

Health and Human Services Commission
Department of State Health Services
State Hospitals Section
Mission, Vision, Goals and
2010 Management Plan

Statewide Performance Indicators
3rd Quarter FY 2010

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THE MISSION OF TEXAS STATE GOVERNMENT

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

HEALTH AND HUMAN SERVICES PRIORITY GOAL

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

HEALTH AND HUMAN SERVICES

OVERVIEW

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

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

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

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

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

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

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

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

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

Promote and protect good health:

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

Achieve economic self-sufficiency:

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

Ensure safety and dignity:

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

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

A healthy Texas.

MISSION

To improve health and well-being in Texas.

GOALS

Goal 1: Preparedness and Prevention Services

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

Goal 2: Community Health Services

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

Goal 3: Hospital Services

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

Goal 4: Consumer Protection Services

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

DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

MISSION

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

DSHS STATE HOSPITALS SECTION

VISION

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

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

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

STATE HOSPITALS SECTION

FY2010 MANAGEMENT PLAN

The State Hospitals Section FY 2010 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

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

PERFORMANCE MEASURES:

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

REQUIRED REPORTING TO GOVERNING BODY:

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

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

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

Outcome Measures:

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

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

Output Measures:

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

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

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

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

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

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

Efficiency Measures:

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

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

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

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

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

Explanatory Measures:

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

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

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
<p>GOAL 1: PROVIDE LEADERSHIP - The leadership of the State Hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on a safe and therapeutic environment. This goal also addresses the relationship between the Superintendent, the Governing Body and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and, maximizing reimbursement potential.</p>			
O - 1A	Monitor outside medical costs for civil and forensic patients.	LD.04.01.03	State Hospitals
O - 1B	MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY10.	LD.04.01.01	State Hospitals
O - 1C	MEET FY10 REVENUE TARGETS FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS TO SATISFY METHODS OF FINANCE.	LD.04.01.03	State Hospitals
O - 1D	Update the Funding Methodology which identifies the relationship between the State Psychiatric Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2010.	LD.04.01.03	State Hospitals Section
O - 1E	OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT HAS BEEN ALLOCATED AND PROJECTED FOR THE HOSPITAL INPATIENT SERVICES.	LD.04.01.03	Psychiatric Hospitals
O - 1F	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2010.	LD.01.01.01	State Hospitals Section
O - 1G	Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.	LD.04.04.05	State Hospitals
O - 1H	Use the Joint Commission Culture of Safety Assessment tool, completed by all the State Hospitals, for assessing system-wide opportunities for safety improvement.	LD.04.04.05	CPIC
O - 1I	Work with DSHS and DADS to develop a funding methodology for patients admitted on consignment from the state school system.	LD.04.01.03	State Hospitals Section

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 1J	Monitor and analyze patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit, including the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.	LD.04.01.11	State Hospitals
O - 1K	Facilitate the identification of needs to be addressed toward an improved forensic continuum of care, in collaboration with internal and external stakeholders. A report summarizing the process used to identify needs, the stakeholders involved, findings and recommendations, will be submitted to the Director of the State Hospitals Section by April 1, 2010.	LD.04.01.07	Forensic Services Committee
O - 1L	Identify needs and opportunities for coordinating shared training of inpatient staff and community based staff on forensic issues, and make recommendations for same to the Director of State Hospitals by January 1, 2010.	HR.01.05.03	Forensic Services Committee
O - 1M	Report progress on prioritized implementation of the Six Core Strategies and Philosophy of restraint and seclusion reduction quarterly to the COC and semiannually to the Governing Body.	PC.03.03.01	State Hospitals
O - 1N	Continue to evaluate findings from the Joint Commission Self Assessment Tool for implementation and report progress.	RI.01.01.01	State Hospitals
O - 1O	Author at least one article for publication in agency newsletters aimed at changing the community held perception of the forensic patient as a mentally ill criminal.	LD.03.04.01	Forensic Services Committee
O - 1P	Revise the Staffing Plan for a Pod of 24 Patients.	LD.04.01.05	ECGB
M - 1A	CALCULATE AVERAGE COST PER PATIENT SERVED.	LD.04.01.03	State Hospitals
M - 1B	CALCULATE COST PER OCCUPIED BED.	LD.04.01.03	State Hospitals
M - 1C	CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.	LD.04.01.03	State Hospitals
M - 1D	CALCULATE NUMBER OF INPATIENT DAYS.	LD.04.01.03	TCID
M - 1E	Calculate average cost of outpatient visits.	LD.04.01.03	TCID and RGSC
M - 1F	Calculate contract cost.	LD.04.01.03	TCID

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
<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	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.	RI.01.06.03 PC.01.02.09	State Hospitals
O - 2B	Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Fire Marshall and etc.)	LD.04.01.01	State Hospitals
O - 2C	ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.	RI.01.07.01	State Hospitals
<p>GOAL 3: PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT - The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's local health authority, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.</p>			
O - 3A	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE WITH A GOAL OF ZERO.	HBIPS 1. PC.03-03-02	State Hospitals
O - 3B	UTILIZE THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.	PC.03.03.09,11,13,15,17,19,23,25,27,29 RC.02.01.05	Psychiatric Hospitals
O - 3C	REPORT ON PATIENTS TREATED IN ACCORDANCE WITH MEDICATION GUIDELINES AS MEASURED BY: MATCHING DIAGNOSIS TO APPROPRIATE ALGORITHM AT THE TIME OF DISCHARGE.	LD.04.04.07	Psychiatric Hospitals
O - 3D	MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.	IM.04.01.01	State Hospitals
O - 3E	Review the treatment planning process and revise to improve compliance with regulatory requirements.	PC.01.03.01	COC

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 3F	Report on implementation of standardized process for suicide assessment and reassessment.	NPSG.15.01.01	Psychiatric Hospitals
O - 3G	Reevaluate Texas Implementation of Medication Algorithm (TIMA).	LD.04.04.07	MHSA
M - 3A	MEASURE GLOBAL ASSESSMENT OF FUNCTIONS (GAF) IMPROVEMENT IN PATIENT TREATMENT OUTCOMES SHOWING THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED AND THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED.	PC.01.02.03	Psychiatric Hospitals
M - 3B	Report the number of patients treated to cure.	P1.01.01.01	TCID
M - 3C	Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.	P1.01.01.01	TCID
GOAL 4: IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES - An effective and safe medication management system involves multiple services and disciplines working closely together to reduce practice variation, errors, and misuse. Hospitals monitor medication management processes, standardize equipment and processes associated with medication management and handle all medication in the same manner.			
O - 4A	Evaluate medication management systems and report annually.	MM.08.01.01	State Hospitals
O - 4B	IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.	PI.01.01.01,14	State Hospitals
O - 4C	Report on the implementation of the MediMAR system, including any recommendations for system improvement.	MM.06.01.01	Psychiatric Hospitals
M - 4A	ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.	P1.01.01.01	Psychiatric Hospitals
M - 4B	ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS.	LD.04.01.03	Psychiatric Hospitals
M - 4C	ANALYZE AND REPORT THE COST OF TB MEDICATIONS.	LD.04.01.03	TCID
M - 4D	REPORT SCAN RATES FOR MEDICATIONS ADMINISTERED UTILIZING MEDIMAR SYSTEM.	MM.08.01.01	Psychiatric Hospitals
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.			

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 5A	REPORT ON DISCHARGE OR TRANSFER OF DUALY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY.	PC.02.02.01	Psychiatric Hospitals
O - 5B	Maintain a current Utilization Management Agreement with Local Mental Health Authorities.	PC.02.02.01	Psychiatric Hospitals
O - 5C	Report quarterly patients having been in the State Psychiatric Hospital over 365 days. Identified by four categories: 1) need continued hospitalization, (civil/forensic); 2) accepted for placement; 3) barrier to placement, and 4) criminal court involvement. The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.	PC.02.02.01	Psychiatric Hospitals
O - 5D	Develop and implement a transportation plan as part of the continuity of care for every patient discharged.	PC.04.01.01	State Hospitals
M - 5A	CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.	PC.01.01.01	State Hospitals
M - 5B	CALCULATE PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY; 7 DAYS OR LESS; 8 TO 30 DAYS, 31 TO 90 DAYS; GREATER THAN 90 DAYS.	PC.01.01.01	Psychiatric Hospitals
M - 5C	REPORT NUMBER OF ADMISSION; AVERAGE LENGTH OF STAY; NUMBER OF OUTPATIENT ADMISSIONS; NUMBER OF DISCHARGES BY CATEGORIES (TUBERCULOSIS, MULTI-DRUG RELATED TUBERCULOSIS [MDRTB], EXTENSIVELY DRUG RESISTANT TUBERCULOSIS [XDRTB]).	PC.01.01.01	TCID
M - 5D	CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND ALL DISCHARGES.	PC.01.01.01	Psychiatric Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
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 a prioritized budget list to address needed environmental and physical plant improvements but for which no centralized designated funds have been allocated.	EC.01.01.01	State Hospitals
O - 6B	MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.	EC.04.01.01	State Hospitals
O - 6C	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.	EC.04.01.01	State Hospitals
O - 6D	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.	HBIPS 1. PC.03.03.03	State Hospitals
O - 6E	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEES INJURED DURING RESTRAINT OR SECLUSION WITH A GOAL OF ZERO.	HBIPS 1. PC.03.03.03	State Hospitals
O - 6F	CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.	HBIPS 1. PC.01.01.01	State Hospitals
O- 6G	ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND DEMONSTRATE EFFORTS TO REDUCE THE RATE OF FALLS WITH A GOAL OF ZERO.	NPSG.09.02.01	State Hospitals
M - 6A	CALCULATE, TREND AND REVIEW RATE OF PATIENT INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 0-17; AGE 18-64; AGE 65-OLDER.	EC.04.01.01,03	State Hospitals
M - 6B	CALCULATE, TREND AND REVIEW RATE OF ON THE JOB EMPLOYEE INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 18-39; AGE 40-64; AGE 65-OLDER.	EC.04.01.01,04	State Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
<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 FY10.	RC.01.04.01	CPIC
O - 7B	Monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50% of the average monthly discharges. Data is trended and performance improvement initiatives are taken as appropriate.	RC.01.04.01 03-04	State Hospitals
O - 7C	Analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.	IM.01.01.02	State Hospitals
O - 7D	MONITOR AND ANALYZE THE CRS DOWNTIME.	IM.01.01.02	Hospital Management Data Services
O - 7E	Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.	MS.13.01.03	State Hospitals Section
O - 7F	Evaluate and report annually to the Governing Body on the use of video-conferencing.	LD.01.04.01	State Hospitals
O - 7G	Report implementation of electronic medical record.	LD.01.04.01	TCID
O - 7H	Report on HBIPS implementation and 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.	PI.01.01.01	State Hospitals
<p>GOAL 8: ASSURE A COMPETENT WORKFORCE - The State Hospitals Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer-employee arrangements or contractual arrangement; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.</p>			

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 8A	ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.	HR.01.05.03	State Hospitals
O - 8B	ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.	HR.01.07.01	State Hospitals
O - 8C	Submit a nurse staffing plan developed by Nursing Staffing Committee to the Governing Body for approval no later than January 31, 2010.	NR.02.02.01	Nursing Staffing Committee
O - 8D	Ensure all Competency and Training Development (CTD) Instructors and Nurse Educators complete the Professional Instructors Training Certification (PiCert®) no later than August 31, 2011.	HR.01.06.01	State Hospitals
M - 8A	COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.	LD.04.03.01	State Hospitals
M - 8B	COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).	LD.04.03.01	State Hospitals
M - 8C	REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)	HR.01.05.03	State Hospitals
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.			
O - 9A	REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.	RI.01.07.01	Psychiatric Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 9B	REPORT ADULT AND ADOLESCENT PATIENTS SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).	PI.01.01.01	Psychiatric Hospitals
O - 9C	Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.	PI.01.01.01	State Hospitals
O - 9D	Conduct a minimum of one patient tracer for each treatment team during FY10. Data collected utilizing tracer methodology will follow the care that individual patients receive, as well as evaluate patient care systems and processes. Information collected will be evaluated by CPIC and reported.	PI.01.01.01	State Hospitals
O - 9E	CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.	PI.01.01.01	State Hospitals
<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.	IC.01.05.01 IC.02.01.01 IC.03.01.01	State Hospitals
O - 10B	Report implementation of State Hospitals Section "Guidelines for Monitoring Hand Hygiene", including results of monitoring.	NPSG.07.01.01	State Hospitals
M - 10A	COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.	IC.02.01.01	State Hospitals

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 10B	Report percentage of employees currently compliant with influenza immunization and percentage of employees who have declined immunization.	IC.02.04.01	State Hospitals
M - 10C	Report rate of pneumococcal and influenza immunization for patients identified as high risk.	IC.02.01.01	State Hospitals
M - 10D	Report Multiple Drug Resistant Organism (MDRO) surveillance and prevention activities, including: MDRO infection rates; compliance with evidence based guidelines or best practices; and percentage of employees who have completed education regarding MDROs.	NPSG.07.03.01	State Hospitals

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GOAL 1: Provide Leadership

Performance Objective 1A:

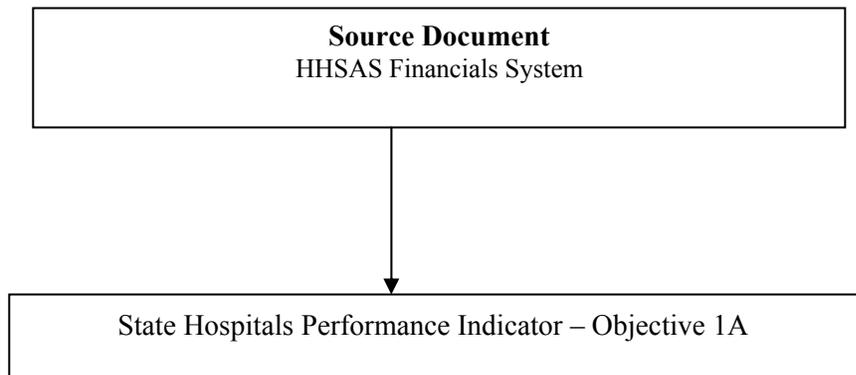
Monitor outside medical costs for civil and forensic patients.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

Outside Medical Cost - FY 2010

Data Not Available

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

Performance Objective 1B:

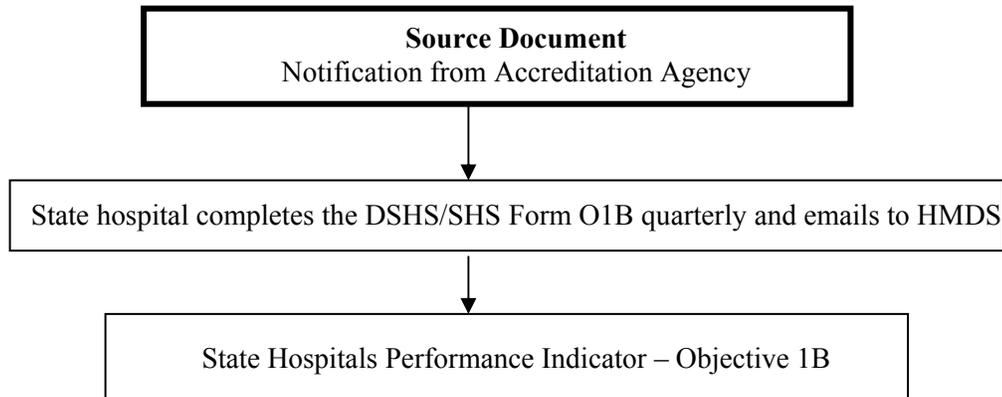
Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2010.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 1B - Maintain Accreditation and Certifications
(As of May 31, 2010)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Nov-09	May-09	Nov-09	Sep-09	Feb-10	Jul-08	Feb-10	Apr-10	Apr-10	Aug-09	Jun-07
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY10	1	0	0	0	0	0	0	0	1	0	0
Medicare Certification											
No. certified beds:	201	156	41	48	100	55	166	208	94	72	N/A
No. of Complaint Visits for Q3	0	0	0	0	0	0	0	1	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	0	1	0	0	N/A
Date of CMS On-Site Survey	Apr-09	Jun-09	Jan-09	Feb-07	Sep-07	May-08		Jan-06	Mar-08		
Date of last IMD Review:	May-10	Jul-09	N/A	Dec-08	Jul-08	N/A	Oct-07	Nov-09	May-08	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-09
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Dec-09	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

Performance Objective 1C:

Meet FY2010 revenue targets for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds will be met by each state hospital, so as, to satisfy specific methods of finance.

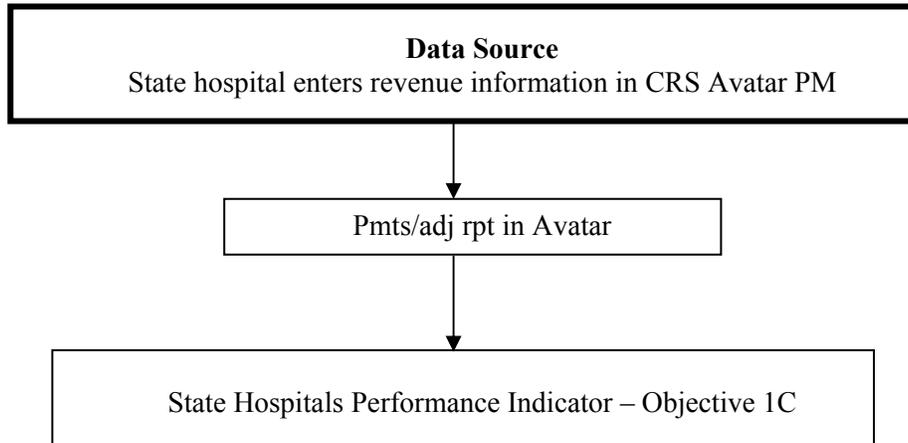
Performance Objective Operational Definition: The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals’ internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

Performance Objective Formula: No formula.

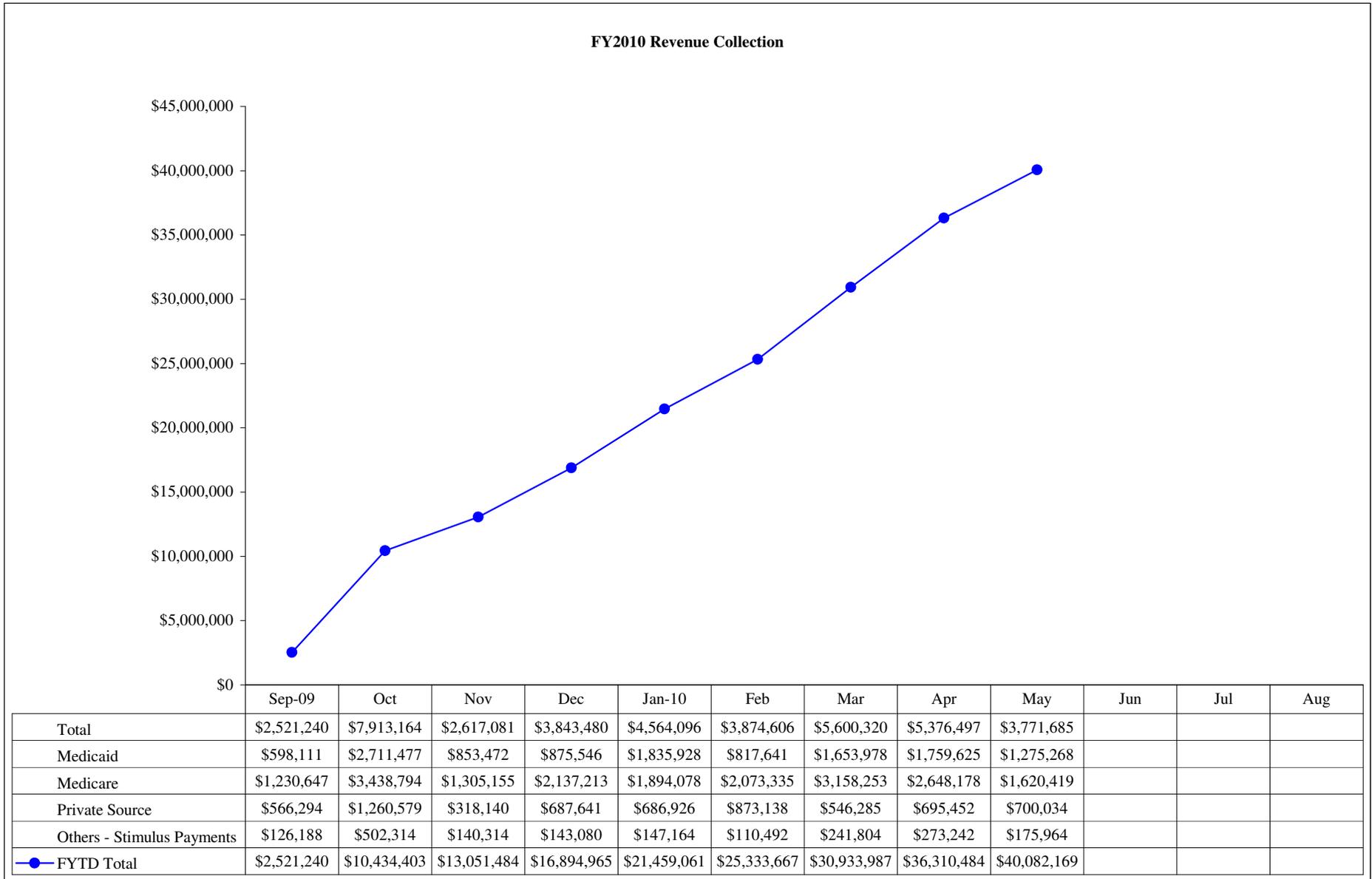
Performance Objective Data Display and Chart Description:

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

Data Flow:

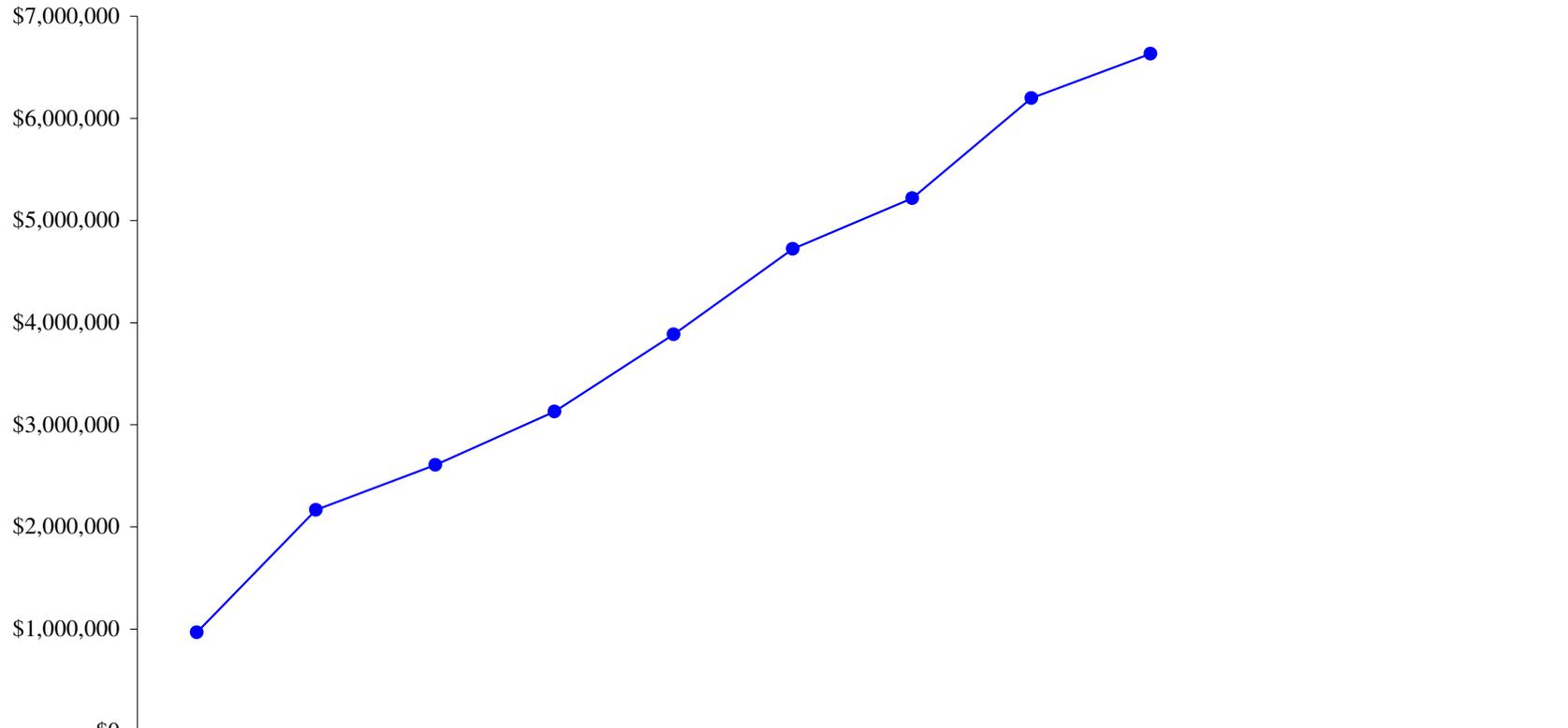


Objective 1C - FY2010 Revenue Targets
All MH Facilities



Objective 1C - FY2010 Revenue Targets
Austin State Hospital

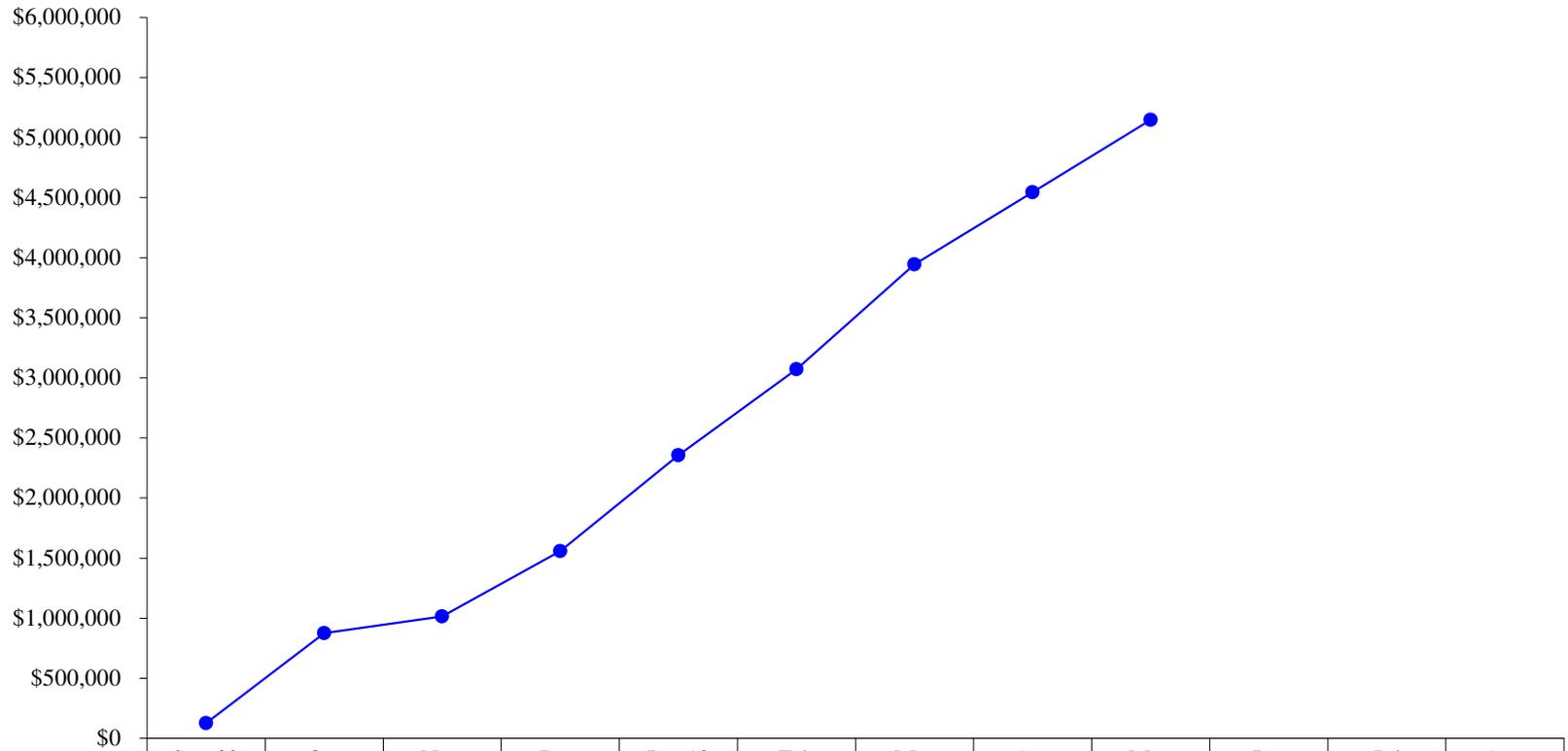
FY2010 Revenue Collection



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$969,536	\$1,198,906	\$438,680	\$523,340	\$753,562	\$838,253	\$496,083	\$980,630	\$432,494			
Medicaid	\$71,484	\$485,923	\$57,551	\$20,332	\$419,748	\$89,945	\$143,860	\$140,435	\$229,247			
Medicare	\$625,328	\$529,452	\$346,215	\$444,752	\$67,956	\$494,844	\$277,235	\$687,095	\$64,545			
Private Source	\$226,252	\$145,238	\$24,462	\$55,422	\$232,108	\$241,980	\$58,332	\$135,323	\$112,596			
Others - Stimulus Payments	\$46,473	\$38,293	\$10,452	\$2,835	\$33,750	\$11,484	\$16,656	\$17,778	\$26,107			
● FYTD Total	\$969,536	\$2,168,442	\$2,607,122	\$3,130,462	\$3,884,024	\$4,722,278	\$5,218,360	\$6,198,990	\$6,631,485			

Objective 1C - FY2010 Revenue Targets
Big Spring State Hospital

FY2010 Revenue Collections



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$125,473	\$750,106	\$139,143	\$544,012	\$798,627	\$715,617	\$872,597	\$599,116	\$601,895			
Medicaid	\$6,199	\$22,987	\$1,724	\$2,313	\$85,960	\$42,641	\$29,324	\$35,330	\$36,338			
Medicare	\$8,267	\$423,691	\$47,918	\$309,712	\$535,514	\$509,921	\$760,672	\$465,030	\$324,620			
Private Source	\$107,669	\$303,428	\$89,501	\$231,987	\$177,153	\$163,055	\$82,602	\$98,756	\$240,937			
Others - Stimulus Payments	\$3,338	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
● FYTD Total	\$125,473	\$875,580	\$1,014,723	\$1,558,734	\$2,357,361	\$3,072,978	\$3,945,576	\$4,544,692	\$5,146,586			

Objective 1C - FY2010 Revenue Targets
El Paso Psychiatric Center

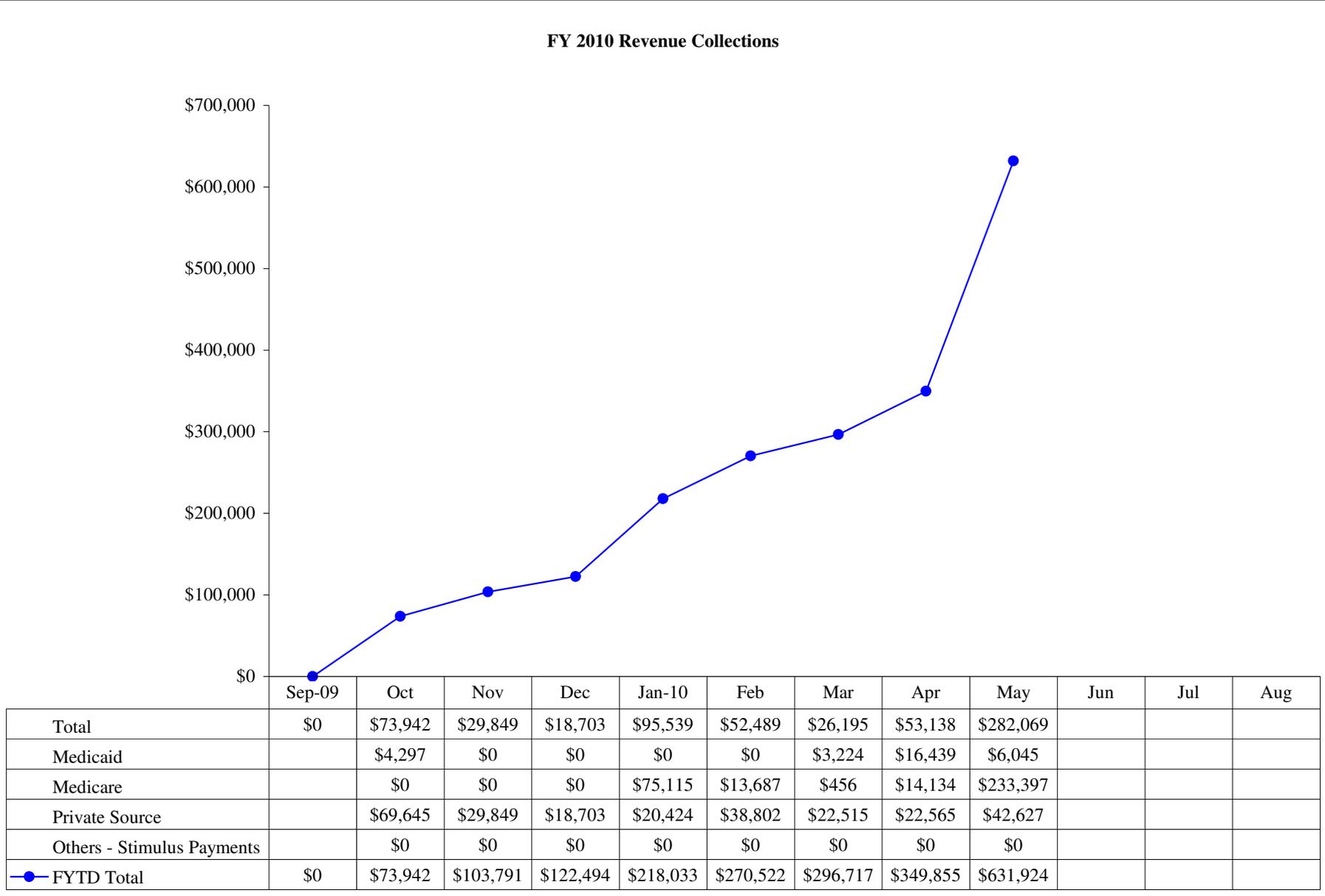
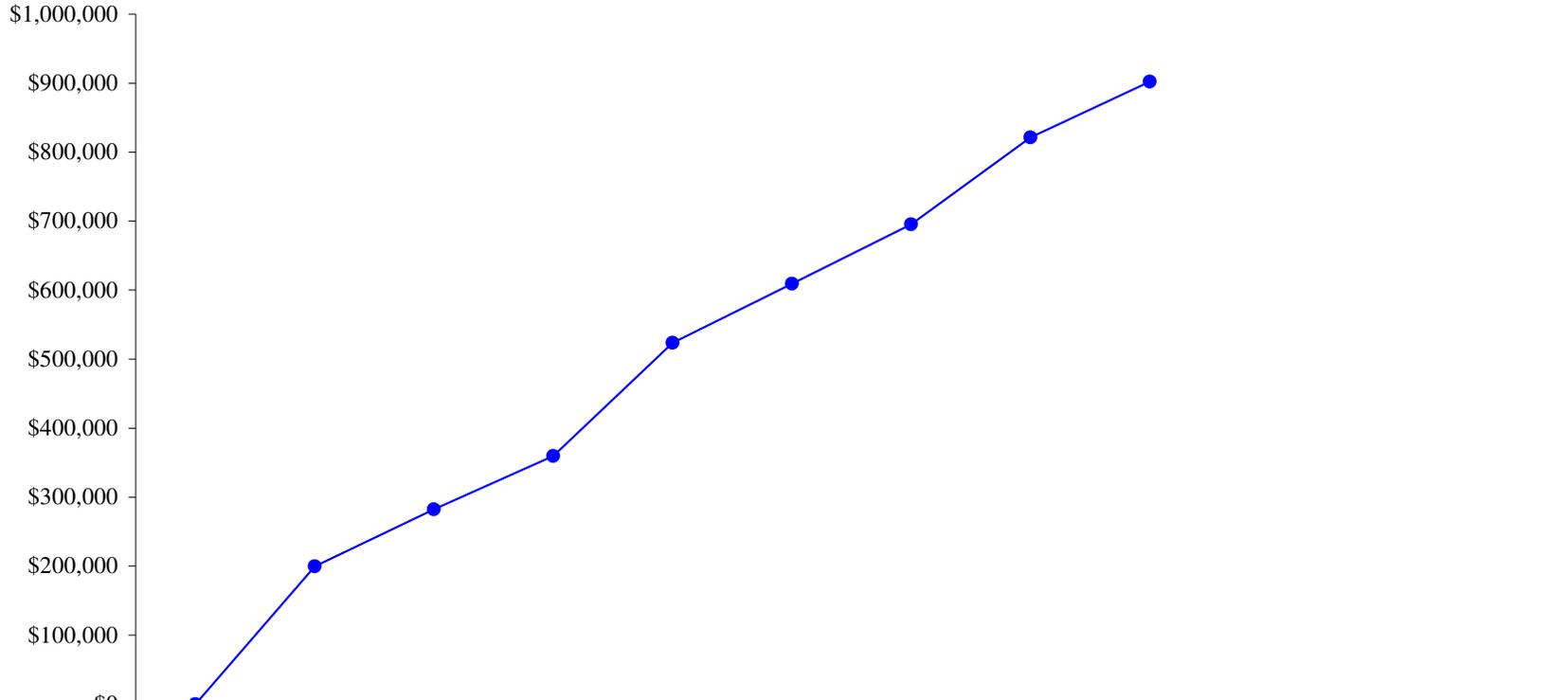


Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2010 Revenue Targets
Kerrville State Hospital

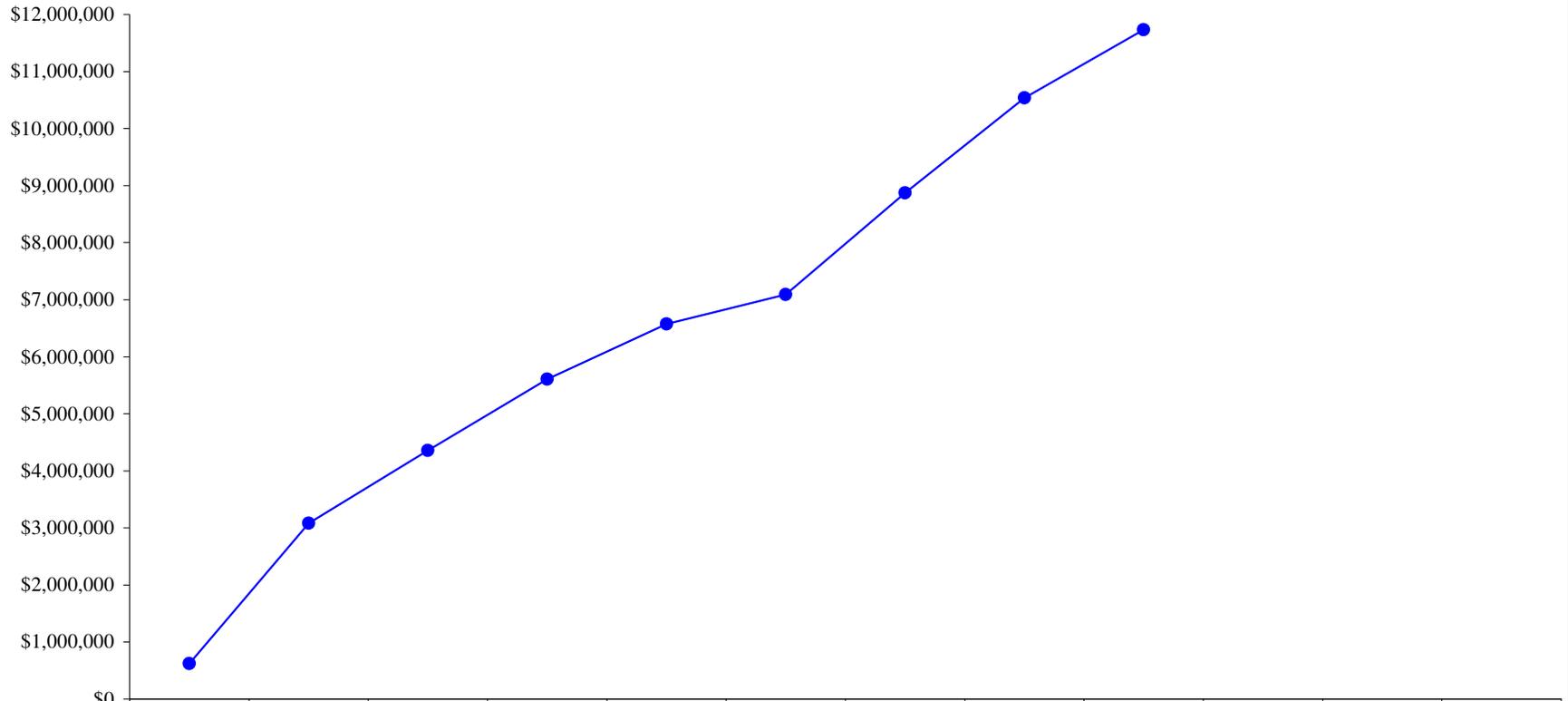
FY2010 Revenue Collections



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$0	\$199,640	\$82,645	\$77,530	\$163,953	\$85,637	\$85,944	\$126,062	\$80,685			
Medicaid	\$0	\$100	\$40	\$22	\$45	\$40	\$0	\$0	\$0			
Medicare	\$0	\$150,442	\$59,957	\$55,762	\$144,469	\$63,991	\$63,800	\$87,339	\$57,421			
Private Source	\$0	\$49,099	\$22,648	\$21,747	\$19,440	\$21,606	\$22,144	\$38,722	\$23,263			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
● FYTD Total	\$0	\$199,640	\$282,285	\$359,815	\$523,768	\$609,405	\$695,349	\$821,411	\$902,095			

Objective 1C - FY2010 Revenue Targets
North Texas State Hospital

FY2010 Revenue Collections



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$622,761	\$2,459,213	\$1,277,163	\$1,248,179	\$966,933	\$516,534	\$1,780,780	\$1,666,534	\$1,195,789			
Medicaid	\$159,575	\$1,354,335	\$656,229	\$609,500	\$403,909	\$269,308	\$716,926	\$967,819	\$487,320			
Medicare	\$247,631	\$543,639	\$418,543	\$346,684	\$345,997	\$67,800	\$783,229	\$291,985	\$518,860			
Private Source	\$157,596	\$229,295	\$87,826	\$185,031	\$146,564	\$131,449	\$140,639	\$217,868	\$92,226			
Others - Stimulus Payments	\$57,959	\$331,945	\$114,565	\$106,963	\$70,463	\$47,977	\$139,986	\$188,863	\$97,383			
FYTD Total	\$622,761	\$3,081,974	\$4,359,138	\$5,607,317	\$6,574,249	\$7,090,784	\$8,871,564	\$10,538,098	\$11,733,887			

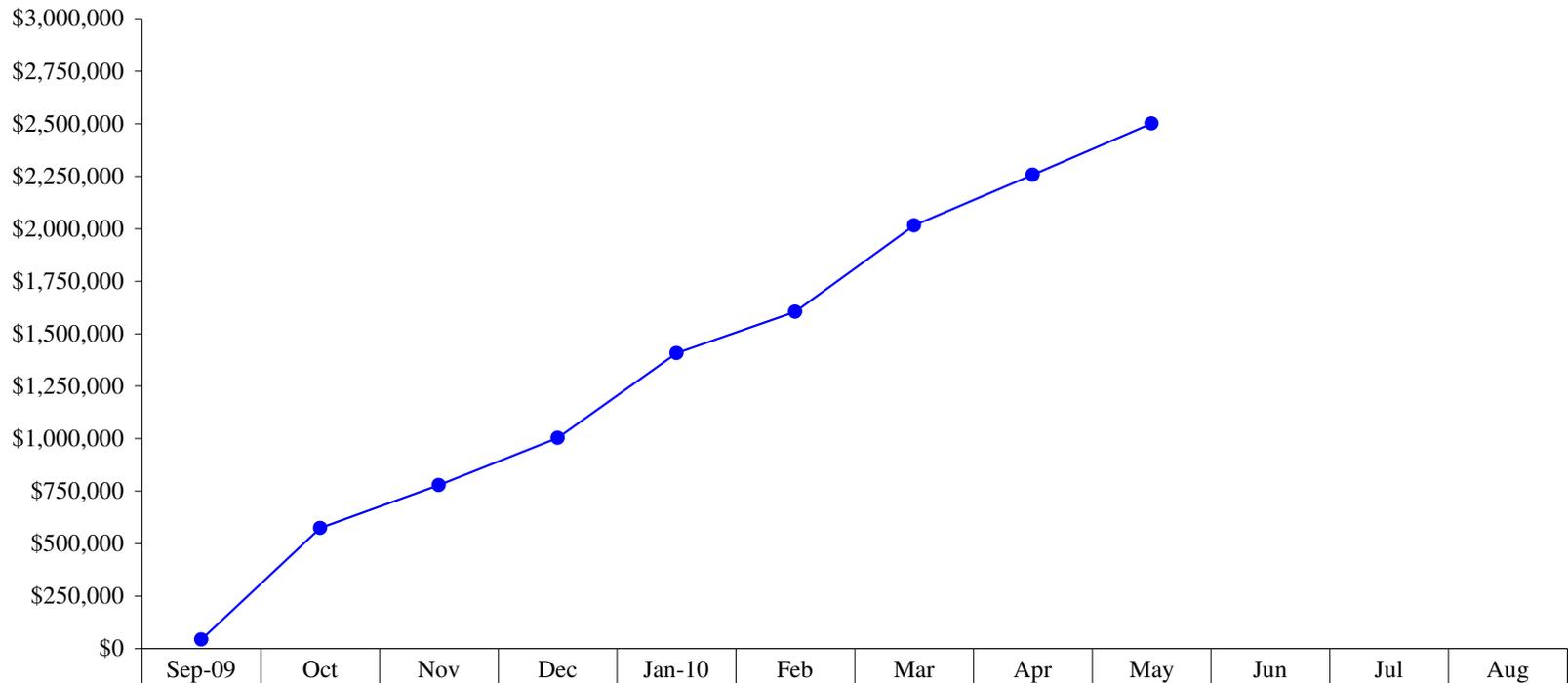
Objective 1C - FY2010 Revenue Targets
Rio Grande State Center

FY2010 Revenue Collections



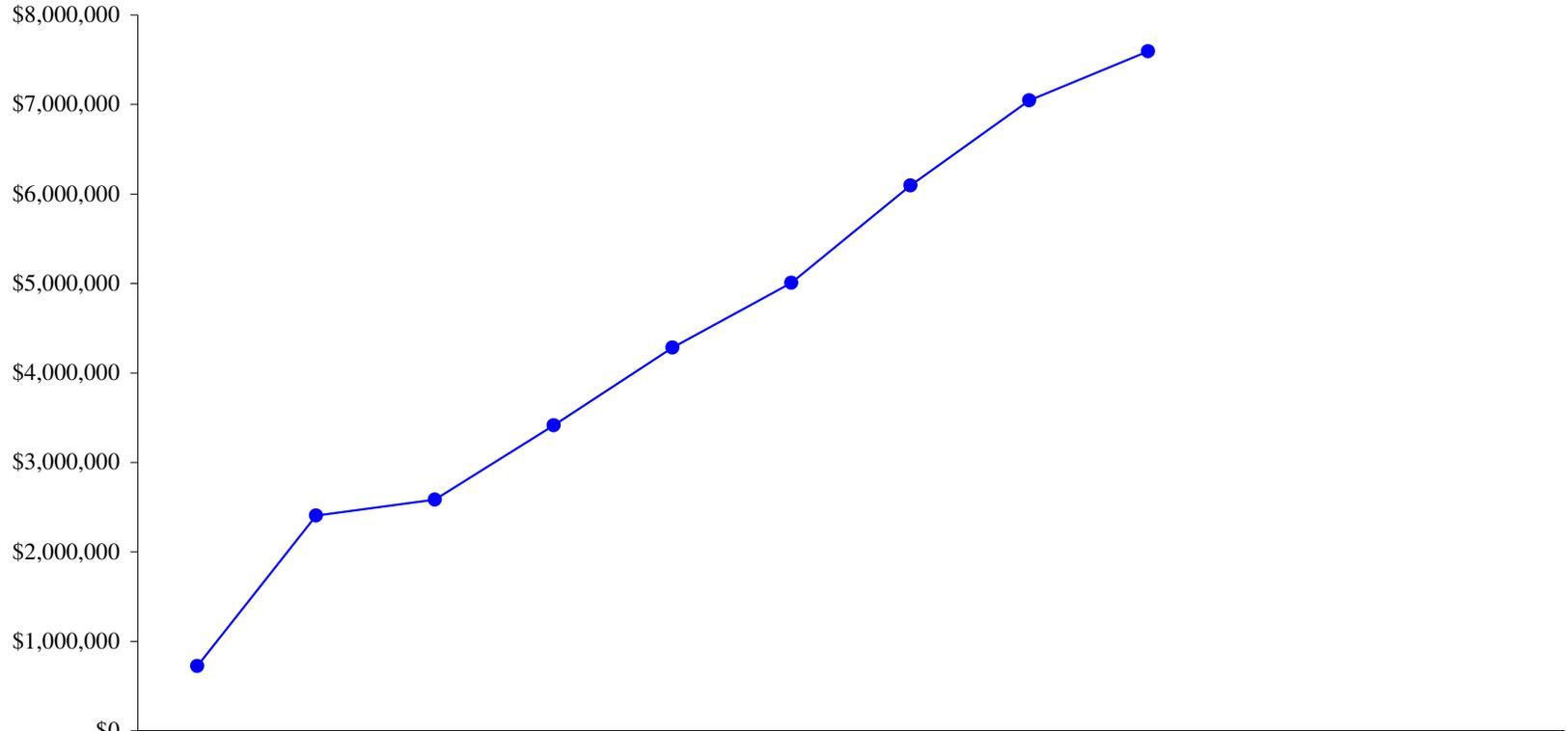
Objective 1C - FY2010 Revenue Targets
Rusk State Hospital

FY2010 Revenue Collections



Objective 1C - FY2010 Revenue Targets
San Antonio State Hospital

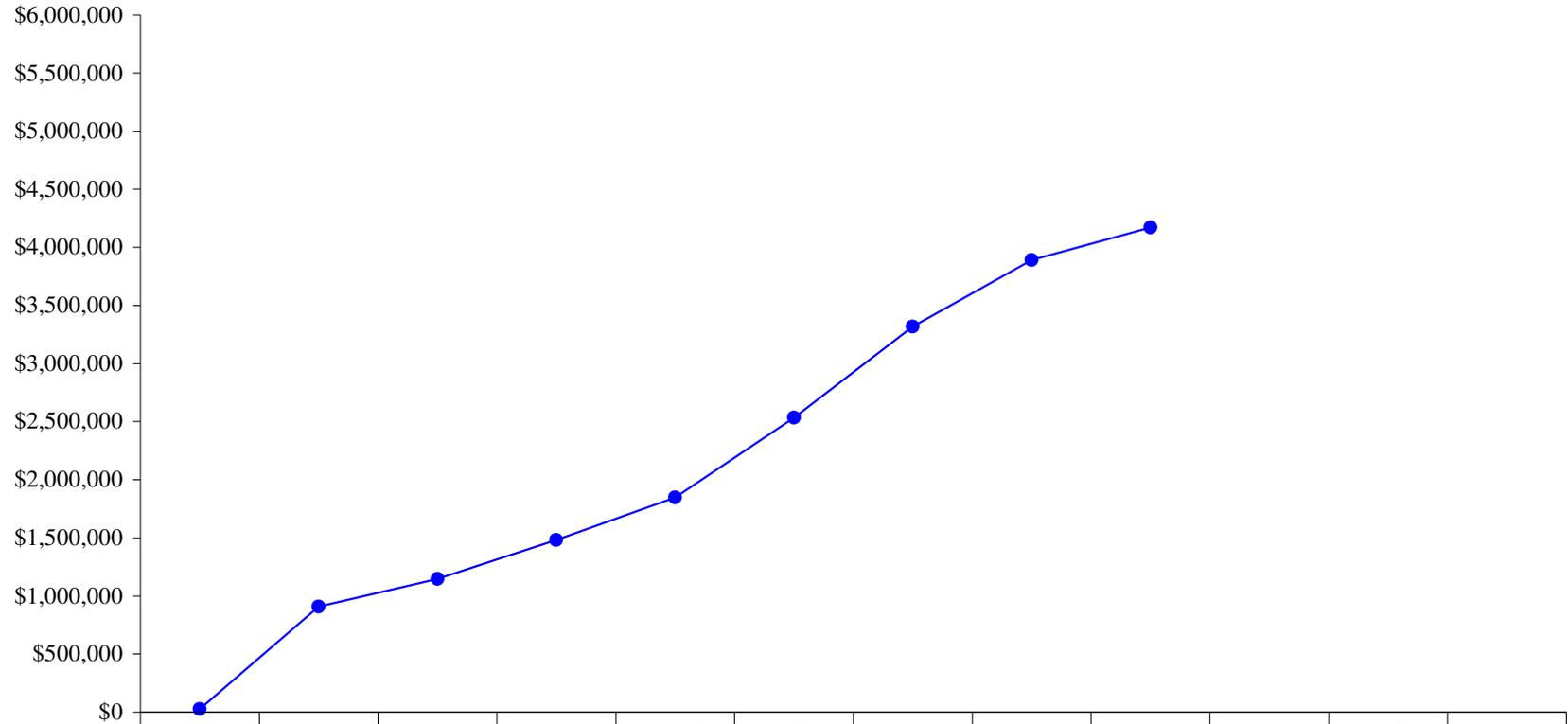
FY2010 Revenue Collections



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$724,350	\$1,681,657	\$178,170	\$829,438	\$869,601	\$724,162	\$1,087,538	\$951,710	\$549,132			
Medicaid	\$351,774	\$582,230	\$16,925	\$141,870	\$643,159	\$199,737	\$553,286	\$402,364	\$317,725			
Medicare	\$294,409	\$766,542	\$144,000	\$569,317	\$148,944	\$354,109	\$362,464	\$394,617	\$87,163			
Private Source	\$59,748	\$251,469	\$16,738	\$100,743	\$48,468	\$143,269	\$120,501	\$115,858	\$116,796			
Others - Stimulus Payments	\$18,418	\$81,415	\$506	\$17,508	\$29,030	\$27,048	\$51,287	\$38,871	\$27,448			
● FYTD Total	\$724,350	\$2,406,007	\$2,584,177	\$3,413,615	\$4,283,216	\$5,007,378	\$6,094,916	\$7,046,625	\$7,595,757			

Objective 1C - FY2010 Revenue Targets
Terrell State Hospital

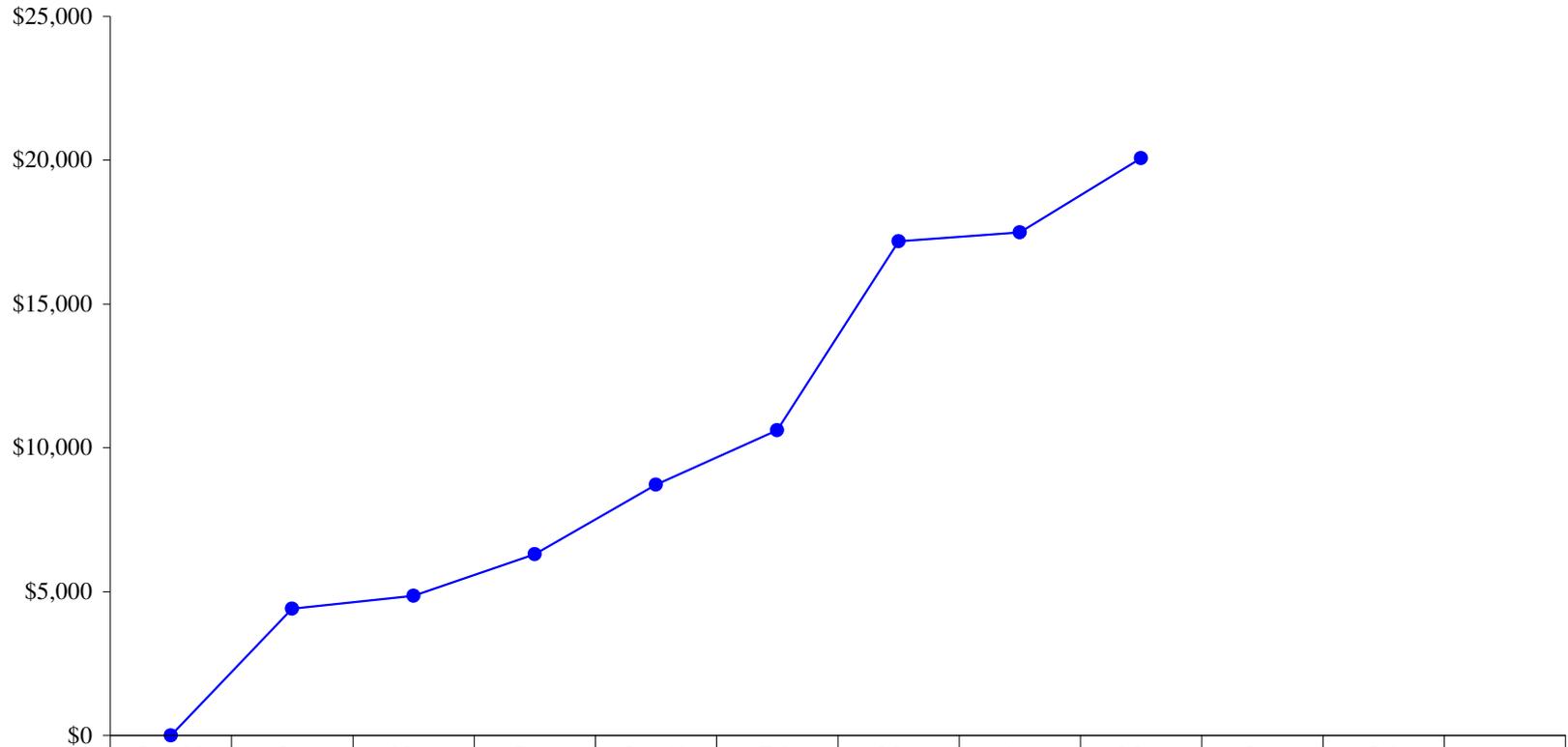
FY2010 Revenue Collections



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$25,081	\$882,144	\$238,119	\$337,142	\$365,300	\$687,653	\$781,316	\$573,811	\$281,245			
Medicaid	\$7,391	\$206,673	\$68,794	\$91,152	\$168,465	\$183,707	\$150,499	\$149,604	\$139,435			
Medicare	\$2,677	\$479,757	\$124,933	\$182,580	\$169,358	\$438,218	\$532,776	\$359,415	\$74,583			
Private Source	\$15,012	\$147,962	\$32,344	\$47,636	\$17,924	\$41,744	\$72,229	\$44,553	\$49,663			
Others - Stimulus Payments	\$0	\$47,753	\$12,048	\$15,774	\$9,552	\$23,984	\$25,812	\$20,239	\$17,564			
FYTD Total	\$25,081	\$907,225	\$1,145,344	\$1,482,486	\$1,847,786	\$2,535,439	\$3,316,755	\$3,890,566	\$4,171,811			

Objective 1C - FY2010 Revenue Targets
Waco Center For Youth

FY2010 Revenue Collections



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	\$0	\$4,407	\$451	\$1,442	\$2,423	\$1,884	\$6,573	\$314	\$2,572			
Medicaid	\$0	\$265	\$0	\$0	\$2,018	\$0	\$4,704	\$0	\$0			
Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Private Source	\$0	\$4,142	\$451	\$1,442	\$405	\$1,884	\$1,730	\$314	\$2,572			
Others - Stimulus Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$139	\$0	\$0			
● FYTD Total	\$0	\$4,407	\$4,858	\$6,300	\$8,723	\$10,607	\$17,181	\$17,495	\$20,066			

Performance Objective 1E:

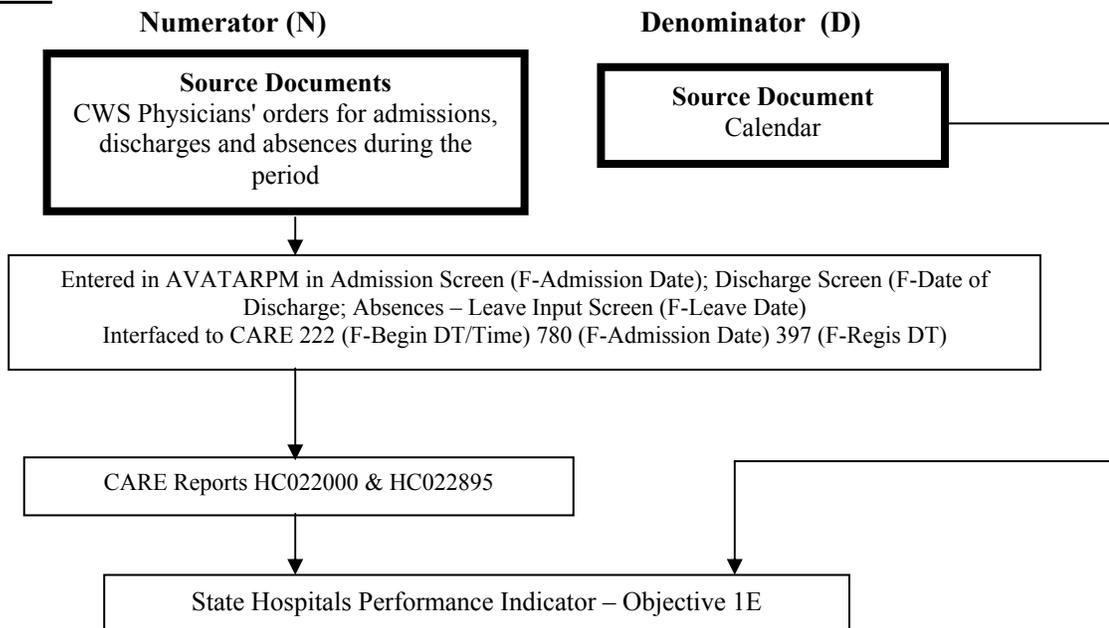
Operate an average daily census that has been allocated and projected for the hospital inpatient services.

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

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

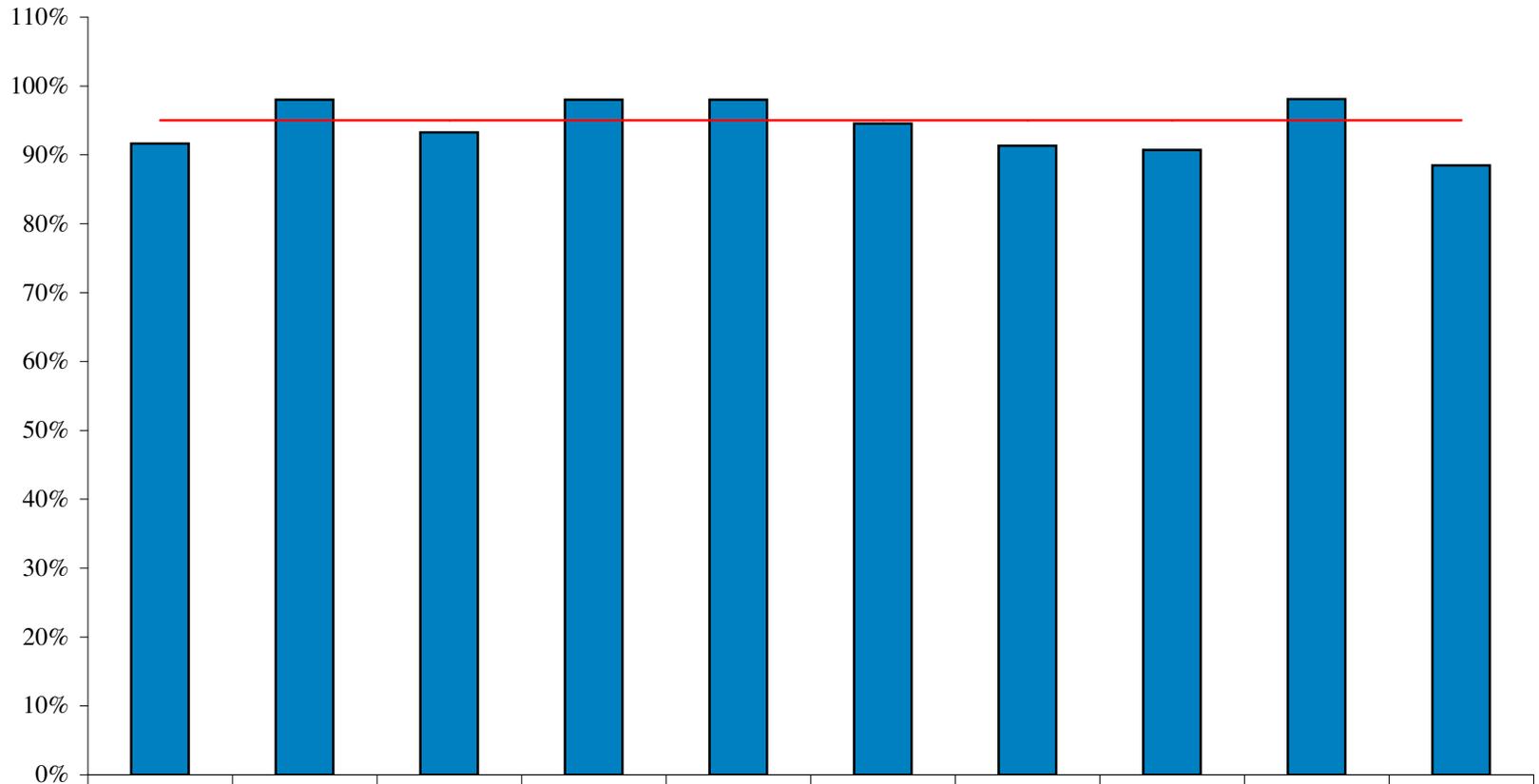
Performance Objective Data Display and Chart Description: Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

Data Flow:



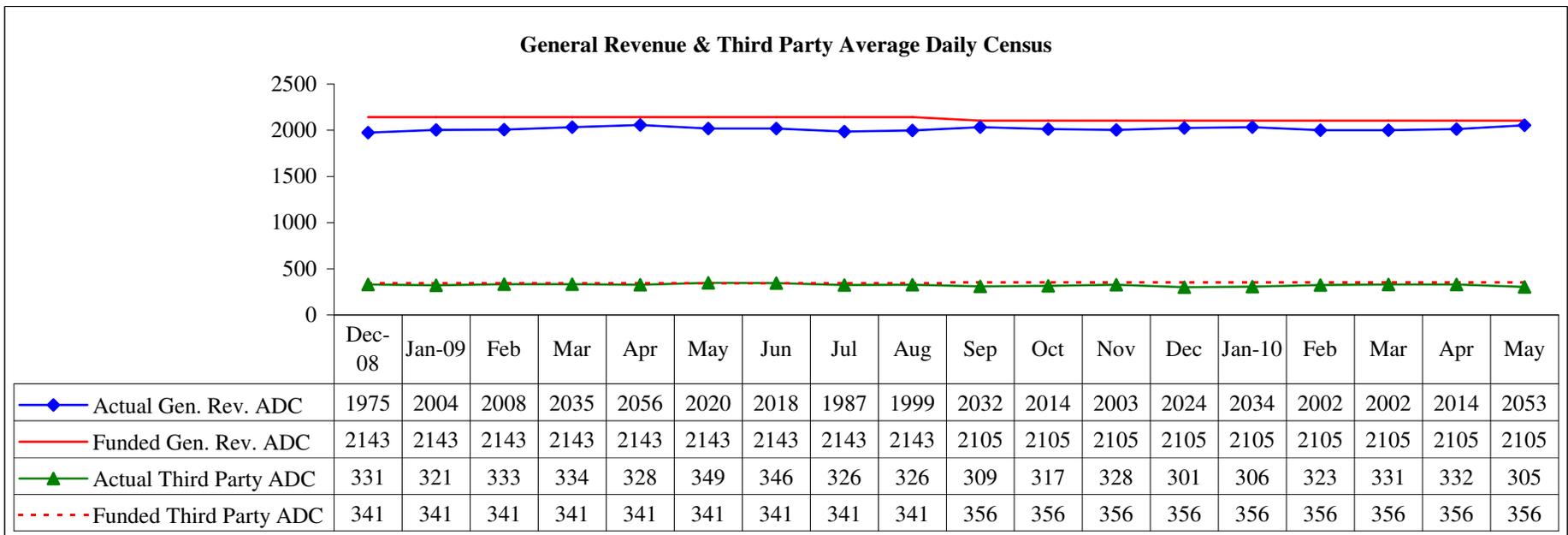
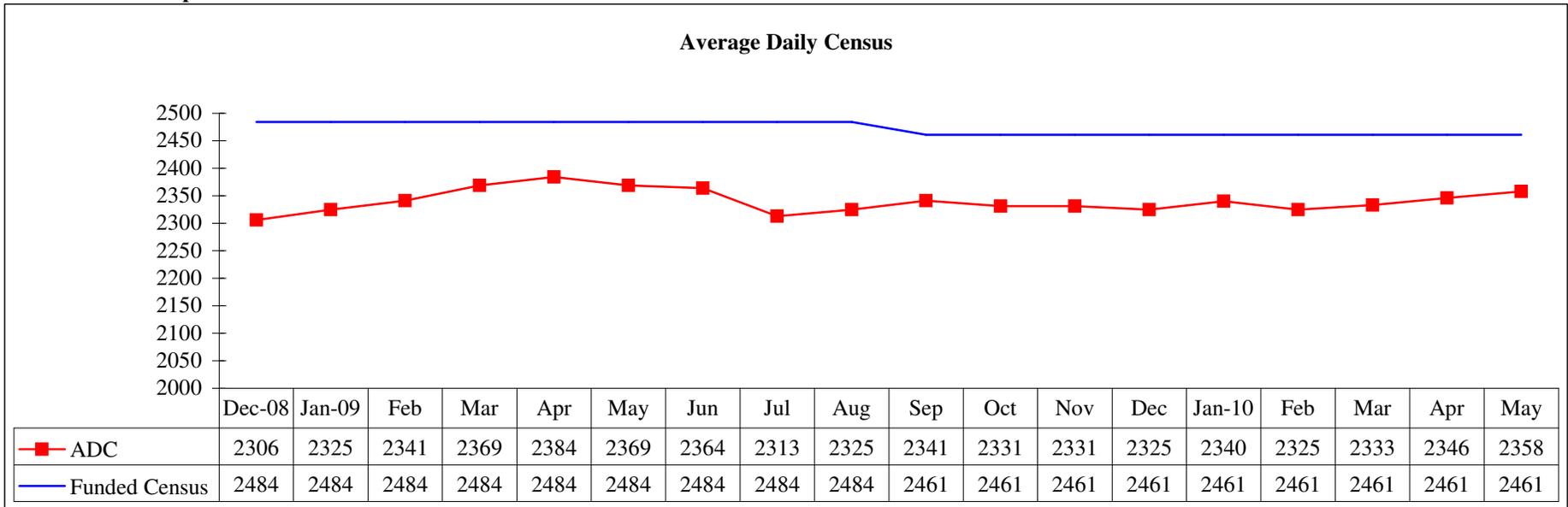
Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals - As of May 31, 2010

**Average Daily Census As Percent of Adjusted Funded Census
FY 2010**



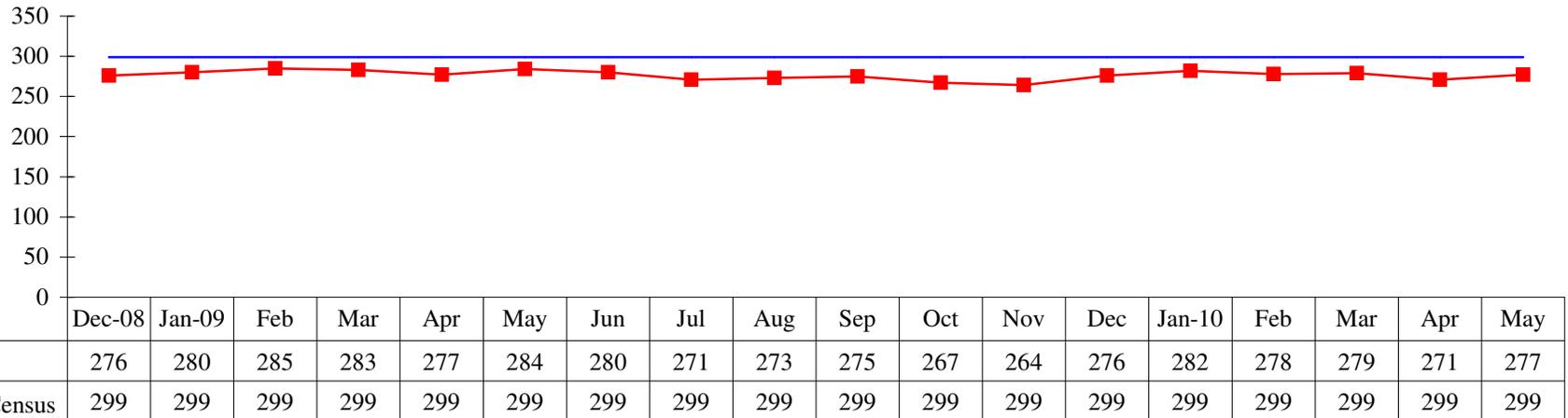
	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	92%	98%	93%	98%	98%	95%	91%	91%	98%	88%
ADC	274	196	69	198	588	52	306	274	310	69
Funded Census	299	200	74	202	600	55	335	302	316	78
All State Hospitals	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

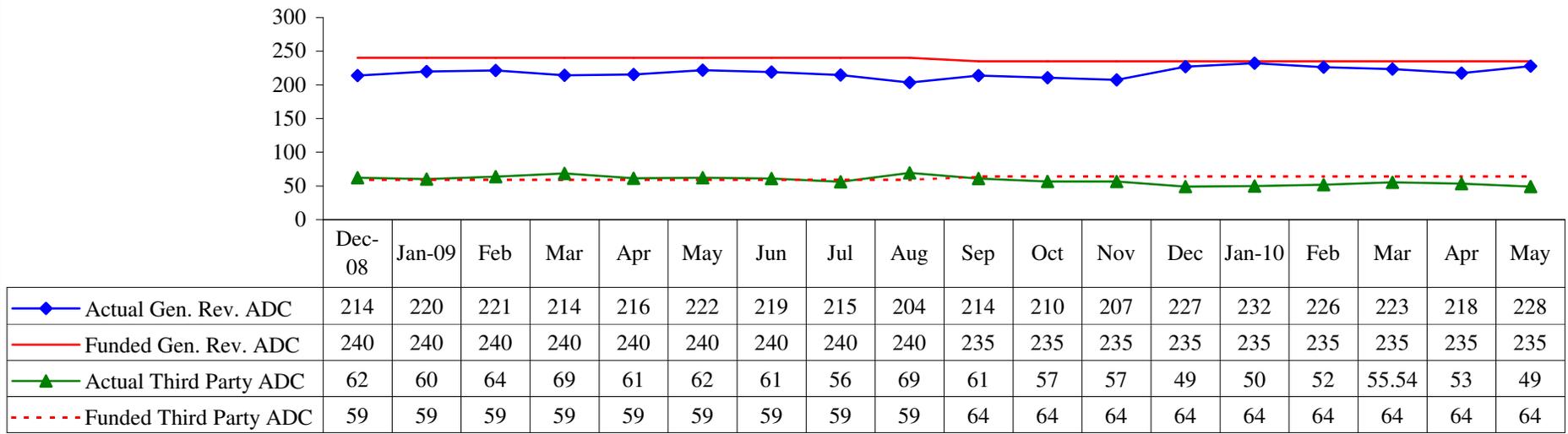


Objective 1E & Measure 1C - Average Daily Census
Austin State Hospital

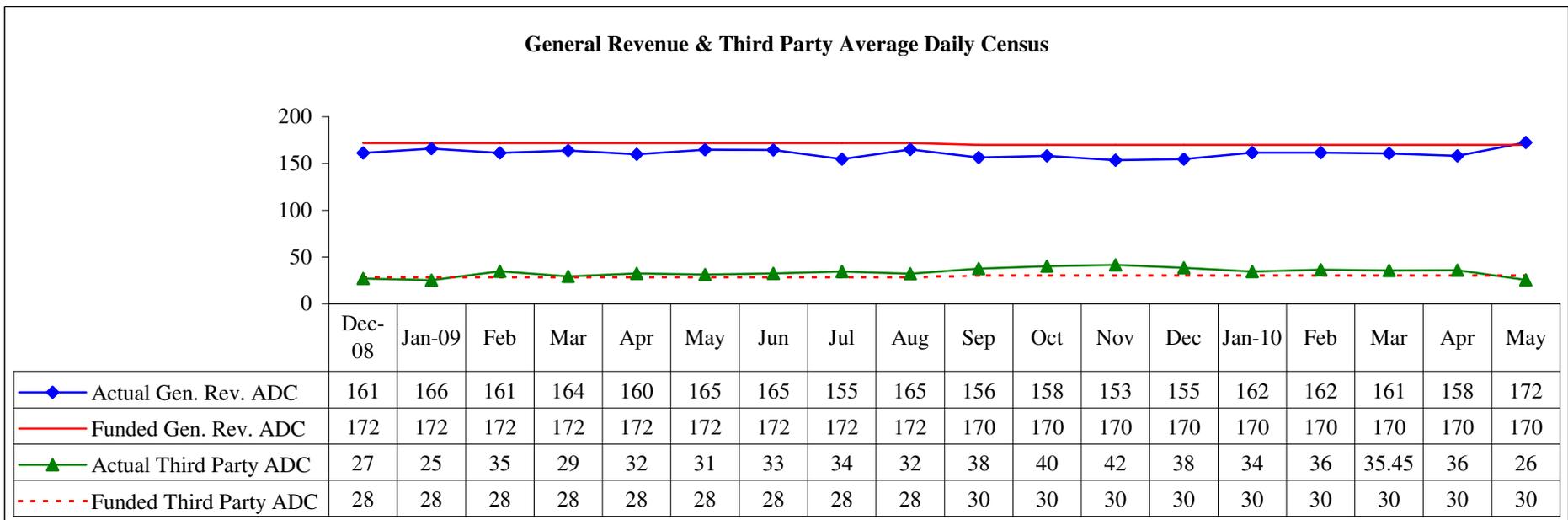
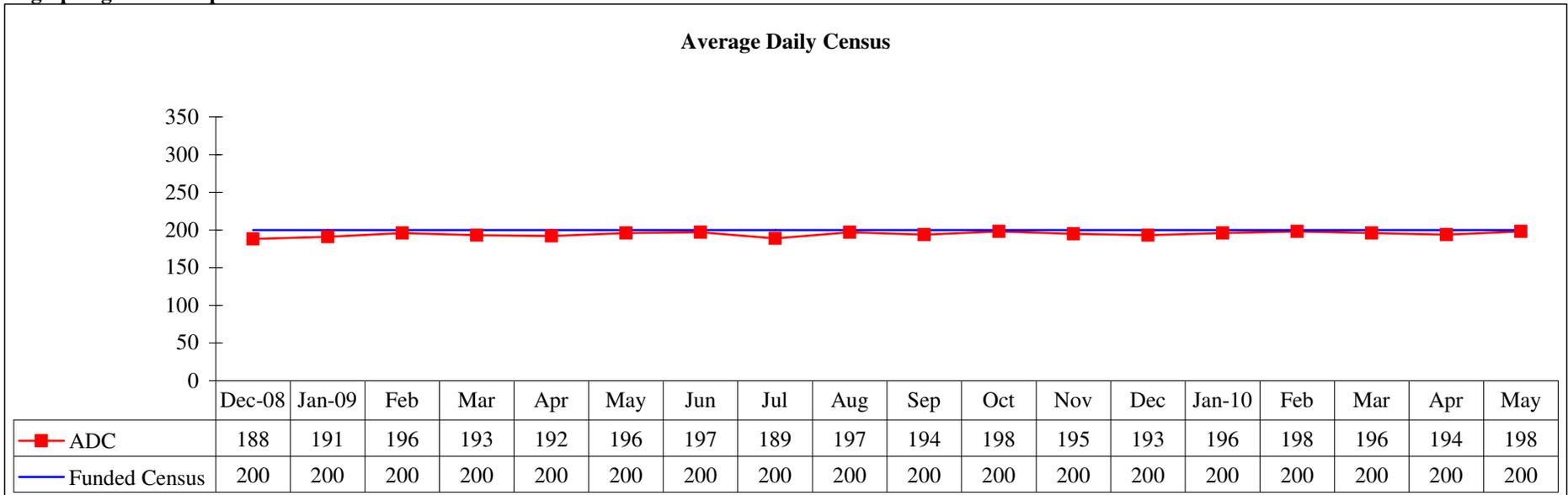
Average Daily Census



General Revenue & Third Party Average Daily Census

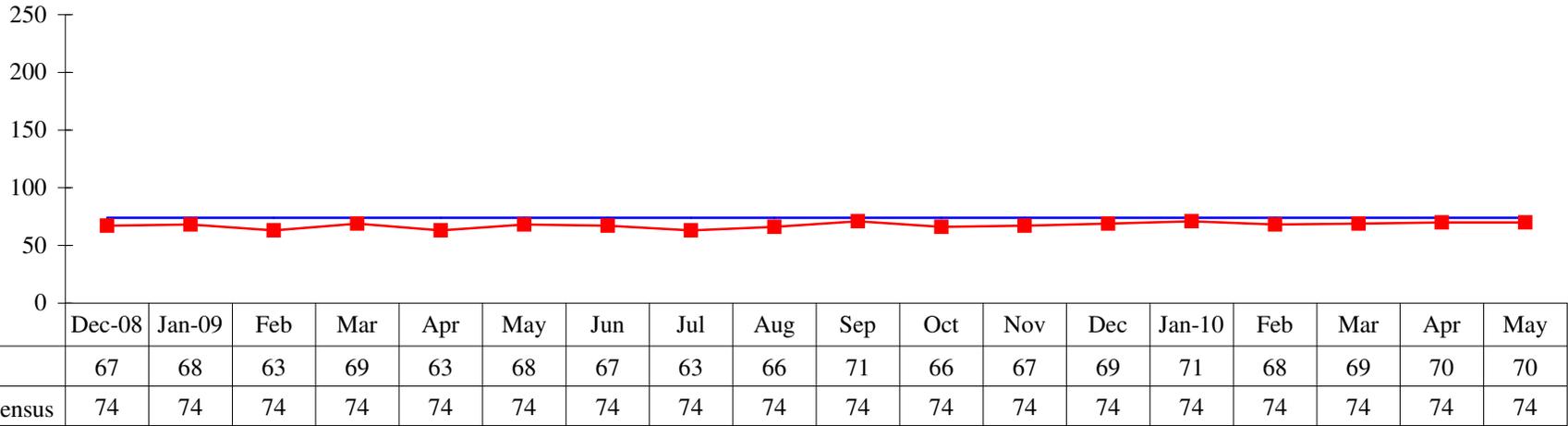


Objective 1E & Measure 1C - Average Daily Census
Big Spring State Hospital

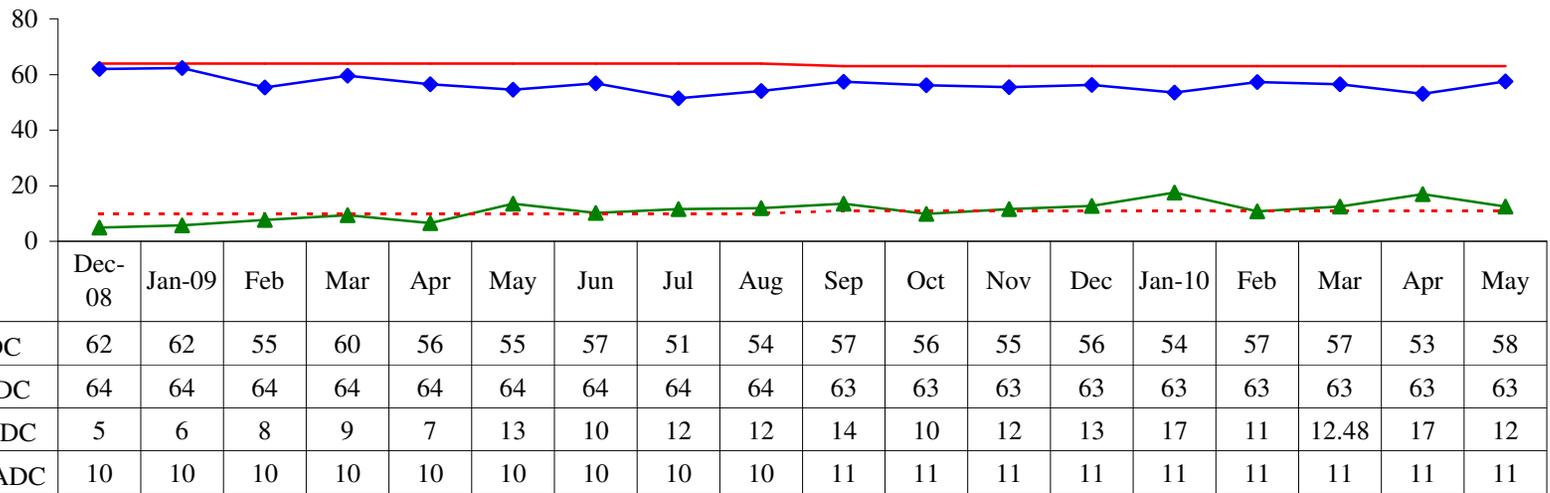


Objective 1E & Measure 1C - Average Daily Census
El Paso Psychiatric Center

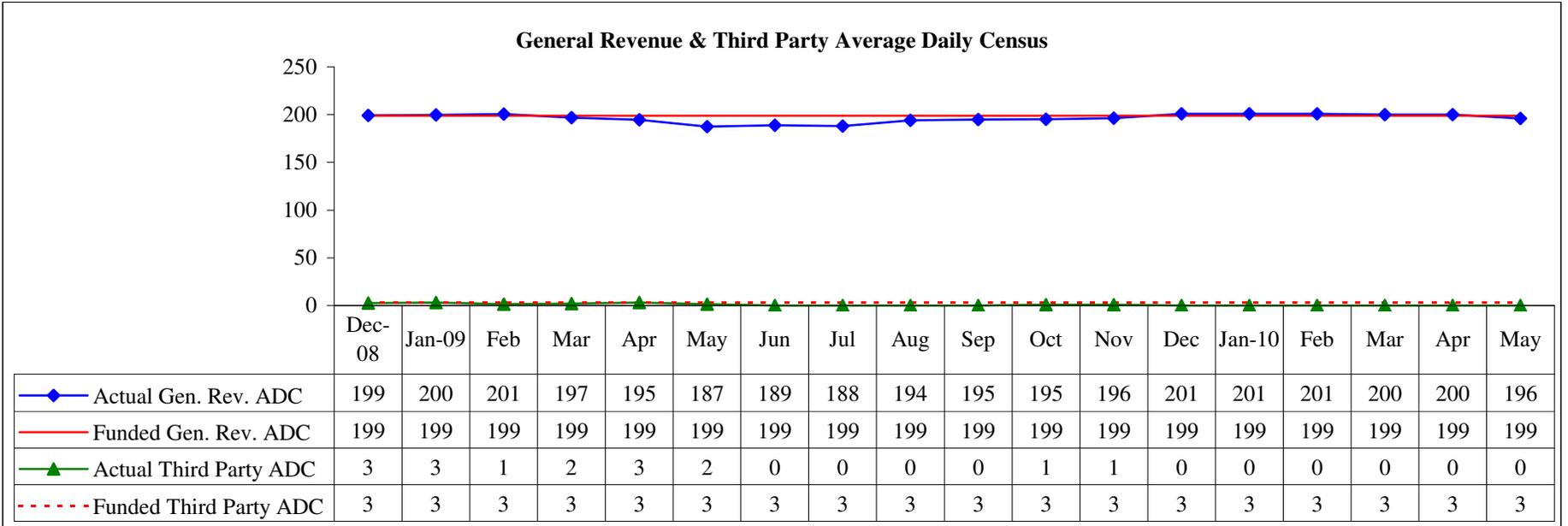
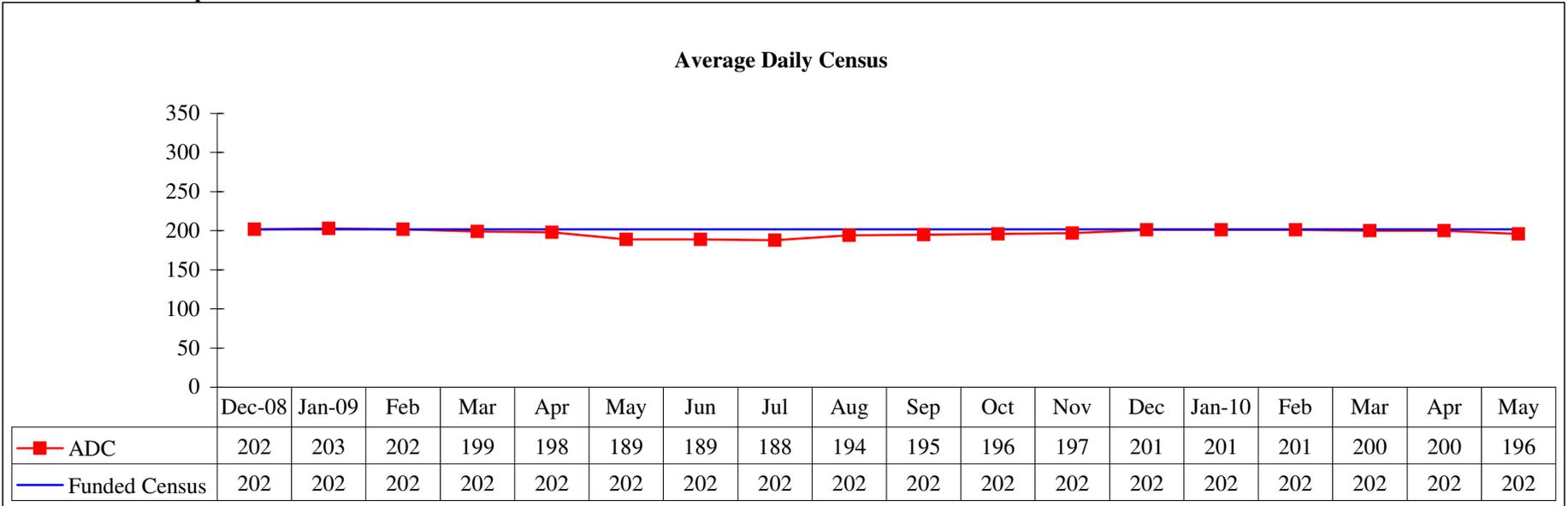
Average Daily Census



