

Health and Human Services Commission
Department of State Health Services
State Hospital Section
Mission, Vision, Goals and
2014 Management Plan

Statewide Performance Indicators
4th Quarter FY 2014

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

GOALS

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

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

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

- SERVICE
- TRAINING
- EXTERNAL REVIEW
- WORK ENVIRONMENT

Customers Are Asked	Compliance with External Review, Accreditation, and Certification Authorities	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 - Law Enforcement - Staff - Legislature - Advocates - Third Party Payers - Volunteers - Students - Hospital Districts - Regional Public Health Authority - Department of Aging and Disability Services State Supported Living Centers 	<ul style="list-style-type: none"> - Medicare - Joint Commission - NRI Core Measures - Medicaid - ICF/IDD - CAP - State Fire Marshall - State Office of Risk Management - Department of Labor - HHSC OIG - Department of Justice - 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</p> <ul style="list-style-type: none"> - recognized - treated - rewarded <p>in a manner that reflects a commitment to valuing workforce diversity.</p>

STATE HOSPITAL SECTION

FY2014 MANAGEMENT PLAN

The State Hospital Section FY 2014 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 and Revenue Services (HMDRS) of the State Hospital 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-1D**

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	2014 Indicator	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 recovery in 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	Standardize the use of HHSAS codes to improve reporting on outside medical costs.	State Hospital Section
O - 1B	MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY14.	State Hospitals
O - 1C	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, 2014.	State Hospital Section
O - 1D	OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT IS 95% OF THE ALLOCATED BEDS FOR THE HOSPITAL INPATIENT SERVICES.	Psychiatric Hospitals
O - 1E	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2014.	State Hospital Section
O - 1F	Each hospital will report efforts to improve staff cultural clinical competency. This report identifies the major ethnic/cultural populations served by the hospital, the resources/programs in place to address the clinical needs of these populations, and how the clinical needs of a person from an ethnic/cultural group not usually served by the hospital are addressed. The report is submitted to Governing Body at the second meeting of FY14.	State Hospitals
O - 1G	Provide education regarding forensic mental health issues via existing avenues with DSHS/HHSC Enterprise such as agency publications, Grand Round presentations, training seminars, etc.	Forensic Services Committee
O - 1H	Analyze YTD expenditures compared against the YTD budget by budget account and explain any significant (1% or \$10,000, whichever is smaller) variances and steps planned or taken to correct negative variances and/or any plans for use of positive variances.	State Hospitals
O - 1I	Each hospital will report efforts to develop psychiatric residency training rotations.	Psychiatric Hospitals
O - 1J	Participate with HHSC and DADS to develop a 10-year plan for state hospitals and state supported living centers.	State Hospital Section
O - 1K	Report quarterly on the number of patients that (a) are treated on a hold, (b) who have MDR TB, and (c) who are from out-of-states or out-of-country.	TCID
M - 1A	CALCULATE AVERAGE COST PER PATIENT SERVED.	State Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 1B	CALCULATE COST PER OCCUPIED BED.	State Hospitals
M - 1C	CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.	State Hospitals
M - 1D	CALCULATE NUMBER OF INPATIENT DAYS.	TCID
M - 1E	Calculate average cost of outpatient visits.	TCID and RGSC
M - 1F	Calculate contract cost.	TCID
M - 1G	TO MONITOR AND ANALYZE OUTSIDE MEDICAL COSTS FOR CIVIL, FORENSIC AND IDD PATIENTS.	State Hospitals
M - 1H	REPORT FY14 COLLECTIONS COMPARISON TO FY13 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.	State Hospitals
M - 1I	Monitor utilization of residential beds (% capacity and turnover).	BSSH, RSH & SASH
<p>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.</p>		
O - 2A	REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.	State Hospitals
O - 2B	Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.).	State Hospitals
O - 2C	ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.	State Hospitals
O - 2D	Respond to Consumer Rights and Protection Services regarding substantiated patient rights violation as described in the CSRP policy.	State Hospitals
O - 2E	Monitor and analyze implementation of the SHS Guidelines for Abuse, Neglect, and Exploitation Incidents: Centralized Reporting, Assessing Risk and Taking Action to Protect Patients During DFPS Investigations.	State Hospitals
O - 2F	Develop and implement the CPI Patient Rights Monitoring Instrument to assure protection of patient rights.	State Hospitals
O - 2G	Develop guidelines for the establishment and operation of Patient Councils.	State Hospital Section
M - 2A	Monitor employees with unconfirmed and/or inconclusive allegations of any type of abuse, neglect, or exploitation in a twelve month period and two or more allegations regardless of finding related to sexual abuse from date of employment.	HMDRS

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 2B	Report number of OIG investigations of abuse, neglect, and exploitation.	State Hospitals
M - 2C	Report rate of OIG investigations that result in finding of criminal activity.	State Hospitals
<p>GOAL 3: PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT The State Hospitals will ensure hospital staff, in conjunction with the persons served, their support network, and aftercare providers implement person-centered recovery planning. Data will be collected to assess each patient's recovery goals. Recovery priorities will be established on the assessment findings. Persons served will be involved in their recovery and patients' family (with the patient's authorization when appropriate) will be educated in order to improve outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.</p>		
O - 3A	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE FOR VIOLENT SELF-DESTRUCTIVE BEHAVIOR WITH A GOAL OF ZERO.	State Hospitals
O - 3B	UTILIZE THE RESTRAINT AND SECLUSION MONITORING INSTRUMENT FOR VIOLENT SELF-DESTRUCTIVE BEHAVIOR TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.	Psychiatric Hospitals
O - 3C	Implement the Psychotropic Medication Monitoring Instrument to assure appropriate medication treatment.	State Hospital Section
O - 3D	Implement Medical Treatment Planning Monitoring Instrument to assure appropriate medical treatment.	State Hospital Section
O - 3E	Develop and implement the CPI Nursing Care Monitoring Instrument to assure appropriate nursing care.	State Hospital Section
O - 3F	Develop and implement the CPI Non-Violent Non-Self-Destructive Monitoring Instrument TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.	State Hospital Section
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.	Psychiatric Hospitals
M - 3B	Report the number of patients treated to cure.	TCID
M - 3C	Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.	TCID
M - 3D	Develop policy & procedure for research at TCID.	TCID

Goals, Objectives, Measures	2014 Indicator	Responsibility
<p>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.</p>		
O - 4A	Evaluate medication management systems and report annually as described in Governing Body Bylaws template.	State Hospitals
O - 4B	IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.	State Hospitals
O - 4C	Report on the implementation of the MediMAR system, including any recommendations for system improvement.	Psychiatric Hospitals
O - 4D	Report and analyze P&T findings of Adverse Drug Reactions.	Psychiatric Hospitals
M - 4A	ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.	Psychiatric Hospitals
M - 4B	ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS.	Psychiatric Hospitals
M - 4C	ANALYZE AND REPORT THE COST OF TB MEDICATIONS.	TCID
M - 4D	Monitor and report the impact of medication shortages and any adverse outcomes.	State Hospitals
<p>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.</p>		
O - 5A	REPORT ON DISCHARGE OR TRANSFER OF CIVIL AND FORENSIC DUALY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND INTELLECTUAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY."	Psychiatric Hospitals
O - 5B	Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).	Psychiatric Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
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 LMHA WILL UPDATE A NEW CONTINUITY OF CARE PLAN FOR ANY PATIENT WHO IS ON THE LIST IN CATEGORY 3. THIS PLAN SHOULD BE DEVELOPED WITHIN 30 DAYS AFTER BEING IDENTIFIED.	Psychiatric Hospitals
O - 5D	The Forensic Services Committee will develop a proposal for a Pilot Forensic Mental Health Conditional Release Program. The pilot program design will be submitted for consideration and approval by the Director of the State Hospital Section no later than January 15, 2014, and must be implementable within existing statutory and fiscal constraints.	Forensic Services Committee
O - 5E	Achieve target of 95% of all individuals on the Clearinghouse Waitlist being offered a bed to one of the state hospitals within 21 days of the date of notification from the committing court.	State Hospital Section/ Psychiatric Hospitals
O - 5F	Achieve target of 95% of all individuals on the Maximum Security Waitlist being offered a bed to a maximum security facility within 21 days of the date of notification from the committing court.	State Hospital Section/ Psychiatric Hospitals
O - 5G	Each facility will continuously maintain a log of patients referred for civil admittance who require diversion to another facility or who are waiting for a bed in their service area hospital. The information will be kept for one year for reference. These logs will contain at least the following components: patient name, age/gender; county of residence, commitment status, physical location of patient if waiting, name of diversion sites offered, initial contact name information from referring and diversion site, indication of daily follow up by diverting facility, special comments and final disposition. Implementation of this log should be completed by December 1, 2013.	Psychiatric Hospitals
M - 5A	CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.	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.	Psychiatric Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
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]).	TCID
M - 5D	CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, ALL DISCHARGES, AND ALL RESIDENTS.	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.	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.	State Hospitals
O - 6C	REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.	State Hospitals
O - 6D	REDUCE THE RATE OF PATIENT INJURIES RELATED TO VIOLENT SELF-DESTRUCTIVE BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.	State Hospitals
O - 6E	ANALYZE THE NUMBER OF EMPLOYEE INJURIES THAT ARE THE RESULT OF PATIENT AGGRESSION.	State Hospitals
O - 6F	REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.	State Hospitals
O - 6G	ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND TO REDUCE THE RATE OF FALLS DURING FY14 BY 10% AS COMPARED TO FY13.	State Hospitals
O - 6H	Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.	State Hospitals
O - 6I	The State Hospital Section will develop policies and procedures to implement random drug testing of state hospital employees. 25% of all SMHF employees will be randomly tested annually.	State Hospital Section

Goals, Objectives, Measures	2014 Indicator	Responsibility
O - 6J	DSHS will develop policies and procedures and implement FBI Fingerprinting/Criminal Background Check process for anyone who is an applicant for employment at a state hospital; an employee of a state hospital; a person who contracts or may contract to provide goods or services to DSHS at a state hospital or an employee of or applicant for employment with that person; a volunteer with a state hospital; or an applicant for a volunteer position with a state hospital; and anyone who would be placed in direct contact with a patient at a state hospital.	State Hospital Section
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.	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.	State Hospitals
<p>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.</p>		
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY14.	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.	State Hospitals
O - 7C	Monitor and report the effectiveness of emergency plans for accessing the electronic medical record during periods of scheduled/unscheduled downtimes and in the event of an emergency.	State Hospitals
O - 7D	Report implementation of electronic medical record.	TCID
O - 7E	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.	State Hospitals
O - 7F	MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.	State Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
O - 7G	Support the implementation to the MyAVATAR version of AVATAR.	State Hospital Section/State Hospitals
O - 7H	Sage Software will be fully implemented; with the ability and receipt of continued updates as released from the software company through support of DSHS IT staff, and payment of the maintenance agreement as it becomes due, to support the tracking of fundraising efforts and volunteer hours.	State Hospital Section
<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.	State Hospitals
O - 8B	ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.	State Hospitals
O - 8C	Report compliance with competency training and a course of instruction about the the general employee’s duties prior to the employee beginning to perform the duties without direct supervision and evaluate competency of the employee following such training and instruction.	State Hospitals
M - 8A	COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES AND EFFORTS TO REDUCE TURNOVER FOR CRITICAL SHORTAGE STAFF.	State Hospitals
M - 8B	COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).	State Hospitals
M - 8C	REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)	State Hospitals
<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	2014 Indicator	Responsibility
O - 9A	REPORT SATISFACTION SURVEY 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) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.	Psychiatric Hospitals
O - 9B	REPORT ADULT AND ADOLESCENT PATIENT SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).	Psychiatric Hospitals
O - 9C	Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.	State Hospitals
O - 9D	Conduct a minimum of one patient tracer for each treatment team during FY14. 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 FY14.	State Hospitals
O - 9E	CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.	State Hospitals
O - 9F	Analyze the patients who are transferred to a medical facility within 72 hours of admission to the state hospital.	State Hospitals
O - 9G	Implement, monitor, and analyze standard definitions for 1:1 and related special precautions.	State Hospitals
<p>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).</p>		
O - 10A	Establish a hospital specific infection control plan based upon the hospital's risk assessment and report on its implementation. Present evaluation of the plan annually.	State Hospitals
O - 10B	Monitor policy for Vaccine Preventable Diseases in accordance with the state hospital guidelines and the Hospital's MEC risk assessment for Vaccine Preventable Diseases.	State Hospitals
O - 10C	Report all deaths related to Hospital Acquired Infections (HAI) to DSHS.	State Hospitals

Goals, Objectives, Measures	2014 Indicator	Responsibility
M - 10A	COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.	State Hospitals
M - 10B	Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers).	State Hospitals
M - 10C	Report rate of pneumococcal and influenza immunization for patients identified as high risk.	State Hospitals

GOAL 1: Provide Leadership

Performance Objective 1B:

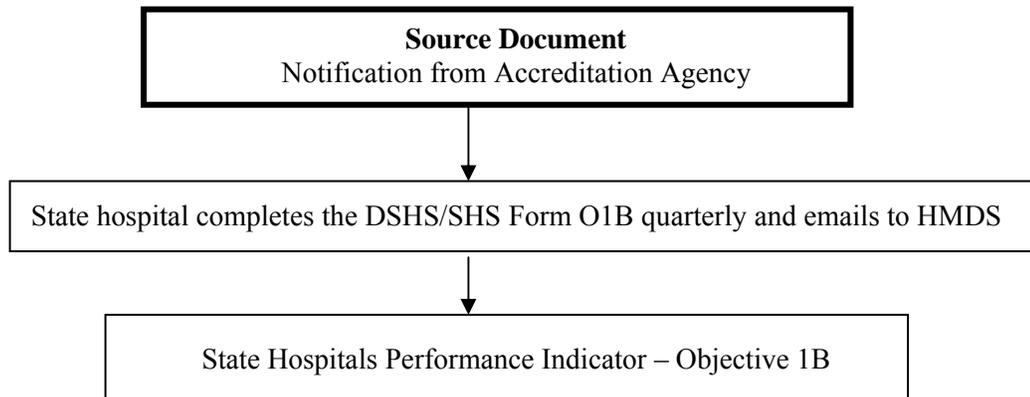
Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2014.

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 Hospital 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, 2014)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Nov-12	Apr-12	Feb-13	Sep-12	Feb-13	Jun-14	Feb-13	May-13	Jun-13	Aug-12	May-14
Unannounced Visit/Complaint FY14	0	0	1	0	1	1	1	0	1	1	0
Medicare Certification											
No. certified beds:	201	156	41	48	100	55	106	136	74	40	N/A
No. of Complaint Visits for Q4	0	1	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	1	1	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Nov-12	Jun-09	Jan-09	Sep-12	Sep-07	May-08	Dec-12	Jul-11	Sep-13	Aug-11	
Date of last IMD Review:	Jul-14	Oct-13	Aug-11	Dec-08	Dec-12	N/A	Nov-13	Oct-11	Sep-12	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Sep-14
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-13	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 1D:

Operate an average daily census (ADC) that is 95% of the allocated beds for the hospital inpatient services.

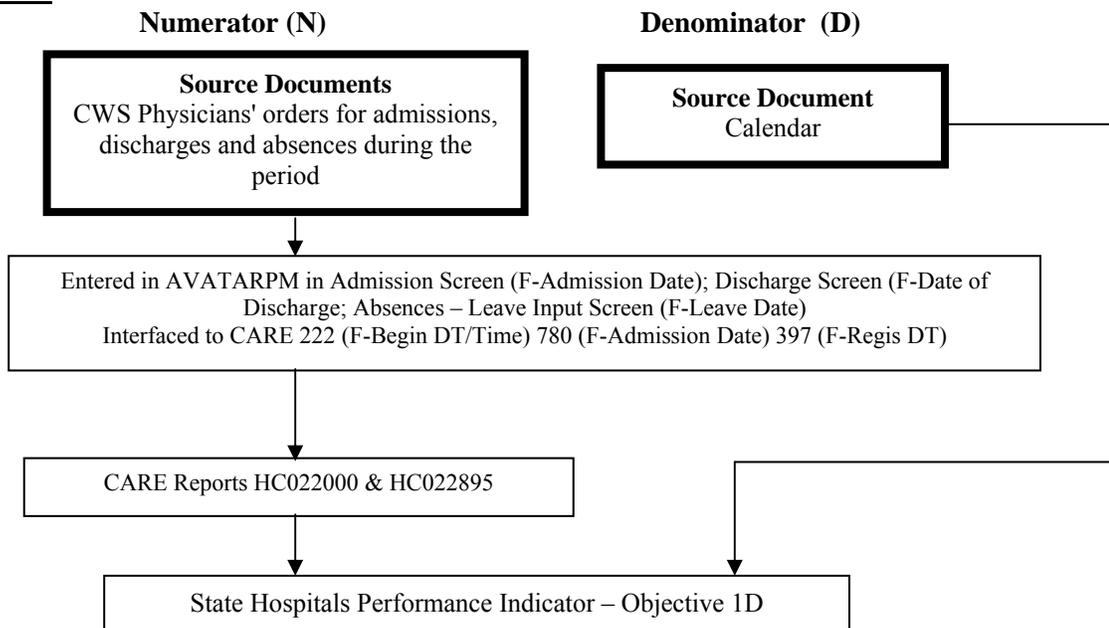
Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC. Care Report HC022864 uses same extract 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:

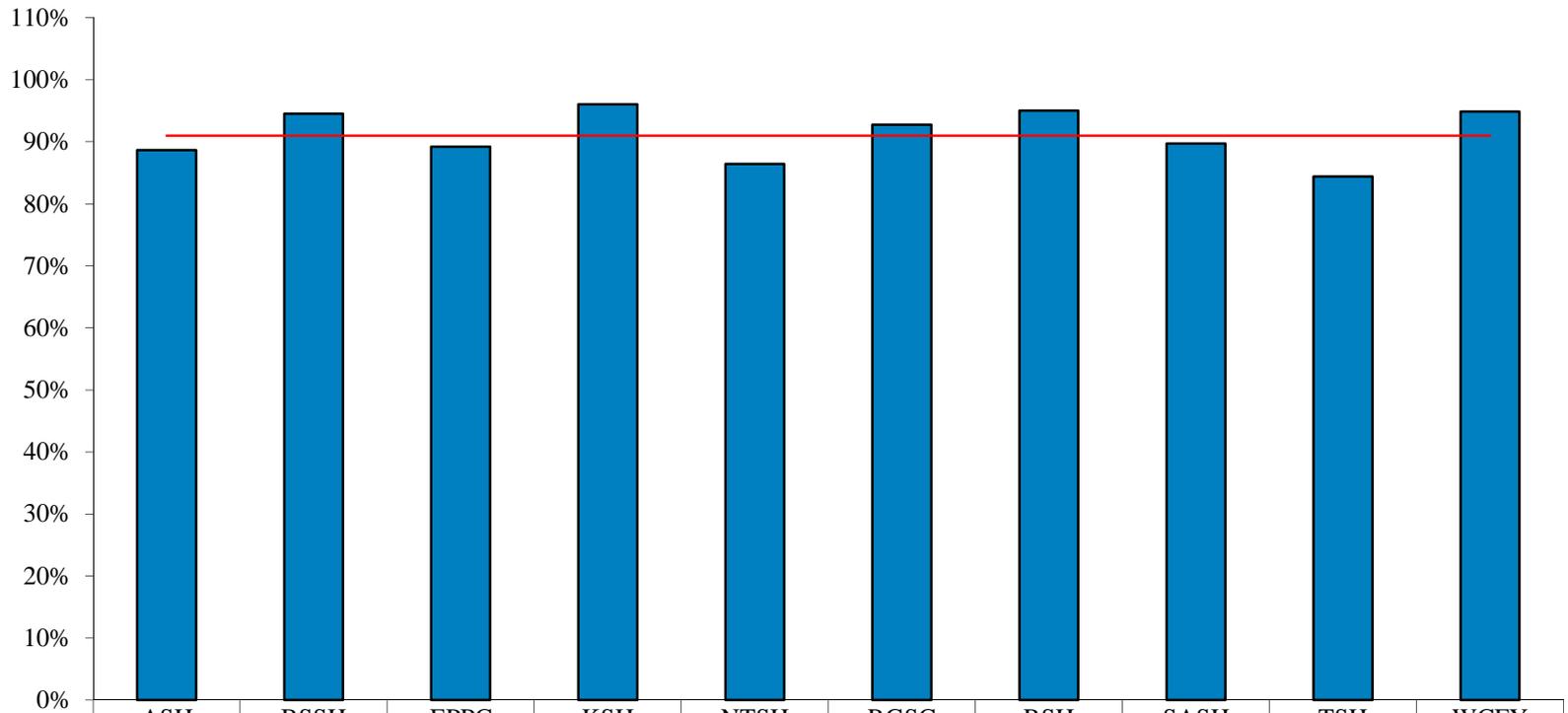
Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

Data Flow:



Objective 1D & Measure 1C - Average Daily Census
All State MH Hospitals - As of August 31, 2014

**Average Daily Census As Percent of Adjusted Funded Census
FY 2014**



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	89%	95%	89%	96%	86%	93%	95%	90%	84%	95%
ADC	265	189	66	194	553	51	309	271	243	74
Funded Census	299	200	74	202	640	55	325	302	288	78
All State Hospitals	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

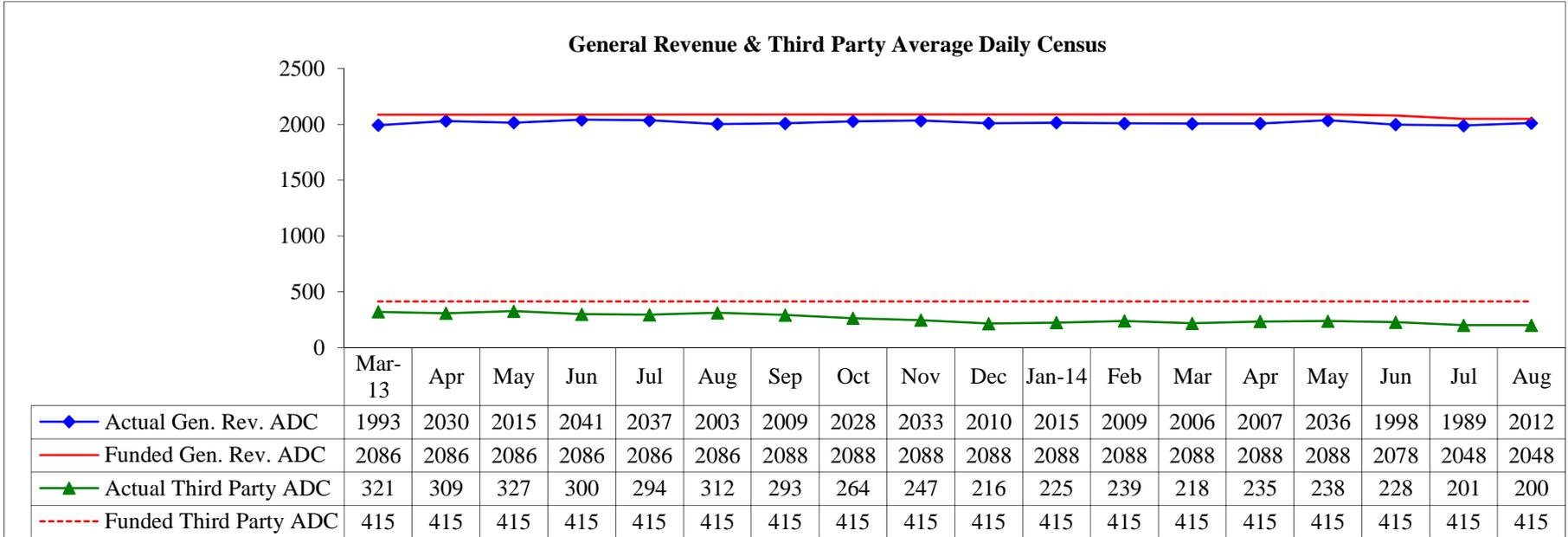
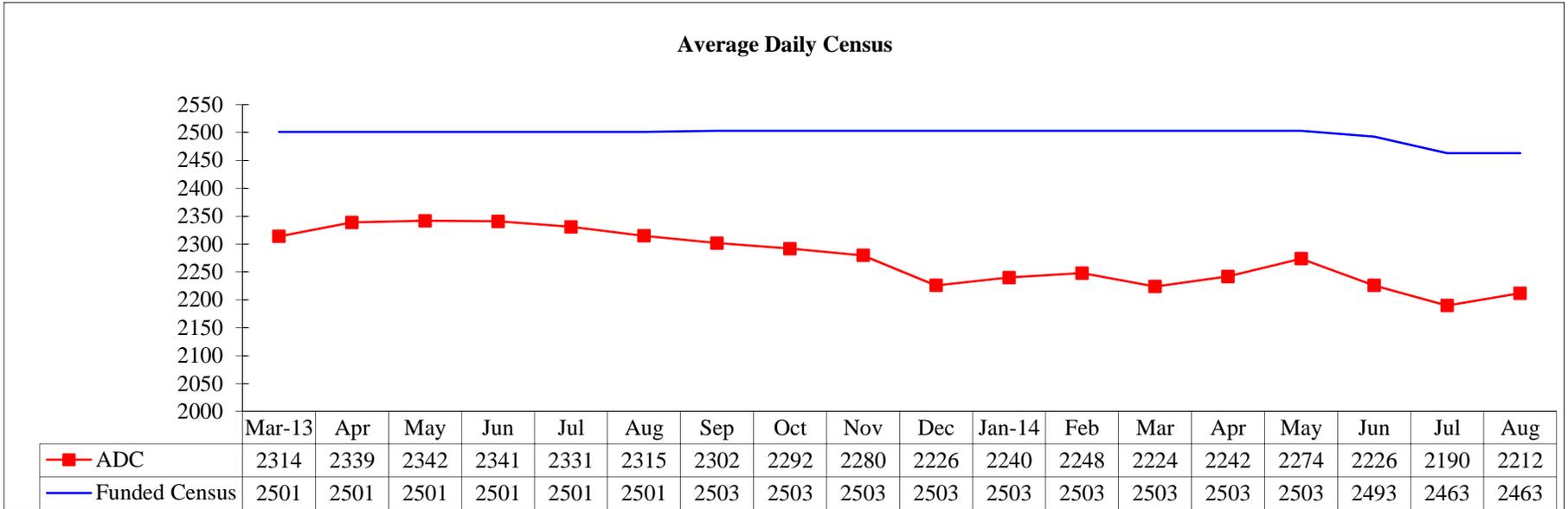
6/1/2014 10 beds removed from RSH funded census

7/1/2014 30 beds (UTHC-Tyler) removed from RSH funded census

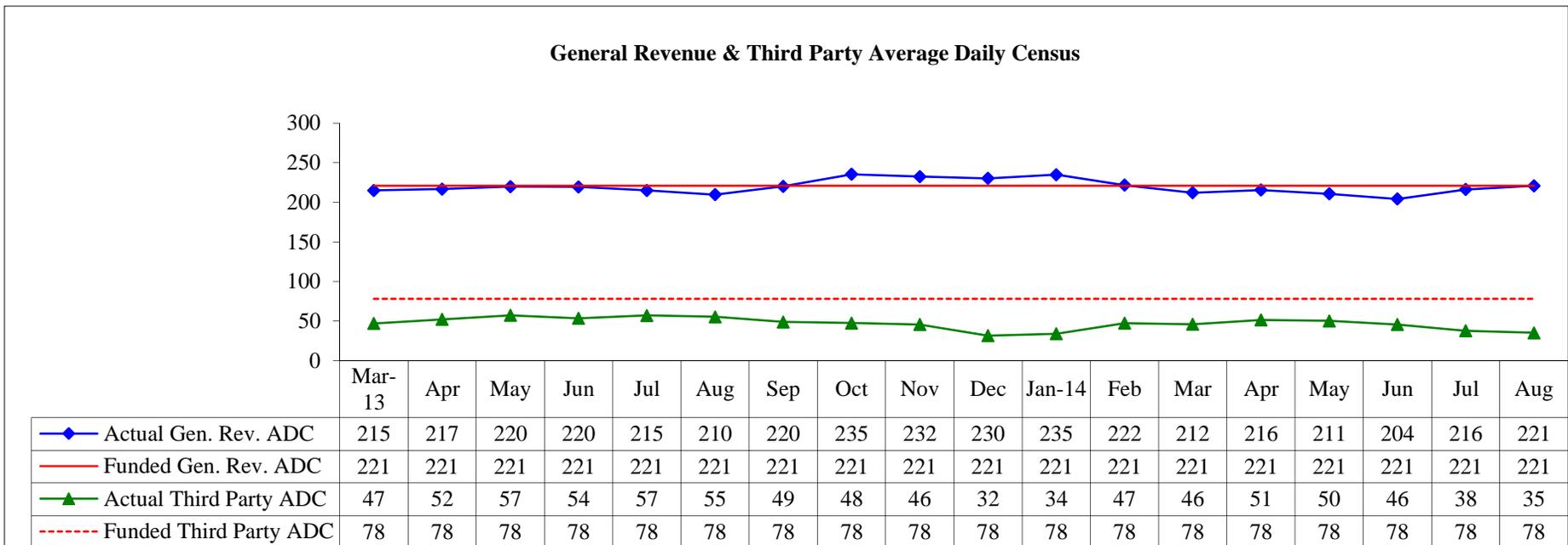
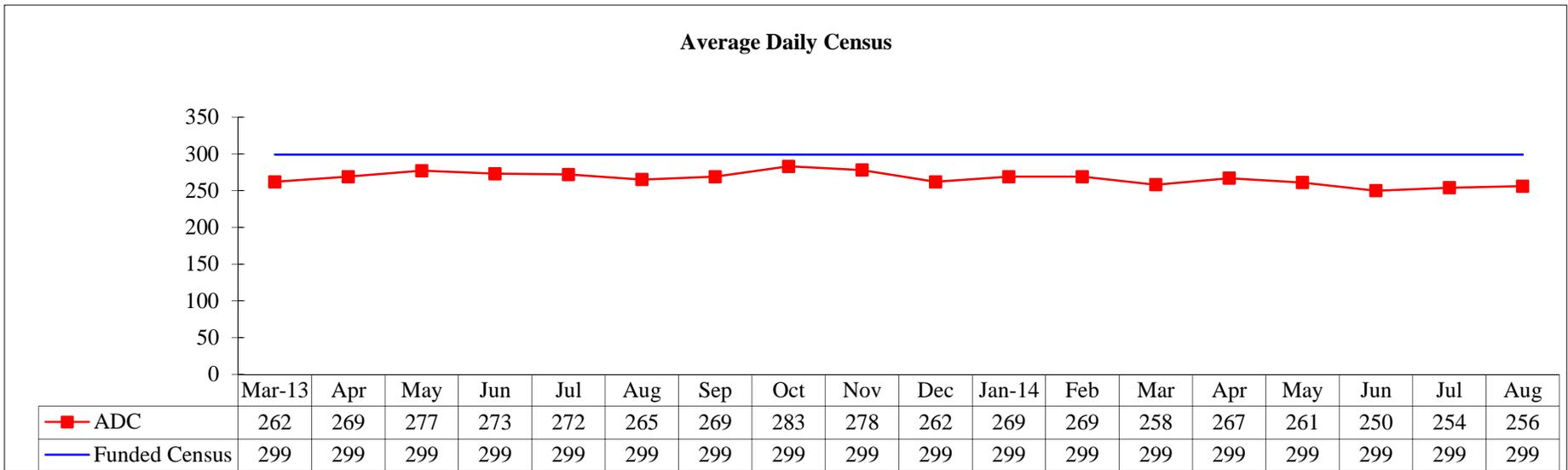
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

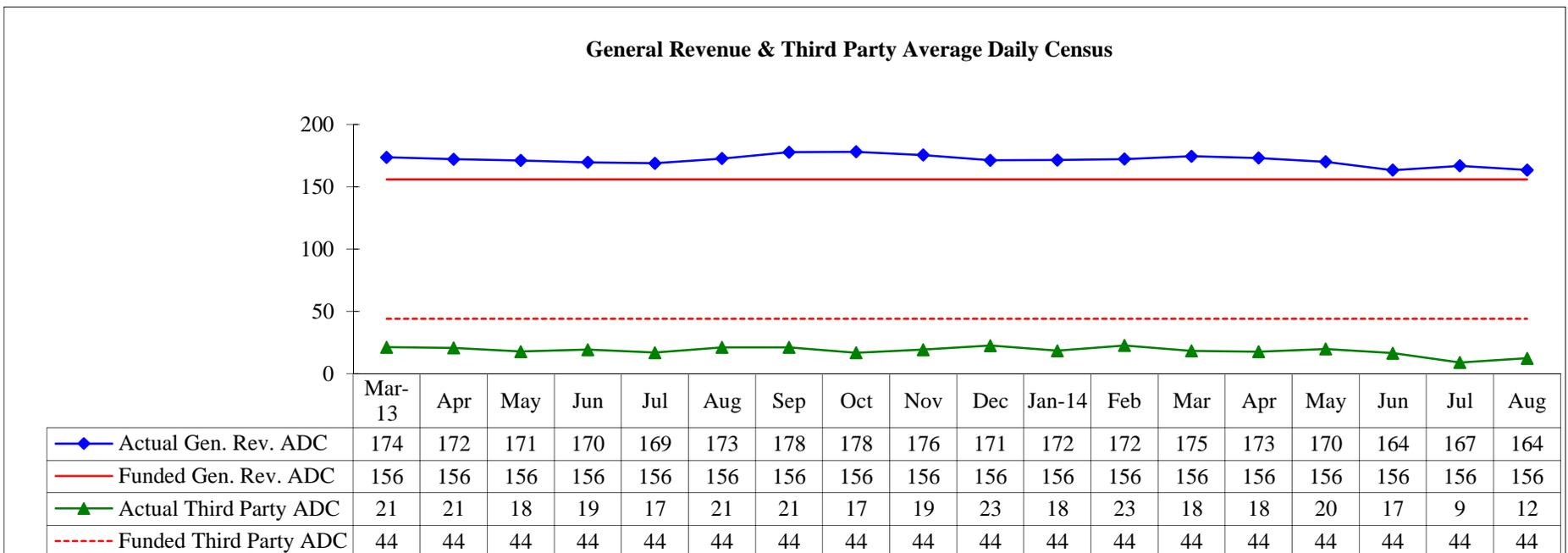
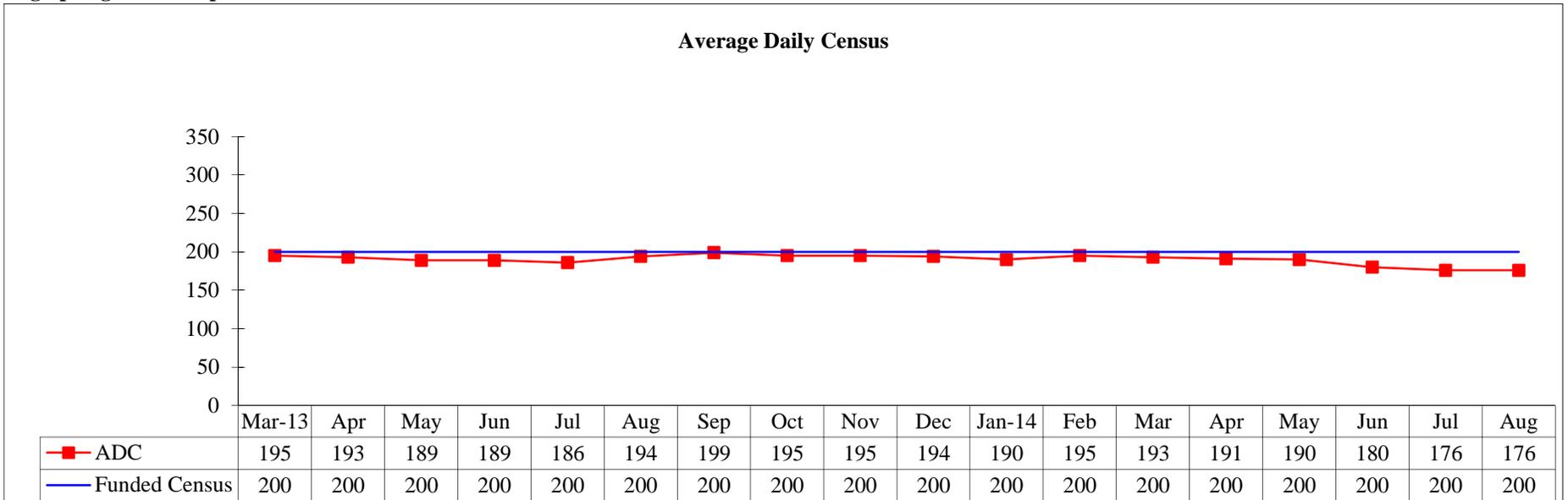
Objective 1D & Measure 1C - Average Daily Census
All State MH Hospitals



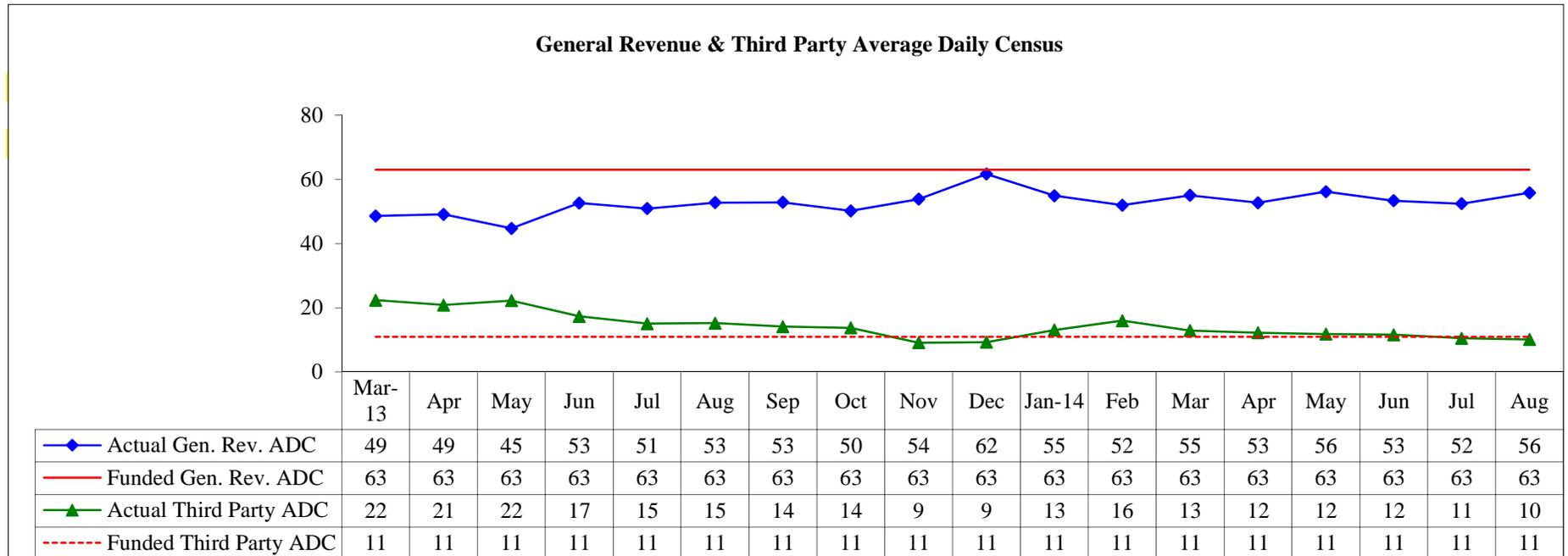
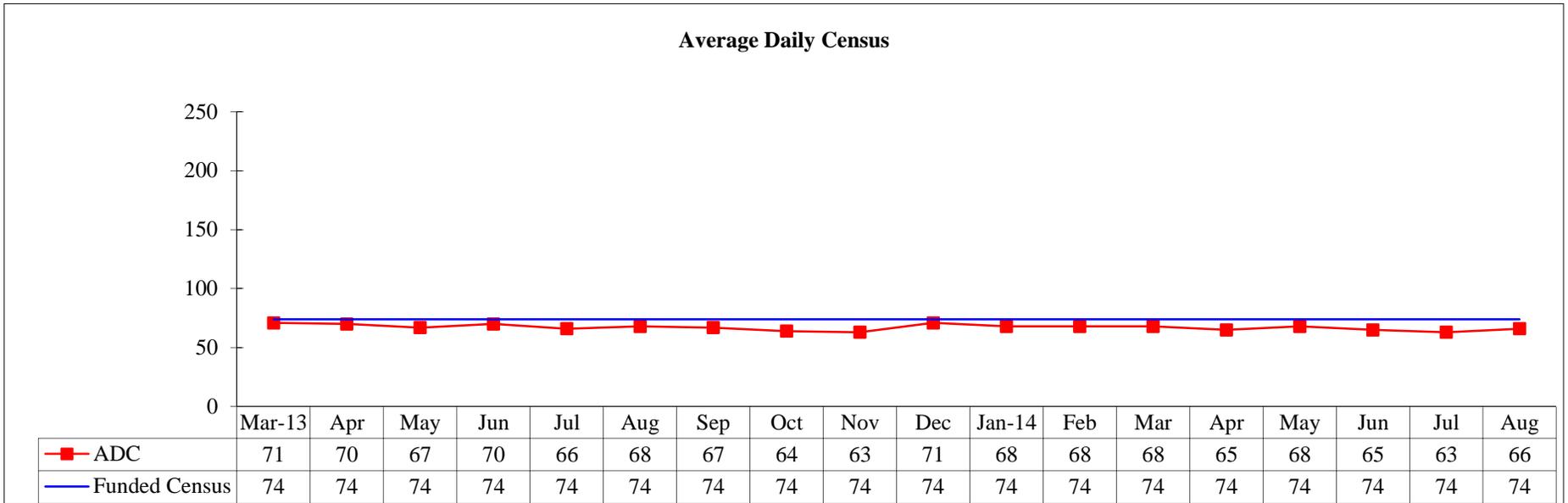
**Objective 1D & Measure 1C - Average Daily Census
Austin State Hospital**



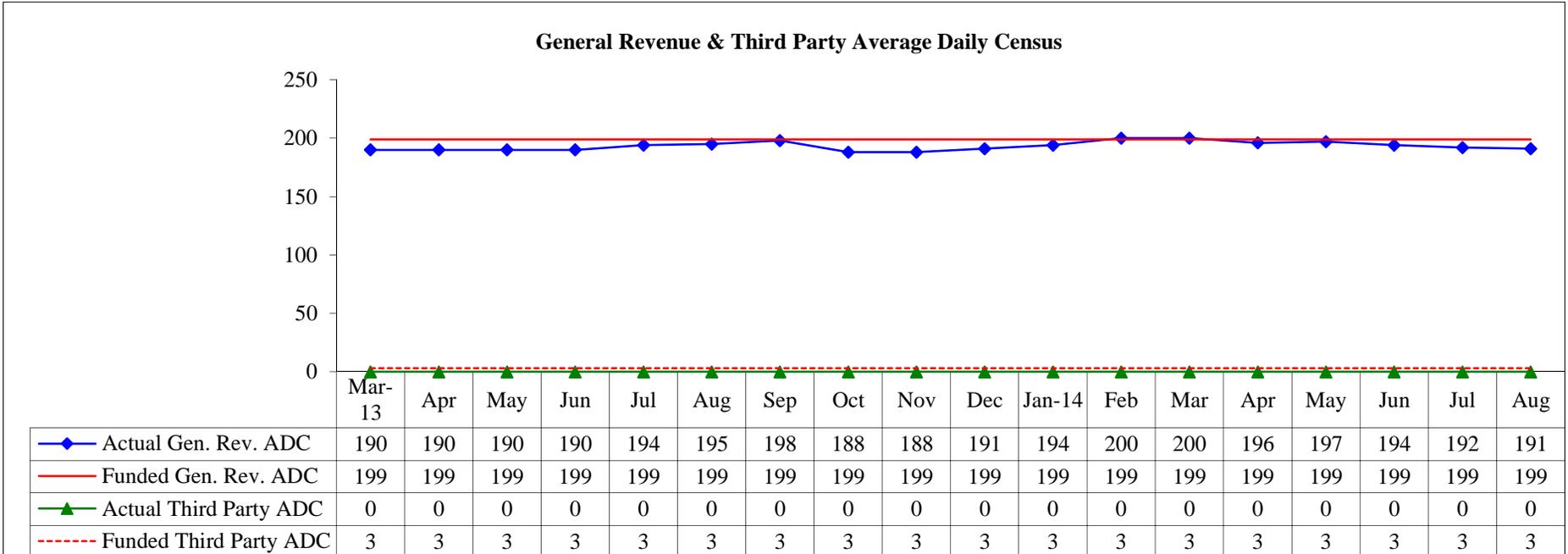
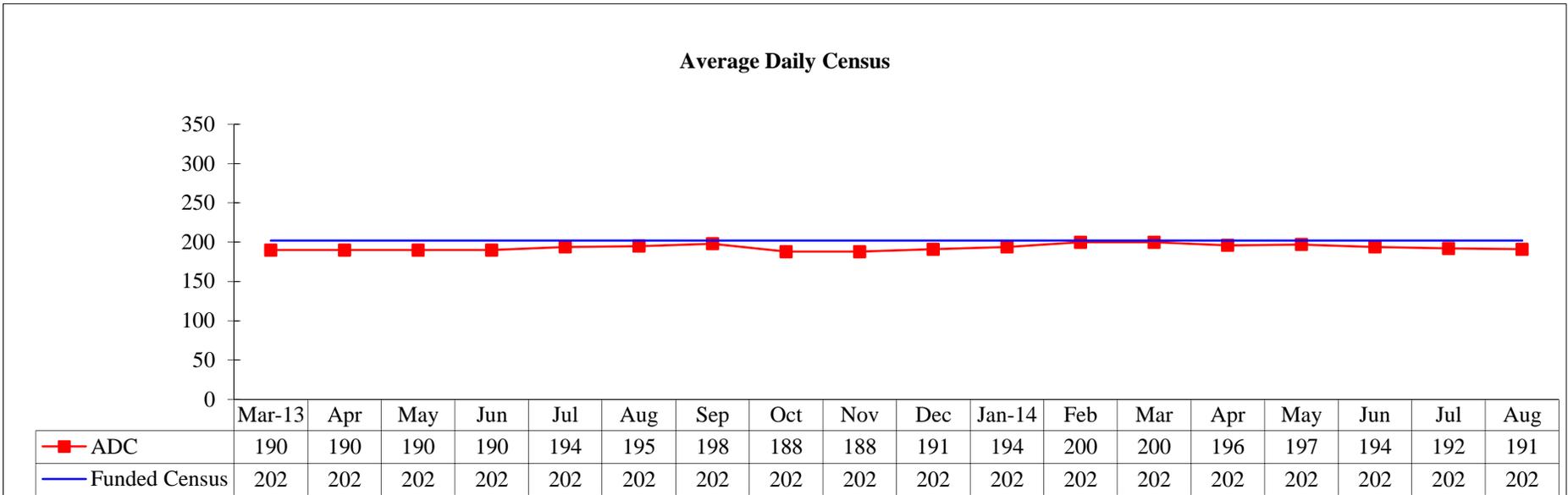
Objective 1D & Measure 1C - Average Daily Census
Big Spring State Hospital



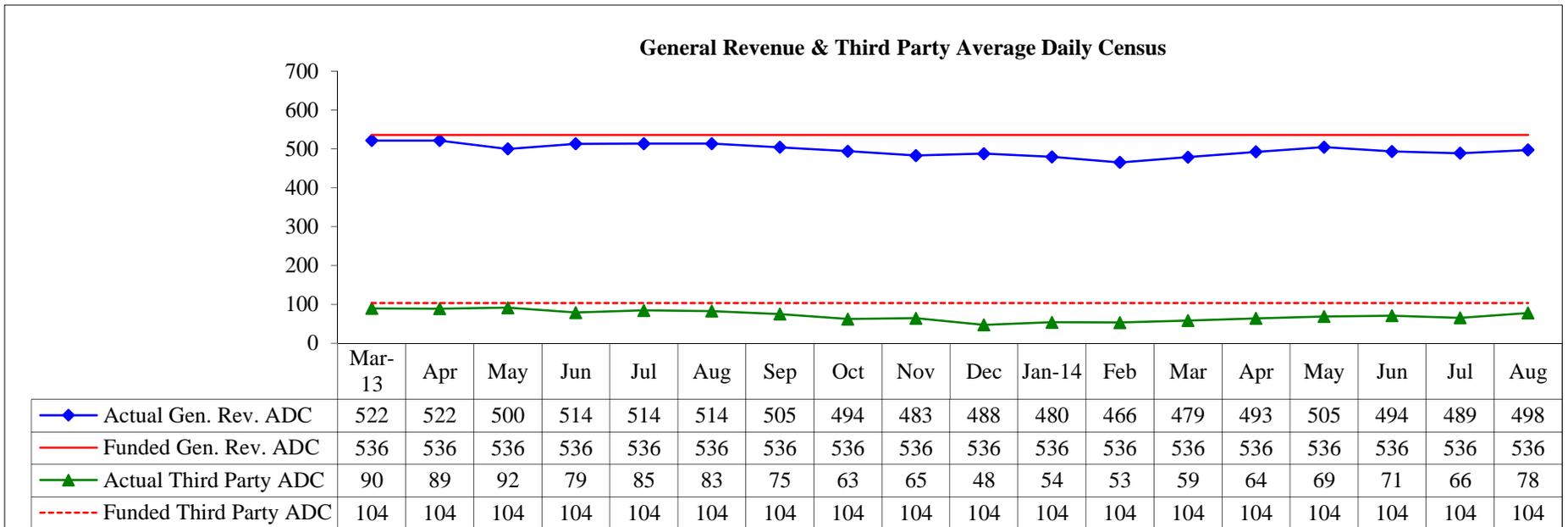
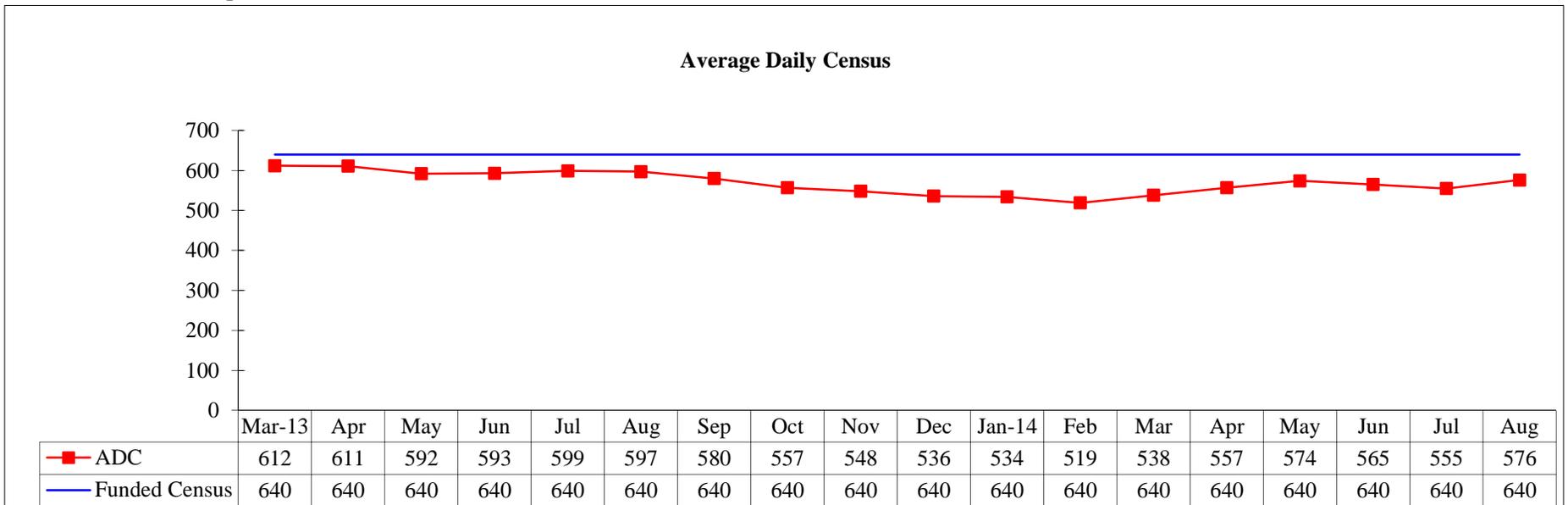
Objective 1D & Measure 1C - Average Daily Census
El Paso Psychiatric Center



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

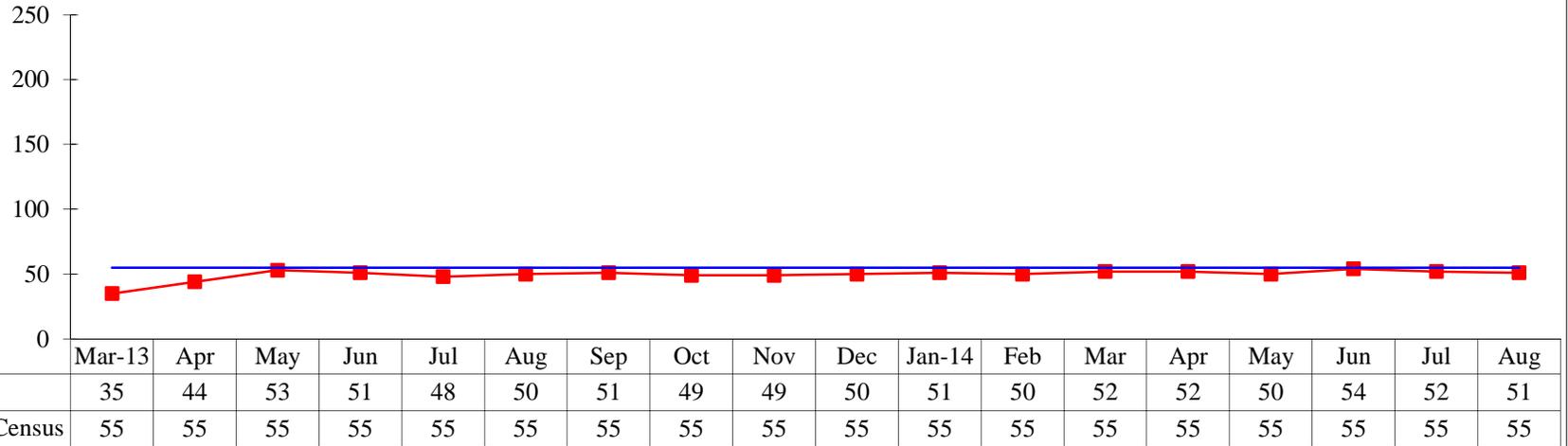


**Objective 1D & Measure 1C - Average Daily Census
North Texas State Hospital**

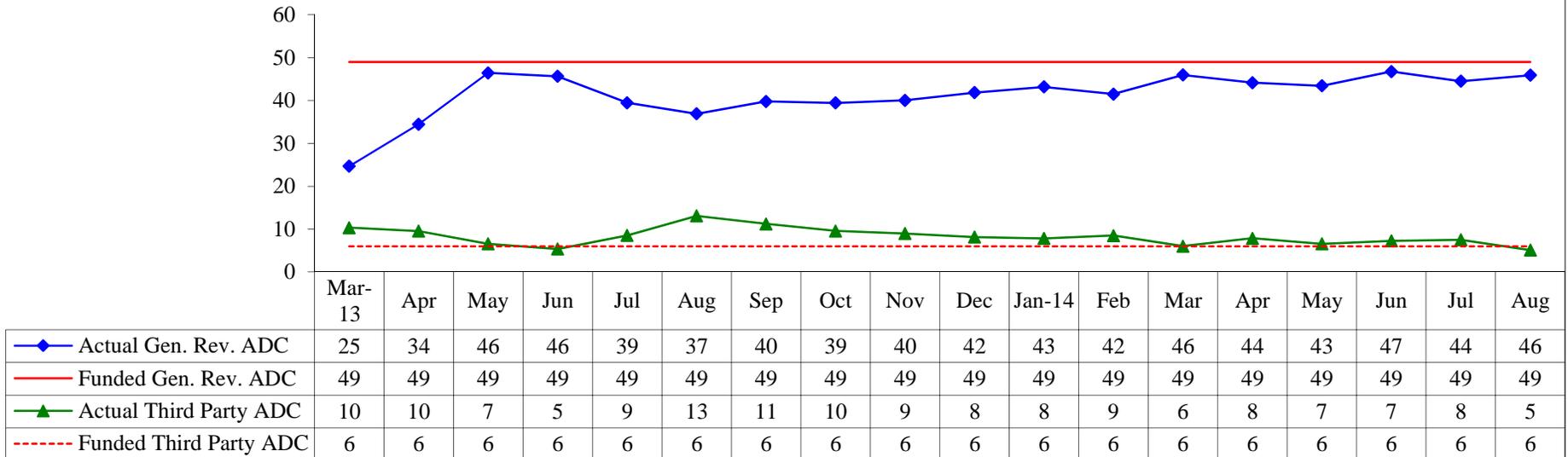


Objective 1D & Measure 1C - Average Daily Census
Rio Grande State Center–MH

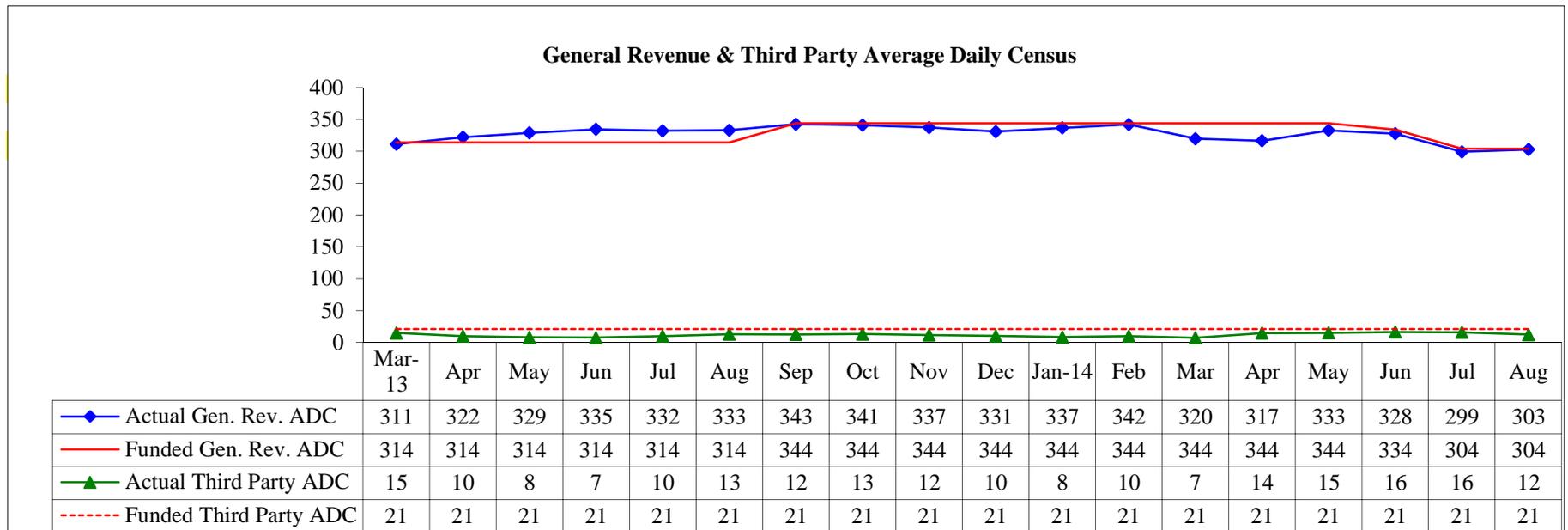
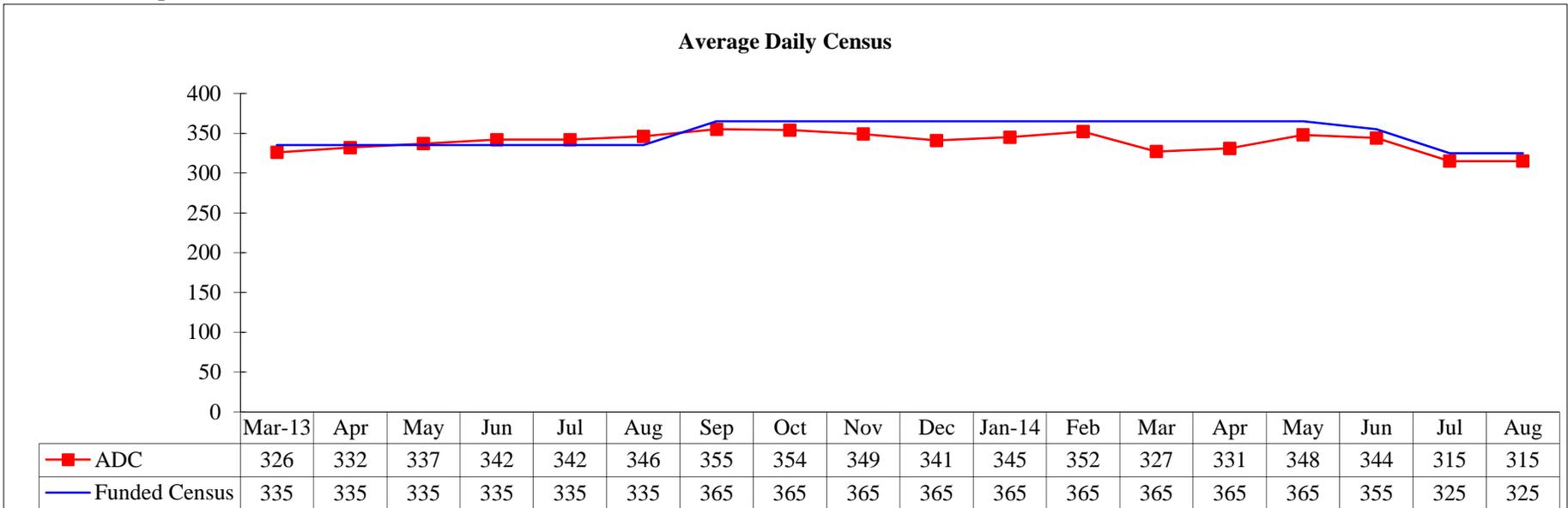
Average Daily Census



General Revenue & Third Party Average Daily Census



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



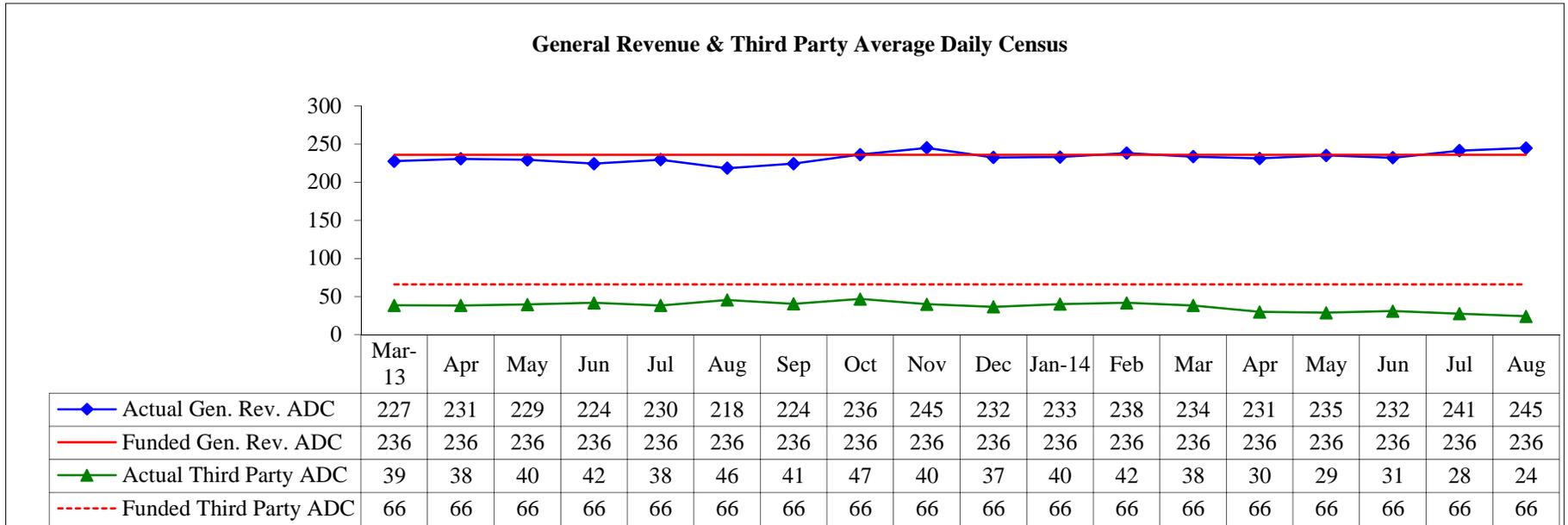
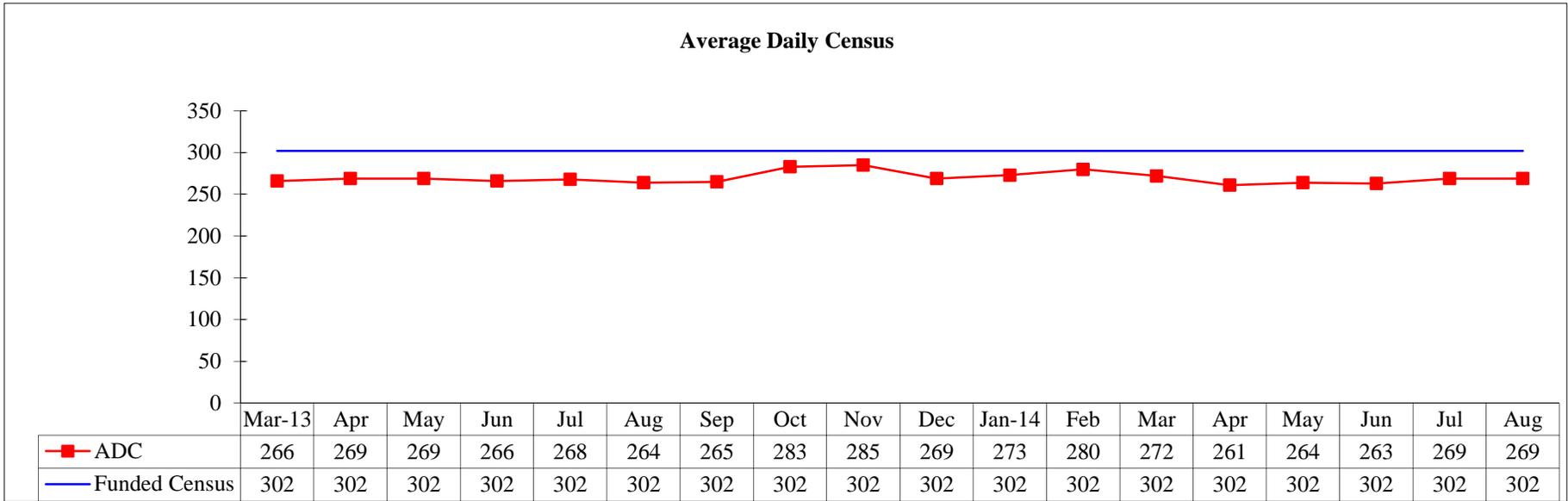
6/1/2014 10 beds removed from RSH funded census

7/1/2014 30 beds (UTHC-Tyler) removed from RSH funded census

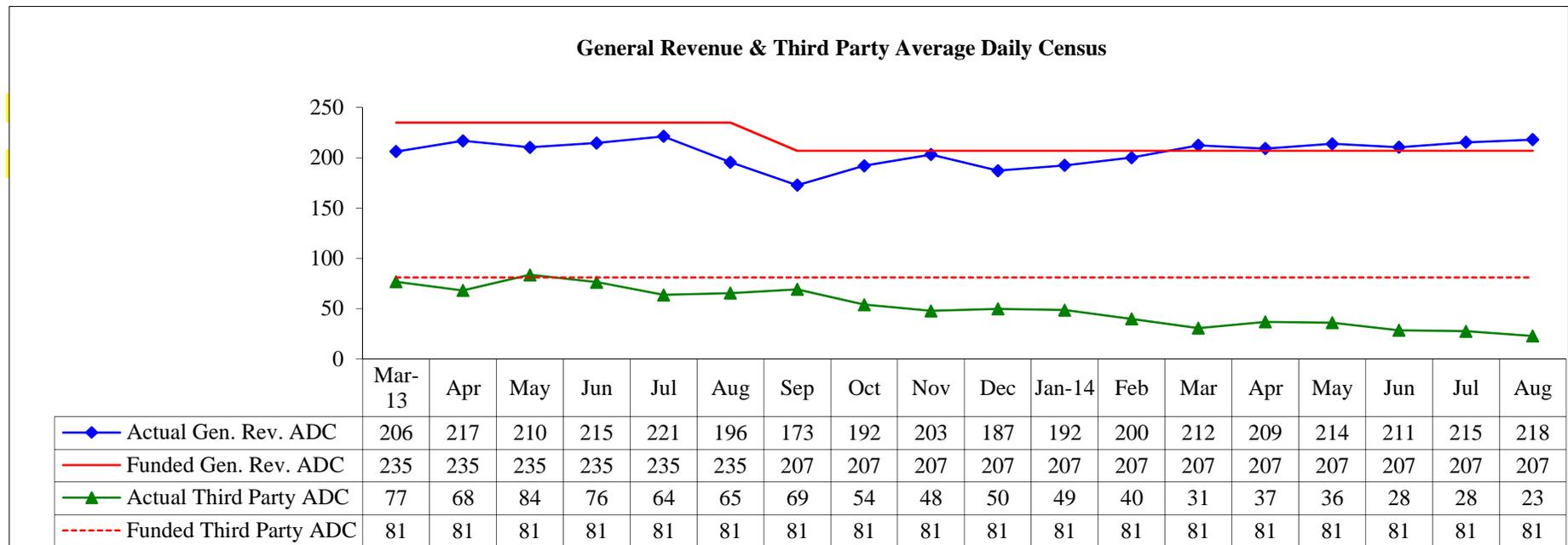
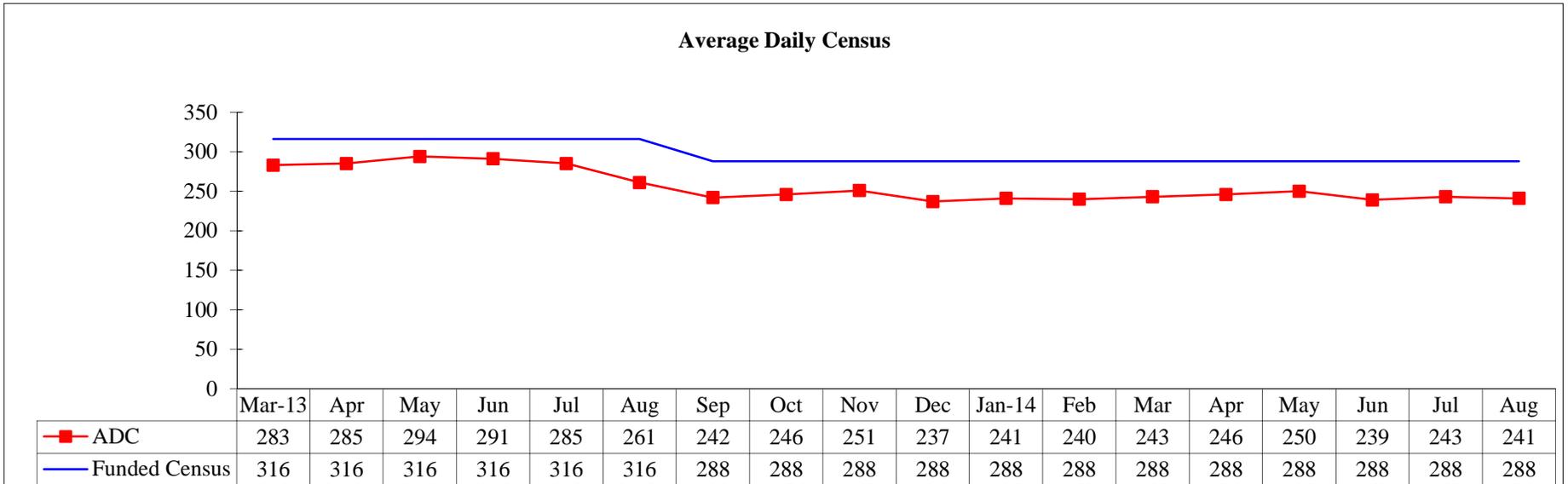
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

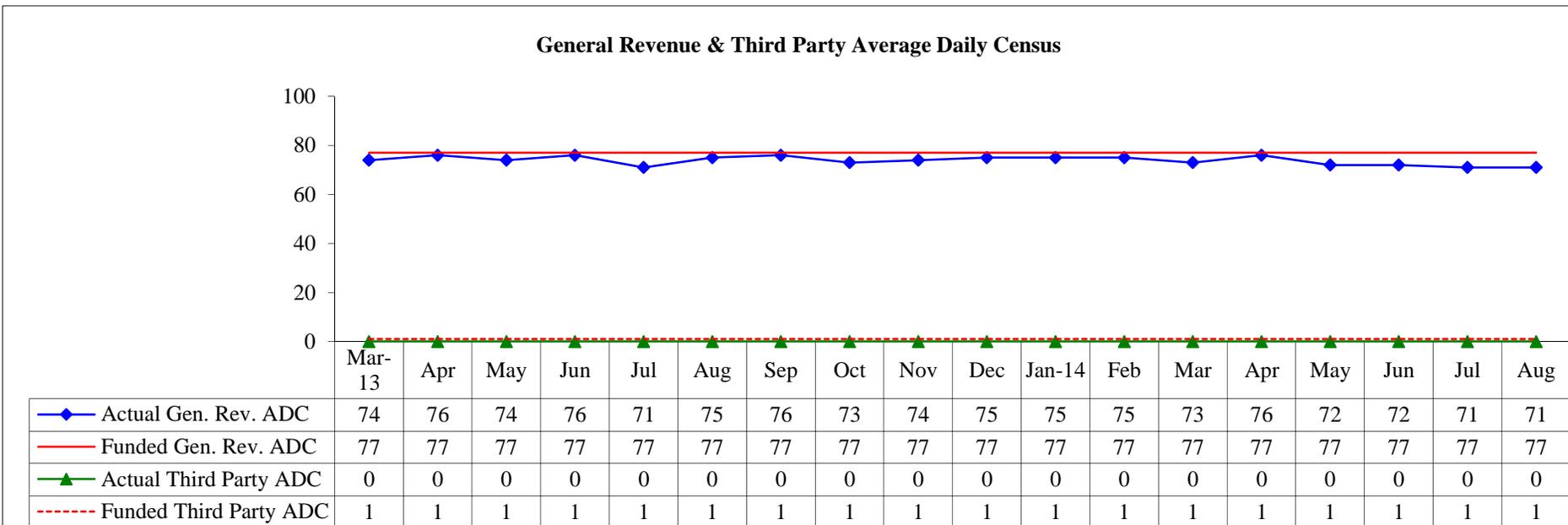
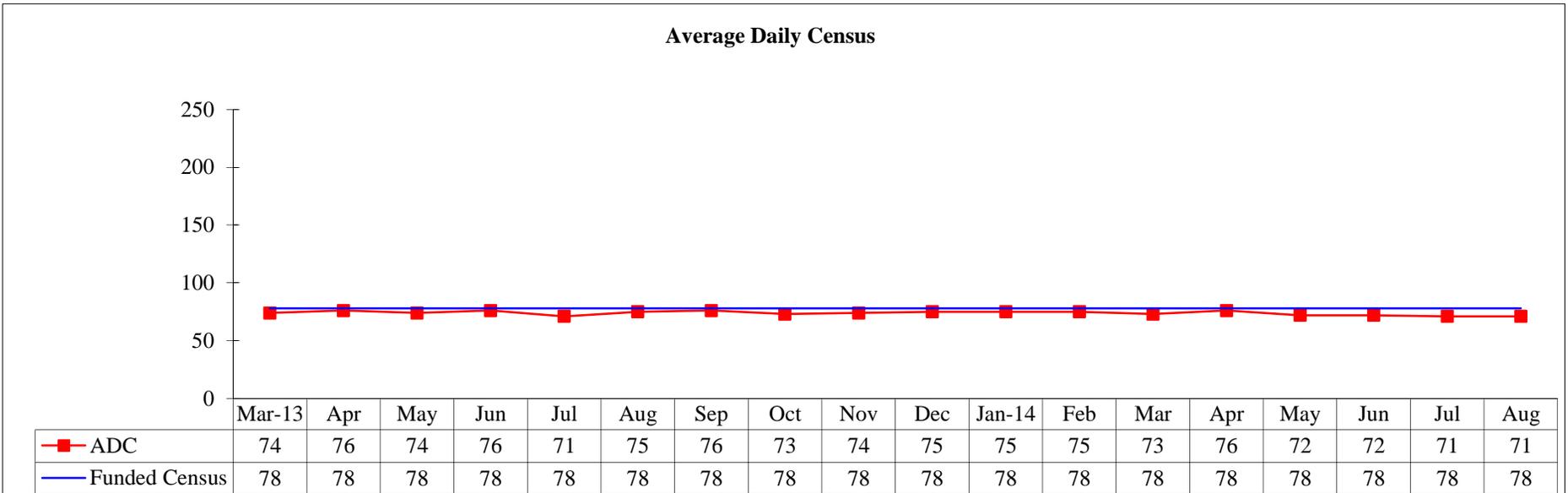
Objective 1D & Measure 1C - Average Daily Census
San Antonio State Hospital



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



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



Performance Measure 1A:

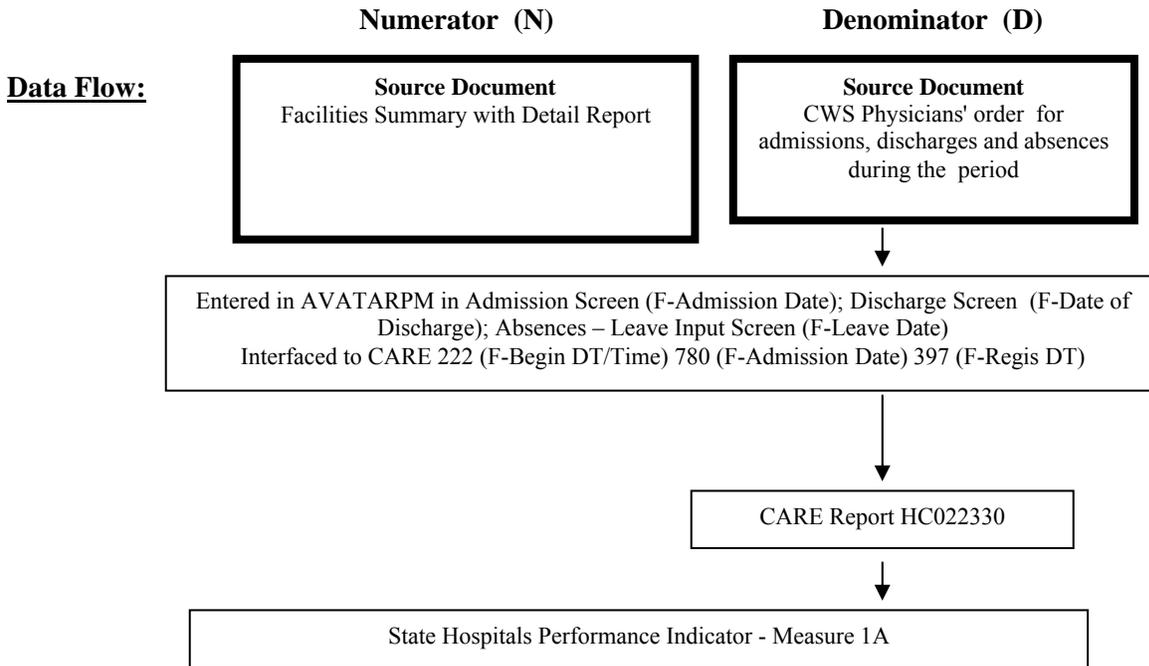
Calculate average cost per patient served.

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

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

Performance Measure Data Display and Chart Description:

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



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

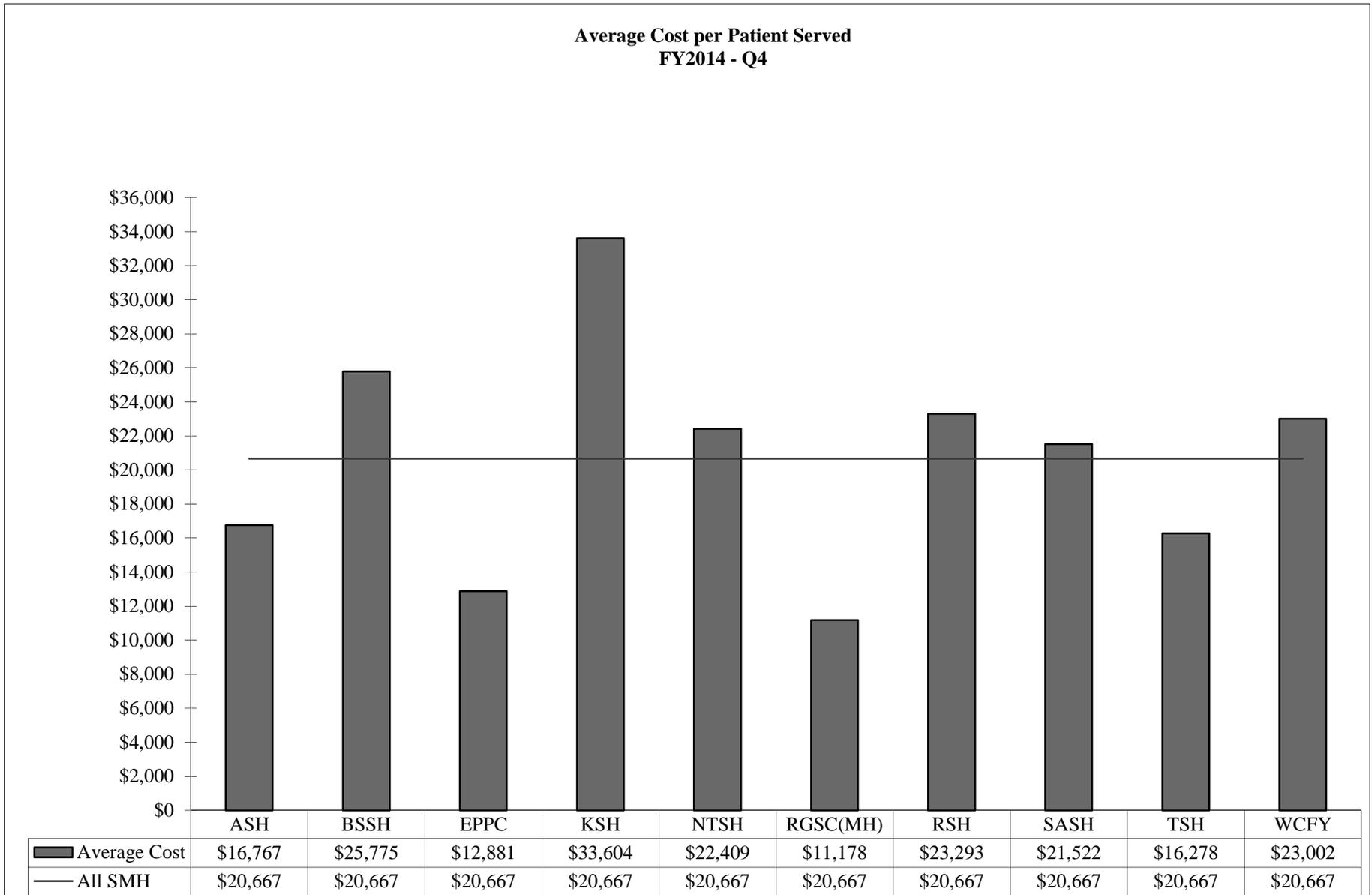
	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	24	24	22	22	22	23	22	25	26	27	31	32
LBB Cost/Bed Day	\$448	\$487	\$477	\$433	\$436	\$498	\$490	\$477	\$438	\$524	\$518	\$529
Average Cost	\$10,783	\$11,735	\$10,695	\$9,732	\$9,754	\$11,239	\$10,956	\$11,703	\$11,582	\$14,059	\$15,956	\$16,767
Big Spring State Hospital												
Avg. Patient Days	48	47	50	45	44	42	46	49	52	53	54	54
LBB Cost/Bed Day	\$376	\$417	\$403	\$397	\$399	\$407	\$418	\$440	\$389	\$447	\$436	\$480
Average Cost	\$17,843	\$19,496	\$20,043	\$17,717	\$17,401	\$17,134	\$19,029	\$21,446	\$20,318	\$23,866	\$23,599	\$25,775
El Paso Psychiatric Center												
Avg. Patient Days	21	22	21	20	19	20	21	19	19	22	20	20
LBB Cost/Bed Day	\$485	\$528	\$501	\$498	\$474	\$538	\$536	\$552	\$523	\$588	\$536	\$642
Average Cost	\$10,273	\$11,576	\$10,507	\$9,922	\$8,841	\$10,743	\$11,287	\$10,417	\$9,745	\$13,085	\$10,846	\$12,881
Kerrville State Hospital												
Avg. Patient Days	78	81	81	83	82	82	84	80	78	84	85	80
LBB Cost/Bed Day	\$355	\$392	\$380	\$378	\$377	\$377	\$374	\$389	\$369	\$408	\$382	\$420
Average Cost	\$27,796	\$31,748	\$30,685	\$31,490	\$30,769	\$31,043	\$31,409	\$31,312	\$28,776	\$34,056	\$32,361	\$33,604
North Texas State Hospital												
Avg. Patient Days	46	47	45	47	51	46	49	48	50	51	50	50
LBB Cost/Bed Day	\$372	\$399	\$400	\$385	\$398	\$384	\$385	\$405	\$399	\$469	\$445	\$450
Average Cost	\$17,285	\$18,582	\$18,066	\$18,064	\$20,126	\$17,839	\$18,998	\$19,520	\$20,093	\$24,060	\$22,451	\$22,409
Rusk State Hospital												
Avg. Patient Days	54	57	59	60	63	60	62	59	70	64	59	59
LBB Cost/Bed Day	\$342	\$372	\$391	\$381	\$366	\$383	\$342	\$391	\$321	\$362	\$366	\$396
Average Cost	\$18,478	\$21,345	\$22,904	\$22,896	\$23,089	\$22,855	\$21,064	\$22,998	\$22,409	\$23,351	\$21,701	\$23,293
San Antonio State Hospital												
Avg. Patient Days	36	36	35	33	32	36	36	35	37	35	40	42
LBB Cost/Bed Day	\$392	\$472	\$453	\$462	\$440	\$459	\$454	\$491	\$416	\$491	\$491	\$515
Average Cost	\$14,230	\$17,008	\$15,832	\$15,085	\$13,955	\$16,714	\$16,333	\$17,382	\$15,374	\$17,264	\$19,663	\$21,522

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

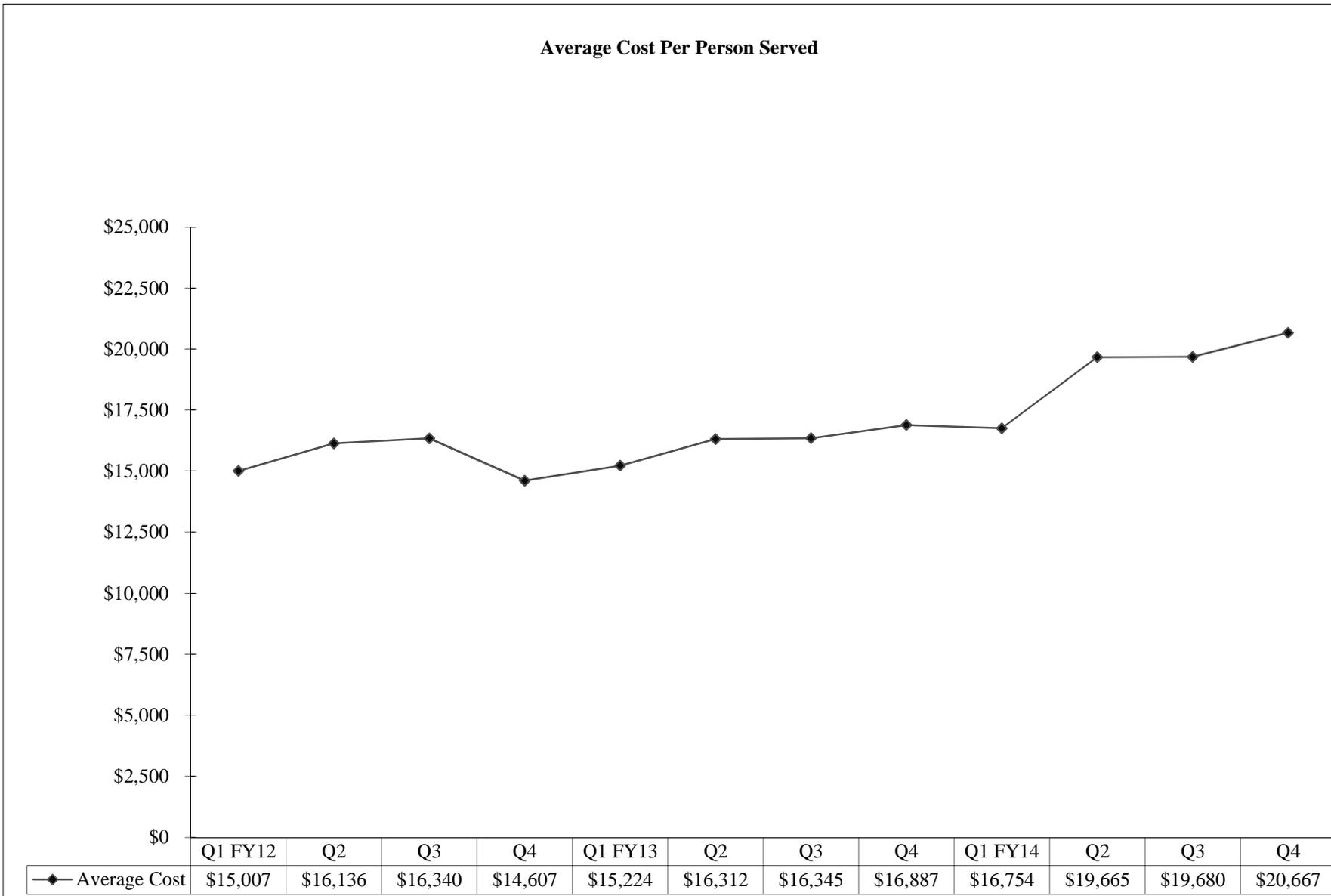
	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	30	31	31	31	31	29	28	31	29	30	31	30
LBB Cost/Bed Day	\$375	\$402	\$392	\$394	\$391	\$423	\$405	\$442	\$459	\$537	\$499	\$550
Average Cost	\$11,126	\$12,295	\$12,250	\$12,239	\$12,082	\$12,201	\$11,541	\$13,608	\$13,340	\$15,870	\$15,639	\$16,278
Waco Center for Youth												
Avg. Patient Days	57	58	60	53	66	54	65	58	57	65	56	52
LBB Cost/Bed Day	\$349	\$397	\$407	\$396	\$352	\$435	\$375	\$424	\$352	\$421	\$399	\$439
Average Cost	\$19,988	\$23,184	\$24,199	\$21,190	\$23,339	\$23,615	\$24,299	\$24,461	\$19,957	\$27,295	\$22,287	\$23,002
Rio Grande State Center (MH)												
Avg. Patient Days	15	16	15	17	14	17	17	17	19	29	23	23
LBB Cost/Bed Day	\$470	\$516	\$521	\$544	\$645	\$853	\$816	\$483	\$499	\$524	\$528	\$495
Average Cost	\$6,911	\$8,381	\$7,908	\$9,083	\$9,304	\$14,191	\$13,989	\$8,083	\$9,402	\$15,387	\$12,038	\$11,178
All MH Hospitals												
Avg. Patient Days	39	39	39	37	37	38	39	40	42	42	44	43
LBB Cost/Bed Day	\$384	\$409	\$418	\$395	\$407	\$427	\$415	\$422	\$401	\$465	\$450	\$476
Average Cost	\$15,007	\$16,136	\$16,340	\$14,607	\$15,224	\$16,312	\$16,345	\$16,887	\$16,754	\$19,665	\$19,680	\$20,667
Texas Center for Infectious Disease												
Avg. Patient Days	189	173	213	180	209	146	189	141	223	158	192	147
LBB Cost/Bed Day	\$713	\$685	\$586	\$640	\$648	\$741	\$932	\$812	\$978	\$850	\$771	\$663
Average Cost	\$134,693	\$118,491	\$124,916	\$115,141	\$135,503	\$108,119	\$176,463	\$114,510	\$218,085	\$134,340	\$147,709	\$97,448

LBB Cost - total facility expense minus benefits

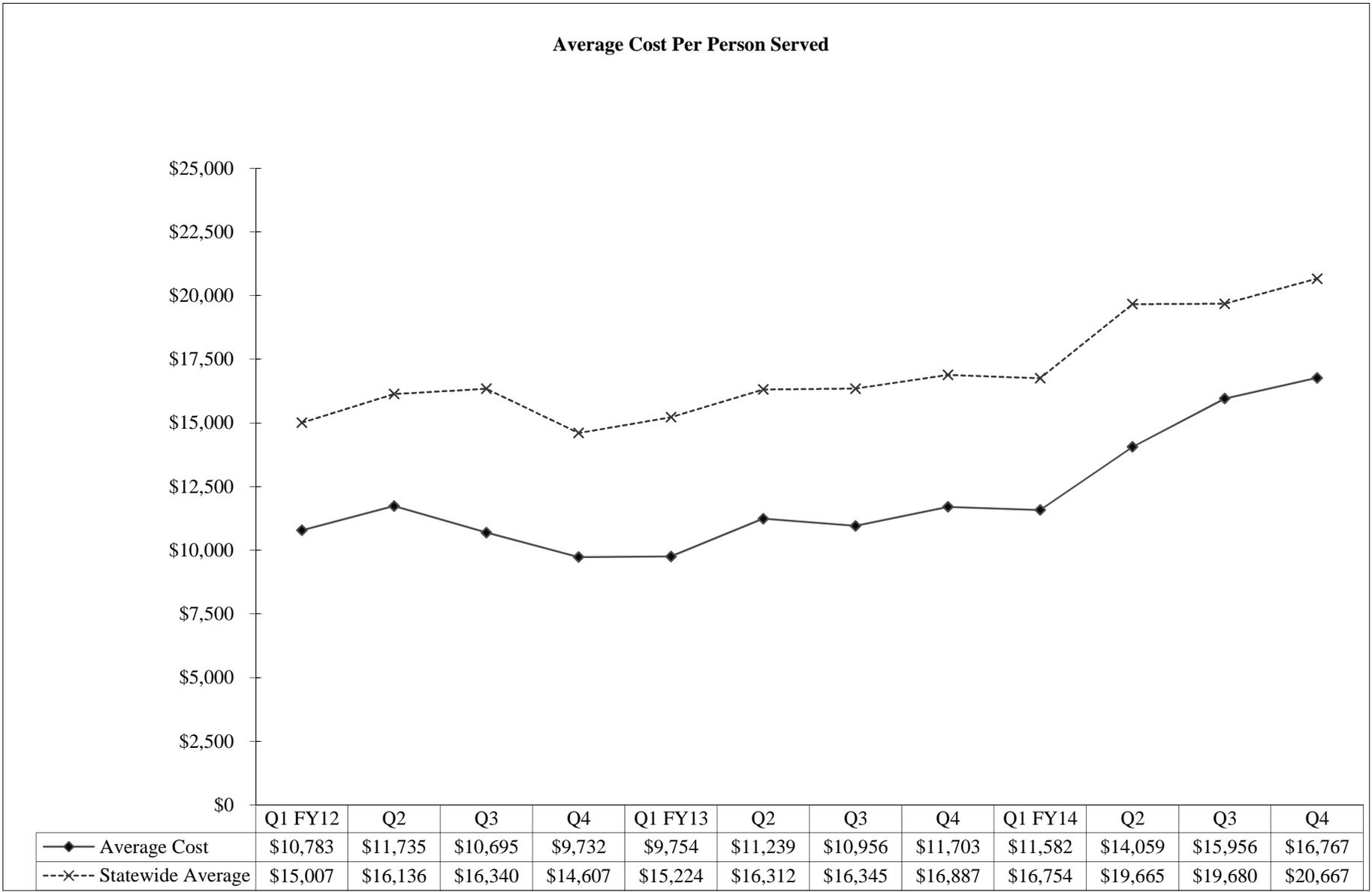
**Measure 1A - Average Cost Per Patient Served
All State MH Hospitals**



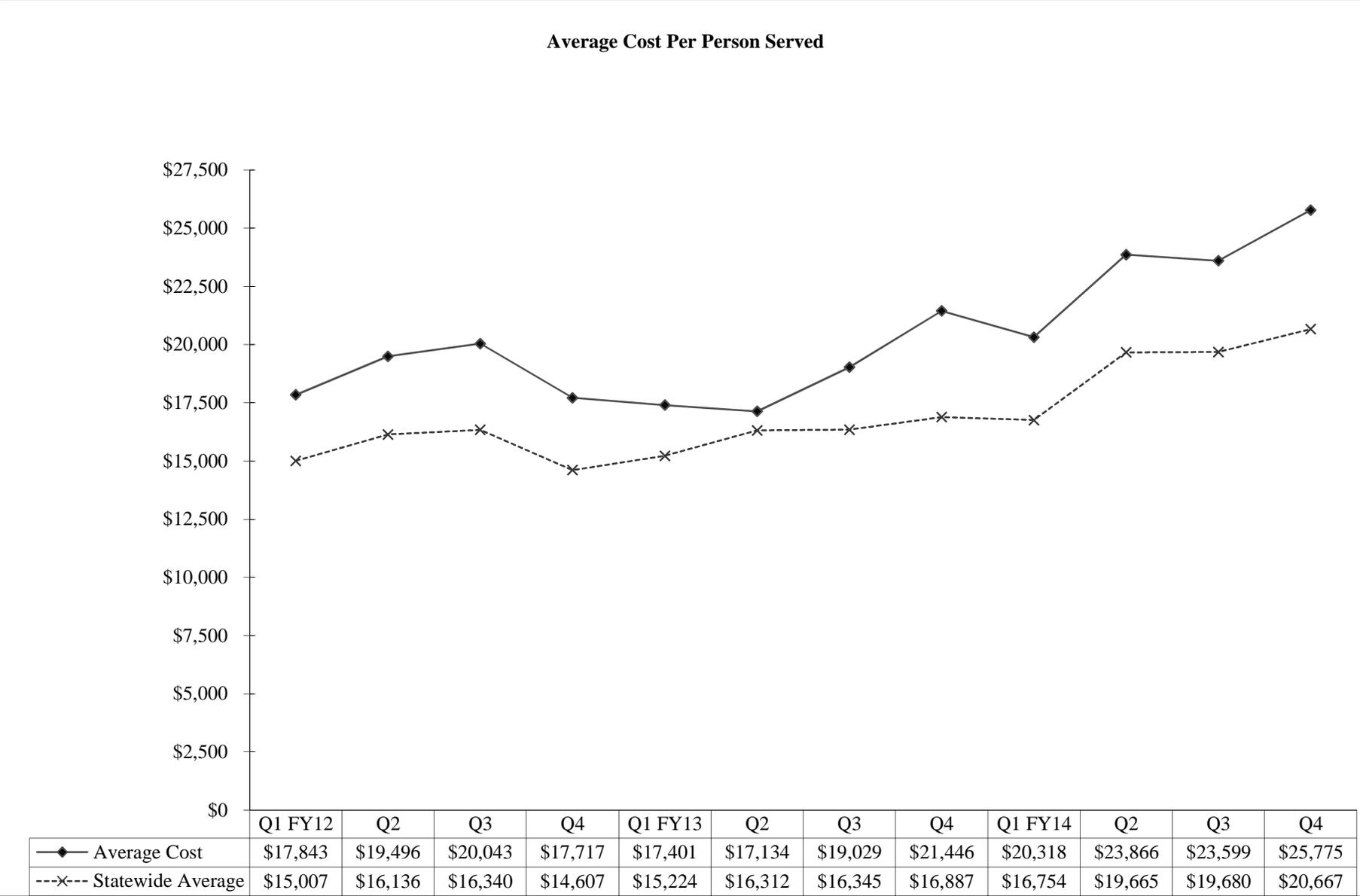
Measure 1A - Average Cost Per Patient Served
All State MH Hospitals



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



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



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

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

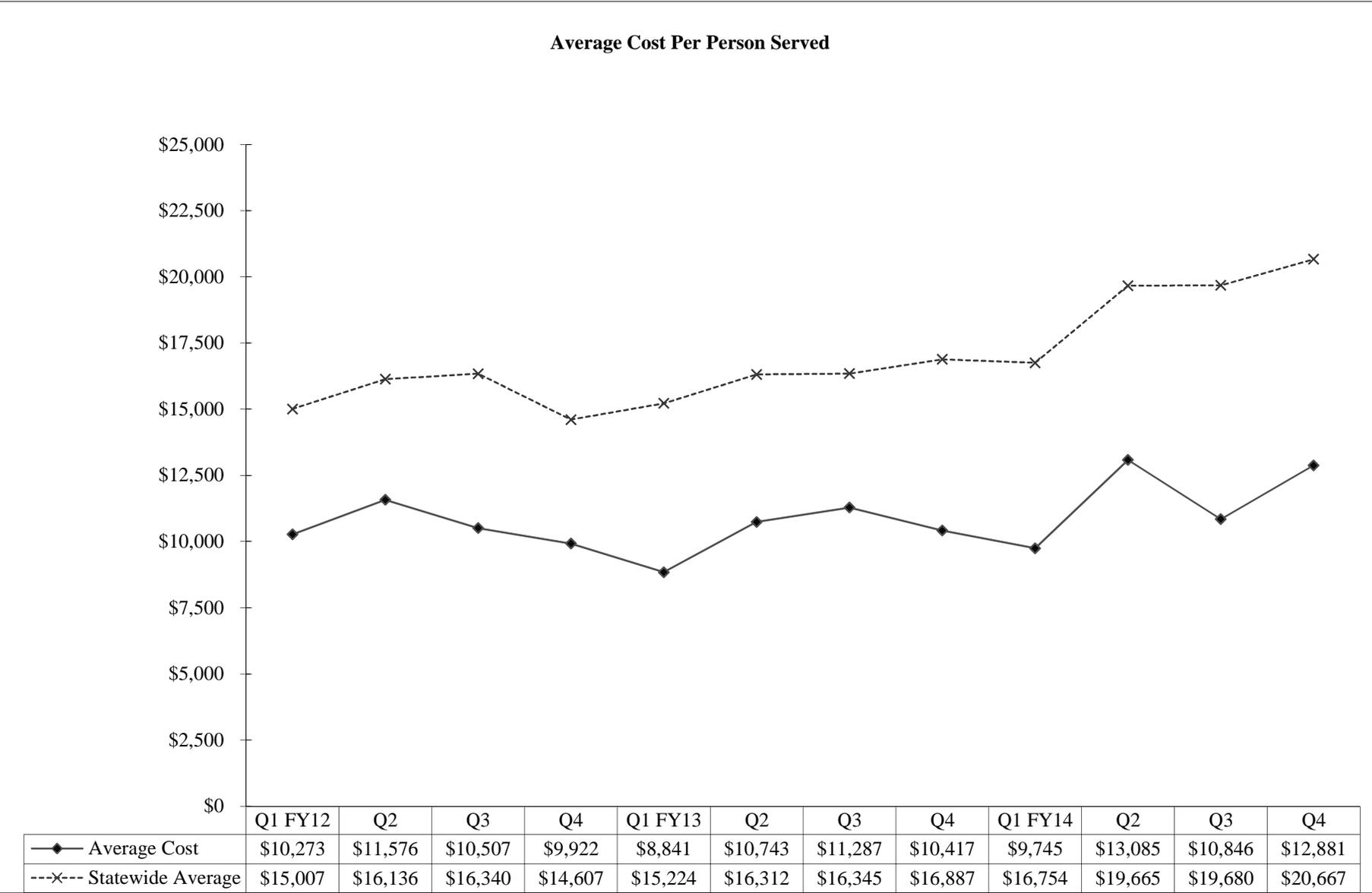
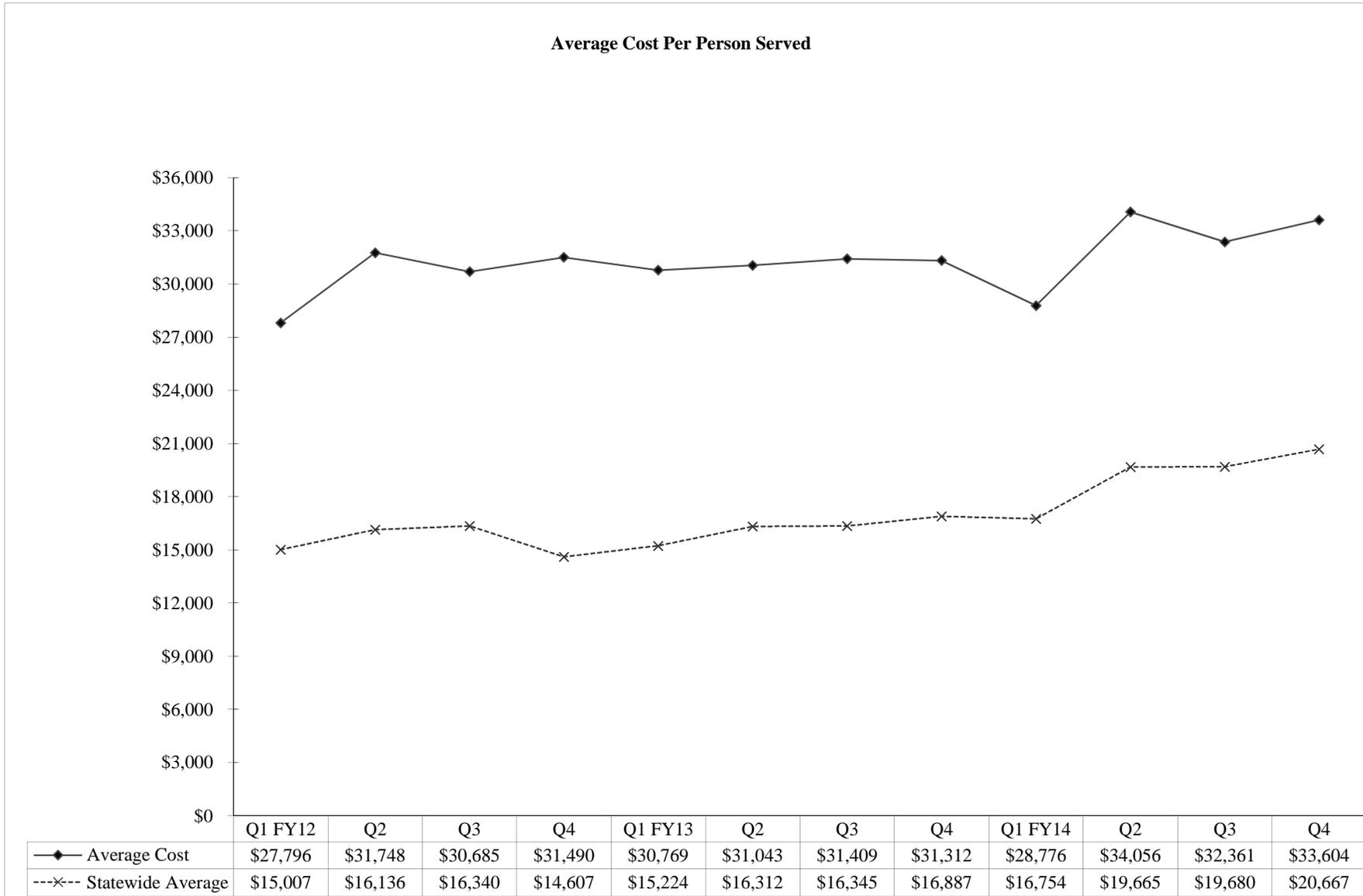


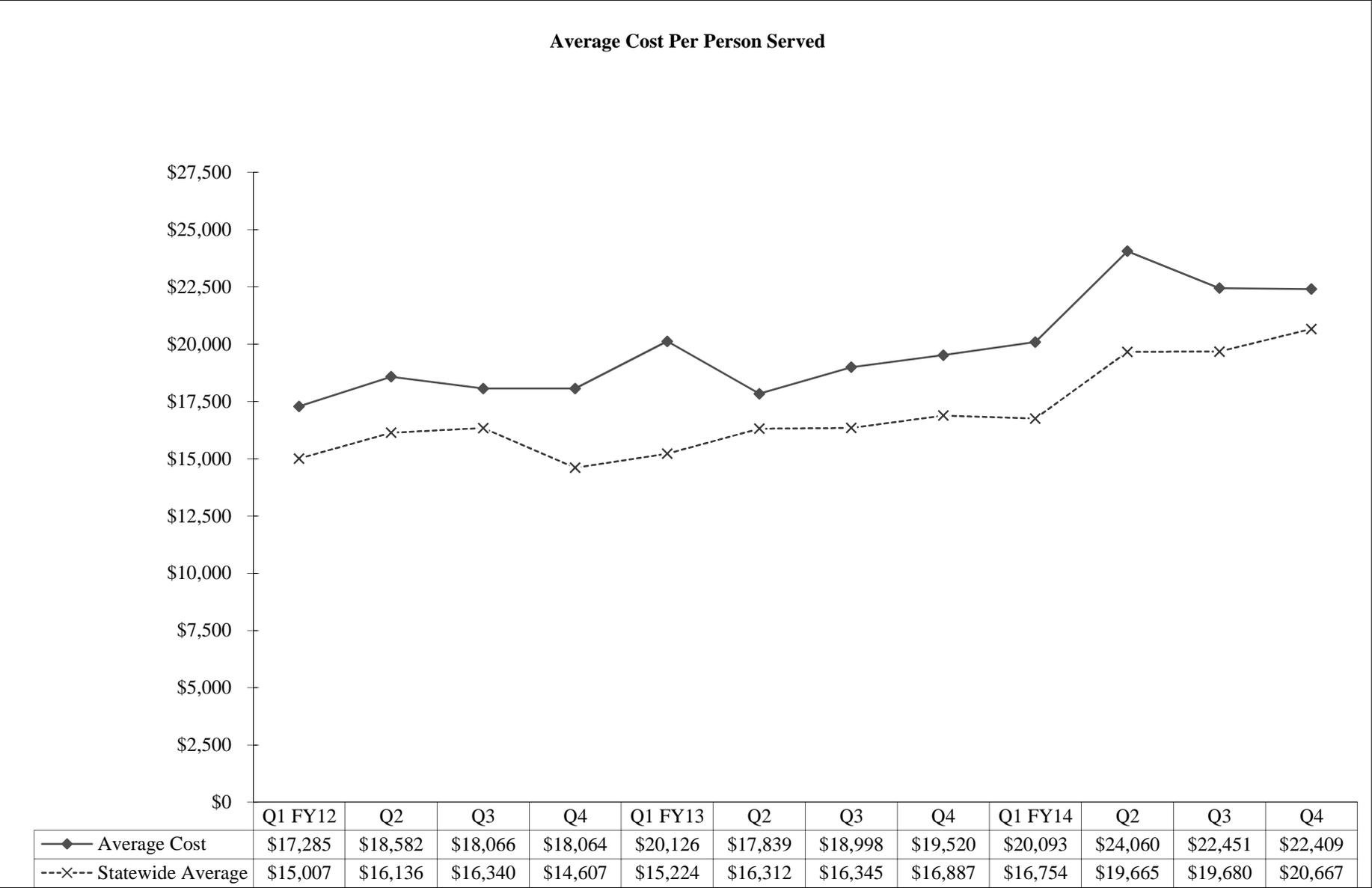
Table: Hospital Management Data Services

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

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



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



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)

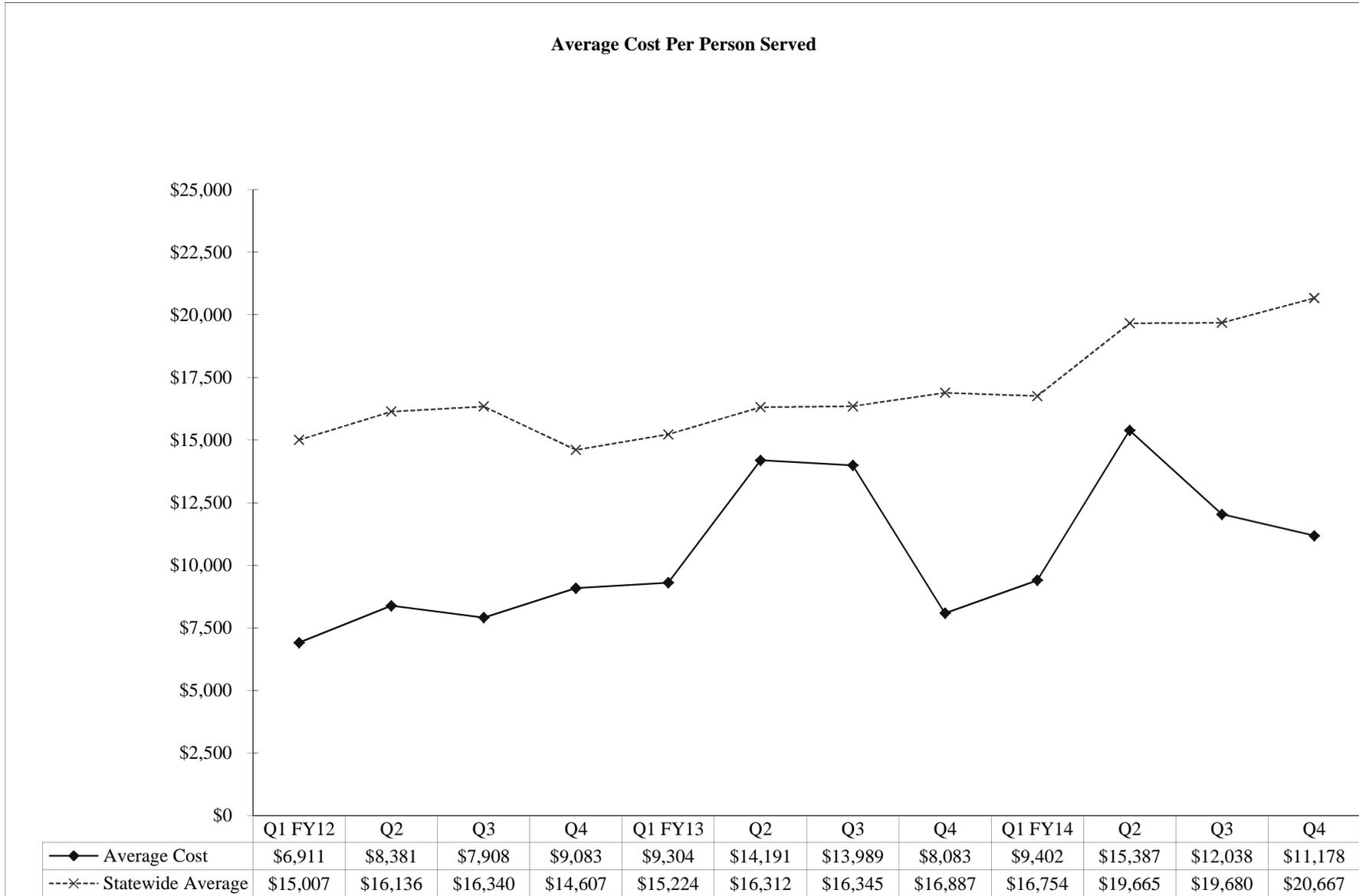
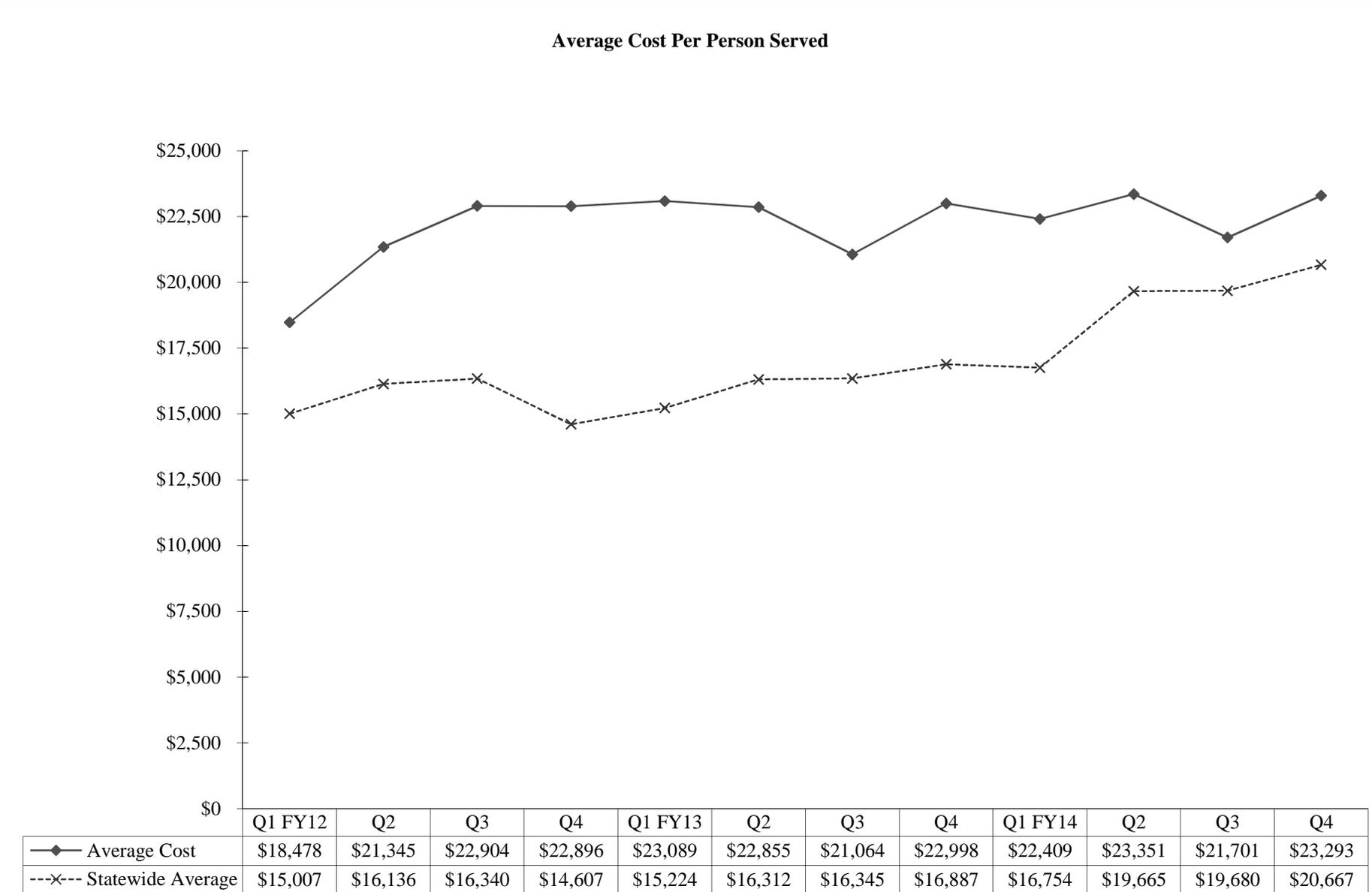


Table: Hospital Management Data Services

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

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



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

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

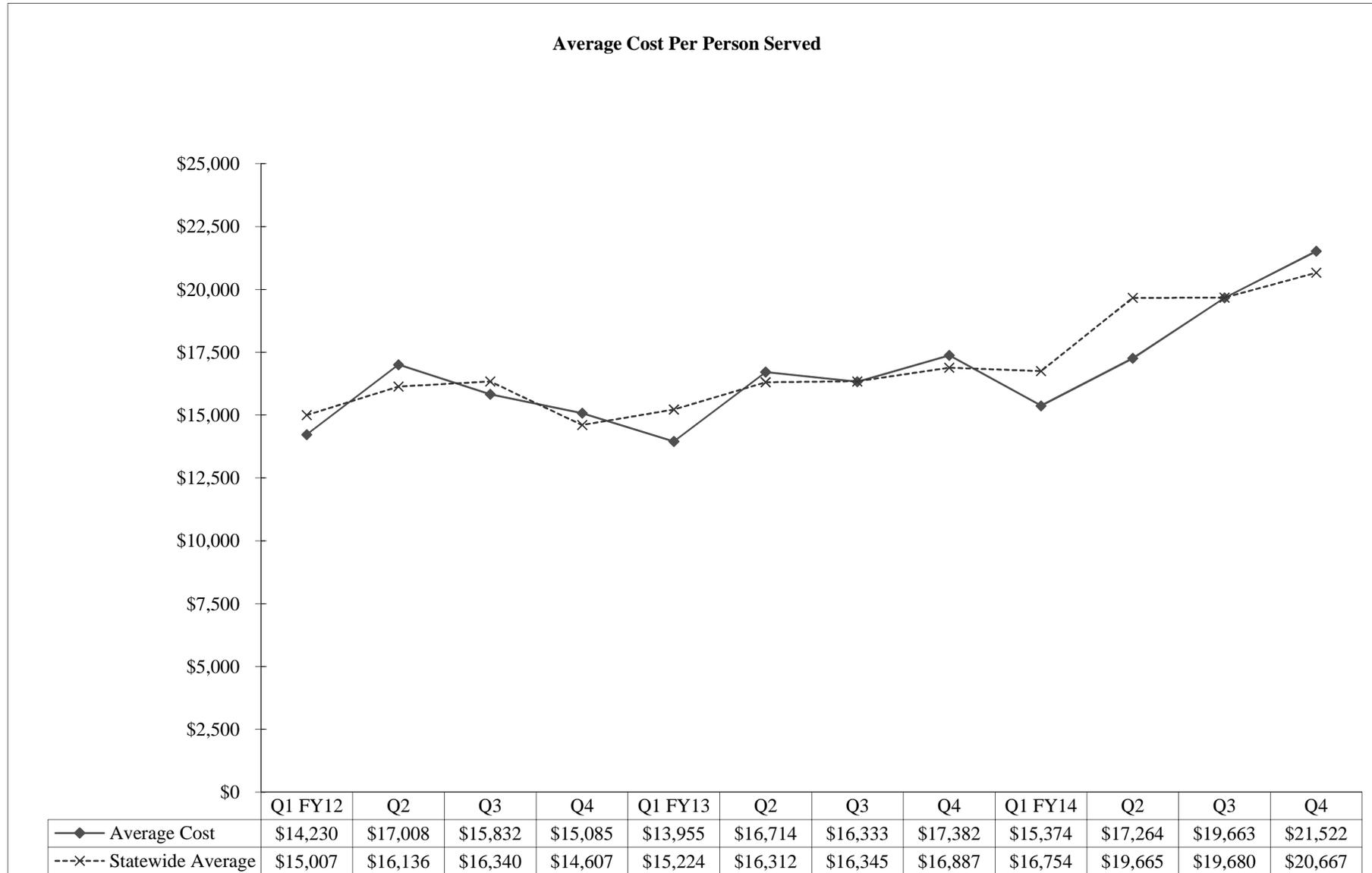
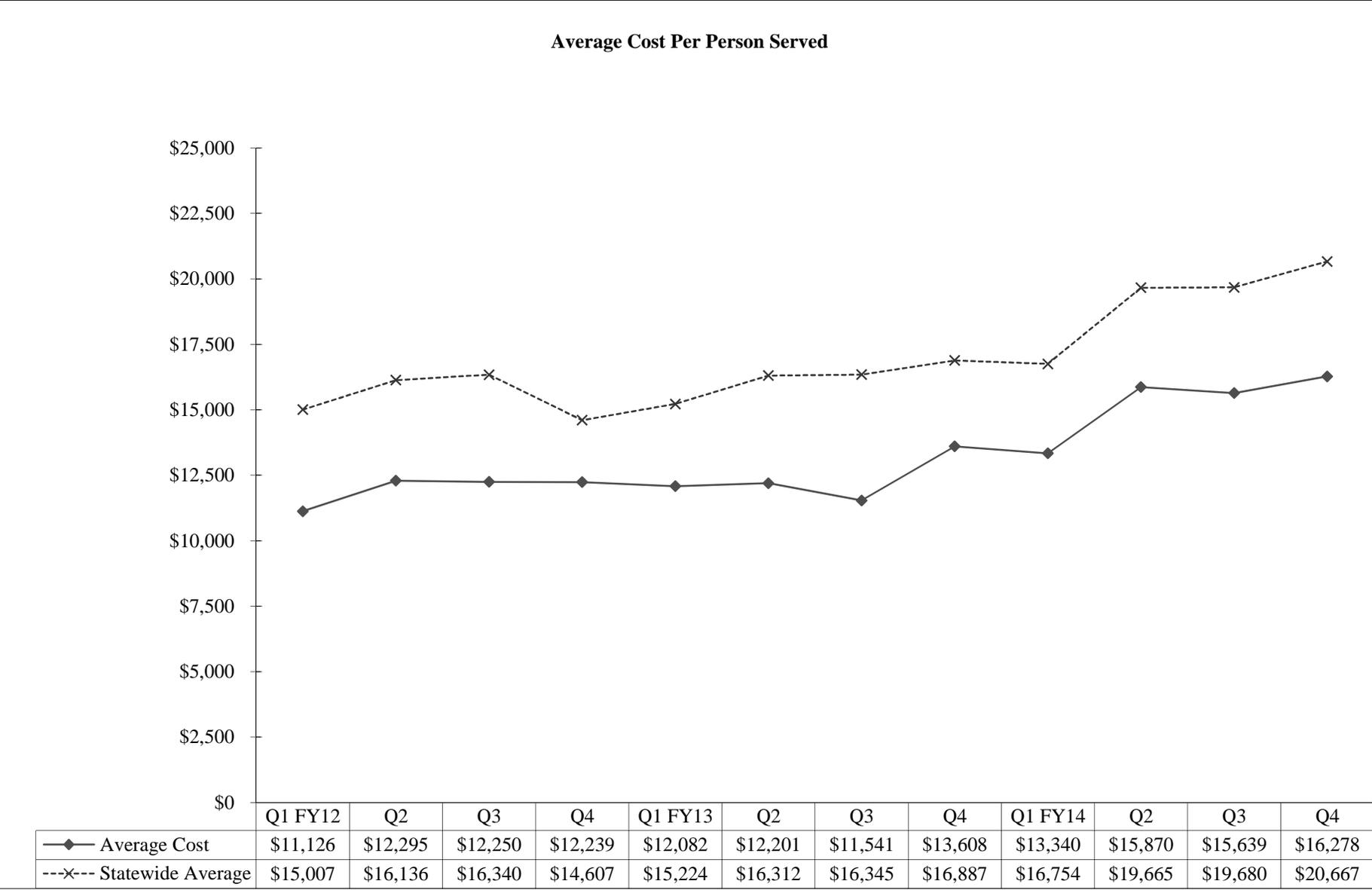


Table: Hospital Management Data Services

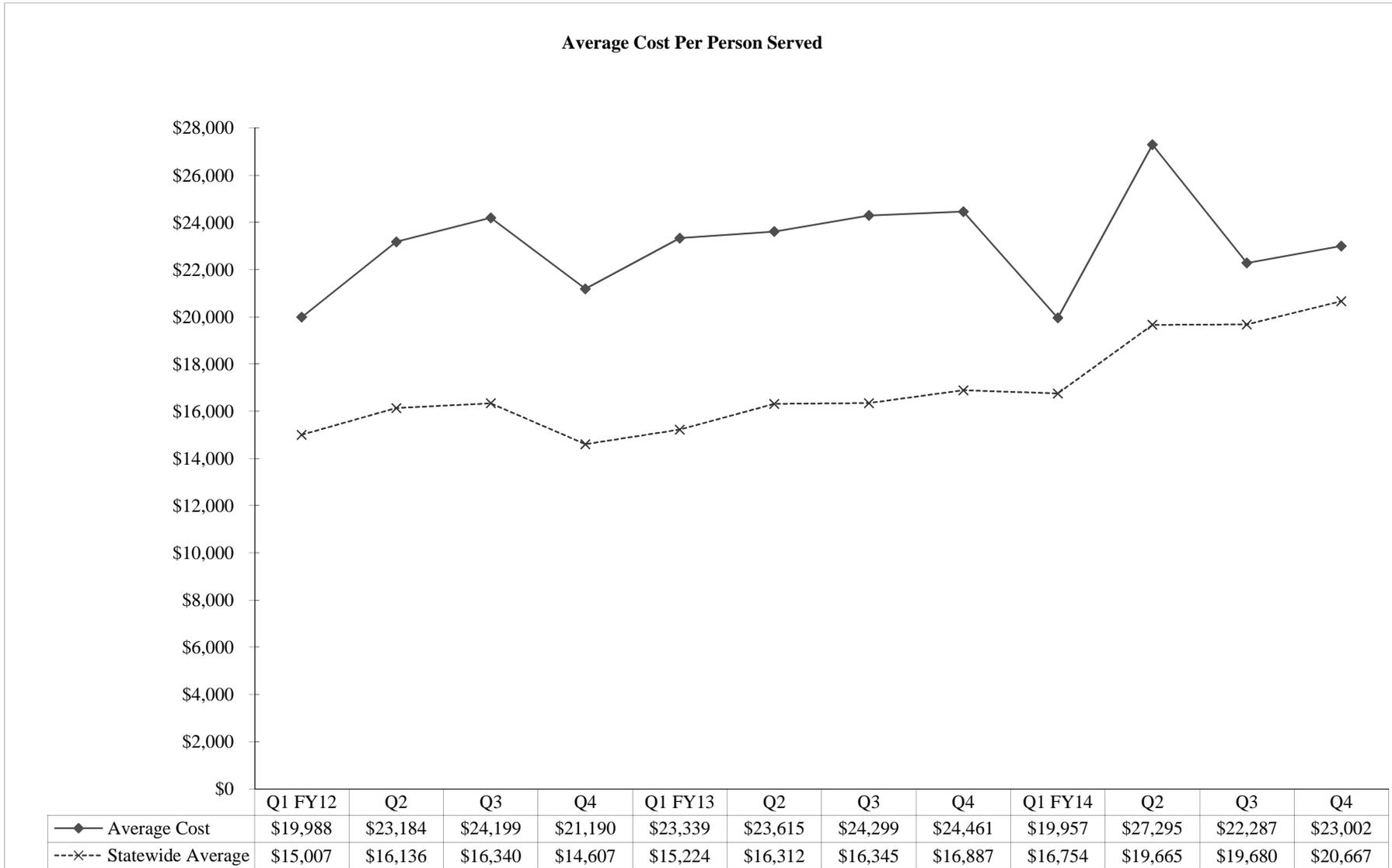
Source: CARE Report HC022330,
 Financial Statistical Report-Fiscal Services;
 DSHS Budgeting Forecasting Dept.

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

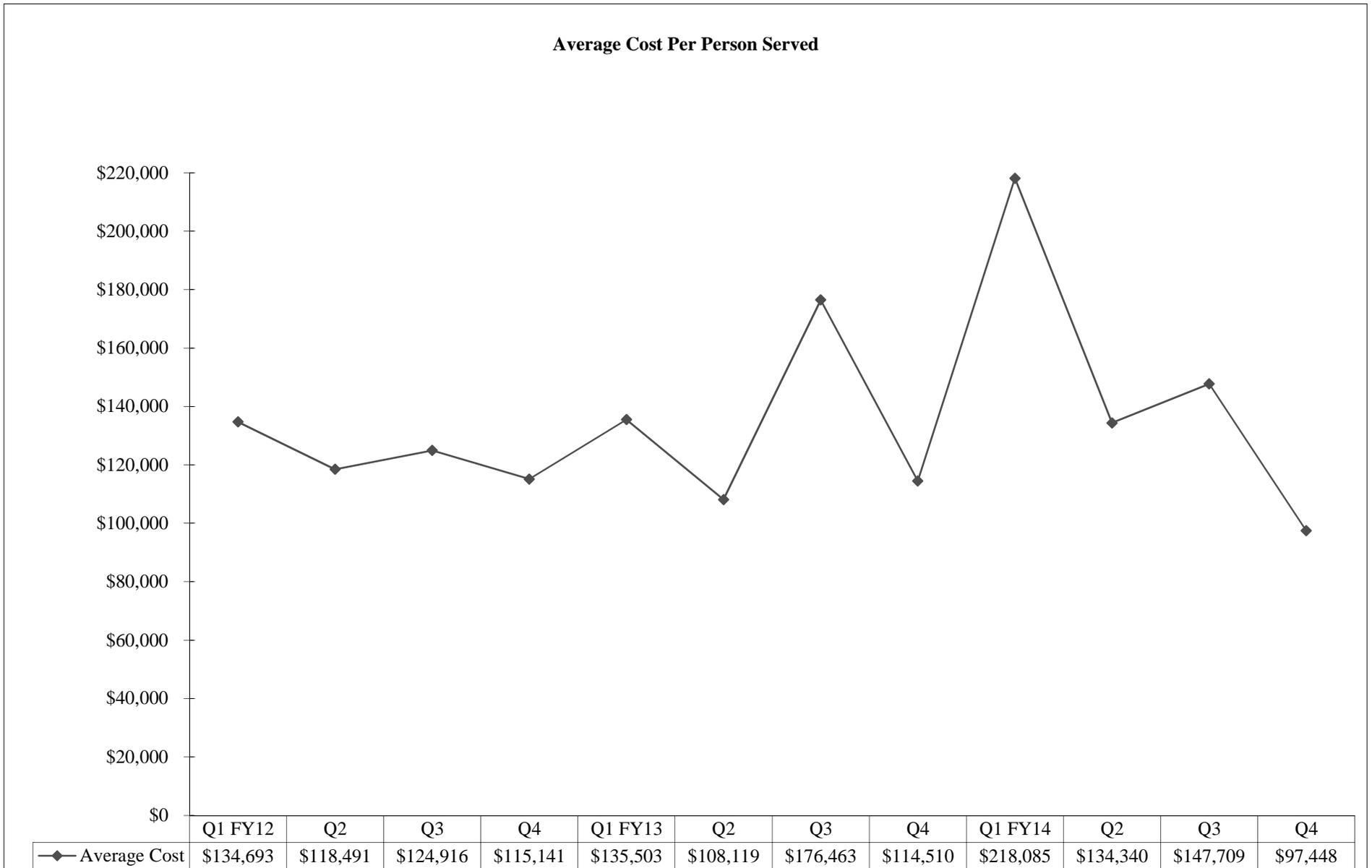


Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

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



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



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

Performance Measure 1B:

Calculate cost per occupied bed.

