

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

Statewide Performance Indicators
4th Quarter FY 2011

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THE MISSION OF TEXAS STATE GOVERNMENT

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

HEALTH AND HUMAN SERVICES PRIORITY GOAL

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

HEALTH AND HUMAN SERVICES

OVERVIEW

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

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

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

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

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

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

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

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

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

Promote and protect good health:

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

Achieve economic self-sufficiency:

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

Ensure safety and dignity:

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

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

A healthy Texas.

MISSION

To improve health and well-being in Texas.

GOALS

Goal 1: Preparedness and Prevention Services

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

Goal 2: Community Health Services

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

Goal 3: Hospital Services

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

Goal 4: Consumer Protection Services

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

DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

MISSION

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

GOALS

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

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

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

STATE HOSPITALS SECTION

FY2011 MANAGEMENT PLAN

The State Hospitals Section FY 2011 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

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

PERFORMANCE MEASURES:

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

REQUIRED REPORTING TO GOVERNING BODY:

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

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

LEGISLATIVE BUDGET BOARD PERFORMANCE MEASURES Directly Relating to State Hospitals

Outcome Measures:

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

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

Output Measures:

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

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

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

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

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

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

Efficiency Measures:

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

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

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

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

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

Explanatory Measures:

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

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

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
<p>GOAL 1: PROVIDE LEADERSHIP - The leadership of the State Hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on a safe and therapeutic environment. This goal also addresses the relationship between the Superintendent, the Governing Body and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and, maximizing reimbursement potential.</p>			
O - 1A	MONITOR OUTSIDE MEDICAL COSTS FOR CIVIL AND FORENSIC PATIENTS.	LD.04.01.03	State Hospitals
O - 1B	MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY11.	LD.04.01.01	State Hospitals
O - 1C	REPORT FY11 COLLECTIONS COMPARISON TO FY10 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.	LD.04.01.03	State Hospitals
O - 1D	Update the Funding Methodology which identifies the relationship between the State Psychiatric Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2011.	LD.04.01.03	State Hospitals Section
O - 1E	OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT HAS BEEN ALLOCATED AND PROJECTED FOR THE HOSPITAL INPATIENT SERVICES.	LD.04.01.03	Psychiatric Hospitals
O - 1F	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2011.	LD.01.01.01	State Hospitals Section
O - 1G	Review and evaluate current Dangerousness Review Board operations and identify opportunities for improvement and recommend strategies for same to the Director of State Hospital Section by January 1, 2011.	LD.04.01.07	Forensic Services Committee
O - 1H	Identify needs and opportunities for coordinating shared training of inpatient staff and community based staff on forensic issues, and make recommendations for same to the Director of State Hospitals by January 1, 2011.	HR.01.05.03	Forensic Services Committee

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

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

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

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
GOAL 5: ASSURE CONTINUUM OF CARE - All State Hospitals will collaborate and work cooperatively with designated local mental health authorities to assure patient access to an integrated system of setting services and care levels. To facilitate discharge or transfer, the hospital assesses the patient needs, plans for discharge or transfer process, and, helps to ensure that continuity of care, treatment and services are maintained.			
O - 5A	REPORT ON DISCHARGE OR TRANSFER OF DUALY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND INTELLECTUAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY.	PC.02.02.01	Psychiatric Hospitals
O - 5B	Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).	PC.02.02.01	Psychiatric Hospitals
O - 5C	REPORT QUARTERLY PATIENTS HAVING BEEN IN THE STATE PSYCHIATRIC HOSPITAL OVER 365 DAYS. IDENTIFIED BY FOUR CATEGORIES: 1) NEED CONTINUED HOSPITALIZATION, (CIVIL/FORENSIC); 2) ACCEPTED FOR PLACEMENT; 3) BARRIER TO PLACEMENT, AND 4)CRIMINAL COURT INVOLVEMENT. THE HOSPITAL AND THE LOCAL MENTAL HEALTH AUTHORITY WILL UPDATE A NEW CONTINUITY OF CARE PLAN FOR ANY PATIENT WHO IS ON THE LIST IN CATEGORY 3. THIS PLAN SHOULD BE DEVELOPED WITHIN 30 DAYS AFTER BEING IDENTIFIED.	PC.02.02.01	Psychiatric Hospitals
M - 5A	CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.	PC.01.01.01	State Hospitals
M - 5B	CALCULATE PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY; 7 DAYS OR LESS; 8 TO 30 DAYS, 31 TO 90 DAYS; GREATER THAN 90 DAYS.	PC.01.01.01	Psychiatric Hospitals
M - 5C	REPORT NUMBER OF ADMISSION; AVERAGE LENGTH OF STAY; NUMBER OF OUTPATIENT ADMISSIONS; NUMBER OF DISCHARGES BY CATEGORIES (TUBERCULOSIS, MULTI-DRUG RELATED TUBERCULOSIS [MDRTB], EXTENSIVELY DRUG RESISTANT TUBERCULOSIS [XDRTB]).	PC.01.01.01	TCID

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 5D	CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND ALL DISCHARGES.	PC.01.01.01	Psychiatric Hospitals
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.			
O - 6A	Maintain prioritized budget lists to address needed environmental and physical plant improvements and capital equipment needs for which no centralized designated funds have been allocated.	EC.01.01.01	State Hospitals
O - 6B	MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.	EC.04.01.01	State Hospitals
O - 6C	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.	EC.04.01.01	State Hospitals
O - 6D	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.	HBIPS 1. PC.03.03.03	State Hospitals
O - 6E	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEES INJURED DURING RESTRAINT OR SECLUSION WITH A GOAL OF ZERO.	HBIPS 1. PC.03.03.03	State Hospitals
O - 6F	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.	HBIPS 1. PC.01.01.01	State Hospitals
O - 6G	ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND DEMONSTRATE EFFORTS TO REDUCE THE RATE OF FALLS WITH A GOAL OF ZERO.	NPSG.09.02.01	State Hospitals
O - 6H	Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.	LD.04.04.05	State Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 6A	CALCULATE, TREND AND REVIEW RATE OF PATIENT INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 0-17; AGE 18-64; AGE 65-OLDER.	EC.04.01.01,03	State Hospitals
M - 6B	CALCULATE, TREND AND REVIEW RATE OF ON THE JOB EMPLOYEE INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 18-39; AGE 40-64; AGE 65-OLDER.	EC.04.01.01,04	State Hospitals
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.			
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY11.	RC.01.04.01	CPIC
O - 7B	Monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50% of the average monthly discharges. Data is trended and performance improvement initiatives are taken as appropriate.	RC.01.04.01 03-04	State Hospitals
O - 7C	Analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.	IM.01.01.02	State Hospitals
O - 7D	MONITOR AND ANALYZE THE CRS DOWNTIME.	IM.01.01.02	Hospital Management Data Services
O - 7E	Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.	MS.13.01.03	State Hospitals Section
O - 7F	Evaluate and report annually to the Governing Body on the use of video-conferencing.	LD.01.04.01	State Hospitals
O - 7G	Report implementation of electronic medical record .	LD.01.04.01	TCID

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 7H	Report on performance improvement activity related to ORYX core measures that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.	PL.01.01.01	State Hospital
O - 7I	MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.	IM.04.01.01	State Hospitals
<p>GOAL 8: ASSURE A COMPETENT WORKFORCE - The State Hospitals Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer-employee arrangements or contractual arrangement; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.</p>			
O - 8A	ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.	HR.01.05.03	State Hospitals
O - 8B	ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.	HR.01.07.01	State Hospitals
O - 8C	Ensure all Competency and Training Development (CTD) Instructors and Nurse Educators complete the Professional Instructors Training Certification (PiCert®) no later than August 31, 2011.	HR.01.06.01	State Hospitals
M - 8A	COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.	LD.04.03.01	State Hospitals
M - 8B	COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).	LD.04.03.01	State Hospitals
M - 8C	REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)	HR.01.05.03	State Hospitals
<p>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.</p>			

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 9A	REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.	RI.01.07.01	Psychiatric Hospitals
O - 9B	REPORT ADULT AND ADOLESCENT PATIENTS SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).	PI.01.01.01	Psychiatric Hospitals
O - 9C	Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.	PI.01.01.01	State Hospitals
O - 9D	Conduct a minimum of one patient tracer for each treatment team during FY11. Data collected utilizing tracer methodology will follow the care that individual patients receive, as well as evaluate patient care systems and processes. Information will be aggregated at the hospital level and a summary report will be provided to the Governing Body at the second meeting of FY11.	PI.01.01.01	State Hospitals
O - 9E	CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.	PI.01.01.01	State Hospitals
O - 9F	Review the Assessments of Facility Support Systems instruments and make recommendations.	LD.04.01.11	CPIC

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 9G	Monitor and analyze patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit, including the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.	LD.04.01.11	State Hospitals
GOAL 10: INFECTION CONTROL - The State Hospitals provide the leadership and resources necessary to prevent and control health-care associated infections. This goal focuses on reducing the risk of health-care acquired infection through appropriate risk reduction strategies, including staff education, monitoring hand hygiene compliance, immunization, surveillance activities, and preventing the spread of multiple drug resistant organisms (MDRO).			
O - 10A	Establish a hospital specific infection control plan based upon the hospital's risk assessment and report on its implementation. Present evaluation of the plan annually.	IC.01.05.01 IC.02.01.01 IC.03.01.01	State Hospitals
O - 10B	Report results of monitoring State Hospitals Section "Guidelines for Monitoring Hand Hygiene".	NPSG.07.01.01	State Hospitals
M - 10A	COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.	IC.02.01.01	State Hospitals
M - 10B	Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers).	IC.02.04.01	State Hospitals
M - 10C	Report rate of pneumococcal and influenza immunization for patients identified as high risk.	IC.02.01.01	State Hospitals
M - 10D	Report Multiple Drug Resistant Organism (MDRO) surveillance and prevention activities, including: MDRO infection rates; compliance with evidence based guidelines or best practices; and percentage of employees who have completed education regarding MDROs.	NPSG.07.03.01	State Hospitals

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GOAL 1: Provide Leadership

Performance Objective 1A:

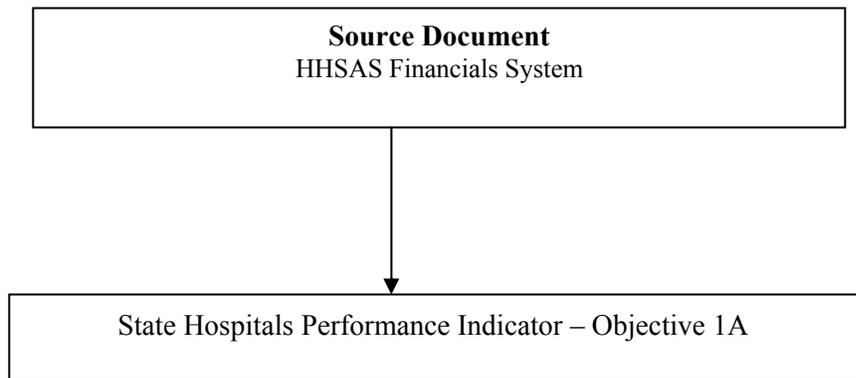
Monitor outside medical costs for civil and forensic patients.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

Outside Medical Cost

FY2010

FY2011

Facility	Q1	Q2	Q3	Q4	FY	Q1	Q2	Q3	Q4	FYTD
ASH	\$270,549	\$766,338	\$785,922	\$749,672	\$2,572,481	\$447,577	\$596,770	\$839,287	\$811,108	\$2,694,742
BSSH	\$156,461	\$280,004	\$324,991	\$257,209	\$1,018,665	\$88,523	\$146,174	\$103,671	\$110,716	\$449,084
EPPC	\$6,622	\$67,462	\$75,475	\$30,401	\$179,960	\$1,528	\$103,615	\$143,302	\$106,495	\$354,940
KSH	\$112,588	\$105,304	\$77,772	\$108,241	\$403,905	\$155,768	\$168,035	\$151,550	\$181,424	\$656,777
NTSH	\$245,775	\$633,694	\$476,886	\$592,507	\$1,948,862	\$259,477	\$556,429	\$597,275	\$587,324	\$2,000,505
RGSC	\$57,763	\$139,630	\$139,287	\$128,494	\$465,174	\$140,625	\$92,383	\$104,689	\$102,788	\$440,485
RSH	\$639,678	\$754,574	\$701,085	\$623,623	\$2,718,959	\$628,573	\$438,292	\$1,069,310	\$411,241	\$2,547,416
SASH	\$107,488	\$455,475	\$382,054	\$321,462	\$1,266,480	\$44,406	\$255,707	\$323,475	\$425,705	\$1,049,293
TSH	\$146,271	\$230,984	\$344,767	\$247,581	\$969,603	\$144,899	\$53,477	\$107,143	\$199,657	\$505,176
WCFY	\$10,378	\$17,348	\$29,199	\$33,469	\$90,394	\$24,318	\$18,138	\$39,305	\$16,984	\$98,745
All SH	\$1,753,572	\$3,450,812	\$3,337,437	\$3,092,659	\$11,634,481	\$1,935,694	\$2,429,020	\$3,479,007	\$2,953,442	\$10,797,163

Q1 was updated

Performance Objective 1B:

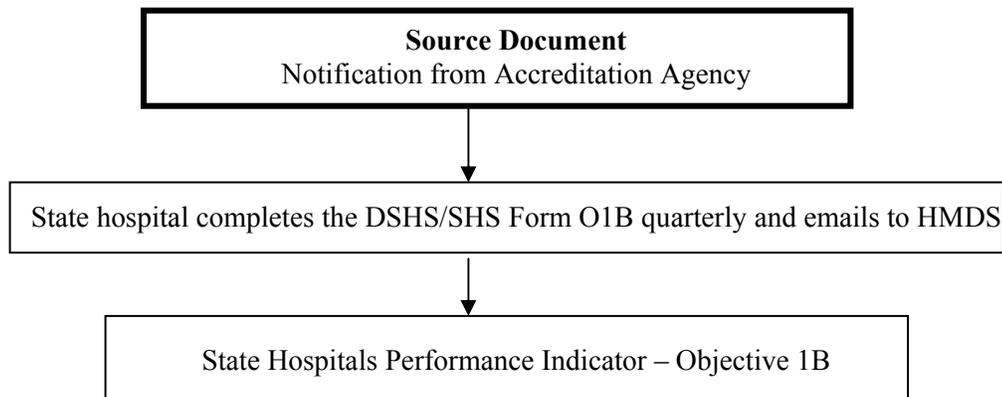
Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2011.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Nov-09	May-09	Nov-09	Sep-09	Feb-10	Jun-11	Feb-10	May-10	Apr-10	Aug-09	Jun-10
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY11	0	0	0	0	0	1	0	0	0	1	0
Medicare Certification											
No. certified beds:	201	156	41	48	100	55	166	208	94	72	N/A
No. of Complaint Visits for Q4	0	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Apr-09	Jun-09	Jan-09	Feb-07	Sep-07	May-08		Jul-11	Mar-08	Aug-11	
Date of last IMD Review:	May-10	Aug-11	Aug-11	Dec-08	Sep-10	N/A	Oct-09	Nov-09	Aug-10	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-10
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Dec-10	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

Performance Objective 1C:

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

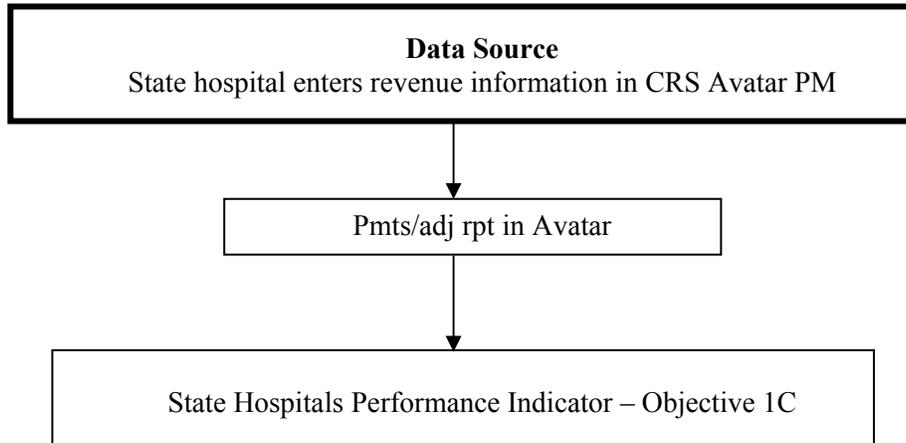
Performance Objective Operational Definition: The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

Performance Objective Formula: No formula.

Performance Objective Data Display and Chart Description:

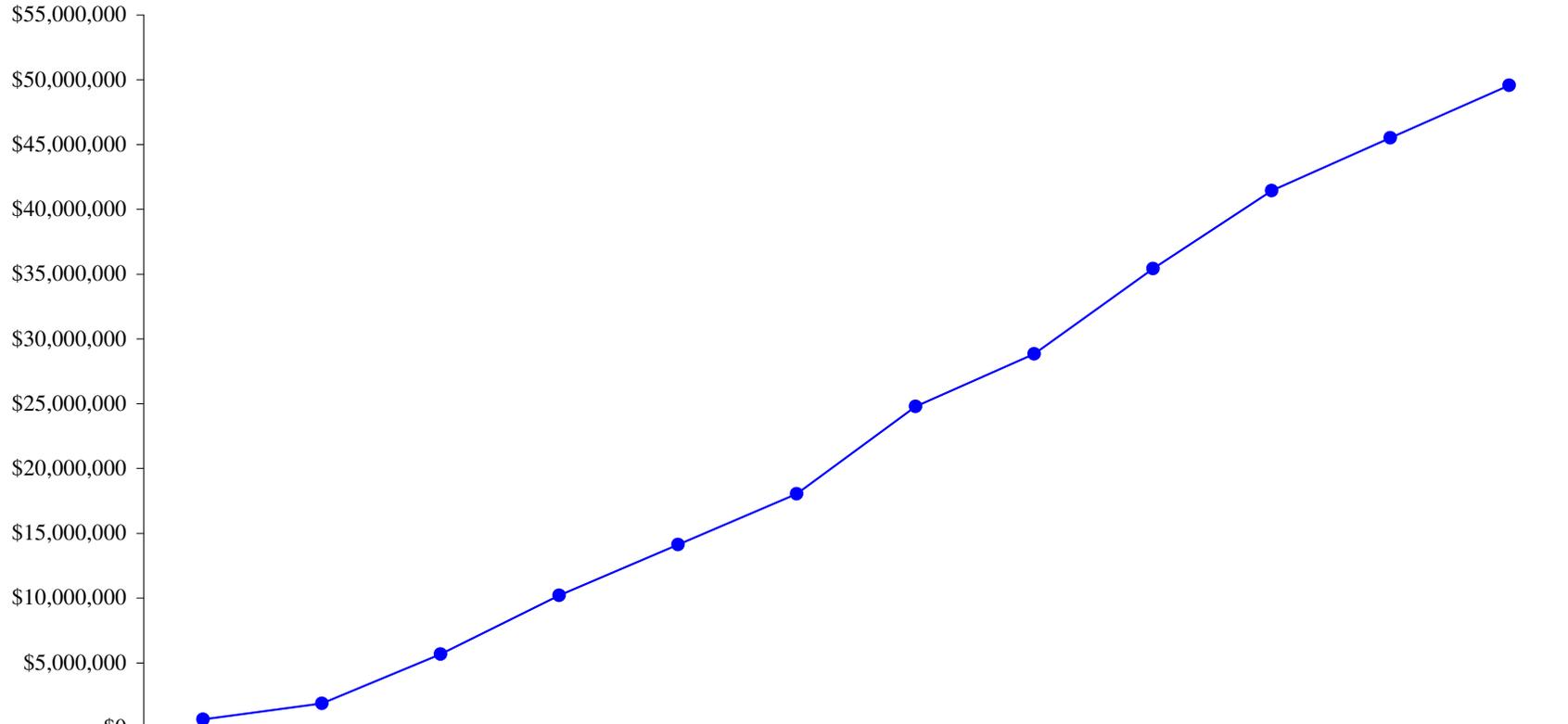
- ◆ Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

Data Flow:



Objective 1C - FY2011 Revenue Targets
All MH Facilities

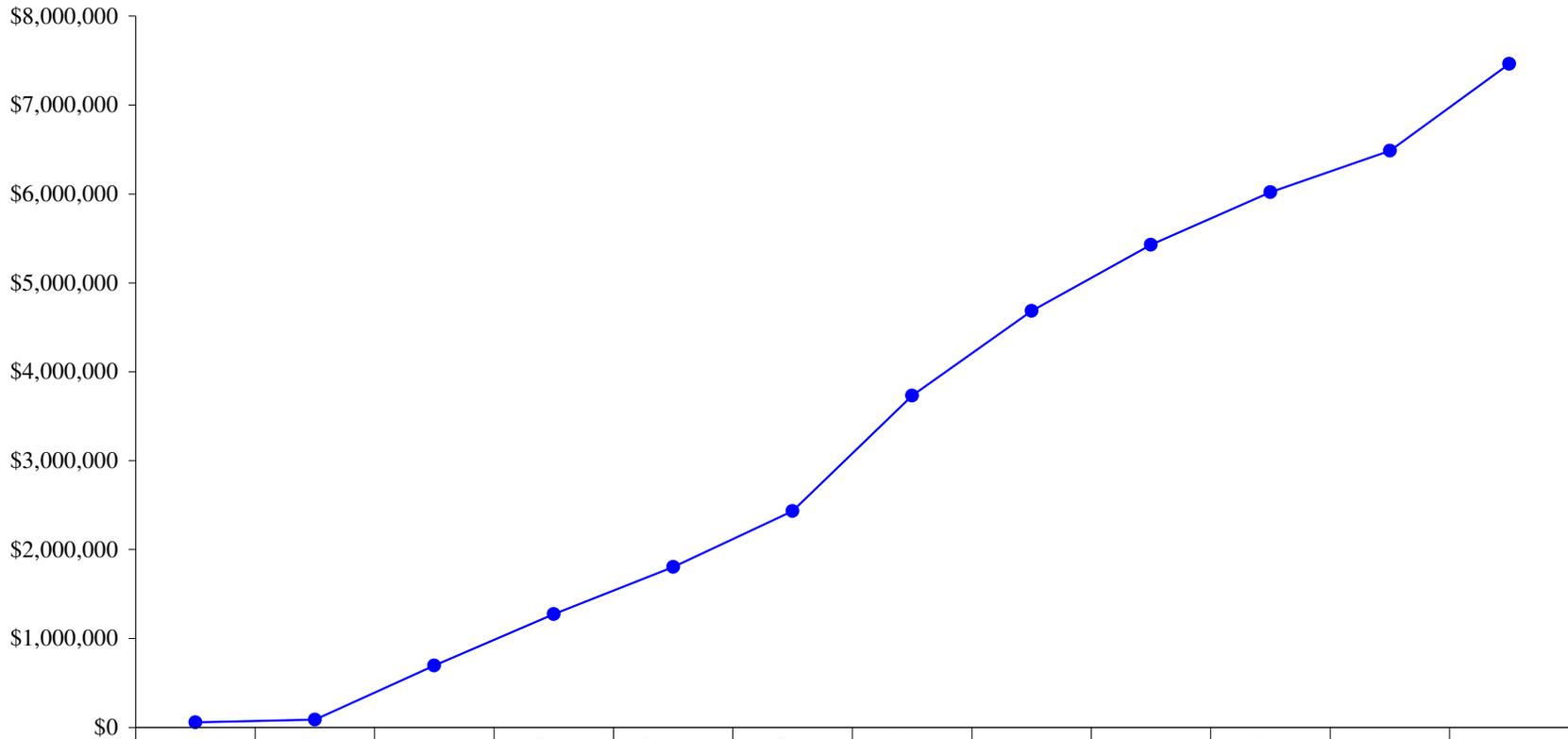
FY2011 Revenue Collection



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$648,459	\$1,213,808	\$3,808,332	\$4,540,573	\$3,911,240	\$3,929,560	\$6,735,699	\$4,063,635	\$6,571,637	\$6,019,653	\$4,075,419	\$4,053,315
Medicaid	\$10,241	\$243,047	\$1,600,986	\$1,847,790	\$1,544,544	\$997,607	\$2,080,786	\$1,366,243	\$1,483,757	\$1,183,867	\$1,475,994	\$829,569
Medicare	\$633,132	\$797,871	\$1,475,726	\$1,898,501	\$1,514,002	\$2,232,467	\$3,771,511	\$2,007,583	\$2,209,741	\$2,236,100	\$1,793,807	\$2,578,771
Private Source	\$157	\$118,735	\$515,535	\$666,956	\$761,063	\$596,436	\$682,541	\$574,190	\$2,760,659	\$2,521,674	\$709,787	\$562,382
Others - Stimulus Payments	\$4,930	\$54,154	\$216,085	\$127,325	\$91,631	\$103,050	\$200,862	\$115,619	\$117,480	\$78,013	\$95,831	\$82,593
● FYTD Total	\$648,459	\$1,862,267	\$5,670,599	\$10,211,172	\$14,122,412	\$18,051,972	\$24,787,671	\$28,851,307	\$35,422,943	\$41,442,597	\$45,518,016	\$49,571,331
FY10 Collections	\$5,749,135	\$2,974,086	\$1,256,709	\$753,311	\$107,287	\$175,419	\$292,704	\$177,496	\$56,417	\$52,876	\$16,736	\$37,411

Objective 1C - FY2011 Revenue Targets
Austin State Hospital

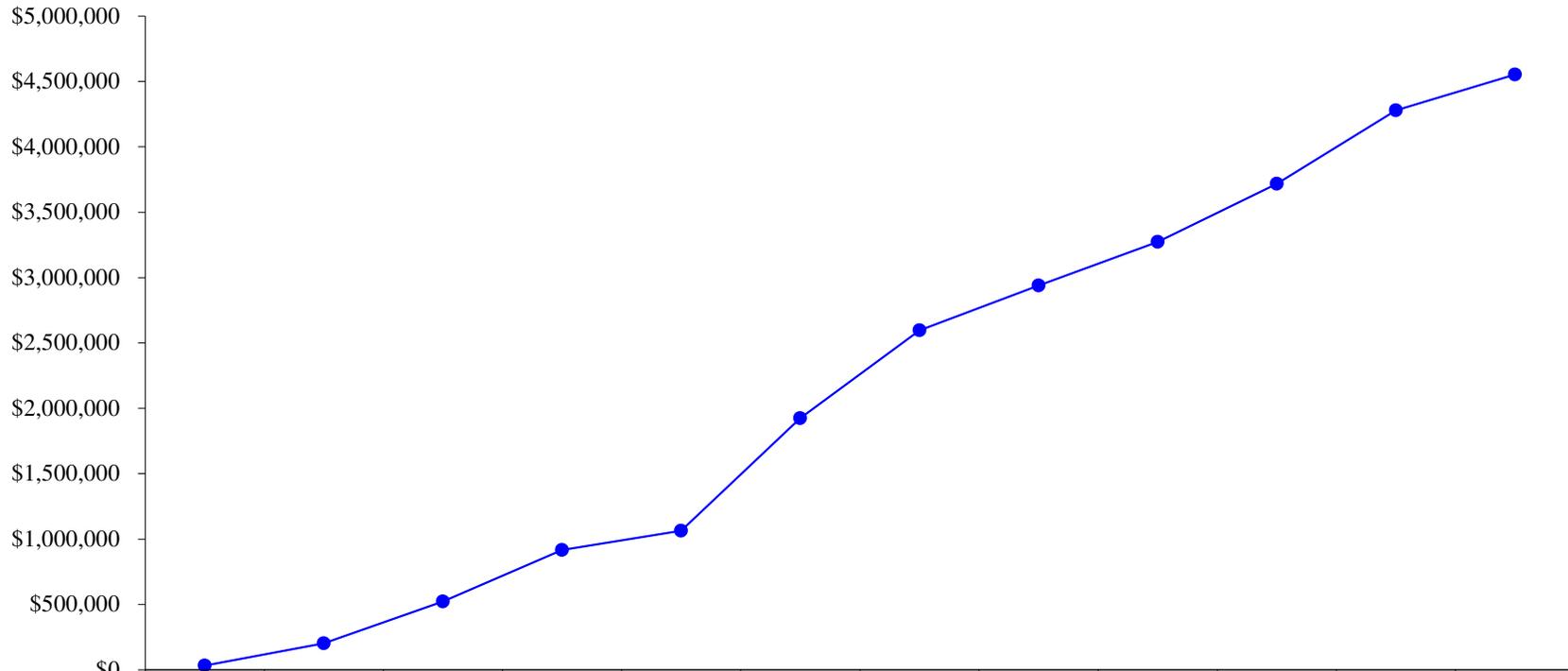
FY2011 Revenue Collection



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$56,441	\$31,769	\$608,737	\$575,892	\$532,540	\$628,159	\$1,298,782	\$953,182	\$742,100	\$592,328	\$466,748	\$977,533
Medicaid	\$10,241	\$0	\$195,293	\$205,657	\$174,826	\$177,383	\$158,438	\$221,527	\$114,720	\$249,437	\$168,088	\$38,249
Medicare	\$42,095	\$30,434	\$259,612	\$257,576	\$180,618	\$410,004	\$939,415	\$604,226	\$508,737	\$174,871	\$242,463	\$873,579
Private Source	\$60	\$1,335	\$127,497	\$92,355	\$161,281	\$30,342	\$185,594	\$107,479	\$111,326	\$149,909	\$48,409	\$63,325
Others - Stimulus Payments	\$4,045	\$0	\$26,335	\$20,304	\$15,815	\$10,430	\$15,336	\$19,951	\$7,317	\$18,111	\$7,788	\$2,381
● FYTD Total	\$56,441	\$88,210	\$696,947	\$1,272,840	\$1,805,380	\$2,433,539	\$3,732,321	\$4,685,503	\$5,427,604	\$6,019,932	\$6,486,680	\$7,464,213
FY10 Collections	\$990,004	\$345,072	\$374,489	\$165,792	-\$2,898	\$4,032	\$62,942	\$37,208	\$26,498	\$9,768	\$15,028	\$11,867

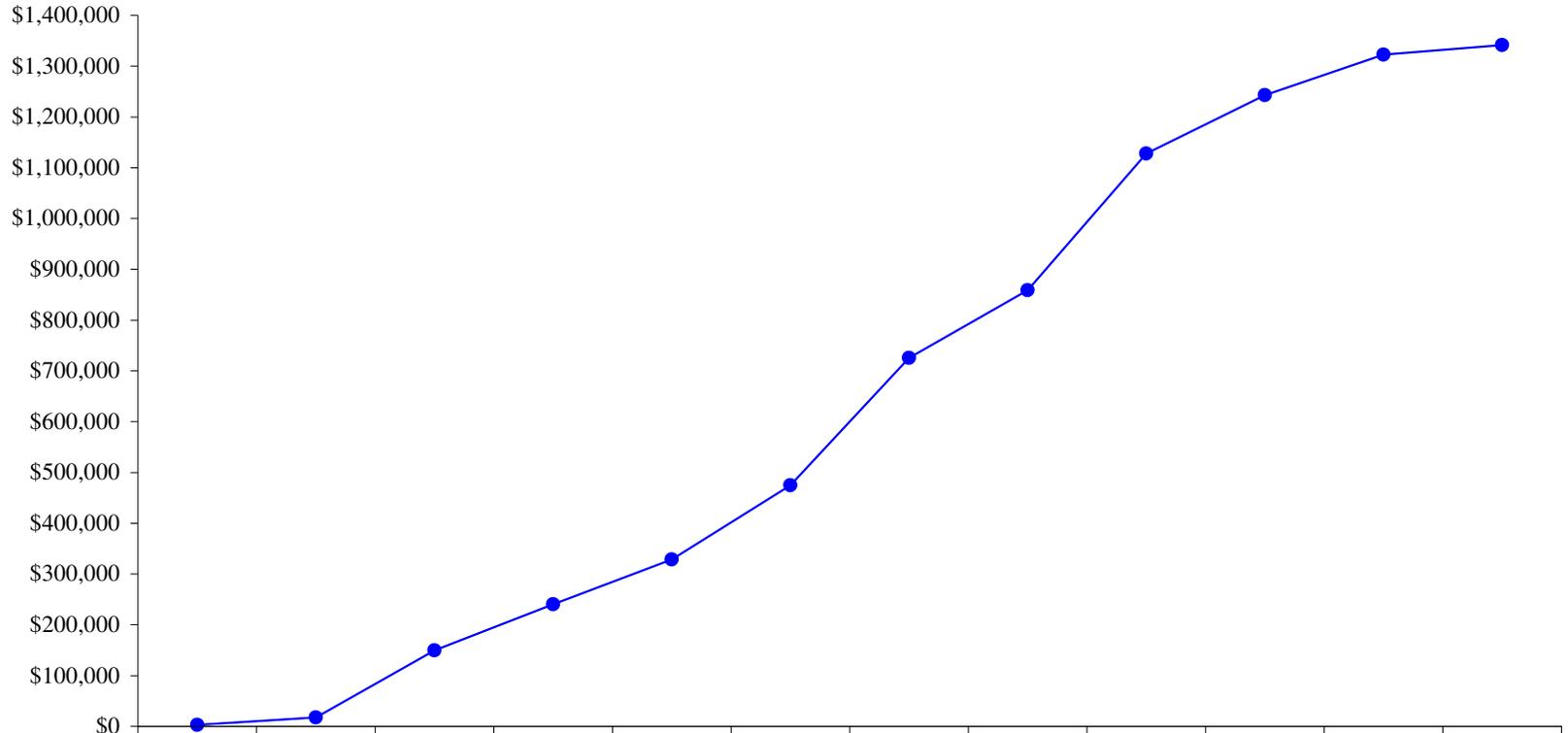
Objective 1C - FY2011 Revenue Targets
Big Spring State Hospital

FY2011 Revenue Collections



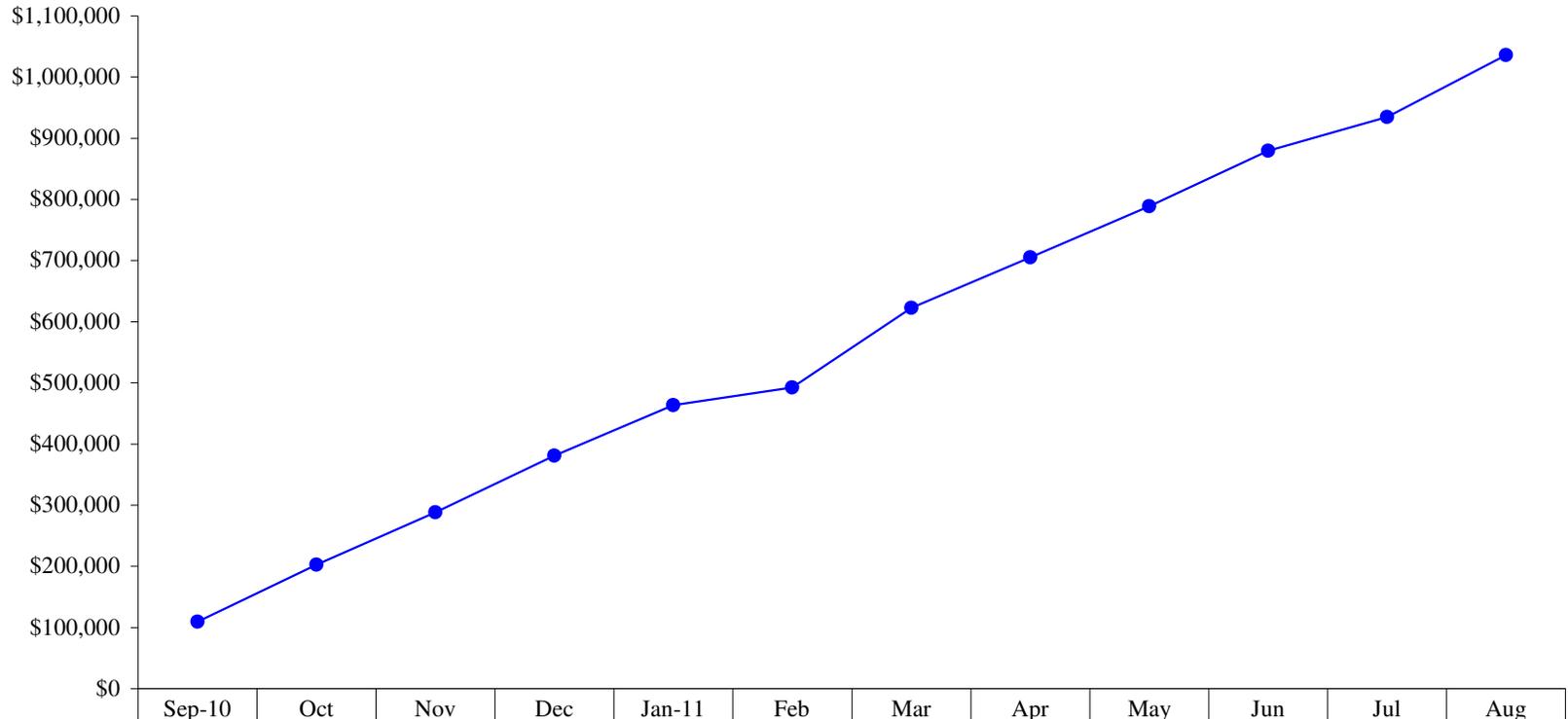
Objective 1C - FY2011 Revenue Targets
El Paso Psychiatric Center

FY 2011 Revenue Collections



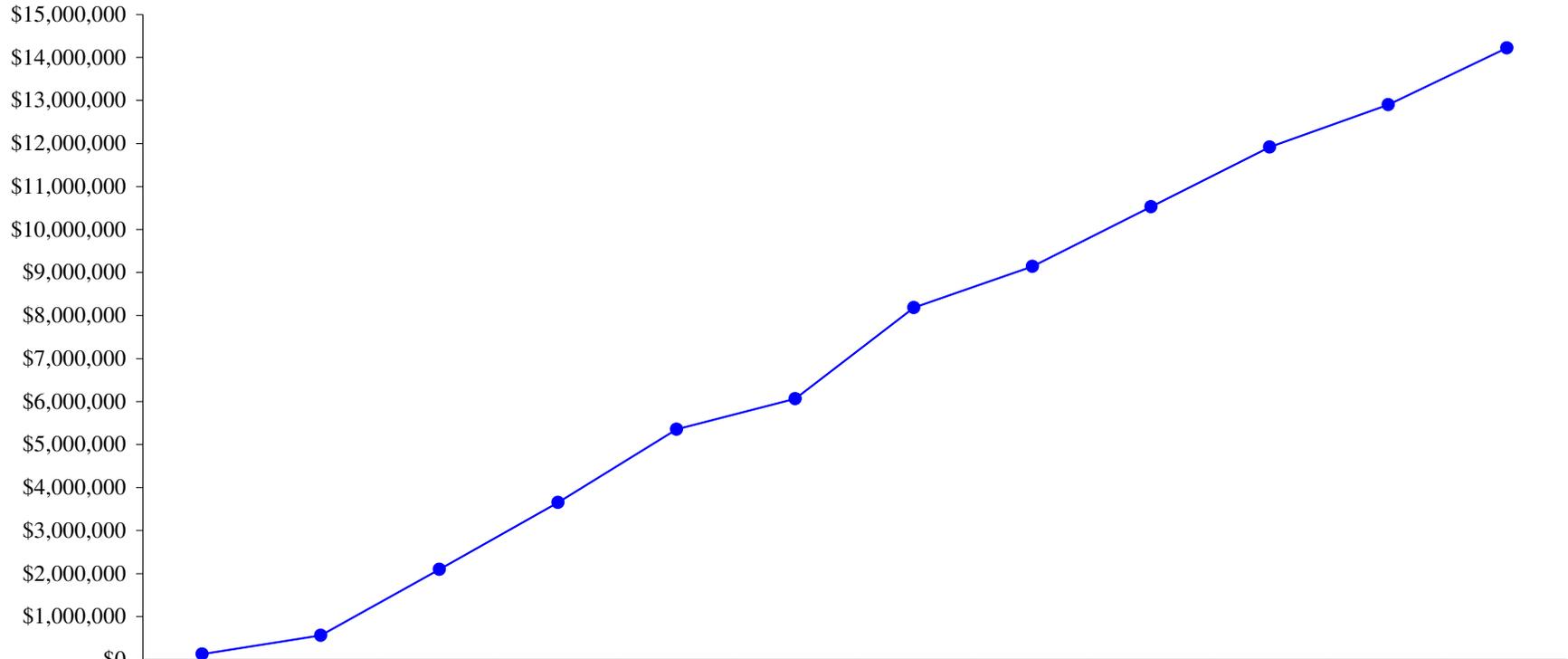
Objective 1C - FY2011 Revenue Targets
Kerrville State Hospital

FY2011 Revenue Collections



Objective 1C - FY2011 Revenue Targets
North Texas State Hospital

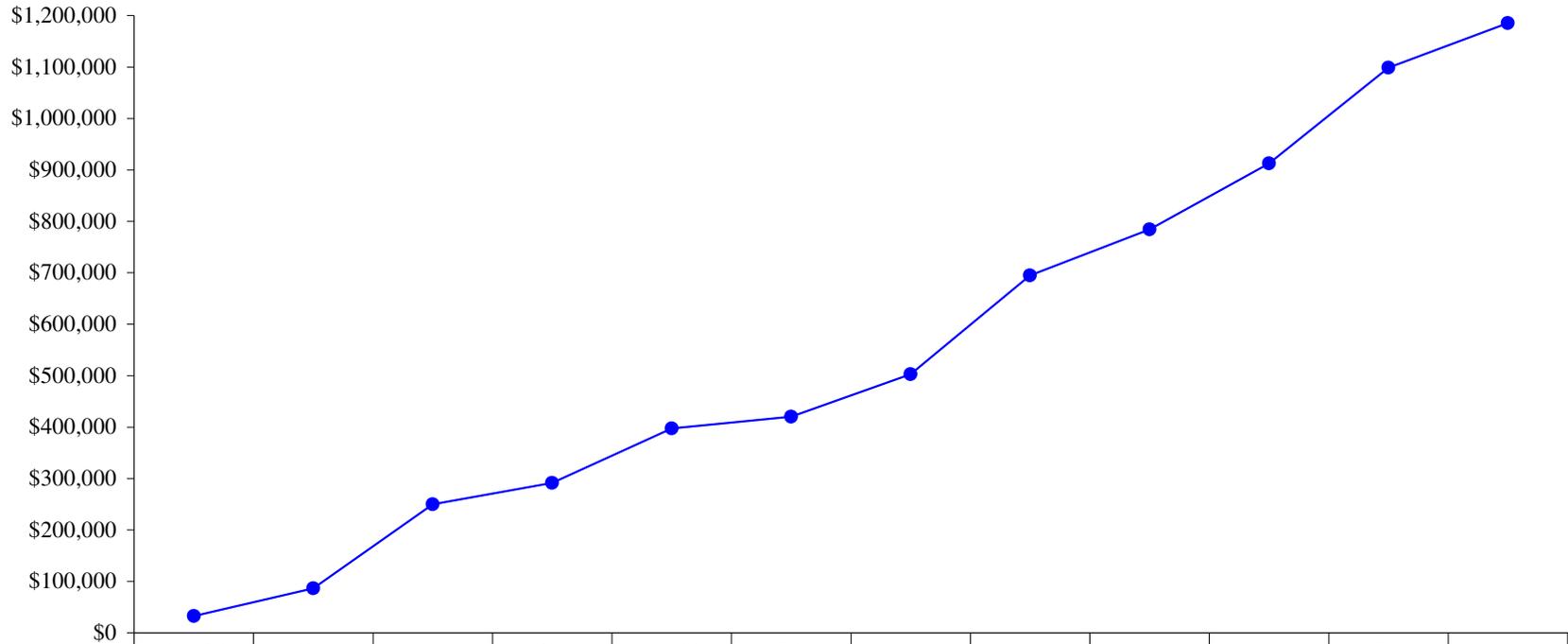
FY2011 Revenue Collections



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$129,456	\$435,430	\$1,532,496	\$1,552,983	\$1,707,829	\$704,157	\$2,119,955	\$957,411	\$1,392,988	\$1,383,607	\$983,294	\$1,324,702
Medicaid	\$0	\$113,317	\$1,015,891	\$957,049	\$1,032,512	\$282,085	\$1,250,139	\$642,393	\$765,137	\$664,075	\$664,804	\$687,471
Medicare	\$129,456	\$252,616	\$235,402	\$324,209	\$395,099	\$281,562	\$615,704	\$113,234	\$435,416	\$546,707	\$149,207	\$471,877
Private Source	\$0	\$43,854	\$125,383	\$216,255	\$237,603	\$115,175	\$158,782	\$156,669	\$140,986	\$130,462	\$120,510	\$104,712
Others - Stimulus Payments	\$0	\$25,644	\$155,820	\$55,471	\$42,615	\$25,335	\$95,330	\$45,115	\$51,450	\$42,363	\$48,773	\$60,641
● FYTD Total	\$129,456	\$564,886	\$2,097,382	\$3,650,365	\$5,358,194	\$6,062,351	\$8,182,306	\$9,139,717	\$10,532,705	\$11,916,312	\$12,899,605	\$14,224,307
FY10 Collections	\$1,691,401	\$1,586,957	\$229,789	\$236,968	\$43,603	-\$38,624	\$36,721	\$28,265	\$18,025	\$14,539	\$14	\$922

Objective 1C - FY2011 Revenue Targets
Rio Grande State Center

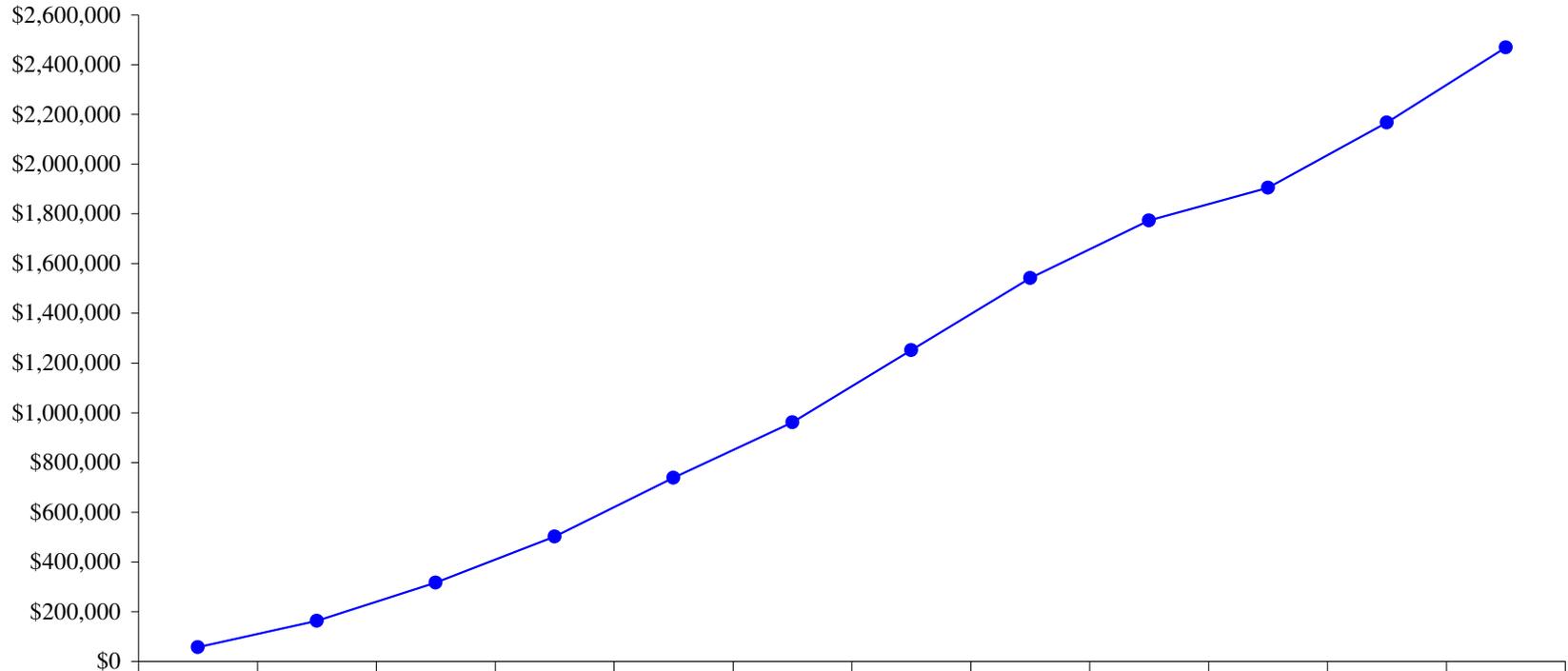
FY2011 Revenue Collections



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$32,548	\$54,196	\$163,384	\$41,532	\$105,688	\$23,221	\$82,229	\$191,929	\$89,623	\$128,046	\$186,208	\$86,885
Medicaid	\$0	\$7,594	\$13,409	\$7,111	\$194	\$290	\$27,659	\$25,394	\$22,293	-\$1,104	\$1,130	\$453
Medicare	\$31,663	\$41,721	\$141,551	\$25,943	\$99,793	\$19,651	\$40,503	\$159,115	\$46,693	\$122,955	\$178,790	\$77,479
Private Source	\$0	\$0	\$28	\$3,290	\$0	\$0	\$6,511	\$26	\$14,001	\$51	\$68	\$0
Others - Stimulus Payments	\$885	\$4,881	\$8,396	\$5,188	\$5,701	\$3,280	\$7,556	\$7,394	\$6,636	\$6,143	\$6,219	\$8,953
● FYTD Total	\$32,548	\$86,743	\$250,127	\$291,660	\$397,347	\$420,568	\$502,797	\$694,725	\$784,349	\$912,395	\$1,098,602	\$1,185,487
FY10 Collections	\$104,015	\$11,219	\$11,558	\$4,652	\$807	\$167	\$1,077	\$763	-\$35	\$97	\$308	\$40

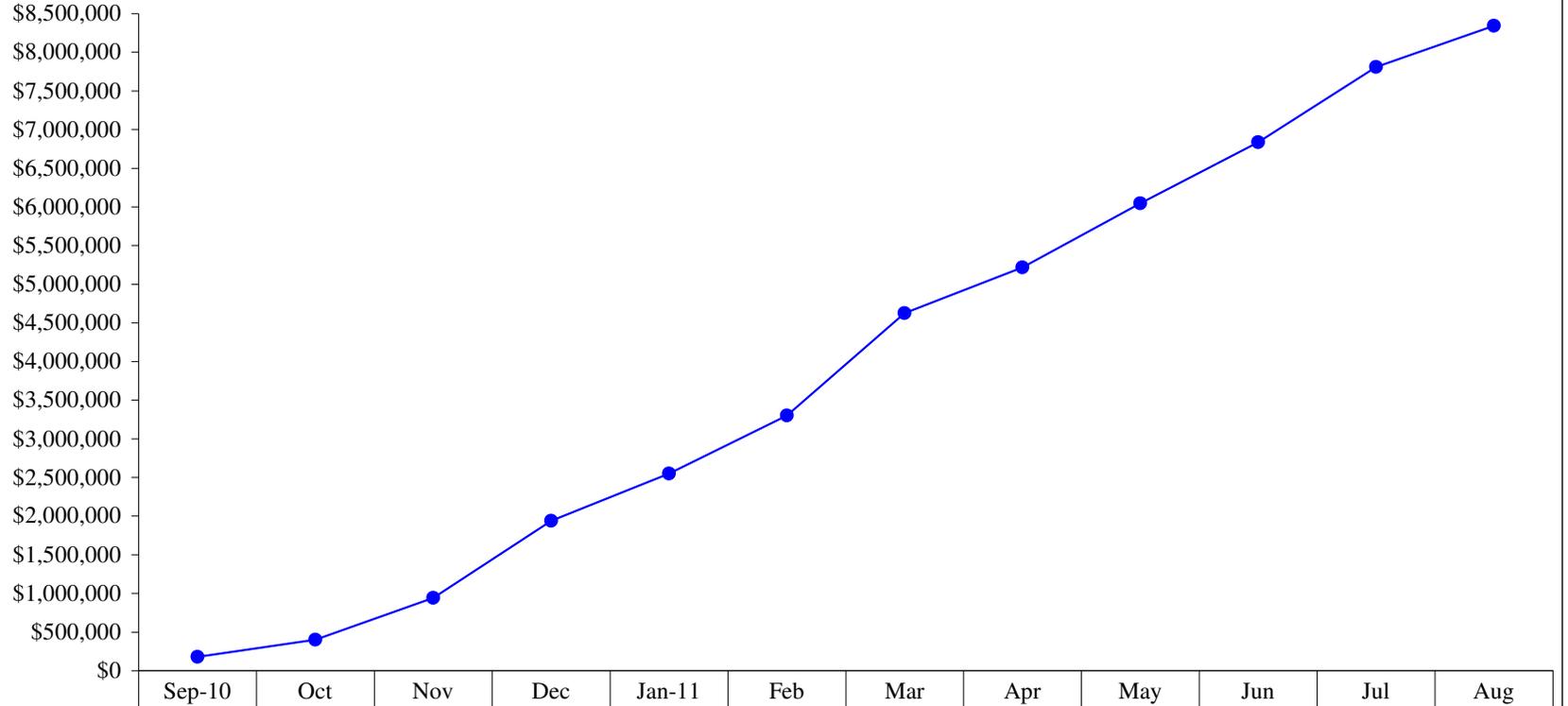
Objective 1C - FY2011 Revenue Targets
Rusk State Hospital

FY2011 Revenue Collections



Objective 1C - FY2011 Revenue Targets
San Antonio State Hospital

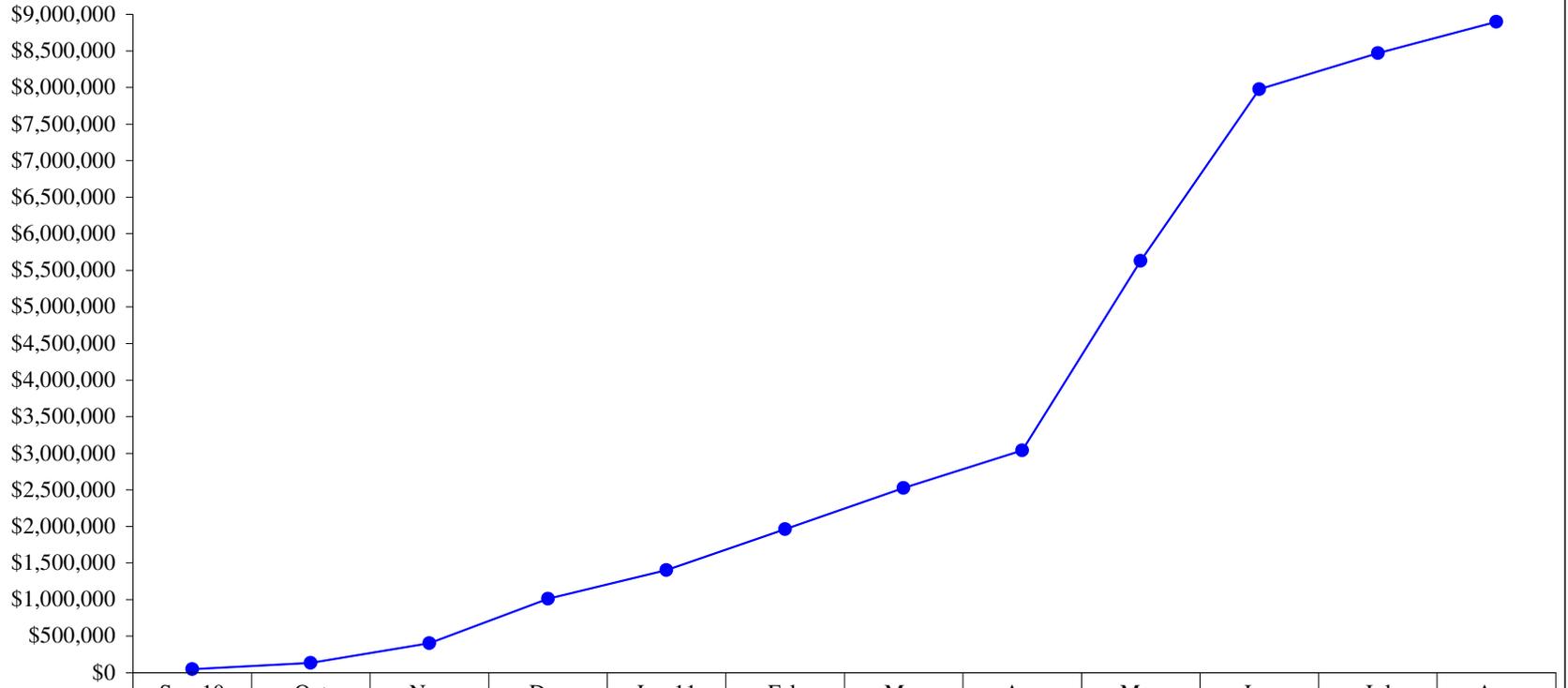
FY2011 Revenue Collections



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$177,377	\$224,392	\$539,535	\$998,516	\$611,334	\$751,716	\$1,323,839	\$591,252	\$830,756	\$787,077	\$976,056	\$531,325
Medicaid	\$0	\$87,707	\$224,230	\$494,871	\$188,217	\$409,309	\$488,598	\$316,909	\$394,963	\$178,340	\$480,989	\$64,315
Medicare	\$177,377	\$105,477	\$240,062	\$362,153	\$311,459	\$95,859	\$738,498	\$151,489	\$278,932	\$435,986	\$335,092	\$382,184
Private Source	\$0	\$13,373	\$64,436	\$110,066	\$105,161	\$194,171	\$30,257	\$94,056	\$123,331	\$168,201	\$132,913	\$79,038
Others - Stimulus Payments	\$0	\$17,835	\$10,807	\$31,426	\$6,497	\$52,377	\$66,486	\$28,798	\$33,529	\$4,551	\$27,063	\$5,788
● FYTD Total	\$177,377	\$401,769	\$941,304	\$1,939,820	\$2,551,154	\$3,302,870	\$4,626,709	\$5,217,961	\$6,048,716	\$6,835,794	\$7,811,850	\$8,343,175
FY10 Collections	\$1,284,563	\$482,158	\$278,571	\$93,491	\$38,259	\$44,759	\$1,612	\$10,482	\$6,360	\$5,569	\$271	\$8,058

Objective 1C - FY2011 Revenue Targets
Terrell State Hospital

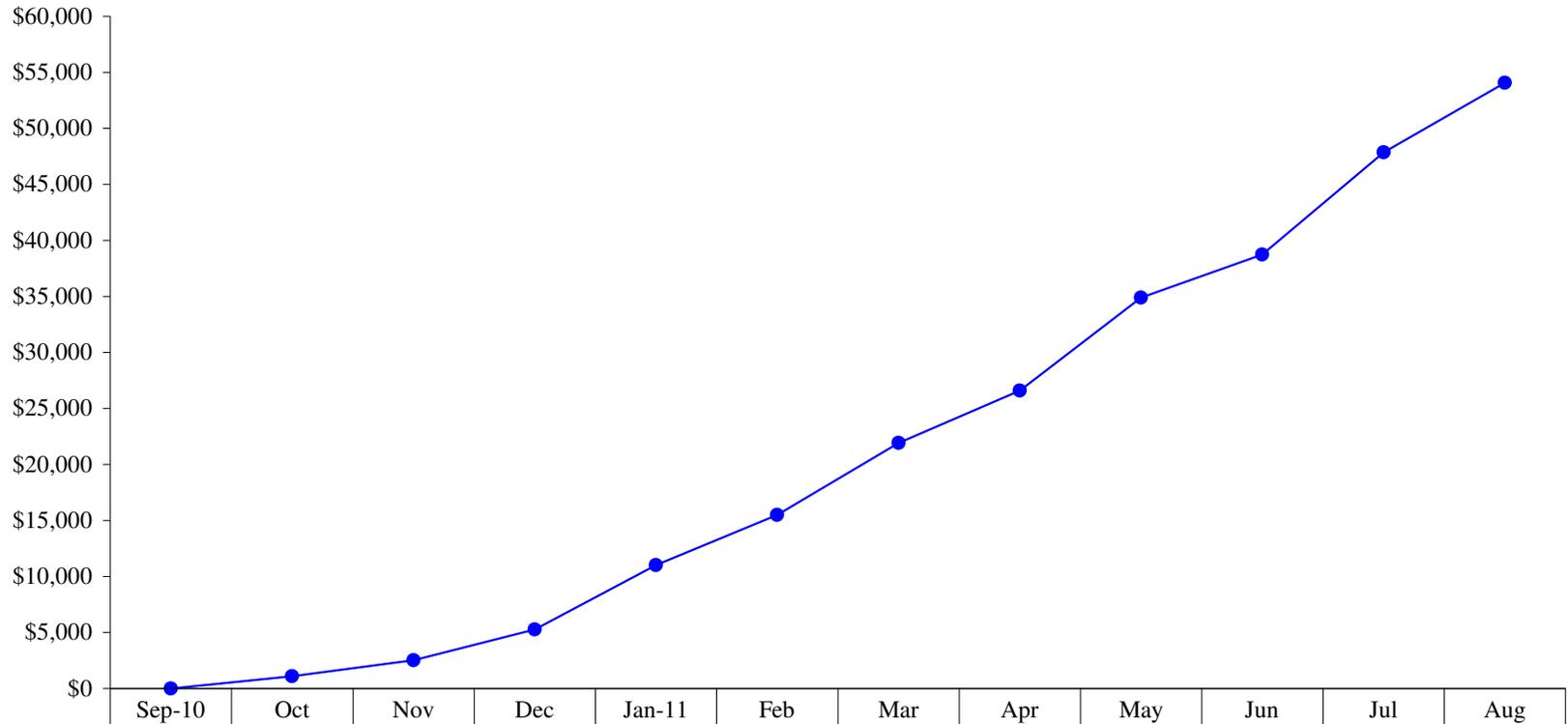
FY2011 Revenue Collections



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$49,946	\$83,283	\$271,856	\$607,056	\$392,363	\$557,770	\$561,768	\$515,997	\$2,591,834	\$2,343,314	\$493,696	\$430,418
Medicaid	\$0	\$27,869	\$110,637	\$152,382	\$89,351	\$98,121	\$77,132	\$145,705	\$96,364	\$82,085	\$74,312	\$14,018
Medicare	\$49,902	\$32,380	\$121,629	\$408,295	\$208,881	\$353,700	\$381,997	\$307,462	\$363,045	\$379,010	\$290,914	\$305,643
Private Source	\$44	\$17,241	\$24,862	\$32,318	\$86,187	\$95,759	\$95,558	\$48,512	\$2,123,505	\$1,875,632	\$123,793	\$107,958
Others - Stimulus Payments	\$0	\$5,794	\$14,728	\$14,061	\$7,944	\$10,190	\$7,081	\$14,318	\$8,921	\$6,587	\$4,677	\$2,799
● FYTD Total	\$49,946	\$133,228	\$405,085	\$1,012,141	\$1,404,504	\$1,962,274	\$2,524,042	\$3,040,038	\$5,631,873	\$7,975,186	\$8,468,882	\$8,899,300
FY10 Collections	\$644,368	\$51,673	\$230,962	\$53,777	\$30,739	\$22,839	\$1,190	\$22,862	\$4,775	\$50	\$253	-\$1,221

Objective 1C - FY2011 Revenue Targets
Waco Center For Youth

FY2011 Revenue Collections



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$53	\$1,041	\$1,434	\$2,743	\$5,758	\$4,477	\$6,421	\$4,672	\$8,282	\$3,864	\$9,099	\$6,208
Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Private Source	\$53	\$1,041	\$1,434	\$2,743	\$5,758	\$4,477	\$6,421	\$4,672	\$8,282	\$3,864	\$9,099	\$6,208
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FYTD Total	\$0	\$1,094	\$2,529	\$5,272	\$11,029	\$15,506	\$21,928	\$26,600	\$34,882	\$38,746	\$47,845	\$54,053
FY10 Collections	\$4,265	\$2,401	\$0	\$592	\$0	\$0	\$828	\$0	\$0	\$0	\$0	\$0

Performance Objective 1E:

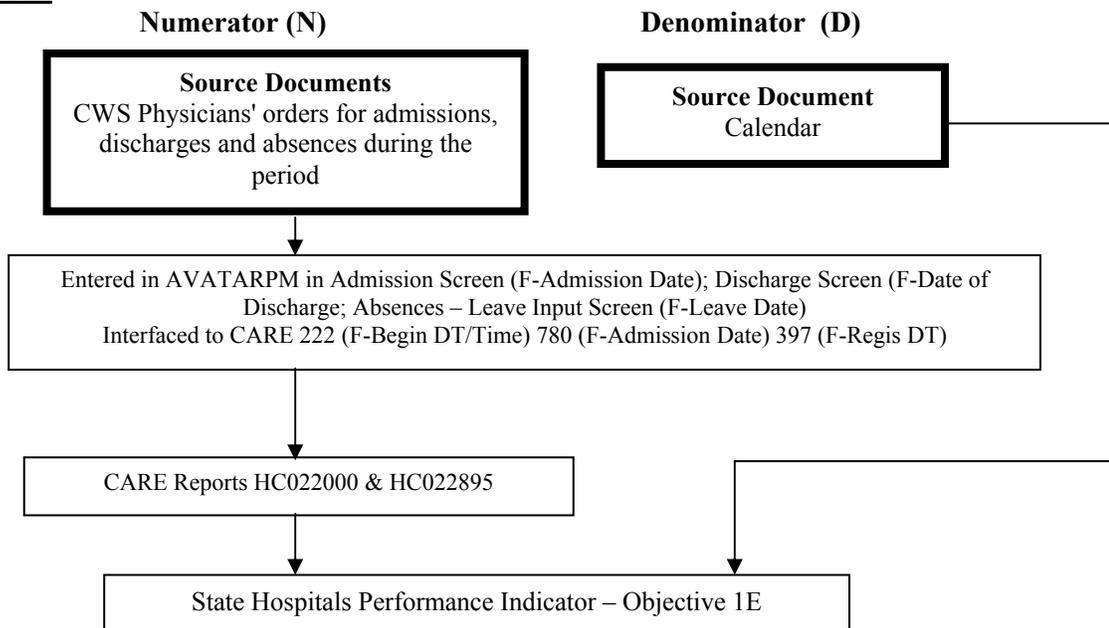
Operate an average daily census that has been allocated and projected for the hospital inpatient services.

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

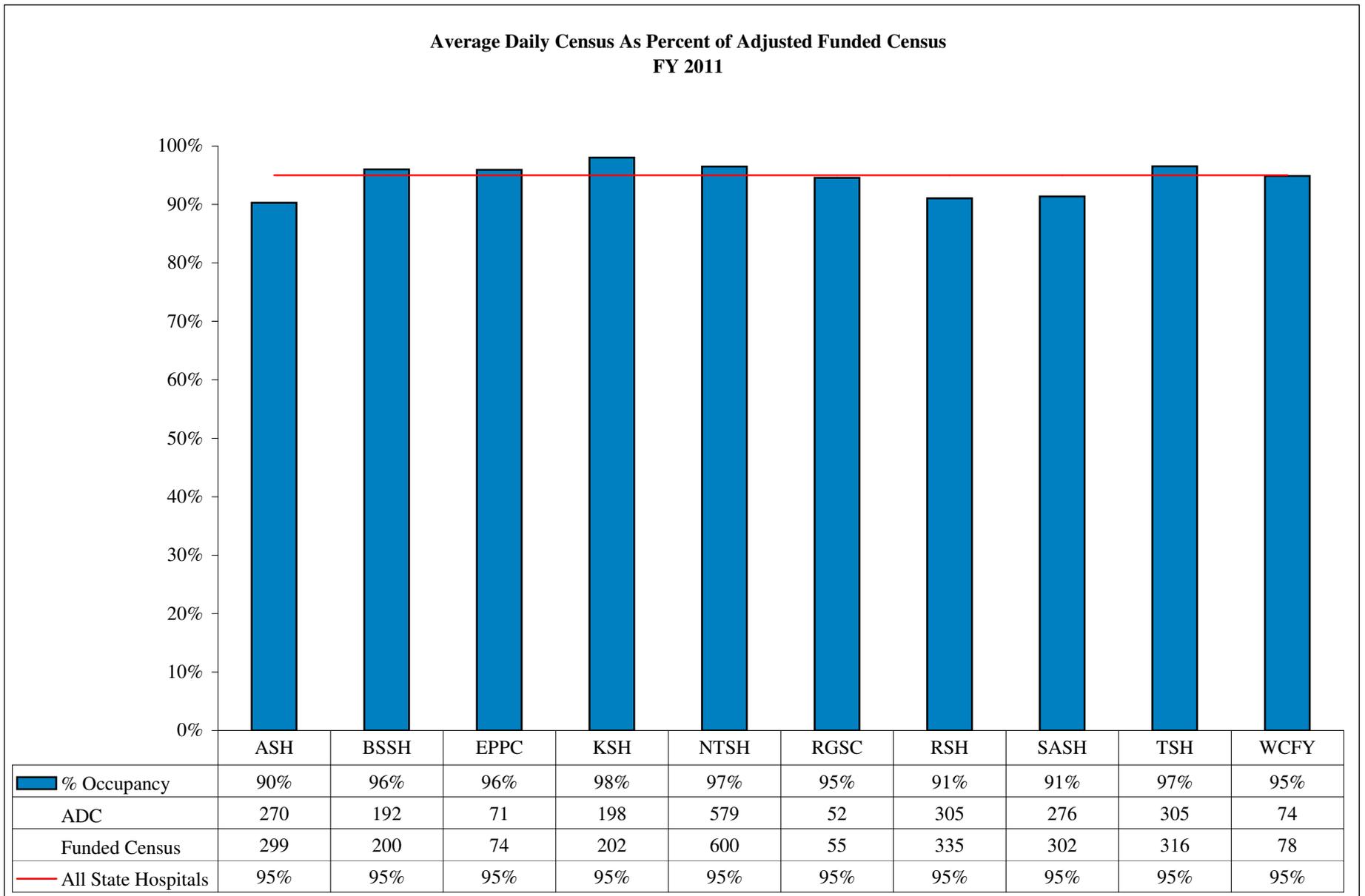
Performance Objective Formula:
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

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

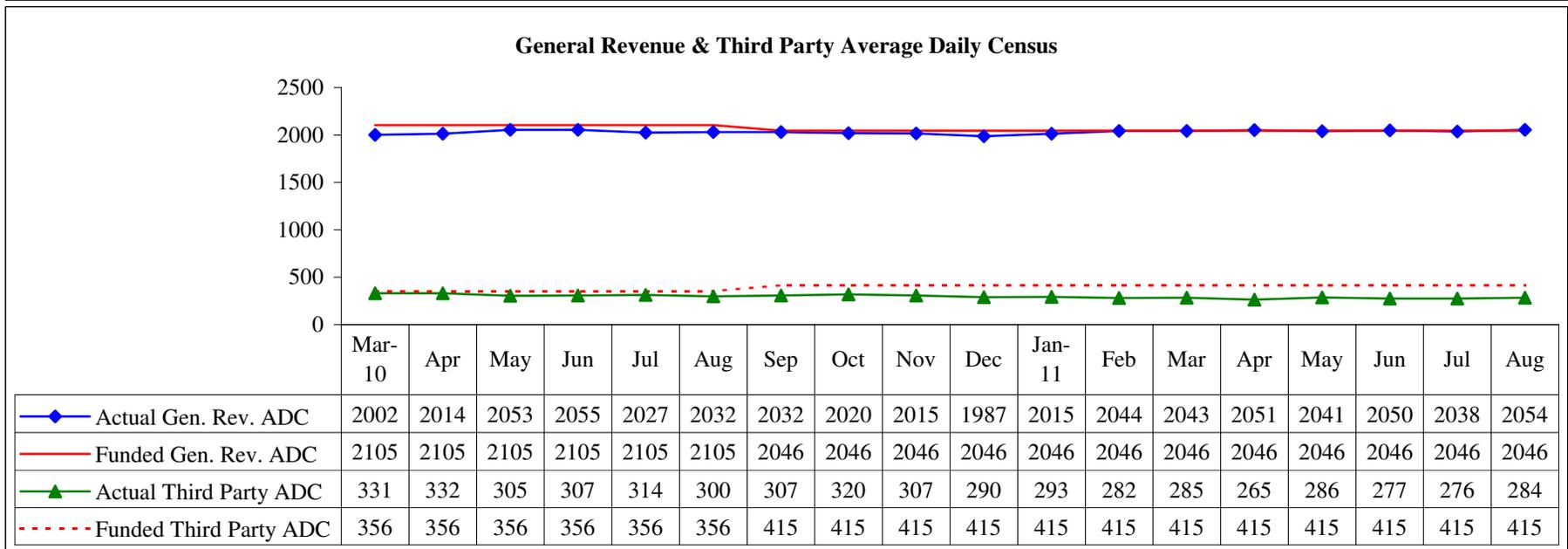
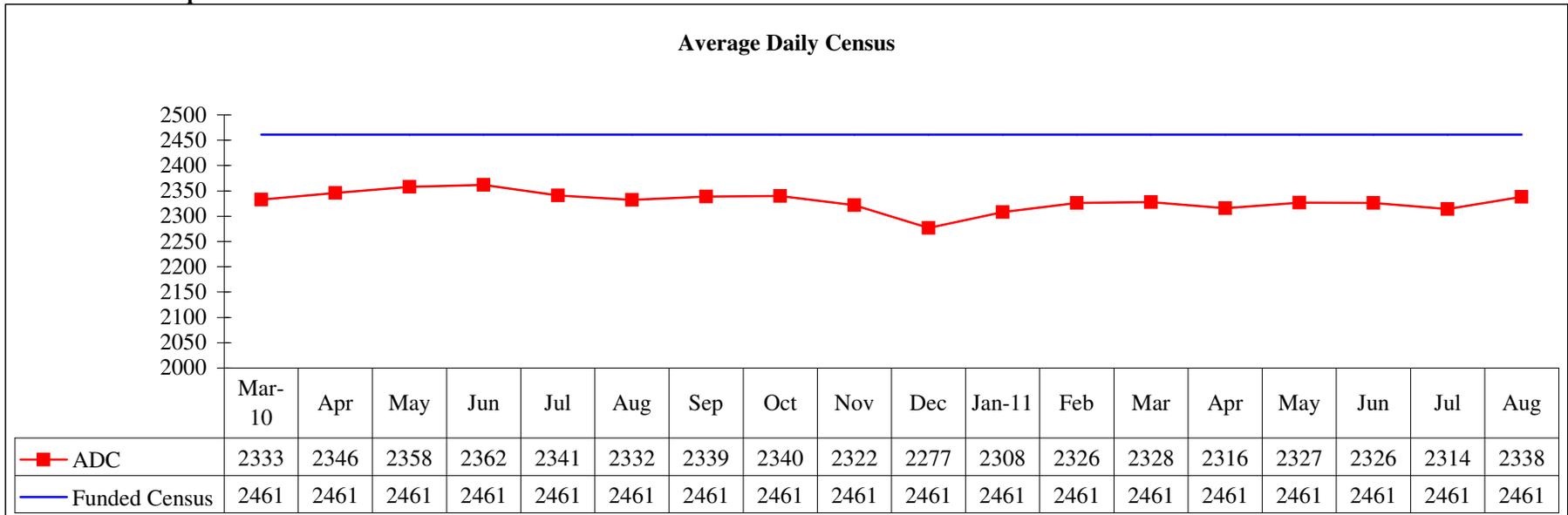
Data Flow:



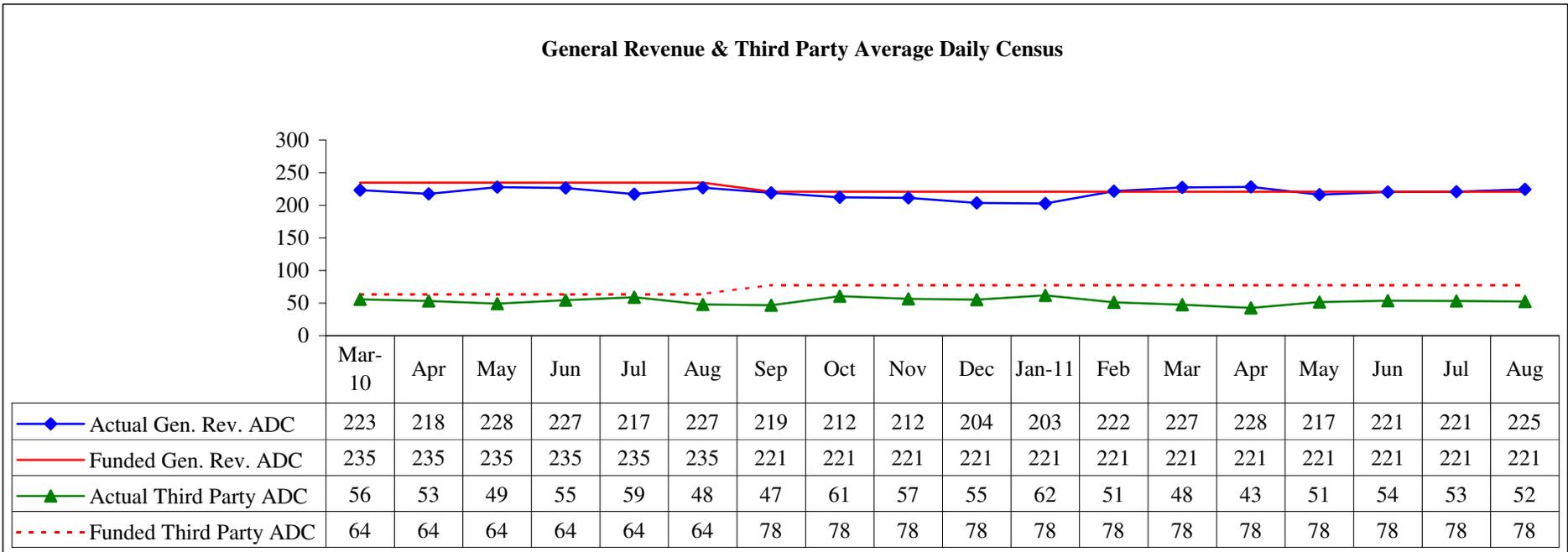
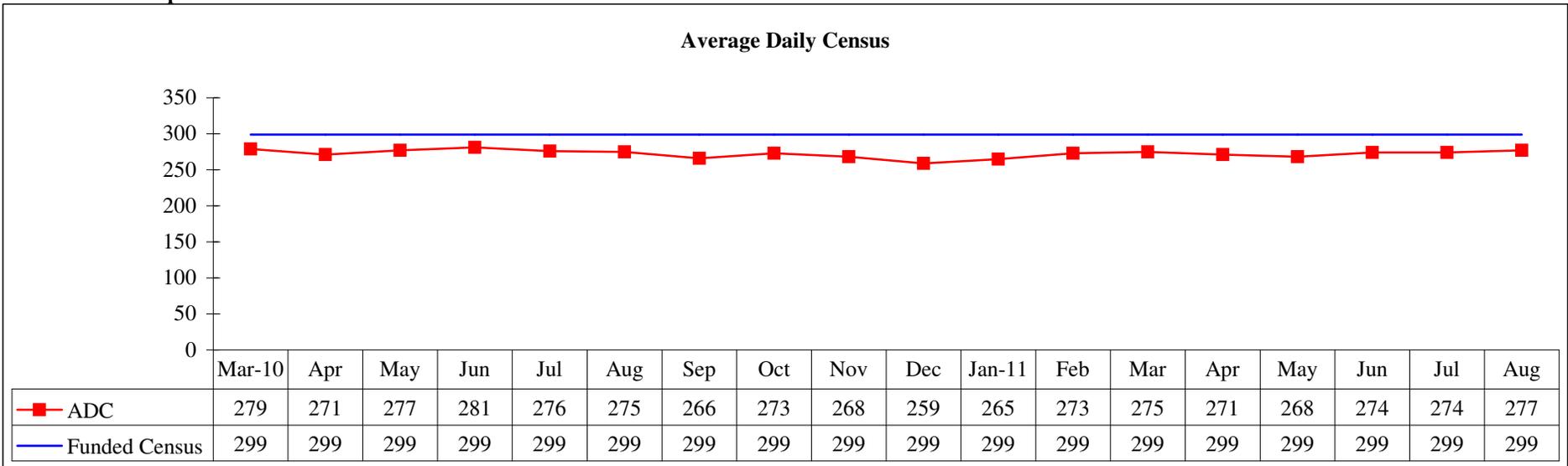
Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals - As of August 31, 2011



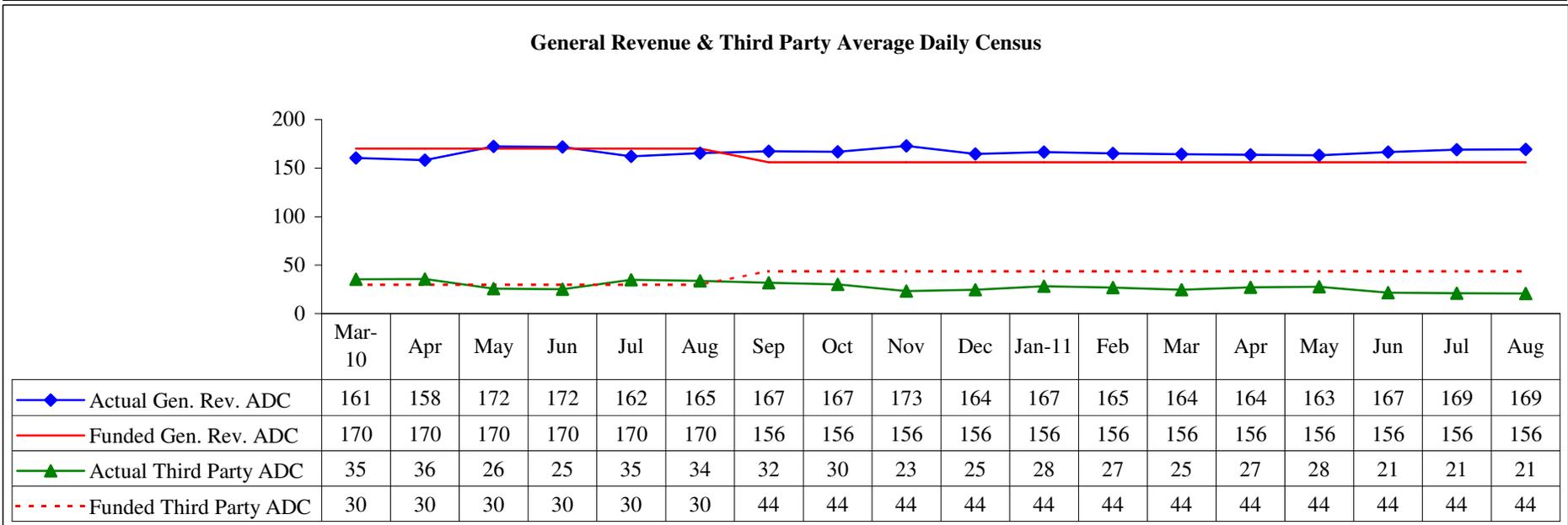
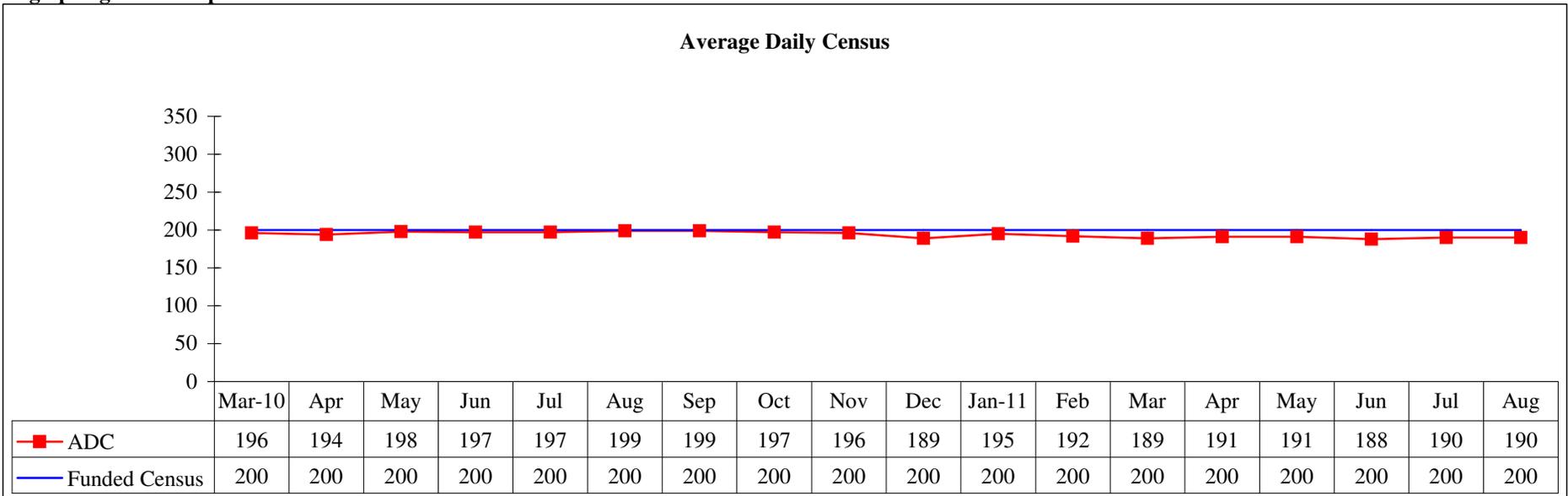
Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals



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

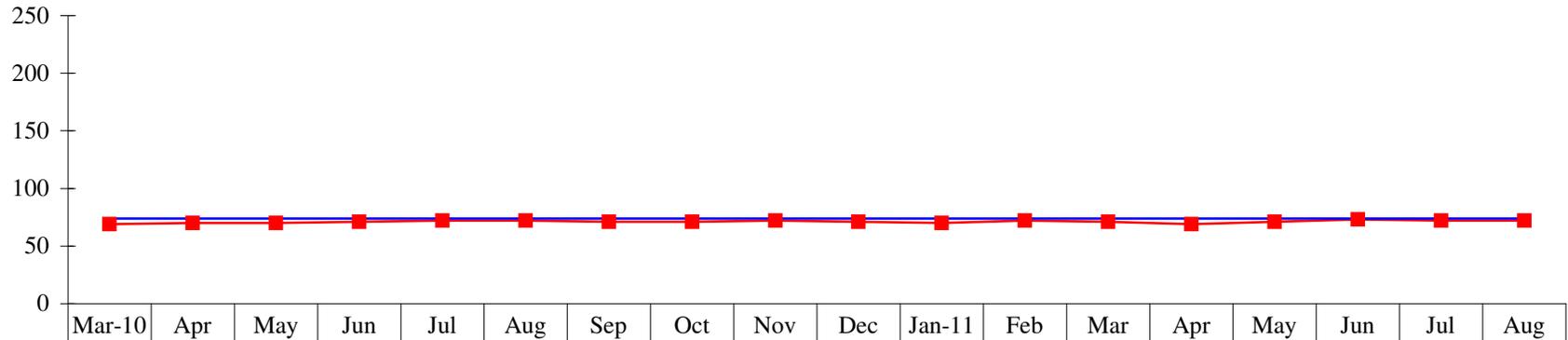


Objective 1E & Measure 1C - Average Daily Census
Big Spring State Hospital



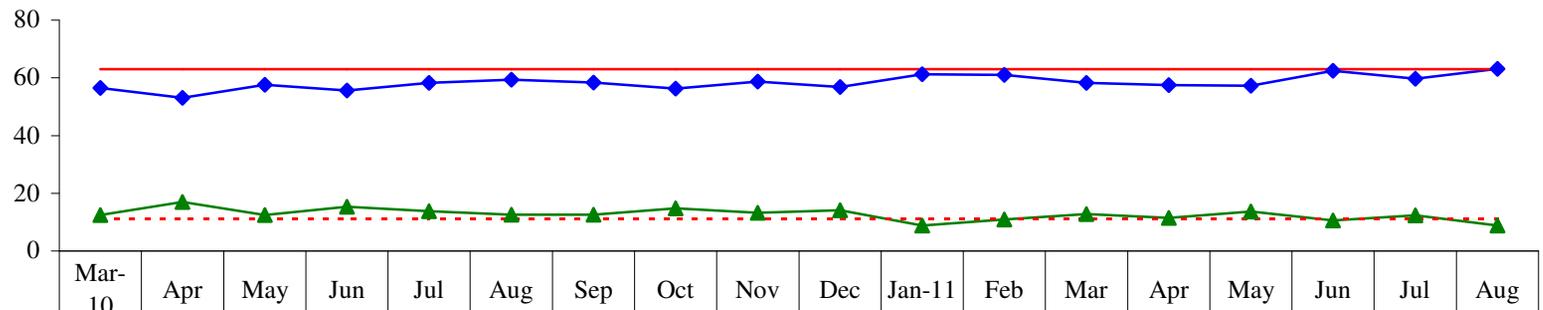
Objective 1E & Measure 1C - Average Daily Census
El Paso Psychiatric Center

Average Daily Census



ADC	69	70	70	71	72	72	71	71	72	71	70	72	71	69	71	73	72	72
Funded Census	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74

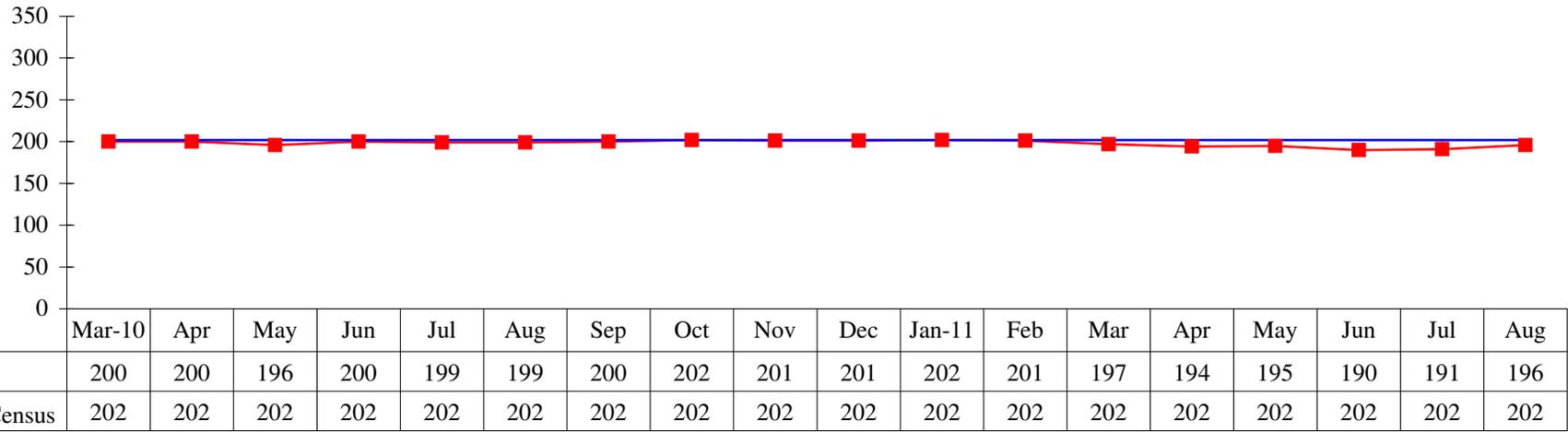
General Revenue & Third Party Average Daily Census



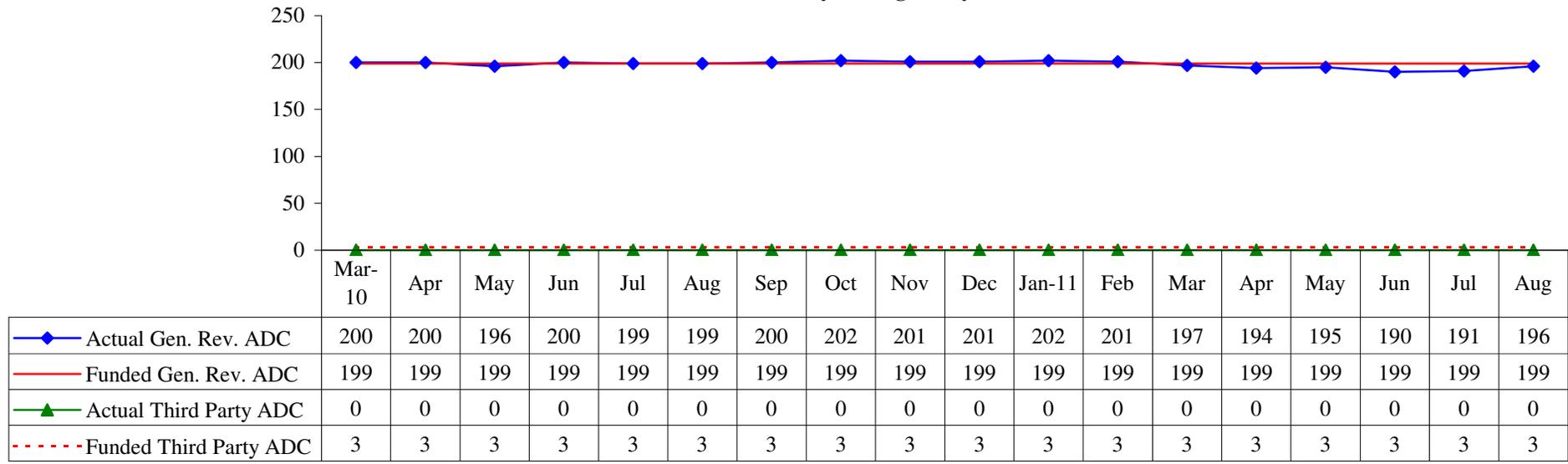
Actual Gen. Rev. ADC	57	53	58	56	58	59	58	56	59	57	61	61	58	57	57	62	60	63
Funded Gen. Rev. ADC	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63
Actual Third Party ADC	12	17	12	15	14	13	13	15	13	14	9	11	13	12	14	11	12	9
Funded Third Party ADC	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

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

Average Daily Census

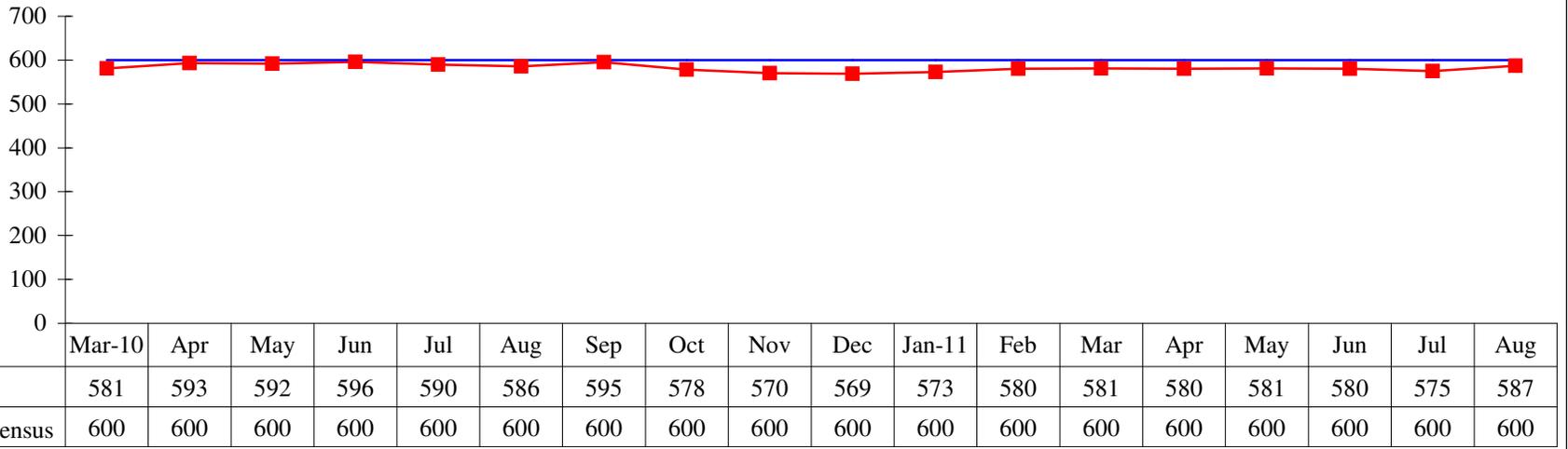


General Revenue & Third Party Average Daily Census

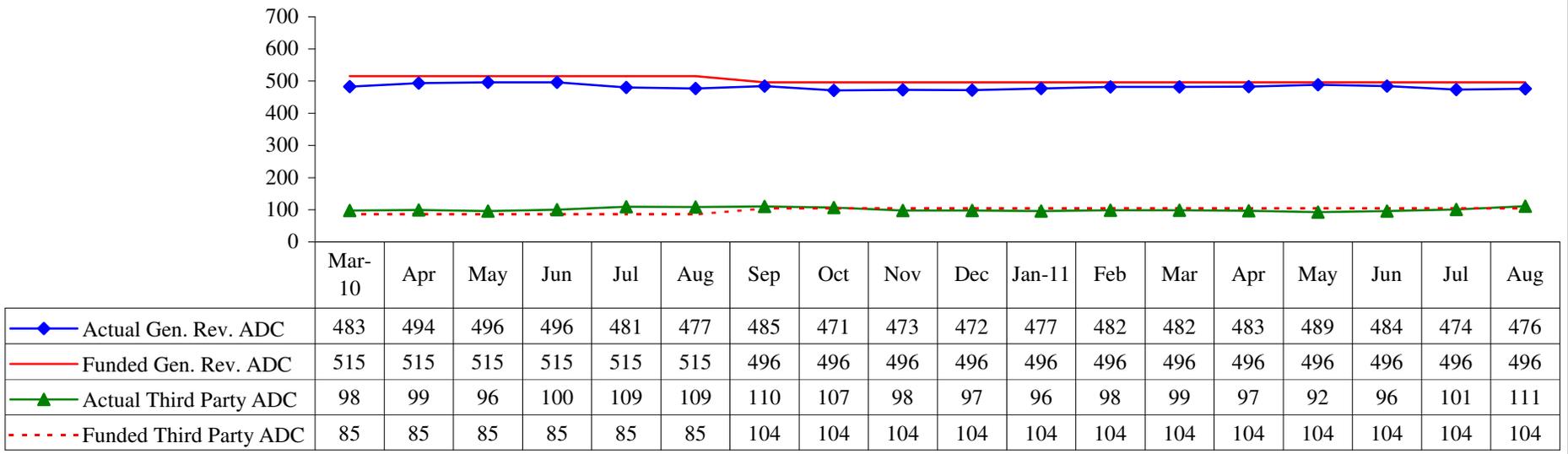


Objective 1E & Measure 1C - Average Daily Census
North Texas State Hospital

Average Daily Census

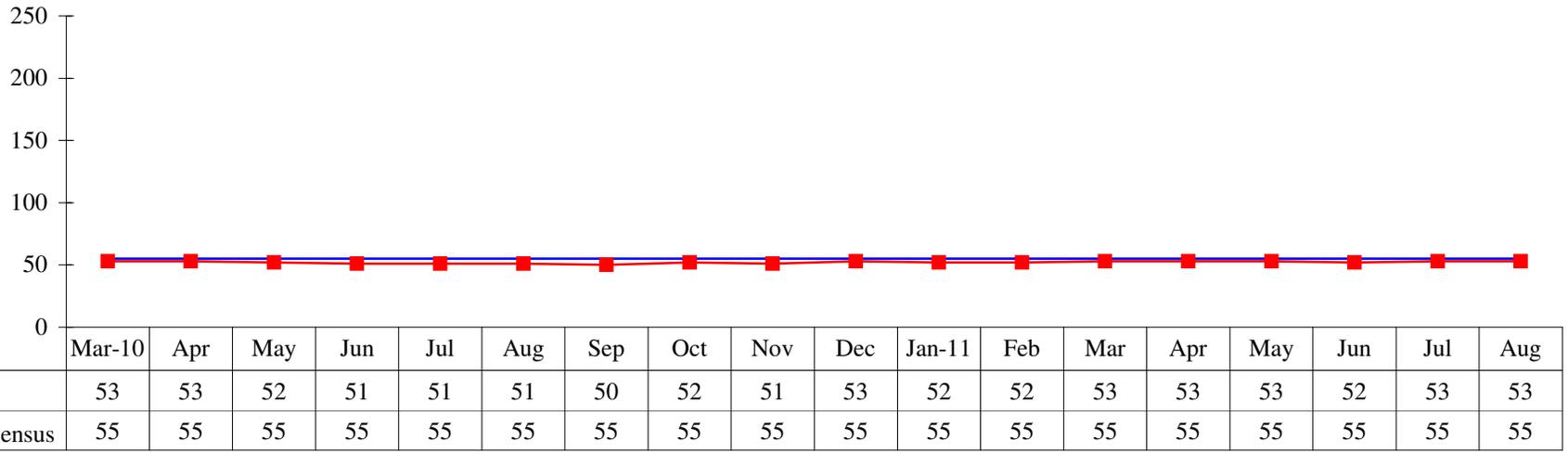


General Revenue & Third Party Average Daily Census

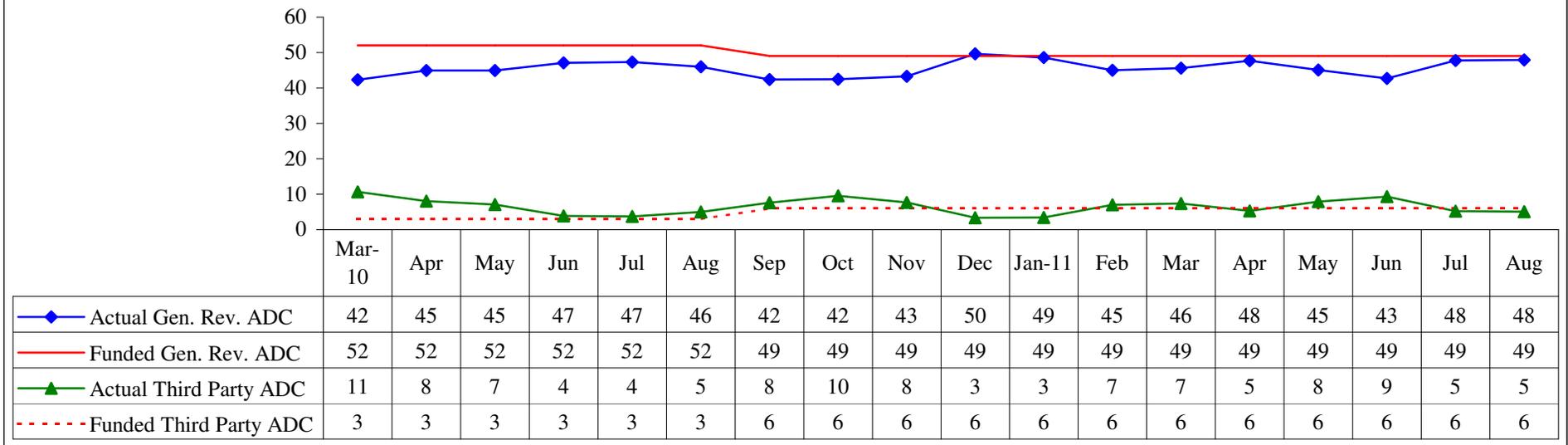


Objective 1E & Measure 1C - Average Daily Census
Rio Grande State Center–MH

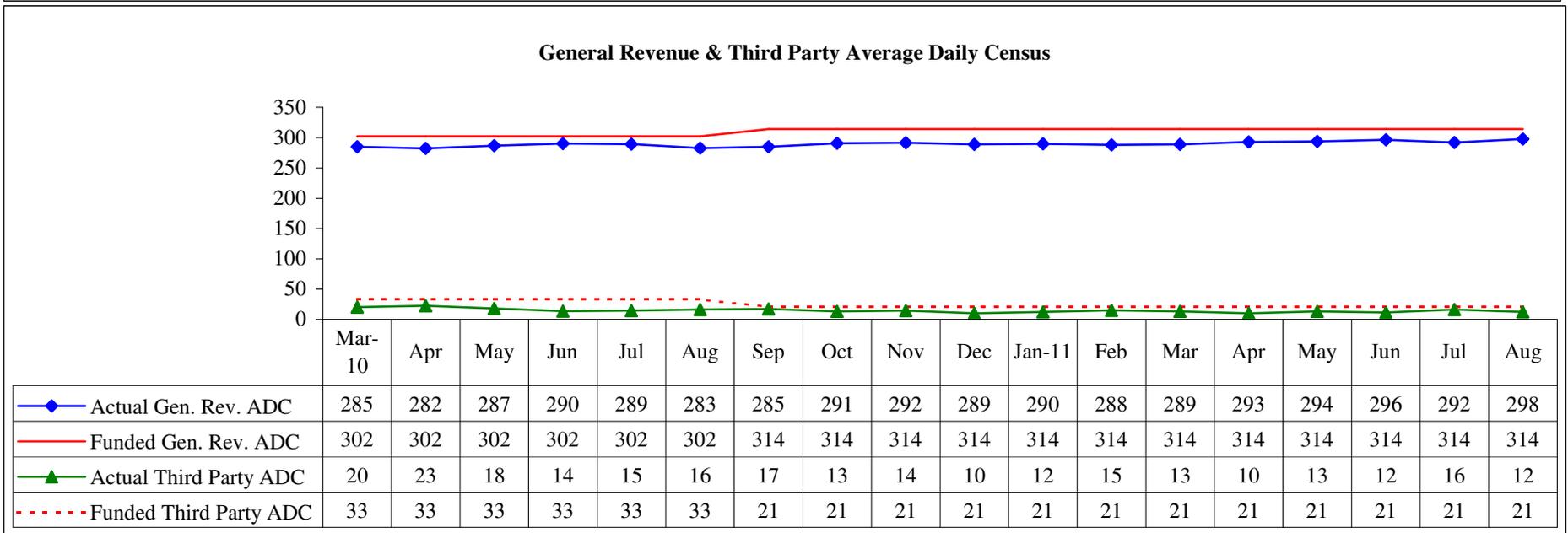
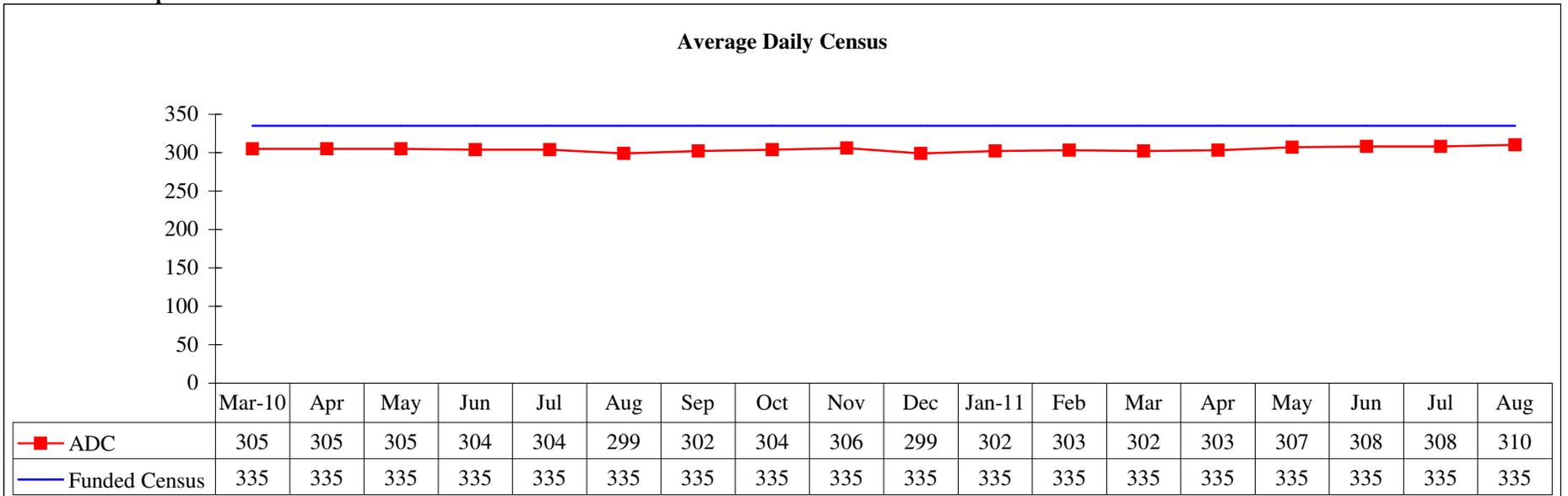
Average Daily Census



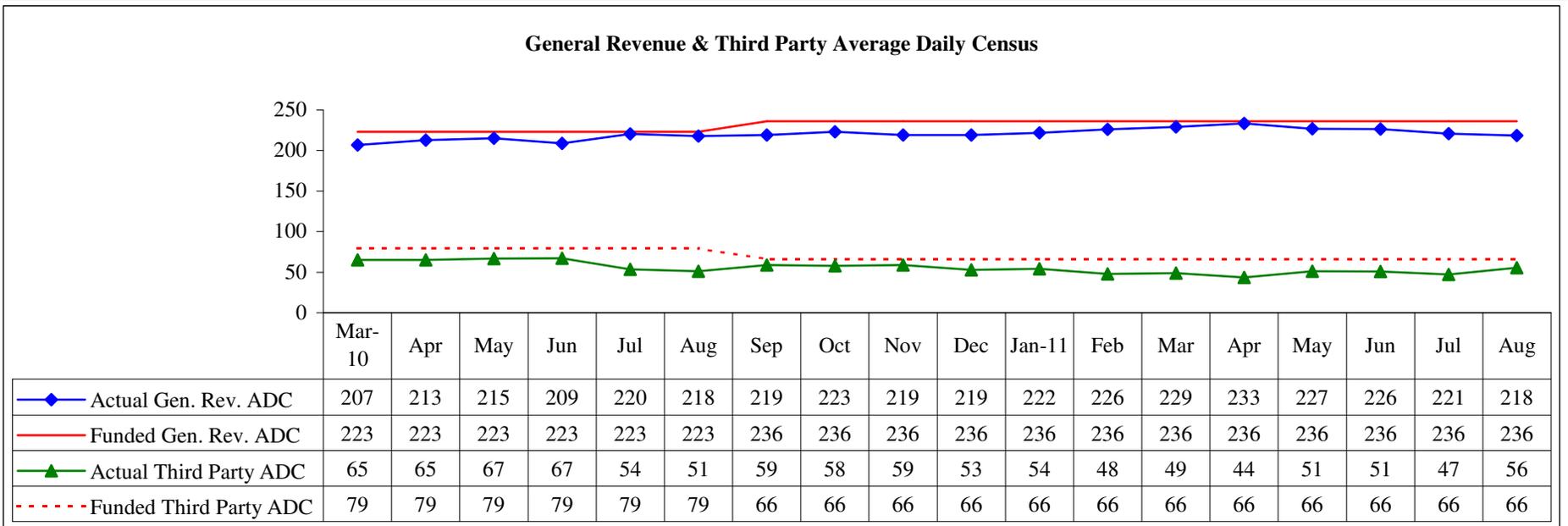
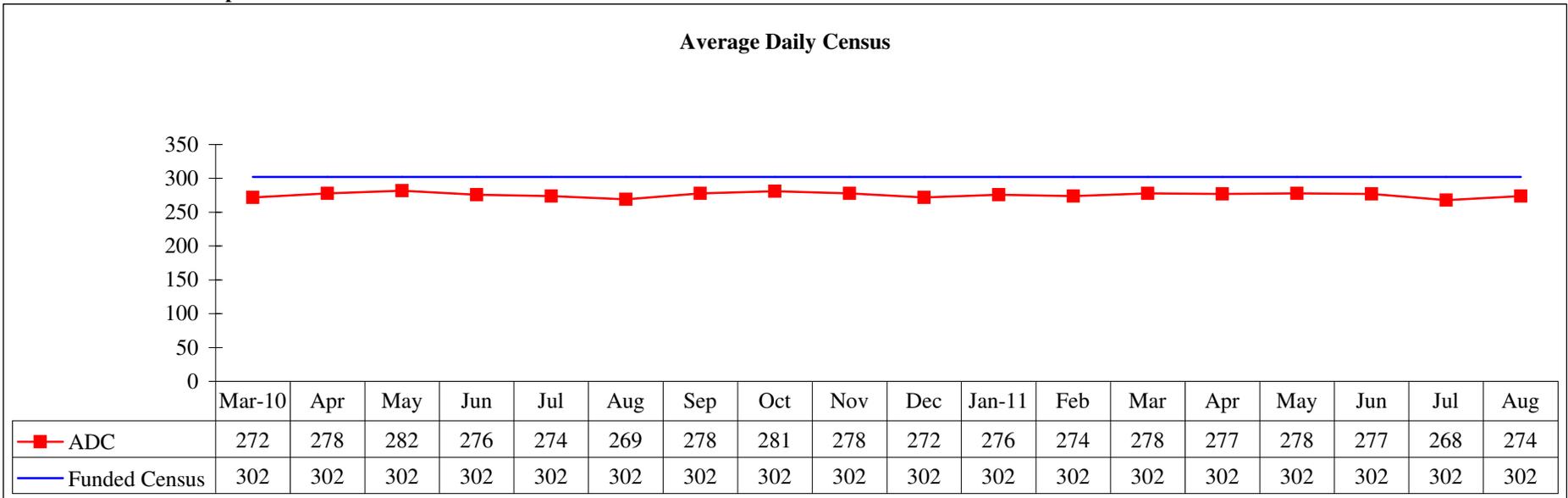
General Revenue & Third Party Average Daily Census



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



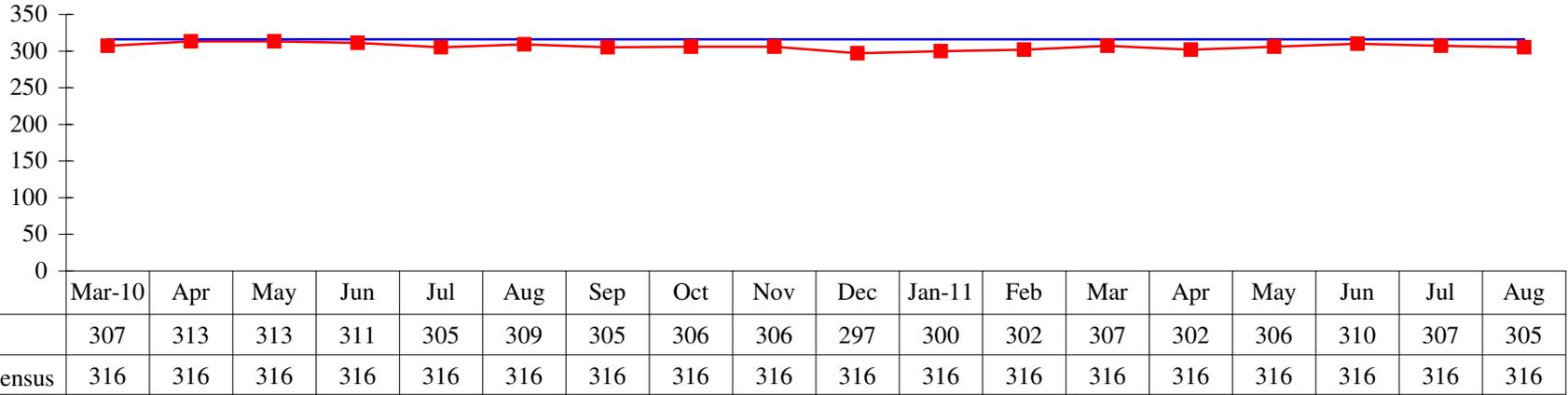
Objective 1E & Measure 1C - Average Daily Census
San Antonio State Hospital



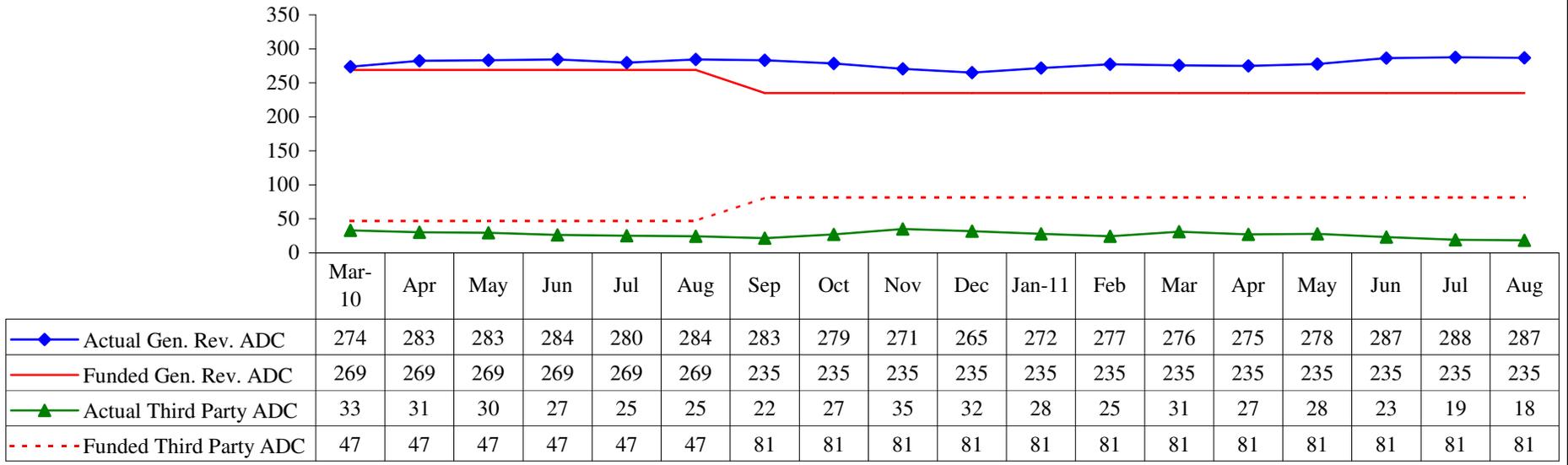
Objective 1E & Measure 1C - Average Daily Census

Terrell State Hospital

Average Daily Census

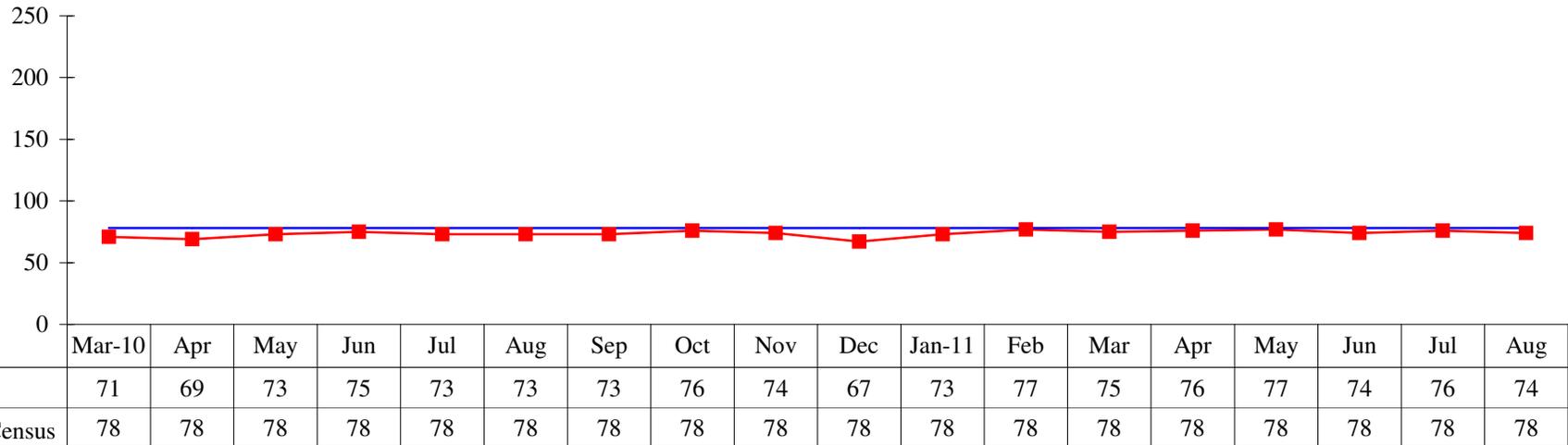


General Revenue & Third Party Average Daily Census

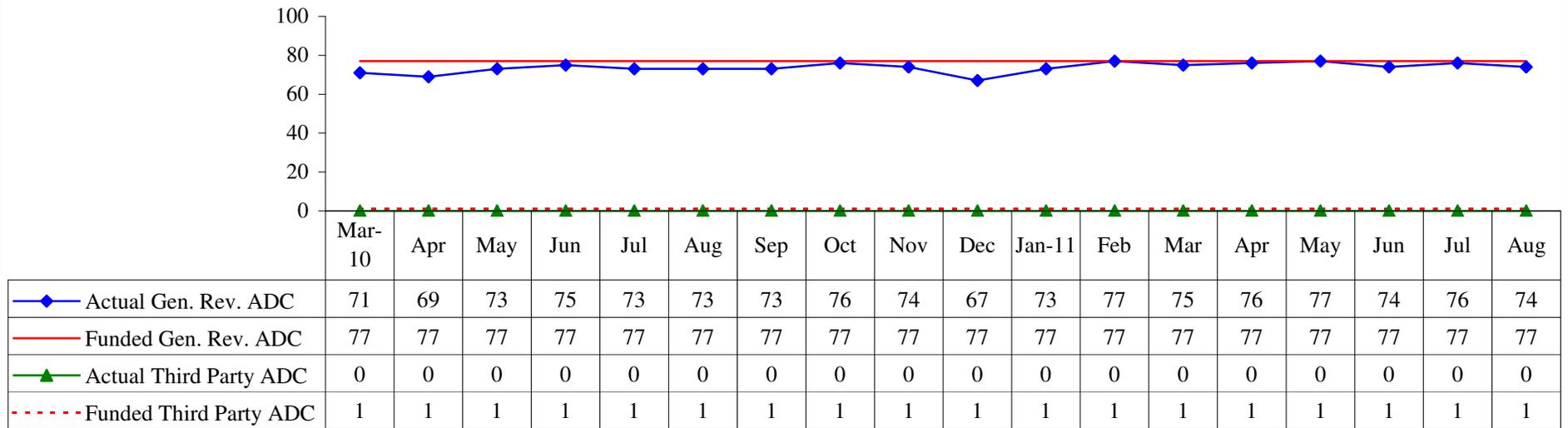


Objective 1E & Measure 1C - Average Daily Census
Waco Center For Youth

Average Daily Census



General Revenue & Third Party Average Daily Census



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

	FY09				FY10				FY11			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	23	23	23	21	22	24	23	24	23	22	23	22
LBB Cost/Bed Day	\$394	\$438	\$441	\$431	\$426	\$463	\$459	\$451	\$425	\$492	\$477	\$473
Average Cost	\$9,078	\$9,909	\$10,085	\$9,037	\$9,270	\$11,004	\$10,342	\$10,666	\$9,589	\$11,008	\$10,964	\$10,534
Big Spring State Hospital												
Avg. Patient Days	42	43	40	38	40	41	42	42	47	44	43	42
LBB Cost/Bed Day	\$373	\$417	\$415	\$449	\$380	\$408	\$404	\$392	\$369	\$406	\$393	\$418
Average Cost	\$15,723	\$17,824	\$16,517	\$17,242	\$15,233	\$16,842	\$16,983	\$16,636	\$17,187	\$17,688	\$17,023	\$17,681
El Paso Psychiatric Center												
Avg. Patient Days	22	24	27	25	23	26	25	29	30	32	24	23
LBB Cost/Bed Day	\$451	\$568	\$511	\$633	\$460	\$561	\$482	\$500	\$448	\$527	\$506	\$514
Average Cost	\$9,818	\$13,694	\$13,796	\$15,659	\$10,397	\$14,865	\$12,018	\$14,615	\$13,308	\$16,768	\$12,265	\$11,618
Kerrville State Hospital												
Avg. Patient Days	68	69	64	85	84	86	86	86	87	83	81	83
LBB Cost/Bed Day	\$342	\$366	\$361	\$412	\$353	\$356	\$348	\$345	\$337	\$354	\$351	\$373
Average Cost	\$23,219	\$25,324	\$23,021	\$34,846	\$29,700	\$30,736	\$29,873	\$29,715	\$29,267	\$29,411	\$28,344	\$31,070
North Texas State Hospital												
Avg. Patient Days	44	46	46	45	49	47	47	48	47	47	47	45
LBB Cost/Bed Day	\$361	\$391	\$380	\$426	\$359	\$396	\$380	\$378	\$364	\$399	\$384	\$395
Average Cost	\$16,047	\$17,903	\$17,530	\$19,281	\$17,692	\$18,778	\$17,927	\$18,004	\$17,236	\$18,598	\$17,934	\$17,910
Rusk State Hospital												
Avg. Patient Days	40	45	49	52	54	50	53	50	52	54	55	52
LBB Cost/Bed Day	\$338	\$363	\$357	\$436	\$365	\$397	\$384	\$386	\$363	\$381	\$387	\$372
Average Cost	\$13,512	\$16,268	\$17,629	\$22,847	\$19,823	\$20,023	\$20,228	\$19,146	\$19,000	\$20,720	\$21,429	\$19,202
San Antonio State Hospital												
Avg. Patient Days	30	29	32	36	36	35	33	36	36	35	37	37
LBB Cost/Bed Day	\$393	\$453	\$420	\$499	\$395	\$501	\$449	\$458	\$373	\$458	\$441	\$456
Average Cost	\$11,888	\$13,193	\$13,435	\$18,133	\$14,315	\$17,406	\$14,980	\$16,598	\$13,556	\$16,053	\$16,266	\$16,680

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

	FY09				FY10				FY11			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	31	30	31	29	30	29	28	28	27	29	32	31
LBB Cost/Bed Day	\$373	\$407	\$378	\$429	\$354	\$397	\$388	\$374	\$367	\$405	\$390	\$401
Average Cost	\$11,416	\$12,359	\$11,855	\$12,325	\$10,622	\$11,317	\$10,802	\$10,300	\$10,009	\$11,654	\$12,558	\$12,372
Waco Center for Youth												
Avg. Patient Days	63	62	64	57	64	58	56	60	60	57	60	56
LBB Cost/Bed Day	\$305	\$391	\$342	\$418	\$372	\$401	\$423	\$371	\$324	\$424	\$392	\$399
Average Cost	\$19,355	\$24,130	\$21,735	\$23,825	\$23,790	\$23,222	\$23,753	\$22,427	\$19,479	\$24,316	\$23,649	\$22,382
Rio Grande State Center (MH)												
Avg. Patient Days	15	16	15	15	15	17	17	13	15	17	17	16
LBB Cost/Bed Day	\$427	\$445	\$456	\$578	\$445	\$477	\$471	\$521	\$496	\$503	\$480	\$494
Average Cost	\$6,394	\$6,998	\$6,952	\$8,505	\$6,676	\$8,050	\$8,106	\$6,867	\$7,432	\$8,504	\$7,950	\$7,657
All MH Hospitals												
Avg. Patient Days	36	36	37	37	38	38	38	39	39	39	39	38
LBB Cost/Bed Day	\$369	\$408	\$394	\$447	\$378	\$421	\$405	\$401	\$375	\$419	\$407	\$415
Average Cost	\$13,198	\$14,851	\$14,741	\$16,523	\$14,533	\$16,121	\$15,208	\$15,439	\$14,479	\$16,182	\$16,076	\$15,892
Texas Center for Infectious Disease												
Avg. Patient Days	159	152	198	154	89	129	193	152	105	184	144	193
LBB Cost/Bed Day	\$527	\$868	\$635	\$827	\$874	\$799	\$622	\$637	\$750	\$720	\$511	\$1,114
Average Cost	\$83,590	\$131,992	\$125,593	\$127,299	\$77,755	\$103,008	\$119,885	\$96,774	\$78,974	\$132,731	\$73,519	\$214,985

LBB Cost - total facility expense minus benefits and depreciation

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

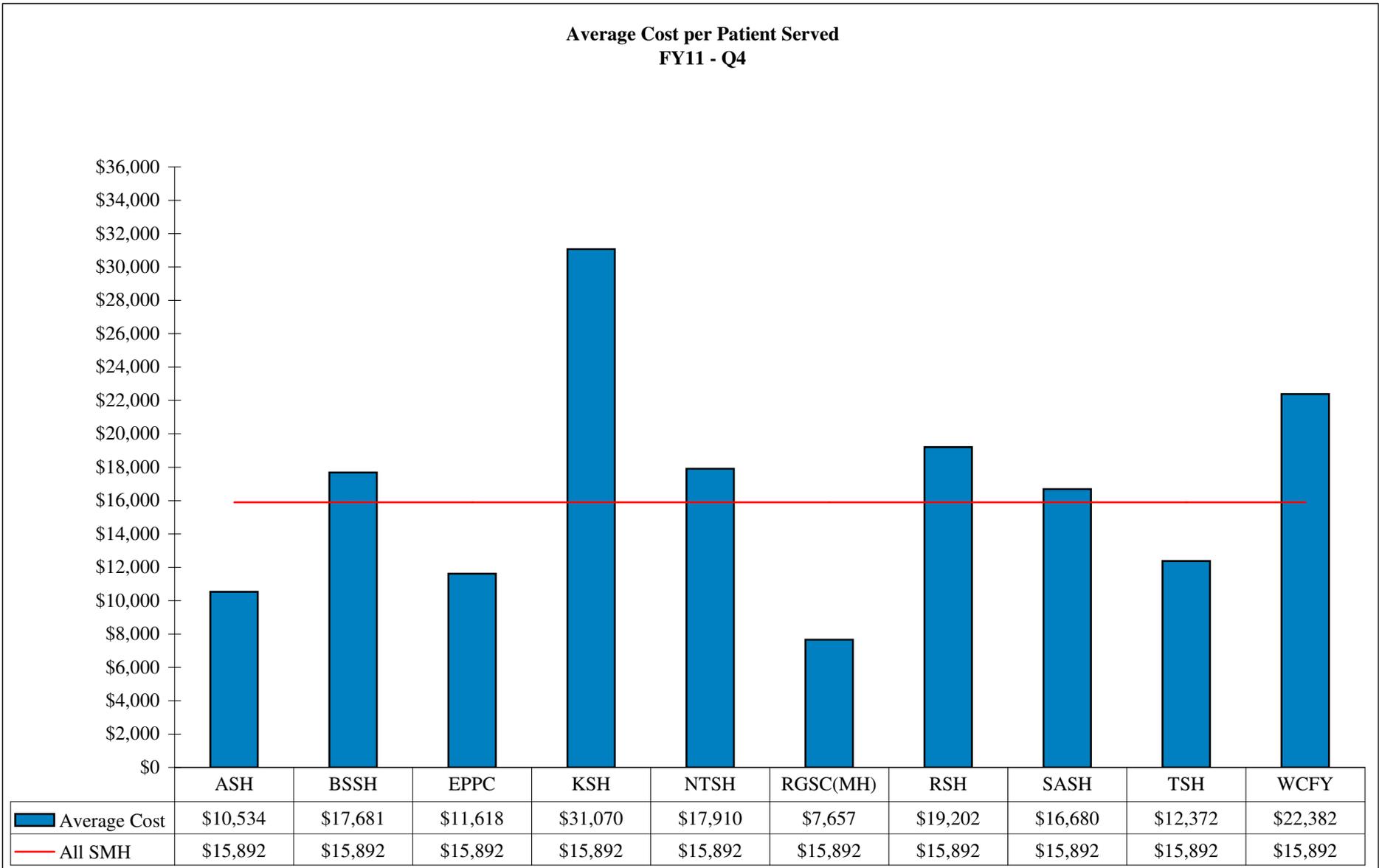
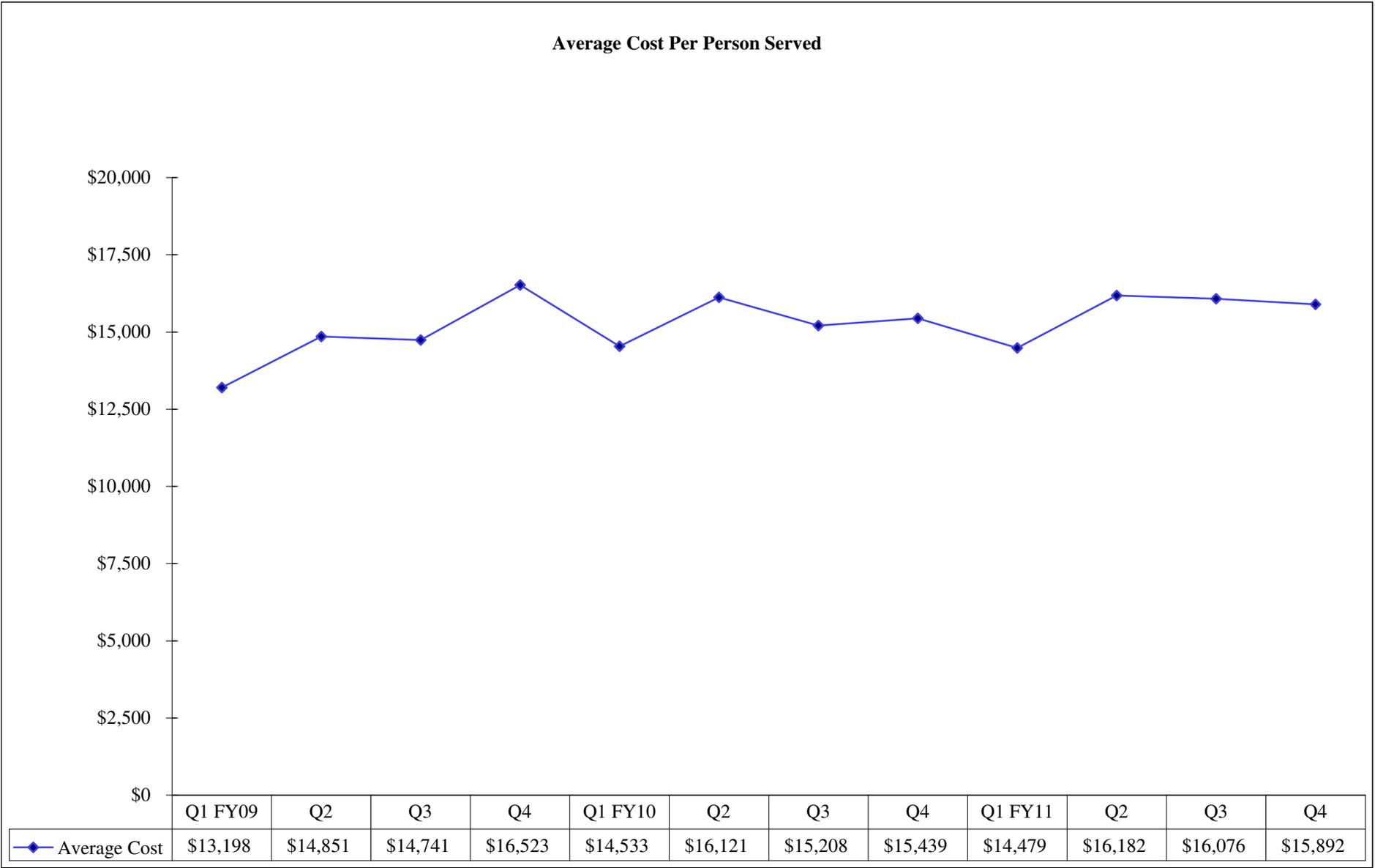


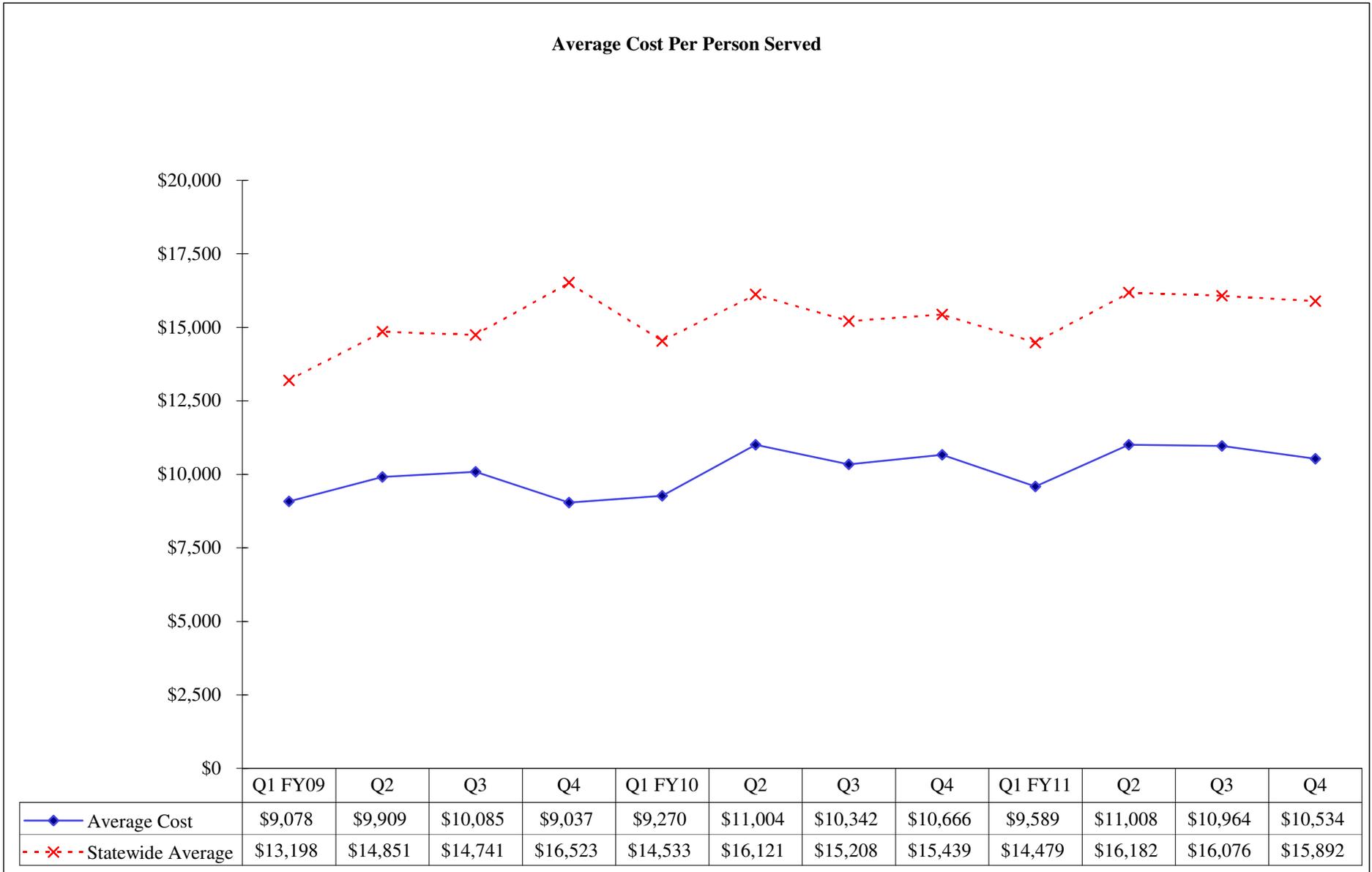
Table: Hospital Management Data Services

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

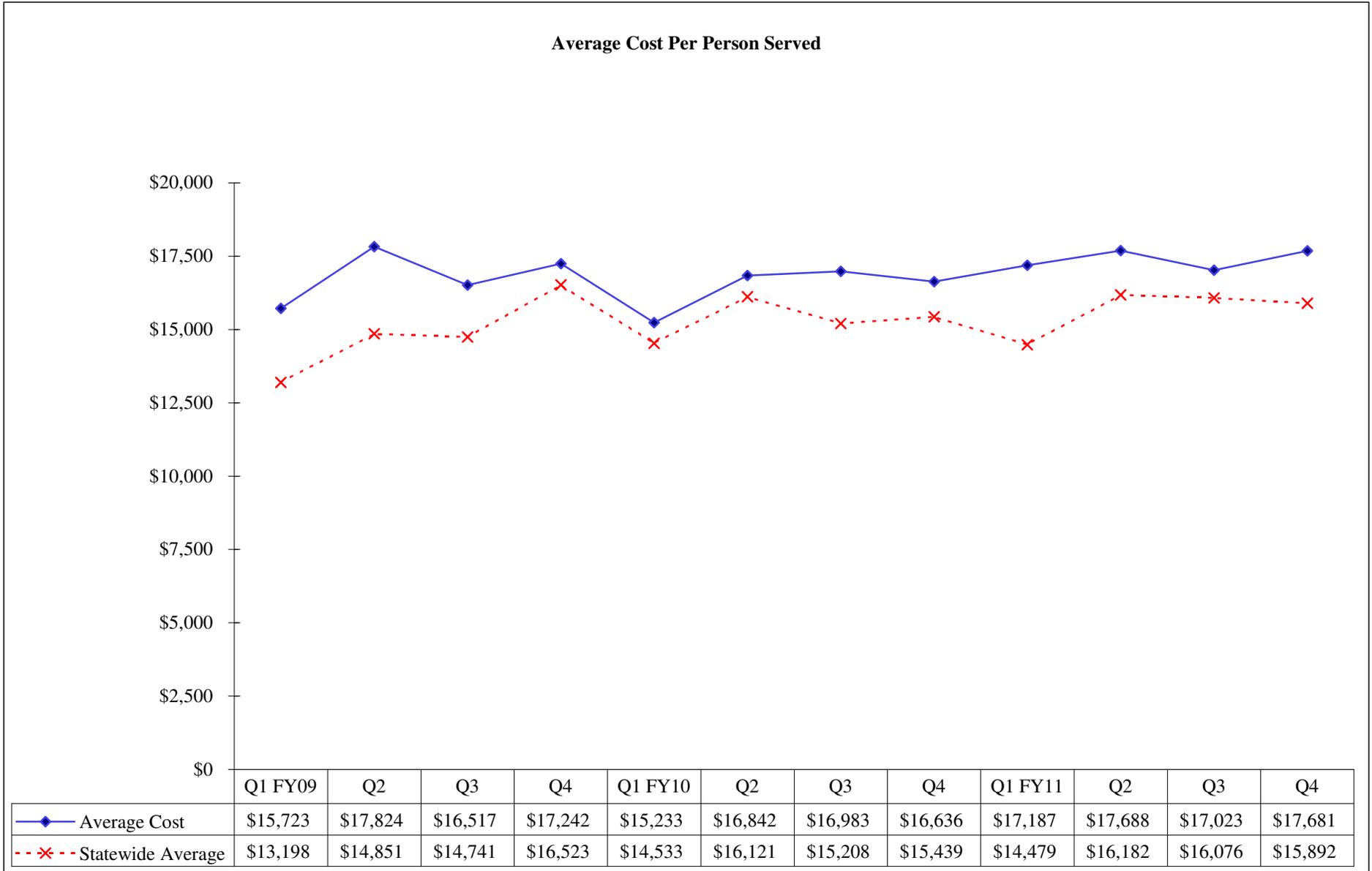
**Measure 1A - Average Cost Per Patient Served
All State MH Hospitals**



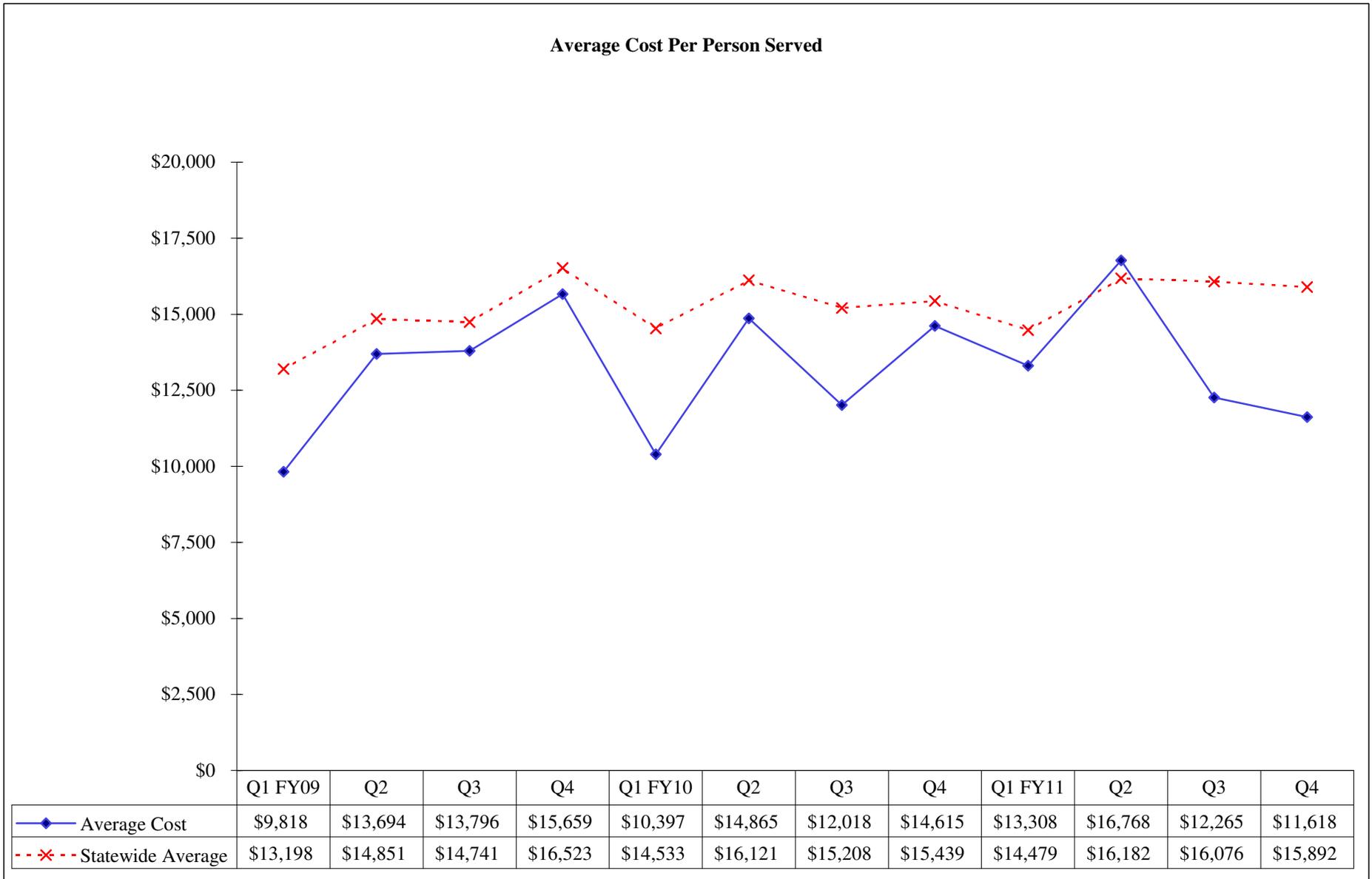
**Measure 1A - Average Cost Per Patient Served
Austin State Hospital**



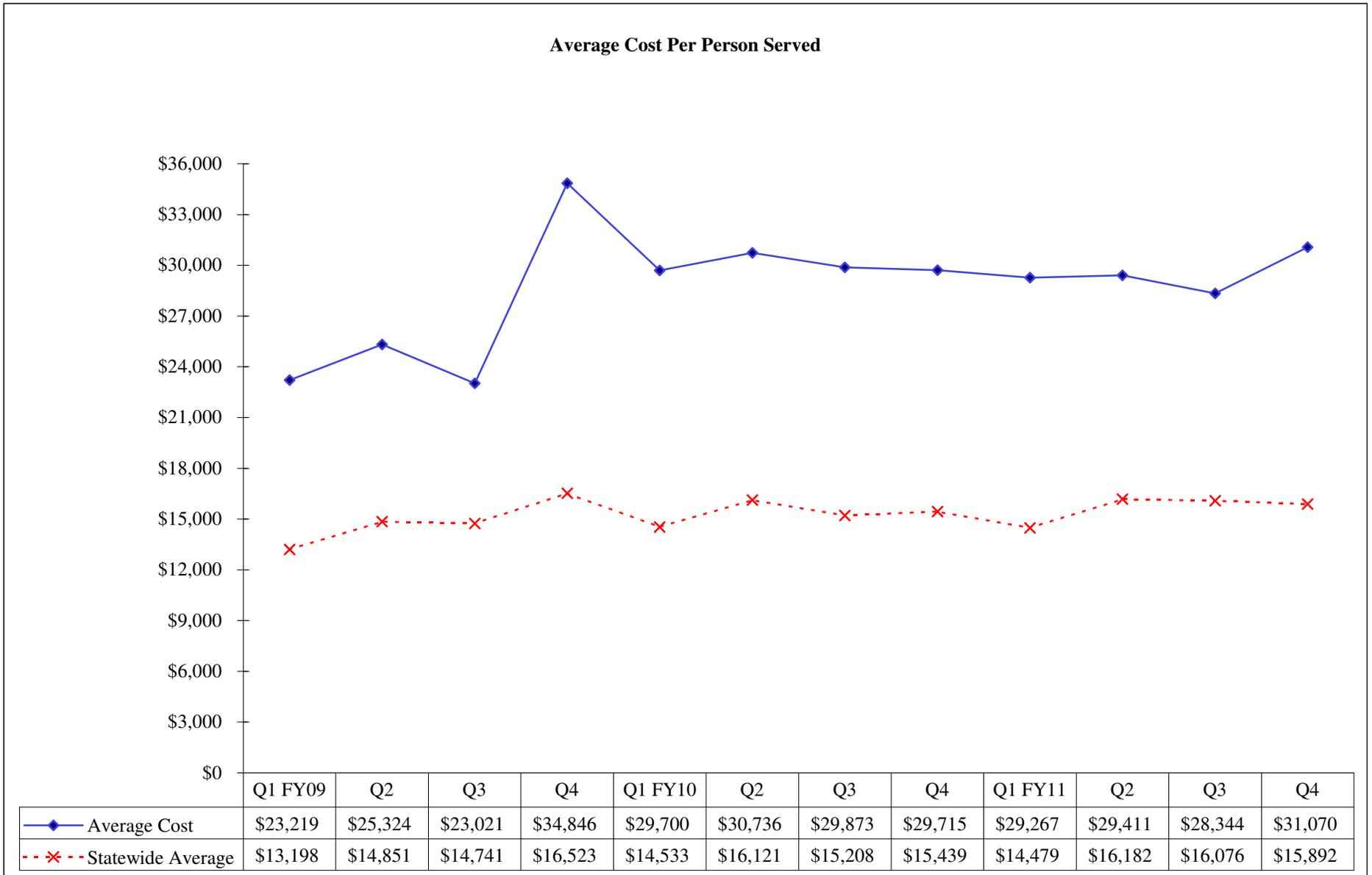
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



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



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



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

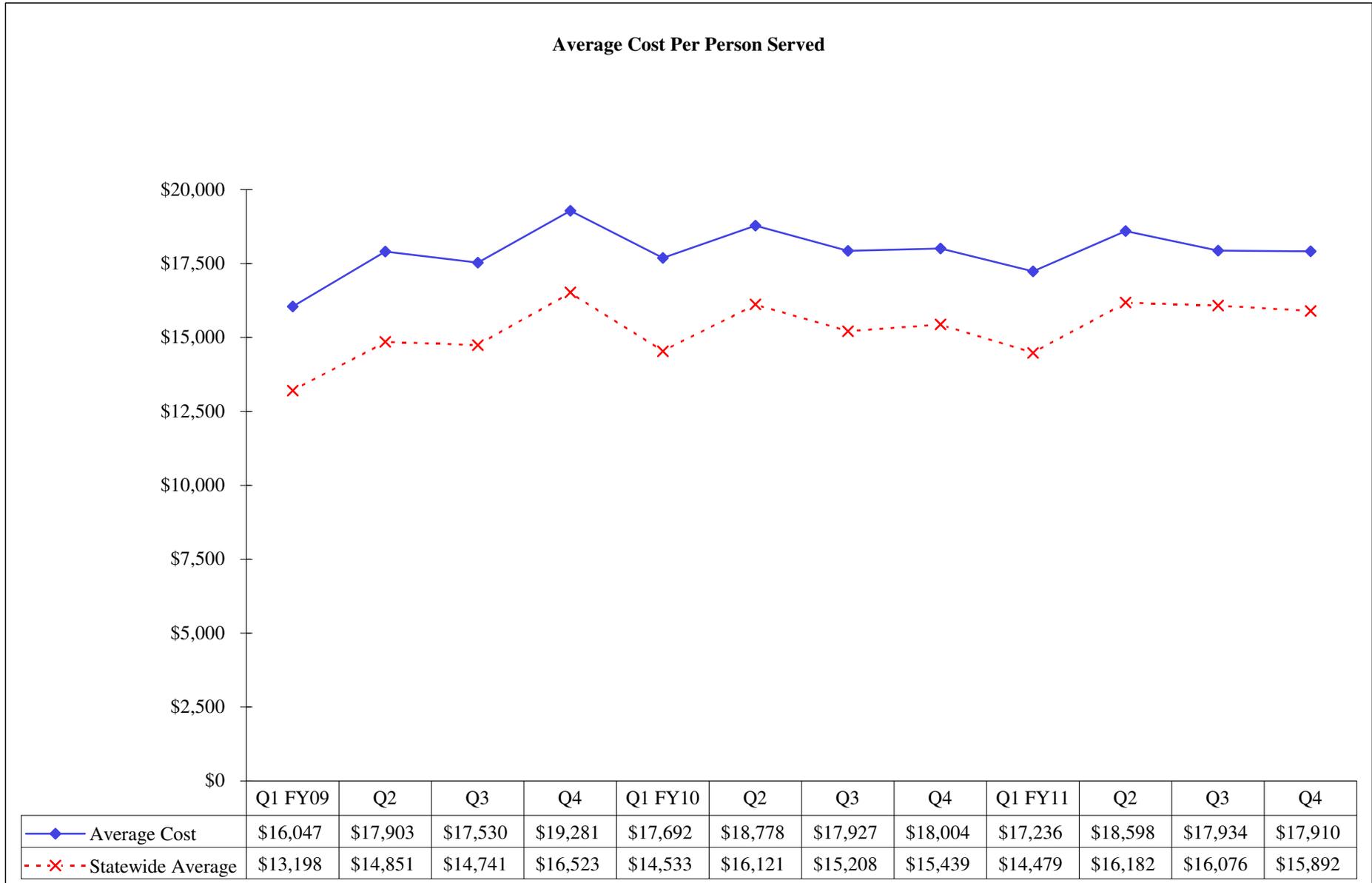
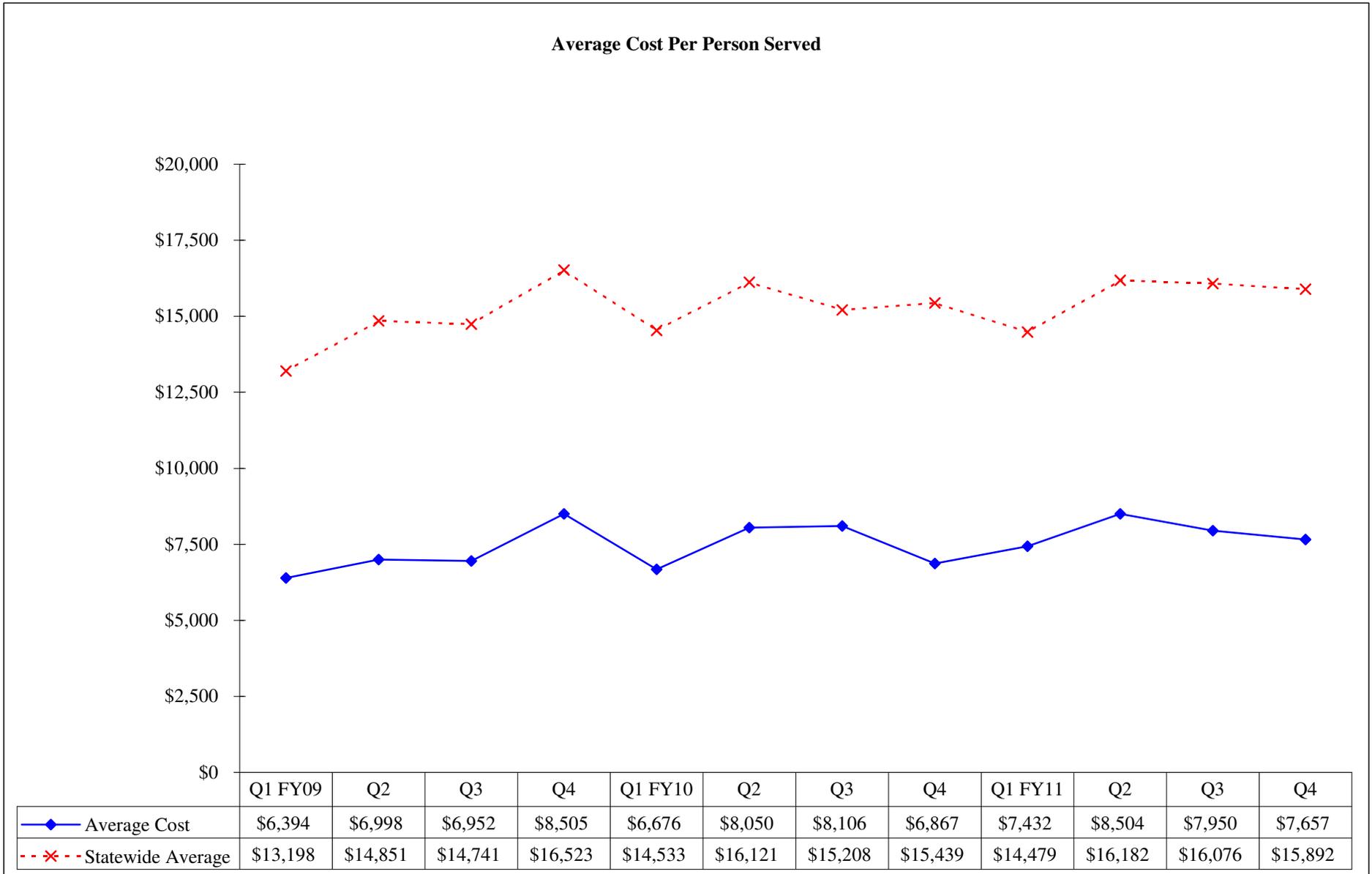


Table: Hospital Management Data Services

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

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



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

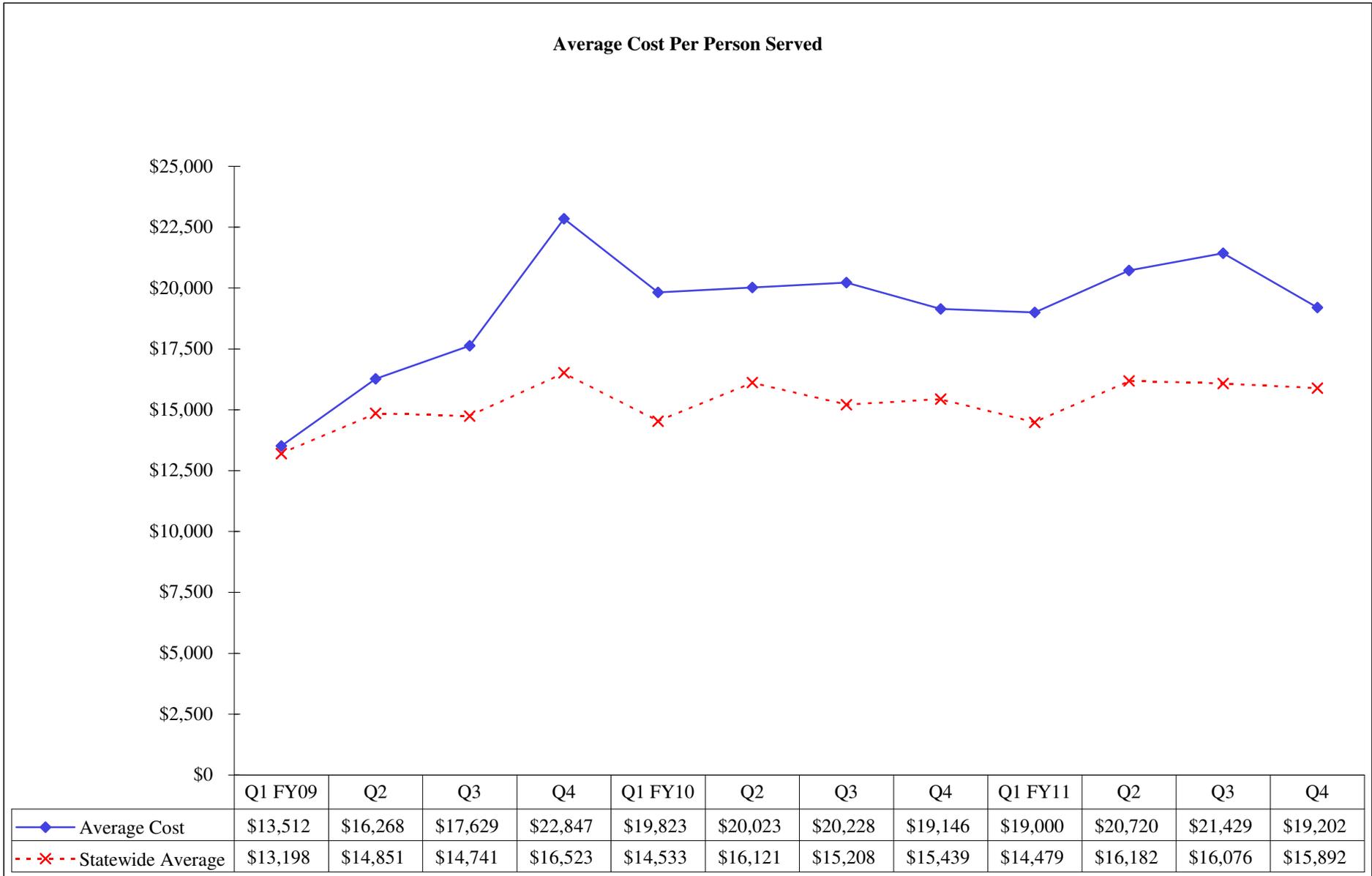
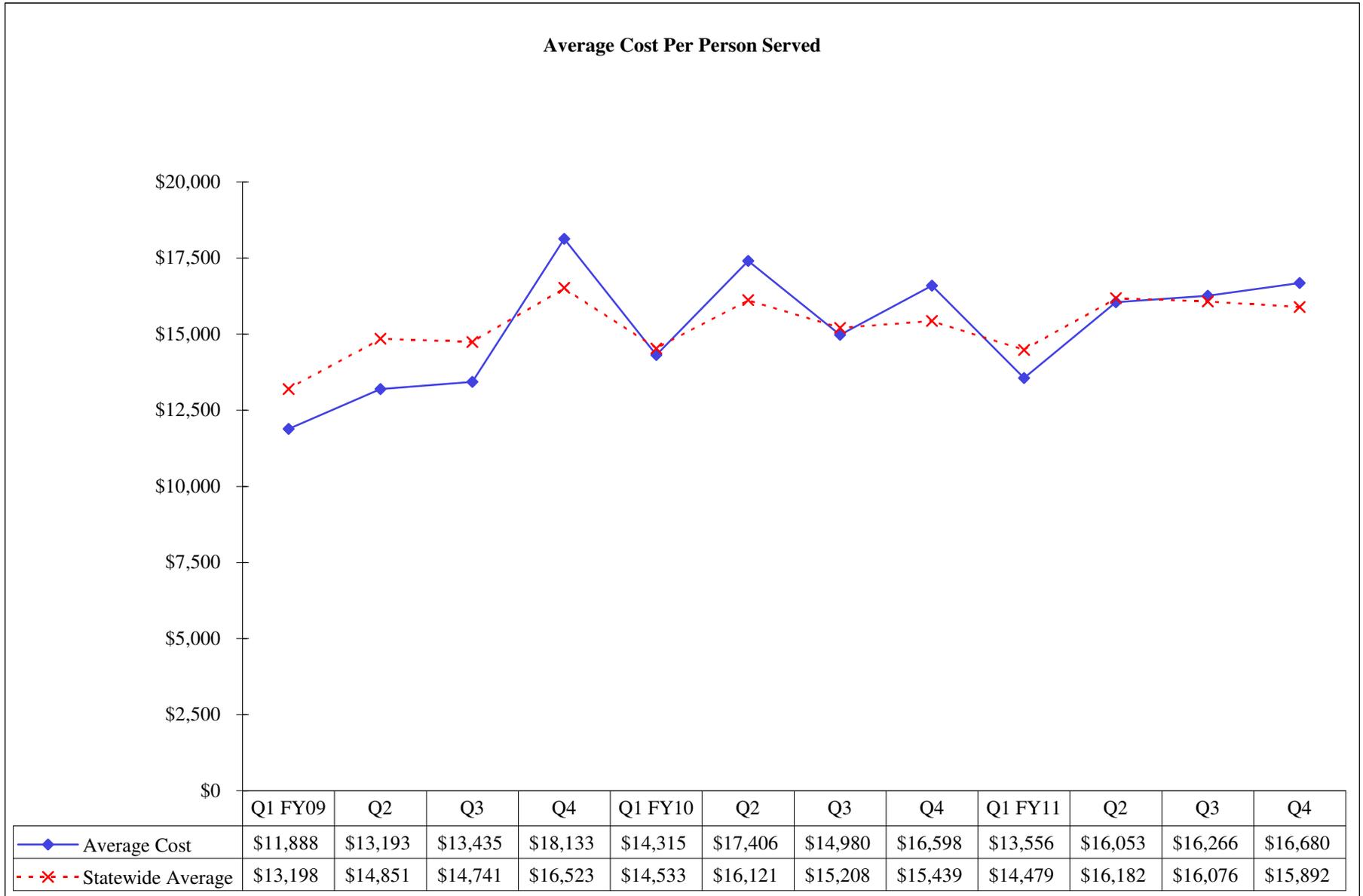


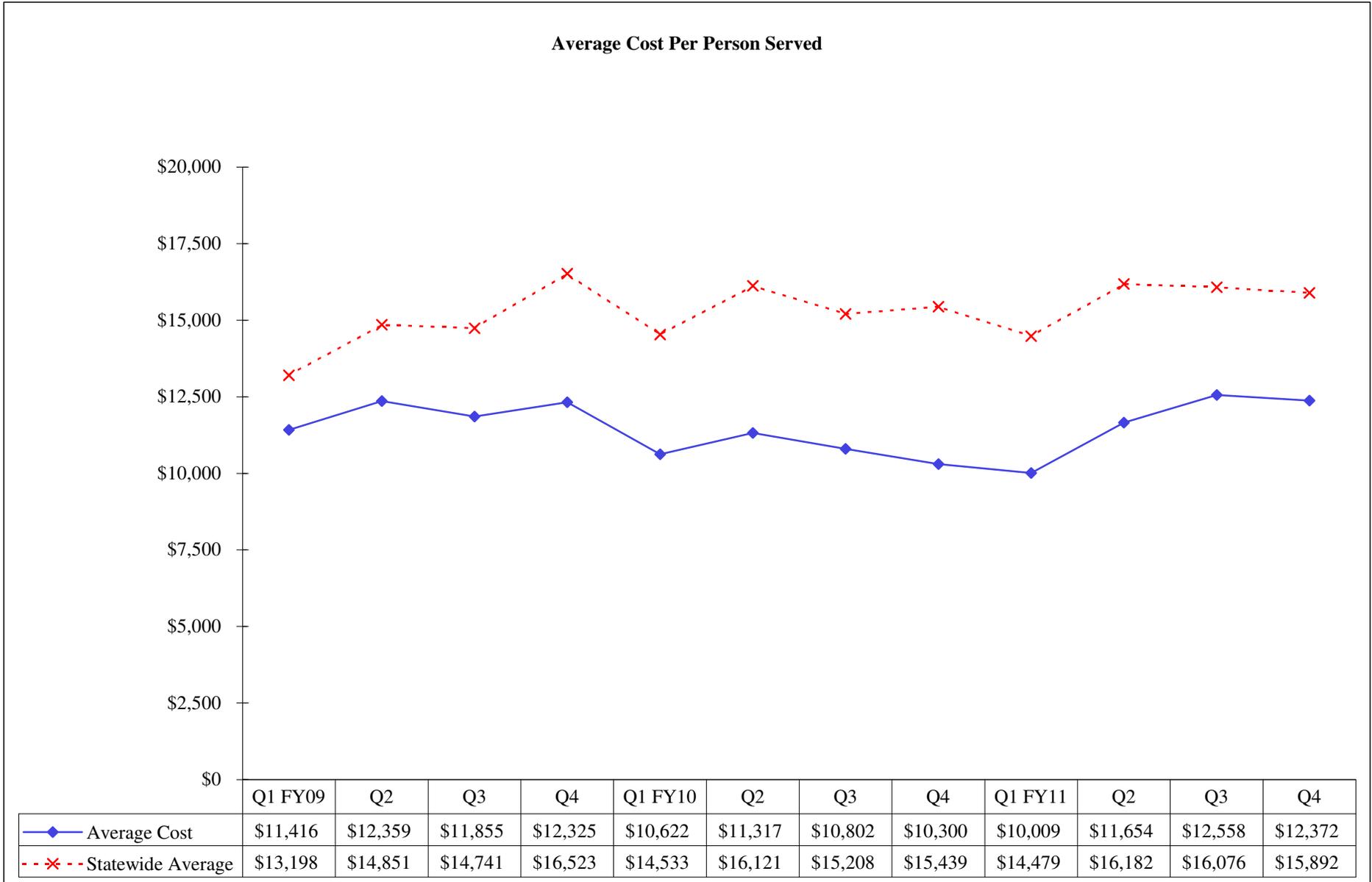
Table: Hospital Management Data Services

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

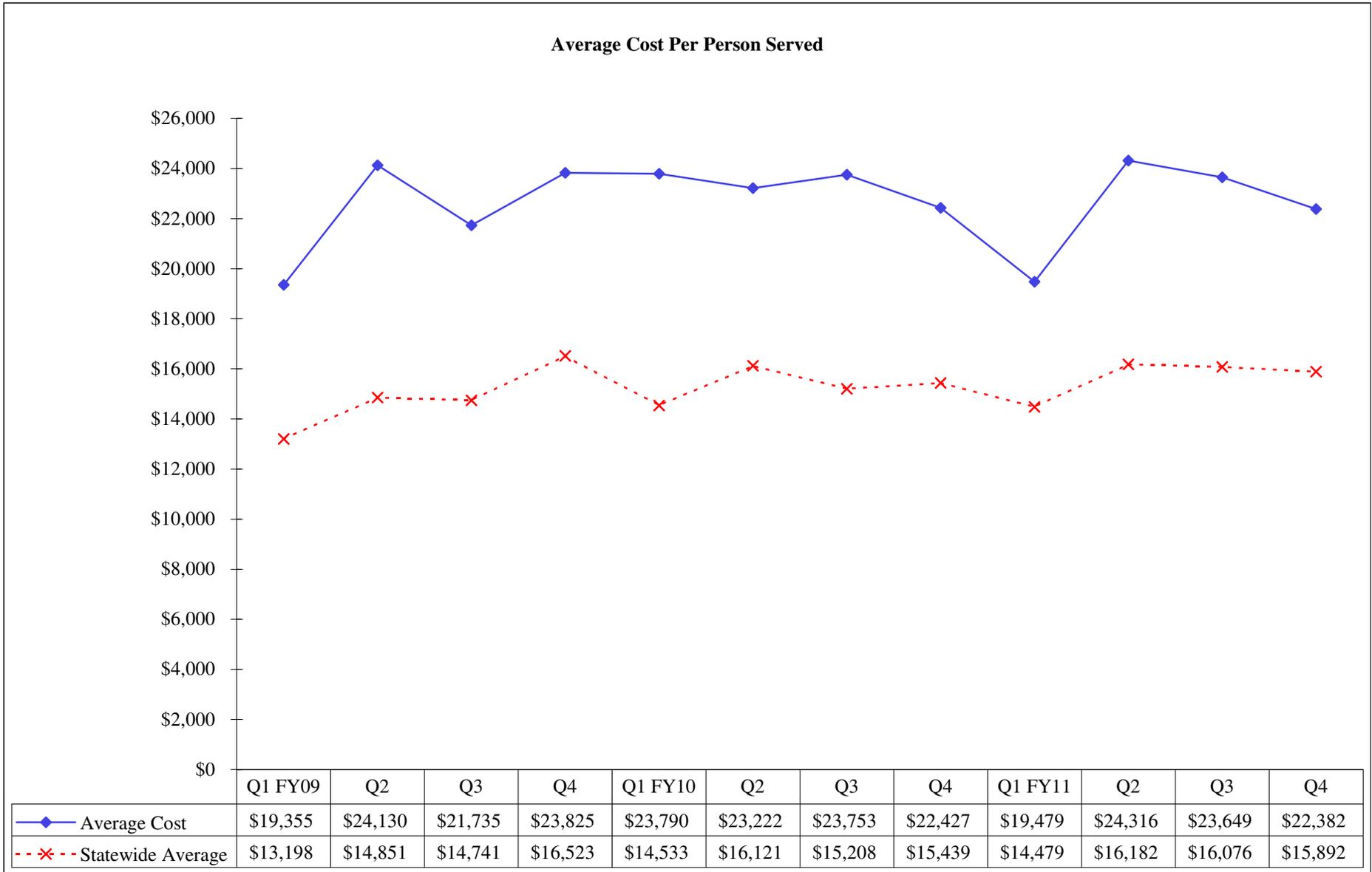
Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



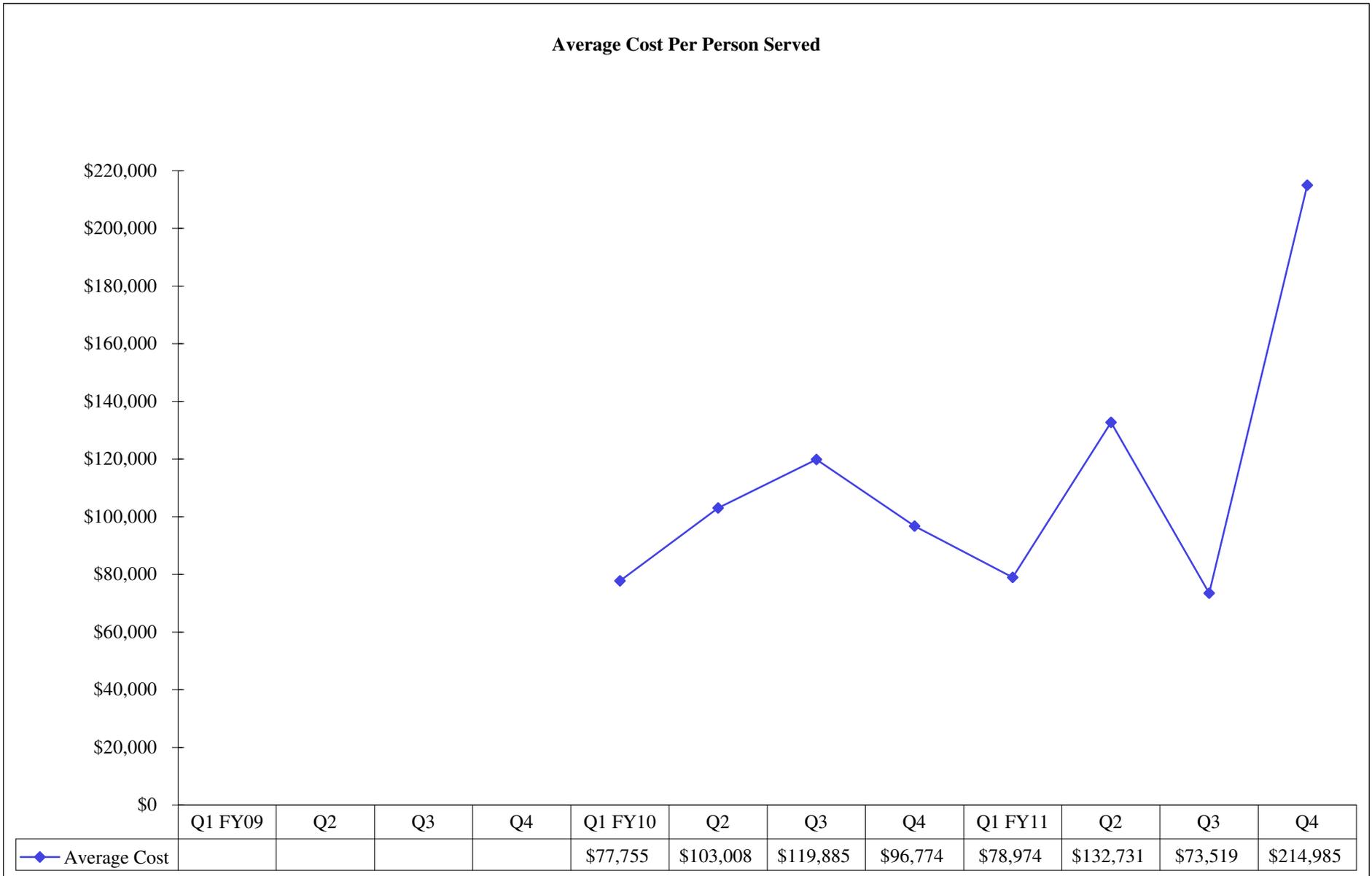
**Measure 1A - Average Cost Per Patient Served
Terrell State Hospital**



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



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



Performance Measure 1B:

Calculate cost per occupied bed.