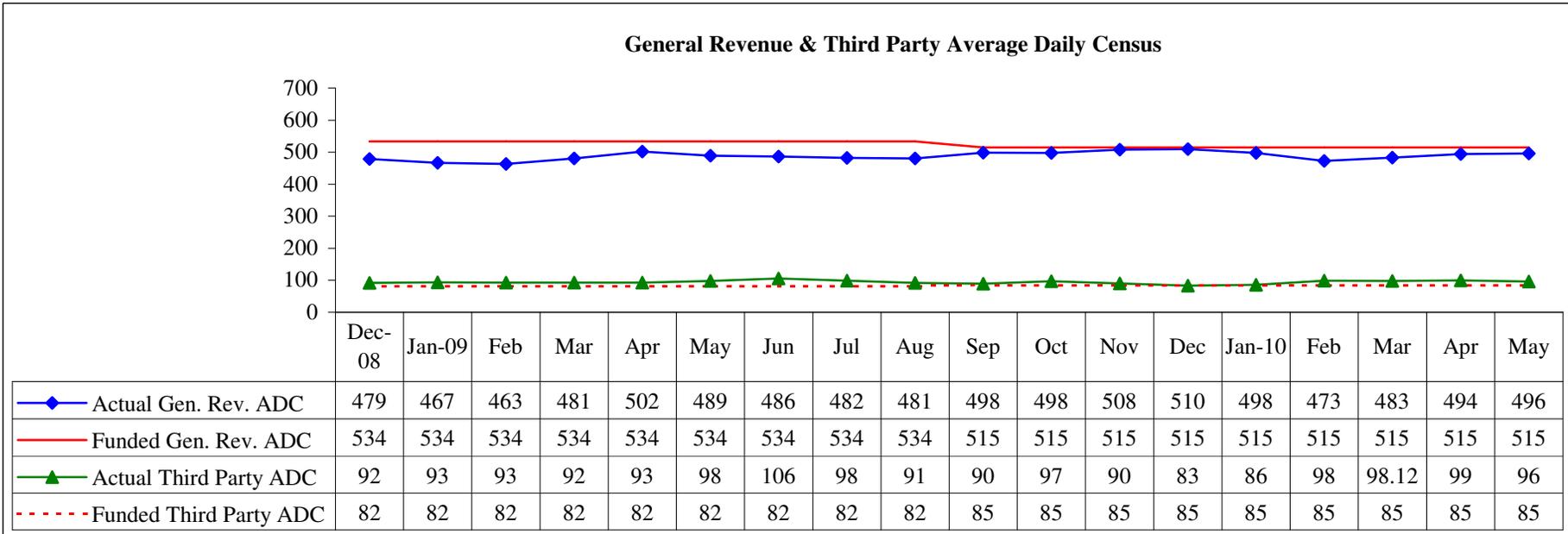
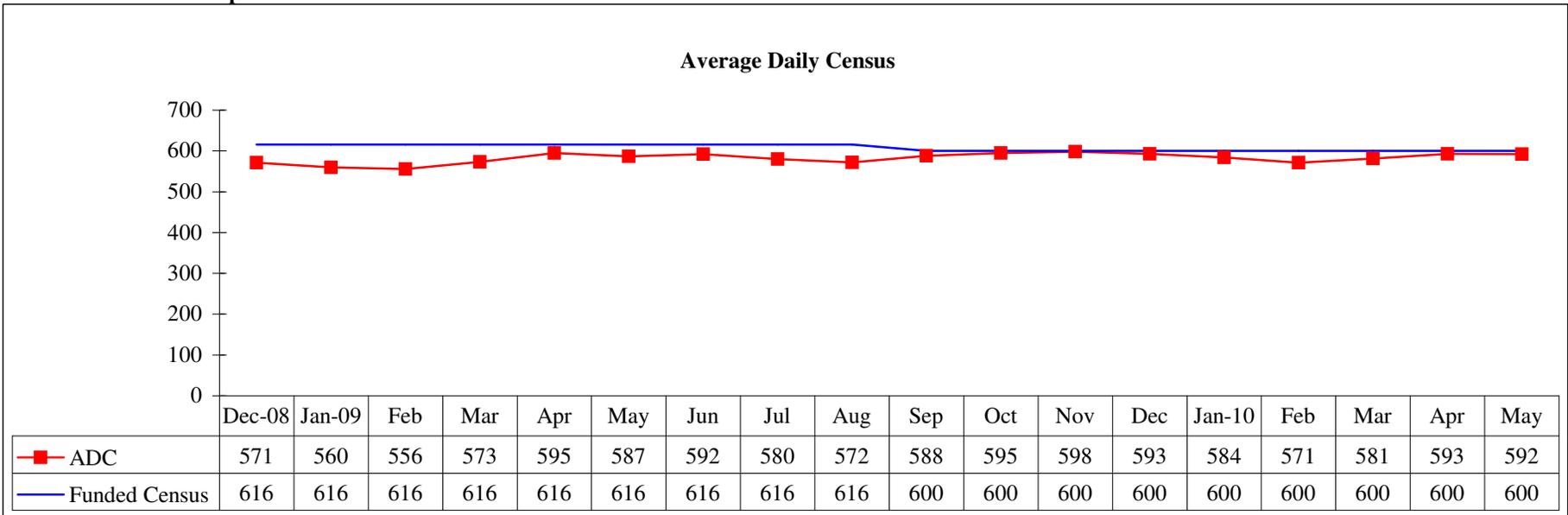
General Revenue & Third Party Average Daily Census



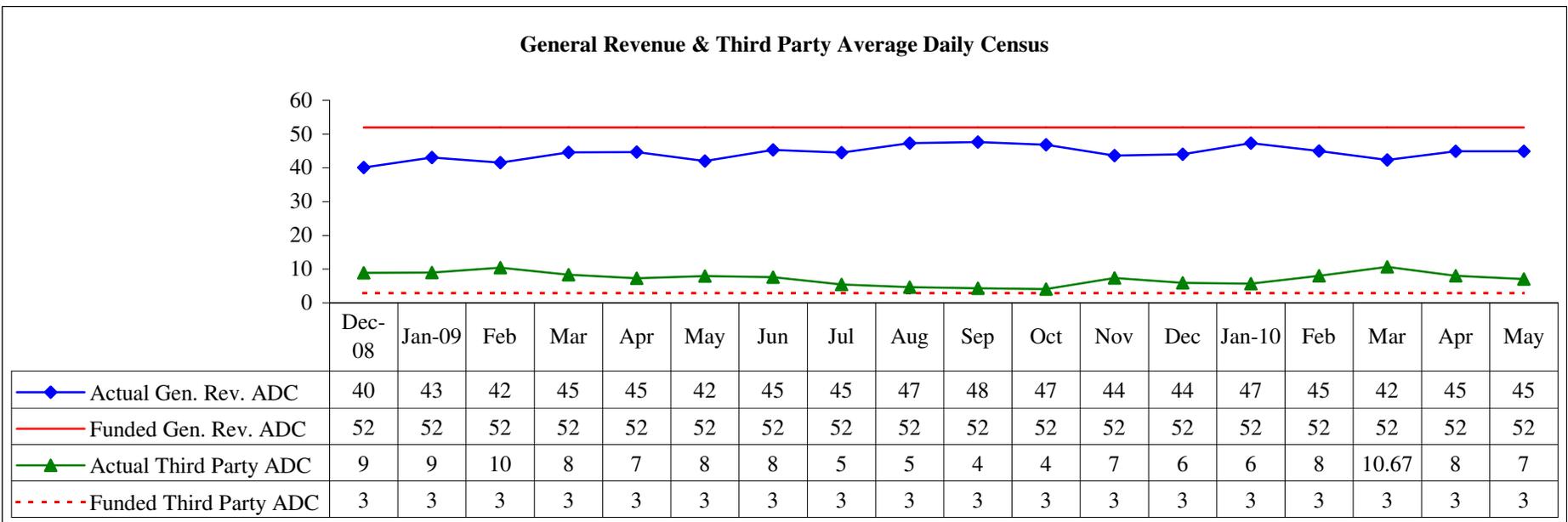
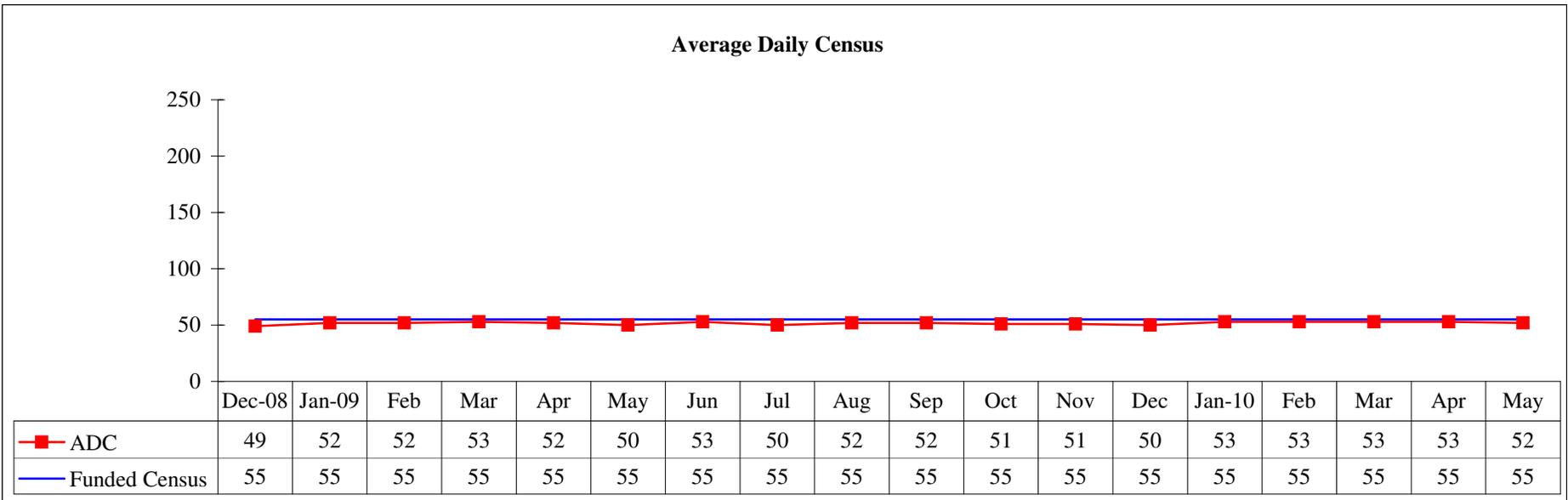
**Objective 1E & Measure 1C - Average Daily Census
Kerrville State Hospital**



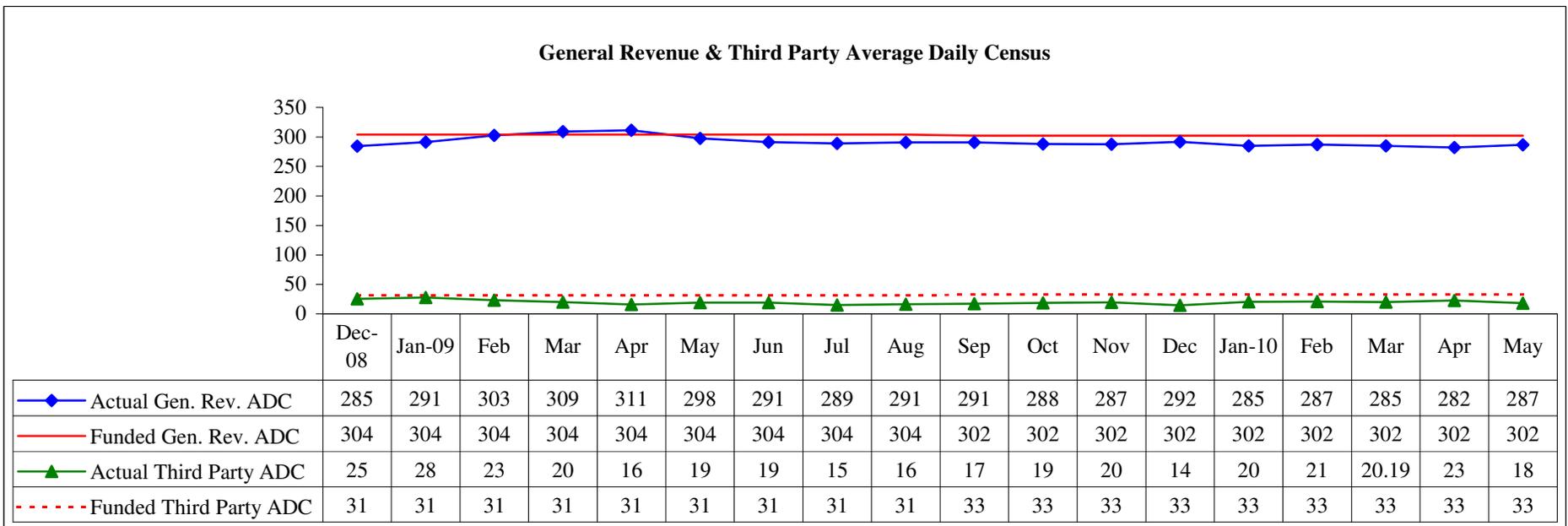
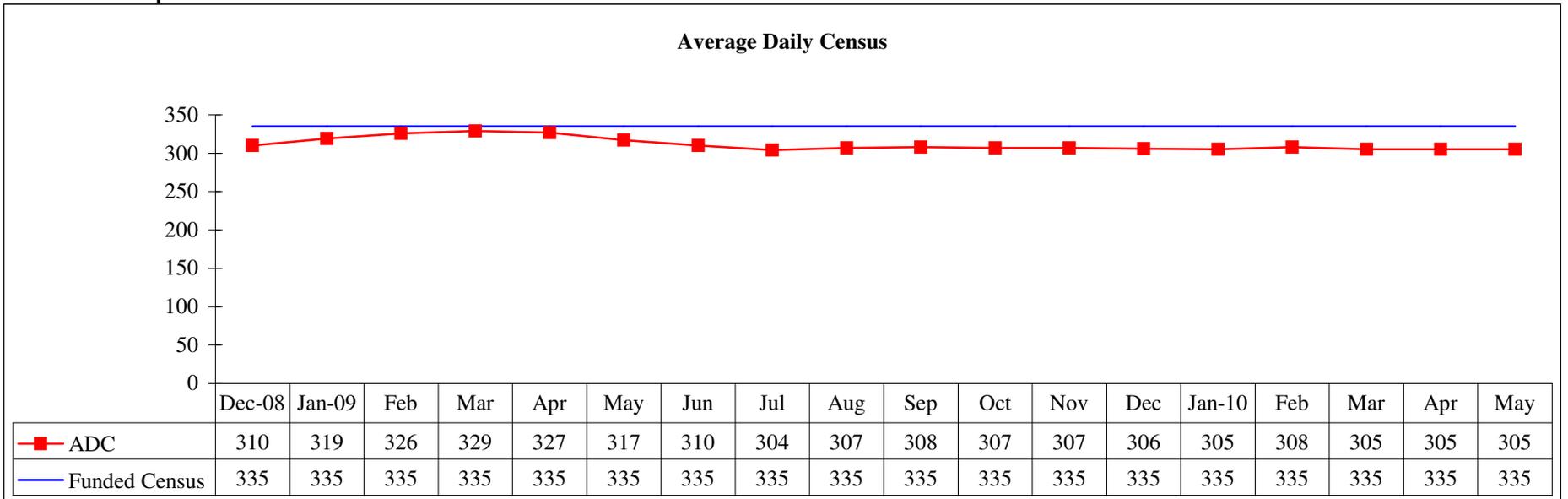
Objective 1E & Measure 1C - Average Daily Census
North Texas State Hospital



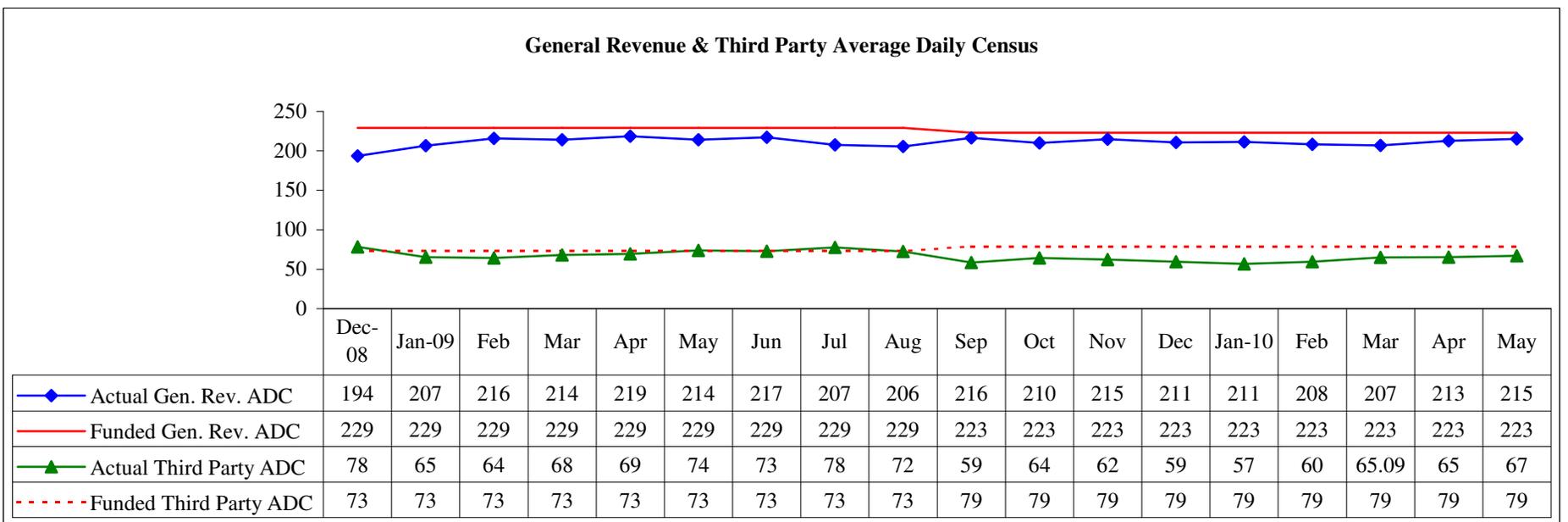
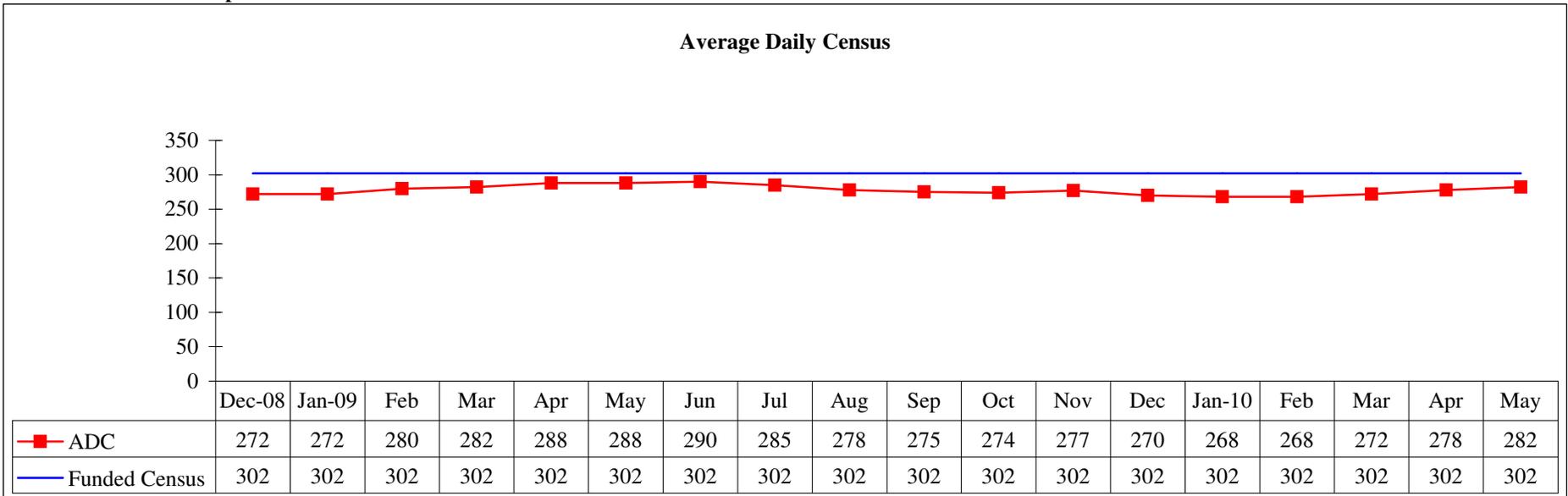
Objective 1E & Measure 1C - Average Daily Census
Rio Grande State Center-MH



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

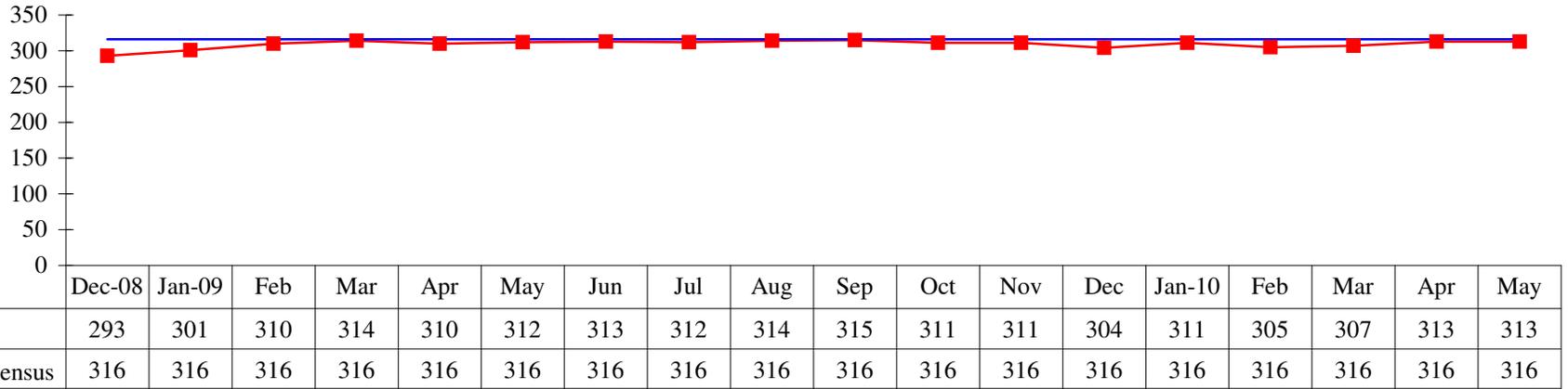


Objective 1E & Measure 1C - Average Daily Census
San Antonio State Hospital

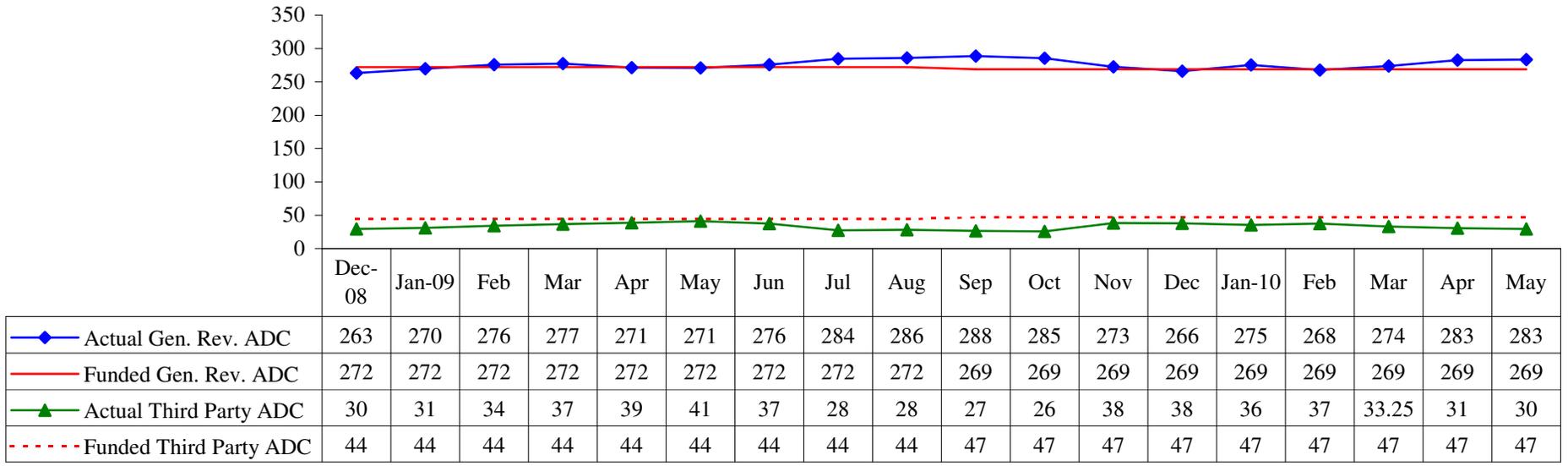


Objective 1E & Measure 1C - Average Daily Census
Terrell State Hospital

Average Daily Census

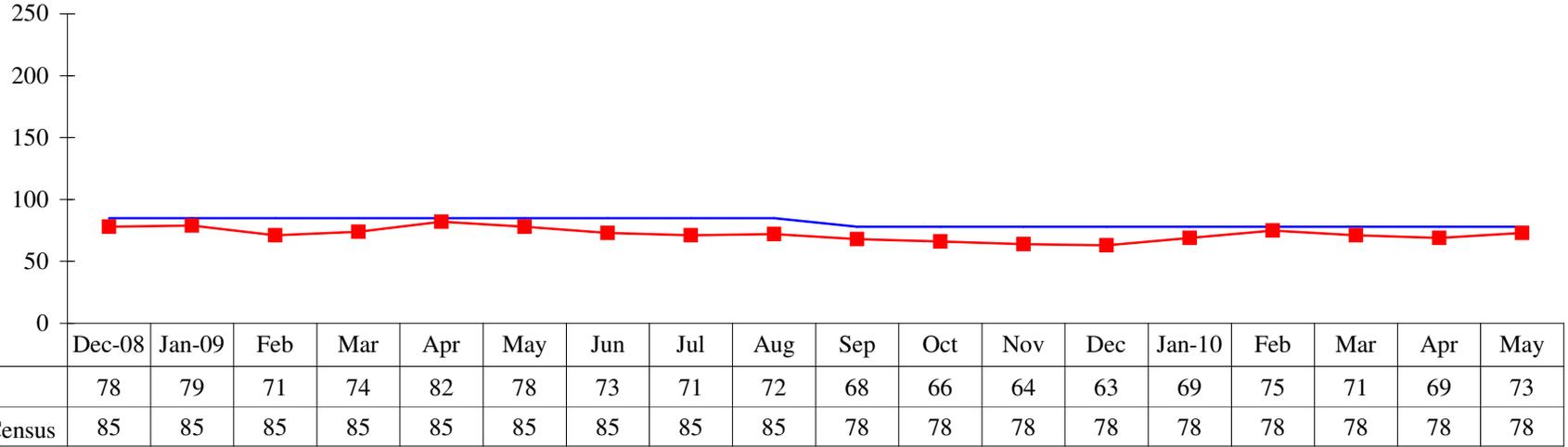


General Revenue & Third Party Average Daily Census

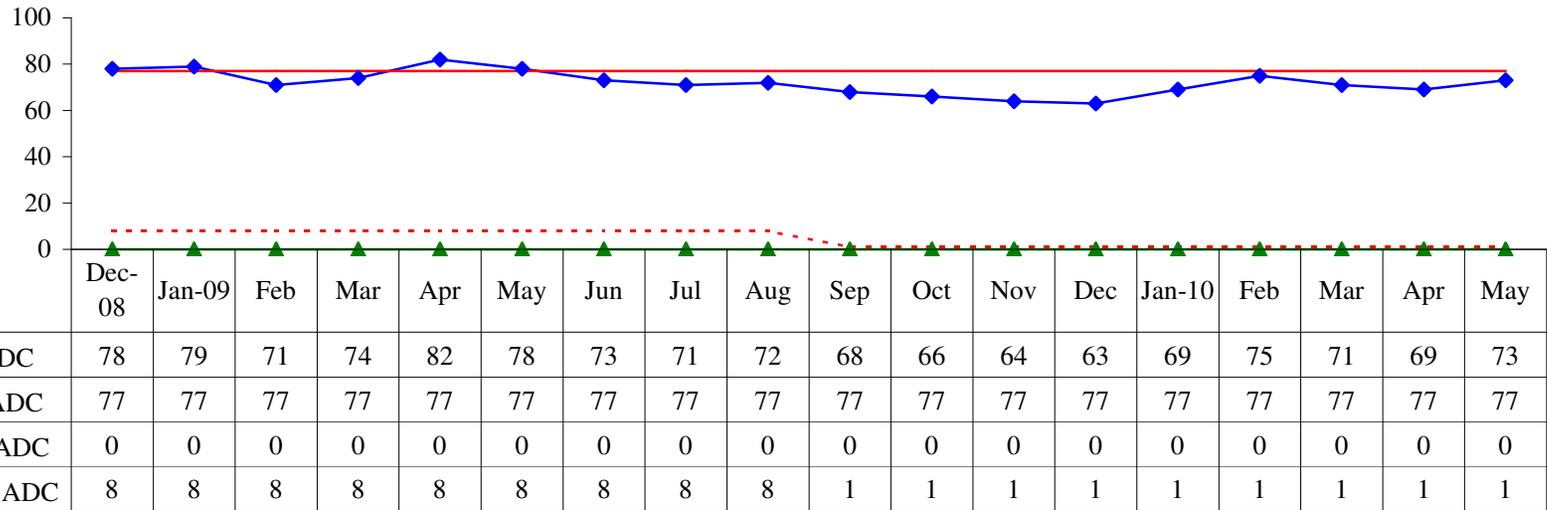


**Objective 1E & Measure 1C - Average Daily Census
Waco Center For Youth**

Average Daily Census



General Revenue & Third Party Average Daily Census



Performance Measure 1A:

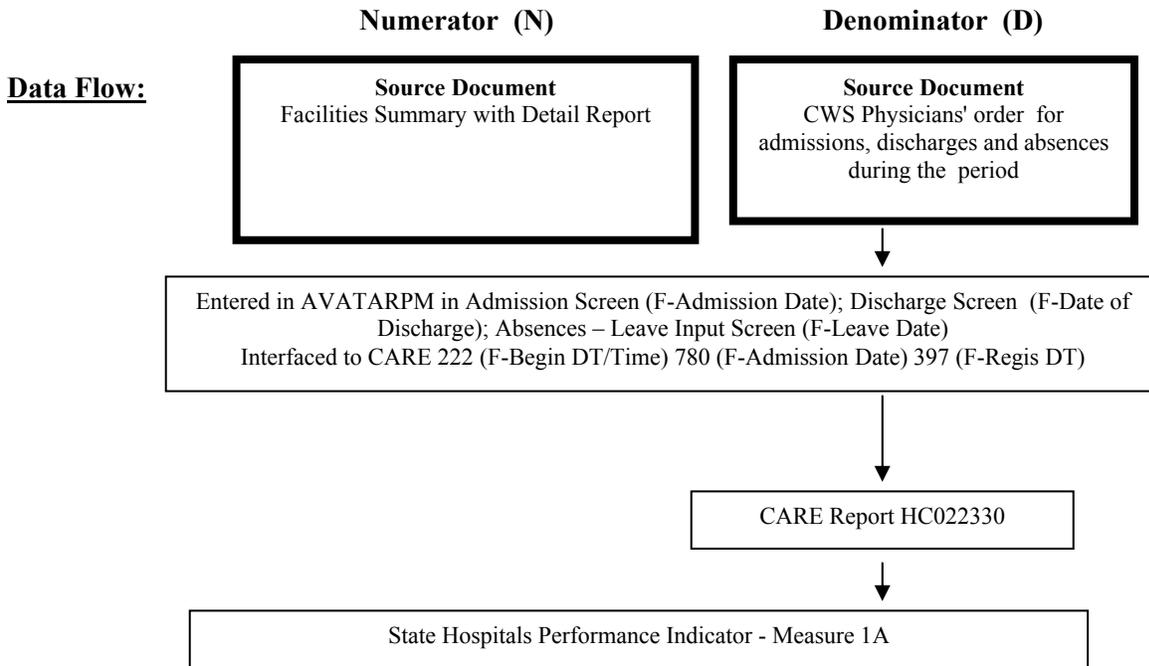
Calculate average cost per patient served.

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

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

Performance Measure Data Display and Chart Description:

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



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

	FY08				FY09				FY10			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	22	23	24	25	23	23	23	21	22	24	23	
LBB Cost/Bed Day	\$395	\$435	\$393	\$380	\$394	\$438	\$441	\$431	\$426	\$463	\$459	
Average Cost	\$8,697	\$10,140	\$9,335	\$9,419	\$9,078	\$9,909	\$10,085	\$9,037	\$9,270	\$11,004	\$10,342	\$0
Big Spring State Hospital												
Avg. Patient Days	39	41	39	43	42	43	40	38	40	41	42	
LBB Cost/Bed Day	\$364	\$395	\$389	\$384	\$373	\$417	\$415	\$449	\$380	\$408	\$404	
Average Cost	\$14,201	\$16,207	\$15,034	\$16,422	\$15,723	\$17,824	\$16,517	\$17,242	\$15,233	\$16,842	\$16,983	\$0
El Paso Psychiatric Center												
Avg. Patient Days	19	19	20	23	22	24	27	25	23	26	25	
LBB Cost/Bed Day	\$447	\$507	\$530	\$516	\$451	\$568	\$511	\$633	\$460	\$561	\$482	
Average Cost	\$8,674	\$9,734	\$10,717	\$12,098	\$9,818	\$13,694	\$13,796	\$15,659	\$10,397	\$14,865	\$12,018	\$0
Kerrville State Hospital												
Avg. Patient Days	65	67	68	66	68	69	64	85	84	86	86	
LBB Cost/Bed Day	\$328	\$351	\$338	\$342	\$342	\$366	\$361	\$412	\$353	\$356	\$348	
Average Cost	\$21,275	\$23,678	\$22,871	\$22,750	\$23,219	\$25,324	\$23,021	\$34,846	\$29,700	\$30,736	\$29,873	\$0
North Texas State Hospital												
Avg. Patient Days	45	45	46	44	44	46	46	45	49	47	47	
LBB Cost/Bed Day	\$387	\$407	\$364	\$343	\$361	\$391	\$380	\$426	\$359	\$396	\$380	
Average Cost	\$17,471	\$18,193	\$16,546	\$15,188	\$16,047	\$17,903	\$17,530	\$19,281	\$17,692	\$18,778	\$17,927	\$0
Rusk State Hospital												
Avg. Patient Days	38	43	38	40	40	45	49	52	54	50	53	
LBB Cost/Bed Day	\$343	\$377	\$364	\$325	\$338	\$363	\$357	\$436	\$365	\$397	\$384	
Average Cost	\$12,894	\$16,366	\$14,013	\$12,873	\$13,512	\$16,268	\$17,629	\$22,847	\$19,823	\$20,023	\$20,228	\$0
San Antonio State Hospital												
Avg. Patient Days	29	30	29	29	30	29	32	36	36	35	33	
LBB Cost/Bed Day	\$404	\$444	\$409	\$410	\$393	\$453	\$420	\$499	\$395	\$501	\$449	
Average Cost	\$11,663	\$13,467	\$12,004	\$11,835	\$11,888	\$13,193	\$13,435	\$18,133	\$14,315	\$17,406	\$14,980	\$0

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

	FY08				FY09				FY10			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	31	31	31	30	31	30	31	29	30	29	28	
LBB Cost/Bed Day	\$351	\$395	\$377	\$368	\$373	\$407	\$378	\$429	\$354	\$397	\$388	
Average Cost	\$11,024	\$12,277	\$11,598	\$10,886	\$11,416	\$12,359	\$11,855	\$12,325	\$10,622	\$11,317	\$10,802	\$0
Waco Center for Youth												
Avg. Patient Days	62	54	65	51	63	62	64	57	64	58	56	
LBB Cost/Bed Day	\$339	\$424	\$362	\$364	\$305	\$391	\$342	\$418	\$372	\$401	\$423	
Average Cost	\$20,927	\$22,820	\$23,472	\$18,534	\$19,355	\$24,130	\$21,735	\$23,825	\$23,790	\$23,222	\$23,753	\$0
Rio Grande State Center (MH)												
Avg. Patient Days	16	14	13	16	15	16	15	15	15	17	17	
LBB Cost/Bed Day	\$382	\$493	\$478	\$408	\$427	\$445	\$456	\$578	\$445	\$477	\$471	
Average Cost	\$6,140	\$6,927	\$6,073	\$6,613	\$6,394	\$6,998	\$6,952	\$8,505	\$6,676	\$8,050	\$8,106	\$0
All MH Hospitals												
Avg. Patient Days	35	36	36	36	36	36	37	37	38	38	38	
LBB Cost/Bed Day	\$373	\$409	\$381	\$367	\$369	\$408	\$394	\$447	\$378	\$421	\$405	
Average Cost	\$12,856	\$14,712	\$13,544	\$13,077	\$13,198	\$14,851	\$14,741	\$16,523	\$14,533	\$16,121	\$15,208	\$0
Texas Center for Infectious Disease												
Avg. Patient Days	150	144	192	153	159	152	198	154	89	129	193	
LBB Cost/Bed Day	\$524	\$864	\$633	\$798	\$527	\$868	\$635	\$827	\$874	\$799	\$622	
Average Cost	\$78,600	\$124,416	\$121,317	\$122,280	\$83,590	\$131,992	\$125,593	\$127,299	\$77,755	\$103,008	\$119,885	\$0

LBB Cost - total facility expense minus benefits and depreciation

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

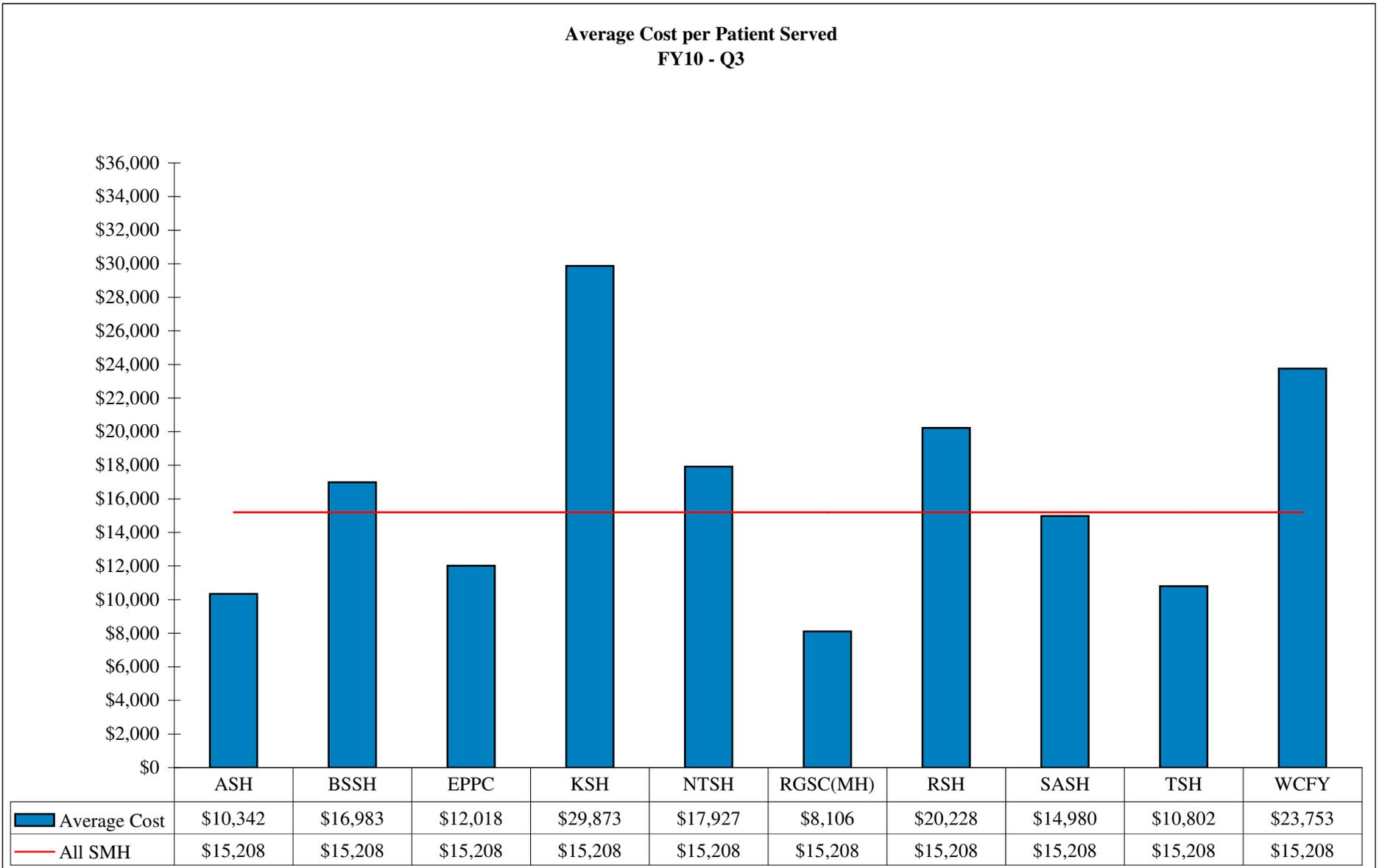
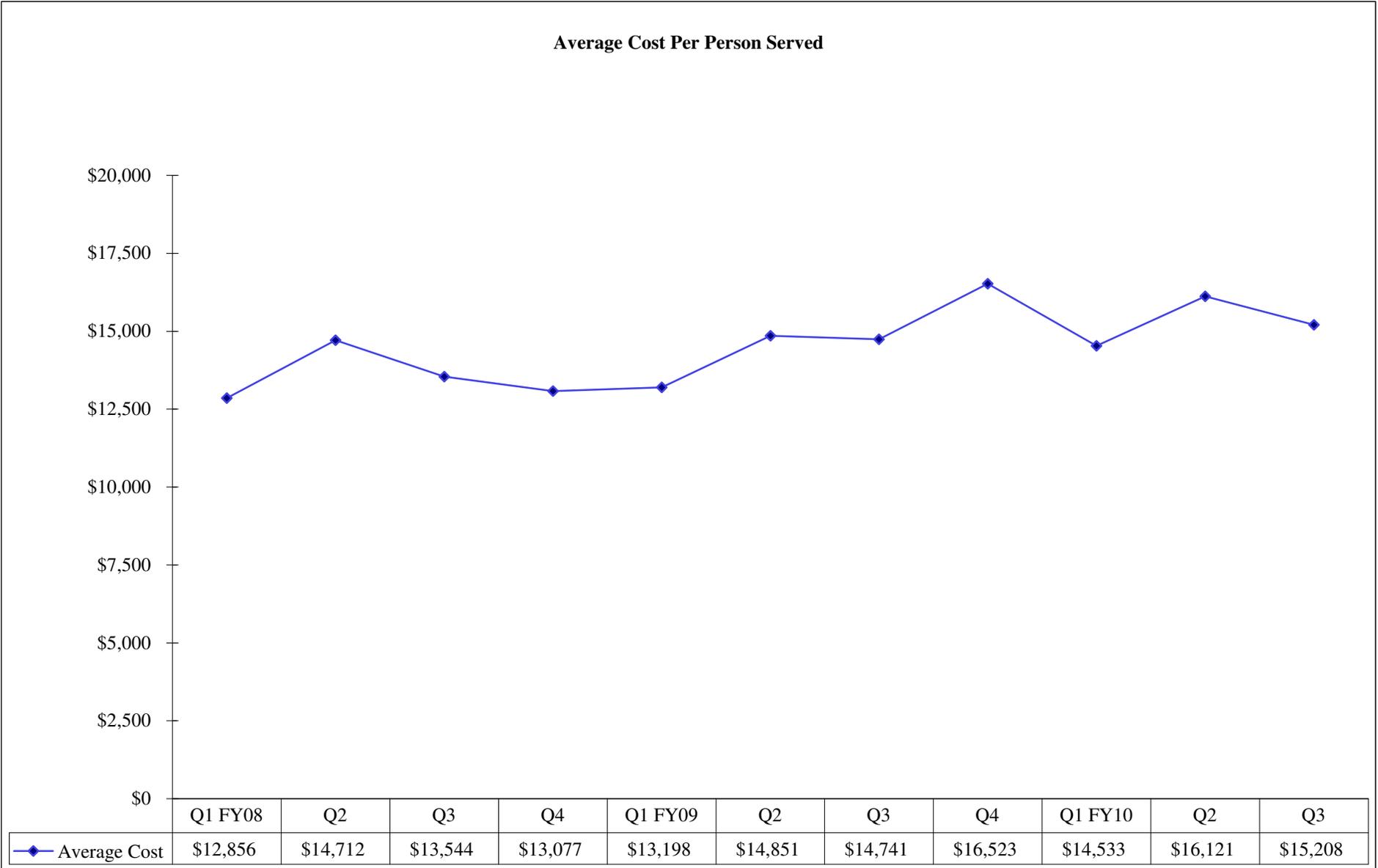


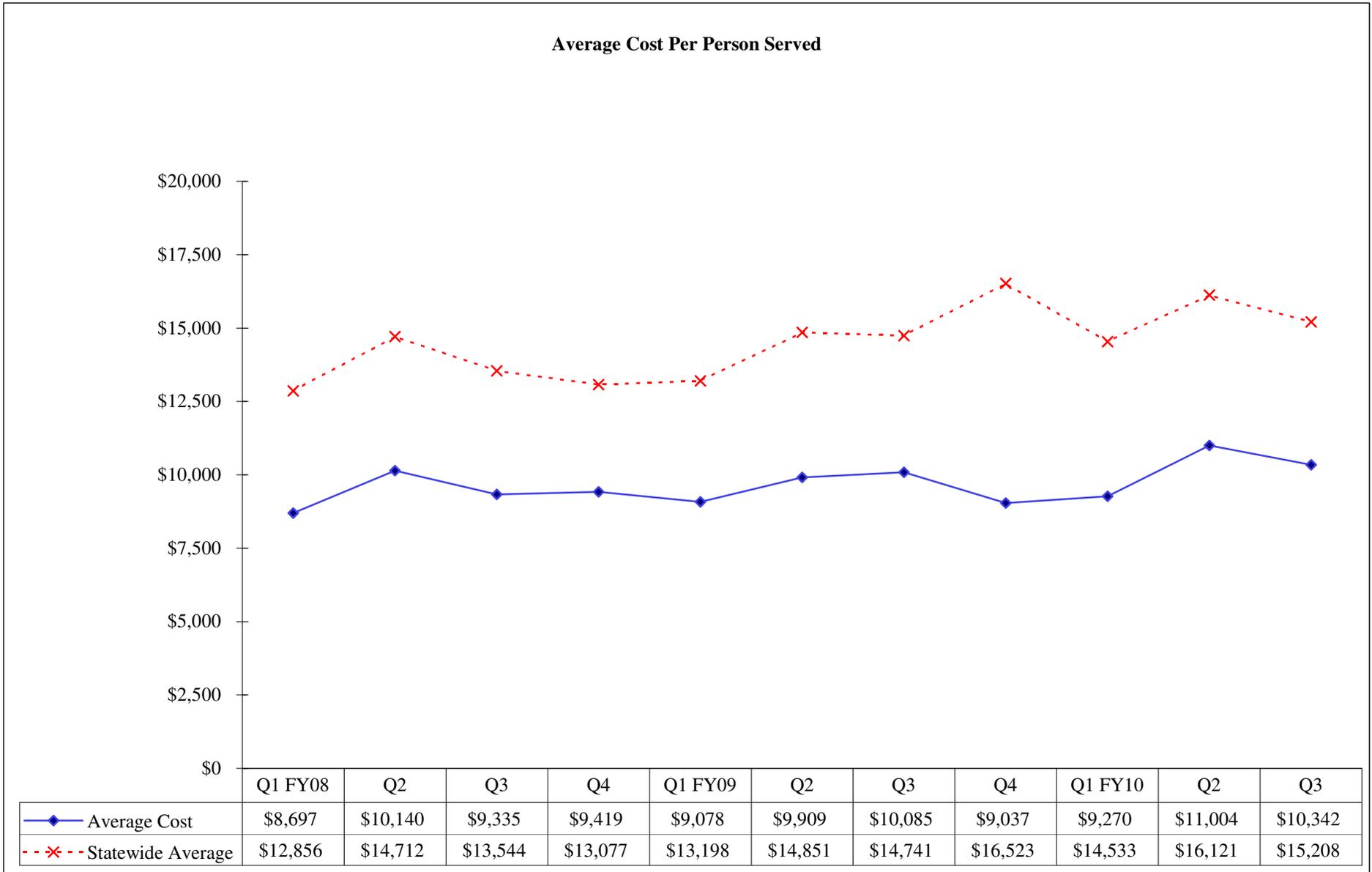
Table: Hospital Management Data Services

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

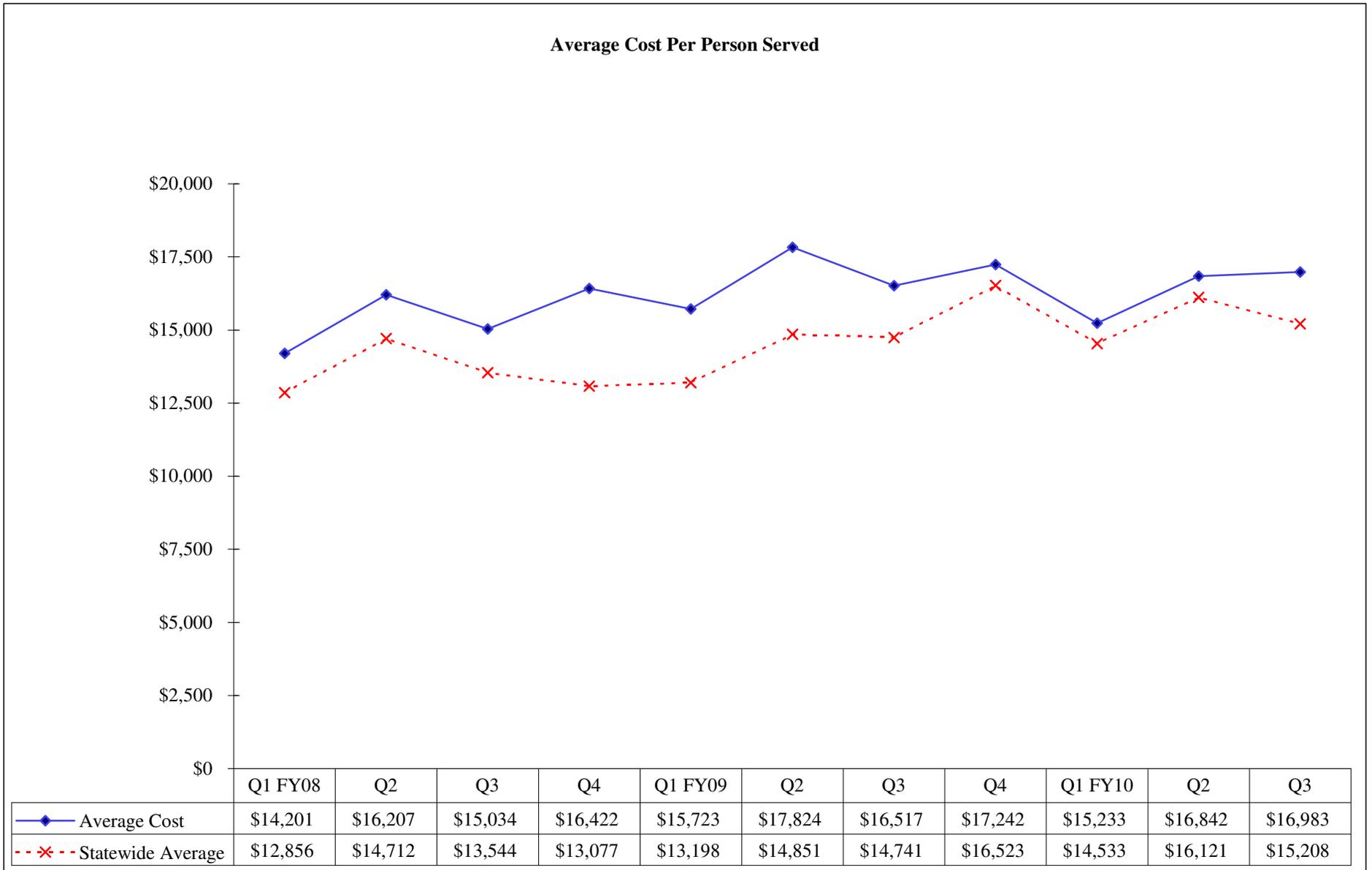
**Measure 1A - Average Cost Per Patient Served
All State MH Hospitals**



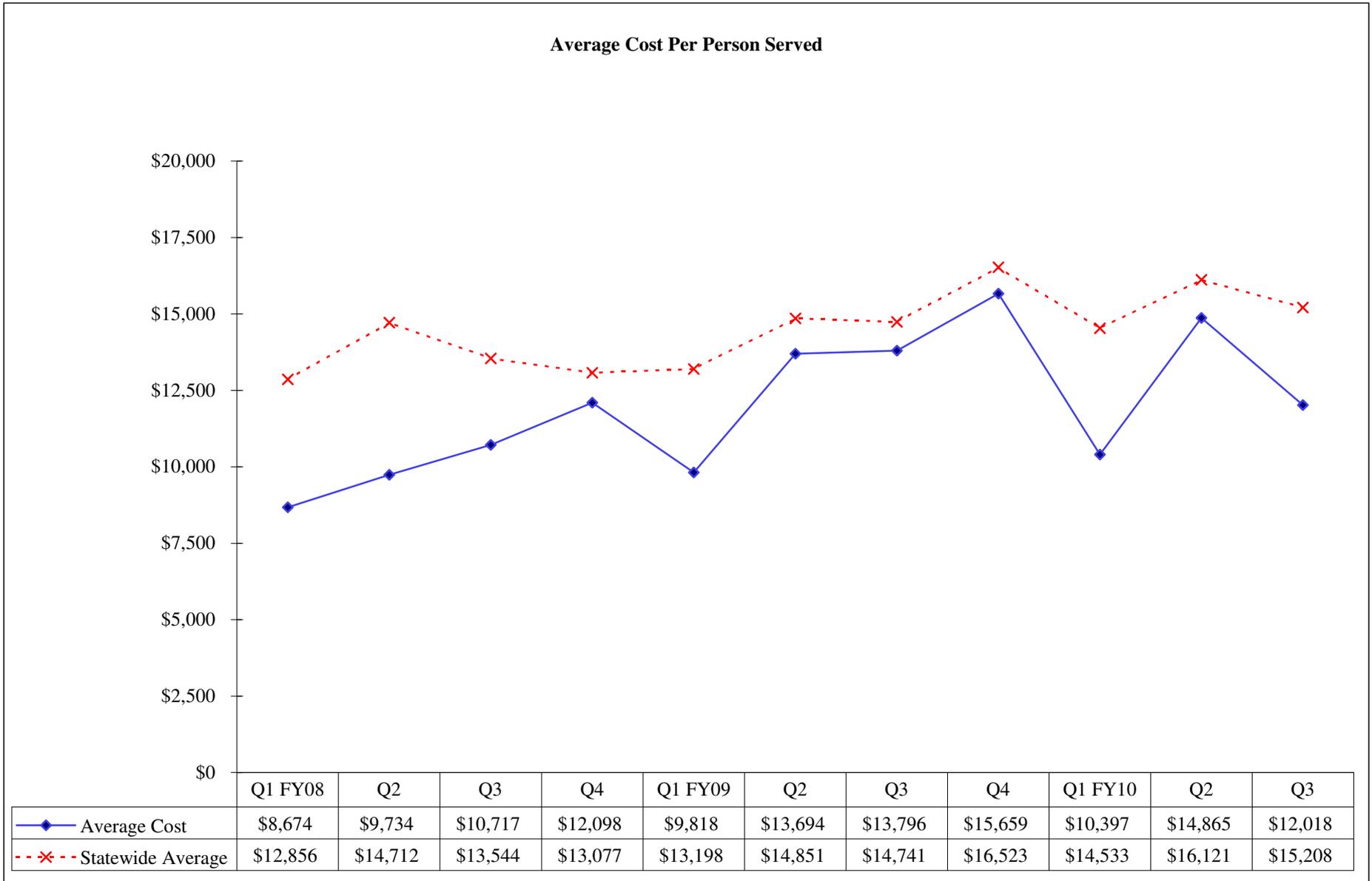
**Measure 1A - Average Cost Per Patient Served
Austin State Hospital**



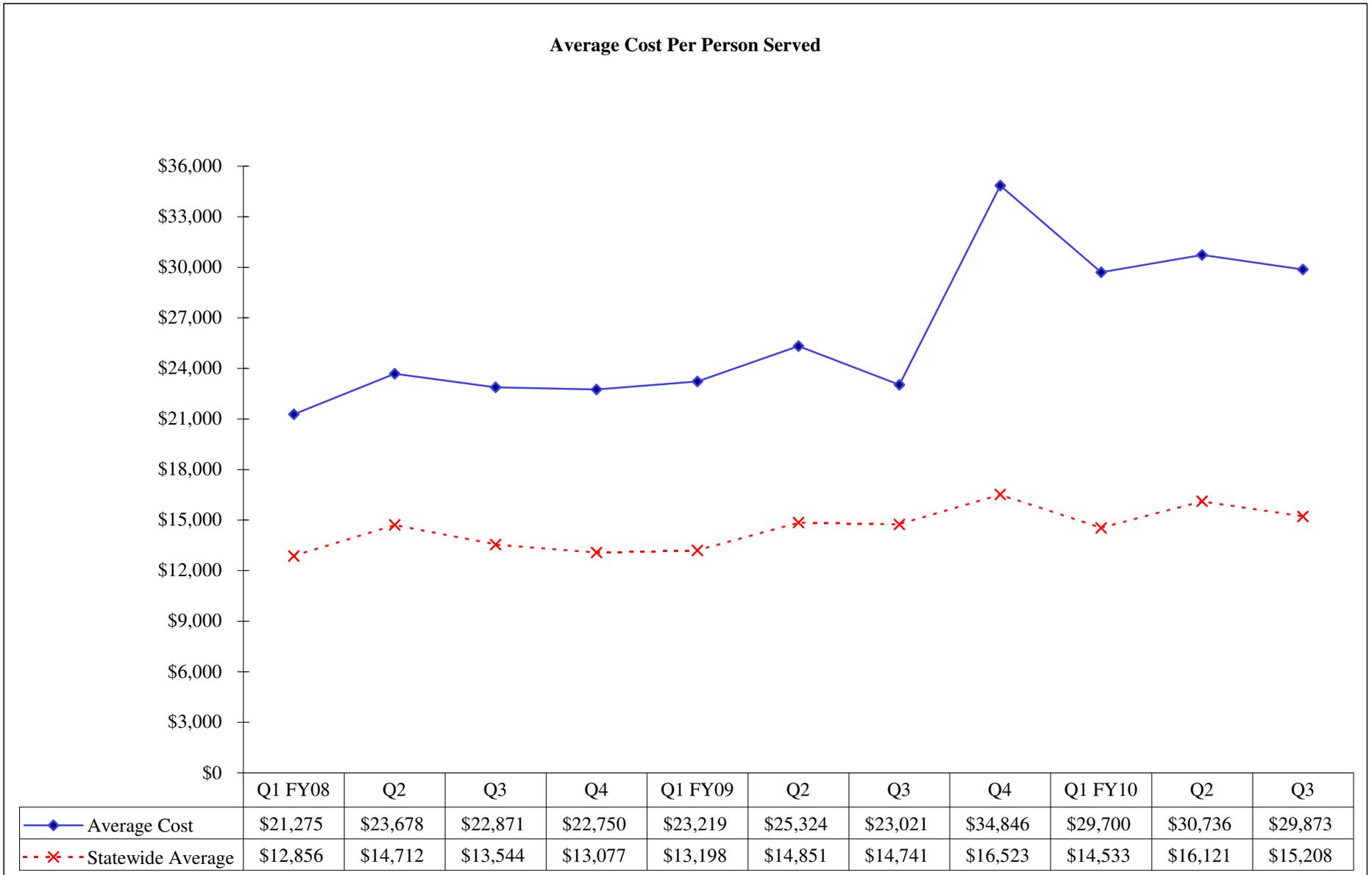
**Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital**



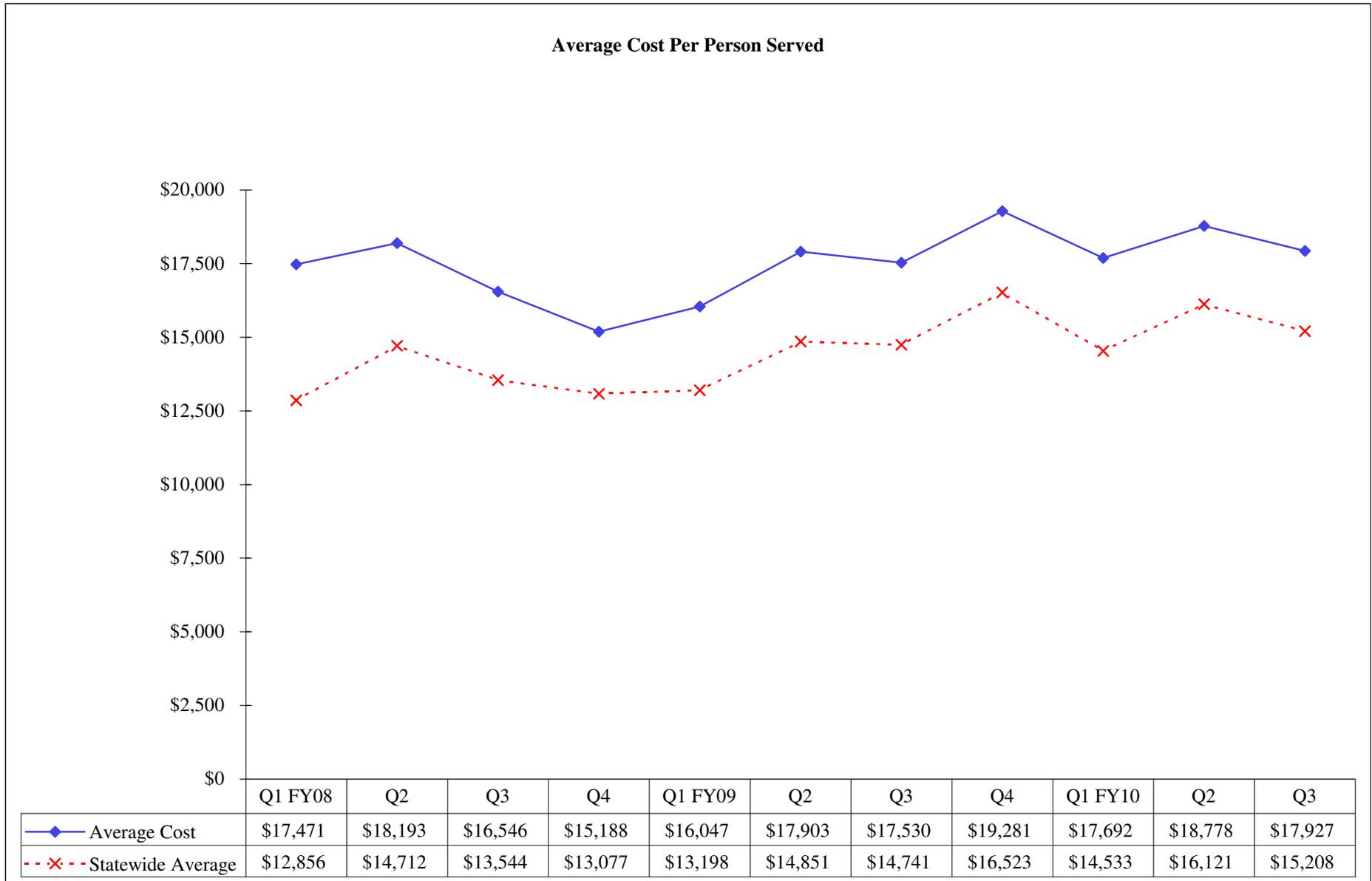
Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center



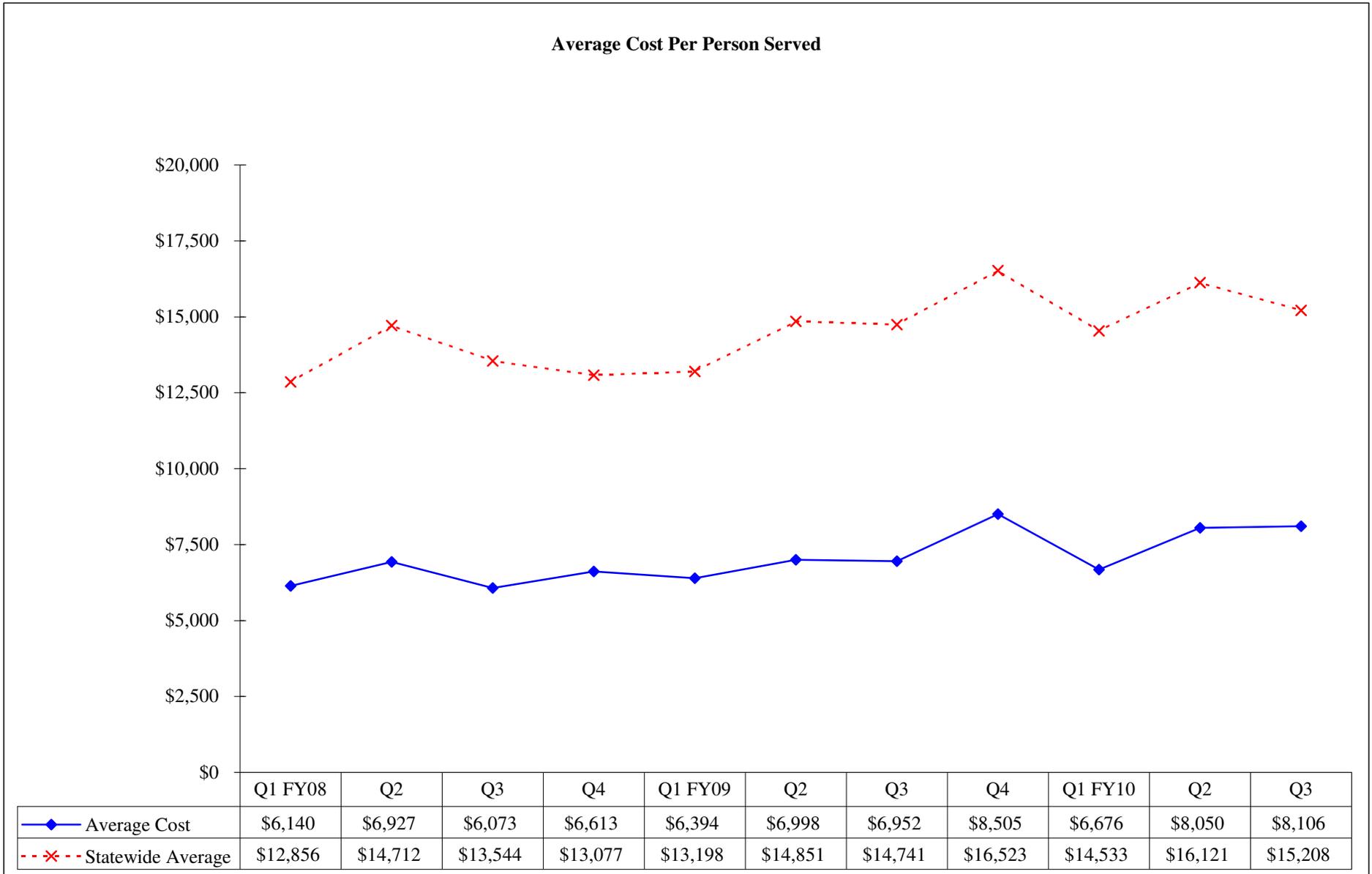
Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital



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



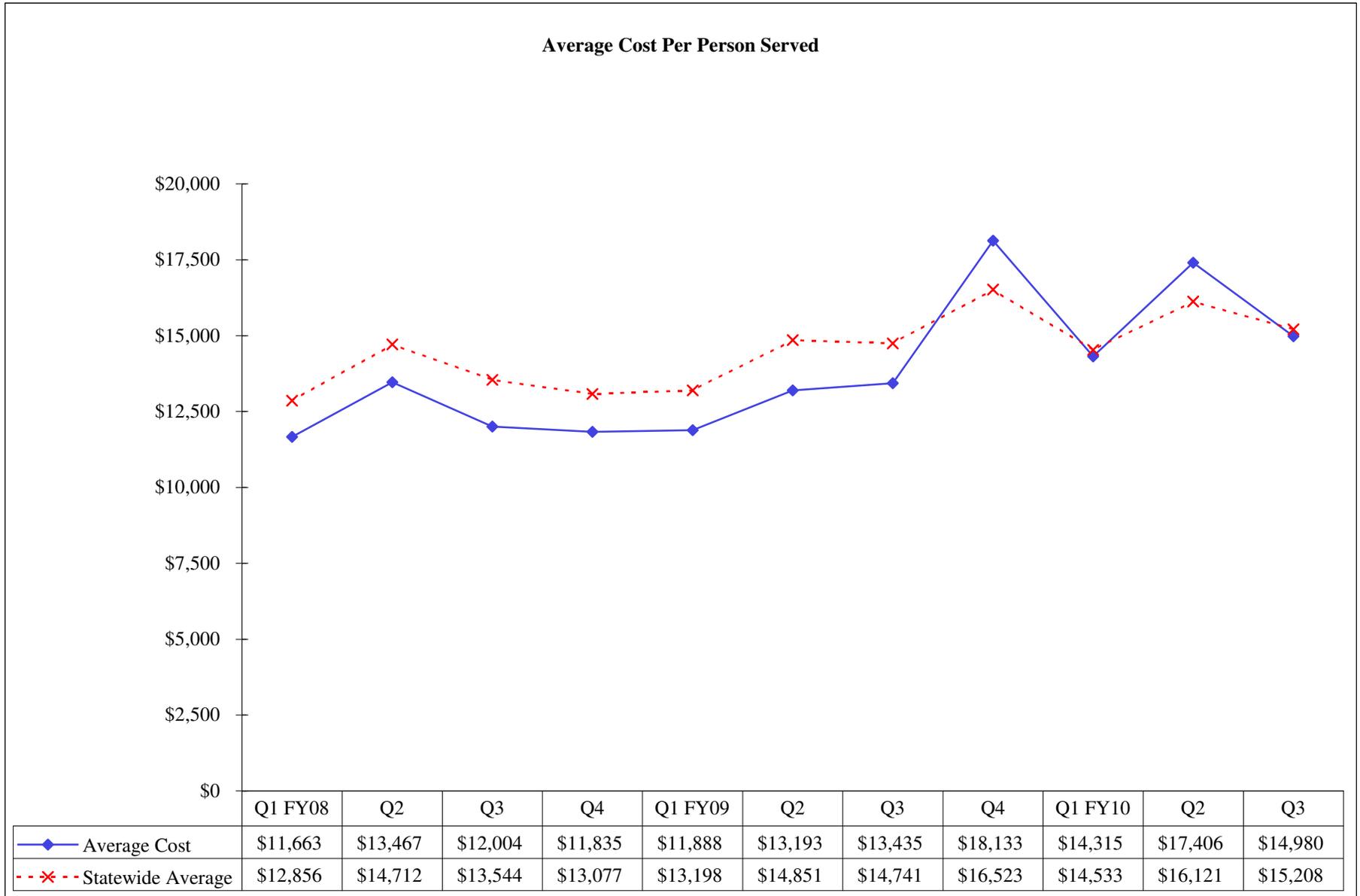
Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)



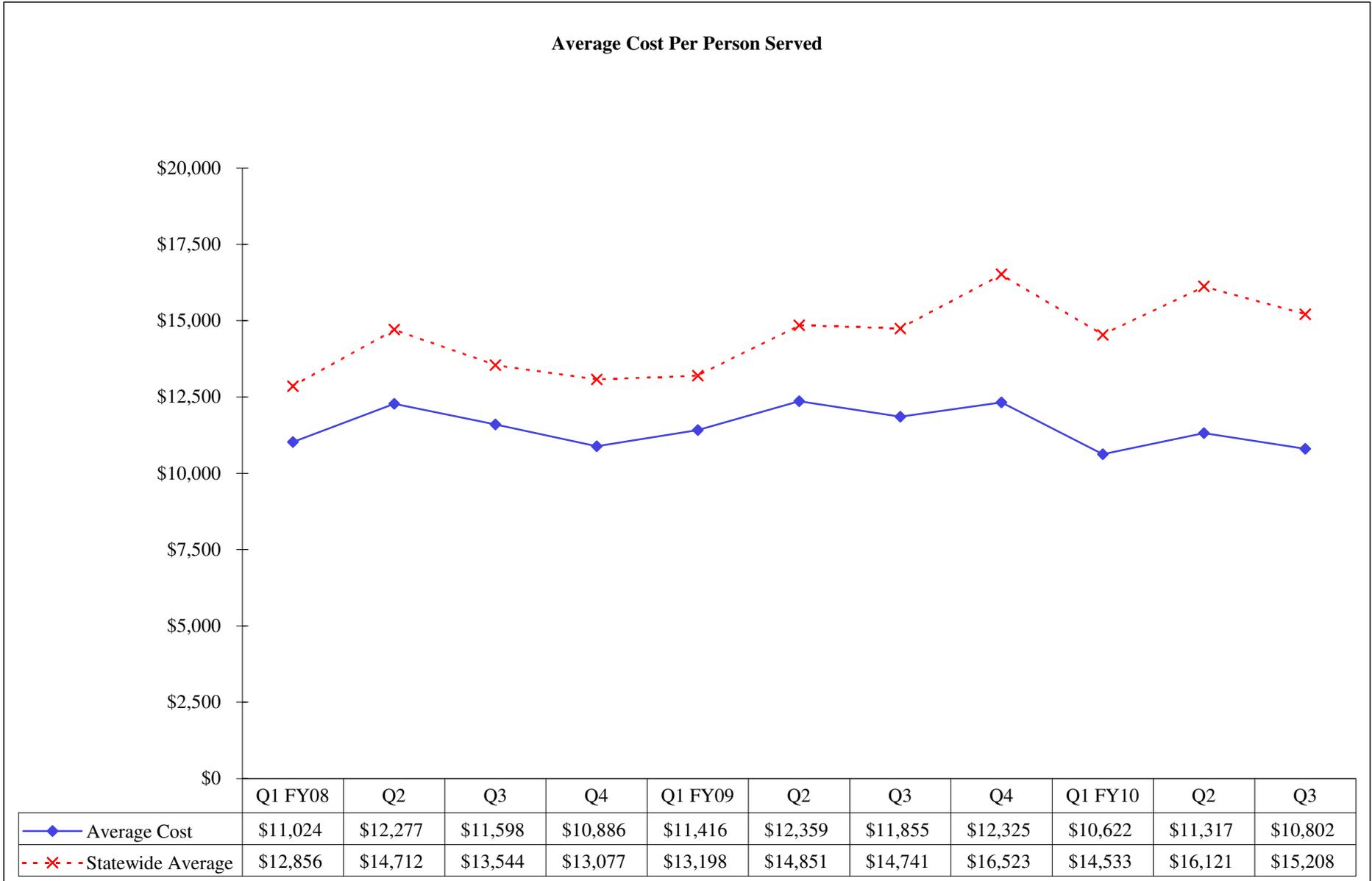
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



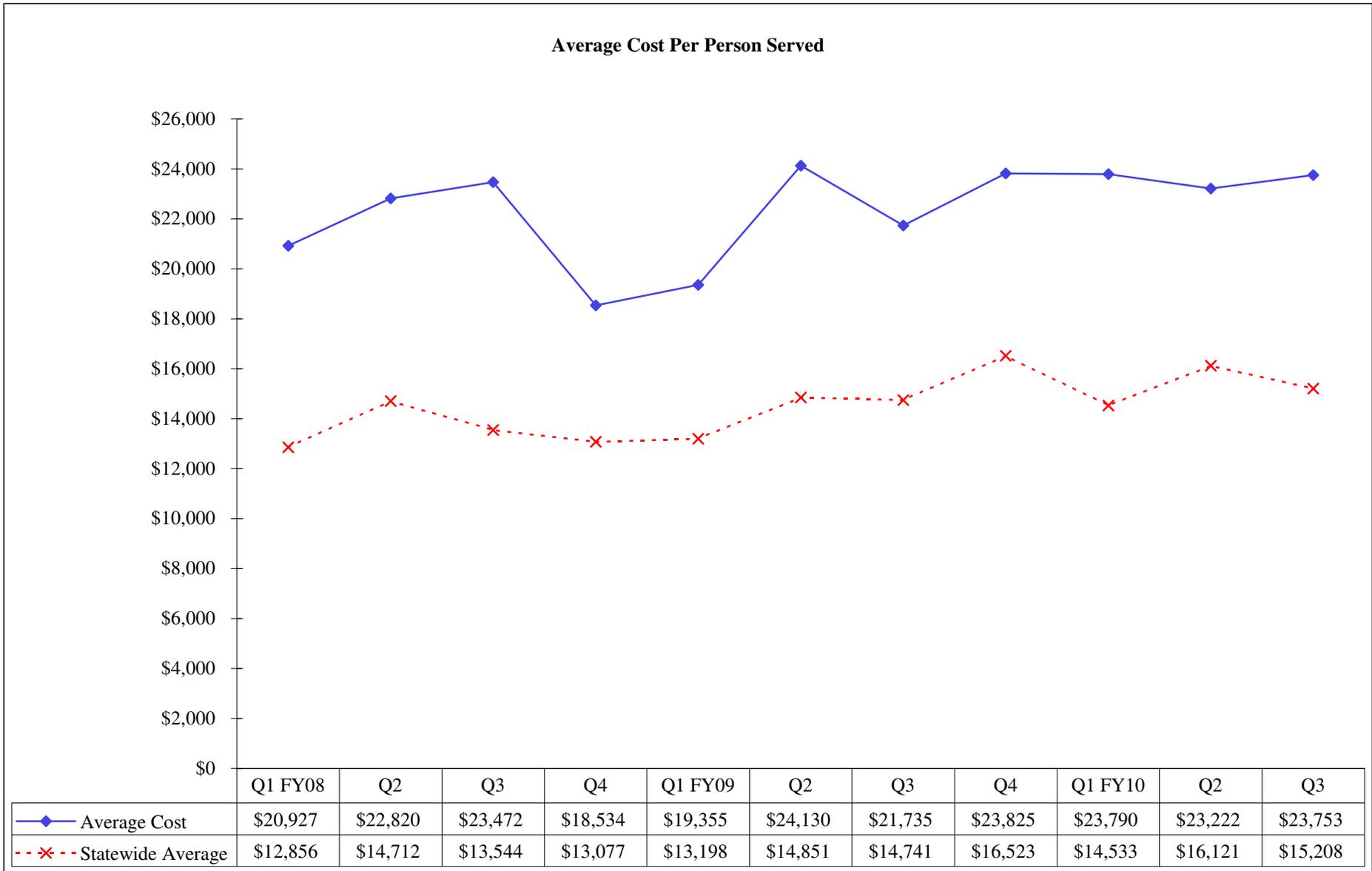
Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



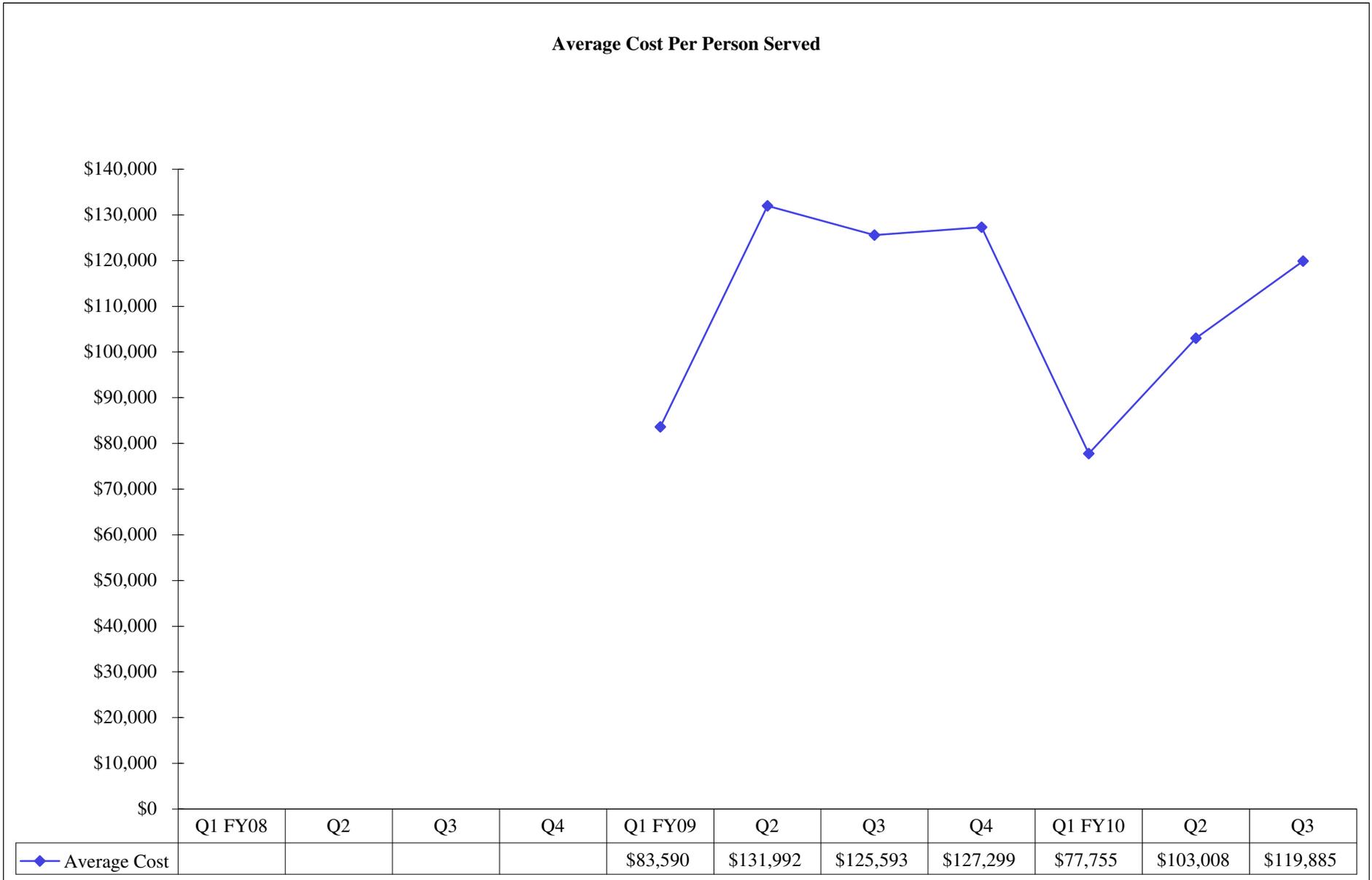
**Measure 1A - Average Cost Per Patient Served
Terrell State Hospital**



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



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



Performance Measure 1B:

Calculate cost per occupied bed.

