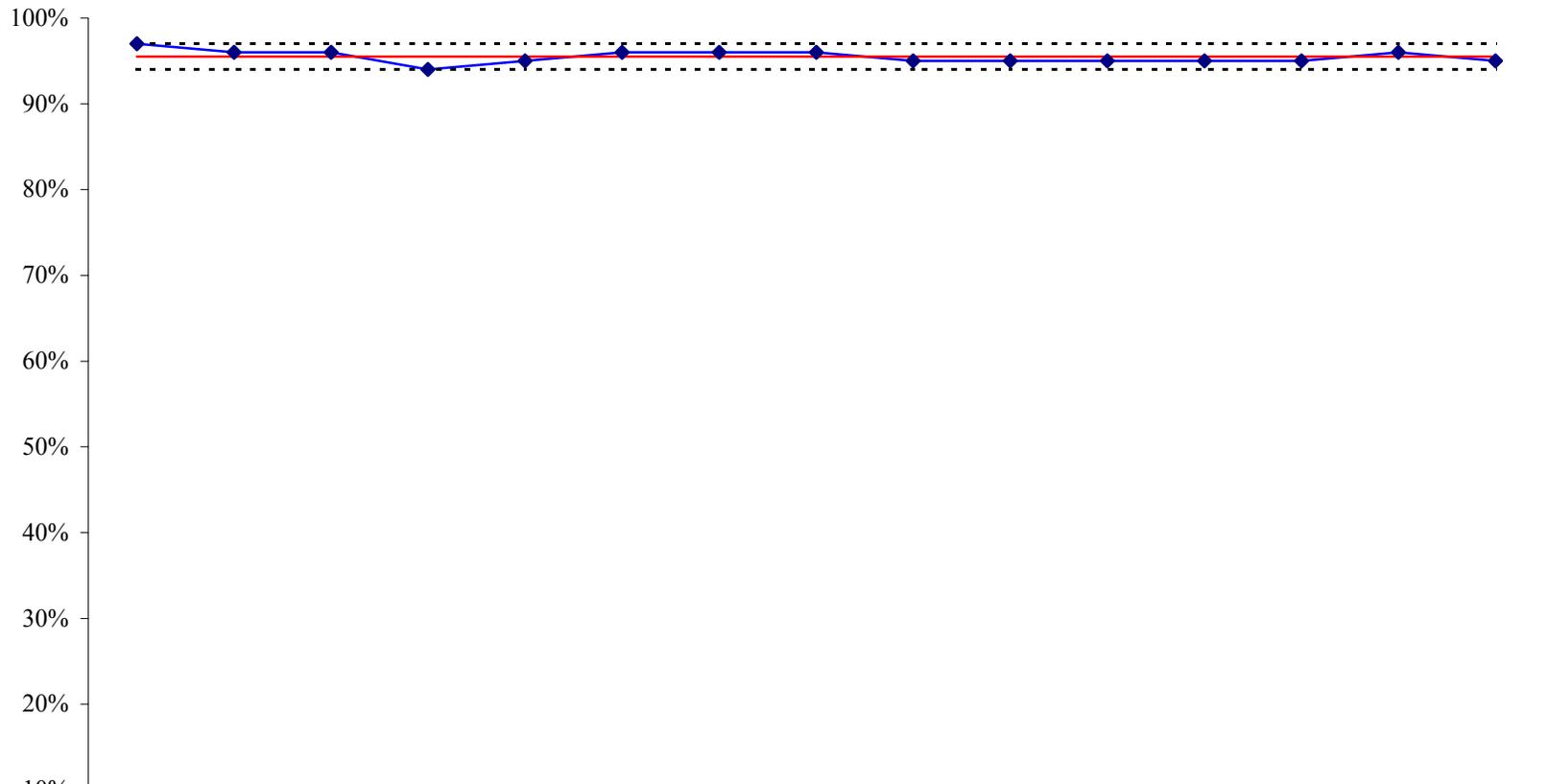


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	97%	96%	90%	89%	92%	90%	88%	86%	92%	92%	95%	92%	95%	96%
-----UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
- - - - -LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

As of September 1, 2007 CORE and Specialty Training reported

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

**Percentage of CORE and Specialty Training Completed**

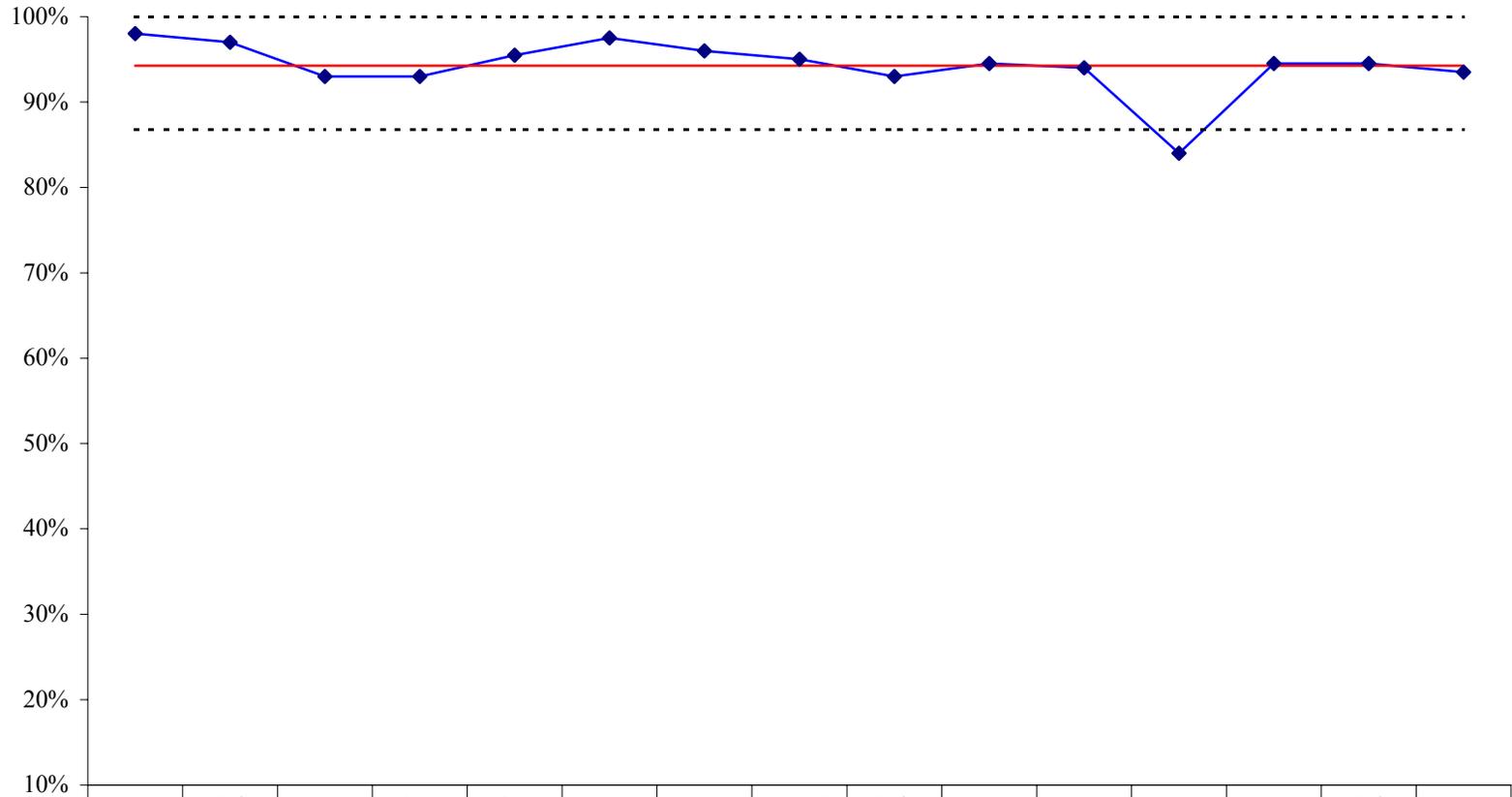


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	96%	96%	94%	95%	96%	96%	96%	95%	95%	95%	95%	95%	96%	95%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	94%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

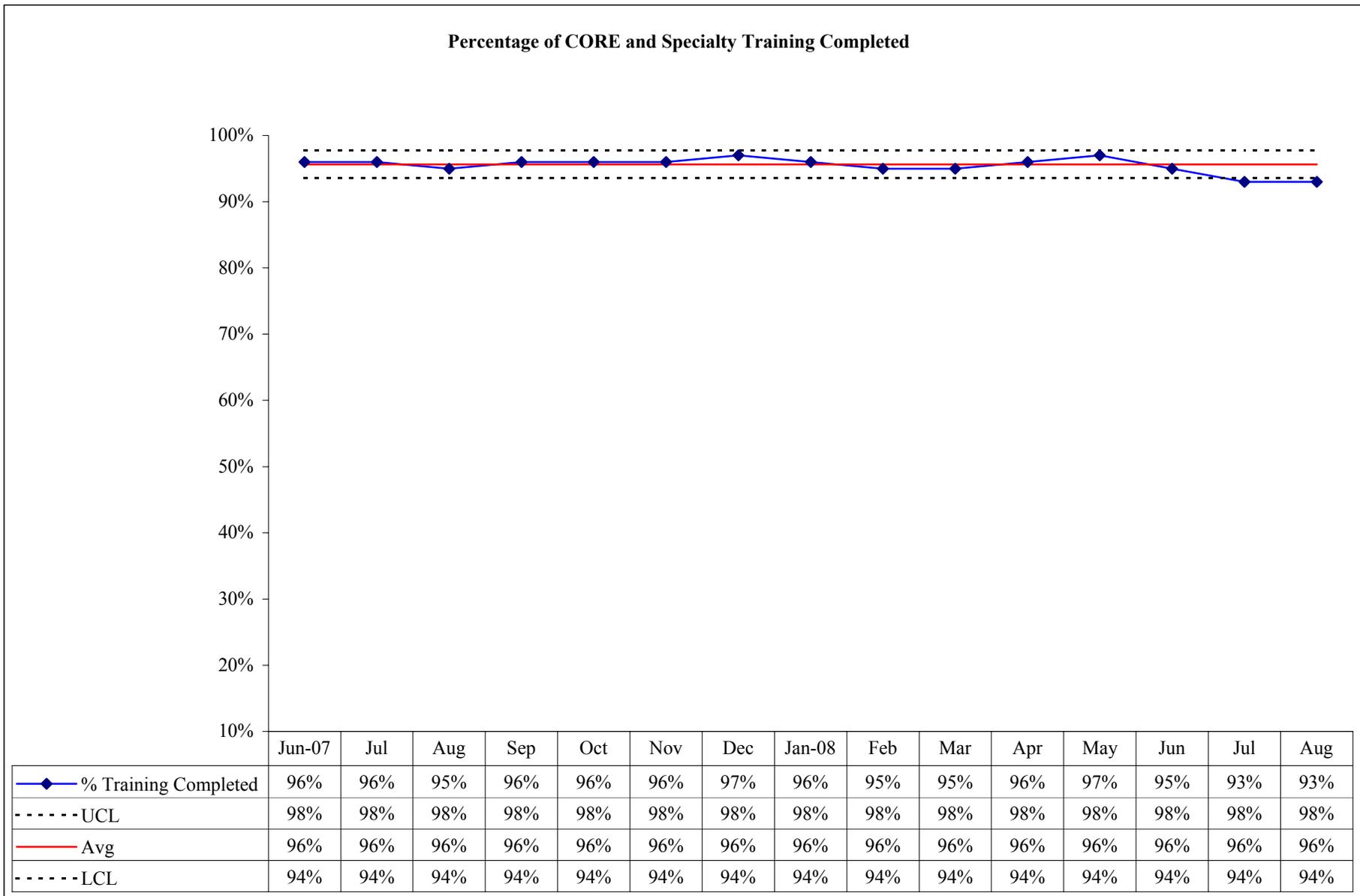
**Percentage of CORE and Specialty Training Completed**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	98%	97%	93%	93%	96%	98%	96%	95%	93%	95%	94%	84%	95%	95%	94%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

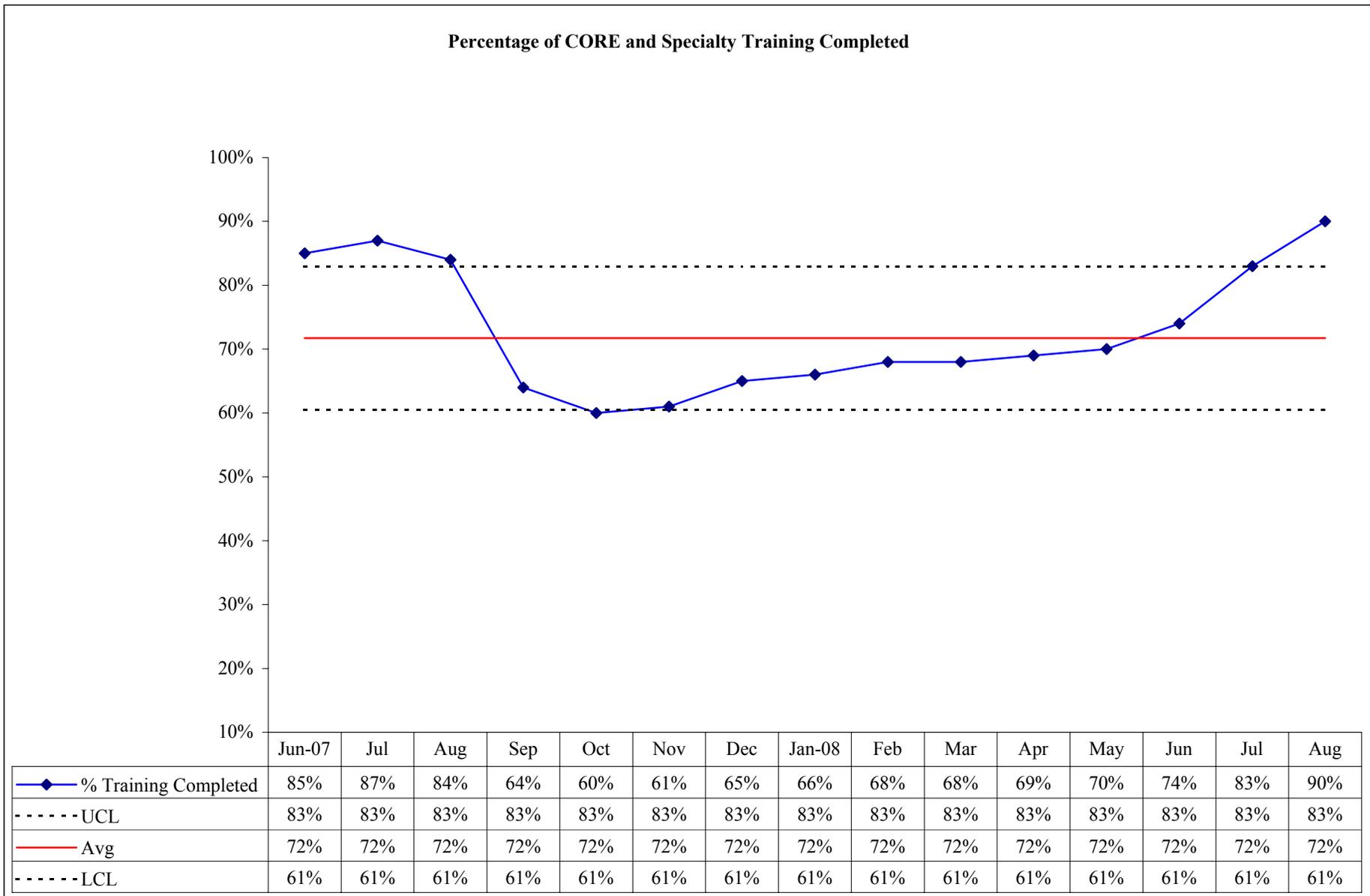
As of September 1, 2007 CORE and Specialty Training reported

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



As of September 1, 2007 CORE and Specialty Training reported

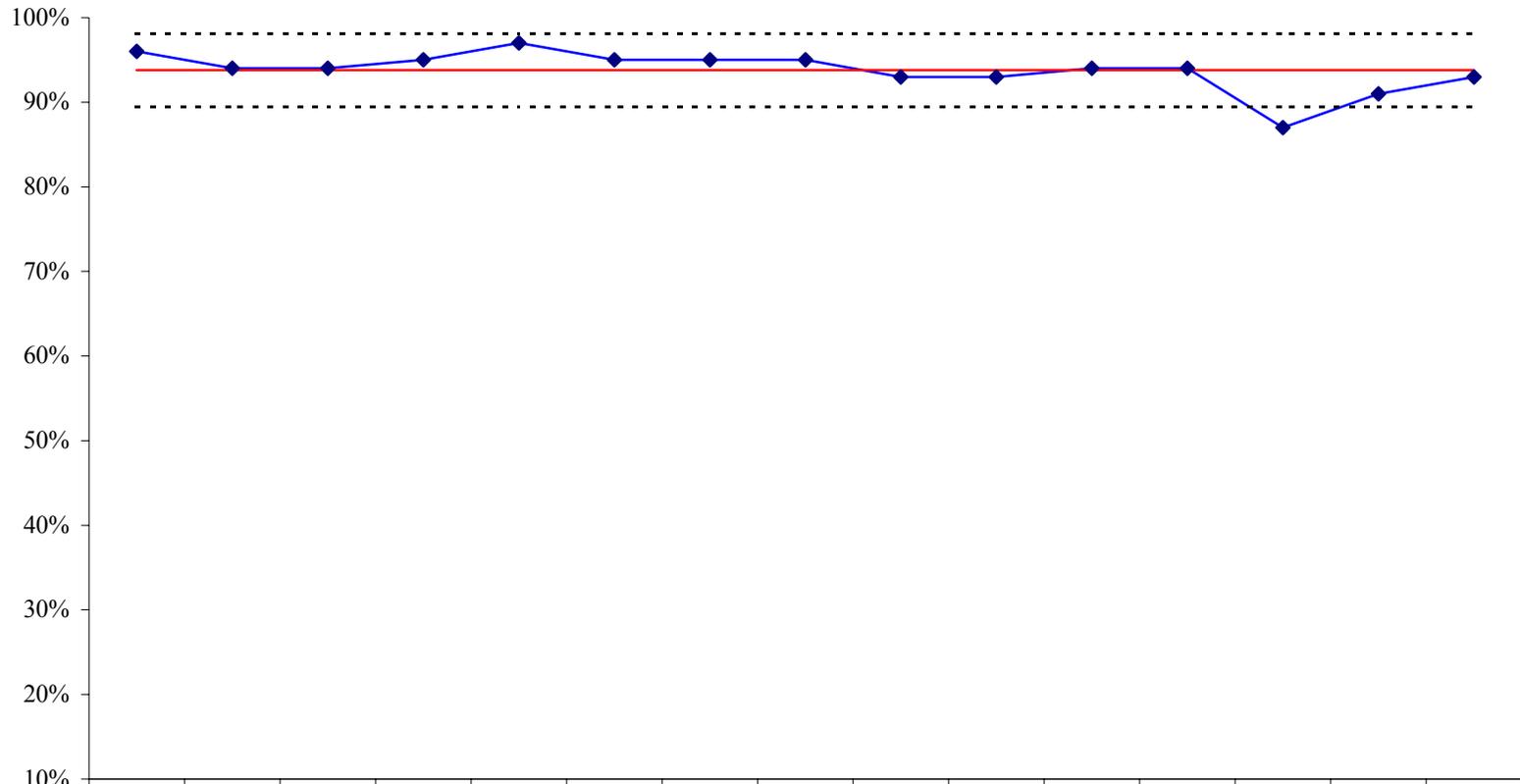
**Objective 8A - Staff Current With CORE and Specialty Training**  
**San Antonio State Hospital**



As of September 1, 2007 CORE and Specialty Training reported

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

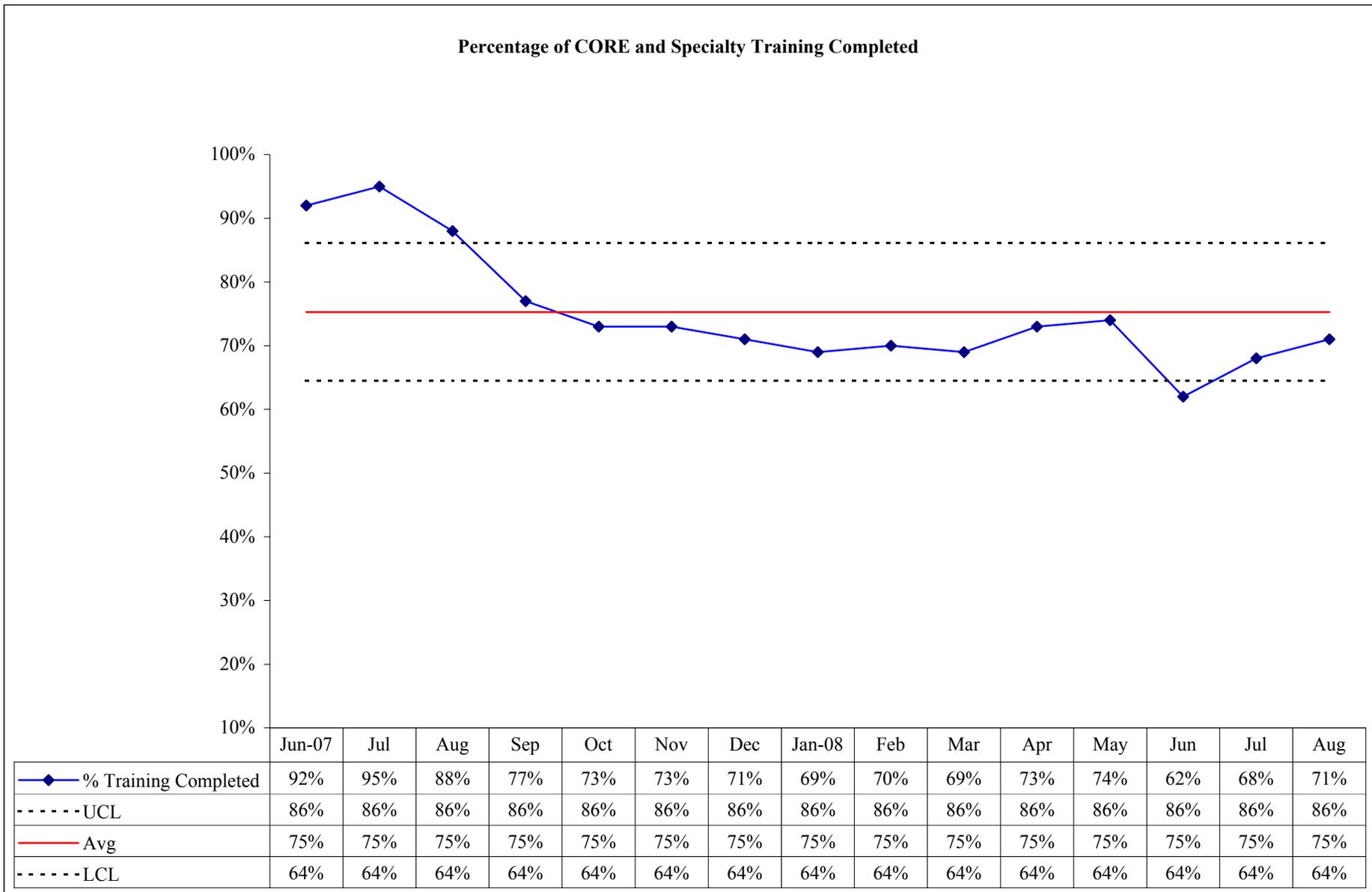
**Percentage of CORE and Specialty Training Completed**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	94%	94%	95%	97%	95%	95%	95%	93%	93%	94%	94%	87%	91%	93%
-----UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
-----LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

As of September 1, 2007 CORE and Specialty Training reported

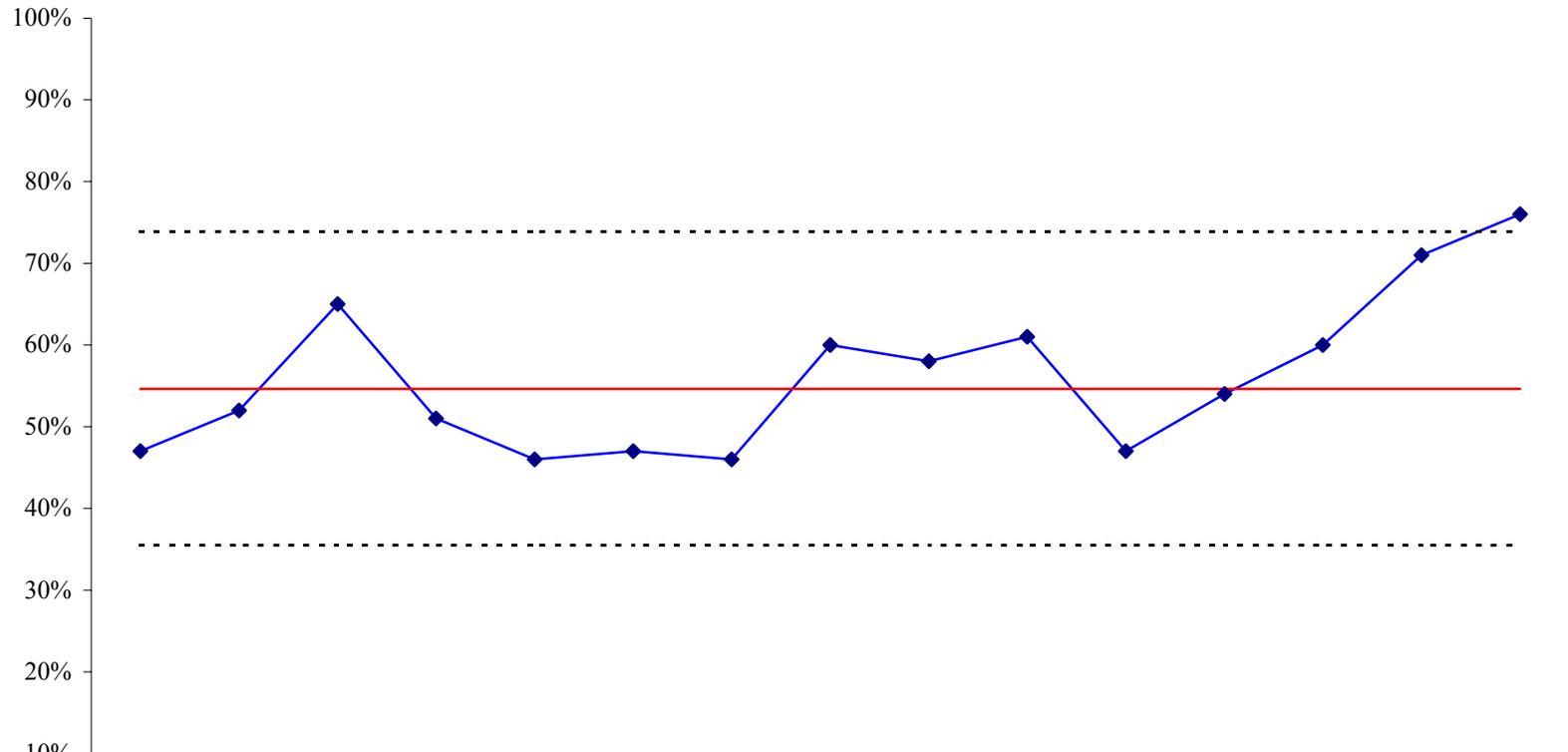
**Objective 8A - Staff Current With CORE and Specialty Training**  
**Waco Center for Youth**



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**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	47%	52%	65%	51%	46%	47%	46%	60%	58%	61%	47%	54%	60%	71%	76%
----- UCL	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%
— Avg	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
----- LCL	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%

As of September 1, 2007 CORE and Specialty Training reported

**Performance Measure 8A:**

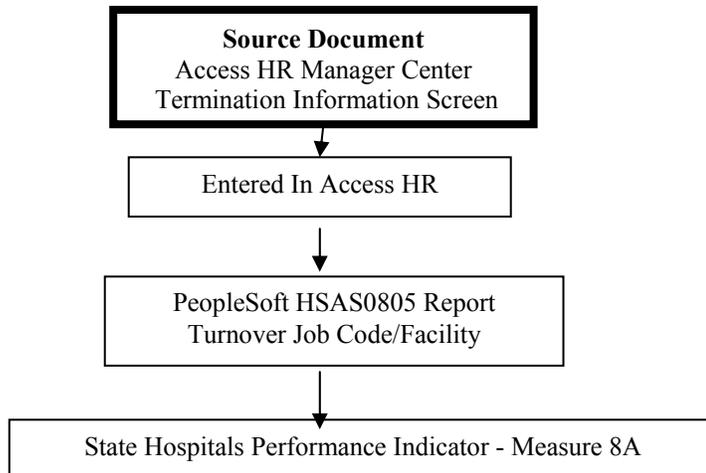
**“Staff Turnover” rates for critical shortage staff will be maintained and reported.**