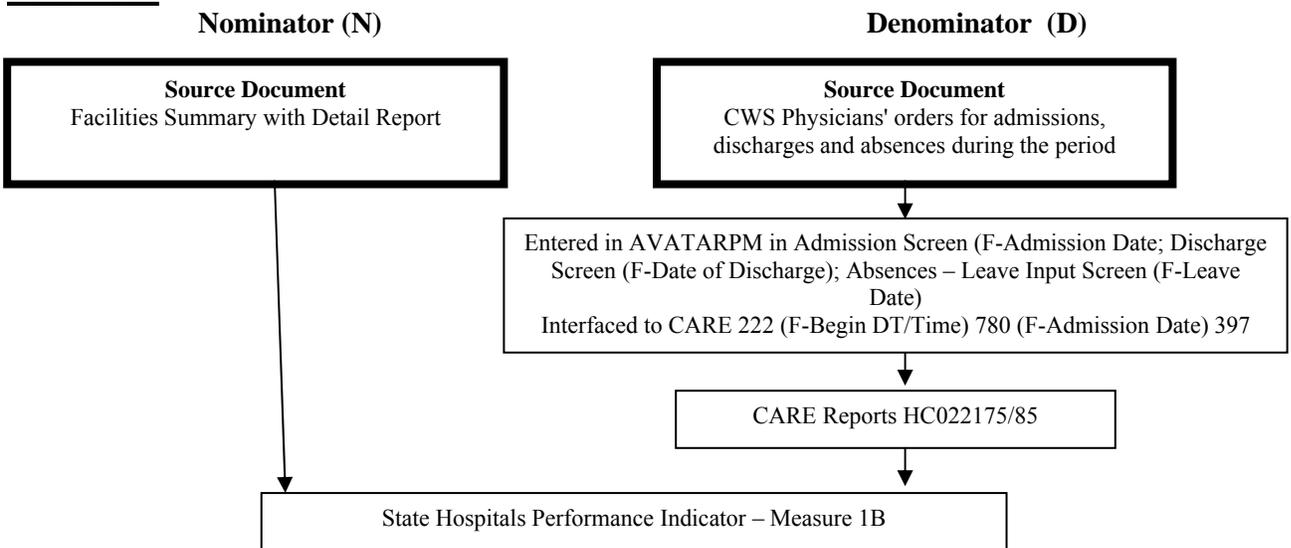
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

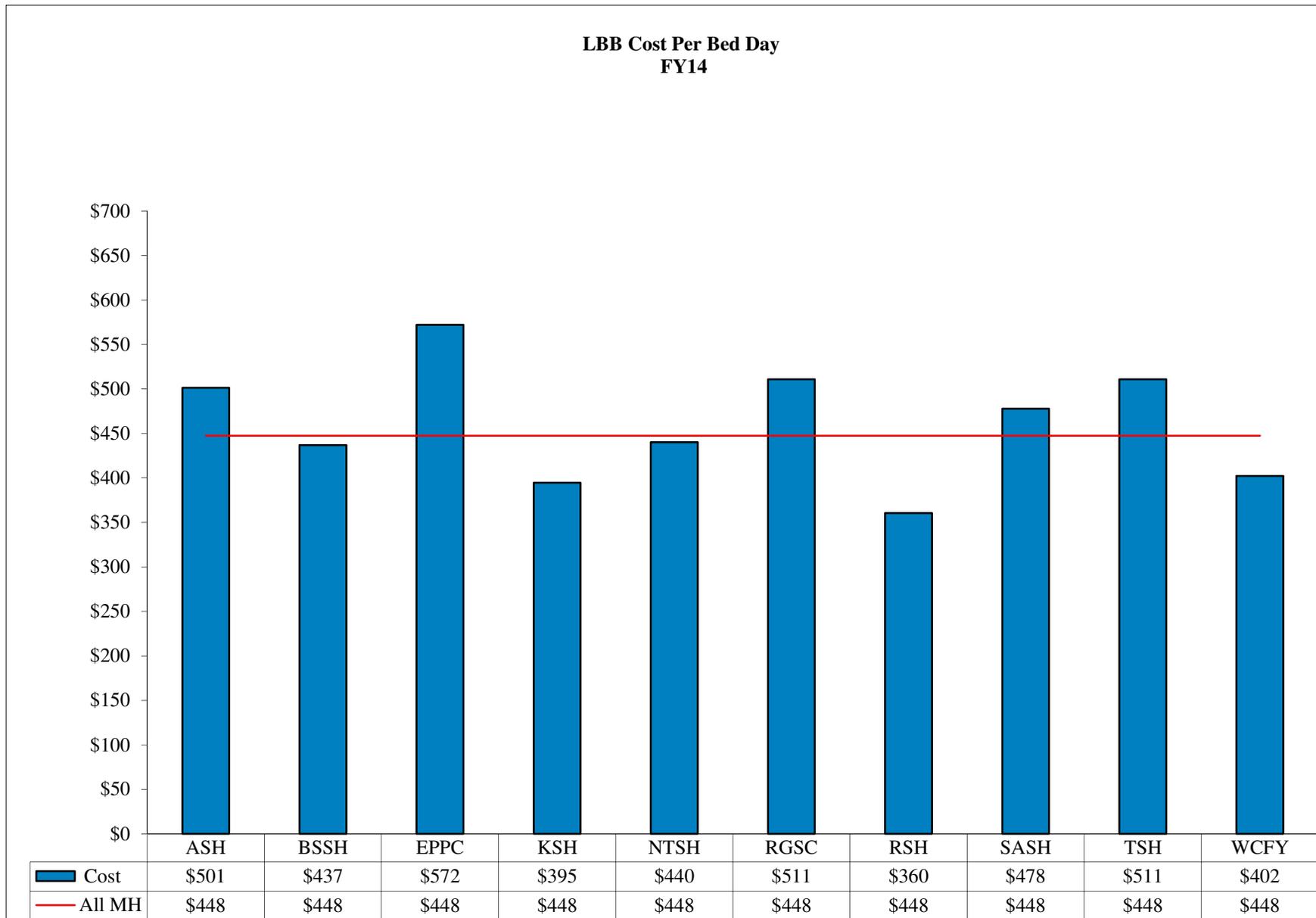
Performance Measure Data Display and Chart Description:

- ◆ 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 - FY14 (As of August 31, 2014)



Measure 1B - Cost Per Bed Day
All State Hospitals

	FY11				FY12				FY13				FY14			
	Q1	Q2	Q3	FY												
Austin State Hospital																
LBB Cost Per Bed Day	\$425	\$492	\$477	\$467	\$448	\$487	\$477	\$461	\$436	\$498	\$490	\$476	\$438	\$524	\$518	\$501
Big Spring State Hospital																
LBB Cost Per Bed Day	\$369	\$406	\$393	\$396	\$376	\$417	\$403	\$398	\$399	\$407	\$418	\$416	\$389	\$447	\$436	\$437
El Paso Psychiatric Center																
LBB Cost Per Bed Day	\$448	\$527	\$506	\$499	\$485	\$528	\$501	\$503	\$474	\$538	\$536	\$525	\$523	\$588	\$536	\$572
Kerrville State Hospital																
LBB Cost Per Bed Day	\$337	\$354	\$351	\$354	\$355	\$392	\$380	\$376	\$377	\$377	\$374	\$379	\$369	\$408	\$382	\$395
North Texas State Hospital																
LBB Cost Per Bed Day	\$364	\$399	\$384	\$385	\$372	\$399	\$400	\$389	\$398	\$384	\$385	\$393	\$399	\$469	\$445	\$440
Rusk State Hospital																
LBB Cost Per Bed Day	\$363	\$381	\$387	\$376	\$342	\$372	\$391	\$371	\$366	\$383	\$342	\$371	\$321	\$362	\$366	\$360
San Antonio State Hospital																
LBB Cost Per Bed Day	\$373	\$458	\$441	\$432	\$392	\$472	\$453	\$444	\$440	\$459	\$454	\$461	\$416	\$491	\$491	\$478
Terrell State Hospital																
LBB Cost Per Bed Day	\$367	\$405	\$390	\$391	\$375	\$402	\$392	\$391	\$391	\$423	\$405	\$415	\$459	\$537	\$499	\$511
Waco Center for Youth*																
LBB Cost Per Bed Day	\$324	\$424	\$392	\$384	\$349	\$397	\$407	\$387	\$352	\$435	\$375	\$396	\$352	\$421	\$399	\$402
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	\$496	\$503	\$480	\$493	\$470	\$516	\$521	\$513	\$645	\$853	\$816	\$540	\$499	\$524	\$528	\$511
All State MH Hospitals																
LBB Cost Per Bed Day	\$375	\$419	\$407	\$404	\$384	\$409	\$418	\$408	\$407	\$427	\$415	\$418	\$401	\$465	\$450	\$448
Texas Center for Infectious Disease																
LBB Cost Per Bed Day	\$750	\$720	\$511	\$646	\$713	\$685	\$586	\$656	\$648	\$741	\$932	\$787	\$978	\$850	\$771	\$811

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits

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

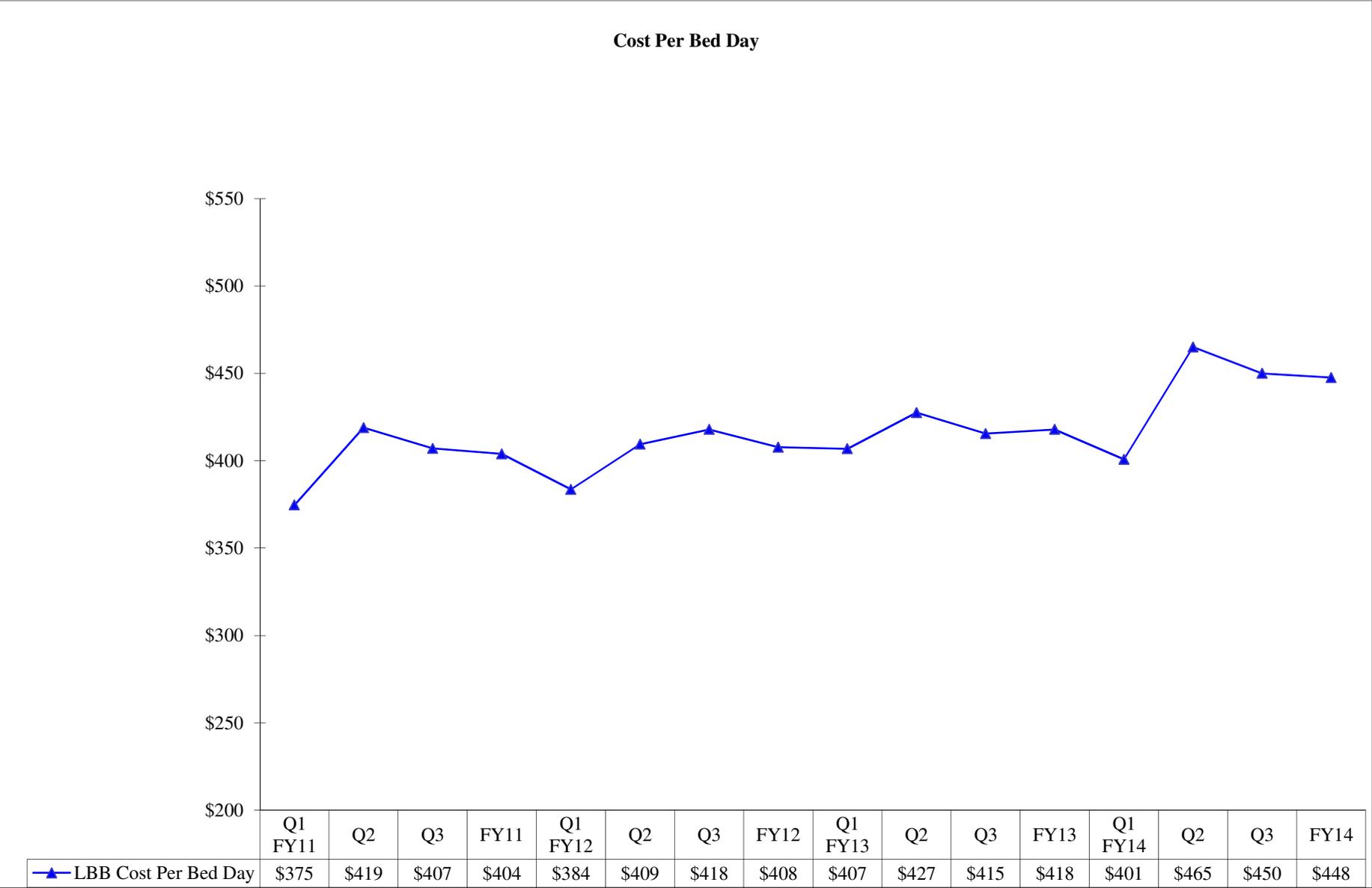


Chart: Hospital Management Data Services

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

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

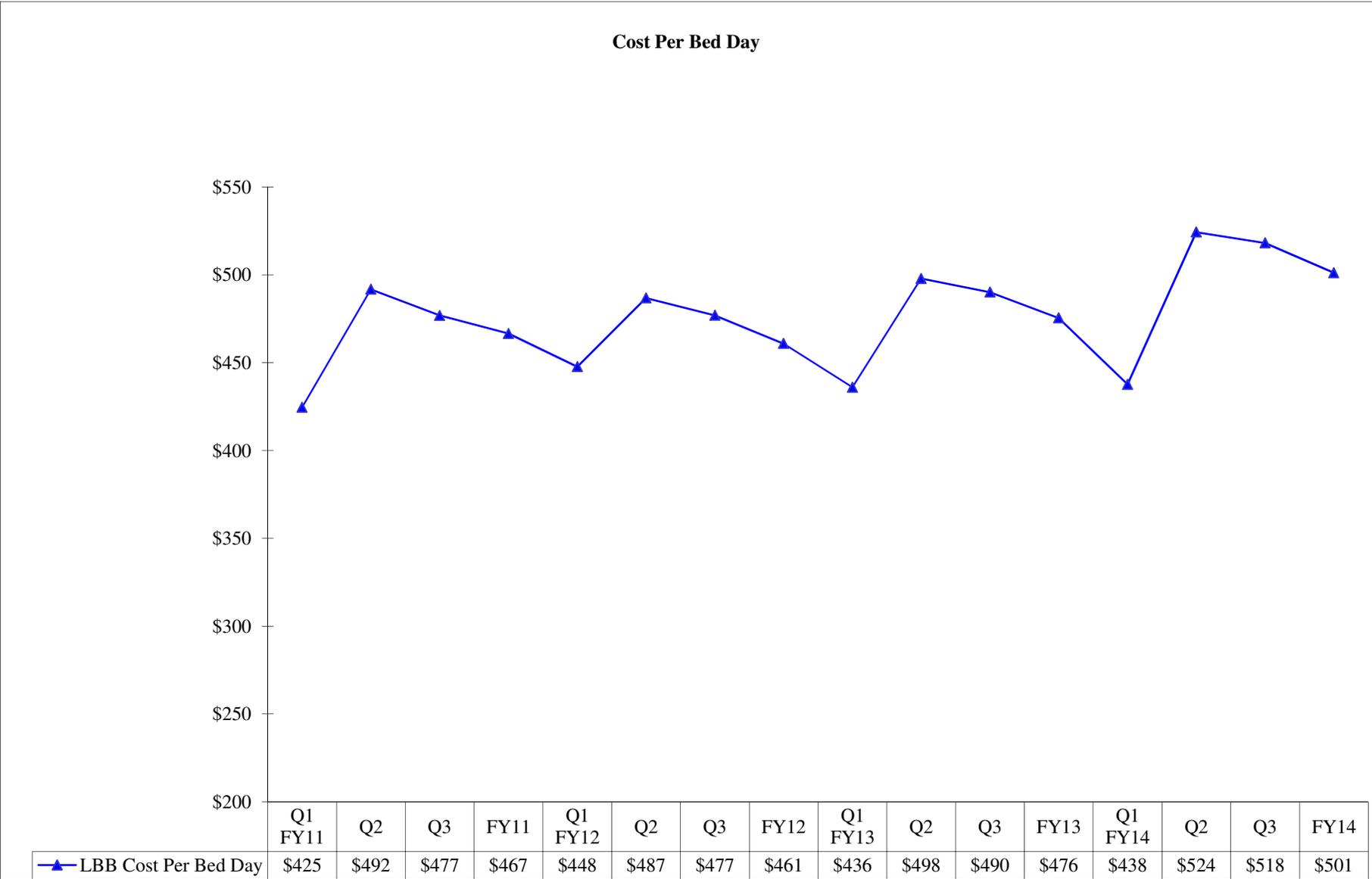
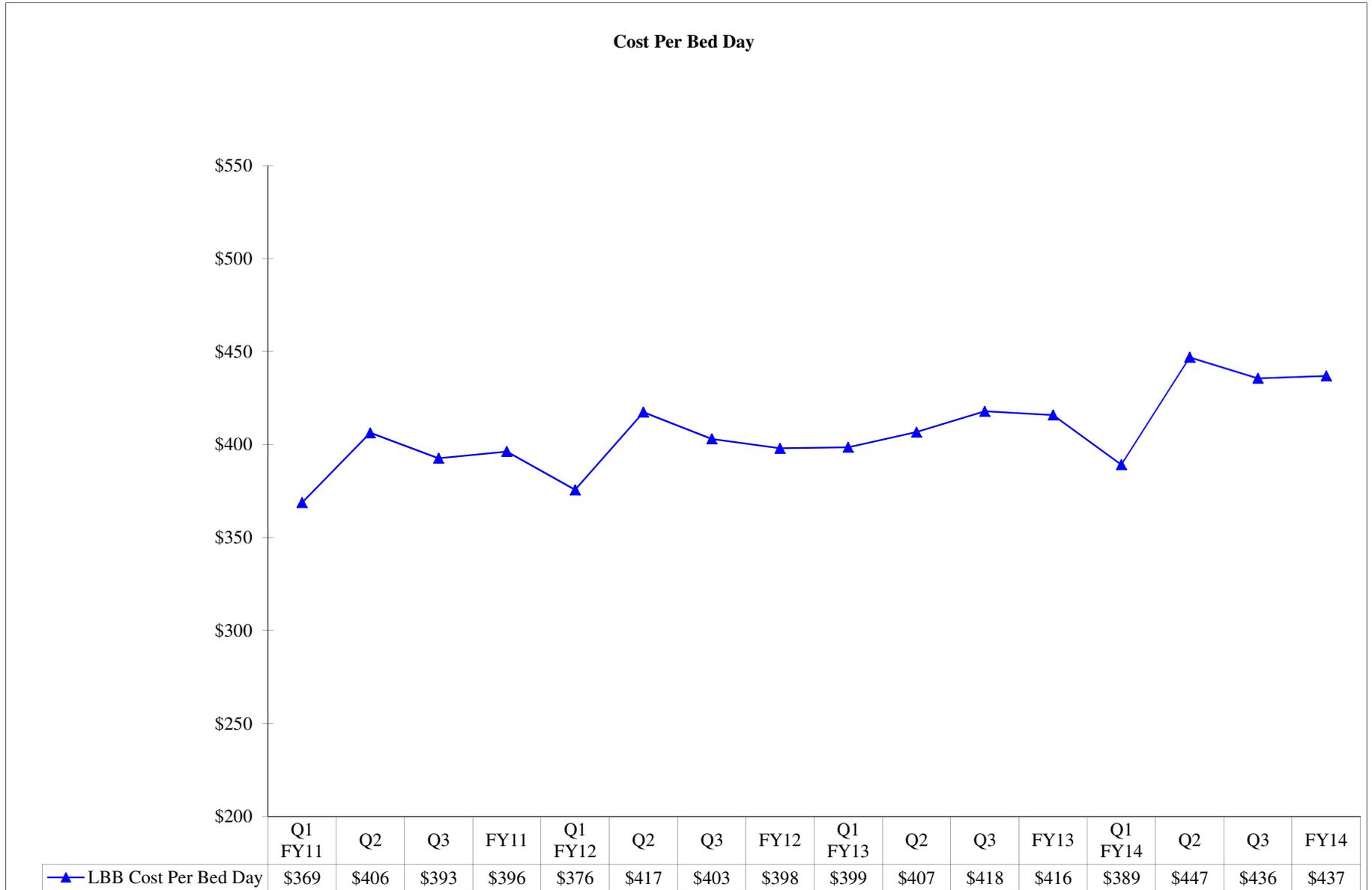


Chart: Hospital Management Data Services

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

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



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

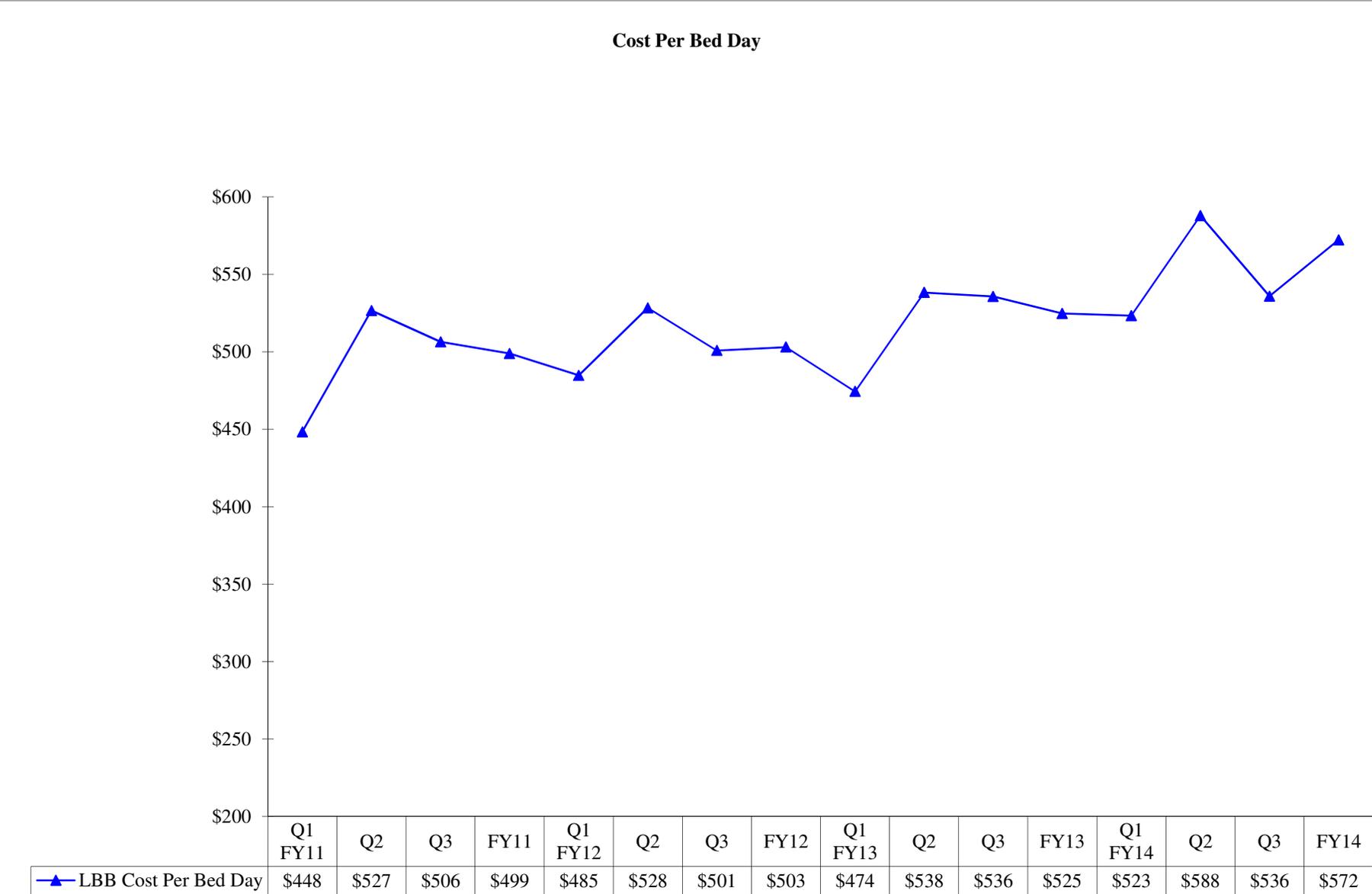
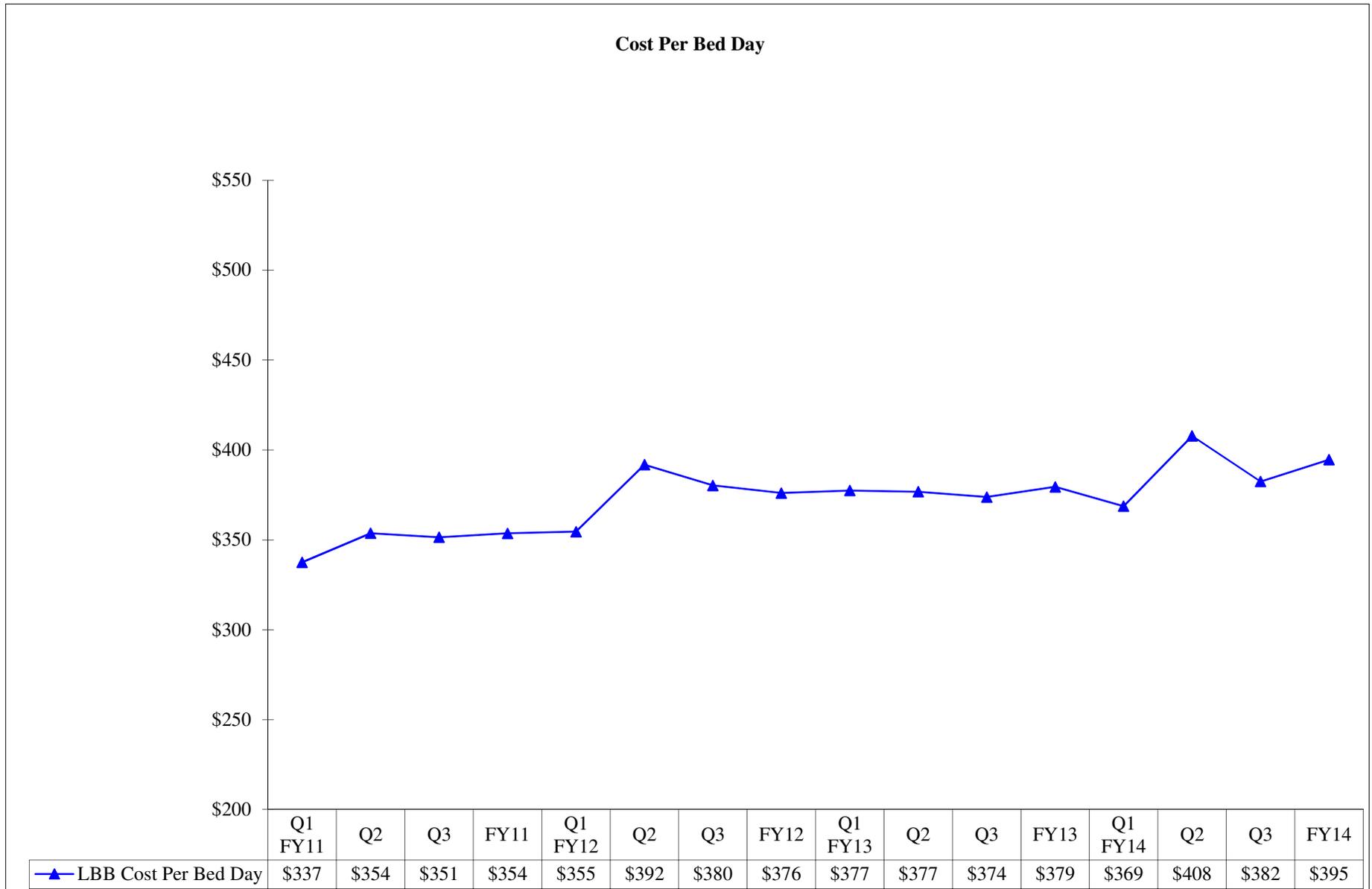


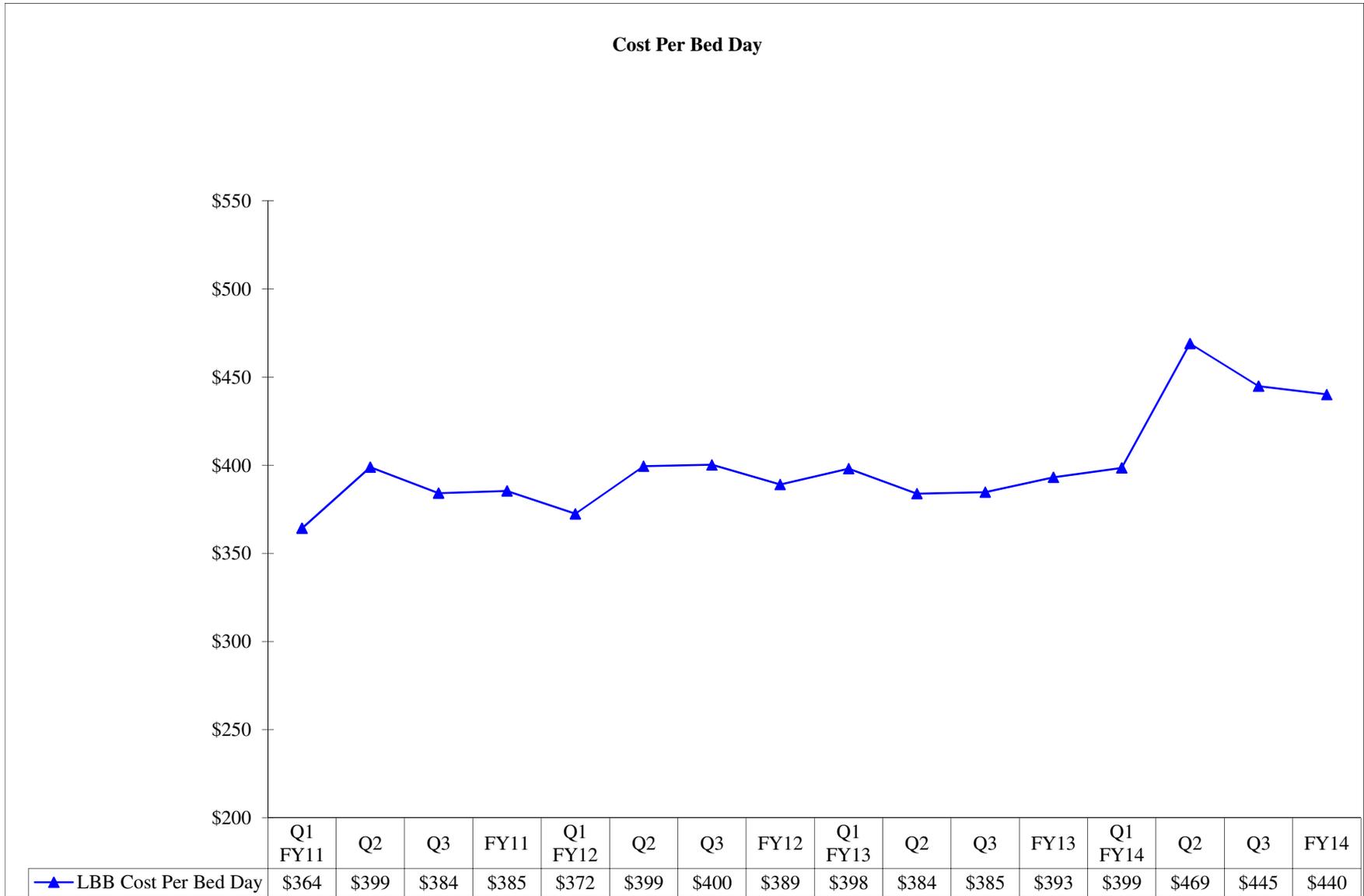
Chart: Hospital Management Data Services

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

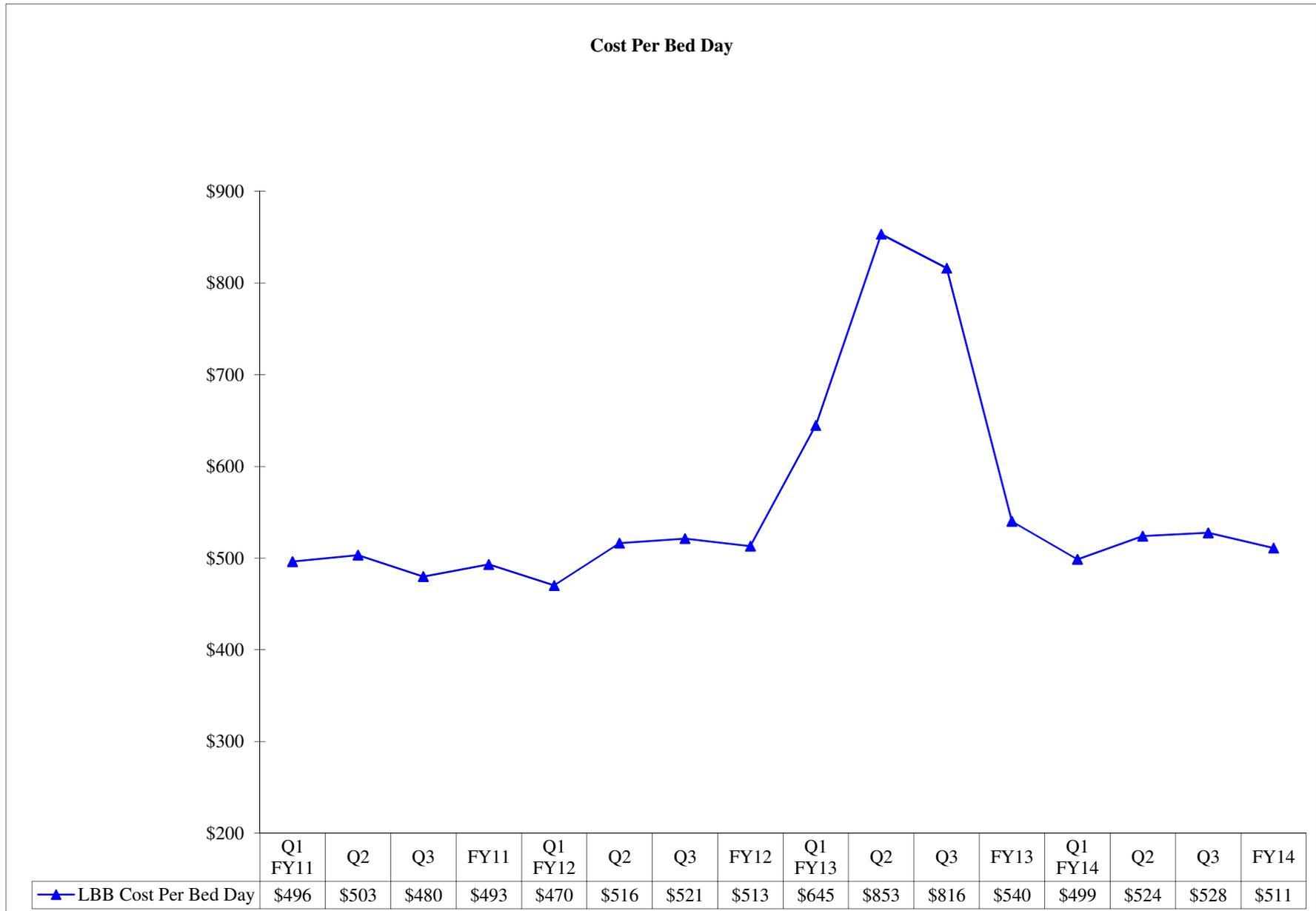
Measure 1B - Cost Per Bed Day
Kerrville State Hospital



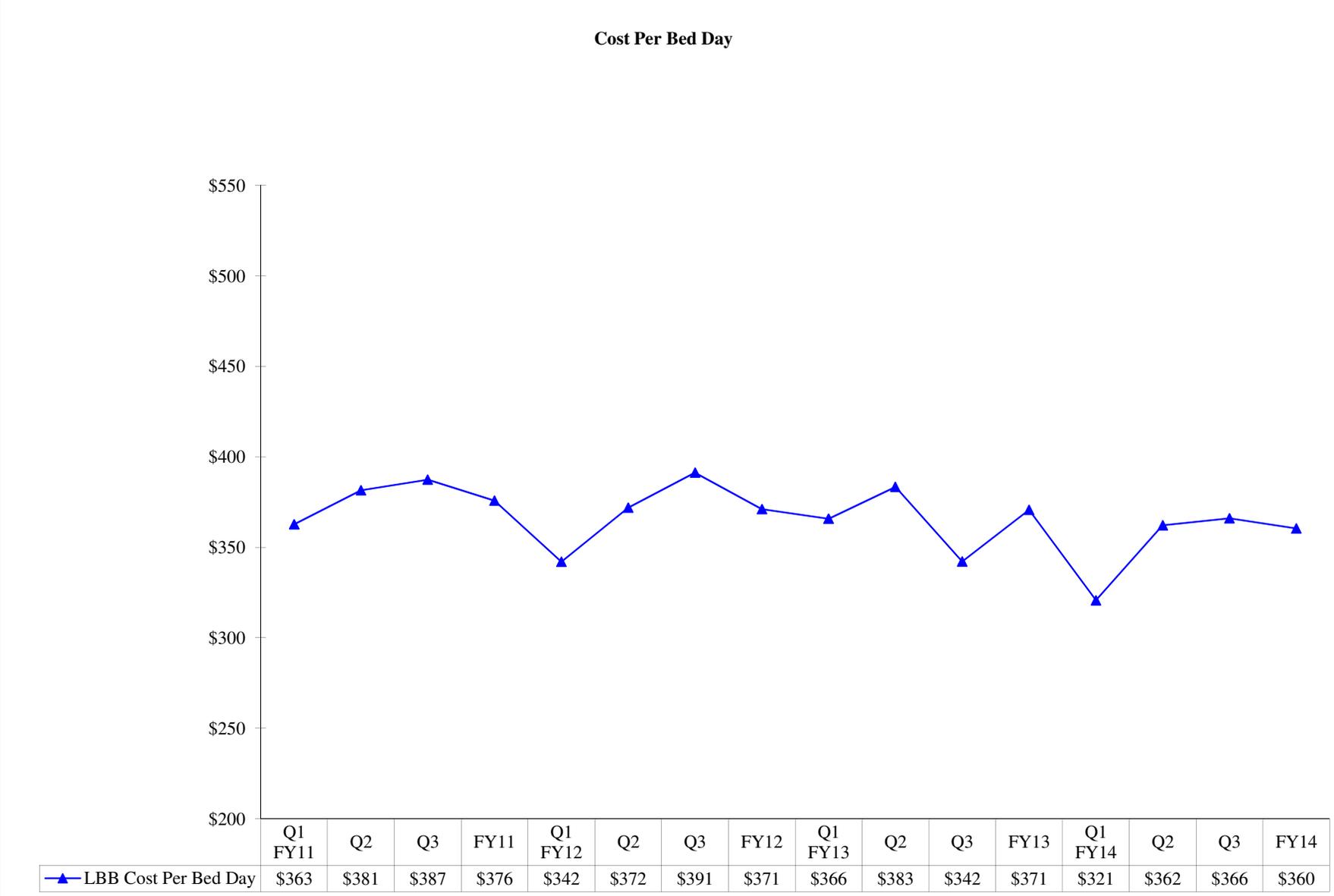
Measure 1B - Cost Per Bed Day
North Texas State Hospital



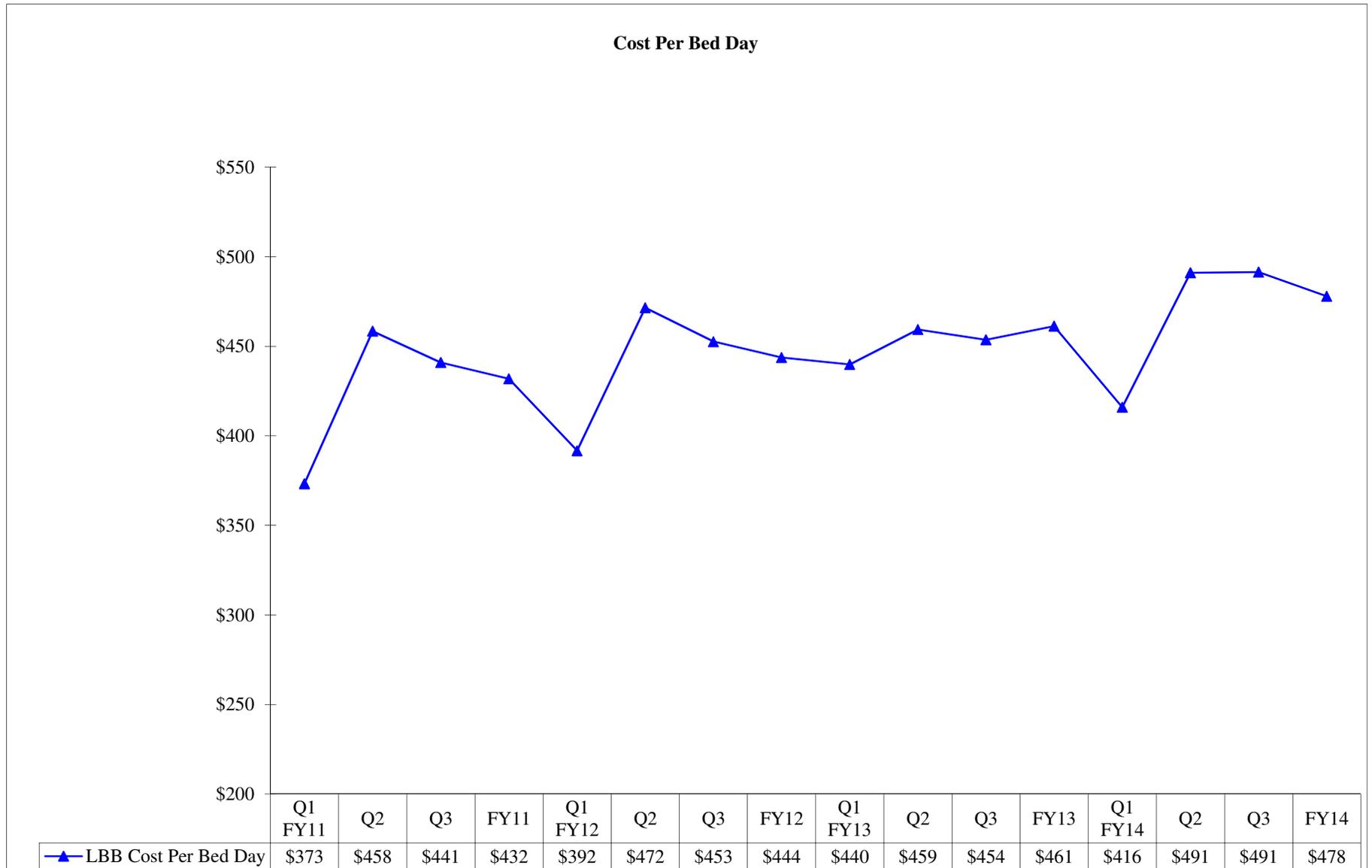
Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)



Measure 1B - Cost Per Bed Day
Rusk State Hospital



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



Measure 1B - Cost Per Bed Day
Terrell State Hospital

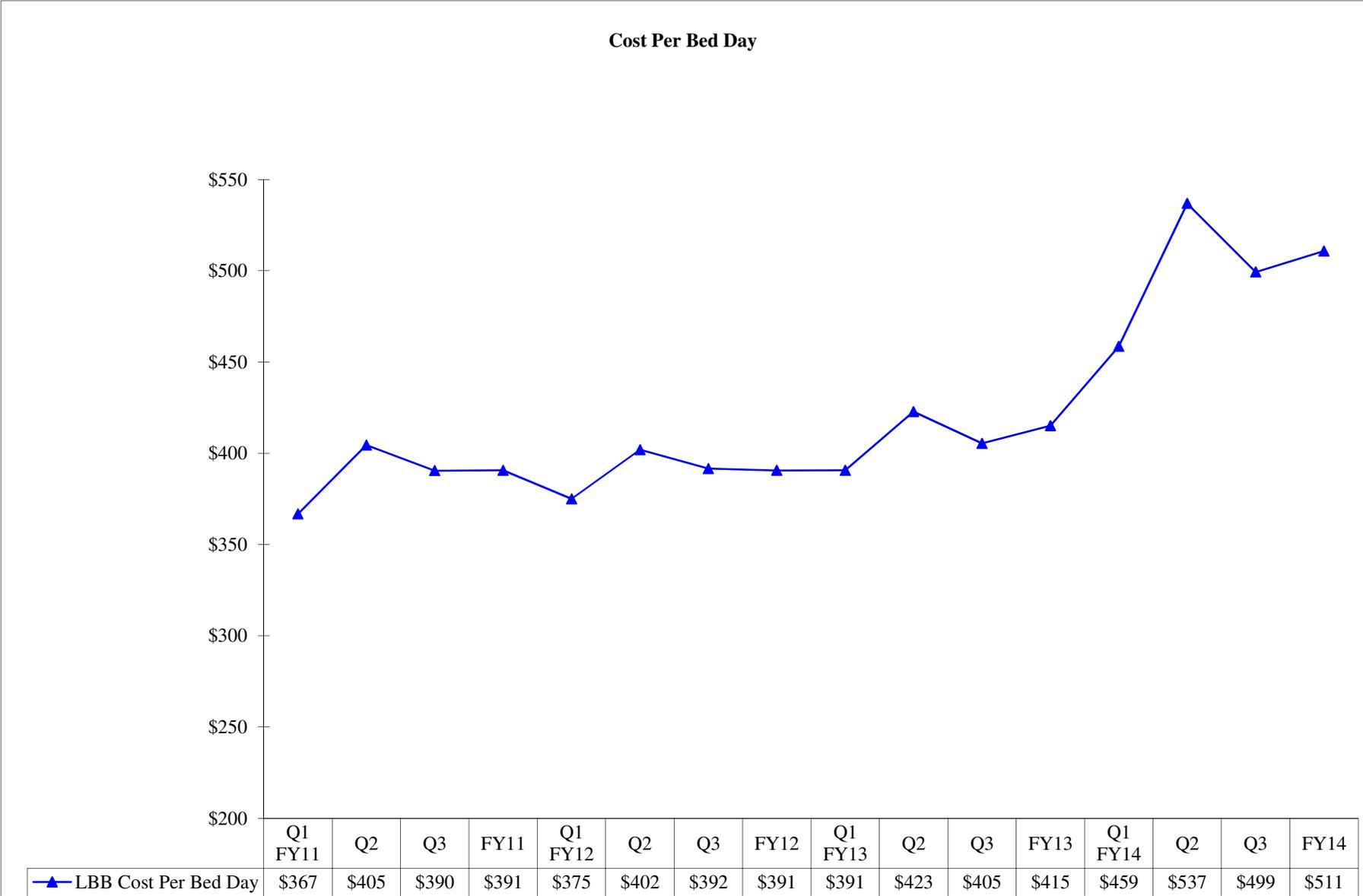
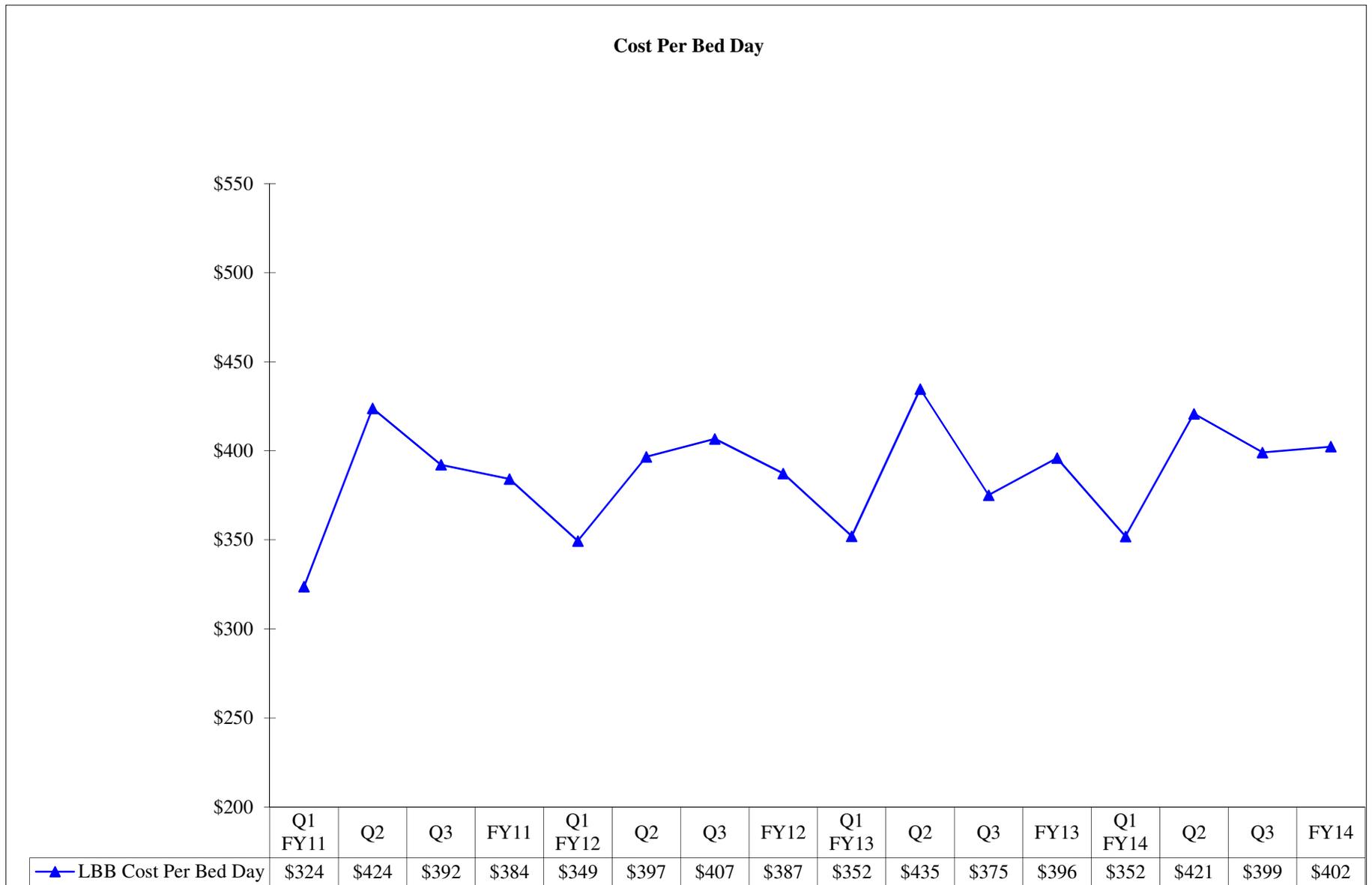


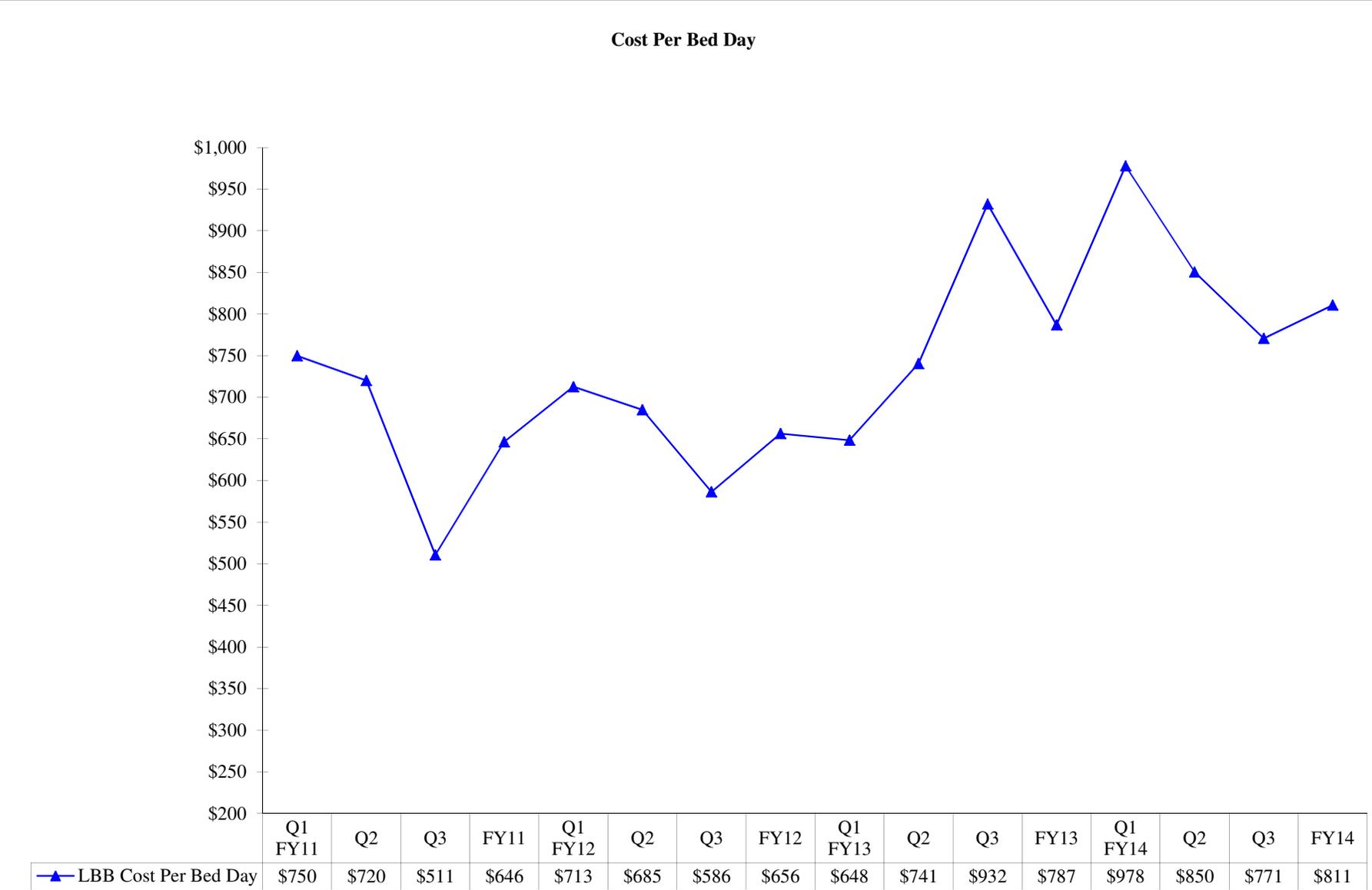
Chart: Hospital Management Data Services

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

**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

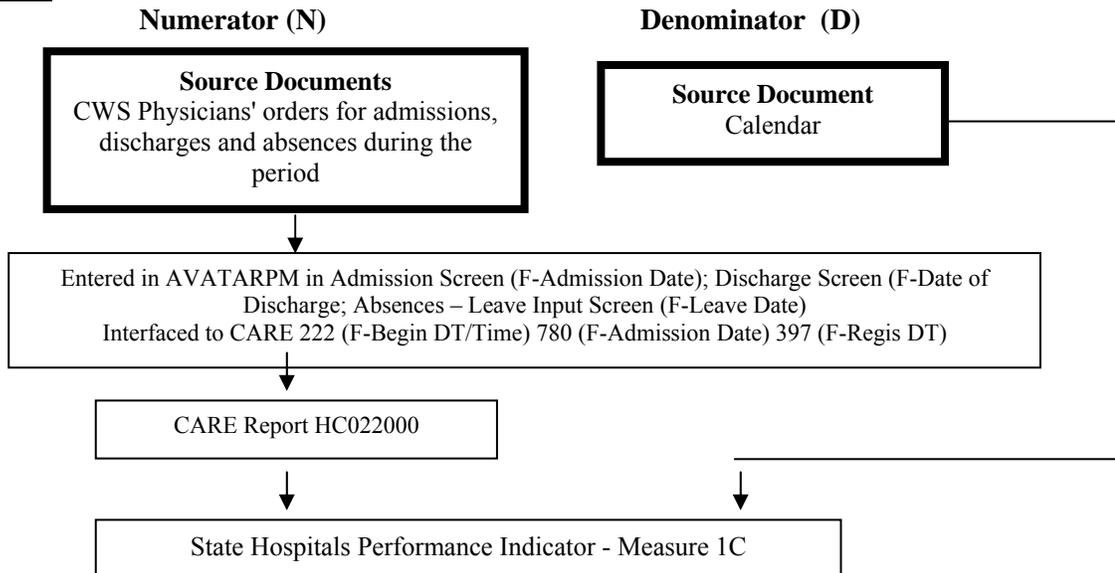
D = number of calendar days in the month

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 1D for charts

Data Flow:



Performance Measure 1D:

Calculate number of inpatient days.

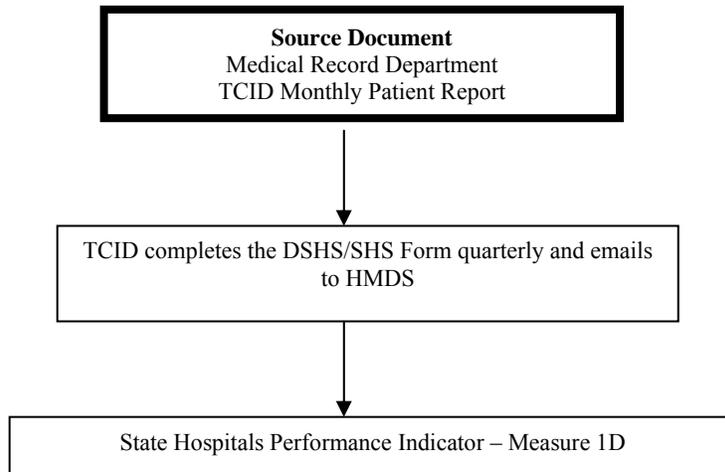
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

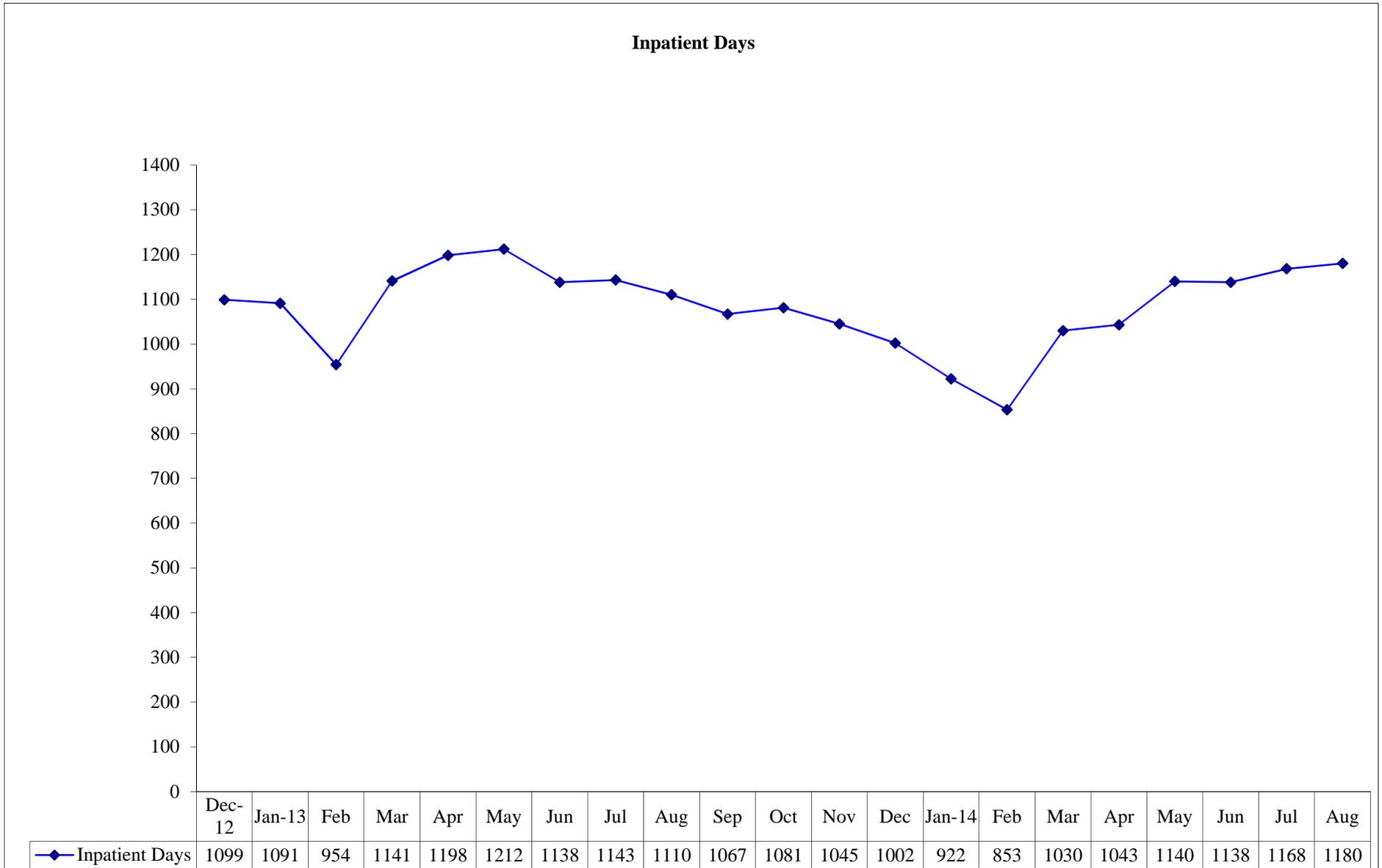
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



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



Performance Measure 1G:

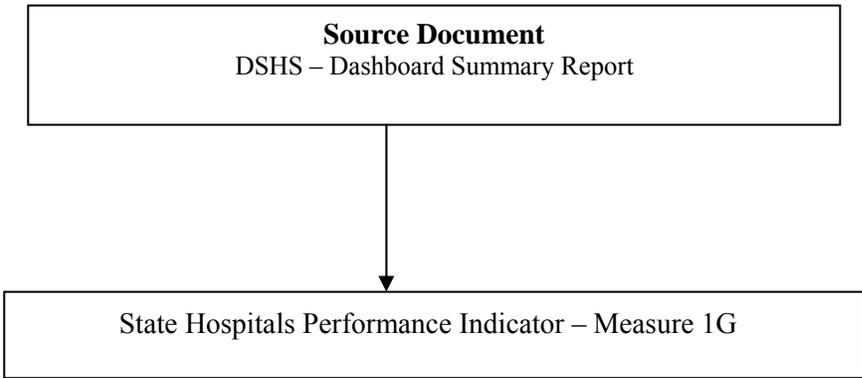
To monitor and analyze outside medical costs for civil, forensic and IDD patients.

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:



Measure 1G - Outside Medical Cost
All State Hospitals

Outside Medical Cost

Facility	FY2013					FY2014				
	Q1	Q2	Q3	Q4	FY	Q1	Q2	Q3	Q4	FY
ASH	\$426,465	\$611,742	\$1,031,204	\$430,021	\$2,499,432	\$296,834	\$825,493	\$829,167	\$520,944	\$2,472,438
BSSH	\$77,052	\$88,764	\$126,377	\$112,288	\$404,481	\$91,865	\$133,754	\$198,941	\$128,118	\$552,678
EPPC	\$42,530	\$85,643	\$59,184	\$89,511	\$276,868	\$47,924	\$73,791	\$69,856	\$76,929	\$268,500
KSH	\$202,323	\$200,128	\$367,767	\$239,010	\$1,009,228	\$186,817	\$426,576	\$283,290	\$369,995	\$1,266,678
NTSH	\$204,087	\$770,456	\$538,101	\$523,145	\$2,035,789	\$134,650	\$312,268	\$681,072	\$442,906	\$1,570,896
RGSC	\$86,060	\$201,286	\$245,151	\$57,551	\$590,048	\$54,513	\$54,303	\$122,543	\$76,112	\$307,471
RSH	\$437,449	\$456,163	\$236,575	\$1,657,600	\$2,787,787	\$311,514	\$359,829	\$540,669	\$443,114	\$1,655,126
SASH	\$79,543	\$316,521	\$124,430	\$324,277	\$844,771	\$129,917	\$424,589	\$387,705	\$394,472	\$1,336,683
TSH	\$26,566	\$108,943	\$140,537	\$127,665	\$403,711	\$55,445	\$105,074	\$154,966	\$124,744	\$440,229
WCFY	\$8,127	\$17,030	\$19,164	\$14,528	\$58,849	\$8,144	\$23,480	\$4,969	\$26,910	\$63,503
All SH	\$1,590,202	\$2,856,676	\$2,888,490	\$3,575,596	\$10,910,964	\$1,317,623	\$2,739,157	\$3,273,178	\$2,604,244	\$9,934,202

Performance Measure 1H:

Report FY14 collections comparison to FY13 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.

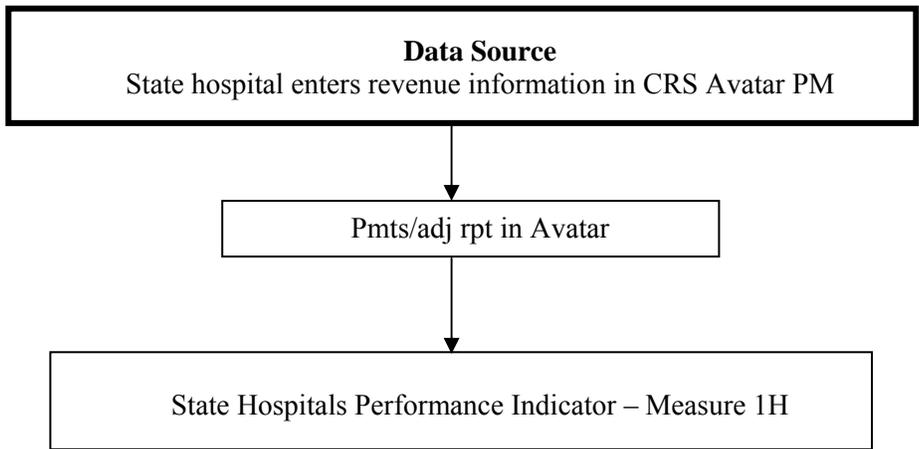
Performance Objective Operational Definition: The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

Performance Objective Formula: No formula.

Performance Objective Data Display and Chart Description:

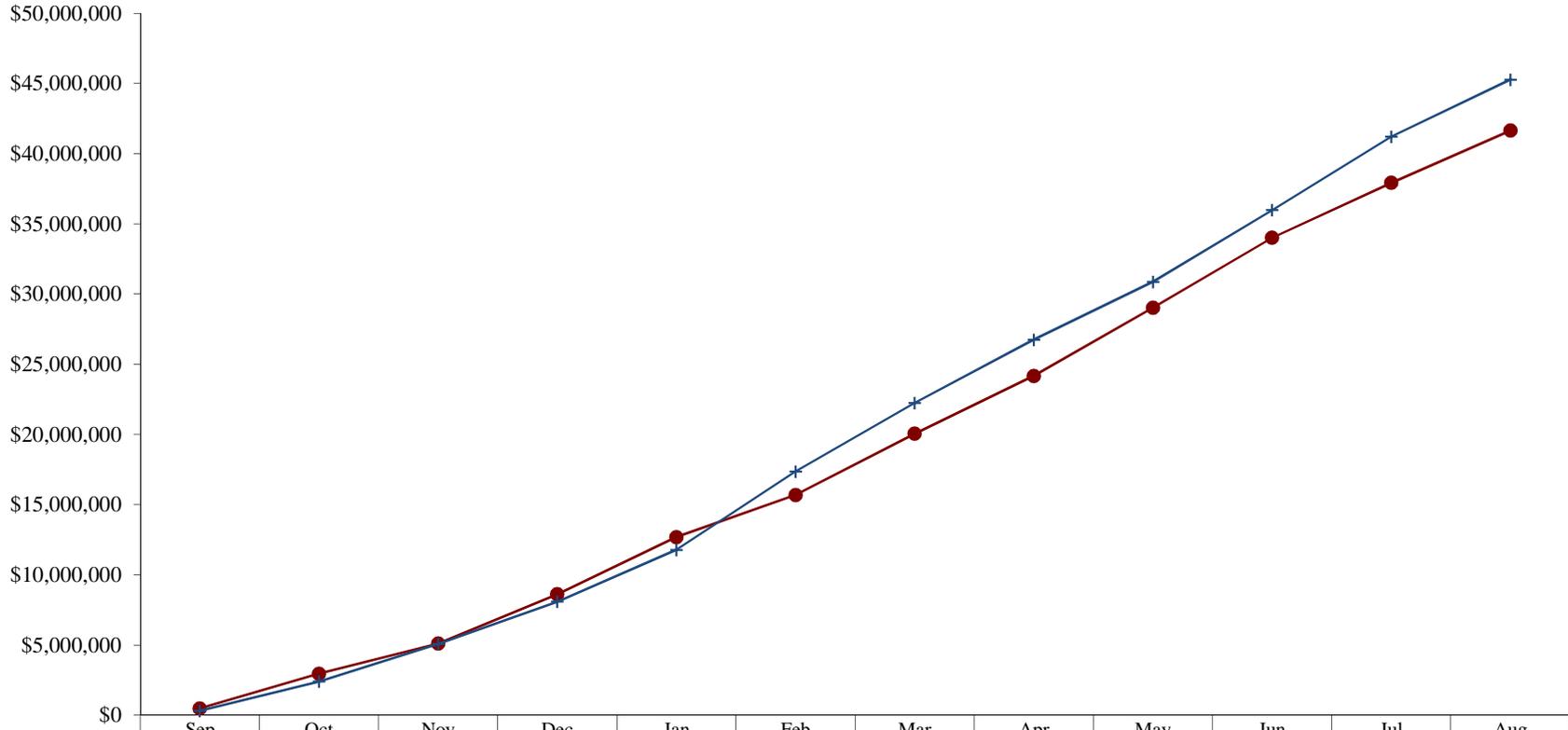
- ◆ Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

Data Flow:



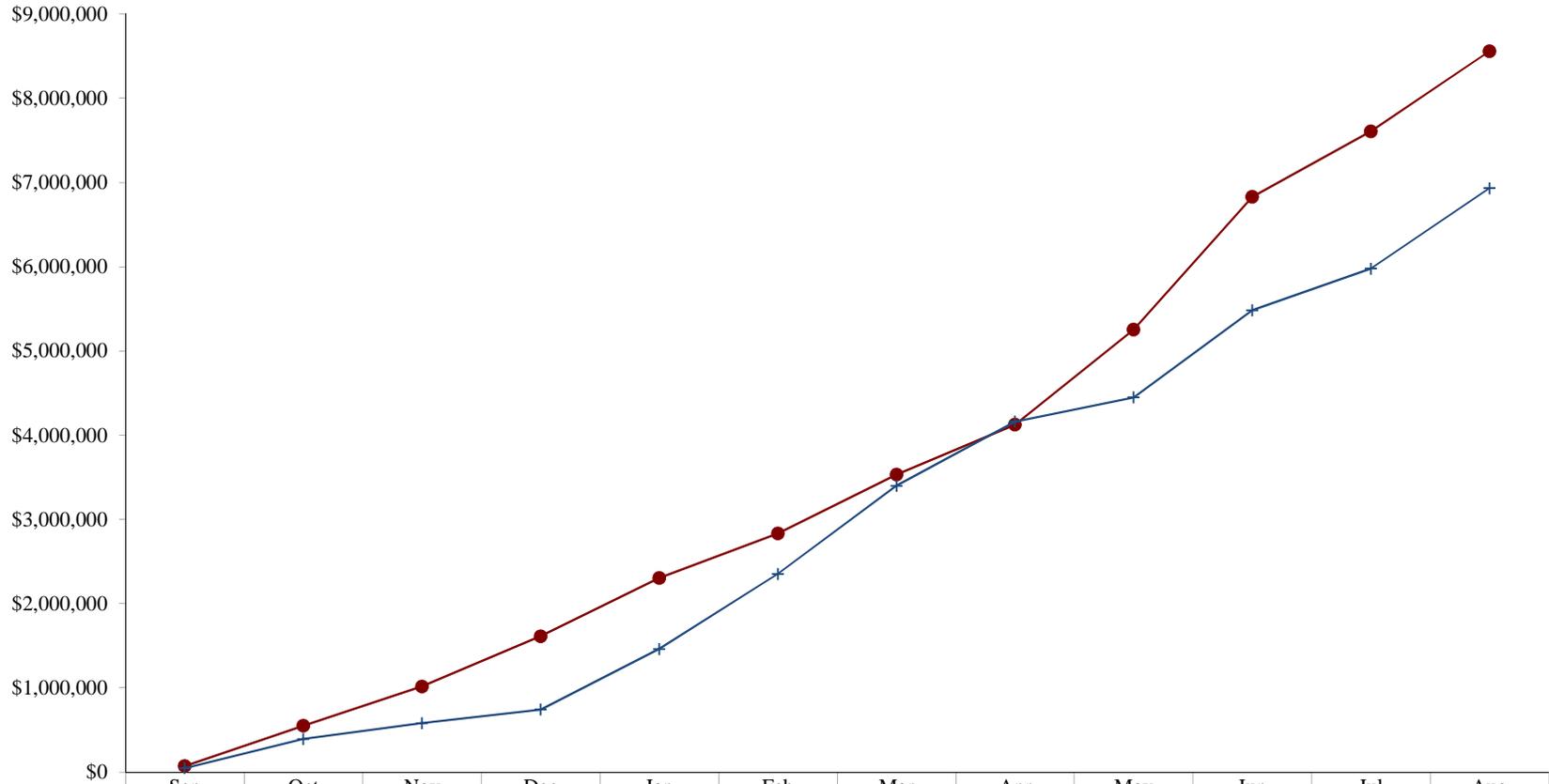
Measure 1H - FY2014 Revenue Targets
All MH Facilities

Revenue Collection



Measure 1H - FY2014 Revenue Targets
Austin State Hospital

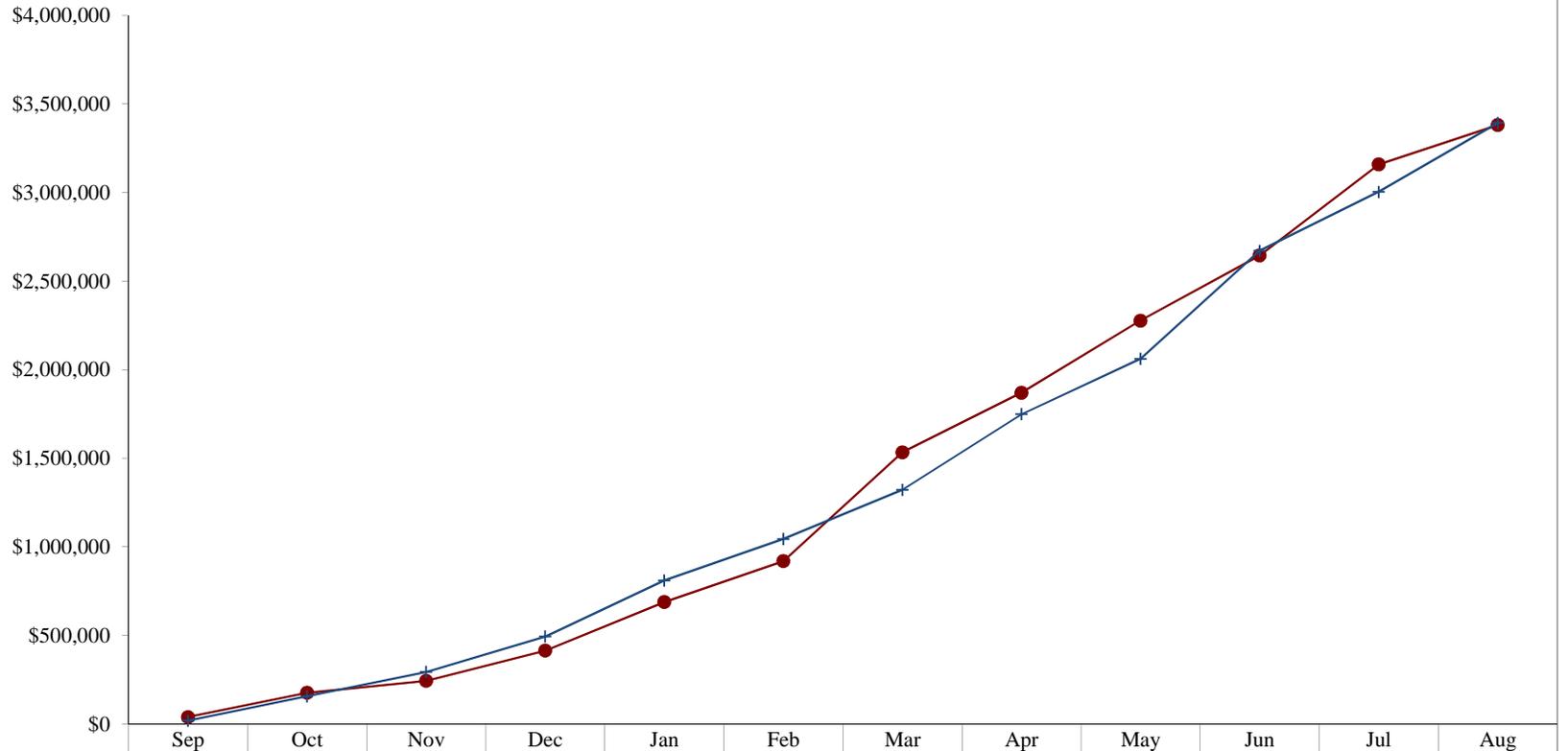
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$69,515	\$479,791	\$466,646	\$596,752	\$689,757	\$529,252	\$700,655	\$592,861	\$1,127,692	\$1,577,202	\$777,418	\$951,617
Medicaid	\$22,204	\$89,894	\$37,591	\$91,825	\$88,398	\$3,525	\$55,150	\$121,727	\$358,054	\$614,595	\$174,435	\$442,321
Medicare	\$47,311	\$336,744	\$325,708	\$404,457	\$398,796	\$398,356	\$473,872	\$249,267	\$638,870	\$900,438	\$558,152	\$450,328
Private Source	\$0	\$53,153	\$103,347	\$100,471	\$202,180	\$127,372	\$171,422	\$221,608	\$130,439	\$61,987	\$44,679	\$58,686
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$383	\$0	\$210	\$259	\$330	\$182	\$152	\$282
FY14TD Total	\$69,515	\$549,306	\$1,015,952	\$1,612,704	\$2,302,461	\$2,831,713	\$3,532,368	\$4,125,228	\$5,252,921	\$6,830,123	\$7,607,541	\$8,559,158
FY13 Total Collections	\$44,940	\$392,030	\$579,162	\$742,001	\$1,460,088	\$2,351,134	\$3,398,263	\$4,158,853	\$4,446,846	\$5,482,364	\$5,977,358	\$6,933,397
FY13 Collections in FY14	\$809,759	\$847,793	\$237,698	\$48,660	\$457,136	\$143,563	\$43,012.74	\$1,082.83	\$33,196.84	\$29,202.84	\$4,988.34	\$39,952.12

Measure 1H - FY2014 Revenue Targets
Big Spring State Hospital

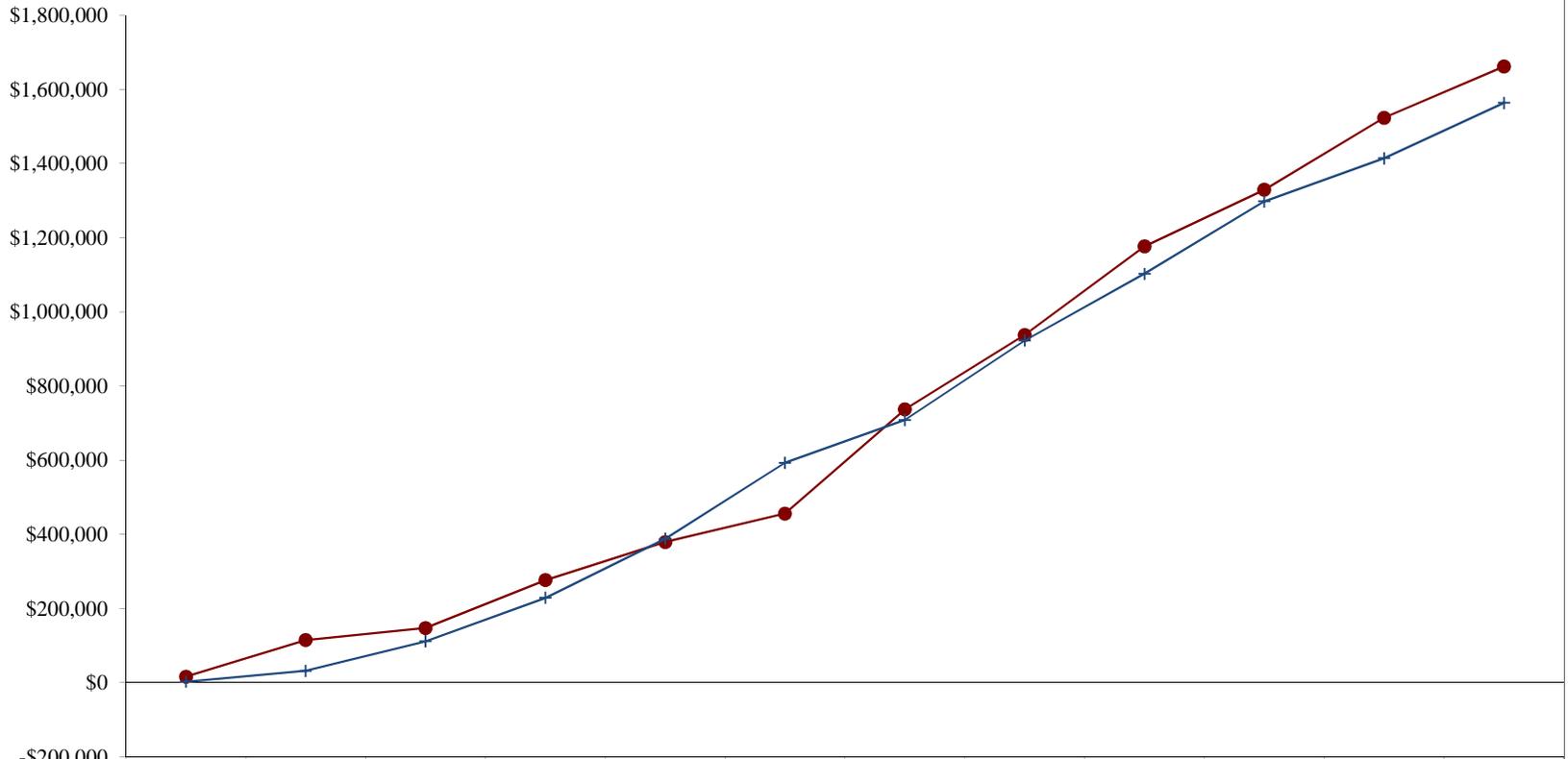
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$40,136	\$137,111	\$67,051	\$170,200	\$274,308	\$230,813	\$614,620	\$336,327	\$406,844	\$368,160	\$513,272	\$222,807
Medicaid	\$0	\$0	\$14,720	\$185	\$267	\$13,891	\$27,456	\$7,155	\$13,482	\$4,166	\$24,893	\$23,498
Medicare	\$39,371	\$120,989	\$27,379	\$77,212	\$92,433	\$159,203	\$175,969	\$134,340	\$214,591	\$200,386	\$405,237	\$105,148
Private Source	\$765	\$8,079	\$18,507	\$66,640	\$111,896	\$57,720	\$411,195	\$194,832	\$178,771	\$163,607	\$83,142	\$94,161
Others - Stimulus Payments	\$0	\$8,043	\$6,445	\$26,164	\$69,712	\$0	\$0	\$0	\$0	\$0	\$0	\$0
● FY14TD Total	\$40,136	\$177,247	\$244,298	\$414,498	\$688,806	\$919,619	\$1,534,239	\$1,870,566	\$2,277,410	\$2,645,569	\$3,158,841	\$3,381,648
+ FY13 Total Collections	\$19,275	\$157,322	\$294,549	\$494,396	\$810,556	\$1,044,887	\$1,322,263	\$1,748,944	\$2,061,864	\$2,672,170	\$3,004,796	\$3,393,847
FY13 Collections in FY14	\$125,345	\$306,646	\$179,692	\$239,238	\$79,907	\$96,615	\$22,730	\$32,799	\$14,694	\$59,213	(\$44,964)	\$38,071

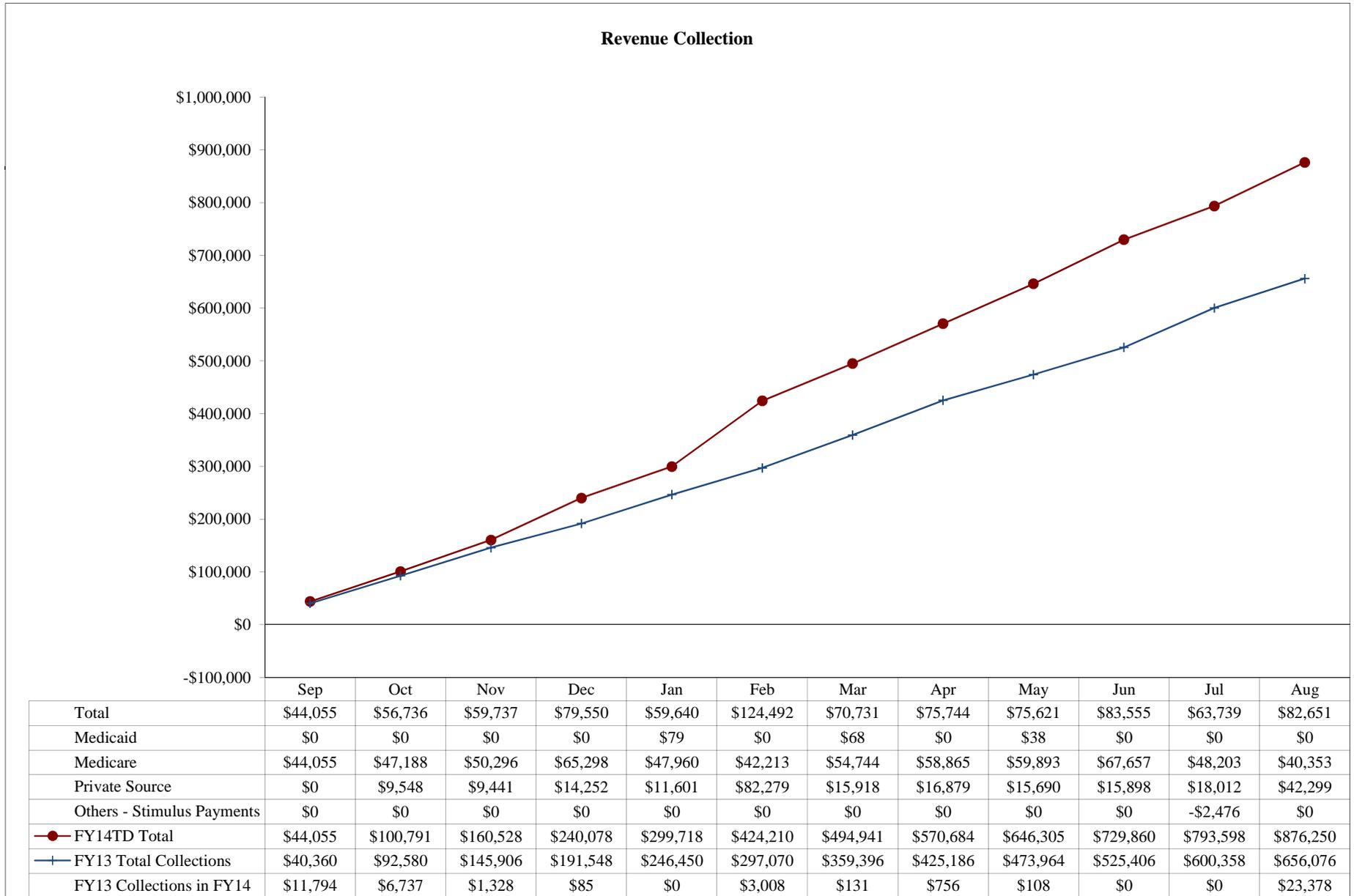
Measure 1H - FY2014 Revenue Targets
El Paso Psychiatric Center

Revenue Collection



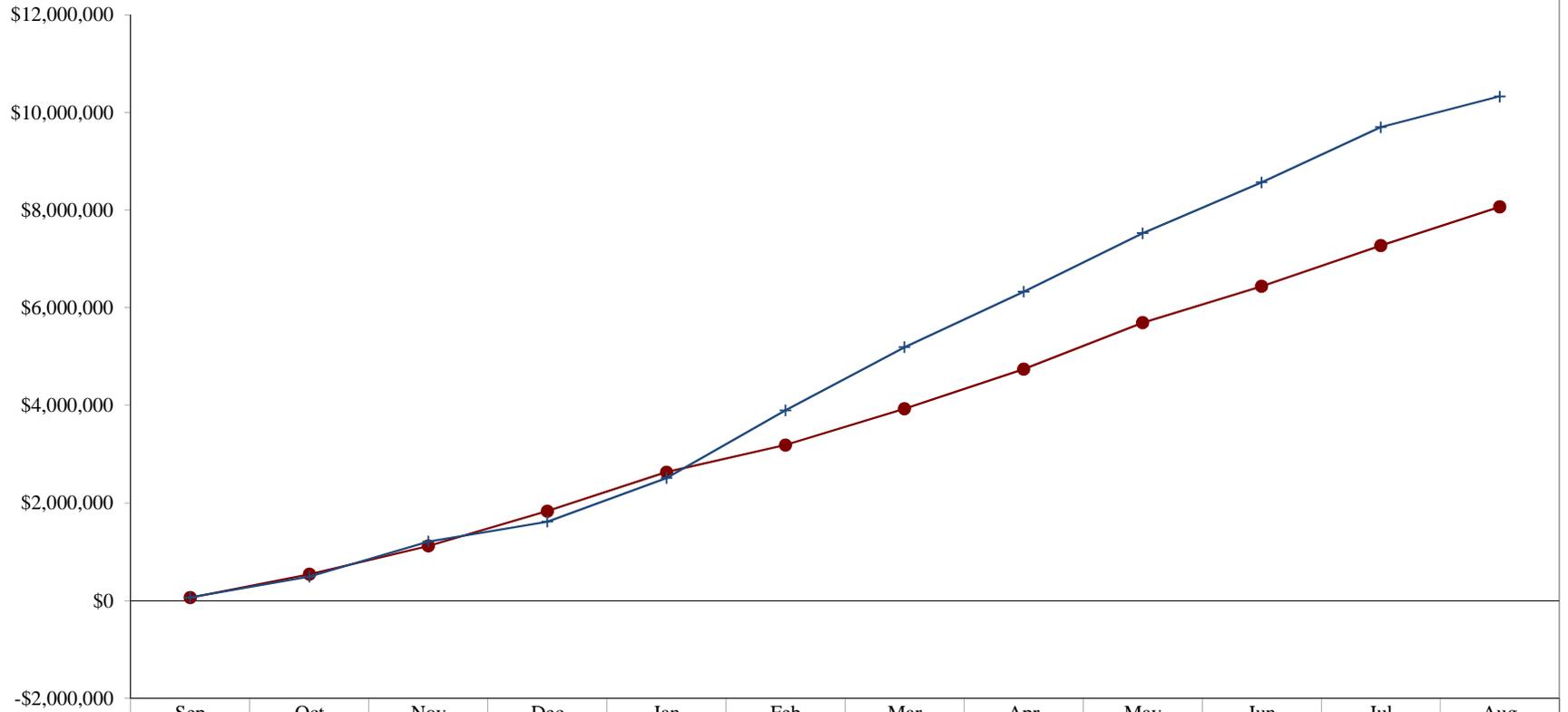
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$16,345	\$98,659	\$32,585	\$129,002	\$102,812	\$76,739	\$280,800	\$200,924	\$238,679	\$152,594	\$194,368	\$138,588
Medicaid	\$6,636	\$6,477	\$14,501	\$6,944	\$14,924	\$41,527	\$72,203	\$127,344	\$46,638	\$42,892	\$62,710	\$21,345
Medicare	\$9,708	\$53,246	\$7,537	\$66,310	\$33,789	\$27,472	\$159,907	\$40,024	\$172,406	\$41,899	\$77,807	\$79,881
Private Source	\$0	\$11,337	\$682	\$7,530	\$20,079	\$7,741	\$48,689	\$33,555	\$19,635	\$67,802	\$53,851	\$37,361
Others - Stimulus Payments	\$0	\$27,599	\$9,866	\$48,219	\$34,020	\$0	\$0	\$0	\$0	\$0	\$0	\$0
● FY14TD Total	\$16,345	\$115,003	\$147,589	\$276,590	\$379,402	\$456,141	\$736,940	\$937,864	\$1,176,543	\$1,329,136	\$1,523,504	\$1,662,092
+ FY13 Total Collections	\$2,783	\$32,021	\$111,828	\$228,790	\$388,207	\$593,122	\$708,533	\$922,444	\$1,102,962	\$1,297,956	\$1,414,260	\$1,563,876
FY13 Collections in FY14	\$158,662	\$96,073	\$52,182	\$20,081	\$22,643	\$2,111	(\$30)	\$313	\$1,205	\$1,807	\$4,185	\$8,238

Measure 1H - FY2014 Revenue Targets
Kerrville State Hospital



Measure 1H - FY2014 Revenue Targets
North Texas State Hospital

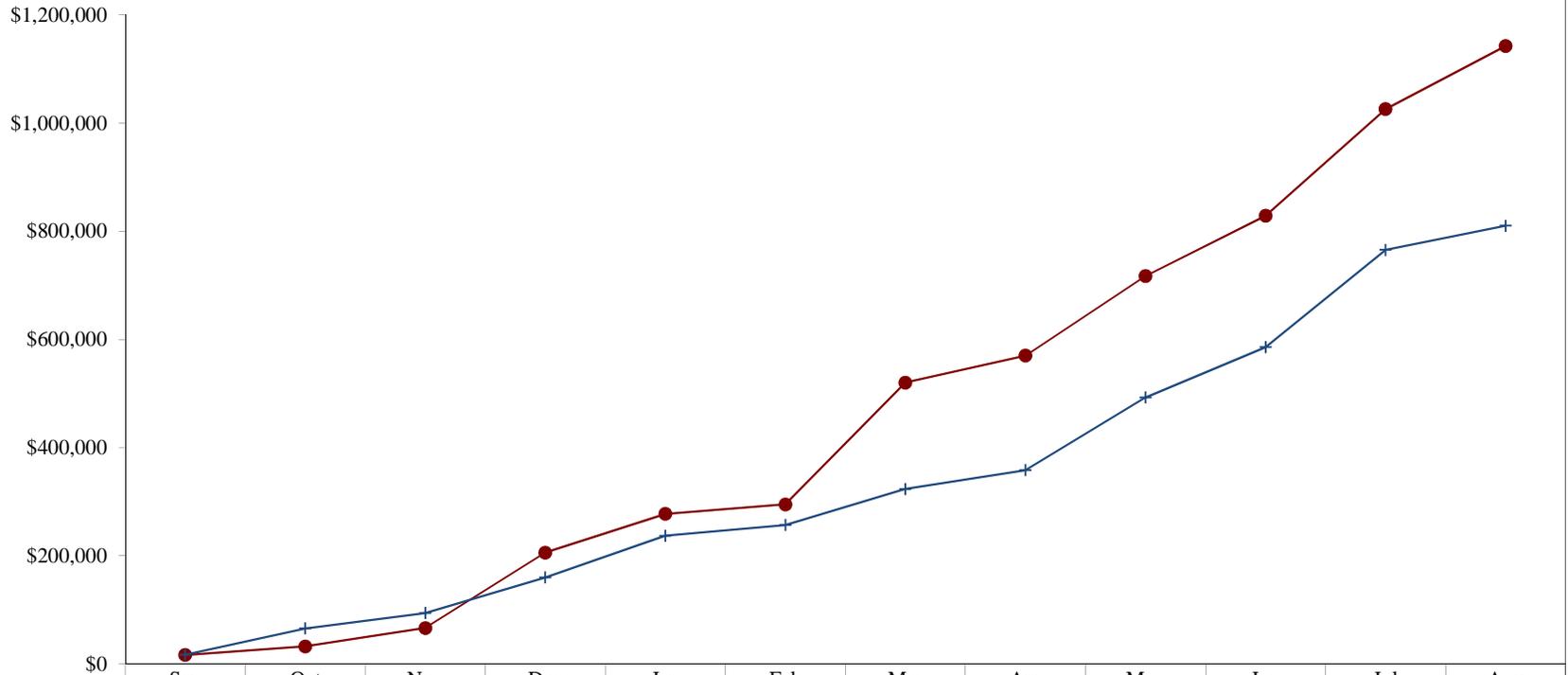
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$62,992	\$477,811	\$582,808	\$711,914	\$798,405	\$555,086	\$742,079	\$812,866	\$950,501	\$746,570	\$831,190	\$792,071
Medicaid	\$0	\$357,629	\$323,986	\$192,990	\$397,406	\$305,063	\$270,791	\$427,586	\$512,017	\$502,783	\$391,787	\$523,815
Medicare	\$62,992	\$56,826	\$188,172	\$445,793	\$268,326	\$208,433	\$420,015	\$289,891	\$393,536	\$175,971	\$340,096	\$194,548
Private Source	\$0	\$27,638	\$52,431	\$49,700	\$54,625	\$41,590	\$48,324	\$59,320	\$44,467	\$63,789	\$61,151	\$49,761
Others - Stimulus Payments	\$0	\$35,719	\$18,219	\$23,431	\$78,049	\$0	\$2,949	\$36,068	\$482	\$4,027	\$38,157	\$23,947
● FY14TD Total	\$62,992	\$540,804	\$1,123,611	\$1,835,525	\$2,633,930	\$3,189,016	\$3,931,096	\$4,743,962	\$5,694,463	\$6,441,033	\$7,272,223	\$8,064,294
+ FY13 Total Collections	\$66,556	\$491,272	\$1,210,590	\$1,617,415	\$2,512,836	\$3,898,896	\$5,192,950	\$6,326,772	\$7,527,149	\$8,570,214	\$9,697,772	\$10,328,639
FY13 Collections in FY14	\$871,919	\$208,800	\$446,191	\$102,602	\$8,456	\$44,612	(\$44,244)	\$204,058	\$68,081	(\$23,158)	(\$25,761)	\$10,169

Measure 1H - FY2014 Revenue Targets
Rio Grande State Center

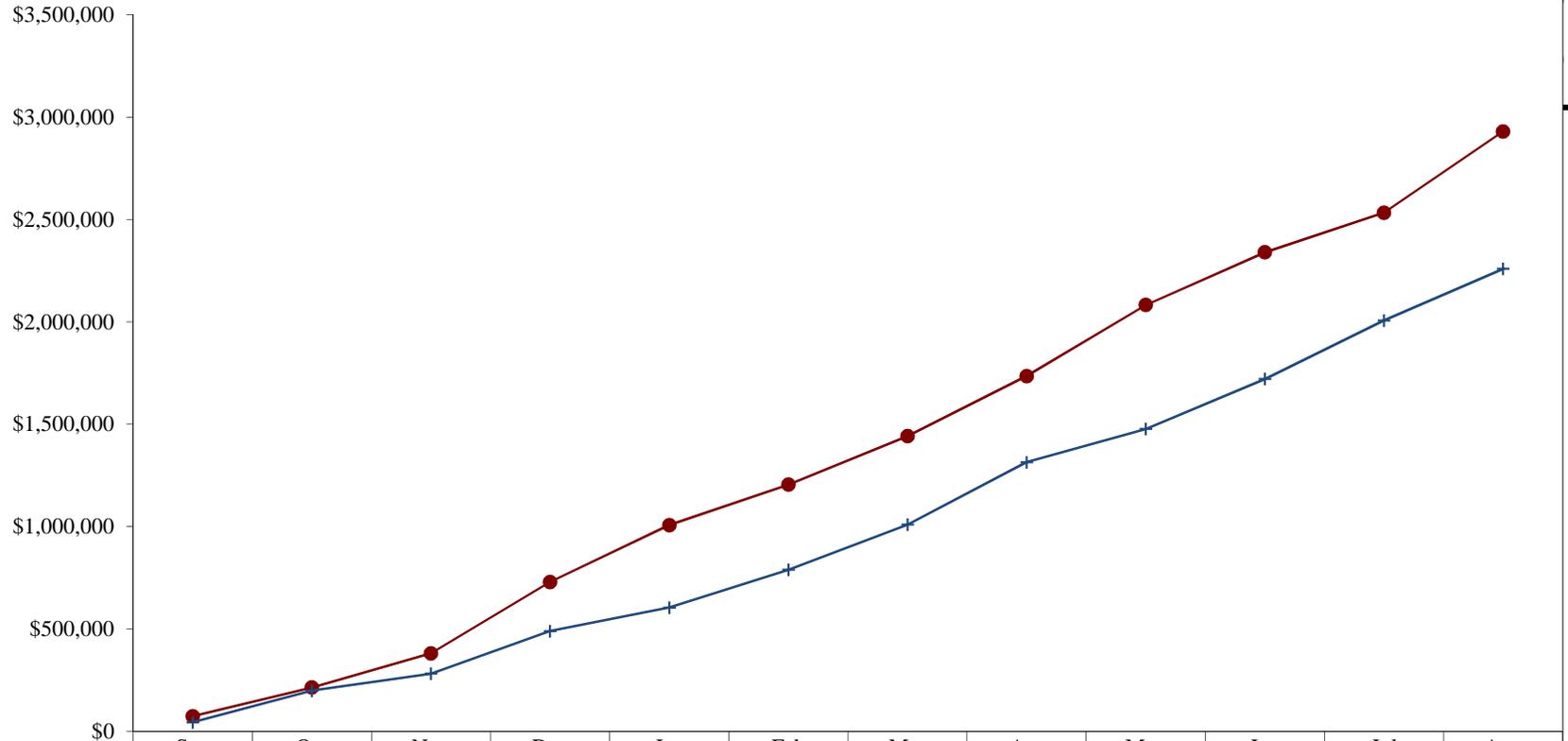
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$16,491	\$15,826	\$33,899	\$139,370	\$71,707	\$17,465	\$225,288	\$49,766	\$147,352	\$111,335	\$197,386	\$116,585
Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$5,244	\$1,748	\$20,123	\$4,476	\$24,909	\$3,000
Medicare	\$16,491	\$15,792	\$33,899	\$130,931	\$69,944	\$15,166	\$220,044	\$43,923	\$127,229	\$106,859	\$169,697	\$113,554
Private Source	\$0	\$0	\$0	\$122	\$15	\$2,299	\$0	\$4,095	\$0	\$0	\$2,780	\$0
Others - Stimulus Payments	\$0	\$34	\$0	\$8,317	\$1,748	\$0	\$0	\$0	\$0	\$0	\$0	\$31
FY14TD Total	\$16,491	\$32,316	\$66,216	\$205,585	\$277,292	\$294,757	\$520,045	\$569,810	\$717,162	\$828,497	\$1,025,884	\$1,142,469
FY13 Total Collections	\$16,923	\$65,398	\$93,748	\$159,813	\$236,770	\$256,821	\$323,278	\$357,923	\$492,216	\$585,577	\$765,506	\$810,084
FY13 Collections in FY14	\$65,120	\$27,261	\$97,312	\$133,319	\$0	\$11,522	\$18,768	\$17	\$0	\$0	\$0	\$0

Measure 1H - FY2014 Revenue Targets
Rusk State Hospital

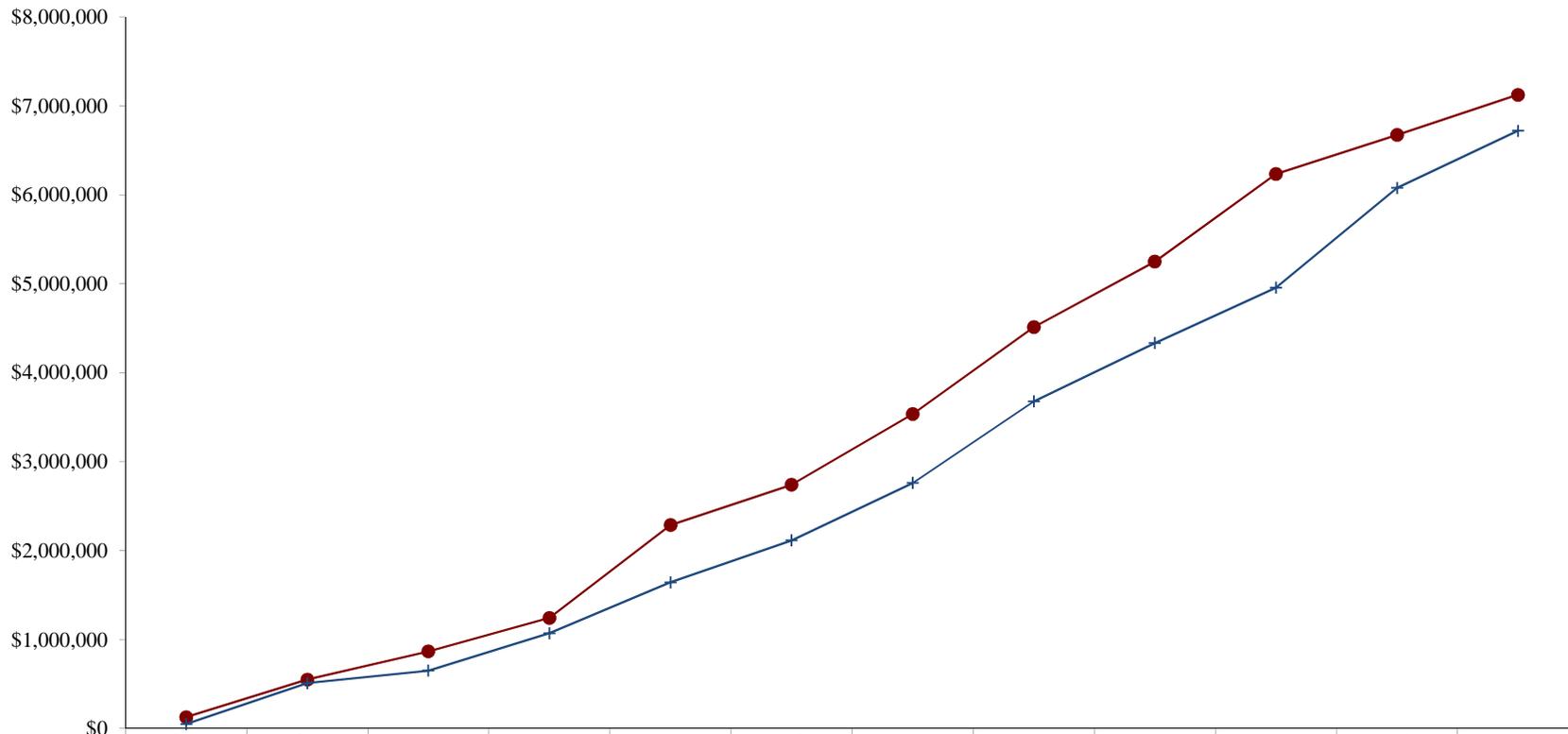
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$73,313	\$140,858	\$166,507	\$348,895	\$278,157	\$197,129	\$237,133	\$293,677	\$347,249	\$257,321	\$193,428	\$397,542
Medicaid	\$0	\$21,679	\$0	\$0	\$0	\$0	\$4	\$65,373	\$92,208	\$24,450	\$0	\$46,346
Medicare	\$73,313	\$100,952	\$134,135	\$298,915	\$260,577	\$181,666	\$175,895	\$183,849	\$190,685	\$184,489	\$159,539	\$291,156
Private Source	\$0	\$18,227	\$32,371	\$49,981	\$17,580	\$15,463	\$61,234	\$44,455	\$64,357	\$48,381	\$33,889	\$60,041
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY14TD Total	\$73,313	\$214,171	\$380,678	\$729,573	\$1,007,730	\$1,204,859	\$1,441,991	\$1,735,669	\$2,082,918	\$2,340,239	\$2,533,667	\$2,931,209
FY13 Total Collections	\$44,542	\$198,587	\$282,014	\$489,575	\$604,428	\$789,027	\$1,009,753	\$1,314,419	\$1,477,000	\$1,721,472	\$2,007,627	\$2,259,589
FY13 Collections in FY14	\$169,272	\$119,660	\$83,158	\$10,155	\$16,947	\$160	\$20,296	\$42,270	\$9,299	\$4,206	\$0	\$20,287

Measure 1H - FY2014 Revenue Targets
San Antonio State Hospital

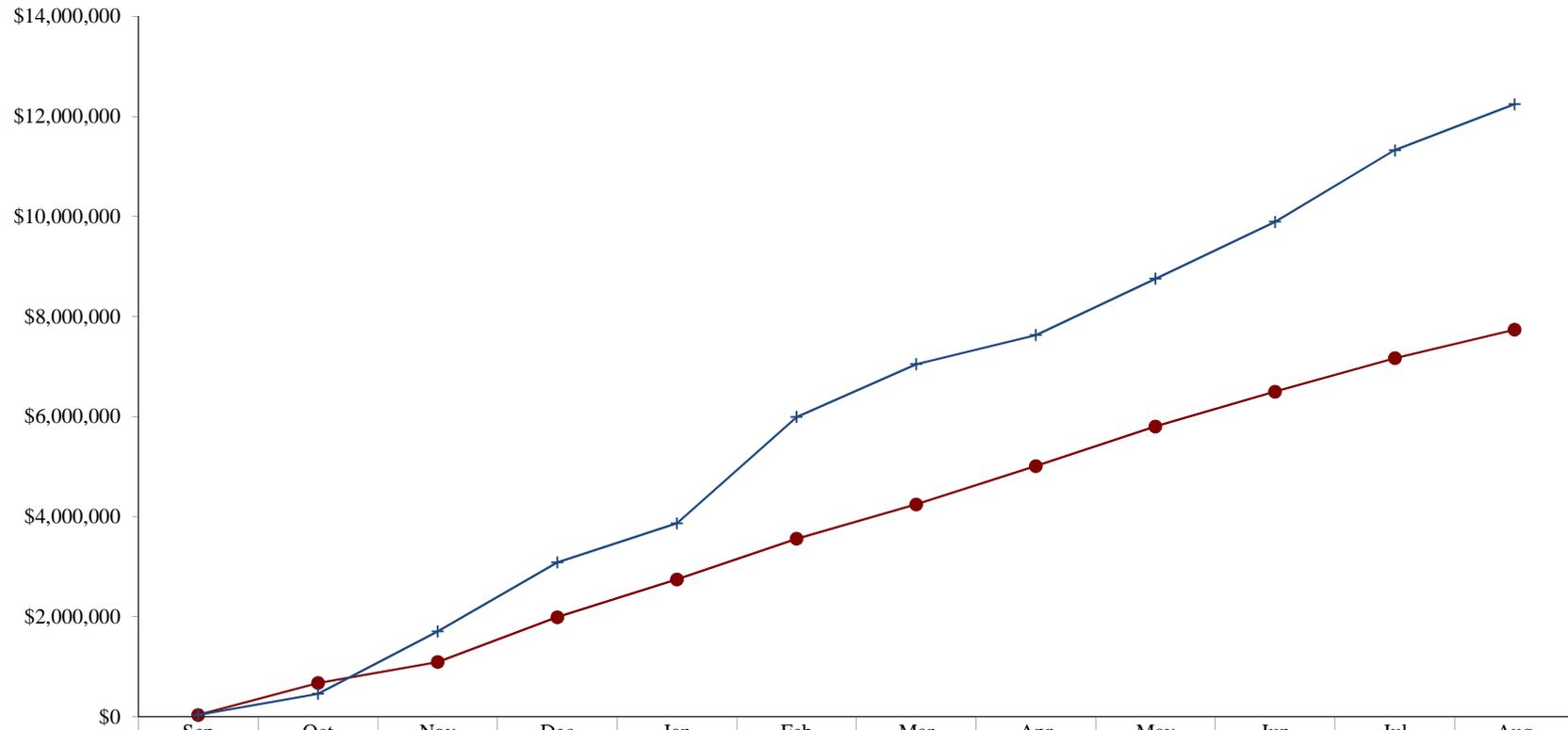
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$127,654	\$423,248	\$315,180	\$378,197	\$1,042,377	\$454,236	\$794,083	\$978,399	\$735,408	\$985,176	\$439,171	\$451,633
Medicaid	\$0	\$104,357	\$68,169	\$45,439	\$190,111	\$129,488	\$214,633	\$637,132	\$256,858	\$642,144	\$127,999	\$253,956
Medicare	\$126,572	\$261,664	\$184,721	\$145,988	\$602,006	\$295,812	\$513,696	\$291,102	\$431,891	\$296,062	\$210,238	\$128,658
Private Source	\$0	\$9,934	\$29,020	\$85,634	\$89,429	\$28,937	\$65,754	\$50,165	\$46,659	\$46,970	\$100,934	\$69,019
Others - Stimulus Payments	\$1,082	\$47,292	\$33,270	\$101,137	\$160,832	\$0	\$0	\$0	\$0	\$0	\$0	\$0
—● FY14TD Total	\$127,654	\$550,902	\$866,082	\$1,244,279	\$2,286,656	\$2,740,892	\$3,534,975	\$4,513,373	\$5,248,781	\$6,233,957	\$6,673,128	\$7,124,761
—+ FY13 Total Collections	\$50,478	\$510,263	\$651,138	\$1,072,012	\$1,643,143	\$2,114,528	\$2,760,940	\$3,677,745	\$4,333,565	\$4,954,975	\$6,078,790	\$6,721,458
FY13 Collections in FY14	\$541,847	\$701,808	\$331,037	\$88,782	\$193,141	\$27,420	\$71,877	\$81,189	\$8,195	\$61,912	\$7,406	\$4,076

Measure 1H - FY2014 Revenue Targets
Terrell State Hospital

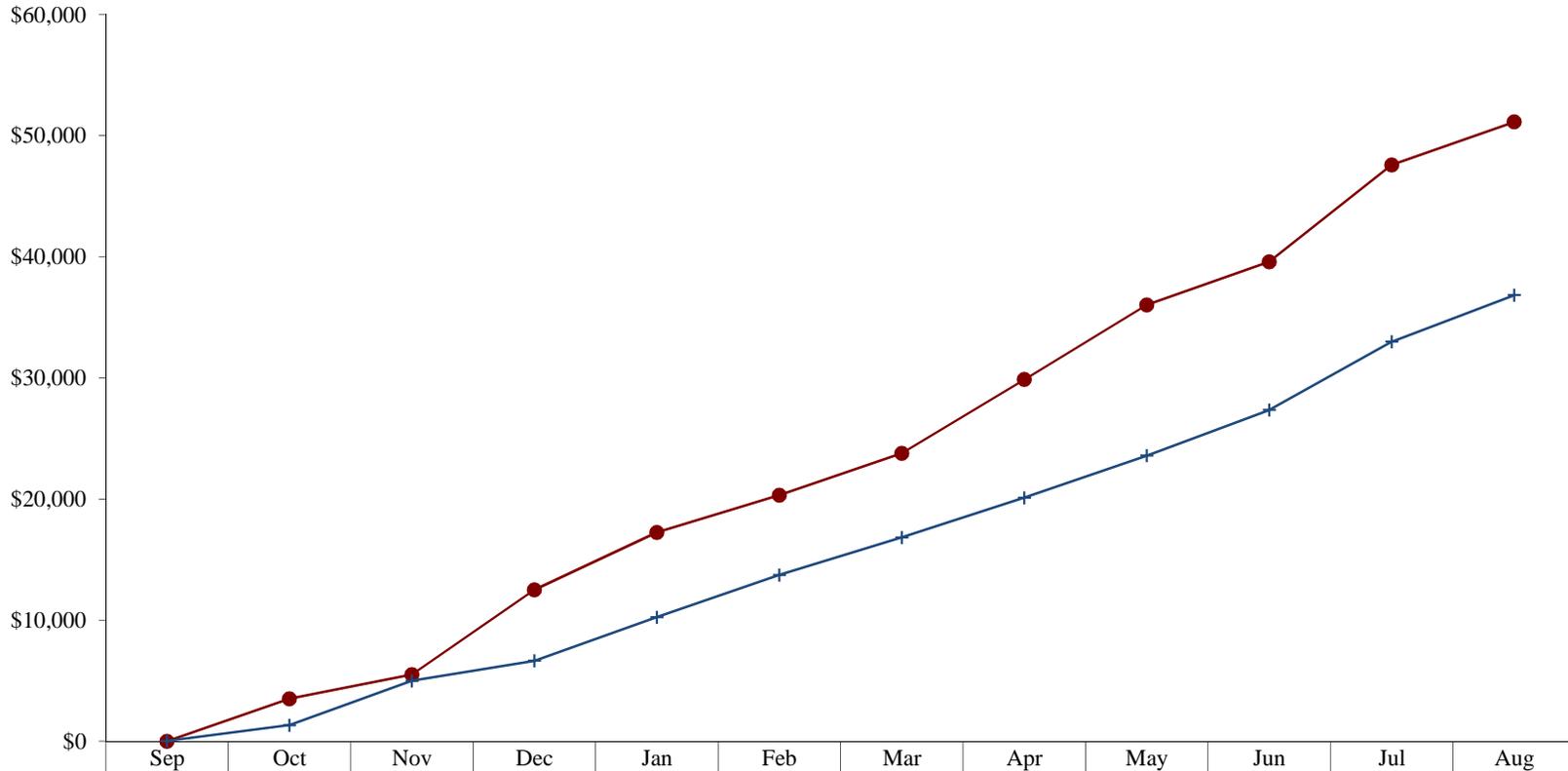
Revenue Collection



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$32,765	\$641,444	\$417,169	\$898,222	\$754,636	\$813,723	\$684,569	\$768,966	\$791,676	\$695,083	\$669,536	\$568,391
Medicaid	\$0	\$21,246	\$49,150	\$31,025	\$6,896	\$29,454	\$33,964	\$157,012	\$123,044	\$453,196	\$348,055	\$217,367
Medicare	\$32,765	\$97,872	\$263,642	\$213,280	\$265,395	\$225,484	\$96,041	\$224,159	\$309,941	\$227,391	\$274,516	\$307,917
Private Source	\$0	\$522,326	\$104,377	\$653,917	\$482,344	\$558,510	\$549,935	\$370,217	\$354,428	\$1,820	\$30,442	\$37,361
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$274	\$4,629	\$17,579	\$4,263	\$12,676	\$16,524	\$5,747
● FY14TD Total	\$32,765	\$674,208	\$1,091,378	\$1,989,600	\$2,744,236	\$3,557,958	\$4,242,527	\$5,011,493	\$5,803,169	\$6,498,253	\$7,167,789	\$7,736,180
+ FY13 Total Collections	\$33,380	\$457,471	\$1,703,964	\$3,082,716	\$3,865,717	\$5,991,301	\$7,047,847	\$7,628,498	\$8,756,898	\$9,897,307	\$11,325,510	\$12,246,486
FY13 Collections in FY14	\$1,293,161	\$612,580	\$262,183	\$56,514	\$149,960	\$22,746	\$94,130	\$5,233	\$18,316	\$1,663	\$1,490	\$16,618

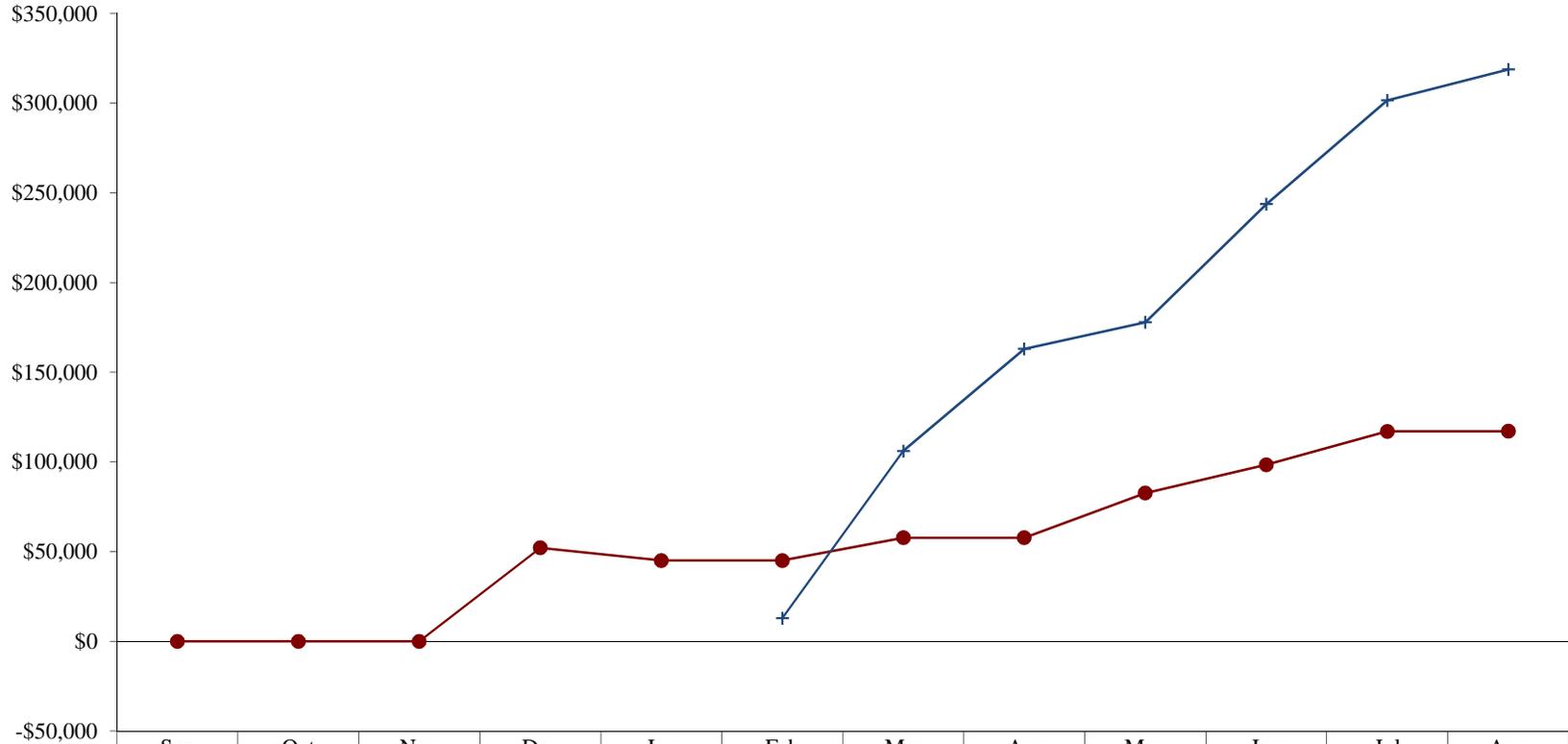
Measure 1H - FY2014 Revenue Targets
Waco Center For Youth

Revenue Collection



Measure 1H - FY2014 Revenue Targets
Texas Center for Infectious Disease

Revenue Collection



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

Performance Objective 2A:

Reduce the rate of confirmed allegations of abuse and 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

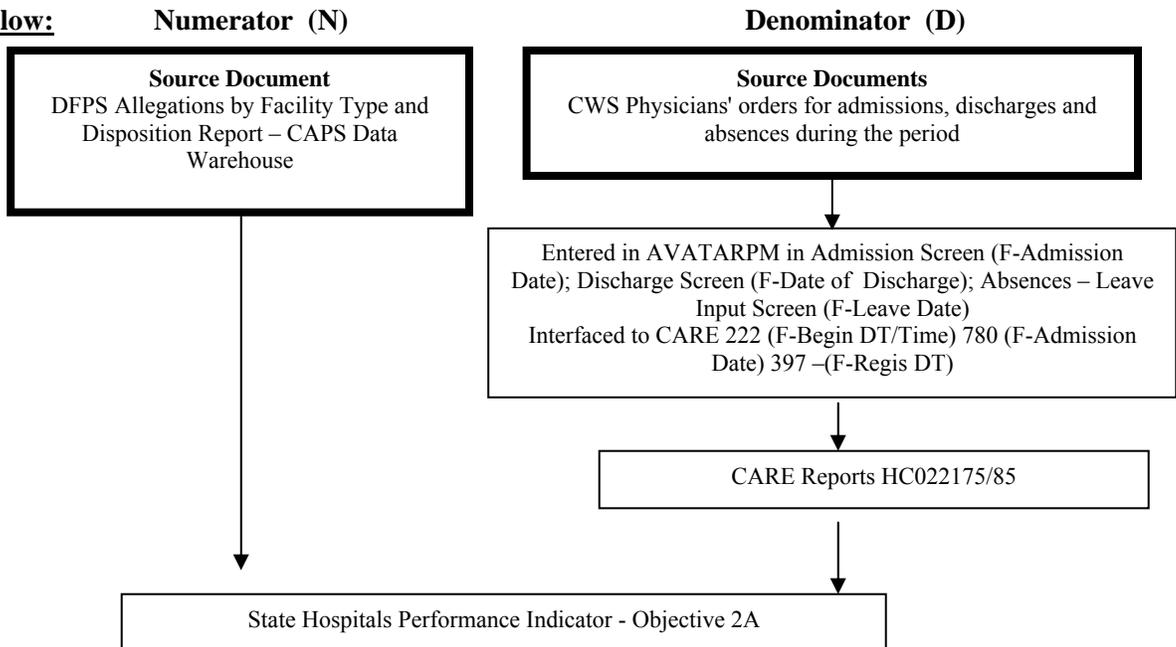
N = number of confirmed closed cases per FY

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, 2014

Facility	FY12					FY13					FY14				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4*	FY Total**
All State Hospitals															
Completed Investigations	681	833	615	654	2783	545	667	633	728	2573	694	708	725	478	2605
Total Confirmed	41	55	40	49	185	39	57	66	66	228	51	56	59	43	209
Total Confirmed Rate/1000 Bed Days	0.19	0.26	0.19	0.23	0.22	0.19	0.28	0.31	0.31	0.27	0.24	0.28	0.29	0.32	0.28

*Q4 FY14 has only June and July data. August data not available at this time.

**FY Total - August data not included.

Performance Objective 2C:

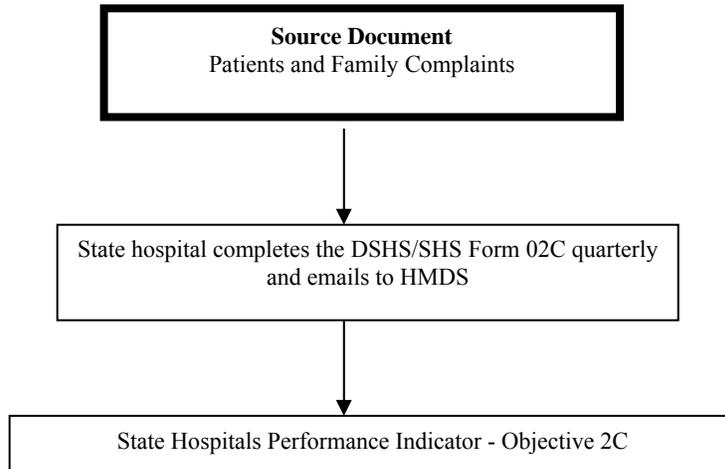
Analyze patient complaints and grievances.

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 FY14

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	14	6	1	5	13	0	13	7	3	0	0	62
Per 1,000 Bed Days	0.60	0.37	0.17	0.28	0.25	0.00	0.44	0.28	0.14	0.00	0.00	0.30
Respect	11	8	0	8	19	4	42	4	3	5	8	112
Per 1,000 Bed Days	0.47	0.49	0.00	0.45	0.37	0.83	1.41	0.16	0.14	1.43	1.22	0.54
Discharge	18	5	5	2	35	6	14	10	1	0	0	96
Per 1,000 Bed Days	0.77	0.31	0.84	0.11	0.67	1.24	0.47	0.41	0.05	0.00	0.00	0.46
Medication	17	11	1	7	38	1	13	6	8	0	0	102
Per 1,000 Bed Days	0.73	0.67	0.17	0.40	0.73	0.21	0.44	0.24	0.36	0.00	0.00	0.49
Treatment Team/Planning	10	17	4	6	17	2	0	46	4	0	0	106
Per 1,000 Bed Days	0.43	1.04	0.68	0.34	0.33	0.41	0.00	1.87	0.18	0.00	0.00	0.51
HIPAA	2	1	0	3	4	0	0	1	0	0	2	13
Per 1,000 Bed Days	0.09	0.06	0.00	0.17	0.08	0.00	0.00	0.04	0.00	0.00	0.30	0.06
Others	94	14	5	32	122	16	90	133	141	0	57	704
Per 1,000 Bed Days	4.03	0.86	0.84	1.81	2.35	3.31	3.02	5.41	6.36	0.00	8.67	3.41
Total	166	62	16	63	248	29	172	207	160	5	67	1195
Per 1,000 Bed Days	7.12	3.80	2.70	3.56	4.77	6.00	5.76	8.43	7.22	1.43	10.19	5.78

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q4 FY14

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	1	1	0	2	0	3	0	0	0	0	7
Per 1,000 Bed Days	0.00	0.06	0.17	0.00	0.04	0.00	0.10	0.00	0.00	0.00	0.00	0.03
Respect	0	1	2	0	2	0	3	0	0	0	0	8
Per 1,000 Bed Days	0.00	0.06	0.34	0.00	0.04	0.00	0.10	0.00	0.00	0.00	0.00	0.04
Discharge	15	1	0	0	0	0	0	0	0	0	0	16
Per 1,000 Bed Days	0.64	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.08
Medication	14	0	2	0	10	0	0	0	0	0	0	26
Per 1,000 Bed Days	0.60	0.00	0.34	0.00	0.19	0.00	0.00	0.00	0.00	0.00	0.00	0.13
Treatment Team/Planning	1	7	4	0	4	0	0	0	0	0	0	16
Per 1,000 Bed Days	0.04	0.43	0.68	0.00	0.08	0.00	0.00	0.00	0.00	0.00	0.00	0.08
HIPAA	2	0	0	0	0	0	1	0	0	0	0	3
Per 1,000 Bed Days	0.09	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00	0.00	0.00	0.01
Others	4	5	2	1	17	0	4	0	0	0	0	33
Per 1,000 Bed Days	0.17	0.31	0.34	0.06	0.33	0.00	0.13	0.00	0.00	0.00	0.00	0.16
Total	36	15	11	1	35	0	11	0	0	0	0	109
Per 1,000 Bed Days	1.54	0.92	1.86	0.06	0.67	0.00	0.37	0.00	0.00	0.00	0.00	0.53

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of August 31, 2014

FY14 - Complaints

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	68	46	8	13	28	5	64	22	50	0	16	320
Per 1,000 Bed Days	0.70	0.67	0.33	0.18	0.14	0.27	0.52	0.22	0.56	0.00	0.60	0.38
Respect	33	70	4	19	26	22	120	10	29	11	105	449
Per 1,000 Bed Days	0.34	1.01	0.17	0.27	0.13	1.19	0.97	0.10	0.33	0.87	3.91	0.54
Discharge	79	17	25	5	109	16	86	19	87	0	2	445
Per 1,000 Bed Days	0.82	0.25	1.04	0.07	0.54	0.86	0.69	0.19	0.98	0.00	0.07	0.53
Medication	61	30	3	14	57	8	67	17	50	0	8	315
Per 1,000 Bed Days	0.63	0.43	0.12	0.20	0.28	0.43	0.54	0.17	0.56	0.00	0.30	0.38
Treatment Team/Planning	35	63	8	15	26	5	13	116	101	1	44	427
Per 1,000 Bed Days	0.36	0.91	0.33	0.21	0.13	0.27	0.10	1.17	1.14	0.08	1.64	0.51
HIPAA	12	3	0	3	9	0	5	1	7	0	2	42
Per 1,000 Bed Days	0.12	0.04	0.00	0.04	0.04	0.00	0.04	0.01	0.08	0.00	0.07	0.05
Others	262	51	21	74	297	36	385	265	387	0	233	2011
Per 1,000 Bed Days	2.71	0.74	0.87	1.04	1.47	1.94	3.11	2.68	4.36	0.00	8.68	2.42
Total	550	280	69	143	552	92	740	450	711	12	410	4009
Per 1,000 Bed Days	5.69	4.05	2.86	2.02	2.73	4.96	5.97	4.55	8.01	0.95	15.28	4.82

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of August 31, 2014

FY14 - Grievances

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	4	11	3	34	0	4	1	1	0	0	58
Per 1,000 Bed Days	0.00	0.06	0.46	0.04	0.17	0.00	0.03	0.01	0.01	0.00	0.00	0.07
Respect	0	3	12	1	28	0	9	0	0	0	0	53
Per 1,000 Bed Days	0.00	0.04	0.50	0.01	0.14	0.00	0.07	0.00	0.00	0.00	0.00	0.06
Discharge	69	2	7	0	1	0	1	0	1	0	0	81
Per 1,000 Bed Days	0.71	0.03	0.29	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.10
Medication	50	0	16	0	55	0	1	0	0	0	0	122
Per 1,000 Bed Days	0.52	0.00	0.66	0.00	0.27	0.00	0.01	0.00	0.00	0.00	0.00	0.15
Treatment Team/Planning	12	9	25	0	26	0	0	3	0	0	0	75
Per 1,000 Bed Days	0.12	0.13	1.04	0.00	0.13	0.00	0.00	0.03	0.00	0.00	0.00	0.09
HIPAA	10	0	0	0	7	0	4	0	0	0	0	21
Per 1,000 Bed Days	0.10	0.00	0.00	0.00	0.03	0.00	0.03	0.00	0.00	0.00	0.00	0.03
Others	12	11	9	2	373	0	12	0	5	0	0	424
Per 1,000 Bed Days	0.12	0.16	0.37	0.03	1.85	0.00	0.10	0.00	0.06	0.00	0.00	0.51
Total	153	29	80	6	524	0	31	4	7	0	0	834
Per 1,000 Bed Days	1.58	0.42	3.32	0.08	2.60	0.00	0.25	0.04	0.08	0.00	0.00	1.00

Performance Objective 3B:

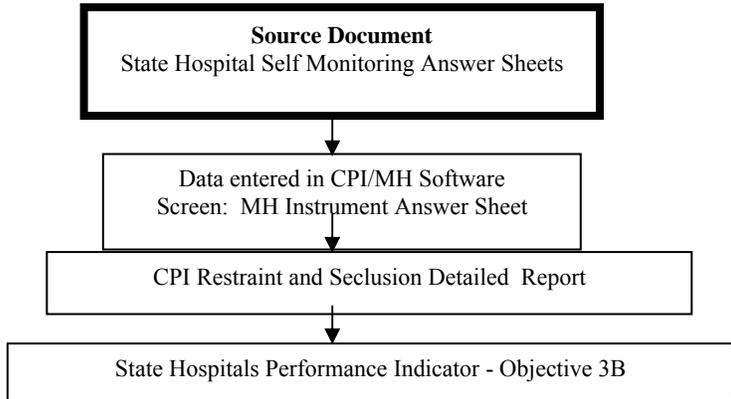
Utilize the Behavioral Restraint and Seclusion Monitoring Instrument for violent self-destructive behavior to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

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

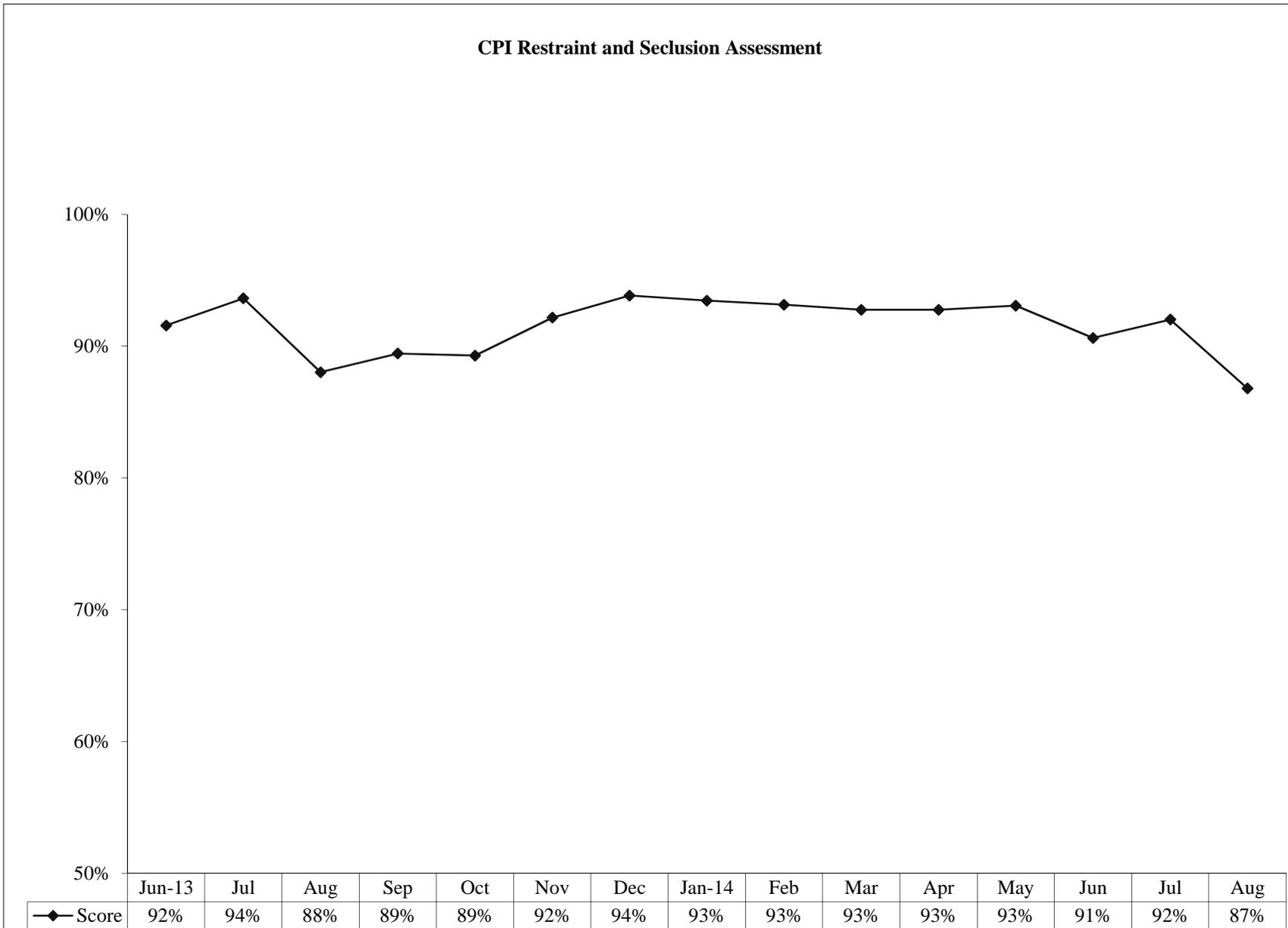
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

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

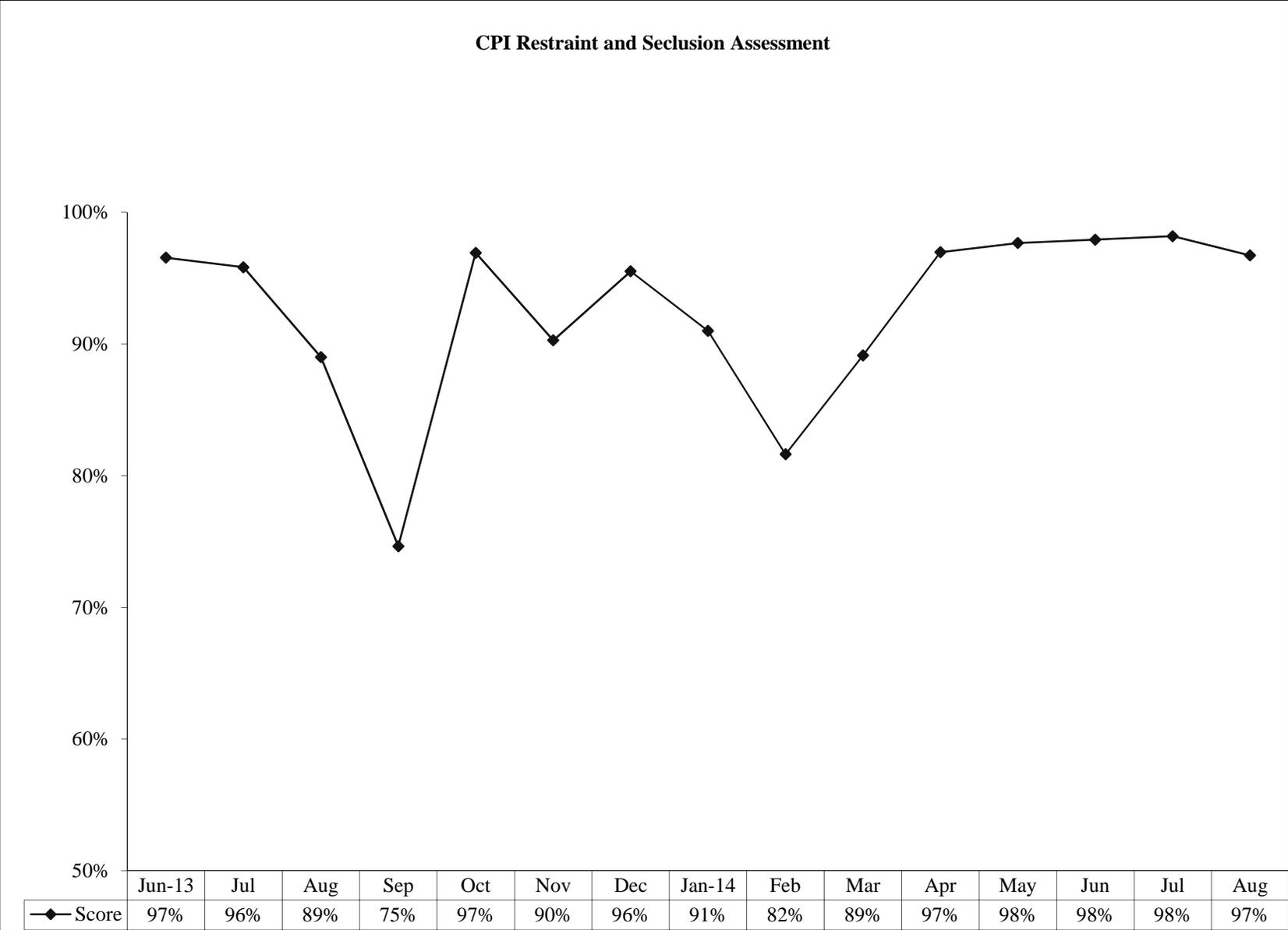
Data Flow:



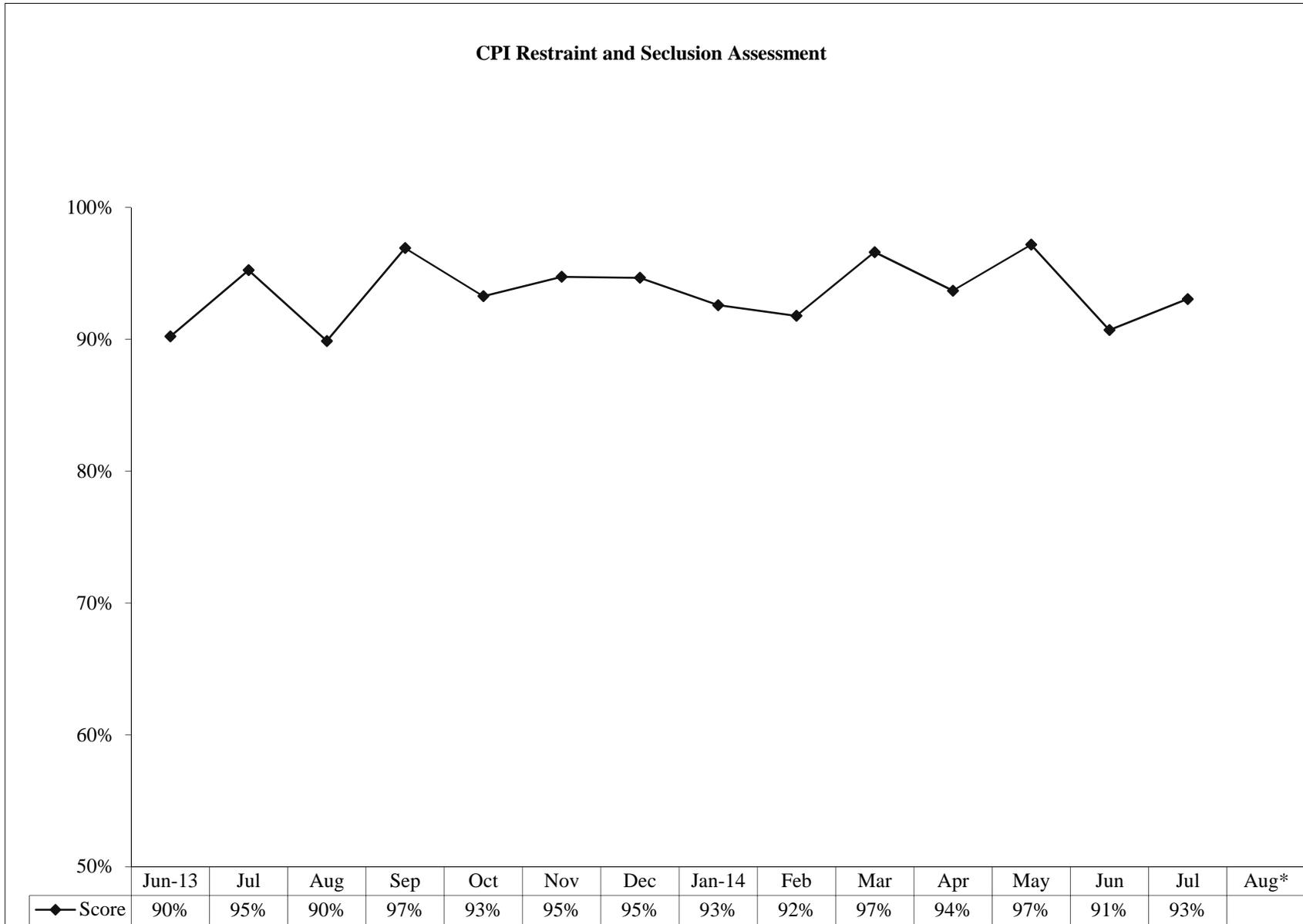
**Objective 3B - Behavioral Restraint and Seclusion Assessment
All State MH Hospitals**



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

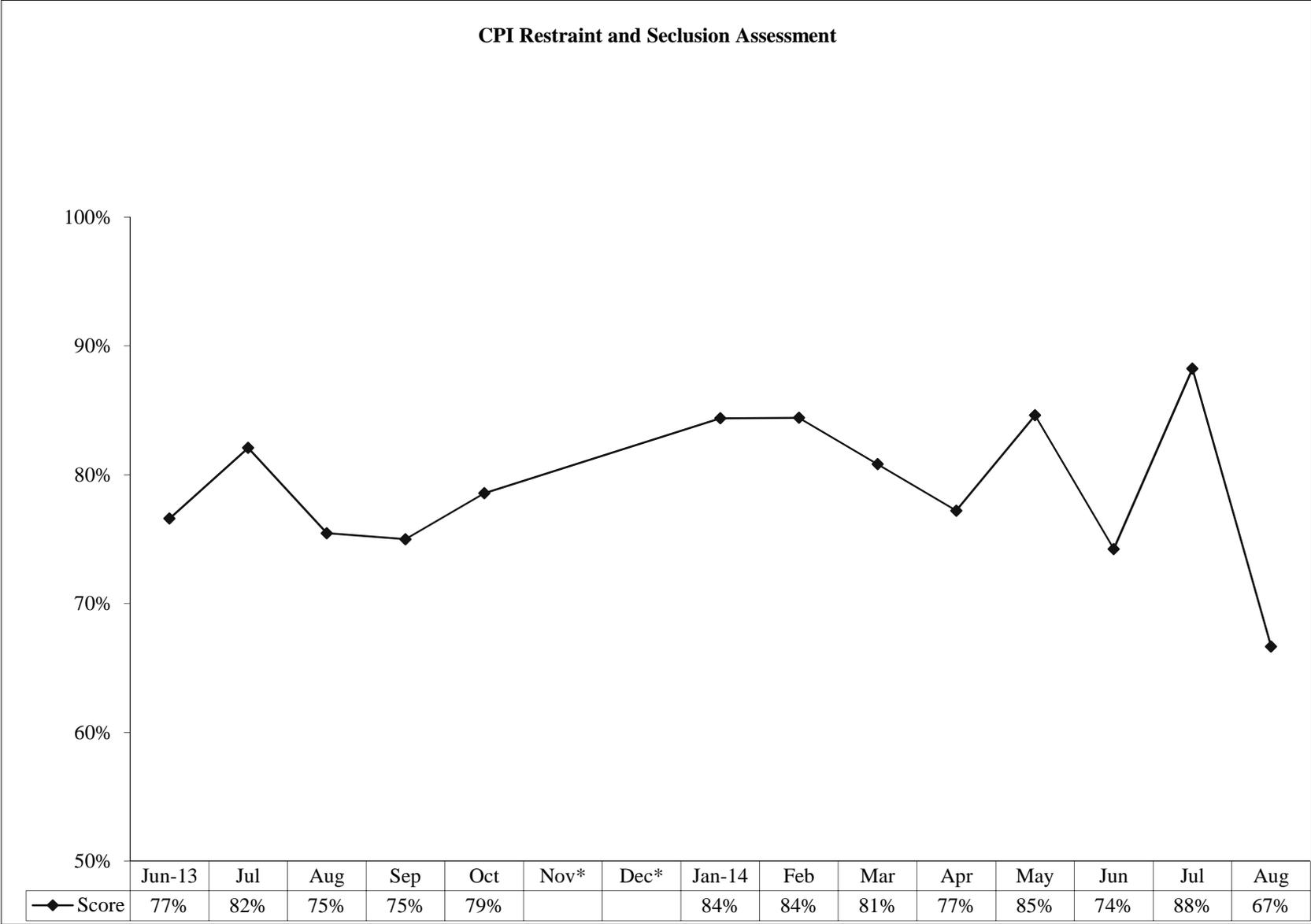


**Objective 3B - Behavioral Restraint and Seclusion Assessment
Big Spring State Hospital**



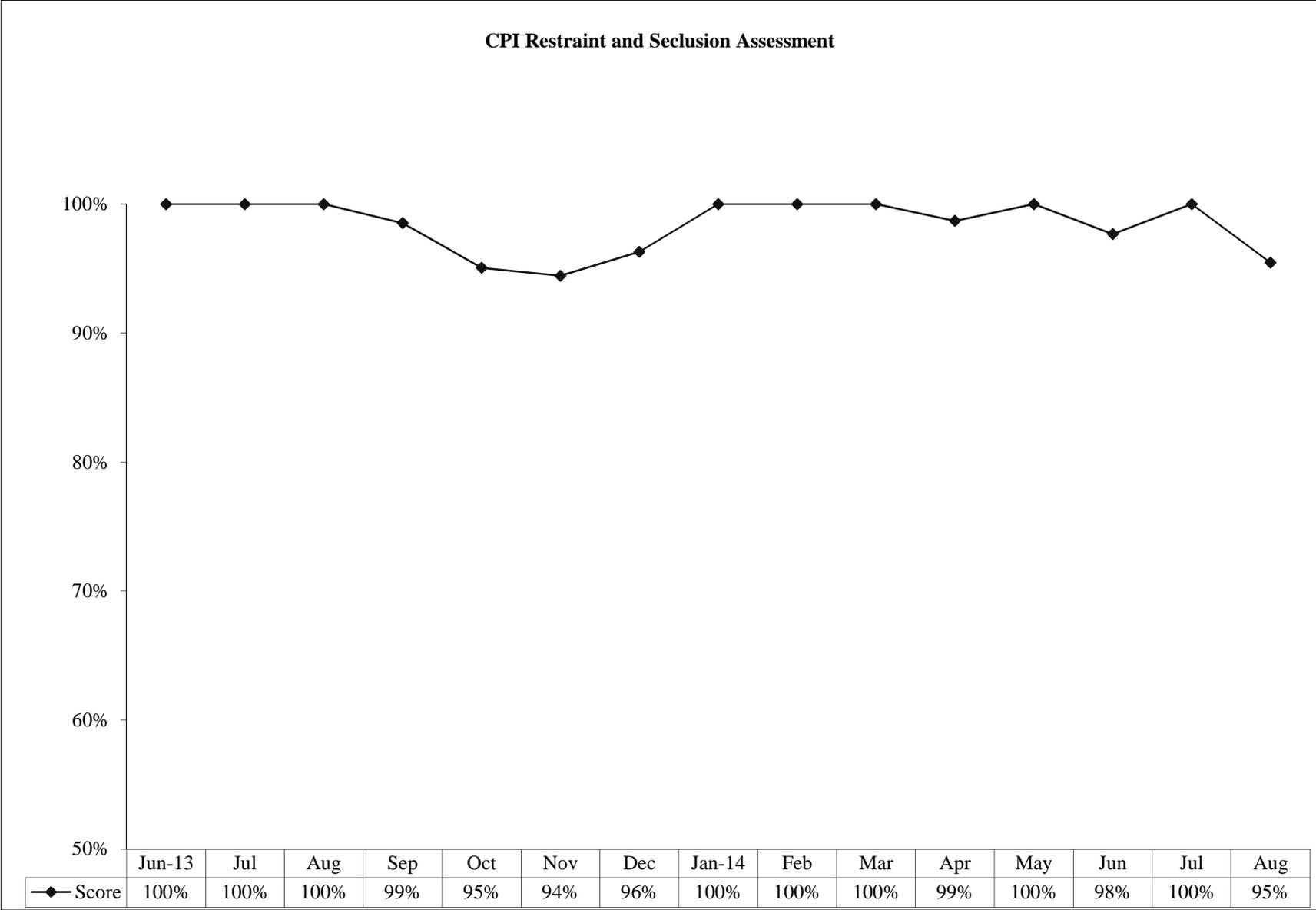
*No scores reported to HMDS.

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

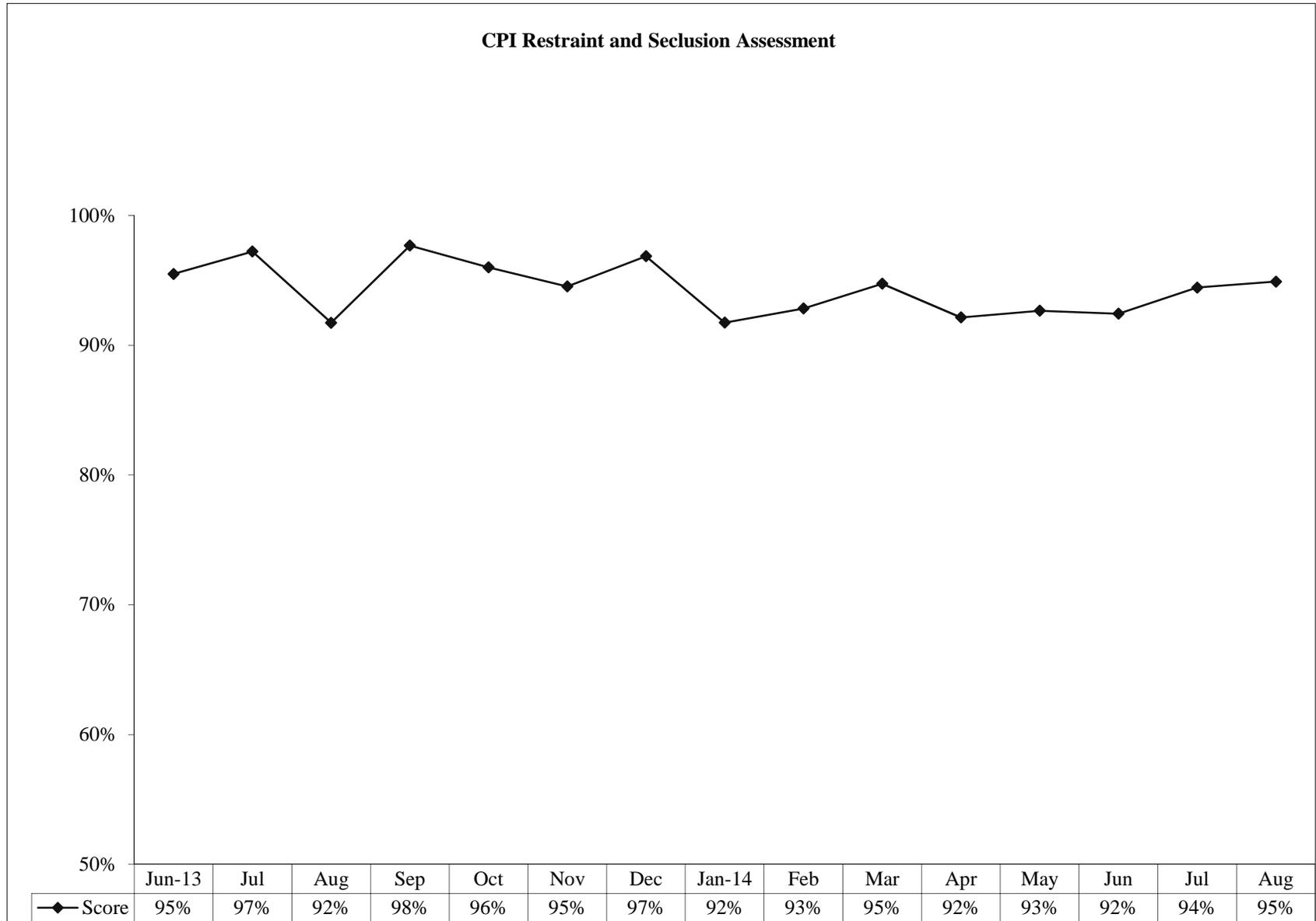


*No scores reported to HMDS.