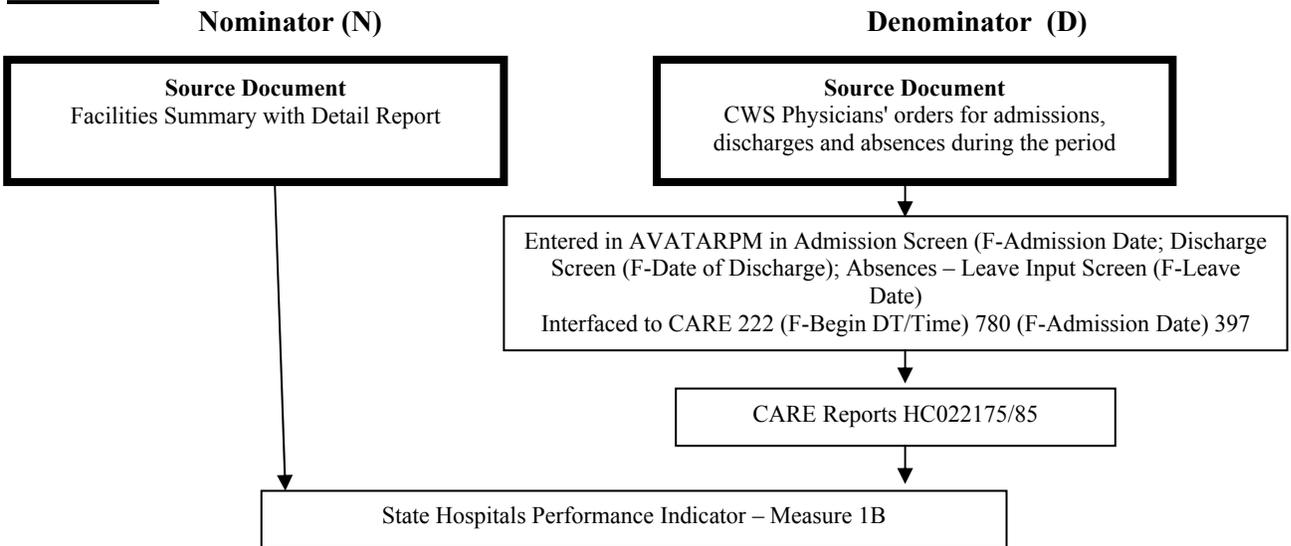
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

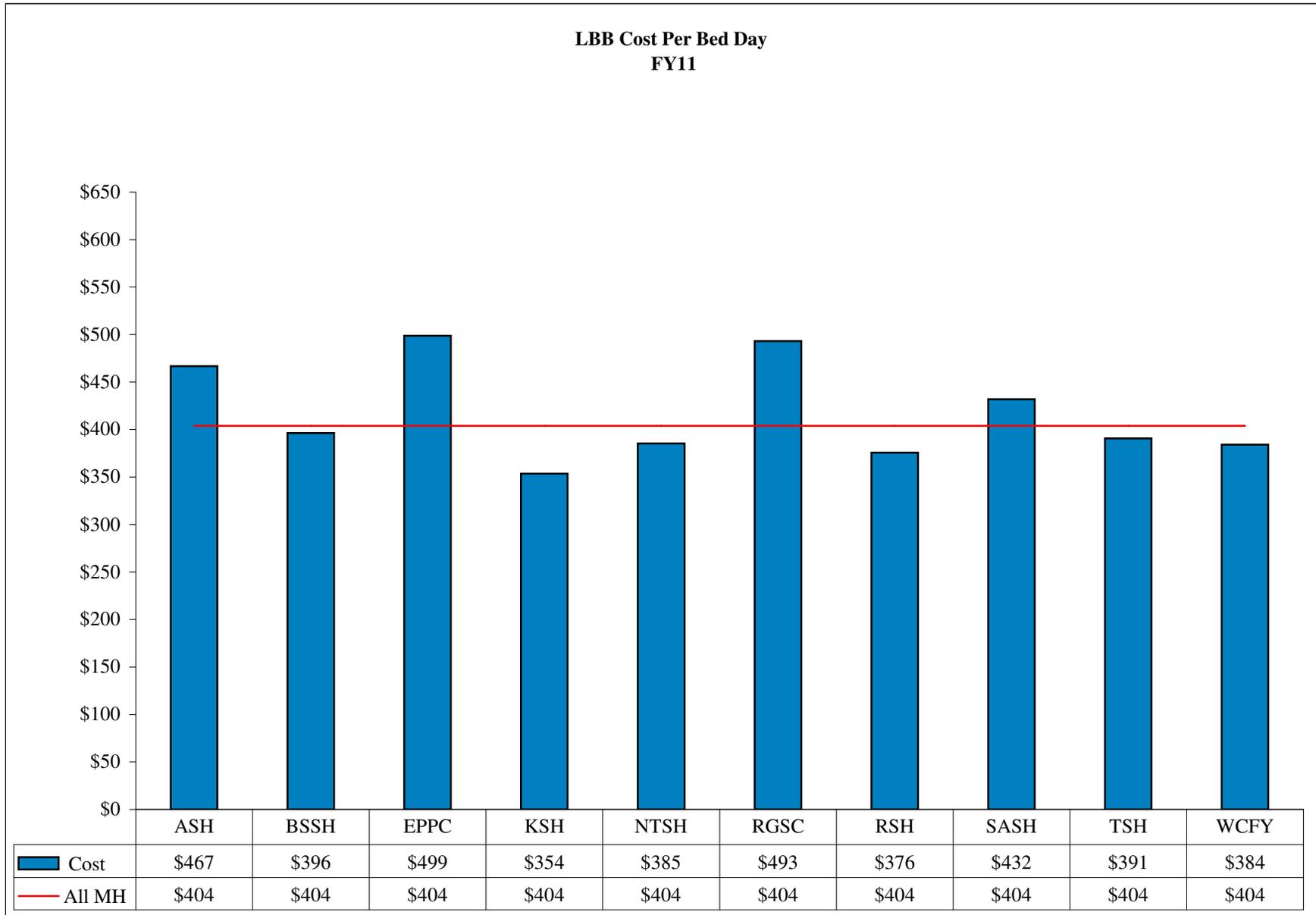
Performance Measure Data Display and Chart Description:

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

Data Flow:



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



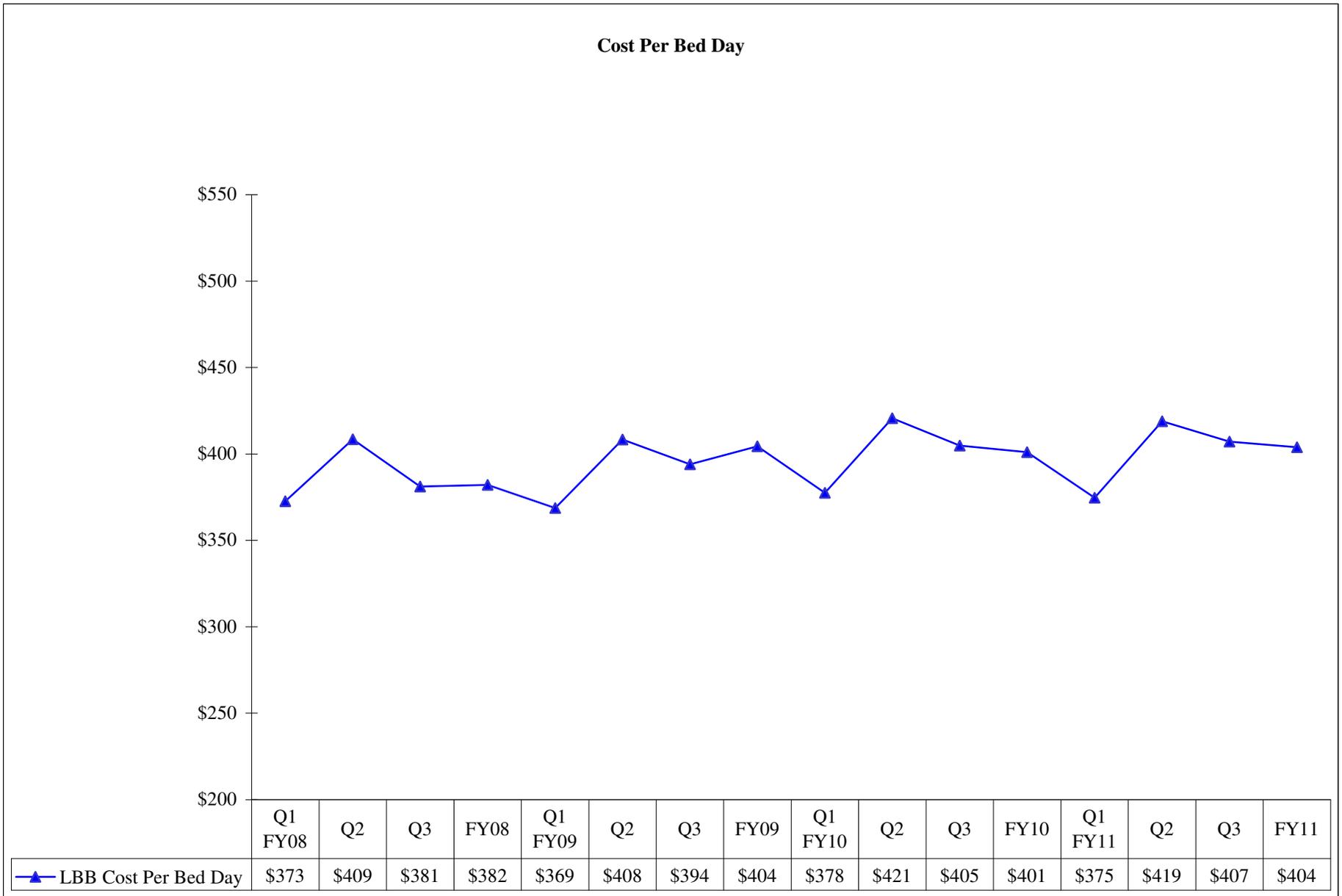
Measure 1B - Cost Per Bed Day

All State Hospitals

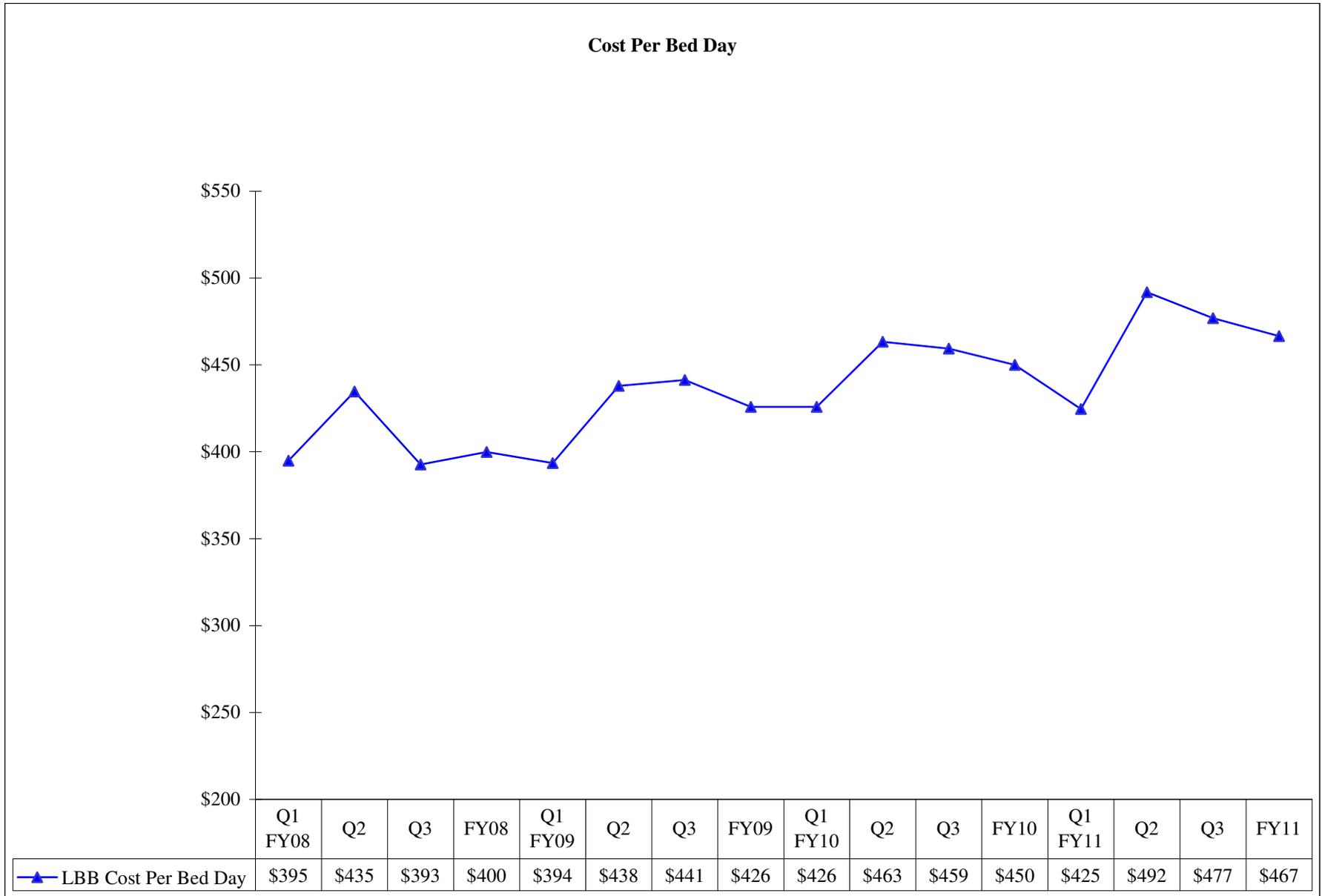
	FY08				FY09				FY10				FY11			
	Q1	Q2	Q3	FY												
Austin State Hospital																
LBB Cost Per Bed Day	\$395	\$435	\$393	\$400	\$394	\$438	\$441	\$426	\$426	\$463	\$459	\$450	\$425	\$492	\$477	\$467
Big Spring State Hospital																
LBB Cost Per Bed Day	\$364	\$395	\$389	\$383	\$373	\$417	\$415	\$414	\$380	\$408	\$404	\$396	\$369	\$406	\$393	\$396
El Paso Psychiatric Center																
LBB Cost Per Bed Day	\$447	\$507	\$530	\$500	\$451	\$568	\$511	\$539	\$460	\$561	\$482	\$501	\$448	\$527	\$506	\$499
Kerrville State Hospital																
LBB Cost Per Bed Day	\$328	\$351	\$338	\$340	\$342	\$366	\$361	\$370	\$353	\$356	\$348	\$350	\$337	\$354	\$351	\$354
North Texas State Hospital																
LBB Cost Per Bed Day	\$387	\$407	\$364	\$375	\$361	\$391	\$380	\$389	\$359	\$396	\$380	\$378	\$364	\$399	\$384	\$385
Rusk State Hospital																
LBB Cost Per Bed Day	\$343	\$377	\$364	\$353	\$338	\$363	\$357	\$373	\$365	\$397	\$384	\$383	\$363	\$381	\$387	\$376
San Antonio State Hospital																
LBB Cost Per Bed Day	\$404	\$444	\$409	\$417	\$393	\$453	\$420	\$441	\$395	\$501	\$449	\$451	\$373	\$458	\$441	\$432
Terrell State Hospital																
LBB Cost Per Bed Day	\$351	\$395	\$377	\$373	\$373	\$407	\$378	\$397	\$354	\$397	\$388	\$378	\$367	\$405	\$390	\$391
Waco Center for Youth*																
LBB Cost Per Bed Day	\$339	\$424	\$362	\$372	\$305	\$391	\$342	\$363	\$372	\$401	\$423	\$392	\$324	\$424	\$392	\$384
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	\$382	\$493	\$478	\$439	\$427	\$445	\$456	\$477	\$445	\$477	\$471	\$479	\$496	\$503	\$480	\$493
All State MH Hospitals																
LBB Cost Per Bed Day	\$373	\$409	\$381	\$382	\$369	\$408	\$394	\$404	\$378	\$421	\$405	\$401	\$375	\$419	\$407	\$404
Texas Center for Infectious Disease																
LBB Cost Per Bed Day	\$524	\$864	\$633	\$704	\$527	\$868	\$635	\$712	\$874	\$799	\$622	\$725	\$750	\$720	\$511	\$646

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

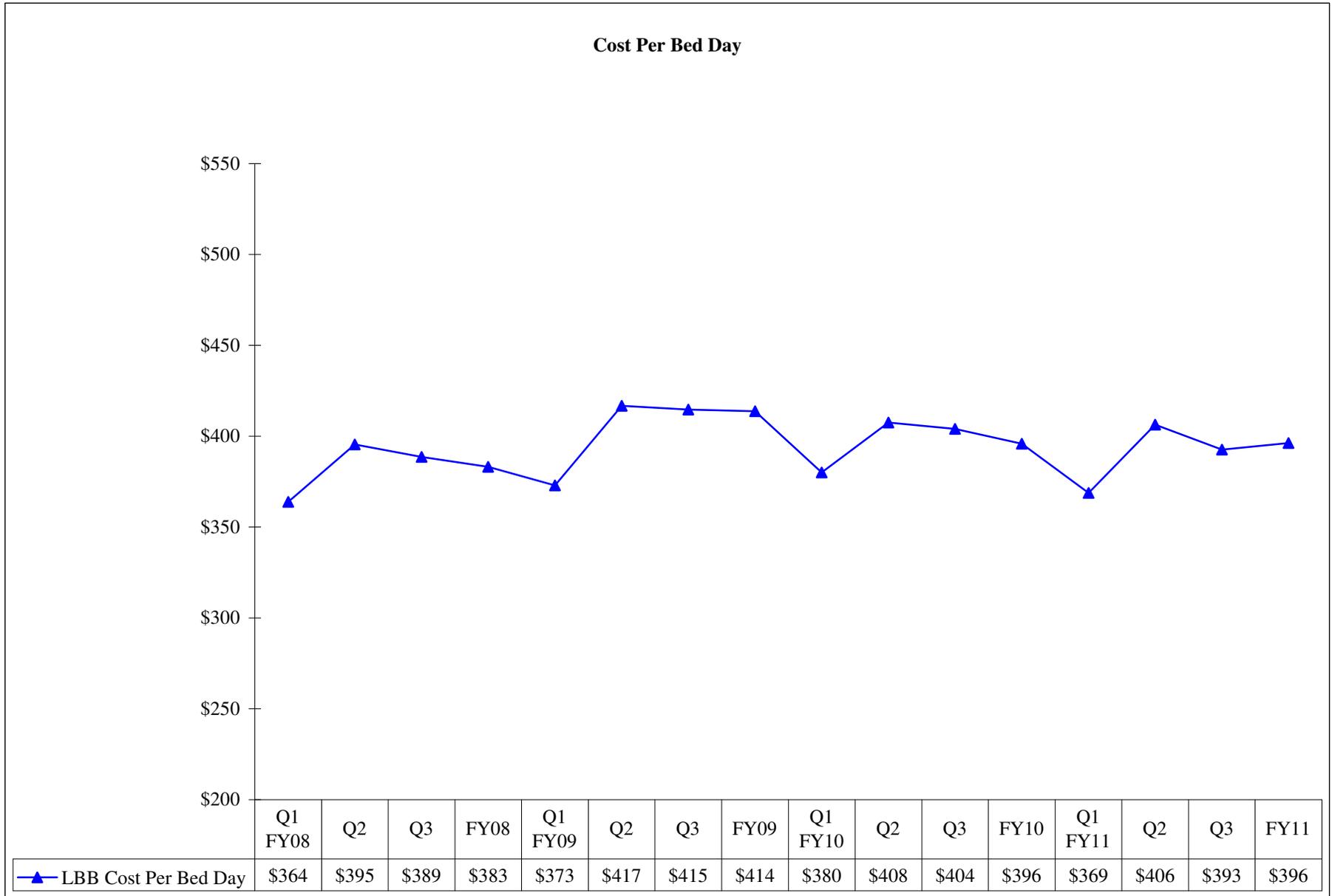
Measure 1B - Cost Per Bed Day
All State MH Hospitals



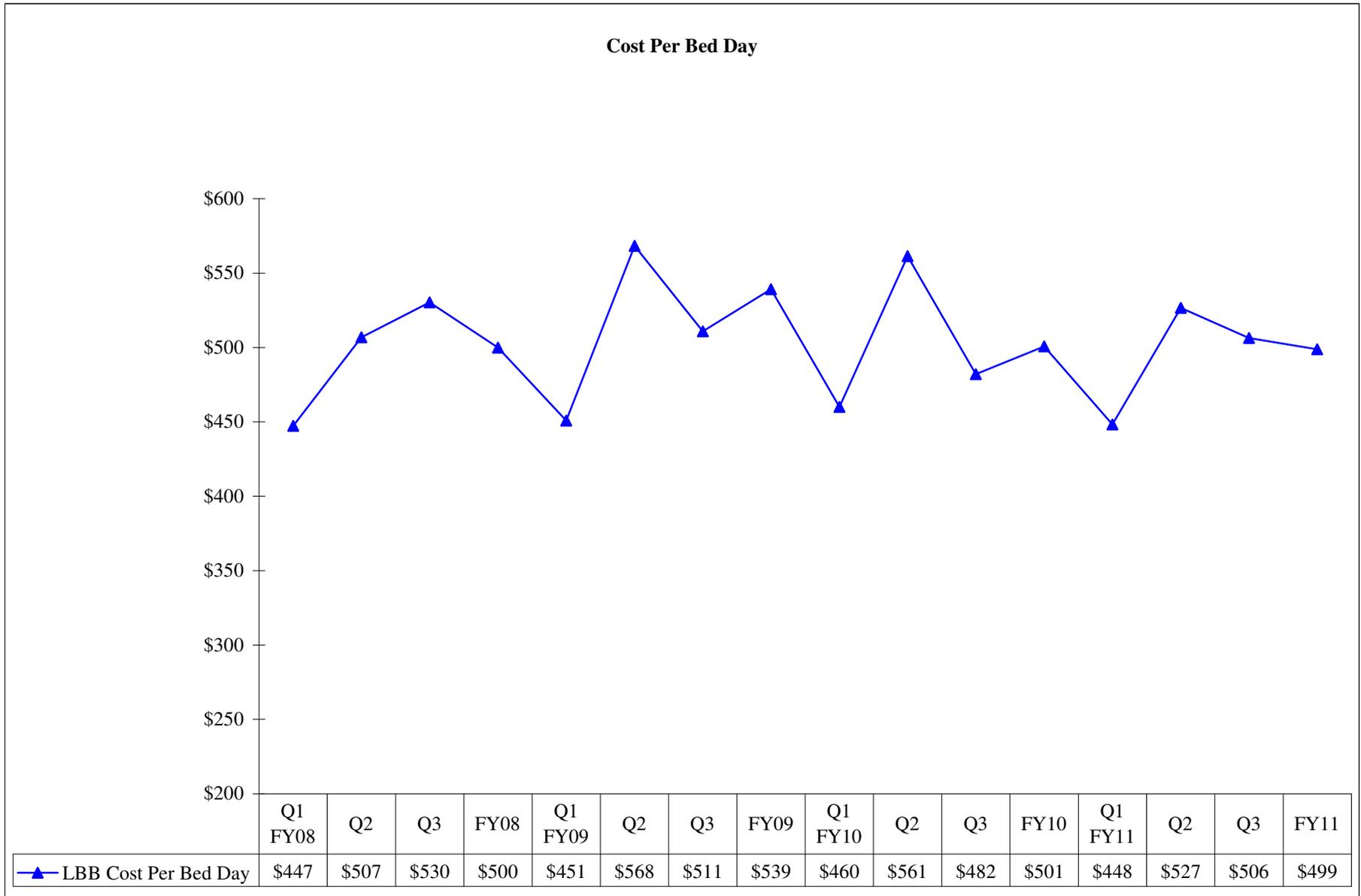
**Measure 1B - Cost Per Bed Day
Austin State Hospital**



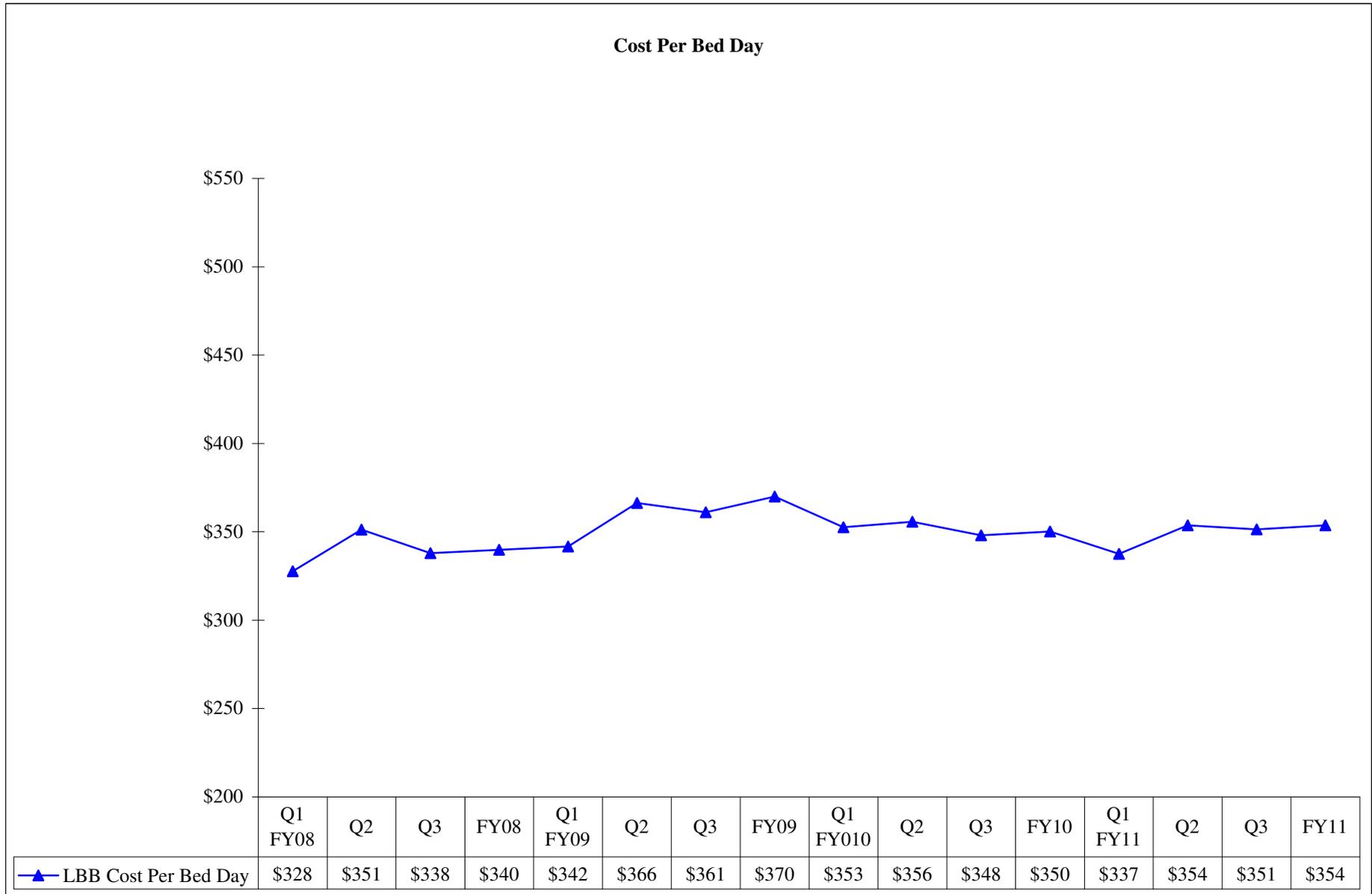
Measure 1B - Cost Per Bed Day
Big Spring State Hospital



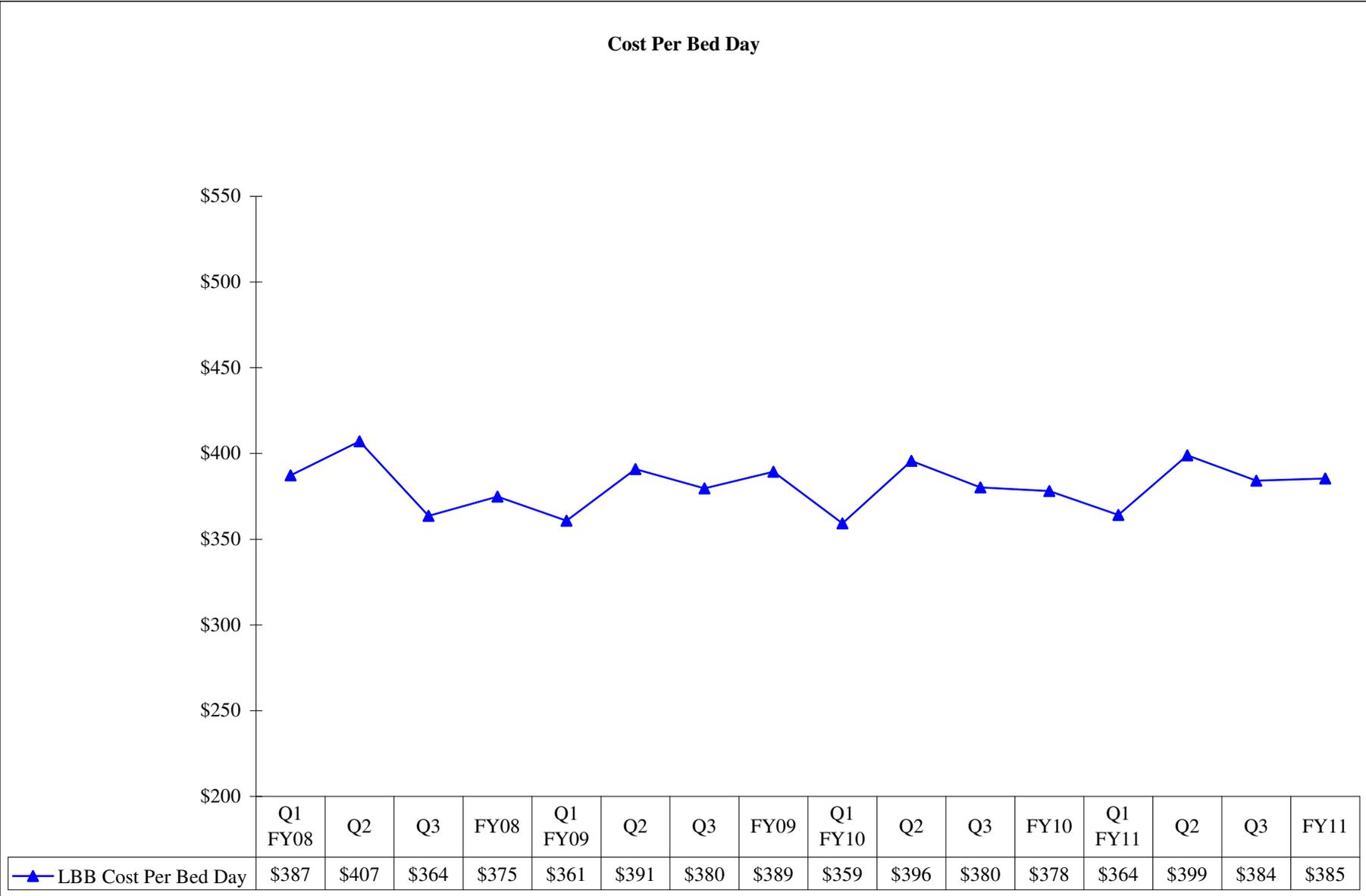
Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center



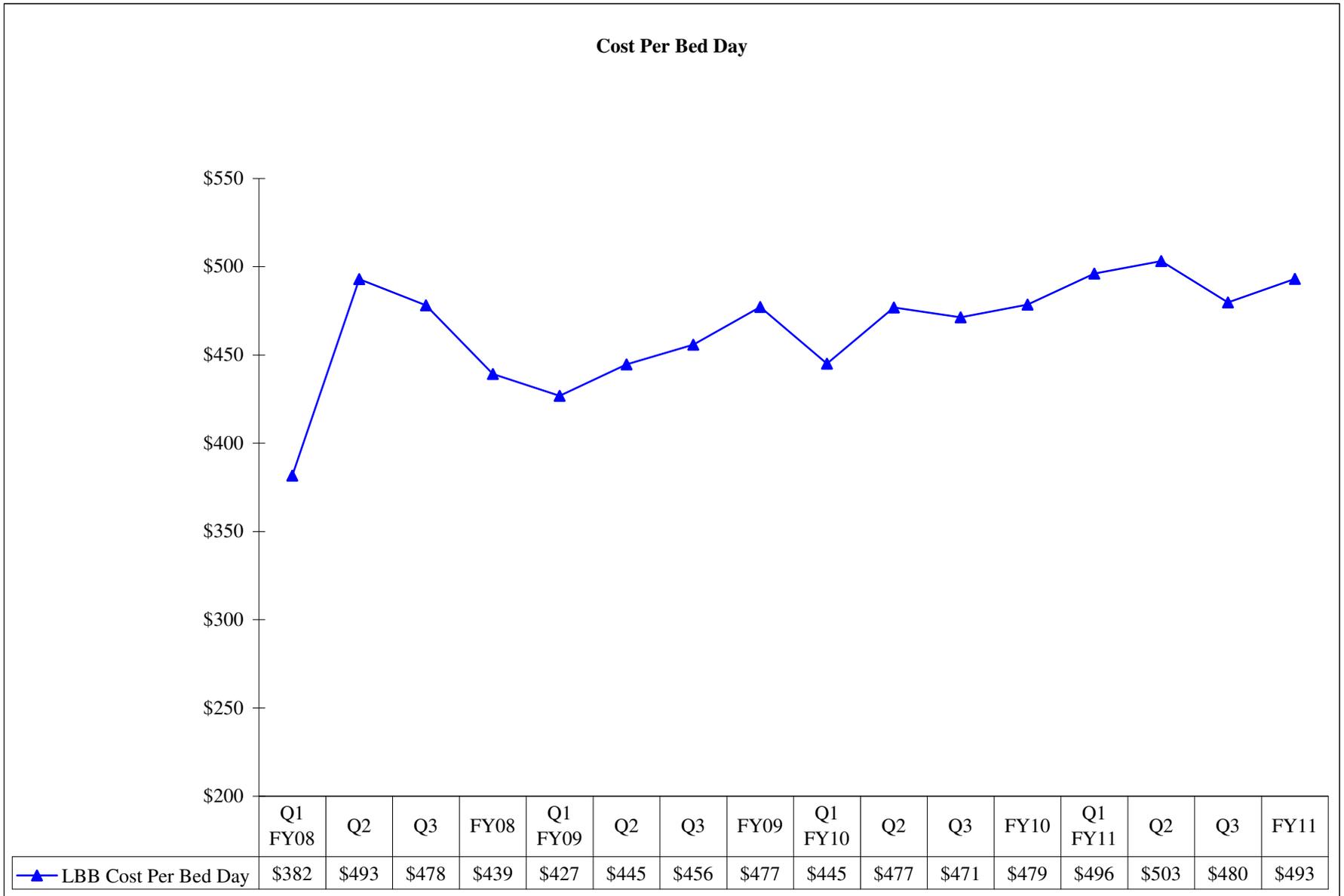
Measure 1B - Cost Per Bed Day
Kerrville State Hospital



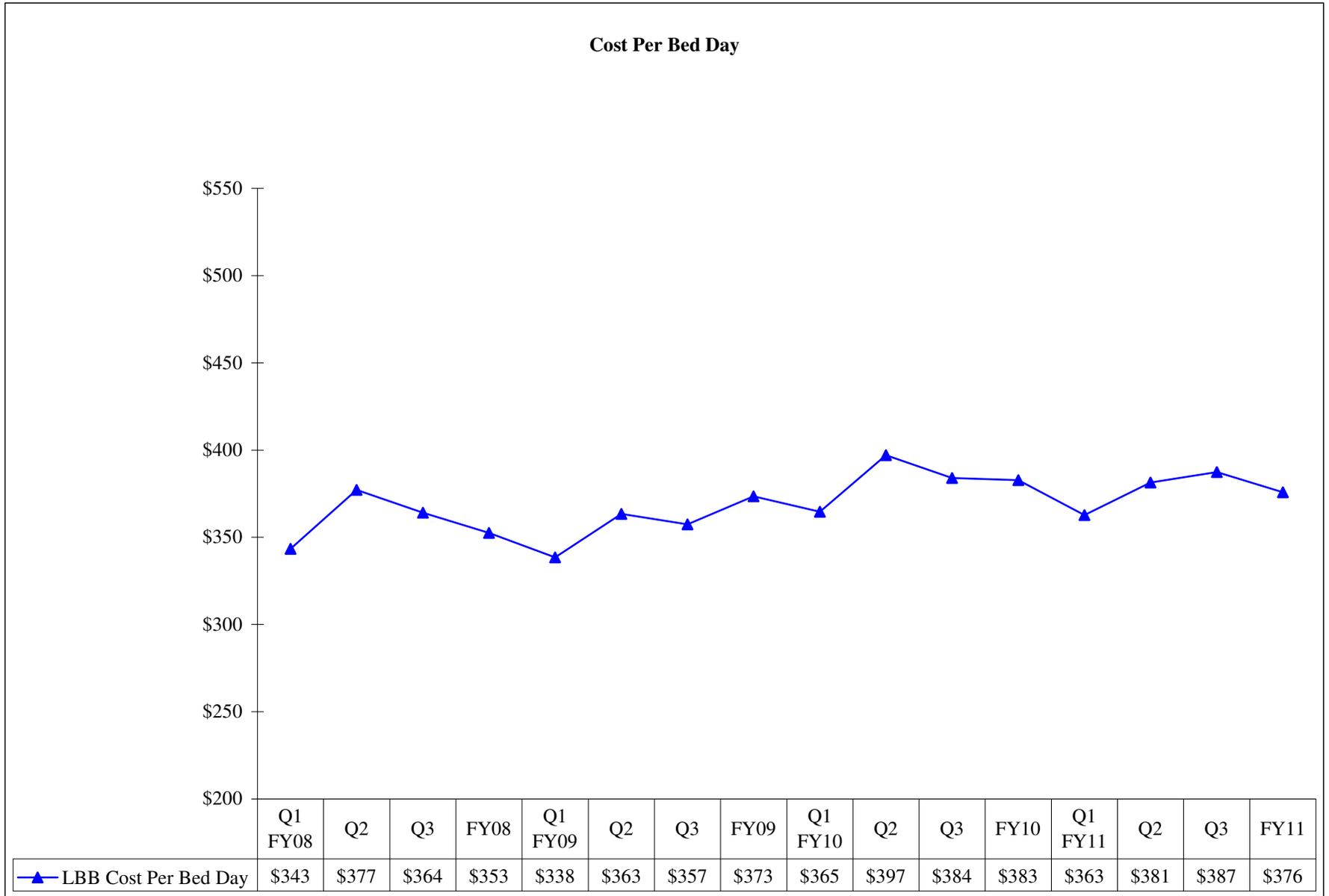
Measure 1B - Cost Per Bed Day
North Texas State Hospital



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



Measure 1B - Cost Per Bed Day
Rusk State Hospital



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

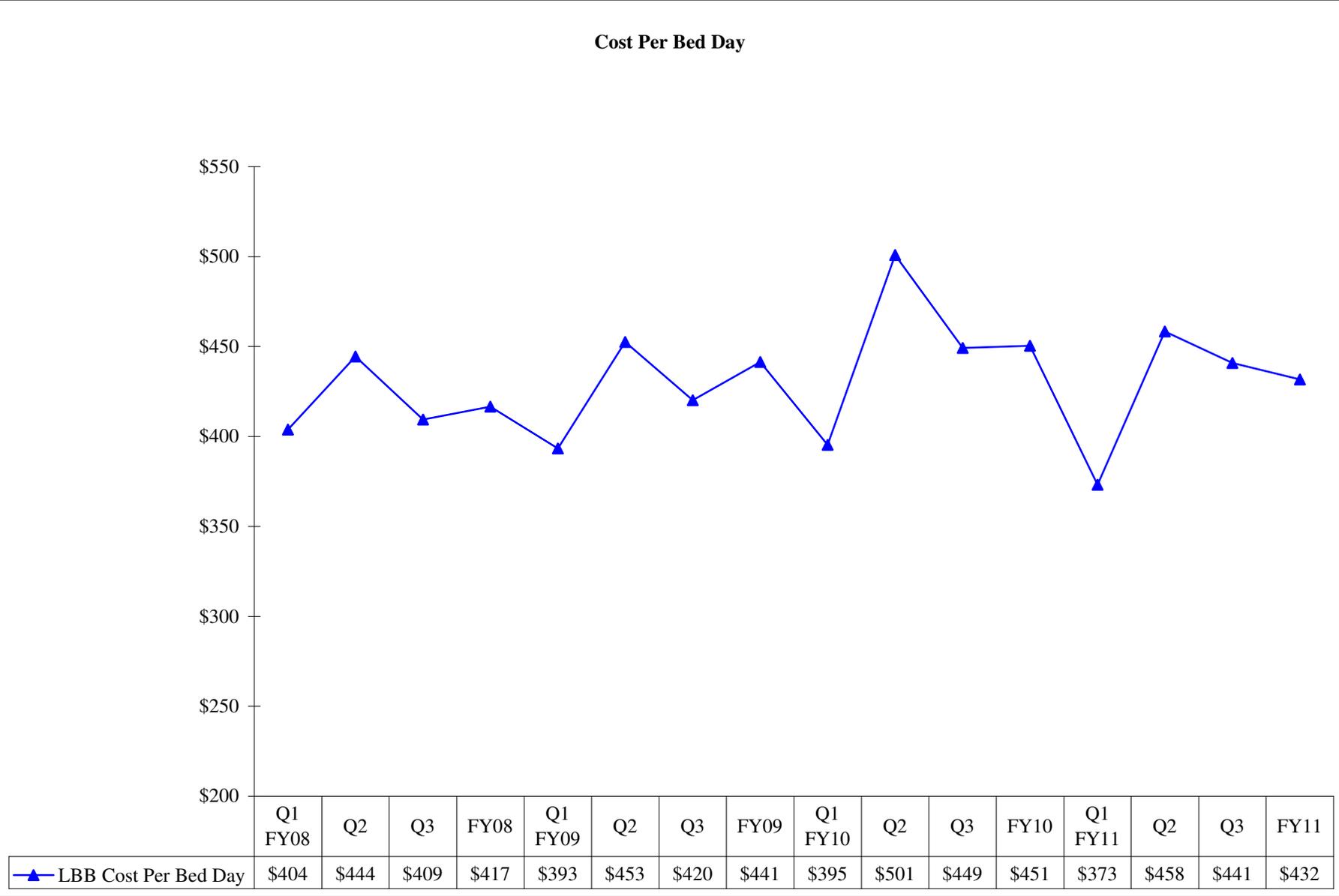
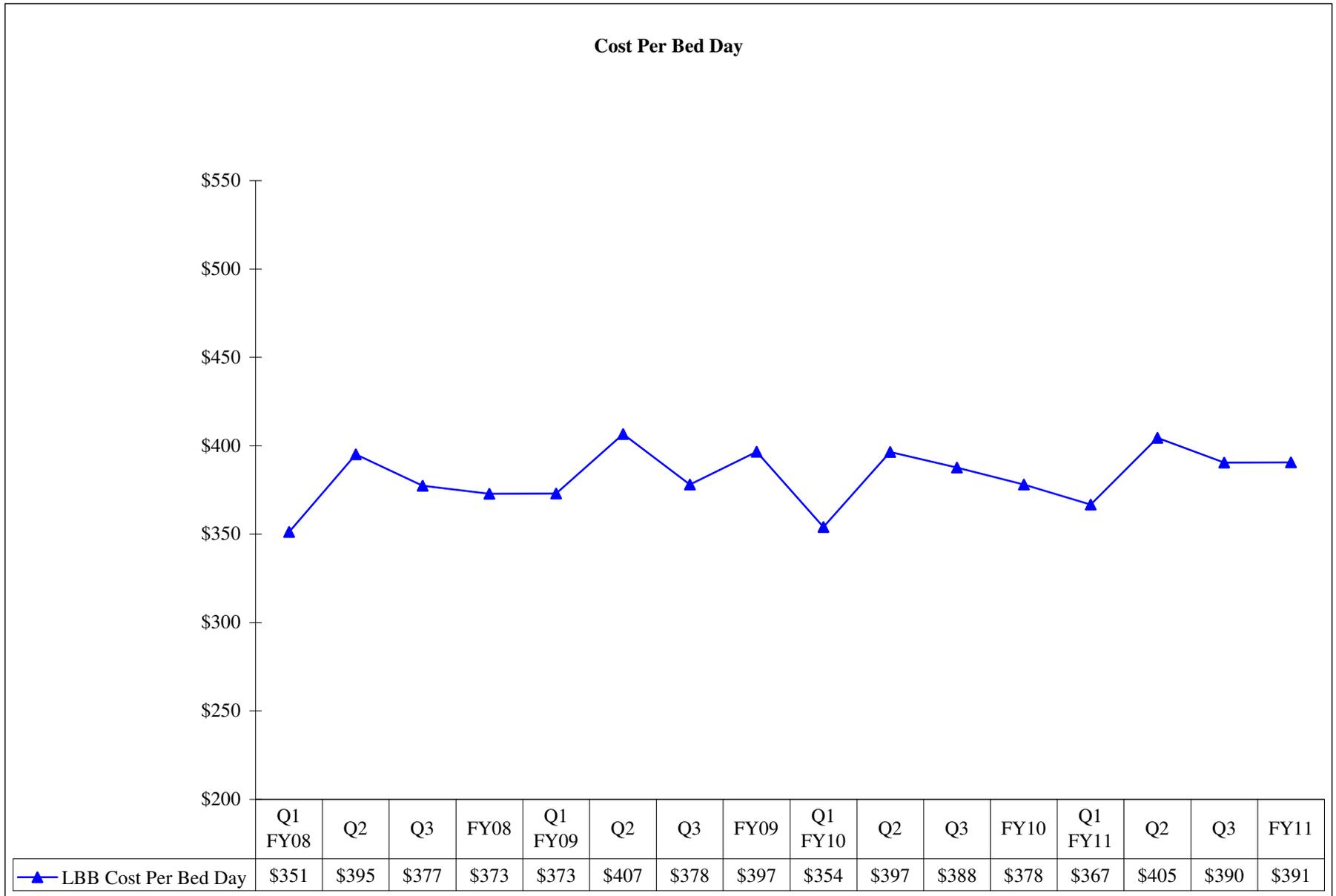


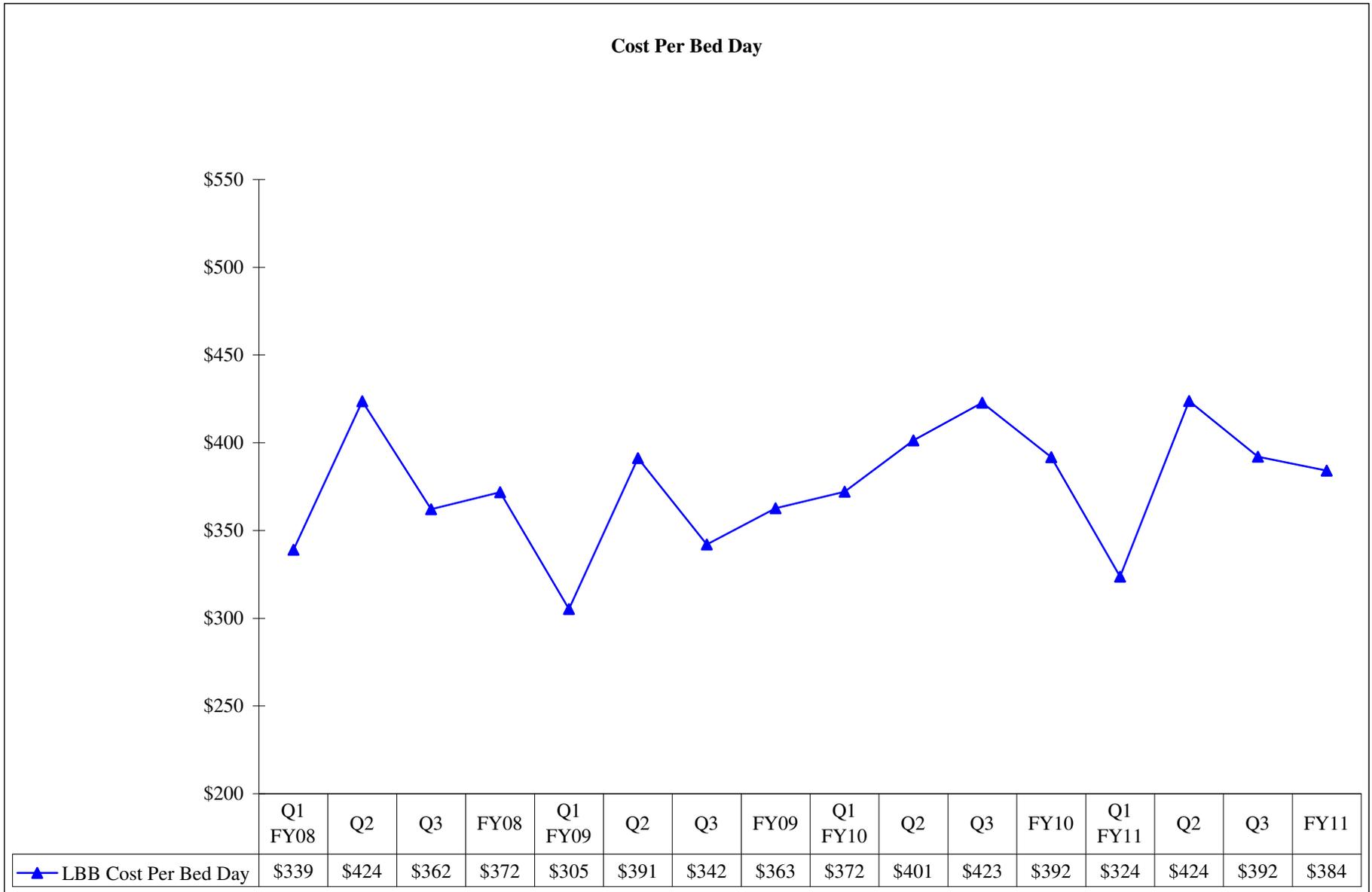
Chart: Hospital Management Data Services

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

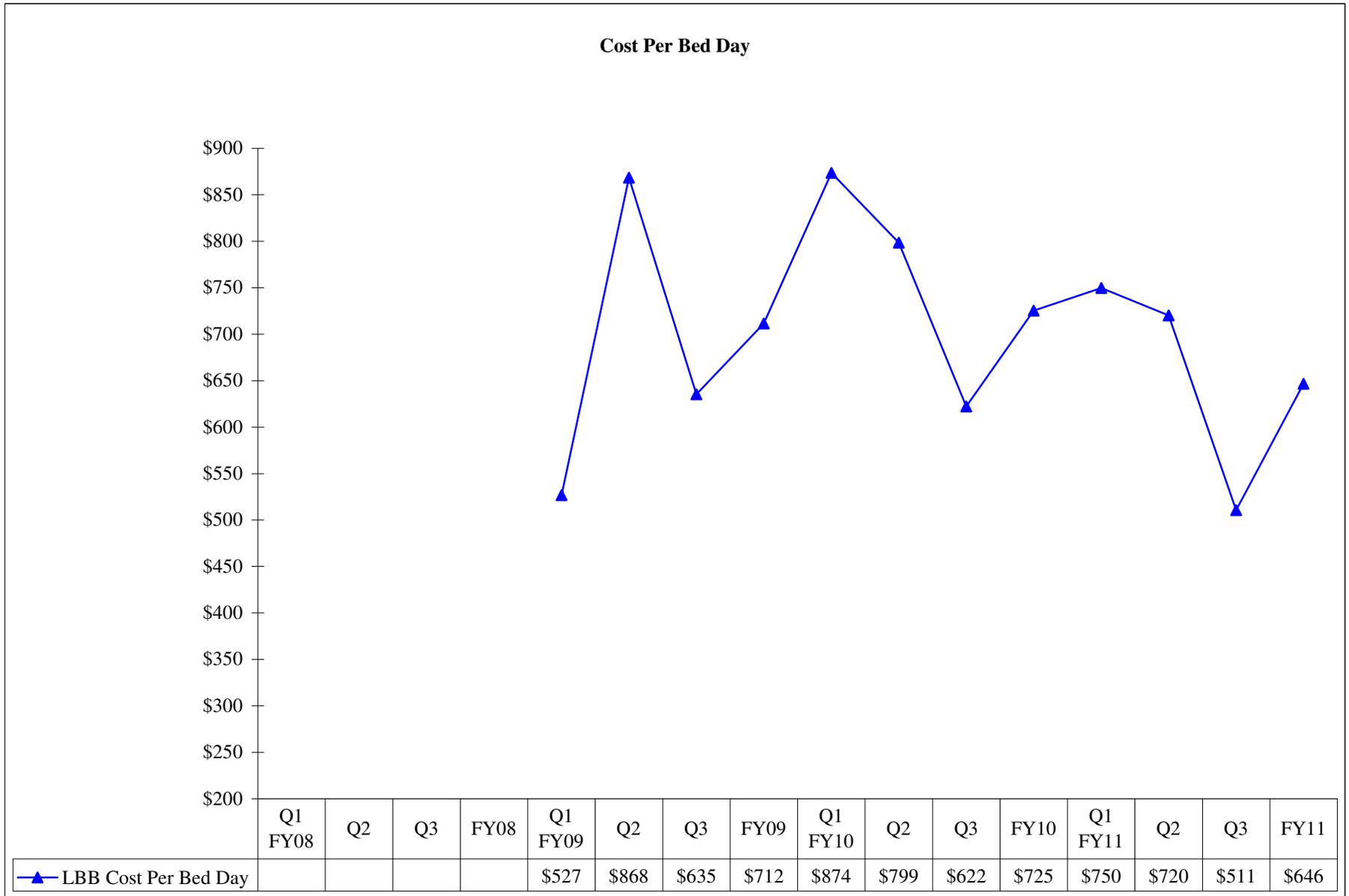
Measure 1B - Cost Per Bed Day
Terrell State Hospital



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



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



Performance Measure 1C:

Calculate average daily census of campus-based services.

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

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

C = average daily census

N = number of bed days

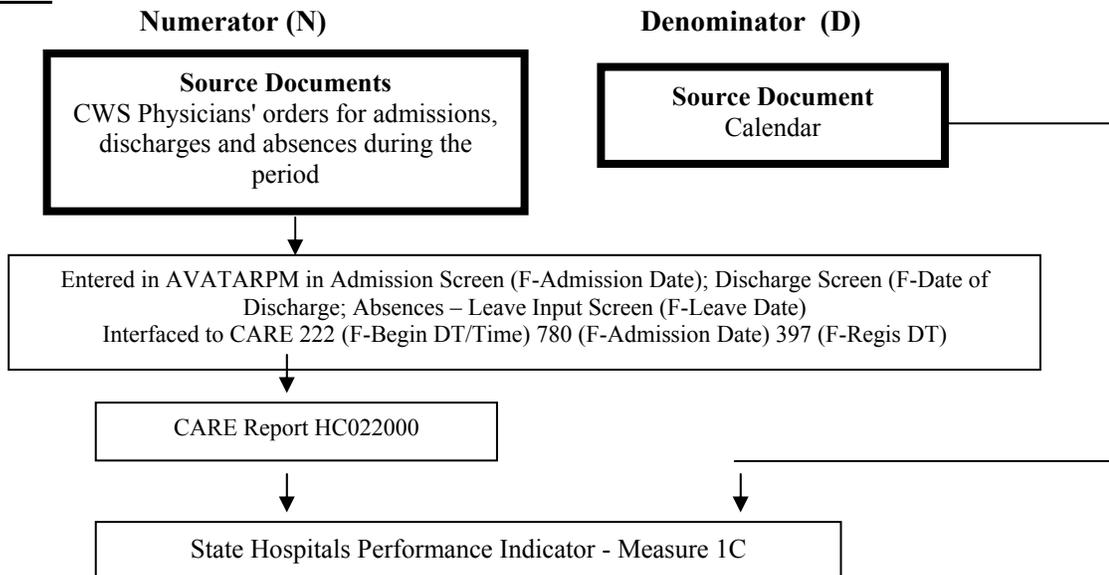
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

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

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

Calculate number of inpatient days.

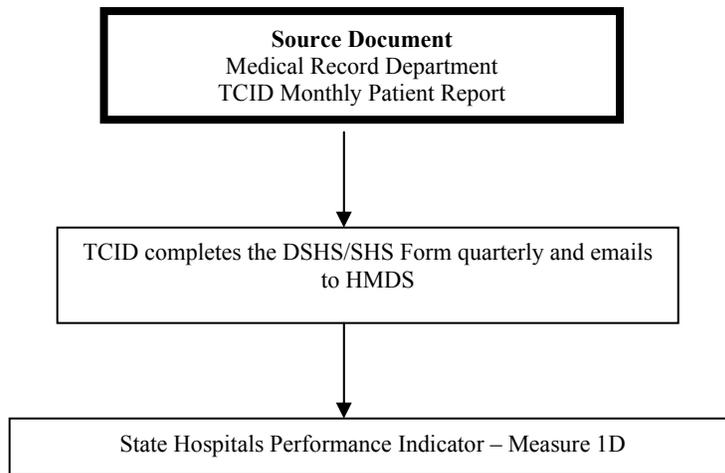
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

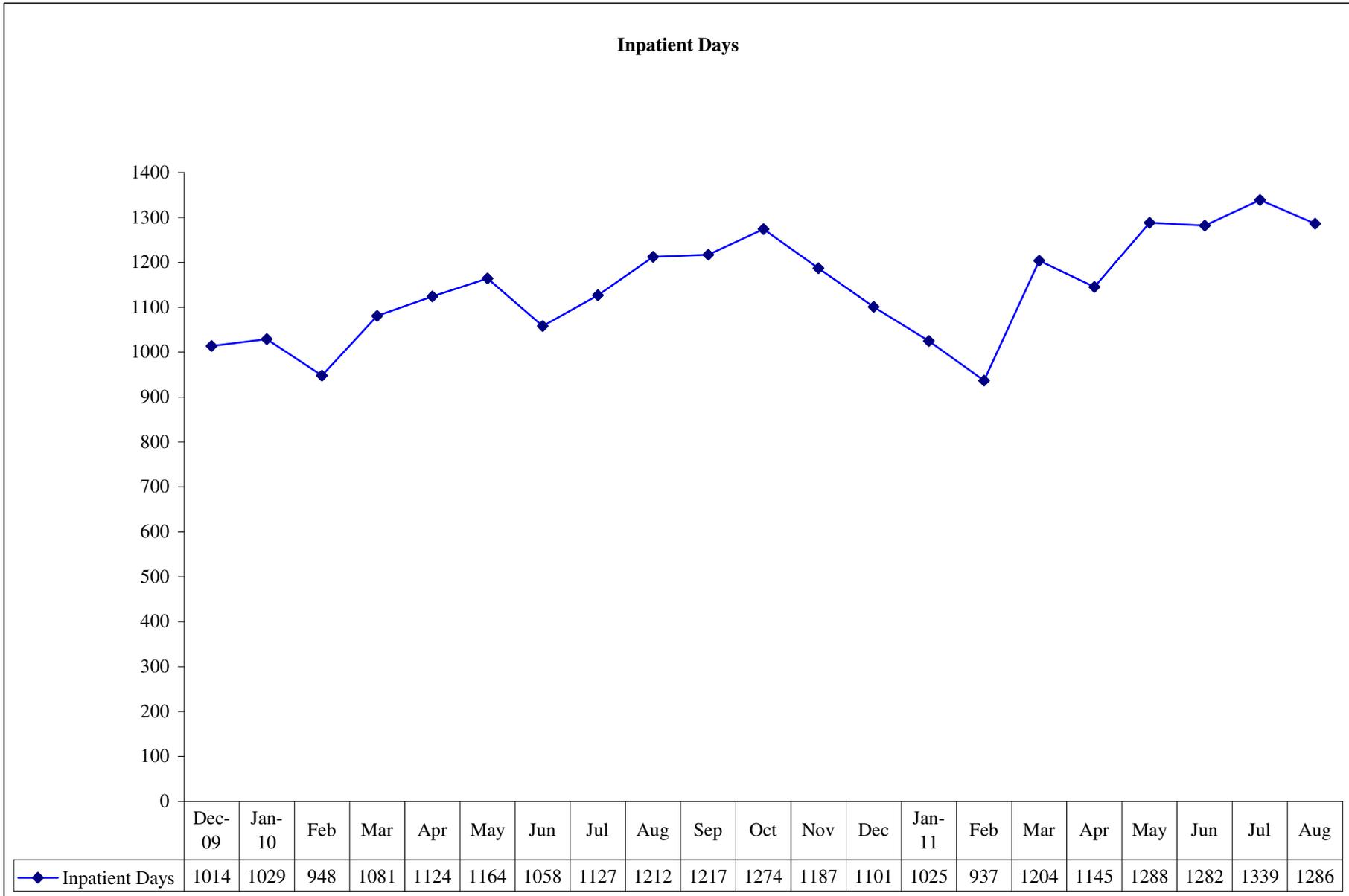
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



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



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

Performance Objective 2A:

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

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

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

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

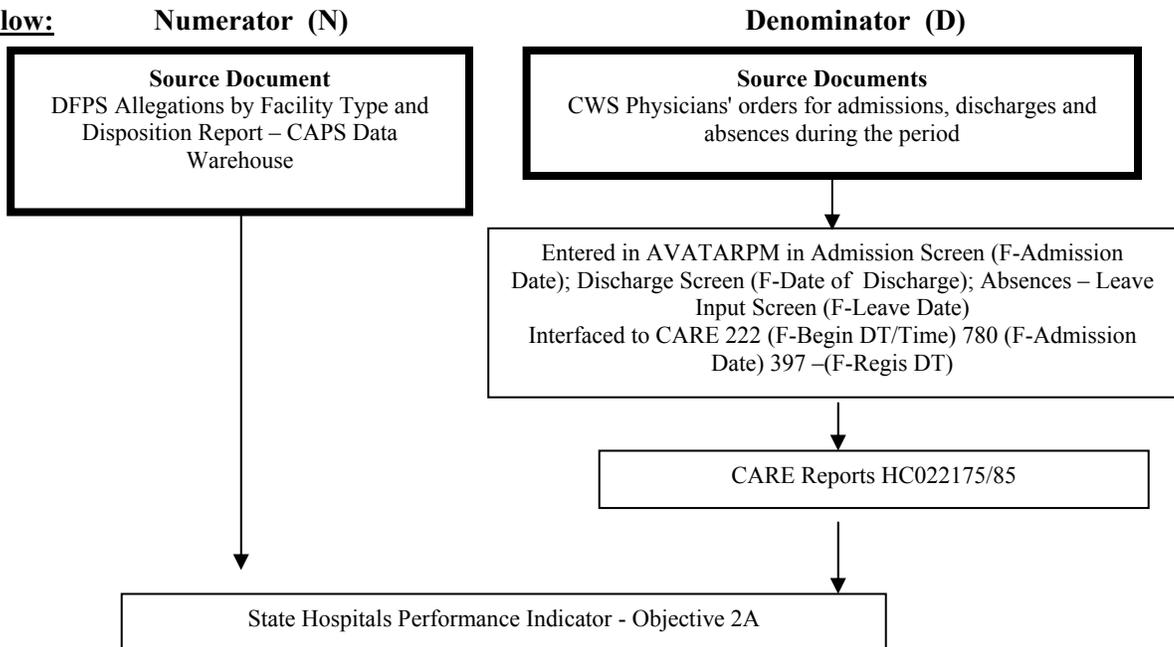
N = number of confirmed closed cases per FY

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State MH Hospitals - As of August 31, 2011

Facility	FY10					FY11				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
All State Hospitals										
Completed Investigations	629	613	524	581	2347	538	533	486	611	2168
Total Confirmed	61	72	49	97	279	48	71	40	38	197
Total Confirmed Rate/1000 Bed Days	0.29	0.34	0.23	0.45	0.33	0.226	0.3427	0.19	0.18	0.23

Performance Objective 2C:

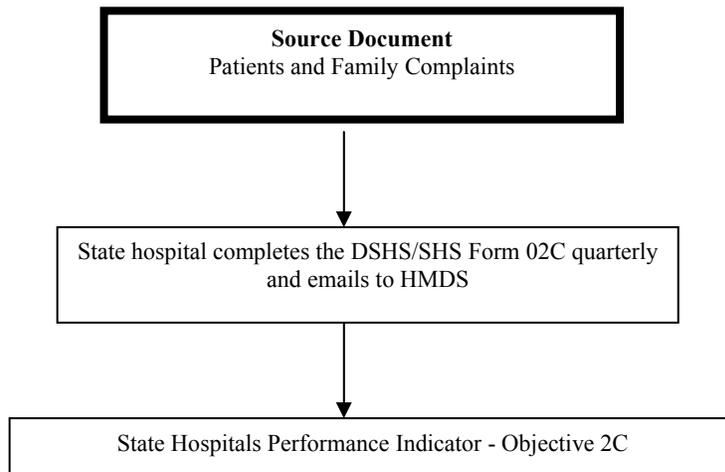
Analyze patient complaints and grievances.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 2C - Patient Complaints
All State Hospitals - Q4 FY11

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	8	13	4	5	25	1	6	6	10	0	5	83
Per 1,000 Bed Days	0.32	0.75	0.60	0.28	0.47	0.21	0.21	0.24	0.35	0.00	0.73	0.38
Respect	9	15	9	7	3	1	6	18	45	0	3	116
Per 1,000 Bed Days	0.36	0.86	1.35	0.40	0.06	0.21	0.21	0.72	1.59	0.00	0.44	0.53
Discharge	12	4	8	0	12	9	3	12	4	0	0	64
Per 1,000 Bed Days	0.47	0.23	1.20	0.00	0.23	1.87	0.11	0.48	0.14	0.00	0.00	0.29
Medication	1	16	7	2	24	4	5	9	18	0	0	86
Per 1,000 Bed Days	0.04	0.92	1.05	0.11	0.45	0.83	0.18	0.36	0.64	0.00	0.00	0.39
Treatment Team/Planning	4	21	12	36	38	13	9	24	12	2	0	171
Per 1,000 Bed Days	0.16	1.21	1.80	2.04	0.71	2.70	0.32	0.96	0.42	0.51	0.00	0.79
HIPAA	0	0	0	0	1	0	2	1	1	0	0	5
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.02	0.00	0.07	0.04	0.04	0.00	0.00	0.02
Others	57	14	14	8	123	3	25	38	42	7	21	352
Per 1,000 Bed Days	2.25	0.80	2.10	0.45	2.31	0.62	0.88	1.51	1.49	1.79	3.07	1.62
Total	91	83	54	58	226	31	56	108	132	9	29	877
Per 1,000 Bed Days	3.60	4.76	8.09	3.28	4.24	6.43	1.97	4.30	4.67	2.30	4.23	4.03

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q4 FY11

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	41	0	1	0	0	42
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.44	0.00	0.04	0.00	0.00	0.19
Respect	0	0	0	0	0	0	52	0	0	0	0	52
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.83	0.00	0.00	0.00	0.00	0.24
Discharge	0	0	0	0	0	0	52	0	0	0	0	52
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.83	0.00	0.00	0.00	0.00	0.24
Medication	0	0	0	0	0	0	46	0	0	0	0	46
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.62	0.00	0.00	0.00	0.00	0.21
Treatment Team/Planning	0	0	0	0	0	0	54	0	1	0	0	55
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.90	0.00	0.04	0.00	0.00	0.25
HIPAA	0	0	0	0	0	0	8	0	0	0	0	8
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.28	0.00	0.00	0.00	0.00	0.04
Others	0	0	0	0	0	0	147	0	1	0	0	148
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	5.18	0.00	0.04	0.00	0.00	0.68
Total	0	0	0	0	0	0	400	0	3	0	0	403
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	14.08	0.00	0.11	0.00	0.00	1.85

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

FY11

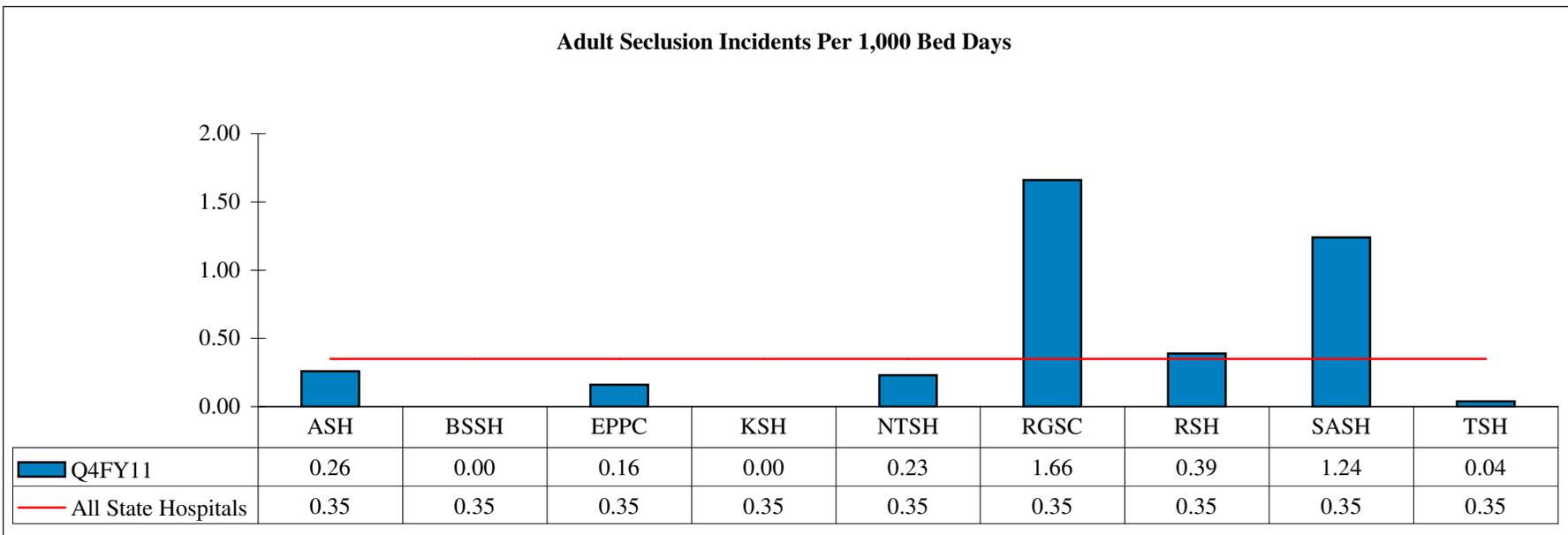
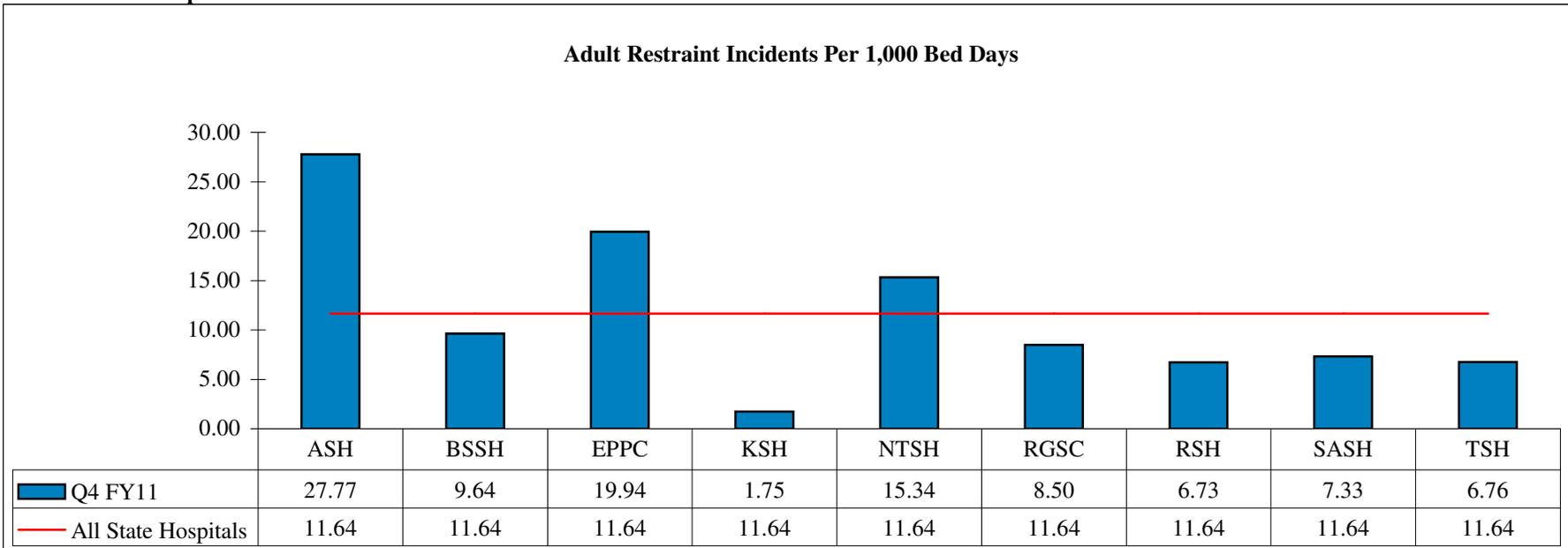
Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	25	59	18	20	67	8	56	23	44	0	8	328
Per 1,000 Bed Days	0.25	0.84	0.69	0.28	0.32	0.42	0.50	0.23	0.40	0.00	0.29	0.38
Respect	35	29	25	18	36	6	10	82	141	7	17	406
Per 1,000 Bed Days	0.35	0.41	0.96	0.25	0.17	0.32	0.09	0.81	1.27	0.49	0.63	0.47
Discharge	79	34	28	3	37	44	4	52	17	0	1	299
Per 1,000 Bed Days	0.80	0.48	1.08	0.04	0.18	2.31	0.04	0.52	0.15	0.00	0.04	0.35
Medication	6	43	23	8	104	6	12	30	58	1	0	291
Per 1,000 Bed Days	0.06	0.61	0.88	0.11	0.49	0.32	0.11	0.30	0.52	0.07	0.00	0.34
Treatment Team/Planning	11	82	39	95	106	58	32	90	35	2	3	553
Per 1,000 Bed Days	0.11	1.17	1.50	1.32	0.50	3.05	0.29	0.89	0.31	0.14	0.11	0.64
HIPAA	2	1	3	0	8	1	5	14	2	0	0	36
Per 1,000 Bed Days	0.02	0.01	0.12	0.00	0.04	0.05	0.04	0.14	0.02	0.00	0.00	0.04
Others	201	69	62	17	444	7	173	168	108	13	39	1301
Per 1,000 Bed Days	2.04	0.98	2.39	0.24	2.10	0.37	1.56	1.67	0.97	0.91	1.44	1.51
Total	359	317	198	161	802	130	292	459	405	23	68	3214
Per 1,000 Bed Days	3.64	4.52	7.62	2.23	3.80	6.83	2.63	4.56	3.64	1.61	2.51	3.73

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

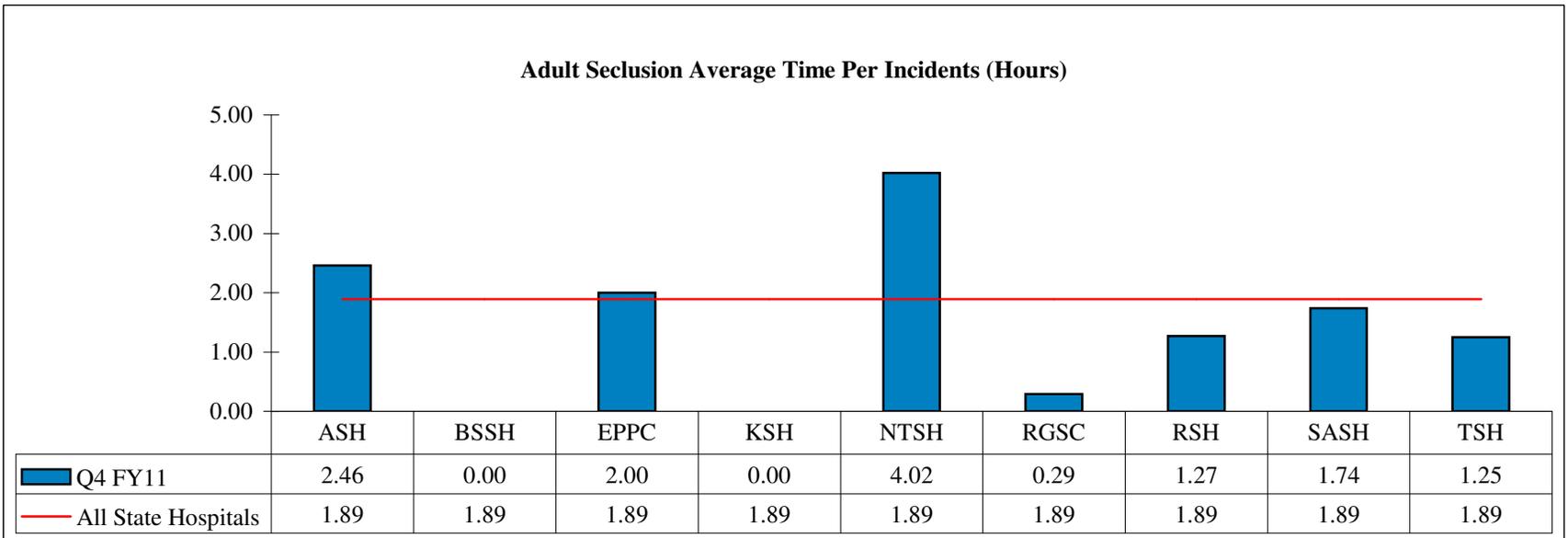
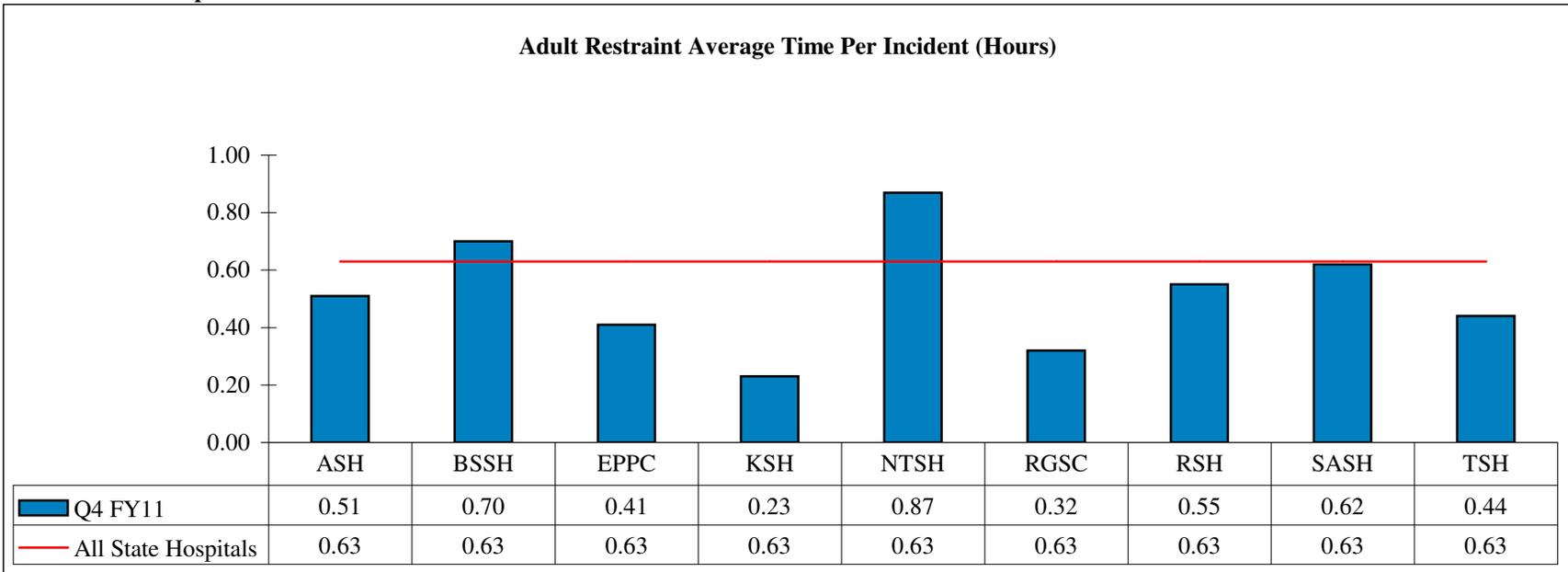
FY11

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	151	0	1	0	0	152
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.36	0.00	0.01	0.00	0.00	0.18
Respect	0	1	0	0	0	0	183	0	0	0	0	184
Per 1,000 Bed Days	0.00	0.01	0.00	0.00	0.00	0.00	1.65	0.00	0.00	0.00	0.00	0.21
Discharge	0	0	0	0	0	0	193	0	0	0	0	193
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.74	0.00	0.00	0.00	0.00	0.22
Medication	0	3	0	0	0	0	181	0	0	0	0	184
Per 1,000 Bed Days	0.00	0.04	0.00	0.00	0.00	0.00	1.63	0.00	0.00	0.00	0.00	0.21
Treatment Team/Planning	0	0	1	0	0	0	215	0	1	0	0	217
Per 1,000 Bed Days	0.00	0.00	0.04	0.00	0.00	0.00	1.93	0.00	0.01	0.00	0.00	0.25
HIPAA	0	0	0	0	0	0	19	0	0	0	0	19
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.00	0.00	0.00	0.00	0.02
Others	0	0	0	0	0	0	404	0	1	0	0	405
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	3.63	0.00	0.01	0.00	0.00	0.47
Total	0	4	1	0	0	0	1346	0	3	0	0	1354
Per 1,000 Bed Days	0.00	0.06	0.04	0.00	0.00	0.00	12.11	0.00	0.03	0.00	0.00	1.57

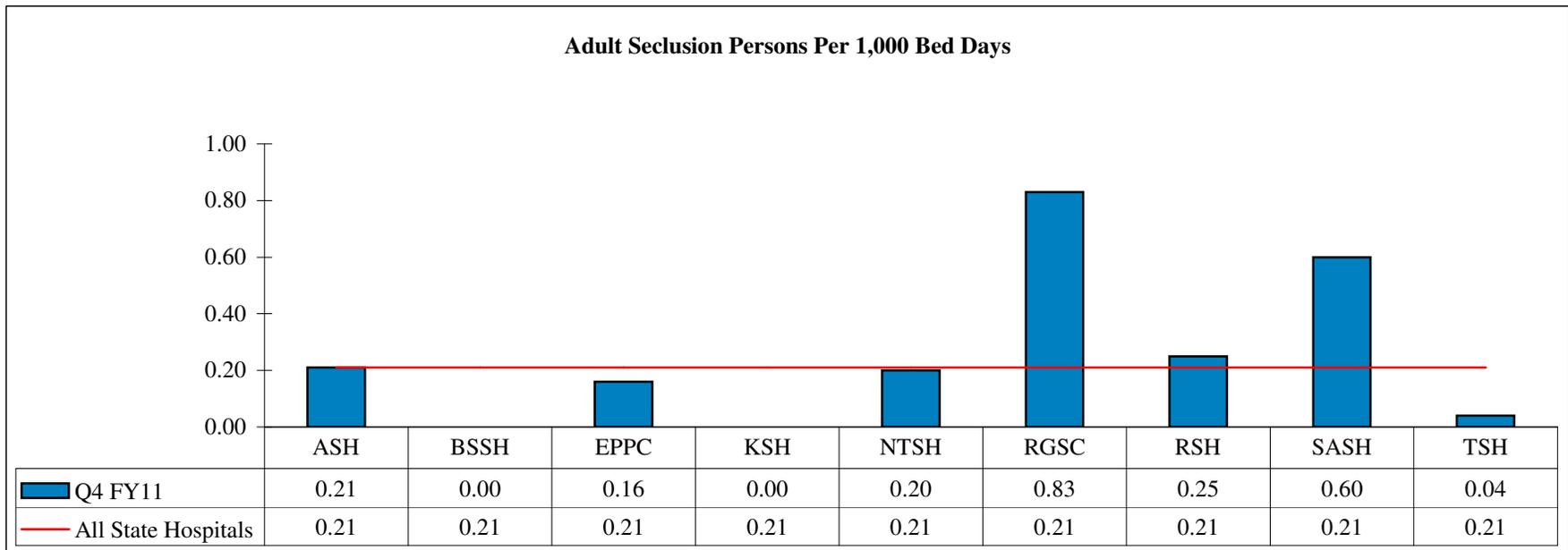
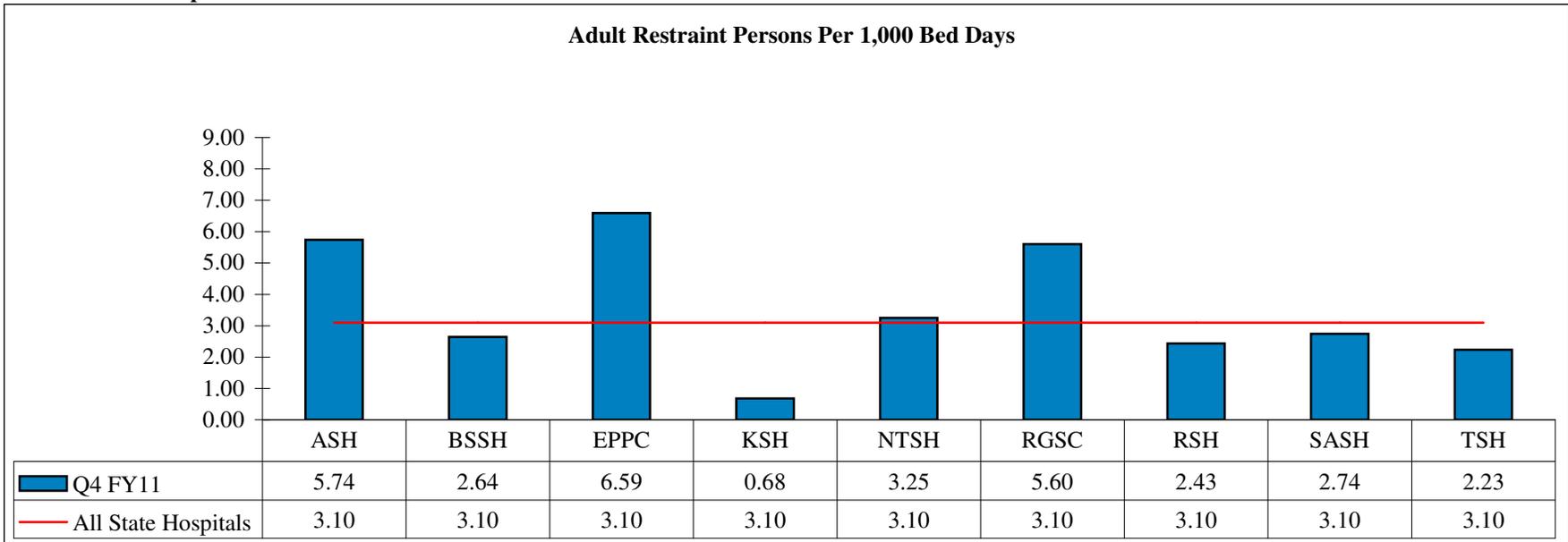
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



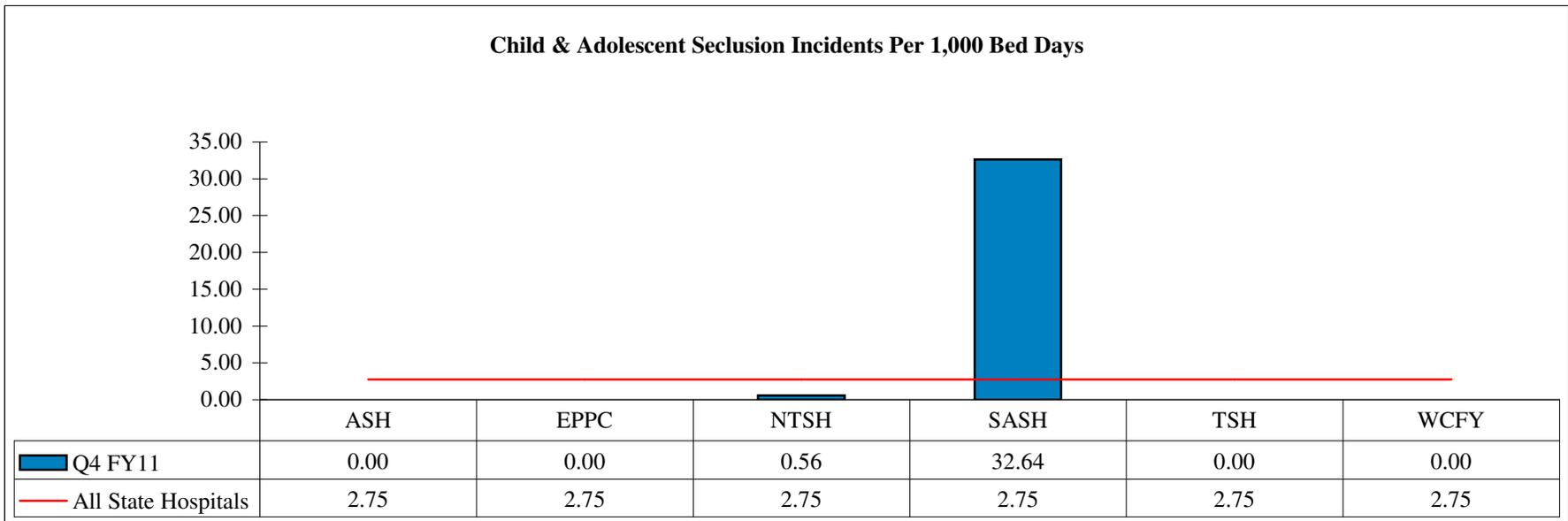
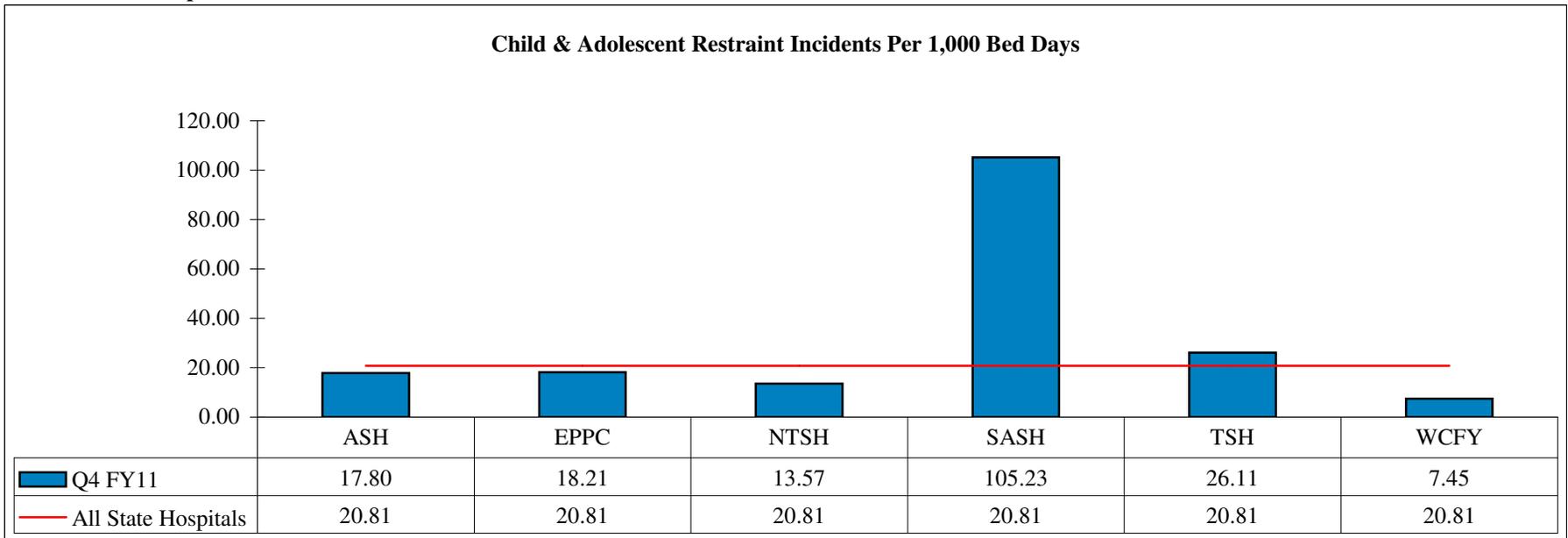
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



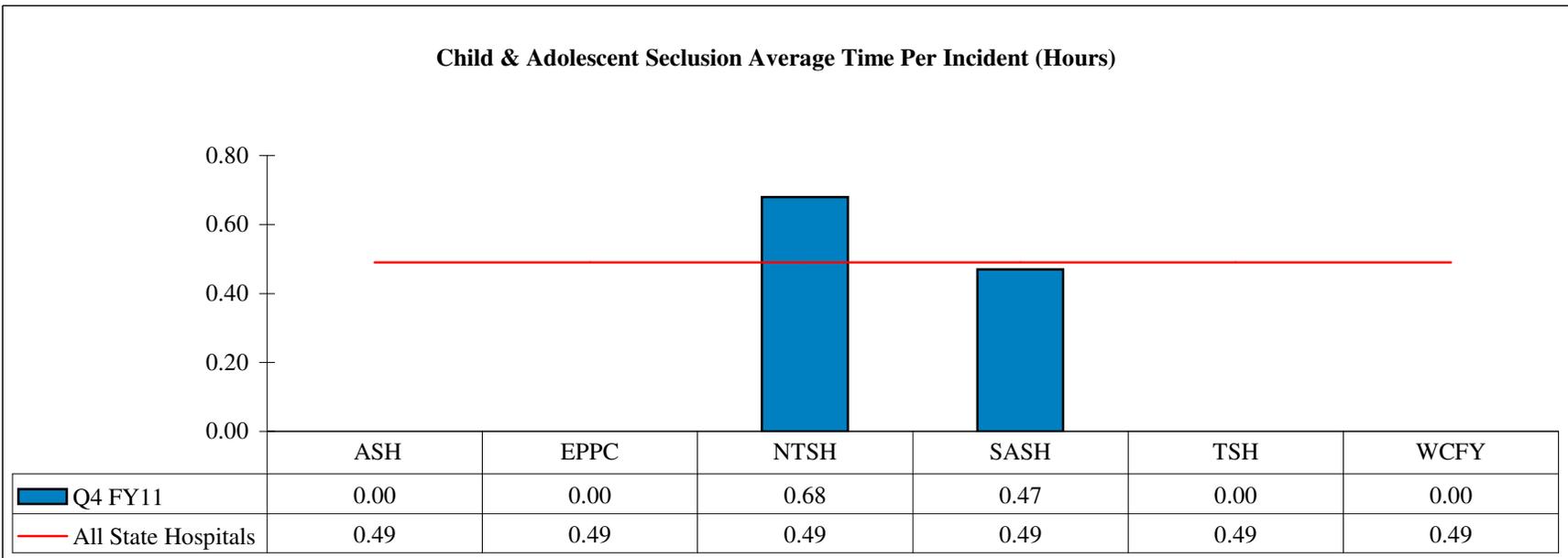
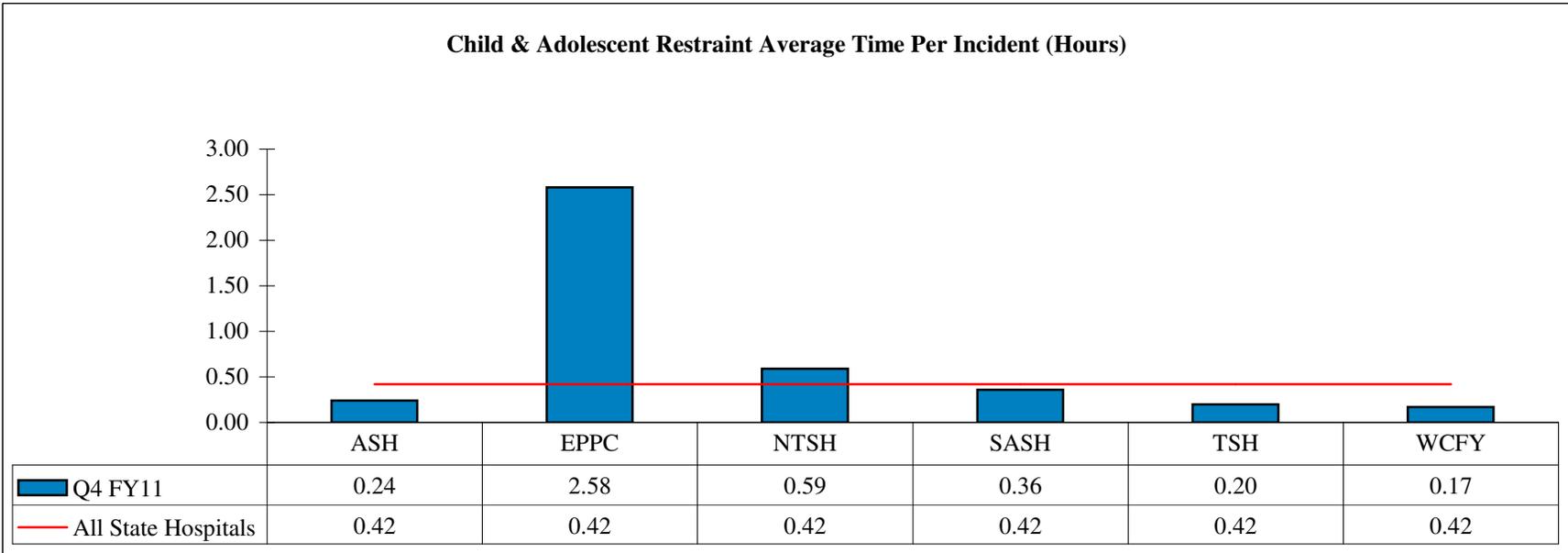
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



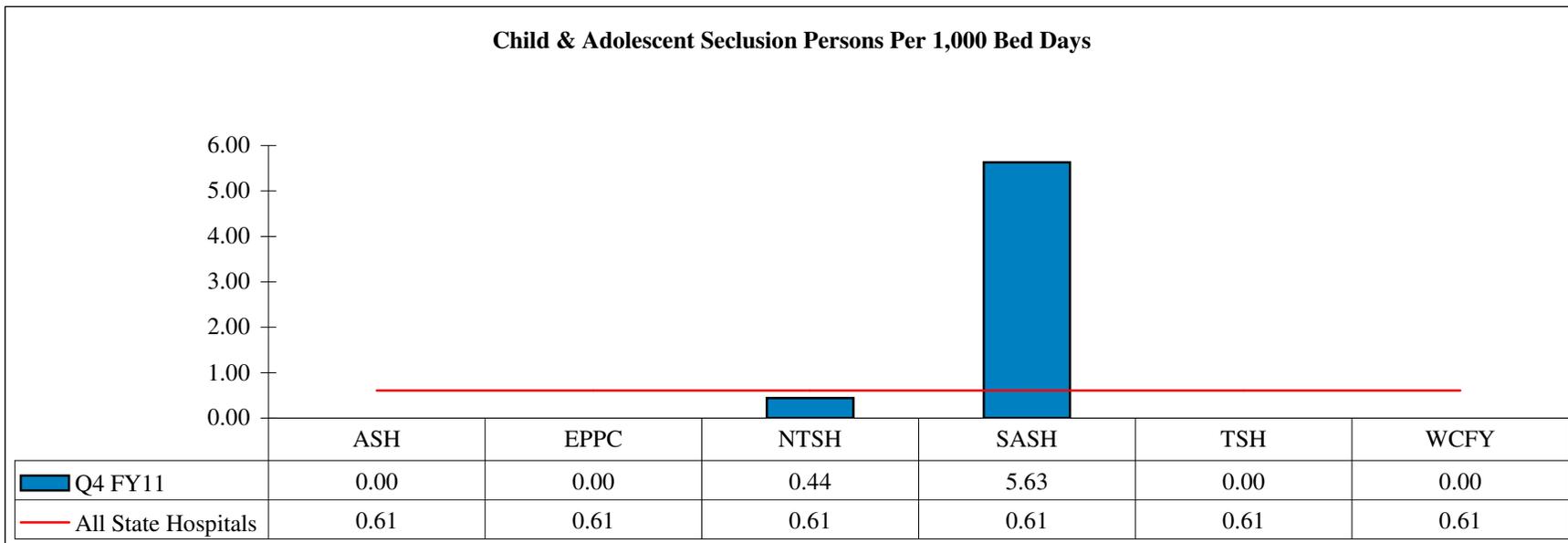
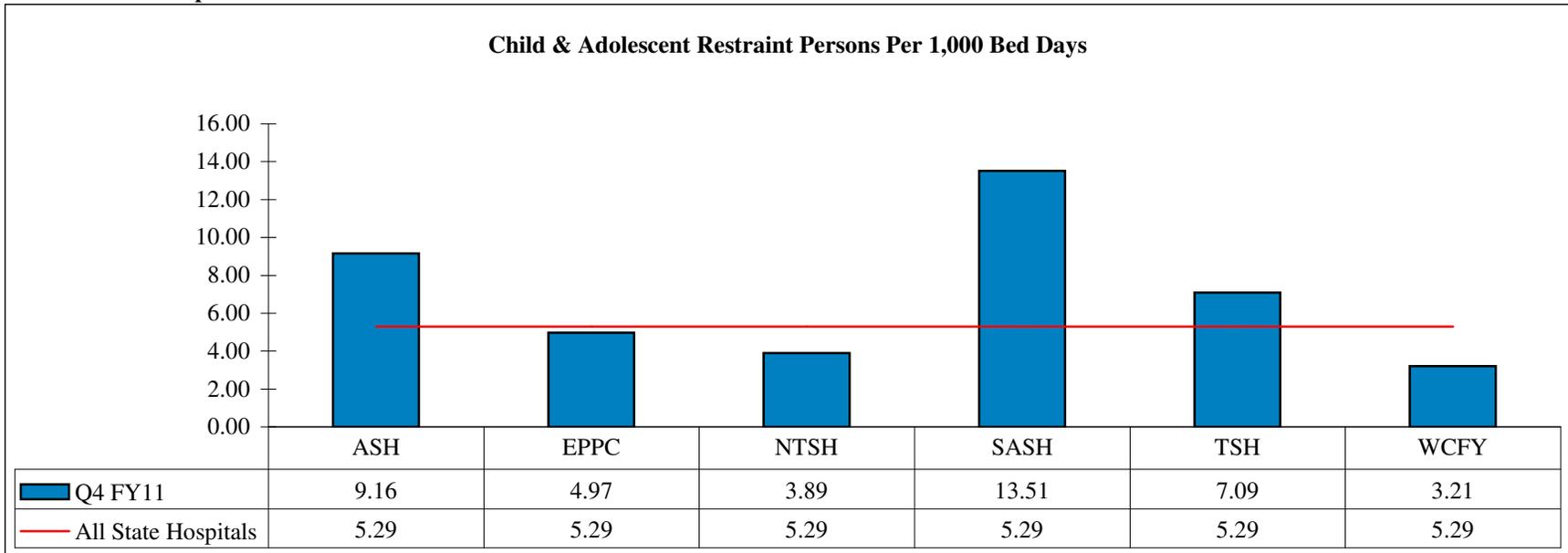
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



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



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



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

	Fiscal Year 2011											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	1,956	1,998	2,360	1,966	1,956	1,998	2,360	1,966	1,956	1,998	2,360	1,966
Bed Days in Quarter-All Other Units	22,518	21,876	22,610	23,334	22,518	21,876	22,610	23,334	22,518	21,876	22,610	23,334
Restraint Involving Children	3	0	1	1	3	0	1	1	1.1	0.0	0.07	0.02
Restraint Involving Adolescents	71	36	55	34	18	12	15	17	24.7	10.3	25.55	8.3
Restraint Involving Adults	631	548	656	648	126	134	139	134	424.8	331.2	470.77	333.1
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Seclusion Involving Adolescents	0	0	0	0	0	0	0	0	0.0	0.0	0	0.0
Seclusion Involving Adults	13	4	1	6	2	4	1	5	29.9	3.8	0.42	14.8
Big Spring State Hospital												
Bed Days in Quarter	17,942	17,283	17,511	17,425	17,942	17,283	17,511	17,425	17,942	17,283	17,511	17,425
Restraint Involving Adults	204	320	201	168	39	55	43	46	133.8	237.7	116.47	117.7
Seclusion Involving Adults	5	19	4	0	4	3	3	0	4.3	15.9	5.7	0.0
El Paso Psychiatric Center												
Child/Adolescent Bed Days	461	532	589	604	461	532	589	604	461	532	589	604
Bed Days in Quarter-All Other Units	6,009	5,866	5,863	6,068	6,009	5,866	5,863	6,068	6,009	5,866	5,863	6,068
Restraint Involving Children	5	10	0	0	2	3	0	0	0.8	3.82	0	0.0
Restraint Involving Adolescents	57	170	45	11	12	8	10	3	18.3	70.0	15.6	28.3
Restraint Involving Adults	107	89	127	121	27	19	26	40	27.2	34.4	47.15	49.3
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0.0	0	0.0
Seclusion Involving Adolescents	2	0	0	0	2	0	0	0	0.1	0.0	0.0	0.0
Seclusion Involving Adults	0	1	5	1	0	1	3	1	0.0	1.3	11.75	2.0
Kerrville State Hospital												
Bed Days in Quarter	18,298	18,130	17,987	17,681	18,298	18,130	17,987	17,681	18,298	18,130	17,987	17,681
Restraint Involving Adults	17	11	29	31	5	5	16	12	3.2	20.2	3.68	7.3
Seclusion Involving Adults	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0

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

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

Fiscal Year 2011

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	8,486	8,180	8,362	8,993	8,486	8,180	8,362	8,993	8,486	8,180	8,362	8,993
Bed Days in Quarter-All Other Units	44,349	43,441	45,032	44,338	44,349	43,441	45,032	44,338	44,349	43,441	45,032	44,338
Restraint Involving Children	1	0	1	2	1	0	1	1	0.03	0.0	0.08	0.13
Restraint Involving Adolescents	179	133	110	120	42	33	32	34	117.8	79.2	80.23	72.4
Restraint Involving Adults	706	488	702	680	154	143	157	144	591.4	368.0	613.18	589.2
Seclusion Involving Children	1	0	1	2	1	0	1	2	0.9	0.0	0.5	1.0
Seclusion Involving Adolescents	1	1	10	3	1	1	2	2	0.9	2.0	9.1	2.4
Seclusion Involving Adults	21	25	27	10	16	13	17	9	36.5	72.2	38.77	40.2
Rio Grande State Center												
Bed Days in Quarter	4,655	4,698	4,856	4,823	4,655	4,698	4,856	4,823	4,655	4,698	4,856	4,823
Restraint Involving Adults	60	57	25	41	15	26	13	27	5.8	6.3	2.17	13.3
Seclusion Involving Adults	45	1	1	8	2	1	1	4	148.6	4.0	1.8	2.3
Rusk State Hospital												
Bed Days in Quarter	27,662	27,102	27,991	28,400	27,662	27,102	27,991	28,400	27,662	27,102	27,991	28,400
Restraint Involving Adults	141	176	130	191	65	78	61	69	37.6	78.9	38.77	105.3
Seclusion Involving Adults	5	18	10	11	5	16	8	7	6.7	32.4	18.4	14.0
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,109	2,313	2,470	1,777	2,109	2,313	2,470	1,777	2,109	2,313	2,470	1,777
Bed Days in Quarter-All Other Units	23,274	22,338	23,093	23,331	23,274	22,338	23,093	23,331	23,274	22,338	23,093	23,331
Restraint Involving Adolescents	74	82	224	187	15	22	32	24	33.1	27.1	95.5	66.9
Restraint Involving Adults	172	211	180	171	47	62	65	64	173.0	206.7	147.5	105.9
Seclusion Involving Adolescents	3	3	3	58	2	1	2	10	1.4	2.8	0.77	27.5
Seclusion Involving Adults	1	8	9	29	1	4	4	14	0.8	8.5	17.18	50.4

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

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

Fiscal Year 2011

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,279	2,021	2,773	2,681	2,279	2,021	2,773	2,681	2,279	2,021	2,773	2,681
Bed Days in Quarter-All Other Units	25,555	24,946	25,298	25,598	25,555	24,946	25,298	25,598	25,555	24,946	25,298	25,598
Restraint Involving Children	1	0	1	1	1	0	1	1	0.03	0.0	0.02	0.1
Restraint Involving Adolescents	53	33	47	69	17	16	20	18	17.5	6.9	12.3	14.1
Restraint Involving Adults	180	129	96	173	68	68	51	57	144.6	30.7	34.98	75.7
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Seclusion Involving Adolescents	0	0	0	0	0	0	0	0	0.0	0.0	0	0.0
Seclusion Involving Adults	11	8	5	1	6	6	4	1	21.4	8.7	6.58	1.3
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,799	6,482	6,997	6,849	6,799	6,482	6,997	6,849	6,799	6,482	6,997	6,849
Restraint Involving Adolescents	86	59	55	51	31	24	28	22	12.0	13.5	9.22	8.5
Seclusion Involving Adolescents	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
All State MH Hospitals												
Child/Adolescent Bed Days	22,090	21,526	23,551	22,870	22,090	21,526	23,551	22,870	22,090	21,526	23,551	22,870
Bed Days in Quarter-All Other Units	190,262	185,680	190,241	190,998	190,262	185,680	190,241	190,998	190,262	185,680	190,241	190,998
Restraint Involving Children	10	10	3	4	7	3	3	3	2.0	3.8	0.2	0.2
Restraint Involving Adolescents	520	513	536	472	135	115	137	118	223.4	206.8	238.4	198.5
Restraint Involving Adults	2,218	2,029	2,146	2,224	546	590	571	593	1,541.4	1,314.1	1,474.7	1,396.8
Seclusion Involving Children	1	0	1	2	1	0	1	2	0.9	0.0	0.5	1.0
Seclusion Involving Adolescents	6	4	13	61	5	2	4	12	2.4	4.8	9.9	30.0
Seclusion Involving Adults	101	84	62	66	36	48	41	41	248.2	146.8	100.5	124.9

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

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

Fiscal Year 2011

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	2	0	1	1	2	0	1	1
< 5 Restraint Involving Adolescents	25	13	14	7	13	9	8	6
< 5 Restraint Involving Adults	339	284	296	343	107	115	122	116
Big Spring State Hospital								
< 5 Restraint Involving Adults	50	91	75	55	25	36	31	34
El Paso Psychiatric Center								
< 5 Restraint Involving Children	3	5	0	0	2	3	0	0
< 5 Restraint Involving Adolescents	28	84	28	3	10	8	10	3
< 5 Restraint Involving Adults	83	60	92	80	24	17	24	35
Kerrville State Hospital								
< 5 Restraint Involving Adults	10	5	21	17	5	5	12	9
North Texas State Hospital								
< 5 Restraint Involving Children	1	0	0	1	1	0	0	1
< 5 Restraint Involving Adolescents	45	33	15	36	26	18	9	21
< 5 Restraint Involving Adults	282	213	292	274	119	103	124	110
Rio Grande State Center								
< 5 Restraint Involving Adults	39	30	14	25	11	19	9	18
Rusk State Hospital								
< 5 Restraint Involving Adults	95	101	81	105	58	63	49	59
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	39	46	96	94	14	18	26	23
< 5 Restraint Involving Adults	45	52	66	66	22	38	43	40
Terrell State Hospital								
< 5 Restraint Involving Children	1	0	1	1	1	0	1	1
< 5 Restraint Involving Adolescents	19	15	19	40	13	9	13	15
< 5 Restraint Involving Adults	90	84	57	88	55	57	47	44
Waco Center For Youth								
< 5 Restraint Involving Adolescents	35	17	20	22	19	11	12	16
All State MH Hospitals								
< 5 Restraint Involving Children	7	5	2	3	6	3	2	3
< 5 Restraint Involving Adolescents	191	208	192	202	95	73	78	84
< 5 Restraint Involving Adults	1,033	920	994	1,053	426	453	461	465

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

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

Fiscal Year 2011

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Austin State Hospital					
Personal Restraint	458	371	424	390	1,643
Mechanical Restraint	247	213	288	293	1,041
Seclusion	13	4	1	6	24
Big Spring State Hospital					
Personal Restraint	118	190	139	107	554
Mechanical Restraint	86	130	62	61	339
Seclusion	5	19	4	0	28
El Paso Psychiatric Center					
Personal Restraint	130	166	138	86	520
Mechanical Restraint	39	103	34	46	222
Seclusion	2	1	5	1	9
Kerrville State Hospital					
Personal Restraint	14	7	28	18	67
Mechanical Restraint	3	4	1	13	21
Seclusion	0	0	0	0	0
North Texas State Hospital					
Personal Restraint	560	410	524	517	2,011
Mechanical Restraint	326	211	289	285	1,111
Seclusion	23	26	38	21	108
Rio Grande State Center					
Personal Restraint	60	57	25	39	181
Mechanical Restraint	0	0	0	2	2
Seclusion	45	1	1	8	55
Rusk State Hospital					
Personal Restraint	109	125	97	116	447
Mechanical Restraint	32	51	33	75	191
Seclusion	5	18	10	11	44
San Antonio State Hospital					
Personal Restraint	134	161	243	217	755
Mechanical Restraint	112	132	161	141	546
Seclusion	4	11	12	87	114

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

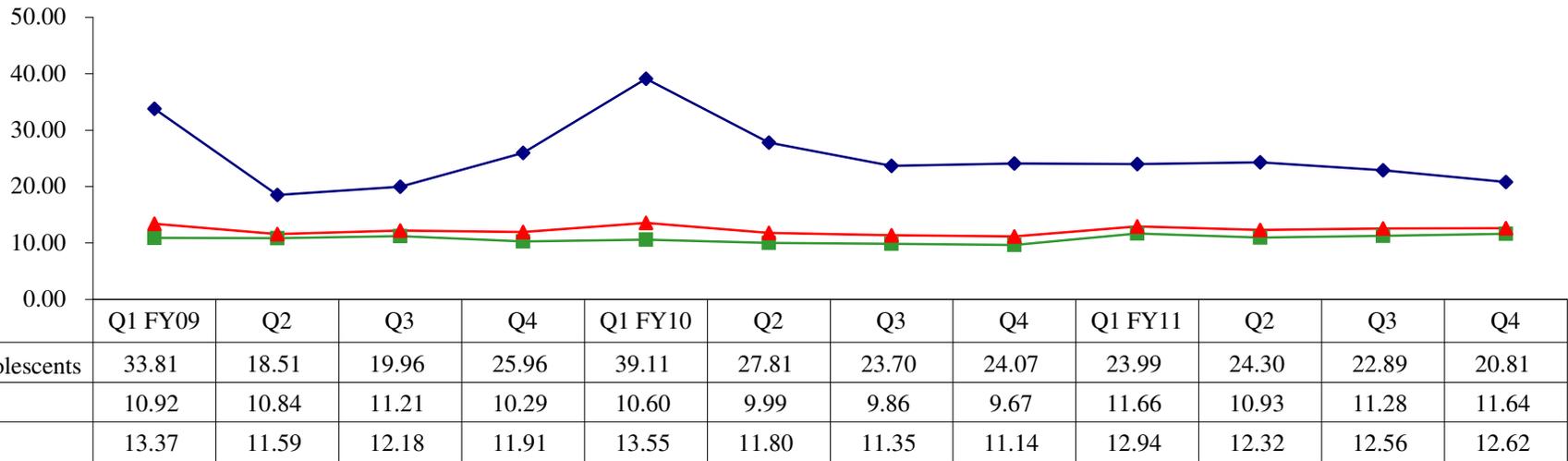
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2011

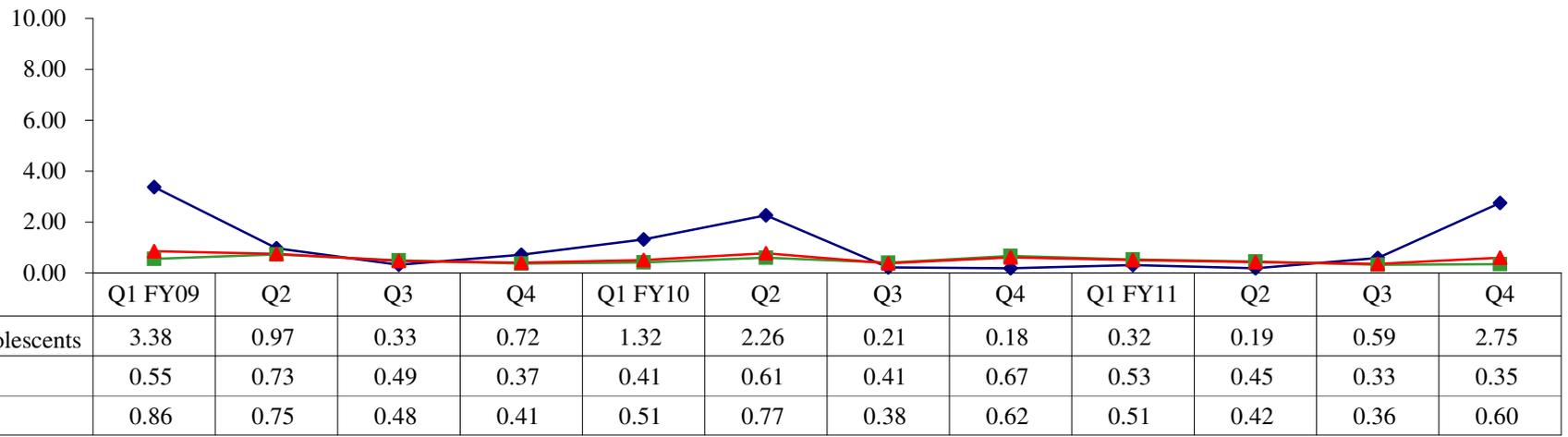
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Terrell State Hospital					
Personal Restraint	159	135	109	178	581
Mechanical Restraint	75	27	35	65	202
Seclusion	11	8	5	1	25
Waco Center For Youth					
Personal Restraint	78	50	51	47	226
Mechanical Restraint	8	9	4	4	25
Seclusion	0	0	0	0	0
All State MH Hospitals					
Personal Restraint	1,820	1,672	1,778	1,715	6,985
Mechanical Restraint	928	880	907	985	3,700
Seclusion	108	88	76	135	407

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

Restraint Incidents Per 1,000 Bed Days

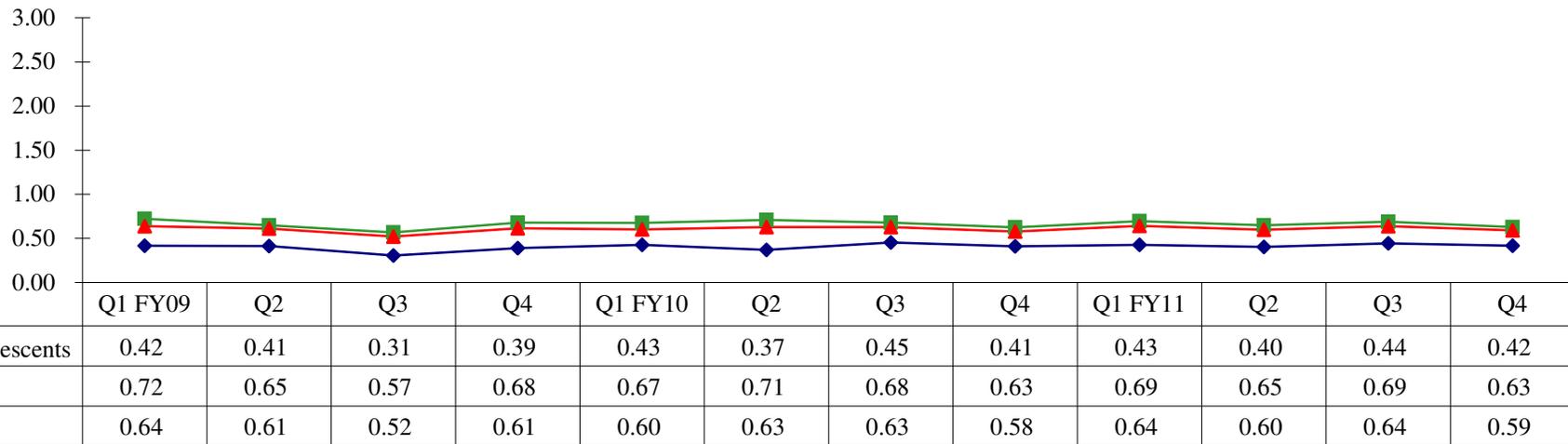


Seclusion Incidents Per 1,000 Bed Days

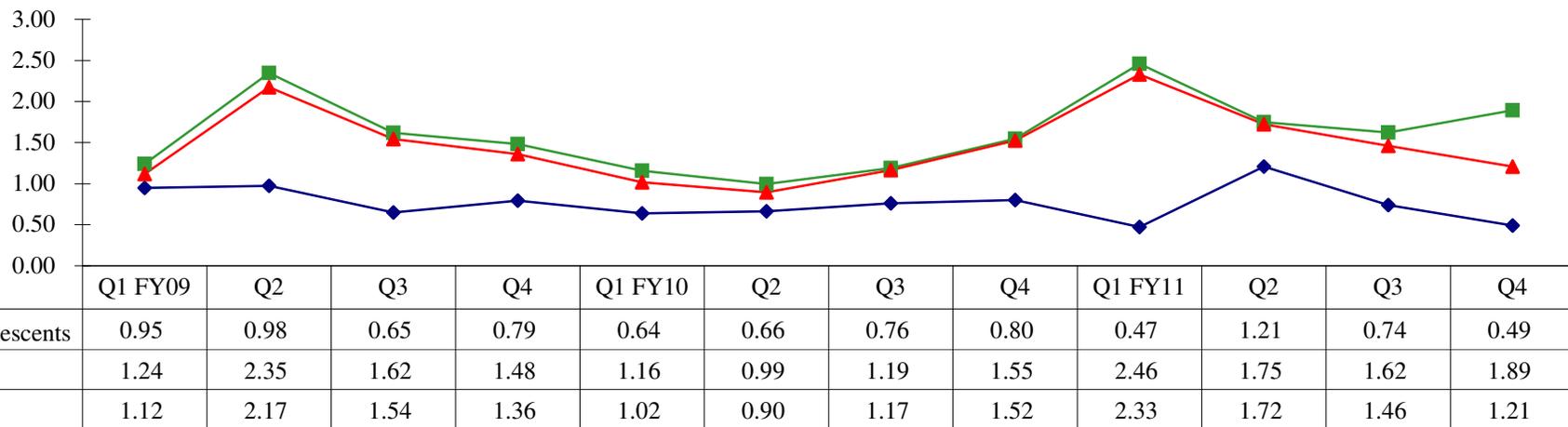


Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

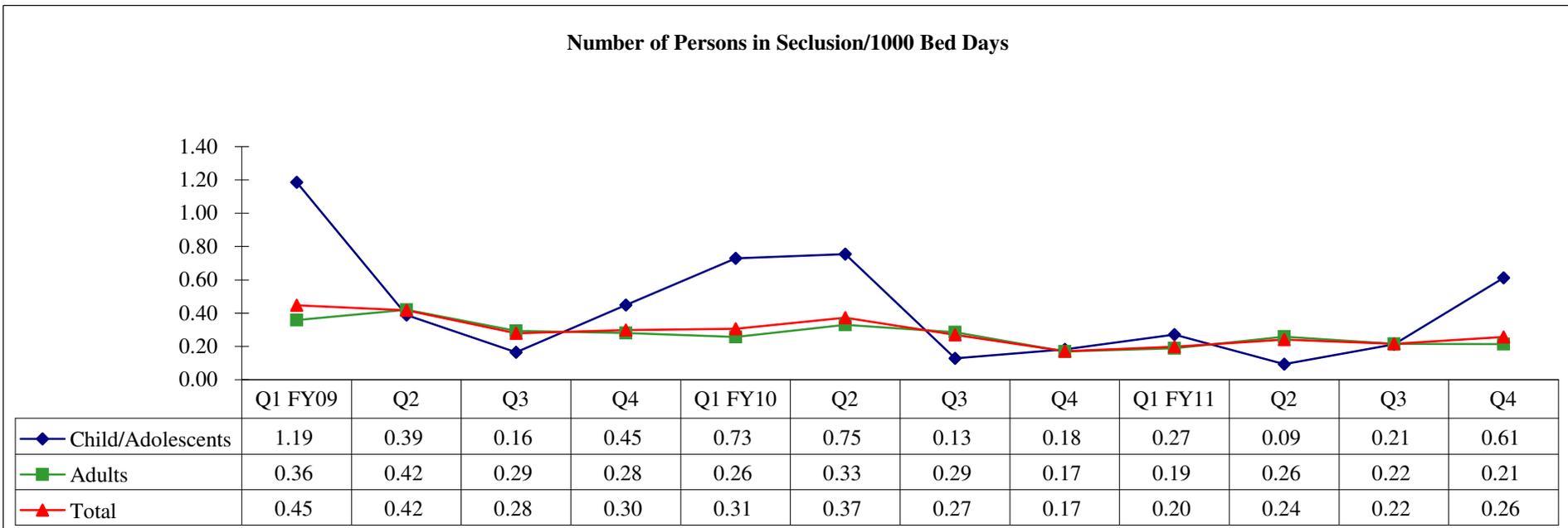
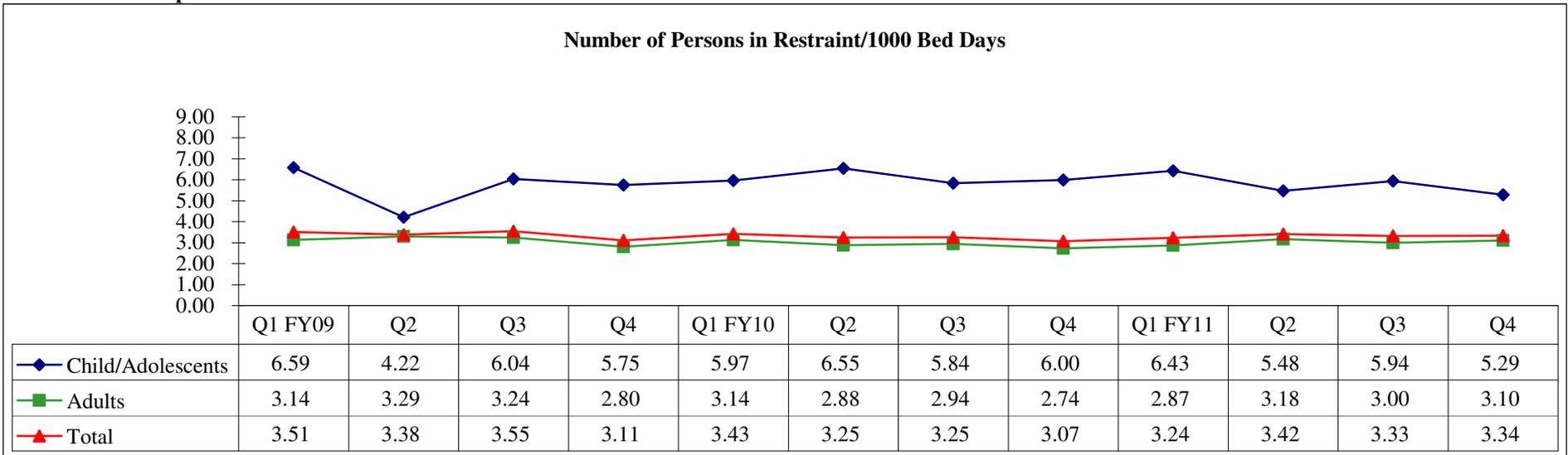
Average Number of Hours Per Incident in Restraints



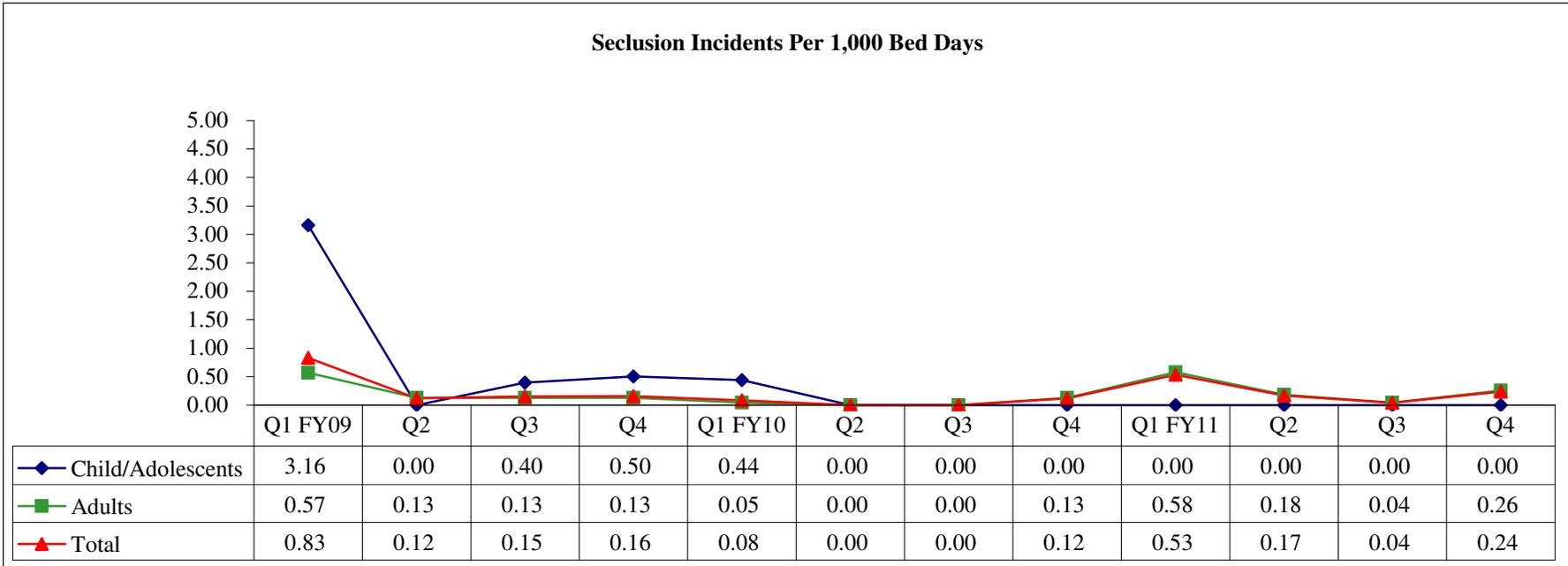
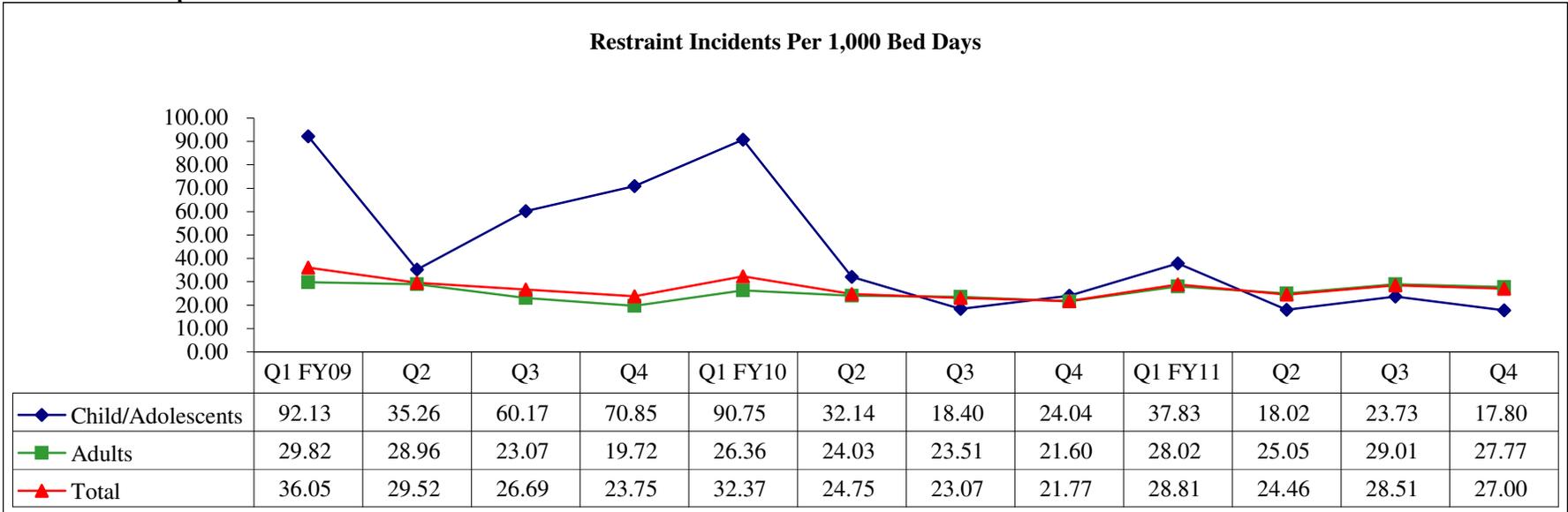
Average Number of Hours Per Incident in Seclusion



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



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

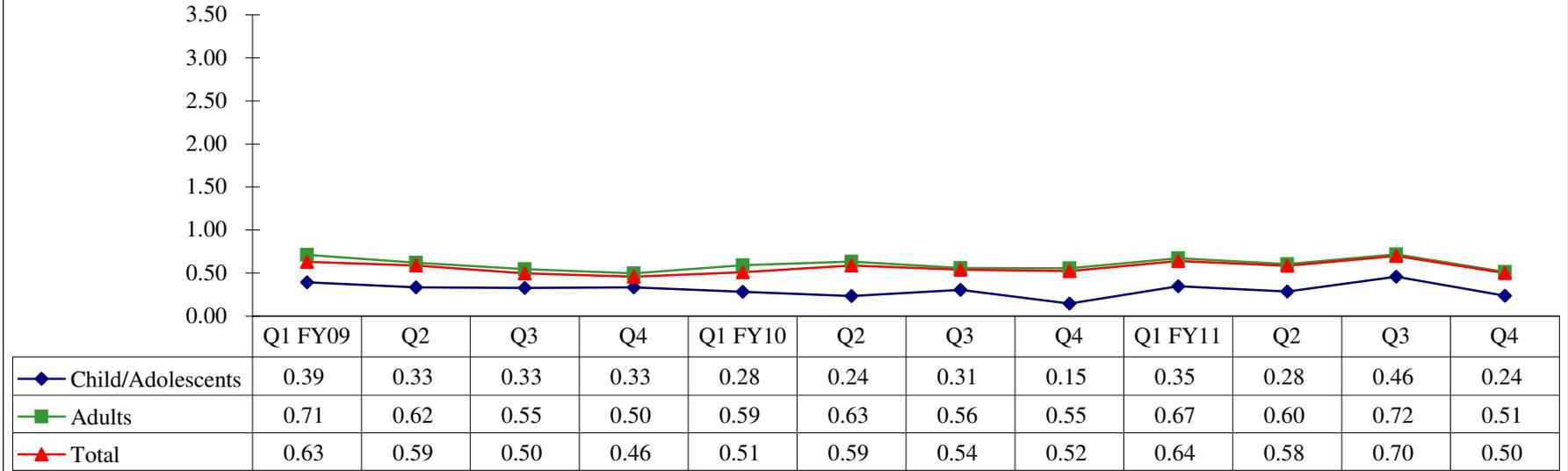


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

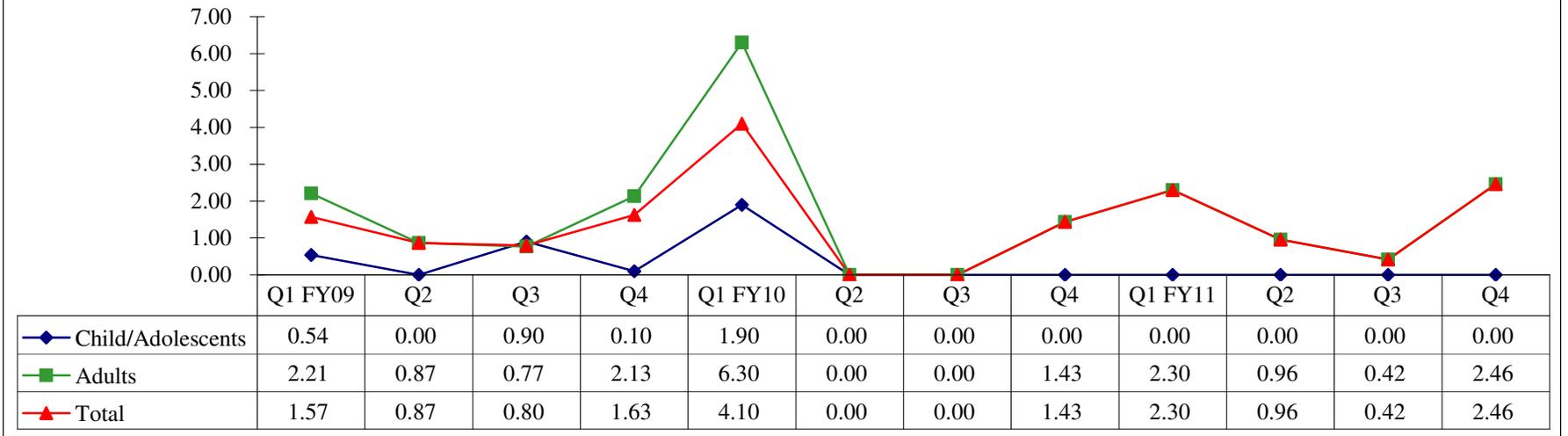
Objective 3A - Maintain Restraint and Seclusion Data

Austin State Hospital

Average Number of Hours Per Incident in Restraints



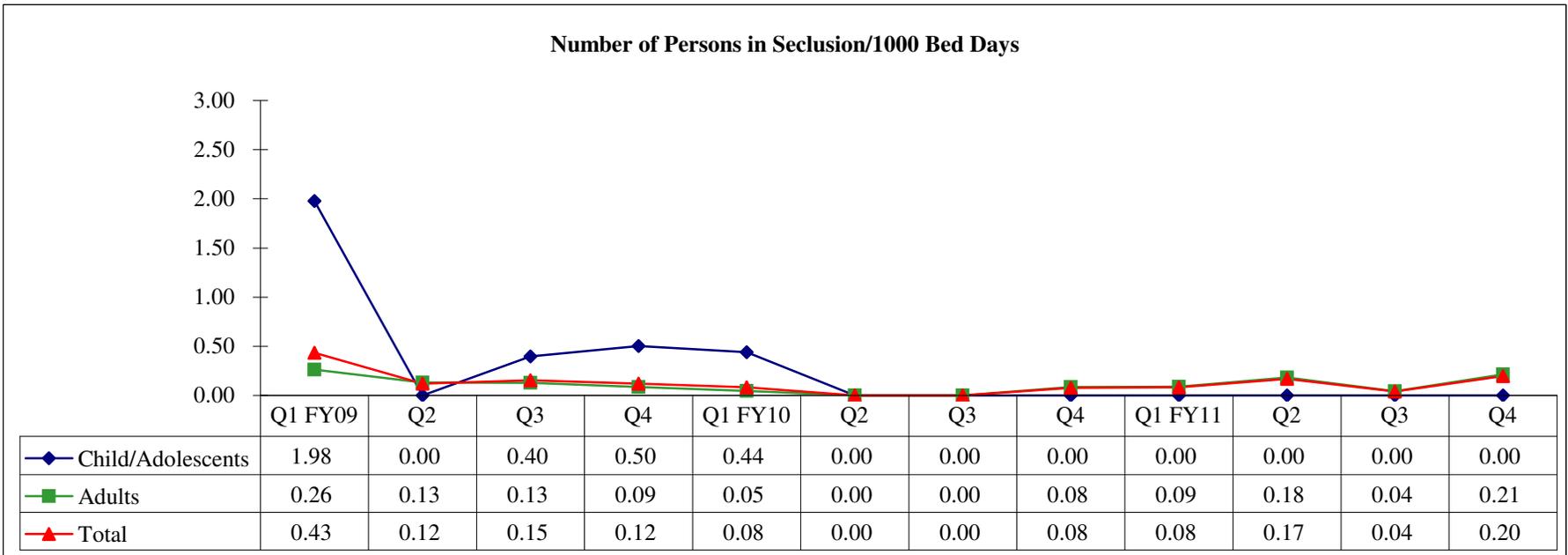
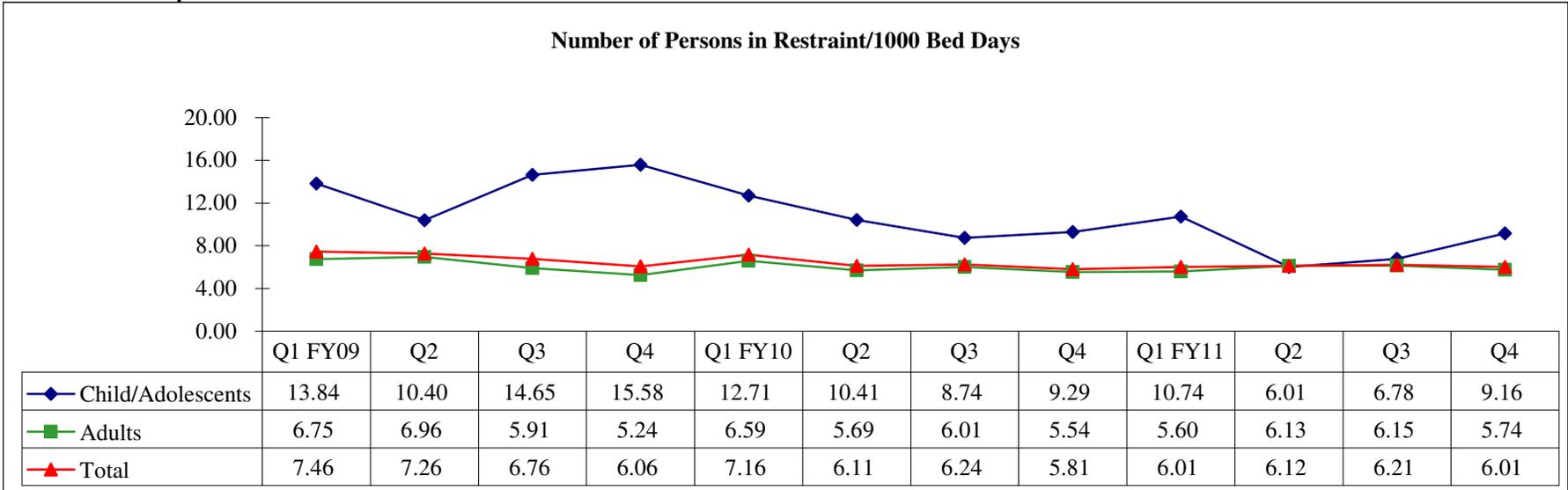
Average Number of Hours Per Incident in Seclusion



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

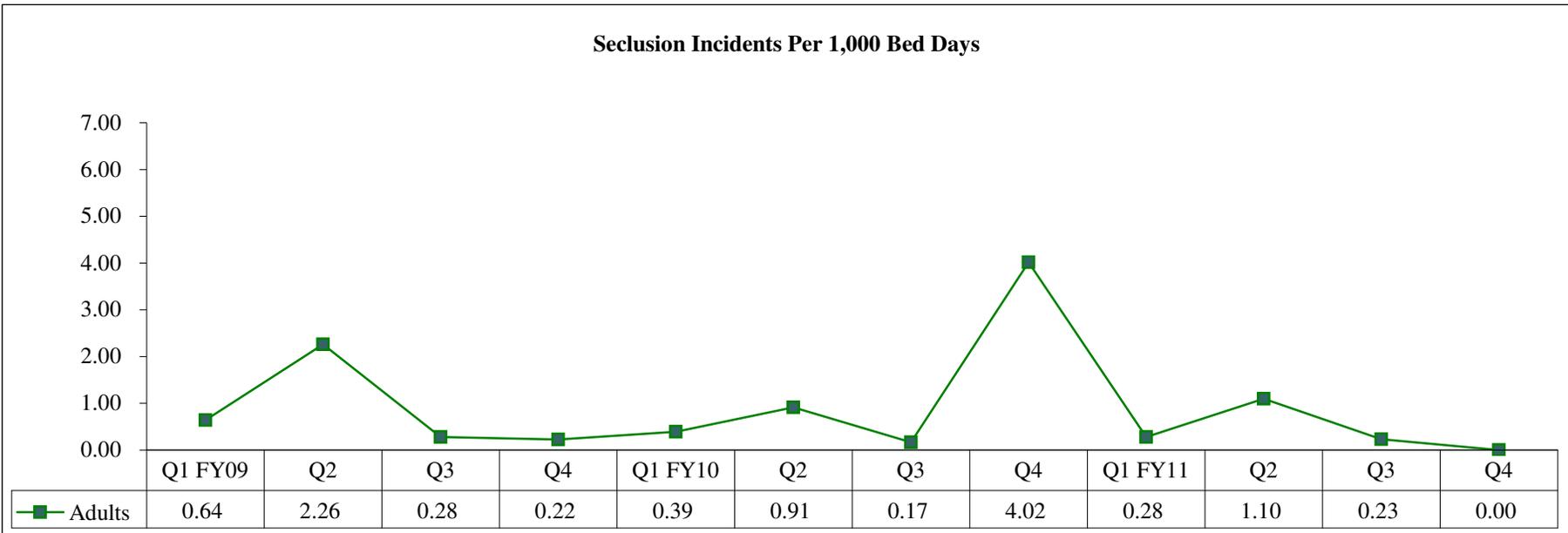
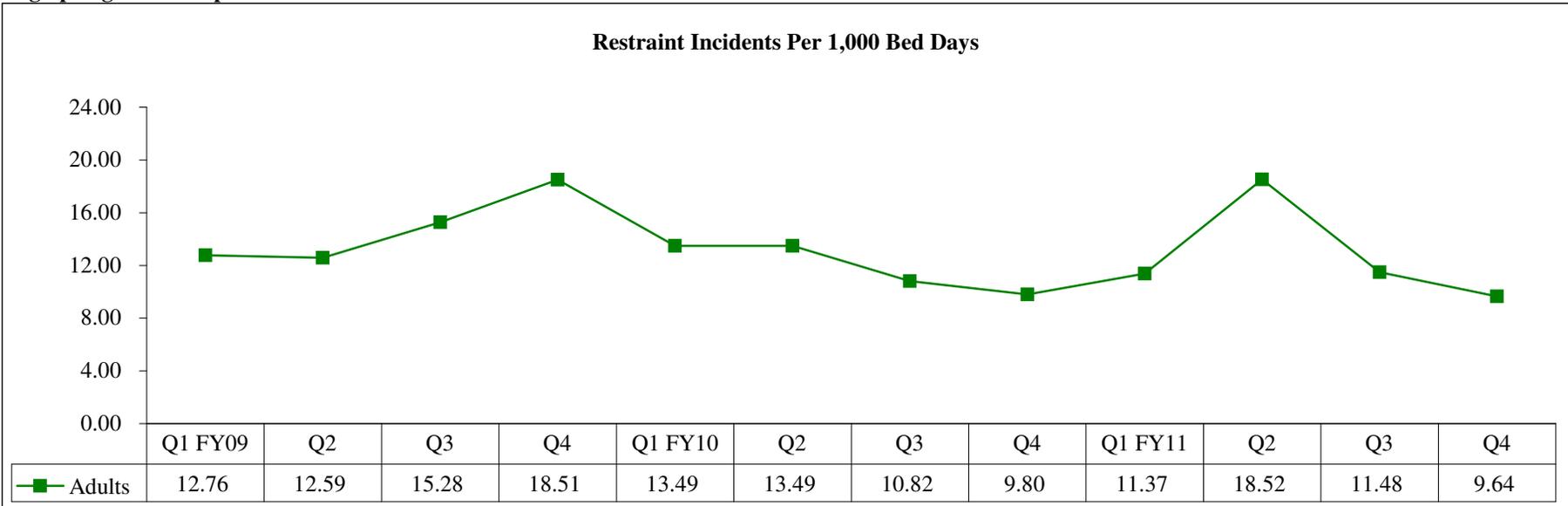
Objective 3A - Maintain Restraint and Seclusion Data

Austin State Hospital



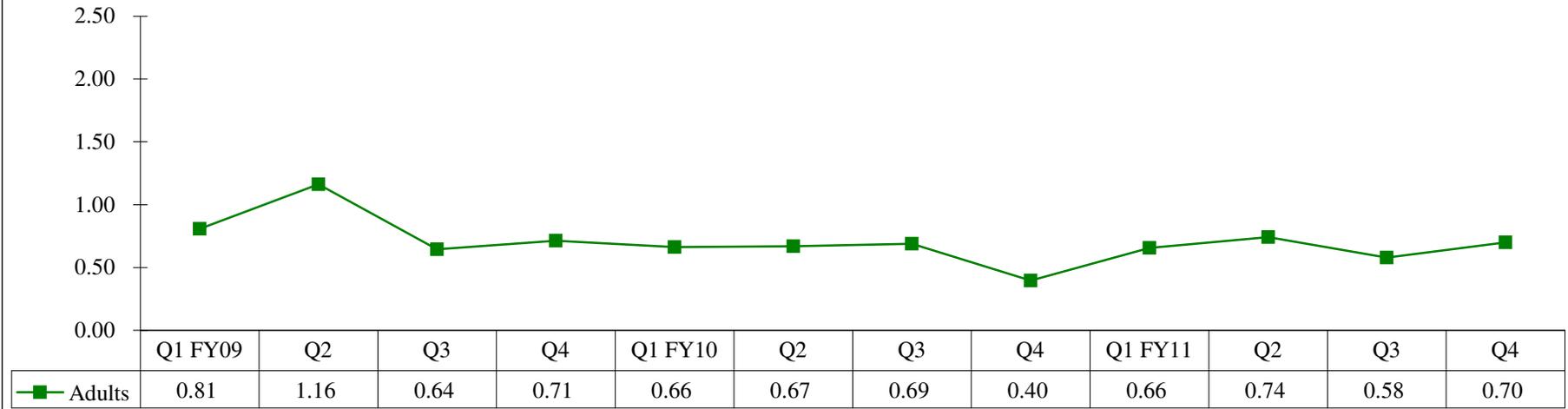
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Access Database

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

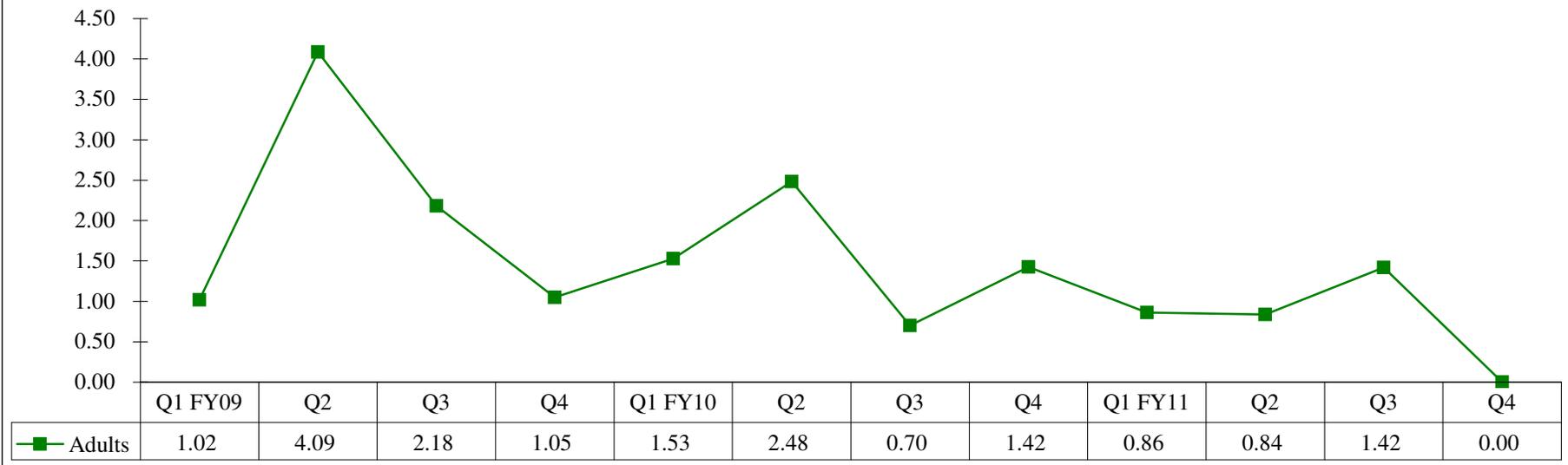


Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Average Number of Hours Per Incident in Restraints

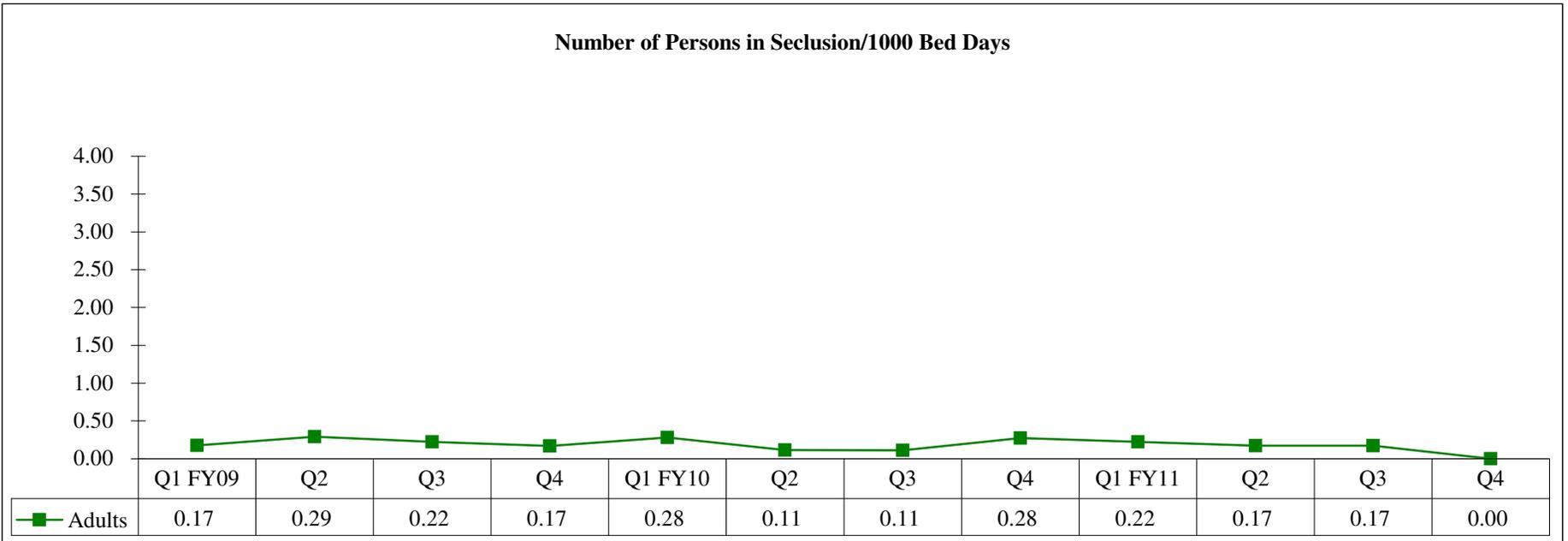
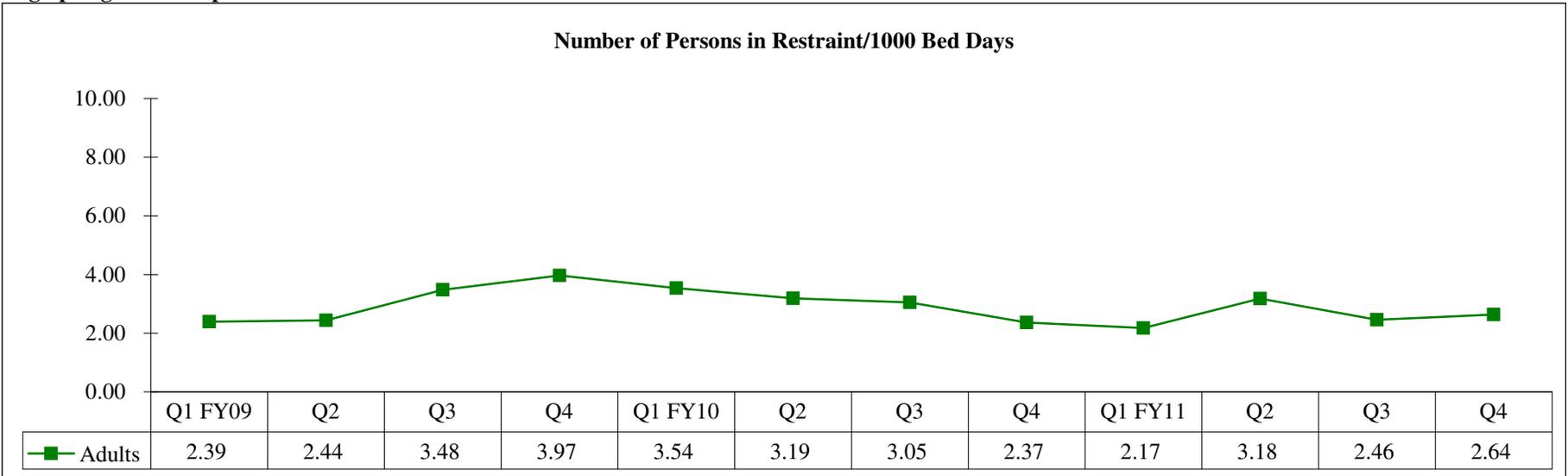


Average Number of Hours Per Incident in Seclusion

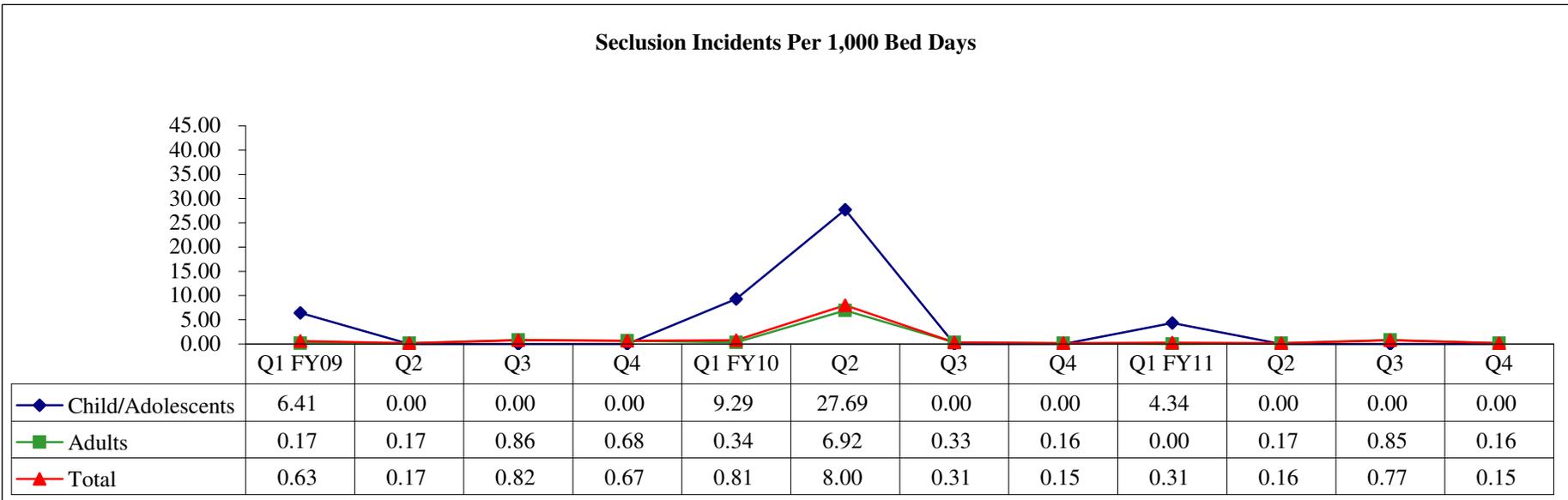
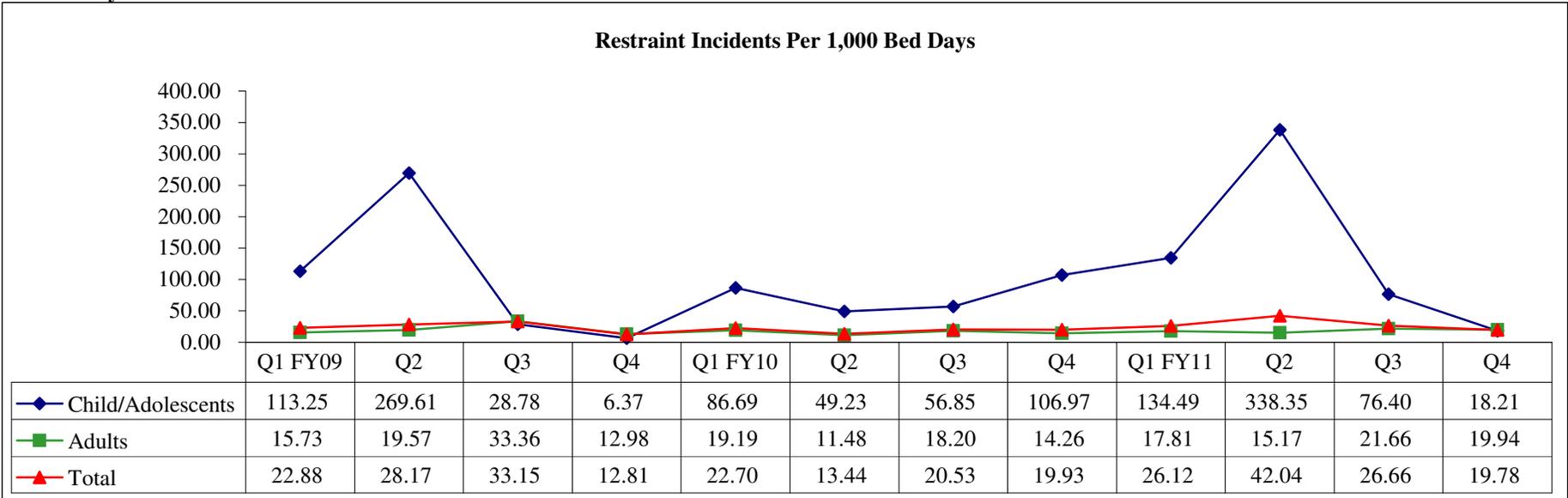


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



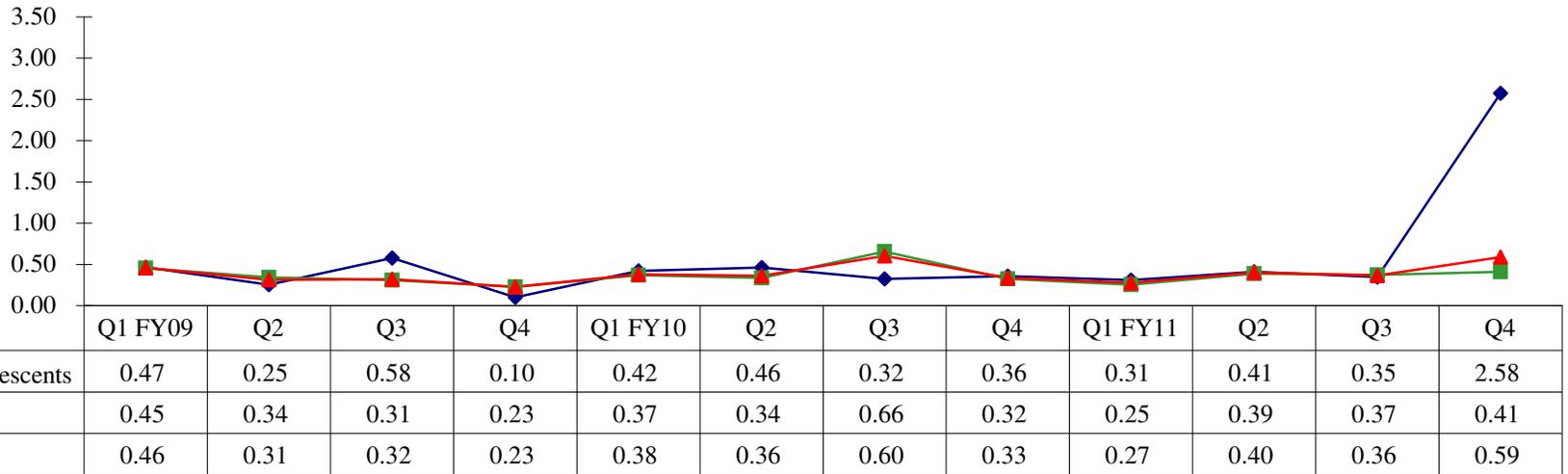
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



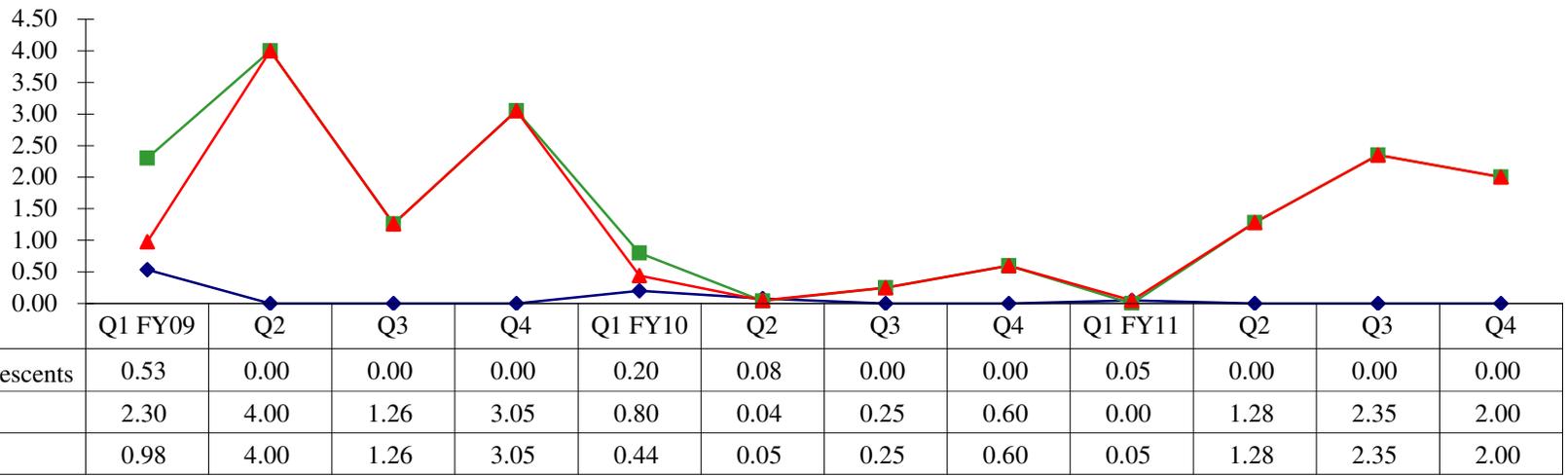
Objective 3A - Maintain Restraint and Seclusion Data

El Paso Psychiatric Center

Average Number of Hours Per Incident in Restraints

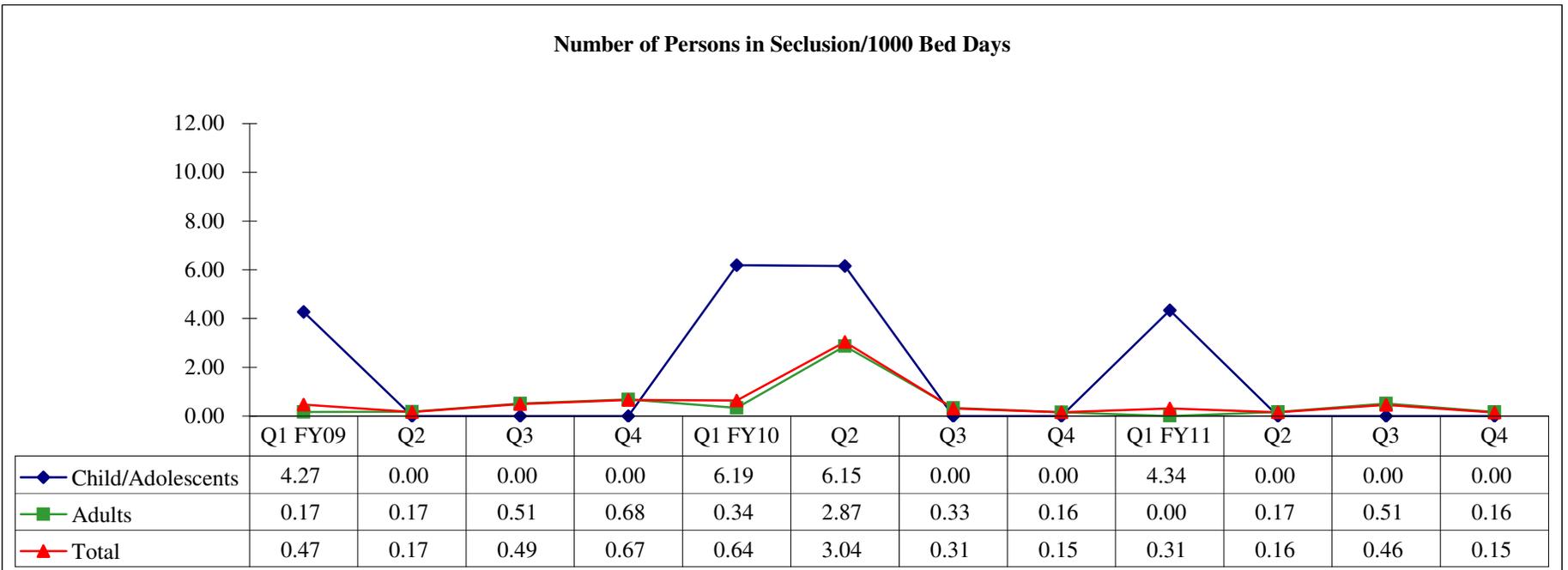
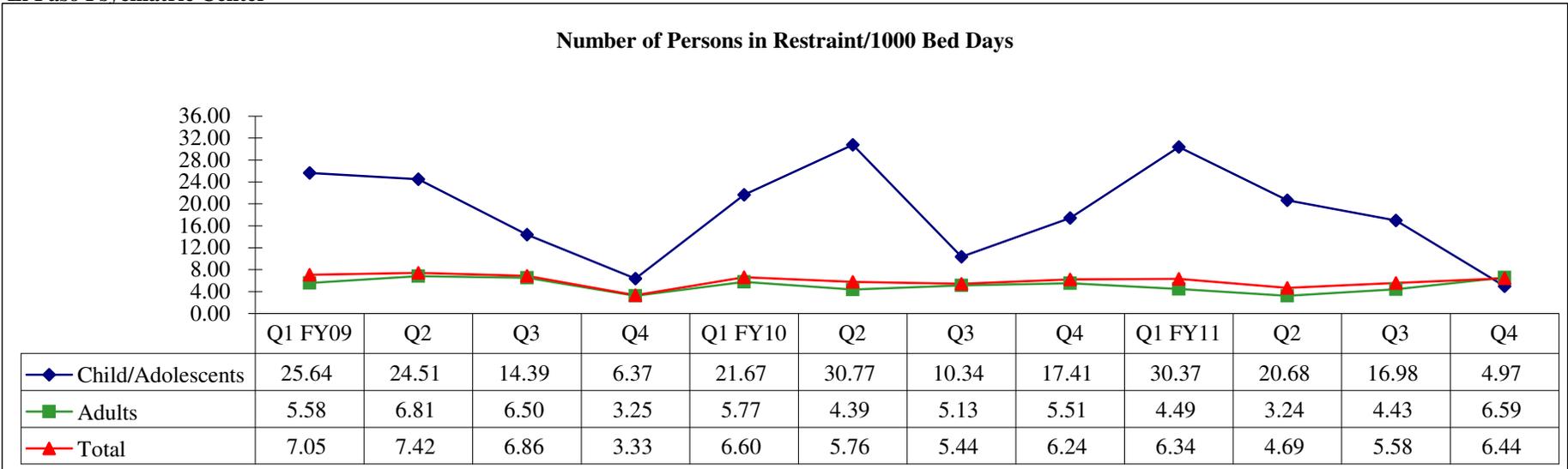


Average Number of Hours Per Incident in Seclusion



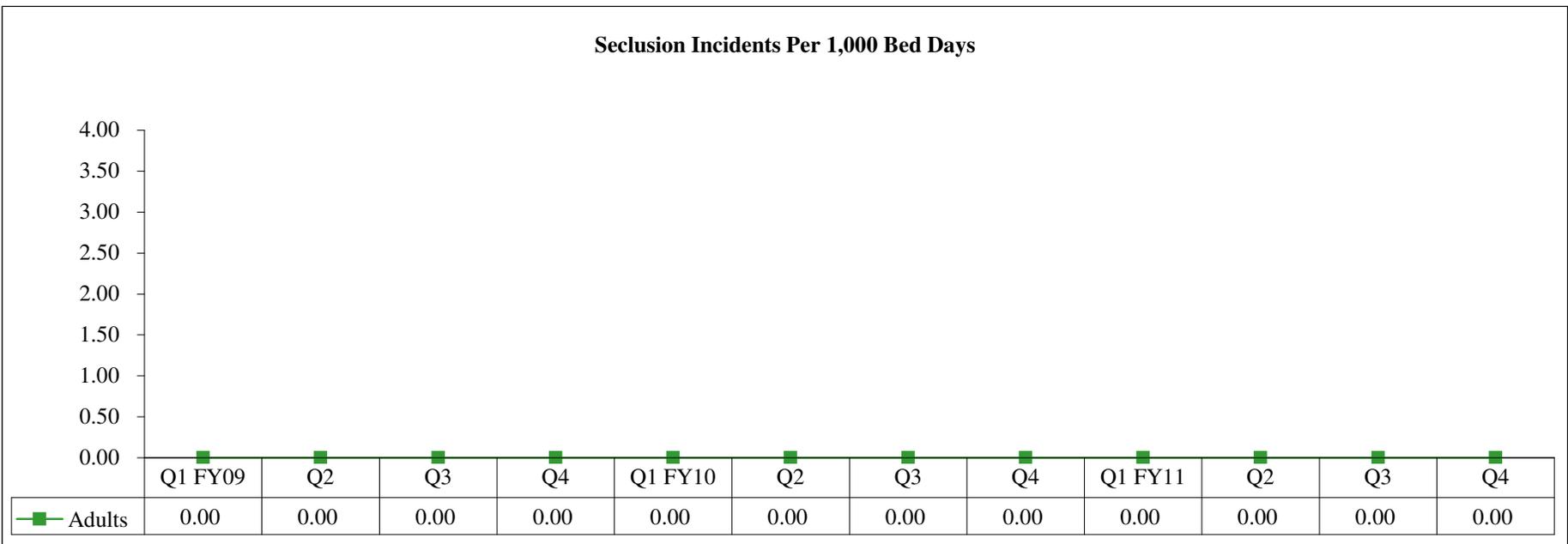
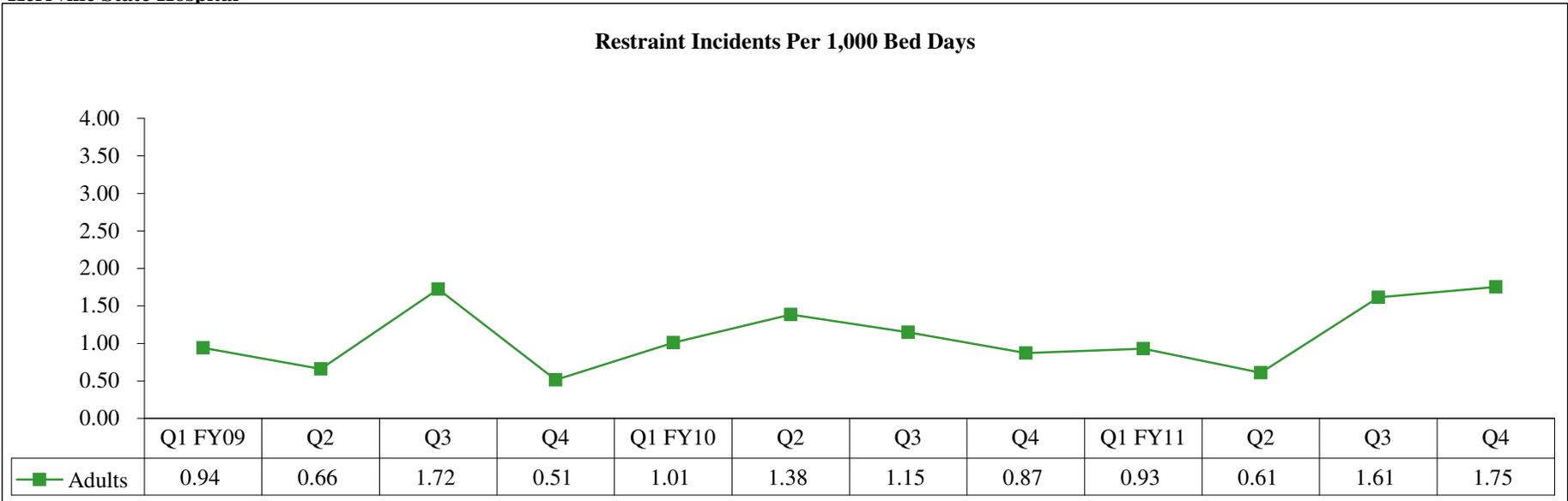
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Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



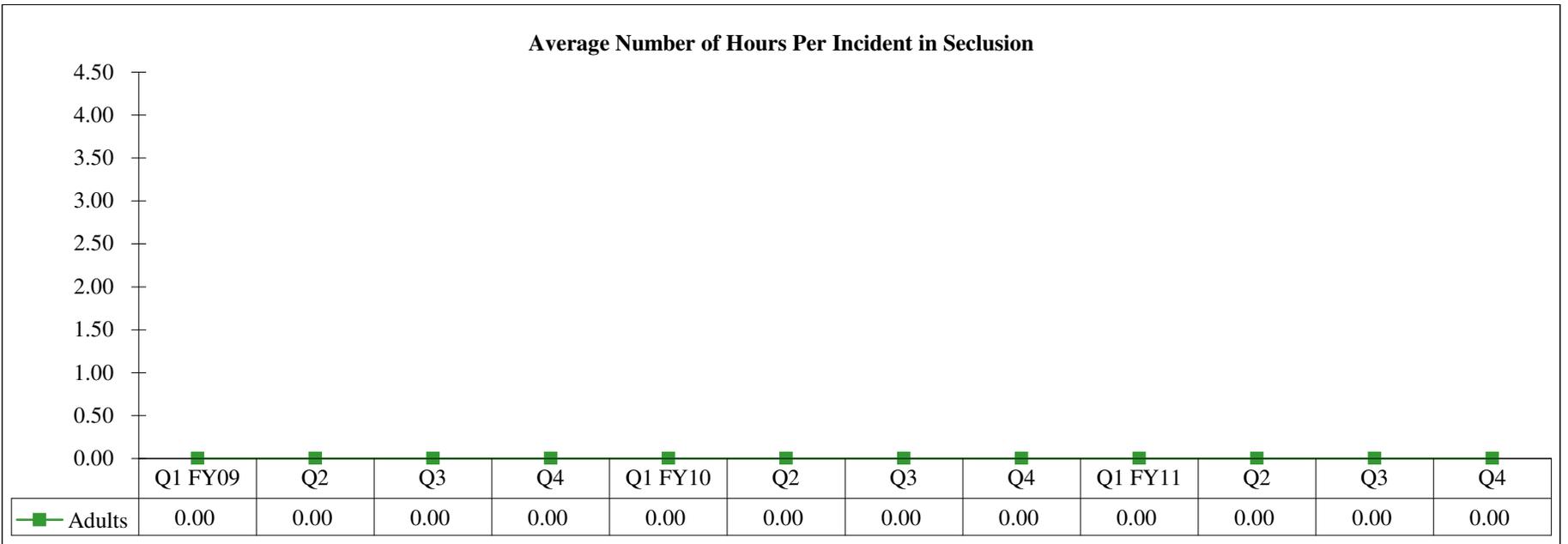
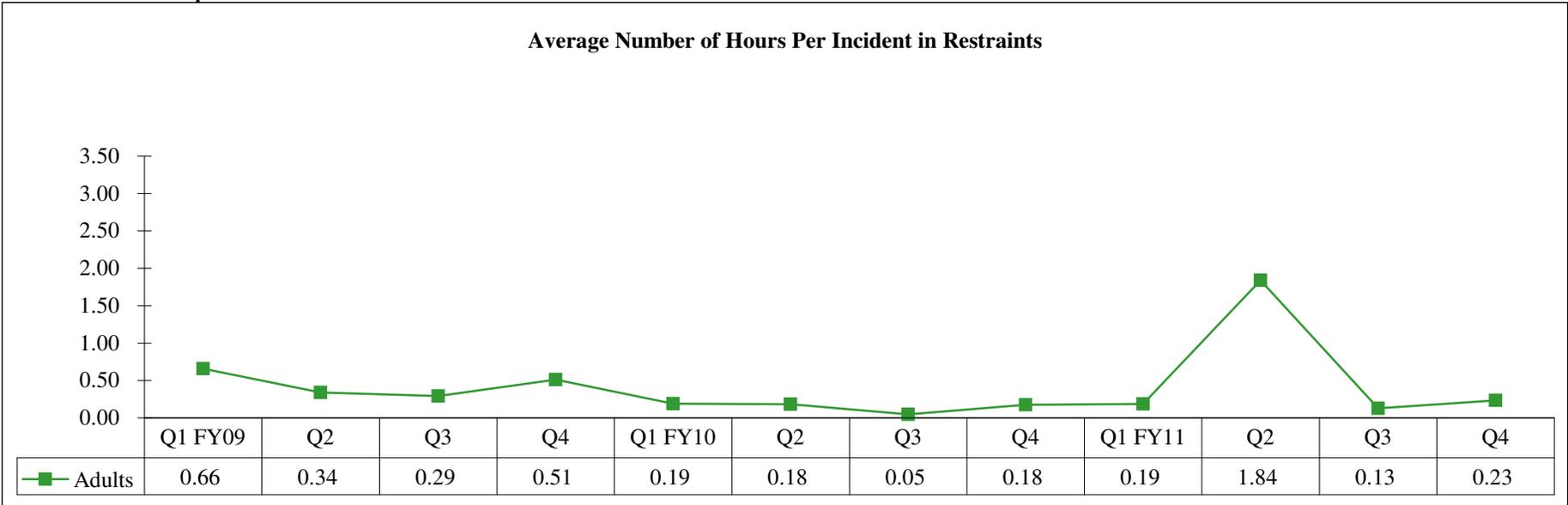
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**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



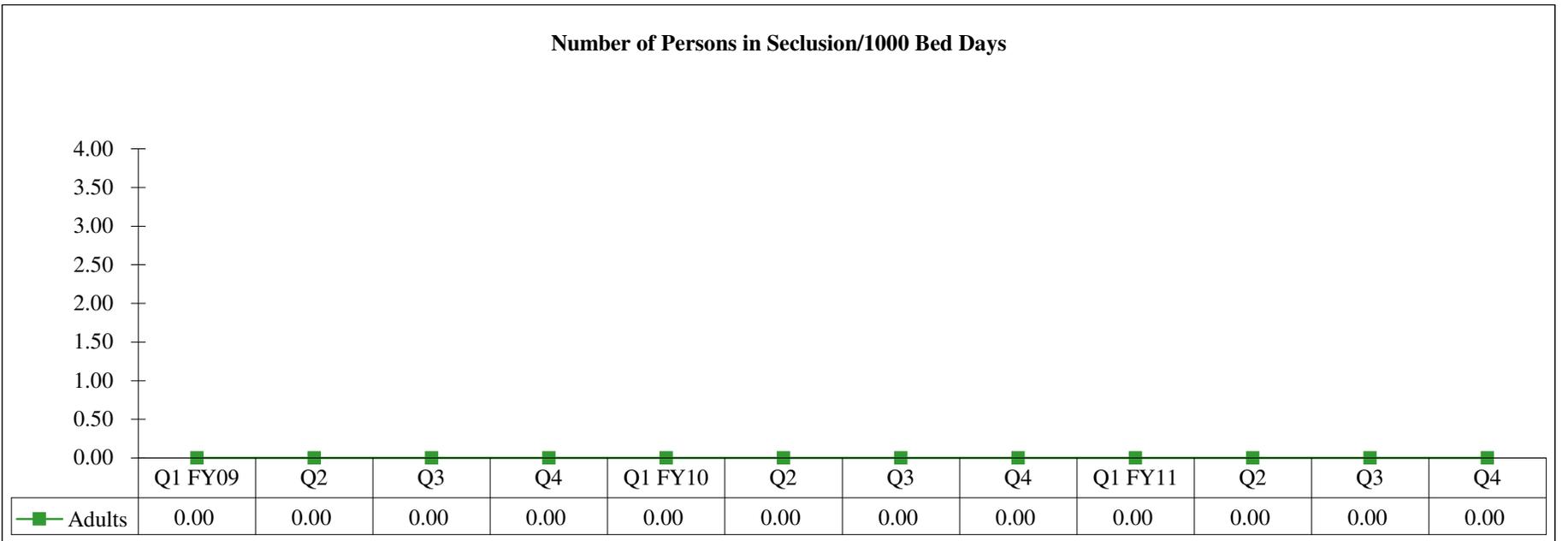
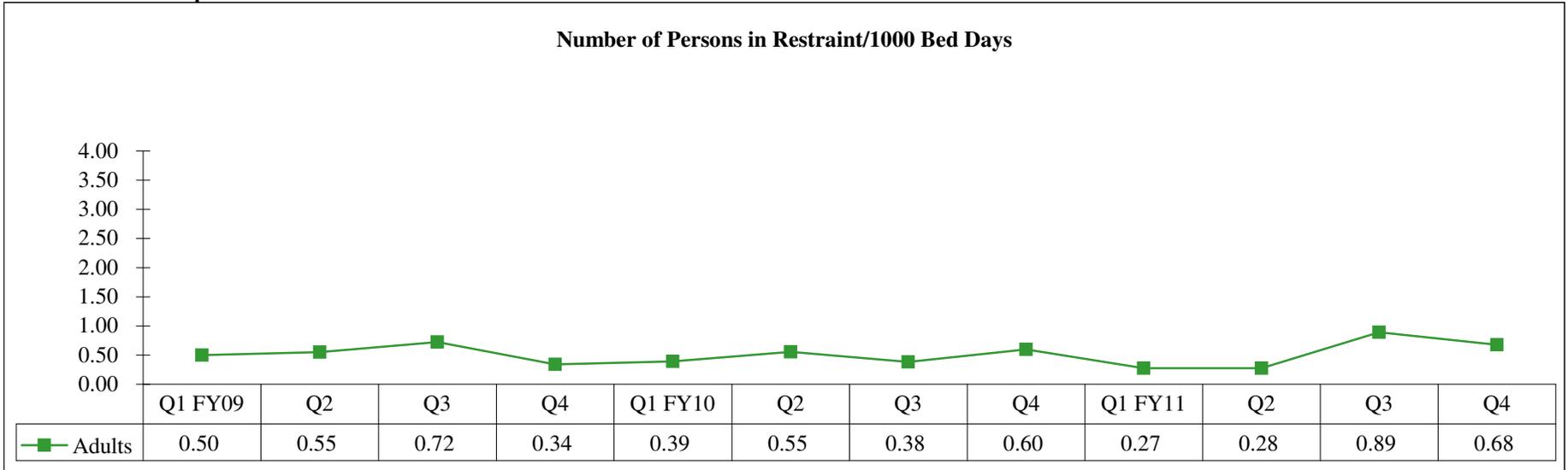
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Access Database

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

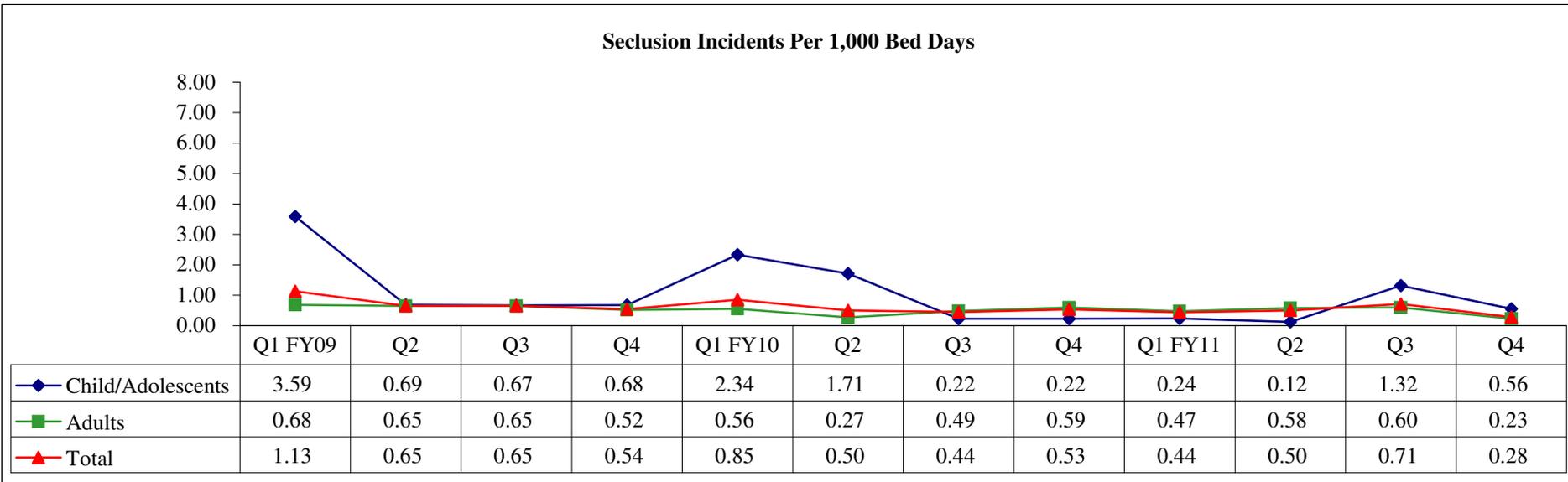
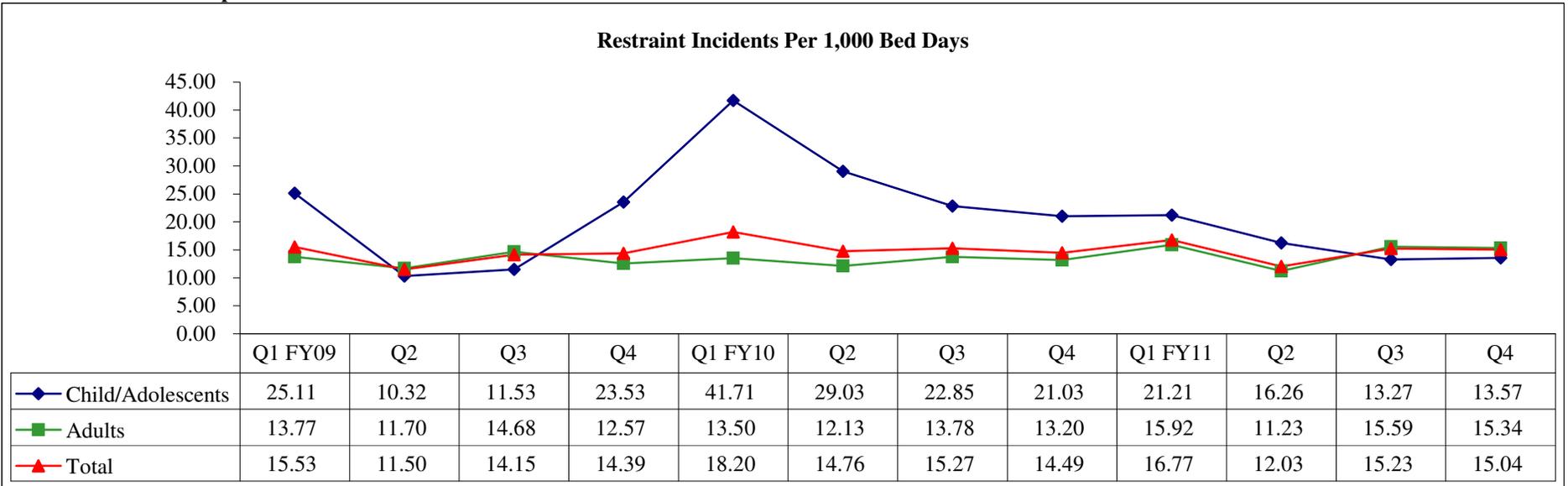


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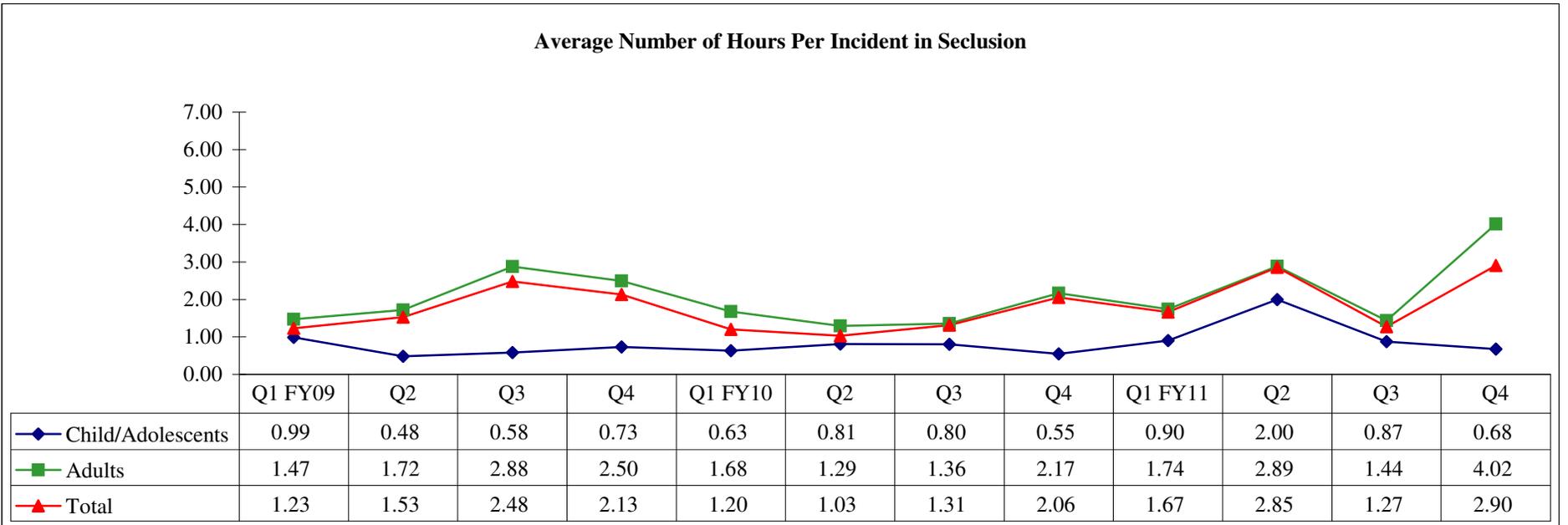
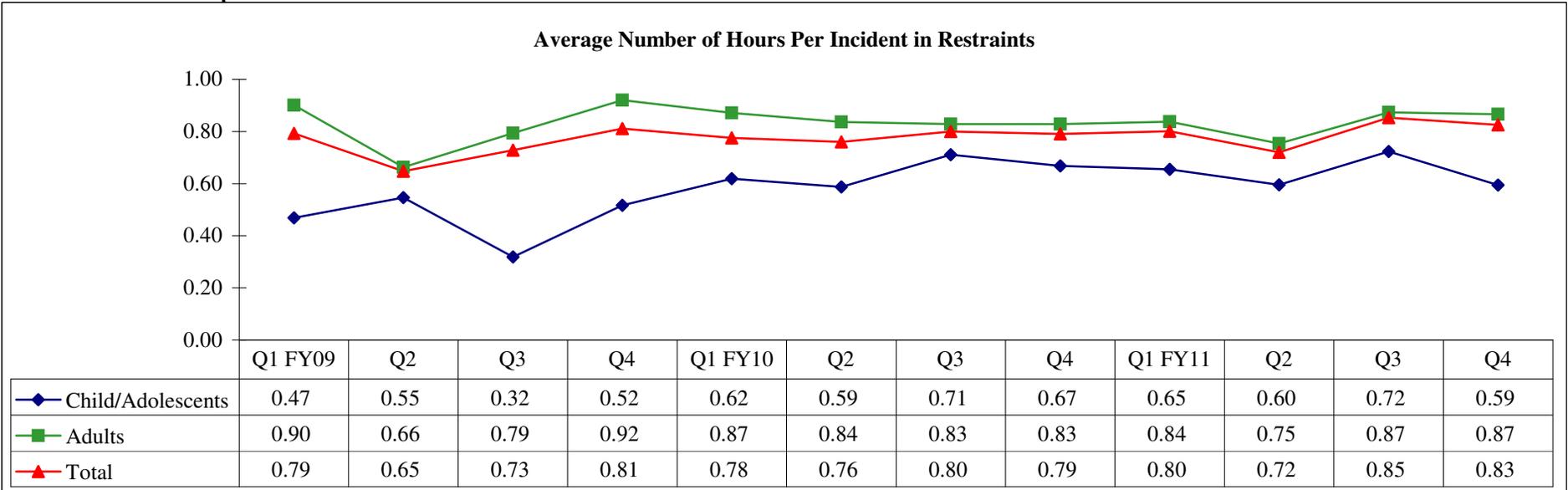
**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