**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.

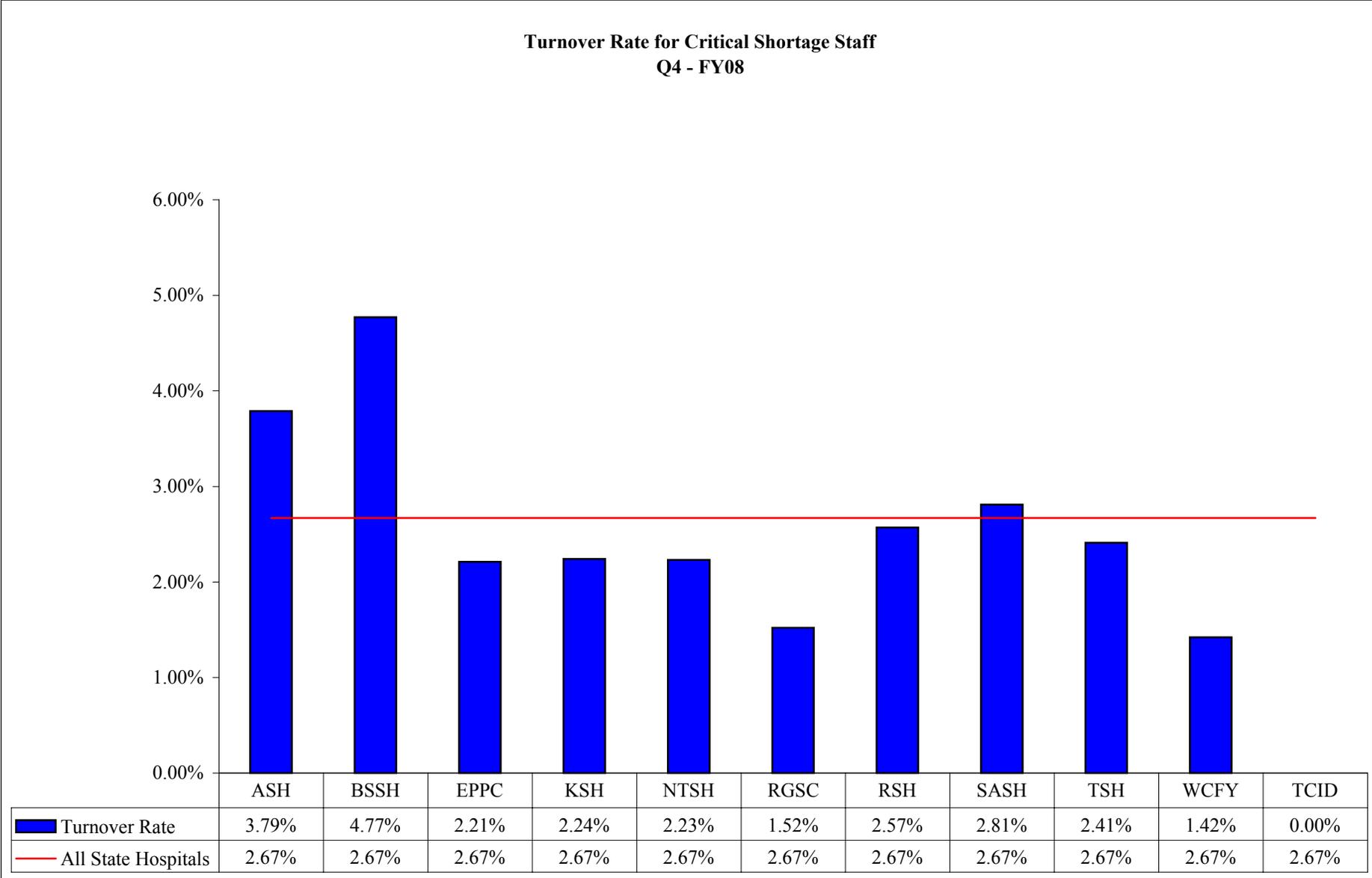
**Performance Measure Formula:** The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

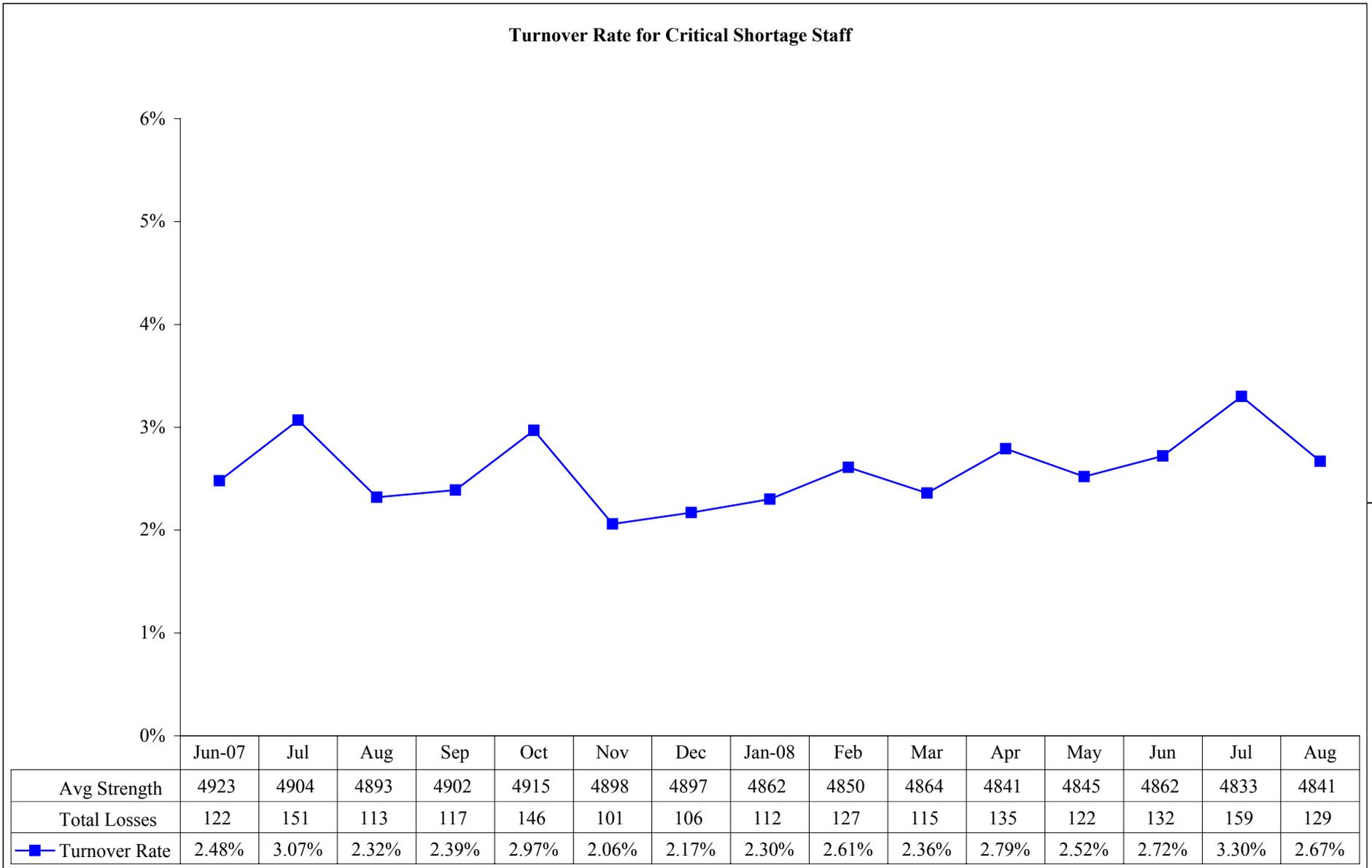
**Data Flow:**



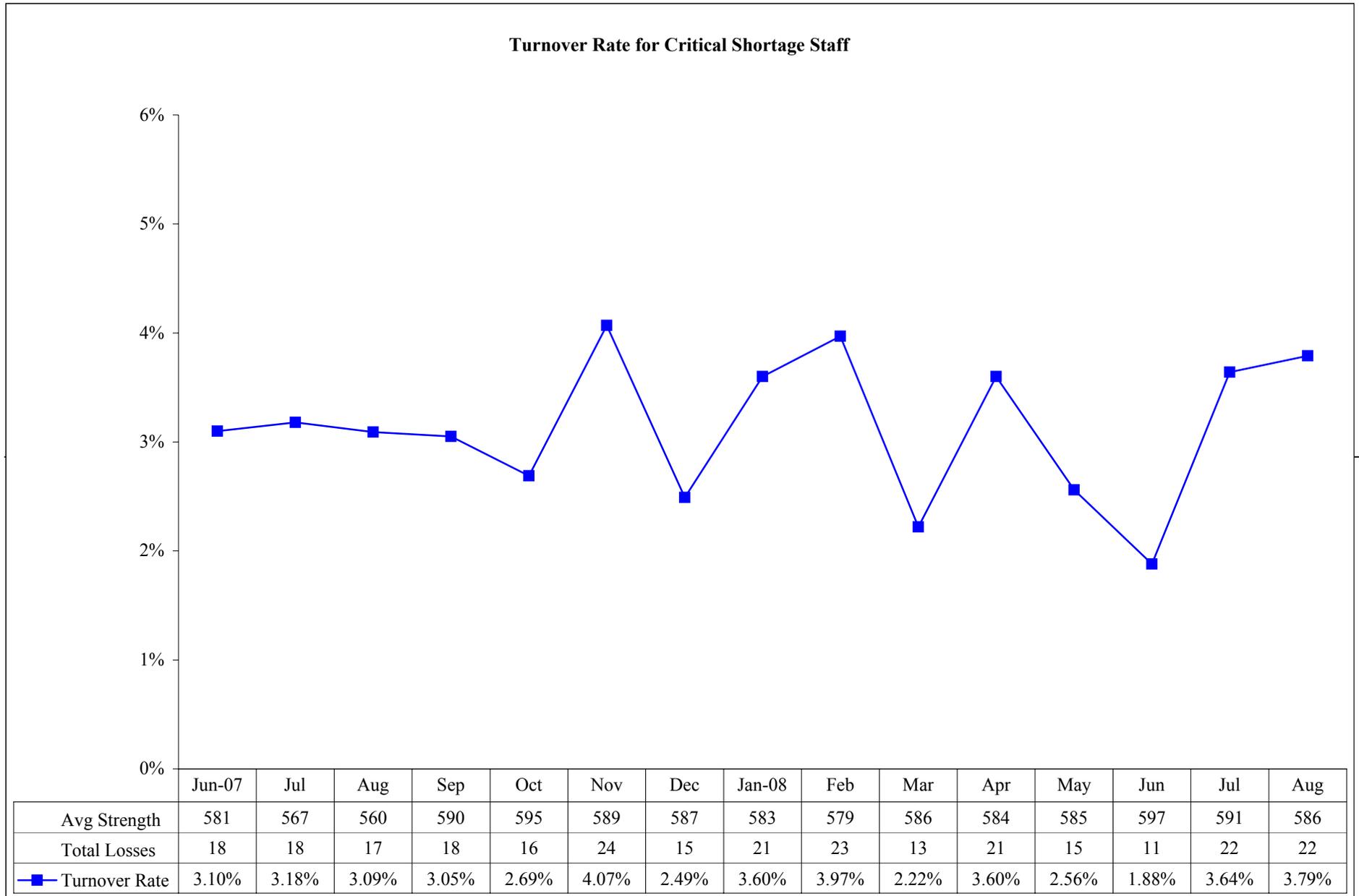
**Measure 8A - Turnover Rate for Critical Shortage Staff  
All State Hospitals - As of August 31, 2008**



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

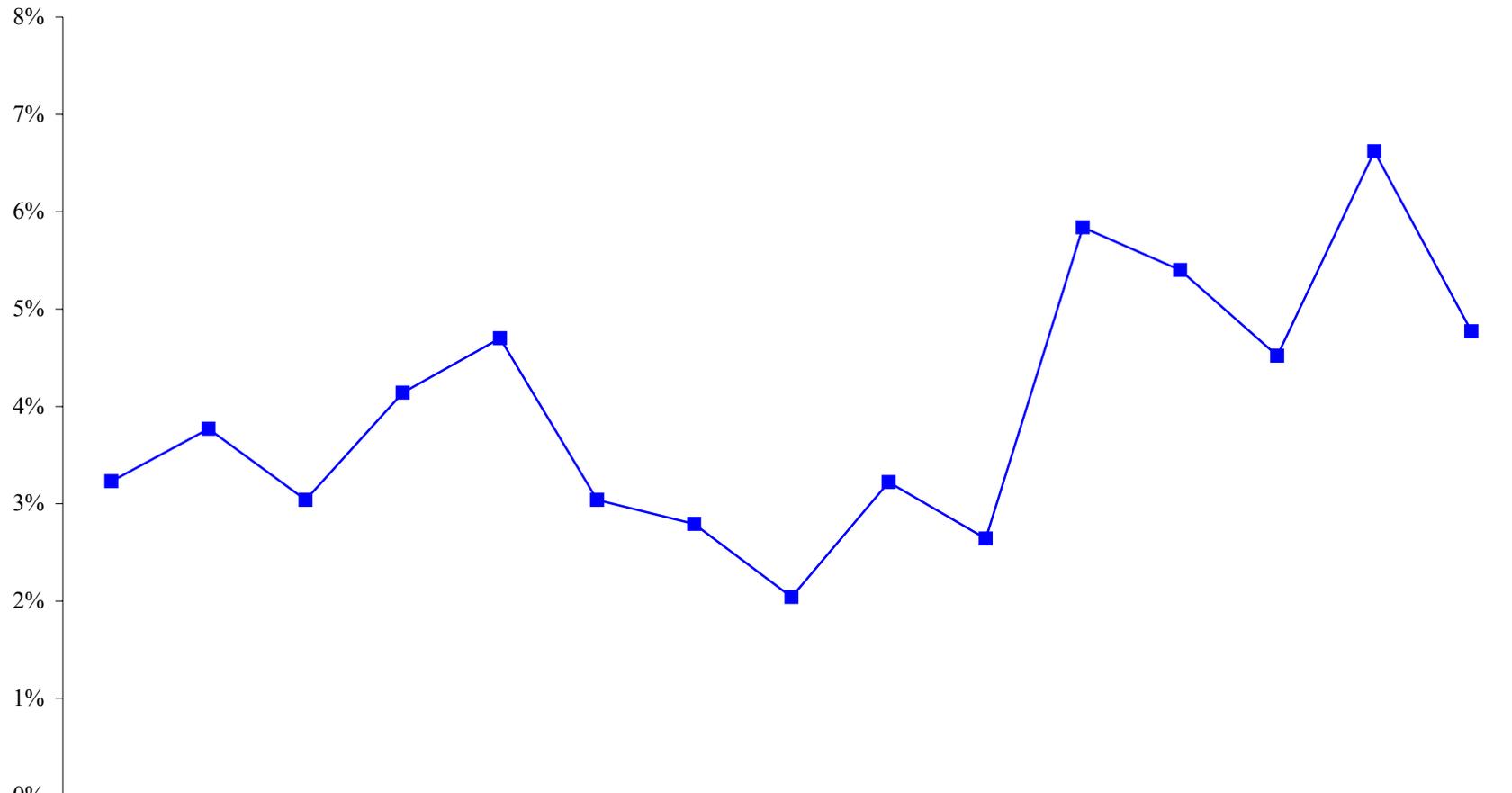


**Measure 8A - Turnover Rate for Critical Shortage Staff  
Austin State Hospital**



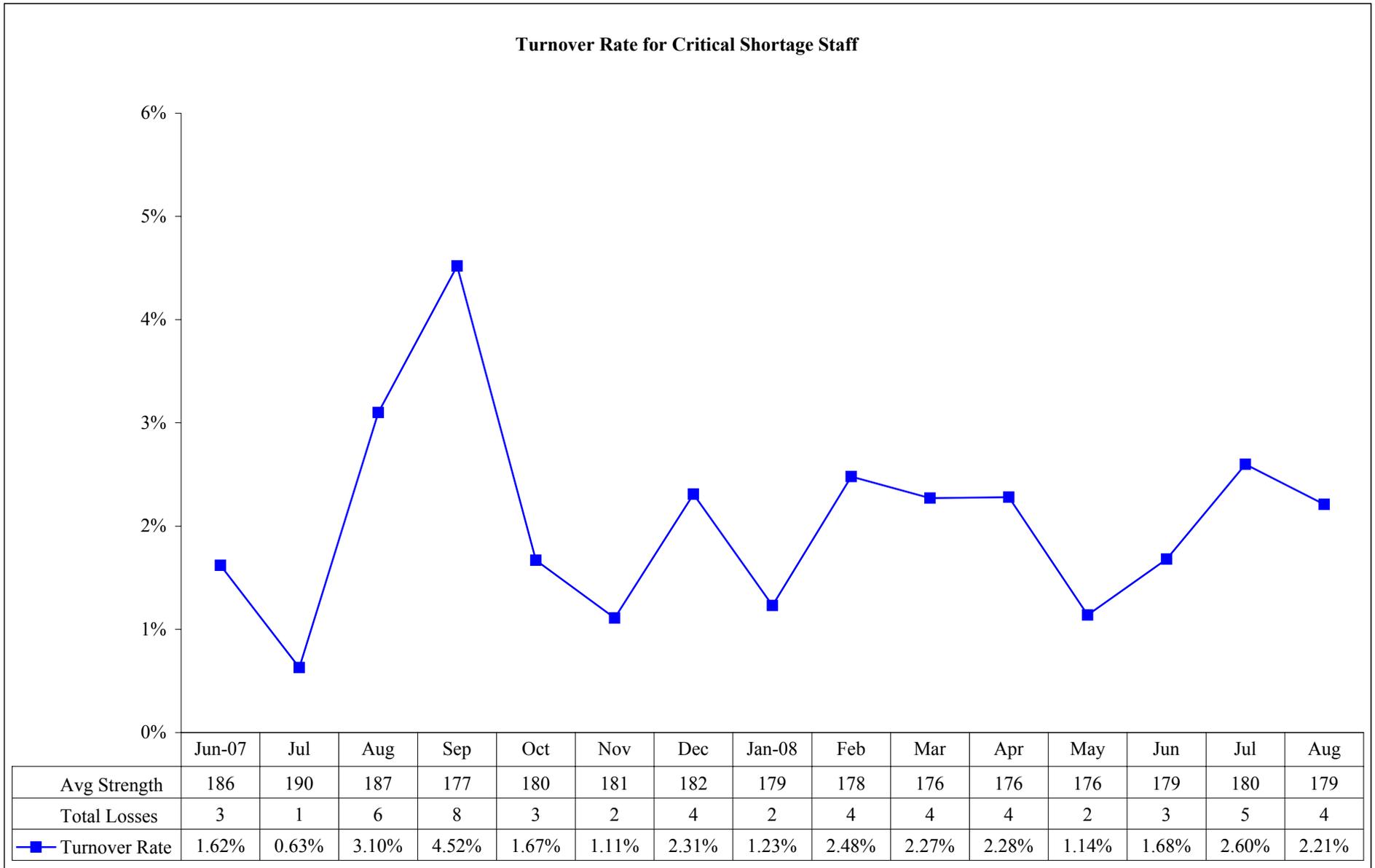
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Big Spring State Hospital**

**Turnover Rate for Critical Shortage Staff**



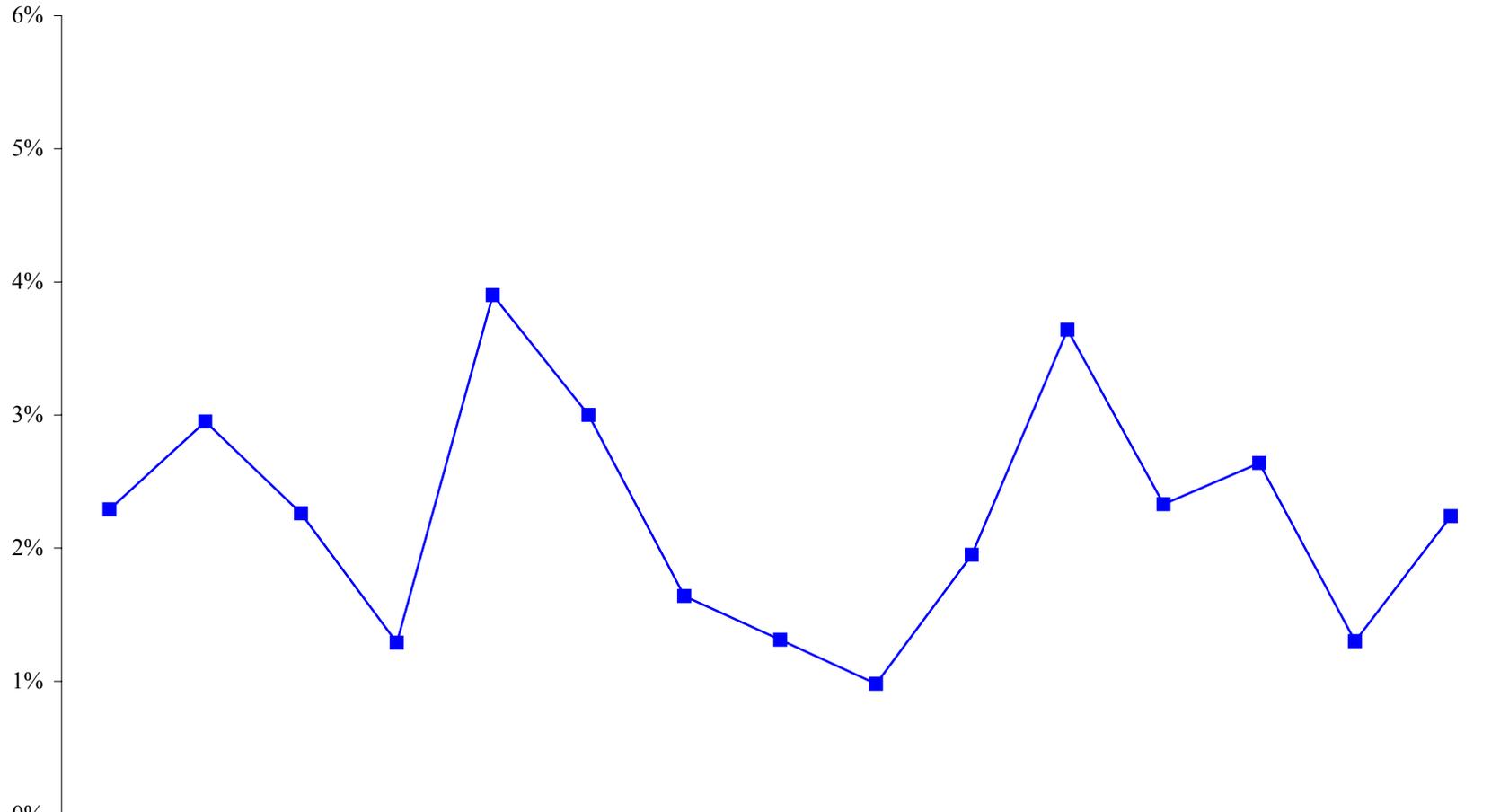
	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	372	371	361	362	362	362	359	362	373	379	377	370	376	378	377
Total Losses	12	14	11	15	17	11	10	7	12	10	22	20	17	25	18
■ Turnover Rate	3.23%	3.77%	3.04%	4.14%	4.70%	3.04%	2.79%	2.04%	3.22%	2.64%	5.84%	5.40%	4.52%	6.62%	4.77%

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



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

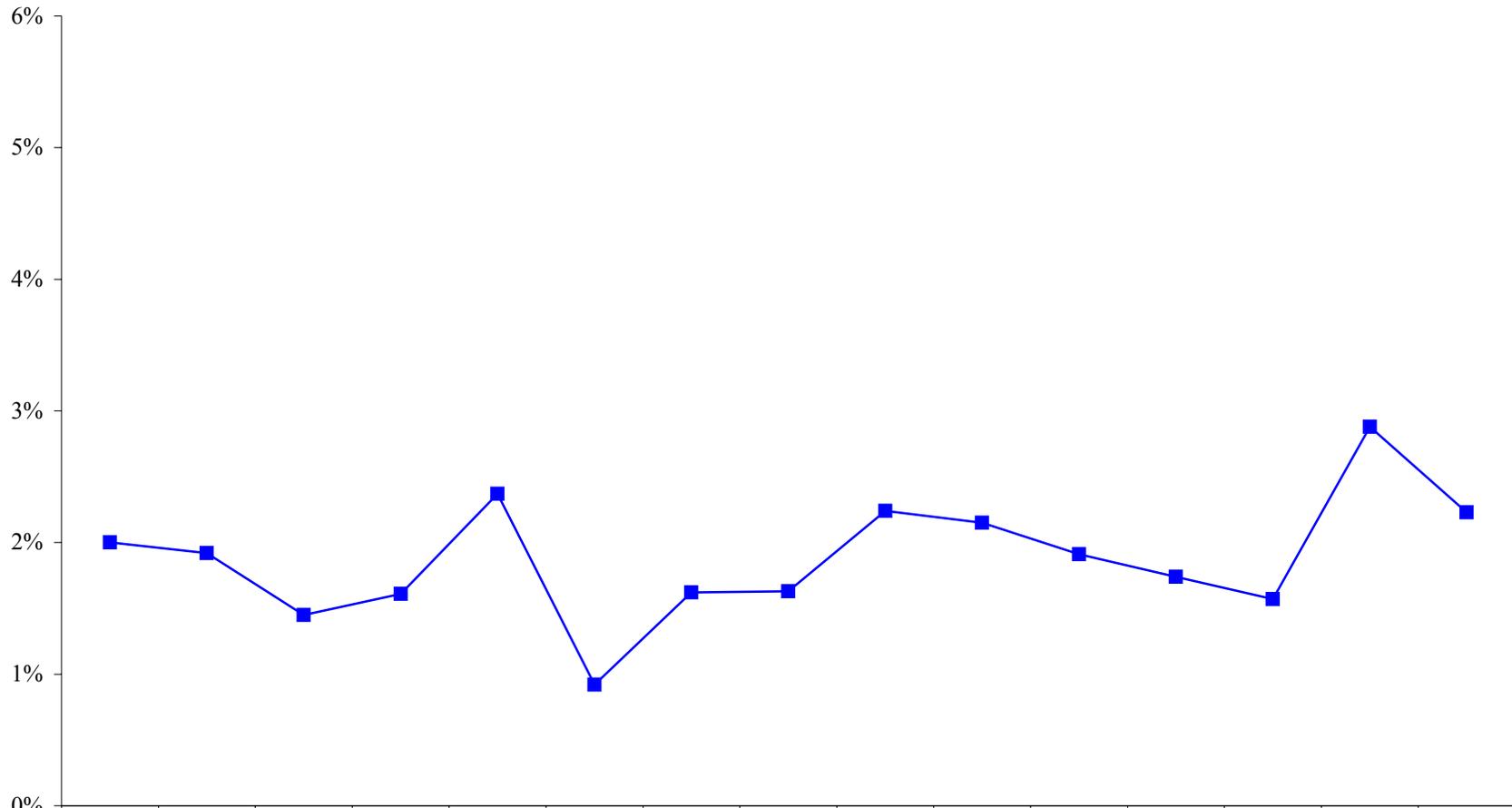
**Turnover Rate for Critical Shortage Staff**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	306	305	310	311	307	300	304	306	306	307	303	300	303	308	312
Total Losses	7	9	7	4	12	9	5	4	3	6	11	7	8	4	7
■ Turnover Rate	2.29%	2.95%	2.26%	1.29%	3.90%	3.00%	1.64%	1.31%	0.98%	1.95%	3.64%	2.33%	2.64%	1.30%	2.24%

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

**Turnover Rate for Critical Shortage Staff**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	1300	1301	1308	1308	1310	1305	1296	1286	1272	1259	1256	1264	1271	1252	1257
Total Losses	26	25	19	21	31	12	21	21	29	27	24	22	20	36	28
■ Turnover Rate	2.00%	1.92%	1.45%	1.61%	2.37%	0.92%	1.62%	1.63%	2.24%	2.15%	1.91%	1.74%	1.57%	2.88%	2.23%