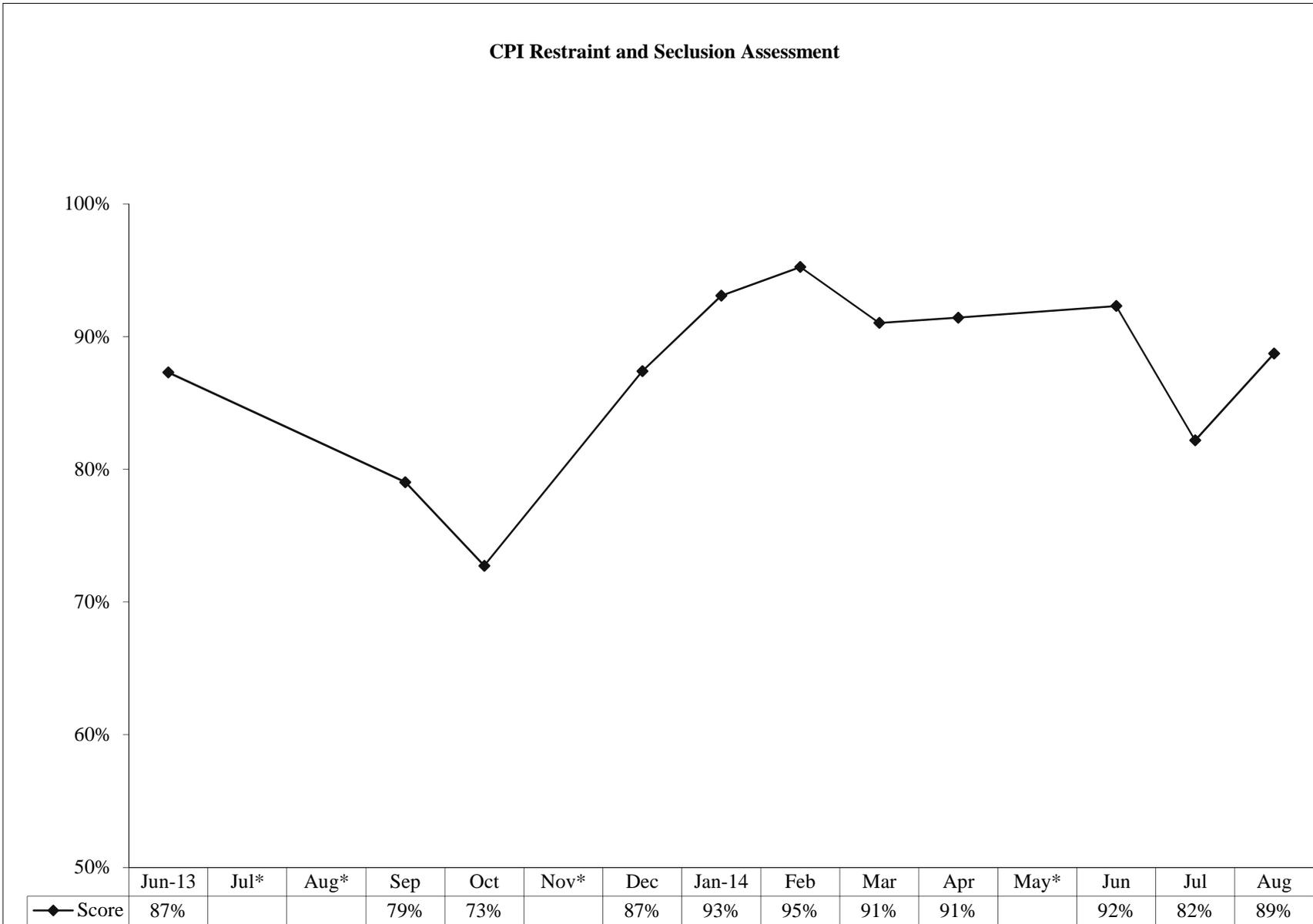
**Objective 3B - Behavioral Restraint and Seclusion Assessment
Kerrville State Hospital**



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

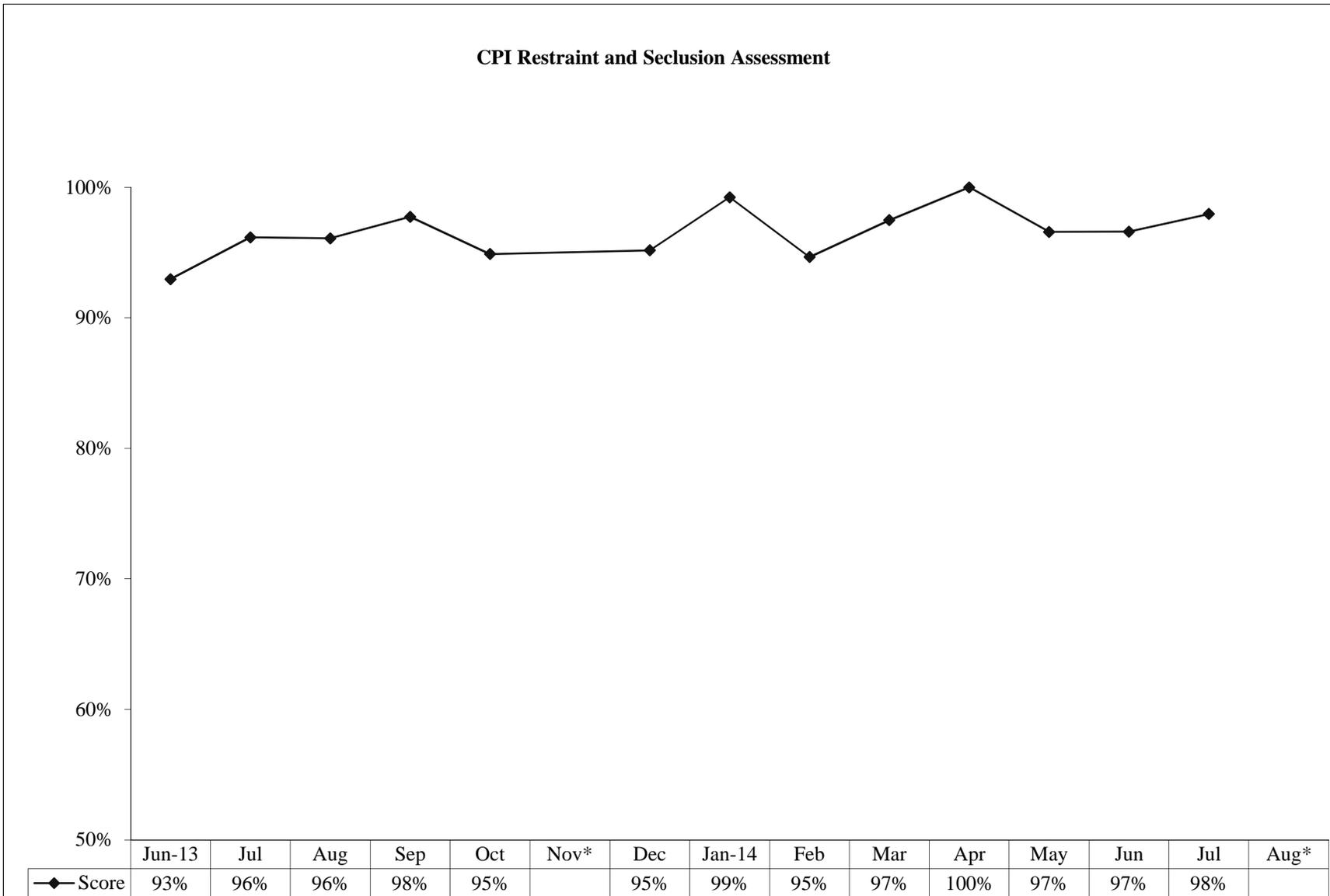


**Objective 3B - Behavioral Restraint and Seclusion Assessment
Rio Grande State Center**



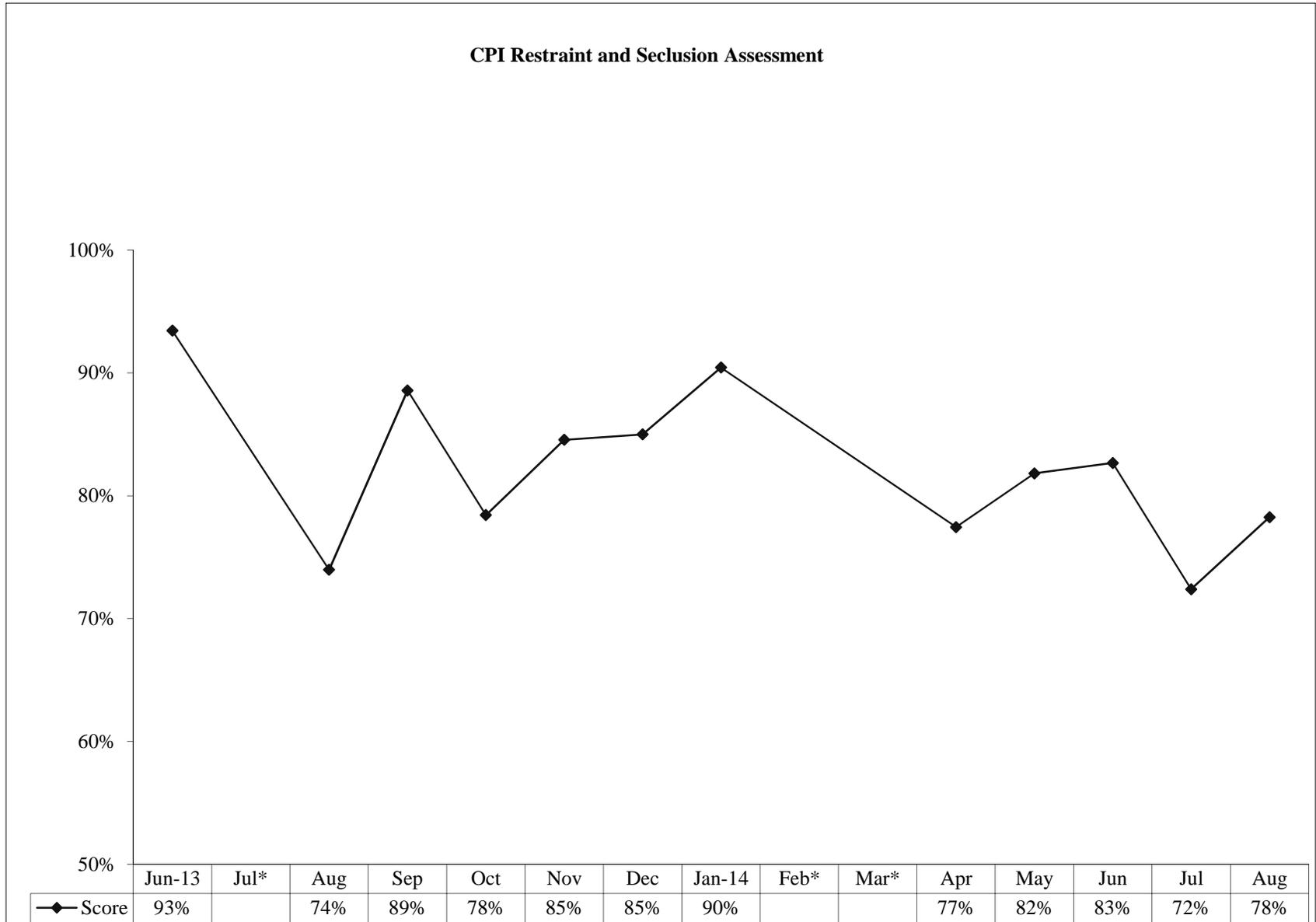
*No scores reported to HMDS.

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



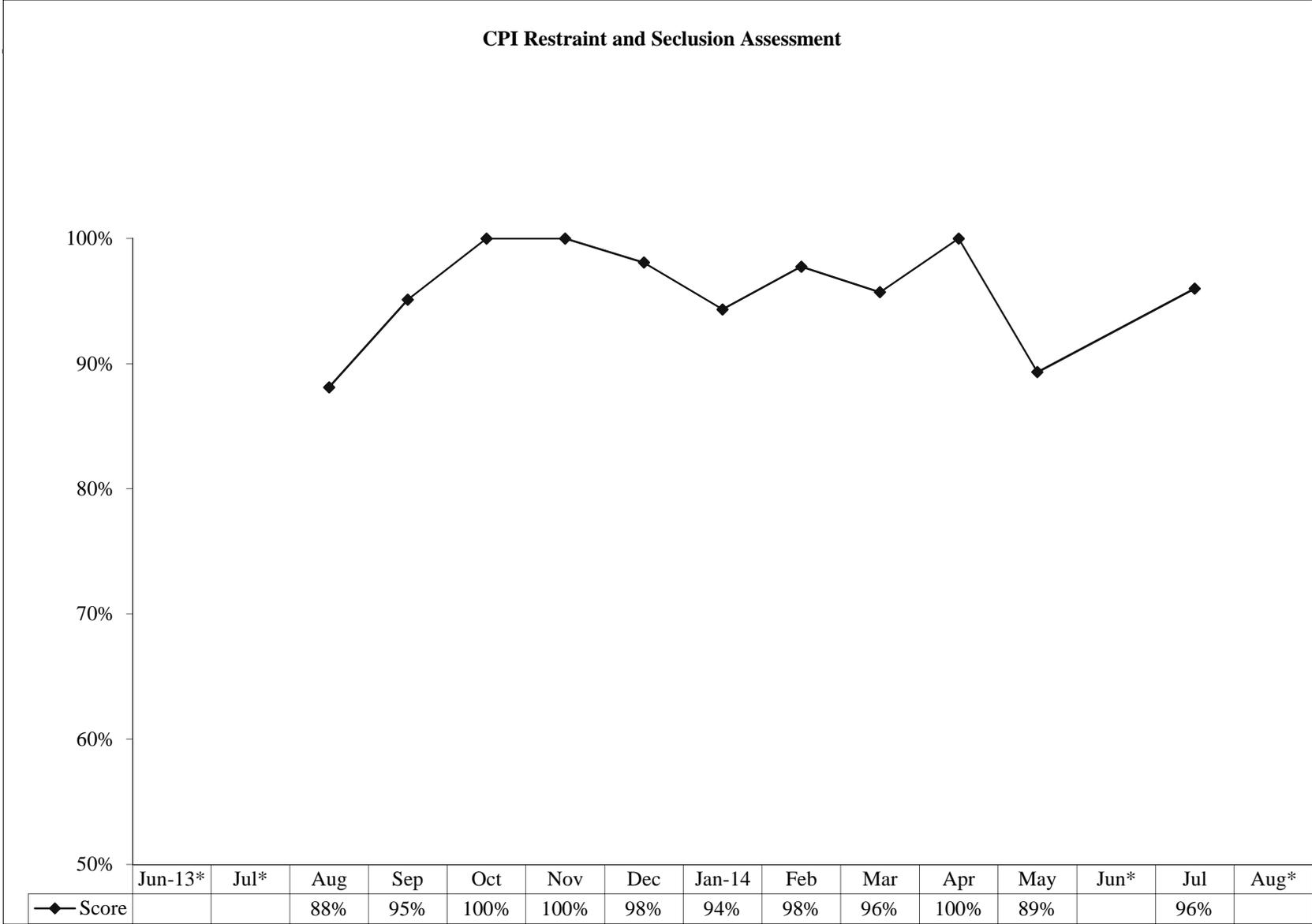
*No scores reported to HMDS.

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



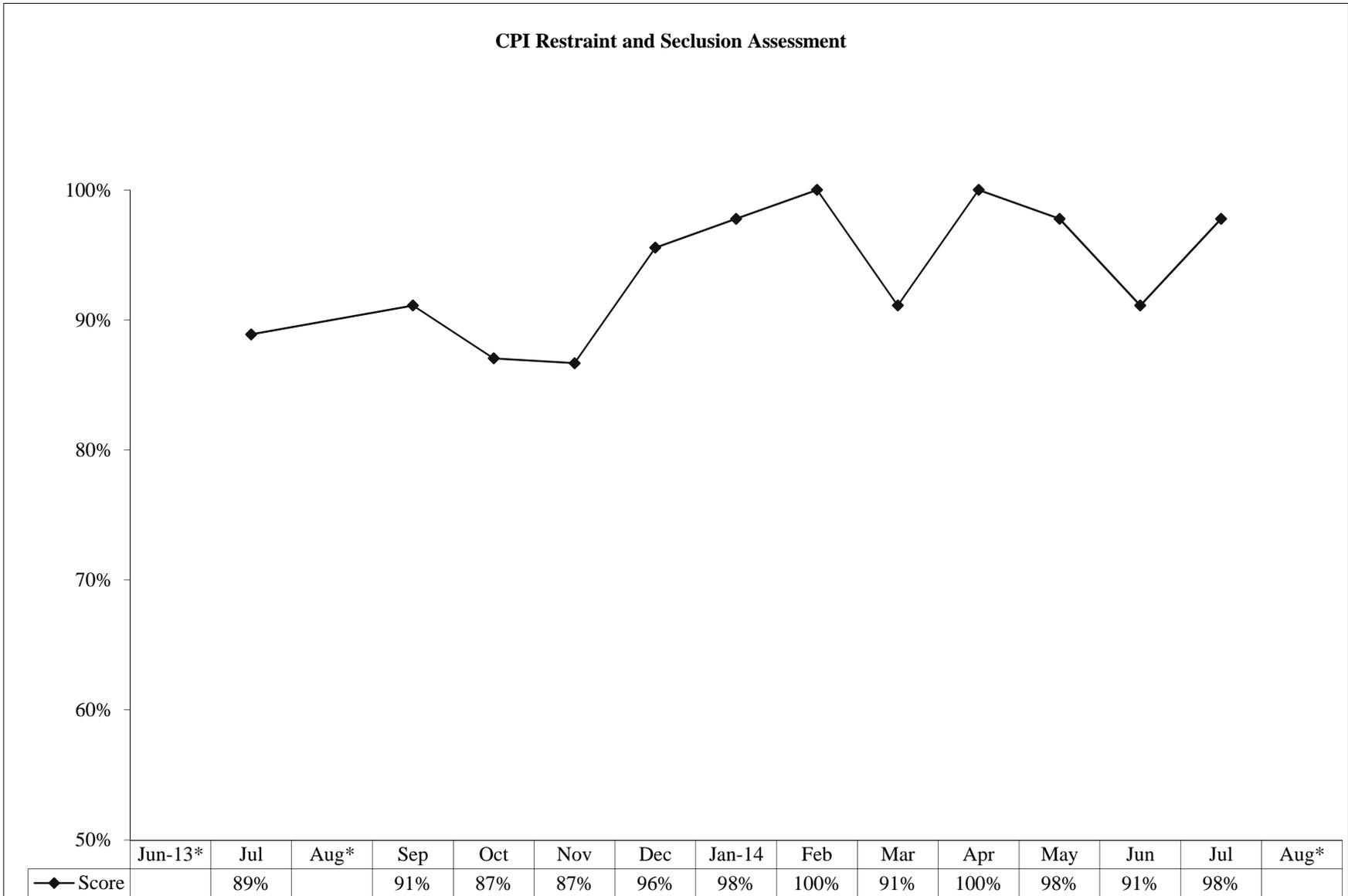
*No scores reported to HMDS.

**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.

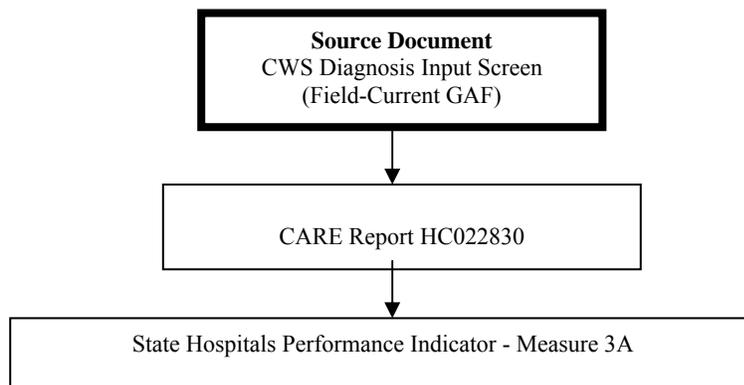
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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).

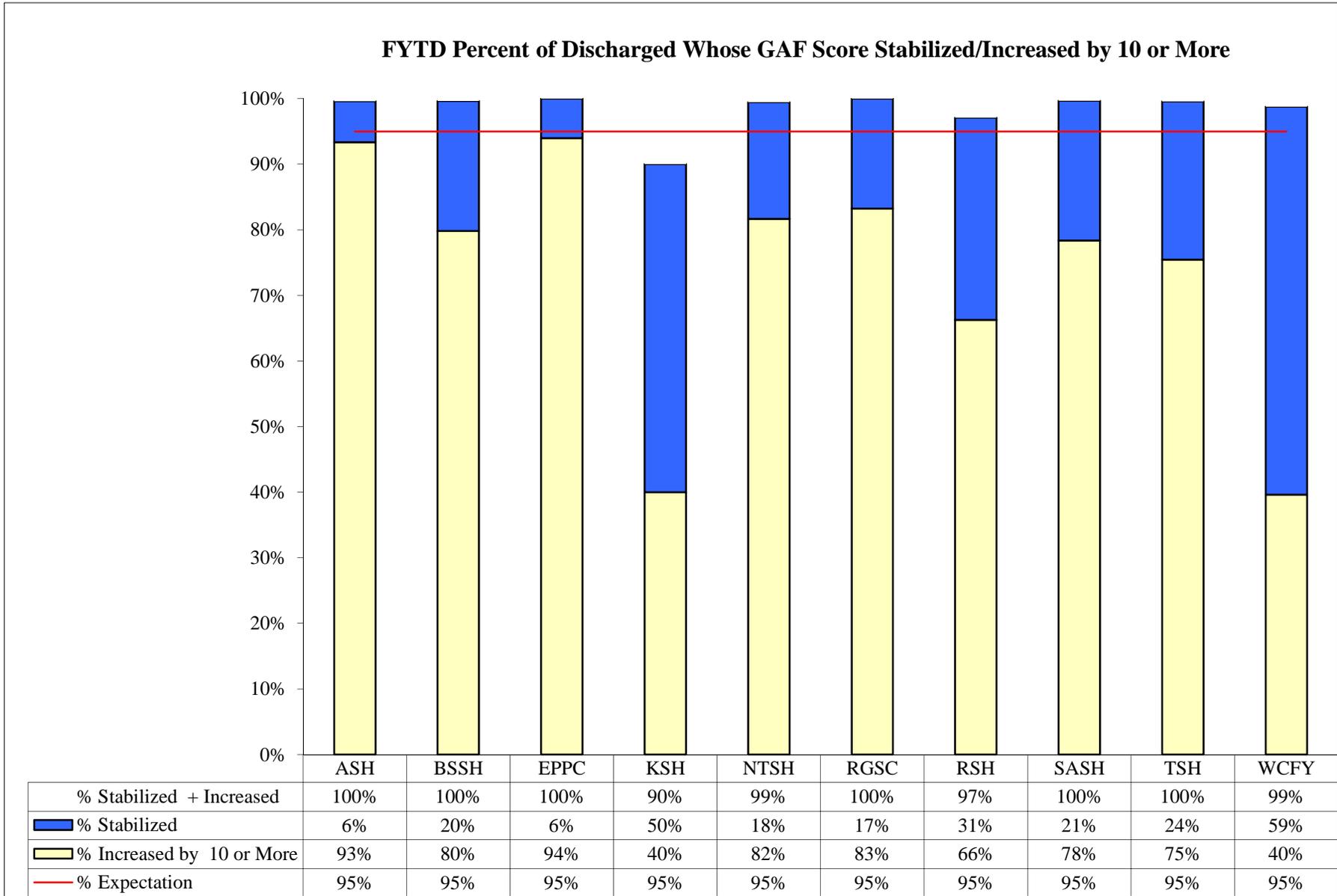
Performance Measure Data Display and Chart Description:

- ◆ 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, 2014

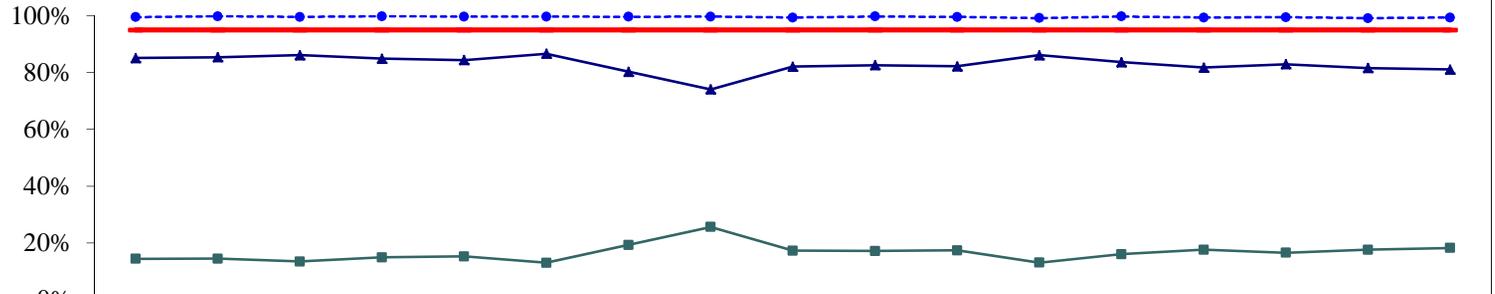


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

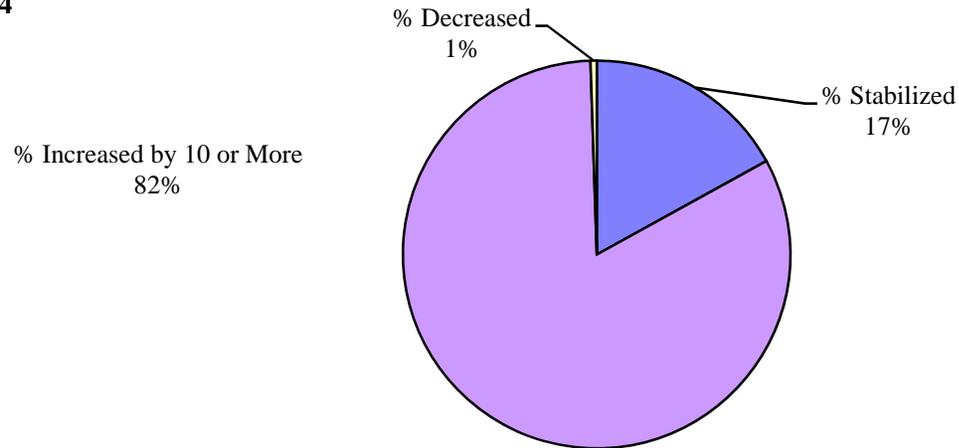
All State MH Hospitals

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



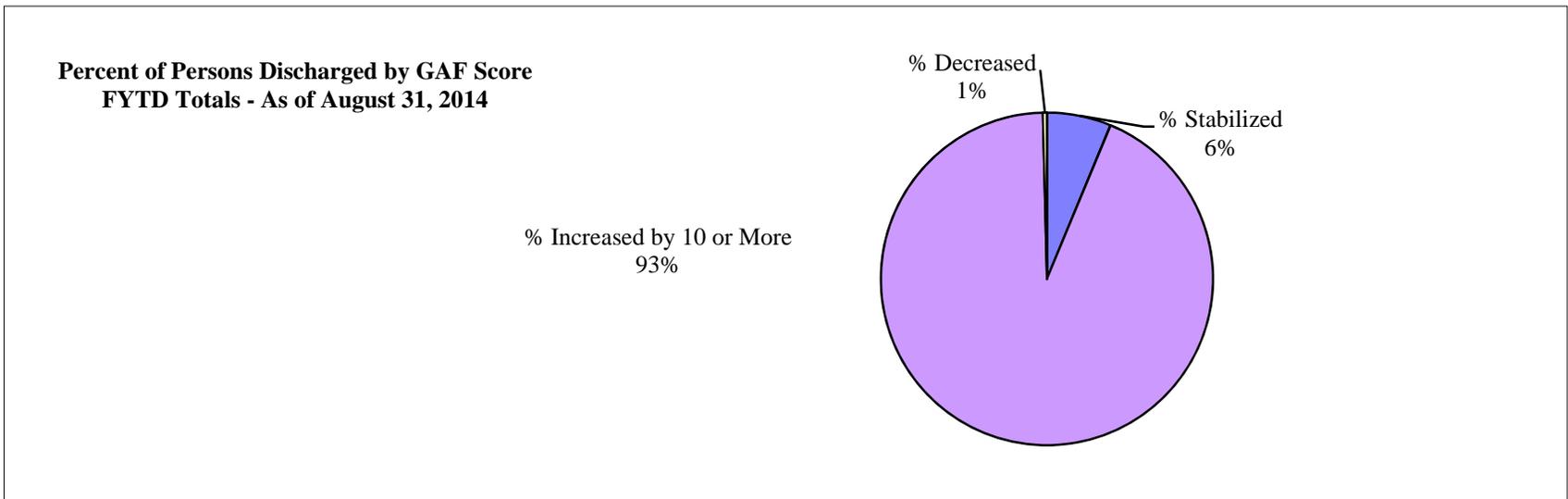
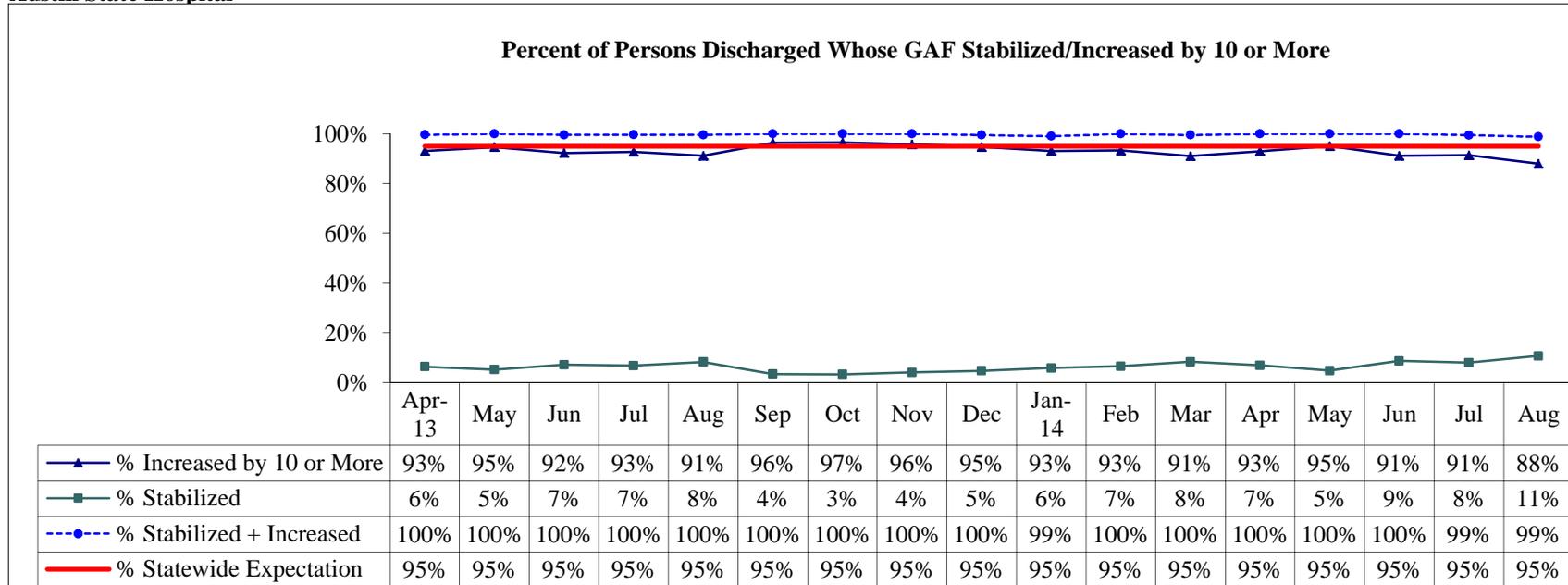
	Apr-13	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
% Increased by 10 or More	85%	85%	86%	85%	84%	87%	80%	74%	82%	83%	82%	86%	84%	82%	83%	82%	81%
% Stabilized	14%	14%	13%	15%	15%	13%	19%	26%	17%	17%	17%	13%	16%	18%	17%	18%	18%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%	100%	99%	99%	99%	99%
% Statewide Expectation	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, 2014**



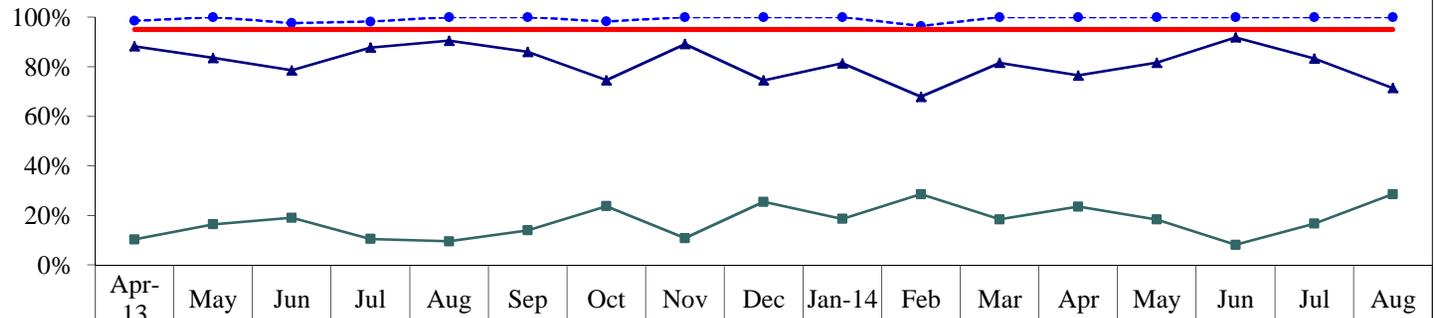
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Austin State Hospital

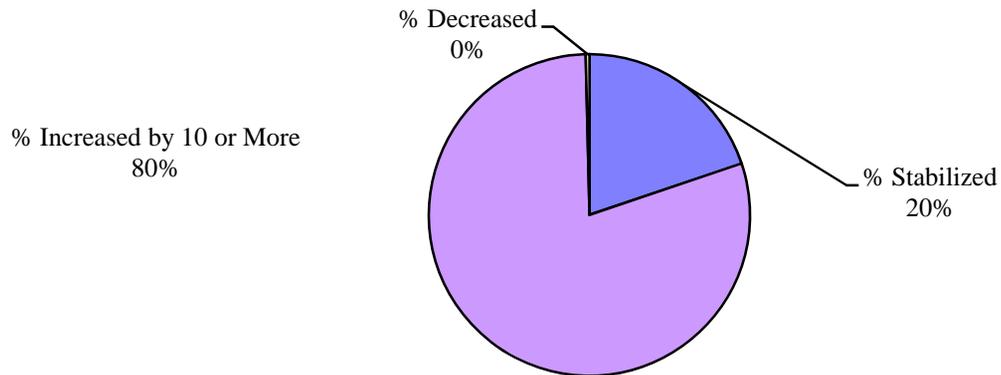


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital

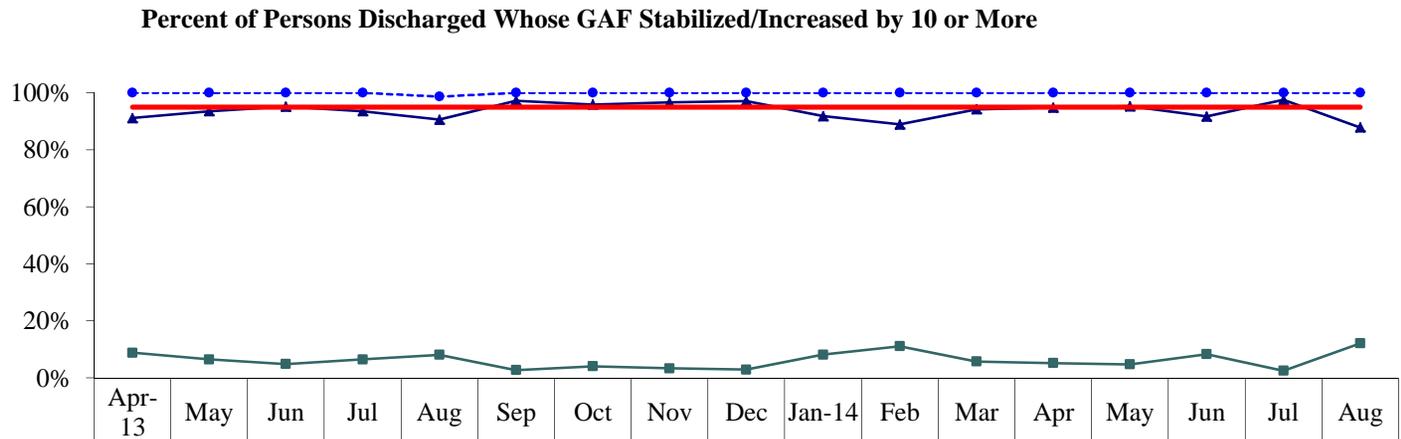
Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2014

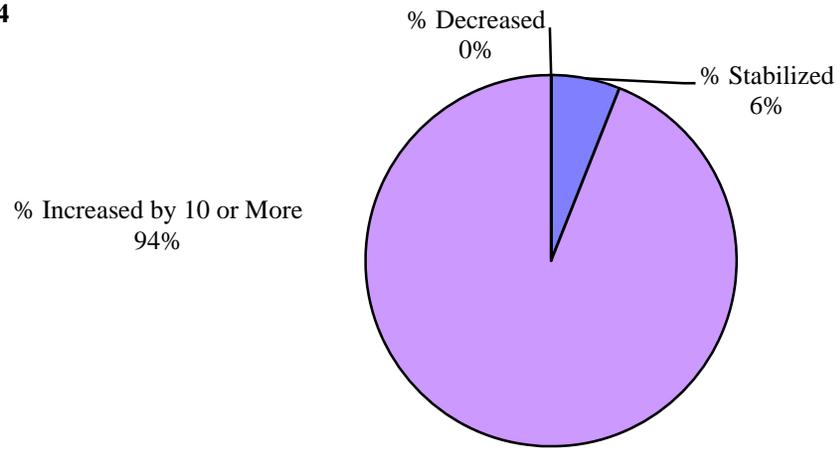


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

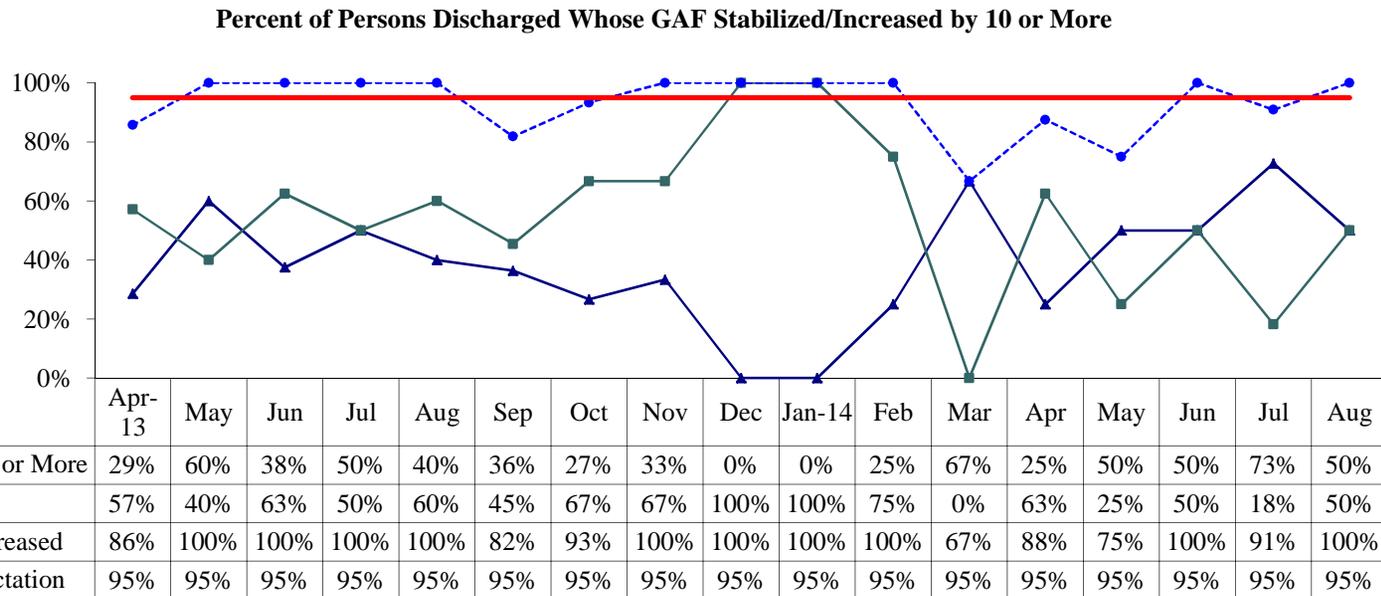


	Apr-13	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	91%	94%	95%	94%	91%	97%	96%	97%	97%	92%	89%	94%	95%	95%	92%	97%	88%
—■— % Stabilized	9%	6%	5%	6%	8%	3%	4%	3%	3%	8%	11%	6%	5%	5%	8%	3%	12%
- - ● - - % Stabilized + Increased	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

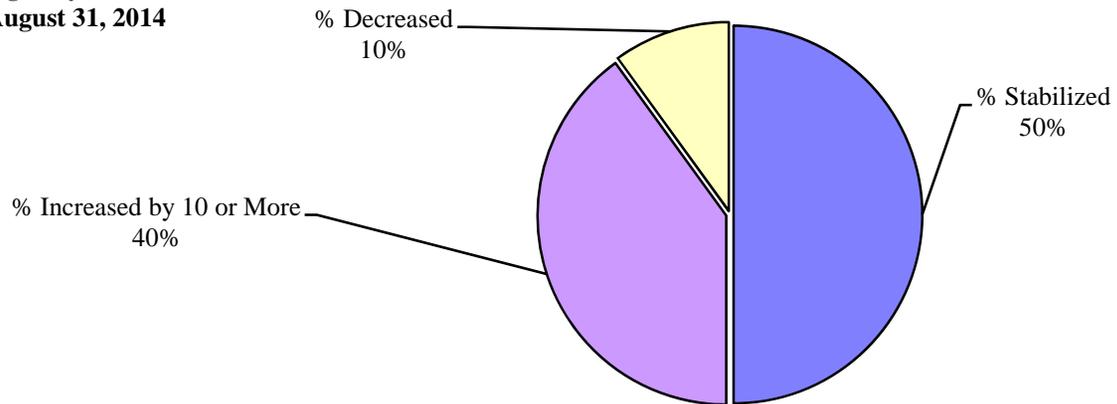
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2014



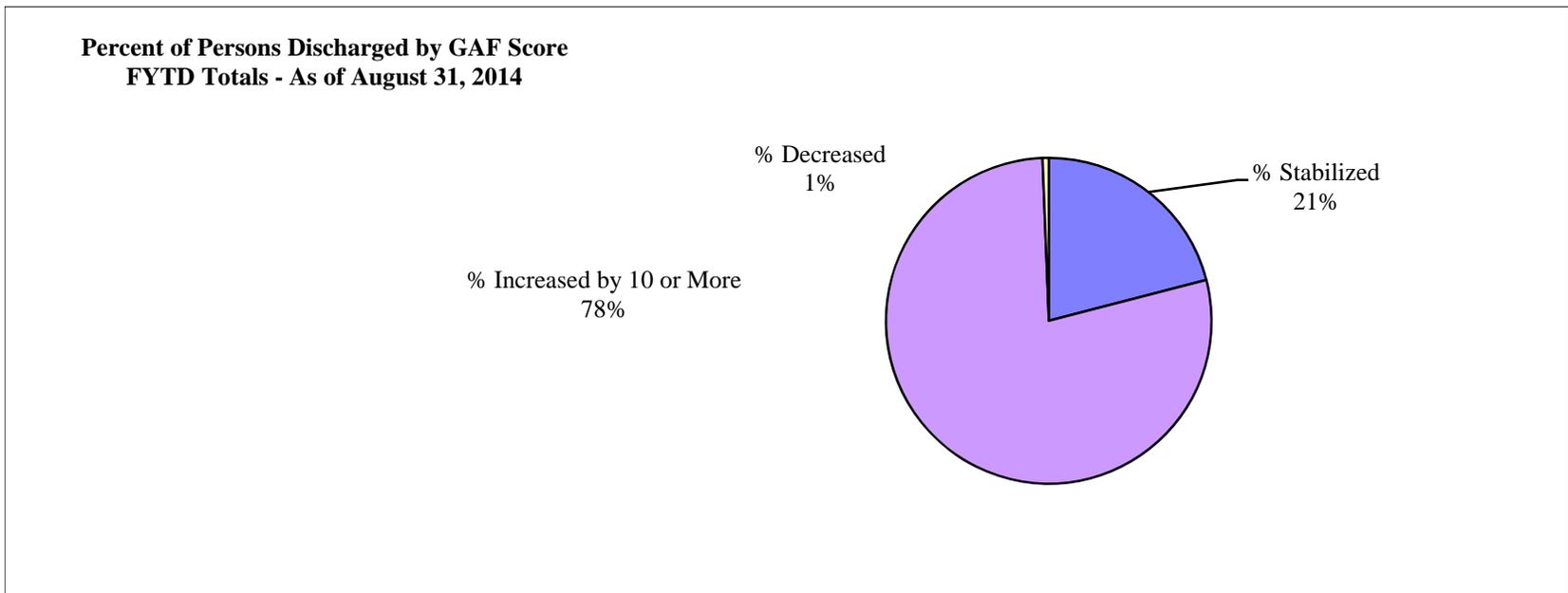
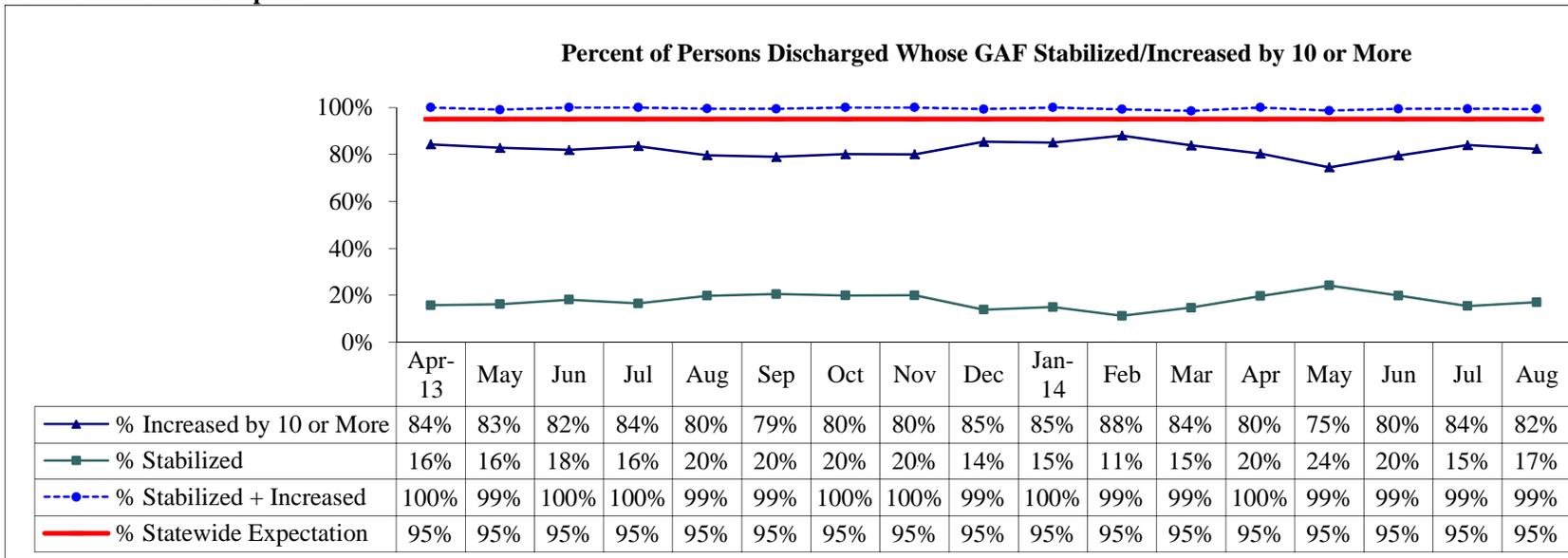
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital



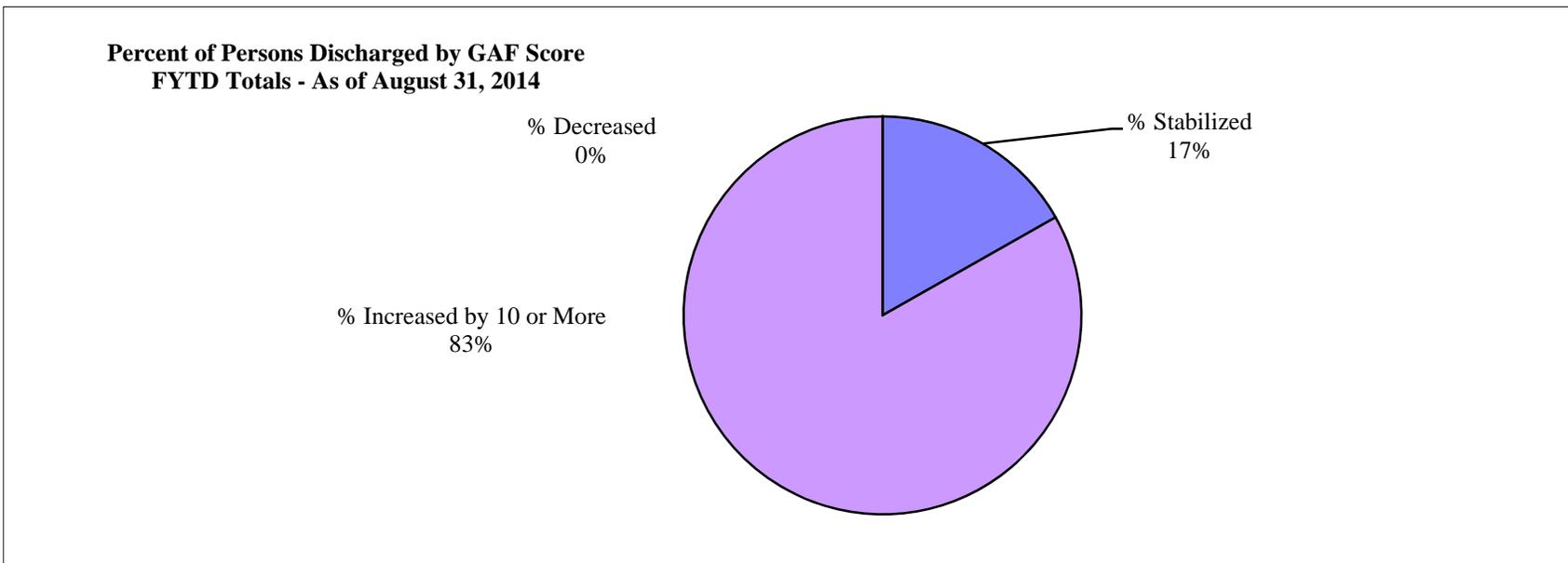
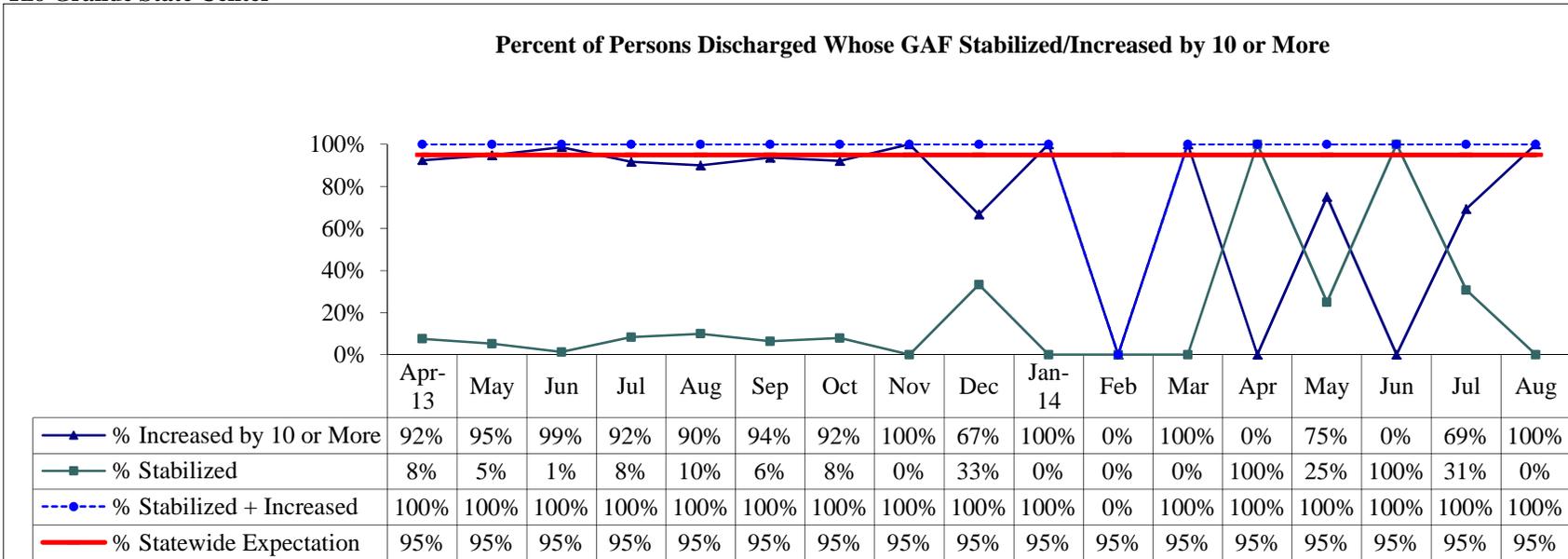
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2014



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

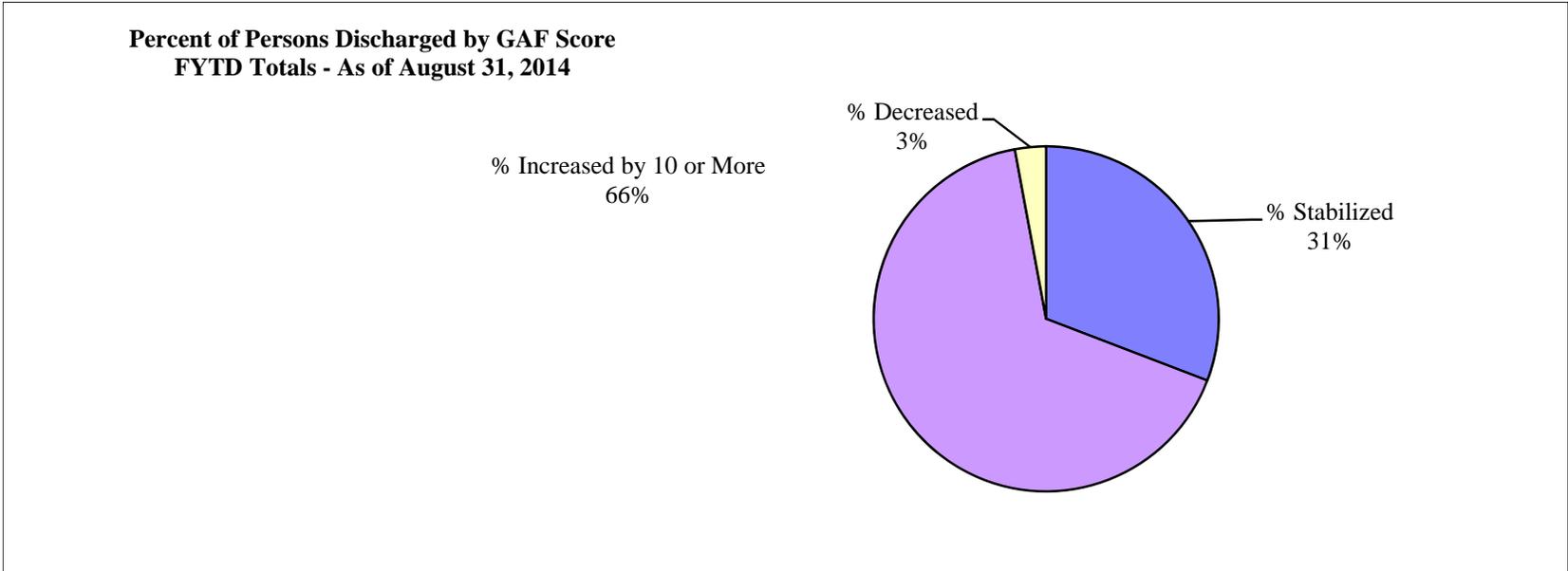
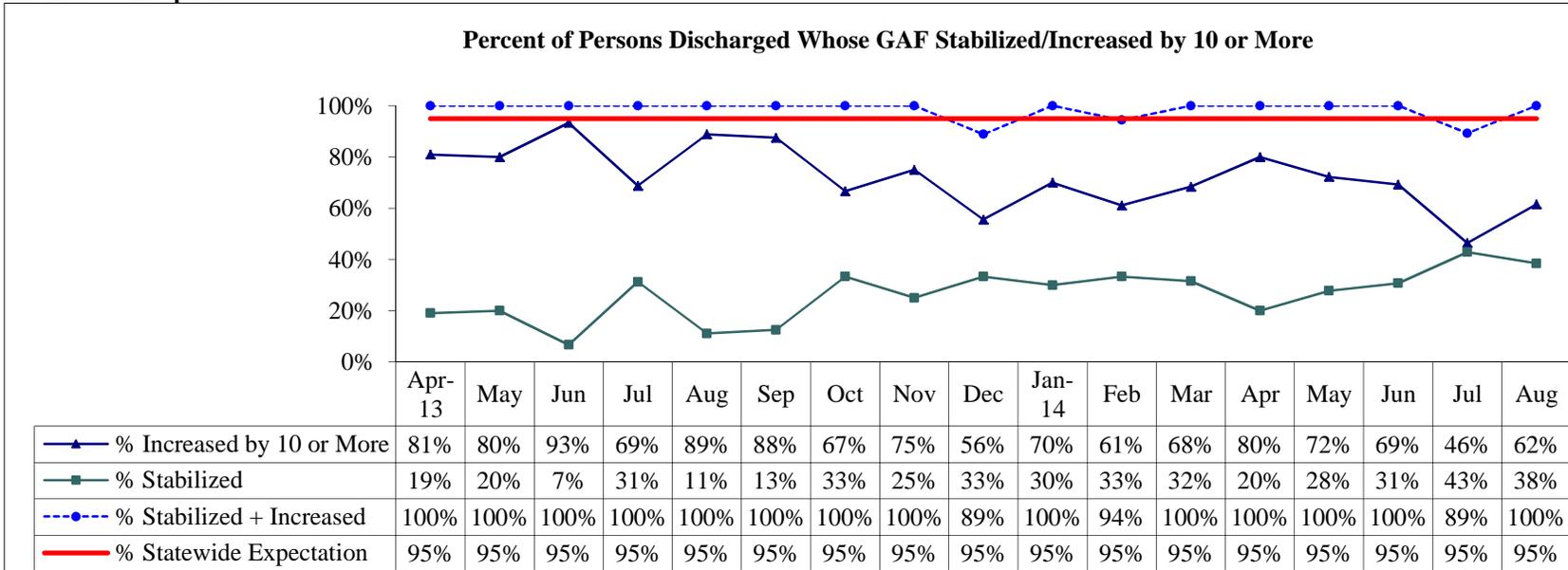


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center



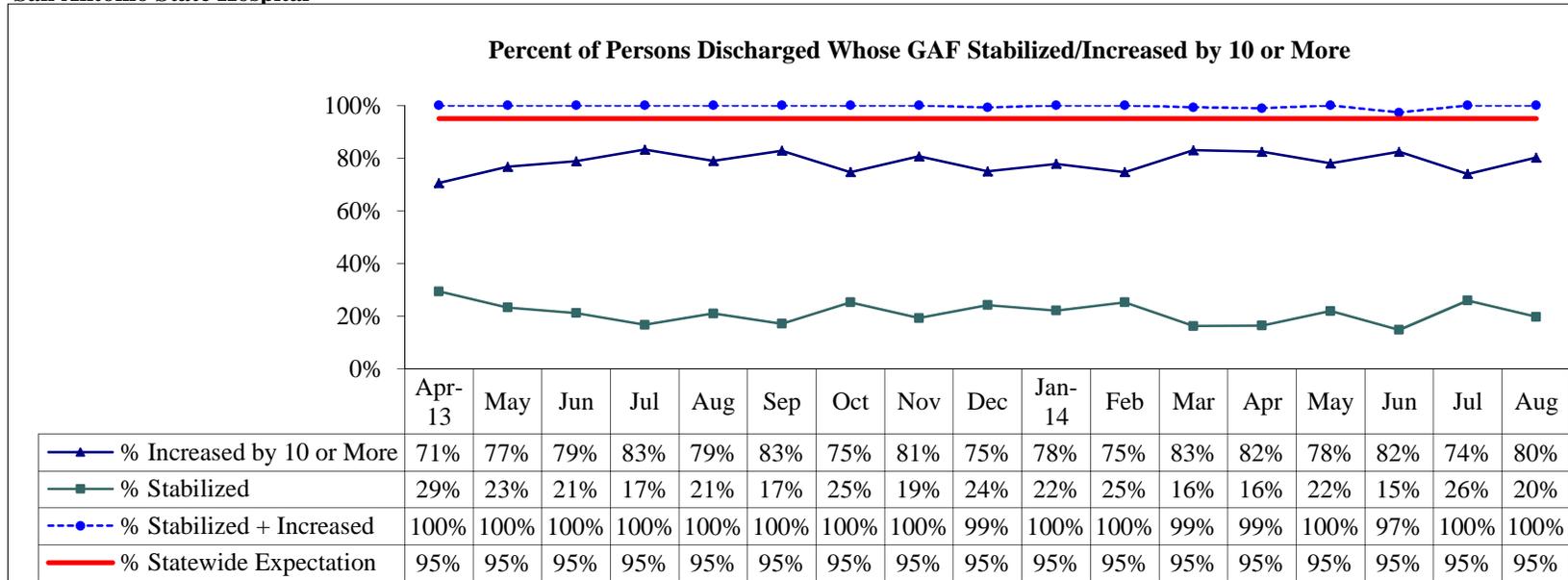
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Rusk State Hospital

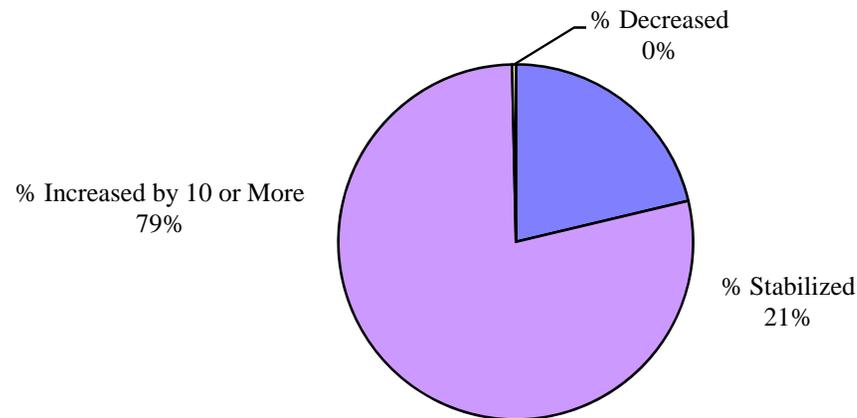


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

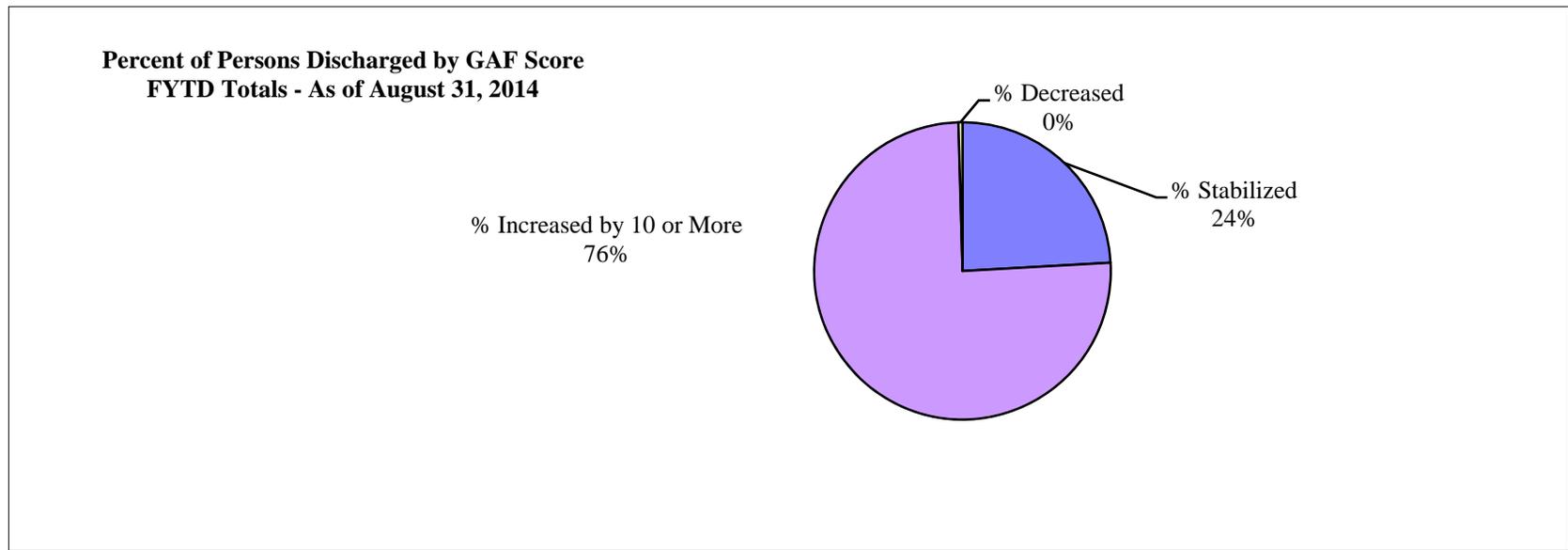
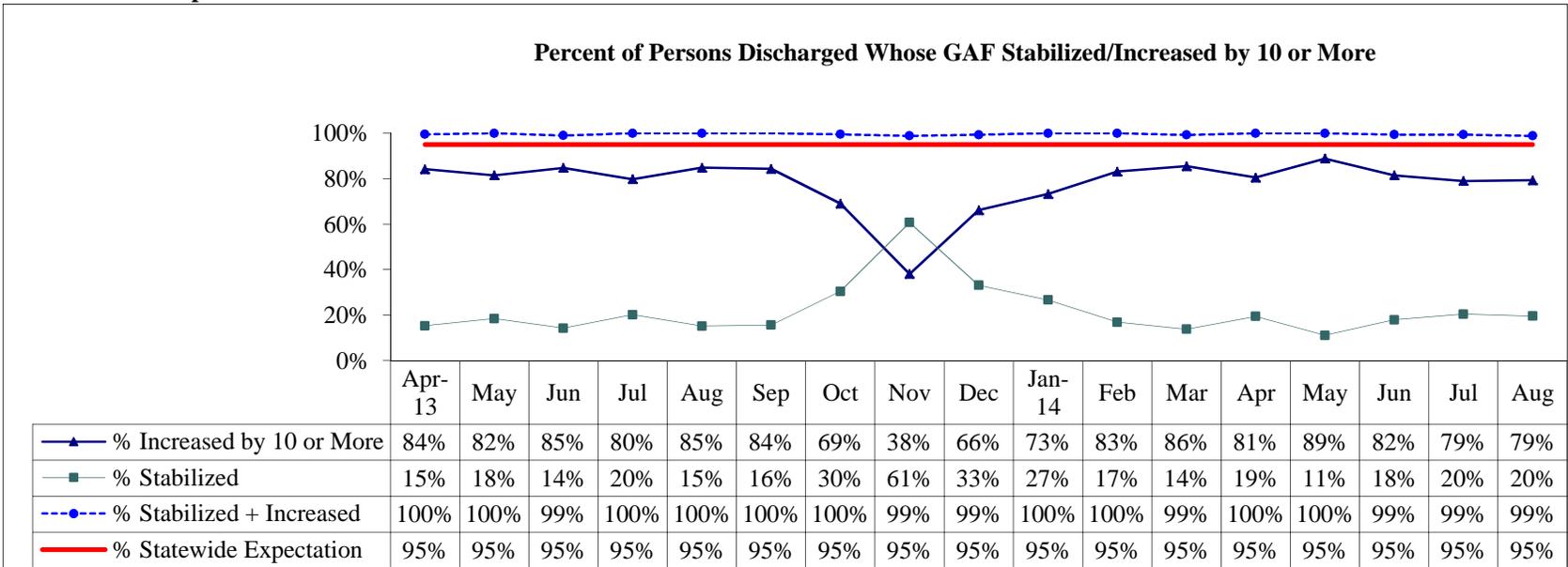
San Antonio State Hospital



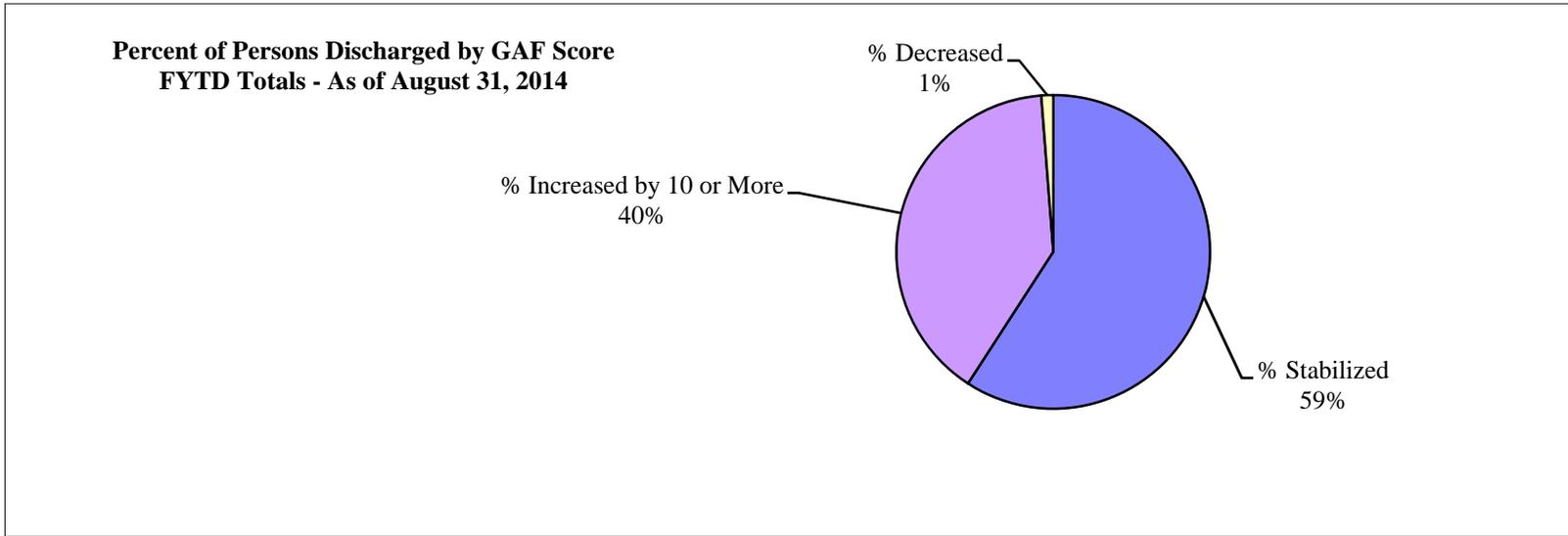
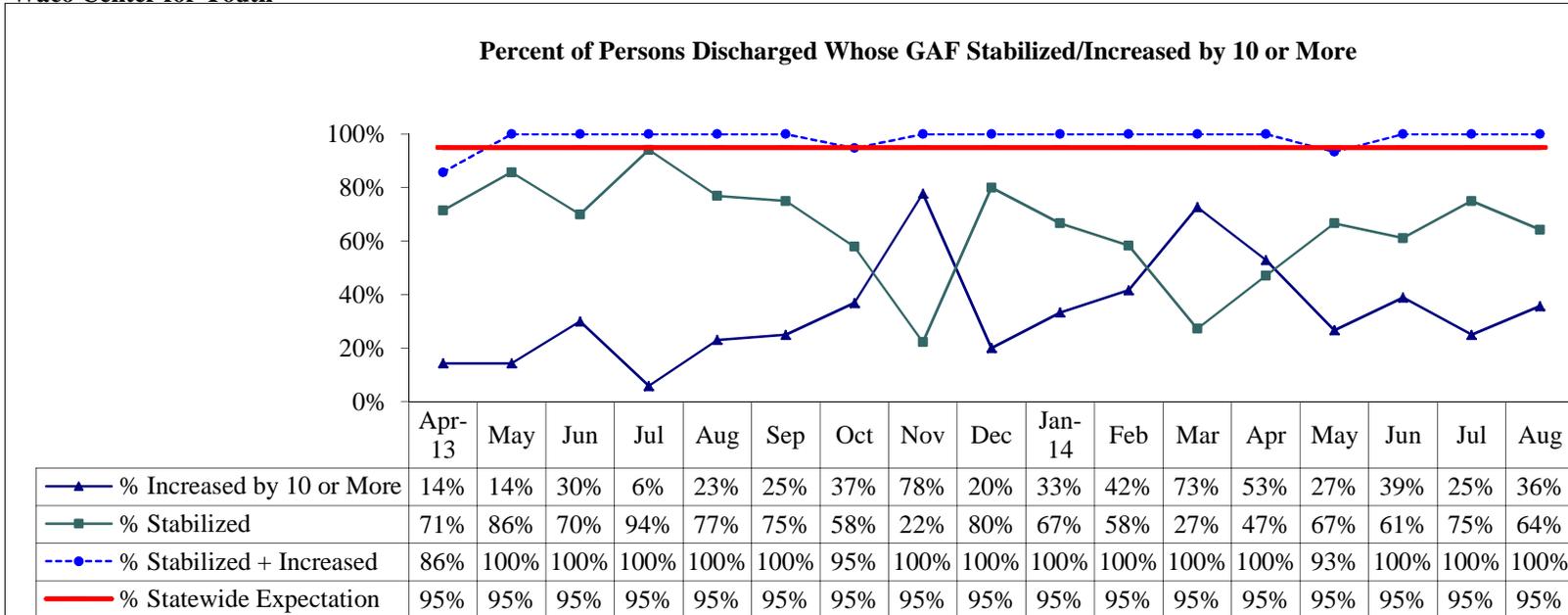
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2014



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



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



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

Performance Objective 4B:

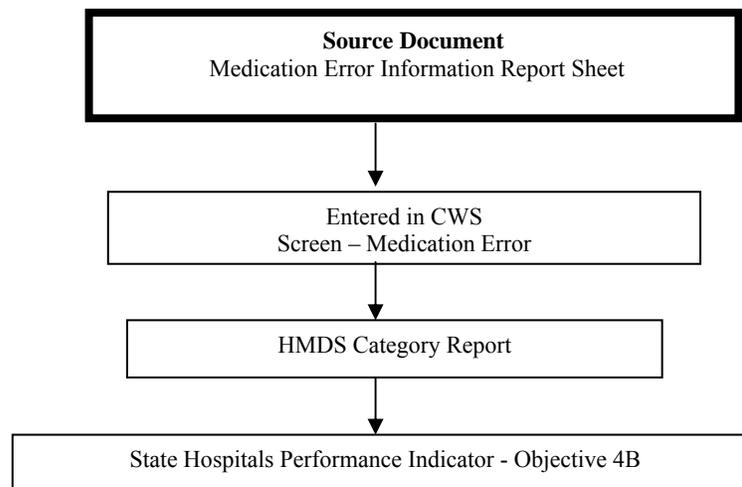
Identify, collect, aggregate, and analyze medication errors.

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:



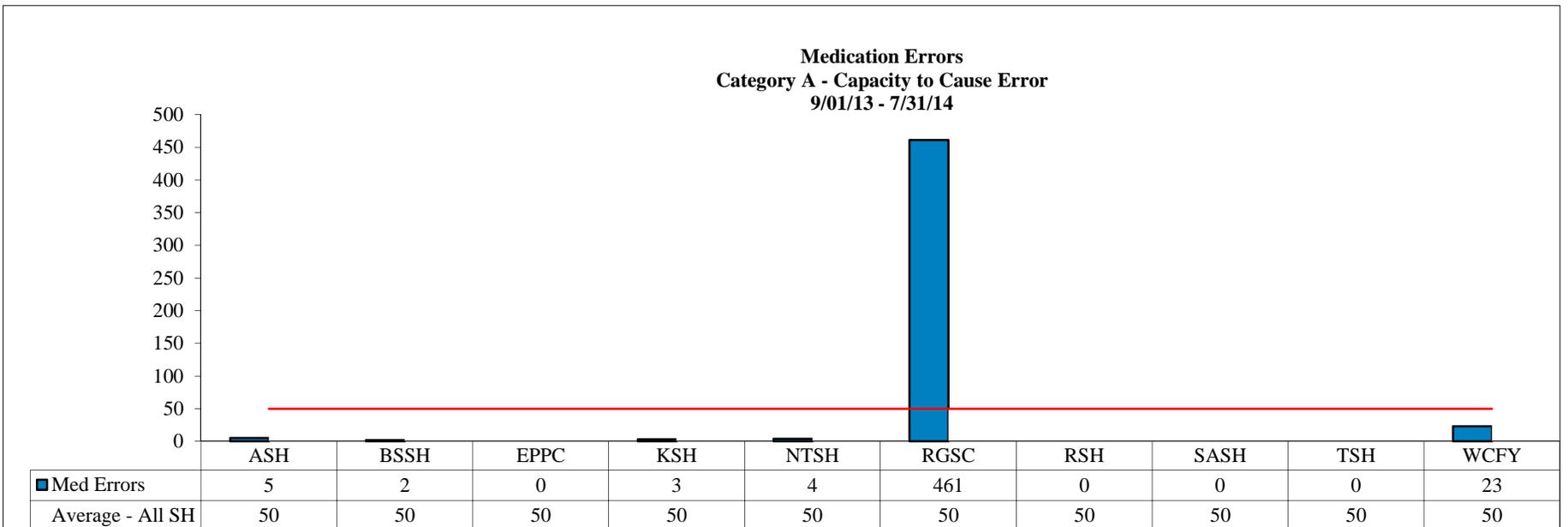
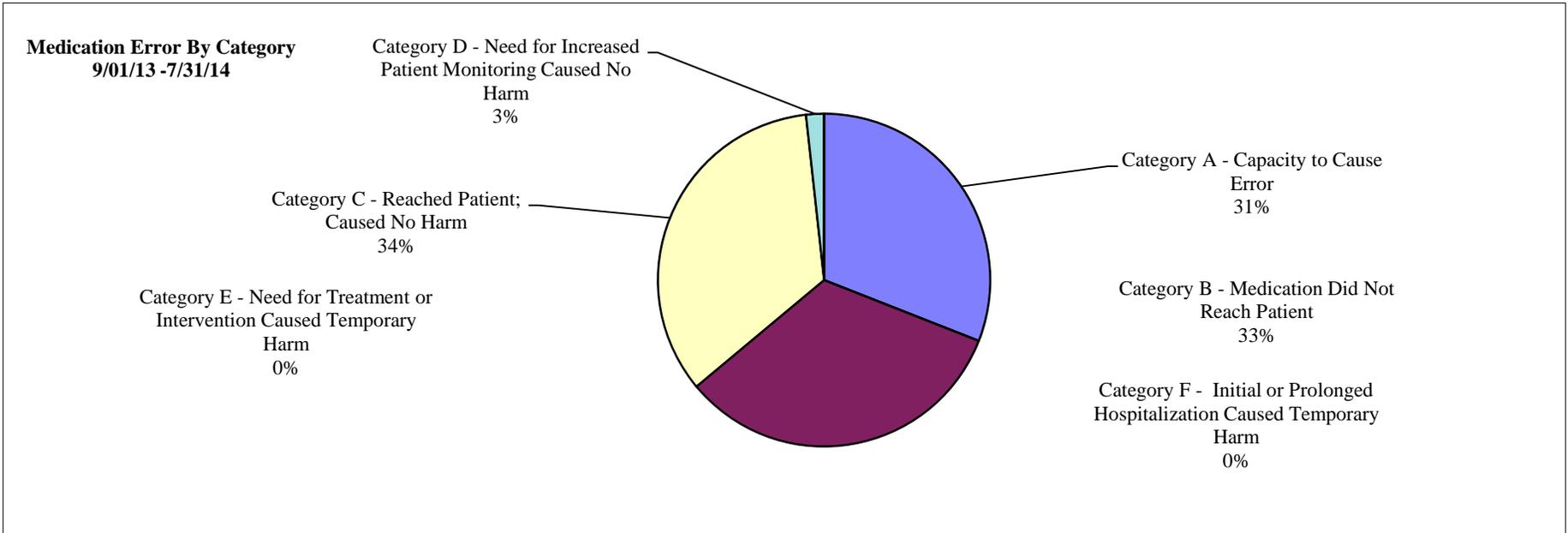
**Objective 4B - Medication Variance Data
All State Hospitals**

	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul
AUSTIN STATE HOSPITAL														
Medication Errors	23	15	25	9	7	8	6	6	4	7	5	7	5	13
Bed Days in Month	8174	8424	8199	8081	8762	8340	8127	8338	7517	7998	8017	8095	7488	7880
Med Errors/1000 Bed Days	2.81	1.78	3.05	1.11	0.80	0.96	0.74	0.72	0.53	0.88	0.62	0.86	0.67	1.65
BIG SPRING STATE HOSPITAL														
Medication Errors	3	7	24	9	9	9	9	10	5	2	8	6	8	4
Bed Days in Month	5672	5768	6027	5956	6038	5861	6014	5891	5448	5974	5732	5900	5408	5457
Falls/1000 Bed Days	0.53	1.21	3.98	1.51	1.49	1.54	1.50	1.70	0.92	0.33	1.40	1.02	1.48	0.73
EL PASO PSYCHIATRIC CENTER														
Medication Errors	7	1	9	4	4	1	3	1	3	2	0	3	5	3
Bed Days in Month	2092	2048	2101	1996	1983	1883	2187	2098	1904	2096	1948	2105	1945	1943
Med Errors/1000 Bed Days	3.35	0.49	4.28	2.00	2.02	0.53	1.37	0.48	1.58	0.95	0.00	1.43	2.57	1.54
KERRVILLE STATE HOSPITAL														
Medication Errors	22	19	9	39	43	41	36	30	35	48	32	29	33	33
Bed Days in Month	5707	6018	6037	5939	5823	5645	5925	6014	5600	6214	5879	6100	5834	5951
Med Errors/1000 Bed Days	3.85	3.16	1.49	6.57	7.38	7.26	6.08	4.99	6.25	7.72	5.44	4.75	5.66	5.55
NORTH TEXAS STATE HOSPITAL														
Medication Errors	11	26	27	14	21	12	10	14	4	27	16	17	18	16
Bed Days in Month	17773	18544	18503	17389	17257	16429	16623	16518	14537	16654	16705	17801	16948	17171
Med Errors/1000 Bed Days	0.62	1.40	1.46	0.81	1.22	0.73	0.60	0.85	0.28	1.62	0.96	0.96	1.06	0.93
RIO GRANDE STATE CENTER														
Medication Errors	42	7	74	100	77	72	5	3	19	30	13	31	114	73
Bed Days in Month	1543	1491	1563	1526	1512	1467	1559	1570	1395	1596	1564	1537	1623	1619
Med Errors/1000 Bed Days	27.22	4.69	47.34	65.53	50.93	49.08	3.21	1.91	13.62	18.80	8.31	20.17	70.24	45.09
RUSK STATE HOSPITAL														
Medication Errors	7	7	9	2	1	5	1	3	7	3	12	6	9	11
Bed Days in Month	10263	10603	10729	10657	10961	10459	10579	10702	9868	10140	9916	10775	10310	9768
Med Errors/1000 Bed Days	0.68	0.66	0.84	0.19	0.09	0.48	0.09	0.28	0.71	0.30	1.21	0.56	0.87	1.13
SAN ANTONIO STATE HOSPITAL														
Medication Errors	3	3	4	7	0	4	2	2	3	4	2	6	3	3
Bed Days in Month	7964	8308	8194	7947	8764	8536	8349	8456	7840	8434	7832	8184	7883	8344
Med Errors/1000 Bed Days	0.38	0.36	0.49	0.88	0.00	0.47	0.24	0.24	0.38	0.47	0.26	0.73	0.38	0.36
TERRELL STATE HOSPITAL														
Medication Errors	17	11	17	5	3	21	15	4	27	34	19	18	10	23
Bed Days in Month	8727	8825	8096	7260	7613	7525	7335	7462	6719	7540	7384	7750	7179	7525
Med Errors/1000 Bed Days	1.95	1.25	2.10	0.69	0.39	2.79	2.04	0.54	4.02	4.51	2.57	2.32	1.39	3.06

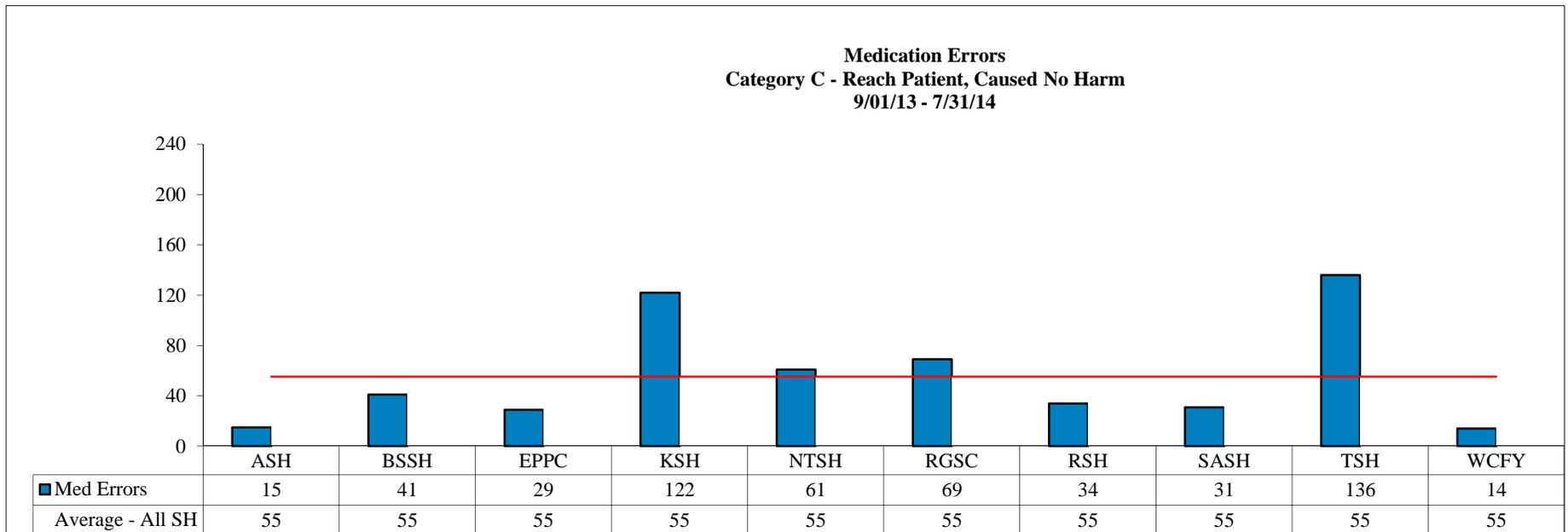
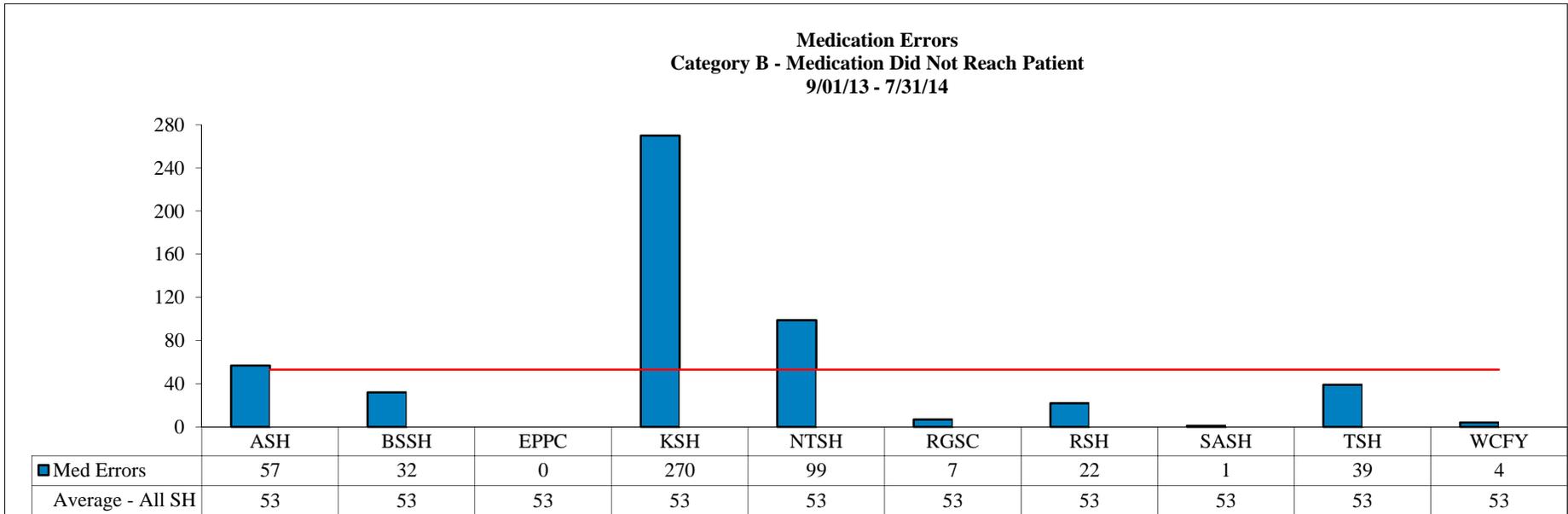
Objective 4B - Medication Variance Data
All State Hospitals

	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul
WACO CENTER FOR YOUTH														
Medication Errors	1	1	0	6	0	0	10	1	1	13	2	4	3	1
Bed Days in Month	2276	2200	2336	2278	2253	2214	2312	2327	2104	2248	2290	2236	2173	2208
Med Errors/1000 Bed Days	0.44	0.45	0.00	2.63	0.00	0.00	4.33	0.43	0.48	5.78	0.87	1.79	1.38	0.45
TEXAS CENTER FOR INFECTIOUS DISEASE														
Medication Errors	1	1	1	6	6	6	1	1	2	2	3	1	6	3
Bed Days in Month	1138	1143	1110	1067	1081	1045	1002	922	853	1030	1043	1140	1138	1168
Med Errors/1000 Bed Days	0.88	0.87	0.90	5.62	5.55	5.74	1.00	1.08	2.34	1.94	2.88	0.88	5.27	2.57
ALL STATE HOSPITALS														
Medication Errors	137	98	199	201	171	179	98	75	110	172	112	128	214	183
Bed Days in Month	71329	73372	72895	70096	72047	69404	70012	70298	63785	69924	68310	71623	67929	69034
Med Errors/1000 Bed Days	1.92	1.34	2.73	2.87	2.37	2.58	1.40	1.07	1.72	2.46	1.64	1.79	3.15	2.65

Objective 4B - Medication Variance Data
All State MH Hospitals

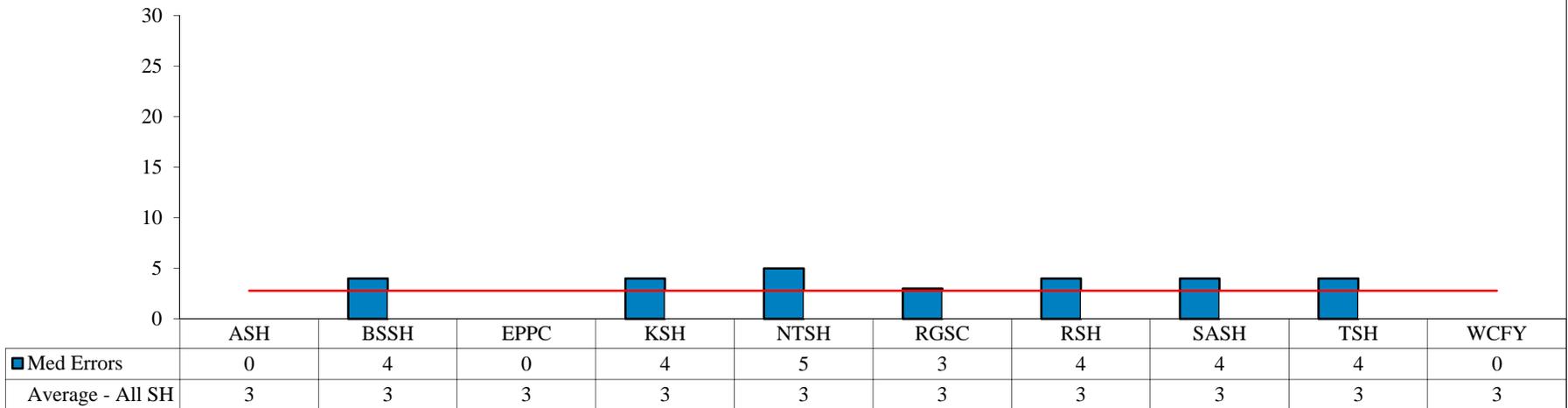


Objective 4B - Medication Variance Data
All State MH Hospitals

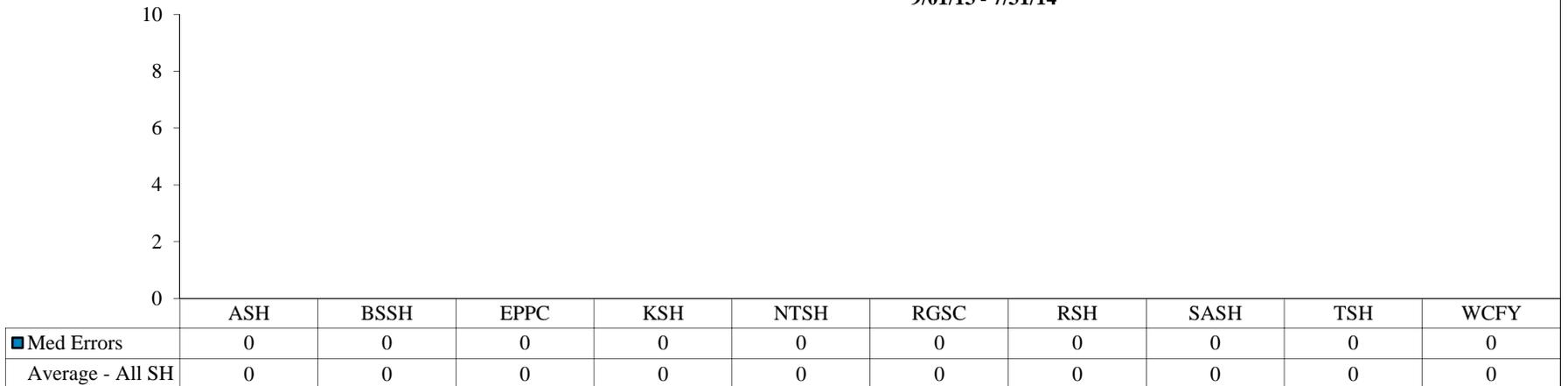


All State MH Hospitals

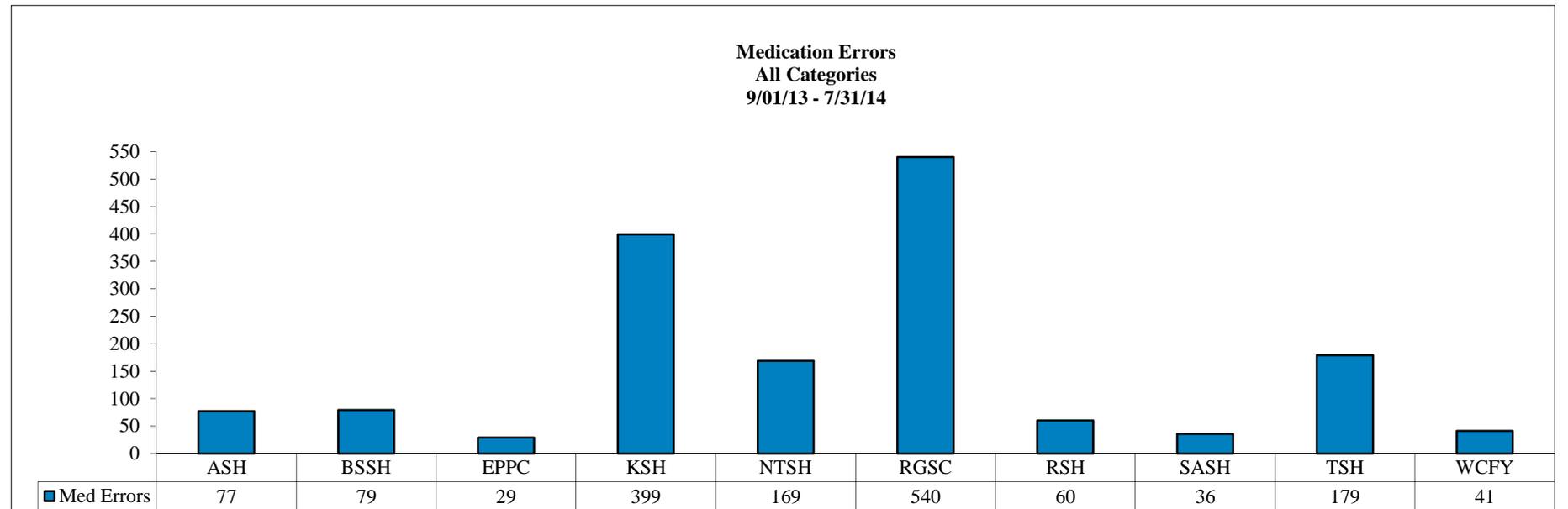
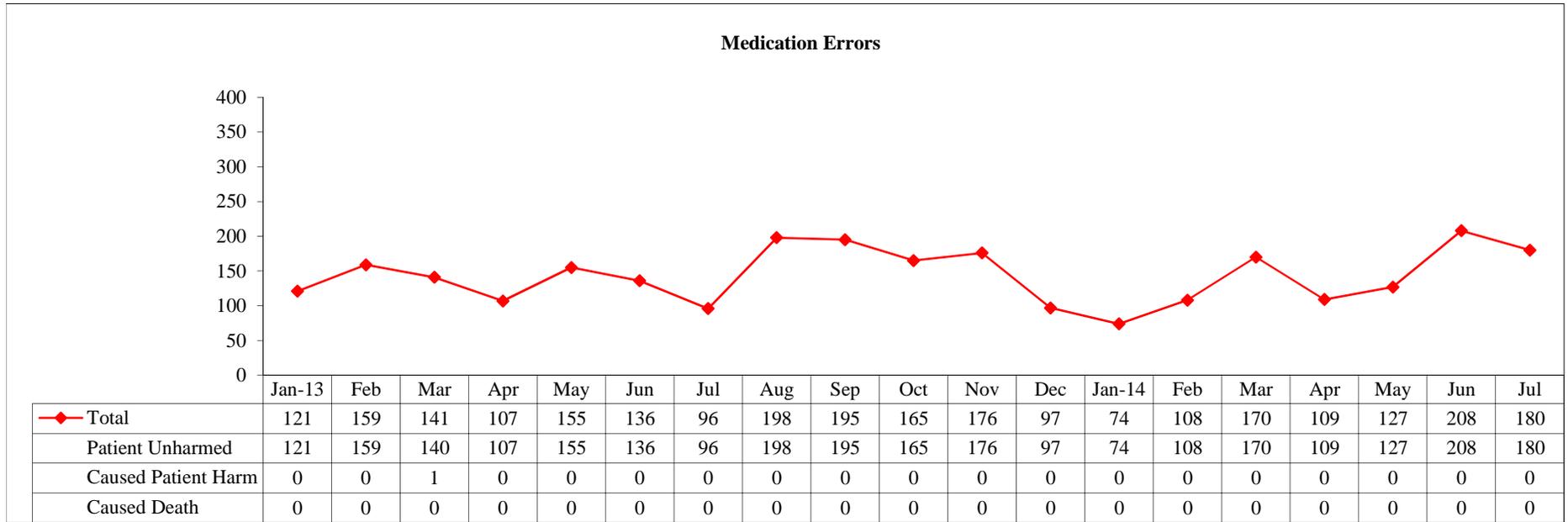
**Medication Errors
Category D - Need for Increased Patient Monitoring: Caused No Harm
9/01/13 - 7/31/14**



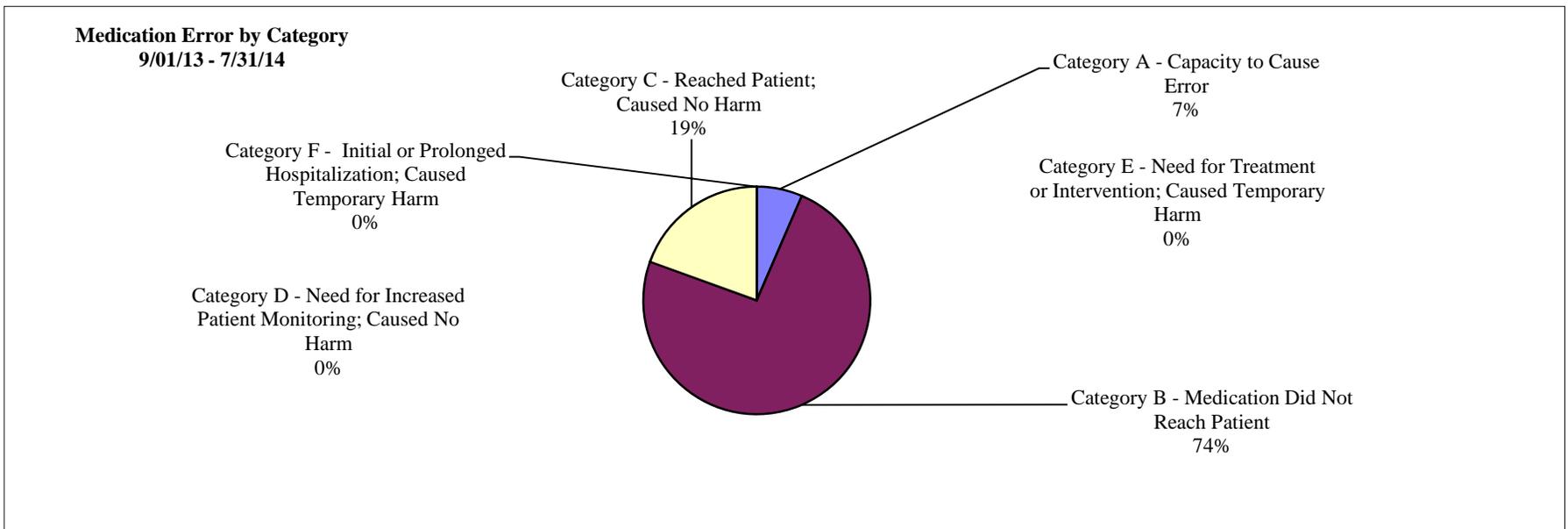
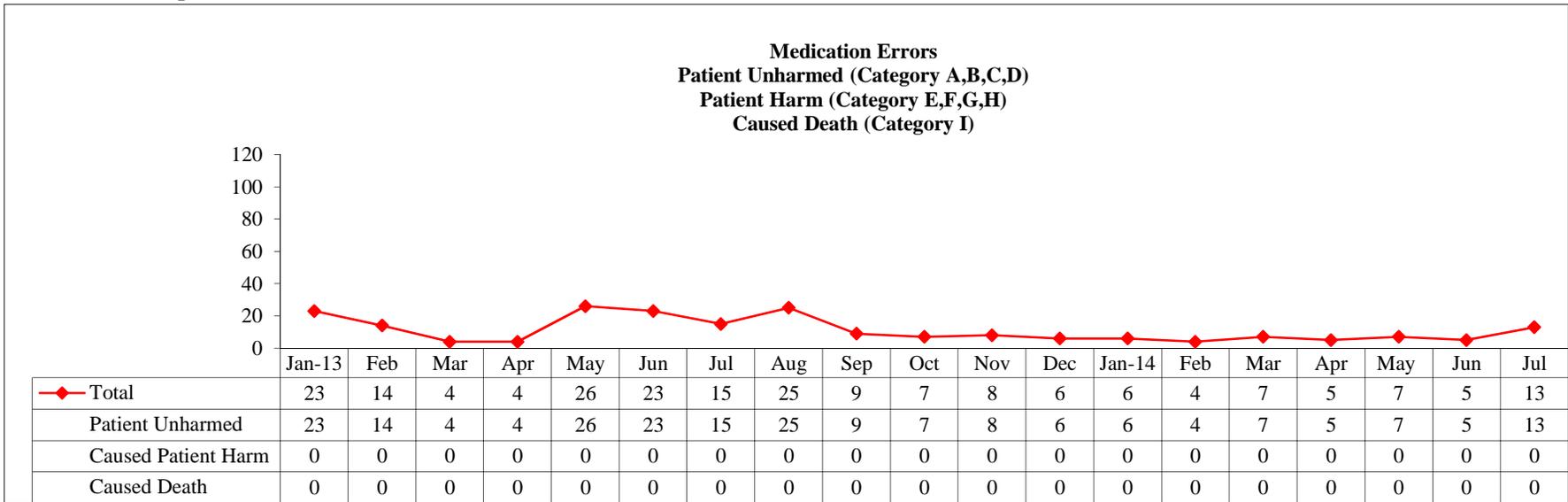
**Medication Errors
Category E - Need for Treatment or Intervention: Caused Temporary Harm
Category F - Initial or Prolonged Hospitalization: Caused Temporary Harm
9/01/13 - 7/31/14**



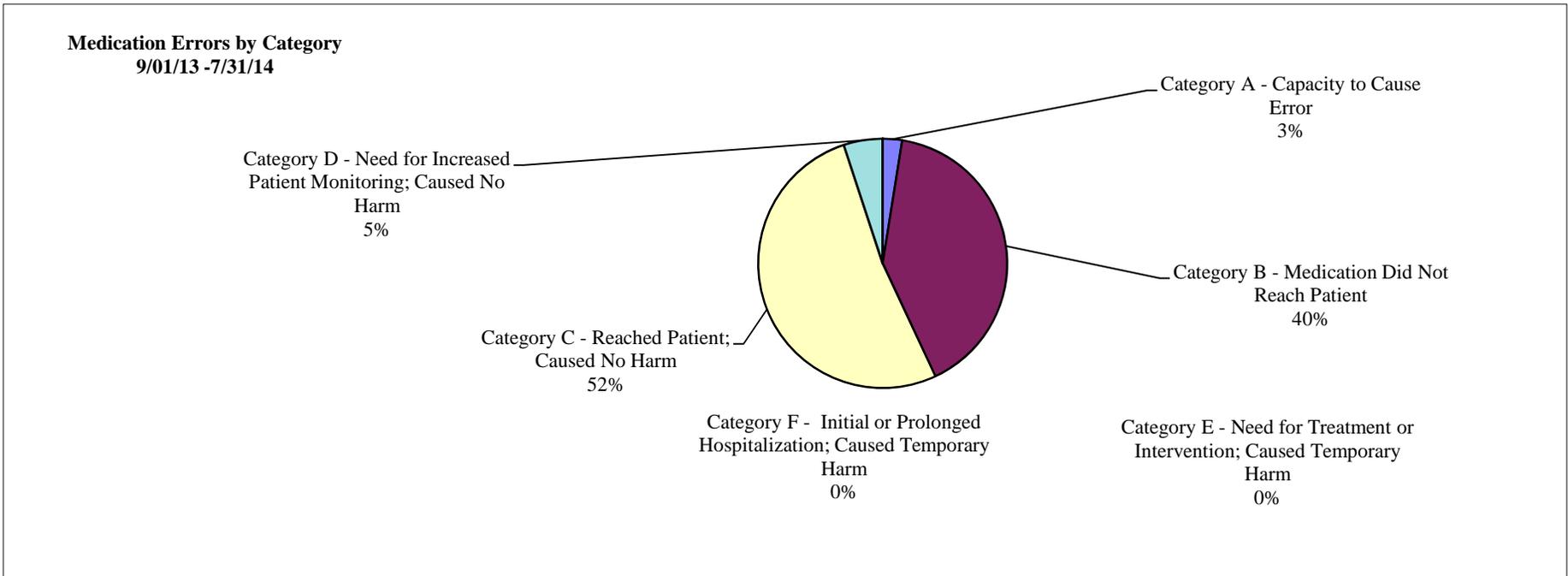
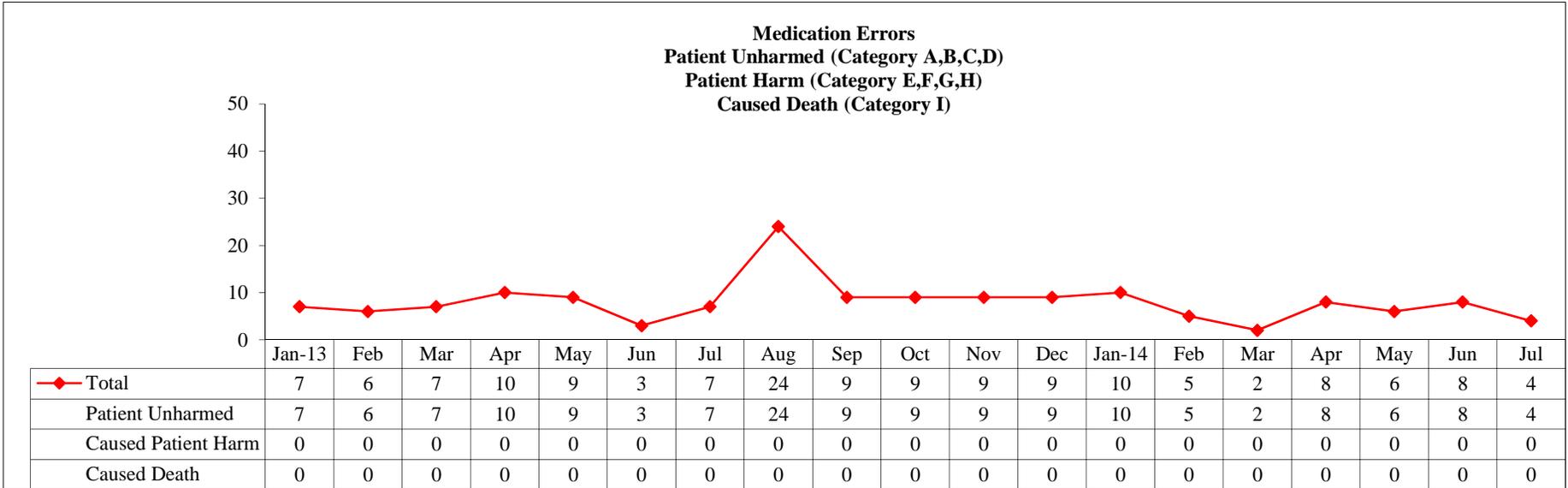
Objective 4B - Medication Variance Data
All State MH Hospitals



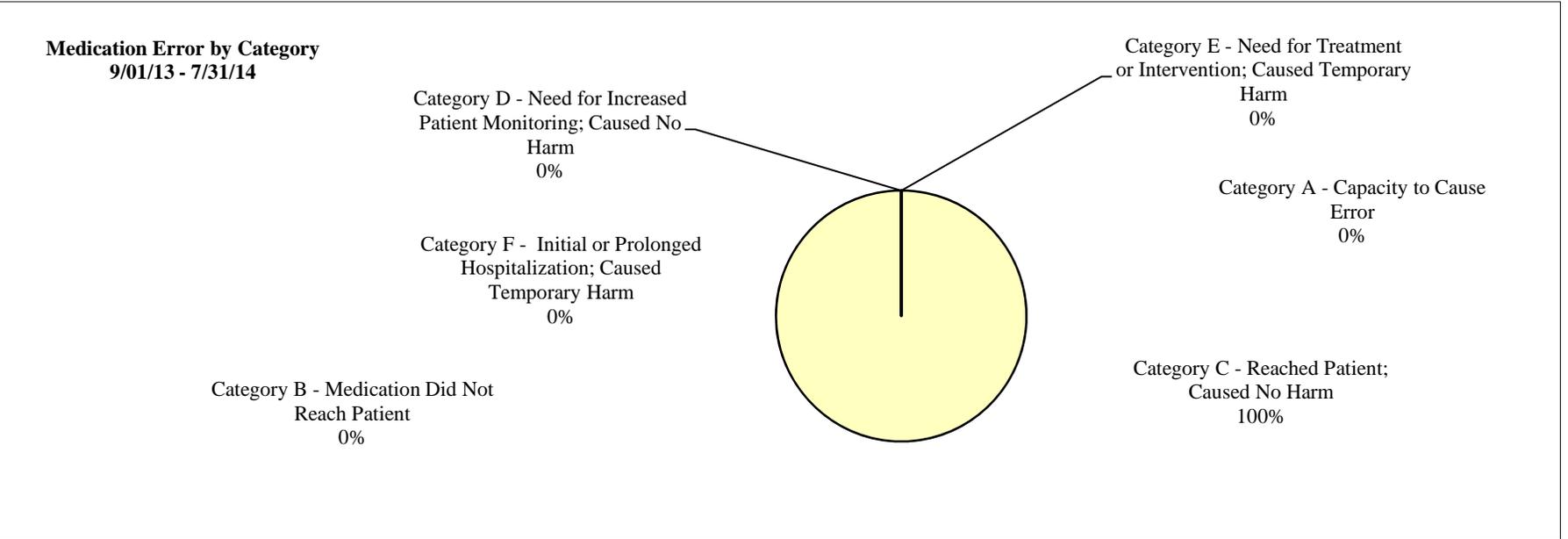
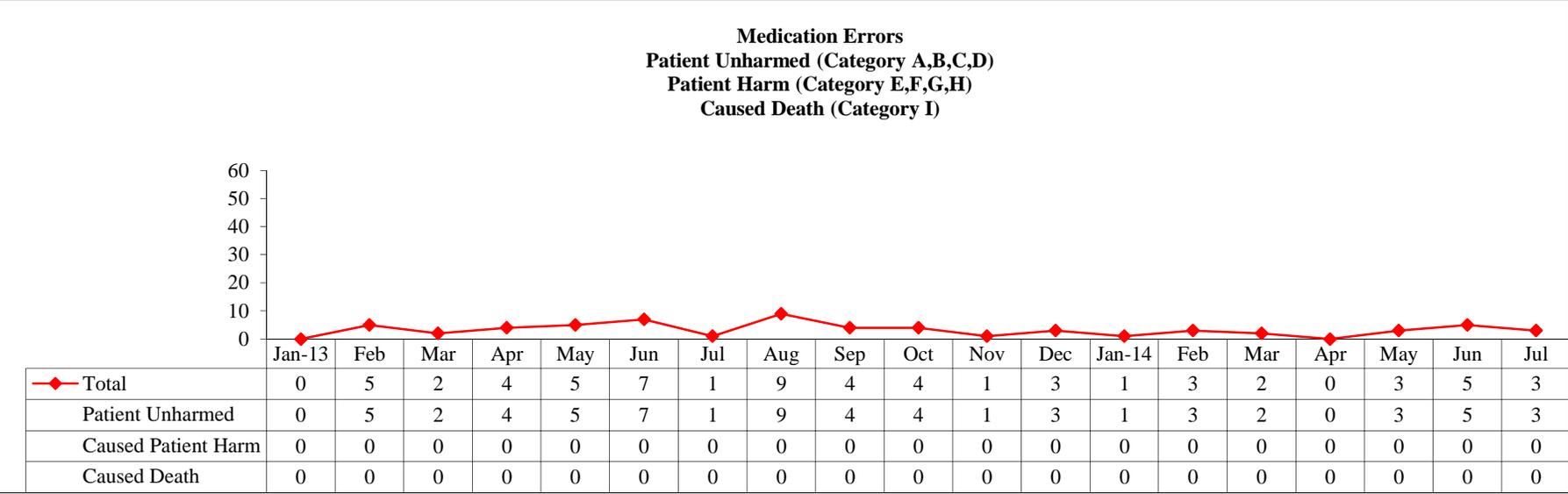
**Objective 4B - Medication Variance Data
Austin State Hospital**



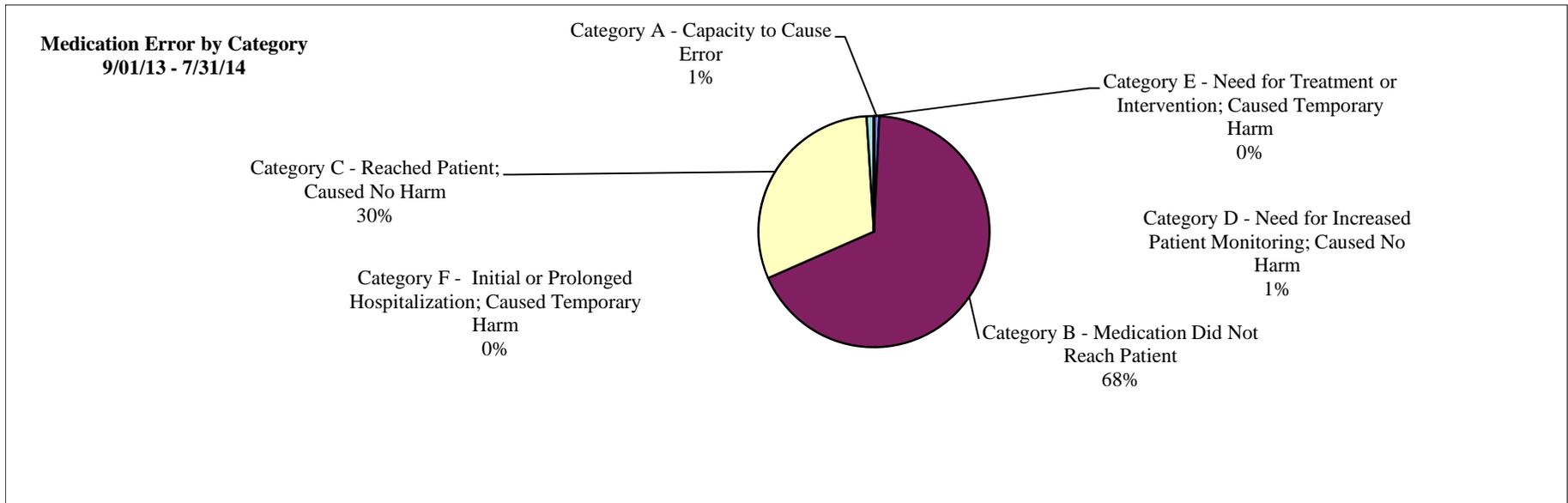
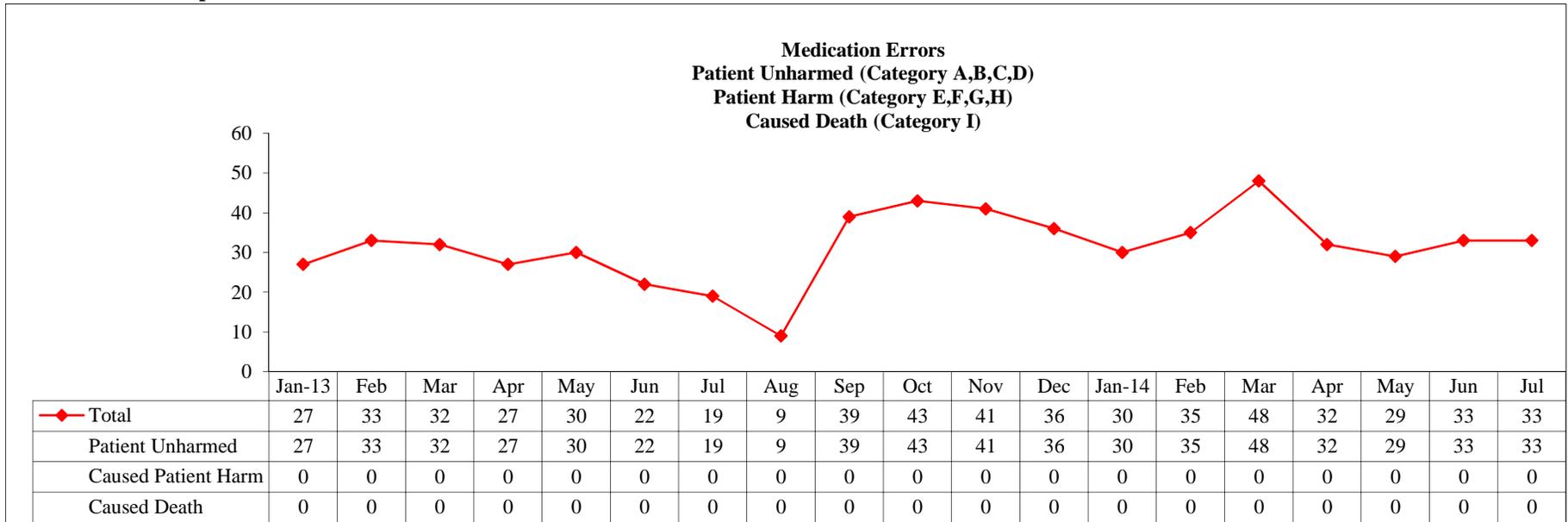
Objective 4B - Medication Variance Data
Big Spring State Hospital



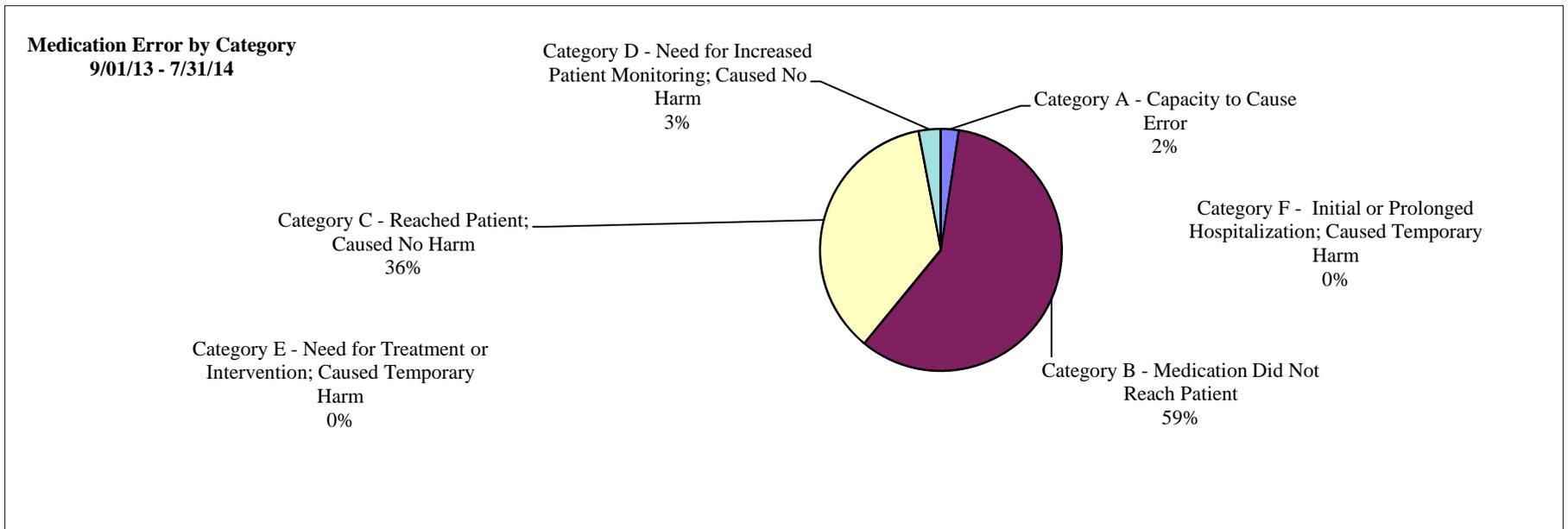
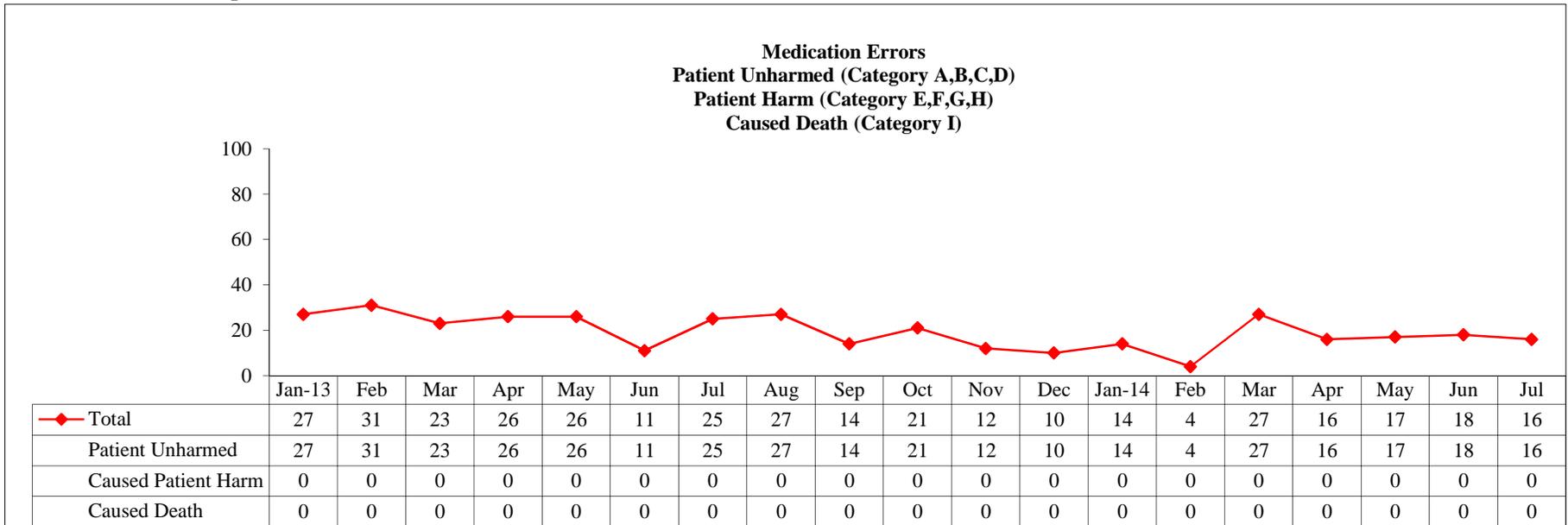
Objective 4B - Medication Variance Data
El Paso Psychiatric Center



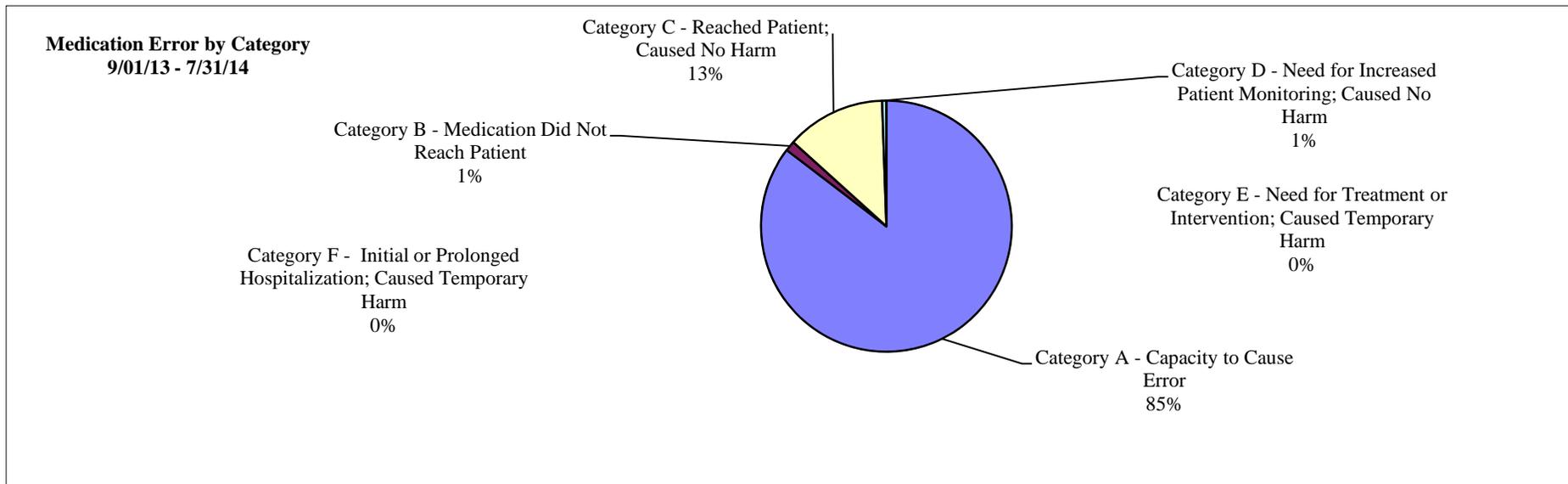
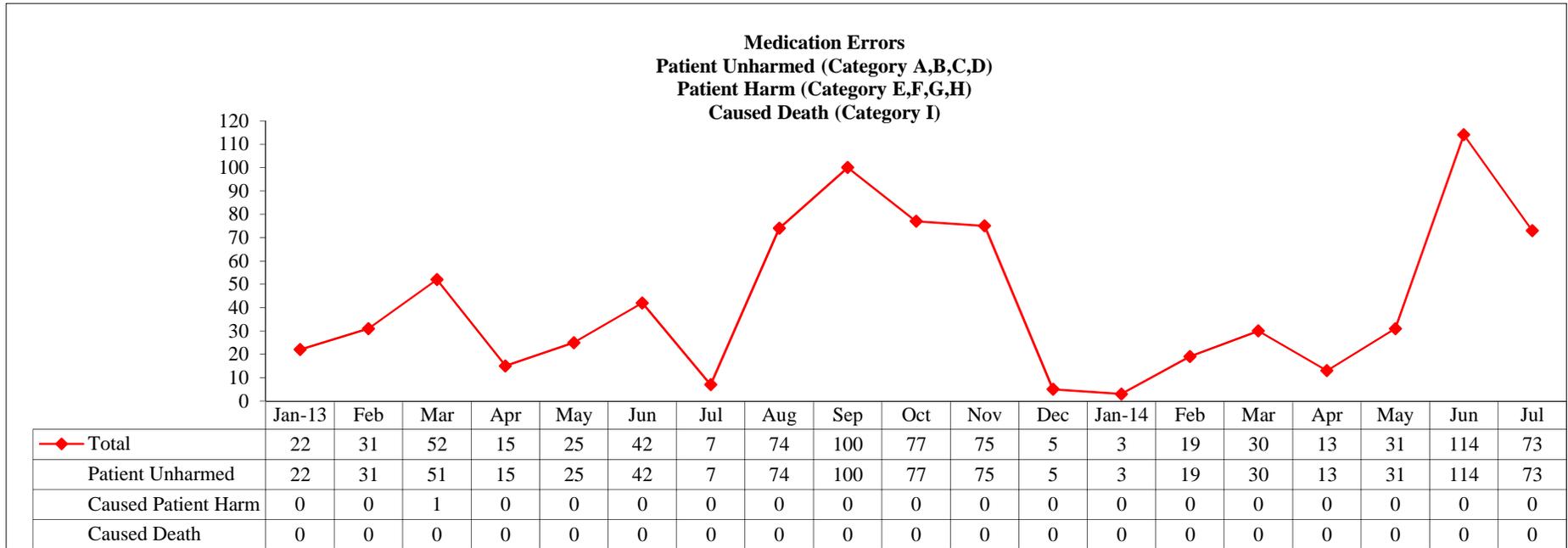
**Objective 4B - Medication Variance Data
Kerrville State Hospital**



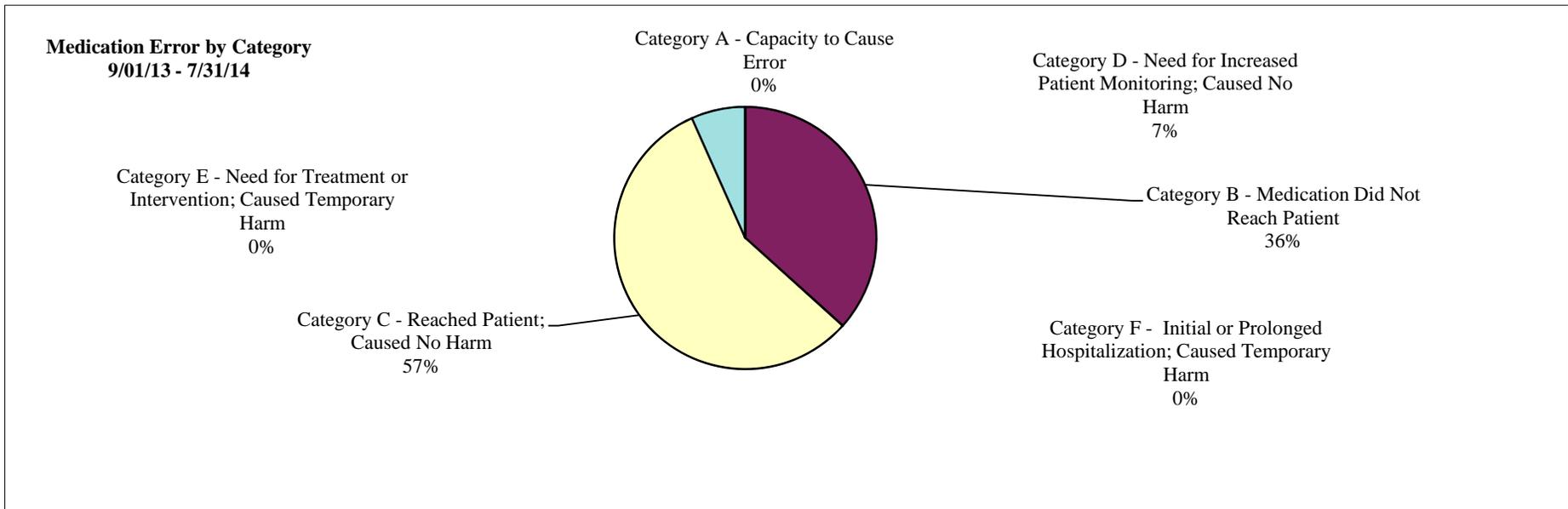
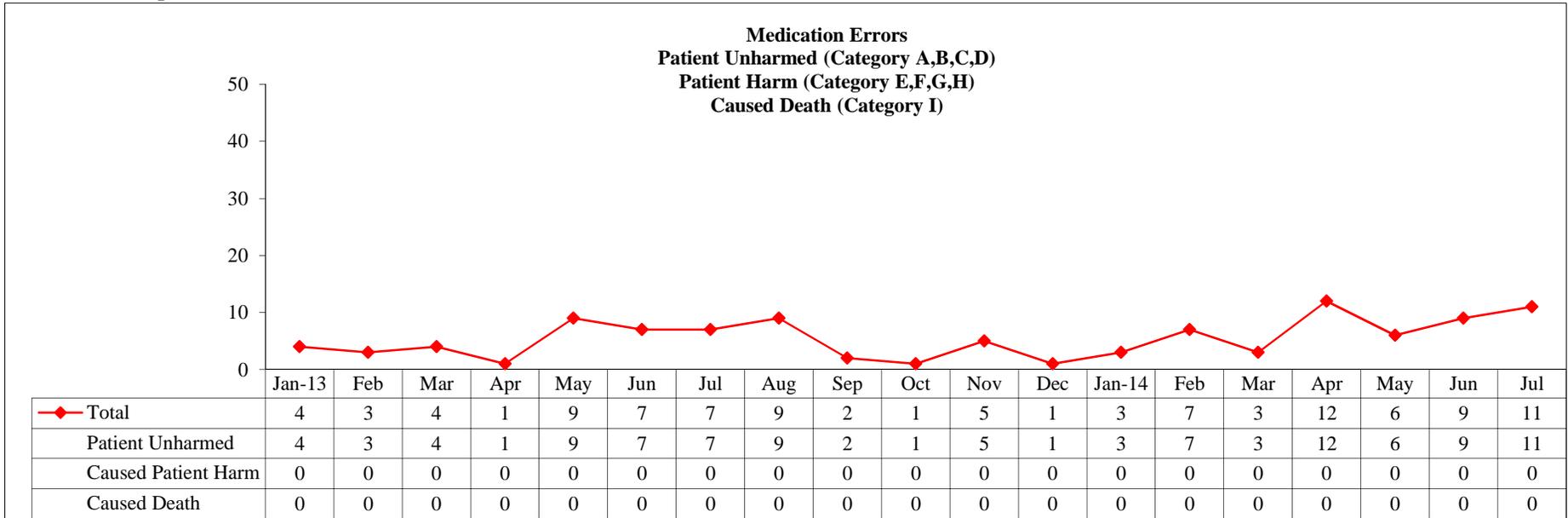
**Objective 4B - Medication Variance Data
North Texas State Hospital**



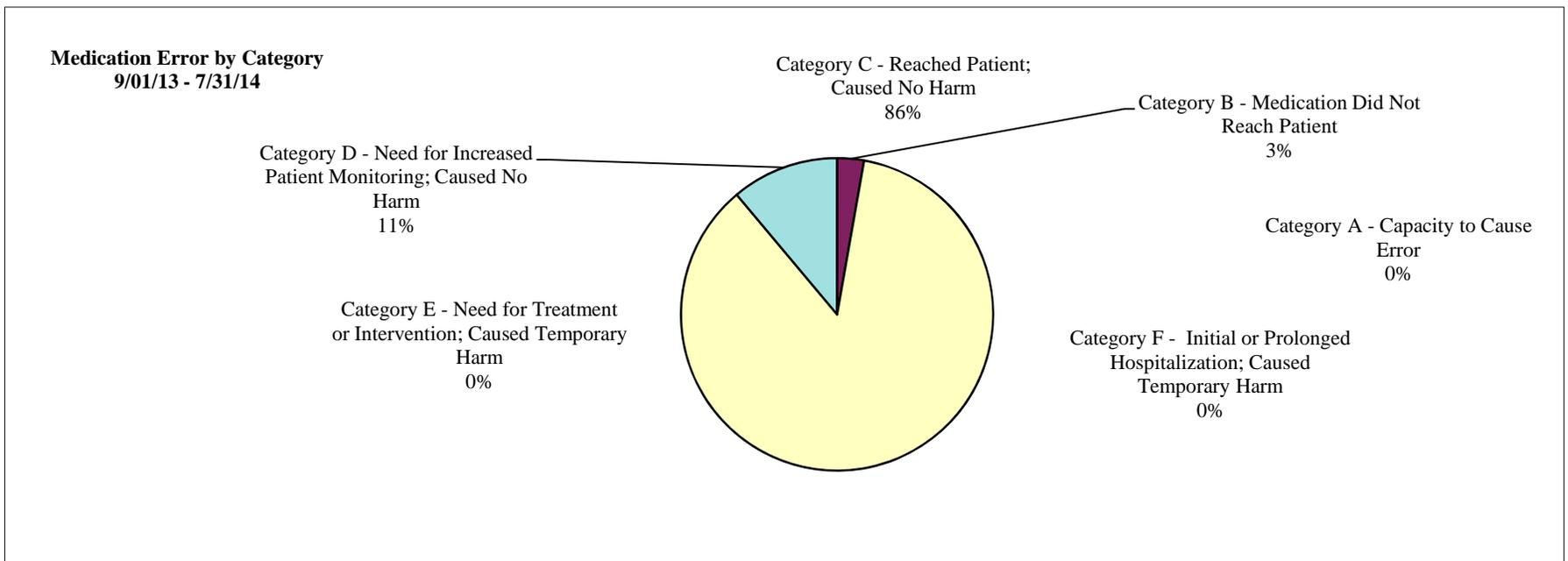
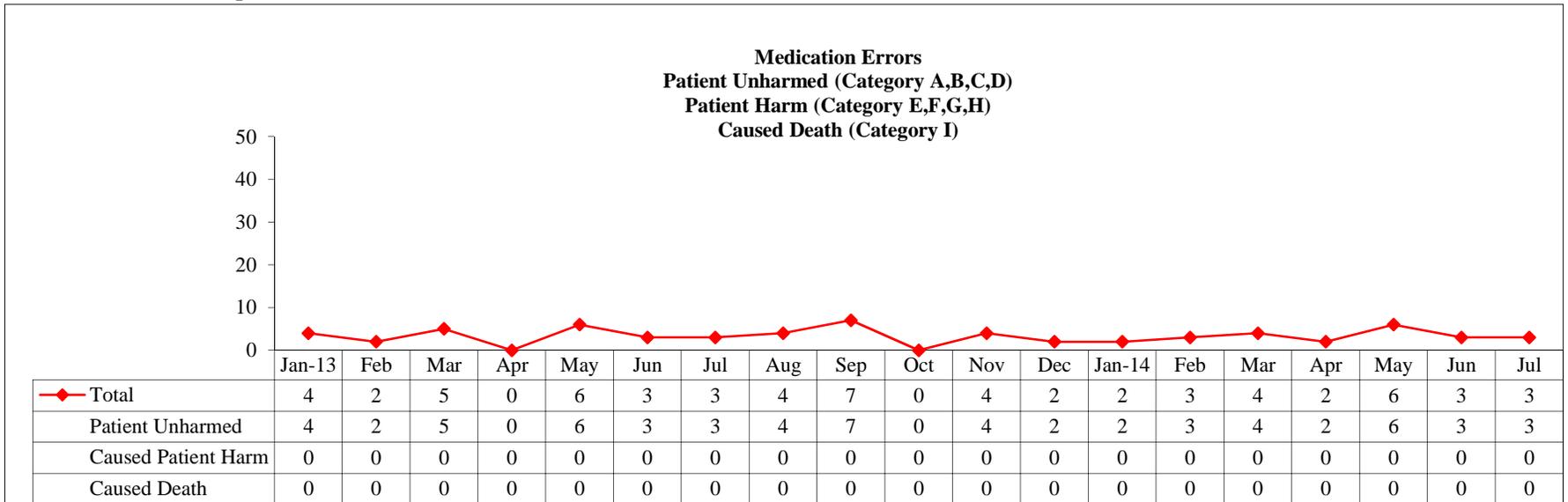
**Objective 4B - Medication Variance Data
Rio Grande State Center**



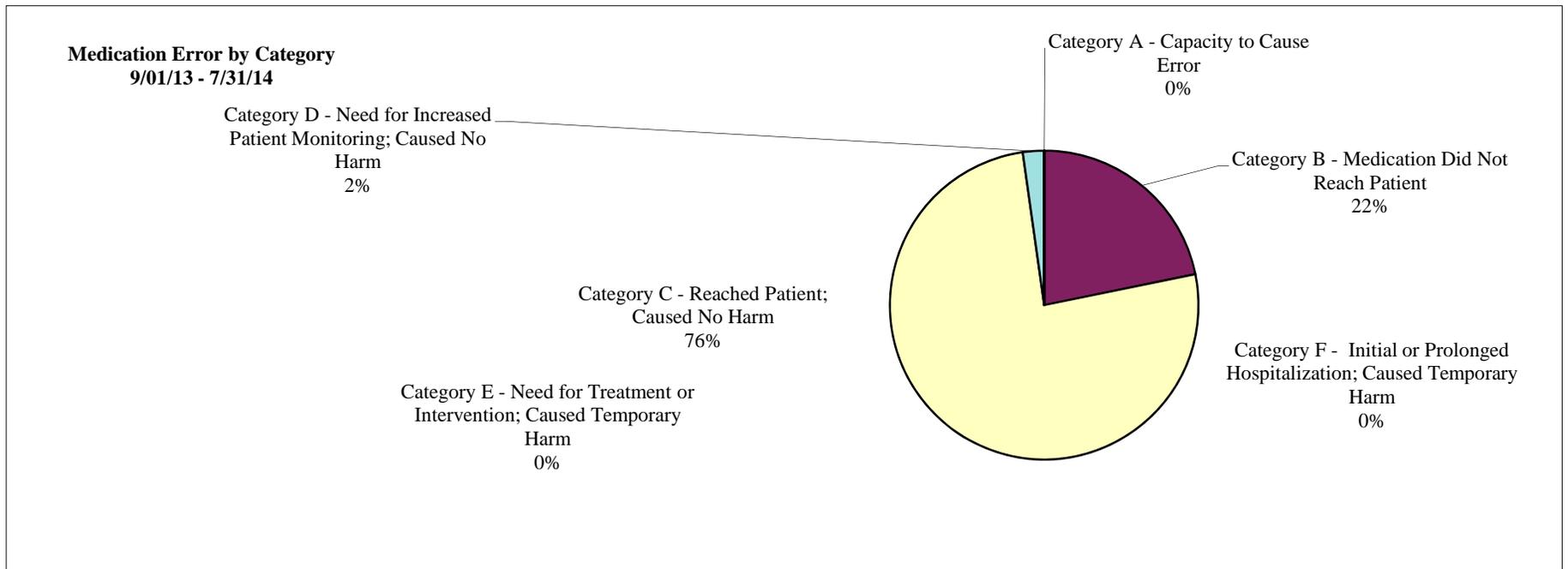
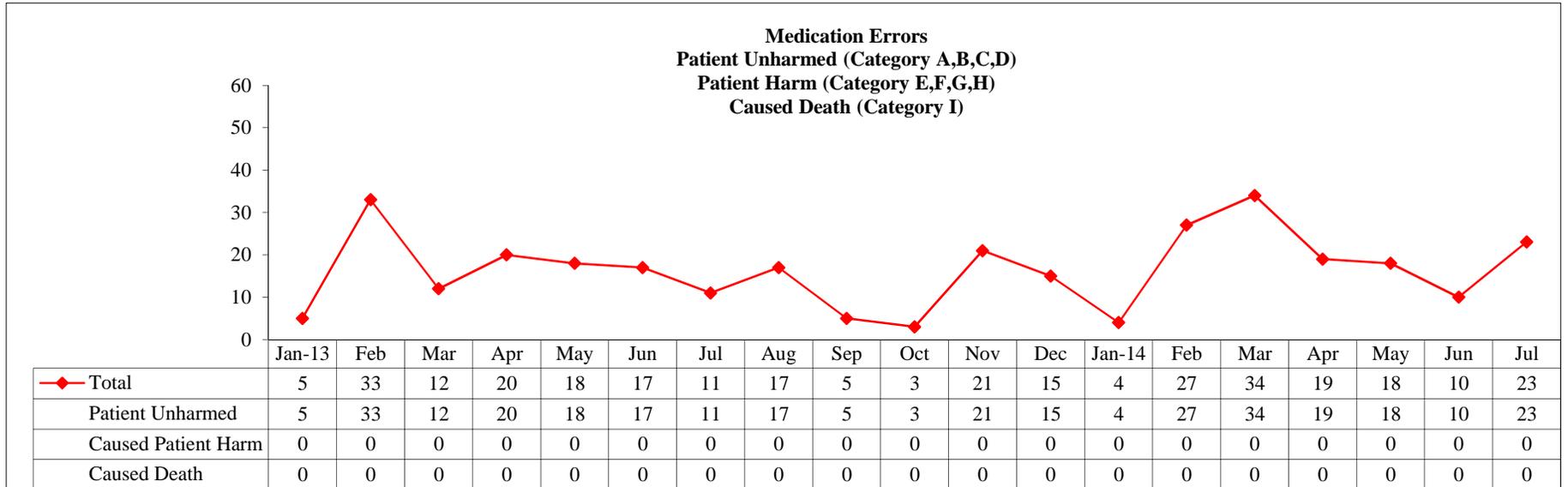
Objective 4B - Medication Variance Data
Rusk State Hospital