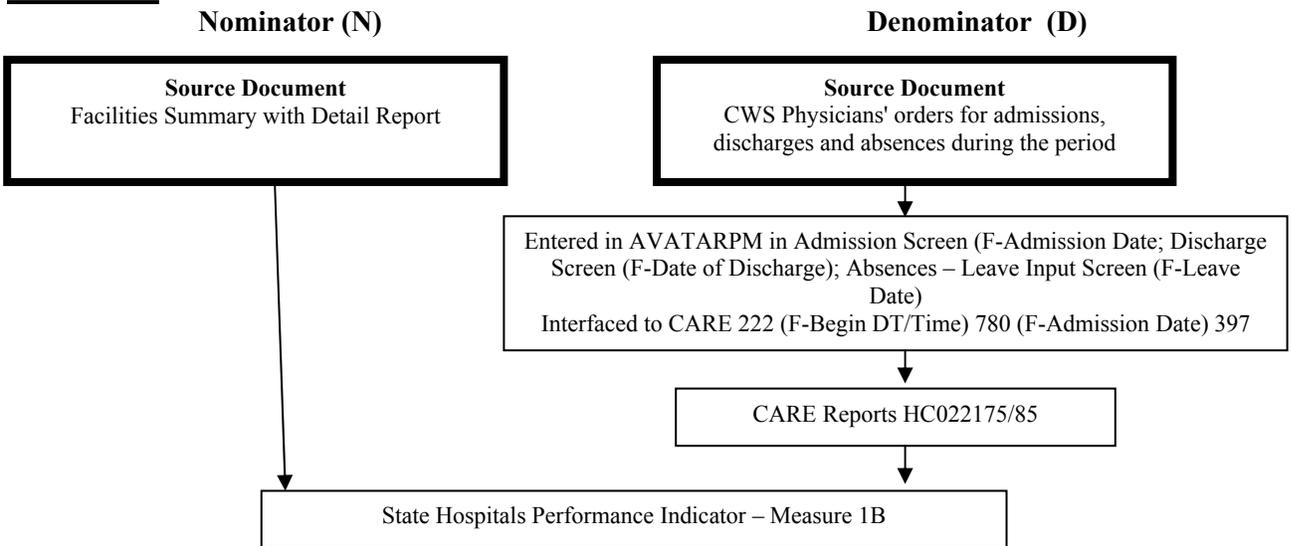
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

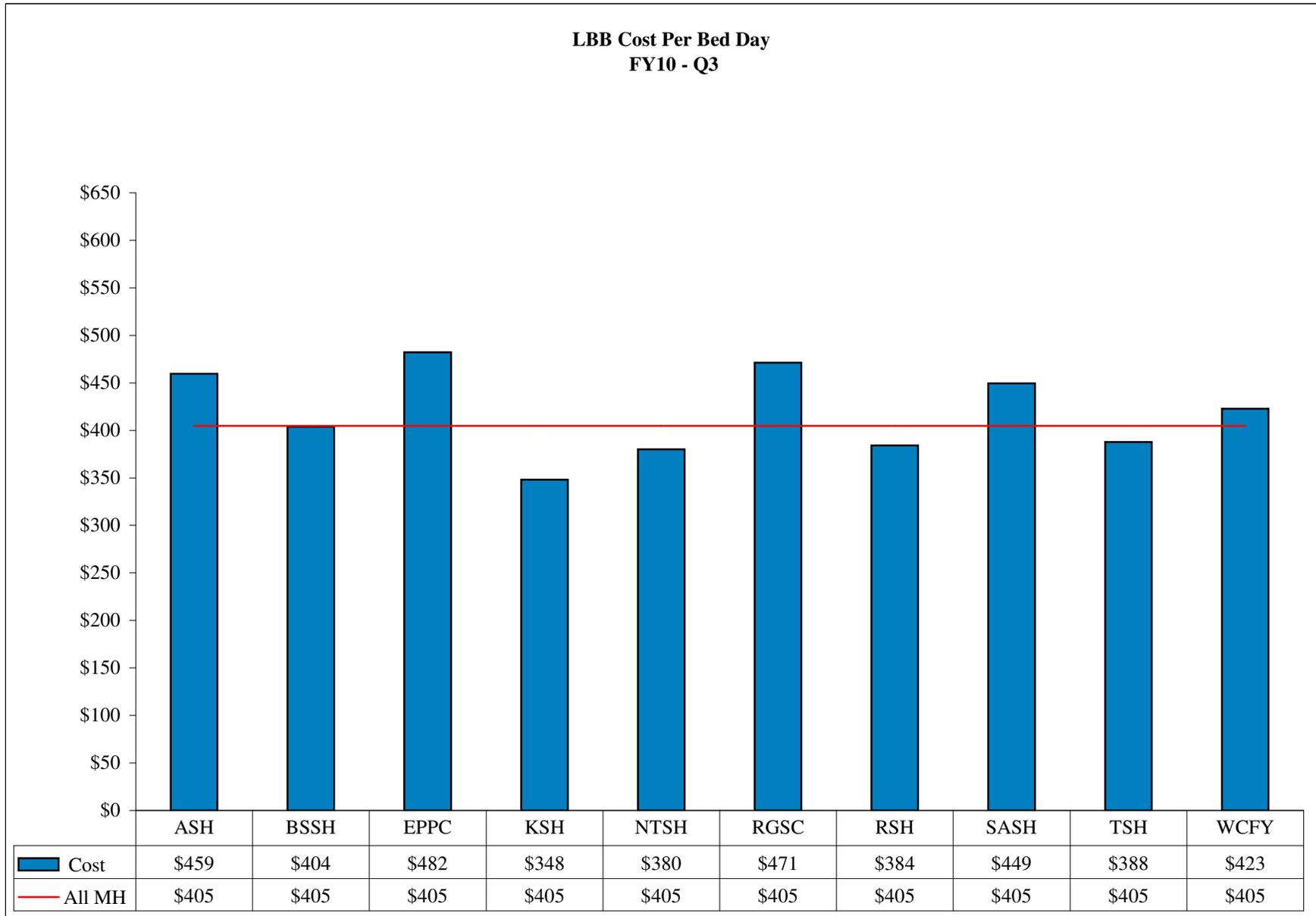
Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 1B - Cost Per Bed Day
All State MH Hospitals - FY10



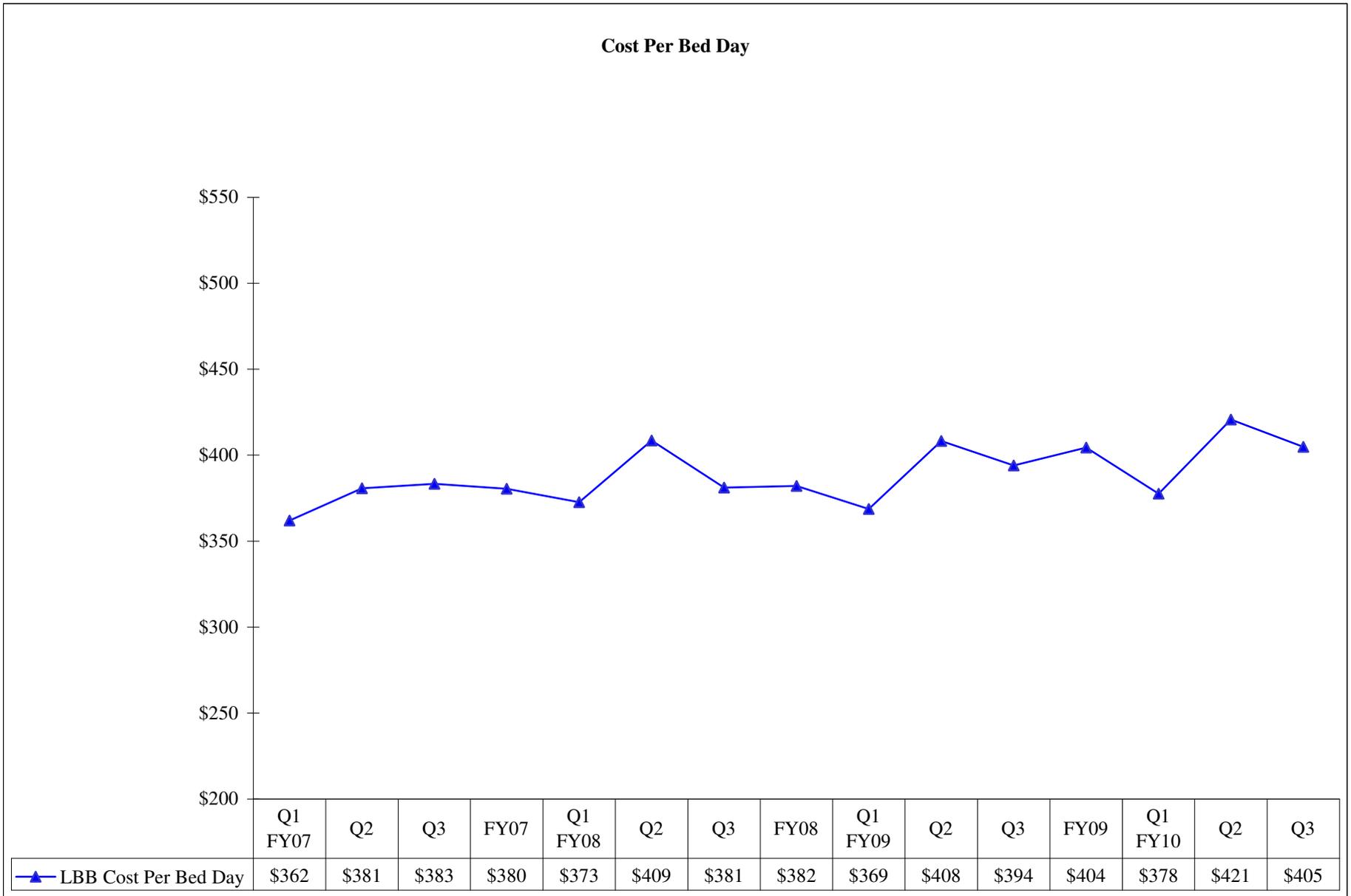
Measure 1B - Cost Per Bed Day

All State Hospitals

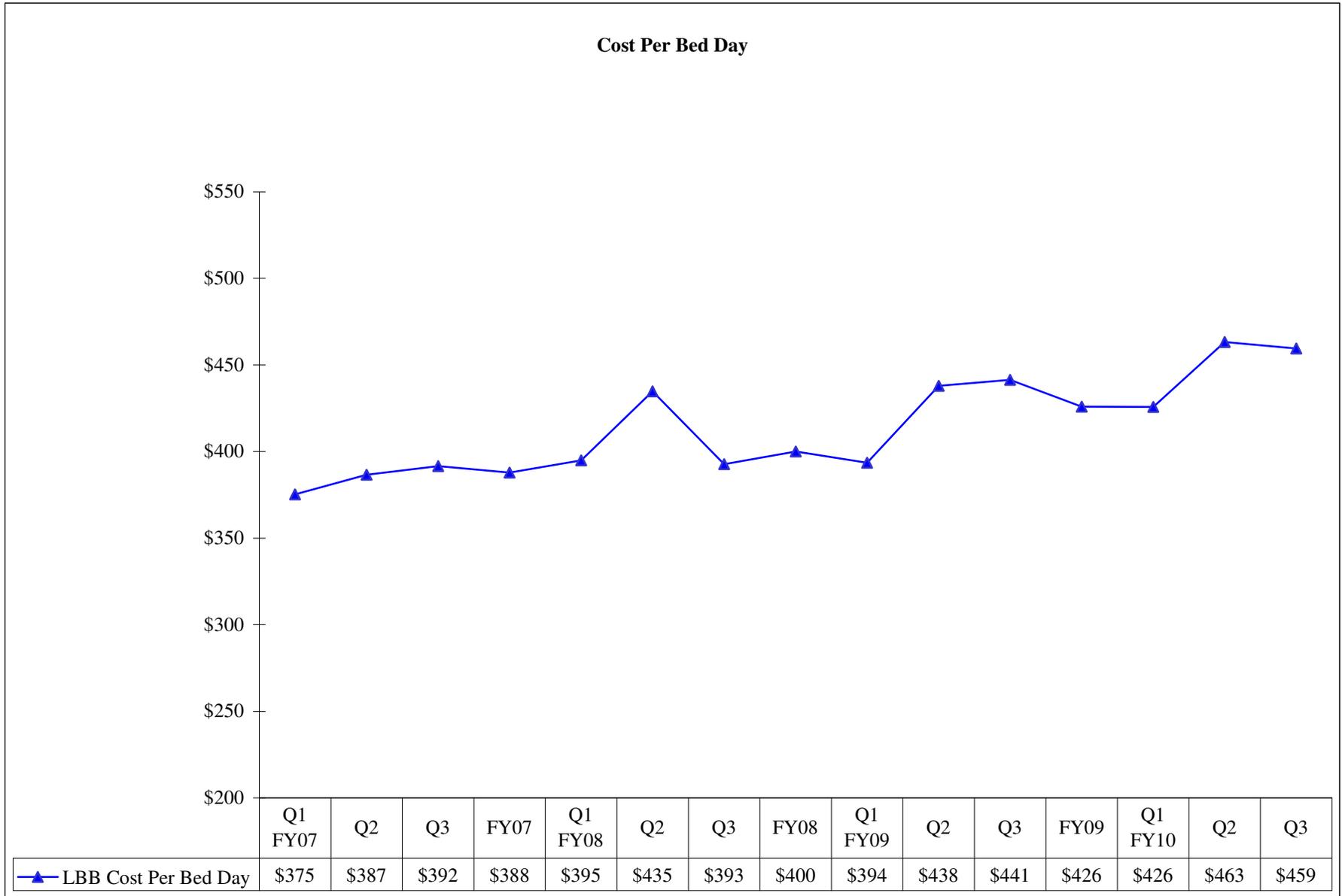
	FY07				FY08				FY09				FY10			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
Austin State Hospital																
LBB Cost Per Bed Day	\$375	\$387	\$392	\$388	\$395	\$435	\$393	\$400	\$394	\$438	\$441	\$426	\$426	\$463	\$459	
Big Spring State Hospital																
LBB Cost Per Bed Day	\$354	\$369	\$377	\$369	\$364	\$395	\$389	\$383	\$373	\$417	\$415	\$414	\$380	\$408	\$404	
El Paso Psychiatric Center																
LBB Cost Per Bed Day	\$469	\$467	\$461	\$475	\$447	\$507	\$530	\$500	\$451	\$568	\$511	\$539	\$460	\$561	\$482	
Kerrville State Hospital																
LBB Cost Per Bed Day	\$337	\$329	\$345	\$336	\$328	\$351	\$338	\$340	\$342	\$366	\$361	\$370	\$353	\$356	\$348	
North Texas State Hospital																
LBB Cost Per Bed Day	\$349	\$388	\$382	\$383	\$387	\$407	\$364	\$375	\$361	\$391	\$380	\$389	\$359	\$396	\$380	
Rusk State Hospital																
LBB Cost Per Bed Day	\$361	\$387	\$368	\$371	\$343	\$377	\$364	\$353	\$338	\$363	\$357	\$373	\$365	\$397	\$384	
San Antonio State Hospital																
LBB Cost Per Bed Day	\$398	\$397	\$429	\$414	\$404	\$444	\$409	\$417	\$393	\$453	\$420	\$441	\$395	\$501	\$449	
Terrell State Hospital																
LBB Cost Per Bed Day	\$350	\$361	\$354	\$357	\$351	\$395	\$377	\$373	\$373	\$407	\$378	\$397	\$354	\$397	\$388	
Waco Center for Youth*																
LBB Cost Per Bed Day	\$306	\$363	\$333	\$351	\$339	\$424	\$362	\$372	\$305	\$391	\$342	\$363	\$372	\$401	\$423	
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	\$402	\$412	\$519	\$469	\$382	\$493	\$478	\$439	\$427	\$445	\$456	\$477	\$445	\$477	\$471	
All State MH Hospitals																
LBB Cost Per Bed Day	\$362	\$381	\$383	\$380	\$373	\$409	\$381	\$382	\$369	\$408	\$394	\$404	\$378	\$421	\$405	
Texas Center for Infectious Disease																
LBB Cost Per Bed Day					\$524	\$864	\$633	\$704	\$527	\$868	\$635	\$712	\$874	\$799	\$622	

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

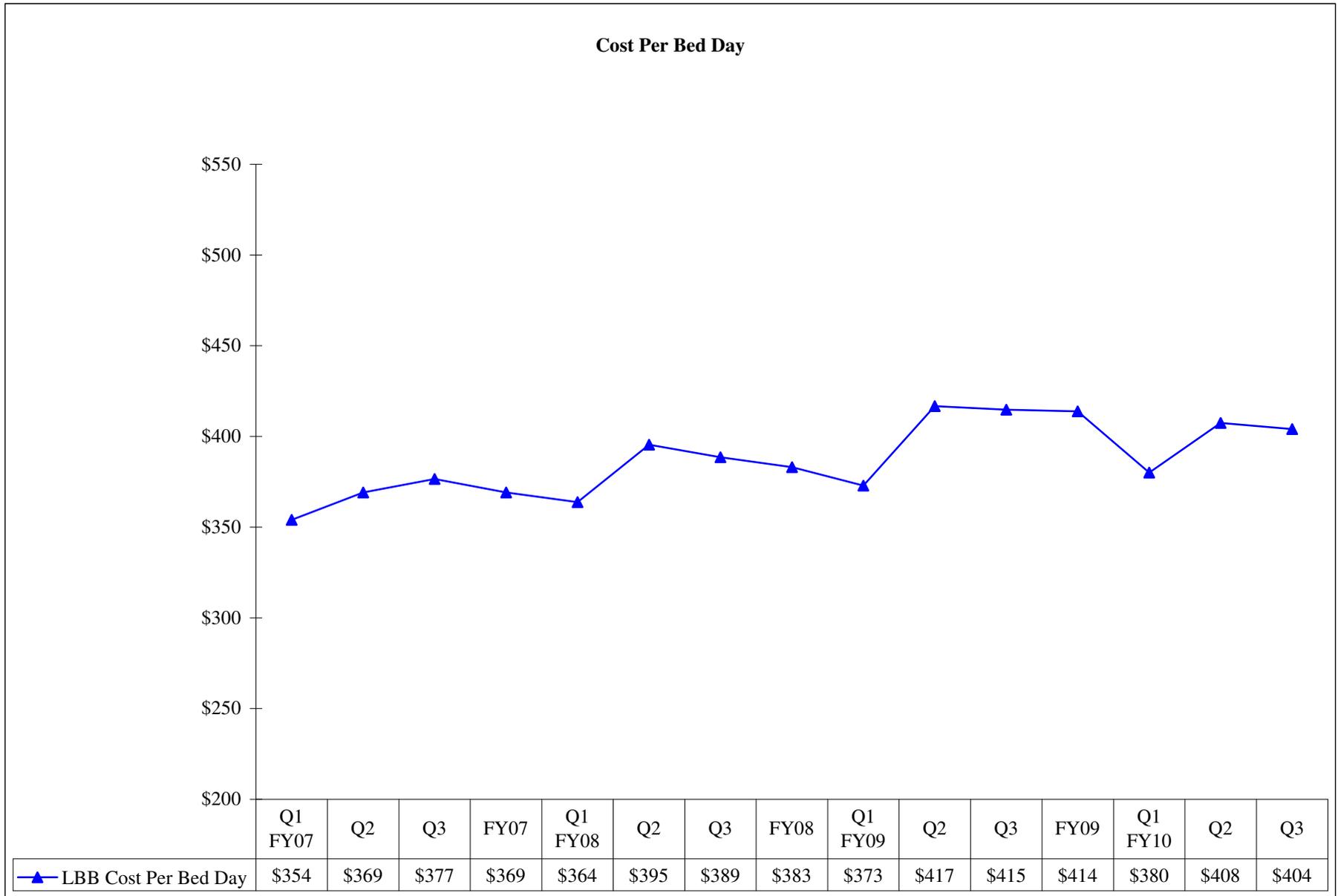
Measure 1B - Cost Per Bed Day
All State MH Hospitals



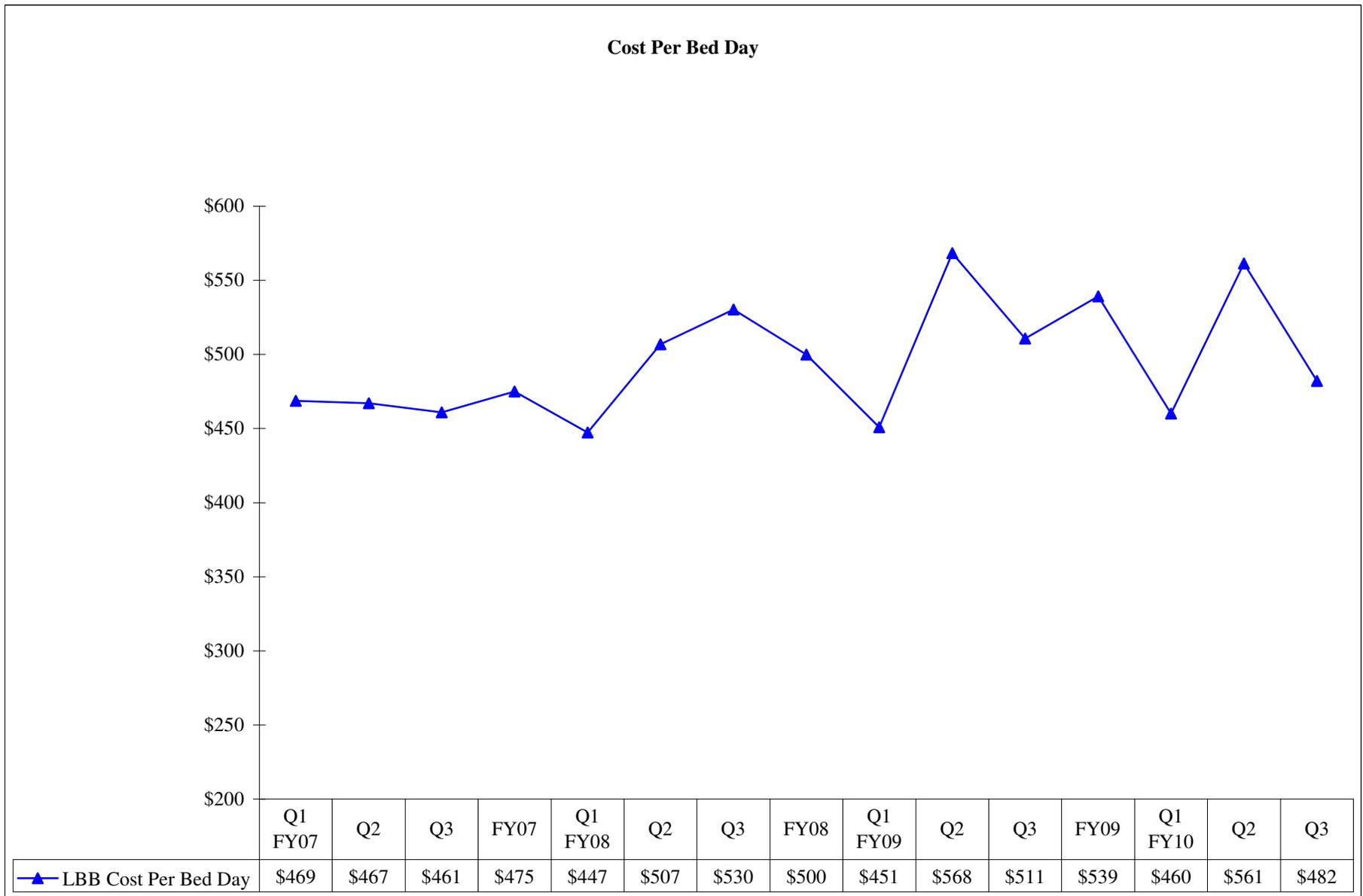
Measure 1B - Cost Per Bed Day
Austin State Hospital



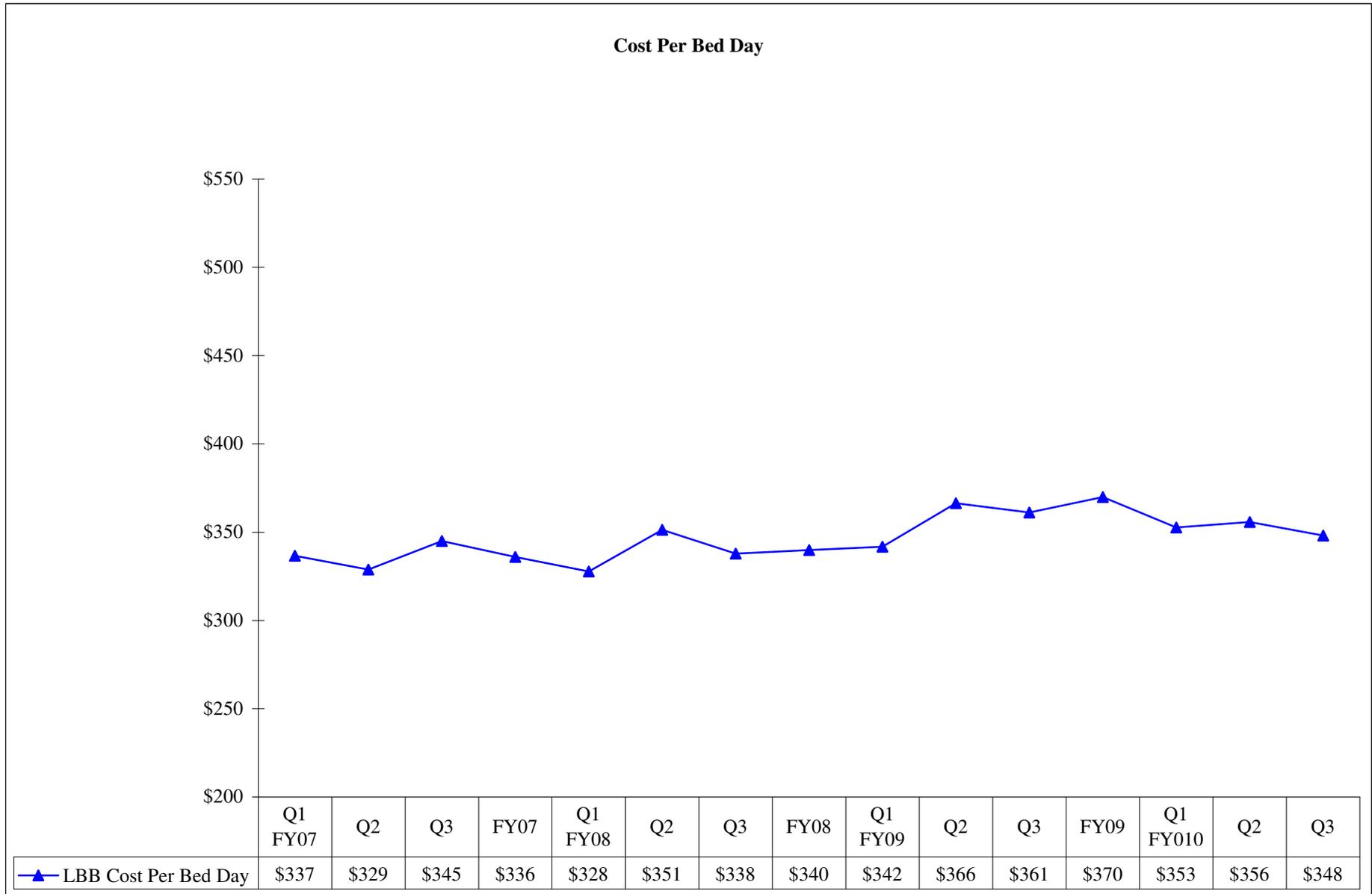
Measure 1B - Cost Per Bed Day
Big Spring State Hospital



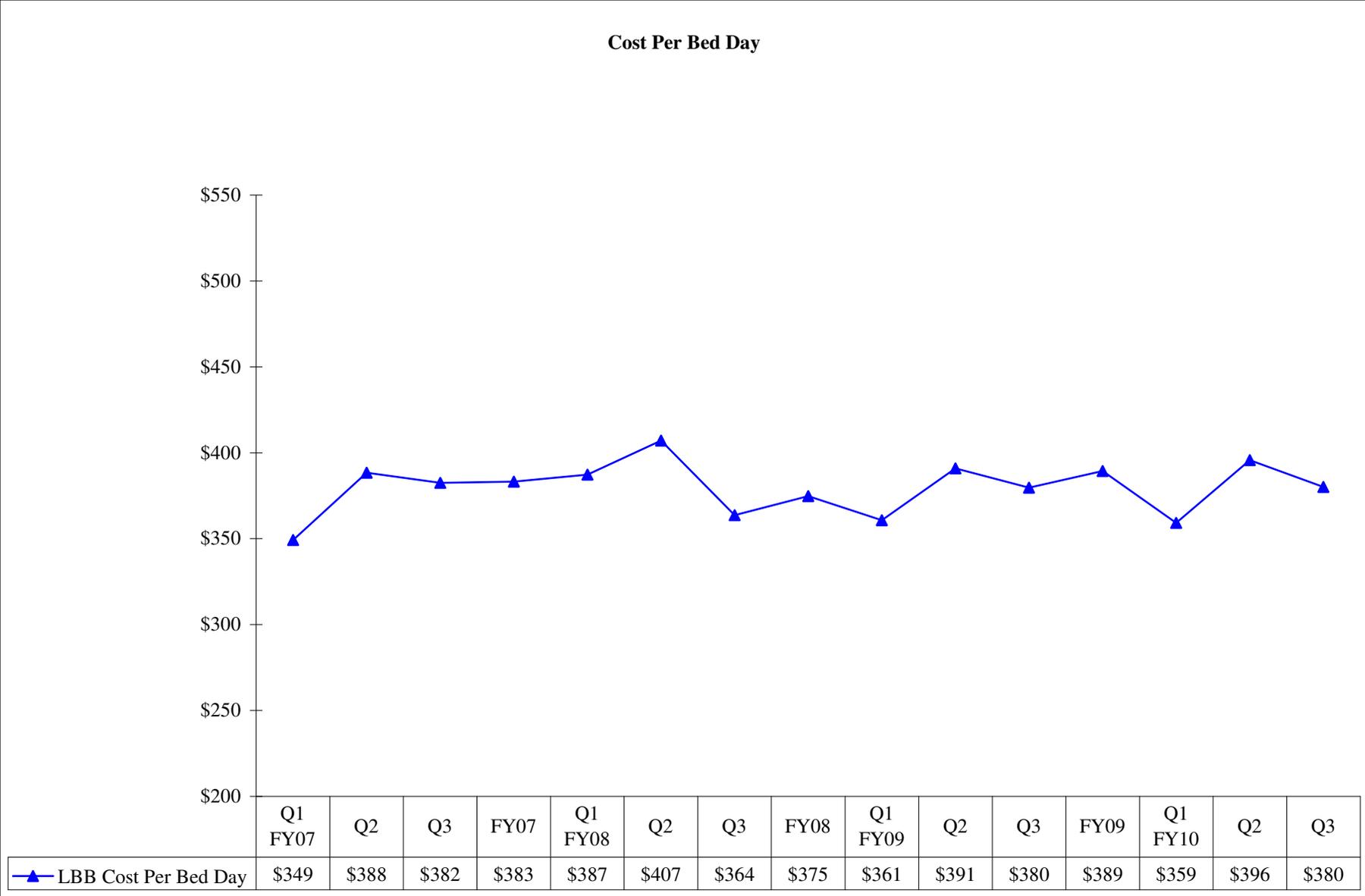
Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center



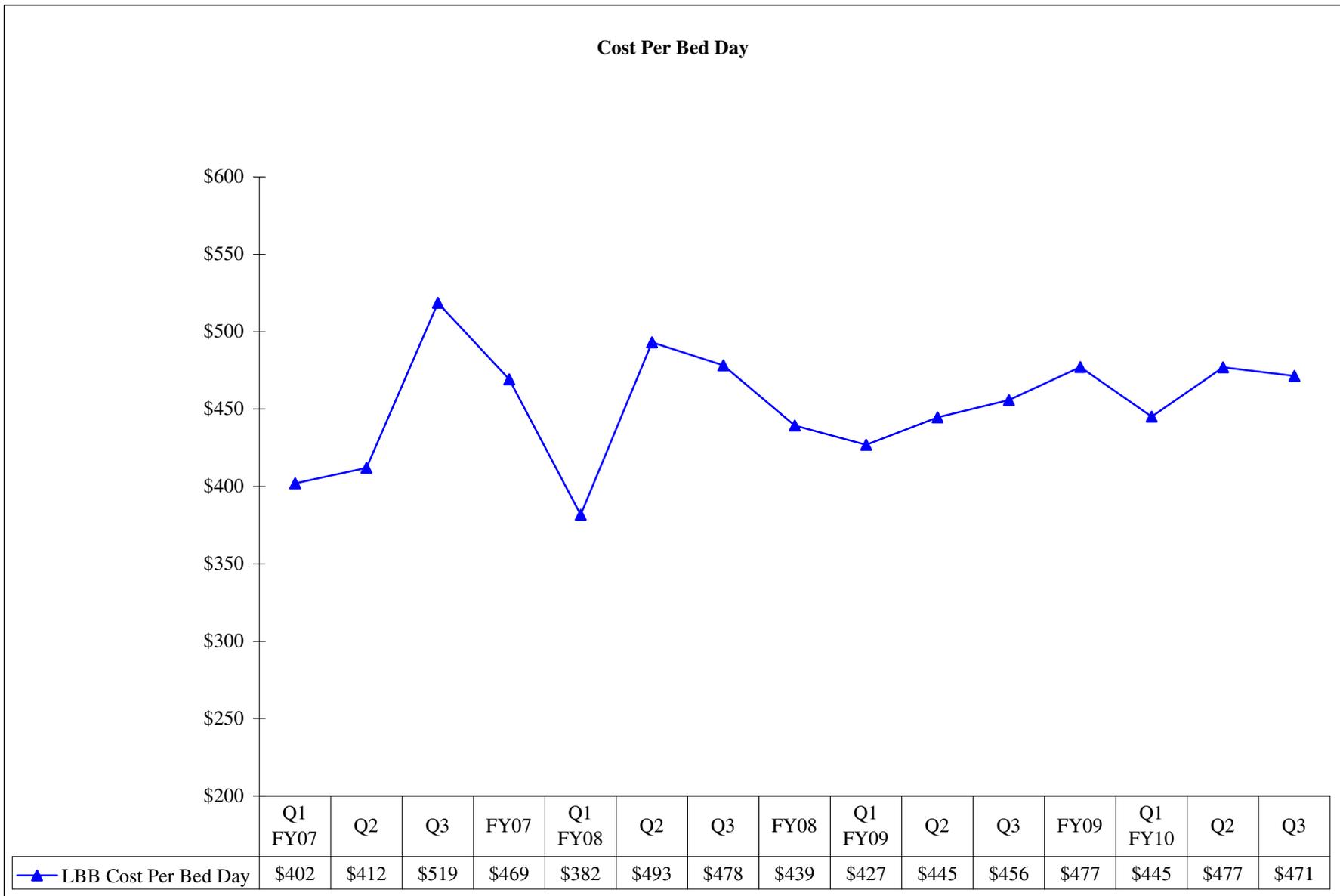
Measure 1B - Cost Per Bed Day
Kerrville State Hospital



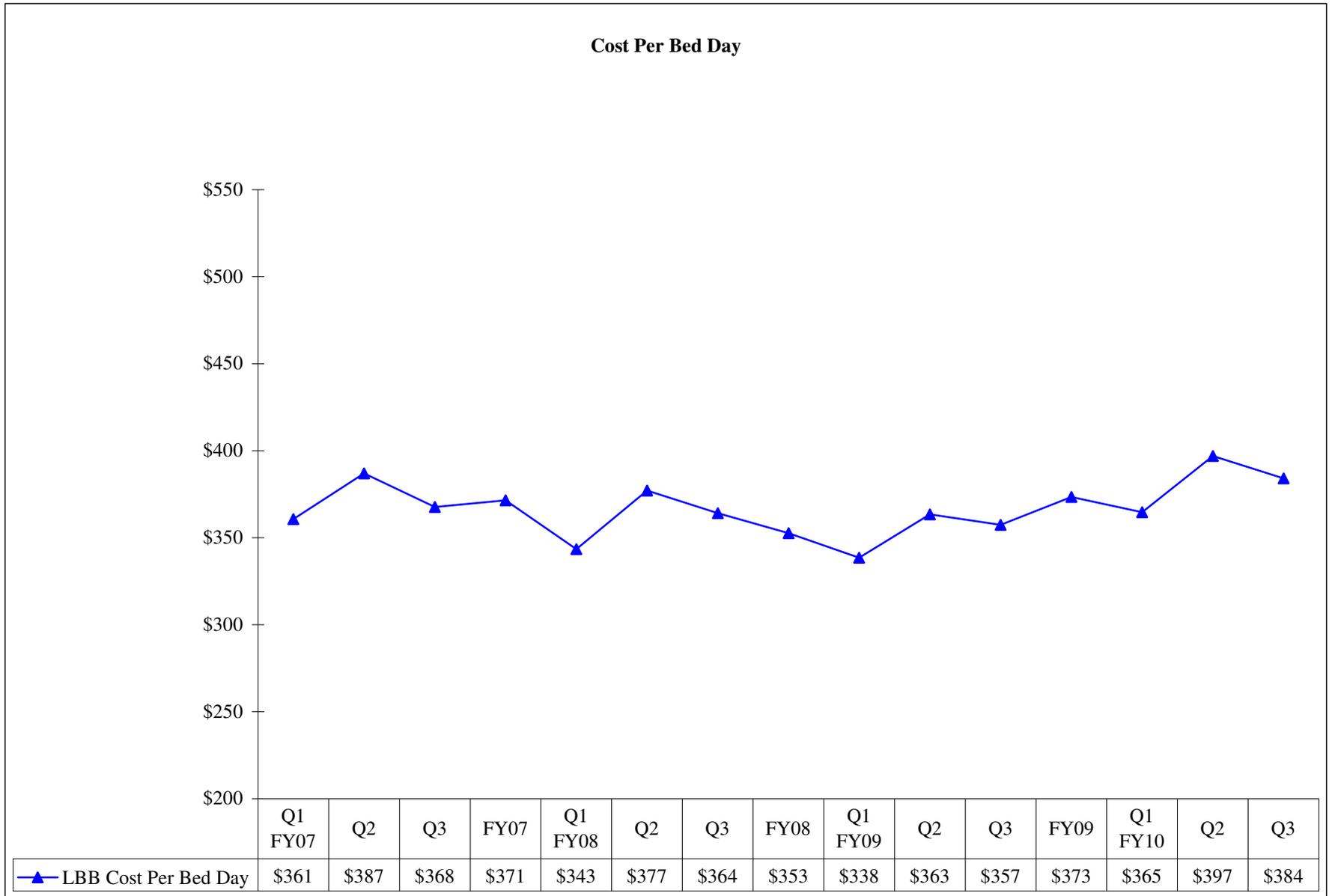
Measure 1B - Cost Per Bed Day
North Texas State Hospital



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



Measure 1B - Cost Per Bed Day
Rusk State Hospital



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

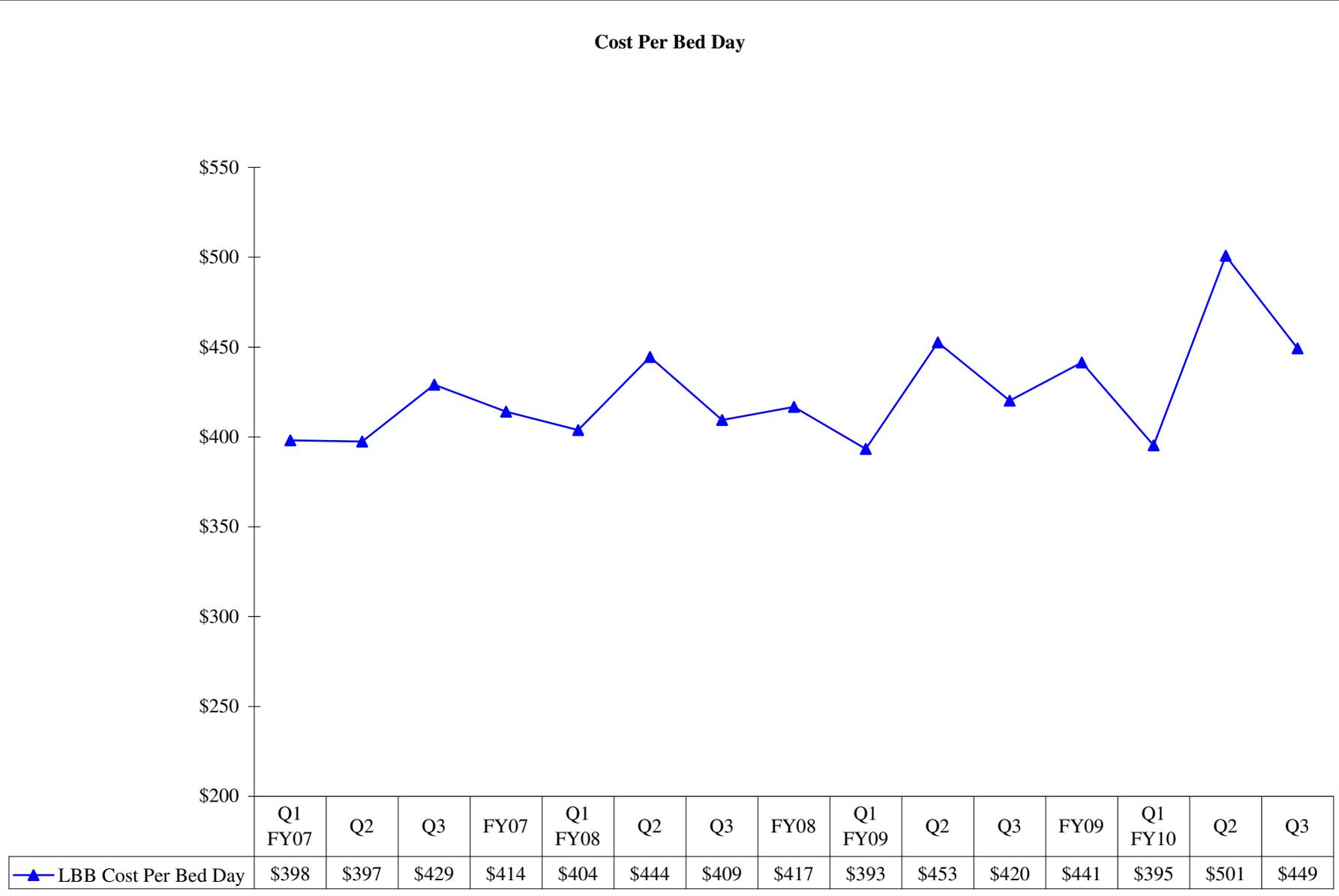
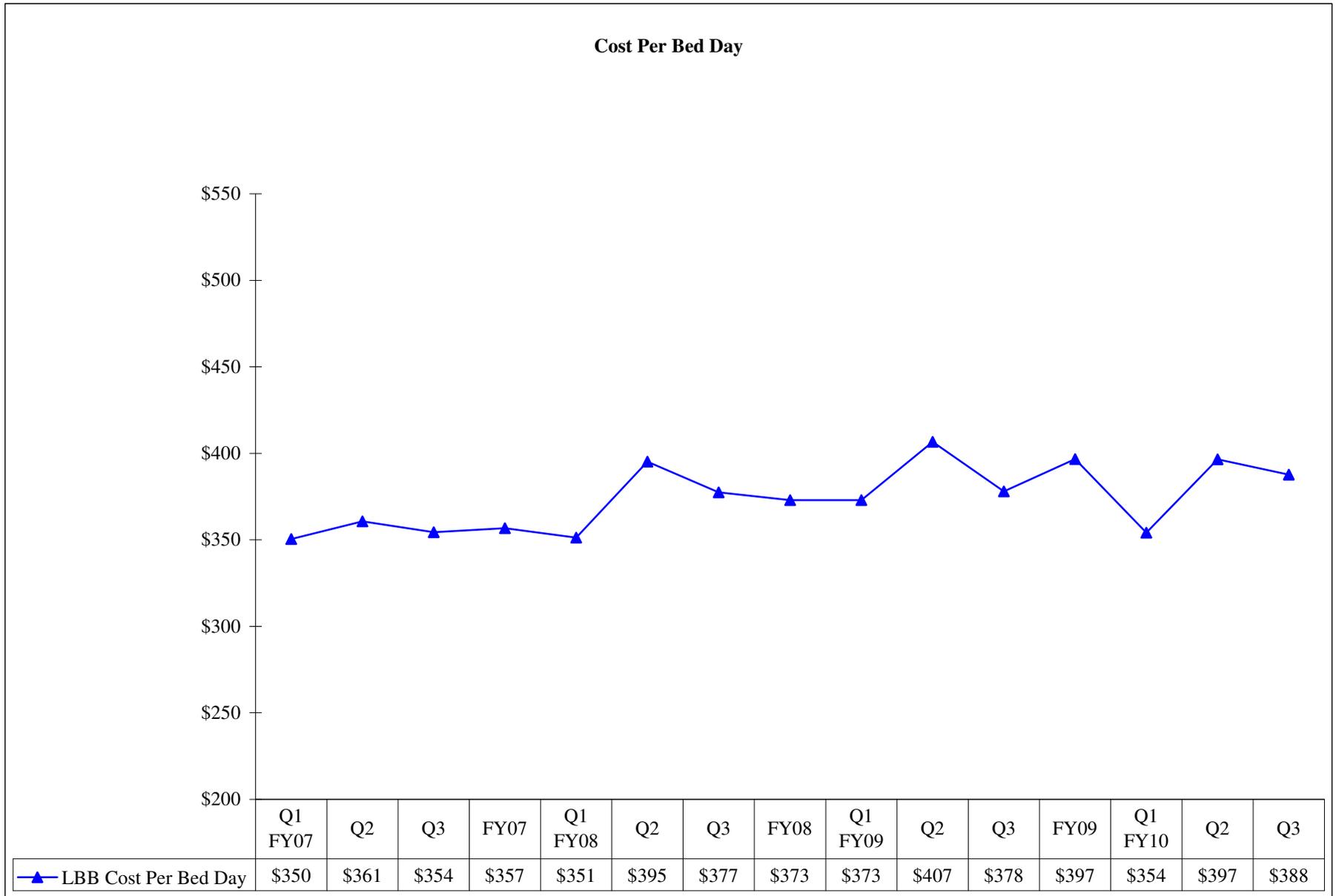


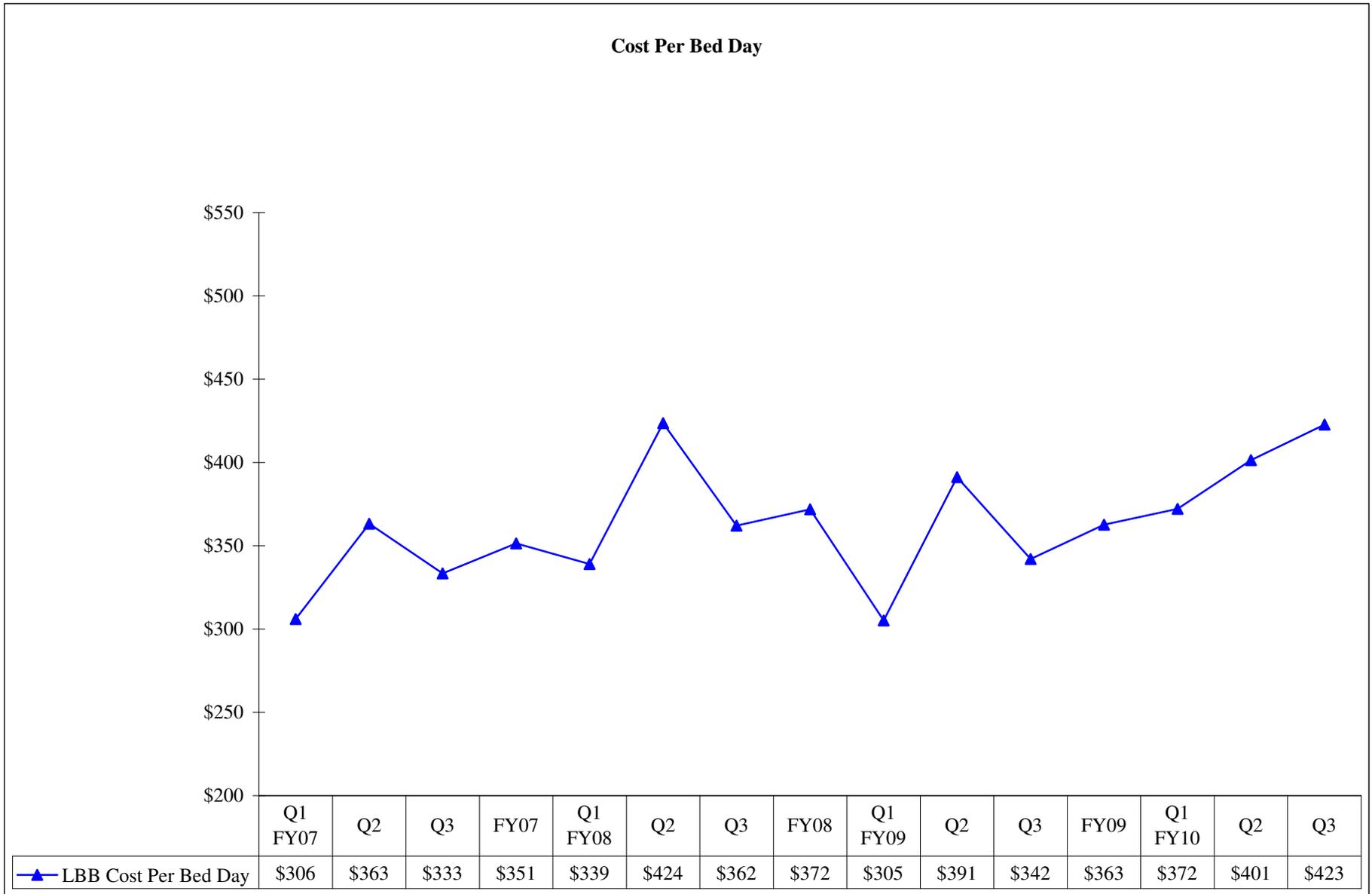
Chart: Hospital Management Data Services

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

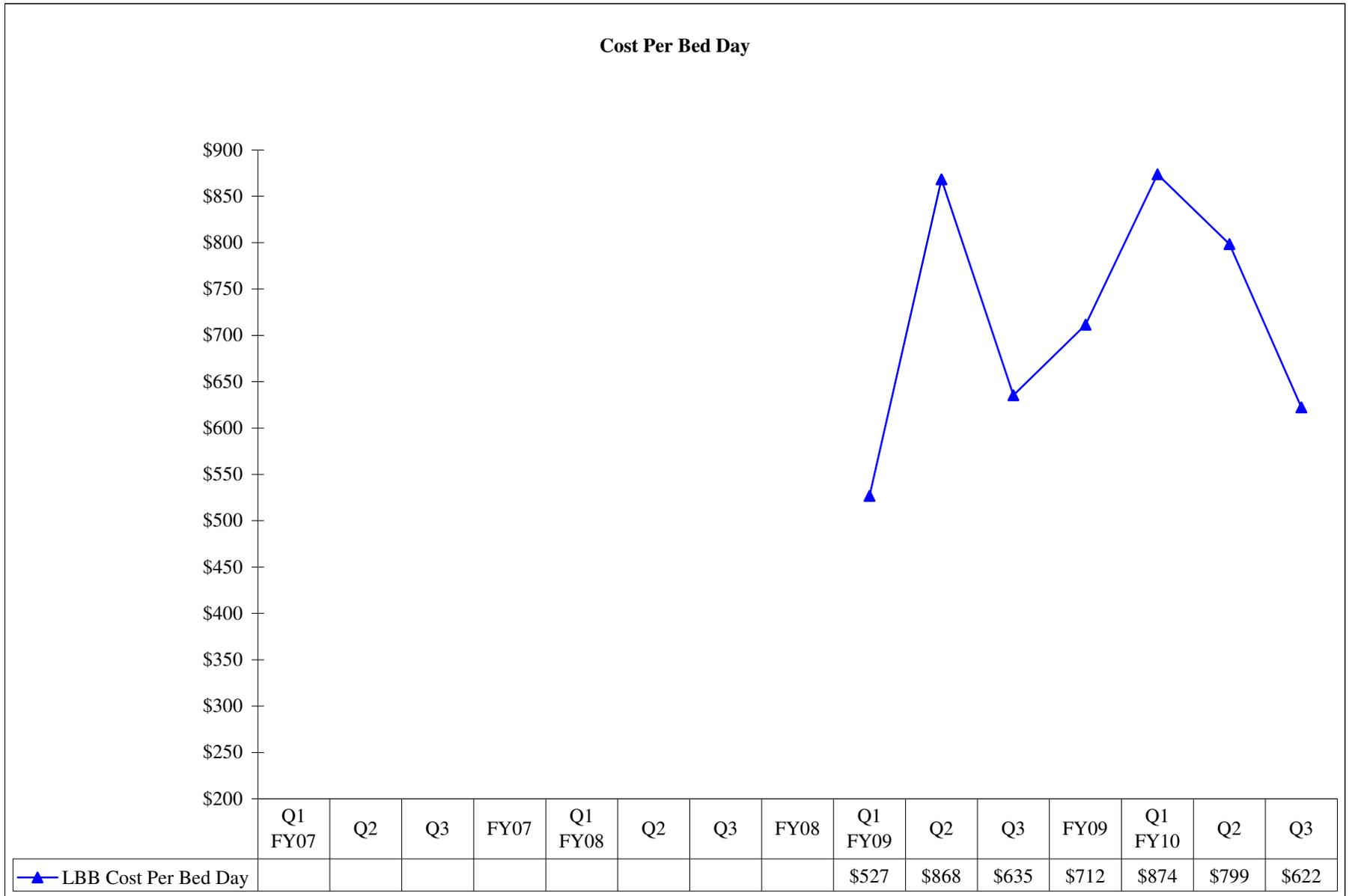
Measure 1B - Cost Per Bed Day
Terrell State Hospital



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



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



Performance Measure 1C:

Calculate average daily census of campus-based services.

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

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

C = average daily census

N = number of bed days

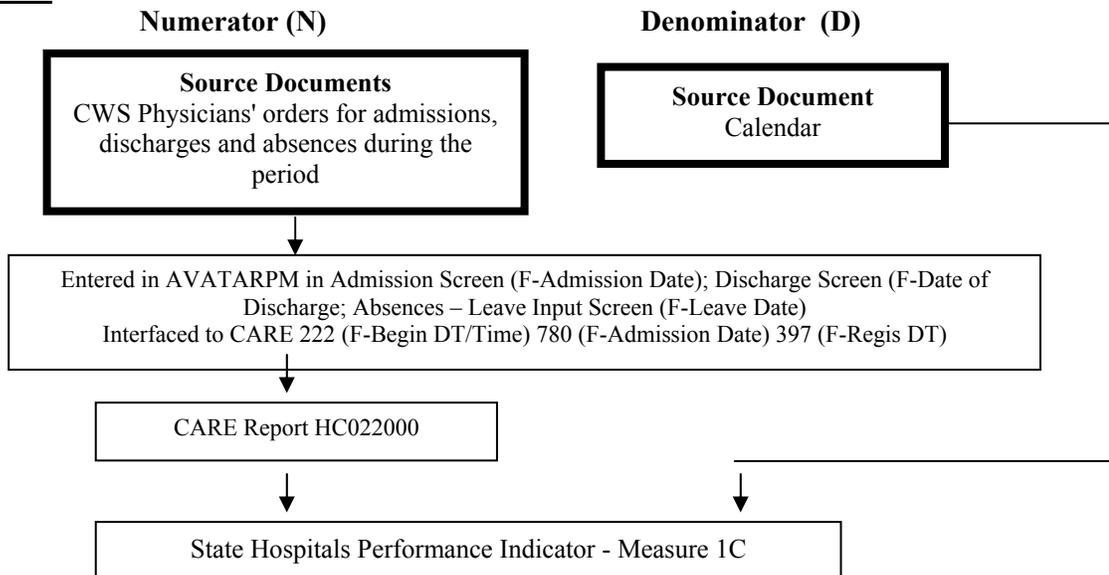
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

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

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

Calculate number of inpatient days.

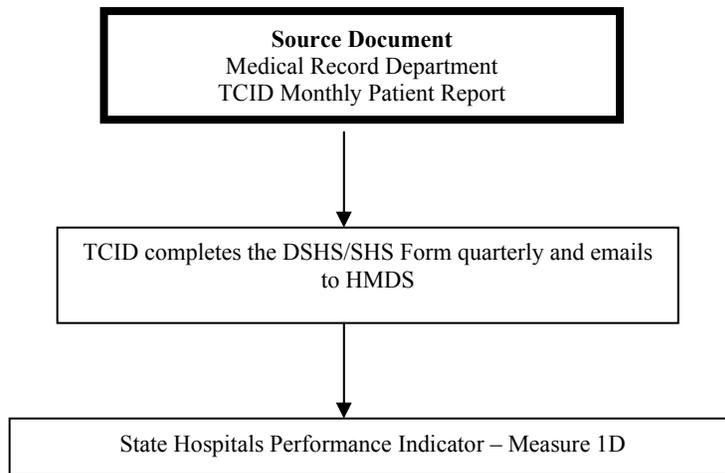
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

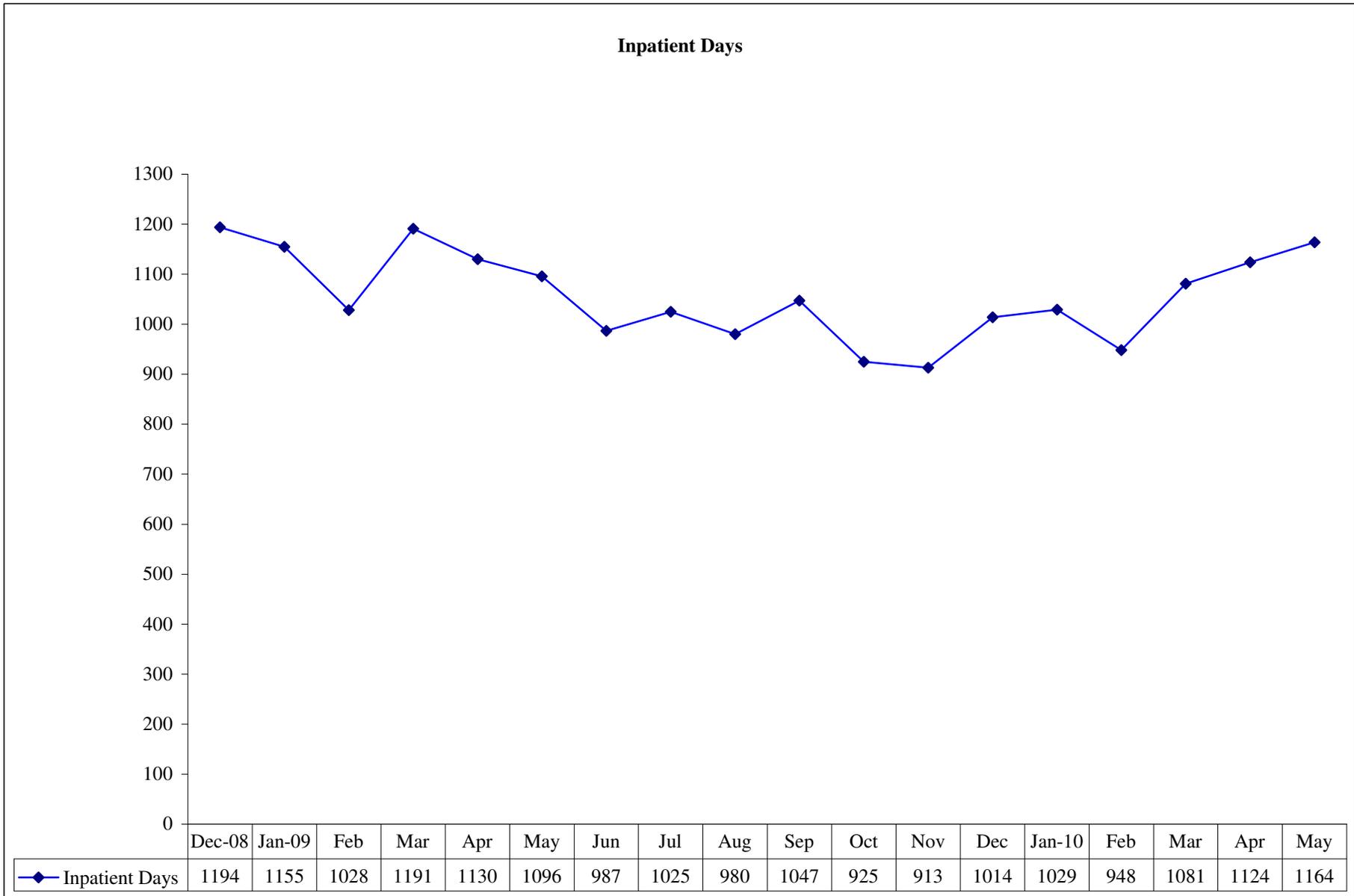
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID



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

Performance Objective 2A:

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

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

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

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

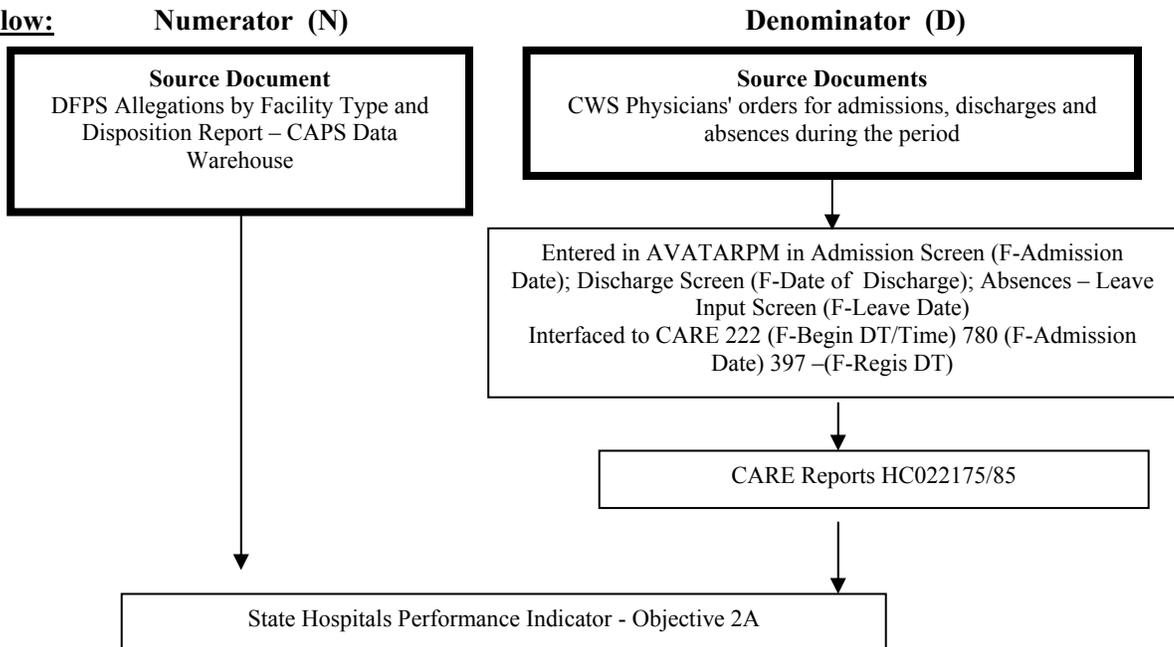
N = number of confirmed closed cases per FY

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State MH Hospitals - As of May 31, 2010

Facility	FY10				
	Q1	Q2	Q3	Q4	FY Total
All State Hospitals					
Completed Investigations	630	613	543		1786
Total Confirmed	61	73	54		188
Total Confirmed Rate/1000 Bed Day	0.29	0.35	0.25		0.29

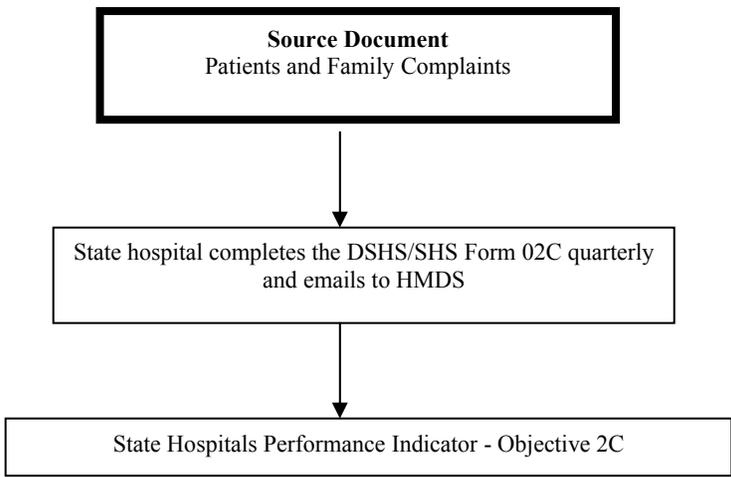
Performance Objective 2C:

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.

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.

Data Flow:



Objective 2C - Patient Complaints
All State Hospitals - Q3 FY10

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	14	11	3	5	19	4	0	7	32	1	1	97
Per 1,000 Bed Days	0.55	0.61	0.47	0.27	0.35	0.82	0.00	0.27	1.12	0.30	0.15	0.44
Respect	9	16	11	2	6	2	0	10	80	5	0	141
Per 1,000 Bed Days	0.36	0.89	1.71	0.11	0.11	0.41	0.00	0.39	2.80	1.48	0.00	0.64
Discharge	18	8	8	0	6	4	0	10	23	1	0	78
Per 1,000 Bed Days	0.71	0.44	1.24	0.00	0.11	0.82	0.00	0.39	0.80	0.30	0.00	0.36
Medication	4	9	4	1	26	0	4	4	21	1	0	74
Per 1,000 Bed Days	0.16	0.50	0.62	0.05	0.48	0.00	0.14	0.16	0.73	0.30	0.00	0.34
Treatment Team/Planning	0	32	11	4	44	31	1	14	12	0	4	153
Per 1,000 Bed Days	0.00	1.77	1.71	0.22	0.81	6.39	0.04	0.55	0.42	0.00	0.61	0.70
HIPAA	0	0	0	0	1	0	0	3	0	0	0	4
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.12	0.00	0.00	0.00	0.02
Others	61	31	11	1	127	6	7	45	54	4	5	352
Per 1,000 Bed Days	2.41	1.72	1.71	0.05	2.35	1.24	0.25	1.76	1.89	1.19	0.77	1.61
Total	106	107	48	13	229	47	12	93	222	12	10	899
Per 1,000 Bed Days	4.19	5.93	7.47	0.71	4.23	9.69	0.43	3.65	7.77	3.56	1.53	4.10

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q3 FY10

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	44	0	0	0	0	44
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.57	0.00	0.00	0.00	0.00	0.20
Respect	0	0	0	0	0	0	34	0	0	0	0	34
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.21	0.00	0.00	0.00	0.00	0.16
Discharge	0	0	0	0	0	0	60	0	0	0	0	60
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	2.14	0.00	0.00	0.00	0.00	0.27
Medication	0	0	0	0	0	0	24	0	0	0	0	24
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.85	0.00	0.00	0.00	0.00	0.11
Treatment Team/Planning	0	0	0	0	0	0	1	0	0	0	0	1
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
HIPAA	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						
Others	0	0	0	0	0	0	129	0	0	0	0	129
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	4.59	0.00	0.00	0.00	0.00	0.59
Total	0	0	0	0	0	0	292	0	0	0	0	292
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	10.40	0.00	0.00	0.00	0.00	1.33

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of May 31, 2010

FY10

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	29	40	12	11	49	8	6	16	59	2	3	235
Per 1,000 Bed Days	0.39	0.75	0.64	0.20	0.31	0.56	0.07	0.21	0.70	0.22	0.16	0.36
Respect	21	47	21	9	22	3	3	20	177	12	0	335
Per 1,000 Bed Days	0.28	0.88	1.11	0.17	0.14	0.21	0.04	0.27	2.09	1.30	0.00	0.52
Discharge	35	46	24	2	22	14	0	20	54	1	0	218
Per 1,000 Bed Days	0.47	0.86	1.27	0.04	0.14	0.99	0.00	0.27	0.64	0.11	0.00	0.34
Medication	12	43	12	2	65	4	4	8	49	1	0	200
Per 1,000 Bed Days	0.16	0.81	0.64	0.04	0.40	0.28	0.05	0.11	0.58	0.11	0.00	0.31
Treatment Team/Planning	1	126	28	24	75	55	4	36	30	0	6	385
Per 1,000 Bed Days	0.01	2.36	1.48	0.44	0.47	3.87	0.05	0.48	0.35	0.00	0.32	0.60
HIPAA	0	0	2	0	3	0	1	7	2	0	0	15
Per 1,000 Bed Days	0.00	0.00	0.11	0.00	0.02	0.00	0.01	0.09	0.02	0.00	0.00	0.02
Others	180	71	42	7	293	14	17	149	165	6	16	960
Per 1,000 Bed Days	2.41	1.33	2.22	0.13	1.83	0.99	0.20	1.99	1.95	0.65	0.85	1.48
Total	278	373	141	55	529	98	35	256	536	22	25	2348
Per 1,000 Bed Days	3.72	6.99	7.46	1.01	3.30	6.90	0.42	3.43	6.34	2.38	1.34	3.63

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of May 31, 2010

FY10

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	133	0	0	0	0	133
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.59	0.00	0.00	0.00	0.00	0.21
Respect	0	0	0	0	0	0	94	0	0	0	0	94
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.12	0.00	0.00	0.00	0.00	0.15
Discharge	0	0	0	0	0	0	184	0	0	0	0	184
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	2.20	0.00	0.00	0.00	0.00	0.28
Medication	0	2	0	0	0	0	99	0	0	0	0	101
Per 1,000 Bed Days	0.00	0.04	0.00	0.00	0.00	0.00	1.18	0.00	0.00	0.00	0.00	0.16
Treatment Team/Planning	0	0	0	0	0	0	104	0	1	0	0	105
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	1.24	0.00	0.01	0.00	0.00	0.16
HIPAA	0	0	0	0	0	0	3	0	0	0	0	0.01
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
Others	0	0	0	0	0	0	6	0	0	0	0	5.86
Per 1,000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00	0.00	0.00	0.01
Total	0	2	0	0	0	0	1034	0	1	0	0	1037
Per 1,000 Bed Days	0.00	0.04	0.00	0.00	0.00	0.00	12.37	0.00	0.01	0.00	0.00	1.60

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY10

Fiscal Year 2010

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,281	2,209	2,174		2,281	2,209	2,174		2,281	2,209	2,174	
Bed Days in Quarter-All Other Units	22,158	22,846	23,141		22,158	22,846	23,141		22,158	22,846	23,141	
Restraint Involving Children	77	3	3		4	1	1		16.3	0.3	0.1	
Restraint Involving Adolescents	130	68	37		25	22	18		42.0	16.4	12.1	
Restraint Involving Adults	584	549	544		146	130	139		345.6	347.1	303.5	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adolescents	1	0	0		1	0	0		1.9	0.0	0.0	
Seclusion Involving Adults	1	0	0		1	0	0		6.3	0.0	0.0	
Big Spring State Hospital												
Bed Days in Quarter	17,793	17,568	18,029		17,793	17,568	18,029		17,793	17,568	18,029	
Restraint Involving Adults	240	237	195		63	56	55		159.1	158.4	134.4	
Seclusion Involving Adults	7	16	3		5	2	2		10.7	39.7	2.1	
El Paso Psychiatric Center												
Child/Adolescent Bed Days	323	325	387		323	325	387		323	325	387	
Bed Days in Quarter-All Other Units	5,888	5,923	6,043		5,888	5,923	6,043		5,888	5,923	6,043	
Restraint Involving Children	5	0	6		1	0	1		0.3	0.0	0.3	
Restraint Involving Adolescents	23	16	16		6	10	3		11.5	7.4	6.8	
Restraint Involving Adults	113	68	110		34	26	31		41.8	22.8	72.2	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adolescents	3	9	0		2	2	0		0.6	0.7	0.0	
Seclusion Involving Adults	2	41	2		2	17	2		1.6	1.7	0.5	
Kerrville State Hospital												
Bed Days in Quarter	17,859	18,059	18,283		17,859	18,059	18,283		17,859	18,059	18,283	
Restraint Involving Adults	18	25	21		7	10	7		3.4	4.6	1	
Seclusion Involving Adults	0	0	0		0	0	0		0.0	0.0	0.0	

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

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY10

Fiscal Year 2010

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	8,990	8,164	8,929		8,990	8,164	8,929		8,990	8,164	8,929	
Bed Days in Quarter-All Other Units	44,954	44,269	45,220		44,954	44,269	45,220		44,954	44,269	45,220	
Restraint Involving Children	13	1	1		2	1	1		2.8	0.02	0.1	
Restraint Involving Adolescents	362	236	203		36	38	36		229.3	139.1	145	
Restraint Involving Adults	607	537	623		145	142	147		529.0	449.1	516.4	
Seclusion Involving Children	15	4	0		3	3	0		8.7	2.3	0.0	
Seclusion Involving Adolescents	6	10	2		6	3	1		4.6	9.0	1.6	
Seclusion Involving Adults	25	12	22		12	10	12		41.9	15.5	29.9	
Rio Grande State Center												
Bed Days in Quarter	4,673	4,674	4,851		4,673	4,674	4,851		4,673	4,674	4,851	
Restraint Involving Adults	53	25	40		28	17	21		34.0	9.0	8.5	
Seclusion Involving Adults	20	10	21		12	8	15		2.2	1.3	4.3	
Rusk State Hospital												
Bed Days in Quarter	27,994	27,537	28,074		27,994	27,537	28,074		27,994	27,537	28,074	
Restraint Involving Adults	161	168	132		74	65	66		53.5	60.7	35.4	
Seclusion Involving Adults	15	26	15		9	18	13		17.9	44.0	20.4	
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	1,976	1,914	2,454		1,976	1,914	2,454		1,976	1,914	2,454	
Bed Days in Quarter-All Other Units	23,078	22,270	23,046		23,078	22,270	23,046		23,078	22,270	23,046	
Restraint Involving Adolescents	65	116	150		13	19	28		31.7	30.3	65.6	
Restraint Involving Adults	117	128	111		33	41	43		166.1	208.4	167.3	
Seclusion Involving Adolescents	3	23	3		3	6	2		2.5	19.0	2.2	
Seclusion Involving Adults	1	4	4		1	3	4		2.0	4.0	17.8	

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

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY10

Fiscal Year 2010

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,382	2,414	2,836		2,382	2,414	2,836		2,382	2,414	2,836	
Bed Days in Quarter-All Other Units	26,023	25,184	25,746		26,023	25,184	25,746		26,023	25,184	25,746	
Restraint Involving Children	0	5	5		0	2	1		0.0	0.2	0.3	
Restraint Involving Adolescents	77	70	64		16	20	22		12.3	12.1	6.7	
Restraint Involving Adults	126	145	121		67	55	57		29.7	77.0	46.3	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0.0	0.0	
Seclusion Involving Adolescents	0	1	0		0	1	0		0.0	0.6	0.0	
Seclusion Involving Adults	8	5	11		7	4	7		8.7	7.1	17.9	
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,009	6,190	6,516		6,009	6,190	6,516		6,009	6,190	6,516	
Restraint Involving Adolescents	107	75	67		28	26	25		20.3	11.7	12.8	
Seclusion Involving Adolescents	1	1	0		1	1	0		0.2	0.2	0.0	
All State MH Hospitals												
Child/Adolescent Bed Days	21,961	21,216	23,296		21,961	21,216	23,296		21,961	21,216	23,296	
Bed Days in Quarter-All Other Units	190,420	188,330	192,433		190,420	188,330	192,433		190,420	188,330	192,433	
Restraint Involving Children	95	9	15		7	4	4		19.4	0.5	0.8	
Restraint Involving Adolescents	764	581	537		124	135	132		347	217	249	
Restraint Involving Adults	2,019	1,882	1,897		597	542	566		1,362.2	1,337	1,285	
Seclusion Involving Children	15	4	0	0	3	3	0	0	8.7	2.3	0.0	0.0
Seclusion Involving Adolescents	14	44	5	0	13	13	3	0	9.8	29.5	3.8	0.0
Seclusion Involving Adults	79	114	78	0	49	62	55	0	91.3	113.3	92.9	0.0

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

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

Fiscal Year 2010

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	19	0	3		4	0	1	
< 5 Restraint Involving Adolescents	29	21	10		17	12	7	
< 5 Restraint Involving Adults	298	295	277		126	113	111	
Big Spring State Hospital								
< 5 Restraint Involving Adults	70	65	67		44	31	38	
El Paso Psychiatric Center								
< 5 Restraint Involving Children	4	0	5		1	0	1	
< 5 Restraint Involving Adolescents	11	6	7		4	6	1	
< 5 Restraint Involving Adults	79	45	71		29	24	28	
Kerrville State Hospital								
< 5 Restraint Involving Adults	8	18	18		6	7	6	
North Texas State Hospital								
< 5 Restraint Involving Children	6	1	0		2	1	0	
< 5 Restraint Involving Adolescents	89	52	57		23	19	25	
< 5 Restraint Involving Adults	251	207	243		105	100	104	
Rio Grande State Center								
< 5 Restraint Involving Adults	23	12	20		17	9	15	
Rusk State Hospital								
< 5 Restraint Involving Adults	95	101	88		62	53	58	
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	31	71	54		13	15	22	
< 5 Restraint Involving Adults	27	32	29		16	25	23	
Terrell State Hospital								
< 5 Restraint Involving Children	0	4	4		0	1	1	
< 5 Restraint Involving Adolescents	37	33	37		11	16	18	
< 5 Restraint Involving Adults	84	72	61		54	46	38	
Waco Center For Youth								
< 5 Restraint Involving Adolescents	30	26	21		16	14	15	
All State MH Hospitals								
< 5 Restraint Involving Children	29	5	12		7	2	3	
< 5 Restraint Involving Adolescents	227	209	186		84	82	88	
< 5 Restraint Involving Adults	935	847	874		459	408	421	

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

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

Fiscal Year 2010

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Austin State Hospital					
Personal Restraint	535	410	378		1,323
Mechanical Restraint	256	210	206		672
Seclusion	2	0	0		2
Big Spring State Hospital					
Personal Restraint	155	144	130		429
Mechanical Restraint	85	93	65		243
Seclusion	7	16	3		26
El Paso Psychiatric Center					
Personal Restraint	105	59	93		257
Mechanical Restraint	36	25	39		100
Seclusion	5	51	2		58
Kerrville State Hospital					
Personal Restraint	14	21	21		56
Mechanical Restraint	4	4	0		8
Seclusion	0	0	0		0
North Texas State Hospital					
Personal Restraint	628	477	523		1,628
Mechanical Restraint	354	297	304		955
Seclusion	46	26	24		96
Rio Grande State Center					
Personal Restraint	53	25	40		118
Mechanical Restraint	0	0	0		0
Seclusion	21	10	21		52
Rusk State Hospital					
Personal Restraint	125	126	107		358
Mechanical Restraint	36	42	25		103
Seclusion	15	26	15		56
San Antonio State Hospital					
Personal Restraint	90	144	136		370
Mechanical Restraint	92	100	125		317
Seclusion	4	27	7		38

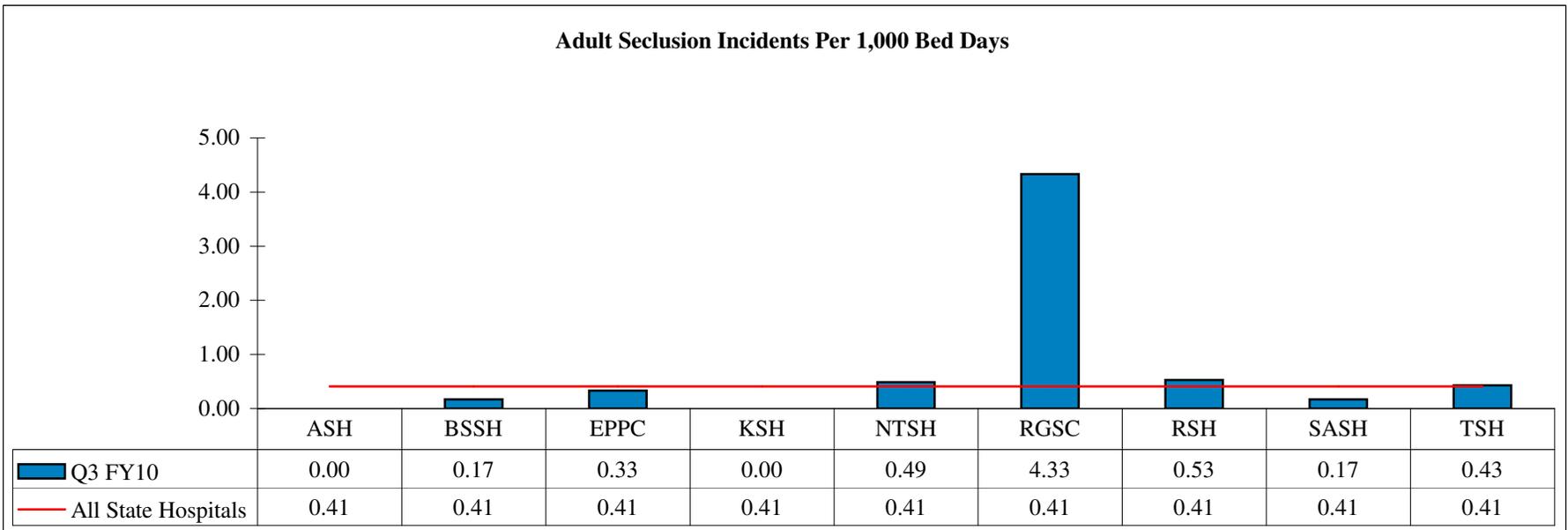
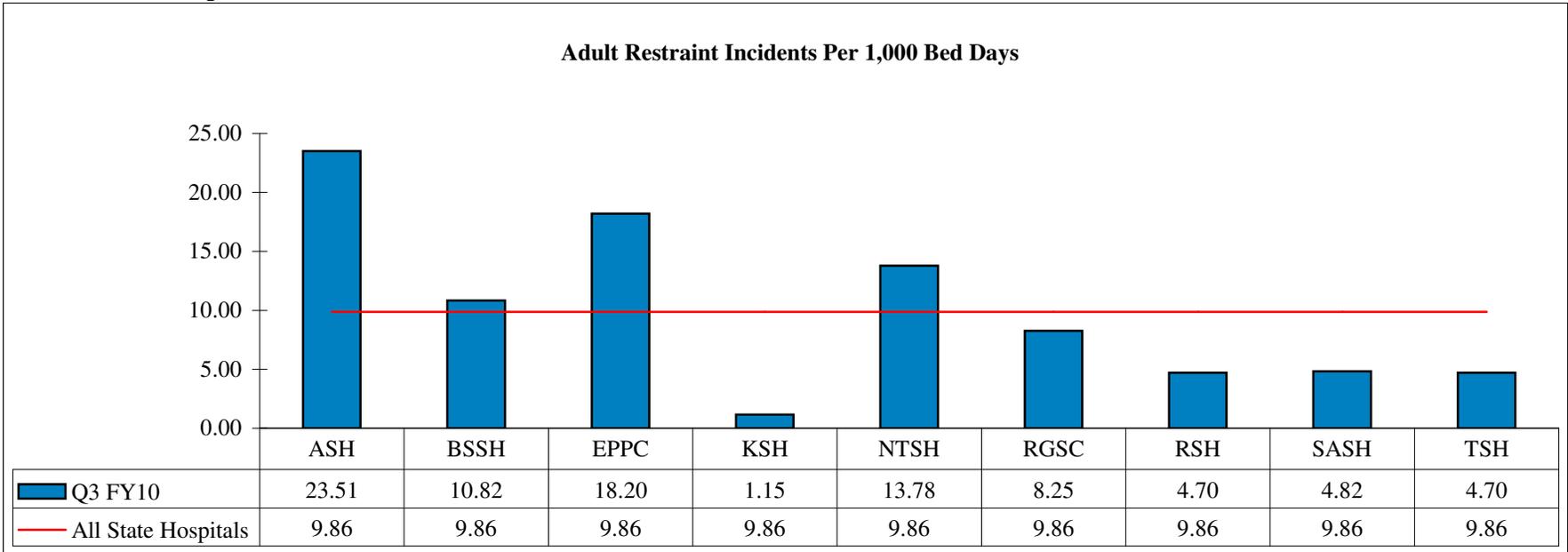
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

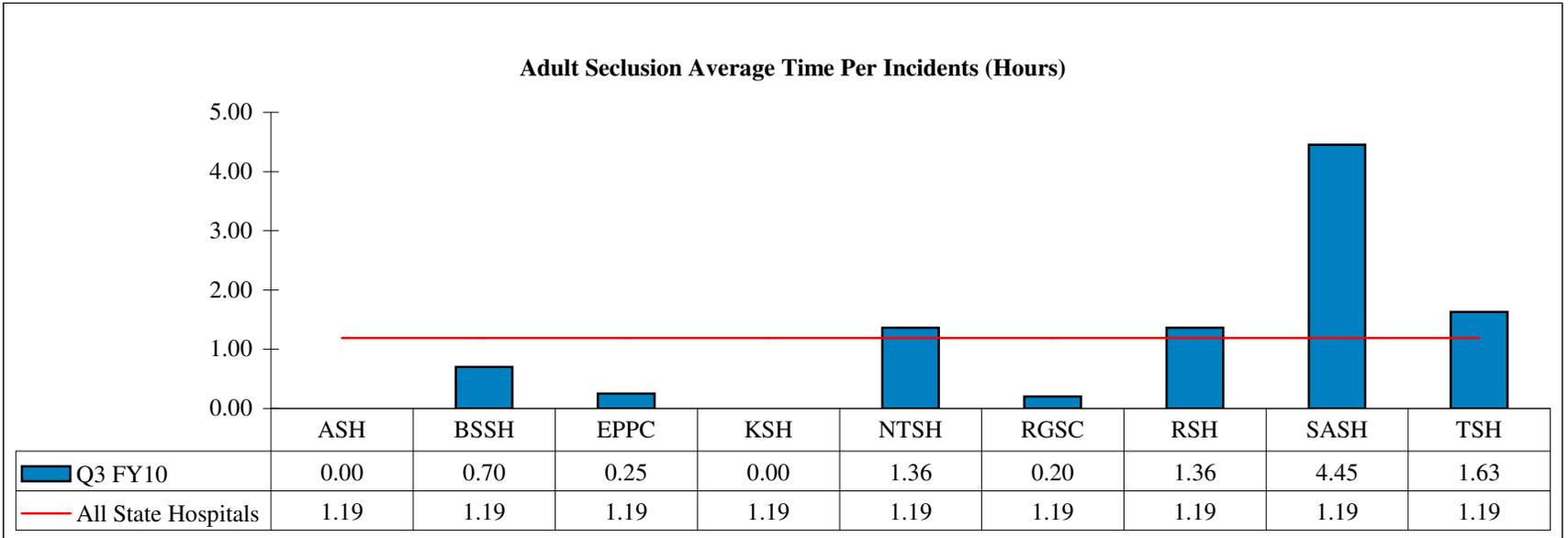
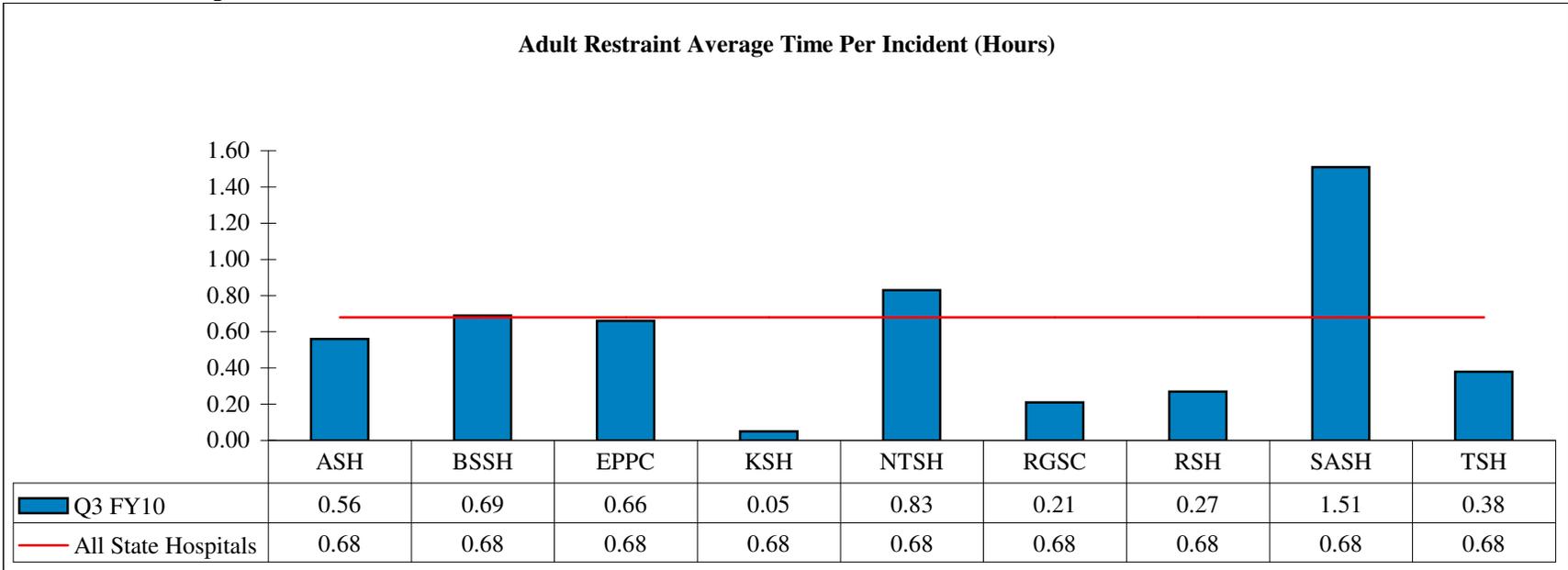
Fiscal Year 2010

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Terrell State Hospital					
Personal Restraint	179	167	159		505
Mechanical Restraint	24	53	31		108
Seclusion	8	6	11		25
Waco Center For Youth					
Personal Restraint	93	70	58		221
Mechanical Restraint	14	5	9		28
Seclusion	1	1	0		2
All State MH Hospitals					
Personal Restraint	1,977	1,643	1,645		5,265
Mechanical Restraint	901	829	804		2,534
Seclusion	109	163	83		355

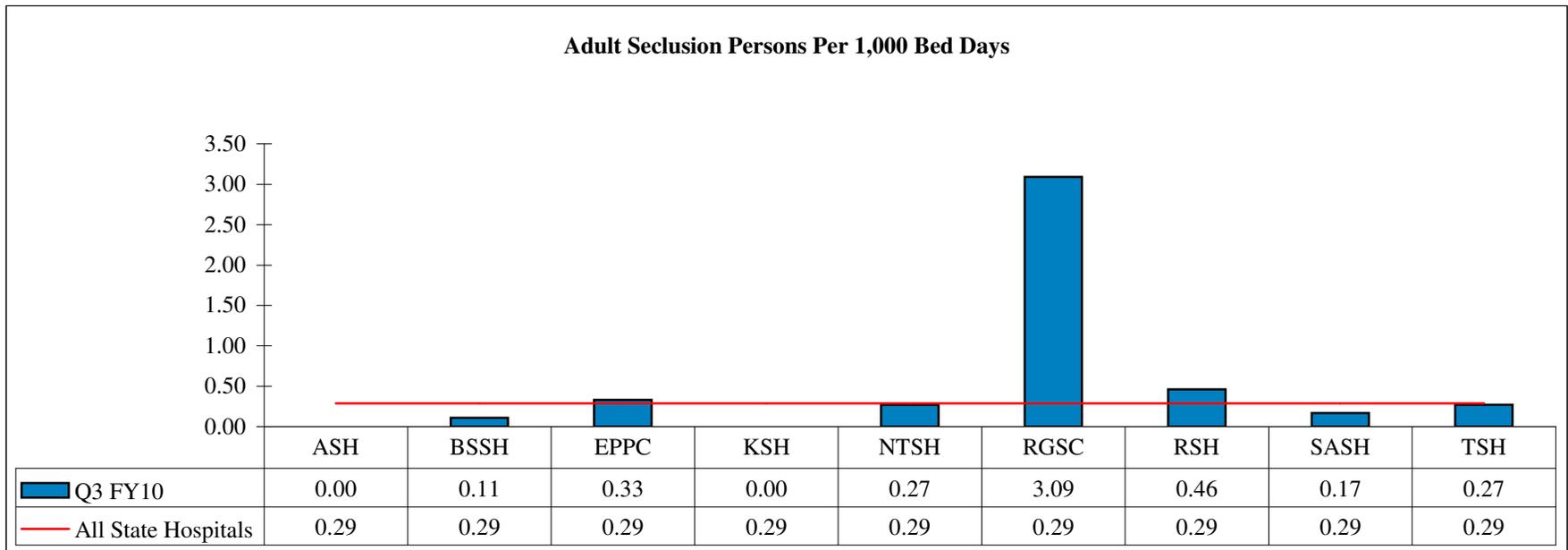
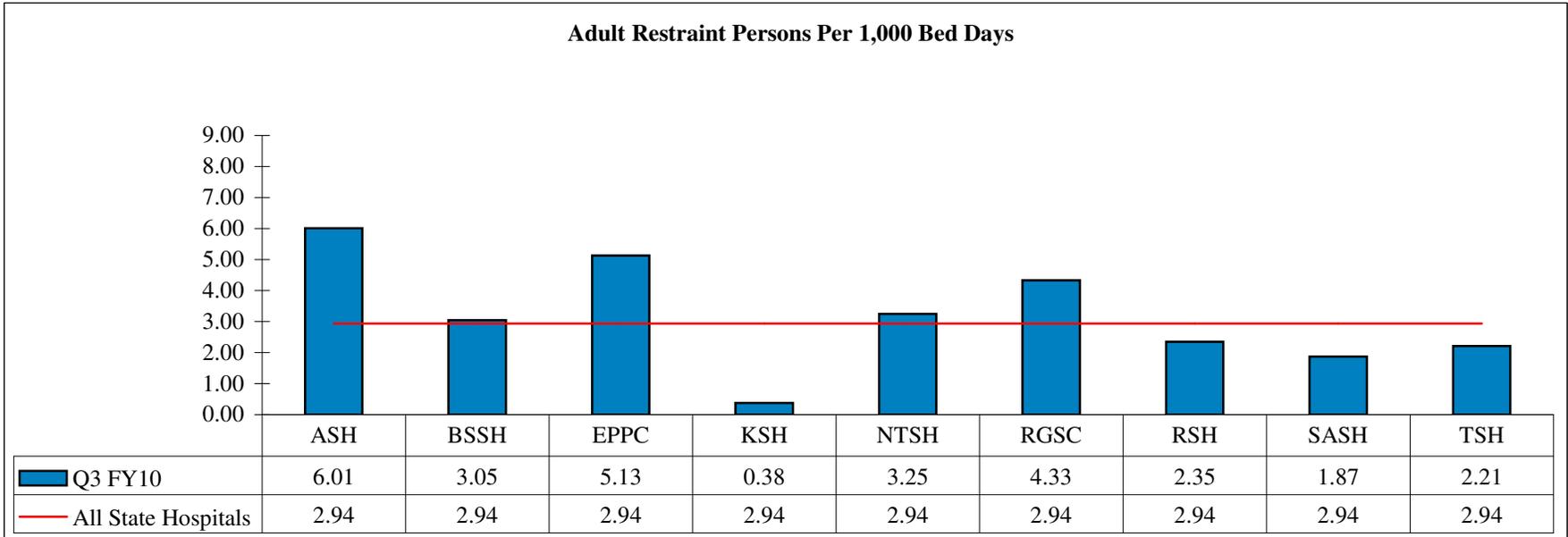
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