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

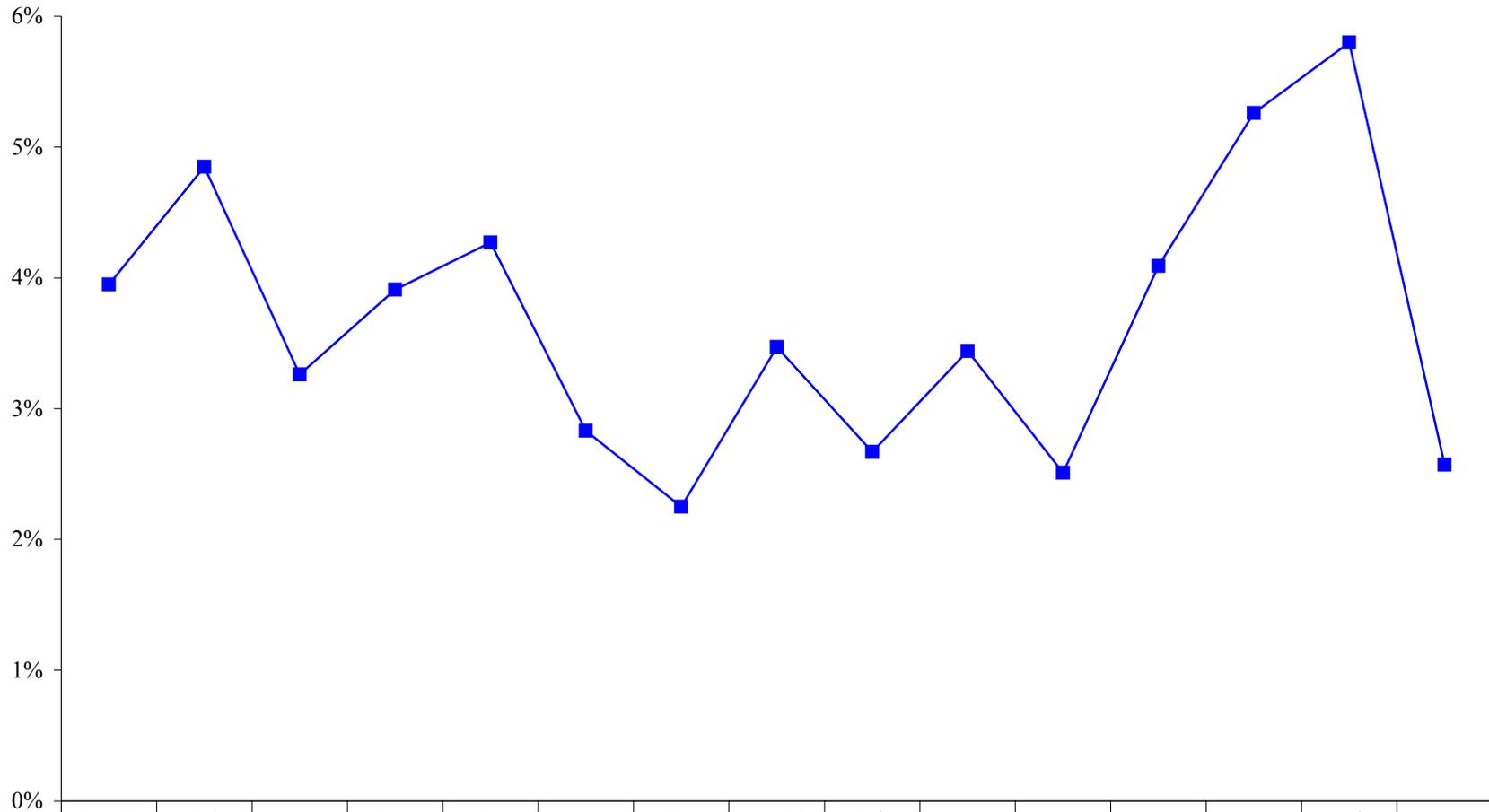
**Turnover Rate for Critical Shortage Staff**



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	231	228	224	215	222	223	218	216	218	218	216	214	214	212	213
Total Losses	5	7	7	1	7	5	6	3	8	3	6	3	3	7	3
■ Turnover Rate	2.16%	3.07%	3.13%	0.46%	3.15%	2.24%	2.75%	1.39%	3.67%	1.37%	2.77%	1.40%	1.40%	3.06%	1.52%

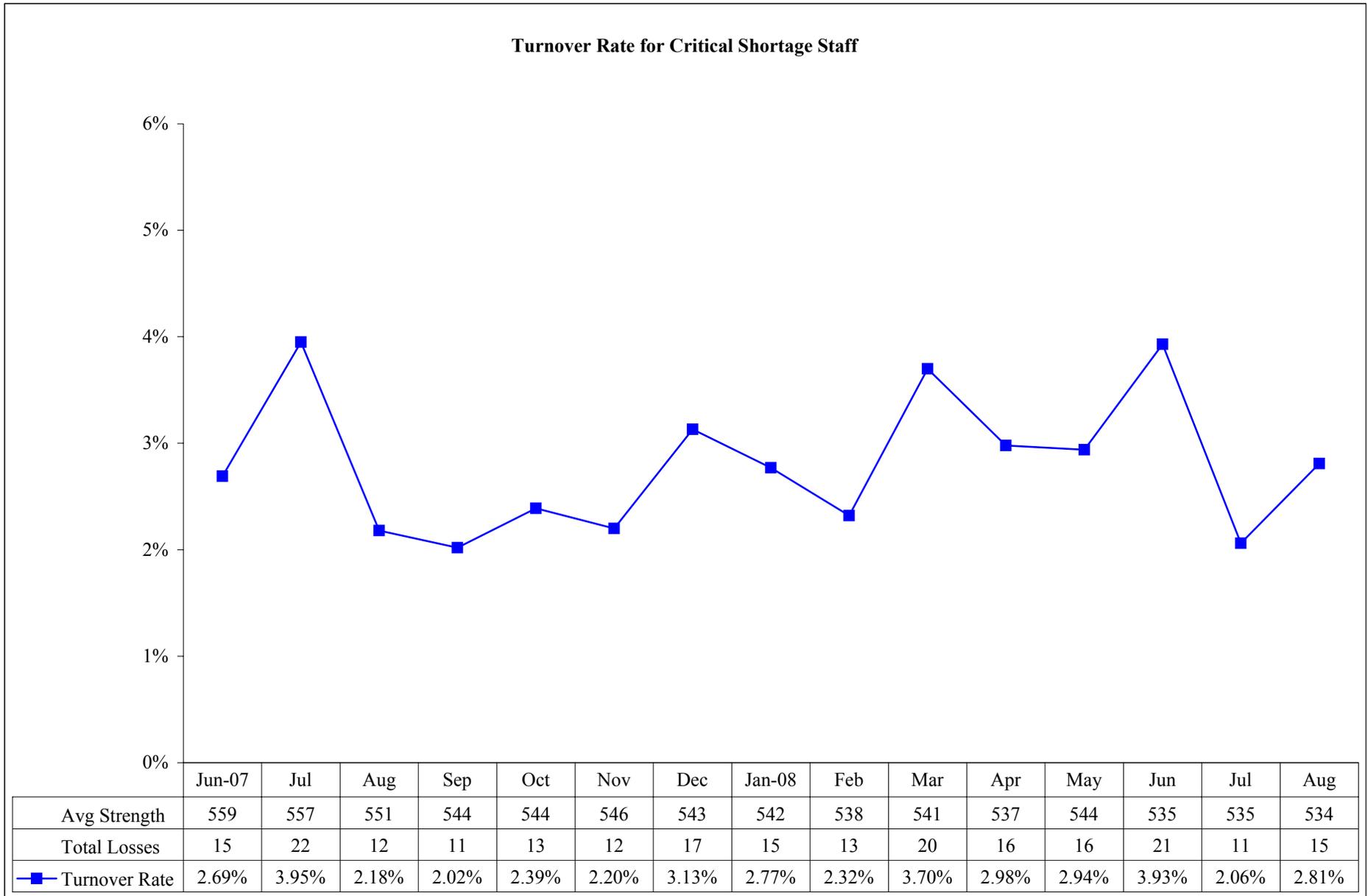
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**Rusk State Hospital**

**Turnover Rate for Critical Shortage Staff**

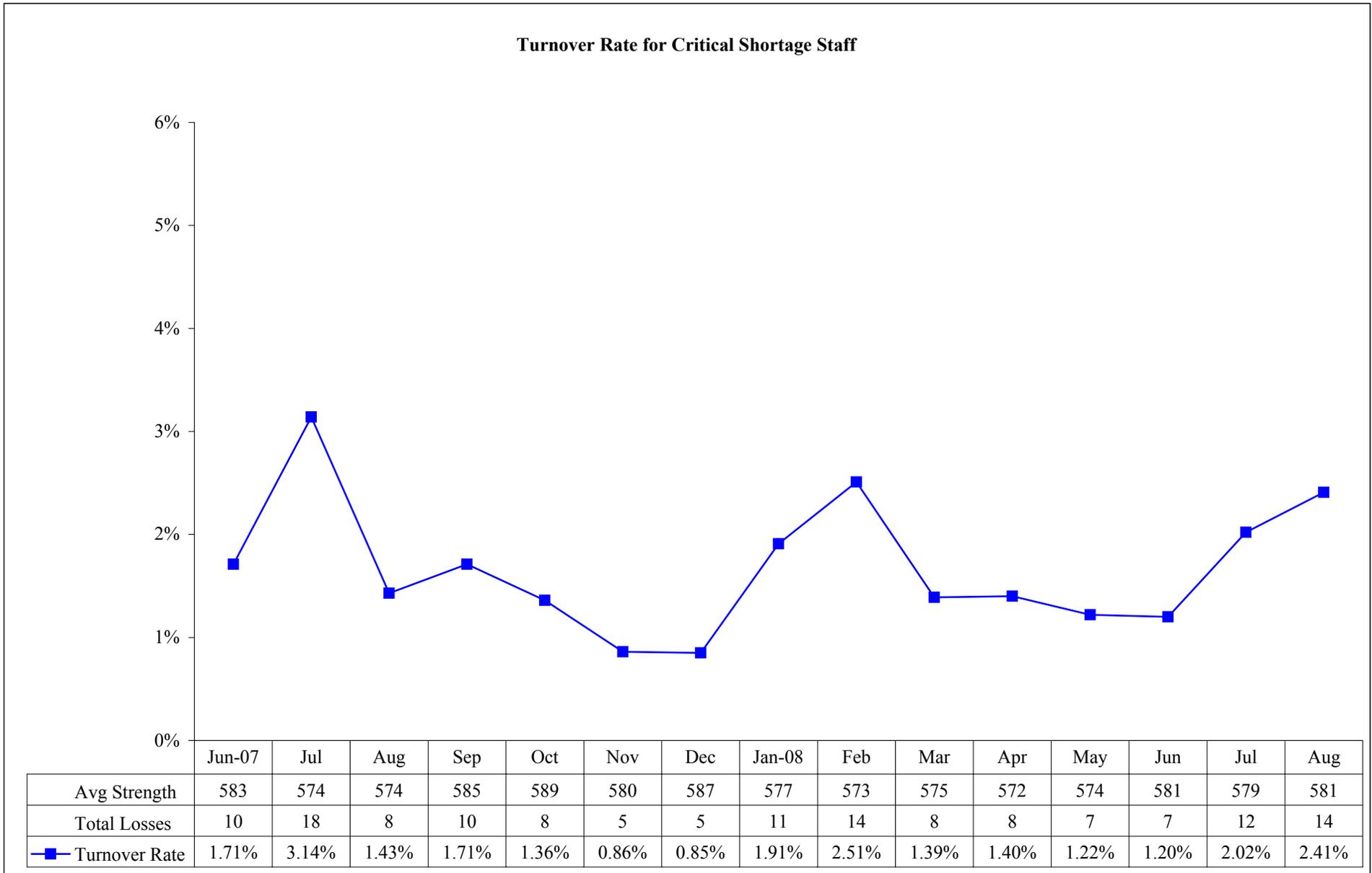


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	632	639	645	639	632	637	645	635	636	640	638	635	628	621	622
Total Losses	25	31	21	25	27	18	15	22	17	22	16	26	33	36	16
■ Turnover Rate	3.95%	4.85%	3.26%	3.91%	4.27%	2.83%	2.25%	3.47%	2.67%	3.44%	2.51%	4.09%	5.26%	5.80%	2.57%

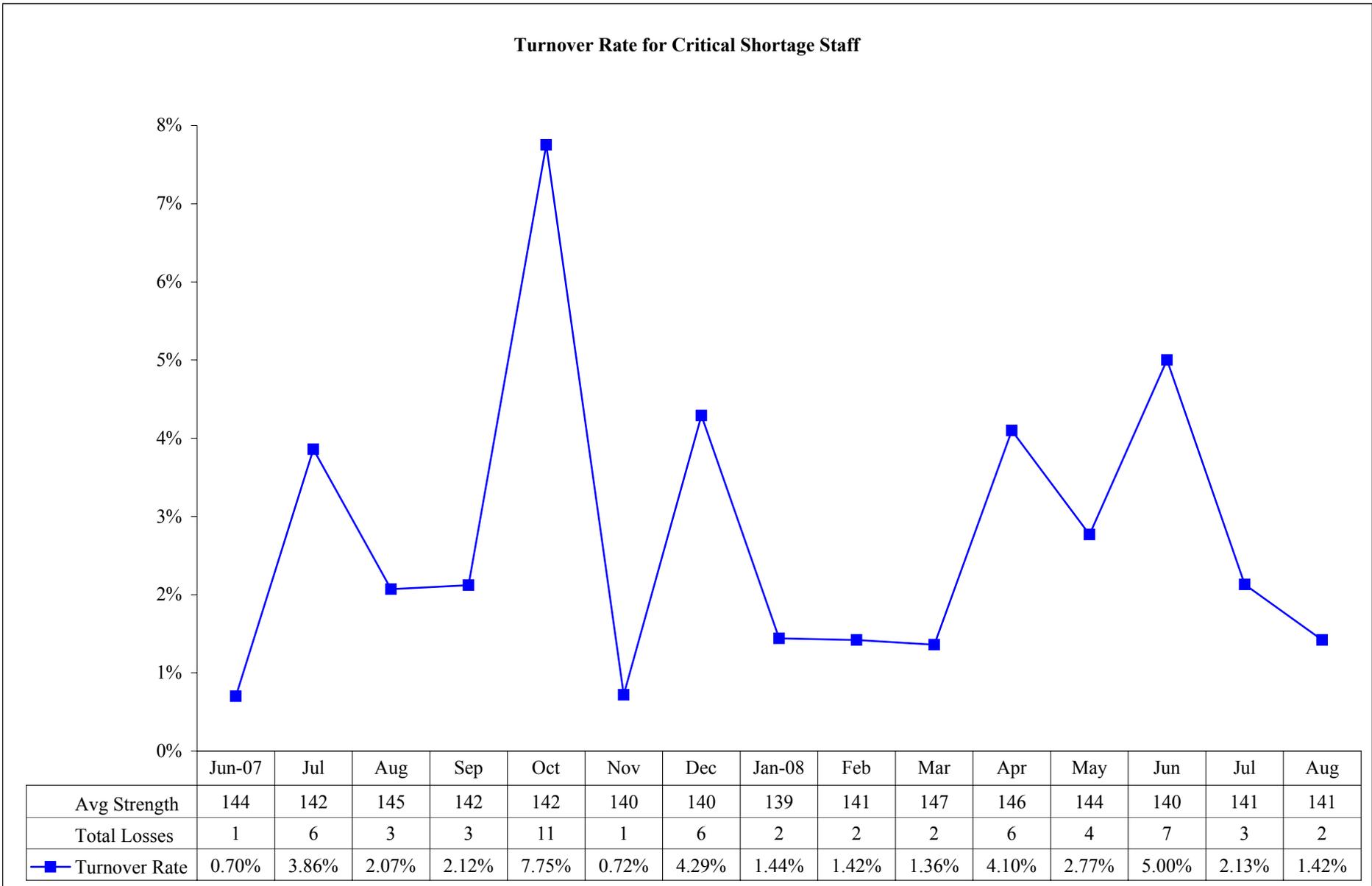
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**San Antonio State Hospital**



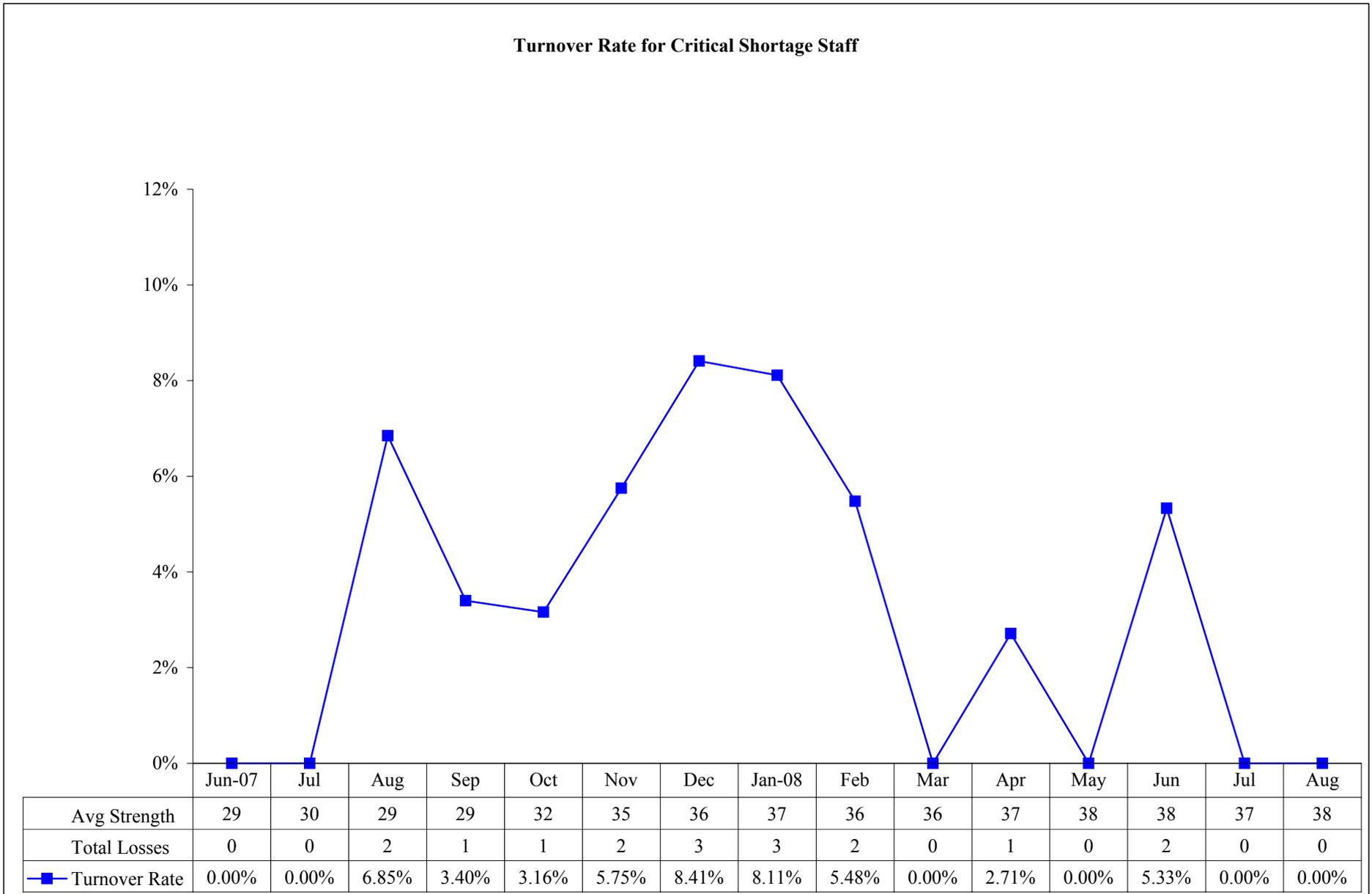
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Terrell State Hospital**



**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.**

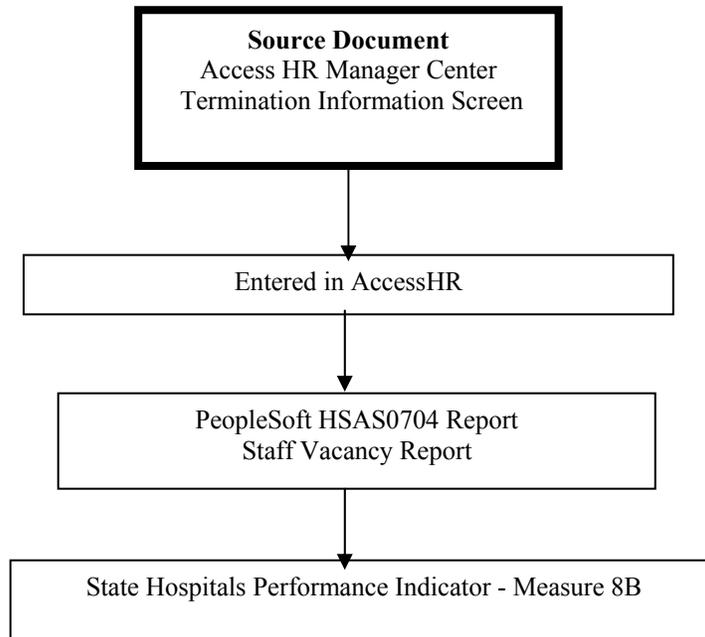
**Performance Measure Operational Definition:** The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

**Performance Measure Formula:**

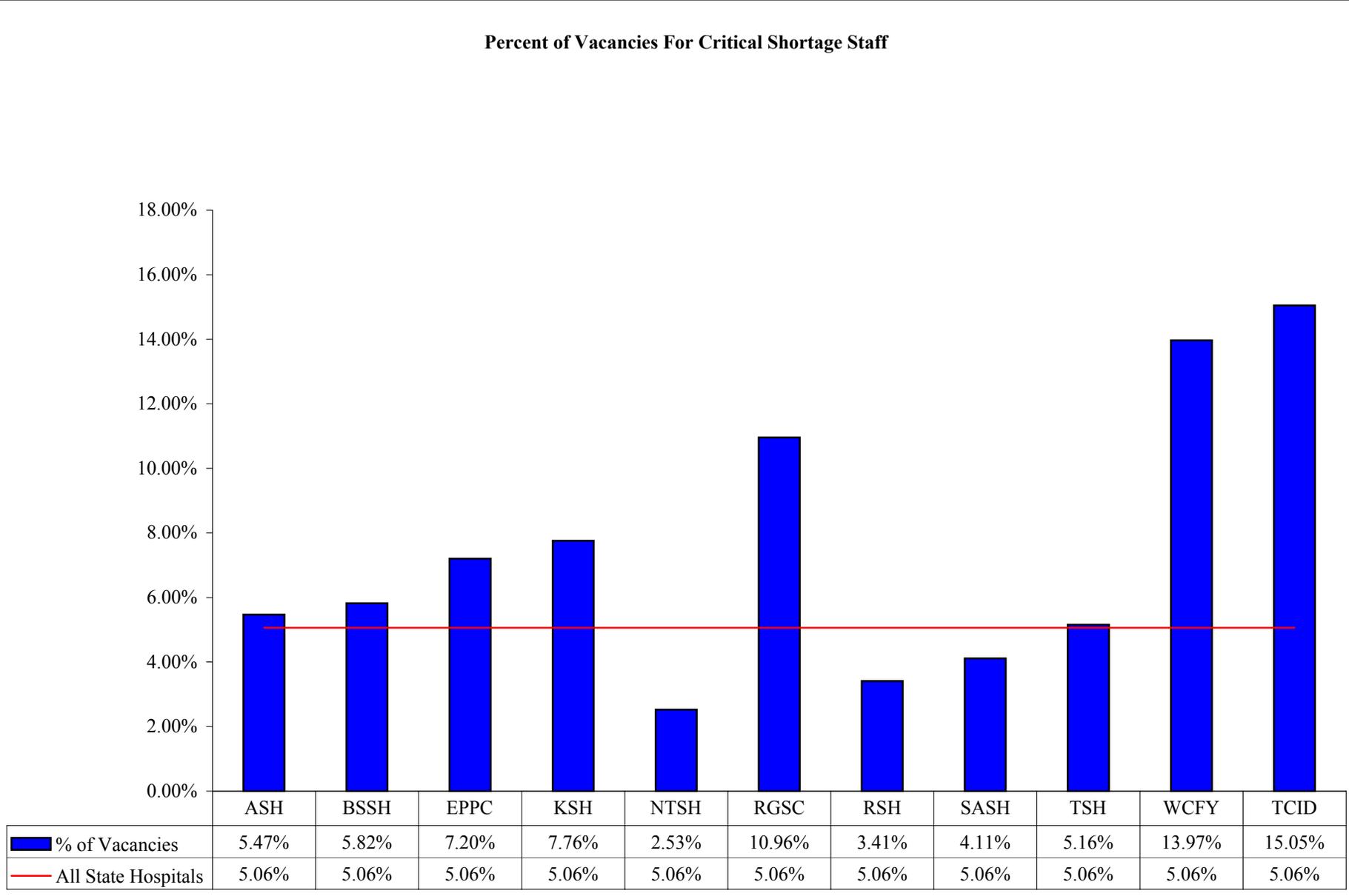
**Performance Measure Data Display and Chart Description:**