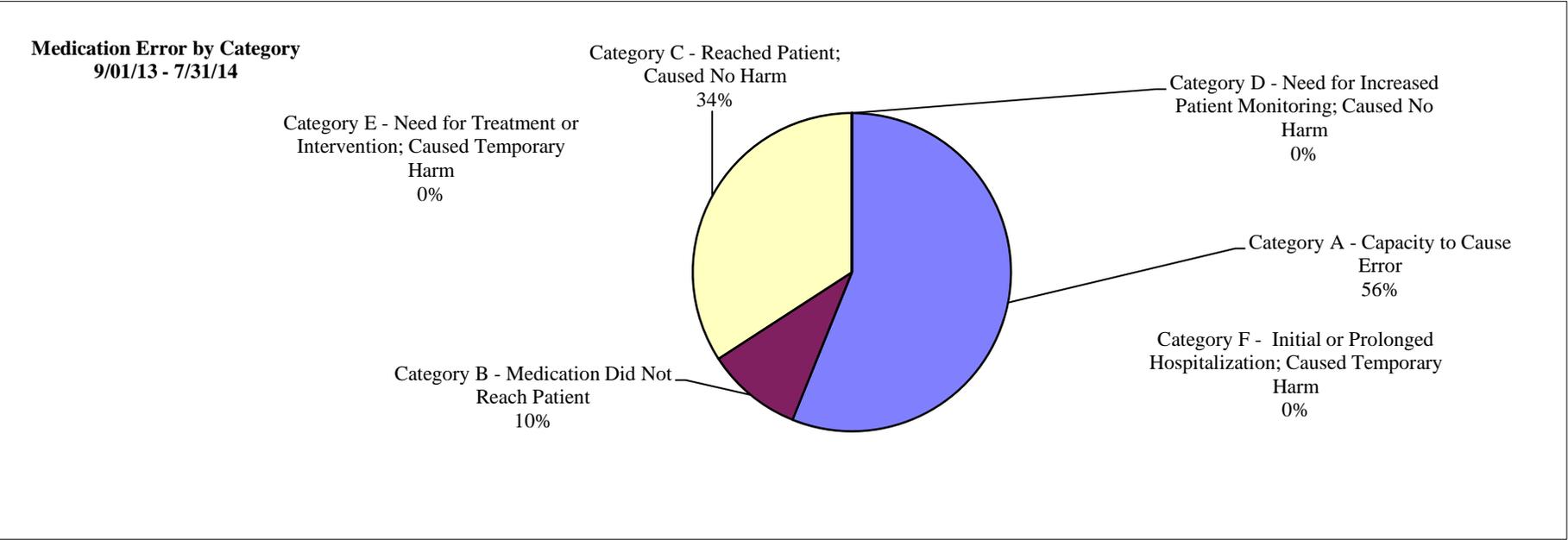
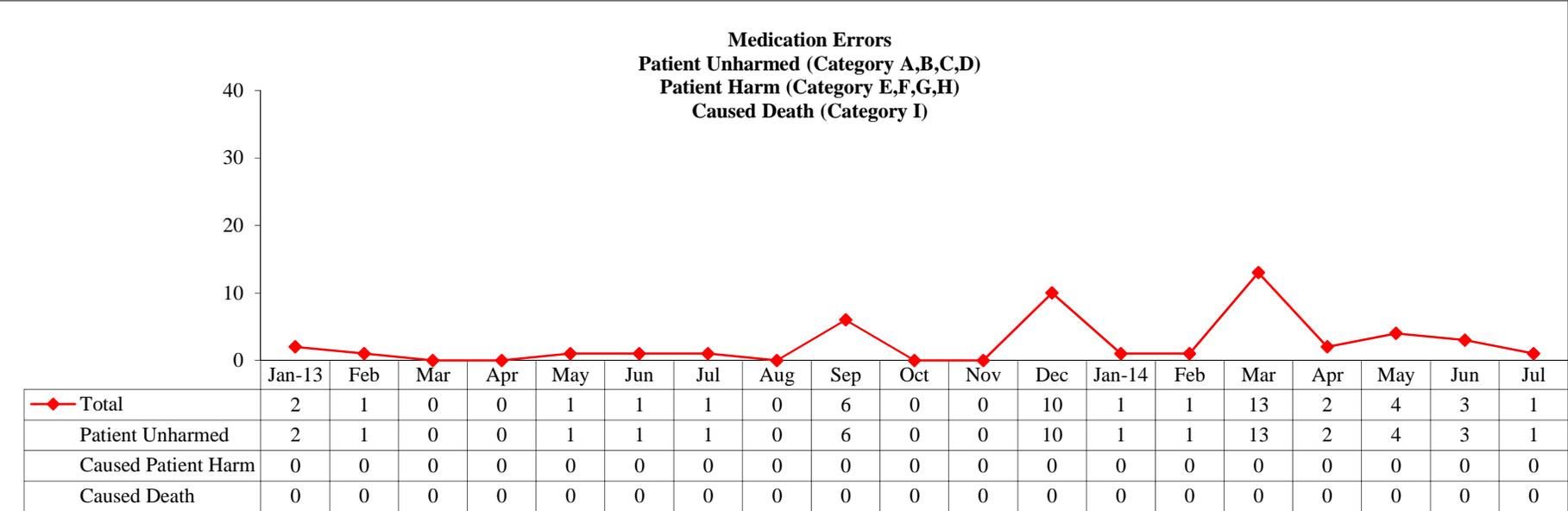
**Objective 4B - Medication Variance Data
San Antonio State Hospital**



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

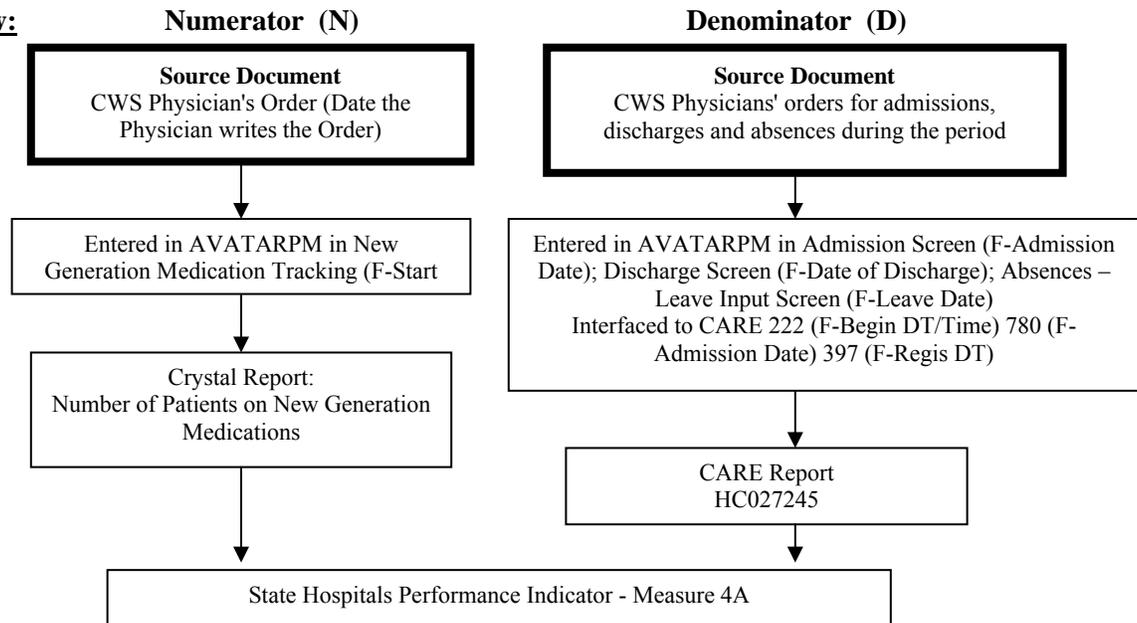
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

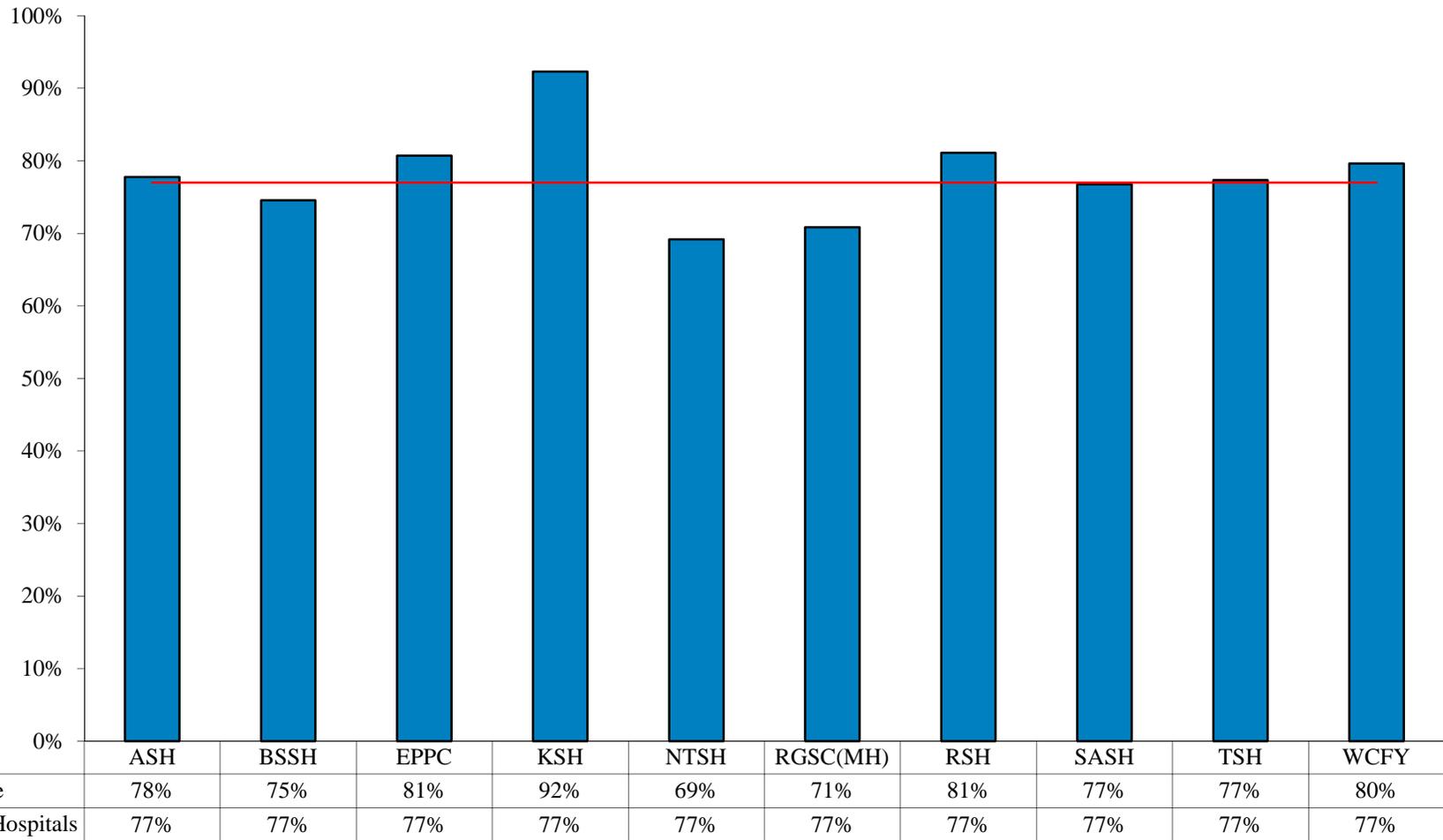
- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.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

Data Flow:



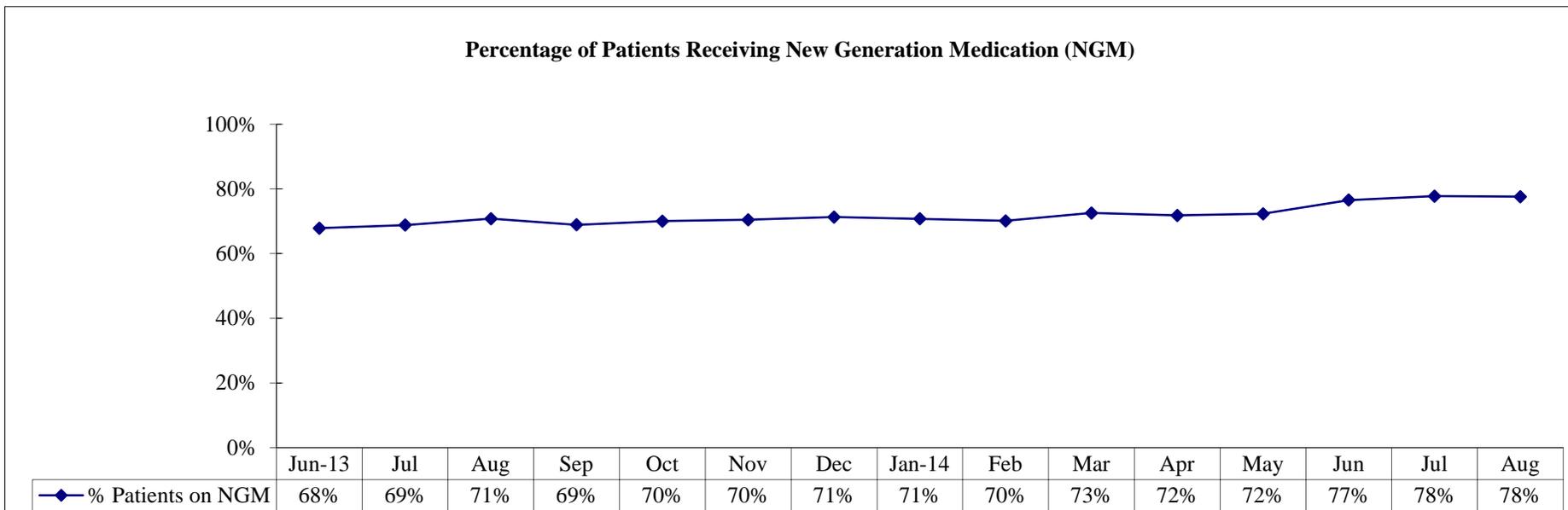
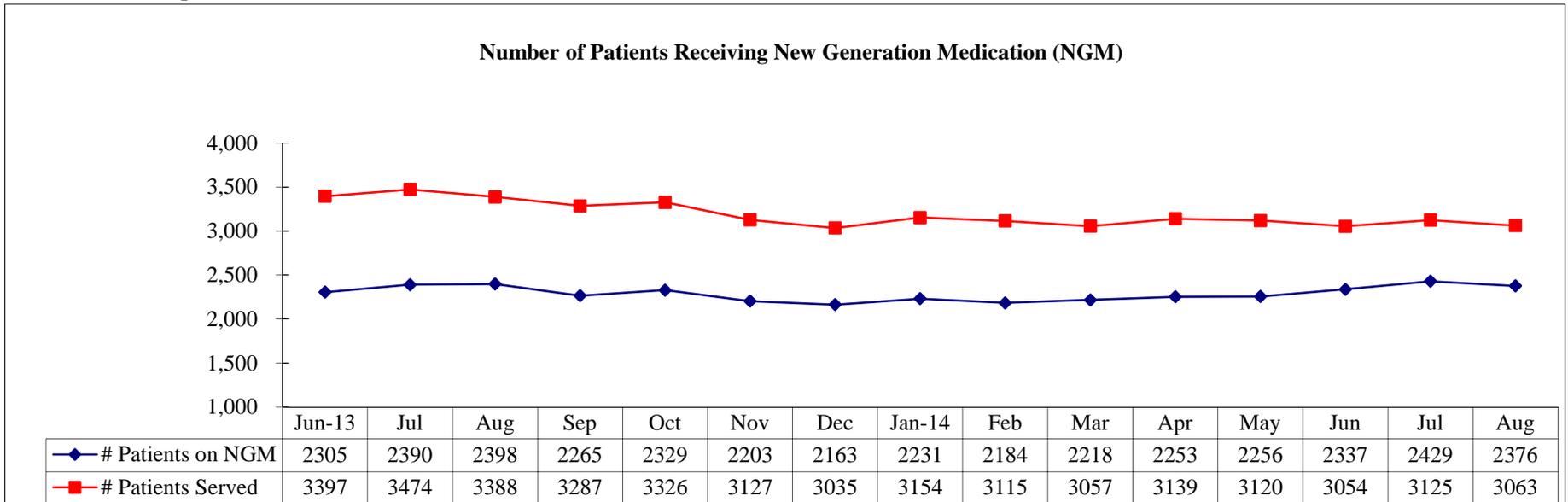
Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals

Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for
Q4 - FY2014



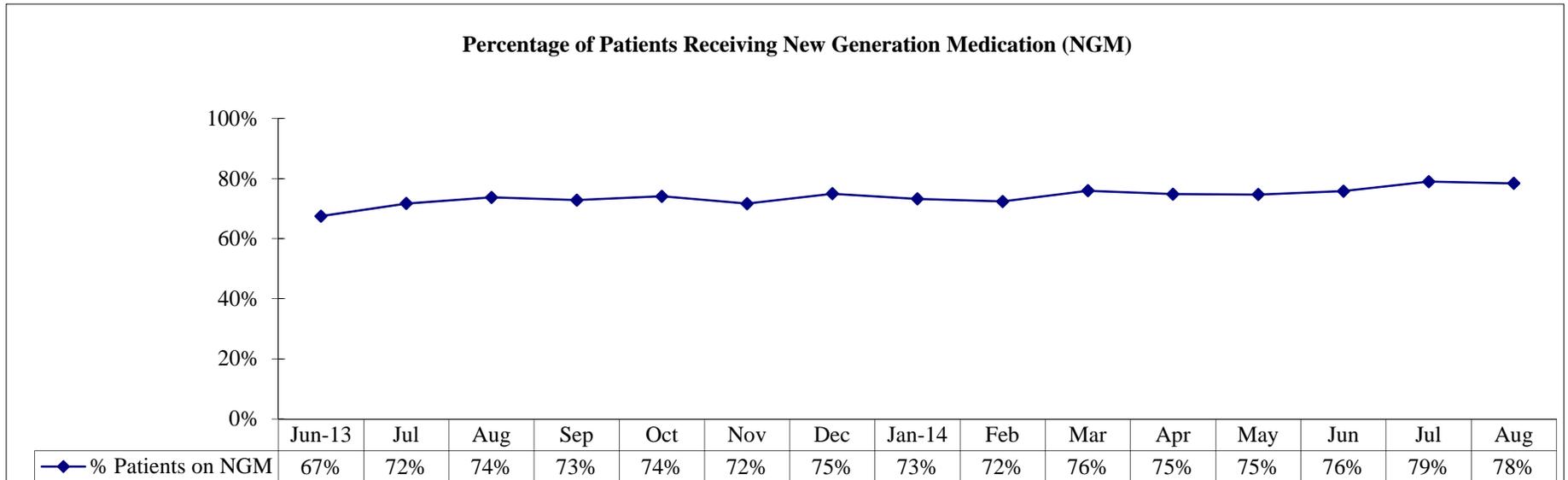
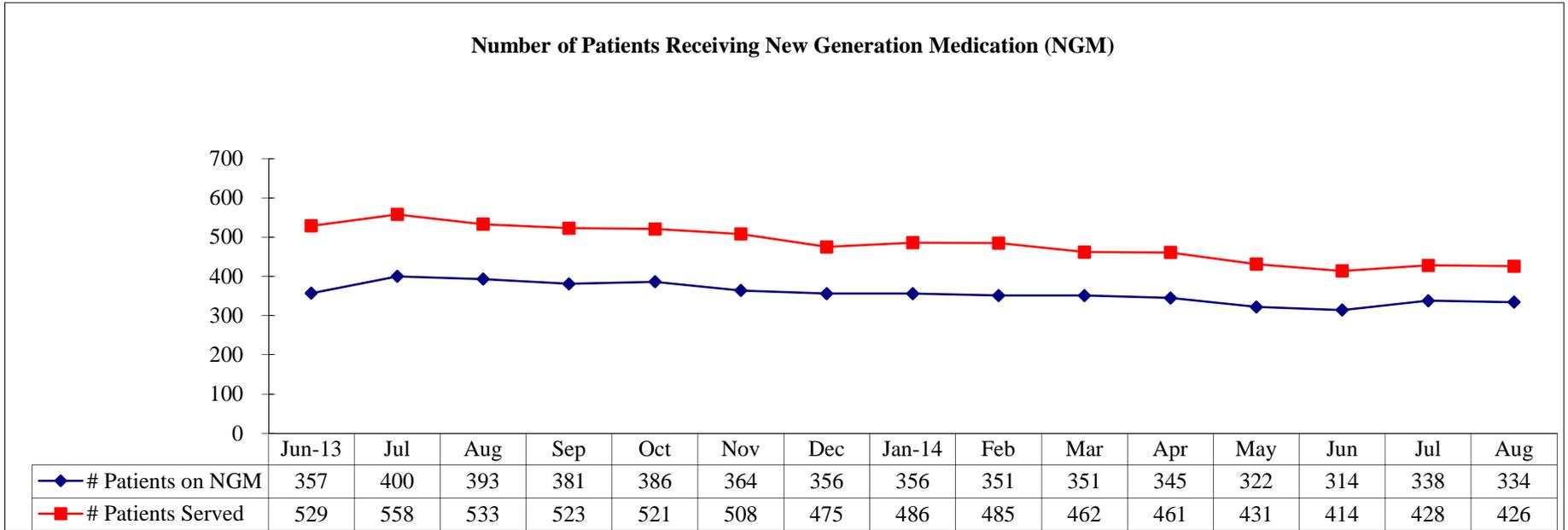
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



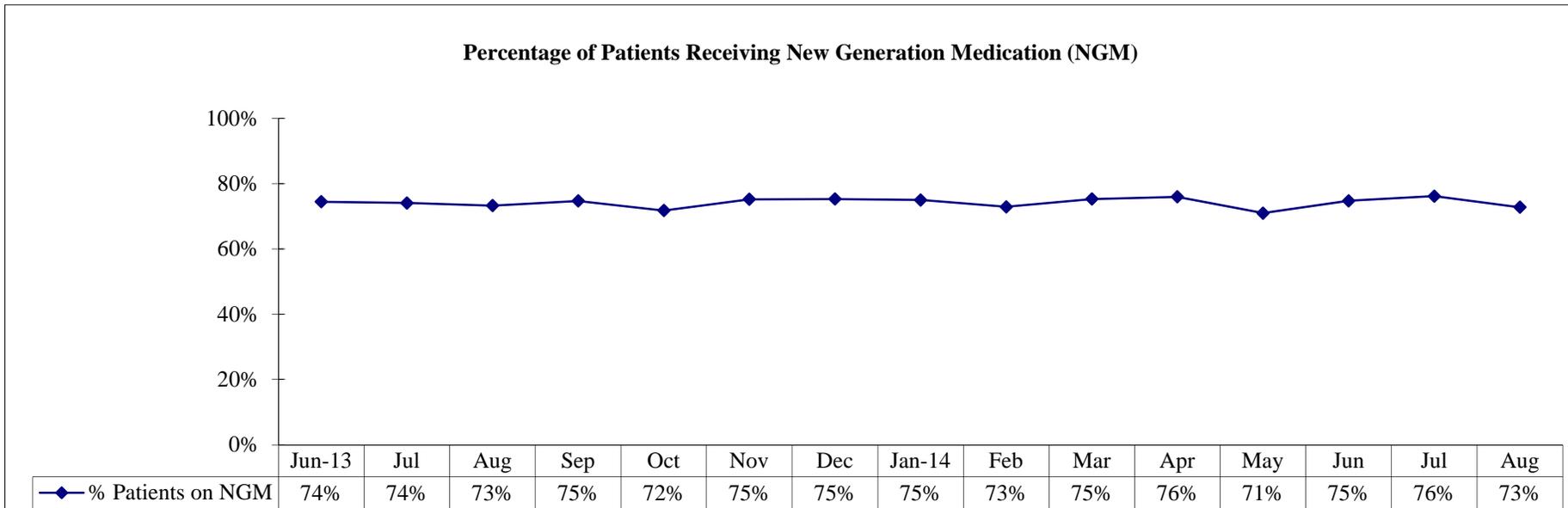
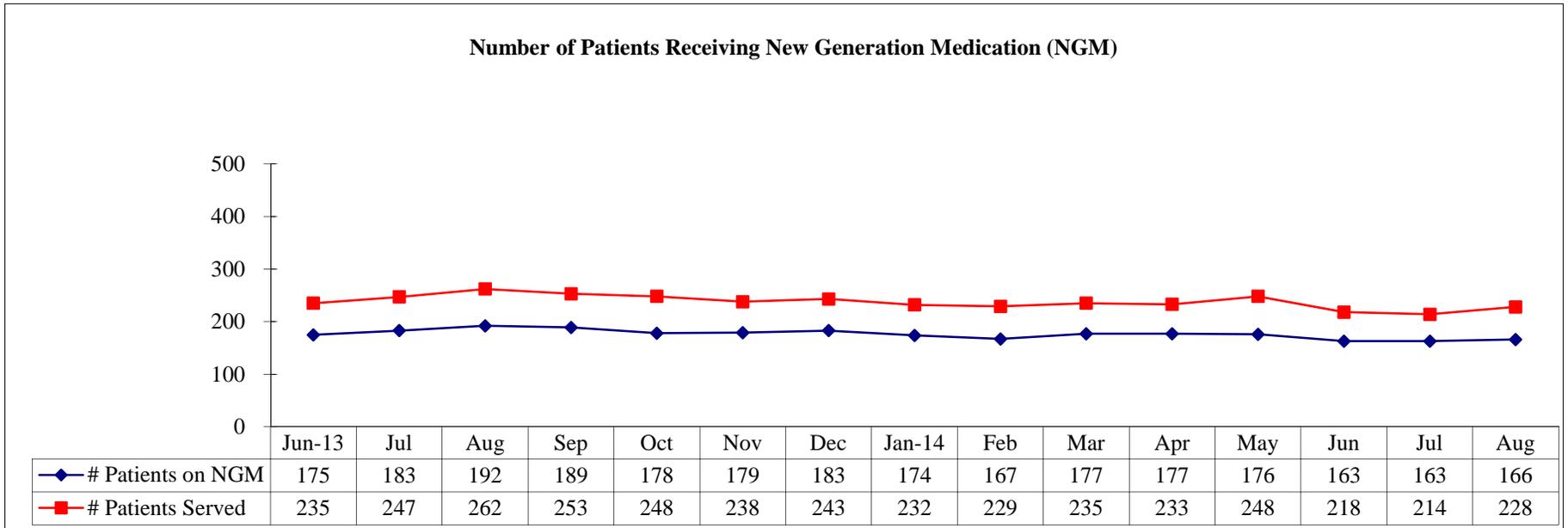
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



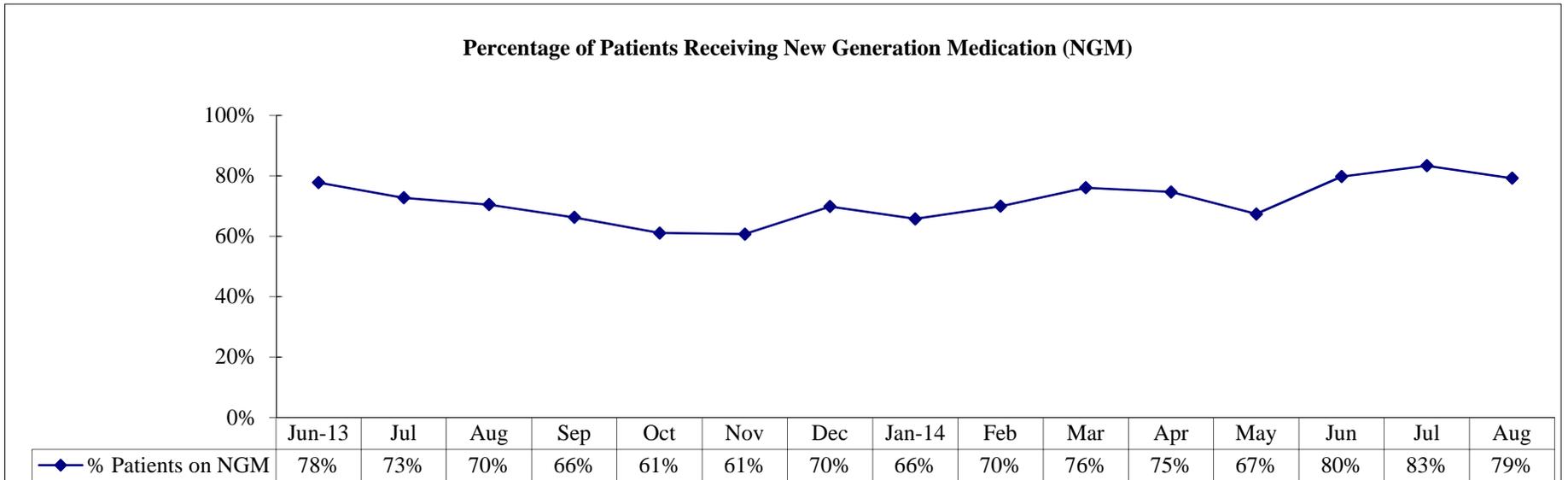
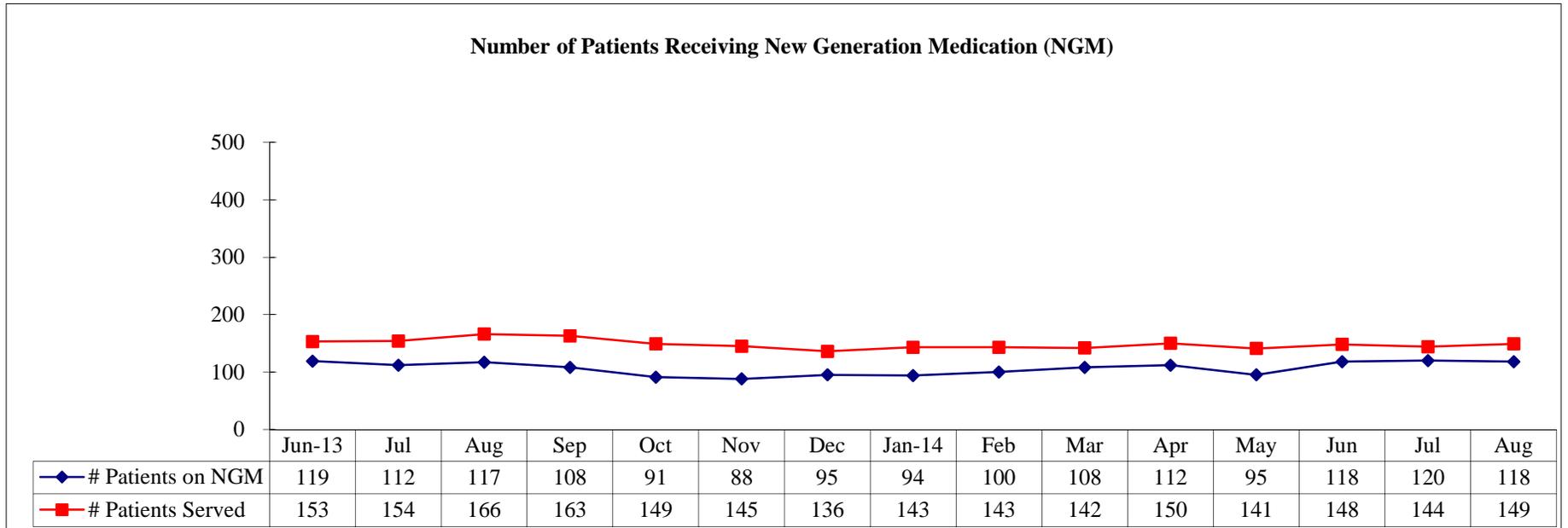
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



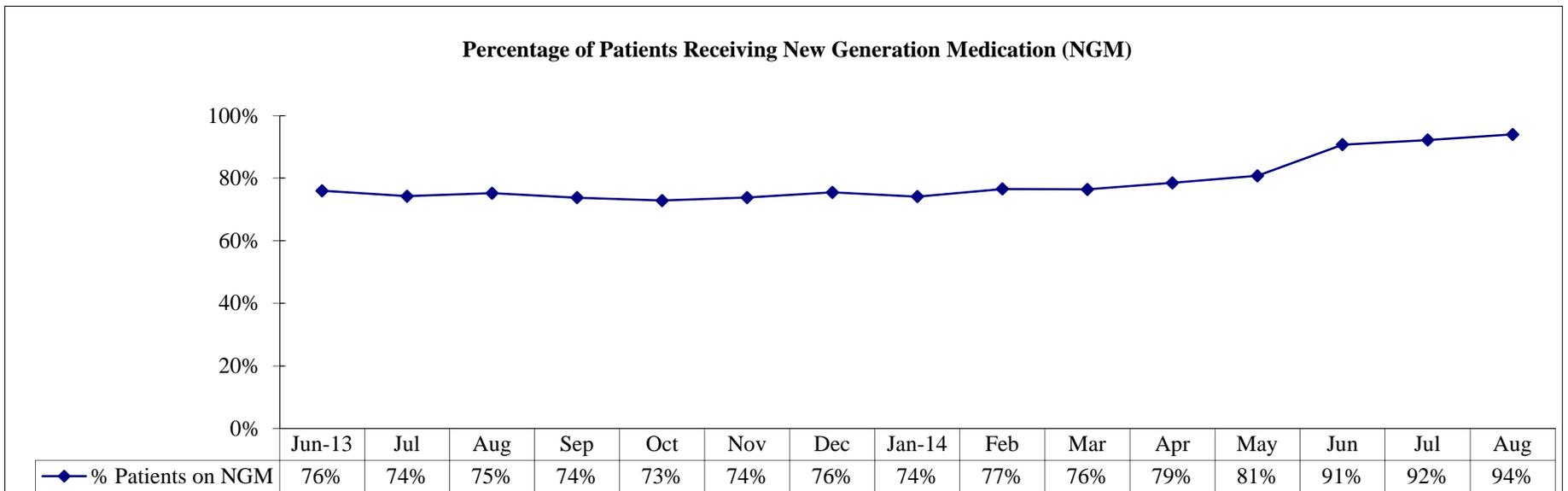
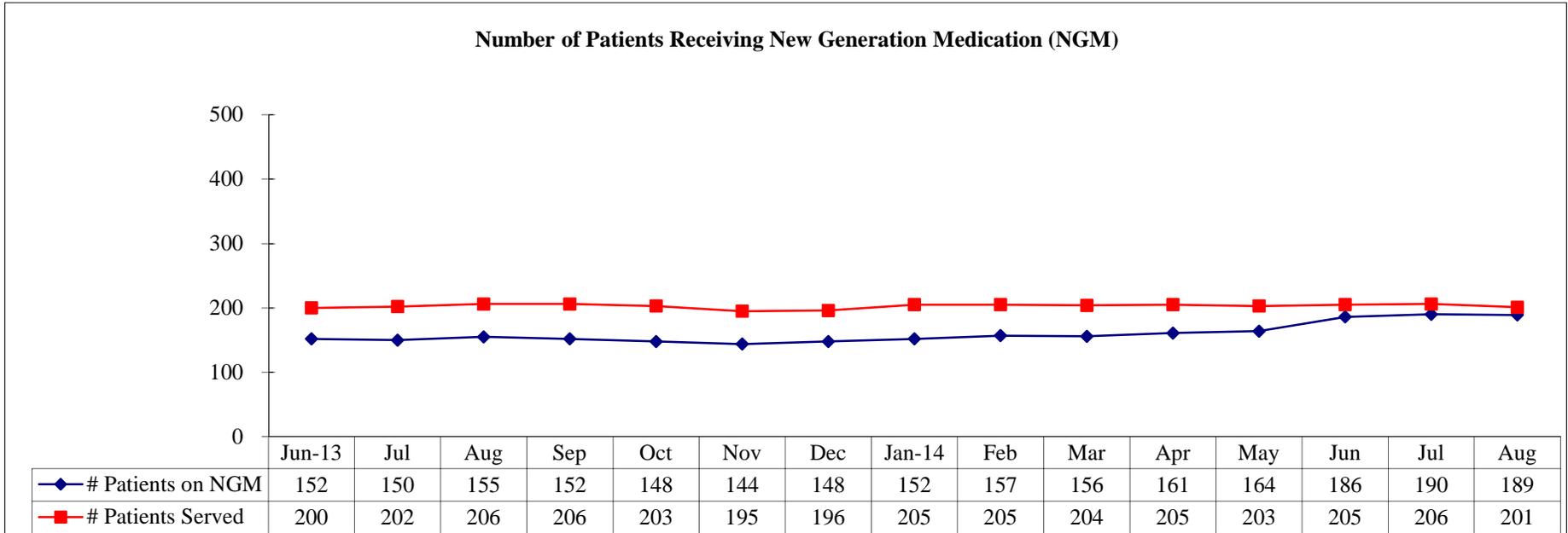
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



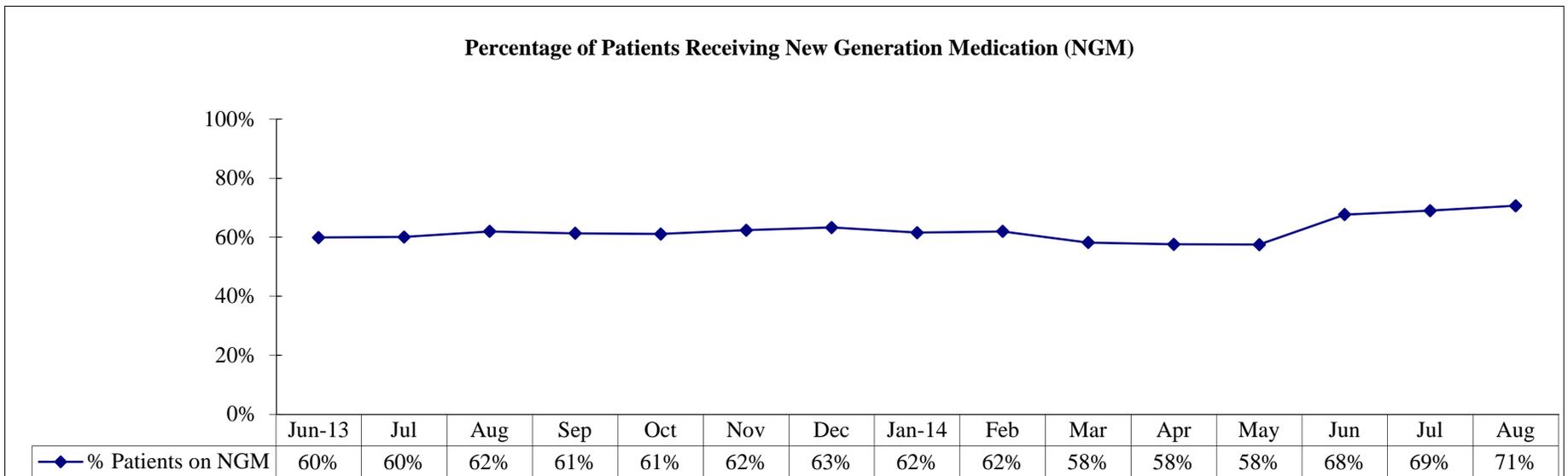
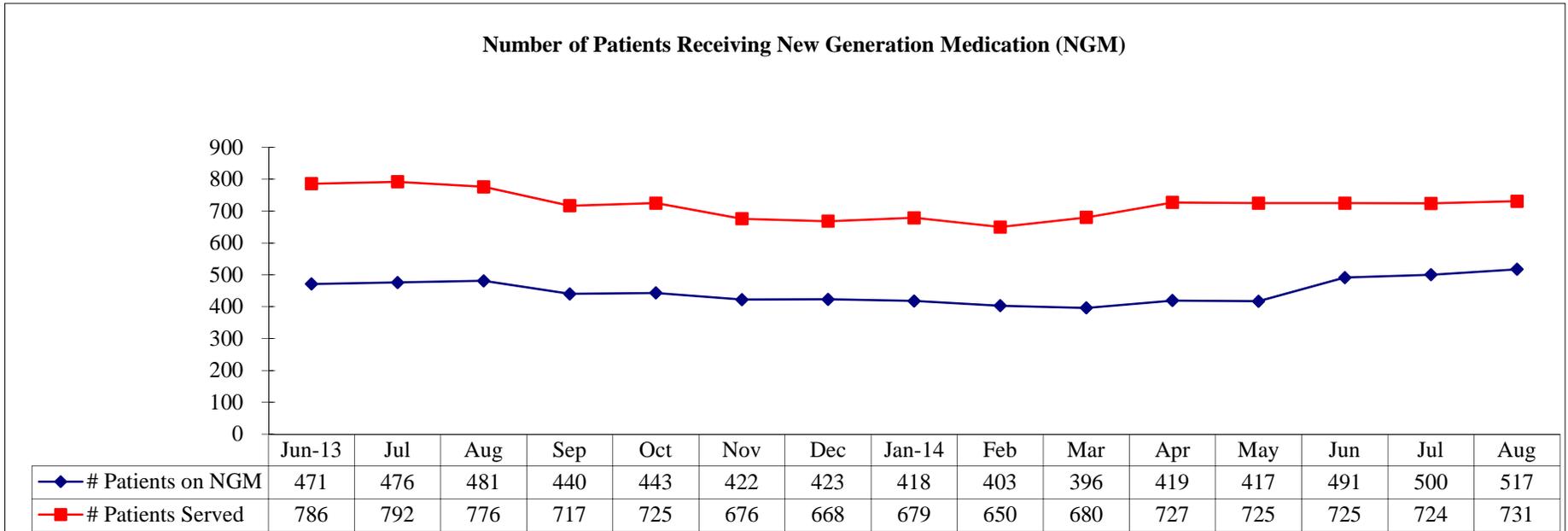
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



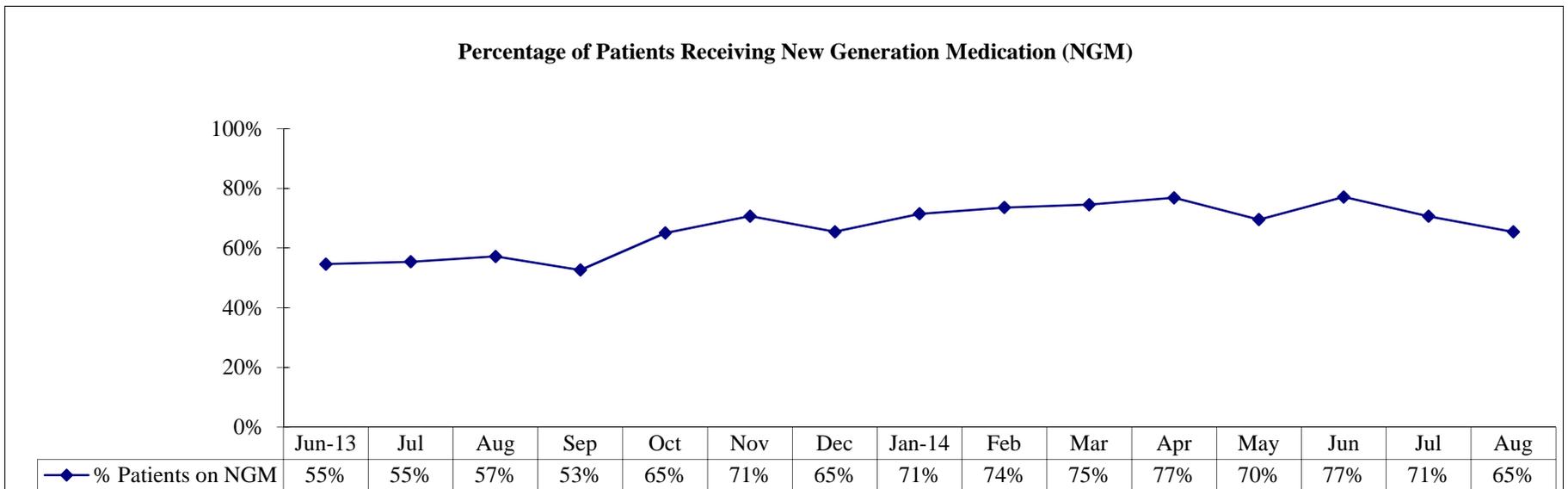
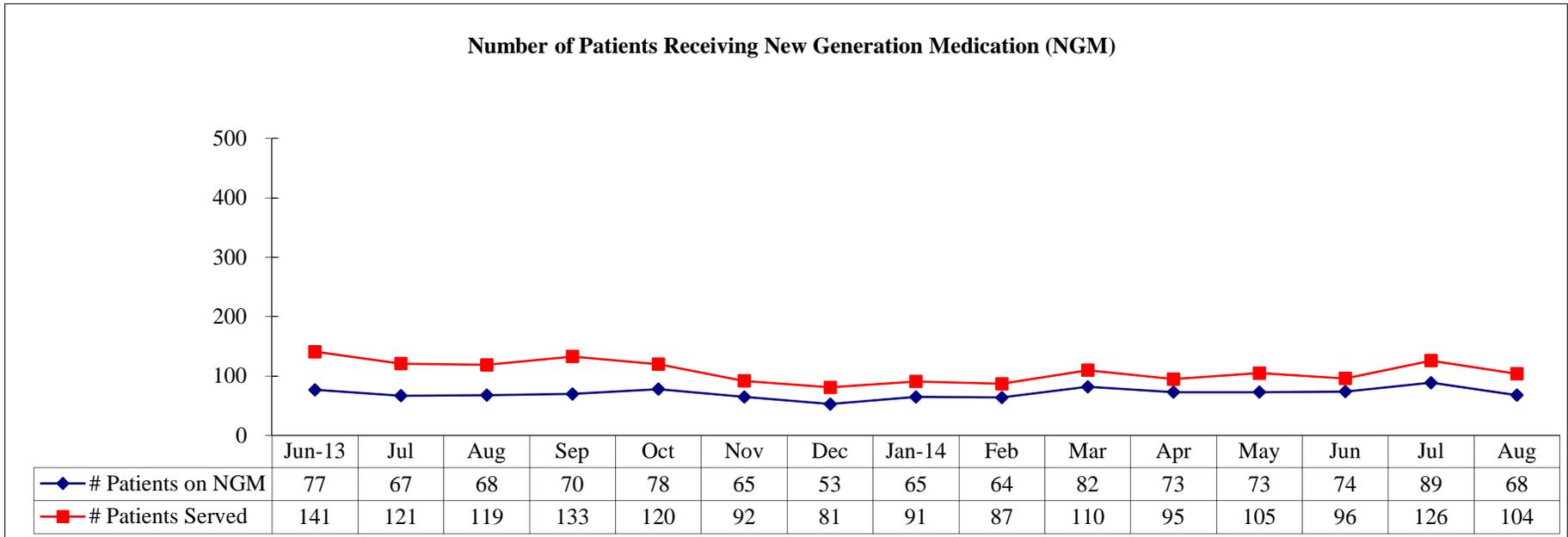
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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)

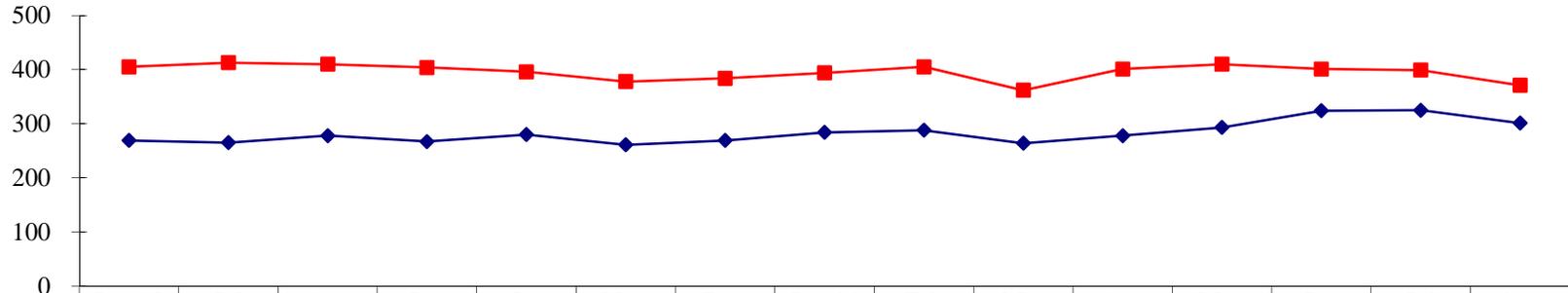
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



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

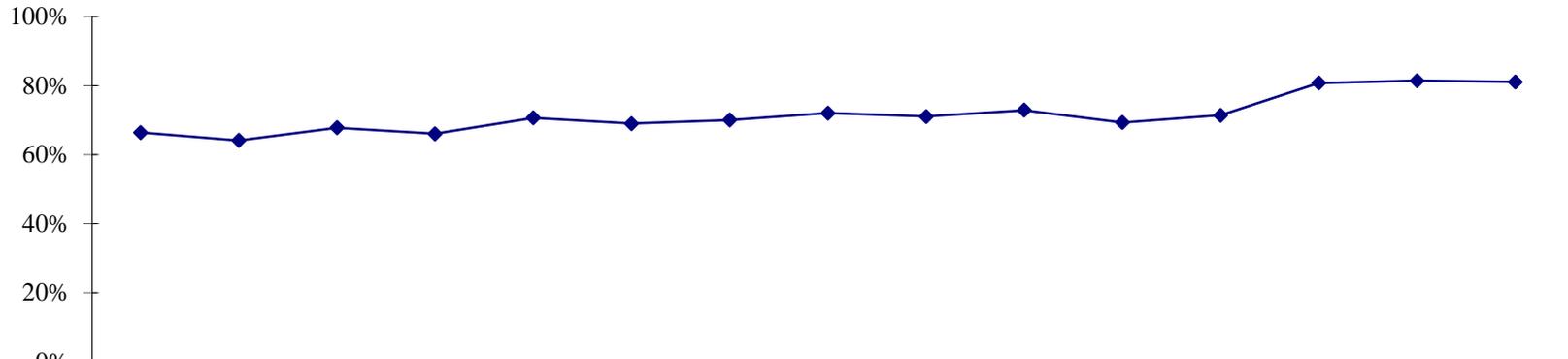
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rusk State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
# Patients on NGM	269	265	278	267	280	261	269	284	288	264	278	293	324	325	301
# Patients Served	405	413	410	404	396	378	384	394	405	362	401	410	401	399	371

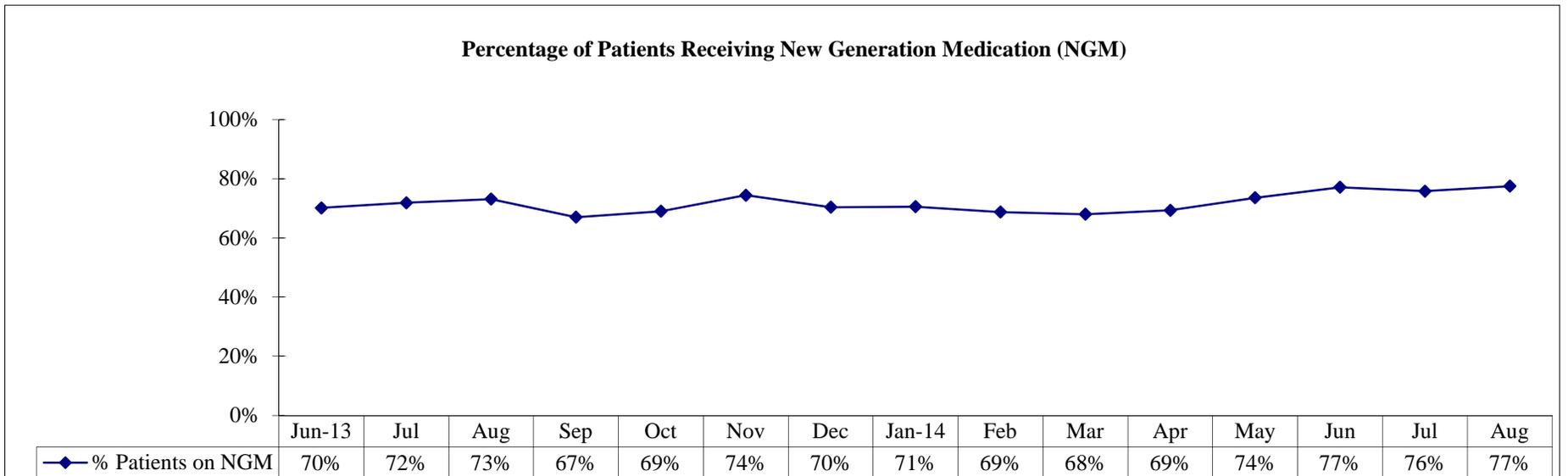
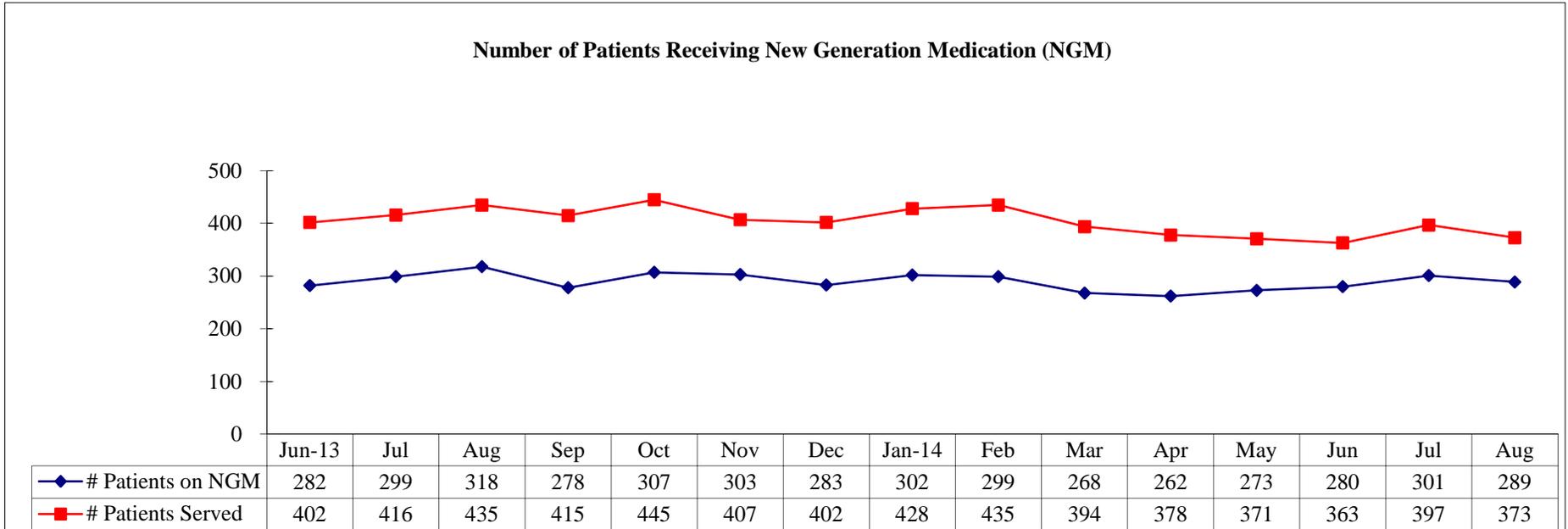
Percentage of Patients Receiving New Generation Medication (NGM)



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
% Patients on NGM	66%	64%	68%	66%	71%	69%	70%	72%	71%	73%	69%	71%	81%	81%	81%

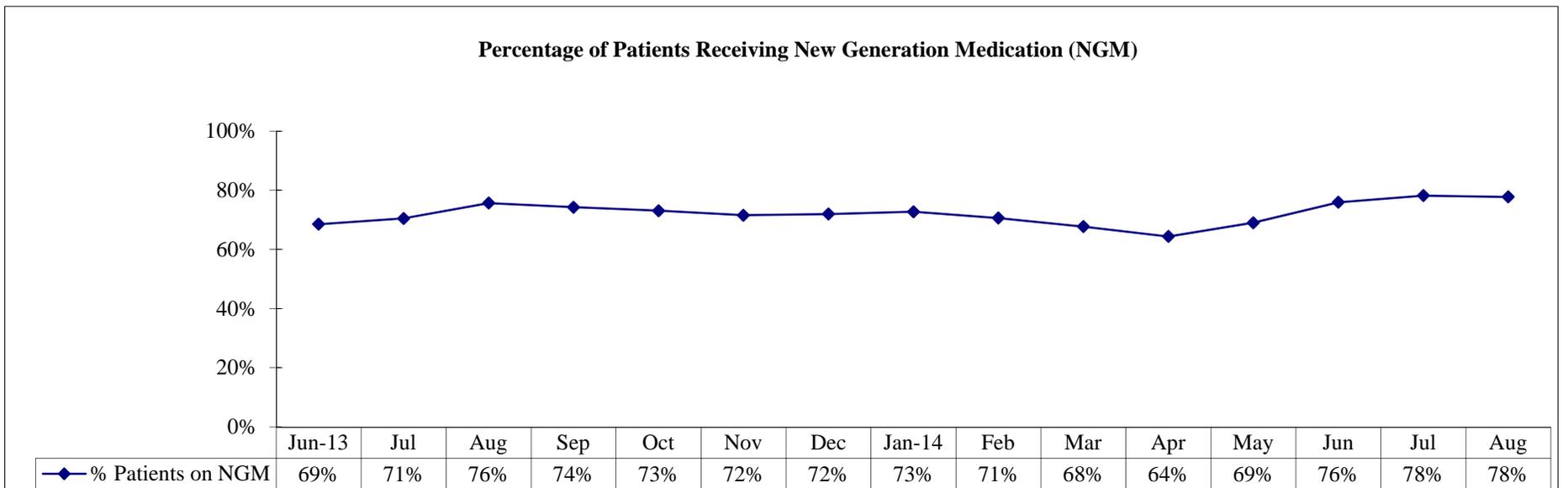
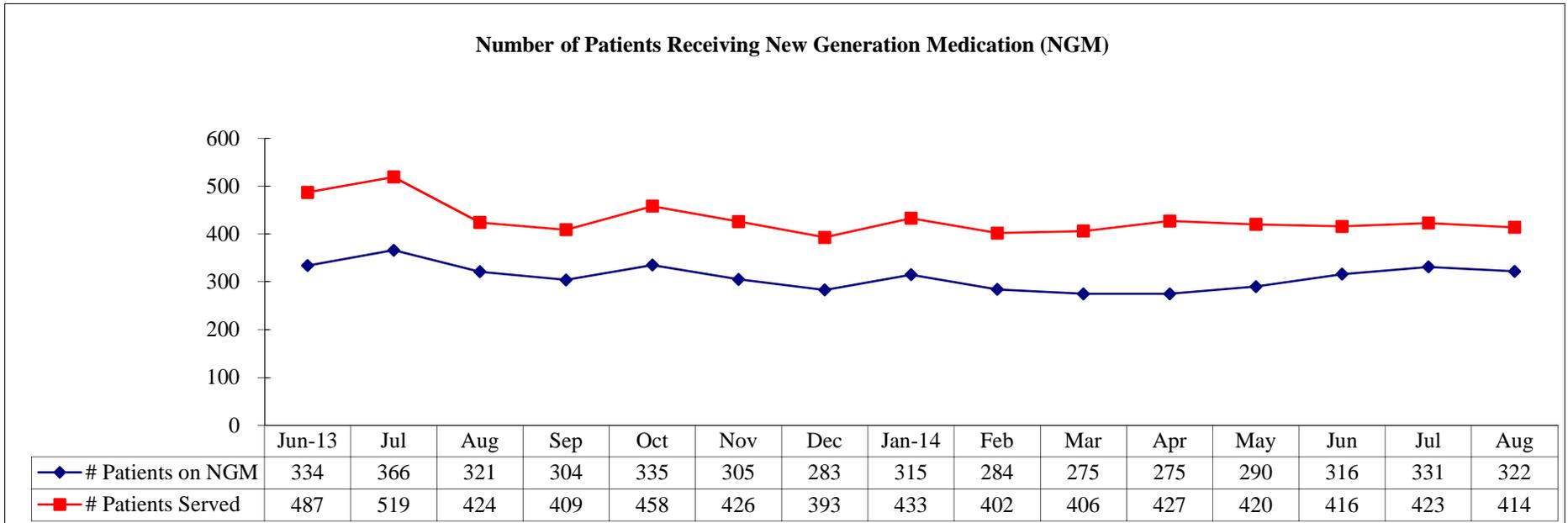
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



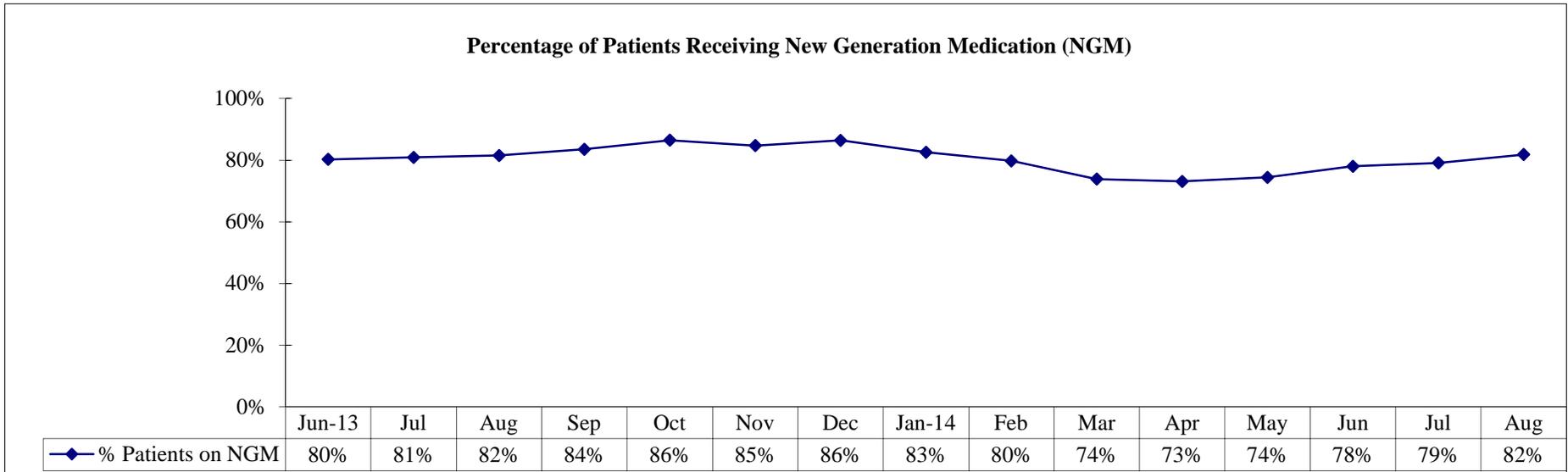
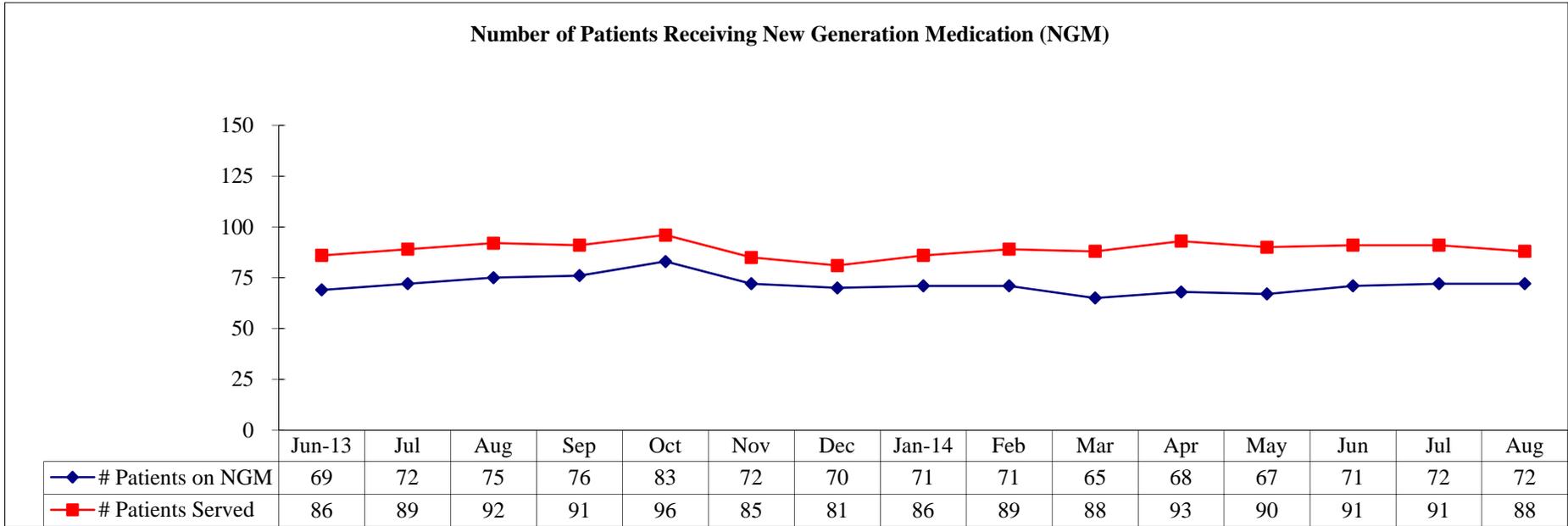
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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 cost of antipsychotic medications.

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

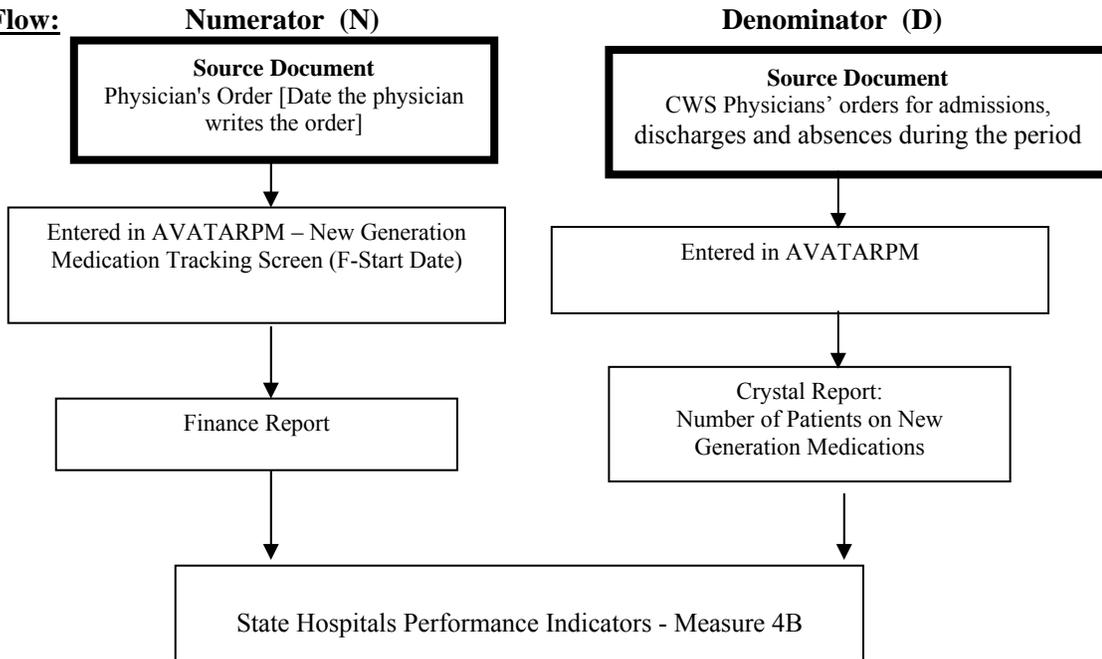
Performance Measure Formula: $\frac{N}{D}$ (Dollar Amount)
D (Unduplicated Persons Receiving NGM)

N = total dollar amount spent on new generation medications per hospital per month.
D = total number of unduplicated persons receiving new generation medications per hospital per month.

Performance Measure Data Display and Chart Description:

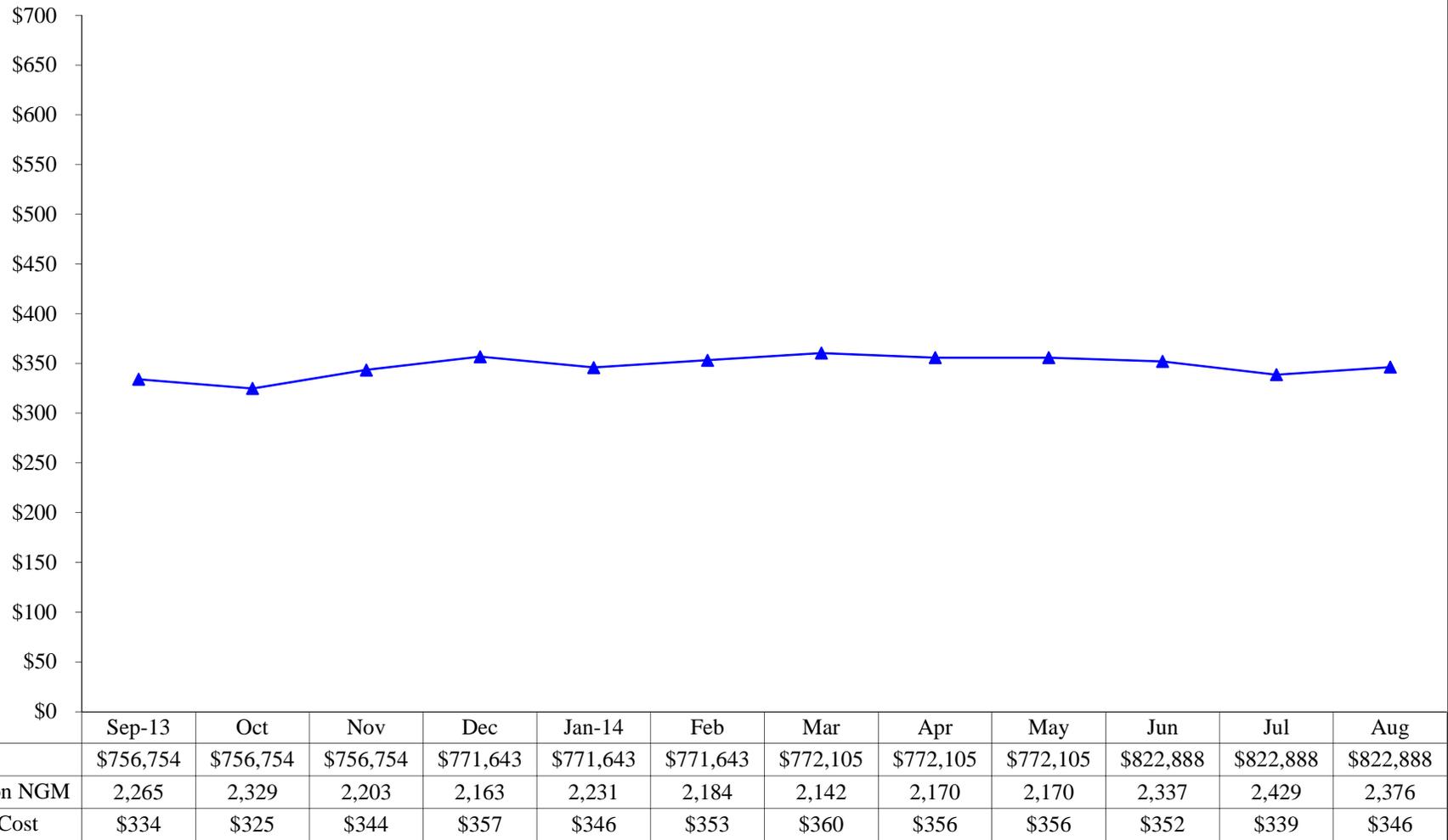
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

Data Flow:



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

Average Cost of Antipsychotic Medications per Patient per Month



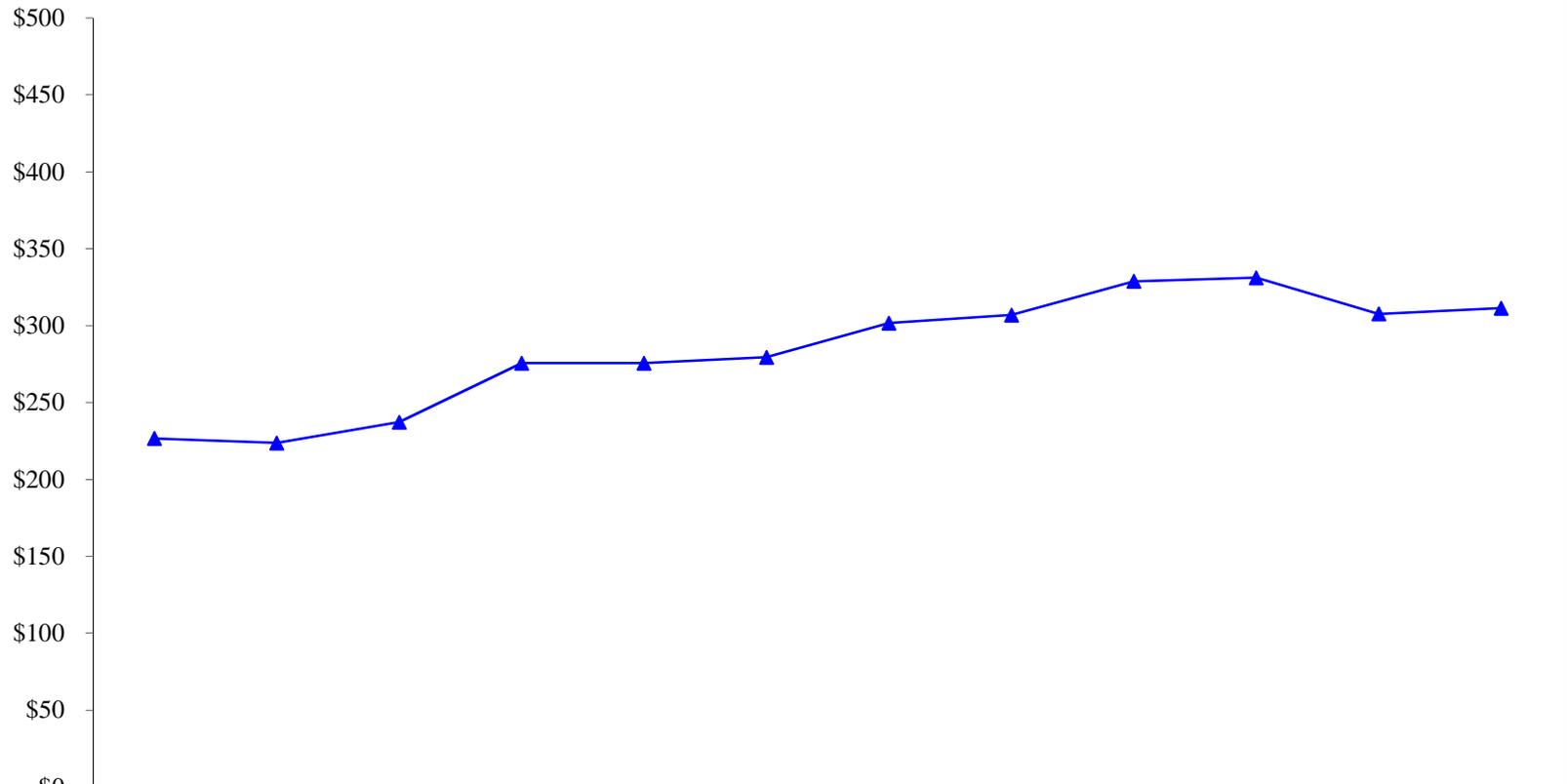
* Average Monthly Cost per Quarter

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

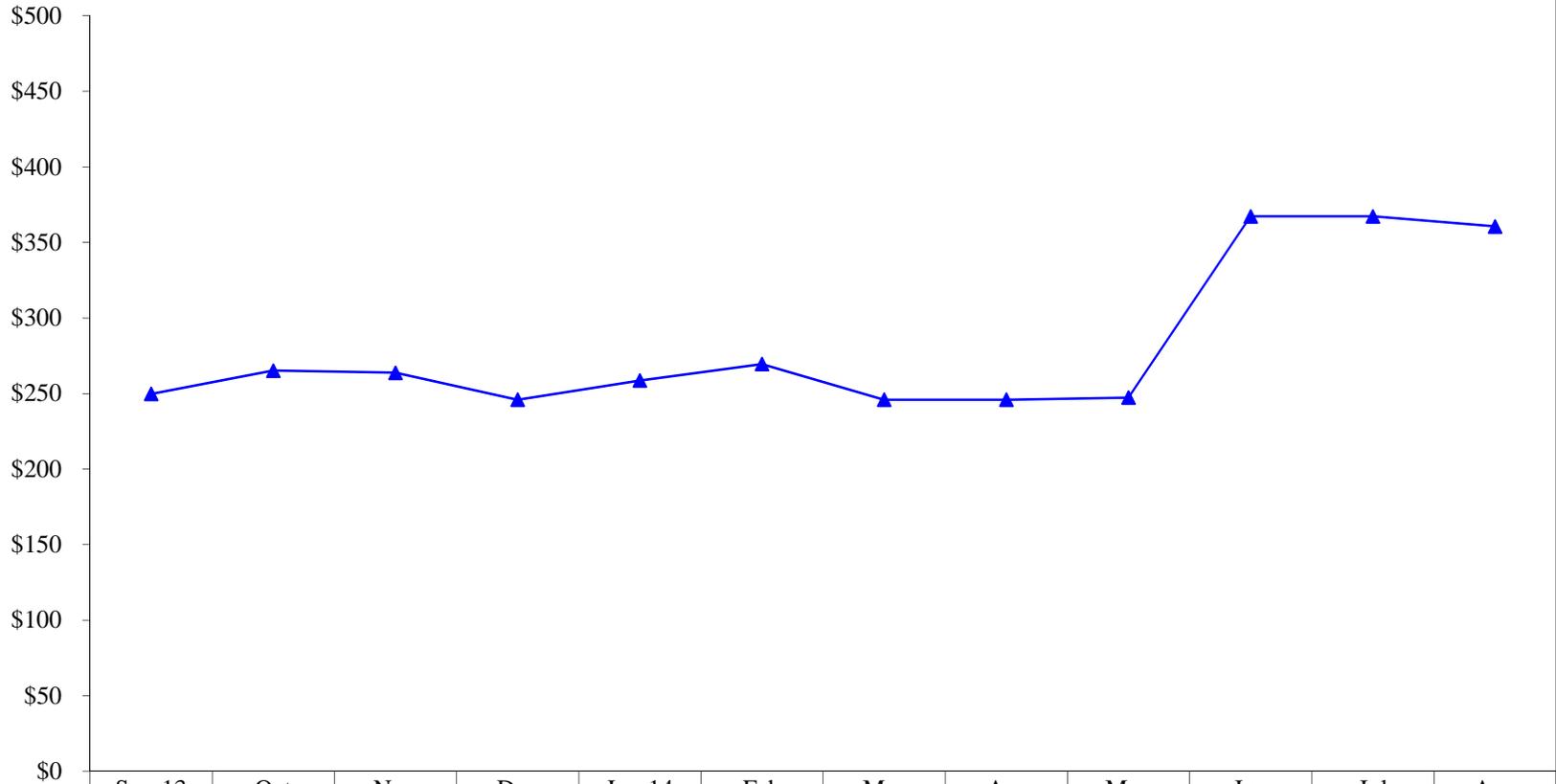


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$86,361	\$86,361	\$86,361	\$98,107	\$98,107	\$98,107	\$105,888	\$105,888	\$105,888	\$103,980	\$103,980	\$103,980
# of Pts on NGM	381	386	364	356	356	351	351	345	322	314	338	334
▲ Average Cost per Patient	\$227	\$224	\$237	\$276	\$276	\$280	\$302	\$307	\$329	\$331	\$308	\$311

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

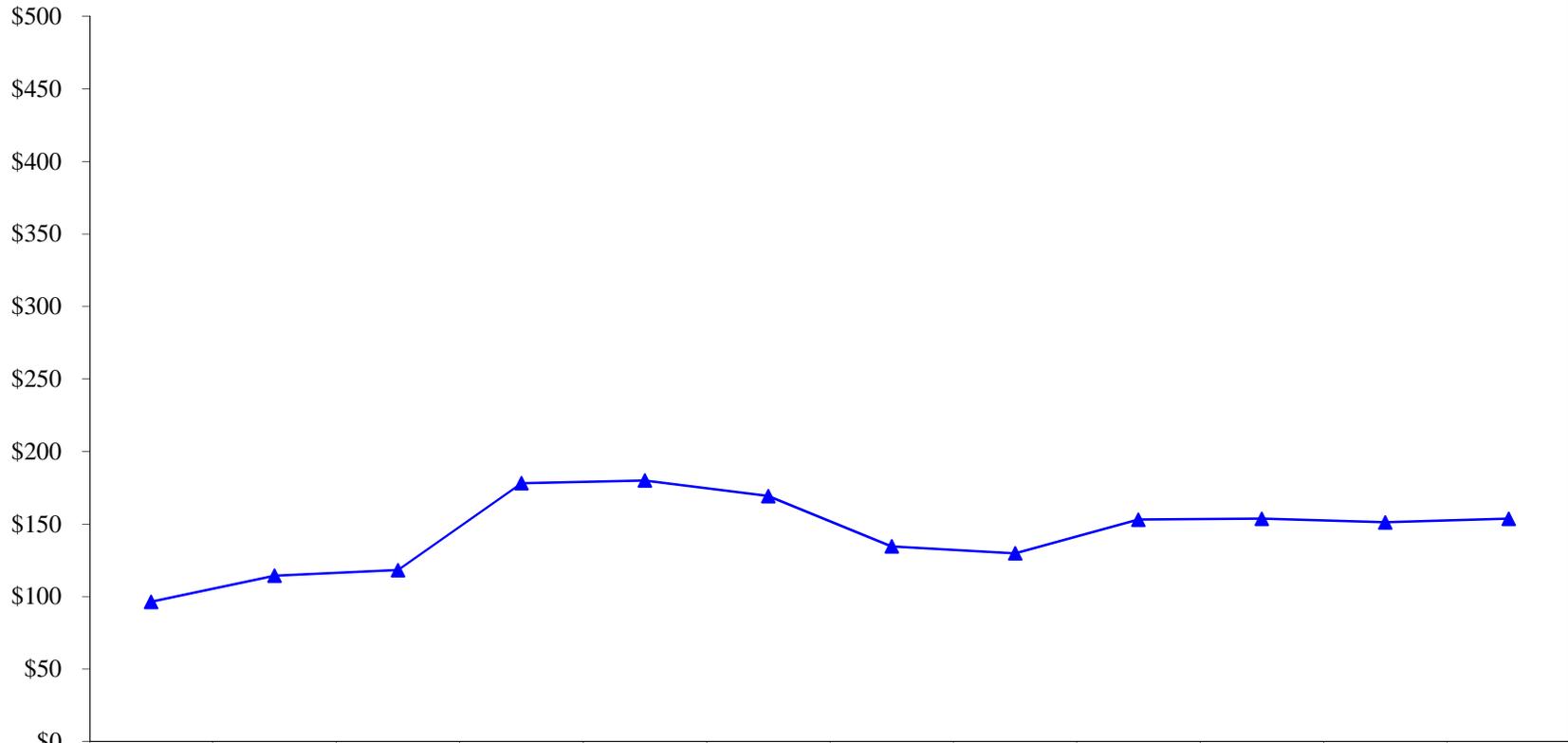


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$47,210	\$47,210	\$47,210	\$45,004	\$45,004	\$45,004	\$43,528	\$43,528	\$43,528	\$59,862	\$59,862	\$59,862
# of Pts on NGM	189	178	179	183	174	167	177	177	176	163	163	166
▲ Average Cost per Patient	\$250	\$265	\$264	\$246	\$259	\$269	\$246	\$246	\$247	\$367	\$367	\$361

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

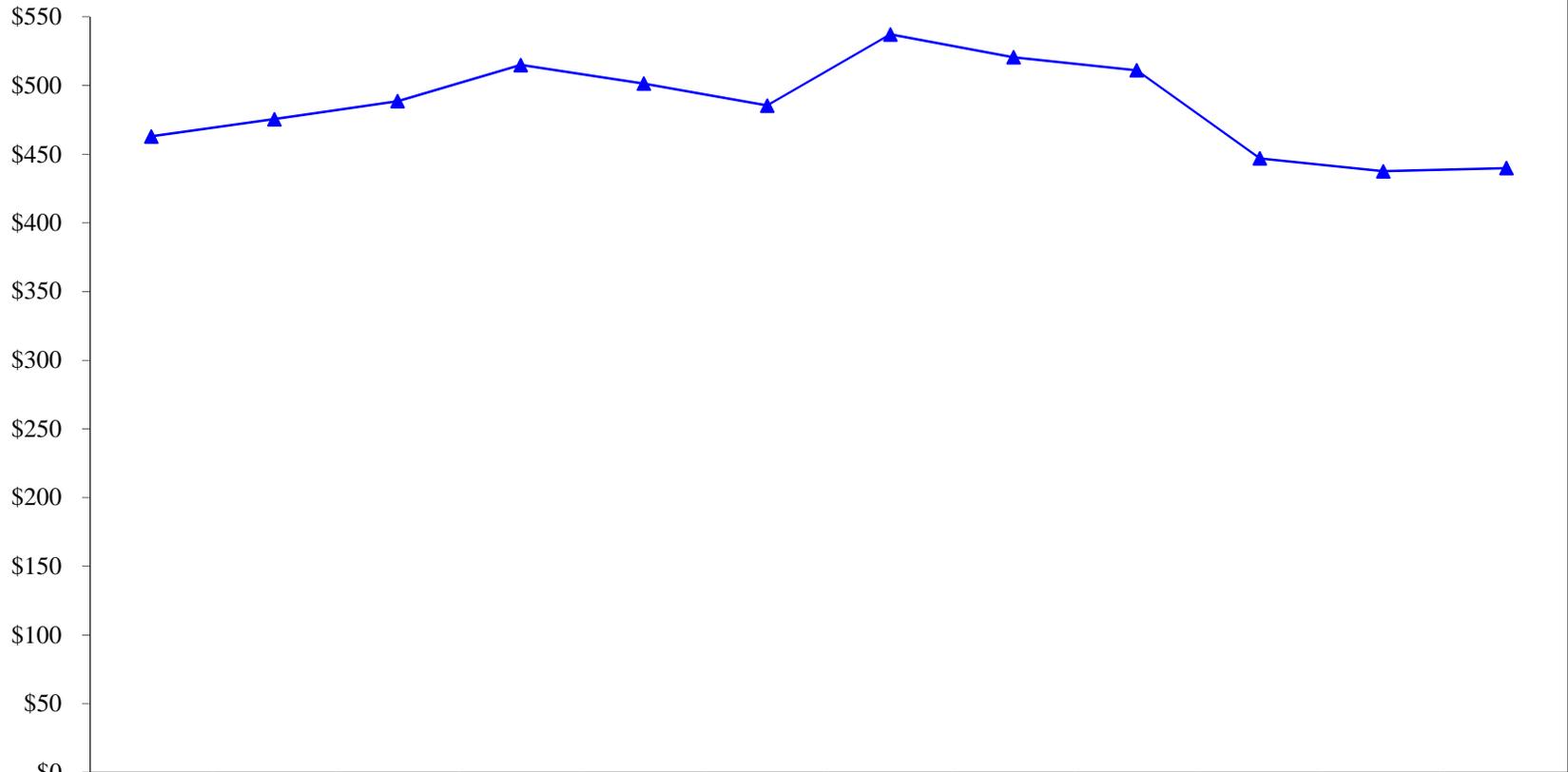


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$10,410	\$10,410	\$10,410	\$16,927	\$16,927	\$16,927	\$14,543	\$14,543	\$14,543	\$18,139	\$18,139	\$18,139
# of Pts on NGM	108	91	88	95	94	100	108	112	95	118	120	118
—▲ Average Cost per Patient	\$96	\$114	\$118	\$178	\$180	\$169	\$135	\$130	\$153	\$154	\$151	\$154

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

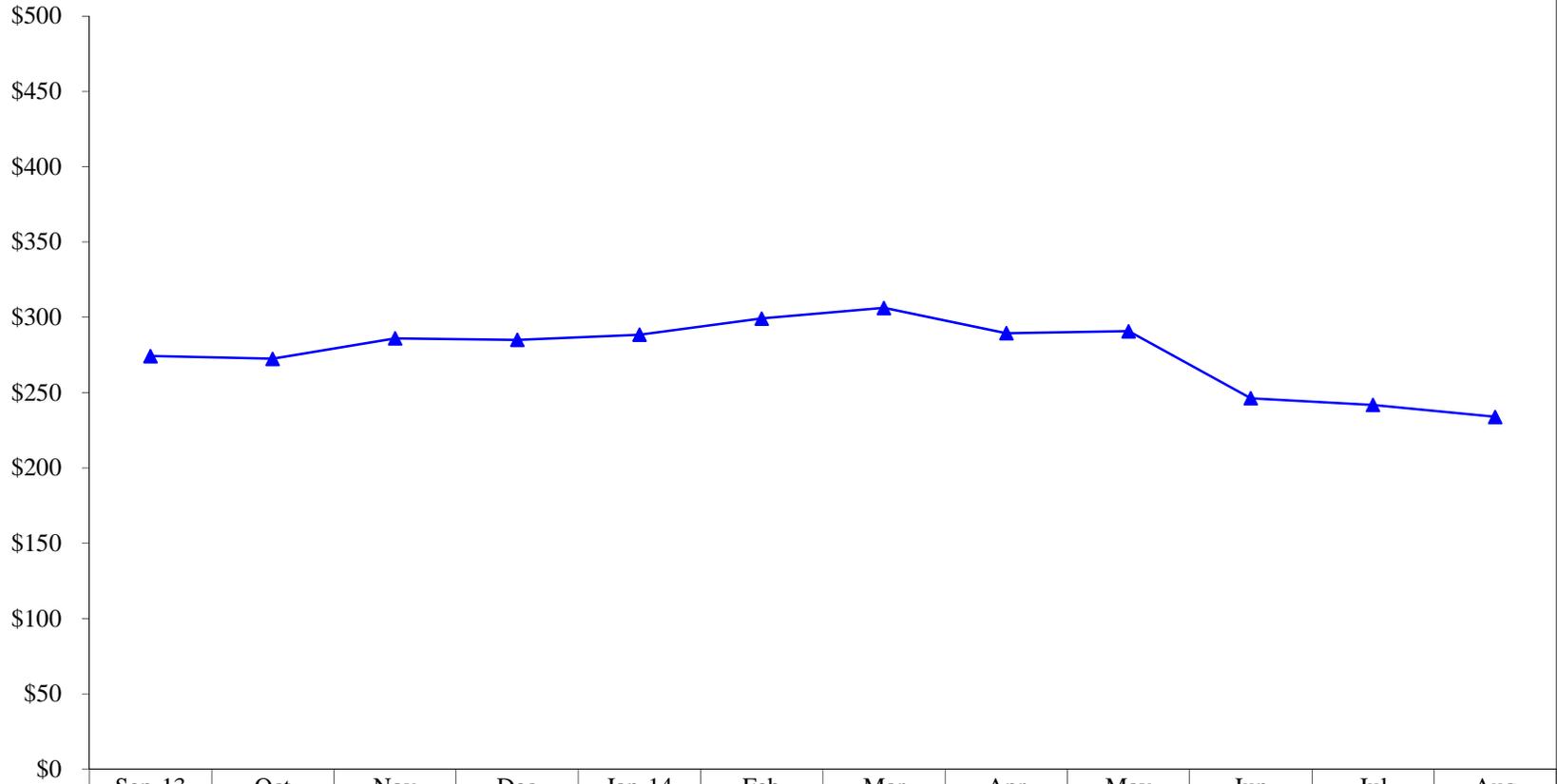


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$70,367	\$70,367	\$70,367	\$76,208	\$76,208	\$76,208	\$83,811	\$83,811	\$83,811	\$83,142	\$83,142	\$83,142
# of Pts on NGM	152	148	144	148	152	157	156	161	164	186	190	189
▲ Average Cost per Patient	\$463	\$475	\$489	\$515	\$501	\$485	\$537	\$521	\$511	\$447	\$438	\$440

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

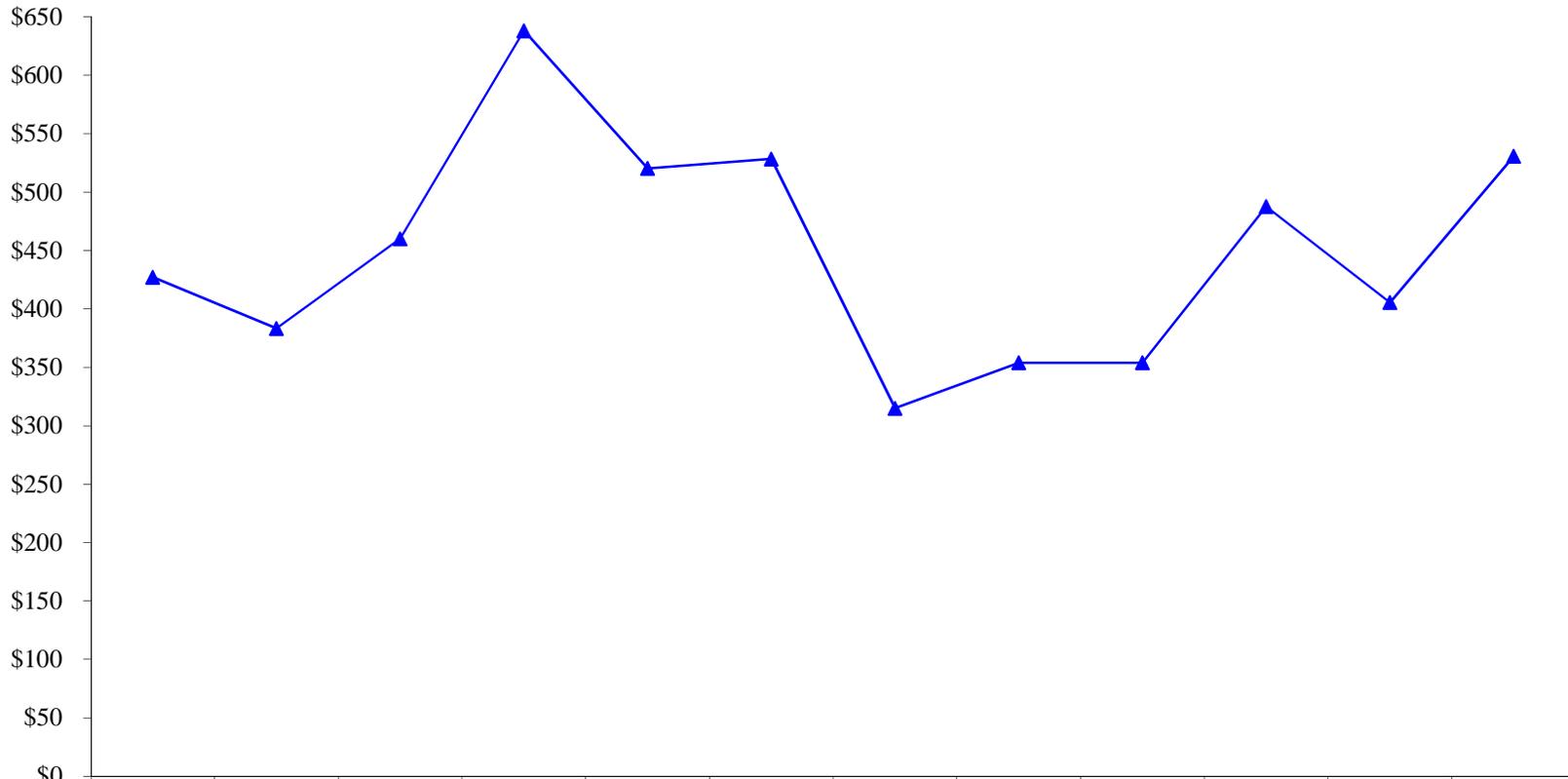


* Average Monthly Cost per Quarter

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

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

Average Cost of Antipsychotic Medications per Patient per Month

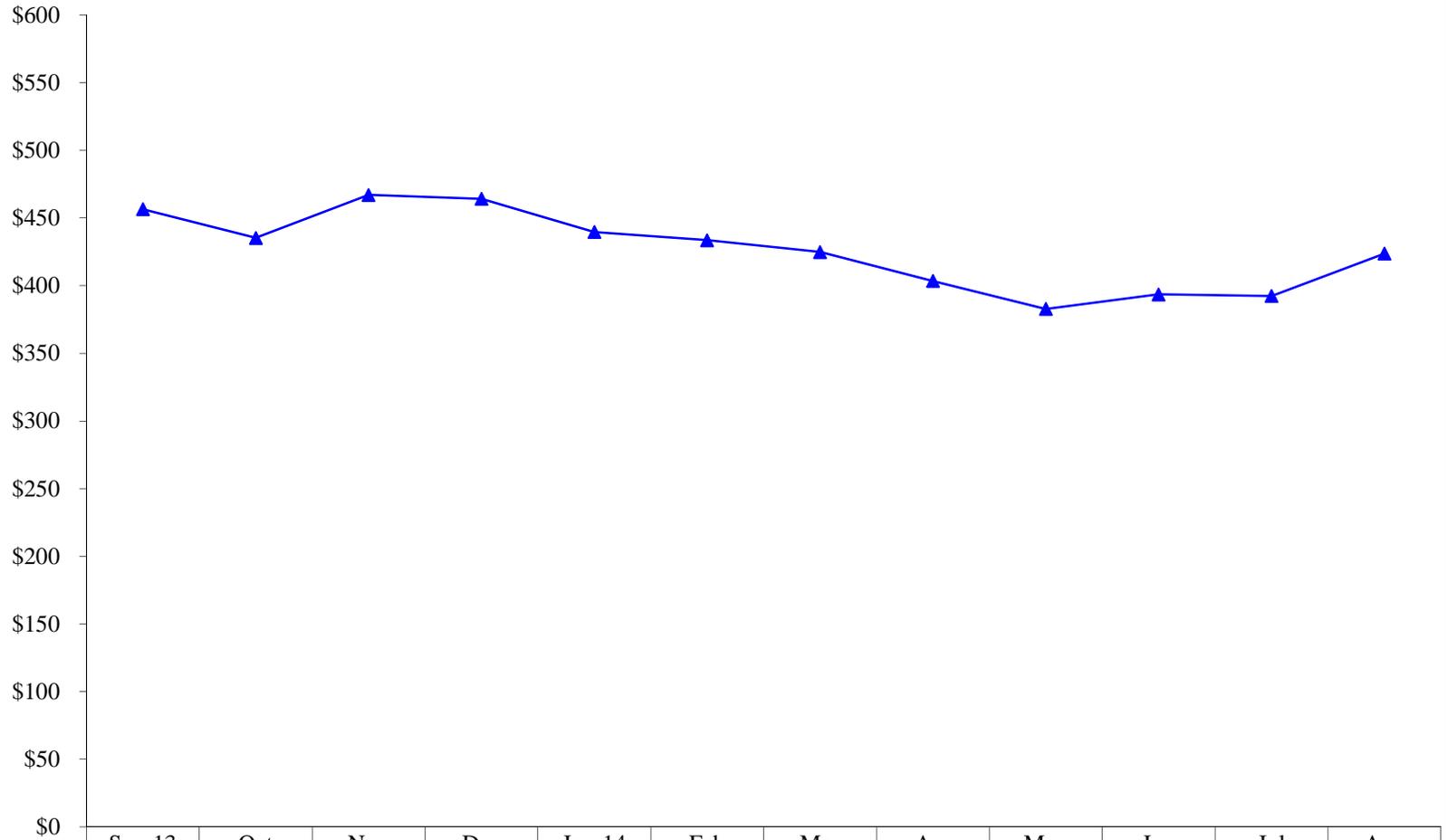


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$29,901	\$29,901	\$29,901	\$33,819	\$33,819	\$33,819	\$25,832	\$25,832	\$25,832	\$36,082	\$36,082	\$36,082
# of Pts on NGM	70	78	65	53	65	64	82	73	73	74	89	68
▲ Average Cost per Patient	\$427	\$383	\$460	\$638	\$520	\$528	\$315	\$354	\$354	\$488	\$405	\$531

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

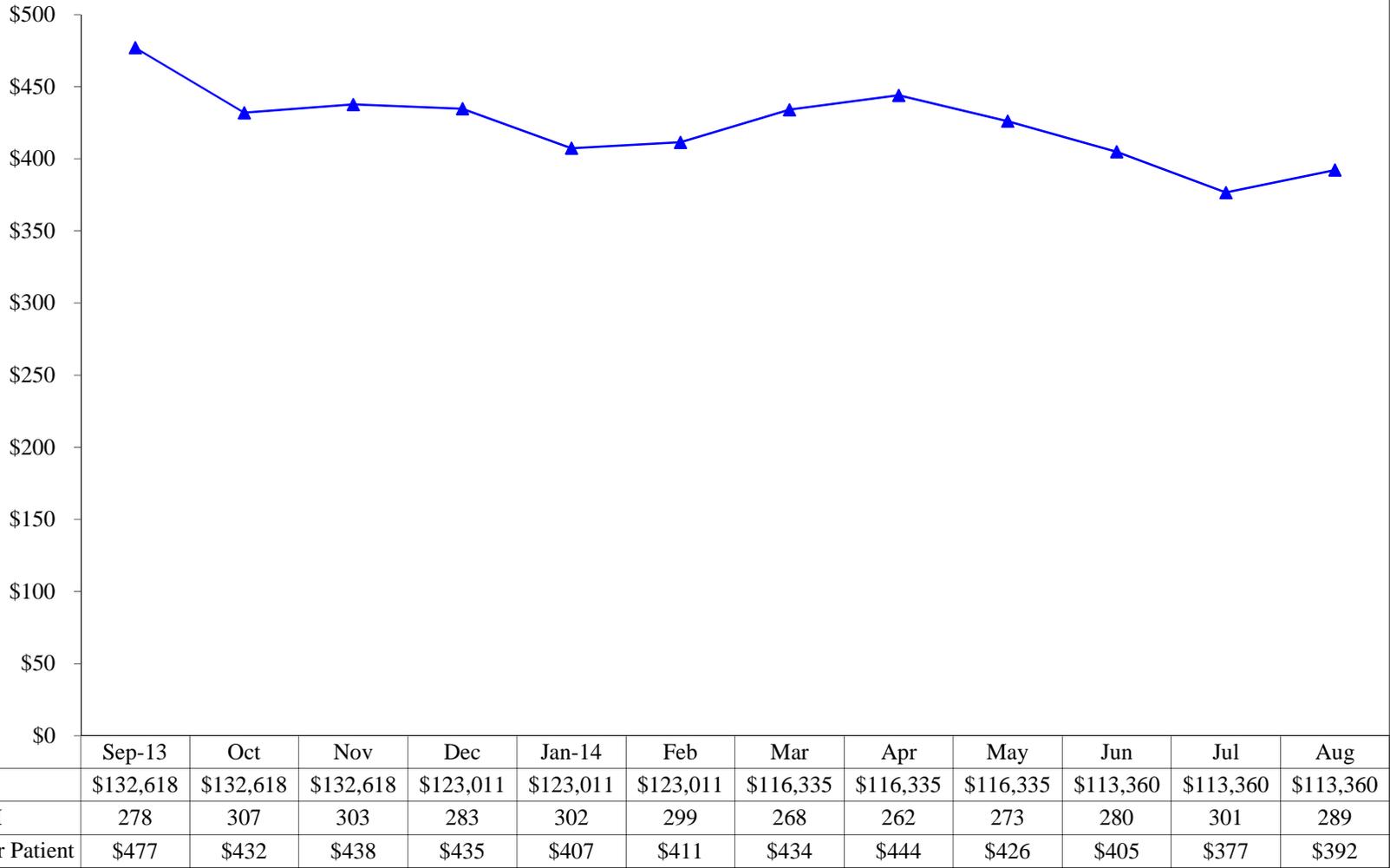


* Average Monthly Cost per Quarter

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
San Antonio State Hospital**

Average Cost of Antipsychotic Medications per Patient per Month

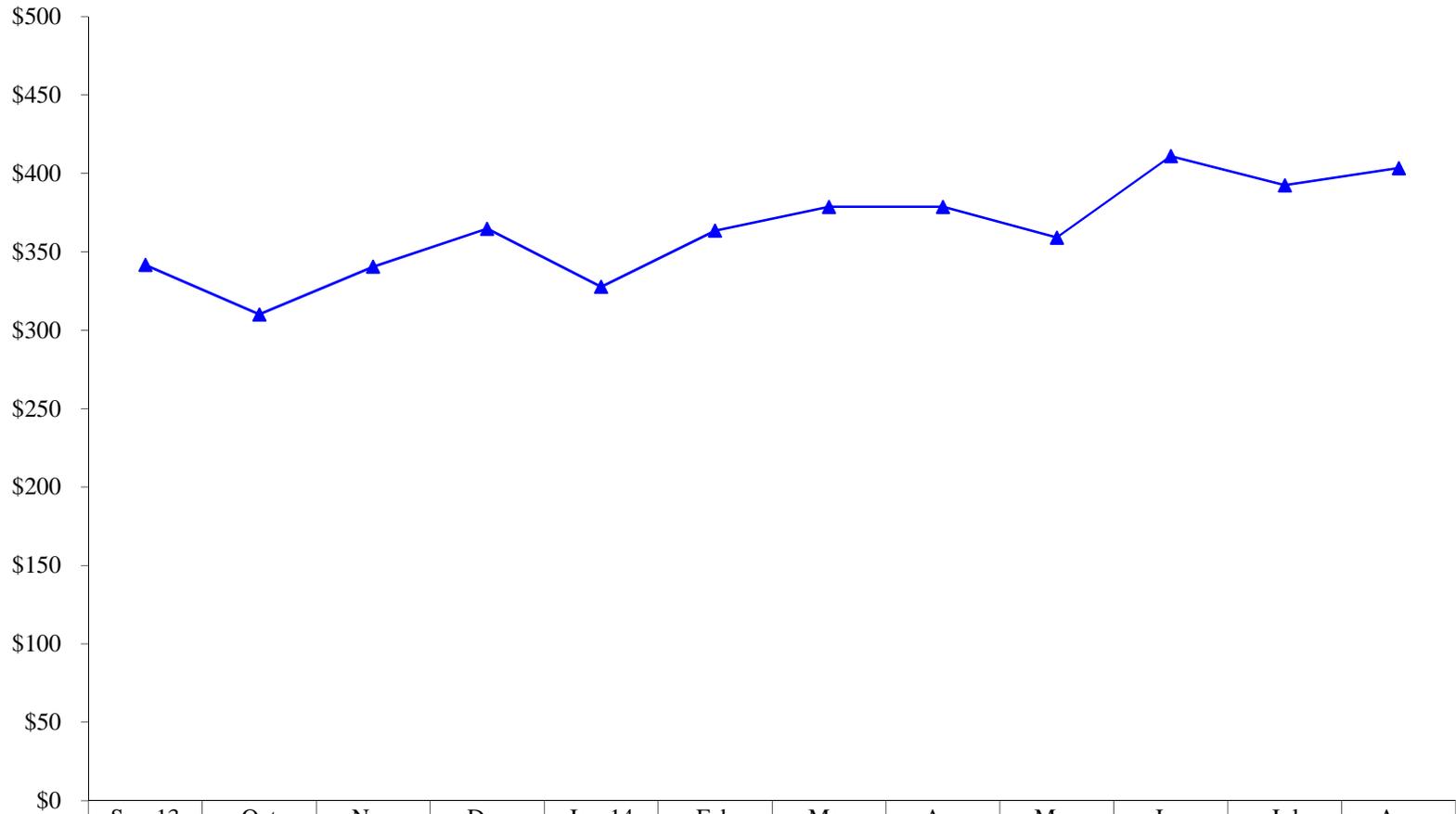


* Average Monthly Cost per Quarter

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

Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

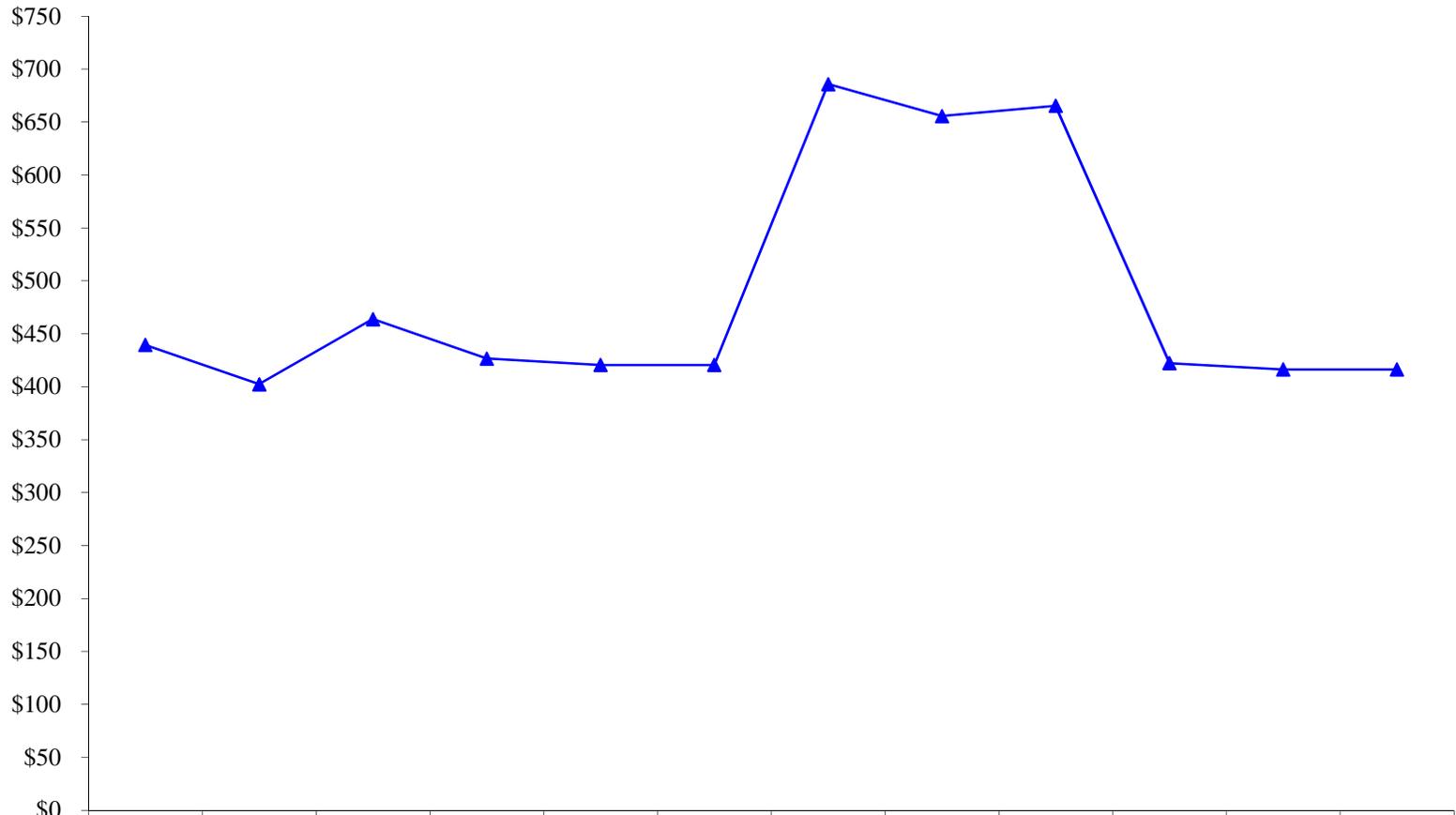


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$103,873	\$103,873	\$103,873	\$103,232	\$103,232	\$103,232	\$104,132	\$104,132	\$104,132	\$129,887	\$129,887	\$129,887
# of Pts on NGM	304	335	305	283	315	284	275	275	290	316	331	322
▲ Average Cost per Patient	\$342	\$310	\$341	\$365	\$328	\$363	\$379	\$379	\$359	\$411	\$392	\$403

* 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-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$33,399	\$33,399	\$33,399	\$29,863	\$29,863	\$29,863	\$44,583	\$44,583	\$44,583	\$29,979	\$29,979	\$29,979
# of Pts on NGM	76	83	72	70	71	71	65	68	67	71	72	72
▲ Average Cost per Patient	\$439	\$402	\$464	\$427	\$421	\$421	\$686	\$656	\$665	\$422	\$416	\$416

* Average Monthly Cost per Quarter

Performance Measure 4C:

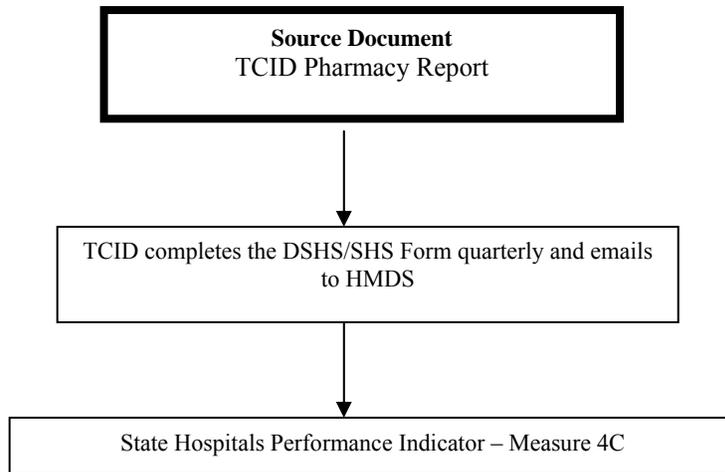
Analyze and report the cost of TB medications.

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

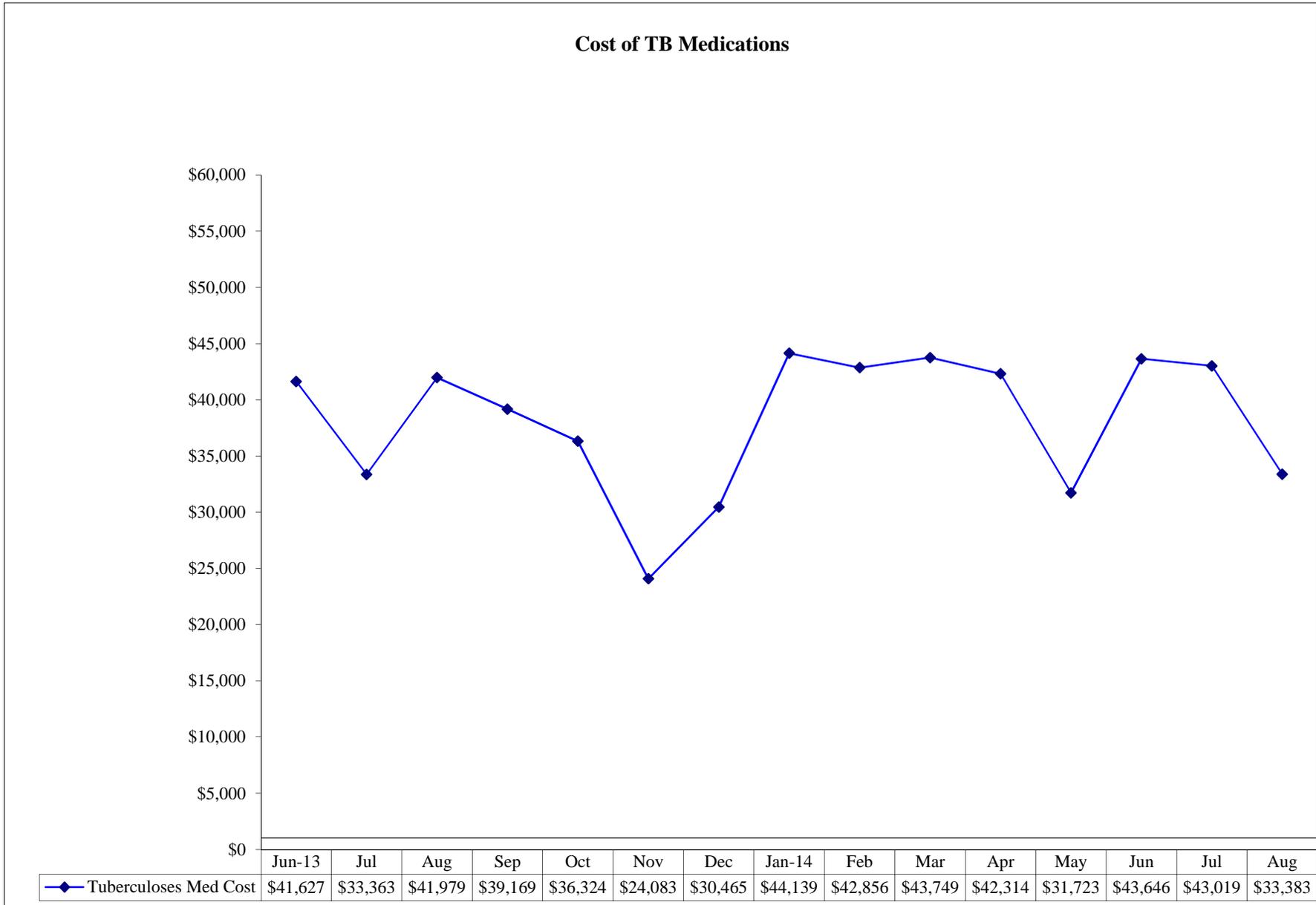
Performance Measure Formula: No formula – continuous variable.

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

Data Flow:



Measure 4C - Cost of TB Medications
TCID



GOAL 5: Assure Continuum of Care

Performance Objective 5A:

Report on discharge or transfer of civil and forensic dually diagnosed patients with mental illness and intellectual 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 intellectual 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.

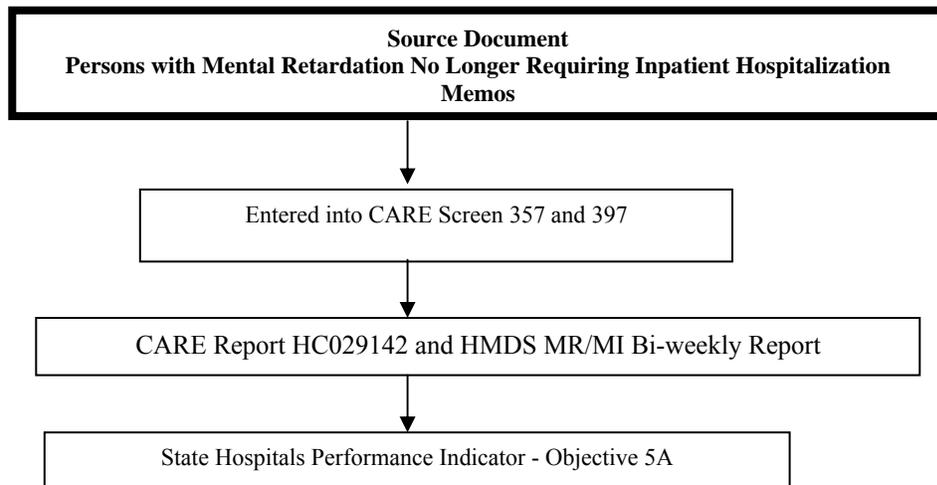
Performance Objective Formula:

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:

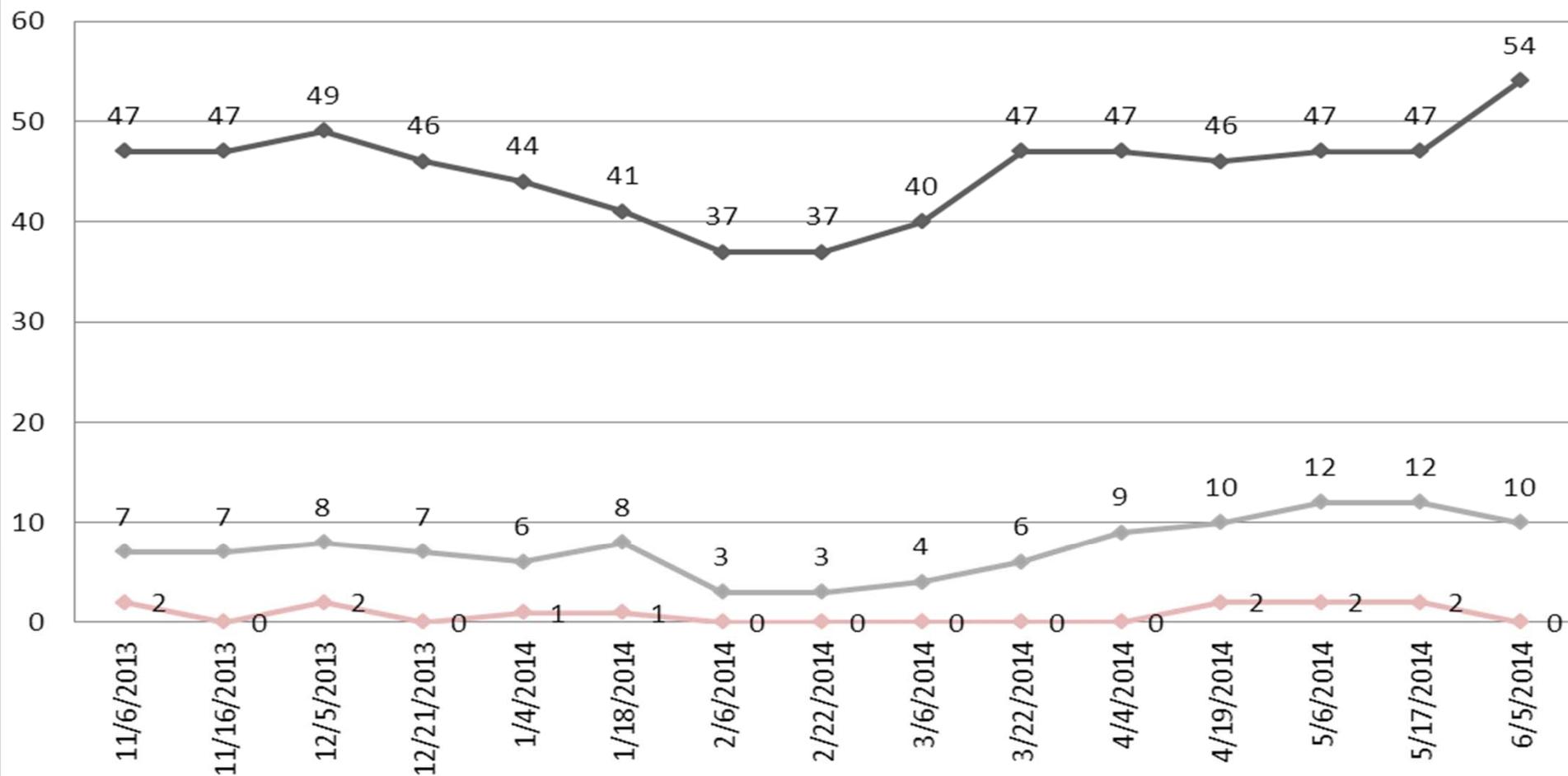
Chart with persons with MR Diagnosis in state mental health hospitals.

Data Flow:



Persons with IDD Diagnosis in State Mental Hospitals

◆ Total IDD Dx. In SHs



Performance Objective 5C:

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

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

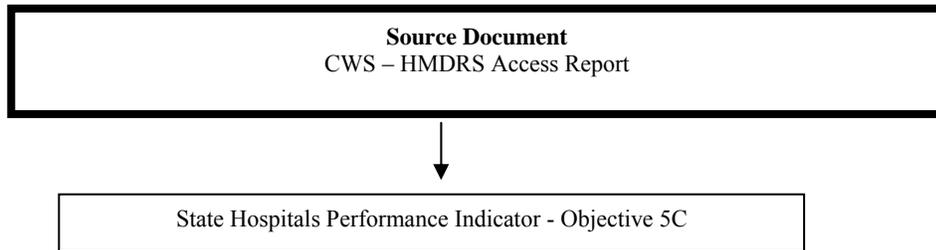
The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.

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

Performance Objective Data Display and Chart Description:

Chart with number of patients having been in the State Psychiatric Hospital over 365 days.

Data Flow:



Performance Measure 5A:

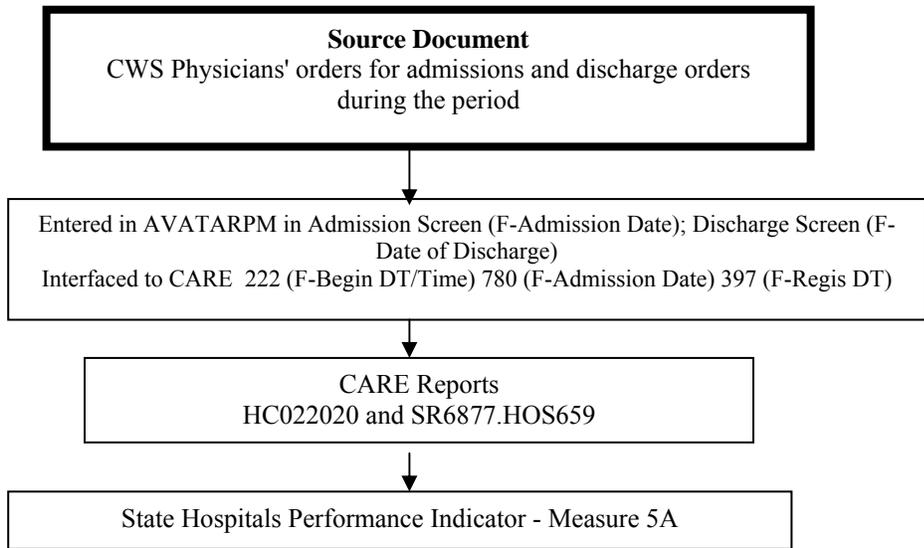
Calculate and report number and type of all admissions and discharges, and, the percentage of patients new to the system.

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:

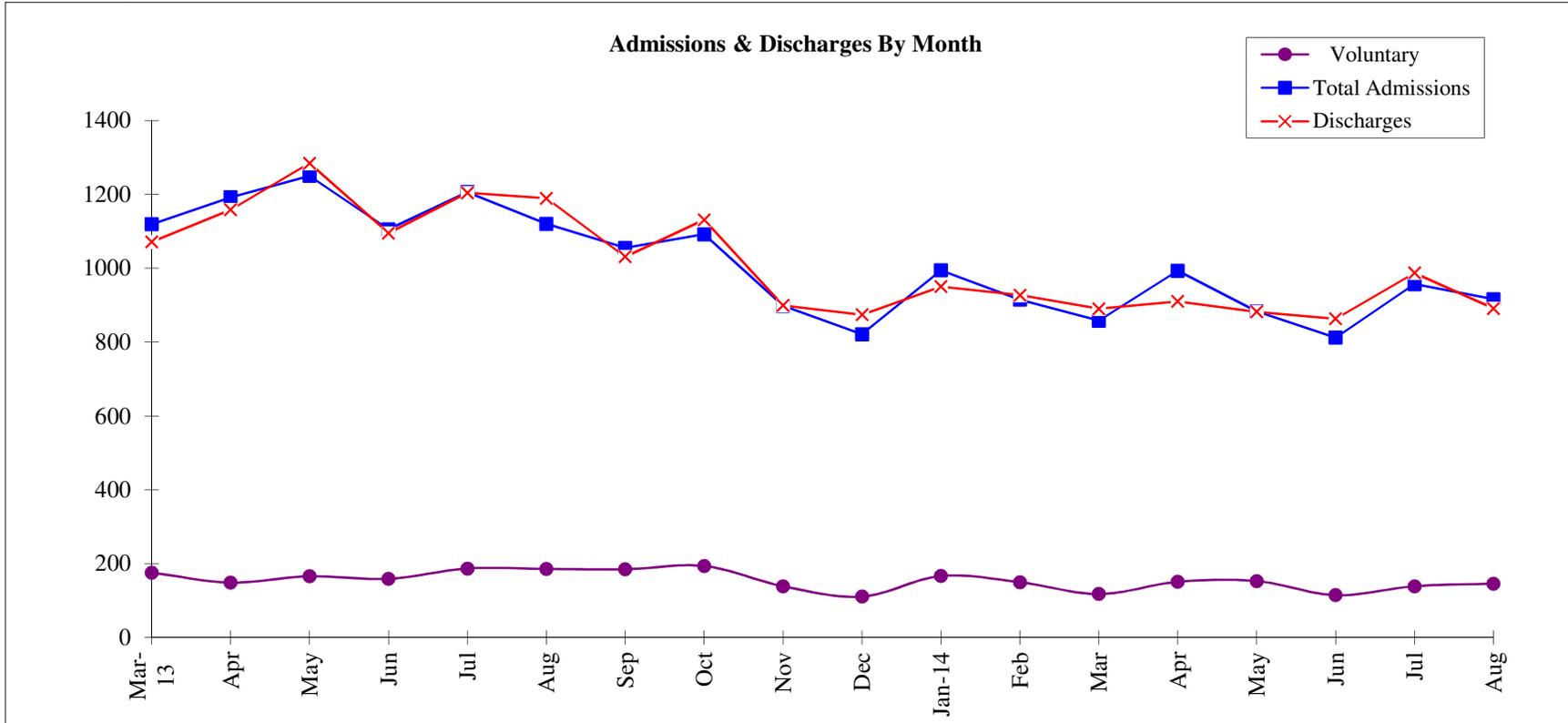


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

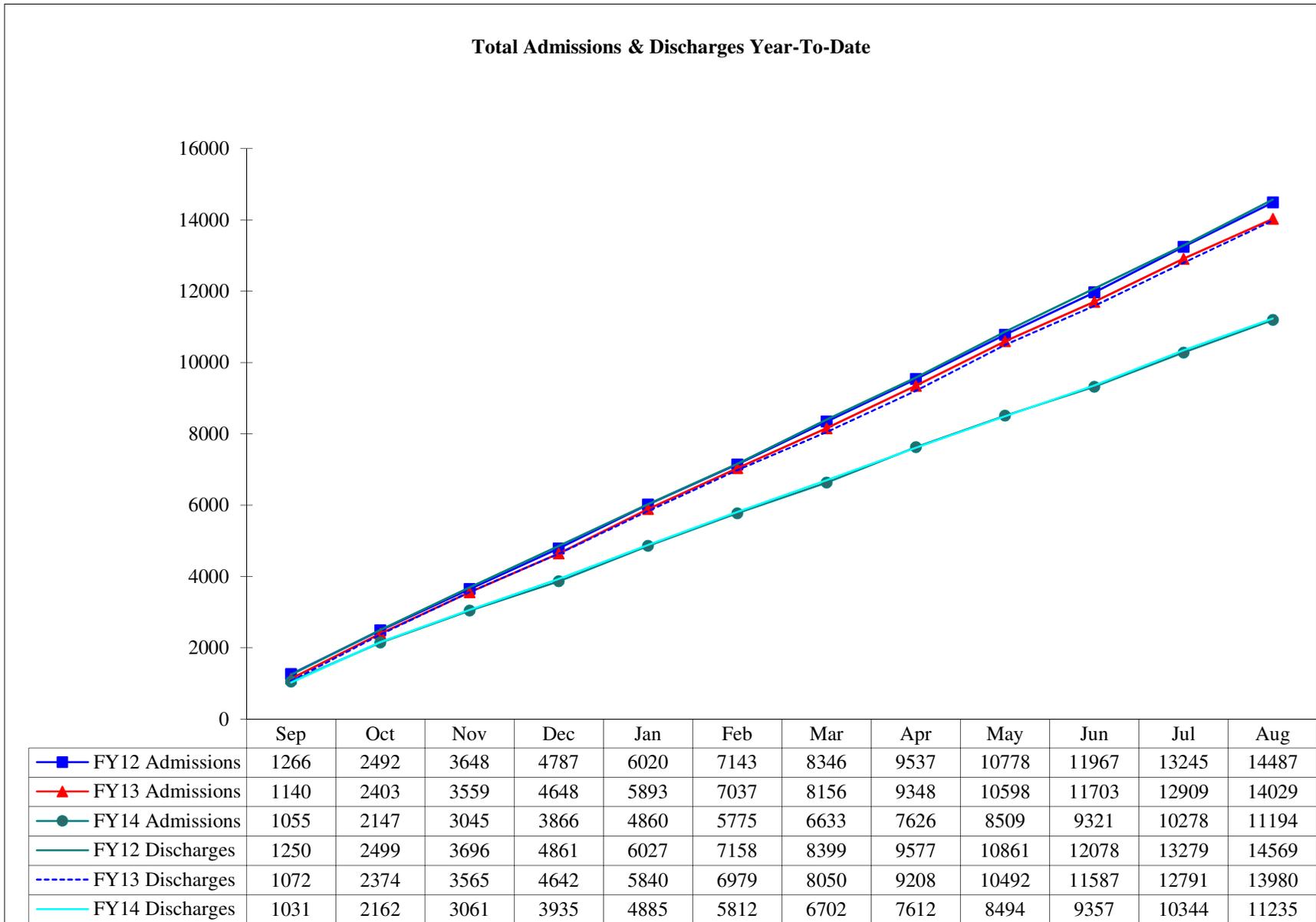
All State MH Hospitals

Admissions by Month

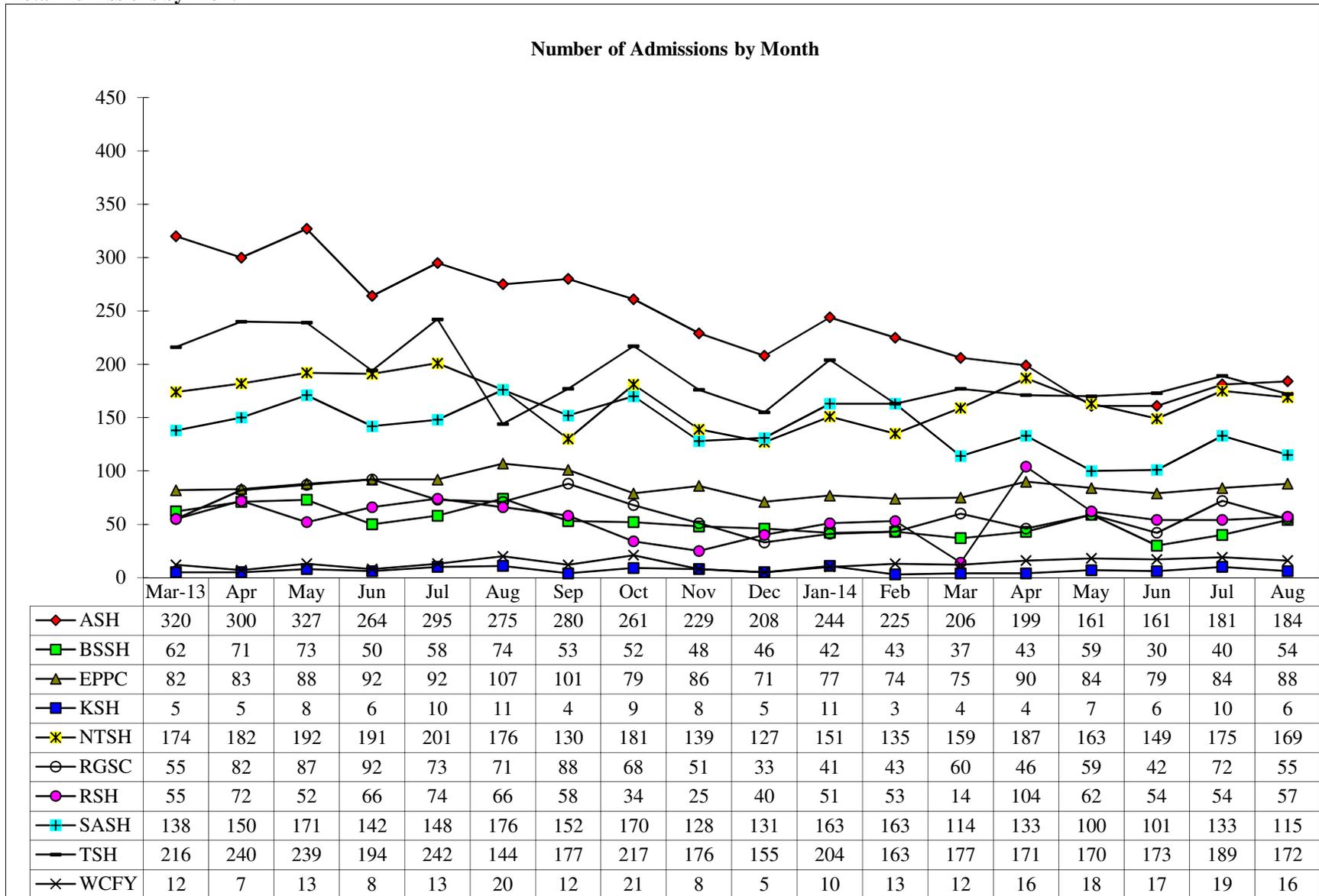
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	1119	1192	1250	1105	1206	1120	1055	1092	898	821	994	915	858	993	883	812	957	916
Voluntary	176	149	166	159	187	186	185	194	139	111	167	150	118	151	153	115	139	146
Involuntary	943	1043	1084	946	1019	934	870	898	759	710	827	765	740	842	730	697	818	770
OPC	250	253	253	244	274	207	212	222	195	171	219	228	208	217	209	203	225	205
Emergency	466	501	566	446	470	456	407	384	340	338	367	319	274	306	269	275	320	328
Temporary	67	101	86	74	95	84	82	102	79	69	69	68	64	92	65	66	82	68
Extended	3	8	5	4	3	0	1	2	1	3	1	1	8	1	2	3	1	4
Forensic	138	163	152	160	158	161	158	177	134	122	156	132	169	206	165	142	175	151
Order for MR S'	19	17	22	18	19	26	10	11	10	7	15	17	17	20	20	8	15	14
Discharges	1071	1158	1284	1095	1204	1189	1031	1131	899	874	950	927	890	910	882	863	987	891
% New to System	49%	48%	48%	46%	47%	47%	47%	46%	48%	50%	51%	44%	49%	47%	50%	49%	47%	48%



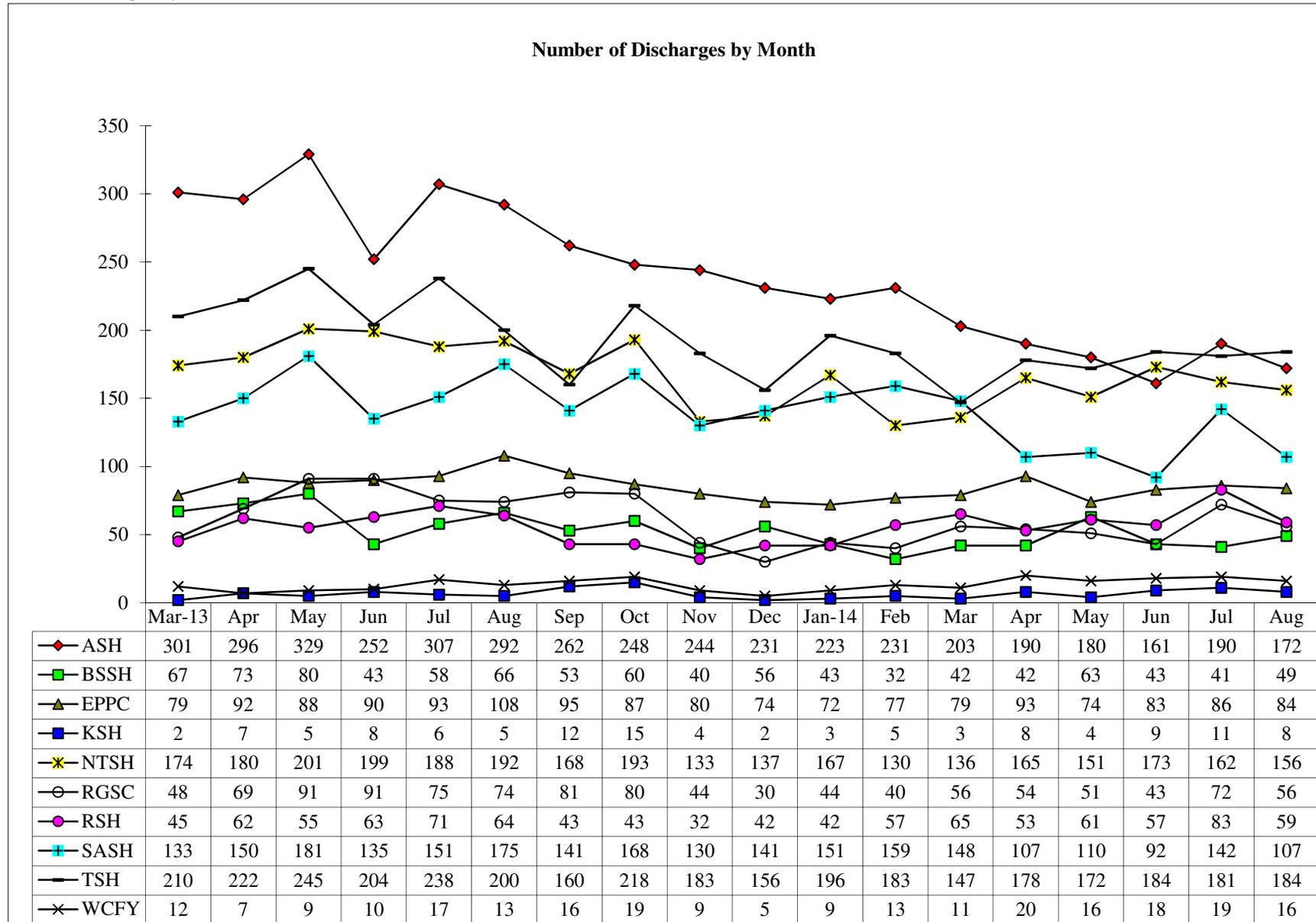
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges



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



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

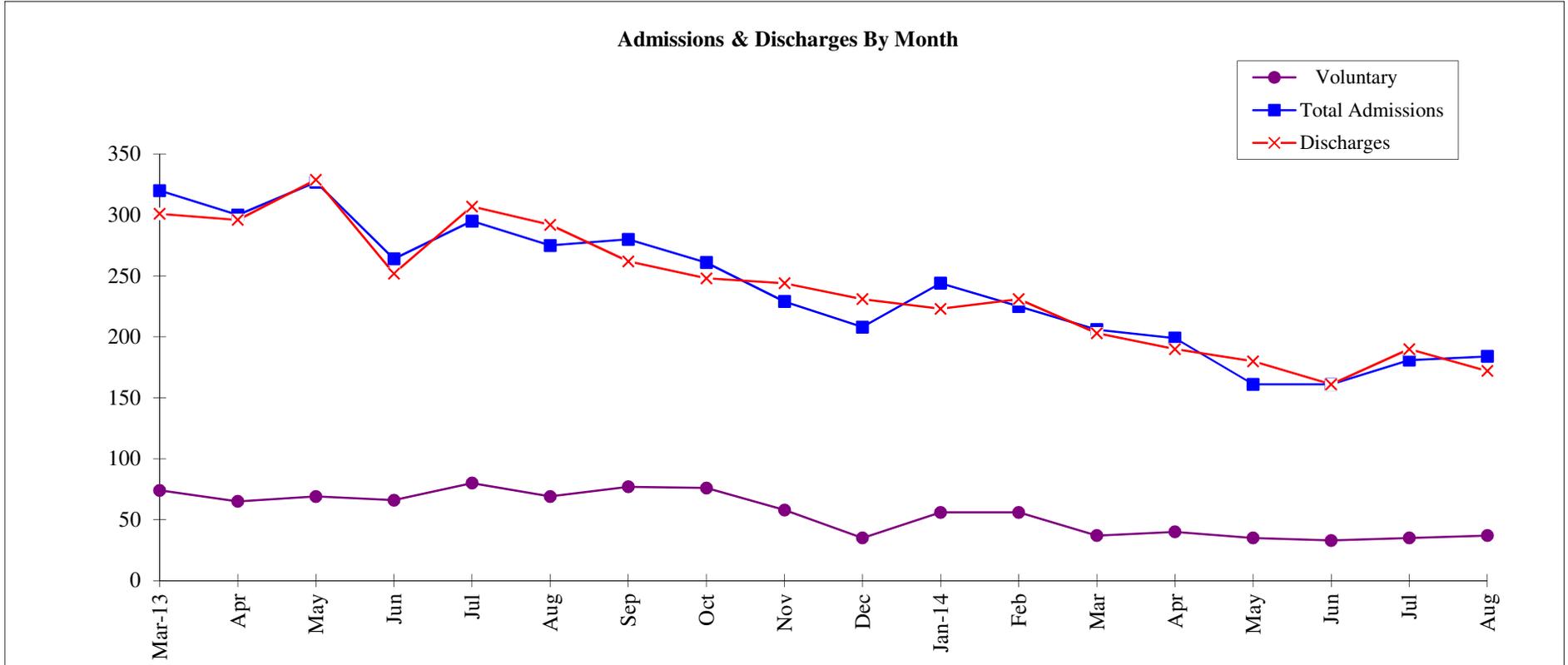


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Austin State Hospital

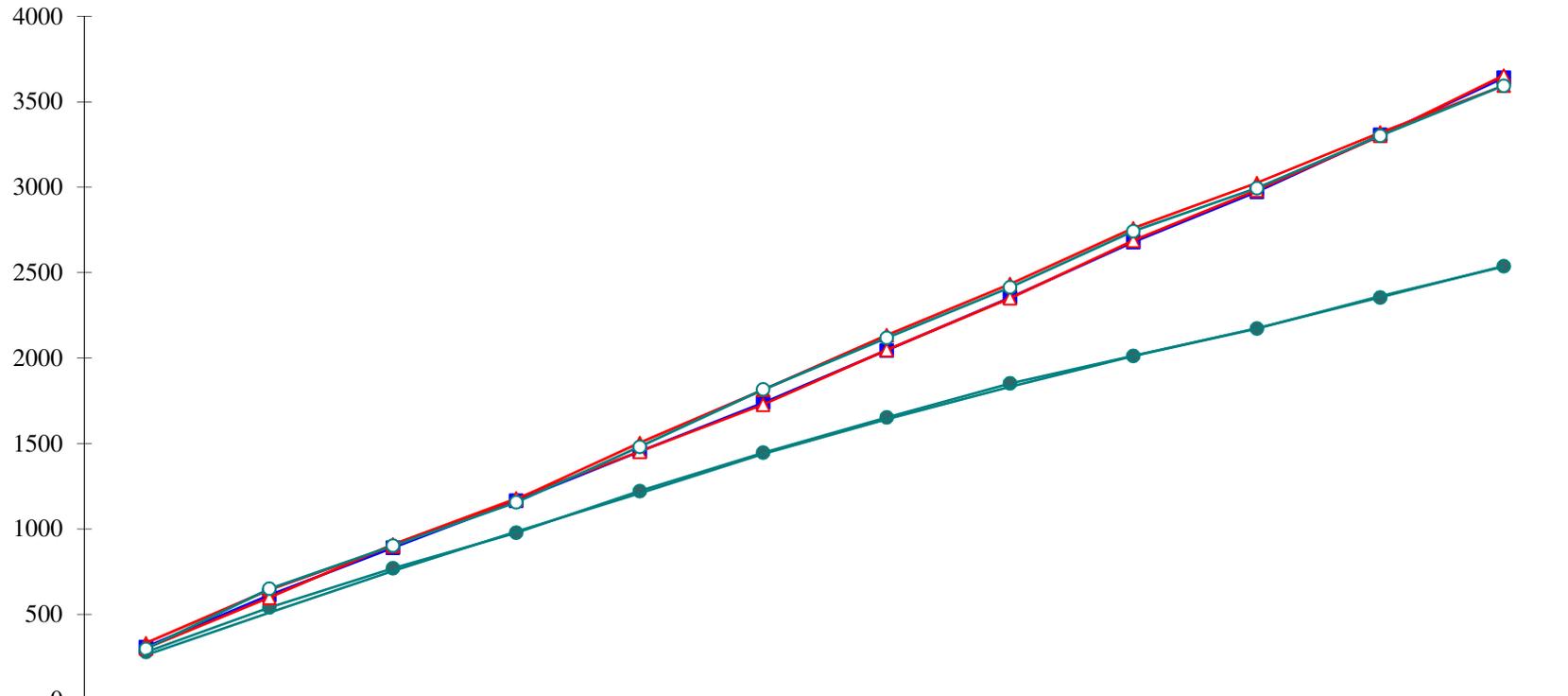
Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	320	300	327	264	295	275	280	261	229	208	244	225	206	199	161	161	181	184
Voluntary	74	65	69	66	80	69	77	76	58	35	56	56	37	40	35	33	35	37
Involuntary	246	235	258	198	215	206	203	185	171	173	188	169	169	159	126	128	146	147
OPC	7	5	6	10	10	22	8	11	17	5	11	16	25	32	28	20	28	15
Emergency	216	200	217	141	166	145	146	139	127	138	149	119	101	77	54	71	79	100
Temporary	6	9	10	12	8	12	7	9	6	8	7	9	11	10	10	12	11	4
Extended	0	1	0	2	1	0	0	1	0	0	0	1	1	0	0	1	0	1
Forensic	16	20	25	32	30	27	42	25	21	22	21	24	31	39	34	24	28	27
Order for MR Svc	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Discharges	301	296	329	252	307	292	262	248	244	231	223	231	203	190	180	161	190	172
% New to System	57%	50%	50%	46%	44%	46%	49%	44%	50%	59%	53%	47%	45%	39%	43%	43%	41%	46%