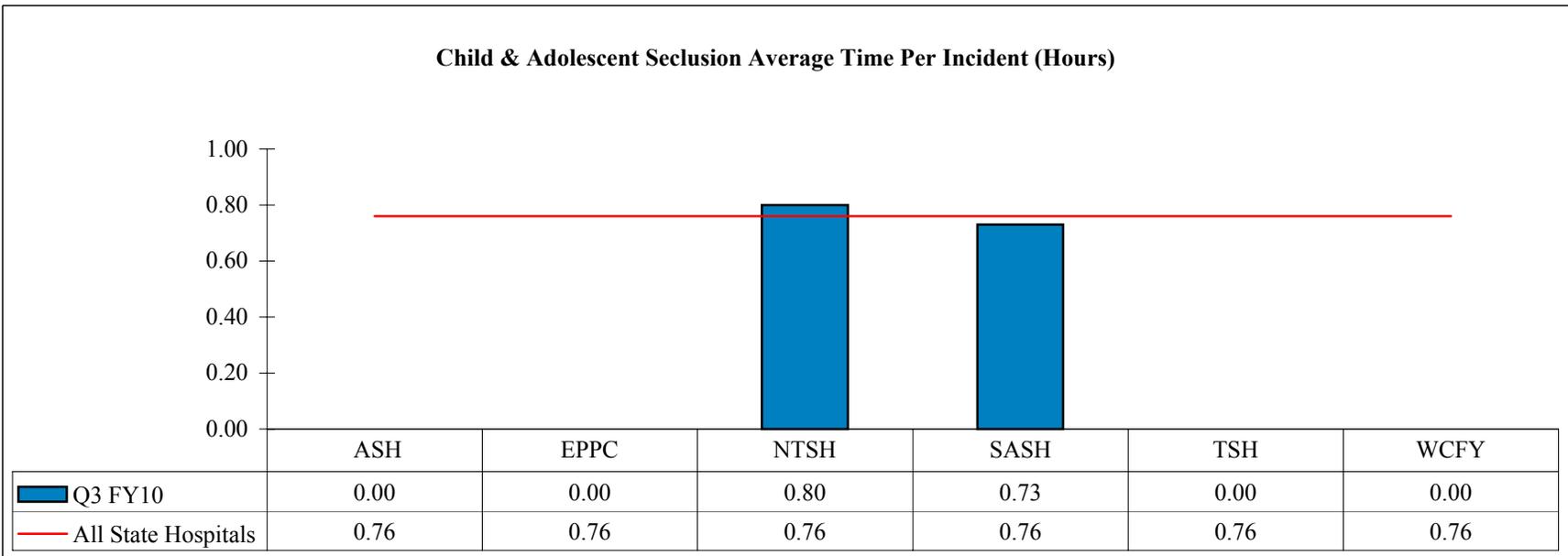
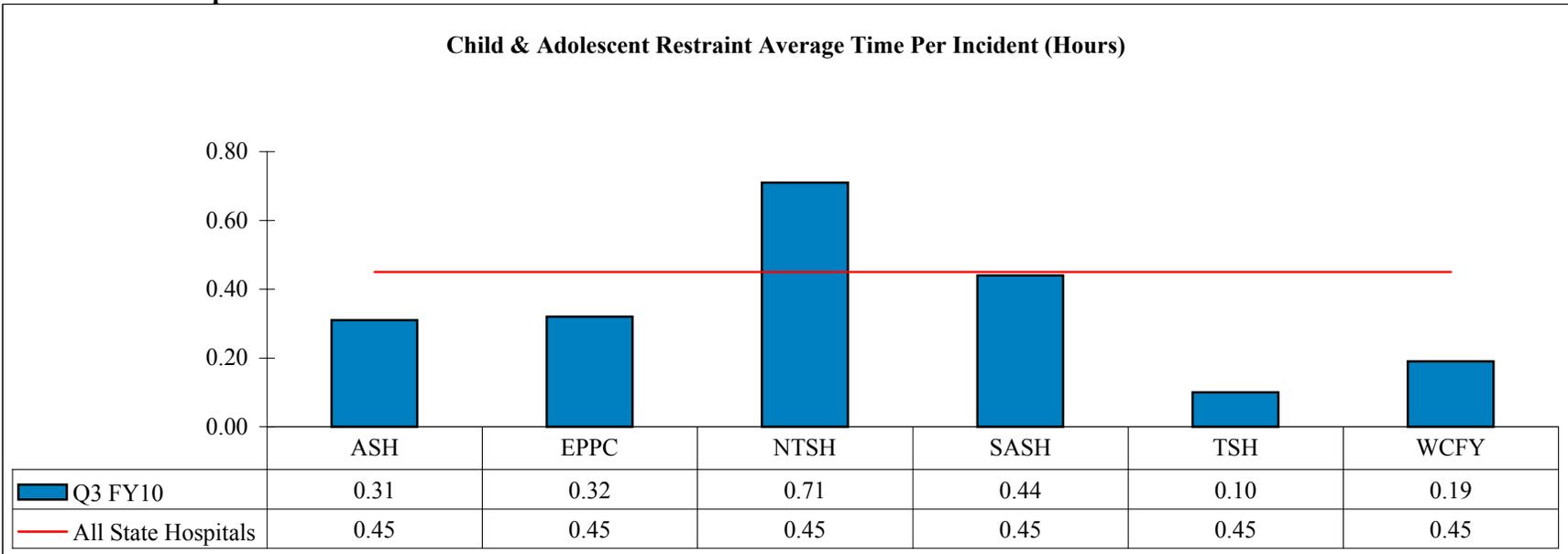
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



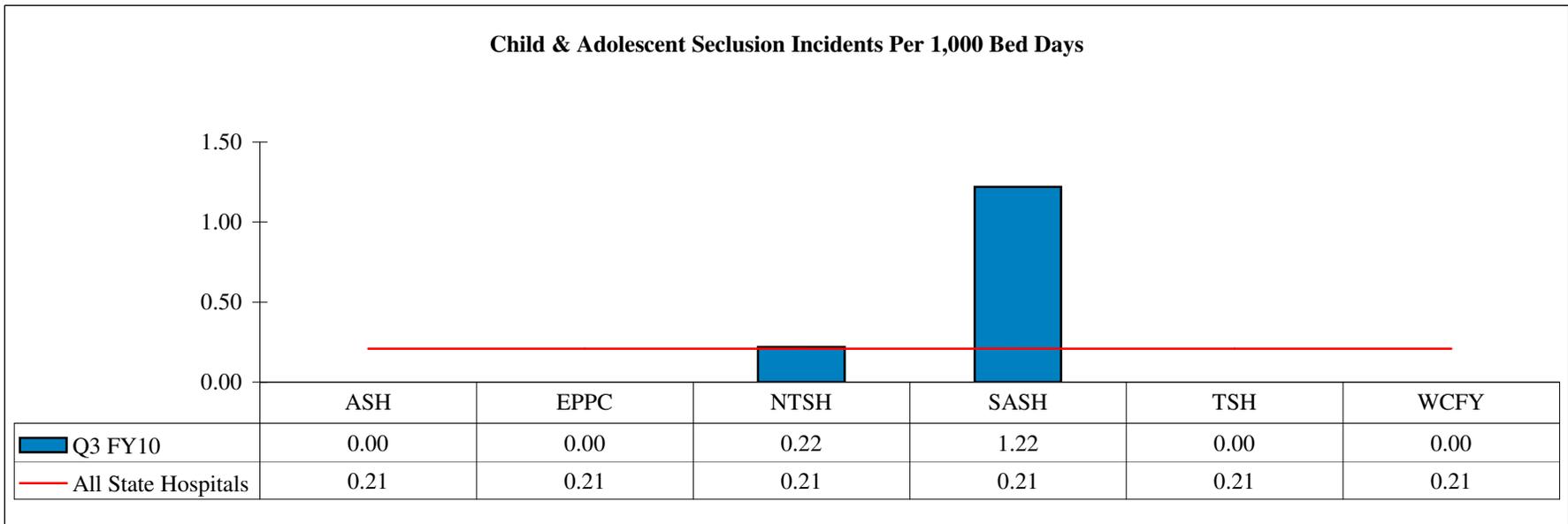
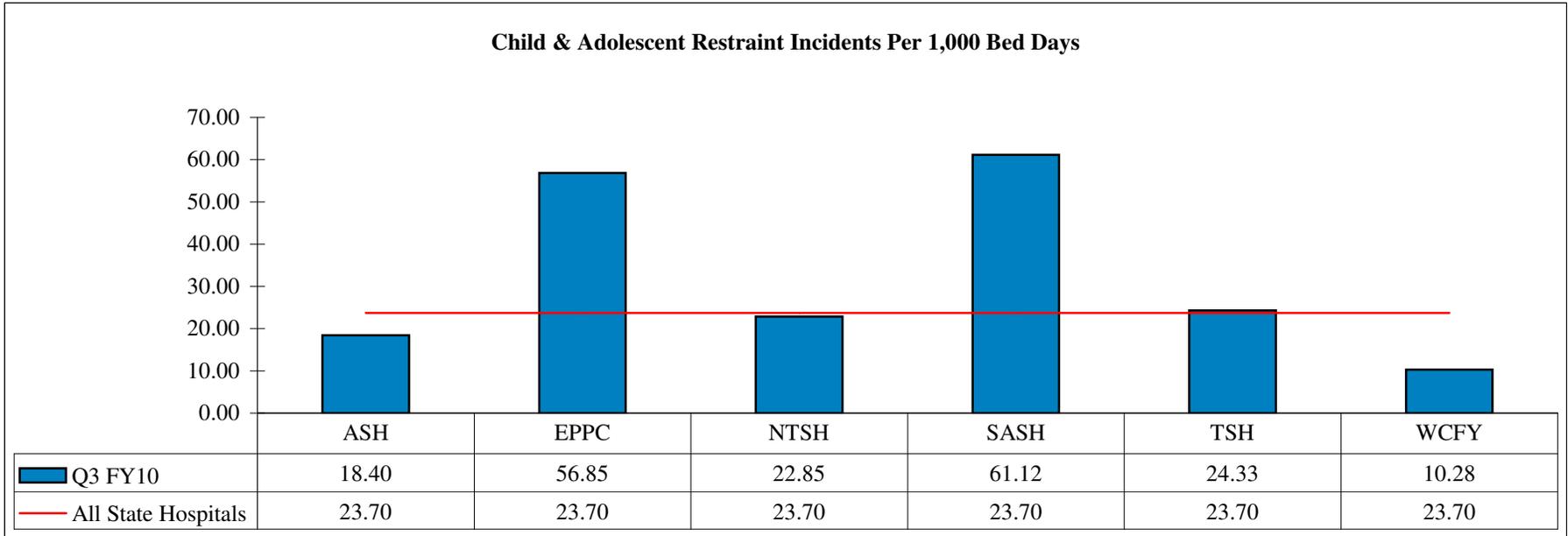
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



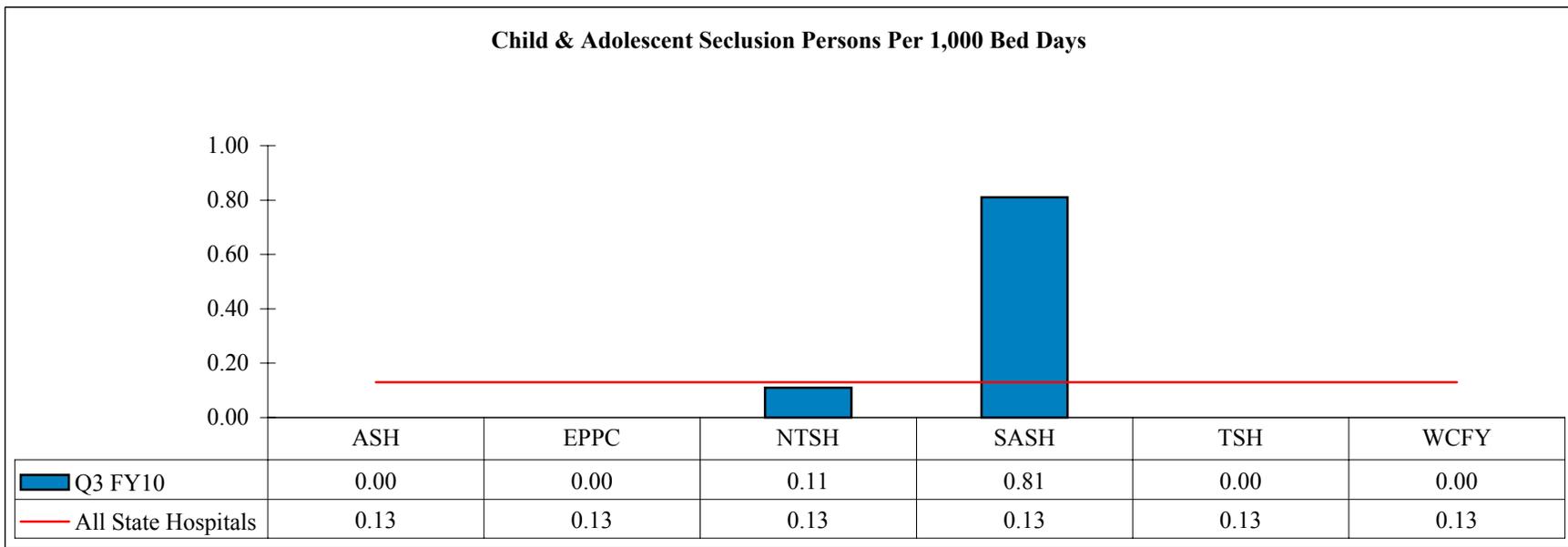
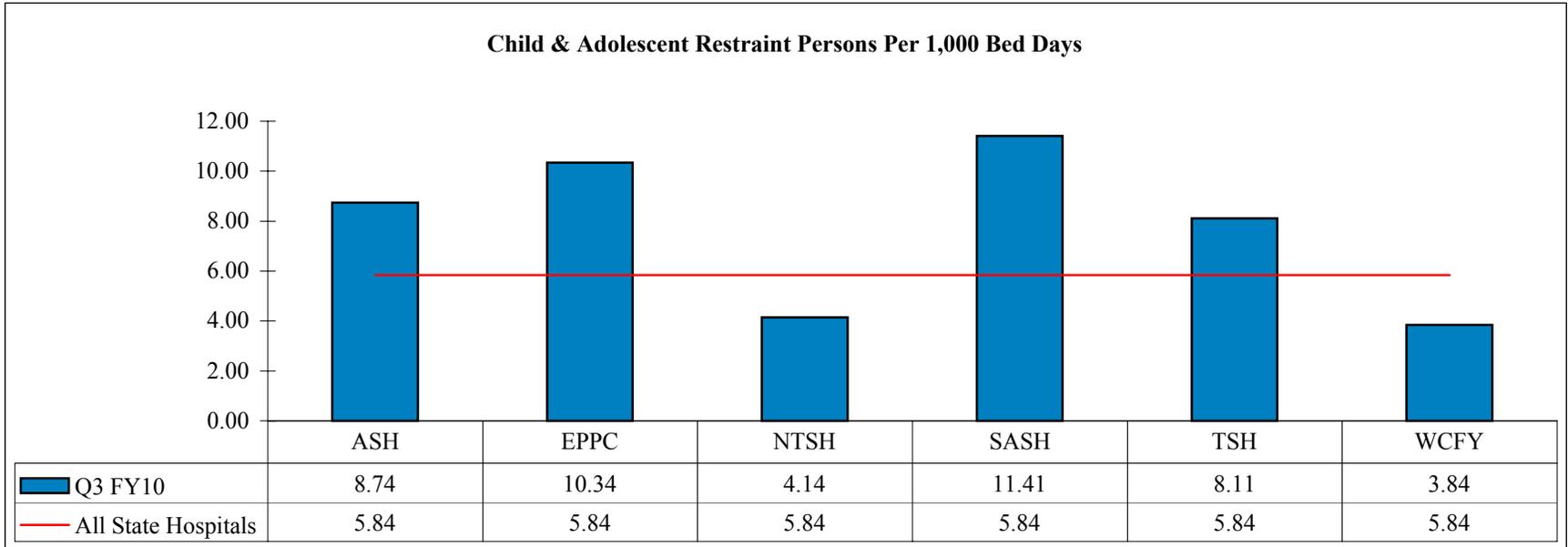
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



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

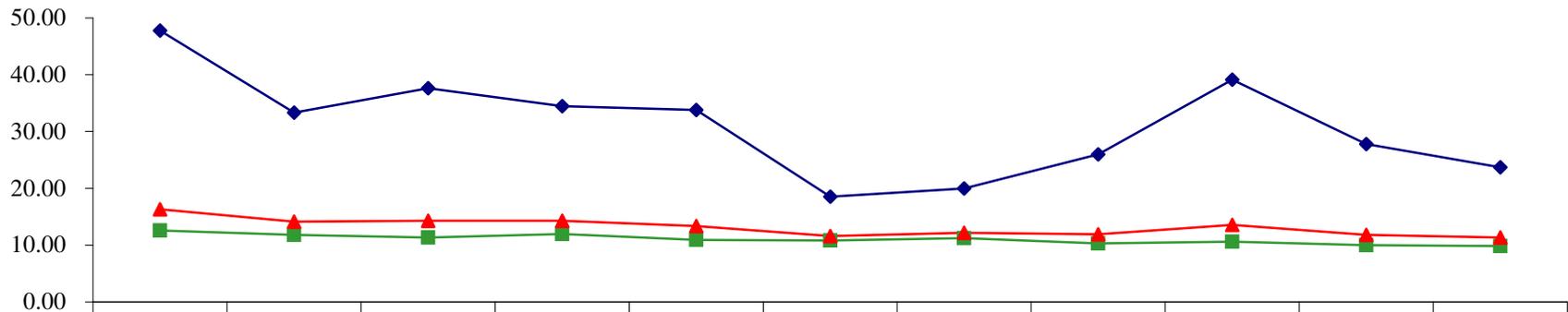


Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



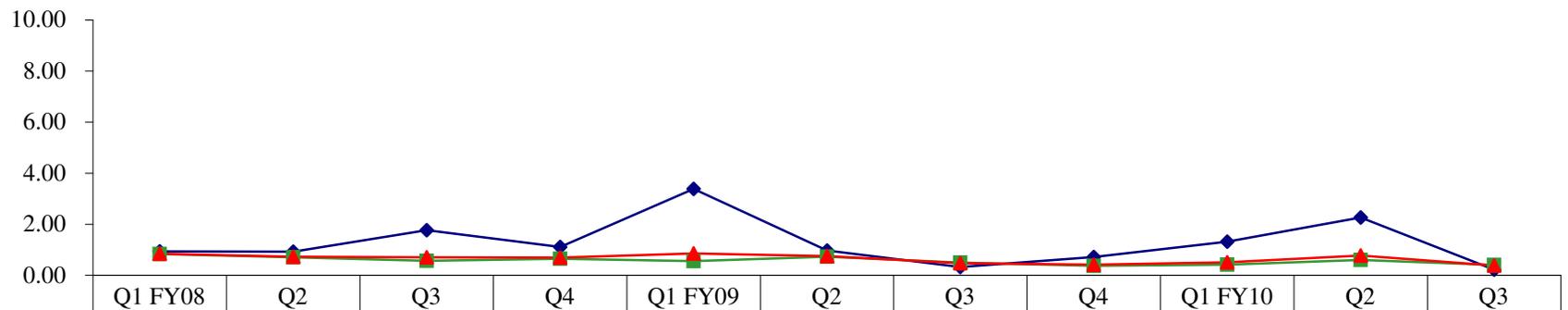
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Restraint Incidents Per 1,000 Bed Days



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
◆ Child/Adolescents	47.78	33.33	37.62	34.49	33.81	18.51	19.96	25.96	39.11	27.81	23.70
■ Adults	12.56	11.79	11.36	11.96	10.92	10.84	11.21	10.29	10.60	9.99	9.86
▲ Total	16.31	14.11	14.31	14.30	13.37	11.59	12.18	11.91	13.55	11.80	11.35

Seclusion Incidents Per 1,000 Bed Days

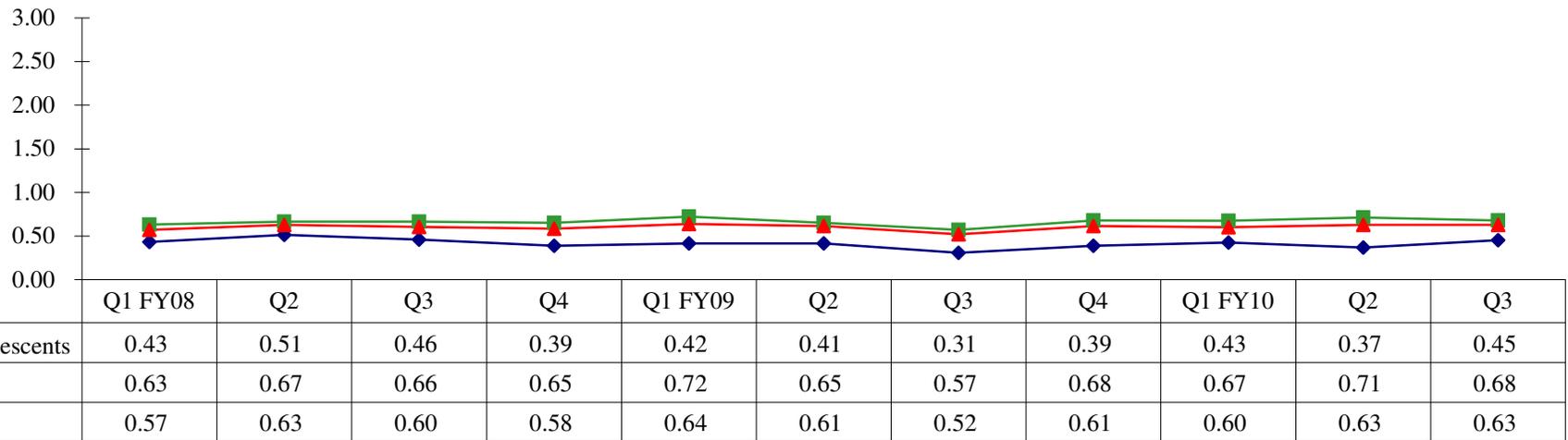


	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
◆ Child/Adolescents	0.94	0.92	1.76	1.11	3.38	0.97	0.33	0.72	1.32	2.26	0.21
■ Adults	0.83	0.71	0.57	0.65	0.55	0.73	0.49	0.37	0.41	0.61	0.41
▲ Total	0.85	0.73	0.70	0.69	0.86	0.75	0.48	0.41	0.51	0.77	0.38

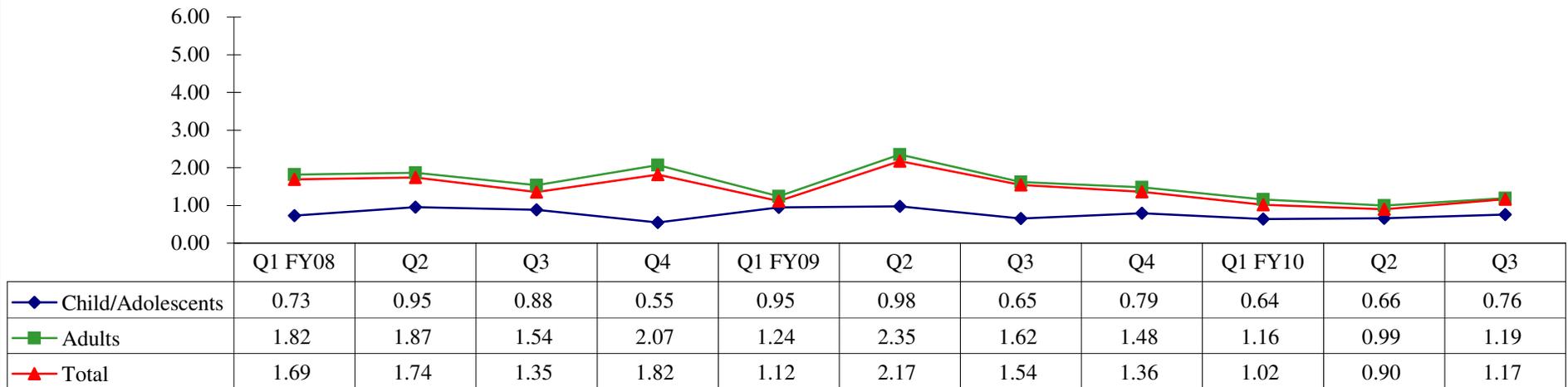
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

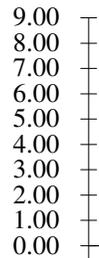


Average Number of Hours Per Incident in Seclusion



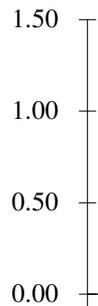
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Number of Persons in Restraint/1000 Bed Days



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
◆ Child/Adolescents	8.07	6.71	5.65	6.50	6.59	4.22	6.04	5.75	5.97	6.55	5.84
■ Adults	3.69	3.29	3.39	3.36	3.14	3.29	3.24	2.80	3.14	2.88	2.94
▲ Total	4.15	3.66	3.65	3.68	3.51	3.38	3.55	3.11	3.43	3.25	3.25

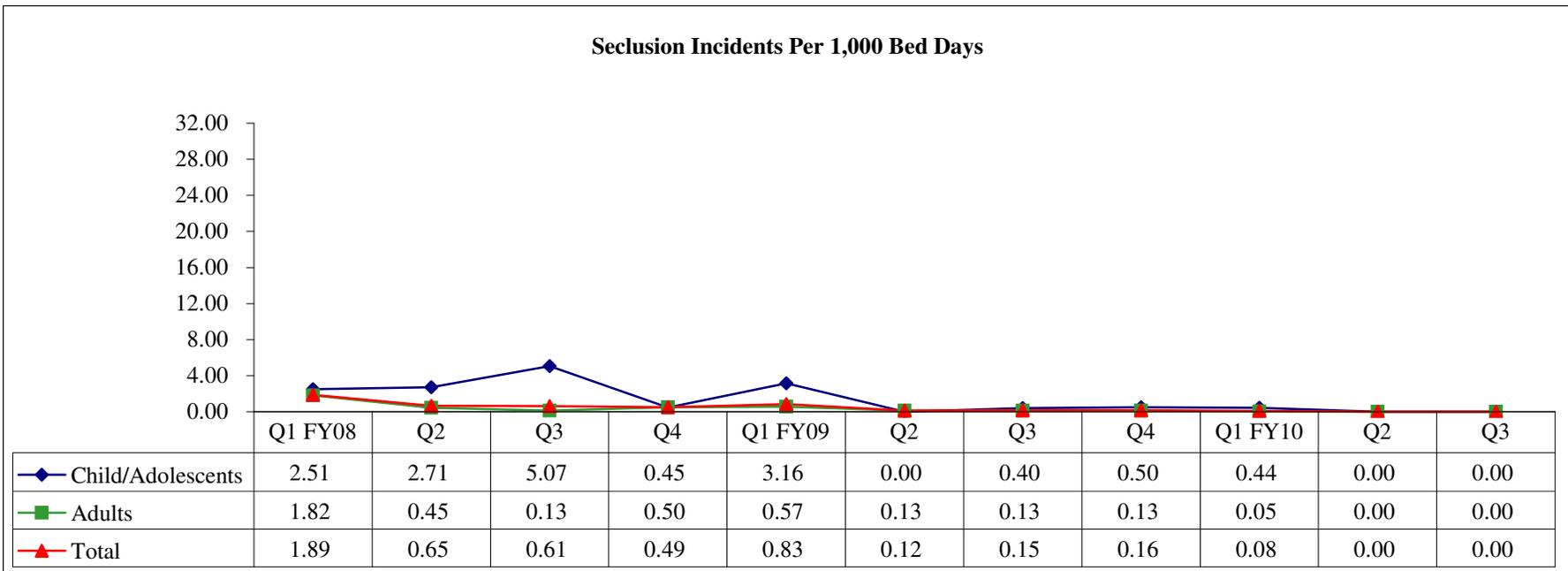
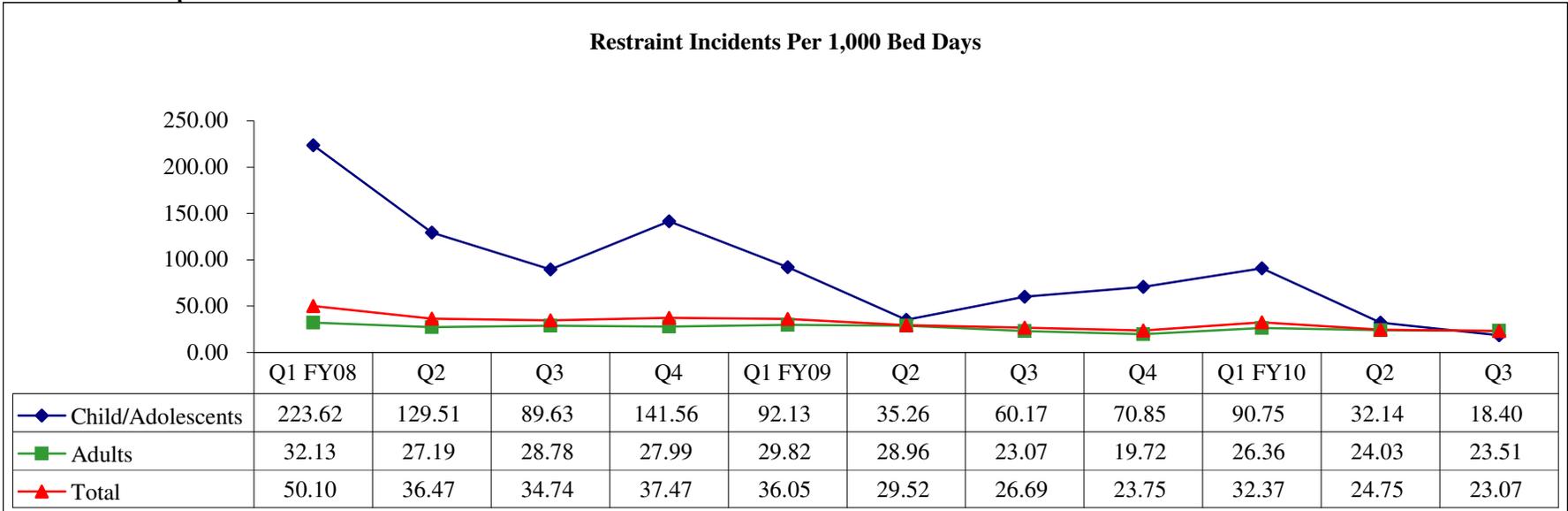
Number of Persons in Seclusion/1000 Bed Days



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
◆ Child/Adolescents	0.54	0.57	0.66	0.45	1.19	0.39	0.16	0.45	0.73	0.75	0.13
■ Adults	0.44	0.43	0.39	0.43	0.36	0.42	0.29	0.28	0.26	0.33	0.29
▲ Total	0.45	0.44	0.42	0.43	0.45	0.42	0.28	0.30	0.31	0.37	0.27

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

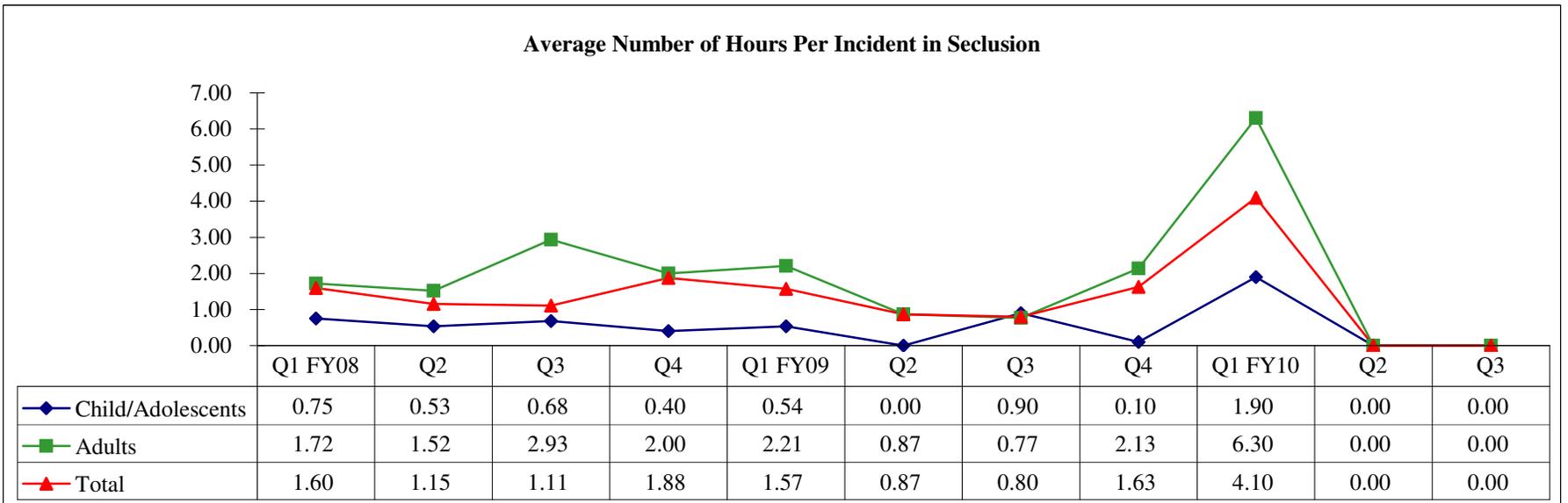
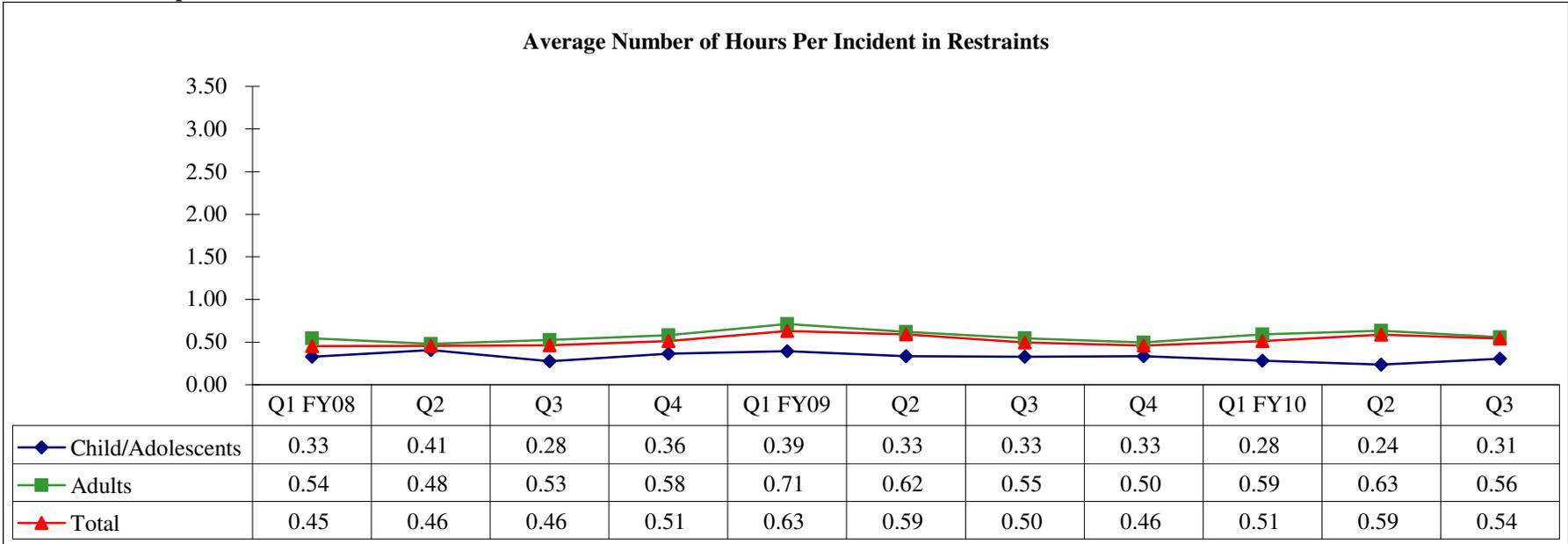
**Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital**



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

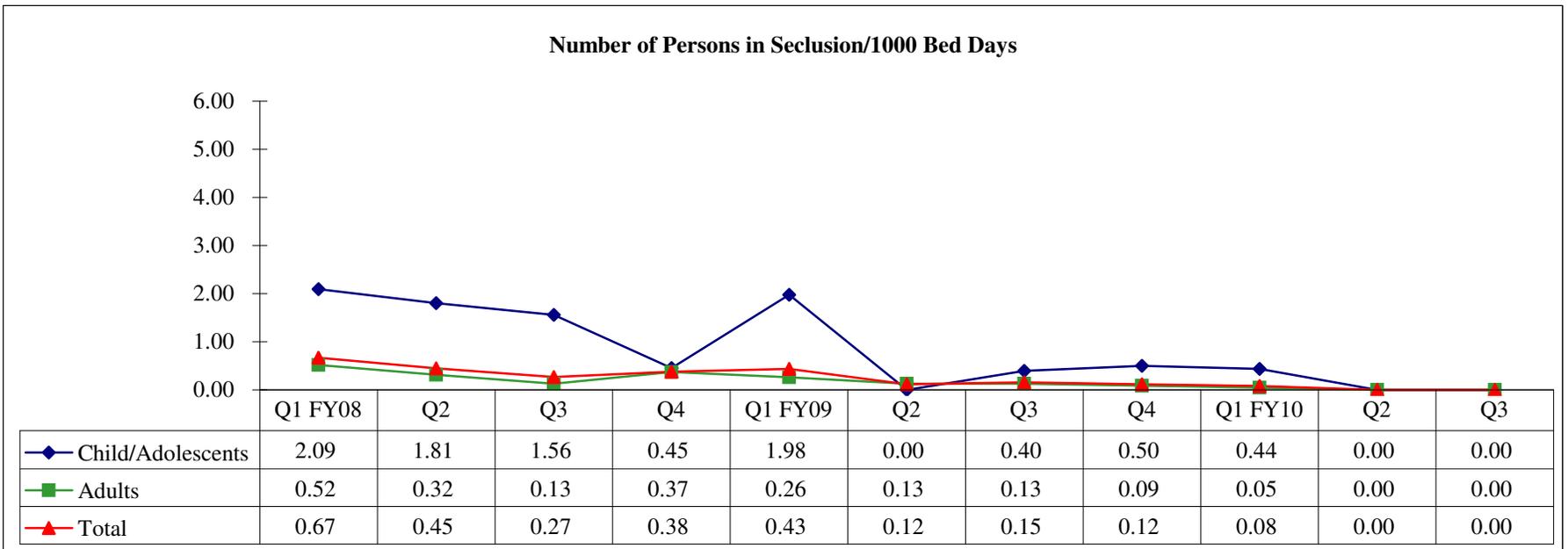
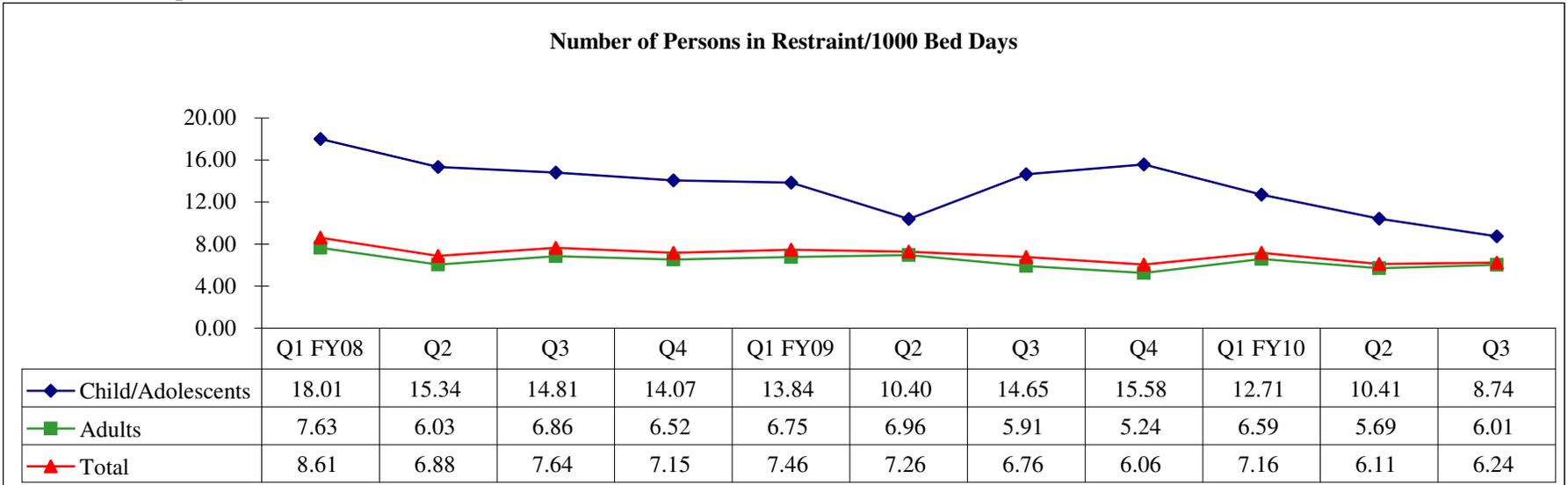
Objective 3A - Maintain Restraint and Seclusion Data

Austin State Hospital



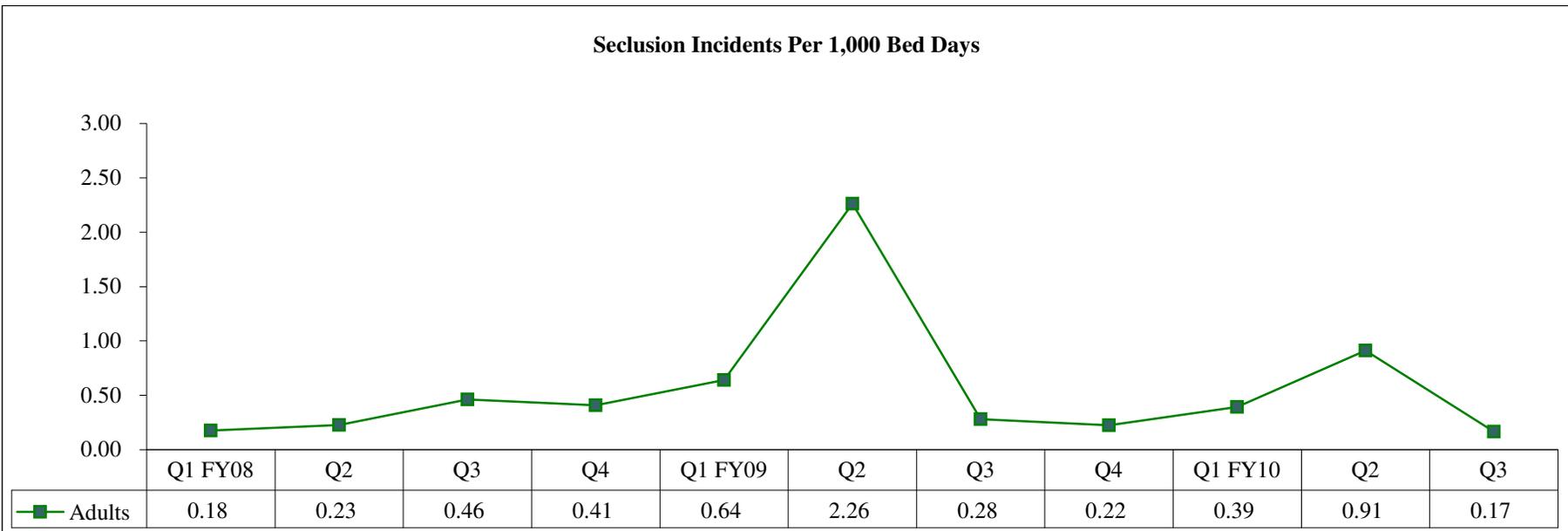
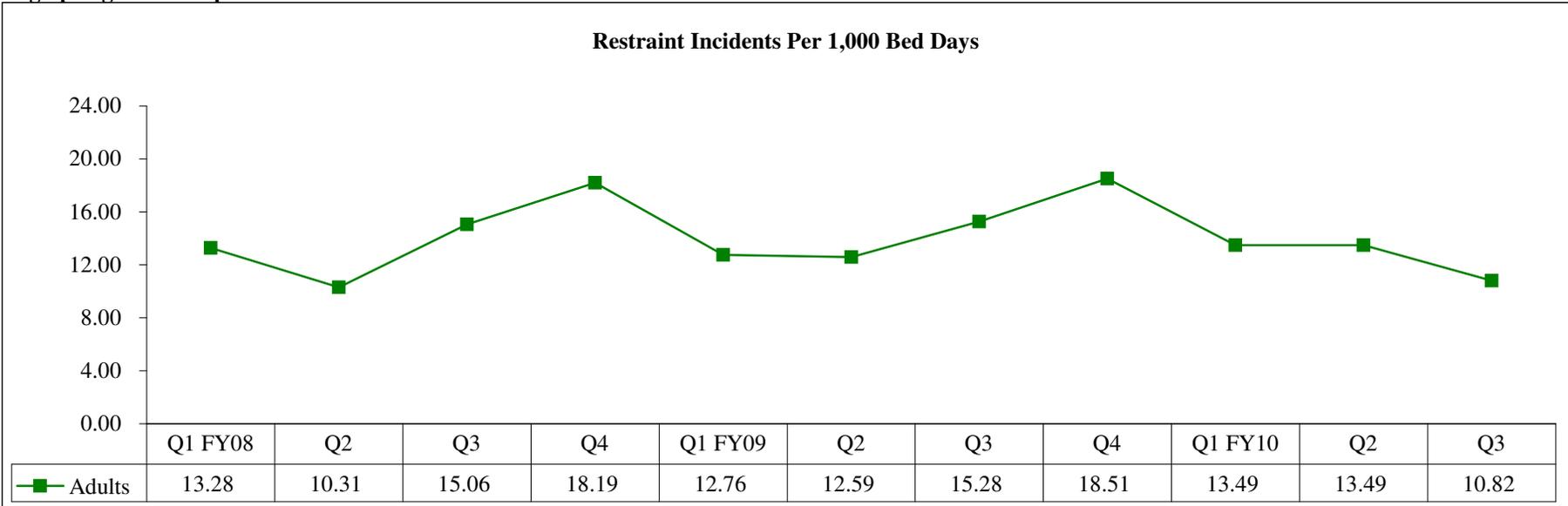
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

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



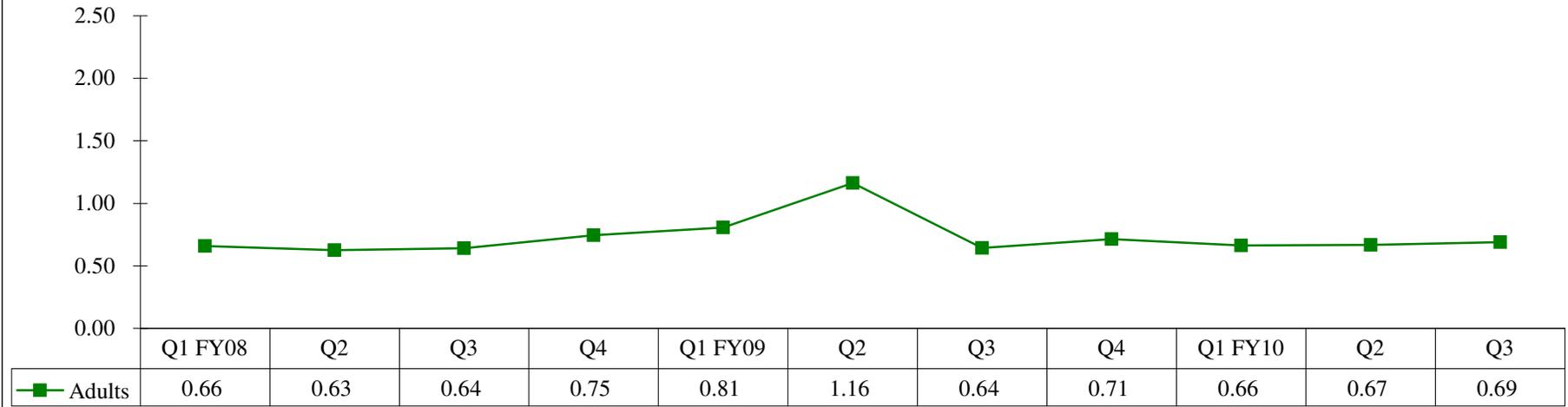
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

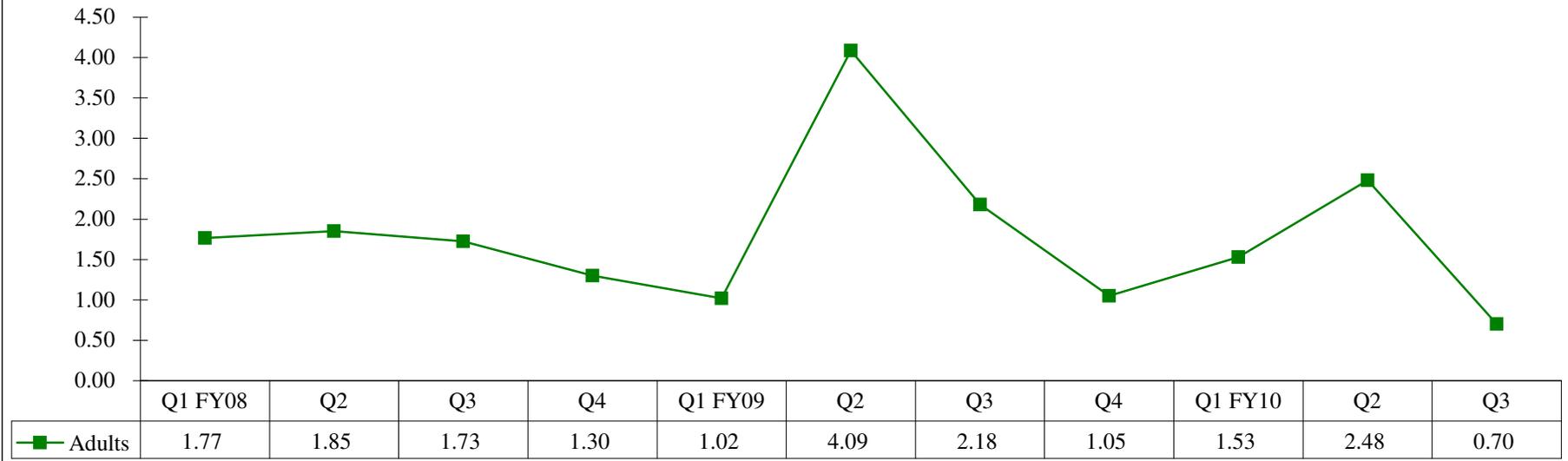


**Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital**

Average Number of Hours Per Incident in Restraints

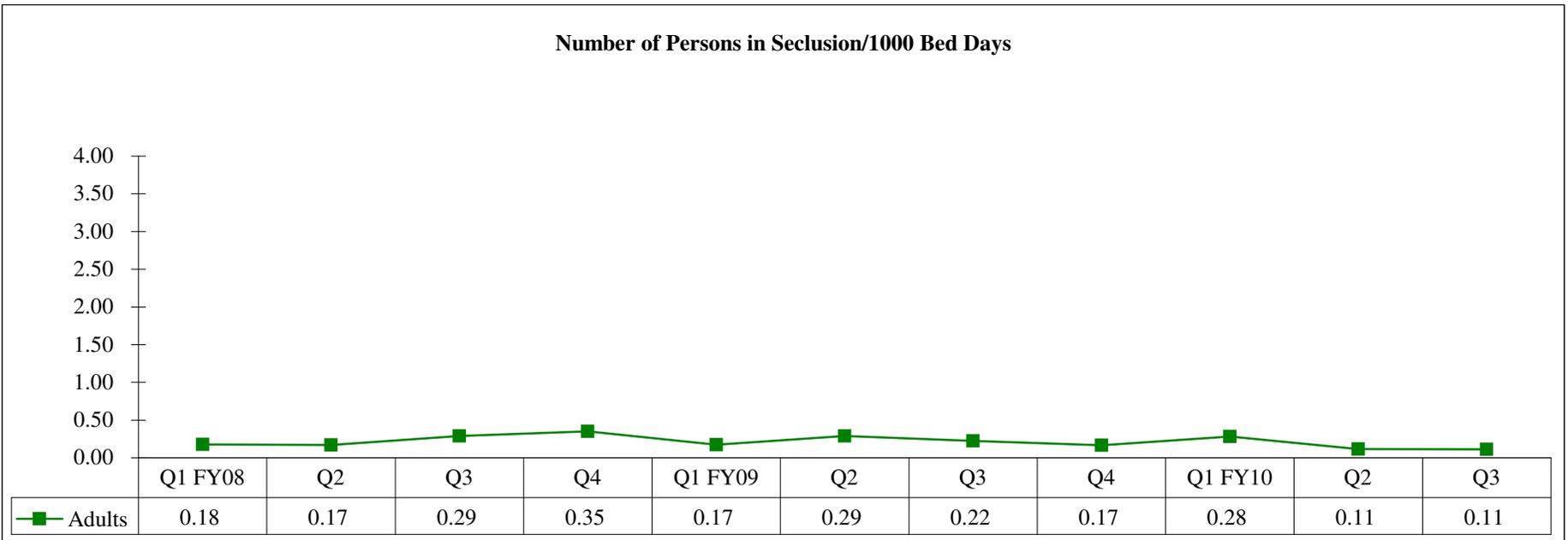
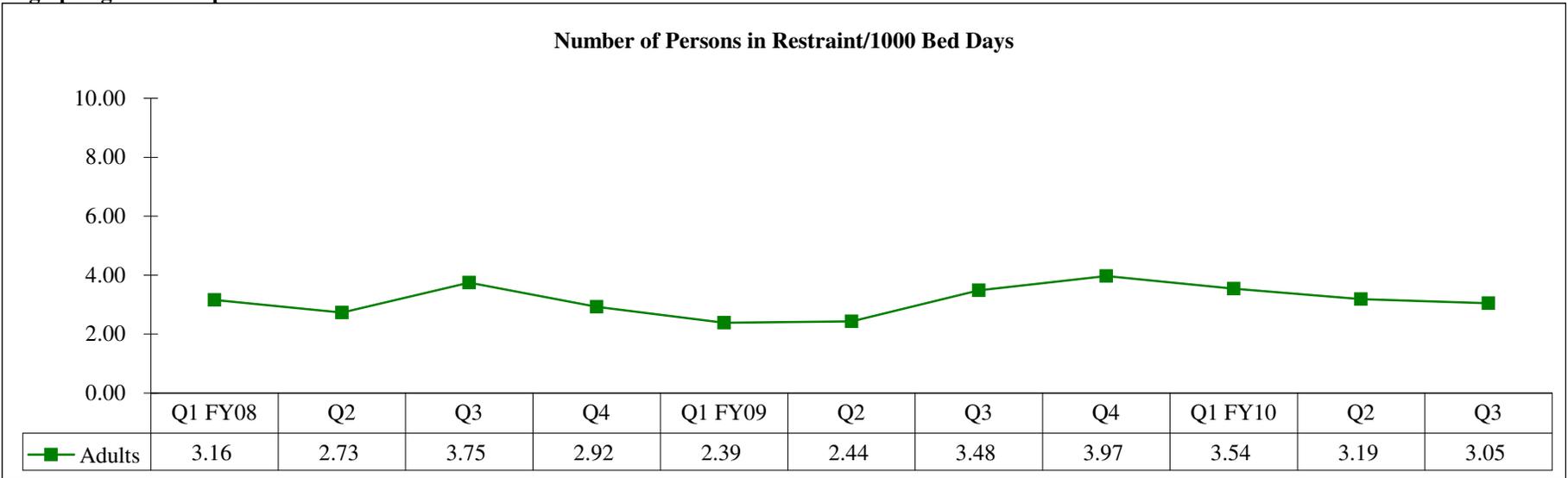


Average Number of Hours Per Incident in Seclusion

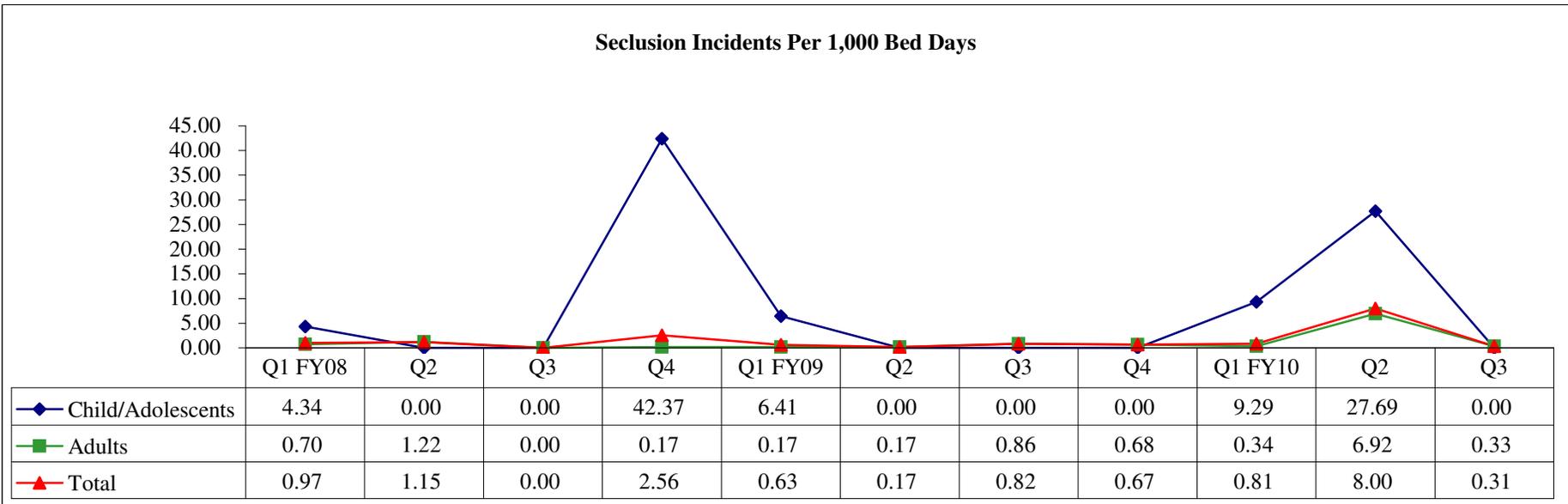
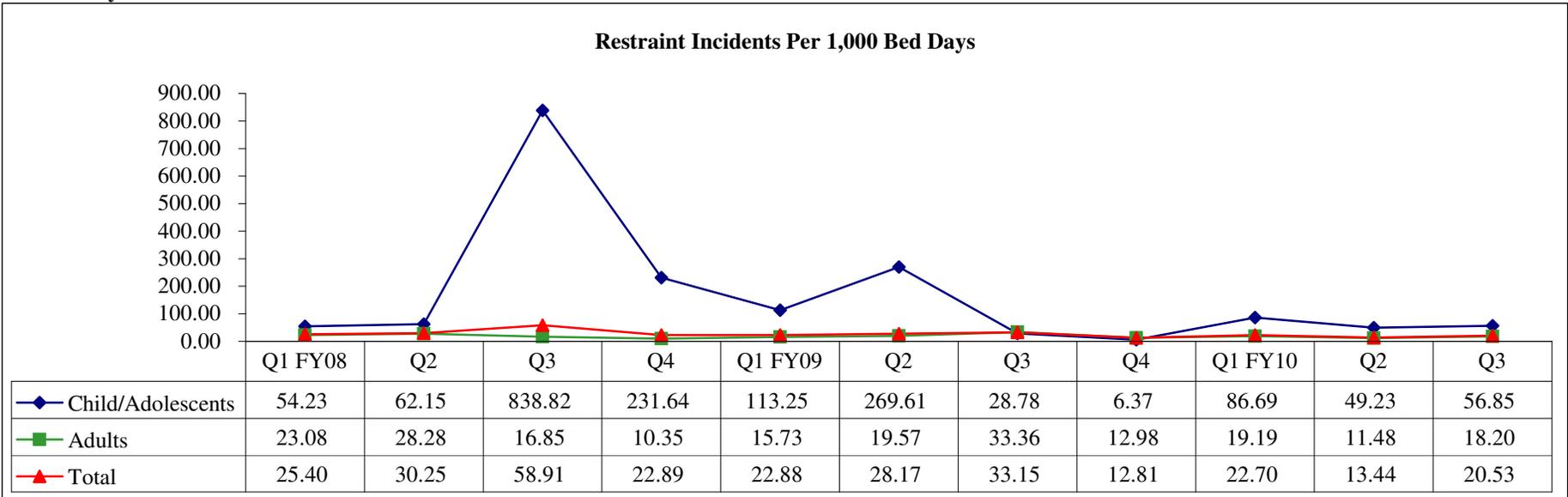


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

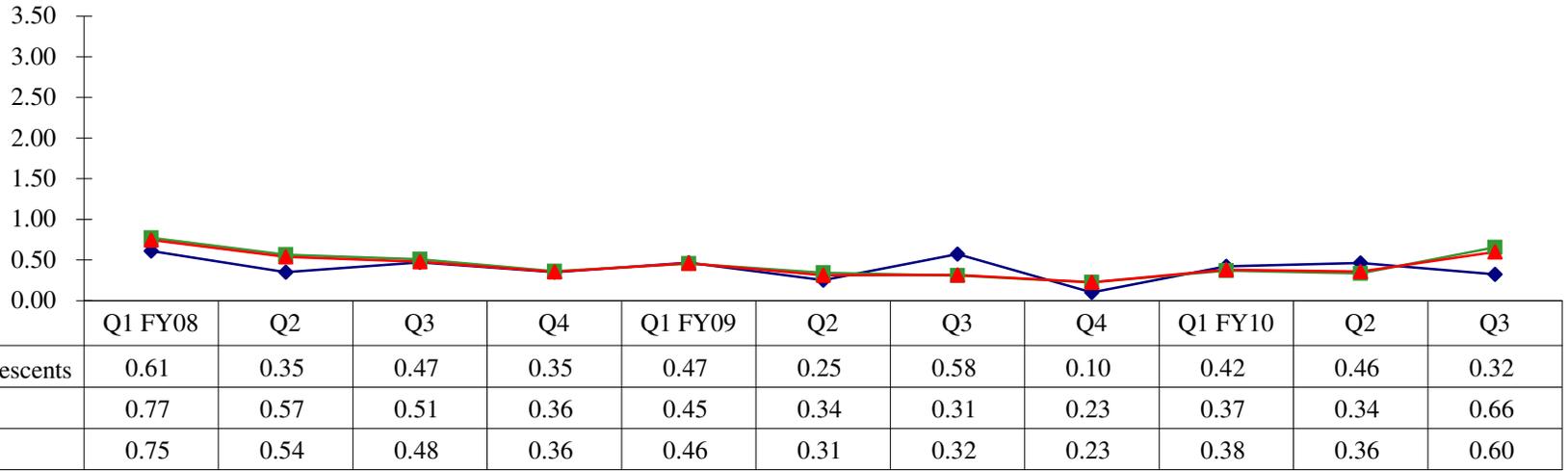


Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

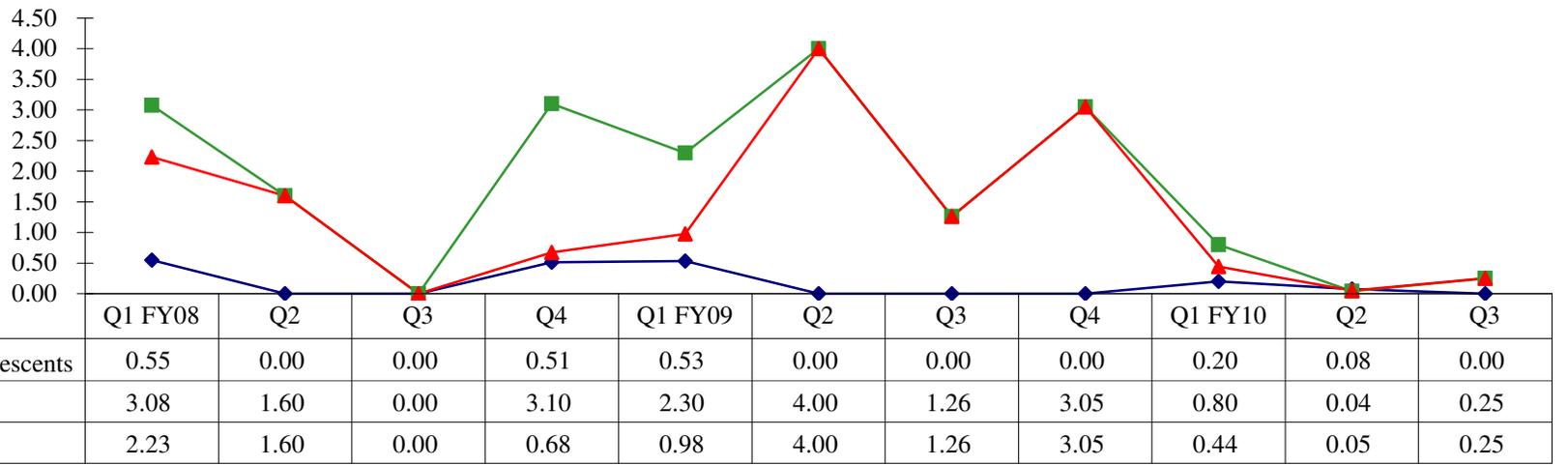


Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Average Number of Hours Per Incident in Restraints

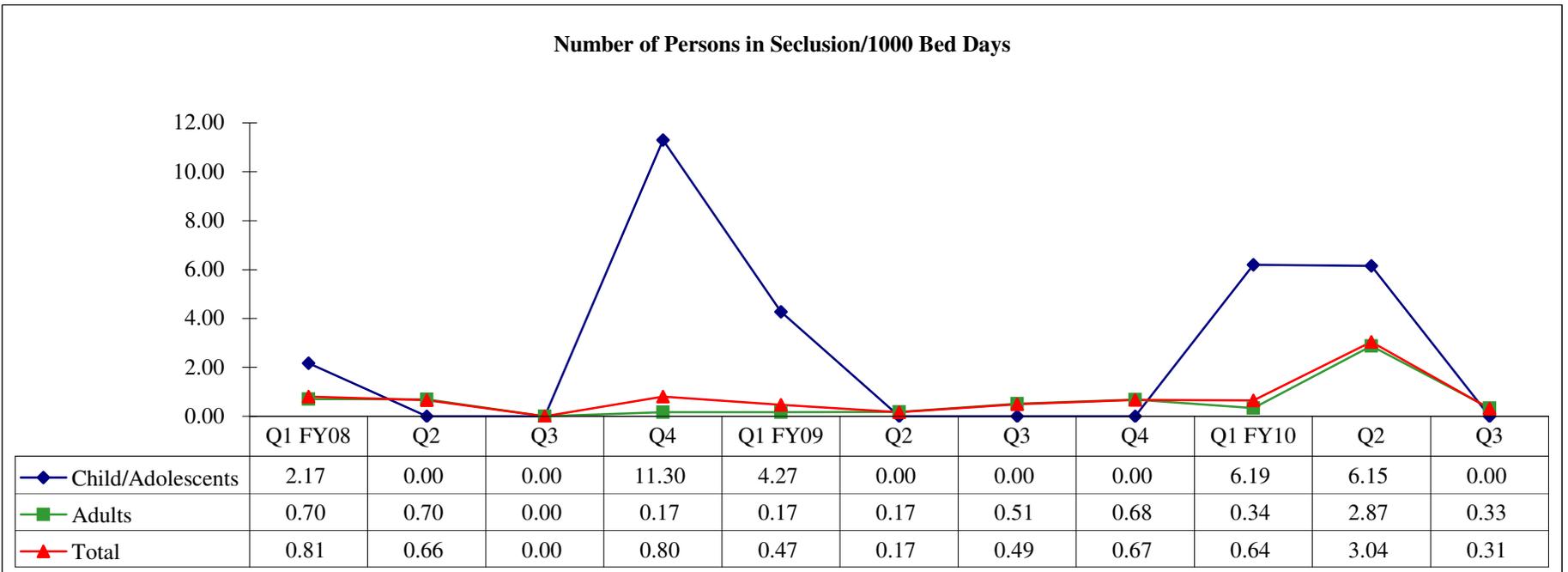
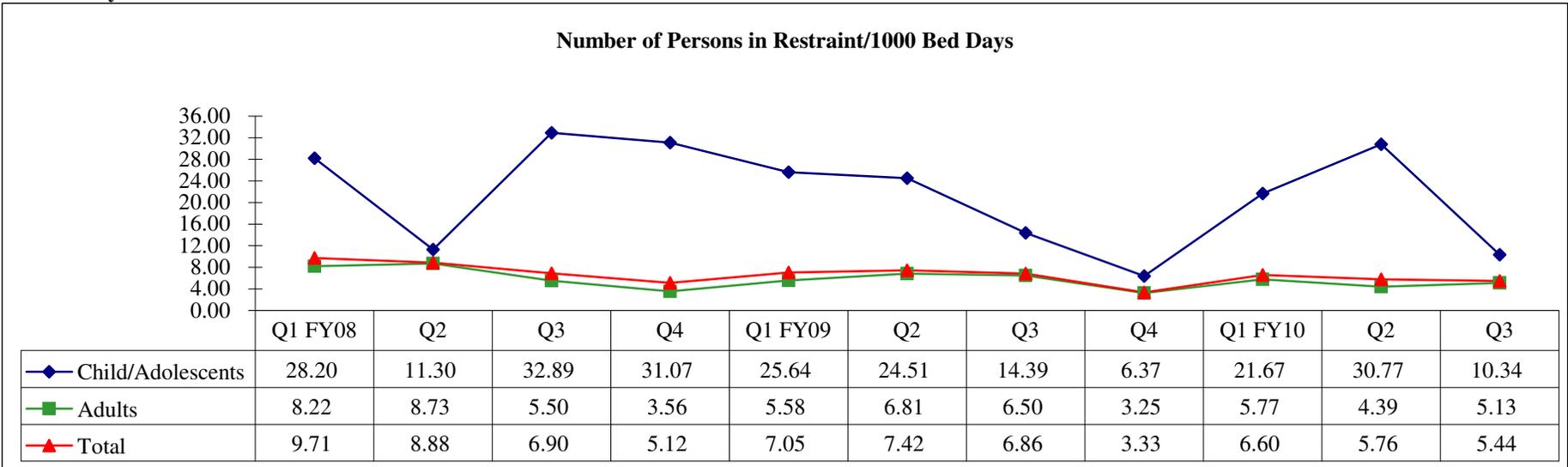


Average Number of Hours Per Incident in Seclusion



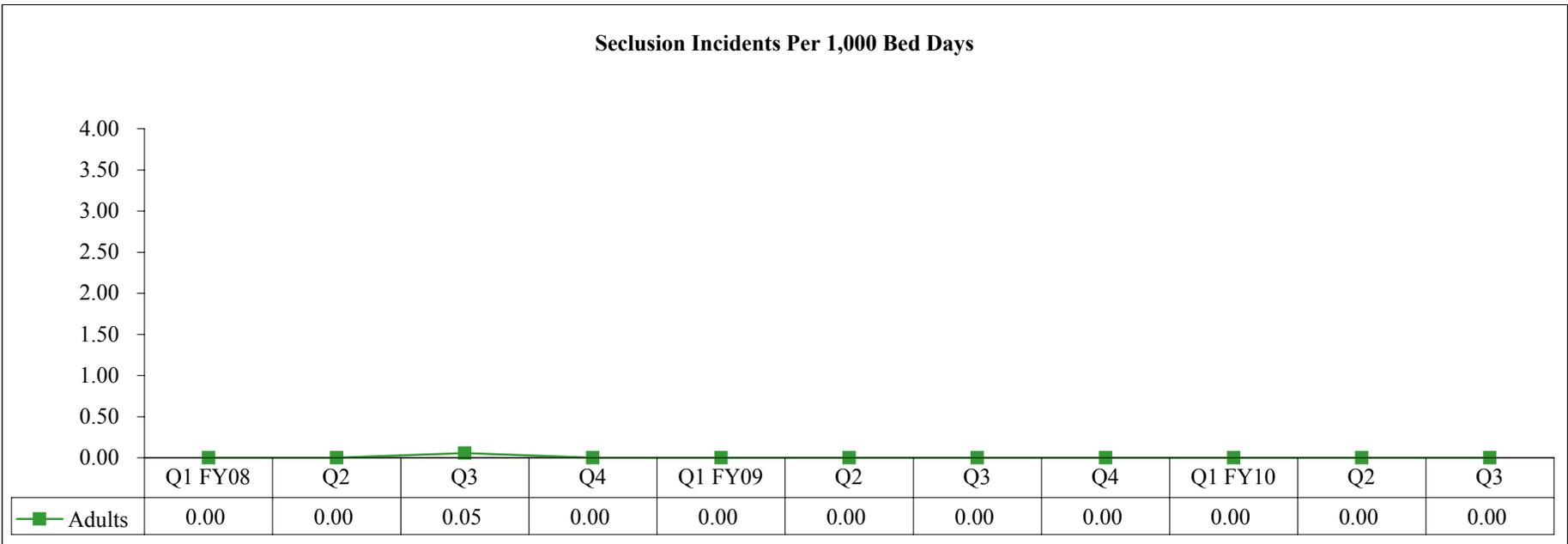
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 Access Database

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

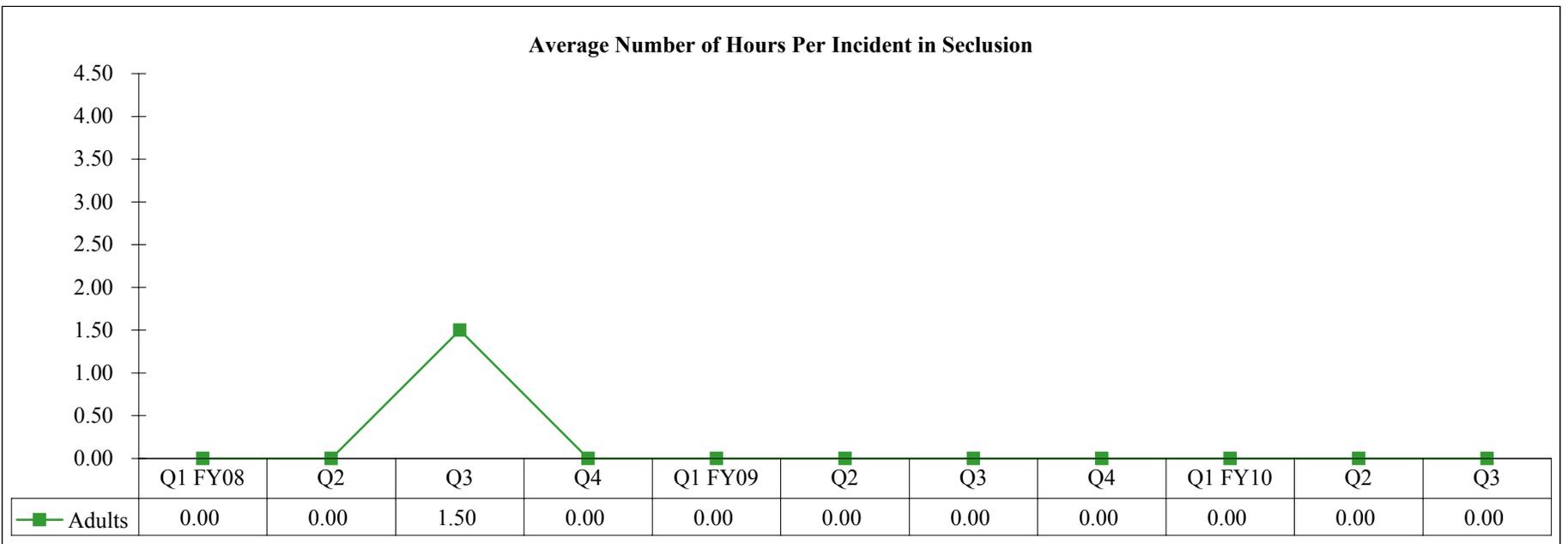
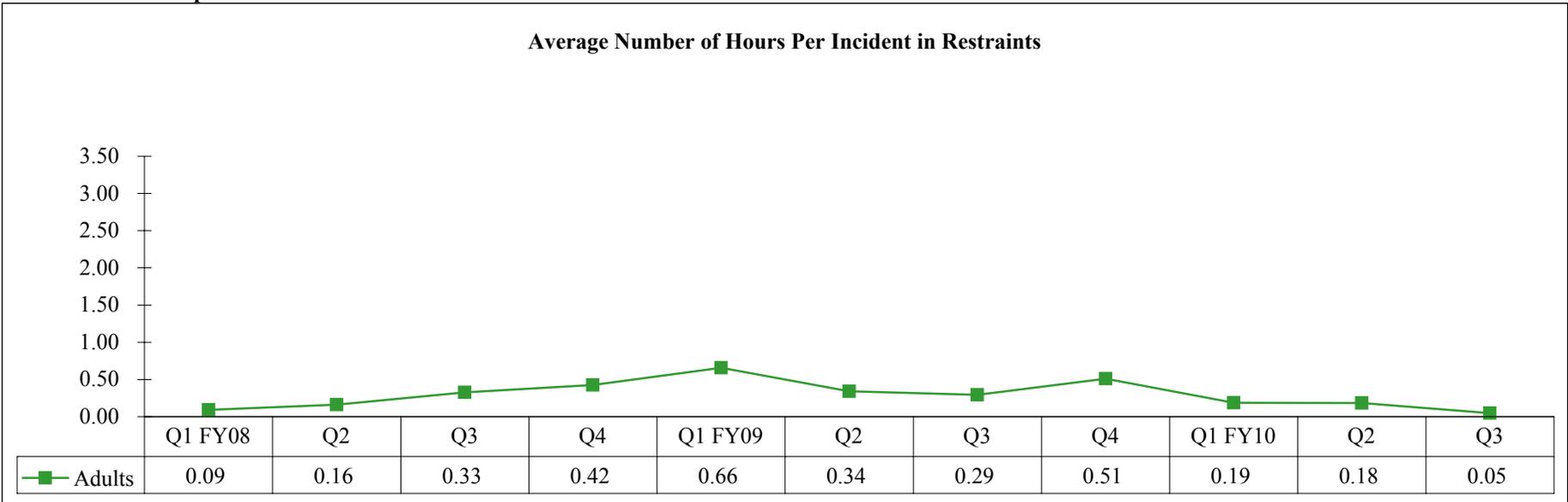


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

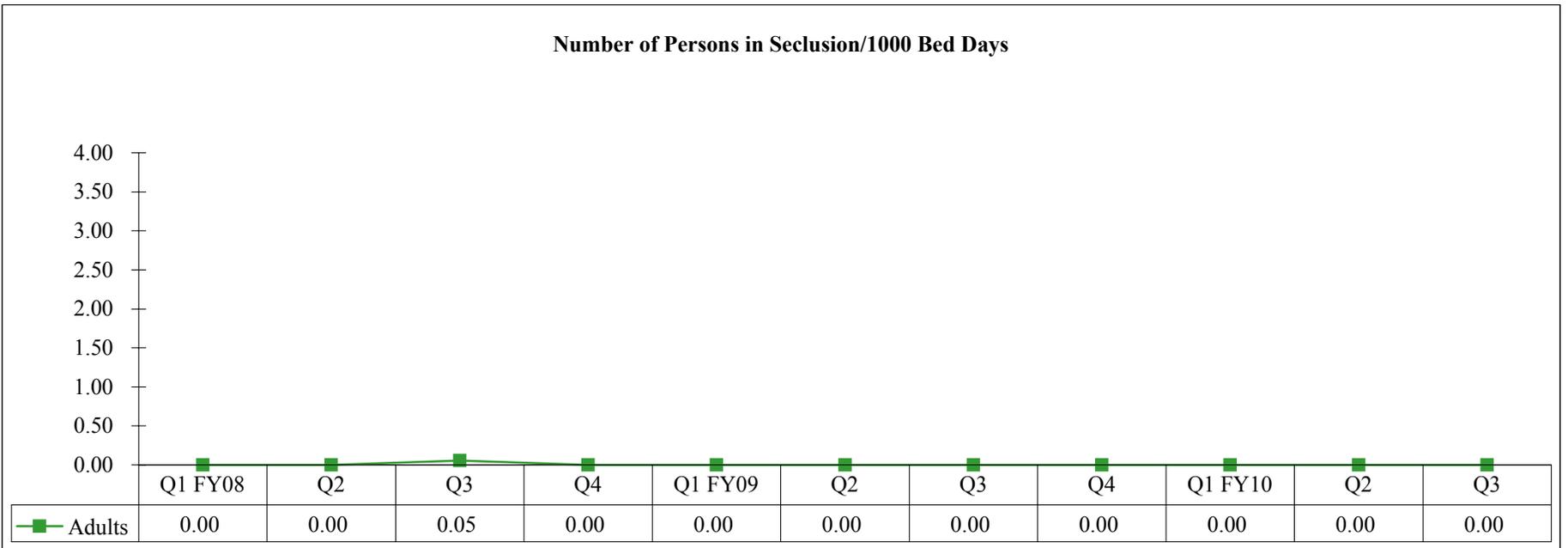
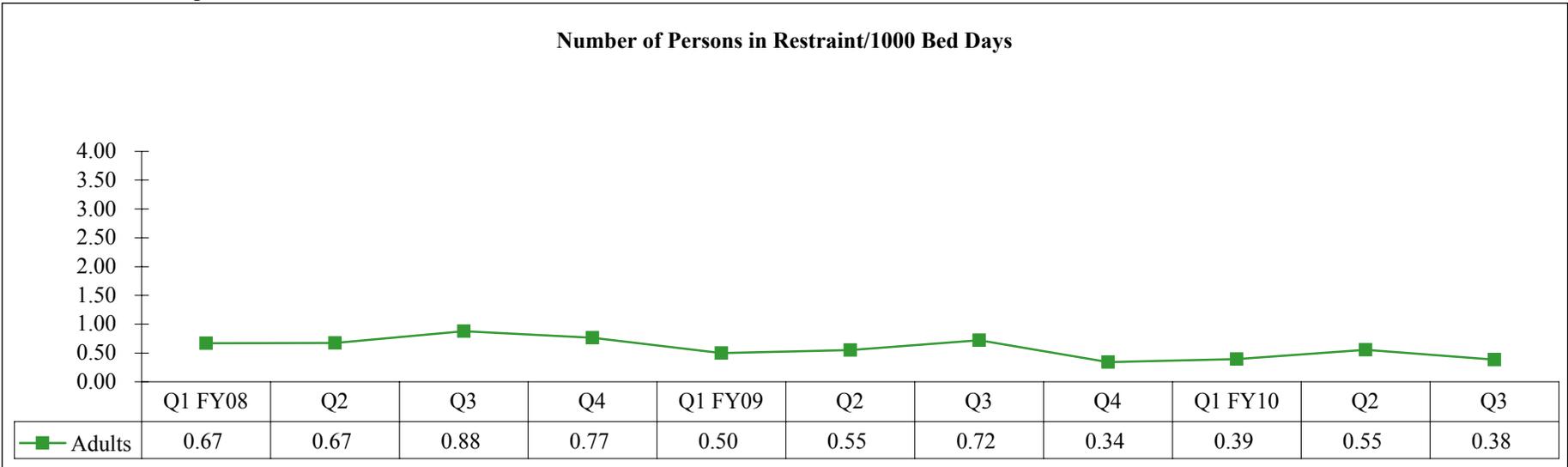
Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital



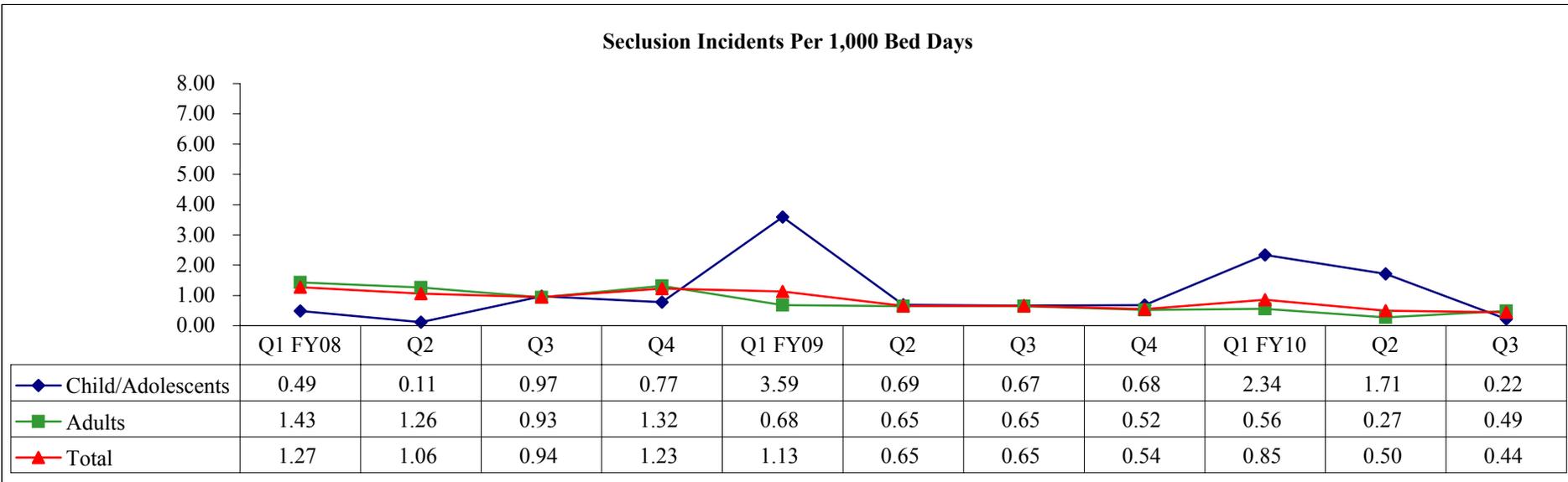
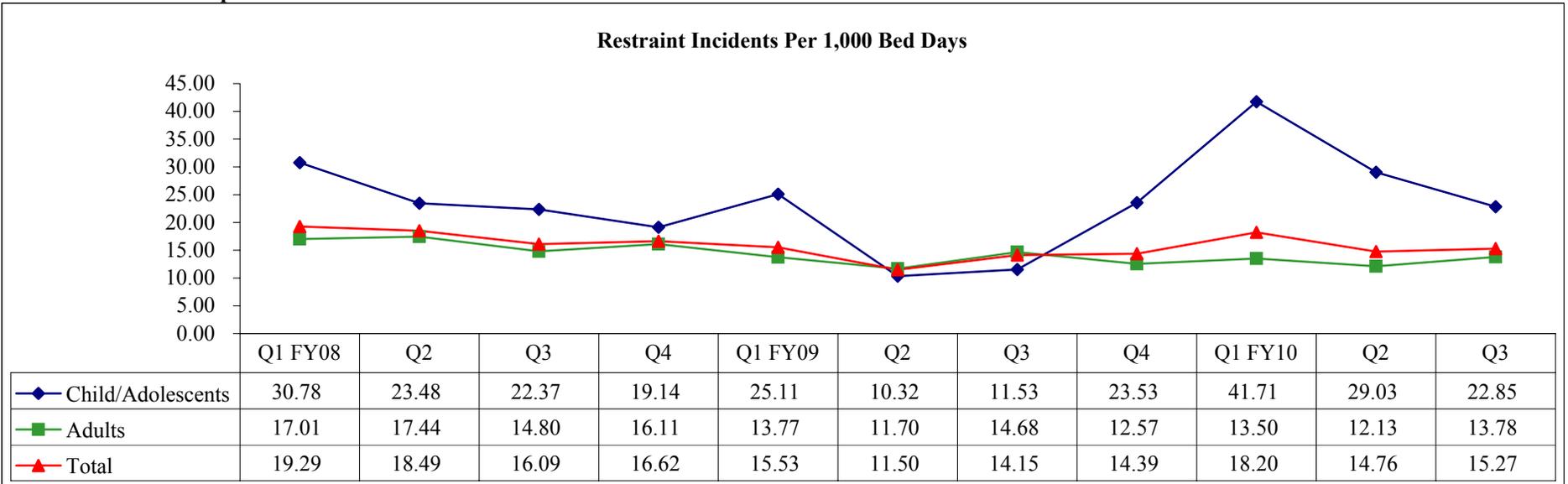
**Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



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

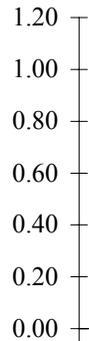


Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



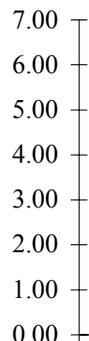
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
◆ Child/Adolescents	0.65	0.59	0.59	0.47	0.47	0.55	0.32	0.52	0.62	0.59	0.71
■ Adults	0.90	0.93	0.97	0.80	0.90	0.66	0.79	0.92	0.87	0.84	0.83
▲ Total	0.83	0.85	0.88	0.74	0.79	0.65	0.73	0.81	0.78	0.76	0.80