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

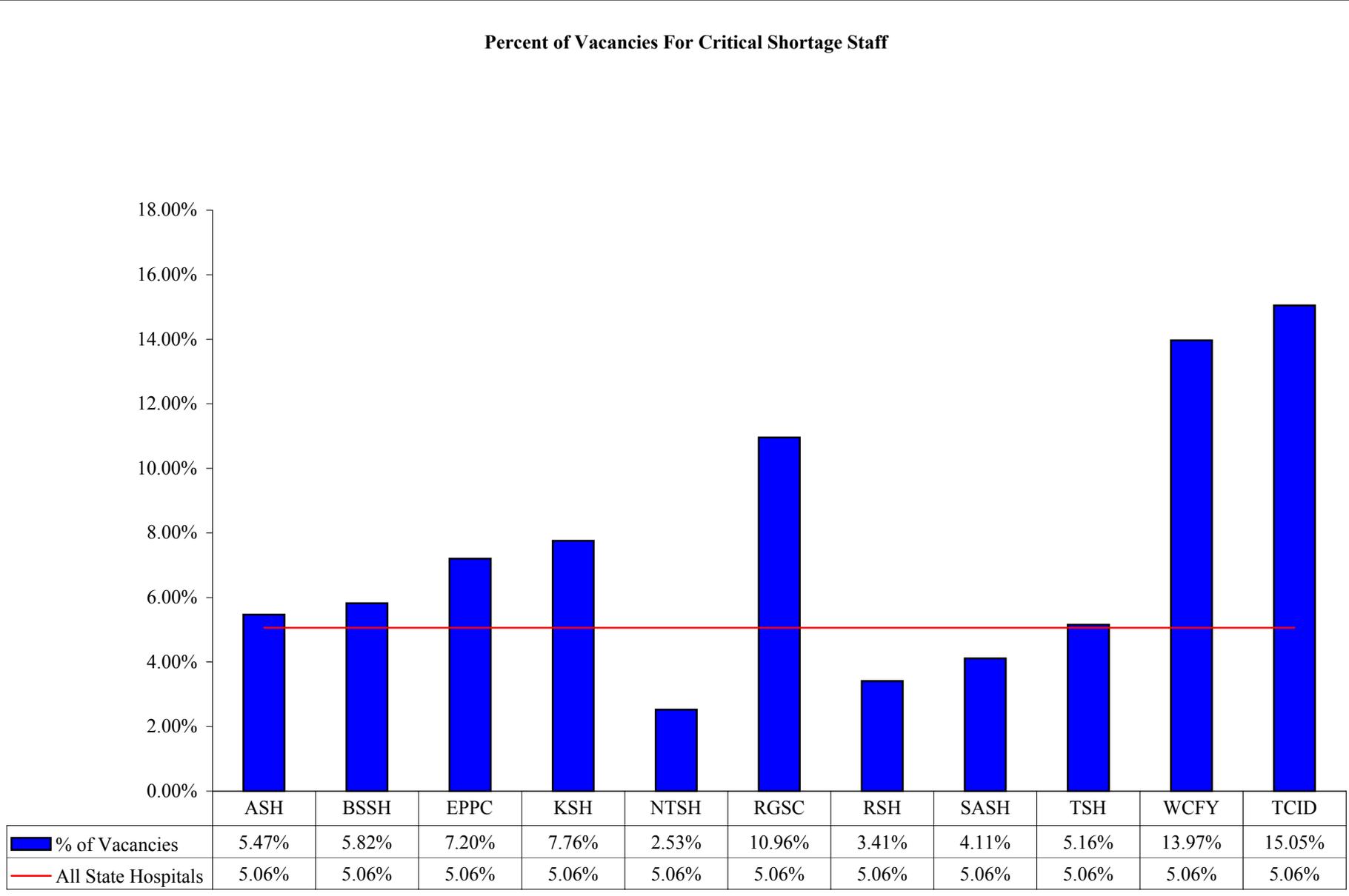
**Data Flow:**



**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of August 31, 2008**

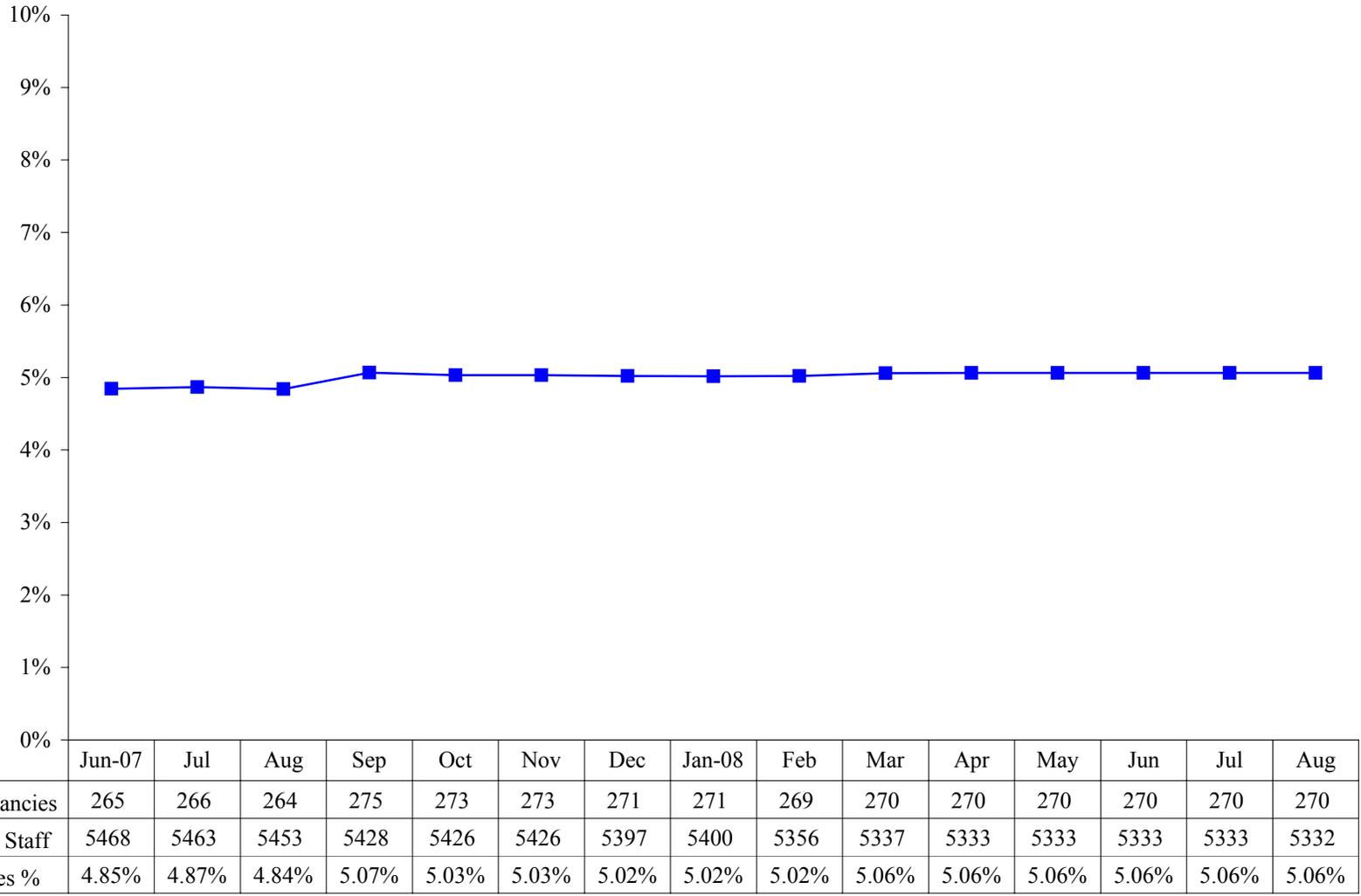


**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of August 31, 2008**

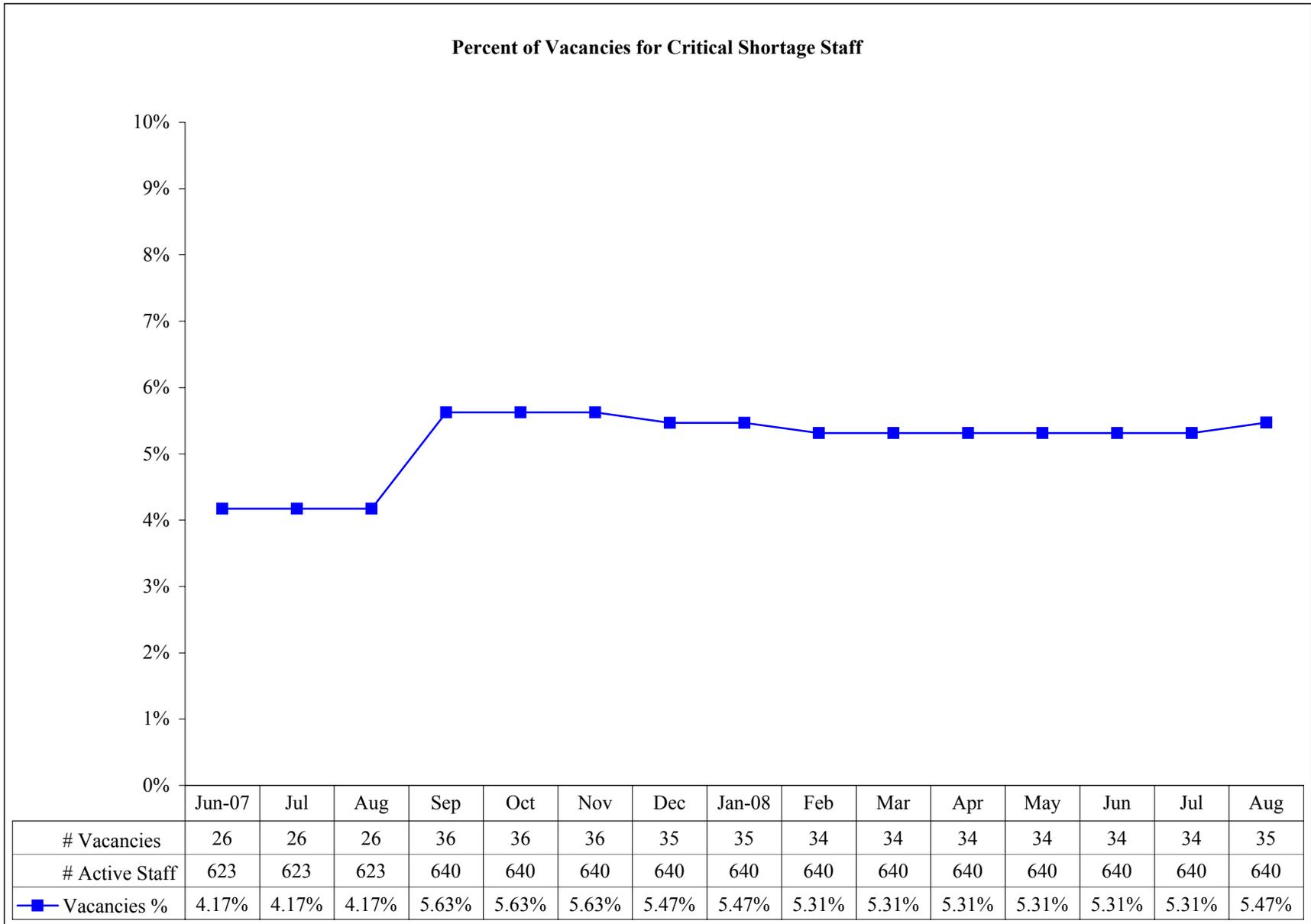


**Measure 8B - Vacancies for Critical Shortage Staff**  
**All State Hospitals**

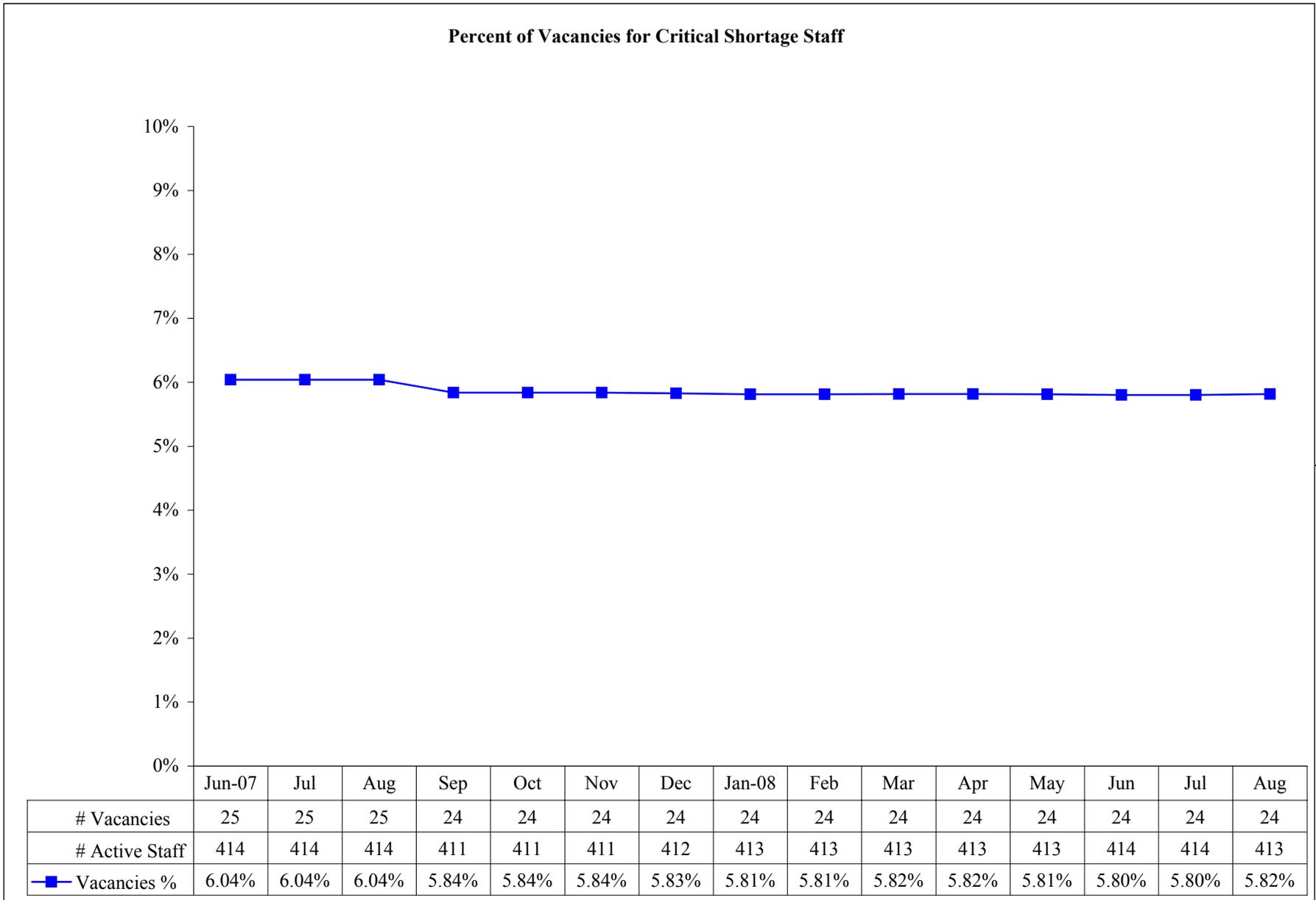
**Percent of Vacancies for Critical Shortage Staff**



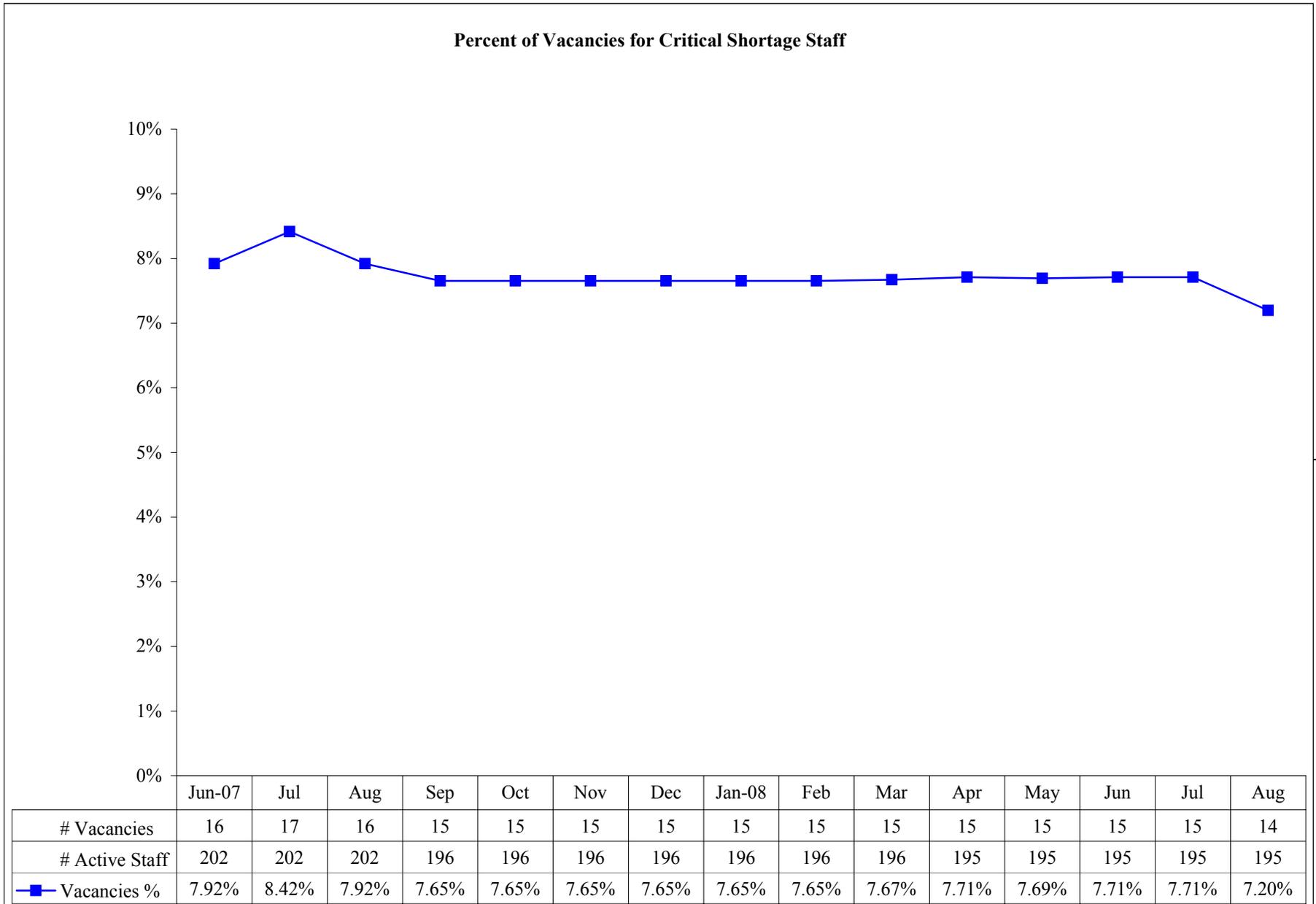
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**



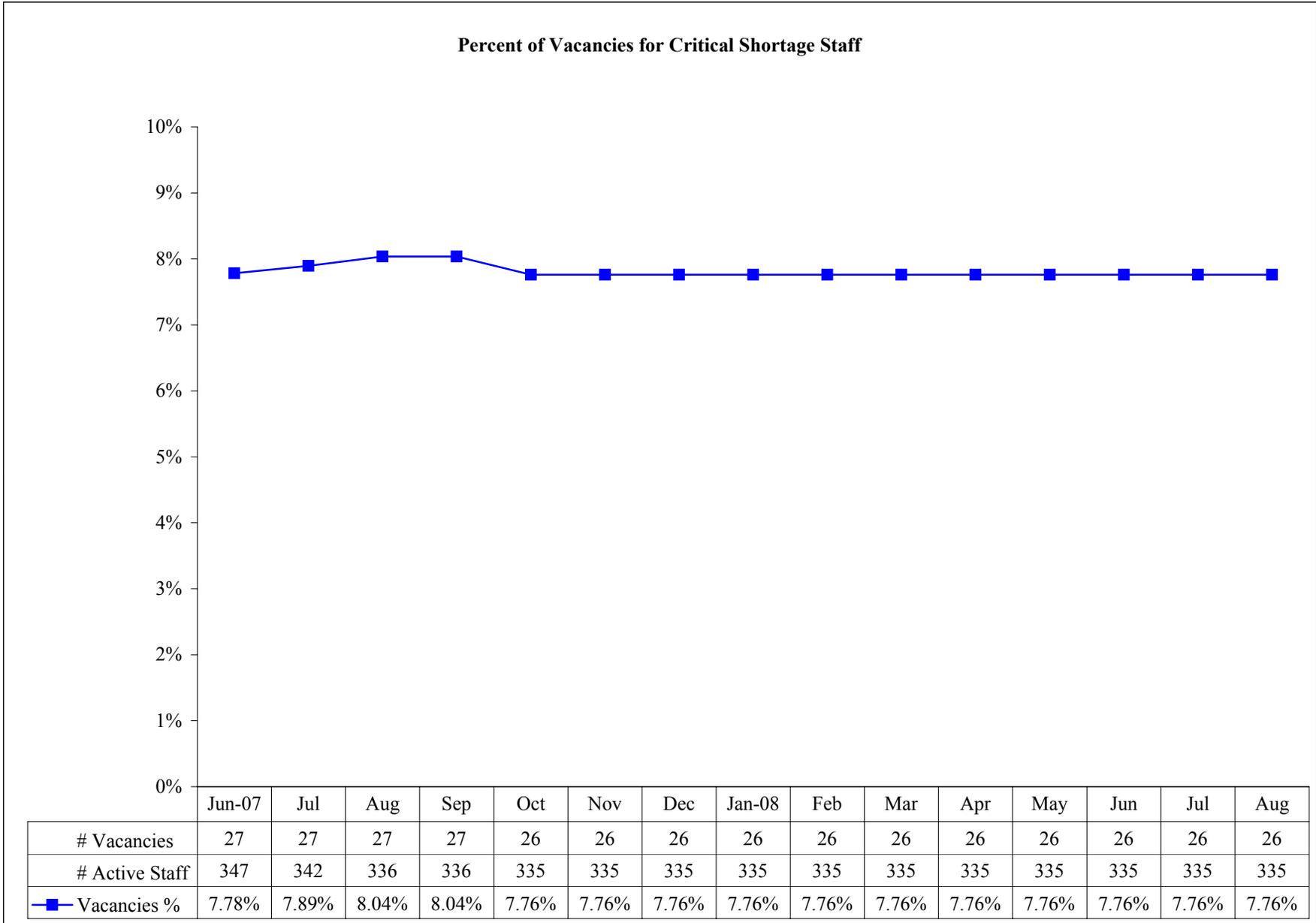
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



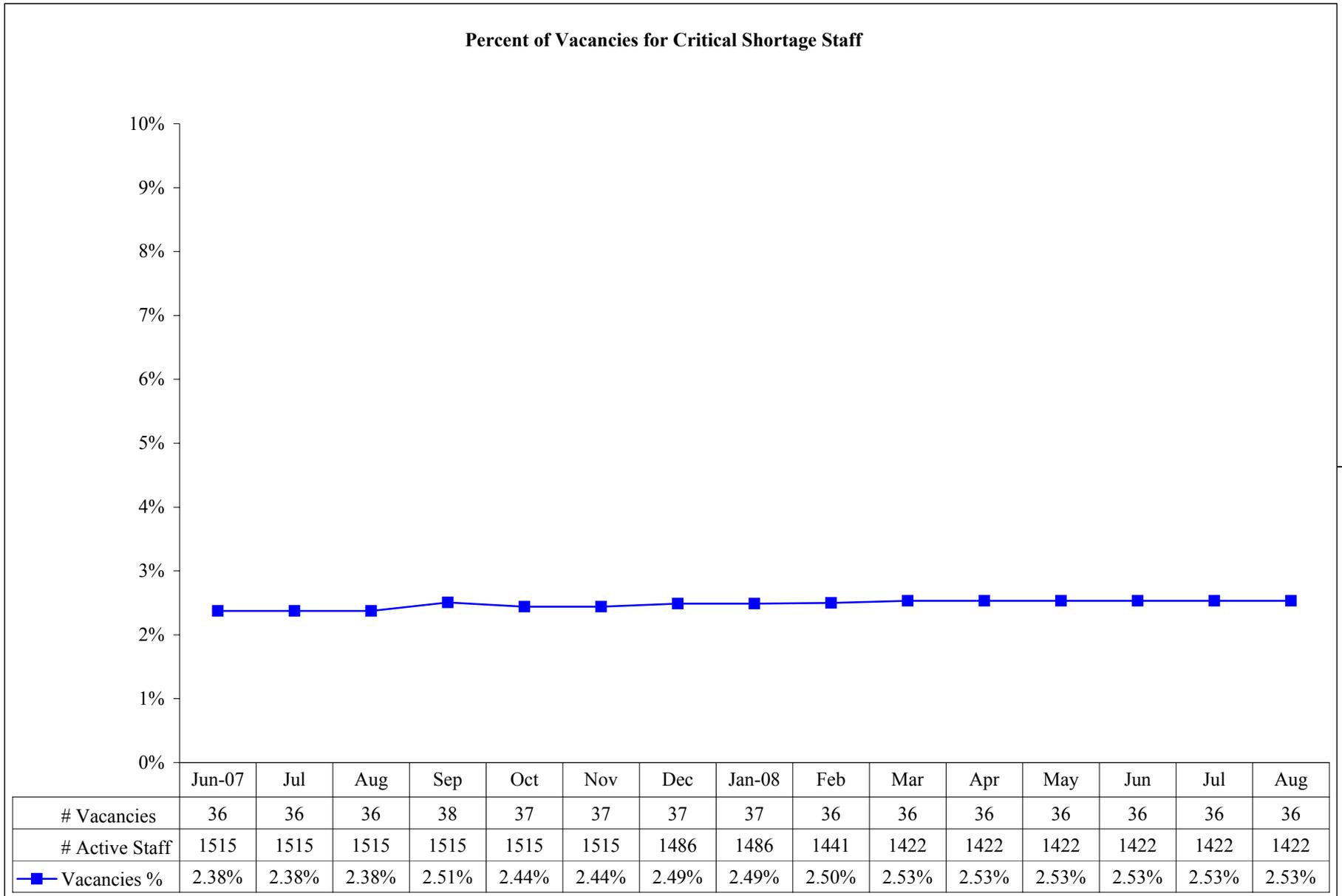
**Measure 8B - Vacancies for Critical Shortage Staff**  
**El Paso Psychiatric Center**



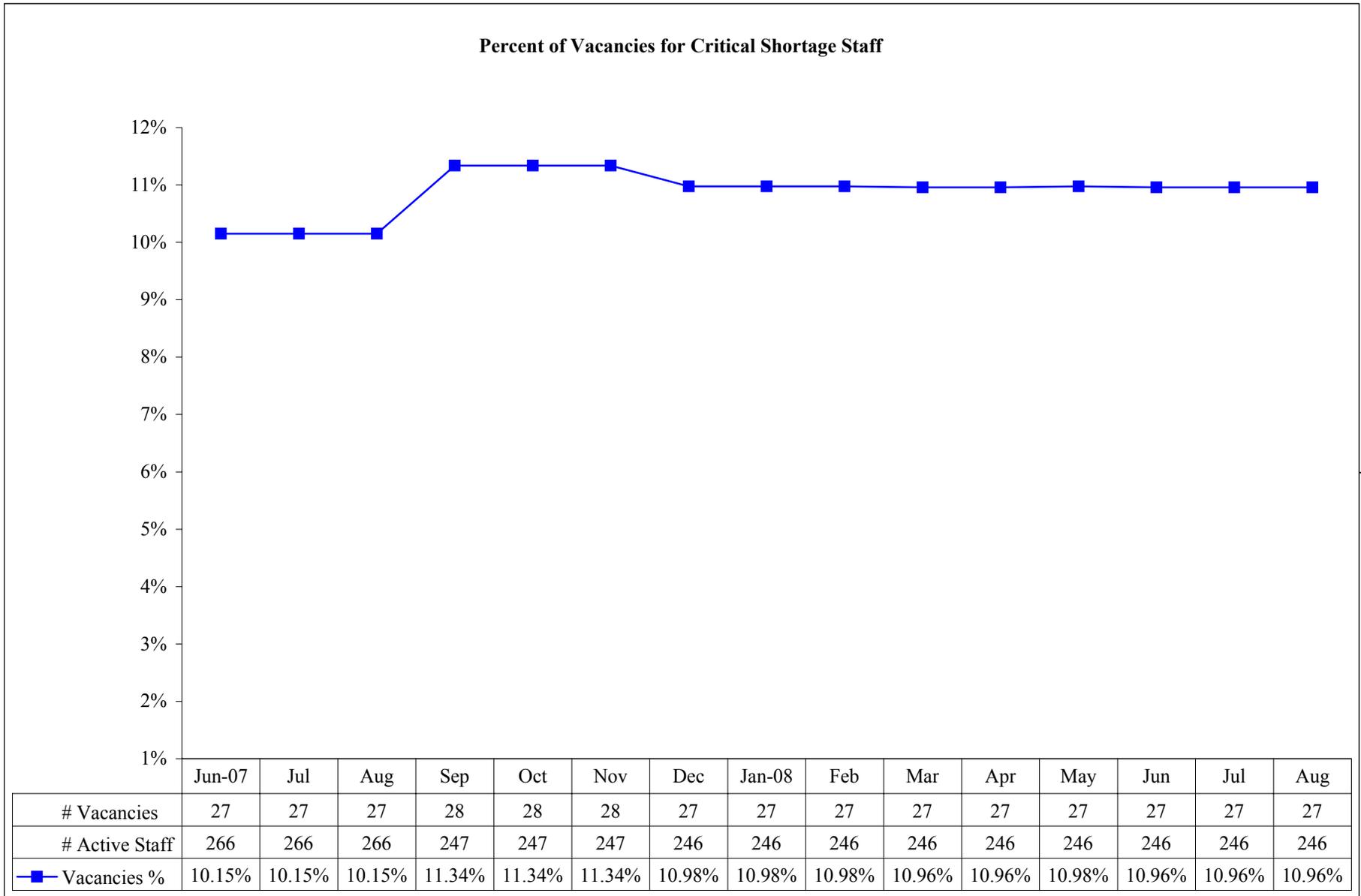
**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