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



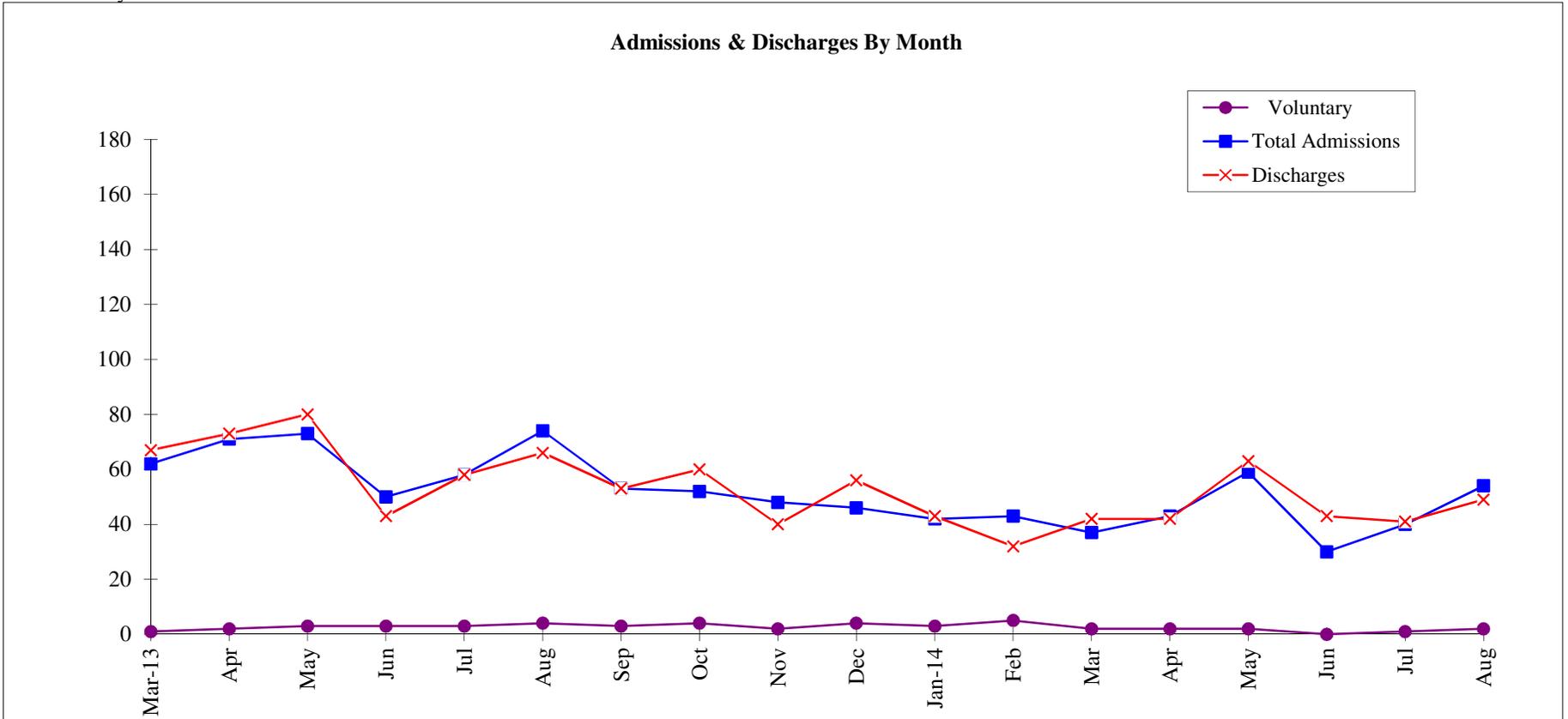
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	309	613	890	1165	1453	1739	2045	2354	2680	2973	3306	3641
▲ FY13 Admissions	332	645	899	1173	1504	1814	2134	2434	2761	3025	3320	3595
● FY14 Admissions	280	541	770	978	1222	1447	1653	1852	2013	2174	2355	2539
▾ FY12 Discharges	300	598	909	1179	1453	1728	2048	2351	2688	2983	3301	3654
○ FY13 Discharges	298	650	902	1156	1481	1817	2118	2414	2743	2995	3302	3594
— FY14 Discharges	262	510	754	985	1208	1439	1642	1832	2012	2173	2363	2535

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

Big Spring State Hospital

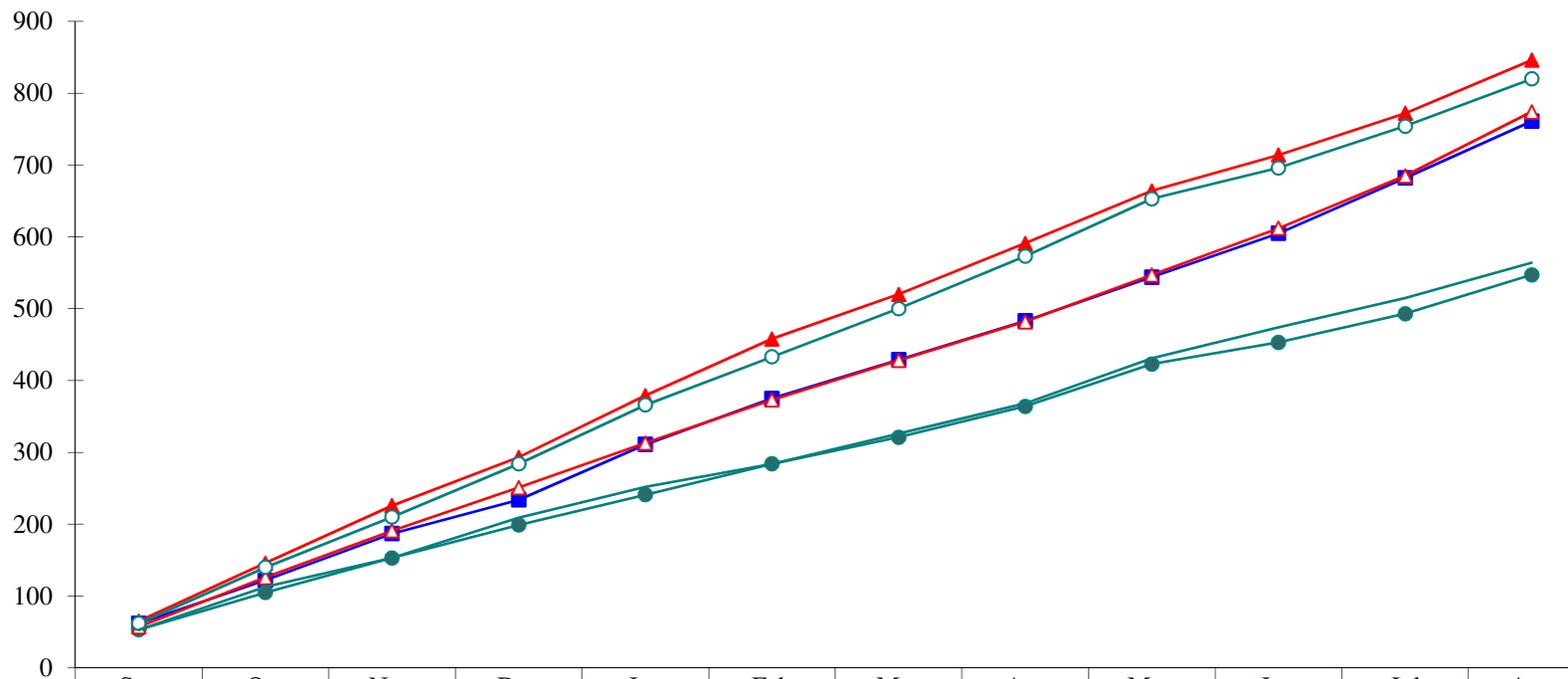
Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	62	71	73	50	58	74	53	52	48	46	42	43	37	43	59	30	40	54
Voluntary	1	2	3	3	3	4	3	4	2	4	3	5	2	2	2	0	1	2
Involuntary	61	69	70	47	55	70	50	48	46	42	39	38	35	41	57	30	39	52
OPC	4	8	9	11	3	7	4	6	7	7	3	3	4	5	4	3	3	4
Emergency	43	54	48	29	41	52	38	28	28	27	25	27	16	28	45	21	25	39
Temporary	0	1	1	1	2	1	1	1	2	1	1	1	3	1	0	0	2	1
Extended	0	0	1	0	1	0	0	1	0	0	0	0	3	1	0	0	0	1
Forensic	14	6	11	5	7	8	5	9	8	7	9	7	9	6	7	6	8	6
Order for MR	0	0	0	1	1	2	2	3	1	0	1	0	0	0	1	0	1	1
Discharges	67	73	80	43	58	66	53	60	40	56	43	32	42	42	63	43	41	49
% New to System	42%	48%	52%	44%	40%	46%	45%	33%	42%	37%	45%	35%	30%	49%	51%	33%	35%	48%



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



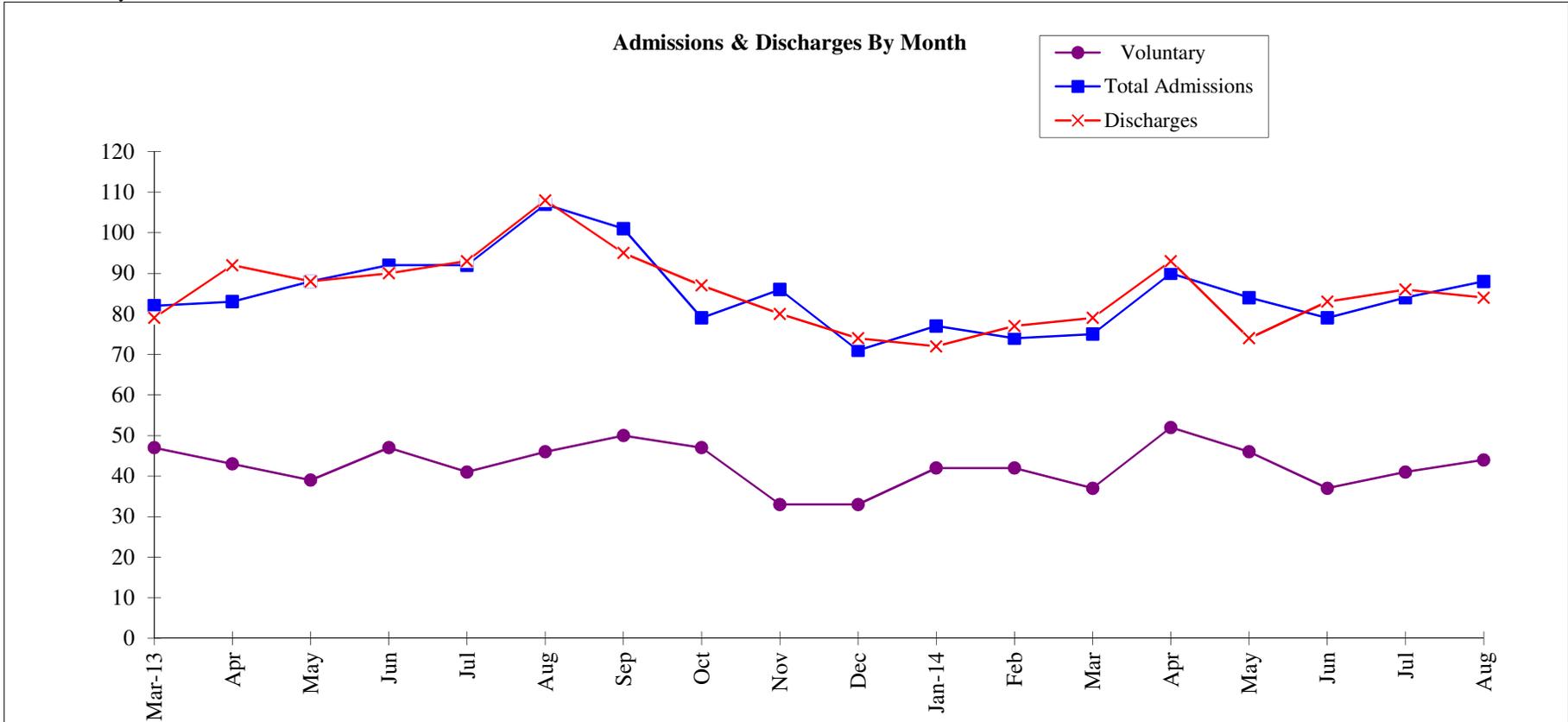
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	62	122	187	234	311	375	429	483	544	605	682	761
▲ FY13 Admissions	65	146	226	293	379	458	520	591	664	714	772	846
● FY14 Admissions	53	105	153	199	241	284	321	364	423	453	493	547
▴ FY12 Discharges	57	126	191	251	313	373	428	482	547	612	685	774
○ FY13 Discharges	62	140	210	284	366	433	500	573	653	696	754	820
● FY14 Discharges	53	113	153	209	252	284	326	368	431	474	515	564

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

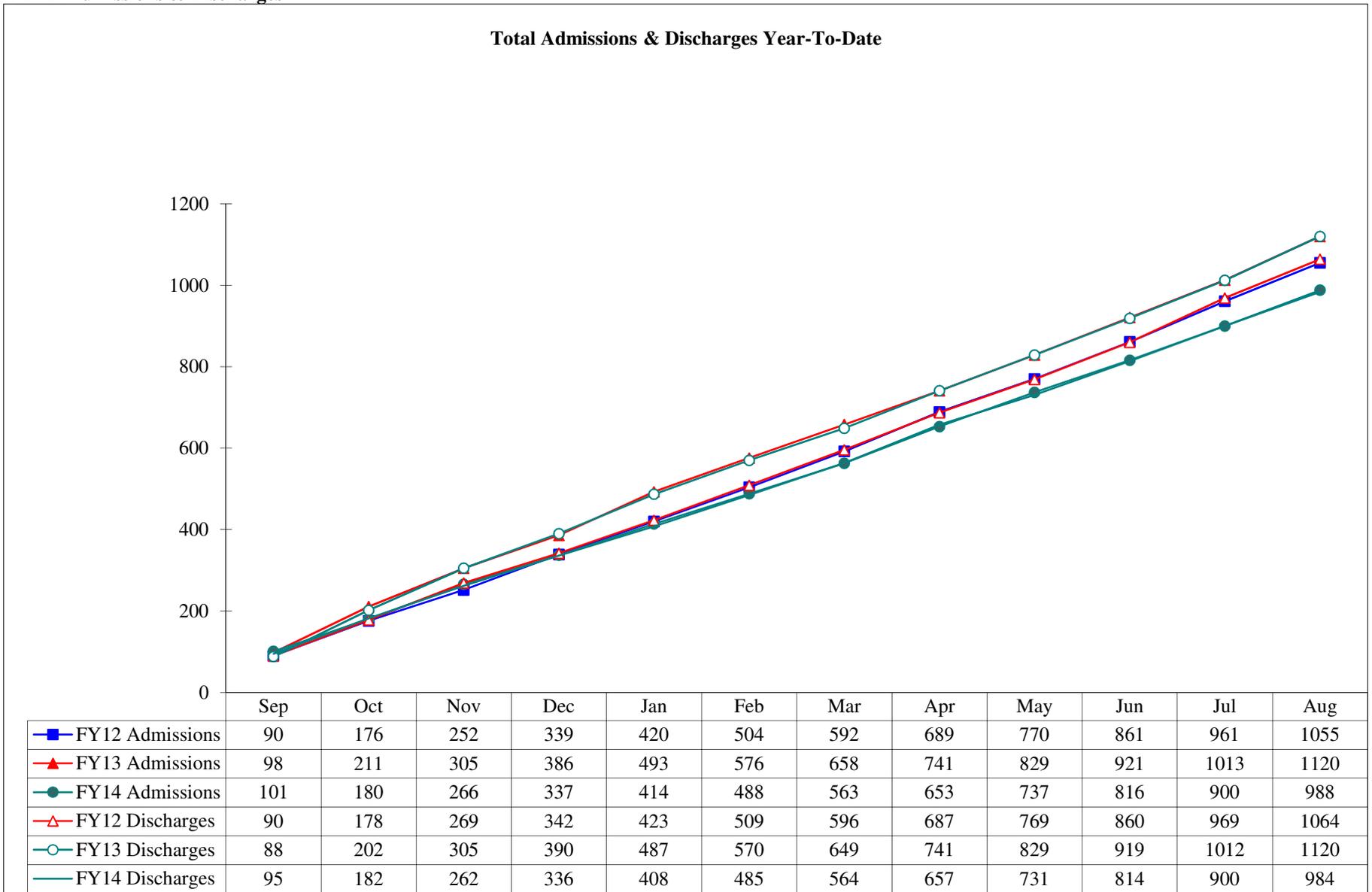
El Paso Psychiatric Center

Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	82	83	88	92	92	107	101	79	86	71	77	74	75	90	84	79	84	88
Voluntary	47	43	39	47	41	46	50	47	33	33	42	42	37	52	46	37	41	44
Involuntary	35	40	49	45	51	61	51	32	53	38	35	32	38	38	38	42	43	44
OPC	13	8	12	24	21	31	29	10	12	13	13	23	22	16	29	26	13	21
Emergency	16	24	33	13	24	23	15	17	29	22	19	9	11	19	7	14	25	19
Temporary	4	1	3	0	3	4	2	2	4	1	2	0	5	3	1	2	3	2
Extended	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Forensic	2	6	1	8	3	3	5	3	8	2	0	0	0	0	1	0	2	2
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	79	92	88	90	93	108	95	87	80	74	72	77	79	93	74	83	86	84
% New to System	51%	61%	55%	42%	53%	47%	51%	54%	59%	62%	53%	43%	52%	56%	57%	54%	48%	48%



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

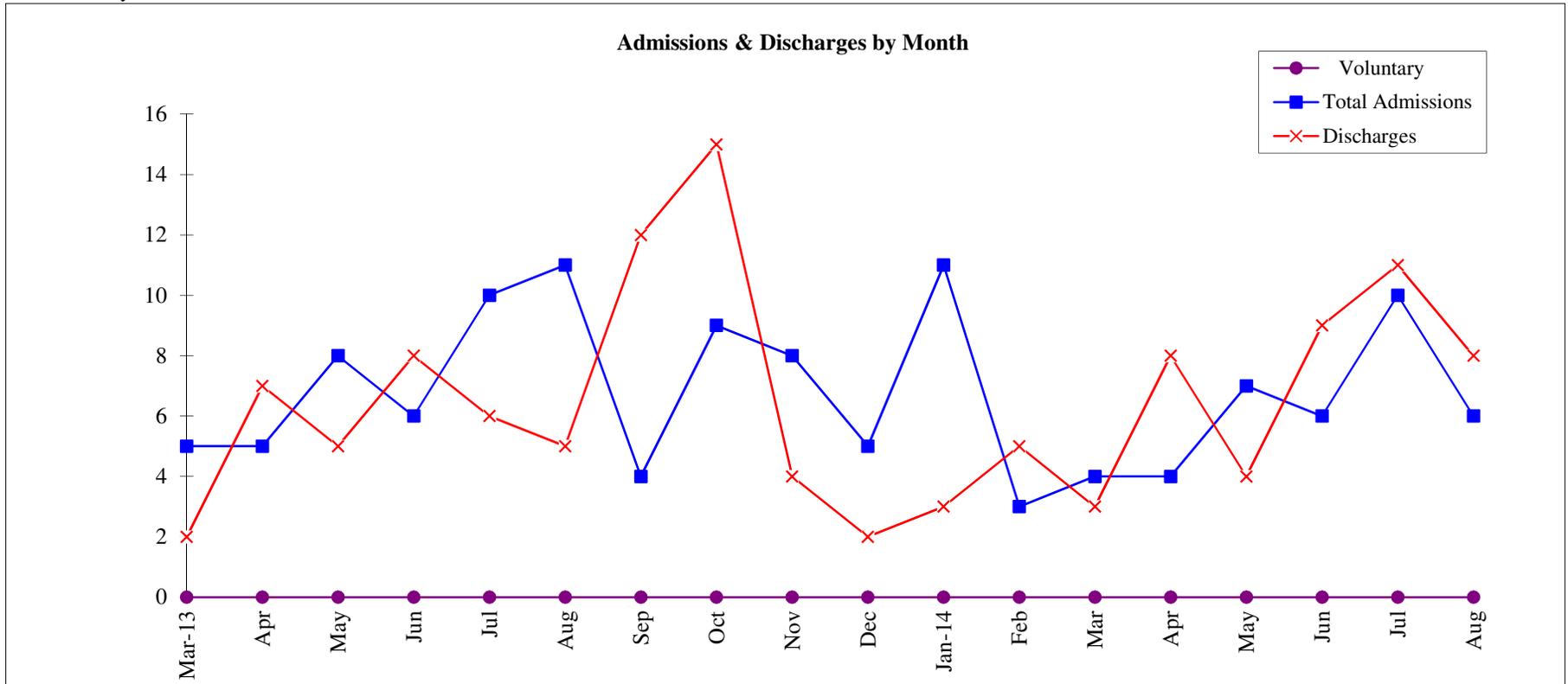


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

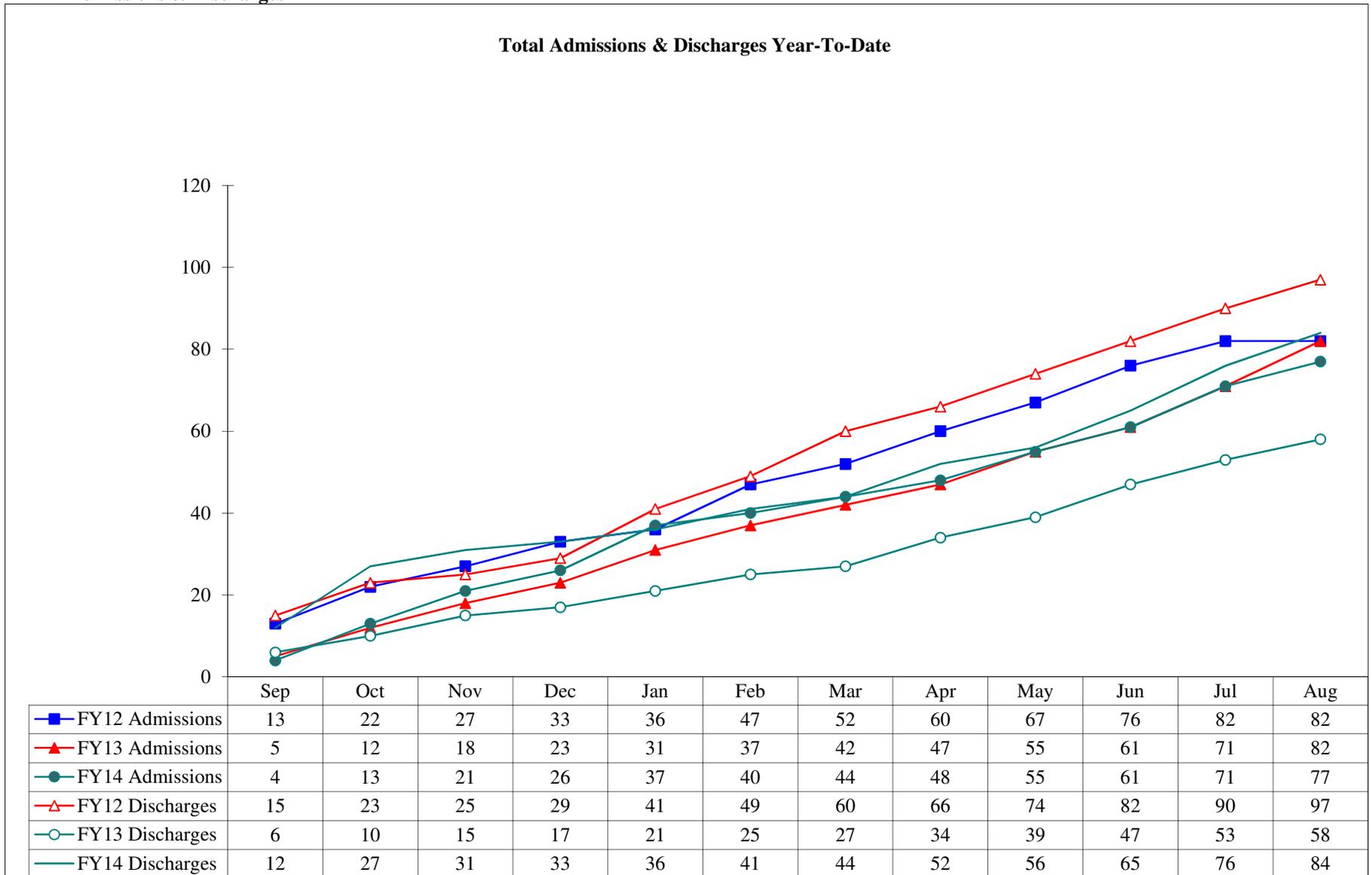
Kerrville State Hospital

Admissions by Month

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



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

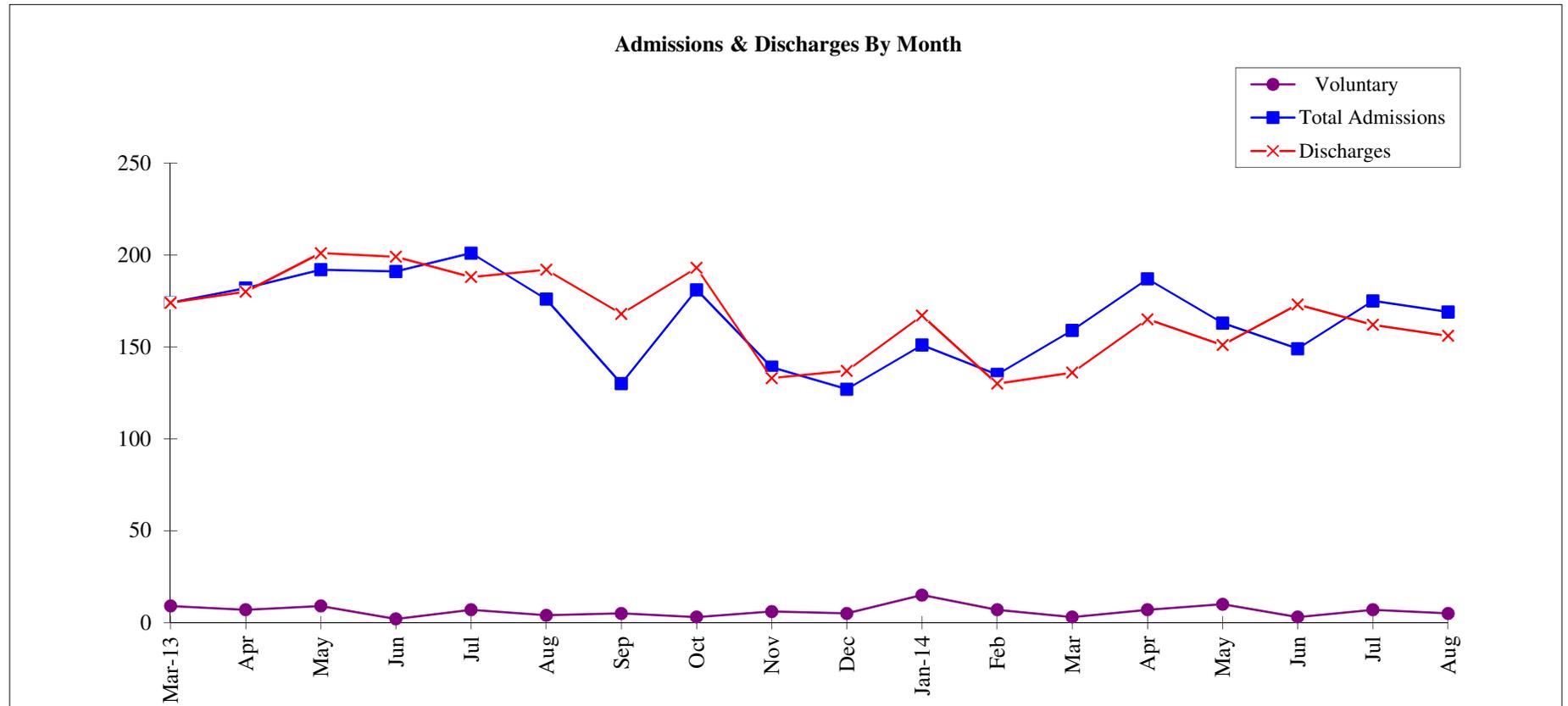


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

North Texas State Hospital

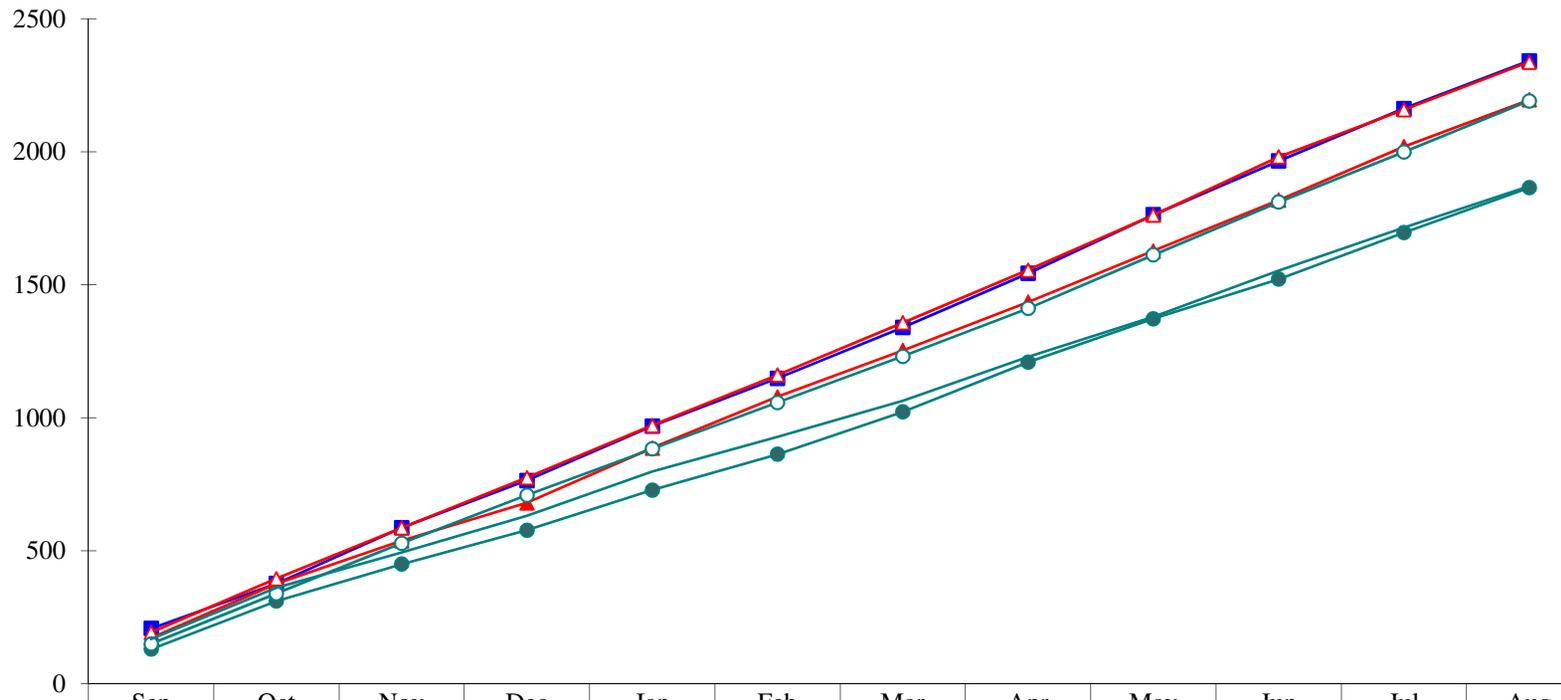
Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	174	182	192	191	201	176	130	181	139	127	151	135	159	187	163	149	175	169
Voluntary	9	7	9	2	7	4	5	3	6	5	15	7	3	7	10	3	7	5
Involuntary	165	175	183	189	194	172	125	178	133	122	136	128	156	180	153	146	168	164
OPC	25	22	18	32	29	21	21	20	6	7	20	18	22	19	23	20	22	27
Emergency	46	57	50	59	56	44	38	49	43	38	43	38	37	45	40	48	39	45
Temporary	28	40	37	25	37	25	28	33	35	35	24	24	20	30	18	25	28	33
Extended	1	0	1	1	1	0	0	0	0	0	0	0	2	0	0	0	0	2
Forensic	52	41	60	59	58	65	33	73	43	35	38	35	61	69	58	45	66	46
Order for MR	13	15	17	13	13	17	5	3	6	7	11	13	14	17	14	8	13	11
Discharges	174	180	201	199	188	192	168	193	133	137	167	130	136	165	151	173	162	156
% New to System	52%	50%	47%	48%	51%	53%	49%	49%	47%	57%	59%	51%	52%	52%	44%	54%	53%	51%



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



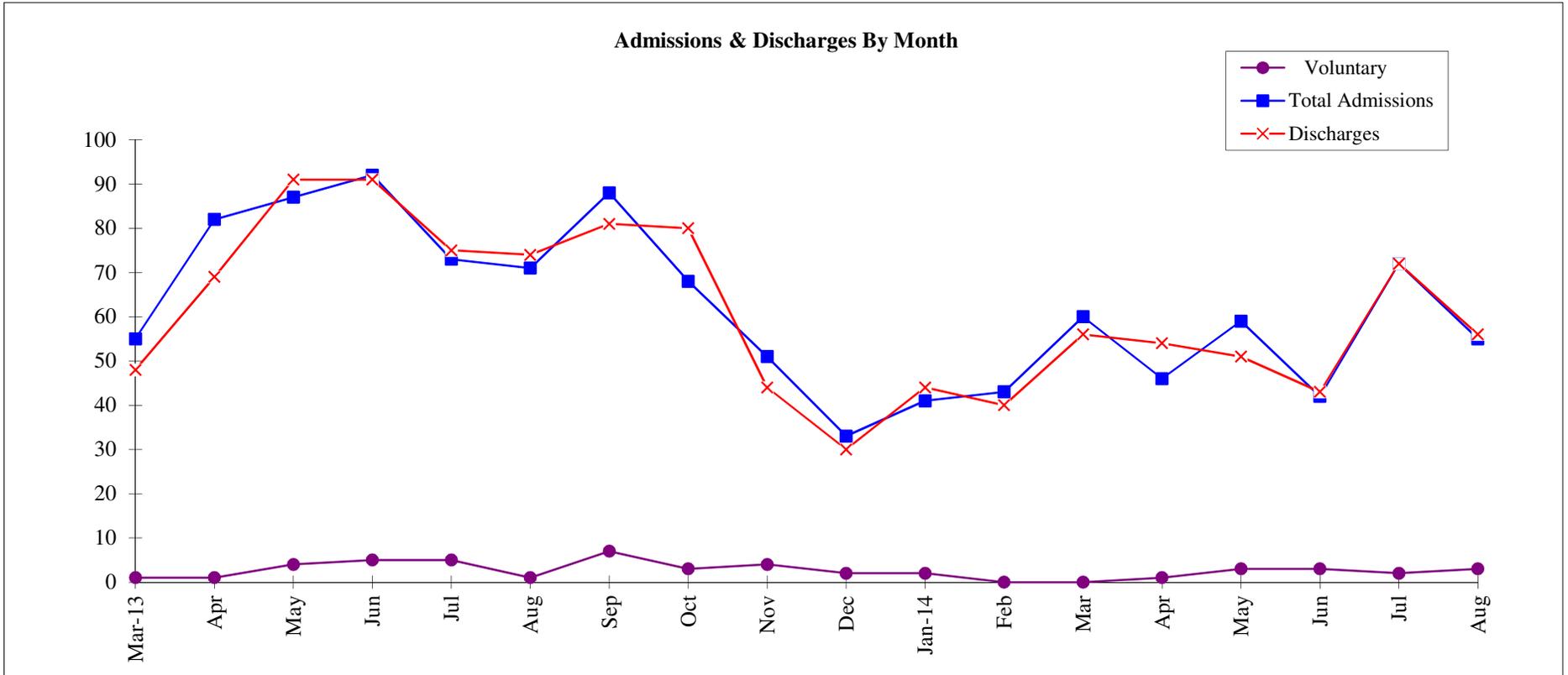
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY12 Admissions	208	377	587	764	969	1148	1339	1543	1763	1965	2162	2342
—▲— FY13 Admissions	172	376	538	680	886	1079	1253	1435	1627	1818	2019	2195
—●— FY14 Admissions	130	311	450	577	728	863	1022	1209	1372	1521	1696	1865
—▲— FY12 Discharges	193	395	586	775	971	1161	1357	1555	1762	1981	2158	2337
—○— FY13 Discharges	150	339	528	709	883	1057	1231	1411	1612	1811	1999	2191
—■— FY14 Discharges	168	361	494	631	798	928	1064	1229	1380	1553	1715	1871

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

Rio Grande State Center

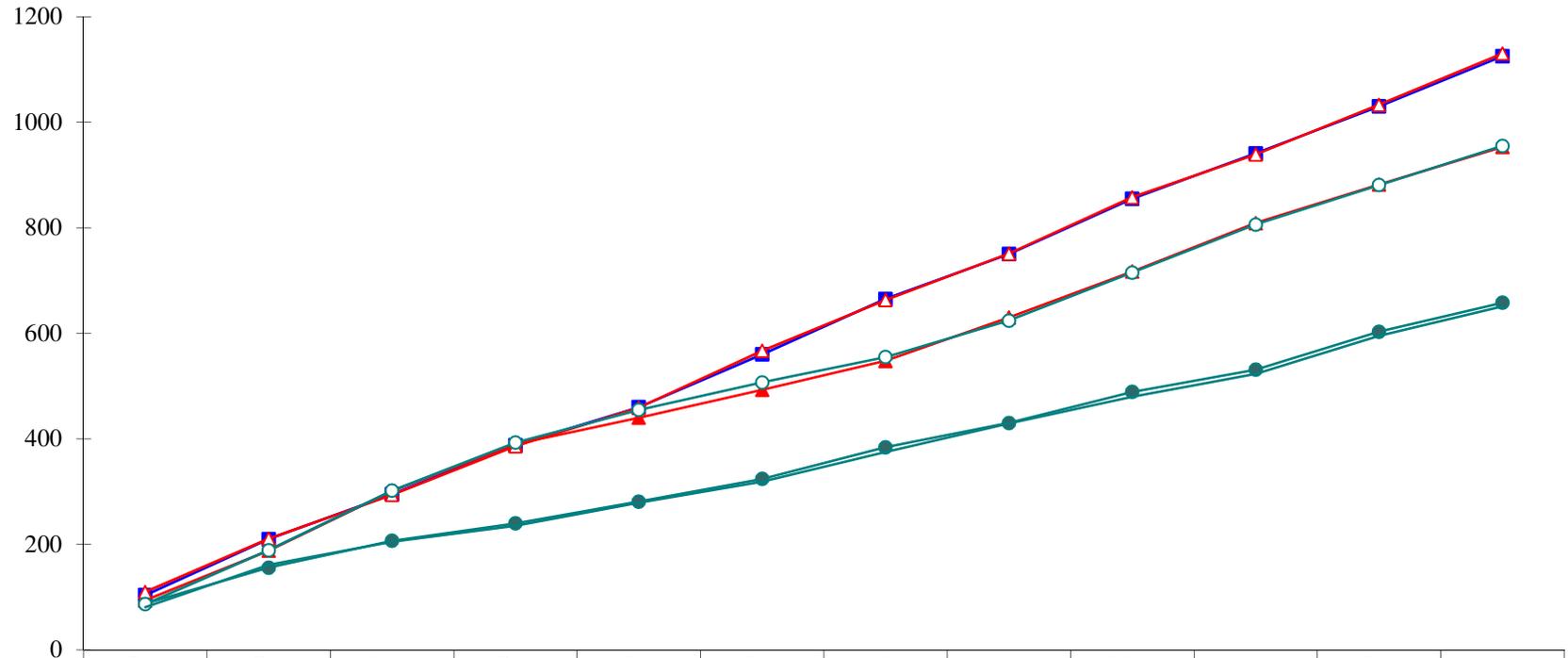
Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	55	82	87	92	73	71	88	68	51	33	41	43	60	46	59	42	72	55
Voluntary	1	1	4	5	5	1	7	3	4	2	2	0	0	1	3	3	2	3
Involuntary	54	81	83	87	68	70	81	65	47	31	39	43	60	45	56	39	70	52
OPC	0	2	3	2	0	0	3	2	2	1	0	3	1	0	0	0	0	0
Emergency	50	67	76	79	60	65	72	54	35	23	28	30	46	44	42	39	62	46
Temporary	1	1	3	1	2	1	3	0	0	0	2	1	2	1	0	0	1	1
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	3	11	1	5	6	4	3	9	10	7	9	9	11	0	14	0	6	5
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Discharges	48	69	91	91	75	74	81	80	44	30	44	40	56	54	51	43	72	56
% New to System	20%	38%	40%	49%	47%	46%	49%	39%	27%	26%	27%	33%	46%	32%	41%	52%	44%	49%



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



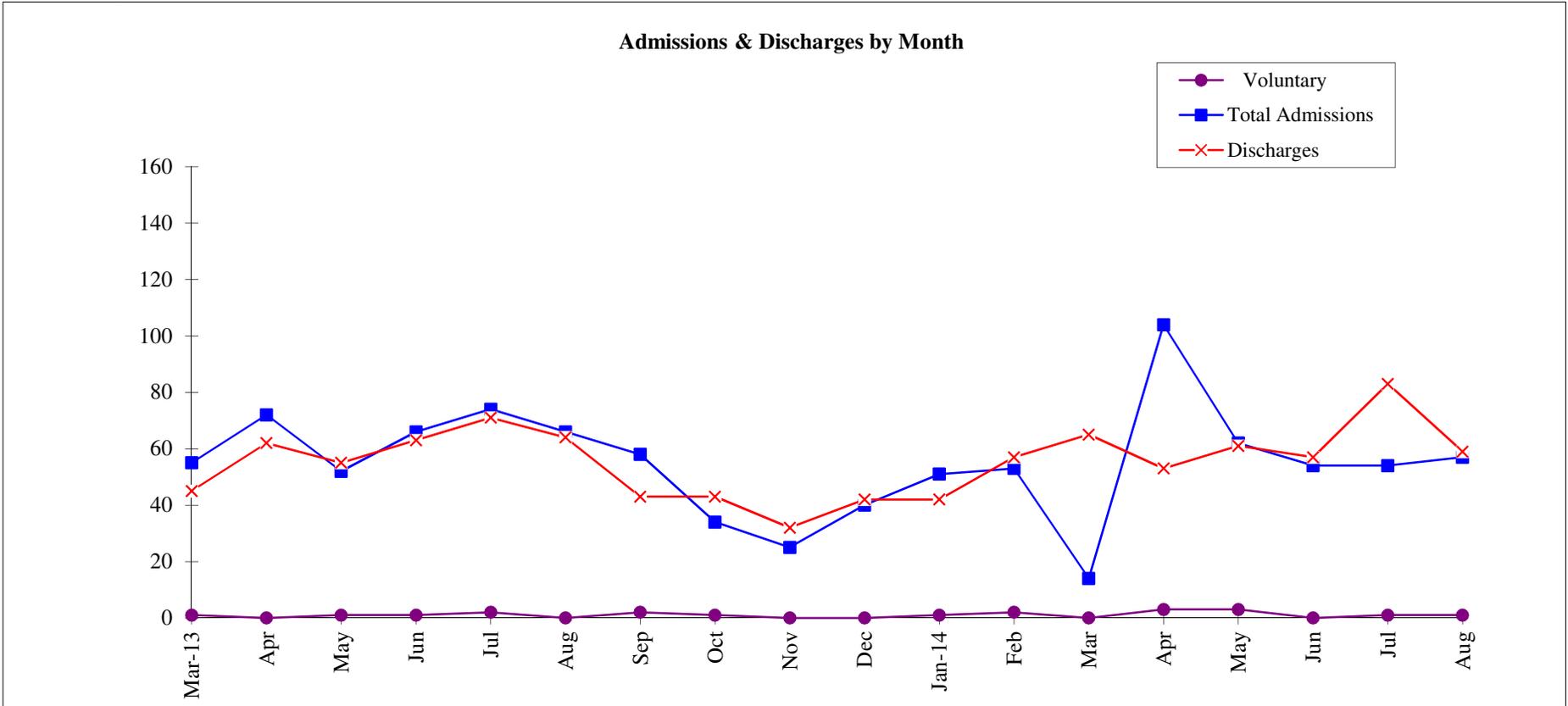
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY12 Admissions	104	210	295	388	460	560	665	750	855	941	1030	1125
—▲— FY13 Admissions	94	188	301	390	440	493	548	630	717	809	882	953
—●— FY14 Admissions	88	156	207	240	281	324	384	430	489	531	603	658
—▲— FY12 Discharges	110	211	294	386	459	567	663	751	858	939	1033	1130
—○— FY13 Discharges	87	189	302	393	455	507	555	624	715	806	881	955
—○— FY14 Discharges	81	161	205	235	279	319	375	429	480	523	595	651

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

Rusk State Hospital

Admissions by Month

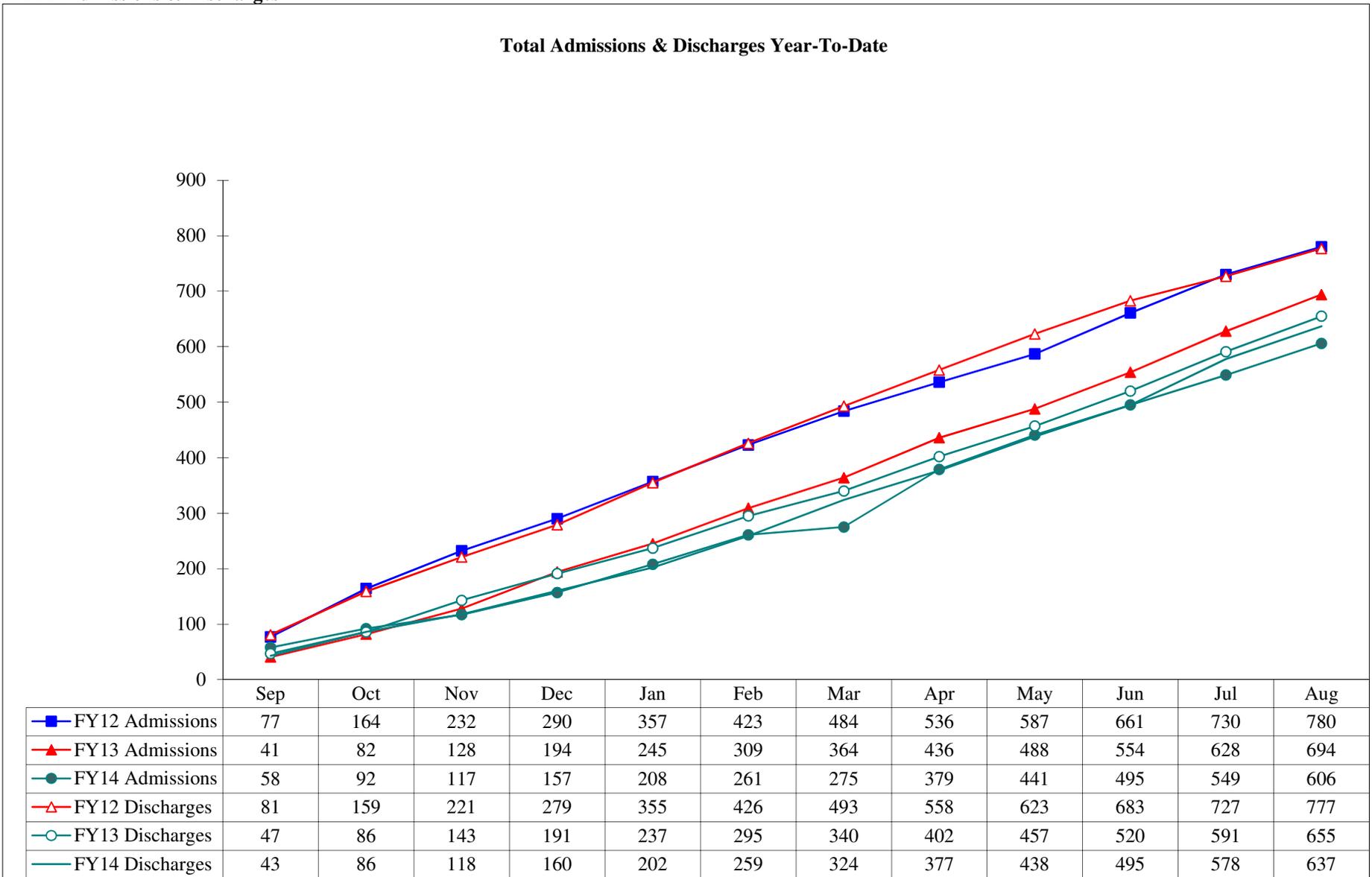
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	55	72	52	66	74	66	58	34	25	40	51	53	14	104	62	54	54	57
Voluntary	1	0	1	1	2	0	2	1	0	0	1	2	0	3	3	0	1	1
Involuntary	54	72	51	65	72	66	56	33	25	40	50	51	14	101	59	54	53	56
OPC	13	7	3	9	15	13	3	1	0	4	5	10	2	17	9	5	10	13
Emergency	12	16	24	38	30	24	16	9	5	10	12	13	5	30	19	13	11	18
Temporary	3	10	7	5	6	4	2	3	4	3	0	6	1	6	7	8	6	3
Extended	0	2	3	0	0	0	0	0	0	2	0	0	0	0	1	1	0	0
Forensic	26	37	14	13	21	25	35	20	16	21	33	22	6	48	23	27	26	22
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	45	62	55	63	71	64	43	43	32	42	42	57	65	53	61	57	83	59
% New to System	45%	40%	35%	41%	43%	39%	43%	29%	36%	38%	39%	36%	50%	45%	50%	35%	50%	35%



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

Rusk State Hospital

FYTD Admissions & Discharges

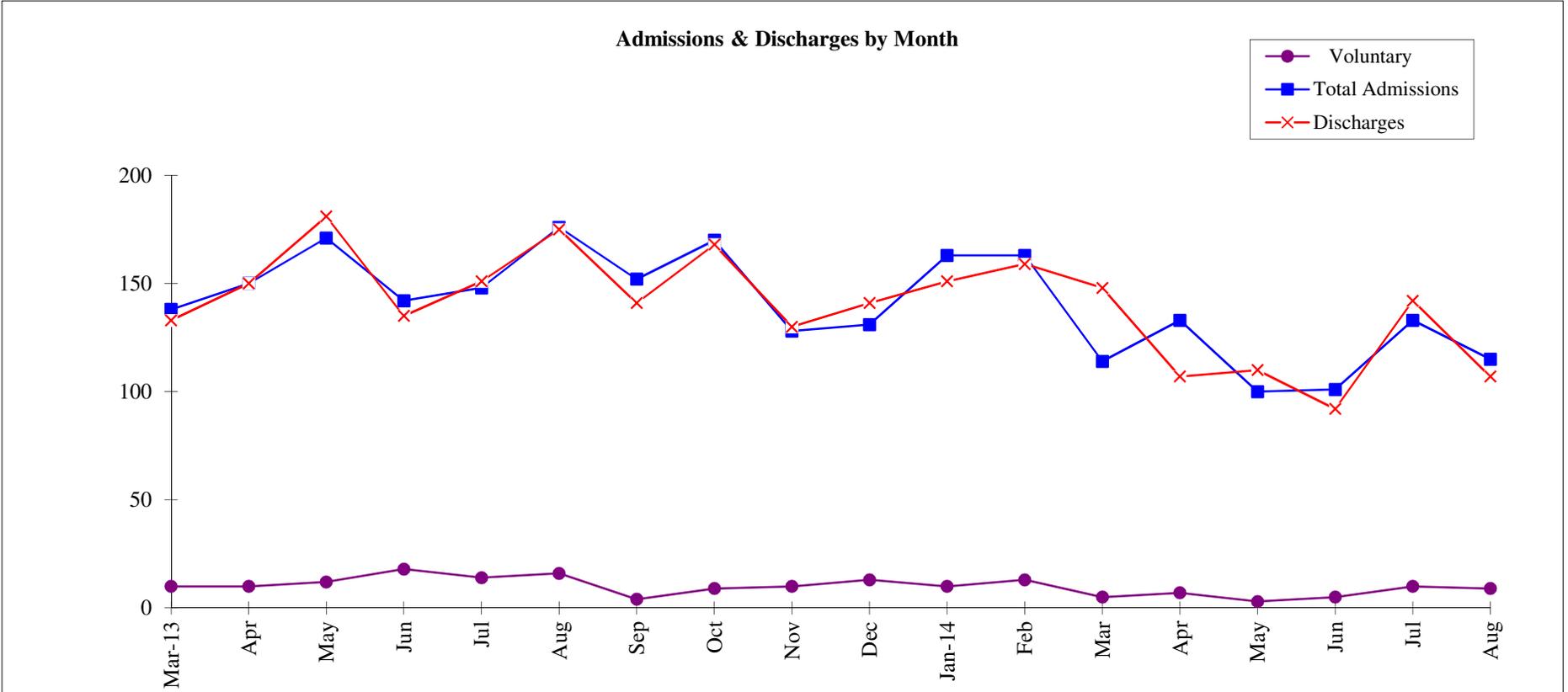


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

San Antonio State Hospital

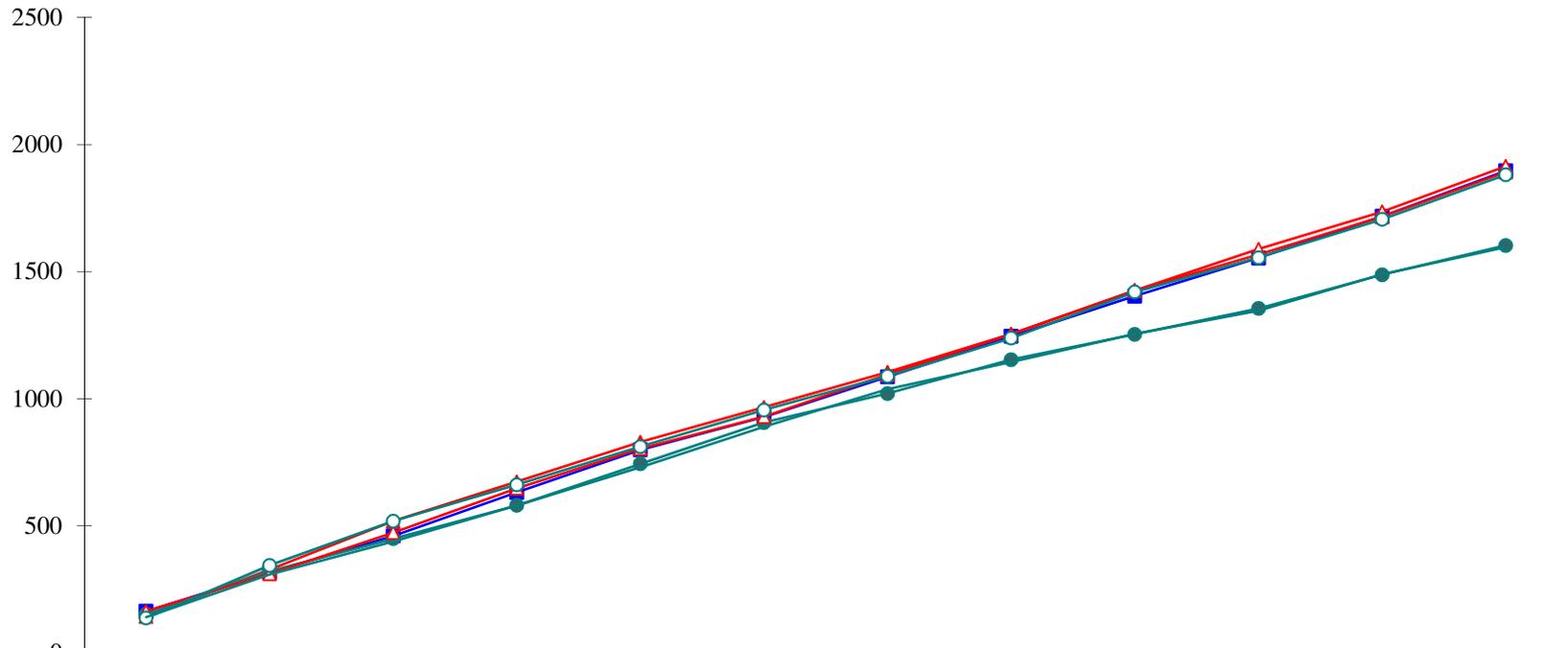
Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	138	150	171	142	148	176	152	170	128	131	163	163	114	133	100	101	133	115
Voluntary	10	10	12	18	14	16	4	9	10	13	10	13	5	7	3	5	10	9
Involuntary	128	140	159	124	134	160	148	161	118	118	153	150	109	126	97	96	123	106
OPC	21	20	19	17	17	20	19	31	27	22	39	36	20	19	12	16	21	23
Emergency	72	74	105	72	74	91	75	74	62	71	71	73	52	56	44	52	67	49
Temporary	21	30	15	21	28	32	23	36	17	12	27	24	17	32	24	14	24	19
Extended	1	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Forensic	8	12	15	11	10	10	28	15	9	13	13	13	16	17	12	14	11	13
Order for MR	5	1	5	3	5	7	3	5	3	0	3	4	3	2	5	0	0	2
Discharges	133	150	181	135	151	175	141	168	130	141	151	159	148	107	110	92	142	107
% New to System	54%	45%	54%	53%	49%	49%	42%	54%	44%	53%	55%	40%	51%	47%	58%	47%	51%	42%



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



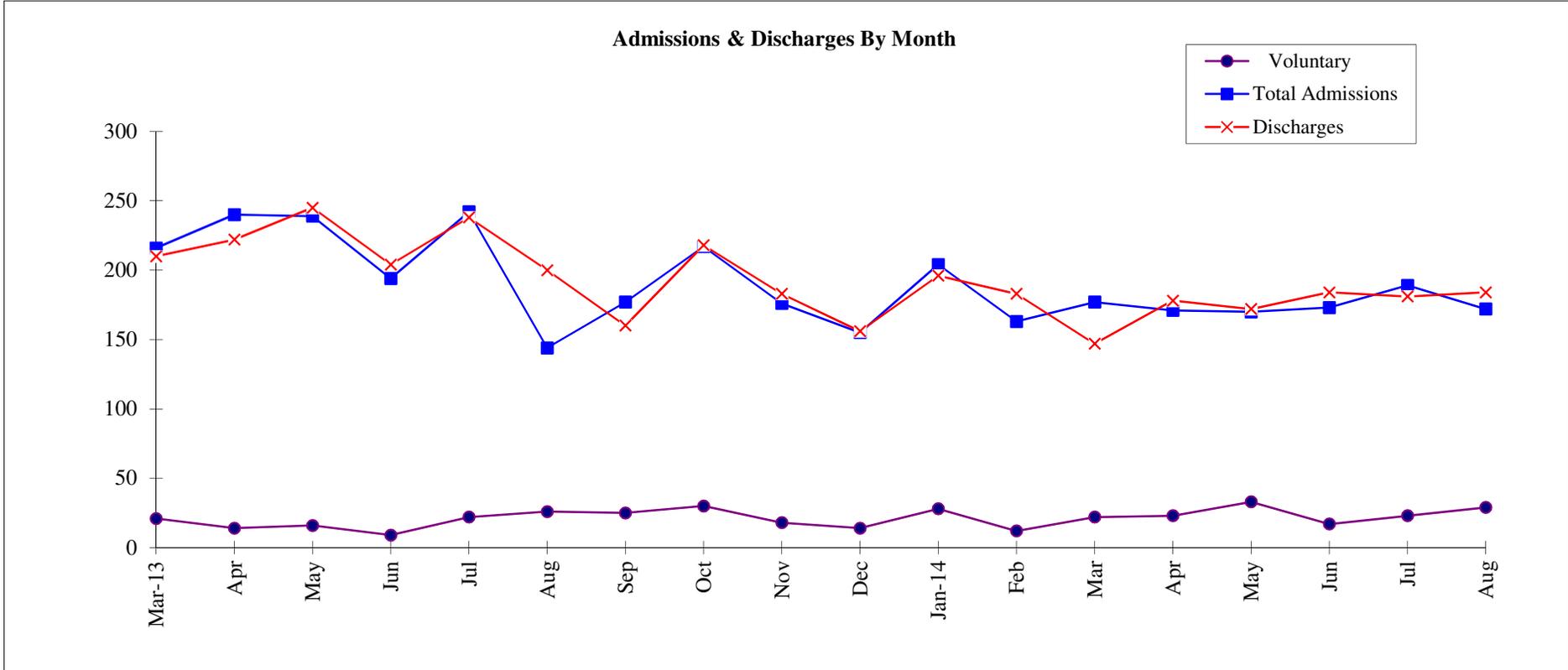
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	164	316	461	632	799	929	1087	1246	1404	1554	1718	1897
▲ FY13 Admissions	144	328	519	674	830	967	1105	1255	1426	1568	1716	1892
● FY14 Admissions	152	322	450	581	744	907	1021	1154	1254	1355	1488	1603
▲ FY12 Discharges	165	312	474	648	804	930	1095	1254	1426	1589	1736	1915
○ FY13 Discharges	138	345	519	662	812	956	1089	1239	1420	1555	1706	1881
● FY14 Discharges	141	309	439	580	731	890	1038	1145	1255	1347	1489	1596

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

Terrell State Hospital

Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	216	240	239	194	242	144	177	217	176	155	204	163	177	171	170	173	189	172
Voluntary	21	14	16	9	22	26	25	30	18	14	28	12	22	23	33	17	23	29
Involuntary	195	226	223	185	220	118	152	187	158	141	176	151	155	148	137	156	166	143
OPC	167	181	183	139	179	93	125	141	124	112	128	119	112	109	104	113	128	102
Emergency	11	9	13	15	19	12	7	14	11	9	20	10	6	7	18	17	12	12
Temporary	4	9	10	9	9	5	16	18	11	9	6	3	5	9	5	5	7	5
Extended	1	1	0	1	0	0	1	0	1	1	0	0	1	0	1	1	1	0
Forensic	12	25	17	21	13	8	3	14	11	10	22	19	31	23	9	20	18	24
Order for MR	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	210	222	245	204	238	200	160	218	183	156	196	183	147	178	172	184	181	184
% New to System	45%	48%	43%	44%	51%	47%	46%	47%	54%	38%	50%	47%	54%	49%	54%	54%	52%	56%

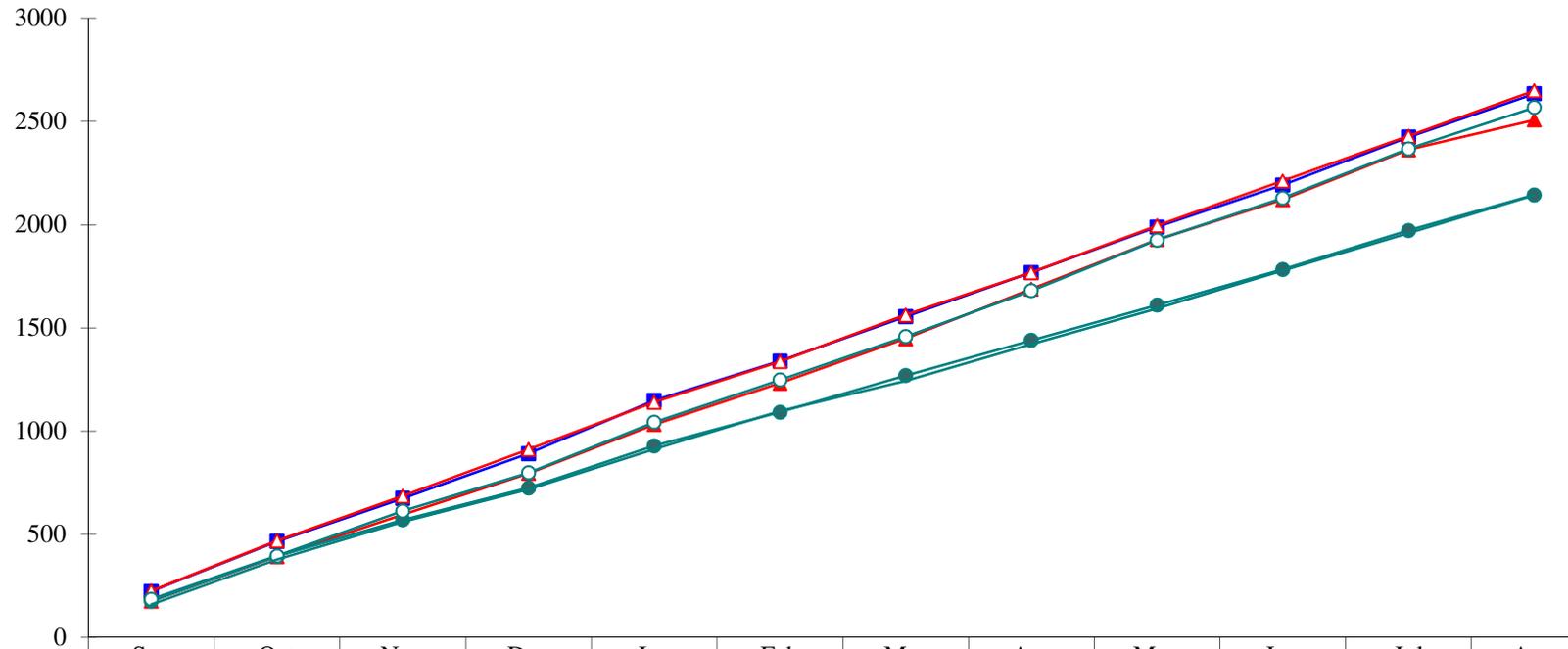


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Terrell State Hospital

FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



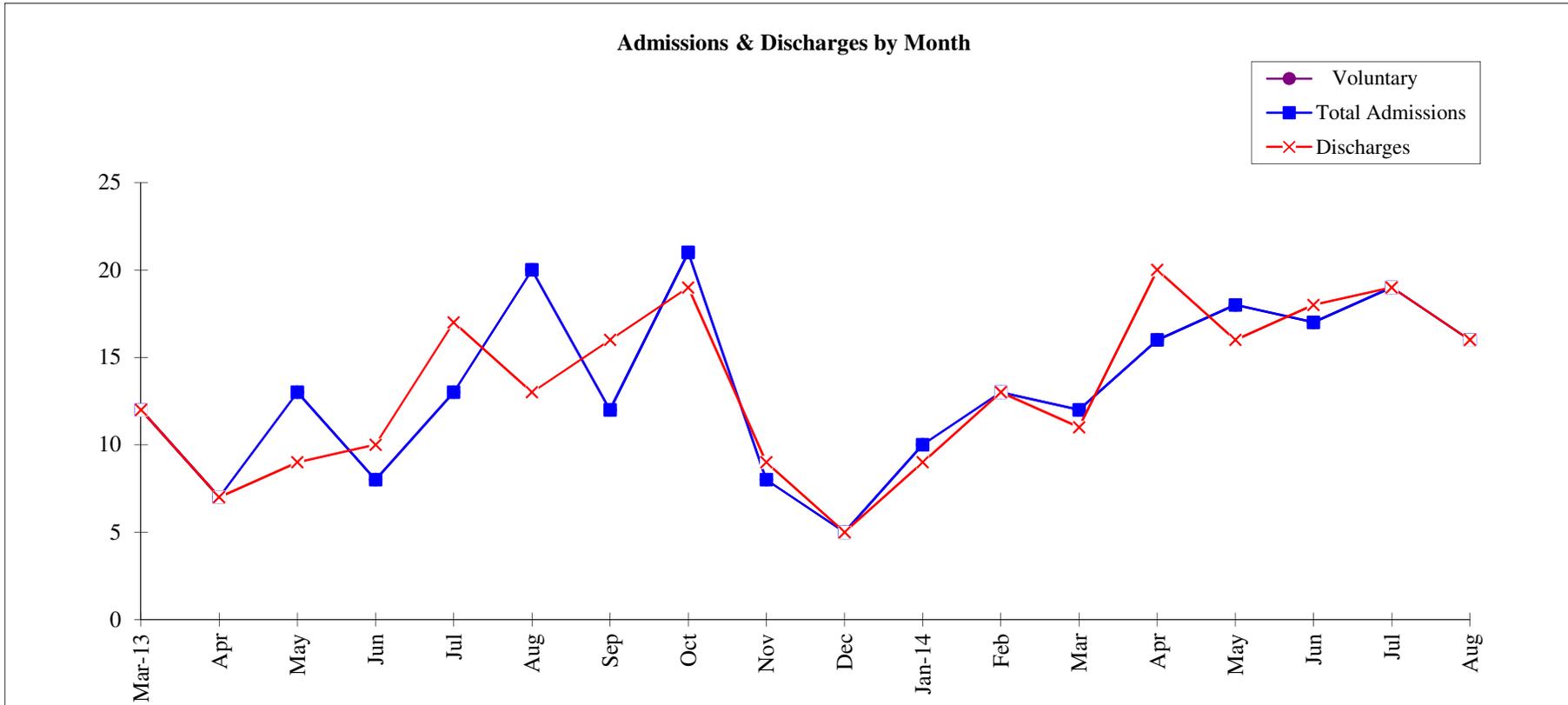
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	224	466	674	891	1148	1339	1554	1768	1988	2192	2424	2634
▲ FY13 Admissions	177	393	595	795	1032	1232	1448	1688	1927	2121	2363	2507
● FY14 Admissions	177	394	570	725	929	1092	1269	1440	1610	1783	1972	2144
▢ FY12 Discharges	226	469	686	911	1140	1337	1563	1768	1995	2212	2429	2649
○ FY13 Discharges	186	396	613	798	1043	1248	1458	1680	1925	2129	2367	2567
● FY14 Discharges	160	378	561	717	913	1096	1243	1421	1593	1777	1958	2142

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

Waco Center for Youth

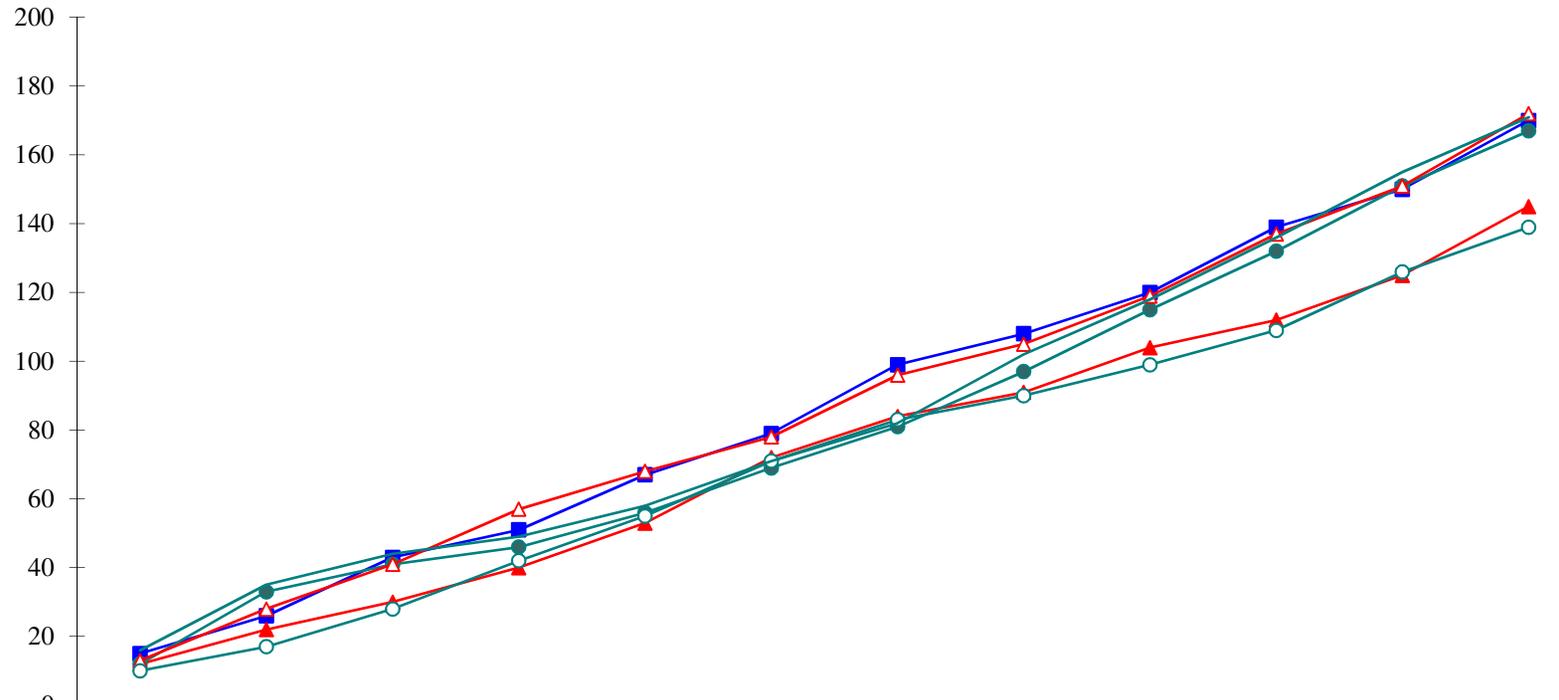
Admissions by Month

	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	12	7	13	8	13	20	12	21	8	5	10	13	12	16	18	17	19	16
Voluntary	12	7	13	8	13	20	12	21	8	5	10	13	12	16	18	17	19	16
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	12	7	9	10	17	13	16	19	9	5	9	13	11	20	16	18	19	16
% New to System	50%	71%	38%	50%	31%	65%	67%	62%	75%	40%	50%	54%	58%	60%	78%	75%	37%	69%



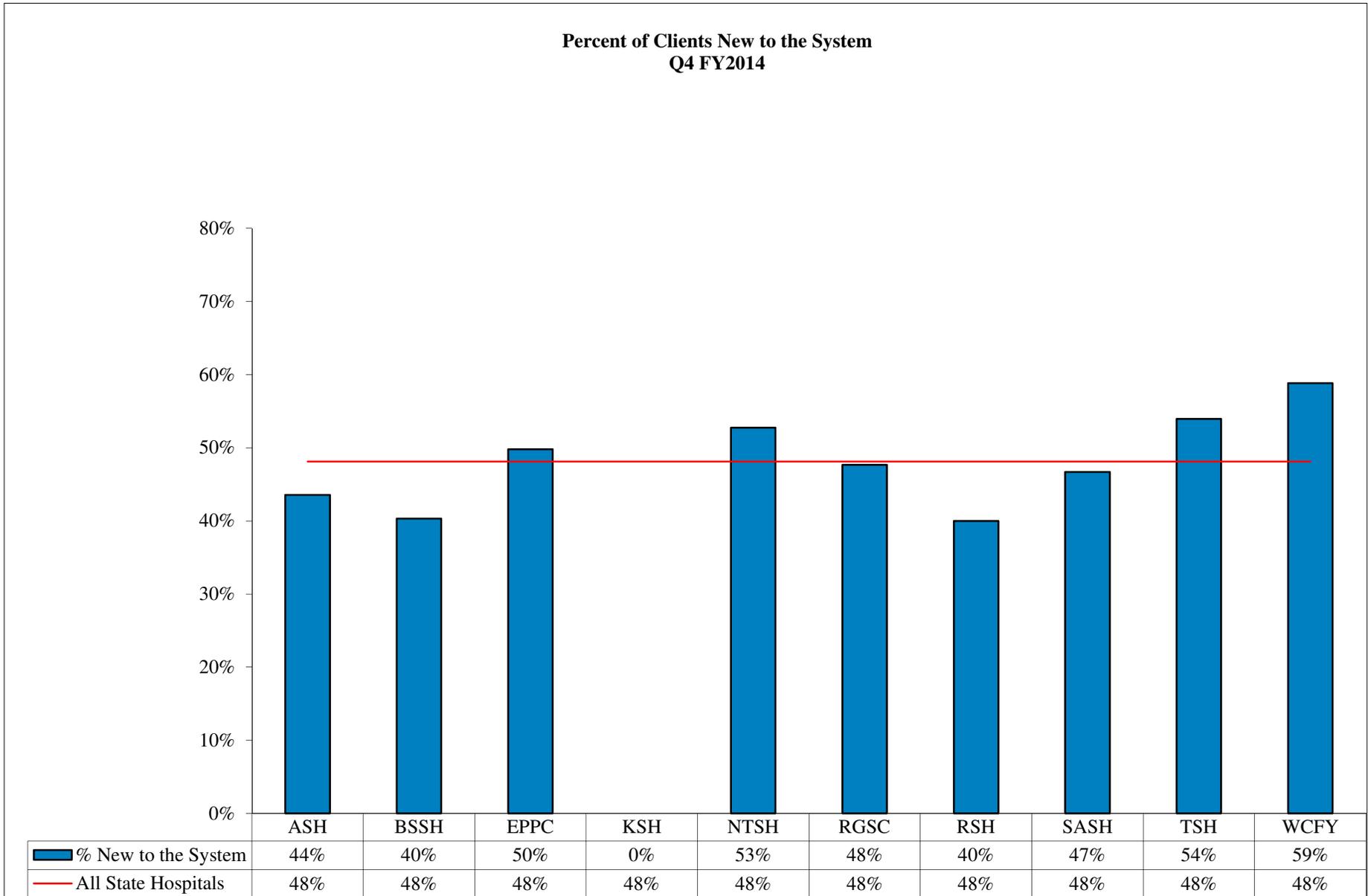
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY12 Admissions	15	26	43	51	67	79	99	108	120	139	150	170
▲ FY13 Admissions	12	22	30	40	53	72	84	91	104	112	125	145
● FY14 Admissions	12	33	41	46	56	69	81	97	115	132	151	167
▾ FY12 Discharges	13	28	41	57	68	78	96	105	119	137	151	172
○ FY13 Discharges	10	17	28	42	55	71	83	90	99	109	126	139
● FY14 Discharges	16	35	44	49	58	71	82	102	118	136	155	171

**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

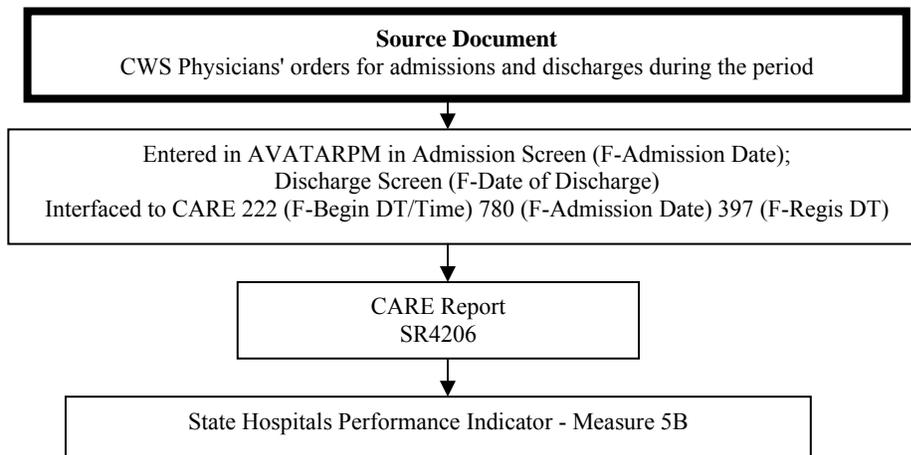
D = total persons discharged during the quarter

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).

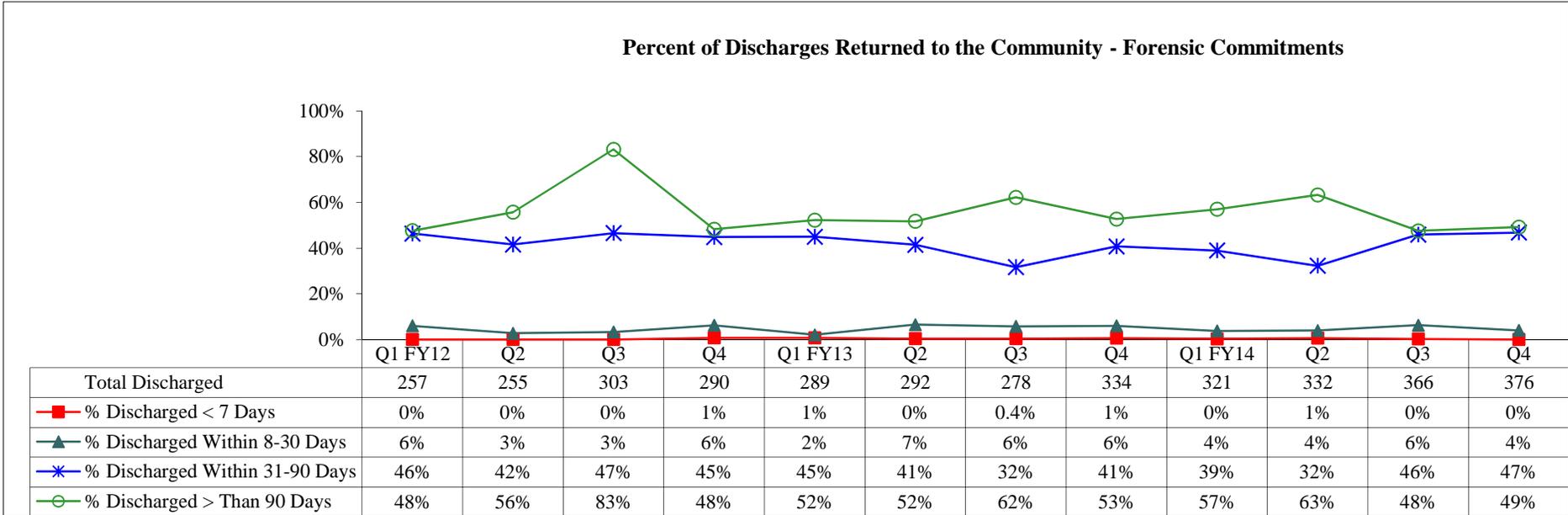
Performance Measure Data Display and Chart Description:

- ◆ 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.

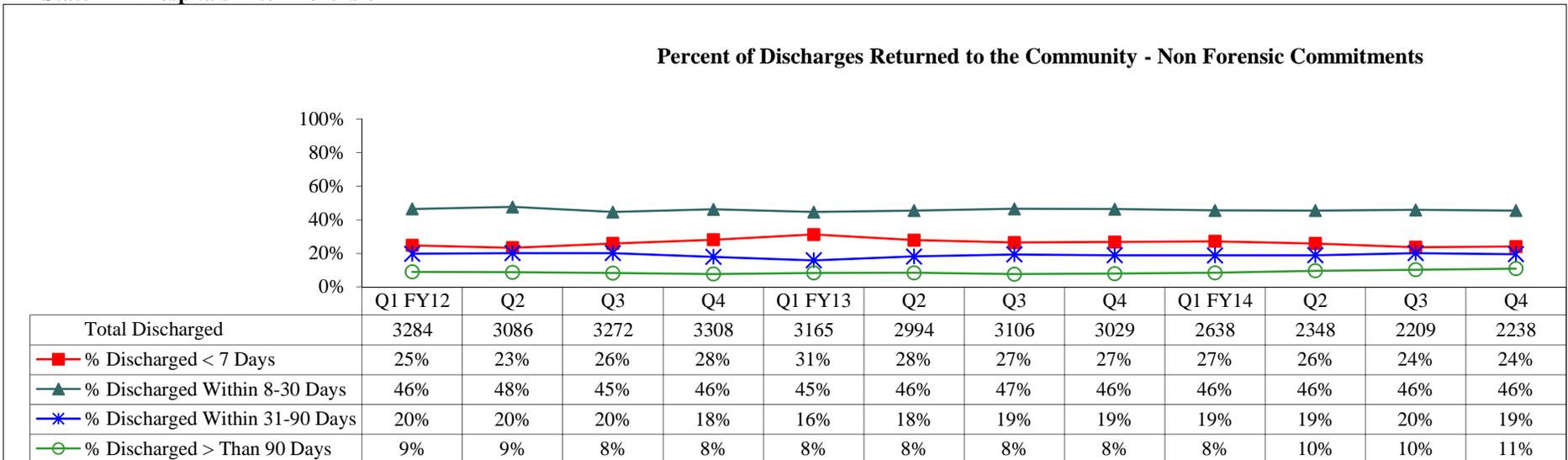
Data Flow:



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

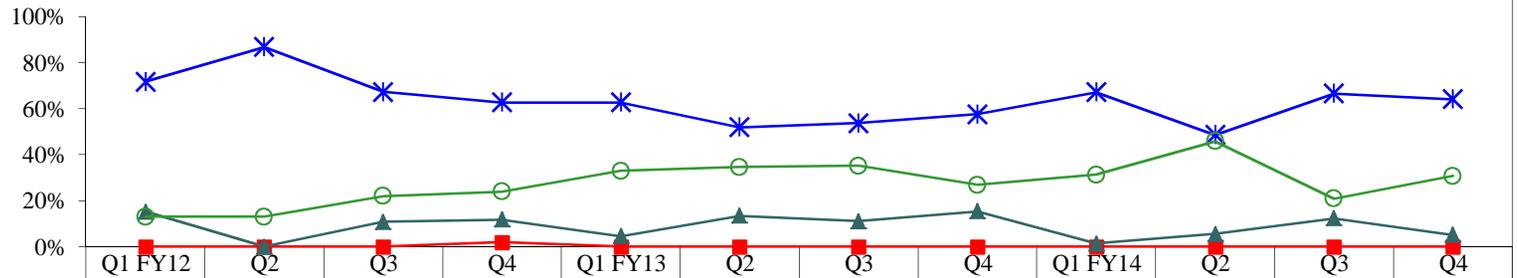


Total Discharges do not include transfers or DMAs

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

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

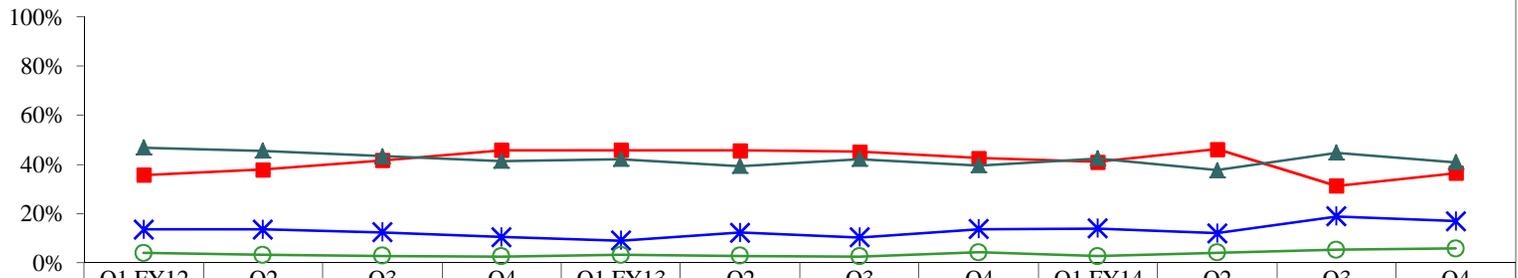
Percent of Discharges Returned to the Community - Forensic Commitments



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
Total Discharged	46	38	55	51	43	52	54	78	67	72	81	78
■ % Discharged < 7 Days	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	15%	0%	11%	12%	5%	13%	11%	15%	1%	6%	12%	5%
✱ % Discharged Within 31-90 Days	72%	87%	67%	63%	63%	52%	54%	58%	67%	49%	67%	64%
○ % Discharged > Than 90 Days	13%	13%	22%	24%	33%	35%	35%	27%	31%	46%	21%	31%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments

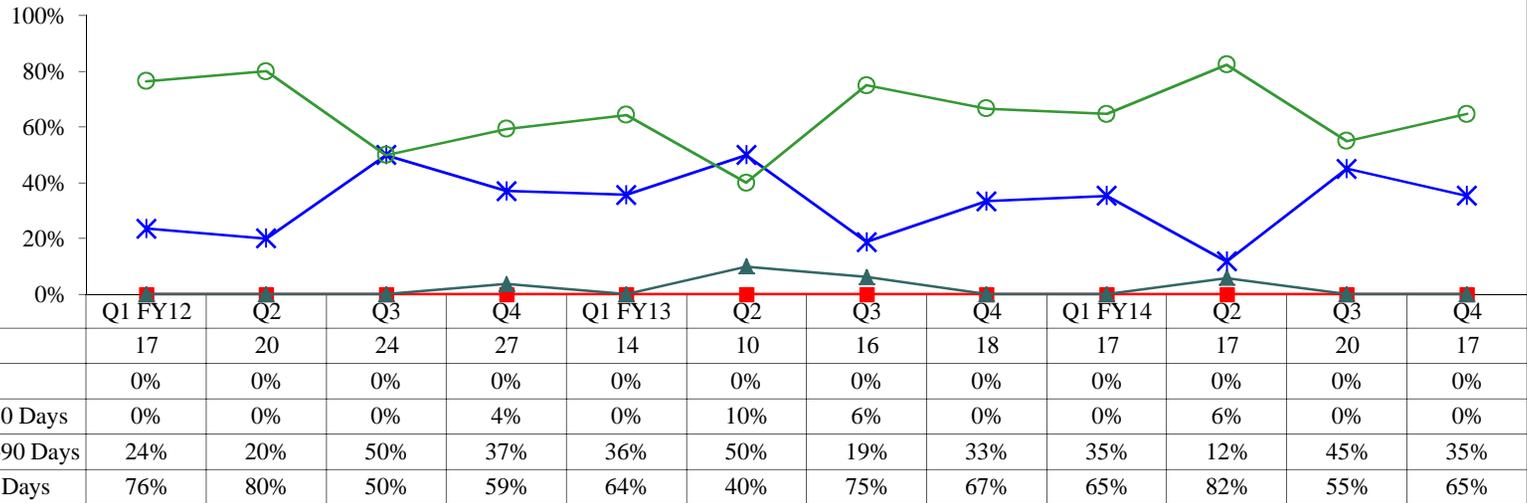


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
Total Discharged	818	763	881	898	830	831	841	759	673	608	479	433
■ % Discharged < 7 Days	36%	38%	42%	46%	46%	46%	45%	43%	41%	46%	31%	36%
▲ % Discharged Within 8-30 Days	47%	45%	43%	41%	42%	39%	42%	40%	42%	38%	45%	41%
✱ % Discharged Within 31-90 Days	14%	14%	12%	10%	9%	12%	10%	14%	14%	12%	19%	17%
○ % Discharged > Than 90 Days	4%	3%	3%	2%	3%	3%	3%	4%	3%	4%	5%	6%

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

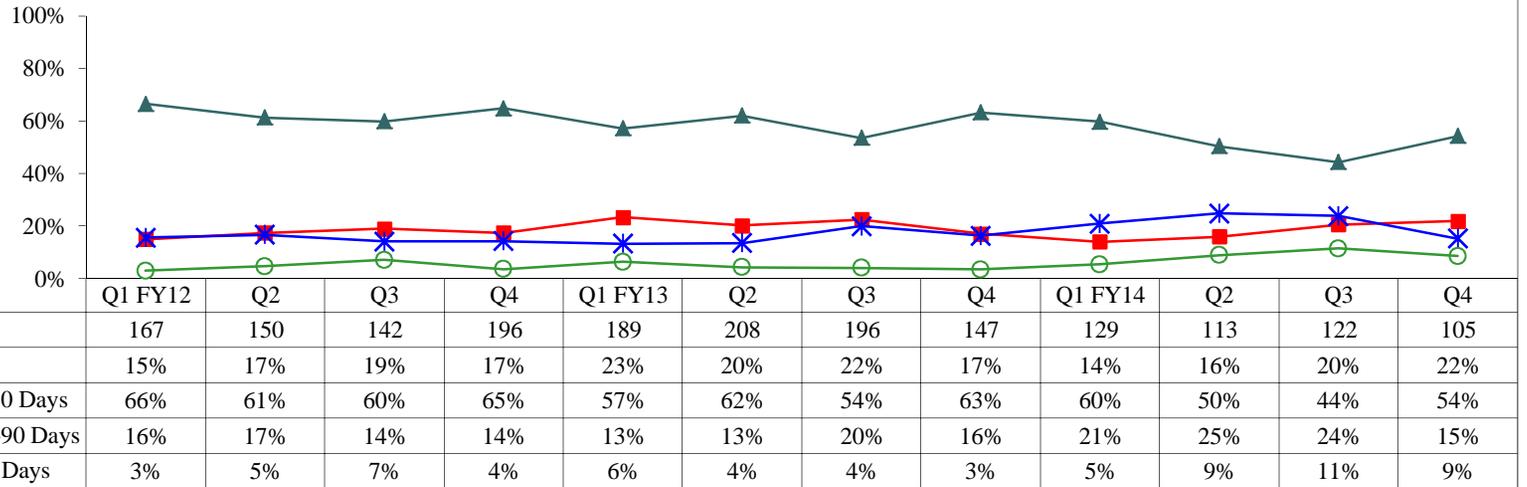
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments



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

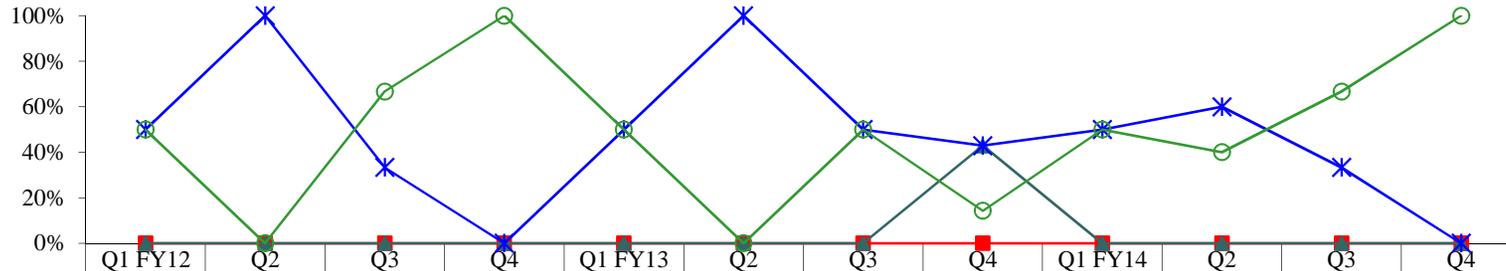
Percent of Discharges Returned to the Community - Non Forensic Commitments



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

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

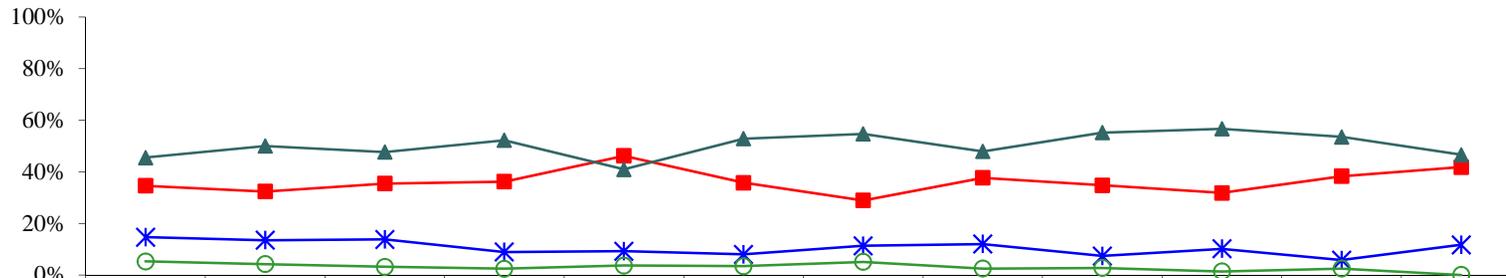
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	2	1	6	1	2	2	2	7	2	5	3	3
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	43%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	50%	100%	33%	0%	50%	100%	50%	43%	50%	60%	33%	0%
○ % Discharged > Than 90 Days	50%	0%	67%	100%	50%	0%	50%	14%	50%	40%	67%	100%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments

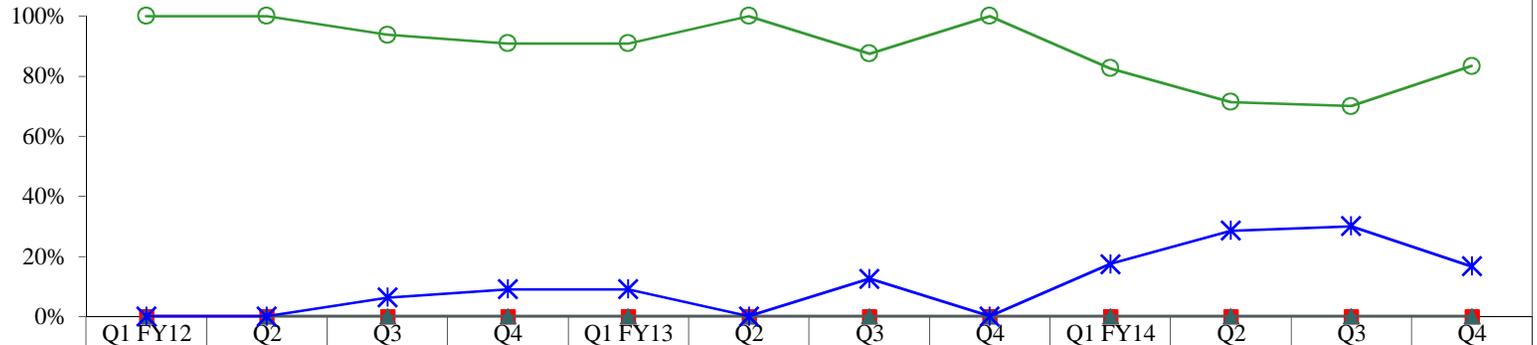


Total Discharged	266	238	254	292	303	263	256	284	259	217	243	249
■ % Discharged < 7 Days	35%	32%	35%	36%	46%	36%	29%	38%	35%	32%	38%	42%
▲ % Discharged Within 8-30 Days	45%	50%	48%	52%	41%	53%	55%	48%	55%	57%	54%	47%
* % Discharged Within 31-90 Days	15%	13%	14%	9%	9%	8%	11%	12%	7%	10%	6%	12%
○ % Discharged > Than 90 Days	5%	4%	3%	2%	4%	3%	5%	2%	3%	1%	2%	0%

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

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

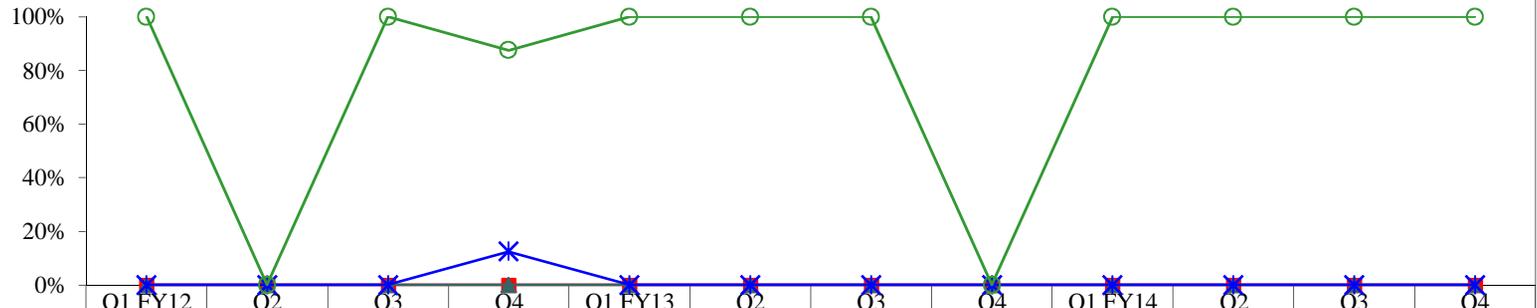
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	10	16	16	11	11	5	8	11	23	7	10	18
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	6%	9%	9%	0%	13%	0%	17%	29%	30%	17%
○ % Discharged > Than 90 Days	100%	100%	94%	91%	91%	100%	88%	100%	83%	71%	70%	83%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments

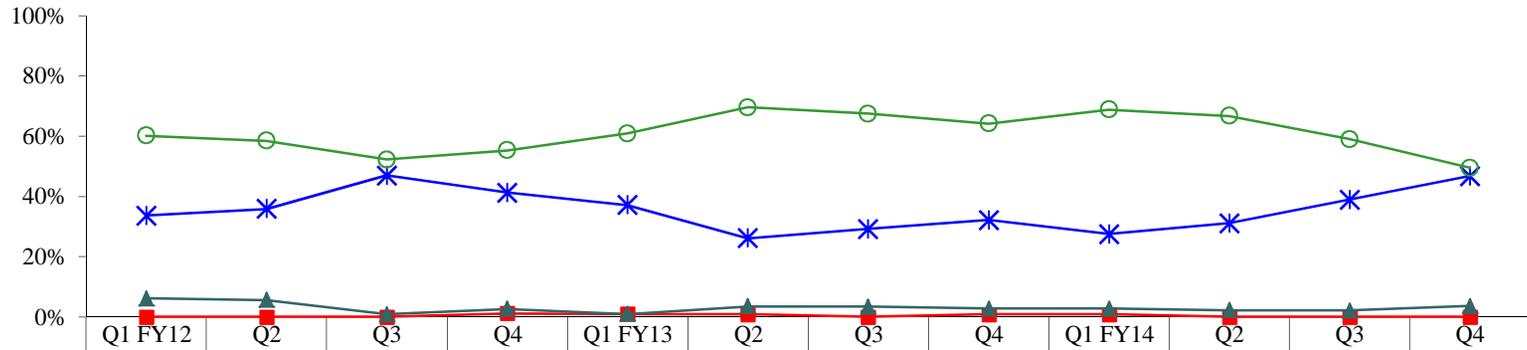


Total Discharged	4	0	1	8	1	1	3	0	4	1	2	6
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%
○ % Discharged > Than 90 Days	100%	0%	100%	88%	100%	100%	100%	0%	100%	100%	100%	100%

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

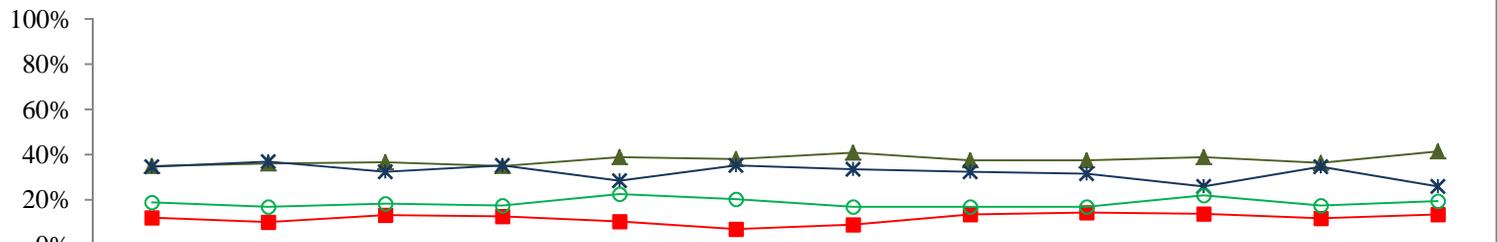
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	98	106	113	114	105	115	89	109	109	90	95	109
■ % Discharged < 7 Days	0%	0%	0%	1%	1%	1%	0%	1%	1%	0%	0%	0%
▲ % Discharged Within 8-30 Days	6%	6%	1%	3%	1%	3%	3%	3%	3%	2%	2%	4%
* % Discharged Within 31-90 Days	34%	36%	47%	41%	37%	26%	29%	32%	28%	31%	39%	47%
○ % Discharged > Than 90 Days	60%	58%	52%	55%	61%	70%	67%	64%	69%	67%	59%	50%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments

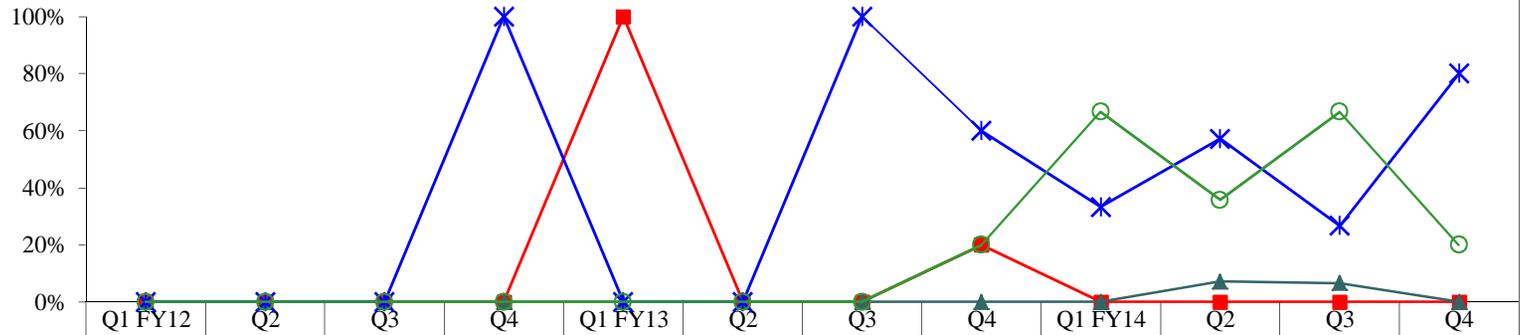


Total Discharged	429	414	438	402	376	365	411	400	334	302	304	344
■ % Discharged < 7 Days	12%	10%	13%	13%	10%	7%	9%	14%	14%	14%	12%	13%
▲ % Discharged Within 8-30 Days	35%	36%	37%	35%	39%	38%	41%	38%	37%	39%	36%	41%
* % Discharged Within 31-90 Days	35%	37%	32%	35%	28%	35%	33%	32%	31%	26%	35%	26%
○ % Discharged > Than 90 Days	19%	17%	18%	17%	22%	20%	17%	17%	17%	22%	17%	19%

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

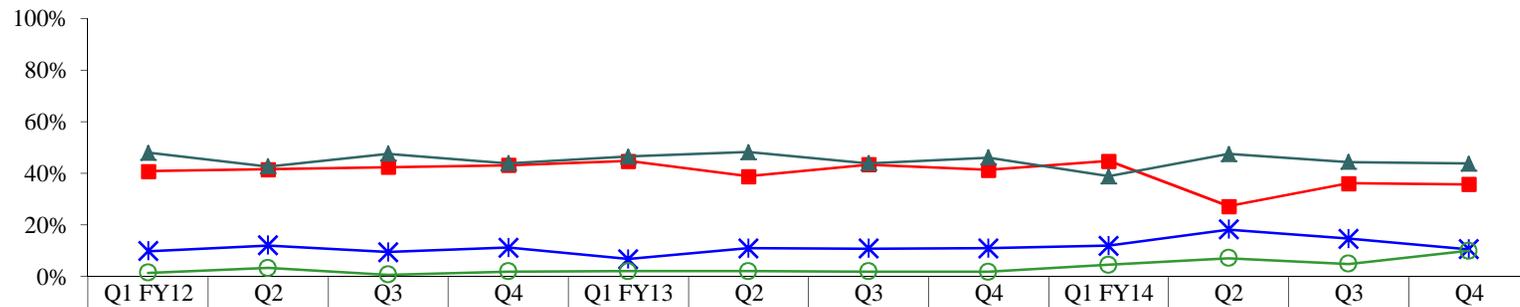
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	0	0	0	1	1	0	1	5	3	14	15	10
■ % Discharged < 7 Days	0%	0%	0%	0%	100%	0%	0%	20%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%	7%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	100%	0%	0%	100%	60%	33%	57%	27%	80%
○ % Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	20%	67%	36%	67%	20%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments



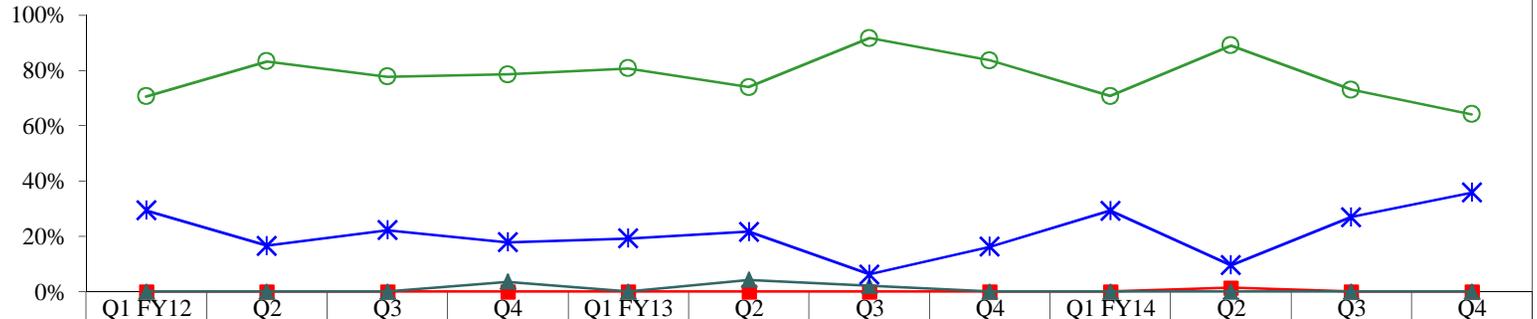
Total Discharged	294	272	288	269	299	201	205	230	201	99	144	162
■ % Discharged < 7 Days	41%	42%	42%	43%	45%	39%	43%	41%	45%	27%	36%	36%
▲ % Discharged Within 8-30 Days	48%	43%	48%	44%	46%	48%	44%	46%	39%	47%	44%	44%
* % Discharged Within 31-90 Days	10%	12%	9%	11%	7%	11%	11%	11%	12%	18%	15%	10%
○ % Discharged > Than 90 Days	1%	3%	1%	2%	2%	2%	2%	2%	4%	7%	5%	10%

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

Measure 5B - Percent of Discharges Returned to the Community

Rusk State Hospital - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

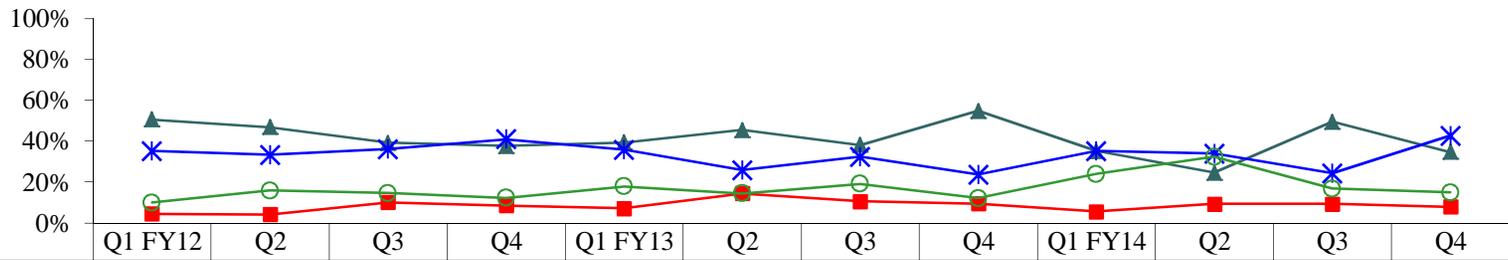


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
Total Discharged	34	30	36	28	52	46	48	49	41	73	63	67
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	4%	0%	4%	2%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	29%	17%	22%	18%	19%	22%	6%	16%	29%	10%	27%	36%
○ % Discharged > Than 90 Days	71%	83%	78%	79%	81%	74%	92%	84%	71%	89%	73%	64%

Measure 5B - Percent of Discharges Returned to the Community

Rusk State Hospital - Non Forensic

Percent of Discharges Returned to the Community - Non Forensic Commitments

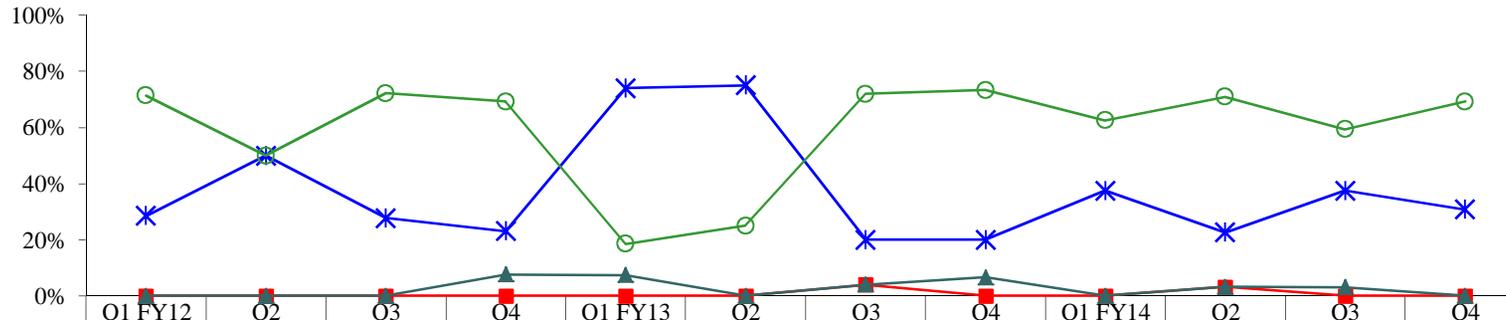


	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
Total Discharged	182	171	158	122	84	97	105	148	71	65	107	101
■ % Discharged < 7 Days	4%	4%	10%	9%	7%	14%	10%	9%	6%	9%	9%	8%
▲ % Discharged Within 8-30 Days	51%	47%	39%	38%	39%	45%	38%	55%	35%	25%	50%	35%
* % Discharged Within 31-90 Days	35%	33%	36%	41%	36%	26%	32%	24%	35%	34%	24%	43%
○ % Discharged > Than 90 Days	10%	16%	15%	12%	18%	14%	19%	12%	24%	32%	17%	15%

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

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

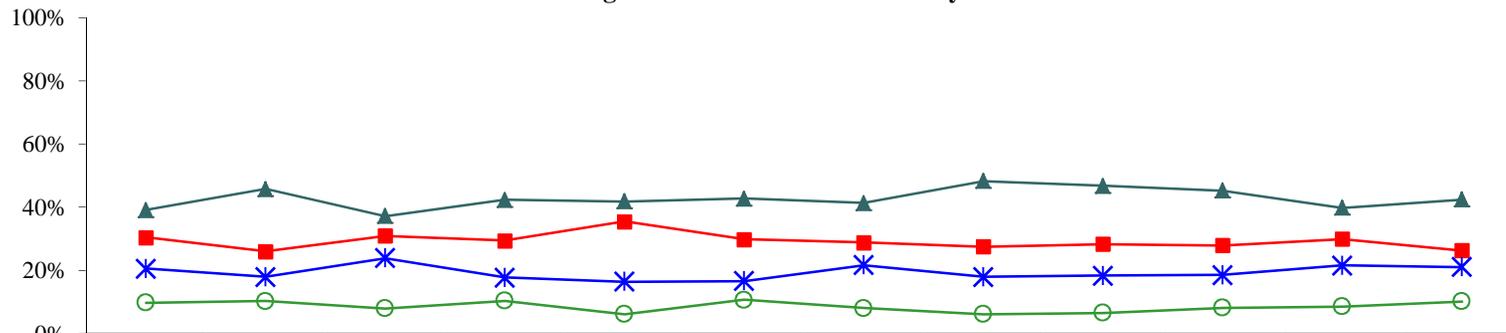
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	4%	0%	0%	3%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	8%	7%	0%	4%	7%	0%	3%	3%	0%
% Discharged Within 31-90 Days	29%	50%	28%	23%	74%	75%	20%	20%	38%	23%	38%	31%
% Discharged > Than 90 Days	71%	50%	72%	69%	19%	25%	72%	73%	63%	71%	59%	69%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments

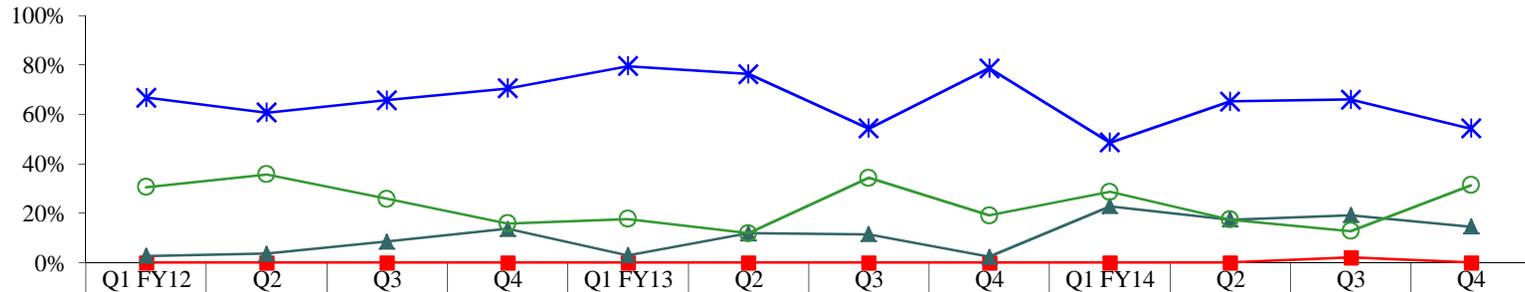


Total Discharged	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
% Discharged < 7 Days	30%	26%	31%	29%	35%	30%	29%	28%	28%	28%	30%	26%
% Discharged Within 8-30 Days	39%	46%	37%	42%	42%	43%	41%	48%	47%	45%	40%	42%
% Discharged Within 31-90 Days	21%	18%	24%	18%	16%	17%	22%	18%	18%	19%	22%	21%
% Discharged > Than 90 Days	10%	10%	8%	10%	6%	11%	8%	6%	7%	8%	9%	10%

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

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

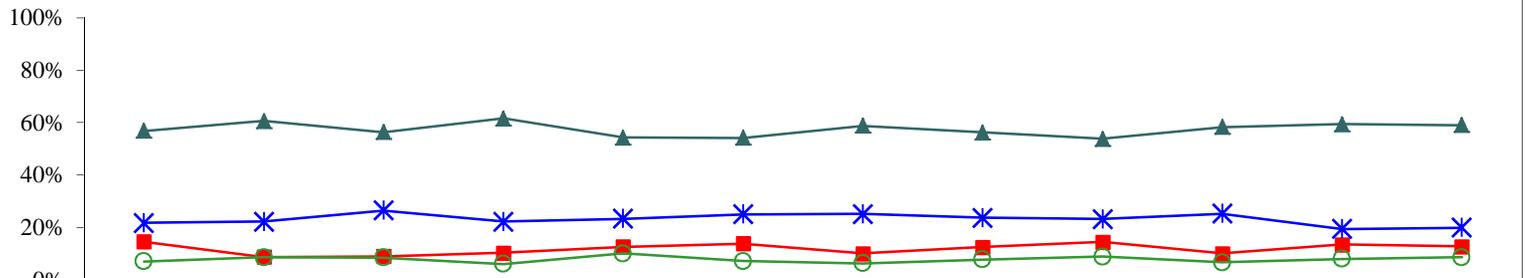
Percent of Discharges Returned to the Community - Forensic Commitments



Total Discharged	36	28	35	44	34	42	35	42	35	23	47	48
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
▲ % Discharged Within 8-30 Days	3%	4%	9%	14%	3%	12%	11%	2%	23%	17%	19%	15%
✱ % Discharged Within 31-90 Days	67%	61%	66%	70%	79%	76%	54%	79%	49%	65%	66%	54%
○ % Discharged > Than 90 Days	31%	36%	26%	16%	18%	12%	34%	19%	29%	17%	13%	31%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments



Total Discharged	641	608	606	604	572	580	630	584	515	501	440	490
■ % Discharged < 7 Days	15%	9%	9%	10%	13%	14%	10%	13%	14%	10%	13%	13%
▲ % Discharged Within 8-30 Days	57%	61%	56%	62%	54%	54%	59%	56%	54%	58%	59%	59%
✱ % Discharged Within 31-90 Days	22%	22%	26%	22%	23%	25%	25%	24%	23%	25%	19%	20%
○ % Discharged > Than 90 Days	7%	9%	8%	6%	10%	7%	6%	8%	9%	7%	8%	9%

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

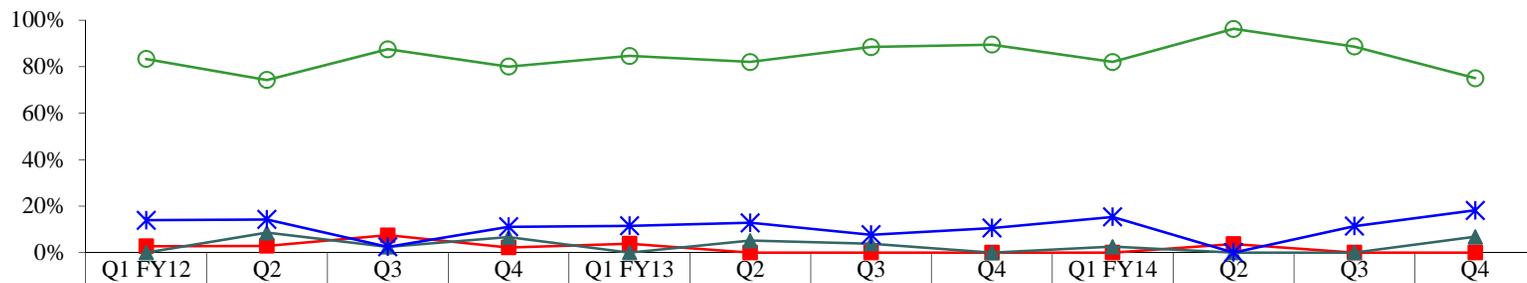
Percent of Discharges Returned to the Community - Forensic Commitments



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
Total Discharged	0	0	0	0	0	0	0	0	0	0	0	0
■ % Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
○ % Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

Percent of Discharges Returned to the Community - Non Forensic Commitments



	Q1 FY12	Q2	Q3	Q4	Q1 FY13	Q2	Q3	Q4	Q1 FY14	Q2	Q3	Q4
Total Discharged	36	35	40	45	26	39	26	38	39	27	44	44
■ % Discharged < 7 Days	3%	3%	8%	2%	4%	0%	0%	0%	0%	4%	0%	0%
▲ % Discharged Within 8-30 Days	0%	9%	3%	7%	0%	5%	4%	0%	3%	0%	0%	7%
* % Discharged Within 31-90 Days	14%	14%	3%	11%	12%	13%	8%	11%	15%	0%	11%	18%
○ % Discharged > Than 90 Days	83%	74%	88%	80%	85%	82%	88%	89%	82%	96%	89%	75%

Performance Measure 5C:

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

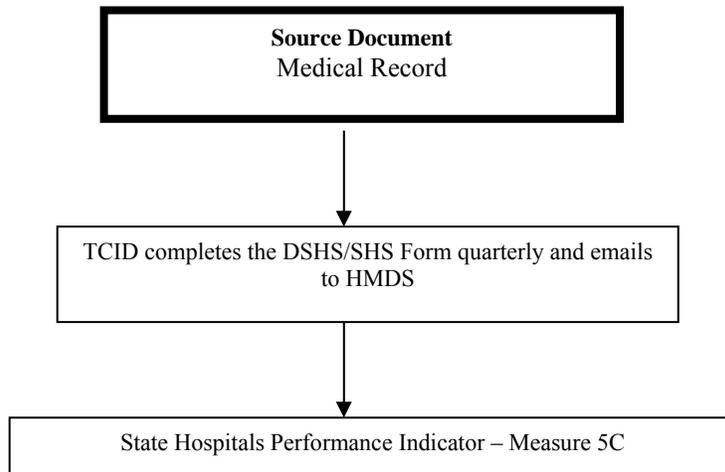
Performance Measure Operational Definition: Data reported by TCID.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

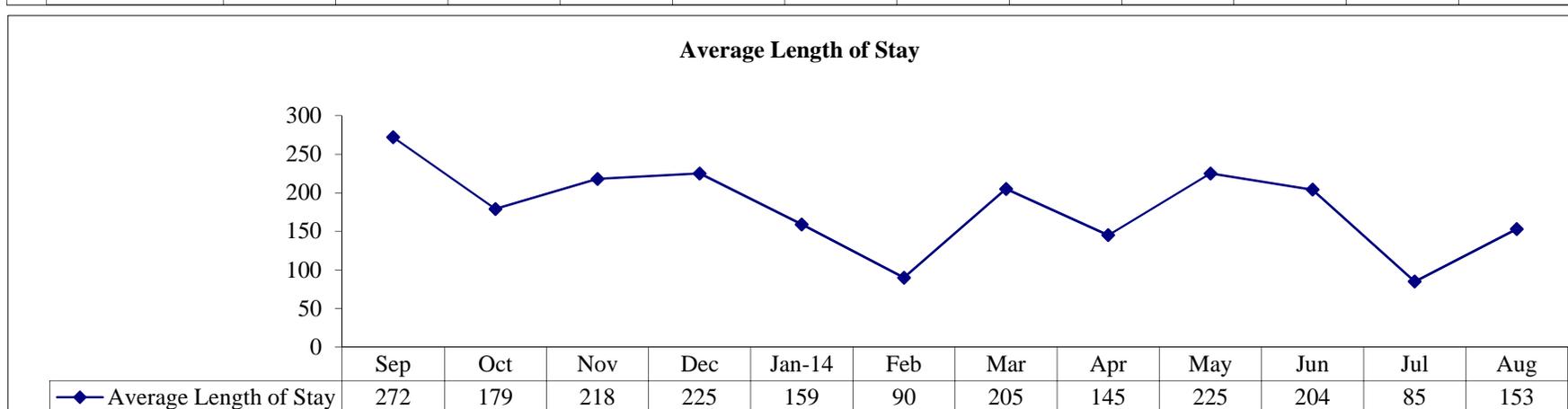
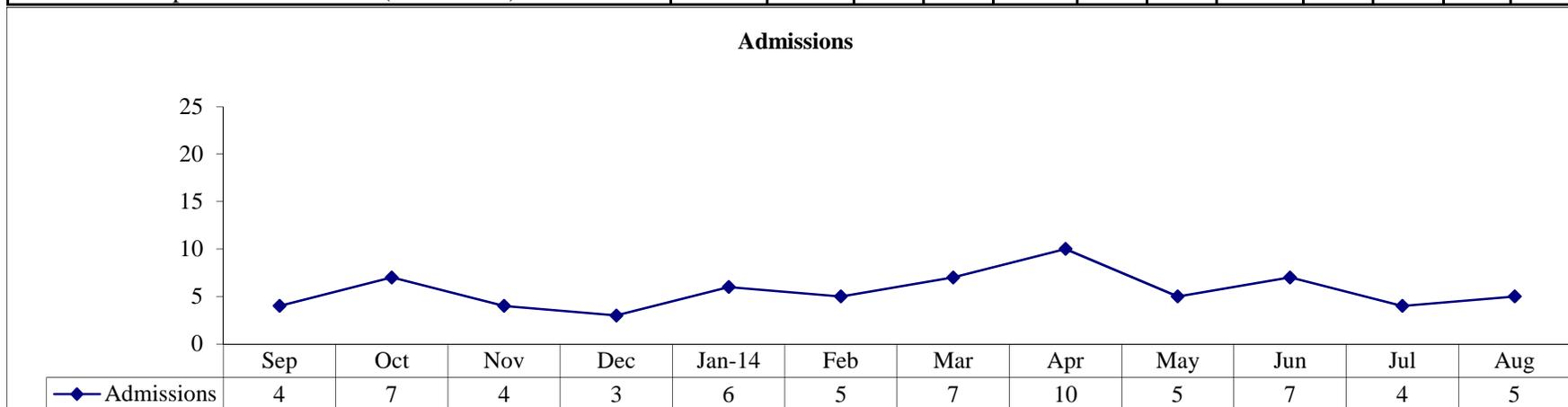
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



**Measure 5C - Admissions and Average Length of Stay
TCID - FY14**

	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Admissions	4	7	4	3	6	5	7	10	5	7	4	5
Average Length of Stay	272	179	218	225	159	90	205	145	225	204	85	153
Number of Patients Admitted for Inpatient Care & Treatment	4	7	4	3	6	5	7	10	5	7	4	5
Tuberculosis	4	7	4	3	6	3	7	10	5	5	4	4
Multi-drug resistant tuberculosis	0	0	0	0	0	2	0	0	0	2	0	1
Extensively drug resistant tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0
Number of Outpatient Admissions (Encounters)	3	2	1	1	1	2	2	1	3	3	0	0



Performance Measure 5D:

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

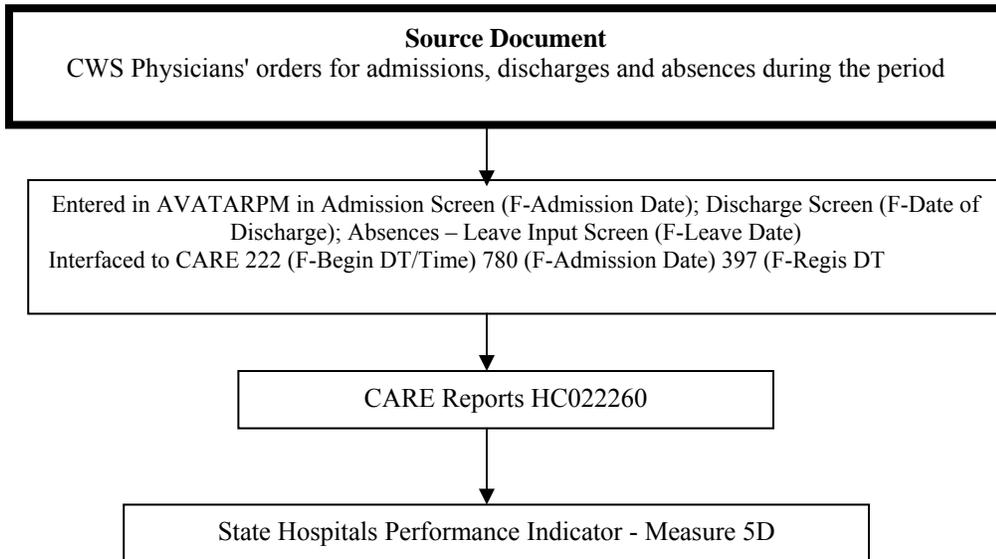
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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:



GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

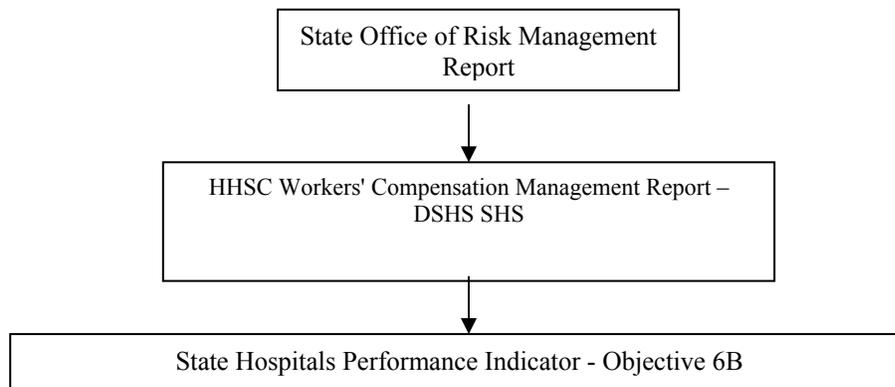
Maintain workers' compensation claim expense per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.

Performance Objective Operational Definition: Total workers compensation claim expenses per FTE filed for FY 2013 will not exceed the state hospital system average claims cost per FTE for FY2012. 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.

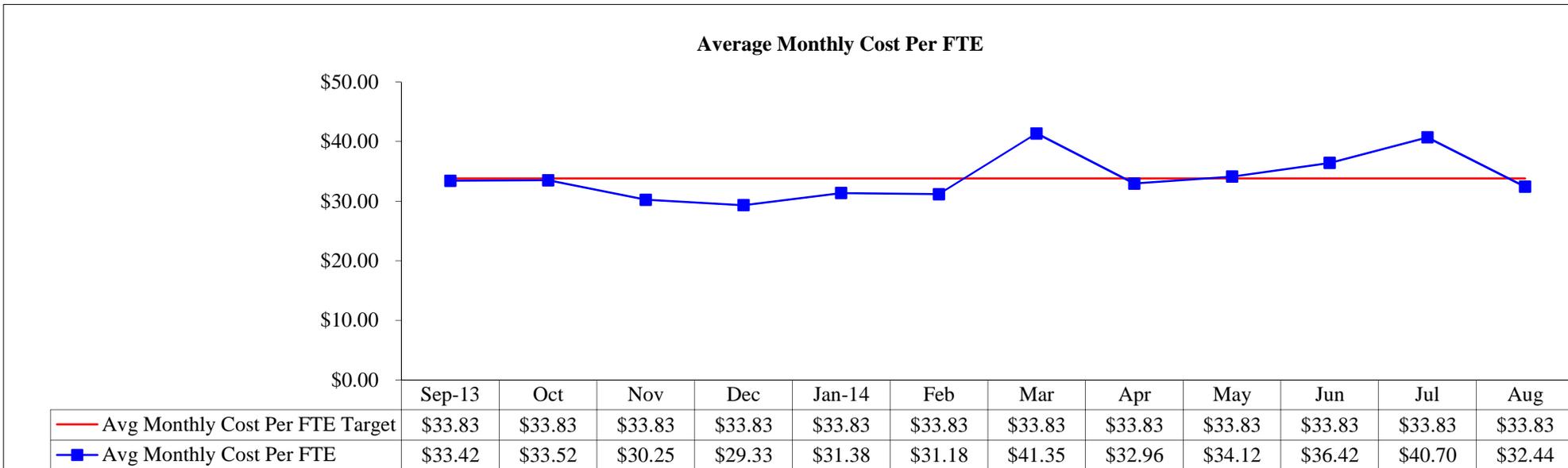
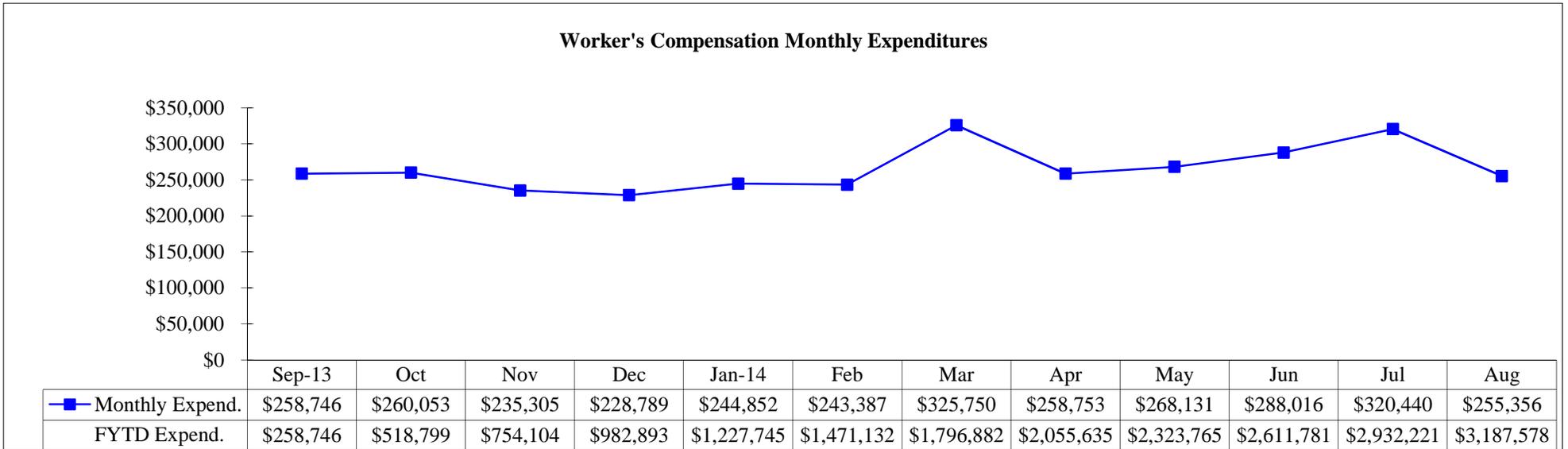
Performance Objective Data Display and Chart Description:

- ◆ 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.