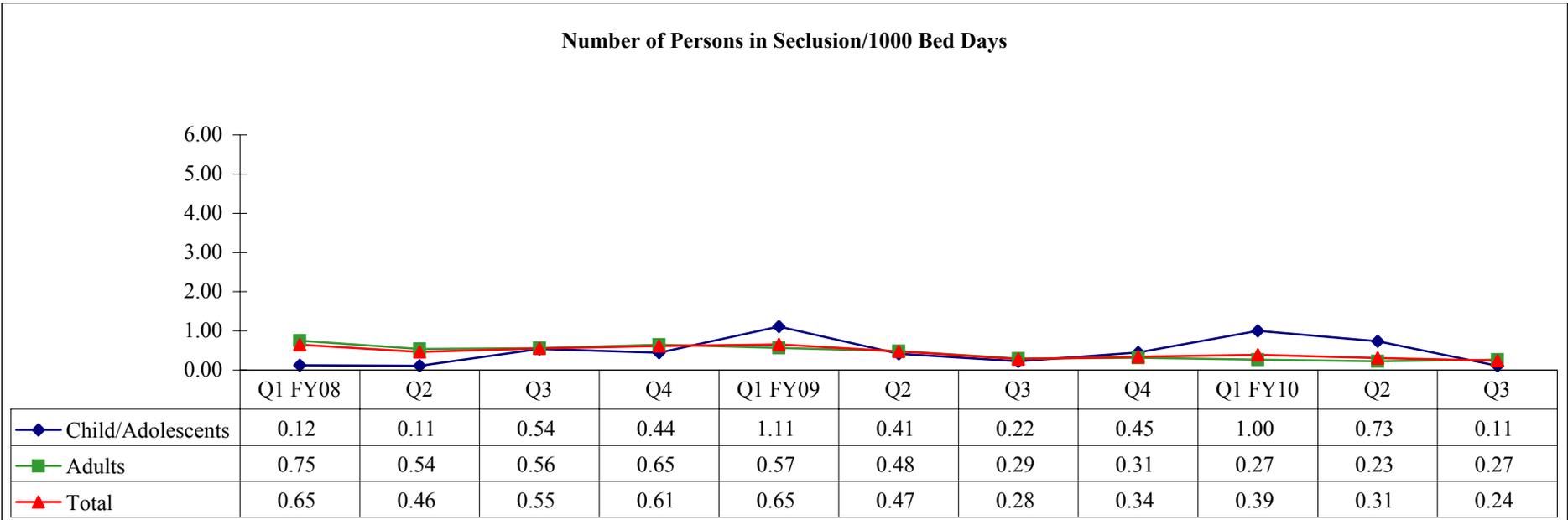
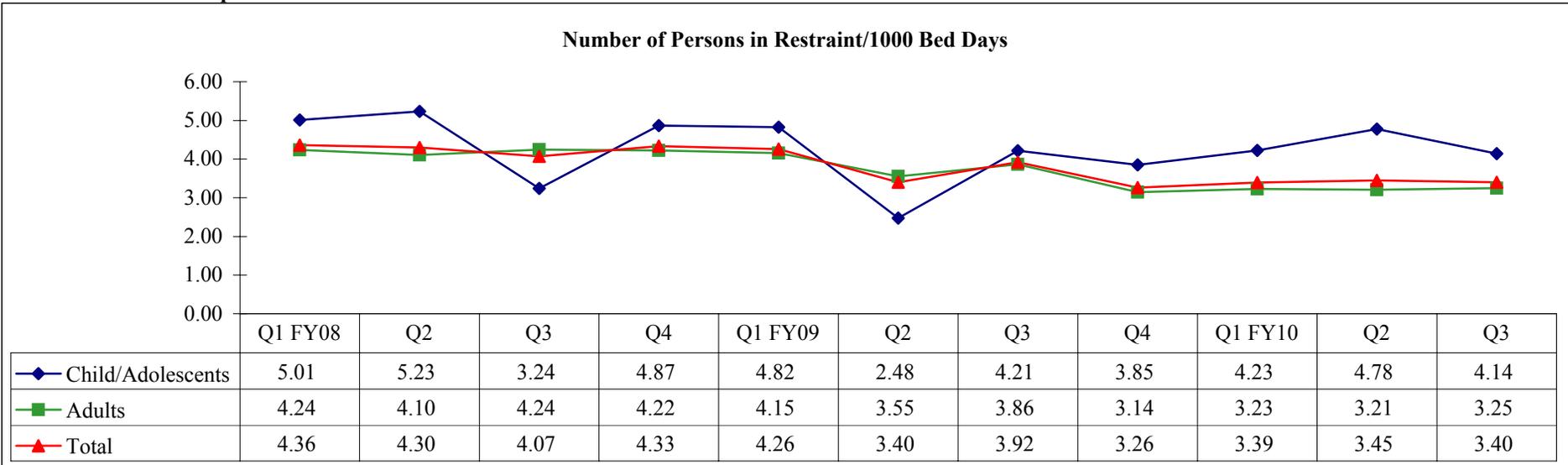
Average Number of Hours Per Incident in Seclusion



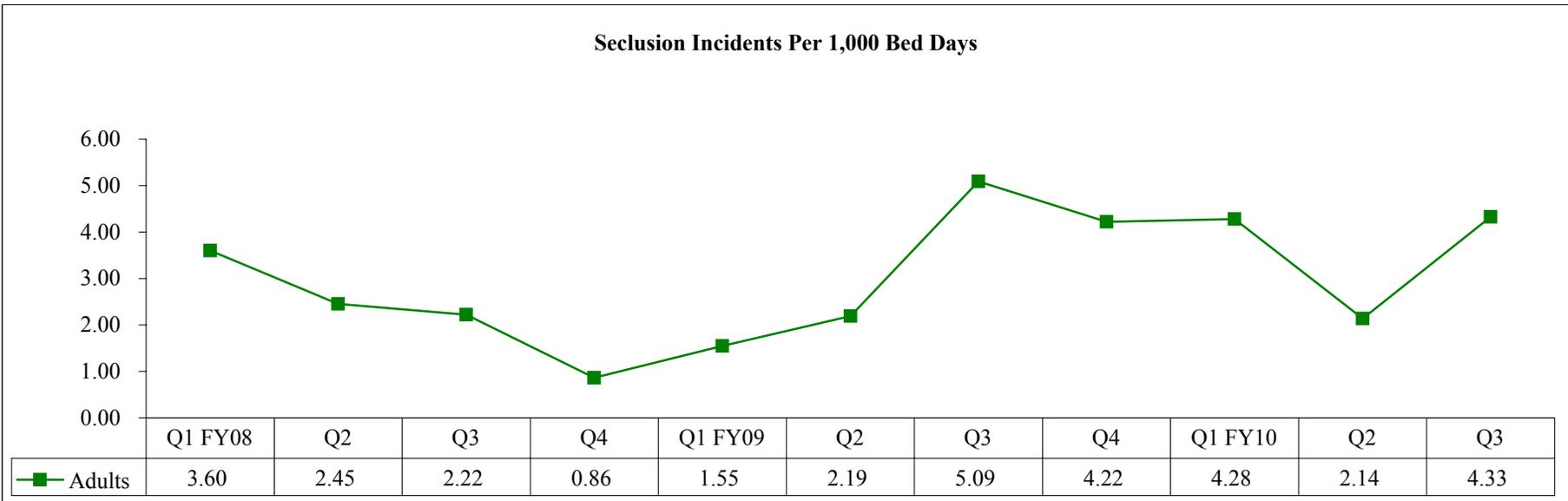
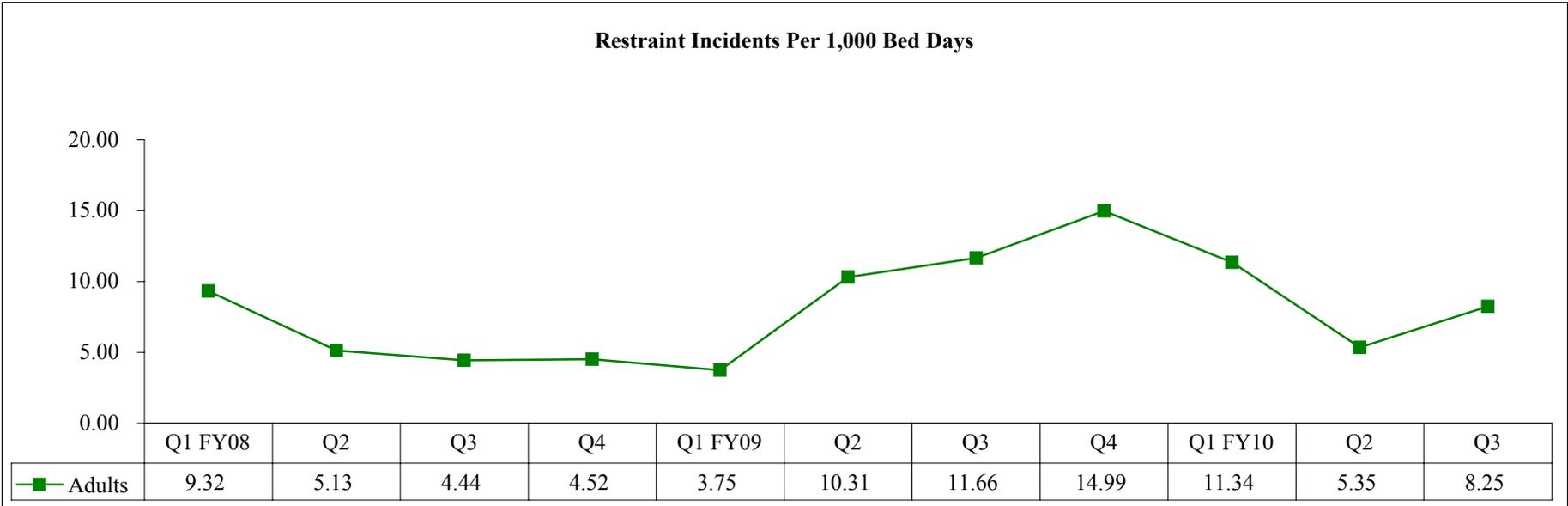
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
◆ Child/Adolescents	0.98	2.00	0.48	0.71	0.99	0.48	0.58	0.73	0.63	0.81	0.80
■ Adults	2.34	2.27	1.60	2.35	1.47	1.72	2.88	2.50	1.68	1.29	1.36
▲ Total	2.25	2.27	1.41	2.18	1.23	1.53	2.48	2.13	1.20	1.03	1.31

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

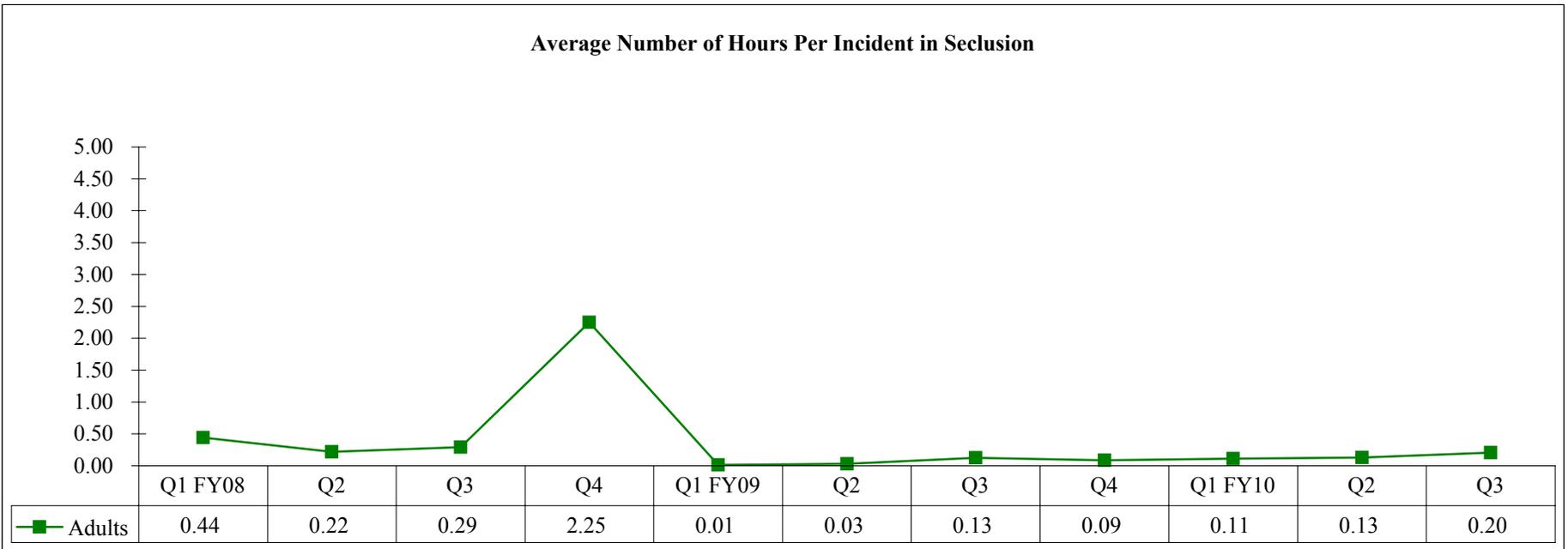
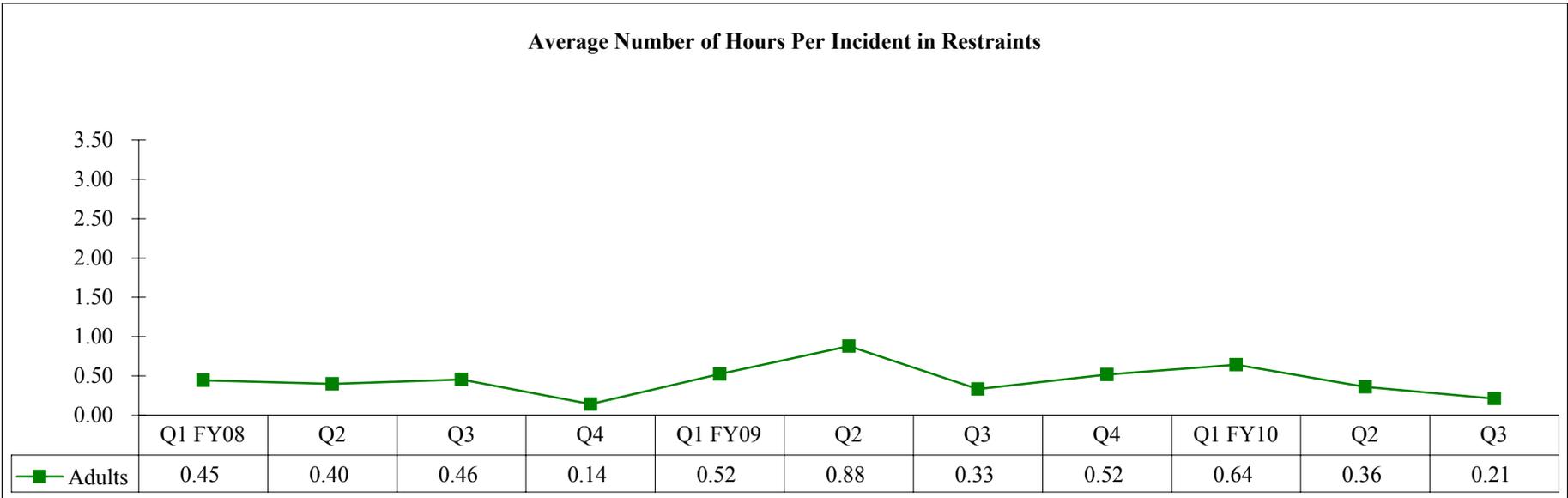
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



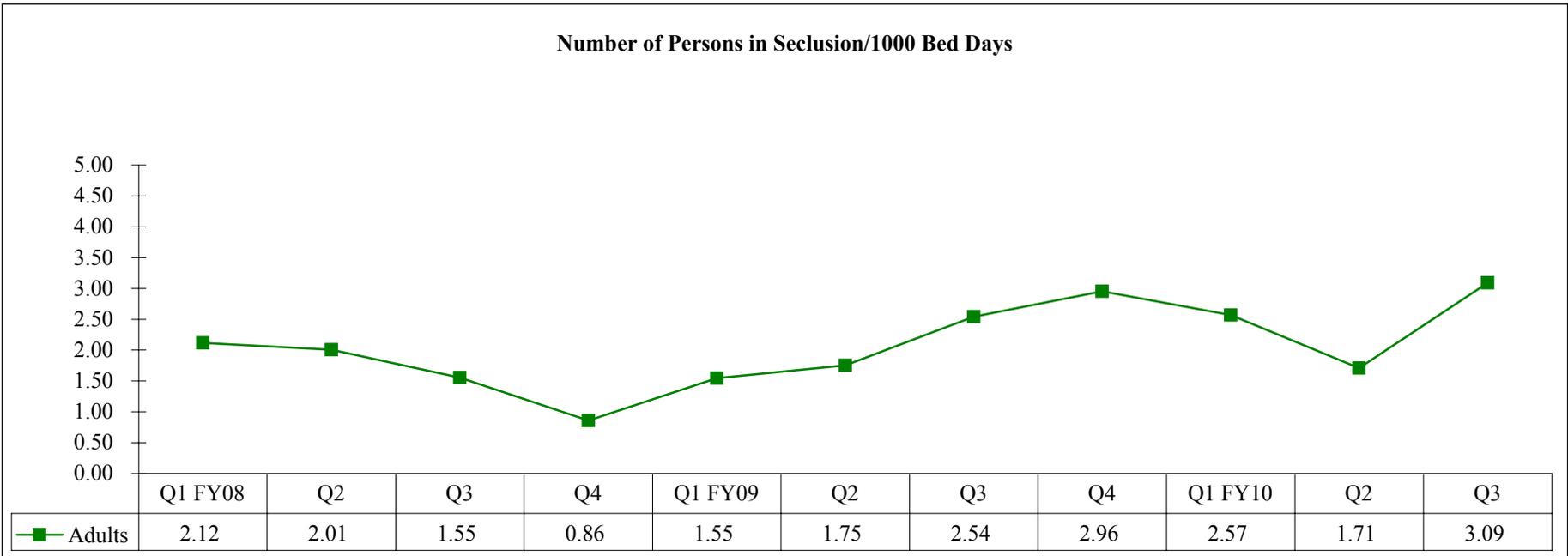
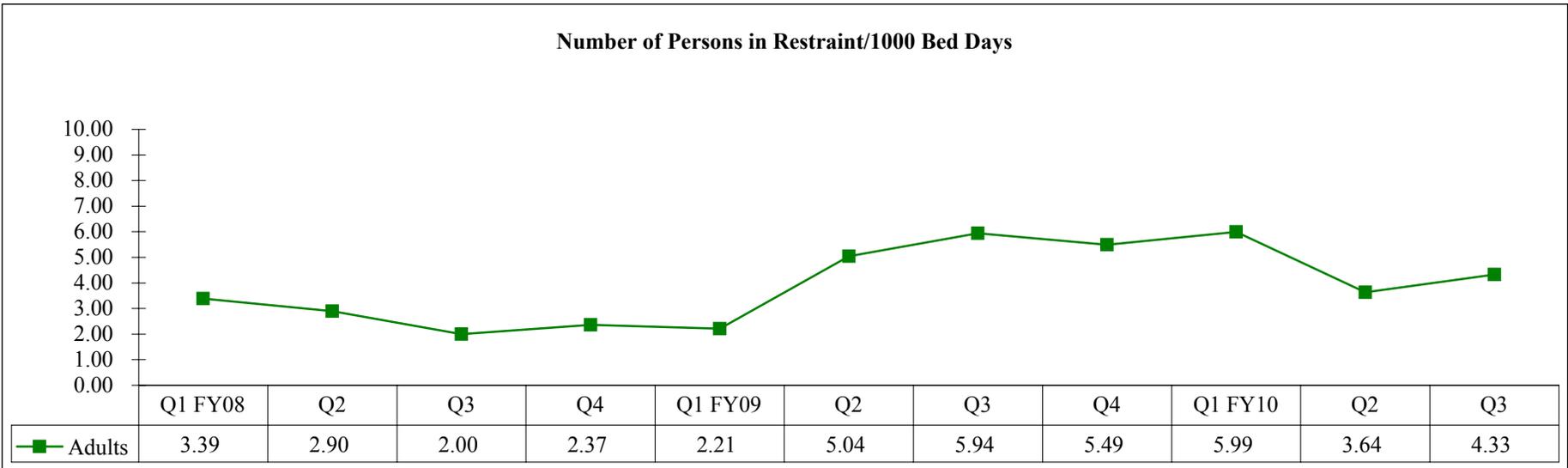
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



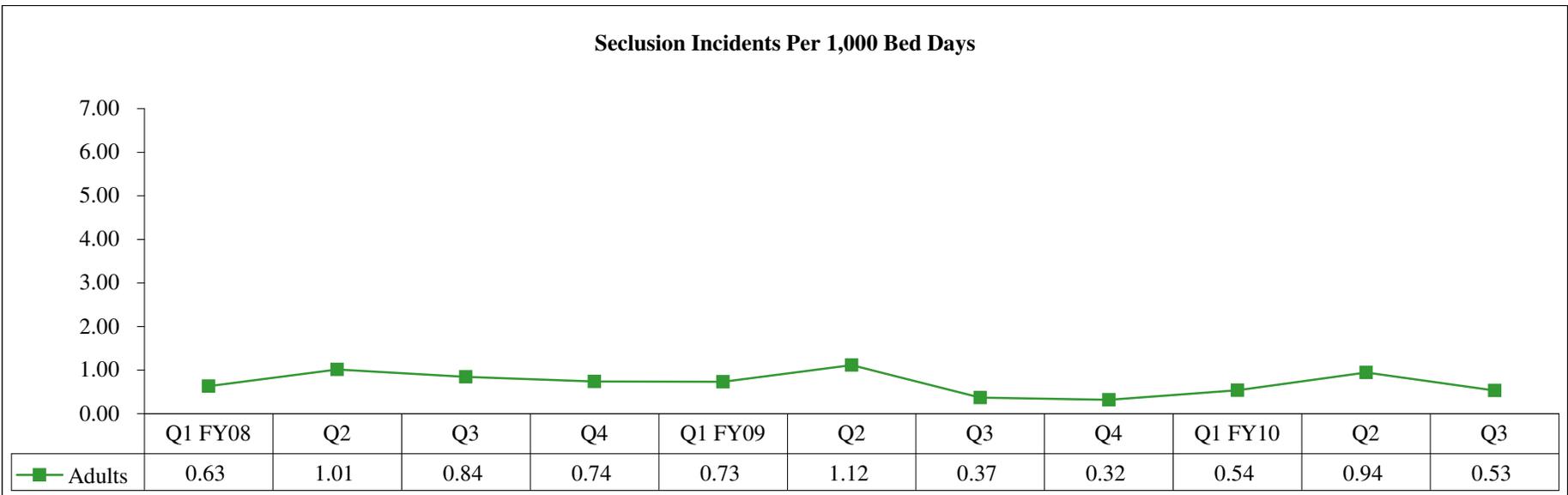
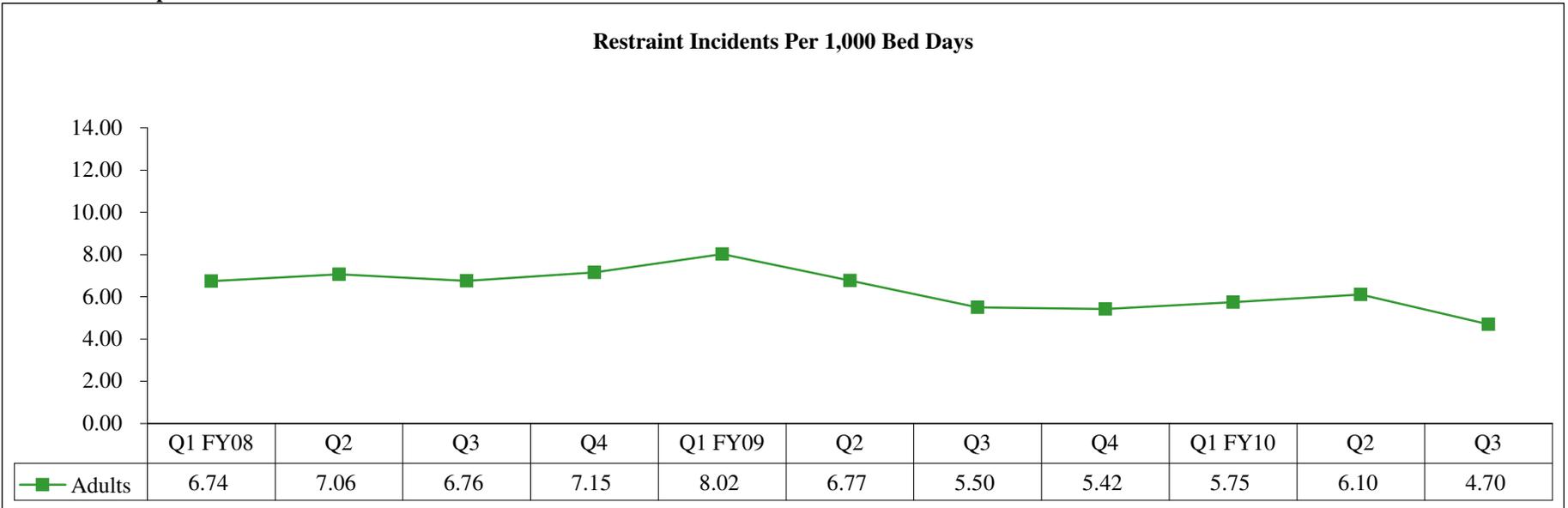
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



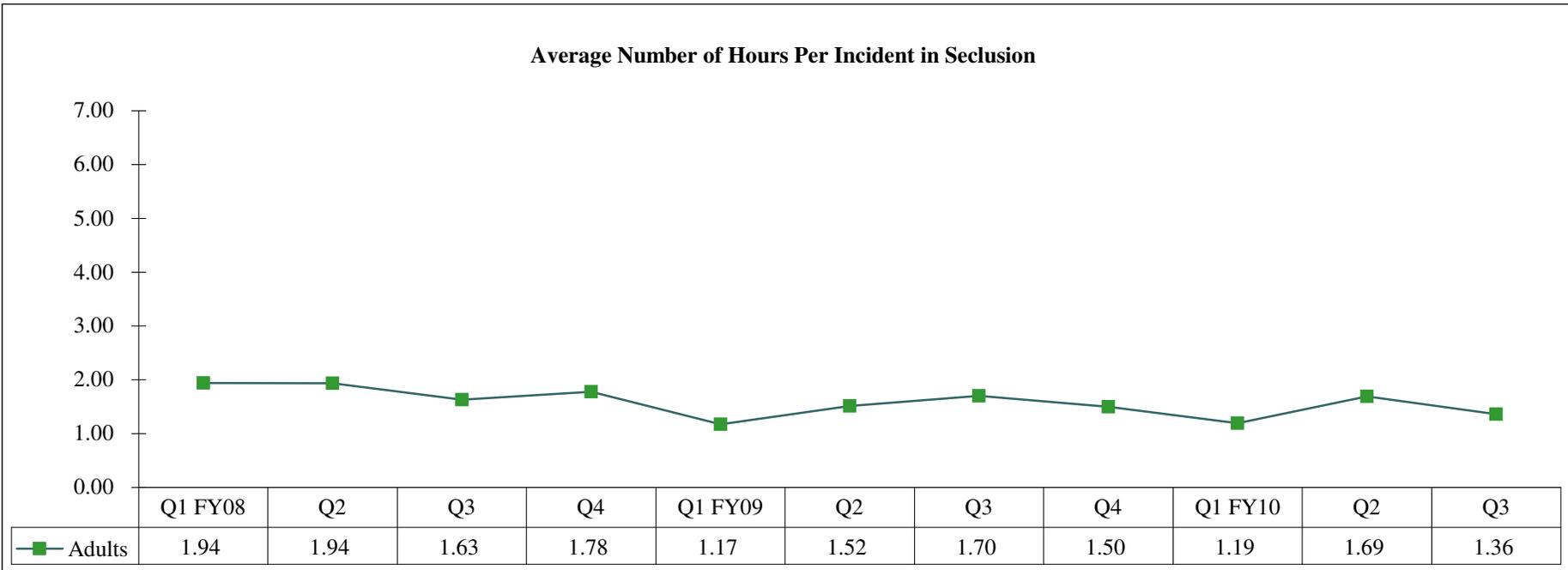
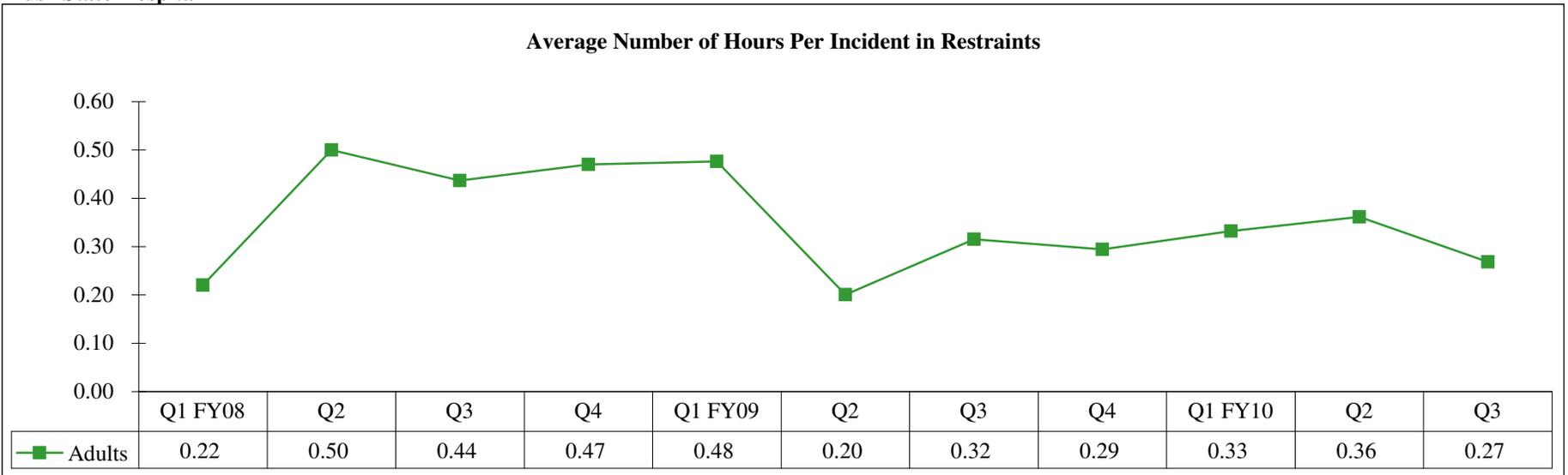
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



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

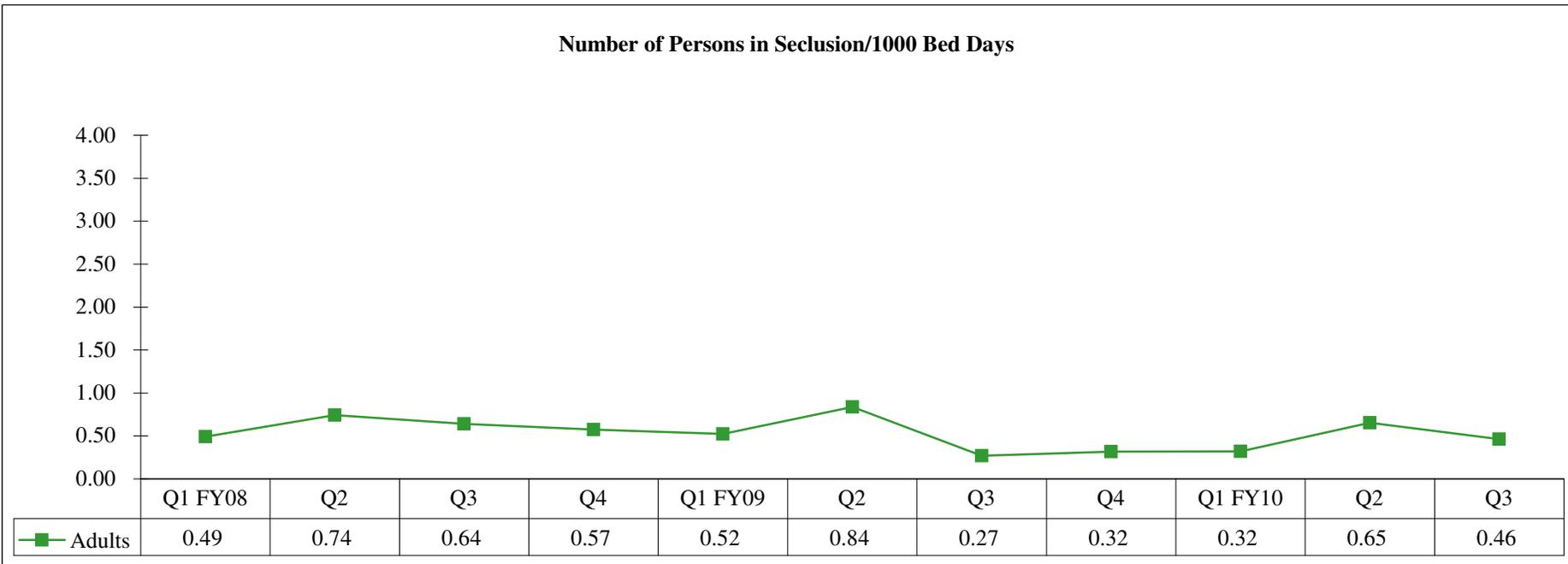
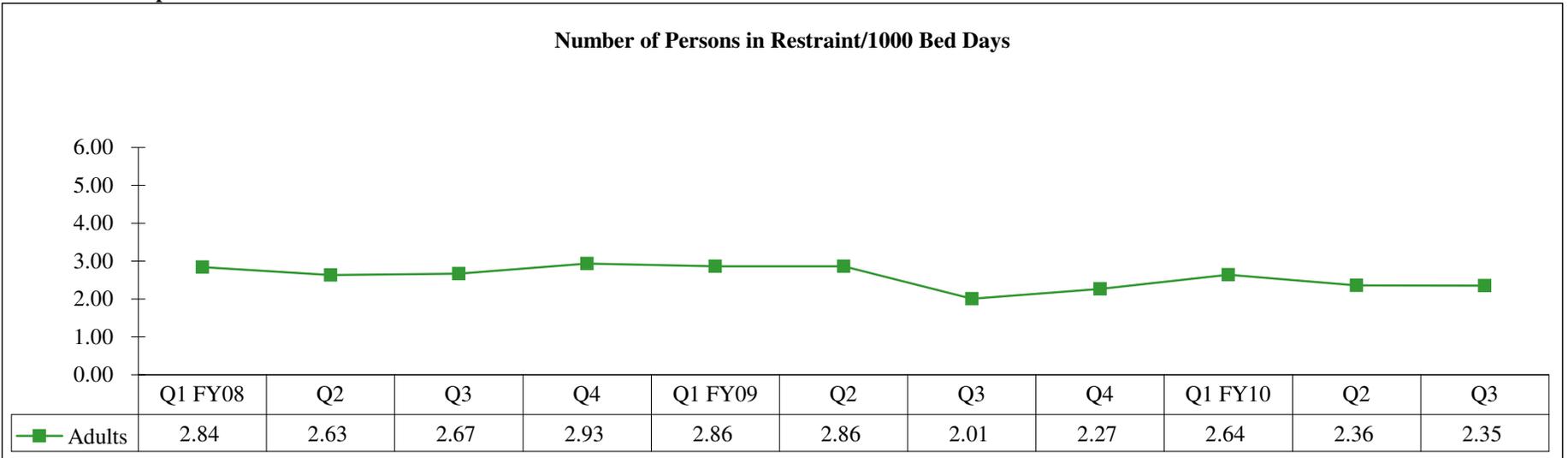


Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital

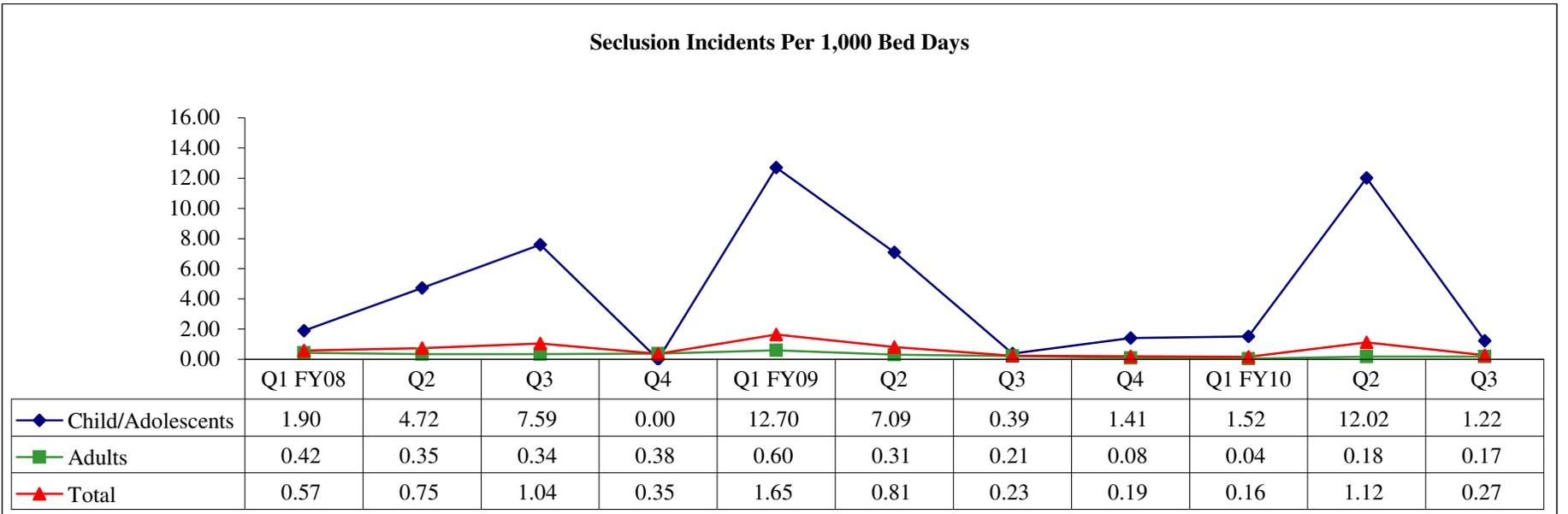
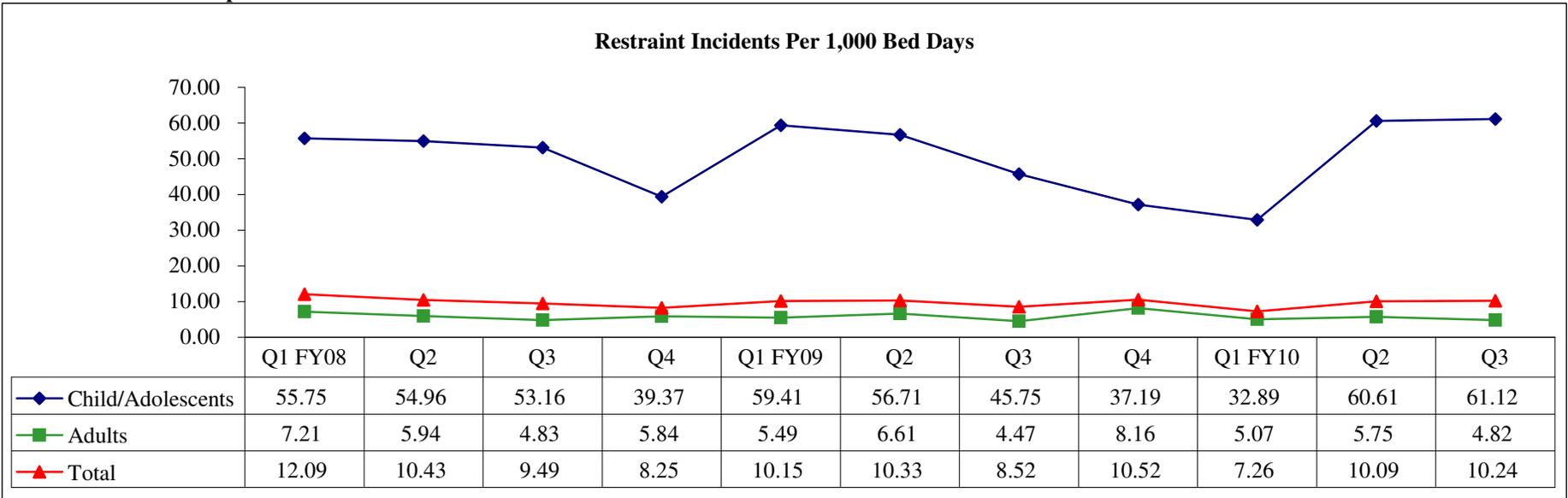


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

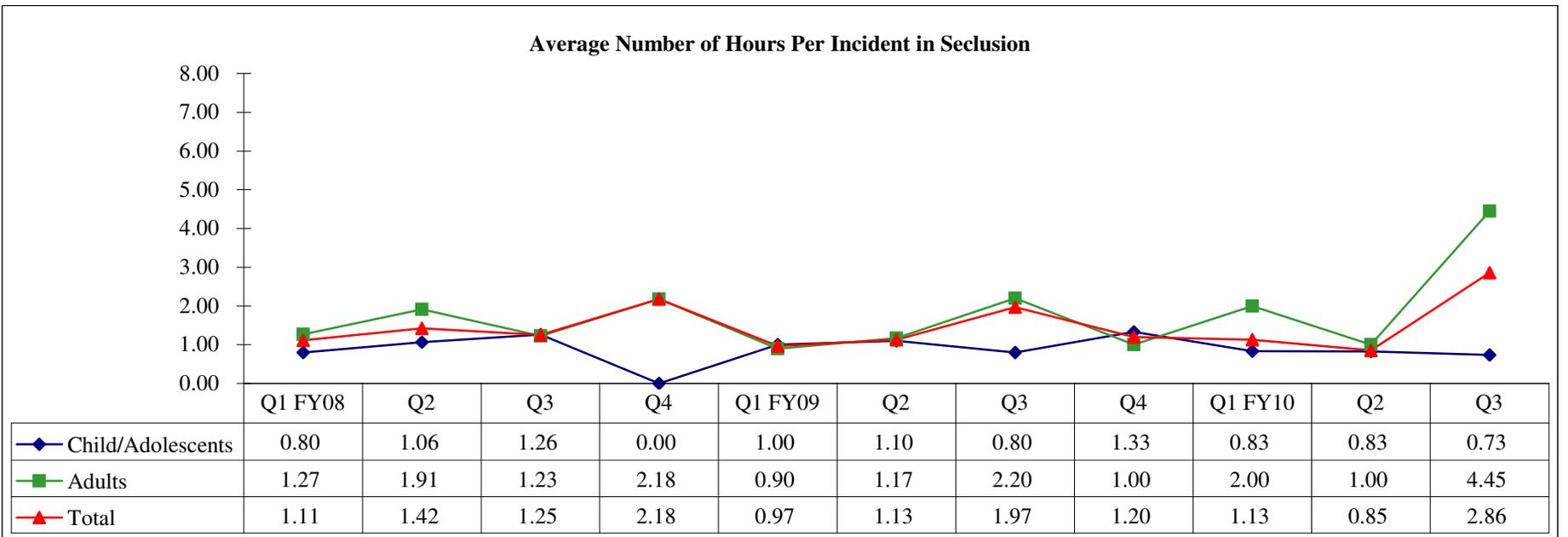
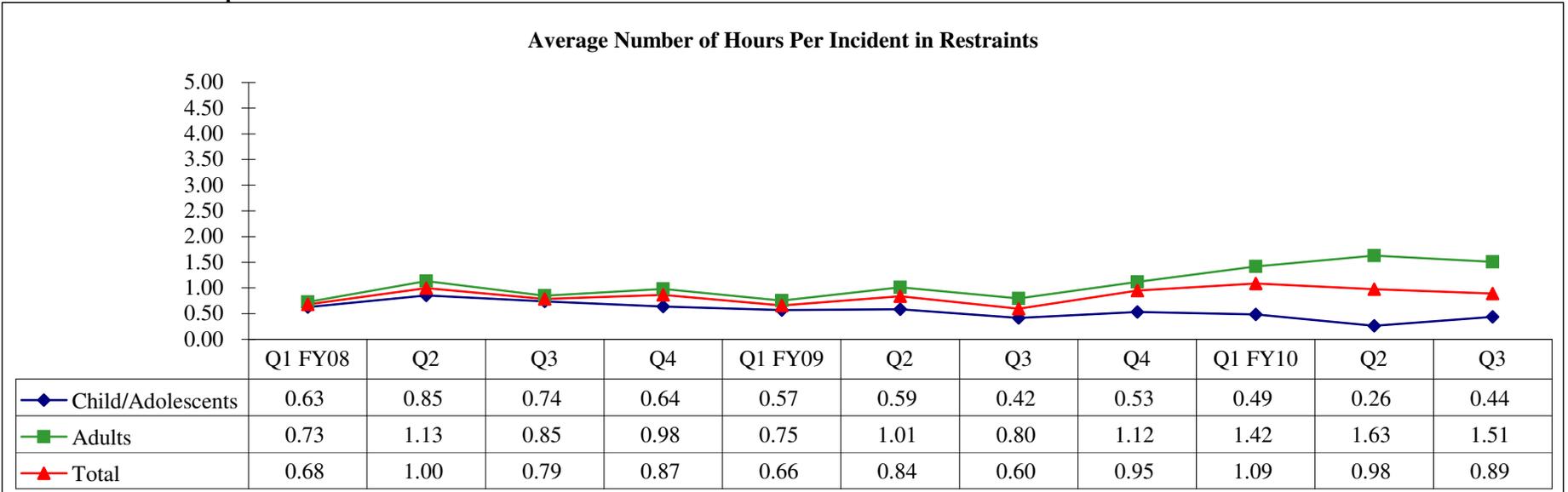
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



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

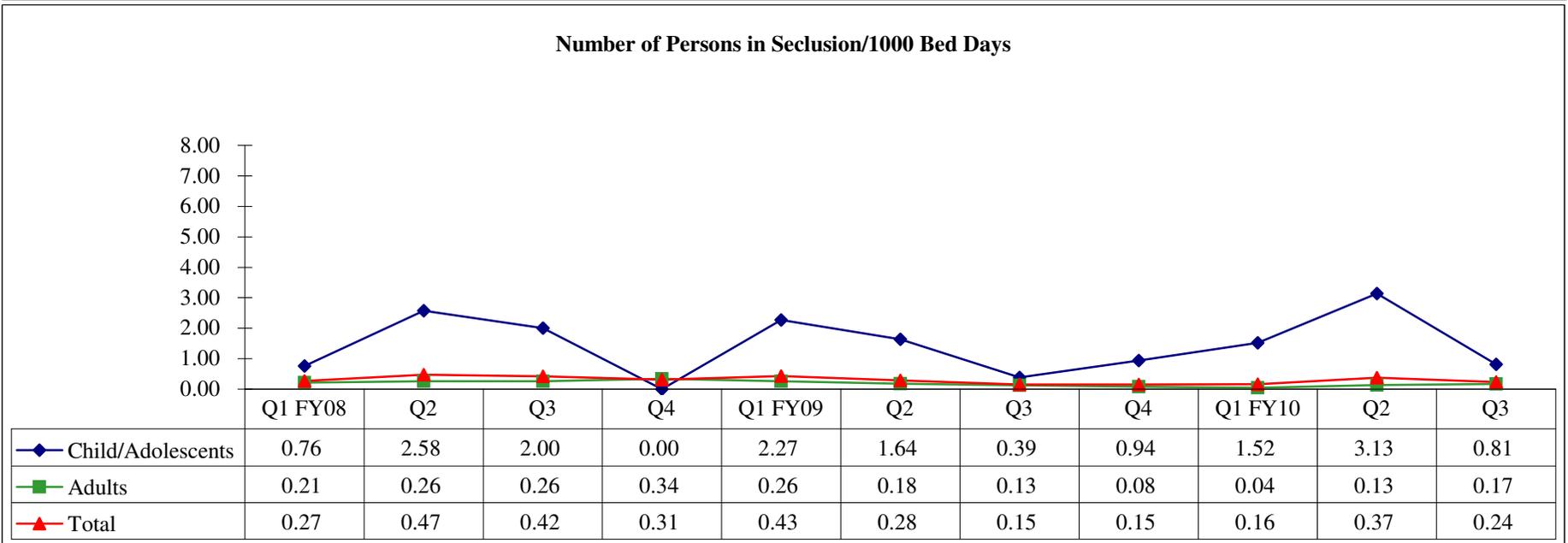
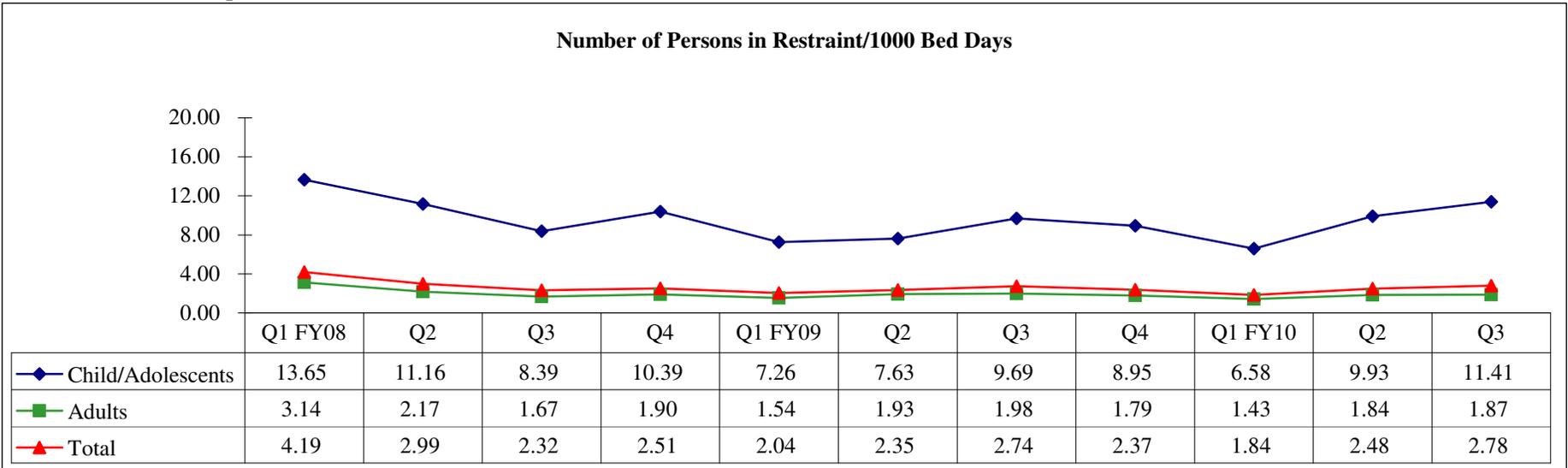


Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

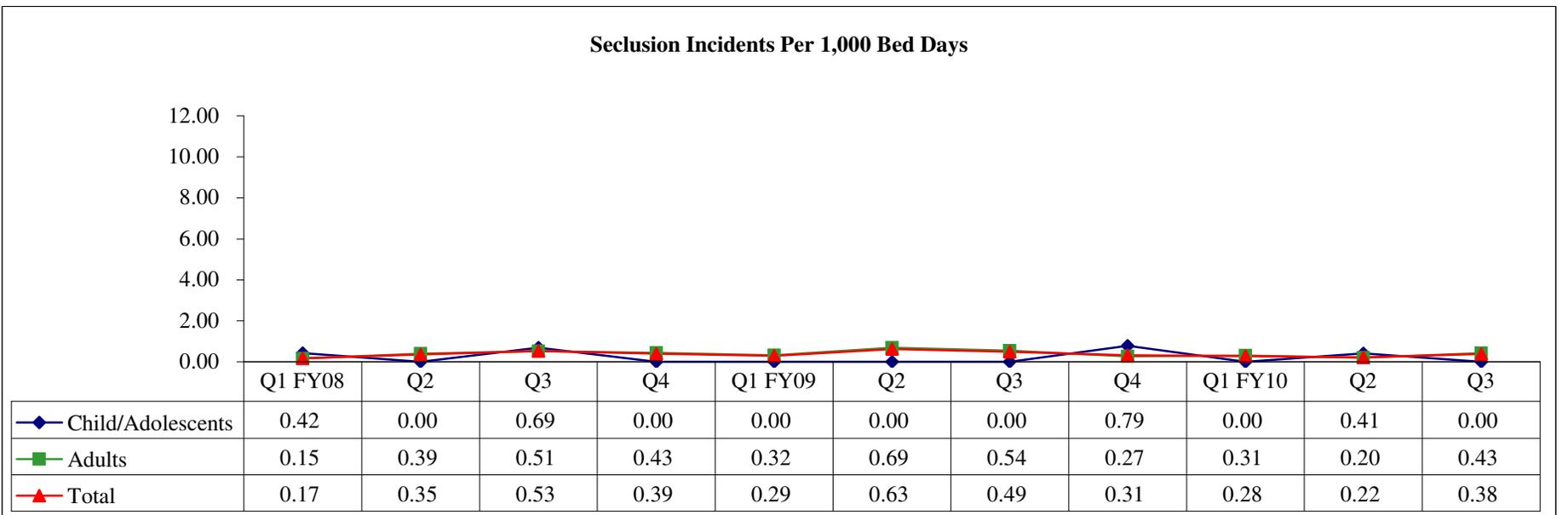
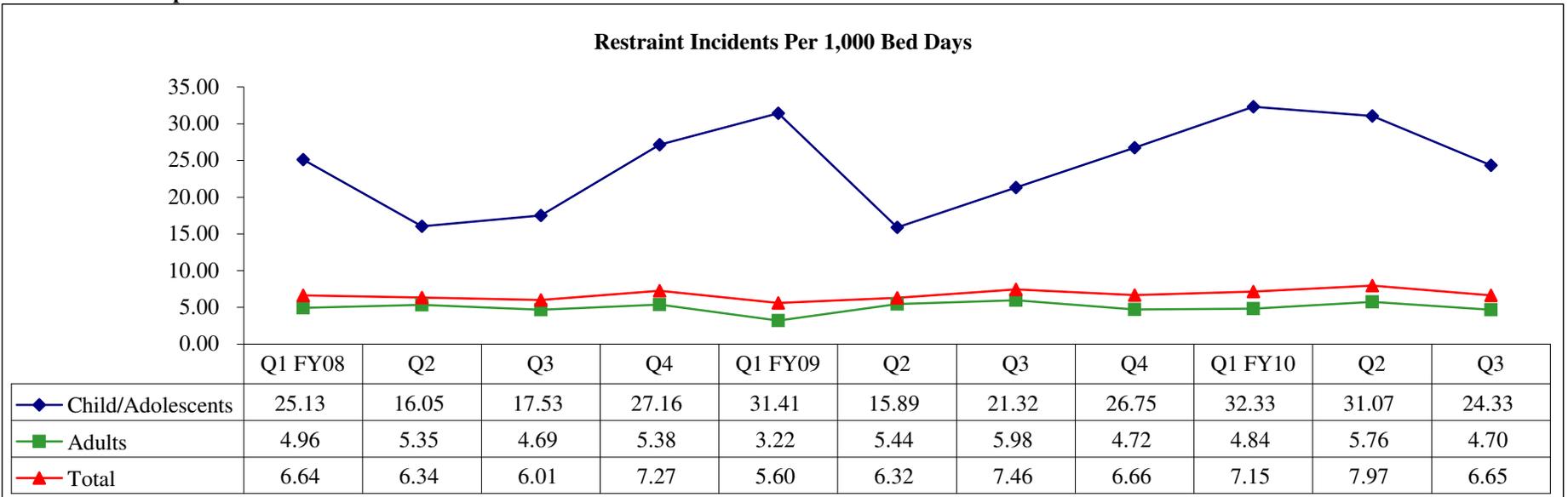


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



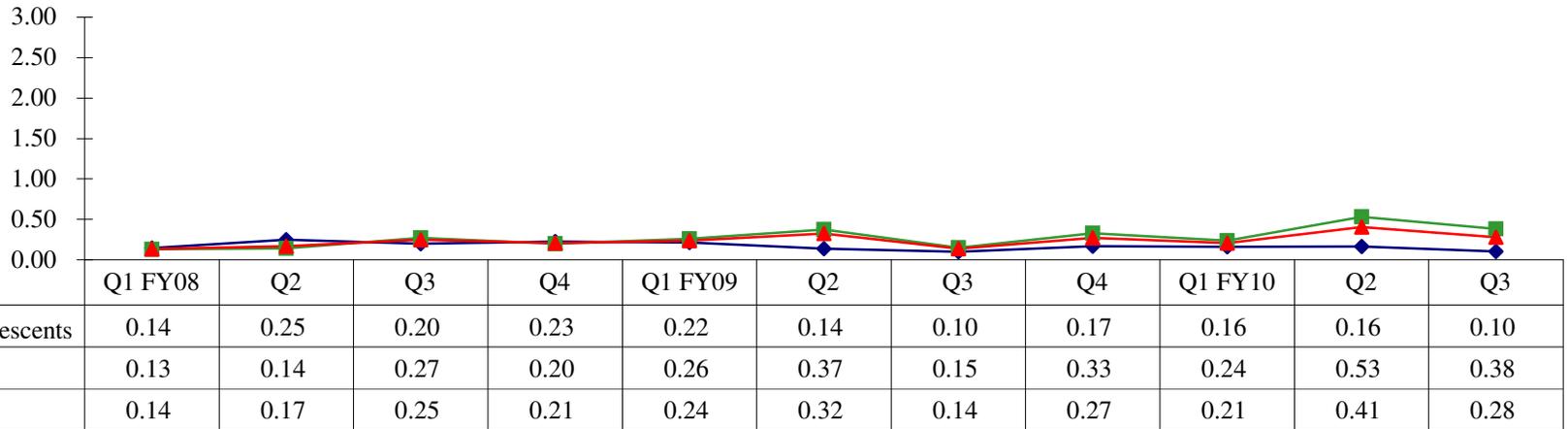
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



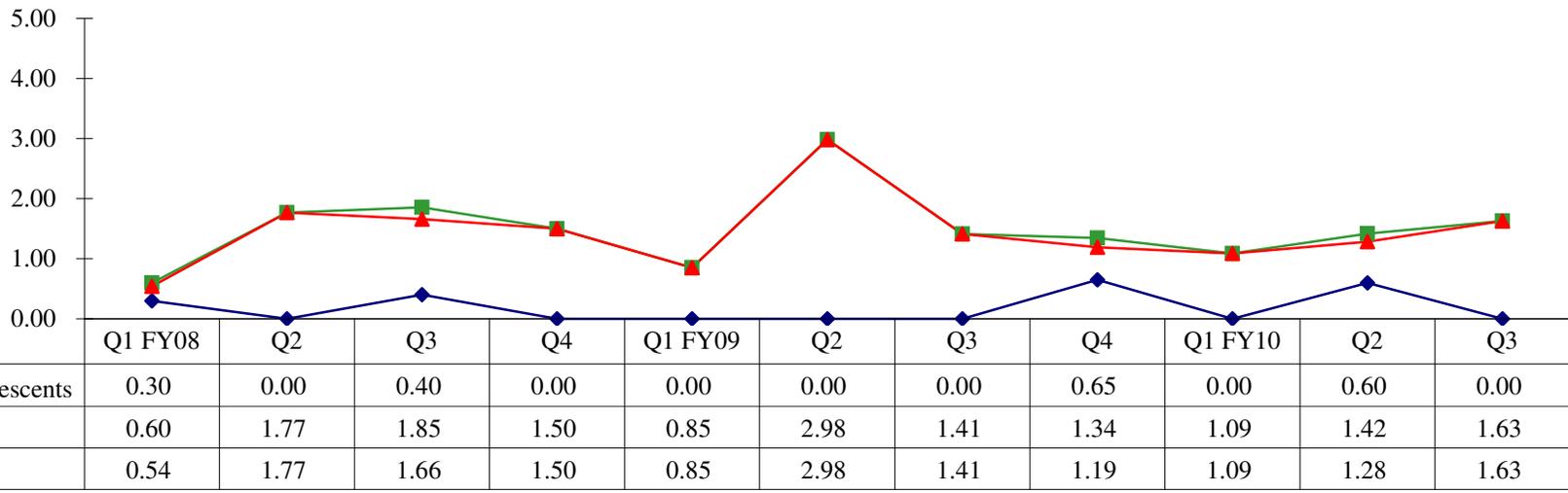
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Average Number of Hours Per Incident in Restraints

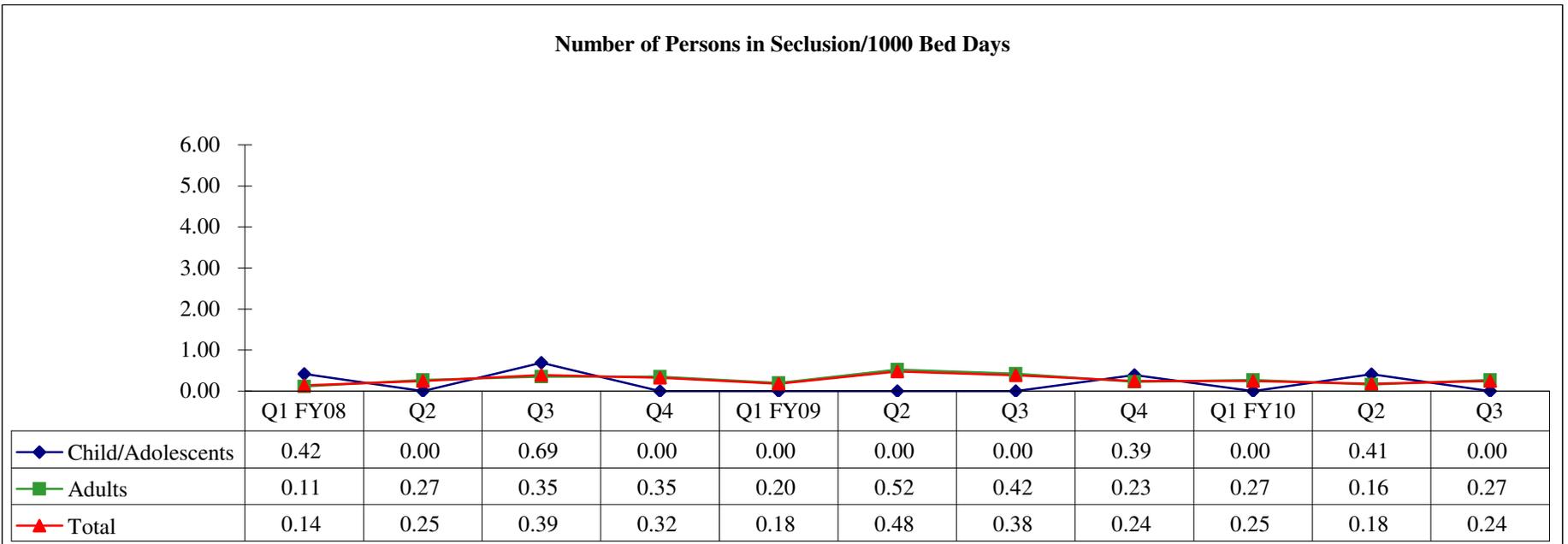
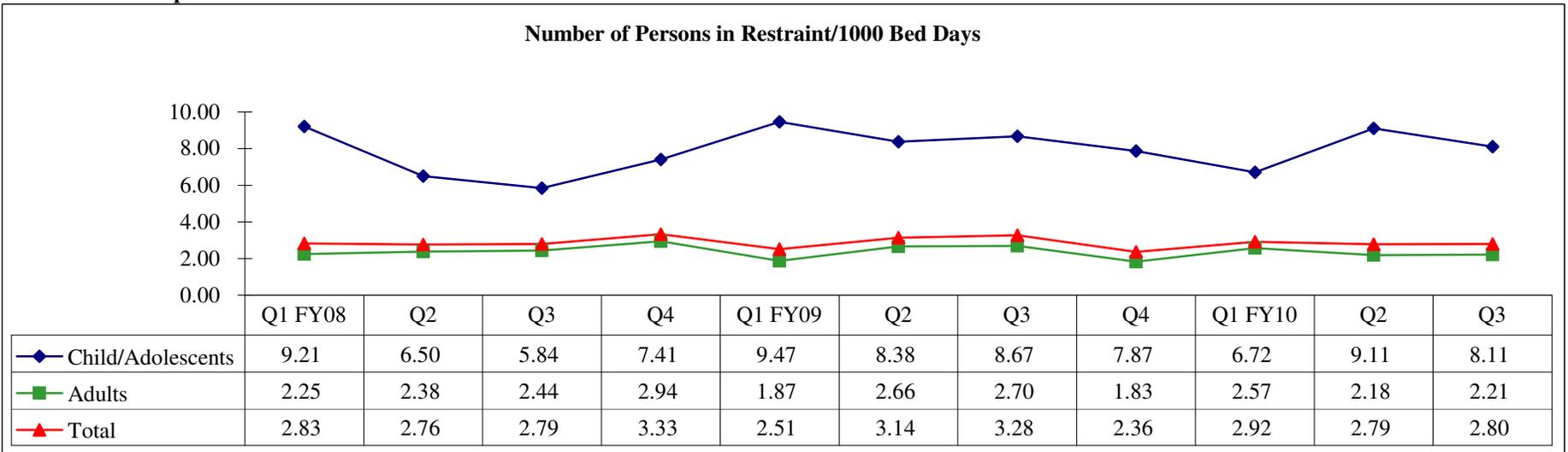


Average Number of Hours Per Incident in Seclusion

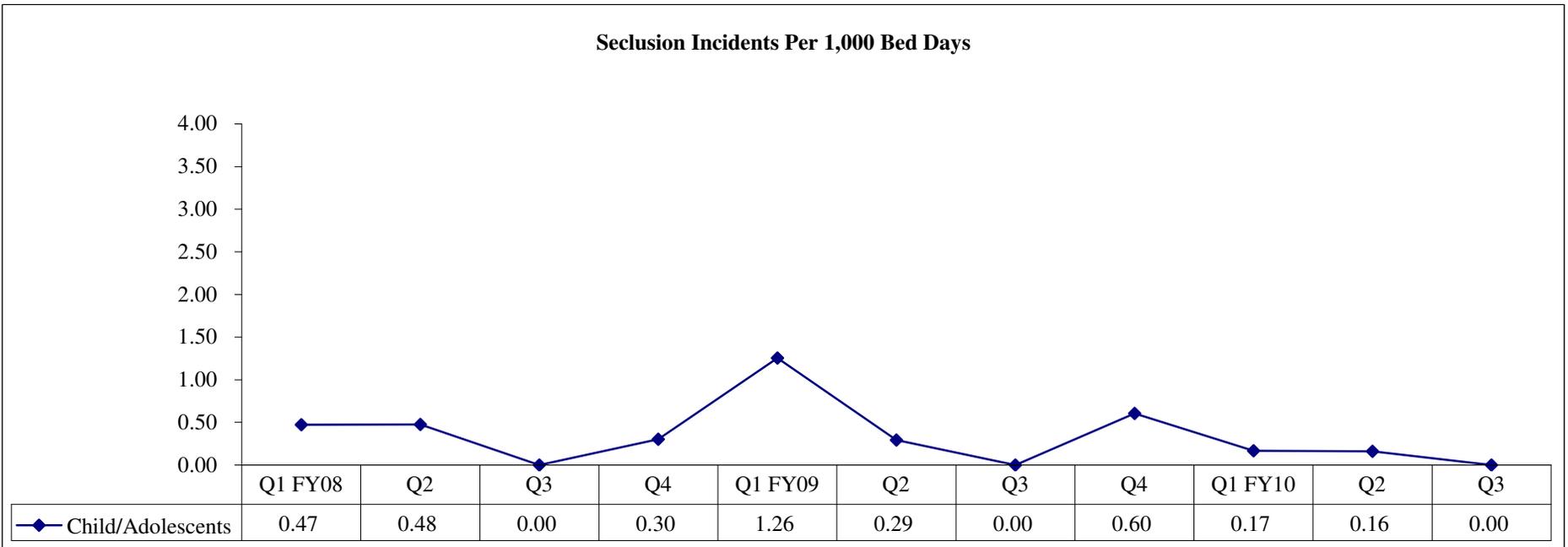
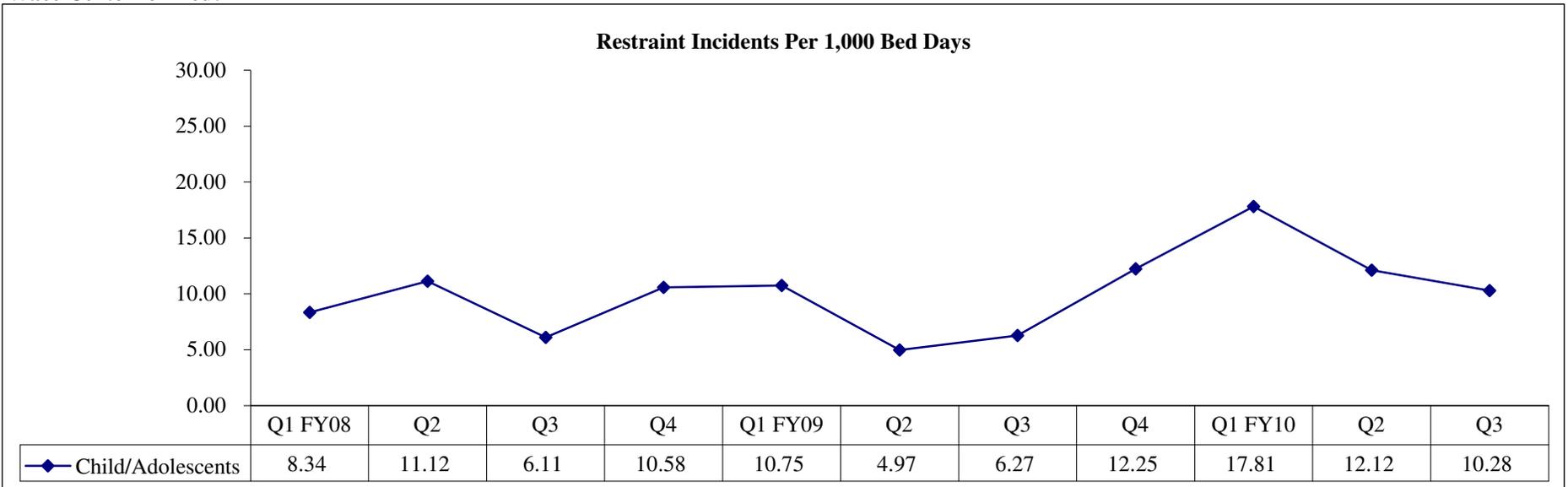


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

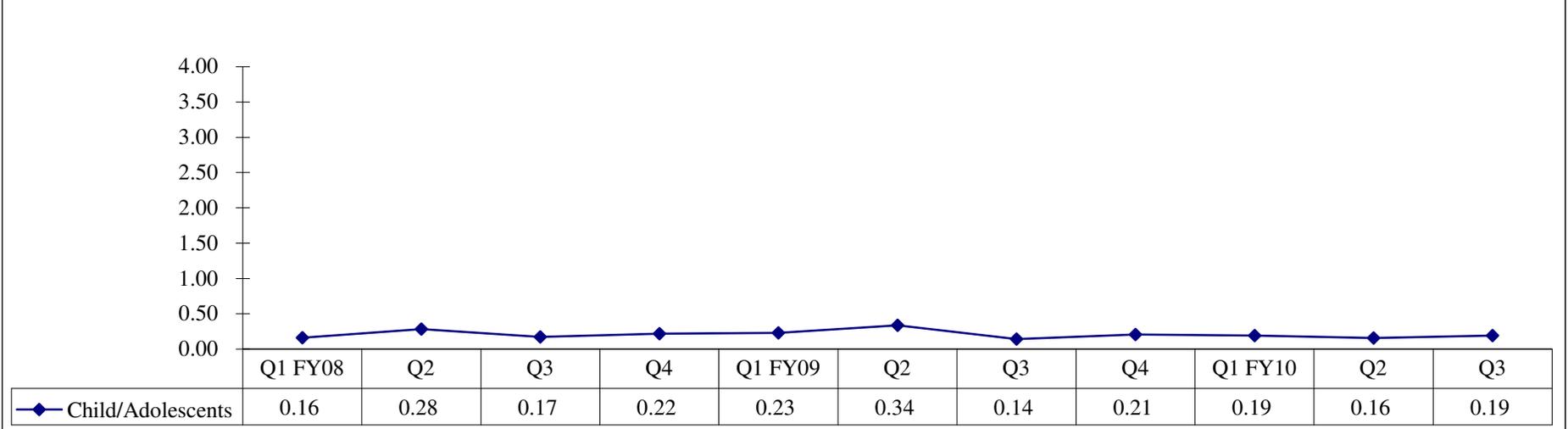


**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**

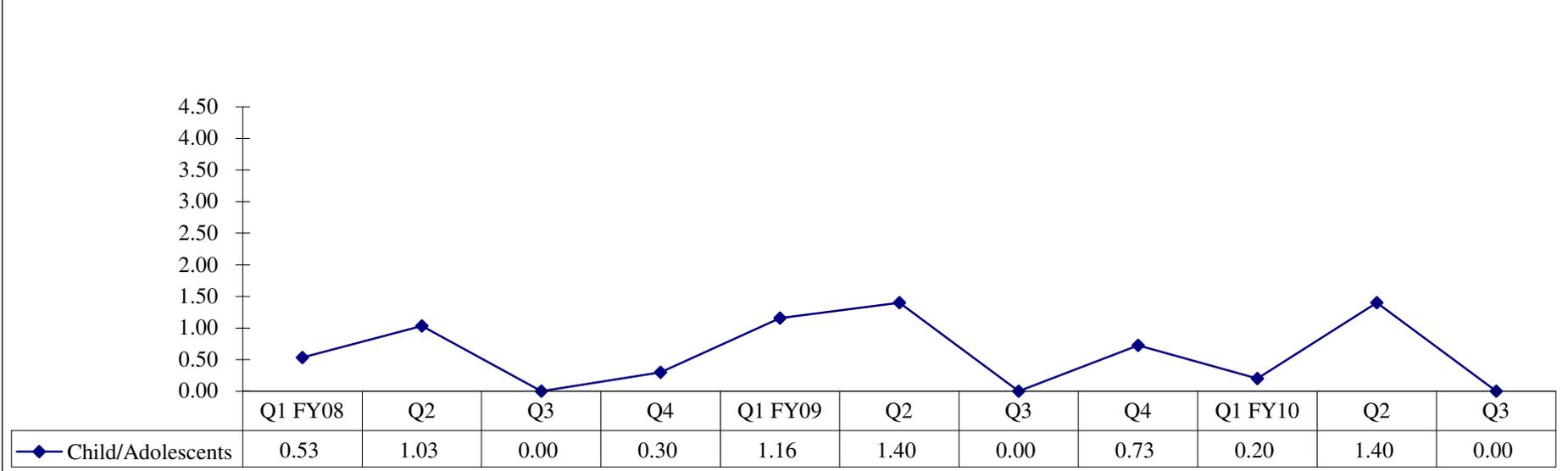


**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**

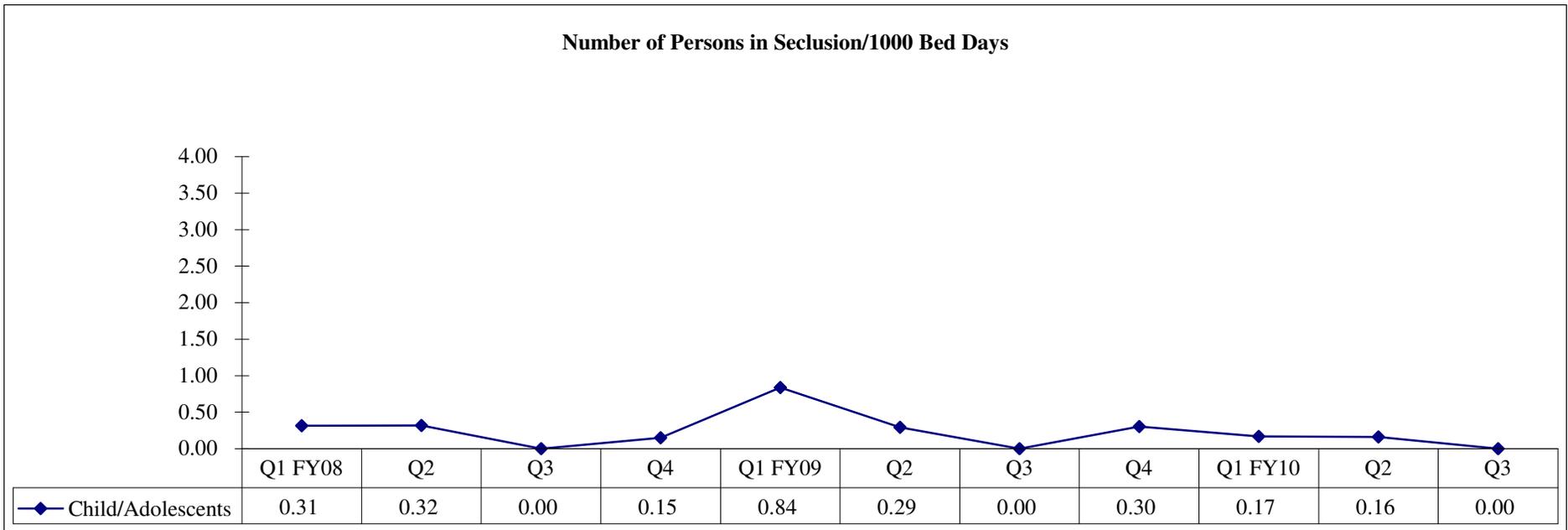
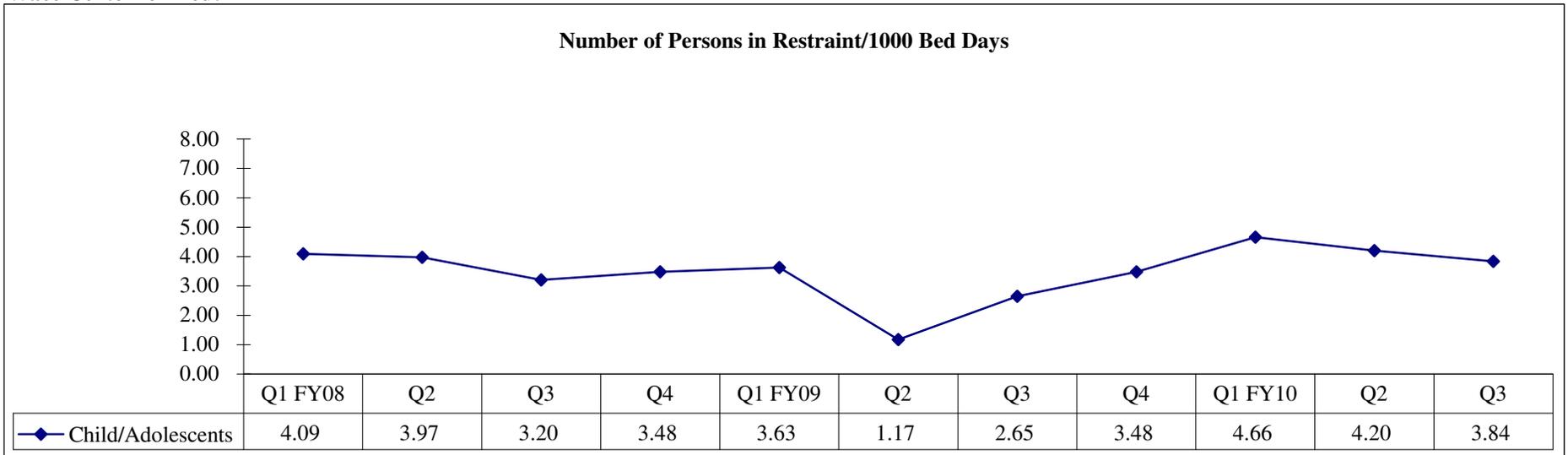
Average Number of Hours Per Incident in Restraints



Average Number of Hours Per Incident in Seclusion



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



Performance Objective 3B:

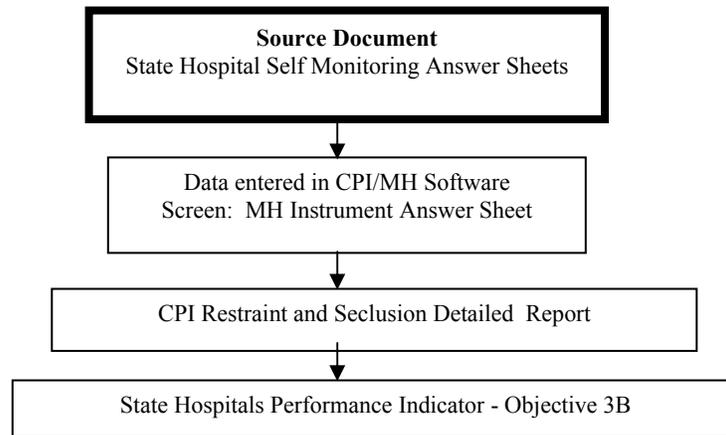
Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

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

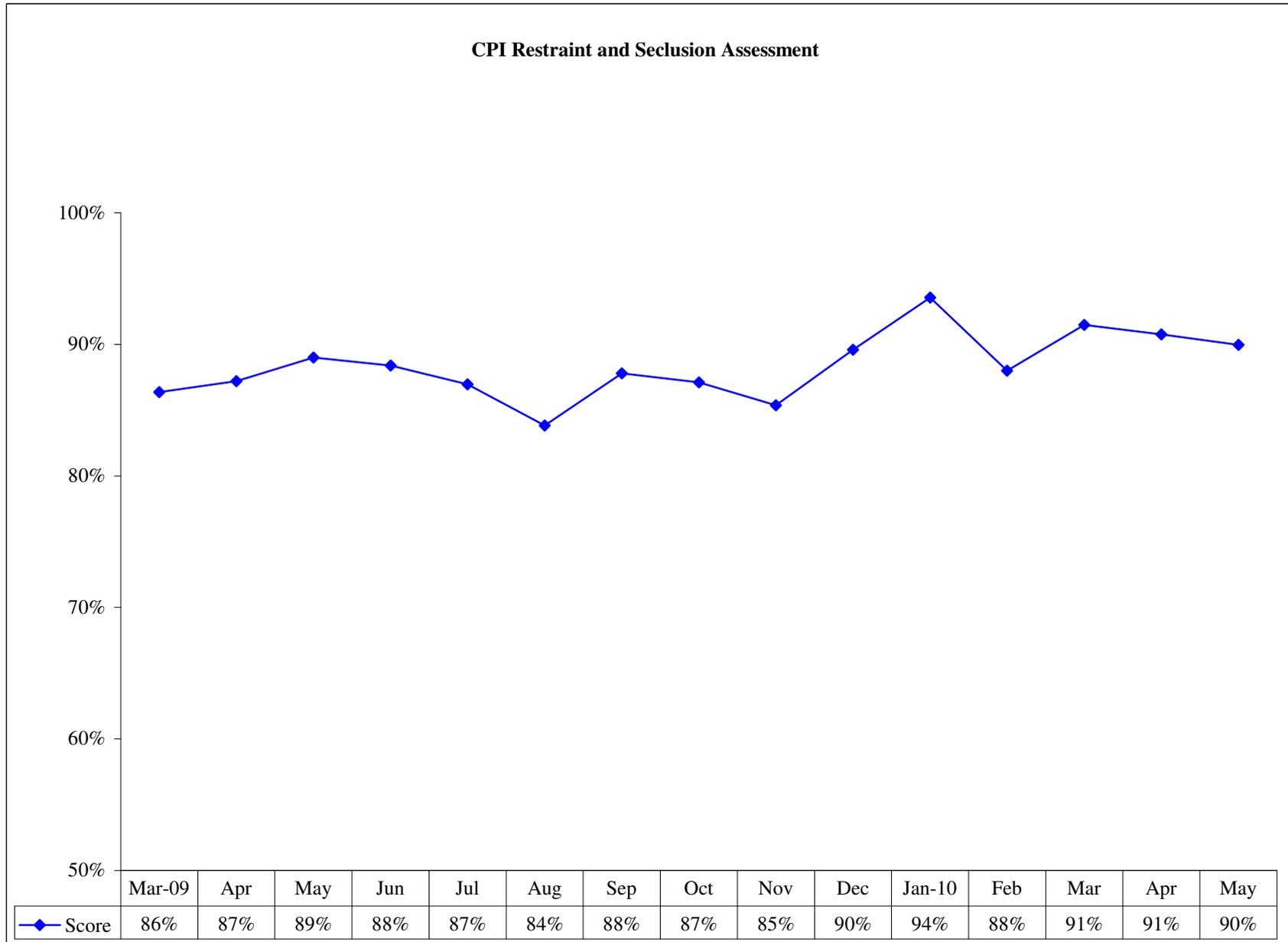
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

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

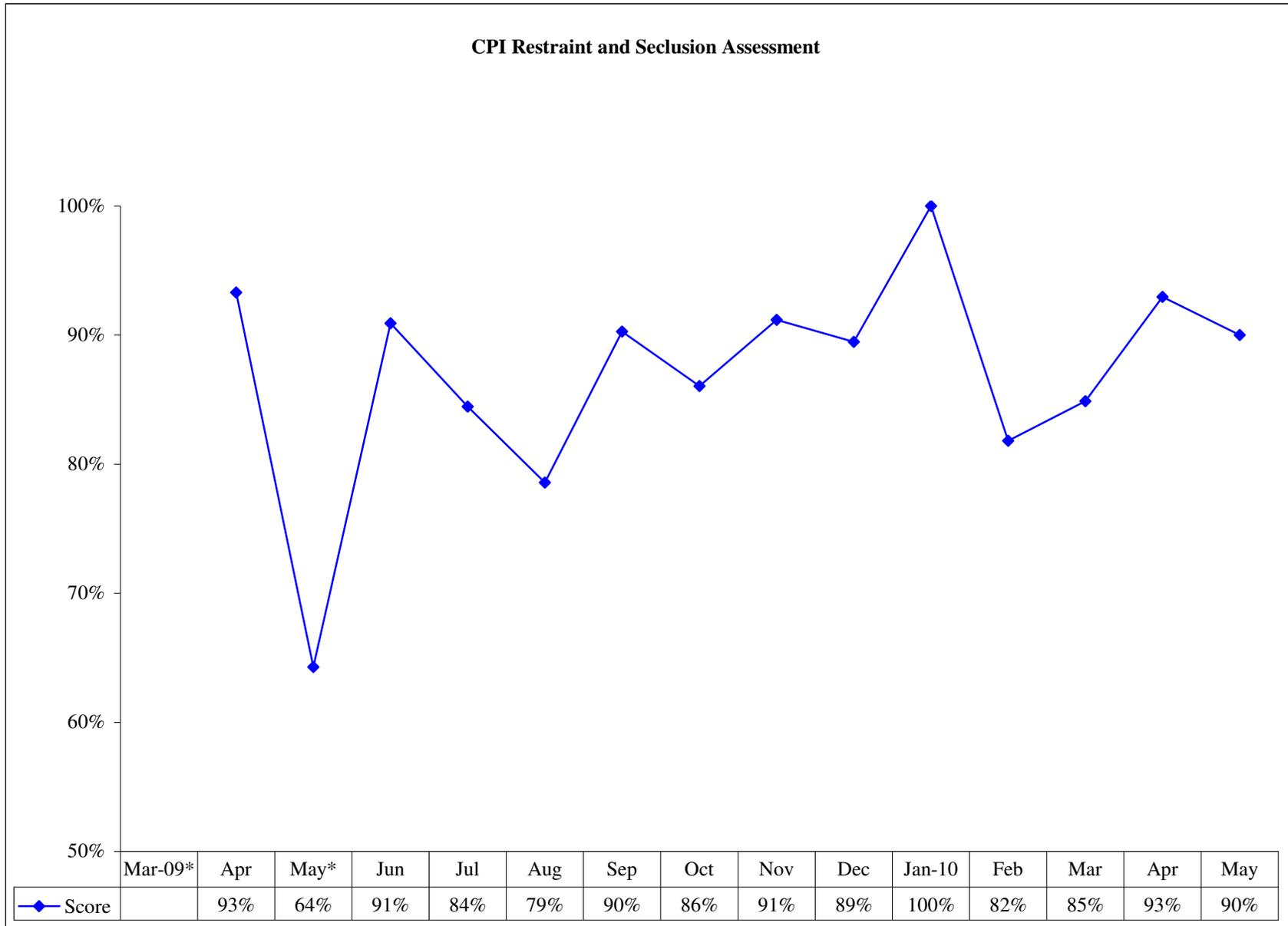
Data Flow:



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

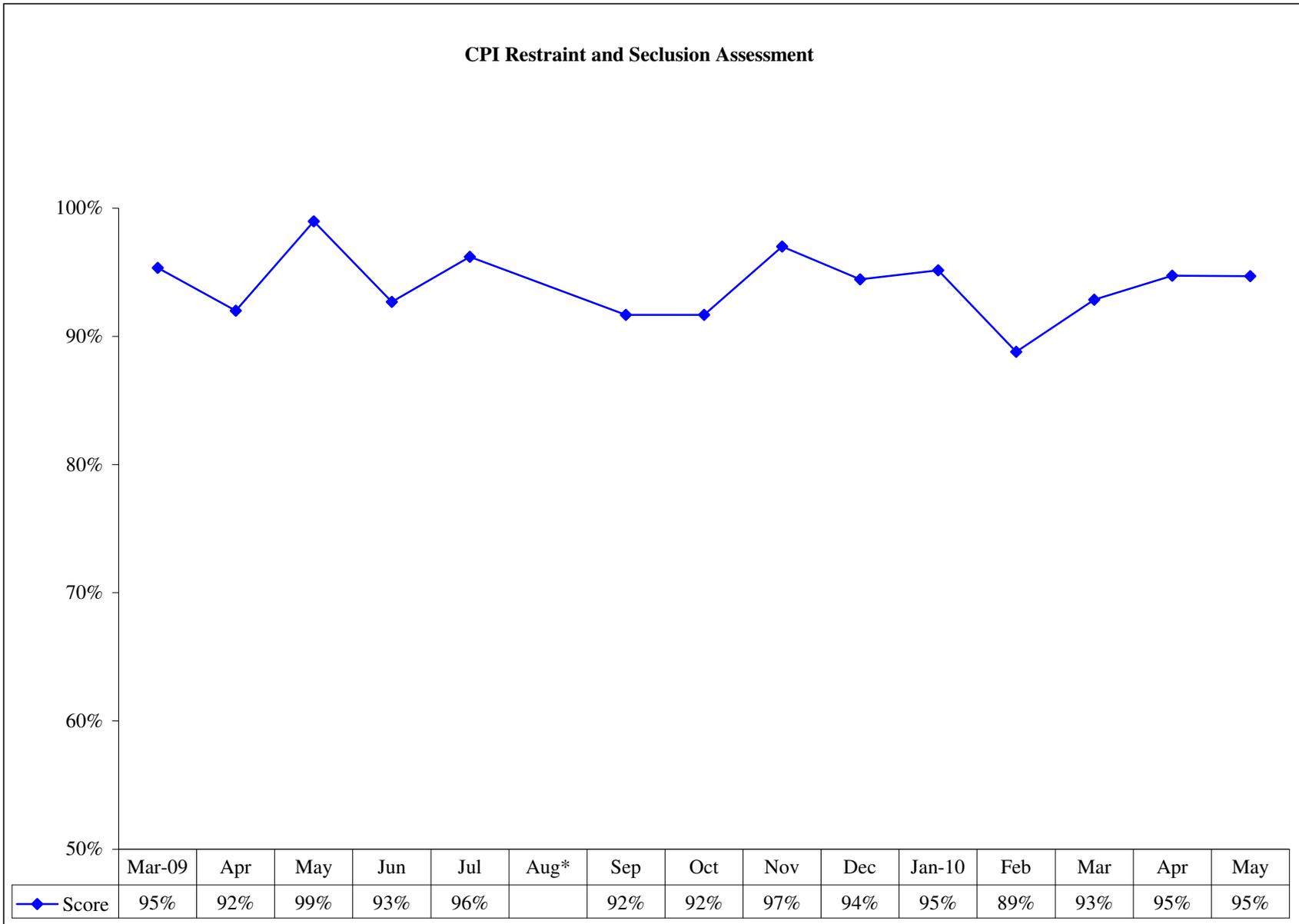


Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital



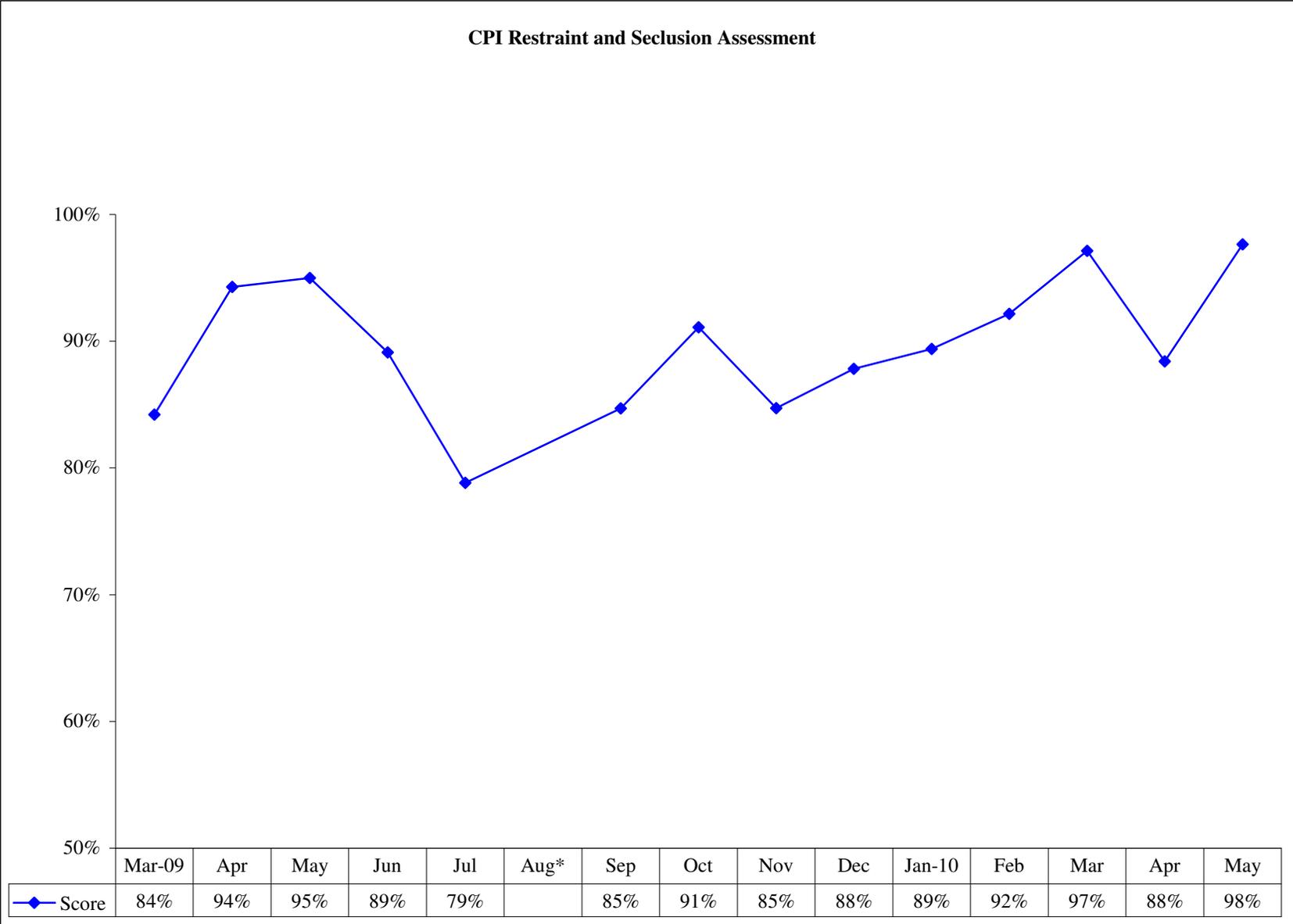
*No scores reported to HMDS.