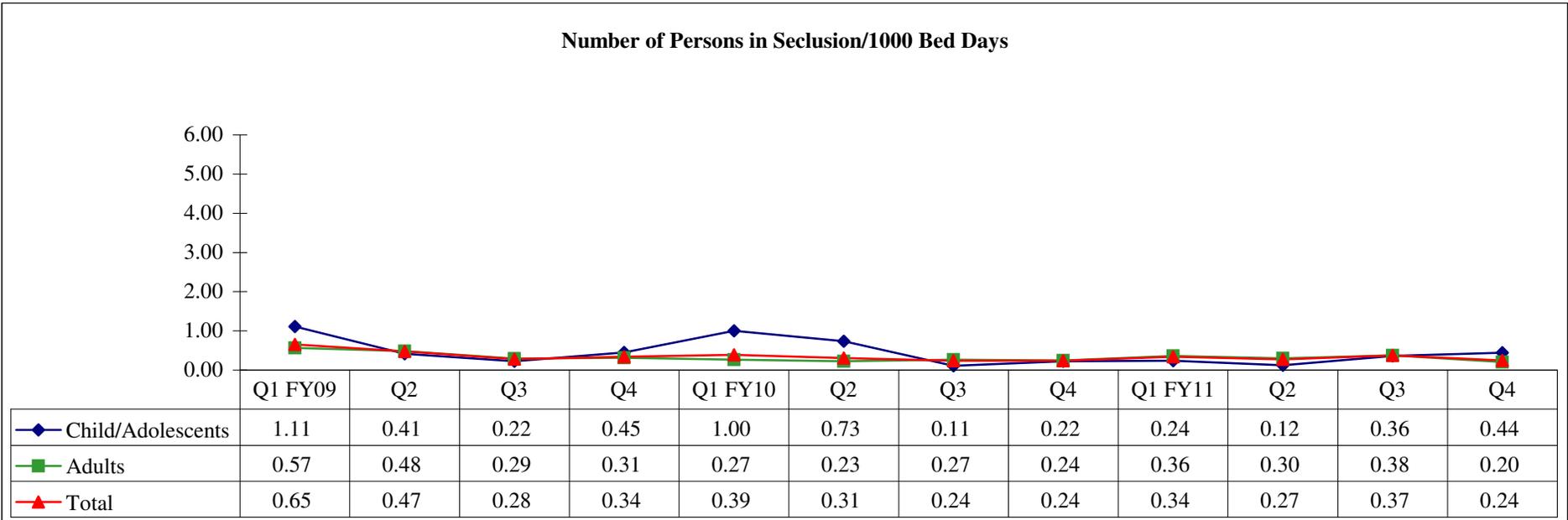
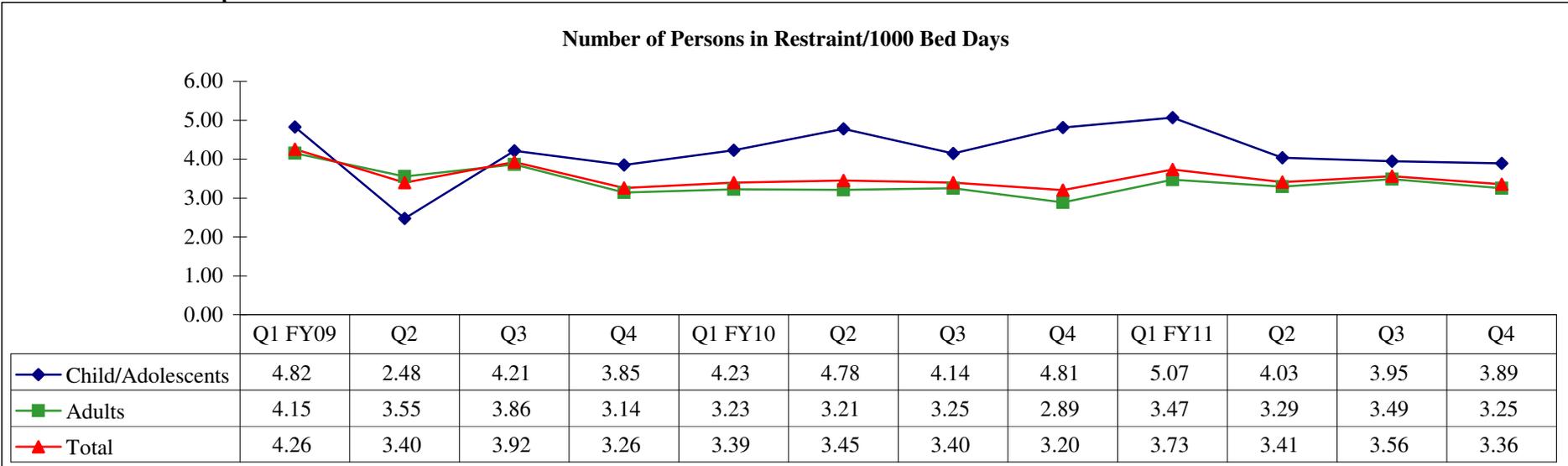
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



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

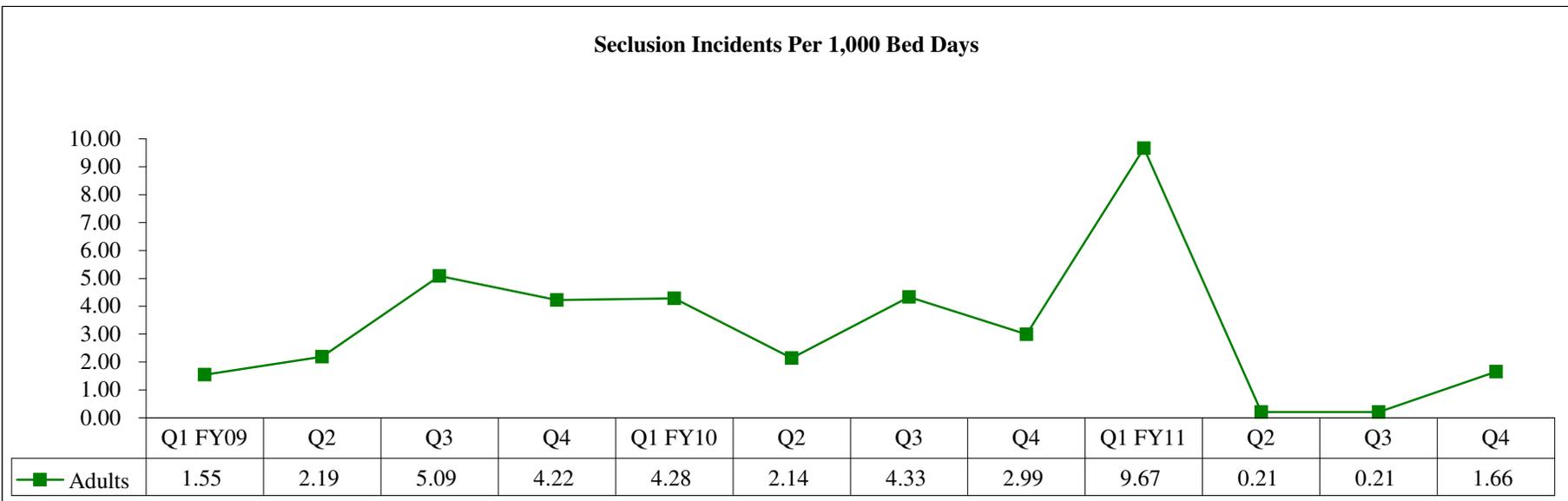
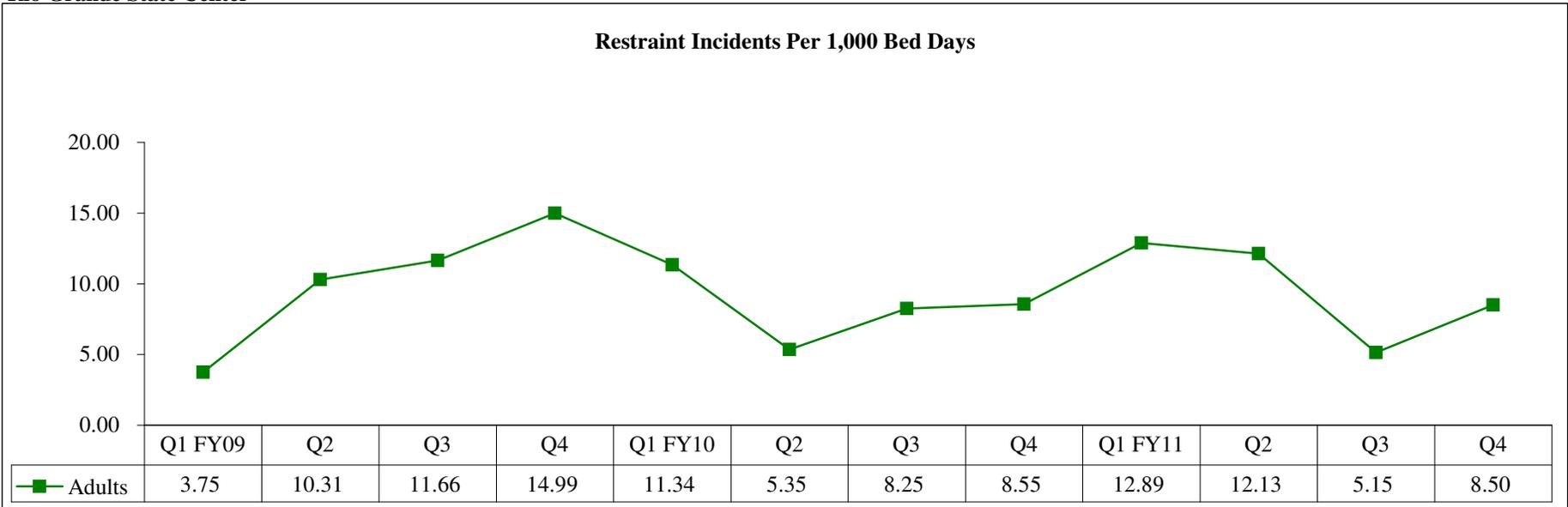


Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



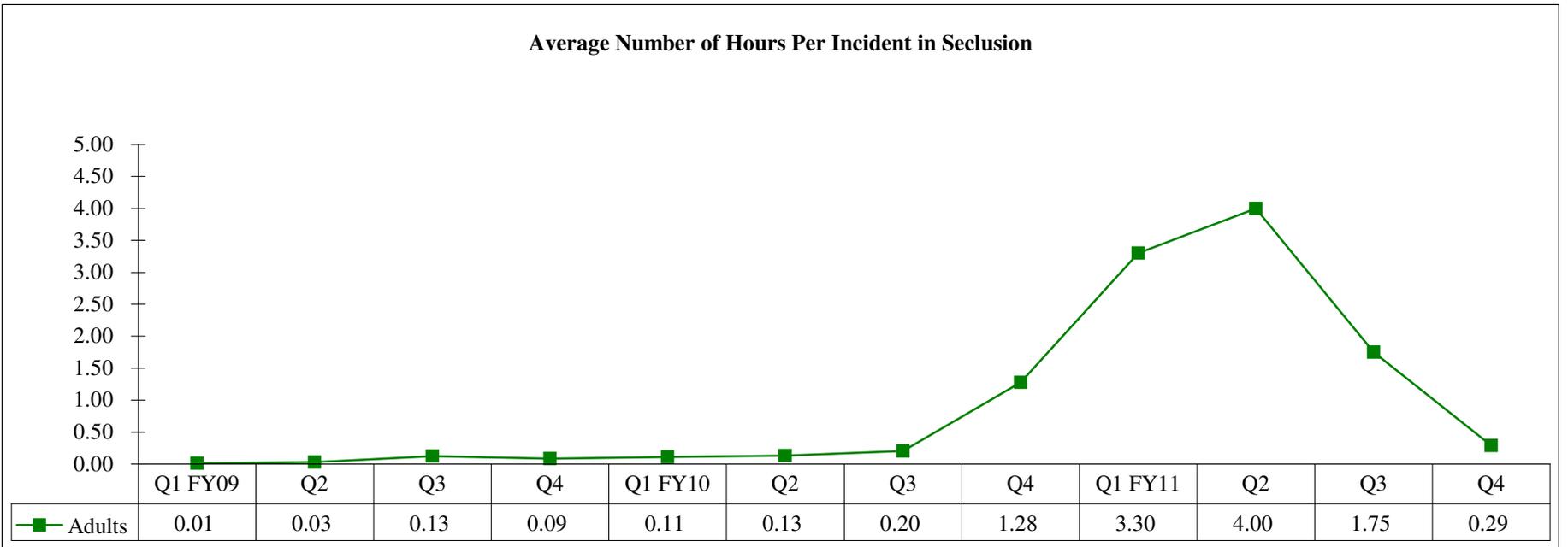
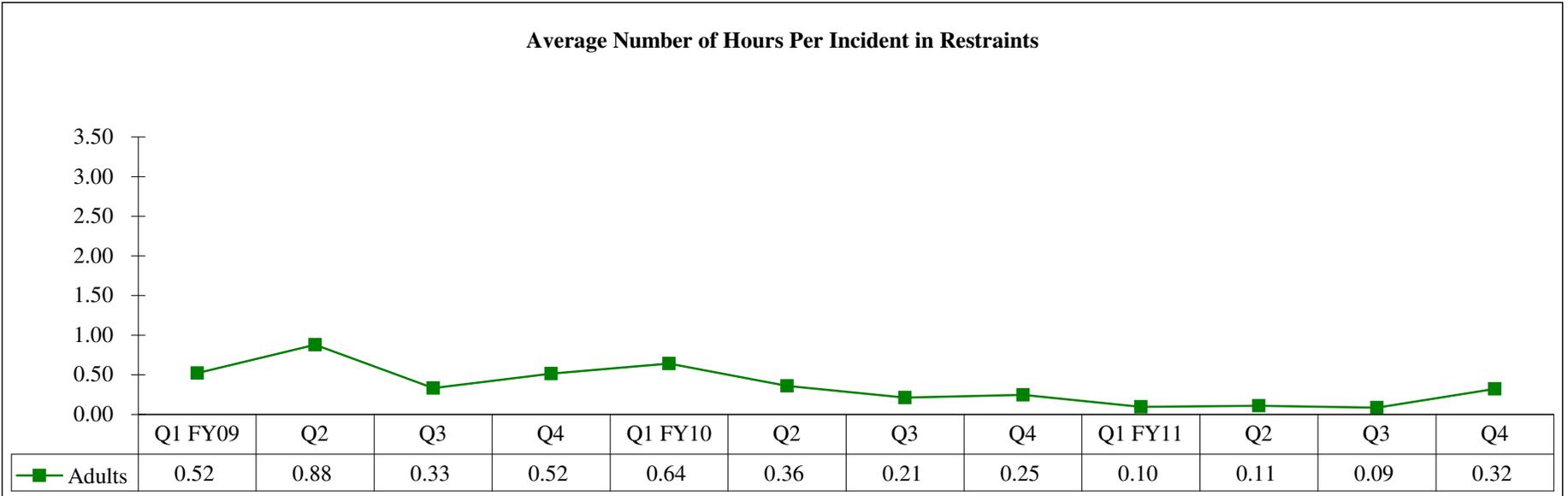
Objective 3A - Maintain Restraint and Seclusion Data

Rio Grande State Center



Objective 3A - Maintain Restraint and Seclusion Data

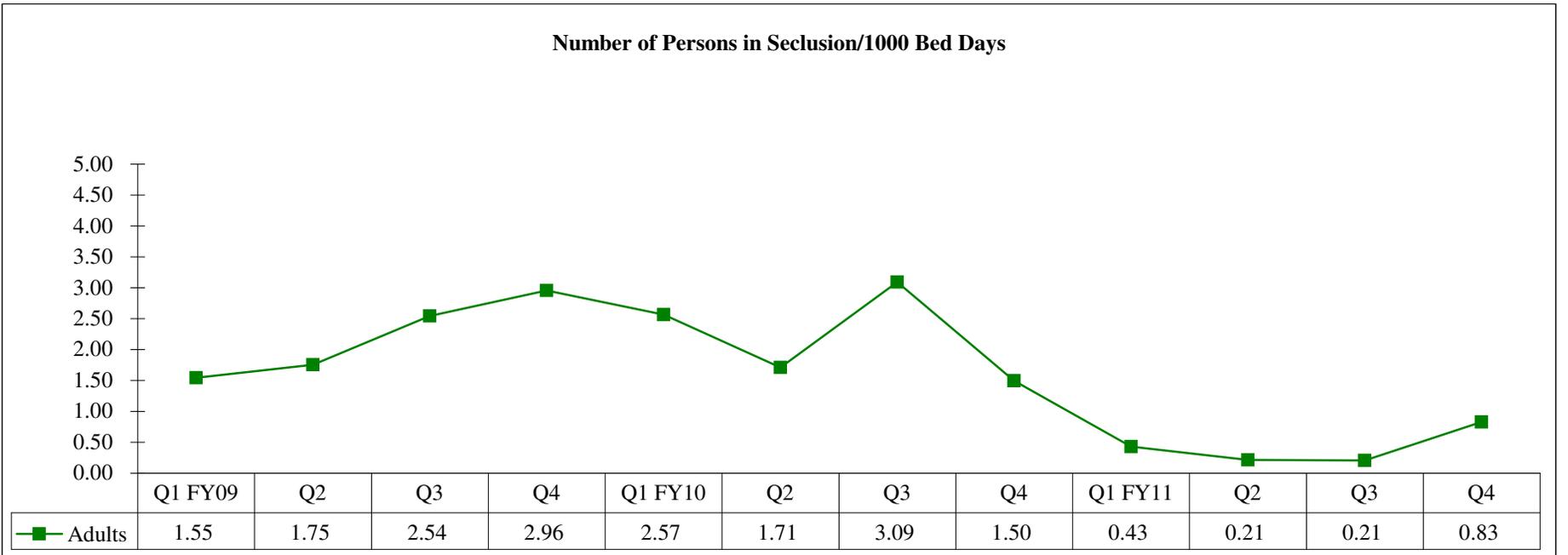
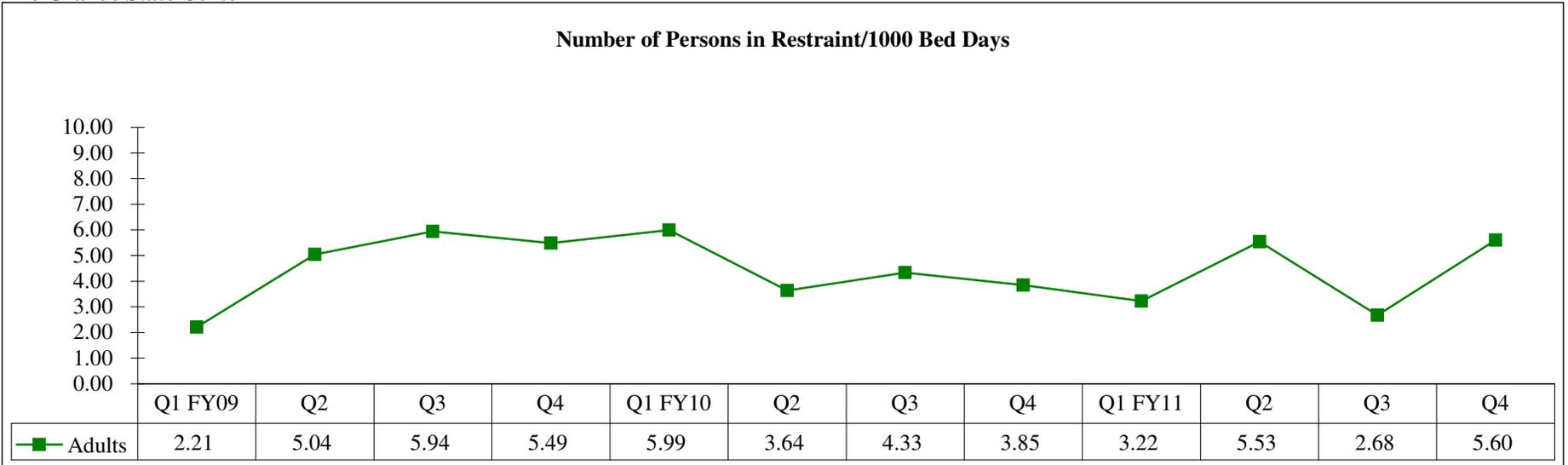
Rio Grande State Center



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

Objective 3A - Maintain Restraint and Seclusion Data

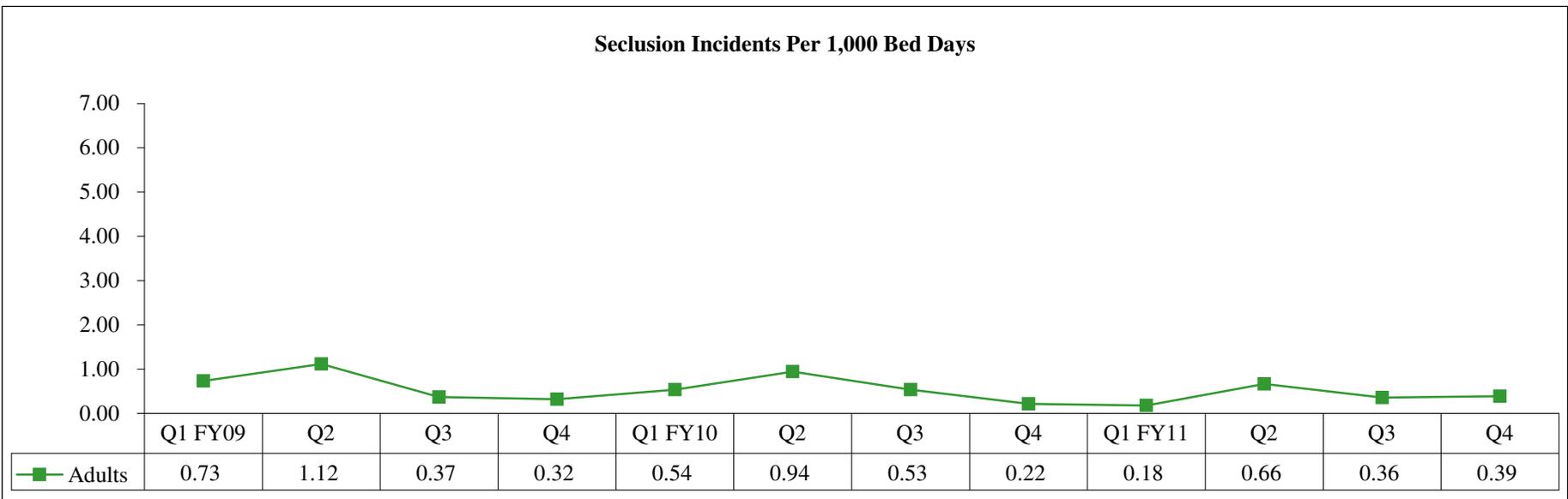
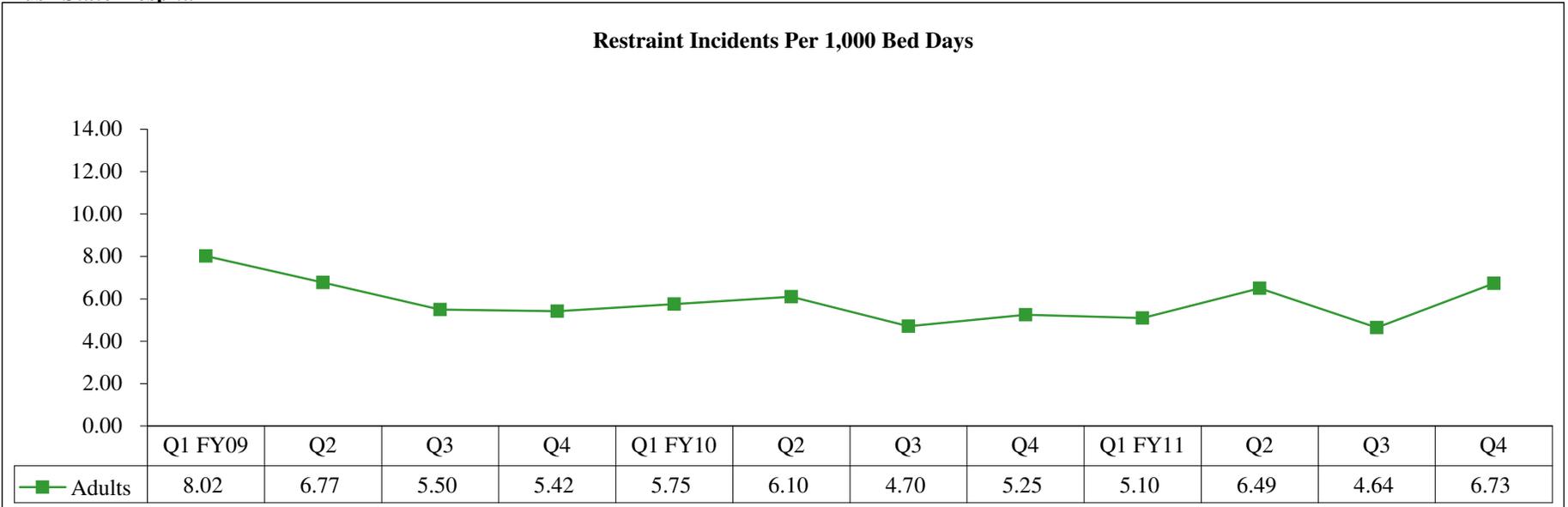
Rio Grande State Center



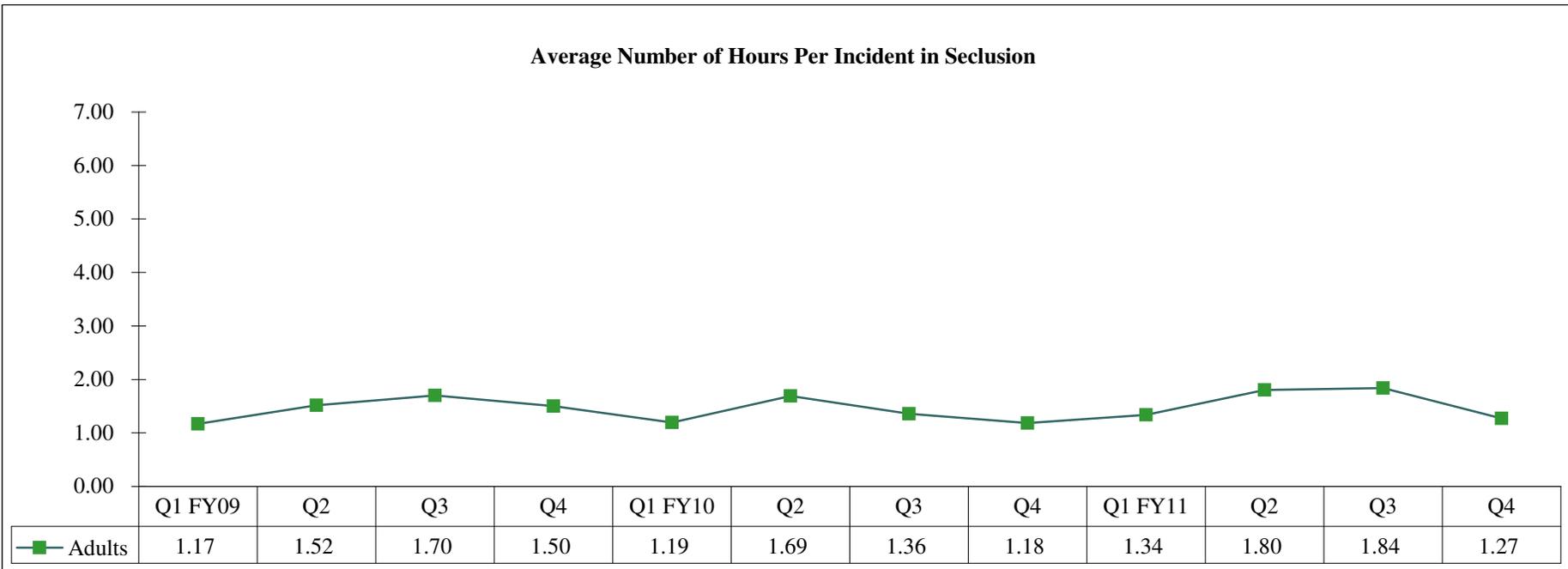
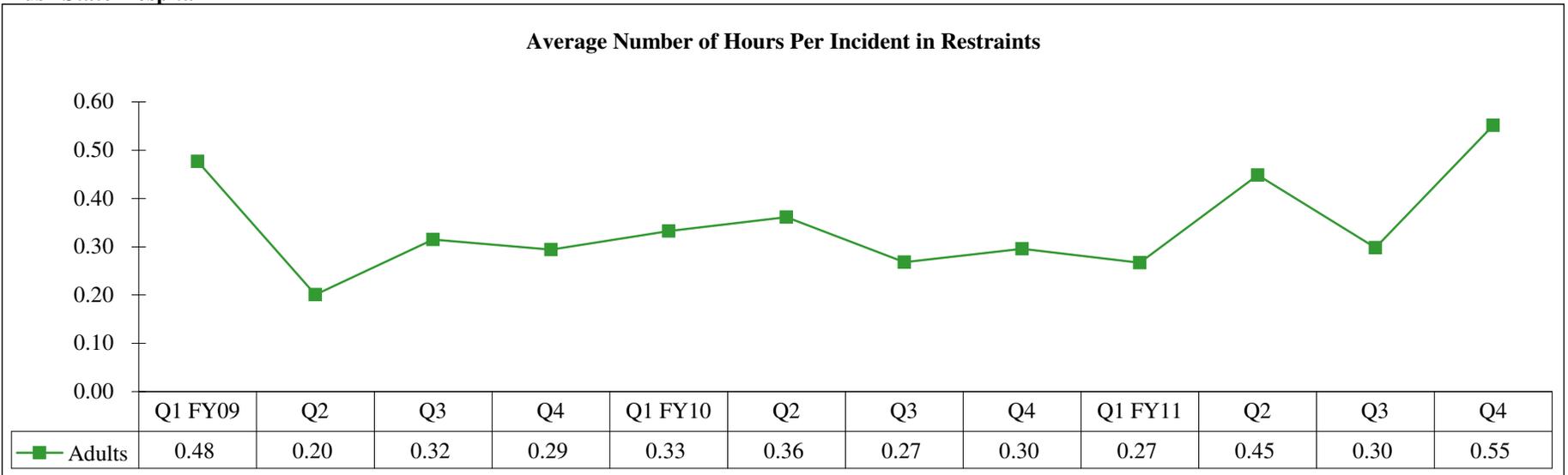
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Objective 3A - Maintain Restraint and Seclusion Data

Rusk State Hospital

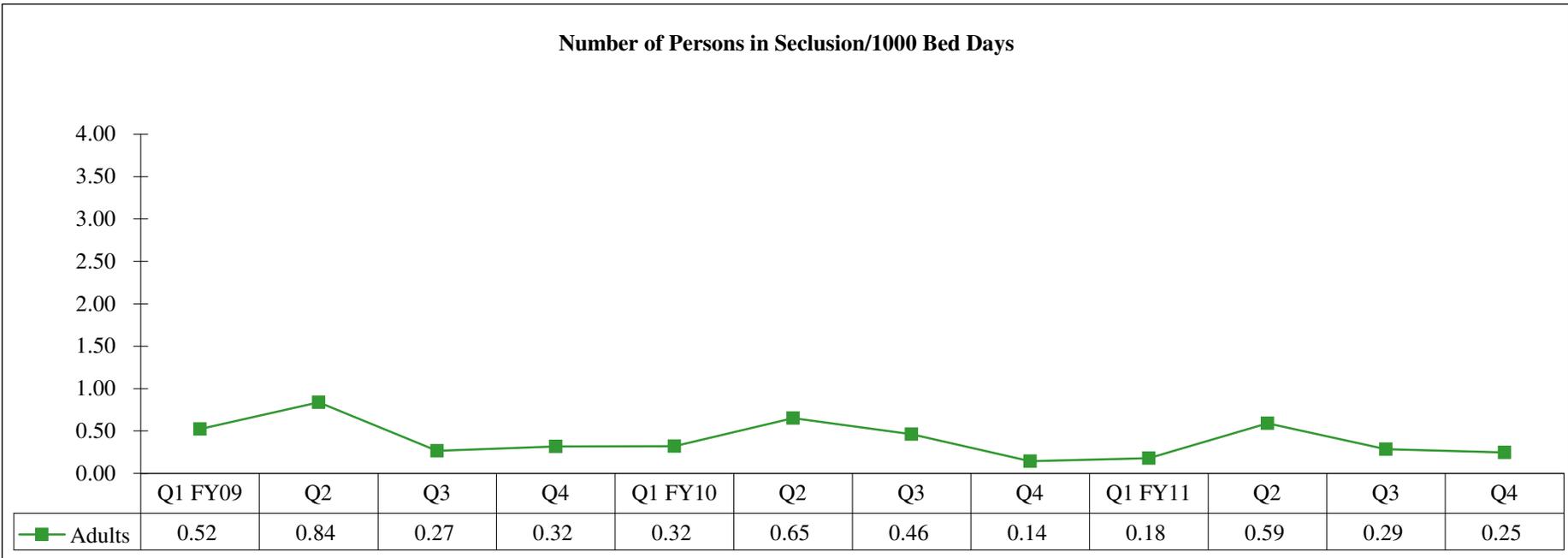
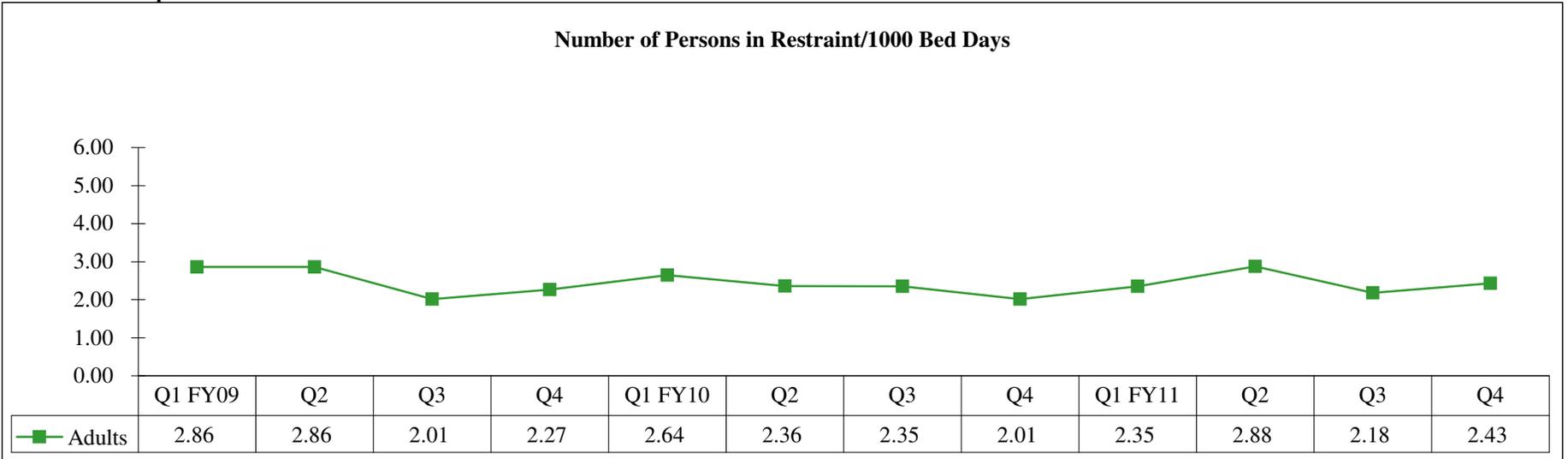


**Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital**

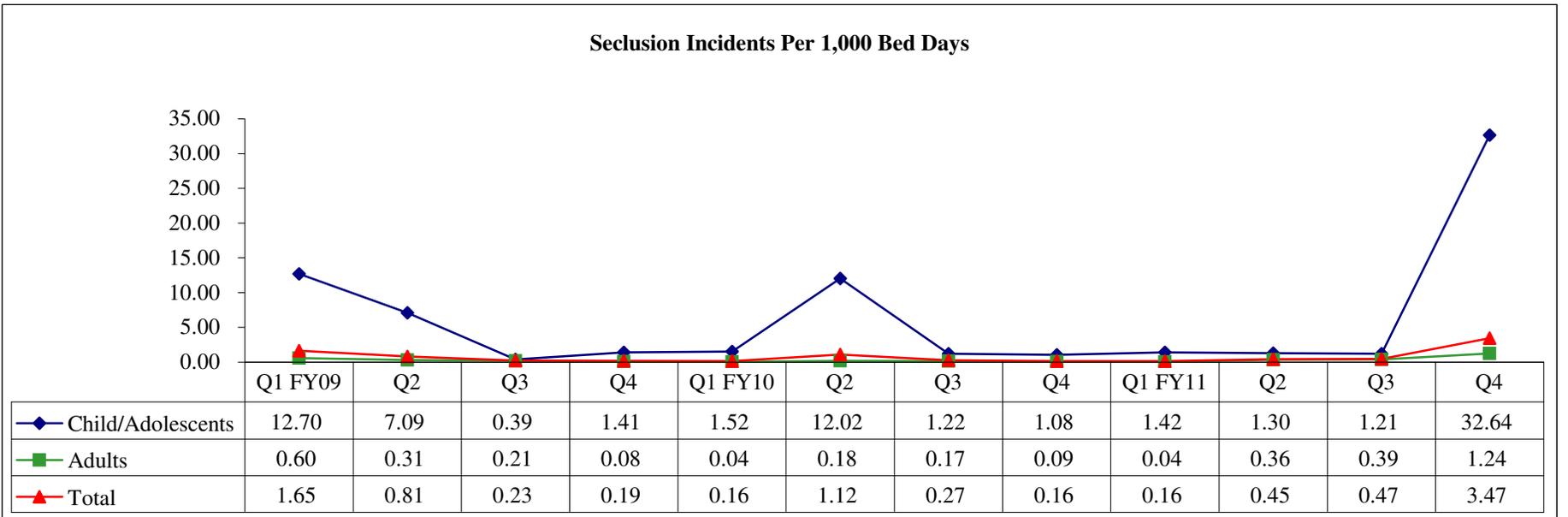
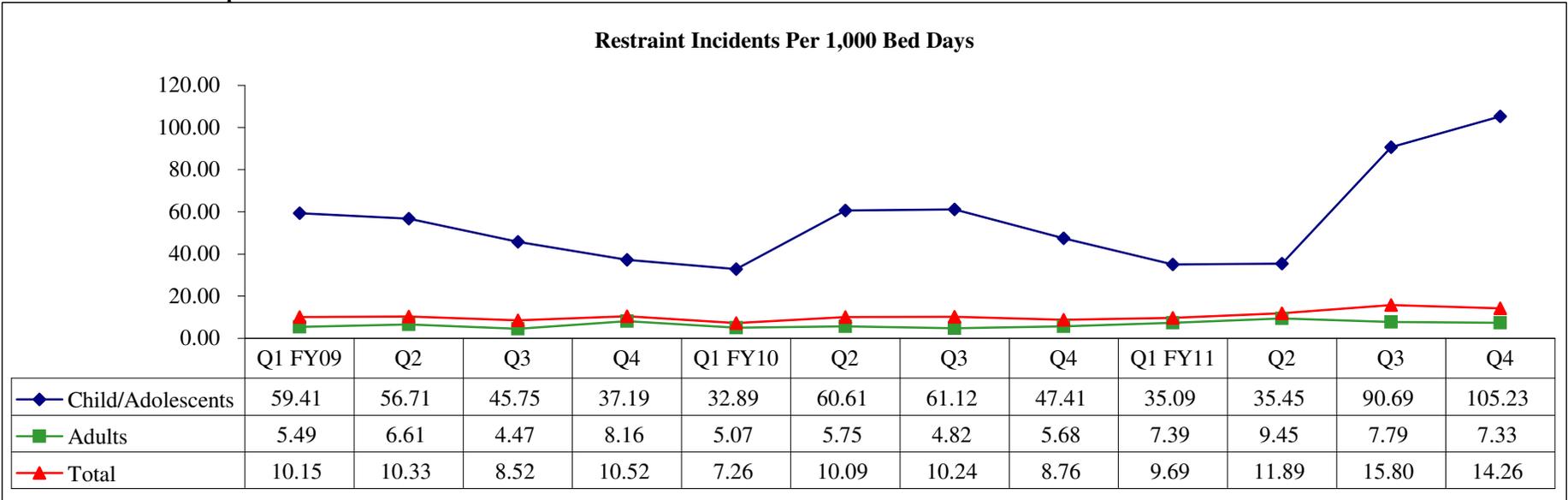


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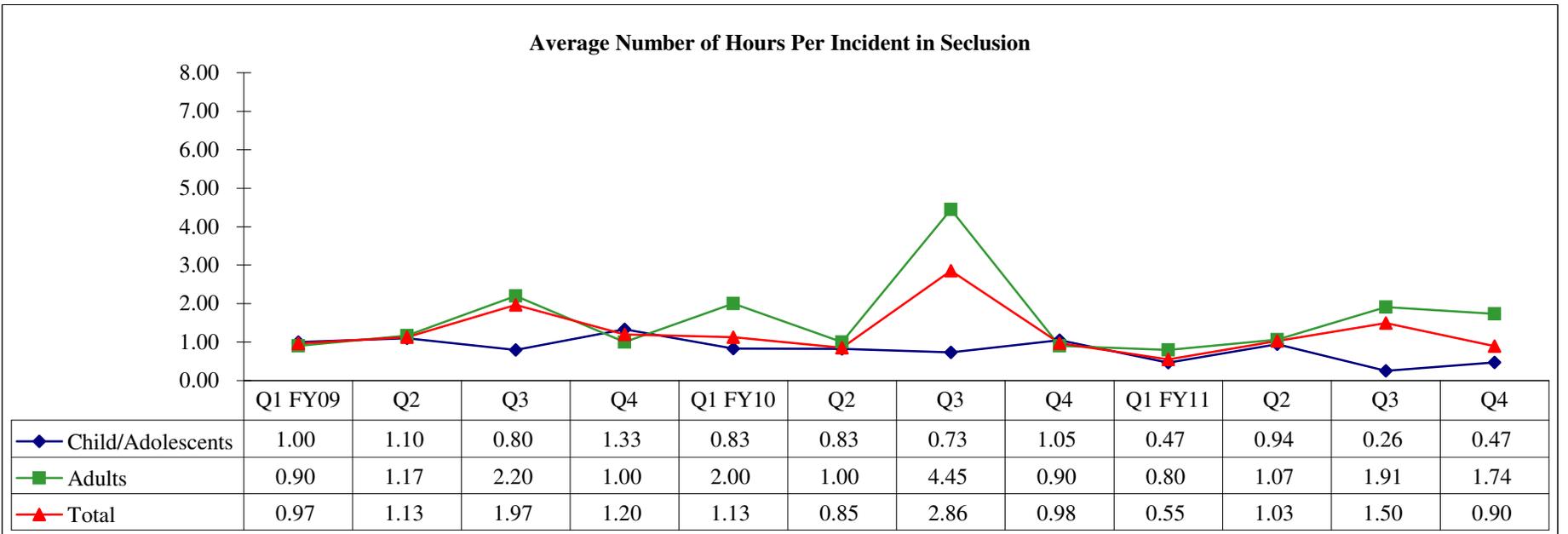
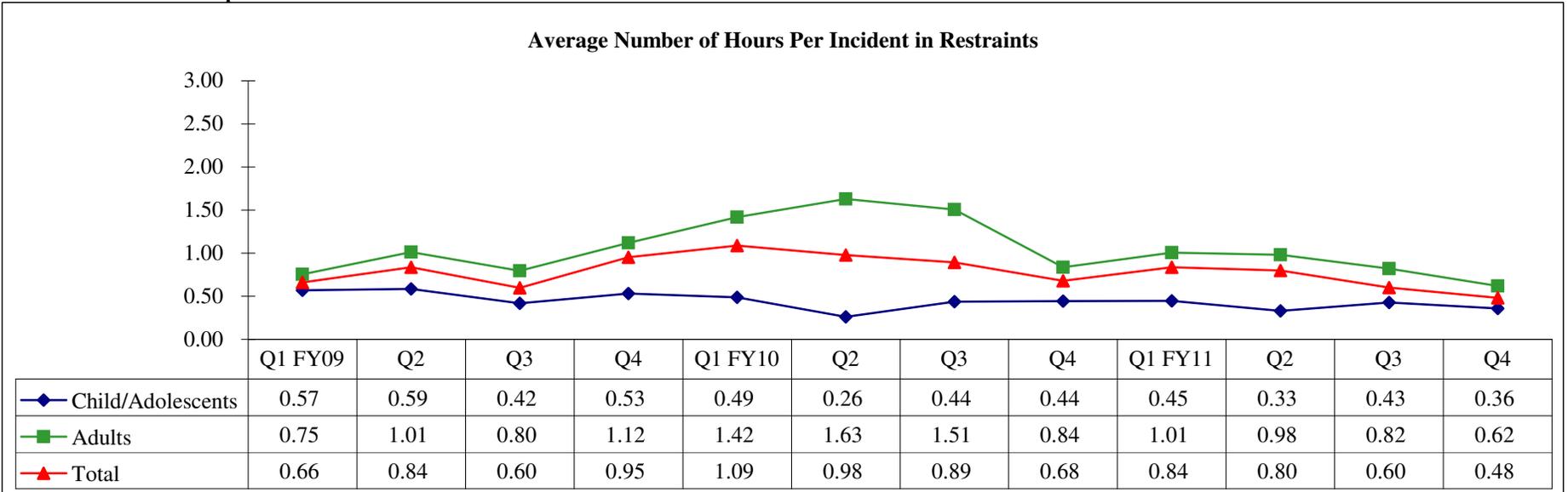
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



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

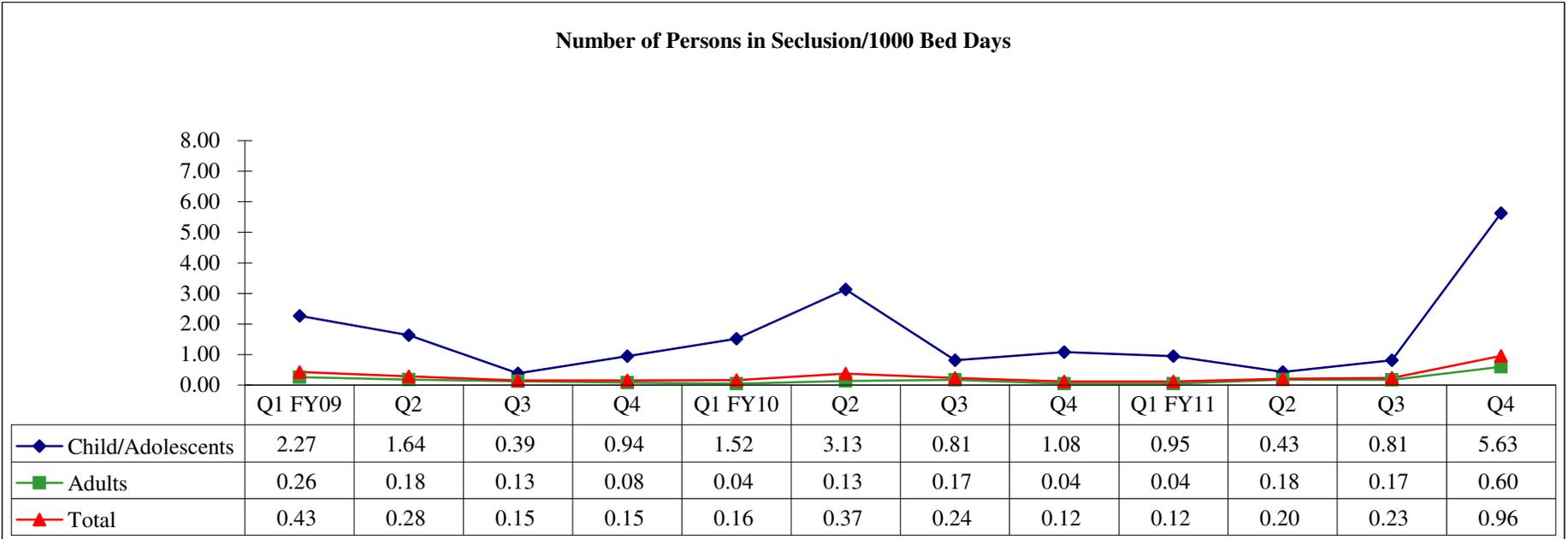
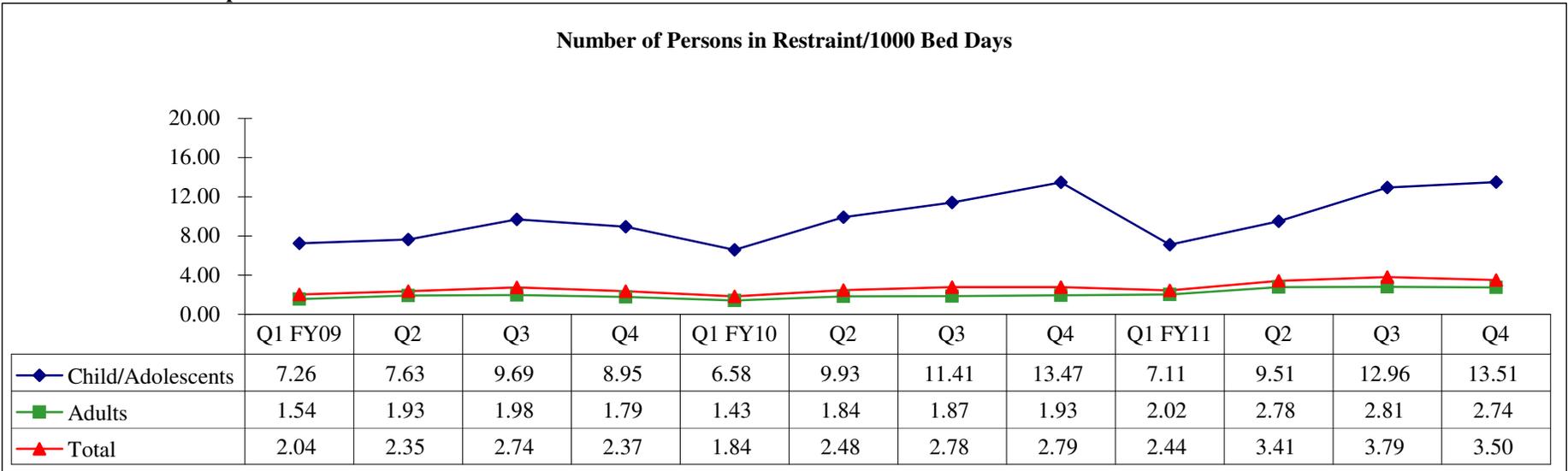


Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

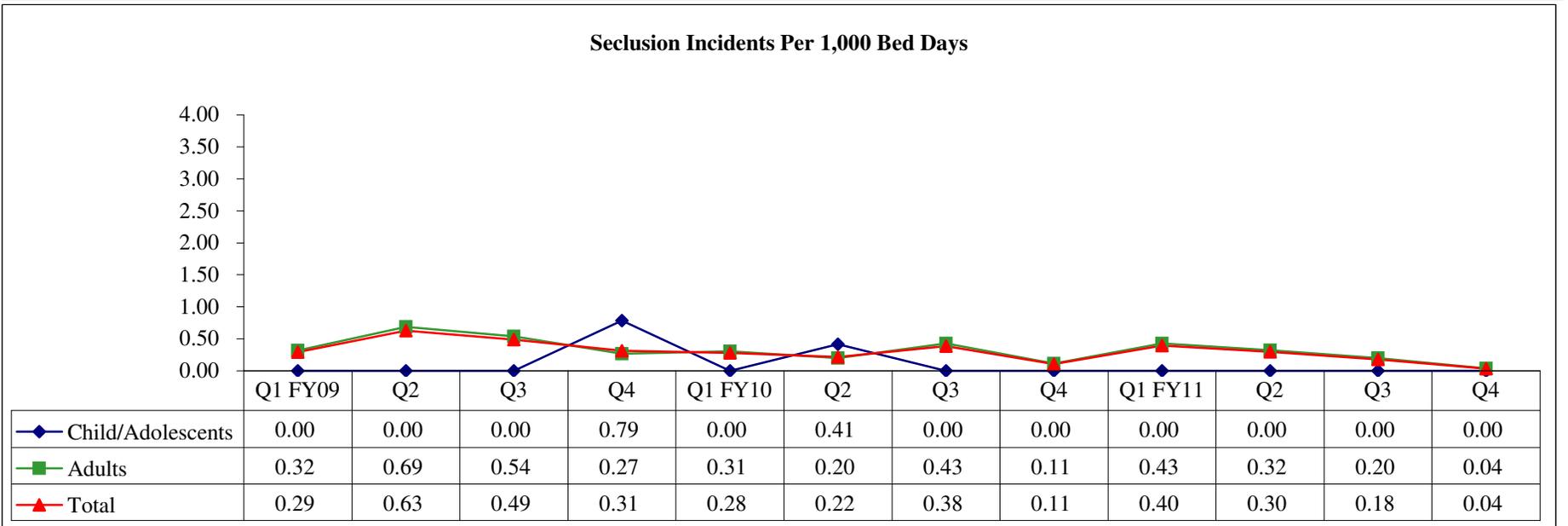
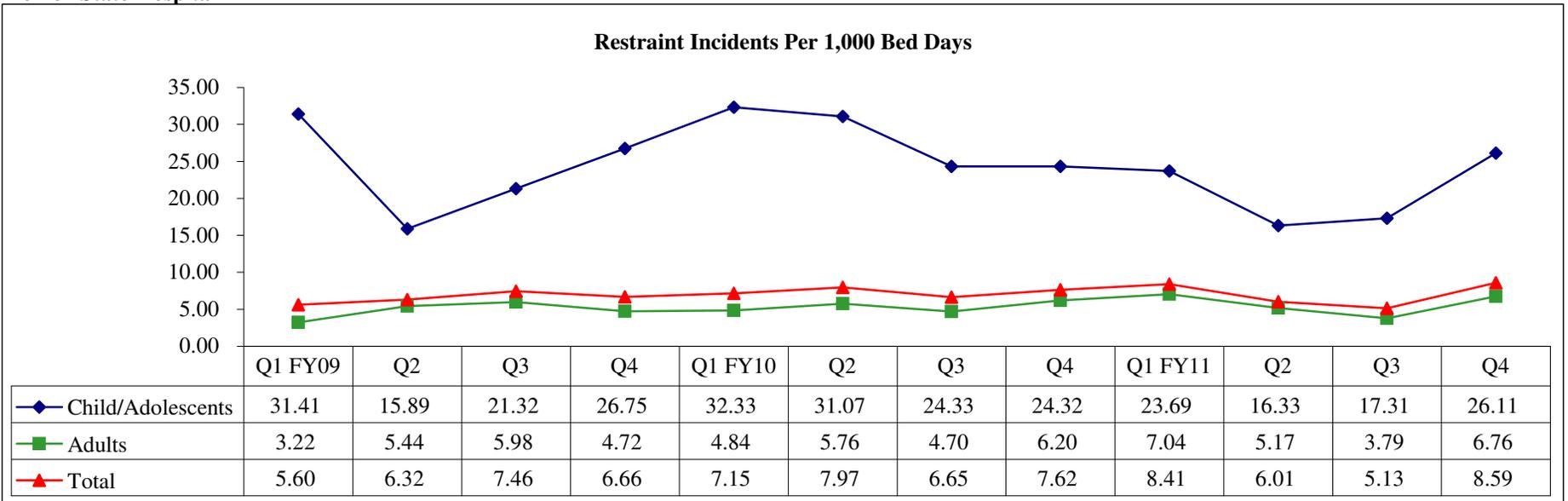


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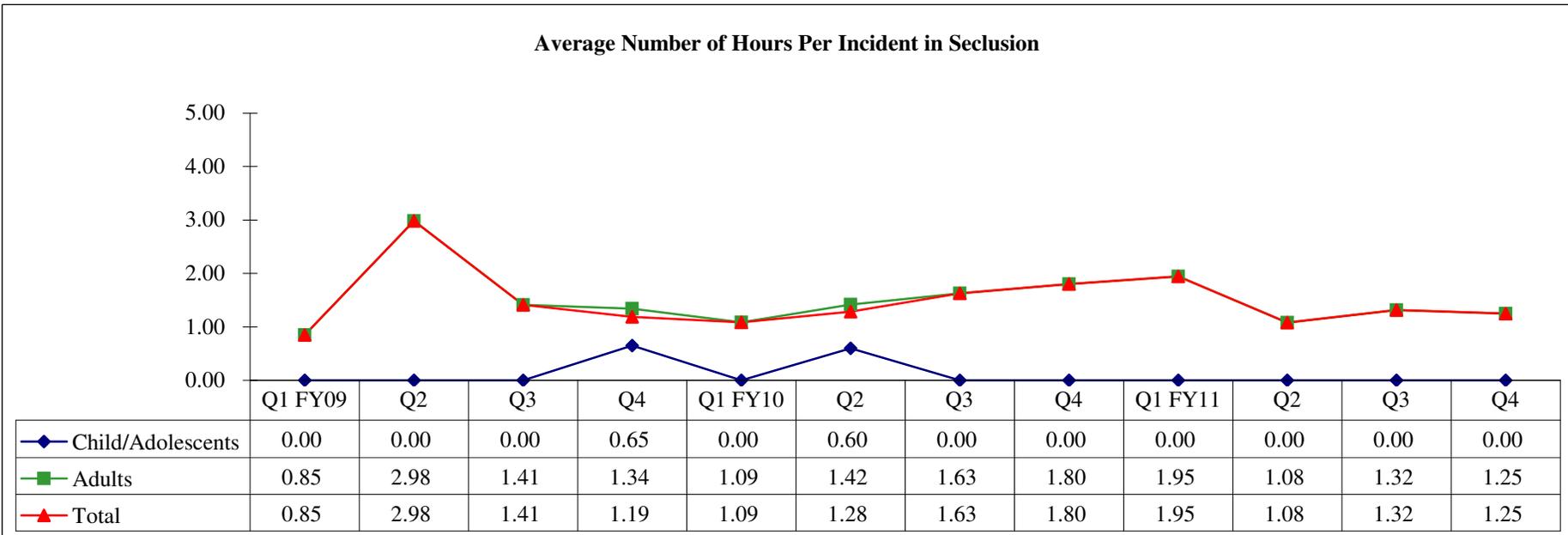
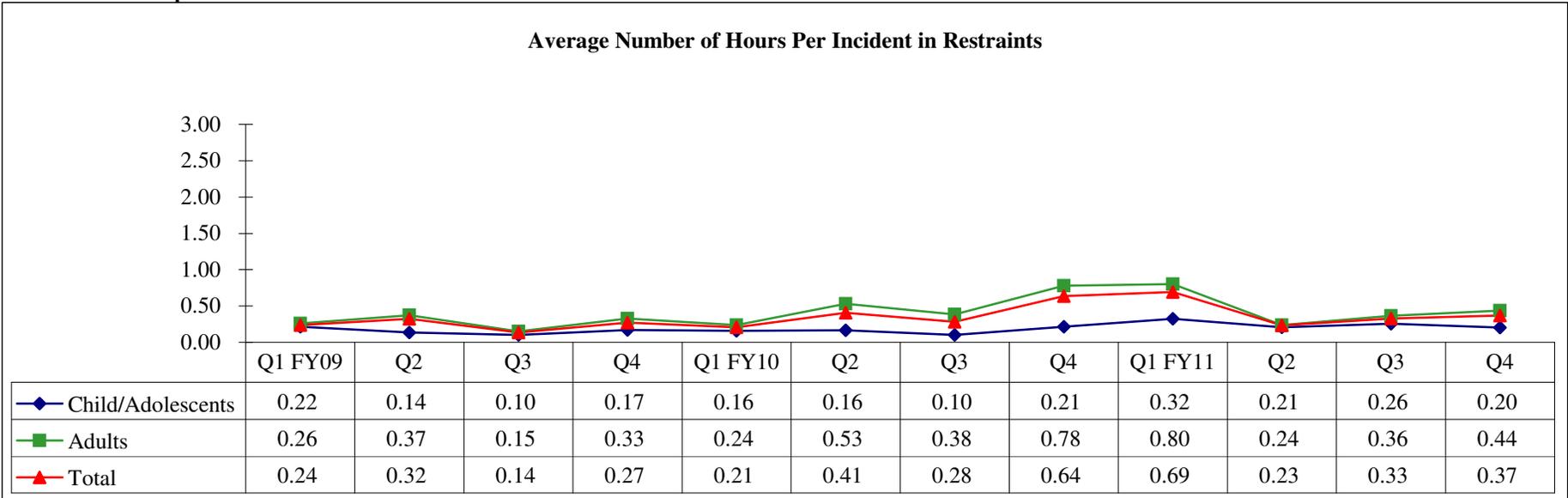
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



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

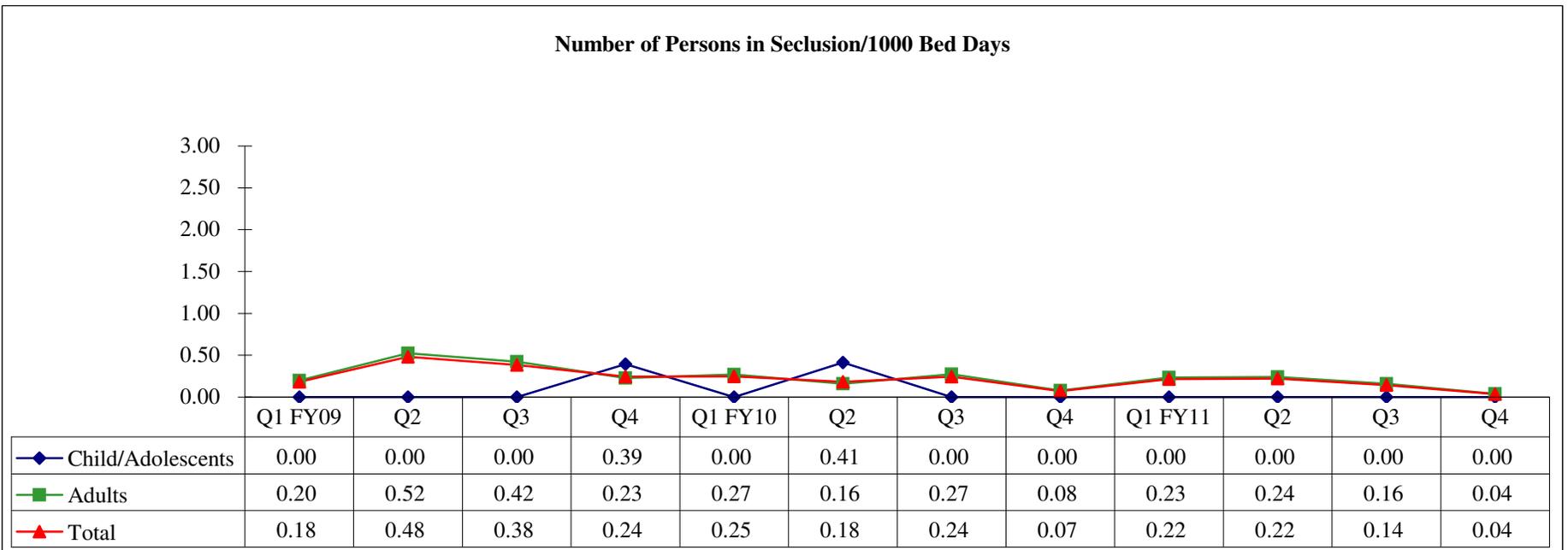
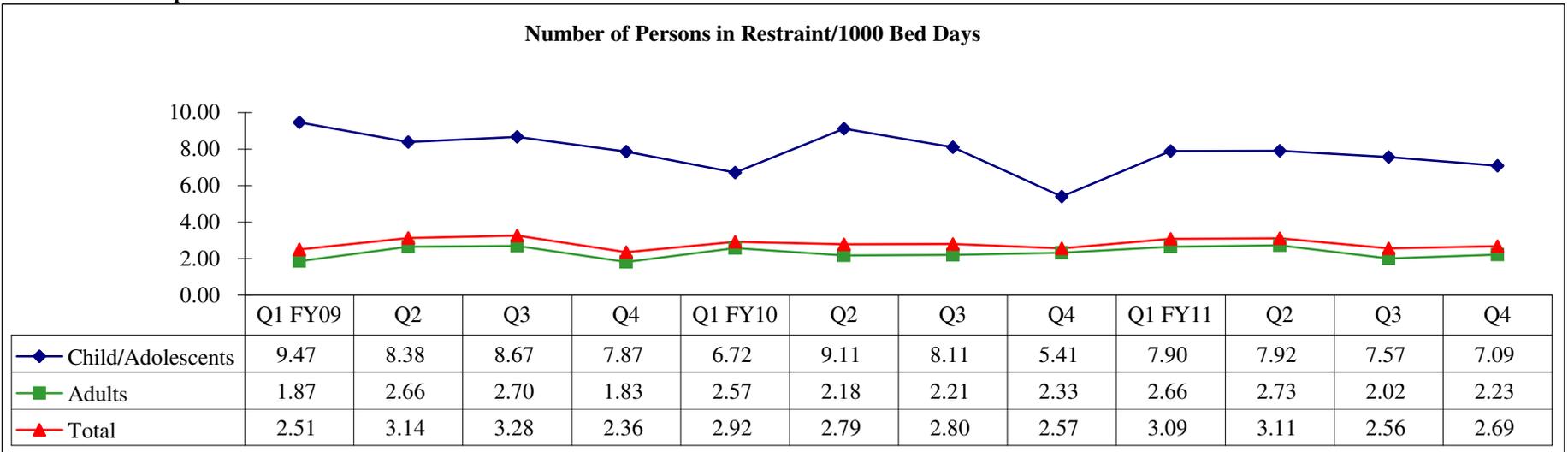


**Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital**

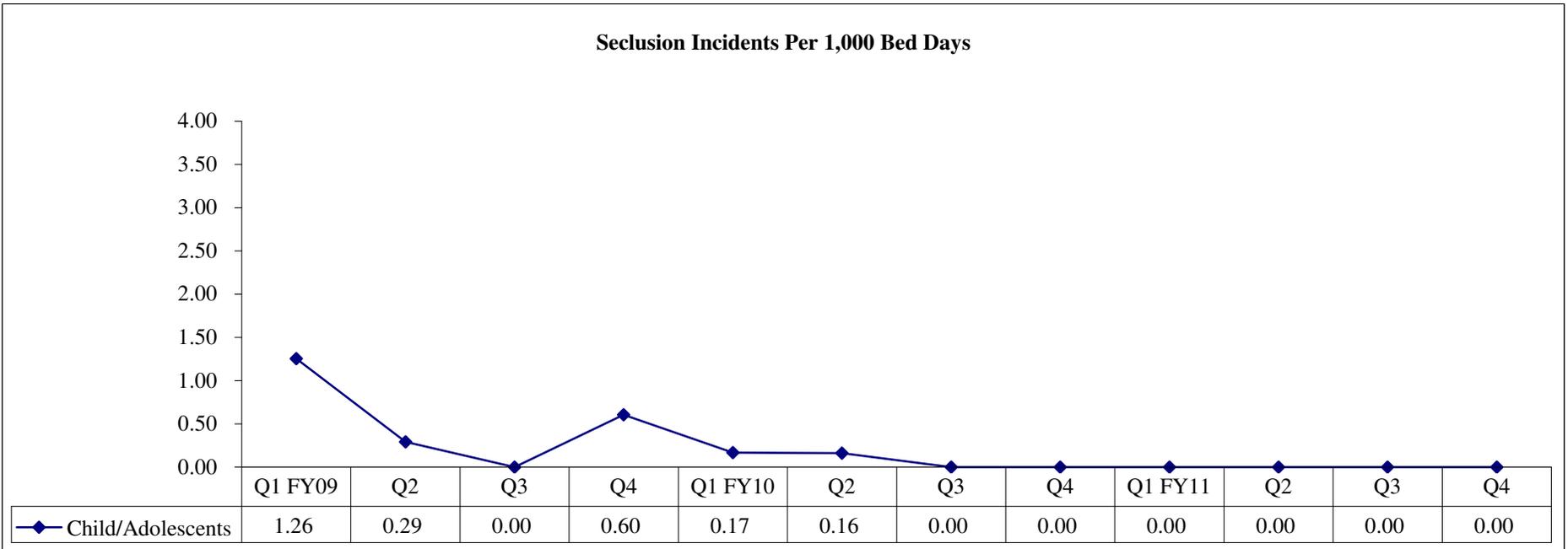
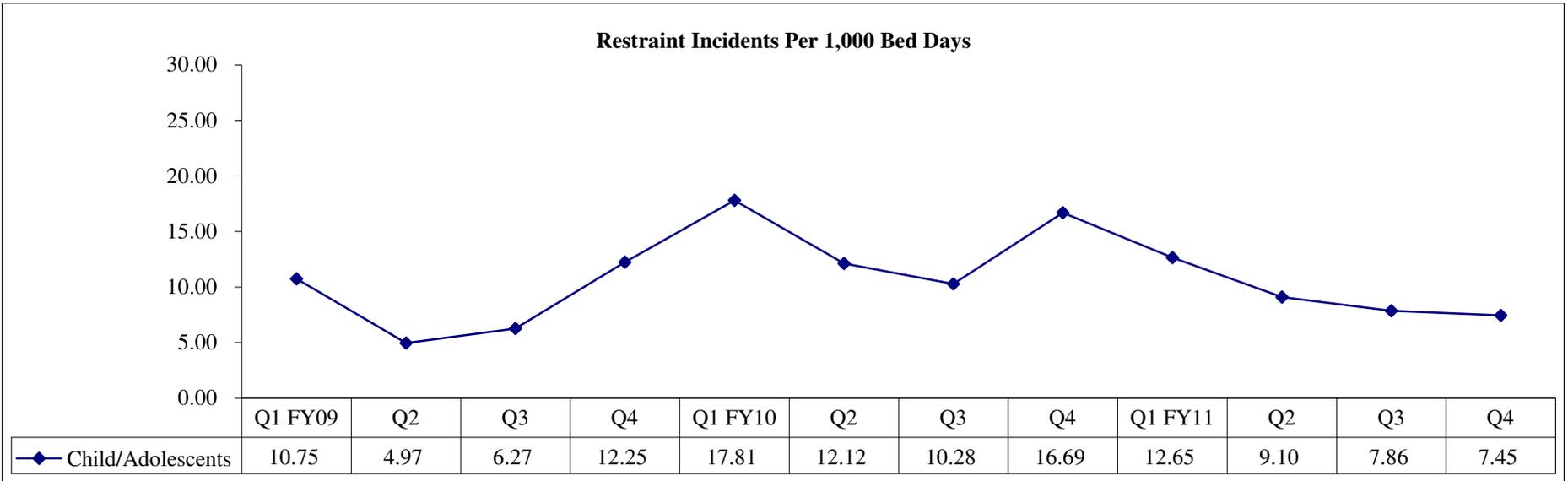


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

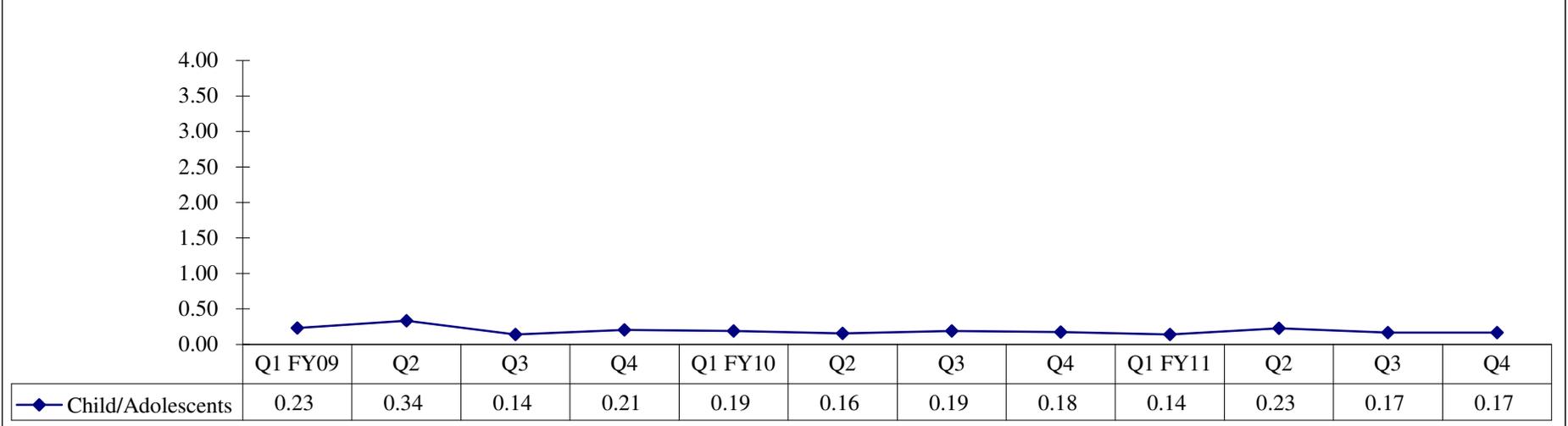


**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**

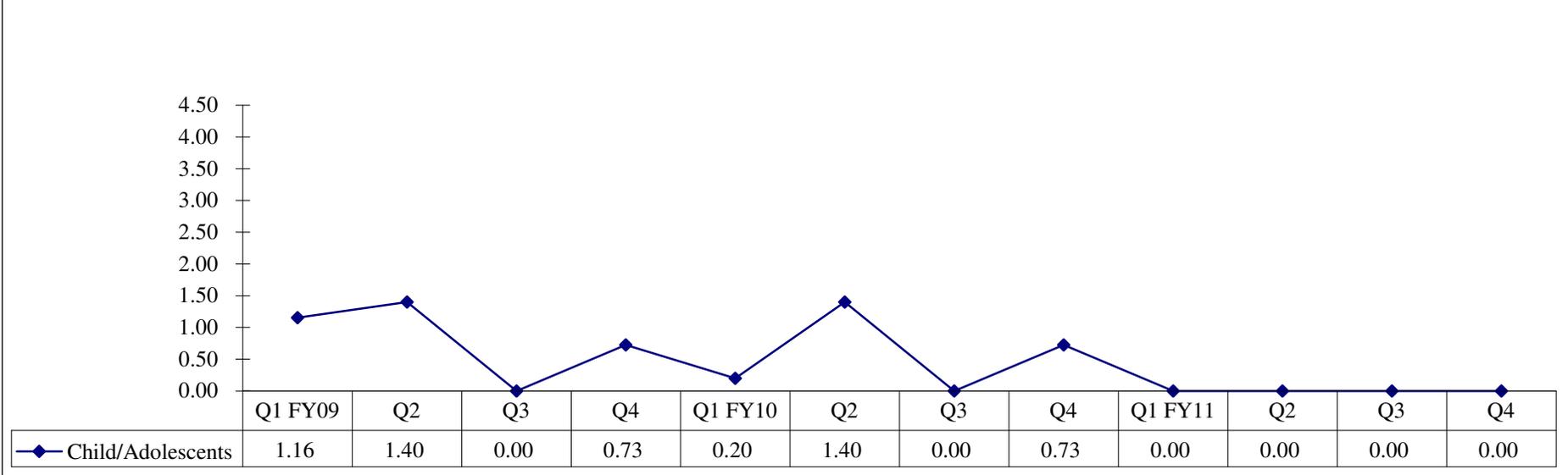


**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**

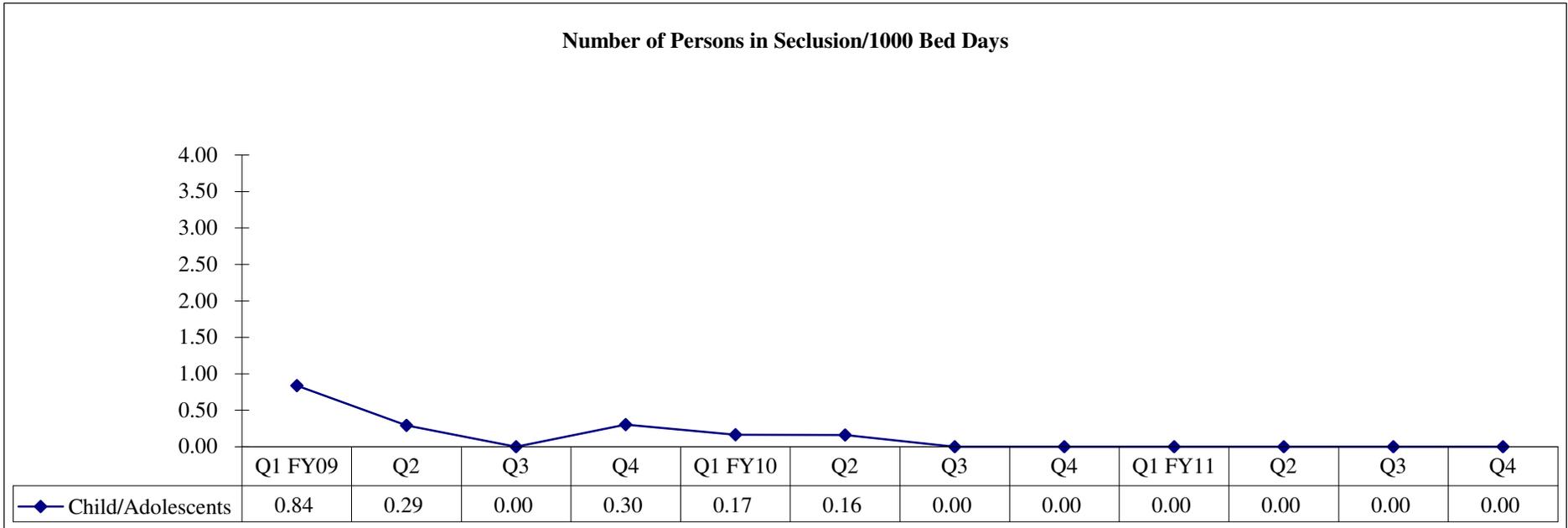
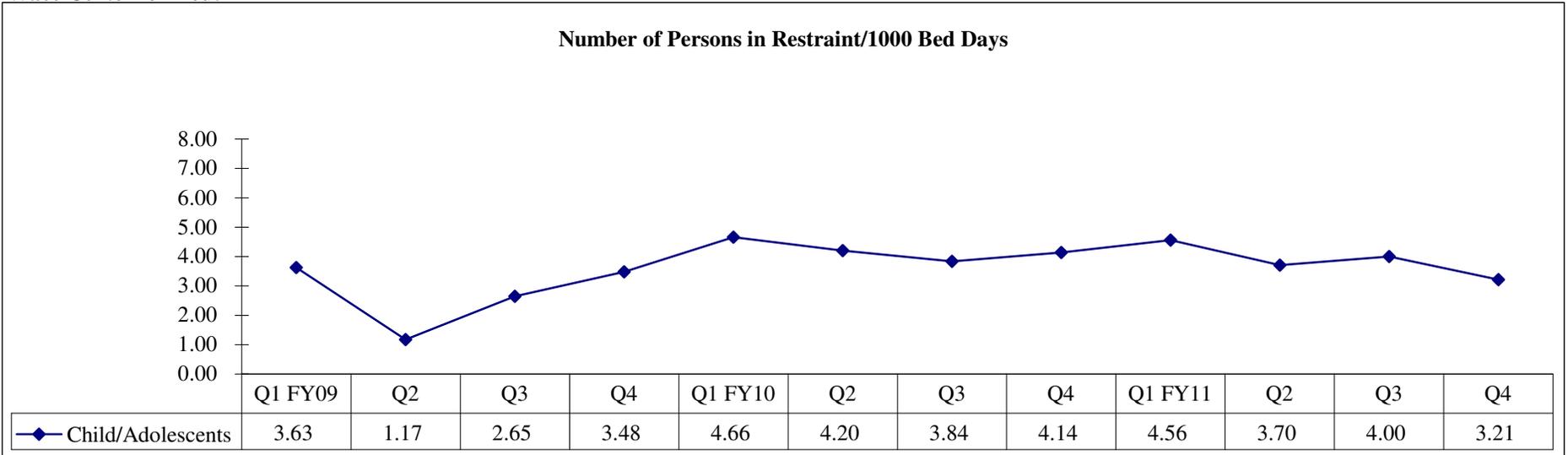
Average Number of Hours Per Incident in Restraints



Average Number of Hours Per Incident in Seclusion



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



Performance Objective 3B:

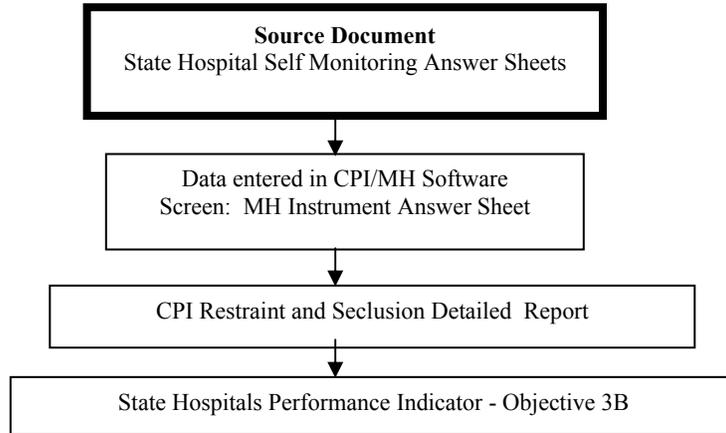
Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

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

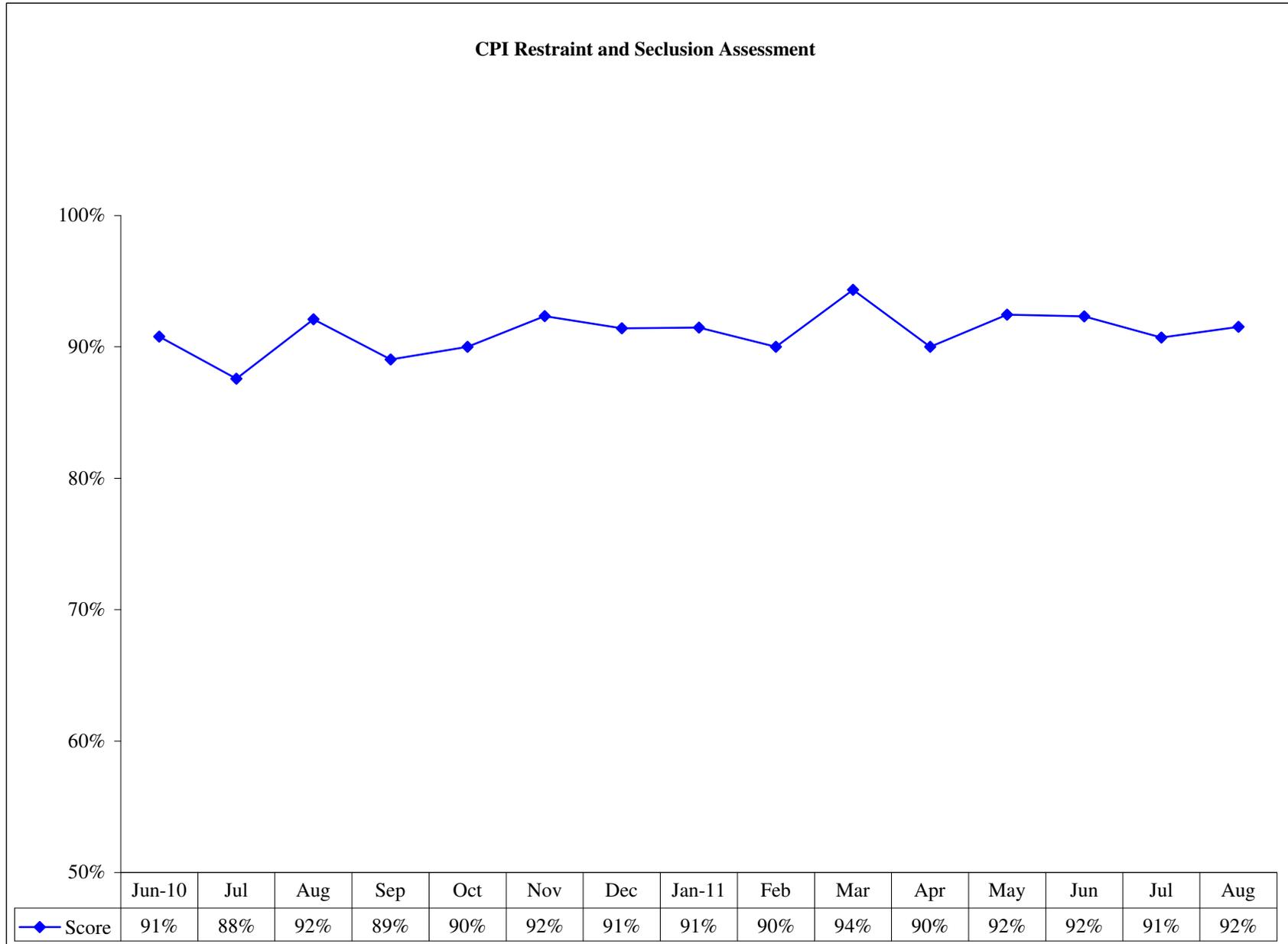
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

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

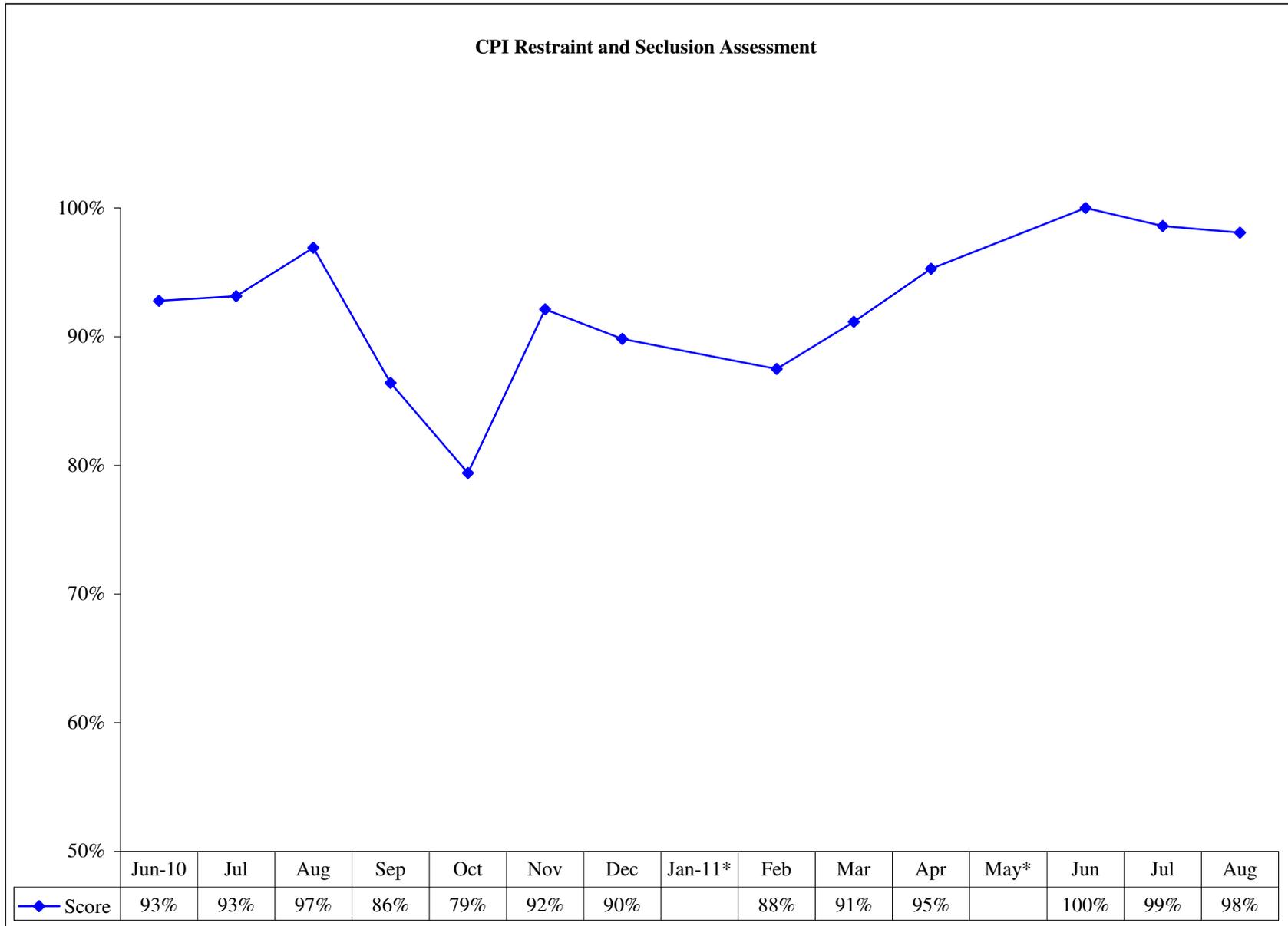
Data Flow:



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

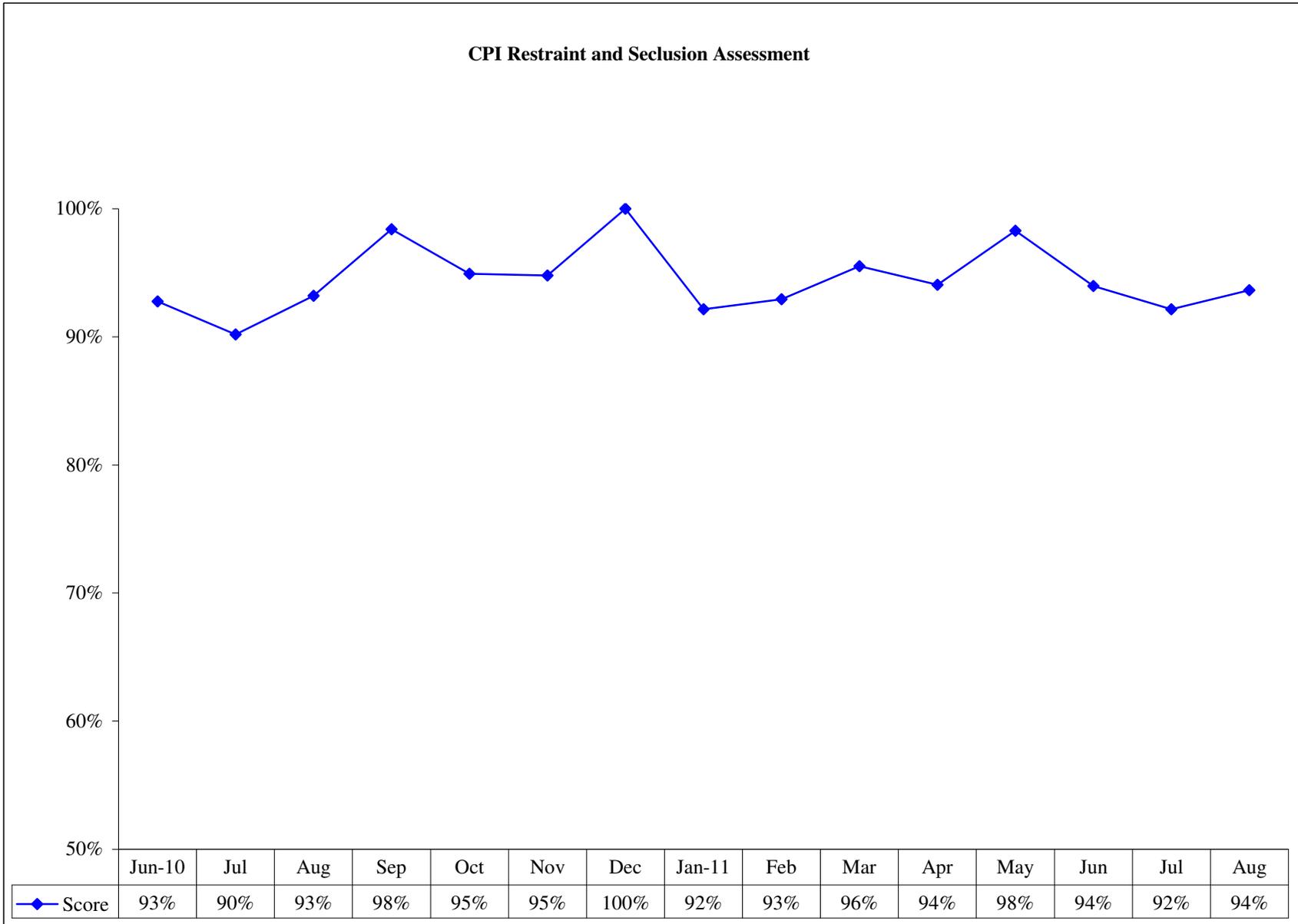


Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital



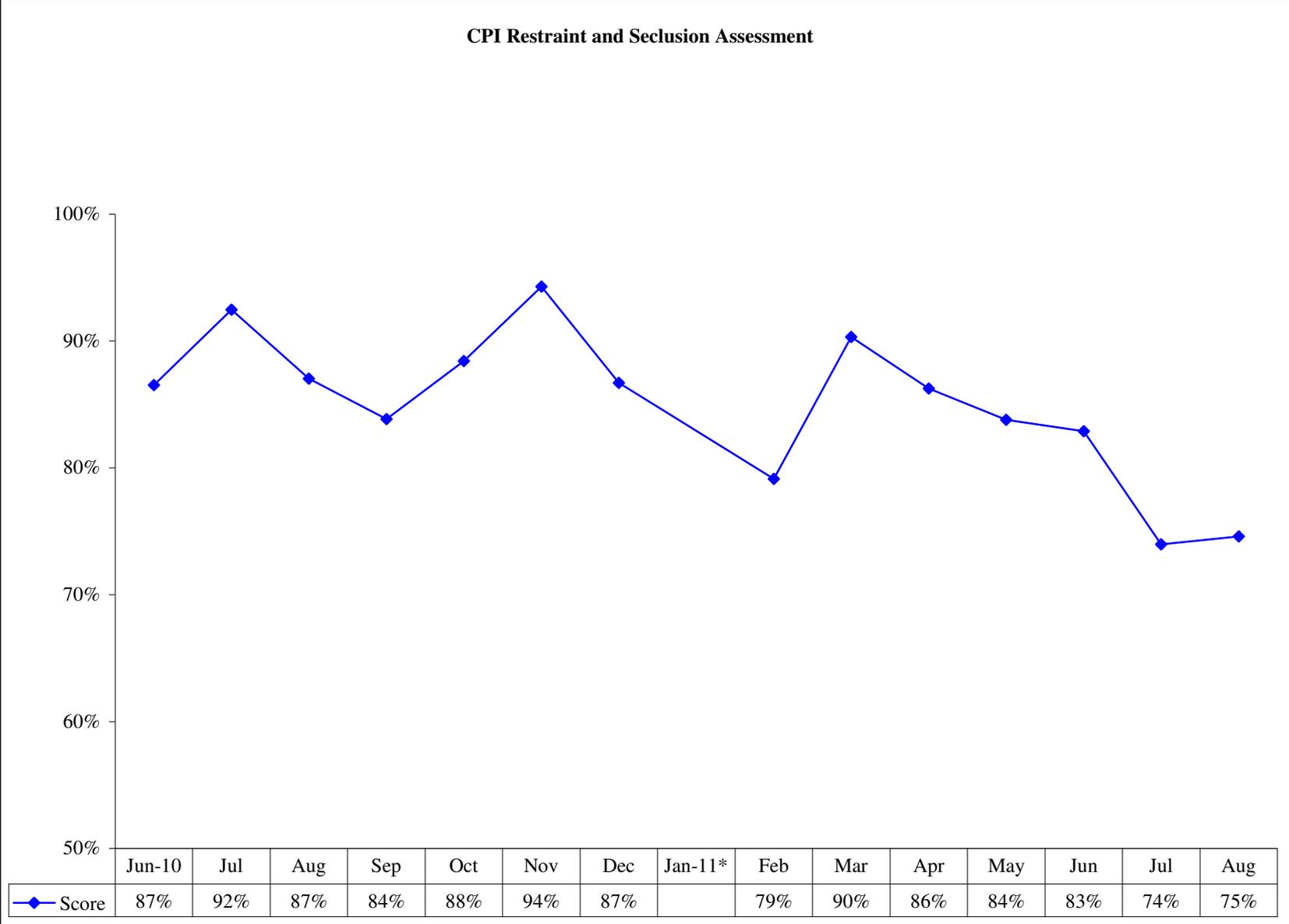
*No scores reported to HMDS.

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



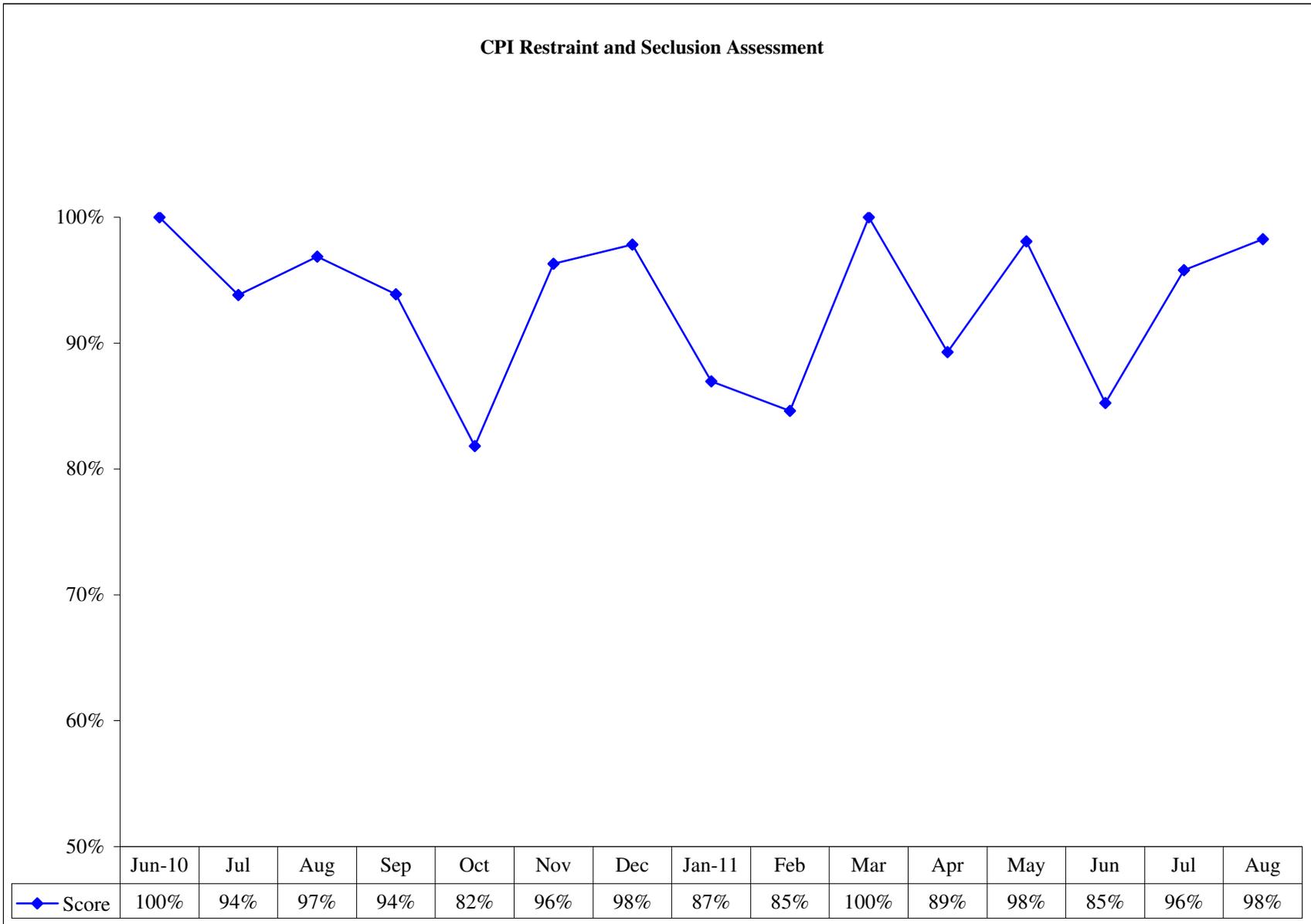
*No scores reported to HMDS.

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

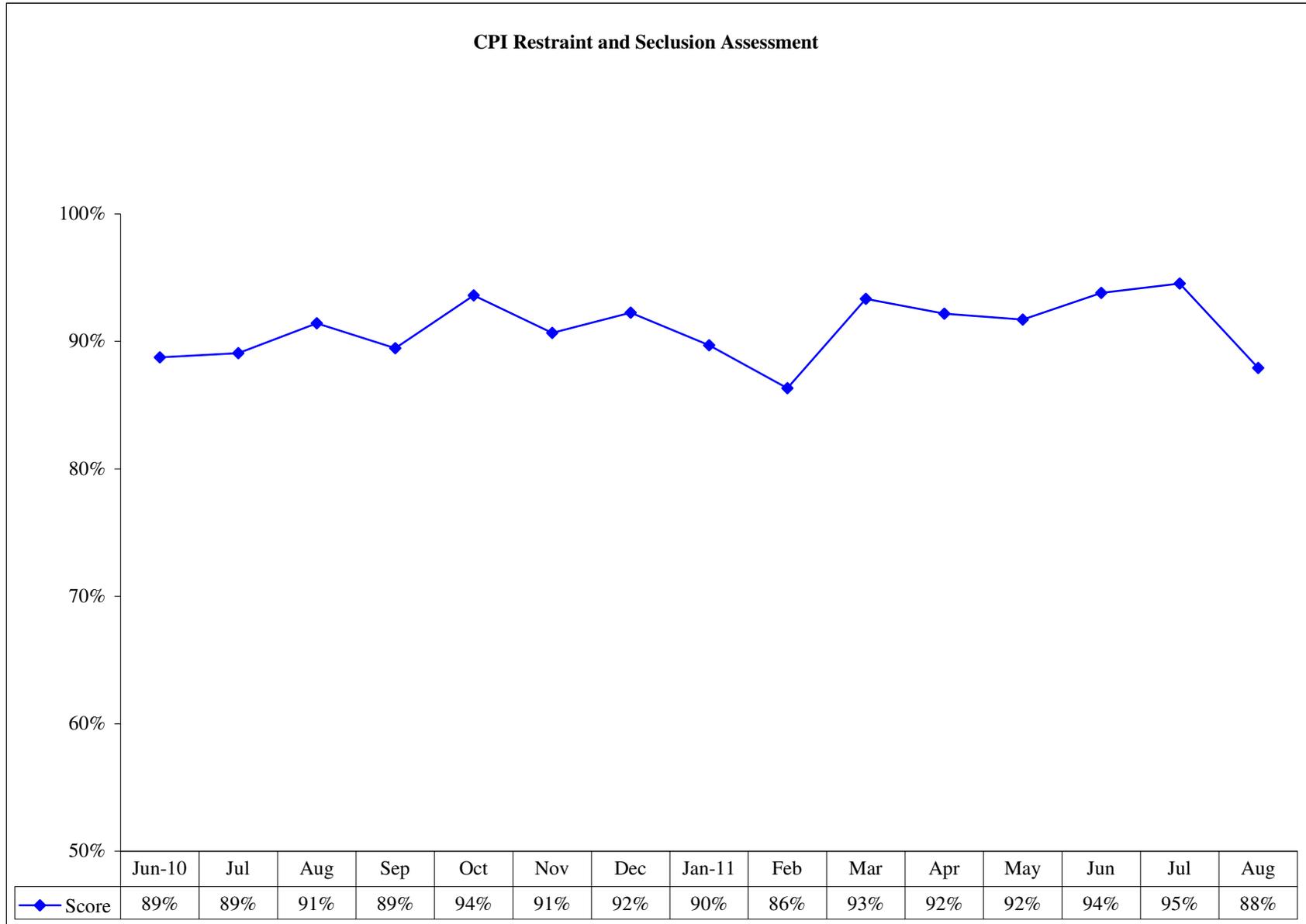


*No scores reported to HMDS.

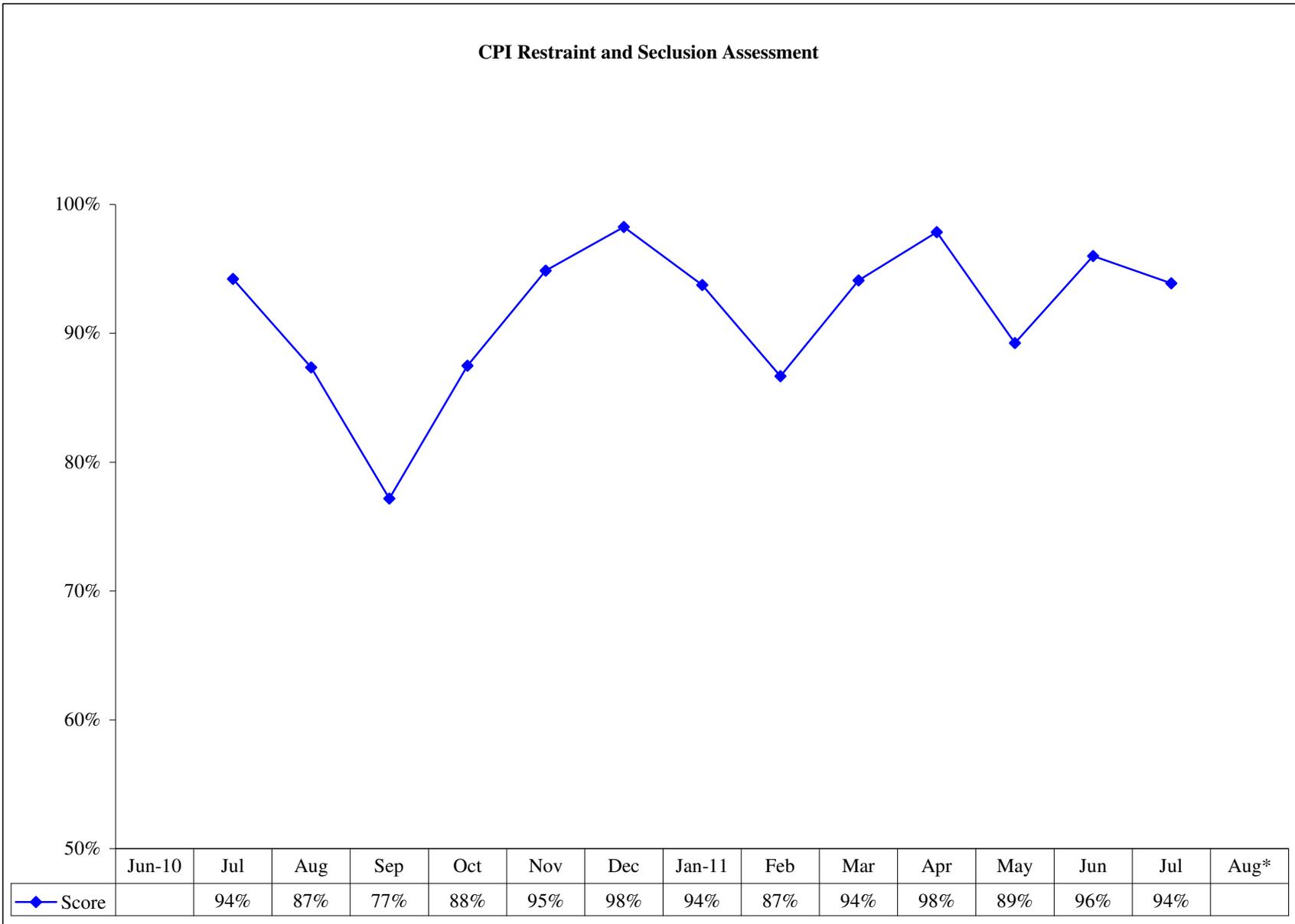
**Objective 3B - Behavioral Restraint and Seclusion Assessment
Kerrville State Hospital**



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

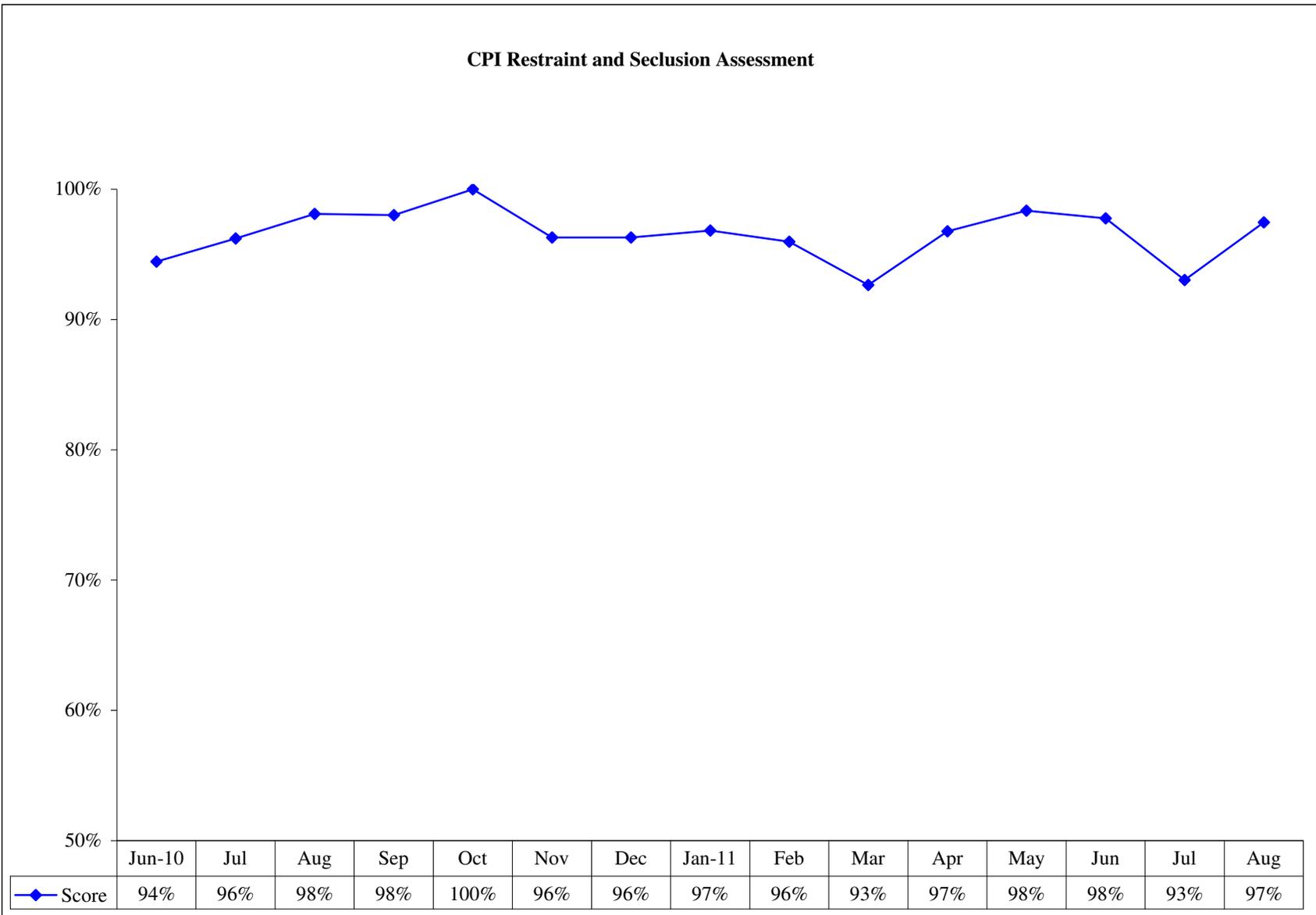


**Objective 3B - Behavioral Restraint and Seclusion Assessment
Rio Grande State Center**

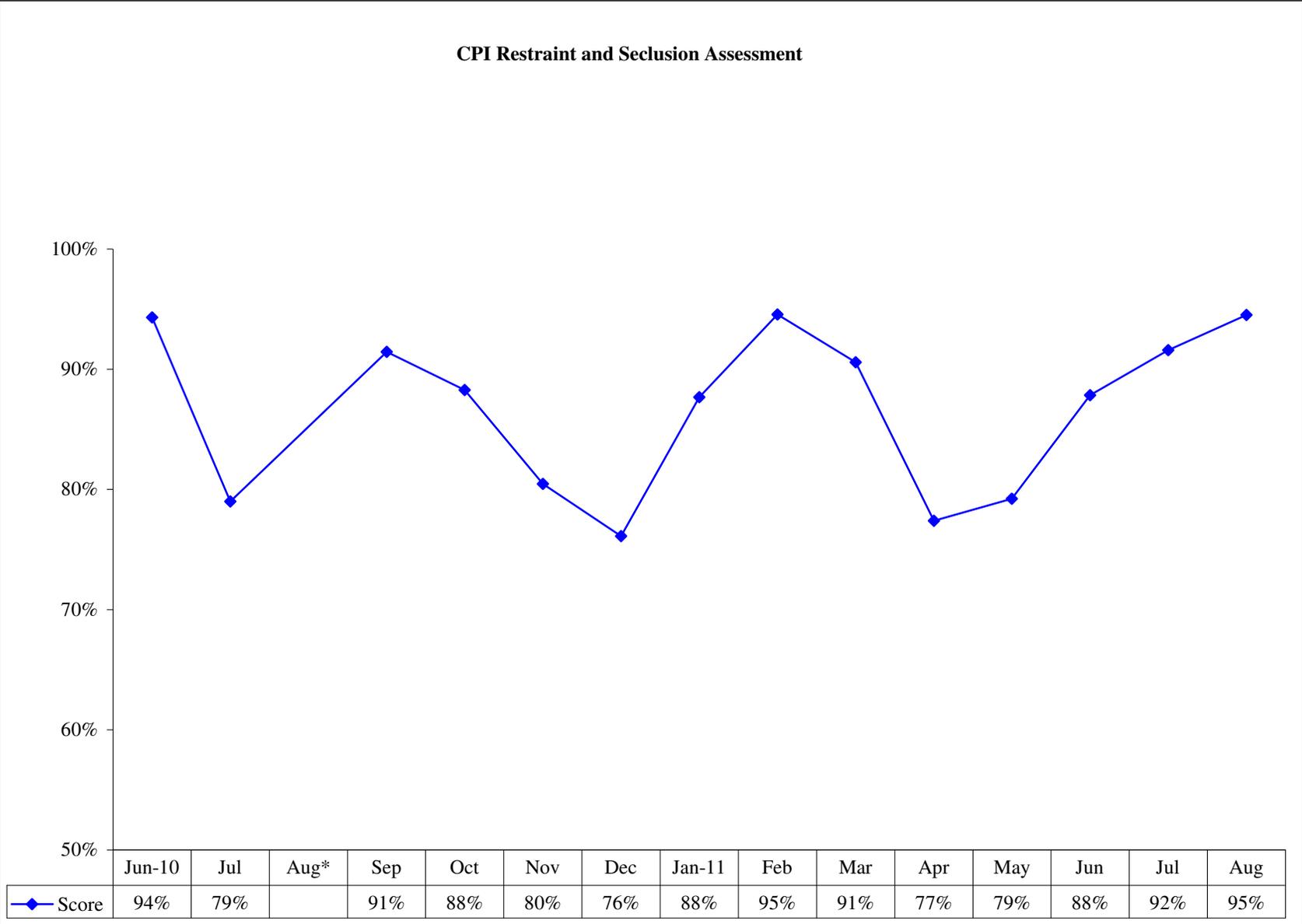


*No scores reported to HMDS.

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

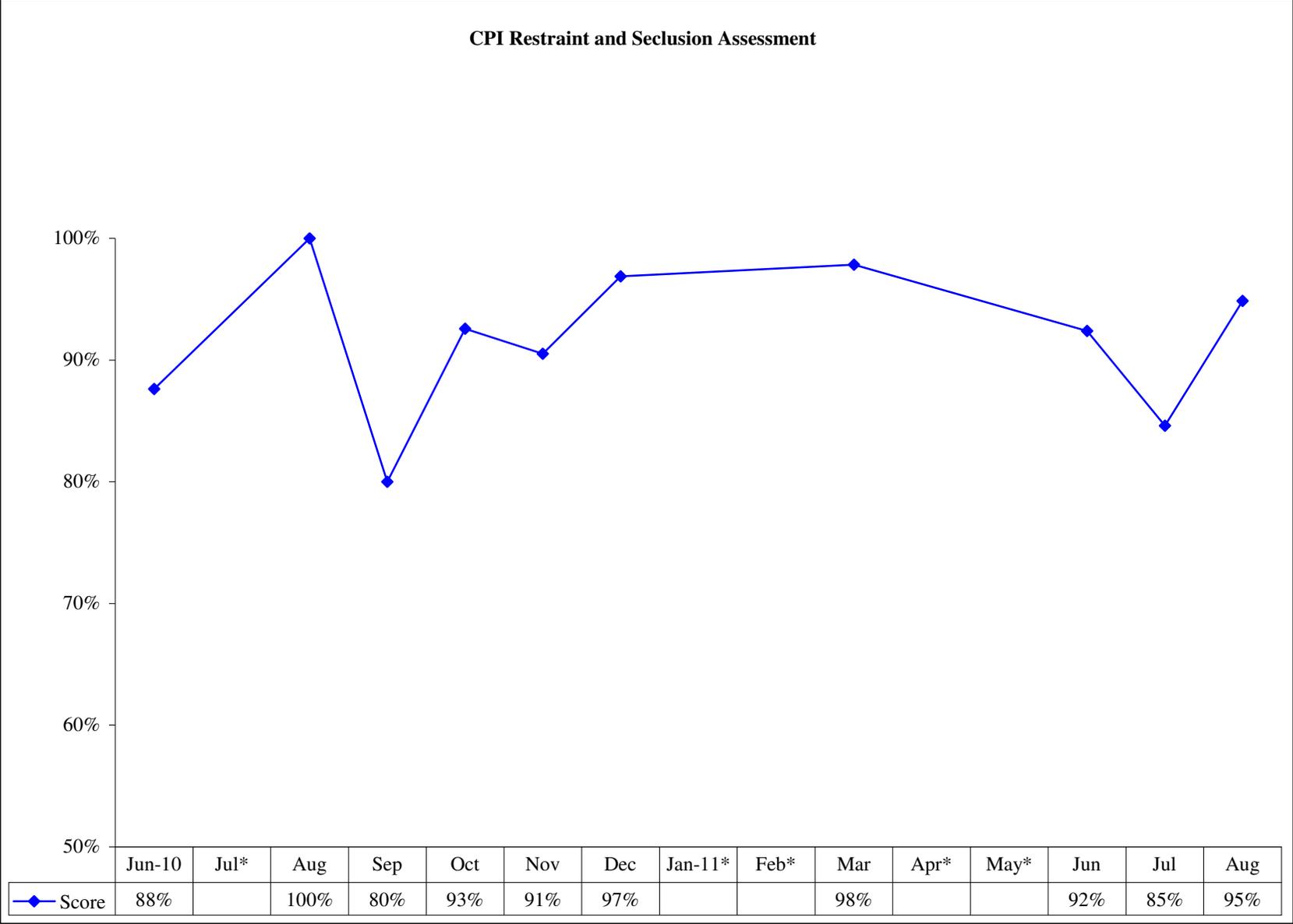


**Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital**



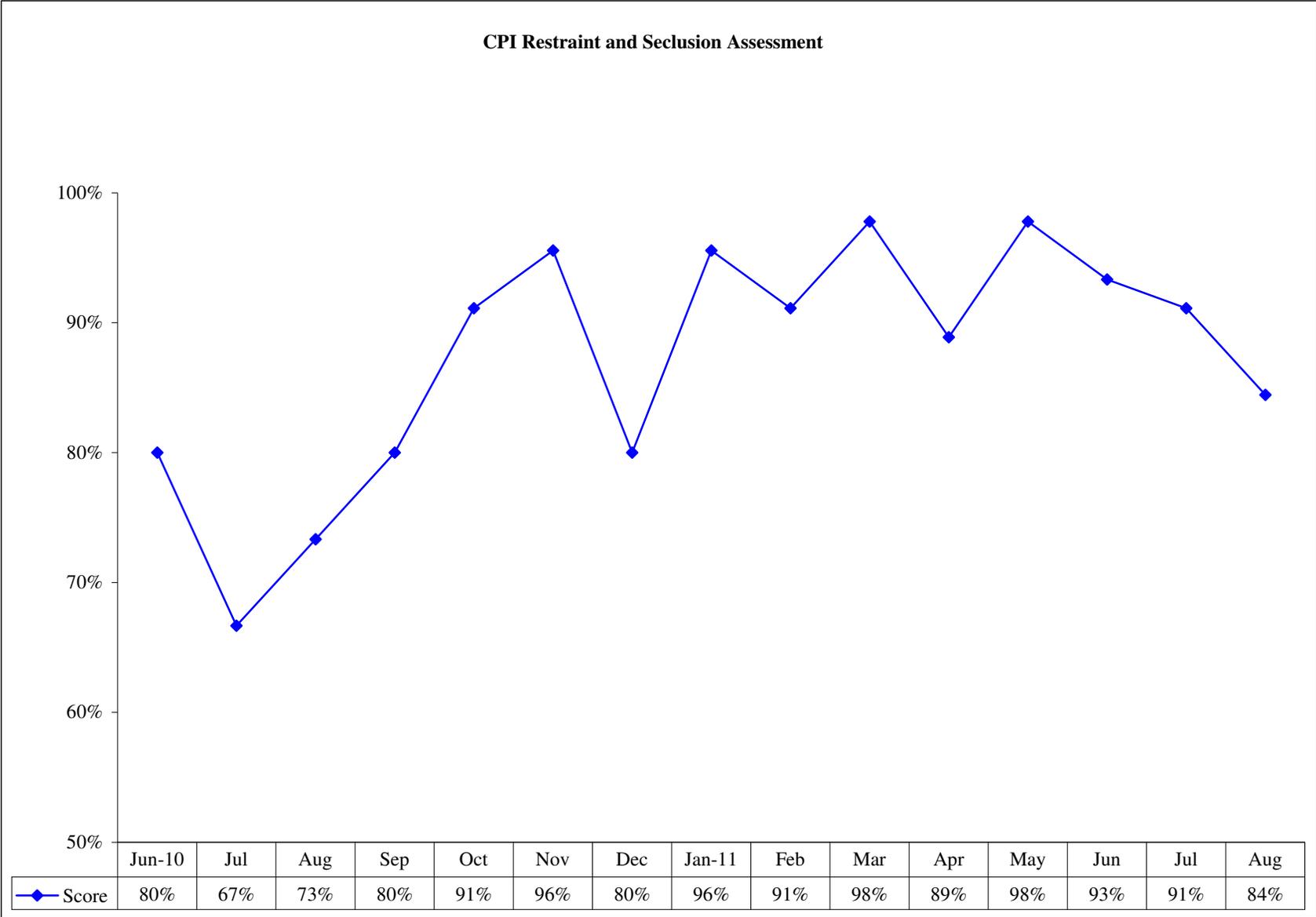
*No scores reported to HMDS.

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



*No scores reported to HMDS.

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



*No scores reported to HMDS.

Performance Measure 3A:

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

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

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

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

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

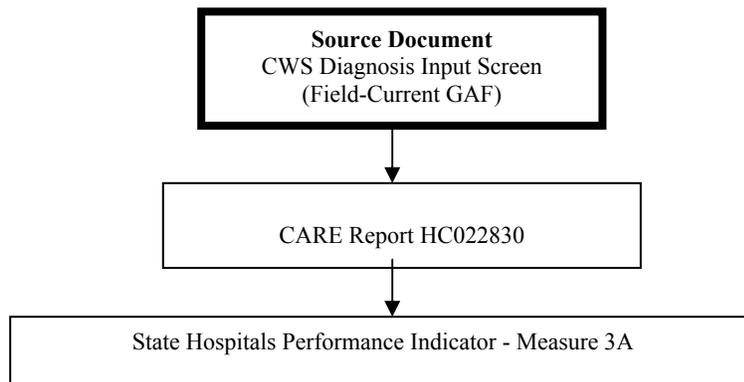
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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

Performance Measure Data Display and Chart Description:

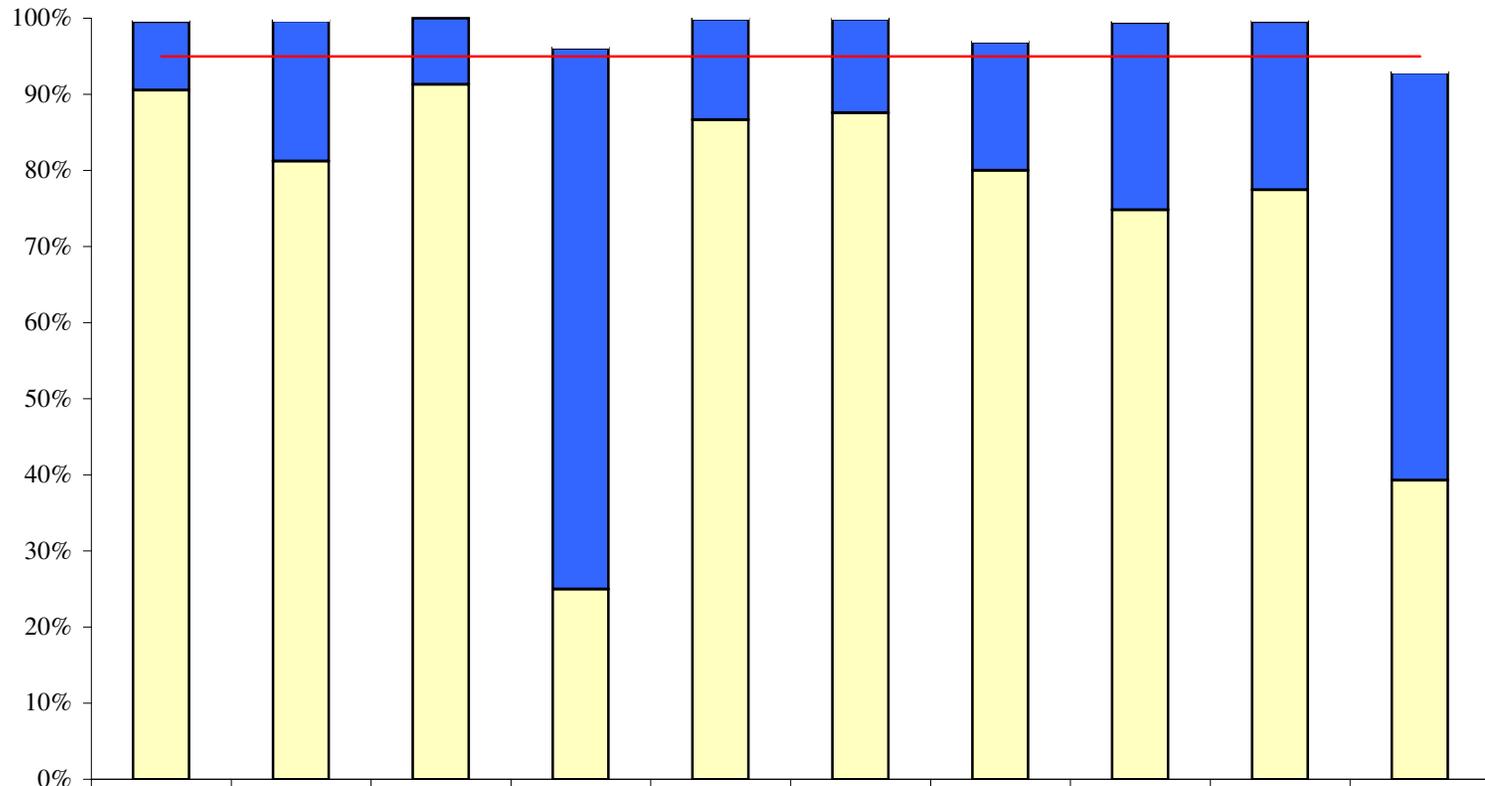
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10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

Data Flow:



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals - As of August 31, 2011

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

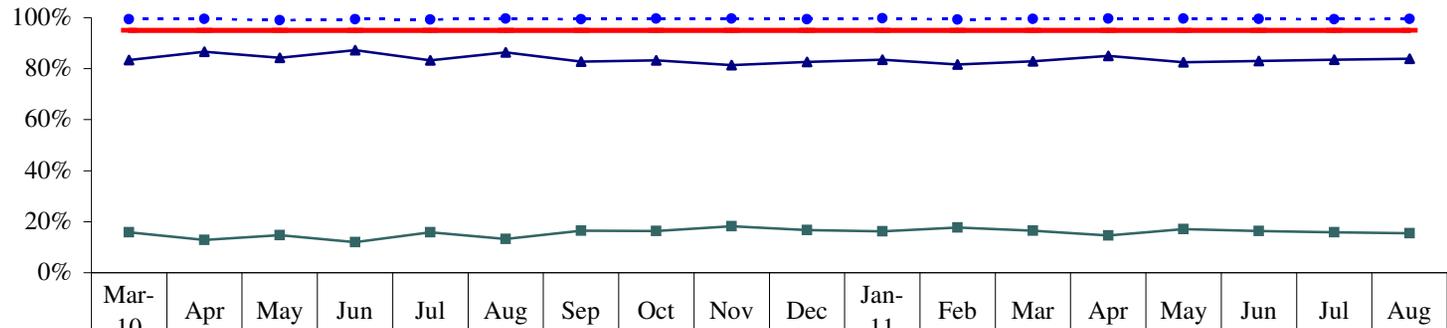


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	100%	100%	100%	96%	100%	100%	97%	99%	100%	93%
% Stabilized	9%	18%	9%	71%	13%	12%	17%	25%	22%	54%
% Increased by 10 or More	91%	81%	91%	25%	87%	88%	80%	75%	77%	39%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

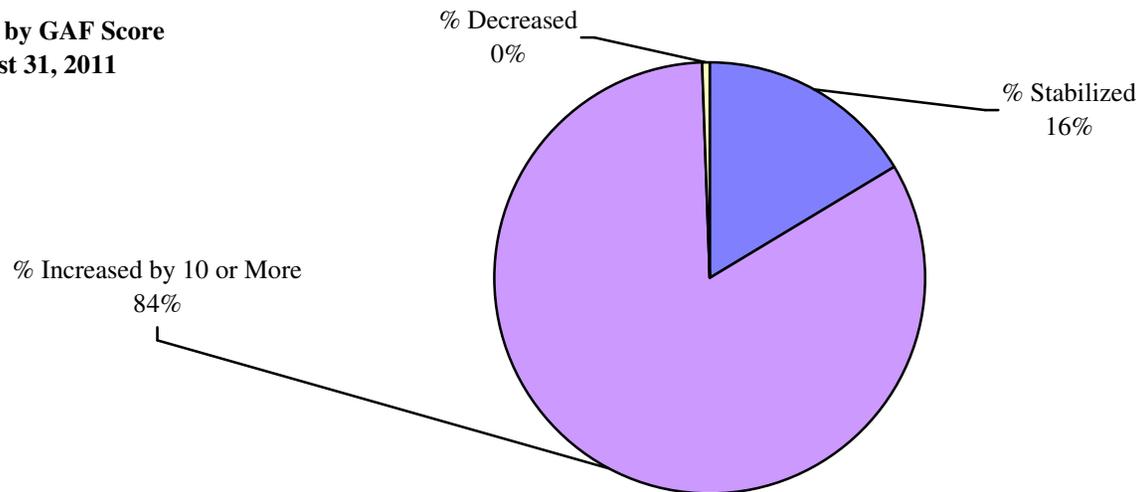
All State MH Hospitals

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



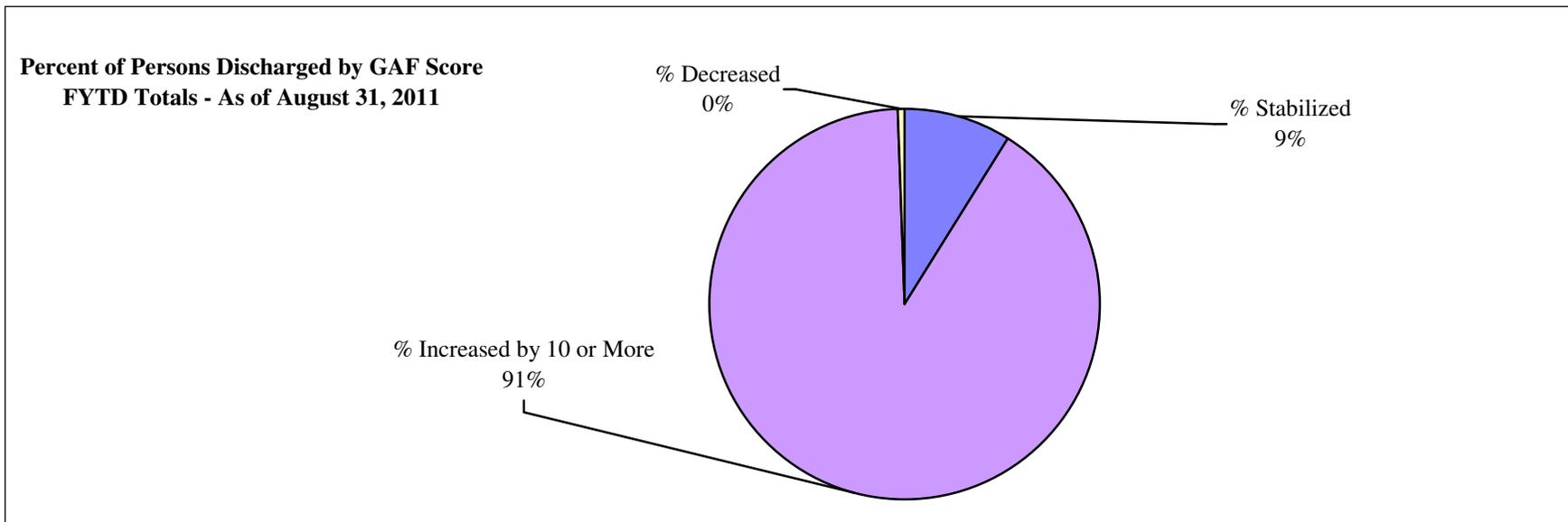
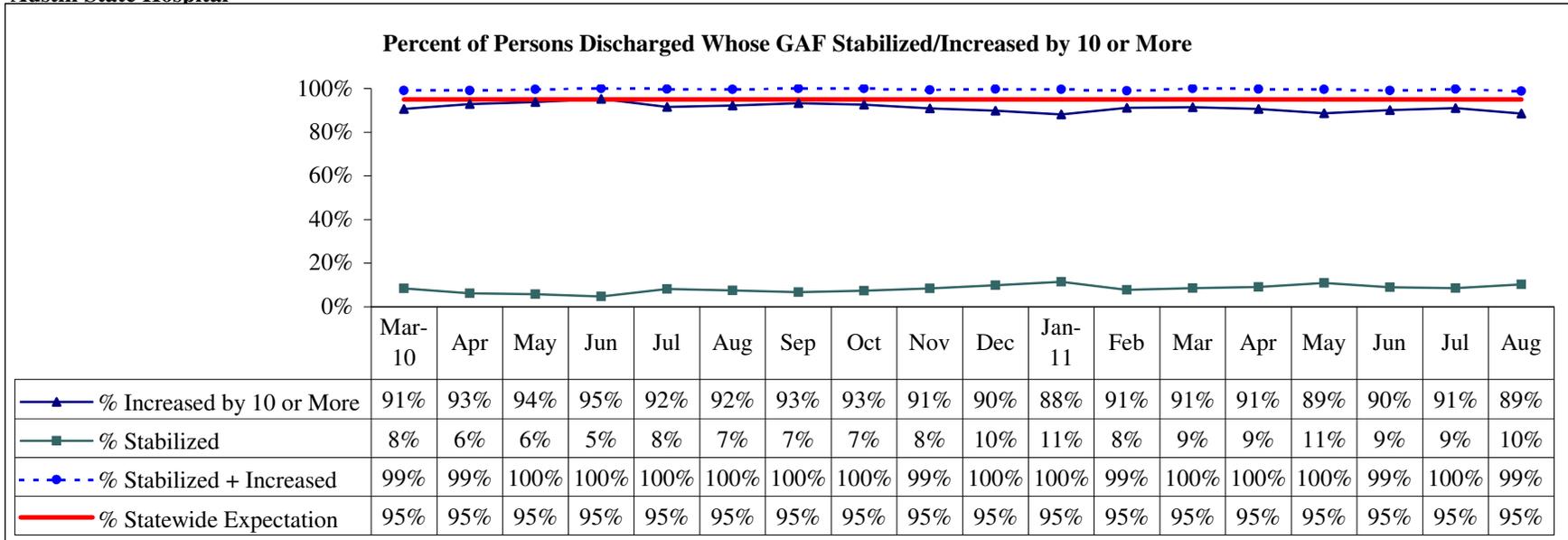
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
% Increased by 10 or More	83%	87%	84%	87%	83%	86%	83%	83%	81%	83%	84%	82%	83%	85%	83%	83%	84%	84%
% Stabilized	16%	13%	15%	12%	16%	13%	17%	16%	18%	17%	16%	18%	17%	15%	17%	16%	16%	16%
% Stabilized + Increased	99%	99%	99%	99%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

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



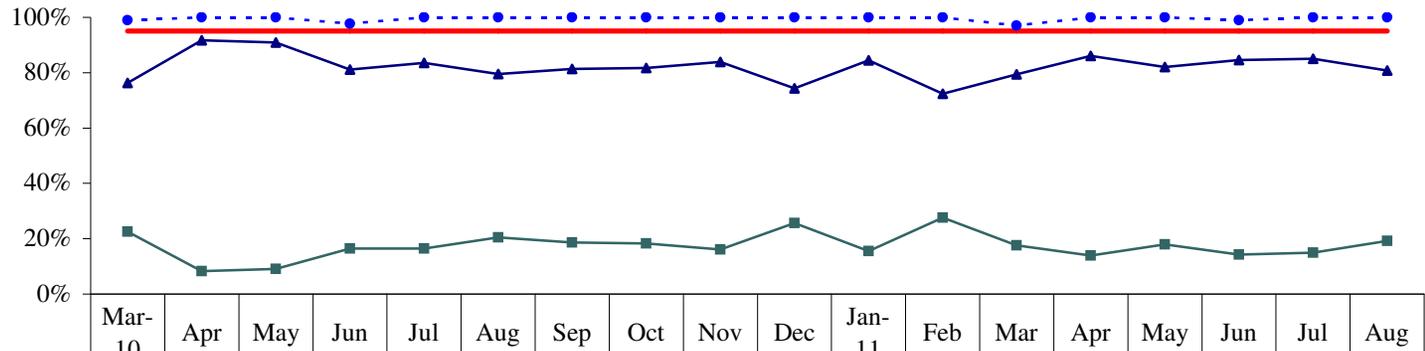
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Austin State Hospital



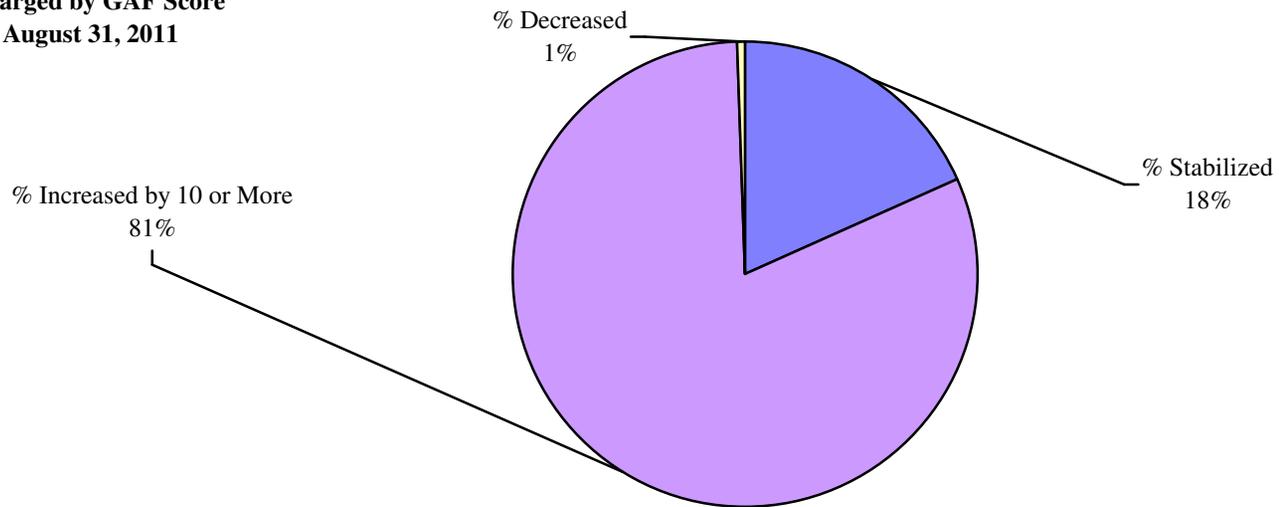
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital

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



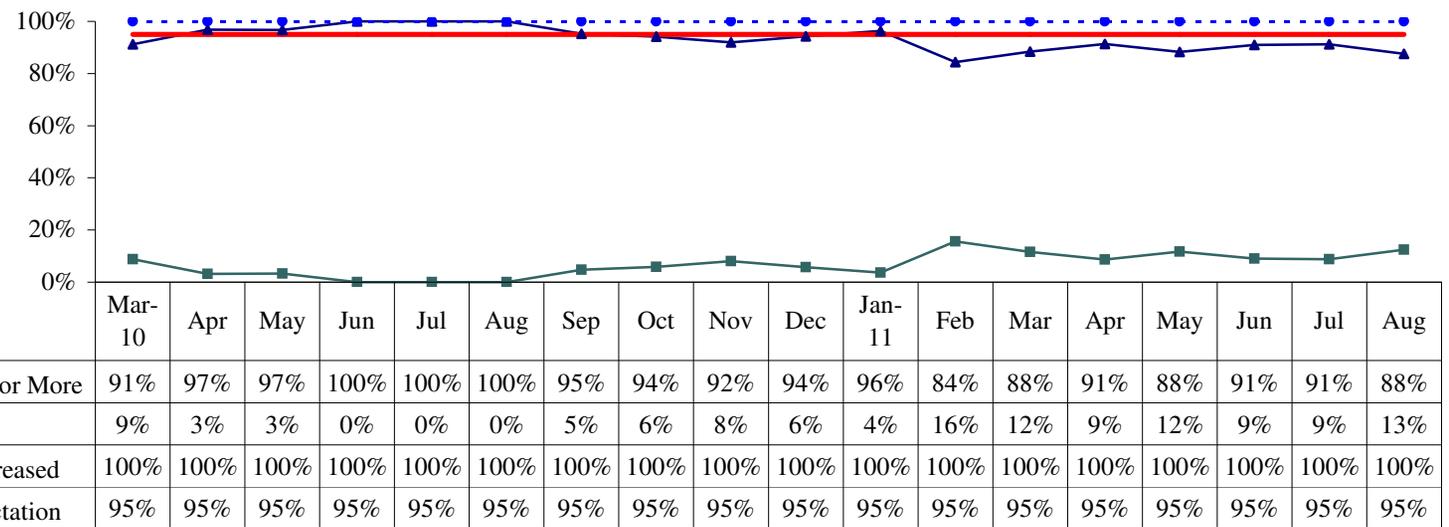
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
▲ % Increased by 10 or More	76%	92%	91%	81%	84%	80%	81%	82%	84%	74%	84%	72%	79%	86%	82%	85%	85%	81%
■ % Stabilized	23%	8%	9%	16%	16%	20%	19%	18%	16%	26%	16%	28%	18%	14%	18%	14%	15%	19%
◆ % Stabilized + Increased	99%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	99%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

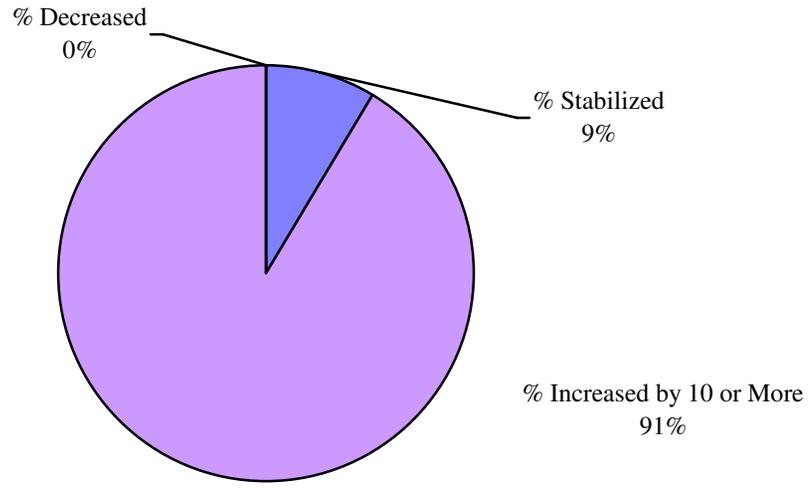


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

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

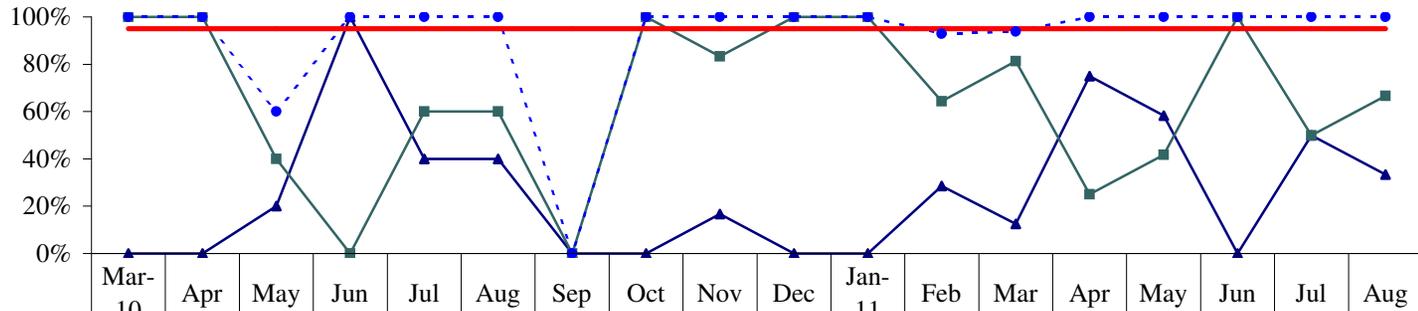


Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2011



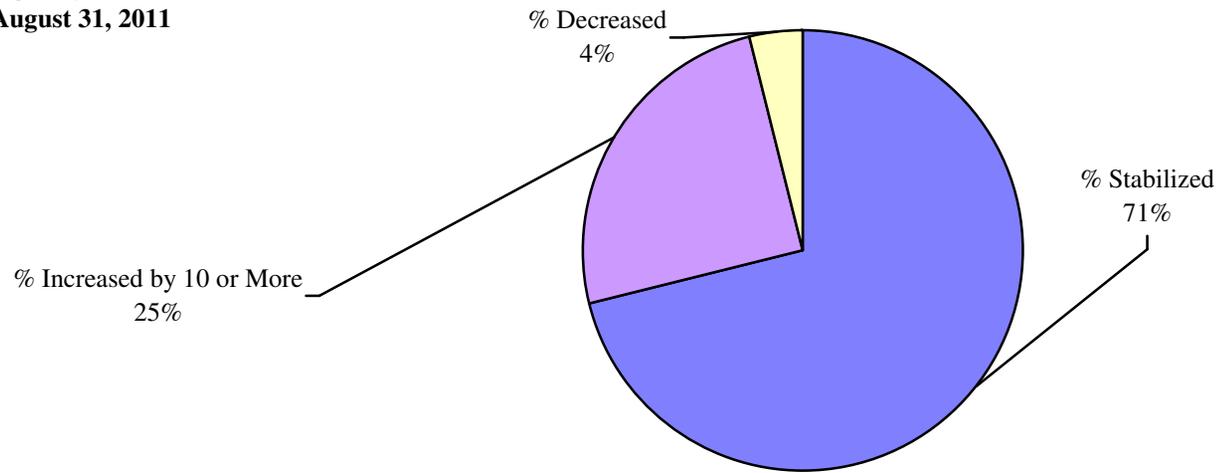
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

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

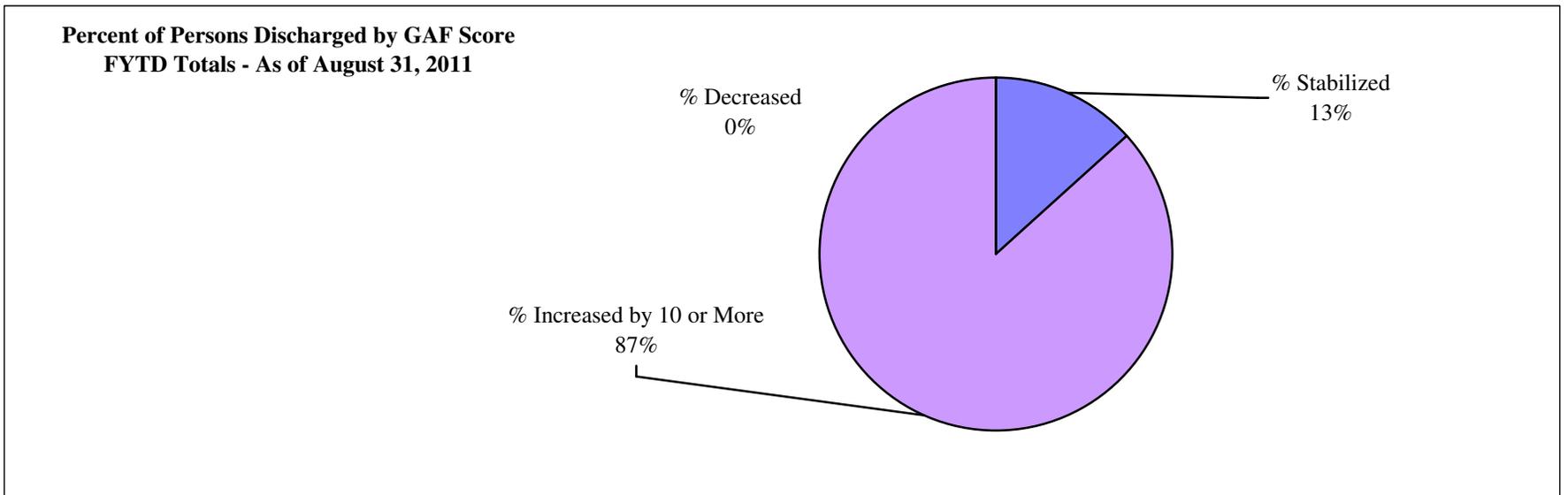
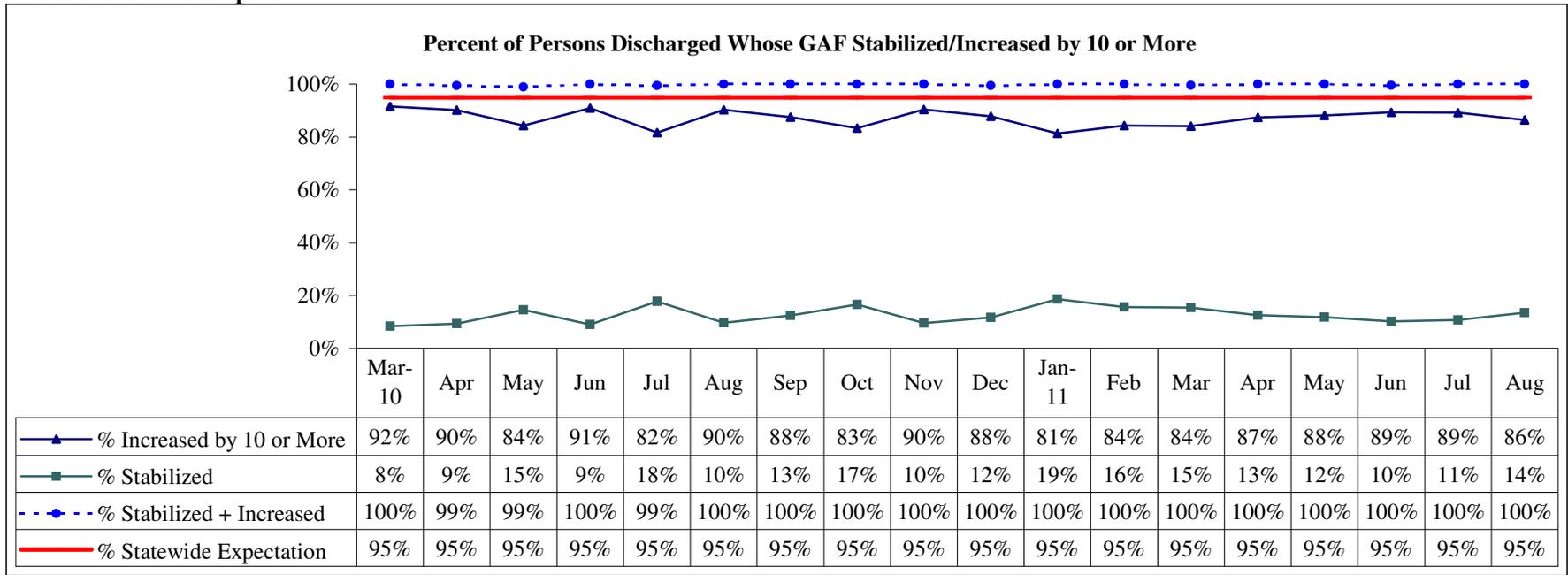


	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	0%	0%	20%	100%	40%	40%	0%	0%	17%	0%	0%	29%	13%	75%	58%	0%	50%	33%
—■— % Stabilized	100%	100%	40%	0%	60%	60%	0%	100%	83%	100%	100%	64%	81%	25%	42%	100%	50%	67%
- - ◆ - - % Stabilized + Increased	100%	100%	60%	100%	100%	100%	0%	100%	100%	100%	100%	93%	94%	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, 2011

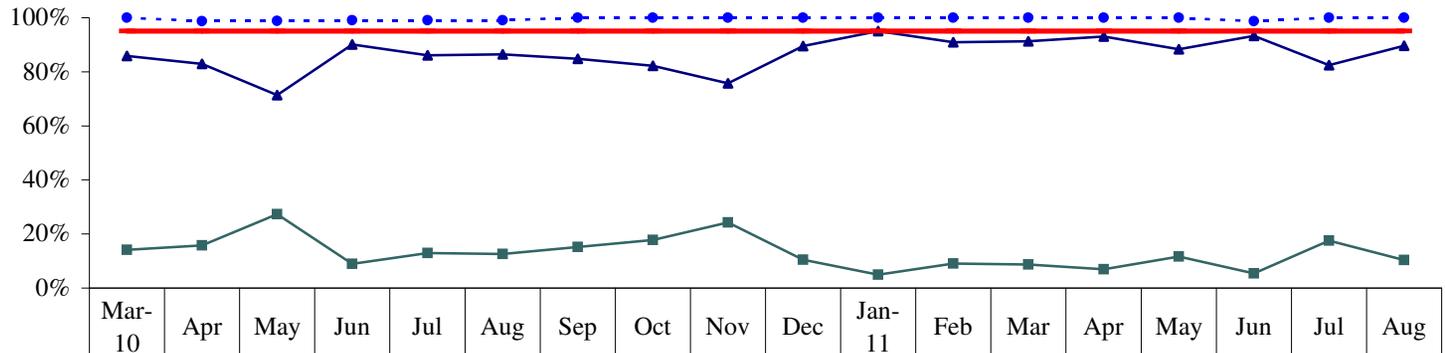


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital



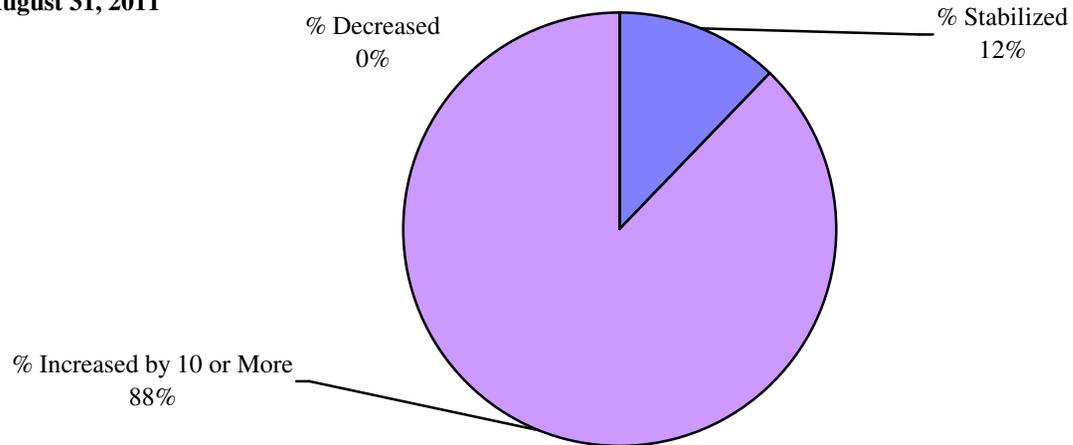
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

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



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

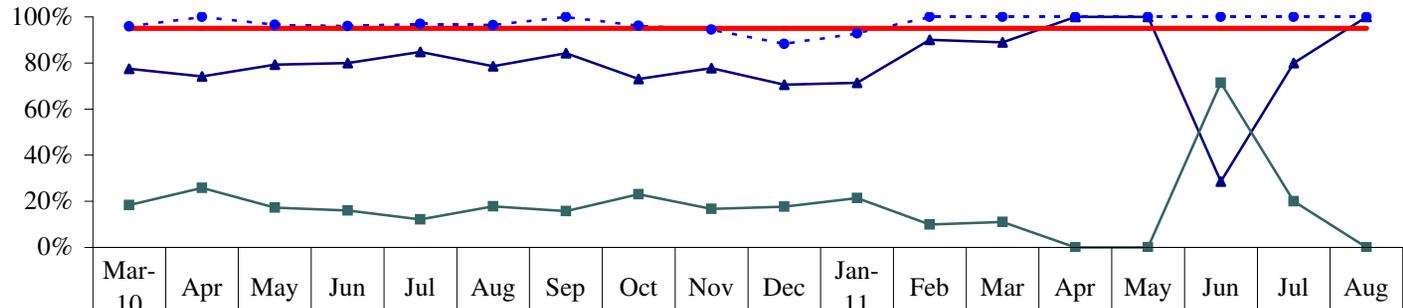
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2011



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

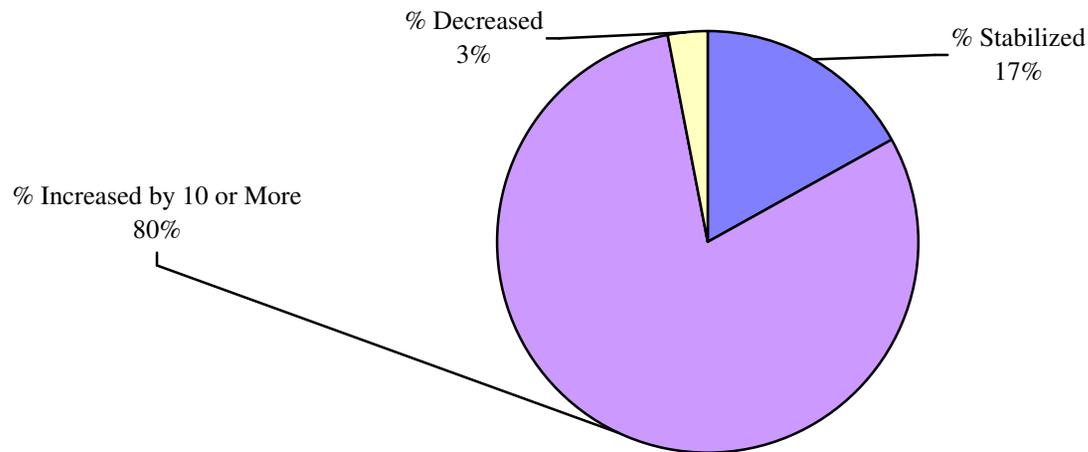
Rusk State Hospital

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



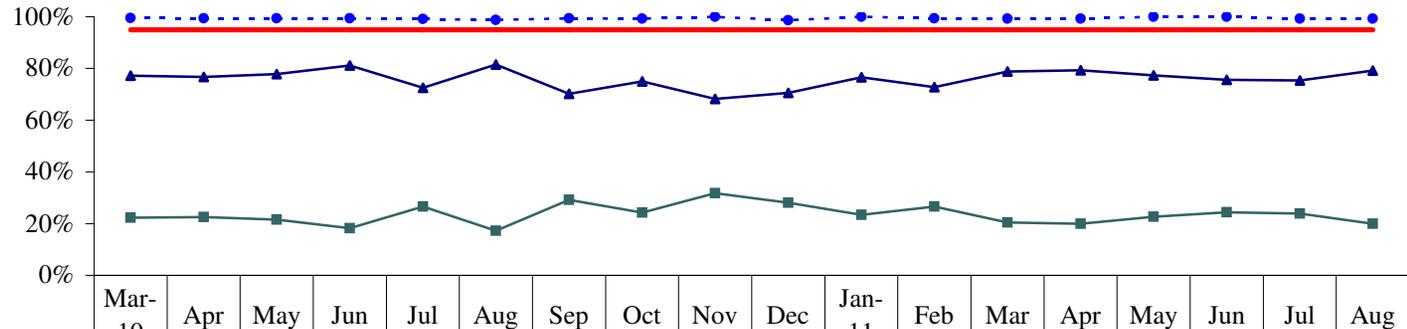
▲ % Increased by 10 or More	78%	74%	79%	80%	85%	79%	84%	73%	78%	71%	71%	90%	89%	100%	100%	29%	80%	100%
■ % Stabilized	18%	26%	17%	16%	12%	18%	16%	23%	17%	18%	21%	10%	11%	0%	0%	71%	20%	0%
● % Stabilized + Increased	96%	100%	97%	96%	97%	96%	100%	96%	94%	88%	93%	100%	100%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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



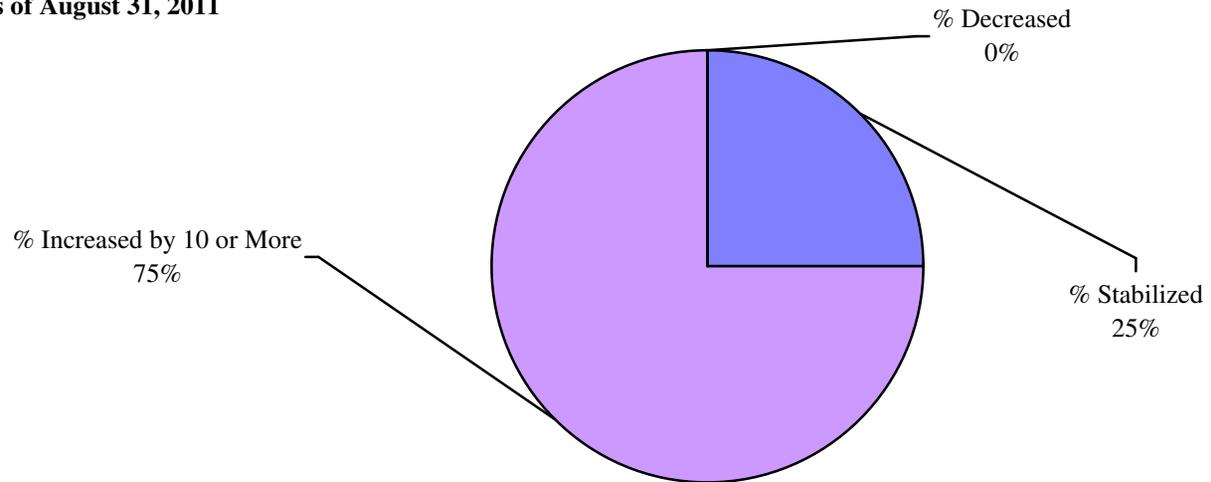
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital

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



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

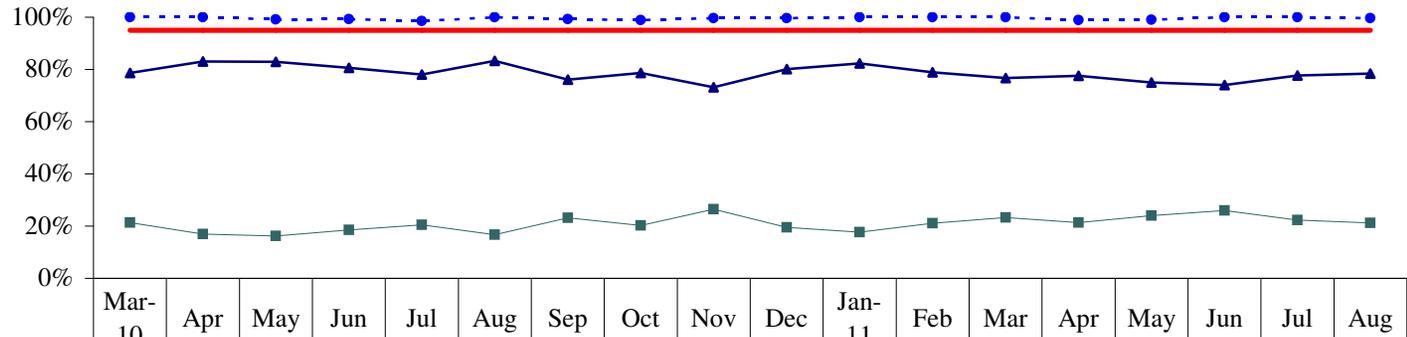
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2011



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

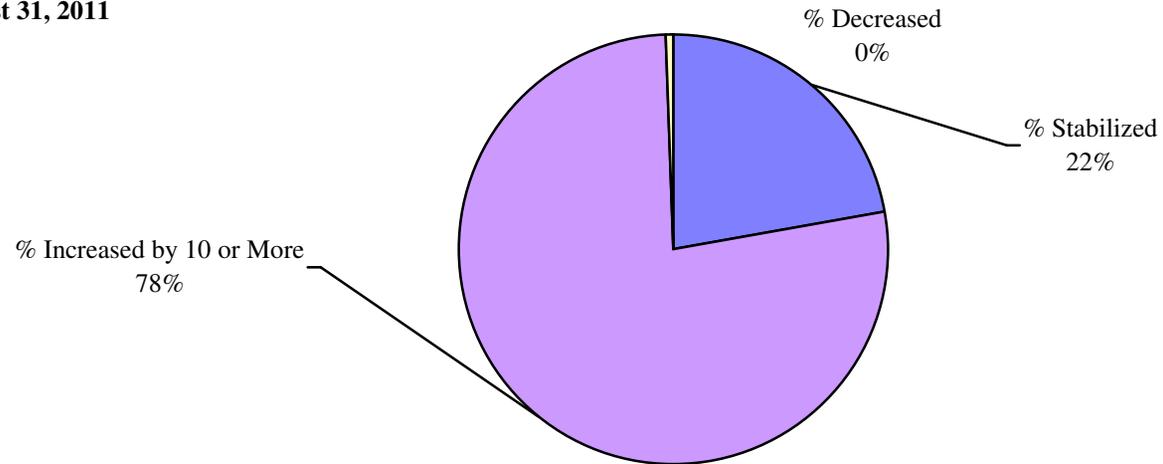
Terrell State Hospital

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



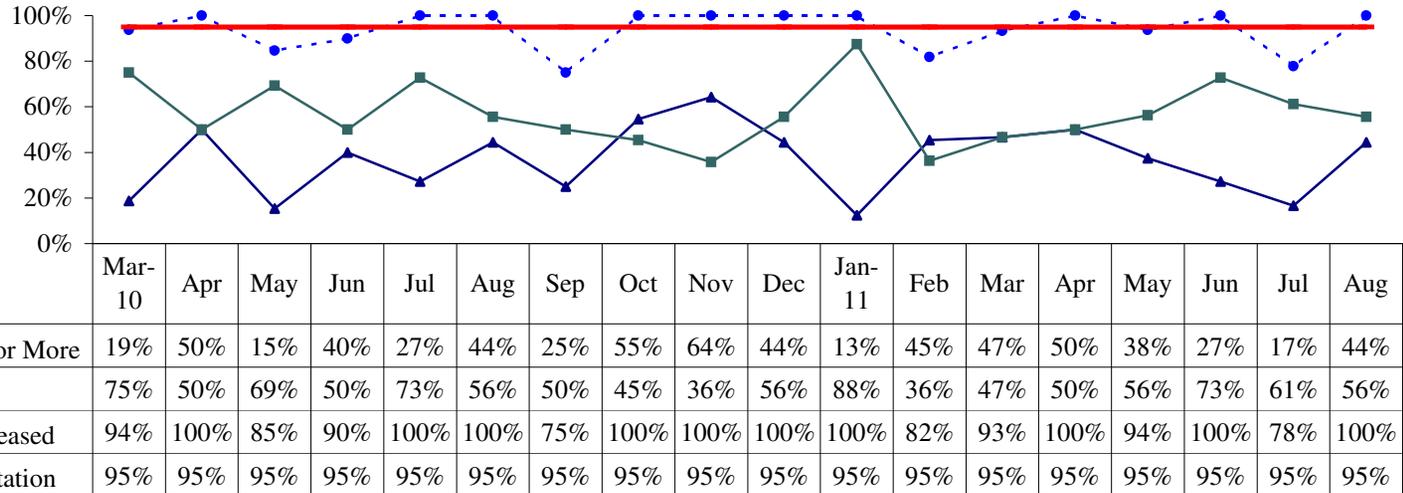
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	79%	83%	83%	81%	78%	83%	76%	79%	73%	80%	82%	79%	77%	78%	75%	74%	78%	78%
—■— % Stabilized	21%	17%	16%	19%	20%	17%	23%	20%	26%	19%	18%	21%	23%	21%	24%	26%	22%	21%
- - ● - - % Stabilized + Increased	100%	100%	99%	99%	99%	100%	99%	99%	100%	100%	100%	100%	100%	99%	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, 2011

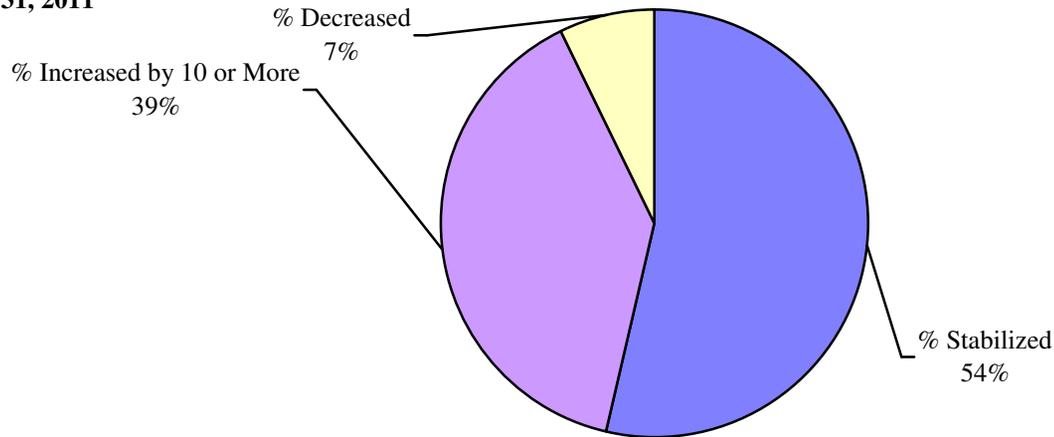


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



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



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

Performance Objective 4B:

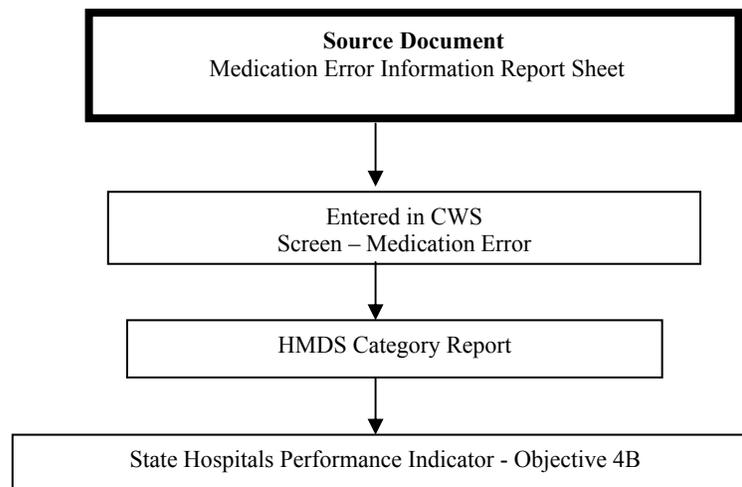
Identify, collect, aggregate, and analyze medication errors.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 4B - Medication Variance Data
All State Hospitals

	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul
AUSTIN STATE HOSPITAL														
Medication Errors	54	55	38	22	35	27	10	16	14	13	32	29	21	27
Bed Days in Month	8426	8545	8520	7993	8453	8028	8027	8222	7625	8536	8129	8305	8219	8486
Med Errors/1000 Bed Days	6.41	6.44	4.46	2.75	4.14	3.36	1.25	1.95	1.84	1.52	3.94	3.49	2.56	3.18
BIG SPRING STATE HOSPITAL														
Medication Errors	22	17	10	7	16	10	8	6	14	5	4	8	8	9
Bed Days in Month	5901	6101	6165	5975	6094	5873	5862	6045	5376	5864	5736	5911	5637	5899
Falls/1000 Bed Days	3.73	2.79	1.62	1.17	2.63	1.70	1.36	0.99	2.60	0.85	0.70	1.35	1.42	1.53
EL PASO PSYCHIATRIC CENTER														
Medication Errors	10	7	12	6	8	0	1	4	5	0	9	5	6	0
Bed Days in Month	2137	2220	2217	2129	2190	2151	2194	2184	2020	2195	2058	2199	2200	2228
Med Errors/1000 Bed Days	4.68	3.15	5.41	2.82	3.65	0.00	0.46	1.83	2.48	0.00	4.37	2.27	2.73	0.00
KERRVILLE STATE HOSPITAL														
Medication Errors	24	21	8	22	12	21	50	51	53	40	33	28	38	50
Bed Days in Month	6007	6172	6167	6010	6265	6023	6224	6271	5635	6107	5831	6049	5685	5928
Med Errors/1000 Bed Days	4.00	3.40	1.30	3.66	1.92	3.49	8.03	8.13	9.41	6.55	5.66	4.63	6.68	8.43
NORTH TEXAS STATE HOSPITAL														
Medication Errors	50	38	48	30	39	36	44	25	44	17	21	23	40	28
Bed Days in Month	17878	18286	18168	17844	17907	17084	17606	17774	16241	18011	17382	18001	17384	17787
Med Errors/1000 Bed Days	2.80	2.08	2.64	1.68	2.18	2.11	2.50	1.41	2.71	0.94	1.21	1.28	2.30	1.57
RIO GRANDE STATE CENTER														
Medication Errors	8	9	22	67	50	22	16	11	17	10	20	11	6	16
Bed Days in Month	1522	1573	1581	1499	1627	1529	1628	1604	1466	1634	1587	1635	1564	1629
Med Errors/1000 Bed Days	5.26	5.72	13.92	44.70	30.73	14.39	9.83	6.86	11.60	6.12	12.60	6.73	3.84	9.82
RUSK STATE HOSPITAL														
Medication Errors	7	3	15	8	4	5	13	5	3	7	5	7	4	5
Bed Days in Month	9125	9432	9263	9066	9419	9177	9255	9367	8480	9375	9091	9525	9248	9532
Med Errors/1000 Bed Days	0.77	0.32	1.62	0.88	0.42	0.54	1.40	0.53	0.35	0.75	0.55	0.73	0.43	0.52
SAN ANTONIO STATE HOSPITAL														
Medication Errors	6	4	5	5	5	5	2	6	4	5	7	4	2	0
Bed Days in Month	8280	8486	8348	8344	8711	8328	8432	8560	7659	8615	8322	8626	8314	8292
Med Errors/1000 Bed Days	0.72	0.47	0.60	0.60	0.57	0.60	0.24	0.70	0.52	0.58	0.84	0.46	0.24	0.00
TERRELL STATE HOSPITAL														
Medication Errors	9	8	8	1	1	0	0	0	0	1	0	0	0	1
Bed Days in Month	9327	9452	9581	9152	9496	9186	9222	9289	8456	9521	9058	9492	9300	9511
Med Errors/1000 Bed Days	0.96	0.85	0.83	0.11	0.11	0.00	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.11

Objective 4B - Medication Variance Data

All State Hospitals

	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul
WACO CENTER FOR YOUTH														
Medication Errors	4	10	6	15	4	4	2	0	3	4	3	3	1	0
Bed Days in Month	2240	2256	2274	2200	2367	2232	2068	2256	2158	2317	2286	2394	2218	2342
Med Errors/1000 Bed Days	1.79	4.43	2.64	6.82	1.69	1.79	0.97	0.00	1.39	1.73	1.31	1.25	0.45	0.00
TEXAS CENTER FOR INFECTIOUS DISEASE														
Medication Errors	1	0	1	2	2	1	1	2	0	3	0	2	2	2
Bed Days in Month	1058	1127	1212	1217	1274	1187	1101	1025	937	1204	1145	1288	1282	1339
Med Errors/1000 Bed Days	0.95	0.00	0.83	1.64	1.57	0.84	0.91	1.95	0.00	2.49	0.00	1.55	1.56	1.49
ALL STATE HOSPITALS														
Medication Errors	195	172	173	185	176	131	147	126	157	105	134	120	128	138
Bed Days in Month	71901	73650	73496	71429	73803	70798	71619	72597	66053	73379	70625	73425	71051	72973
Med Errors/1000 Bed Days	2.71	2.34	2.35	2.59	2.38	1.85	2.05	1.74	2.38	1.43	1.90	1.63	1.80	1.89

Objective 4B - Medication Variance Data

All State MH Hospitals

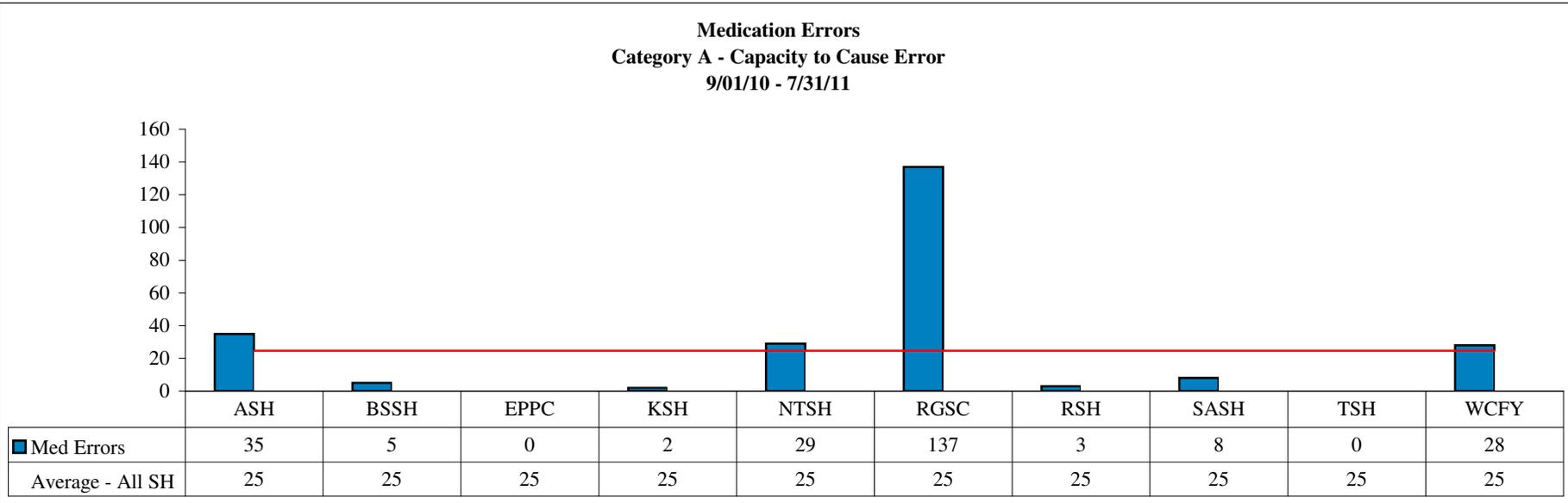
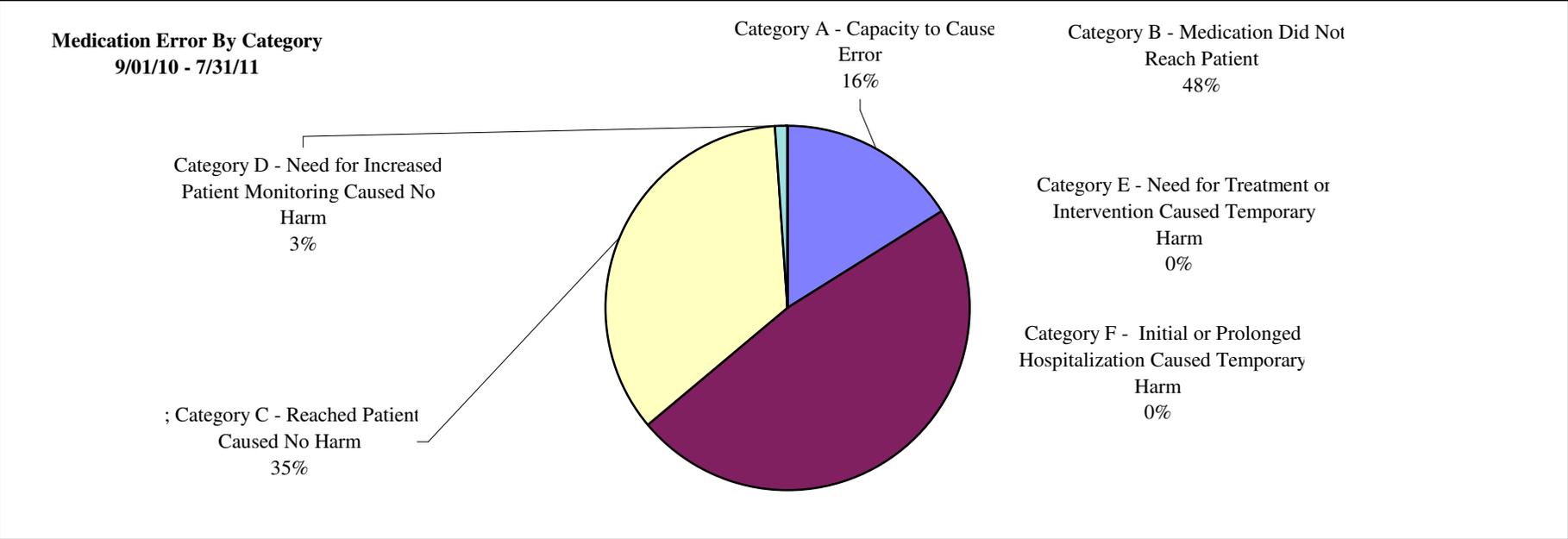
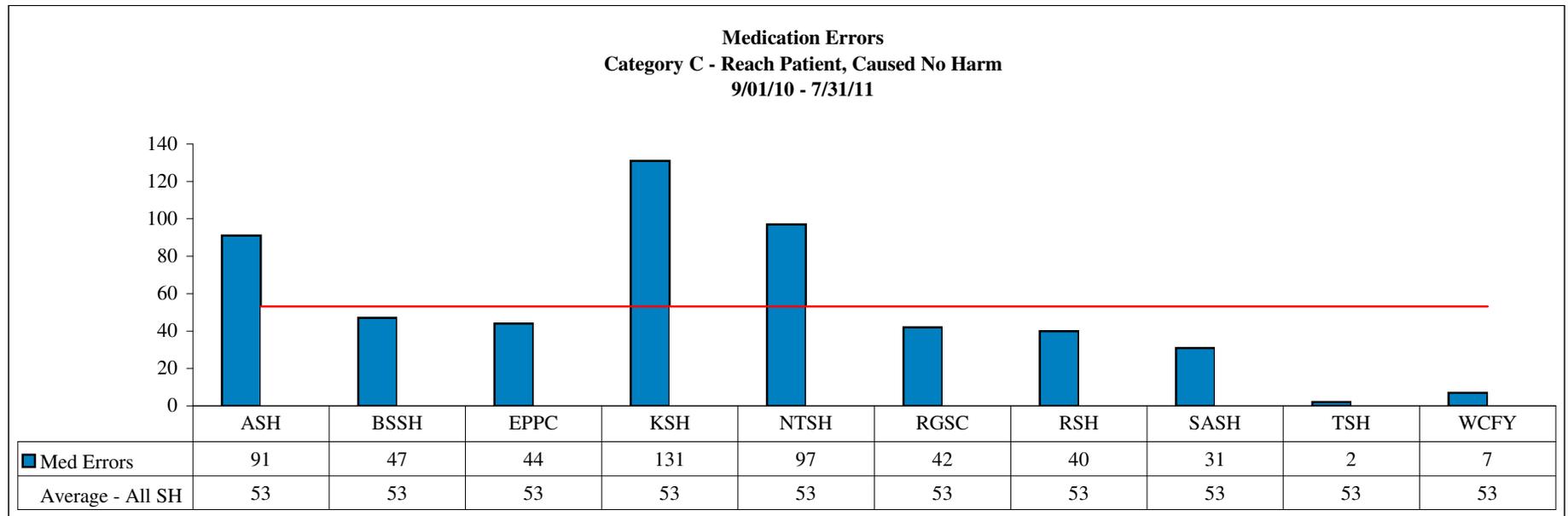
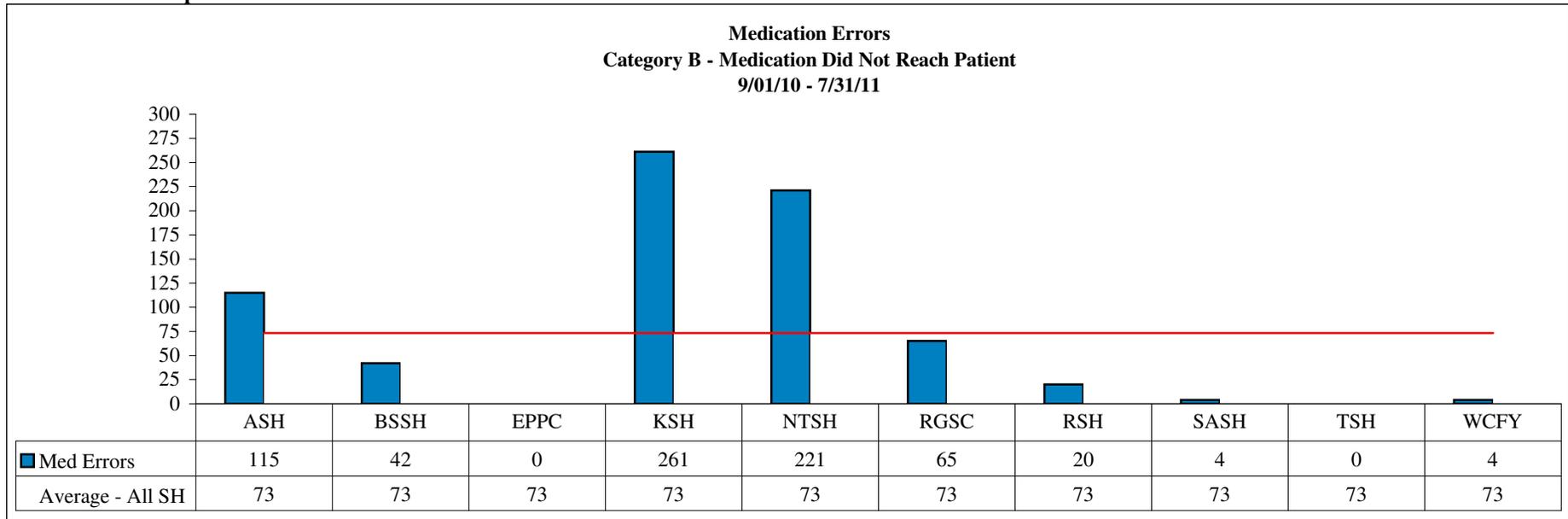