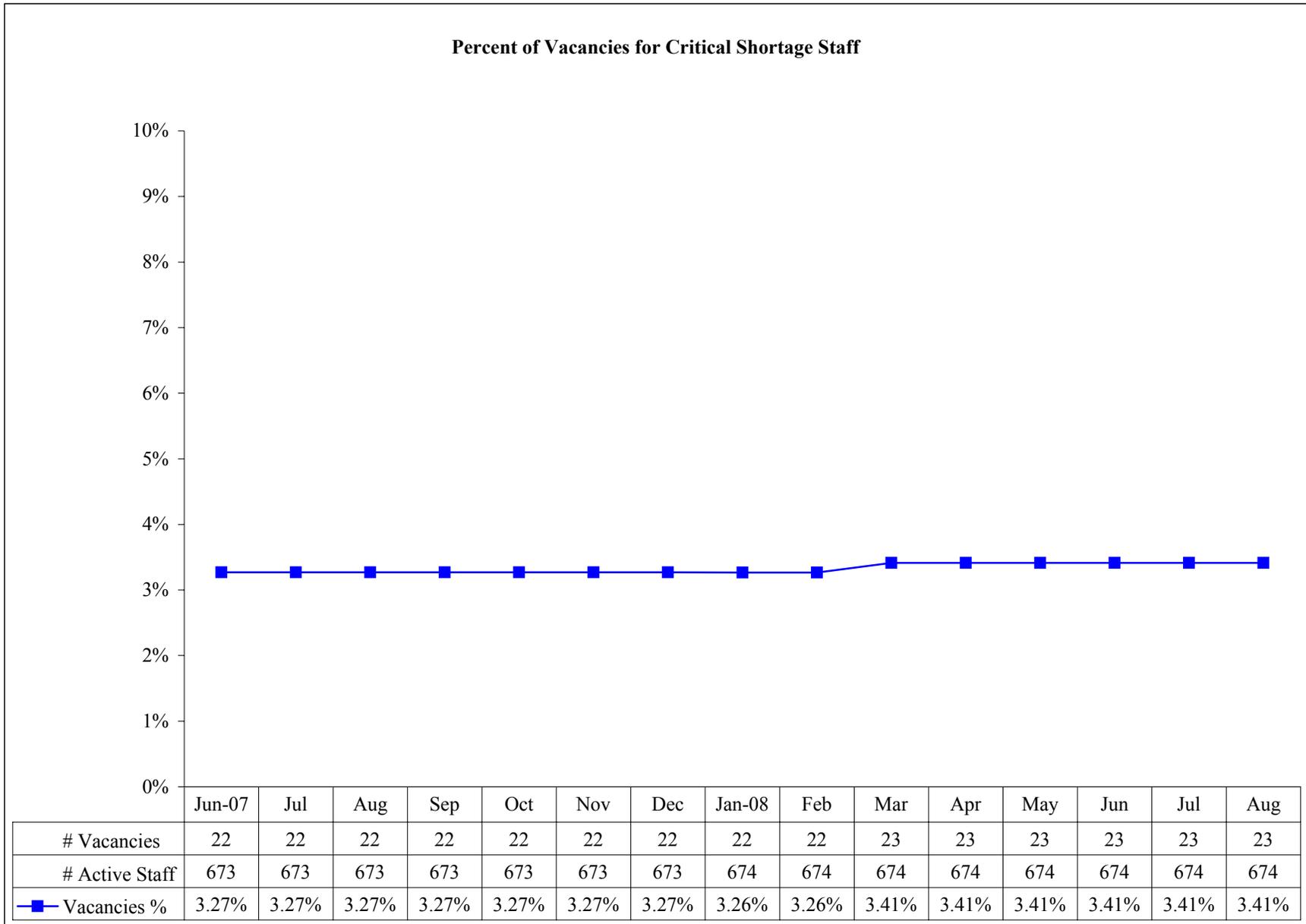
**Measure 8B - Vacancies for Critical Shortage Staff**  
**North Texas State Hospital**



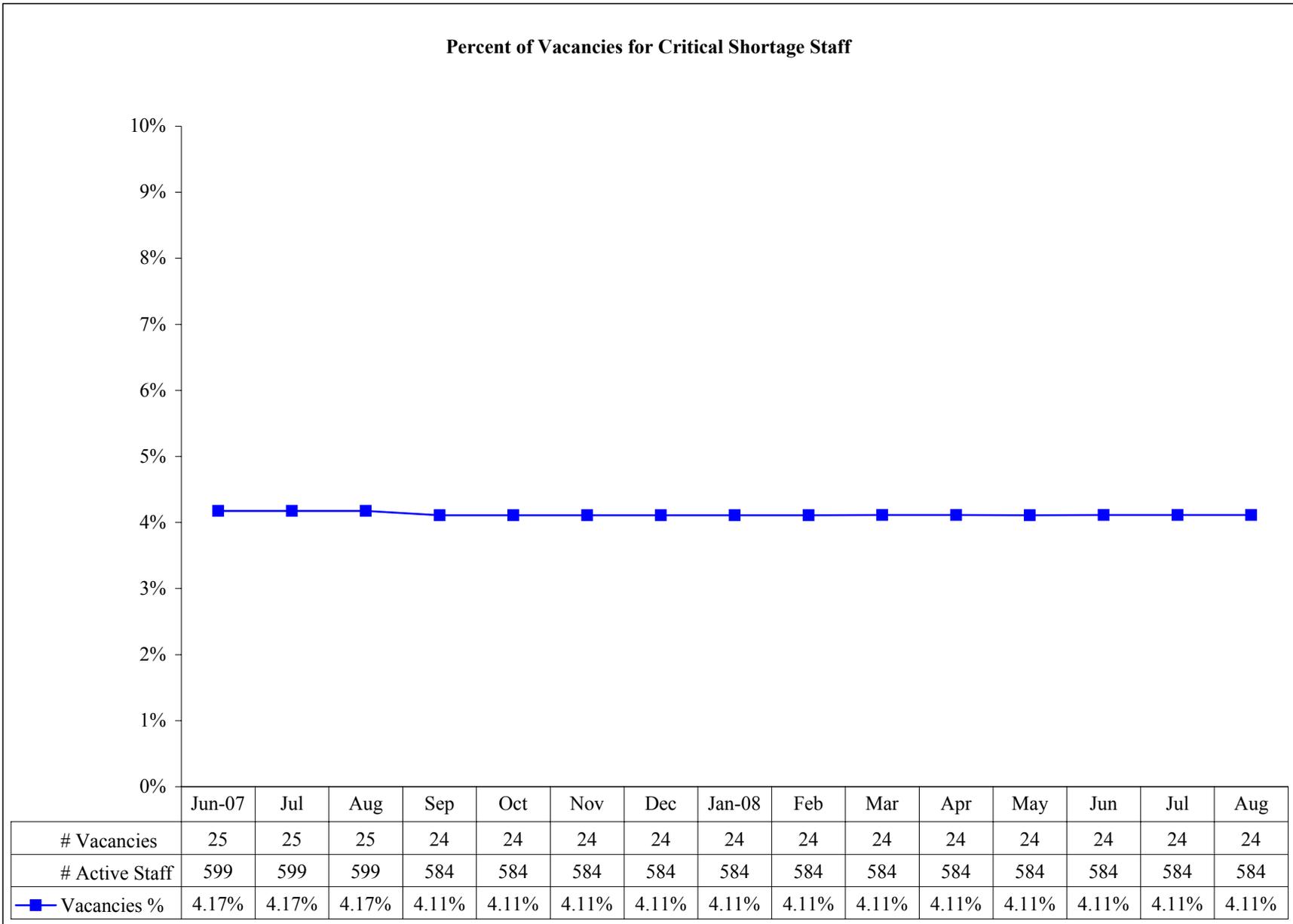
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



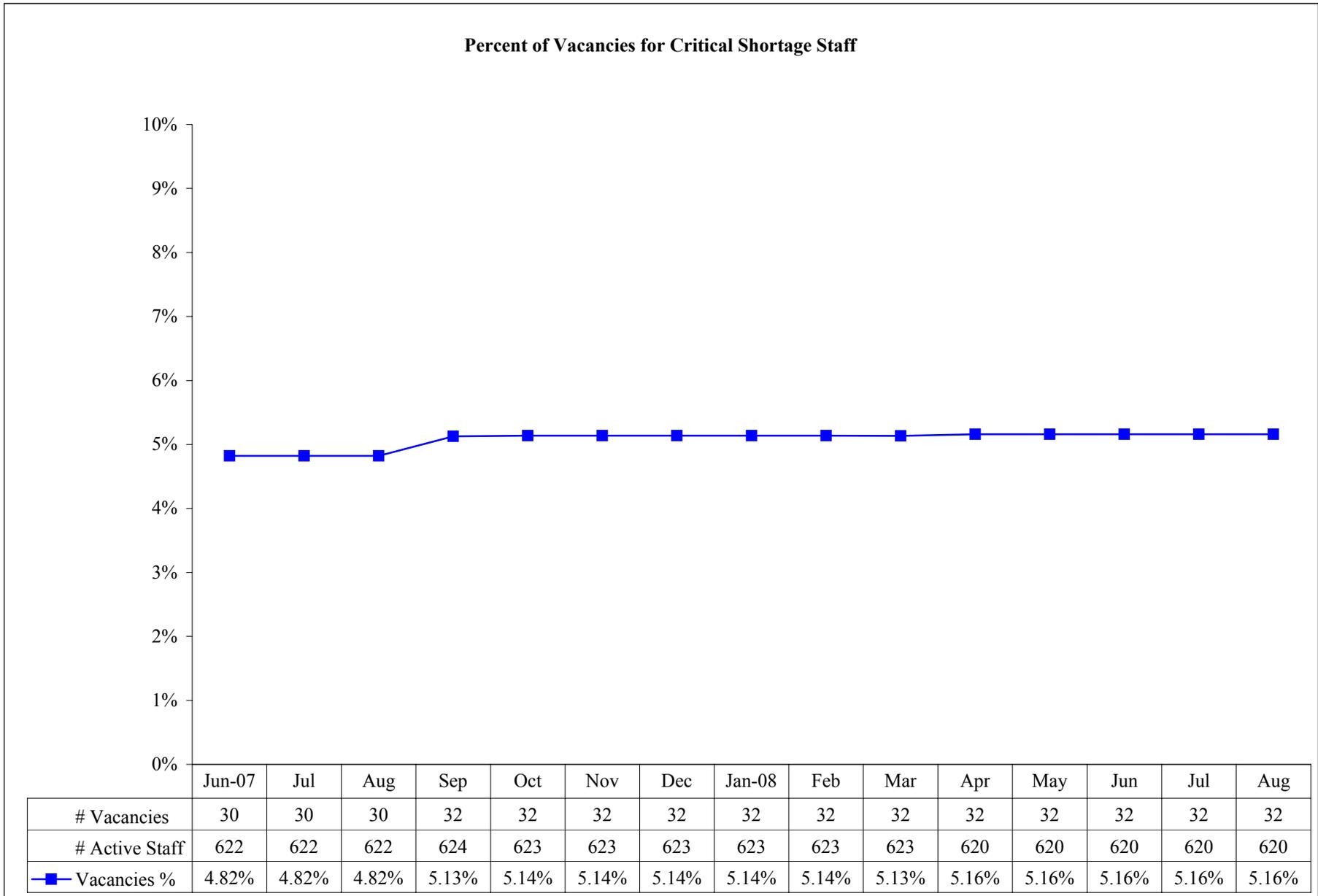
**Measure 8B - Vacancies for Critical Shortage Staff  
Rusk State Hospital**



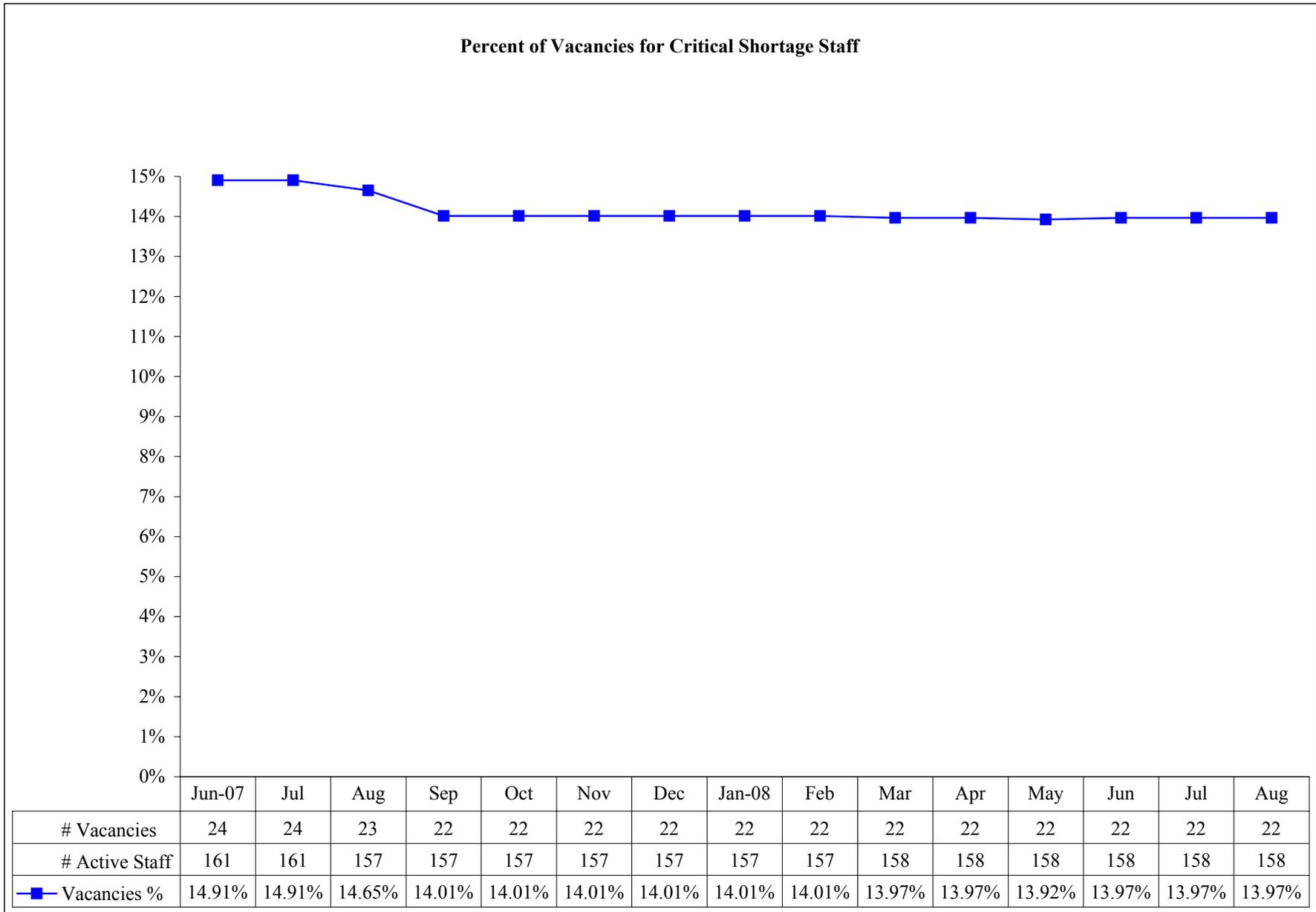
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**



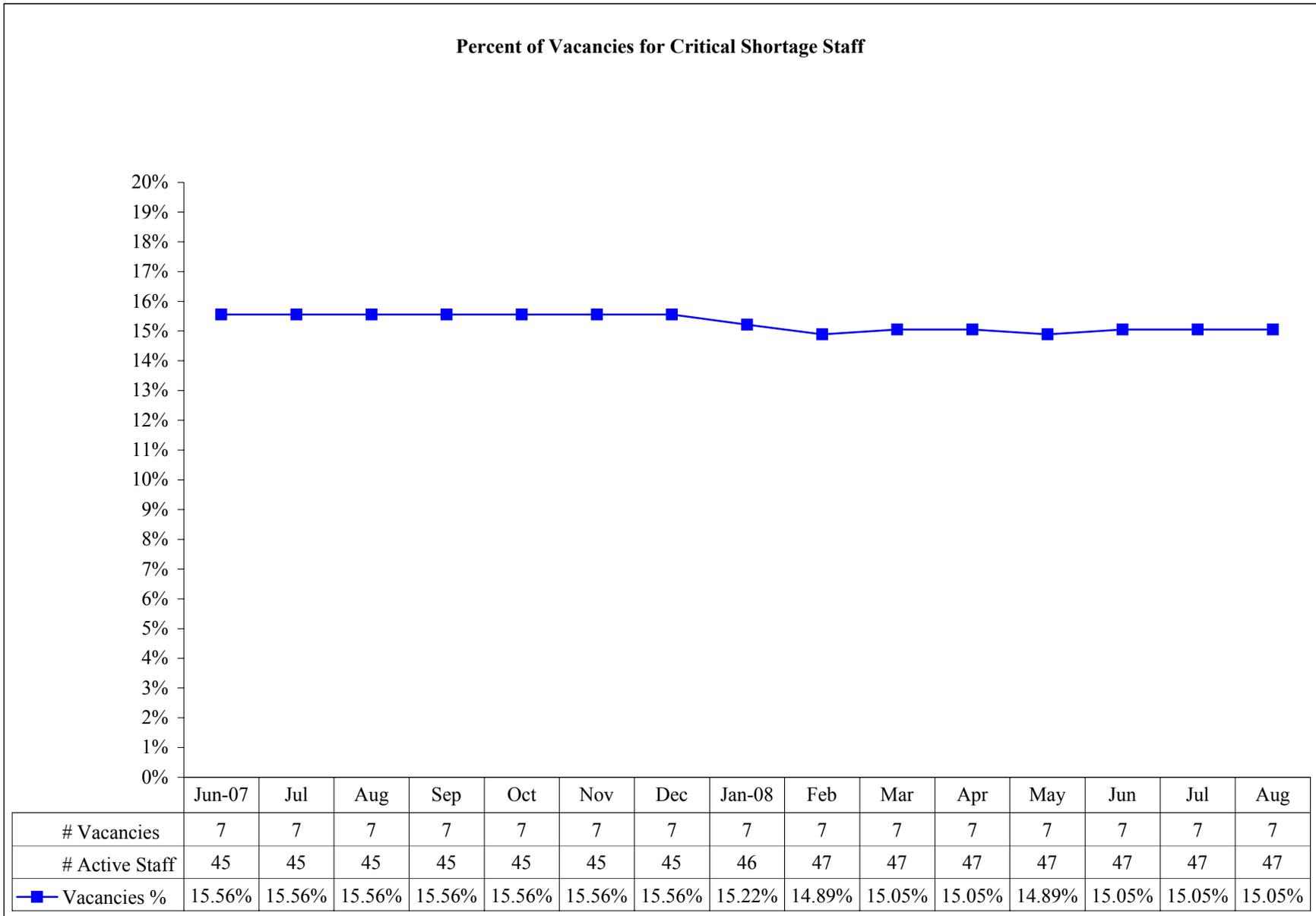
**Measure 8B - Vacancies for Critical Shortage Staff  
Terrell State Hospital**



**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:**

**Children and 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**

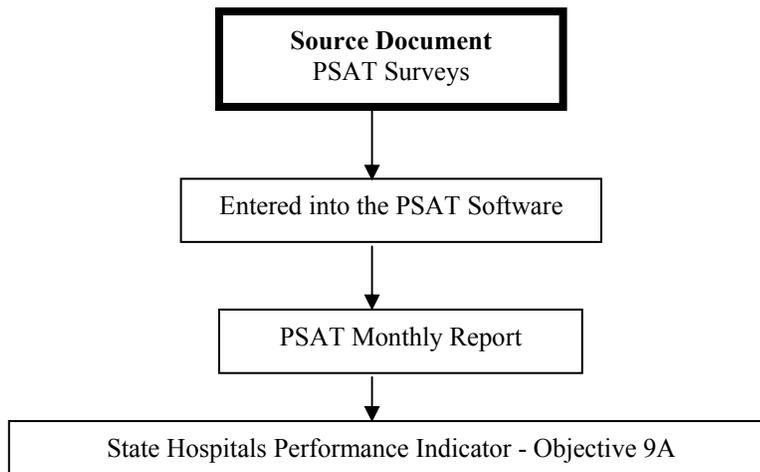
**Performance Objective Operational Definition:** At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

**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.

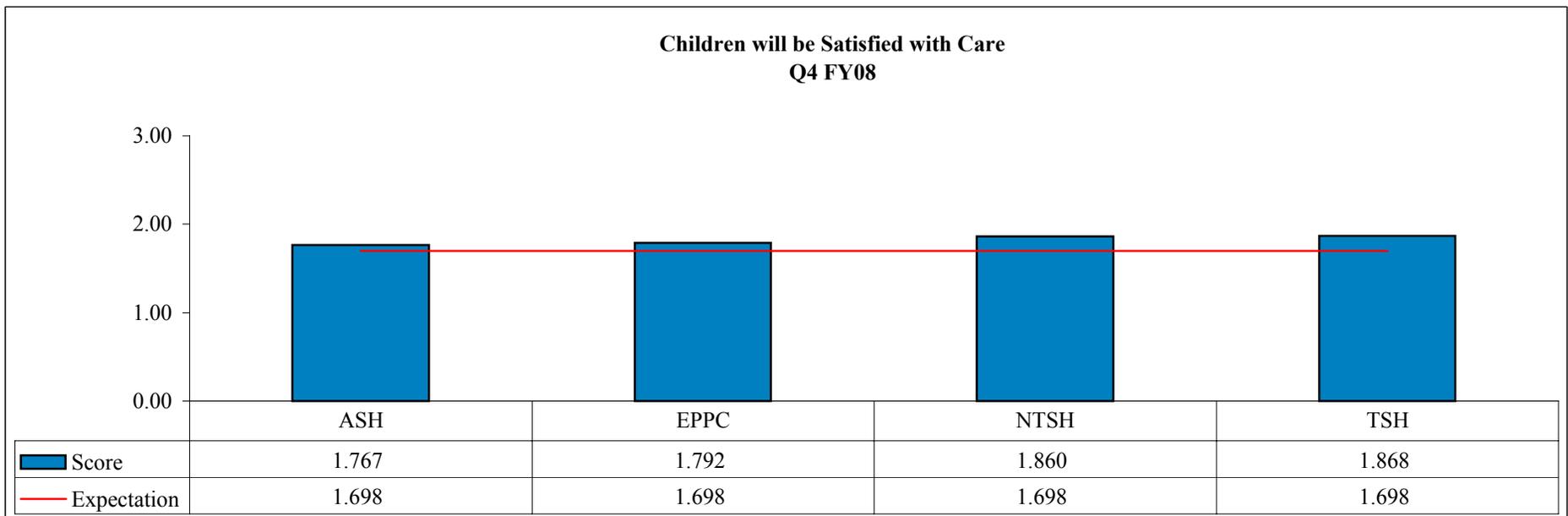
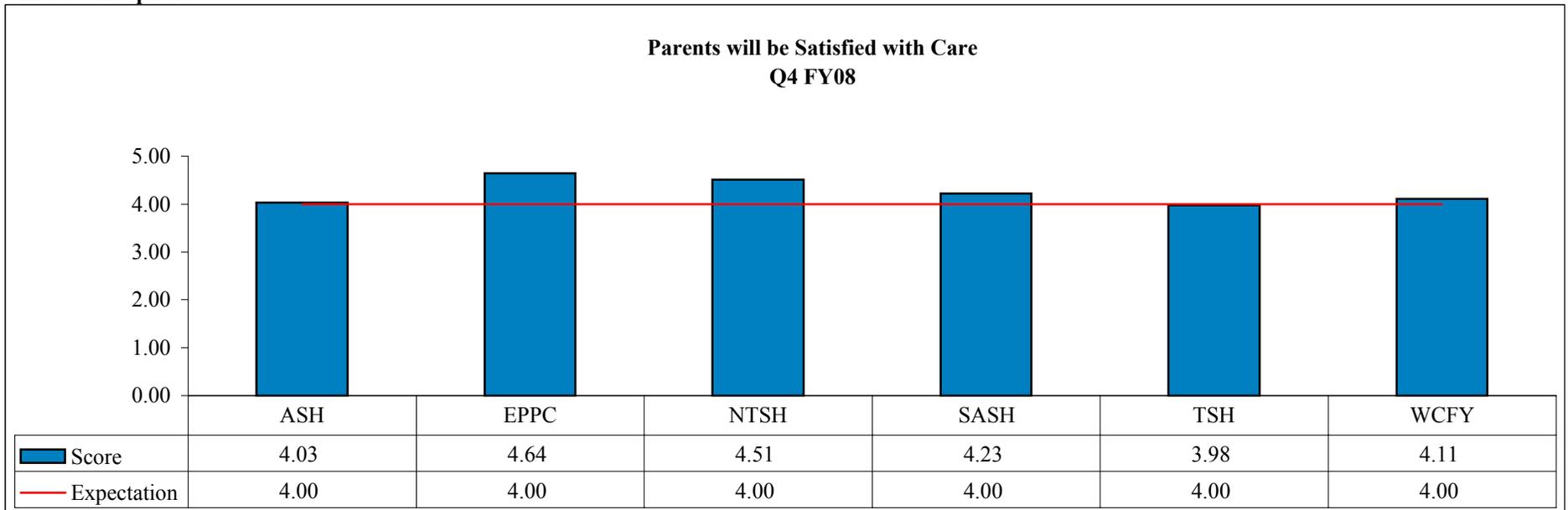
### **Performance Objective Data Display and Chart Description:**

- ◆ 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.

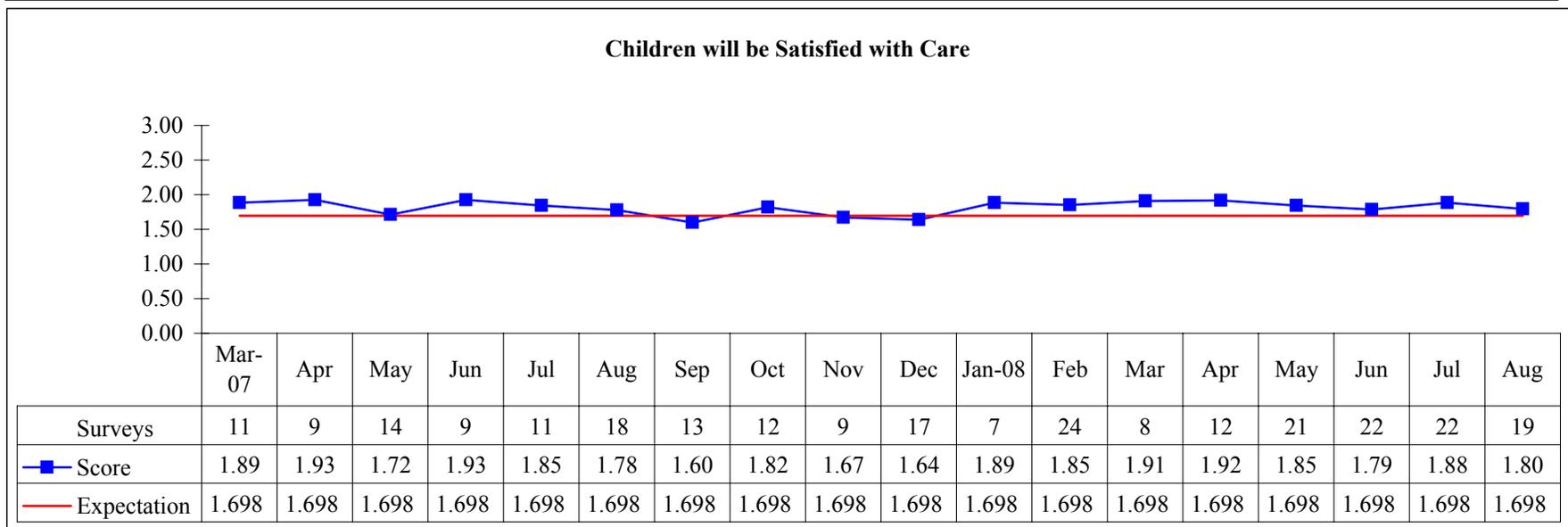
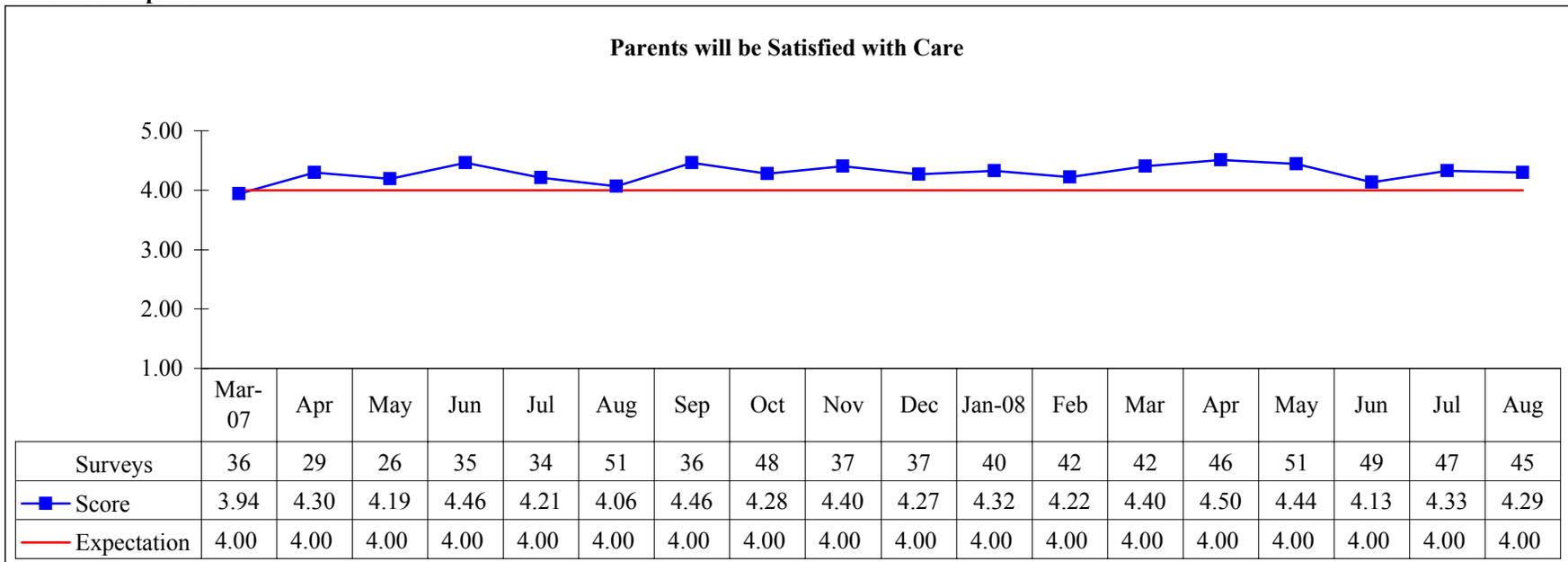
### **Data Flow:**