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



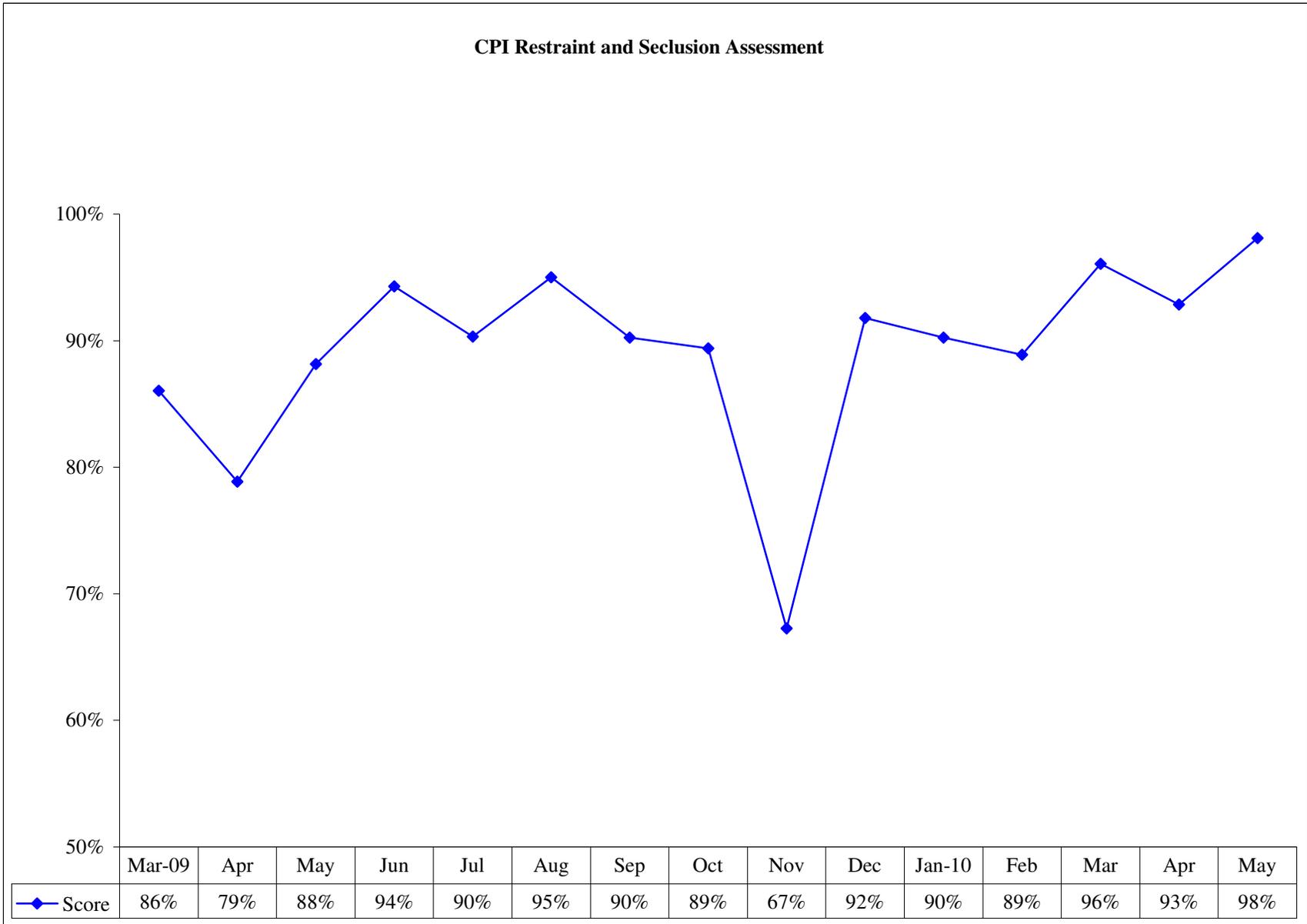
*No scores reported to HMDS.

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

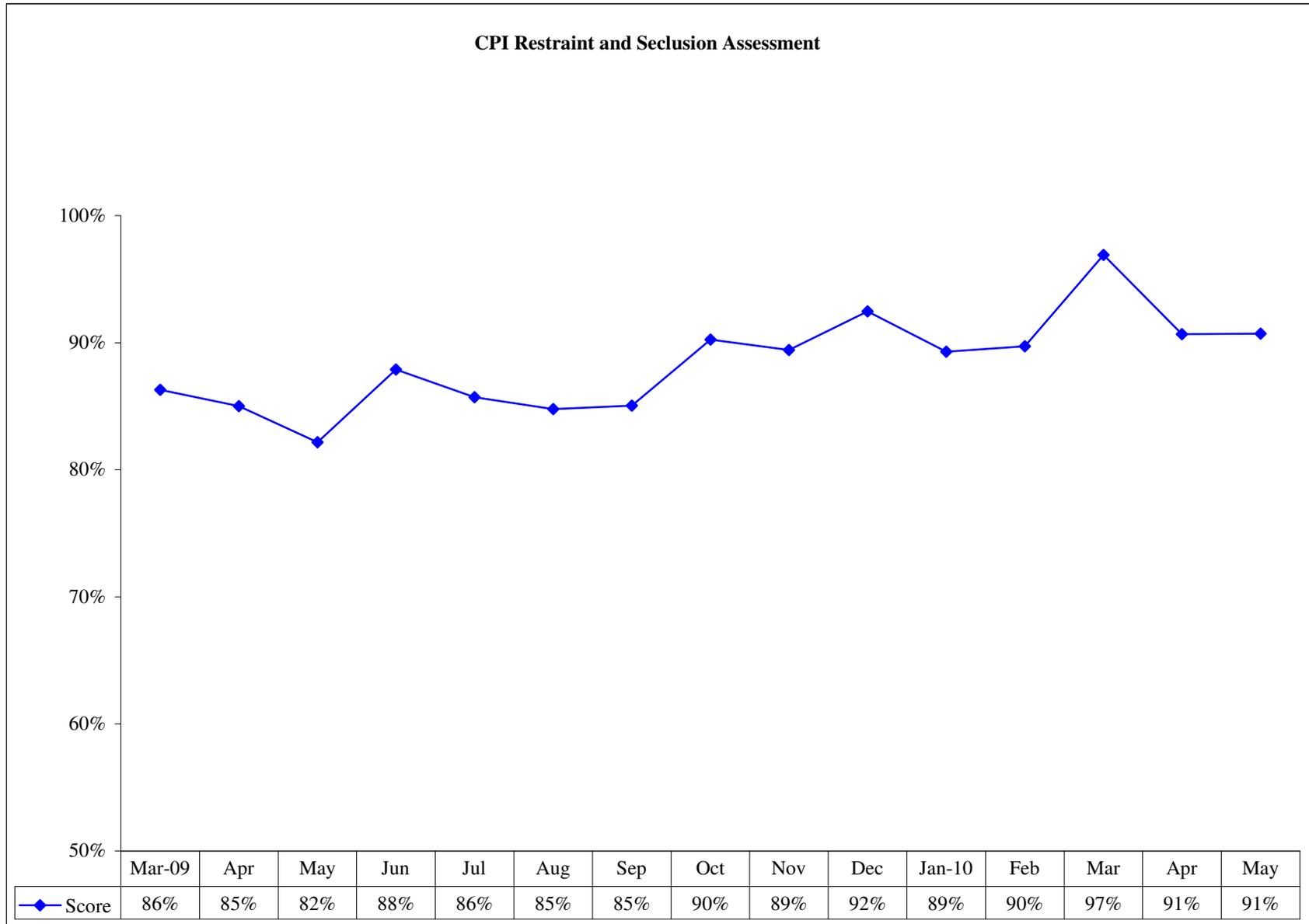


*No scores reported to HMDS.

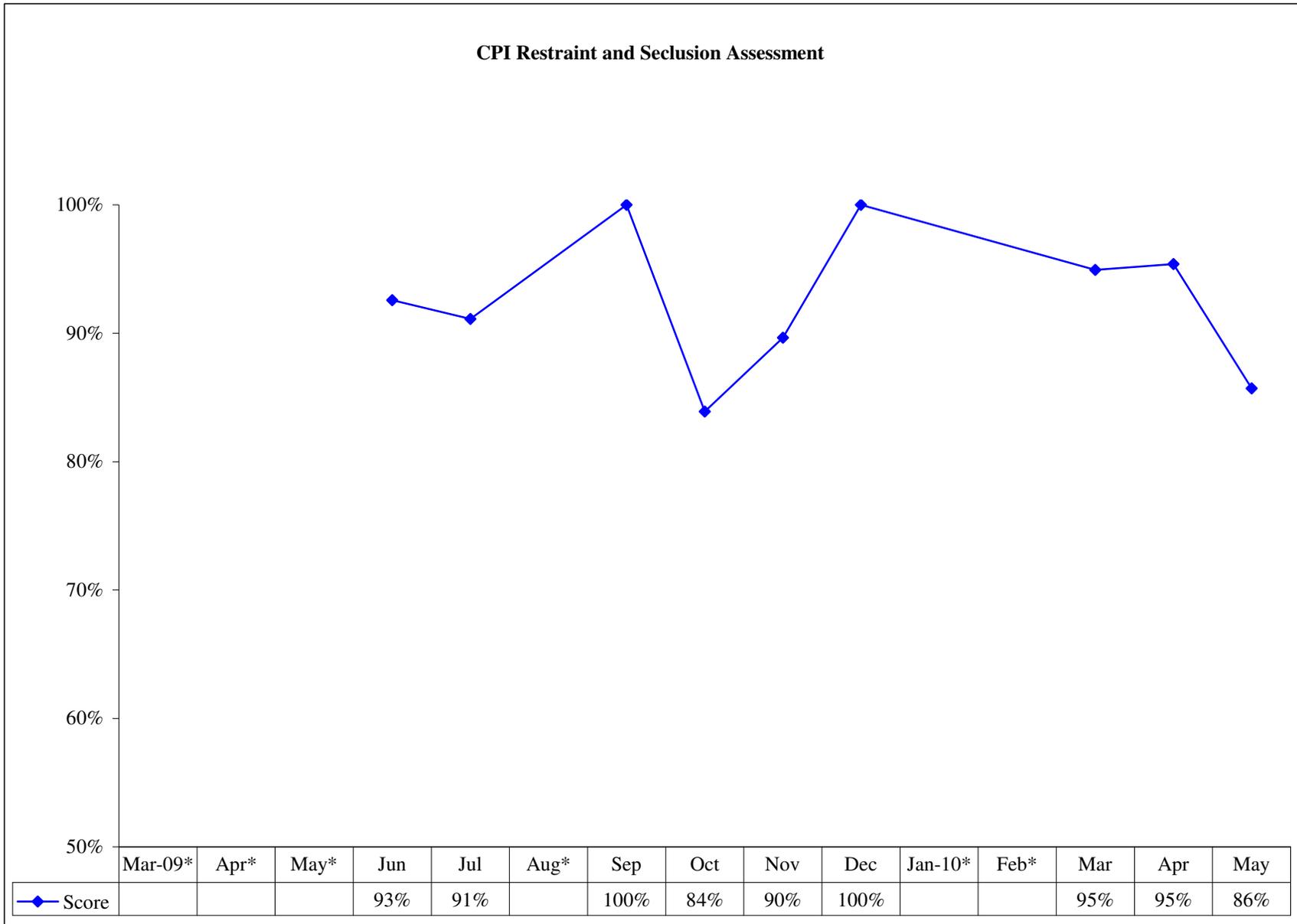
**Objective 3B - Behavioral Restraint and Seclusion Assessment
Kerrville State Hospital**



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

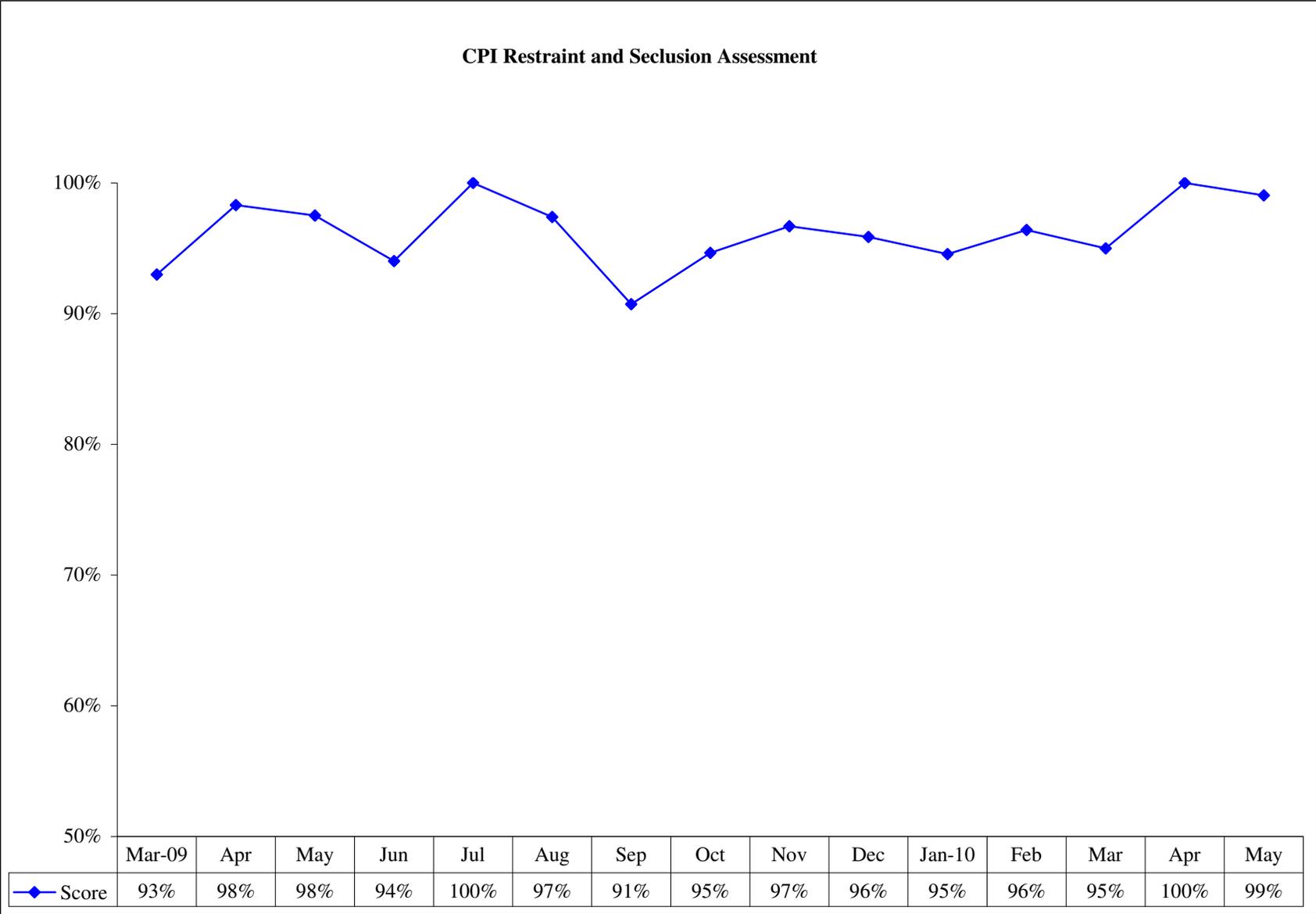


Objective 3B - Behavioral Restraint and Seclusion Assessment
Rio Grande State Center

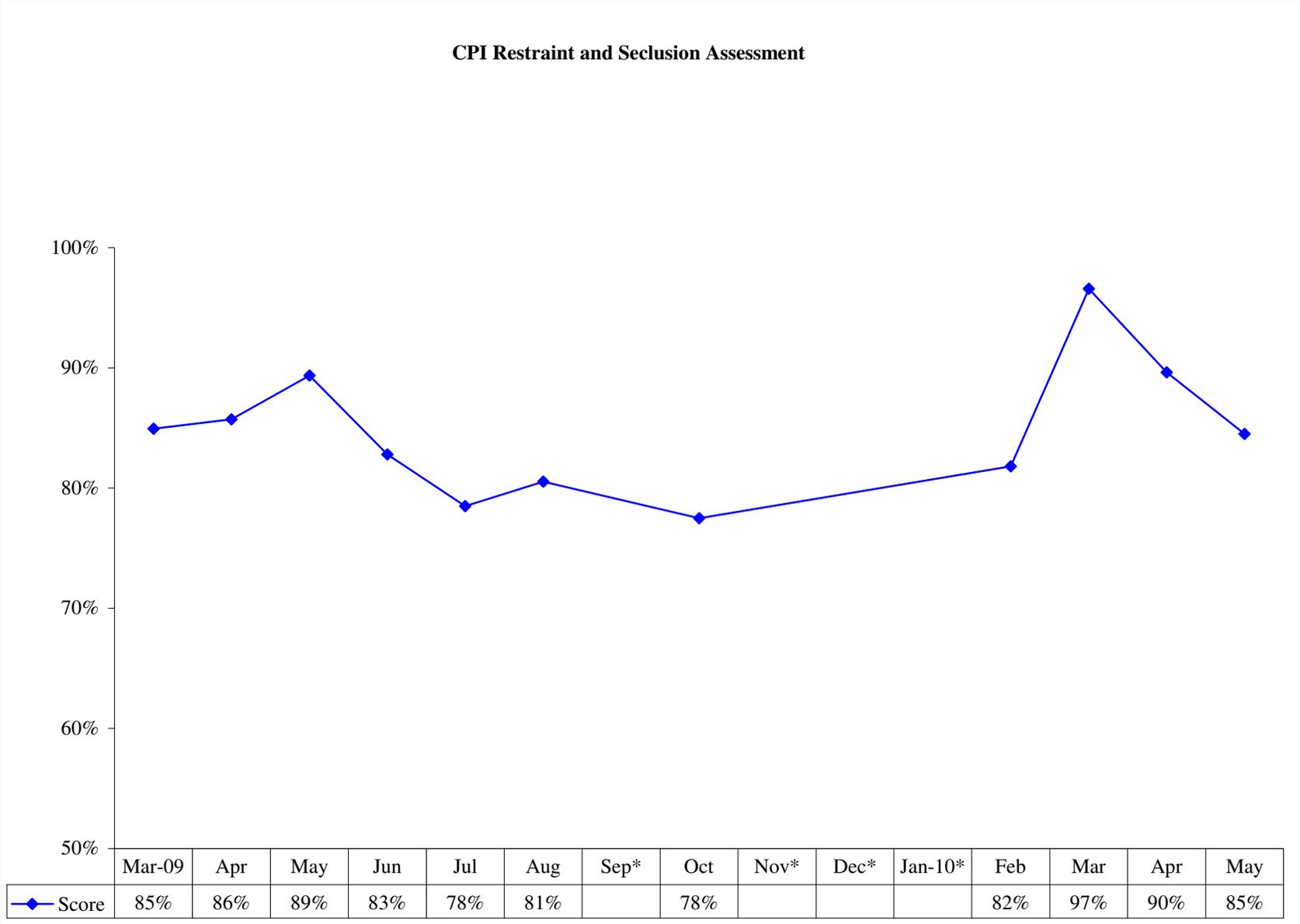


*No scores reported to HMDS.

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

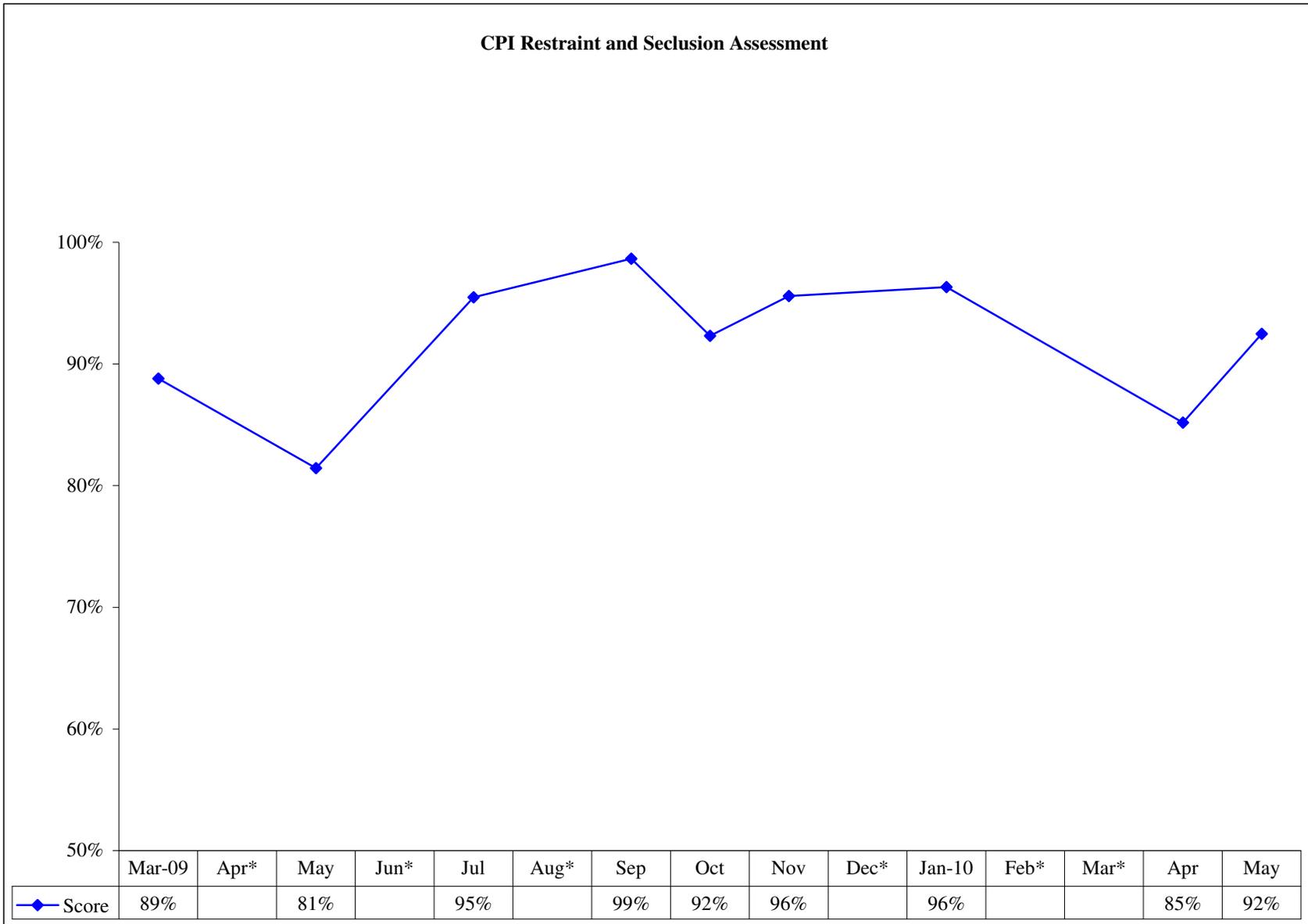


**Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital**



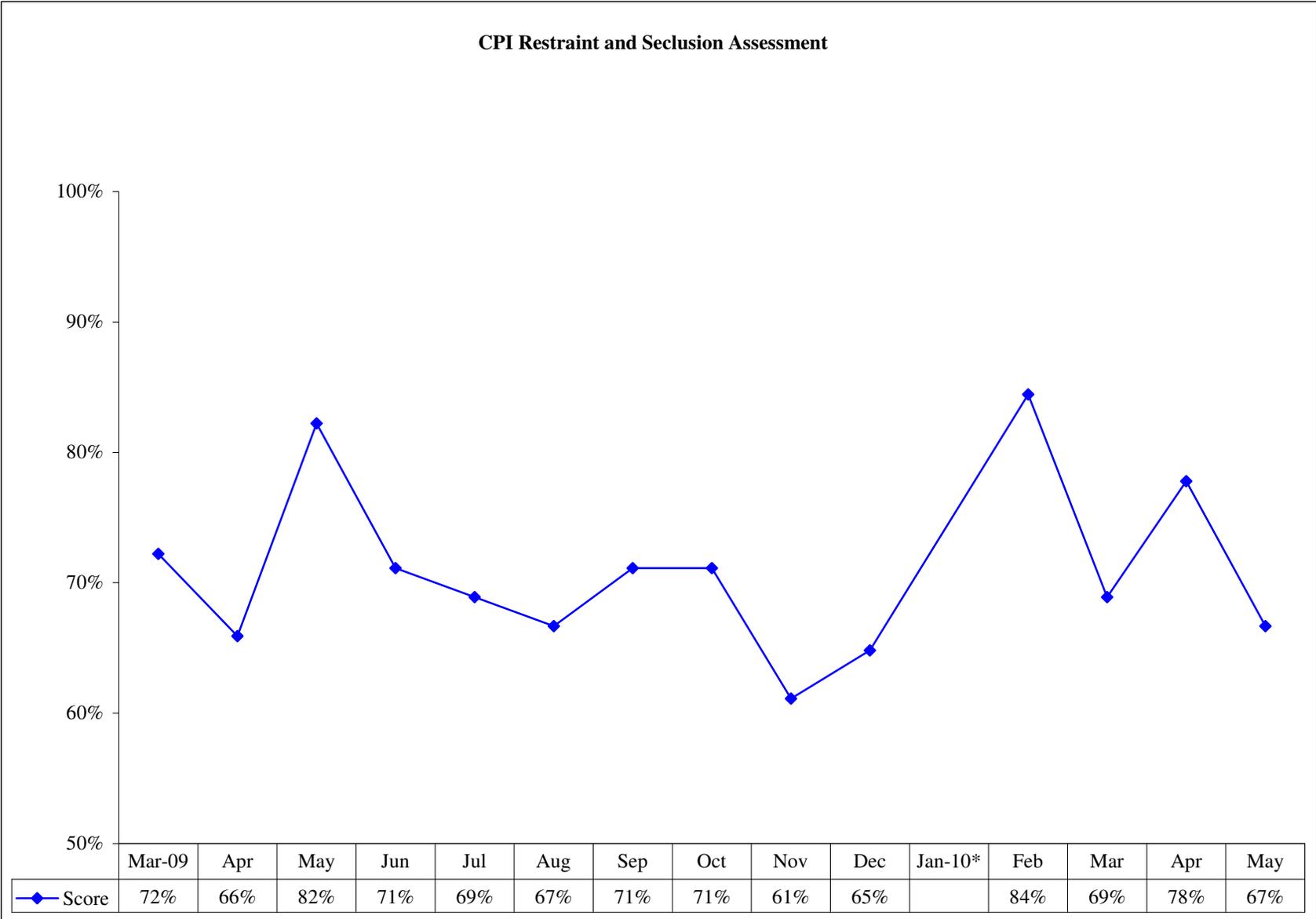
*No scores reported to HMDS.

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



*No scores reported to HMDS.

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



*No scores reported to HMDS.

Performance Objective 3C:

Report on patients treated in accordance with medication guidelines as measured by: Matching diagnosis to appropriate algorithm at the time of discharge.

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

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

R = rate of patients that are tracked by TIMA

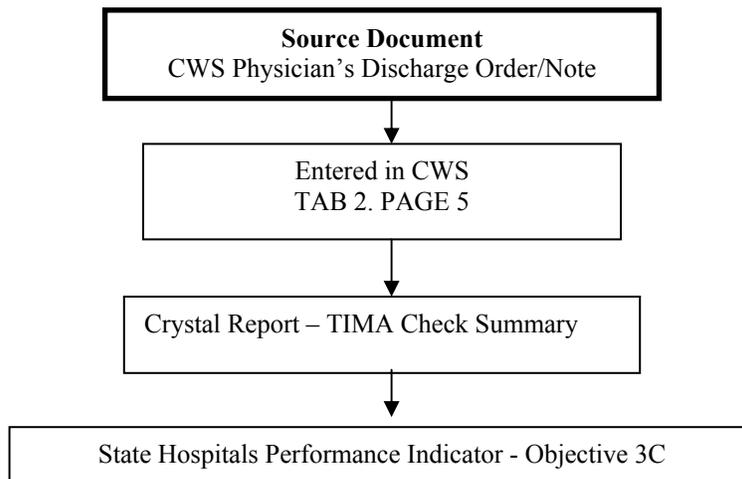
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

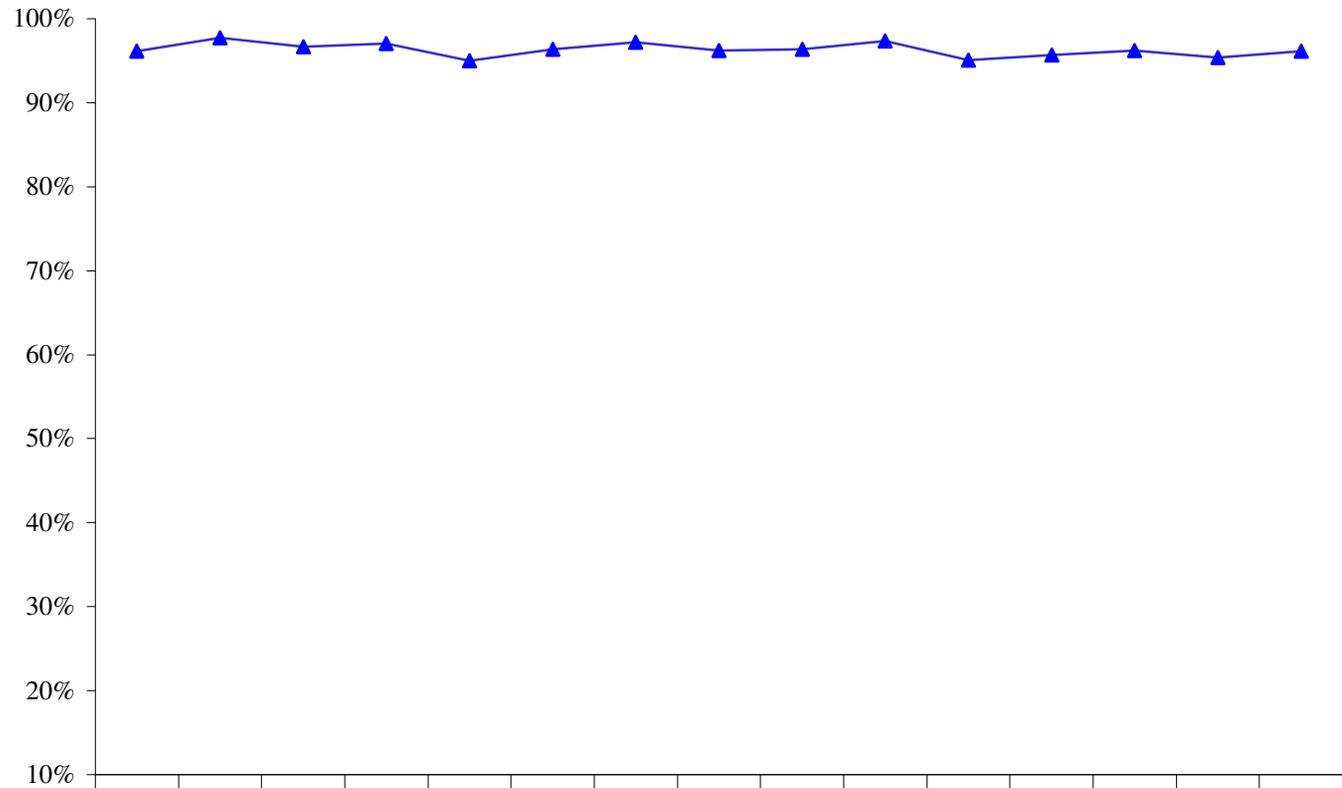
Percent of Patients with Episodes that are Tracked by TIMA

Facility	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
ASH	95%	99%	95%	96%	97%	95%	98%	97%	98%	98%	93%	95%	97%	96%	97%
BSSH	92%	93%	97%	94%	96%	92%	95%	94%	94%	92%	92%	95%	96%	95%	87%
EPPC	94%	100%	100%	100%	100%	100%	96%	98%	100%	98%	100%	100%	98%	100%	100%
KSH	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%
NTSH	94%	96%	95%	94%	88%	95%	95%	97%	93%	96%	94%	95%	95%	91%	97%
RGSC	96%	98%	98%	99%	99%	100%	99%	100%	99%	100%	98%	100%	97%	100%	98%
RSH	100%	100%	100%	98%	97%	100%	100%	100%	100%	99%	100%	98%	98%	98%	100%
SASH	99%	95%	94%	100%	87%	95%	96%	94%	93%	96%	95%	96%	97%	96%	95%
TSH	98%	99%	98%	97%	97%	98%	97%	93%	95%	98%	95%	94%	95%	94%	95%
All SH	96%	98%	97%	97%	95%	96%	97%	96%	96%	97%	95%	96%	96%	95%	96%

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

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

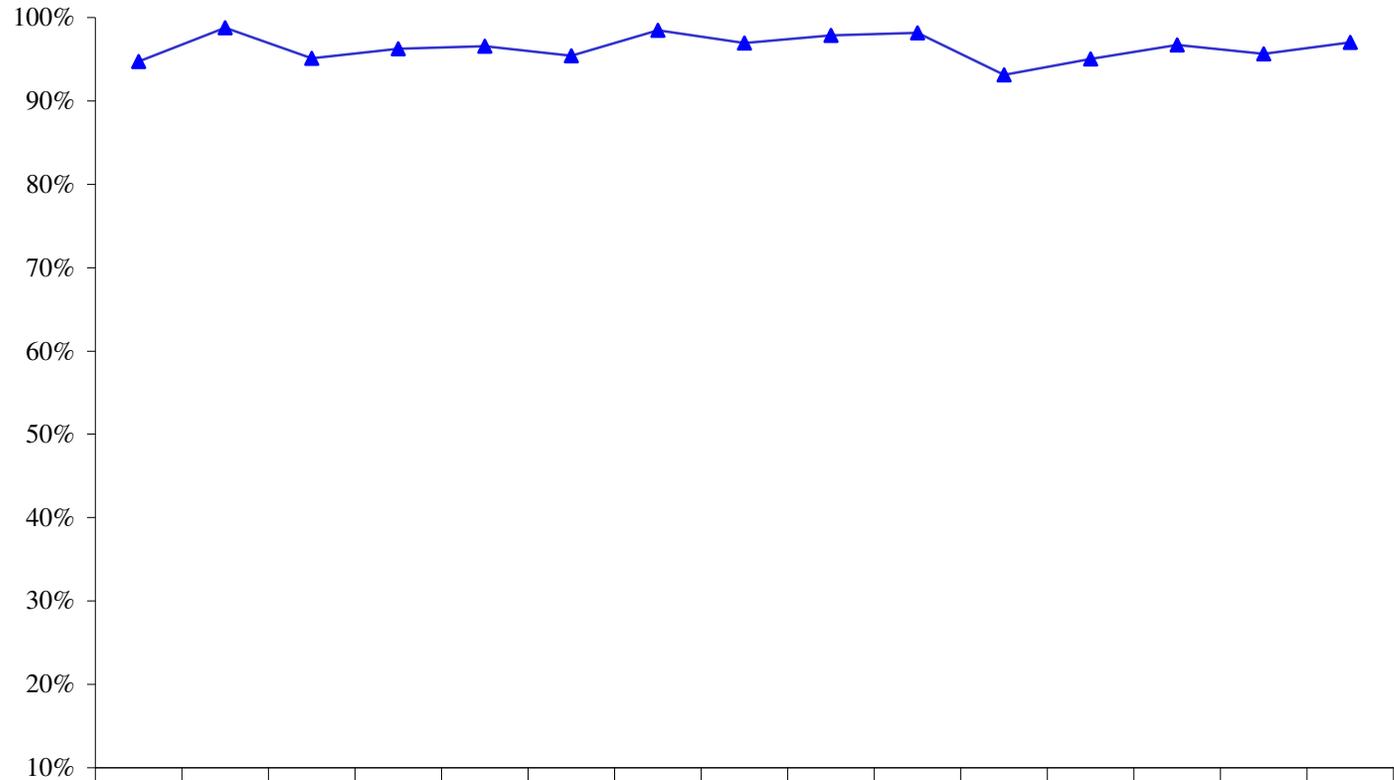
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	911	1000	897	950	1018	881	929	897	792	916	833	806	1011	885	871
Patients with Episodes that are Tracked	876	977	867	922	967	849	903	863	763	892	792	771	973	844	837
▲ Percent Tracked by TIMA	96%	98%	97%	97%	95%	96%	97%	96%	96%	97%	95%	96%	96%	95%	96%

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

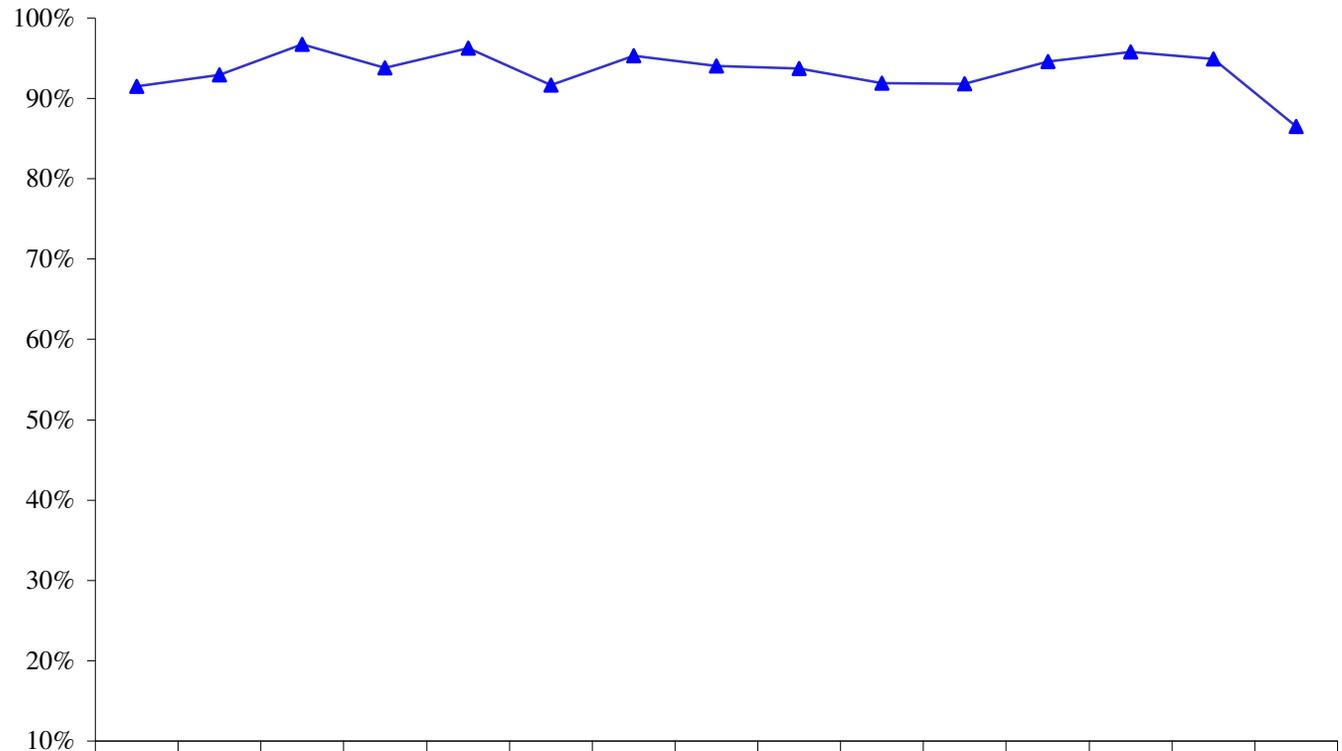
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	227	248	224	267	293	238	261	231	232	218	204	222	245	254	201
Patients with Episodes that are Tracked	215	245	213	257	283	227	257	224	227	214	190	211	237	243	195
▲ Percent Tracked by TIMA	95%	99%	95%	96%	97%	95%	98%	97%	98%	98%	93%	95%	97%	96%	97%

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

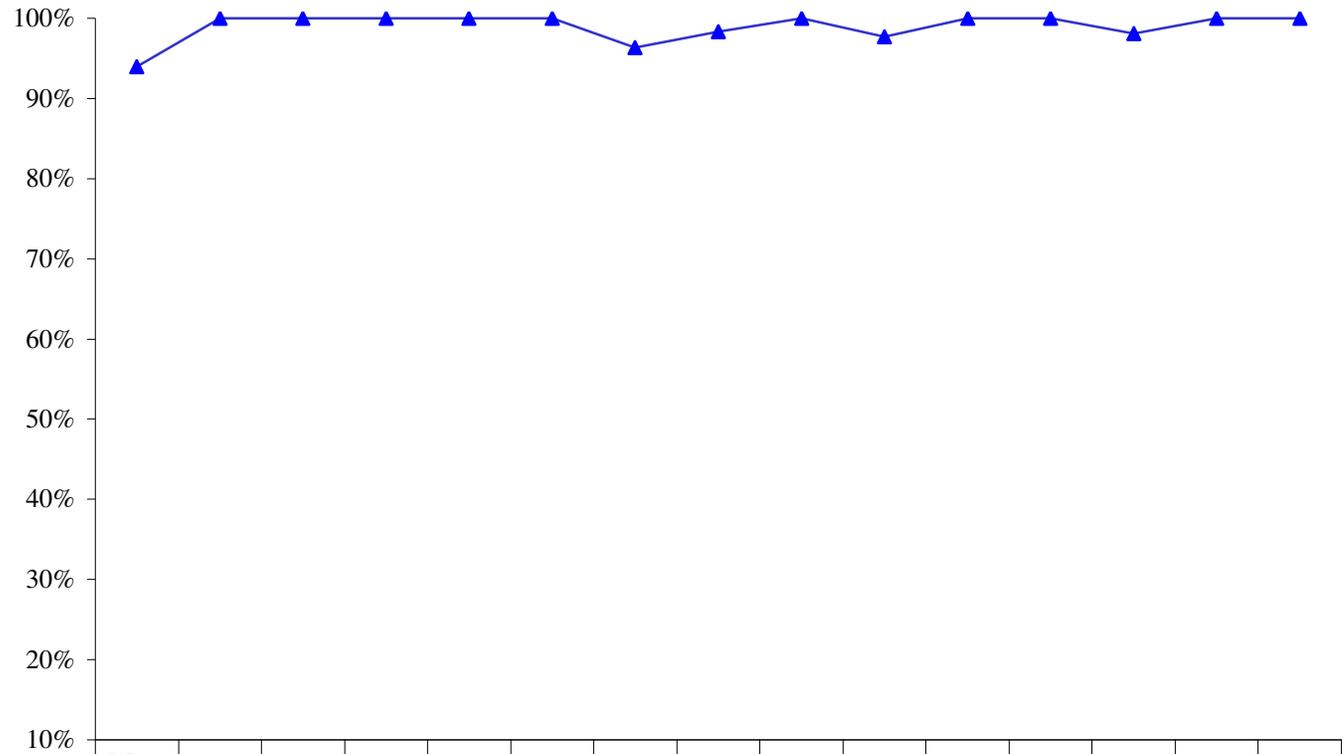
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	59	71	61	65	80	72	64	67	64	74	61	37	72	59	52
Patients with Episodes that are Tracked	54	66	59	61	77	66	61	63	60	68	56	35	69	56	45
▲ Percent Tracked by TIMA	92%	93%	97%	94%	96%	92%	95%	94%	94%	92%	92%	95%	96%	95%	87%

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

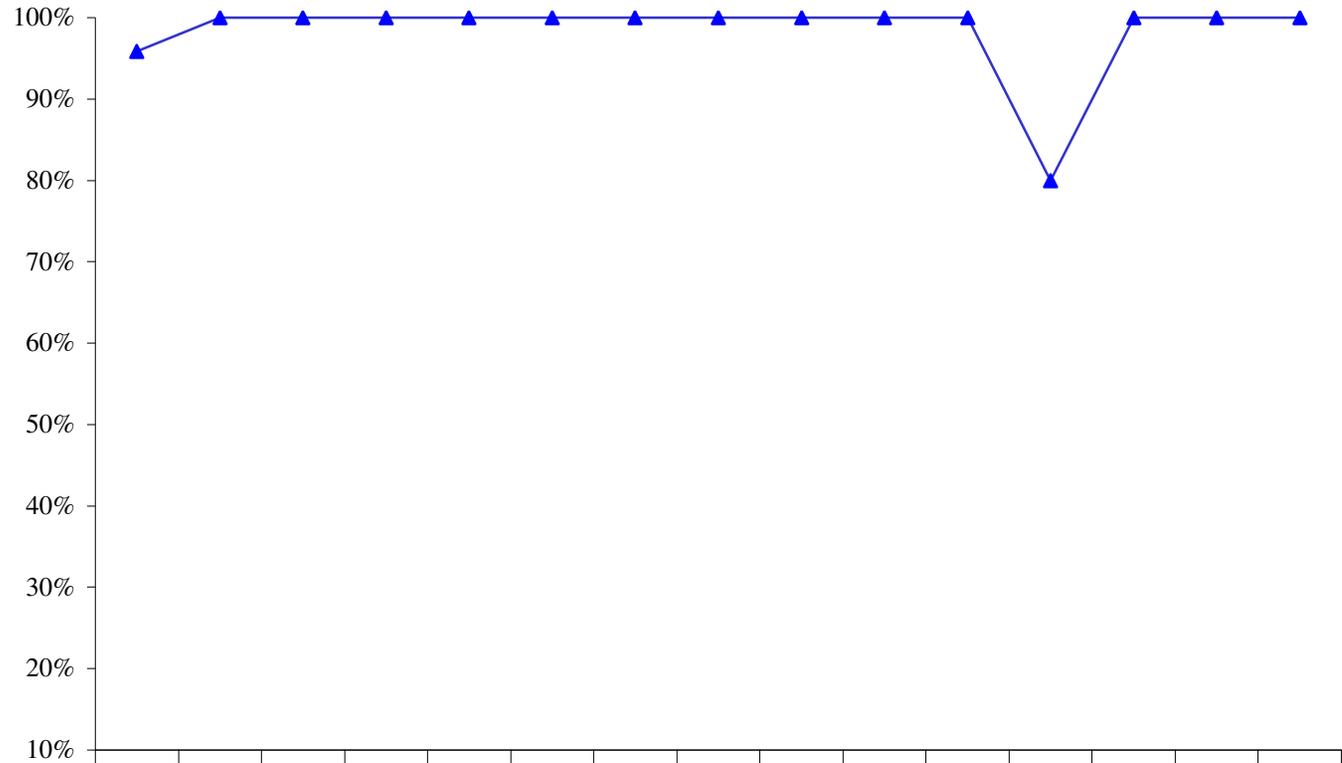
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	33	40	46	48	53	49	55	59	44	43	37	44	52	43	42
Patients with Episodes that are Tracked	31	40	46	48	53	49	53	58	44	42	37	44	51	43	42
▲ Percent Tracked by TIMA	94%	100%	100%	100%	100%	100%	96%	98%	100%	98%	100%	100%	98%	100%	100%

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

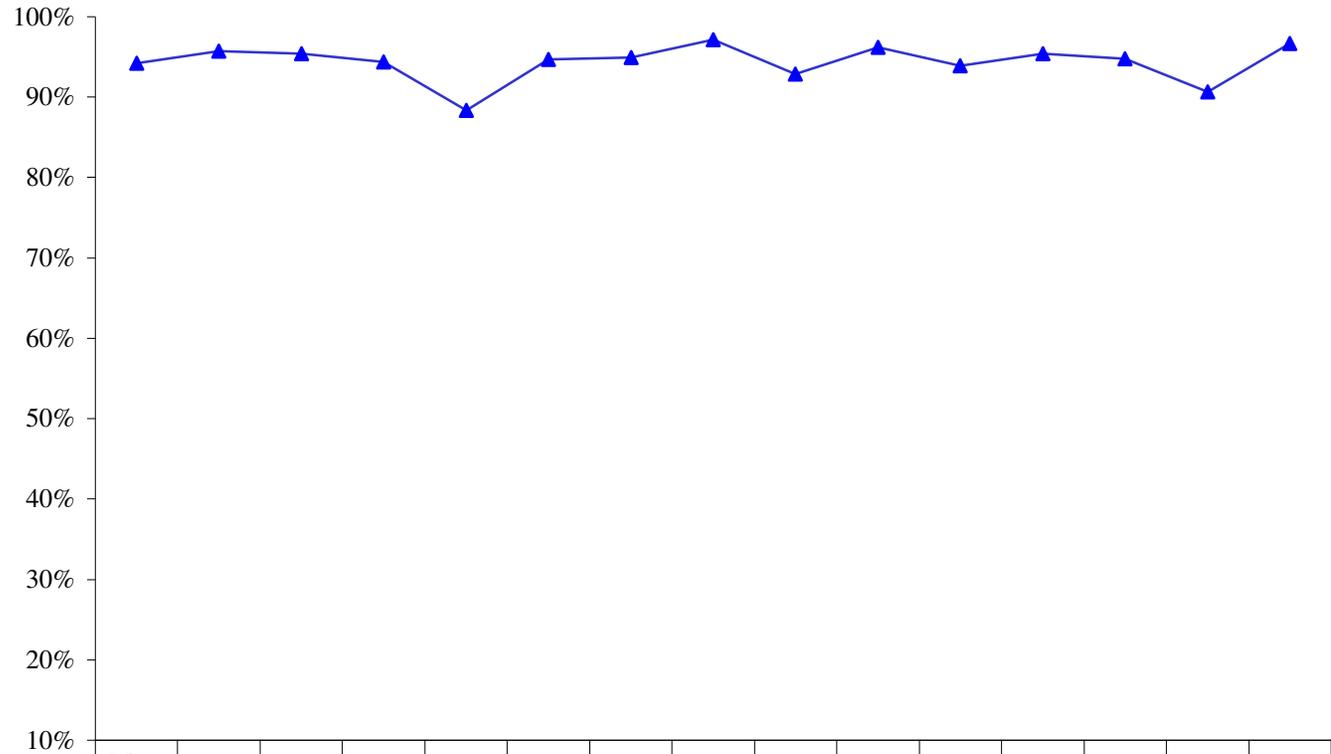
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	24	28	14	4	1	2	2	3	2	4	1	5	1	4	3
Patients with Episodes that are Tracked	23	28	14	4	1	2	2	3	2	4	1	4	1	4	3
▲ Percent Tracked by TIMA	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%

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

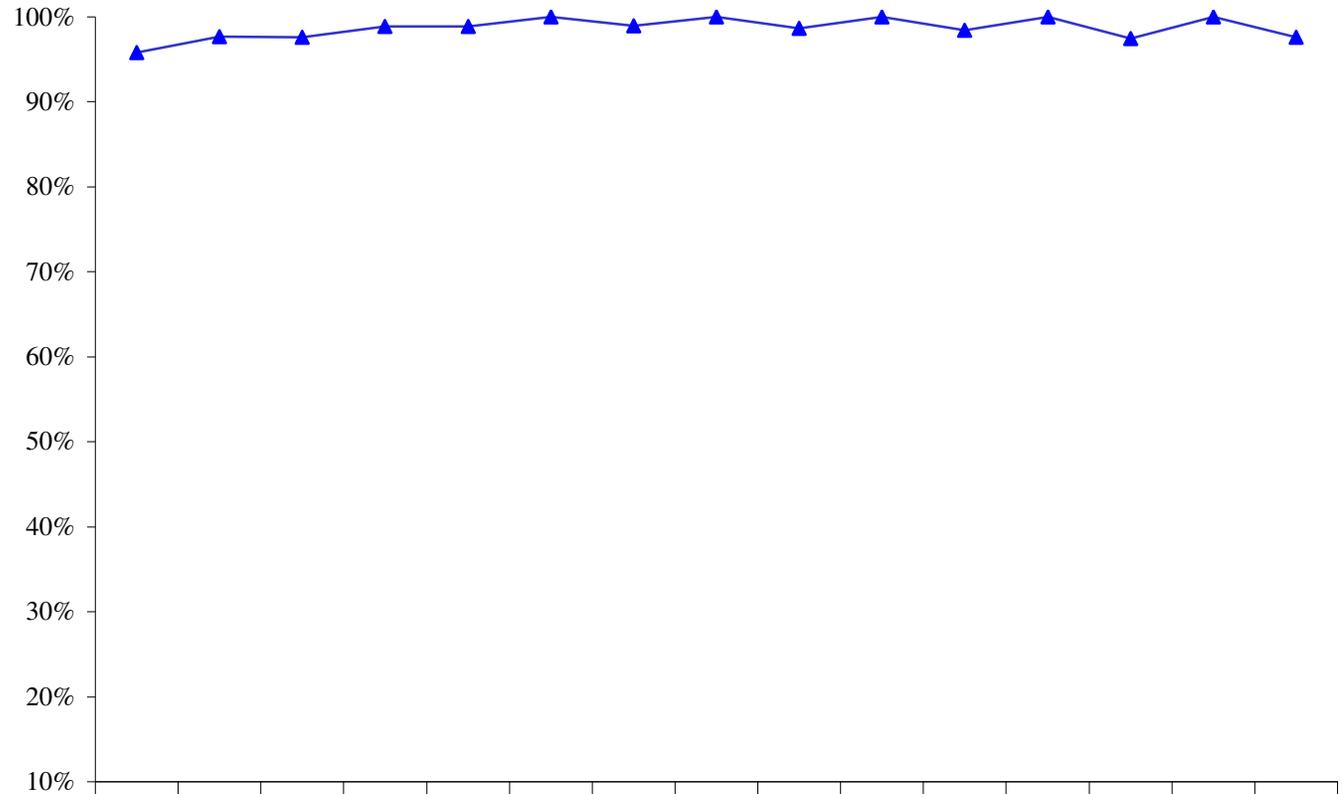
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	139	117	87	106	112	94	98	104	70	106	98	108	114	118	120
Patients with Episodes that are Tracked	131	112	83	100	99	89	93	101	65	102	92	103	108	107	116
▲ Percent Tracked by TIMA	94%	96%	95%	94%	88%	95%	95%	97%	93%	96%	94%	95%	95%	91%	97%

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

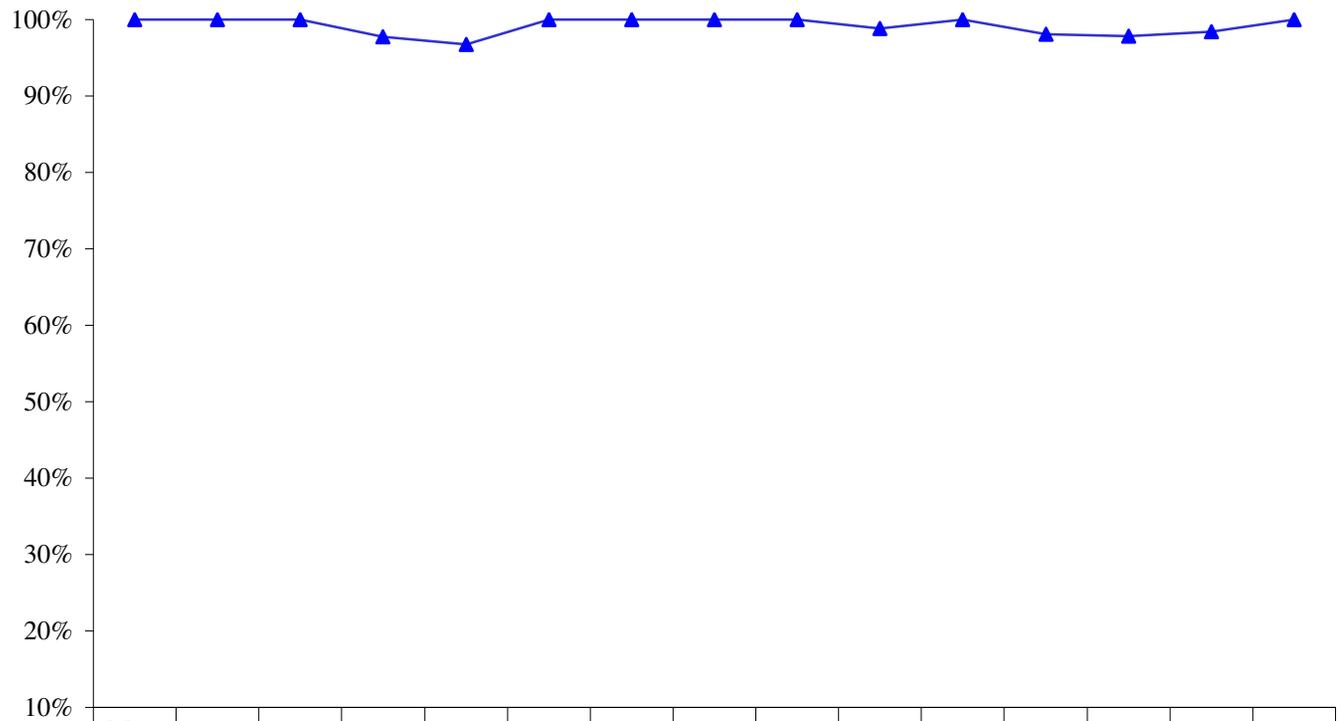
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	72	86	84	91	92	73	93	80	76	90	64	58	78	69	84
Patients with Episodes that are Tracked	69	84	82	90	91	73	92	80	75	90	63	58	76	69	82
▲ Percent Tracked by TIMA	96%	98%	98%	99%	99%	100%	99%	100%	99%	100%	98%	100%	97%	100%	98%

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

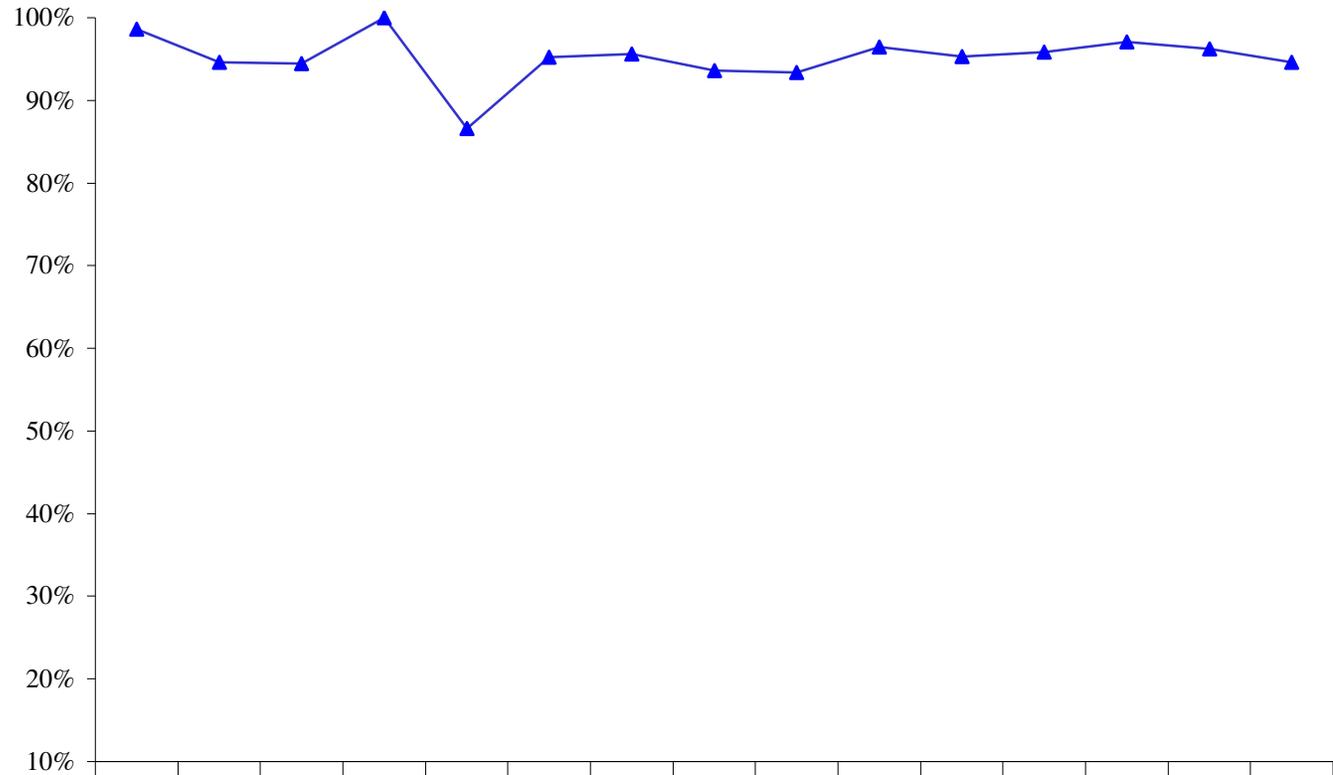
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	81	102	74	88	61	58	56	71	58	84	76	52	94	62	63
Patients with Episodes that are Tracked	81	102	74	86	59	58	56	71	58	83	76	51	92	61	63
▲ Percent Tracked by TIMA	100%	100%	100%	98%	97%	100%	100%	100%	100%	99%	100%	98%	98%	98%	100%

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

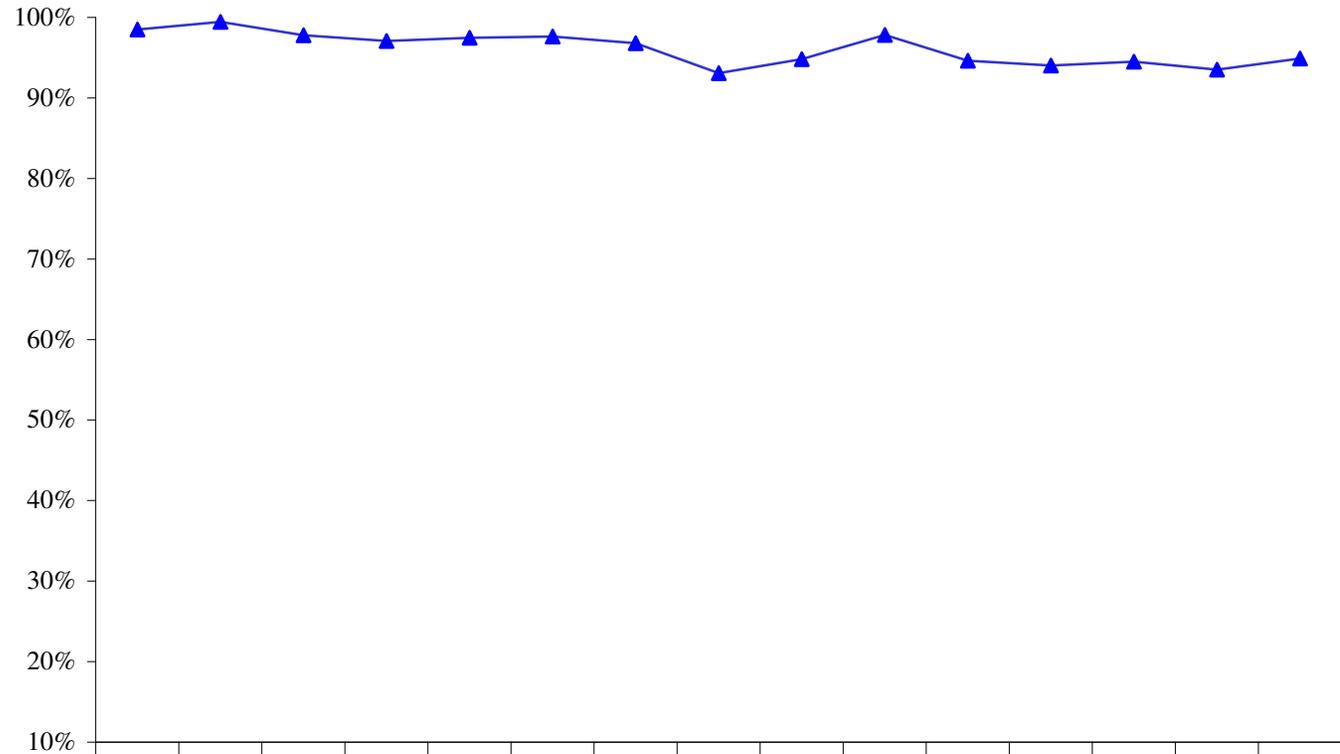
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	144	130	127	109	127	125	113	109	91	112	106	96	136	106	130
Patients with Episodes that are Tracked	142	123	120	109	110	119	108	102	85	108	101	92	132	102	123
▲ Percent Tracked by TIMA	99%	95%	94%	100%	87%	95%	96%	94%	93%	96%	95%	96%	97%	96%	95%

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

Percent of Patients with Episodes that are Tracked by TIMA



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	132	178	180	172	199	170	187	173	155	185	186	184	219	170	176
Patients with Episodes that are Tracked	130	177	176	167	194	166	181	161	147	181	176	173	207	159	167
▲ Percent Tracked by TIMA	98%	99%	98%	97%	97%	98%	97%	93%	95%	98%	95%	94%	95%	94%	95%

Performance Objective 3D:

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:

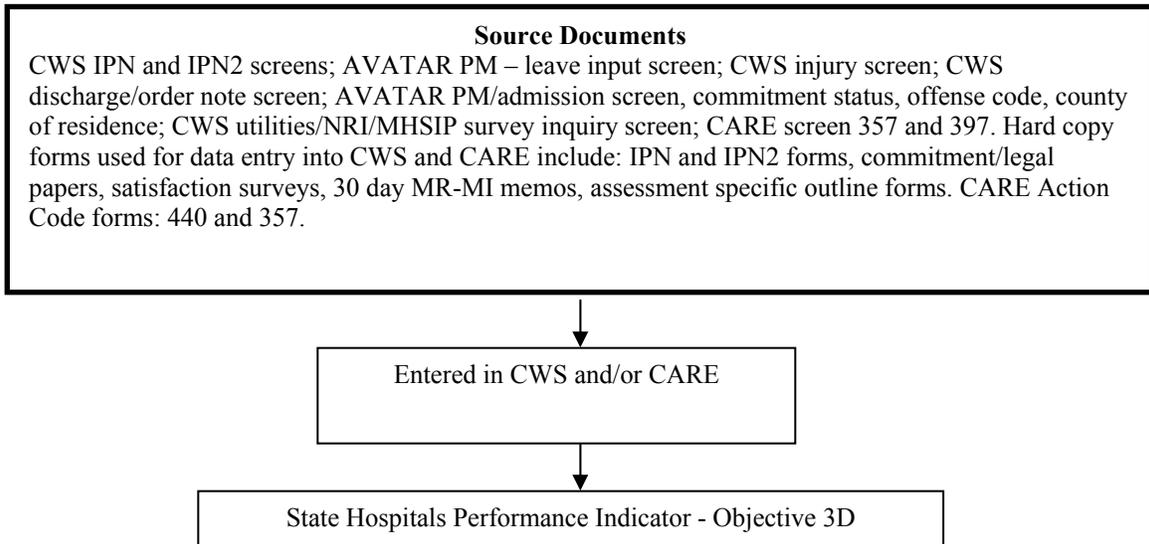
$N = \#$ of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.

$D =$ 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 3D - Data Integrity Review Measures
All State Hospitals - As of May, 2010

Measure	WCY 4/09	SASH 5/09	EPPC 6/09	BSH 7/09	NTSH 1/10	KSH 1/10	RSH 2/10	RGSC 2/10	ASH 3/10	TSH 4/10
RESTR	100	90	73.68	100	100	100	100	66.67	100	100
SECL		100	100	100	100	NA	100	NA	NA	100
LEAVE	100	100	100	100	100	100	100	NA	100	100
ELOPE		100			100	NA	100	NA	100	100
INJURY		100	100	100	100	100	100	100	100	100
MR/MI Memo		100	90	100	100	100	100	NA	100	100
MR/MI CARE		100	90	100	100	100	100	NA	100	100
MR/MI Comb		100	90	100	100	100	100	NA	100	100
TIMA		96.7	91.67	100	100	100	100	88.23	100	100
NRI-S/A		100	100	100	100	100	100	99.83	100	98
NRI-S/C	99.5				100	100	100	NA	100	100
COMMIT	100	100	96.7	100	100	100	100	100	100	100
OFFENSE		100	100	100	100	100	100	NA	100	100
CTY RES	100	93.3	93.3	96.7	93	100	100	100	100	100
%	99.9	98.46	93.78	99.73	99.50	100	100.00	92.46	100.00	99.86
CWS Finalization										
AIMS	88.9	99	100	100	94	100	98.59	99.07	98.8	98.1
NURSING	100	93	94.7	98.7	95	100	97.18	97.2	97.8	95.4
MEDICAL HX	100	99	100	98.7	89	100	98.59	99.07	98.8	94.1
PHYS EXAM	100	99	98.2	100	88	100	98.59	99.07	94.59	95.4
DIAGNOSIS	77.8	95	100	98.7	98	100	100	99.07	99.1	100
MENTAL S.E	100	96	98.2	100	95	100	100	90.65	98.8	100
PSY EVAL	100	95	98.2	100	98	100	97.18	91.59	96.1	100
SOCIAL HX	100	98	100	98.7	100	100	100	96.26	95.5	95.9
Numerator	63	1654	450	620	1675	32	561	826	2596	1697
Denominator	72	1712	456	624	1768	32	568	856	2664	1743
%	97.23	97	98.7	99.4	95	100	98.76	96.5	97.5	97.4
CWS Forms Finalized										
TX PLAN*		100	100	100	100	100	100	100	100	100
TX PLAN REV	100	100	100	100	100	100	100	80	100	100
CONSENT 9-7		100	100	100	100	100	100	96.67	100	100
RIGHTS 9-1		100	100	100	100	100	100	96.67	100	100
External Validation										
R/S VALIDATION	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

Key: A=Accuracy Rate, C=Completion Blank=N/A

*Measure to be reviewed by CPIC

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.**

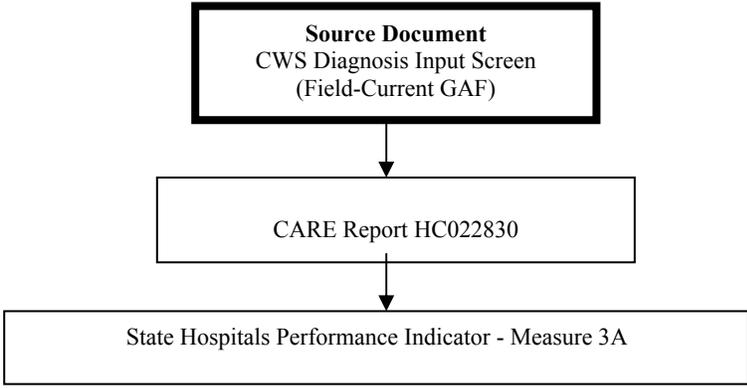
Performance Measure Operational Definition: Total of persons with Global Assessment of Functioning Scale (GAF) score increased and stabilized. The GAF is a clinician-related scale that indicates a client’s general level of functioning during a specific time period. A single score incorporates psychological, 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:

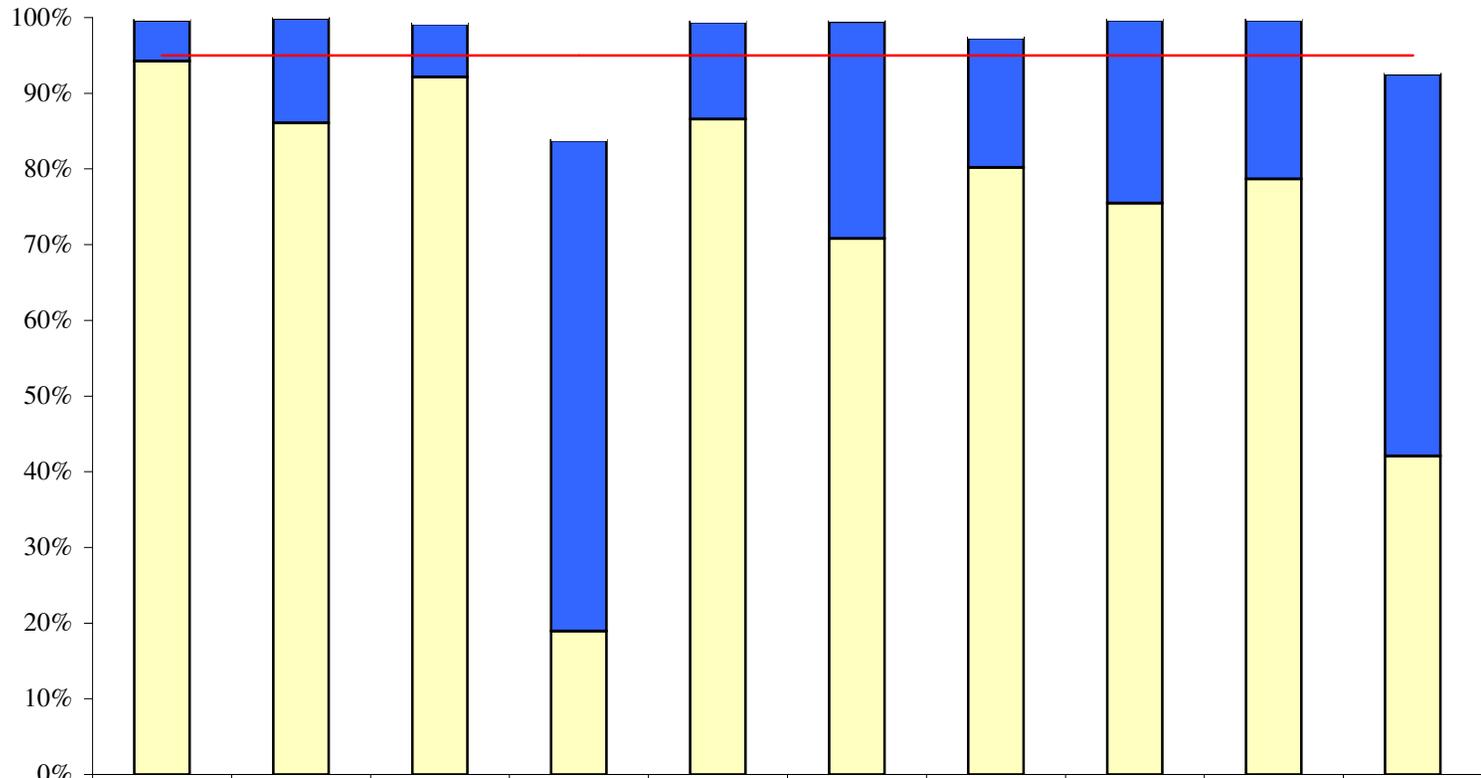
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 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 May 31, 2010

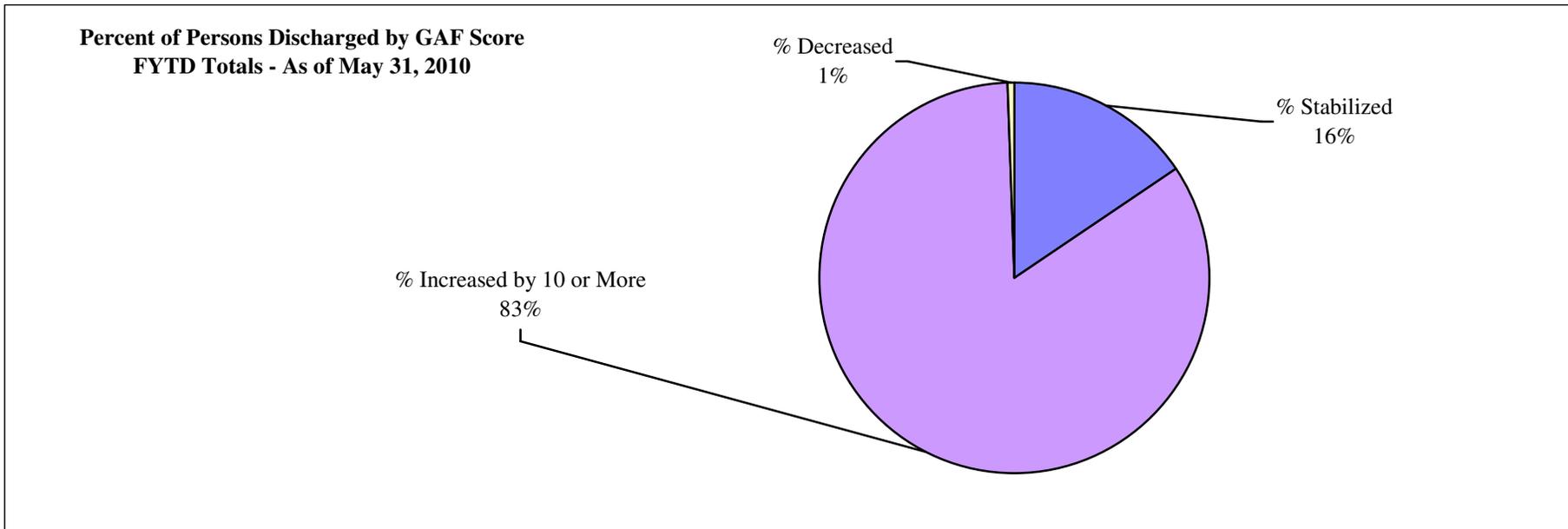
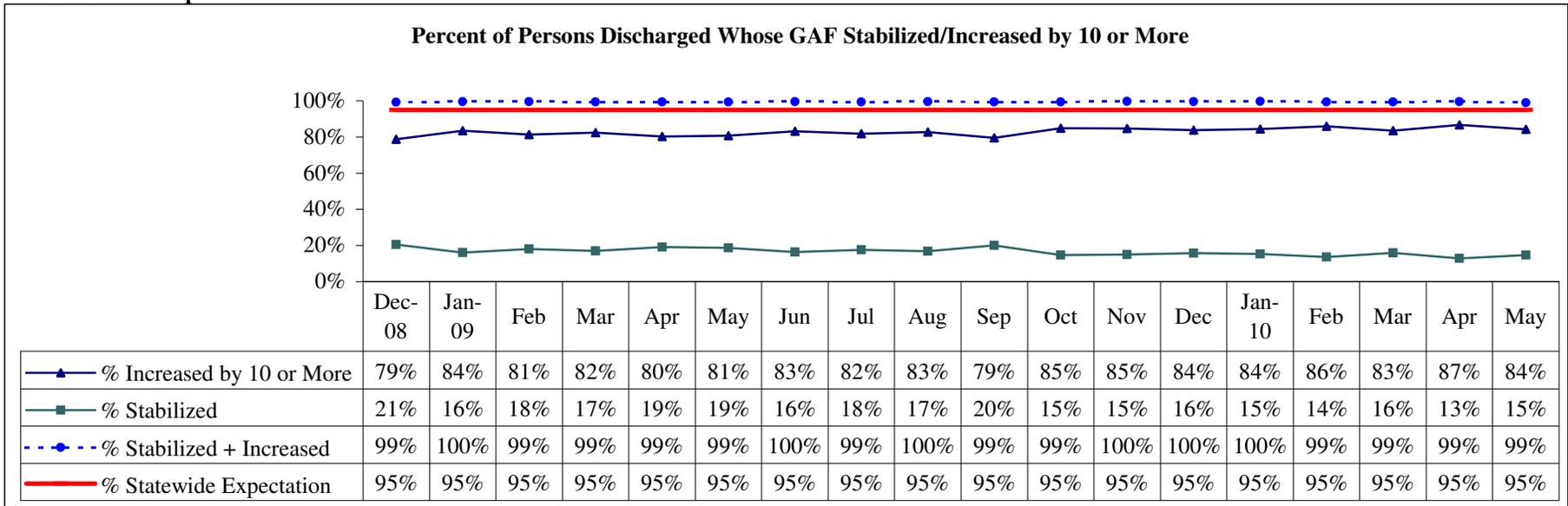
FYTD Percent of Discharged Whose GAF Score Stabilized/Increased by 10 or More



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	100%	100%	99%	84%	99%	99%	97%	100%	100%	93%
% Stabilized	5%	14%	7%	65%	13%	29%	17%	24%	21%	50%
% Increased by 10 or More	94%	86%	92%	19%	87%	71%	80%	75%	79%	42%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

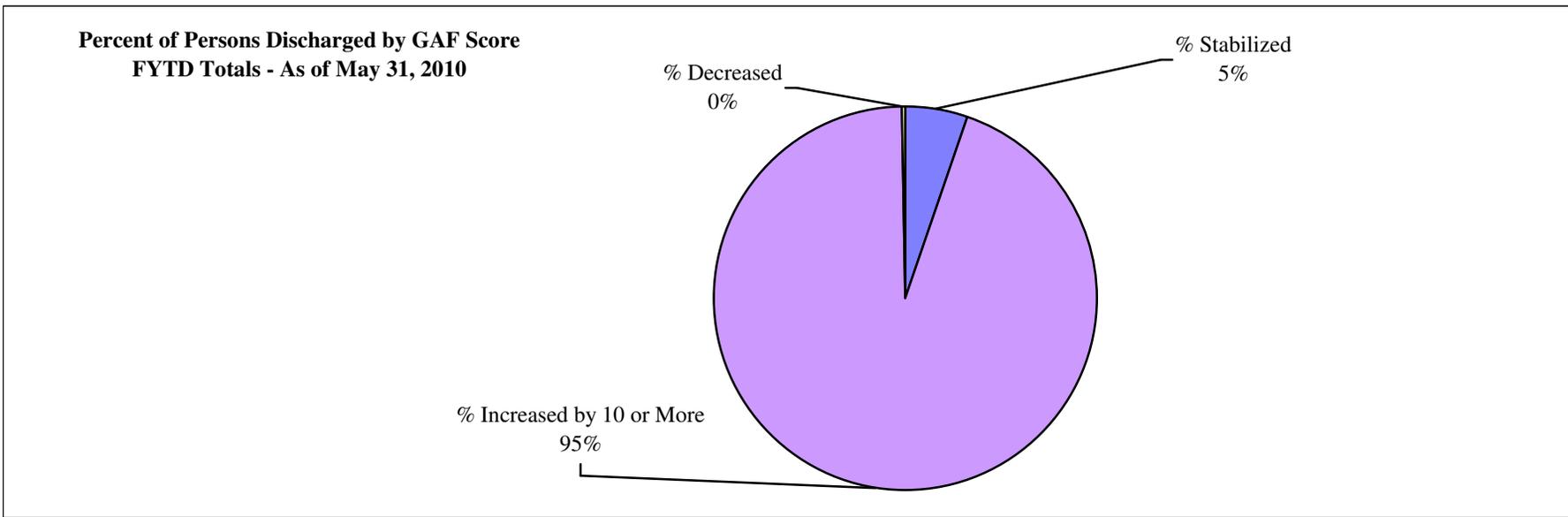
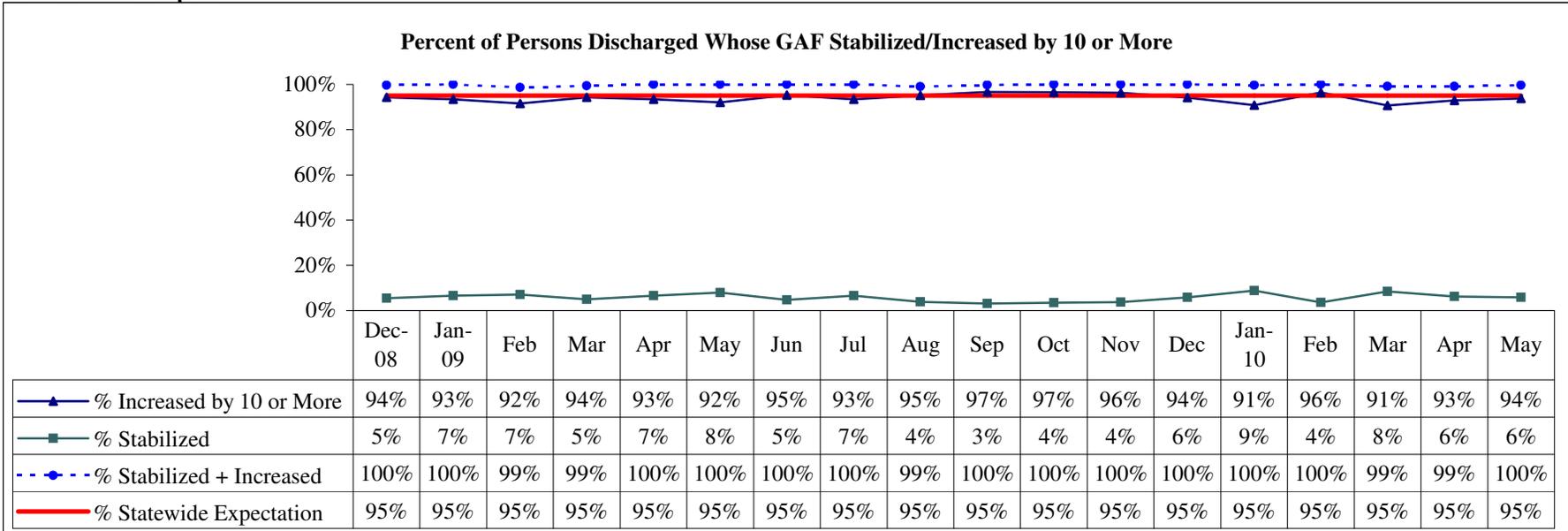
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