Table: Hospital Management Services Data

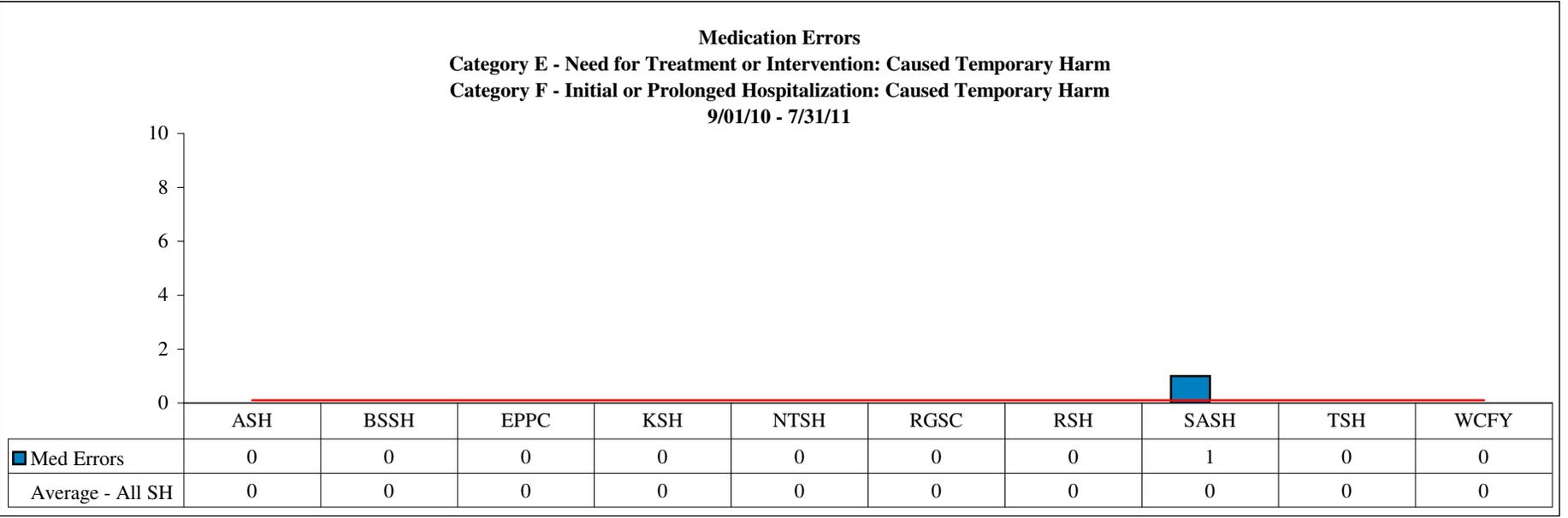
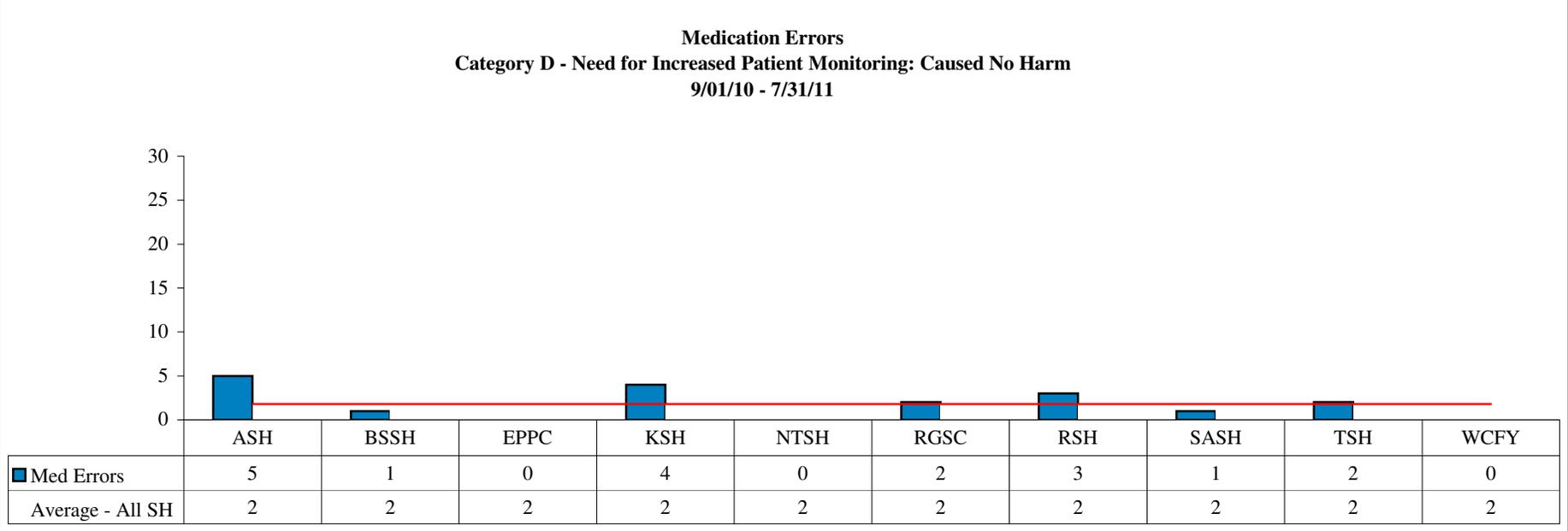
Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
All State MH Hospitals

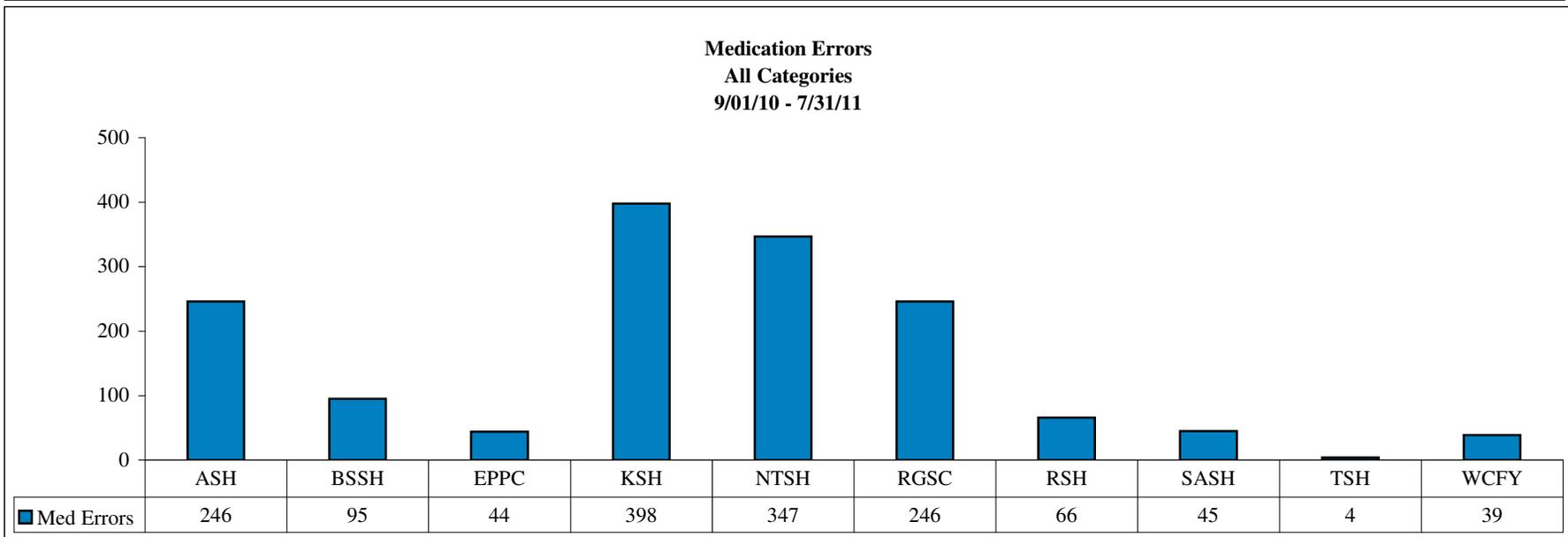
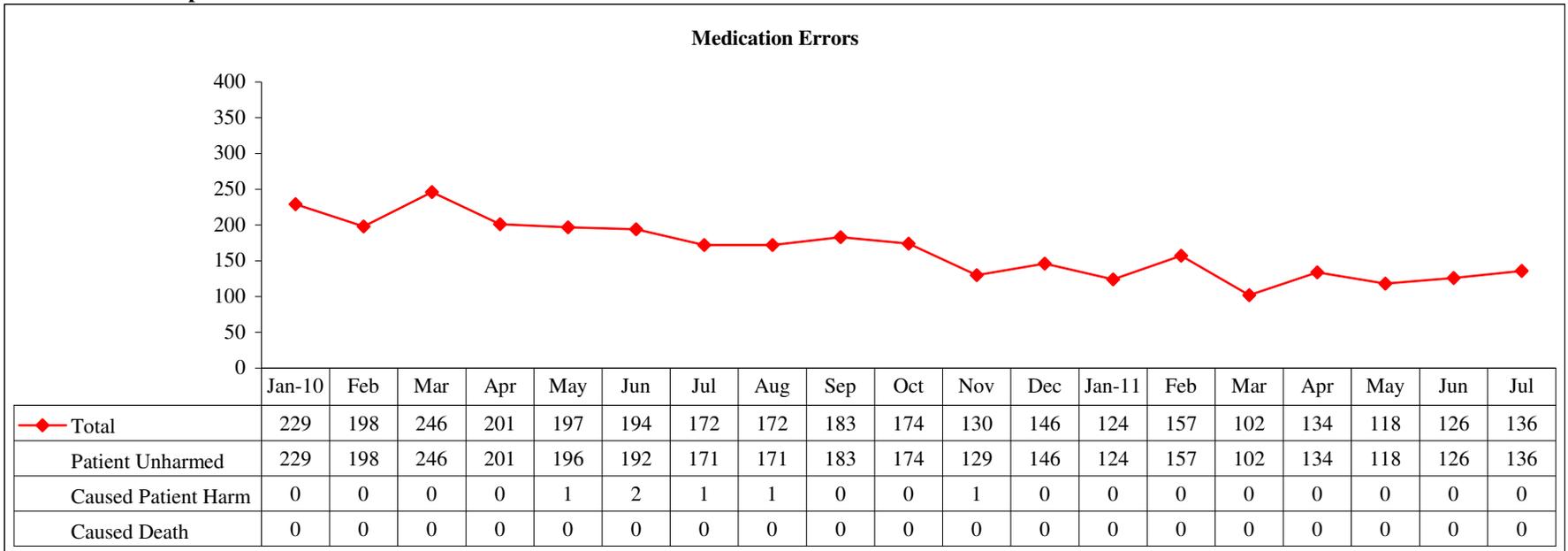


Objective 4B - Medication Variance Data

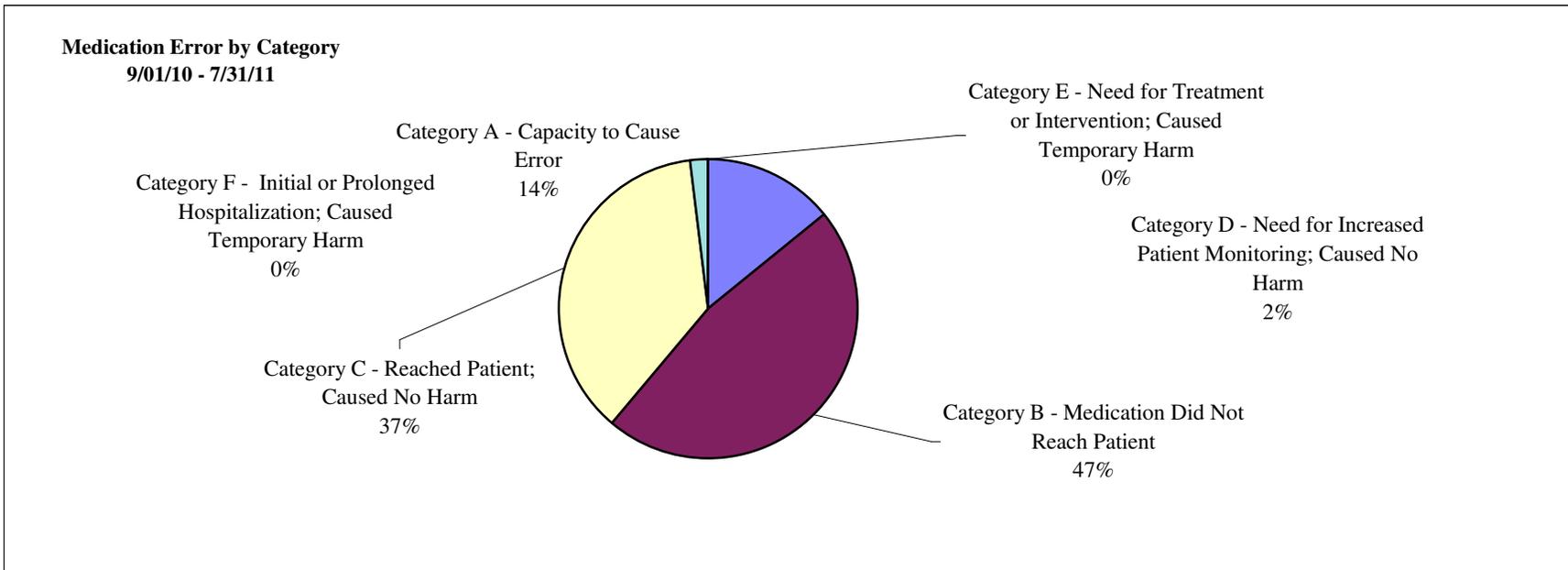
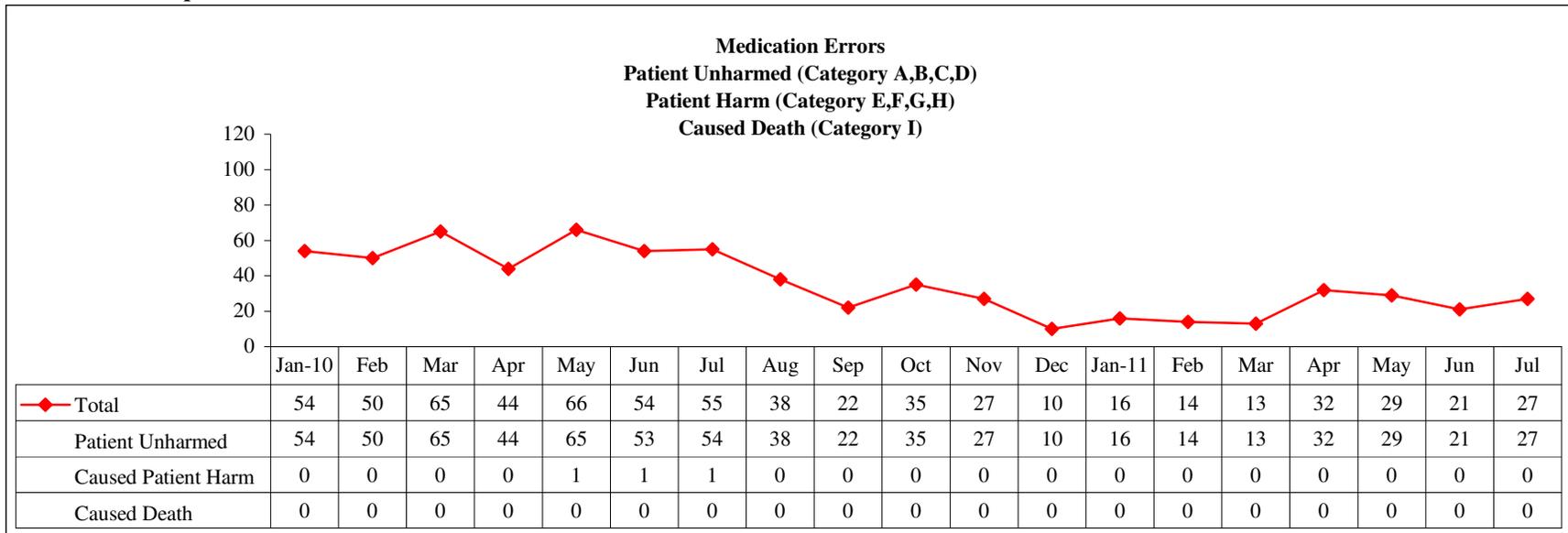
All State MH Hospitals



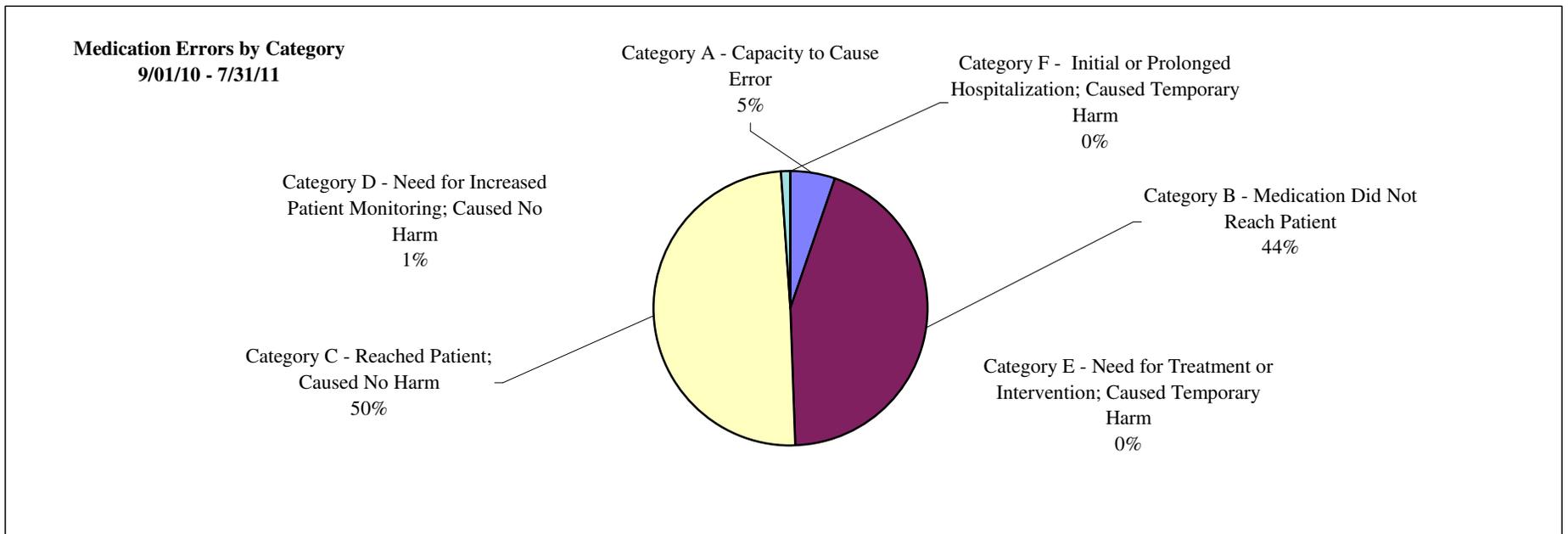
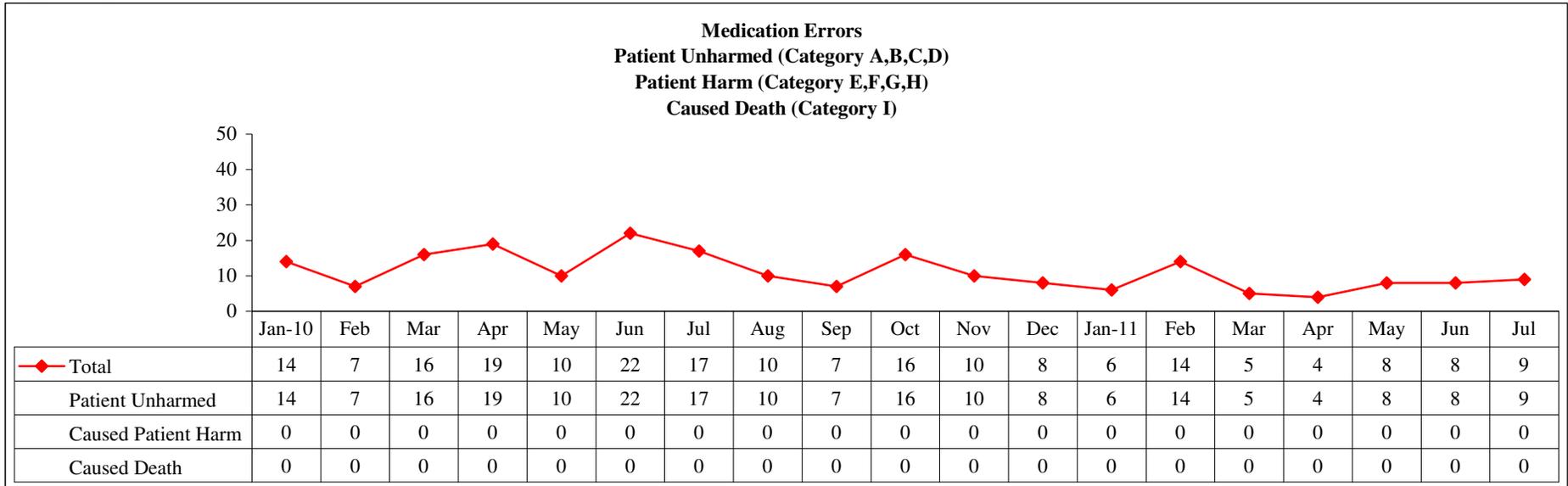
Objective 4B - Medication Variance Data
All State MH Hospitals



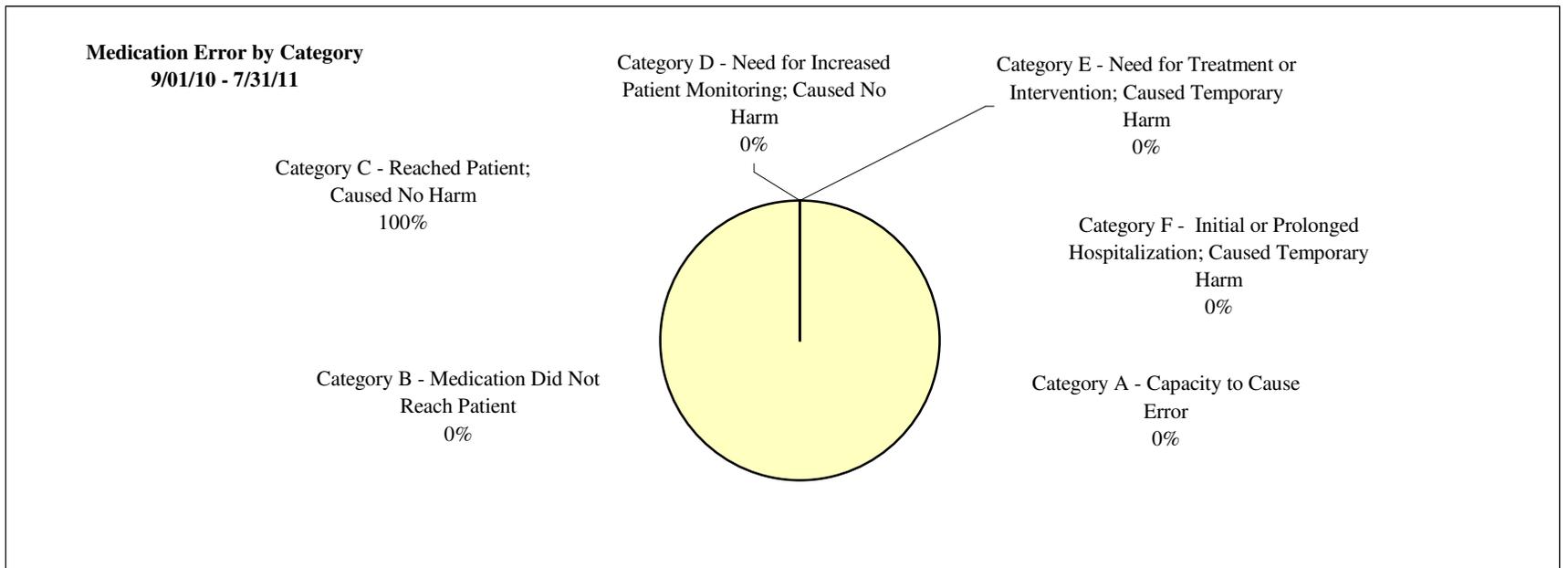
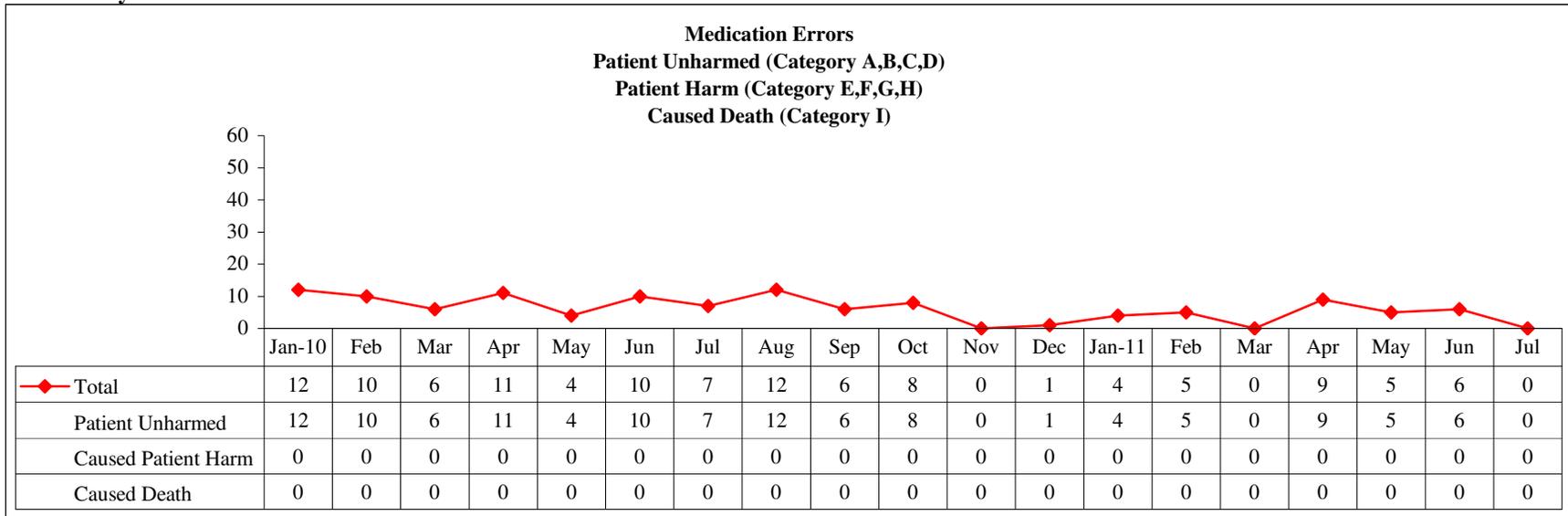
**Objective 4B - Medication Variance Data
Austin State Hospital**



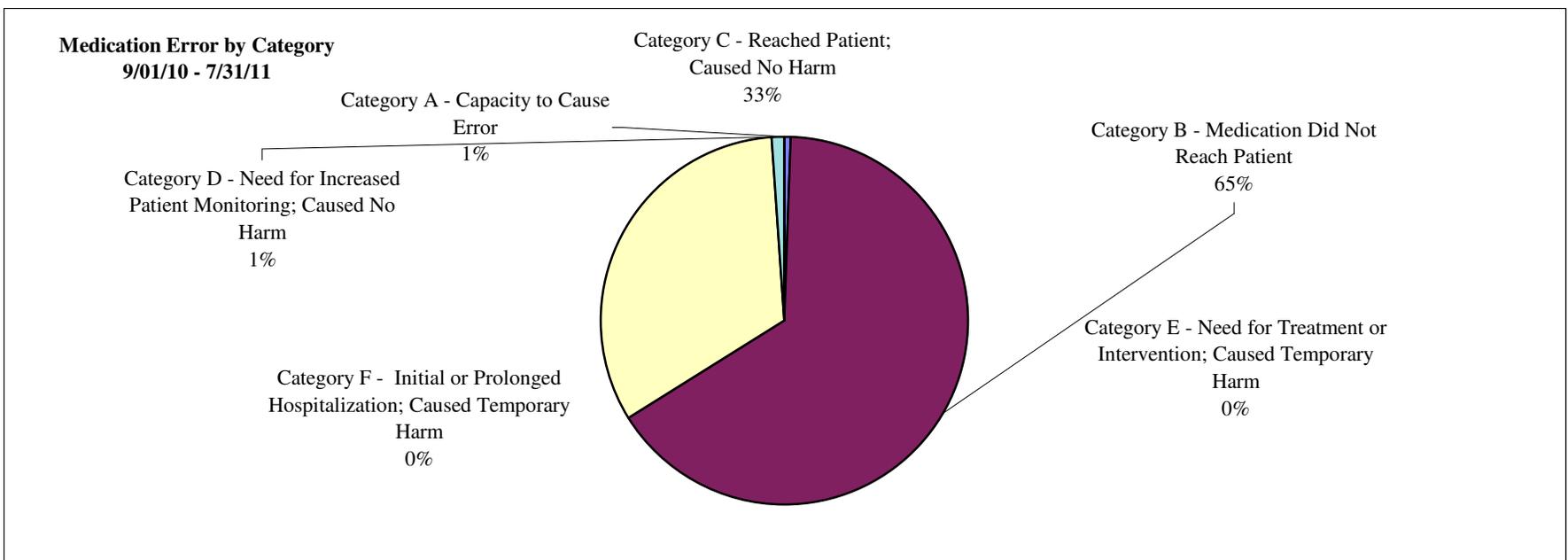
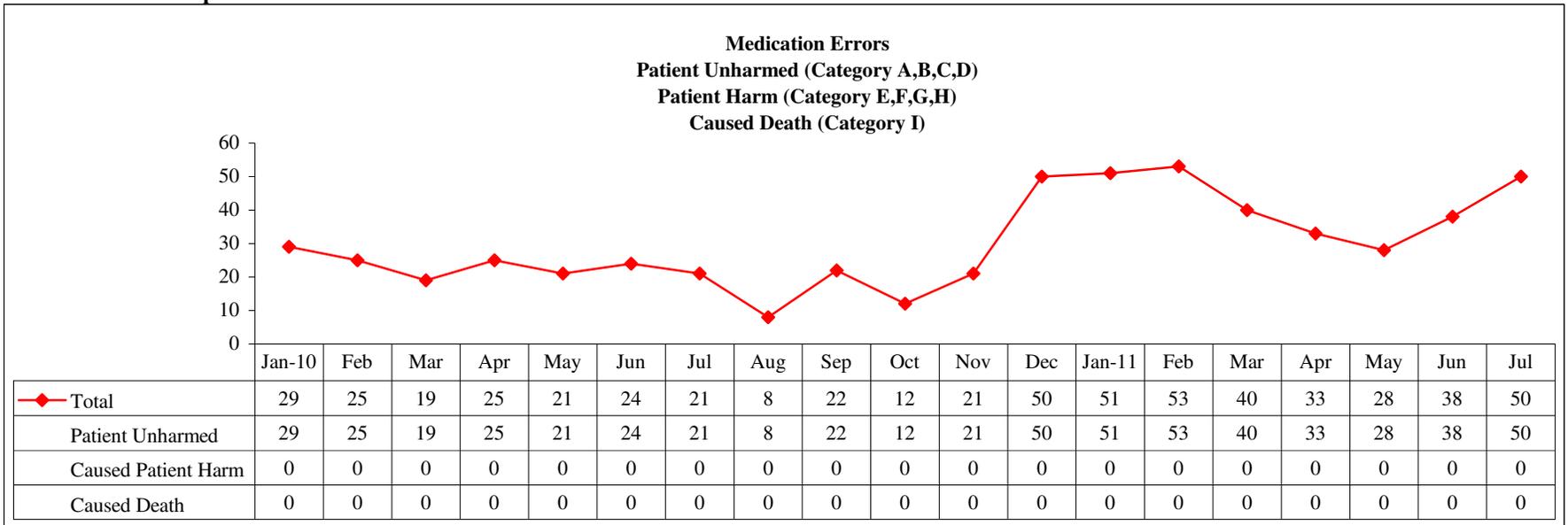
**Objective 4B - Medication Variance Data
Big Spring State Hospital**



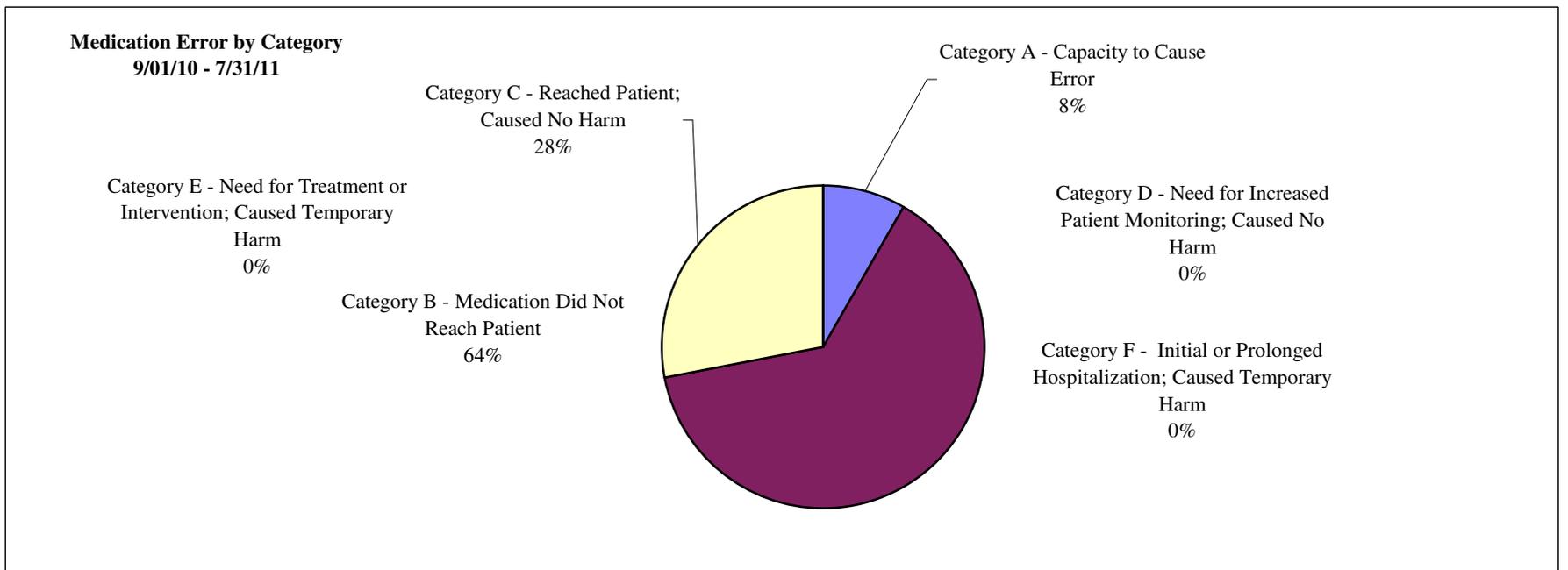
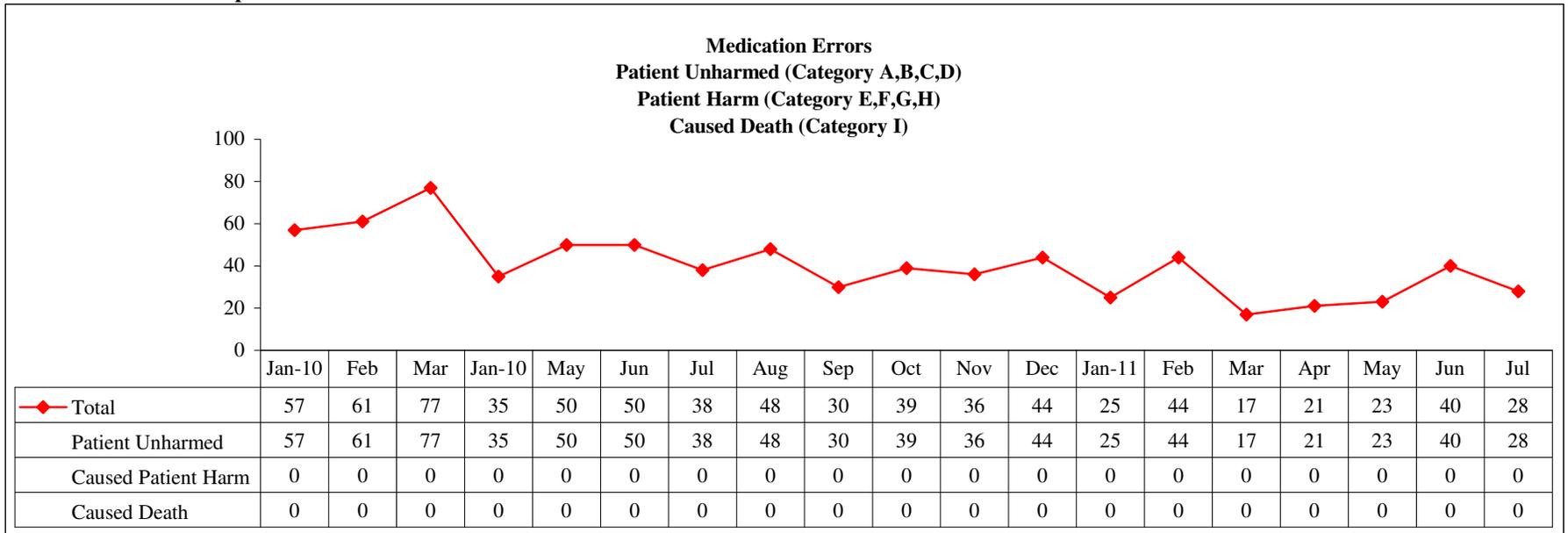
Objective 4B - Medication Variance Data
El Paso Psychiatric Center



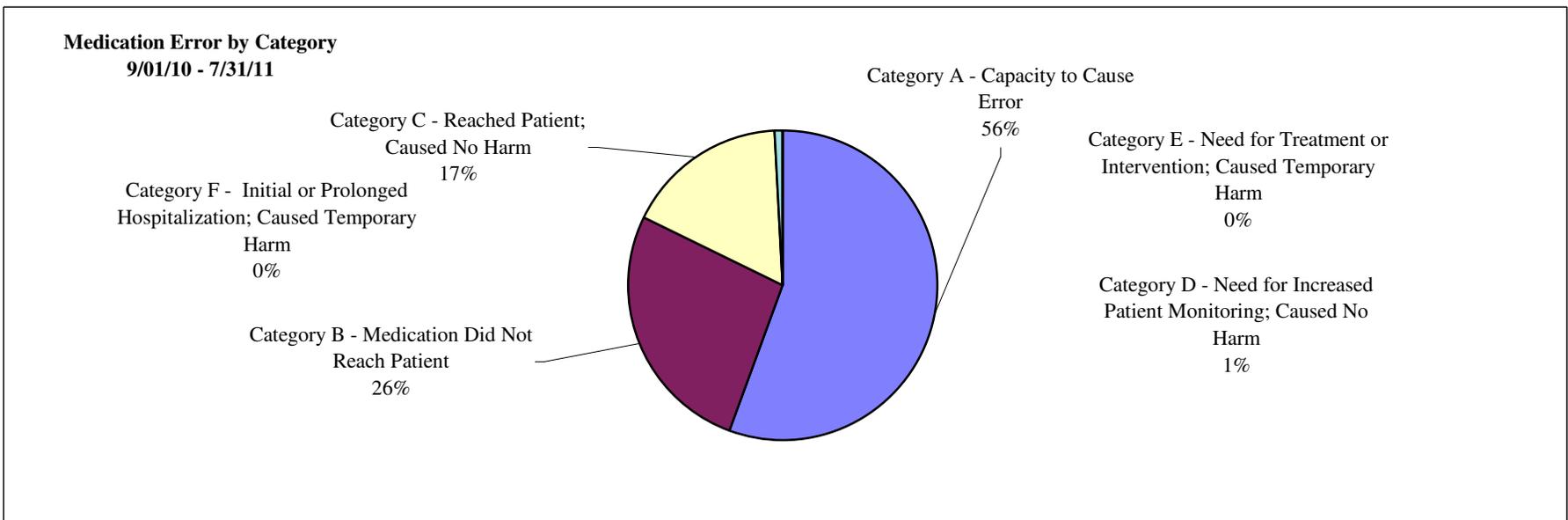
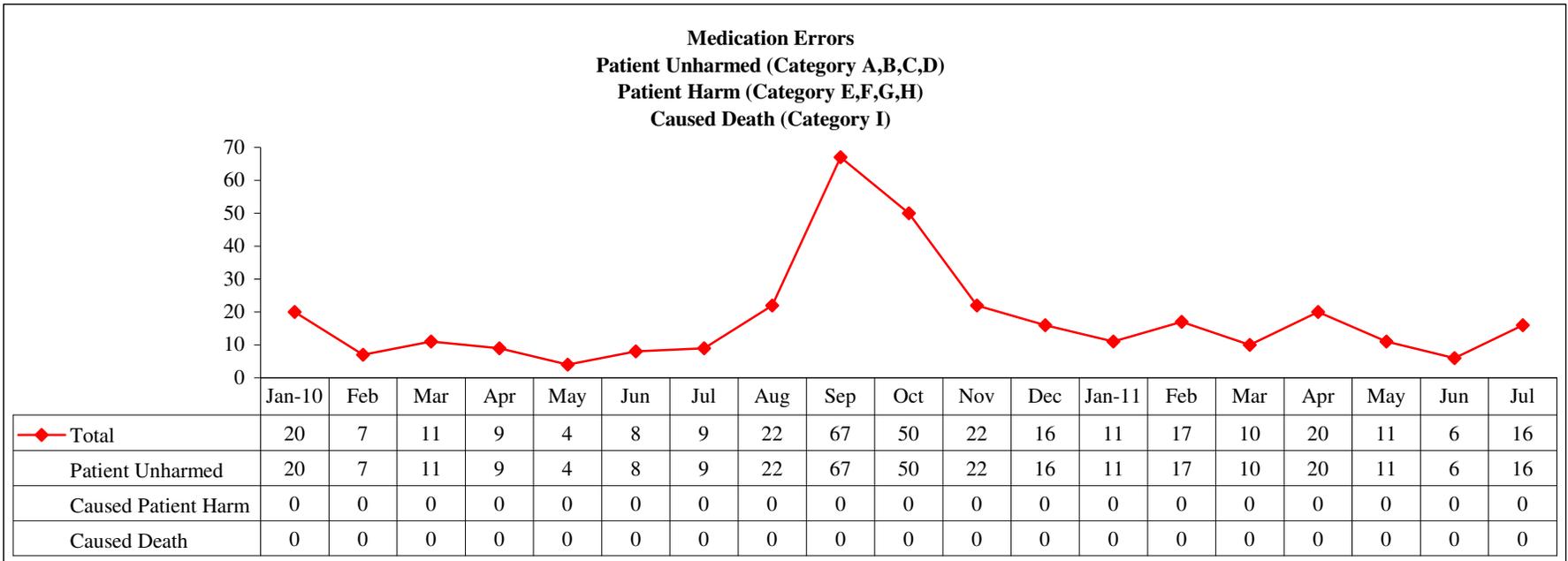
**Objective 4B - Medication Variance Data
Kerrville State Hospital**



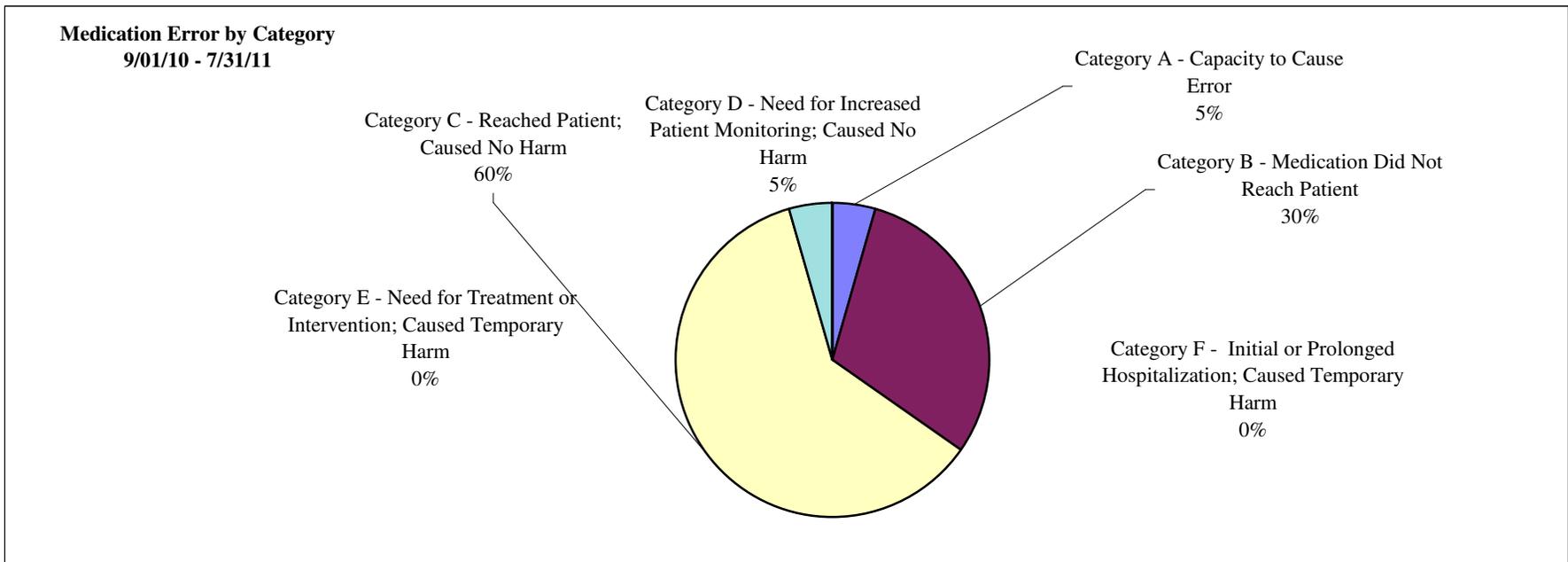
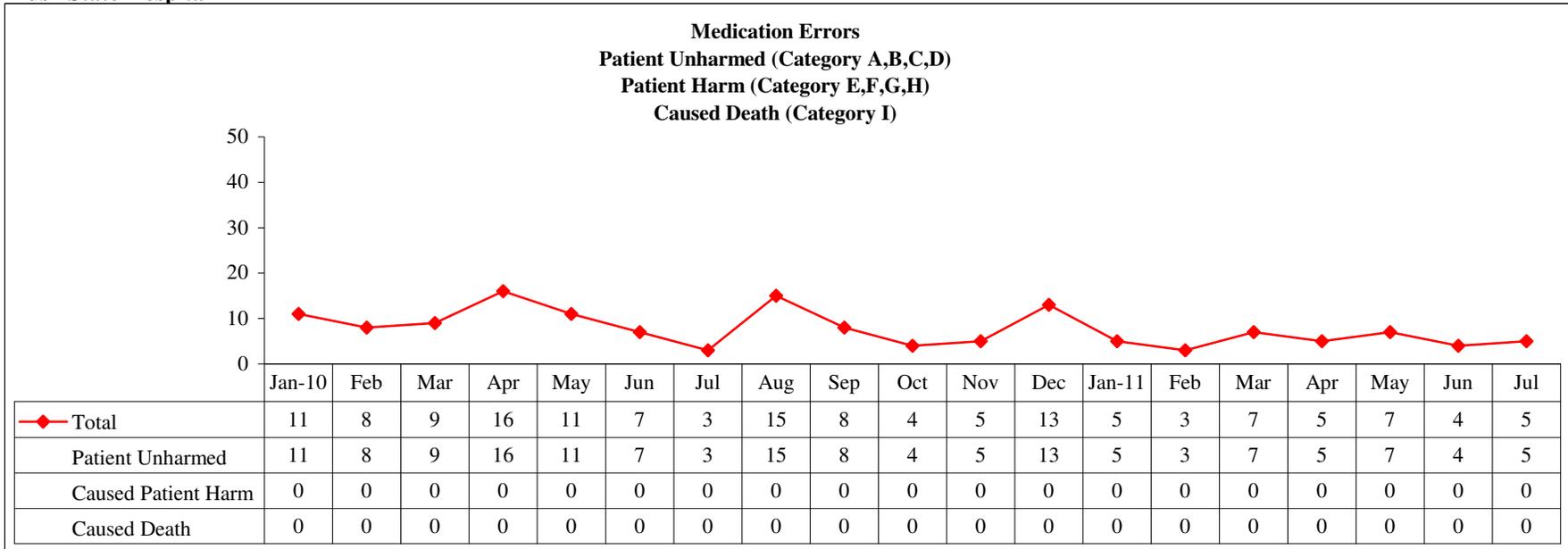
**Objective 4B - Medication Variance Data
North Texas State Hospital**



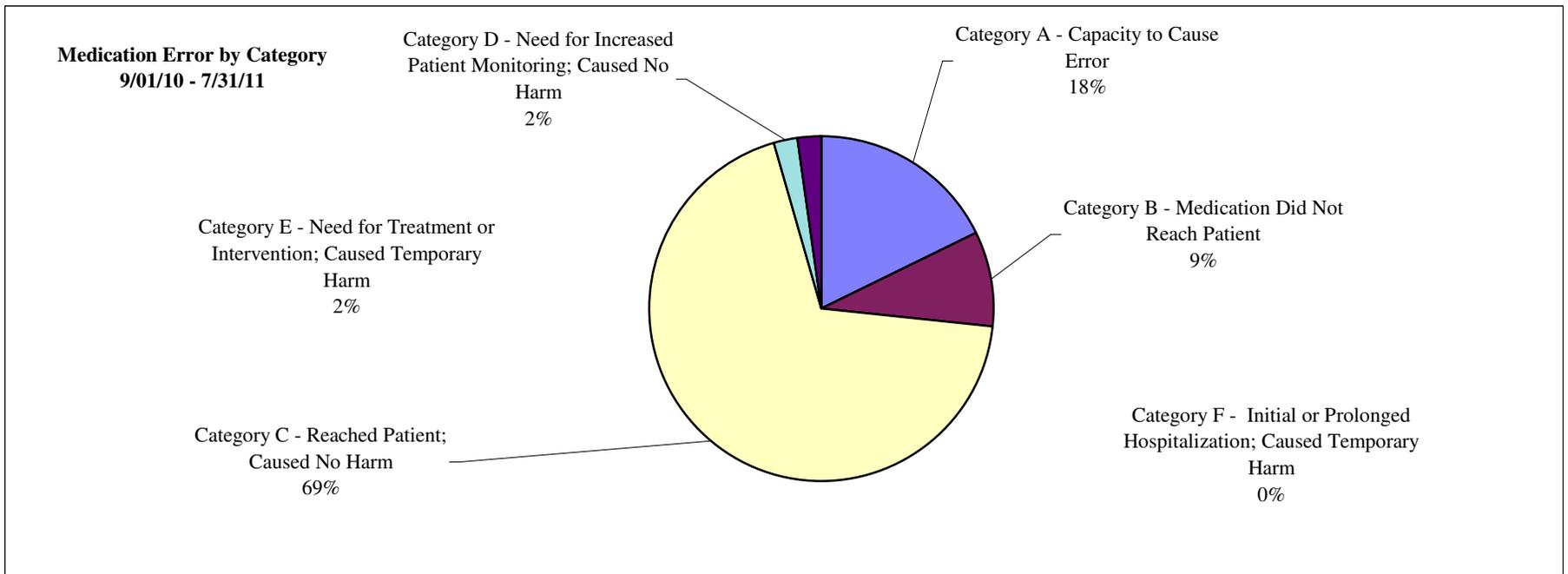
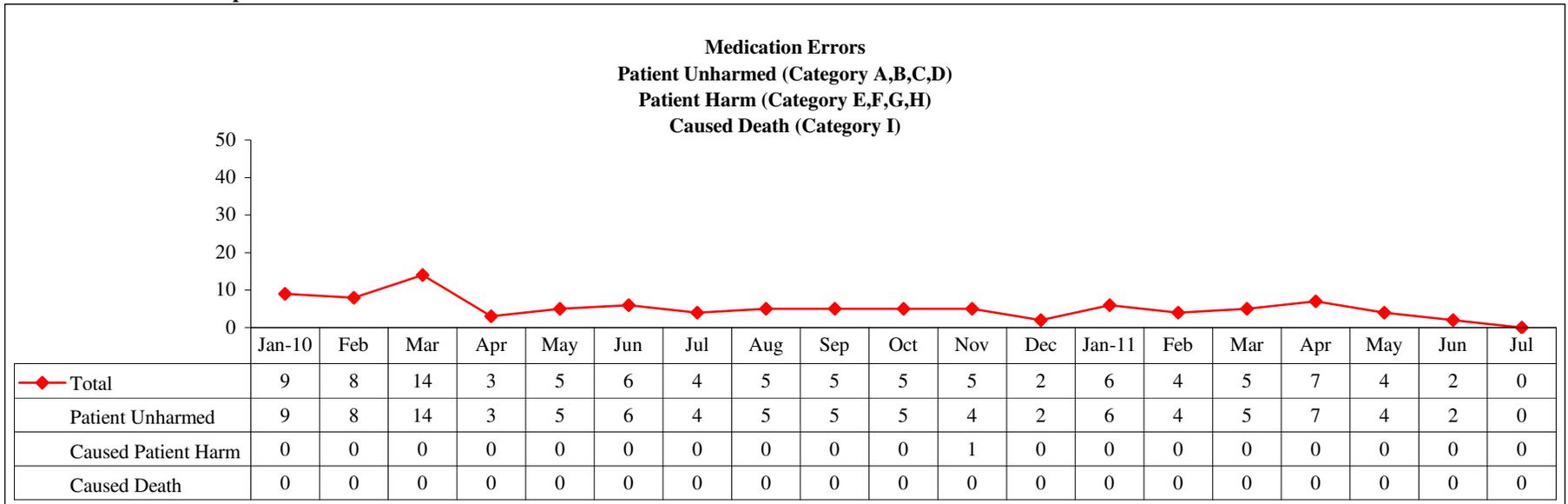
Objective 4B - Medication Variance Data
Rio Grande State Center



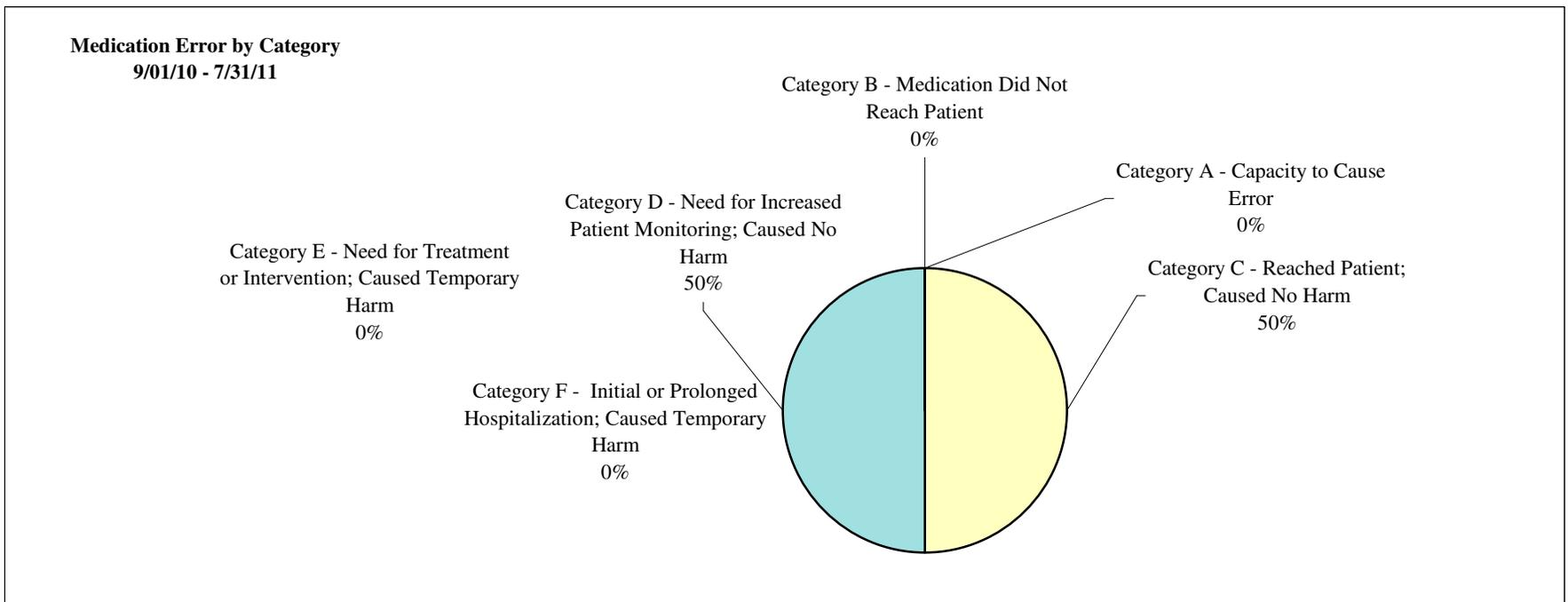
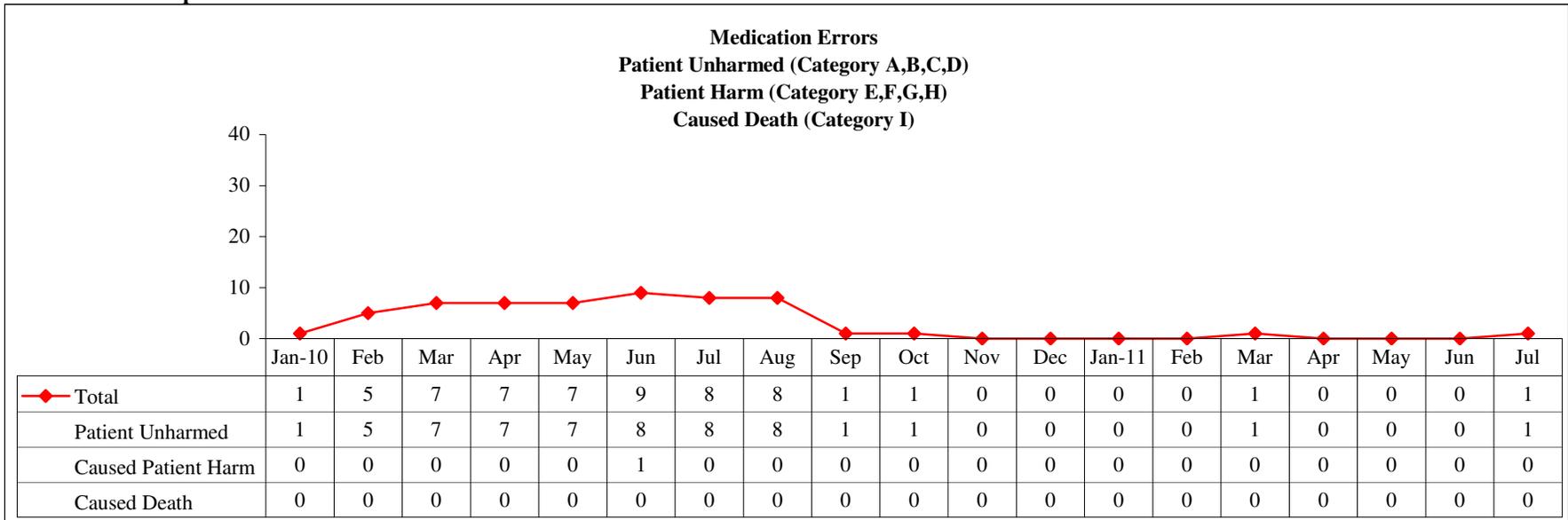
Objective 4B - Medication Variance Data
Rusk State Hospital



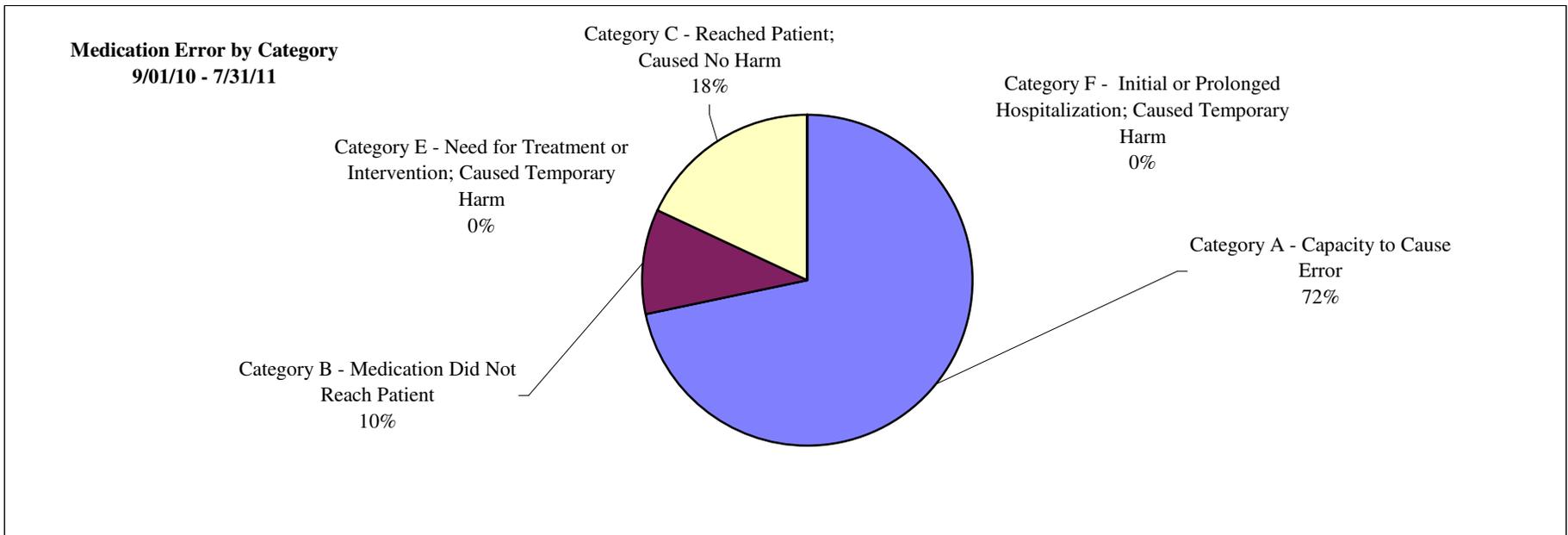
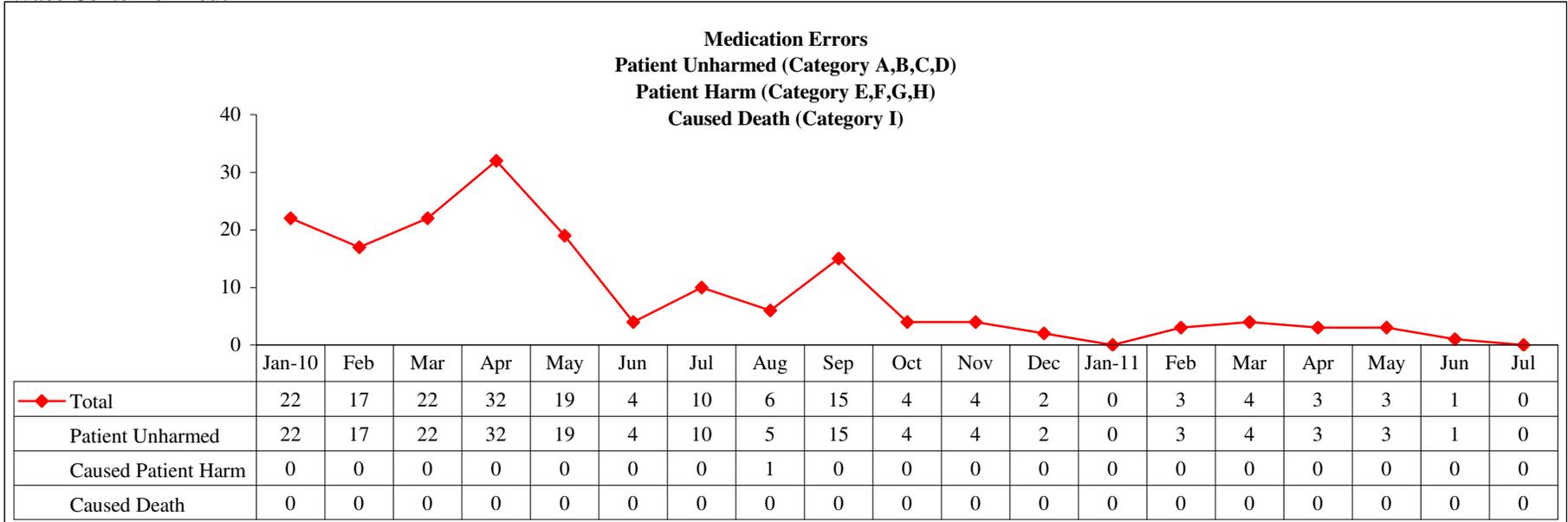
Objective 4B - Medication Variance Data
San Antonio State Hospital



Objective 4B - Medication Variance Data
Terrell State Hospital



Objective 4B - Medication Variance Data
Waco Center for Youth



Performance Measure 4A:

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

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

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

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

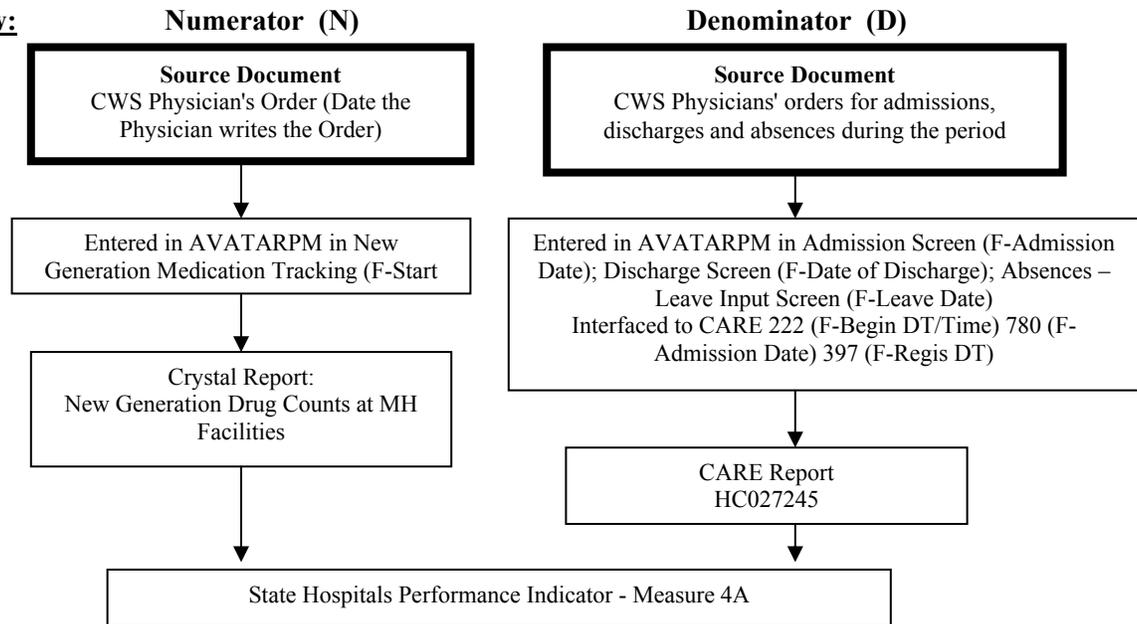
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

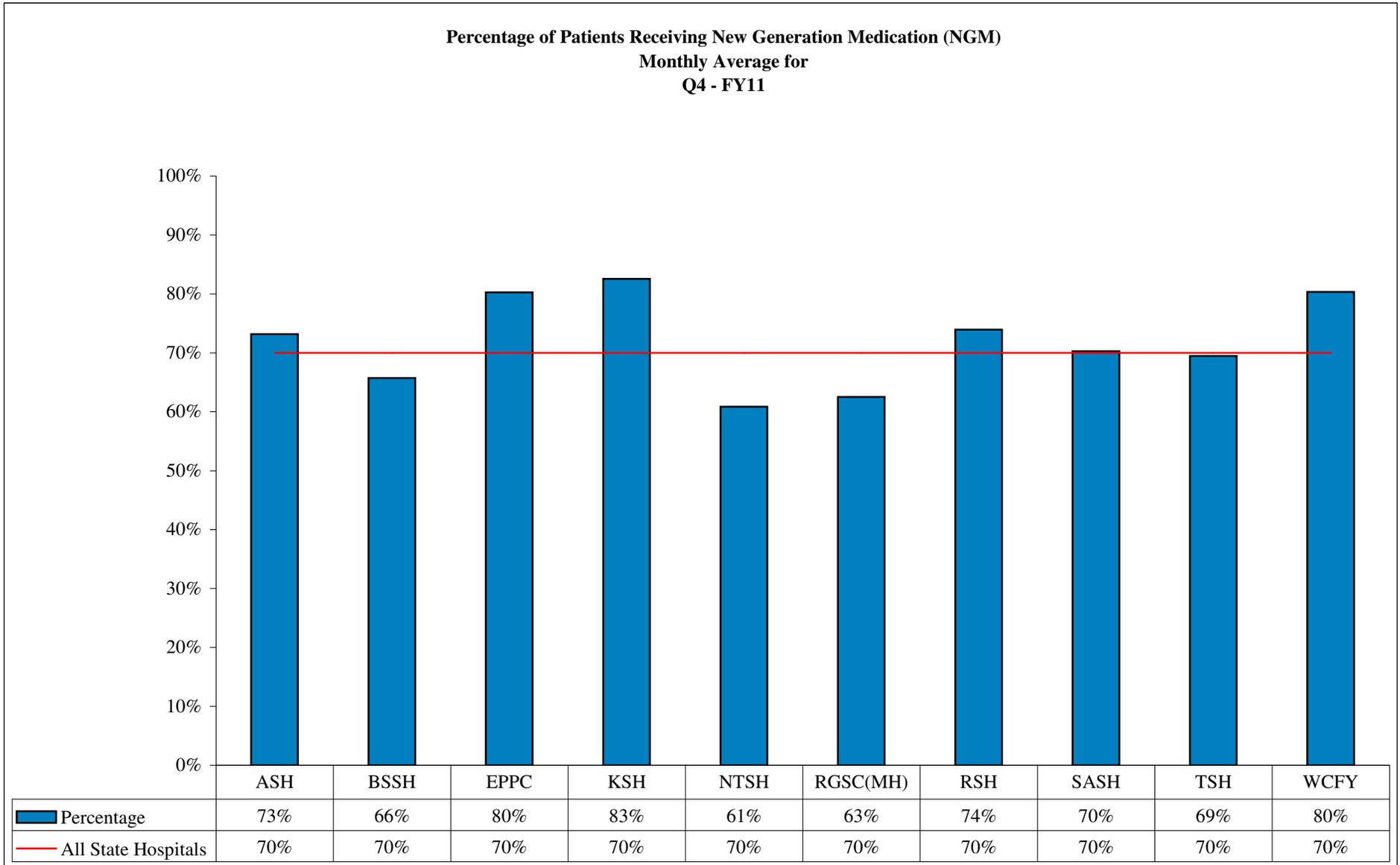
Performance Measure Data Display and Chart Description:

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

Data Flow:

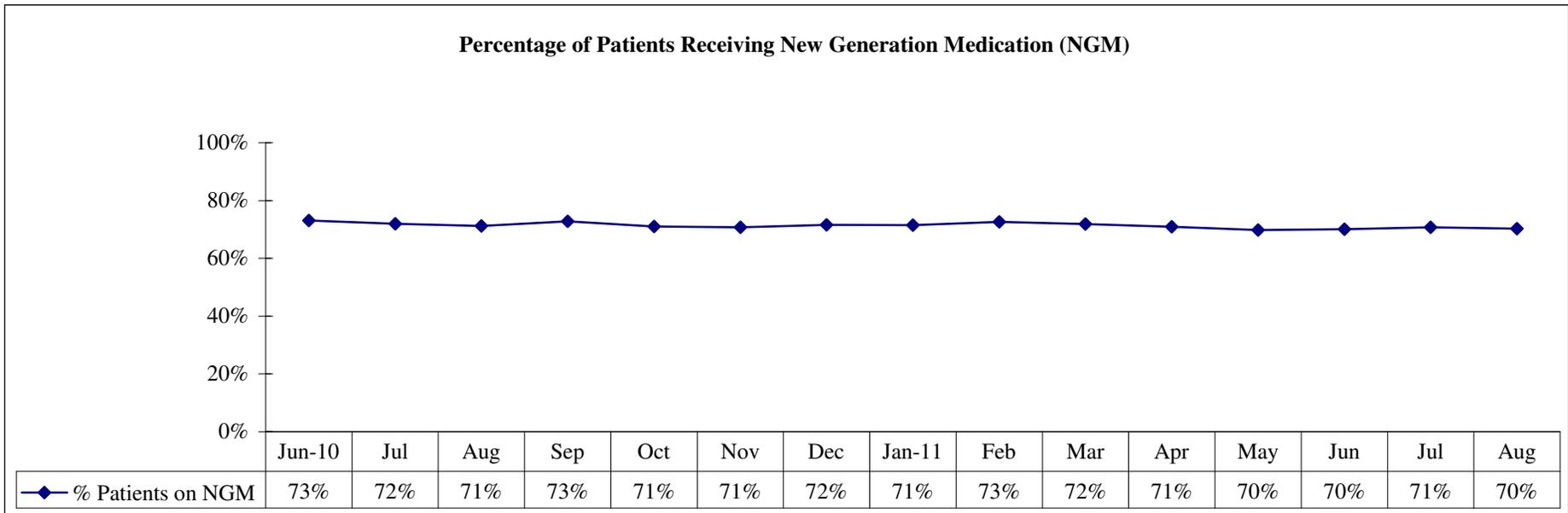
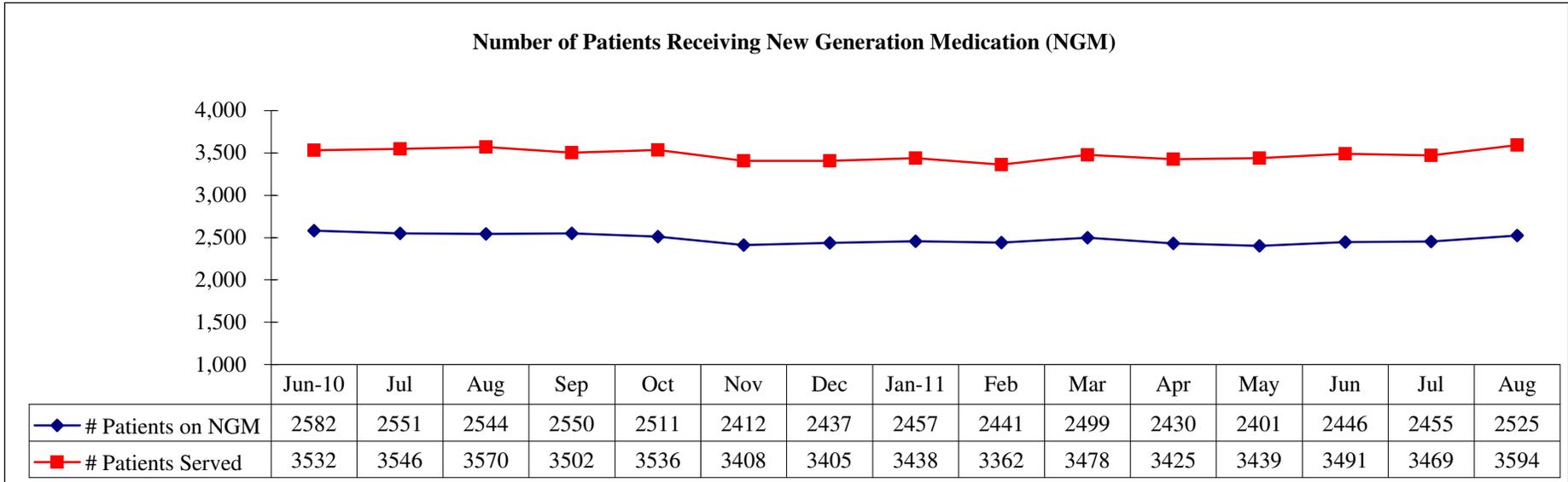


Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals



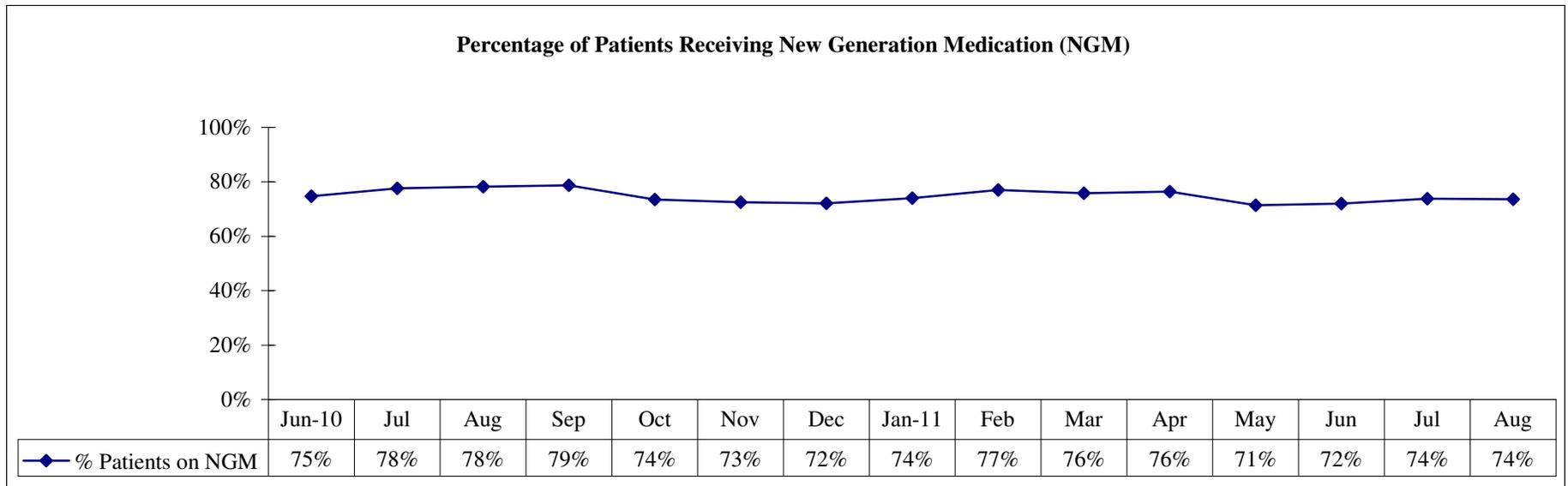
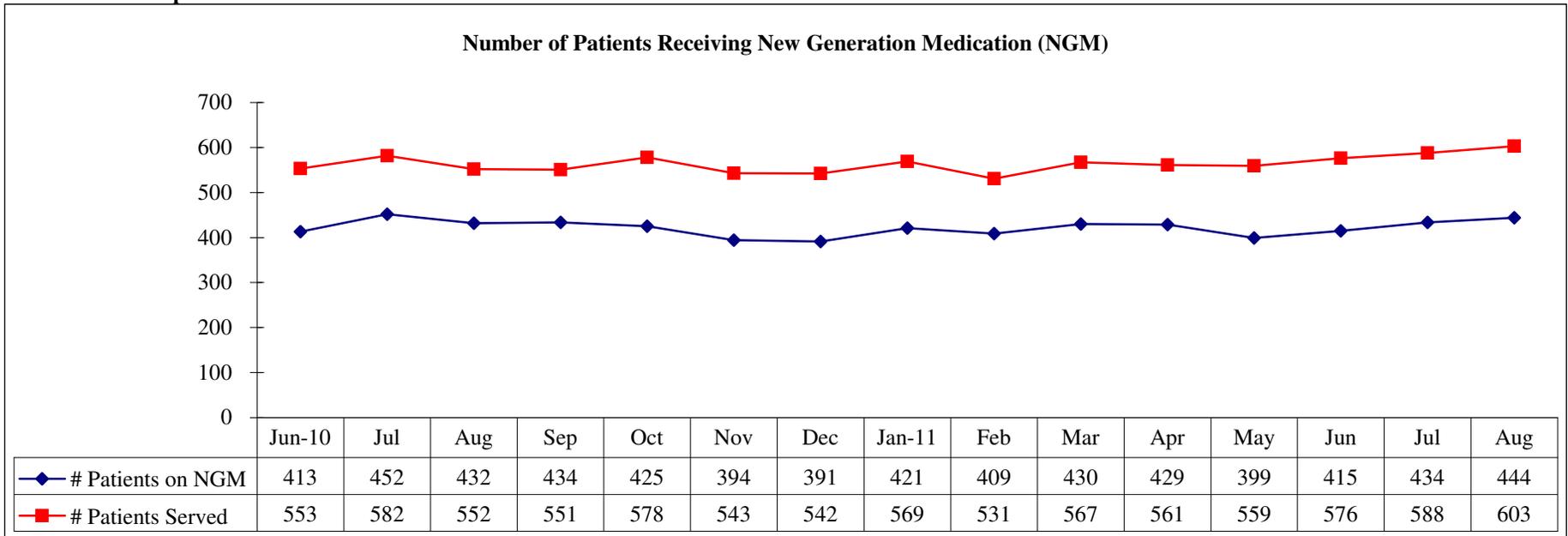
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



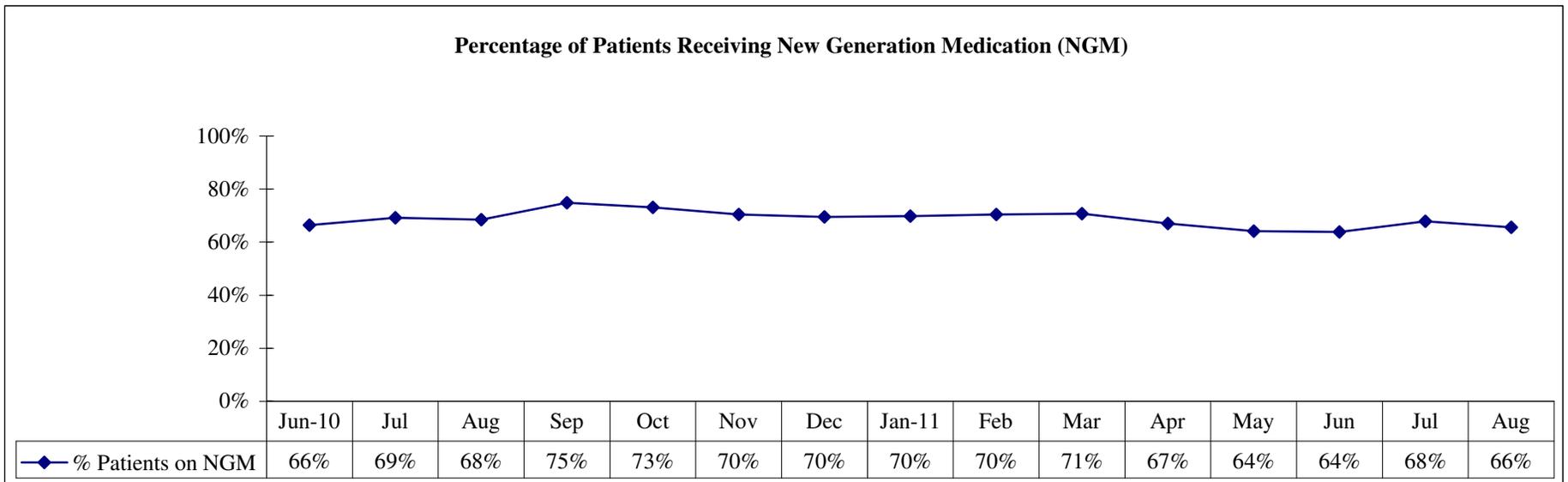
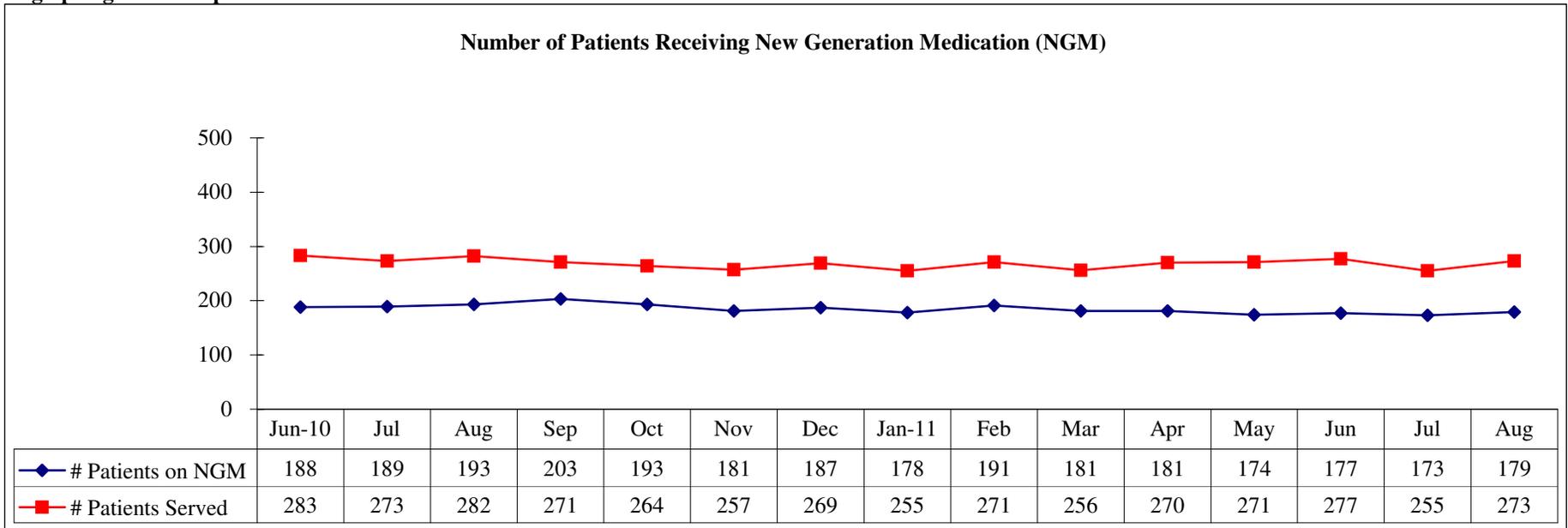
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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

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

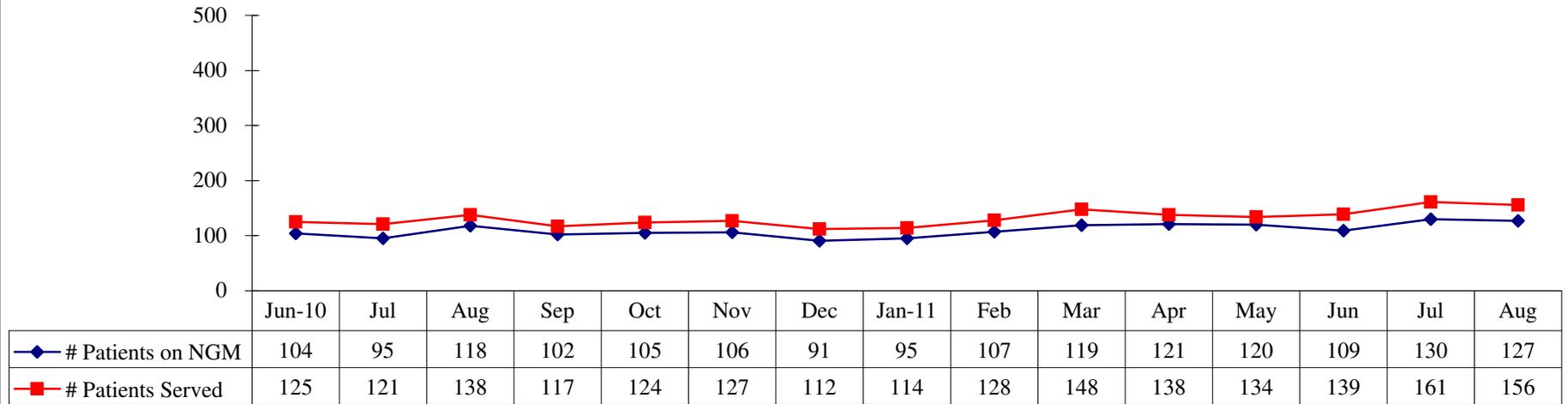


Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

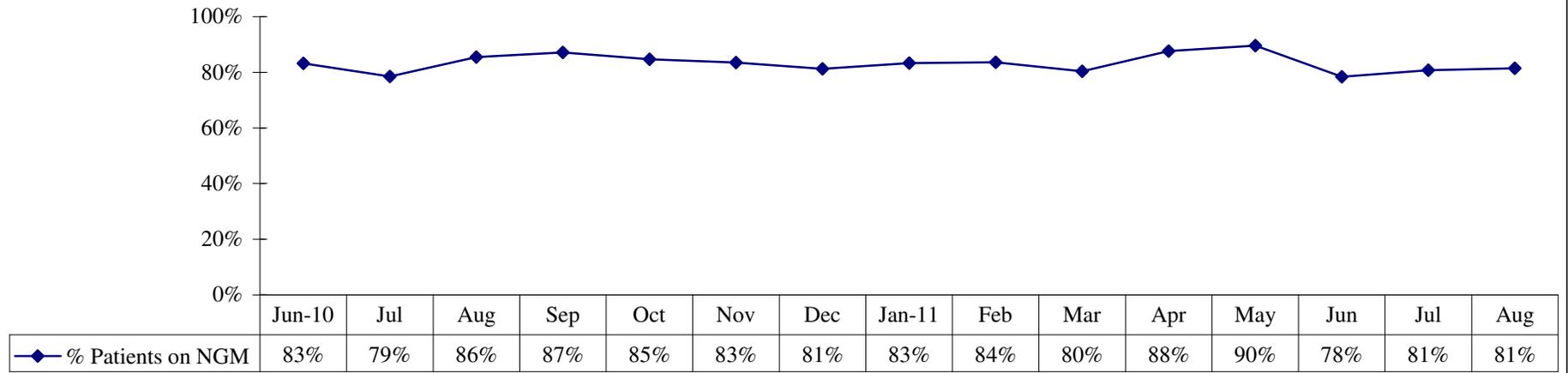
Measure 4A - Patients Receiving New Generation Medication (NGM)

El Paso Psychiatric Center

Number of Patients Receiving New Generation Medication (NGM)



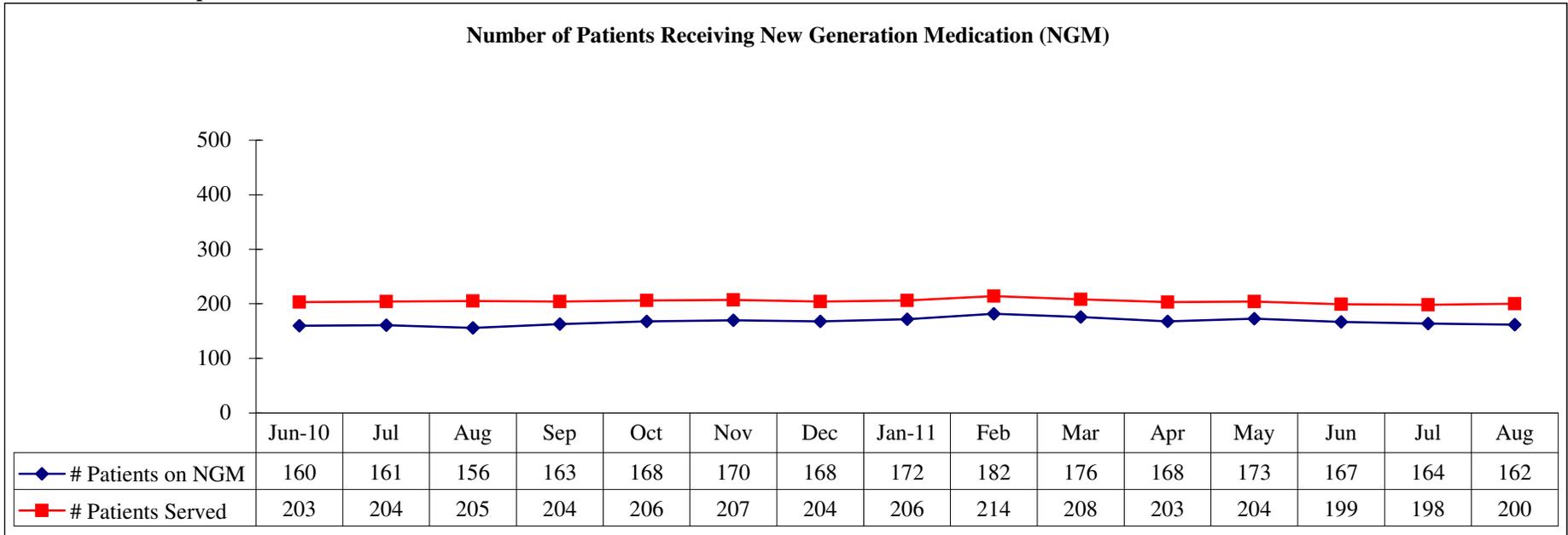
Percentage of Patients Receiving New Generation Medication (NGM)



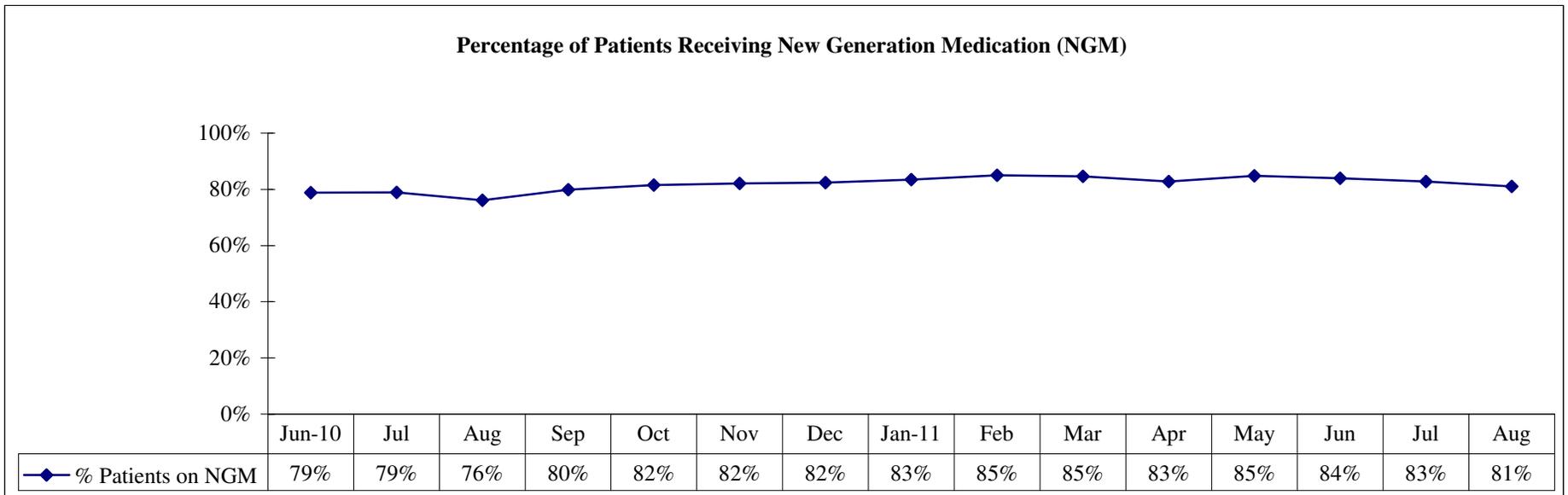
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)

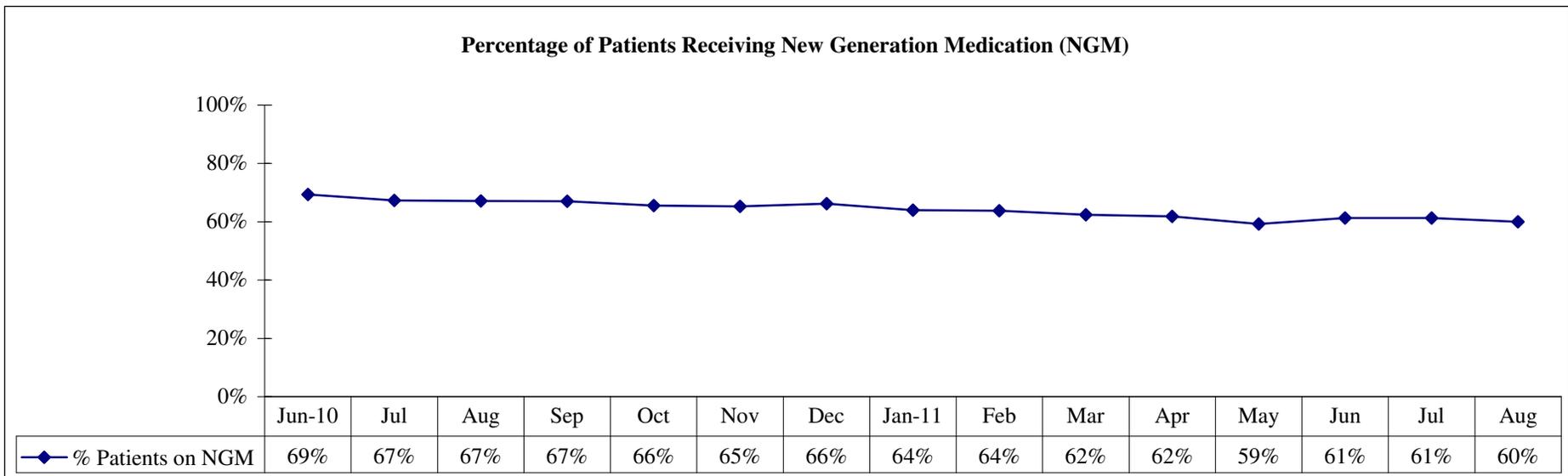
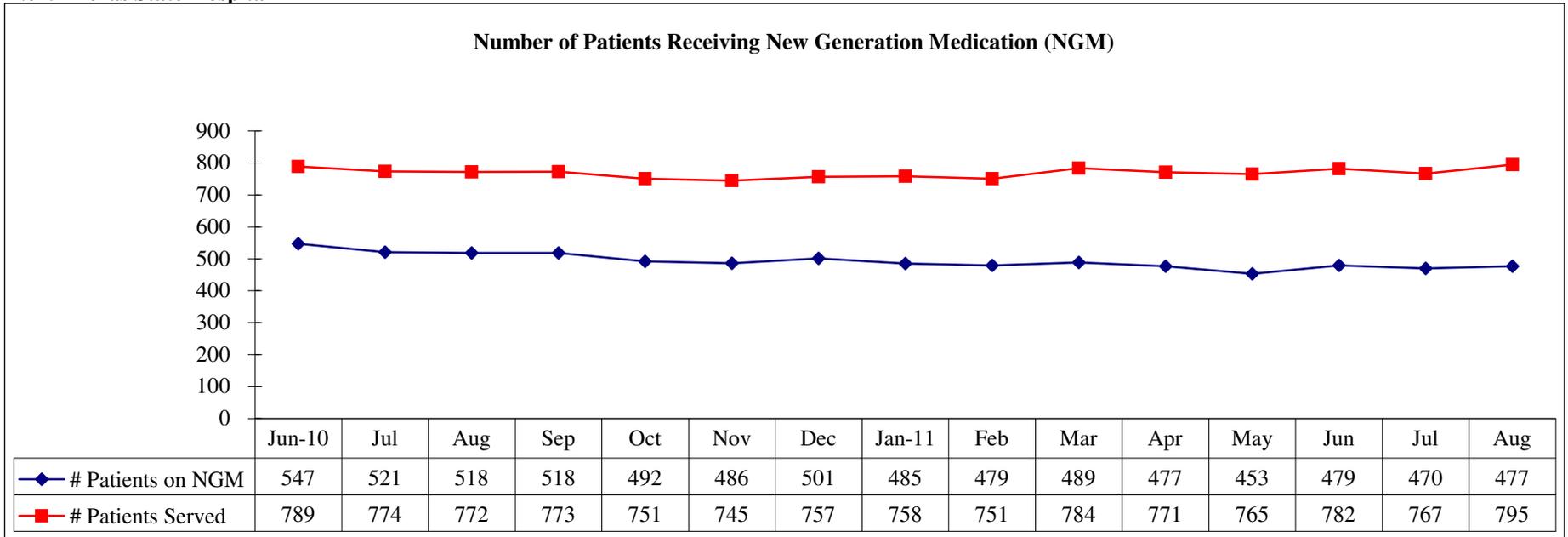


Percentage of Patients Receiving New Generation Medication (NGM)



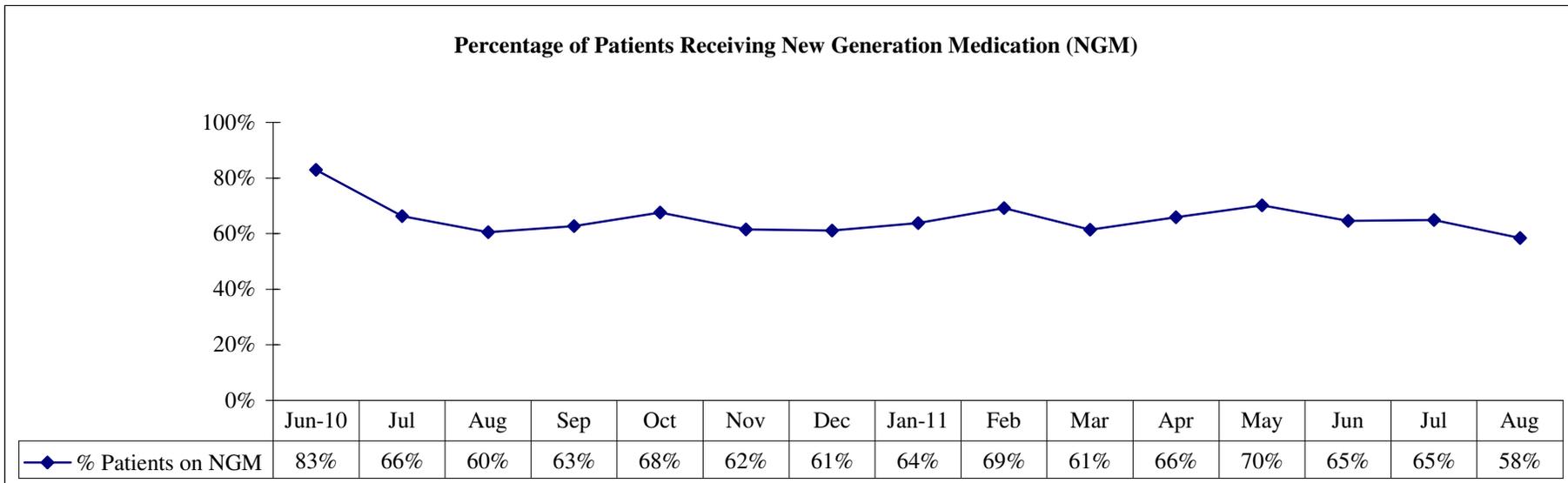
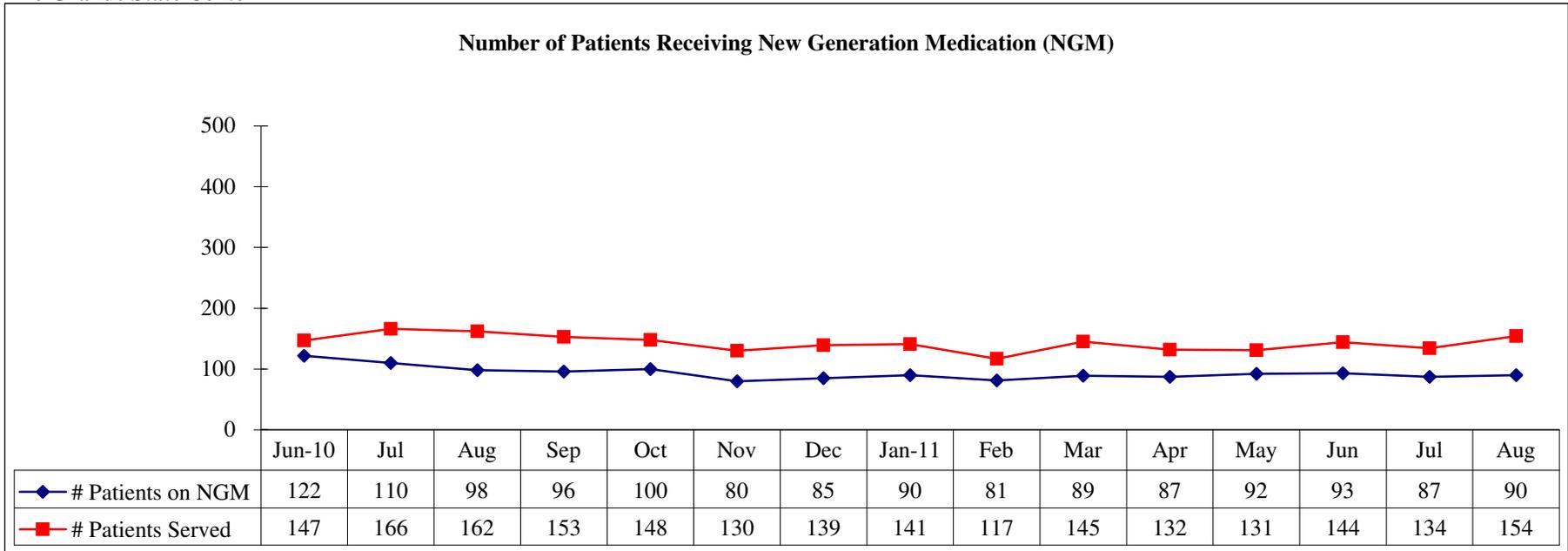
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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

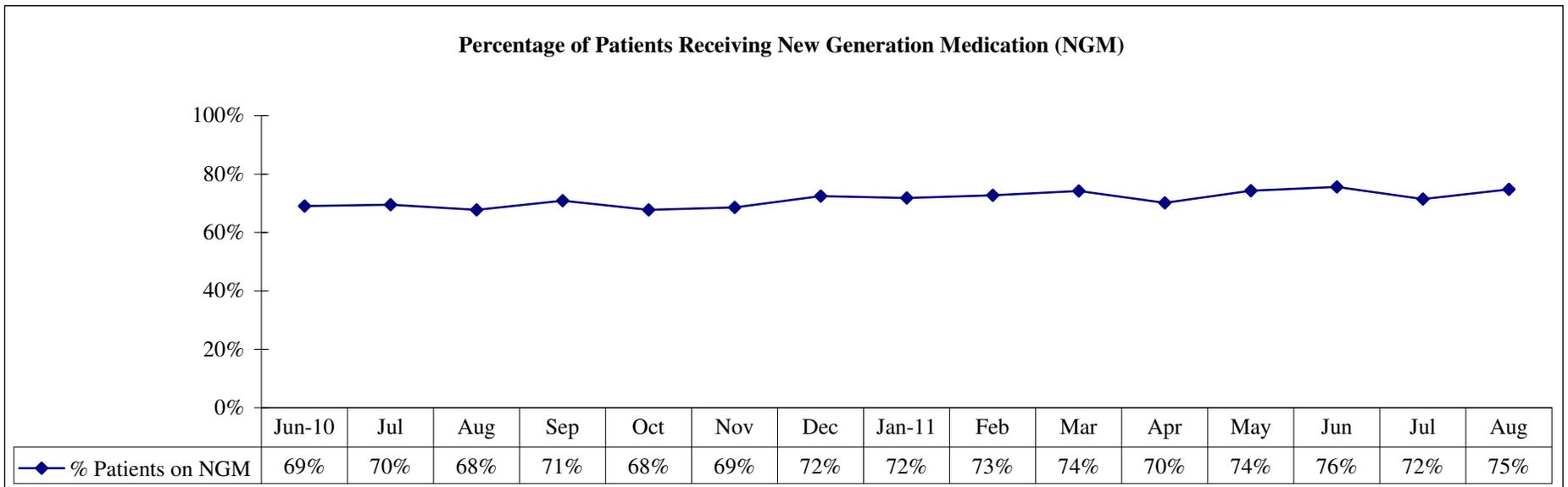
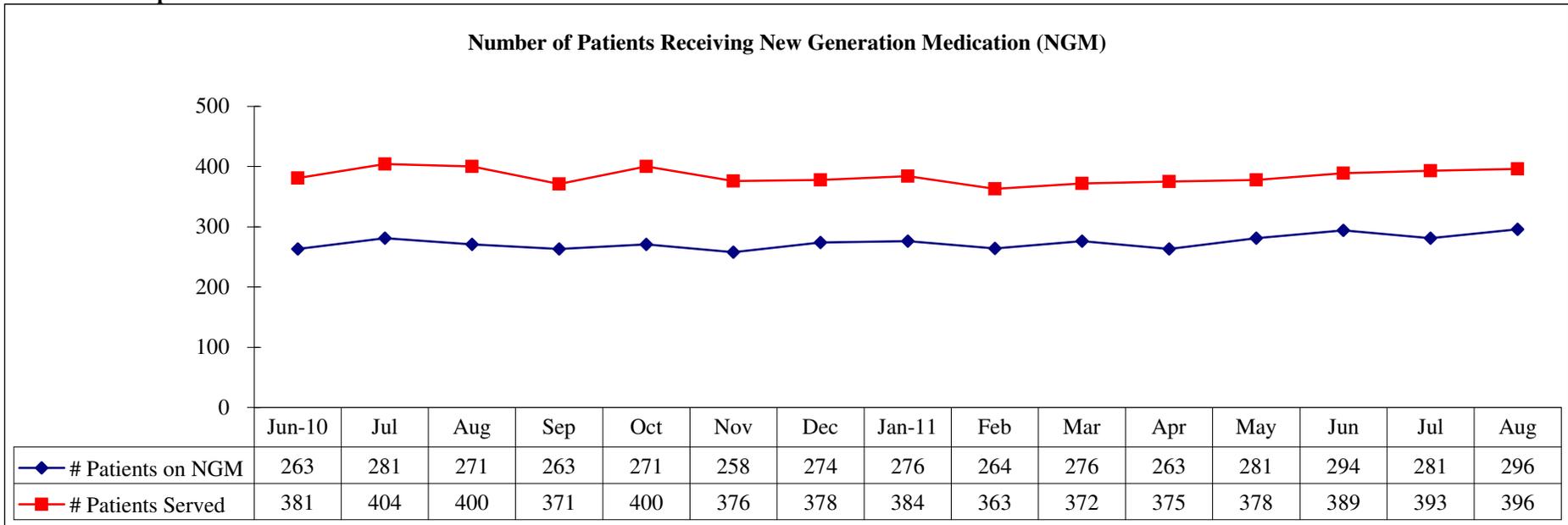
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



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

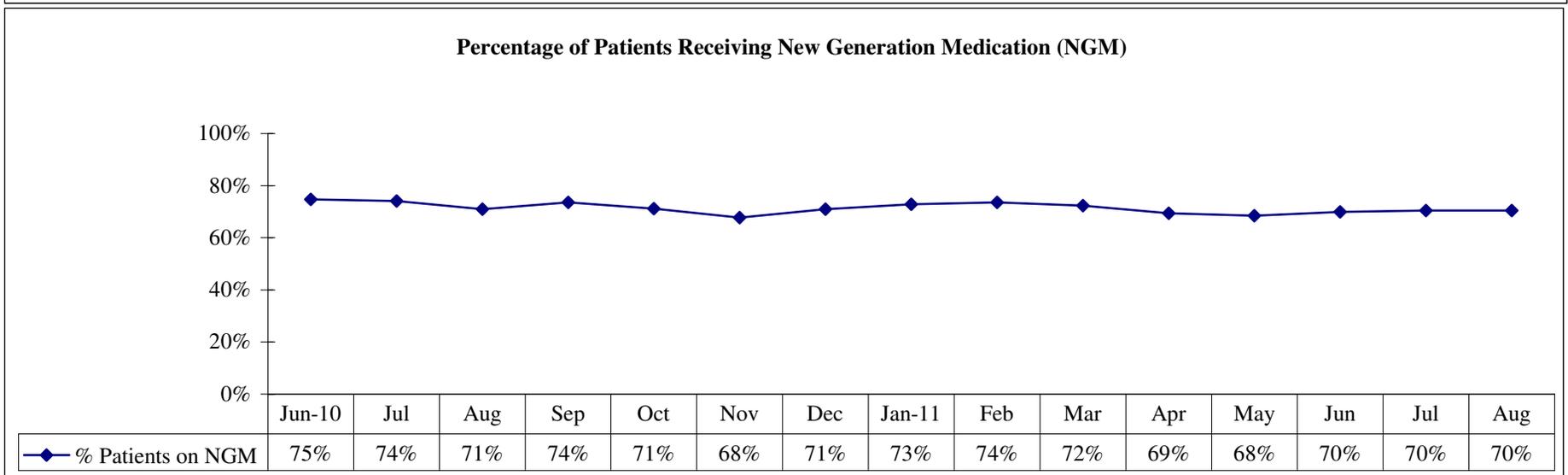
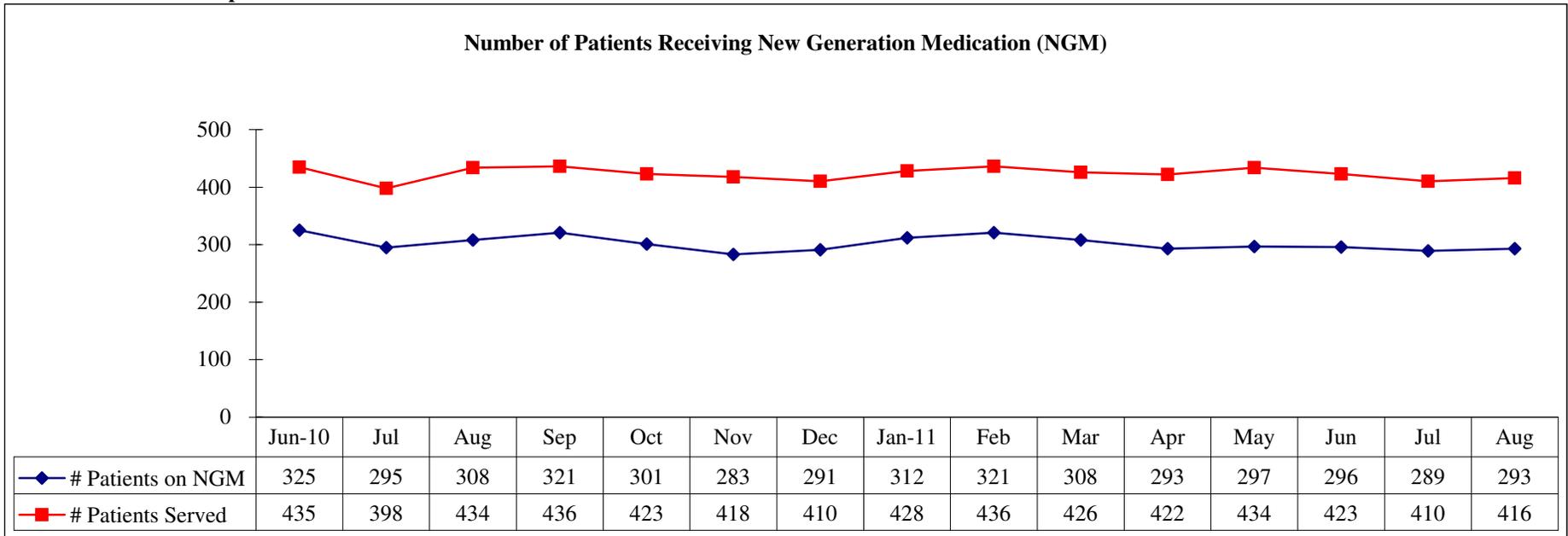
Measure 4A - Patients Receiving New Generation Medication (NGM)

Rusk State Hospital



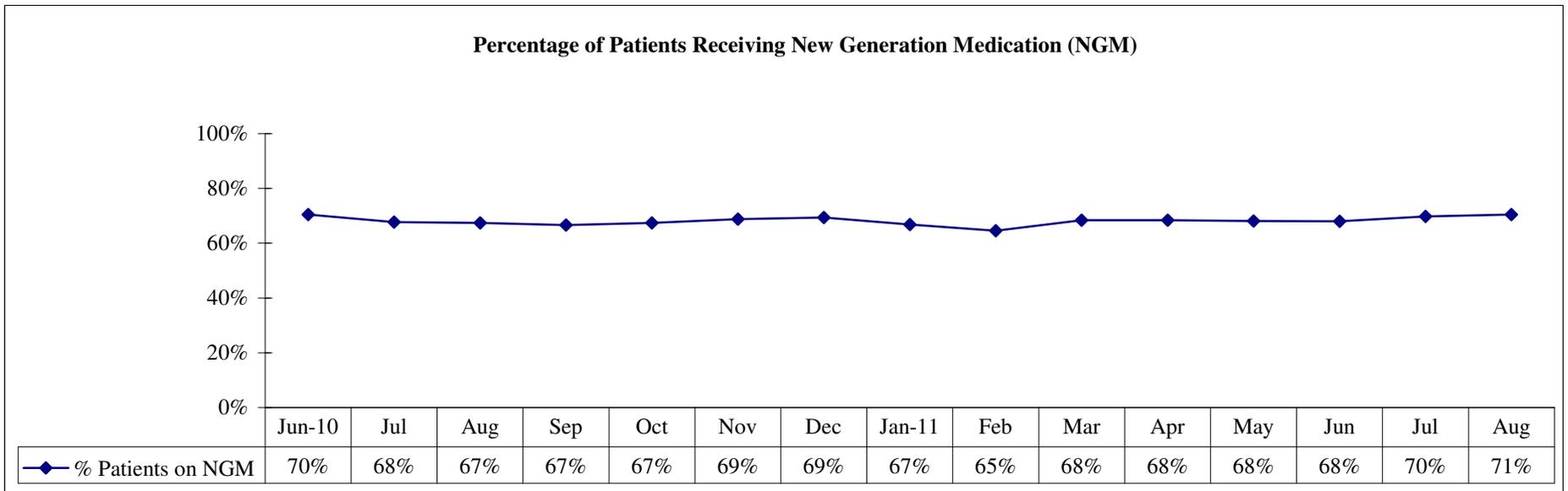
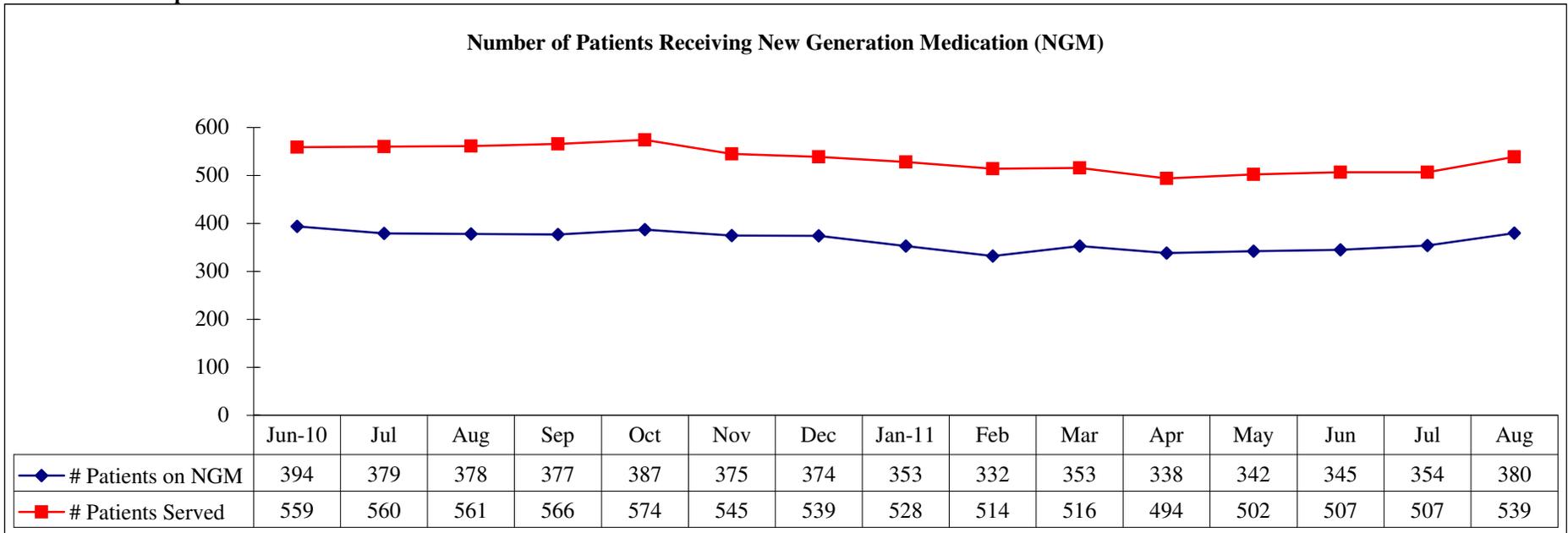
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

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



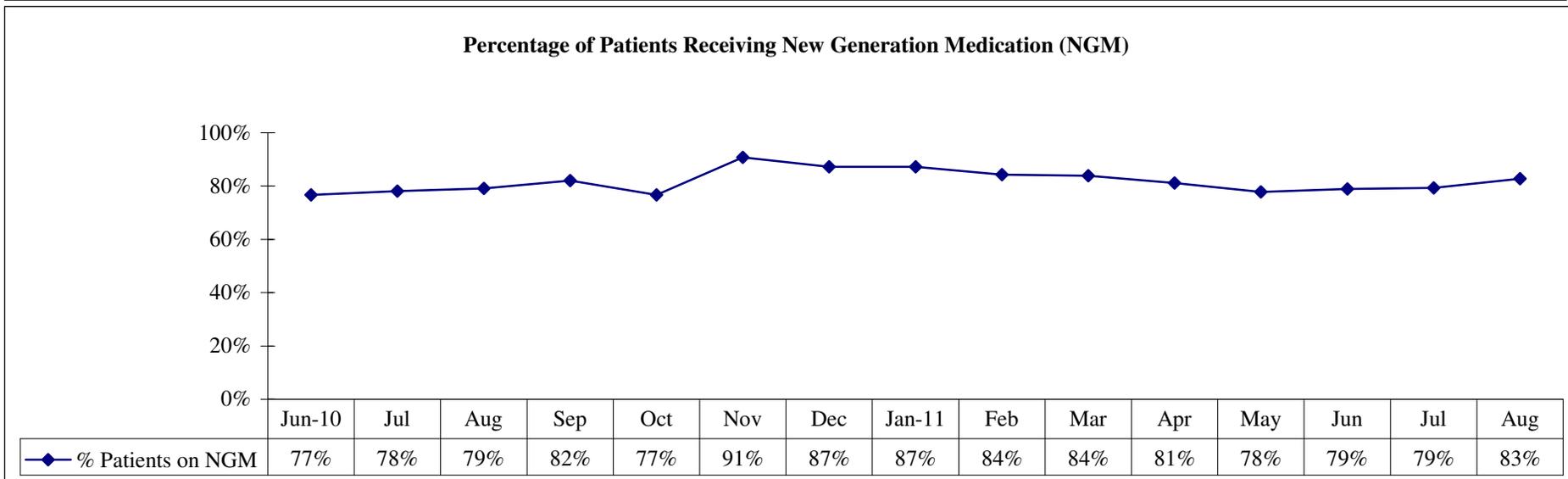
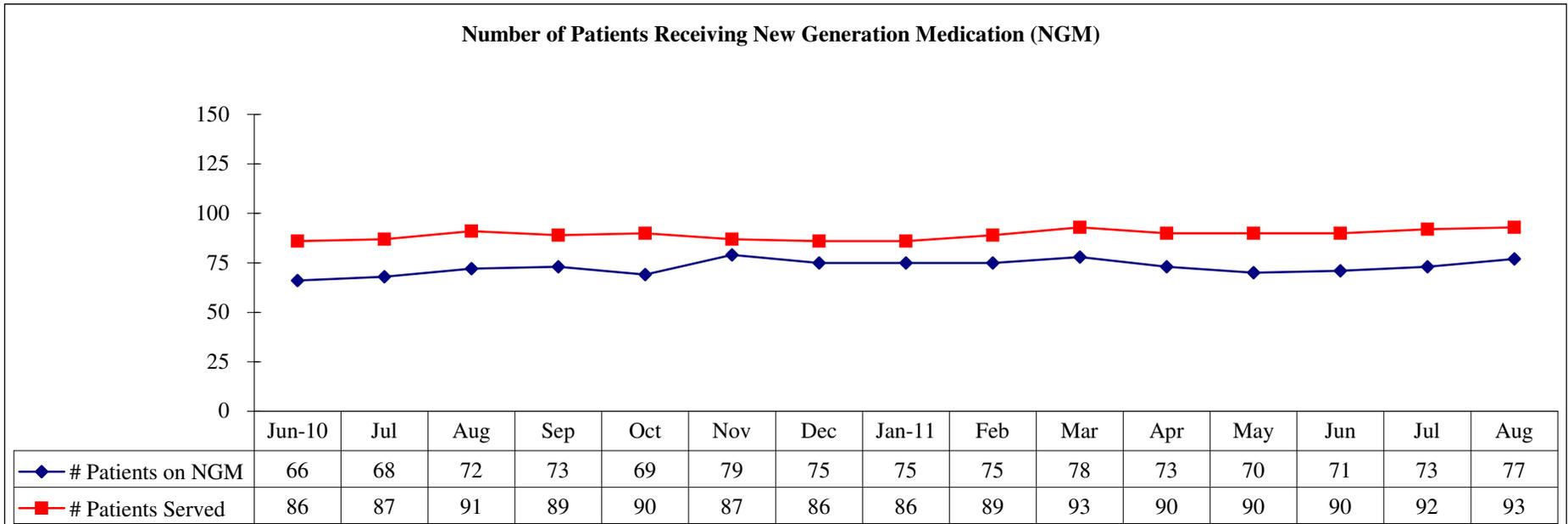
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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

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



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

Performance Measure 4B:

Analyze and report the costs of antipsychotic medications.

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

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

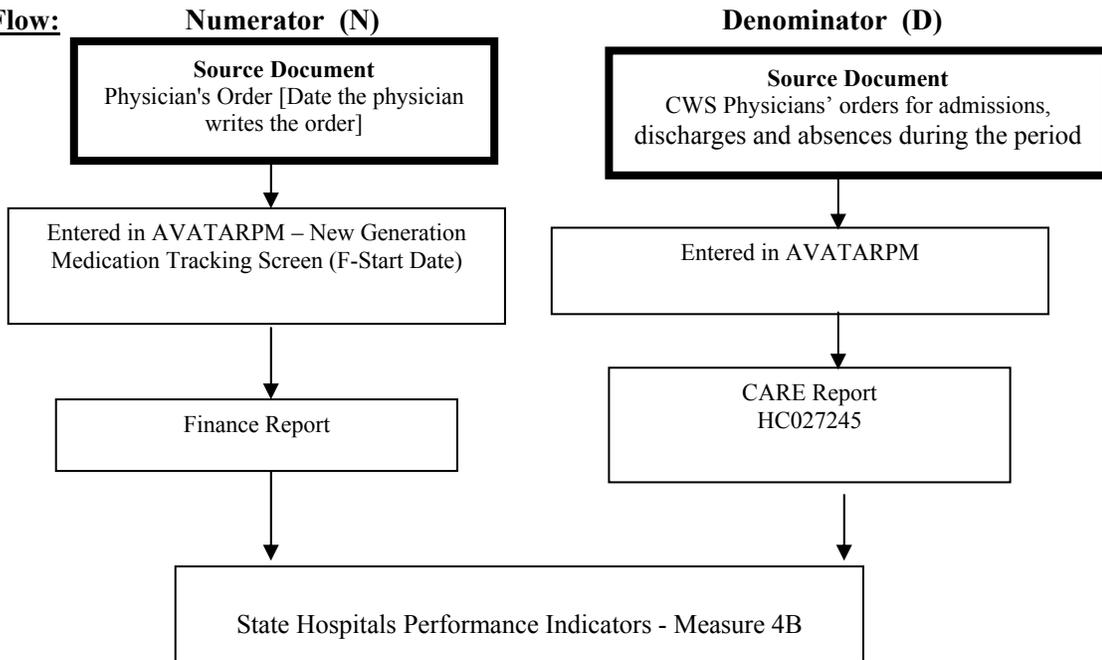
N = total dollar amount spent on new generation medications per hospital per month.

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

Performance Measure Data Display and Chart Description:

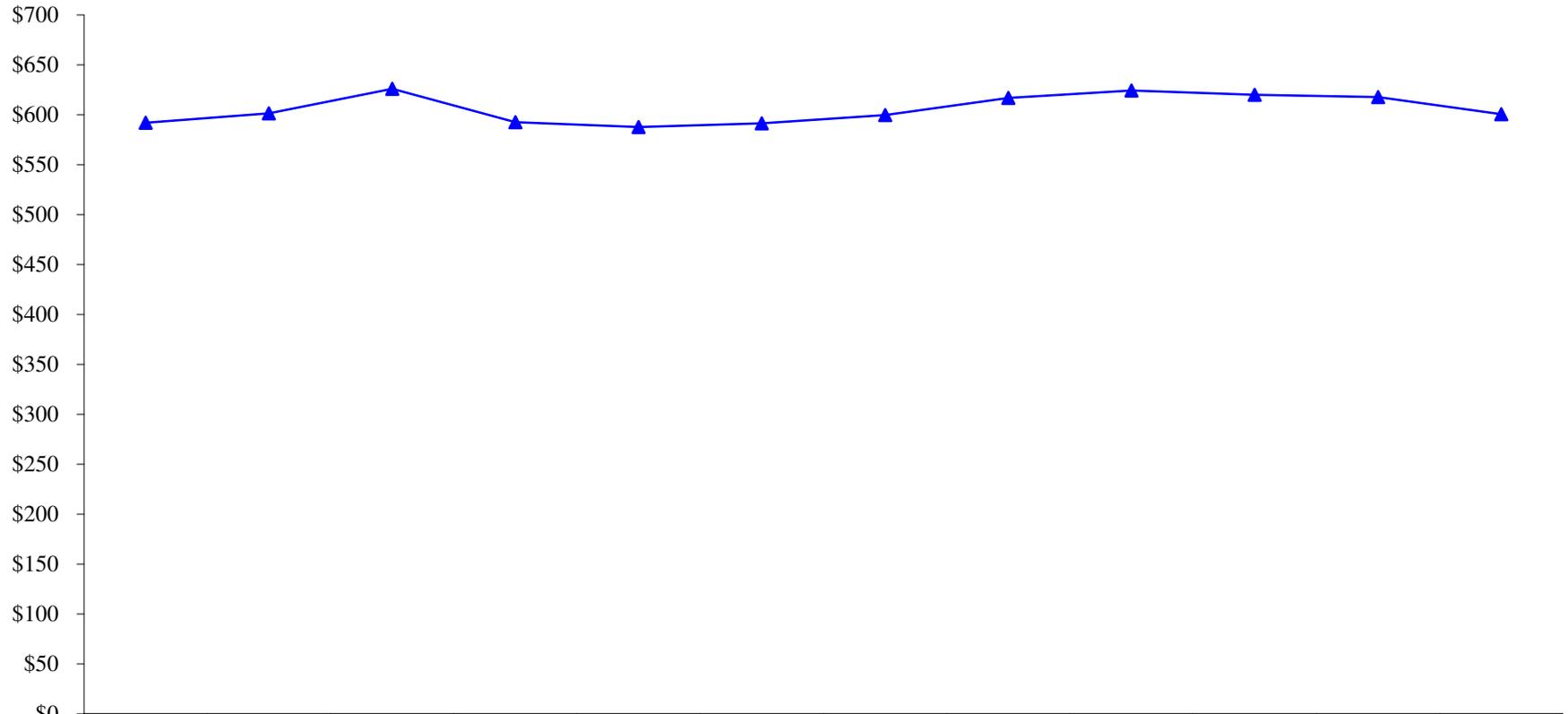
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

Data Flow:



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

Average Cost of Antipsychotic Medications per Patient per Month



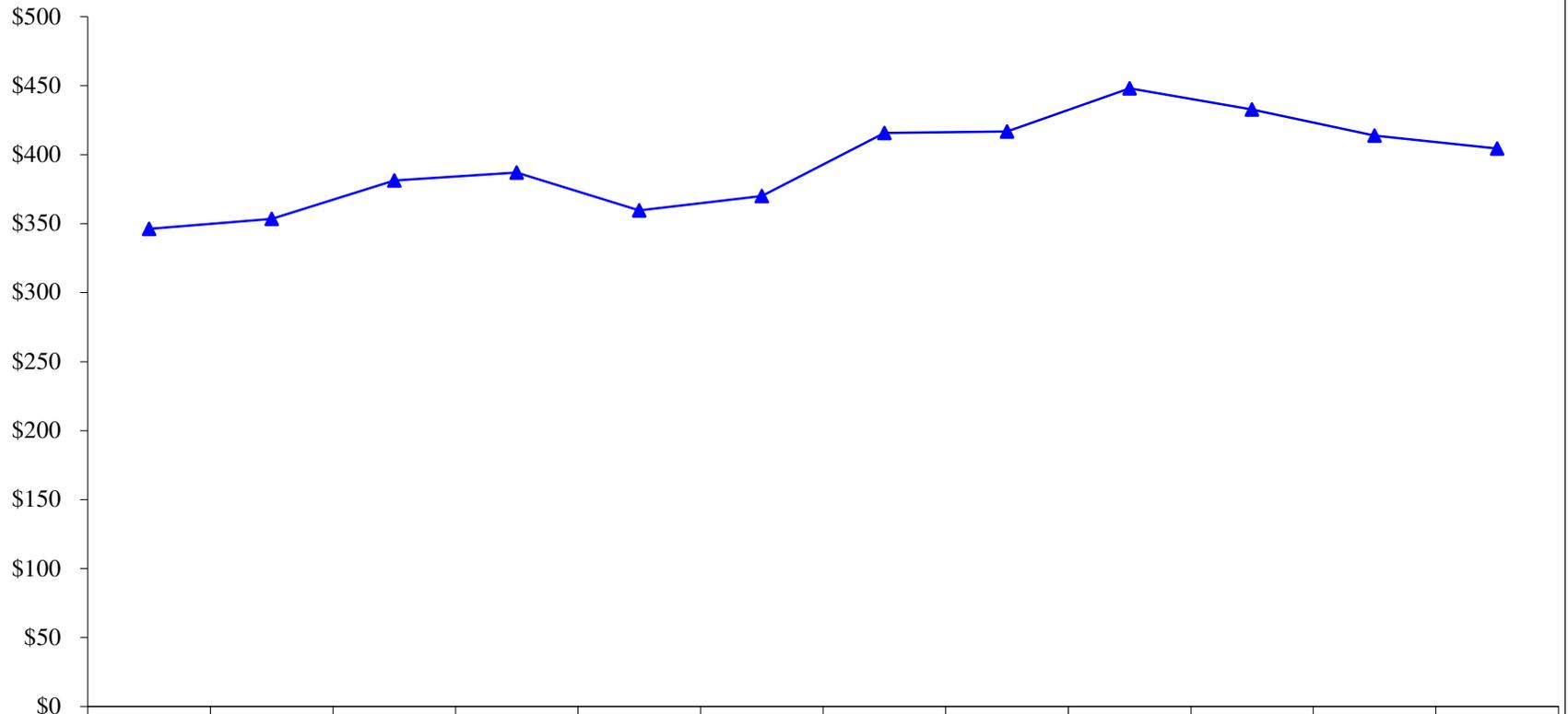
* Average Monthly Cost per Quarter

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

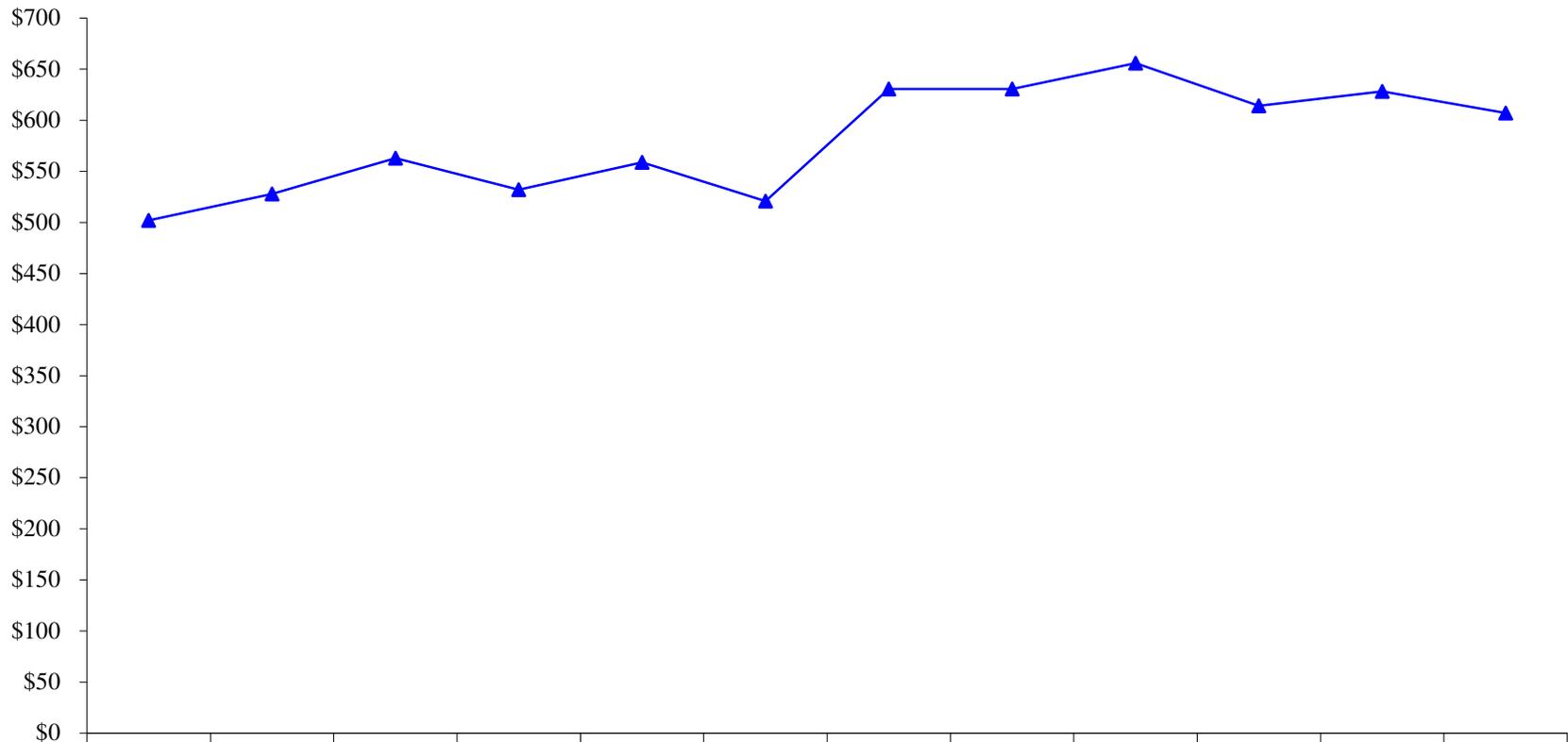


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$150,236	\$150,236	\$150,236	\$151,374	\$151,374	\$151,374	\$178,812	\$178,812	\$178,812	\$179,644	\$179,644	\$179,644
# of Pts on NGM	434	425	394	391	421	409	430	429	399	415	434	444
▲ Average Cost per Patient	\$346	\$353	\$381	\$387	\$360	\$370	\$416	\$417	\$448	\$433	\$414	\$405

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

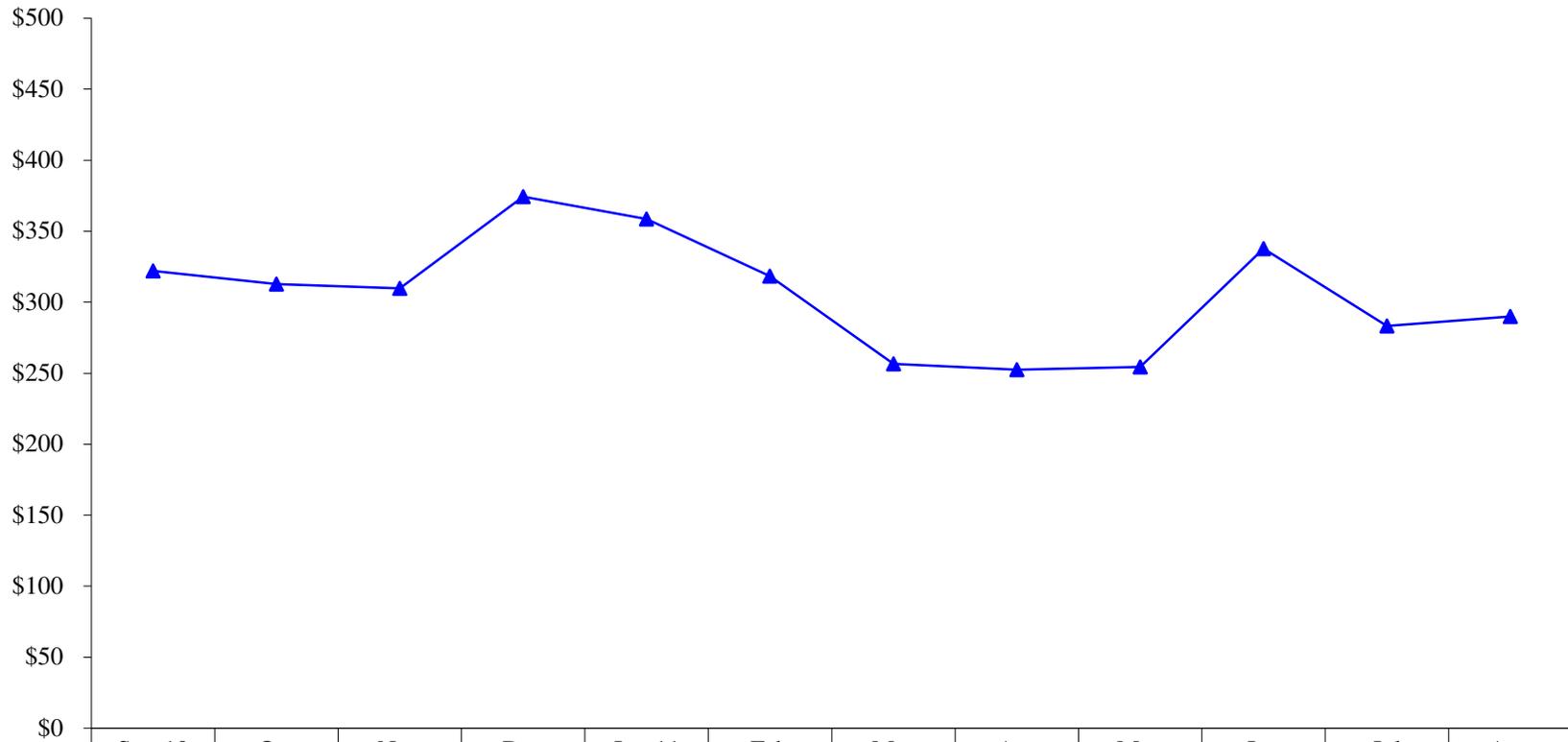


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$101,879	\$101,879	\$101,879	\$99,478	\$99,478	\$99,478	\$114,134	\$114,134	\$114,134	\$108,669	\$108,669	\$108,669
# of Pts on NGM	203	193	181	187	178	191	181	181	174	177	173	179
▲ Average Cost per Patient	\$502	\$528	\$563	\$532	\$559	\$521	\$631	\$631	\$656	\$614	\$628	\$607

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

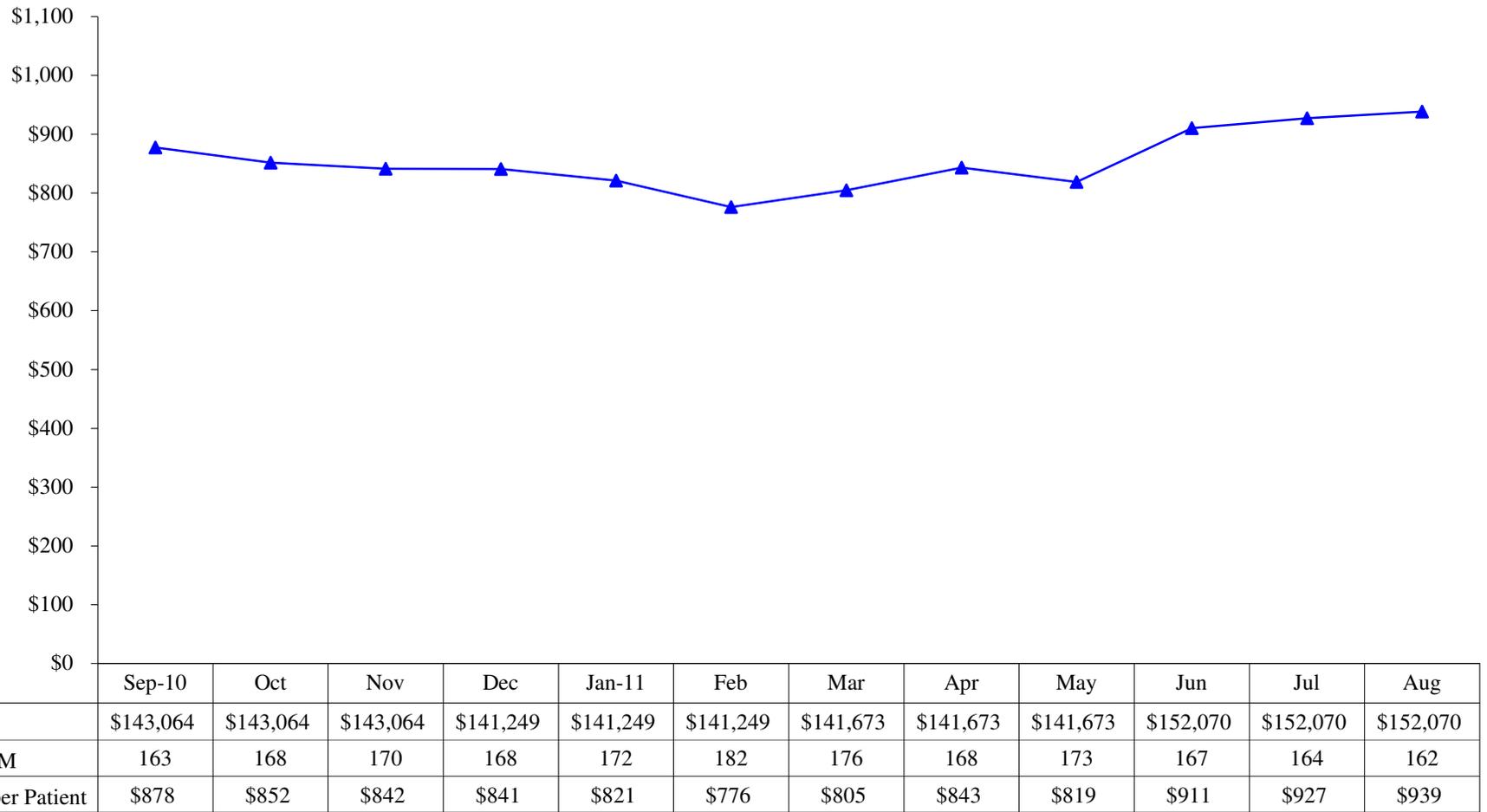


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$32,839	\$32,839	\$32,839	\$34,062	\$34,062	\$34,062	\$30,540	\$30,540	\$30,540	\$36,809	\$36,809	\$36,809
# of Pts on NGM	102	105	106	91	95	107	119	121	120	109	130	127
▲ Average Cost per Patient	\$322	\$313	\$310	\$374	\$359	\$318	\$257	\$252	\$255	\$338	\$283	\$290

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital

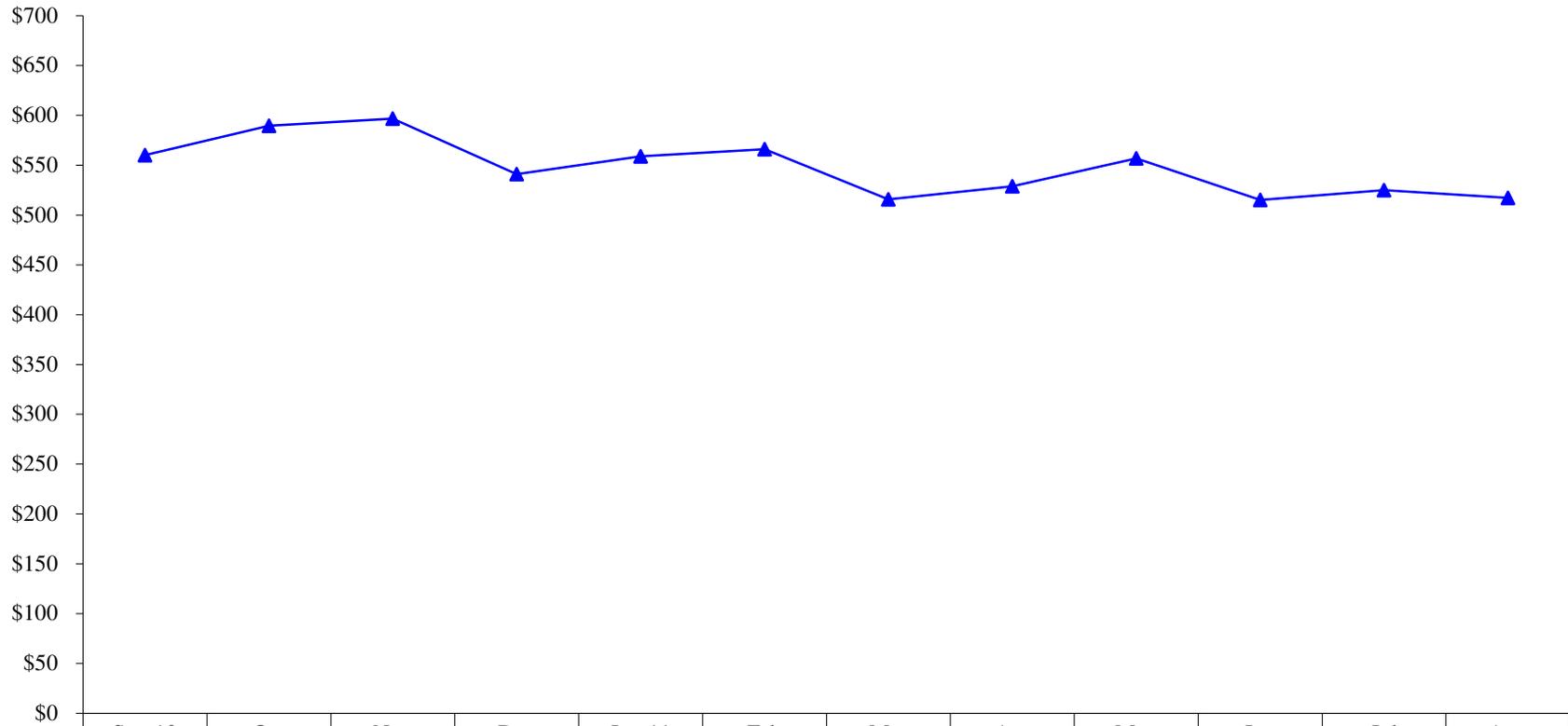
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

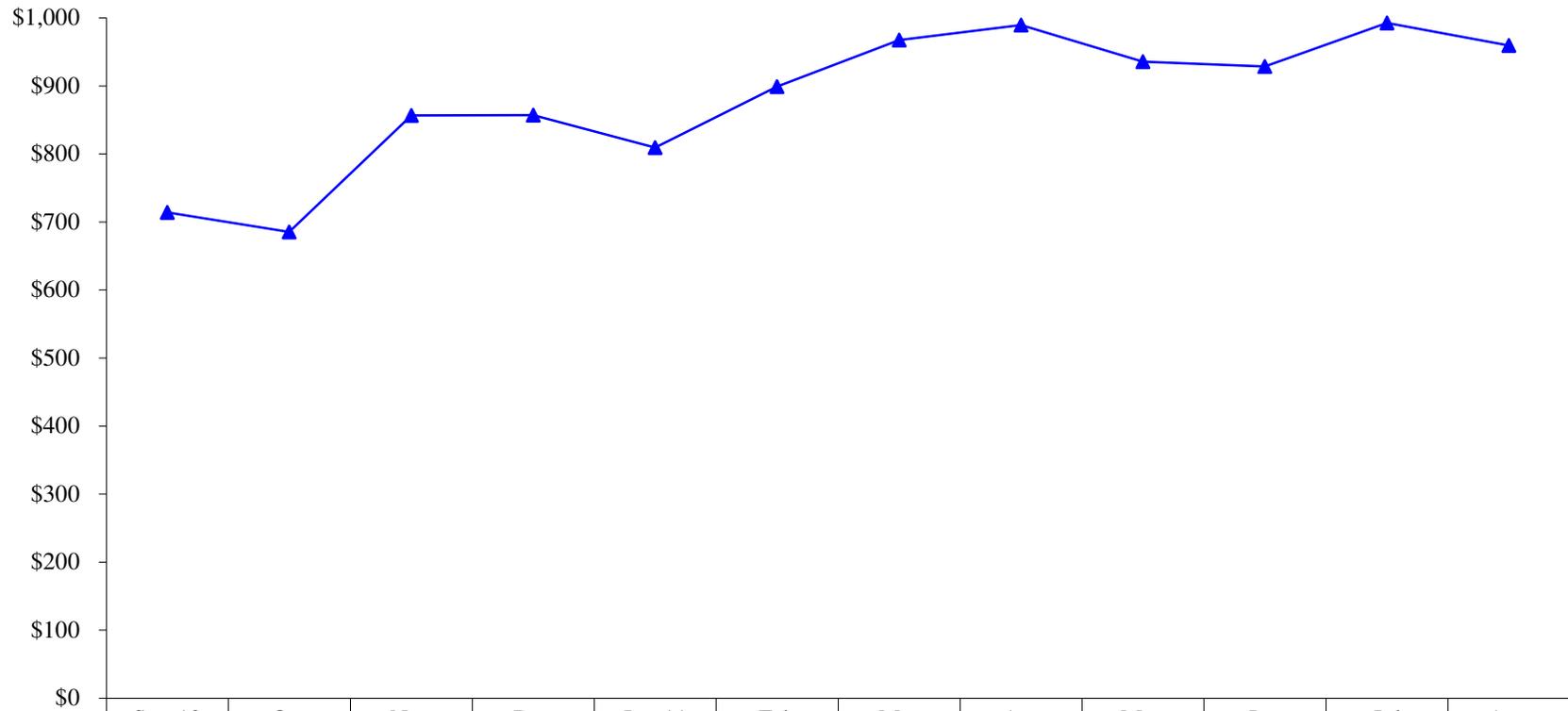


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$290,051	\$290,051	\$290,051	\$271,063	\$271,063	\$271,063	\$252,193	\$252,193	\$252,193	\$246,664	\$246,664	\$246,664
# of Pts on NGM	518	492	486	501	485	479	489	477	453	479	470	477
▲ Average Cost per Patient	\$560	\$590	\$597	\$541	\$559	\$566	\$516	\$529	\$557	\$515	\$525	\$517

* 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

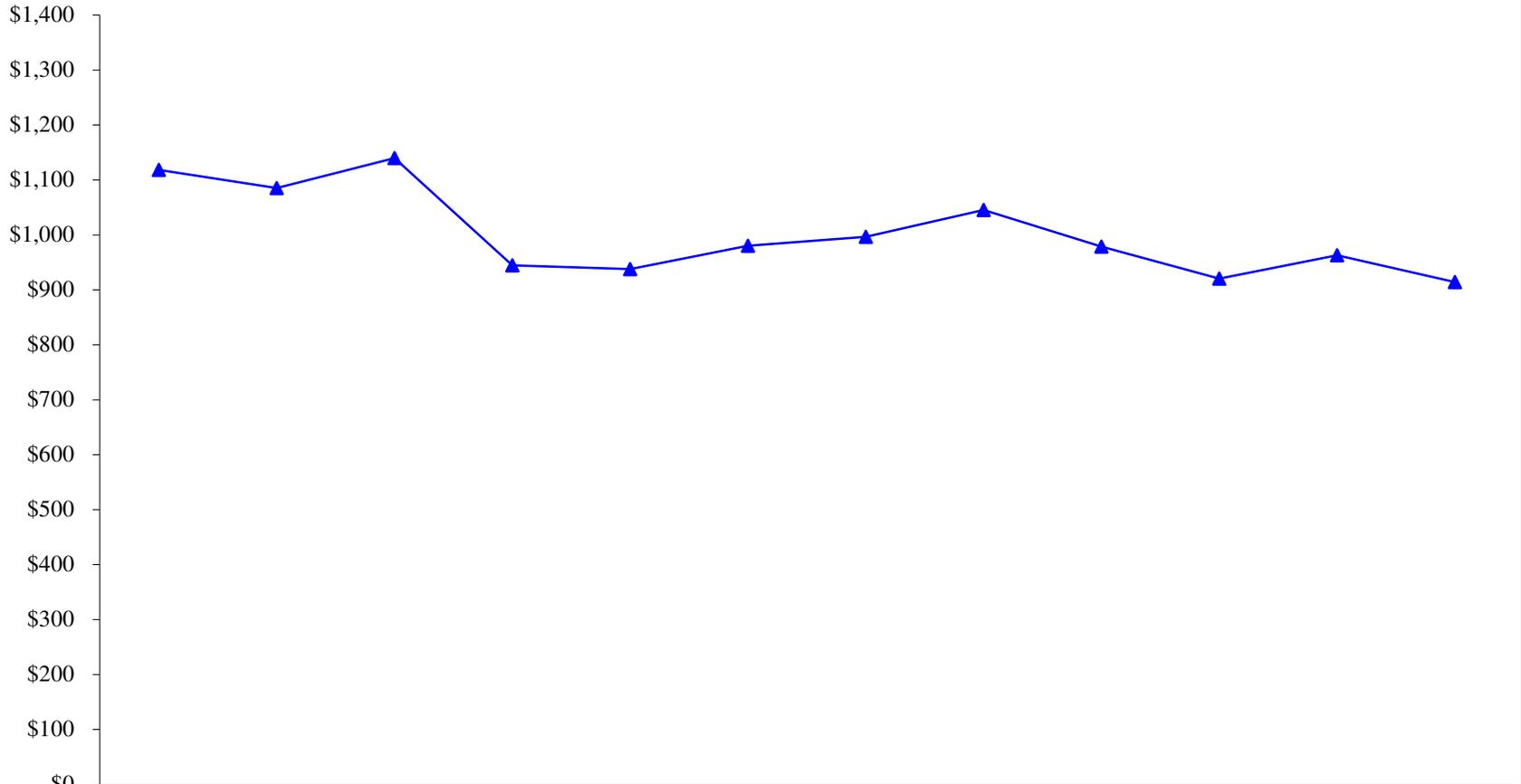


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$68,534	\$68,534	\$68,534	\$72,830	\$72,830	\$72,830	\$86,081	\$86,081	\$86,081	\$86,348	\$86,348	\$86,348
# of Pts on NGM	96	100	80	85	90	81	89	87	92	93	87	90
▲ Average Cost per Patient	\$714	\$685	\$857	\$857	\$809	\$899	\$967	\$989	\$936	\$928	\$993	\$959

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

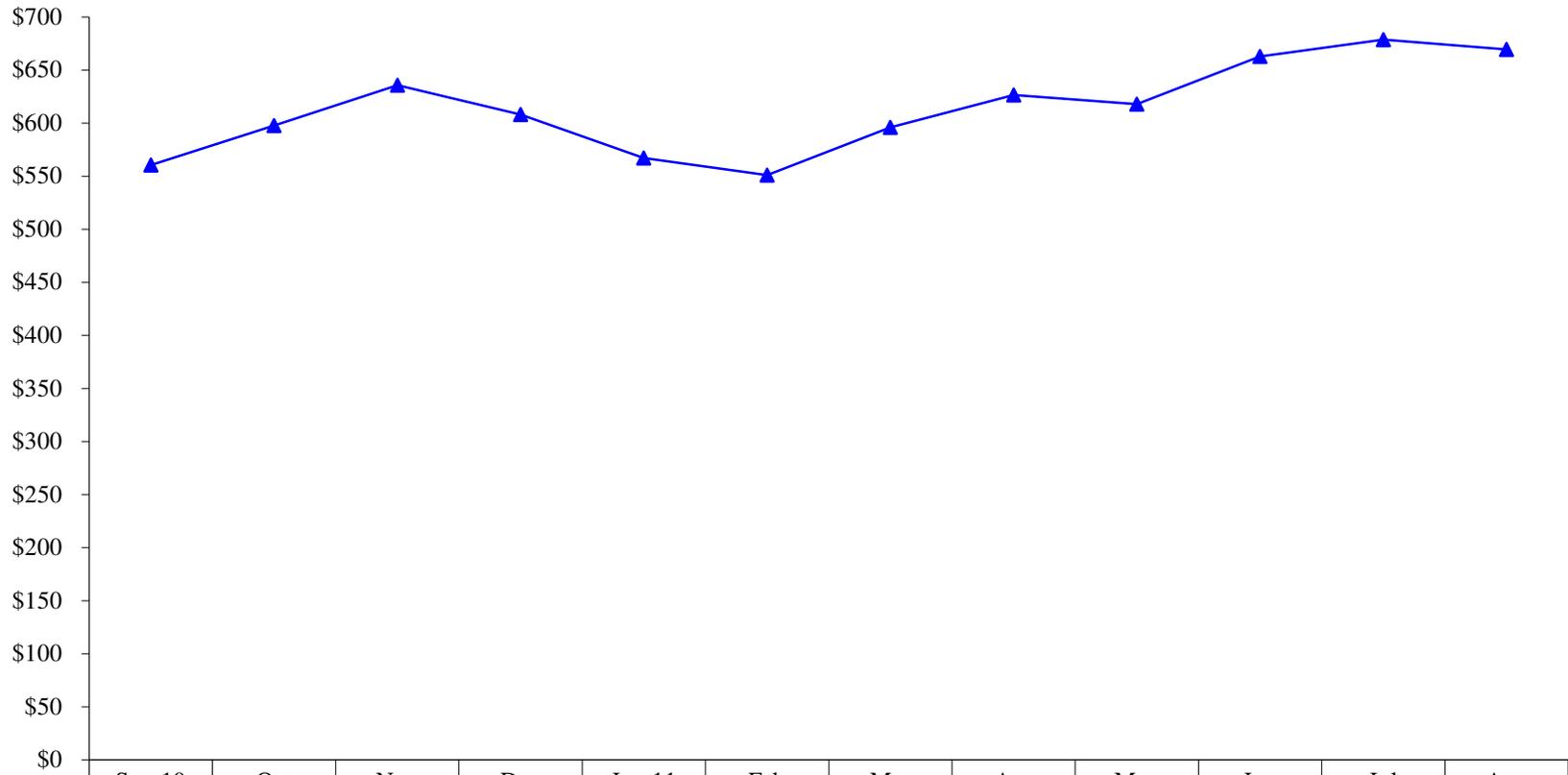


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$294,143	\$294,143	\$294,143	\$258,806	\$258,806	\$258,806	\$275,011	\$275,011	\$275,011	\$270,685	\$270,685	\$270,685
# of Pts on NGM	263	271	258	274	276	264	276	263	281	294	281	296
▲ Average Cost per Patient	\$1,118	\$1,085	\$1,140	\$945	\$938	\$980	\$996	\$1,046	\$979	\$921	\$963	\$914

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

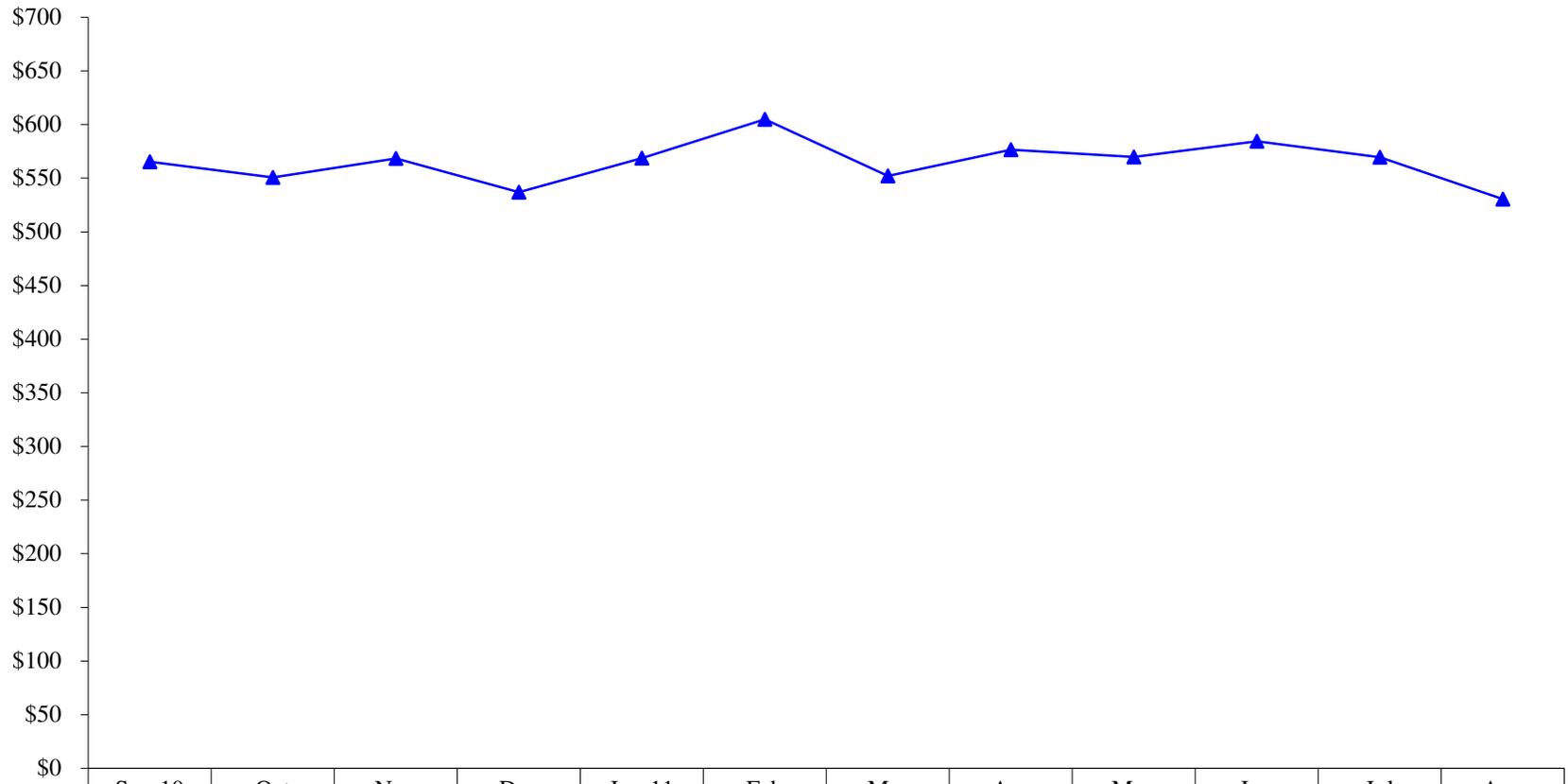


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$179,883	\$179,883	\$179,883	\$176,913	\$176,913	\$176,913	\$183,538	\$183,538	\$183,538	\$196,157	\$196,157	\$196,157
# of Pts on NGM	321	301	283	291	312	321	308	293	297	296	289	293
▲ Average Cost per Patient	\$560	\$598	\$636	\$608	\$567	\$551	\$596	\$626	\$618	\$663	\$679	\$669

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

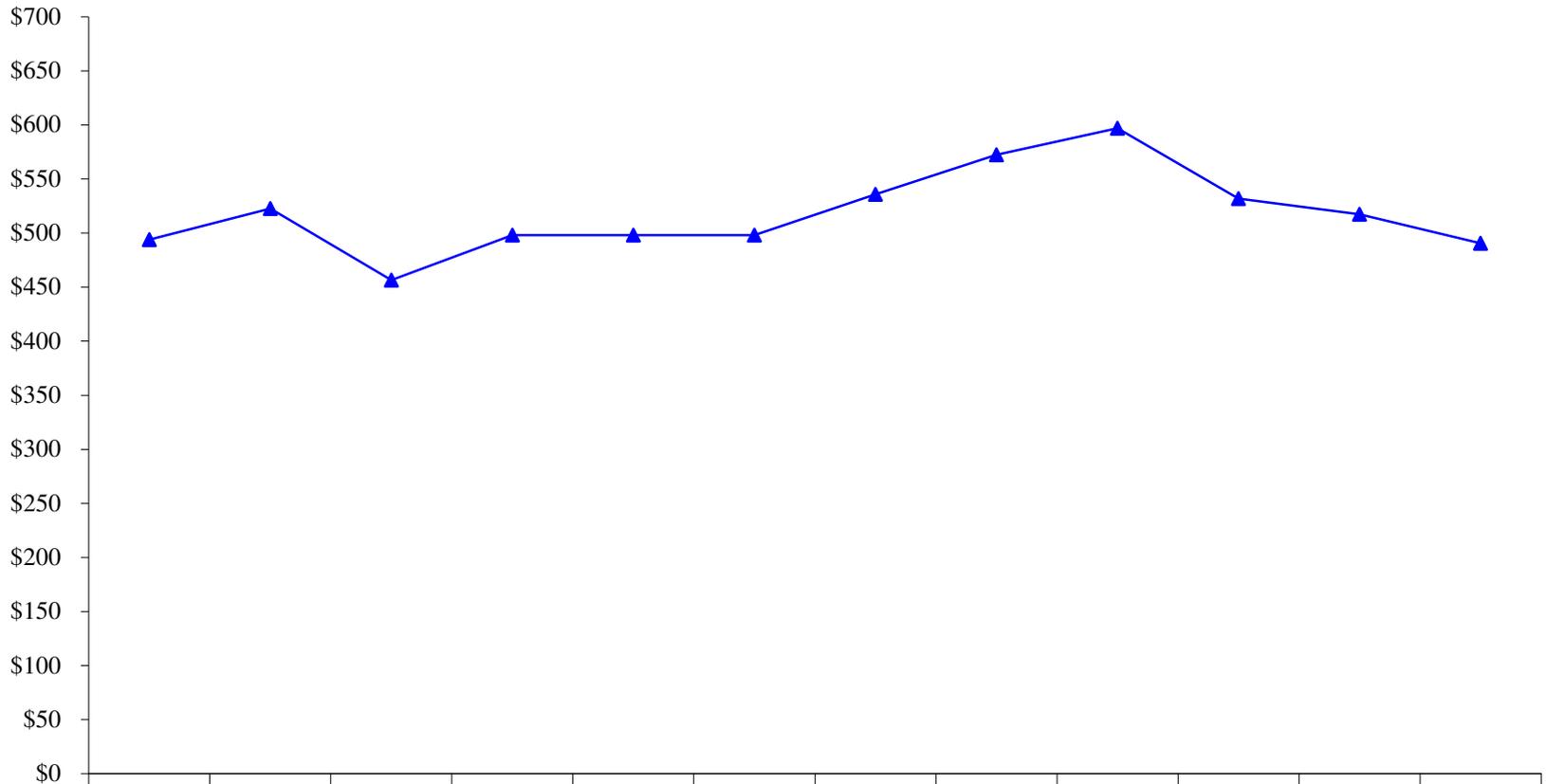


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$213,142	\$213,142	\$213,142	\$200,772	\$200,772	\$200,772	\$194,877	\$194,877	\$194,877	\$201,627	\$201,627	\$201,627
# of Pts on NGM	377	387	375	374	353	332	353	338	342	345	354	380
▲ Average Cost per Patient	\$565	\$551	\$568	\$537	\$569	\$605	\$552	\$577	\$570	\$584	\$570	\$531

* 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-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$36,067	\$36,067	\$36,067	\$37,358	\$37,358	\$37,358	\$41,792	\$41,792	\$41,792	\$37,774	\$37,774	\$37,774
# of Pts on NGM	73	69	79	75	75	75	78	73	70	71	73	77
▲ Average Cost per Patient	\$494	\$523	\$457	\$498	\$498	\$498	\$536	\$572	\$597	\$532	\$517	\$491

* Average Monthly Cost per Quarter

Performance Measure 4C:

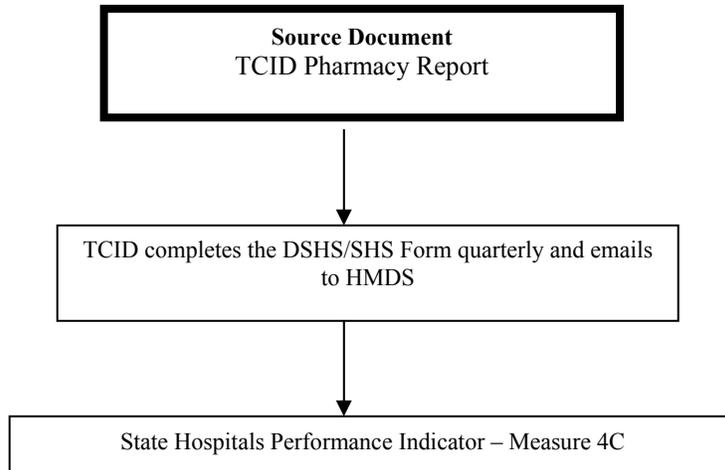
Analyze and report the cost of TB medications.

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

Performance Measure Formula: No formula – continuous variable.

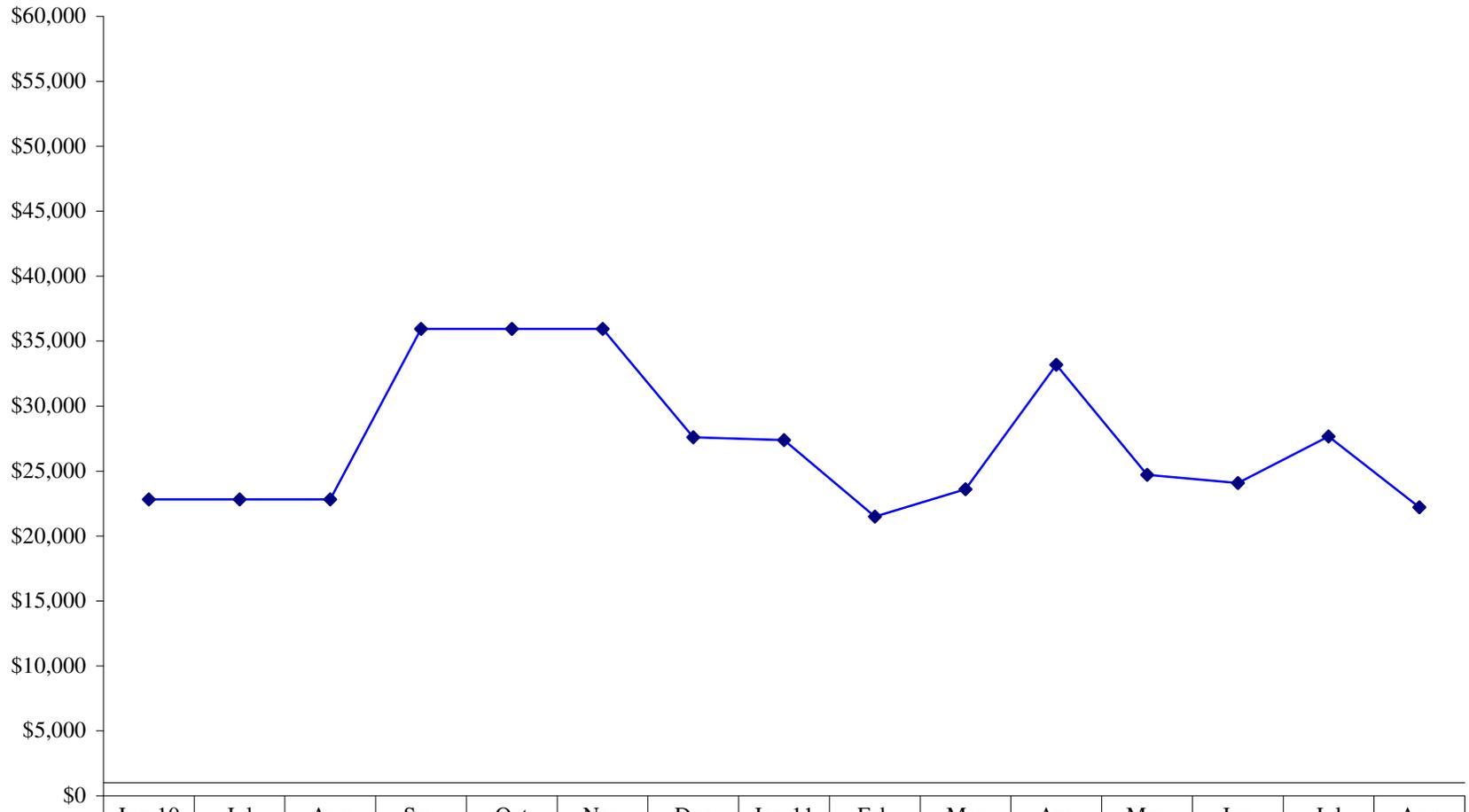
Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



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

Cost of TB Medications



Performance Measure 4D:

Report scan rates for medications administered utilizing MEDIMAR System.

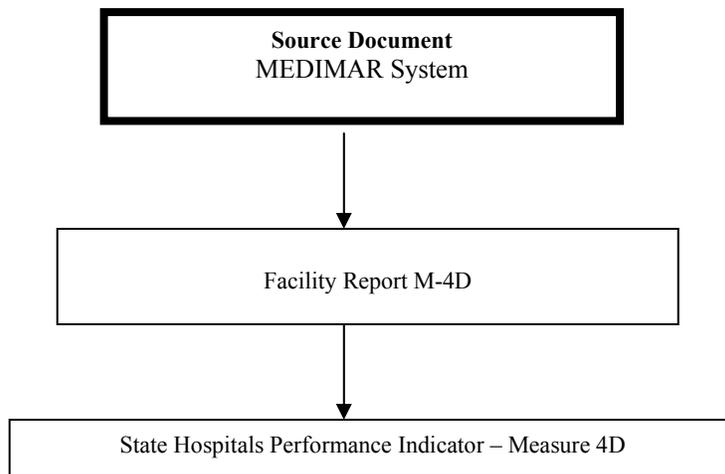
Performance Measure Operational Definition: MediMAR System scan rates for medications.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

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

Data Flow:



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

FY2010

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

FY2011

	Sep-10	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	NA	NA	84%	85%	83%	89%	88%	97%	93%	93%	89%	91%
BSSH	93%	92%	93%	93%	92%	94%	94%	95%	93%	94%	96%	97%
EPPC	93%	93%	90%	93%	92%	92%	91%	95%	95%	94%	92%	93%
KSH	95%	90%	73%	97%	96%	99%	99%	99%	99%	99%	95%	99%
NTSH - WF	0%	87%	90%	93%	95%	98%	97%	97%	98%	98%	96%	97%
NTSH - V	0%	87%	86%	90%	91%	92%	92%	90%	92%	93%	88%	91%
RGSC	57%	70%	64%	64%	64%	64%	45%	41%	37%	33%	25%	17%
RSH	80%	88%	91%	74%	65%	66%	86%	87%	90%	89%	87%	90%
SASH	87%	87%	87%	89%	89%	89%	76%	78%	79%	94%	95%	95%
TSH	88%	90%	91%	90%	91%	91%	91%	91%	91%	93%	93%	95%
WCFY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA = MediMAR has not been implemented at facility

GOAL 5: Assure Continuum of Care

Performance Objective 5A:

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

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

Performance Objective Formula:

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

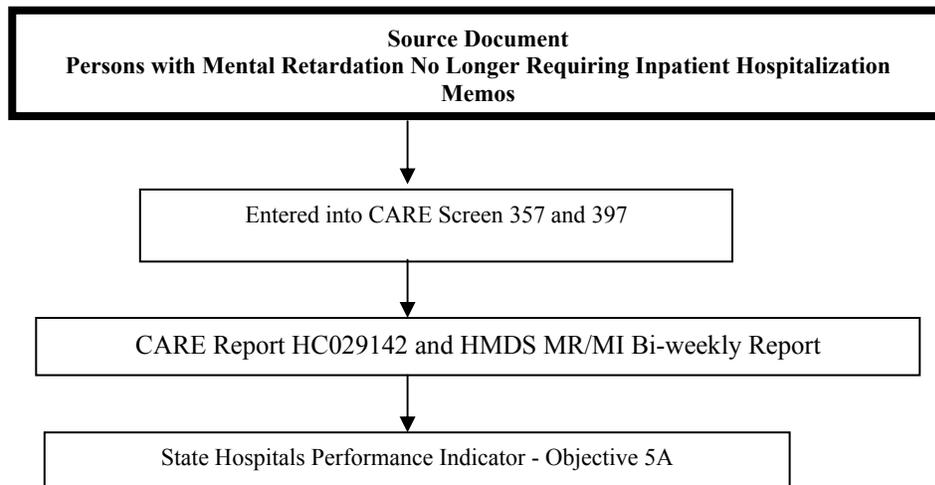
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

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

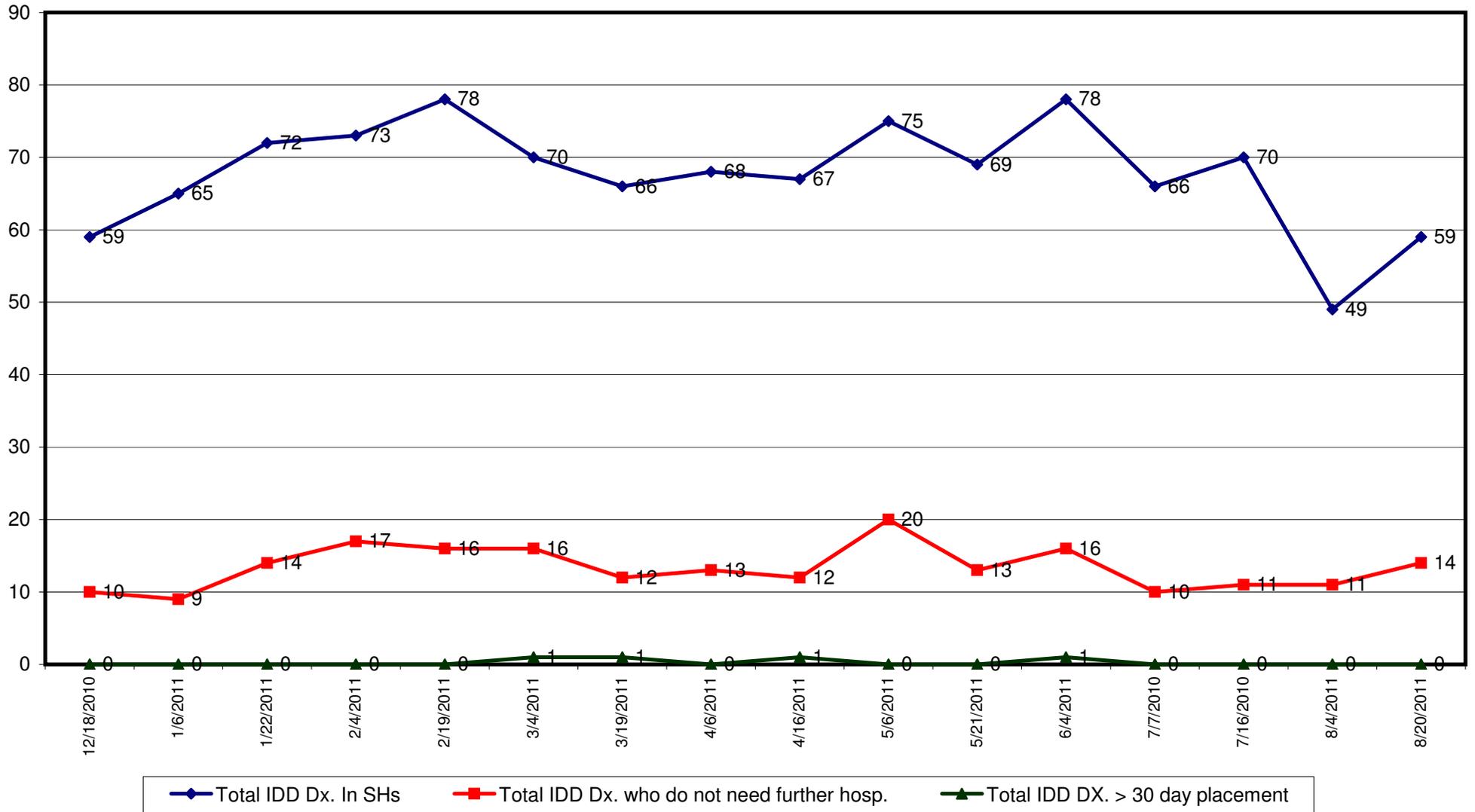
Performance Objective Data Display and Chart Description:

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

Data Flow:



Persons with IDD Diagnosis in SHs



Performance Objective 5C:

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

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

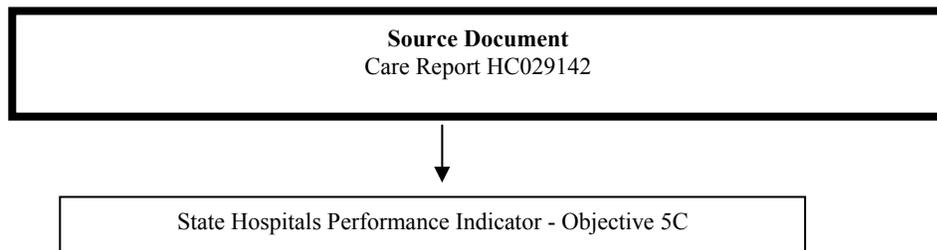
The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.