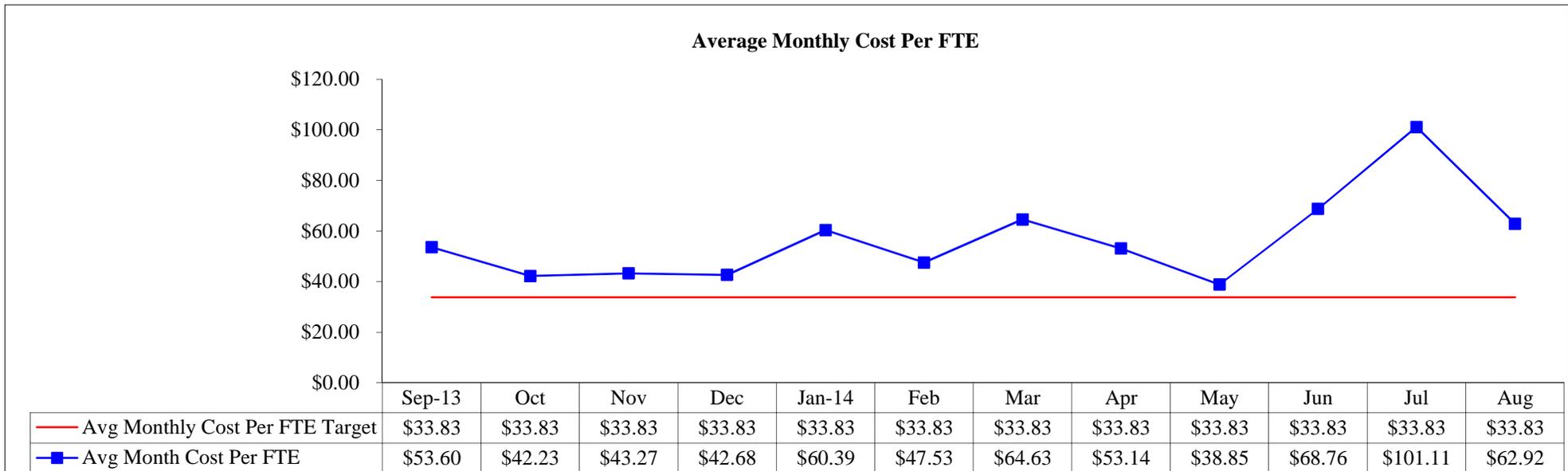
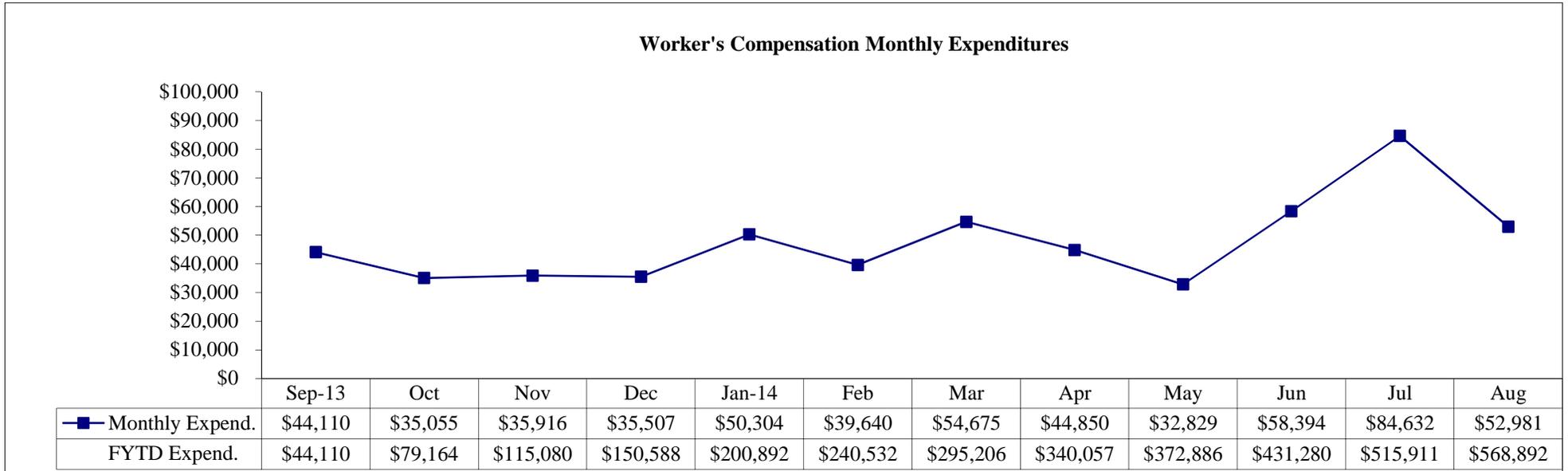
Data Flow:



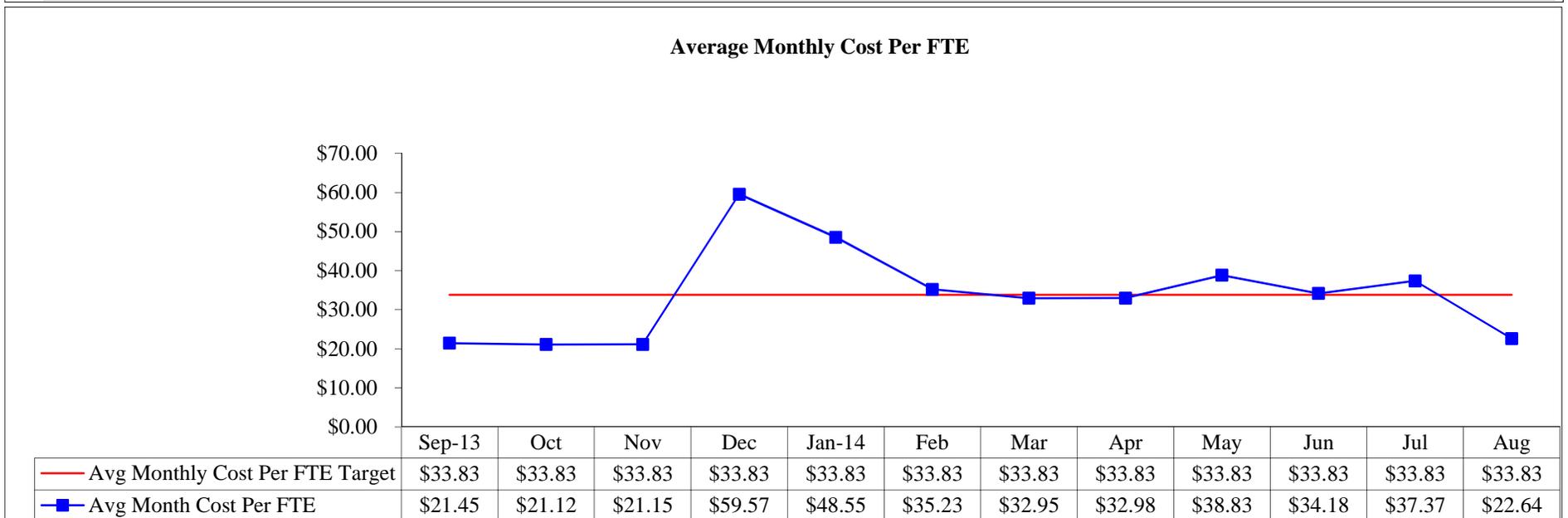
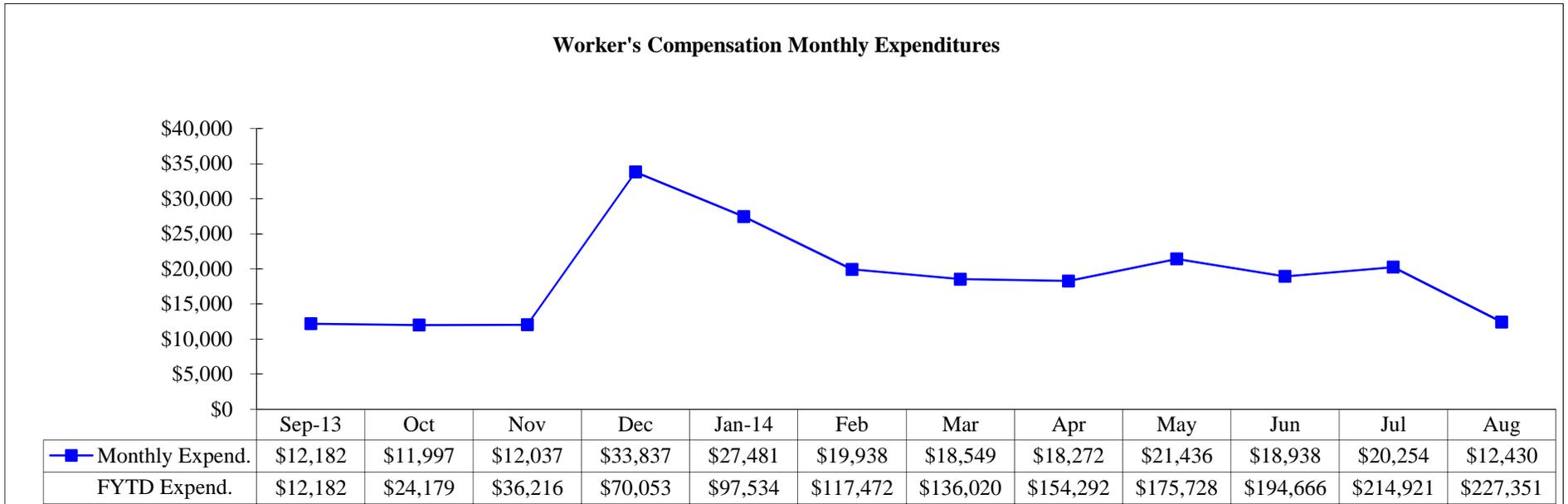
**Objective 6B - Workers Compensation
All State Hospitals**



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

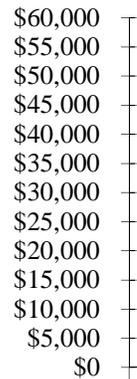


**Objective 6B - Workers Compensation
Big Spring State Hospital**



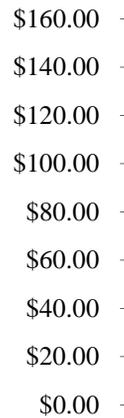
Objective 6B - Workers Compensation
El Paso Psychiatric Center

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$5,602	\$34,964	\$18,845	\$11,789	\$17,331	\$11,295	\$14,787	\$19,161	\$28,134	\$12,878	\$11,359	\$7,107
FYTD Expend.	\$5,602	\$40,566	\$59,411	\$71,200	\$88,531	\$99,826	\$114,614	\$133,775	\$161,910	\$174,787	\$186,146	\$193,254

Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
—■— Avg Month Cost Per FTE	\$22.59	\$140.98	\$75.99	\$47.09	\$69.88	\$45.55	\$59.63	\$77.26	\$113.45	\$51.31	\$44.55	\$28.43

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

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$40,694	\$14,368	\$9,237	\$26,679	\$8,855	\$7,139	\$10,097	\$8,680	\$11,880	\$10,900	\$25,623	\$31,585
FYTD Expend.	\$40,694	\$55,062	\$64,299	\$90,979	\$99,834	\$106,972	\$117,069	\$125,749	\$137,630	\$148,530	\$174,153	\$205,739

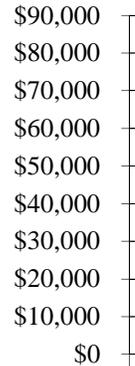
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
—■— Avg Month Cost Per FTE	\$75.50	\$26.66	\$17.11	\$49.22	\$16.34	\$13.15	\$18.53	\$15.96	\$21.60	\$19.78	\$46.84	\$57.22

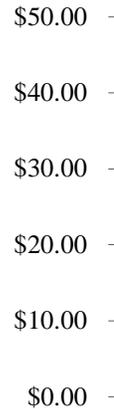
**Objective 6B - Workers Compensation
North Texas State Hospital**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$52,899	\$55,006	\$31,540	\$45,091	\$34,896	\$61,789	\$60,898	\$45,331	\$34,460	\$52,632	\$49,908	\$44,908
FYTD Expend.	\$52,899	\$107,905	\$139,445	\$184,536	\$219,432	\$281,221	\$342,119	\$387,450	\$421,910	\$474,542	\$524,450	\$569,358

Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
■ Avg Month Cost Per FTE	\$25.93	\$27.06	\$15.50	\$22.12	\$17.11	\$30.29	\$29.63	\$22.32	\$16.90	\$25.57	\$24.18	\$21.74

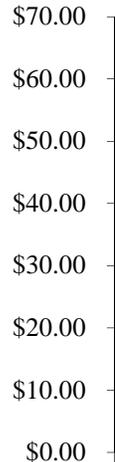
Objective 6B - Workers Compensation
Rio Grande State Center

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$12,200	\$20,928	\$12,328	\$17,182	\$15,858	\$16,985	\$25,570	\$25,267	\$15,632	\$19,170	\$14,001	\$14,913
FYTD Expend.	\$12,200	\$33,128	\$45,456	\$62,638	\$78,496	\$95,481	\$121,051	\$146,318	\$161,951	\$181,120	\$195,121	\$210,035

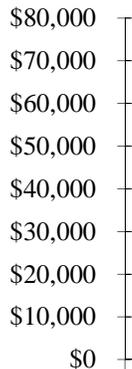
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
—■— Avg Month Cost Per FTE	\$24.50	\$41.86	\$24.56	\$34.16	\$31.59	\$33.77	\$49.55	\$48.68	\$30.00	\$36.38	\$26.42	\$28.68

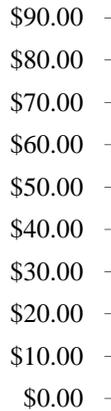
Objective 6B - Workers Compensation
Rusk State Hospital

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Monthly Expend.	\$25,209	\$20,566	\$69,618	\$21,195	\$29,979	\$43,376	\$42,934	\$30,286	\$77,354	\$36,051	\$27,682	\$32,958
FYTD Expend.	\$25,209	\$45,774	\$115,392	\$136,587	\$166,566	\$209,942	\$252,876	\$283,162	\$360,516	\$396,567	\$424,249	\$457,207

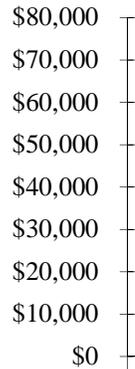
Average Monthly Cost Per FTE



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
—■— Avg Month Cost Per FTE	\$26.76	\$21.72	\$73.13	\$22.22	\$31.36	\$45.33	\$43.99	\$31.38	\$81.17	\$37.91	\$29.17	\$34.99

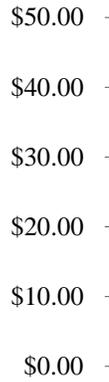
**Objective 6B - Workers Compensation
San Antonio State Hospital**

Worker's Compensation Monthly Expenditures



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$19,982	\$16,135	\$12,417	\$14,164	\$13,842	\$15,743	\$38,678	\$26,937	\$17,256	\$24,801	\$29,221	\$25,656
FYTD Expend.	\$19,982	\$36,117	\$48,534	\$62,698	\$76,540	\$92,282	\$130,960	\$157,897	\$175,153	\$199,954	\$229,175	\$254,831

Average Monthly Cost Per FTE

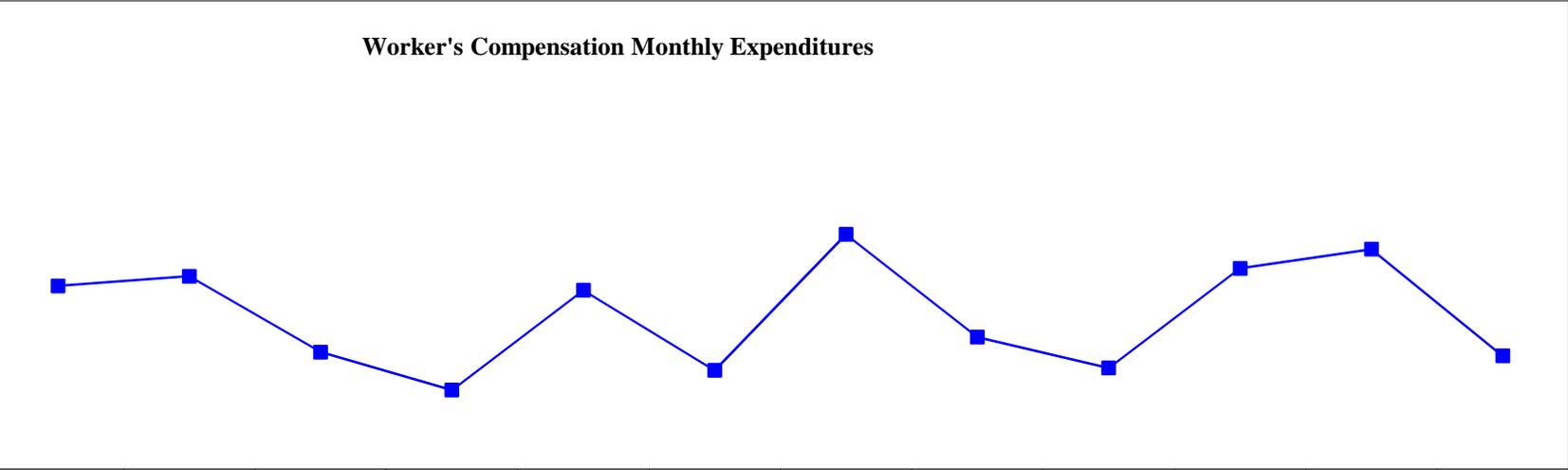


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
■ Avg Month Cost Per FTE	\$23.73	\$19.25	\$14.76	\$16.76	\$16.38	\$18.63	\$45.61	\$31.40	\$20.04	\$28.80	\$34.26	\$30.22

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

Worker's Compensation Monthly Expenditures

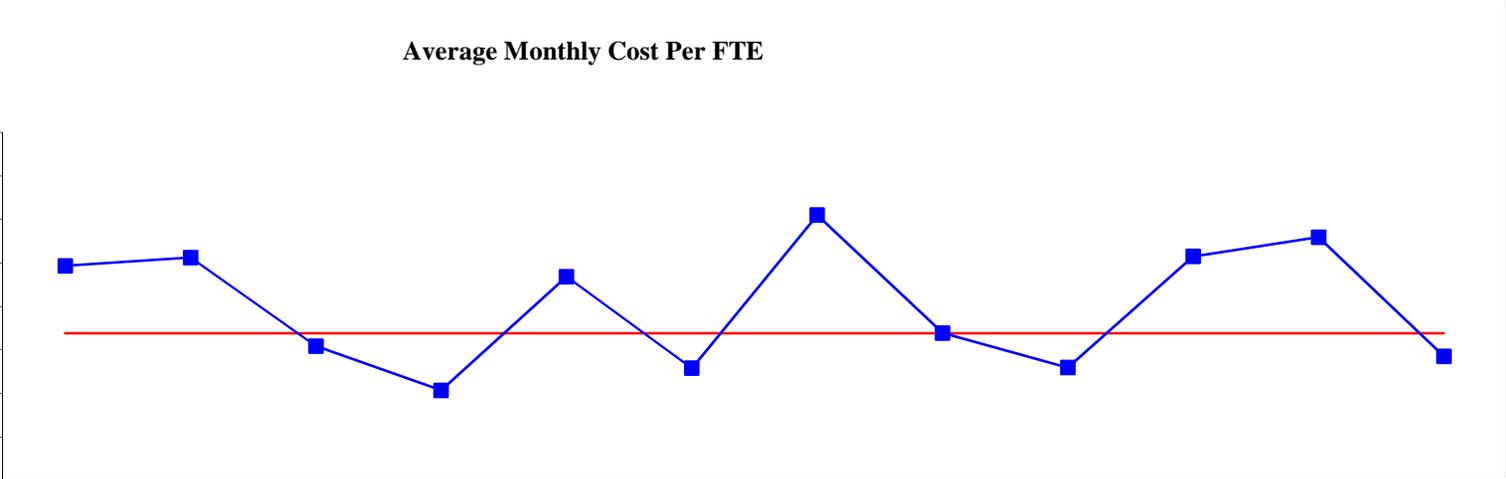
\$80,000
\$70,000
\$60,000
\$50,000
\$40,000
\$30,000
\$20,000
\$10,000
\$0



	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Monthly Expend.	\$42,656	\$44,920	\$27,205	\$18,341	\$41,632	\$22,941	\$54,671	\$30,697	\$23,489	\$46,756	\$51,229	\$26,329
FYTD Expend.	\$42,656	\$87,576	\$114,781	\$133,123	\$174,754	\$197,695	\$252,366	\$283,063	\$306,552	\$353,308	\$404,537	\$430,866

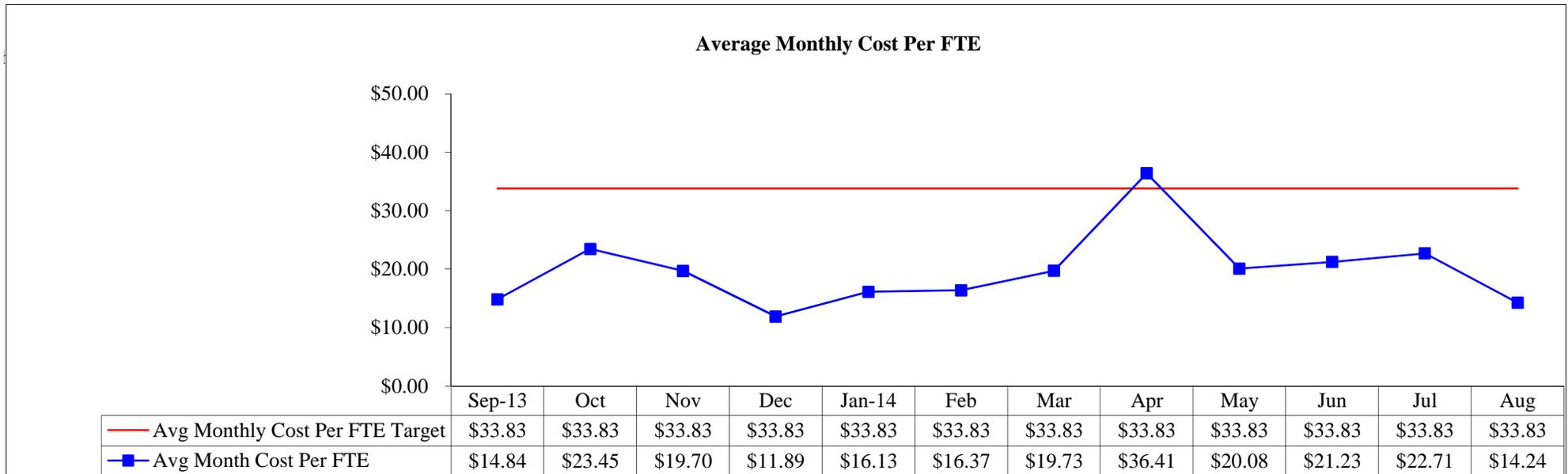
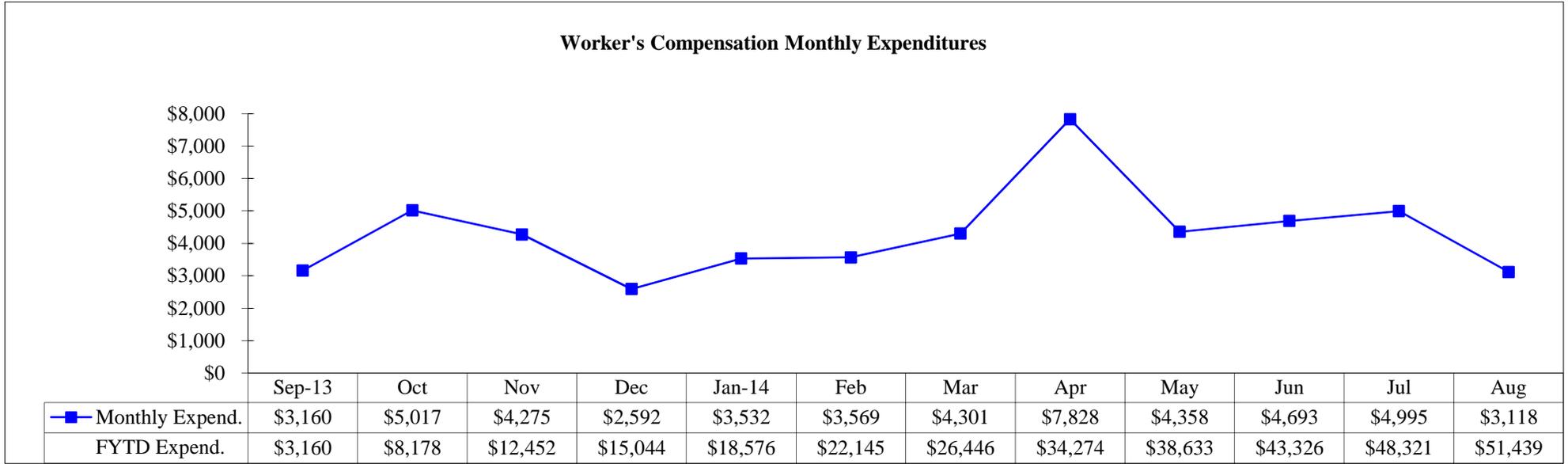
Average Monthly Cost Per FTE

\$80.00
\$70.00
\$60.00
\$50.00
\$40.00
\$30.00
\$20.00
\$10.00
\$0.00

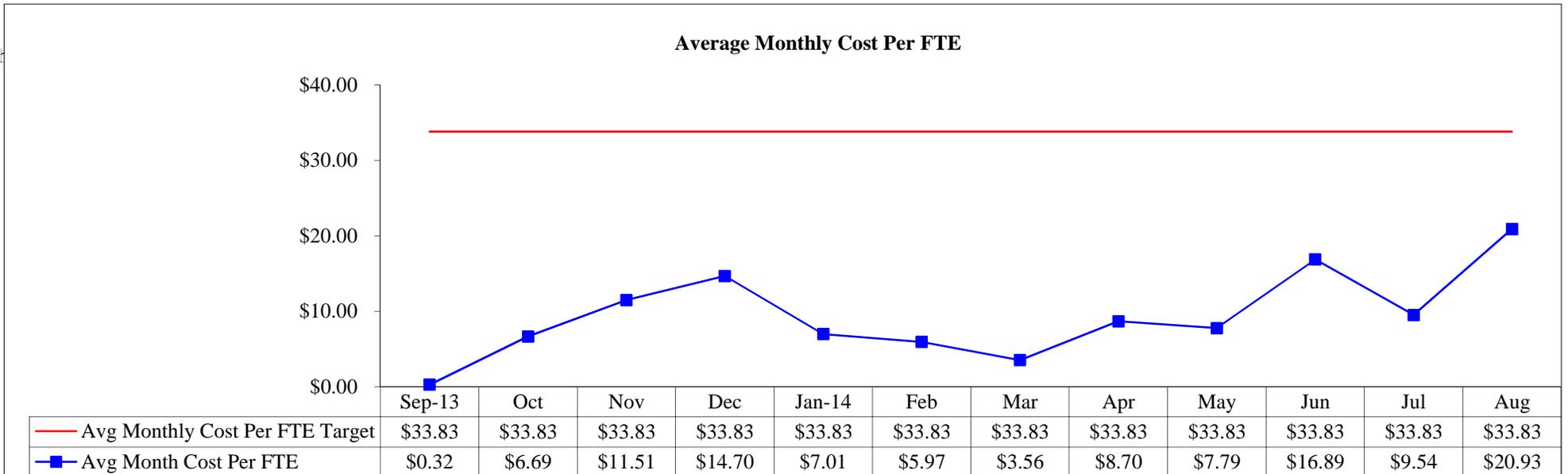
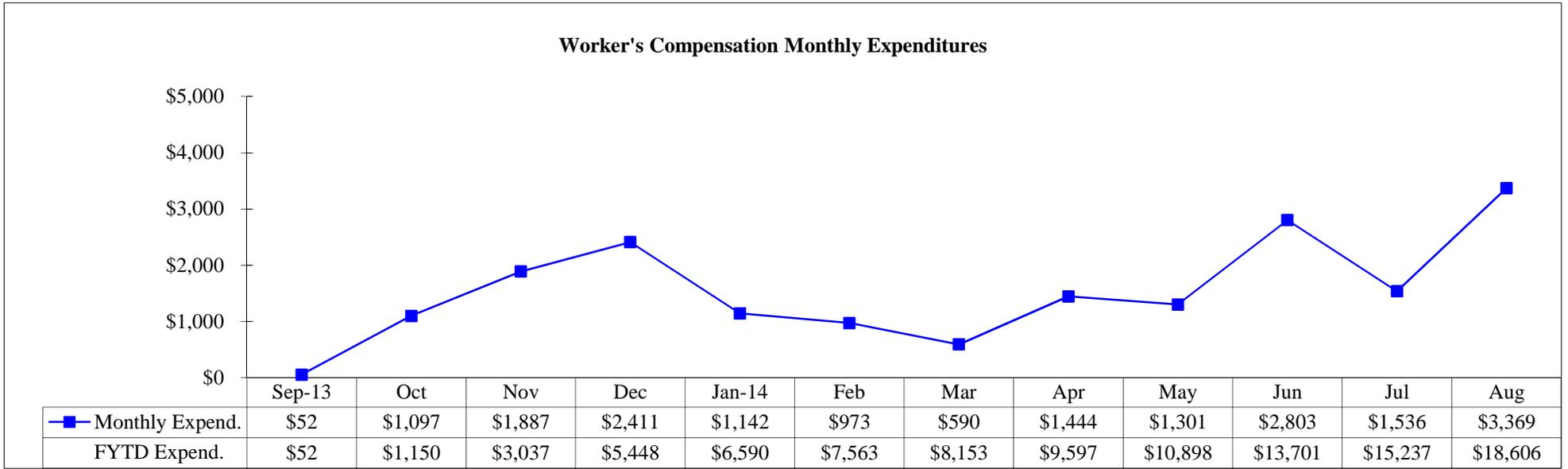


	Sep-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
— Avg Monthly Cost Per FTE Target	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83	\$33.83
■ Avg Month Cost Per FTE	\$49.31	\$51.22	\$30.88	\$20.70	\$46.83	\$25.78	\$61.02	\$33.88	\$25.93	\$51.49	\$55.93	\$28.56

Objective 6B - Workers Compensation
Waco Center for Youth



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



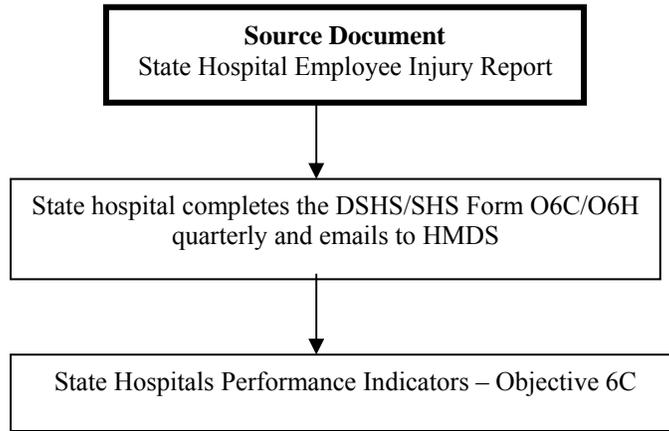
Performance Objective 6C:

Reduce employee injuries resulting in a workers' compensation claim with a goal of zero.

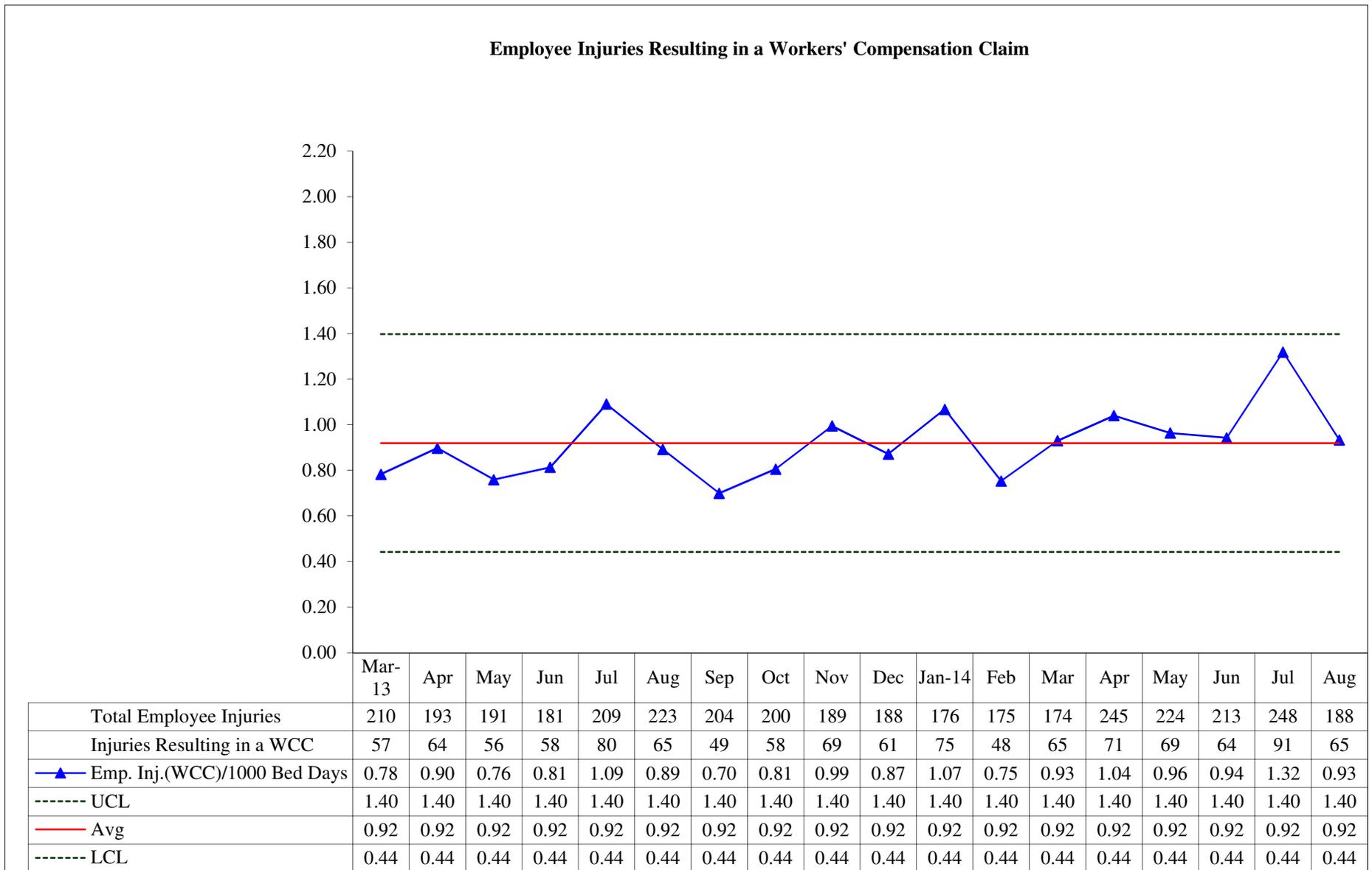
Performance Objective Operational Definition: The state hospital rate of employee injuries resulting in a worker compensation claim filed.

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:

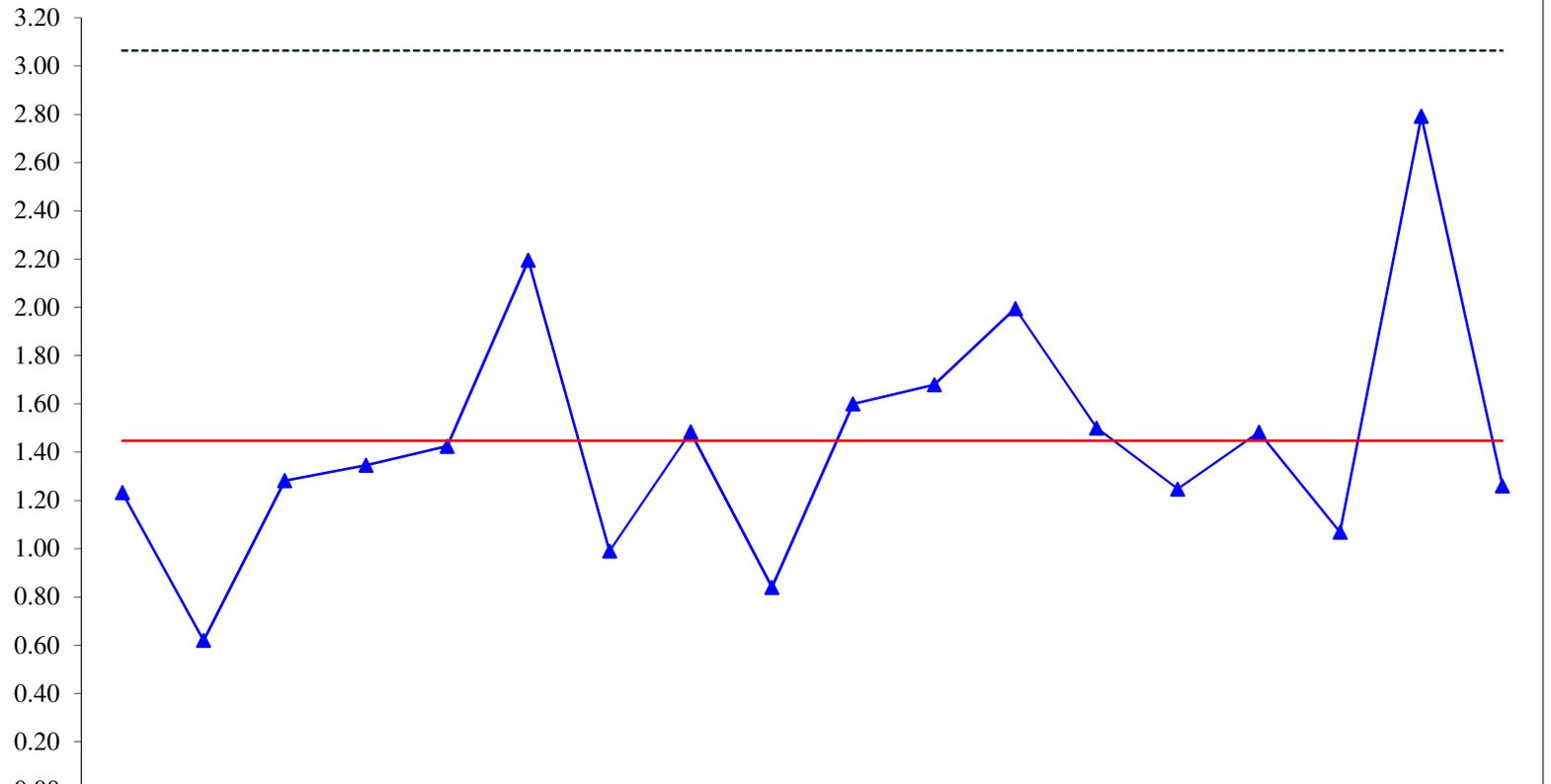


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals



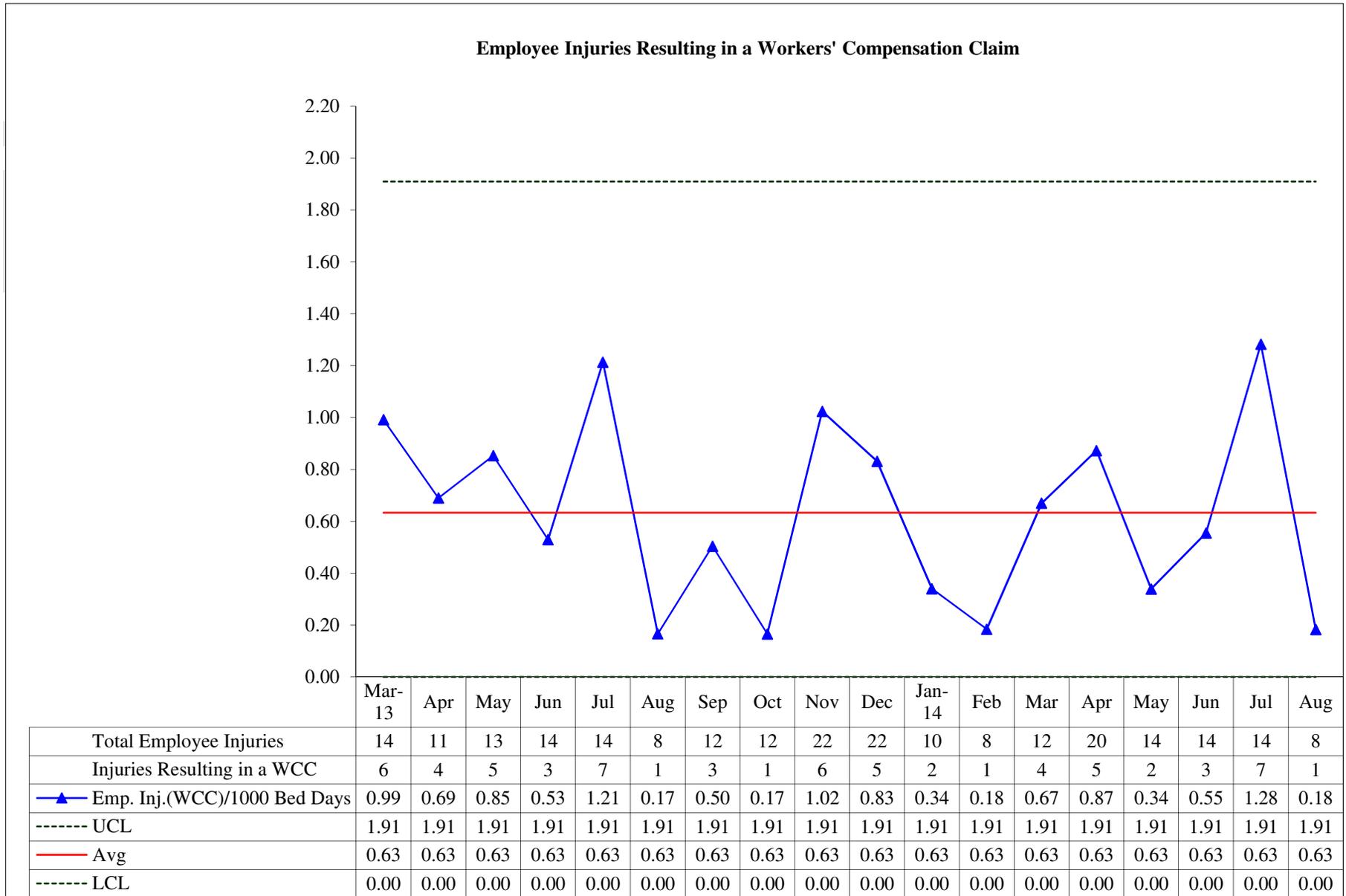
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Austin State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim



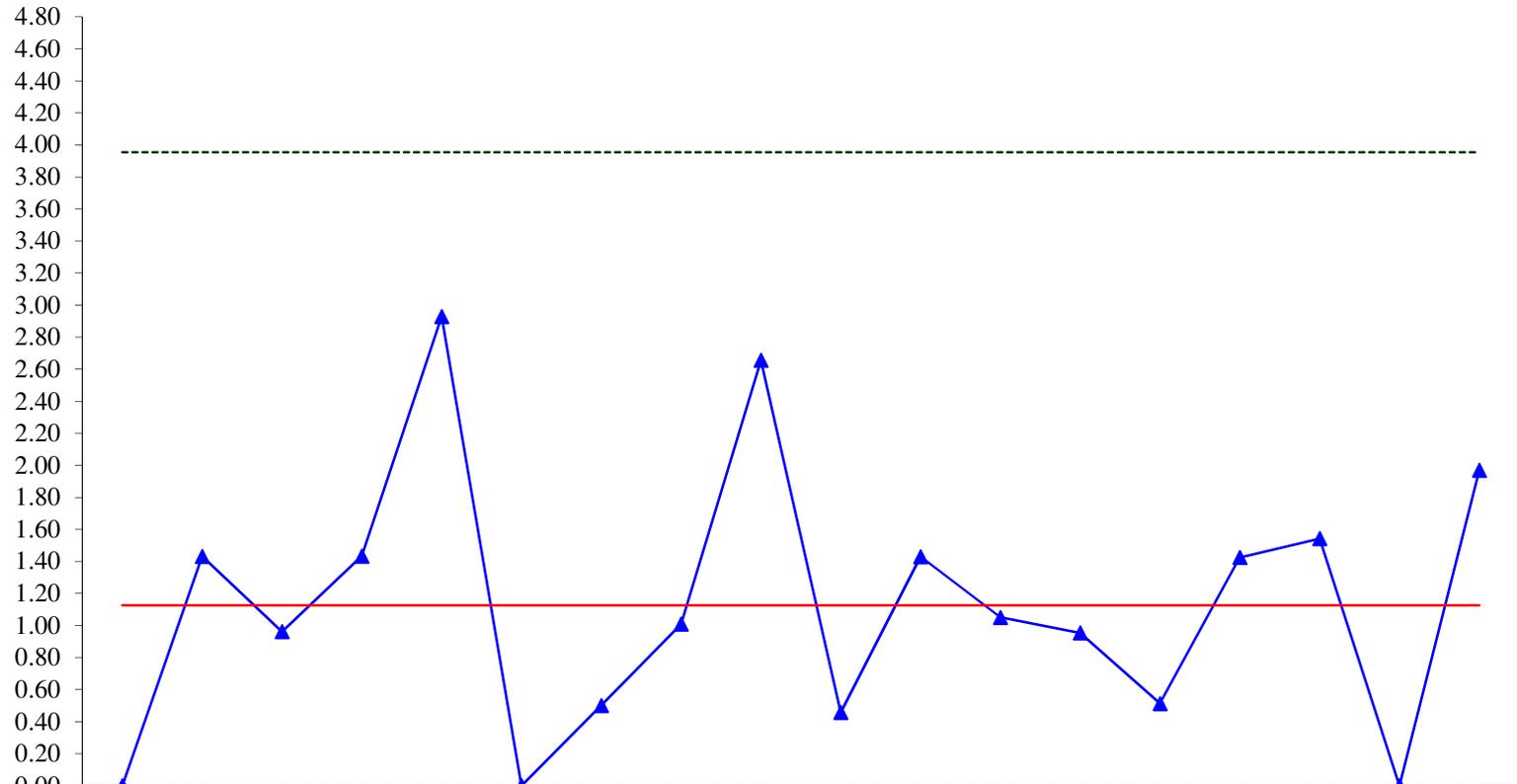
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	10	5	11	11	12	18	8	13	7	13	14	15	12	10	12	8	22	10
Injuries Resulting in a WCC	10	5	11	11	12	18	8	13	7	13	14	15	12	10	12	8	22	10
▲ Emp. Inj.(WCC)/1000 Bed Days	1.23	0.62	1.28	1.35	1.42	2.20	0.99	1.48	0.84	1.60	1.68	2.00	1.50	1.25	1.48	1.07	2.79	1.26
----- UCL	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06
— Avg	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45
----- 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**



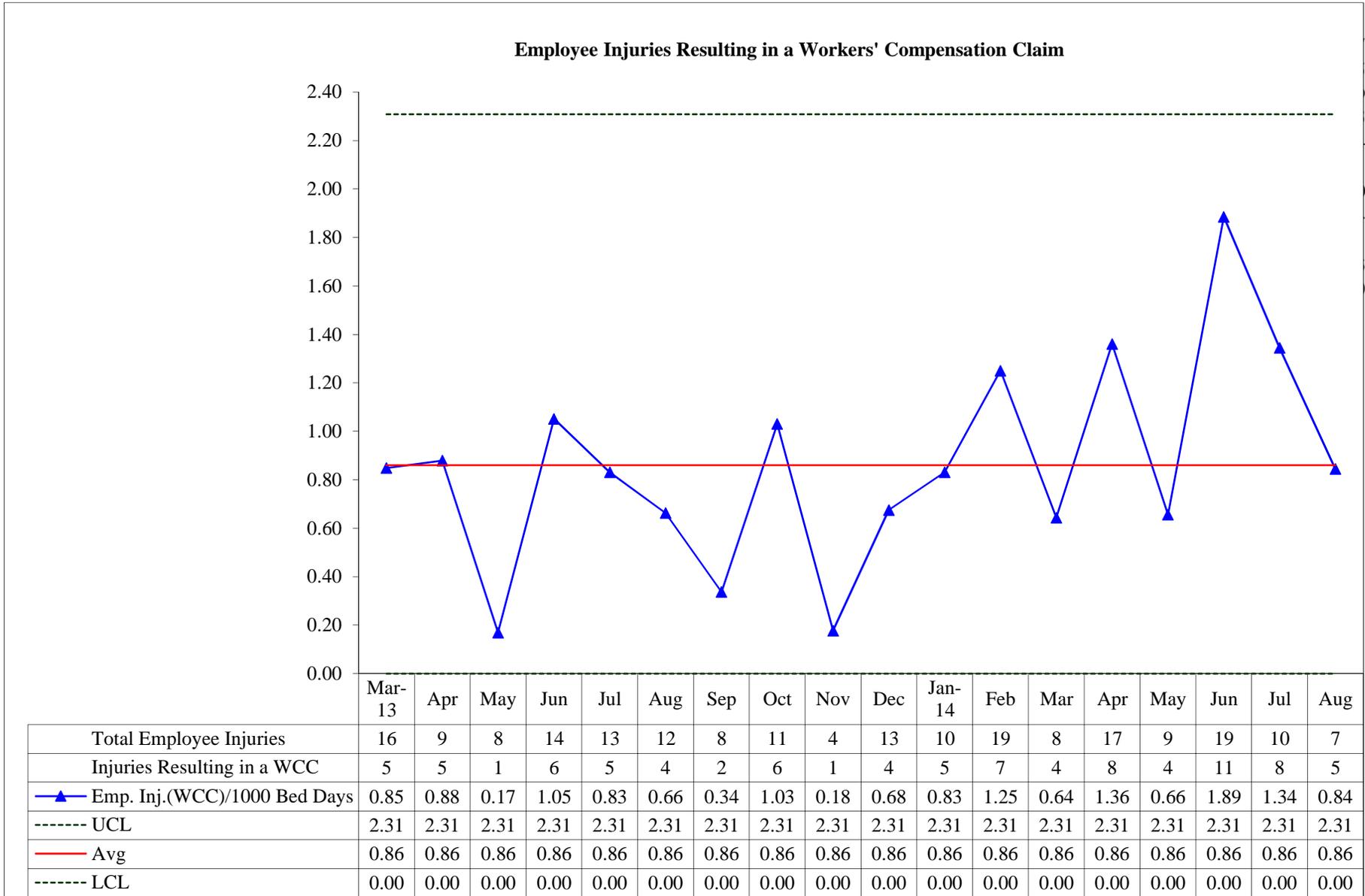
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
El Paso Psychiatric Center

Employee Injuries Resulting in a Workers' Compensation Claim



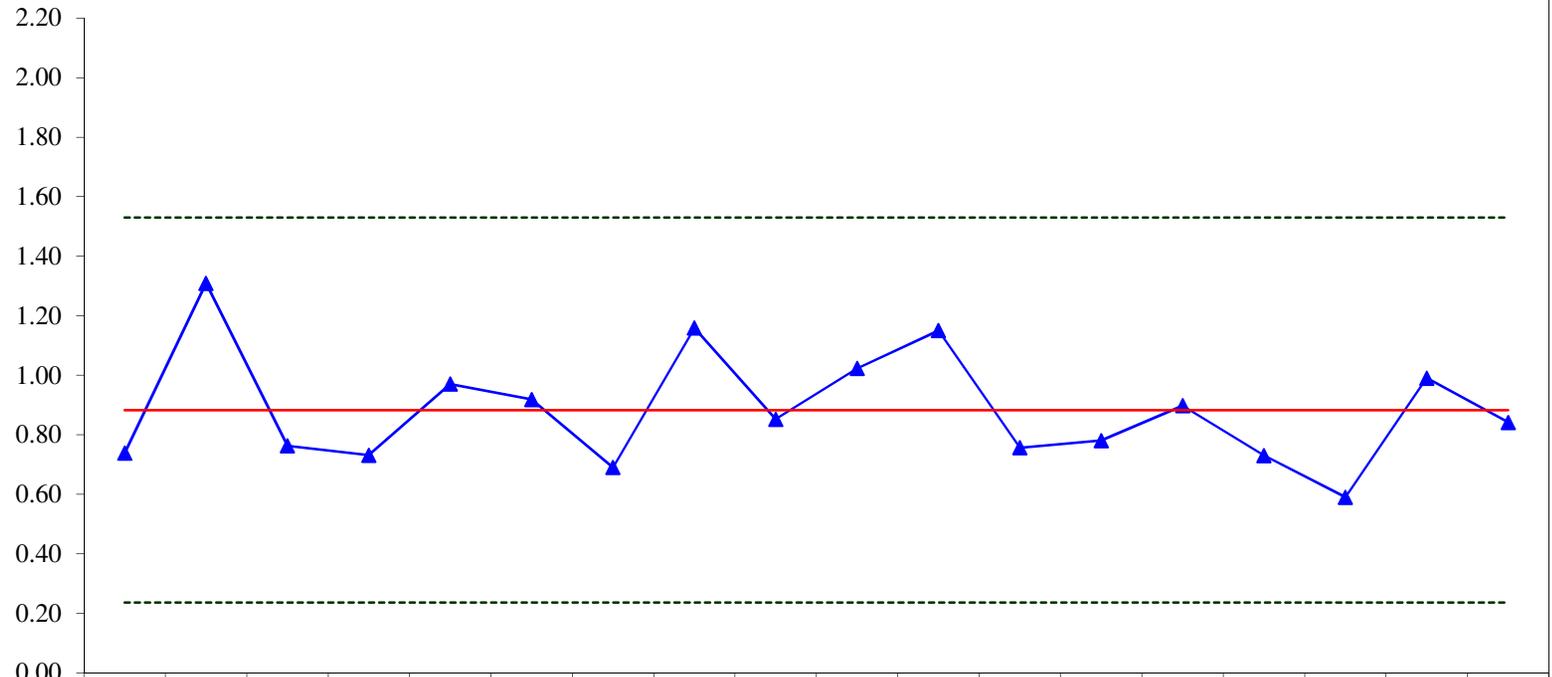
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	0	5	5	4	12	2	4	6	6	2	5	4	5	4	3	4	3	8
Injuries Resulting in a WCC	0	3	2	3	6	0	1	2	5	1	3	2	2	1	3	3	0	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	1.43	0.96	1.43	2.93	0.00	0.50	1.01	2.66	0.46	1.43	1.05	0.95	0.51	1.43	1.54	0.00	1.97
----- UCL	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
----- Avg	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
----- 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**



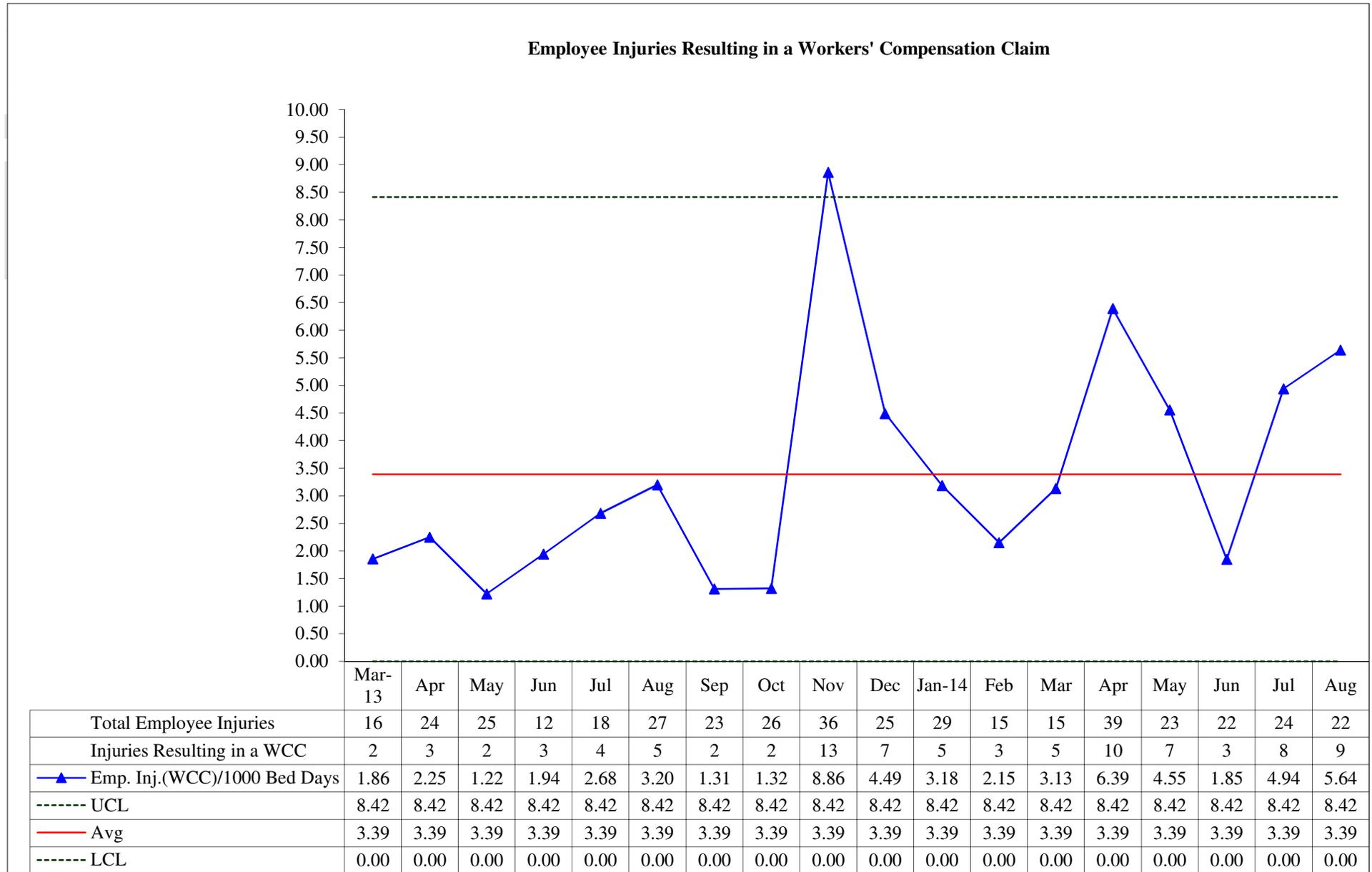
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
North Texas State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim



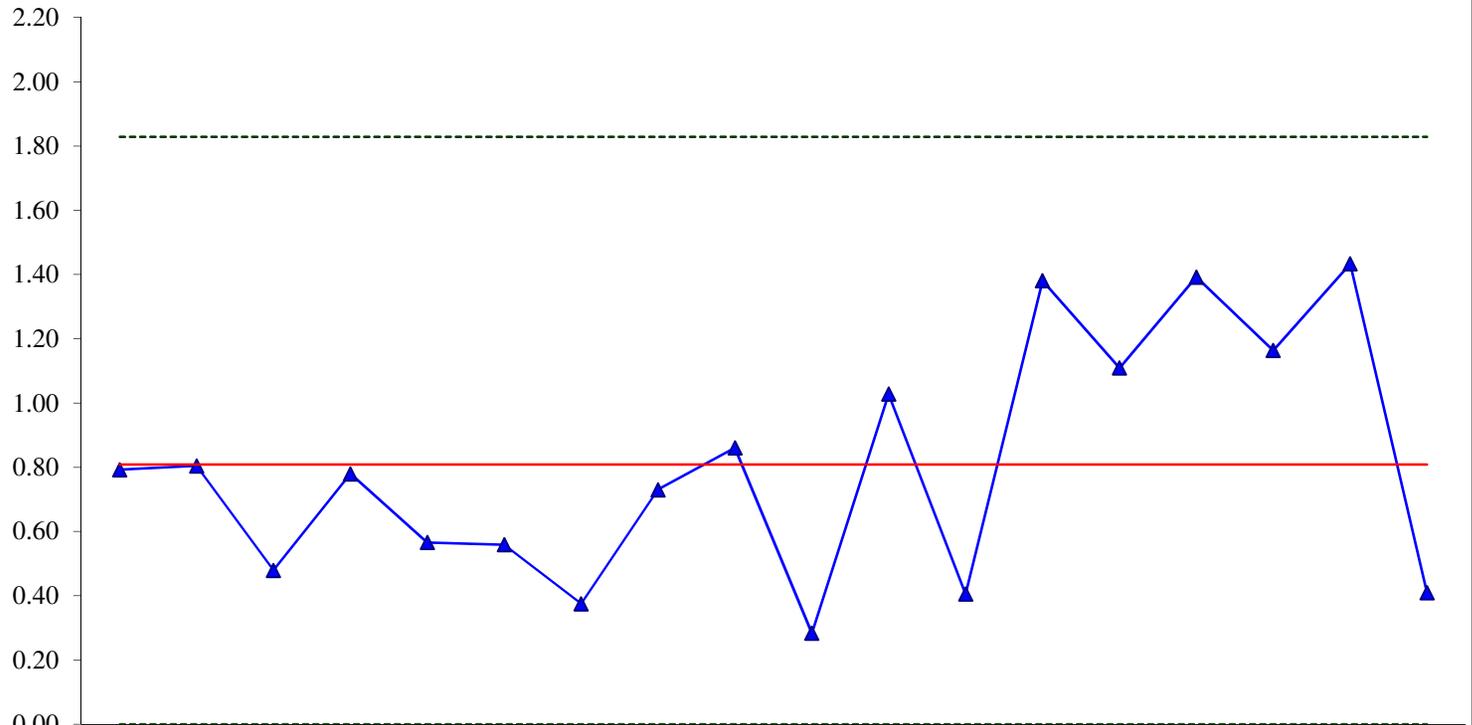
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	46	43	35	30	46	50	41	44	35	37	31	35	32	45	39	38	42	26
Injuries Resulting in a WCC	14	24	14	13	18	17	12	20	14	17	19	11	13	15	13	10	17	15
▲ Emp. Inj.(WCC)/1000 Bed Days	0.74	1.31	0.76	0.73	0.97	0.92	0.69	1.16	0.85	1.02	1.15	0.76	0.78	0.90	0.73	0.59	0.99	0.84
----- UCL	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53	1.53
— Avg	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
----- 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**



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

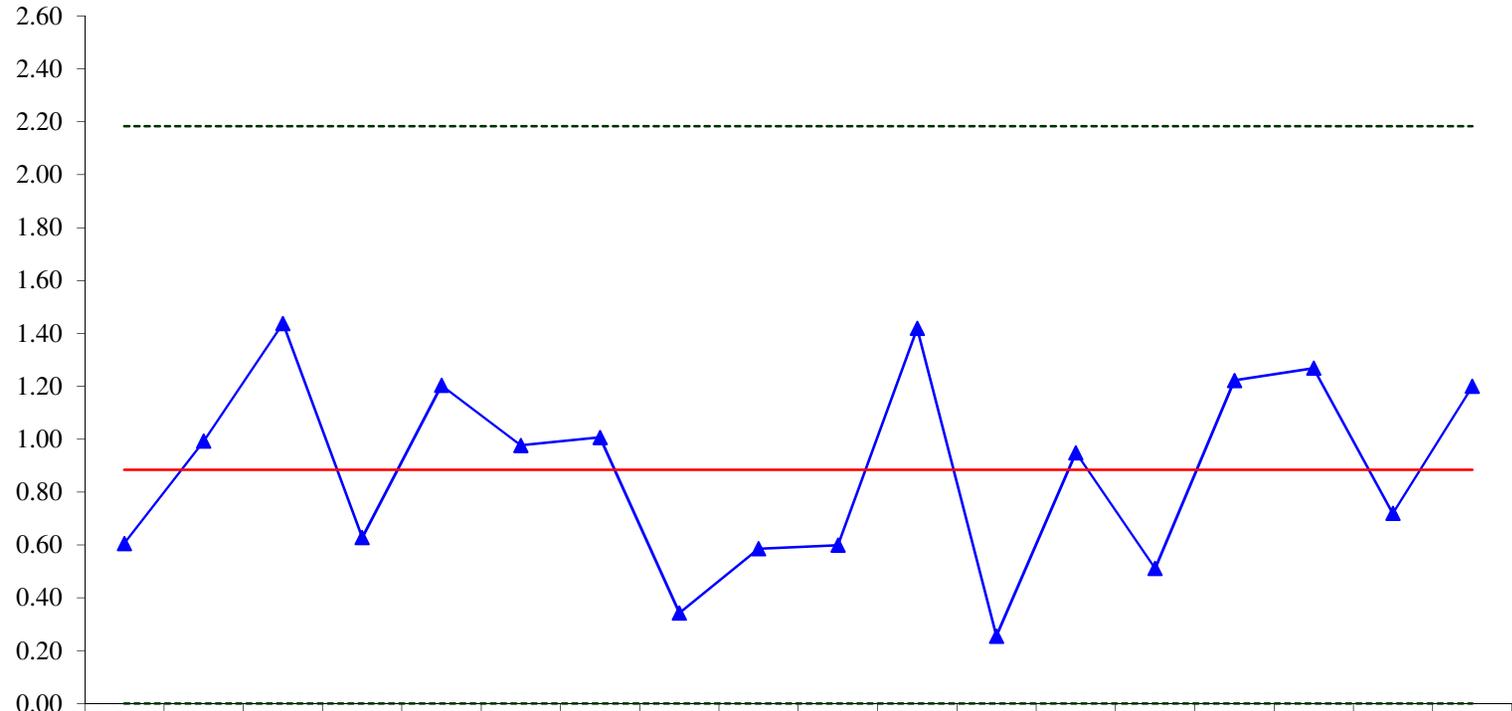
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	44	31	30	41	28	35	38	24	21	32	29	21	34	52	62	49	48	43
Injuries Resulting in a WCC	8	8	5	8	6	6	4	8	9	3	11	4	14	11	15	12	14	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.79	0.80	0.48	0.78	0.57	0.56	0.38	0.73	0.86	0.28	1.03	0.41	1.38	1.11	1.39	1.16	1.43	0.41
----- UCL	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
— Avg	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81
----- 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

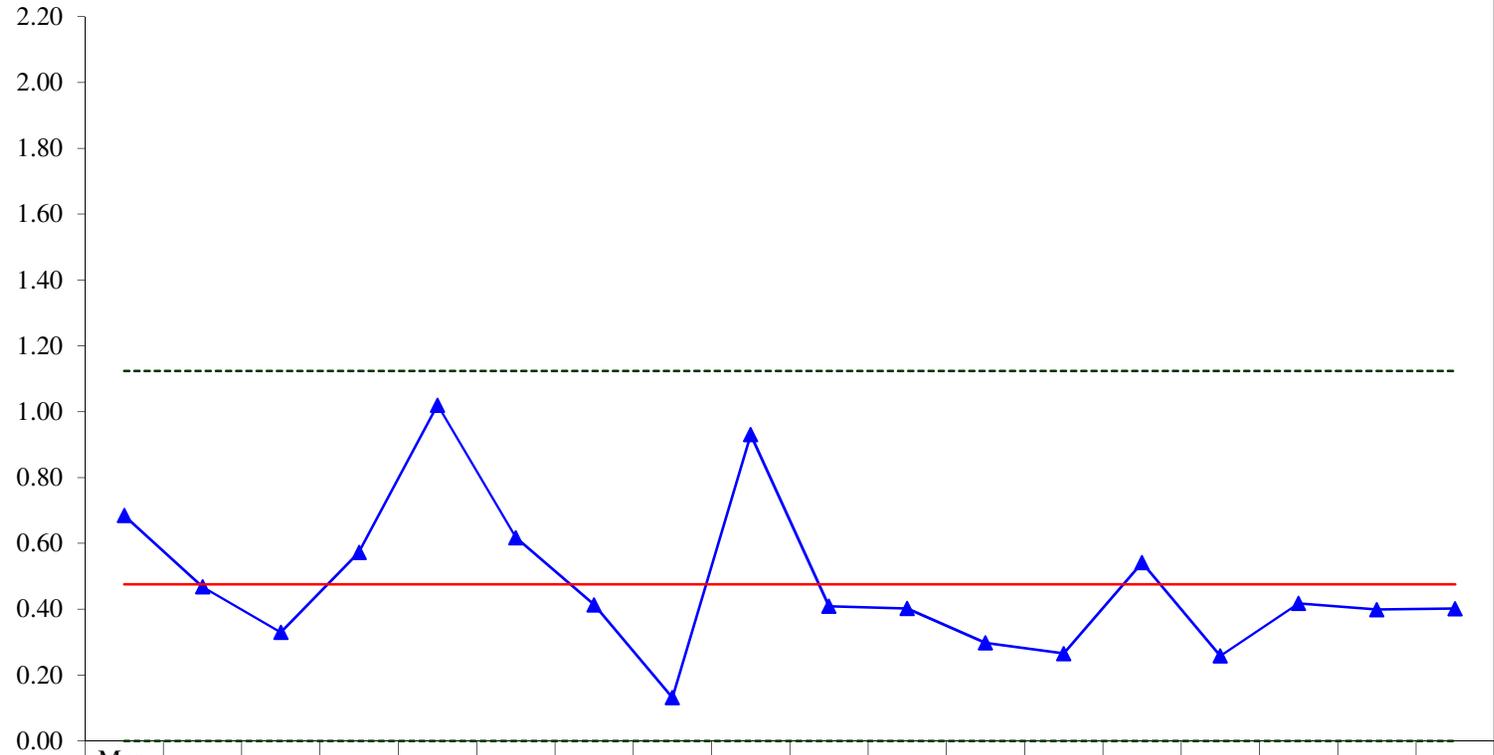
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	28	33	31	23	24	29	27	23	30	16	30	18	30	25	36	29	40	31
Injuries Resulting in a WCC	5	8	12	5	10	8	8	3	5	5	12	2	8	4	10	10	6	10
▲ Emp. Inj.(WCC)/1000 Bed Days	0.61	0.99	1.44	0.63	1.20	0.98	1.01	0.34	0.59	0.60	1.42	0.26	0.95	0.51	1.22	1.27	0.72	1.20
----- UCL	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18	2.18
— Avg	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
----- 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**

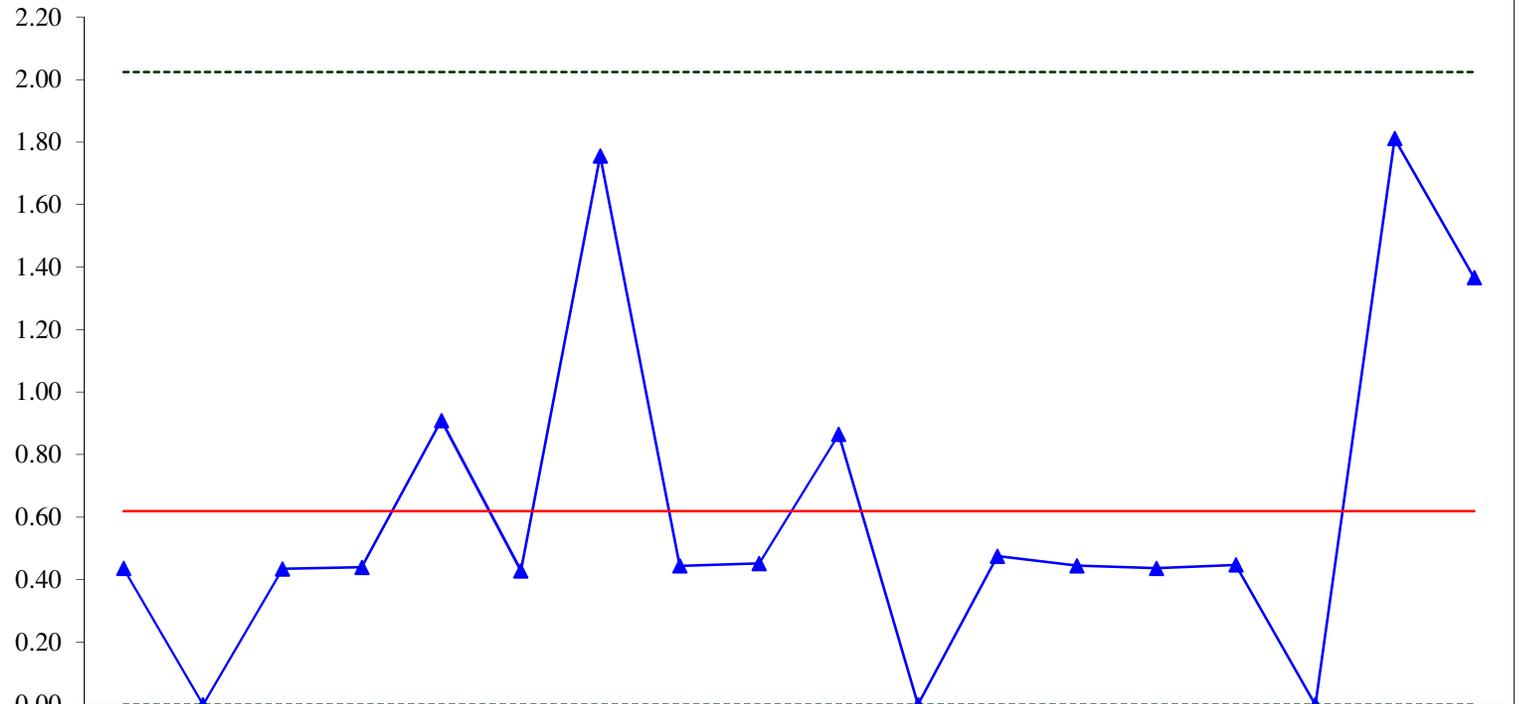
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	32	26	26	28	36	38	31	33	23	21	17	36	22	29	19	25	37	25
Injuries Resulting in a WCC	6	4	3	5	9	5	3	1	7	3	3	2	2	4	2	3	3	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.68	0.47	0.33	0.57	1.02	0.62	0.41	0.13	0.93	0.41	0.40	0.30	0.27	0.54	0.26	0.42	0.40	0.40
----- UCL	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12
----- Avg	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

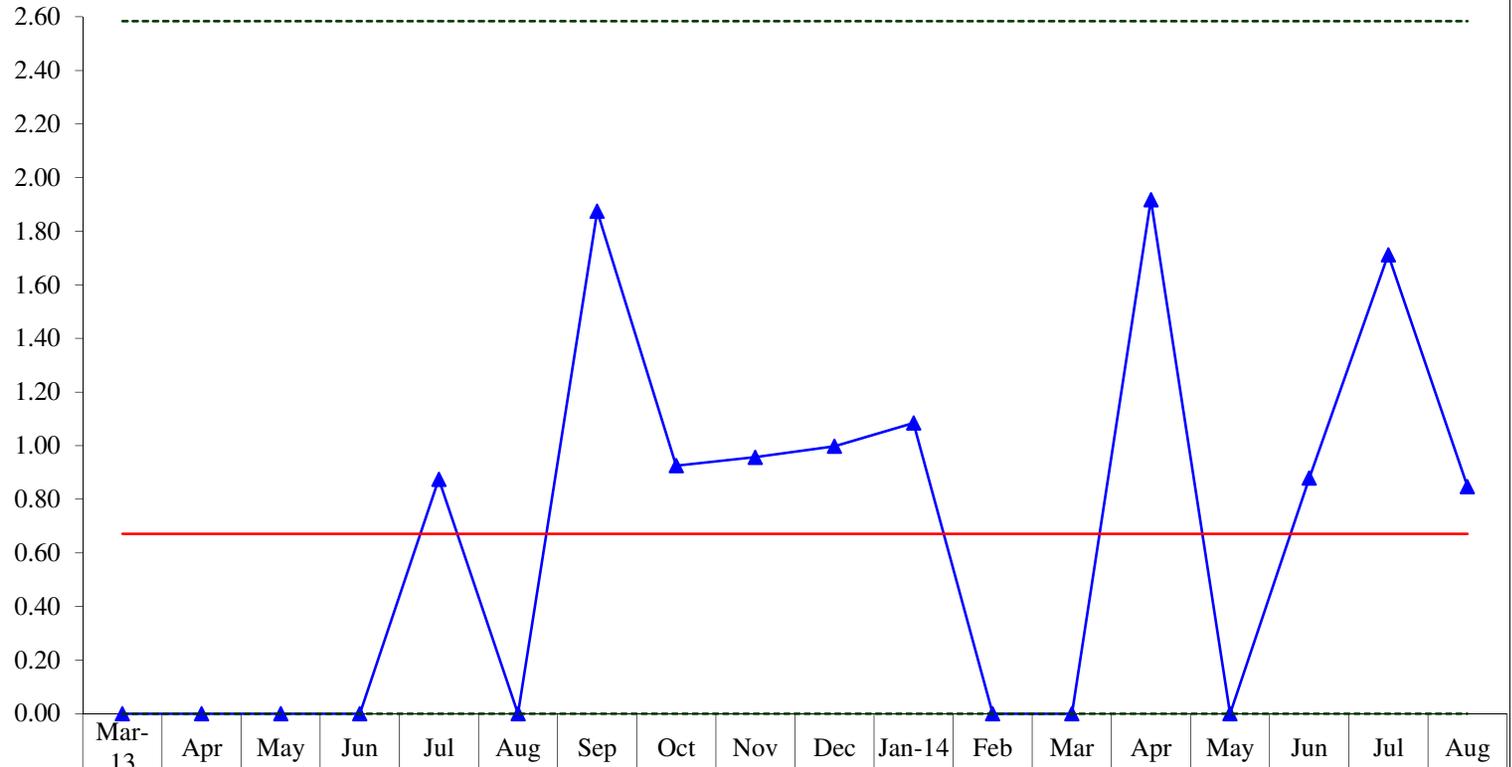
Employee Injuries Resulting in a Workers' Compensation Claim



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	1	2	3	4	5	4	10	5	4	6	0	3	3	2	6	4	6	6
Injuries Resulting in a WCC	1	0	1	1	2	1	4	1	1	2	0	1	1	1	1	0	4	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.44	0.00	0.43	0.44	0.91	0.43	1.76	0.44	0.45	0.87	0.00	0.48	0.44	0.44	0.45	0.00	1.81	1.37
----- UCL	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
— 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	0.00	0.00	0.00	0.00	0.00	0.00	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:

Reduce the rate of patient injuries related to violent self-destructive 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: $R=(N/D) \times 1000$

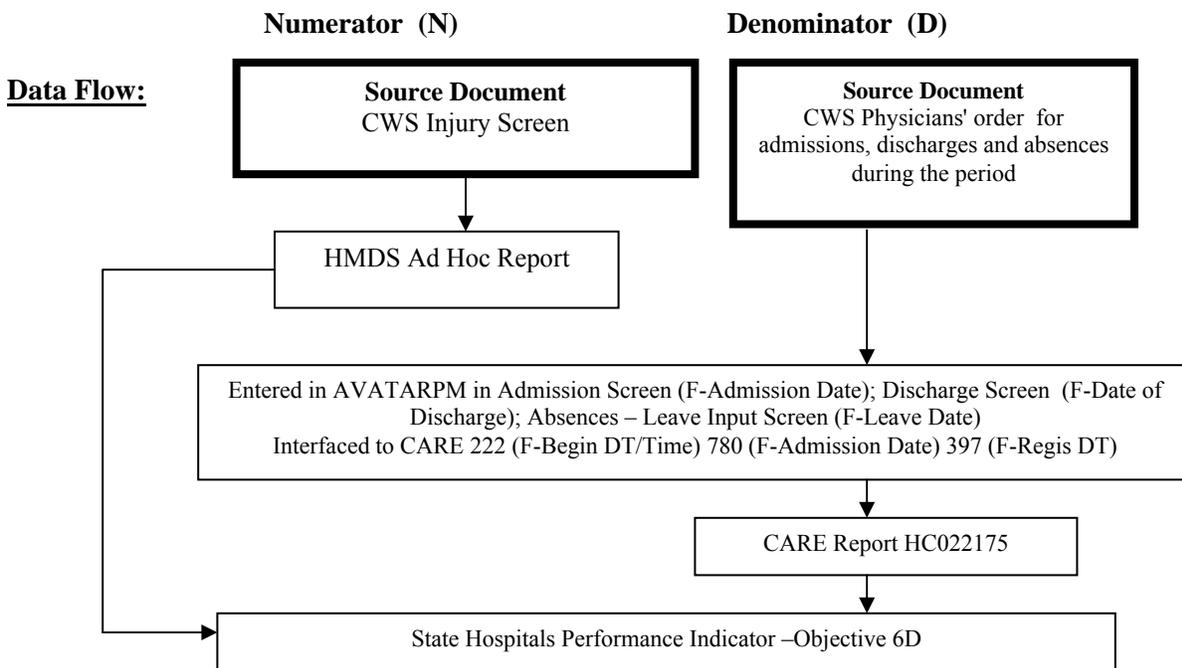
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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 - FY2014

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	50	43	2	0	0	96	1	33	27	2	0	0	63	0	83	55	6	0	0	144	11	55	52	5	0	0	123
Seclusion	0	4	0	0	0	0	4	0	1	2	1	0	0	4	0	0	0	0	0	0	0	0	2	2	0	0	0	4
Total	1	54	43	2	0	0	100	1	34	29	3	0	0	67	0	83	55	6	0	0	144	11	57	54	5	0	0	127
Per 1000 Beddays							0.5							0.3														0.6

Performance Objective 6E:

Analyze the number of employee injuries that are the result by patient aggression.

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

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

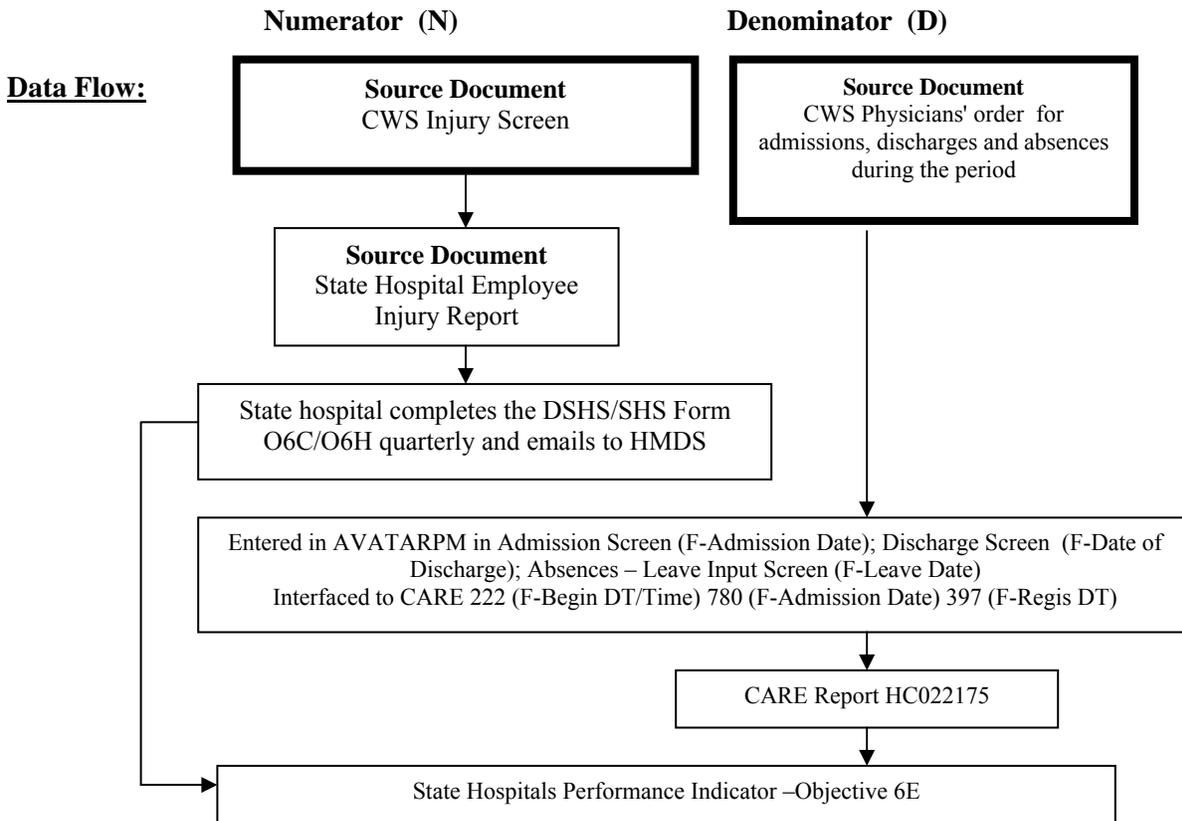
R = rate of employees injured by patient aggression per 1000 bed days per month

N = number of employees injured by patient aggression per month

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

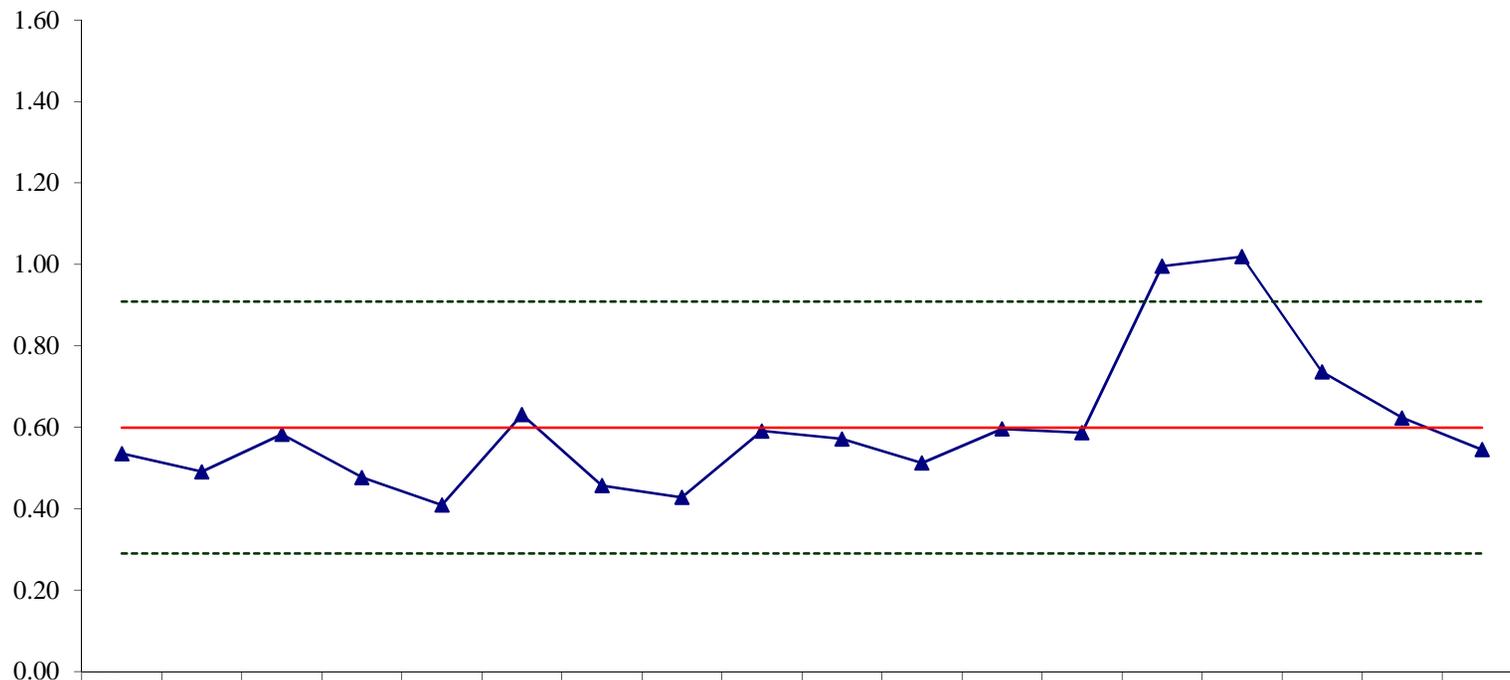
Performance Objective Data Display and Chart Description:

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



**Objective 6E - Employees Injuries Resulted by Patient Aggression
All State Hospitals**

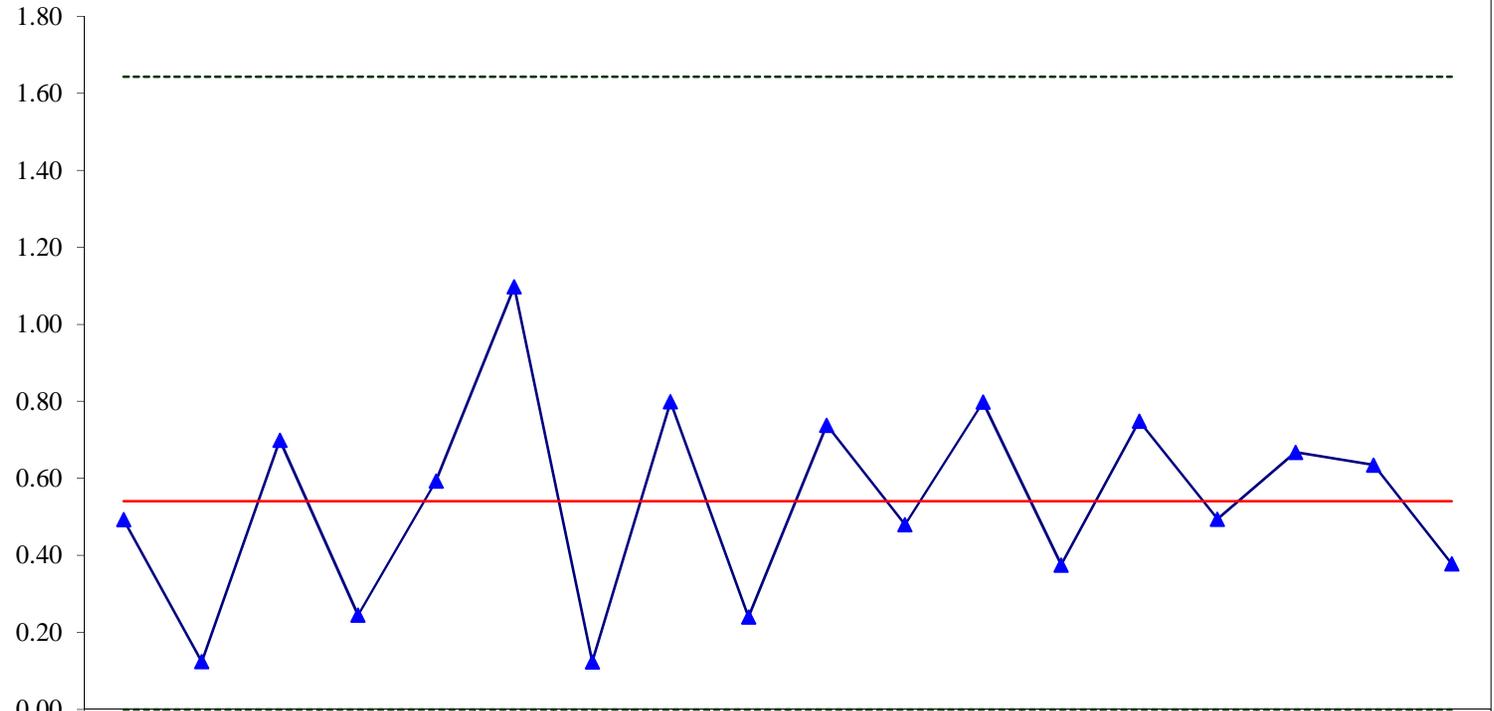
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	210	193	191	181	209	223	204	200	189	188	176	175	174	245	224	213	248	188
Injuries Associated with R/S	39	35	43	34	30	46	32	35	41	40	36	38	41	68	73	50	43	38
▲ Emp. Inj.(RS)/1000 Bed Days	0.54	0.49	0.58	0.48	0.41	0.63	0.46	0.43	0.59	0.57	0.51	0.60	0.59	1.00	1.02	0.74	0.62	0.55
----- UCL	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91
----- Avg	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60
----- LCL	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

Objective 6E - Employees Injuries Resulted by Patient Aggression
Austin State Hospital

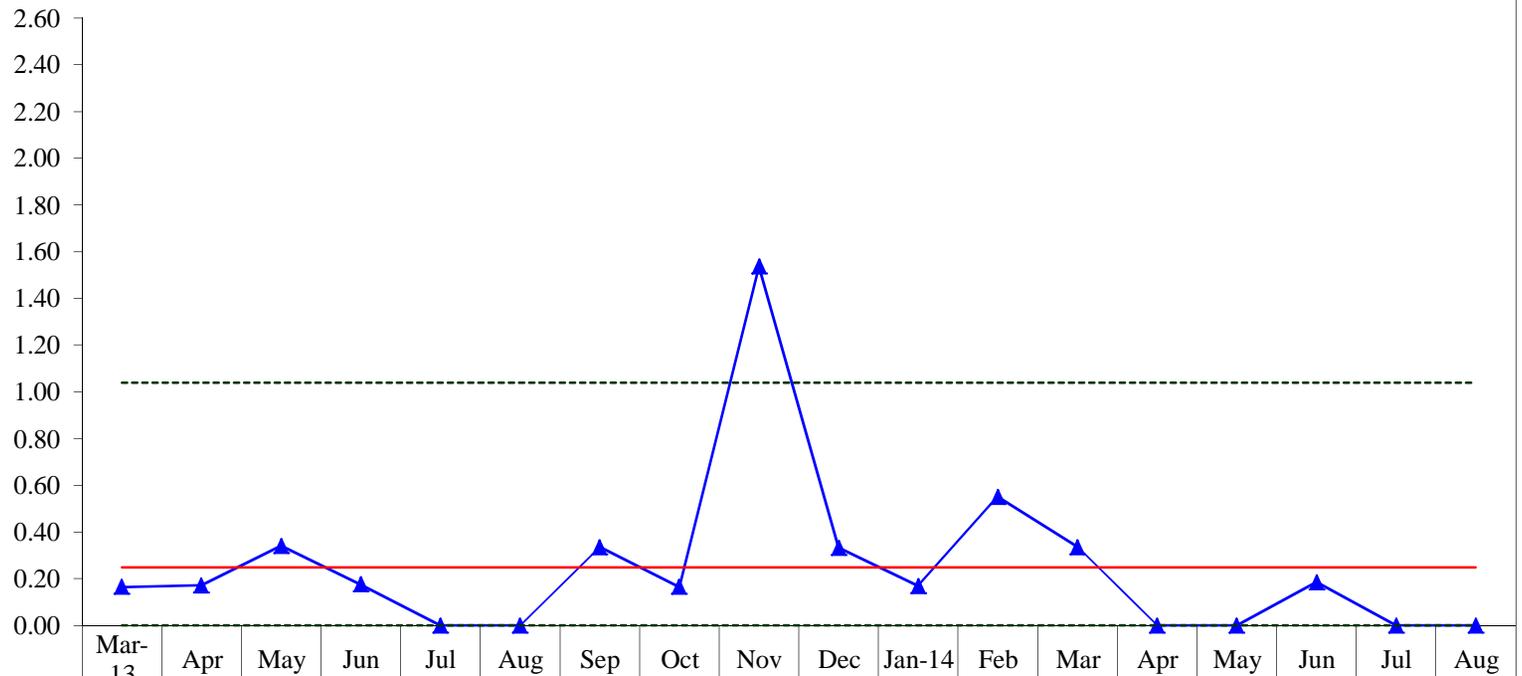
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	10	5	11	11	12	18	8	13	7	13	14	15	12	10	12	8	22	10
Injuries Associated with R/S	4	1	6	2	5	9	1	7	2	6	4	6	3	6	4	5	5	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.49	0.12	0.70	0.24	0.59	1.10	0.12	0.80	0.24	0.74	0.48	0.80	0.38	0.75	0.49	0.67	0.63	0.38
----- UCL	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64	1.64
— Avg	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
----- 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

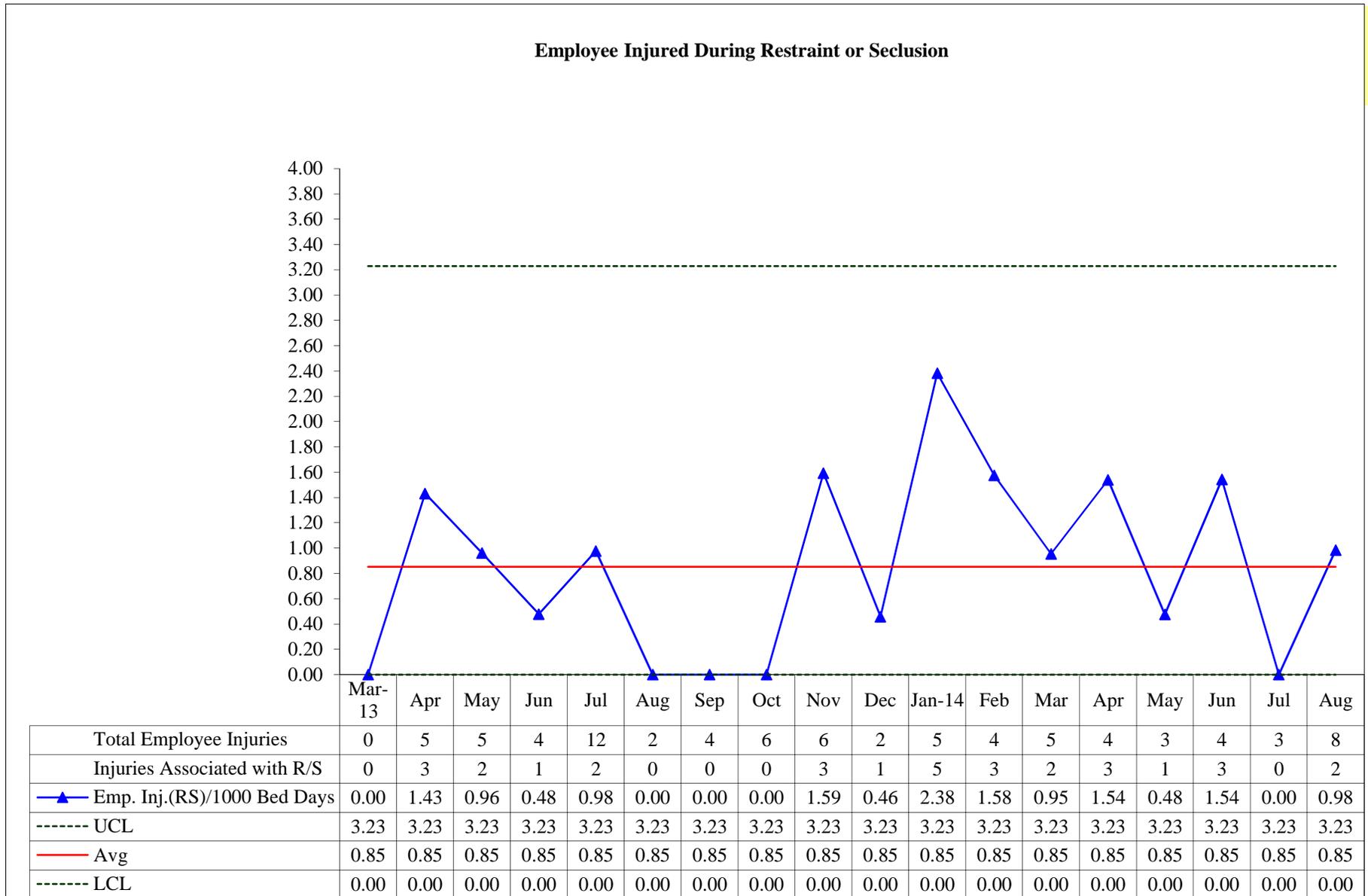
Objective 6E - Employees Injuries Resulted by Patient Aggression
Big Spring State Hospital

Employee Injured During Restraint or Seclusion



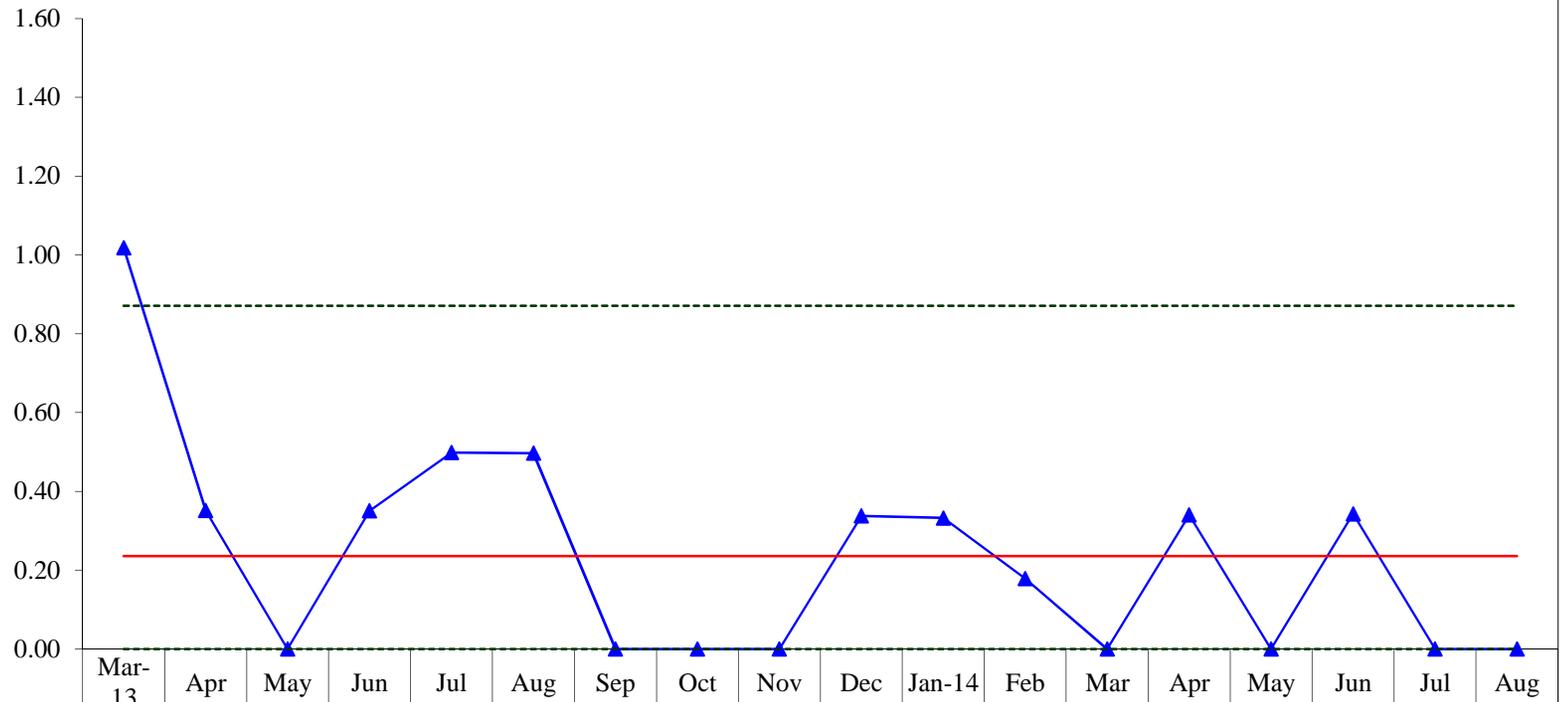
	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	14	11	13	14	14	8	12	12	22	22	10	8	12	20	14	14	14	8
Injuries Associated with R/S	1	1	2	1	0	0	2	1	9	2	1	3	2	0	0	1	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.17	0.17	0.34	0.18	0.00	0.00	0.34	0.17	1.54	0.33	0.17	0.55	0.33	0.00	0.00	0.18	0.00	0.00
----- UCL	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04
----- Avg	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
----- 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 Injuries Resulted by Patient Aggression
El Paso Psychiatric Center



**Objective 6E - Employees Injuries Resulted by Patient Aggression
Kerrville State Hospital**

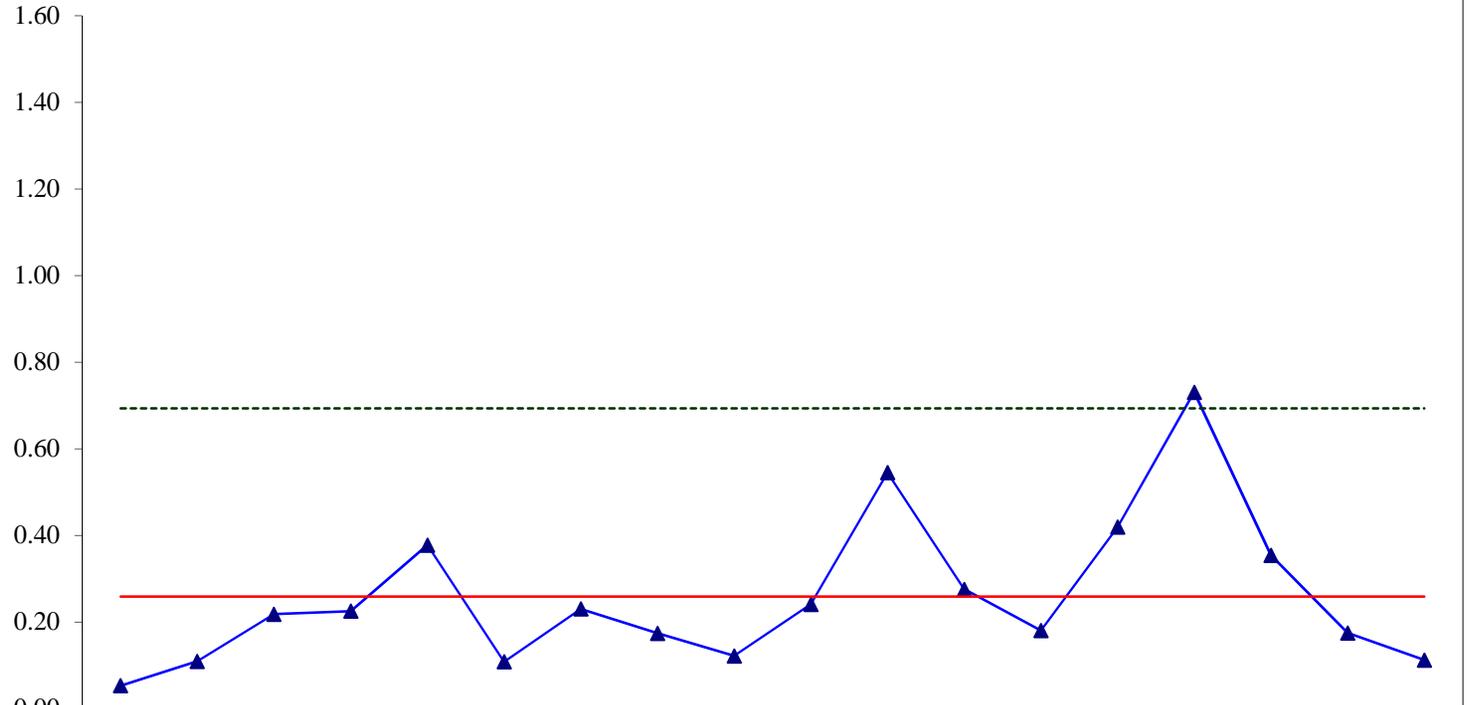
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	16	9	8	14	13	12	8	11	4	13	10	19	8	17	9	19	10	7
Injuries Associated with R/S	6	2	0	2	3	3	0	0	0	2	2	1	0	2	0	2	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	1.02	0.35	0.00	0.35	0.50	0.50	0.00	0.00	0.00	0.34	0.33	0.18	0.00	0.34	0.00	0.34	0.00	0.00
----- UCL	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87
----- Avg	0.24	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 Injuries Resulted by Patient Aggression
North Texas State Hospital

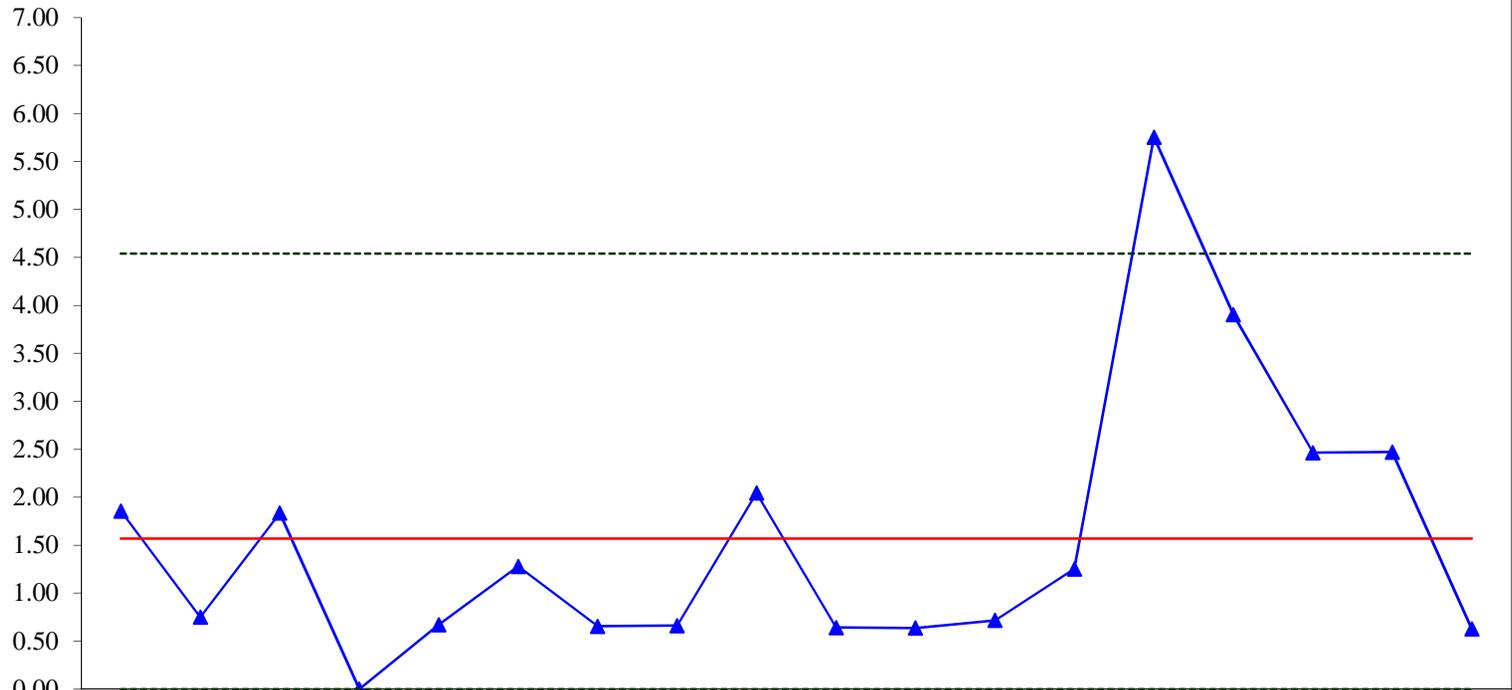
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	46	43	35	30	46	50	41	44	35	37	31	35	32	45	39	38	42	26
Injuries Associated with R/S	1	2	4	4	7	2	4	3	2	4	9	4	3	7	13	6	3	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.05	0.11	0.22	0.23	0.38	0.11	0.23	0.17	0.12	0.24	0.54	0.28	0.18	0.42	0.73	0.35	0.17	0.11
----- UCL	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69
----- Avg	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6E - Employees Injuries Resulted by Patient Aggression
Rio Grande State Center**

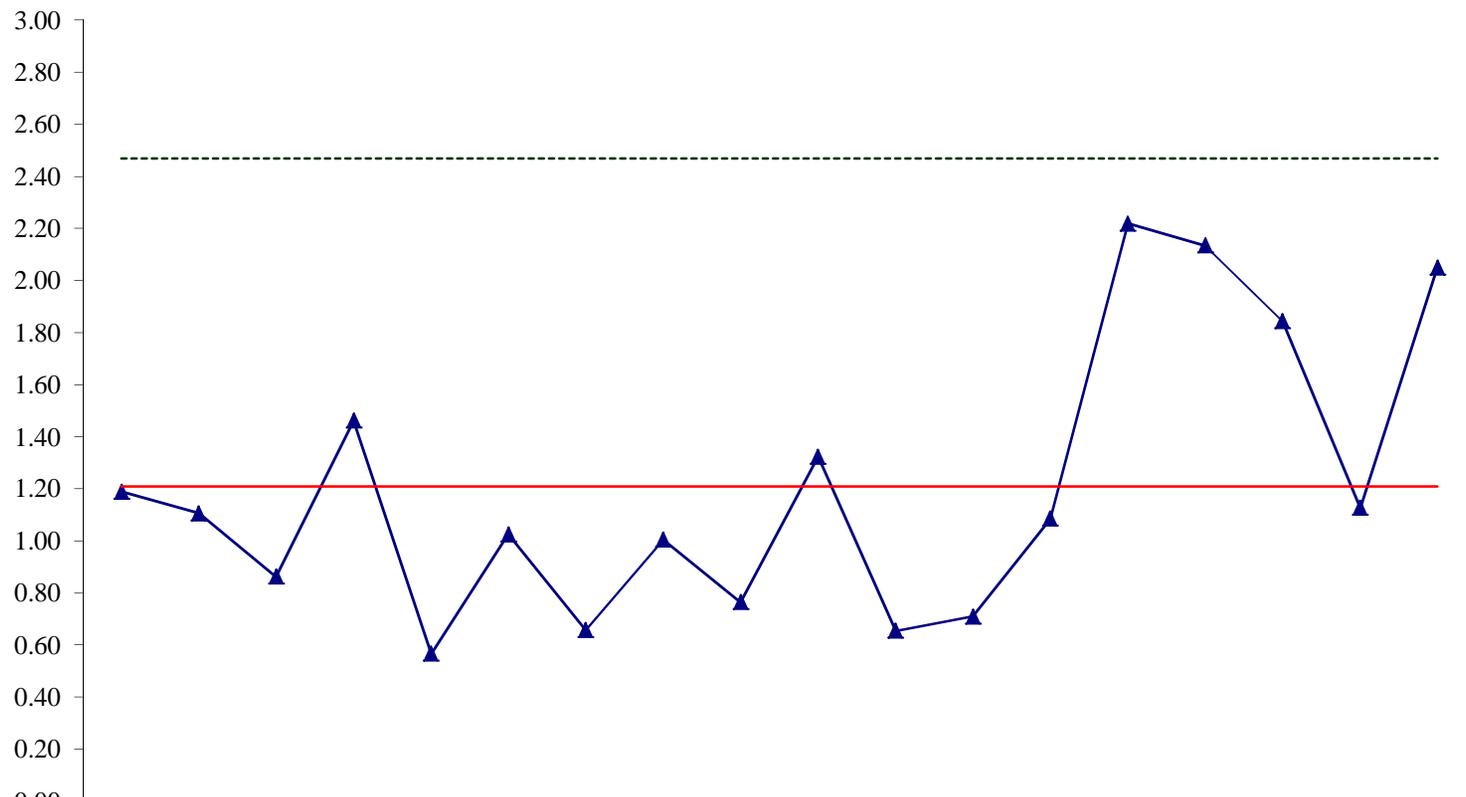
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	16	24	25	12	18	27	23	26	36	25	29	15	15	39	23	22	24	22
Injuries Associated with R/S	2	1	3	0	1	2	1	1	3	1	1	1	2	9	6	4	4	1
▲ Emp. Inj.(RS)/1000 Bed Days	1.86	0.75	1.83	0.00	0.67	1.28	0.66	0.66	2.04	0.64	0.64	0.72	1.25	5.75	3.90	2.46	2.47	0.63
----- UCL	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54
— Avg	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
Rusk State Hospital

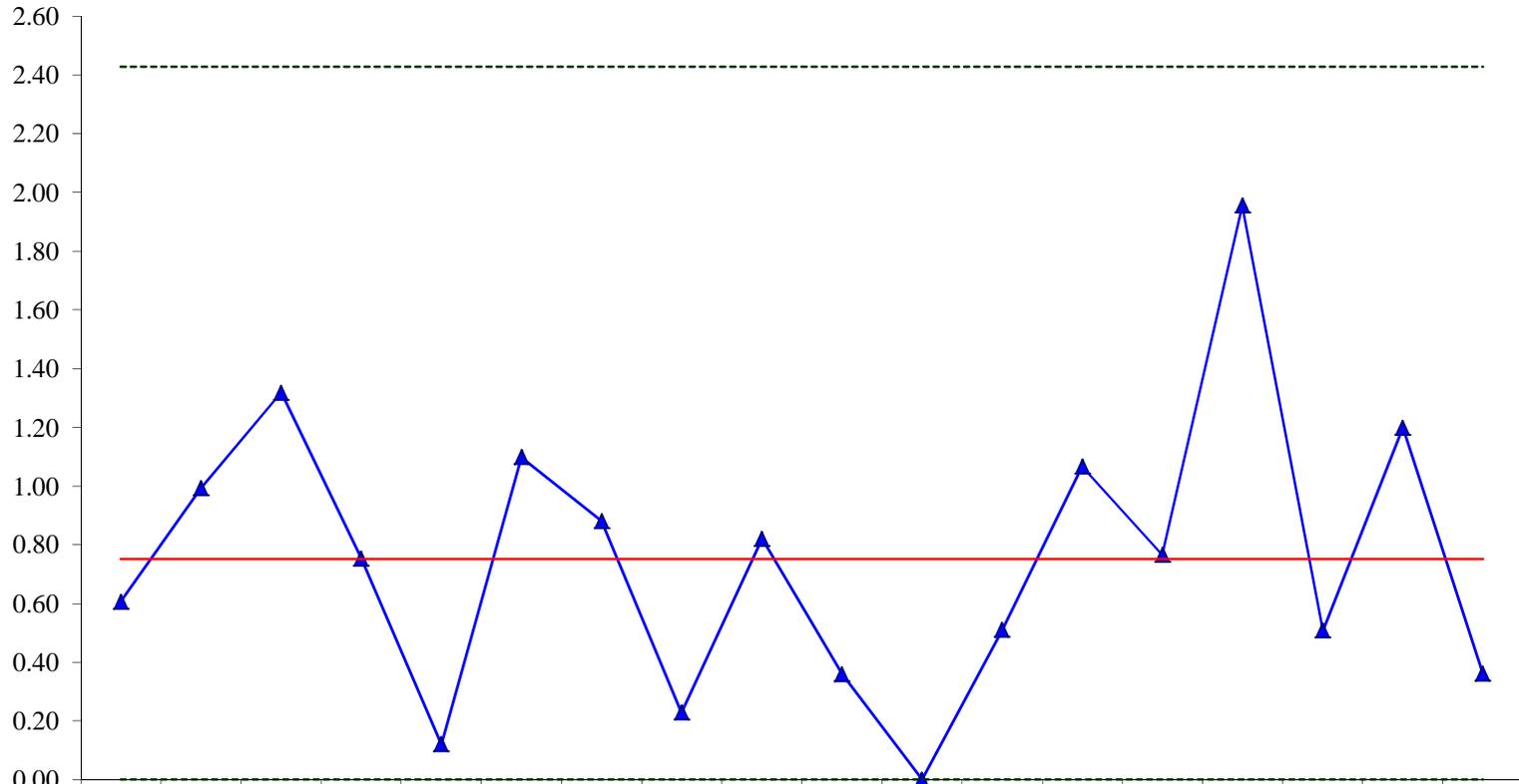
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	44	31	30	41	28	35	38	24	21	32	29	21	34	52	62	49	48	43
Injuries Associated with R/S	12	11	9	15	6	11	7	11	8	14	7	7	11	22	23	19	11	20
▲ Emp. Inj.(RS)/1000 Bed Days	1.19	1.11	0.86	1.46	0.57	1.03	0.66	1.00	0.76	1.32	0.65	0.71	1.08	2.22	2.13	1.84	1.13	2.05
----- 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	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injuries Resulted by Patient Aggression
San Antonio State Hospital

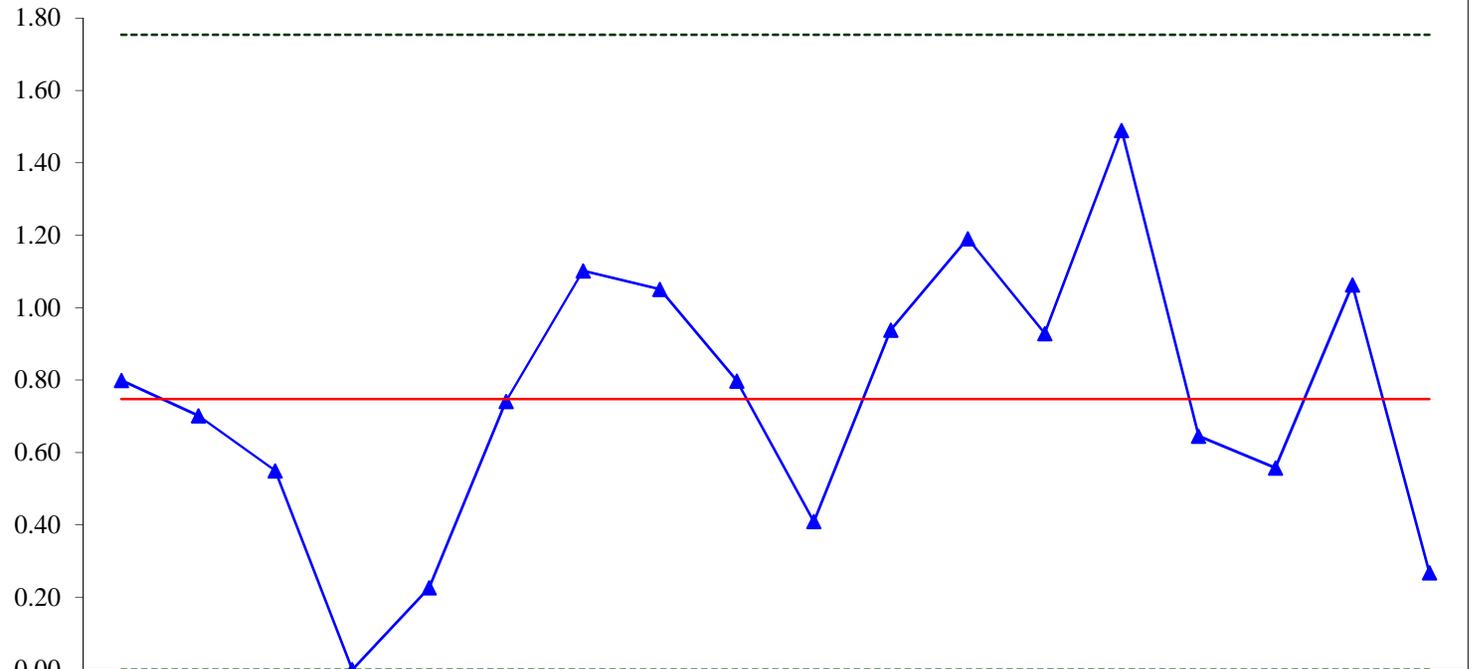
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	28	33	31	23	24	29	27	23	30	16	30	18	30	25	36	29	40	31
Injuries Associated with R/S	5	8	11	6	1	9	7	2	7	3	0	4	9	6	16	4	10	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.61	0.99	1.32	0.75	0.12	1.10	0.88	0.23	0.82	0.36	0.00	0.51	1.07	0.77	1.96	0.51	1.20	0.36
----- UCL	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43
— Avg	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	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 Injuries Resulted by Patient Aggression
Terrell State Hospital**

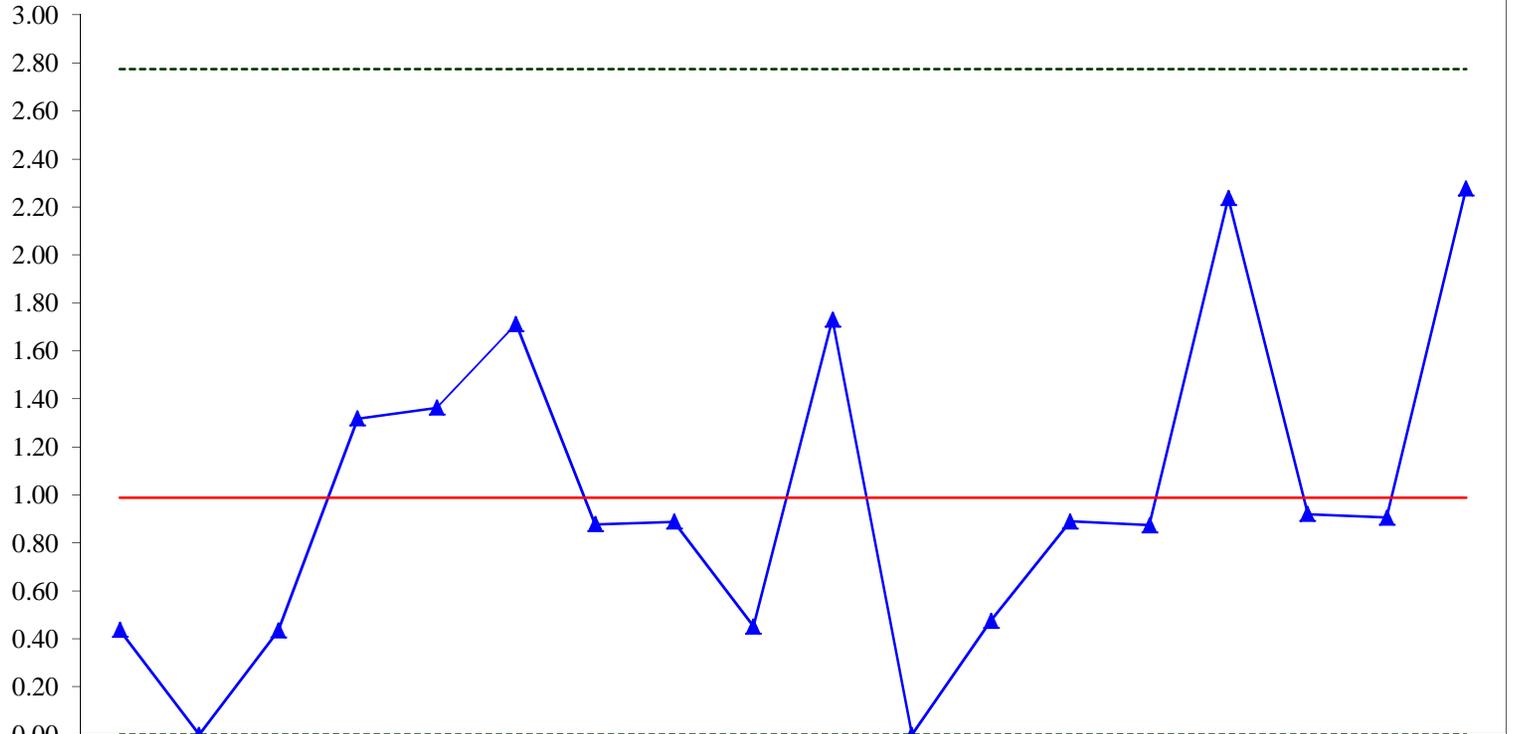
Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	32	26	26	28	36	38	31	33	23	21	17	36	22	29	19	25	37	25
Injuries Associated with R/S	7	6	5	0	2	6	8	8	6	3	7	8	7	11	5	4	8	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.80	0.70	0.55	0.00	0.23	0.74	1.10	1.05	0.80	0.41	0.94	1.19	0.93	1.49	0.65	0.56	1.06	0.27
----- UCL	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75
----- Avg	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

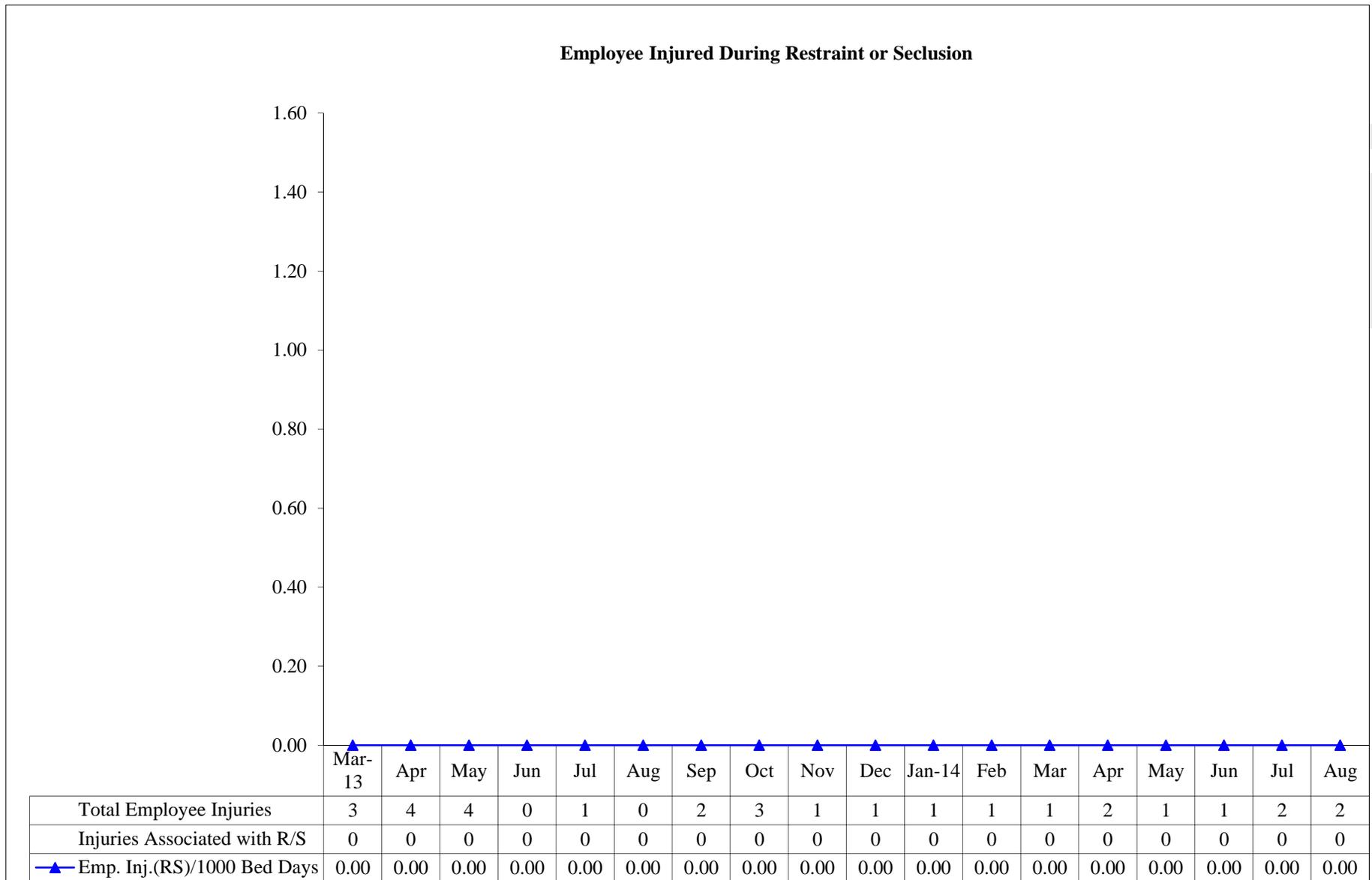
**Objective 6E - Employees Injuries Resulted by Patient Aggression
Waco Center for Youth**

Employee Injured During Restraint or Seclusion



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	1	2	3	4	5	4	10	5	4	6	0	3	3	2	6	4	6	6
Injuries Associated with R/S	1	0	1	3	3	4	2	2	1	4	0	1	2	2	5	2	2	5
▲ Emp. Inj.(RS)/1000 Bed Days	0.44	0.00	0.43	1.32	1.36	1.71	0.88	0.89	0.45	1.73	0.00	0.48	0.89	0.87	2.24	0.92	0.91	2.28
----- UCL	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77
— Avg	0.99	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
----- 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 Injuries Resulted by Patient Aggression
Texas Center for Infectious Disease



Performance Objective 6F:

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

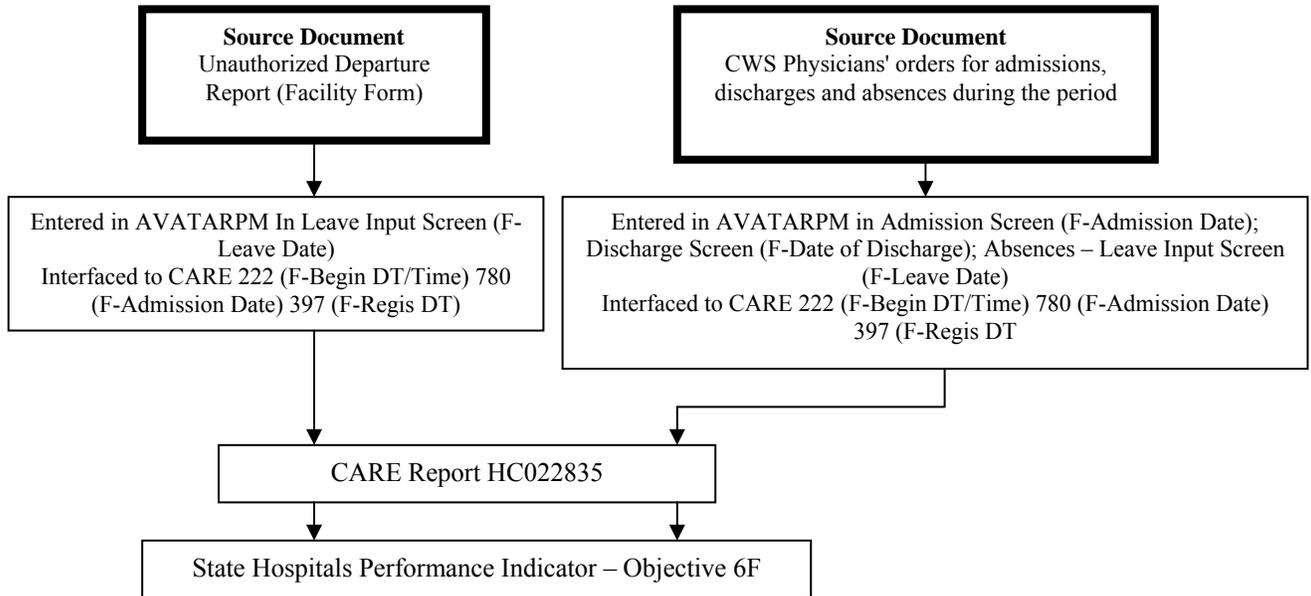
Performance Objective Data Display and Chart Description:

- ◆ 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-13	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
Unauthorized Departures Incidents	26	24	25	24	19	24	22	27	33	28	25	29
Unauthorized Departures Persons	24	24	22	20	18	21	22	24	32	27	22	28
Bed Days in Month	69015	70950	68340	68992	69389	62949	68914	67256	70503	66781	67905	68558
Incidents/1000 Bed Days	0.38	0.34	0.37	0.35	0.27	0.38	0.32	0.40	0.47	0.42	0.37	0.42

Performance Objective 6G:

Analyze and evaluate the effectiveness of the fall reduction program and to reduce the rate of falls during FY14 by 10% as compared to FY13.

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

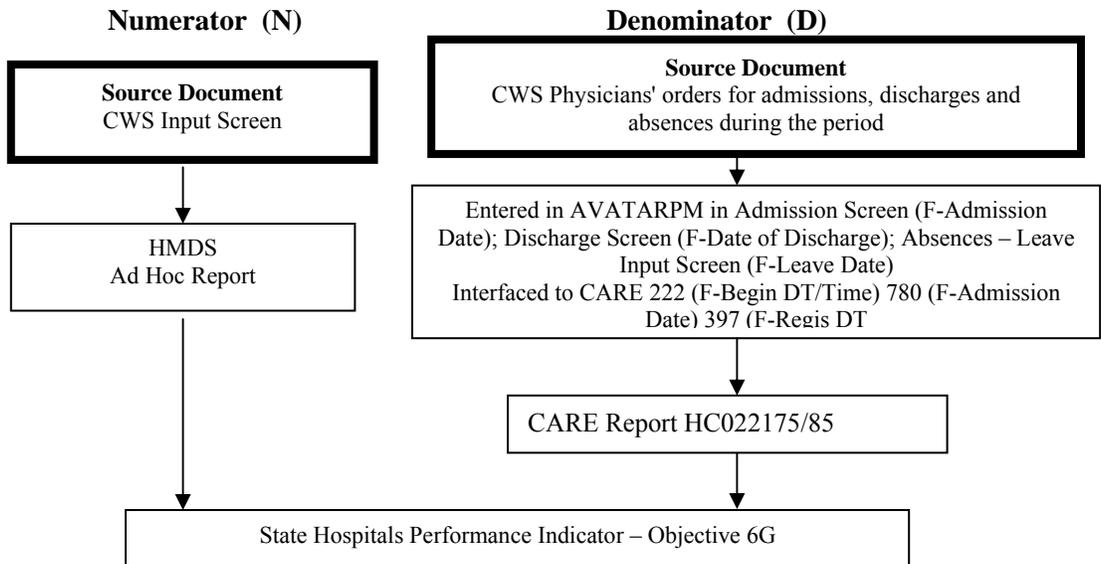
N = number of fall injuries D = number of bed days per FY quarter

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-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL STATE HOSPITALS															
All Falls	158	127	150	144	133	140	115	105	99	122	124	115	123	125	123
Bed Days in Month	71329	73372	72895	70096	72047	69404	70012	70298	63785	69924	68310	71623	67929	69034	69707
Falls/1000 Bed Days	2.22	1.73	2.06	2.05	1.85	2.02	1.64	1.49	1.55	1.74	1.82	1.61	1.81	1.81	1.76

Performance Measure 6A:

Calculate, trend and review rate of patient injuries for 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

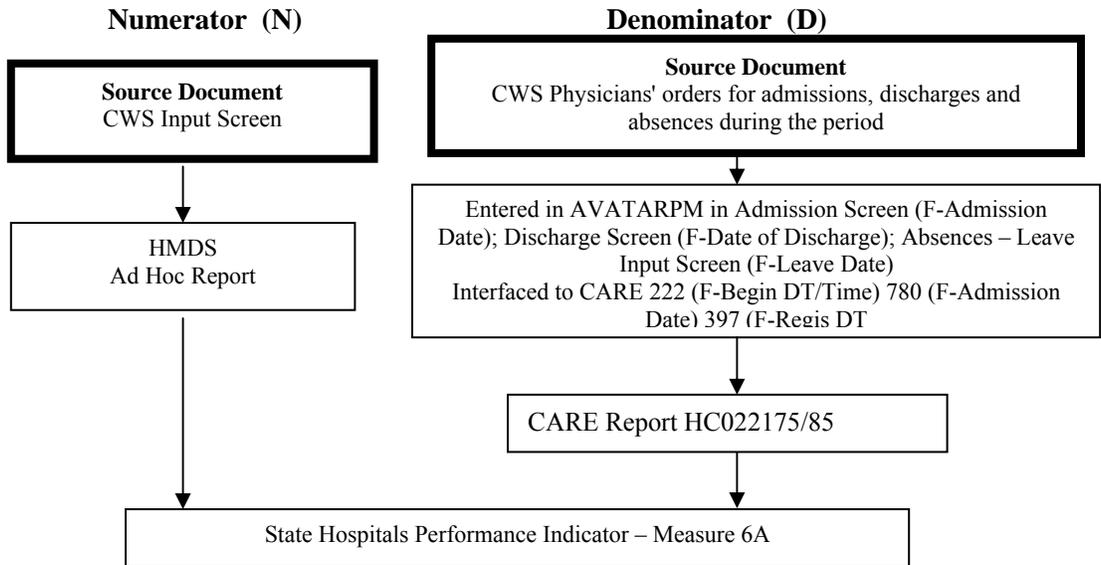
N = number of injuries D = number of bed days per FY quarter

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 - FY14

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	18	149	199	15	0	0	381	3	120	150	4	0	0	277	9	218	250	23	0	0	500	17	189	233	5	0	0	444	
Age 18-64	24	1215	770	99	4	0	2112	9	1106	627	74	0	0	1816	9	1226	745	128	3	0	2111	9	1198	768	82	4	0	2061	
Age 65-older	1	111	48	4	3	0	167	0	71	28	6	0	0	105	2	71	31	10	1	0	115	1	96	46	4	0	0	147	
Total	43	1475	1017	118	7	0	2660	12	1297	805	84	0	0	2198	20	1515	1026	161	4	0	2726	27	1483	1047	91	4	0	2652	

N/A = Not Available

Performance Measure 6B:

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

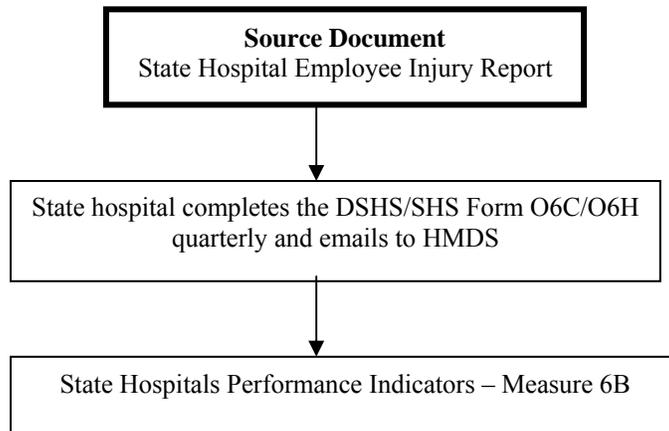
Performance Measure Operational Definition: The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 6B - Employee Injuries
All State Hospitals - Q4 FY14

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	20	20	3	16	53	35	89	46	49	1	14	346
Per 1,000 Bed Days	0.86	1.22	0.51	0.90	1.02	7.24	2.98	1.87	2.21	0.29	2.13	1.67
Age 40-64	20	15	10	20	46	31	48	51	36	3	1	281
Per 1,000 Bed Days	0.86	0.92	1.69	1.13	0.89	6.41	1.61	2.08	1.62	0.86	0.15	1.36
Age 65 - Older	0	1	2	0	7	2	3	3	2	1	1	22
Per 1,000 Bed Days	0.00	0.06	0.34	0.00	0.13	0.41	0.10	0.12	0.09	0.29	0.15	0.11
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	40	36	15	36	106	68	140	100	87	5	16	649
Per 1,000 Bed Days	1.72	2.20	2.53	2.03	2.04	14.06	4.69	4.07	3.92	1.43	2.43	3.14

Measure 6B - Employee Injuries
All State Hospitals - FY14

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Q1 Total Injuries	28	46	16	23	120	85	83	80	87	6	19	593
# Injuries Associated with Patient Aggression/No Restraint	10	21	4	11	64	67	34	33	32	0	5	281
	36%	46%	25%	48%	53%	79%	41%	41%	37%	0%	26%	47%
Q2 Total Injuries	42	40	11	42	103	69	82	64	74	3	9	539
# Injuries Associated with Patient Aggression/No Restraint	16	21	1	7	42	51	33	35	34	0	0	240
	38%	53%	9%	17%	41%	74%	40%	55%	46%	0%	0%	45%
Q3 Total Injuries	34	46	12	34	116	77	148	91	70	4	11	643
# Injuries Associated with Patient Aggression/No Restraint	9	31	4	9	57	38	51	33	25	0	0	257
	26%	67%	33%	26%	49%	49%	34%	36%	36%	0%	0%	40%
Q4 Total Injuries	40	36	15	36	106	68	140	100	87	5	16	649
# Injuries Associated with Patient Aggression/No Restraint	19	19	8	6	72	45	49	41	42	2	2	305
												47%
FY Total Injuries	144	168	54	135	445	299	453	335	318	18	55	2424
# Injuries Associated with Patient Aggression/No Restraint	54	92	17	33	235	201	167	142	133	2	7	1083
	38%	55%	31%	24%	53%	67%	37%	42%	42%	11%	13%	45%

Measure 6B - Employee Injuries
All State Hospitals

FY2014

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	82	94	23	61	227	157	280	140	127	2	38	1231
Per 1,000 Bed Days	0.85	1.36	0.95	0.86	1.12	8.46	2.26	1.42	1.43	0.16	1.42	1.48
Age 40-64	59	69	29	70	194	137	162	191	180	15	15	1121
Per 1,000 Bed Days	0.61	1.00	1.20	0.99	0.96	7.38	1.31	1.93	2.03	1.18	0.56	1.35
Age 65 - Older	3	5	2	3	24	4	11	4	10	1	2	69
Per 1,000 Bed Days	0.03	0.07	0.08	0.04	0.12	0.22	0.09	0.04	0.11	0.08	0.07	0.08
Unknown	0	0	0	1	0	1	0	0	1	0	0	3
Per 1,000 Bed Days	0.00	0.00	0.00	0.01	0.00	0.05	0.00	0.00	0.01	0.00	0.00	0.00
Total	144	168	54	135	445	299	453	335	318	18	55	2424
Per 1,000 Bed Days	1.49	2.43	2.24	1.91	2.20	16.11	3.66	3.39	3.58	1.42	2.05	2.91

Measure 6B - Employee Injuries
All State Hospitals - FY14

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Q1 Total Injuries	28	46	16	23	120	85	83	80	87	6	19	593
# Injuries Associated with Patient Aggression/No Restraint	10	21	4	11	64	67	34	33	32	0	5	281
Per 1,000 Bed days	0.40	1.18	0.68	0.63	1.25	14.87	1.06	1.31	1.43	0.00	0.74	1.33
Q2 Total Injuries	42	40	11	42	103	69	82	64	74	3	9	539
# Injuries Associated with Patient Aggression/No Restraint	16	21	1	7	42	51	33	35	34	0	0	240
Per 1,000 Bed days	0.67	1.21	0.16	0.40	0.88	11.27	1.06	1.42	1.58	0.00	0.00	1.18
Q3 Total Injuries	34	46	12	34	116	77	148	91	70	4	11	643
# Injuries Associated with Patient Aggression/No Restraint	9	31	4	9	57	38	51	33	25	0	0	257
Per 1,000 Bed days	0.37	1.76	0.65	0.49	1.11	8.09	1.65	1.35	1.10	0.00	0.00	1.22
Q4 Total Injuries	40	36	15	36	106	68	140	100	87	5	16	649
# Injuries Associated with Patient Aggression/No Restraint	19	19	8	6	72	45	49	41	42	2	2	305
Per 1,000 Bed days	0.82	1.16	1.35	0.34	1.39	9.30	1.64	1.67	1.89	0.57	0.30	1.48
FY Total Injuries	144	168	54	135	445	299	453	335	318	18	55	2424
# Injuries Associated with Patient Aggression/No Restraint	54	92	17	33	235	201	167	142	133	2	7	1083
Per 1,000 Bed days	0.56	1.33	0.70	0.47	1.16	10.83	1.35	1.44	1.50	0.16	0.26	1.30

GOAL 7: Obtain, Manage and Use Information

Performance Objective 7F:

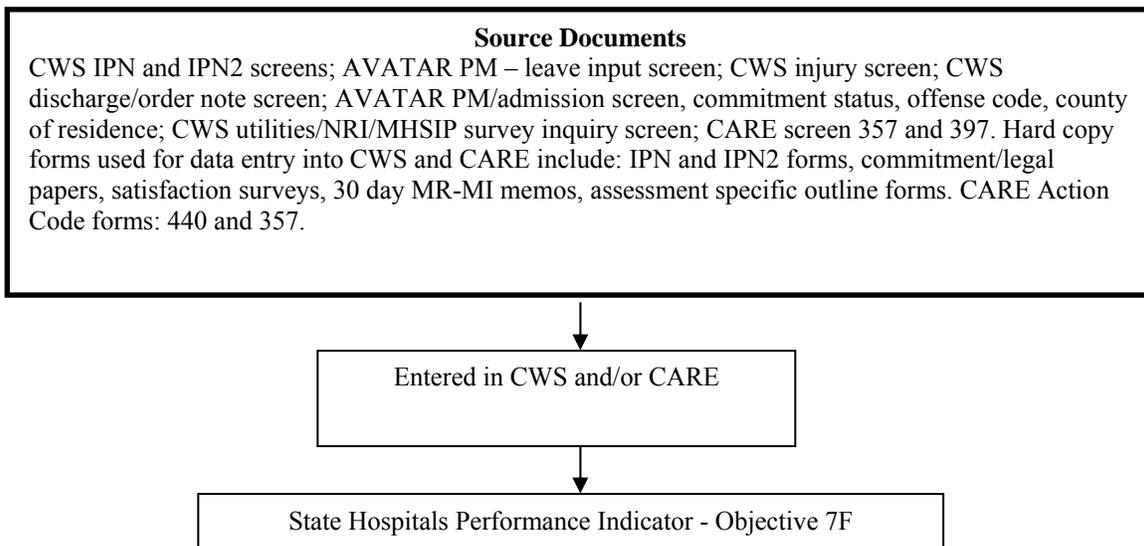
Maintain 95% compliance for Data Integrity Review (DIR) measures.