All State MH Hospitals

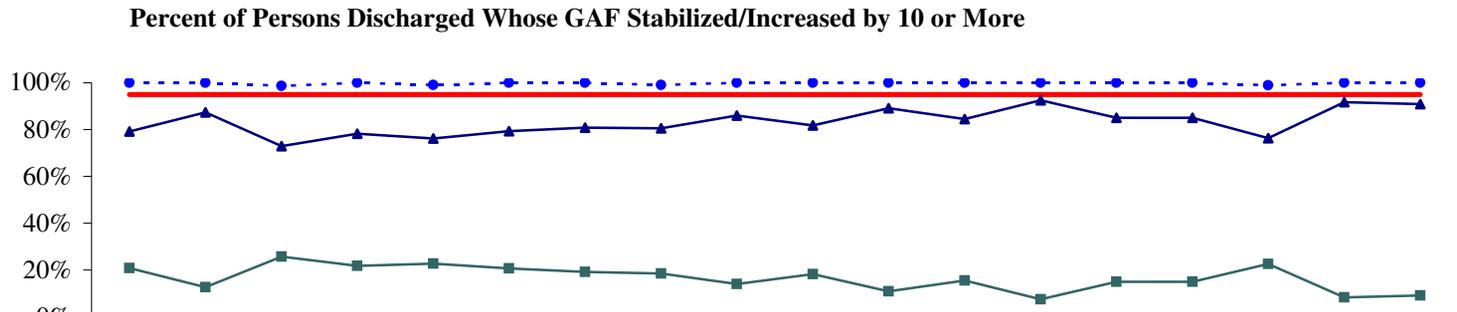


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Austin State Hospital

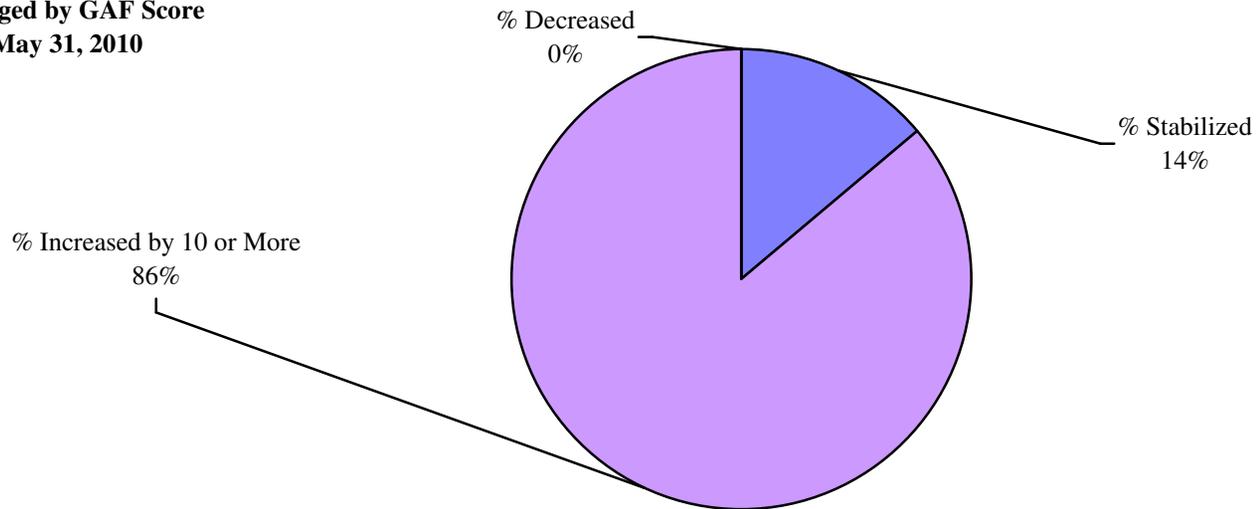


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	79%	87%	73%	78%	76%	79%	81%	81%	86%	82%	89%	85%	93%	85%	85%	76%	92%	91%
—■— % Stabilized	21%	13%	26%	22%	23%	21%	19%	19%	14%	18%	11%	15%	7%	15%	15%	23%	8%	9%
- - ● - - % Stabilized + Increased	100%	100%	99%	100%	99%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

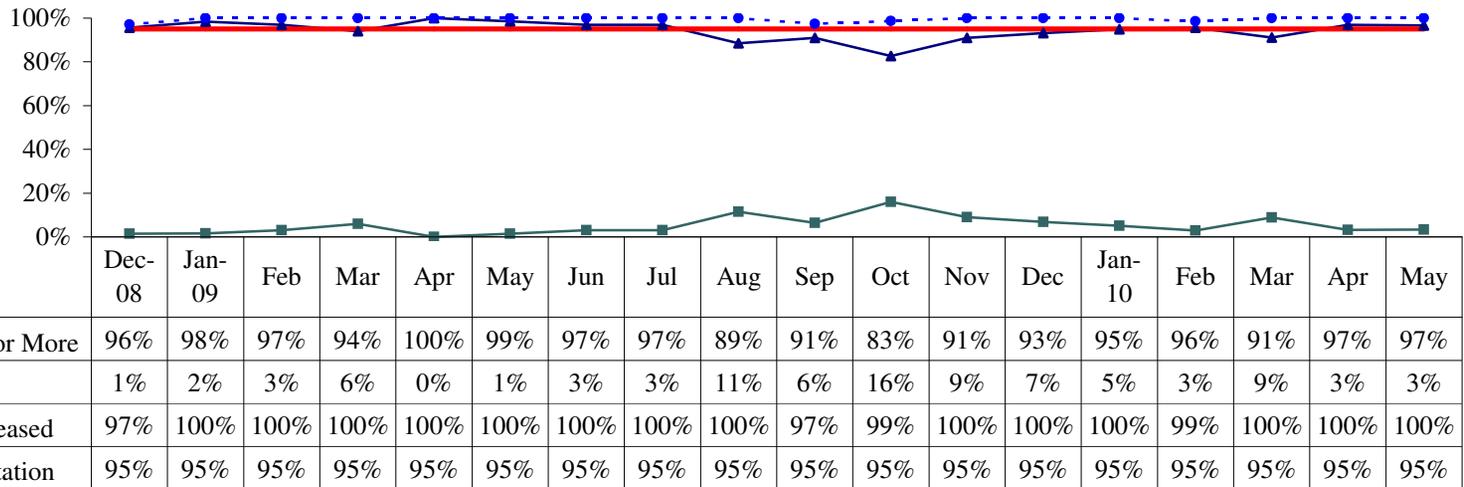
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010



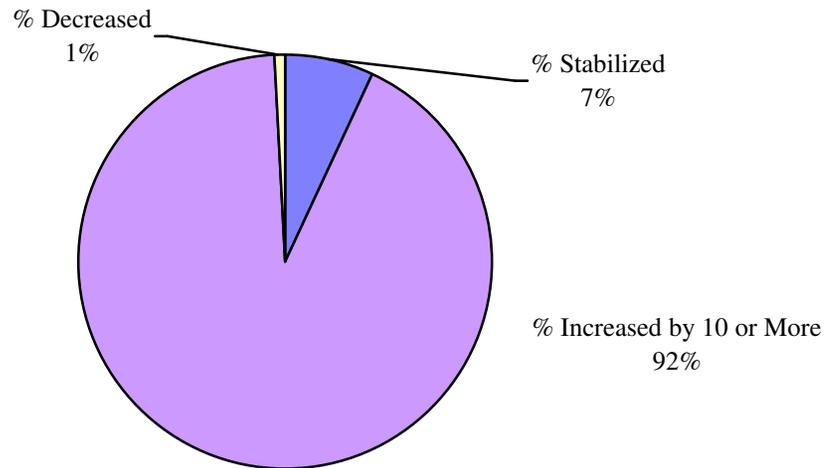
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

El Paso Psychiatric Center

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

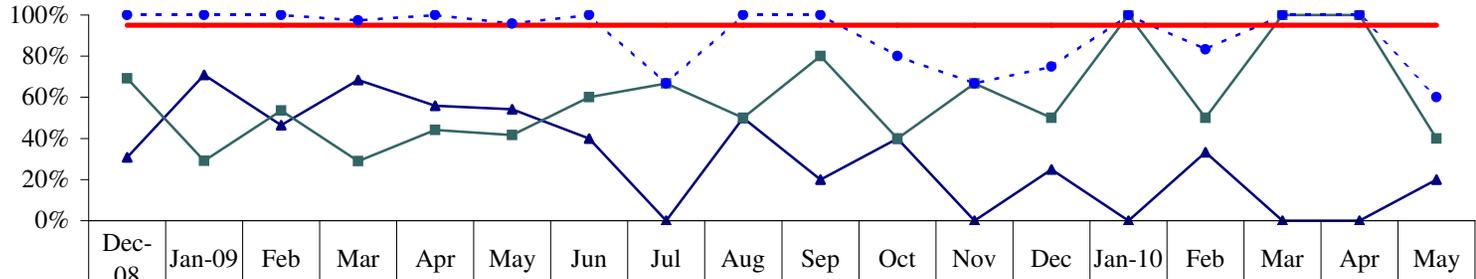


Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010



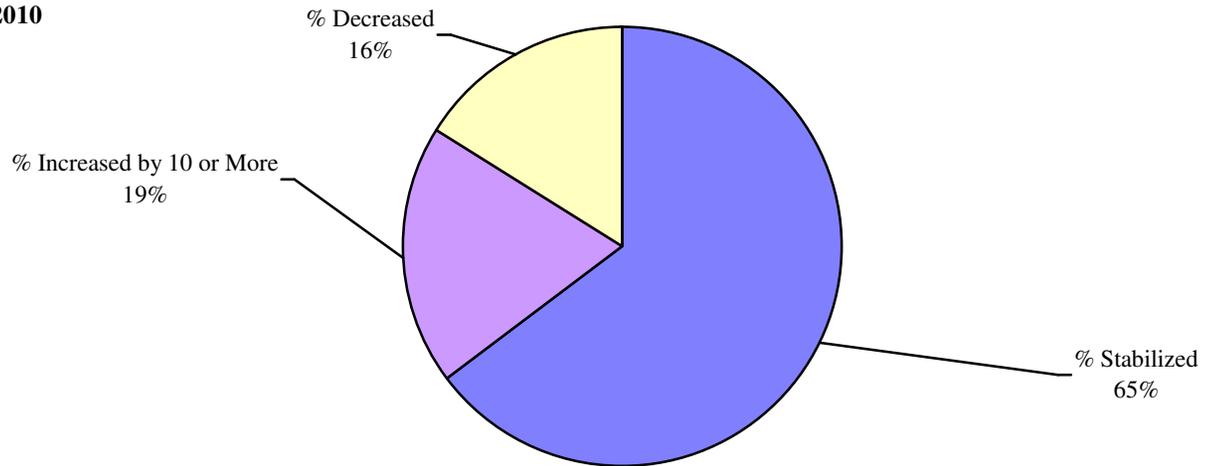
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

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



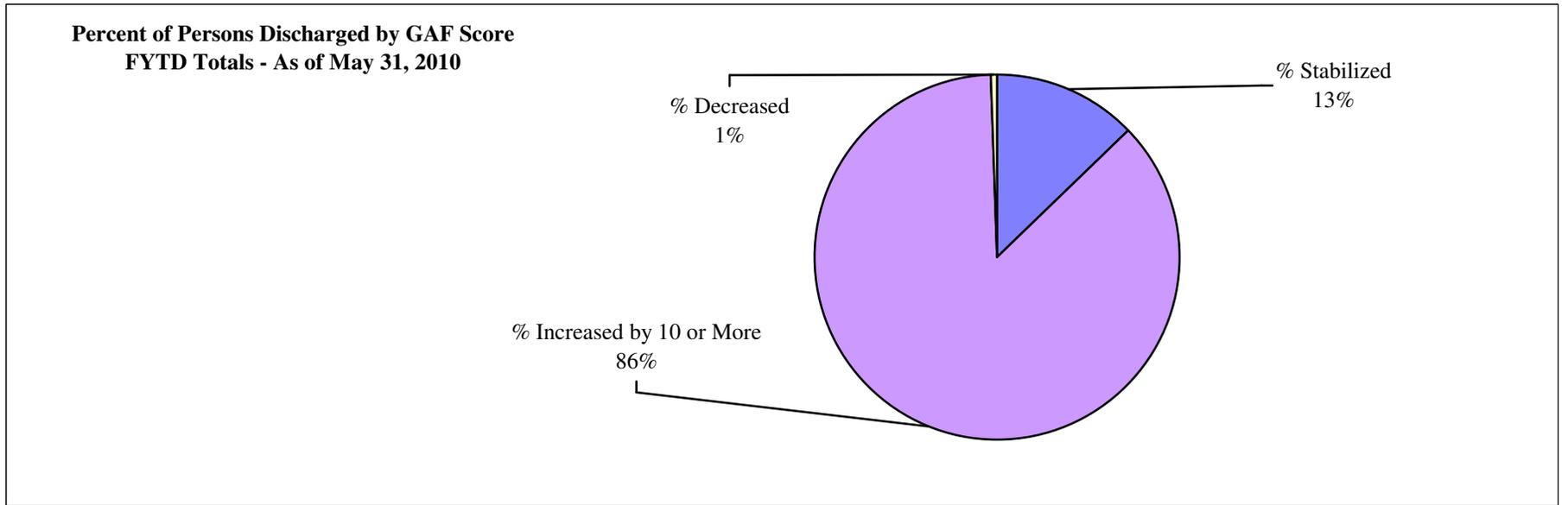
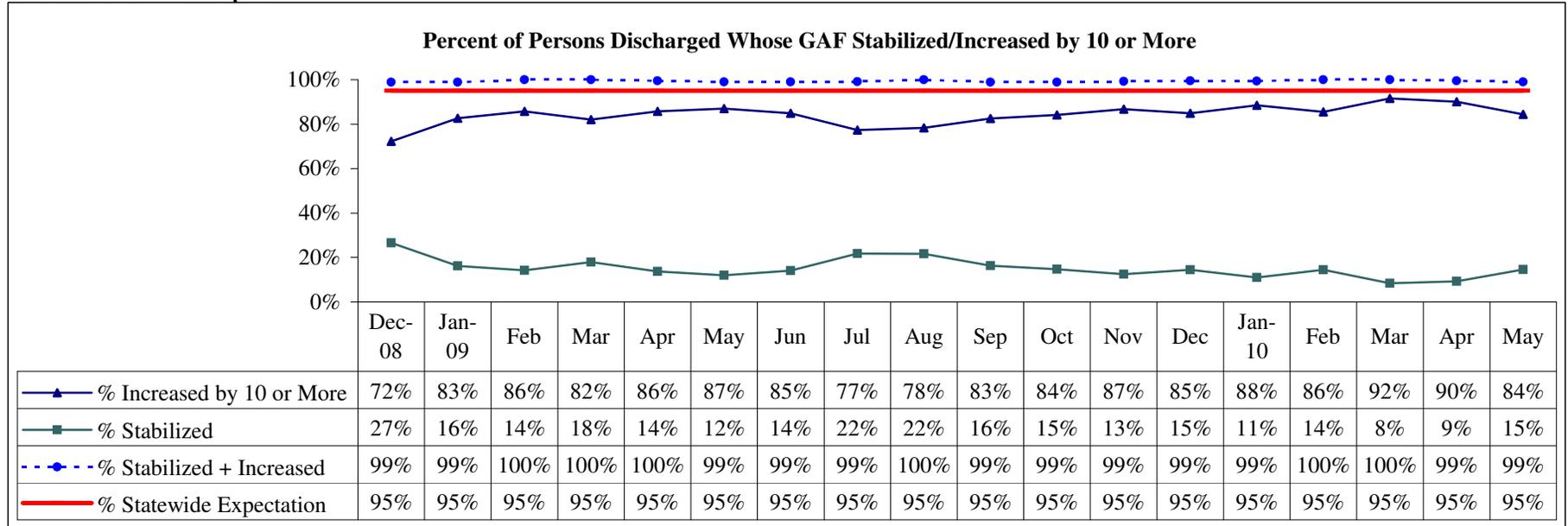
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	31%	71%	46%	68%	56%	54%	40%	0%	50%	20%	40%	0%	25%	0%	33%	0%	0%	20%
—■— % Stabilized	69%	29%	54%	29%	44%	42%	60%	67%	50%	80%	40%	67%	50%	100%	50%	100%	100%	40%
- - ● - - % Stabilized + Increased	100%	100%	100%	97%	100%	96%	100%	67%	100%	100%	80%	67%	75%	100%	83%	100%	100%	60%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010

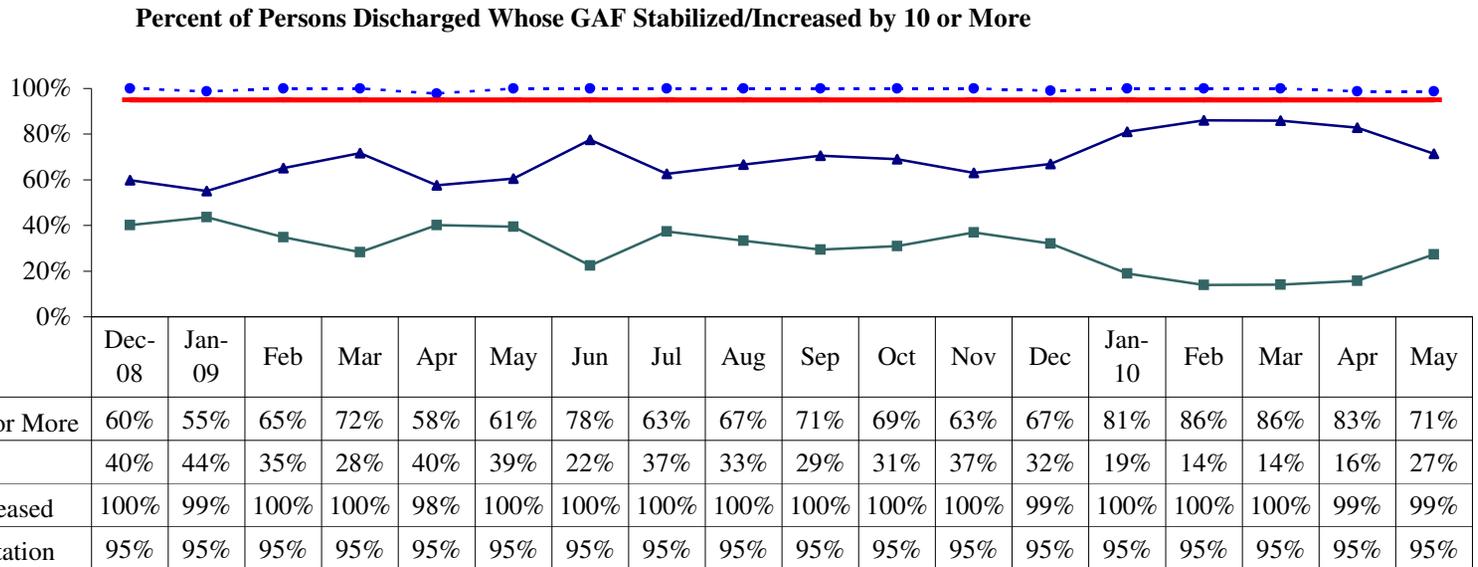


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

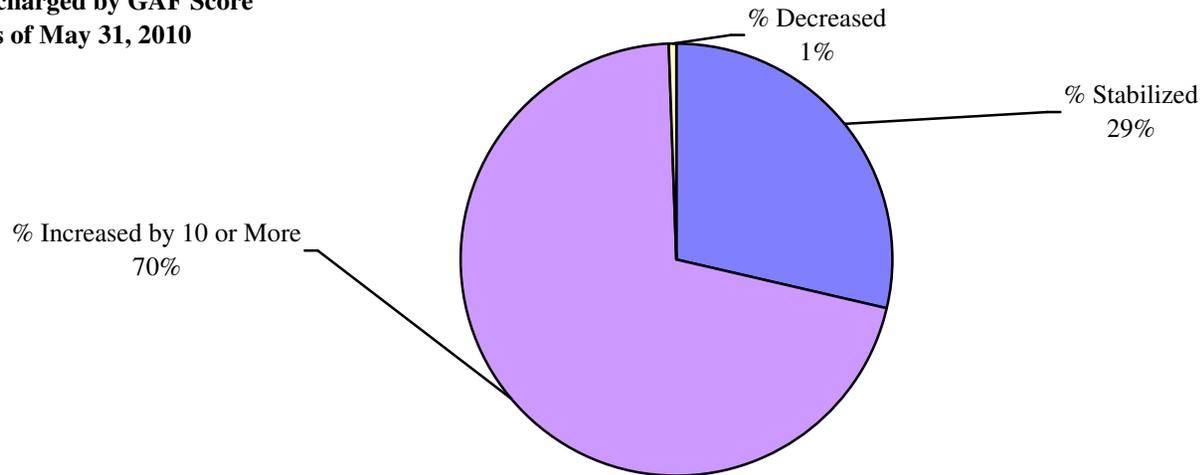
North Texas State Hospital



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



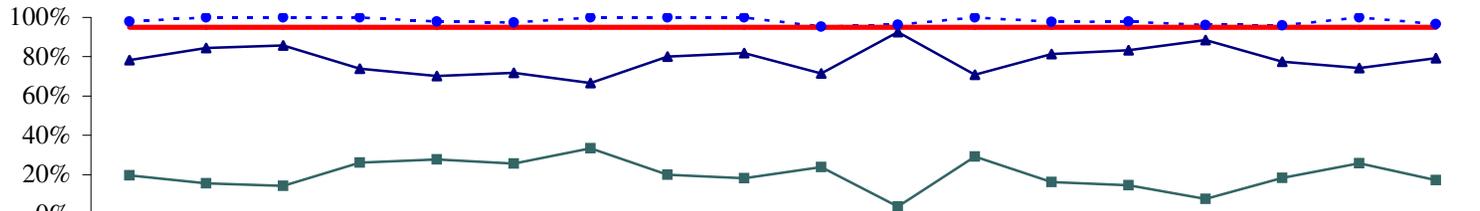
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010



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

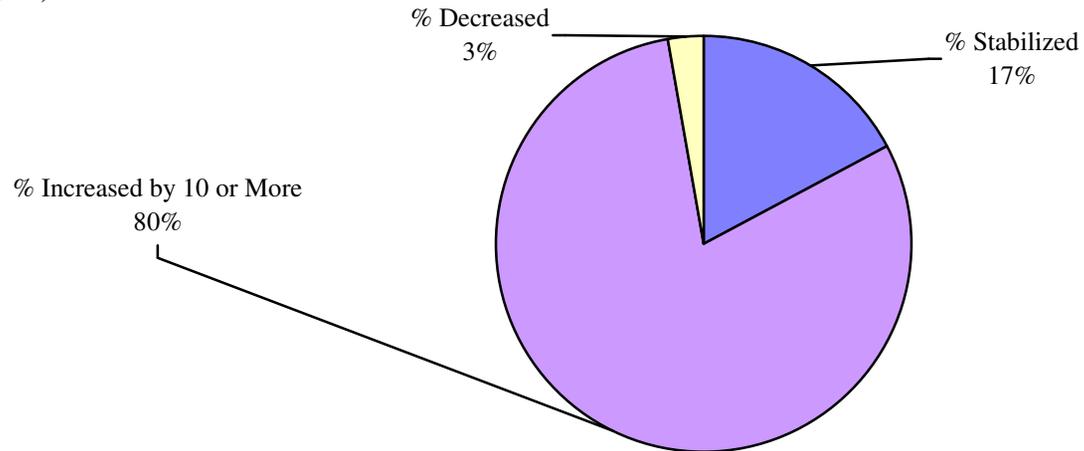
Rusk State Hospital

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

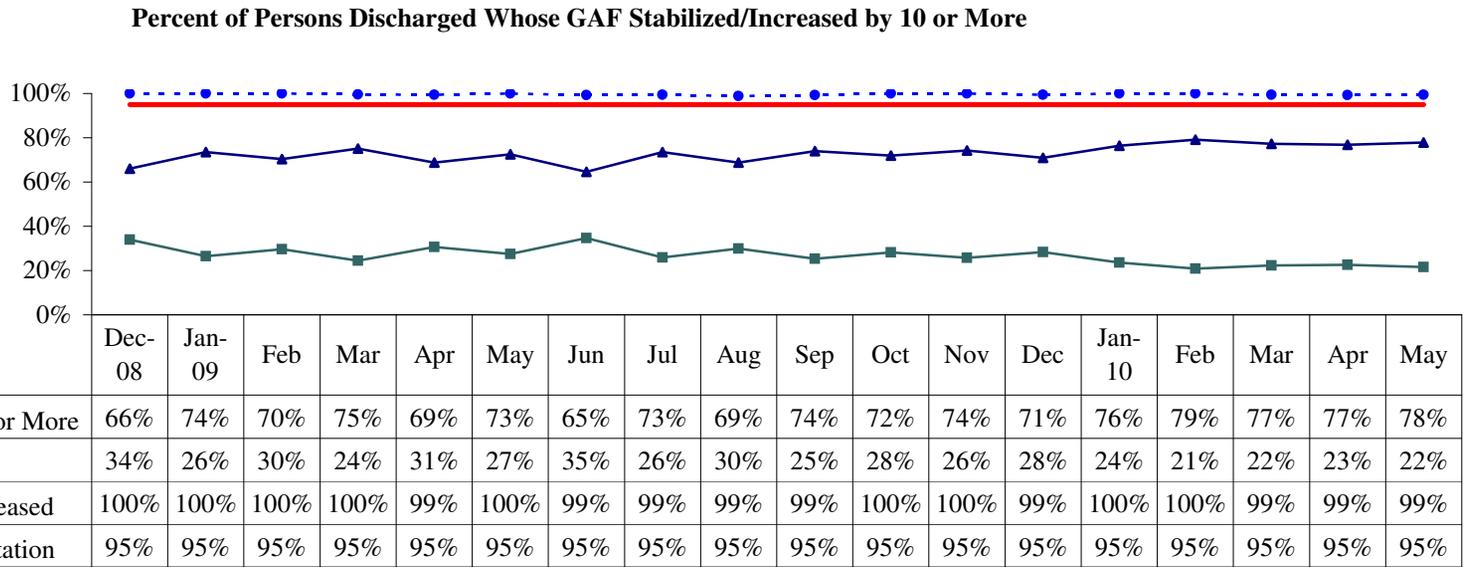


	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	78%	84%	86%	74%	70%	72%	67%	80%	82%	71%	93%	71%	81%	83%	88%	78%	74%	79%
—■— % Stabilized	20%	16%	14%	26%	28%	26%	33%	20%	18%	24%	4%	29%	16%	15%	8%	18%	26%	17%
- - ◆ - - % Stabilized + Increased	98%	100%	100%	100%	98%	97%	100%	100%	100%	95%	96%	100%	98%	98%	96%	96%	100%	97%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

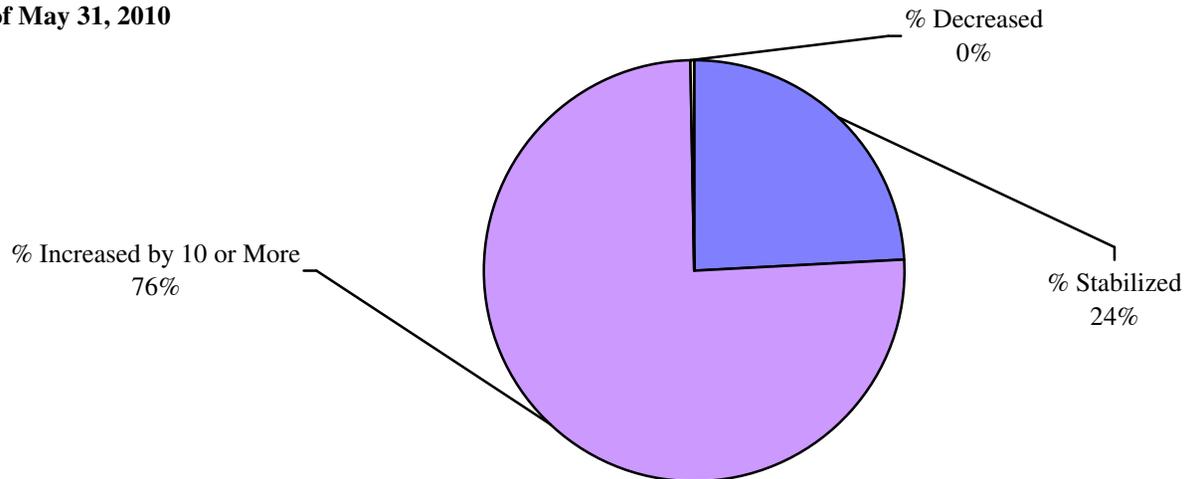
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010



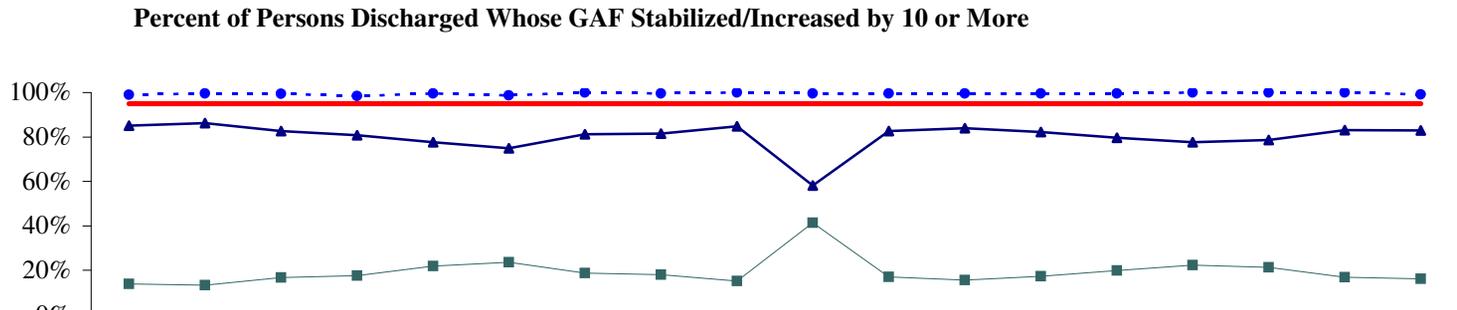
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital



Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010

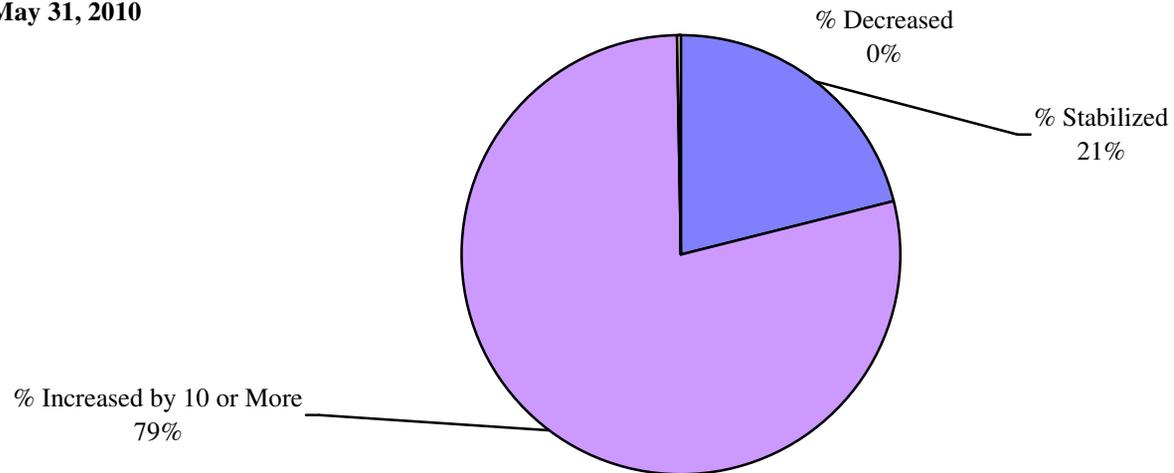


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Terrell State Hospital



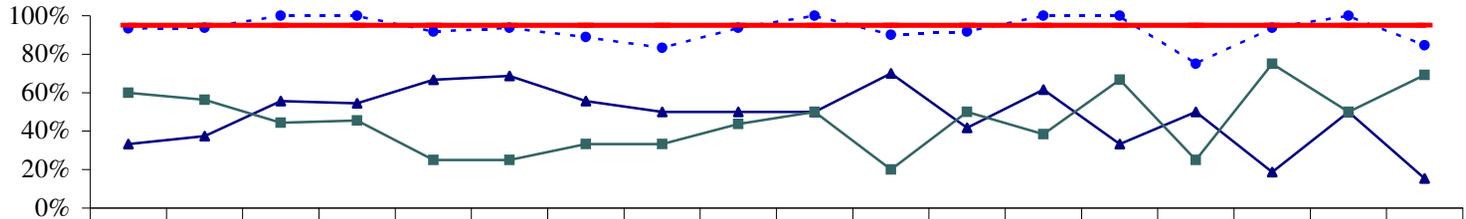
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	85%	86%	83%	81%	78%	75%	81%	82%	85%	58%	83%	84%	82%	80%	78%	79%	83%	83%
—■— % Stabilized	14%	13%	17%	18%	22%	24%	19%	18%	15%	41%	17%	16%	17%	20%	22%	21%	17%	16%
- - ● - - % Stabilized + Increased	99%	100%	99%	98%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010



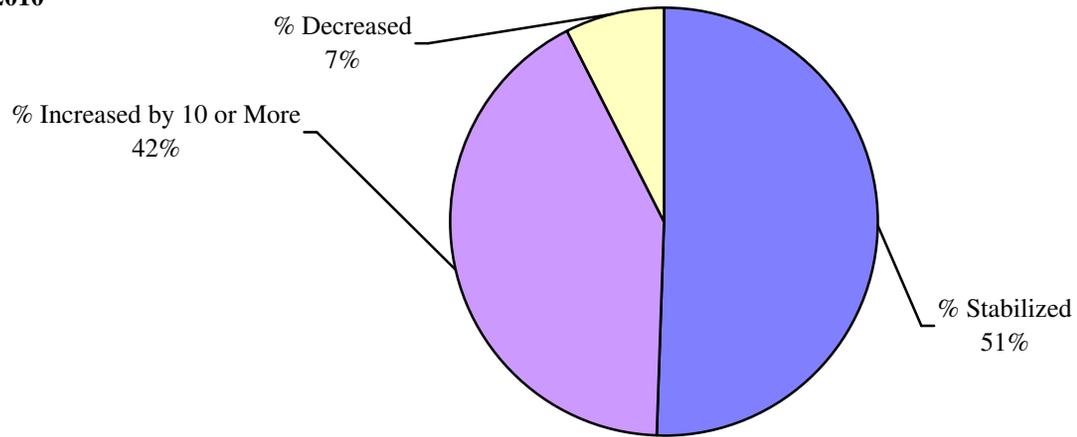
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	33%	38%	56%	55%	67%	69%	56%	50%	50%	50%	70%	42%	62%	33%	50%	19%	50%	15%
—■— % Stabilized	60%	56%	44%	45%	25%	25%	33%	33%	44%	50%	20%	50%	38%	67%	25%	75%	50%	69%
- - ● - - % Stabilized + Increased	93%	94%	100%	100%	92%	94%	89%	83%	94%	100%	90%	92%	100%	100%	75%	94%	100%	85%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2010



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

Performance Objective 4B:

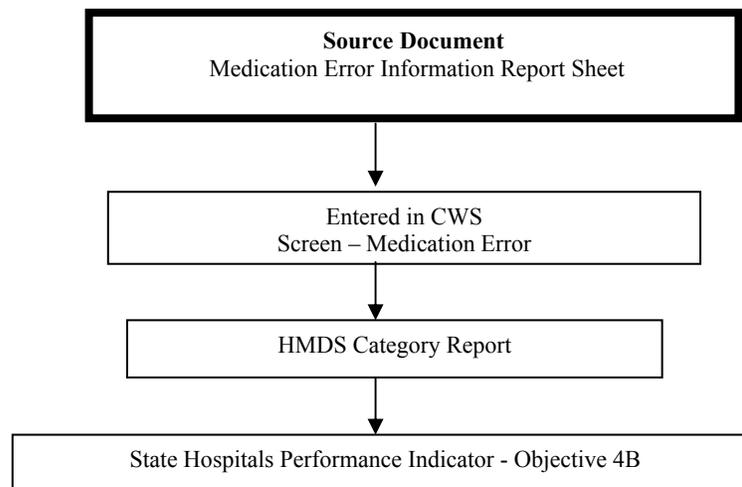
Identify, collect, aggregate, and analyze medication errors.

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:



Performance Measure 4A:

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

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

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

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

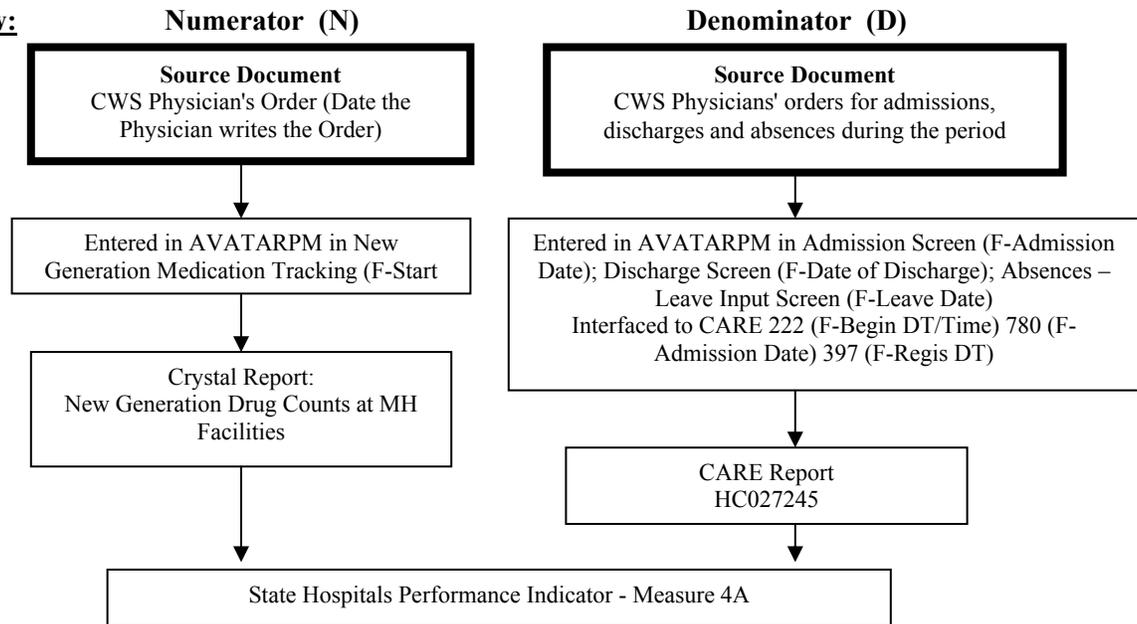
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

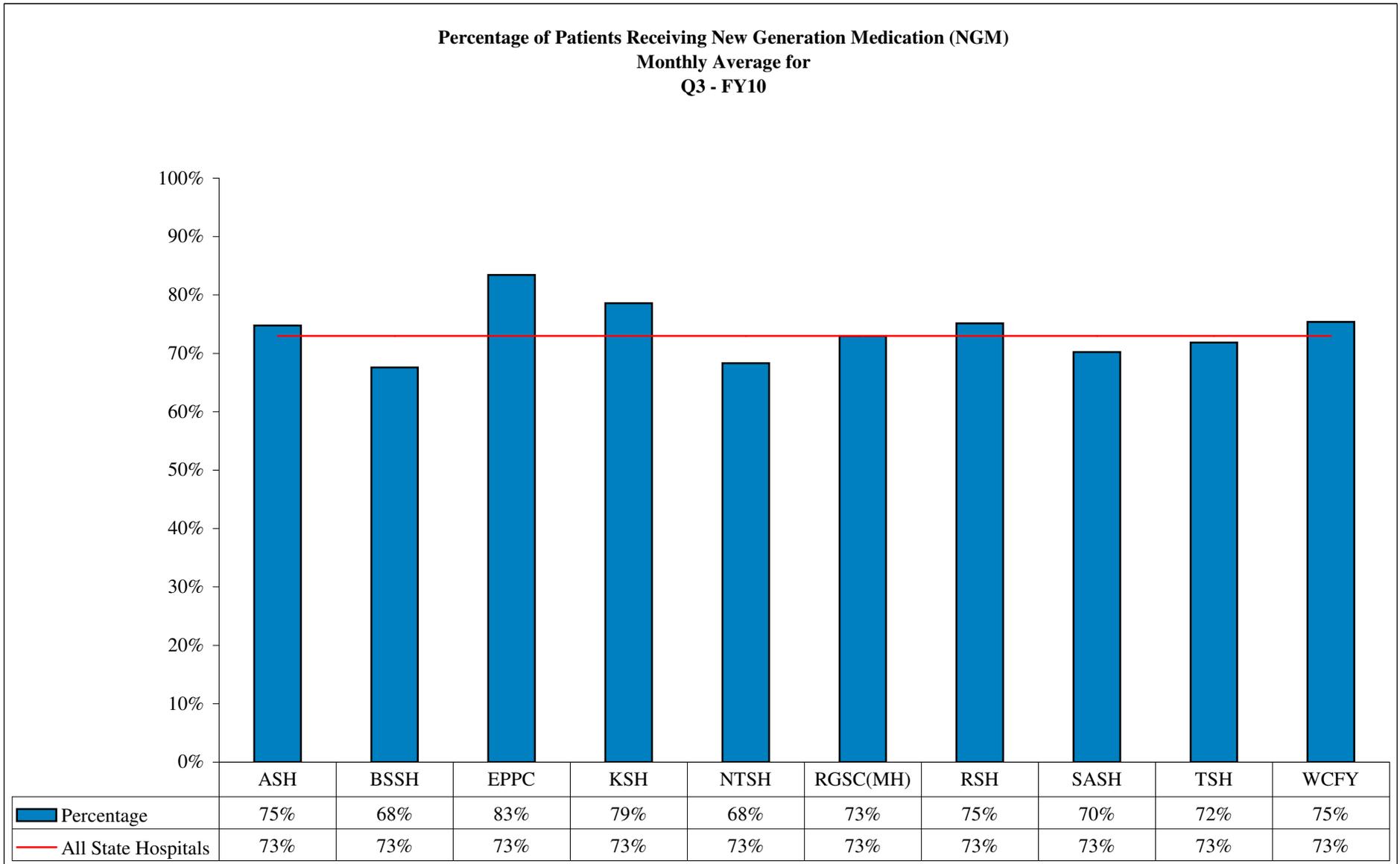
Performance Measure Data Display and Chart Description:

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

Data Flow:

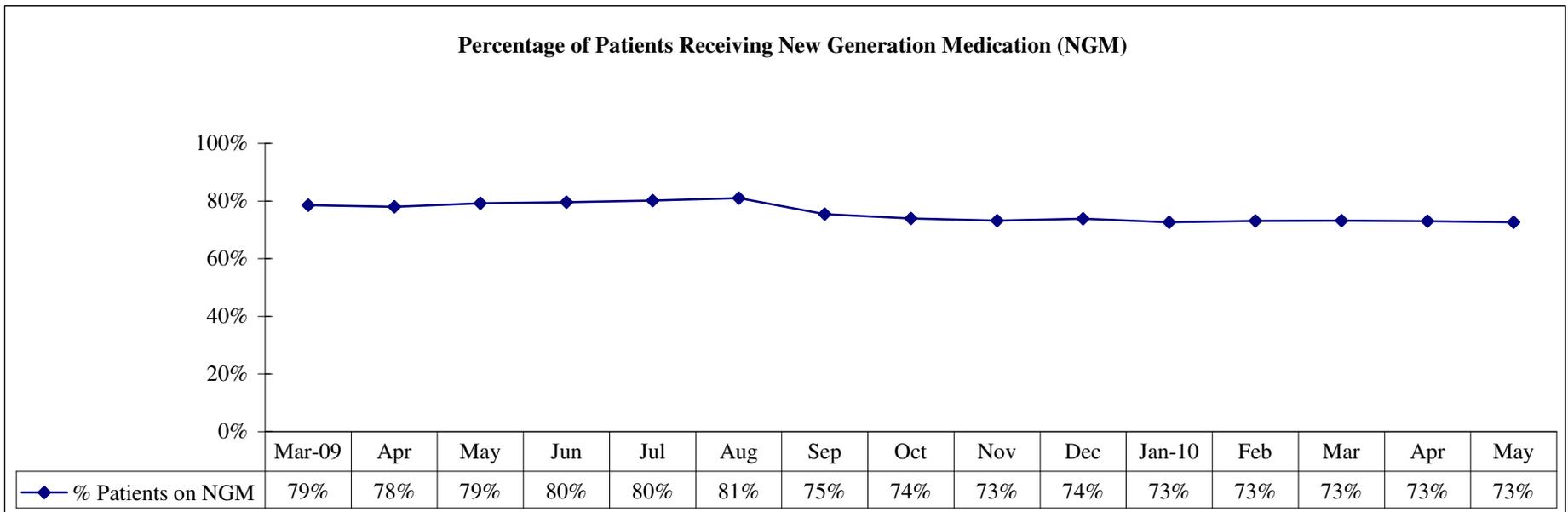
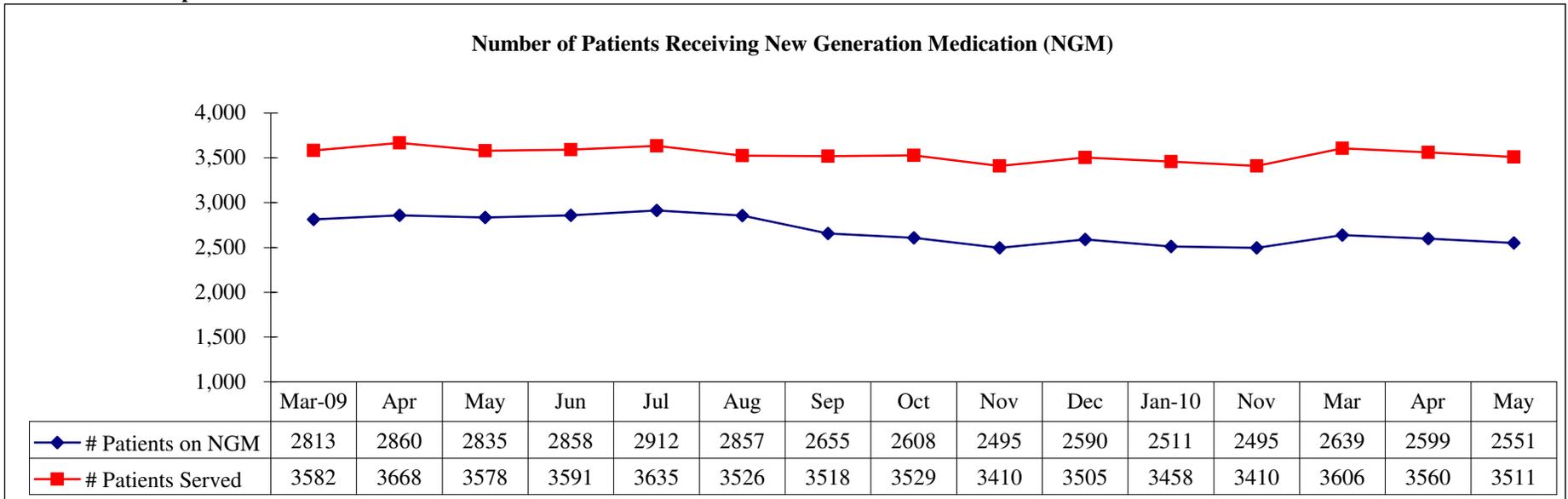


Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals



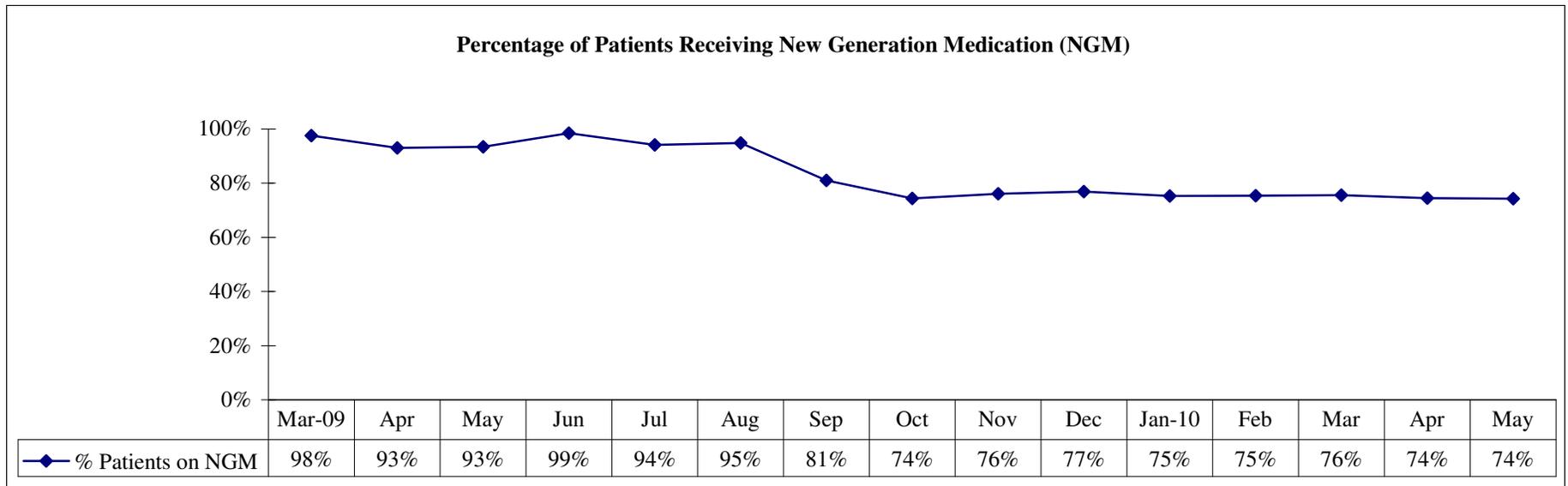
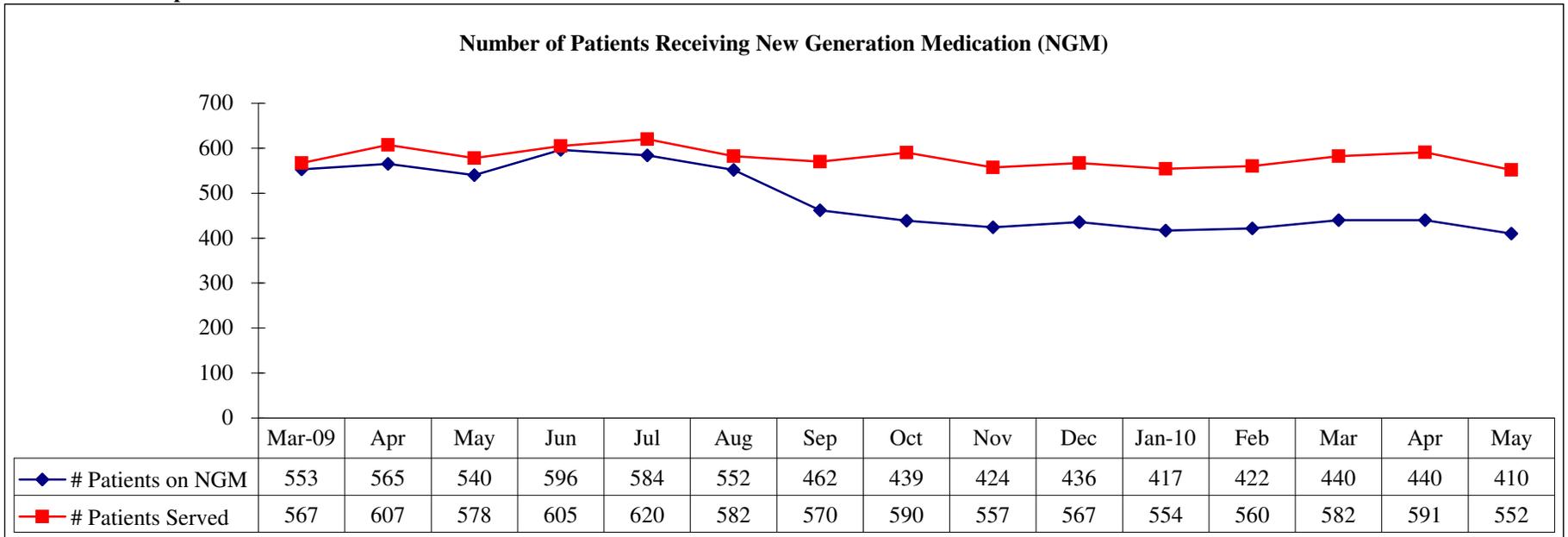
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



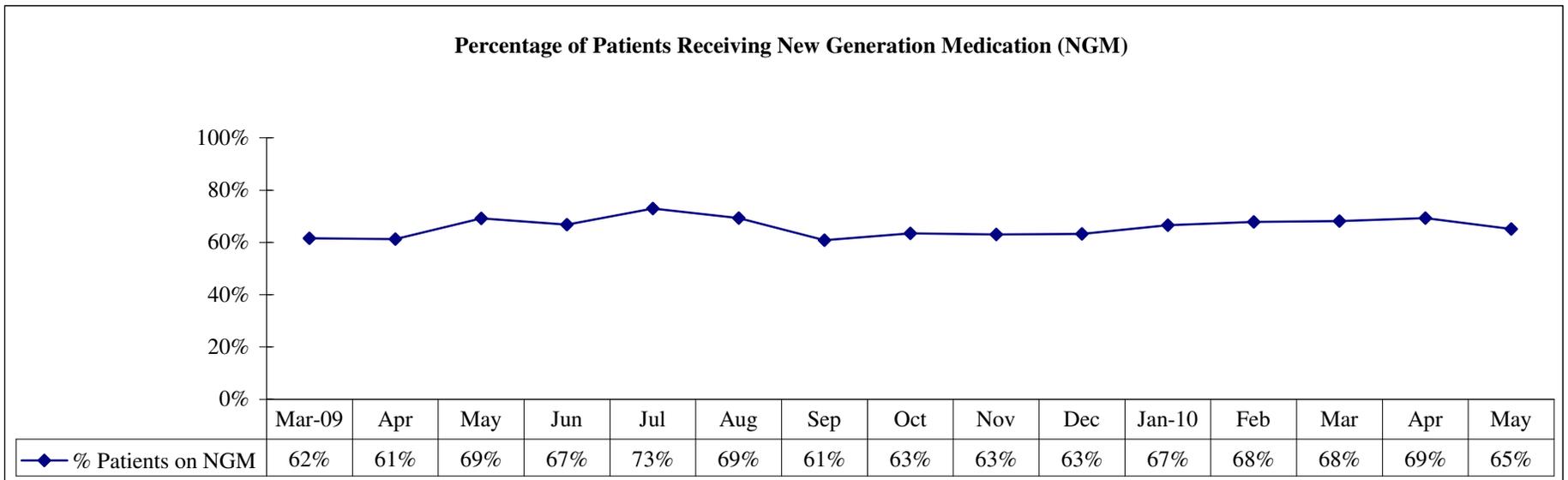
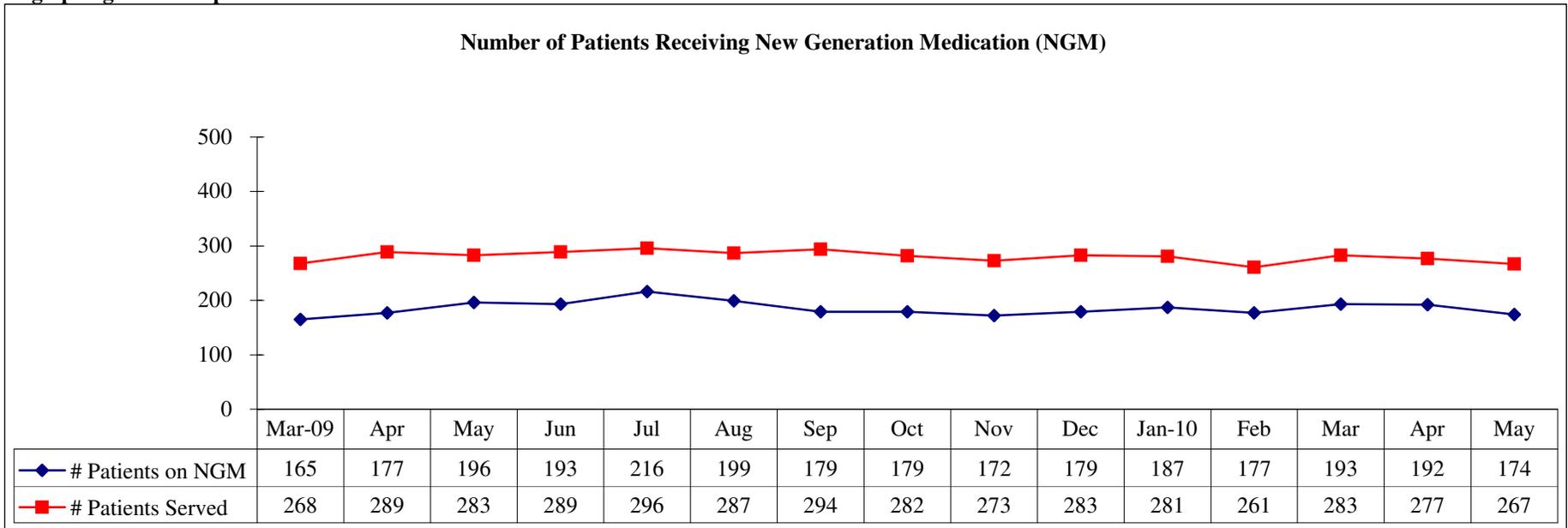
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



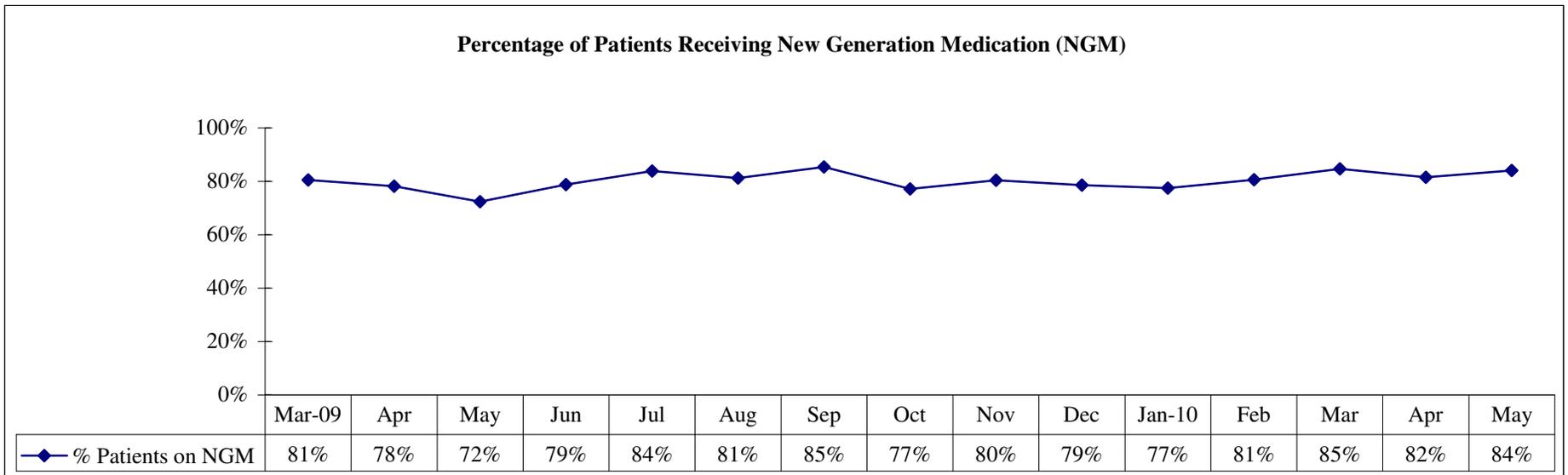
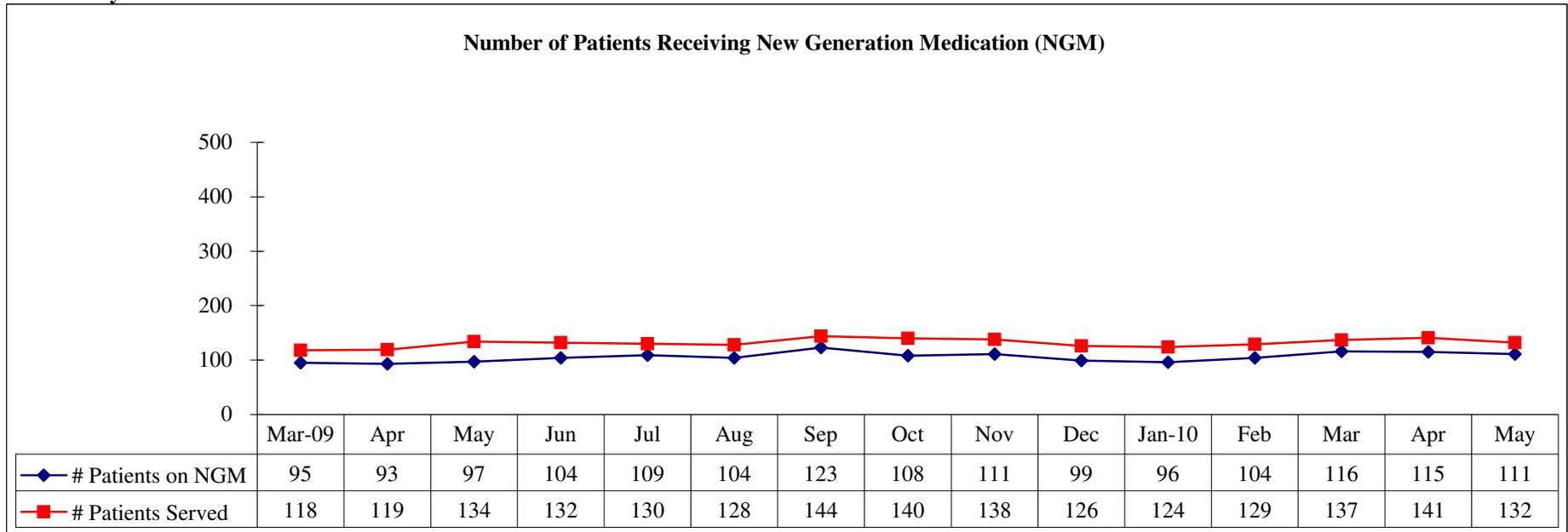
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



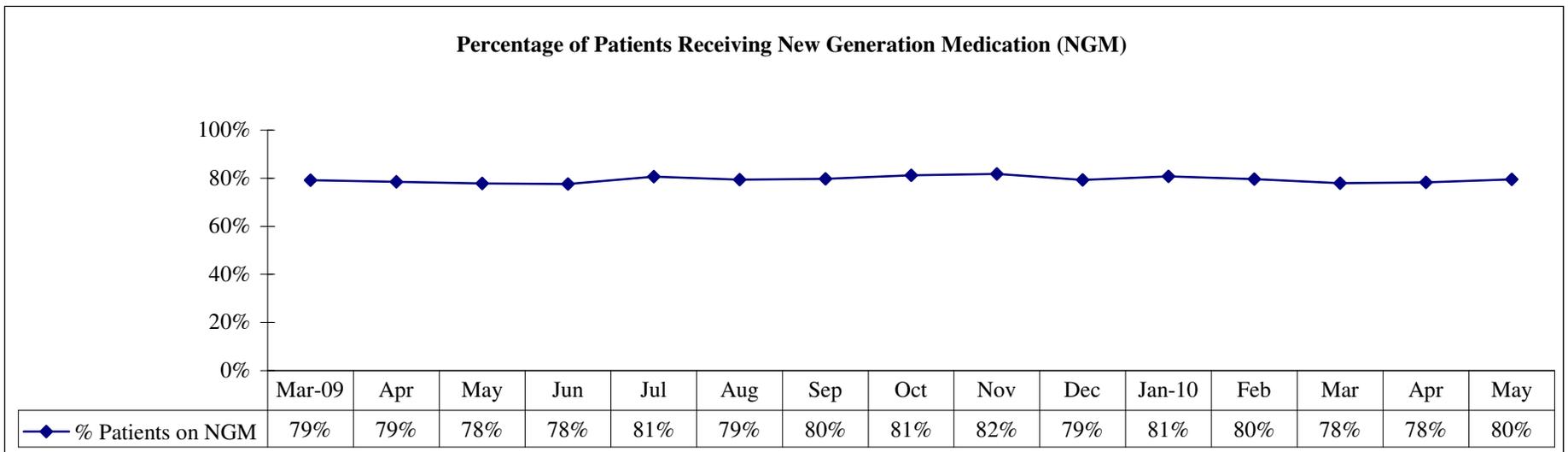
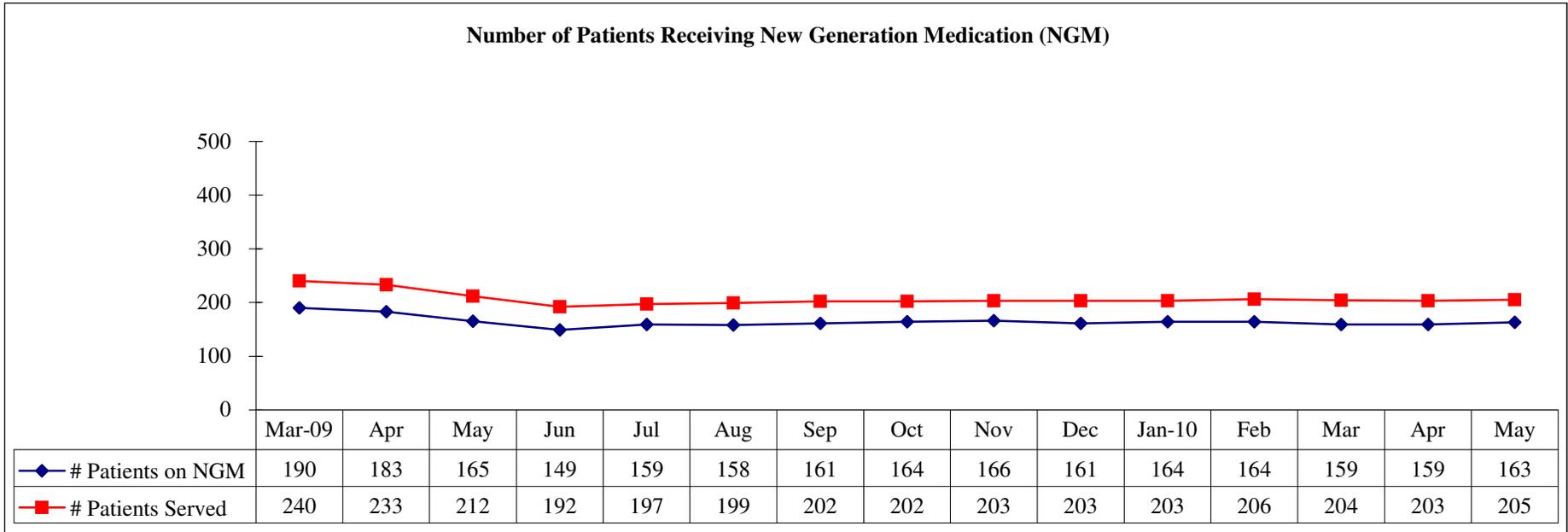
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

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



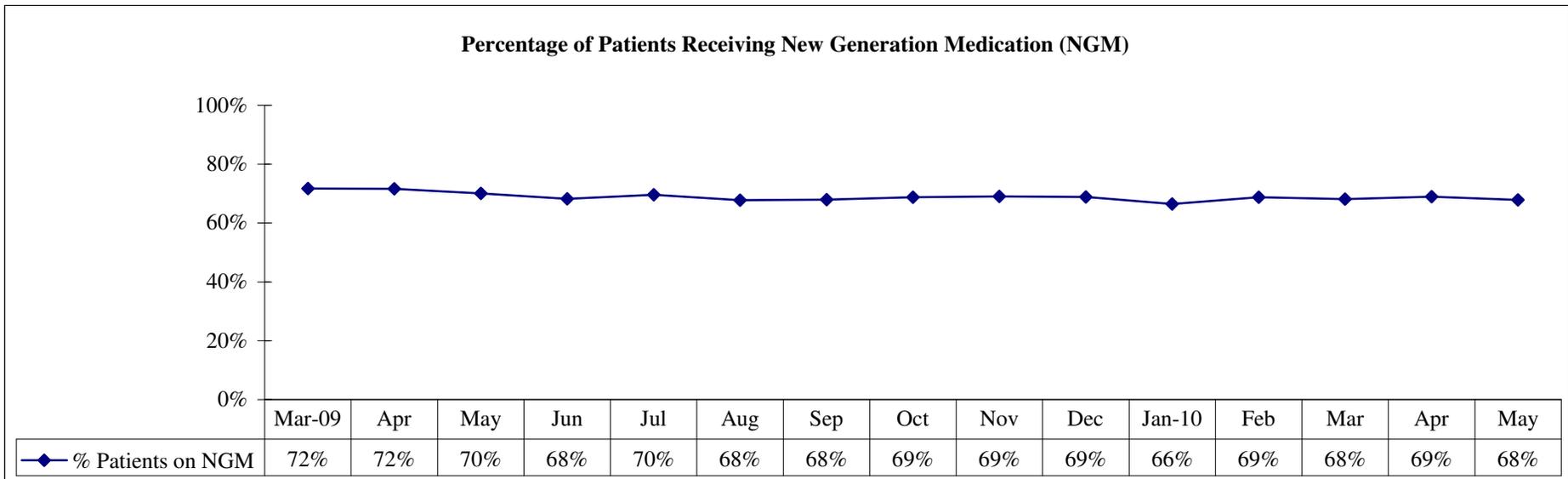
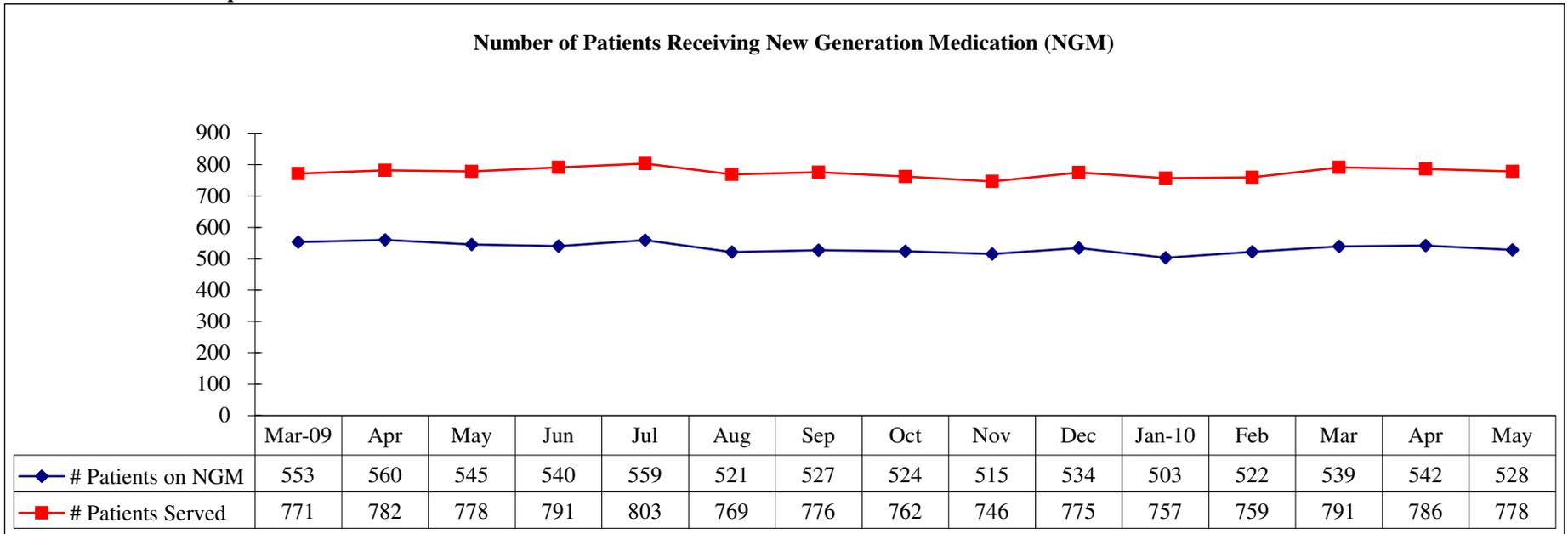
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



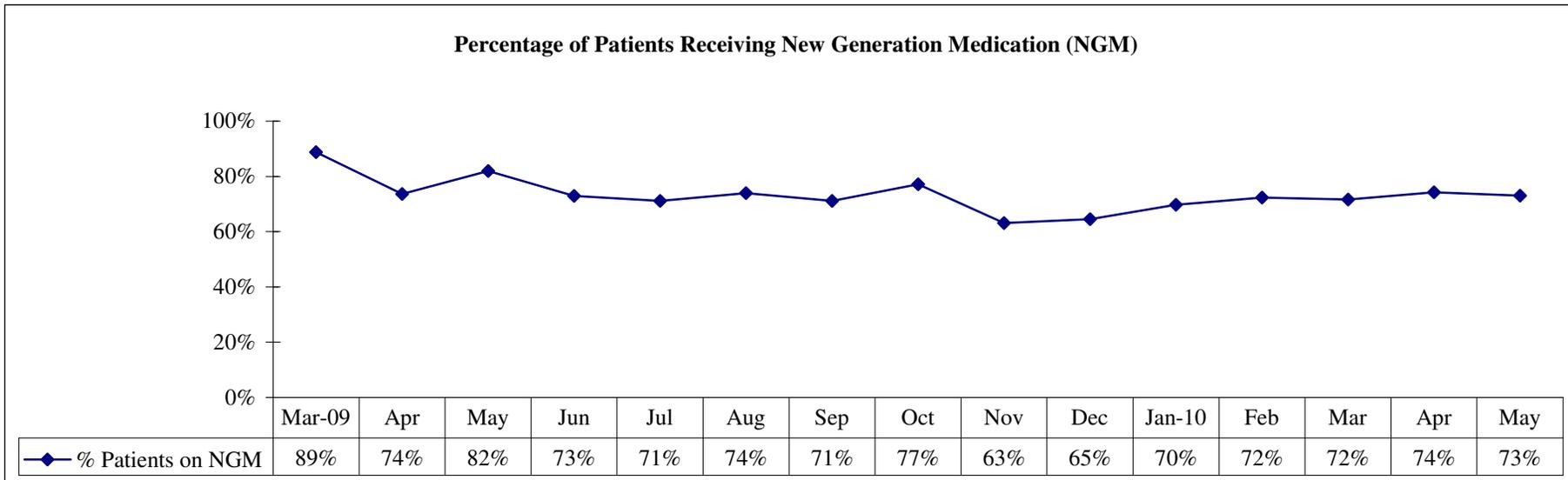
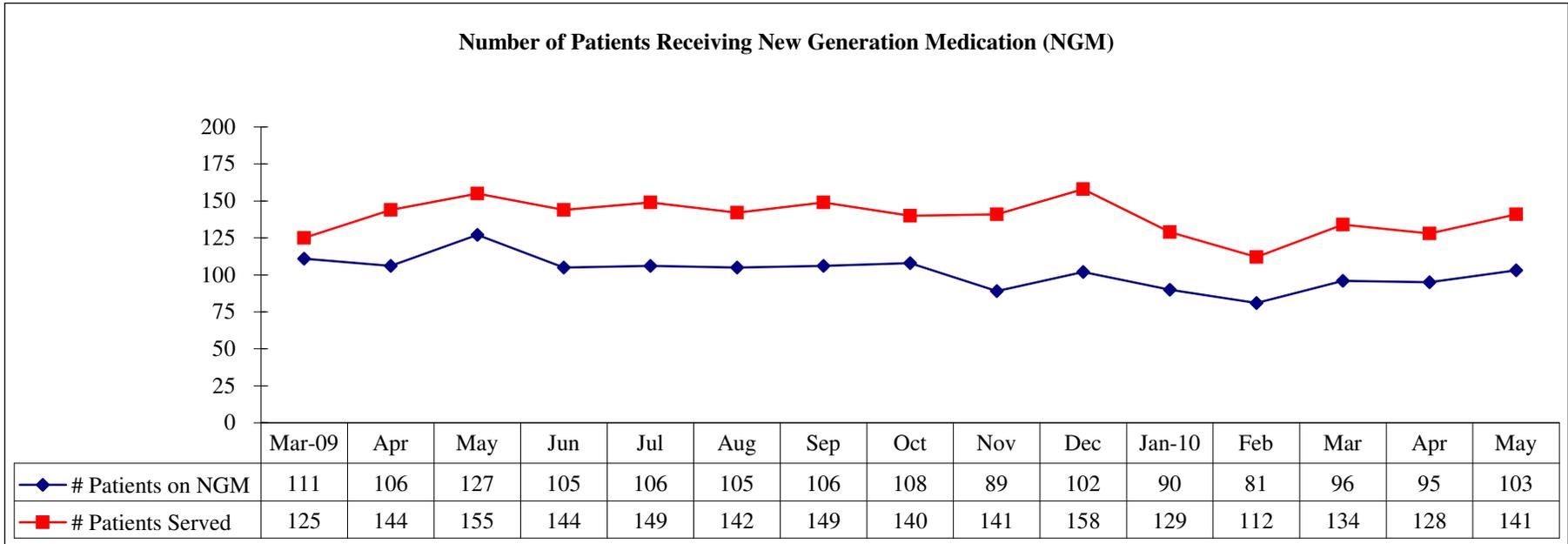
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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)

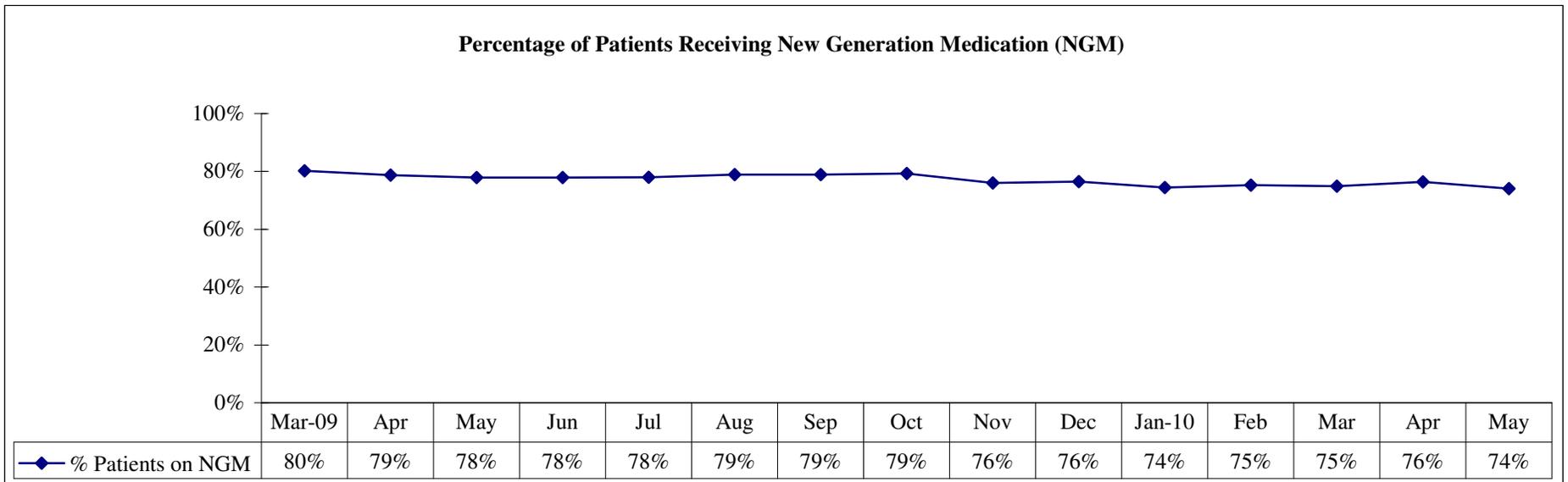
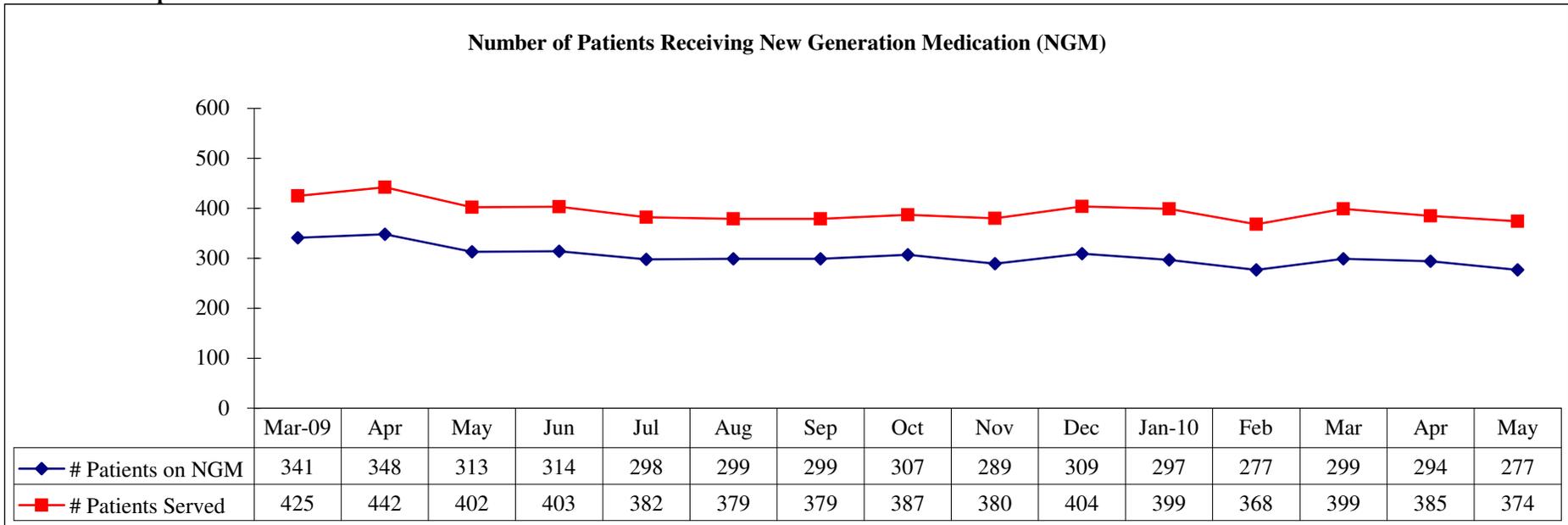
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



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

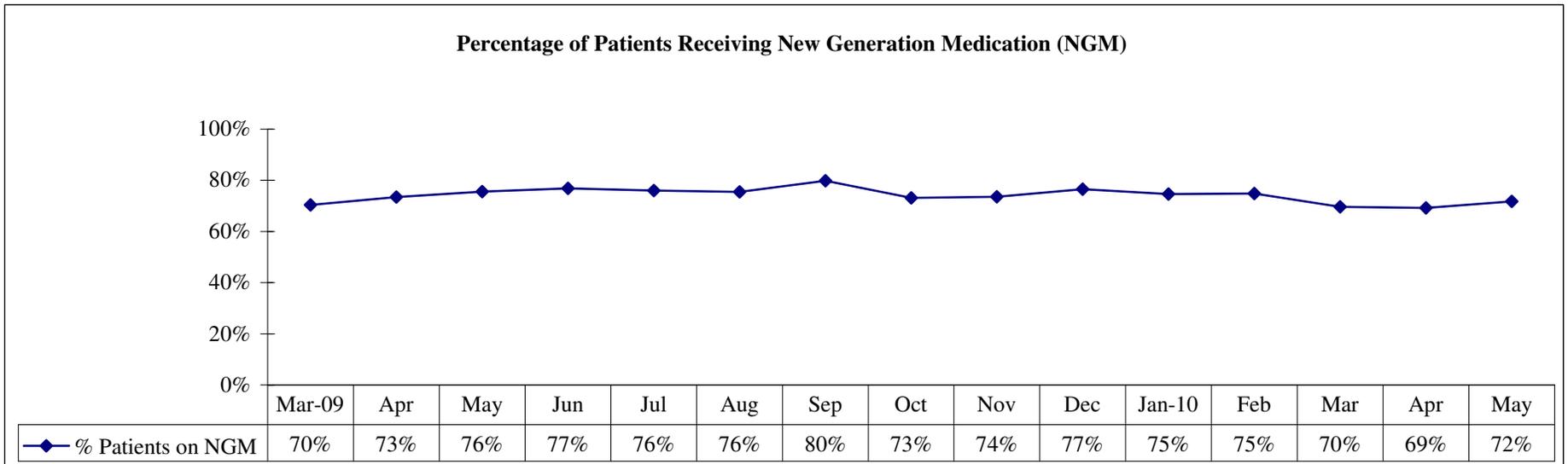
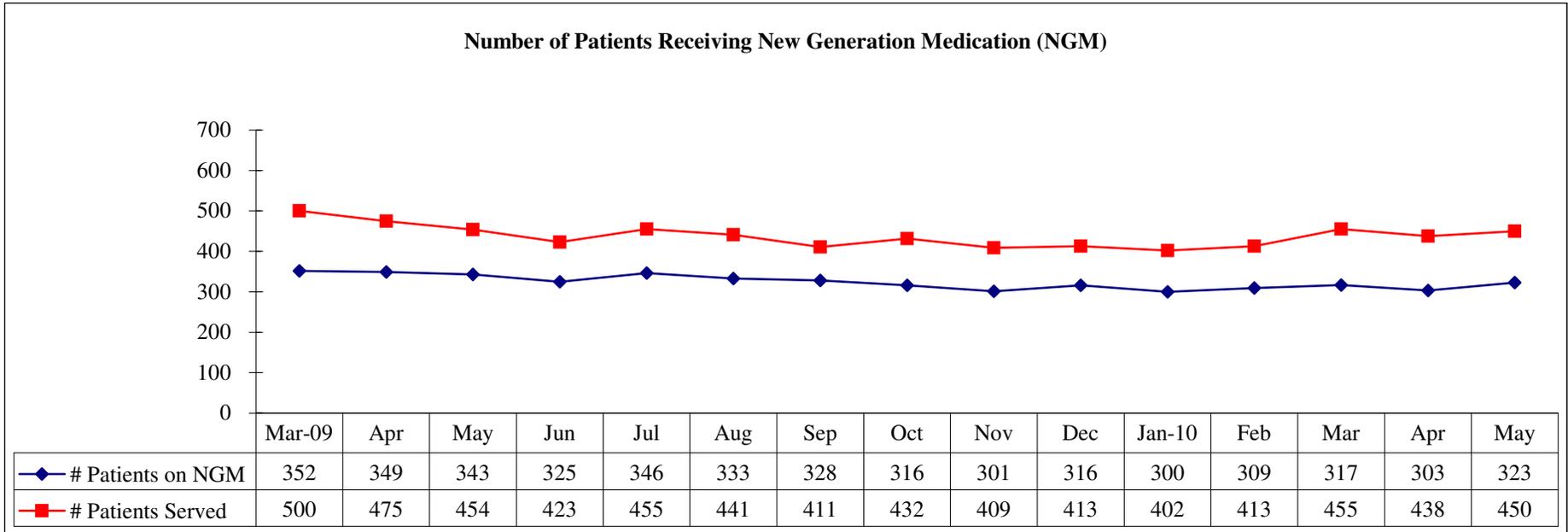
Measure 4A - Patients Receiving New Generation Medication (NGM)

Rusk State Hospital



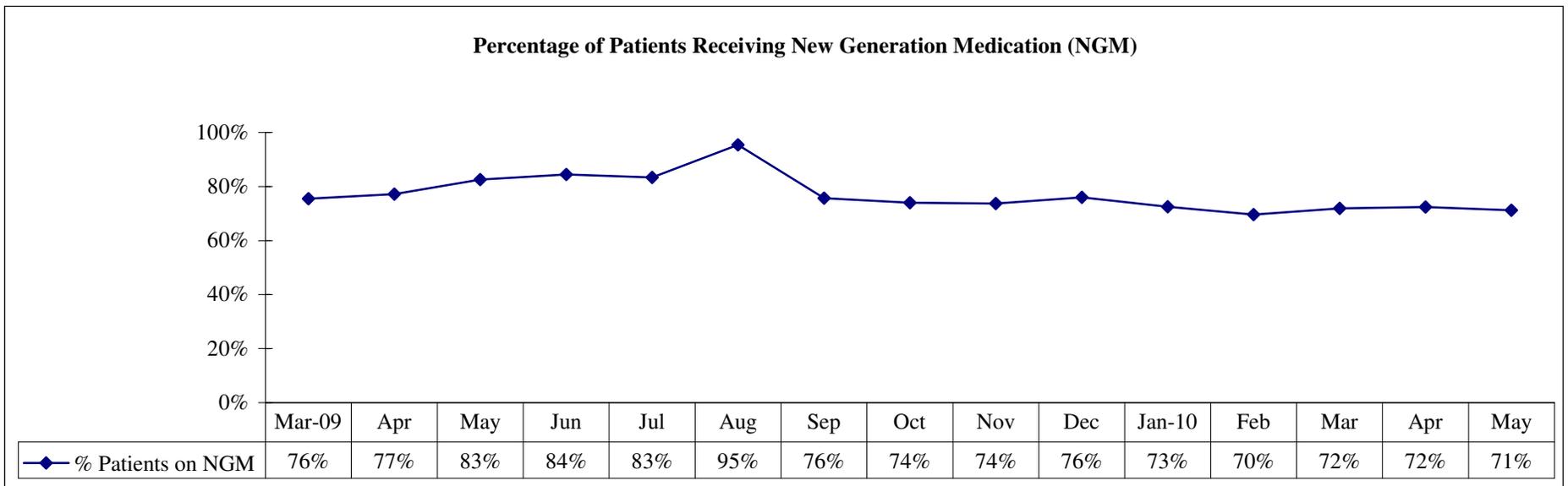
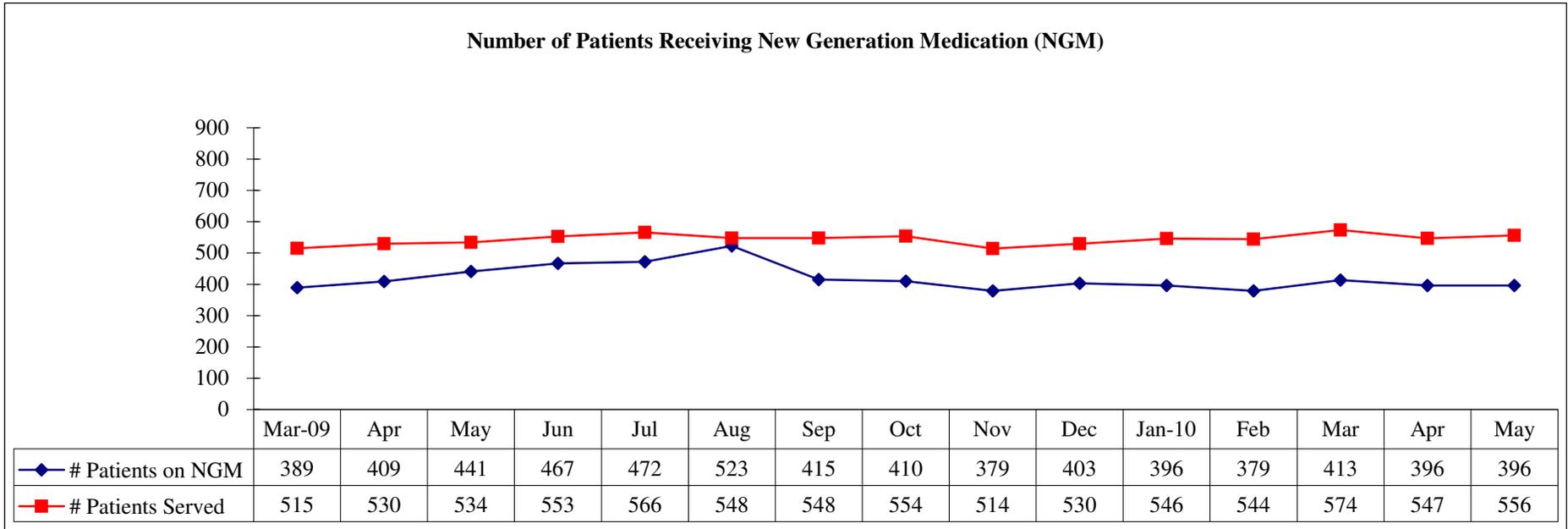
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

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



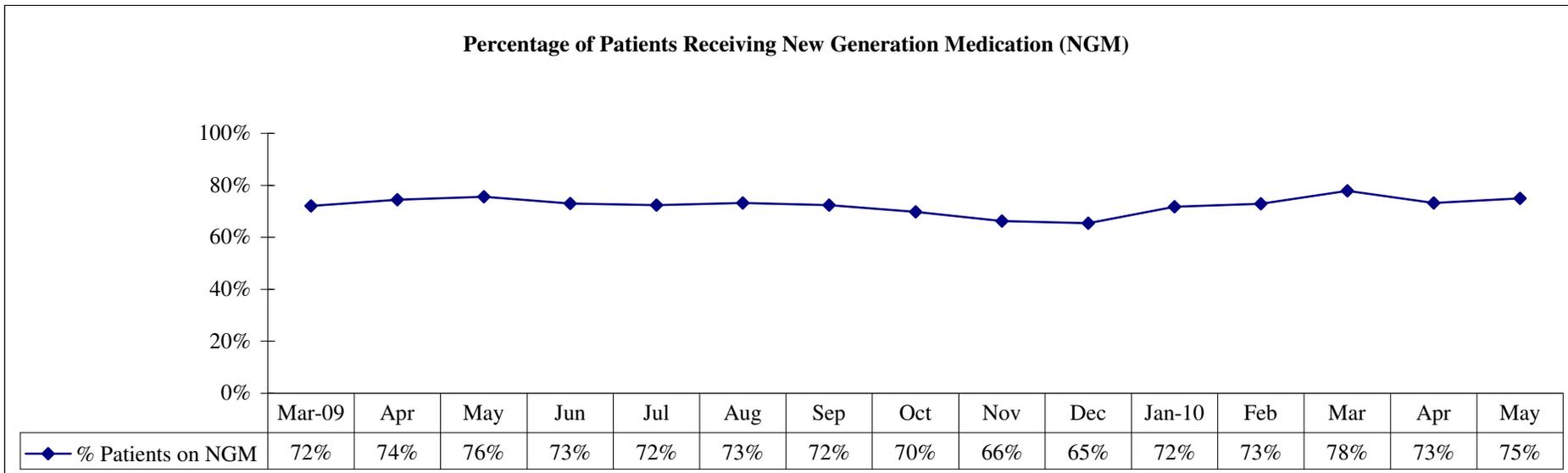
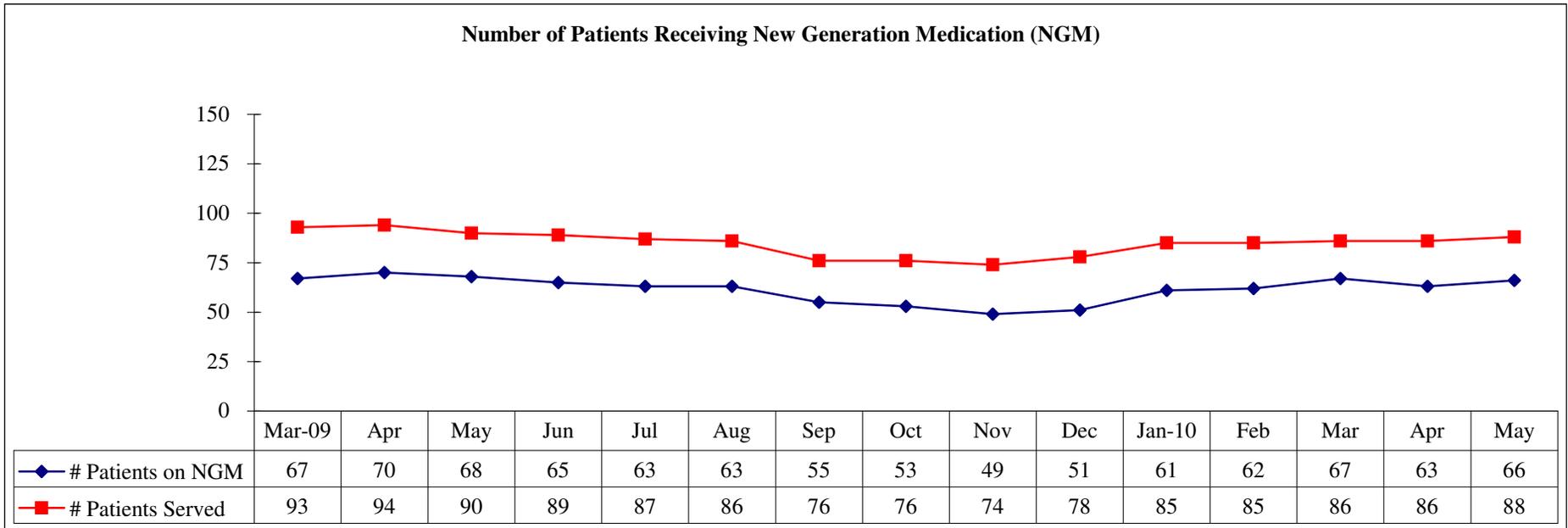
Source: HMDS # of Pts on NGM Report;
 Counts of Persons Receiving MH Services (HC027245)

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



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

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



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

Performance Measure 4B:

Analyze and report the costs of antipsychotic medications.