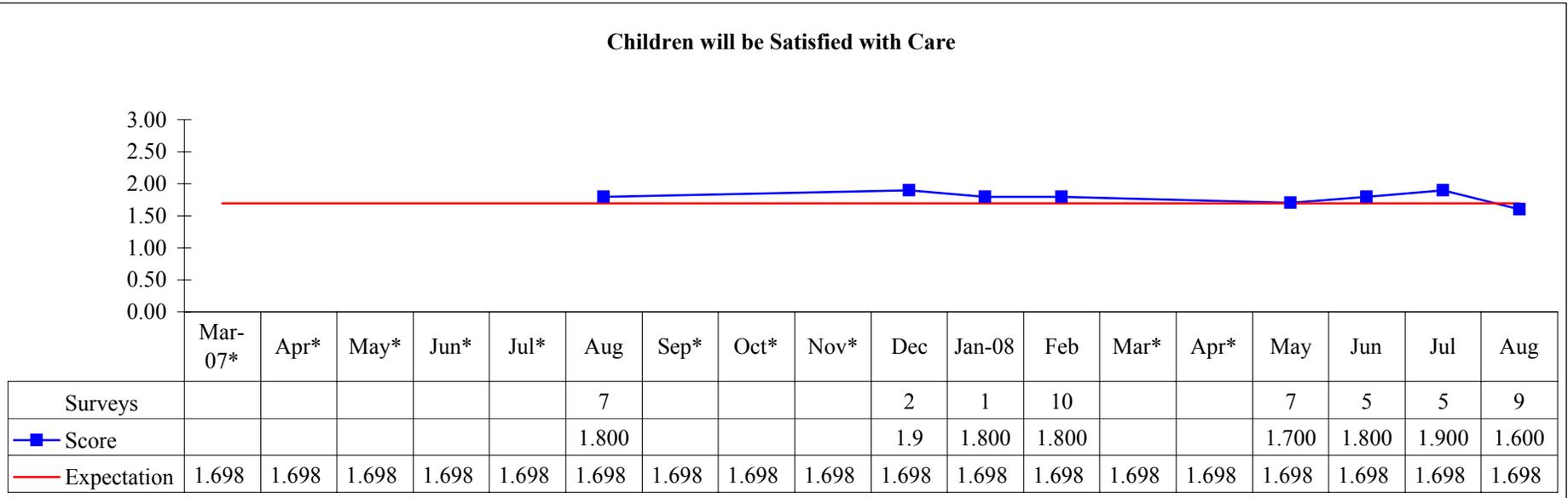
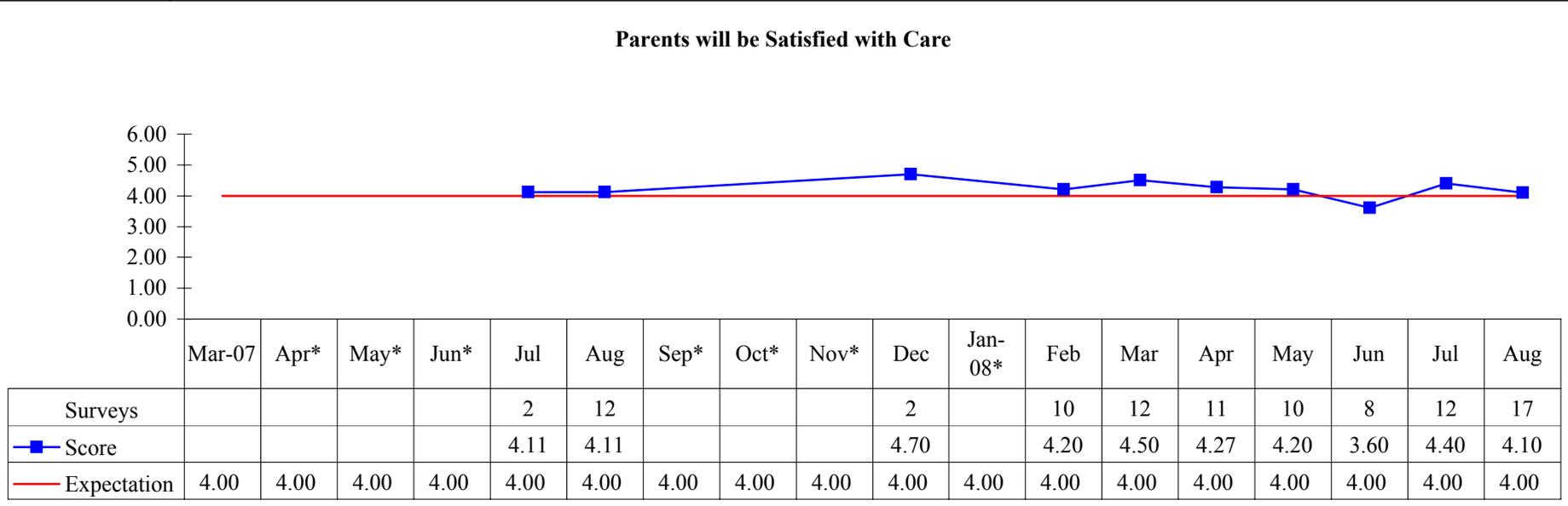
**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**All State Hospitals**



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

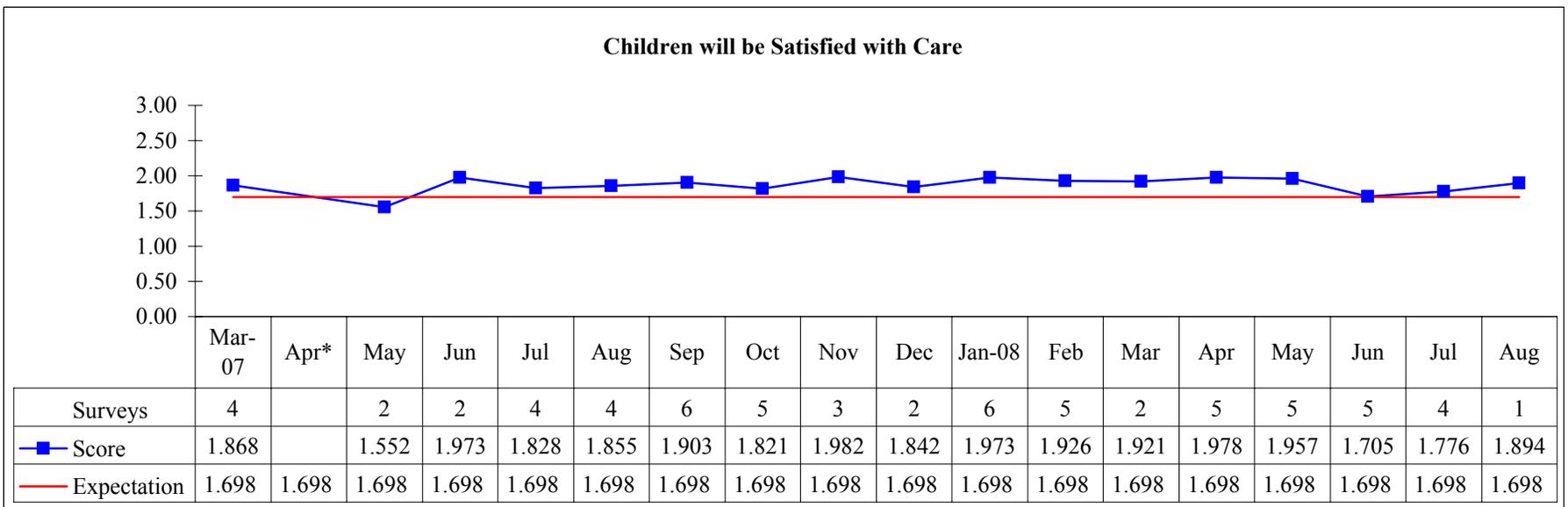
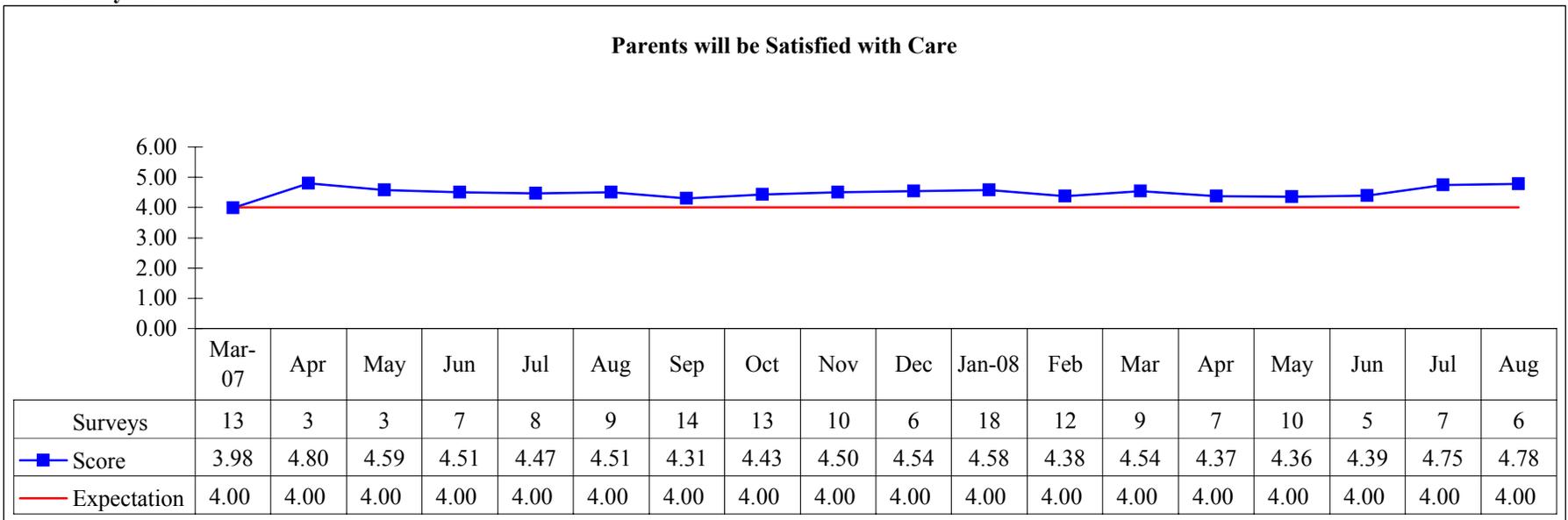


**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**Austin State Hospital**



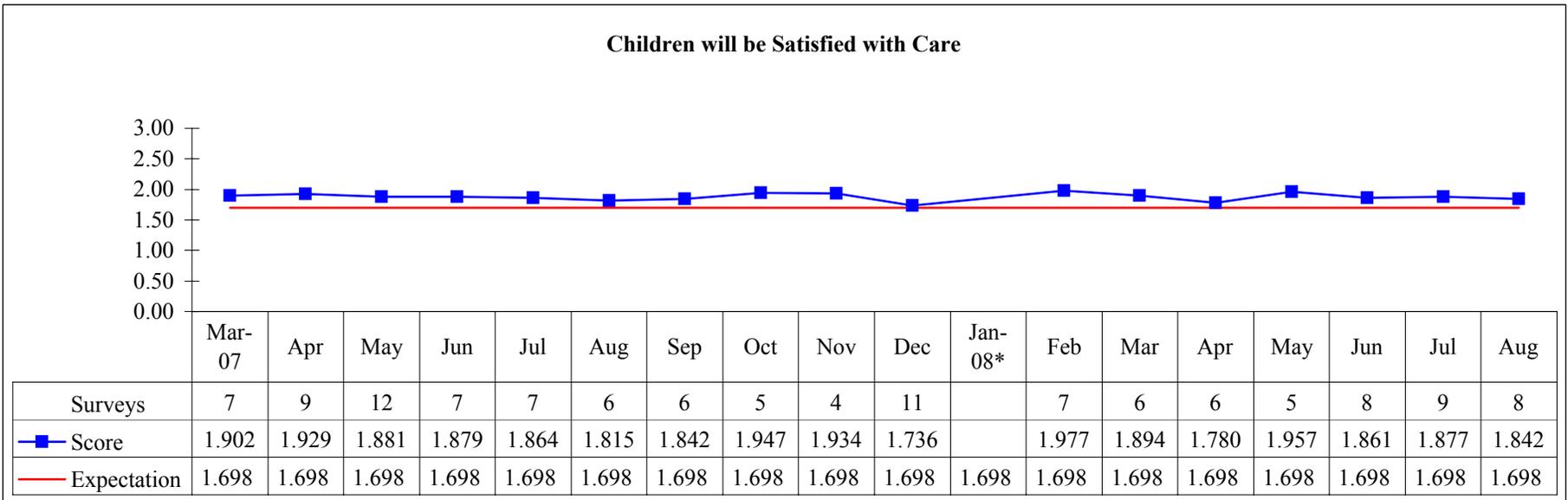
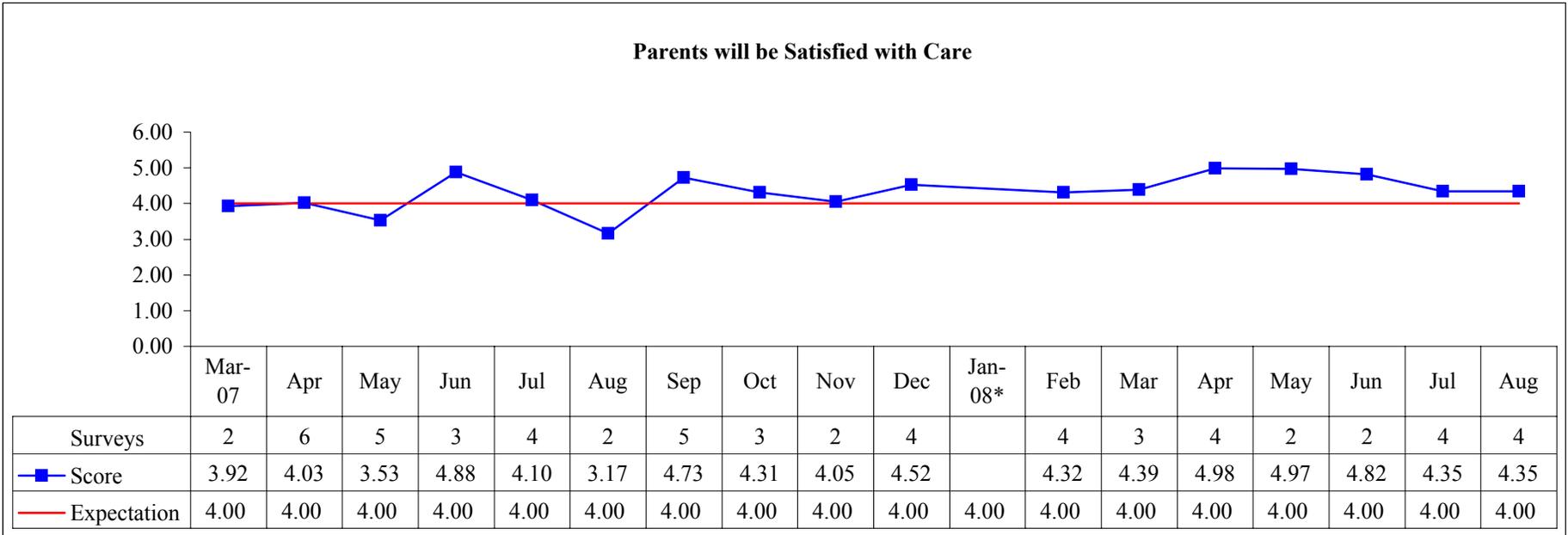
\*No surveys submitted

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



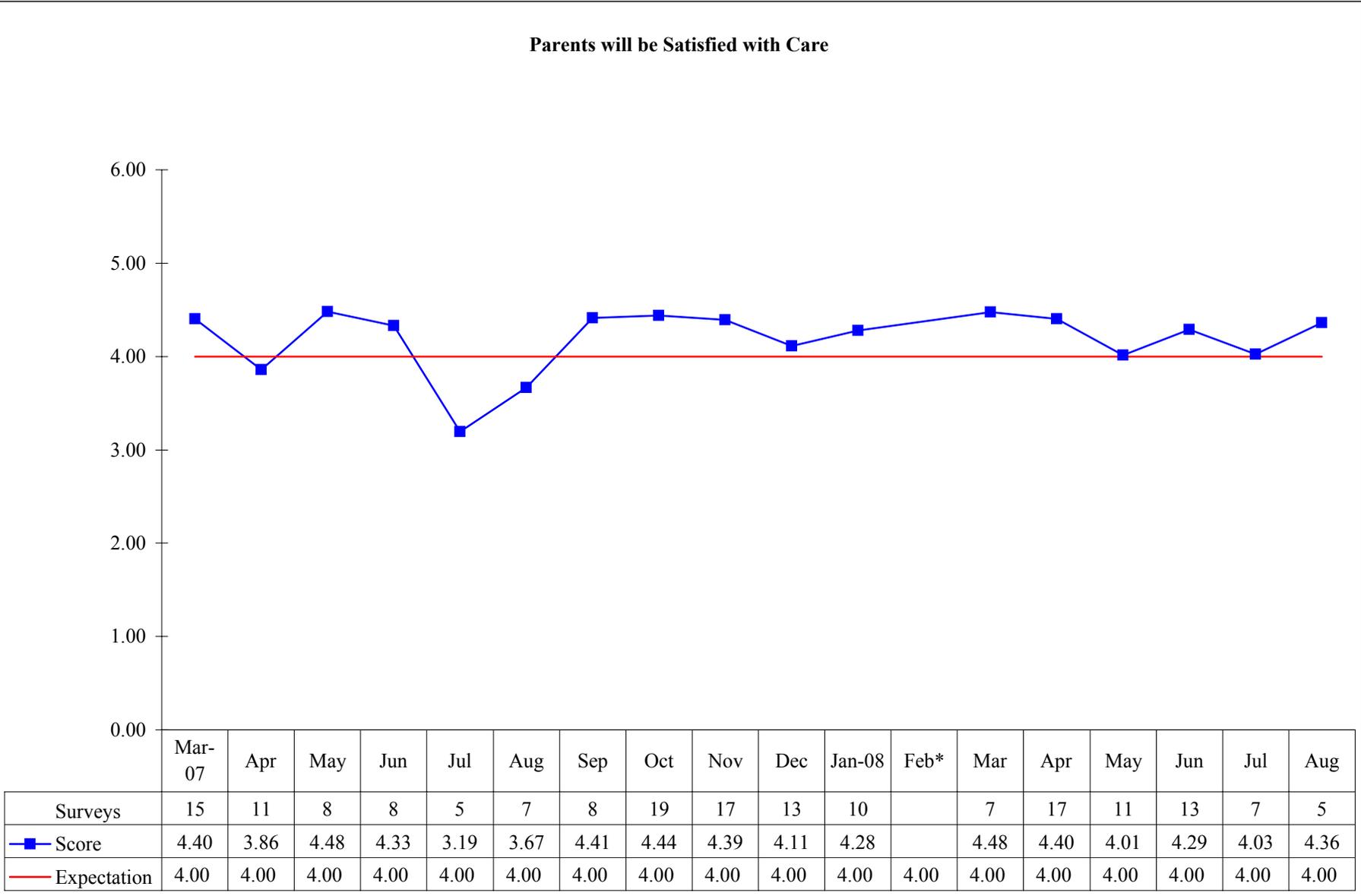
\*No surveys submitted

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



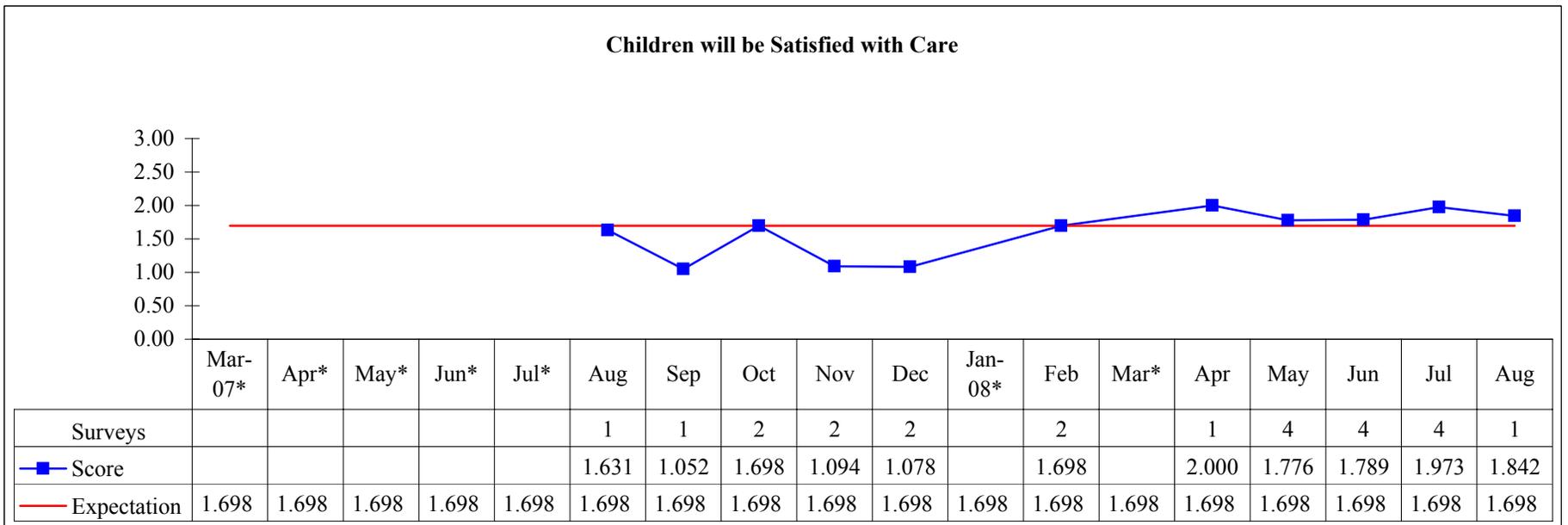
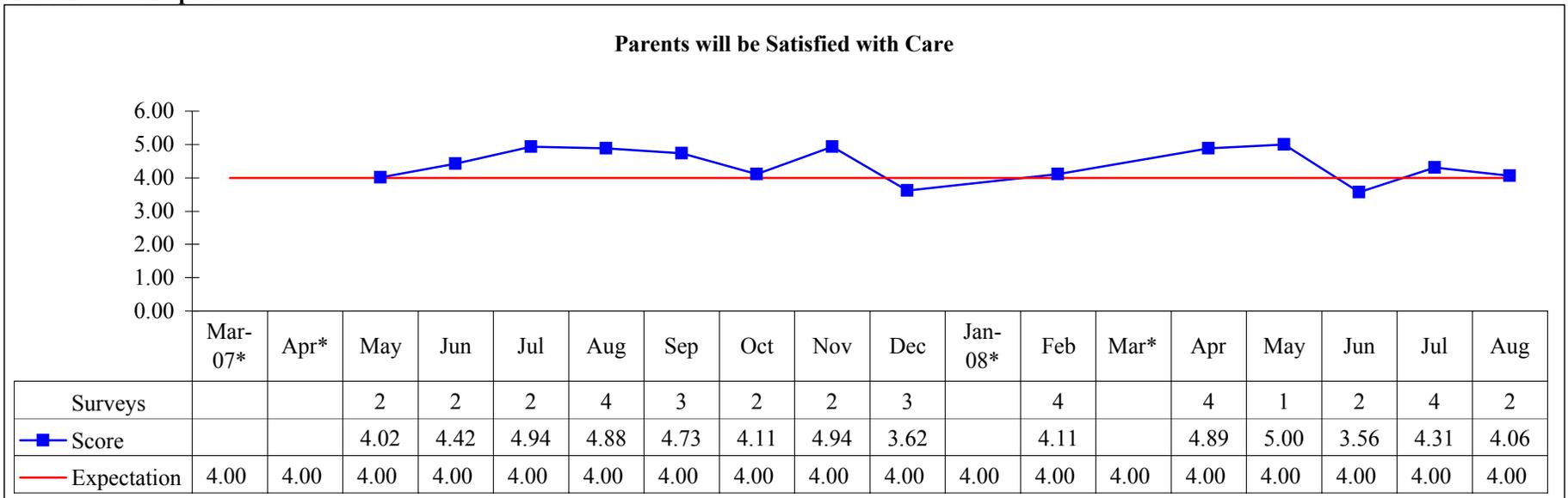
\*No surveys submitted

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



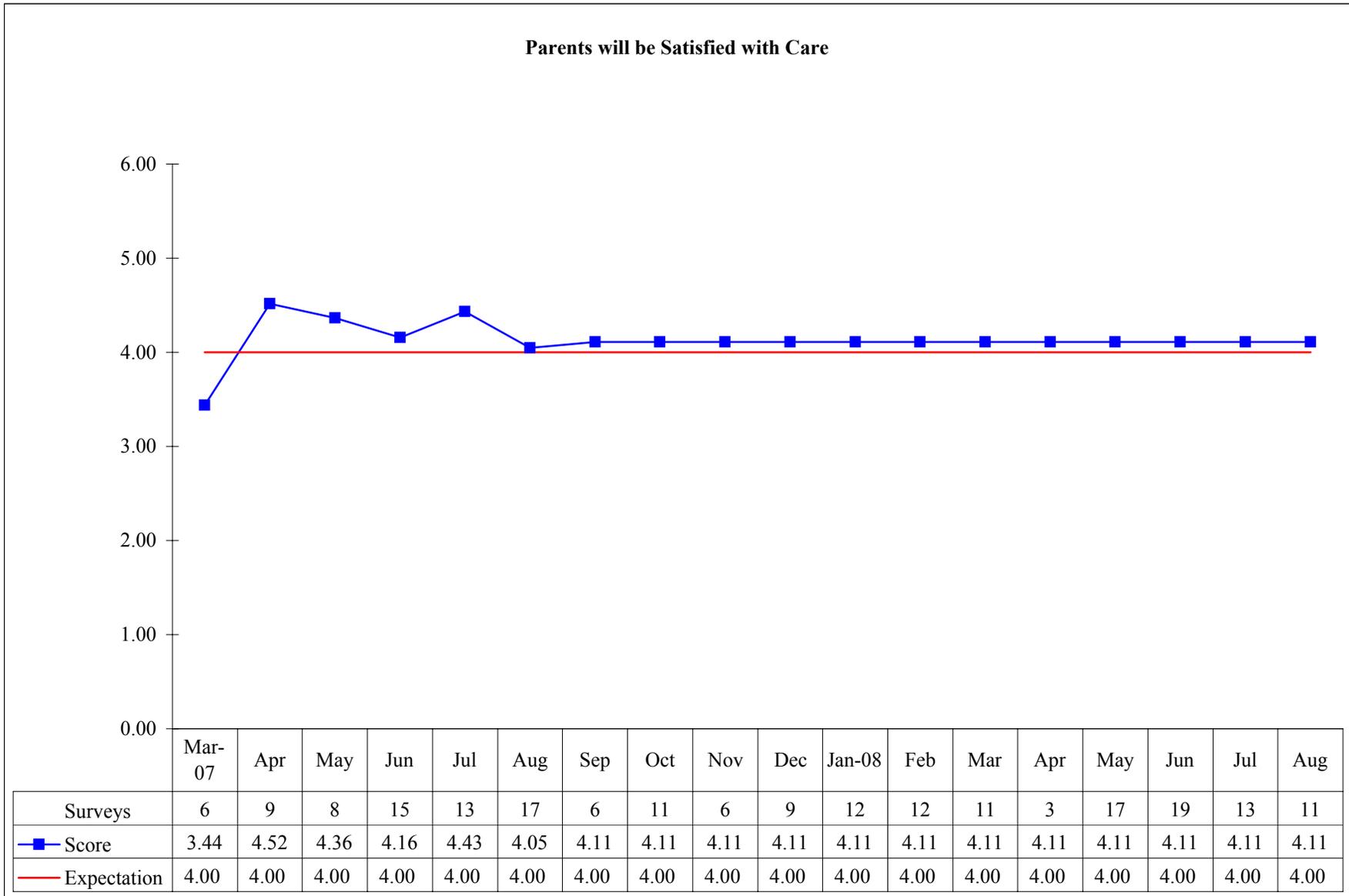
\*No surveys submitted  
 Source: PSAT

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



\*No surveys submitted

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



**Performance Objective 9B:**

**Adults and adolescents 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 (NRI-ICS).**

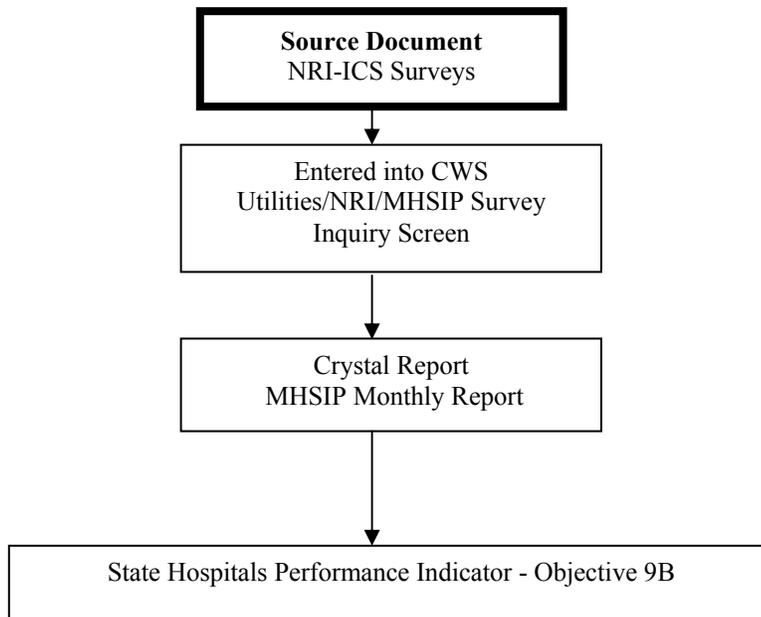
**Performance Objective Operational Definition:** At least 25% of discharges should be sampled each month for adult and adolescent patients.