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

Performance Objective Data Display and Chart Description:

Chart with number of patients having been in the State Psychiatric Hospital over 365 days, identified by four categories.

Data Flow:



Performance Measure 5A:

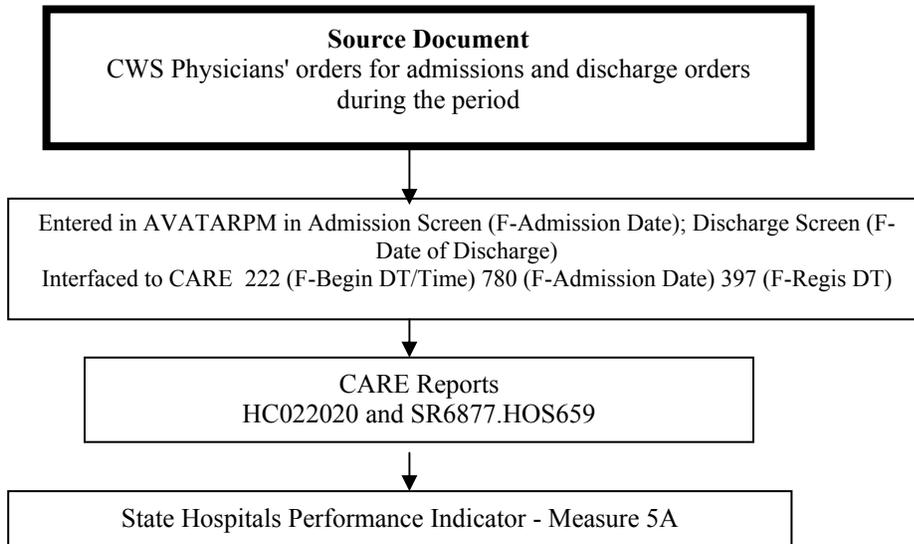
Calculate and report number and type of all admissions, discharges, and the percentage of patients new to the system.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:

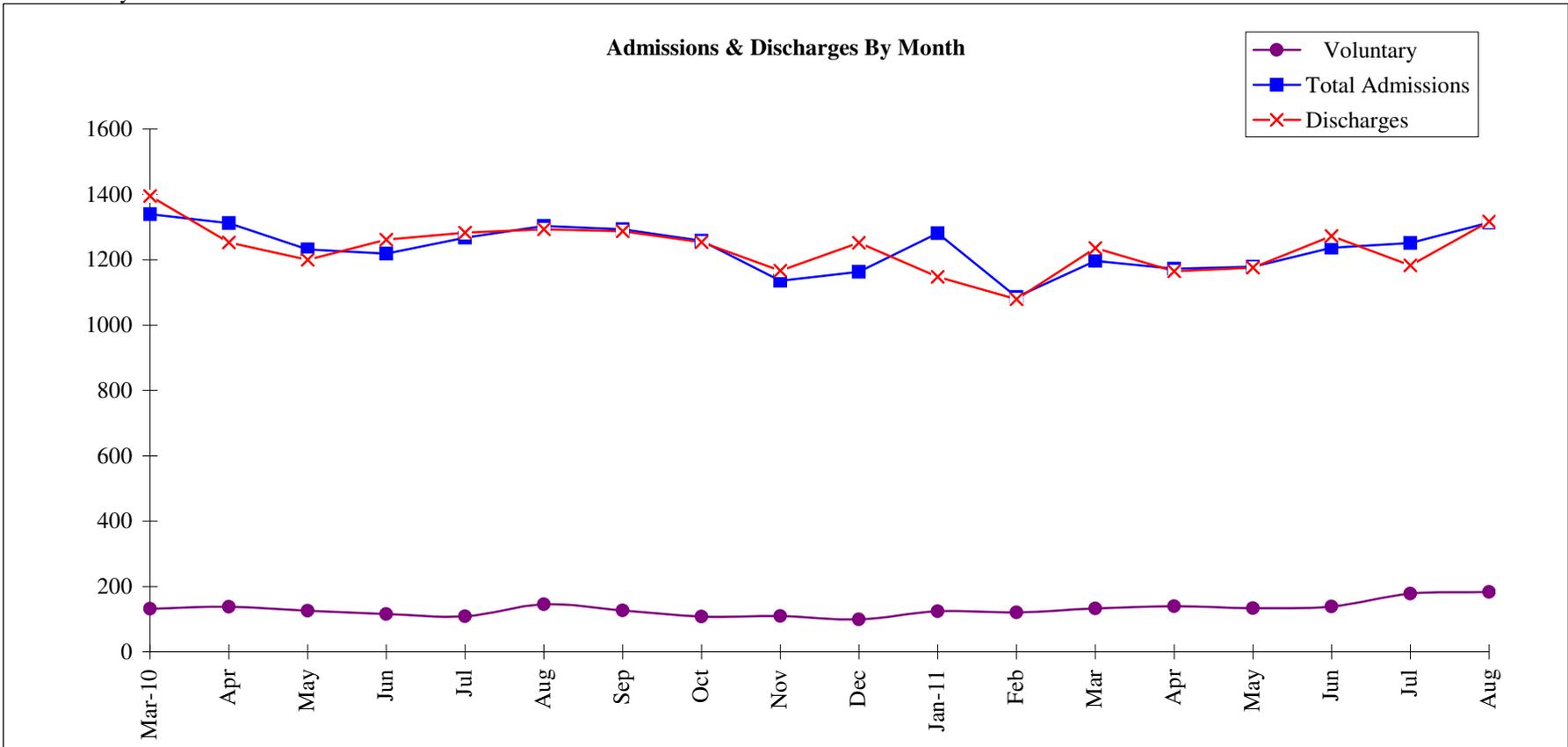


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State MH Hospitals

Admissions by Month

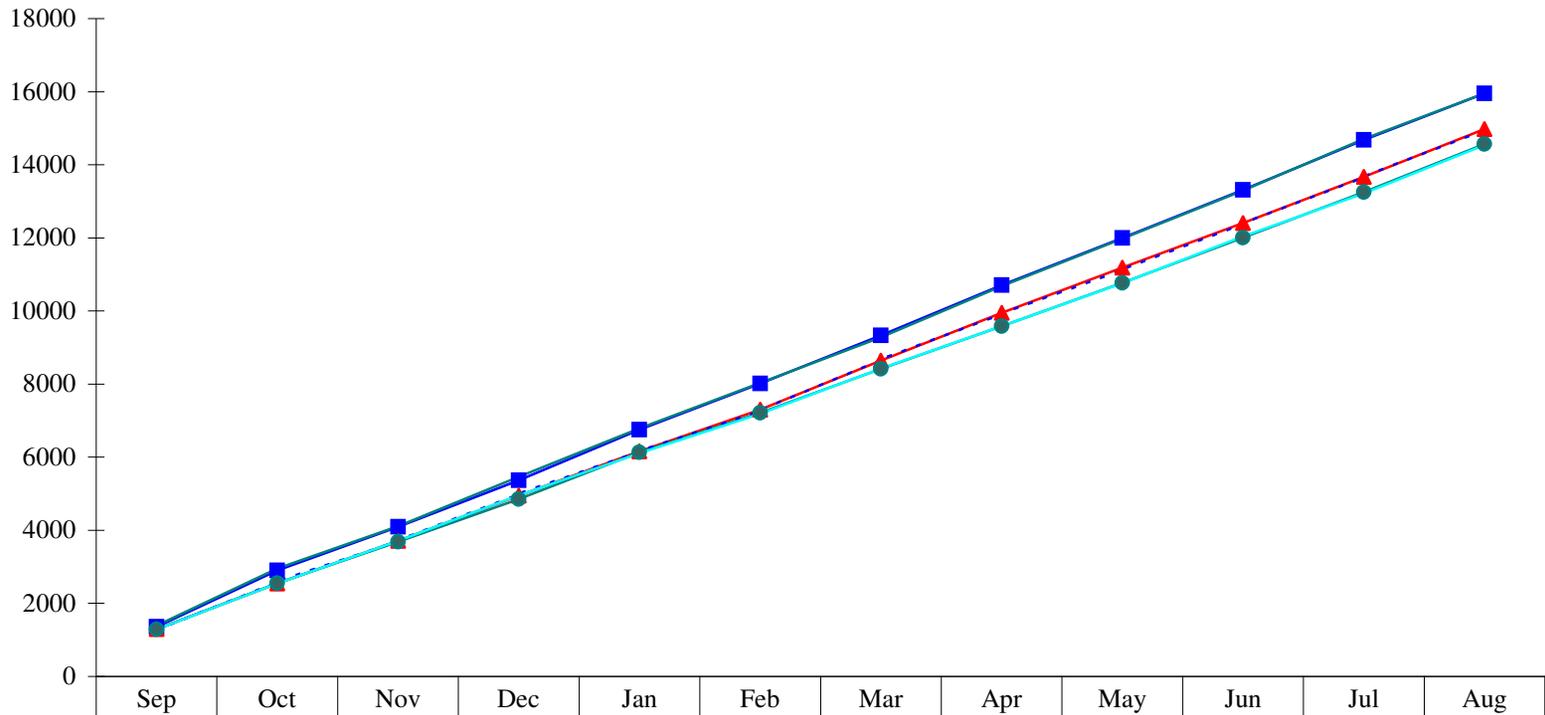
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	1340	1312	1232	1219	1268	1304	1293	1258	1136	1163	1281	1086	1197	1173	1179	1237	1251	1314
Voluntary	132	138	126	116	109	146	127	108	110	99	124	121	133	140	134	139	178	183
Involuntary	1208	1174	1106	1103	1159	1158	1166	1150	1026	1064	1157	965	1064	1033	1045	1098	1073	1131
OPC	346	321	290	325	307	337	325	323	267	290	308	276	274	255	282	282	280	321
Emergency	556	586	528	513	563	535	572	558	490	485	576	455	516	517	532	552	543	559
Temporary	132	133	123	115	140	138	125	133	110	129	104	93	109	105	100	113	99	118
Extended	5	4	3	7	5	2	1	2	5	7	5	6	8	7	1	6	1	4
Forensic	147	113	145	122	121	127	121	121	131	131	146	119	138	126	114	121	132	112
Order for MR S:	22	17	17	21	23	19	22	13	23	22	18	16	19	23	16	24	18	17
Discharges	1395	1253	1200	1262	1283	1293	1287	1254	1167	1252	1148	1079	1236	1165	1176	1273	1183	1317
% New to System	47%	48%	49%	50%	47%	48%	45%	49%	49%	48%	49%	46%	48%	48%	51%	51%	50%	51%



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

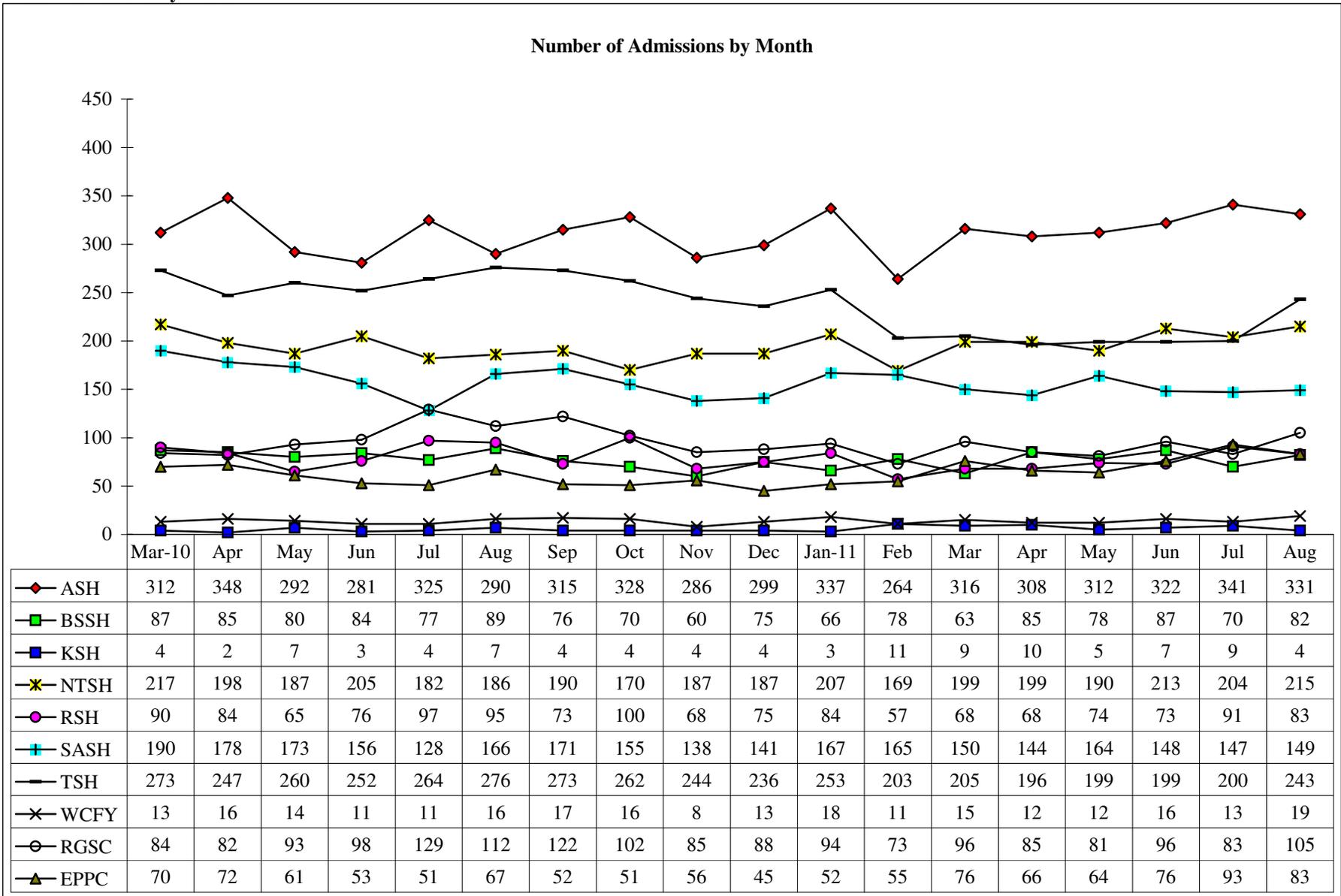
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



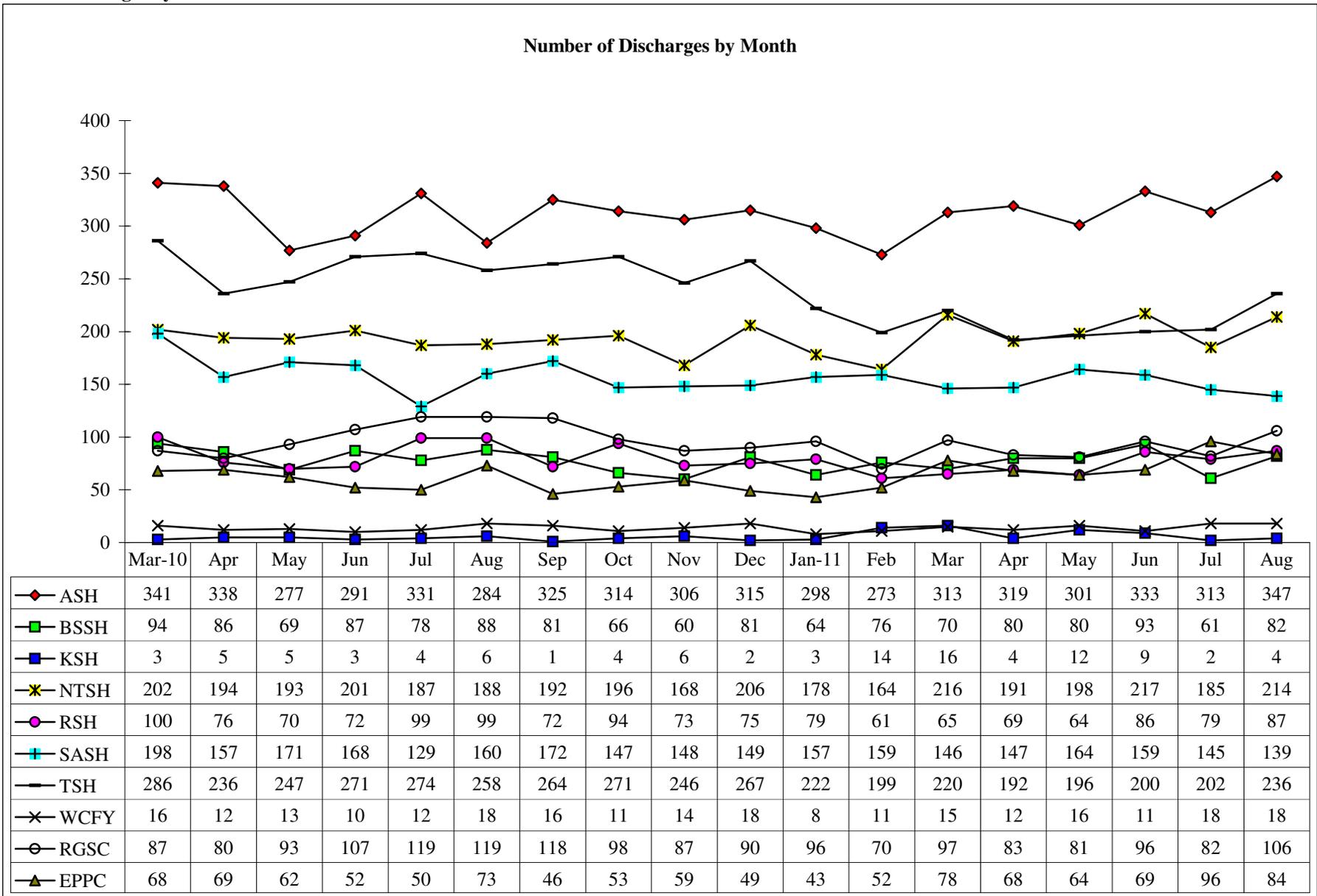
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY09 Admissions	1358	2905	4094	5369	6749	8019	9332	10705	11995	13313	14682	15954
—▲— FY10 Admissions	1296	2543	3714	4951	6164	7300	8640	9952	11184	12403	13671	14975
—●— FY11 Admissions	1293	2551	3687	4850	6131	7217	8414	9587	10766	12003	13254	14568
— FY09 Discharges	1394	2954	4111	5464	6787	8031	9282	10683	11981	13299	14703	15955
- - - - FY10 Discharges	1266	2588	3715	4992	6158	7277	8672	9925	11125	12387	13670	14963
— FY11 Discharges	1287	2541	3708	4960	6108	7187	8423	9588	10764	12037	13220	14537

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



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

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



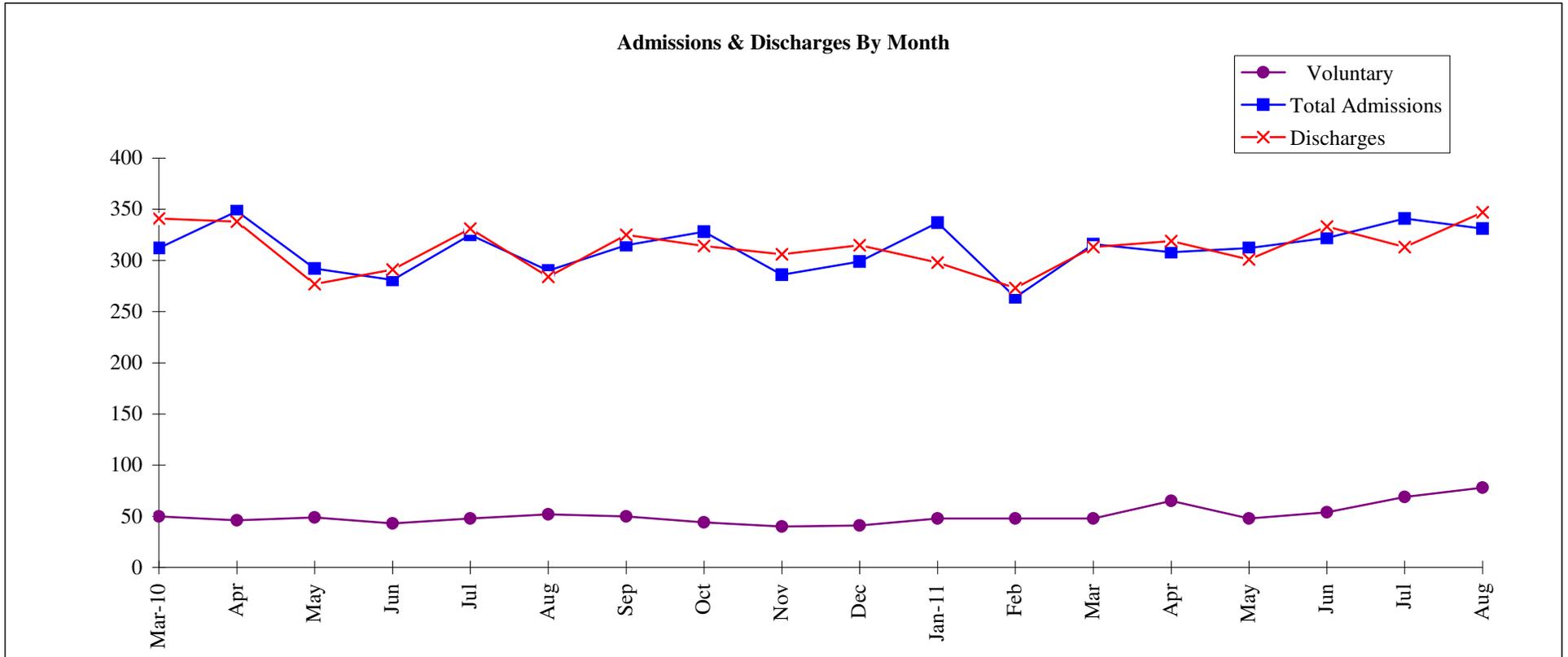
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Austin State Hospital

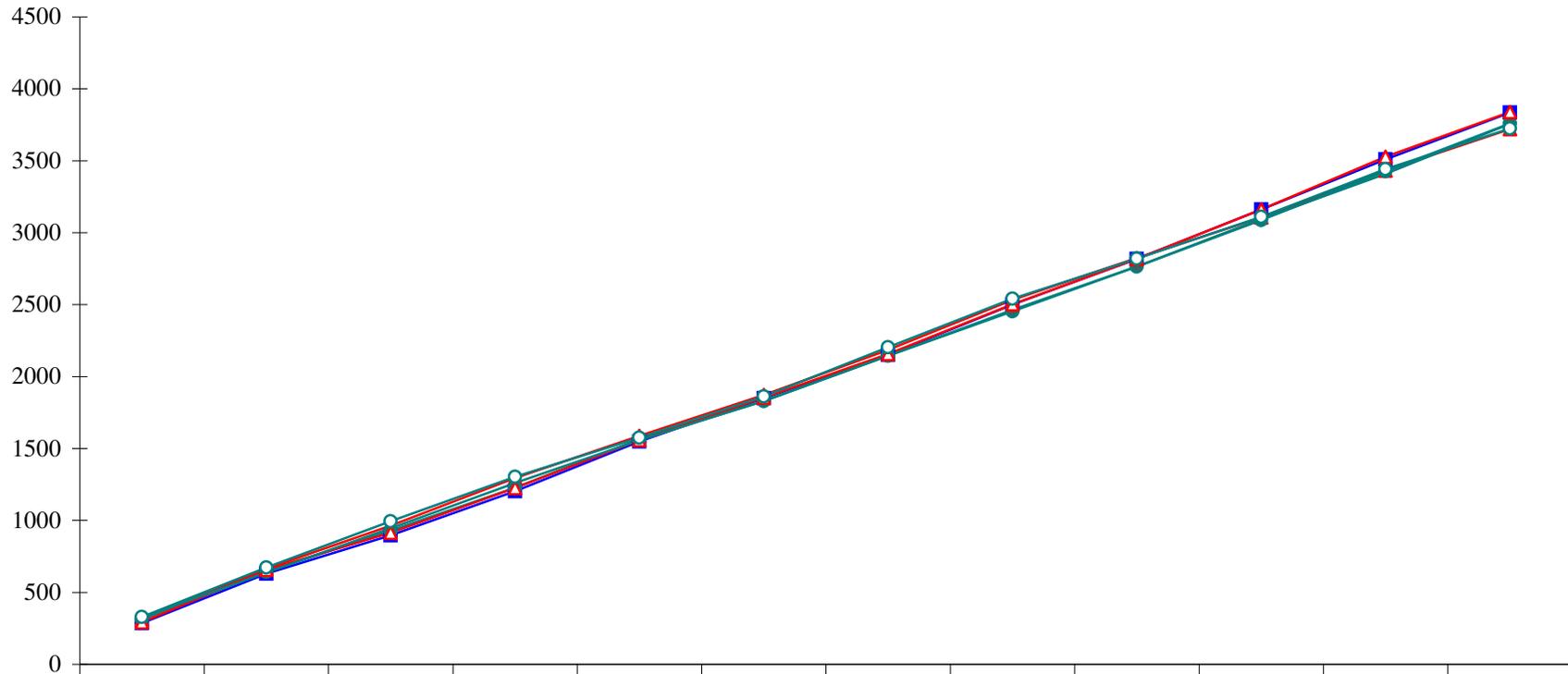
Admissions by Month

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	312	348	292	281	325	290	315	328	286	299	337	264	316	308	312	322	341	331
Voluntary	50	46	49	43	48	52	50	44	40	41	48	48	48	65	48	54	69	78
Involuntary	262	302	243	238	277	238	265	284	246	258	289	216	268	243	264	268	272	253
OPC	13	9	19	16	20	17	17	20	13	13	12	6	19	14	7	11	9	25
Emergency	222	258	202	198	228	203	218	232	208	222	238	189	221	200	219	227	234	202
Temporary	9	17	8	12	13	8	21	11	11	13	15	11	12	15	19	23	12	12
Extended	2	0	0	0	0	0	0	0	0	2	0	3	1	0	0	0	1	0
Forensic	16	17	14	12	16	10	8	20	14	8	24	7	15	13	19	7	15	14
Order for MR Svc	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0	0	1	0
Discharges	341	338	277	291	331	284	325	314	306	315	298	273	313	319	301	333	313	347
% New to System	48%	49%	49%	52%	48%	52%	44%	45%	48%	46%	48%	45%	45%	45%	48%	51%	48%	48%



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

Total Admissions & Discharges Year-To-Date



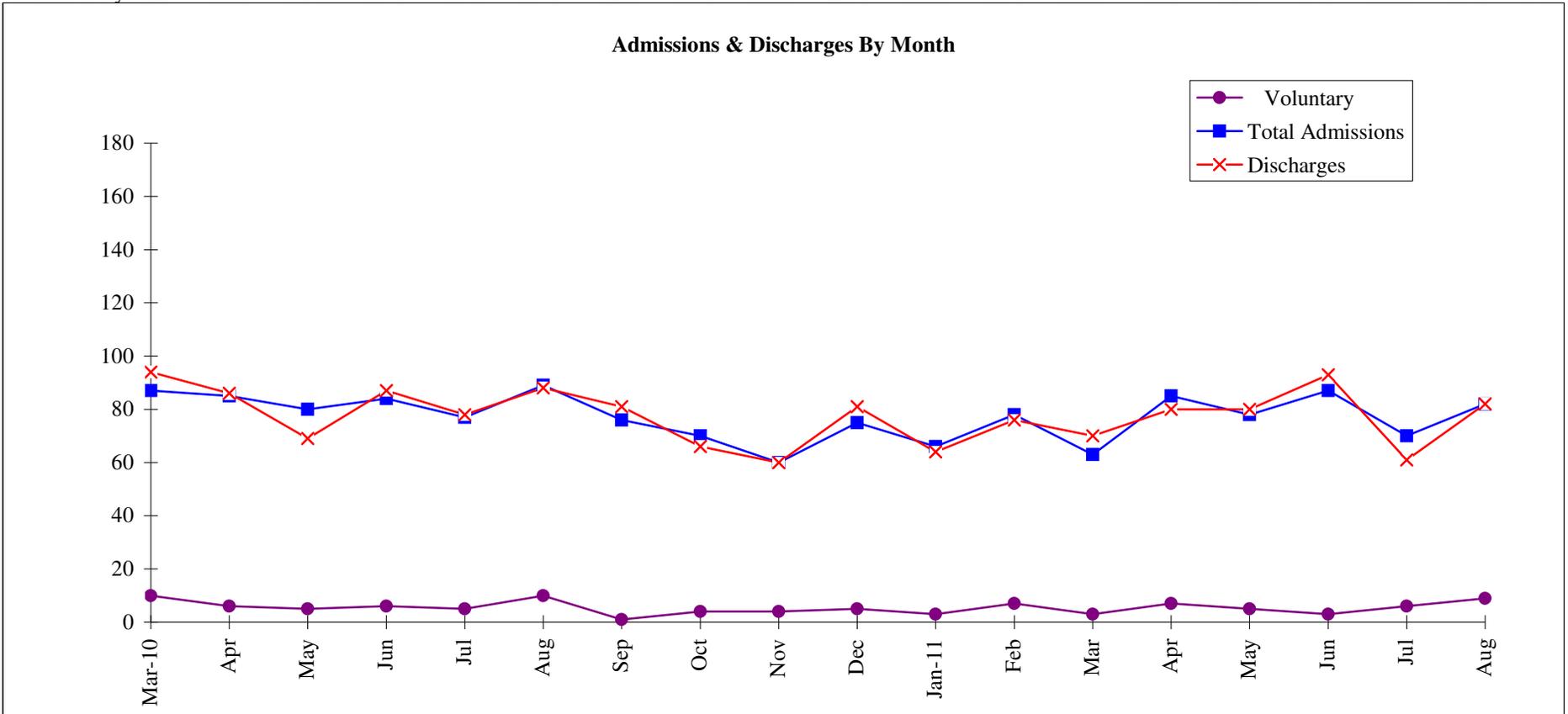
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY09 Admissions	286	631	897	1203	1549	1849	2150	2501	2817	3161	3510	3834
—▲— FY10 Admissions	312	666	963	1296	1589	1873	2185	2533	2825	3106	3431	3721
—●— FY11 Admissions	315	643	929	1228	1565	1829	2145	2453	2765	3087	3428	3759
—△— FY09 Discharges	293	656	914	1226	1560	1855	2156	2503	2817	3161	3527	3839
—○— FY10 Discharges	329	674	994	1303	1576	1863	2204	2542	2819	3110	3441	3725
—○— FY11 Discharges	325	639	945	1260	1558	1831	2144	2463	2764	3097	3410	3757

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

Big Spring State Hospital

Admissions by Month

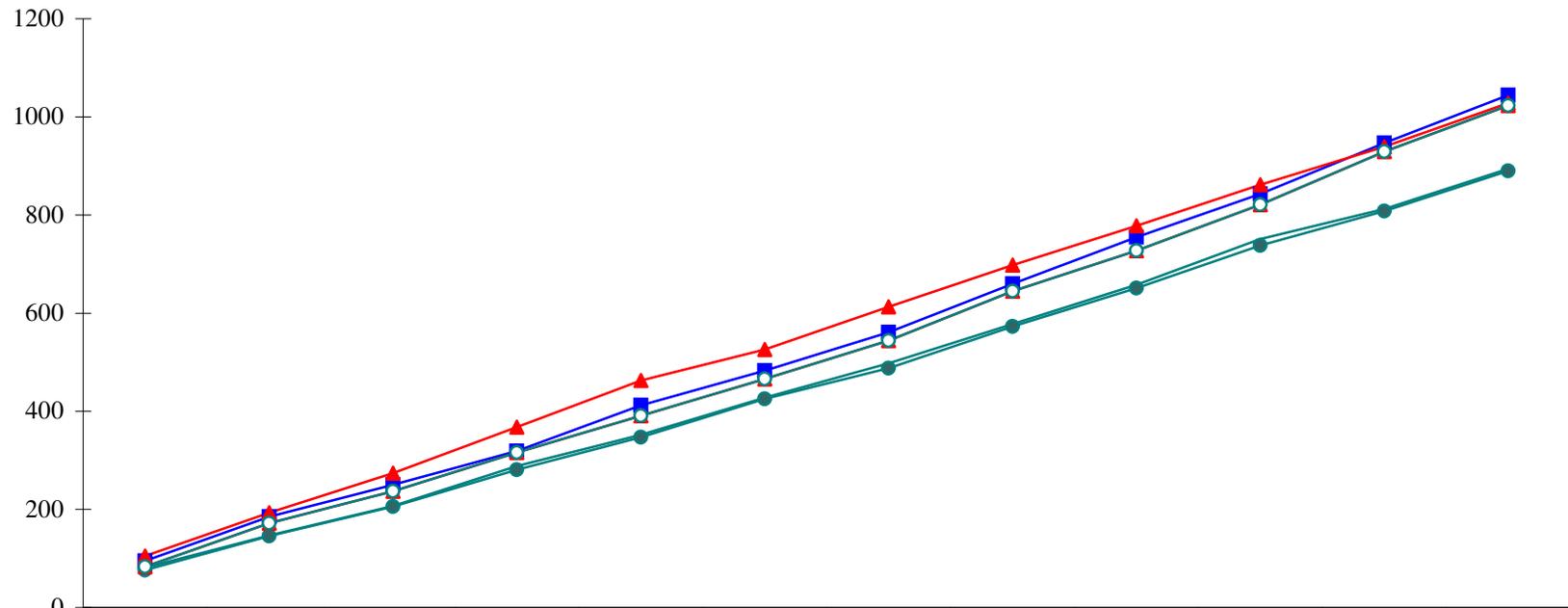
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	87	85	80	84	77	89	76	70	60	75	66	78	63	85	78	87	70	82
Voluntary	10	6	5	6	5	10	1	4	4	5	3	7	3	7	5	3	6	9
Involuntary	77	79	75	78	72	79	75	66	56	70	63	71	60	78	73	84	64	73
OPC	11	17	9	8	6	10	11	5	5	7	6	12	12	6	12	10	7	8
Emergency	54	58	58	60	57	60	49	55	37	48	46	40	38	60	52	62	44	61
Temporary	1	0	0	1	2	1	1	1	2	1	2	3	2	2	3	1	1	1
Extended	0	0	0	1	0	0	0	0	2	0	0	0	1	3	0	1	0	0
Forensic	7	4	7	8	6	6	13	3	5	13	9	16	6	7	6	10	12	3
Order for MR	4	0	1	0	1	2	1	2	5	1	0	0	1	0	0	0	0	0
Discharges	94	86	69	87	78	88	81	66	60	81	64	76	70	80	80	93	61	82
% New to System	36%	51%	35%	40%	39%	42%	34%	50%	28%	36%	36%	38%	40%	41%	47%	53%	53%	54%



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

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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	95	185	250	319	412	483	561	660	755	843	947	1044
▲ FY10 Admissions	105	193	274	368	463	526	613	698	778	862	939	1028
● FY11 Admissions	76	146	206	281	347	425	488	573	651	738	808	890
▾ FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
○ FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
— FY11 Discharges	81	147	207	288	352	428	498	578	658	751	812	894

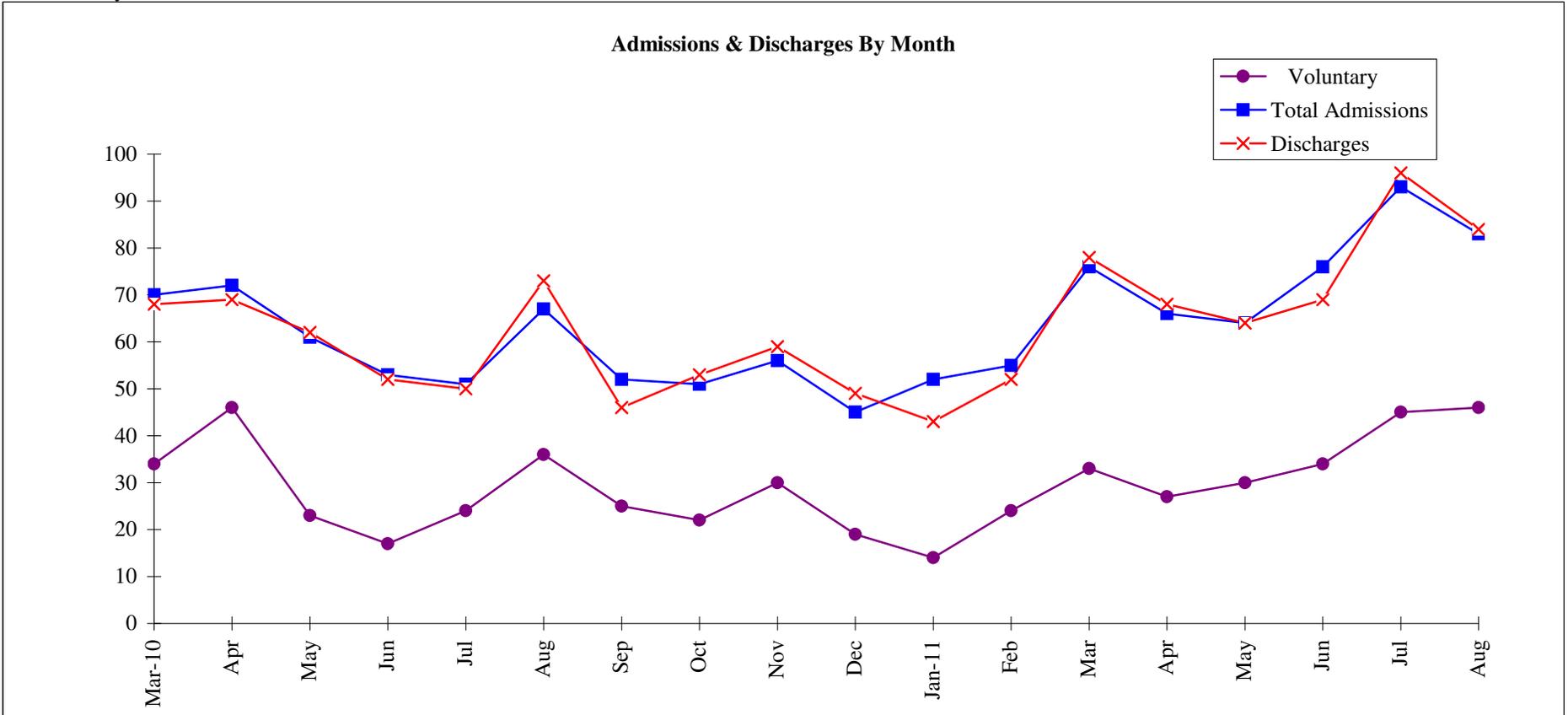
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

El Paso Psychiatric Center

Admissions by Month

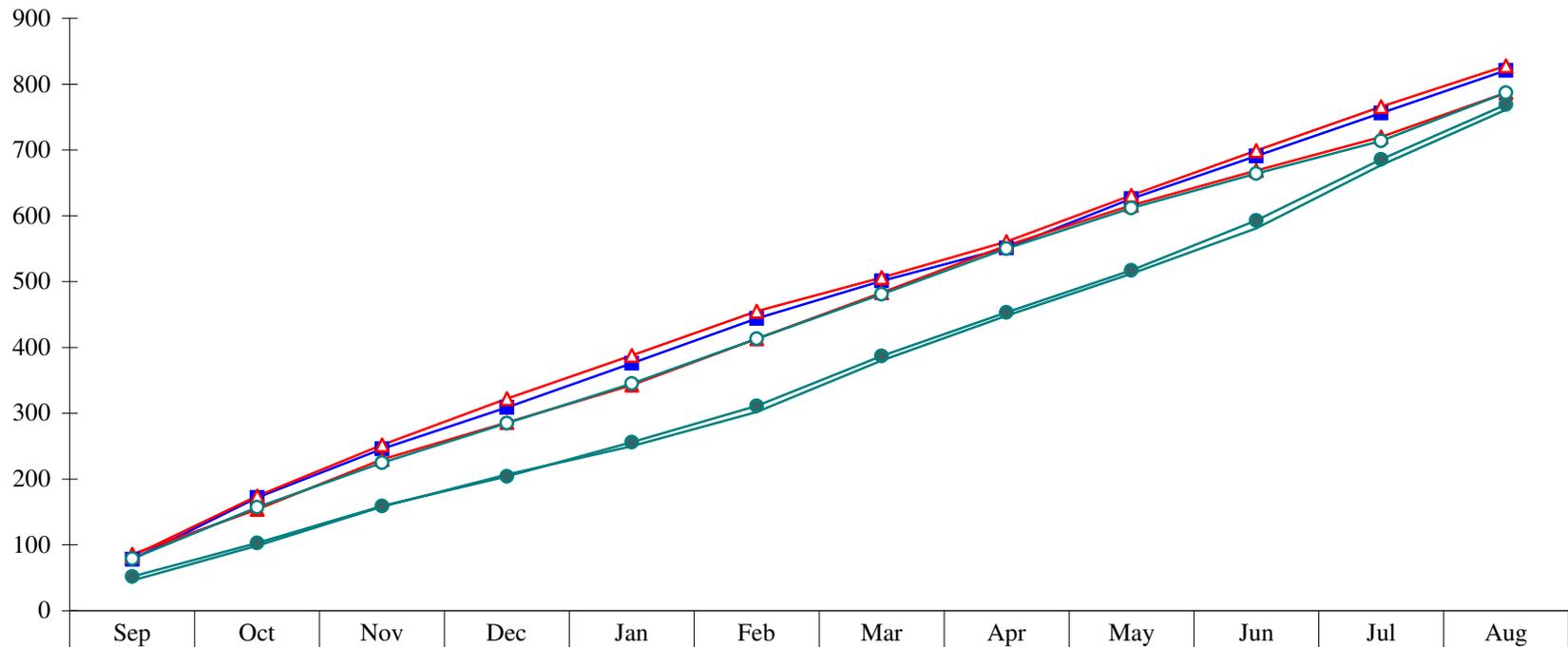
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	70	72	61	53	51	67	52	51	56	45	52	55	76	66	64	76	93	83
Voluntary	34	46	23	17	24	36	25	22	30	19	14	24	33	27	30	34	45	46
Involuntary	36	26	38	36	27	31	27	29	26	26	38	31	43	39	34	42	48	37
OPC	2	0	1	0	2	8	4	4	3	5	3	9	5	9	10	13	21	17
Emergency	23	21	25	24	19	16	20	18	14	13	29	18	31	21	20	27	17	14
Temporary	9	3	8	9	6	5	3	5	5	4	4	2	6	4	1	1	6	2
Extended	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Forensic	2	1	3	3	0	2	0	2	4	4	2	2	1	5	3	0	4	4
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	68	69	62	52	50	73	46	53	59	49	43	52	78	68	64	69	96	84
% New to System	46%	53%	51%	47%	59%	48%	44%	49%	55%	53%	40%	43%	43%	55%	52%	53%	55%	61%



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

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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	78	172	246	309	376	444	501	551	626	691	756	821
FY10 Admissions	86	154	230	286	343	413	483	555	616	669	720	787
FY11 Admissions	52	103	159	204	256	311	387	453	517	593	686	769
FY09 Discharges	83	174	252	322	388	455	506	561	631	699	766	828
FY10 Discharges	79	157	225	285	345	413	481	550	612	664	714	787
FY11 Discharges	46	99	158	207	250	302	380	448	512	581	677	761

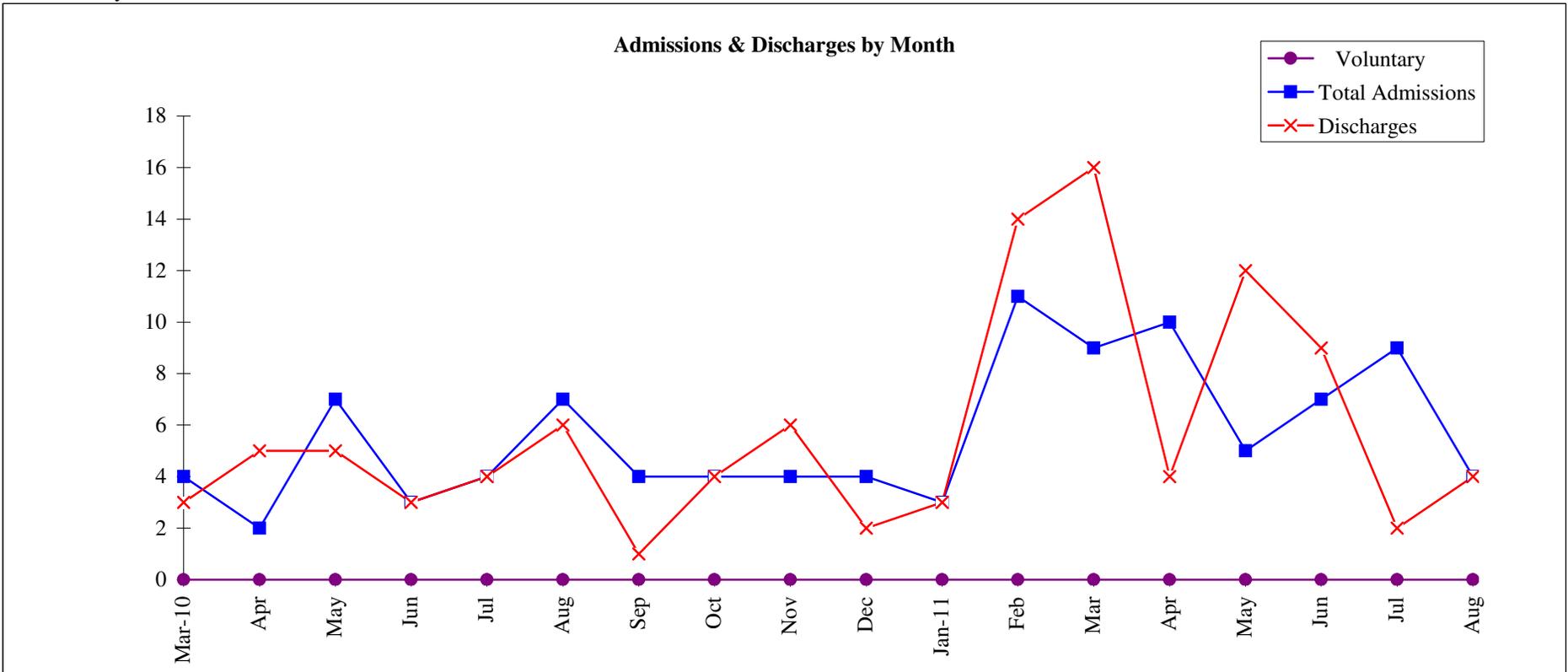
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Kerrville State Hospital

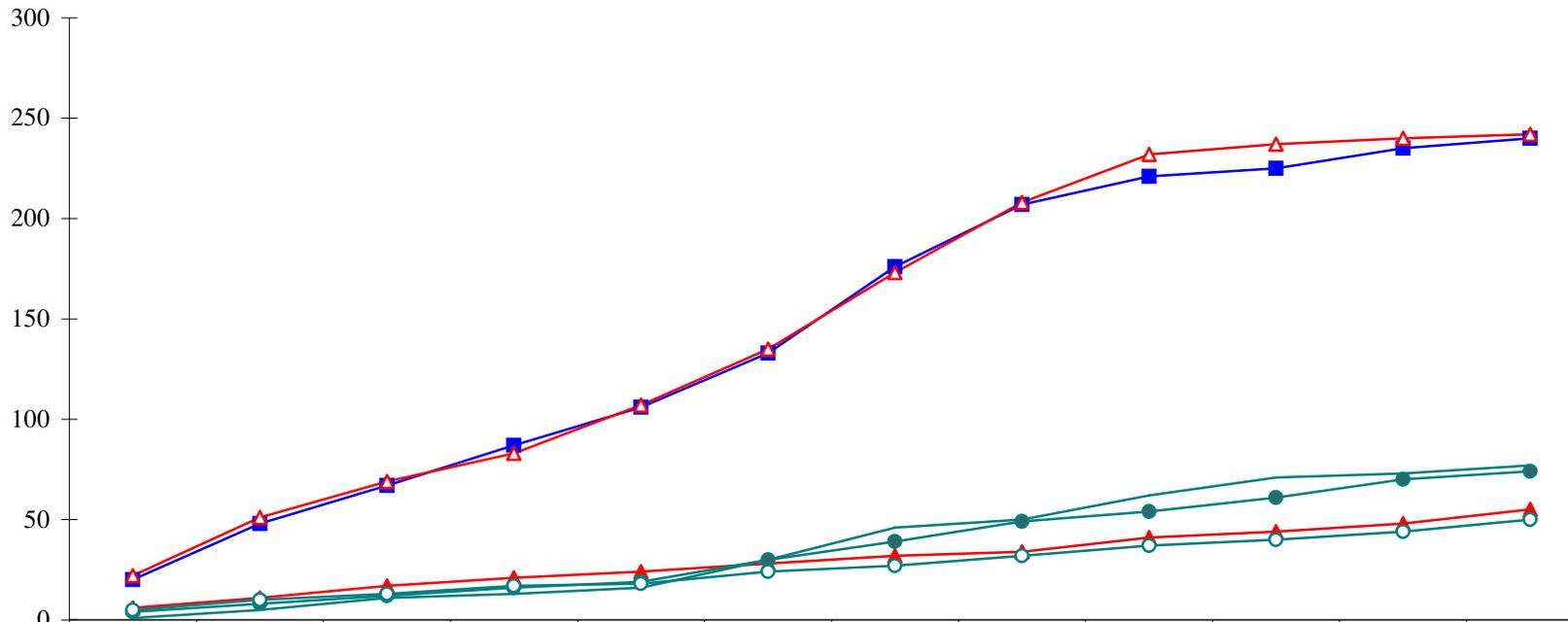
Admissions by Month

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	4	2	7	3	4	7	4	4	4	4	3	11	9	10	5	7	9	4
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	4	2	7	3	4	7	4	4	4	4	3	11	9	10	5	7	9	4
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	4	2	7	3	4	7	4	4	4	4	3	11	9	10	5	7	9	4
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	3	5	5	3	4	6	1	4	6	2	3	14	16	4	12	9	2	4
% New to System	0%	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	25%



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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	20	48	67	87	106	133	176	207	221	225	235	240
▲ FY10 Admissions	6	11	17	21	24	28	32	34	41	44	48	55
● FY11 Admissions	4	8	12	16	19	30	39	49	54	61	70	74
▲ FY09 Discharges	22	51	69	83	107	135	173	208	232	237	240	242
○ FY10 Discharges	5	10	13	17	18	24	27	32	37	40	44	50
● FY11 Discharges	1	5	11	13	16	30	46	50	62	71	73	77

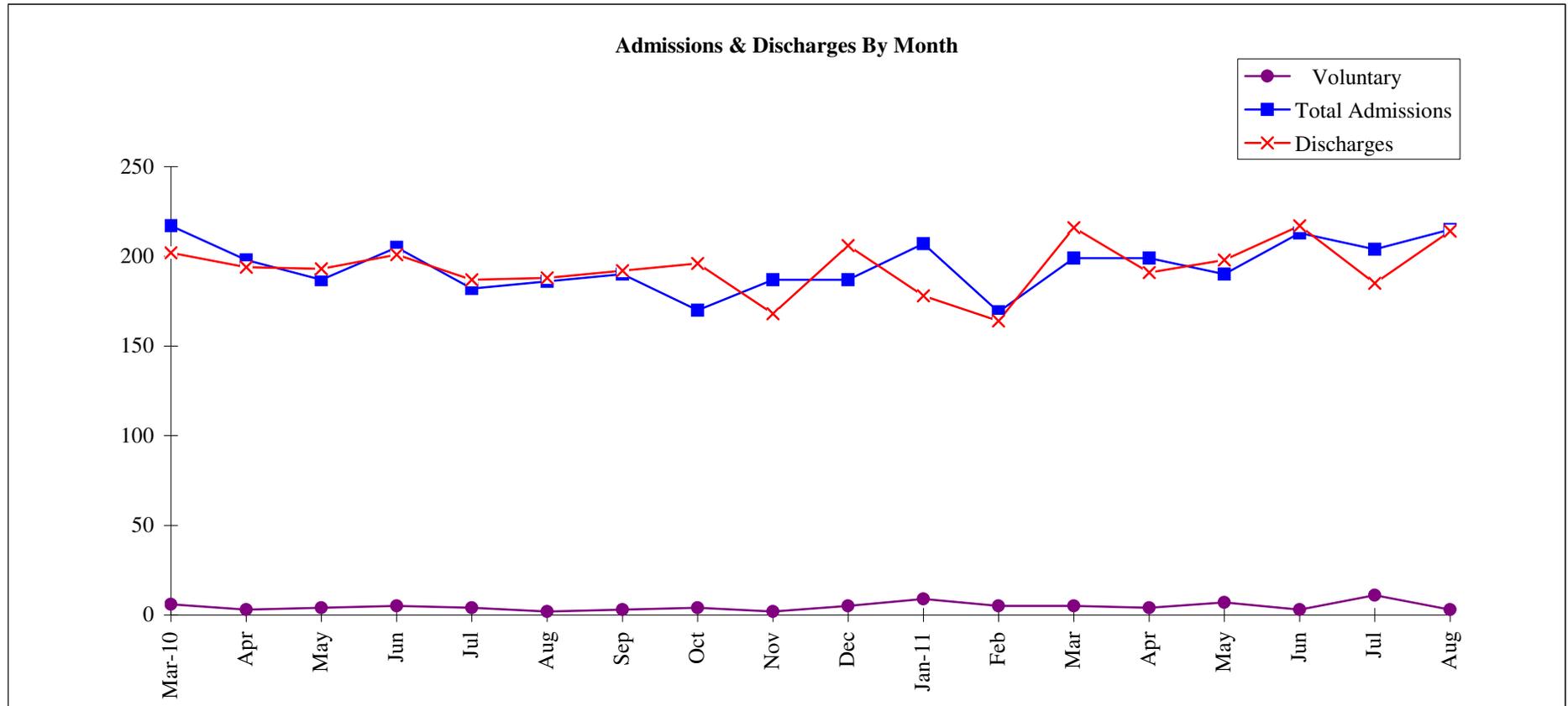
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

North Texas State Hospital

Admissions by Month

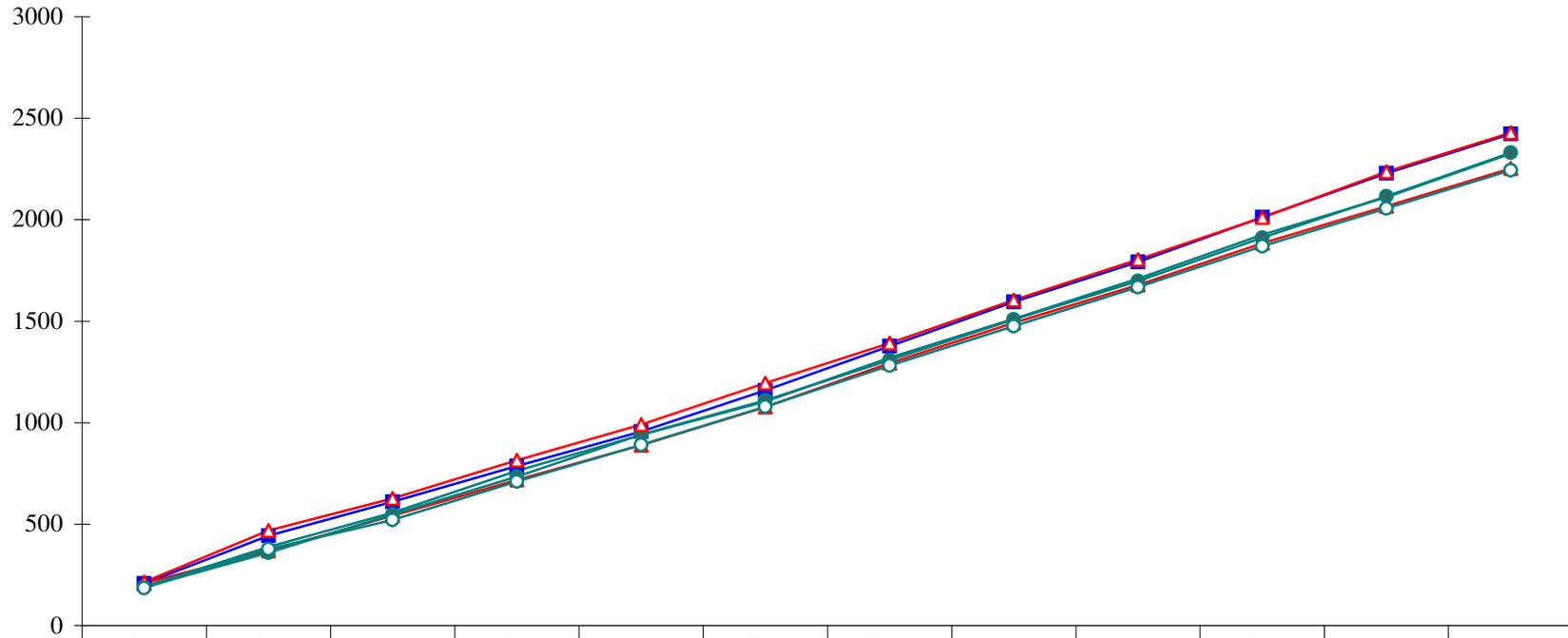
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	217	198	187	205	182	186	190	170	187	187	207	169	199	199	190	213	204	215
Voluntary	6	3	4	5	4	2	3	4	2	5	9	5	5	4	7	3	11	3
Involuntary	211	195	183	200	178	184	187	166	185	182	198	164	194	195	183	210	193	212
OPC	16	15	16	18	16	17	13	11	15	16	29	26	28	24	20	24	17	28
Emergency	55	59	40	35	30	31	49	43	47	37	55	40	50	53	49	49	45	53
Temporary	62	55	51	68	67	68	48	60	55	51	44	39	47	53	50	56	56	63
Extended	2	0	0	2	0	1	0	0	0	0	2	0	2	1	0	1	0	1
Forensic	61	53	61	61	50	53	63	45	51	63	51	45	55	46	51	62	61	52
Order for MR	15	13	15	16	15	14	14	7	17	15	17	14	12	18	13	18	14	15
Discharges	202	194	193	201	187	188	192	196	168	206	178	164	216	191	198	217	185	214
% New to System	54%	46%	51%	53%	54%	48%	48%	55%	61%	48%	60%	49%	56%	51%	58%	50%	54%	55%



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

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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY09 Admissions	207	443	610	786	956	1159	1377	1594	1791	2012	2228	2422
—▲— FY10 Admissions	209	368	542	718	889	1077	1294	1492	1679	1884	2066	2252
—●— FY11 Admissions	190	360	547	734	941	1110	1309	1508	1698	1911	2115	2330
—▲— FY09 Discharges	215	468	626	815	991	1195	1392	1603	1804	2011	2236	2429
—○— FY10 Discharges	185	377	521	710	890	1079	1281	1475	1668	1869	2056	2244
—○— FY11 Discharges	192	388	556	762	940	1104	1320	1511	1709	1926	2111	2325

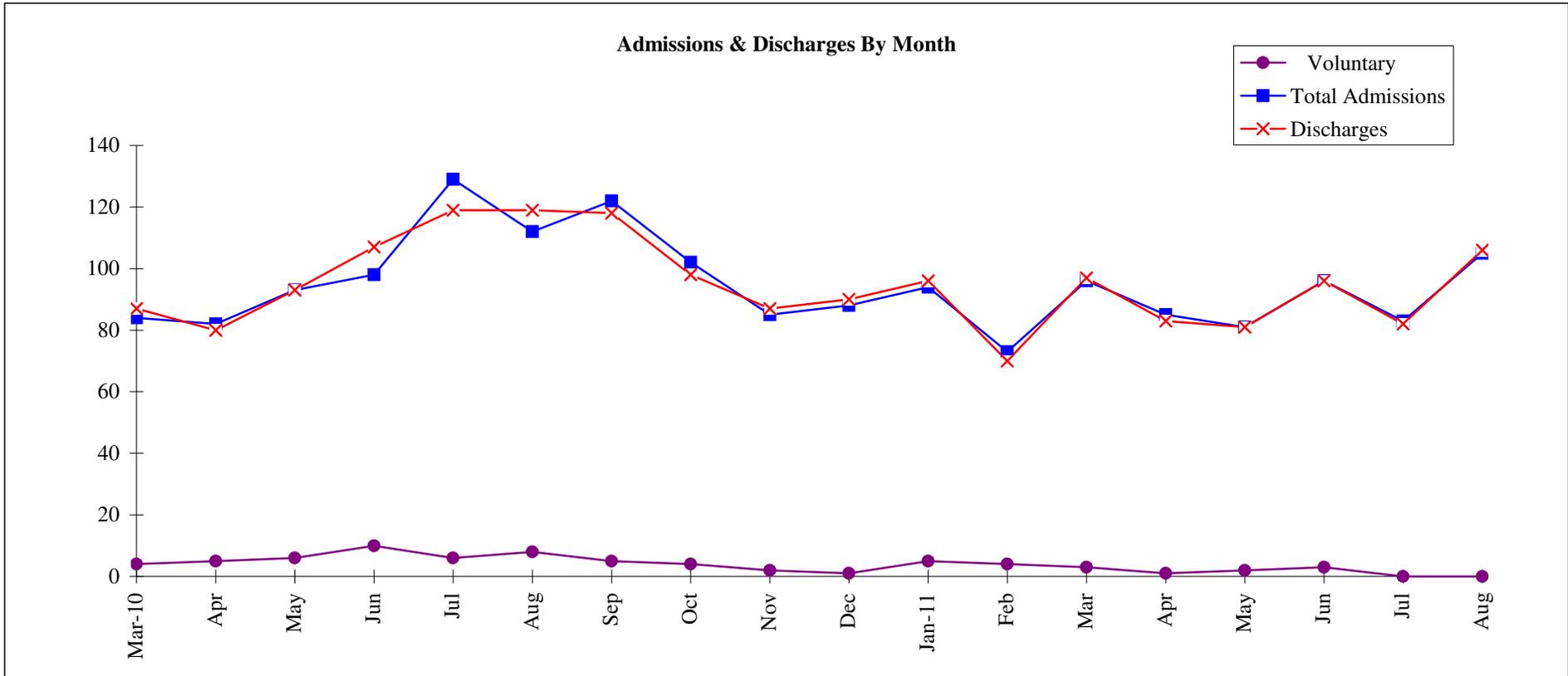
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Rio Grande State Center

Admissions by Month

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	84	82	93	98	129	112	122	102	85	88	94	73	96	85	81	96	83	105
Voluntary	4	5	6	10	6	8	5	4	2	1	5	4	3	1	2	3	0	0
Involuntary	80	77	87	88	123	104	117	98	83	87	89	69	93	84	79	93	83	105
OPC	1	3	0	0	1	0	1	1	1	1	1	0	0	0	0	0	1	0
Emergency	79	73	84	86	121	104	114	94	80	84	87	69	93	84	79	93	82	105
Temporary	0	0	1	1	0	0	2	1	0	1	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	1	2	1	0	0	0	2	2	1	1	0	0	0	0	0	0	0
Order for MR	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	87	80	93	107	119	119	118	98	87	90	96	70	97	83	81	96	82	106
% New to System	51%	50%	55%	57%	51%	61%	48%	49%	49%	58%	57%	49%	53%	51%	53%	60%	58%	55%

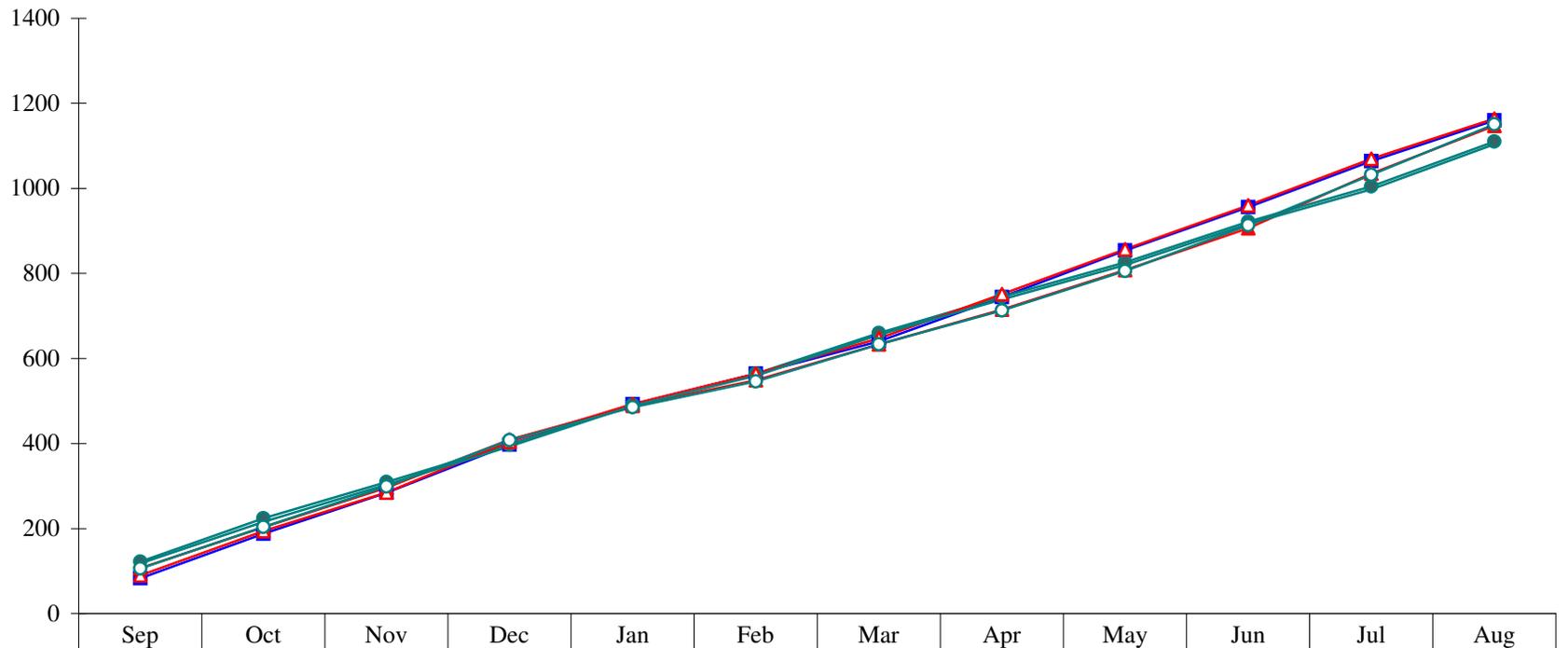


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rio Grande State Center

FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	83	188	284	397	492	564	640	744	854	956	1064	1160
FY10 Admissions	107	203	296	409	489	549	633	715	808	906	1035	1147
FY11 Admissions	122	224	309	397	491	564	660	745	826	922	1005	1110
FY09 Discharges	90	194	285	404	493	564	647	751	857	960	1070	1164
FY10 Discharges	106	204	299	408	485	546	633	713	806	913	1032	1151
FY11 Discharges	118	216	303	393	489	559	656	739	820	916	998	1104

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

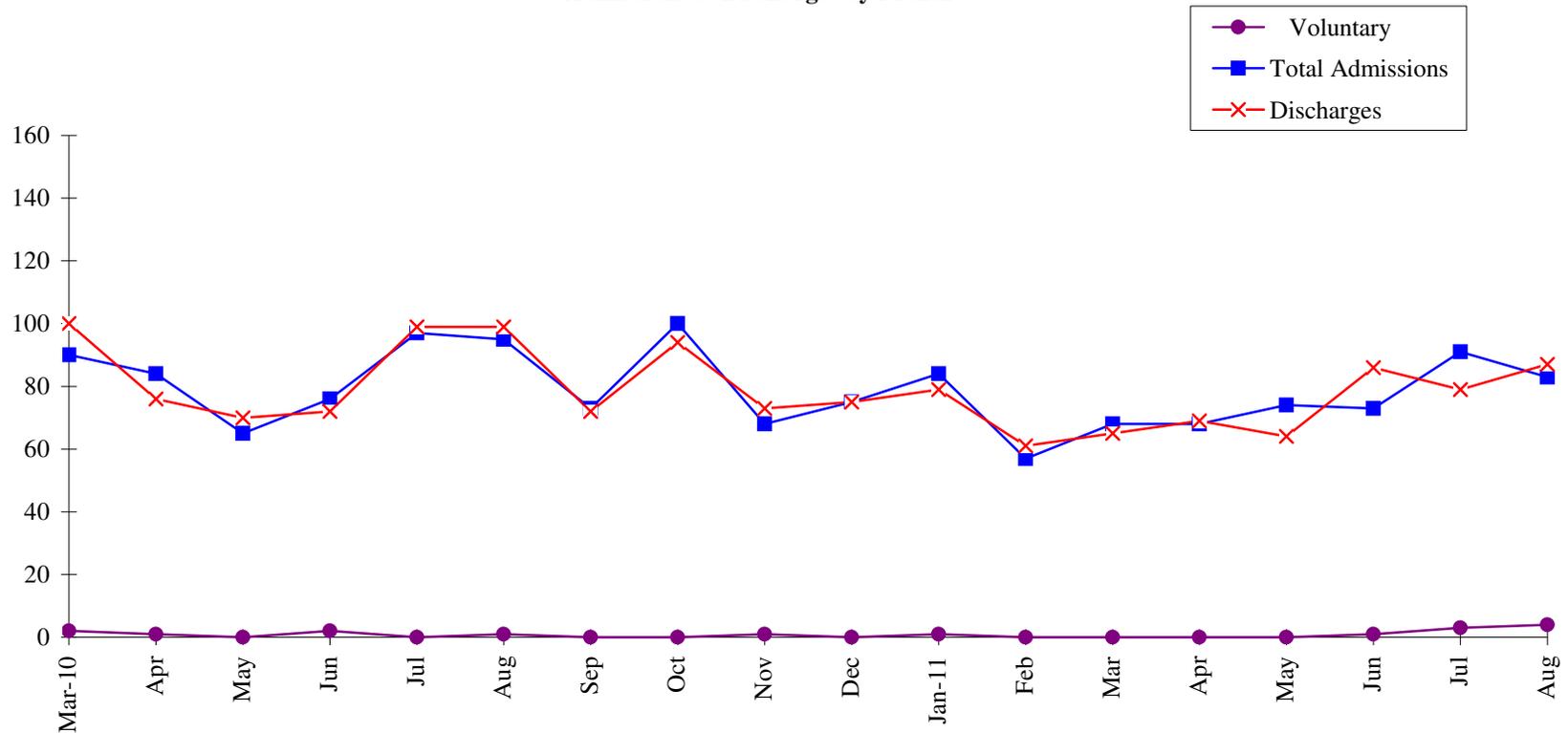
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rusk State Hospital

Admissions by Month

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	90	84	65	76	97	95	73	100	68	75	84	57	68	68	74	73	91	83
Voluntary	2	1	0	2	0	1	0	0	1	0	1	0	0	0	0	1	3	4
Involuntary	88	83	65	74	97	94	73	100	67	75	83	57	68	68	74	72	88	79
OPC	38	36	26	22	23	27	25	32	17	27	25	19	24	22	26	15	24	12
Emergency	19	18	17	31	43	34	29	40	24	21	24	18	13	21	31	33	46	44
Temporary	8	8	5	4	7	13	7	6	5	6	6	8	7	4	6	11	4	7
Extended	0	0	0	1	1	0	0	0	1	0	1	0	0	0	0	1	0	1
Forensic	23	21	17	16	23	20	12	22	20	21	27	12	24	21	11	12	14	15
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	100	76	70	72	99	99	72	94	73	75	79	61	65	69	64	86	79	87
% New to System	49%	43%	31%	47%	44%	49%	47%	49%	41%	45%	31%	47%	47%	50%	59%	42%	56%	46%

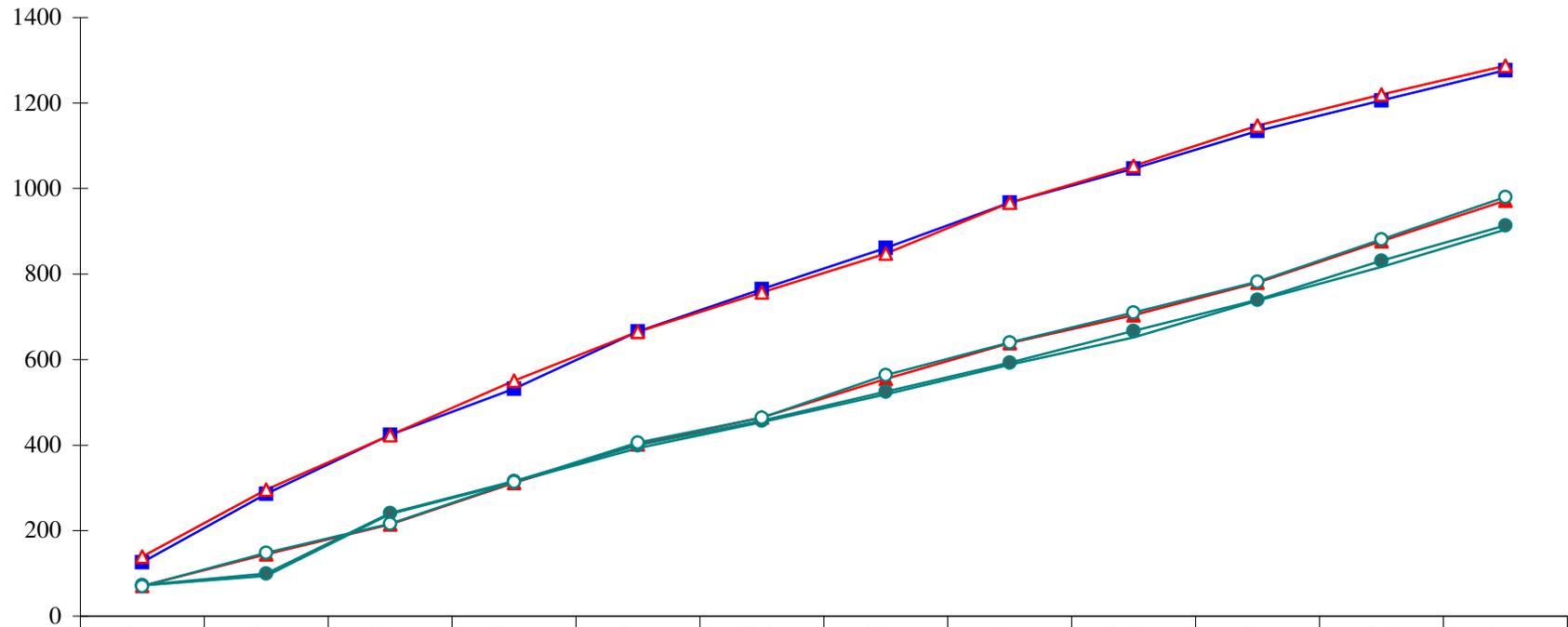
Admissions & Discharges by Month



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

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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	126	286	424	532	666	765	861	967	1047	1135	1206	1277
▲ FY10 Admissions	71	145	215	312	402	465	555	639	704	780	877	972
● FY11 Admissions	73	100	241	316	400	457	525	593	667	740	831	914
▲ FY09 Discharges	139	296	423	551	665	757	848	967	1053	1147	1220	1287
○ FY10 Discharges	70	148	216	314	406	464	564	640	710	782	881	980
● FY11 Discharges	72	94	239	314	393	454	519	588	652	738	817	904

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

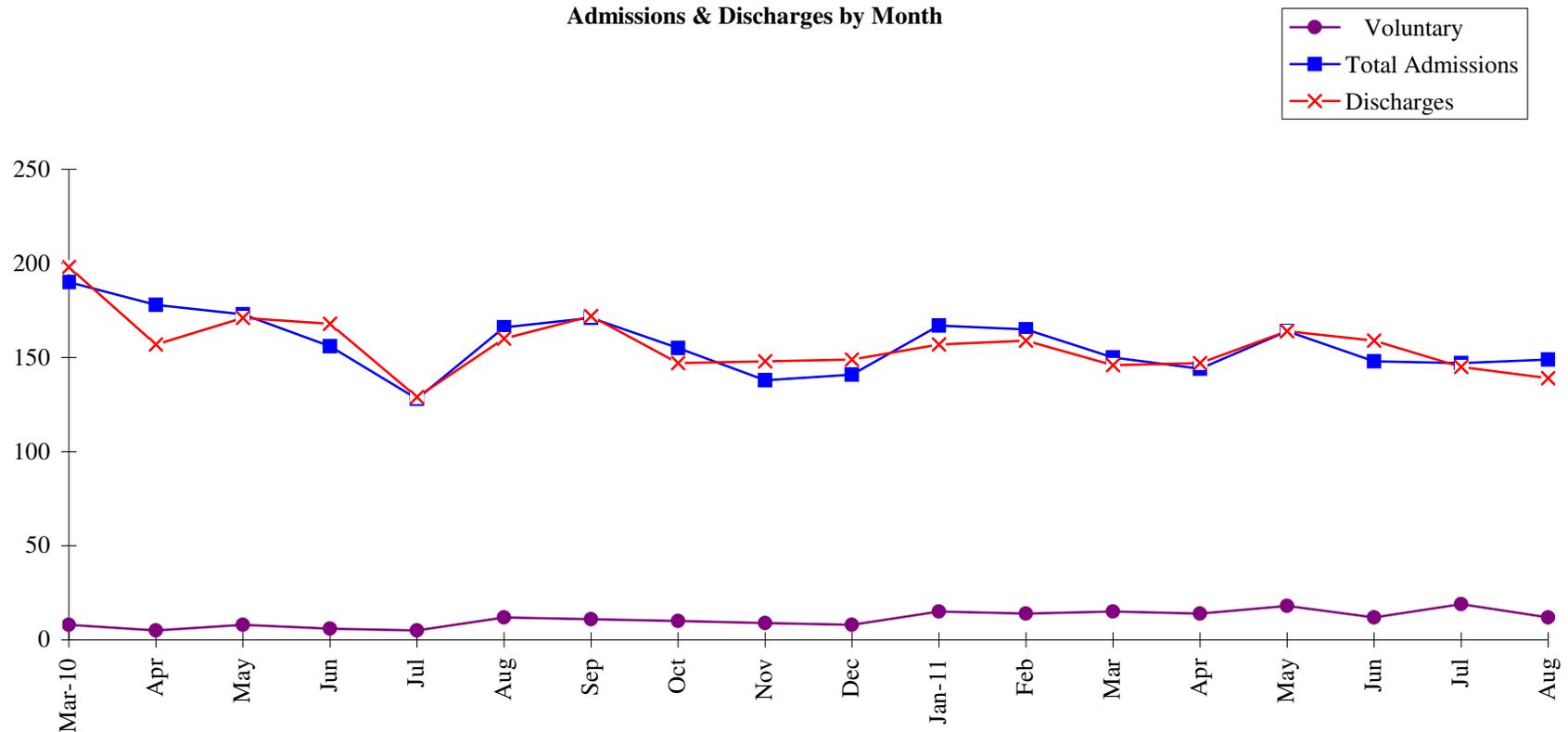
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

San Antonio State Hospital

Admissions by Month

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	190	178	173	156	128	166	171	155	138	141	167	165	150	144	164	148	147	149
Voluntary	8	5	8	6	5	12	11	10	9	8	15	14	15	14	18	12	19	12
Involuntary	182	173	165	150	123	154	160	145	129	133	152	151	135	130	146	136	128	137
OPC	56	44	51	54	46	43	45	51	36	50	42	46	42	35	49	47	38	45
Emergency	91	91	89	71	49	80	82	66	69	54	83	72	65	69	76	56	67	68
Temporary	24	24	15	11	13	16	15	19	12	16	15	14	9	13	12	16	12	16
Extended	0	1	1	1	1	0	0	1	0	2	1	2	2	0	0	0	0	1
Forensic	8	10	8	8	8	12	12	5	11	5	10	15	11	9	6	11	8	5
Order for MR	3	3	1	5	6	3	6	3	1	6	1	2	6	4	3	6	3	2
Discharges	198	157	171	168	129	160	172	147	148	149	157	159	146	147	164	159	145	139
% New to System	50%	49%	59%	49%	48%	49%	47%	52%	49%	55%	53%	47%	51%	56%	49%	49%	40%	48%

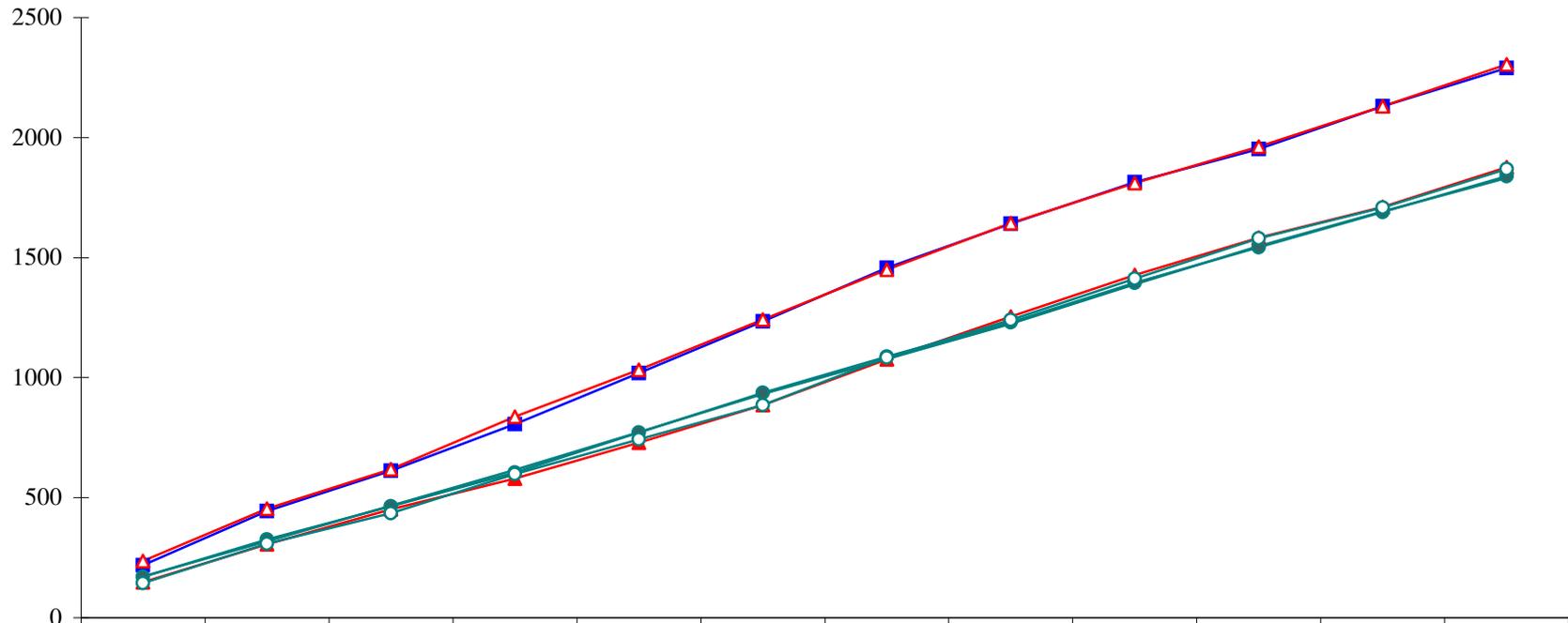
Admissions & Discharges by Month



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

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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	219	444	612	806	1019	1234	1457	1641	1814	1953	2131	2290
▲ FY10 Admissions	148	306	452	580	729	886	1076	1254	1427	1583	1711	1877
● FY11 Admissions	171	326	464	605	772	937	1087	1231	1395	1543	1690	1839
▲ FY09 Discharges	236	454	618	837	1033	1242	1450	1644	1811	1962	2130	2305
○ FY10 Discharges	144	308	436	598	743	886	1084	1241	1412	1580	1709	1869
— FY11 Discharges	172	319	467	616	773	932	1078	1225	1389	1548	1693	1832

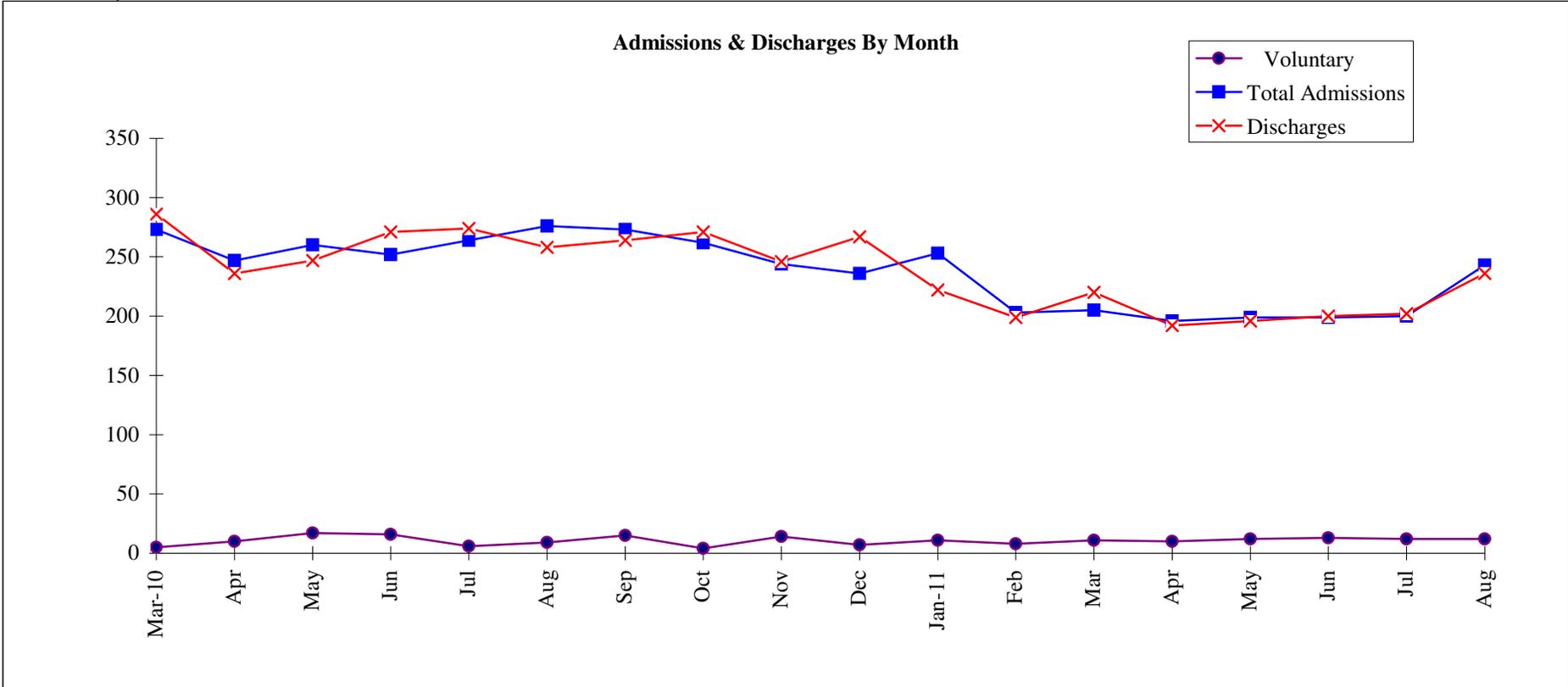
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Terrell State Hospital

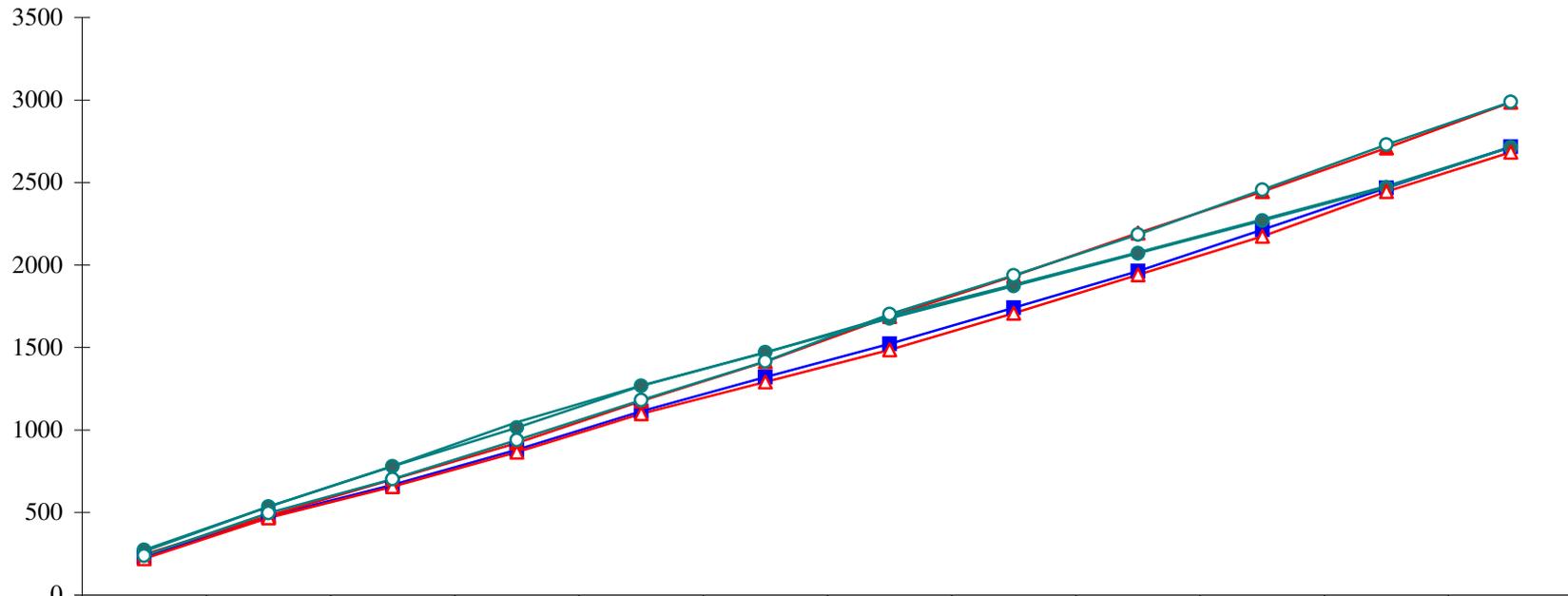
Admissions by Month

	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	273	247	260	252	264	276	273	262	244	236	253	203	205	196	199	199	200	243
Voluntary	5	10	17	16	6	9	15	4	14	7	11	8	11	10	12	13	12	12
Involuntary	268	237	243	236	258	267	258	258	230	229	242	195	194	186	187	186	188	231
OPC	209	197	168	207	193	215	209	199	177	171	190	158	144	145	158	162	163	186
Emergency	13	8	13	8	16	7	11	10	11	6	14	9	5	9	6	5	8	12
Temporary	19	26	35	9	32	27	28	30	20	37	18	16	26	14	9	5	8	17
Extended	1	2	1	2	3	1	1	1	2	3	1	1	2	3	1	2	0	1
Forensic	26	4	26	10	14	17	9	18	20	12	19	11	17	15	13	12	9	15
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	286	236	247	271	274	258	264	271	246	267	222	199	220	192	196	200	202	236
% New to System	43%	45%	49%	50%	41%	43%	45%	48%	46%	45%	43%	49%	45%	43%	47%	50%	49%	53%



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

Total Admissions & Discharges Year-To-Date



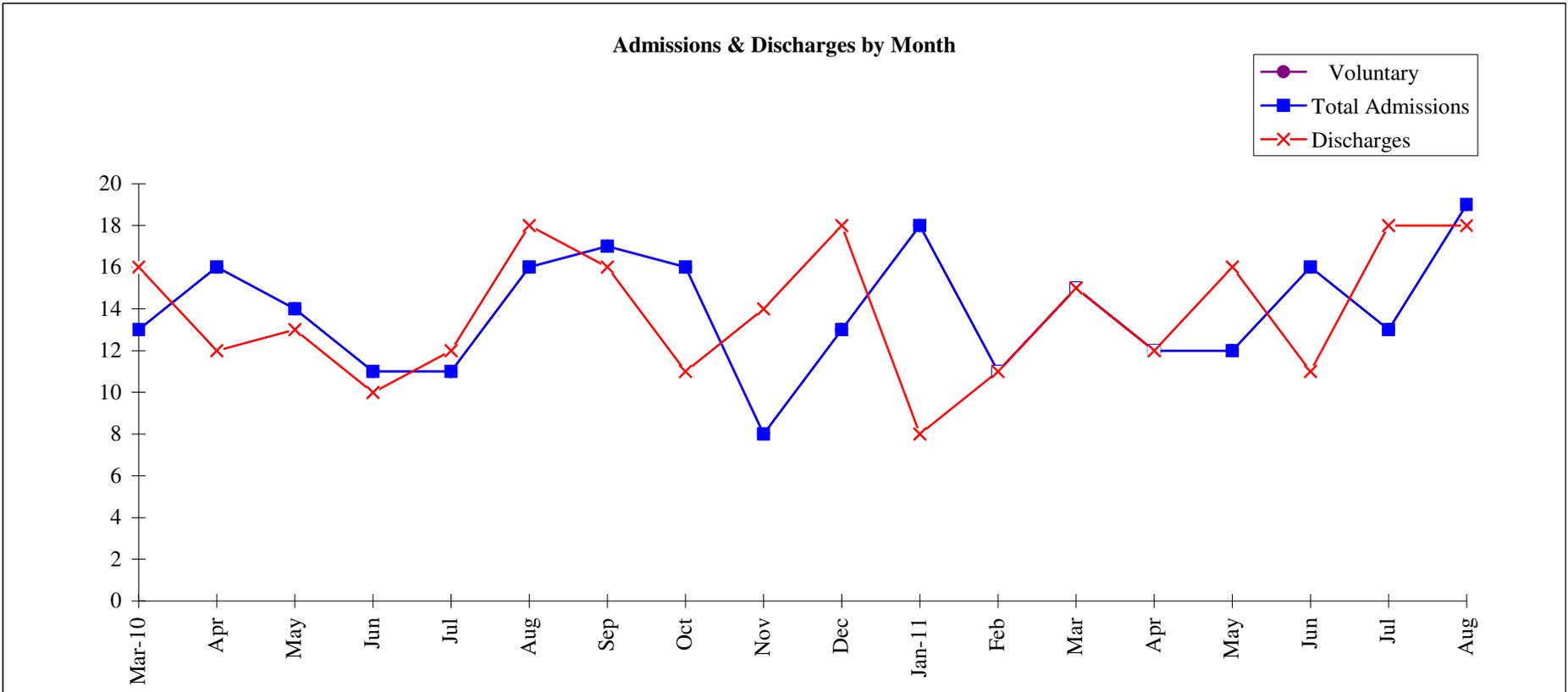
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY09 Admissions	231	477	667	880	1114	1321	1522	1741	1963	2215	2467	2717
▲ FY10 Admissions	246	481	701	921	1176	1414	1687	1934	2194	2446	2710	2986
● FY11 Admissions	273	535	779	1015	1268	1471	1676	1872	2071	2270	2470	2713
▾ FY09 Discharges	220	467	657	865	1098	1292	1485	1708	1940	2174	2446	2683
○ FY10 Discharges	239	498	703	940	1182	1416	1702	1938	2185	2456	2730	2988
— FY11 Discharges	264	535	781	1048	1270	1469	1689	1881	2077	2277	2479	2715

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

Waco Center for Youth

Admissions by Month

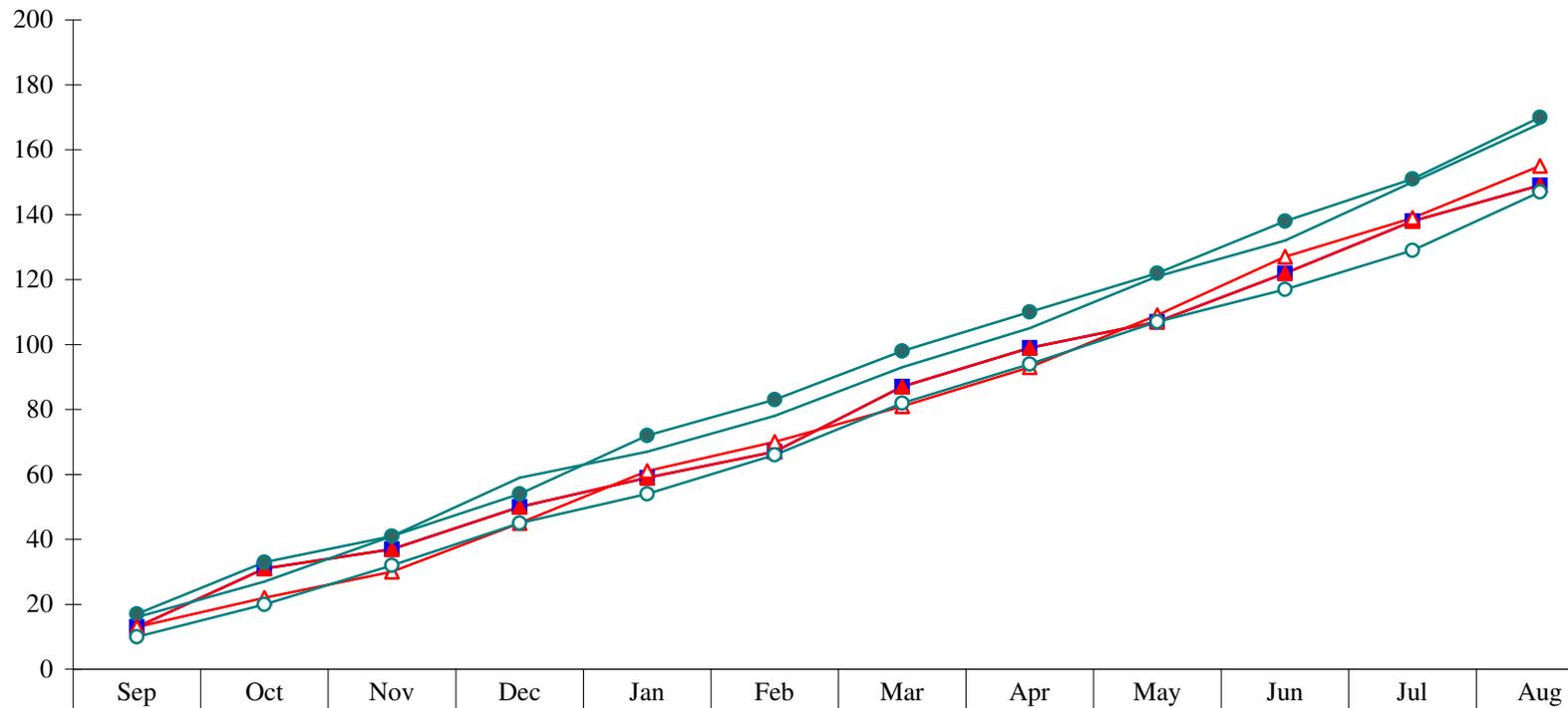
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	13	16	14	11	11	16	17	16	8	13	18	11	15	12	12	16	13	19
Voluntary	13	16	14	11	11	16	17	16	8	13	18	11	15	12	12	16	13	19
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	16	12	13	10	12	18	16	11	14	18	8	11	15	12	16	11	18	18
% New to System	38%	81%	50%	73%	64%	38%	59%	44%	50%	54%	61%	36%	60%	58%	50%	63%	46%	32%



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

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

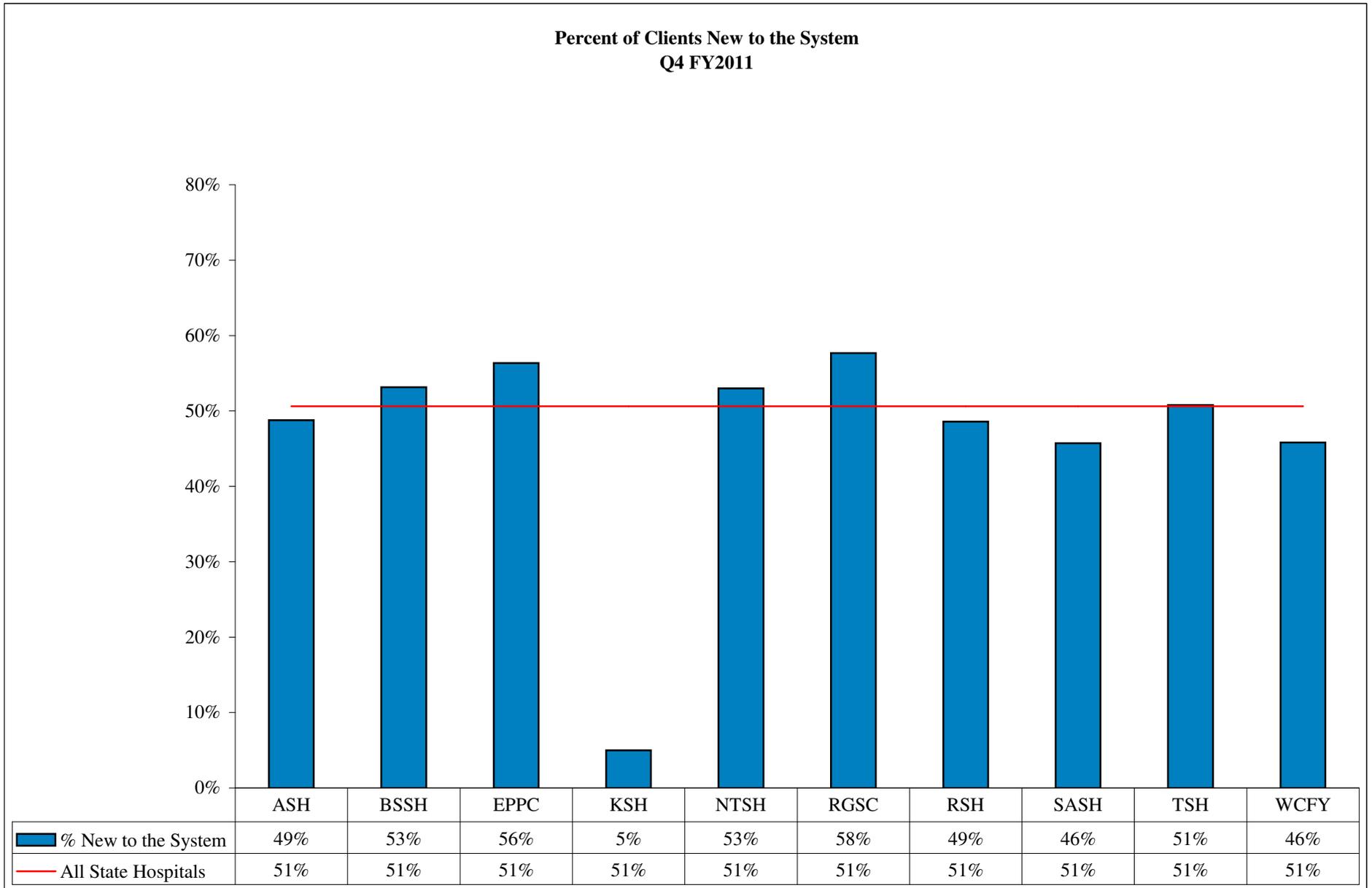
Total Admissions & Discharges Year-To-Date



—■— FY09 Admissions	13	31	37	50	59	67	87	99	107	122	138	149
—▲— FY09 Discharges	13	22	30	45	61	70	81	93	109	127	139	155
—●— FY11 Admissions	17	33	41	54	72	83	98	110	122	138	151	170
—○— FY10 Discharges	10	20	32	45	54	66	82	94	107	117	129	147
—◆— FY11 Discharges	16	27	41	59	67	78	93	105	121	132	150	168

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

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



Performance Measure 5B:

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

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

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

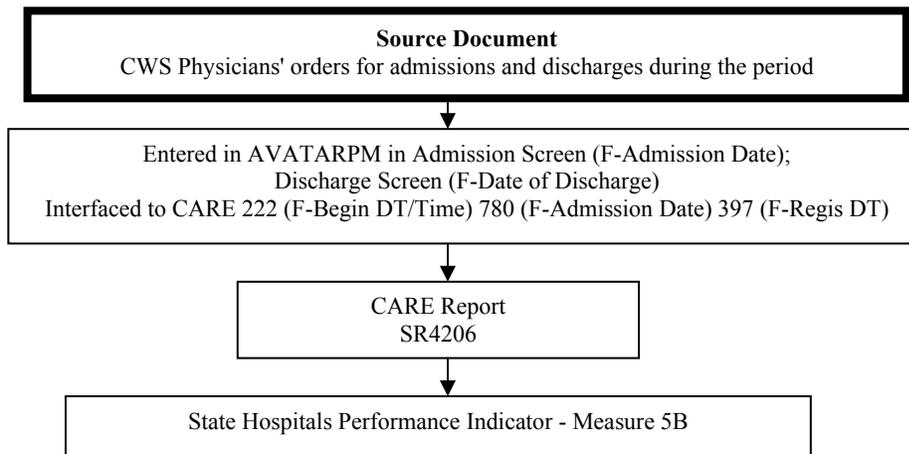
D = total persons discharged during the quarter

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

Performance Measure Data Display and Chart Description:

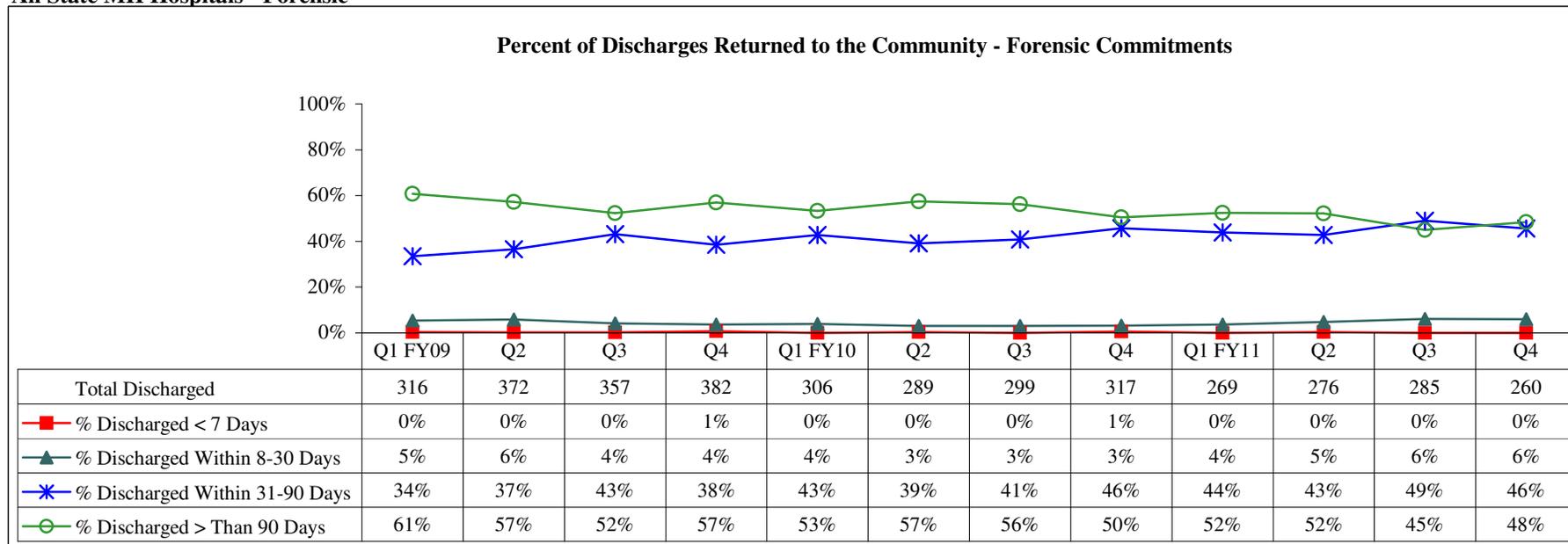
- ◆ Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- ◆ Table shows total discharges for the quarter for individual state hospitals and system-wide.

Data Flow:



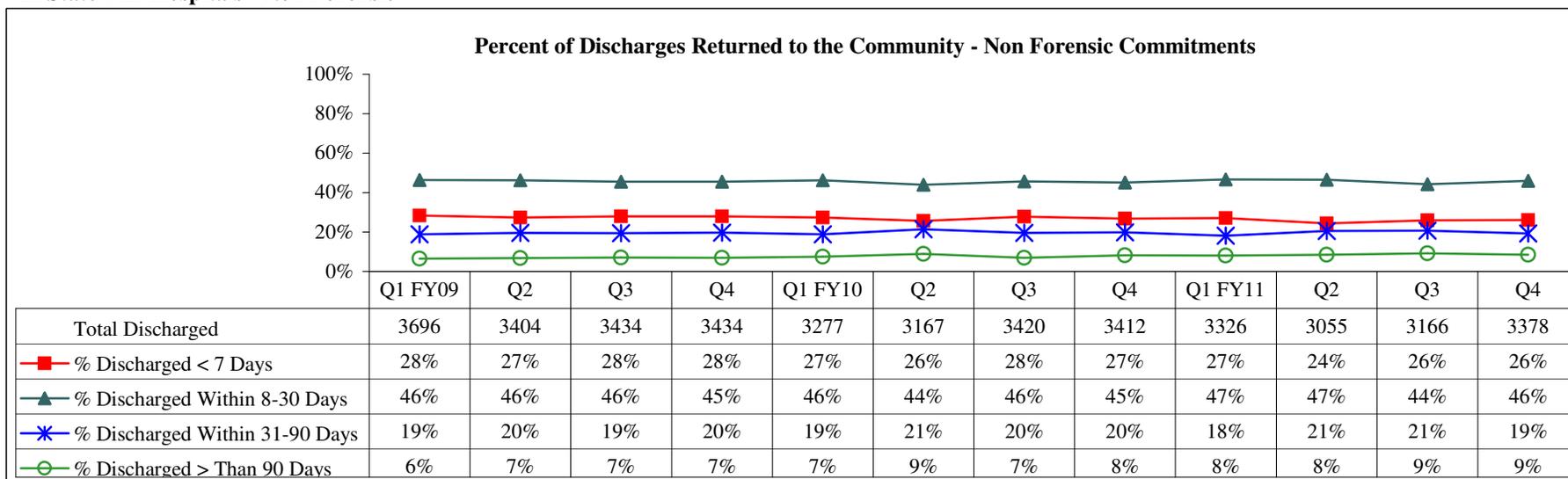
Measure 5B - Percent of Discharges Returned to the Community

All State MH Hospitals - Forensic



Measure 5B - Percent of Discharges Returned to the Community

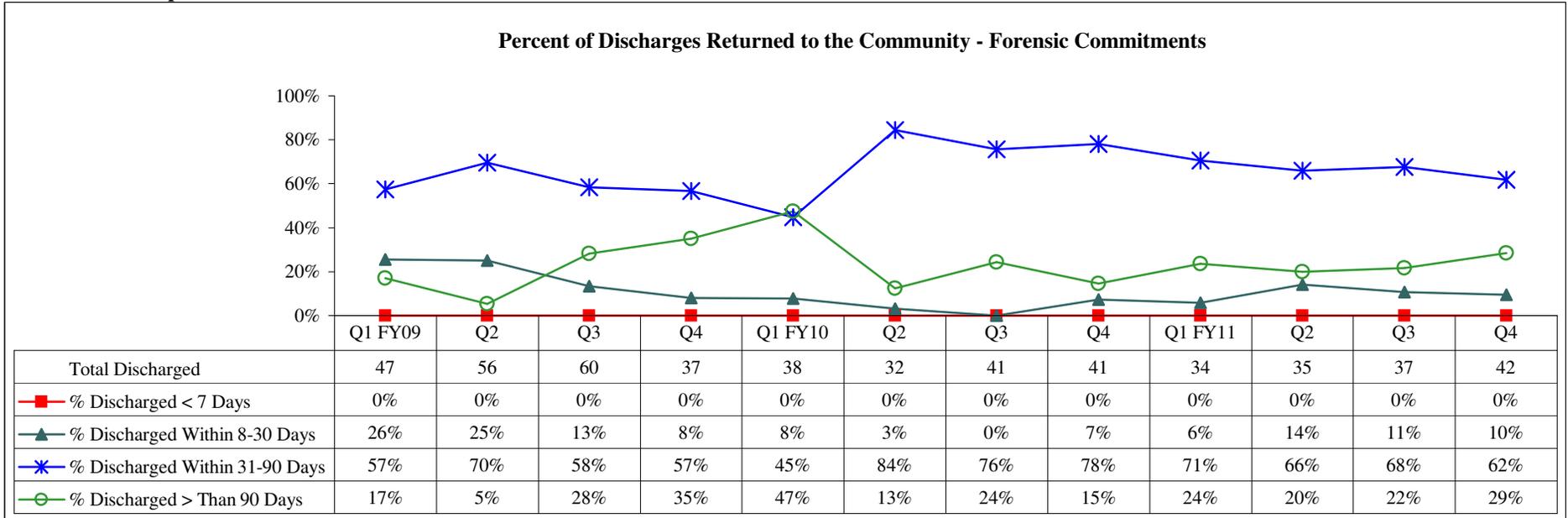
All State MH Hospitals - Non Forensic



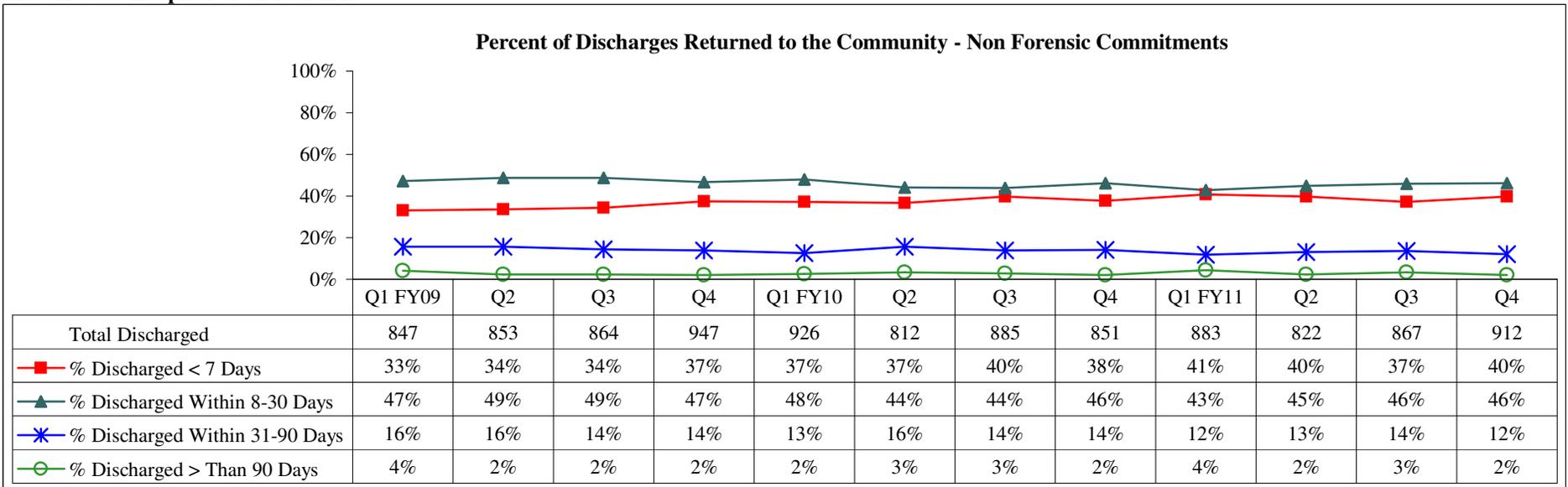
Total Discharges do not include transfers or DMAs

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

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

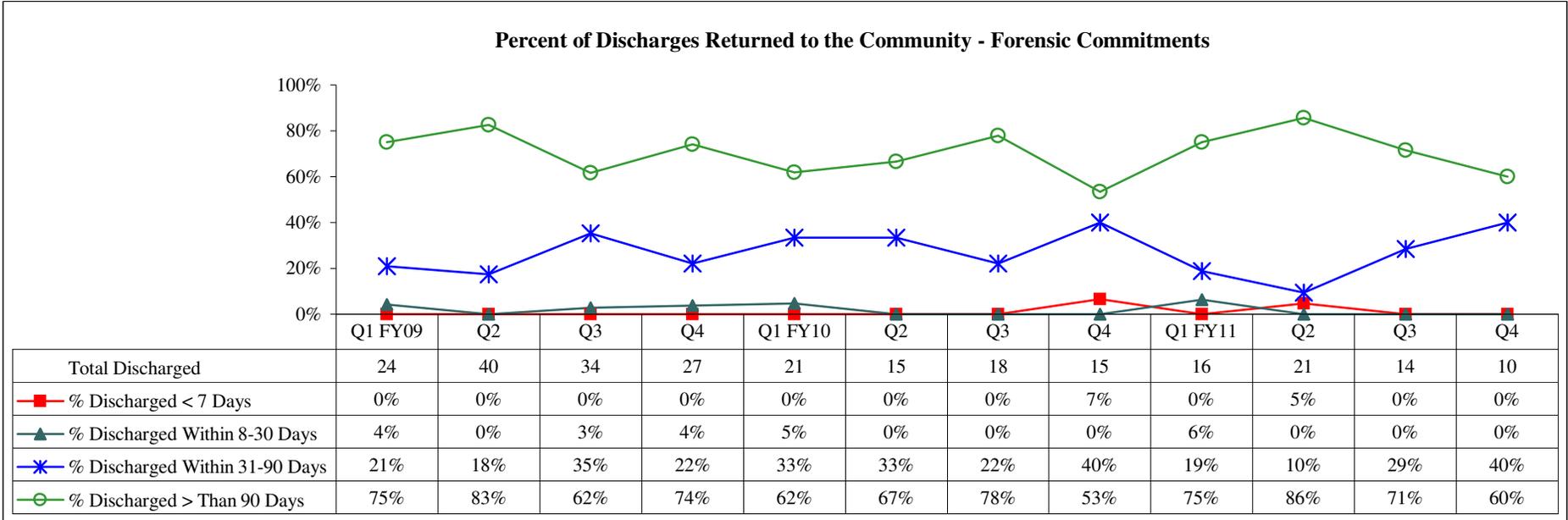


Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

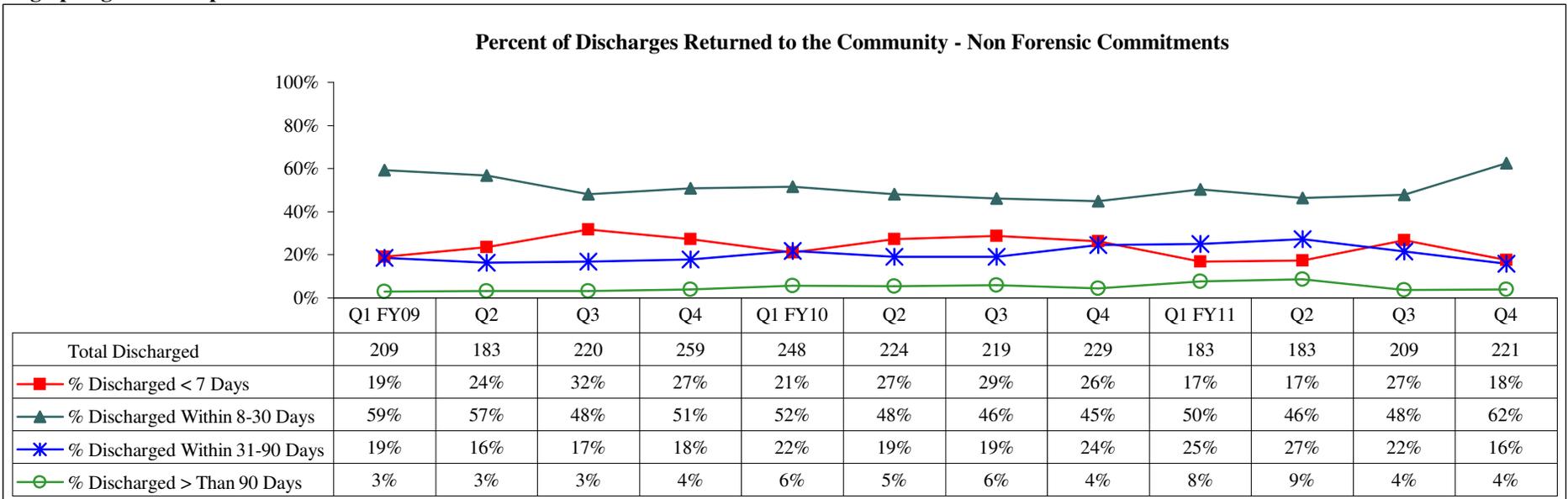


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



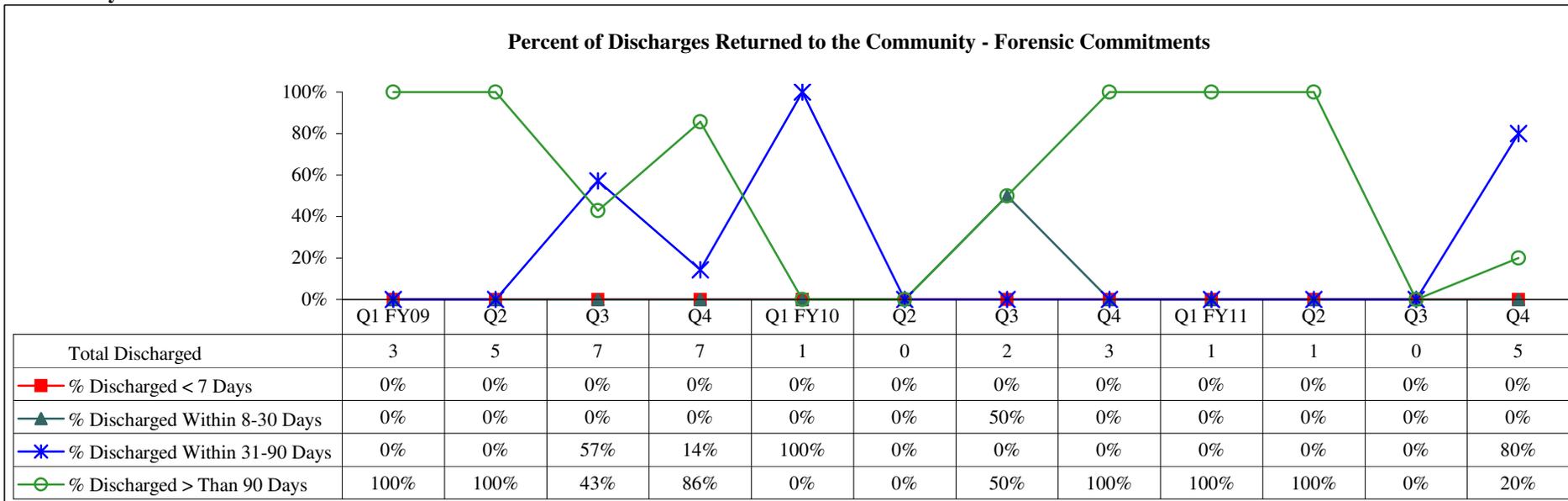
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic



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

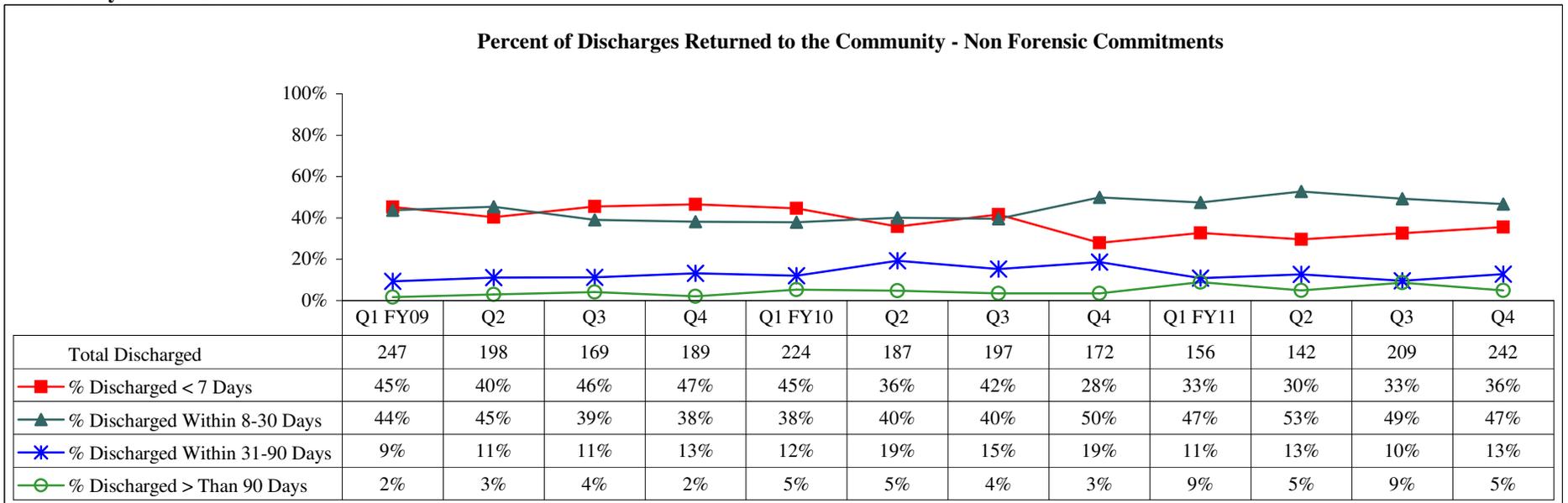
Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Forensic



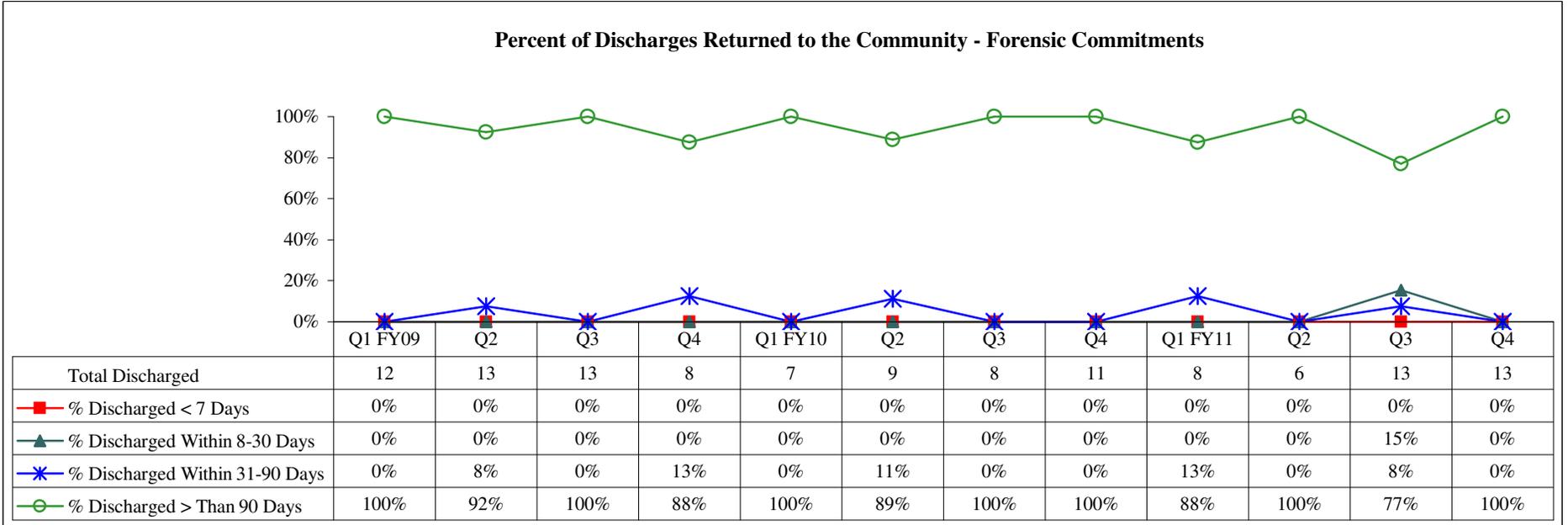
Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Non Forensic

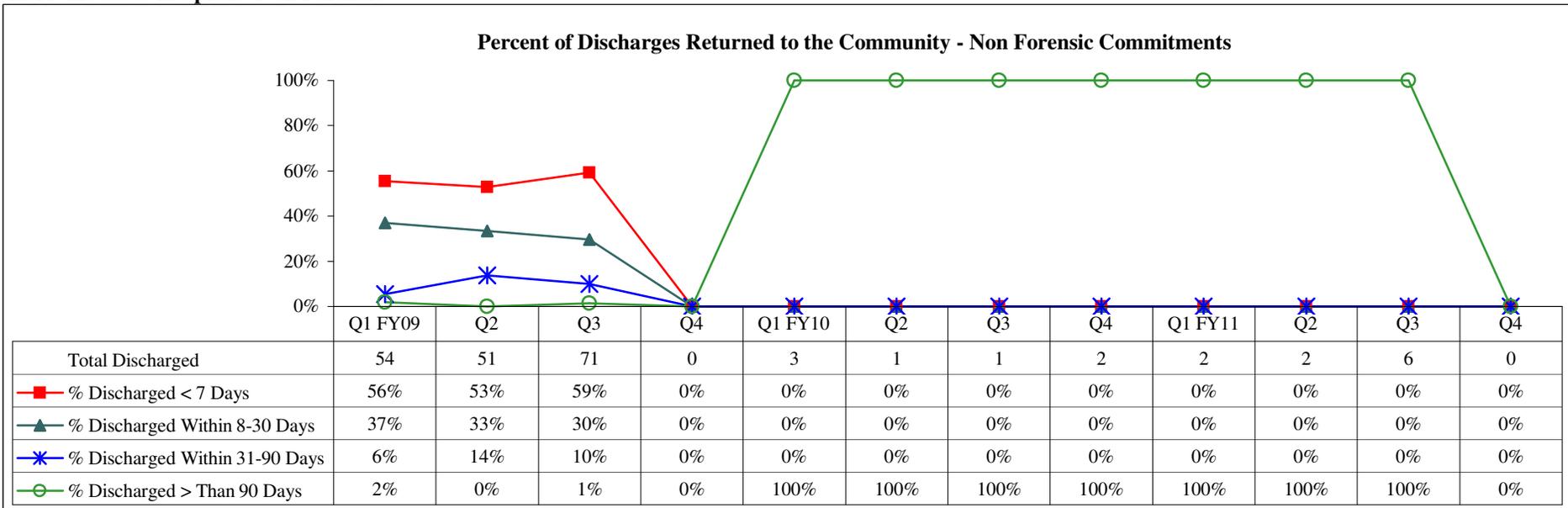


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

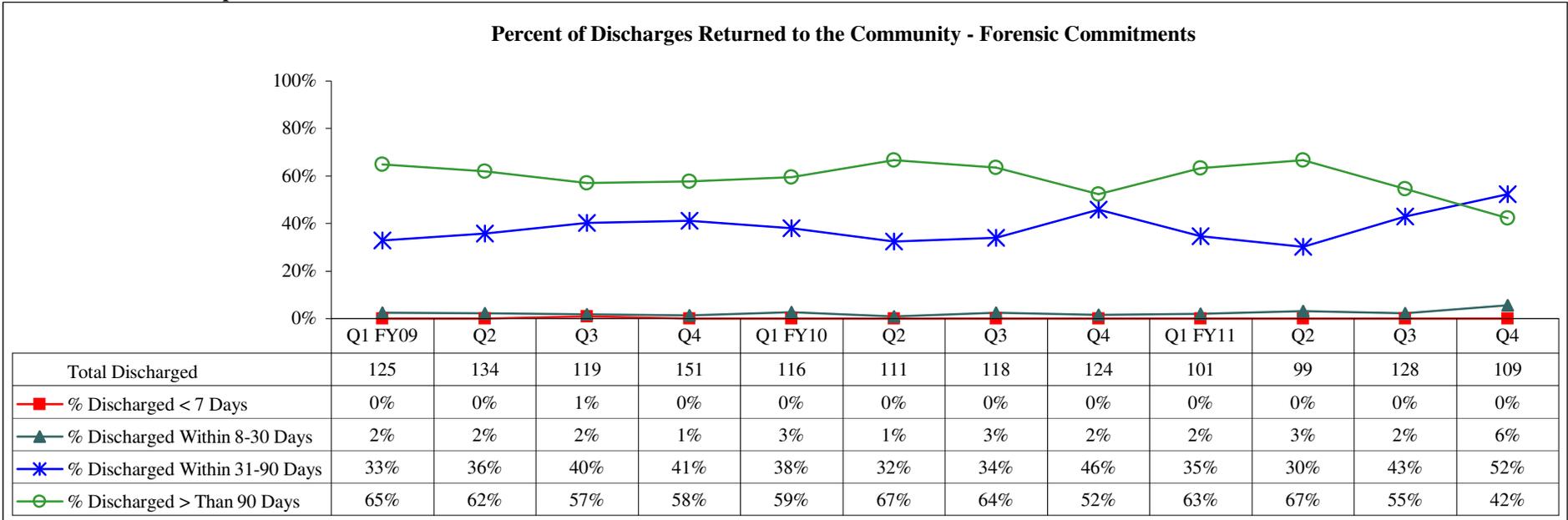


Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic

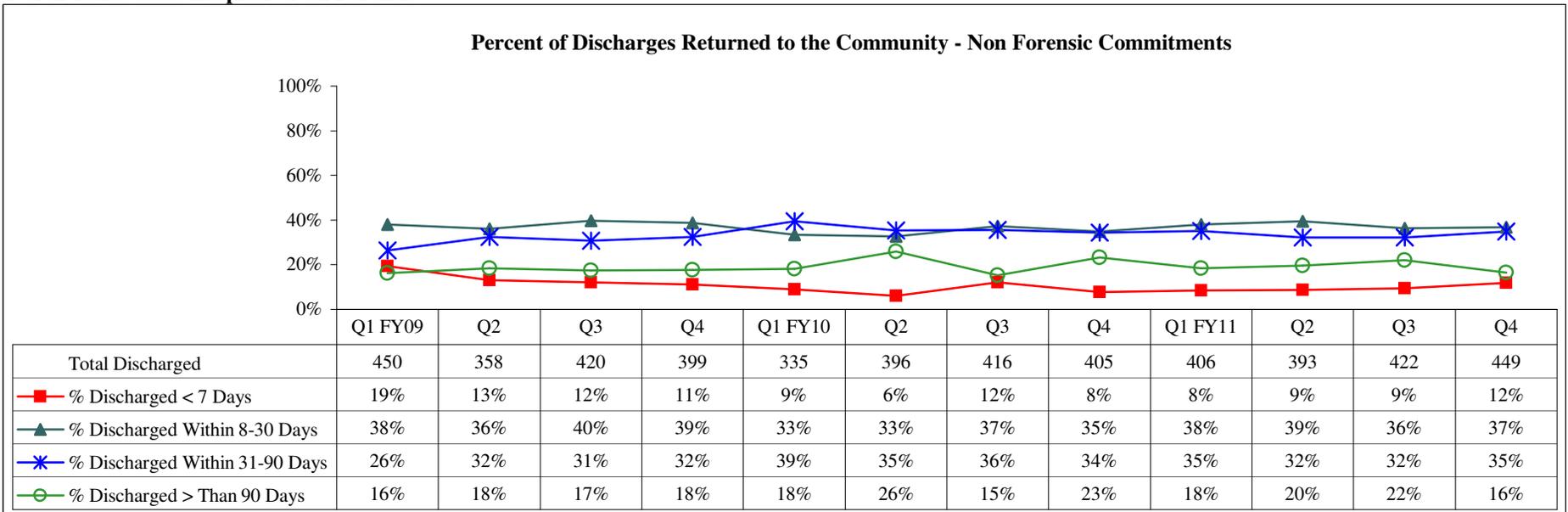


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

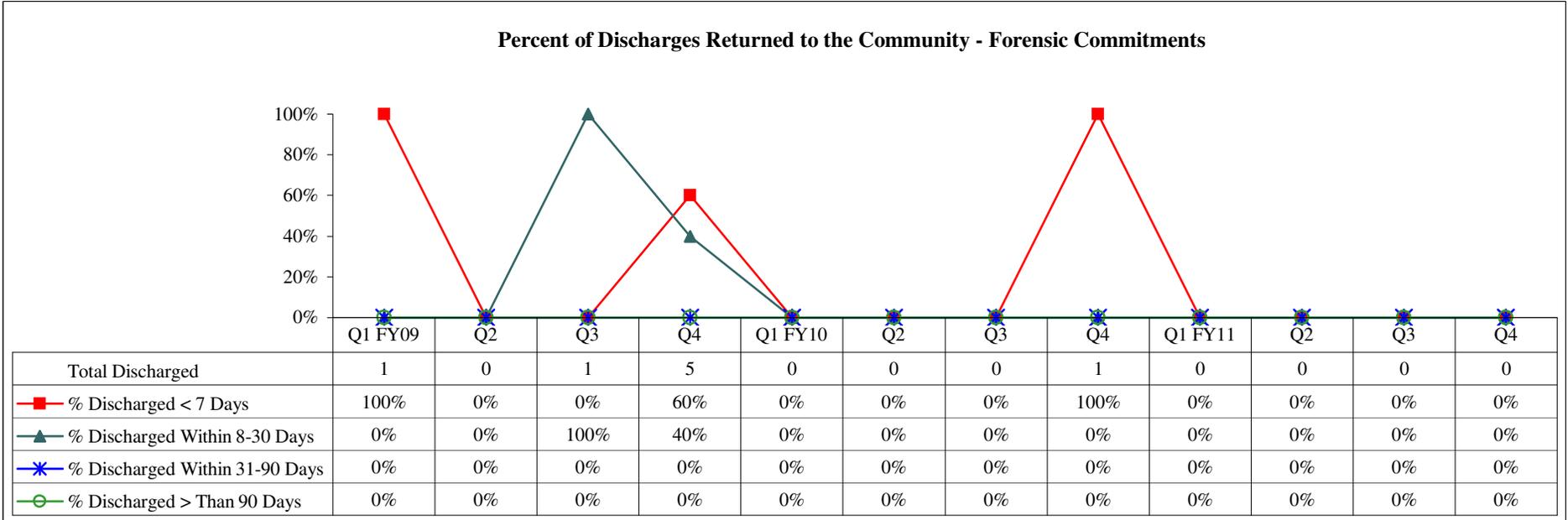


Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic

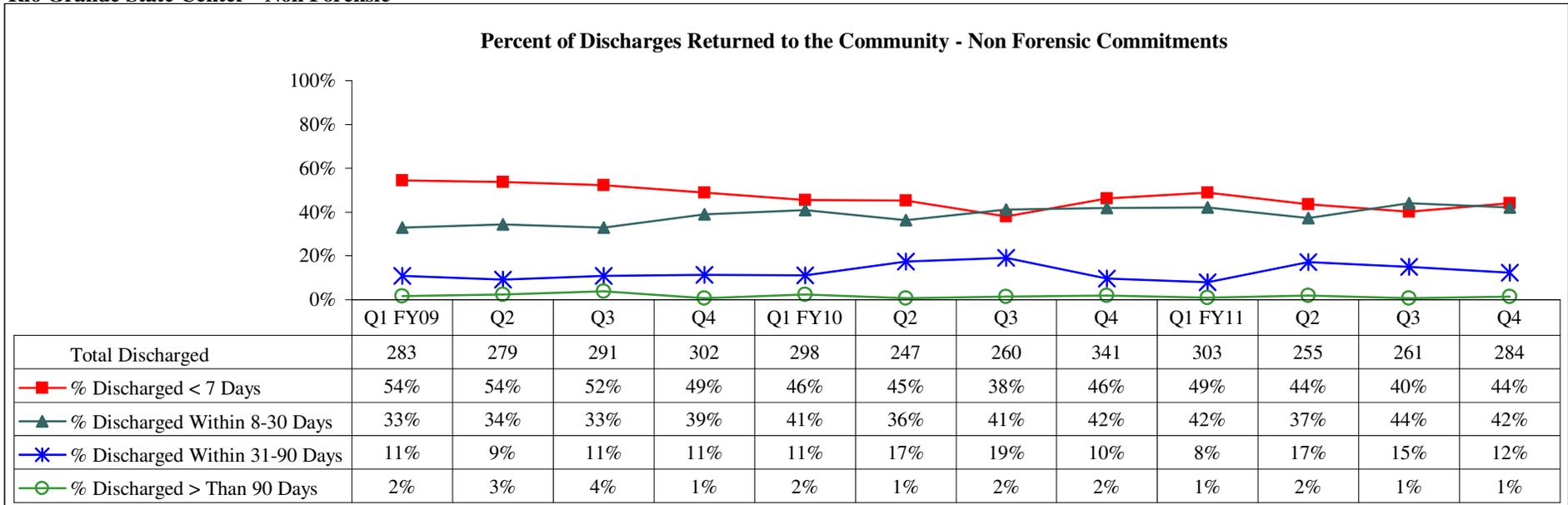


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

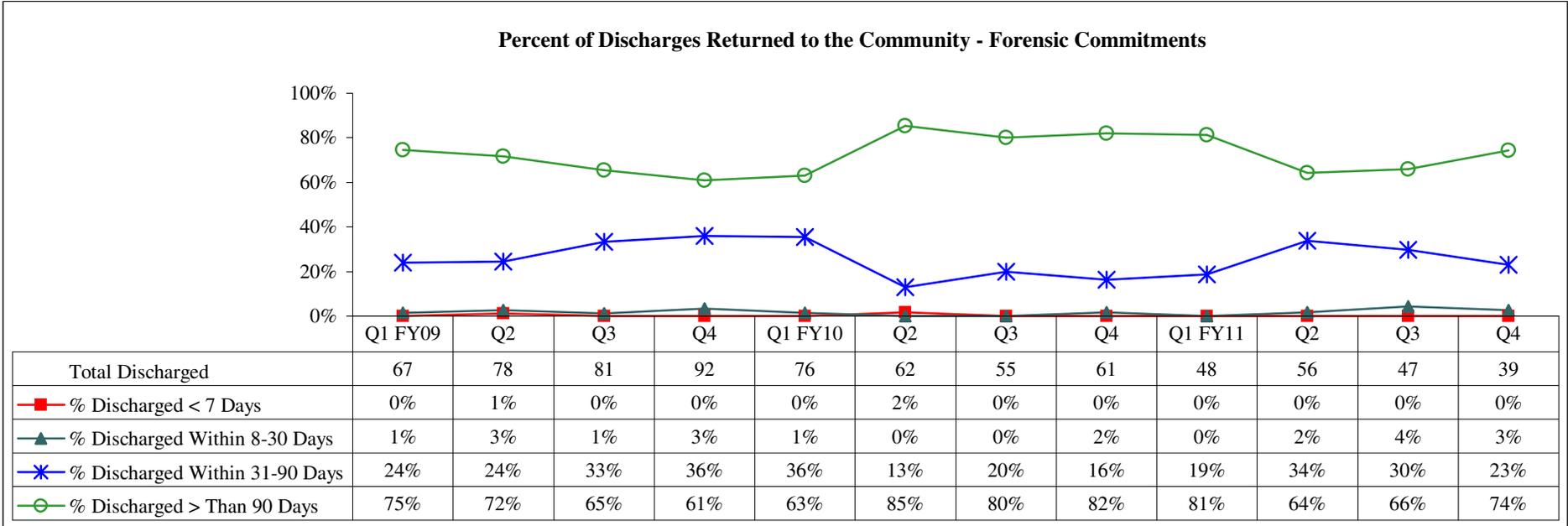


Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic

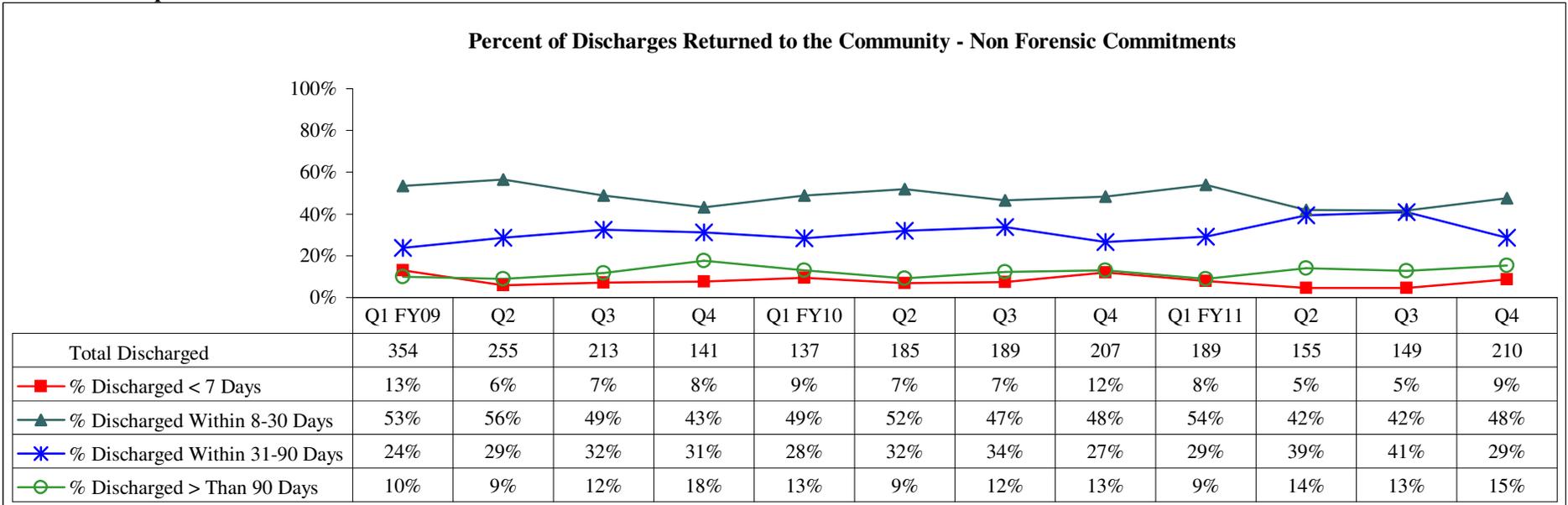


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

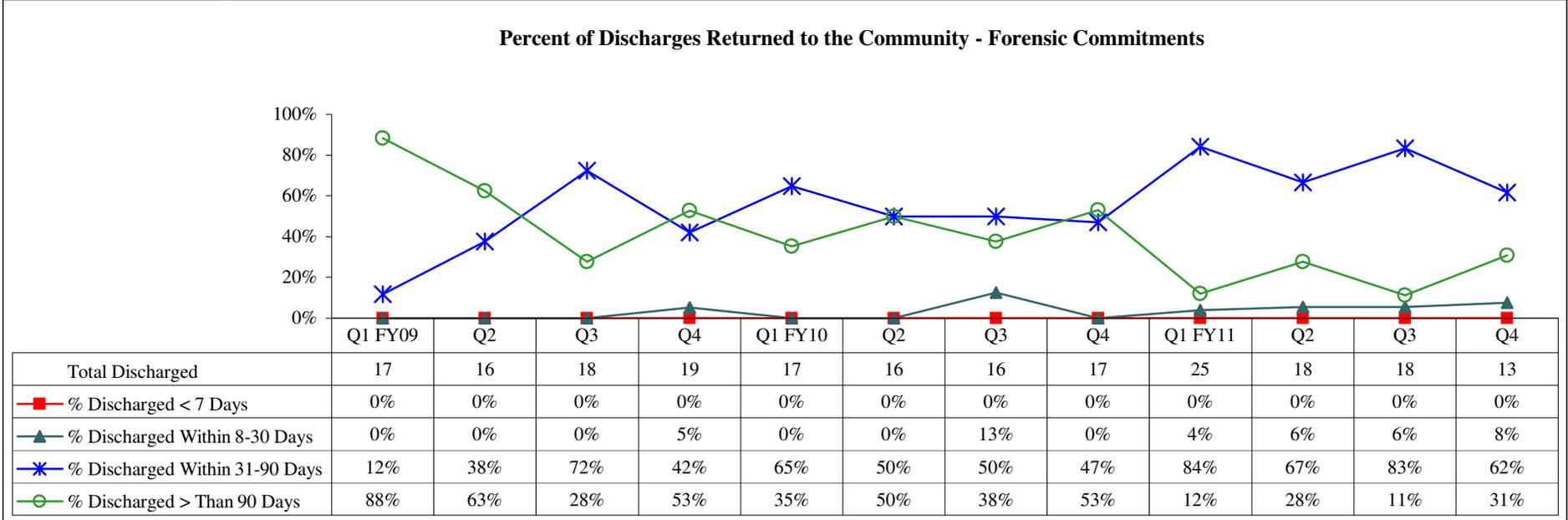


Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

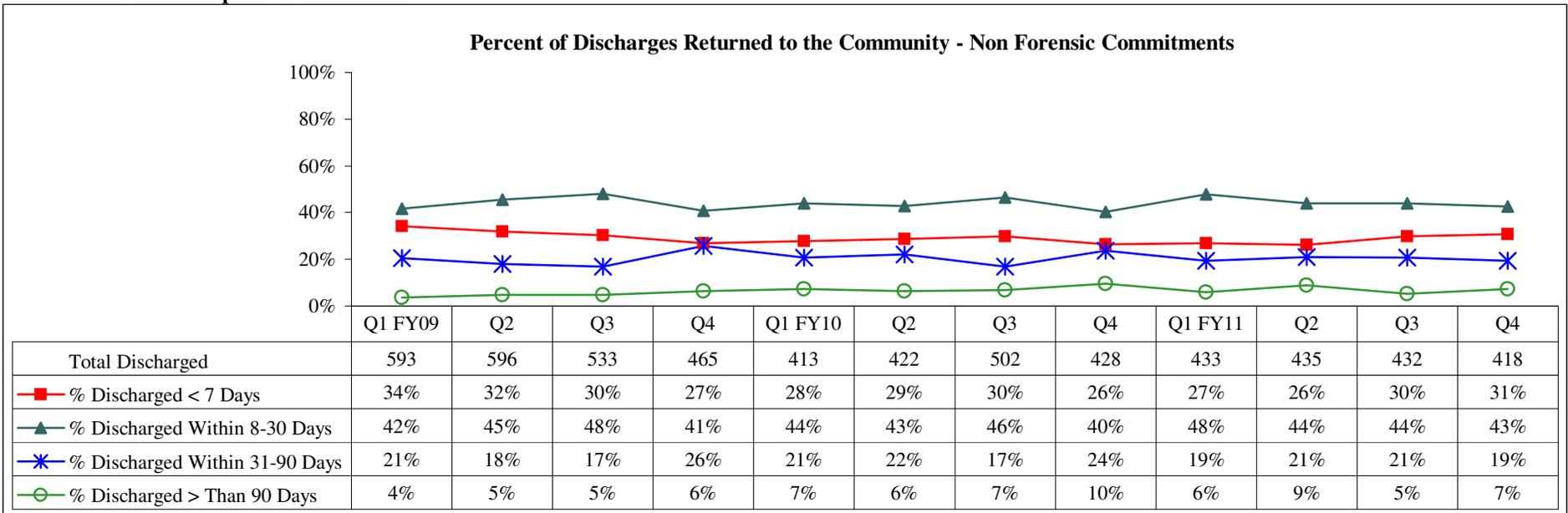


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

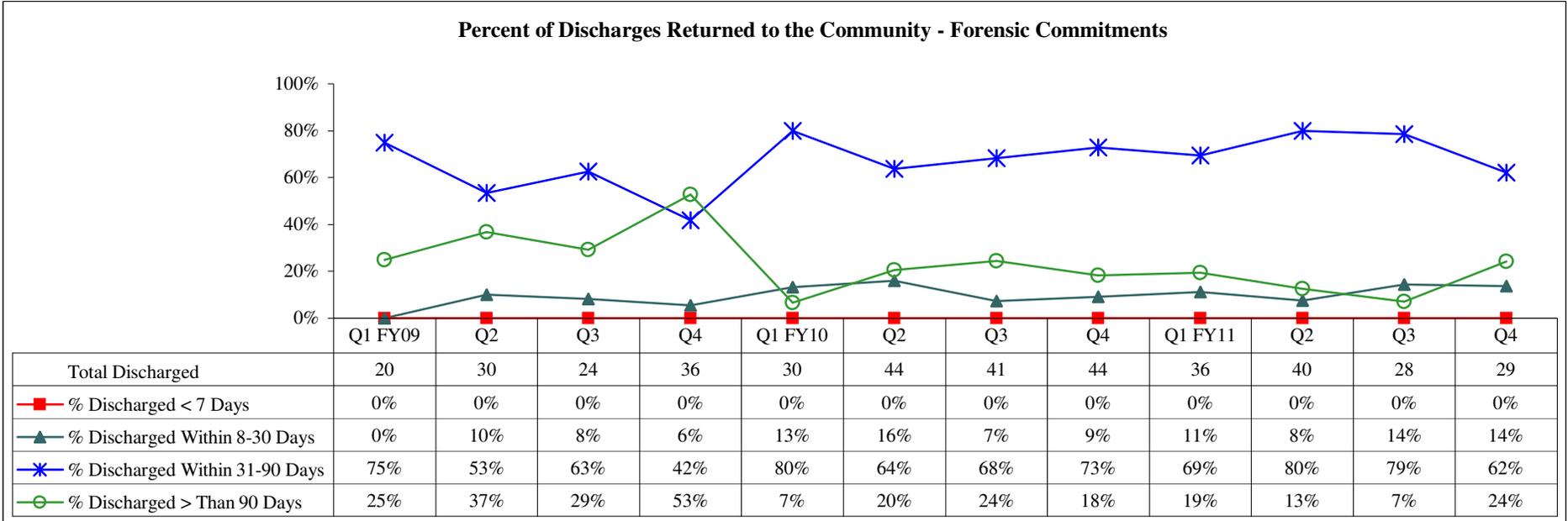


Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

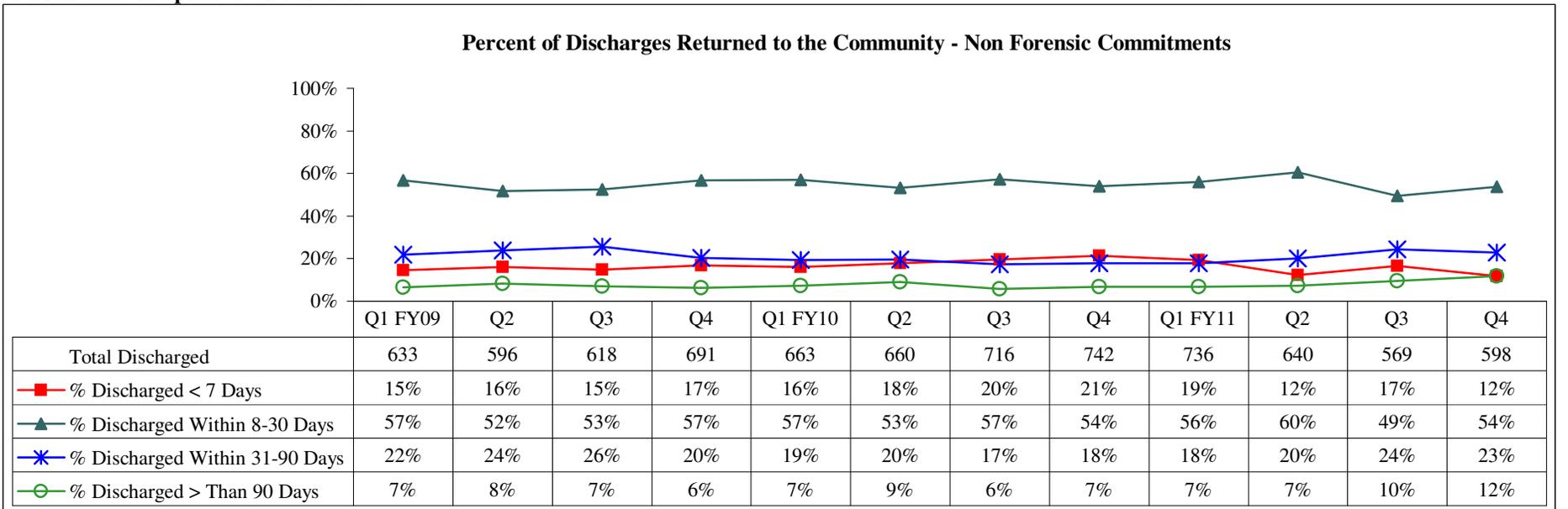


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

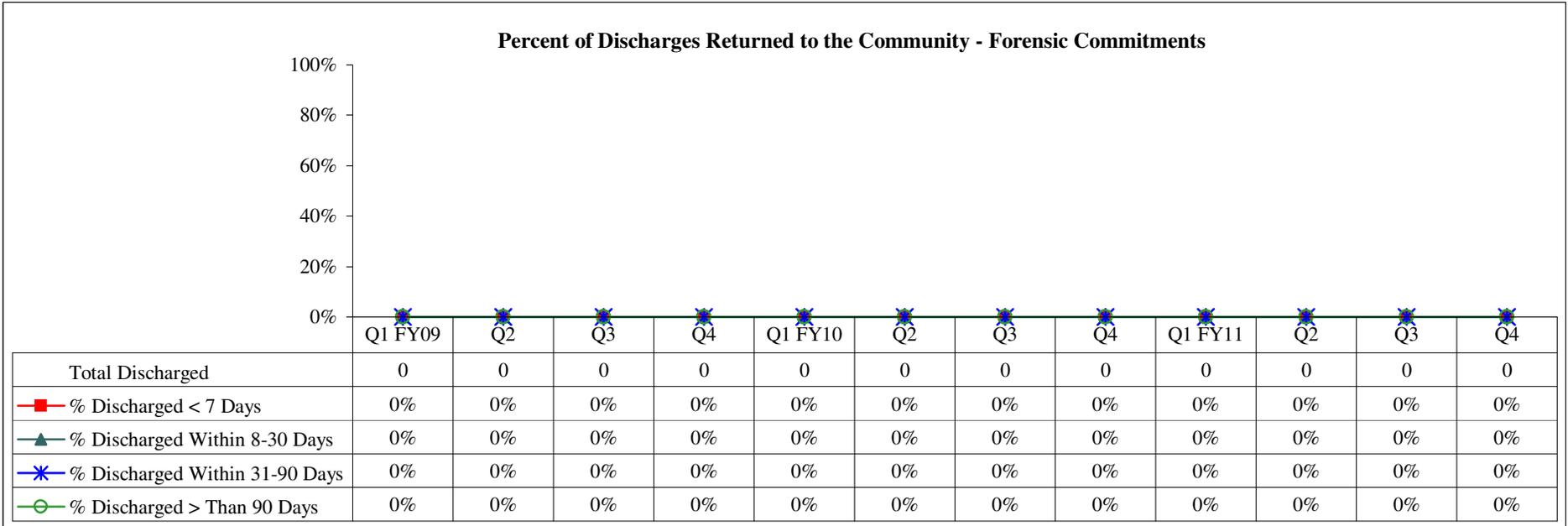


Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

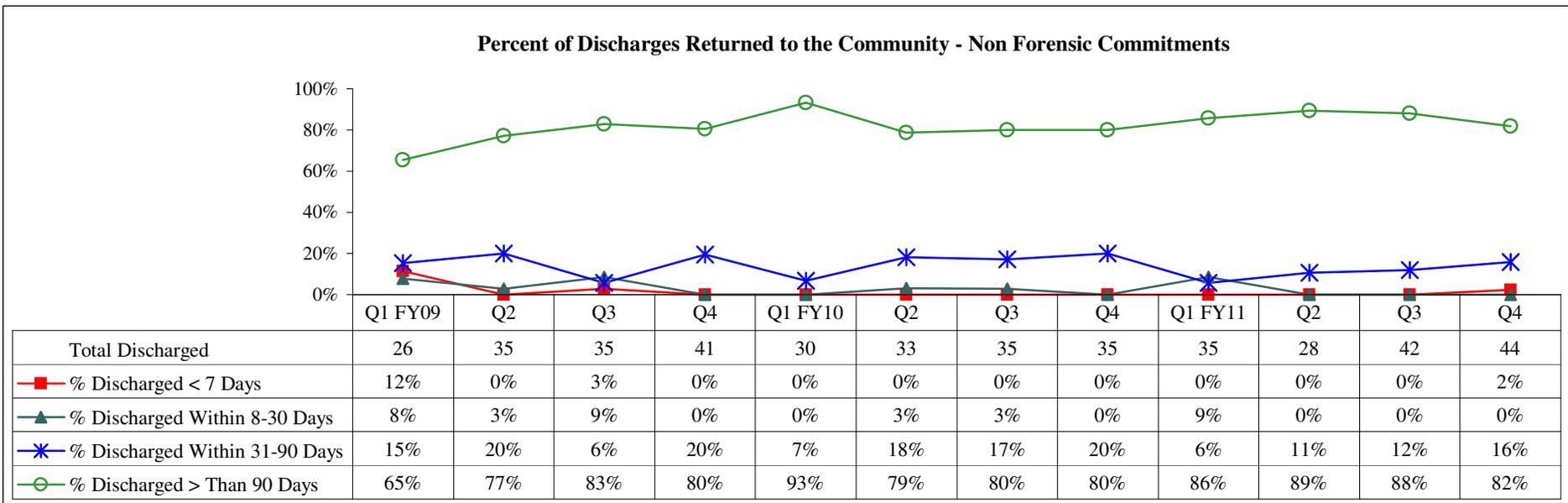


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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



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

Performance Measure 5C:

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

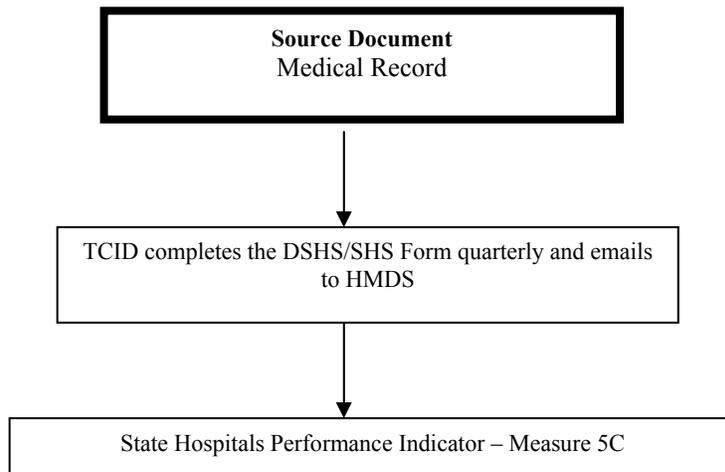
Performance Measure Operational Definition: Data reported by TCID.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

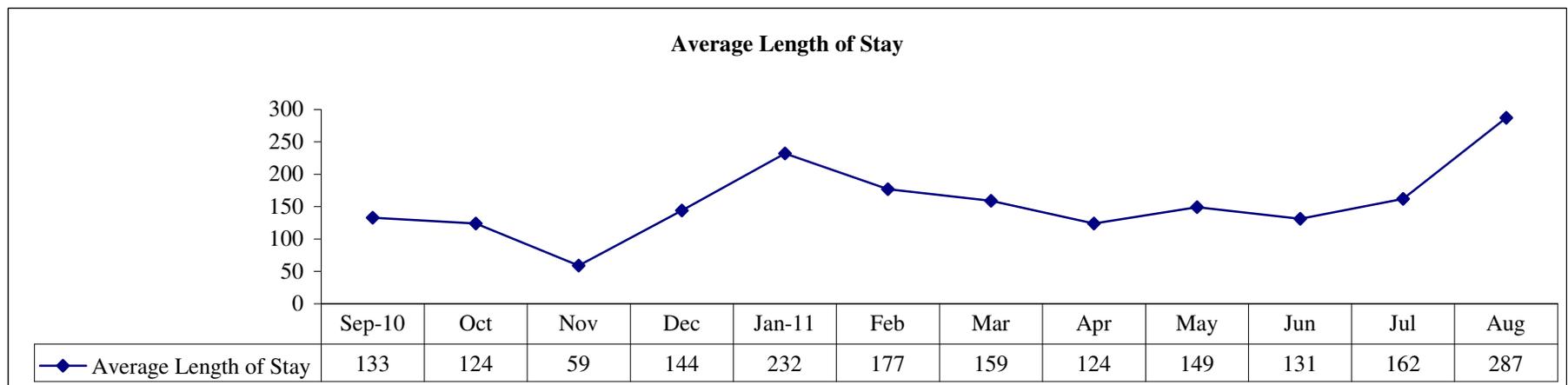
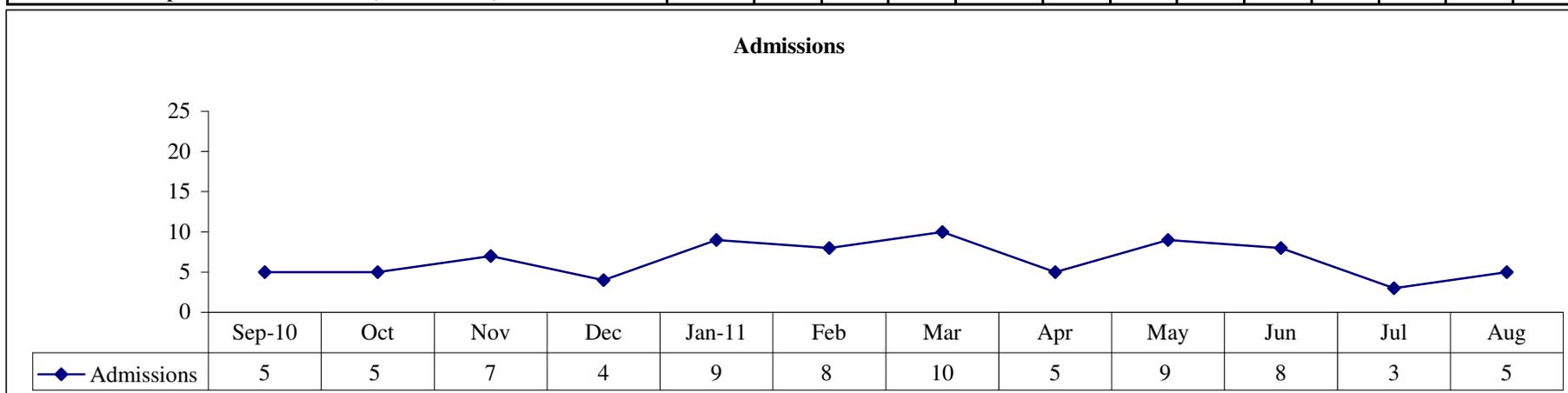
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



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

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	5	5	7	4	9	8	10	5	9	8	3	5	78
Average Length of Stay	133	124	59	144	232	177	159	124	149	131	162	287	157
Number of Patients Admitted for Inpatient Care & Treatment	5	5	7	4	9	8	10	5	9	8	3	5	78
Tuberculoses	4	5	7	4	9	8	9	5	8	4	3	5	71
Multi-drug related tuberculoses	1	0	0	0	0	0	1	0	1	0	0	2	5
Extensively drug related tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Outpatient Admissions (Encounters)	15	24	10	24	15	9	1	0	1	0	1	0	100



Performance Measure 5D:

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

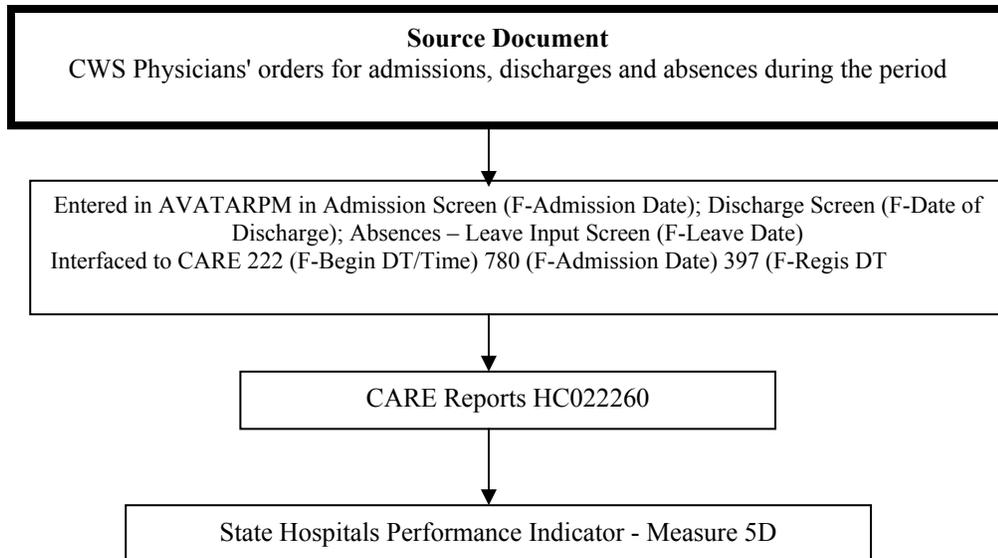
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

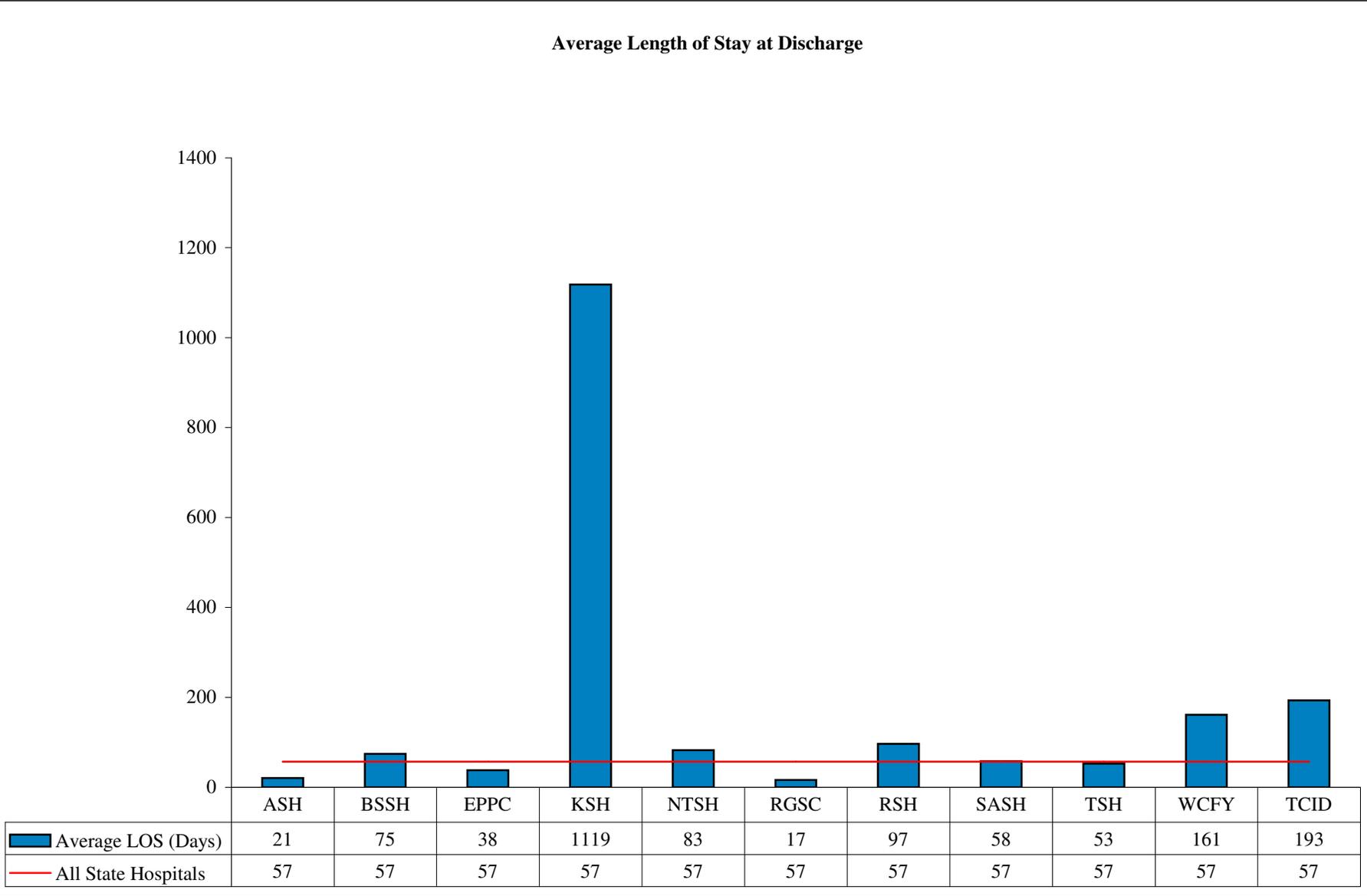
Performance Measure Data Display and Chart Description:

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

Data Flow:



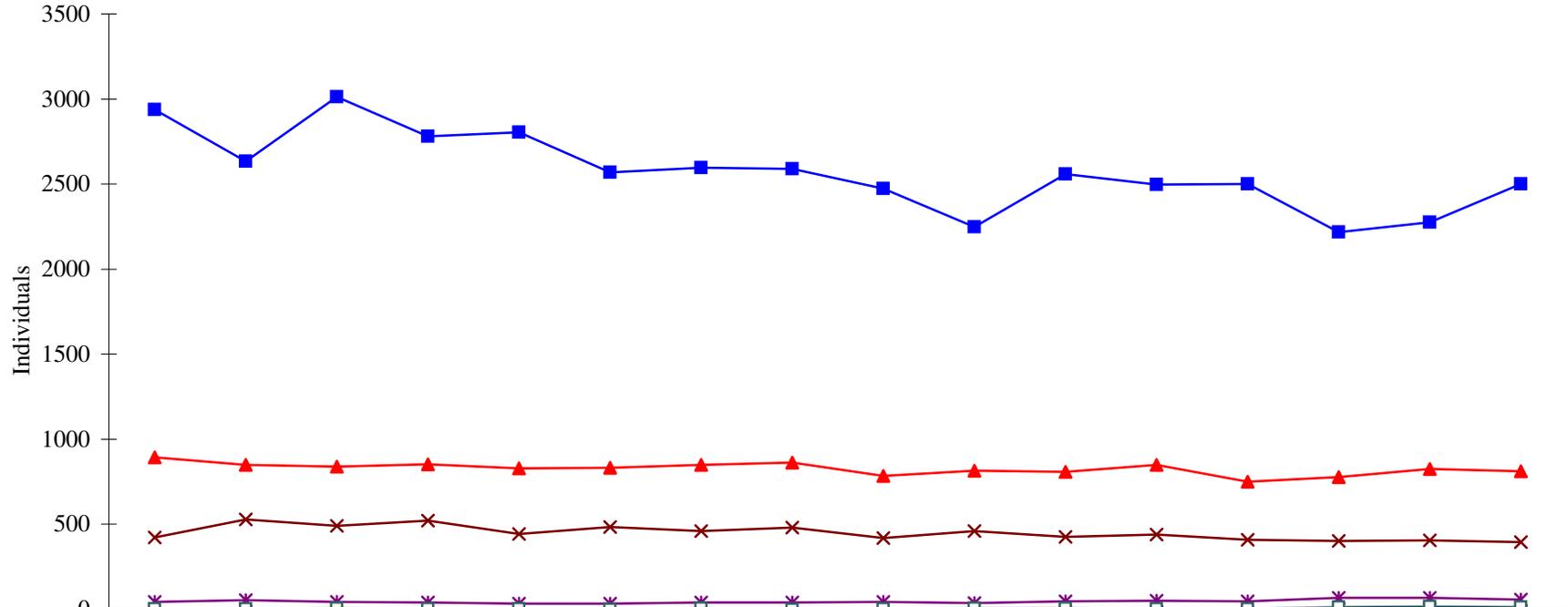
**Measure 5D - Average Length of Stay at Discharge
All State Hospitals**



TCID - not included in All State Hospitals Average

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

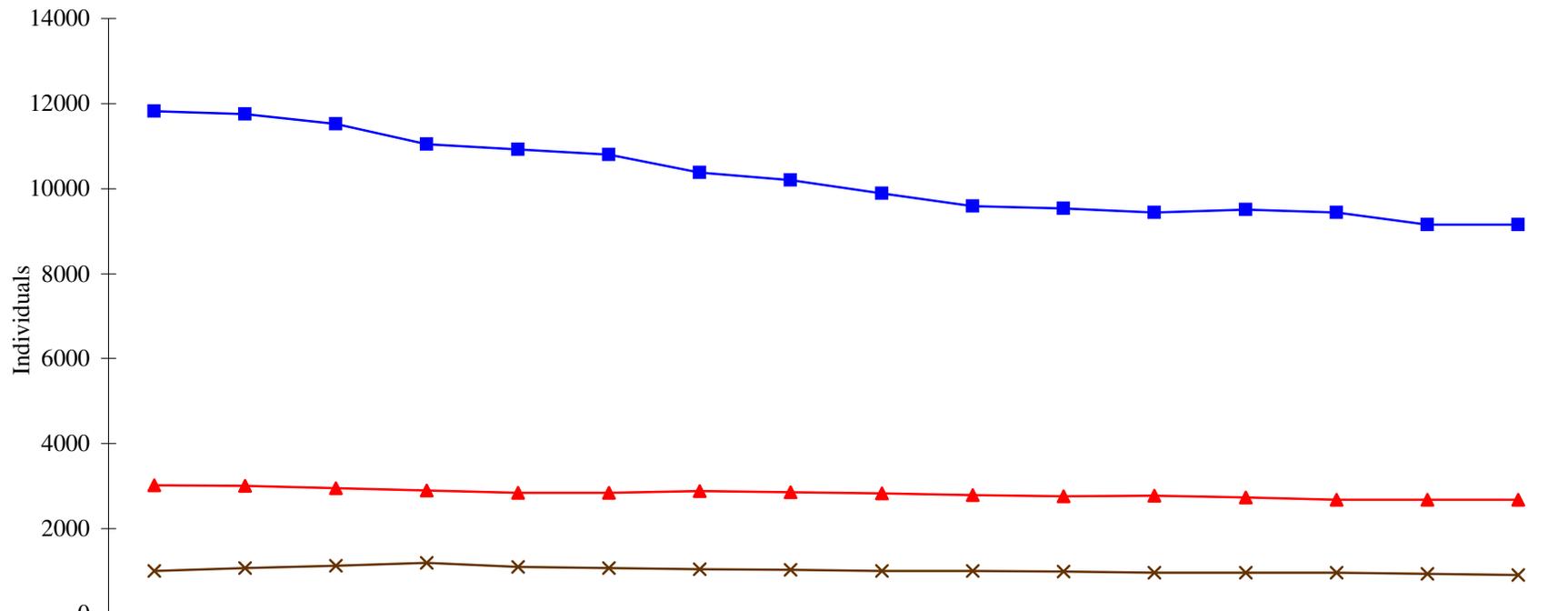
Average Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	45	49	48	47	45	45	48	47	52	54	50	50	48	65	64	57
■ 30 Days or Less	2937	2635	3012	2780	2805	2569	2596	2588	2472	2249	2559	2496	2500	2218	2275	2501
▲ 31 - 90 Days	894	851	840	854	829	834	851	863	783	816	809	849	752	779	825	811
✕ 91 - 365 Days	422	529	490	522	443	485	461	482	418	459	427	441	410	404	407	396
✱ 1 - 5 Years	44	53	44	41	35	35	42	41	43	37	49	52	48	69	68	57
□ Over 5 Years	5	4	8	3	3	1	6	1	5	6	6	4	2	13	17	13

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

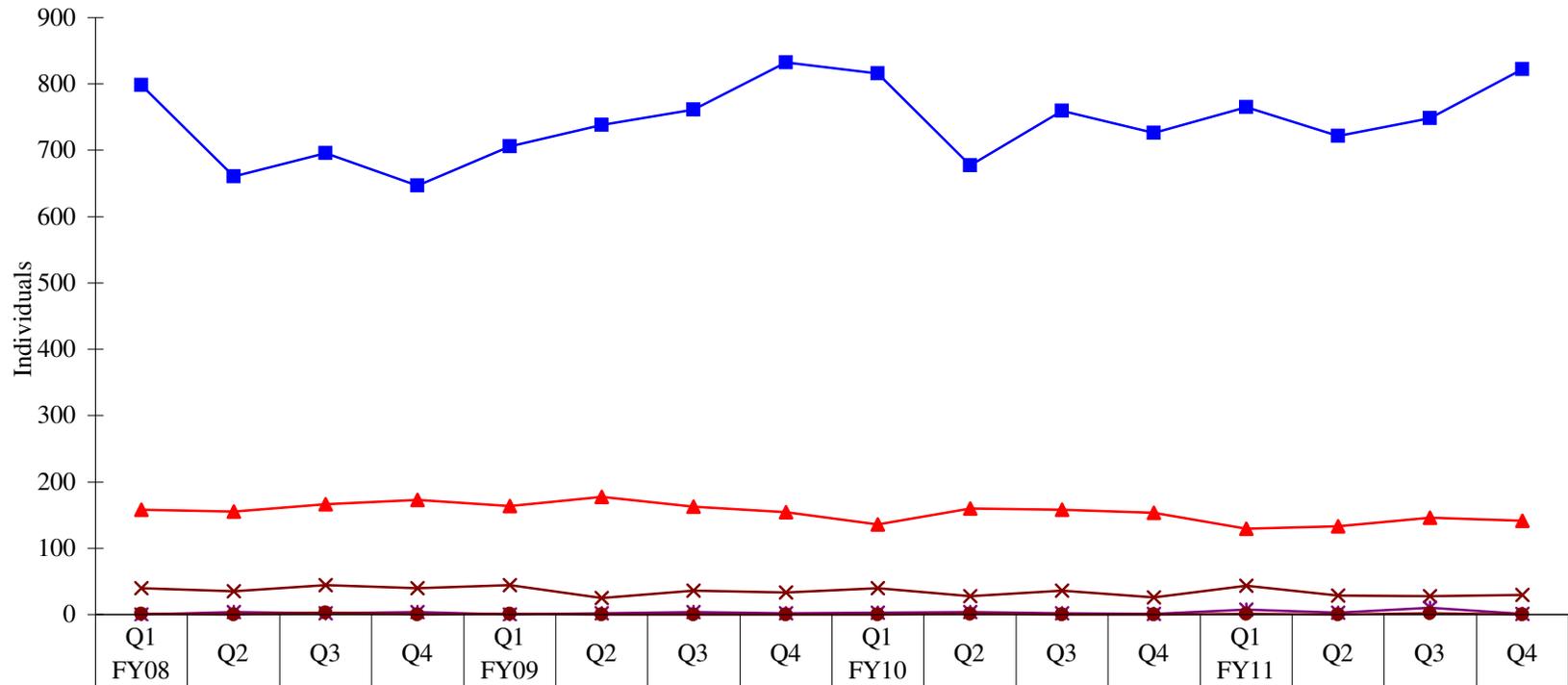
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	27	27	28	29	28	28	29	29	29	29	29	29	29	29	30	30
30 Days or Less	11816	11751	11516	11040	10922	10805	10380	10205	9882	9583	9530	9438	9506	9440	9158	9150
31-90 Days	3026	3006	2949	2898	2847	2844	2891	2859	2835	2791	2762	2781	2742	2681	2680	2682
91-365 Days	1011	1079	1131	1202	1101	1076	1047	1035	1006	1011	999	973	962	968	942	918