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 7F - Data Integrity Review Measures
All State Hospitals - As of August 31, 2014

Measure	WCY 5/13	SASH 5/13	BSH 04/14	TSH 4/14	EPPC 4/14	KSH 5/14	RSH 6/14	TCID 7/14	NTSH 8/14	ASH 8/14	RGSC 8/14
RESTR	NA	100	100	100	100	100	100	NA	100	100	100
SECL	NA	NA	NA	100	100	NA	NA	NA	NA	NA	NA
LEAVE	100	100	100	100	100	100	100	100	100	100	100
ELOPE	NA	100	NA	100	100	100	NA	100	NA	NA	NA
INJURY	100	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	NA	100	NA	100	NA	100	NA	100	100	100
MR/MI CARE	NA	NA	100	NA	100	NA	100	NA	100	100	100
MR/MI Comb	NA	NA	100	NA	100	NA	100	NA	100	100	100
NRI-S/A	NA	99	100	100	99	100	100	NA	100	100	100
NRI-S/C	100	100	100	100		NA	NA	NA	100	100	100
COMMIT	100	100	100	100	100	100	100	NA	100	100	100
OFFENSE	NA	100	100	100	0	100	100	NA	100	100	100
CTY RES	100	99	100	90	100	100	100	NA	90	97	90
%	100	99.78	100.00	99.00	91.58	100.00	100.00	100.00	99.09	99.73	99.09
CWS Finalization											
AIMS	100	94	100	99	100	100	100	NA	96	96	99
NURSING	100	94	100	93	100	100	95	100	96	94	100
MEDICAL HX	100	93	96	98	98	100	100	100	99	94	99
PHYS EXAM	100	93	96	98	99	100	100	100	98	95	98
DIAGNOSIS	100	97	98	100	100	100	100	NA	98	99	100
MENTAL S.E	100	99	100	100	99	100	100	NA	96	96	99
PSY EVAL	100	98	98	100	99	100	100	100	100	96	99
SOCIAL HX	90	91	100	95	100	100	99	100	99	96	98
SUICIDE ASSESSMENT-Admit											
Numerator	79	1391	418	1386	803	32	461	18	1018	2178	696
Denominator	80	1464	424	1416	808	32	464	18	1040	2240	704
%	99	95	99	98	99	100	99	100	98	97	99
CWS Forms Finalized											
TX PLAN*	100	100	100	100	100	100	100	NA	100	100	100
TX PLAN REV	100	100	100	100	100	100	100	NA	100	100	100
CONSENT 9-7	100	100	100	100	100	100	100	NA	100	100	100
RIGHTS 9-1	100	100	100	100	100	100	100	NA	100	100	100
External Validation											
R/S VALIDATION	YES	YES	YES	YES	YES	YES	YES	NA	YES	YES	YES

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

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

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

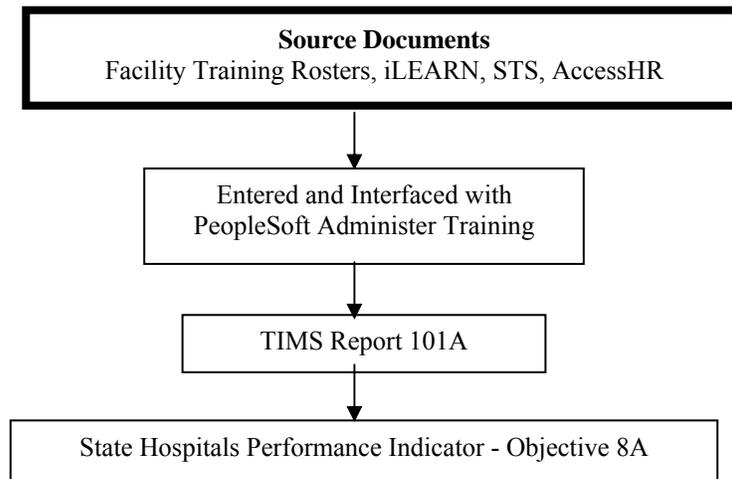
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up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

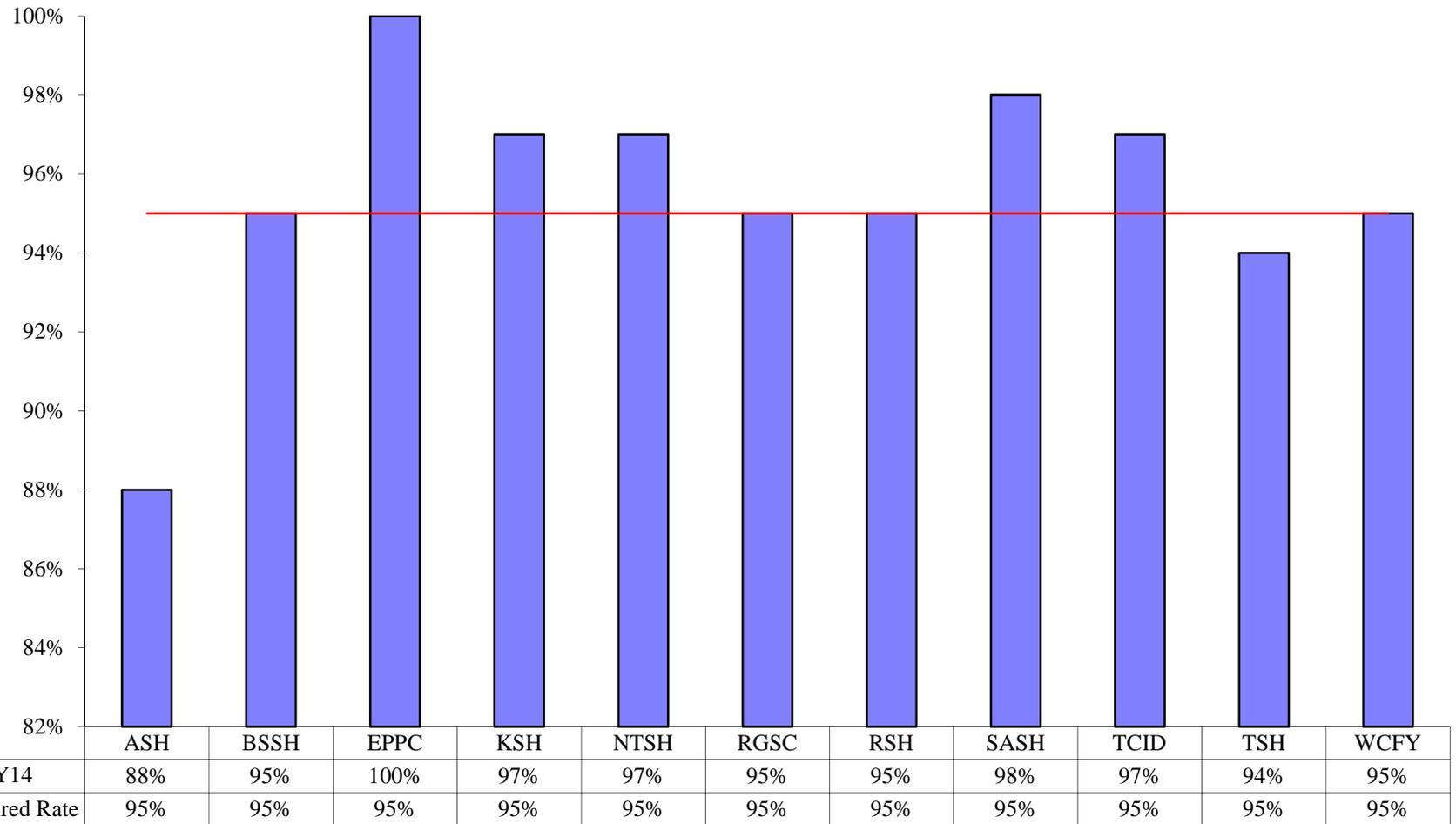
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



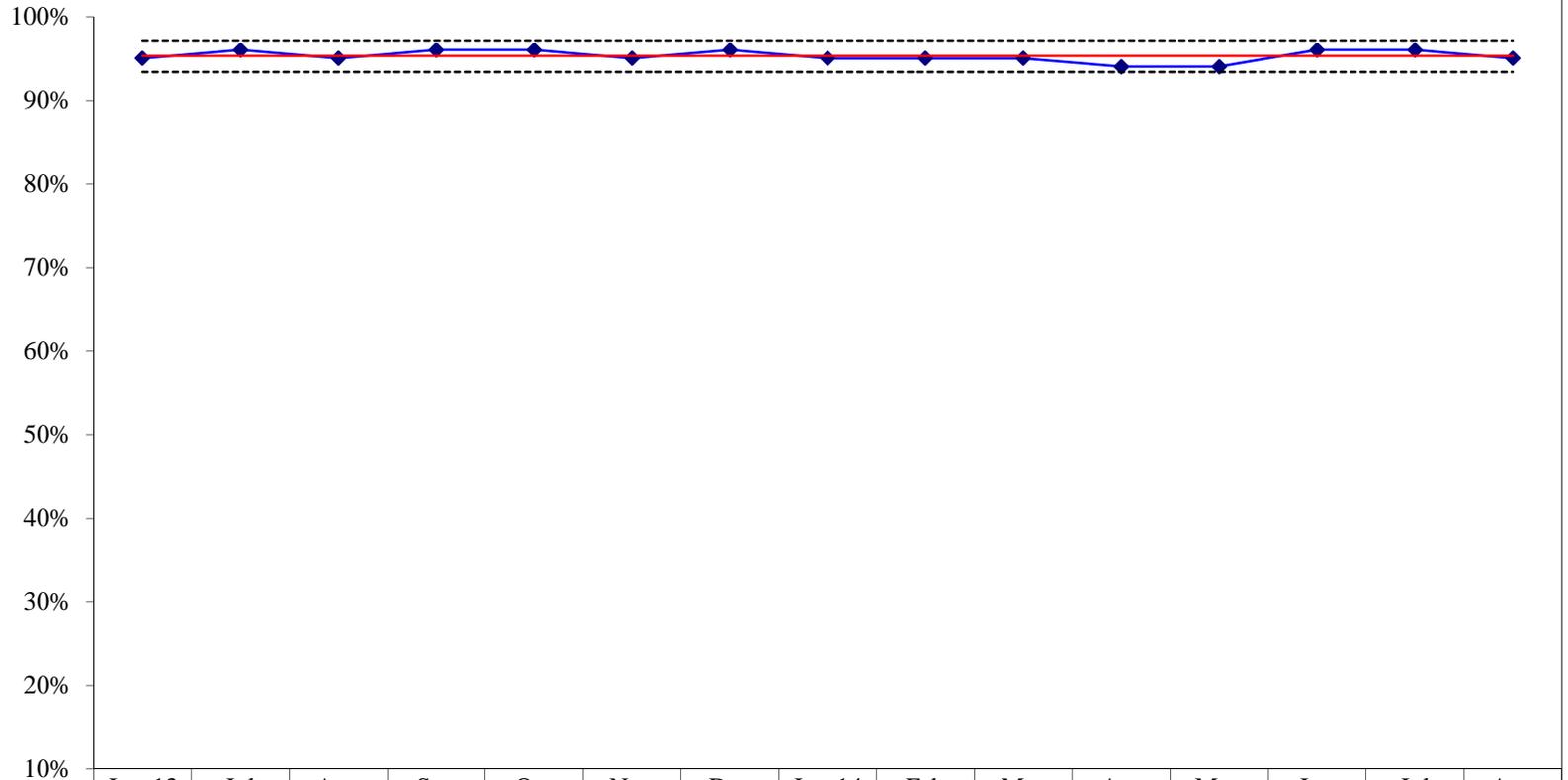
**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

**CORE and Specialty Training
(As of August 31, 2014)**



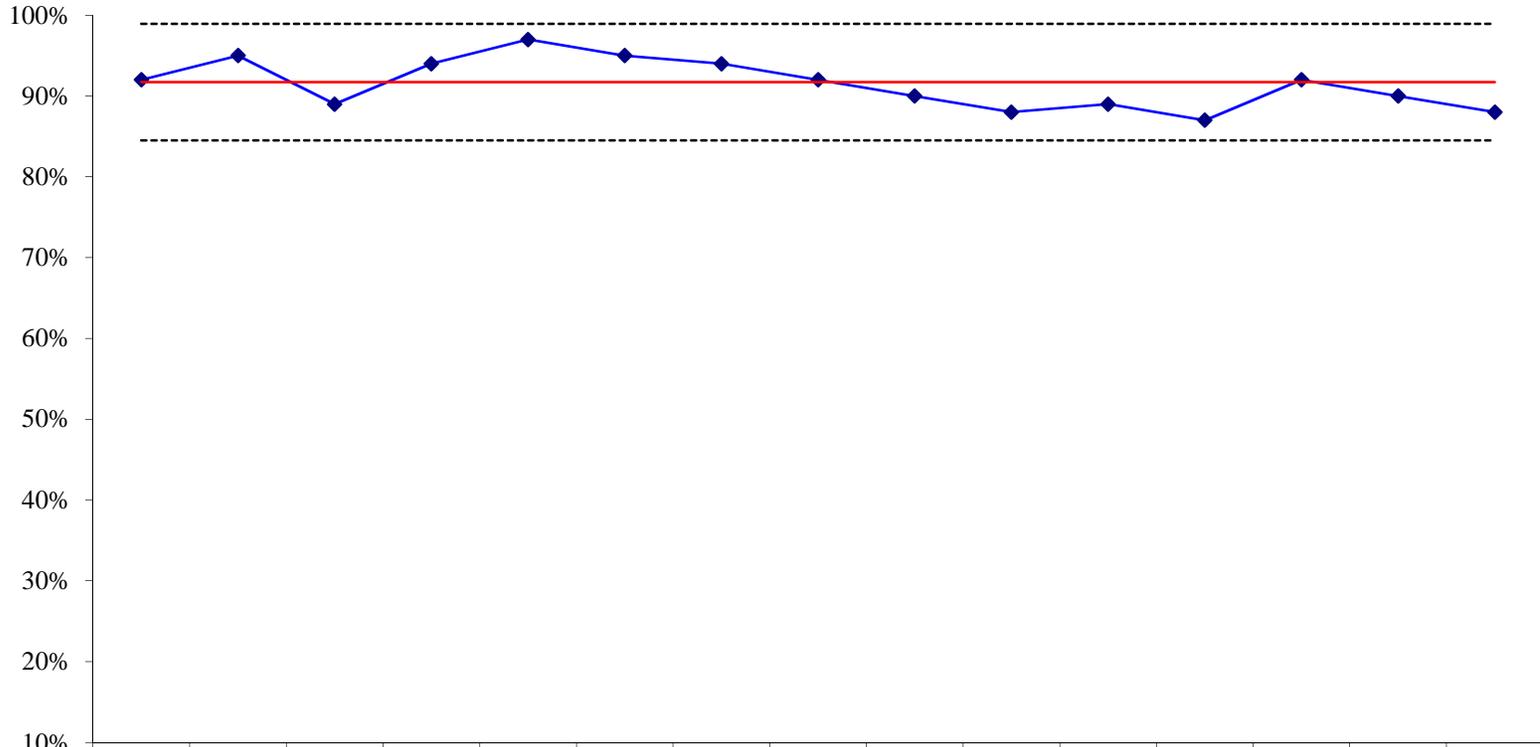
**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

Percentage of CORE and Specialty Training Completed



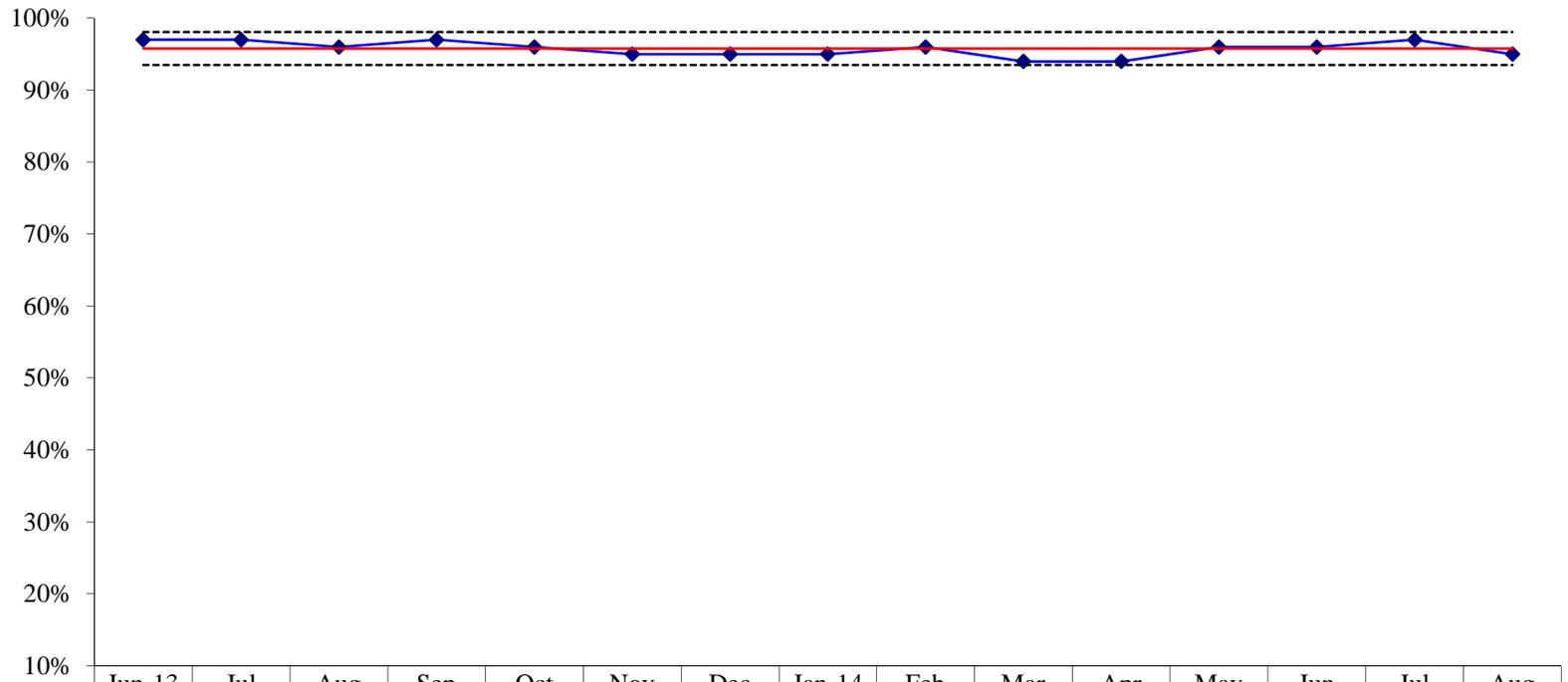
Objective 8A - Staff Current With CORE and Specialty Training
Austin State Hospital

Percentage of CORE and Specialty Training Completed



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

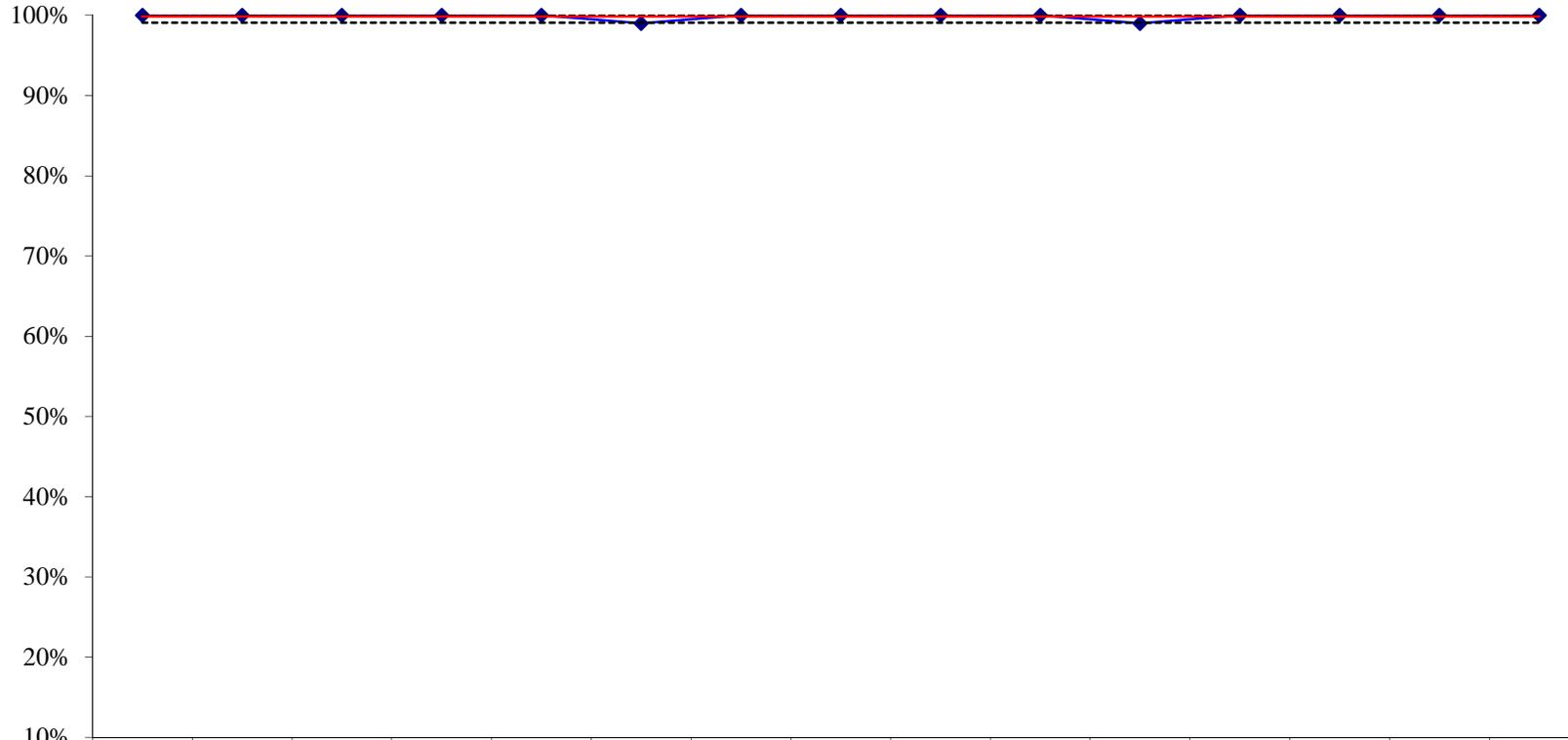
Percentage of CORE and Specialty Training Completed



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	97%	96%	97%	96%	95%	95%	95%	96%	94%	94%	96%	96%	97%	95%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— 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%

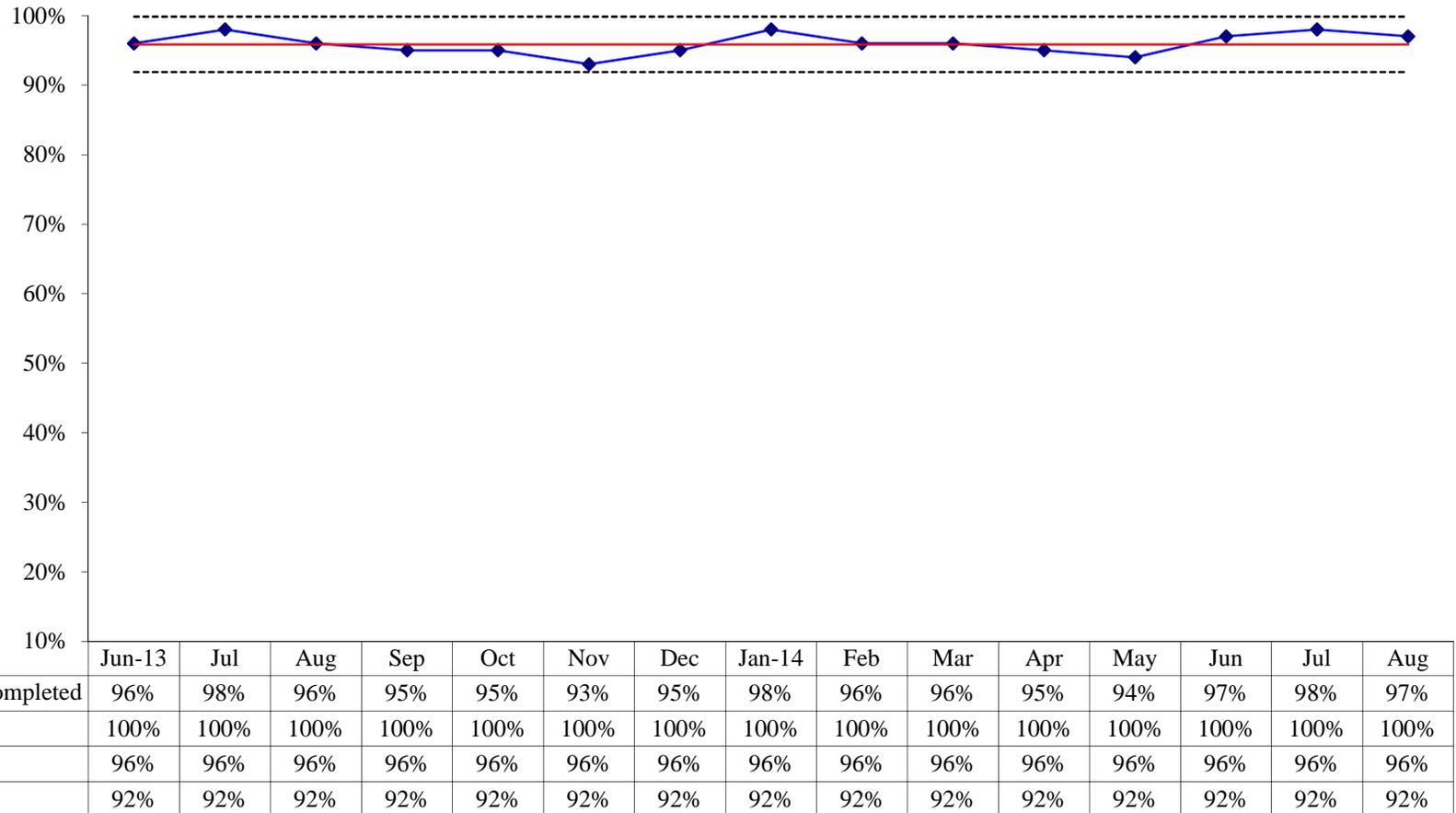
Objective 8A - Staff Current With CORE and Specialty Training
El Paso Psychiatric Center

Percentage of CORE and Specialty Training Completed



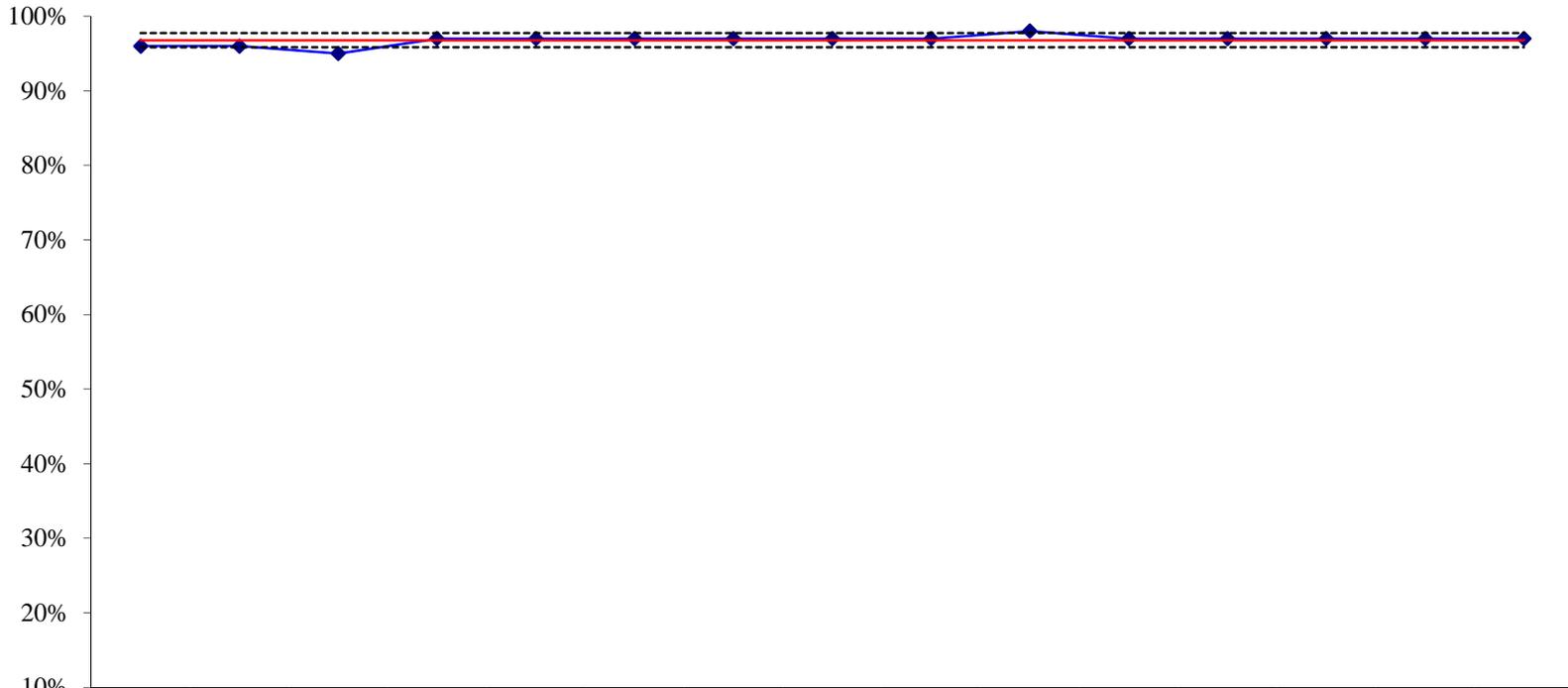
Objective 8A - Staff Current With CORE and Specialty Training
Kerrville State Hospital

Percentage of CORE and Specialty Training Completed



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

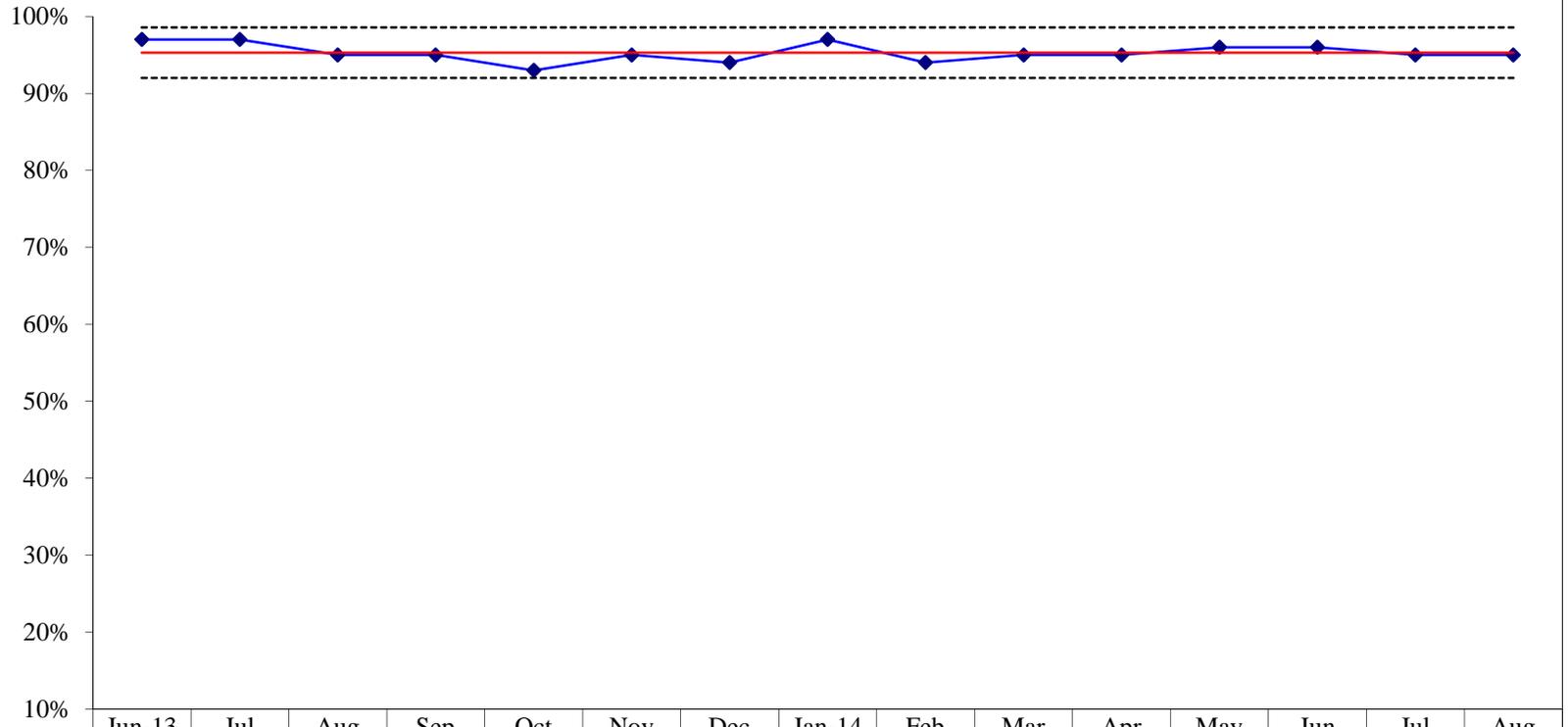
Percentage of CORE and Specialty Training Completed



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	96%	95%	97%	97%	97%	97%	97%	97%	98%	97%	97%	97%	97%	97%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— 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%

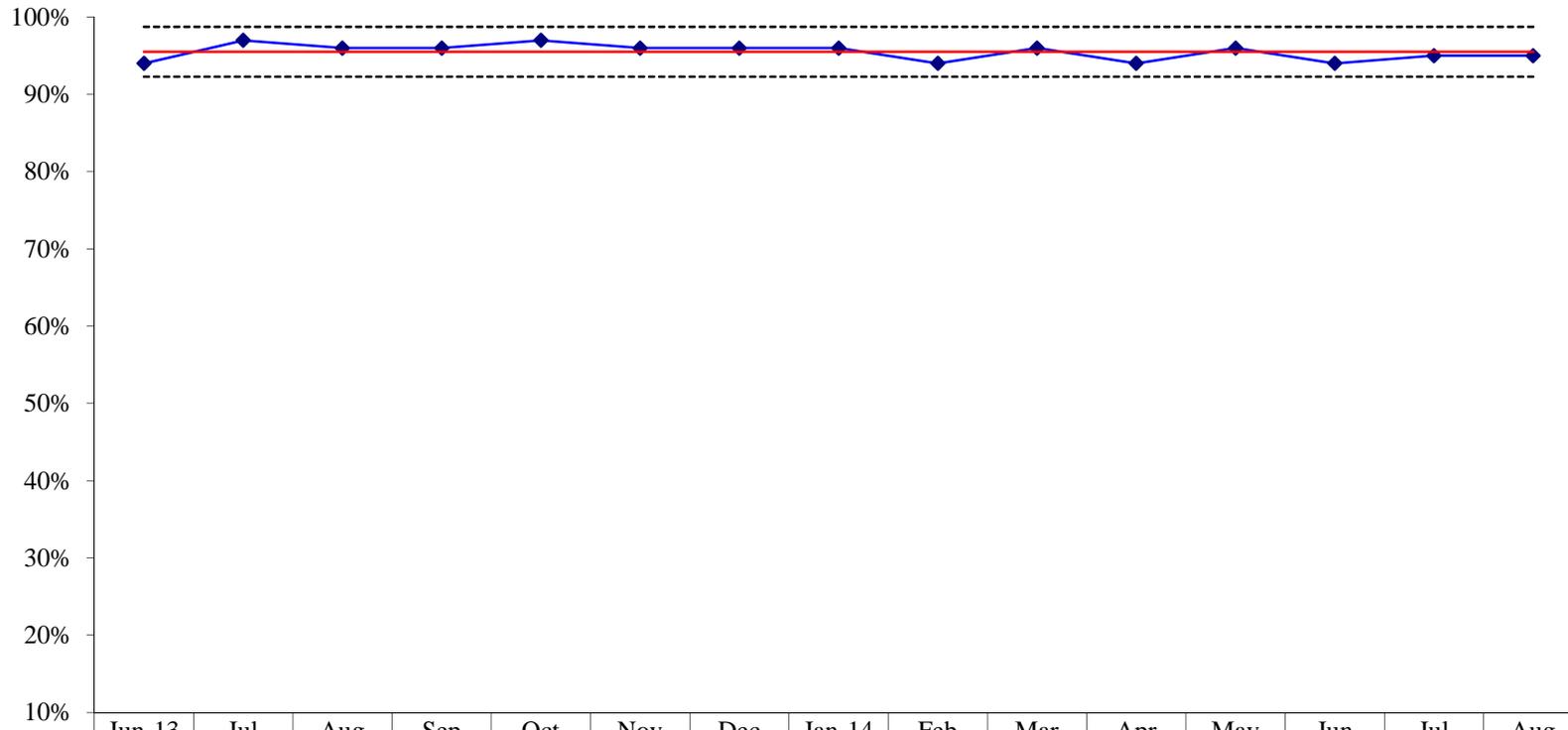
Objective 8A - Staff Current With CORE and Specialty Training
Rio Grande State Center

Percentage of CORE and Specialty Training Completed



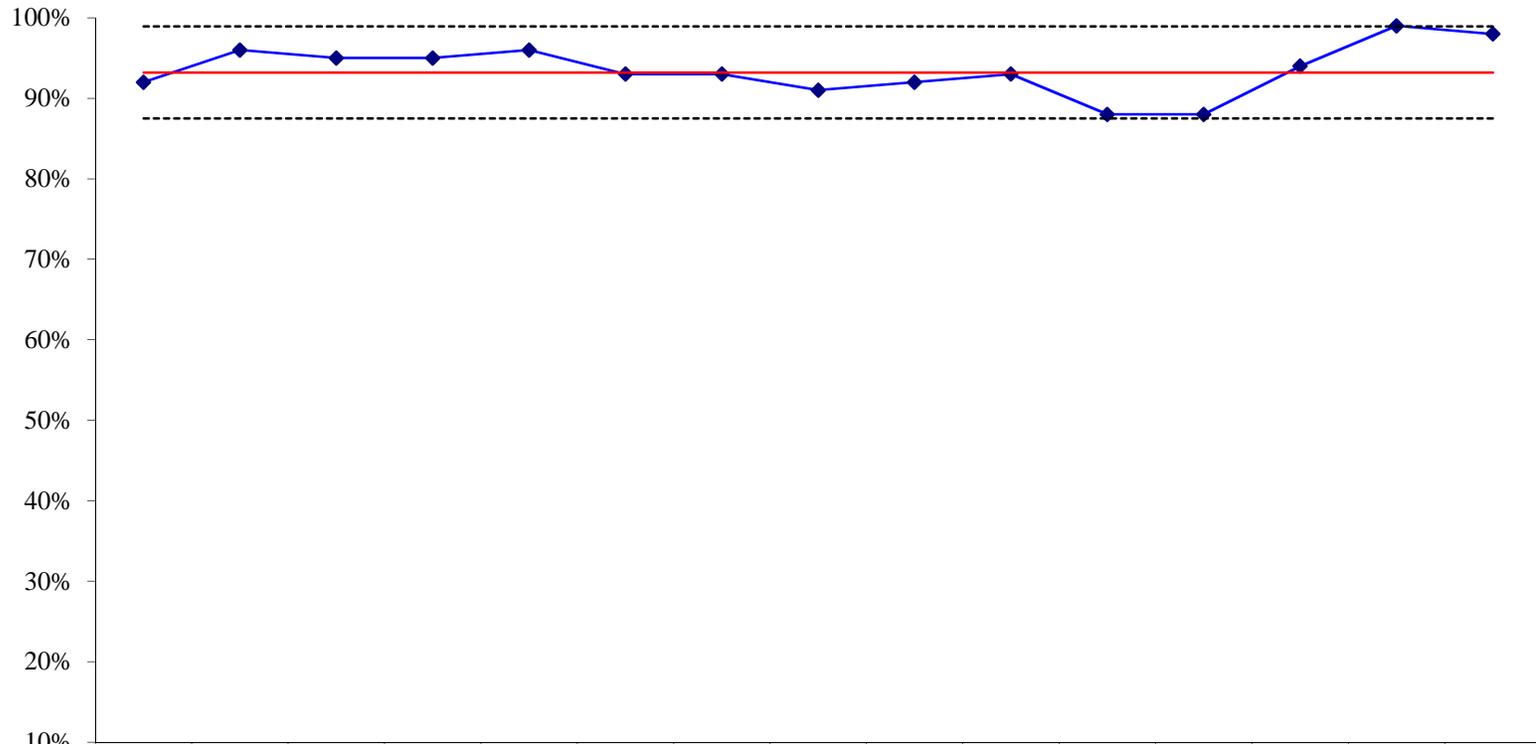
Objective 8A - Staff Current With CORE and Specialty Training
Rusk State Hospital

Percentage of CORE and Specialty Training Completed



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

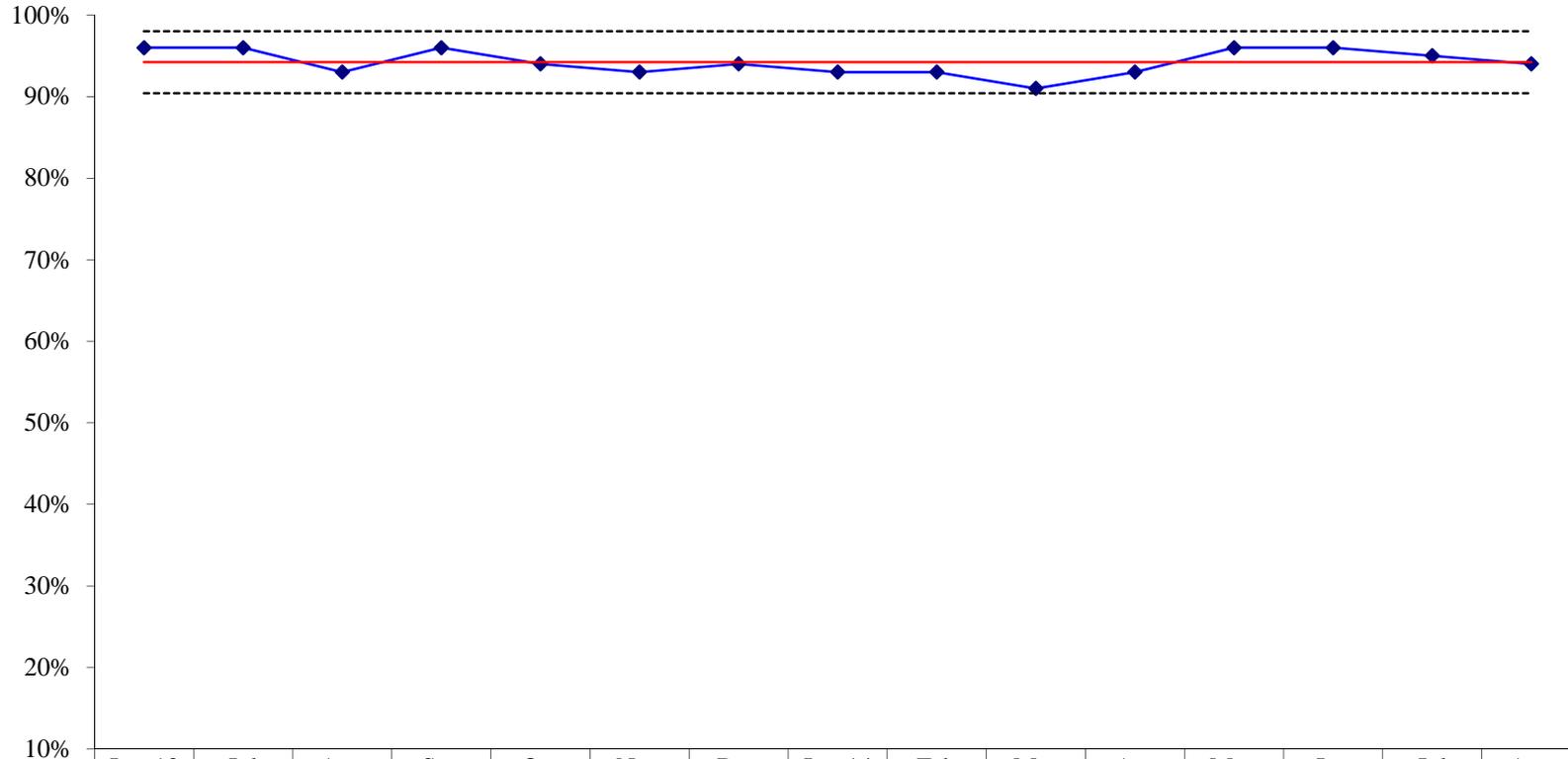
Percentage of CORE and Specialty Training Completed



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	92%	96%	95%	95%	96%	93%	93%	91%	92%	93%	88%	88%	94%	99%	98%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

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

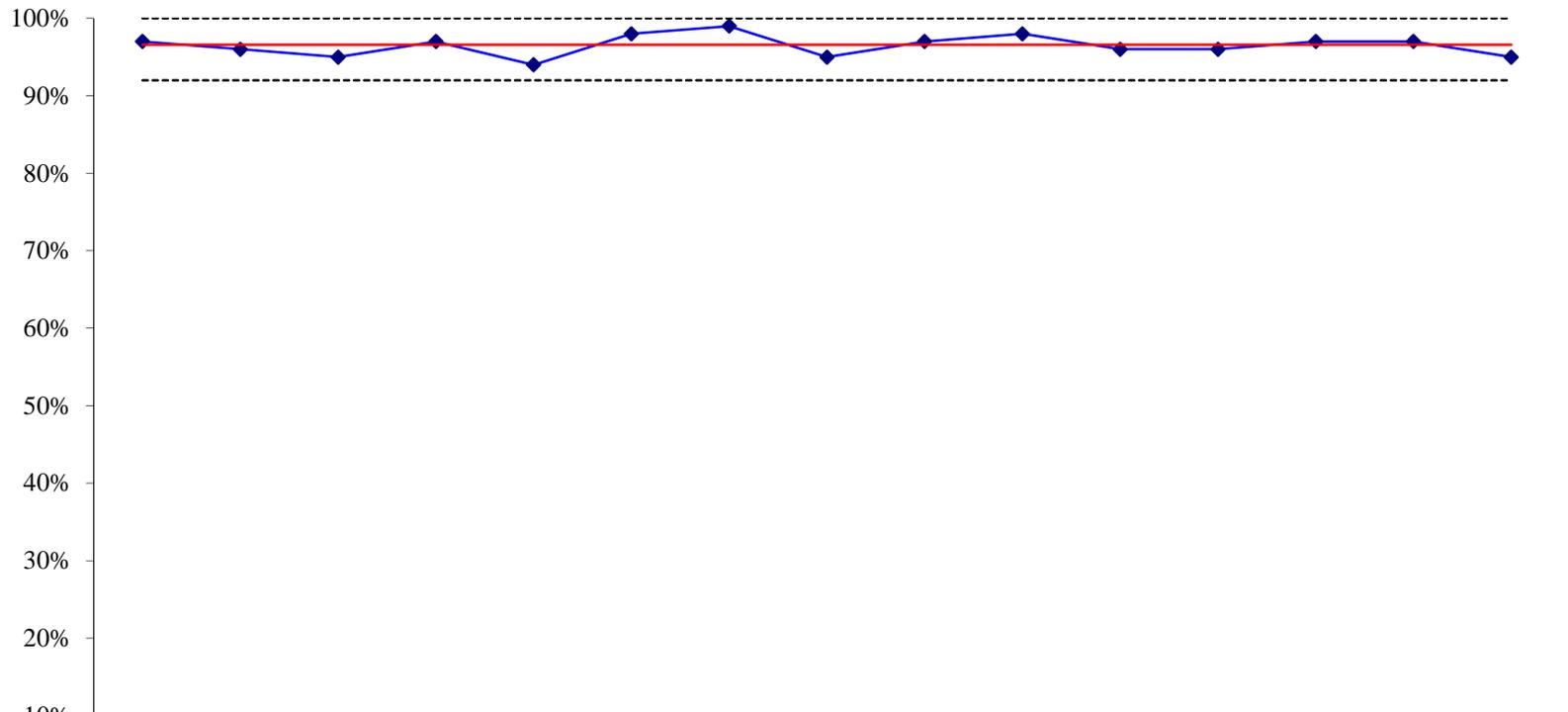
Percentage of CORE and Specialty Training Completed



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	96%	93%	96%	94%	93%	94%	93%	93%	91%	93%	96%	96%	95%	94%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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

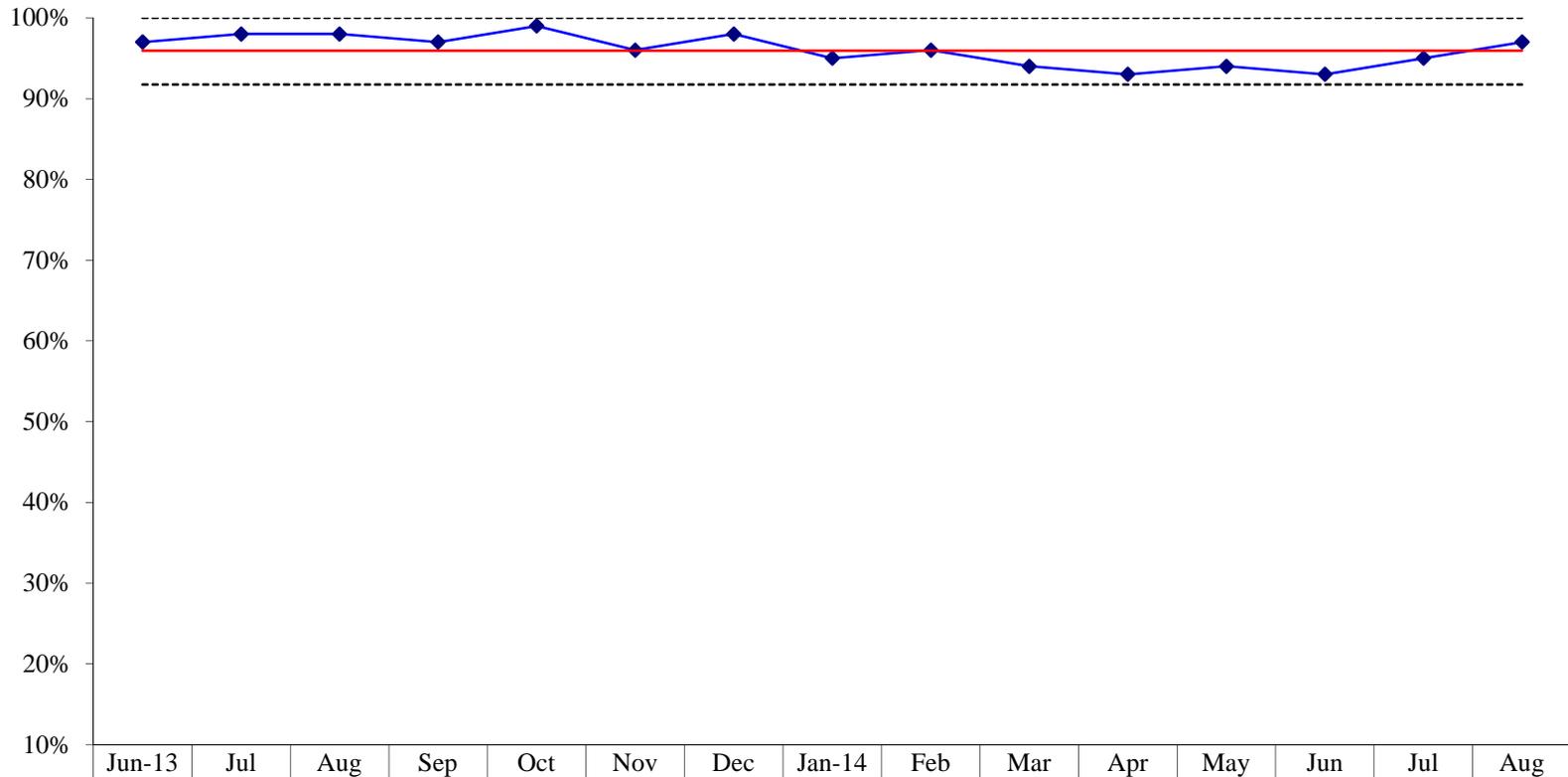
Percentage of CORE and Specialty Training Completed



	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	96%	95%	97%	94%	98%	99%	95%	97%	98%	96%	96%	97%	97%	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	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

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

Percentage of CORE and Specialty Training Completed



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

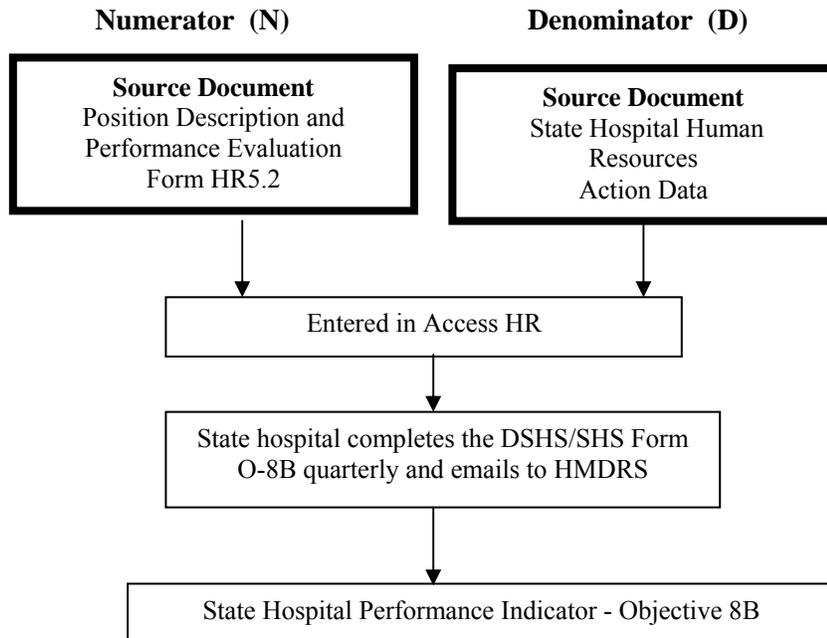
N = number of employees with current evaluations on the last day of the month

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

	FY12				FY13				FY14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Big Spring State Hospital	98%	98%	98%	97%	100%	99%	98%	99%	100%	100%	100%	99%
El Paso Psychiatric Center	98%	95%	95%	91%	91%			89%	97%	98%	97%	95%
Kerrville State Hospital	93%	90%	96%	97%	97%	93%			91%	97%	99%	
North Texas State Hospital	96%	97%	97%	94%	89%							
Rio Grande State Center	92%	96%	94%	91%	90%	89%	92%	86%	84%	90%	95%	94%
Rusk State Hospital	100%	90%	99%	96%	94%	98%	79%	100%	92%	96%	95%	94%
San Antonio State Hospital	89%	86%	90%	89%	89%	88%	88%				86%	92%
Terrell State Hospital	89%	89%	93%	91%	89%						95%	
Waco Center for Youth	97%	95%	91%	95%	93%	96%		97%	96%	97%	98%	97%
TCID	55%	73%	74%	71%	57%	54%			90%		90%	97%
All State Hospitals	92%	92%	93%	92%	90%							

FY13 - Due to CAPPs conversion, reports are not available at this time (Hospitals that are reporting are keeping their own records).

Performance Measure 8A:

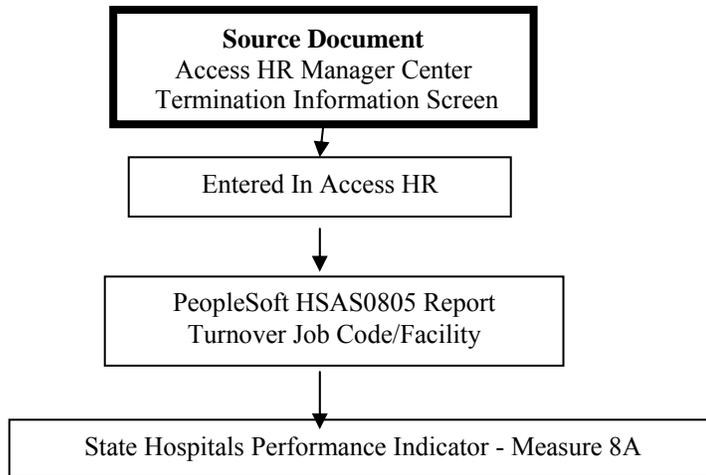
Collect, analyze and report staff turnover rates and efforts to reduce turnover for critical shortage staff.

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.

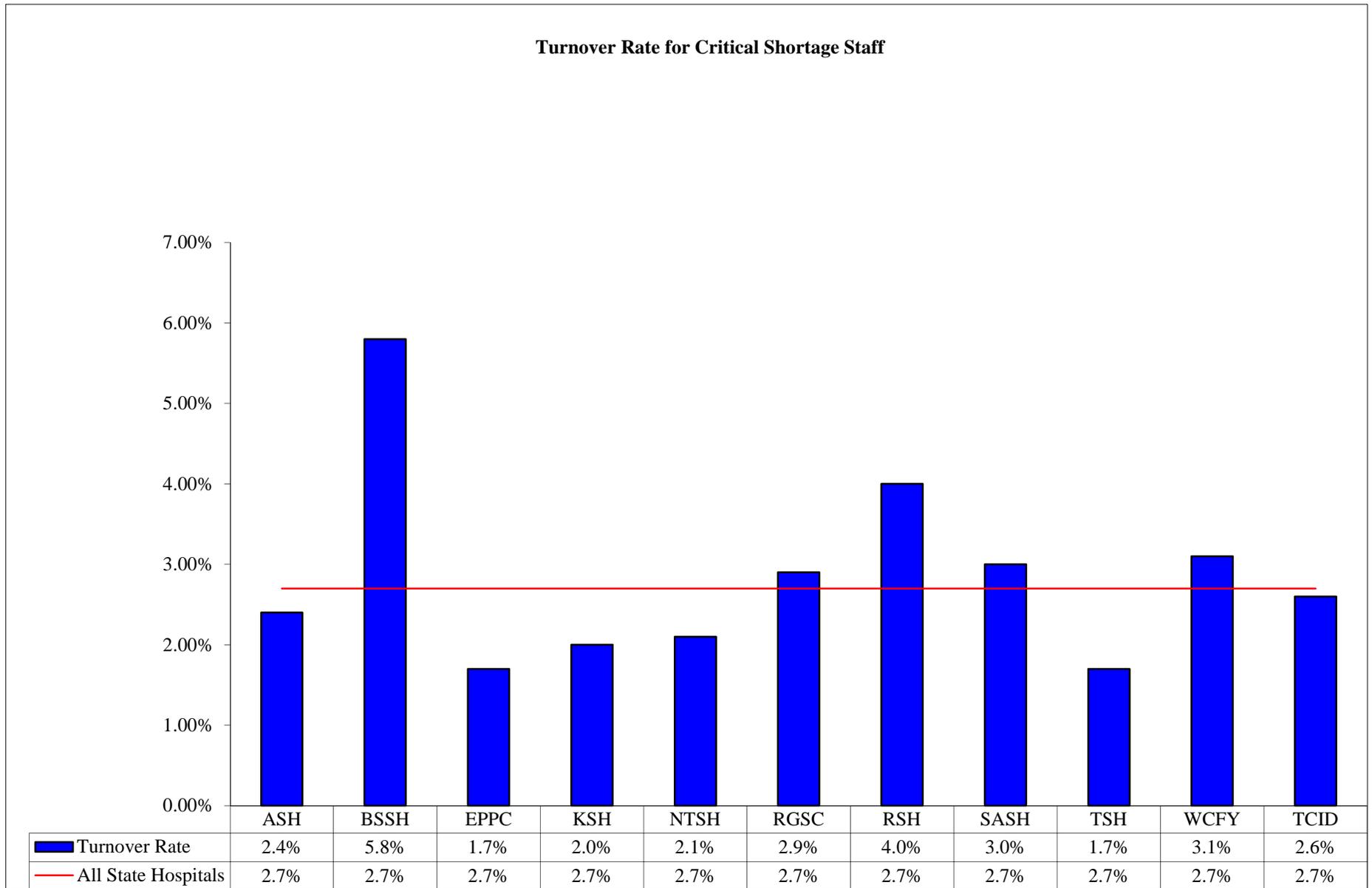
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100].

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

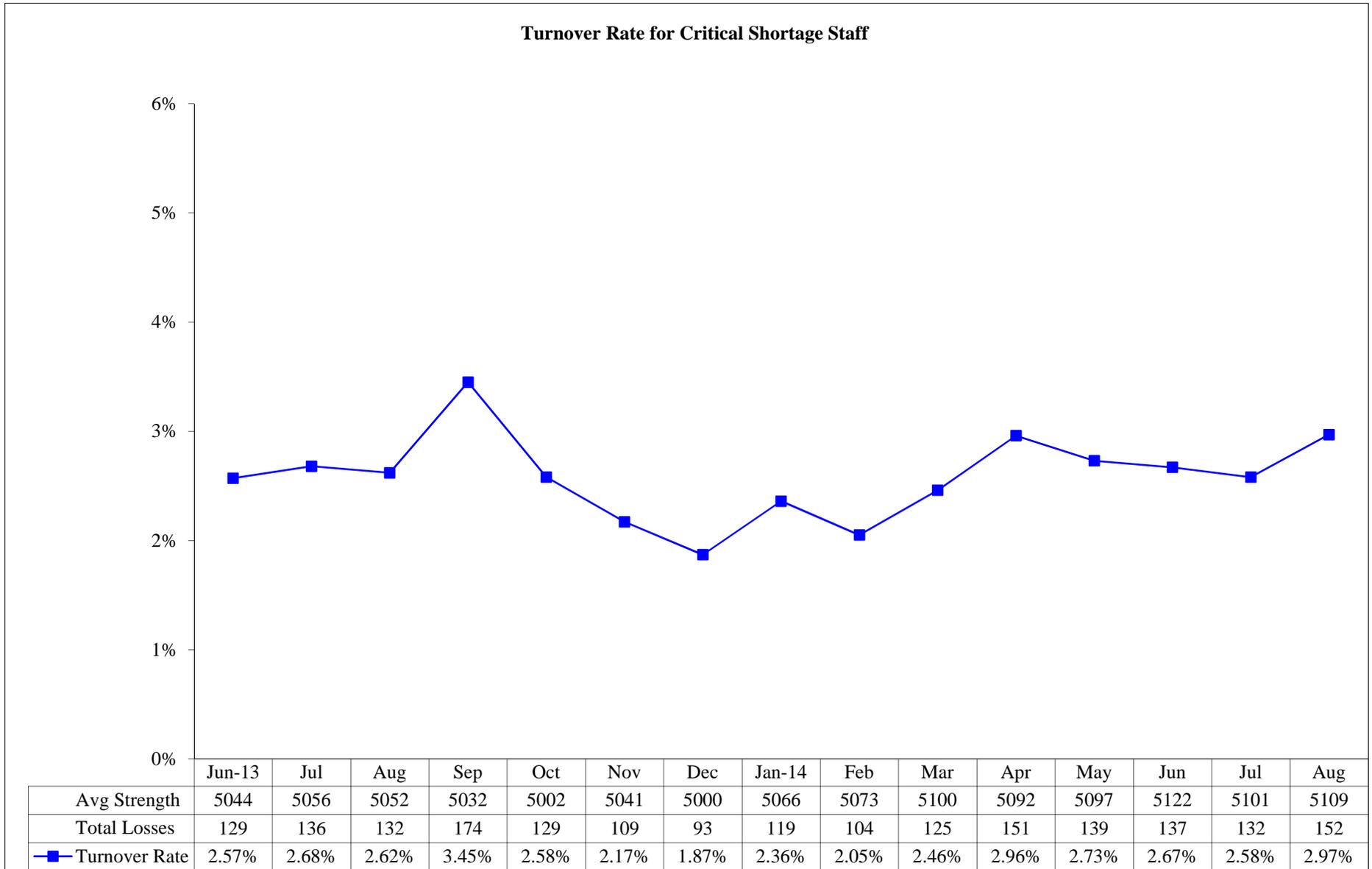
Data Flow:



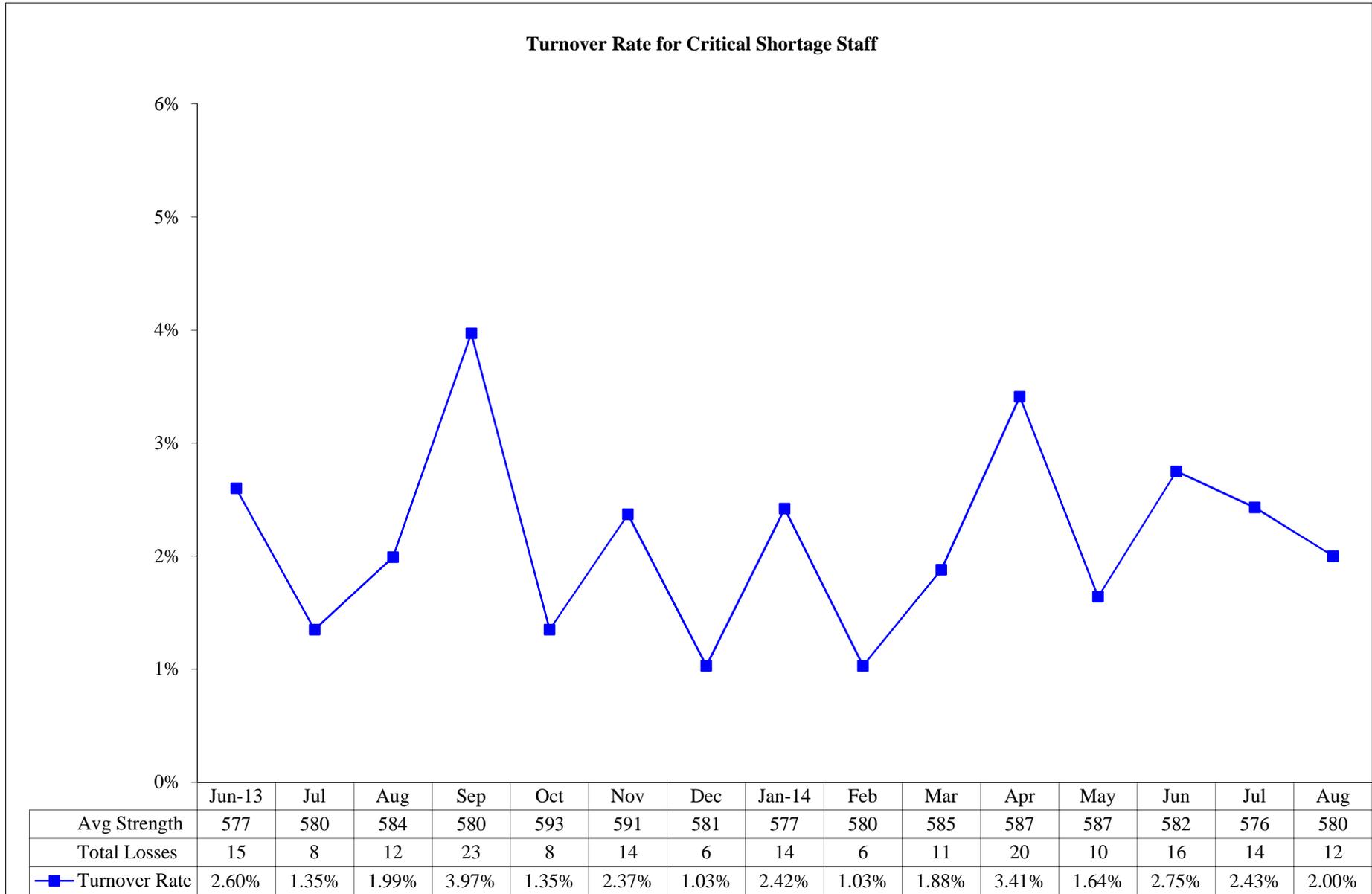
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - FY14 Q4 Average



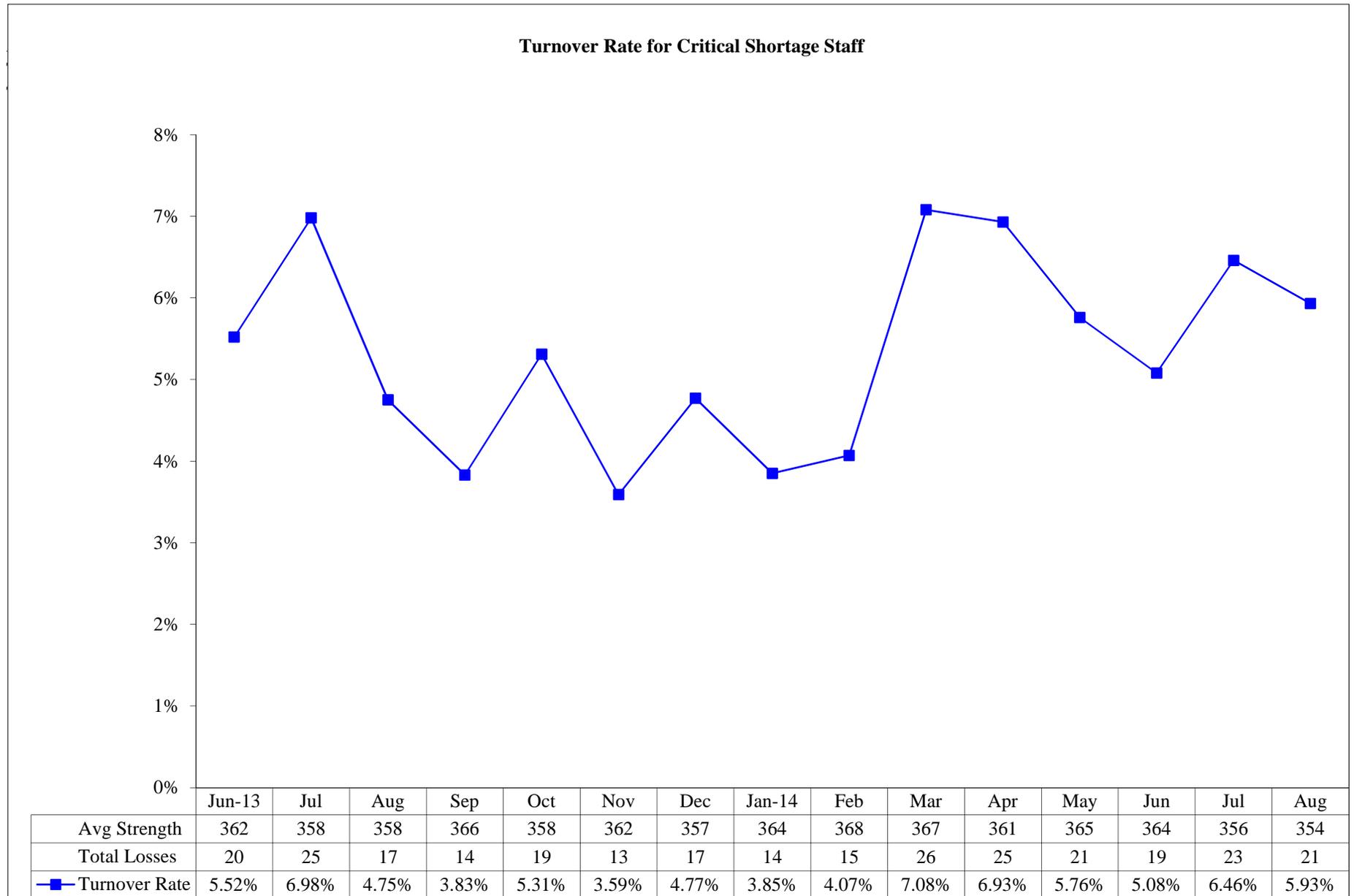
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals



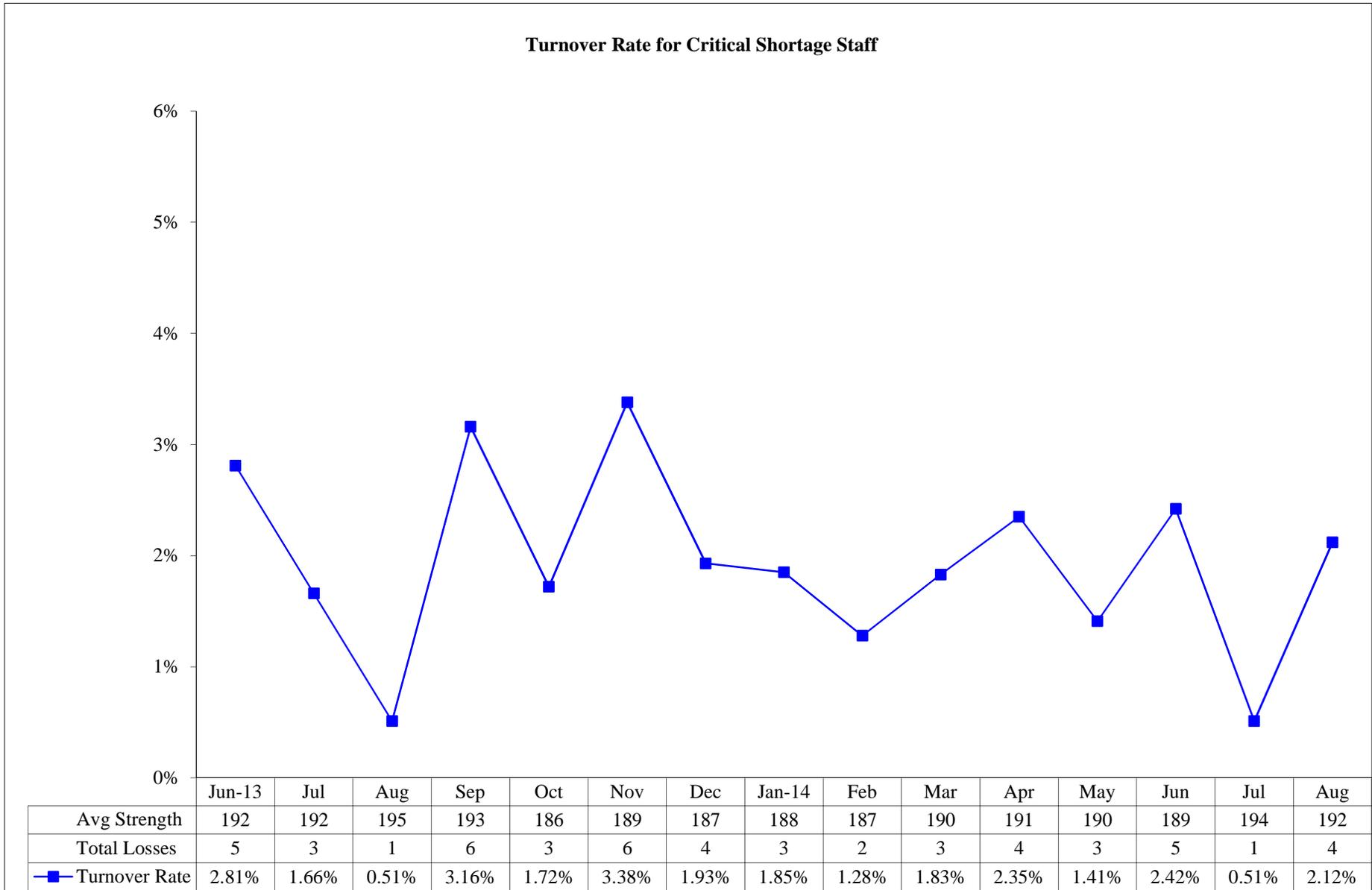
**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



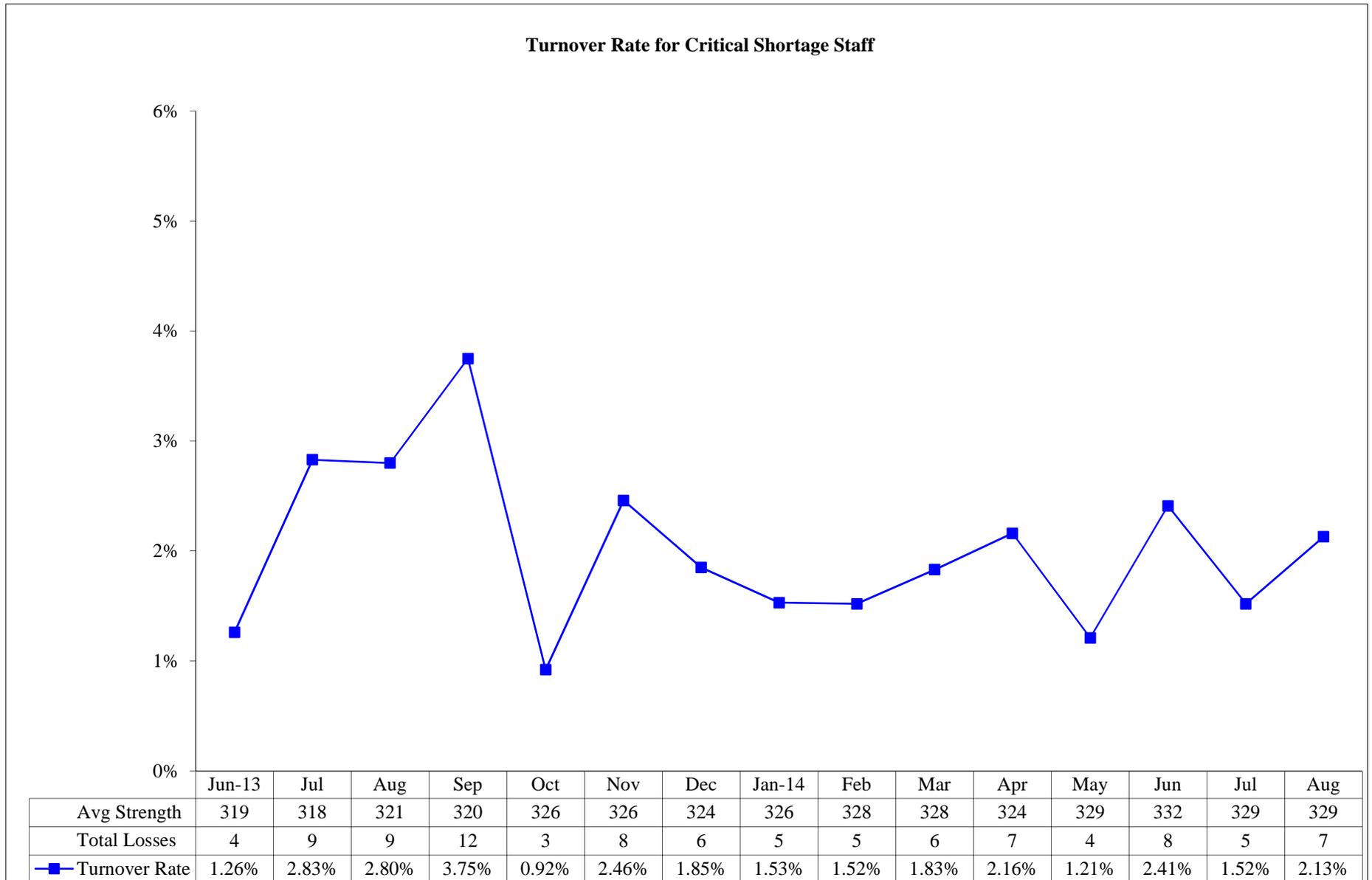
**Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital**



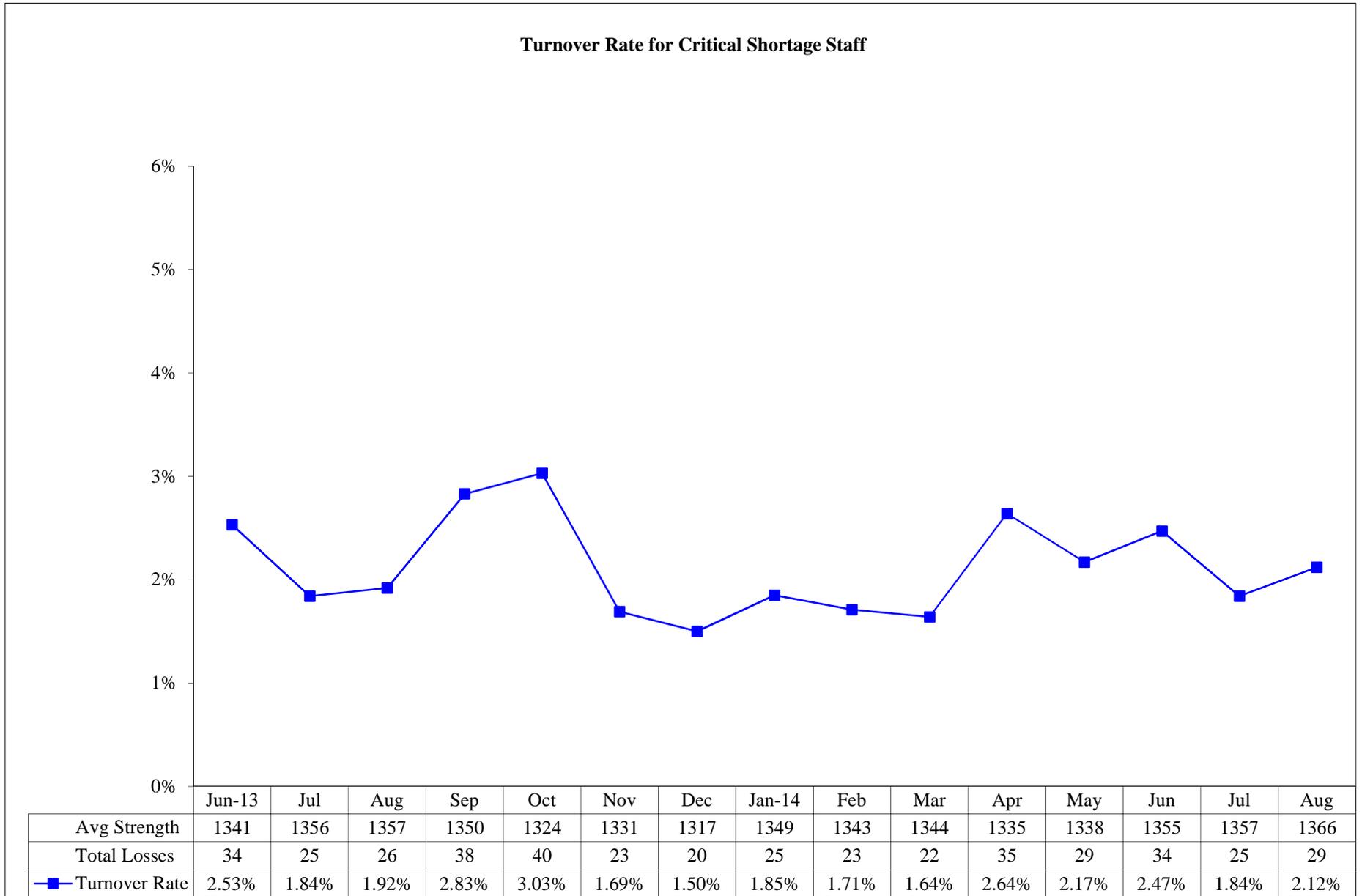
**Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center**



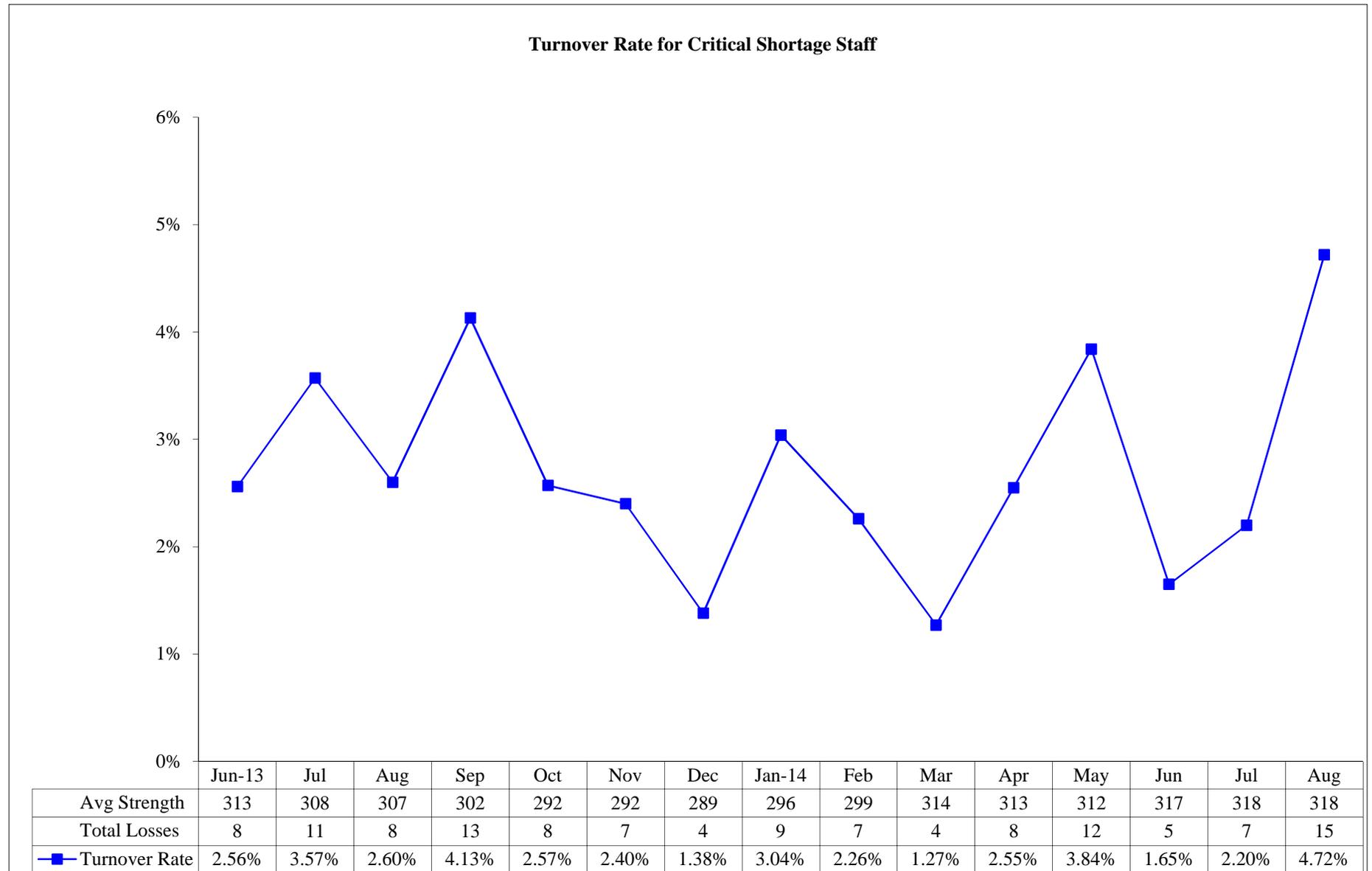
**Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital**



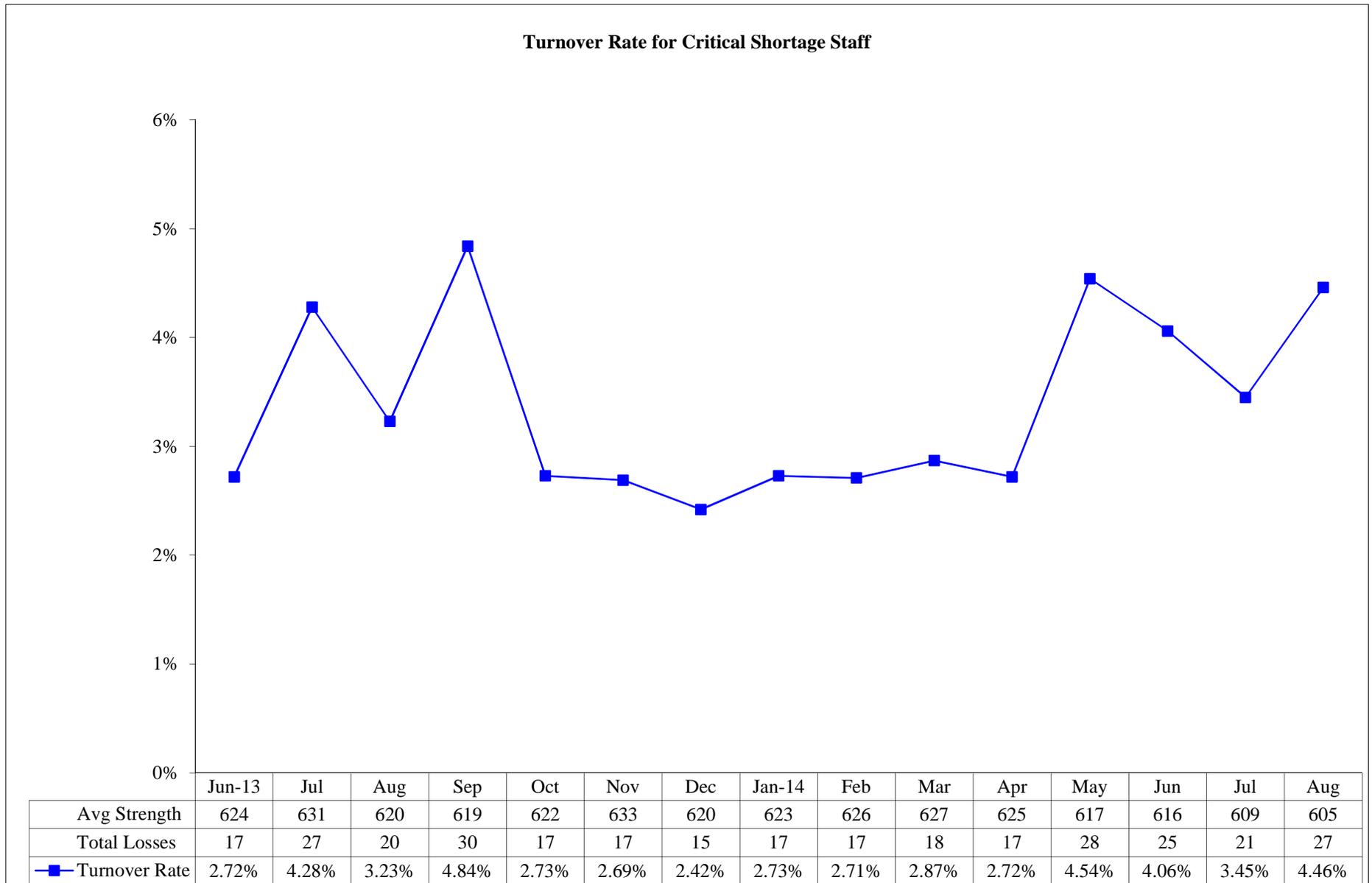
**Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital**



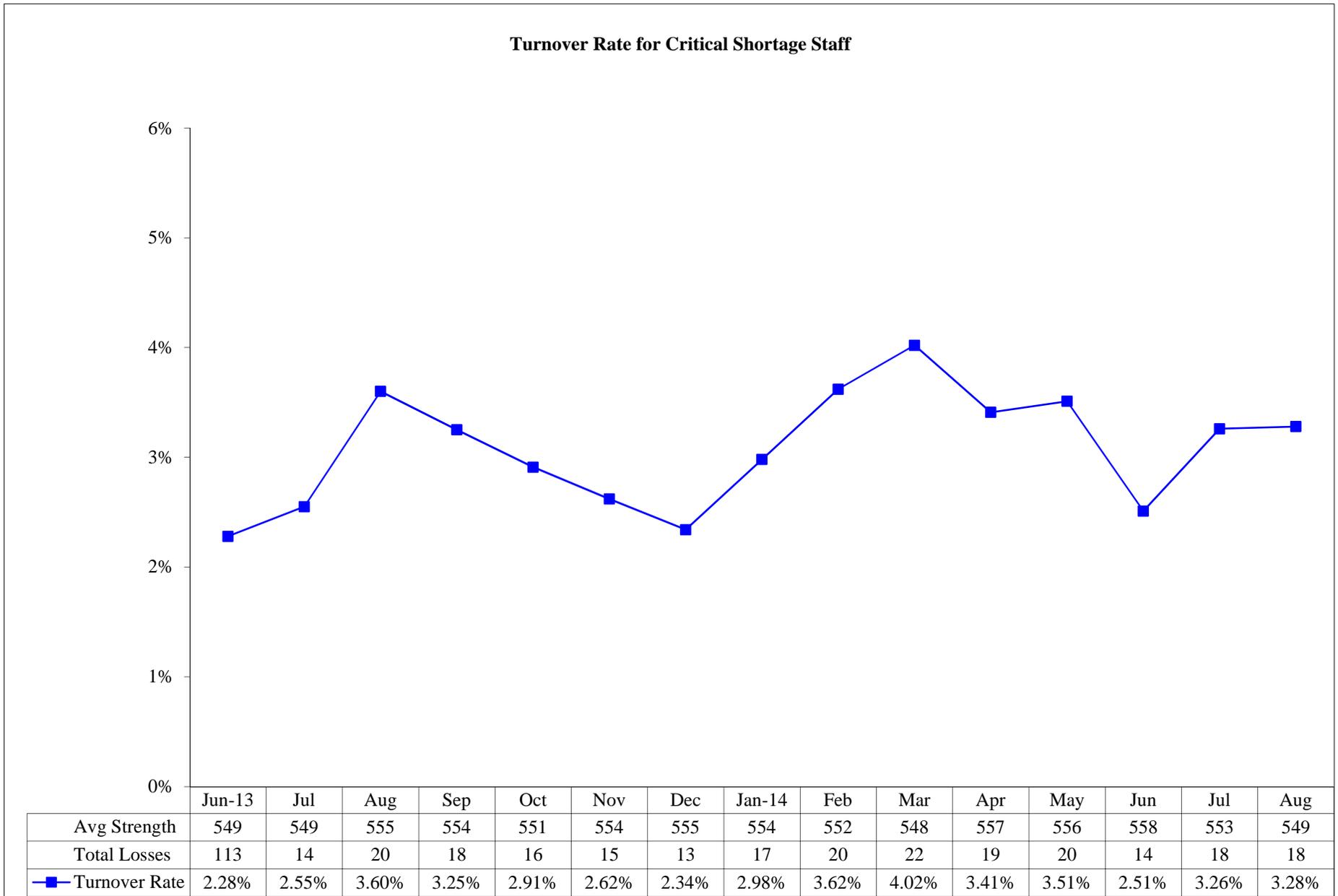
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center**



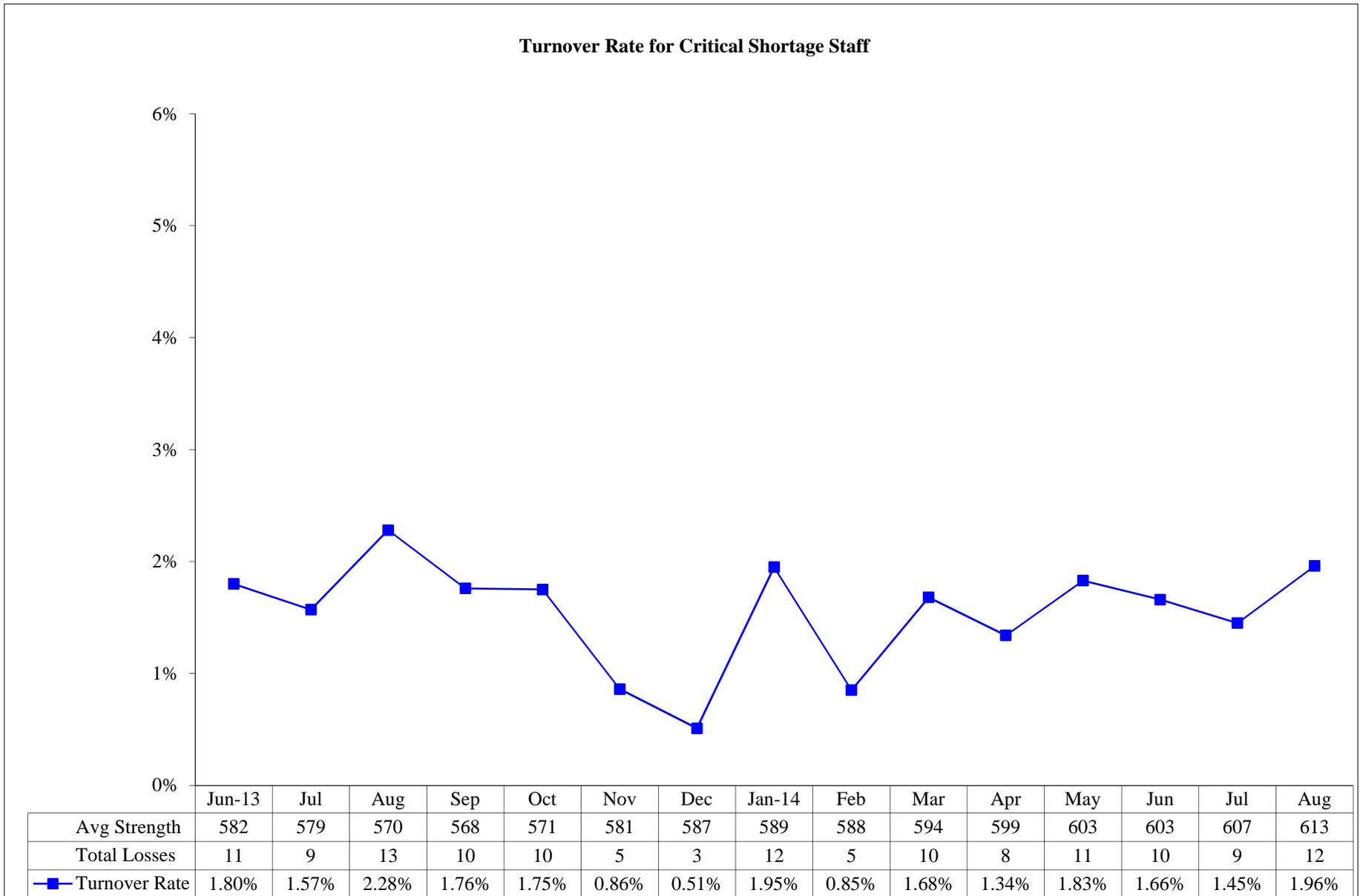
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital**



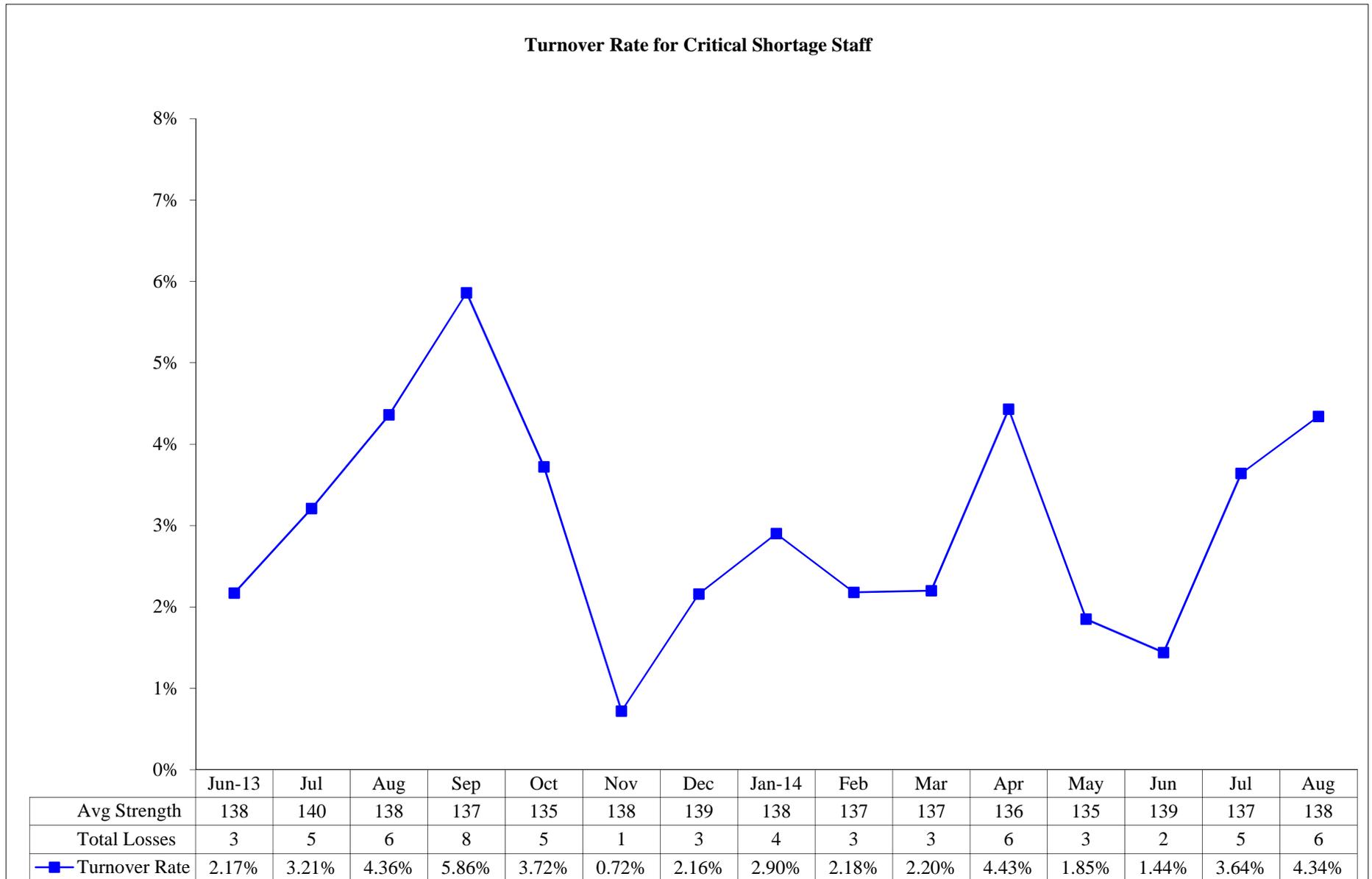
**Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital**



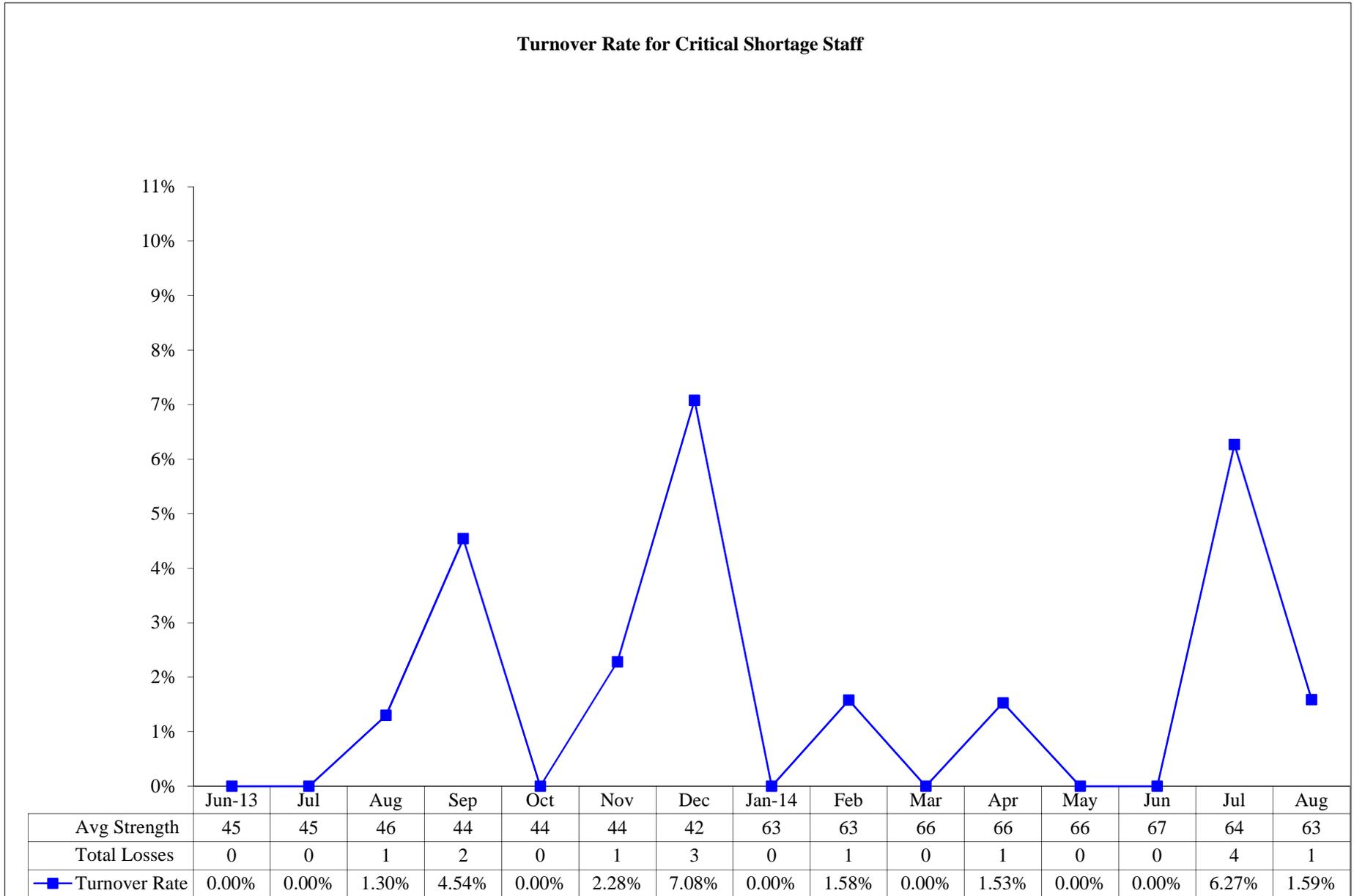
**Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital**



**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.

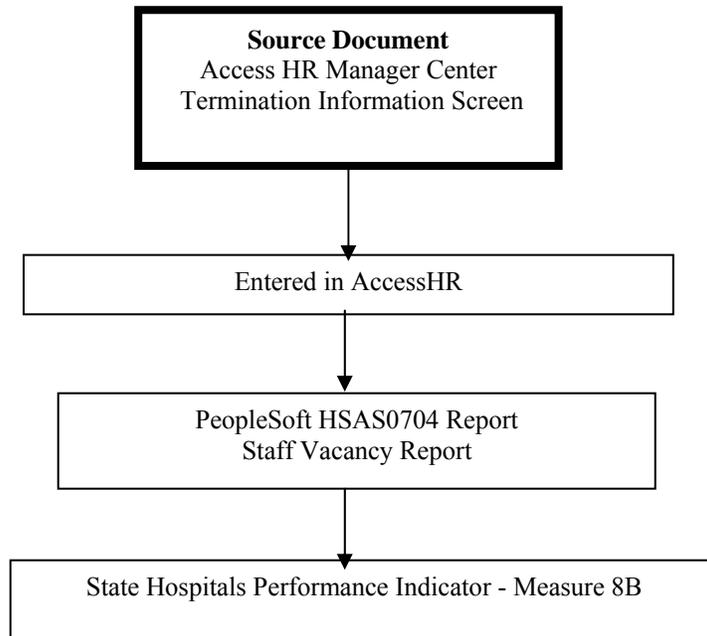
Performance Measure Formula:

Performance Measure Data Display and Chart Description:

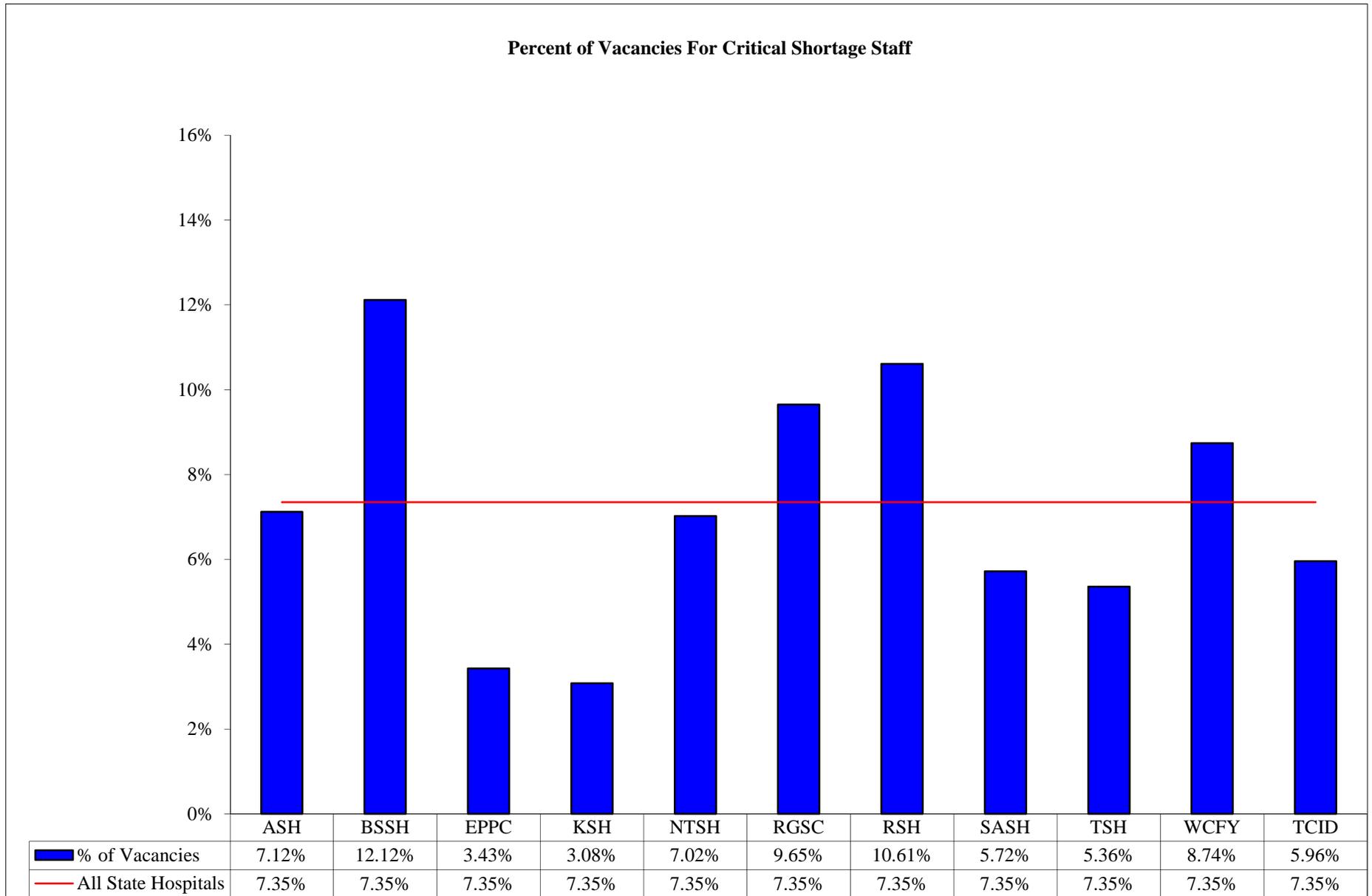
- ◆ Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- ◆ Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of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

Data Flow:

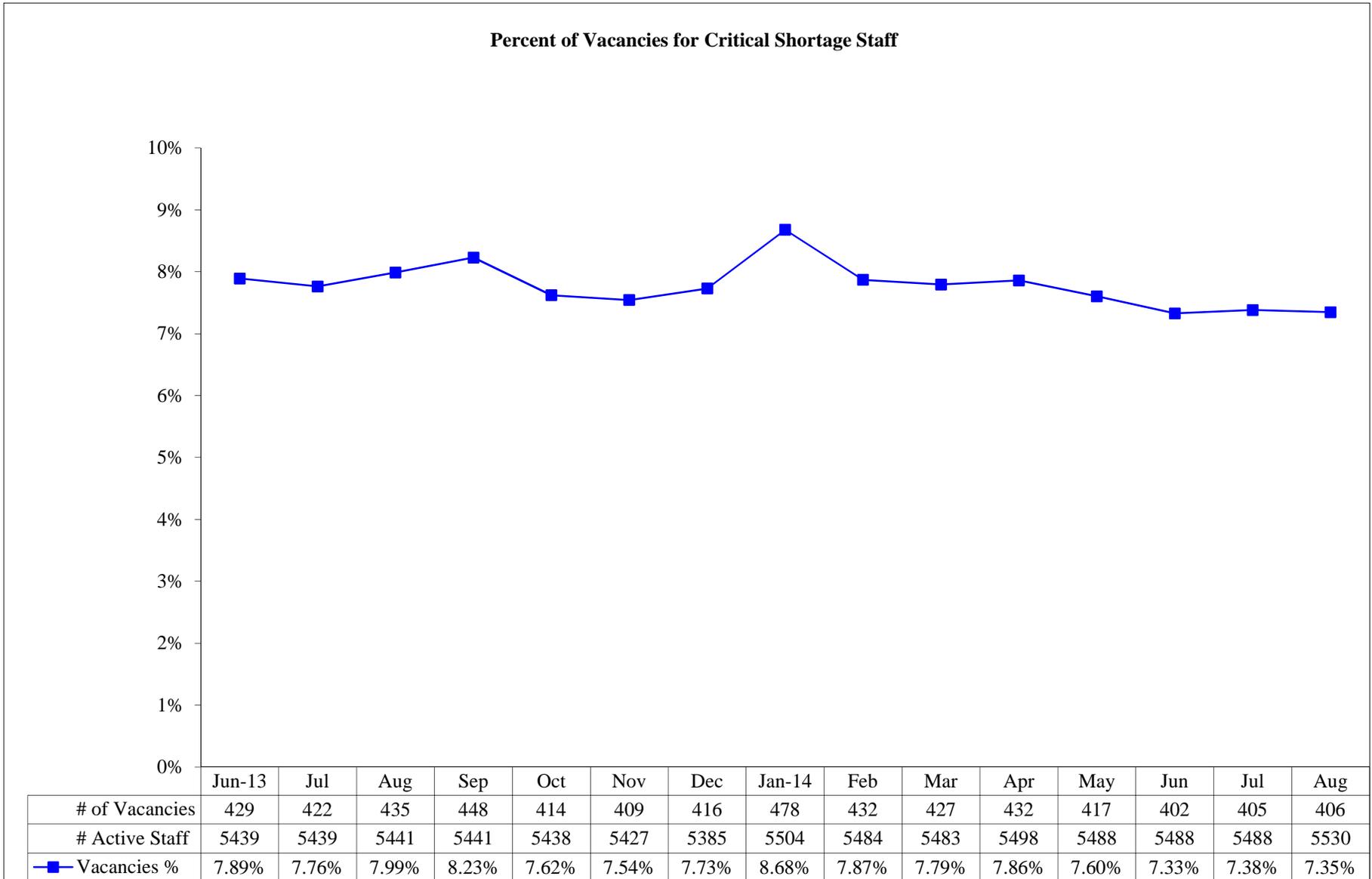
Data Flow:



Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of August 31, 2014

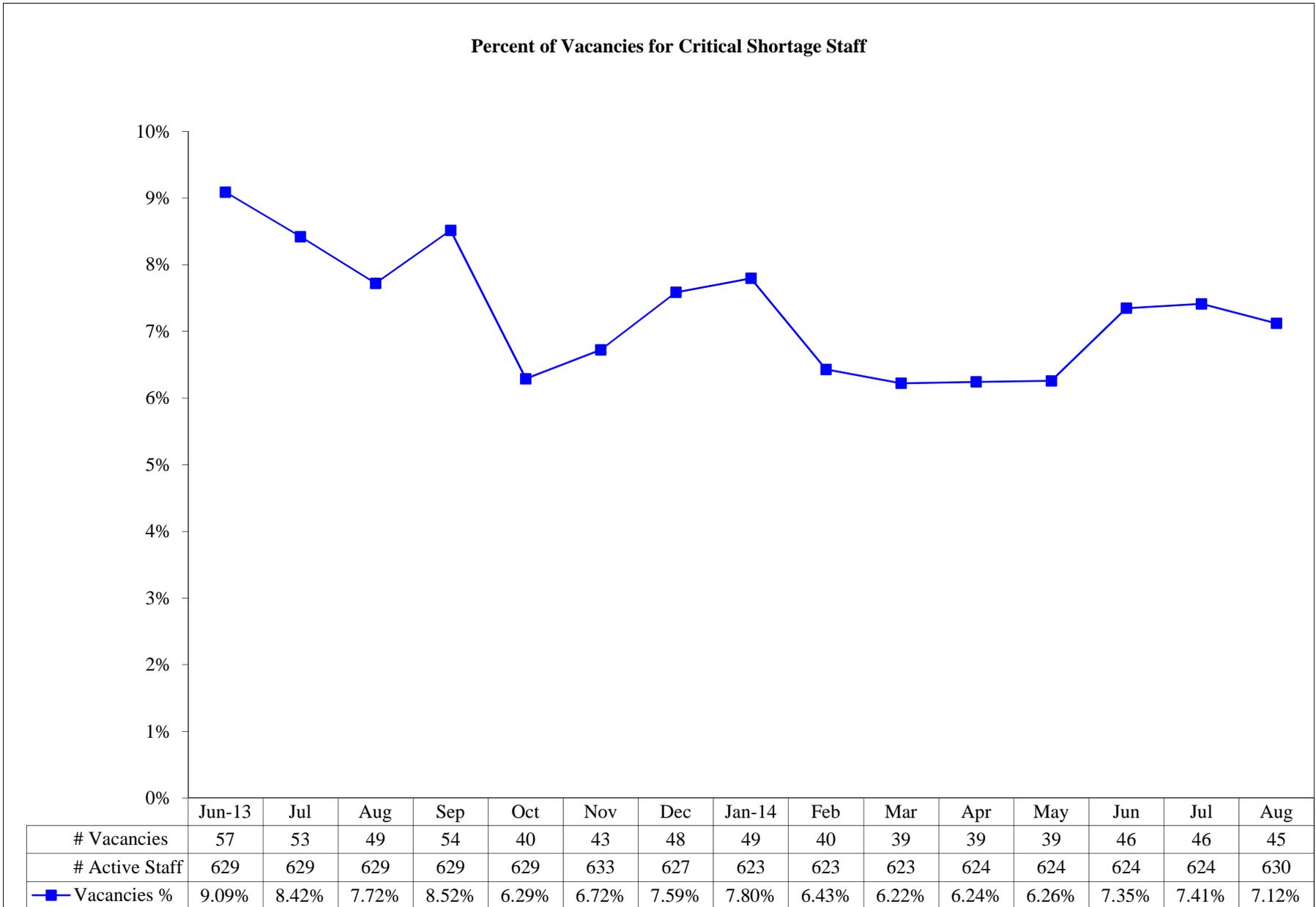


Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

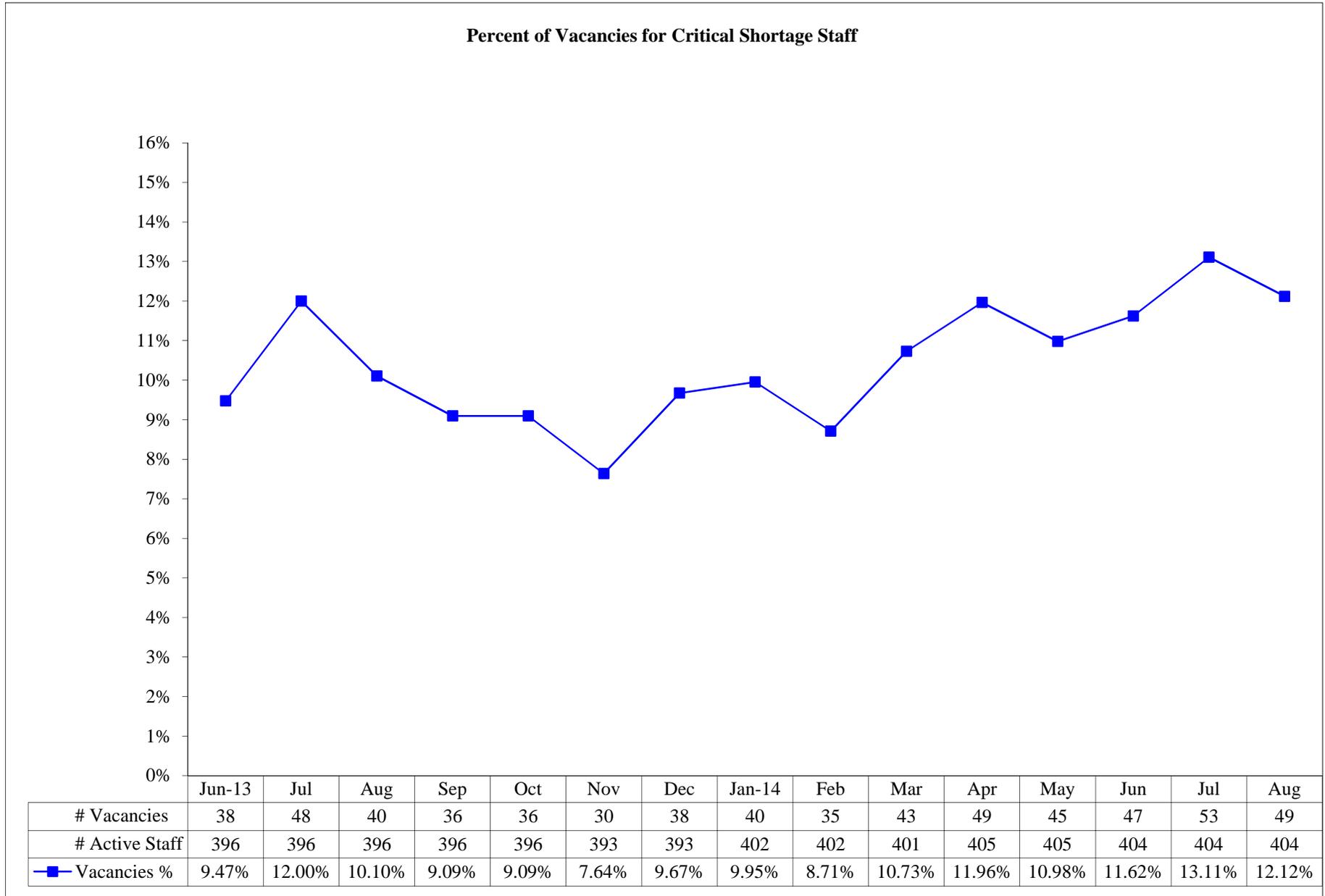


Additional staff added in April at NTSH (97) and RSH (35) due to expanding maximum security beds

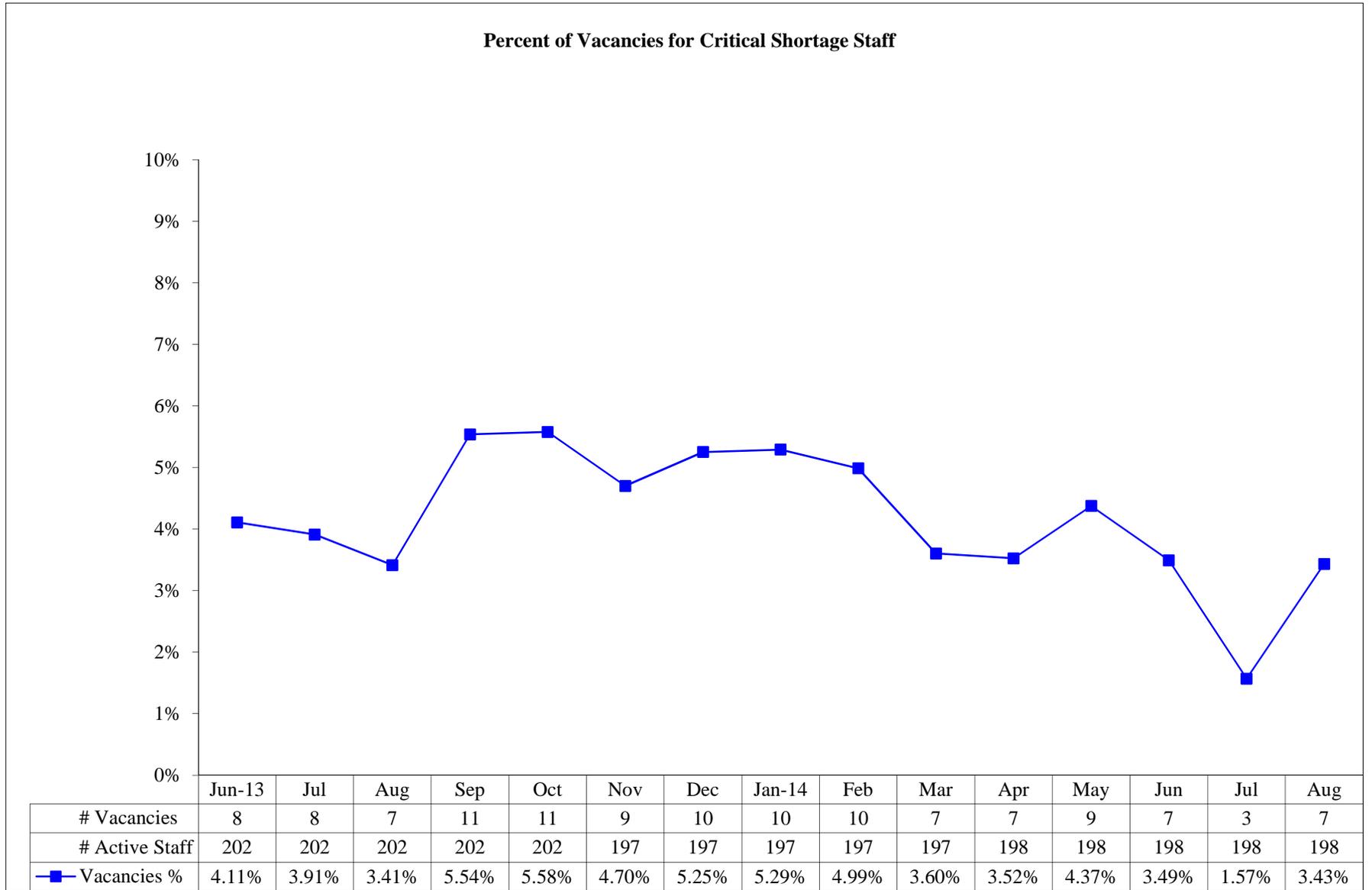
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



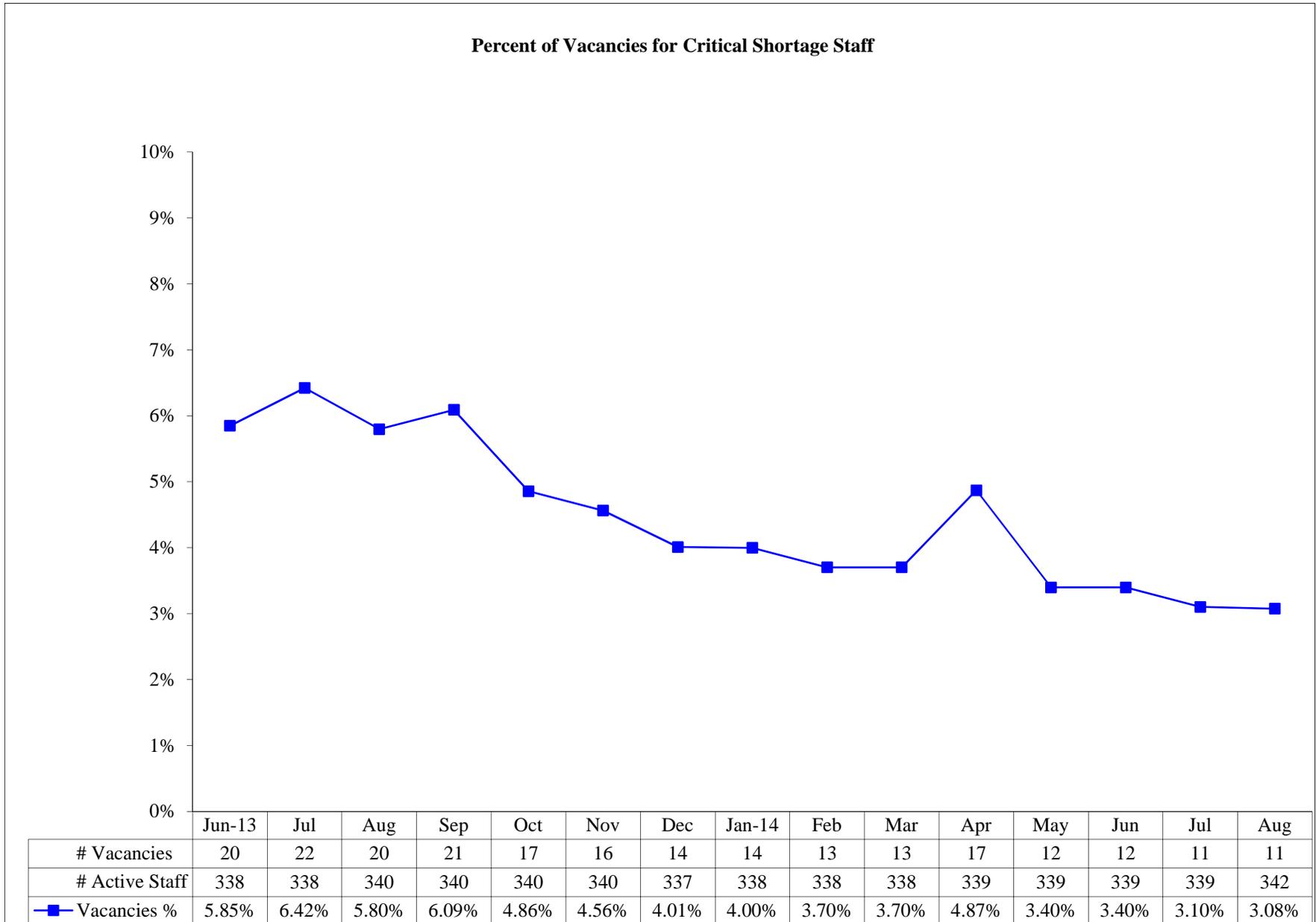
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



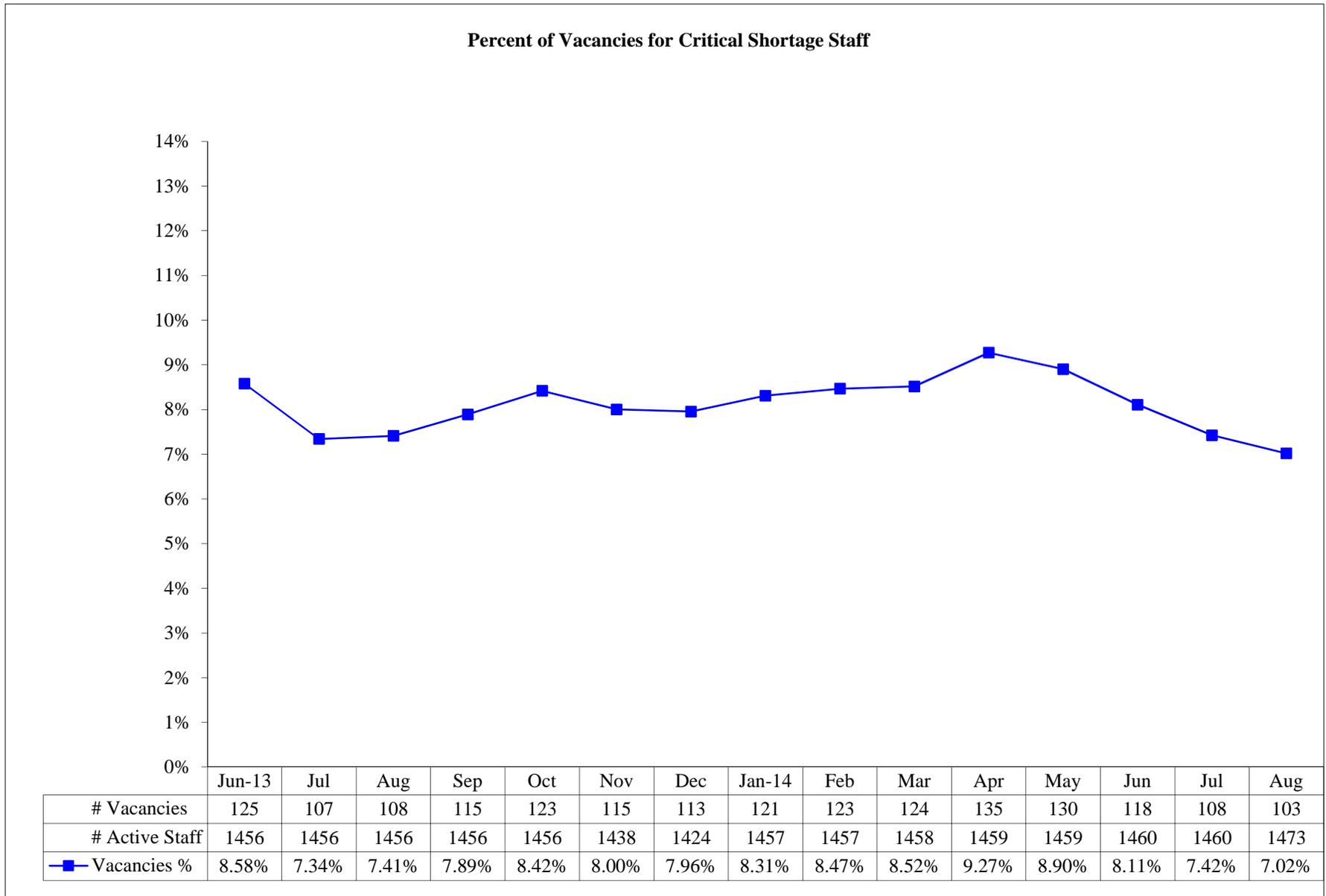
**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



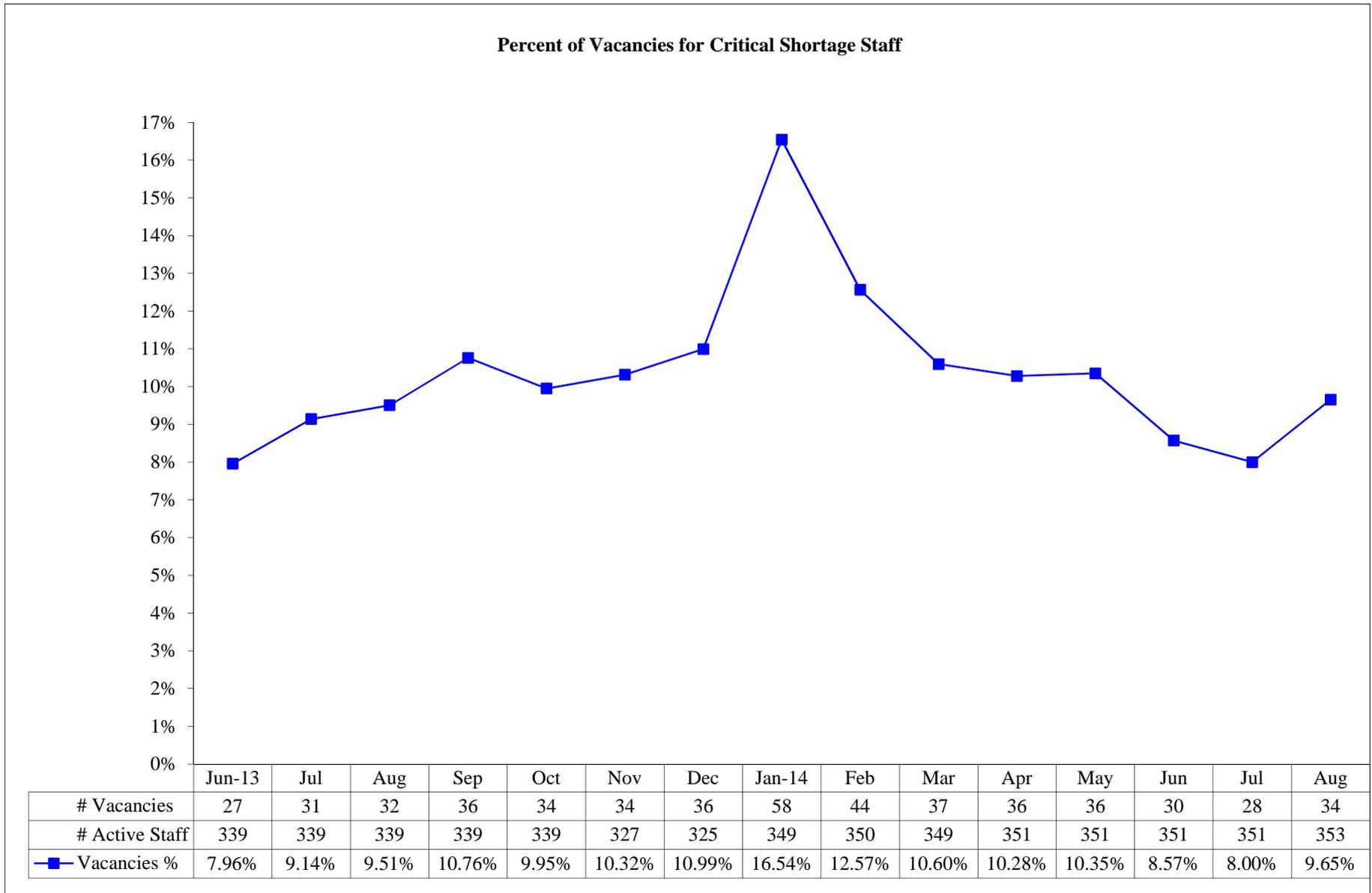
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



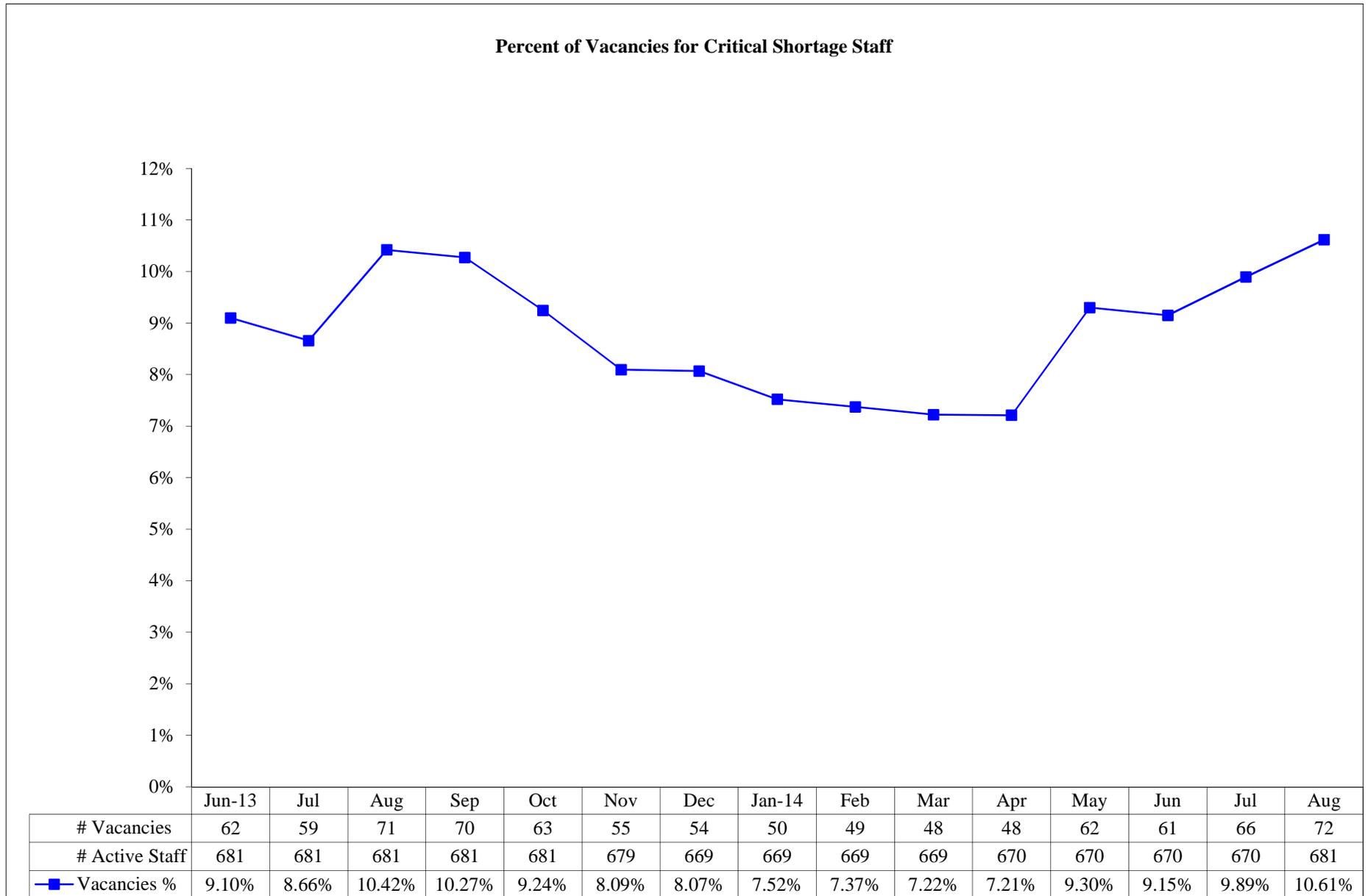
**Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital**



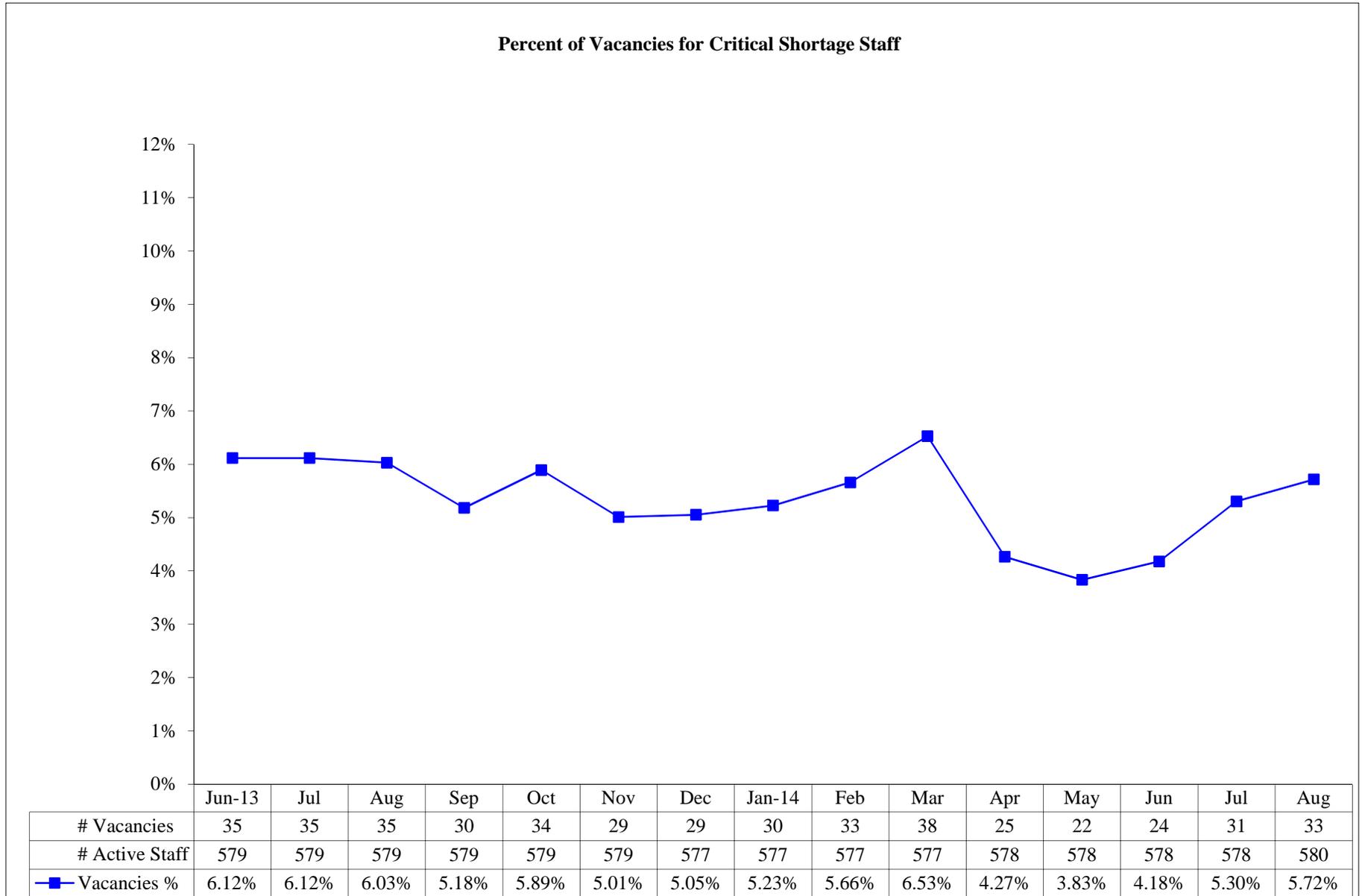
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



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

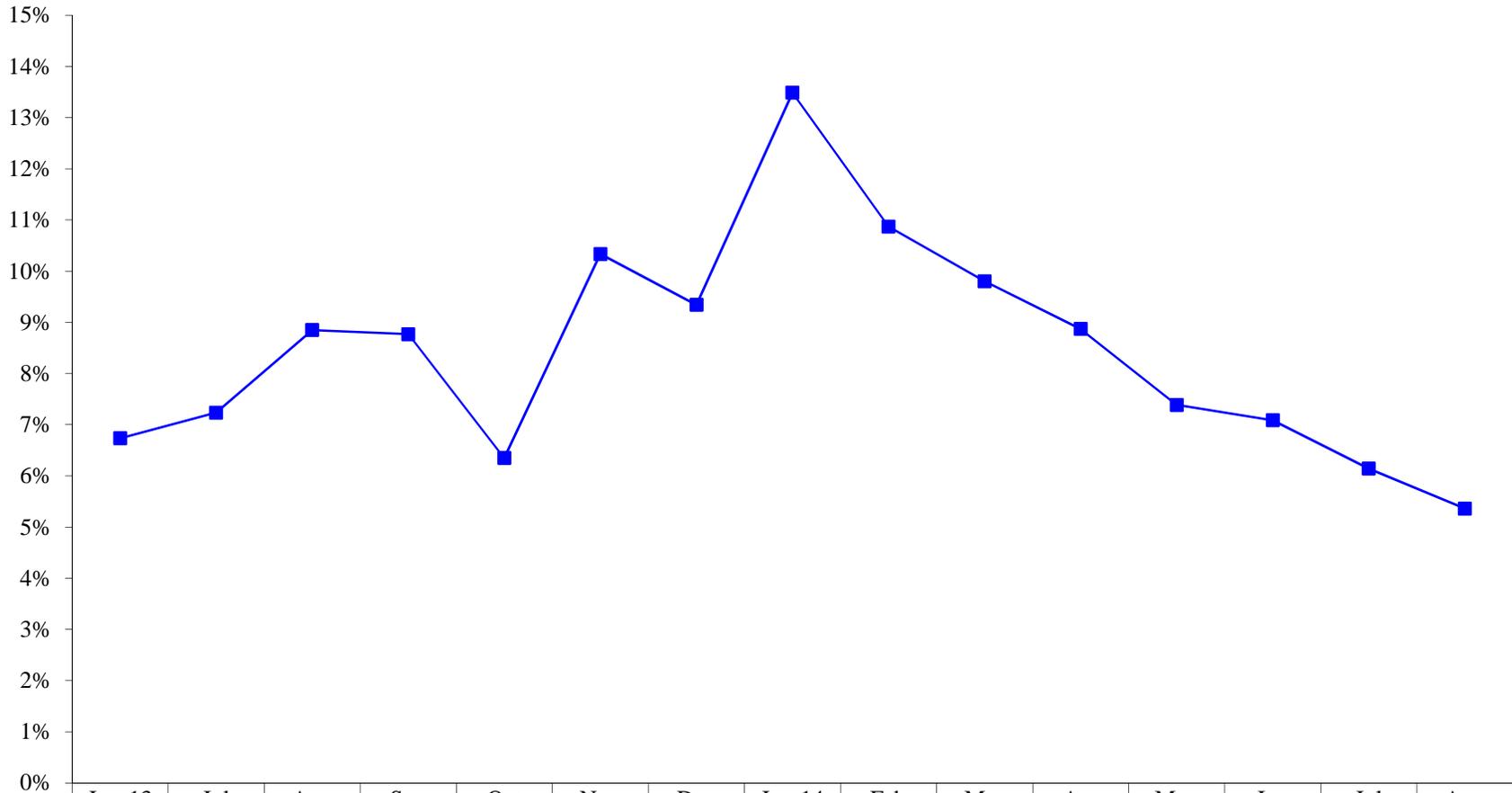


**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



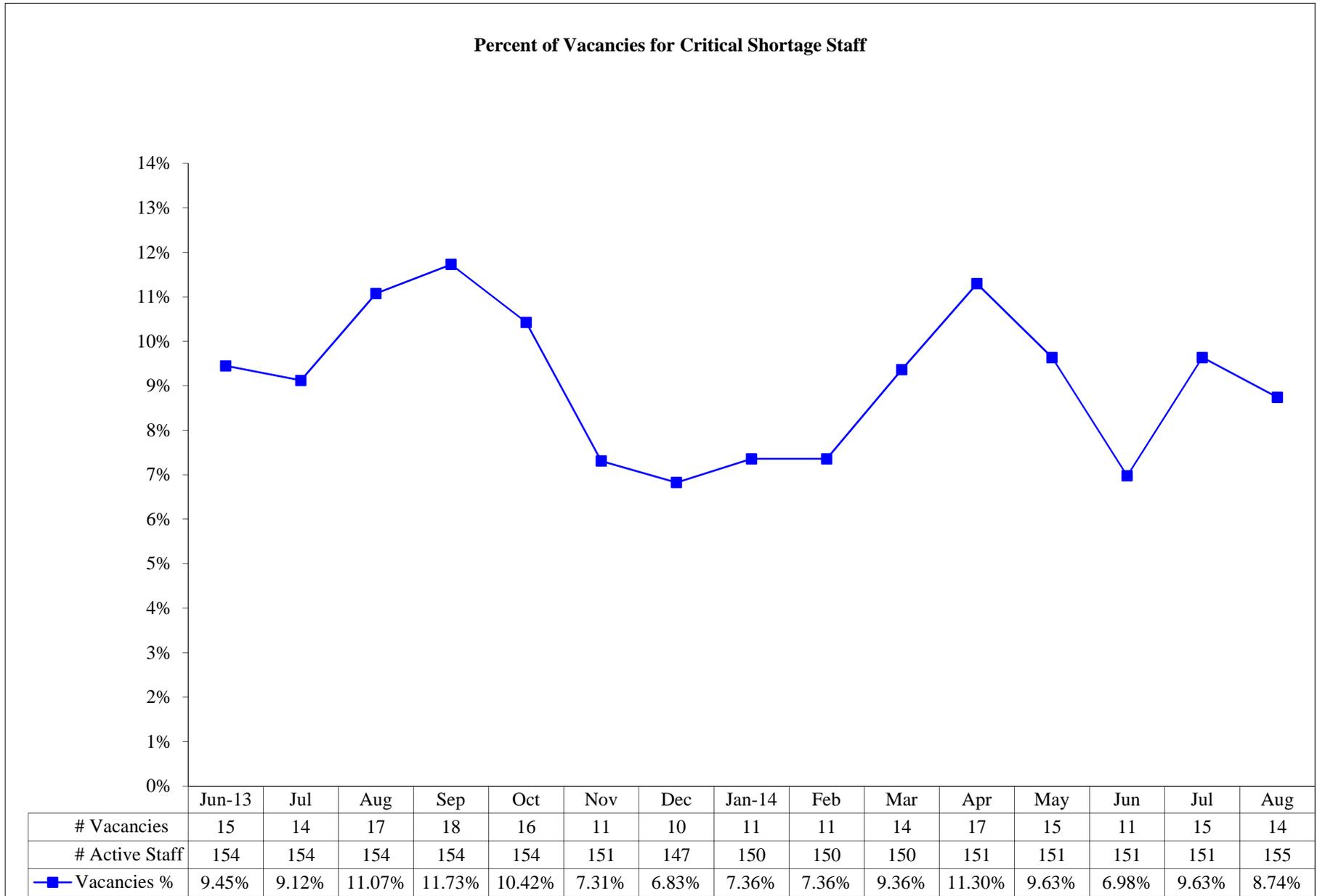
Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital

Percent of Vacancies for Critical Shortage Staff

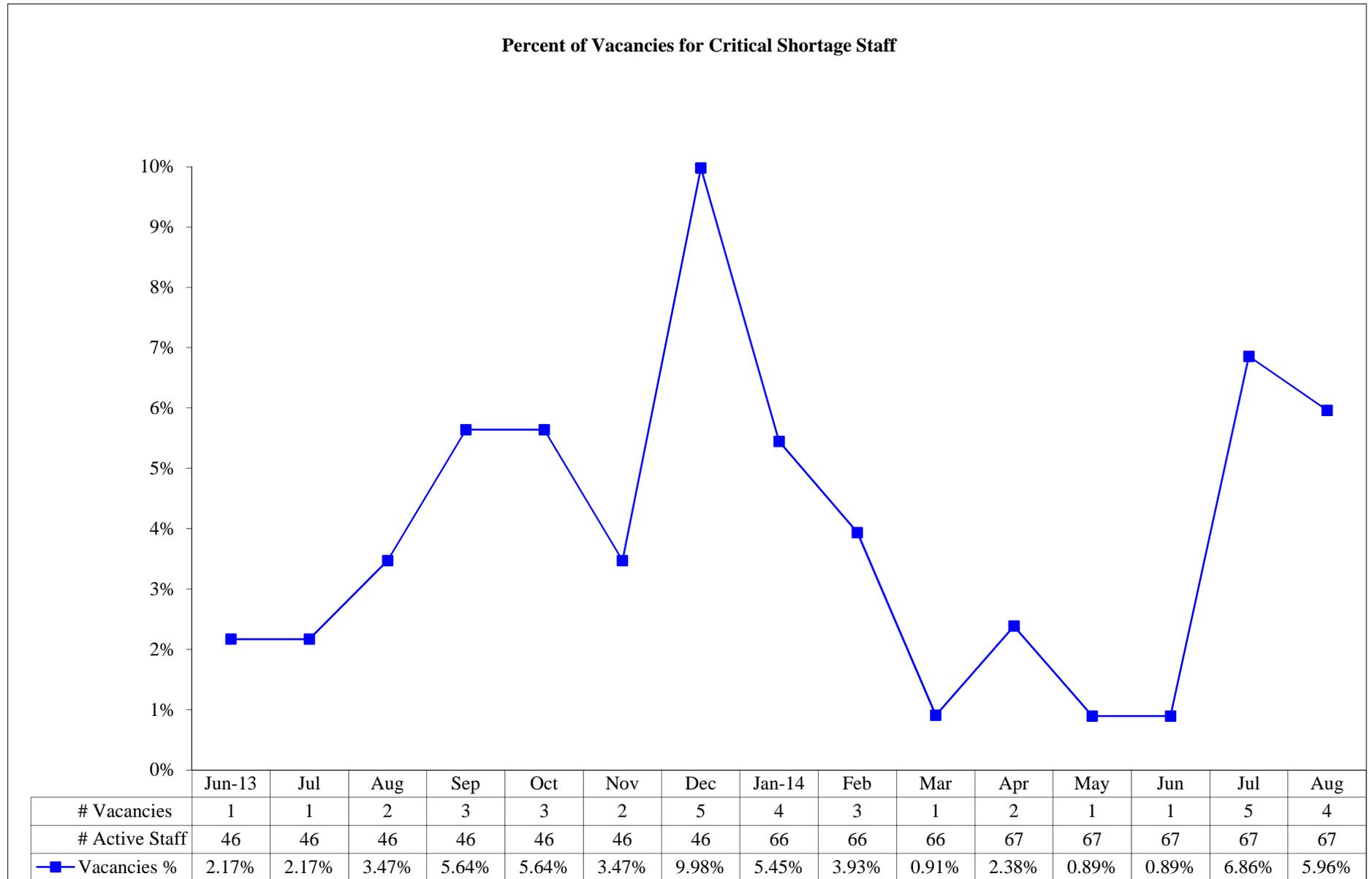


	Jun-13	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
# Vacancies	42	45	55	54	39	67	60	91	71	64	58	48	46	40	35
# Active Staff	620	620	620	620	617	645	644	677	656	656	657	647	646	646	647
—■— Vacancies %	6.74%	7.24%	8.85%	8.77%	6.35%	10.34%	9.34%	13.49%	10.87%	9.80%	8.87%	7.39%	7.09%	6.14%	5.36%