**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.

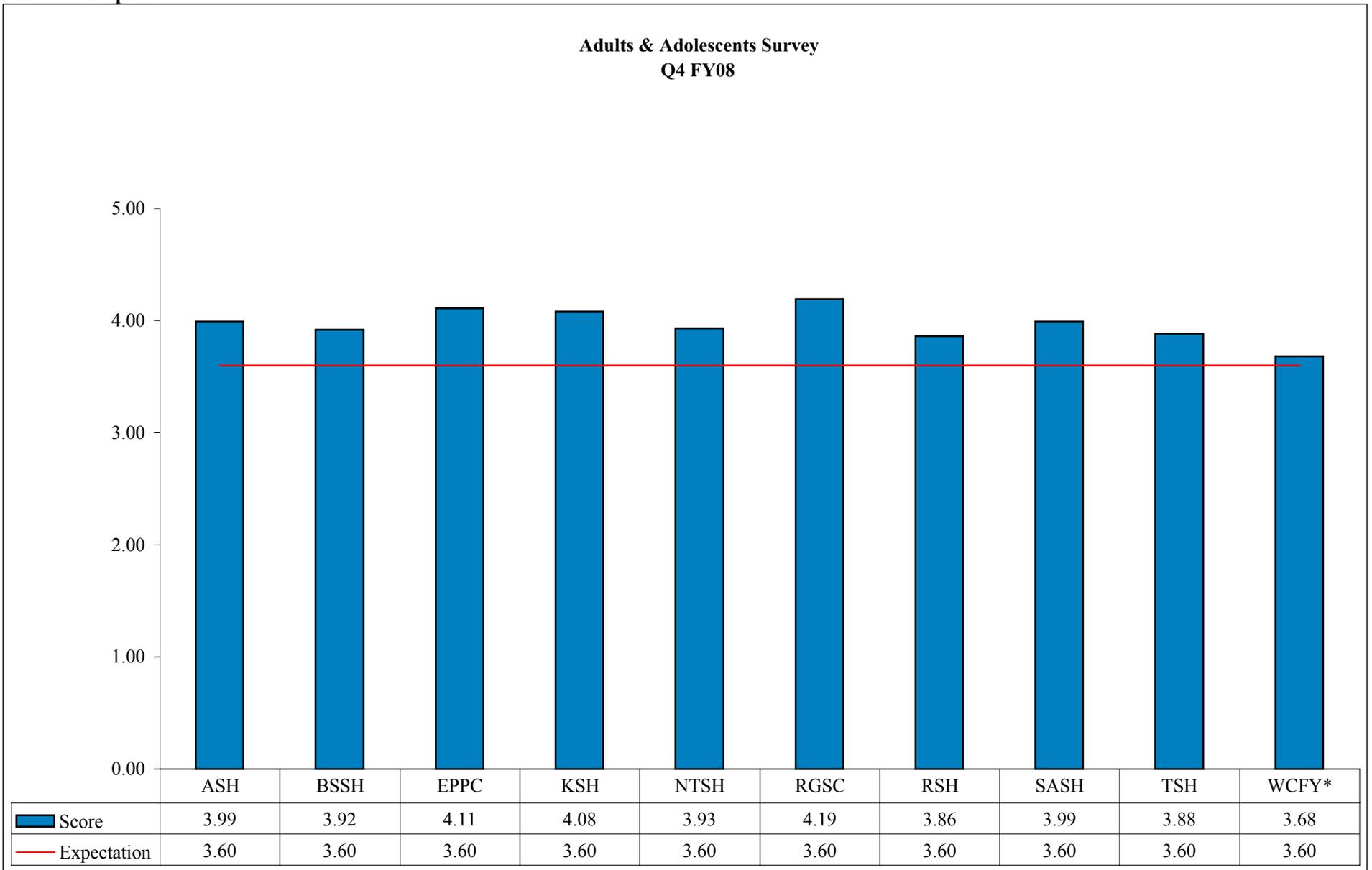
**Performance Objective Data Display and Chart Description:**

- ◆ 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 Hospitals**

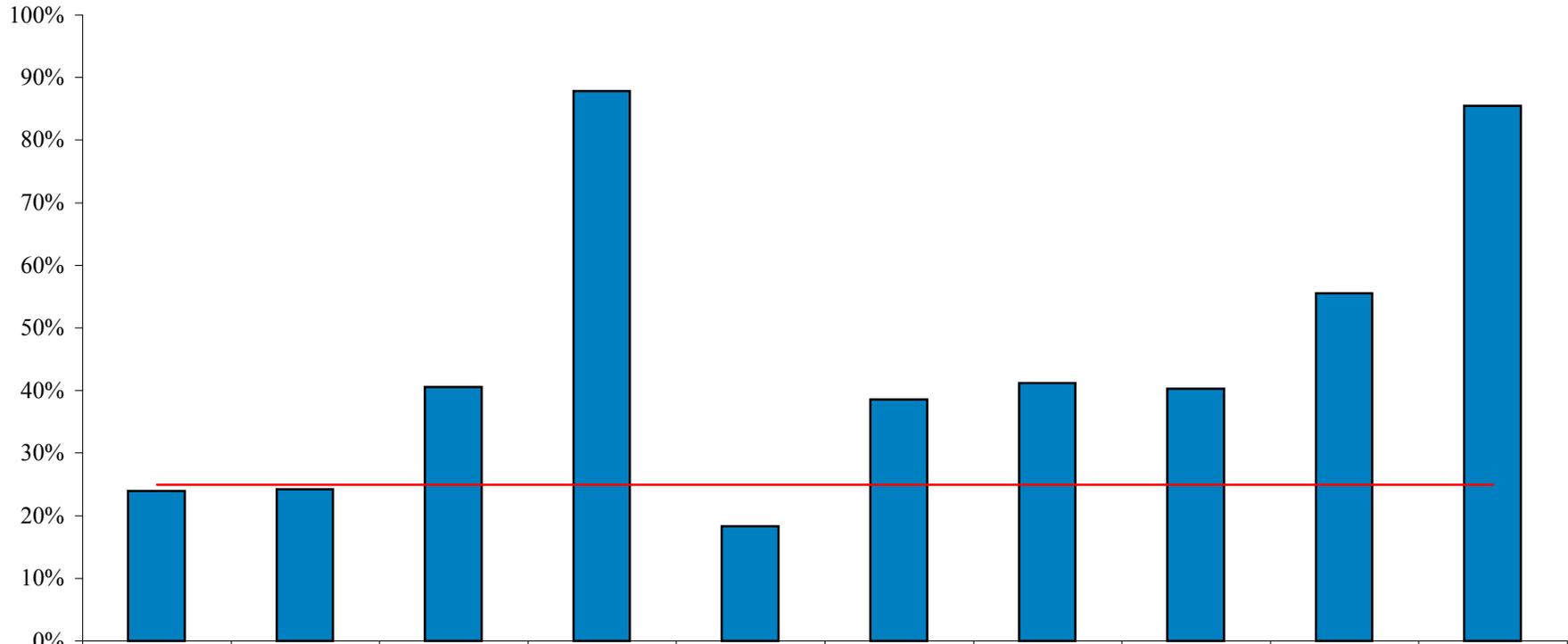


\*WCFY - Adolescent Surveys Only

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

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

**Percentage of Adult & Adolescent Surveys Completed**  
**Q4 FY08**



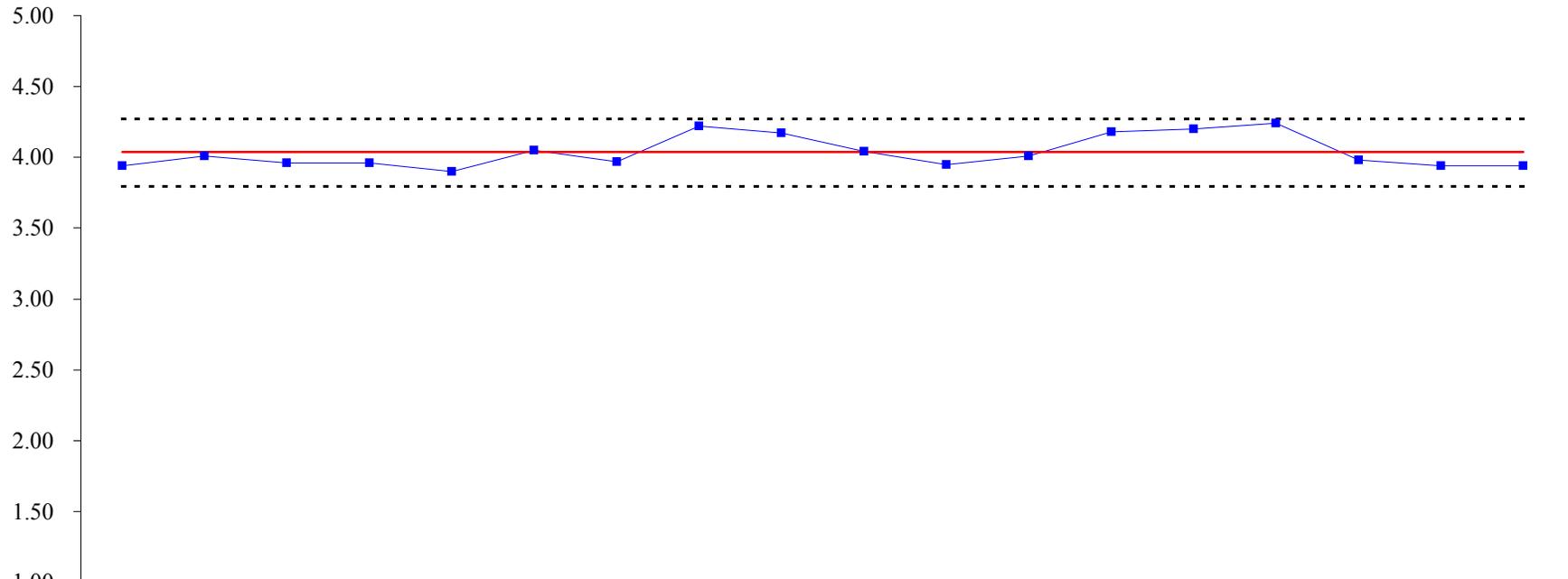
	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY*
Discharges	864	239	207	74	660	254	454	657	726	55
Surveys	207	58	84	65	121	98	187	265	403	47
% Surveyed	24%	24%	41%	88%	18%	39%	41%	40%	56%	85%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

\*WCFY - Adolescent Surveys Only

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

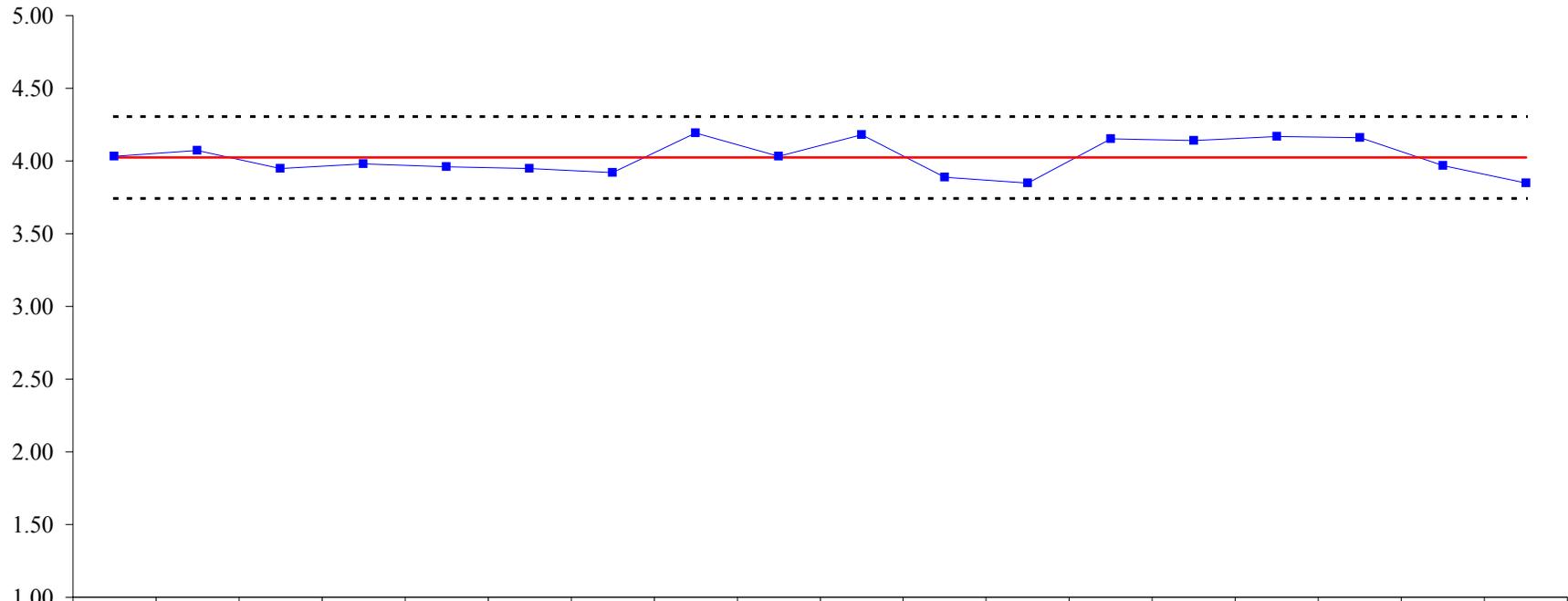


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.94	4.01	3.96	3.96	3.90	4.05	3.97	4.22	4.17	4.04	3.95	4.01	4.18	4.20	4.24	3.98	3.94	3.94
Surveys	602	557	582	512	456	536	545	456	389	410	527	478	489	560	570	481	536	518
Discharges	1496	1437	1727	1484	1542	1684	1379	1560	1349	1243	1377	1445	1356	1545	1489	1385	1432	1373
% Sampled	40%	39%	34%	35%	30%	32%	40%	29%	29%	33%	38%	33%	36%	36%	38%	35%	37%	38%
----- UCL	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27
— Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
----- LCL	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

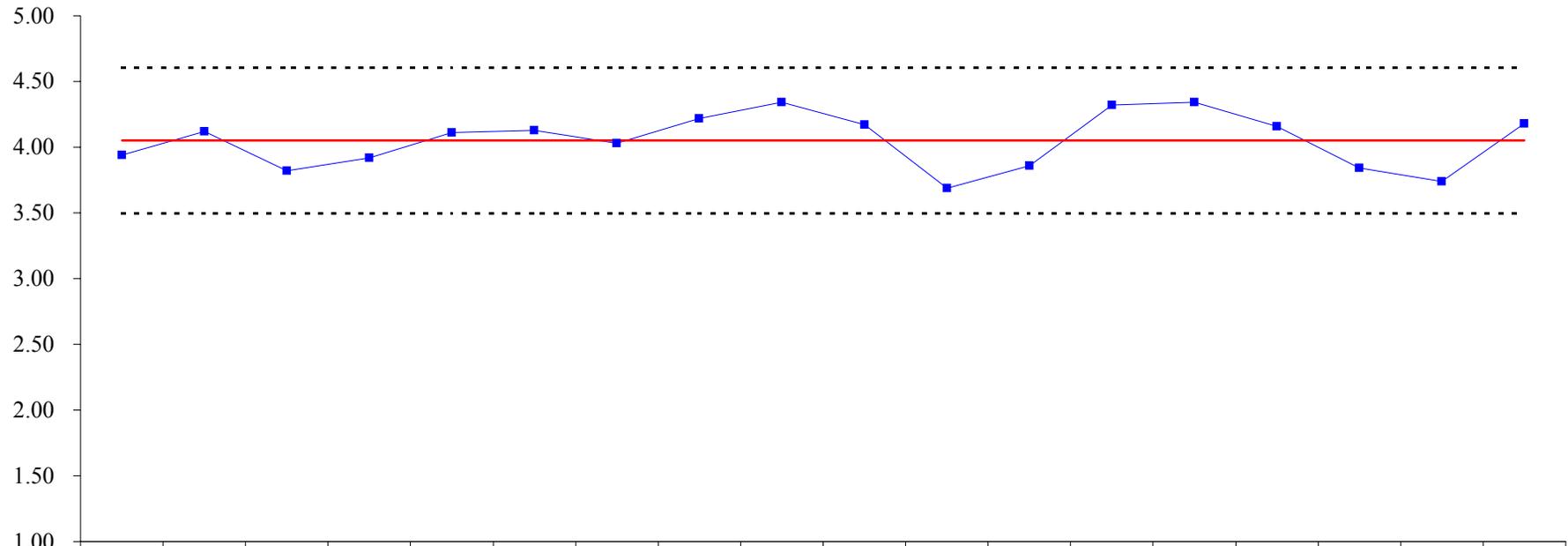


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.03	4.07	3.95	3.98	3.96	3.95	3.92	4.19	4.03	4.18	3.89	3.85	4.15	4.14	4.17	4.16	3.97	3.85
Surveys	92	79	79	69	77	80	72	81	79	56	101	108	83	98	75	90	64	53
Discharges	382	388	434	395	405	412	315	379	303	276	270	309	291	316	303	298	293	273
% Sampled	24%	20%	18%	17%	19%	19%	23%	21%	26%	20%	37%	35%	29%	31%	25%	30%	22%	19%
- - - - UCL	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
— Avg	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
- - - - LCL	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

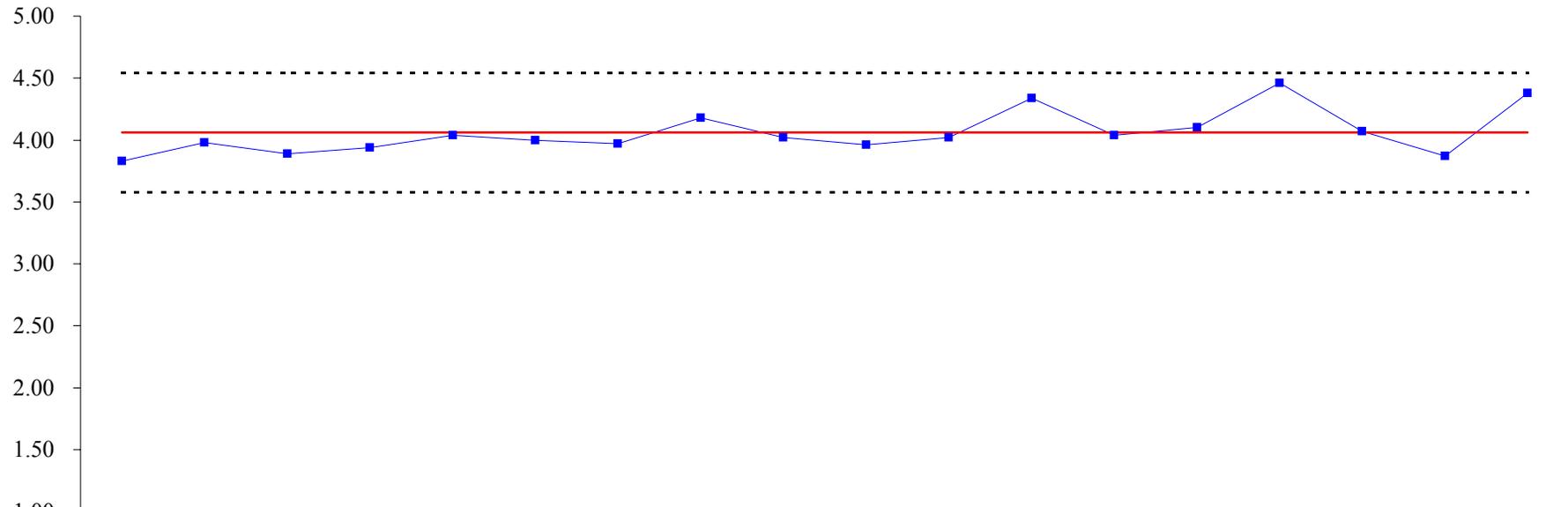


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.94	4.12	3.82	3.92	4.11	4.13	4.03	4.22	4.34	4.17	3.69	3.86	4.32	4.34	4.16	3.84	3.74	4.18
Surveys	32	24	31	24	29	37	22	30	17	18	24	26	29	19	33	12	24	22
Discharges	87	74	103	74	96	114	82	108	76	79	88	92	82	102	100	70	92	77
% Sampled	37%	32%	30%	32%	30%	32%	27%	28%	22%	23%	27%	28%	35%	19%	33%	17%	26%	29%
----- UCL	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61	4.61
----- Avg	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05
----- LCL	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

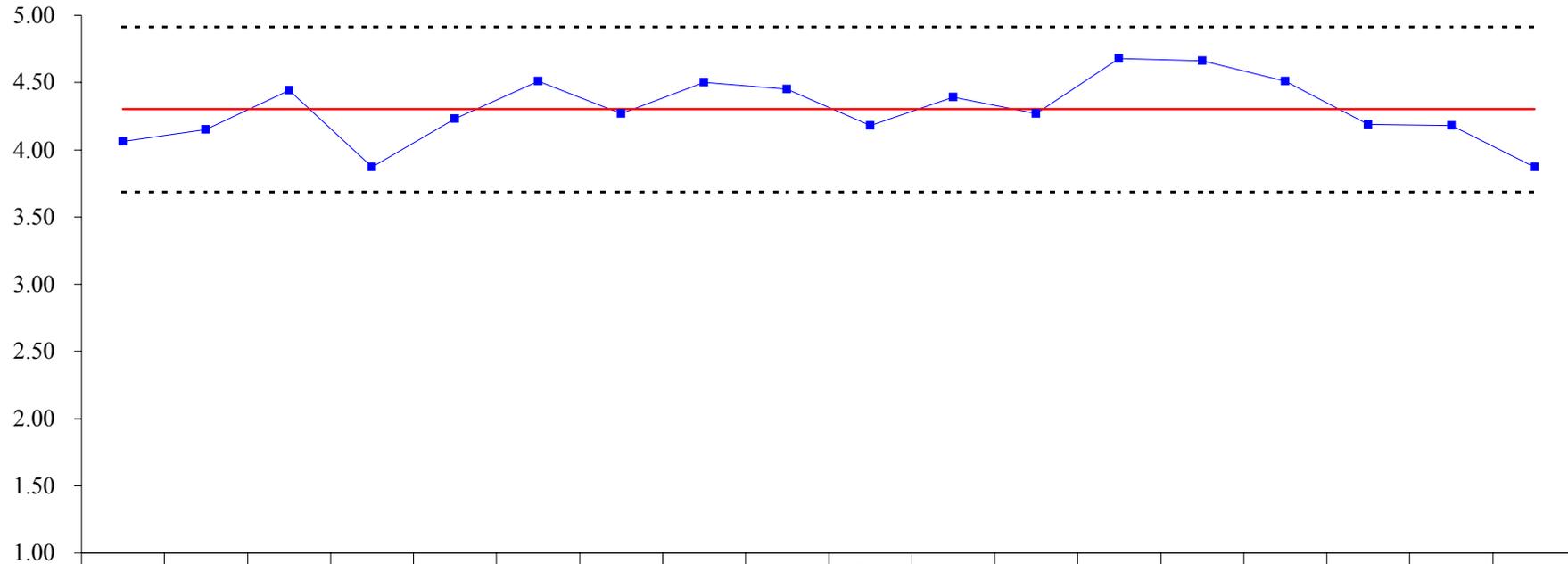


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.83	3.98	3.89	3.94	4.04	4.00	3.97	4.18	4.02	3.96	4.02	4.34	4.04	4.10	4.46	4.07	3.87	4.38
Surveys	66	51	12	43	51	40	66	49	18	26	50	7	37	34	30	20	29	35
Discharges	87	88	96	92	86	85	79	108	91	77	94	97	94	90	85	65	62	80
% Sampled	76%	58%	13%	47%	59%	47%	84%	45%	20%	55%	53%	7%	55%	38%	35%	55%	47%	44%
- - - - - UCL	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54
— Avg	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06
- - - - - LCL	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

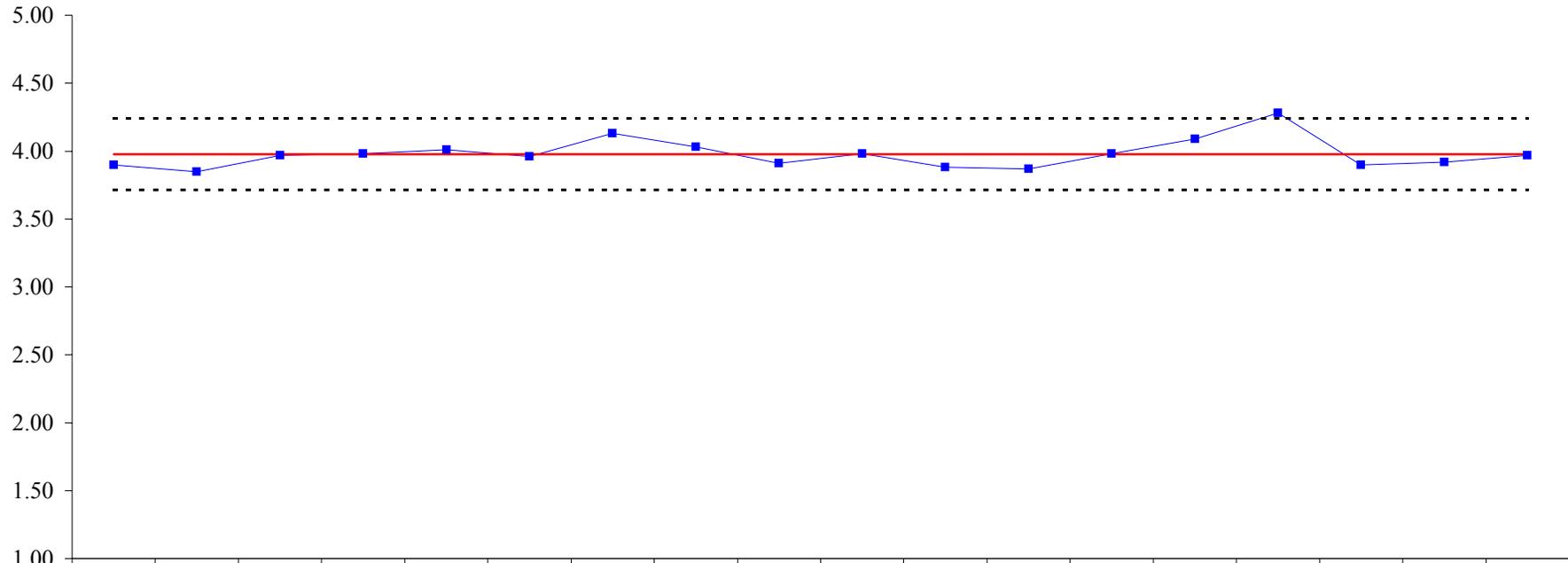


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.06	4.15	4.44	3.87	4.23	4.51	4.27	4.50	4.45	4.18	4.39	4.27	4.68	4.66	4.51	4.19	4.18	3.87
Surveys	23	23	19	20	22	16	17	29	16	18	12	24	10	20	23	22	24	19
Discharges	31	30	26	27	26	33	25	39	20	25	19	29	18	26	27	30	24	20
% Sampled	74%	77%	73%	74%	85%	48%	68%	74%	80%	72%	63%	83%	56%	77%	85%	73%	100%	95%
----- UCL	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92
— Avg	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30
----- LCL	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