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

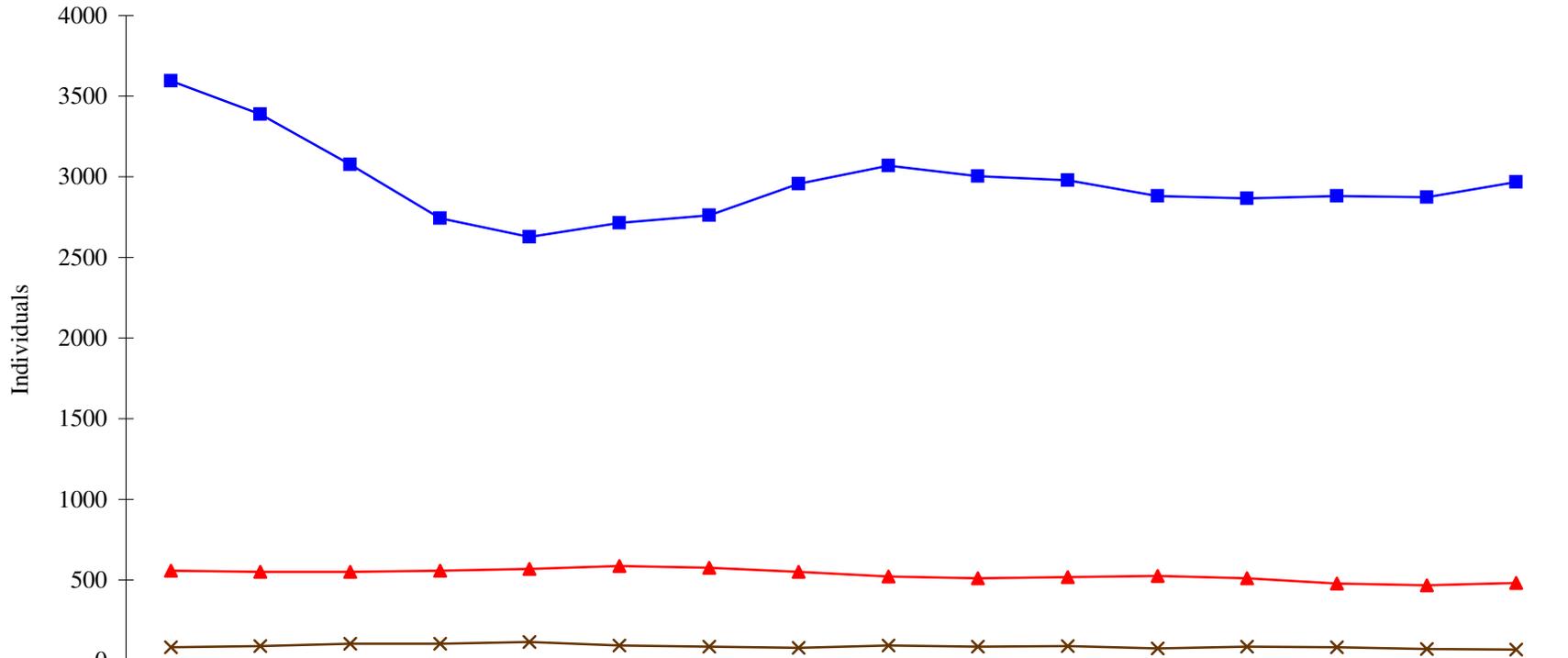
Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	24	26	38	28	32	23	25	22	24	31	23	21	28	23	39	21
■ 30 Days or Less	798	661	696	647	706	738	761	833	816	677	760	726	765	722	748	822
▲ 31 - 90 Days	158	155	166	173	164	177	163	154	136	160	158	153	129	133	146	141
✕ 91 - 365 Days	40	35	44	40	44	25	36	33	40	28	36	26	43	29	28	30
✱ 1 - 5 Years	0	4	2	4	0	2	4	2	3	4	2	1	7	3	10	1
● Over 5 Years	1	0	3	0	1	0	0	0	0	1	0	0	1	0	2	0

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

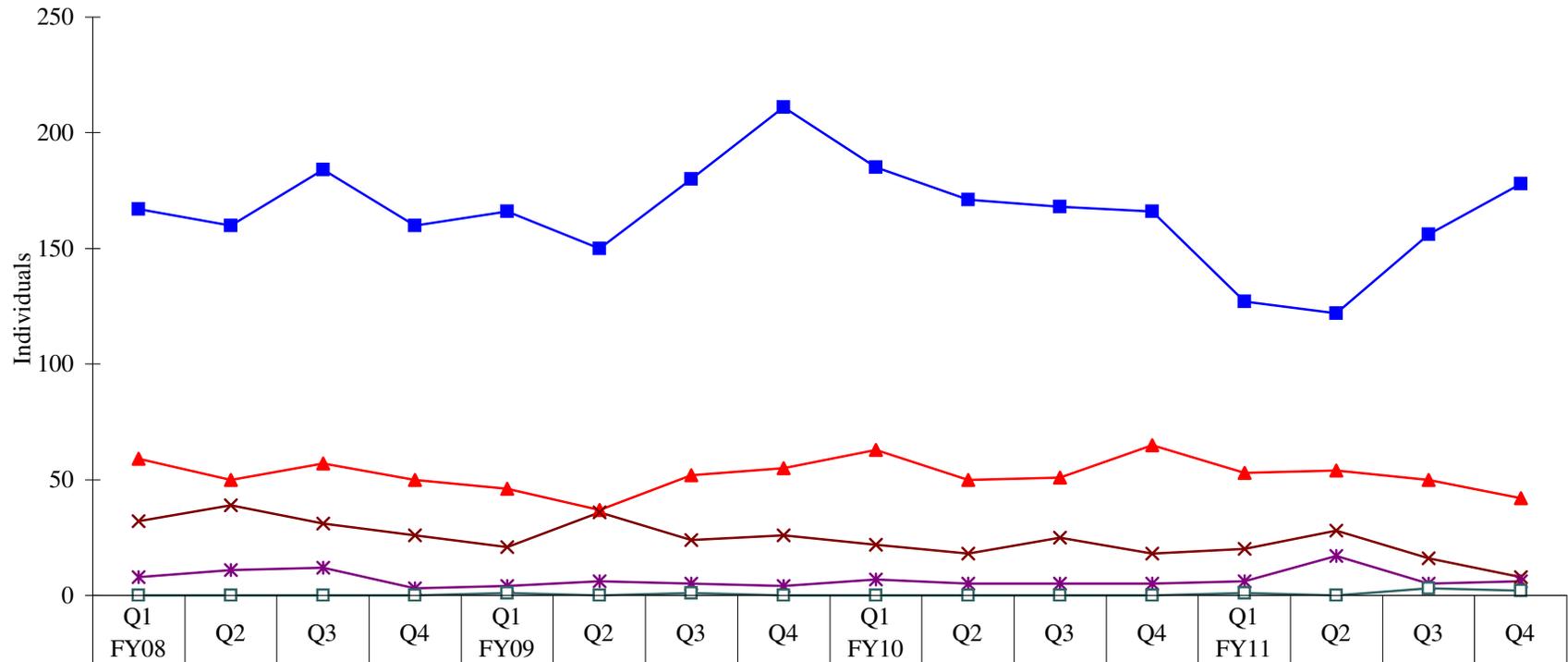
Average Length of Stay For Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	17	18	19	20	21	21	21	19	19	19	19	19	19	19	18	18
30 Days or Less	3596	3386	3075	2742	2625	2713	2762	2956	3069	3002	2980	2879	2865	2879	2873	2969
31-90 Days	557	549	552	557	568	587	577	550	523	510	518	524	510	479	469	481
91-365 Days	83	89	106	105	115	94	86	81	93	87	89	76	86	83	74	68

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

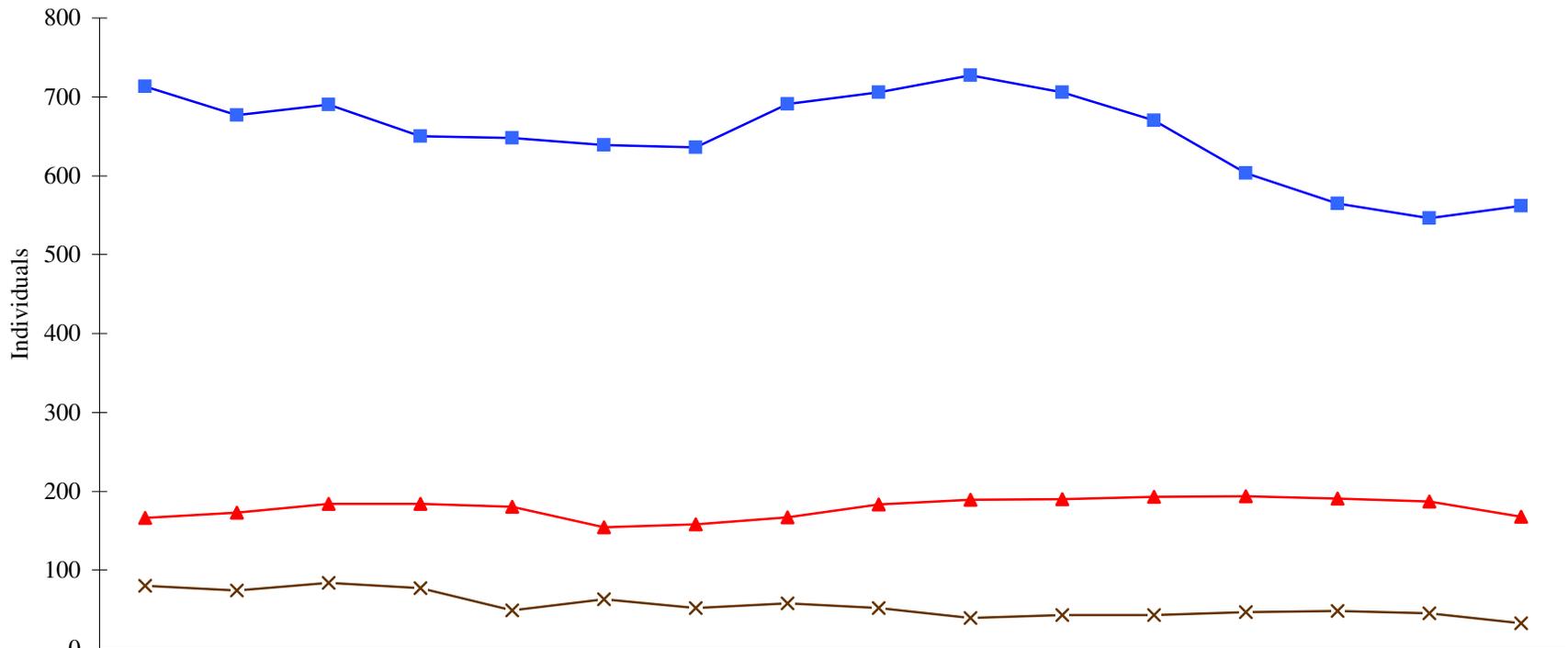
Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	54	67	62	47	51	62	54	45	56	46	54	49	71	105	84	75
■ 30 Days or Less	167	160	184	160	166	150	180	211	185	171	168	166	127	122	156	178
▲ 31 - 90 Days	59	50	57	50	46	37	52	55	63	50	51	65	53	54	50	42
× 91 - 365 Days	32	39	31	26	21	36	24	26	22	18	25	18	20	28	16	8
* 1 - 5 Years	8	11	12	3	4	6	5	4	7	5	5	5	6	17	5	6
□ Over 5 Years	0	0	0	0	1	0	1	0	0	0	0	0	1	0	3	2

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

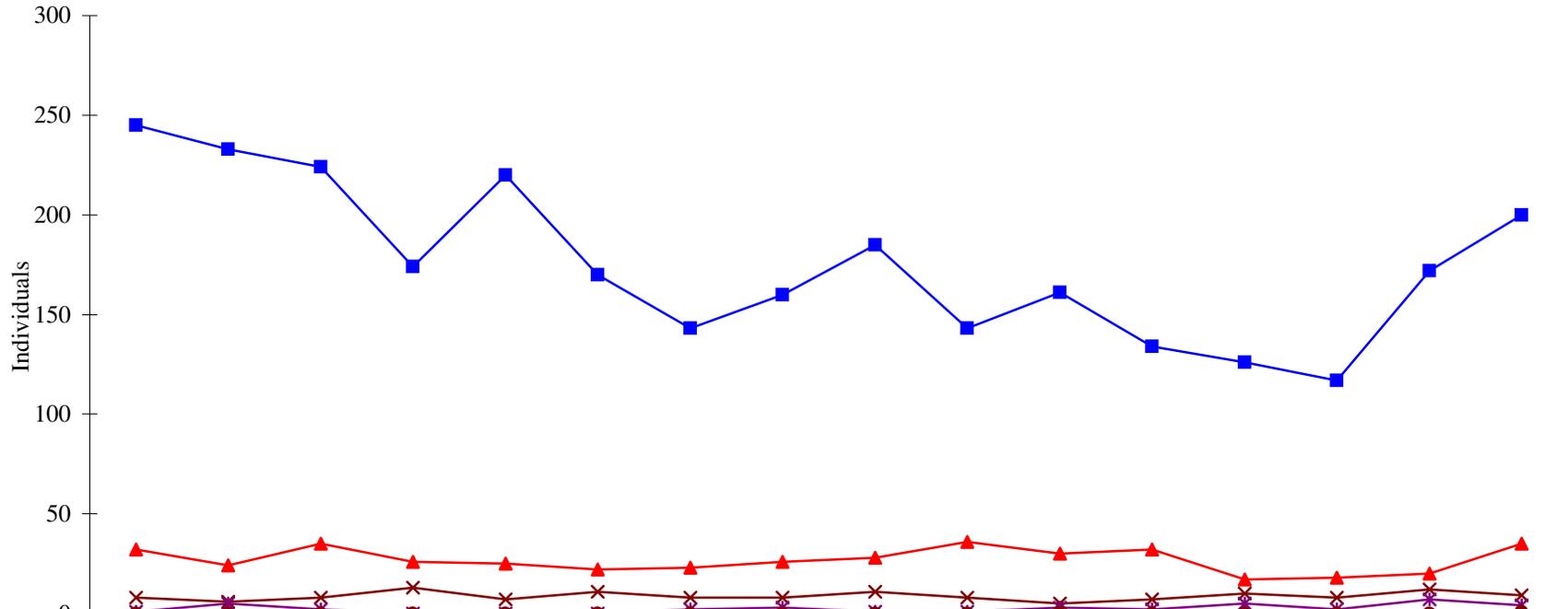
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	29	29	31	31	27	29	27	27	27	24	25	25	28	29	29	27
■ 30 Days or Less	713	677	690	650	648	639	636	691	706	727	706	670	603	565	546	562
▲ 31-90 Days	166	173	184	184	180	154	158	167	183	189	190	193	194	191	187	168
× 91-365 Days	80	74	84	77	49	63	52	58	52	39	43	43	47	48	45	33

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

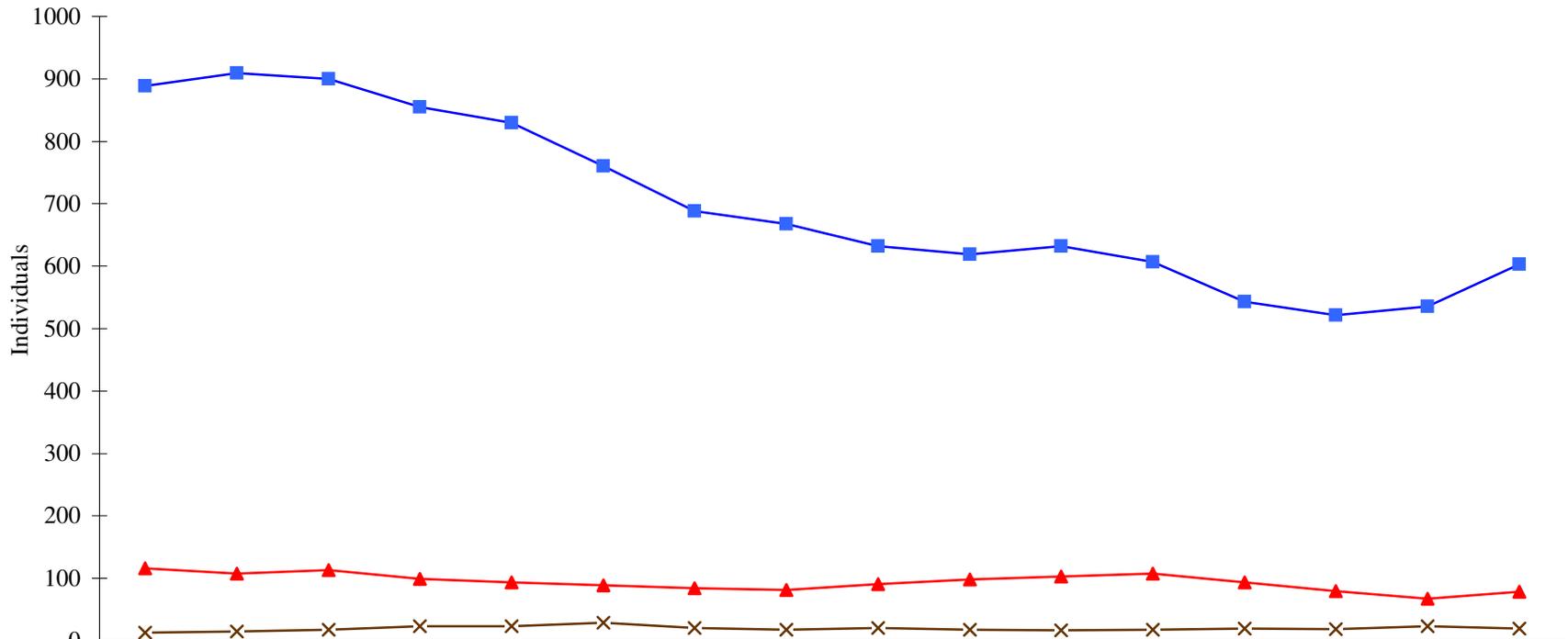
Length of Stay at Discharge by Category



Average LOS	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	18	27	27	22	17	22	27	37	24	27	30	29	46	41	42	38
30 Days or Less	245	233	224	174	220	170	143	160	185	143	161	134	126	117	172	200
31 - 90 Days	32	24	35	26	25	22	23	26	28	36	30	32	17	18	20	35
91 - 365 Days	8	6	8	13	7	11	8	8	11	8	5	7	10	8	12	9
1 - 5 Years	1	5	2	0	0	0	2	3	1	1	3	2	5	2	7	4
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

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

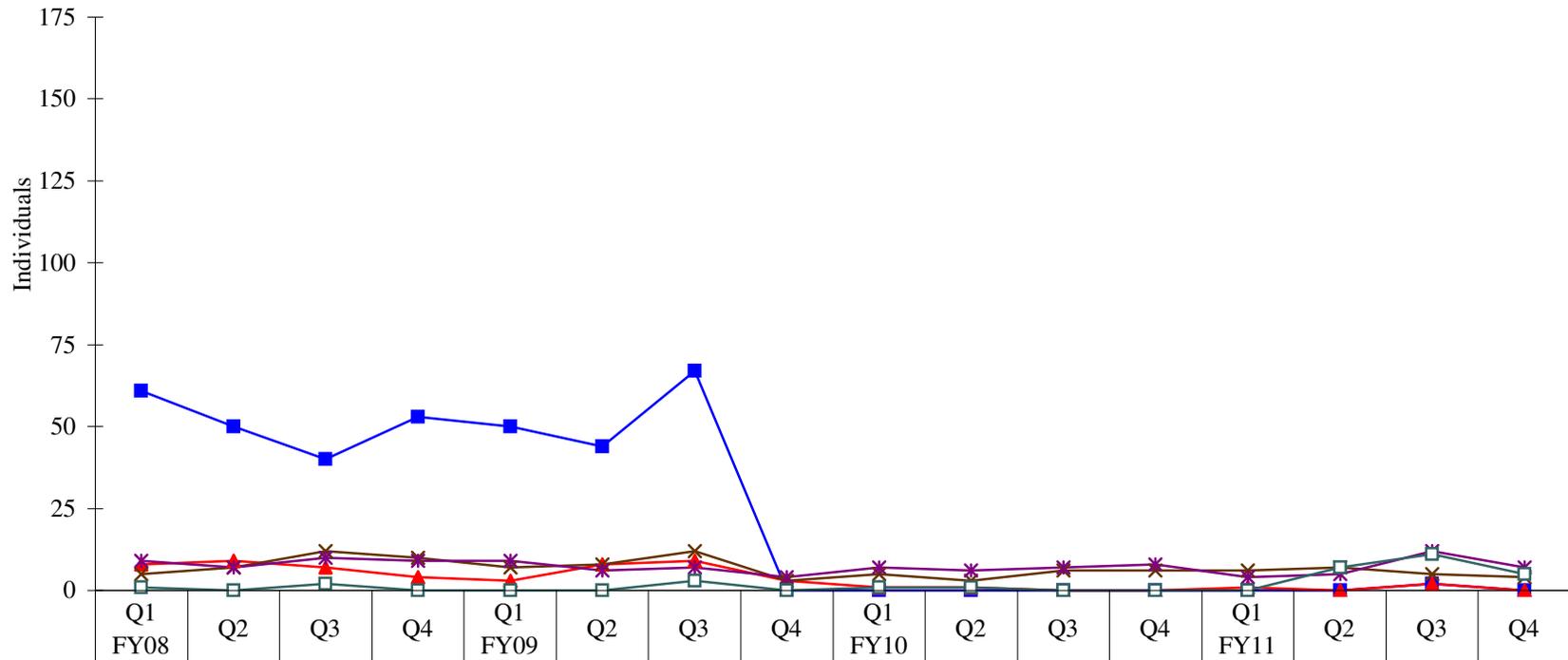
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	15	15	15	16	16	18	17	17	18	18	18	19	20	20	21	19
30 Days or Less	889	909	900	855	830	760	688	668	632	619	632	607	543	522	536	603
31-90 Days	116	108	113	99	94	89	84	81	91	98	103	108	94	80	67	79
91-365 Days	13	15	18	23	23	29	21	18	21	18	17	18	20	19	23	20

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

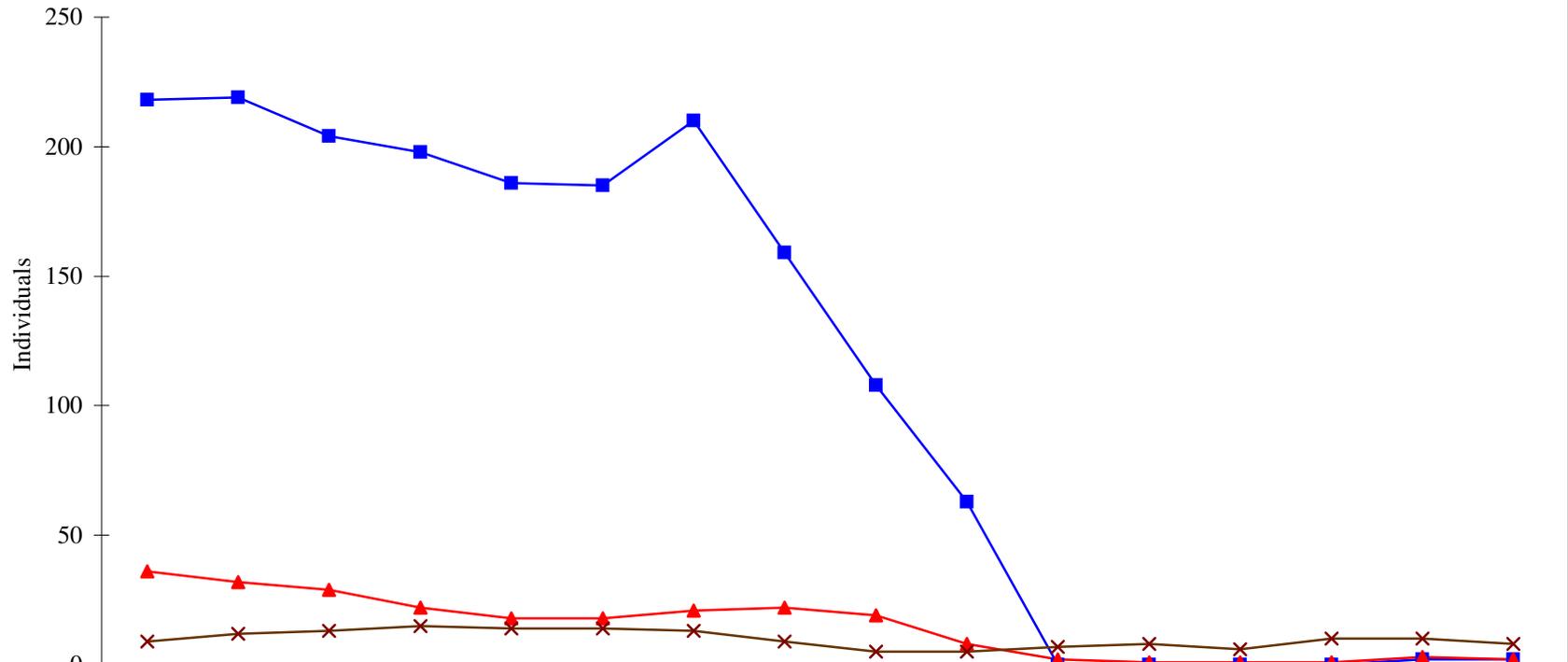
Length of Stay at Discharge by Category



Average LOS	145	92	220	123	164	108	182	541	724	1004	584	696	539	1332	1235	1119
■ 30 Days or Less	61	50	40	53	50	44	67	0	0	0	0	0	0	0	2	0
▲ 31 - 90 Days	8	9	7	4	3	8	9	3	1	1	0	0	1	0	2	0
✕ 91 - 365 Days	5	7	12	10	7	8	12	3	5	3	6	6	6	7	5	4
✱ 1 - 5 Years	9	7	10	9	9	6	7	4	7	6	7	8	4	5	12	7
□ Over 5 Years	1	0	2	0	0	0	3	0	1	1	0	0	0	7	11	5

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

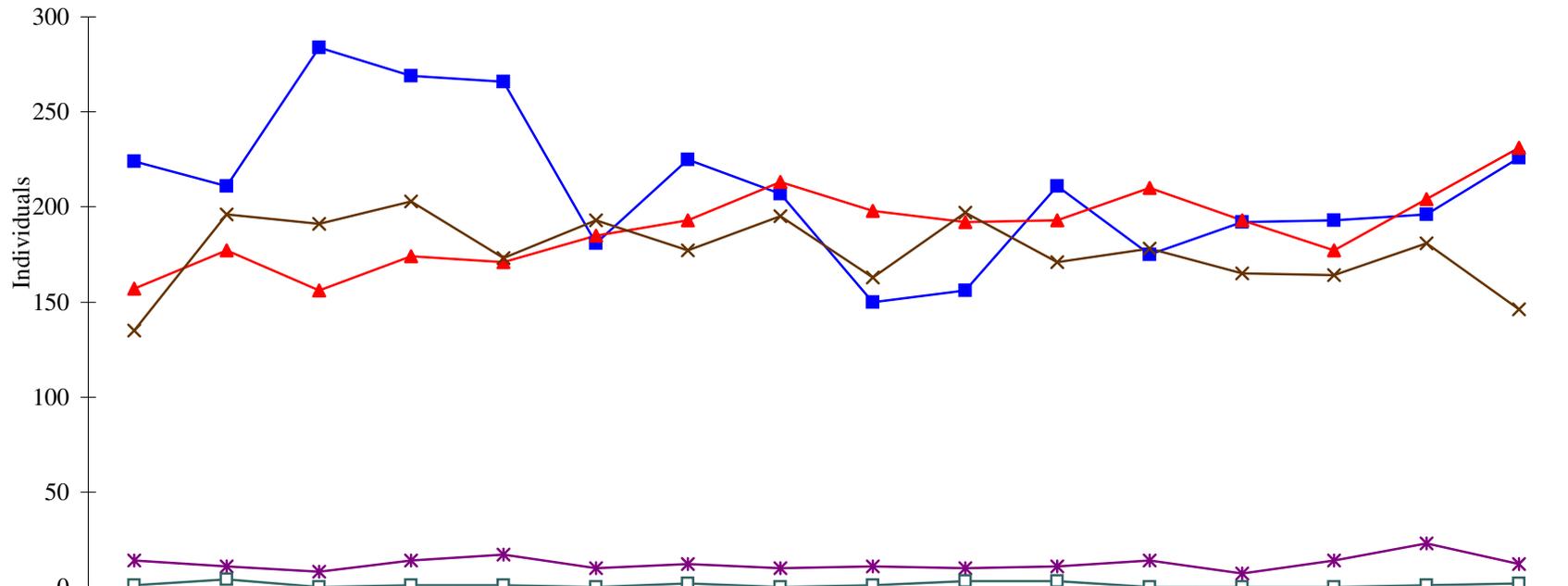
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	20	22	22	23	21	22	19	21	20	24	176	197	180	160	115	111
■ 30 Days or Less	218	219	204	198	186	185	210	159	108	63	0	0	0	0	2	2
▲ 31-90 Days	36	32	29	22	18	18	21	22	19	8	2	1	1	1	3	2
× 91-365 Days	9	12	13	15	14	14	13	9	5	5	7	8	6	10	10	8

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

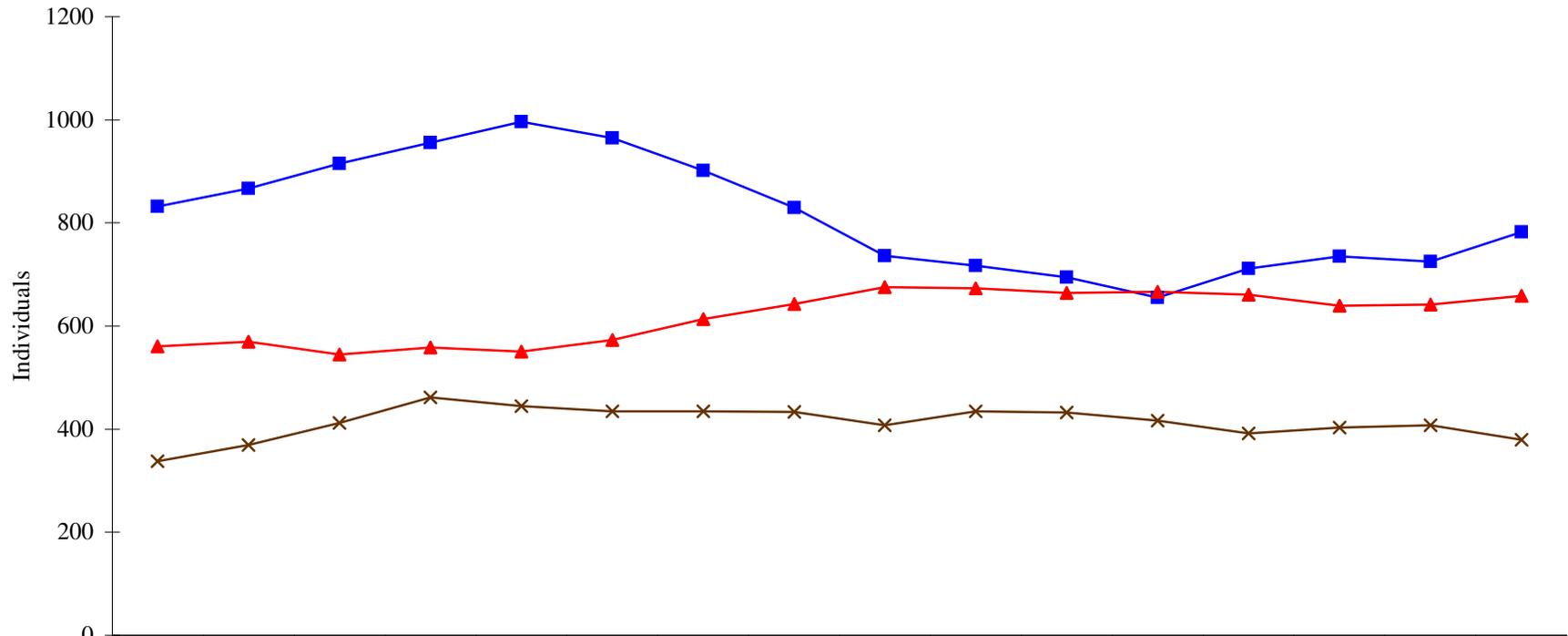
Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	90	100	74	87	85	84	87	84	93	104	100	90	84	87	96	83
■ 30 Days or Less	224	211	284	269	266	181	225	207	150	156	211	175	192	193	196	226
▲ 31 - 90 Days	157	177	156	174	171	185	193	213	198	192	193	210	193	177	204	231
× 91 - 365 Days	135	196	191	203	173	193	177	195	163	197	171	178	165	164	181	146
* 1 - 5 Years	14	11	8	14	17	10	12	10	11	10	11	14	7	14	23	12
□ Over 5 Years	1	4	0	1	1	0	2	0	1	3	3	0	0	0	1	2

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

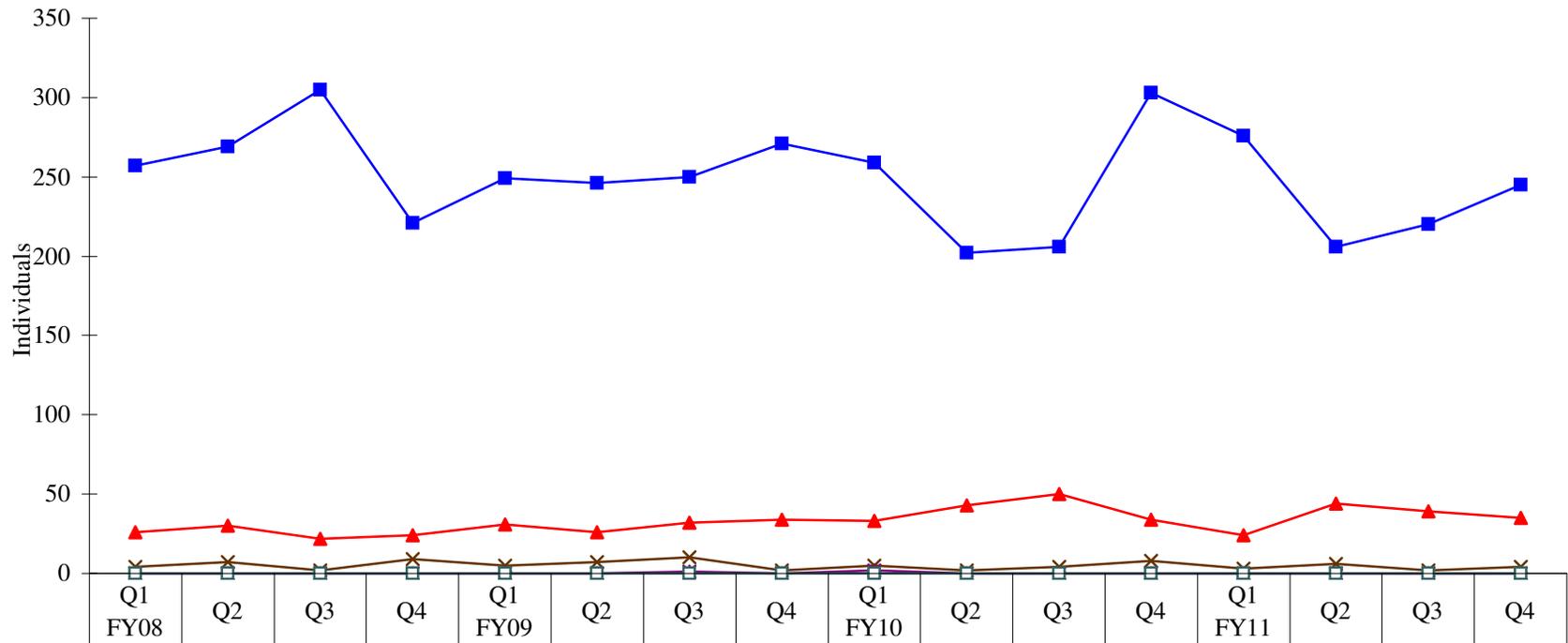
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	52	51	53	54	52	52	55	56	56	59	60	61	57	59	59	56
■ 30 Days or Less	832	867	915	956	996	965	902	830	736	717	694	655	712	735	725	782
▲ 31-90 Days	561	570	545	558	550	573	614	643	675	673	664	666	661	639	642	658
✕ 91-365 Days	338	369	412	461	445	435	435	433	407	435	432	417	392	403	408	379

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

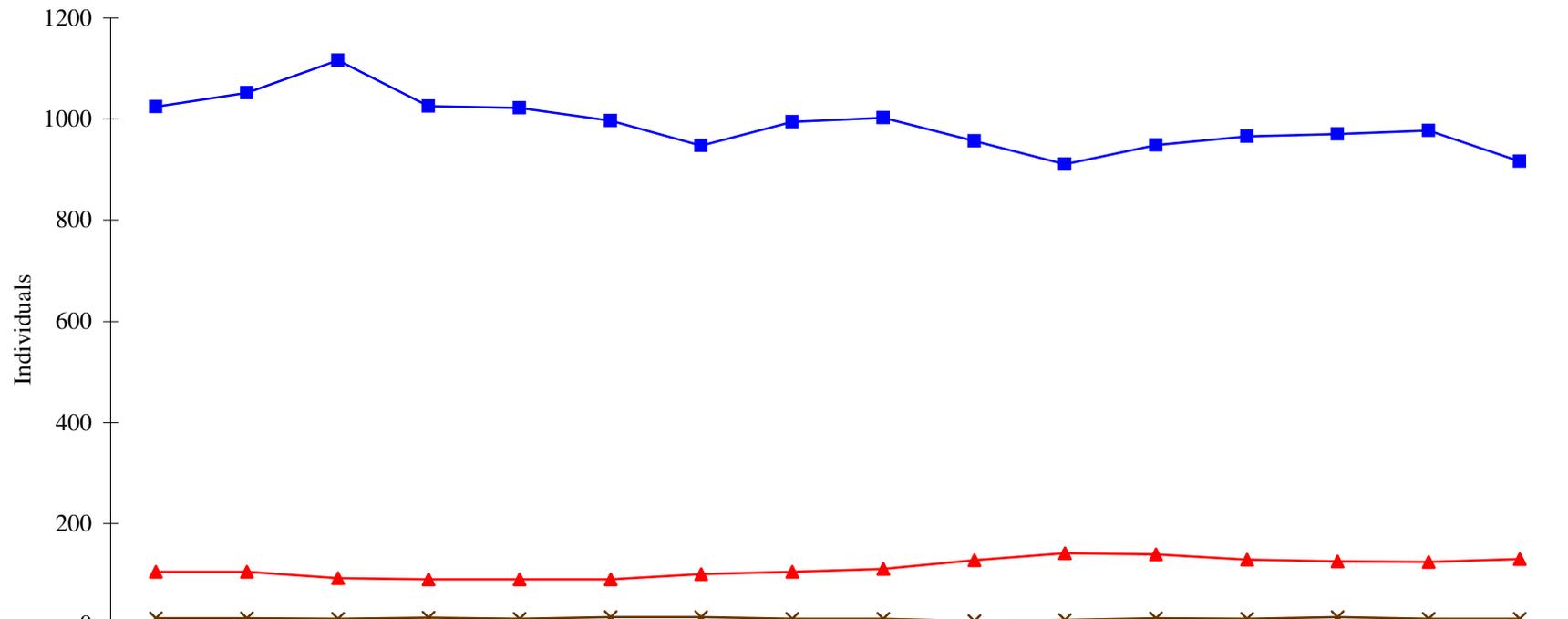
Average Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	14	16	11	16	15	16	19	15	19	18	19	16	14	19	17	17
30 Days or Less	257	269	305	221	249	246	250	271	259	202	206	303	276	206	220	245
31 - 90 Days	26	30	22	24	31	26	32	34	33	43	50	34	24	44	39	35
91 - 365 Days	4	7	2	9	5	7	10	2	5	2	4	8	3	6	2	4
1 - 5 Years	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	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
Rio Grande State Center

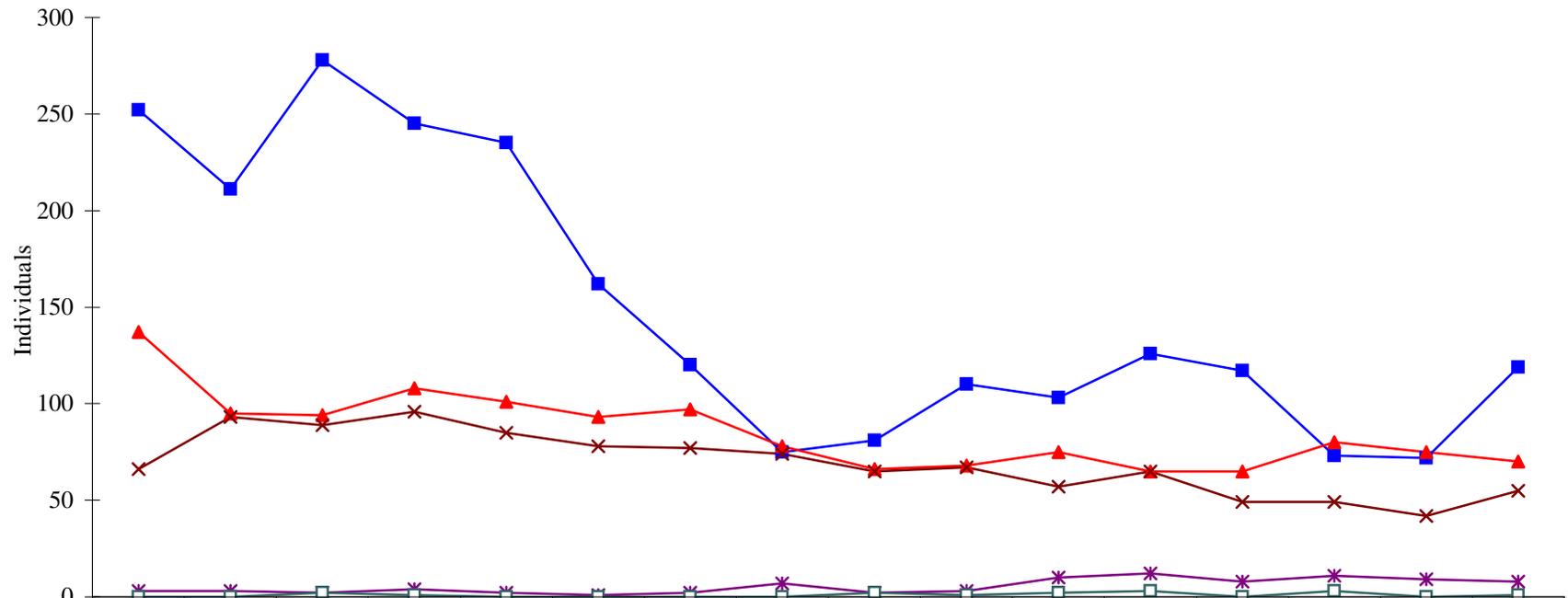
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	13	13	12	13	12	13	13	13	14	14	15	16	15	15	15	16
■ 30 Days or Less	1024	1052	1116	1025	1022	997	947	995	1002	956	911	948	966	970	977	916
▲ 31-90 Days	104	104	92	89	89	90	100	104	110	128	141	139	129	125	124	130
× 91-365 Days	13	13	12	14	12	15	15	12	12	7	9	13	12	15	11	11

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

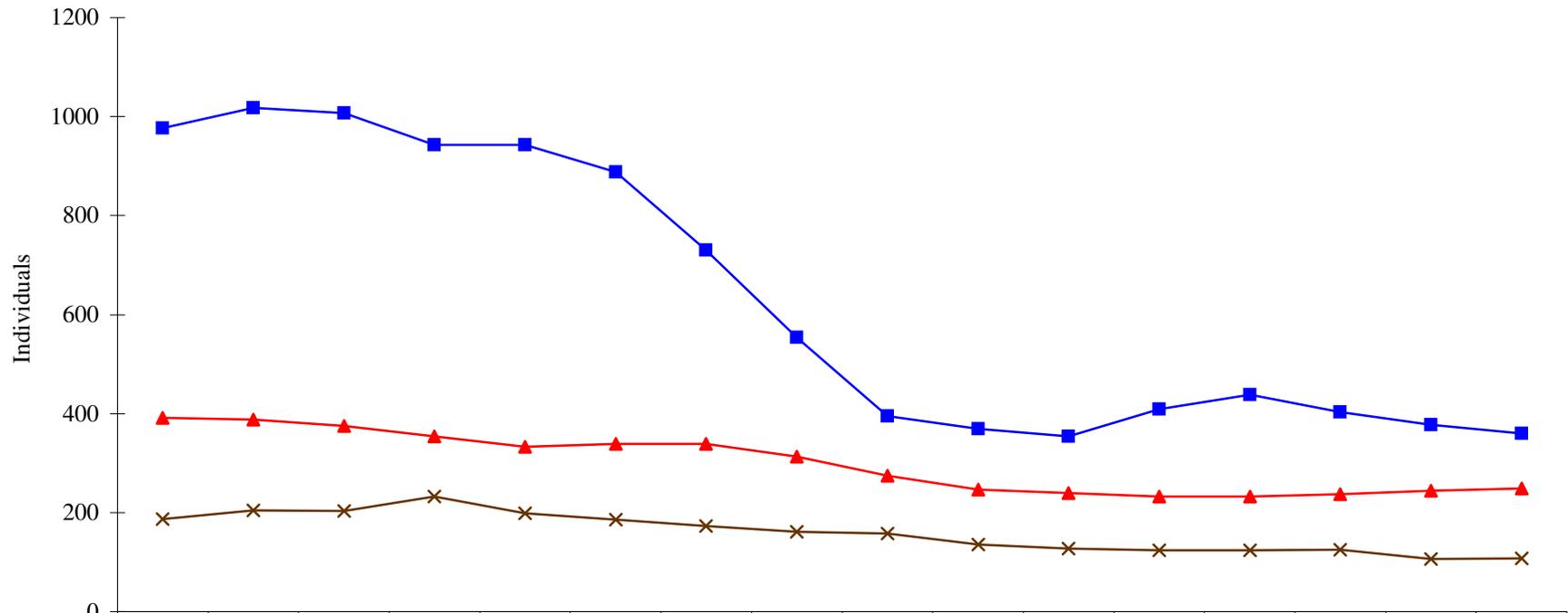
Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	50	60	67	65	56	65	70	94	139	92	103	117	88	147	90	97
■ 30 Days or Less	252	211	278	245	235	162	120	75	81	110	103	126	117	73	72	119
▲ 31 - 90 Days	137	95	94	108	101	93	97	78	66	68	75	65	65	80	75	70
× 91 - 365 Days	66	93	89	96	85	78	77	74	65	67	57	65	49	49	42	55
* 1 - 5 Years	3	3	2	4	2	1	2	7	2	3	10	12	8	11	9	8
□ Over 5 Years	0	0	2	1	0	0	0	0	2	1	2	3	0	3	0	1

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

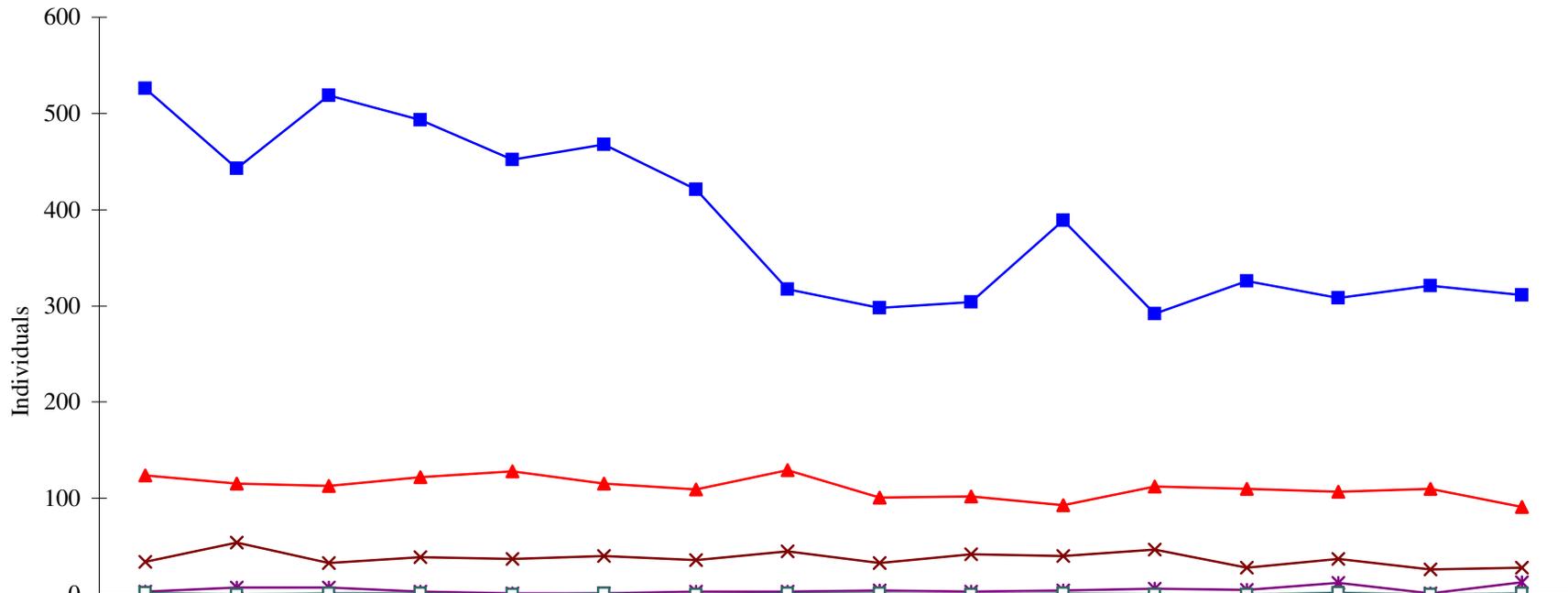
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	38	38	38	40	38	39	41	45	52	49	49	45	45	46	45	46
■ 30 Days or Less	977	1018	1007	943	943	888	730	554	395	369	354	409	438	403	377	360
▲ 31-90 Days	391	388	375	354	333	339	339	313	275	247	240	232	233	237	244	249
× 91-365 Days	187	204	203	233	199	186	173	161	158	136	127	124	124	125	106	108

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

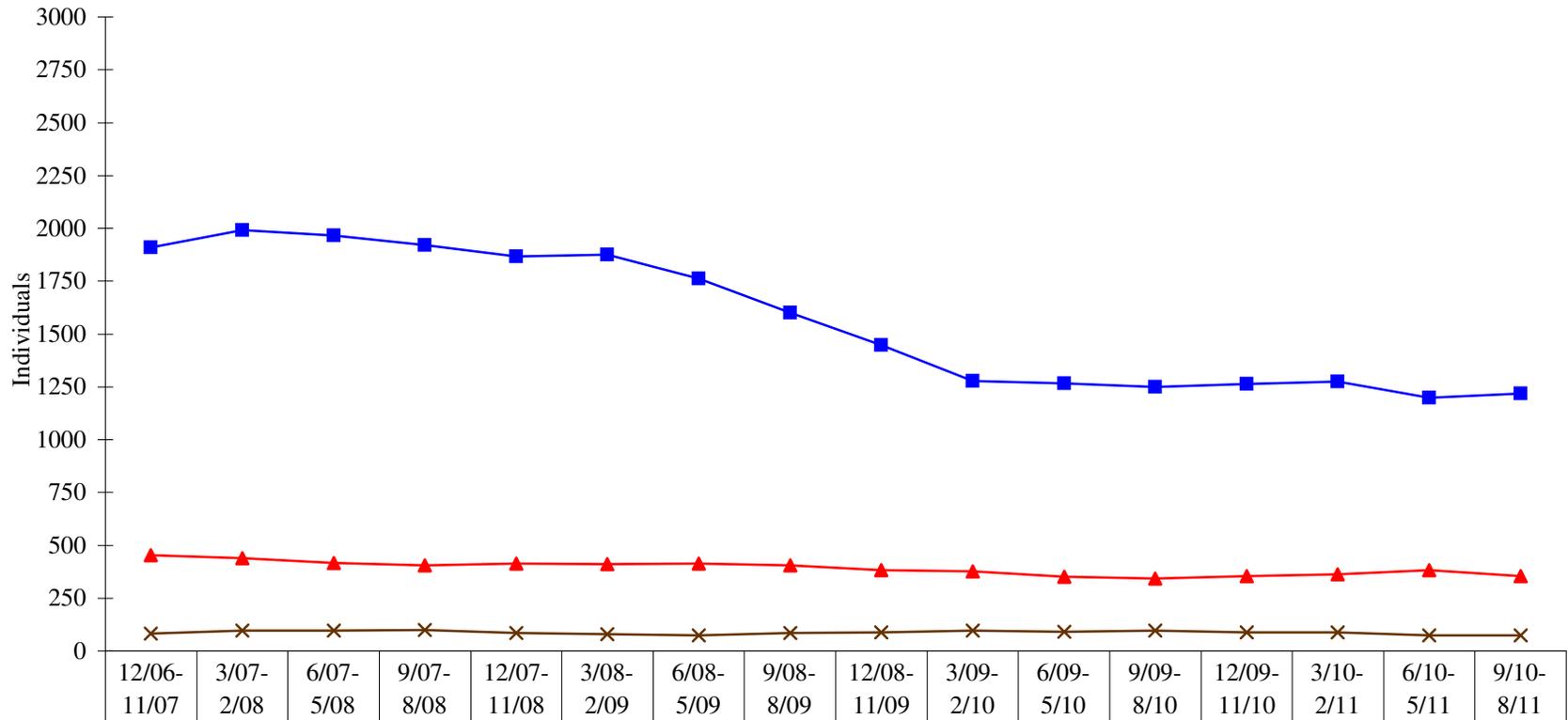
Length of Stay at Discharge by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	35	37	32	38	31	35	32	47	50	41	39	46	40	66	31	58
■ 30 Days or Less	526	443	519	493	452	468	421	317	298	304	389	292	326	308	321	311
▲ 31 - 90 Days	124	115	113	122	128	115	109	129	101	102	93	112	110	107	110	91
× 91 - 365 Days	34	54	33	39	37	40	36	45	33	42	40	47	28	37	26	28
* 1 - 5 Years	3	7	7	3	1	1	3	3	4	3	4	6	5	12	1	13
□ Over 5 Years	2	0	1	1	0	1	0	1	1	0	1	0	0	2	0	1

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

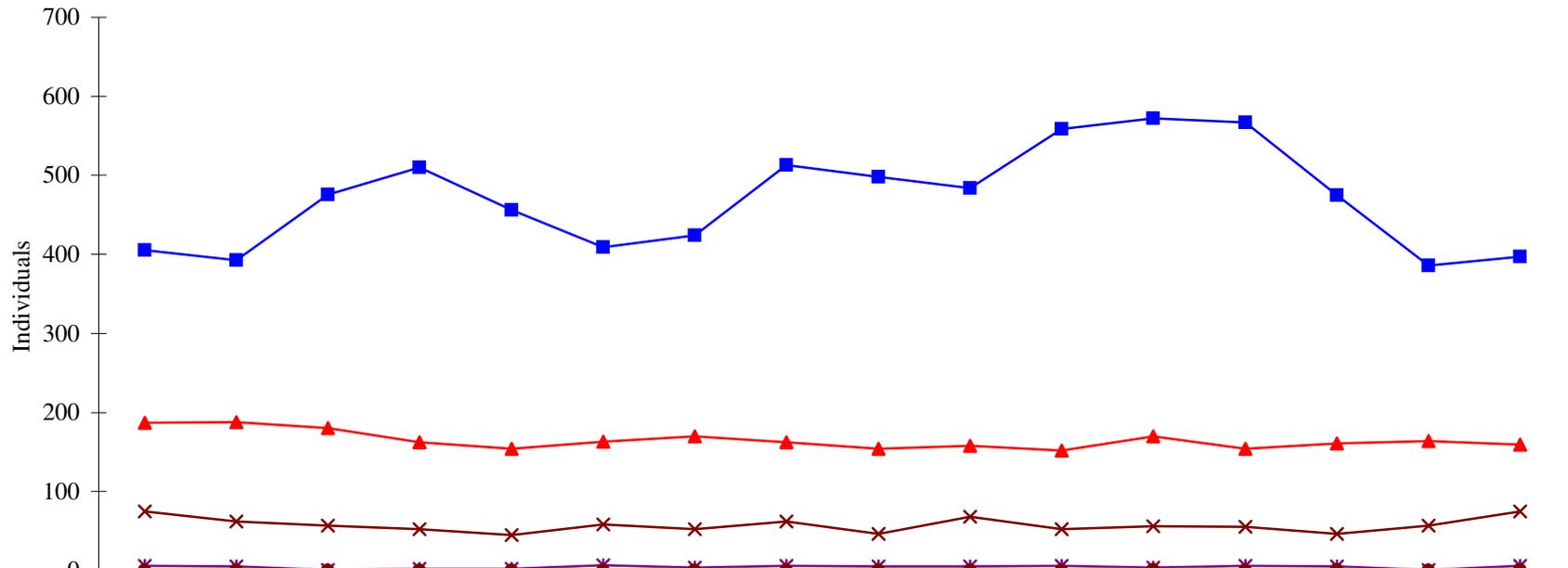
Average Length of Stay for Admitted and Discharged During Prior 12 Months



Average LOS	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
30 Days or Less	1910	1992	1965	1920	1868	1876	1763	1601	1448	1277	1267	1249	1263	1274	1198	1217
31-90 Days	452	438	416	406	413	411	415	406	383	378	350	343	353	363	382	353
91-365 Days	83	96	96	99	84	79	75	86	87	97	91	97	88	88	73	74

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

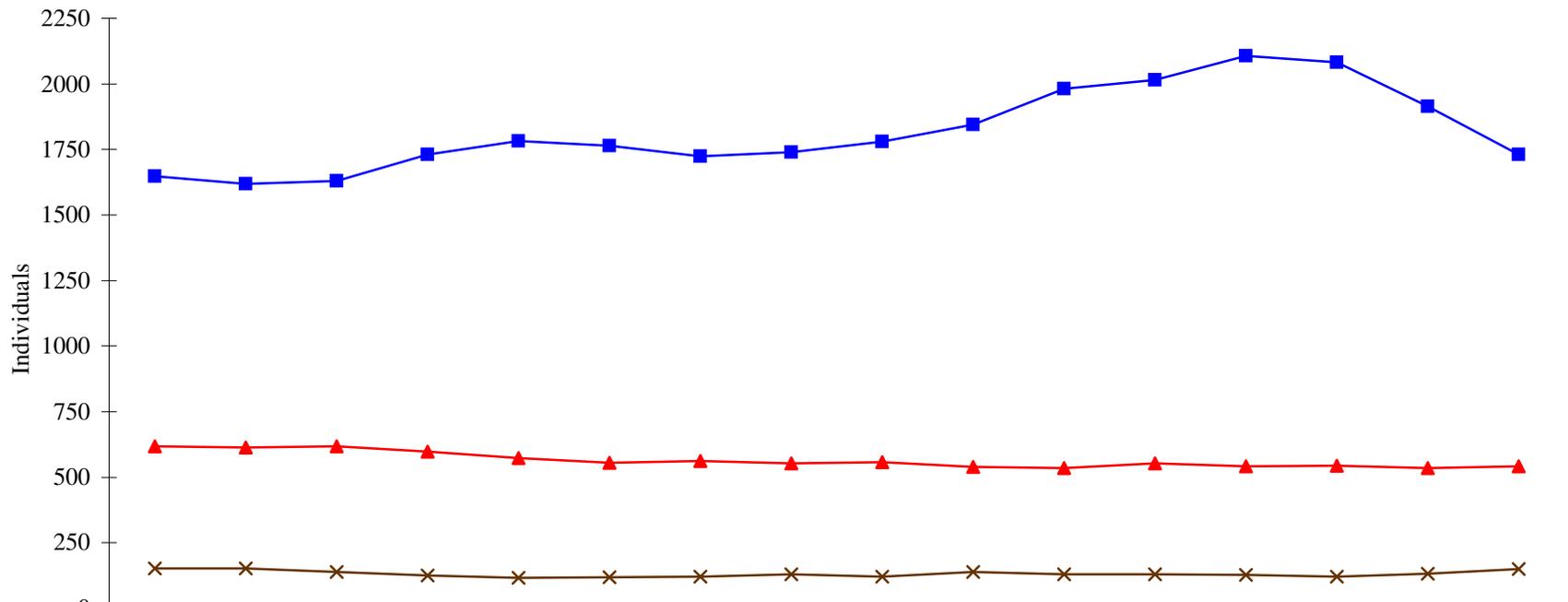
Average Length of Stay by Category



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
Average LOS	47	43	36	34	34	44	40	36	36	39	35	38	36	42	39	53
■ 30 Days or Less	405	393	476	510	456	409	424	513	498	484	559	572	567	475	386	397
▲ 31 - 90 Days	187	188	180	162	154	163	170	162	154	158	152	170	154	161	164	159
× 91 - 365 Days	75	62	57	52	45	58	52	62	46	68	52	56	55	46	57	75
* 1 - 5 Years	6	5	1	2	2	7	4	6	5	5	6	4	6	5	1	6
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1

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

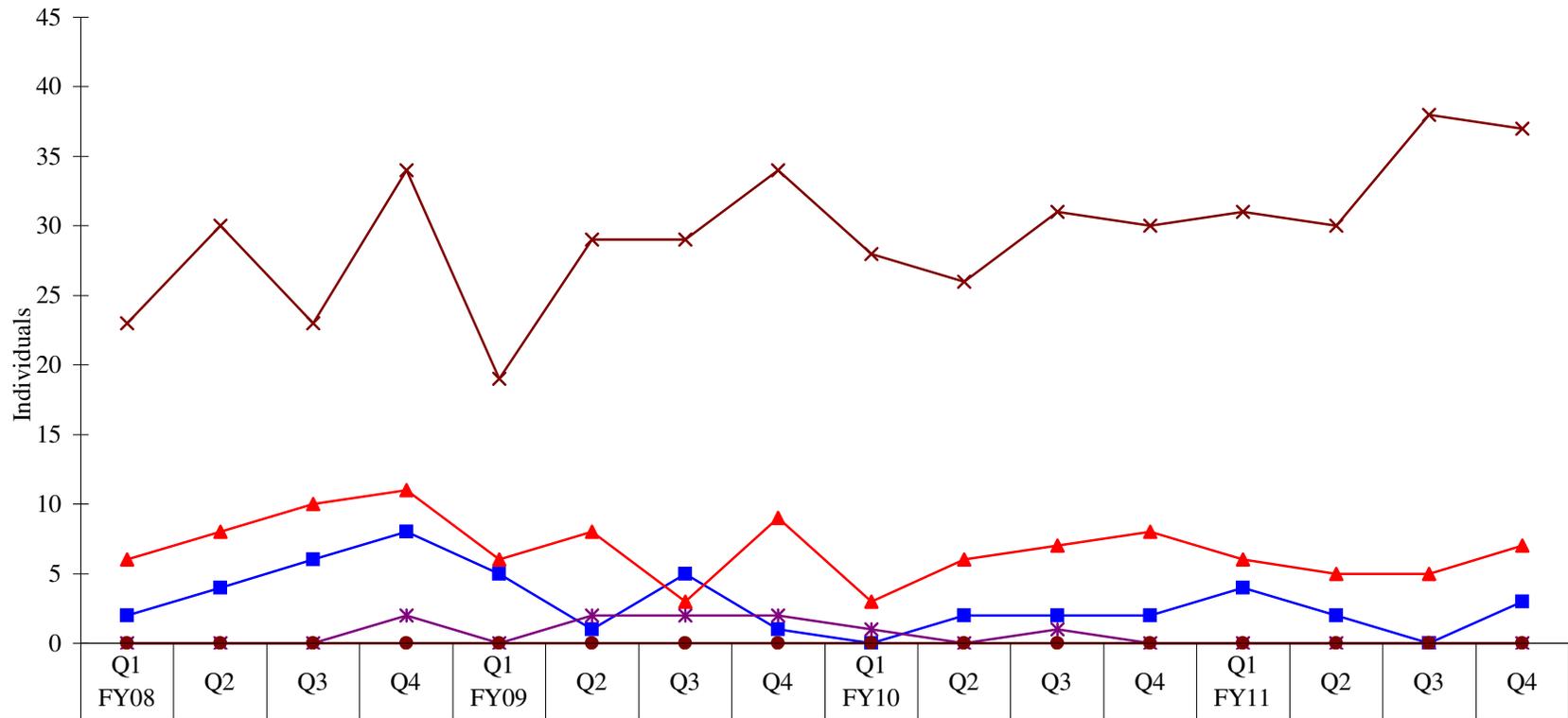
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	32	32	31	30	29	29	29	29	28	28	27	27	26	26	28	30
■ 30 Days or Less	1648	1619	1630	1731	1781	1764	1723	1739	1780	1845	1981	2015	2106	2082	1915	1730
▲ 31-90 Days	617	614	617	598	574	555	561	553	558	539	534	552	542	545	534	542
✕ 91-365 Days	152	153	139	126	117	118	122	130	121	138	130	129	128	122	131	151

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

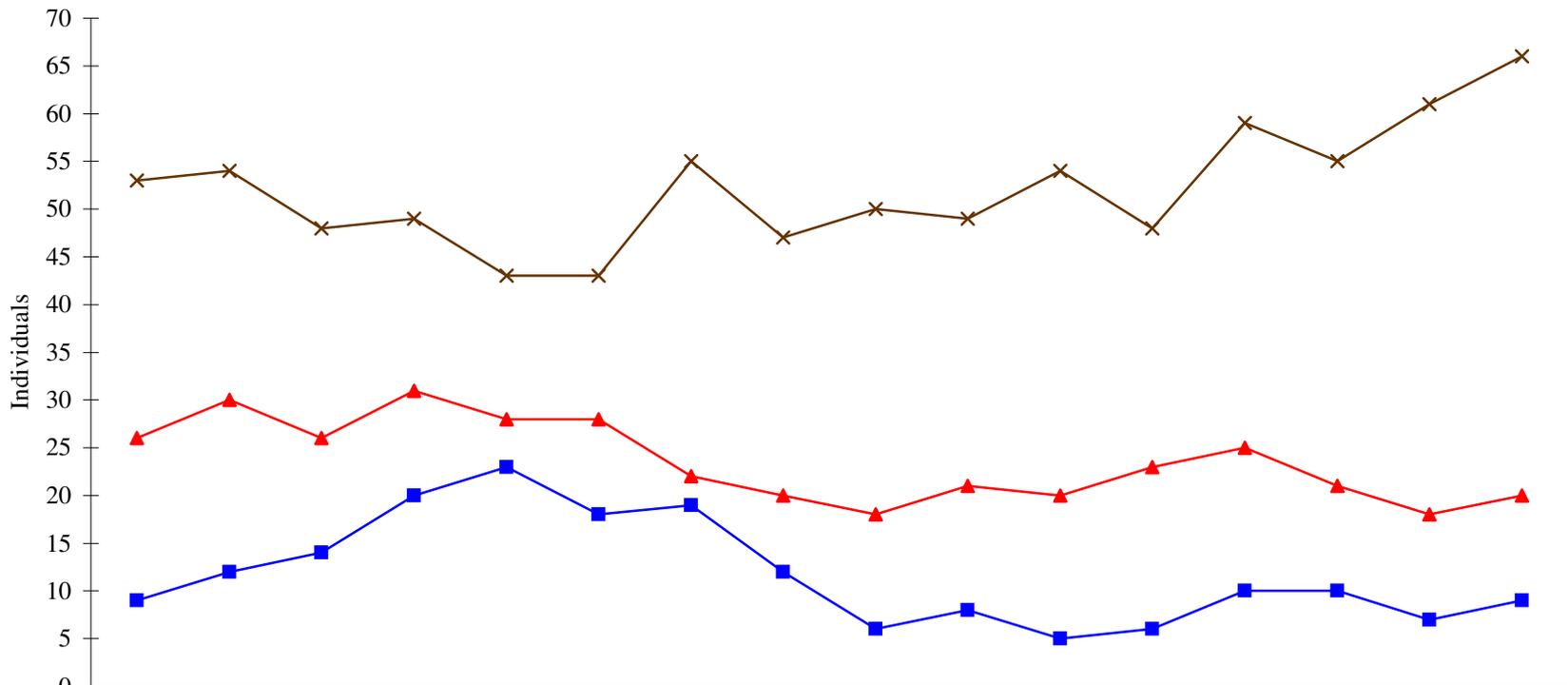
Average Length of Stay at Discharge by Category



Average LOS	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4
30 Days or Less	2	4	6	8	5	1	5	1	0	2	2	2	4	2	0	3
31 - 90 Days	6	8	10	11	6	8	3	9	3	6	7	8	6	5	5	7
91 - 365 Days	23	30	23	34	19	29	29	34	28	26	31	30	31	30	38	37
1 - 5 Years	0	0	0	2	0	2	2	2	1	0	1	0	0	0	0	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
Waco Center for Youth

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



	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11
Average LOS	121	117	114	106	95	101	125	120	138	128	138	132	132	124	142	138
■ 30 Days or Less	9	12	14	20	23	18	19	12	6	8	5	6	10	10	7	9
▲ 31-90 Days	26	30	26	31	28	28	22	20	18	21	20	23	25	21	18	20
× 91-365 Days	53	54	48	49	43	43	55	47	50	49	54	48	59	55	61	66

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

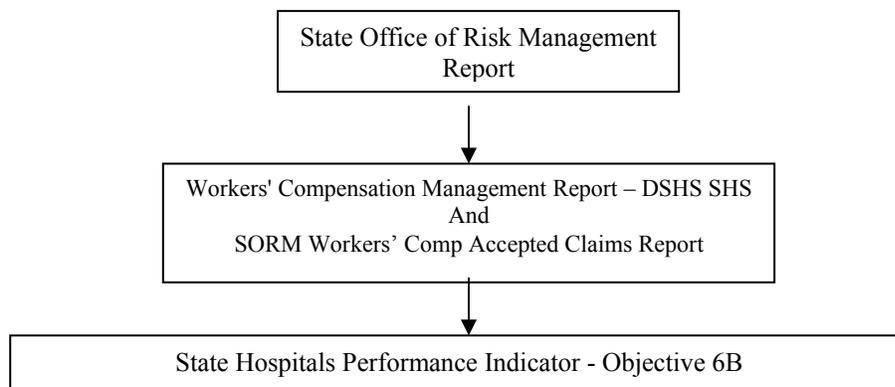
Maintain workers' compensation claim expenses per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.

Performance Objective Operational Definition: Total workers compensation claim expenses per FTE filed for FY 2011 will not exceed the state hospital system average claims cost per FTE for FY2010. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

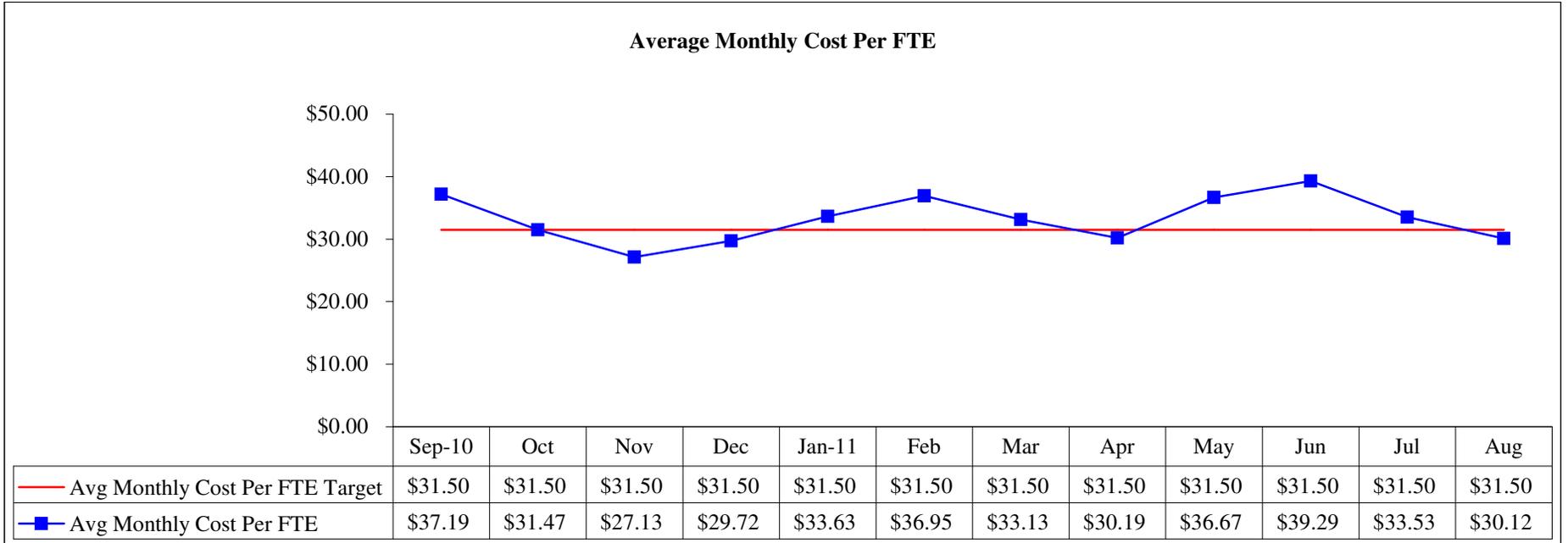
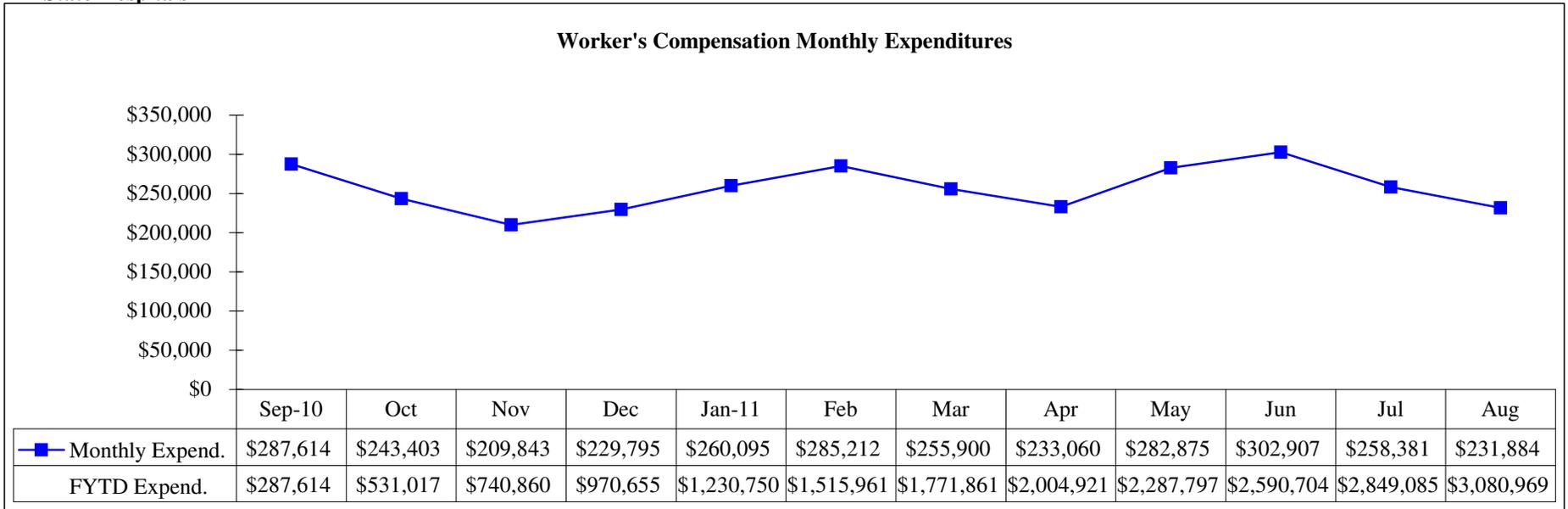
Performance Objective Data Display and Chart Description:

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

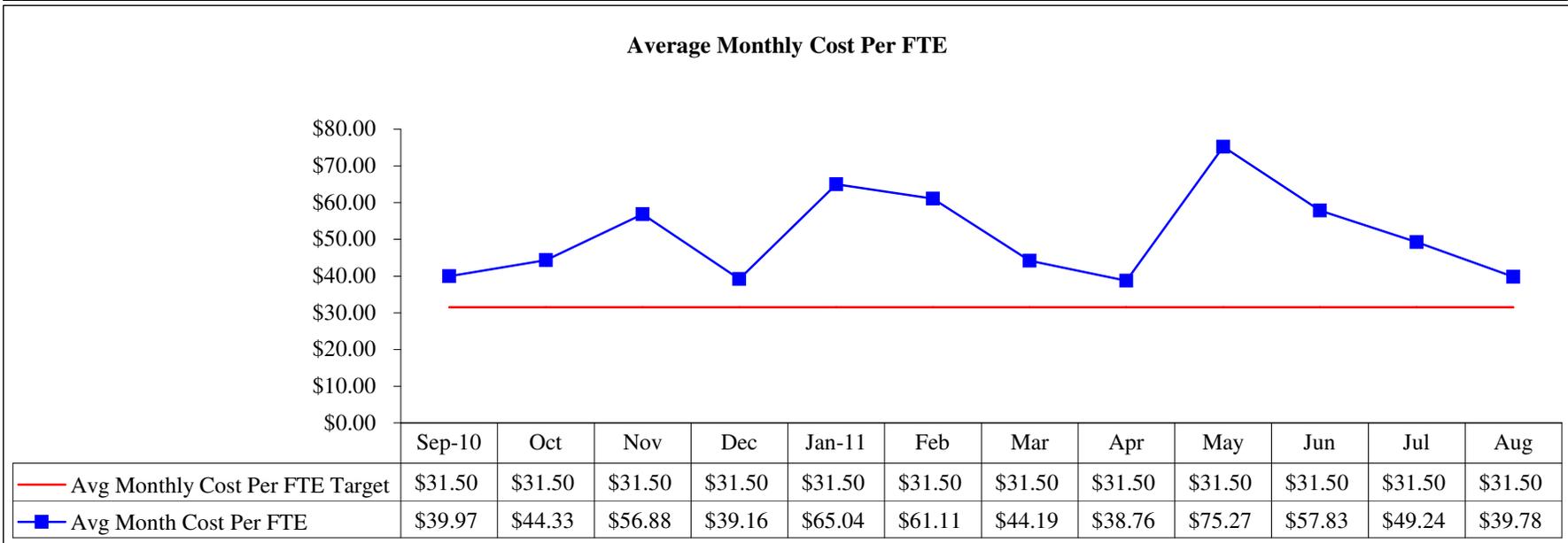
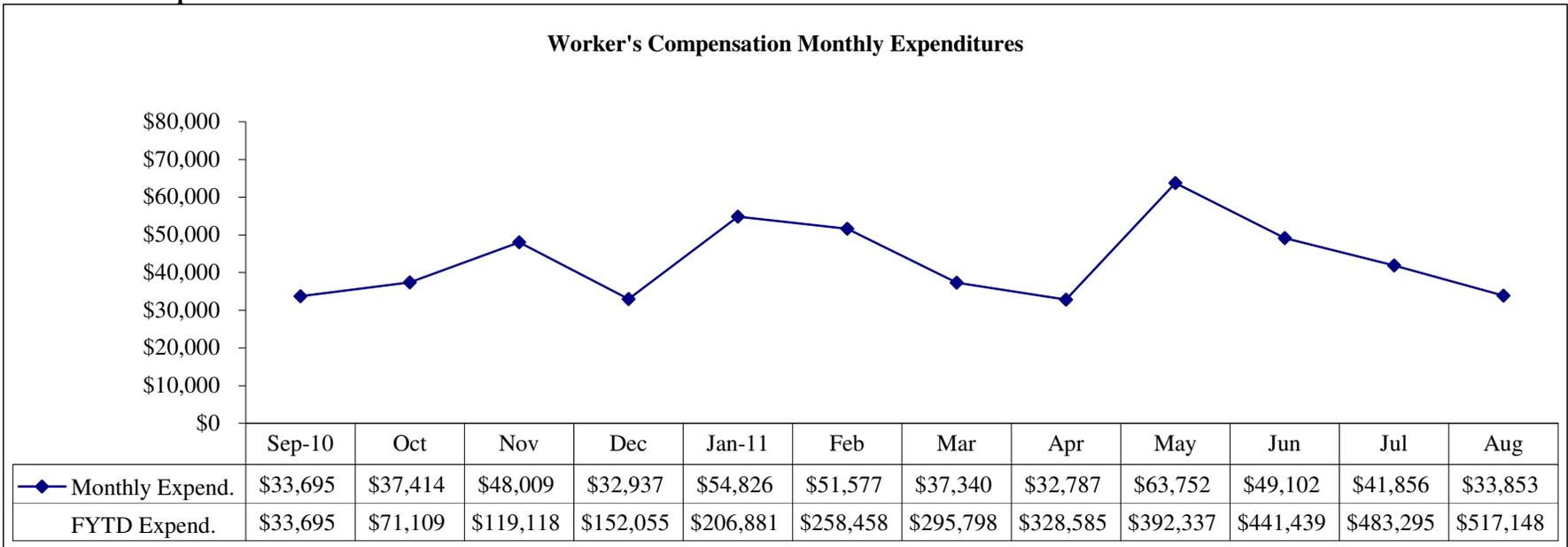
Data Flow:



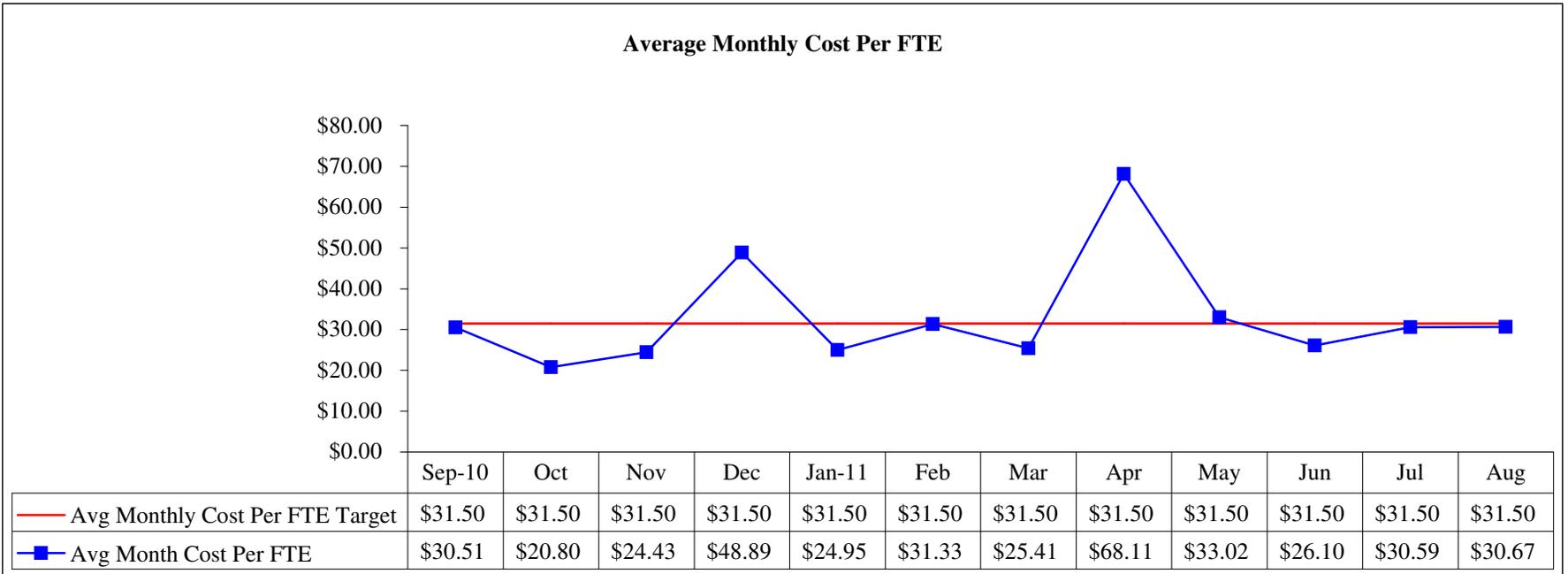
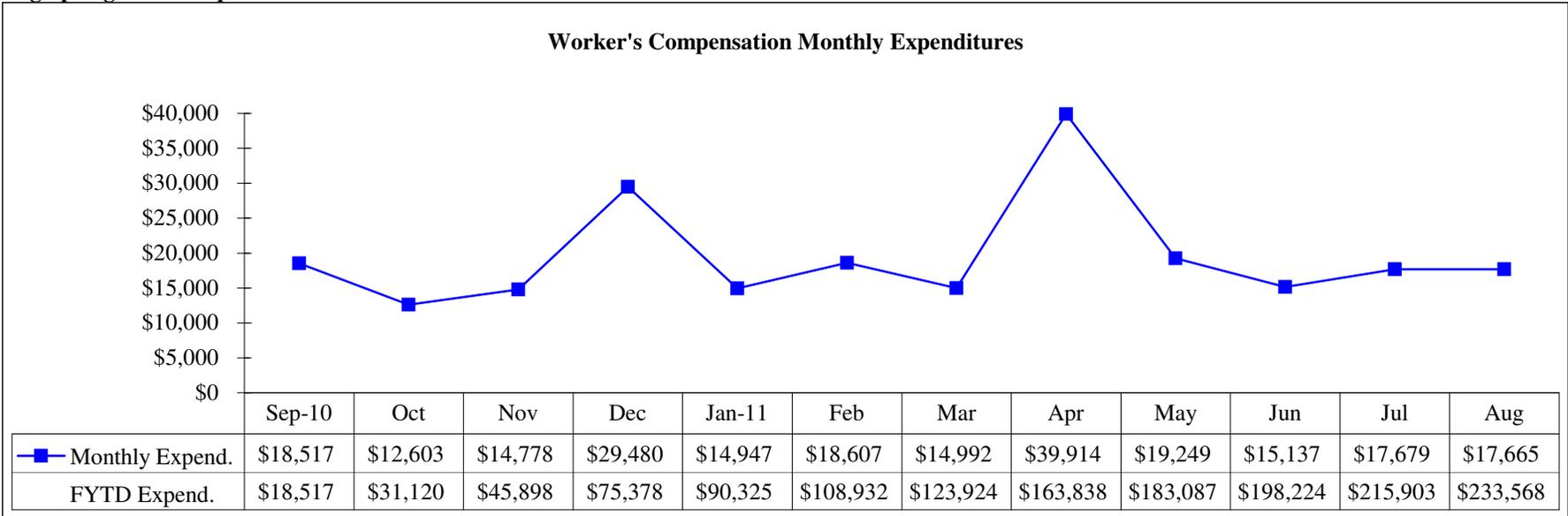
**Objective 6B - Workers Compensation
All State Hospitals**



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



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



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

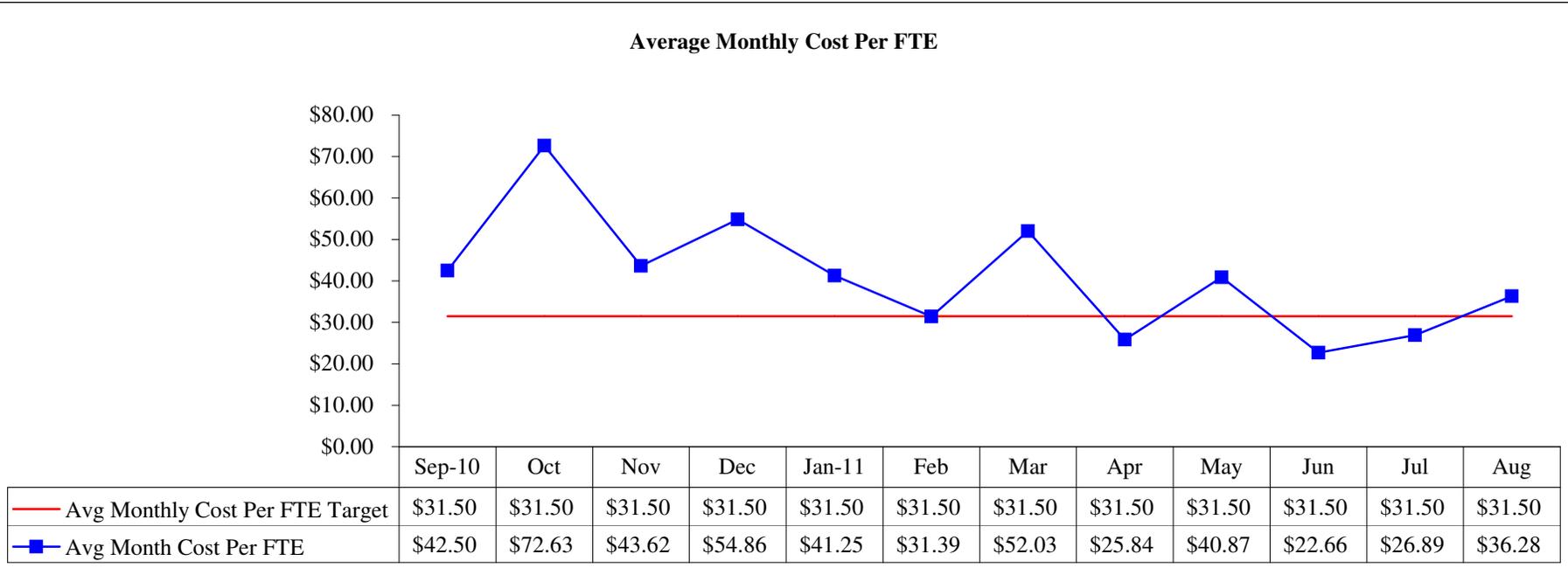
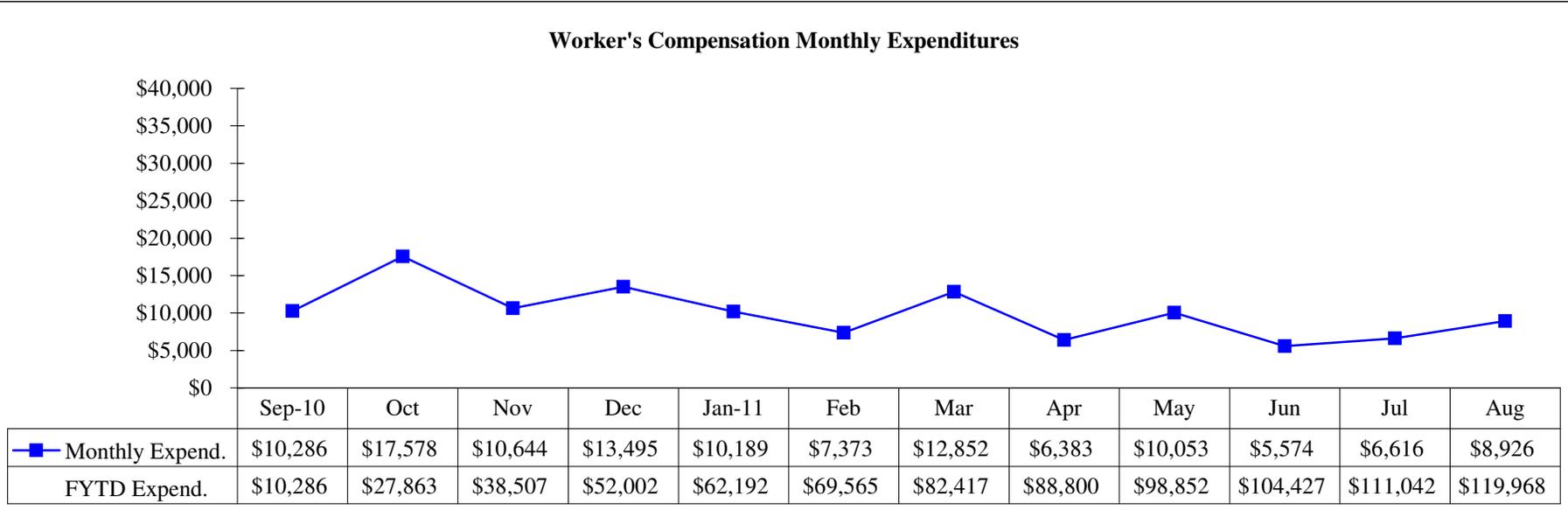
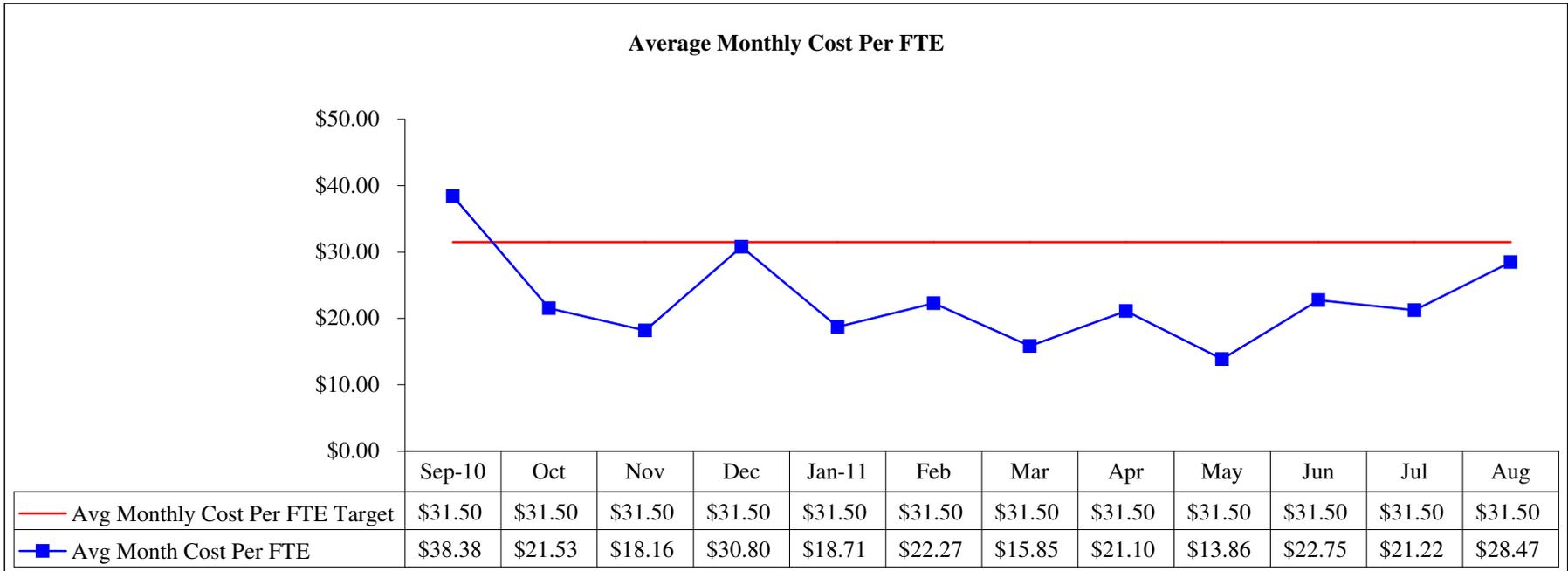
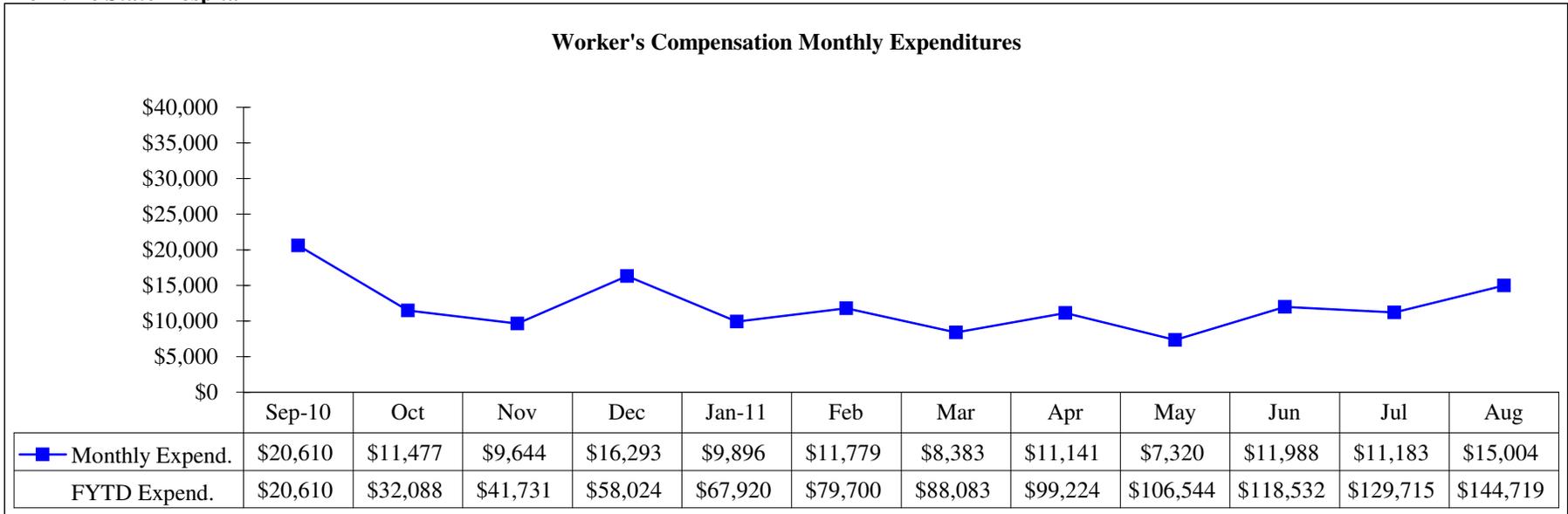


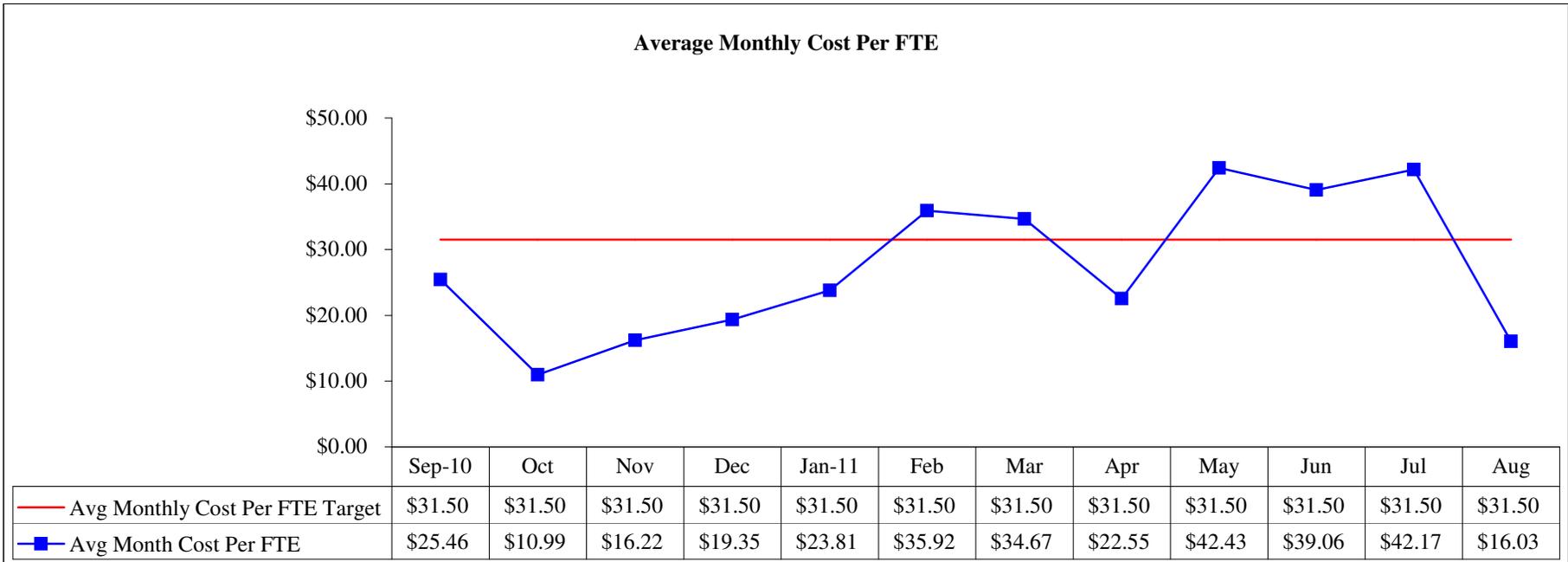
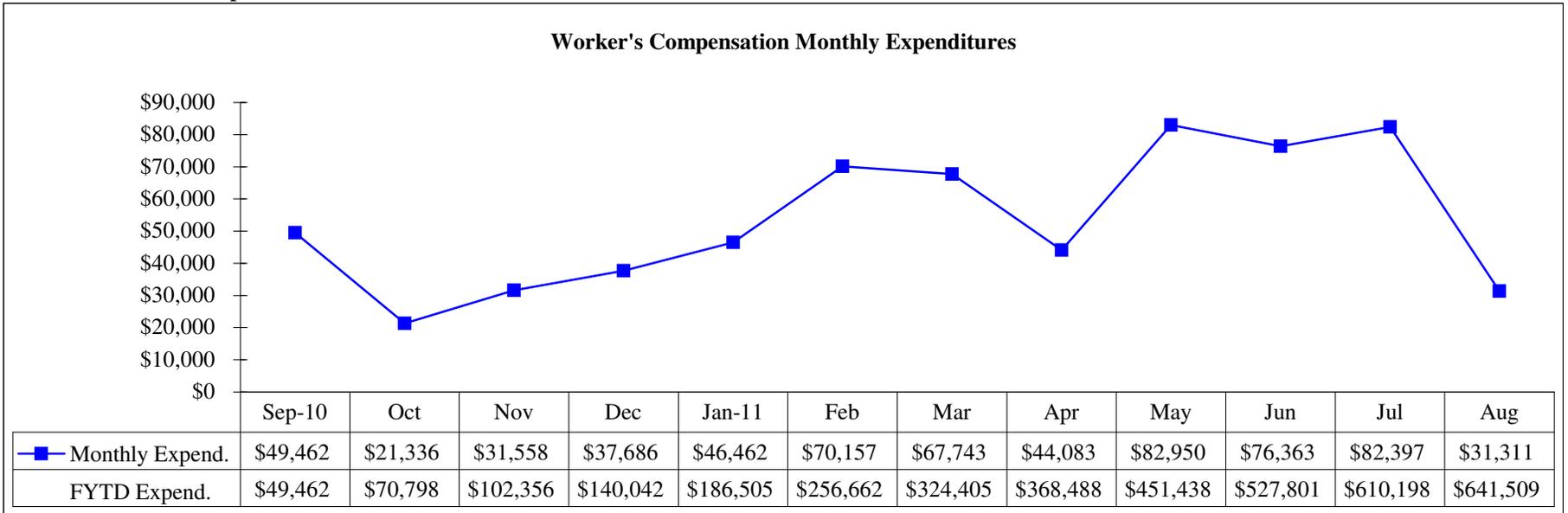
Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

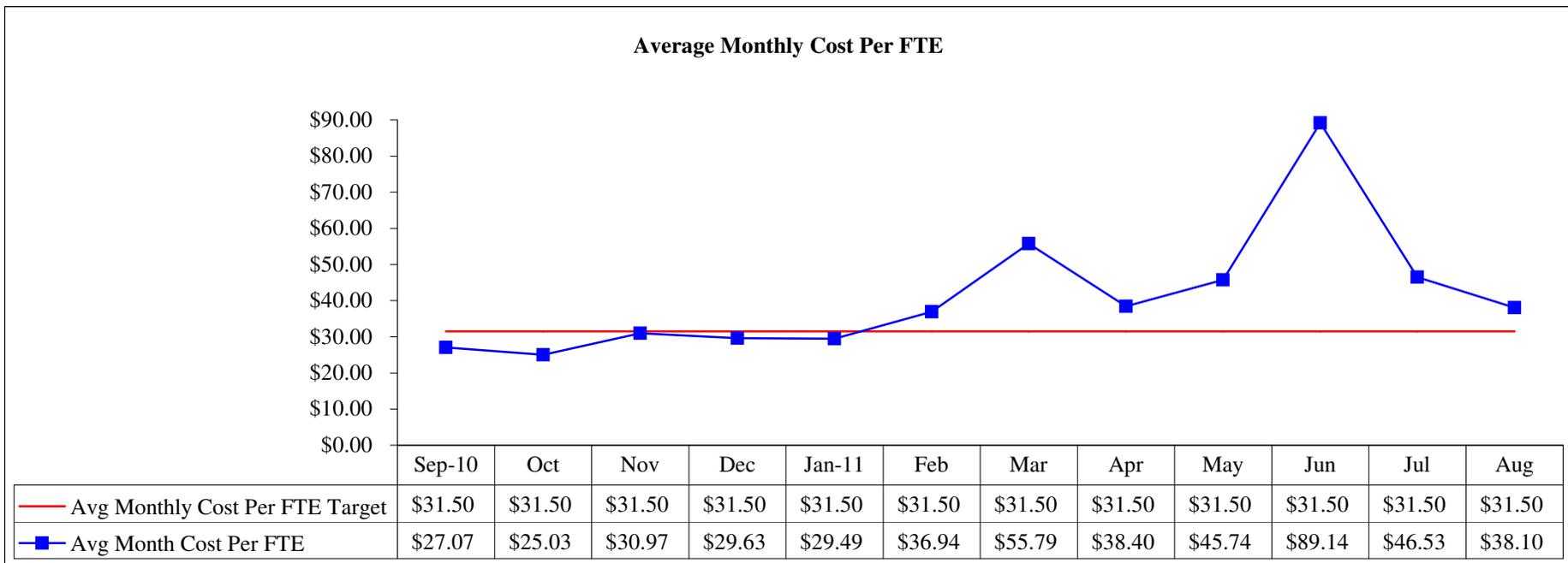
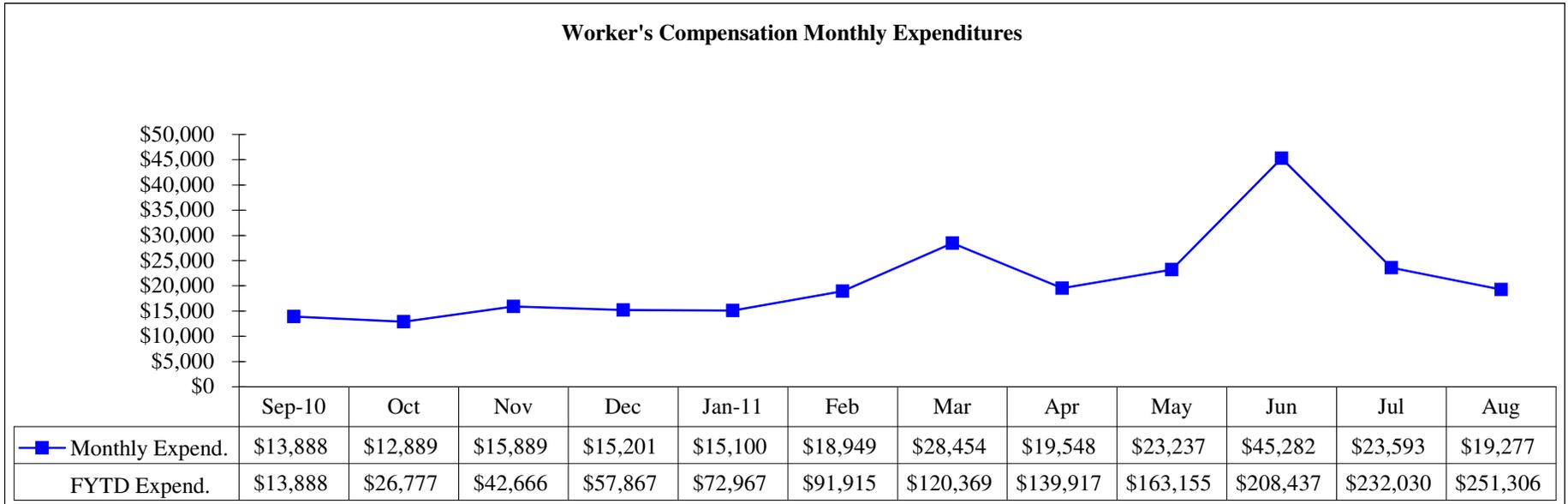
**Objective 6B - Workers Compensation
Kerrville State Hospital**



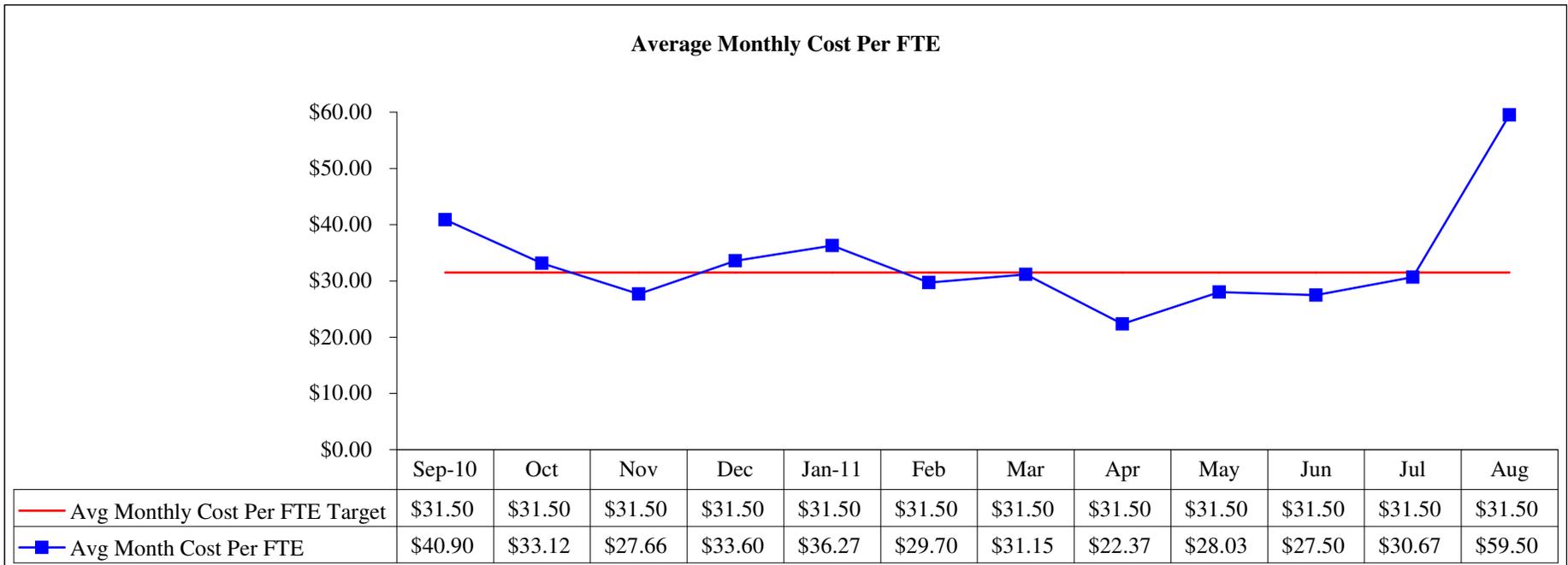
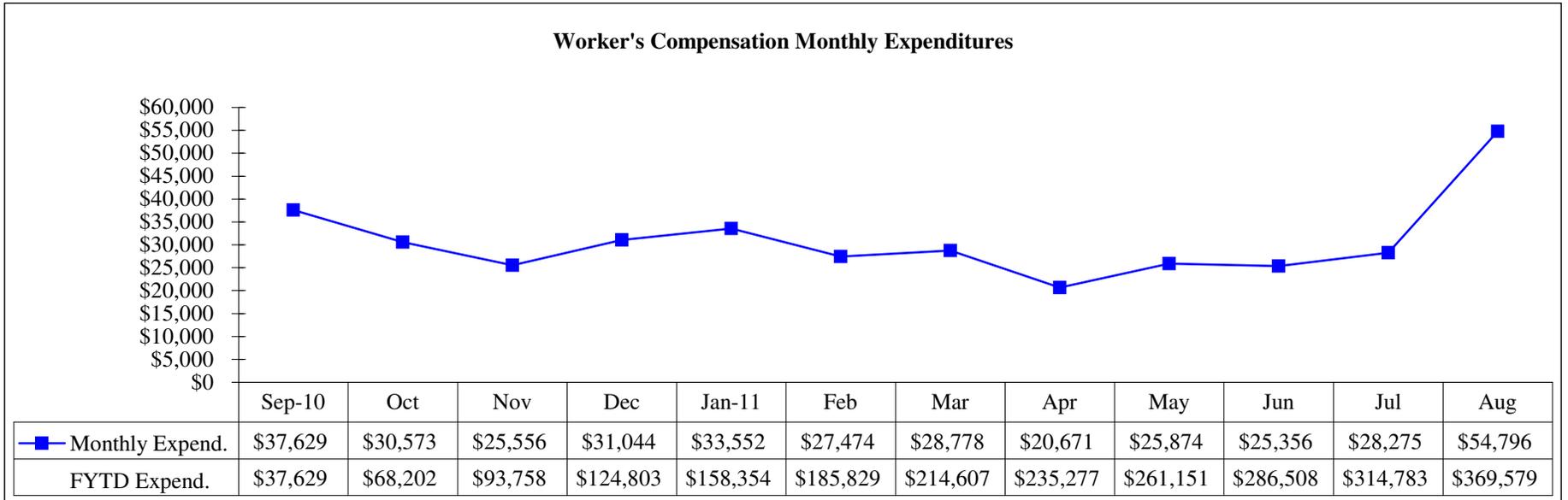
**Objective 6B - Workers Compensation
North Texas State Hospital**



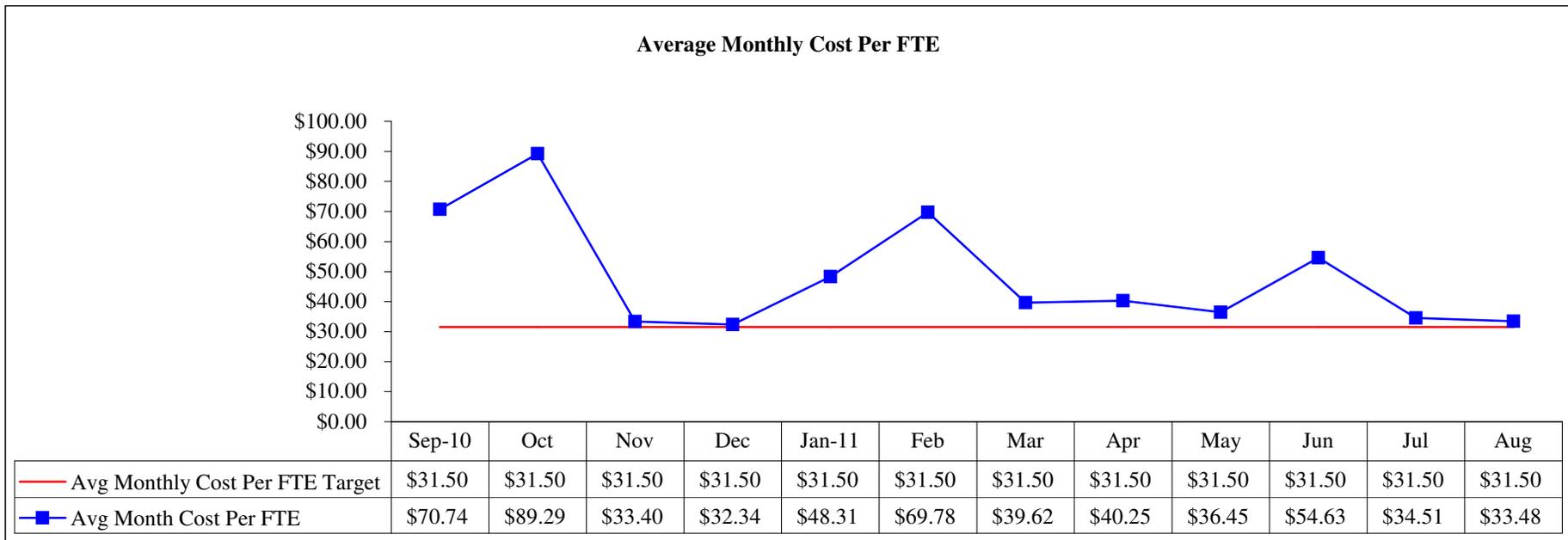
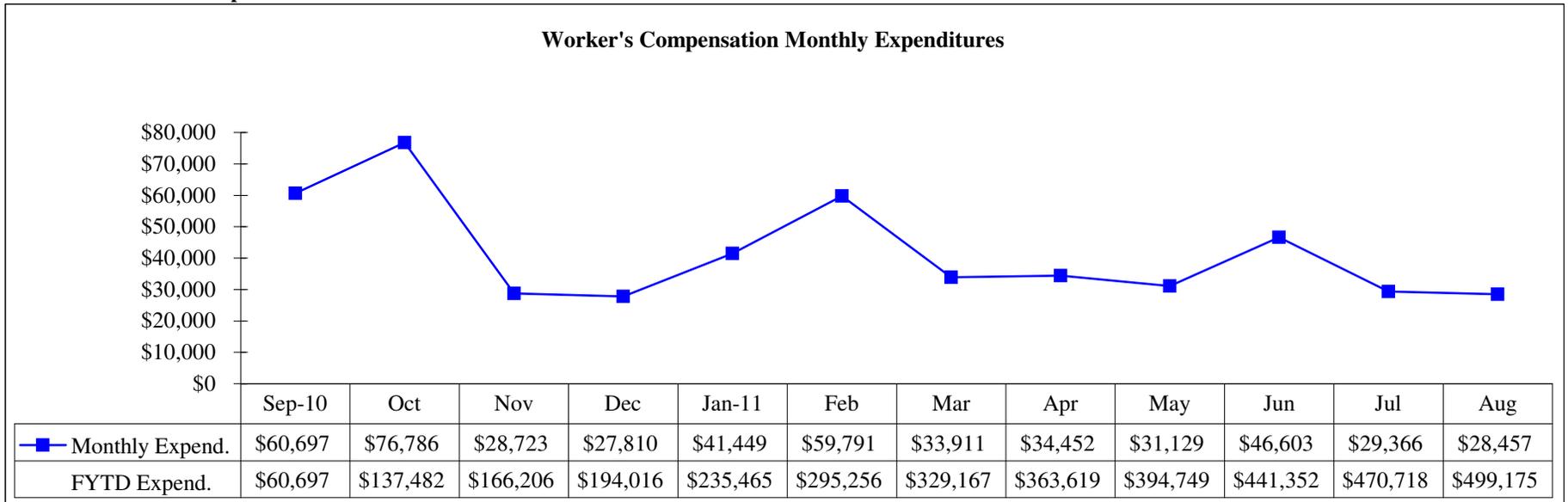
**Objective 6B - Workers Compensation
Rio Grande State Center**



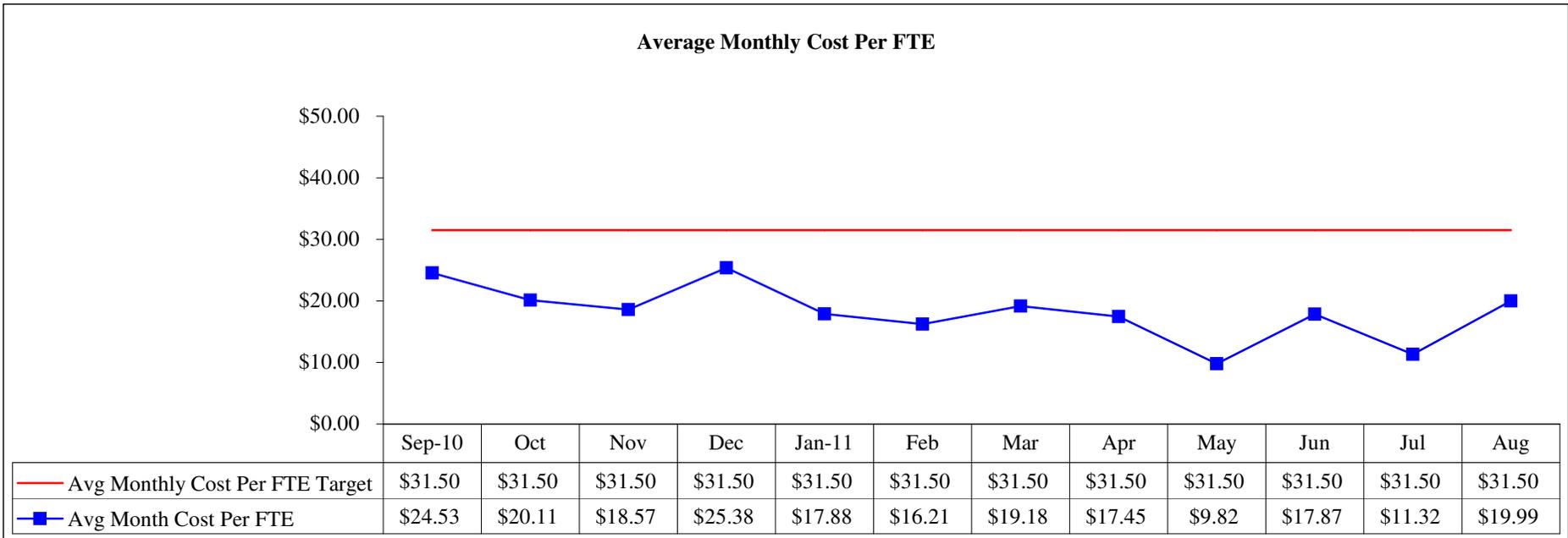
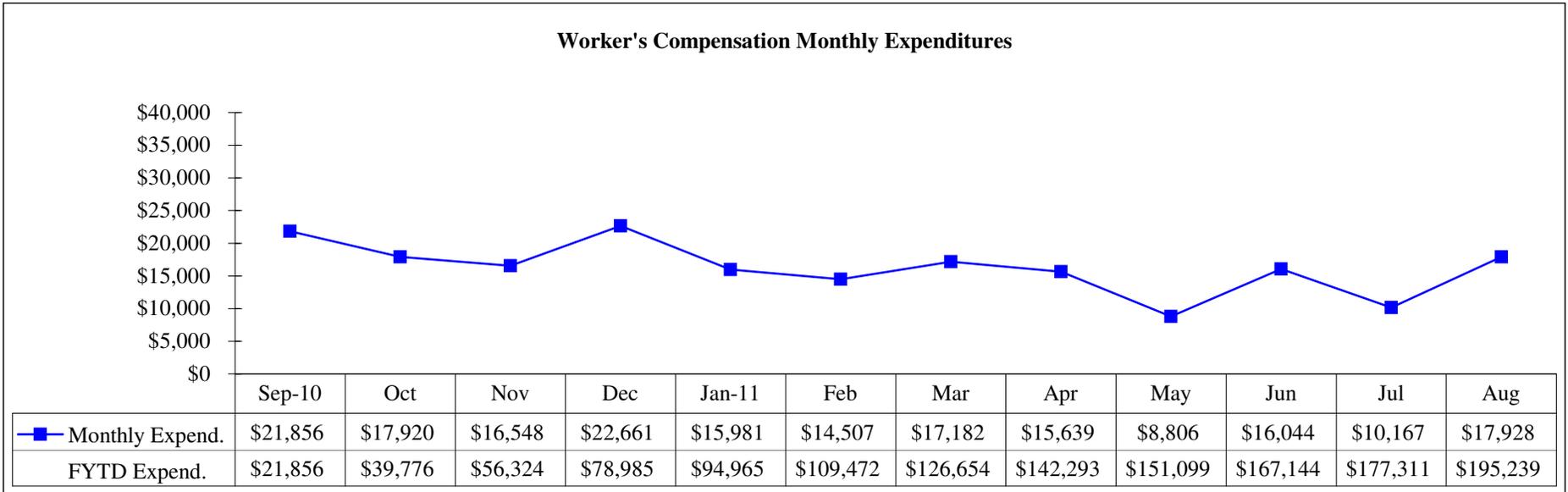
**Objective 6B - Workers Compensation
Rusk State Hospital**



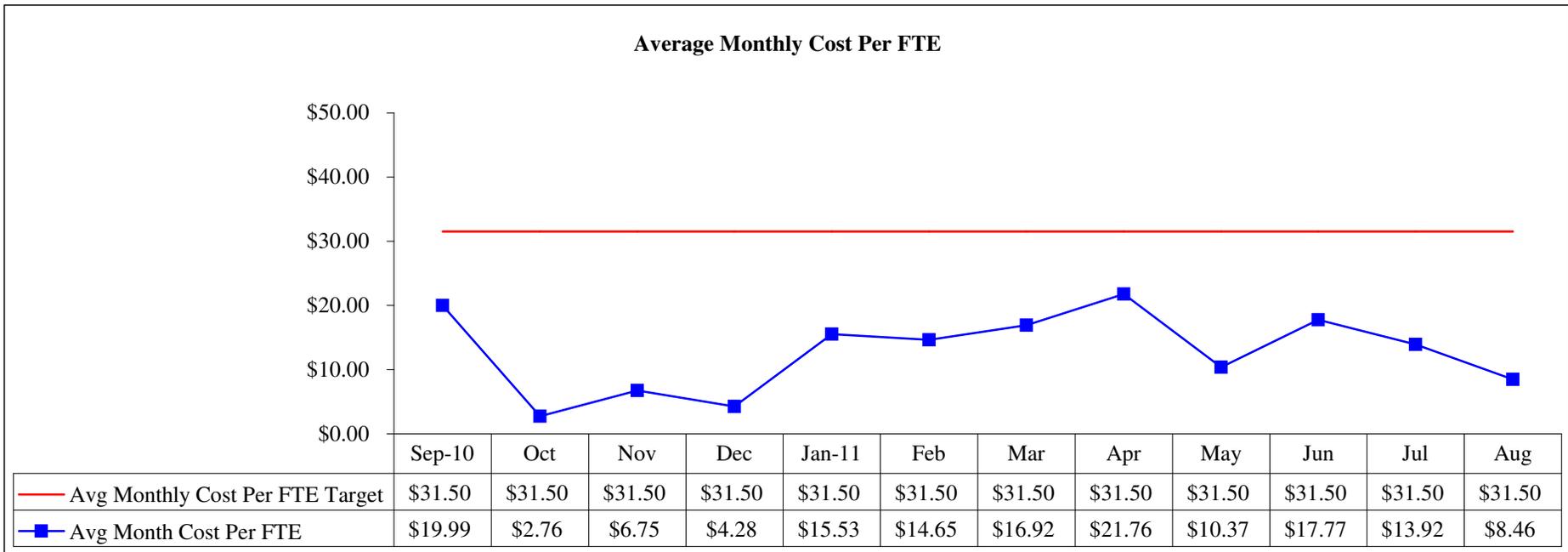
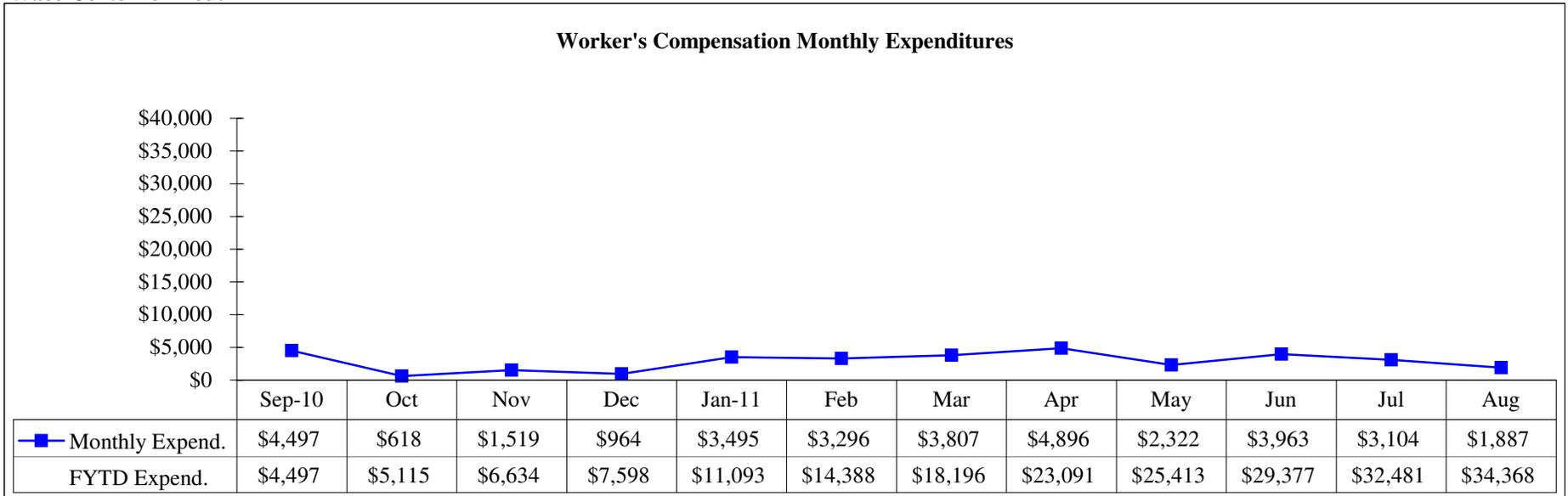
**Objective 6B - Workers Compensation
San Antonio State Hospital**



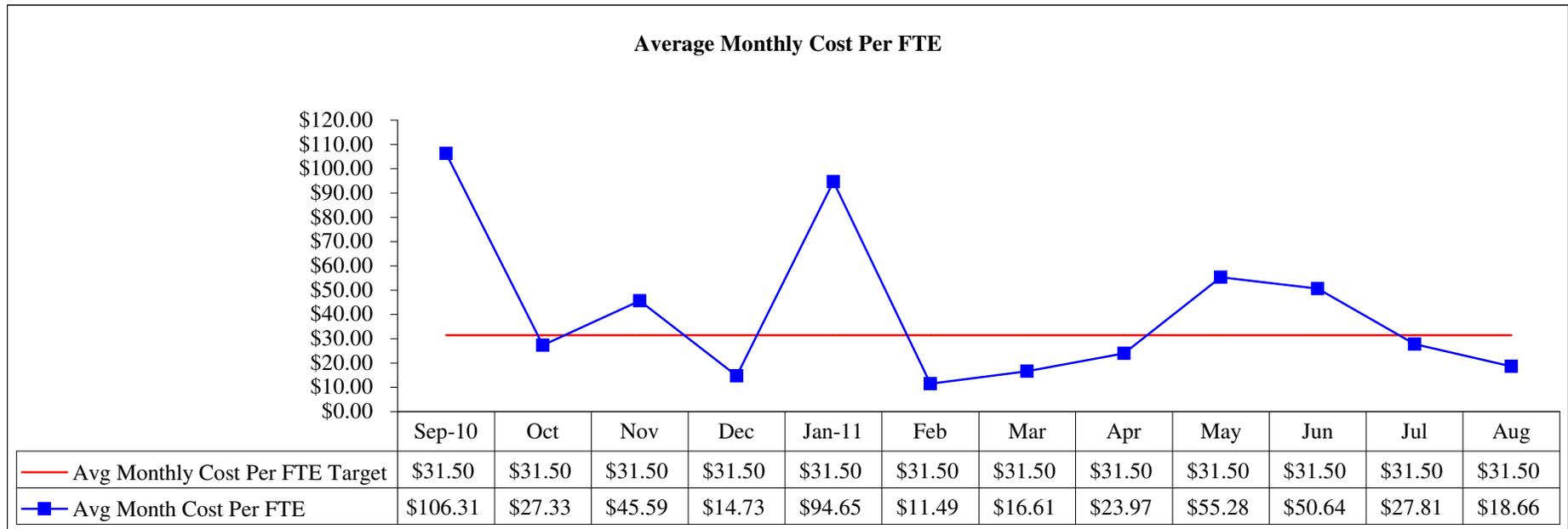
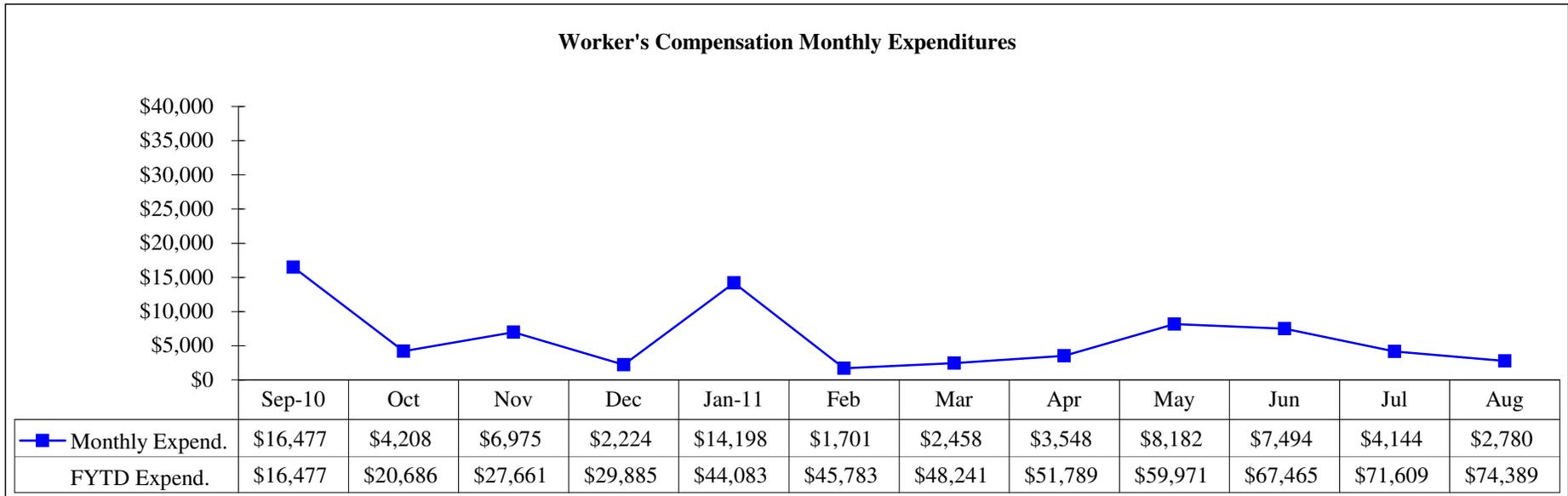
**Objective 6B - Workers Compensation
Terrell State Hospital**



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



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



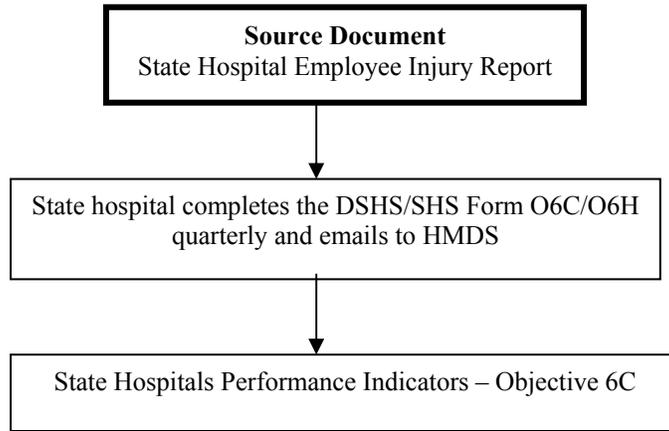
Performance Objective 6C:

Continue to demonstrate efforts to reduce employee injuries resulting in a workers' compensation claim with a goal of zero.

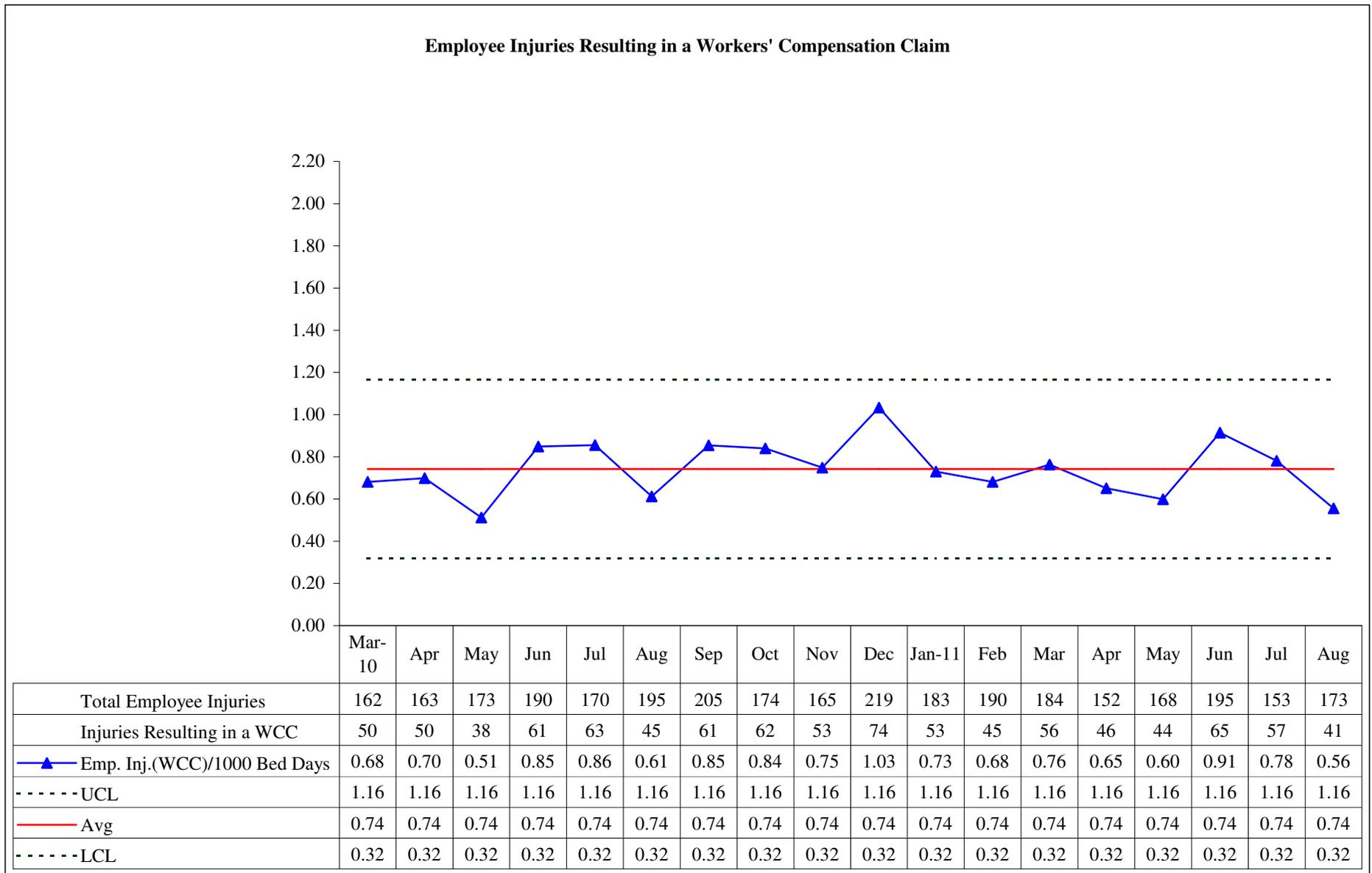
Performance Objective Operational Definition: The state hospital rate of employee injuries resulting in a worker compensation claim filed.

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

Data Flow:

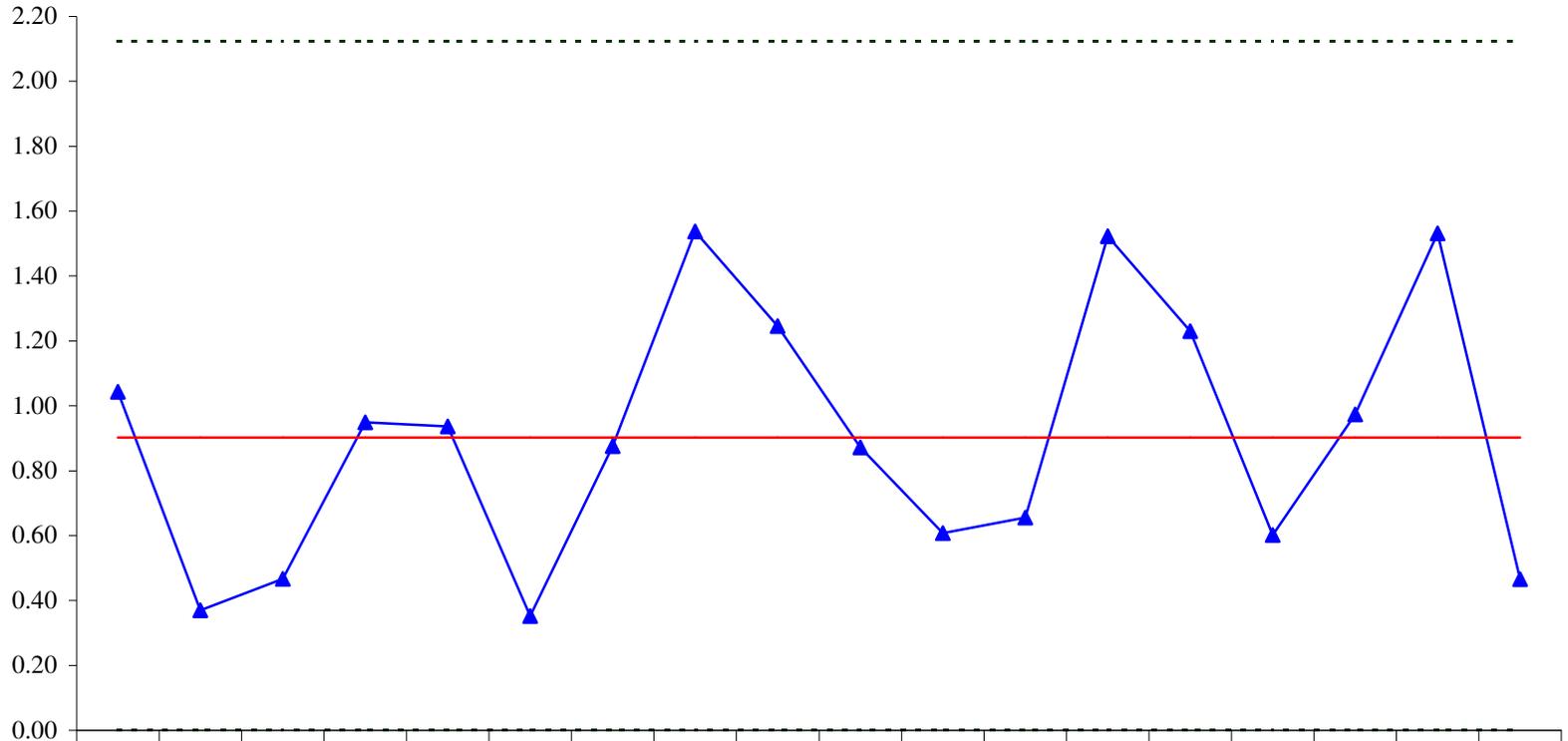


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals



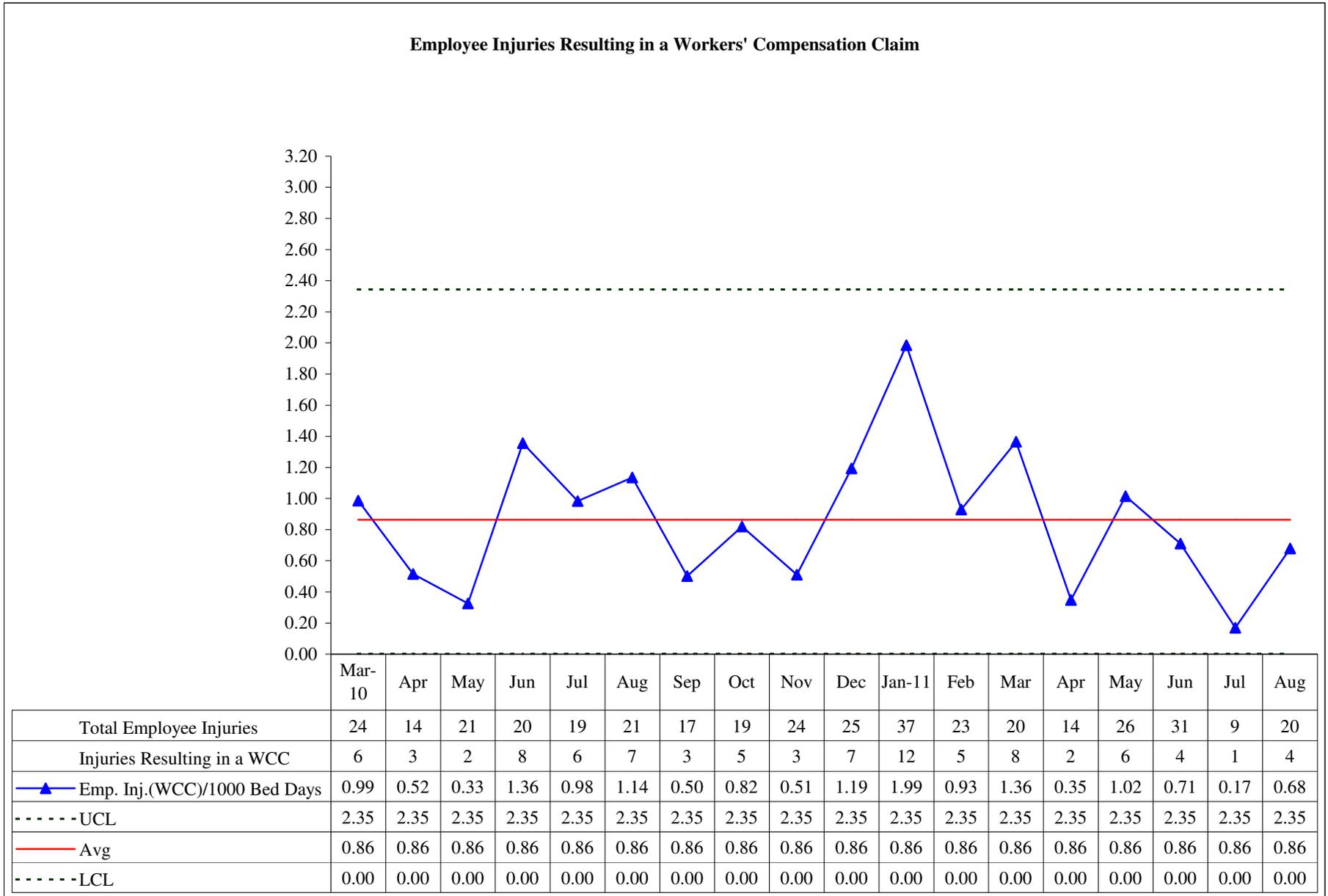
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Austin State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim



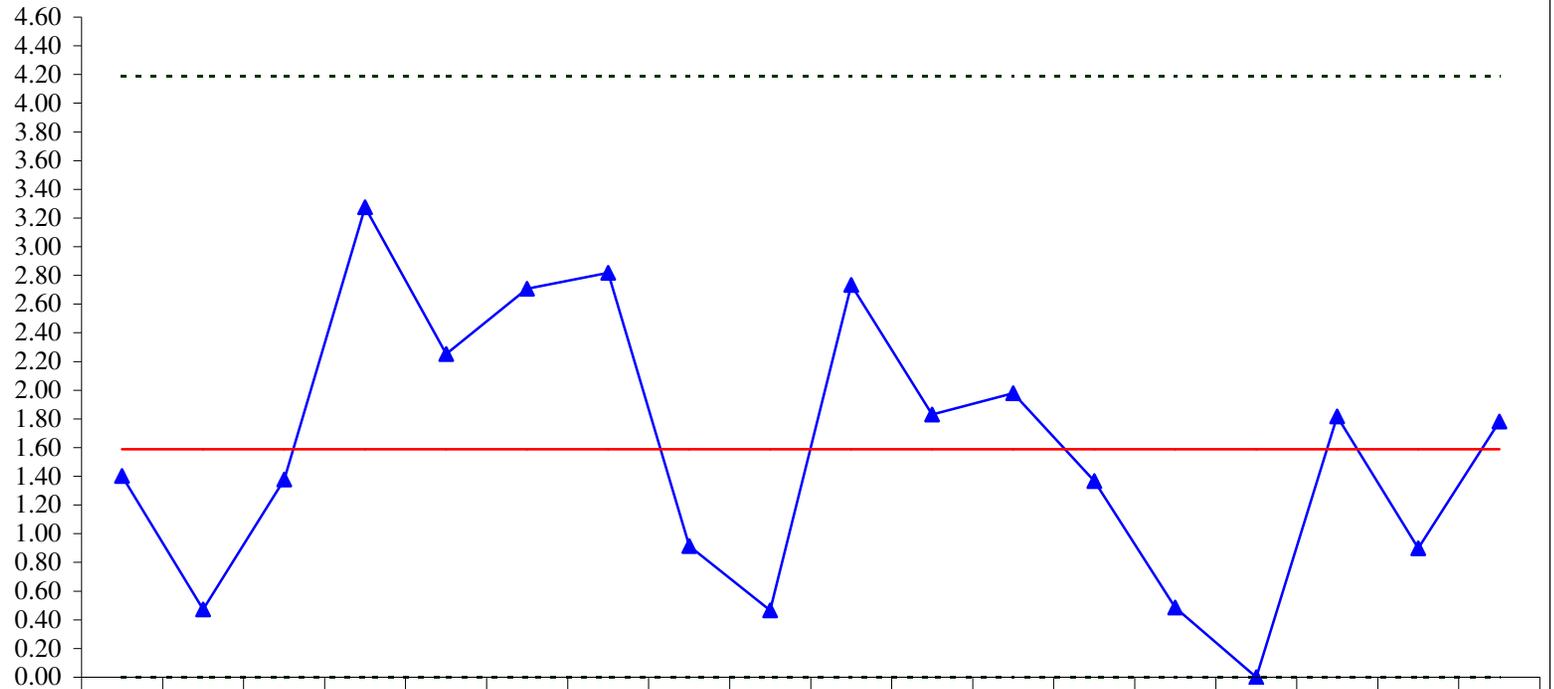
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	14	6	4	8	8	3	7	13	10	8	5	5	14	10	9	8	14	4
Injuries Resulting in a WCC	9	3	4	8	8	3	7	13	10	7	5	5	13	10	5	8	13	4
▲ Emp. Inj.(WCC)/1000 Bed Days	1.04	0.37	0.47	0.95	0.94	0.35	0.88	1.54	1.25	0.87	0.61	0.66	1.52	1.23	0.60	0.97	1.53	0.47
-----UCL	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12
-----Avg	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



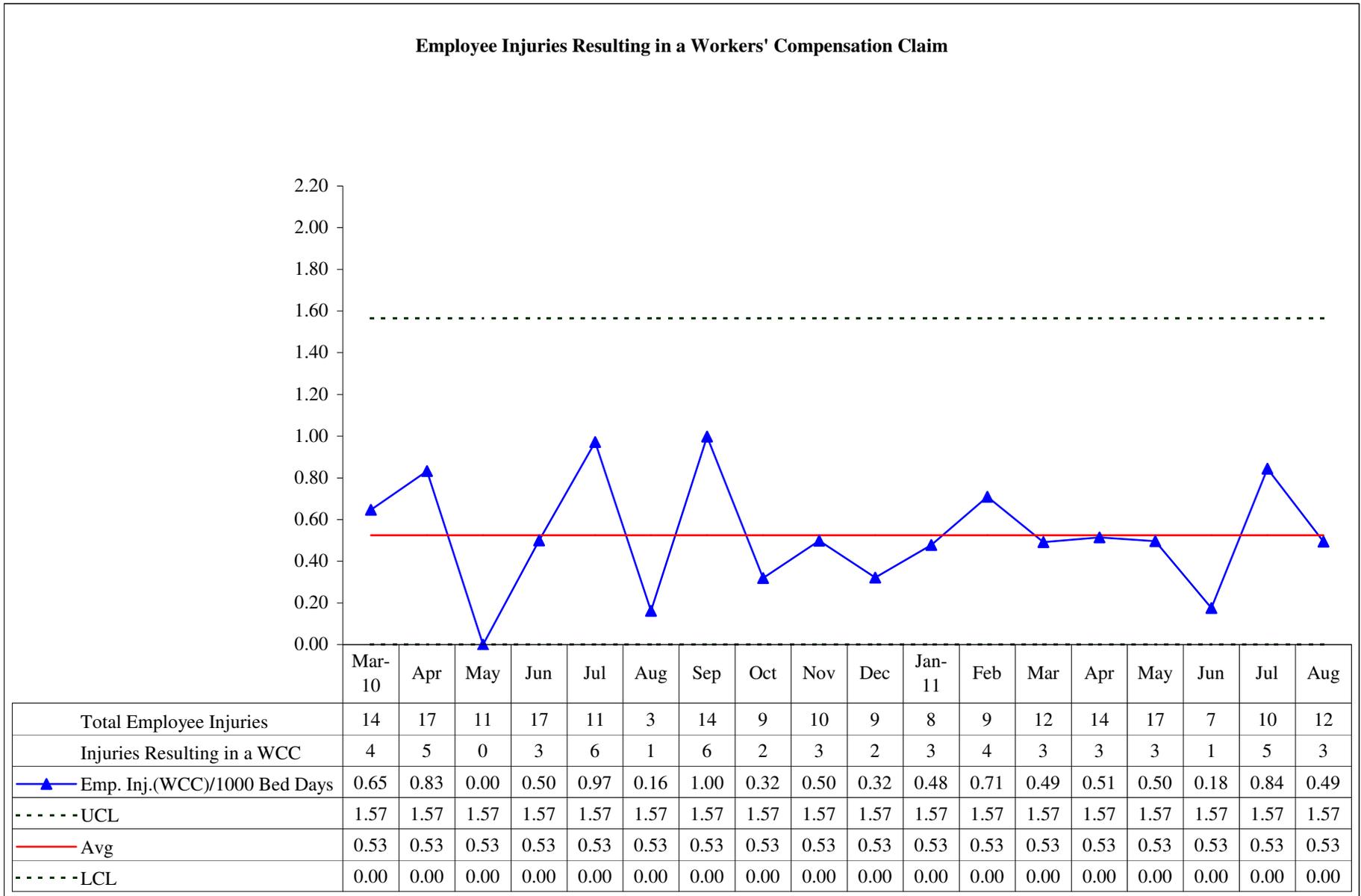
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
El Paso Psychiatric Center

Employee Injuries Resulting in a Workers' Compensation Claim



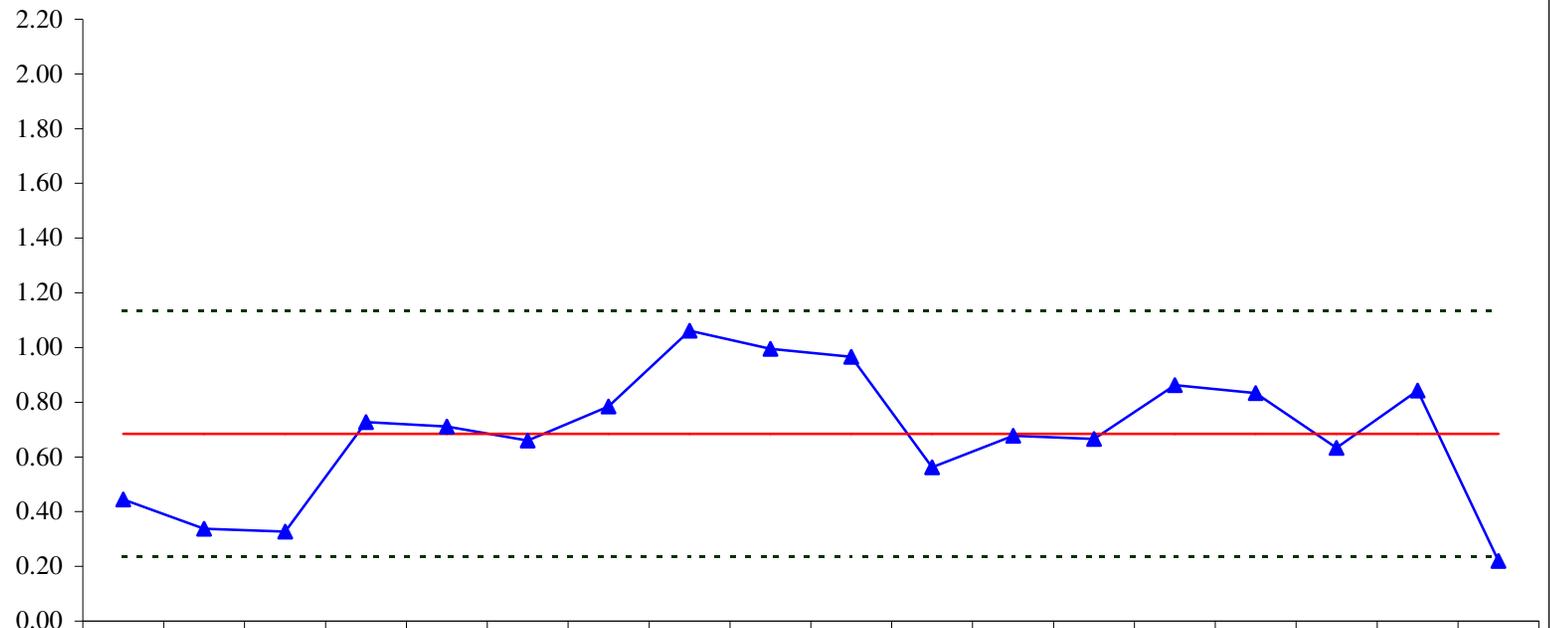
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	8	12	8	14	7	12	10	4	3	18	11	11	7	6	5	10	3	8
Injuries Resulting in a WCC	3	1	3	7	5	6	6	2	1	6	4	4	3	1	0	4	2	4
▲ Emp. Inj.(WCC)/1000 Bed Days	1.40	0.47	1.38	3.28	2.25	2.71	2.82	0.91	0.46	2.73	1.83	1.98	1.37	0.49	0.00	1.82	0.90	1.78
-----UCL	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19
— Avg	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



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

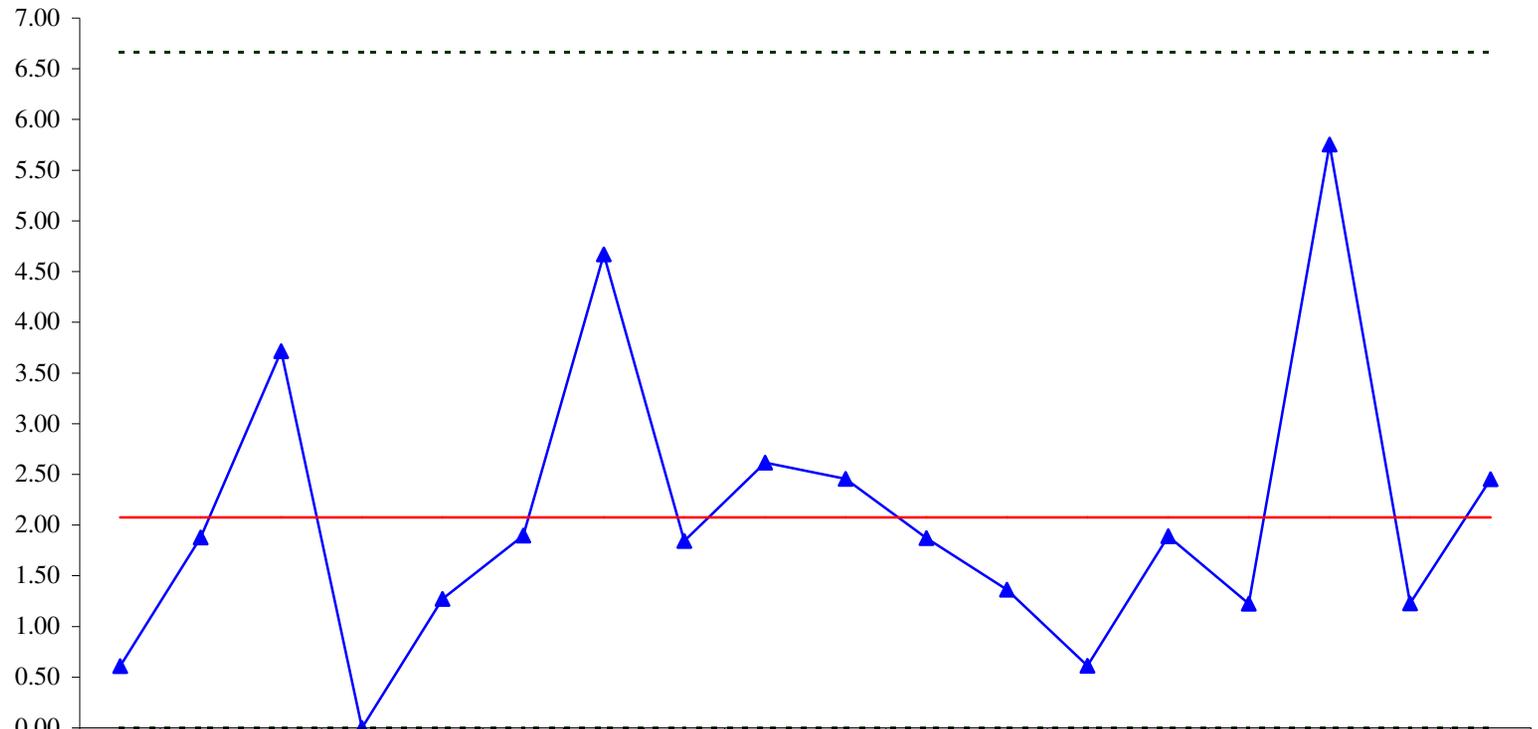
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	27	24	18	41	35	29	49	36	35	38	35	36	46	42	35	37	47	28
Injuries Resulting in a WCC	8	6	6	13	13	12	14	19	17	17	10	11	12	15	15	11	15	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.44	0.34	0.33	0.73	0.71	0.66	0.78	1.06	1.00	0.97	0.56	0.68	0.67	0.86	0.83	0.63	0.84	0.22
-----UCL	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
— Avg	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
-----LCL	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24

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

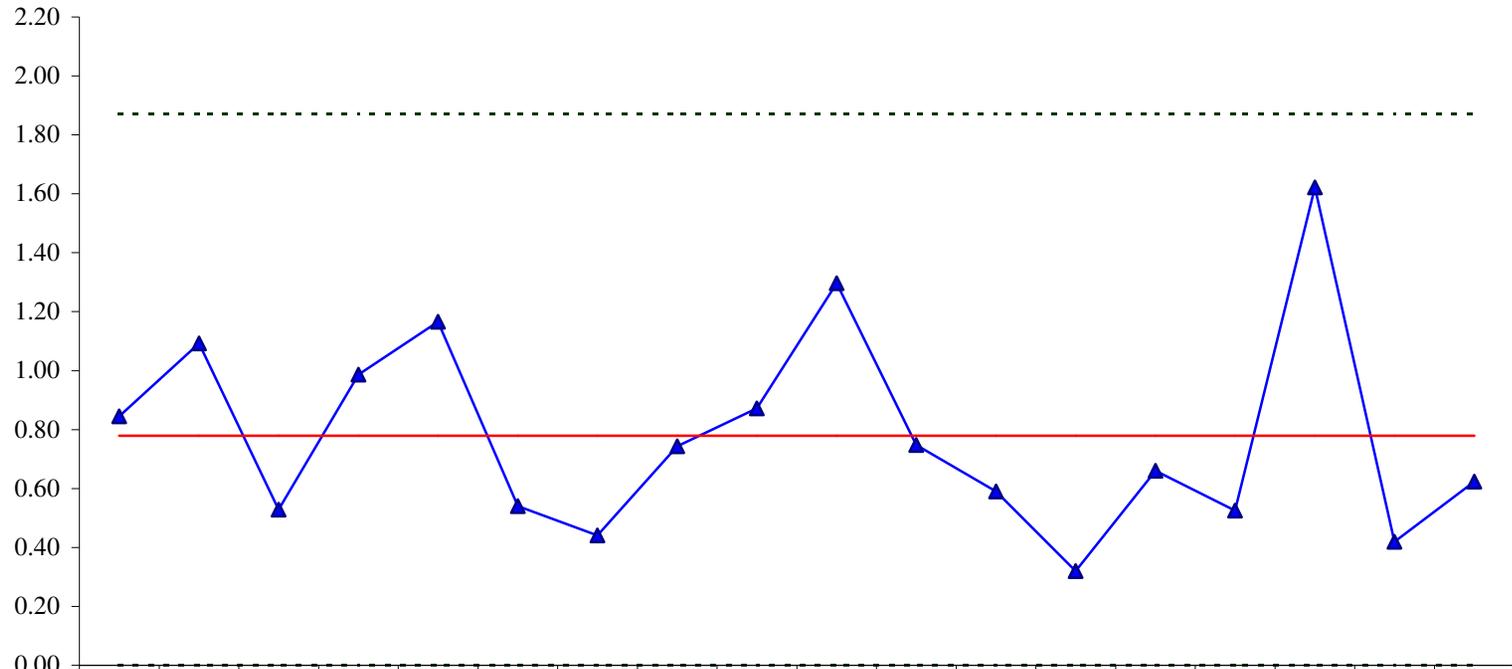
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	13	11	21	18	17	27	27	19	27	33	20	17	24	16	26	25	13	22
Injuries Resulting in a WCC	1	3	6	0	2	3	7	3	4	4	3	2	1	3	2	9	2	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.61	1.88	3.72	0.00	1.27	1.90	4.67	1.84	2.62	2.46	1.87	1.36	0.61	1.89	1.22	5.75	1.23	2.45
-----UCL	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66	6.66
— Avg	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

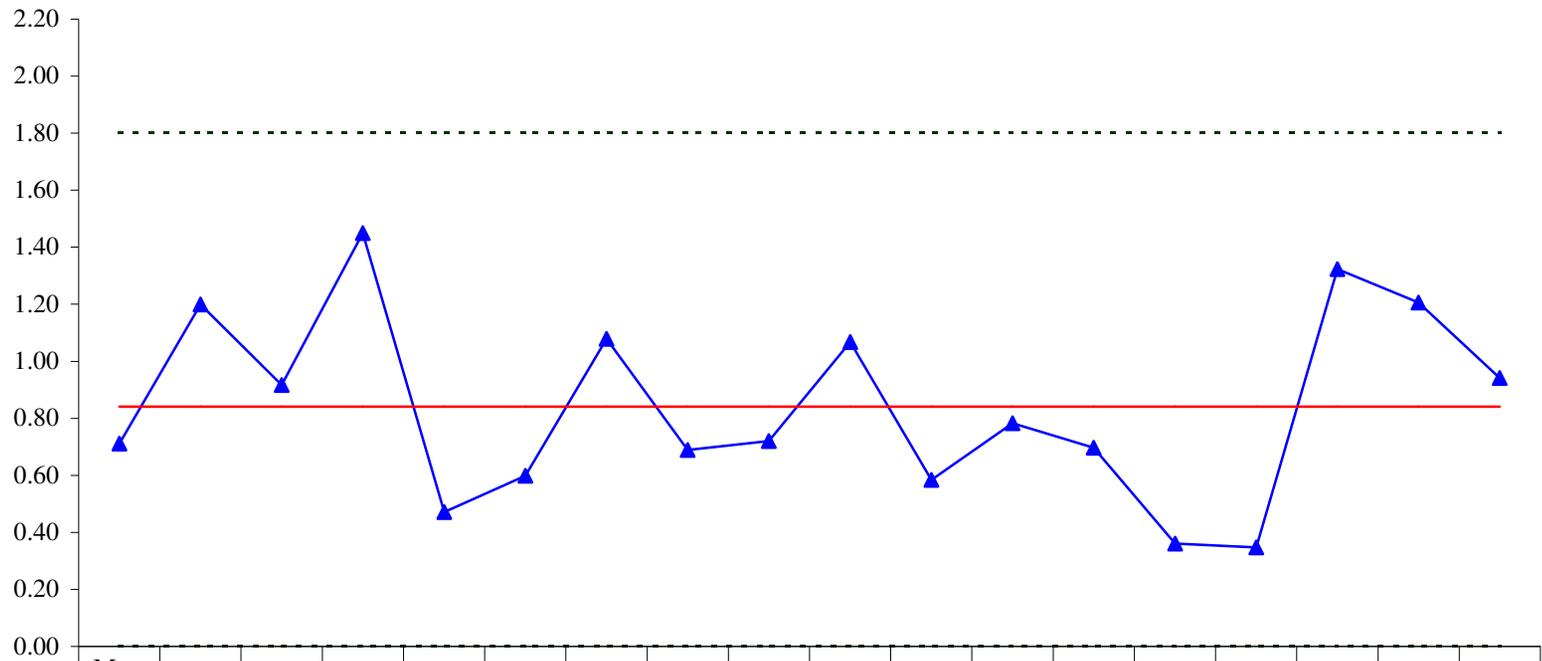
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	21	22	36	22	29	43	22	23	23	33	17	25	18	21	19	36	18	36
Injuries Resulting in a WCC	8	10	5	9	11	5	4	7	8	12	7	5	3	6	5	15	4	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.85	1.09	0.53	0.99	1.17	0.54	0.44	0.74	0.87	1.30	0.75	0.59	0.32	0.66	0.52	1.62	0.42	0.62
-----UCL	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
-----Avg	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

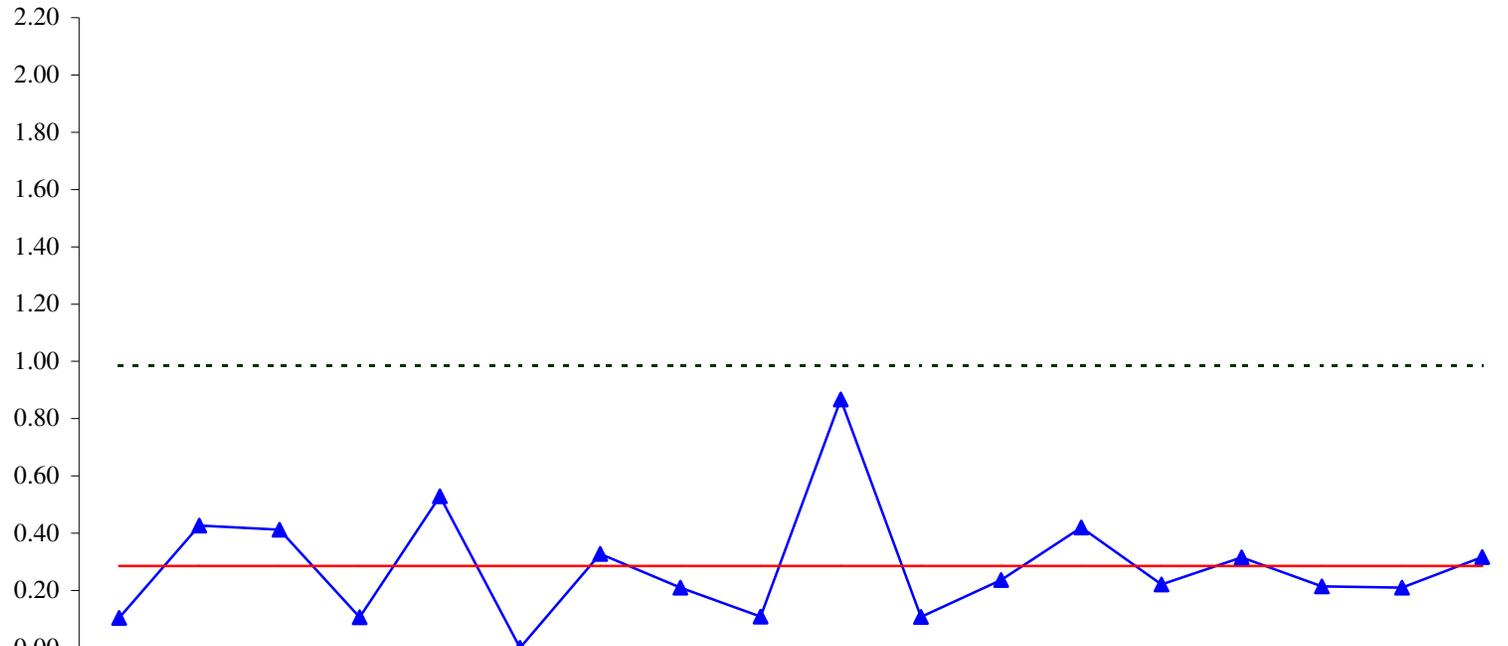
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	22	23	26	28	20	18	27	25	10	20	22	21	11	3	9	19	14	10
Injuries Resulting in a WCC	6	10	8	12	4	5	9	6	6	9	5	6	6	3	3	11	10	8
▲ Emp. Inj.(WCC)/1000 Bed Days	0.71	1.20	0.92	1.45	0.47	0.60	1.08	0.69	0.72	1.07	0.58	0.78	0.70	0.36	0.35	1.32	1.21	0.94
-----UCL	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80
— 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 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Terrell State Hospital

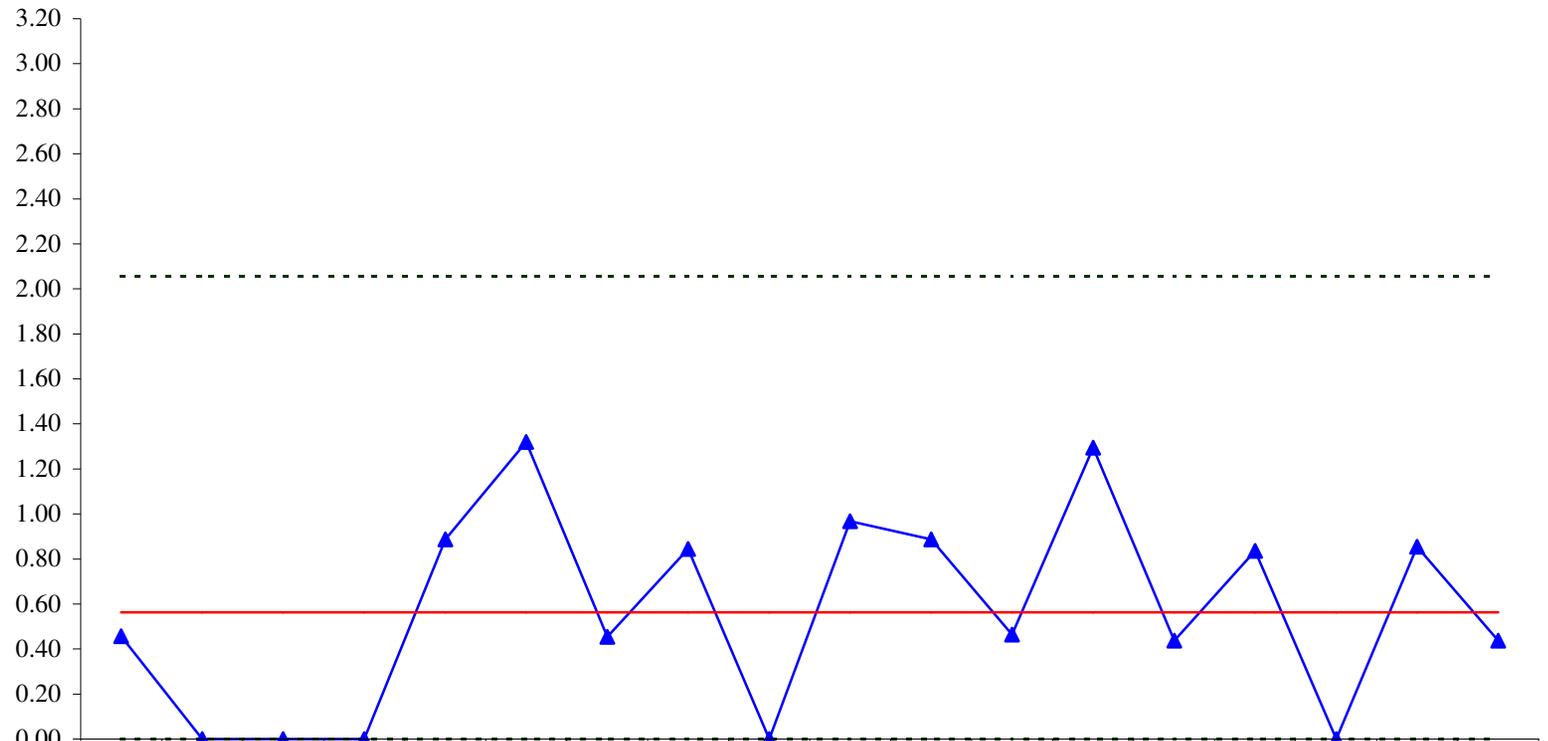
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	15	28	26	20	20	34	29	21	19	30	23	39	27	20	18	19	22	29
Injuries Resulting in a WCC	1	4	4	1	5	0	3	2	1	8	1	2	4	2	3	2	2	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.11	0.43	0.41	0.11	0.53	0.00	0.33	0.21	0.11	0.87	0.11	0.24	0.42	0.22	0.32	0.22	0.21	0.32
-----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	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

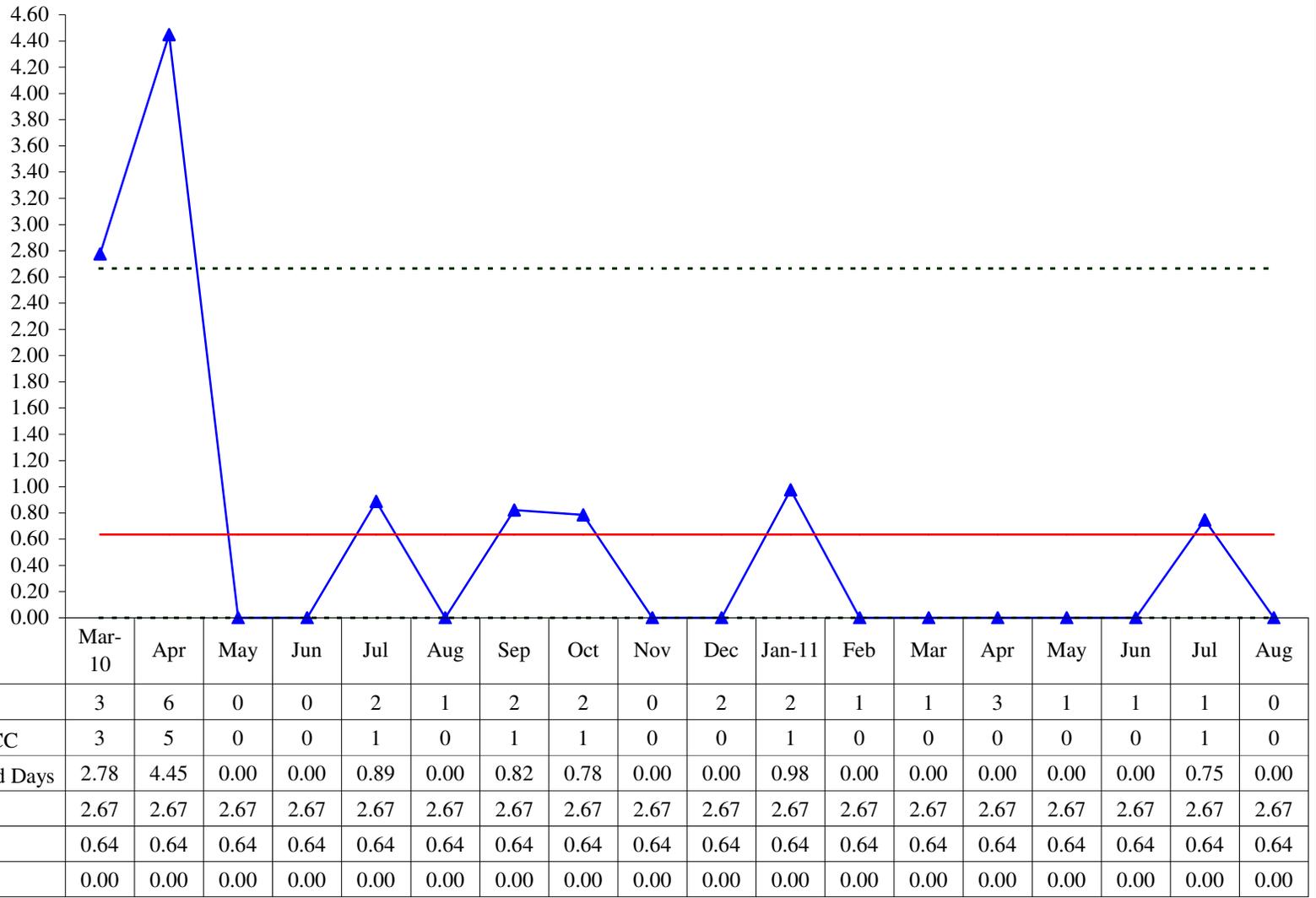
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	1	0	2	2	2	4	1	3	4	3	3	3	4	3	3	2	2	4
Injuries Resulting in a WCC	1	0	0	0	2	3	1	2	0	2	2	1	3	1	2	0	2	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.46	0.00	0.00	0.00	0.89	1.32	0.45	0.84	0.00	0.97	0.89	0.46	1.29	0.44	0.84	0.00	0.85	0.44
- - - - -UCL	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06	2.06
— Avg	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56
- - - - -LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Employee Injuries Resulting in a Workers' Compensation Claim



Performance Objective 6D:

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

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

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

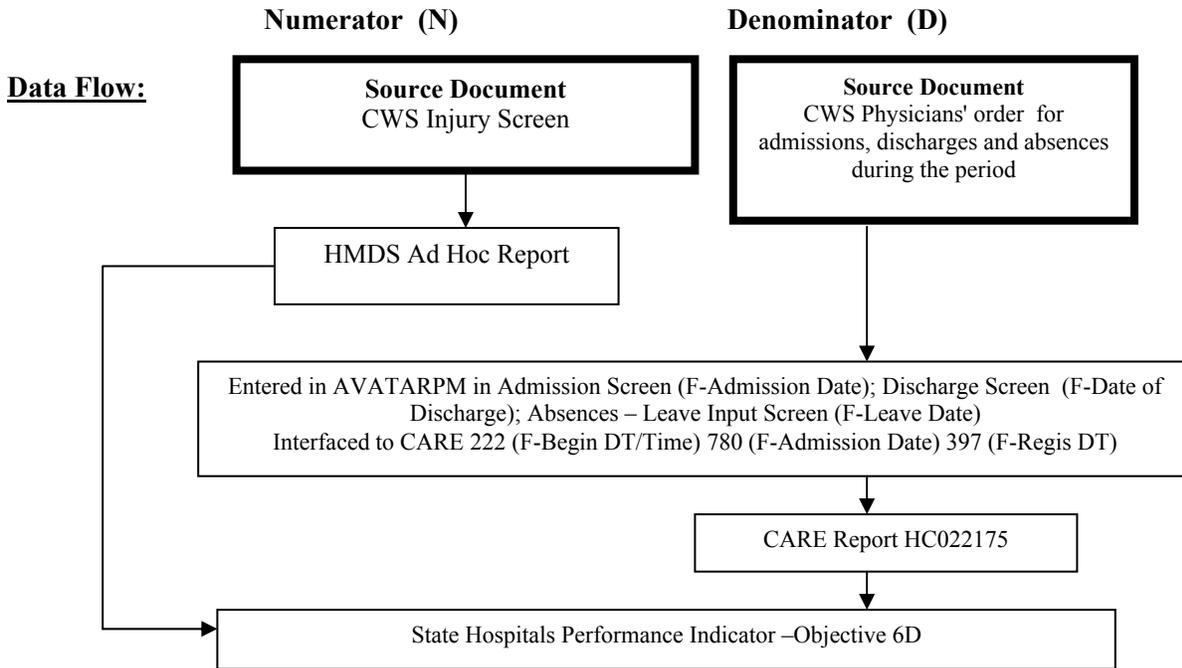
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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

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

Performance Objective Data Display and Chart Description:

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



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State MH Hospitals - FY2011

Hospital	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
All State MH Hospitals																												
Restraint	1	32	49	6	0	0	88	0	30	48	4	0	0	82	3	39	55	2	0	0	99	0	44	61	4	1	0	110
Seclusion	0	2	1	0	0	0	3	0	1	0	0	0	0	1	0	2	1	0	0	0	3	0	2	0	0	0	0	2
Total	1	34	50	6	0	0	91	0	31	48	4	0	0	83	3	41	56	2	0	0	102	0	46	61	4	1	0	112
Per 1000 Beddays							0.4							0.4														0.5

Performance Objective 6E:

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

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

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

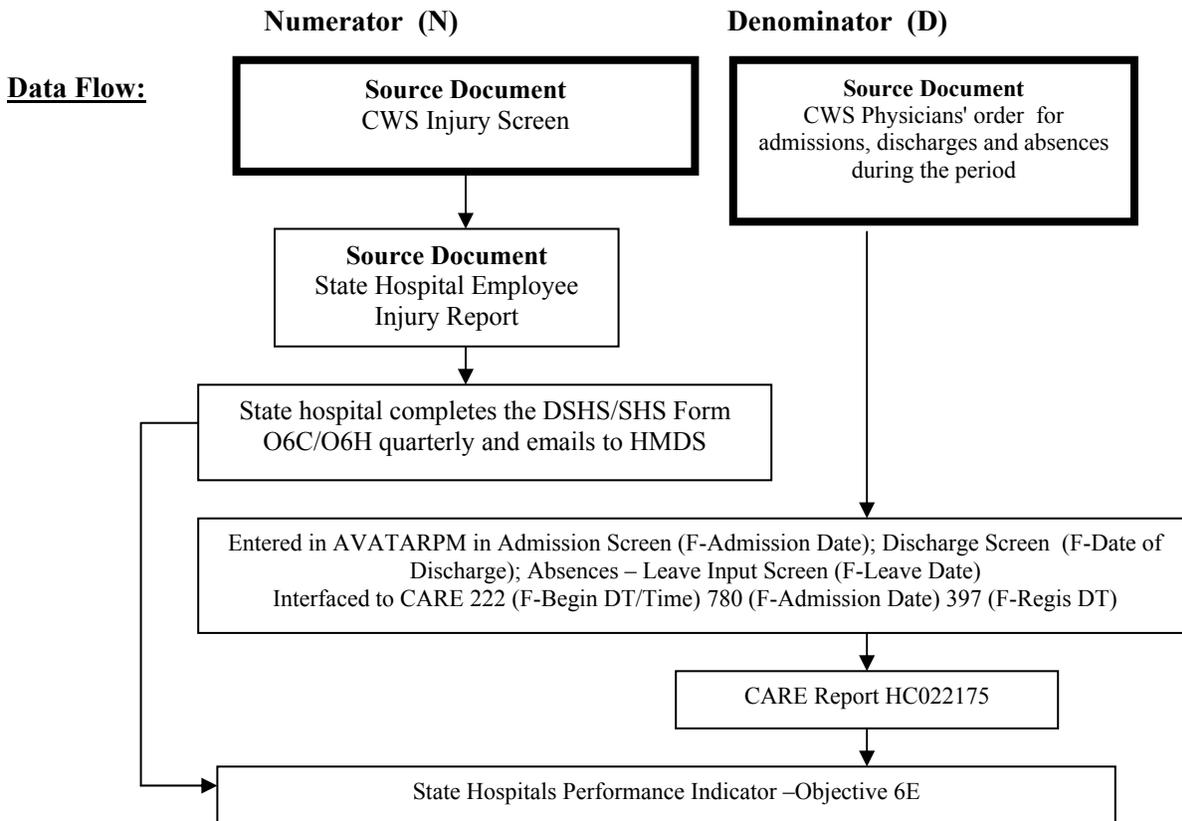
R = rate of employees injured during restraint or seclusion per 1000 bed days per month