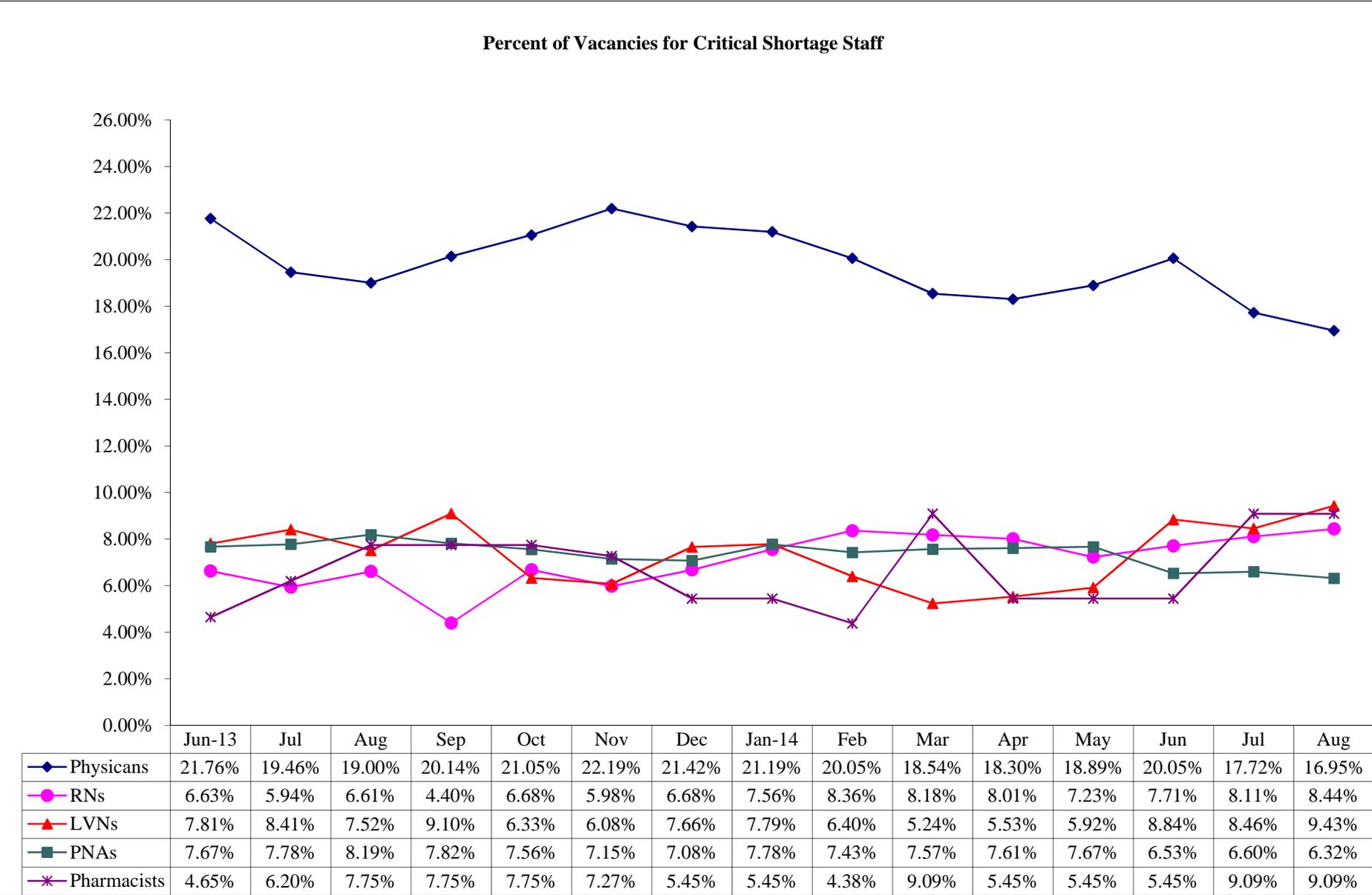
**Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth**



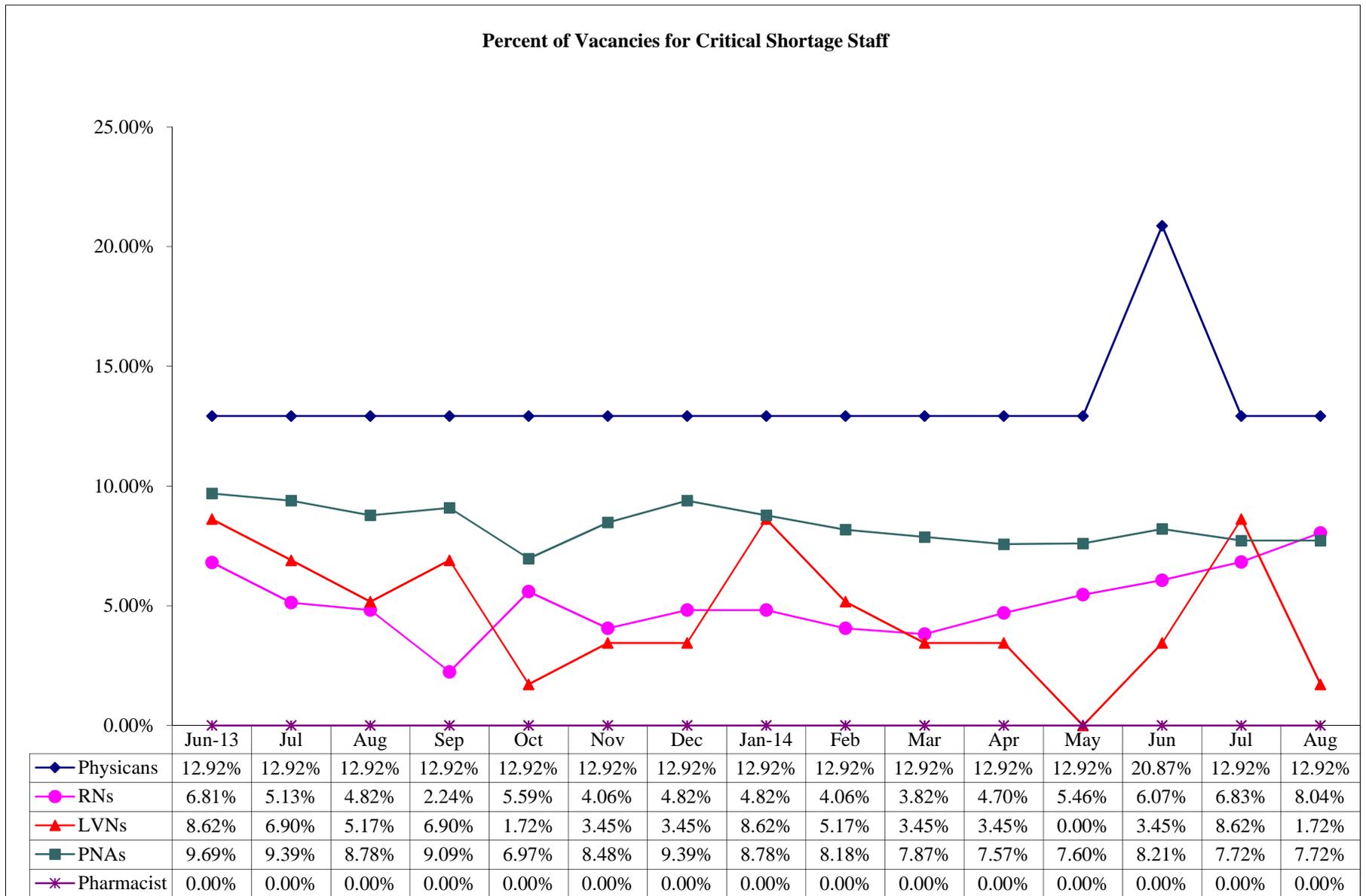
**Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease**



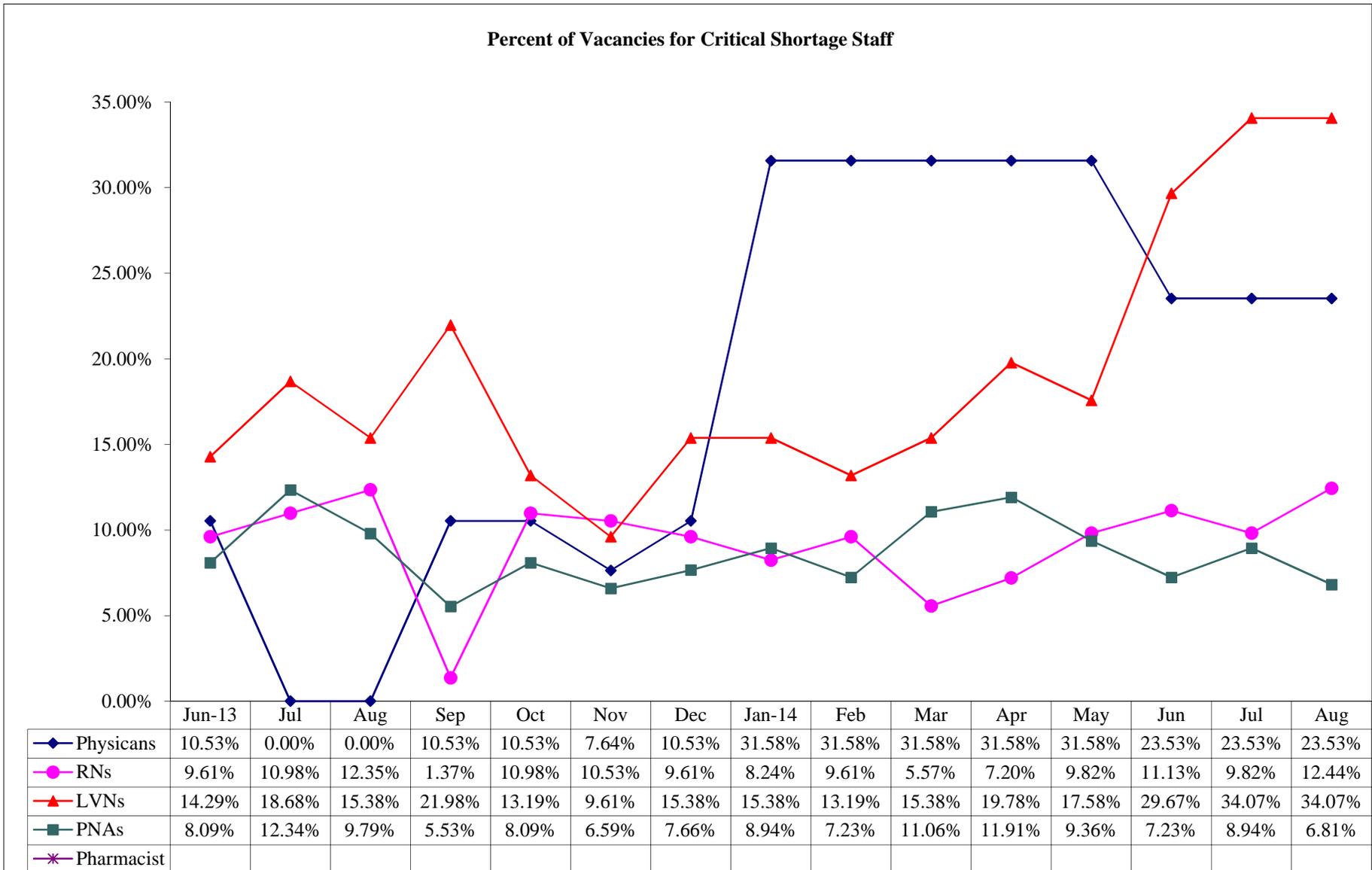
**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals**



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



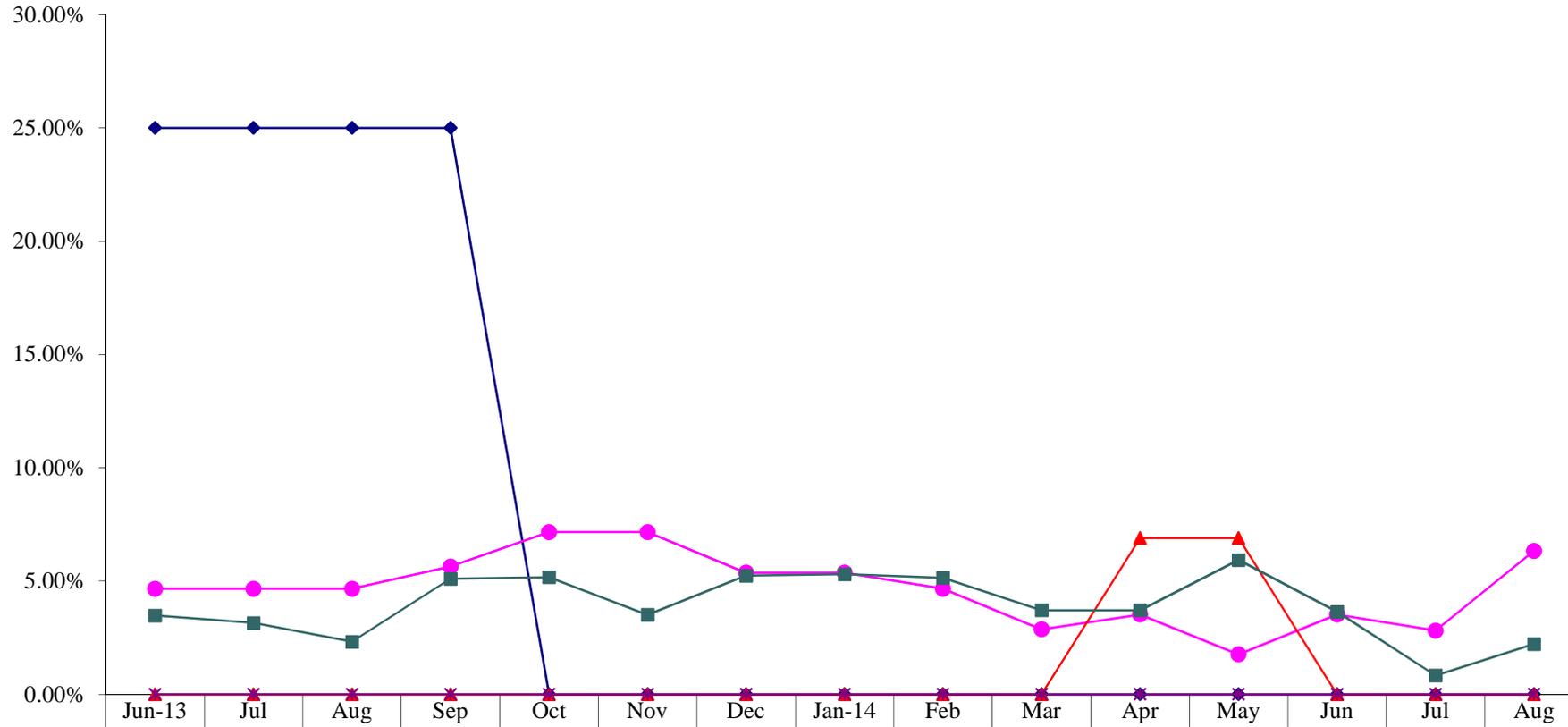
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



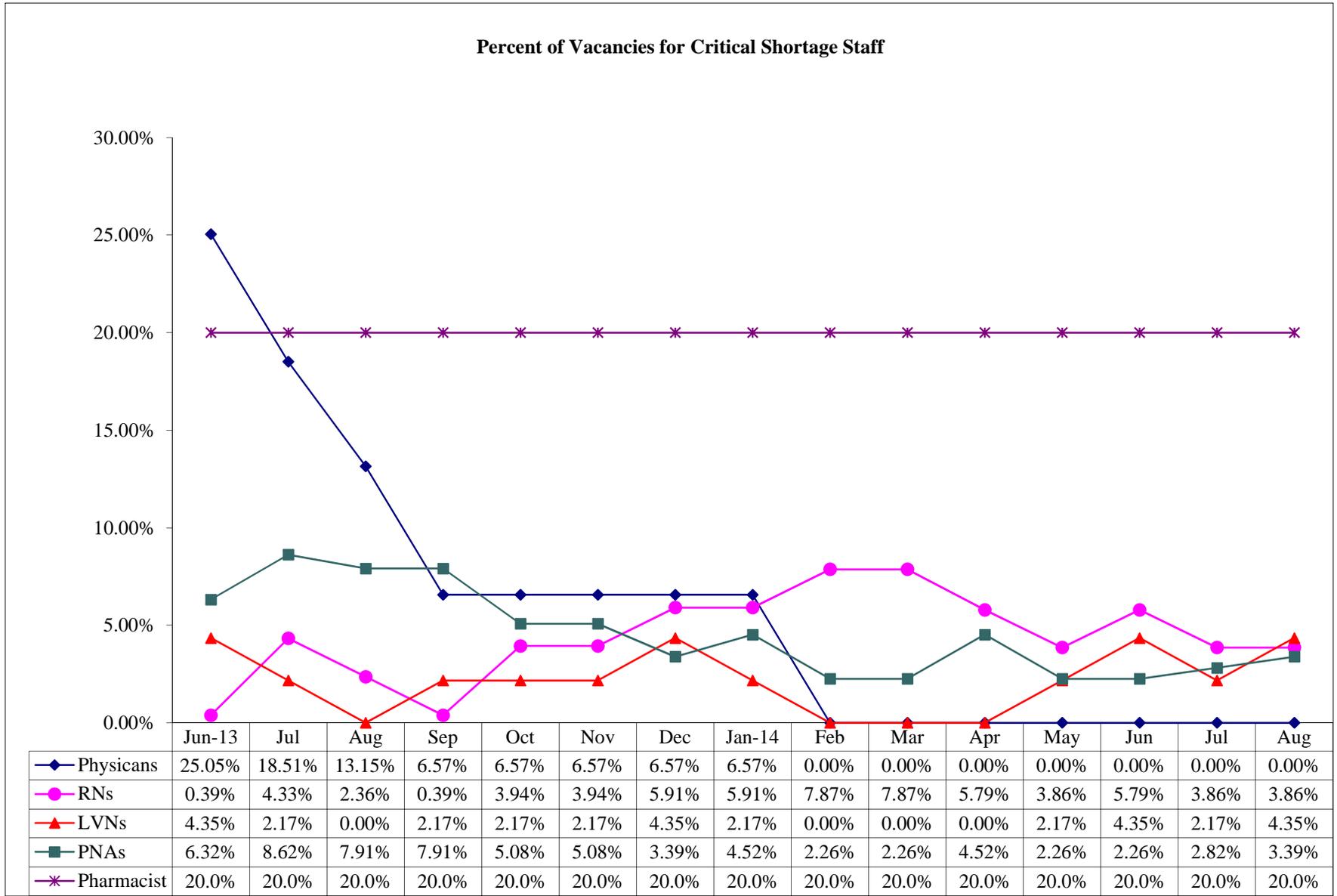
Pharmacist - privatized

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

Percent of Vacancies for Critical Shortage Staff

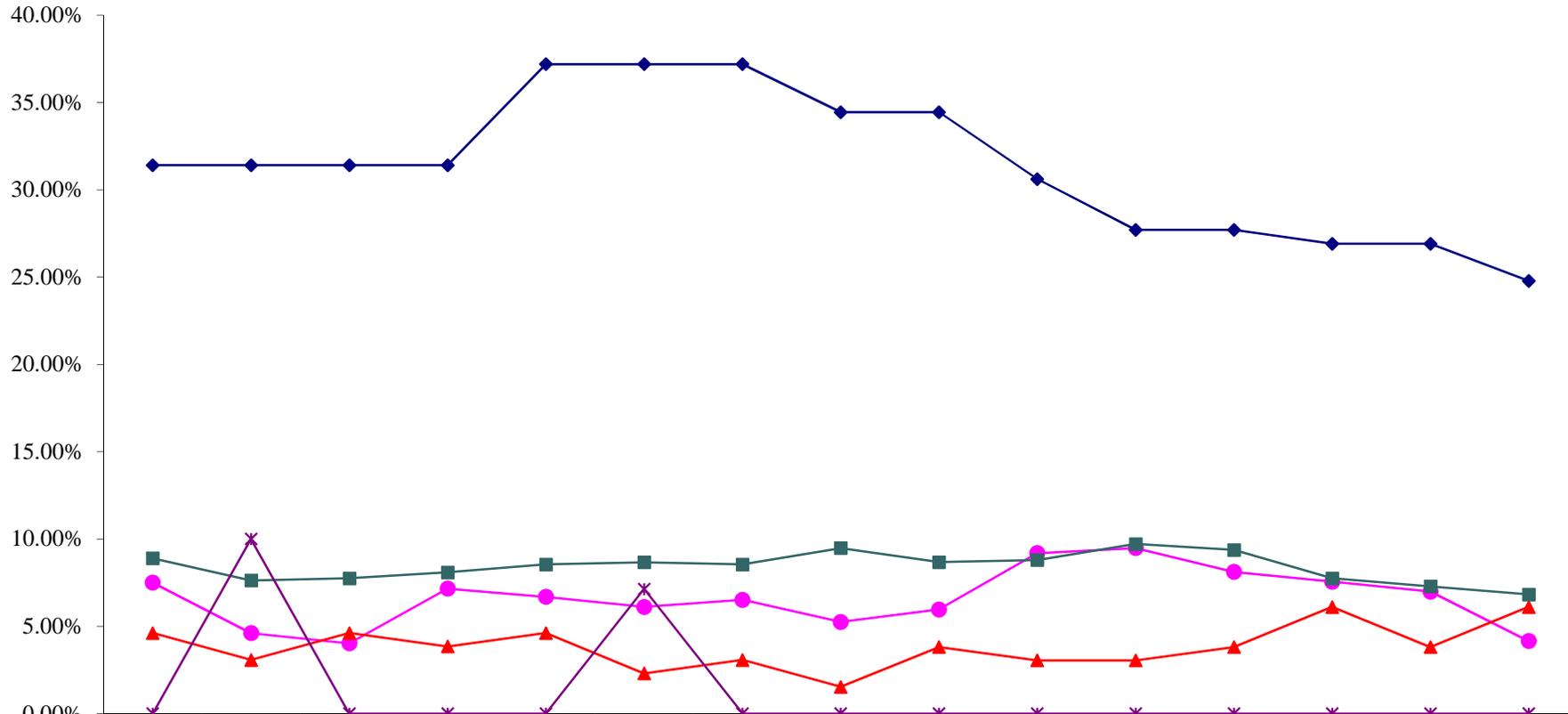


**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



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

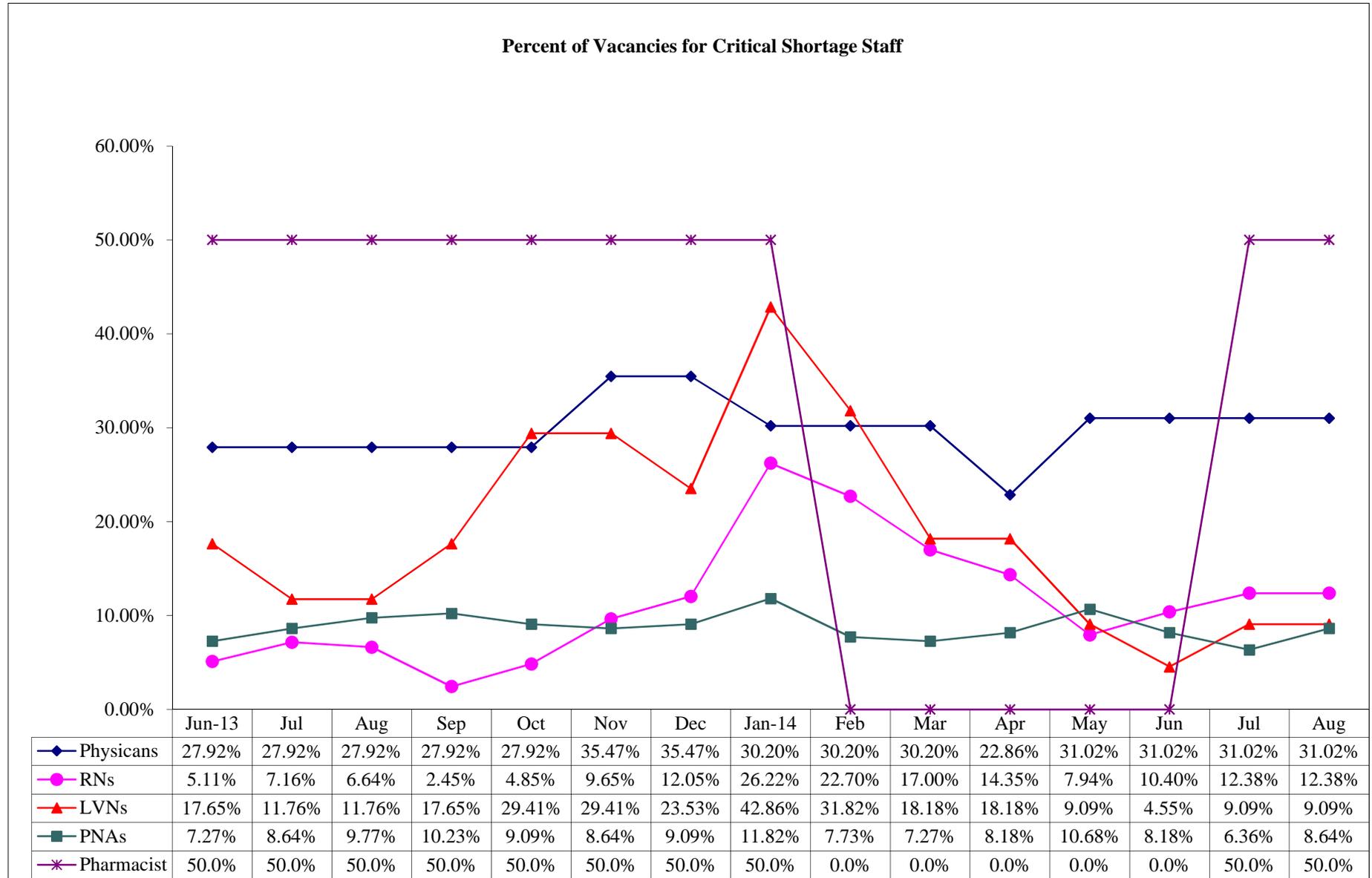
Percent of Vacancies for Critical Shortage Staff



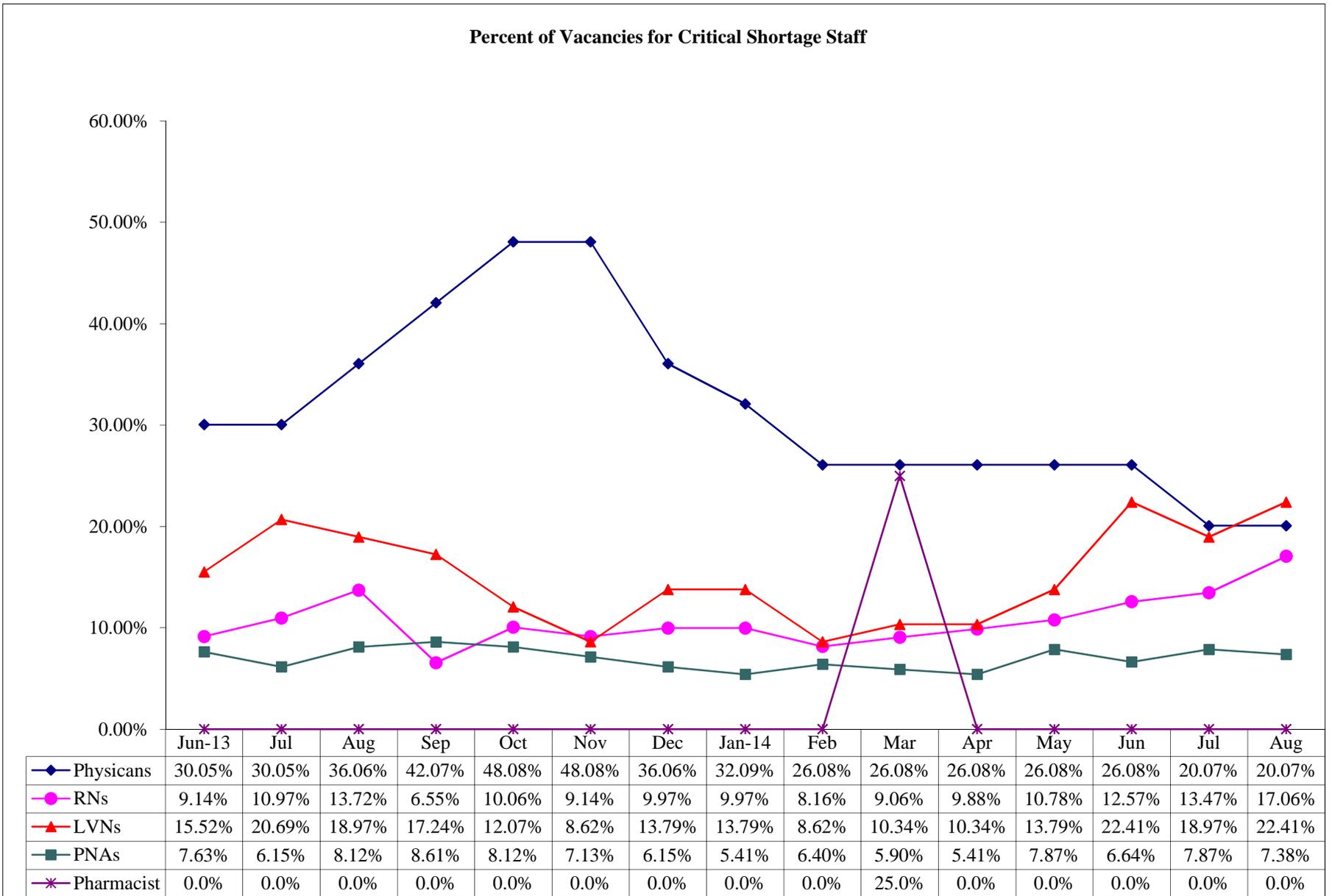
◆ Physicians	31.40%	31.40%	31.40%	31.40%	37.19%	37.19%	37.19%	34.44%	34.44%	30.61%	27.70%	27.70%	26.91%	26.91%	24.78%
● RNs	7.50%	4.61%	4.03%	7.16%	6.69%	6.11%	6.52%	5.25%	5.97%	9.19%	9.48%	8.12%	7.56%	6.99%	4.16%
▲ LVNs	4.62%	3.08%	4.62%	3.85%	4.62%	2.31%	3.08%	1.54%	3.82%	3.05%	3.05%	3.82%	6.11%	3.82%	6.11%
■ PNAs	8.90%	7.63%	7.75%	8.09%	8.55%	8.67%	8.55%	9.48%	8.68%	8.80%	9.72%	9.38%	7.75%	7.29%	6.83%
* Pharmacist	0.00%	10.00%	0.00%	0.00%	0.00%	7.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

*Apr - Additional 97 staff added

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

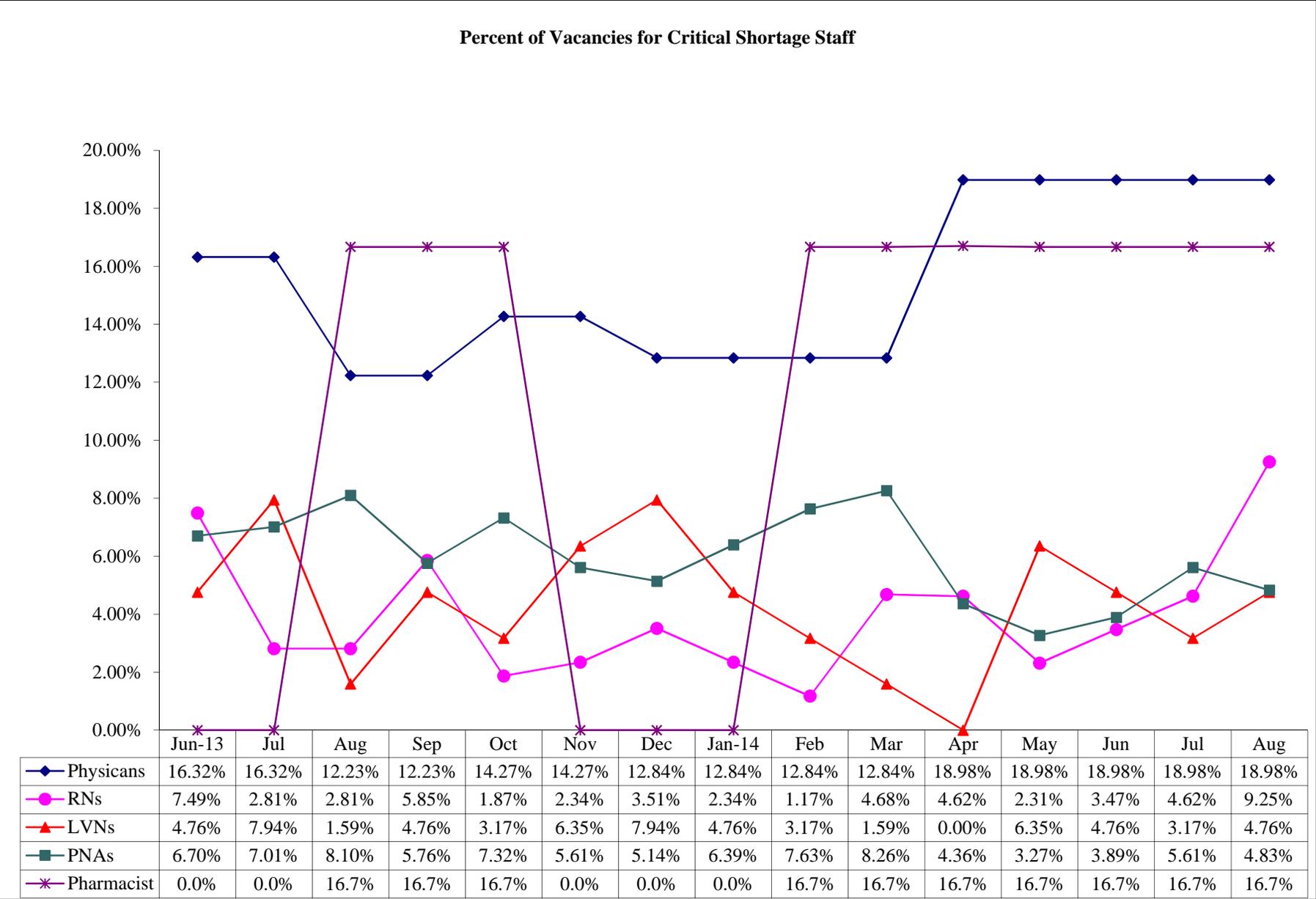


Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital

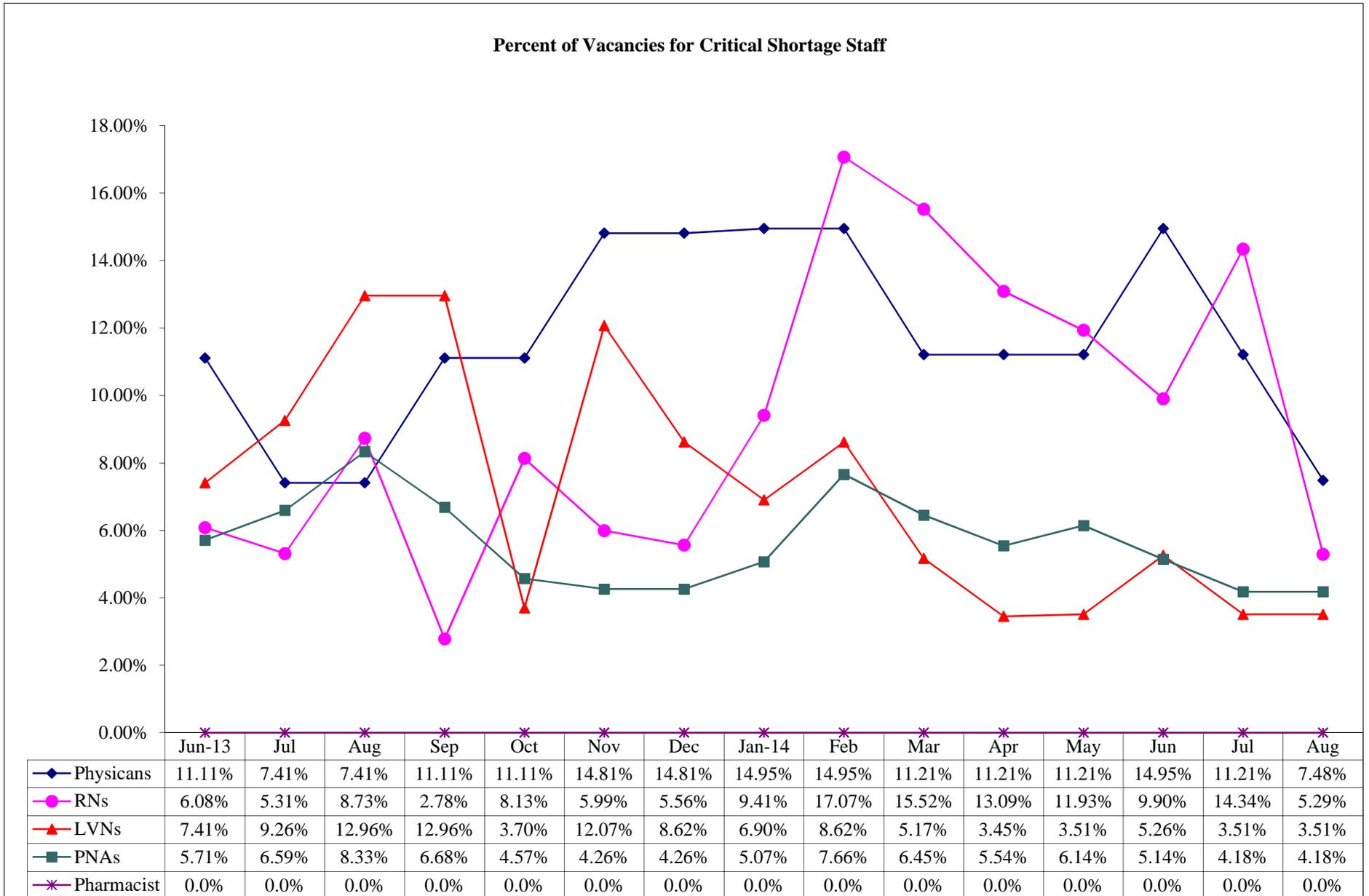


*Apr - Additional 35 staff added

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

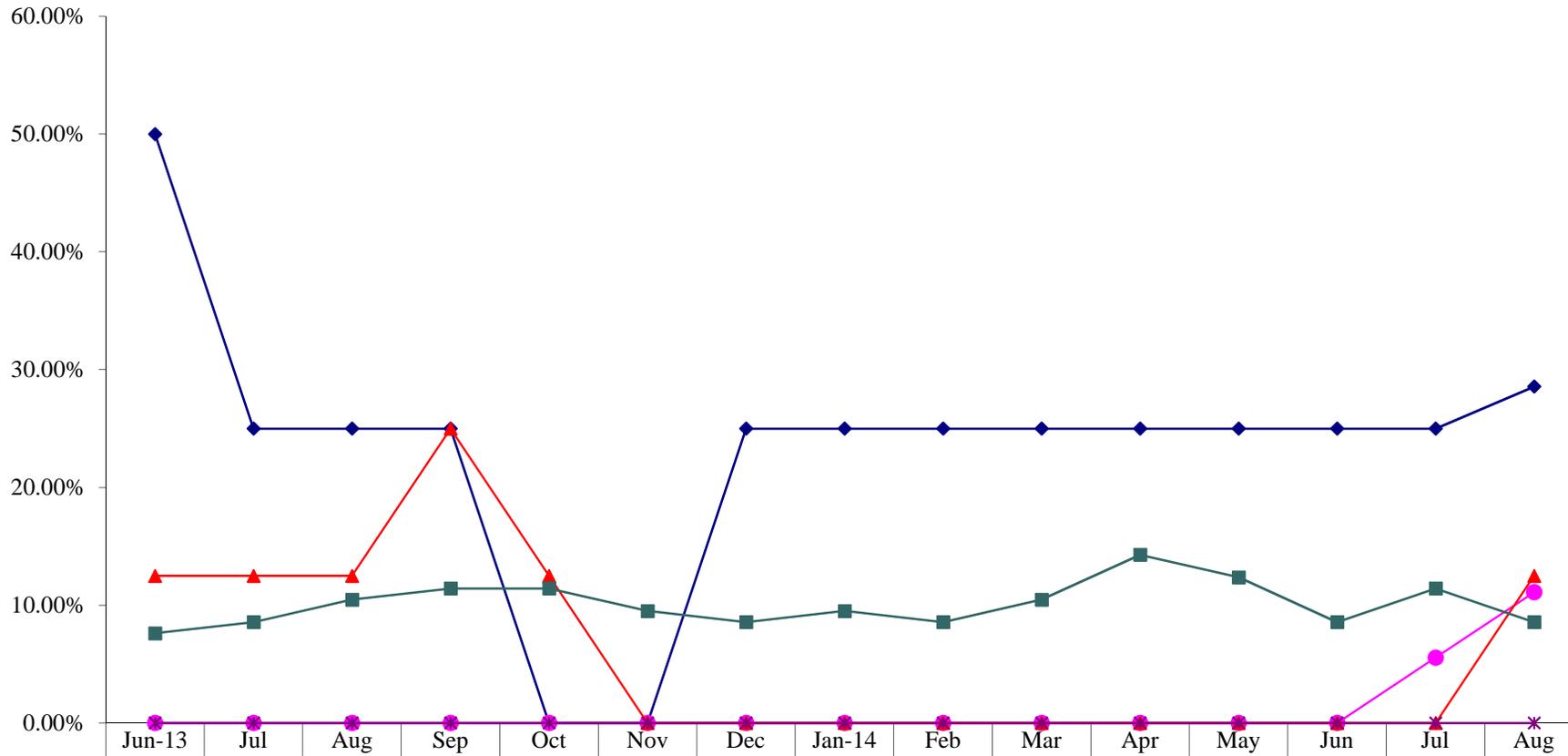


**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**

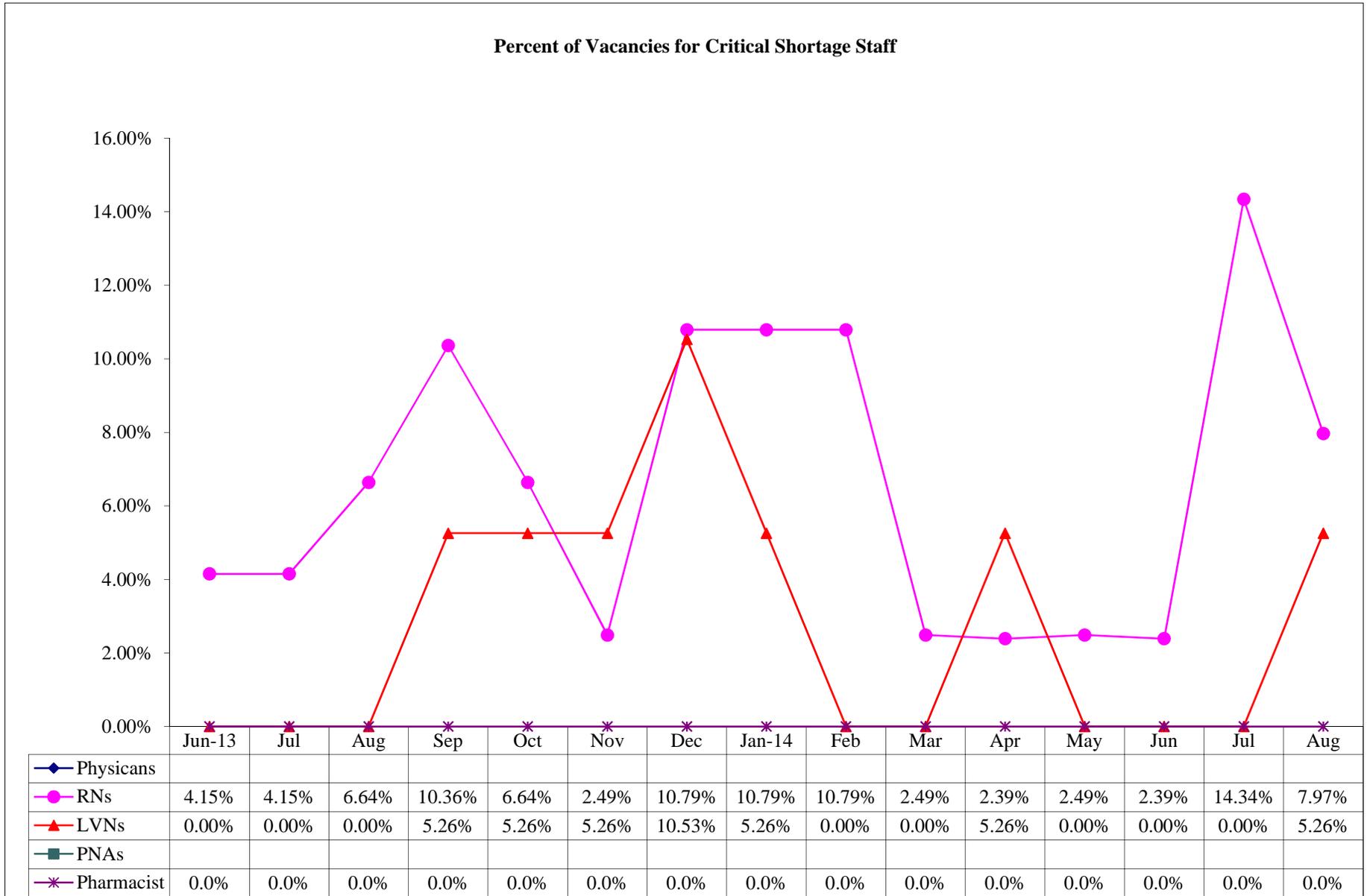


**Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth**

Percent of Vacancies for Critical Shortage Staff



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



Performance Measure 8C:

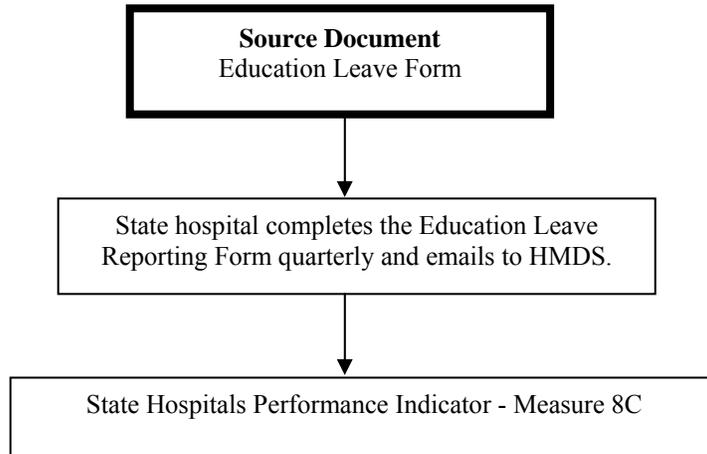
Report number of staff members currently utilizing education leave and the area of study.

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 - FY2014**

	Q1	Q2	Q3	Q4
Austin State Hospital	7	13	25	23
Big Spring State Hospital	5	9	8	5
El Paso Psychiatric Center	0	1	1	1
Kerrville State Hospital	2	2	3	3
North Texas State Hospital	29	41	37	29
Rio Grande State Center	0	0	0	0
Rusk State Hospital	14	14	10	6
San Antonio State Hospital	10	8	13	14
Terrell State Hospital	12	14	14	8
Waco Center for Youth	1	1	0	0
TCID	8	8	8	9
All State Hospitals	88	111	119	98
	Q1	Q2	Q3	Q4
Associate Degree	0	0	0	0
Coding	0	0	0	0
Criminal Justice	0	0	0	0
Dietician/Nutrition	0	0	0	0
Engineering	0	0	0	0
IT	0	1	0	0
Medical Doctor	2	1	2	1
Nursing	66	89	102	70
Nurse Practitioner	0	2	0	0
O. Therapy	0	0	0	0
Pharmacist	2	1	1	1
Pharmacy Tech	0	0	0	0
Phlebotomy	0	0	0	0
Post-Doctoral Neuropsychology	0	0	0	0
Psychology	2	3	1	0
Public Health	0	0	0	6
Rehabilitation	0	0	0	0
Social Work	8	7	5	4
Sociology	0	0	0	0
Therapeutic Recreation	1	1	0	1
Other	7	6	8	15
All State Hospitals	88	111	119	98

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**

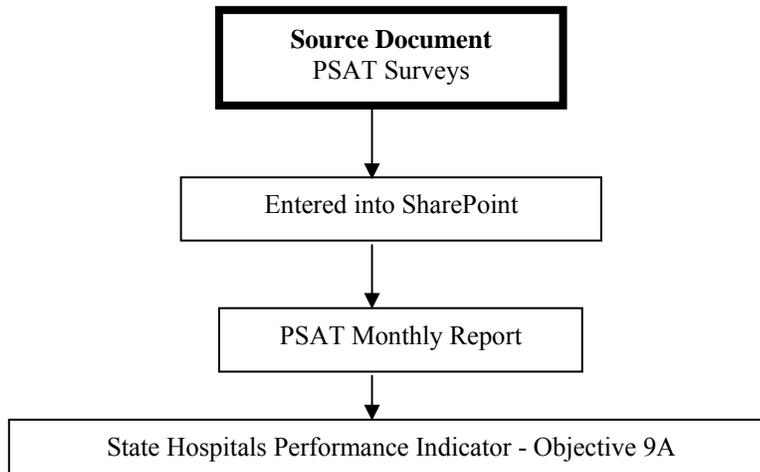
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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.

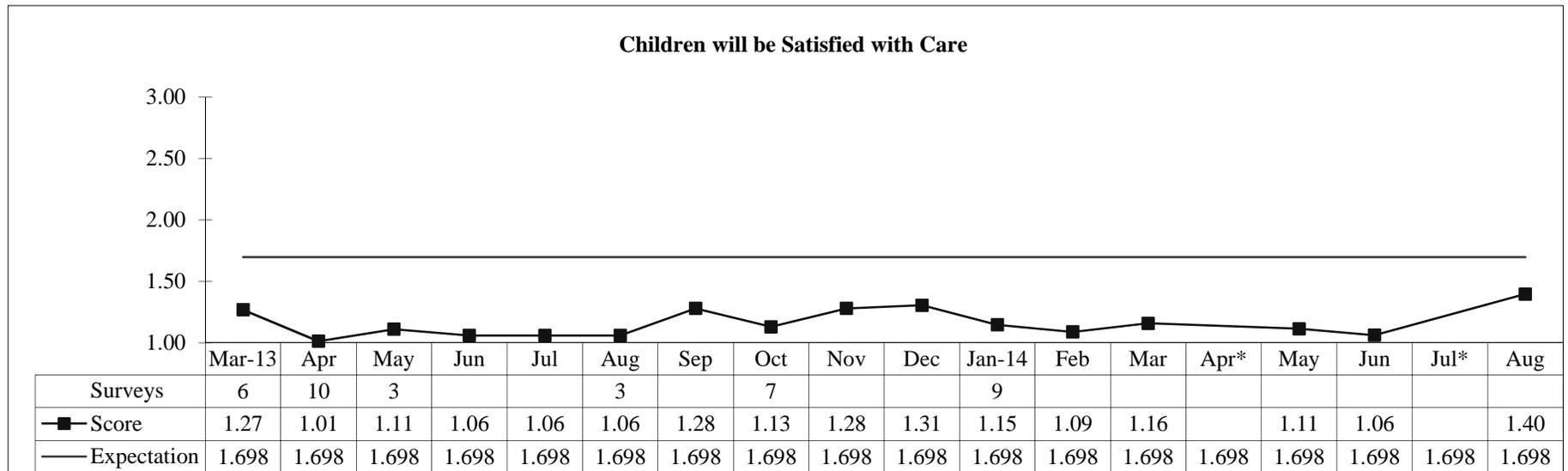
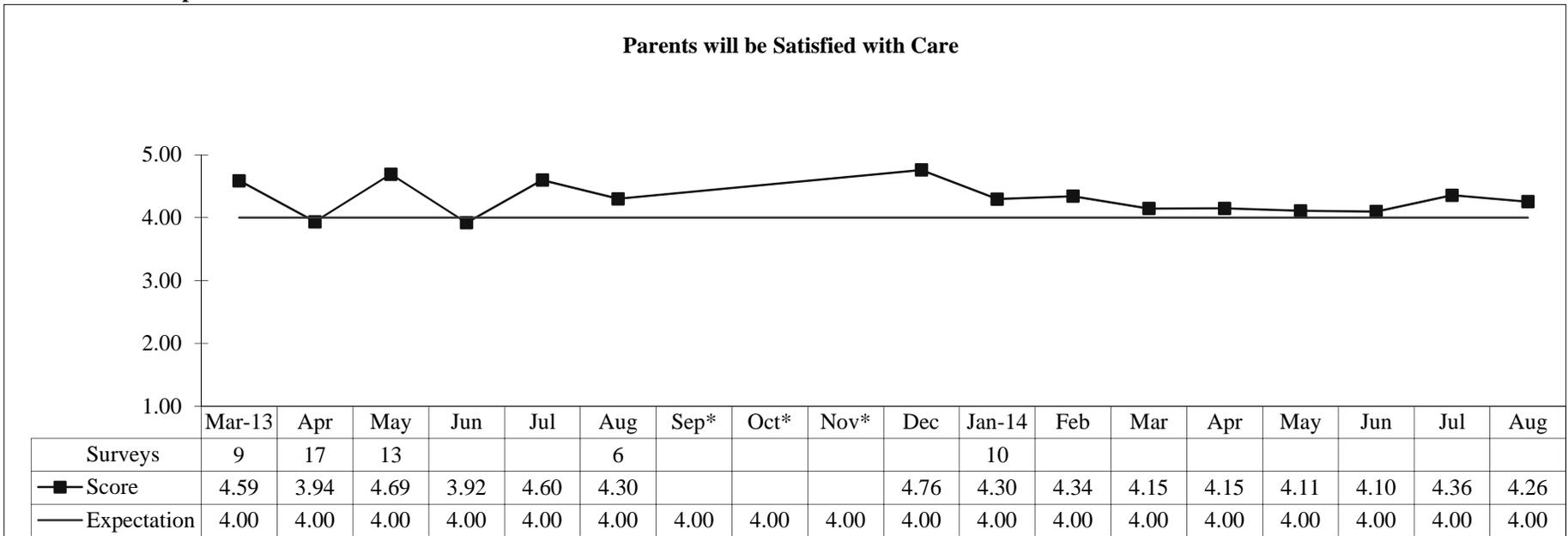
Performance Objective Data Display and Chart Description:

- ◆ 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:

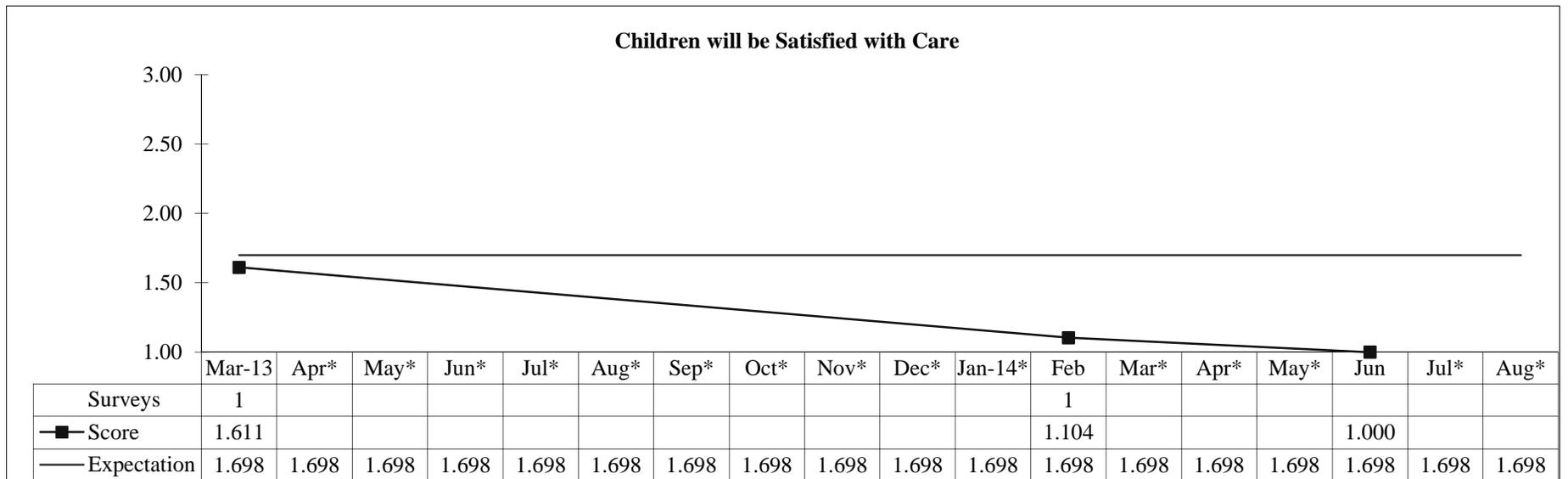
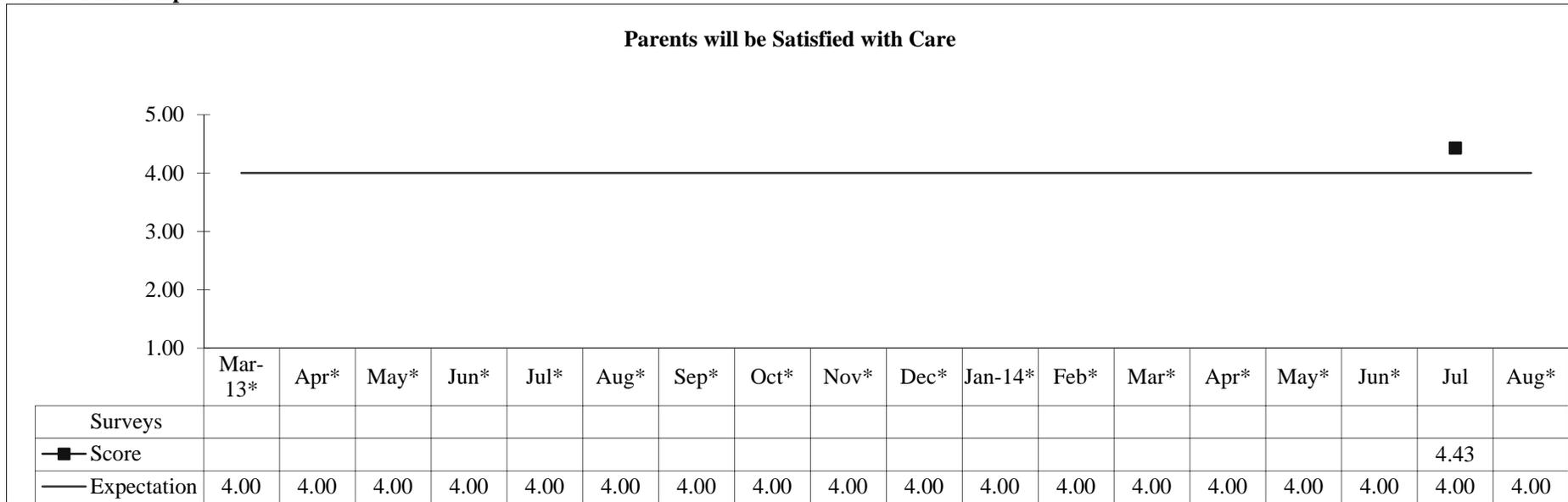


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State MH Hospitals



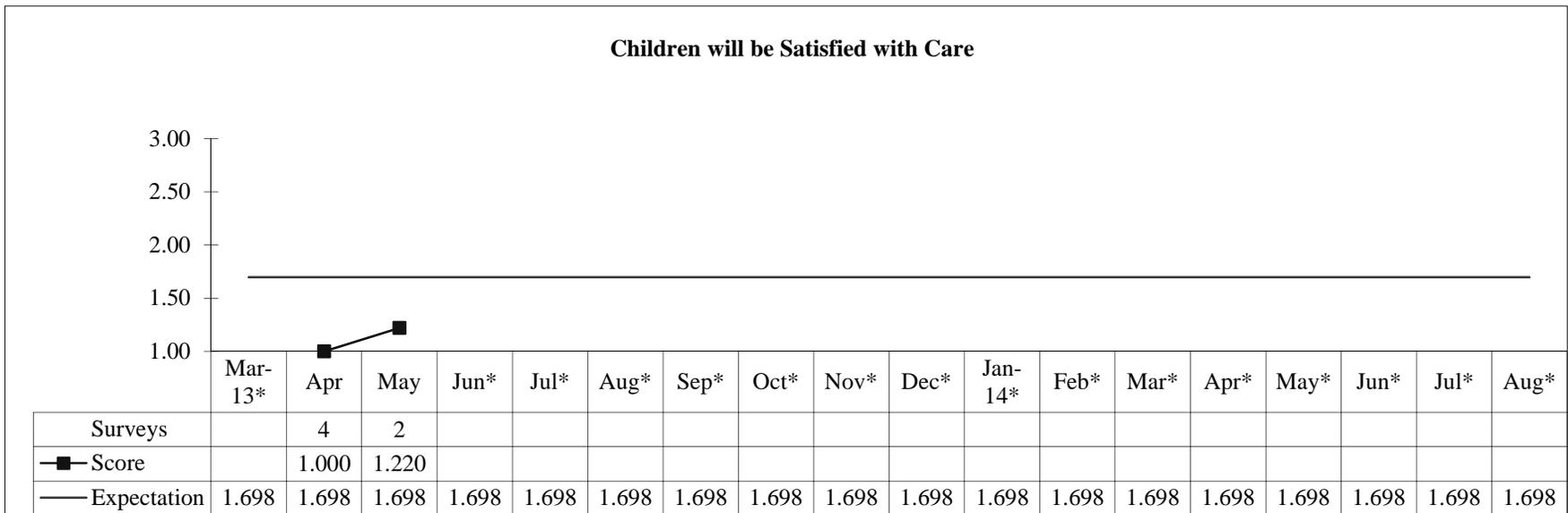
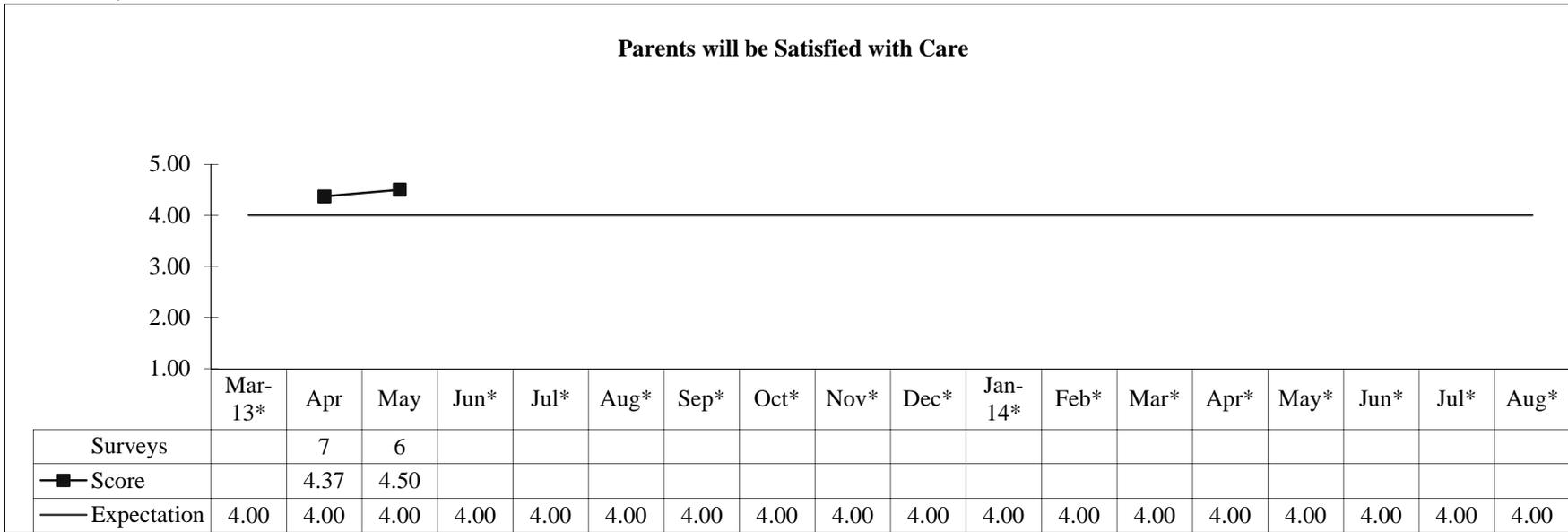
PSAT software is not compatible to Windows 2010. Hospitals started entering PSAT in SharePoint March 2013.
 Chart: Hospital Management Data Services

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



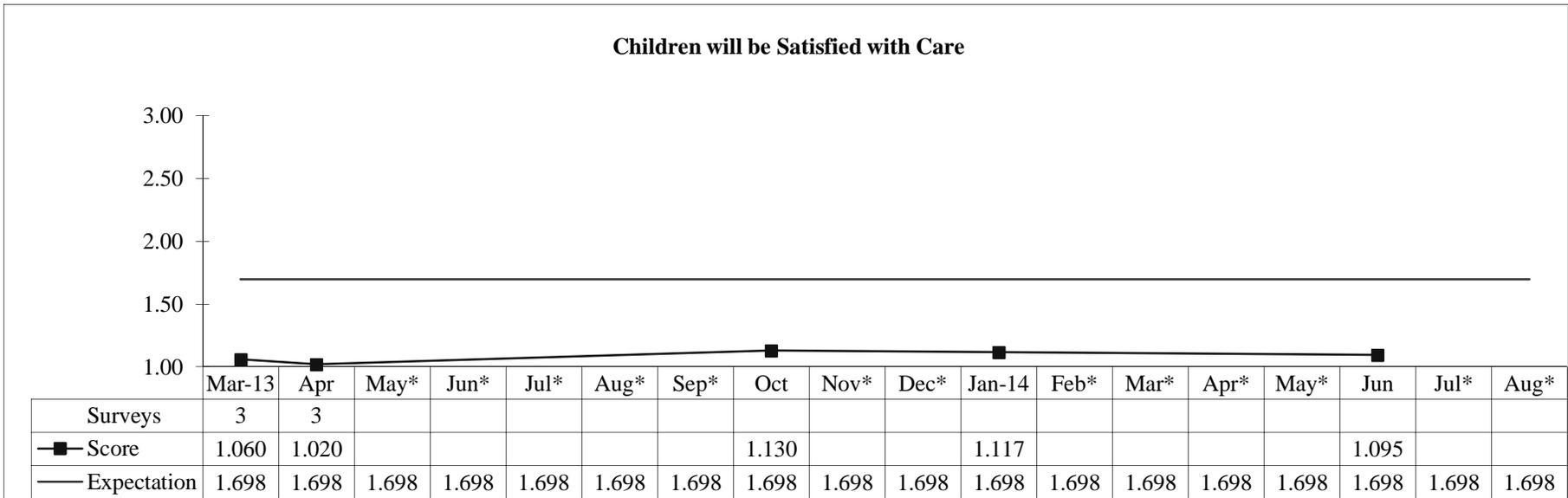
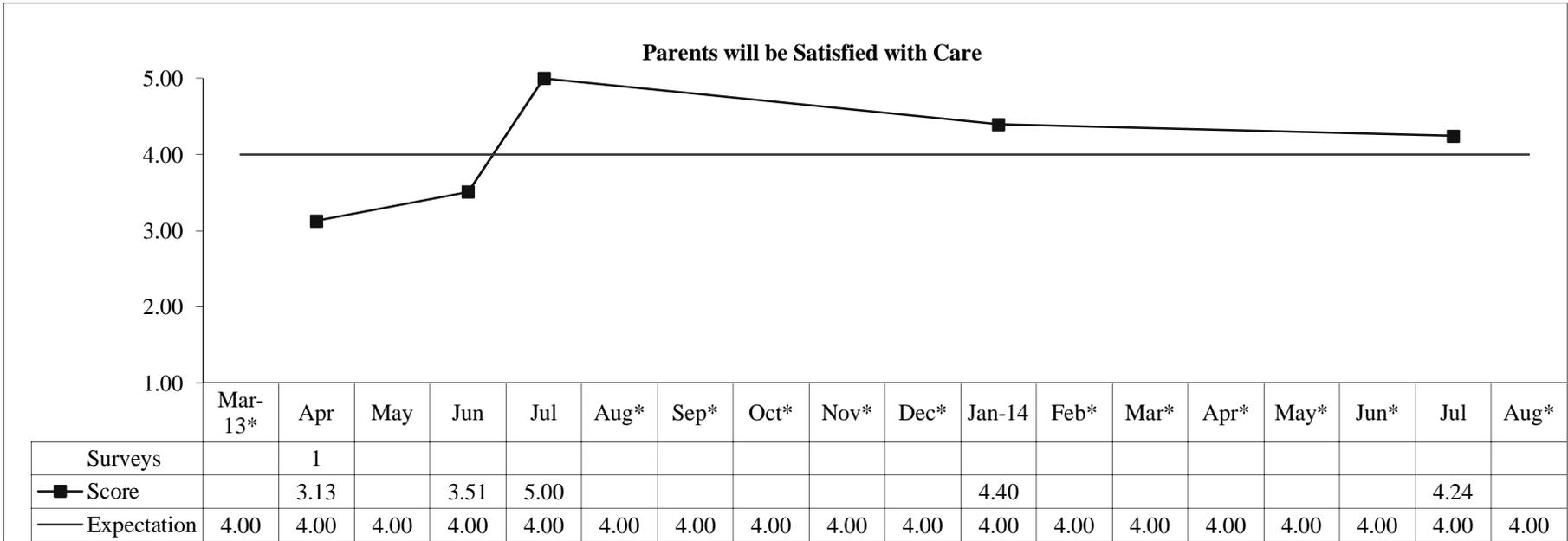
*No surveys submitted

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



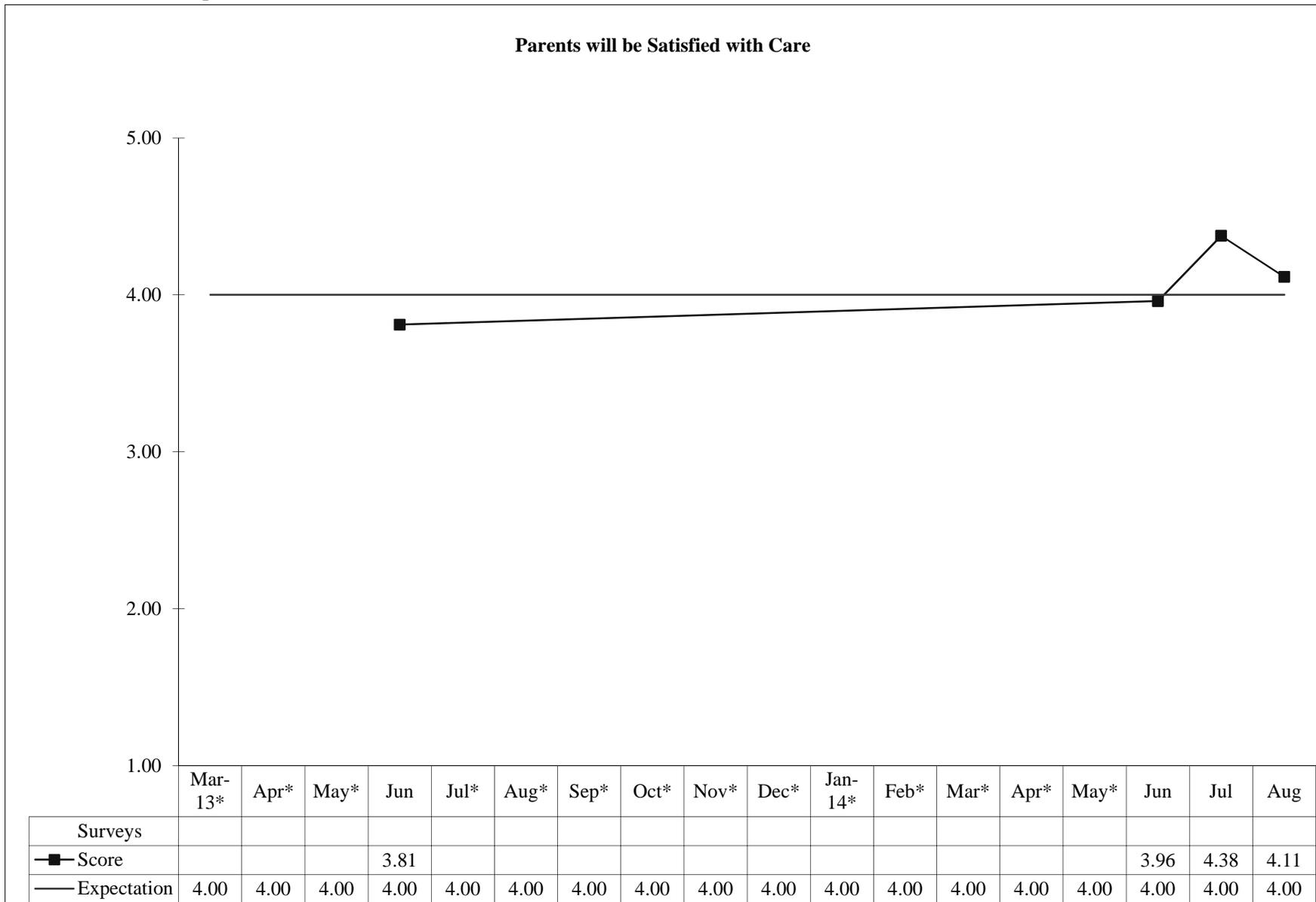
*No surveys submitted

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



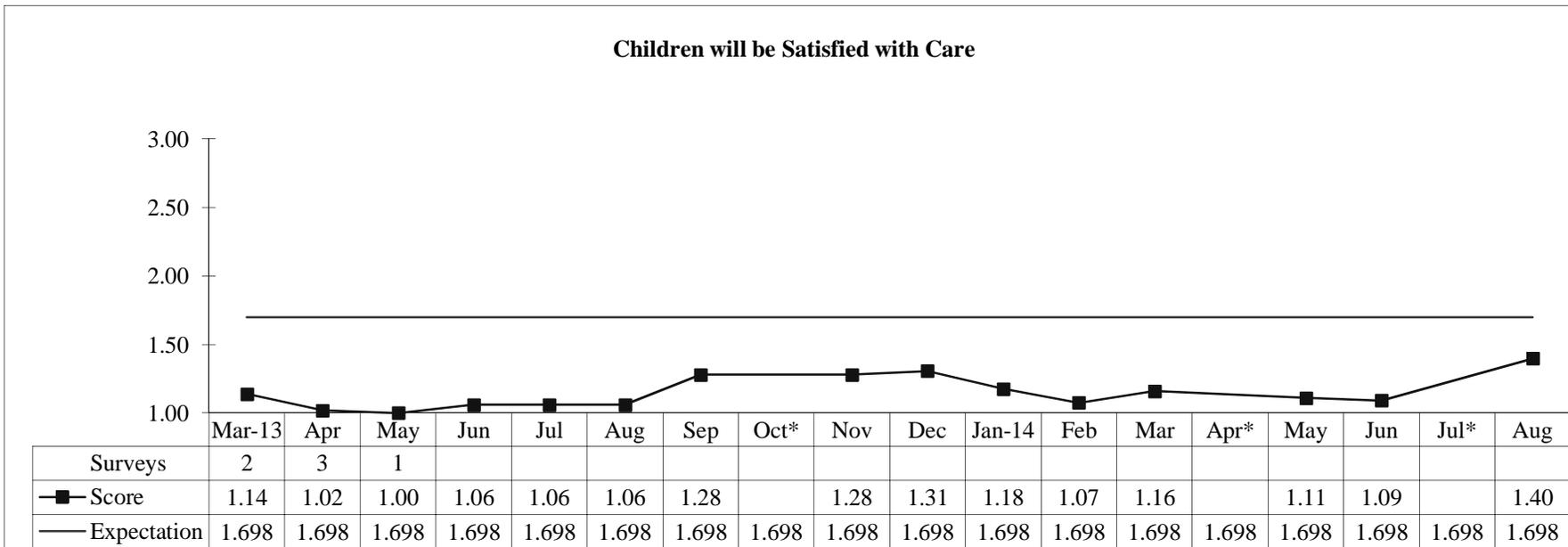
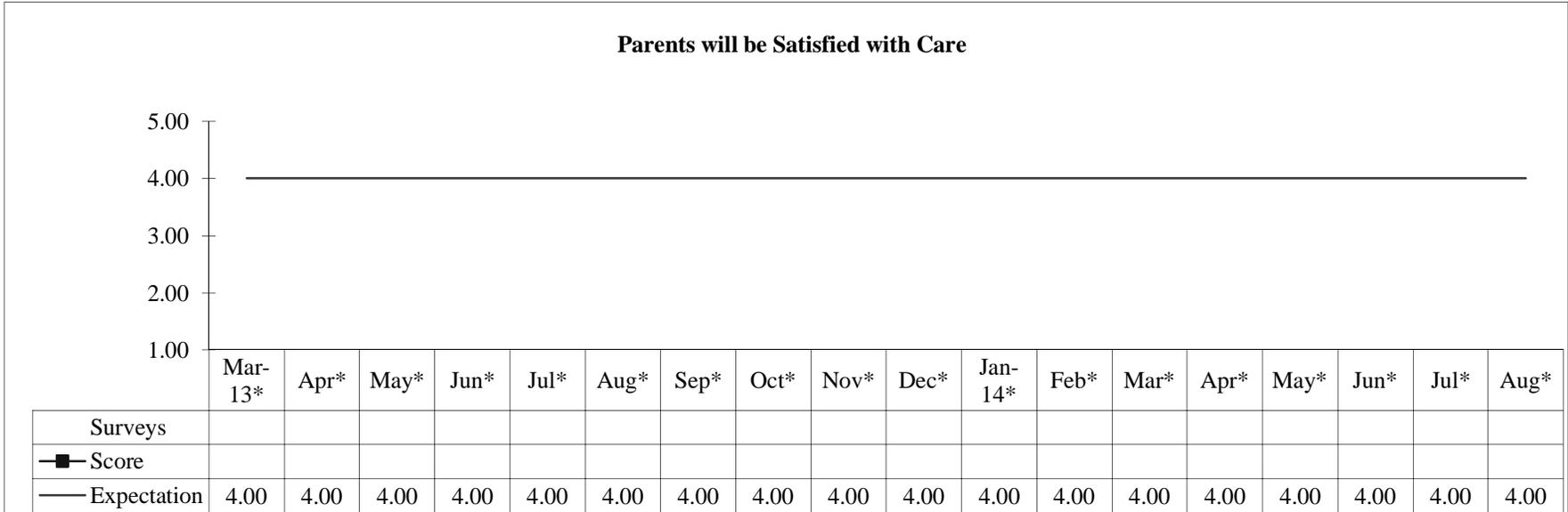
*No surveys submitted

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



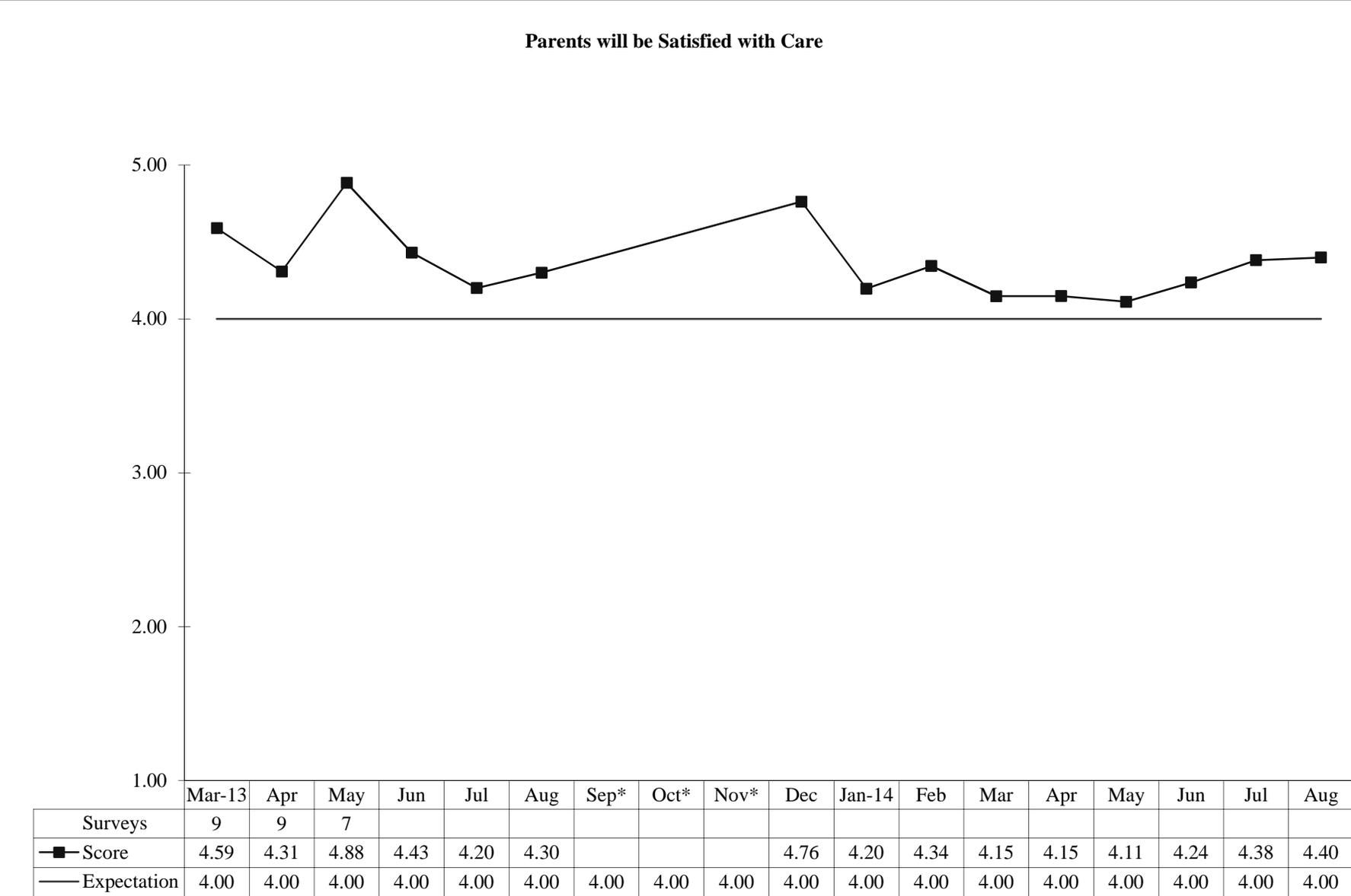
*No surveys submitted

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



*No surveys submitted

Performance Objective 9B:

Report adults and adolescents patient satisfaction with their care as represented by achieving an average score of 3.60 on the Mental Health Statistics Improvement Project (MHSIP) NRI Inpatient Consumer Survey.

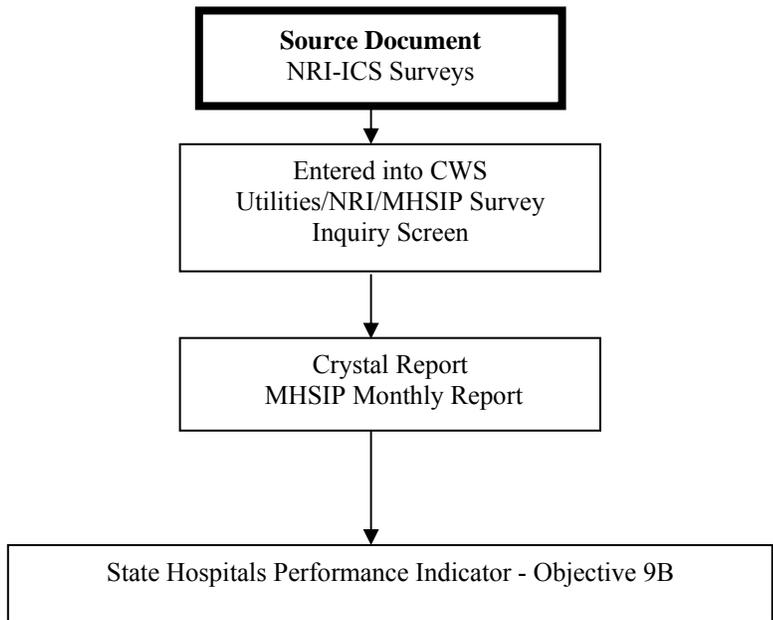
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

Performance Objective Data Display and Chart Description:

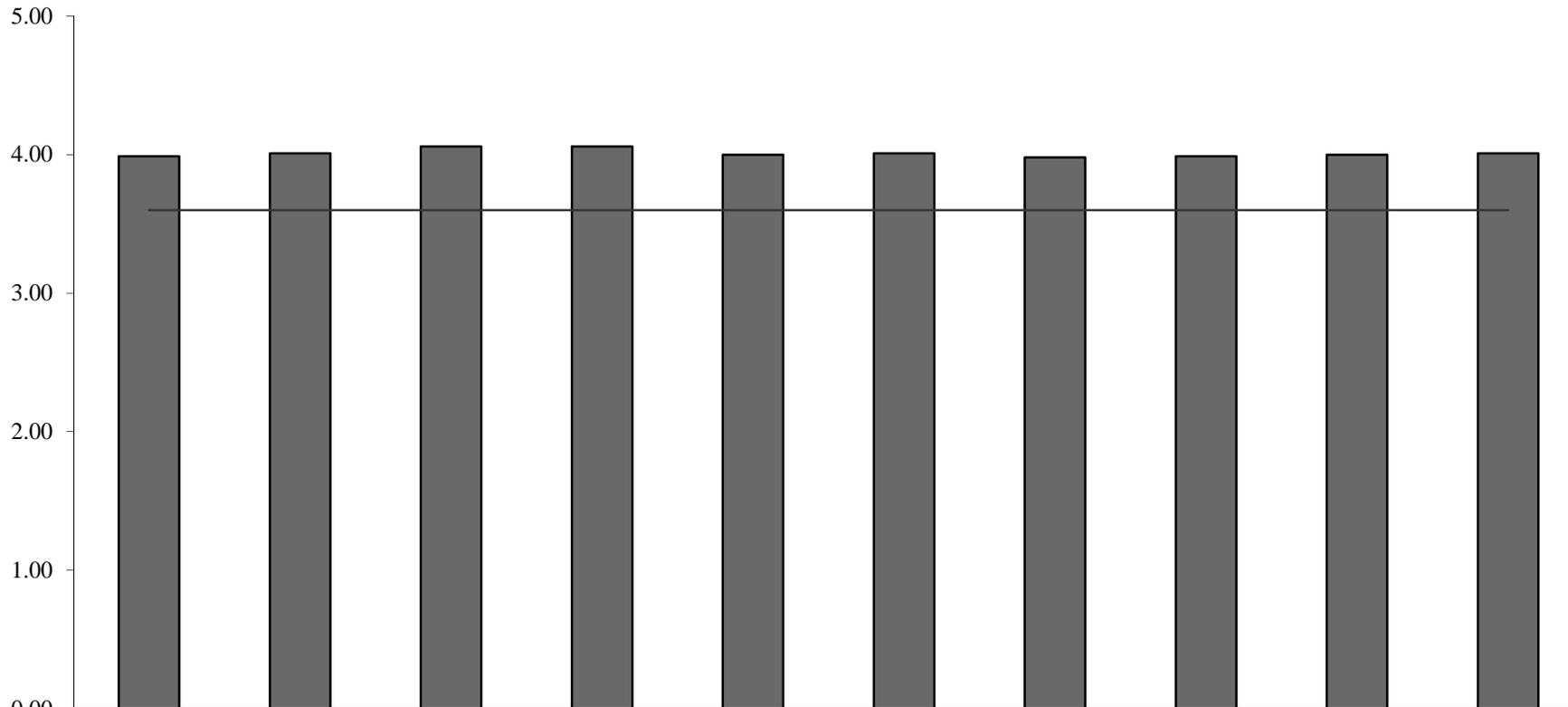
- ◆ Bar chart showing scores for individual state hospitals.
- ◆ Bar chart showing percentages of discharges surveyed for individual state hospitals.
- ◆ Control chart with monthly data points of scores for individual state hospitals and system-wide.
- ◆ Chart shows number of surveys, number of discharges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

Data Flow:



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

Adults & Adolescents Survey
Q4 FY2014



■ Score

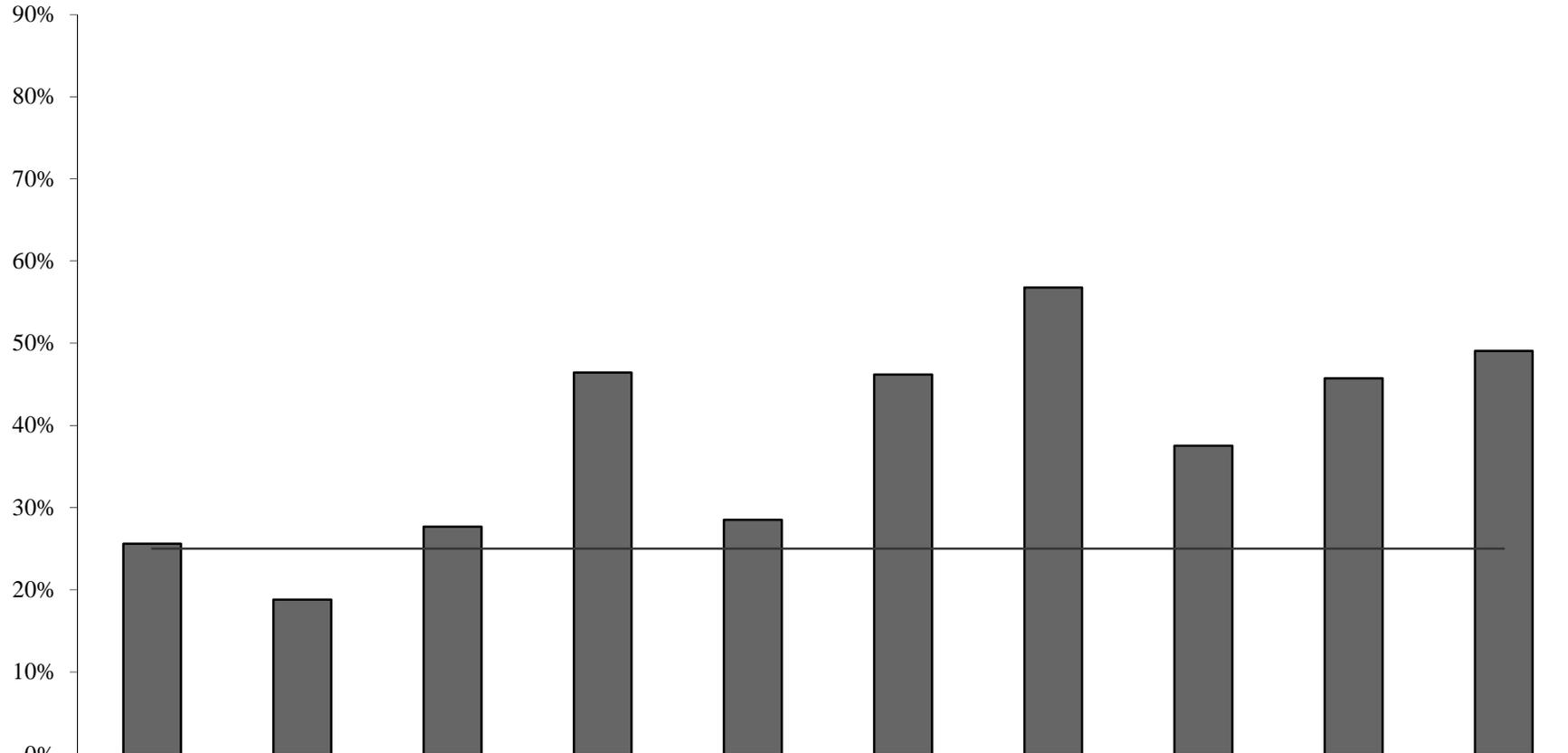
— Expectation

*WCFY - Adolescent Surveys Only

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

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

**Percentage of Adult & Adolescent Surveys Completed
 Q4 FY14**



	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY*
Discharges	523	133	253	28	491	171	199	341	549	53
Surveys	134	25	70	13	140	79	113	128	251	26
█ % Surveyed	26%	19%	28%	46%	29%	46%	57%	38%	46%	49%
— Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

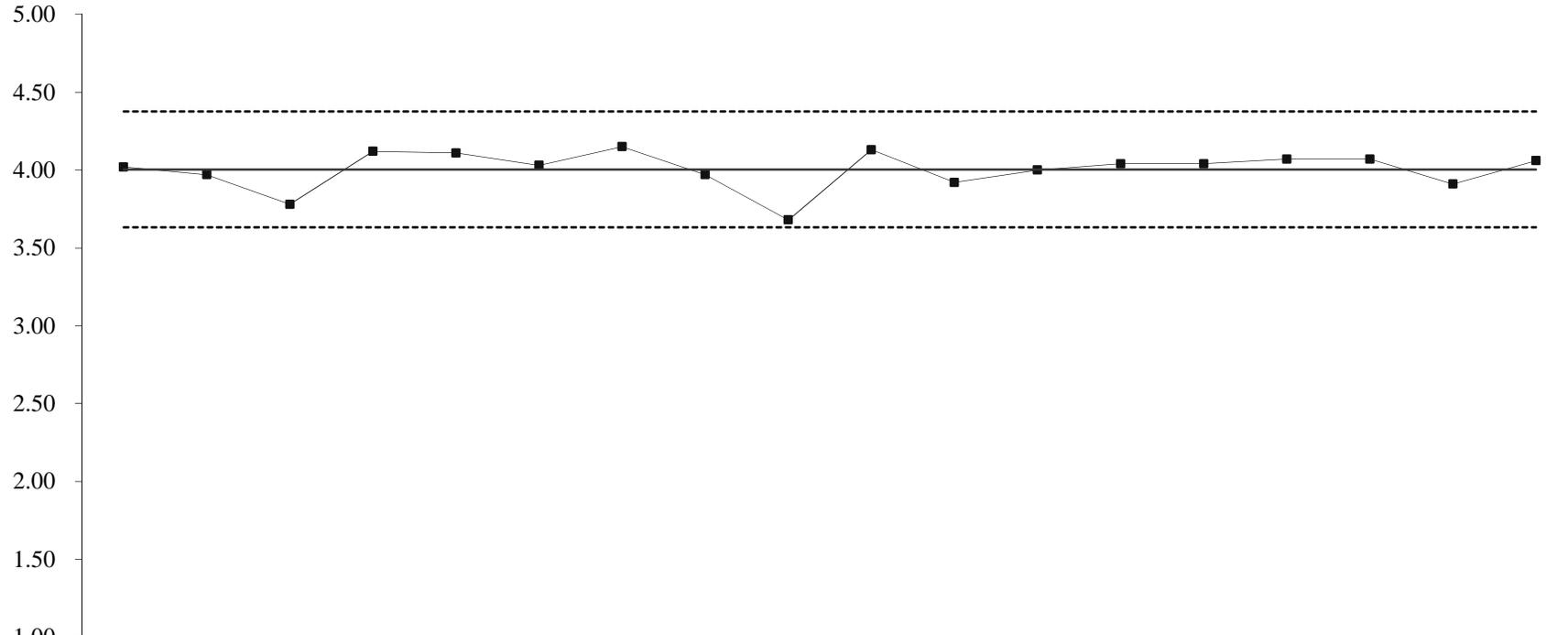
*WCFY - Adolescent Surveys Only

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

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

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

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

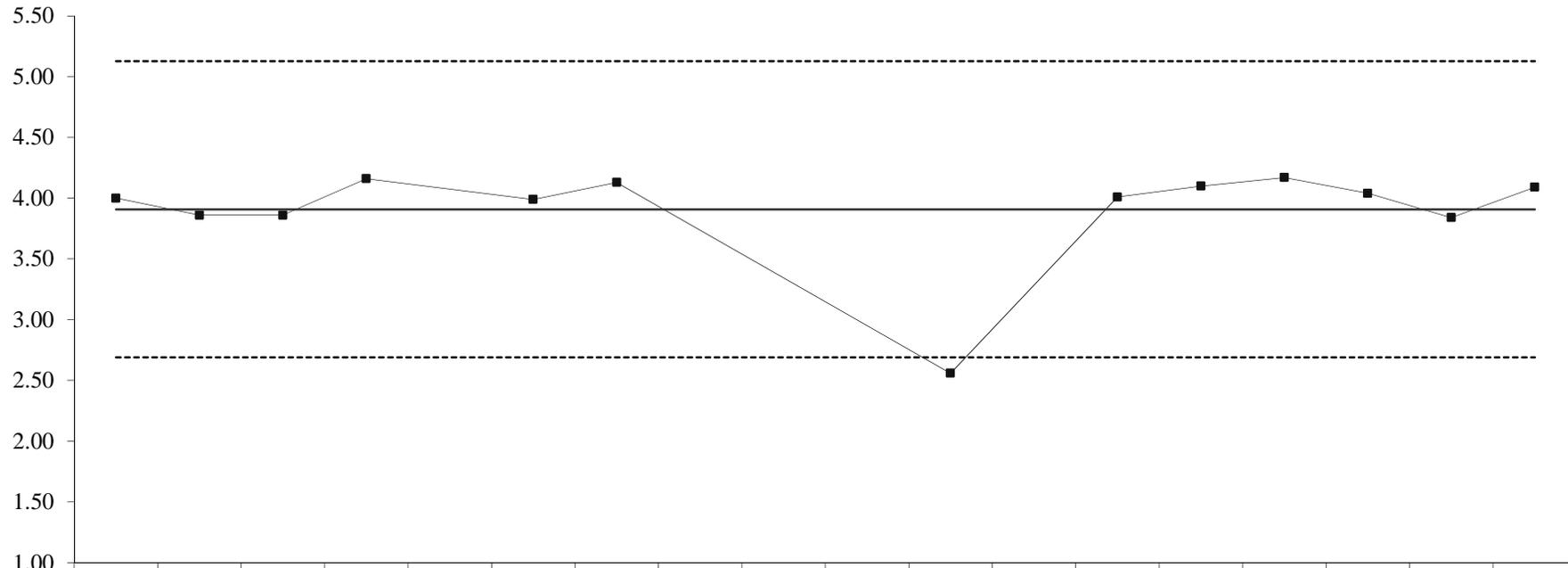


	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.02	3.97	3.78	4.12	4.11	4.03	4.15	3.97	3.68	4.13	3.92	4.00	4.04	4.04	4.07	4.07	3.91	4.06
Surveys	365	437	390	376	356	293	278	290	182	217	239	264	343	323	339	300	372	307
Discharges	1071	1158	1284	1095	1204	1189	10313	1131	899	874	950	927	890	910	882	863	987	891
% Sampled	34%	38%	30%	34%	30%	25%	3%	26%	20%	25%	25%	28%	39%	35%	38%	35%	38%	34%
----- UCL	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38
——— 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	3.63	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
Austin State Hospital

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

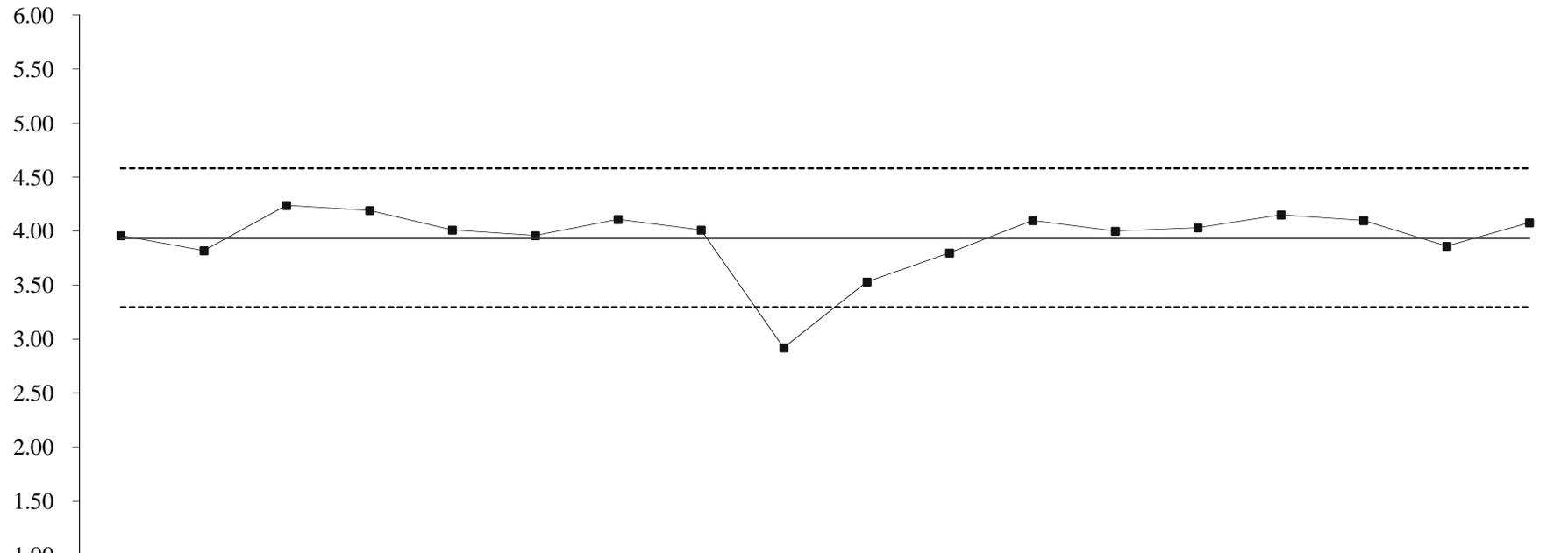


	Mar-13	Apr	May	Jun	Jul*	Aug	Sep	Oct*	Nov*	Dec*	Jan-14	Feb*	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.00	3.86	3.86	4.16		3.99	4.13				2.56		4.01	4.10	4.17	4.04	3.84	4.09
Surveys	79	98	18	37	0	40	9	0	0	0	1		87	38	55	43	39	52
Discharges	301	296	329	252	307	292	262	248	244	231	223		203	190	180	161	190	172
% Sampled	26%	33%	5%	15%	0%	14%	3%	0%	0%	0%	0%	0%	43%	20%	31%	27%	21%	30%
----- UCL	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13	5.13
———— Avg	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91
----- LCL	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69

*No Survey Done

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

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

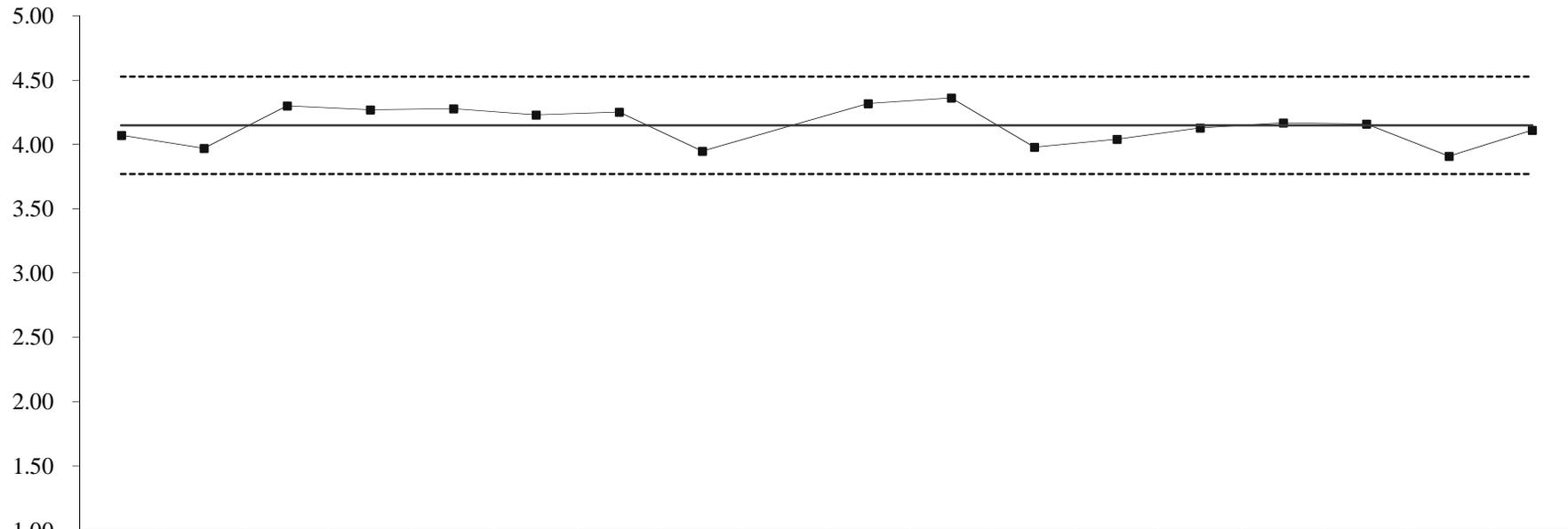


	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.96	3.82	4.24	4.19	4.01	3.96	4.11	4.01	2.92	3.53	3.80	4.10	4.00	4.03	4.15	4.10	3.86	4.08
Surveys	19	15	15	8	4	5	8	10	6	8	2	5	4	6	9	6	11	8
Discharges	67	73	80	43	58	66	53	60	40	56	43	32	42	42	63	43	41	49
% Sampled	28%	21%	19%	19%	7%	8%	15%	17%	15%	14%	5%	16%	10%	14%	14%	14%	27%	16%
----- UCL	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58	4.58
———— Avg	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
----- LCL	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29	3.29

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
(Expectation is Average Score ≥ 3.60)

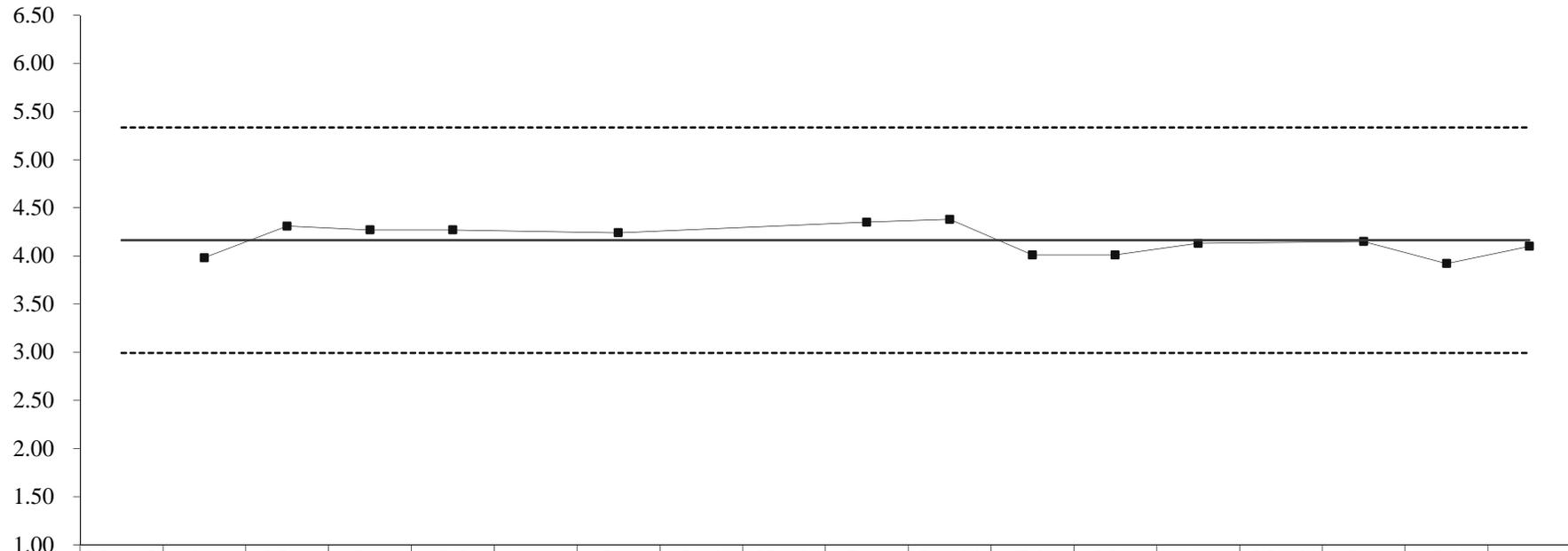


	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	4.07	3.97	4.30	4.27	4.28	4.23	4.25	3.95		4.32	4.36	3.98	4.04	4.13	4.17	4.16	3.91	4.11
Surveys	24	24	25	26	29	30	34	33	0	22	21	23	24	28	24	26	25	19
Discharges	79	92	88	90	93	108	95	87	80	74	72	77	79	93	74	83	86	84
% Sampled	30%	26%	28%	55%	31%	28%	55%	38%	0%	55%	29%	30%	30%	30%	32%	31%	29%	23%
----- UCL	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53	4.53
———— 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	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77

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

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

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



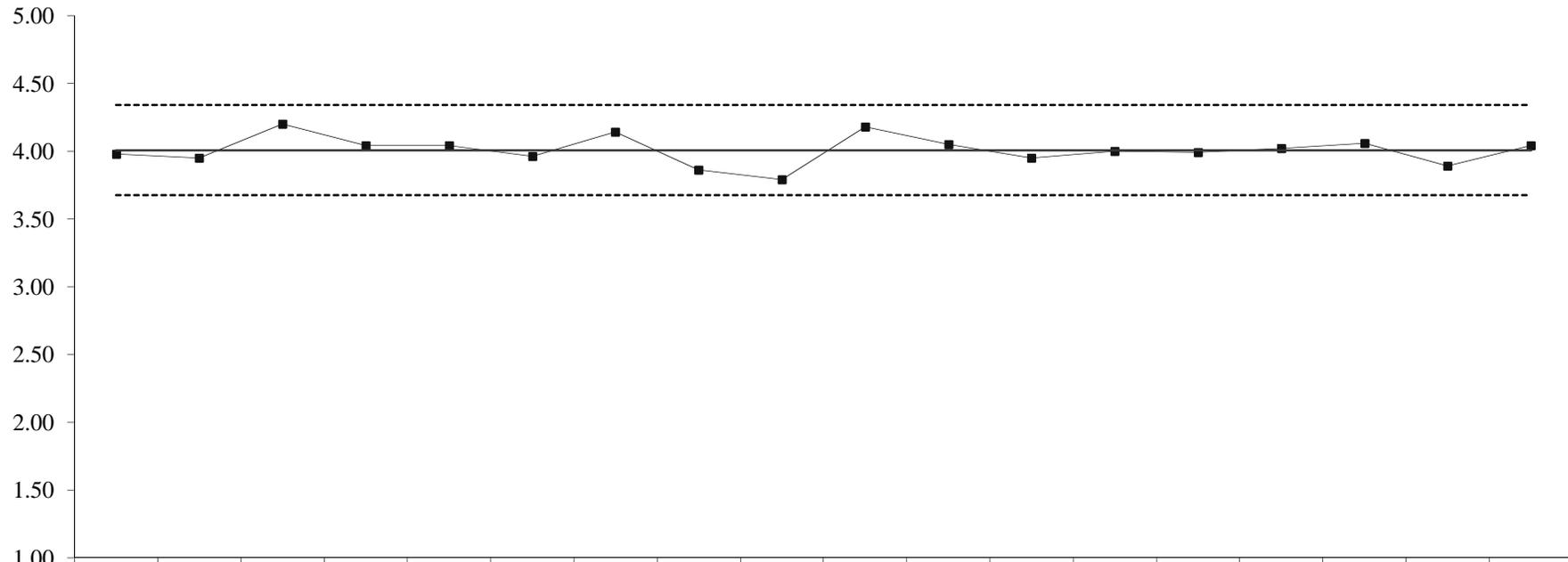
	Mar-13	Apr	May	Jun	Jul	Aug*	Sep	Oct*	Nov*	Dec	Jan-14	Feb	Mar	Apr	May*	Jun	Jul	Aug
—■— Score		3.98	4.31	4.27	4.27		4.24			4.35	4.38	4.01	4.01	4.13		4.15	3.92	4.10
Surveys		2	3	1	2	0	4	0	0	2	2	1	2	4		3	6	4
Discharges	2	7	5	8	6	5	12	15	4	2	3	5	3	8	4	9	11	8
% Sampled	0%	29%	60%	13%	33%	0%	33%	0%	0%	100%	67%	20%	67%	50%	0%	33%	55%	50%
----- UCL	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33
—— Avg	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
----- LCL	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99

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

*No Survey Done

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

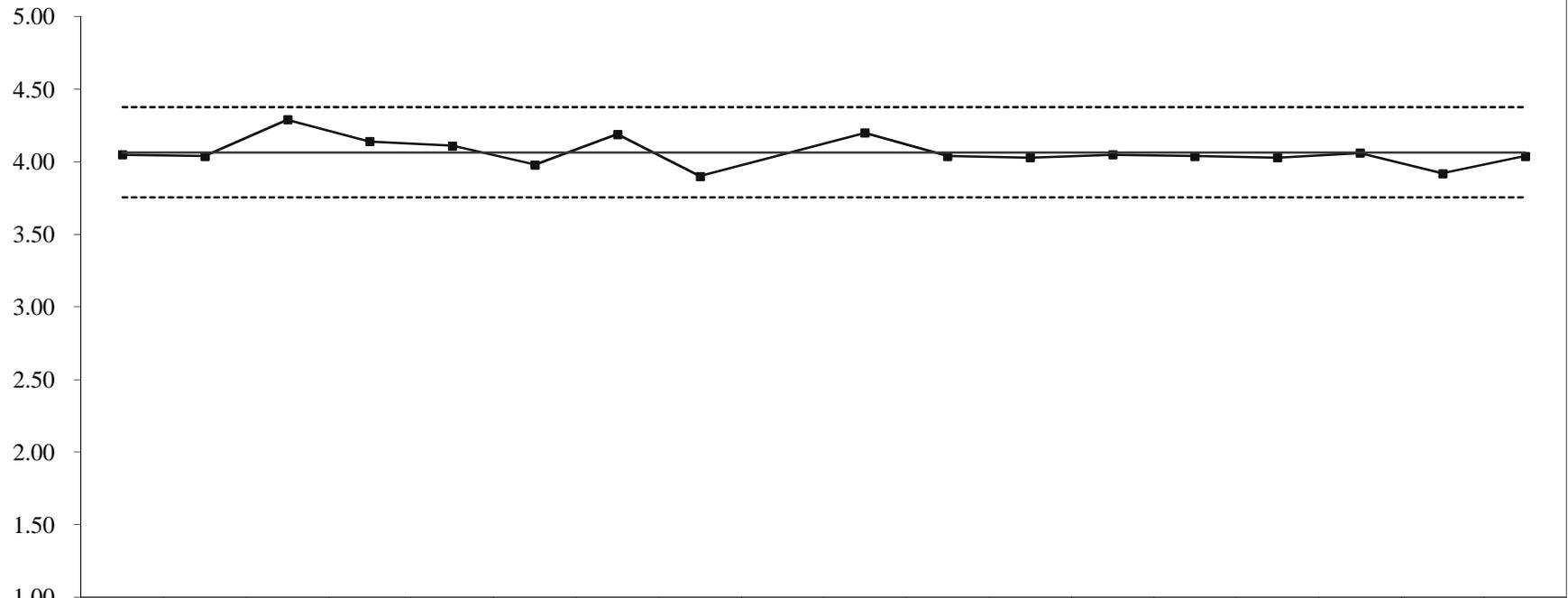
Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.98	3.95	4.20	4.04	4.04	3.96	4.14	3.86	3.79	4.18	4.05	3.95	4.00	3.99	4.02	4.06	3.89	4.04
Surveys	30	36	27	36	32	28	20	47	21	39	34	29	37	51	41	36	72	32
Discharges	174	180	201	199	188	192	168	193	133	137	167	130	136	165	151	173	162	156
% Sampled	17%	20%	13%	18%	17%	15%	12%	24%	16%	28%	20%	22%	27%	31%	27%	21%	44%	21%
----- 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	4.01	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	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68

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

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

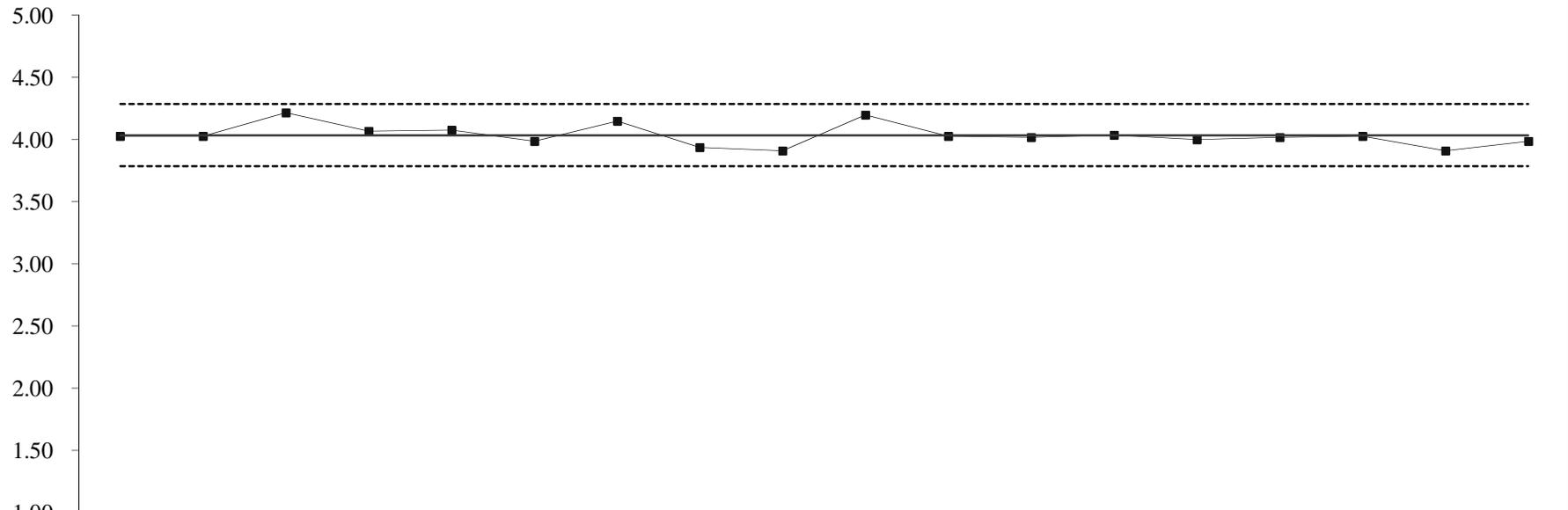


	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul*	Aug
—■— Score	4.05	4.04	4.29	4.14	4.11	3.98	4.19	3.90		4.20	4.04	4.03	4.05	4.04	4.03	4.06	3.92	4.04
Surveys	22	38	50	56	43	25	45	20	0	7	19	29	46	38	34	2	52	25
Discharges	48	69	91	91	75	74	81	80	44	30	44	40	56	54	51	43	72	56
% Sampled	46%	55%	55%	62%	57%	34%	56%	25%	0%	23%	43%	73%	82%	70%	67%	5%	72%	45%
----- UCL	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38
———— Avg	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07	4.07
----- LCL	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75

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

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

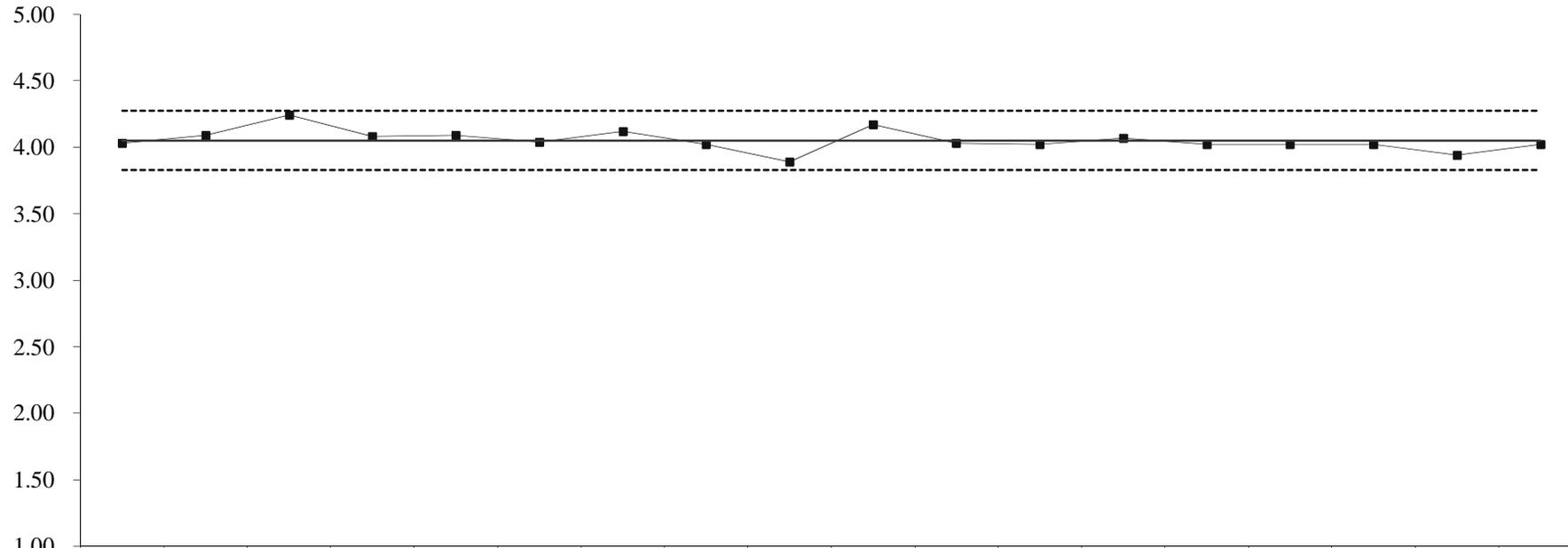
Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.03	4.03	4.22	4.07	4.08	3.99	4.15	3.94	3.91	4.20	4.03	4.02	4.04	4.00	4.02	4.03	3.91	3.99
Surveys	25	32	24	37	45	36	26	32	17	26	26	34	38	40	37	37	35	41
Discharges	45	62	55	63	71	64	43	43	32	42	42	57	65	53	61	57	83	59
% Sampled	56%	52%	44%	59%	63%	56%	60%	74%	53%	62%	62%	60%	58%	75%	61%	65%	42%	69%
----- UCL	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29
———— Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
----- LCL	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79

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

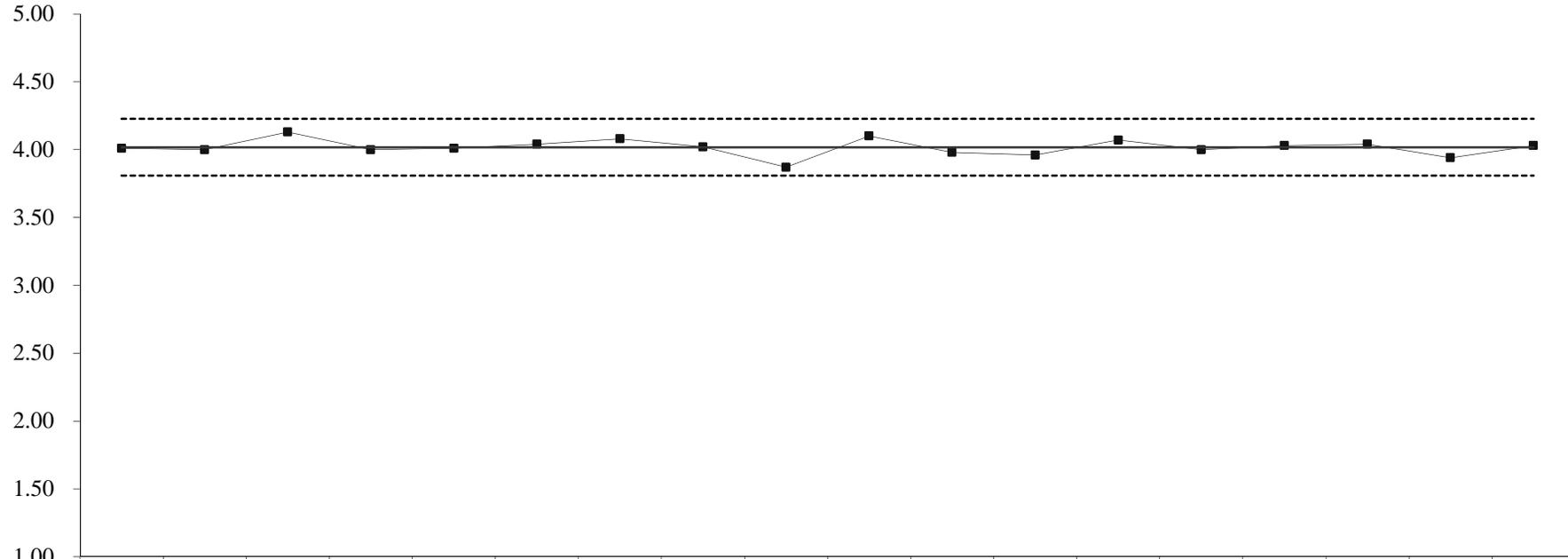
Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	4.03	4.09	4.24	4.08	4.09	4.04	4.12	4.02	3.89	4.17	4.03	4.02	4.07	4.02	4.02	4.02	3.94	4.02
Surveys	50	62	82	58	70	46	56	51	57	46	60	54	52	35	47	34	41	53
Discharges	133	150	181	135	151	175	141	168	130	141	151	159	148	107	110	92	142	107
% Sampled	38%	41%	45%	43%	46%	26%	40%	30%	44%	33%	40%	34%	35%	33%	43%	37%	29%	50%
----- UCL	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27
—— Avg	4.05	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	3.83	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

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

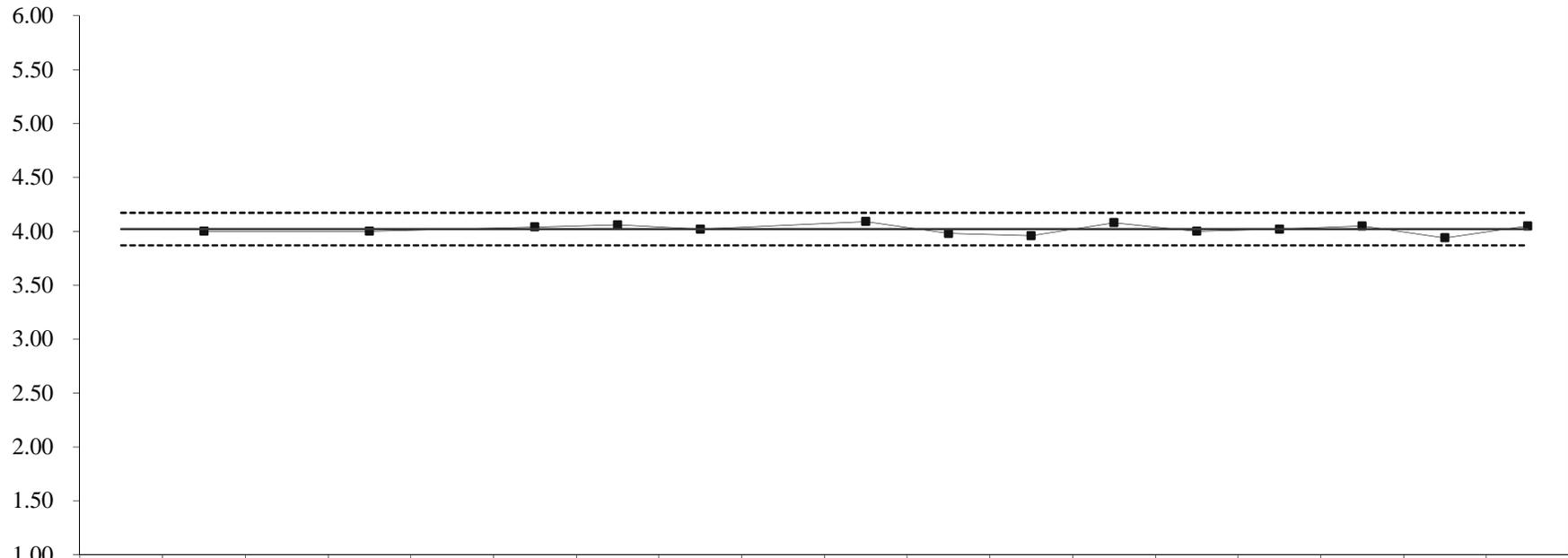
Adults & Adolescents will be Satisfied with Care
(Expectation is Average Score ≥ 3.60)



	Mar-13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	4.01	4.00	4.13	4.00	4.01	4.04	4.08	4.02	3.87	4.10	3.98	3.96	4.07	4.00	4.03	4.04	3.94	4.03
Surveys	116	126	146	116	131	77	69	95	81	65	71	85	42	71	83	101	80	70
Discharges	210	222	245	204	238	200	160	218	183	156	196	183	147	178	172	184	181	184
% Sampled	55%	57%	60%	57%	55%	39%	43%	44%	44%	42%	36%	46%	29%	40%	48%	55%	44%	38%
----- 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	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
----- LCL	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81

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

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



	Mar-13	Apr	May*	Jun	Jul*	Aug	Sep	Oct	Nov*	Dec	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score		4.00		4.00		4.04	4.06	4.02		4.09	3.98	3.96	4.08	4.00	4.02	4.05	3.94	4.05
Surveys		4		1	0	6	7	2	0	2	3	4	11	12	9	12	11	3
Discharges	12	7	9	10	17	13	16	19	9	5	9	13	11	20	16	18	19	16
% Sampled	0%	57%	0%	10%	0%	46%	44%	11%	0%	40%	33%	31%	100%	60%	56%	67%	58%	19%
----- UCL	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17
——— Avg	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
----- LCL	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87

*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.

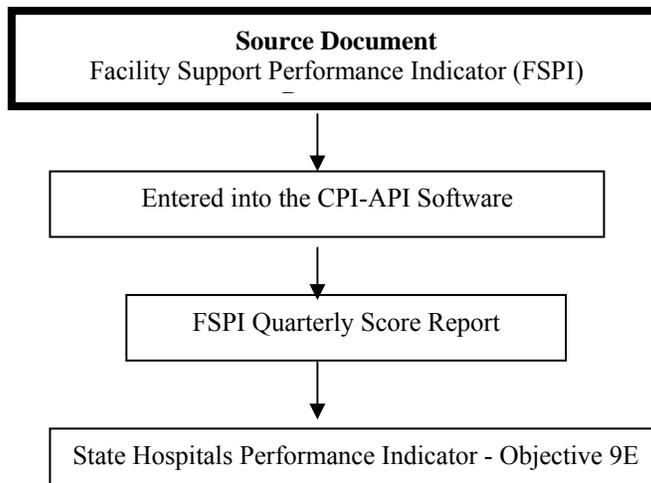
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

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:

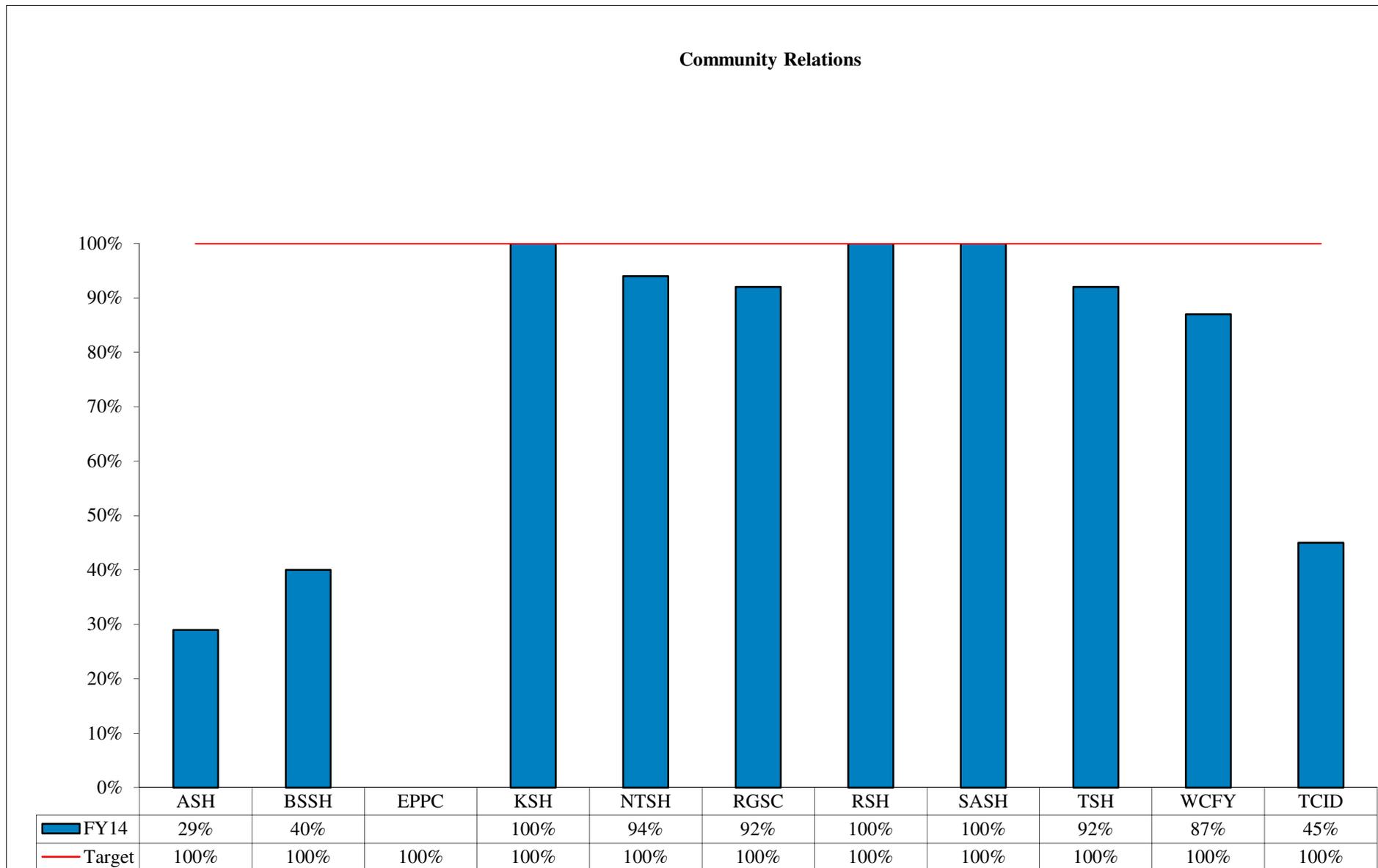


Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2014

	Q1		Q2		Q3	Q4
	Pharmacy Control	Medication Room Controls	Procurement Card Controls	Competency Training & Development	Facility Plant Maintenance	Community Relations
Compliance Target	100%	100%	100%	100%	100%	100%
State Hospital Totals	94%	96%	87%	89%	96%	78%
Austin State Hospital	100%	100%	100%	100%	100%	29%
Big Spring State Hospital	94%	100%	73%	100%	85%	40%
El Paso Psychiatric Center	94%	100%	82%	89%	100%	
Kerrville State Hospital	94%	88%	82%	100%	100%	100%
North Texas State Hospital	88%	100%	100%	100%	100%	94%
Rio Grande State Center	91%	86%	100%	100%	85%	92%
Rusk State Hospital	100%	100%	91%	78%	100%	100%
San Antonio State Hospital	94%	100%	64%	100%	100%	100%
Terrell State Hospital	94%	100%	100%	100%	100%	92%
Waco Center For Youth	CF	83%	91%	78%	91%	87%
Texas Center for Infectious Disease	CF	100%	73%	33%	CF	45%

*CF = Contract Facility

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2014
Community Relations



GOAL 10: Infection Control

Performance Measure 10A:

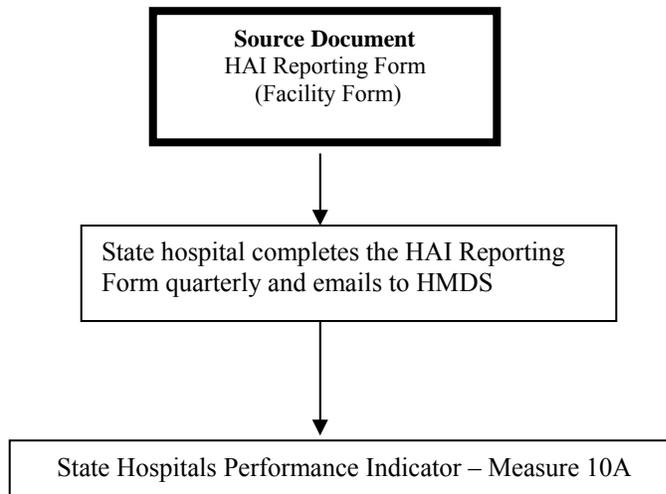
Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

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 - FY2014 (As of August 31, 2014)



Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	2	3	0	11	5	0	0	8	2	31
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	1	0	0	0	1	0	2	2	0	6
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	1	9	0	1	0	0	5	2	2	20
Gastrointestinal System Infection	0	0	0	1	0	0	0	1	0	2
Lower Respiratory Infection, other than Pneumonia	3	8	0	0	0	0	0	2	0	13
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	0
Reproductive Tract Infection	0	6	0	0	0	0	0	1	0	7
Skin and Soft Tissue Infection	1	10	0	0	1	0	1	8	0	21
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	8	36	0	13	7	0	8	24	4	100
Rate Per 1,000 Beddays	0.8	6.2	0.0	2.0	1.2	0.0	1.0	2.8	1.0	2.0

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014 (As of August 31, 2014)



Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	3	31	0	17	30	5	1	22	14	3	126
Surgical Site Infection	0	0	0	1	0	1	0	0	0	0	2
Pneumonia	6	5	0	2	3	1	8	4	0	0	29
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	6	78	6	19	12	1	78	30	25	0	255
Gastrointestinal System Infection	0	9	0	3	1	0	0	7	0	3	23
Lower Respiratory Infection, other than Pneumonia	1	66	0	0	5	1	1	11	0	0	85
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	0	0
Reproductive Tract Infection	0	59	0	1	5	0	0	14	0	0	79
Skin and Soft Tissue Infection	13	92	9	8	15	3	32	73	10	0	255
Systemic Infection	0	0	0	9	0	0	0	0	0	1	10
Other	0	0	0	0	0	0	0	0	0	0	0
Total	29	340	15	60	71	12	120	161	49	7	864
Rate Per 1,000 Beddays	0.4	5.4	0.7	0.9	0.4	0.7	1.0	1.9	0.6	0.6	1.2

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014 (As of August 31, 2014)



Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	1	0	1	8	10
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	2	0	3	3	5	12	25
Gastrointestinal System Infection	2	0	0	2	0	0	4
Lower Respiratory Infection, other than Pneumonia	0	0	2	0	0	0	2
Upper Respiratory Infection	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	0	5	0	0	5
Skin and Soft Tissue Infection	5	1	2	7	2	14	31
Systemic Infection	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	9	1	8	17	8	34	77
Rate Per 1,000 Beddays	1.1	0.6	0.3	2.1	0.8	1.2	0.9

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014 - Q4

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	0	0	0	0	1	0	0	2	1	4
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0	1	0	1
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	3	0	0	0	0	0	0	1	4
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	3	0	0	0	0	0	1	0	4
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	0
Reproductive Tract Infection	0	2	0	0	0	0	0	0	0	2
Skin and Soft Tissue Infection	0	2	0	0	0	0	0	1	0	3
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	0	10	0	0	1	0	0	5	2	18
Rate Per 1,000 Beddays	0.0	9.0	0.0	0.0	0.6	0.0	0.0	2.3	1.6	1.4

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014 - Q4

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	0	8	0	3	11	0	0	8	2	3	35
Surgical Site Infection	0	0	0	0	0	1	0	0	0	0	1
Pneumonia	0	2	0	0	2	0	2	0	0	0	6
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	17	2	4	1	0	8	7	4	0	43
Gastrointestinal System Infection	0	3	0	0	0	0	0	1	0	0	4
Lower Respiratory Infection, other than Pneumonia	0	13	0	0	1	0	1	1	0	0	16
Upper Respiratory Infection	0	0	0	0	0	0	0	0	0	0	0
Reproductive Tract Infection	0	11	0	0	0	0	0	2	0	0	13
Skin and Soft Tissue Infection	5	28	4	1	8	0	9	15	2	0	72
Systemic Infection	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Total	5	82	6	8	23	1	20	34	8	3	190
Rate Per 1,000 Beddays	0.3	5.4	1.1	0.5	0.5	0.2	0.7	1.6	0.4	0.9	1.1

**Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - FY2014 - Q4**

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	0	0	0	0	0
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	1	0	1	0	2
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0
Upper Respiratory Infection	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	0	1	0	0	1
Skin and Soft Tissue Infection	0	0	0	1	1	2	4
Systemic Infection	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	0	0	1	2	2	2	7
Rate Per 1,000 Beddays	0.0	0.0	0.1	1.0	0.9	0.3	0.3

Texas Center for Infectious Disease (TCID) Data Sheet

FY13

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	36	34	39	37	36
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	3	16	12	2	33
O 4B	Number of Medication Errors that Reached the Patient	0	12	5	2	19
M 5A	Number of New Patients to System	16	16	19	12	63
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	0
M 6A	Number of Patient Injuries	1	7	1	11	20
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	12	10	6	8	36
M 10A	Facility Healthcare Associated Infection	0	1	2	1	4

FY14

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	35	31	35	38	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	13	4	6	9	32
O 4B	Number of Medication Errors that Reached the Patient	12	1	3	6	22
M 5A	Number of New Patients to System	15	14	19	15	63
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	0
M 6A	Number of Patient Injuries	11	7	10	8	36
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	6	6	2	9	23
M 10A	Facility Healthcare Associated Infection	2	2	1		5

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?

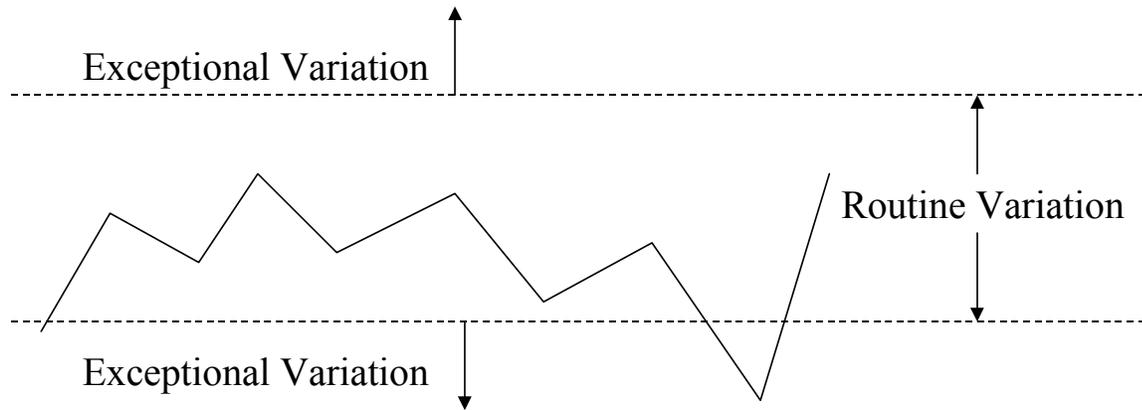
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

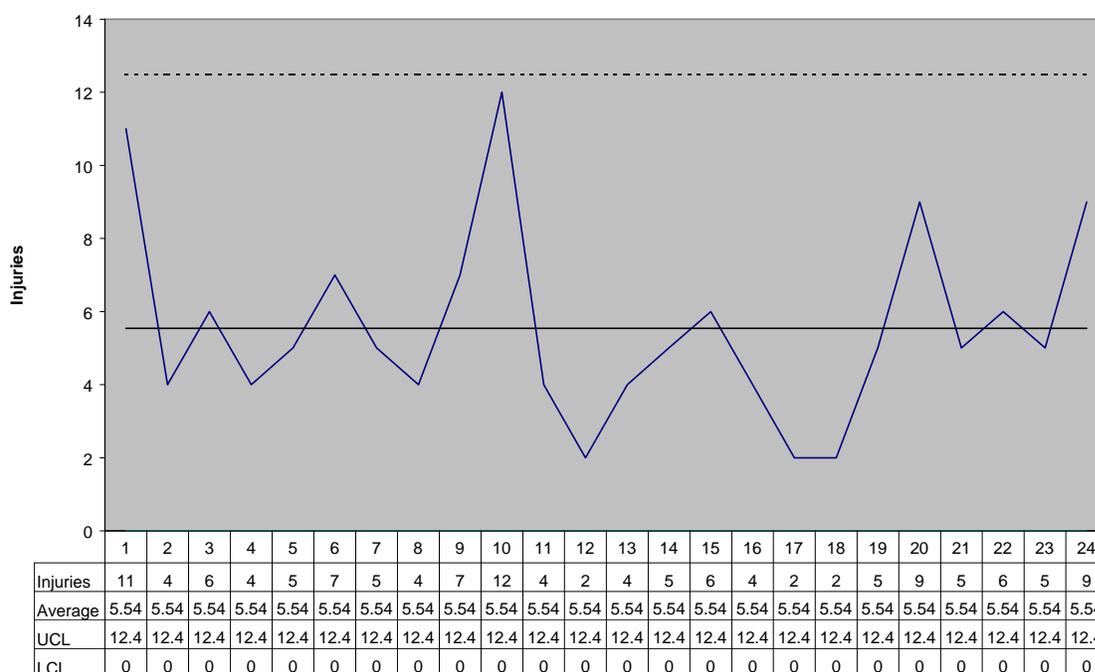
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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