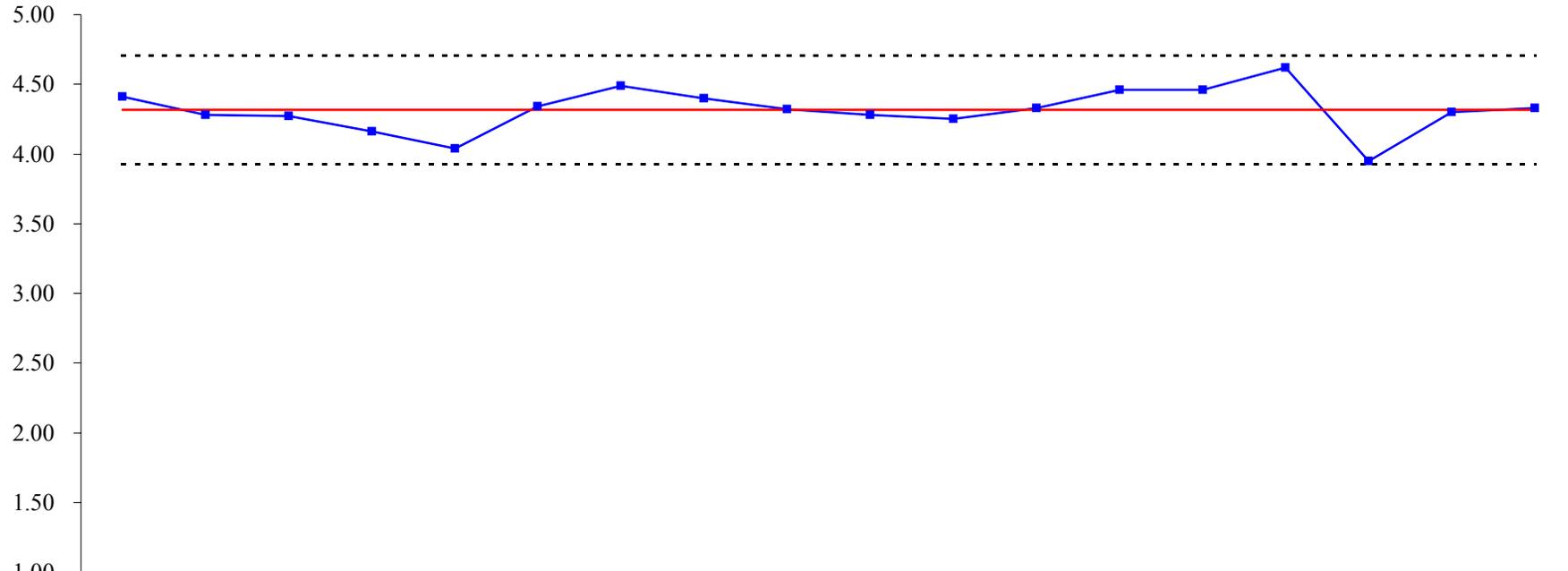


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.90	3.85	3.97	3.98	4.01	3.96	4.13	4.03	3.91	3.98	3.88	3.87	3.98	4.09	4.28	3.90	3.92	3.97
Surveys	57	56	54	71	41	49	50	43	33	50	42	37	41	62	54	27	50	44
Discharges	179	182	237	174	195	204	181	185	163	200	200	198	182	229	228	208	228	224
% Sampled	32%	31%	23%	41%	21%	24%	28%	23%	20%	25%	21%	19%	23%	27%	24%	13%	22%	20%
----- UCL	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24
— Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
----- LCL	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71

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

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

**Adults & Adolescents will be Satisfied With Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

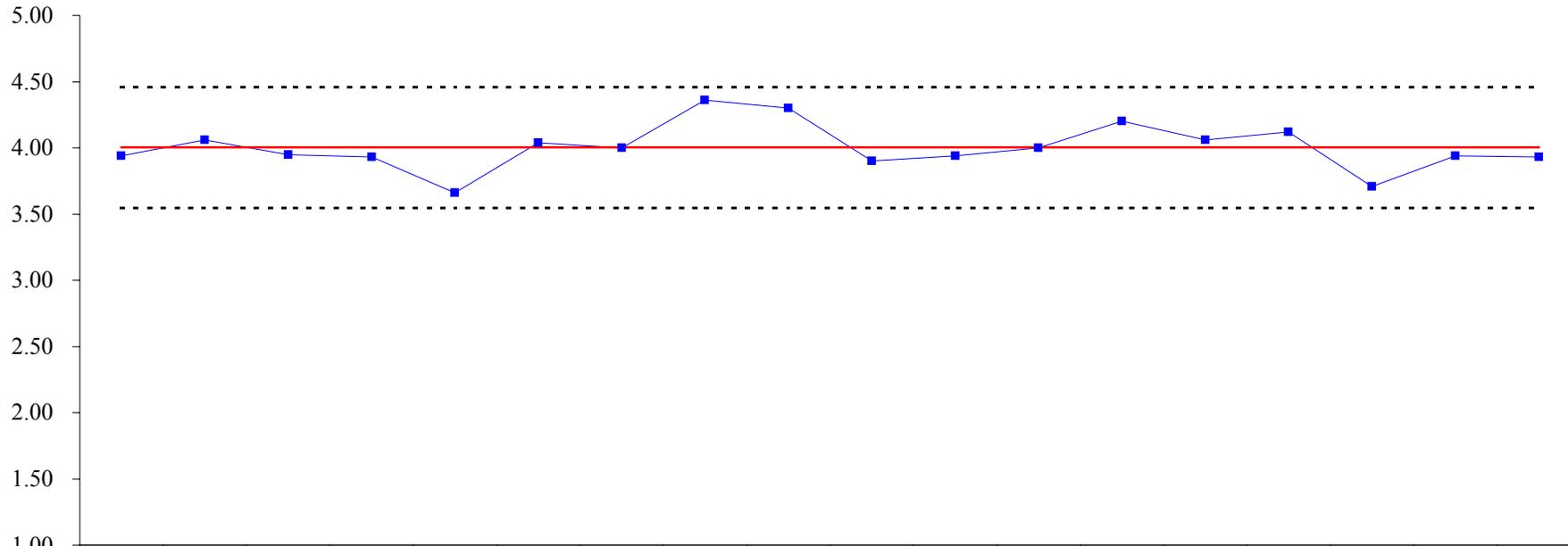


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	4.41	4.28	4.27	4.16	4.04	4.34	4.49	4.40	4.32	4.28	4.25	4.33	4.46	4.46	4.62	3.95	4.30	4.33
Surveys	32	17	35	43	15	14	26	19	40	50	57	63	57	58	47	37	36	25
Discharges	96	70	114	123	104	122	103	97	87	100	94	112	105	117	107	89	87	78
% Sampled	33%	24%	31%	35%	14%	11%	25%	20%	46%	50%	61%	56%	54%	50%	44%	42%	41%	32%
UCL	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70
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	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

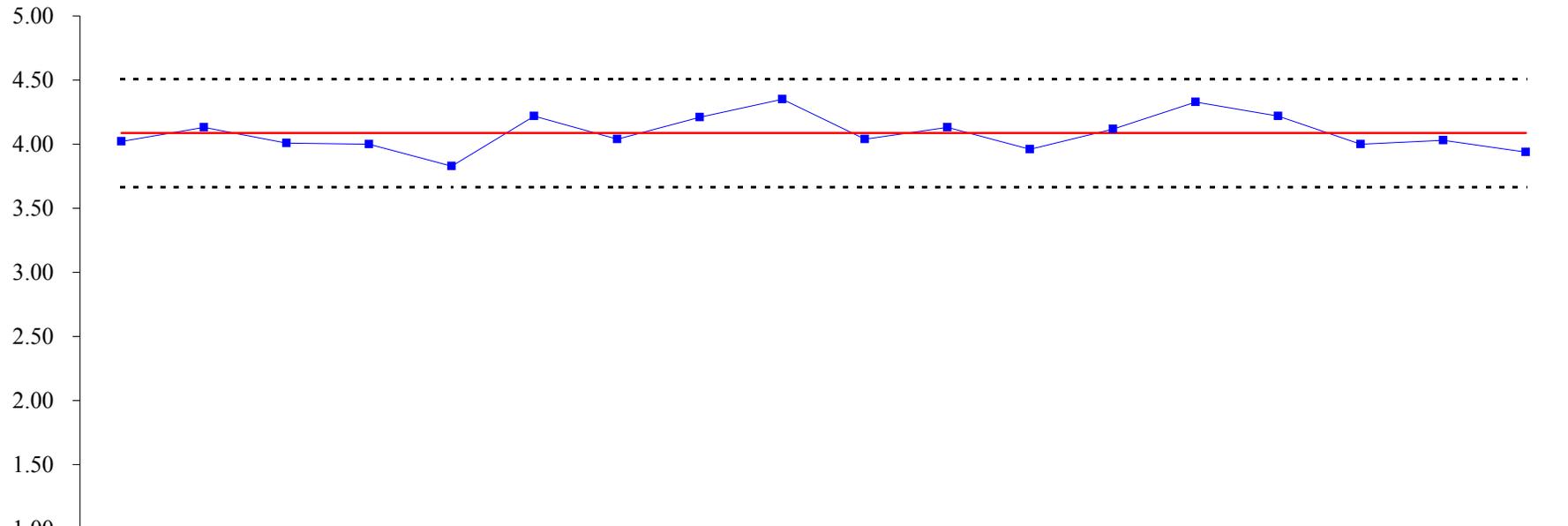


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.94	4.06	3.95	3.93	3.66	4.04	4.00	4.36	4.30	3.90	3.94	4.00	4.20	4.06	4.12	3.71	3.94	3.93
Surveys	97	72	86	70	65	91	75	73	72	49	64	40	59	60	81	52	69	66
Discharges	154	145	176	164	149	202	157	168	132	100	152	148	149	163	153	145	157	152
% Sampled	63%	50%	49%	43%	44%	45%	48%	43%	55%	49%	42%	27%	40%	37%	53%	36%	44%	43%
- - - - - 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	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
- - - - - LCL	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

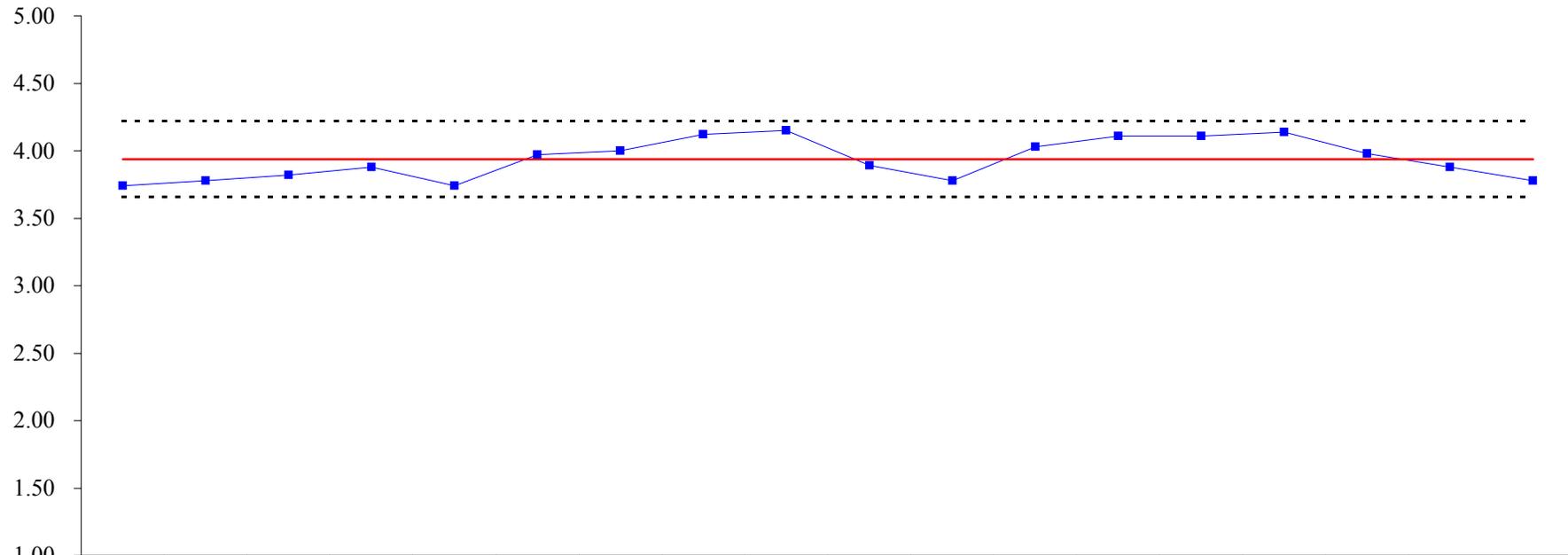


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	4.02	4.13	4.01	4.00	3.83	4.22	4.04	4.21	4.35	4.04	4.13	3.96	4.12	4.33	4.22	4.00	4.03	3.94
Surveys	83	118	120	80	63	65	102	27	28	51	58	42	66	69	94	90	71	104
Discharges	222	238	276	216	252	246	232	236	220	198	214	206	196	244	232	238	208	211
% Sampled	37%	50%	43%	37%	25%	26%	44%	11%	13%	26%	27%	20%	34%	28%	41%	38%	34%	49%
..... UCL	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51
— 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	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**

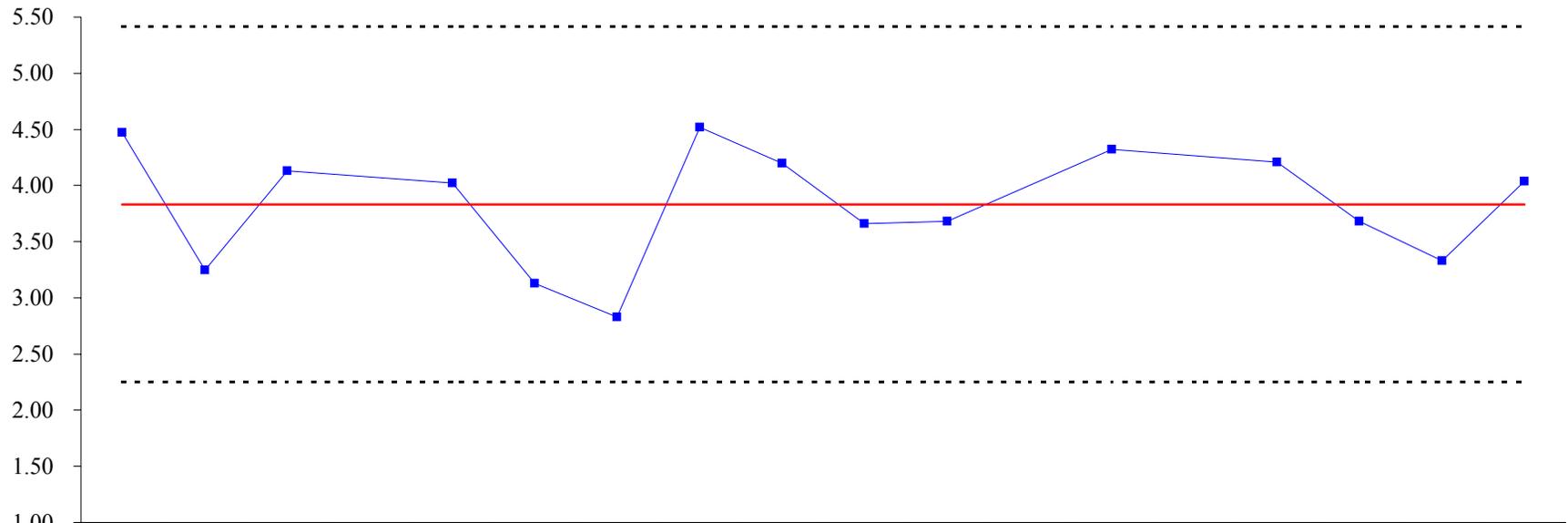


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.74	3.78	3.82	3.88	3.74	3.97	4.00	4.12	4.15	3.89	3.78	4.03	4.11	4.11	4.14	3.98	3.88	3.78
Surveys	118	113	144	92	85	140	114	102	84	89	115	131	106	140	130	110	156	137
Discharges	246	212	250	199	213	245	198	229	244	175	229	242	229	247	236	219	264	243
% Sampled	48%	53%	58%	46%	40%	57%	58%	45%	34%	51%	50%	54%	46%	57%	55%	50%	59%	56%
----- 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	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
..... LCL	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2008 Expectation is Average Score  $\geq 3.60$ )**



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb*	Mar	Apr*	May	Jun	Jul	Aug
—■— Score	4.47	3.25	4.13		4.02	3.13	2.83	4.52	4.20	3.66	3.68		4.32		4.21	3.68	3.33	4.04
Surveys	2	4	2	0	8	4	1	3	2	3	4	0	1	0	3	21	13	13
Discharges	12	10	15	20	16	21	7	11	13	13	17	12	10	11	18	23	17	15
% Sampled	17%	40%	13%	0%	50%	19%	14%	27%	15%	23%	24%	0%	10%	0%	17%	91%	76%	87%
----- UCL	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41
— Avg	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83
----- LCL	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25

\*No Survey Done

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

**Performance Objective 9F:**

**Regularly scheduled assessments will be conducted using established criteria and improvement opportunities identified by each state hospital on the Facility Support Performance Indicators.**

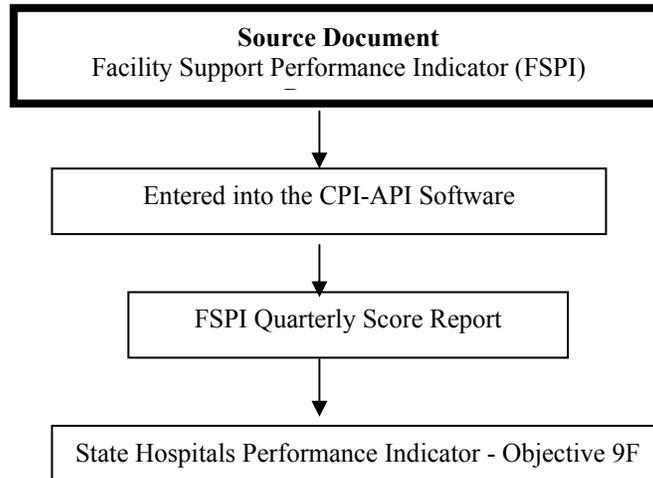
**Performance Objective Operational Definition:** The state hospital performs the self-assessment once per fiscal year according to the schedule.

**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:**

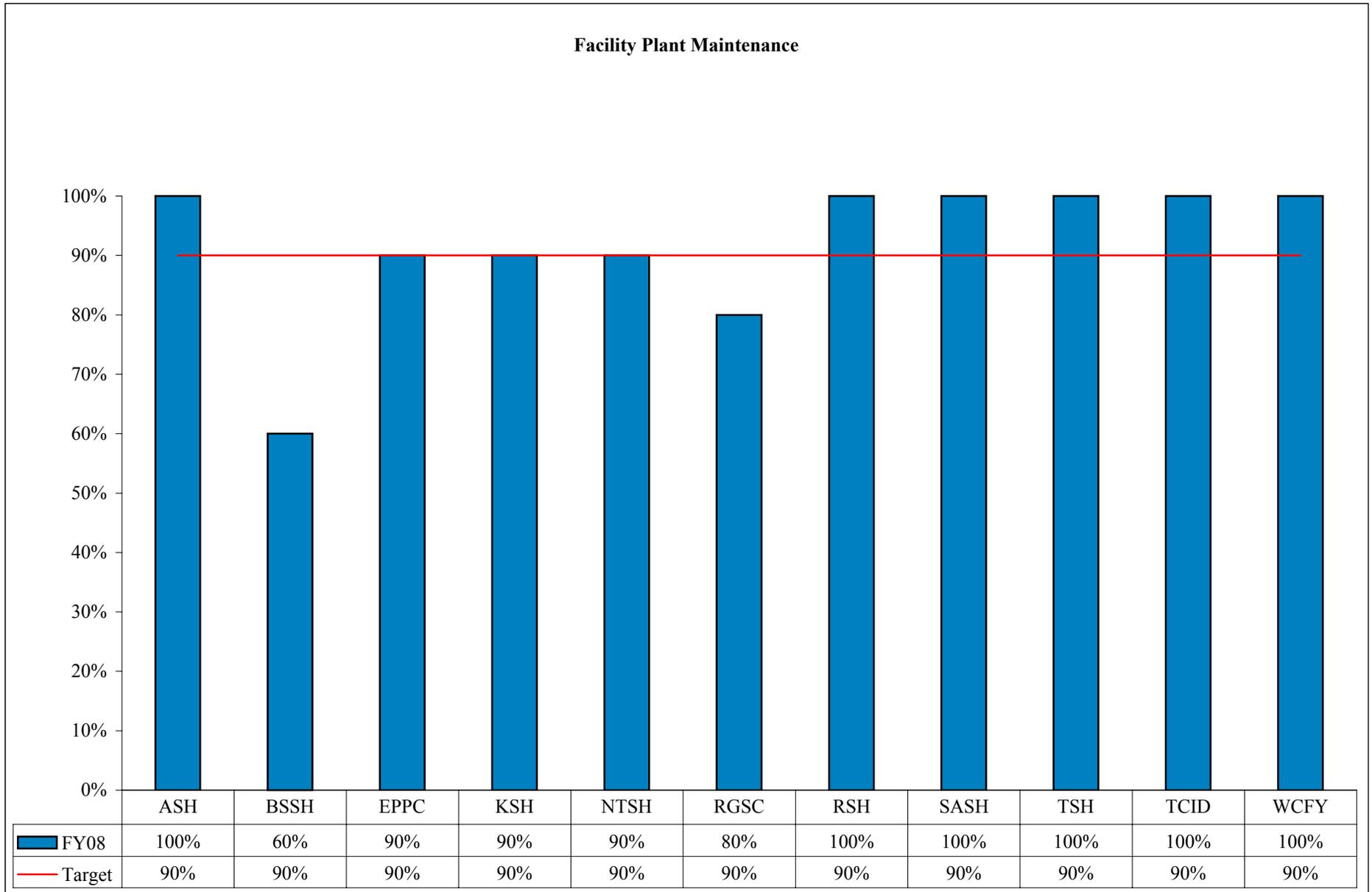


**Objective 9F - Facility Support Performance Indicators**  
**All State Hospitals - FY2008**

	Q1		Q2		Q3	Q4
	Pharmacy Controls	Medication Room Controls	Competency Training & Development	Facility Contracts Management	Procurement Card Controls	Facility Plant Maintenance
Compliance Target	90%	90%	80%	90%	90%	90%
<b>State Hospital Totals</b>	<b>98%</b>	<b>94%</b>	<b>93%</b>	<b>98%</b>	<b>86%</b>	<b>92%</b>
Austin State Hospital	100%	100%	92%	90%	100%	100%
Big Spring State Hospital	100%	100%	92%	100%	100%	60%
El Paso Psychiatric Center	100%	100%	100%	100%	80%	90%
Kerrville State Hospital	95%	89%	67%	90%	100%	90%
North Texas State Hospital	90%	90%	100%	100%	50%	90%
Rio Grande State Center	100%	100%	92%	100%	80%	80%
Rusk State Hospital	95%	90%	100%	100%	80%	100%
San Antonio State Hospital	95%	90%	92%	100%	90%	100%
Terrell State Hospital	100%	100%	100%	100%	100%	100%
Texas Center for Infectious Disease	100%	100%	92%	100%	90%	100%
Waco Center For Youth	100%	75%	92%	100%	80%	100%

\*CF = Contract Facility

**Objective 9F - Facility Support Performance Indicators**  
**All State Hospitals - FY2008**  
**Facility Plant Maintenance**



## Texas Center for Infectious Disease (TCID) Data Sheet - FY08

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

## Appendix B - Control Chart Analysis

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

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

### **Why use control charts?**

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

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

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

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

### **What information does control charts provide?**

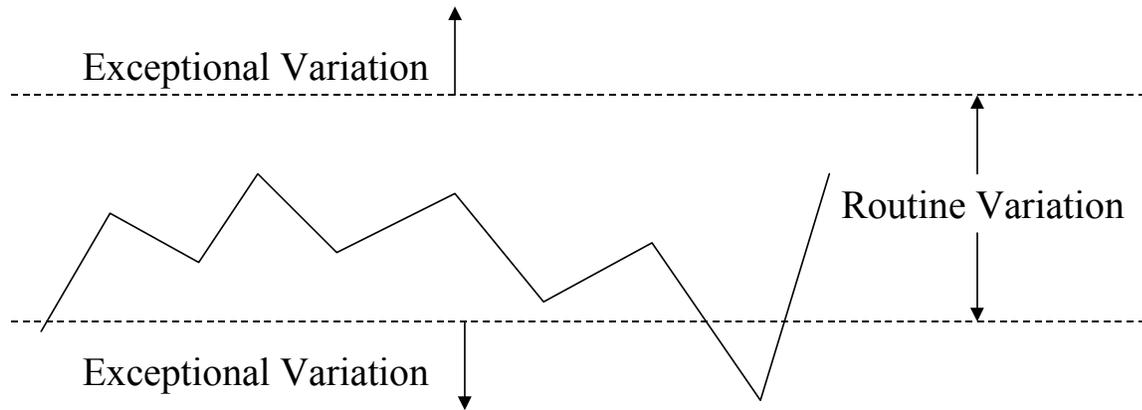
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

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

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

*Don Wheeler, Building Continual Improvement.*

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



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

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

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

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

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

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

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

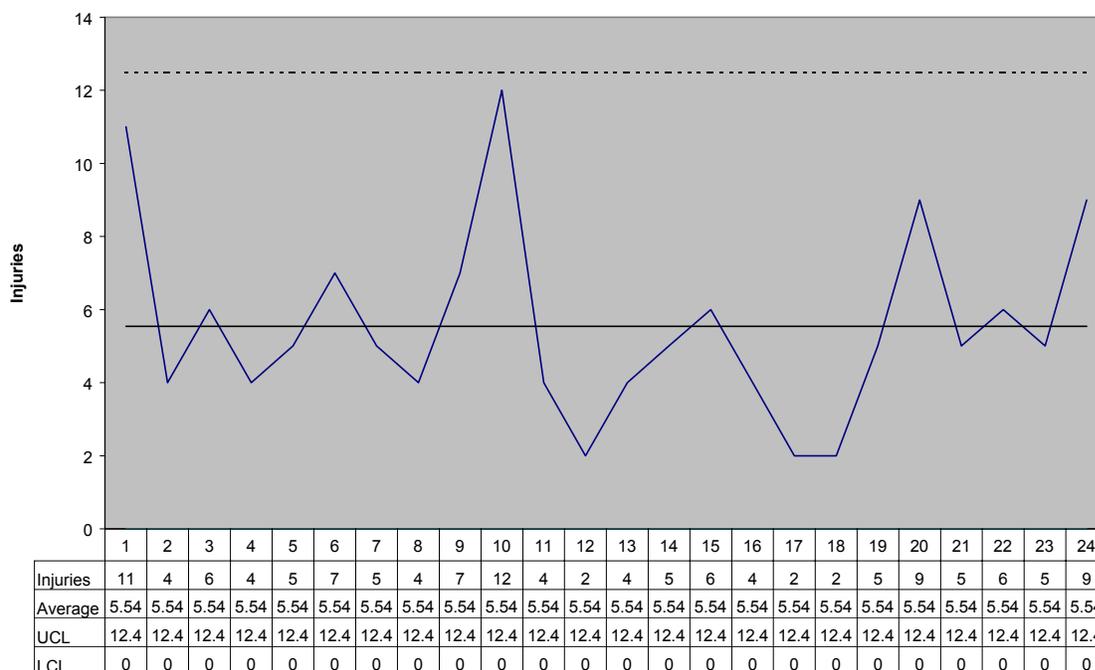
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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

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

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

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

**The XmR Chart for Monthly Injuries**



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

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

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

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

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

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

Thus the process behavior chart allows you to:

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

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

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

### **Three Rules for Detecting Assignable Causes**

#### **Detection Rule One: Points Outside the Limits**

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

#### **Detection Rule Two: Runs Near the Limits**

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

#### **Detection Rule Three: Runs About the Central Line**

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

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

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

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

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

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

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

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

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