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

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

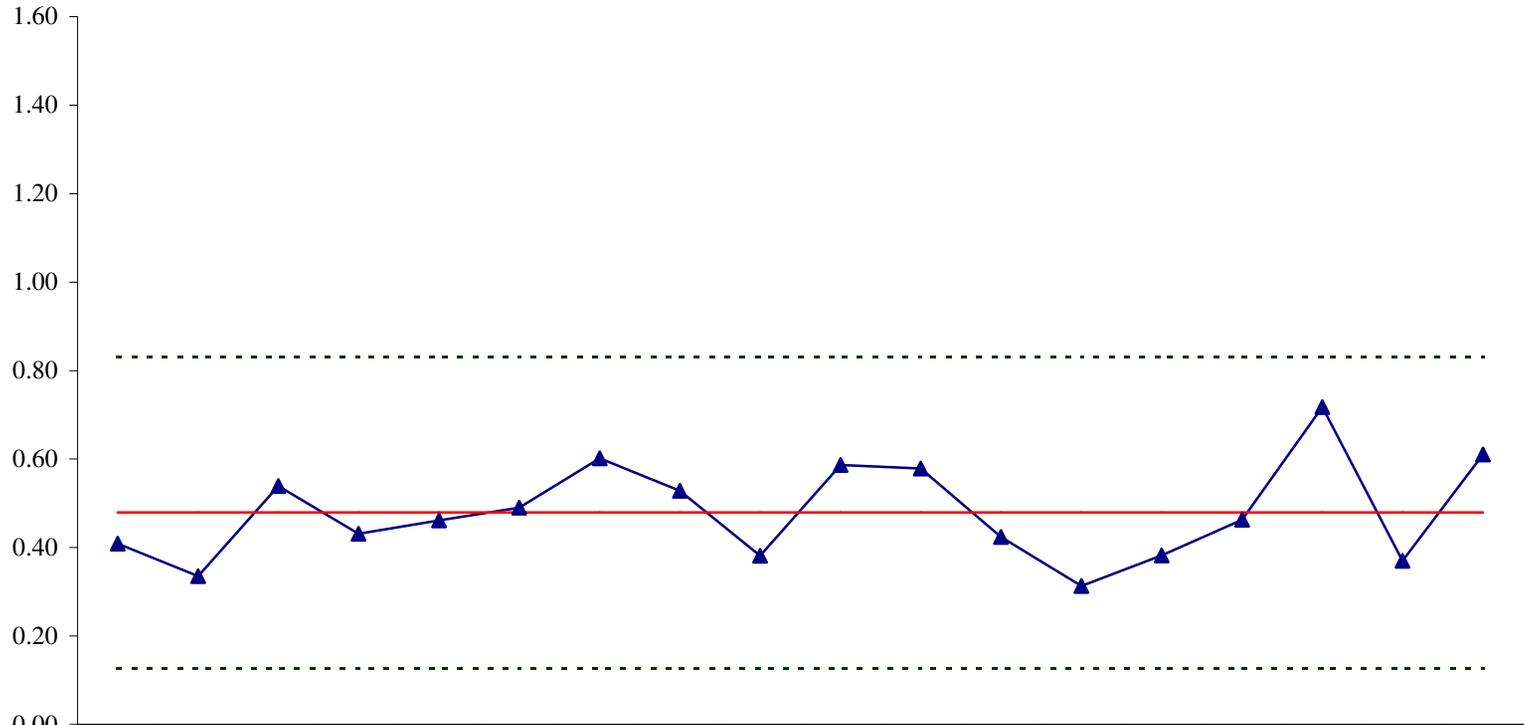
Performance Objective Data Display and Chart Description:

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



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

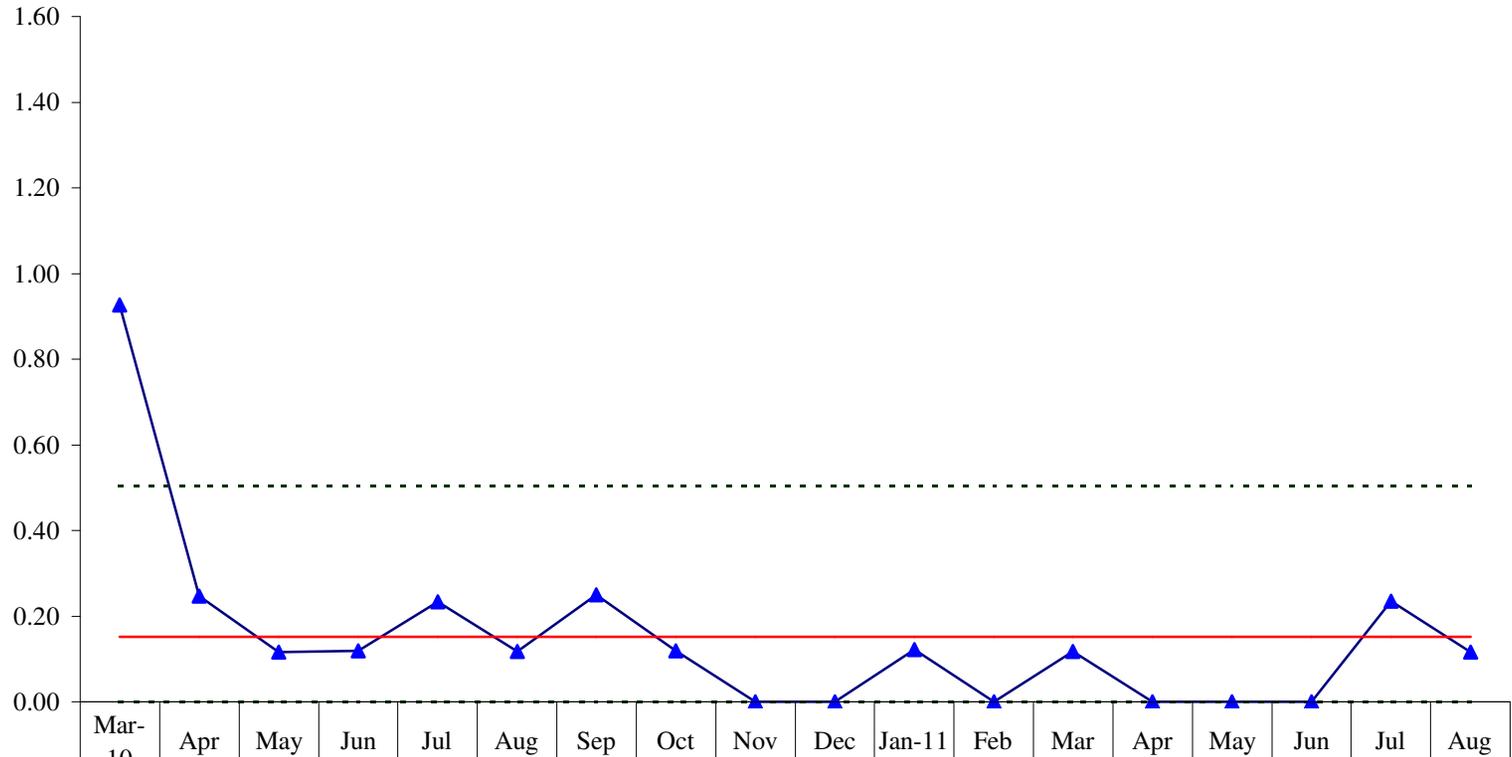
Employee Injured During Restraint or Seclusion



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	162	163	173	190	170	195	205	174	165	219	183	190	184	152	168	195	153	173
Injuries Associated with R/S	30	24	40	31	34	36	43	39	27	42	42	28	23	27	34	51	27	45
▲ Emp. Inj.(RS)/1000 Bed Days	0.41	0.34	0.54	0.43	0.46	0.49	0.60	0.53	0.38	0.59	0.58	0.42	0.31	0.38	0.46	0.72	0.37	0.61
----- UCL	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83
— Avg	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48
----- LCL	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13

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

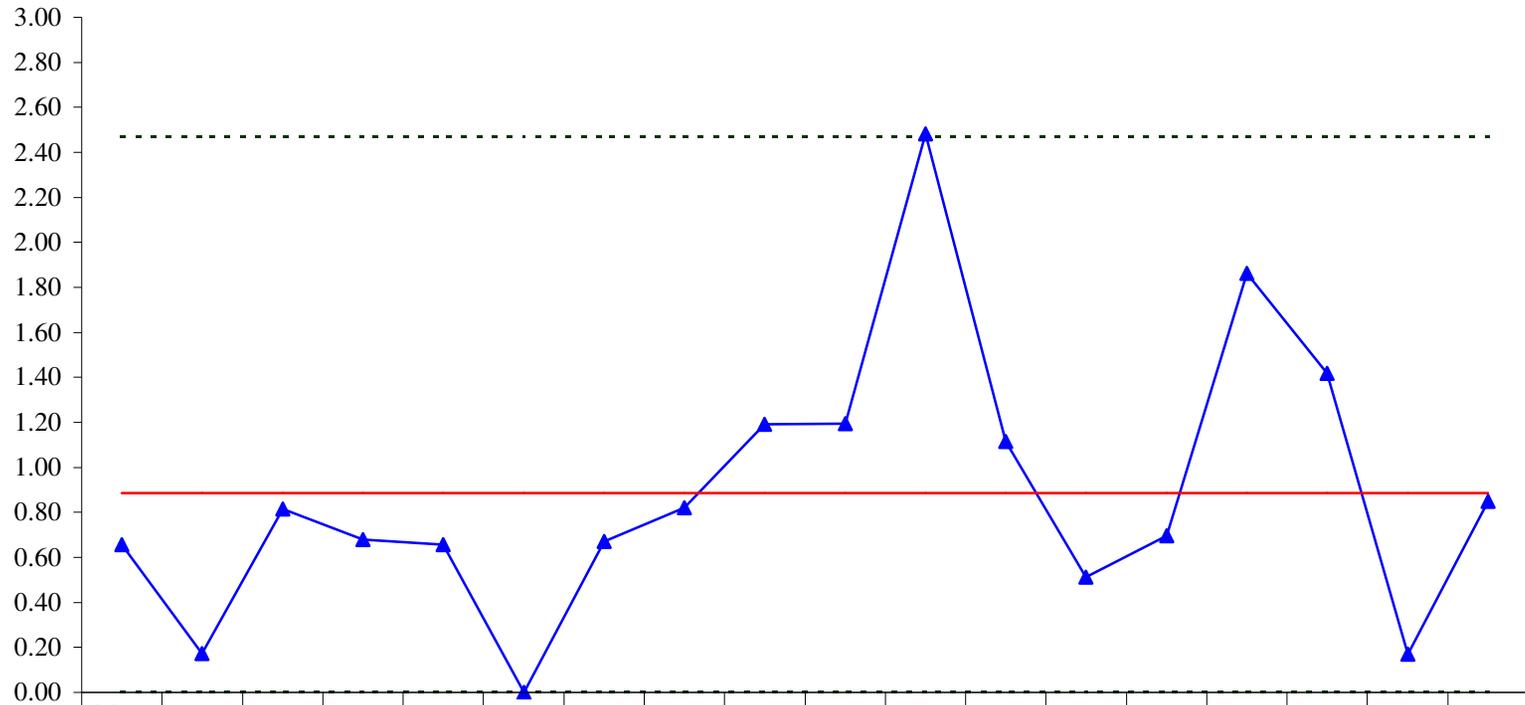
Employee Injured During Restraint or Seclusion



Total Employee Injuries	14	6	4	8	8	3	7	13	10	8	5	5	14	10	9	8	14	4
Injuries Associated with R/S	8	2	1	1	2	1	2	1	0	0	1	0	1	0	0	0	2	1
—▲— Emp. Inj.(RS)/1000 Bed Days	0.93	0.25	0.12	0.12	0.23	0.12	0.25	0.12	0.00	0.00	0.12	0.00	0.12	0.00	0.00	0.00	0.24	0.12
- - - - - UCL	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
— Avg	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
- - - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

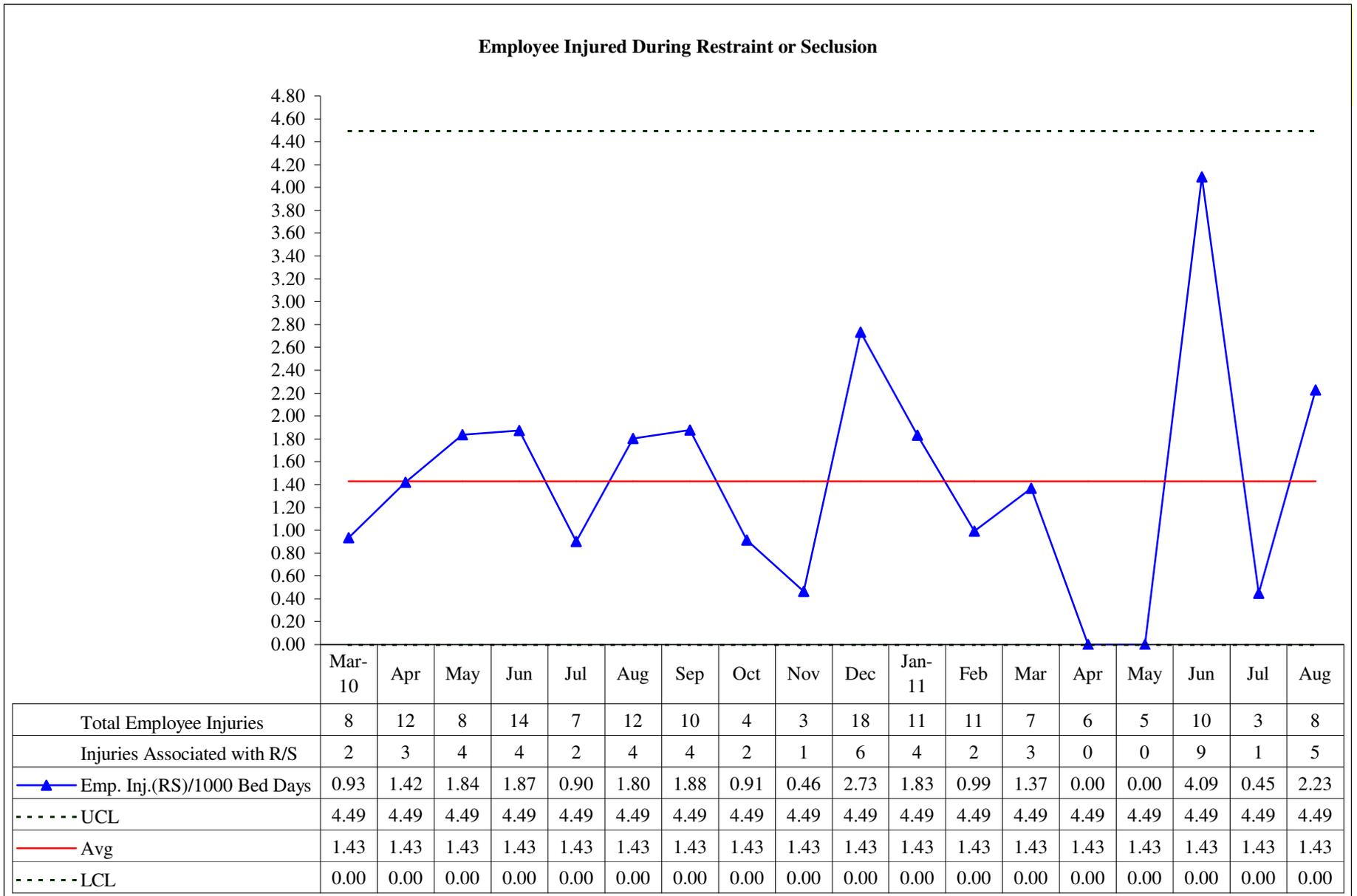
**Objective 6E - Employees Injured During Restraint or Seclusion
Big Spring State Hospital**

Employee Injured During Restraint or Seclusion



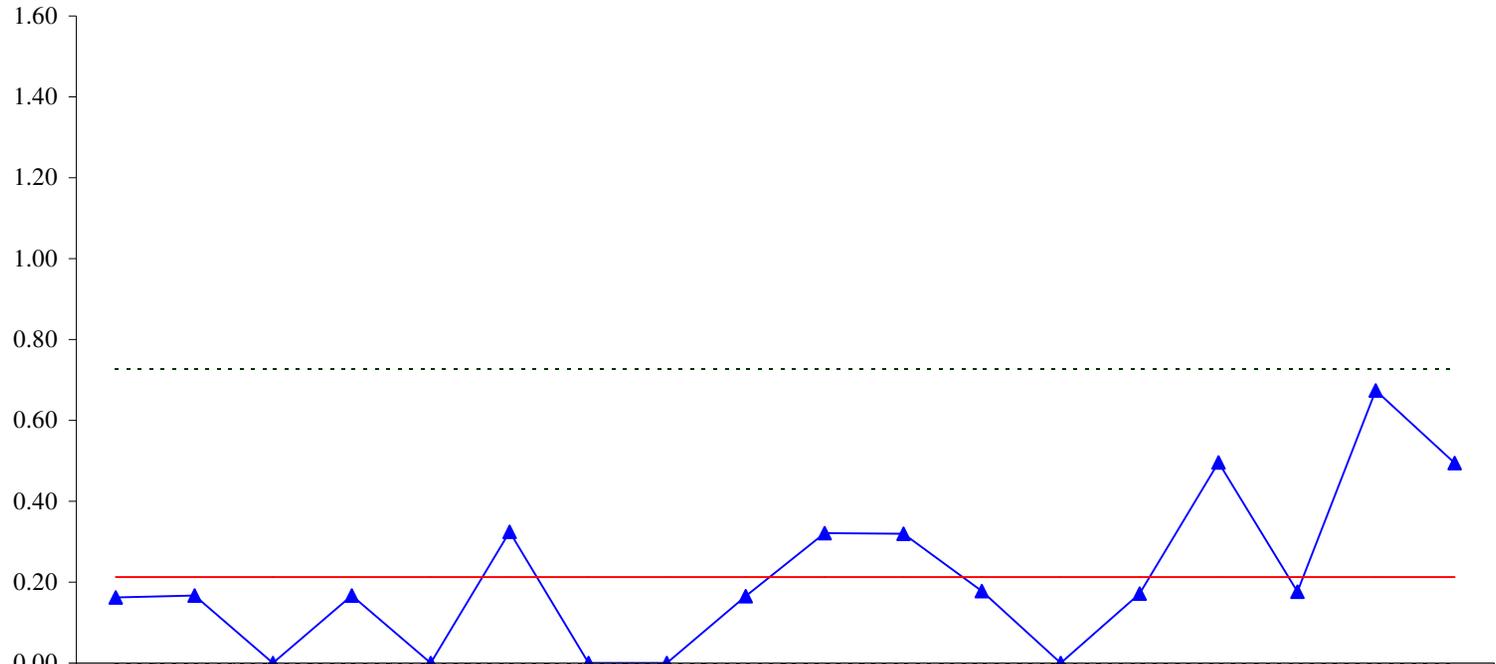
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	24	14	21	20	19	21	17	19	24	25	37	23	20	14	26	31	9	20
Injuries Associated with R/S	4	1	5	4	4	0	4	5	7	7	15	6	3	4	11	8	1	5
▲ Emp. Inj.(RS)/1000 Bed Days	0.66	0.17	0.82	0.68	0.66	0.00	0.67	0.82	1.19	1.19	2.48	1.12	0.51	0.70	1.86	1.42	0.17	0.85
----- UCL	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47	2.47
----- Avg	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



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

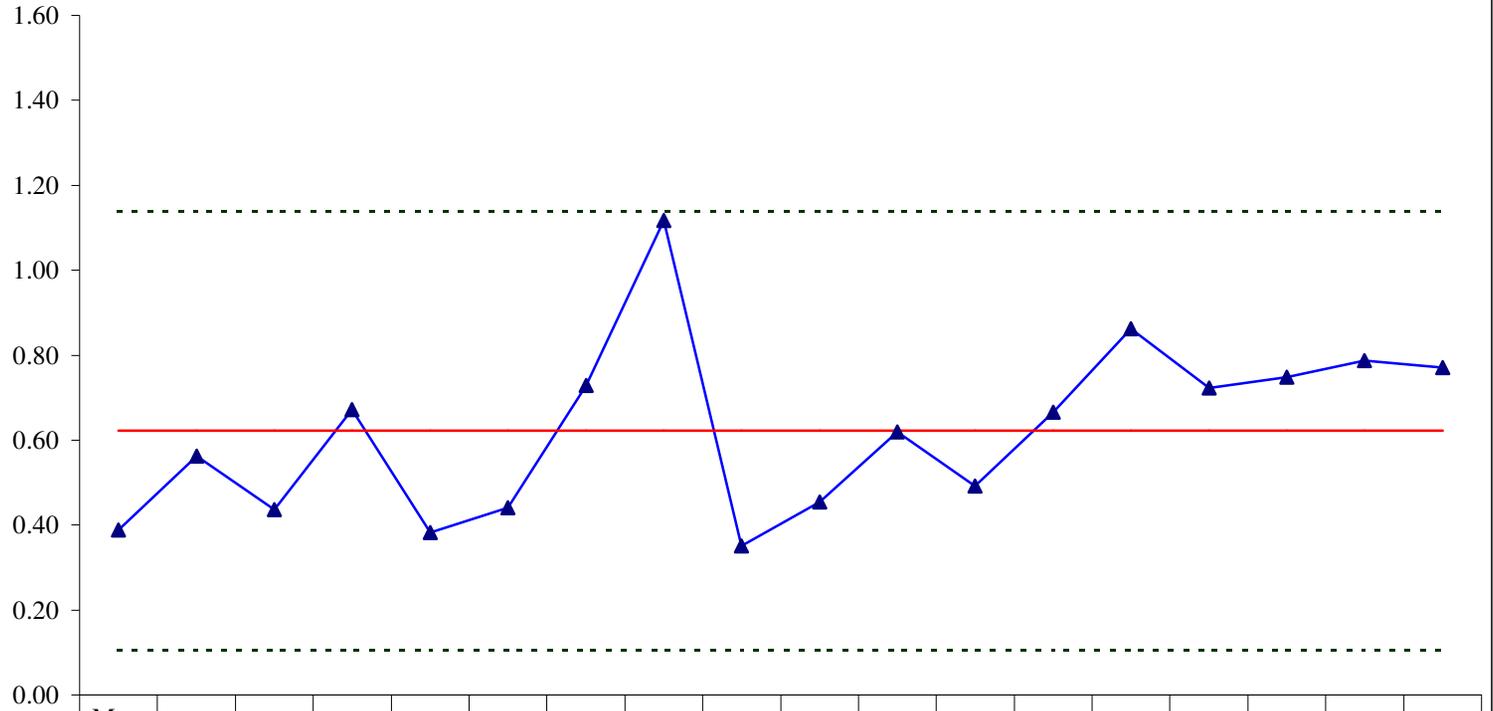
Employee Injured During Restraint or Seclusion



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	14	17	11	17	11	3	14	9	10	9	8	9	12	14	17	7	10	12
Injuries Associated with R/S	1	1	0	1	0	2	0	0	1	2	2	1	0	1	3	1	4	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.16	0.17	0.00	0.17	0.00	0.32	0.00	0.00	0.17	0.32	0.32	0.18	0.00	0.17	0.50	0.18	0.67	0.49
..... UCL	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
— Avg	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

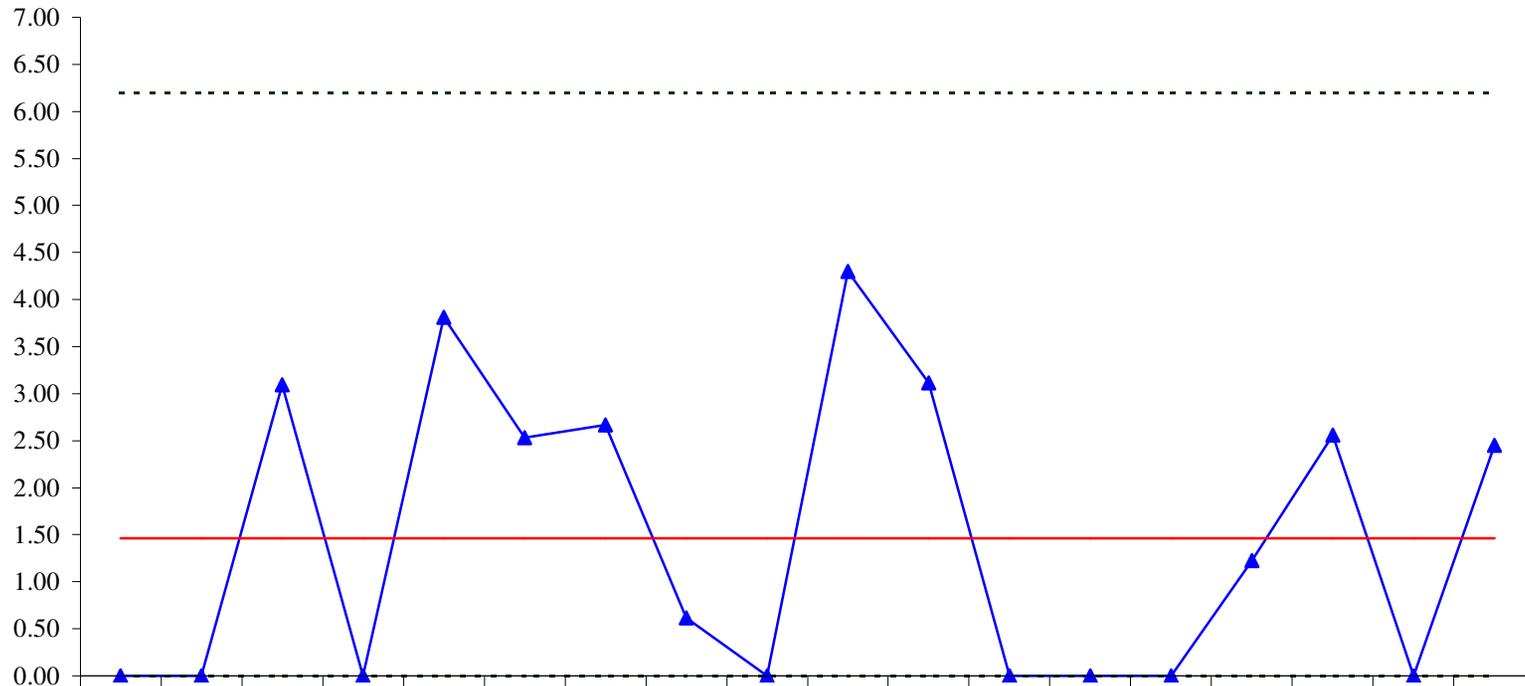
Employee Injured During Restraint or Seclusion



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	27	24	18	41	35	29	49	36	35	38	35	36	46	42	35	37	47	28
Injuries Associated with R/S	7	10	8	12	7	8	13	20	6	8	11	8	12	15	13	13	14	14
▲ Emp. Inj.(RS)/1000 Bed Days	0.39	0.56	0.44	0.67	0.38	0.44	0.73	1.12	0.35	0.45	0.62	0.49	0.67	0.86	0.72	0.75	0.79	0.77
-----UCL	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14
-----Avg	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62
-----LCL	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10

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

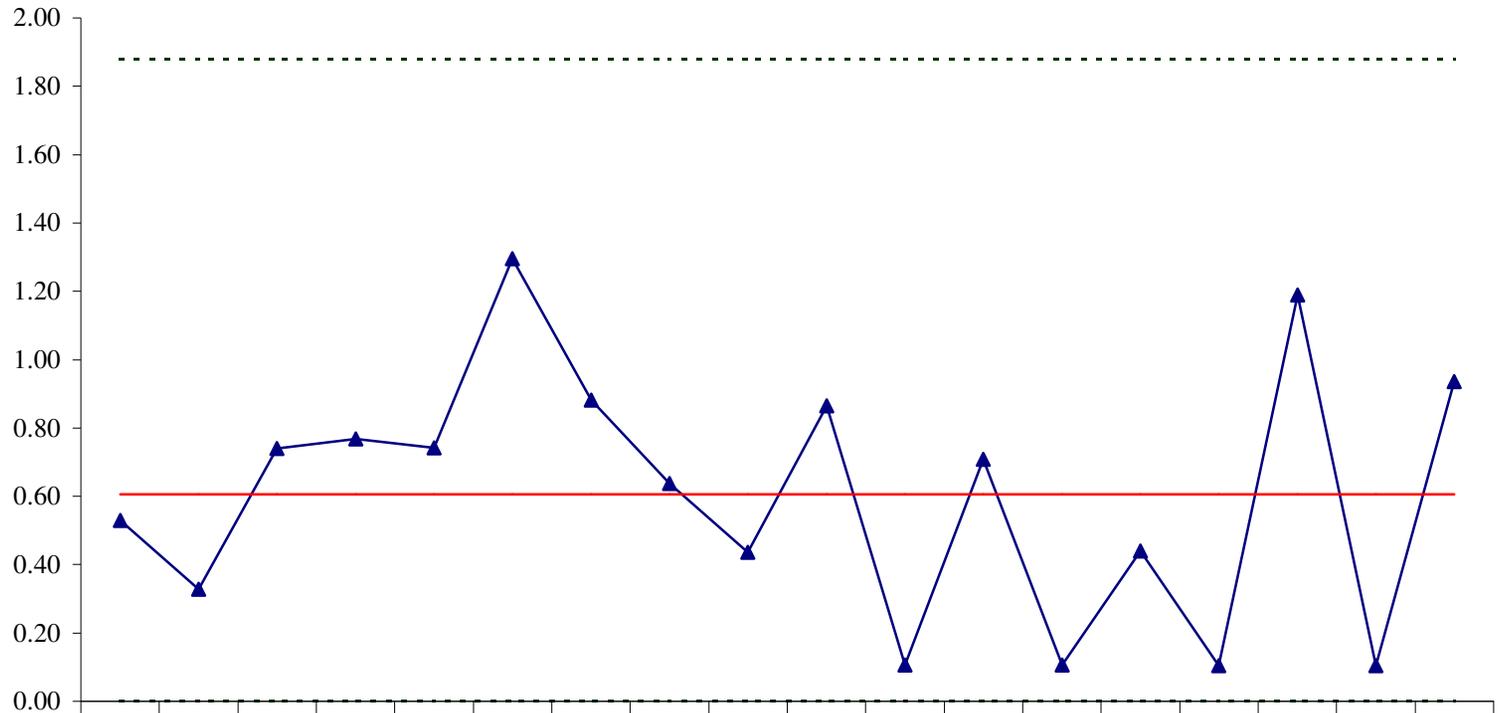
Employee Injured During Restraint or Seclusion



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	13	11	21	18	17	27	27	19	27	33	20	17	24	16	26	25	13	22
Injuries Associated with R/S	0	0	5	0	6	4	4	1	0	7	5	0	0	0	2	4	0	4
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	3.10	0.00	3.81	2.53	2.67	0.61	0.00	4.30	3.12	0.00	0.00	0.00	1.22	2.56	0.00	2.45
UCL	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20	6.20
Avg	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

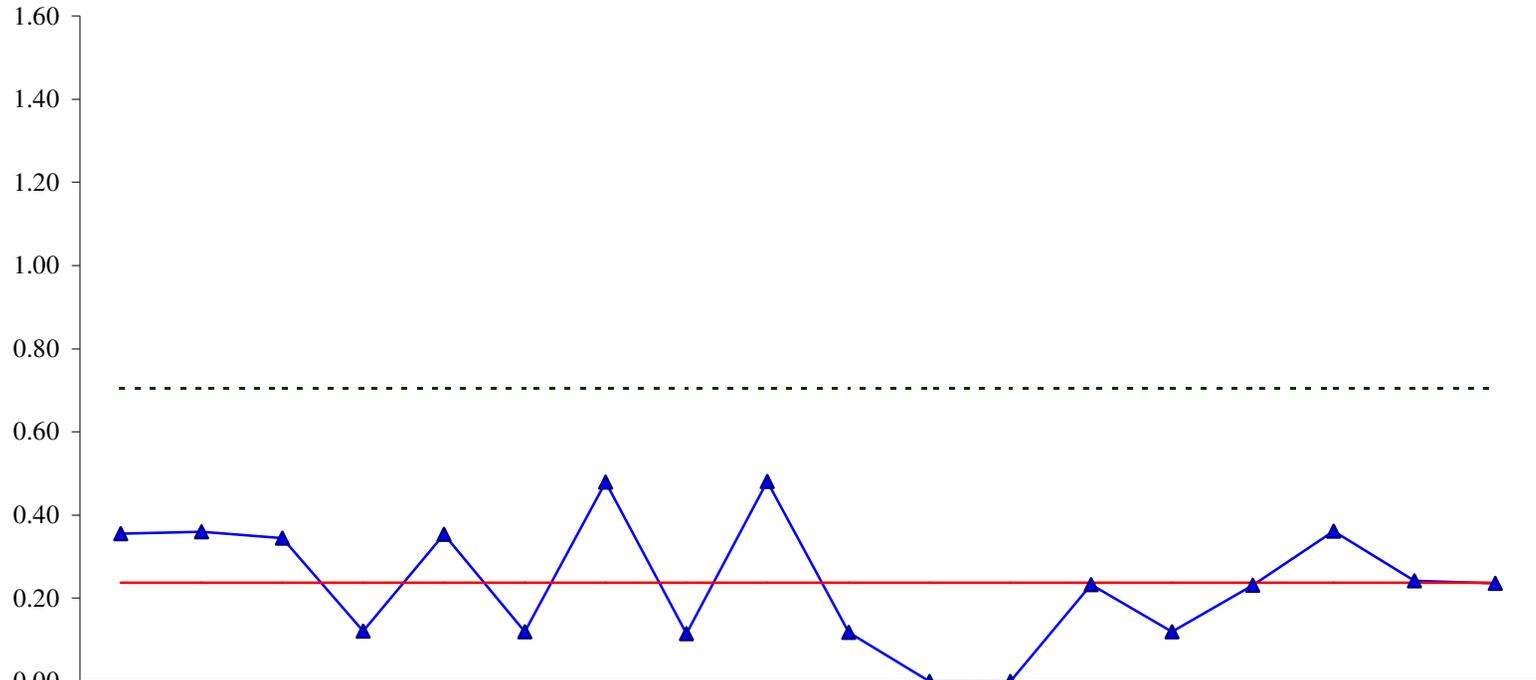
Employee Injured During Restraint or Seclusion



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	21	22	36	22	29	43	22	23	23	33	17	25	18	21	19	36	18	36
Injuries Associated with R/S	5	3	7	7	7	12	8	6	4	8	1	6	1	4	1	11	1	9
▲ Emp. Inj.(RS)/1000 Bed Days	0.53	0.33	0.74	0.77	0.74	1.30	0.88	0.64	0.44	0.86	0.11	0.71	0.11	0.44	0.10	1.19	0.10	0.94
-----UCL	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88
— Avg	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61
-----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

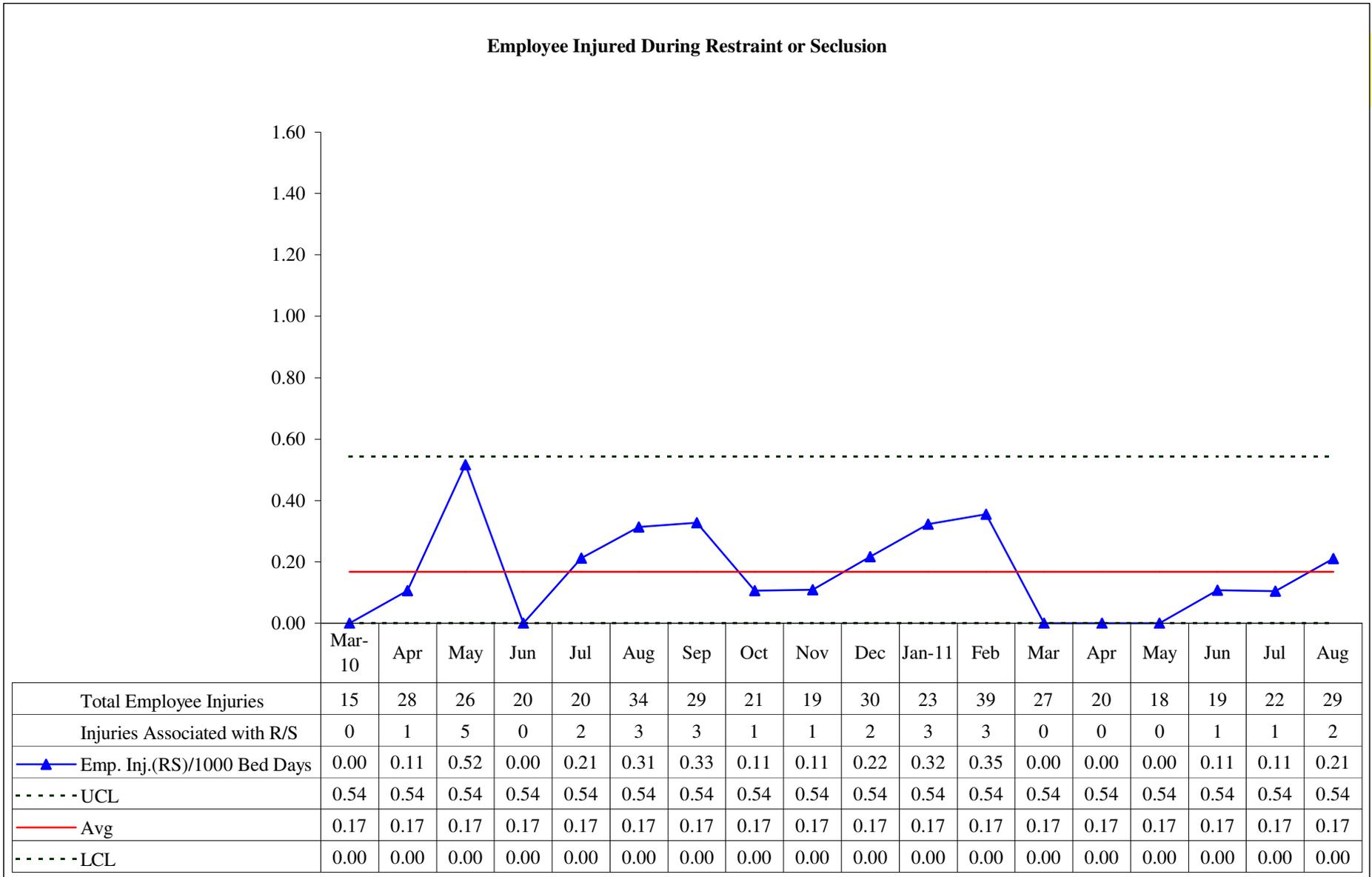
**Objective 6E - Employees Injured During Restraint or Seclusion
San Antonio State Hospital**

Employee Injured During Restraint or Seclusion



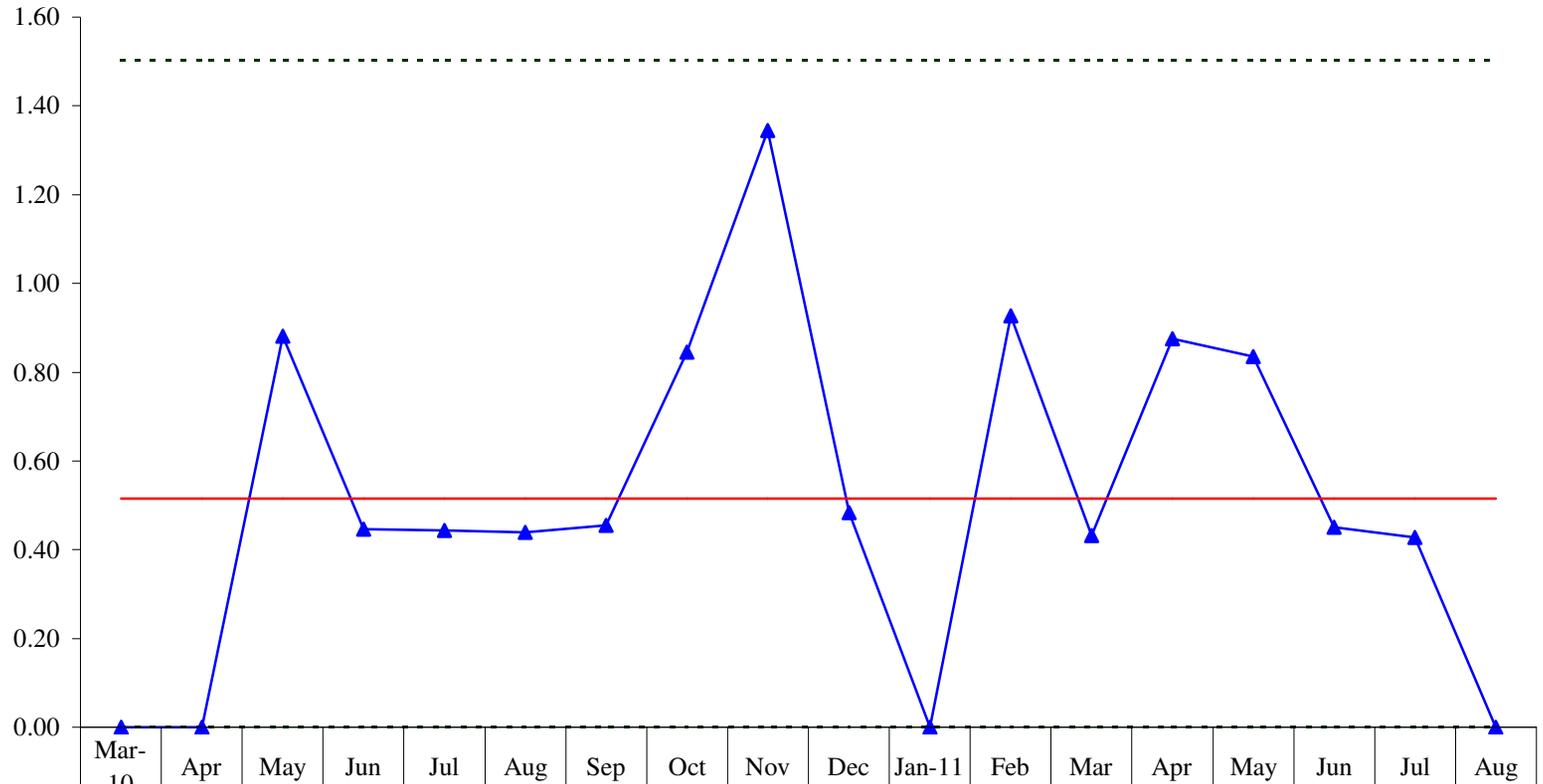
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	22	23	26	28	20	18	27	25	10	20	22	21	11	3	9	19	14	10
Injuries Associated with R/S	3	3	3	1	3	1	4	1	4	1	0	0	2	1	2	3	2	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.36	0.36	0.34	0.12	0.35	0.12	0.48	0.11	0.48	0.12	0.00	0.00	0.23	0.12	0.23	0.36	0.24	0.24
-----UCL	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
— Avg	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



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

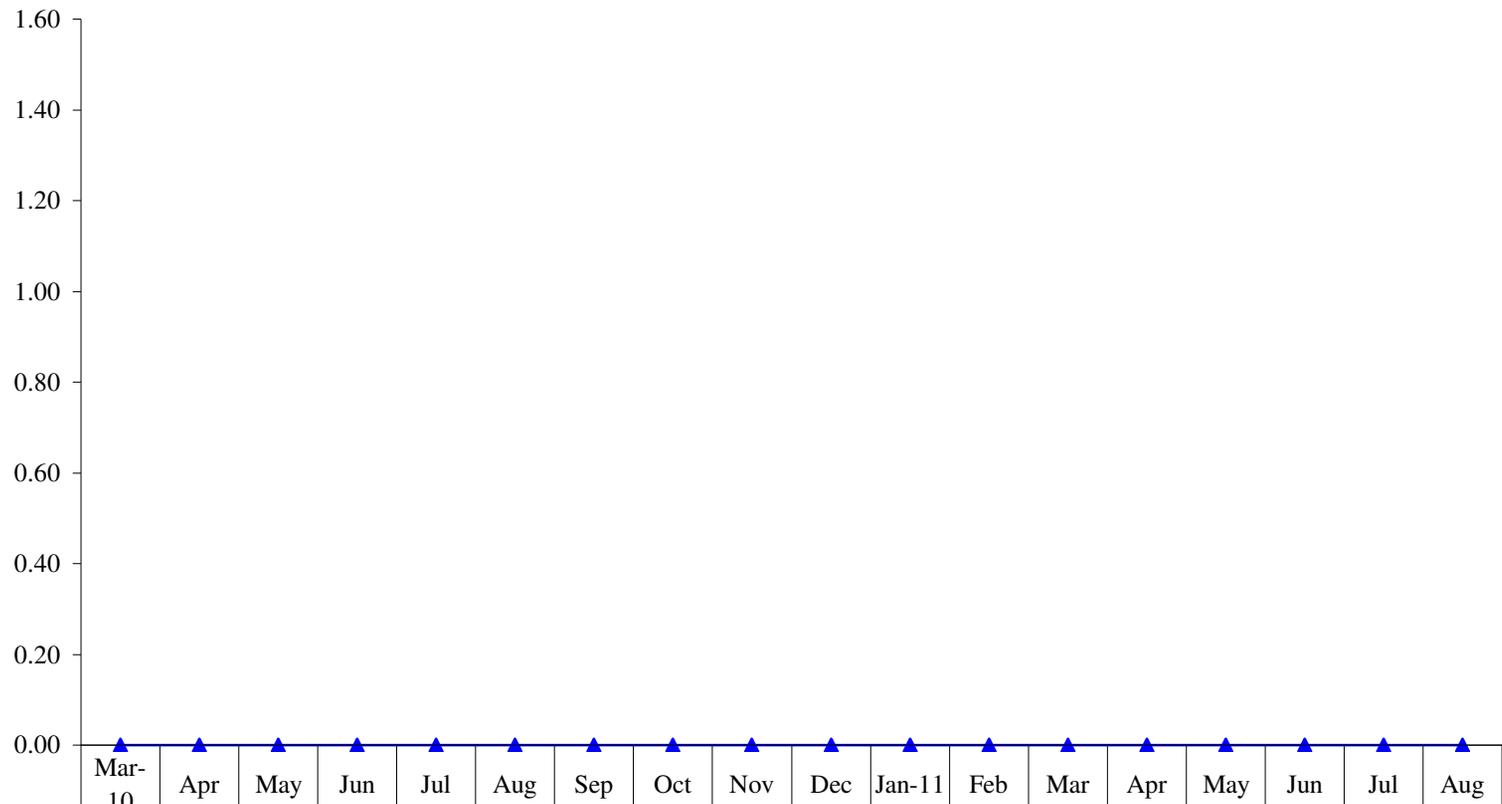
Employee Injured During Restraint or Seclusion



Total Employee Injuries	1	0	2	2	2	4	1	3	4	3	3	3	4	3	3	2	2	4
Injuries Associated with R/S	0	0	2	1	1	1	1	2	3	1	0	2	1	2	2	1	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.88	0.45	0.44	0.44	0.45	0.84	1.34	0.48	0.00	0.93	0.43	0.87	0.84	0.45	0.43	0.00
-----UCL	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
— Avg	0.52	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 6E - Employees Injured During Restraint or Seclusion
Texas Center for Infectious Disease**

Employee Injured During Restraint or Seclusion



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

Performance Objective 6F:

Continue to demonstrate efforts to reduce the rate of Unauthorized Departures with a goal of zero.

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

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

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

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

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

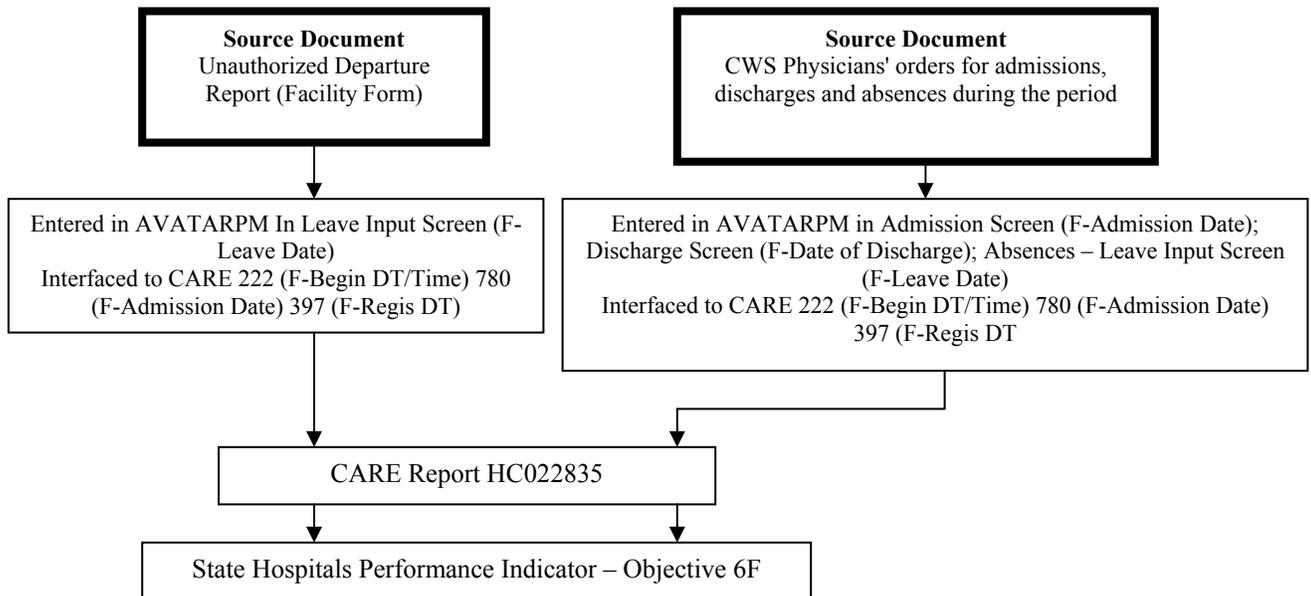
Performance Objective Data Display and Chart Description:

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

Data Flow:

Numerator (N)

Denominator (D)



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

ALL MH HOSPITALS	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Unauthorized Departures Incidents	11	27	23	21	22	19	37	41	47	44	35	26
Unauthorized Departures Persons	11	27	23	21	21	18	31	33	39	29	28	25
Bed Days in Month	70200	72522	69591	70555	71582	65137	72189	69482	72163	69797	71710	72506
Incidents/1000 Bed Days	0.16	0.37	0.33	0.30	0.31	0.29	0.51	0.59	0.65	0.63	0.49	0.36

Performance Objective 6G:

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

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

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

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

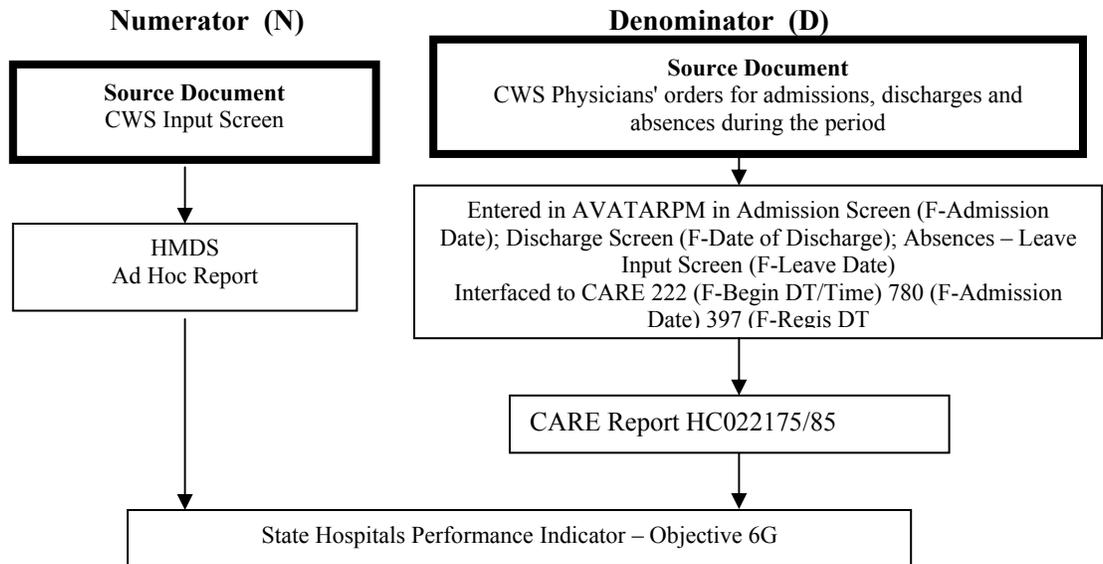
N = number of fall injuries D = number of bed days per FY quarter

1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 6G - Rate of Falls
All State Hospitals

	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL STATE HOSPITALS															
All Falls	170	179	221	179	191	179	168	172	151	186	170	214	180	212	214
Bed Days in Month	71901	73650	73496	71429	73803	70798	71619	72597	66053	73379	70625	73425	71051	72973	73751
Falls/1000 Bed Days	2.36	2.43	3.01	2.51	2.59	2.53	2.35	2.37	2.29	2.53	2.41	2.91	2.53	2.91	2.90

Performance Measure 6A:

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

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

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

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

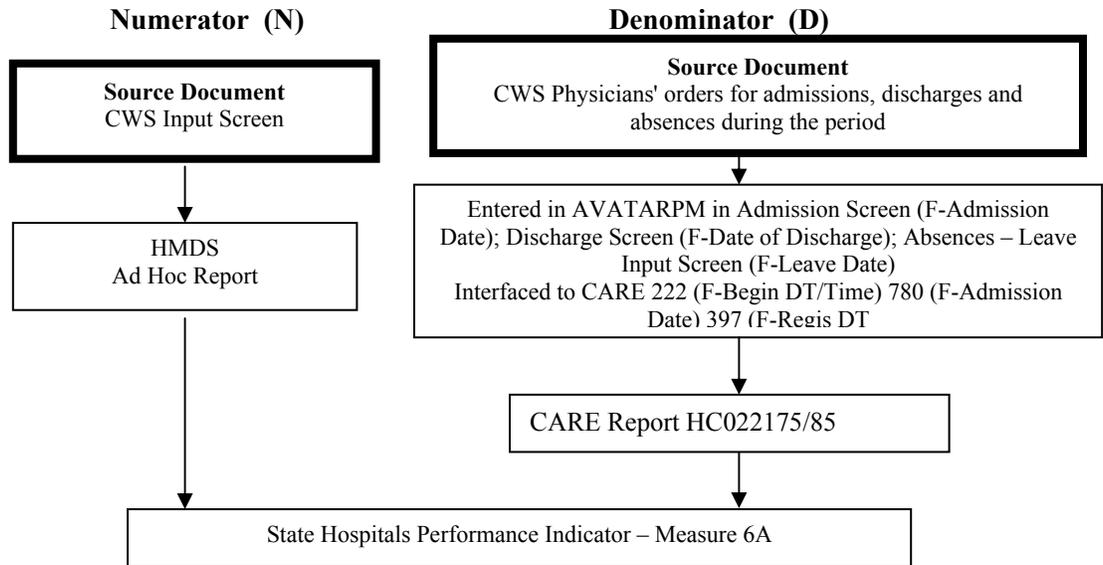
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 6A - Patient Injuries

All Mental Health Hospitals - FY11

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	*	
ALL MH																													
Accident	0	469	409	39	1	0	918	1	404	315	44	3	0	767	2	491	406	23	3	0	925	1	484	415	31	6	0	937	
Another Client	0	371	255	25	0	0	651	0	405	251	24	1	0	681	1	353	256	19	0	0	629	1	451	282	23	2	0	759	
Alleged Abuse/Neglect							0							0															0
Employee/Accident	0	8	15	1	1	0	25	0	5	17	0	0	0	22	0	18	21	1	0	0	40	0	15	8	0	0	0	23	
Medical Condition	0	36	12	6	1	0	55	1	20	15	2	0	0	38	0	24	18	1	3	0	46	0	28	25	5	2	0	60	
Self Inflicted	0	160	270	14	0	0	444	0	141	217	18	3	0	379	0	154	327	11	0	0	492	1	153	251	19	0	0	424	
Undetermined	18	246	105	15	0	0	384	24	249	129	14	0	0	416	29	291	137	12	0	0	469	20	278	130	18	0	0	446	
Visitor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Total	18	1290	1066	100	3	0	2477	26	1224	944	102	7	0	2303	32	1331	1165	67	6	0	2601	23	1409	1112	96	10	0	2650	
Rate/1000 Bed Days	0.08	6.07	5.02	0.47	0.01	0.00	0.49	0.13	5.91	4.56	0.49	0.03	0.00	0.53	0.15	6.42	5.62	0.32	###	0.00	0.34	0.11	6.80	5.37	0.46	0.05	0.00	0.50	

N/A = Not Available

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

Measure 6A - Patient Injuries
All Mental Health Hospitals - FY11

Hospitals	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
ALL MH																												
Age 0-17	8	192	269	14	0	0	483	6	174	245	18	0	0	443	6	229	387	8	0	0	630	8	203	306	12	0	0	529
Age 18-64	10	1002	760	80	3	0	1855	16	969	642	82	5	0	1714	24	1018	721	56	4	0	1823	14	1129	762	80	10	0	1995
Age 65-olde	0	96	37	6	0	0	139	4	81	57	2	2	0	146	2	84	57	3	2	0	148	1	77	44	4	0	0	126
Total	18	1290	1066	100	3	0	2477	26	1224	944	102	7	0	2303	32	1331	1165	67	6	0	2601	23	1409	1112	96	10	0	2650

N/A = Not Available

Performance Measure 6B:

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

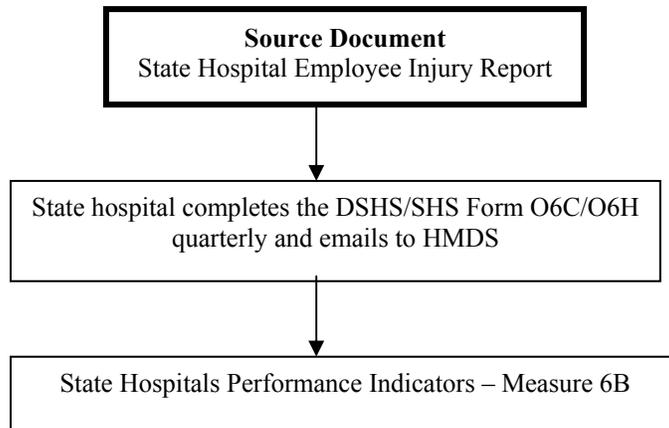
Performance Measure Operational Definition: The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 6B - Employee Injuries
All State Hospitals - Q4 FY11

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	14	40	13	13	59	29	51	32	31	0	2	284
Per 1,000 Bed Days	0.55	2.30	1.95	0.74	1.11	6.01	1.80	1.27	1.10	0.00	0.29	1.30
Age 40-64	12	19	8	15	45	31	37	11	37	2	4	221
Per 1,000 Bed Days	0.47	1.09	1.20	0.85	0.84	6.43	1.30	0.44	1.31	0.51	0.58	1.01
Age 65 - Older	0	1	0	1	8	0	2	0	2	0	2	16
Per 1,000 Bed Days	0.00	0.06	0.00	0.06	0.15	0.00	0.07	0.00	0.07	0.00	0.29	0.07
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Per 1,000 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
Total	26	60	21	29	112	60	90	43	70	2	8	521
Per 1,000 Bed Days	1.03	3.44	3.15	1.64	2.10	12.44	3.17	1.71	2.48	0.51	1.17	2.39

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

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	50	151	59	51	222	141	165	90	117	1	20	1067
Per 1,000 Bed Days	0.51	2.15	2.27	0.71	1.05	7.41	1.48	0.89	1.05	0.07	0.74	1.24
Age 40-64	55	111	36	78	202	127	119	97	169	14	12	1020
Per 1,000 Bed Days	0.56	1.58	1.39	1.08	0.96	6.67	1.07	0.96	1.52	1.00	0.44	1.18
Age 65 - Older	2	3	1	2	40	1	7	3	10	1	3	73
Per 1,000 Bed Days	0.02	0.04	0.04	0.03	0.19	0.05	0.06	0.03	0.09	0.07	0.11	0.08
Unknown	0	0	0	0	0	0	0	1	0	0	0	1
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
Total	107	265	96	131	464	269	291	191	296	16	35	2161
Per 1,000 Bed Days	1.08	3.78	3.69	1.82	2.20	14.13	2.62	1.90	2.66	1.14	1.29	2.51

Measure 6B - Employee Injuries
All State Hospitals - FY11

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Q1 Total Injuries	30	60	17	33	120	73	68	62	69	4	8	544
# Injuries Associated with Patient Aggression/No Restraint	18	22	5	10	0	34	34	14	36	0	0	173
	0.60	0.37	0.29	0.30	0.00	0.47	0.50	0.23	0.52	0.00	0.00	0.32
Q2 Total Injuries	18	85	40	26	109	70	75	63	92	5	9	592
# Injuries Associated with Patient Aggression/No Restraint	9	37	10	3	44	40	33	24	11	0	0	211
	0.50	0.44	0.25	0.12	0.40	0.57	0.44	0.38	0.12	0.00	0.00	0.36
Q3 Total Injuries	33	60	18	43	123	66	58	23	65	5	10	504
# Injuries Associated with Patient Aggression/No Restraint	22	26	10	10	68	45	32	10	33	0	0	256
	0.67	0.43	0.56	0.23	0.55	0.68	0.55	0.43	0.51	0.00	0.00	0.51
Q4 Total Injuries	26	60	21	29	112	60	90	43	70	2	8	521
# Injuries Associated with Patient Aggression/No Restraint	13	32	1	3	76	34	31	37	43	0	0	270
	0.50	0.53	0.05	0.10	0.68	0.57	0.34	0.86	0.61	0.00	0.00	0.52
FY Total Injuries	107	265	96	131	464	269	291	191	296	16	35	2161
# Injuries Associated with Patient Aggression/No Restraint	62	117	26	26	188	153	130	85	123	0	0	910
	0.58	0.44	0.27	0.20	0.41	0.57	0.45	0.45	0.42	0.00	0.00	0.42

GOAL 7: Obtain, Manage and Use Information

Performance Objective 7D:

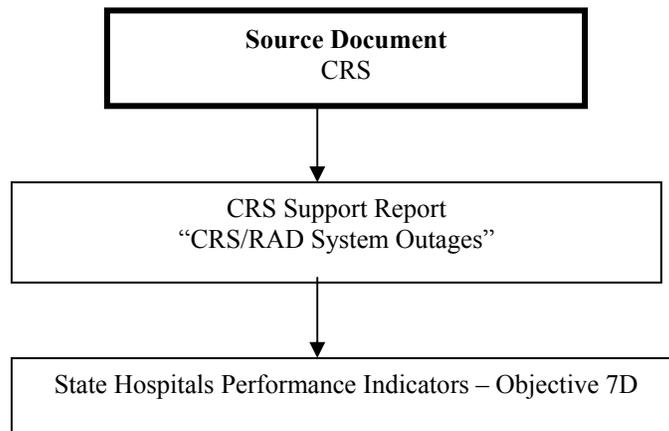
Monitor and analyze the CRS downtime.

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

Performance Measure Formula: No formula – continuous variable.

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

Data Flow:



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

CRS System outages FY11

Date	Time	Restart Time	Approx outage length	Reason
10/20/2010	10:30 AM	1:30 PM	3	There was only 1 UPS in-line at the Winters Data Center (after the last outage) and a fuse was blow in the UPS, shutting it down.
10/29/2010	1:15 AM	5:00 AM	3.75	Generator failure
11/22/2010	11:00 AM	2:30 PM	3.5	Software error. Netsmart recompiled all classes.
3/15/2011	2:30 AM	5:00 PM	2.5	Load Balancer power lost at the data center
			12.75	Total hours unavailable
			365.00	Available days (Sept-Aug)
			0.15%	% unscheduled downtime
			99.85%	% Uptime

Performance Objective 7I:

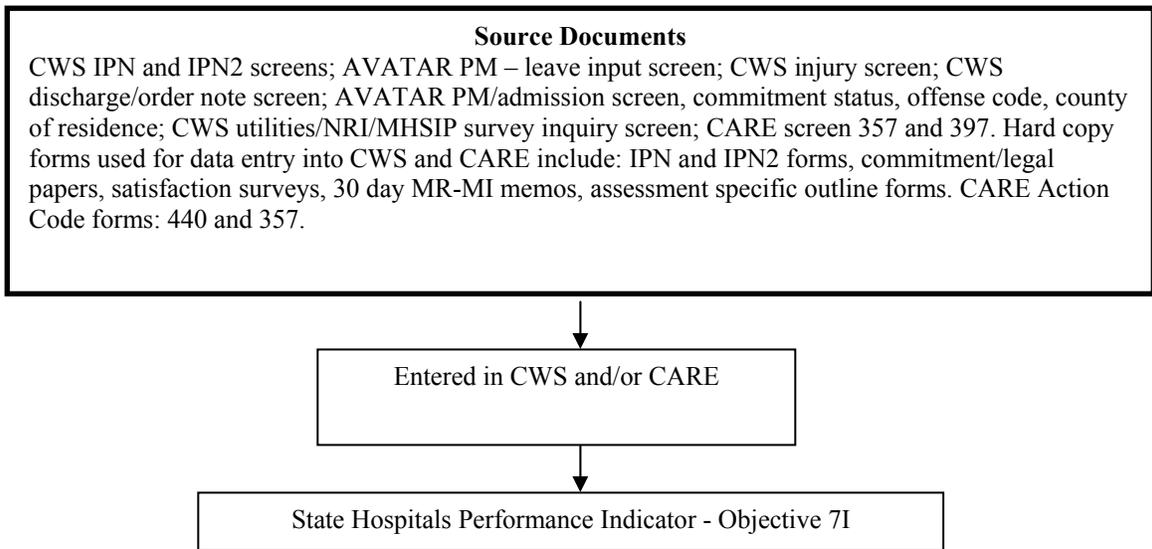
Maintain 95% compliance for Data Integrity Review (DIR) measures.

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

Performance Objective Formula: Percentage for compliance is calculated by:
 $N = \#$ of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.
 $D =$ total $\#$ of cases per sample measure being reviewed.

Performance Objective Data Display and Chart Description:
Chart with Data Integrity Review compliance scores per state hospital DIR.

Data Flow:



Objective 7I - Data Integrity Review Measures
All State Hospitals - As of August 31, 2011

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

Key: A=Accuracy Rate, C=Completion Rate,

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

Achieve 95% of all staff will be current with CORE, specialty and overall training requirements.

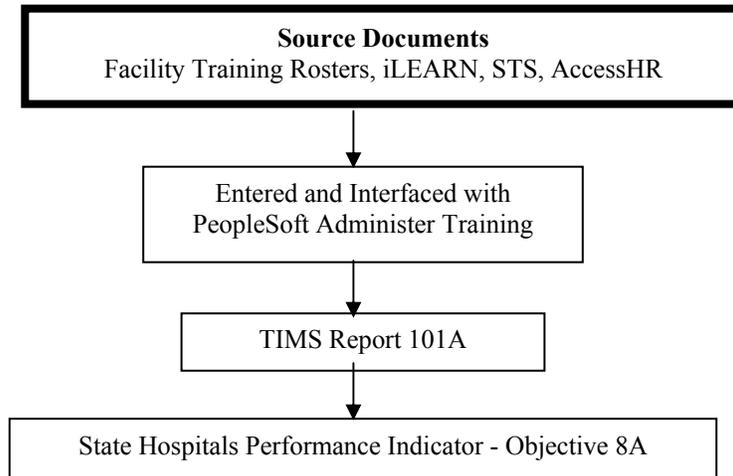
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up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

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

Performance Objective Data Display and Chart Description:

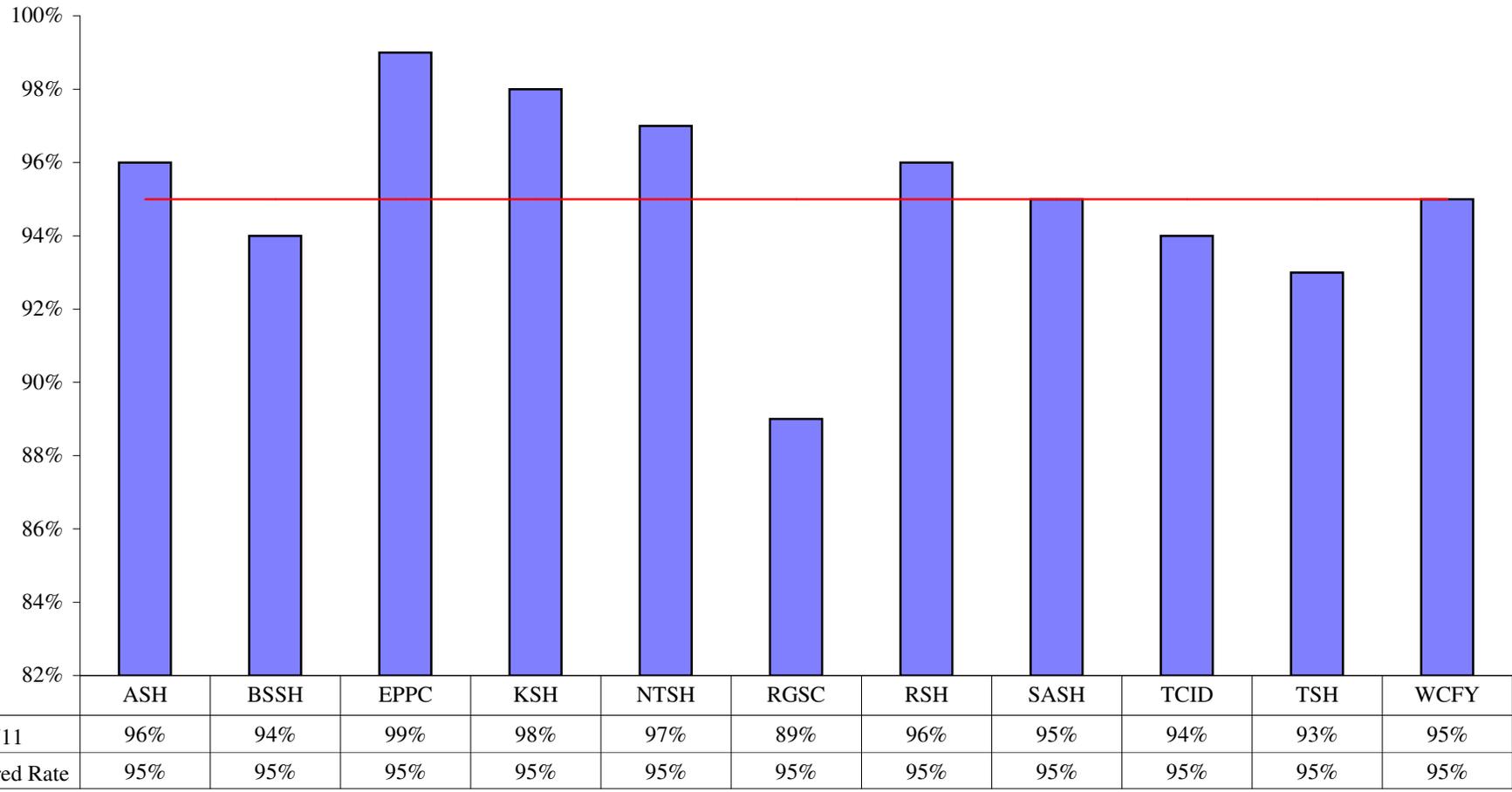
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



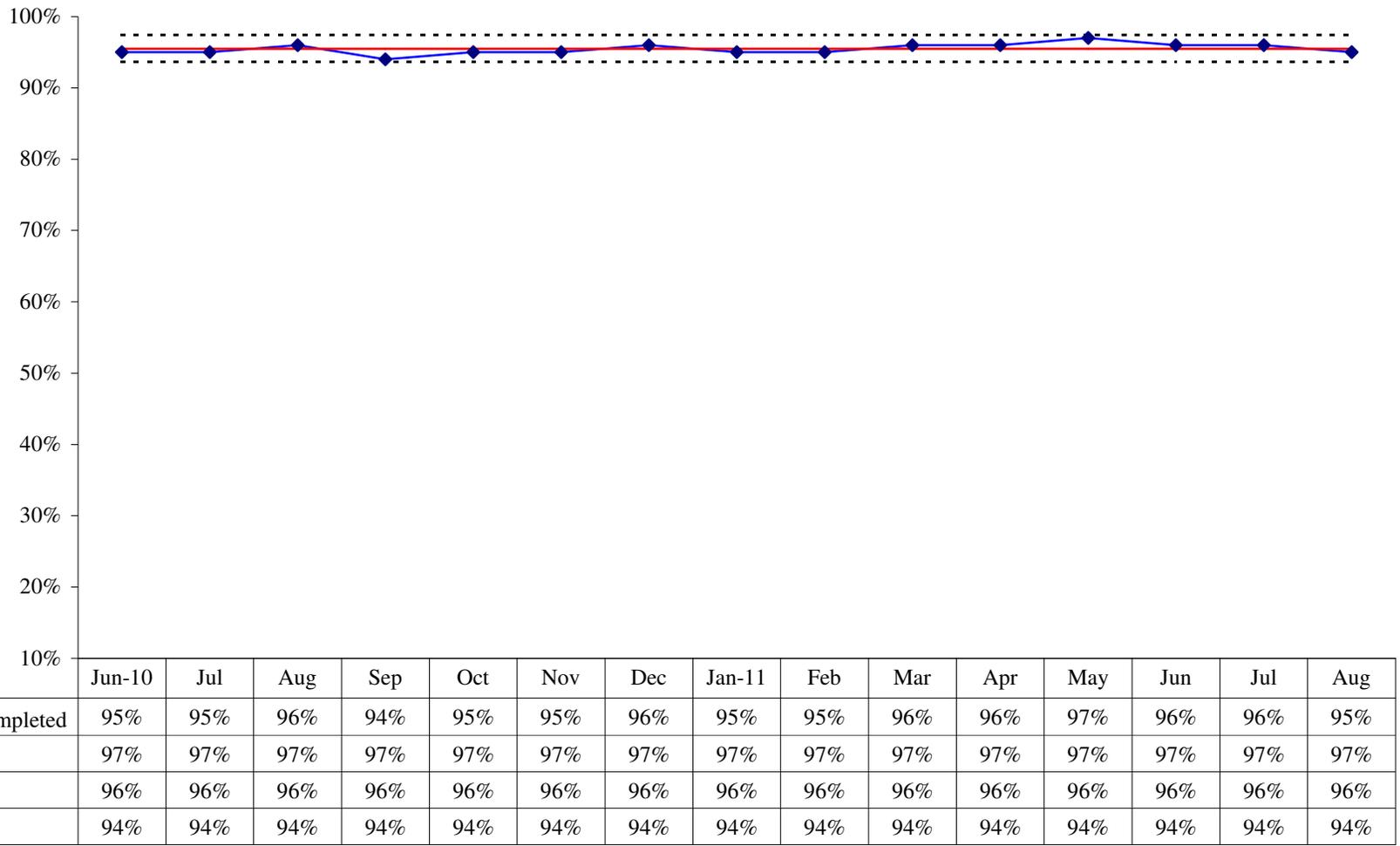
**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

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



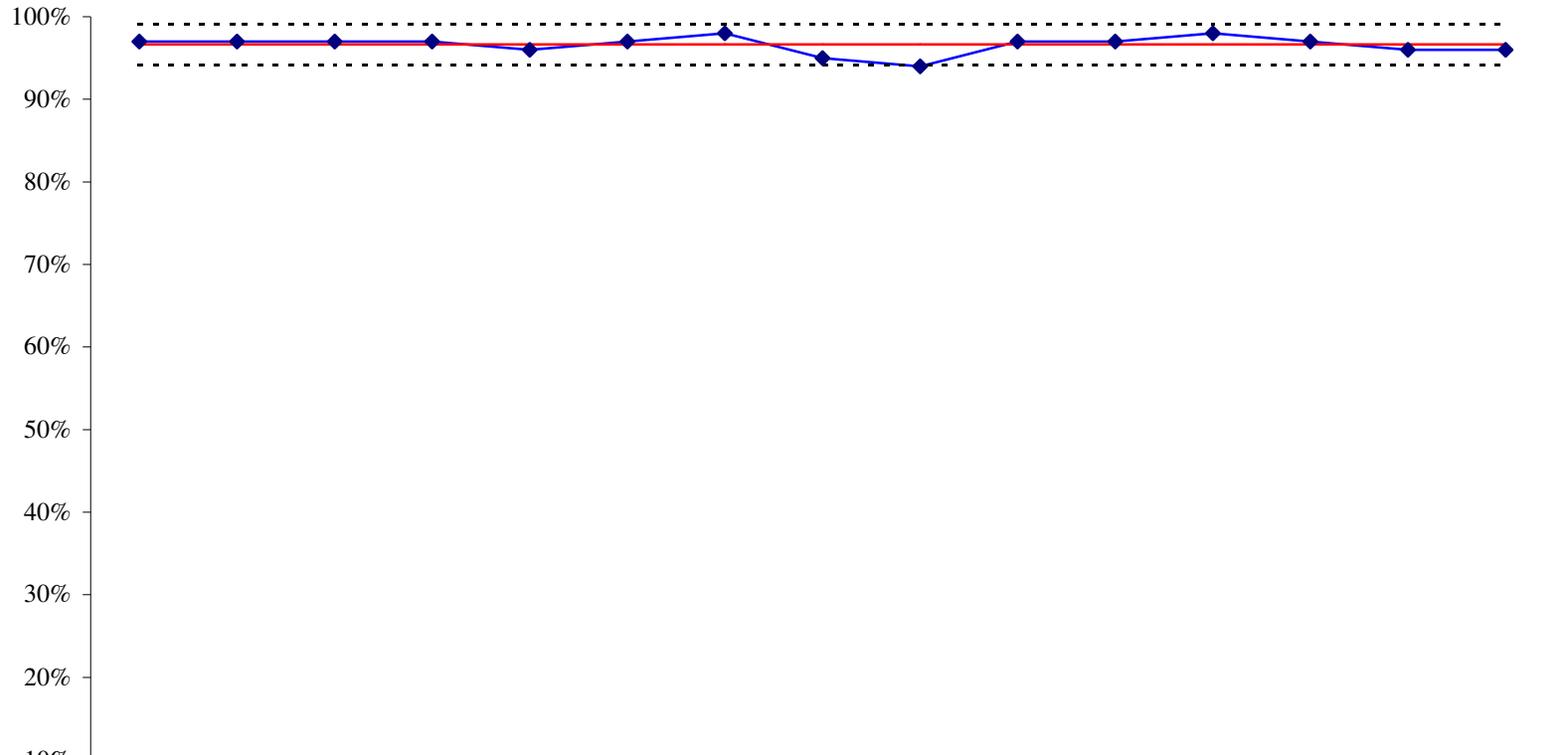
Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals

Percentage of CORE and Specialty Training Completed



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

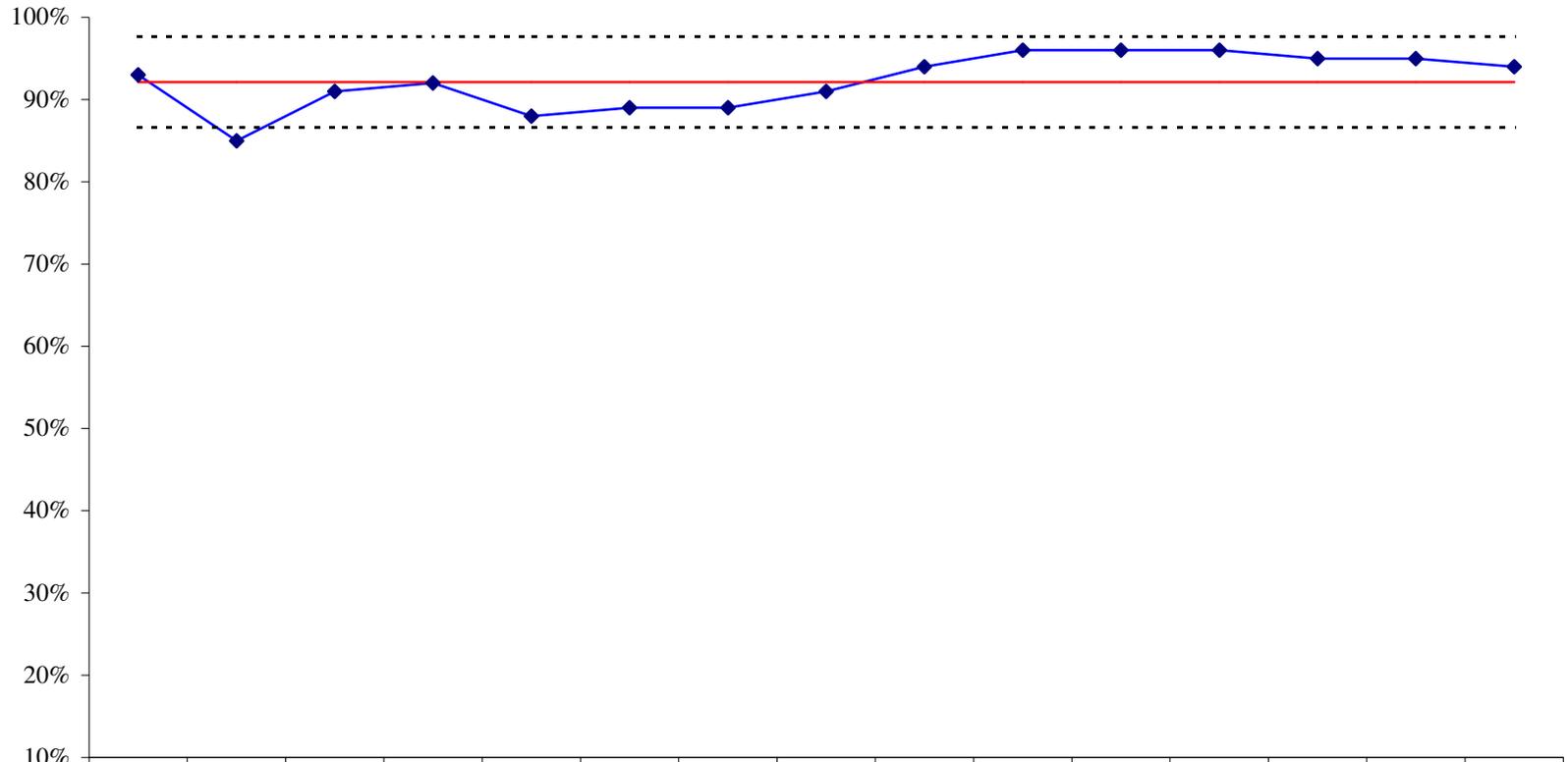
Percentage of CORE and Specialty Training Completed



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

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

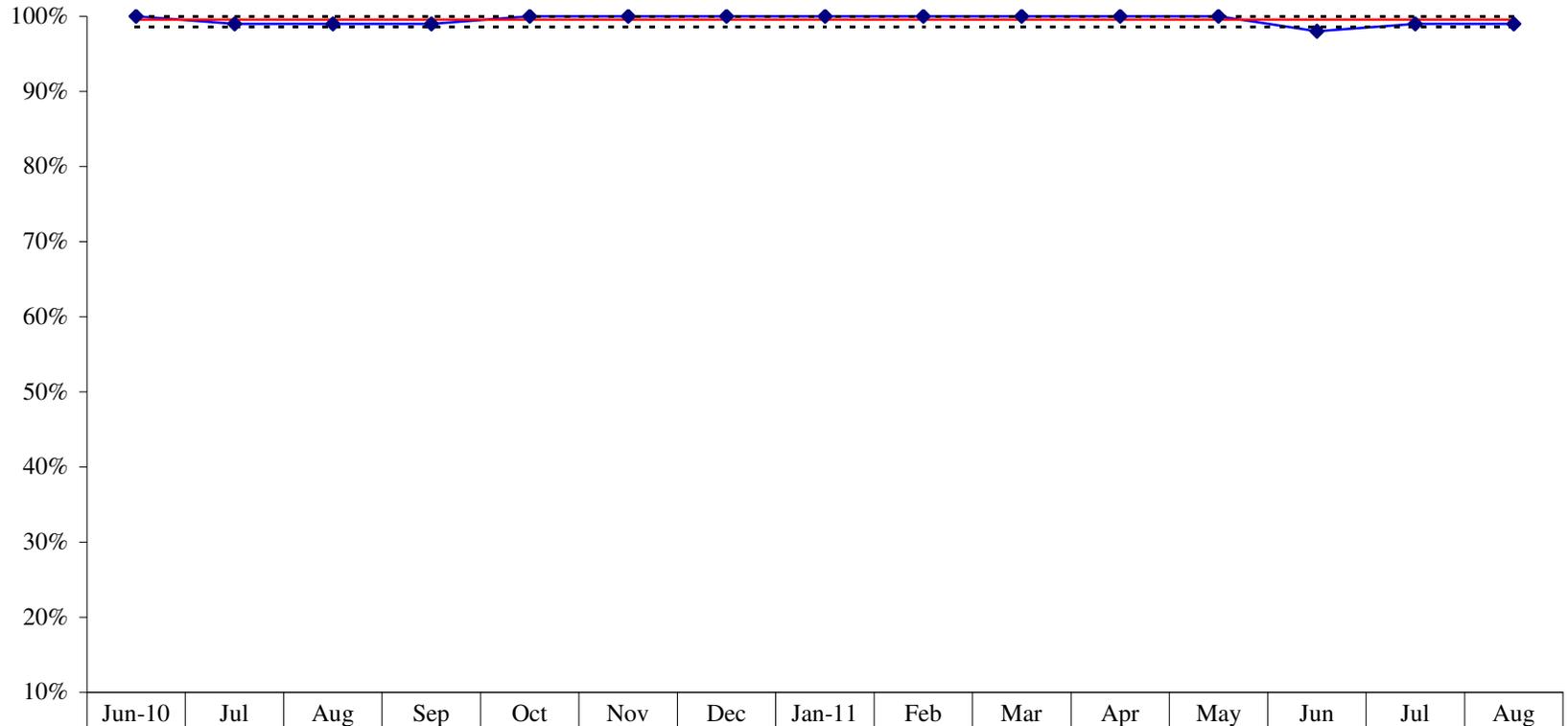
Percentage of CORE and Specialty Training Completed



	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	93%	85%	91%	92%	88%	89%	89%	91%	94%	96%	96%	96%	95%	95%	94%
----- 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	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

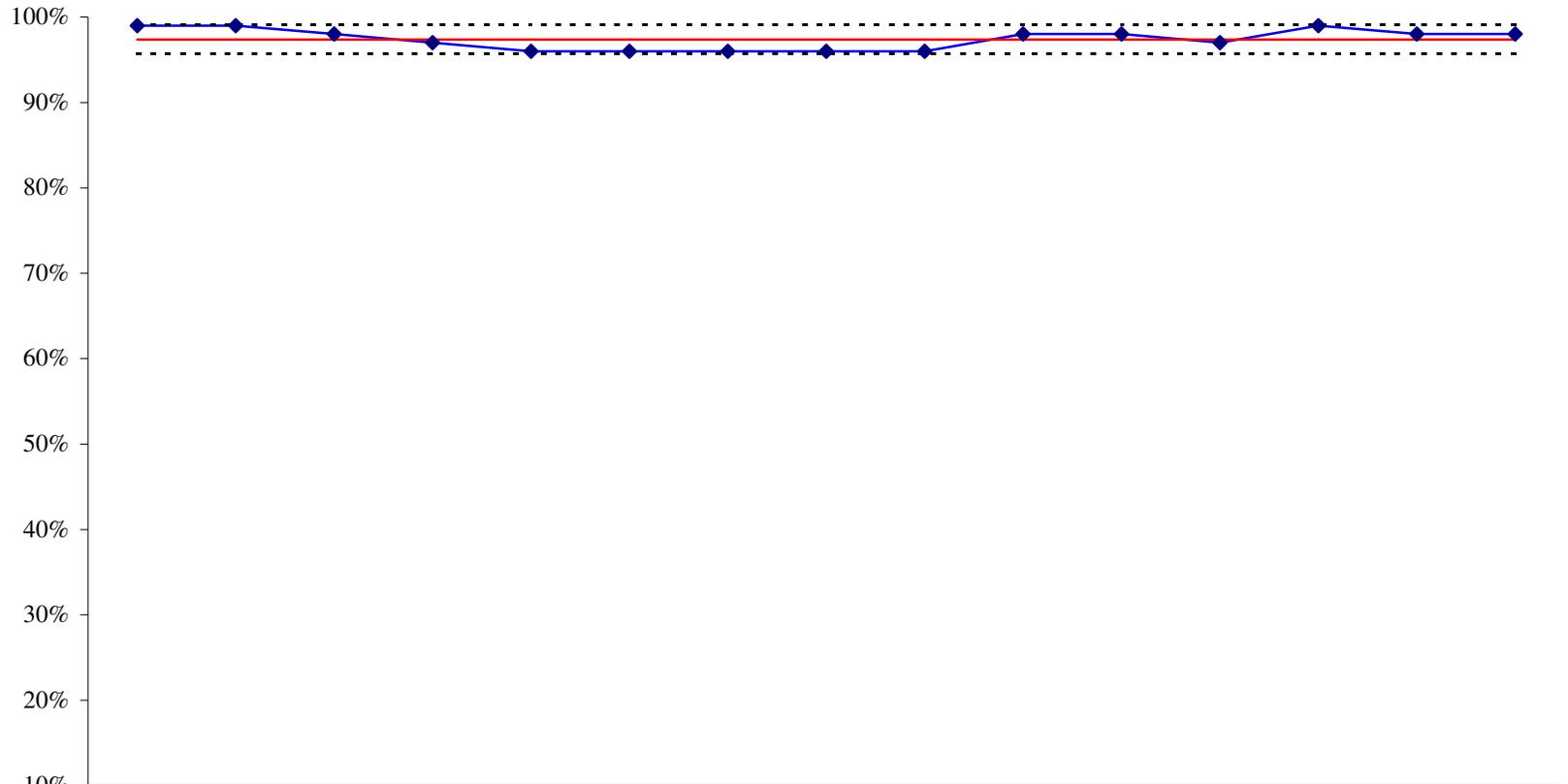
Objective 8A - Staff Current With CORE and Specialty Training
El Paso Psychiatric Center

Percentage of CORE and Specialty Training Completed



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

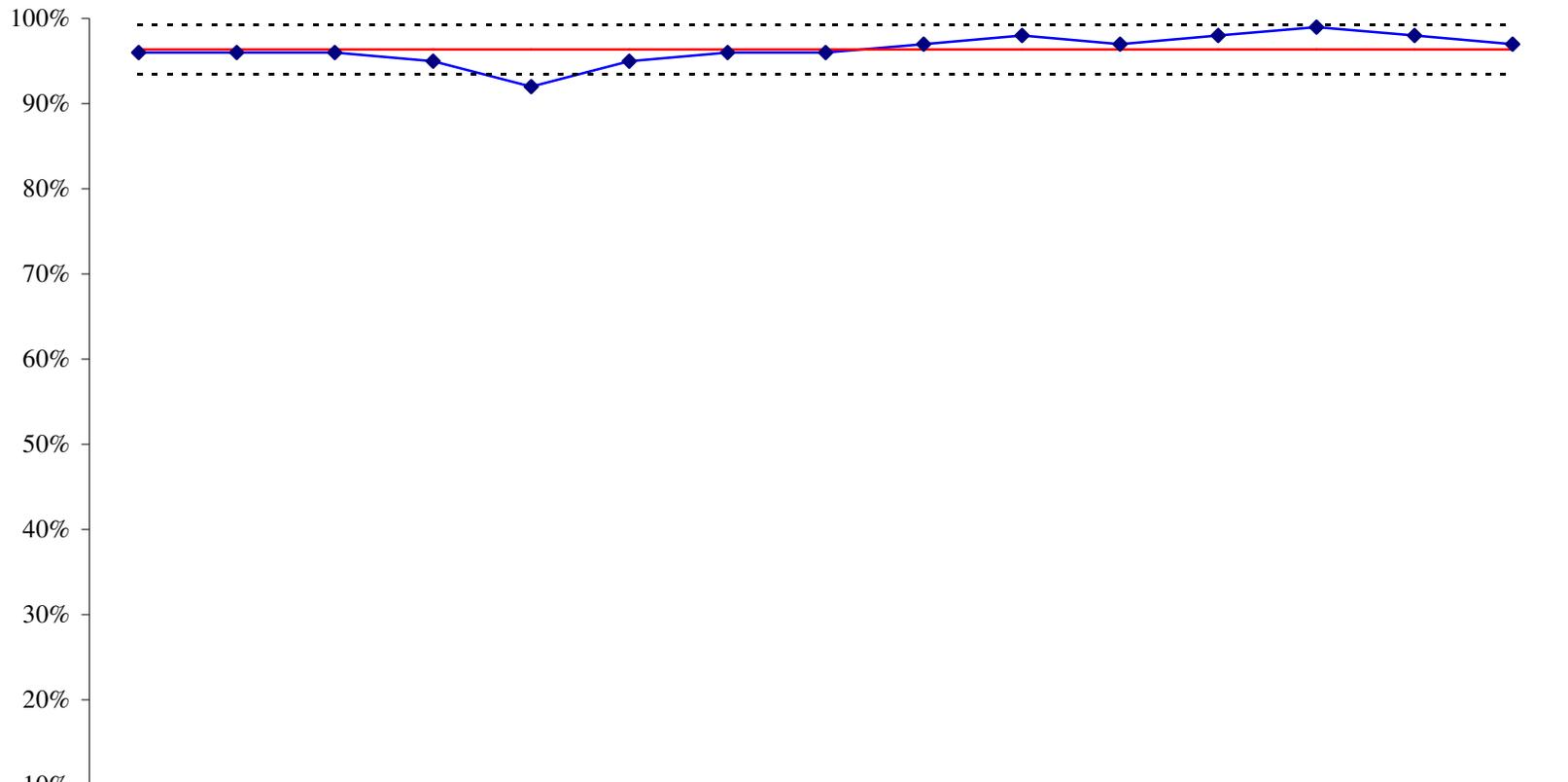
Percentage of CORE and Specialty Training Completed



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

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

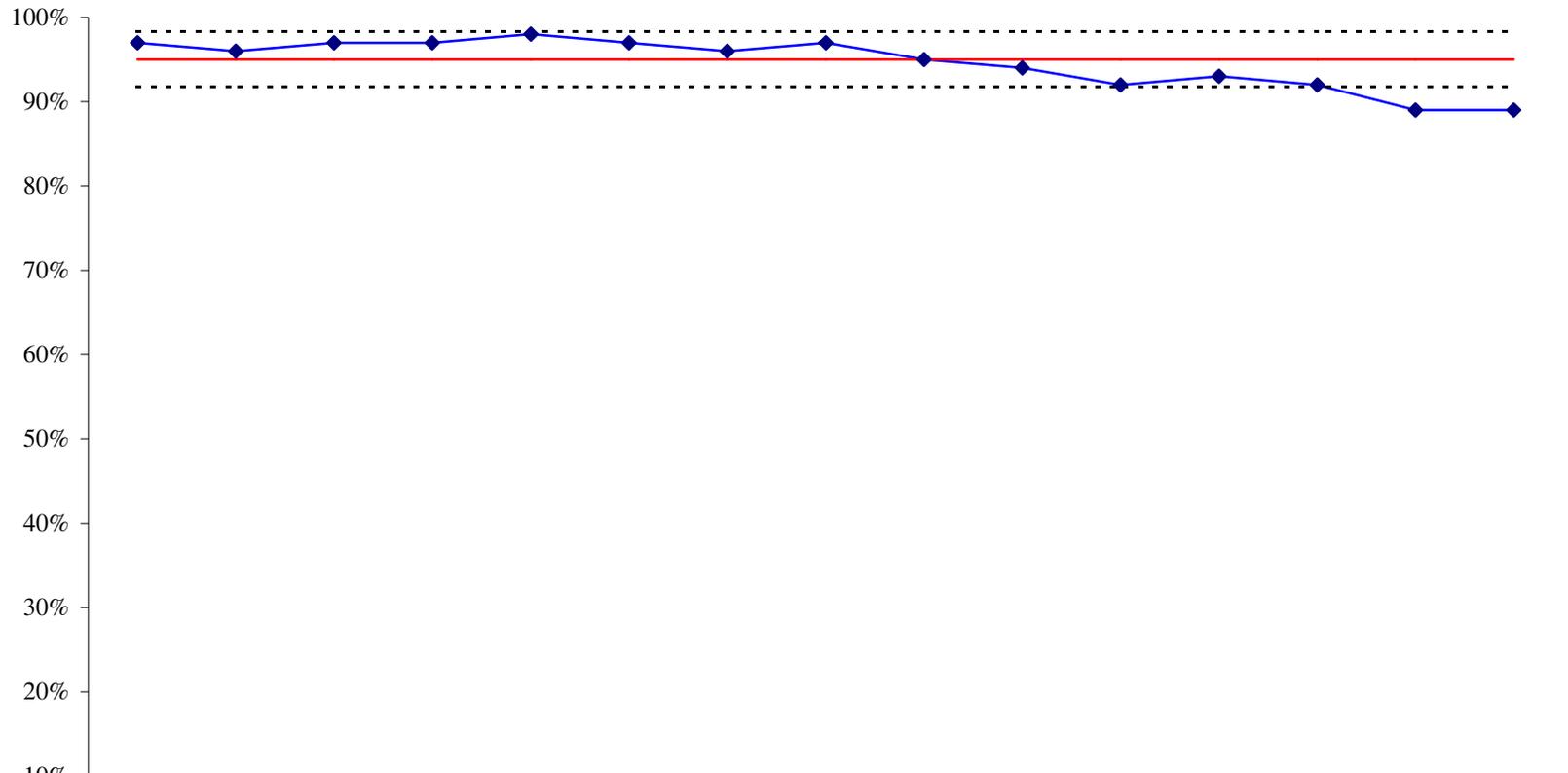
Percentage of CORE and Specialty Training Completed



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

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

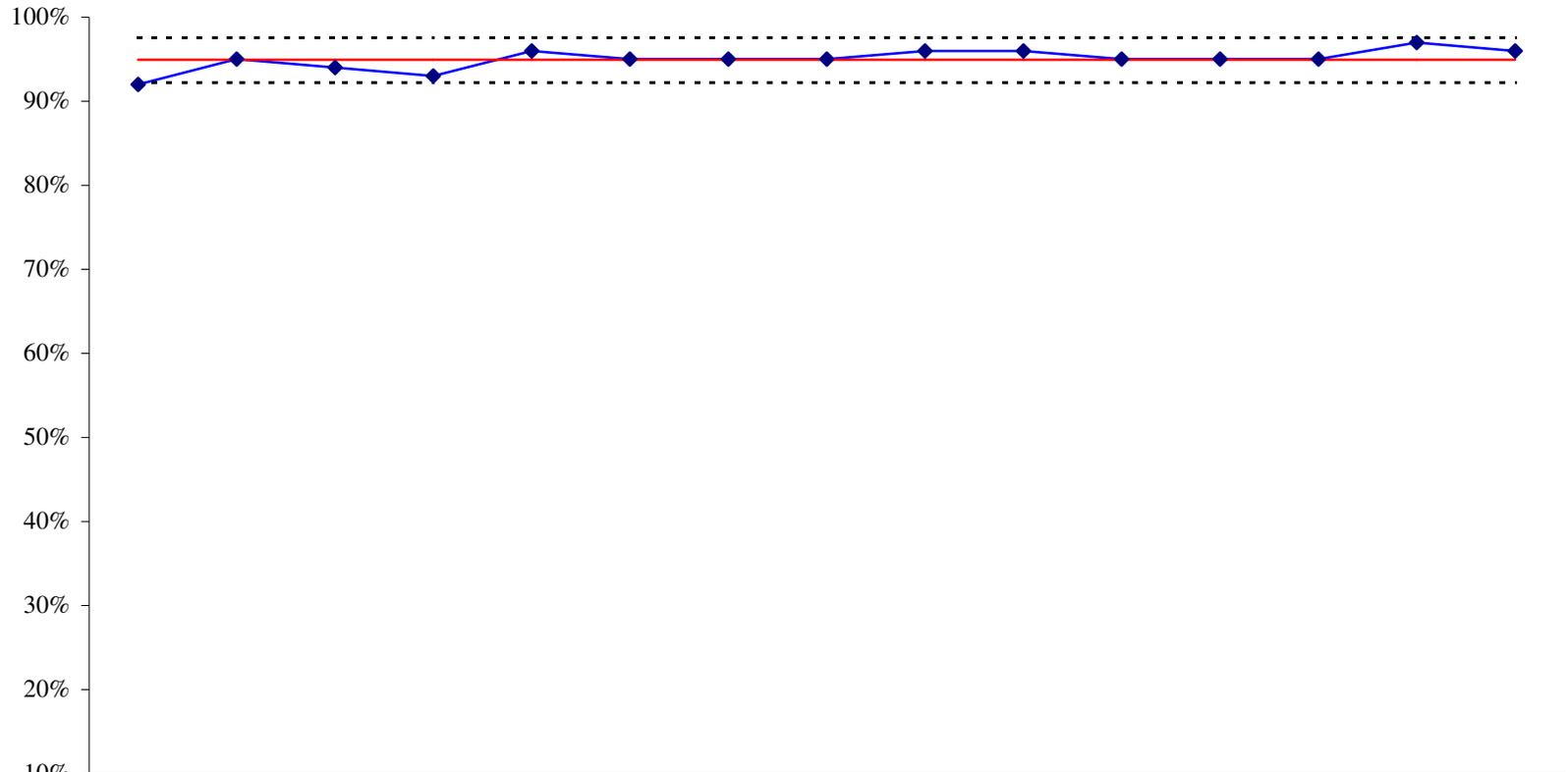
Percentage of CORE and Specialty Training Completed



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

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

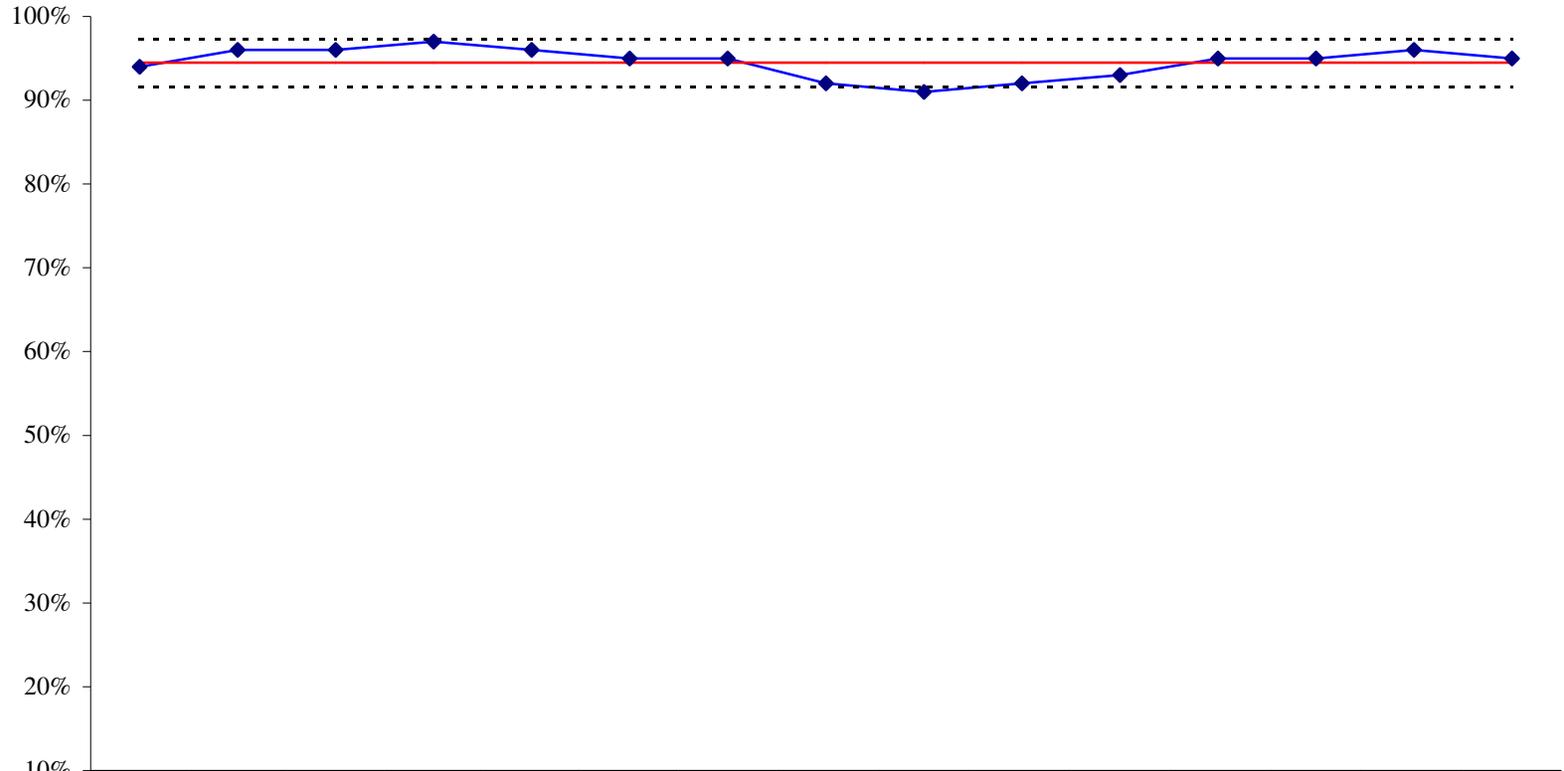
Percentage of CORE and Specialty Training Completed



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

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

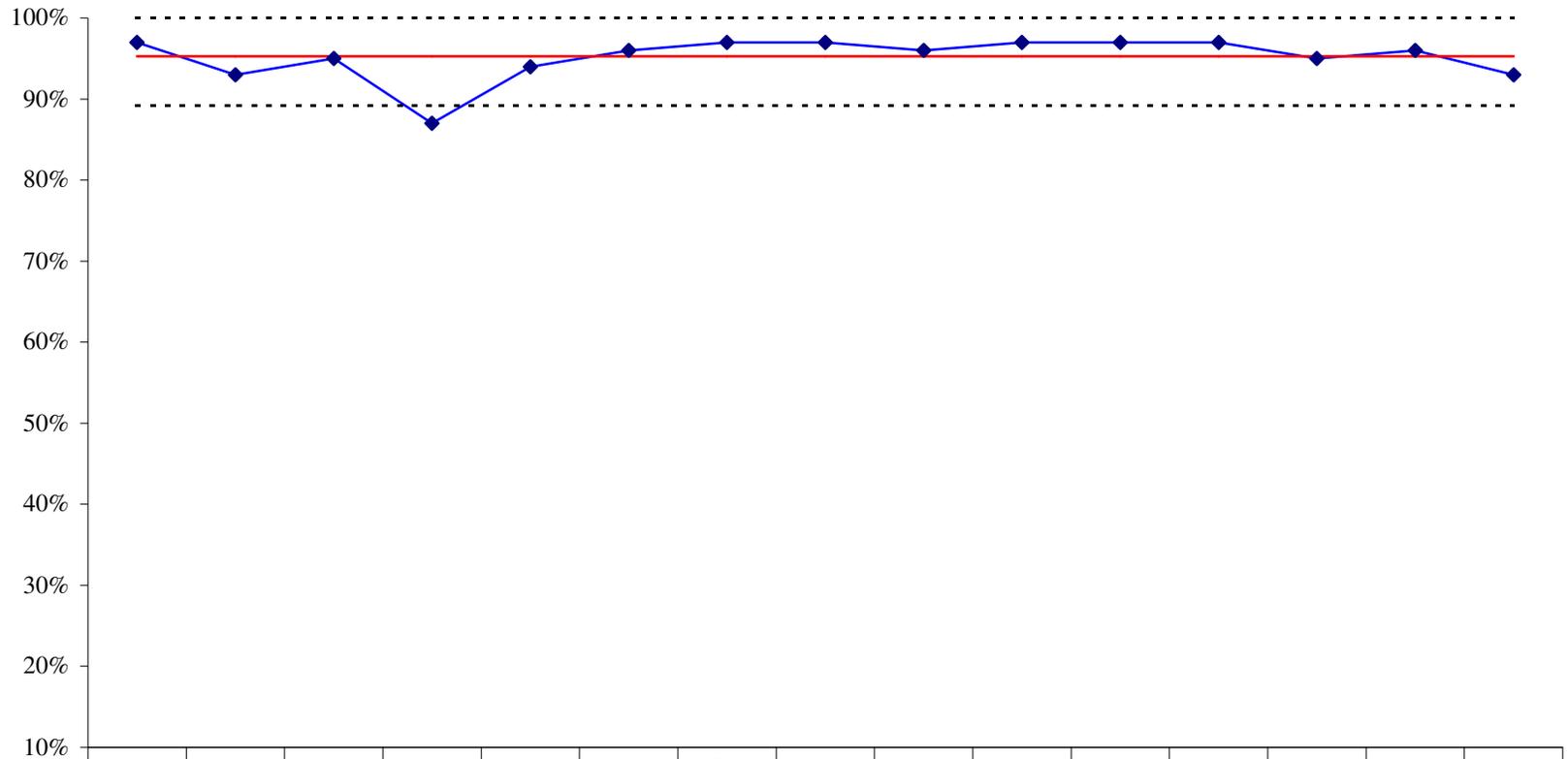
Percentage of CORE and Specialty Training Completed



	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
% Training Completed	94%	96%	96%	97%	96%	95%	95%	92%	91%	92%	93%	95%	95%	96%	95%
UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

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

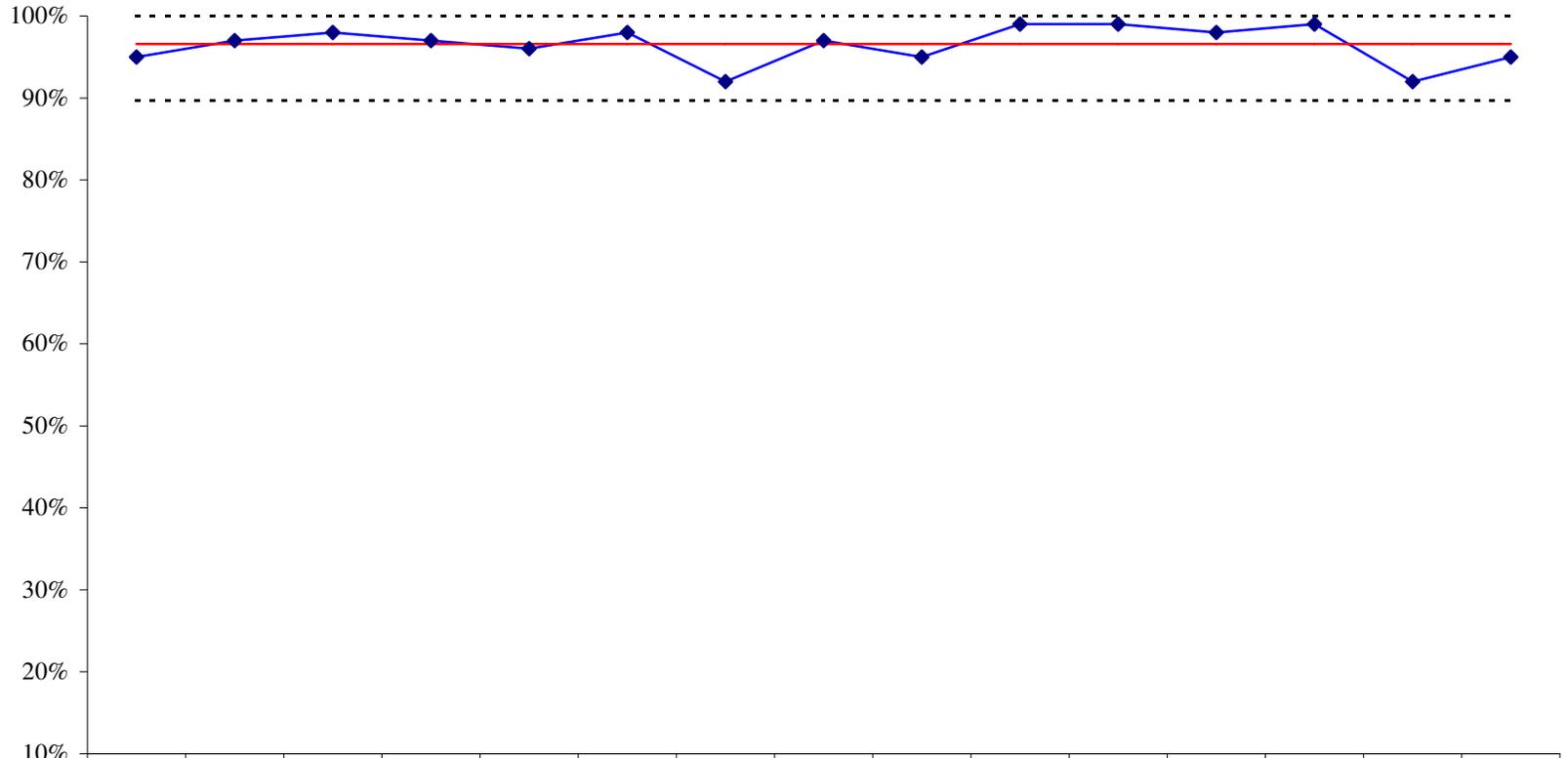
Percentage of CORE and Specialty Training Completed



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

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

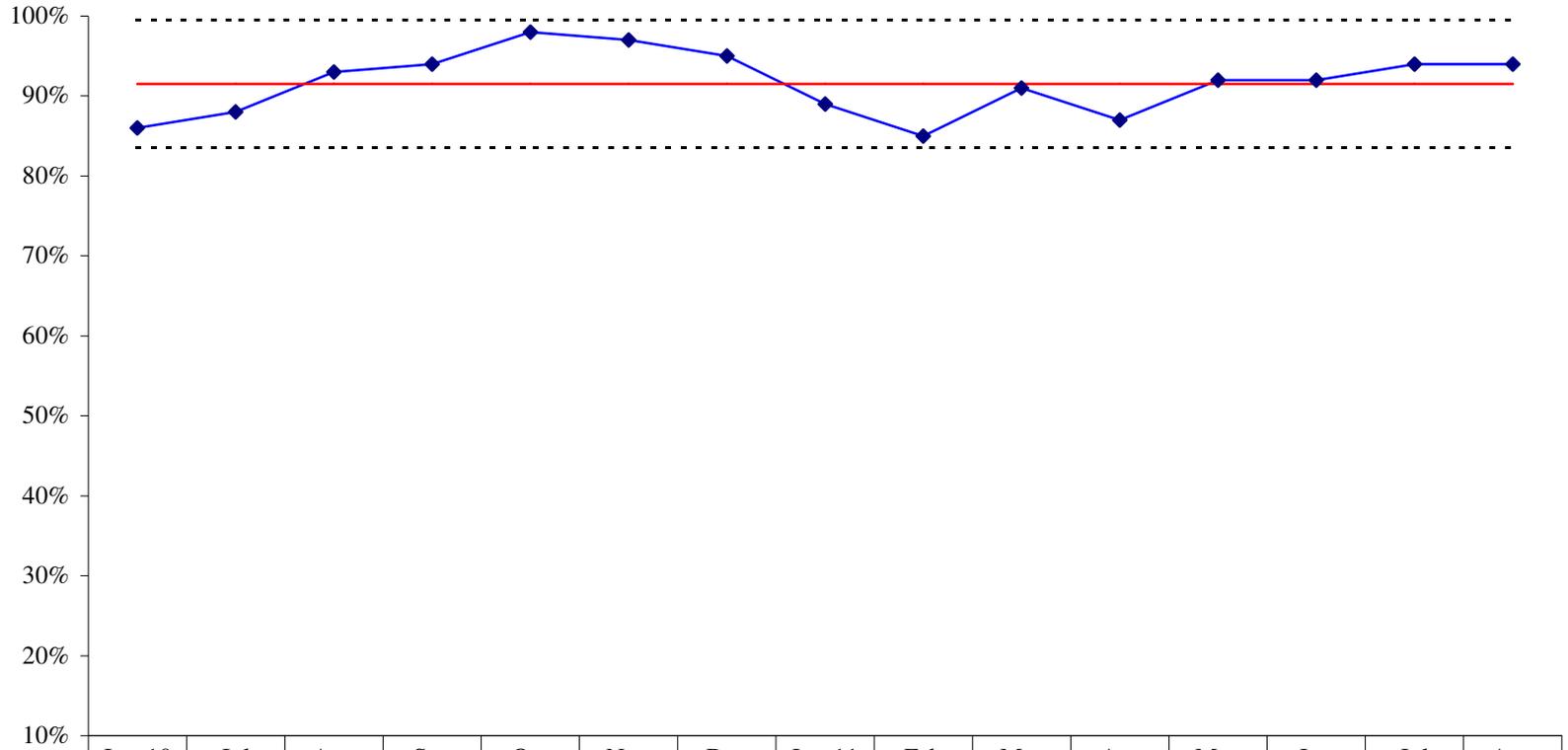
Percentage of CORE and Specialty Training Completed



	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	95%	97%	98%	97%	96%	98%	92%	97%	95%	99%	99%	98%	99%	92%	95%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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

Percentage of CORE and Specialty Training Completed



	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	86%	88%	93%	94%	98%	97%	95%	89%	85%	91%	87%	92%	92%	94%	94%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
----- LCL	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%

Performance Objective 8B:

Achieve target of 95% of all staff having a current evaluation.

Performance Objective Operational Definition: The state hospital rate of up-to-date annual performance evaluations documented on the HR5.2 per month.

Performance Objective Formula:

Rate = rate of staff up-to-date with annual performance evaluations

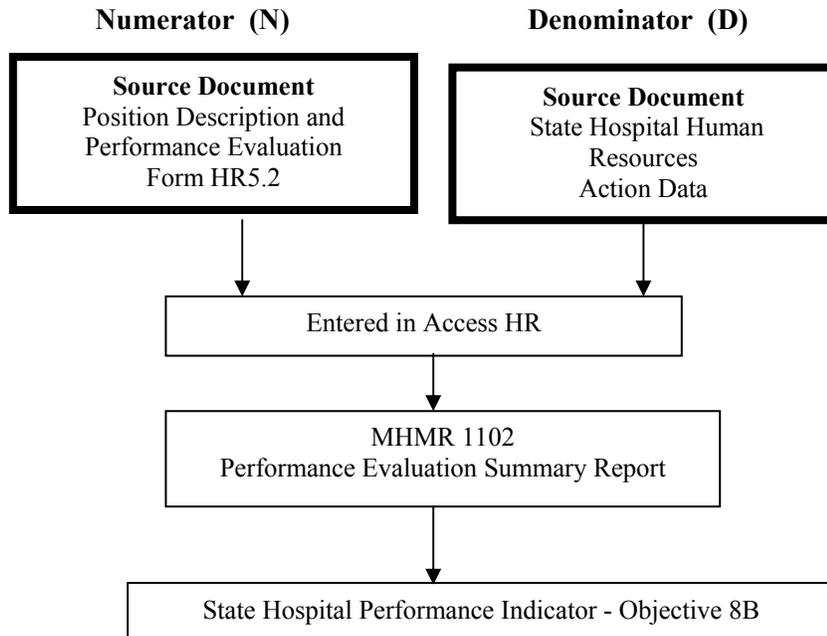
N = number of employees with current evaluations on the last day of the month

D = number of active employees (people, not FTEs) on the last day of the month

Performance Objective Data Display and Chart Description:

Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



Objective 8B - Staff Have Current Performance Evaluations
All State Hospitals

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

Performance Measure 8A:

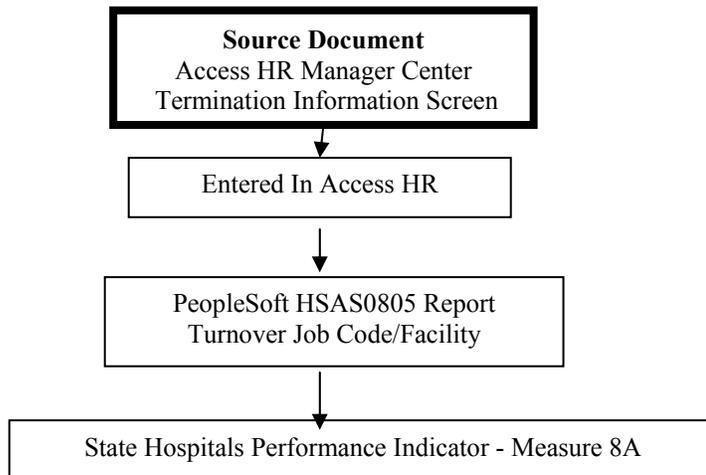
Collect, analyze and report staff turnover rates for critical shortage staff.

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

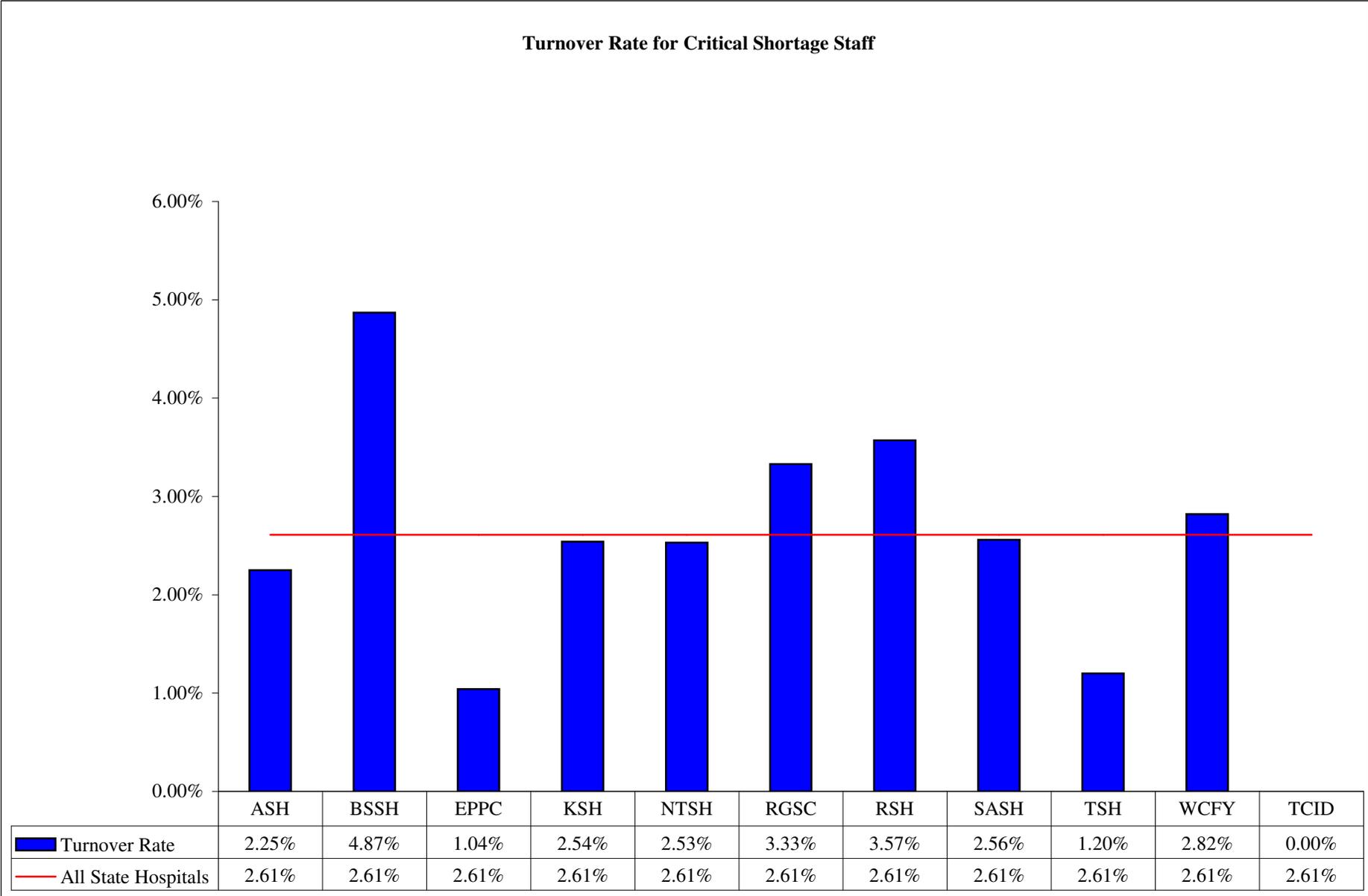
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100].

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

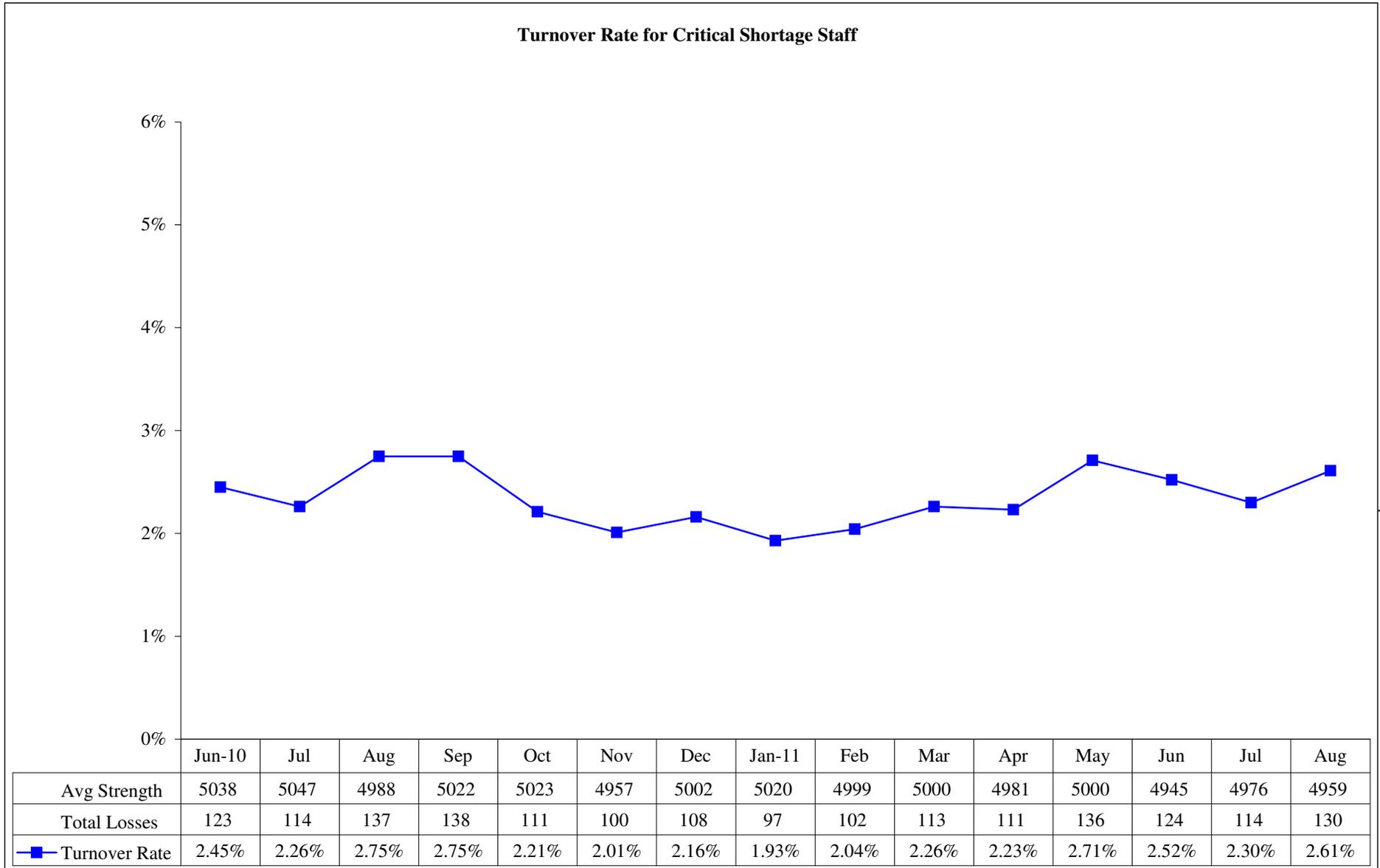
Data Flow:



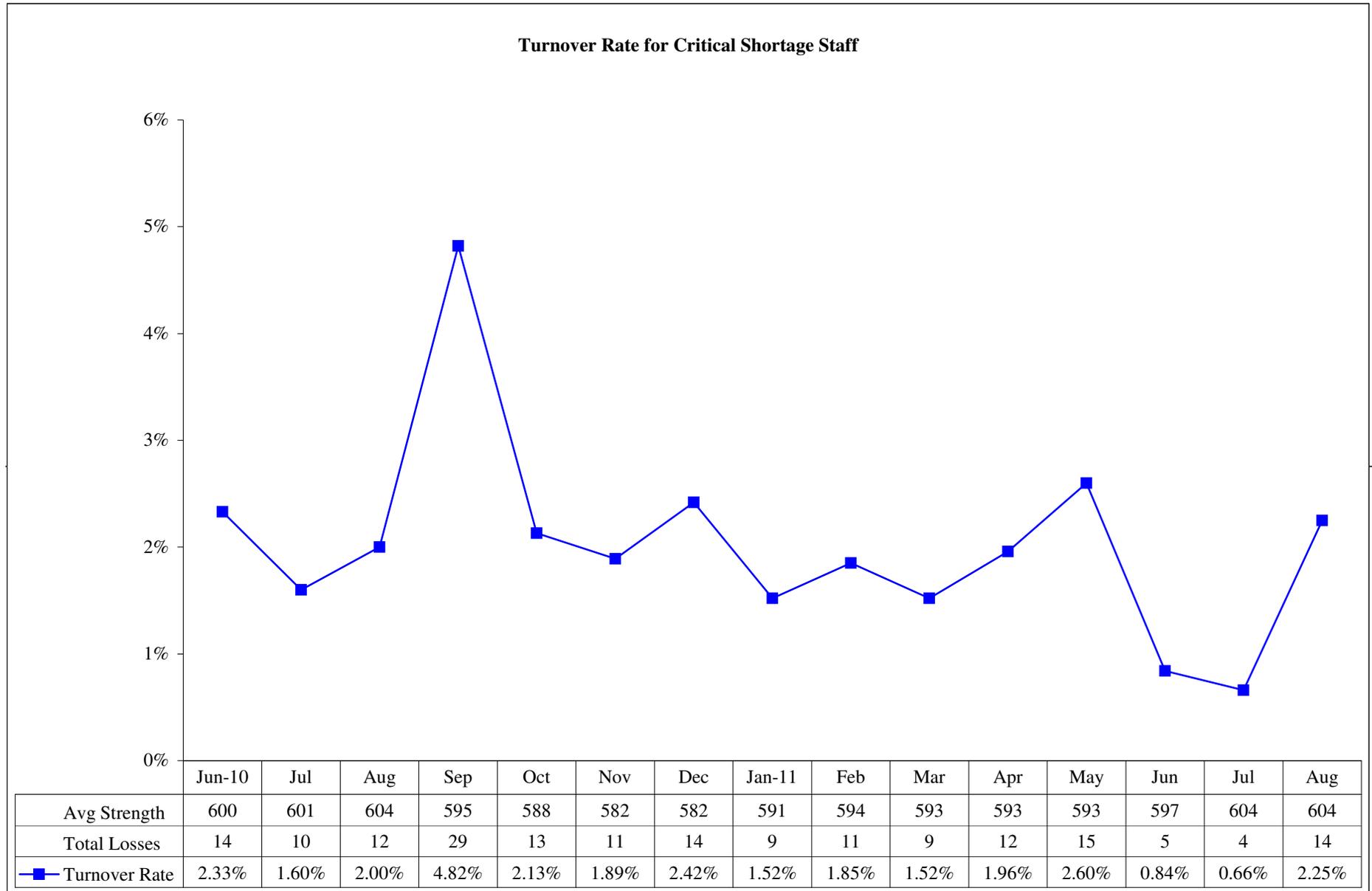
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of August 31, 2011**



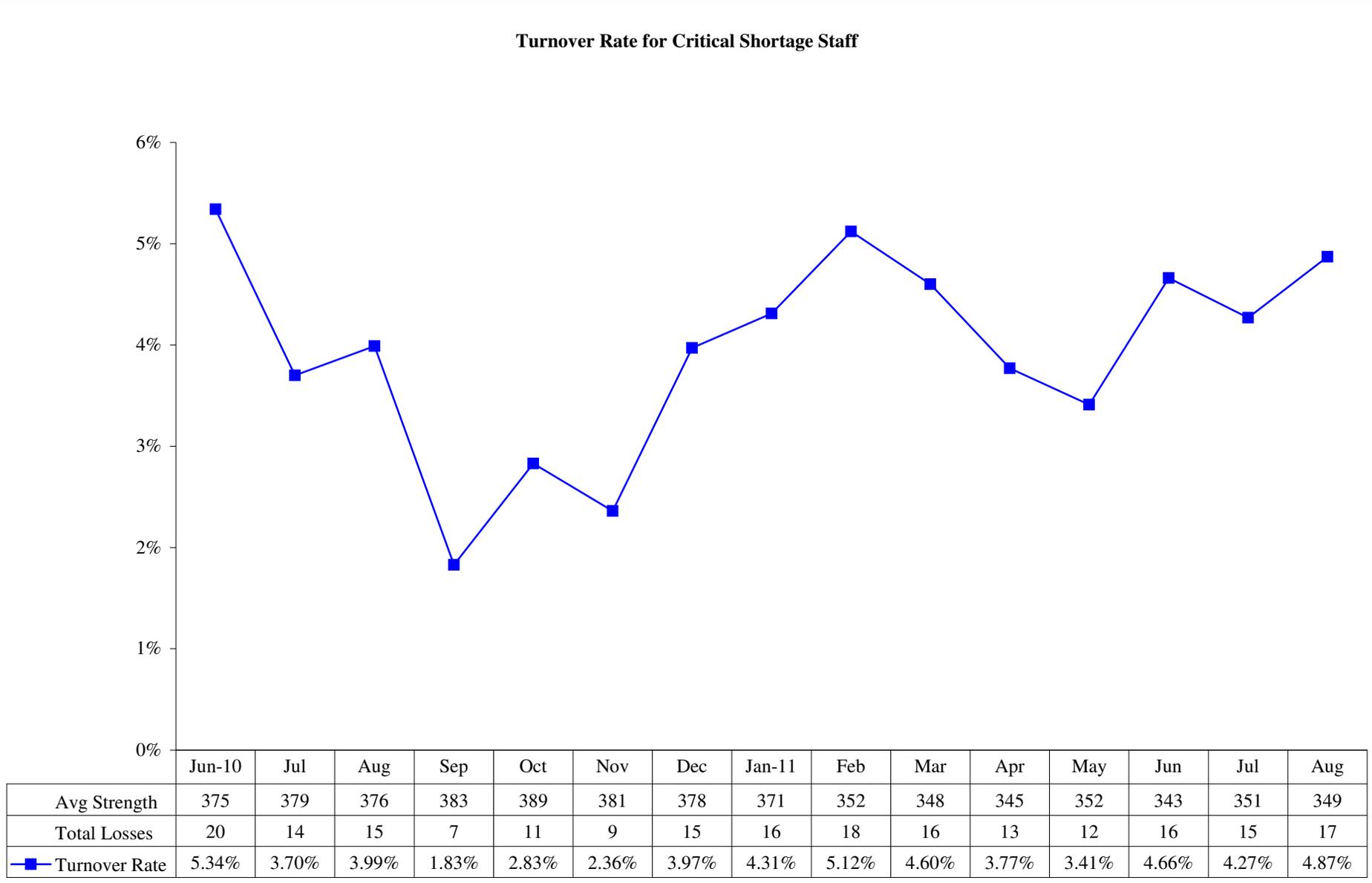
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals



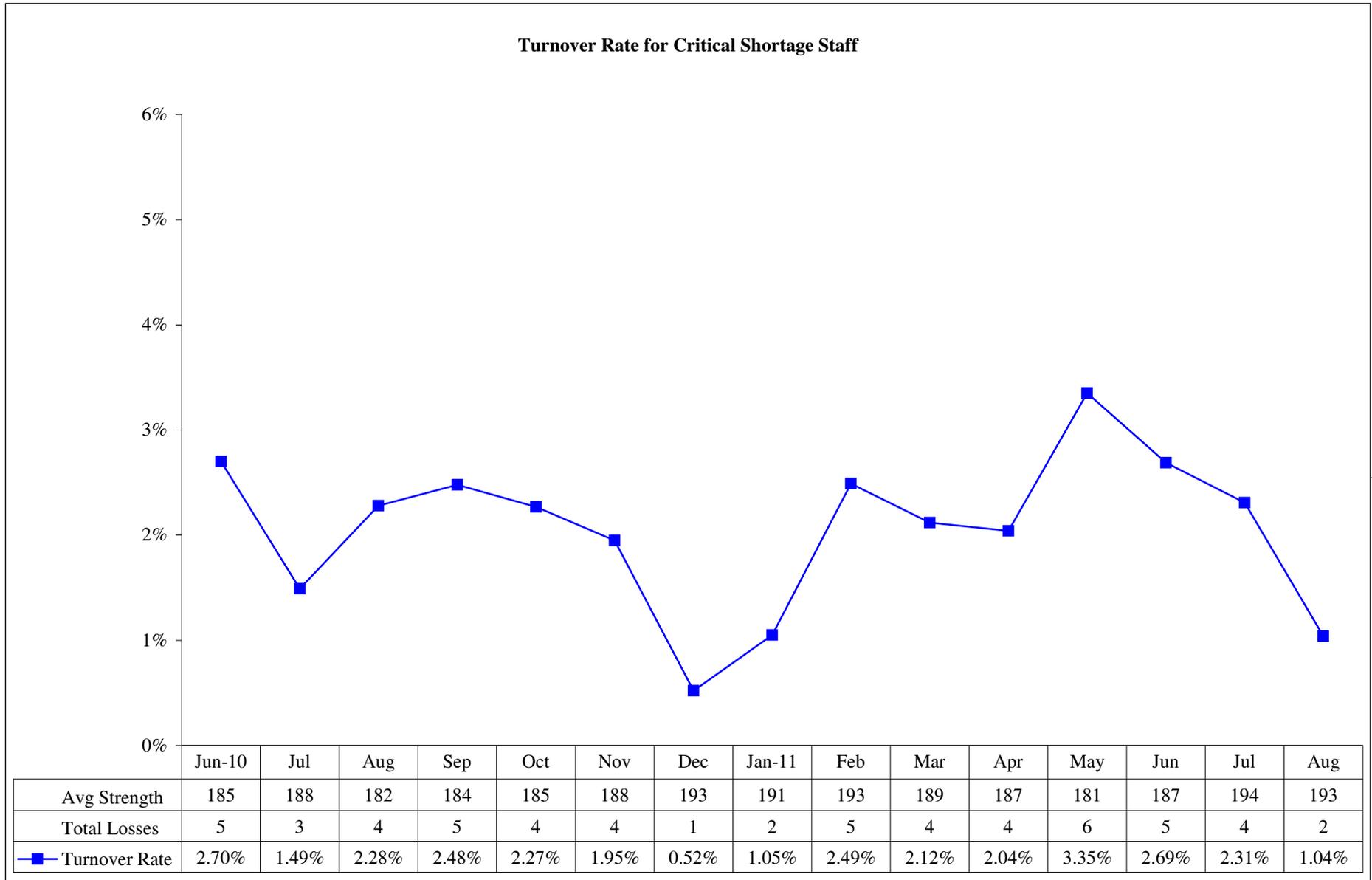
**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



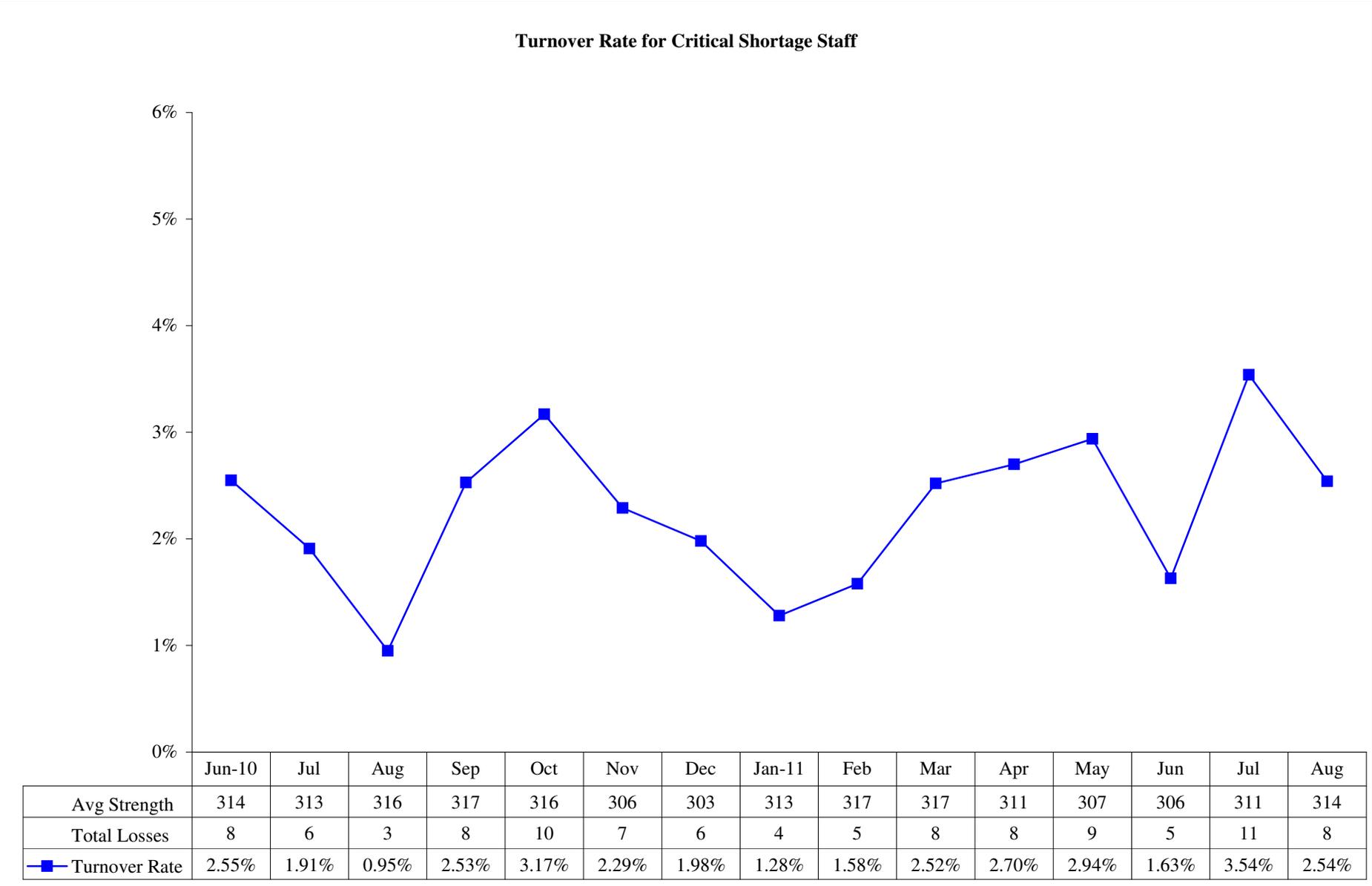
**Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital**



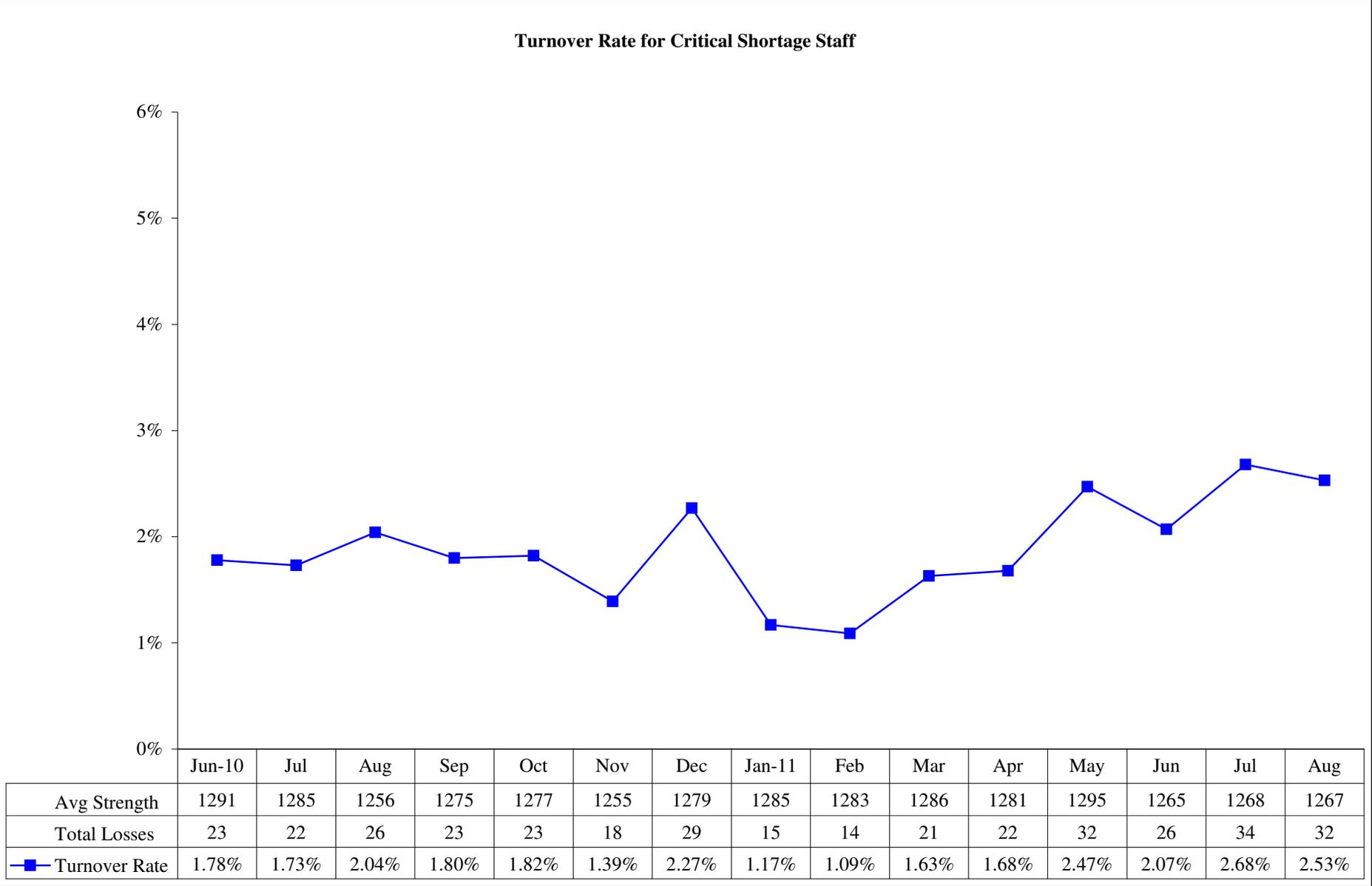
**Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center**



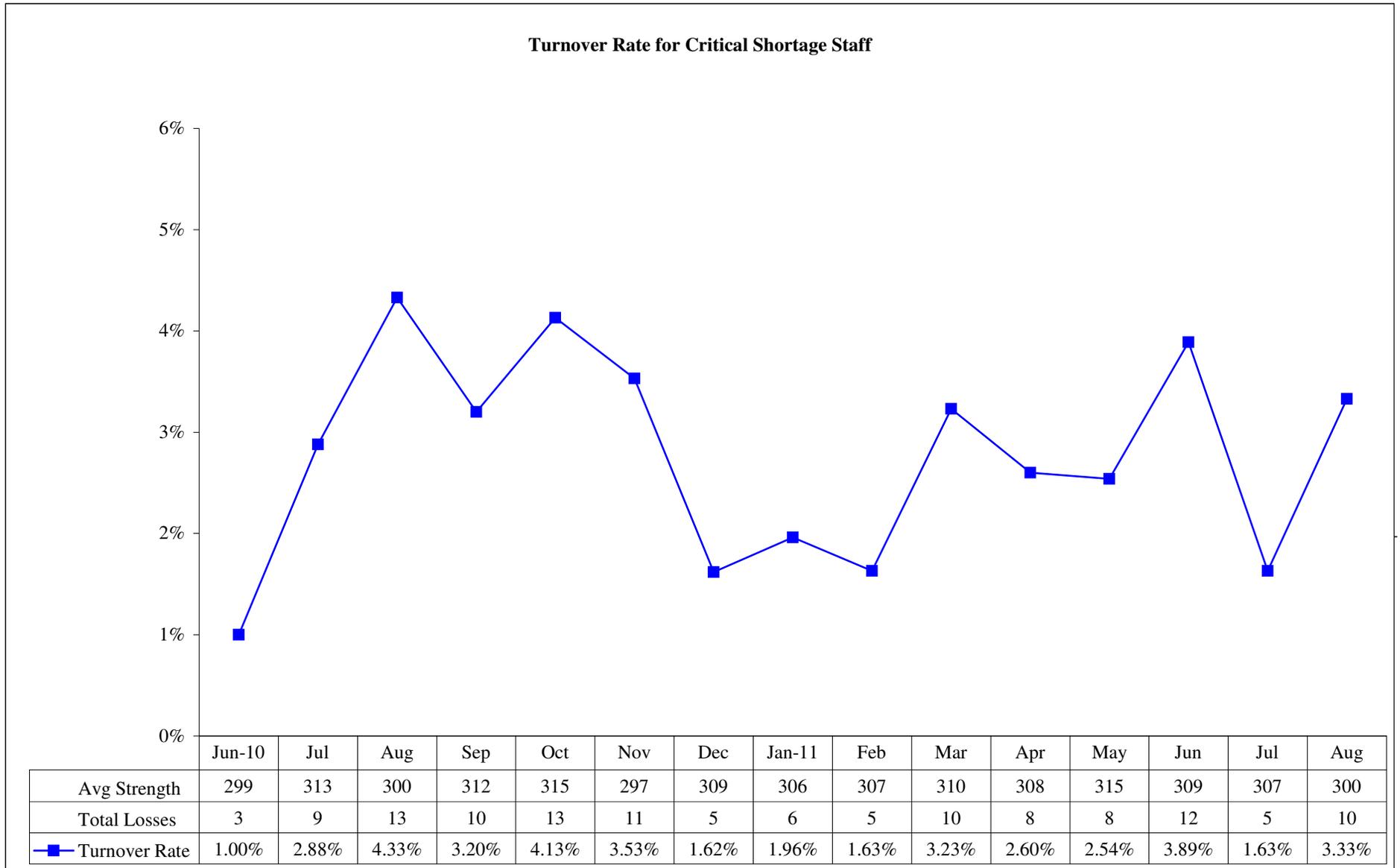
**Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital**



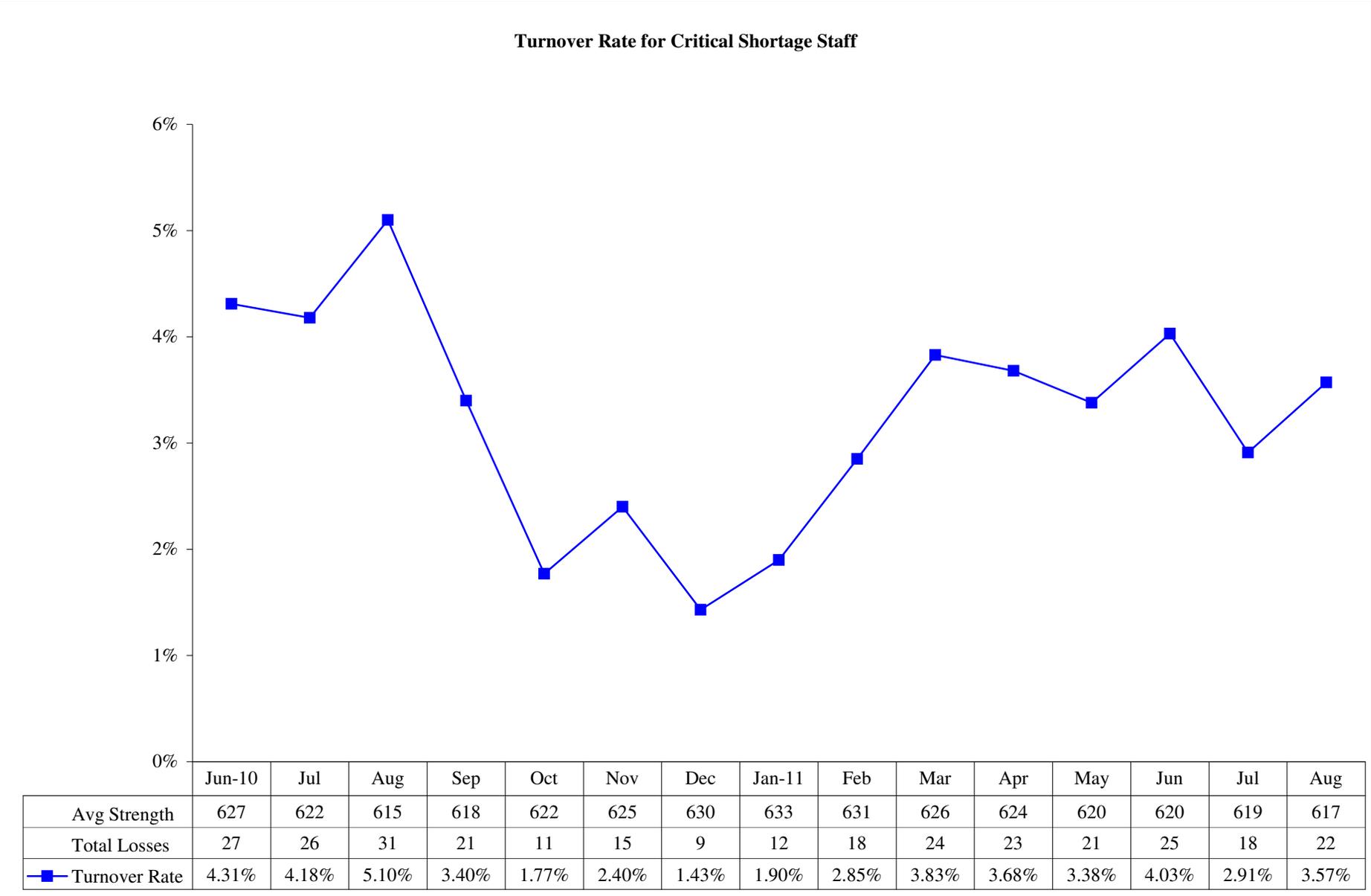
**Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital**



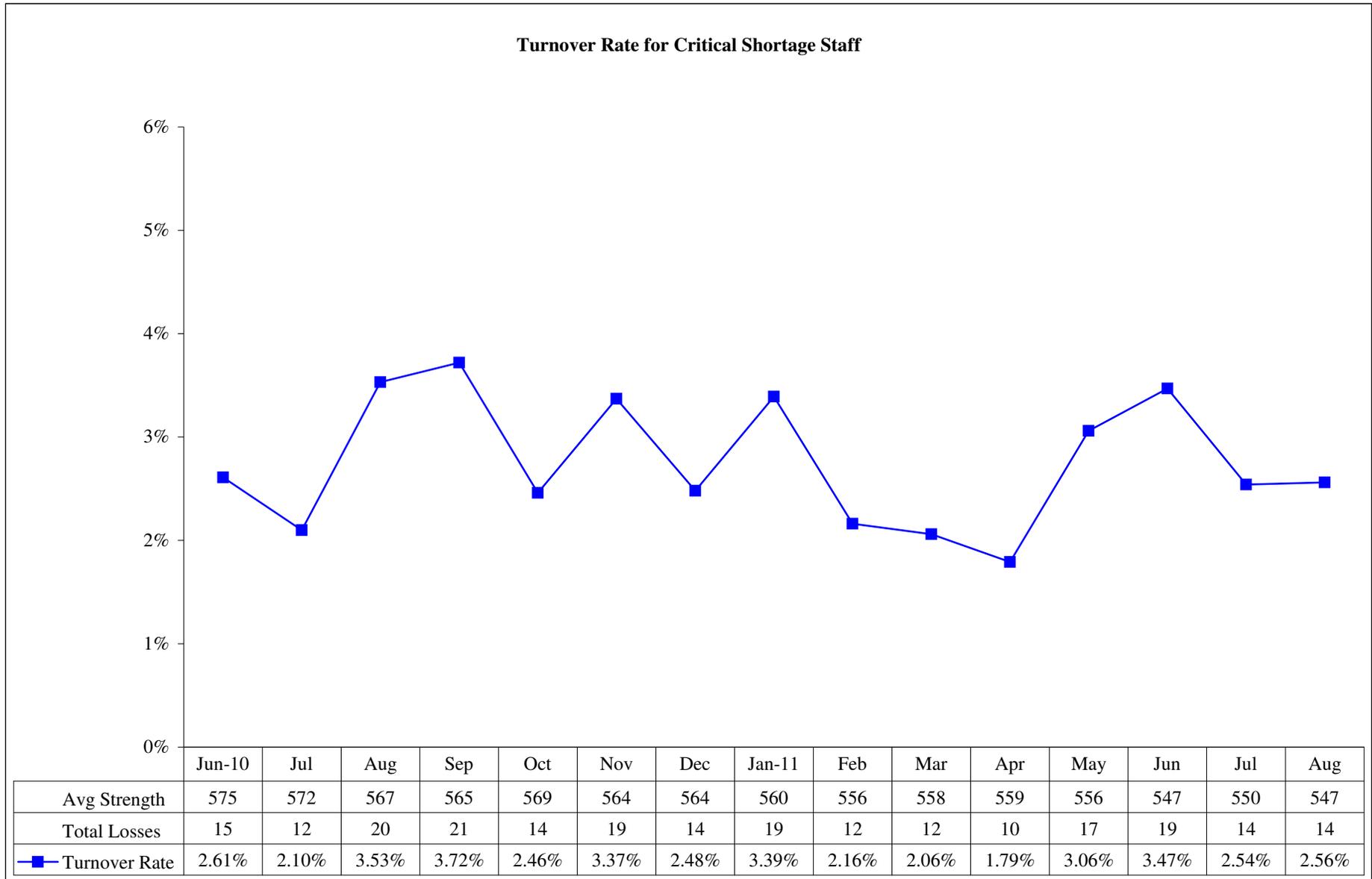
Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center



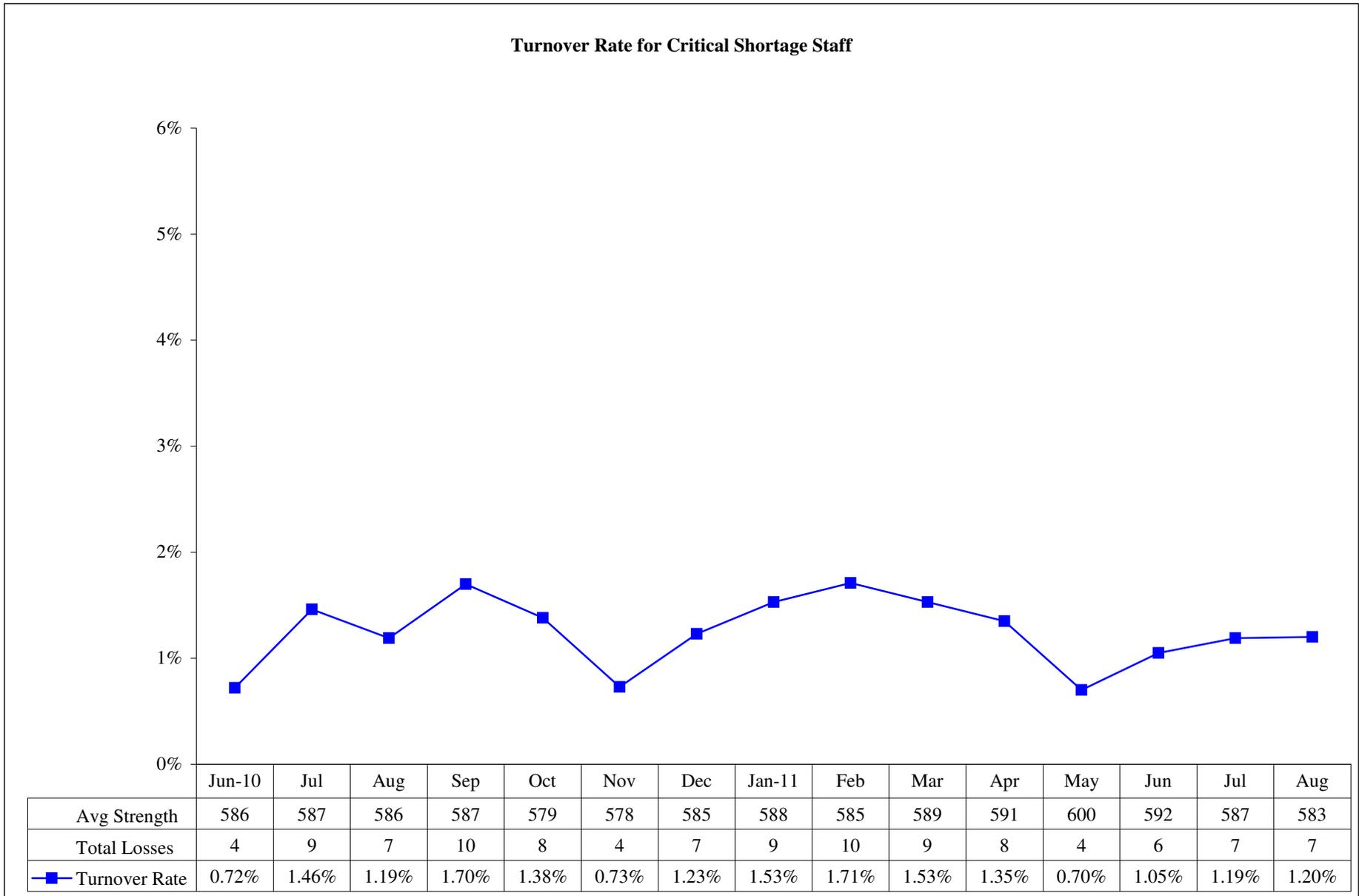
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital**



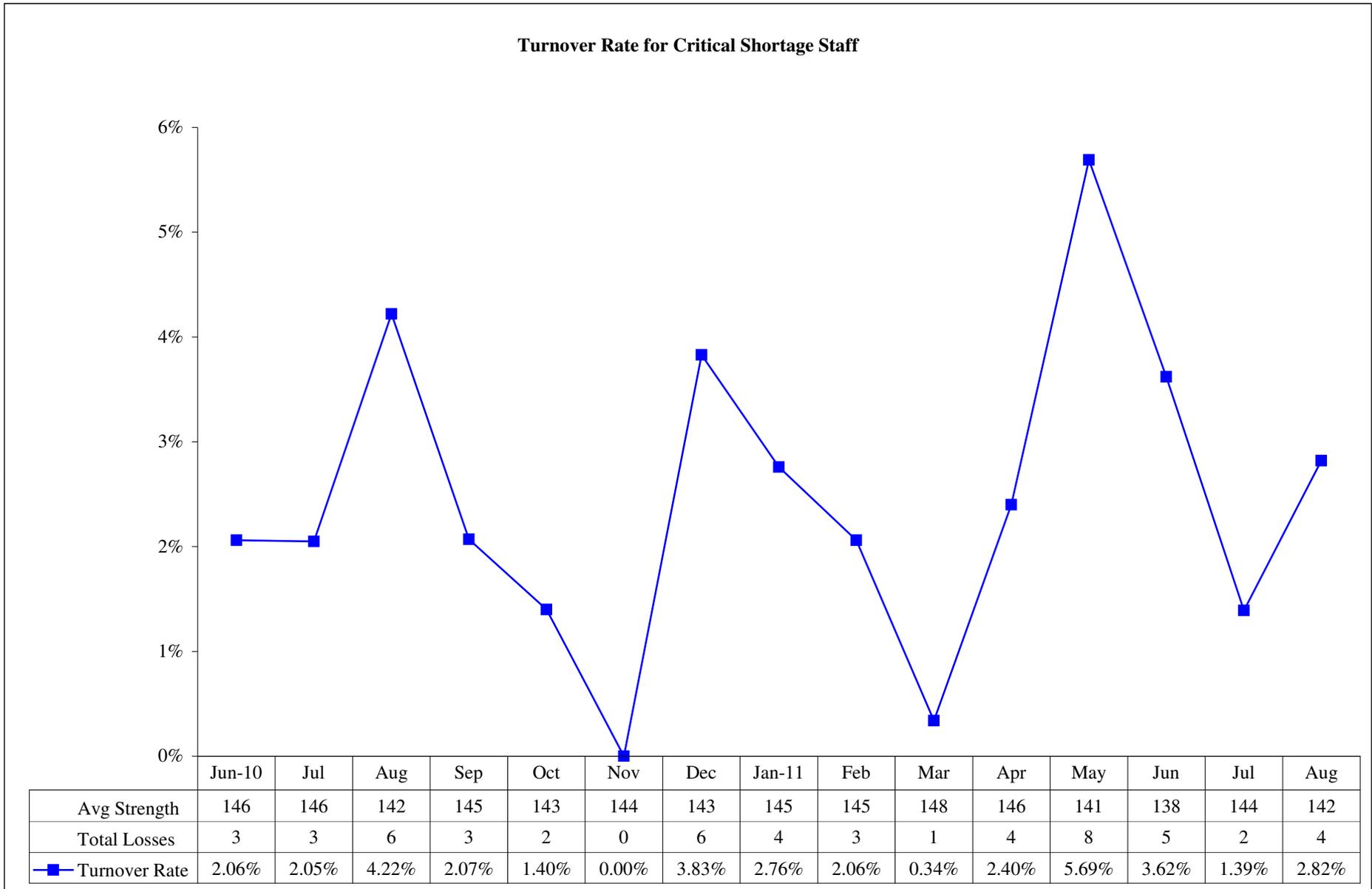
**Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital**



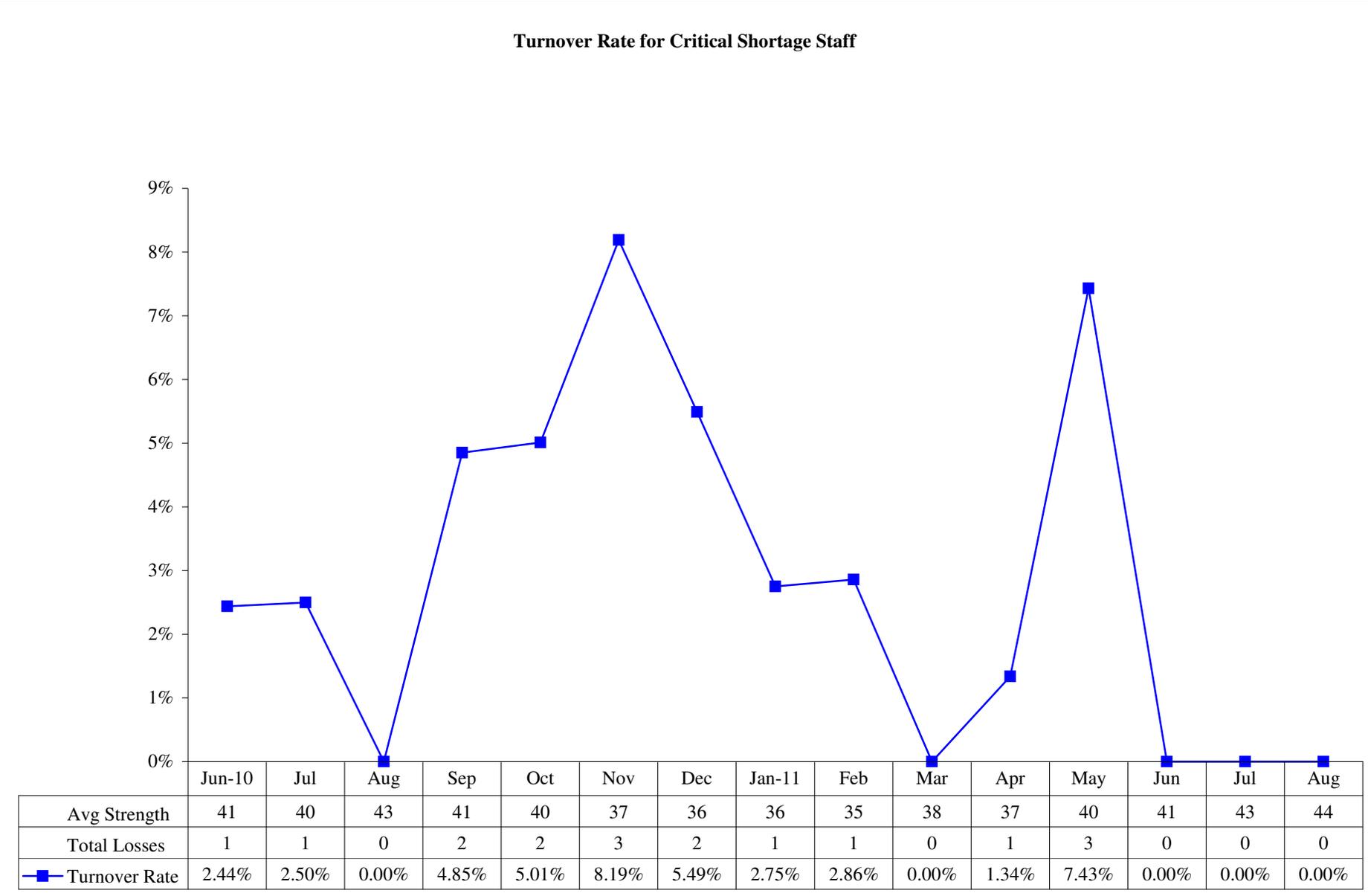
**Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital**



**Measure 8A - Turnover Rate for Critical Shortage Staff
Waco Center for Youth**



**Measure 8A - Turnover Rate for Critical Shortage Staff
Texas Center for Infectious Disease**



Performance Measure 8B:

Collect, analyze and report staff vacancy rates for critical shortage staff.

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

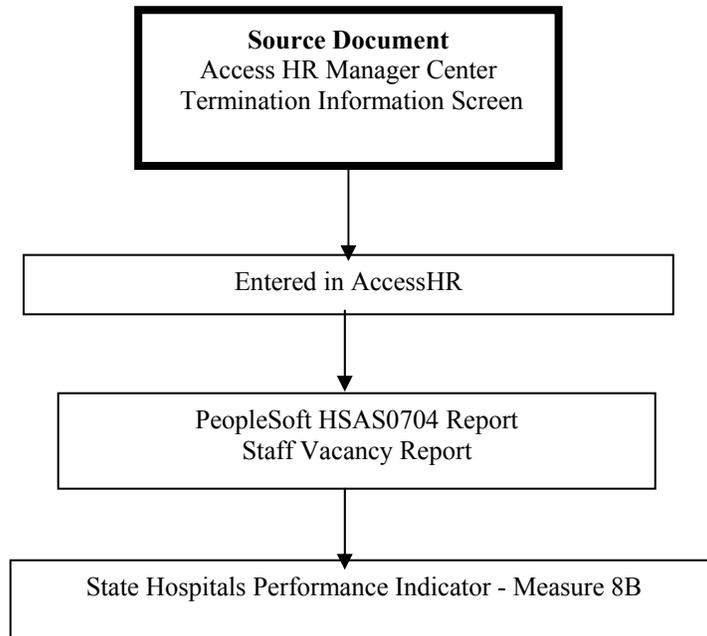
Performance Measure Formula:

Performance Measure Data Display and Chart Description:

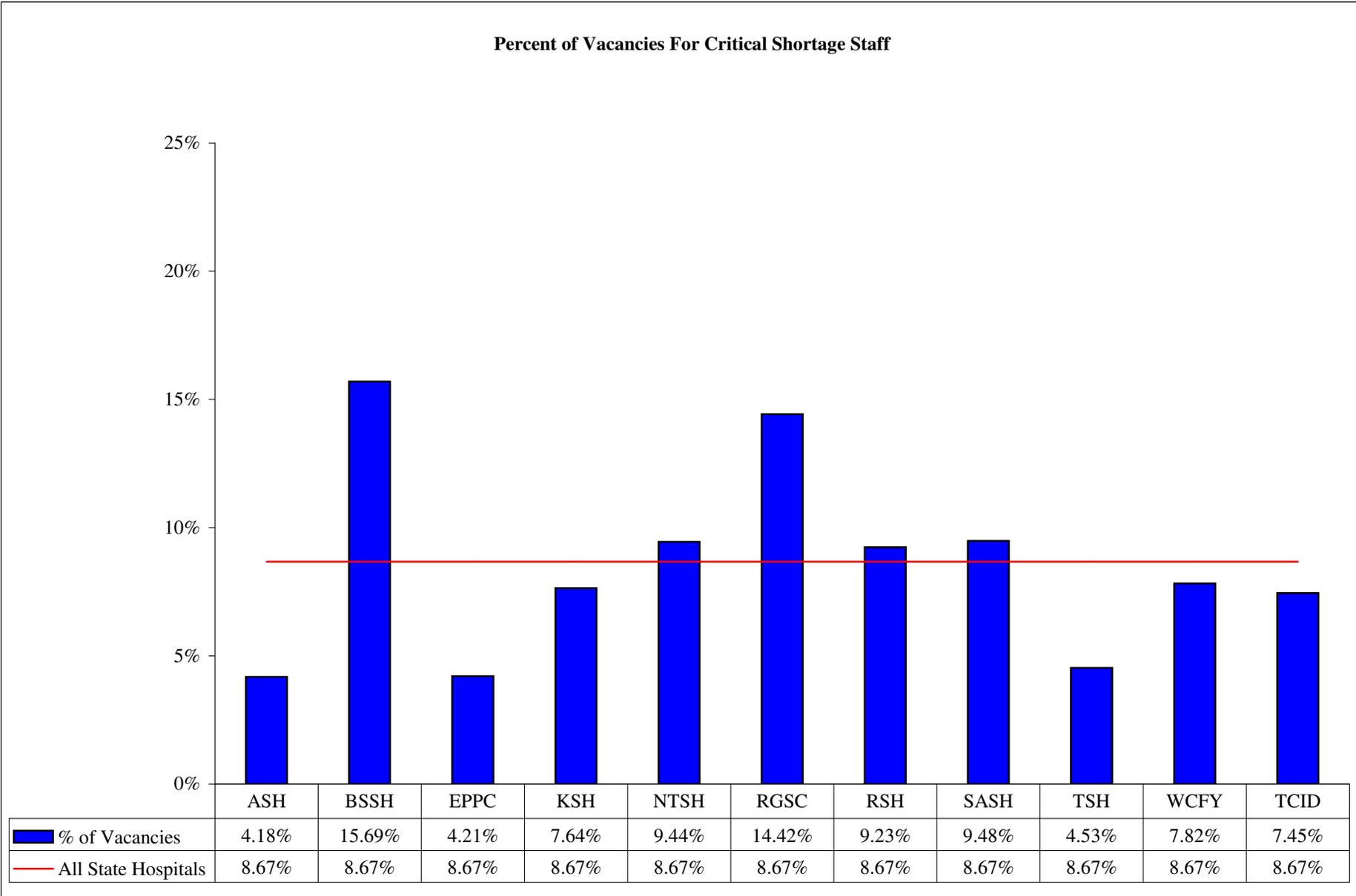
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of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

Data Flow:

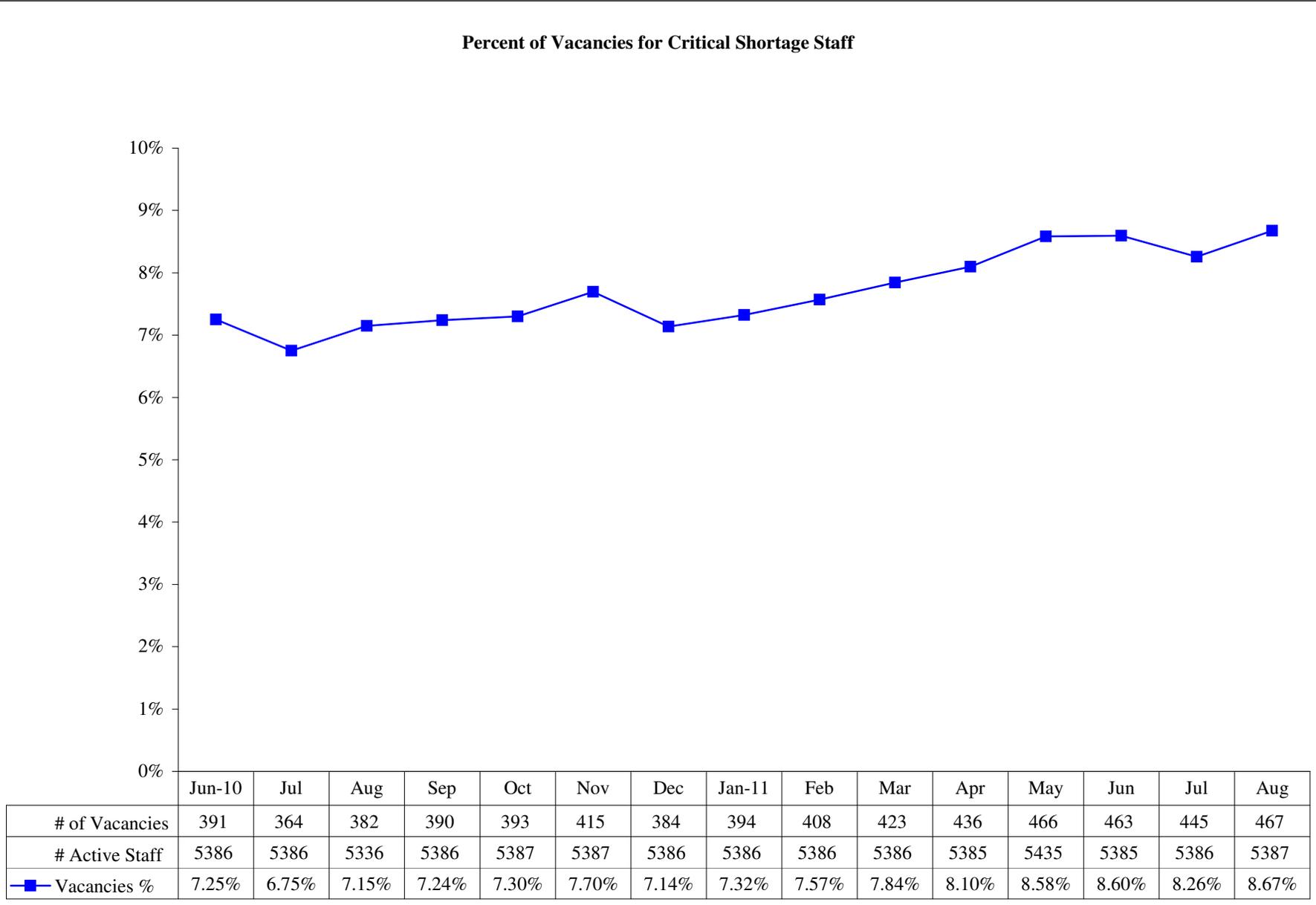
Data Flow:



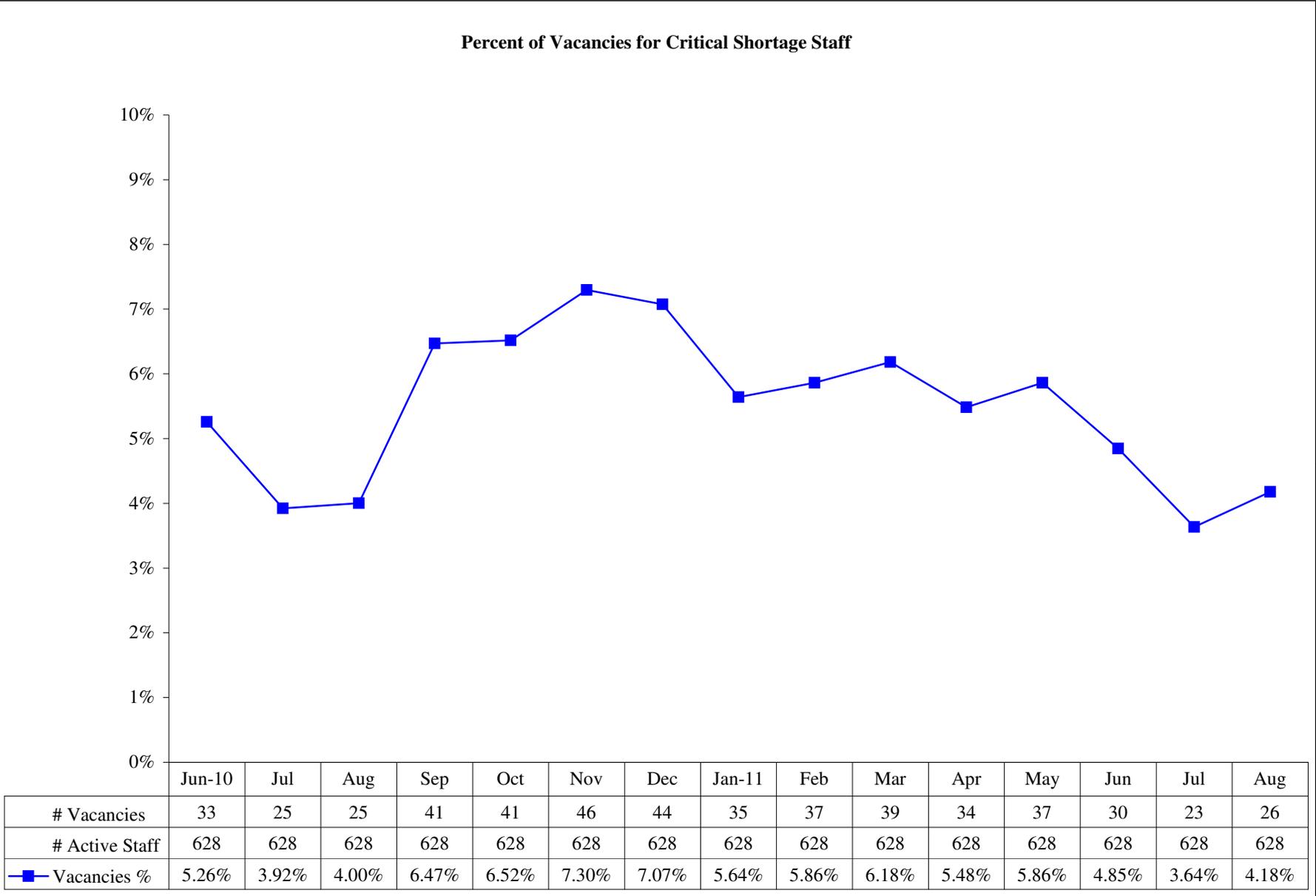
**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of August 31, 2011**



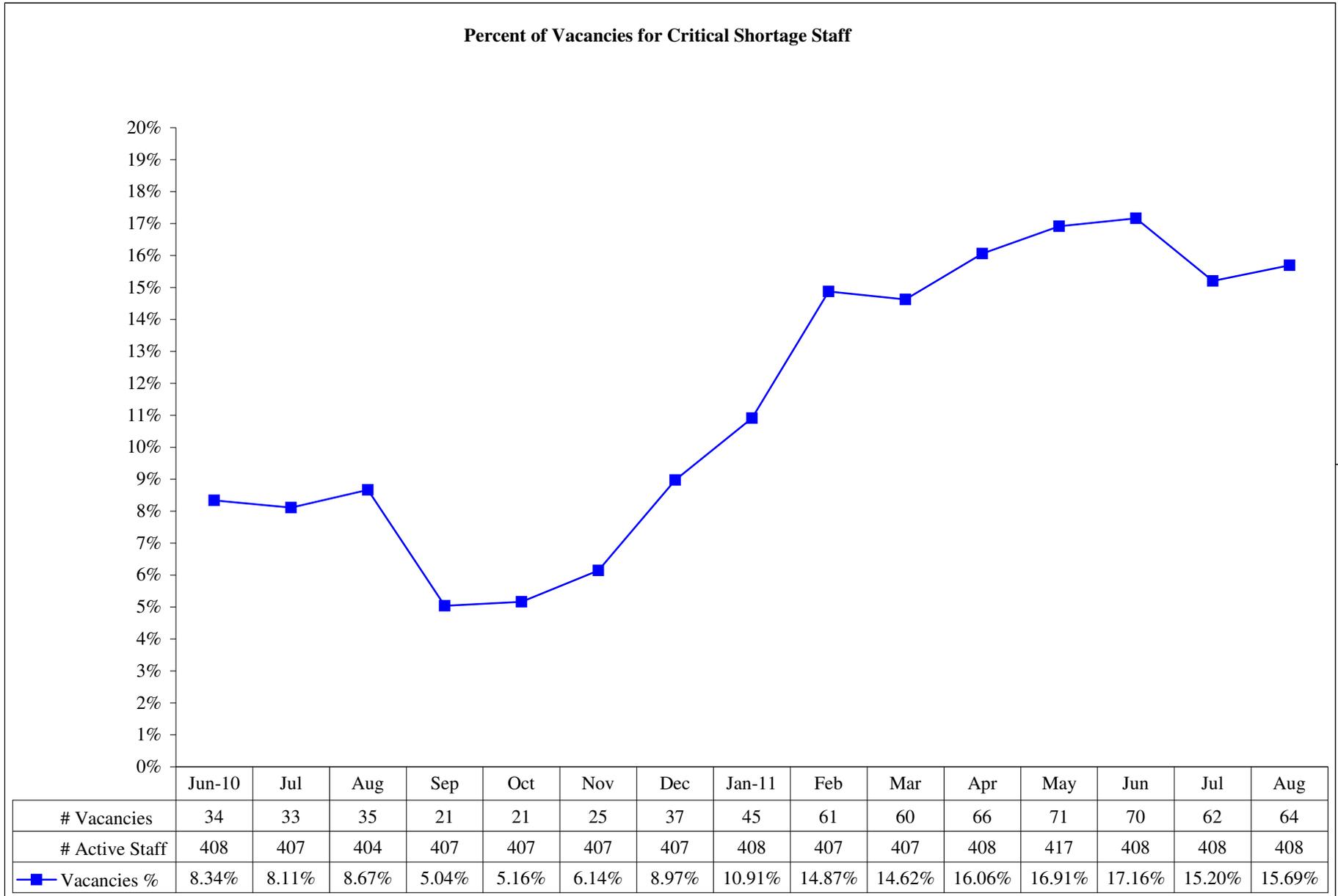
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals



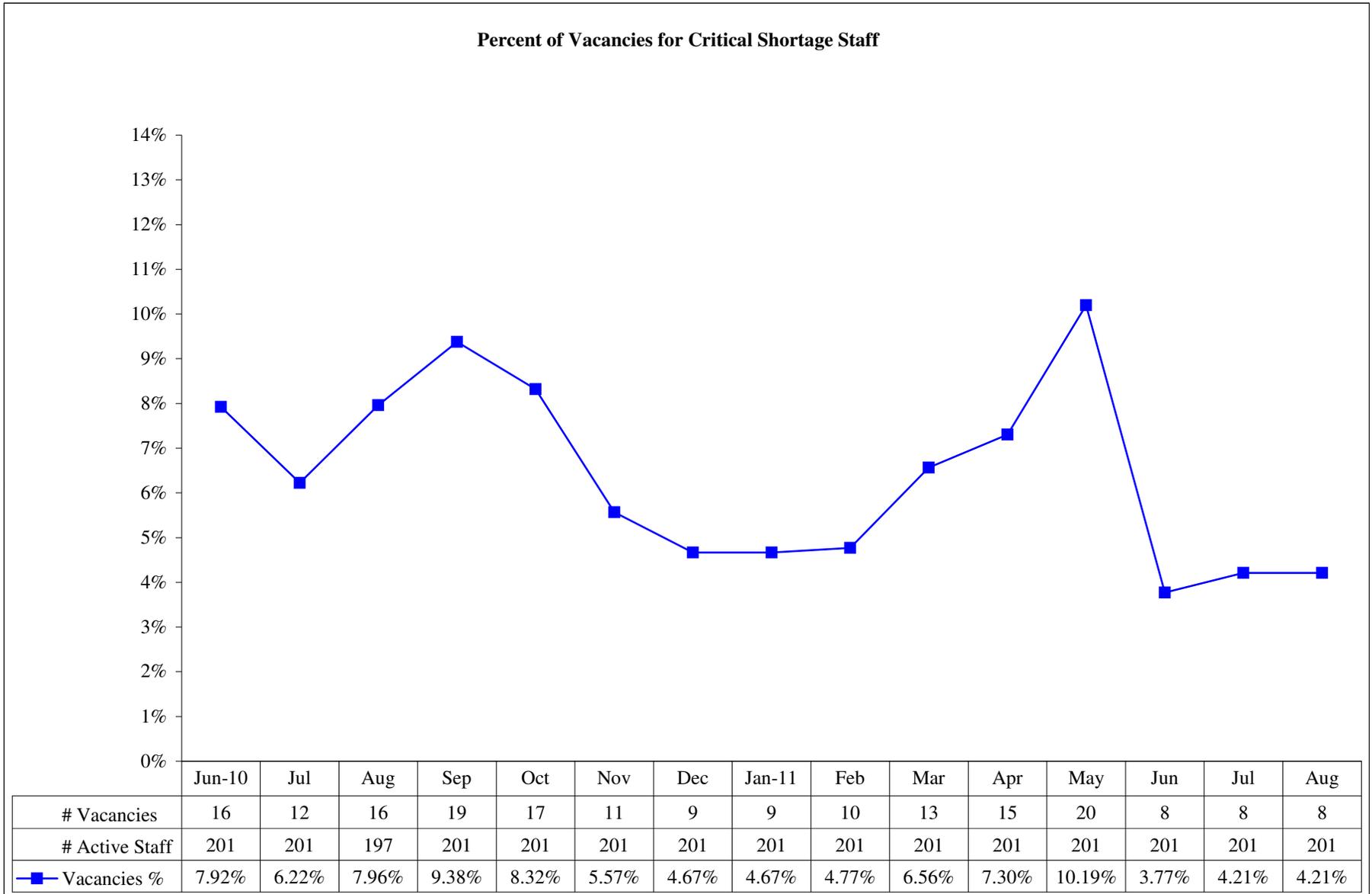
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



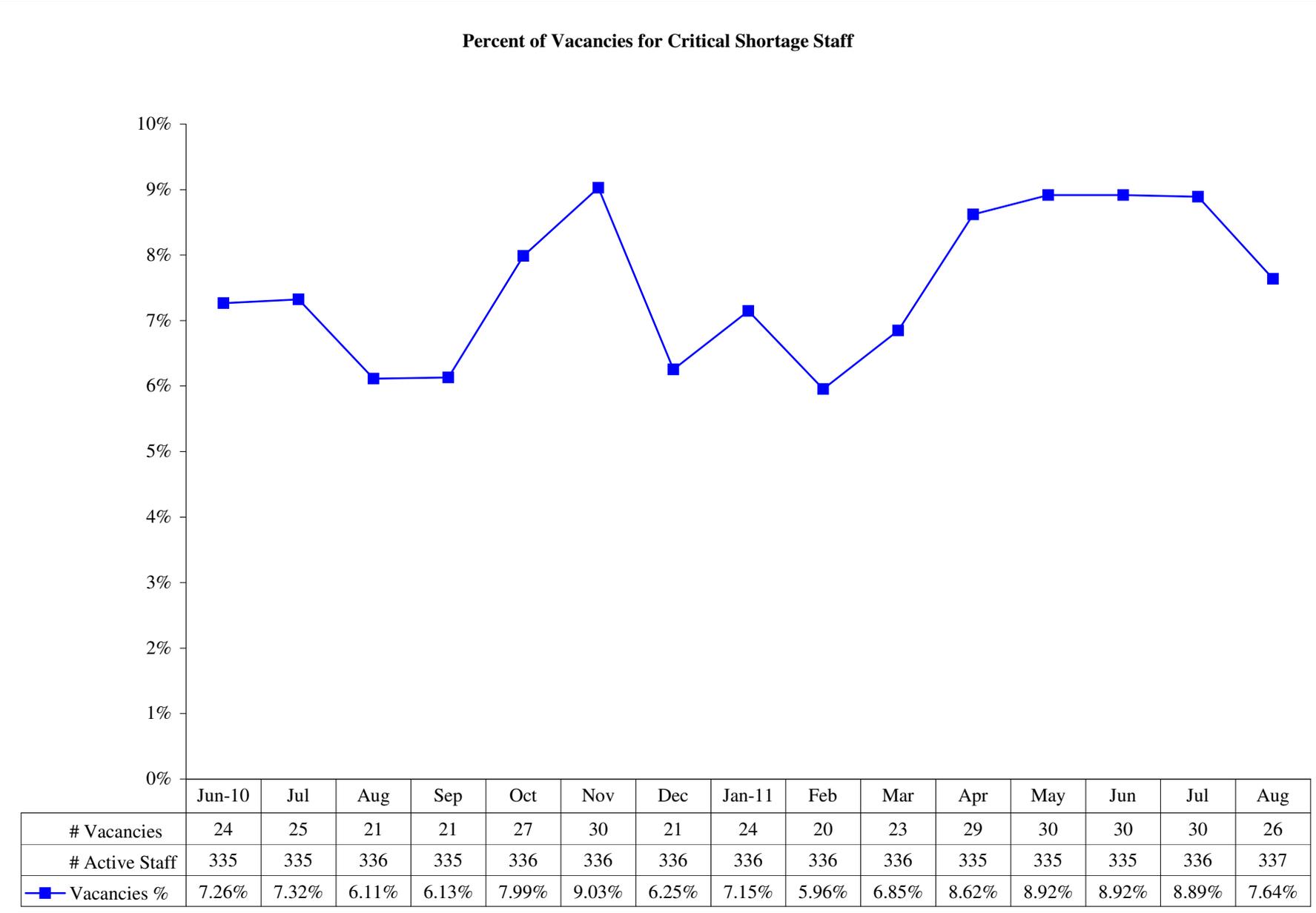
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



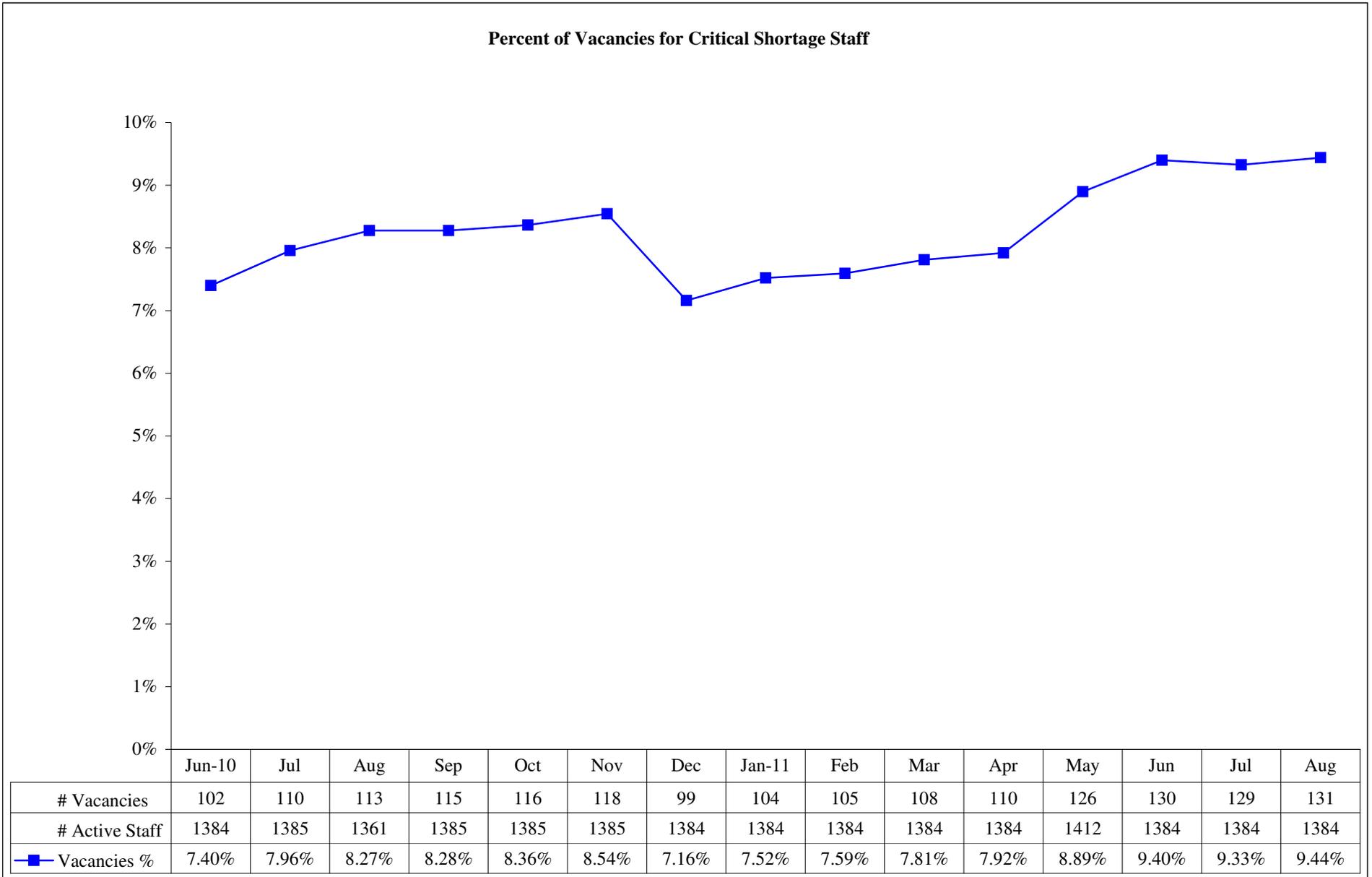
**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



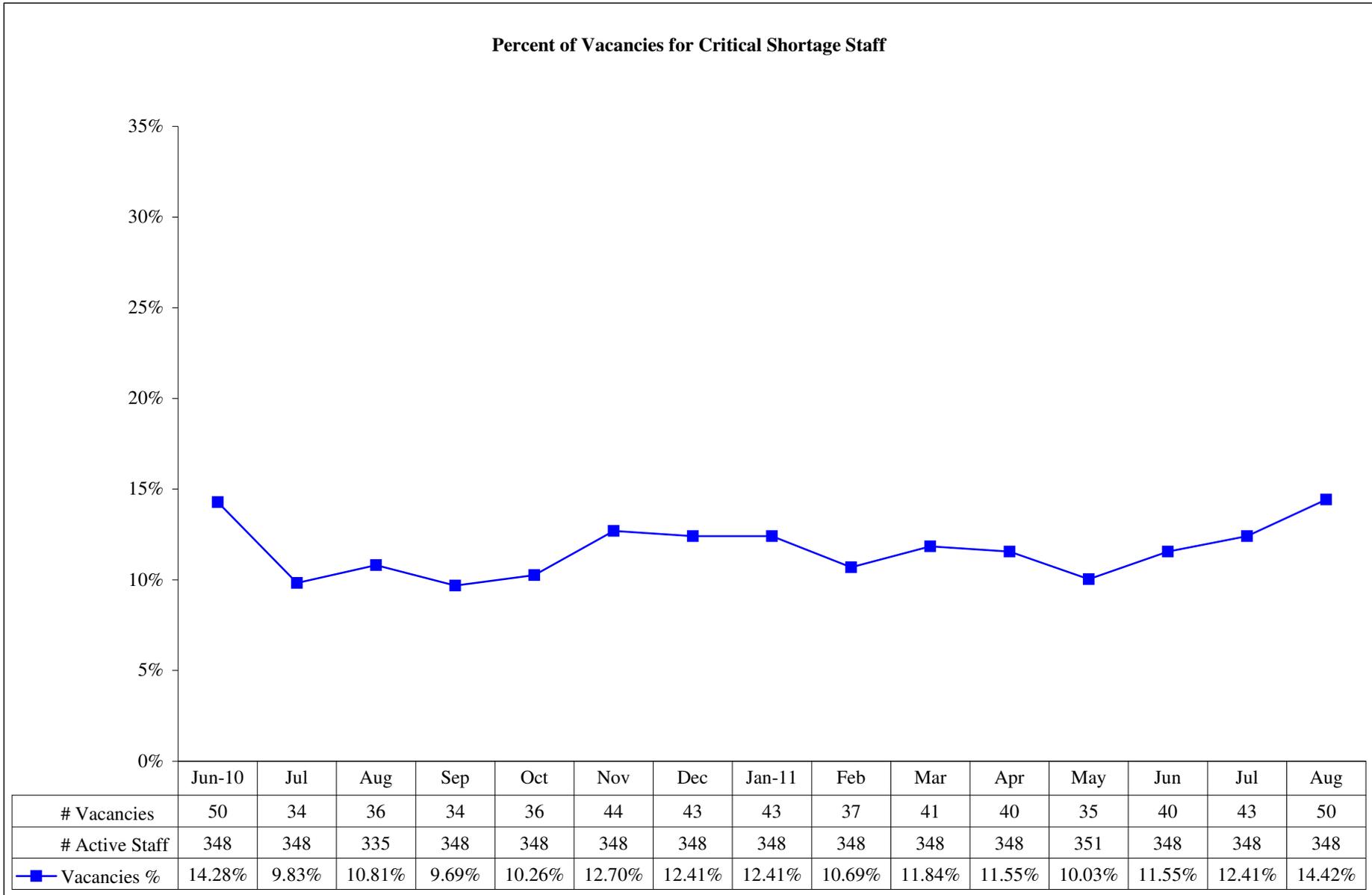
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



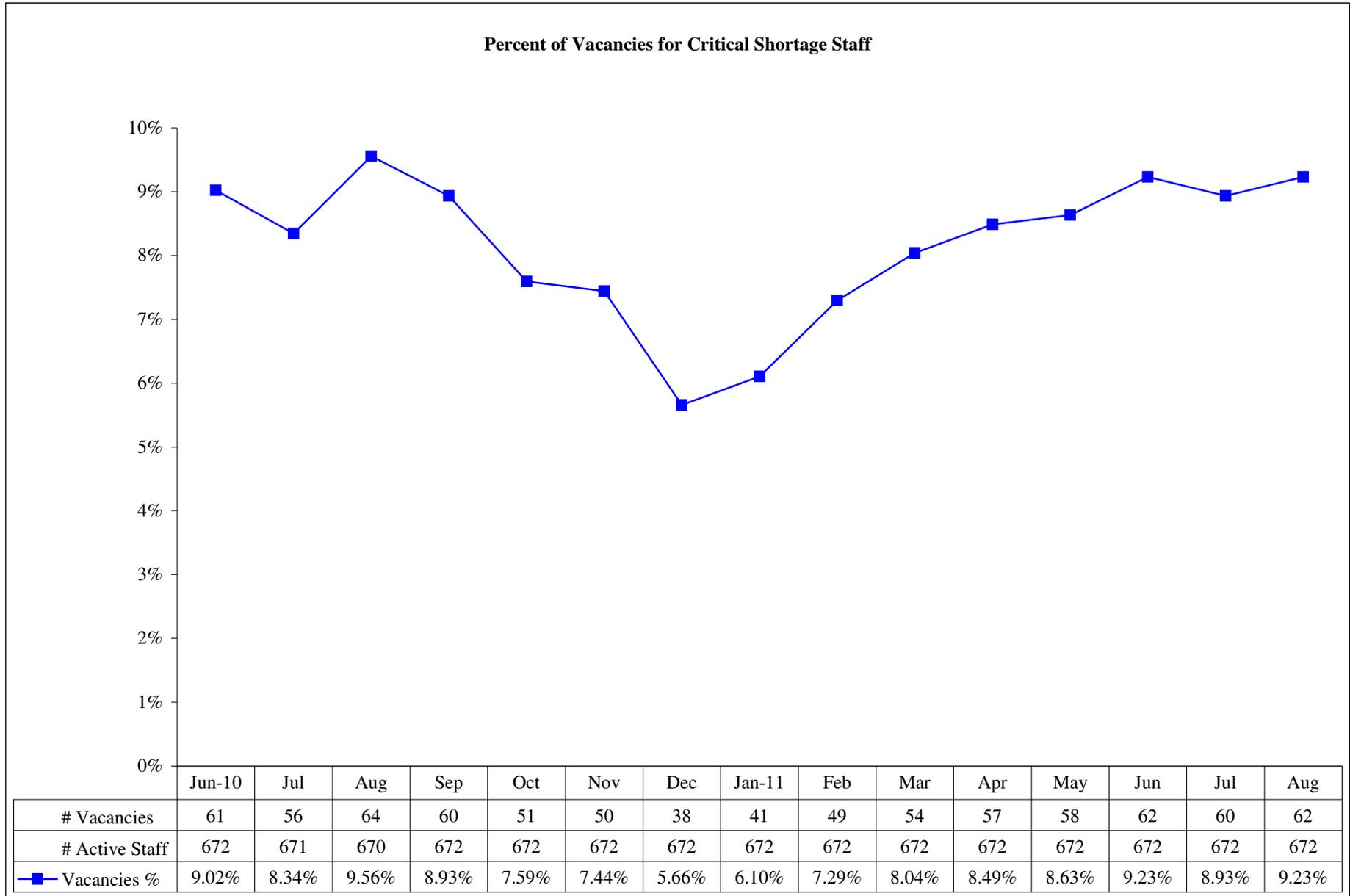
**Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital**



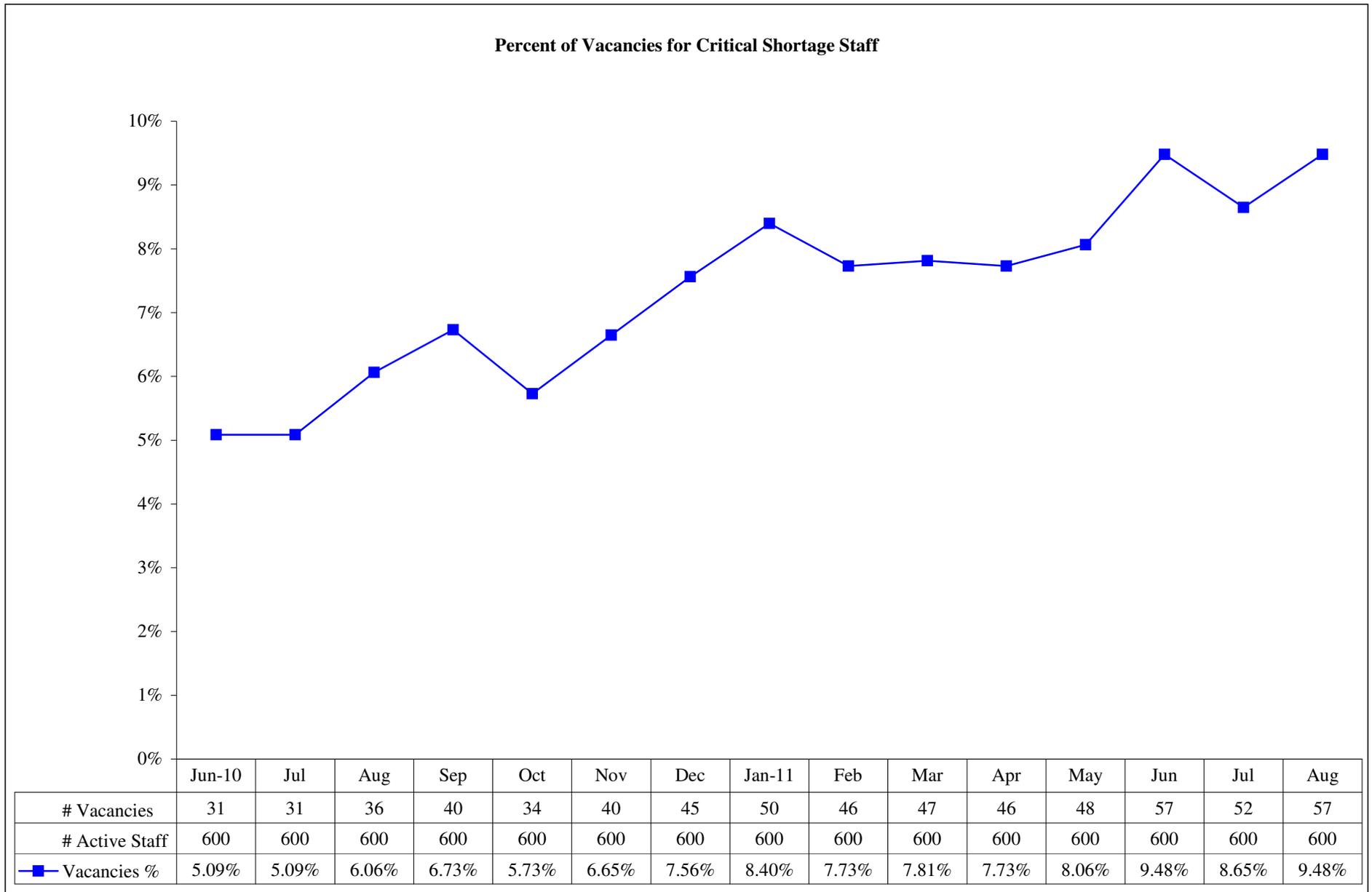
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



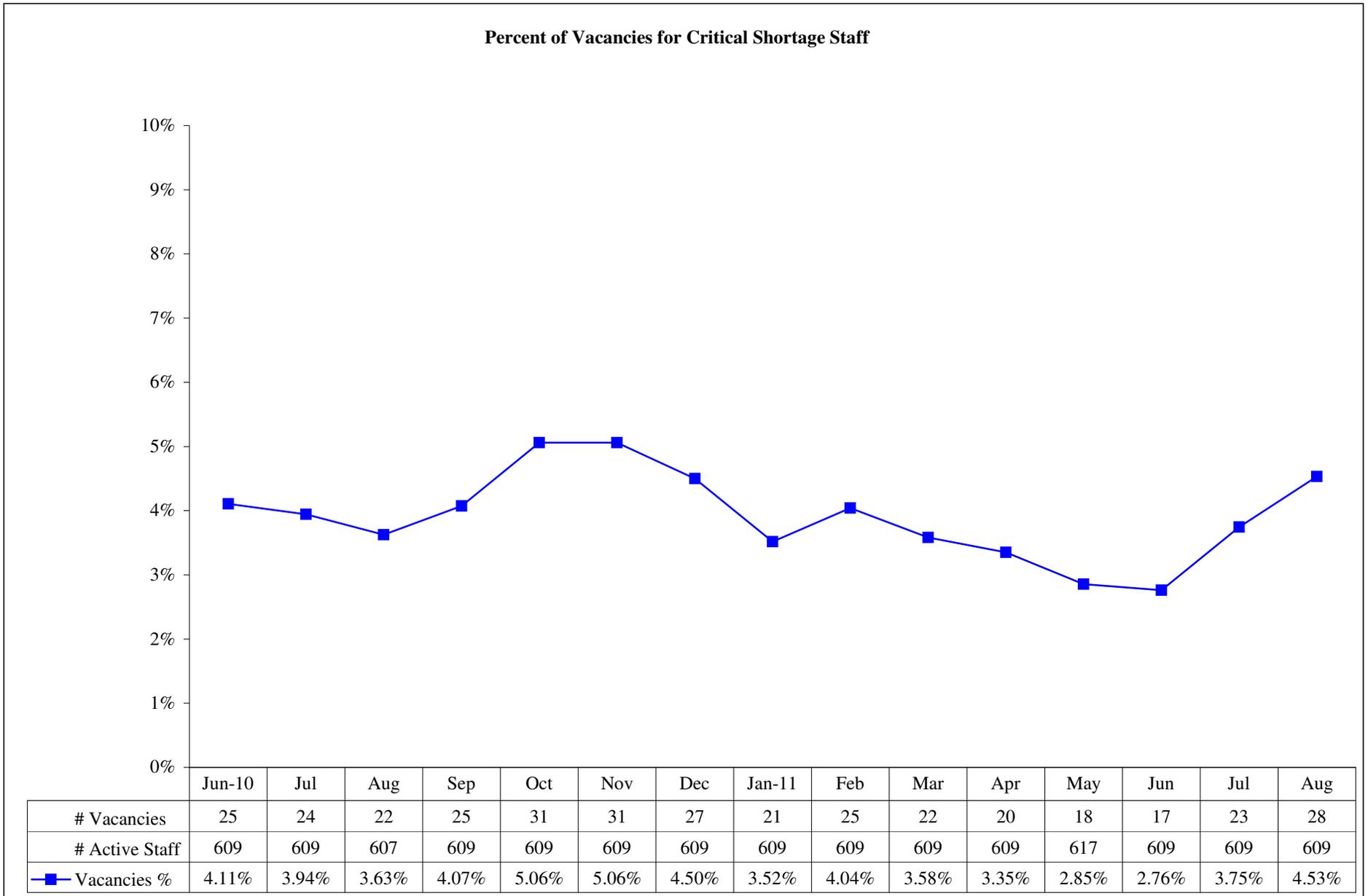
**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**



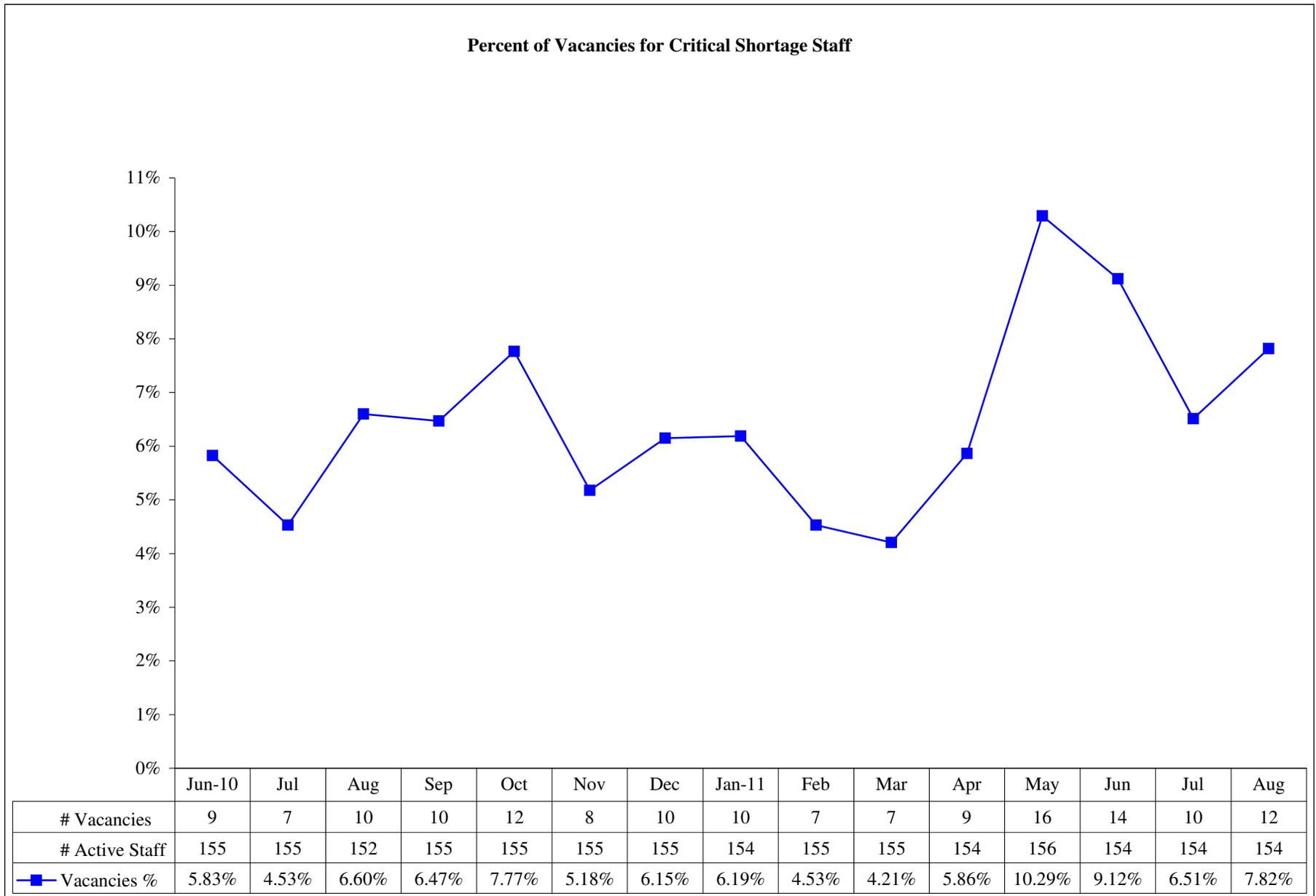
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



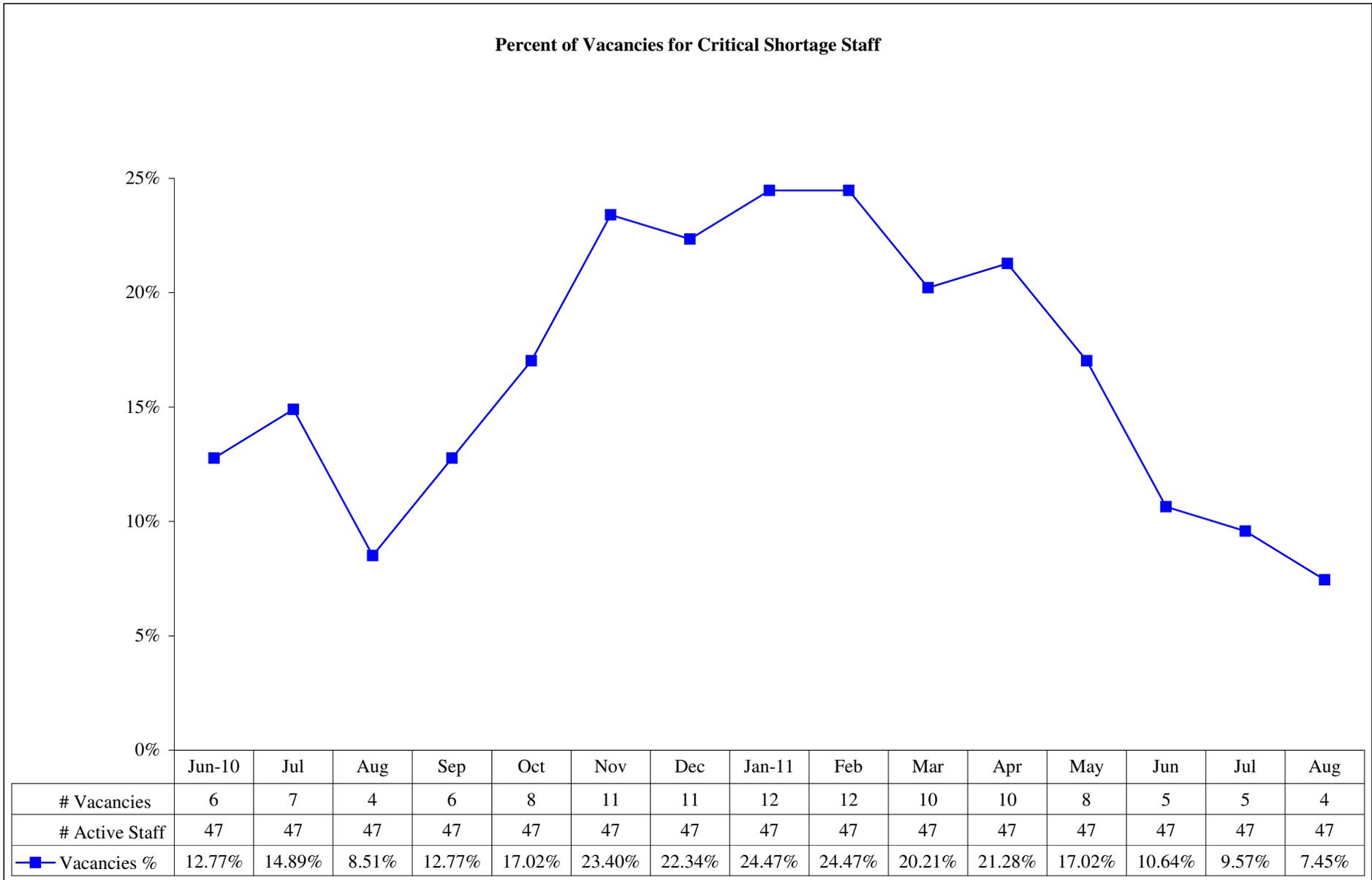
**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**



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

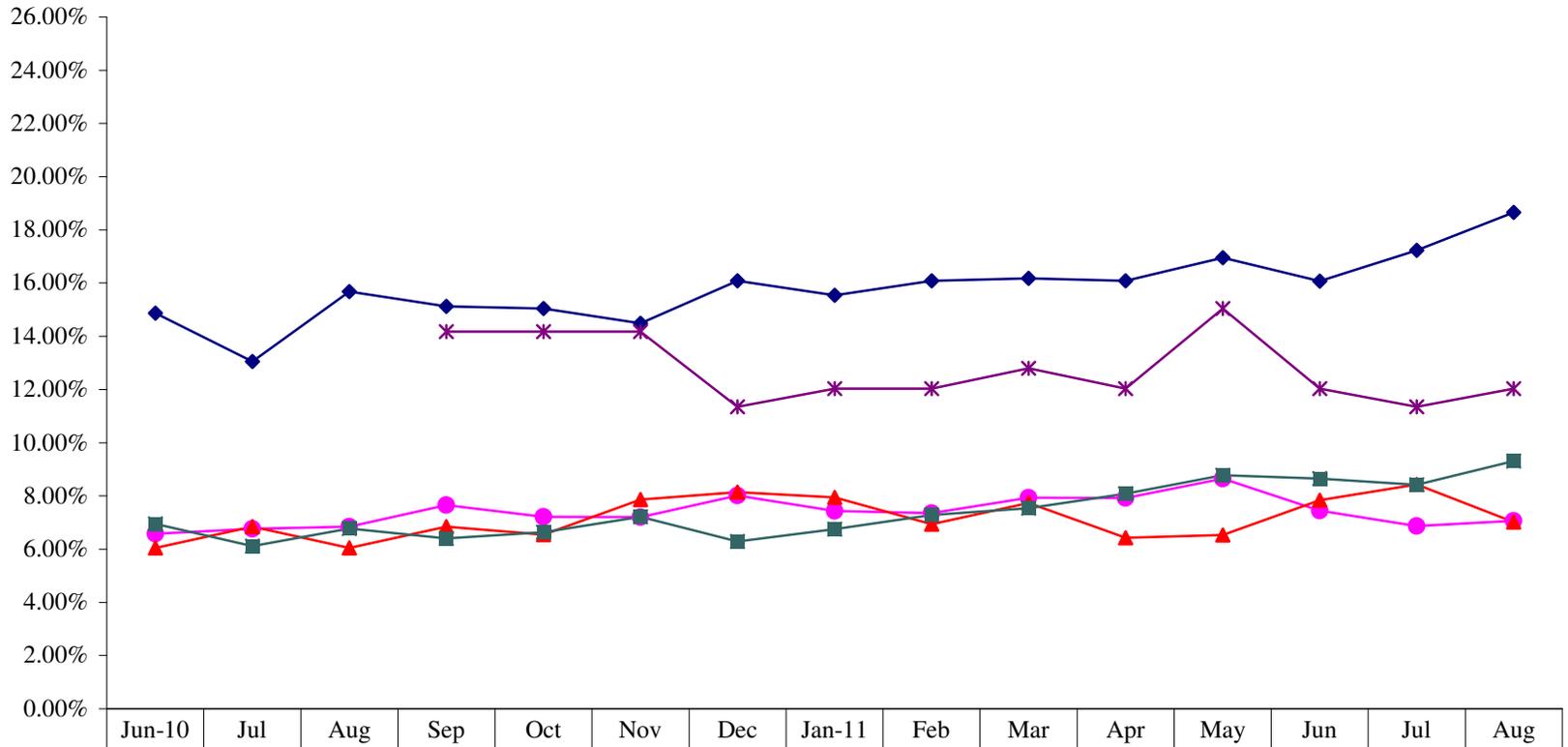


**Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease**



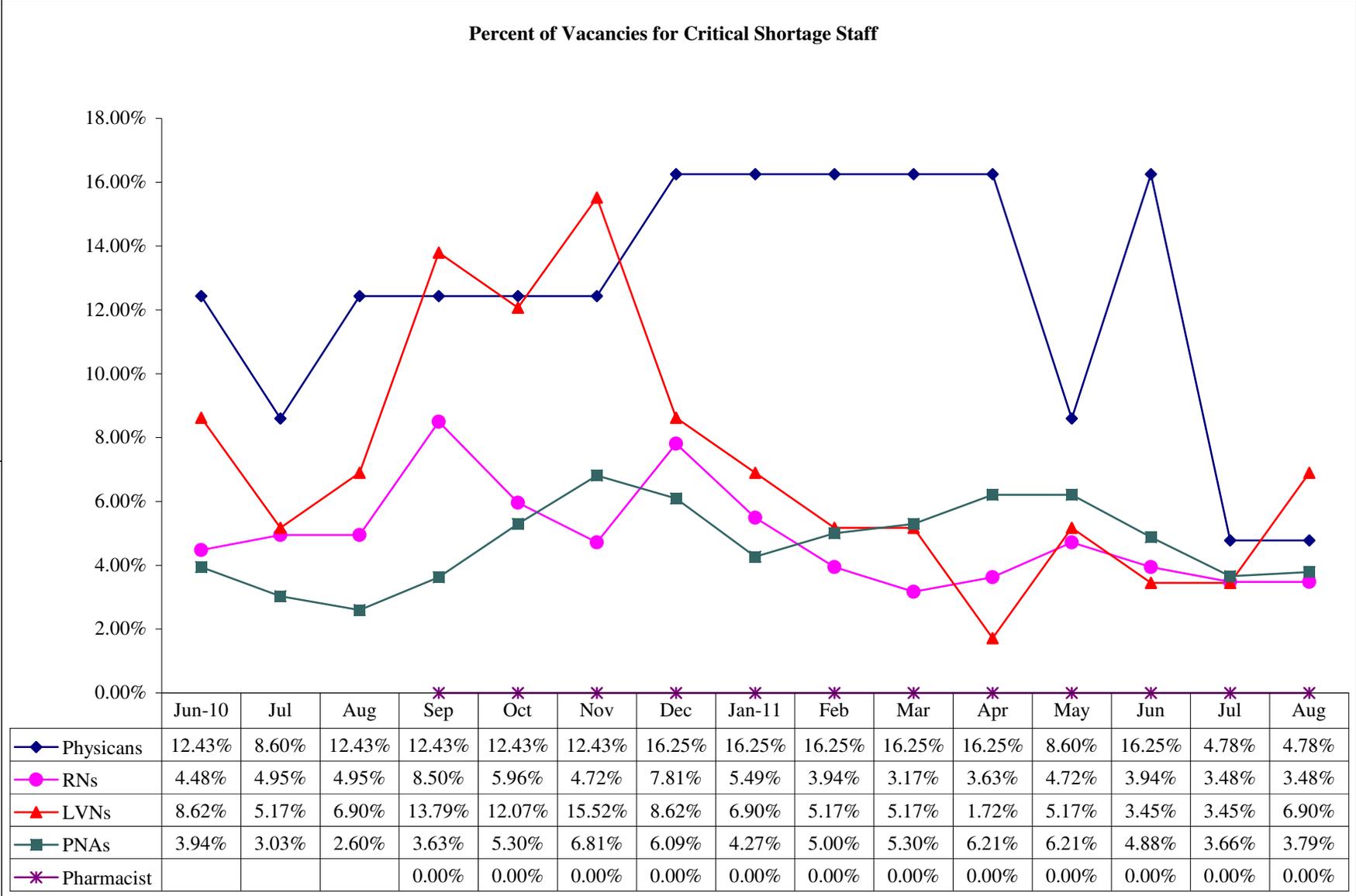
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

Percent of Vacancies for Critical Shortage Staff

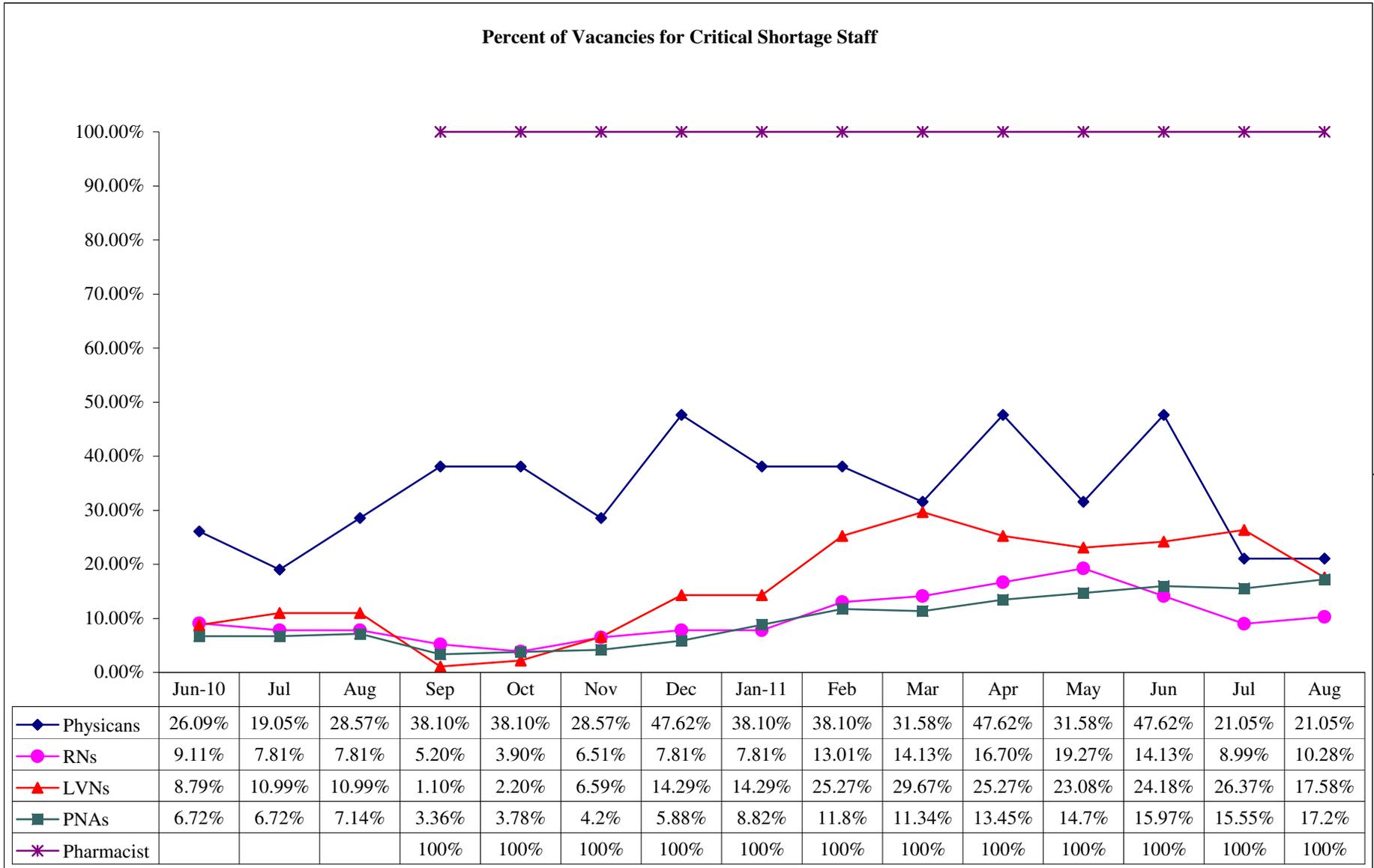


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Physicians	14.87%	13.05%	15.68%	15.13%	15.04%	14.49%	16.09%	15.54%	16.09%	16.18%	16.09%	16.95%	16.08%	17.23%	18.66%
● RNs	6.58%	6.76%	6.85%	7.65%	7.22%	7.20%	8.01%	7.44%	7.35%	7.93%	7.92%	8.65%	7.45%	6.87%	7.07%
▲ LVNs	6.04%	6.85%	6.04%	6.84%	6.54%	7.86%	8.14%	7.94%	6.94%	7.74%	6.43%	6.53%	7.84%	8.43%	7.02%
■ PNAs	6.95%	6.11%	6.78%	6.41%	6.64%	7.22%	6.29%	6.75%	7.29%	7.54%	8.08%	8.78%	8.65%	8.42%	9.31%
* Pharmacists				14.18%	14.18%	14.18%	11.35%	12.03%	12.03%	12.80%	12.03%	15.04%	12.03%	11.35%	12.03%

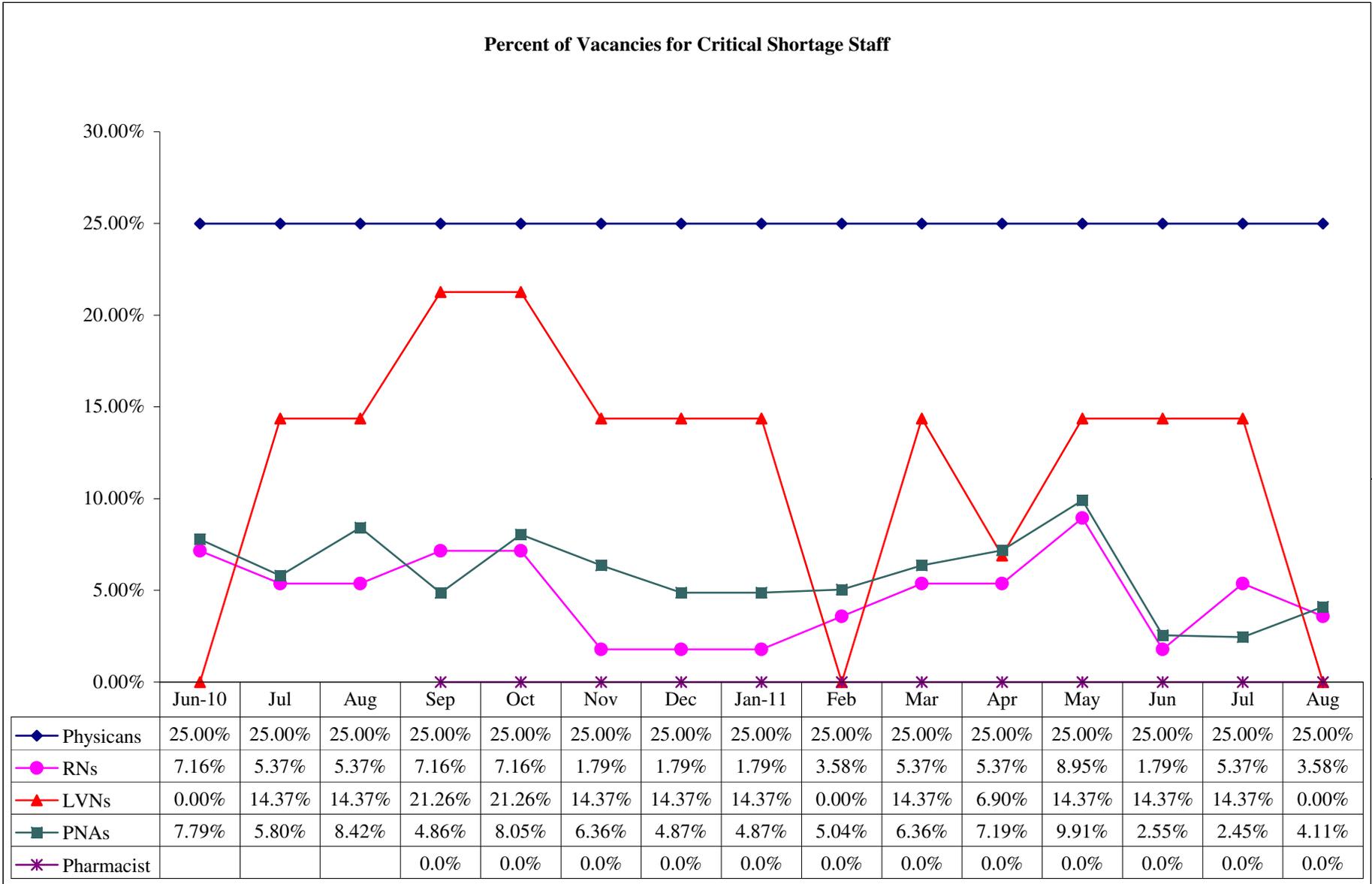
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



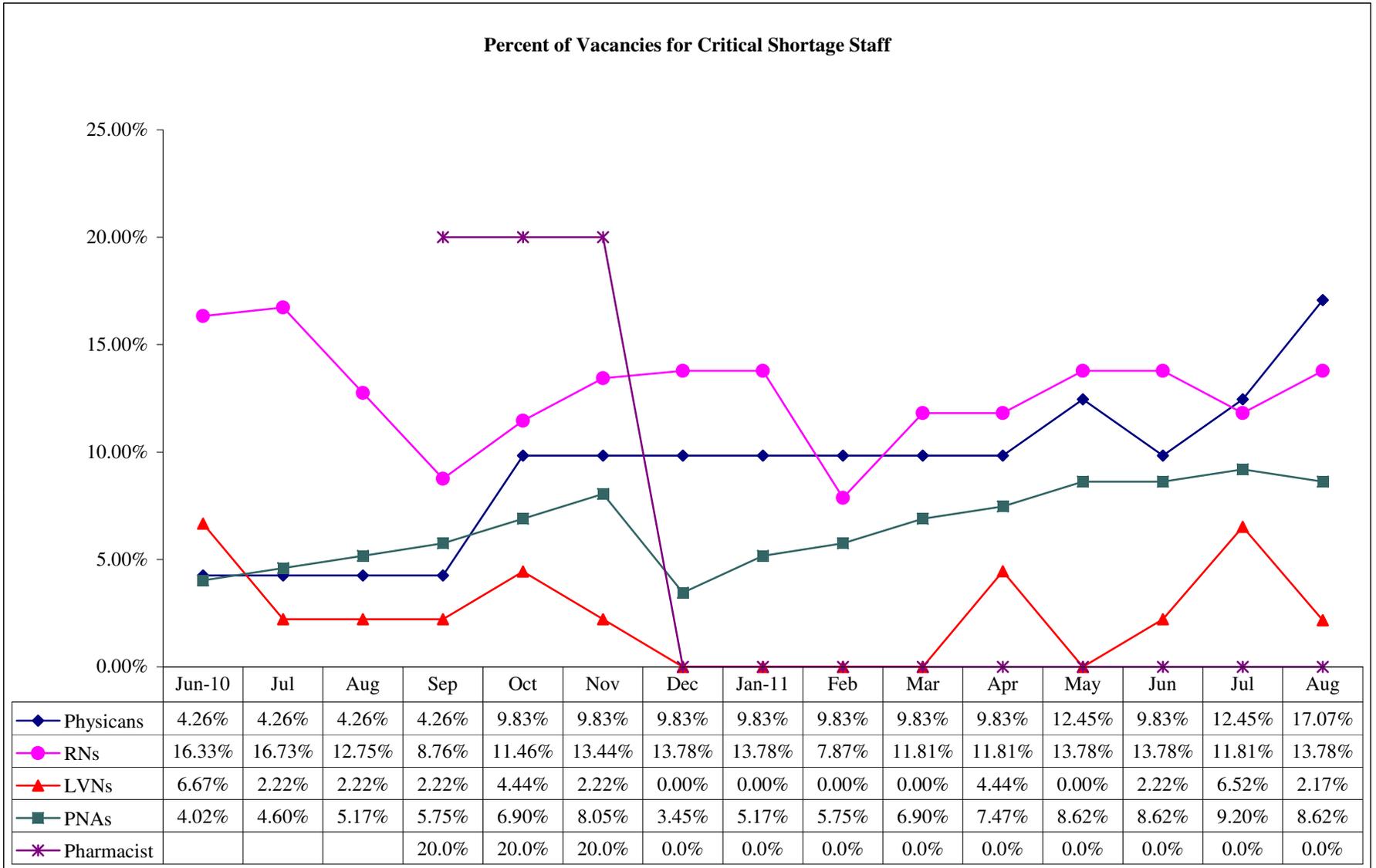
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



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



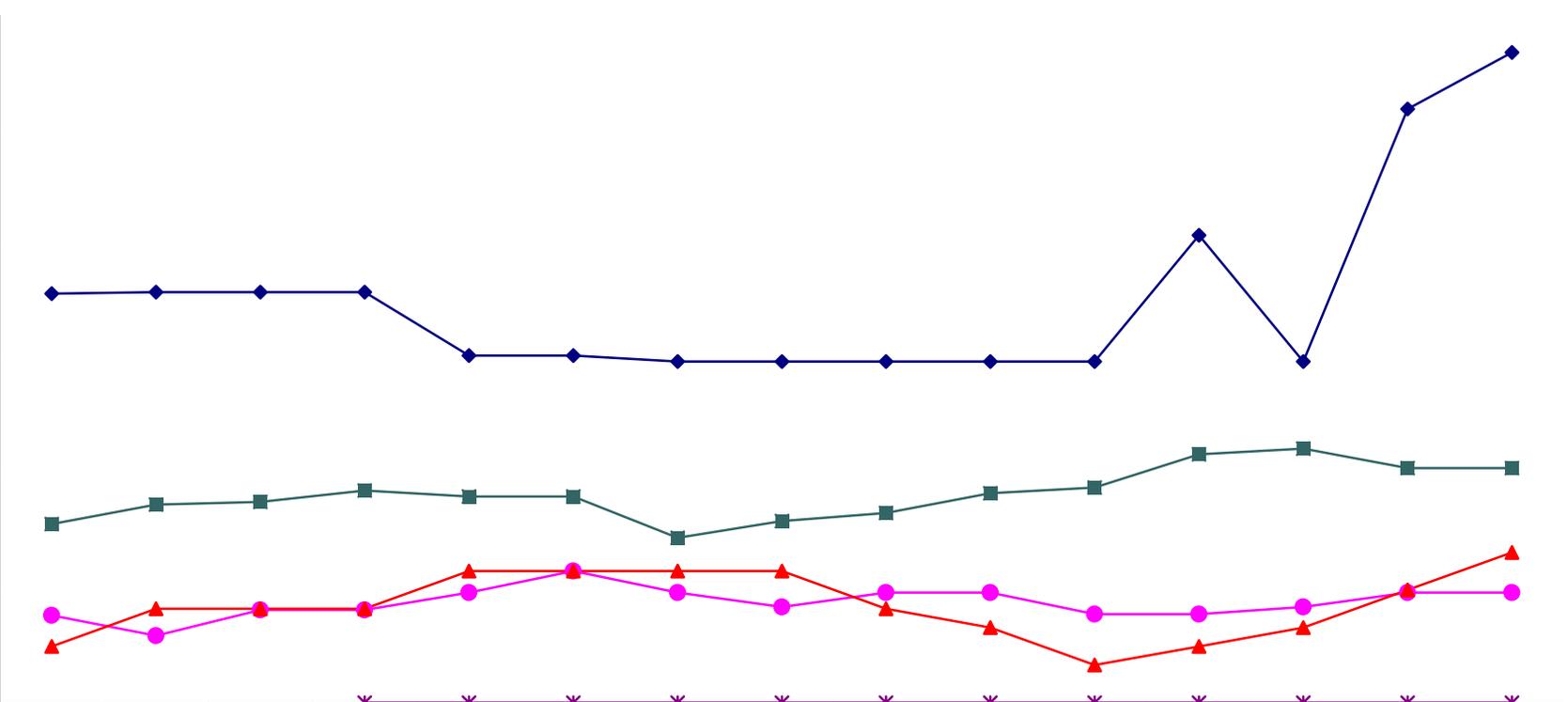
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



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

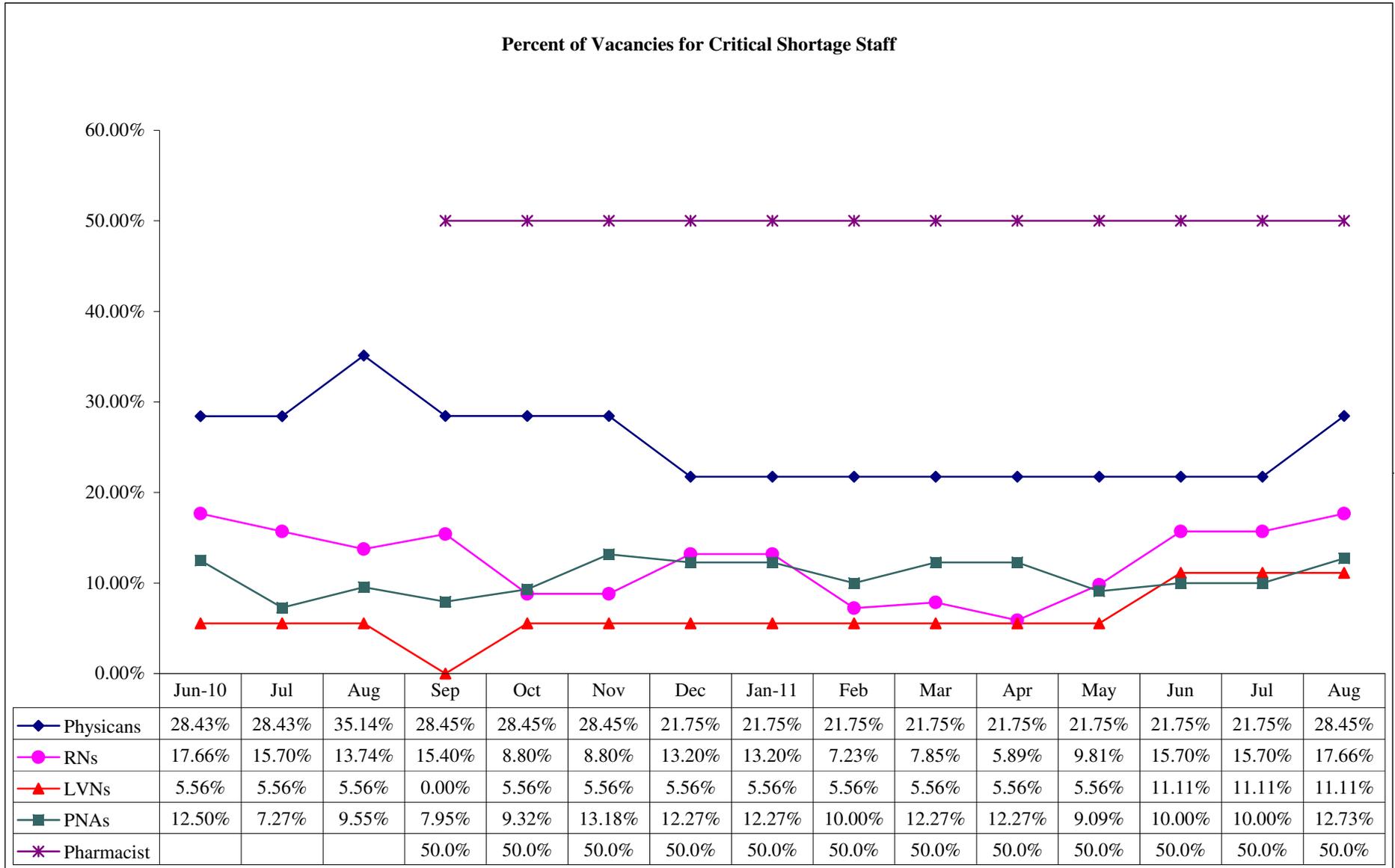
Percent of Vacancies for Critical Shortage Staff

30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%

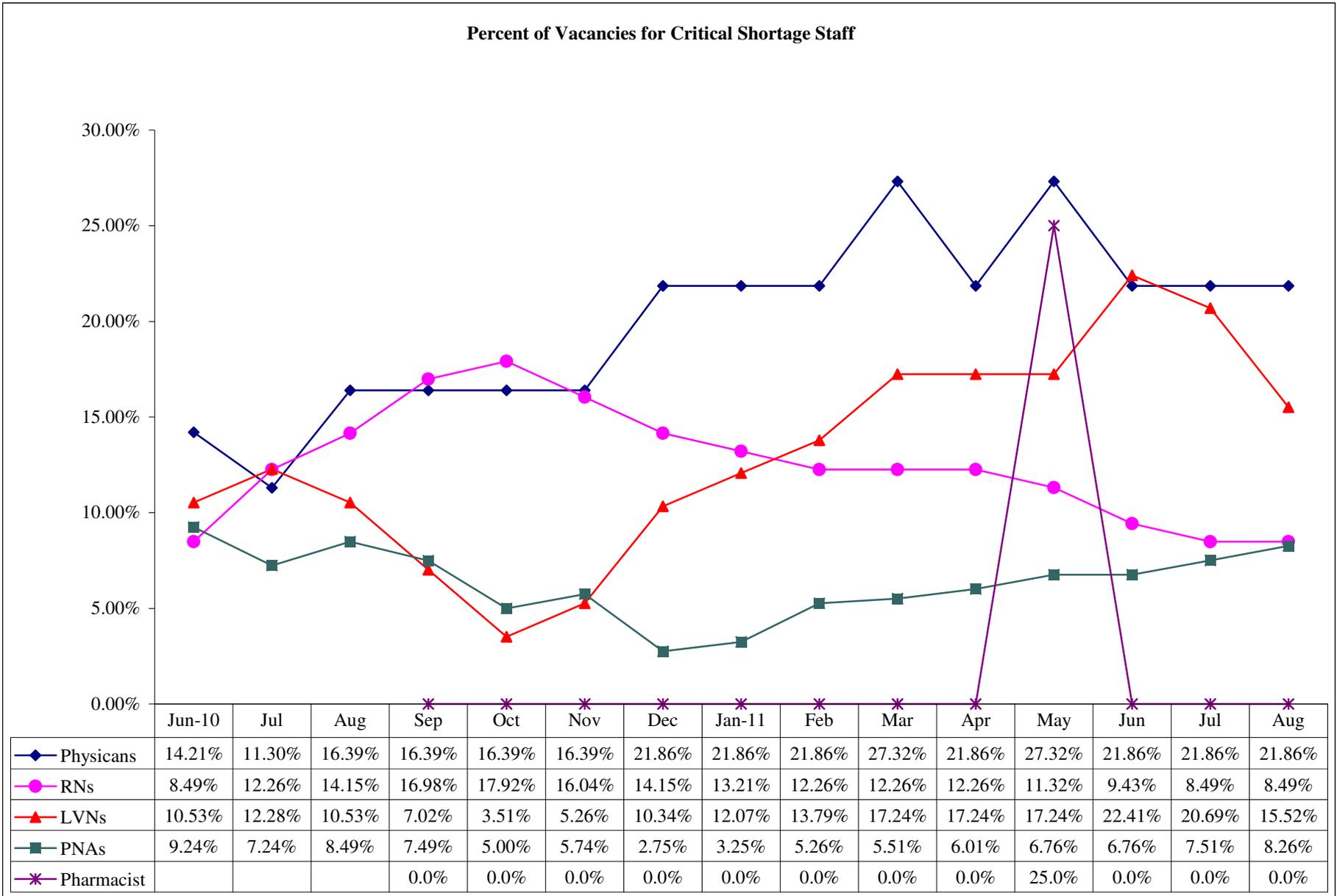


	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Physicians	17.85%	17.91%	17.91%	17.91%	15.15%	15.15%	14.88%	14.88%	14.88%	14.88%	14.88%	20.39%	14.88%	25.90%	28.37%
● RNs	3.81%	2.93%	4.05%	4.05%	4.80%	5.74%	4.80%	4.18%	4.80%	4.80%	3.87%	3.87%	4.18%	4.80%	4.80%
▲ LVNs	2.46%	4.10%	4.10%	4.10%	5.74%	5.74%	5.74%	5.74%	4.10%	3.28%	1.64%	2.46%	3.28%	4.92%	6.56%
■ PNAs	7.79%	8.64%	8.76%	9.25%	9.00%	9.00%	7.19%	7.92%	8.28%	9.14%	9.38%	10.84%	11.08%	10.23%	10.23%
* Pharmacist				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

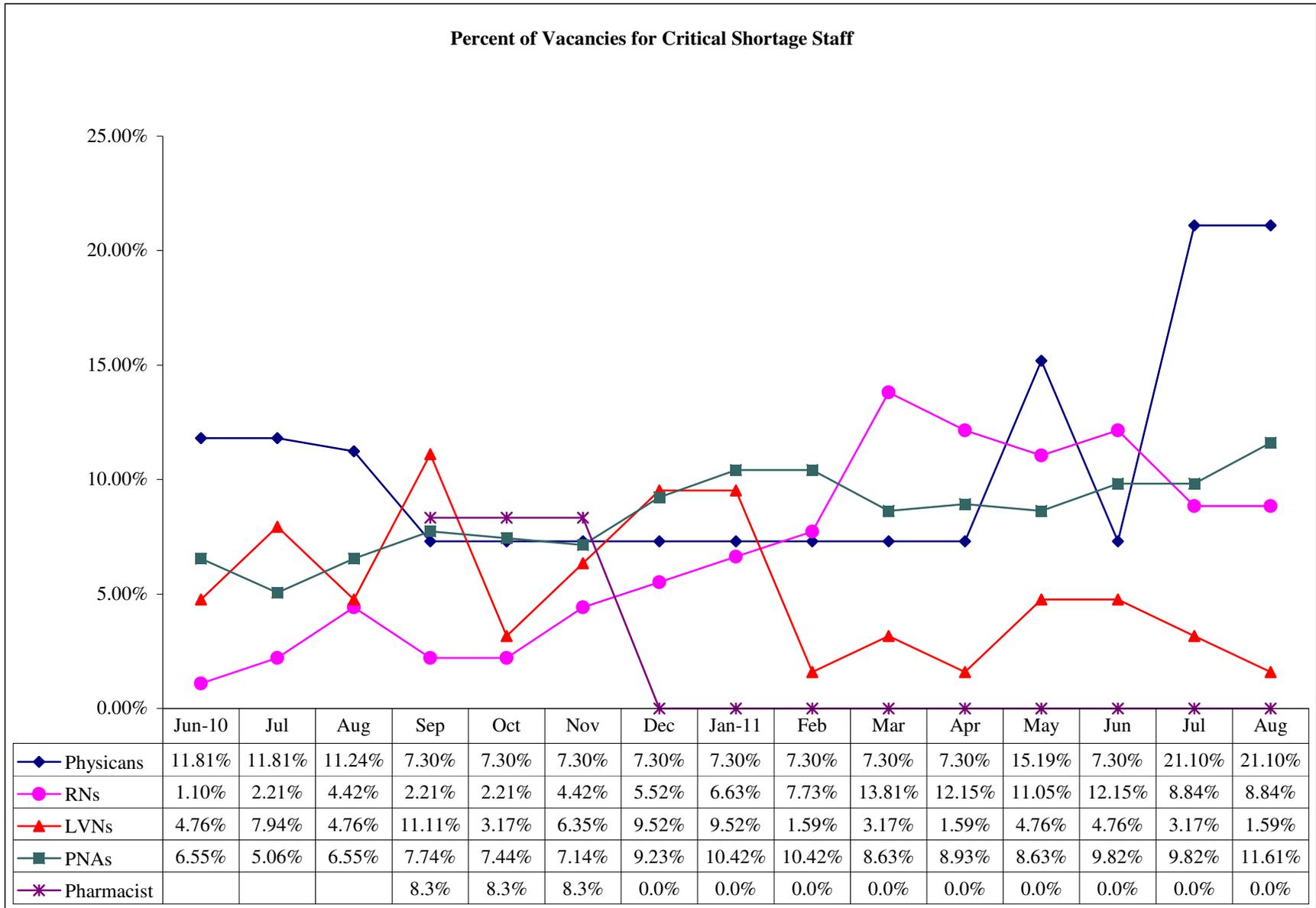
Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center



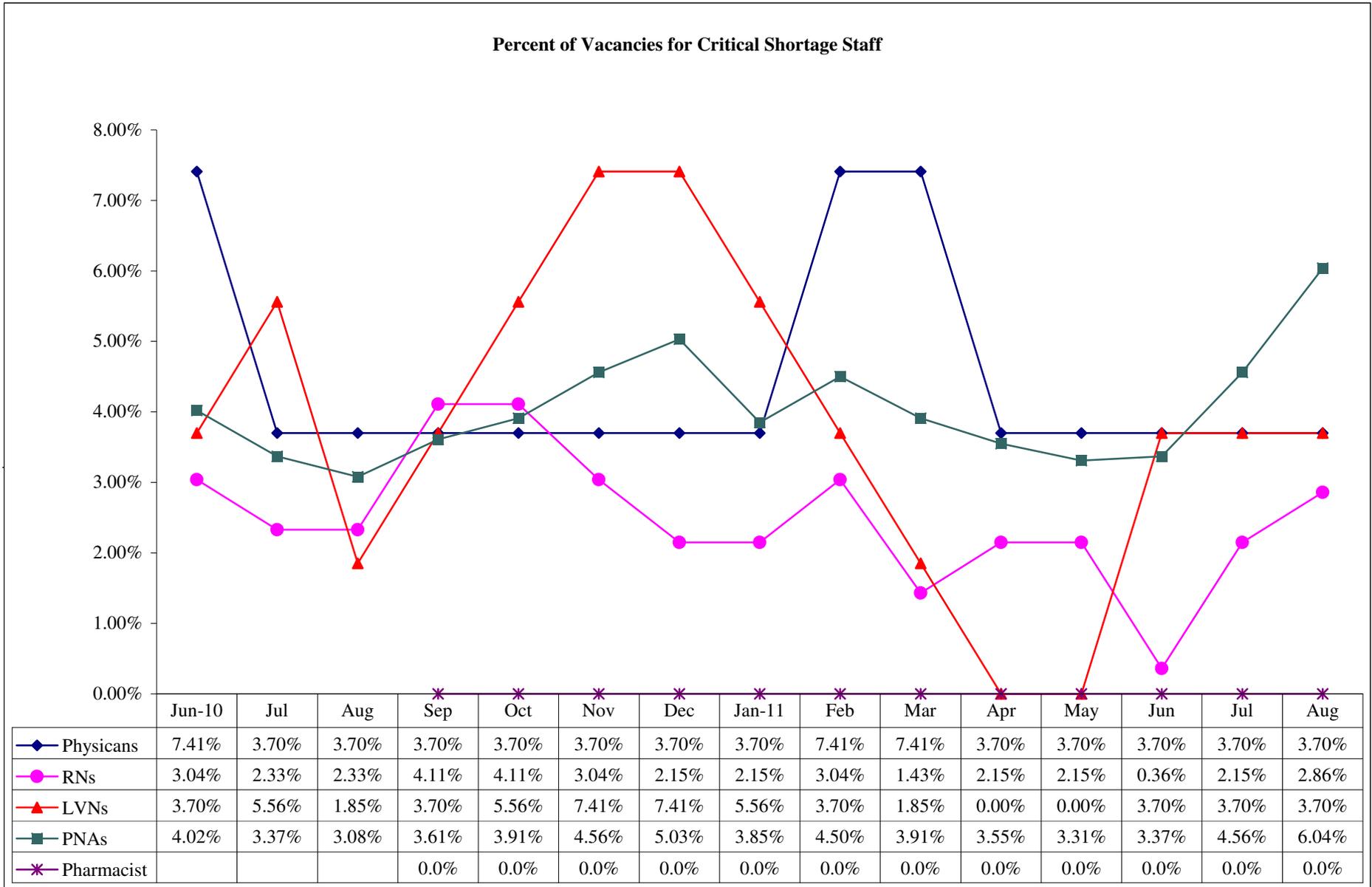
**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**



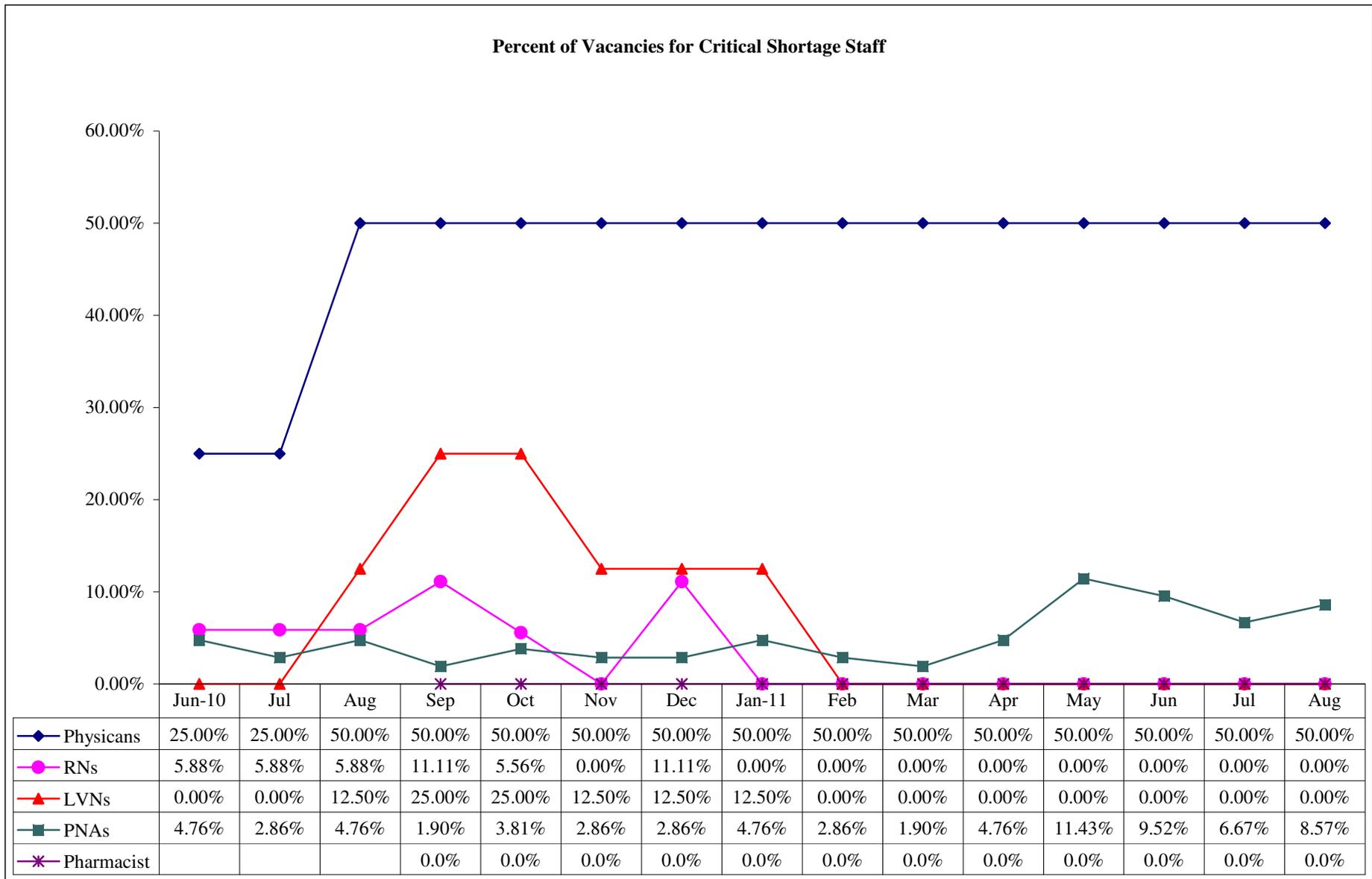
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



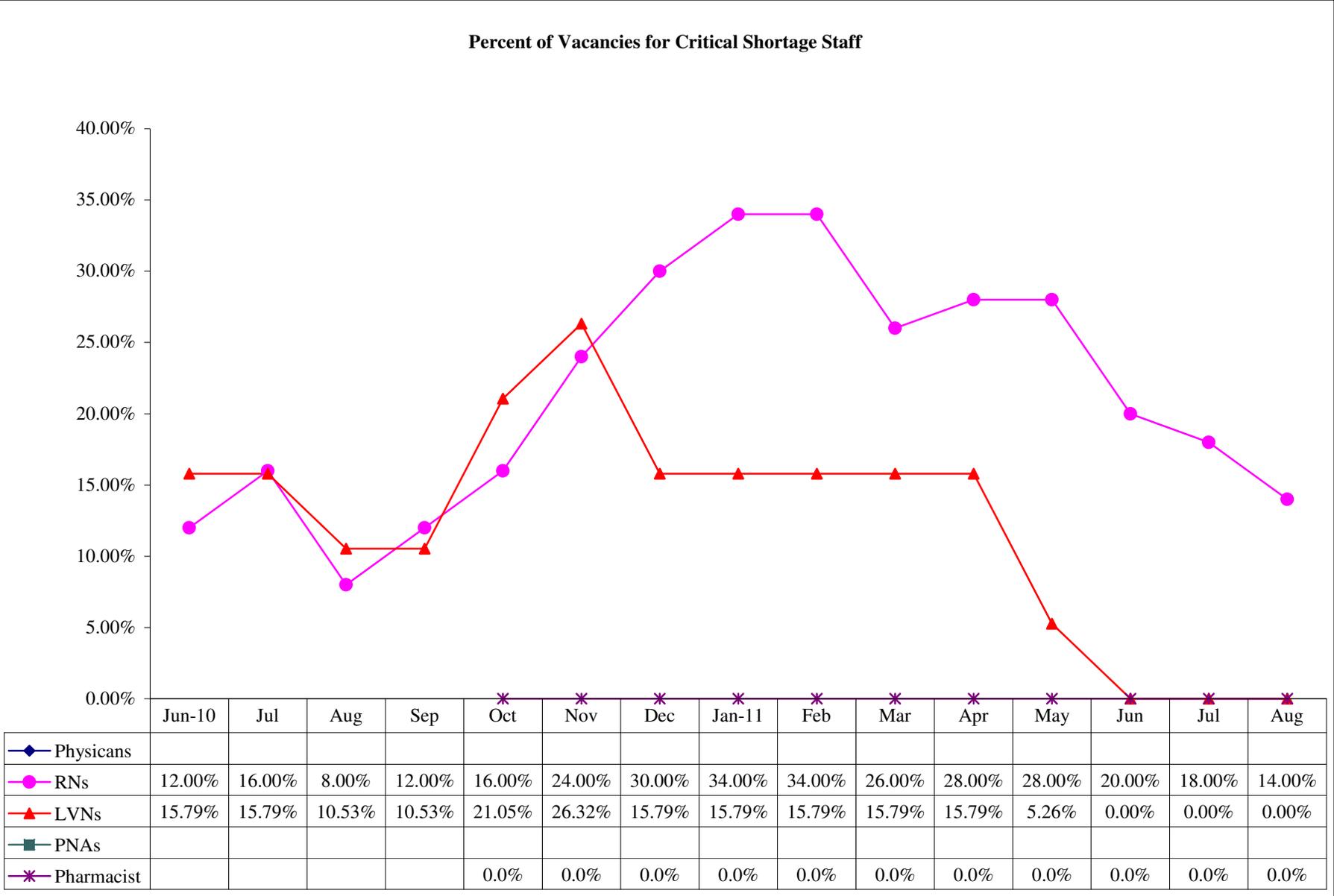
Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital



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



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



Performance Measure 8C:

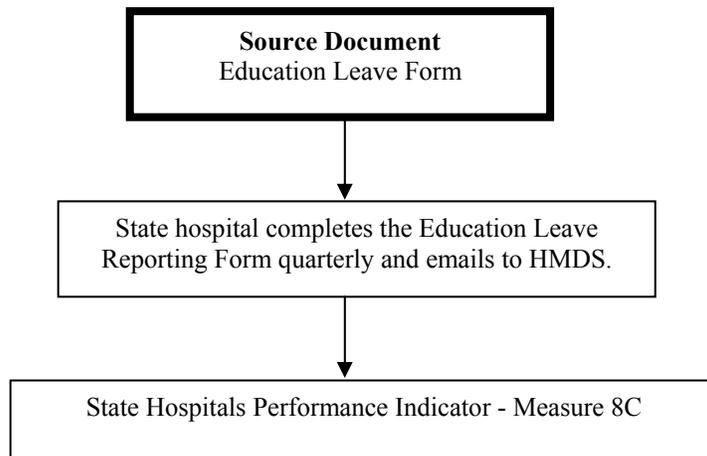
Report number of staff members currently utilizing education leave and the area of study.

Performance Measure Operational Definition: The statewide number of staff members currently utilizing education leave will be maintained.

Performance Measure Formula: No formula, continuous variable.

Performance Measure Data Display and Chart Description:
Table shows number of staff members currently utilizing education leave and the area of study for individual state hospitals and system-wide.

Data Flow:



**Measure 8C - Staff Members Utilizing Education Leave
All State Hospitals - FY2011**

	Q1	Q2	Q3	Q4
Austin State Hospital	8	6	5	8
Big Spring State Hospital	3	4	4	3
El Paso Psychiatric Center	0	0	0	0
Kerrville State Hospital	1	3	3	4
North Texas State Hospital	28	30	27	32
Rio Grande State Center	0	0	0	0
Rusk State Hospital	22	16	10	10
San Antonio State Hospital	3	5	7	12
Terrell State Hospital	16	15	15	8
Waco Center for Youth	1	1	0	1
TCID	2	2	2	2
All State Hospitals	84	82	73	80
	Q1	Q2	Q3	Q4
Associate Degree		1		
Barber	1	1	1	1
Biology		1		
Business		2	2	
Dietician/Nutrition	1	1	1	
IT	1	1		1
Management	2	1	2	2
Nursing	64	61	55	58
Nurse Practitioner	2	3	3	3
O. Therapy				
Pharmacist	2	2	2	
Pharmacy Tech				3
Post-Doctoral Neuropsychology	1	1	1	
Psychology	2	2	2	3
Public Health	1			
Rehabilitation				1
Social Work	5	4	2	7
Sociology				
Therapeutic Recreation	2	1	2	1
Unknown				
All State Hospitals	84	82	73	80

GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Report satisfaction surveys from child patients and their parent(s) or the legally authorized representative. Satisfaction with treatment and safe milieu provided in state psychiatric hospitals will be demonstrated by achieving the average score on the Patient Satisfaction Surveys (PSAT).

- 1. An average score of “4” on the Parent Satisfaction Survey**
- 2. An average score of “1.7” on the Children Satisfaction Survey**

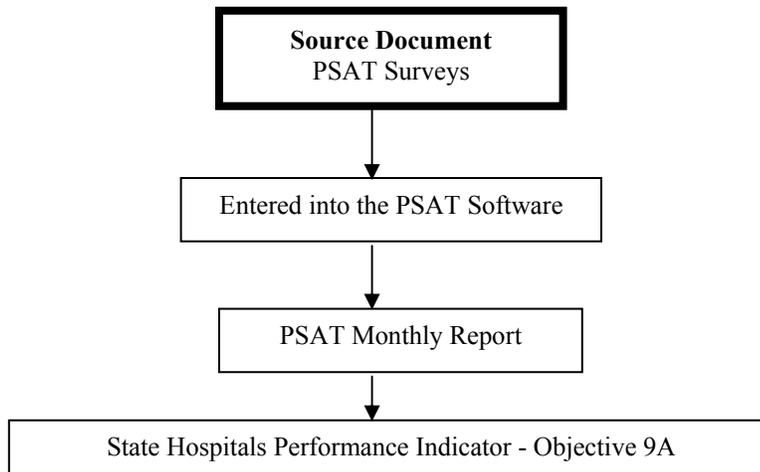
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

Performance Objective Data Display and Chart Description:

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

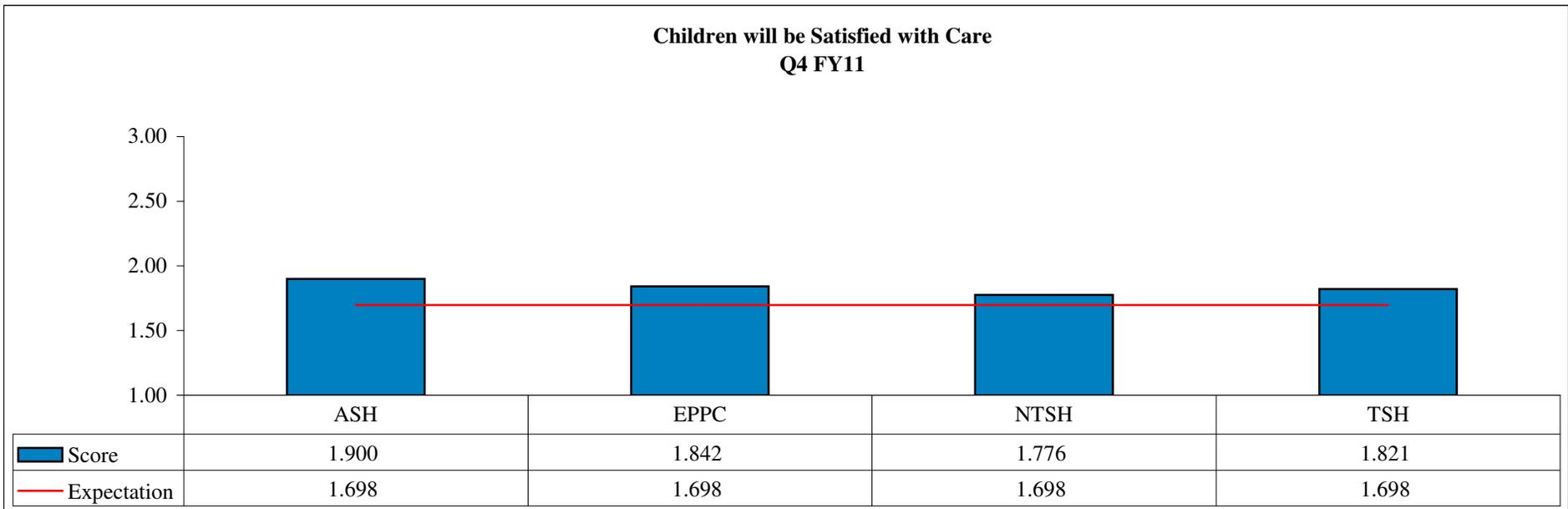
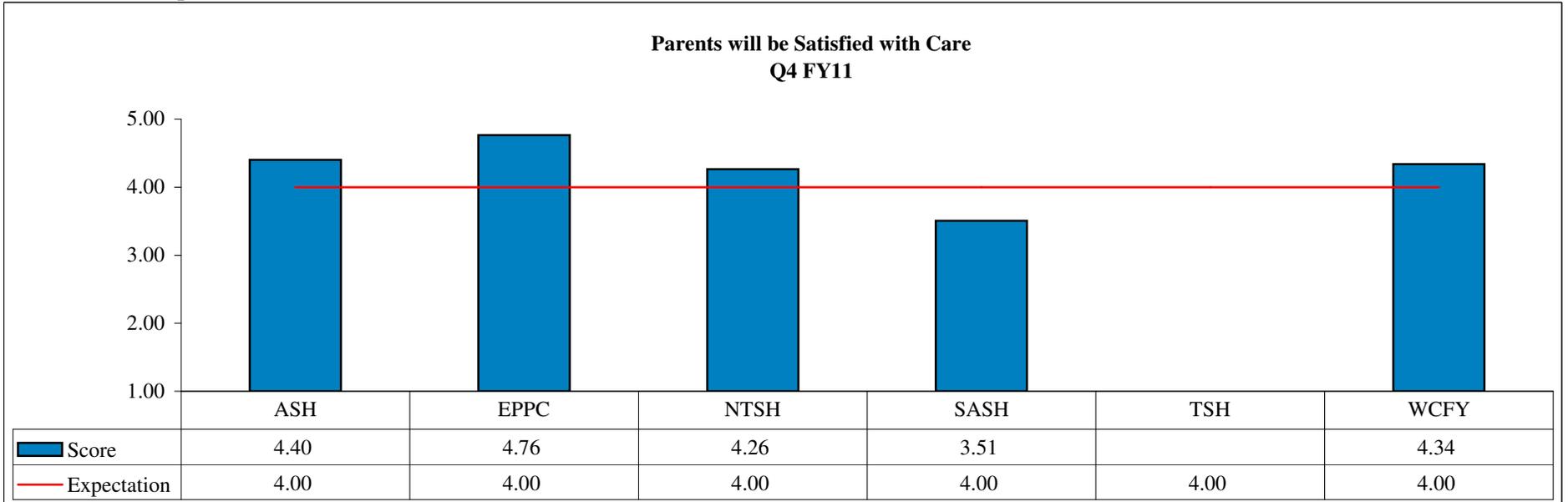
Data Flow:



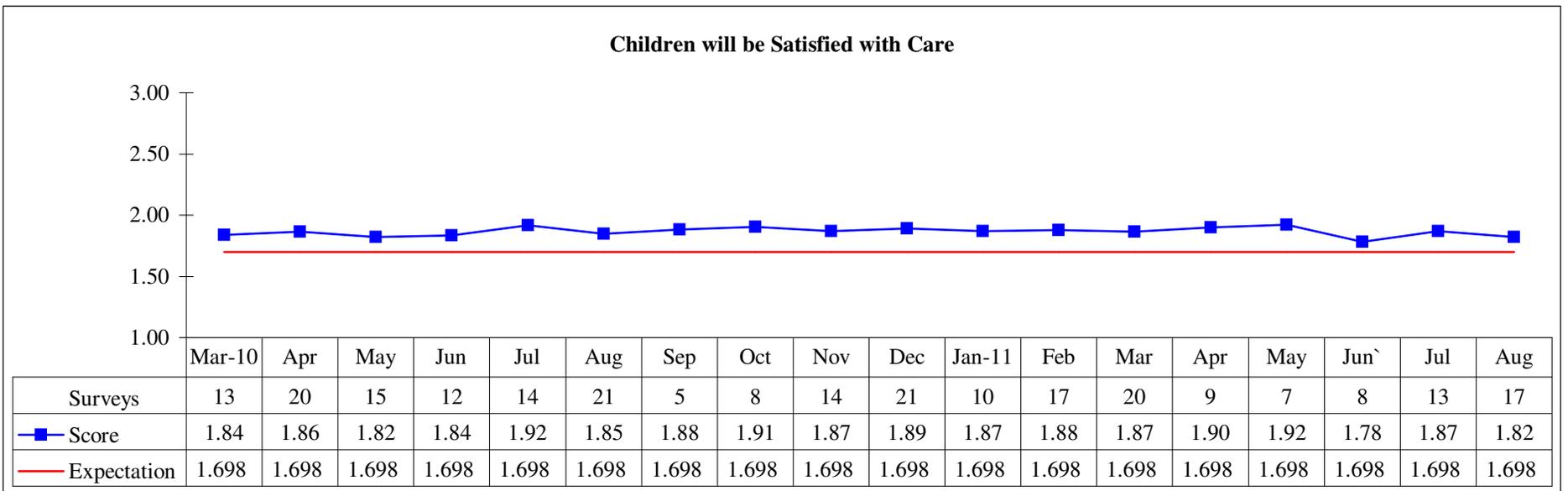
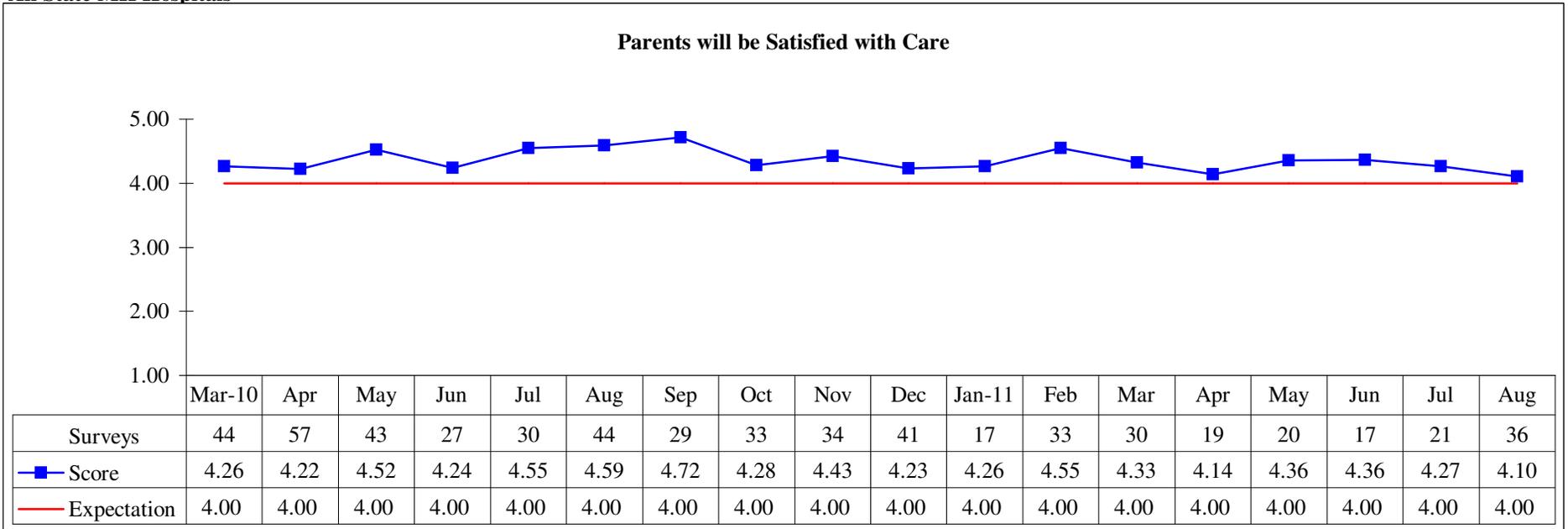
Objective 9A - Patient Satisfaction

Children and Parents will be Satisfied with Treatment and Safe Milieu

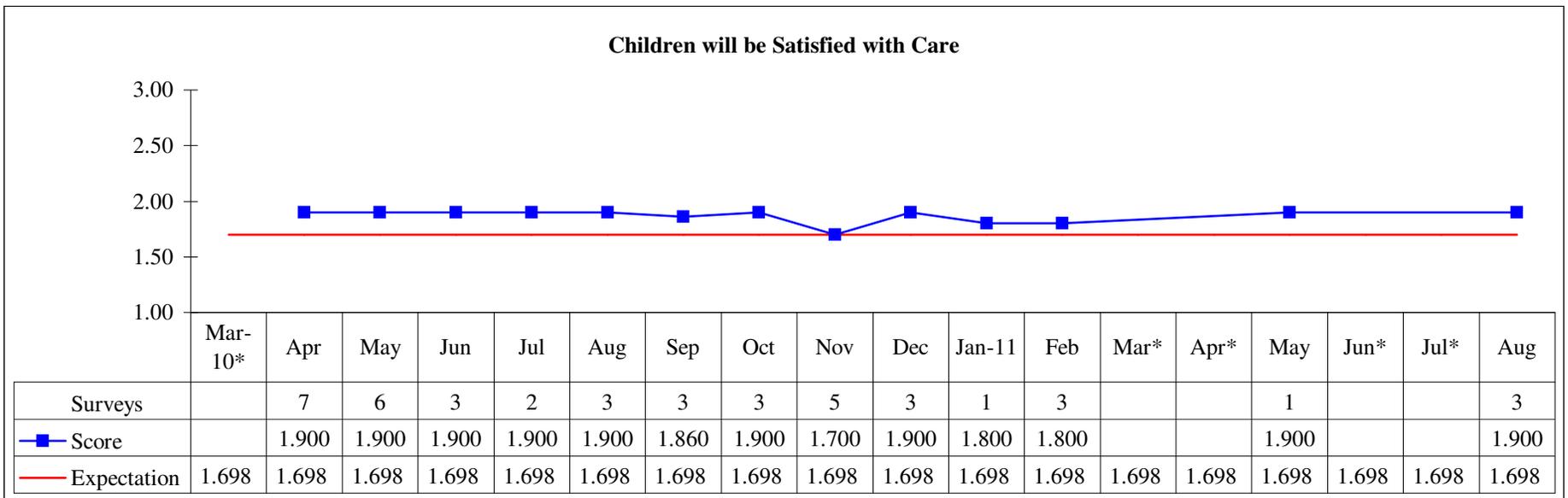
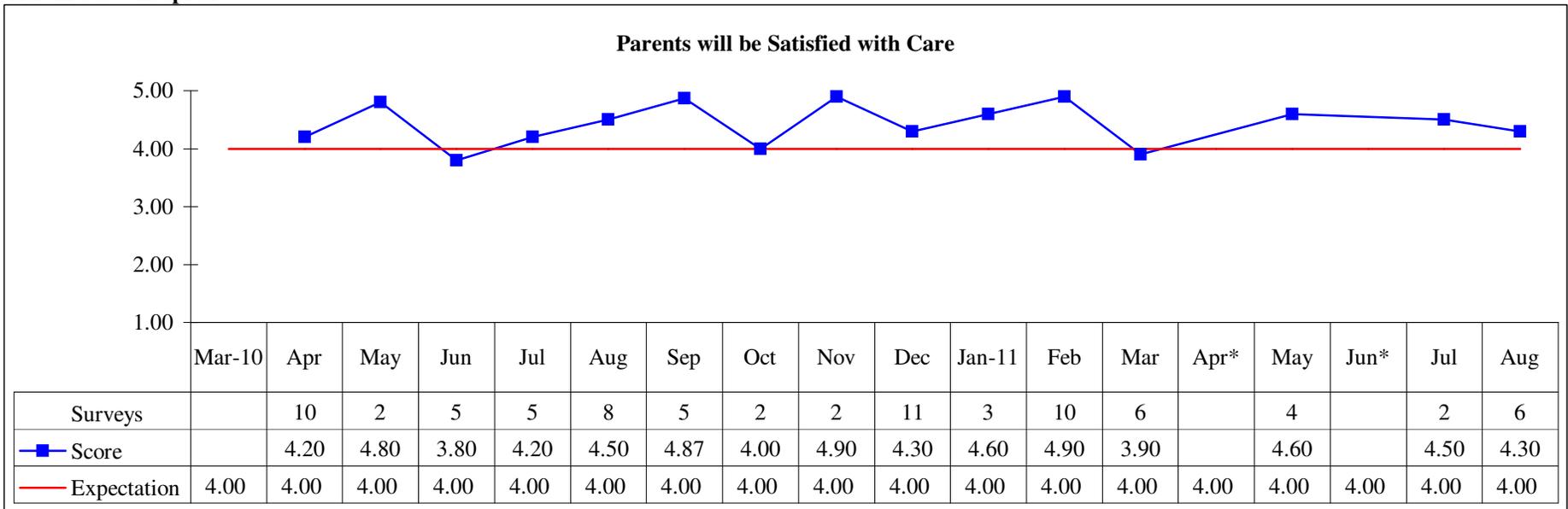
All State MH Hospitals



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

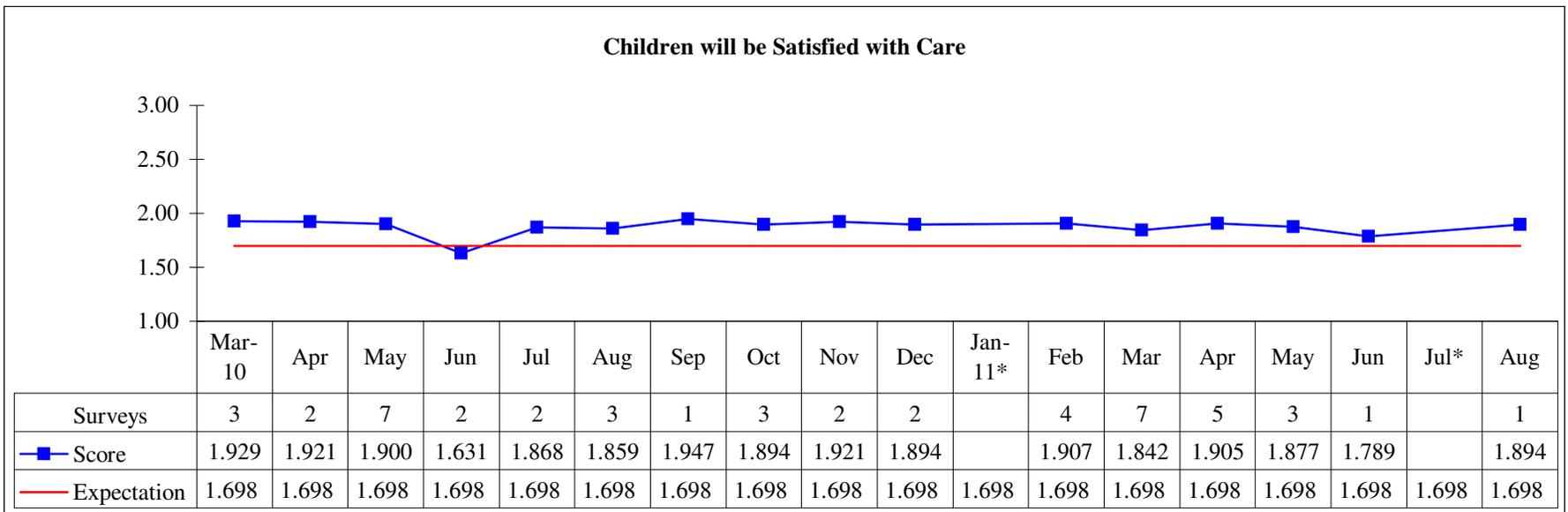
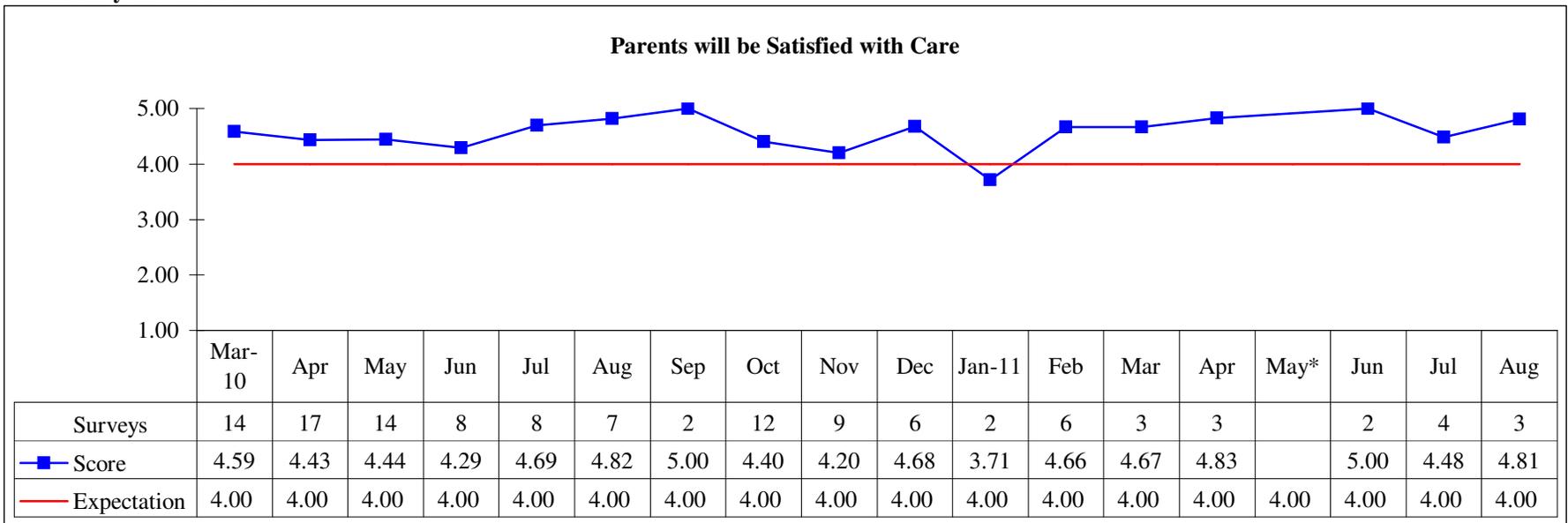


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



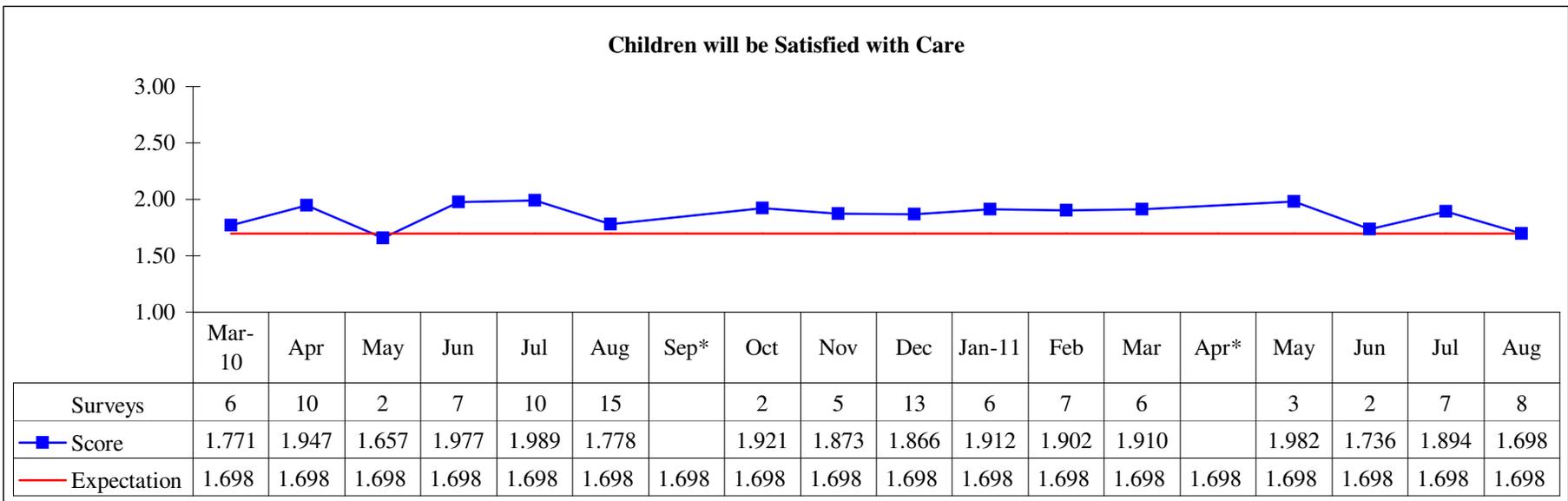
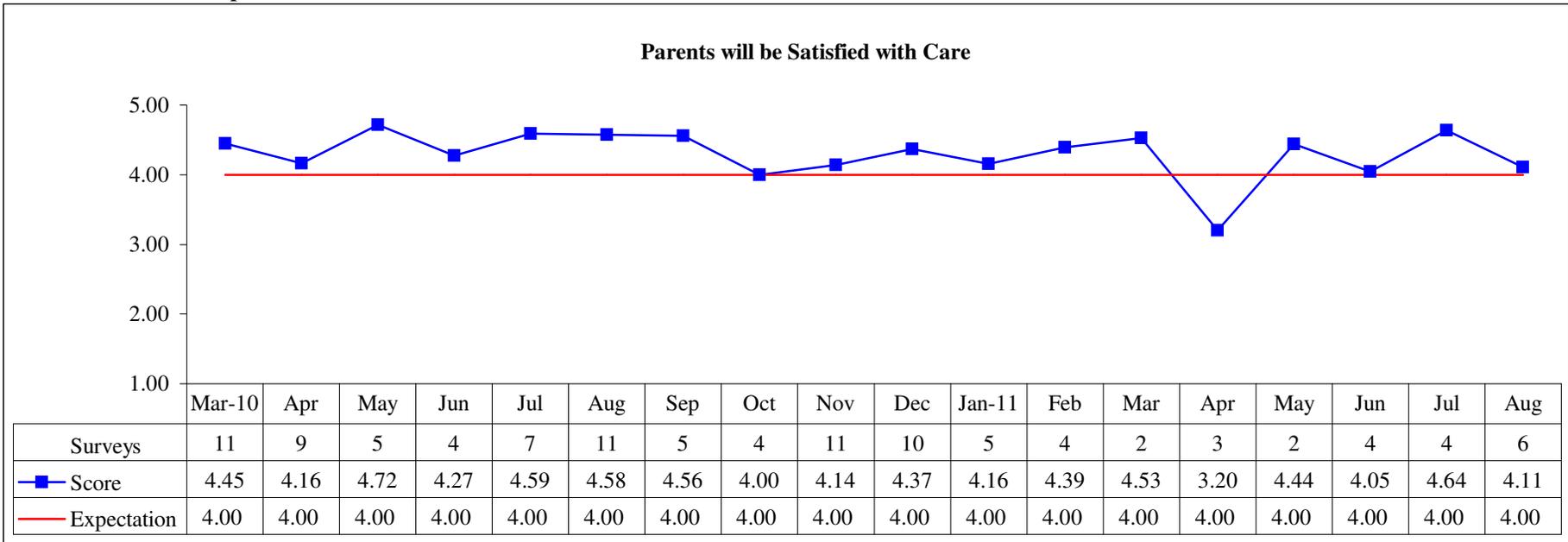
*No surveys submitted

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



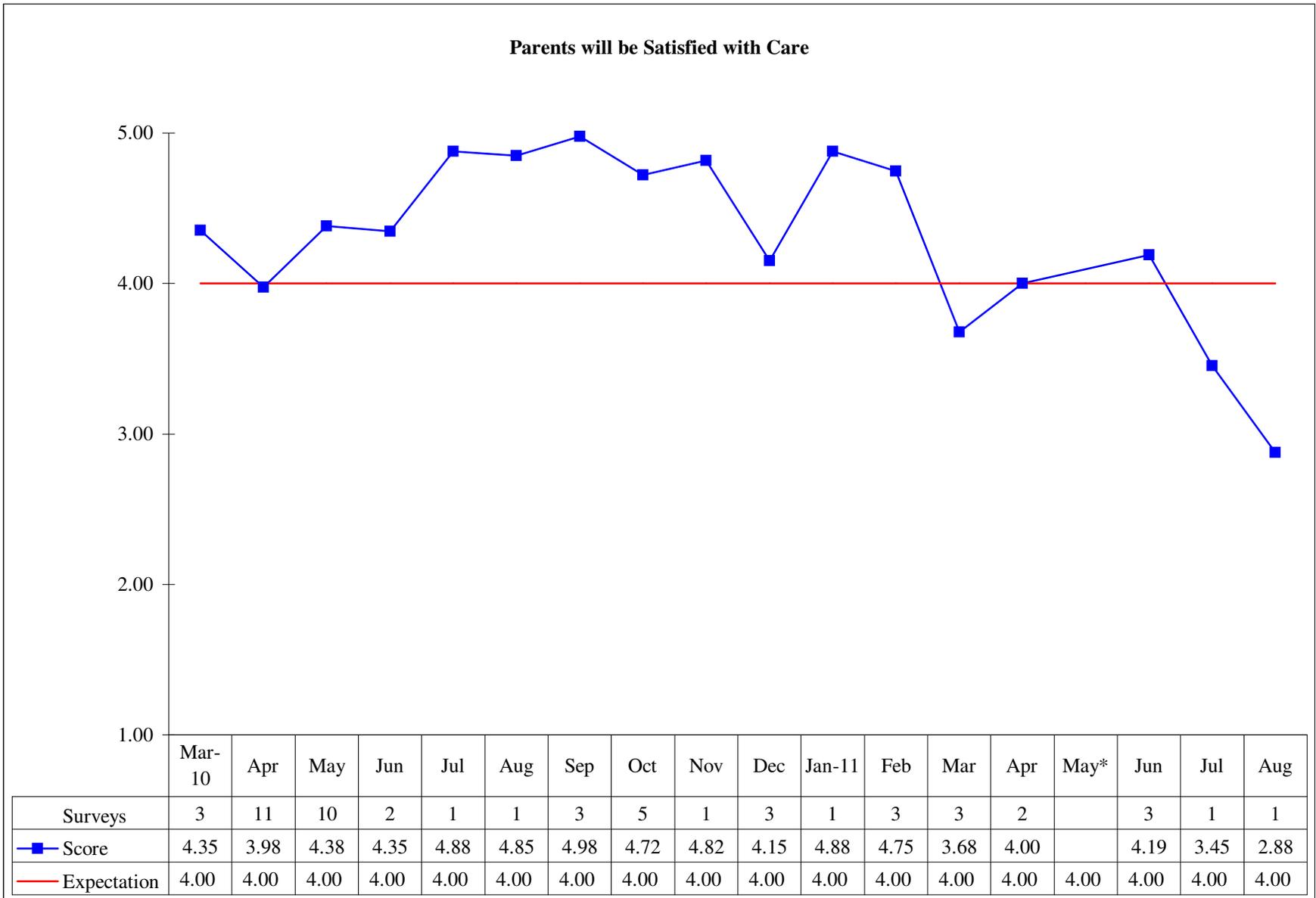
*No surveys submitted

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



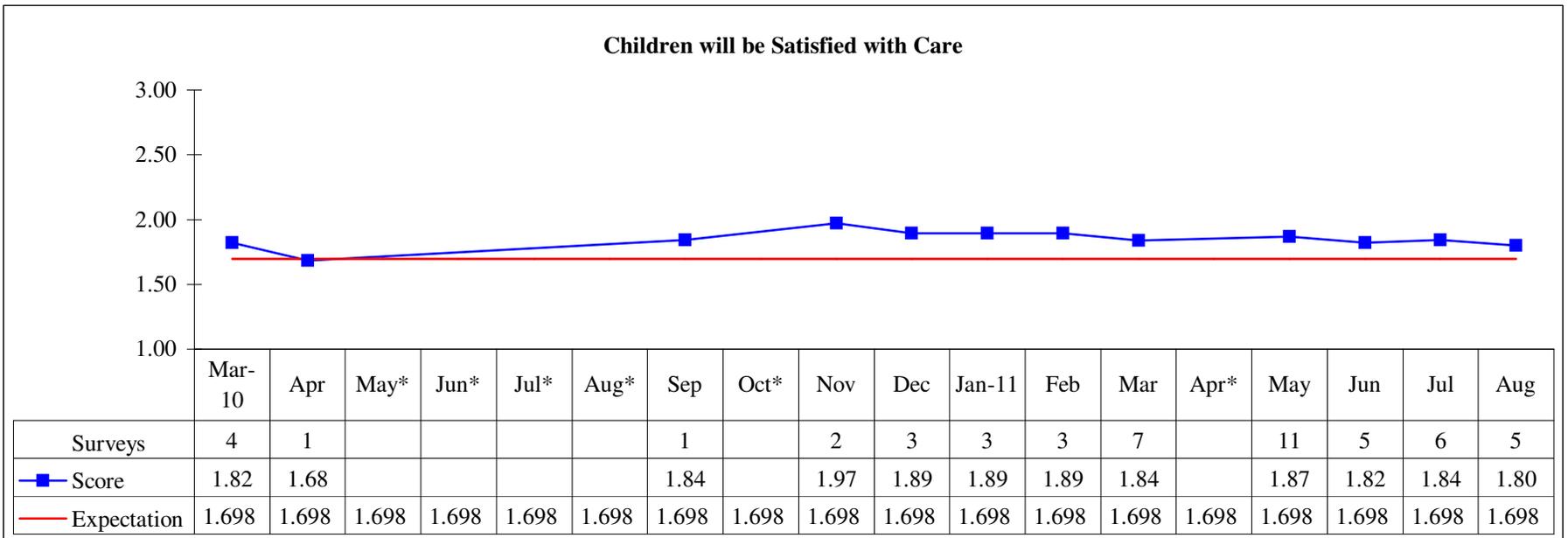
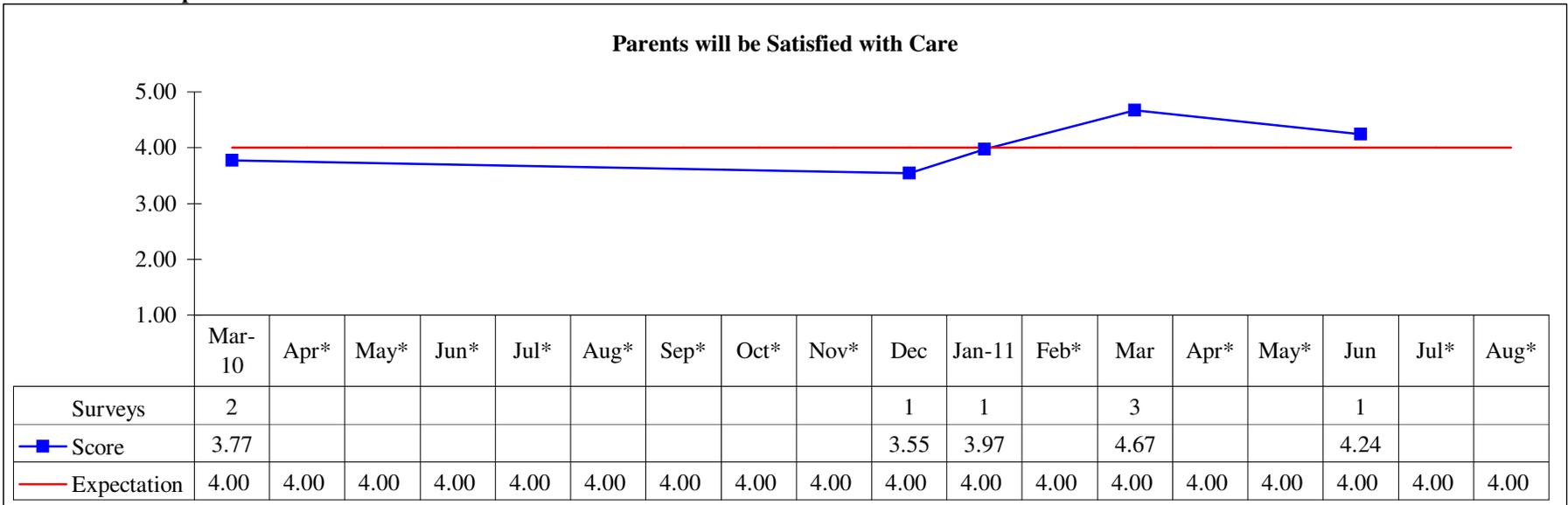
*No surveys submitted

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



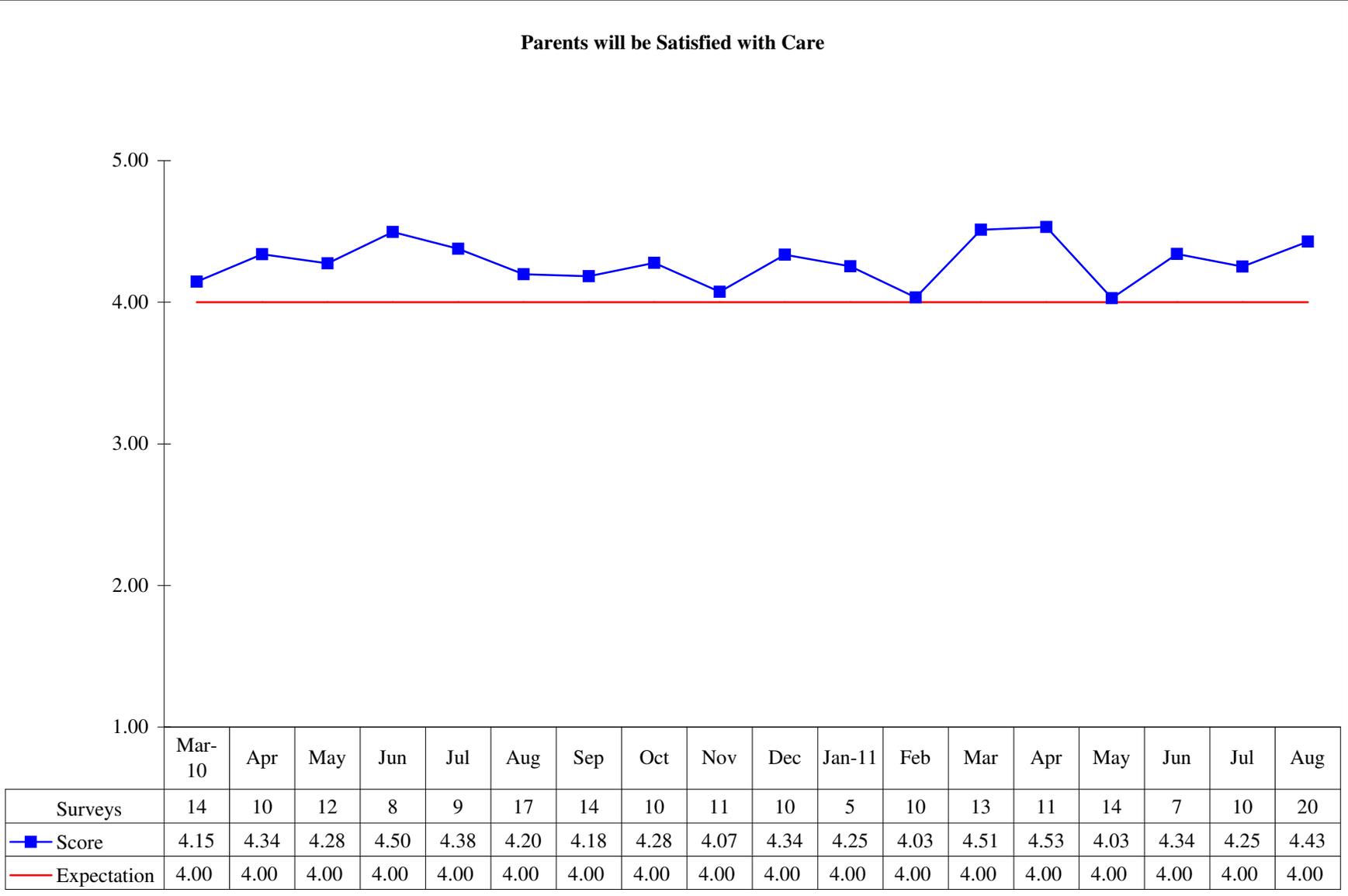
*No surveys submitted

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



*No surveys submitted

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



Performance Objective 9B:

Report adults and adolescents patients' satisfaction with their care as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (MHSIP).

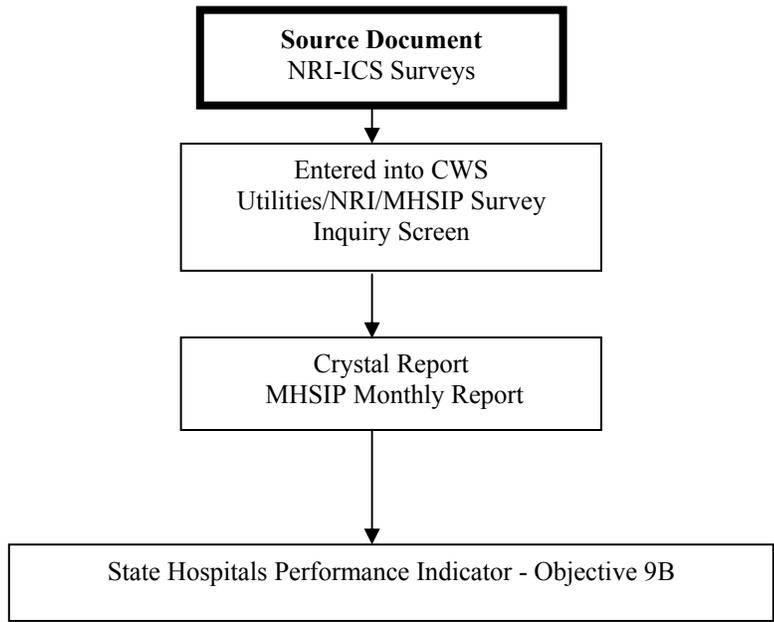
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

Performance Objective Data Display and Chart Description:

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

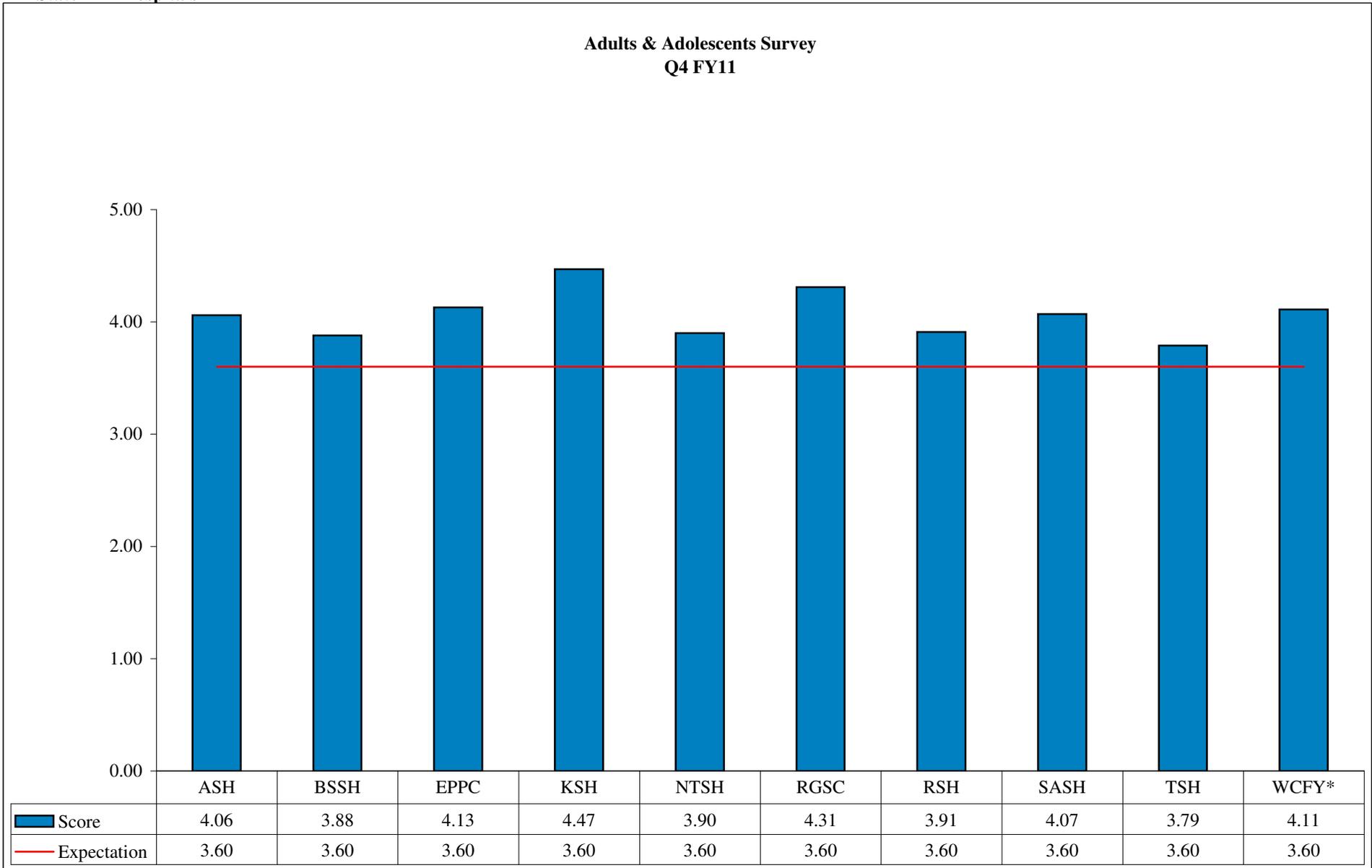
Data Flow:



Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

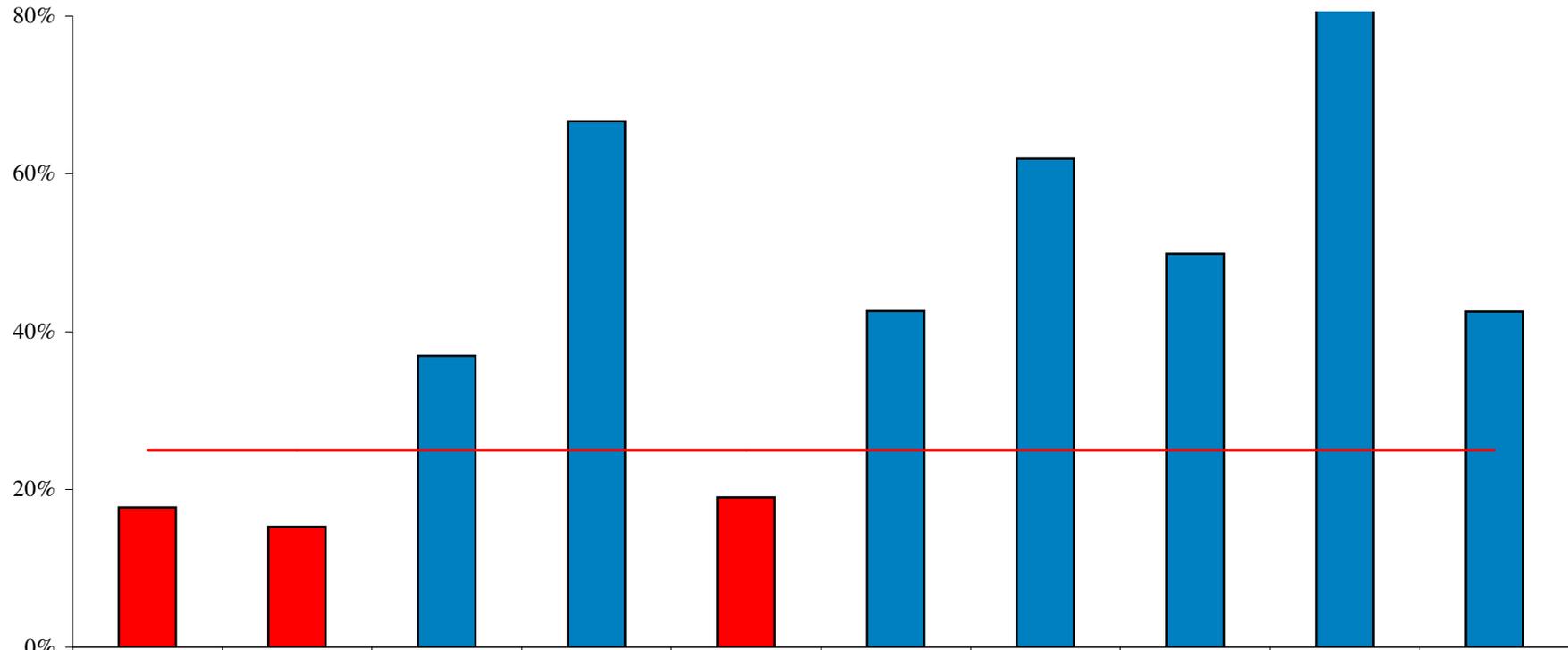
All State MH Hospitals



*WCFY - Adolescent Surveys Only

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

Percentage of Adult & Adolescent Surveys Completed
Q4 FY11



	ASH	BSSH	EPPC	KSH**	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	993	236	249	15	616	284	252	443	638	47
Surveys	176	36	92	10	117	121	156	221	543	20
% Surveyed	18%	15%	37%	67%	19%	43%	62%	50%	85%	43%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only

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

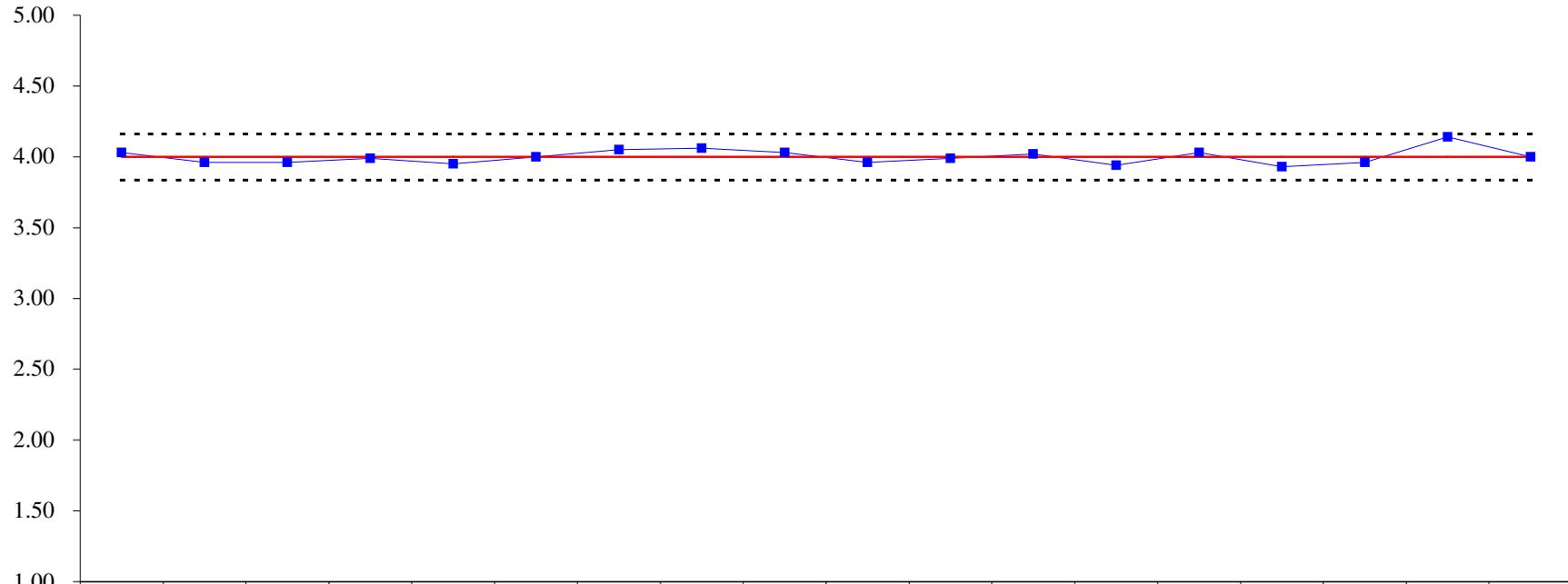
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals

**Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)**



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	4.03	3.96	3.96	3.99	3.95	4.00	4.05	4.06	4.03	3.96	3.99	4.02	3.94	4.03	3.93	3.96	4.14	4.00
Surveys	394	379	378	502	394	414	421	460	367	421	391	388	428	428	413	512	474	506
Discharges	1277	1166	1119	1262	1283	1293	1287	1254	1167	1252	1148	1079	1236	1165	1176	1273	1183	1317
% Sampled	31%	33%	34%	40%	31%	32%	33%	37%	31%	34%	34%	36%	35%	37%	35%	40%	40%	38%
UCL	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16	4.16
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	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84

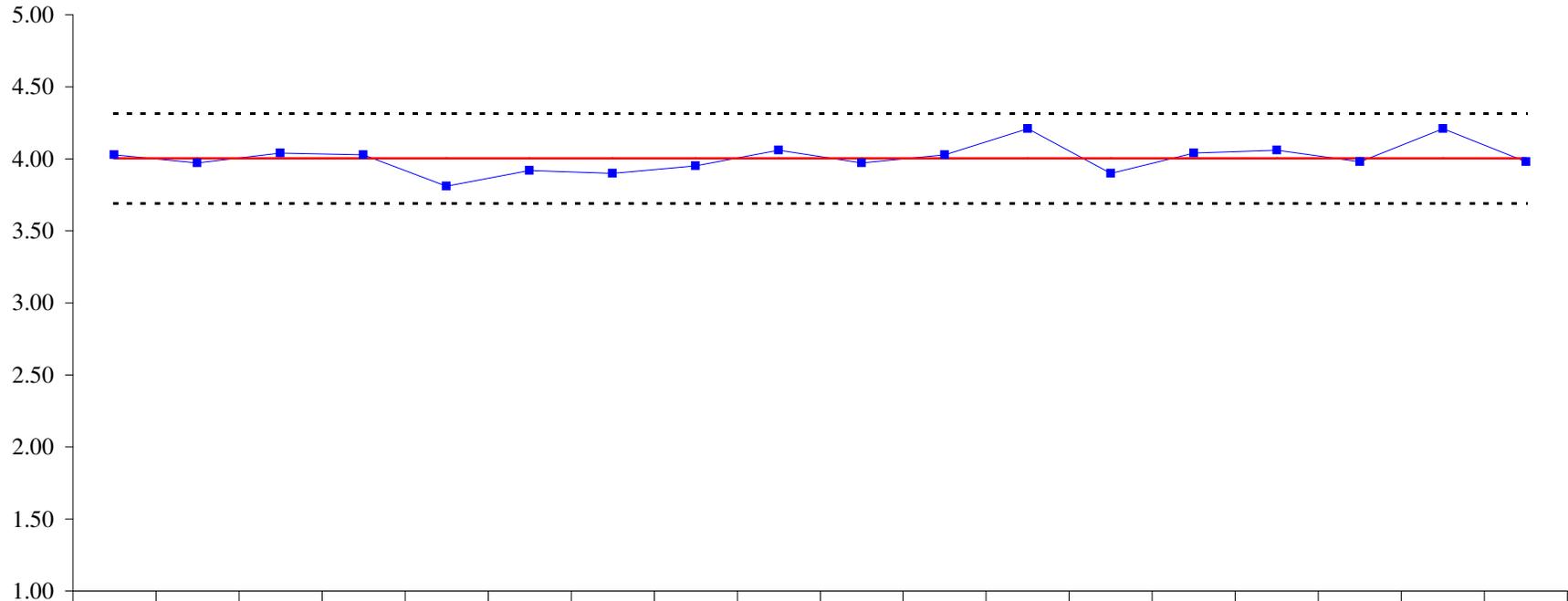
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Austin State Hospital

**Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)**



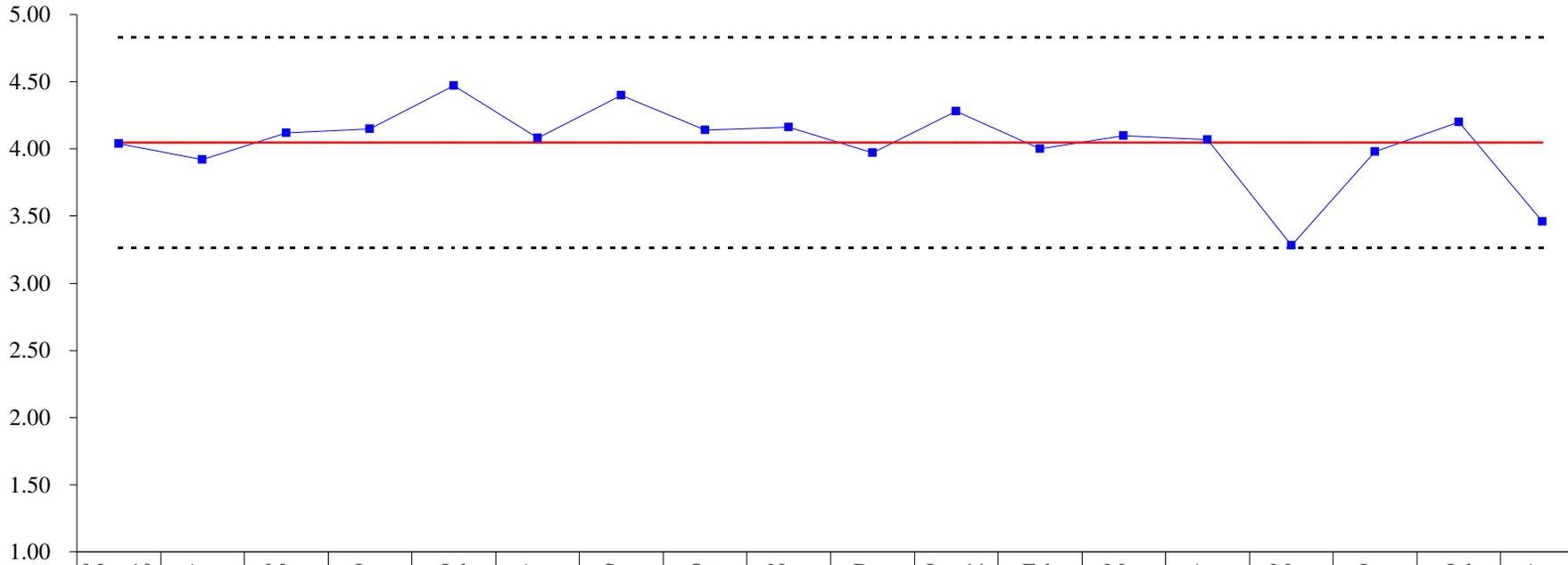
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	4.03	3.97	4.04	4.03	3.81	3.92	3.90	3.95	4.06	3.97	4.03	4.21	3.90	4.04	4.06	3.98	4.21	3.98
Surveys	75	66	69	93	81	64	70	82	58	81	65	42	56	76	52	57	58	61
Discharges	341	338	277	291	331	284	325	314	306	315	298	273	313	319	301	333	313	347
% Sampled	22%	20%	25%	32%	24%	23%	22%	26%	19%	26%	22%	15%	18%	24%	17%	17%	19%	18%
----- UCL	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
----- Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
----- LCL	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69

Source: HC022020;

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

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

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.04	3.92	4.12	4.15	4.47	4.08	4.40	4.14	4.16	3.97	4.28	4.00	4.10	4.07	3.28	3.98	4.20	3.46
Surveys	12	10	8	14	5	14	10	14	10	13	12	15	11	13	13	14	6	16
Discharges	94	86	69	87	78	88	81	66	60	81	64	76	70	80	80	93	61	82
% Sampled	13%	12%	12%	16%	6%	16%	12%	21%	17%	16%	19%	20%	16%	16%	16%	15%	10%	20%
----- UCL	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83
— 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	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26	3.26

Source: HC022020;

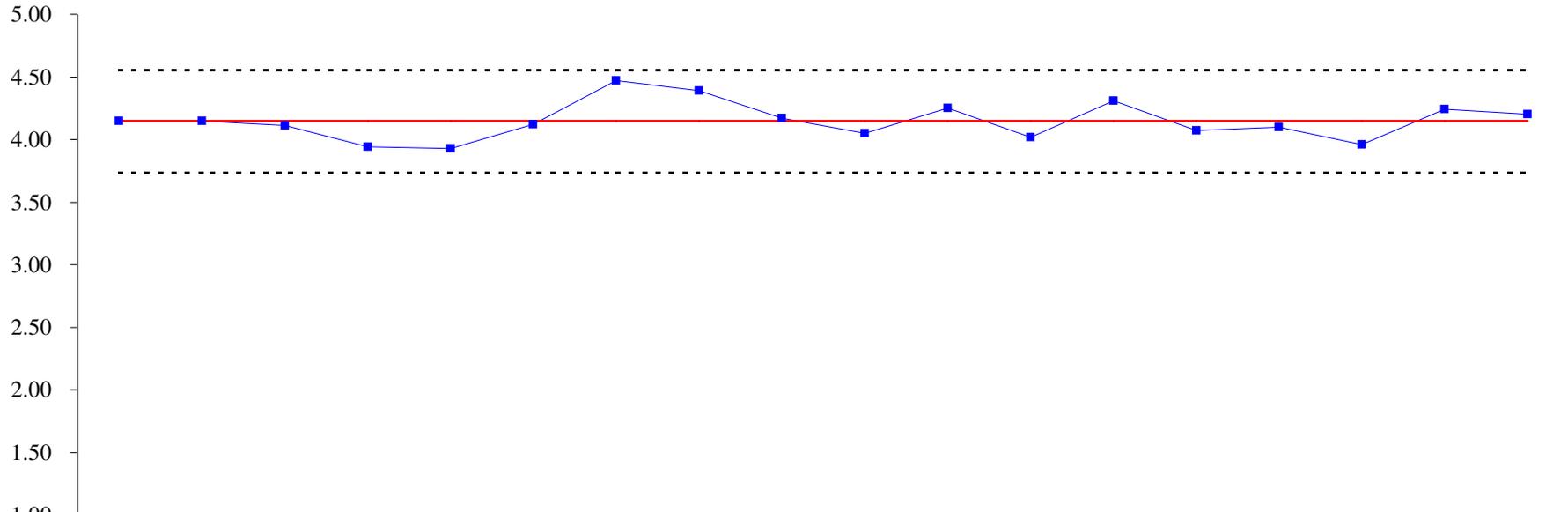
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

El Paso Psychiatric Center

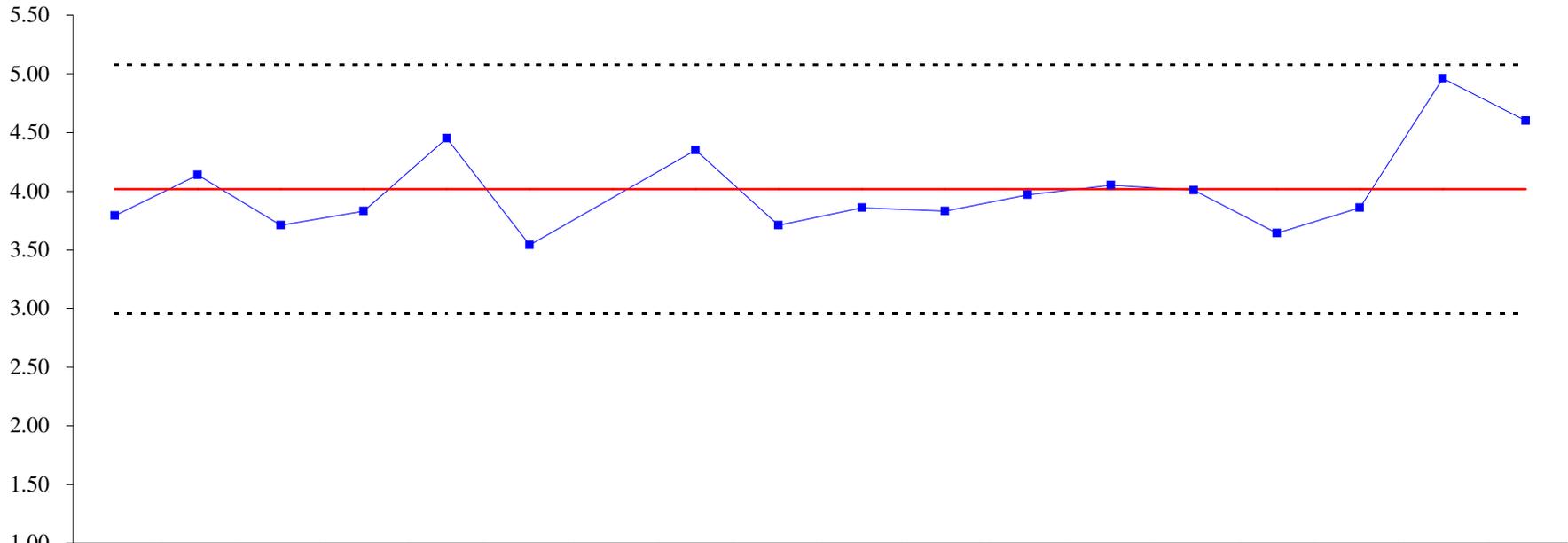
**Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)**



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.15	4.15	4.11	3.94	3.93	4.12	4.47	4.39	4.17	4.05	4.25	4.02	4.31	4.07	4.10	3.96	4.24	4.20
Surveys	37	37	19	15	10	27	12	17	17	15	11	33	19	17	22	26	38	28
Discharges	68	69	62	52	50	73	46	53	59	49	43	52	78	68	64	69	96	84
% Sampled	54%	54%	31%	29%	20%	37%	26%	32%	29%	55%	26%	63%	55%	25%	34%	55%	40%	33%
- - - - - UCL	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56
— Avg	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15
- - - - - LCL	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73

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

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)



	Mar-10	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.79	4.14	3.71	3.83	4.45	3.54		4.35	3.71	3.86	3.83	3.97	4.05	4.01	3.64	3.86	4.96	4.60
Surveys	2	8	4	5	4	5		3	4	1	2	10	8	3	4	6	1	3
Discharges	3	5	5	3	4	6	1	4	6	2	3	14	16	4	12	9	2	4
% Sampled	67%	160%	80%	167%	100%	83%	0%	75%	67%	50%	67%	71%	50%	75%	33%	67%	50%	75%
----- UCL	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08	5.08
— Avg	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
----- LCL	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96	2.96

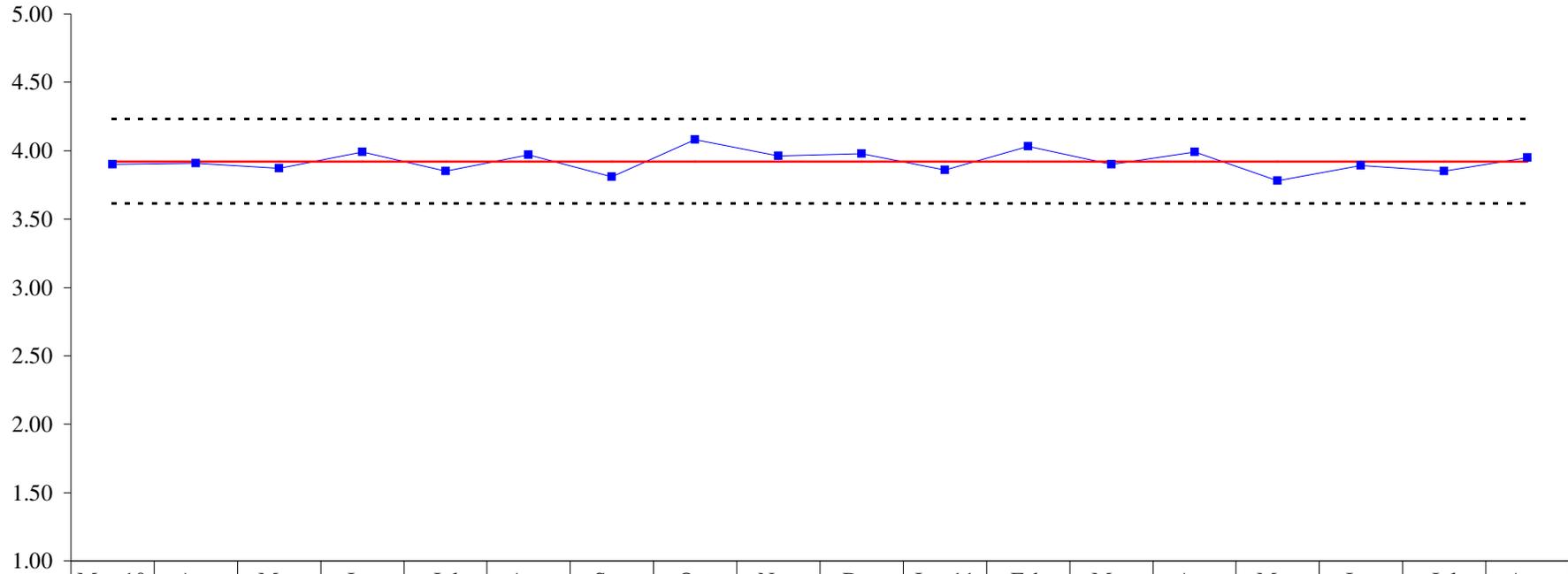
KSH provides surveys on request and offer them to annual reviews.

*No Survey Done

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

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

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.90	3.91	3.87	3.99	3.85	3.97	3.81	4.08	3.96	3.98	3.86	4.03	3.90	3.99	3.78	3.89	3.85	3.95
Surveys	45	48	45	44	39	40	44	39	43	36	42	34	55	56	33	38	35	44
Discharges	202	194	193	201	187	188	192	196	168	206	178	164	216	191	198	217	185	214
% Sampled	22%	25%	23%	22%	21%	21%	23%	20%	26%	17%	24%	21%	25%	29%	17%	18%	19%	21%
----- UCL	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23	4.23
— Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
----- LCL	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61	3.61

Source: HC022020;

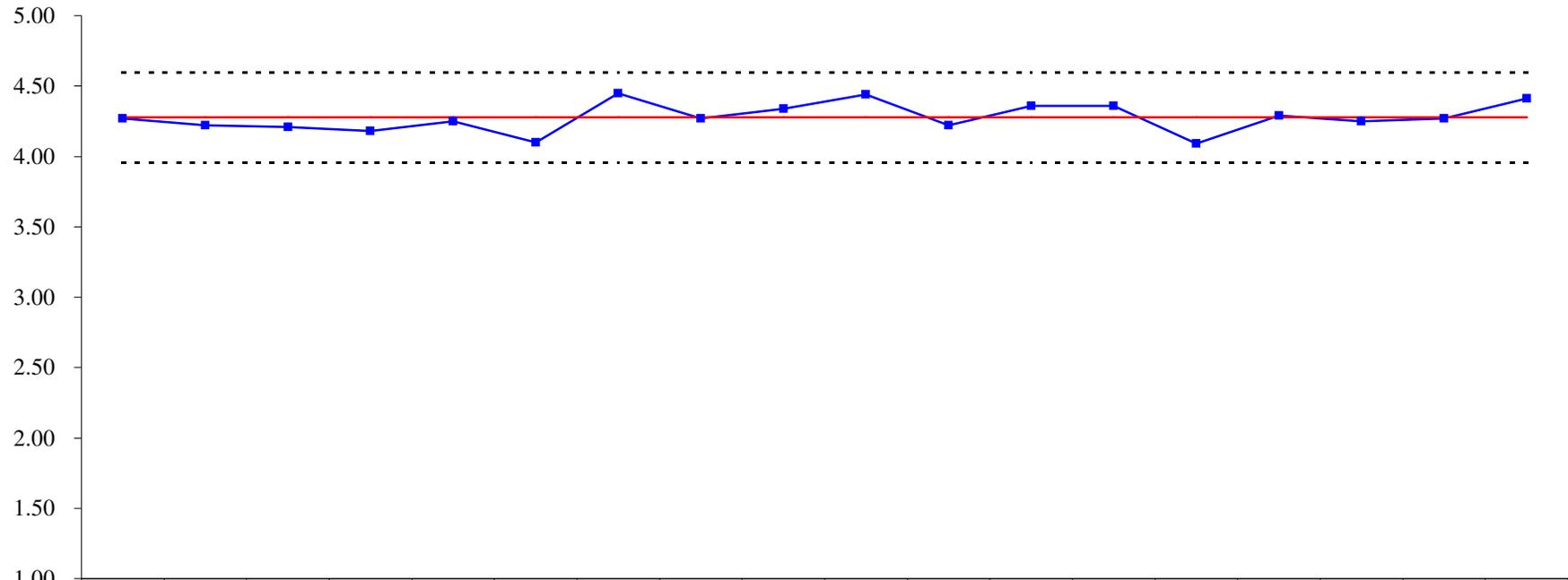
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rio Grande State Center

**Adults & Adolescents will be Satisfied With Care
(FY2011 Expectation is Average Score ≥ 3.60)**

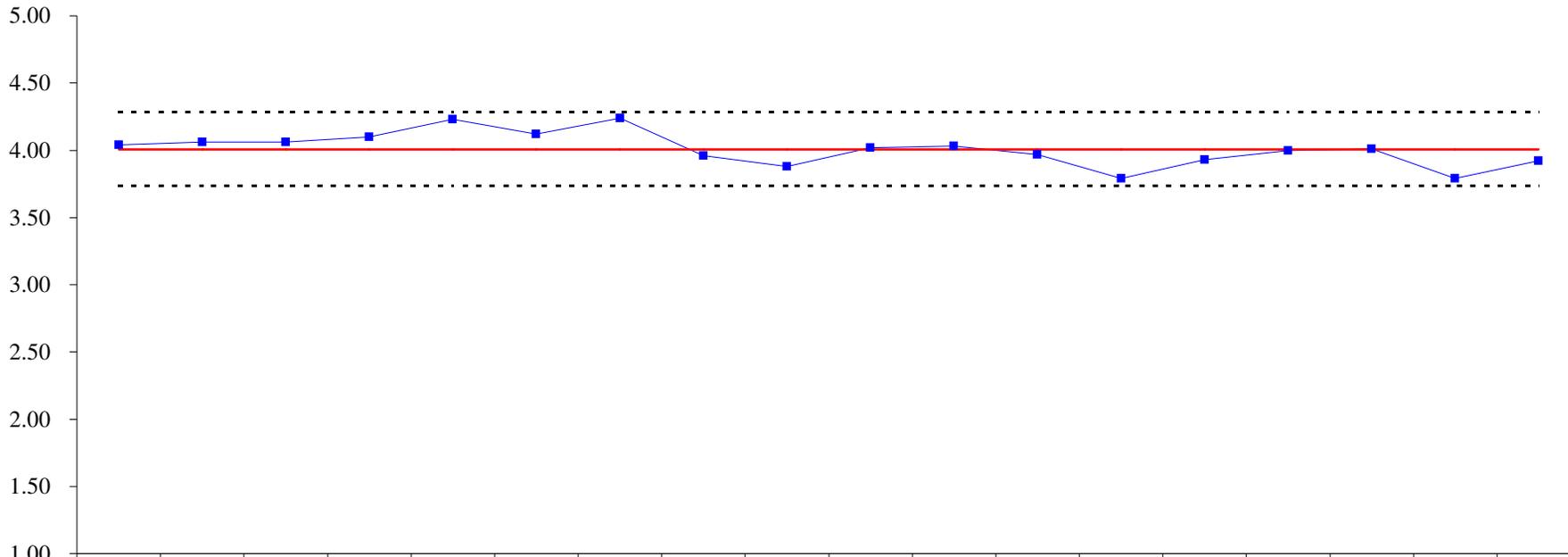


	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	4.27	4.22	4.21	4.18	4.25	4.10	4.45	4.27	4.34	4.44	4.22	4.36	4.36	4.09	4.29	4.25	4.27	4.41
Surveys	50	47	61	64	56	41	55	68	39	30	47	30	48	34	28	55	29	37
Discharges	87	80	93	107	119	119	118	98	87	90	96	70	97	83	81	96	82	106
% Sampled	57%	59%	66%	60%	47%	34%	47%	69%	45%	33%	49%	43%	49%	41%	35%	57%	35%	35%
UCL	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60
Avg	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
LCL	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96

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

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

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	4.04	4.06	4.06	4.10	4.23	4.12	4.24	3.96	3.88	4.02	4.03	3.97	3.79	3.93	4.00	4.01	3.79	3.92
Surveys	42	21	26	20	17	21	17	21	19	10	21	14	6	5	35	48	57	51
Discharges	100	76	70	72	99	99	72	94	73	75	79	61	65	69	64	86	79	87
% Sampled	42%	28%	37%	28%	17%	21%	24%	22%	26%	13%	27%	23%	9%	7%	55%	56%	72%	59%
UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
LCL	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74

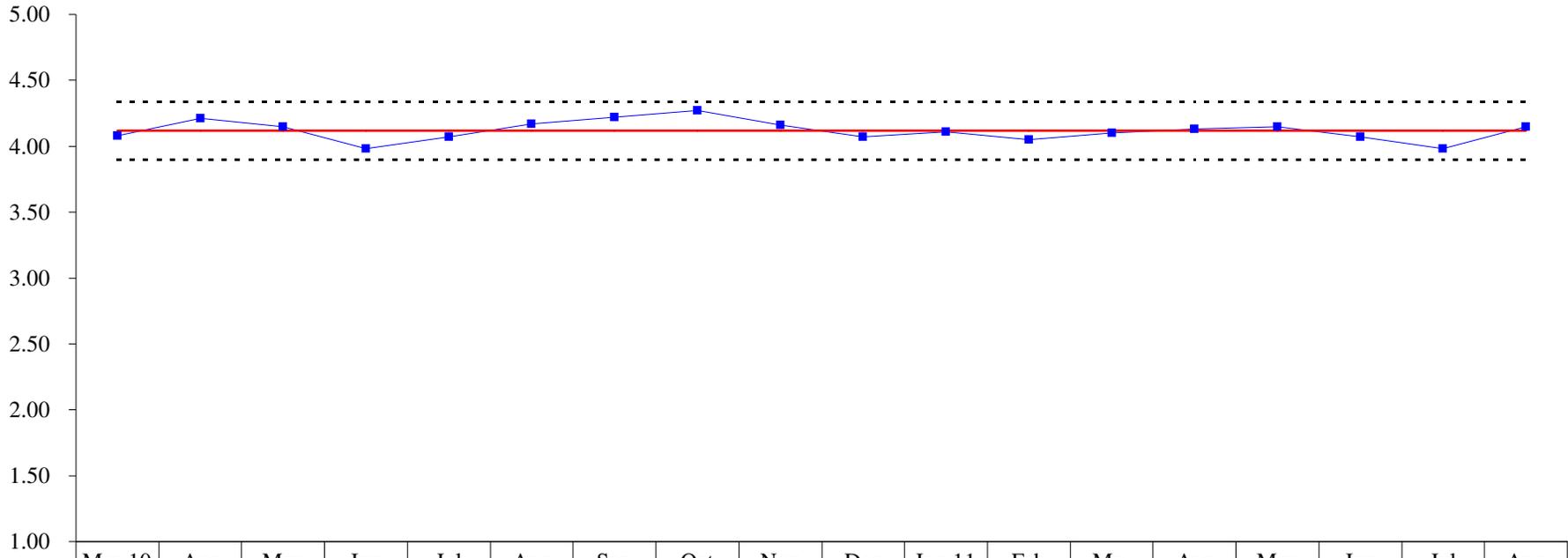
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

San Antonio State Hospital

**Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)**



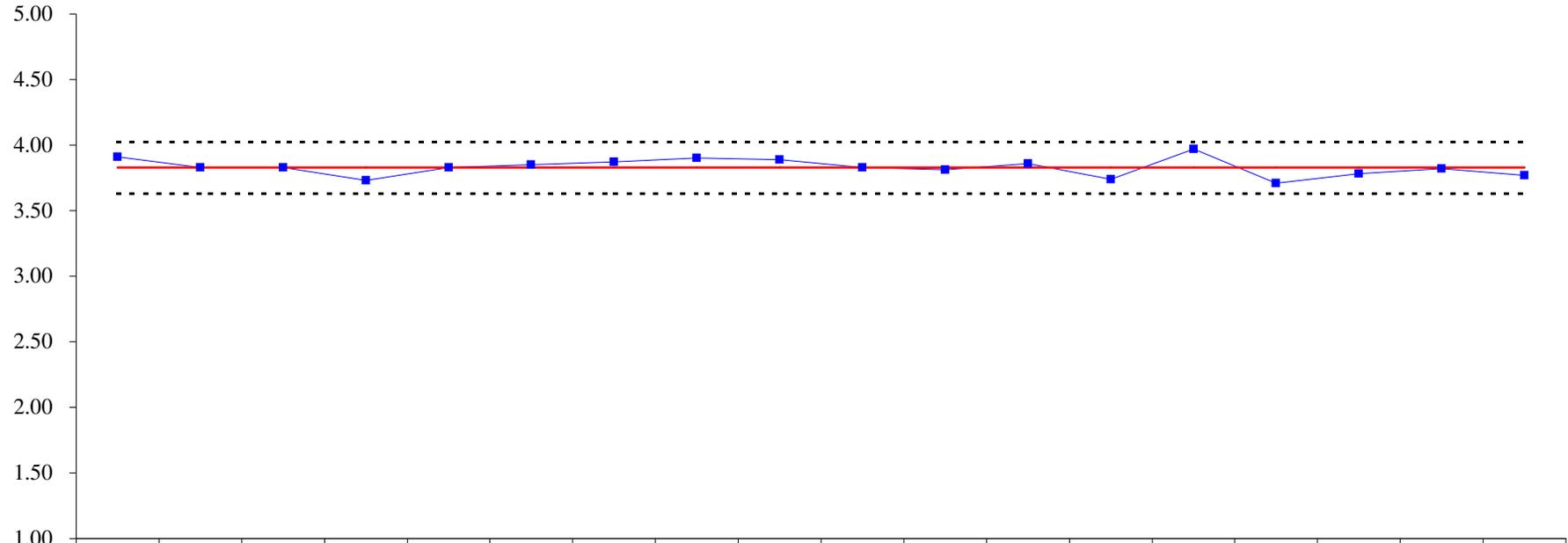
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.08	4.21	4.15	3.98	4.07	4.17	4.22	4.27	4.16	4.07	4.11	4.05	4.10	4.13	4.15	4.07	3.98	4.15
Surveys	99	95	91	82	56	86	75	67	56	73	59	80	60	88	77	80	76	65
Discharges	198	157	171	168	129	160	172	147	148	149	157	159	146	147	164	159	145	139
% Sampled	50%	61%	53%	49%	43%	54%	44%	46%	38%	49%	38%	50%	41%	60%	47%	50%	52%	47%
----- UCL	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34
———— Avg	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
----- LCL	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90

Source: HC022020;

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

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

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.91	3.83	3.83	3.73	3.83	3.85	3.87	3.90	3.89	3.83	3.81	3.86	3.74	3.97	3.71	3.78	3.82	3.77
Surveys	121	130	150	165	125	111	137	147	121	160	129	130	156	132	134	181	167	195
Discharges	286	236	247	271	274	258	264	271	246	267	222	199	220	192	196	200	202	236
% Sampled	42%	55%	61%	61%	46%	43%	52%	54%	49%	60%	58%	65%	71%	69%	68%	91%	83%	83%
----- UCL	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03
----- Avg	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83
----- LCL	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63

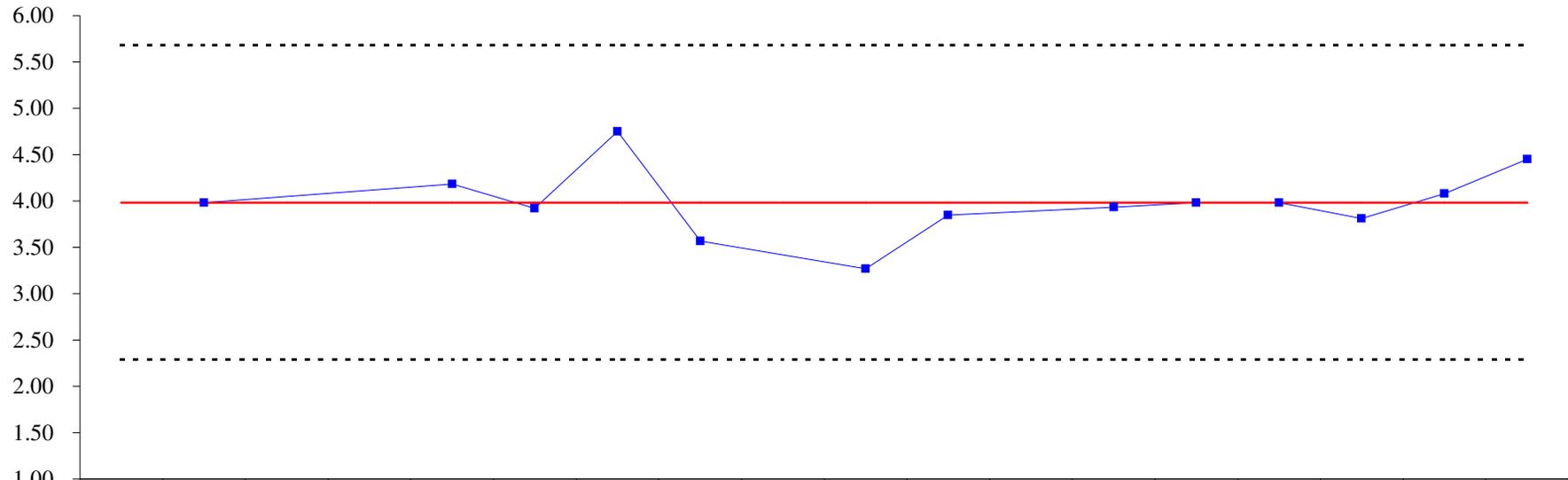
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Waco Center for Youth

**Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥ 3.60)**



	Mar-10*	Apr	May*	Jun*	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-11	Feb*	Mar	Apr	May	Jun	Jul	Aug
Score		3.98			4.18	3.92	4.75	3.57		3.27	3.85		3.93	3.98	3.98	3.81	4.08	4.45
Surveys	0	2	0	0	1	5	1	2	0	2	3	0	9	4	15	7	7	6
Discharges	16	12	13	10	12	18	16	11	14	18	8	11	15	12	16	11	18	18
% Sampled	0%	17%	0%	0%	8%	28%	6%	18%	0%	11%	38%	0%	60%	33%	94%	64%	39%	33%
UCL	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68	5.68
Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
LCL	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28

*No Survey Done

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

Performance Objective 9E:

Conduct regularly scheduled assessments of Facility Support Systems through the FSPI process.

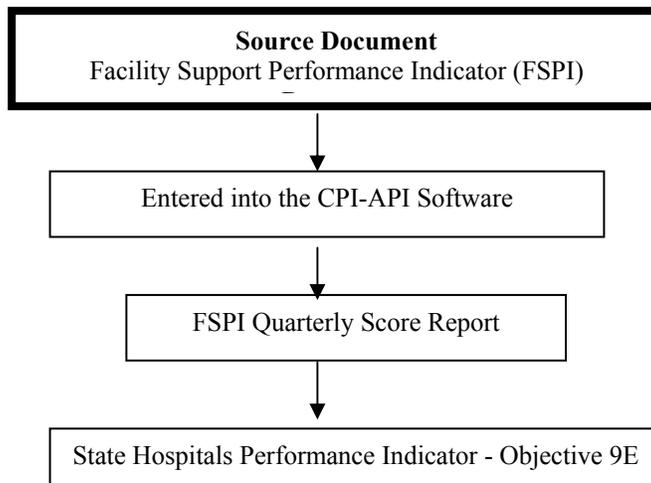
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:

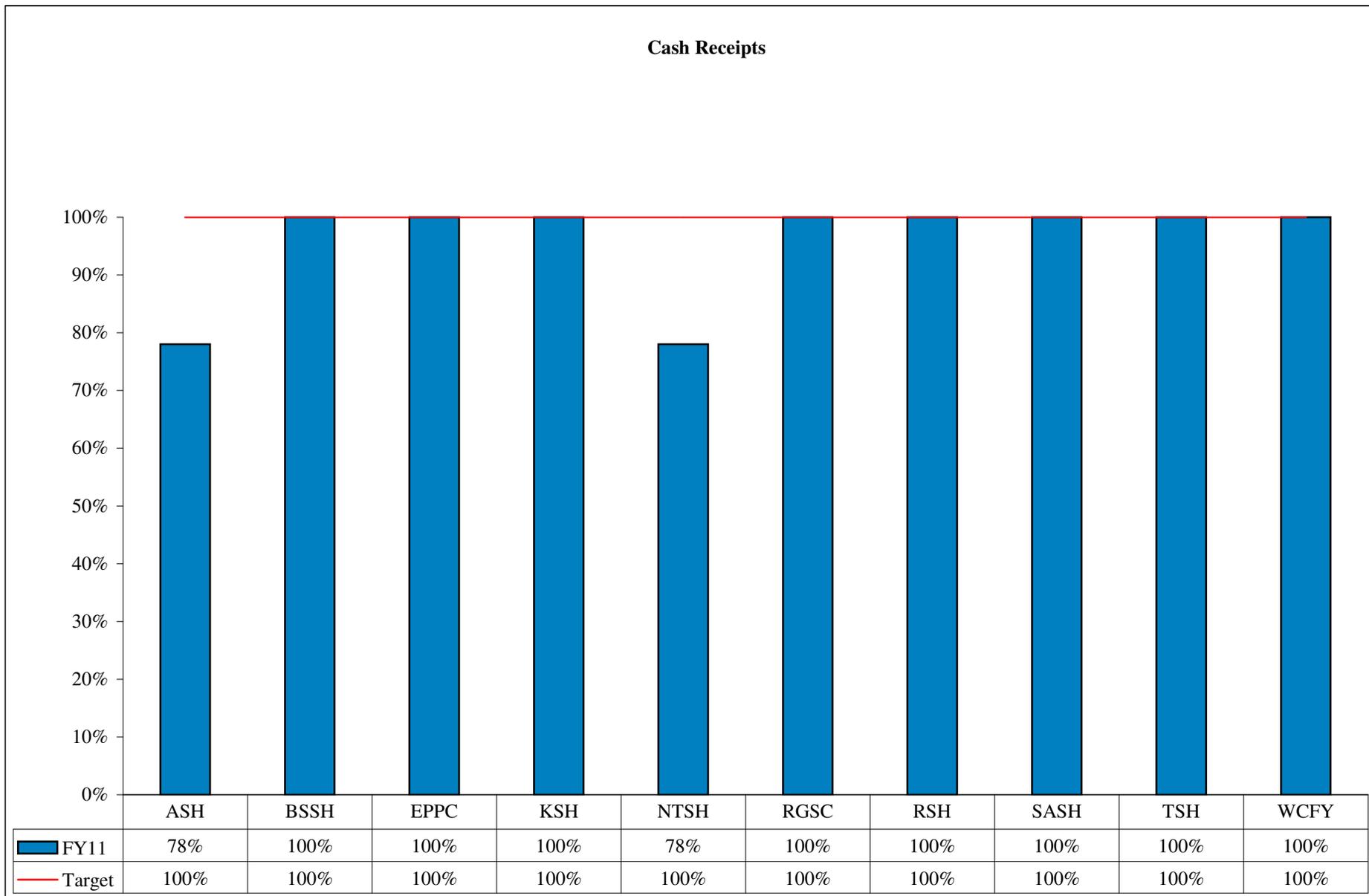


Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2011

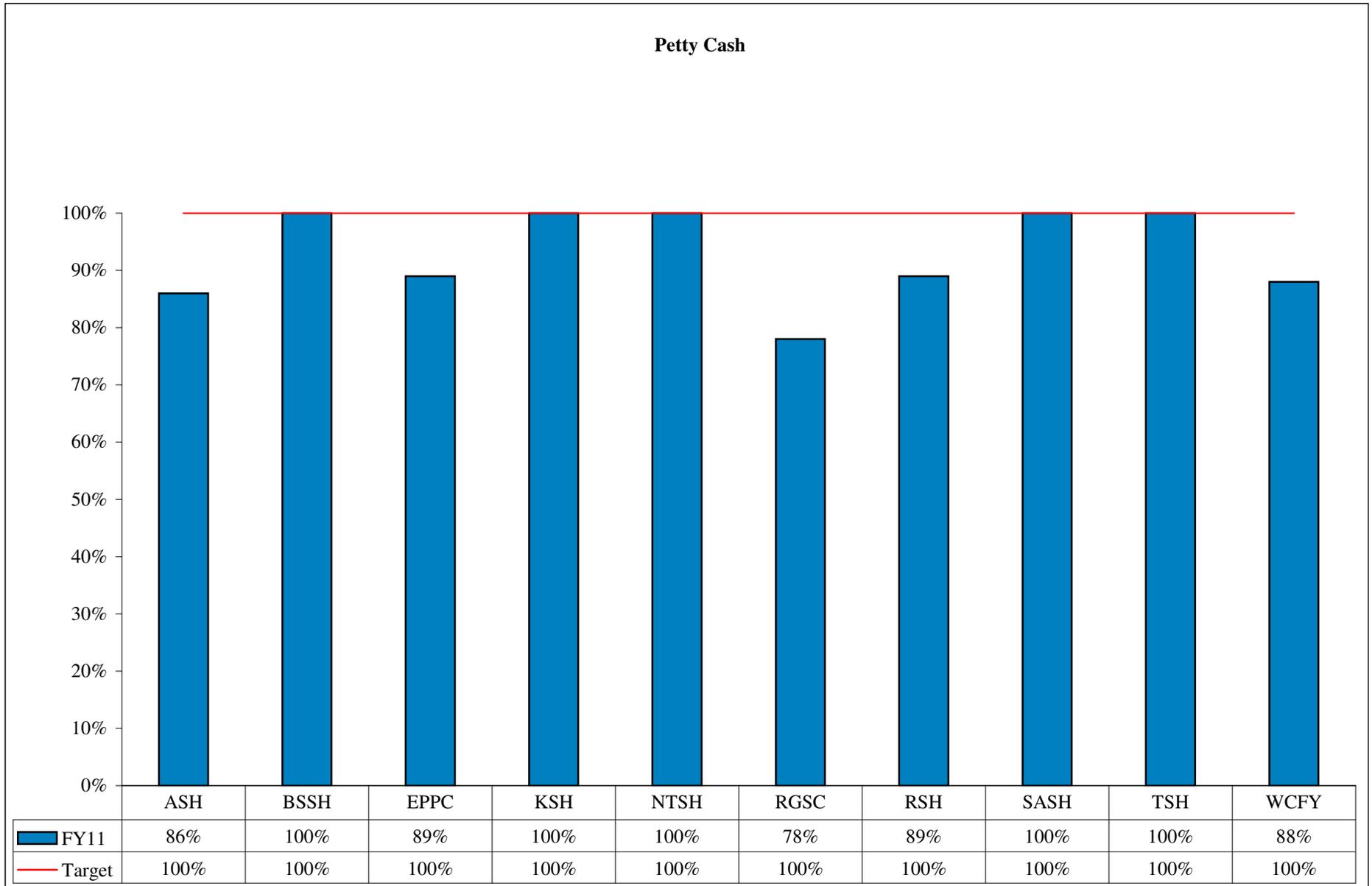
	Q1	Q2		Q3	Q4	
	Risk Management	Food Service Management	Food Inventory	Fleet Management	Cash Receipts	Petty Cash
Compliance Target	100%	100%	100%	100%	100%	100%
State Hospital Totals	72%	93%	96%	90%	96%	93%
Austin State Hospital	76%	CF	100%	100%	78%	86%
Big Spring State Hospital	24%	100%	100%	30%	100%	100%
El Paso Psychiatric Center	100%	CF	CF	60%	100%	89%
Kerrville State Hospital	82%	100%	100%	67%	100%	100%
North Texas State Hospital	59%	100%	83%	78%	78%	100%
Rio Grande State Center	65%	100%	100%	100%	100%	78%
Rusk State Hospital	100%	100%	83%	100%	100%	89%
San Antonio State Hospital	94%	75%	100%	100%	100%	100%
Terrell State Hospital	100%	100%	100%	100%	100%	100%
Texas Center for Infectious Disease		CF	CF	CF	CF	CF
Waco Center For Youth	18%	67%	100%	78%	100%	88%

*CF = Contract Facility

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2011
Cash Receipts



Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2011
Petty Cash



GOAL 10: Infection Control

Performance Measure 10A:

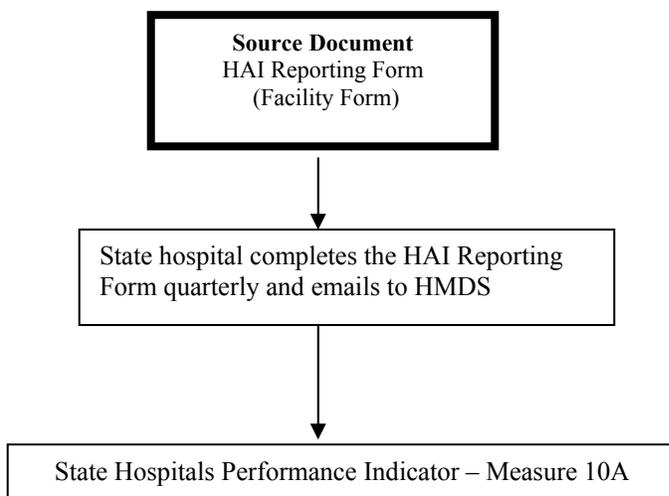
Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q4

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	0	2	0	0	0	0	0	3	0	5
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	1	0	0	0	0	0	0	1	0	2
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	0	0	0	0	0	0	2	1	3
Gastrointestinal System Infection	0	0	0	1	0	0	0	1	0	2
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0	1	0	1
Reproductive Tract Infection	0	0	0	0	0	0	0	2	0	2
Skin and Soft Tissue Infection	0	0	0	0	0	0	0	9	0	9
Systemic Infection	0	3	0	0	0	0	0	1	0	4
Total	1	5	0	1	0	0	0	20	1	28
Rate Per 1,000 Beddays	0.5	3.1	0.0	0.4	0.0	0.0	0.0	6.1	0.7	1.9

**Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q4**

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	2	8	3	2	6	7	0	8	3	1	40
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	3	0	0	1	4	0	0	1	3	0	12
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	1	11	0	2	3	7	10	12	1	1	48
Gastrointestinal System Infection	0	4	0	3	0	0	0	2	0	0	9
Lower Respiratory Infection, other than Pneumonia	1	4	0	0	4	0	0	1	0	0	10
Reproductive Tract Infection	0	21	0	0	0	0	0	3	0	0	24
Skin and Soft Tissue Infection	4	34	1	7	5	1	4	10	3	0	69
Systemic Infection	0	0	0	0	0	0	0	0	0	0	0
Dental	0	17	0	0	0	0	0	0	0	0	17
Total	11	99	4	15	22	15	14	37	10	2	229
Rate Per 1,000 Beddays	0.5	6.3	0.7	1.0	0.5	3.2	0.5	1.9	0.4	0.5	1.3

**Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q4**

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	0	2	1	10	13
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	0	0	4	2	5	11
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	1	0	0	1
Reproductive Tract Infection	0	0	0	0	0	4	4
Skin and Soft Tissue Infection	2	0	0	5	0	0	7
Systemic Infection	0	0	0	0	0	0	0
Total	2	0	0	12	3	19	36
Rate Per 1,000 Beddays	0.8	0.0	0.0	4.7	1.0	2.7	1.5

Texas Center for Infectious Disease (TCID) Data Sheet

FY10

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	32	33	37	37	35
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0	0
O 3A	Number of Patients Restrained	0	0	0	0	0
O 4B	Number of Medication Errors	5	13	7	2	27
O 4B	Number of Medication Errors that Reached the Patient	4	12	4	2	22
M 5A	Number of New Patients to System	18	16	21	24	79
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	0
M 6A	Number of Patient Injuries	1	3	6	8	18
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	11	9	12	8	40
M 10A	Facility Healthcare Associated Infection	4	4	4	1	13

FY11

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

Appendix B - Control Chart Analysis

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

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

Why use control charts?

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

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

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

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

What information does control charts provide?

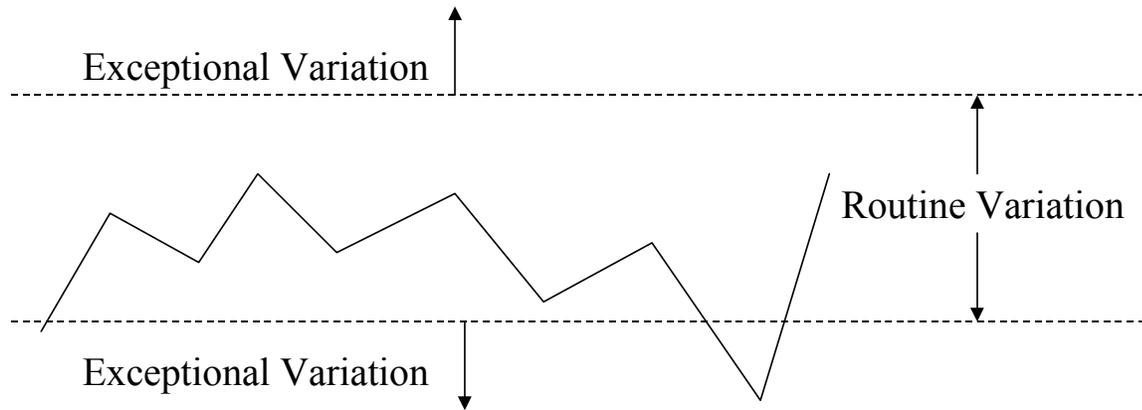
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

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

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

Don Wheeler, Building Continual Improvement.

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



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

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

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

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

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

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

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

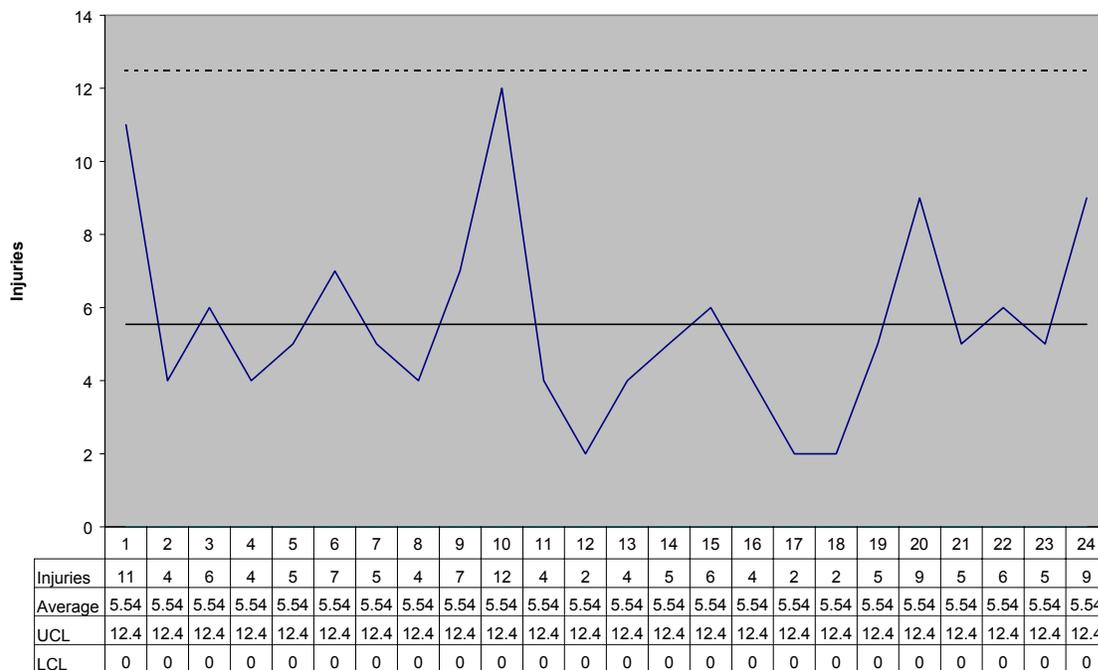
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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

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

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

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

The XmR Chart for Monthly Injuries



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

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

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

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

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

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

Thus the process behavior chart allows you to:

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

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

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

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

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

Detection Rule Two: Runs Near the Limits

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

Detection Rule Three: Runs About the Central Line

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

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

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

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

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

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

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

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

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