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

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

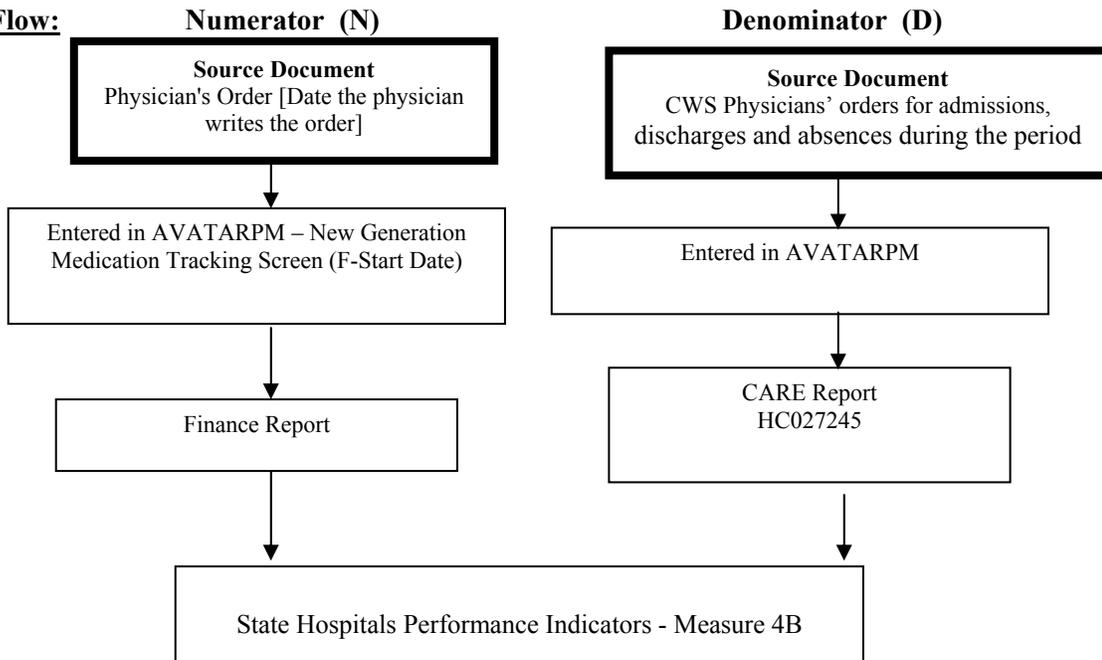
N = total dollar amount spent on new generation medications per hospital per month.

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

Performance Measure Data Display and Chart Description:

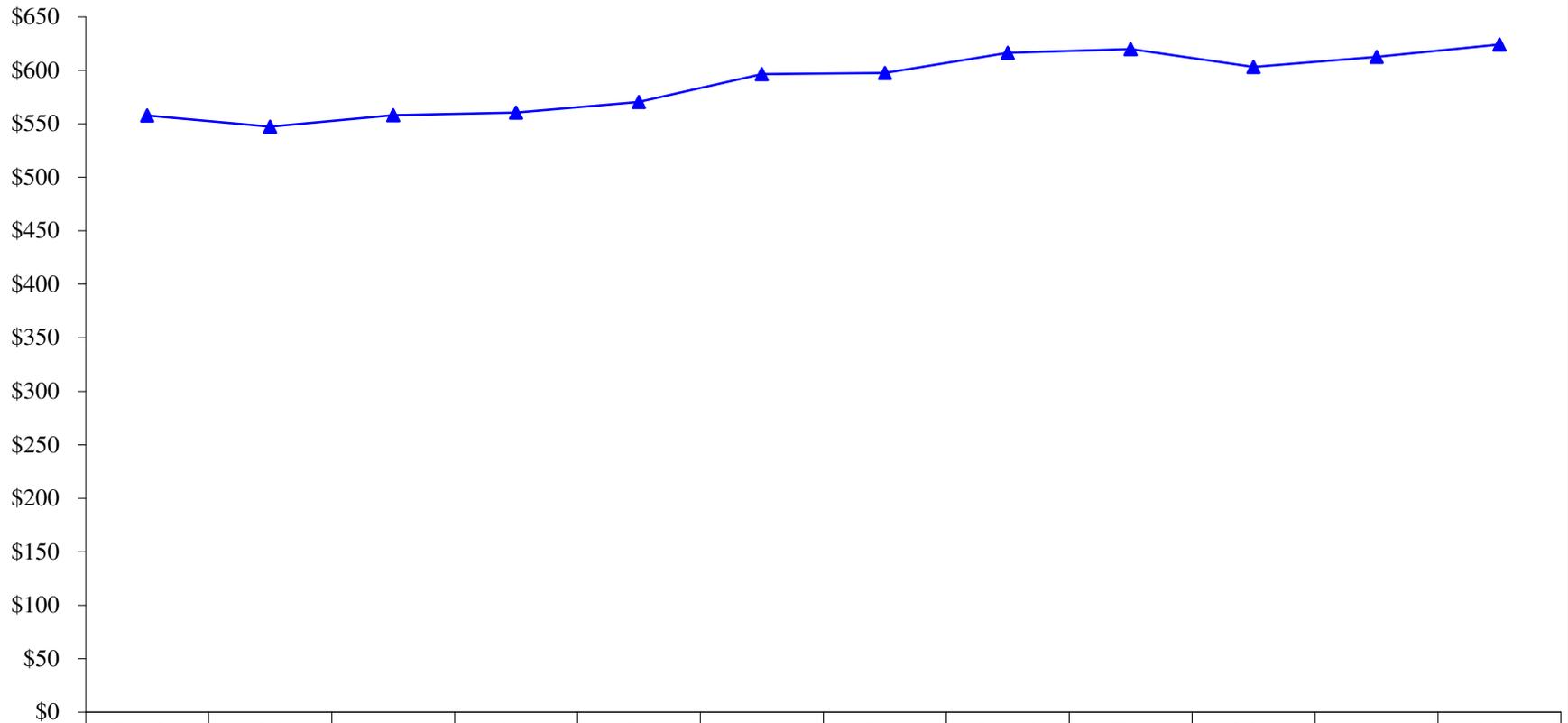
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

Data Flow:



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

Average Cost of Antipsychotic Medications per Patient per Month



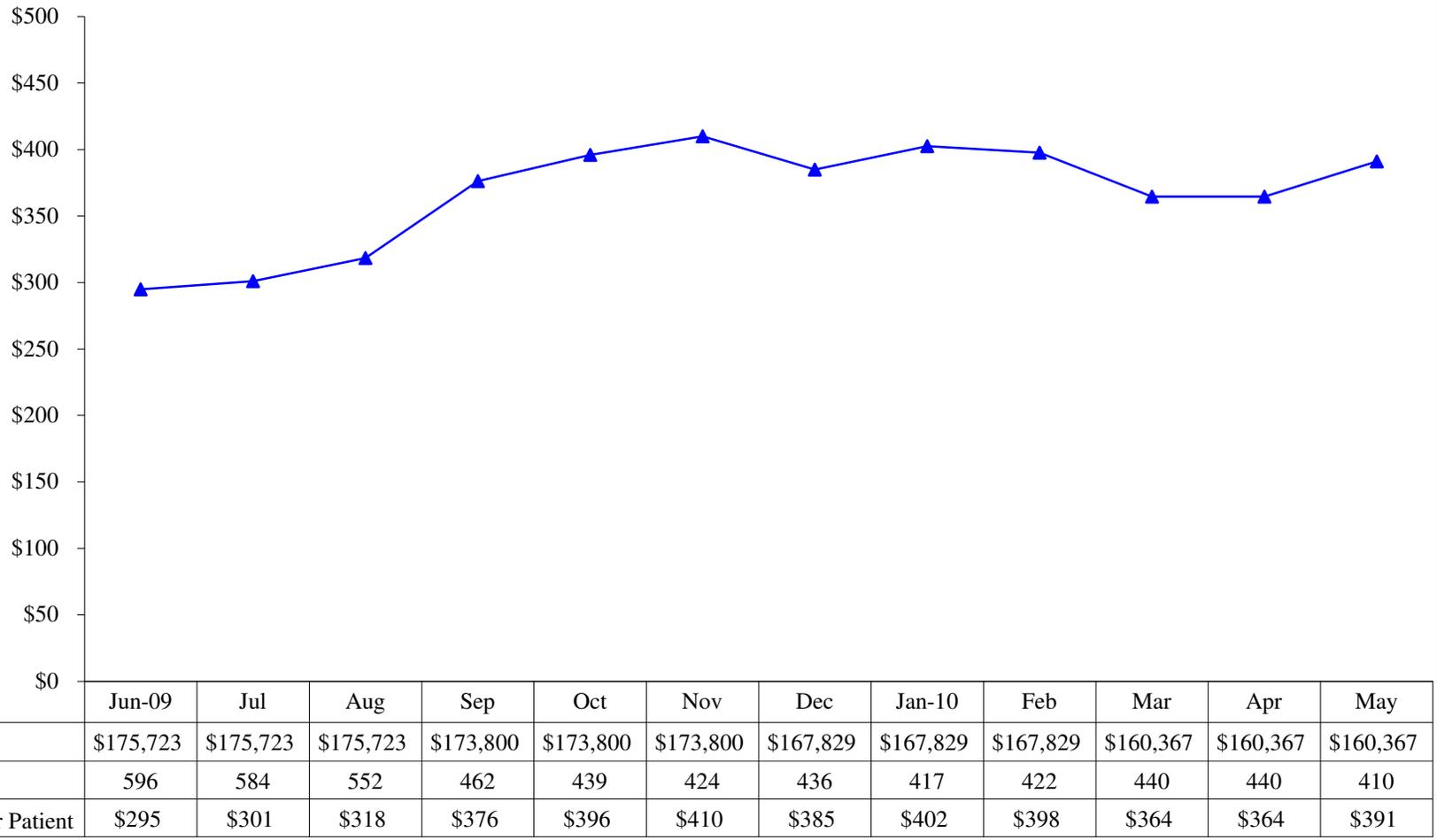
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

Average Cost of Antipsychotic Medications per Patient per Month



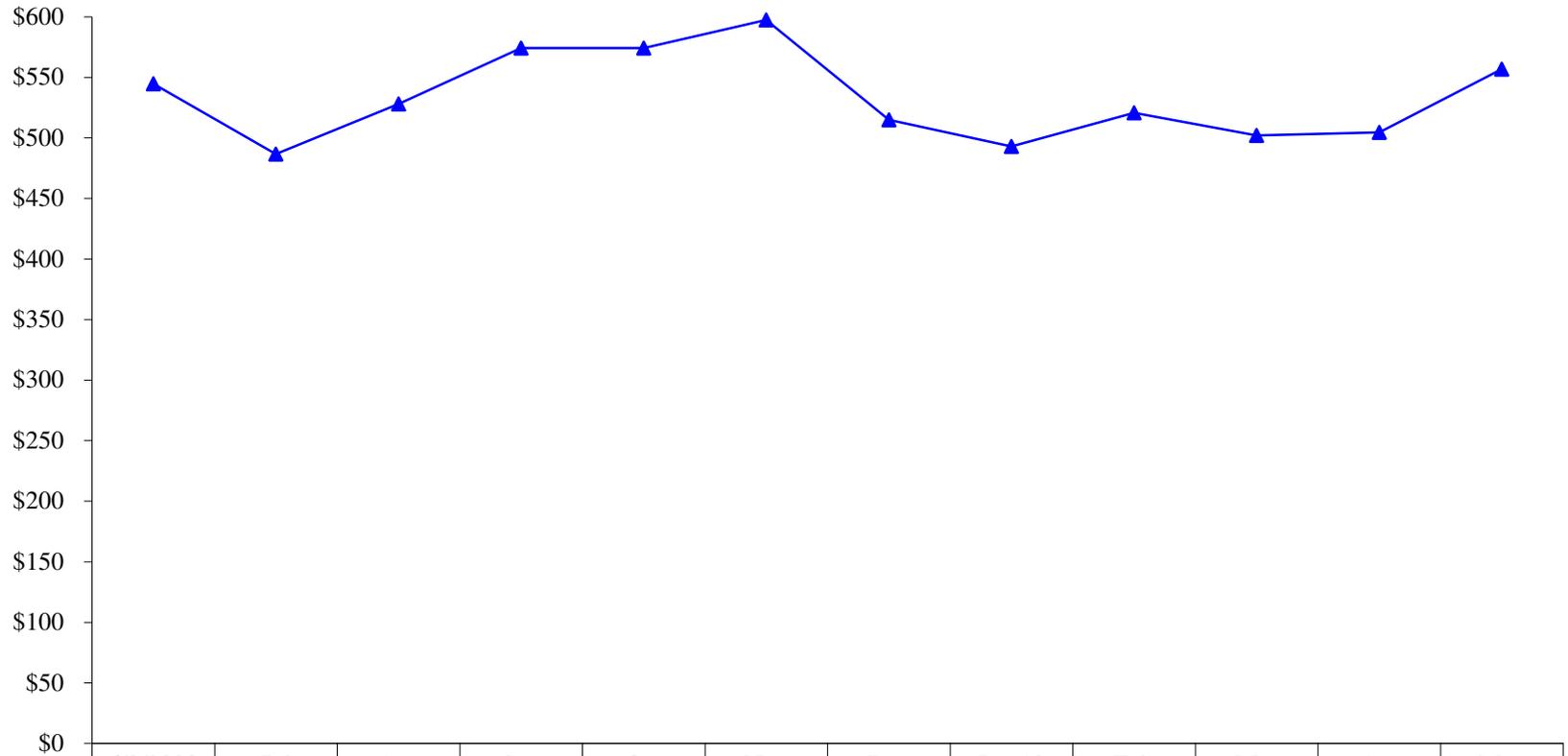
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

Average Cost of Antipsychotic Medications per Patient per Month



	6/9/2009	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Cost*	\$105,112	\$105,112	\$105,112	\$102,781	\$102,781	\$102,781	\$92,194	\$92,194	\$92,194	\$96,891	\$96,891	\$96,891
# of Pts on NGM	193	216	199	179	179	172	179	187	177	193	192	174
▲ Average Cost per Patient	\$545	\$487	\$528	\$574	\$574	\$598	\$515	\$493	\$521	\$502	\$505	\$557

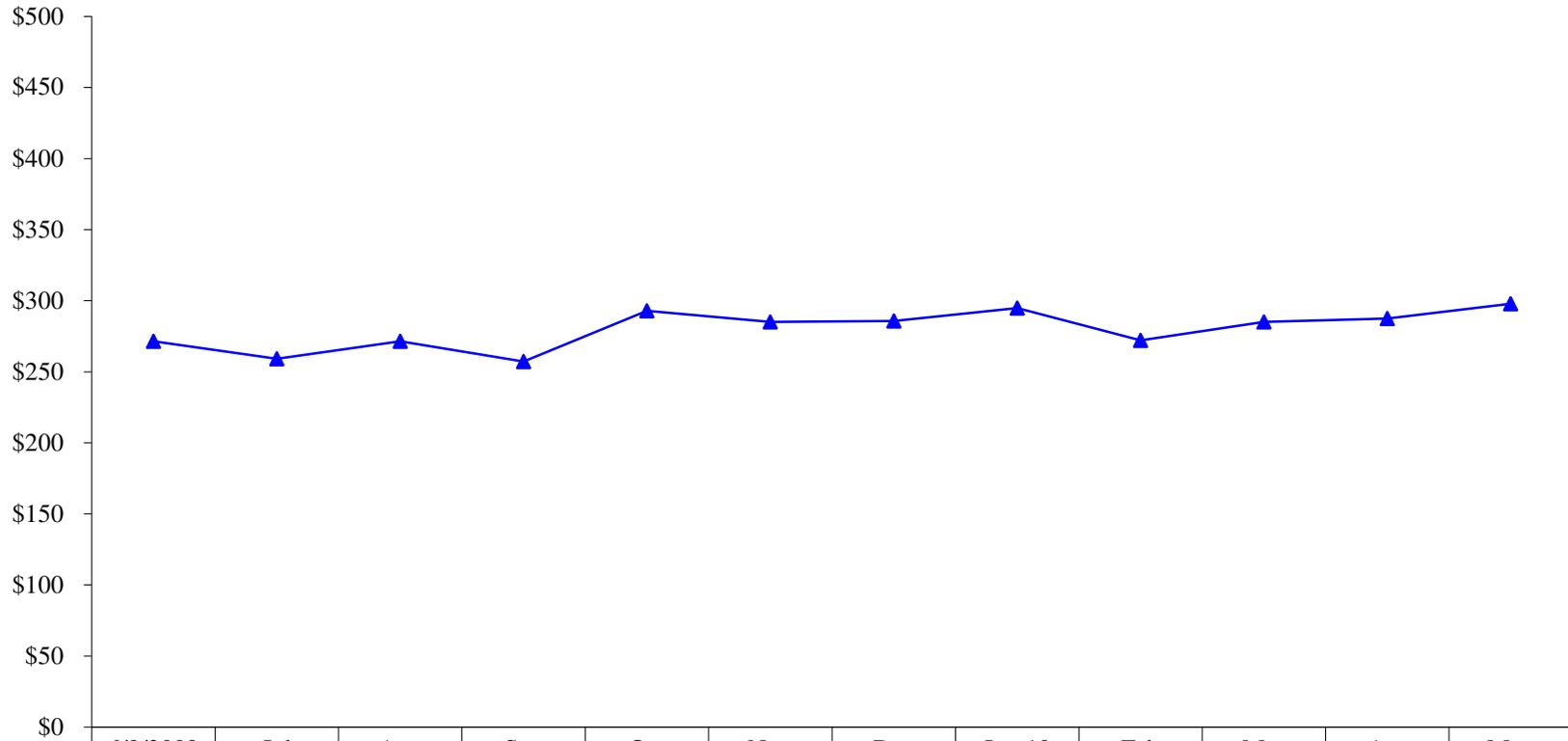
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

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

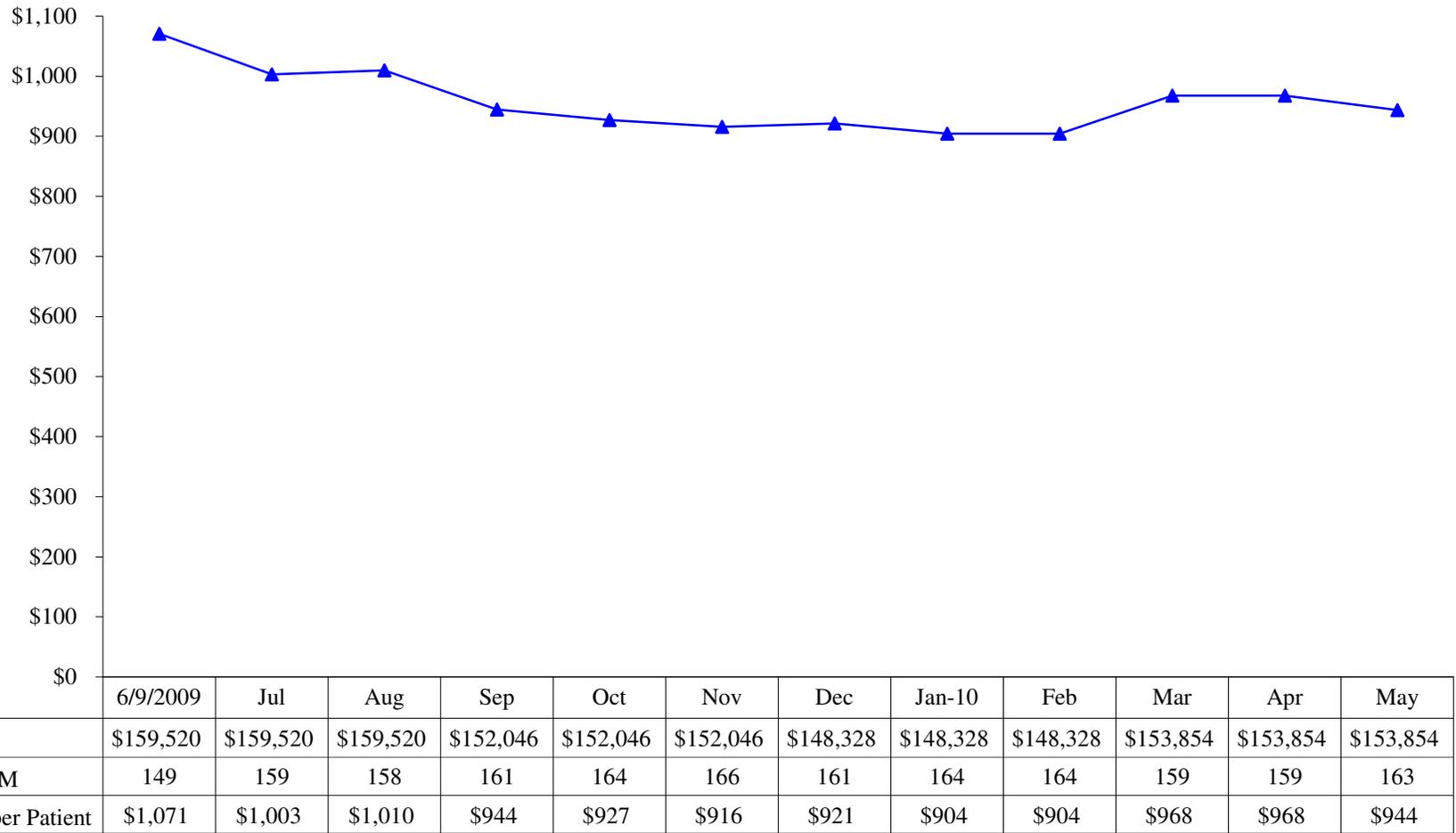
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

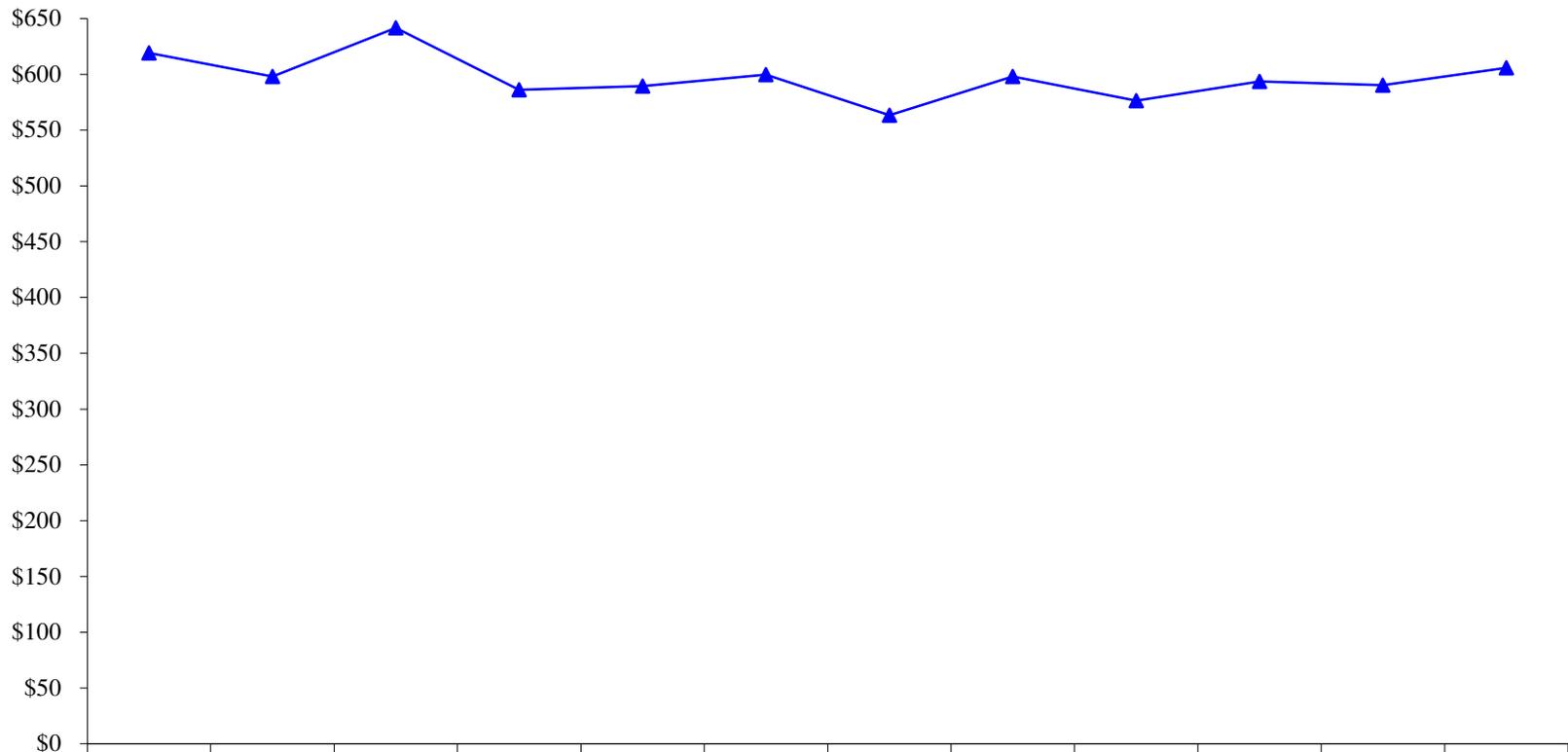
Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

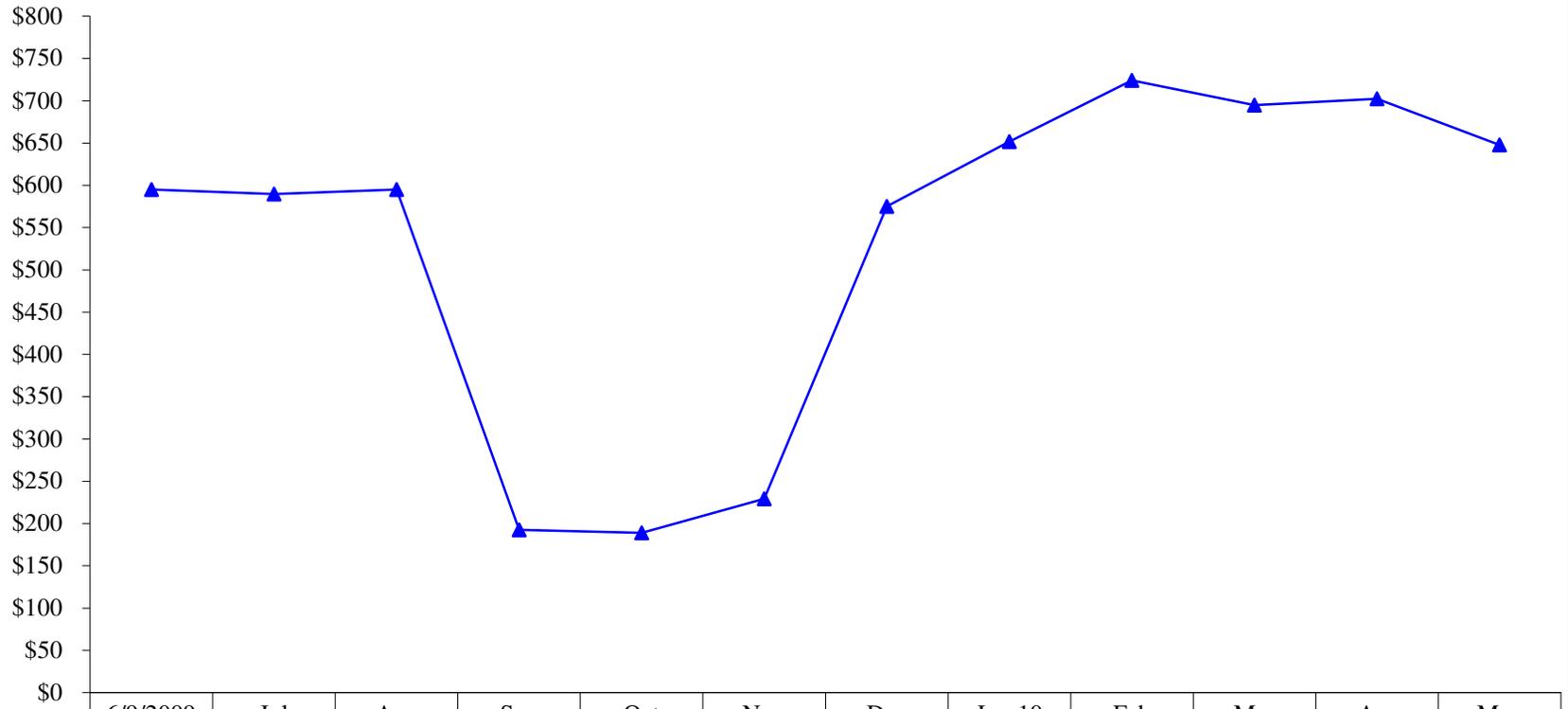


	6/9/2009	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Cost*	\$334,382	\$334,382	\$334,382	\$308,830	\$308,830	\$308,830	\$300,876	\$300,876	\$300,876	\$319,941	\$319,941	\$319,941
# of Pts on NGM	540	559	521	527	524	515	534	503	522	539	542	528
—▲ Average Cost per Patient	\$619	\$598	\$642	\$586	\$589	\$600	\$563	\$598	\$576	\$594	\$590	\$606

* Average Monthly Cost per Quarter

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

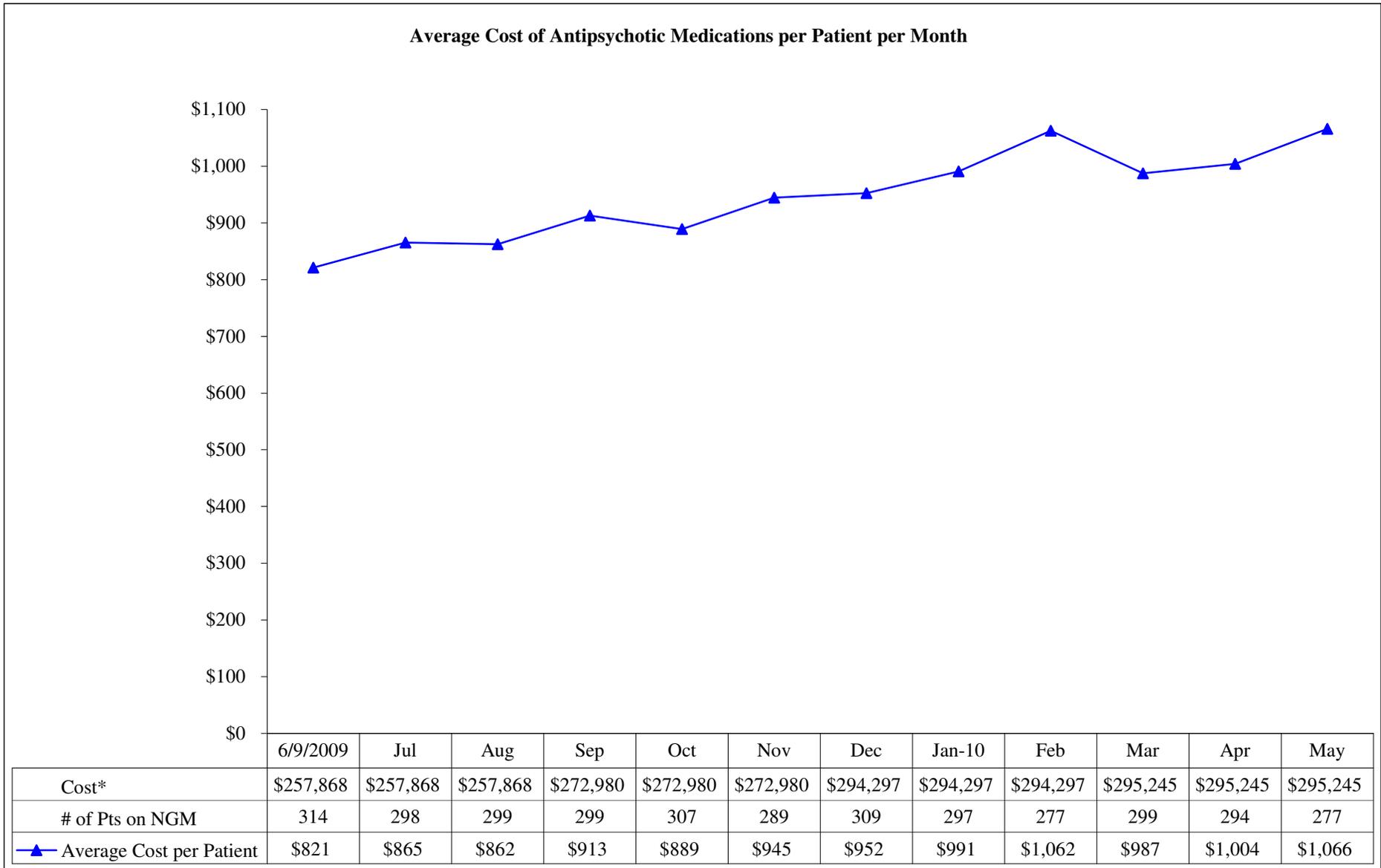
Average Cost of Antipsychotic Medications per Patient per Month



	6/9/2009	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Cost*	\$62,489	\$62,489	\$62,489	\$20,412	\$20,412	\$20,412	\$58,659	\$58,659	\$58,659	\$66,720	\$66,720	\$66,720
# of Pts on NGM	105	106	105	106	108	89	102	90	81	96	95	103
▲ Average Cost per Patient	\$595	\$590	\$595	\$193	\$189	\$229	\$575	\$652	\$724	\$695	\$702	\$648

* Average Monthly Cost per Quarter

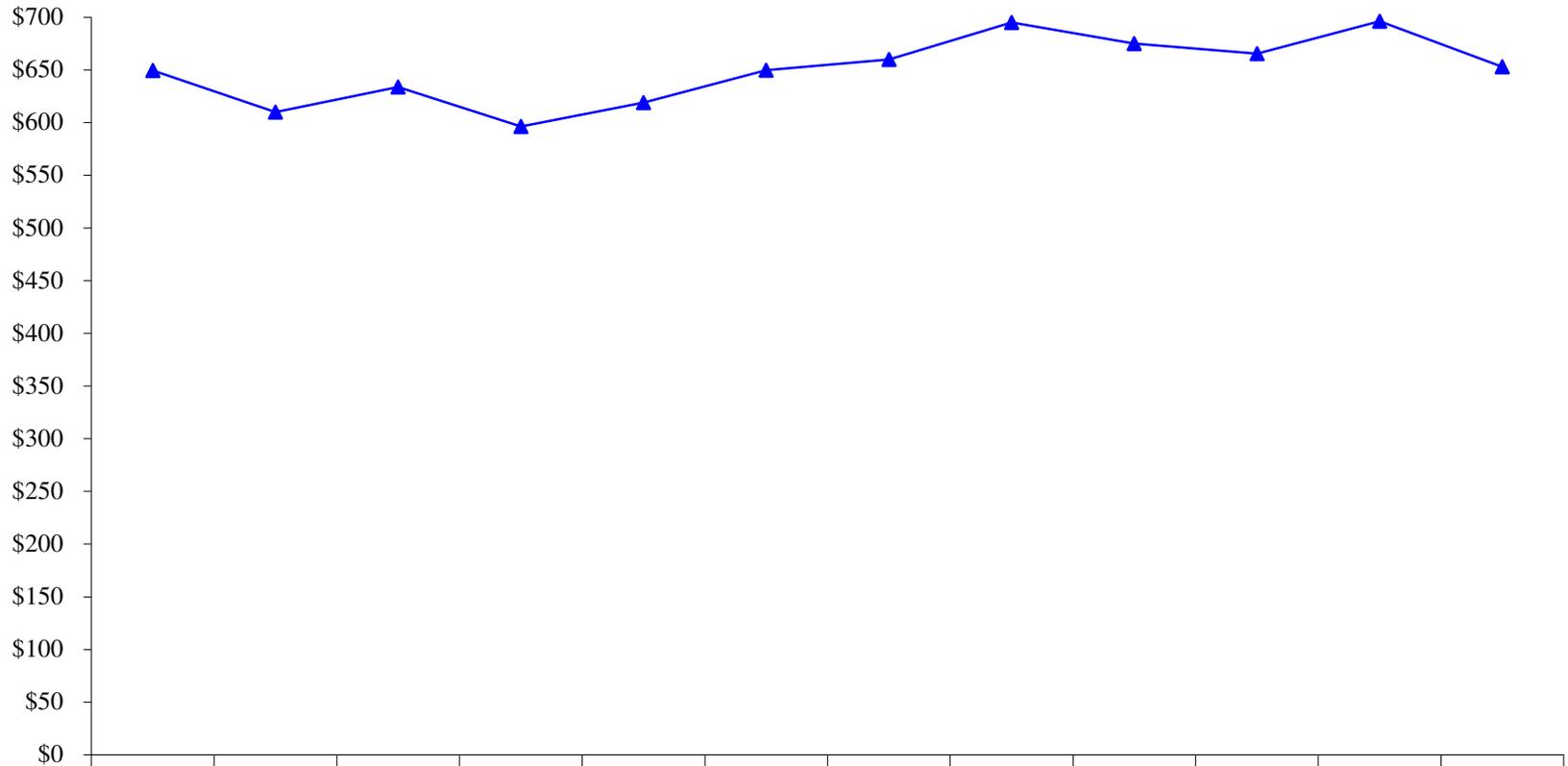
Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital



* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

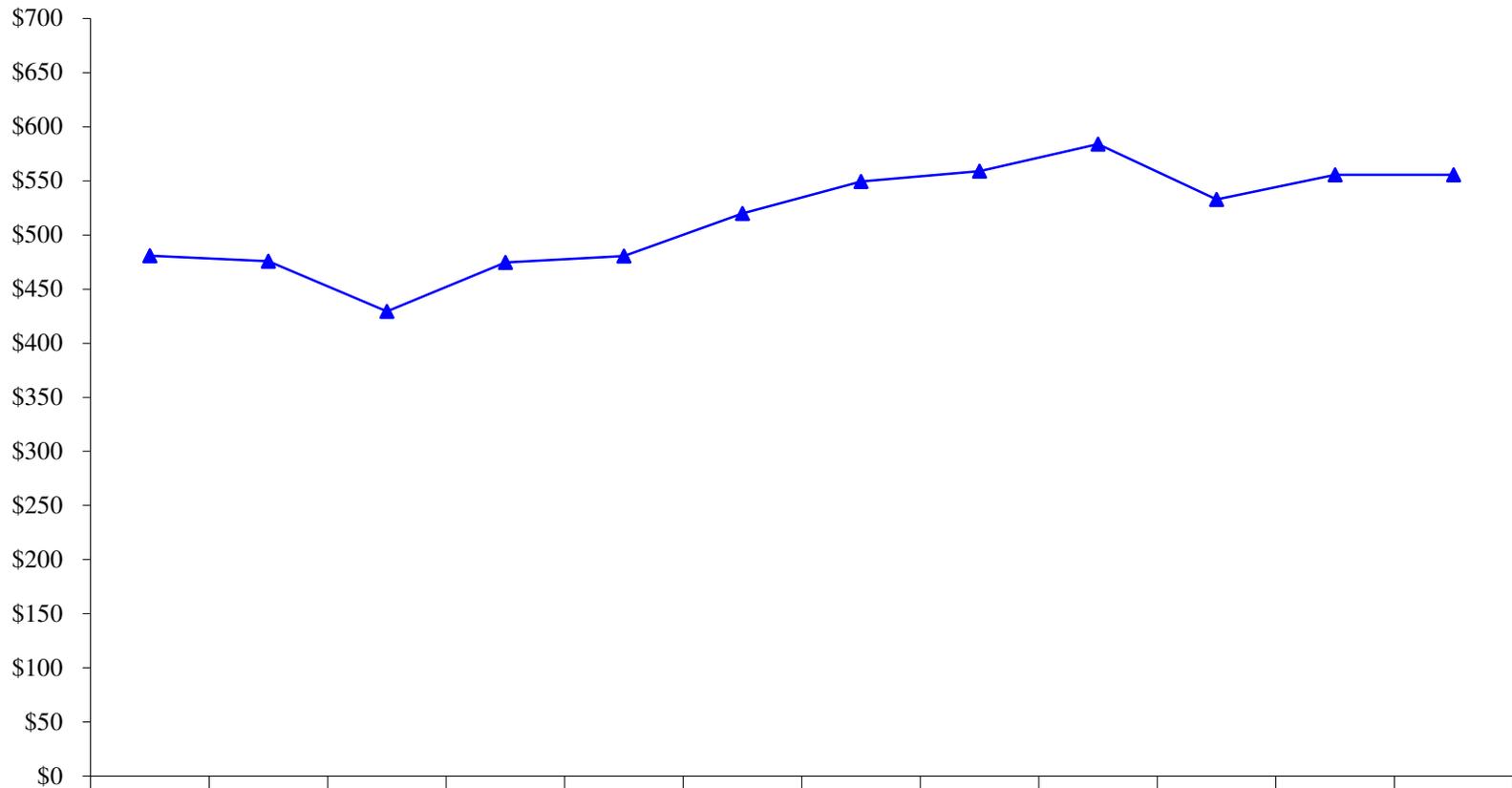


	6/9/2009	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Cost*	\$211,056	\$211,056	\$211,056	\$195,596	\$195,596	\$195,596	\$208,549	\$208,549	\$208,549	\$210,934	\$210,934	\$210,934
# of Pts on NGM	325	346	333	328	316	301	316	300	309	317	303	323
▲ Average Cost per Patient	\$649	\$610	\$634	\$596	\$619	\$650	\$660	\$695	\$675	\$665	\$696	\$653

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month

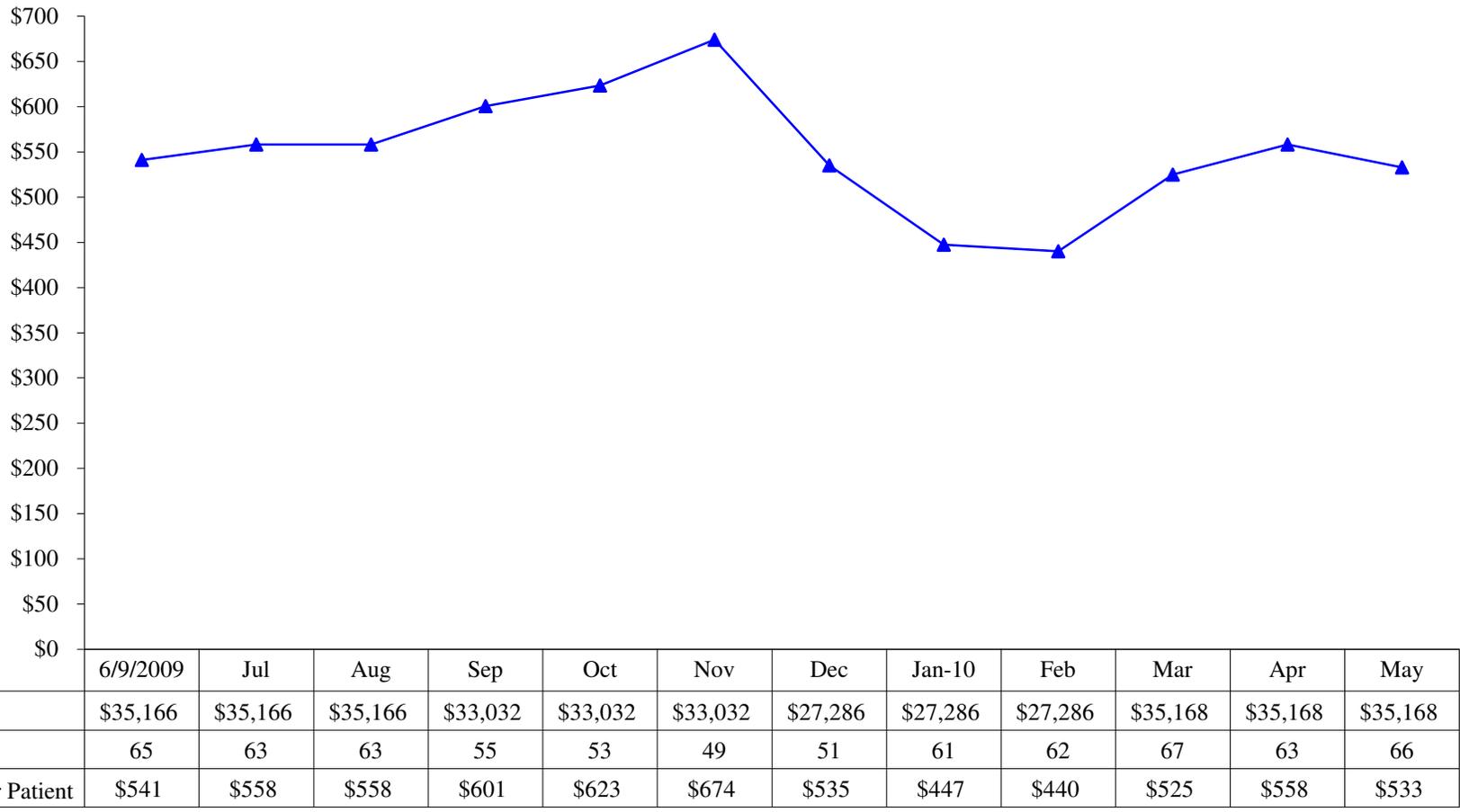


	6/9/2009	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Cost*	\$224,596	\$224,596	\$224,596	\$197,002	\$197,002	\$197,002	\$221,344	\$221,344	\$221,344	\$219,989	\$219,989	\$219,989
# of Pts on NGM	467	472	523	415	410	379	403	396	379	413	396	396
▲ Average Cost per Patient	\$481	\$476	\$429	\$475	\$480	\$520	\$549	\$559	\$584	\$533	\$556	\$556

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

Performance Measure 4C:

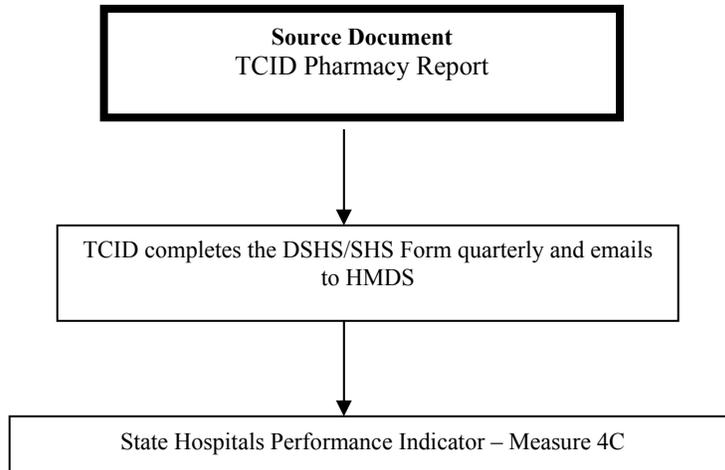
Analyze and report the cost of TB medications.

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

Performance Measure Formula: No formula – continuous variable.

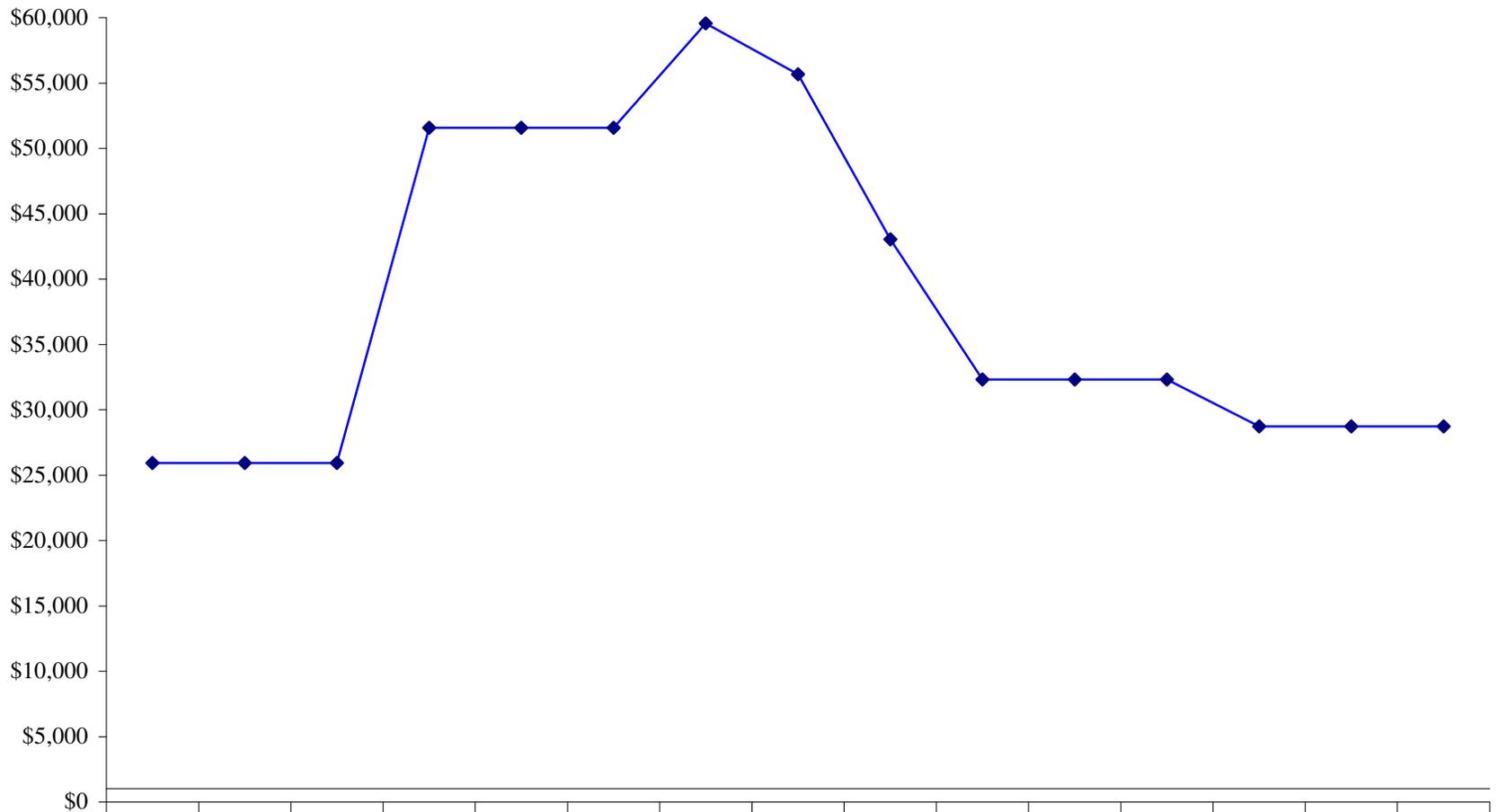
Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



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

Cost of TB Medications



◆ Tuberculosis Med Cost	\$25,938	\$25,938	\$25,938	\$51,583	\$51,583	\$51,583	\$59,562	\$55,678	\$43,043	\$32,318	\$32,318	\$32,318	\$28,732	\$28,732	\$28,732
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Performance Measure 4D:

Report scan rates for medications administered utilizing MEDIMAR System.

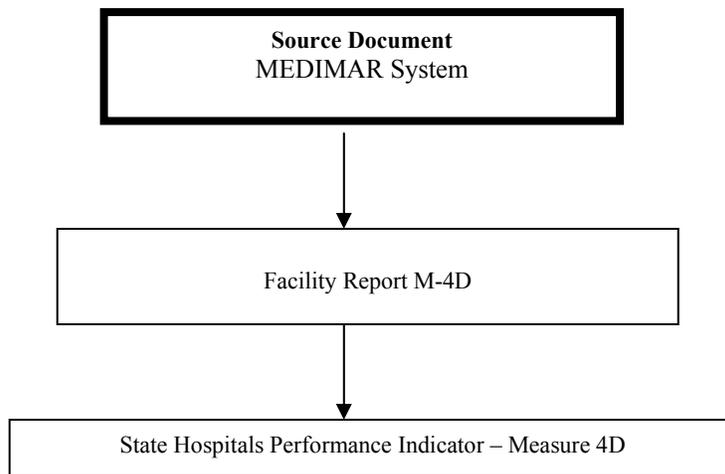
Performance Measure Operational Definition: MediMAR System scan rates for medications.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

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

Data Flow:



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

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

NA = MediMAR has not been implemented at facility

GOAL 5: Assure Continuum of Care

Performance Objective 5A:

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

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

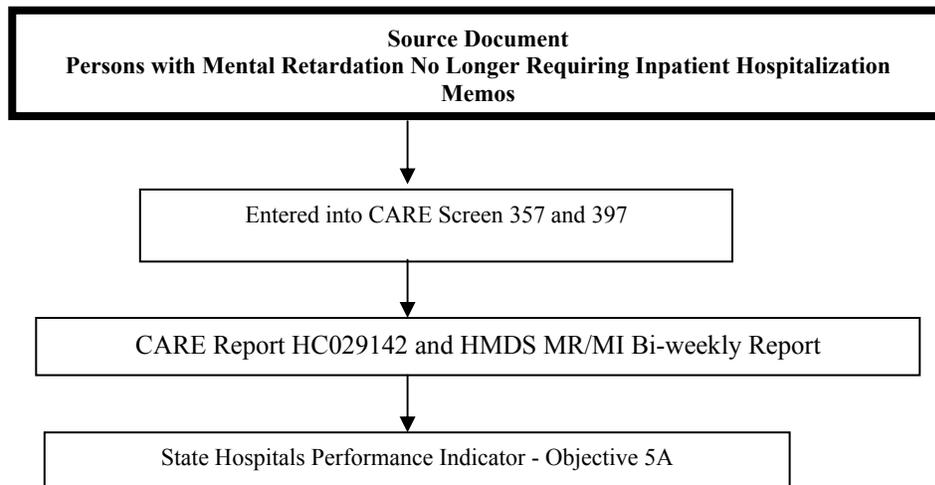
Performance Objective Formula:

R = Rate of dually diagnosed patients admitted every two weeks to the state hospitals.
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.
D = Number of admitted dually diagnosed patients who are eligible to be placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

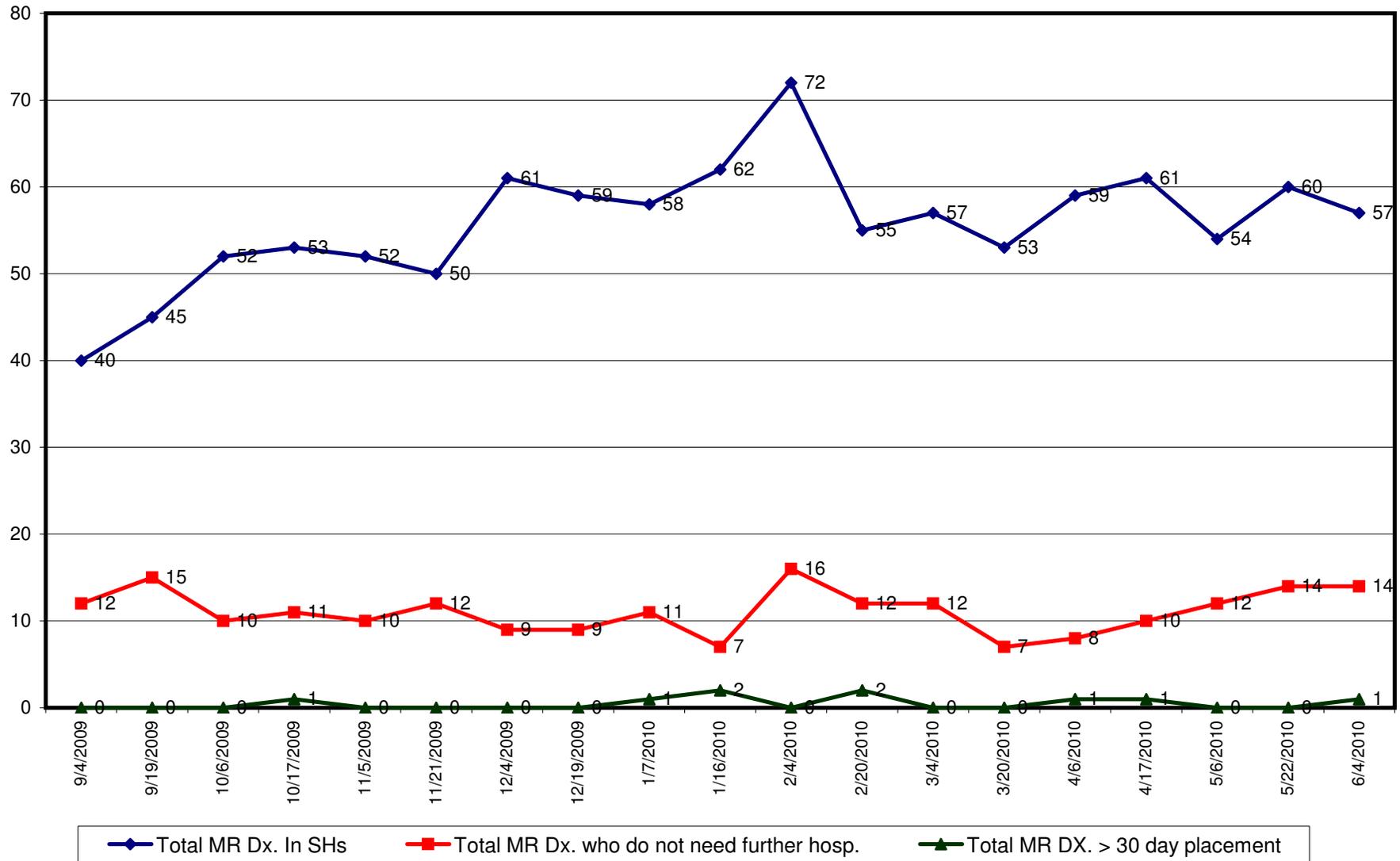
Performance Objective Data Display and Chart Description:

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

Data Flow:



Persons with MR Diagnosis in SHs



Performance Measure 5A:

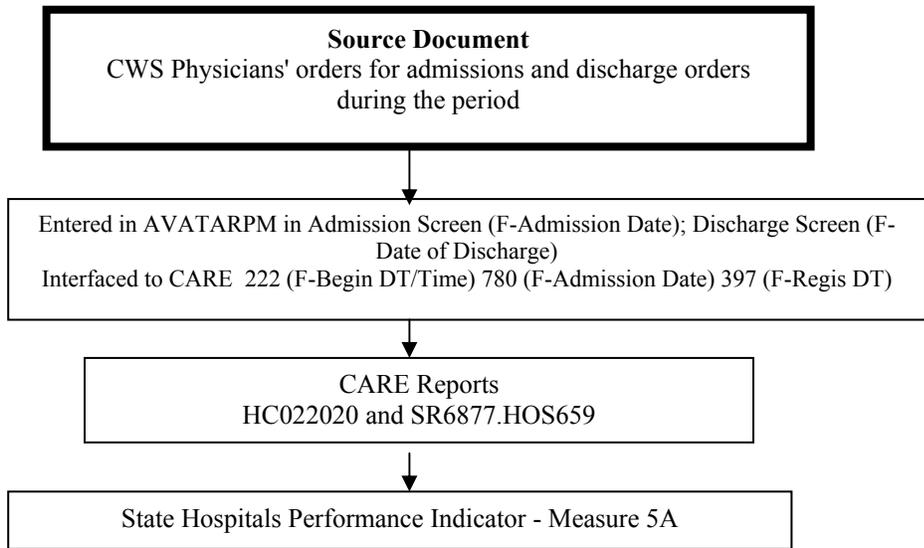
Calculate and report number and type of all admissions, discharges, and the percentage of patients new to the system.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:

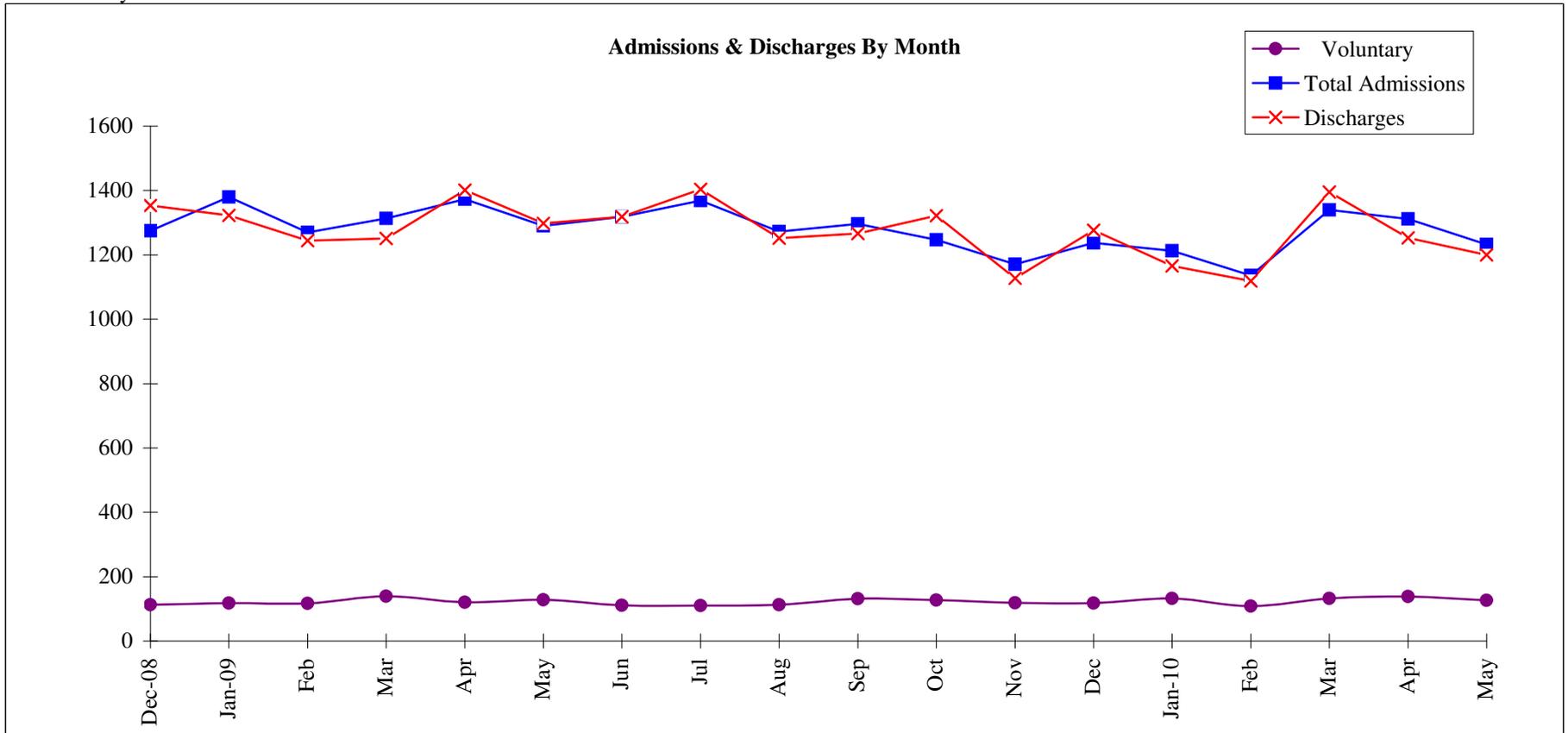


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

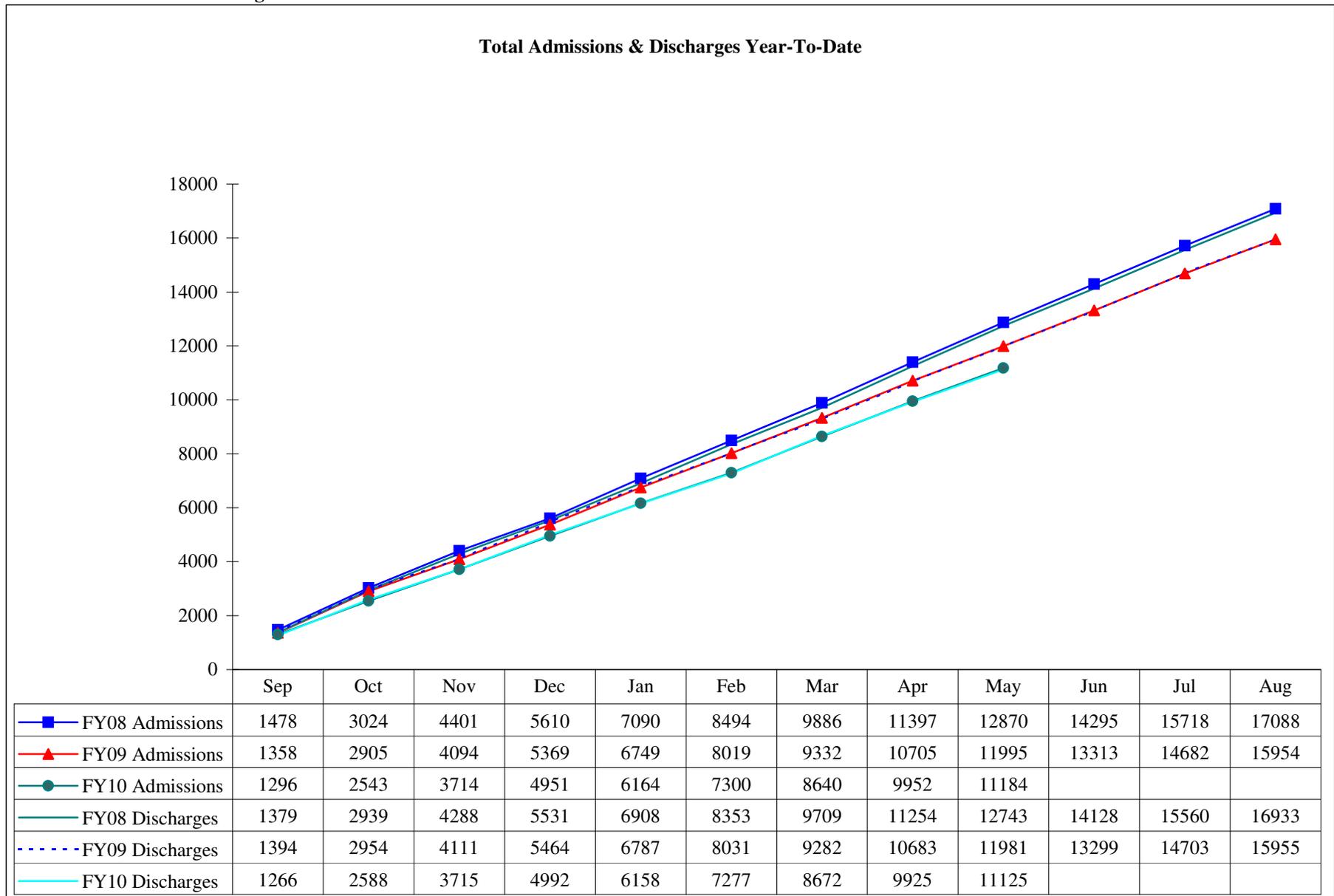
All State MH Hospitals

Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	1275	1380	1270	1313	1373	1290	1318	1369	1272	1296	1247	1171	1237	1213	1136	1340	1312	1232
Voluntary	113	118	117	139	120	128	111	110	113	131	127	119	118	132	108	132	138	126
Involuntary	1162	1262	1153	1174	1253	1162	1207	1259	1159	1165	1120	1052	1119	1081	1028	1208	1174	1106
OPC	313	325	293	295	299	279	296	314	296	277	275	245	283	293	289	346	321	290
Emergency	610	613	540	598	622	598	589	623	567	576	590	547	553	559	497	556	586	528
Temporary	107	139	122	124	144	125	168	129	120	145	118	103	109	106	107	132	133	123
Extended	3	6	9	6	4	6	3	4	5	4	3	3	2	2	2	5	4	3
Forensic	110	160	171	131	163	136	128	170	150	141	119	140	157	99	108	147	113	145
Order for MR S	19	19	18	20	21	18	23	19	21	22	15	14	15	22	25	22	17	17
Discharges	1353	1323	1244	1251	1401	1298	1318	1404	1252	1266	1322	1127	1277	1166	1119	1395	1253	1200
% New to System	41%	43%	47%	47%	46%	46%	46%	46%	50%	48%	48%	45%	44%	48%	49%	47%	48%	49%

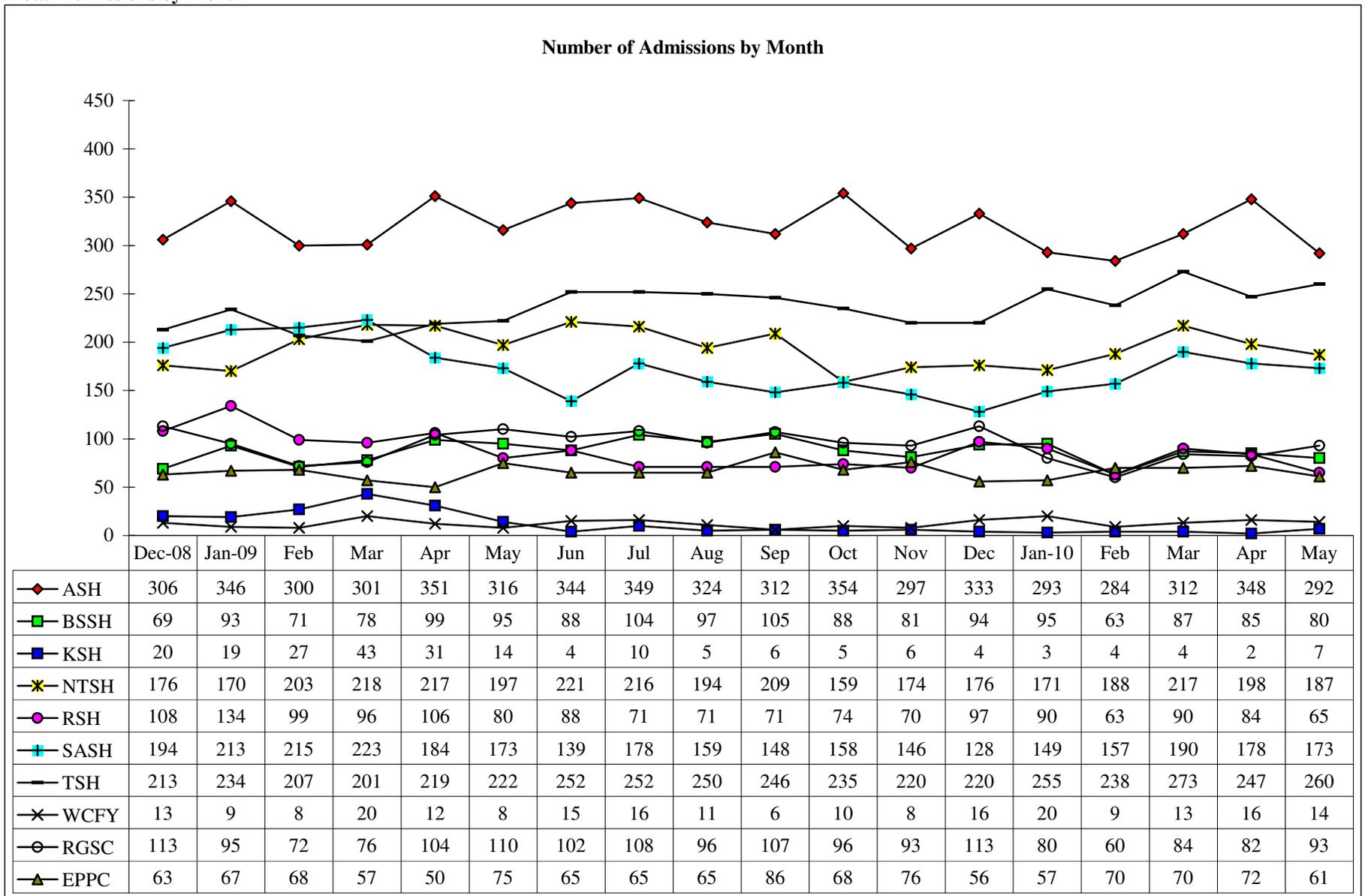


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges

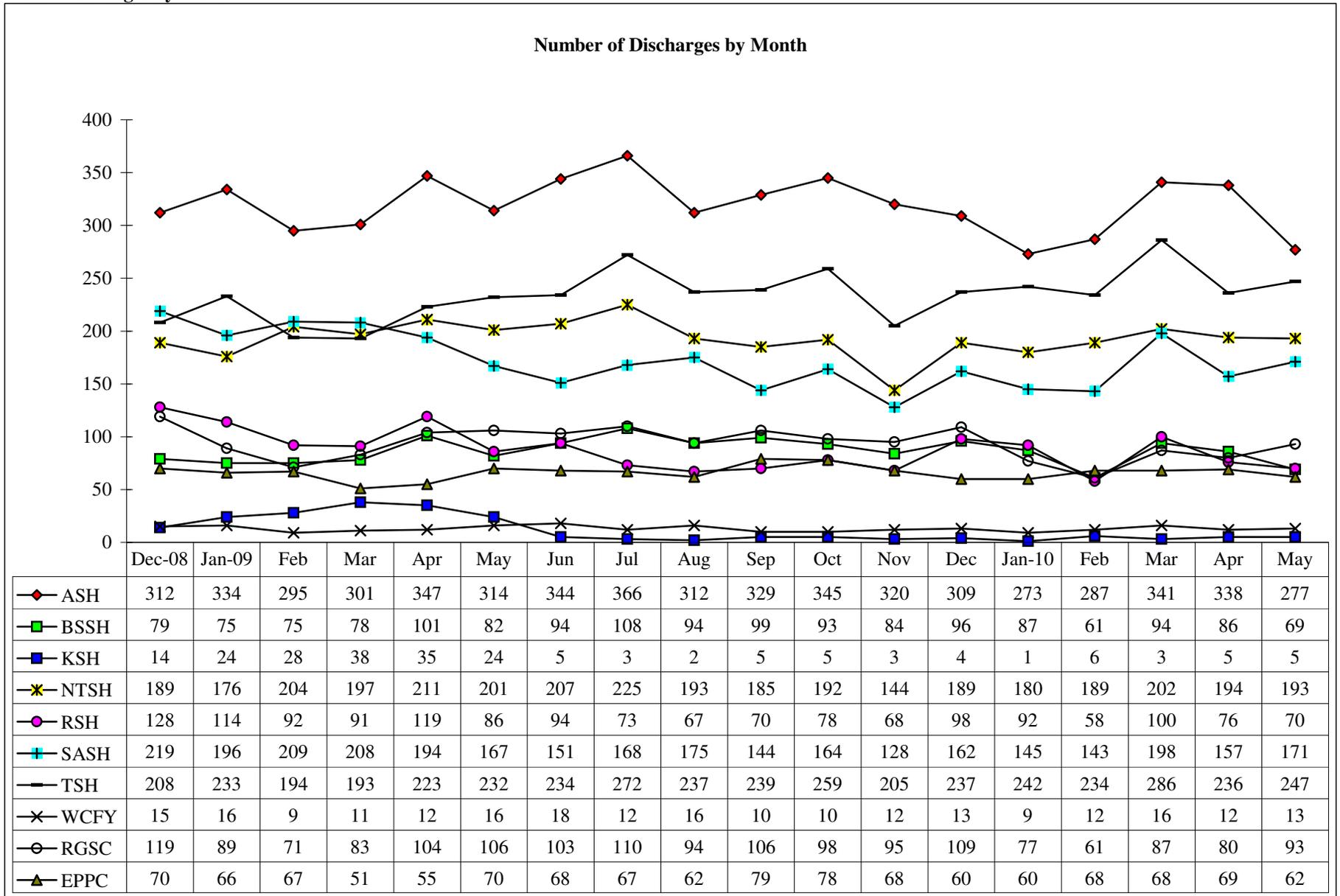


Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



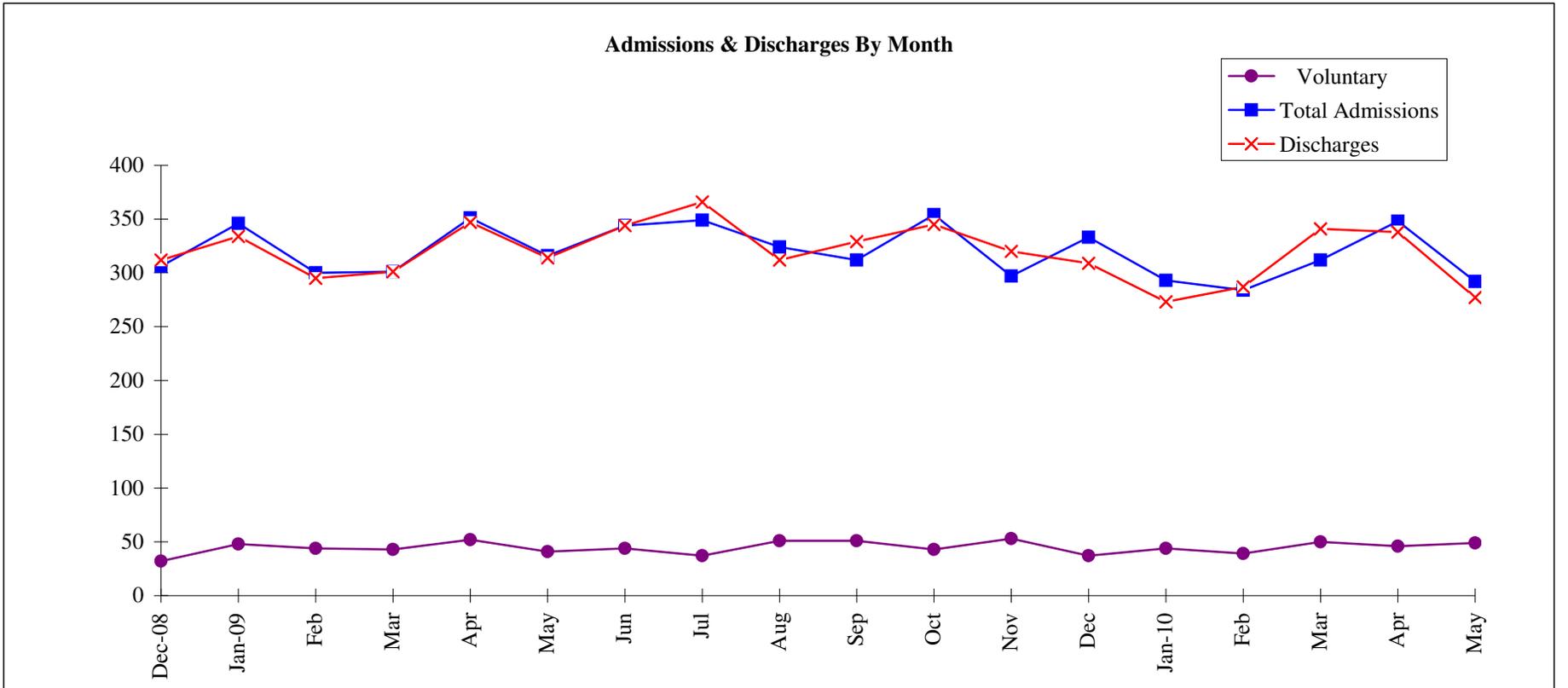
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

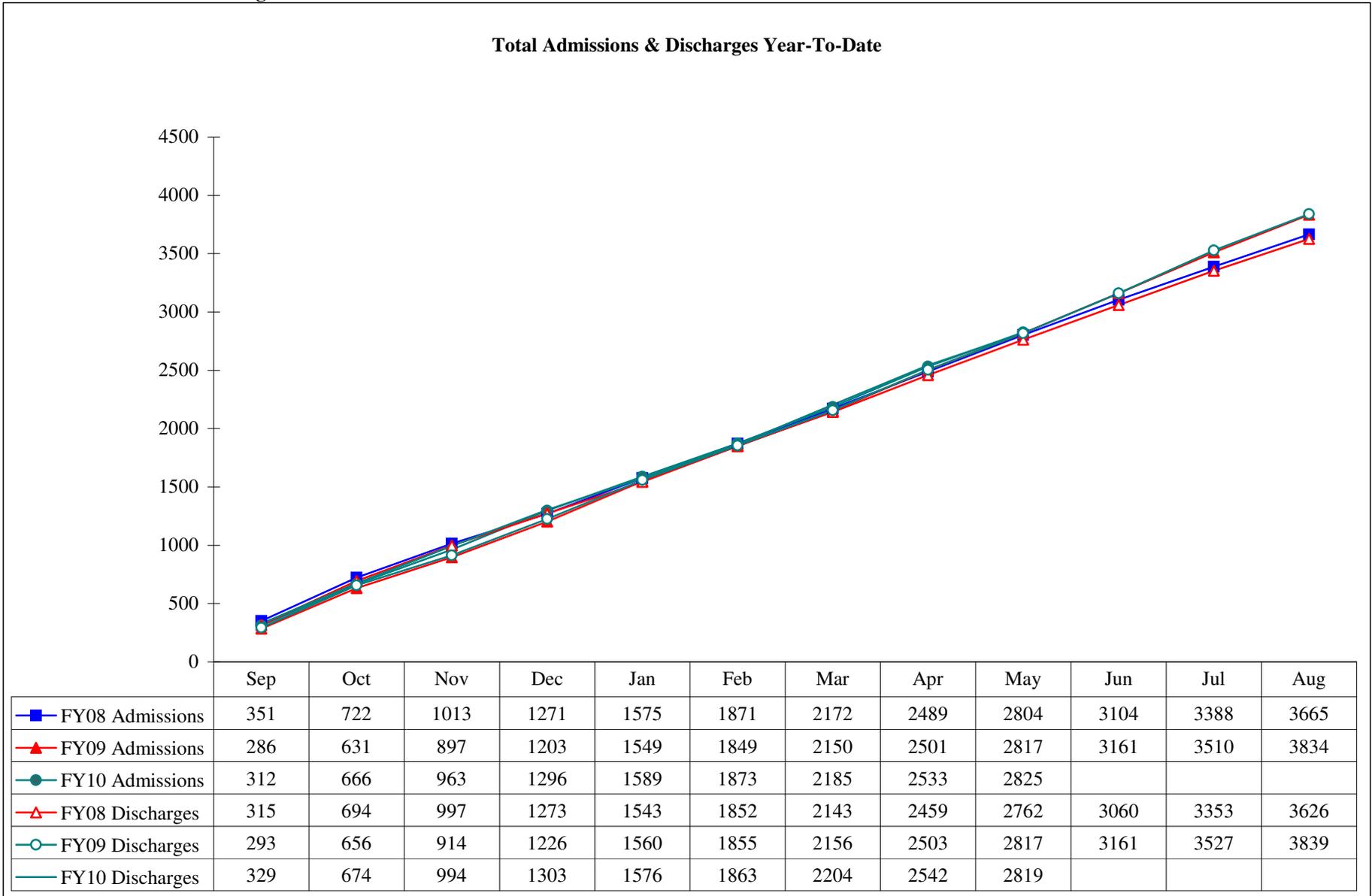
Austin State Hospital

Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	306	346	300	301	351	316	344	349	324	312	354	297	333	293	284	312	348	292
Voluntary	32	48	44	43	52	41	44	37	51	51	43	53	37	44	39	50	46	49
Involuntary	274	298	256	258	299	275	300	312	273	261	311	244	296	249	245	262	302	243
OPC	26	34	29	19	16	7	16	15	17	15	16	12	20	15	15	13	9	19
Emergency	224	231	184	209	232	246	253	267	234	223	271	209	239	219	204	222	258	202
Temporary	7	13	20	13	26	12	15	11	10	12	12	9	13	11	14	9	17	8
Extended	1	2	0	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0
Forensic	16	17	22	16	23	9	14	18	11	10	11	14	23	4	11	16	17	14
Order for MR	0	1	1	1	2	0	1	1	1	1	1	0	1	0	1	0	1	0
Discharges	312	334	295	301	347	314	344	366	312	329	345	320	309	273	287	341	338	277
% New to System	42%	44%	47%	46%	46%	46%	51%	49%	54%	51%	48%	45%	48%	51%	50%	48%	49%	49%



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

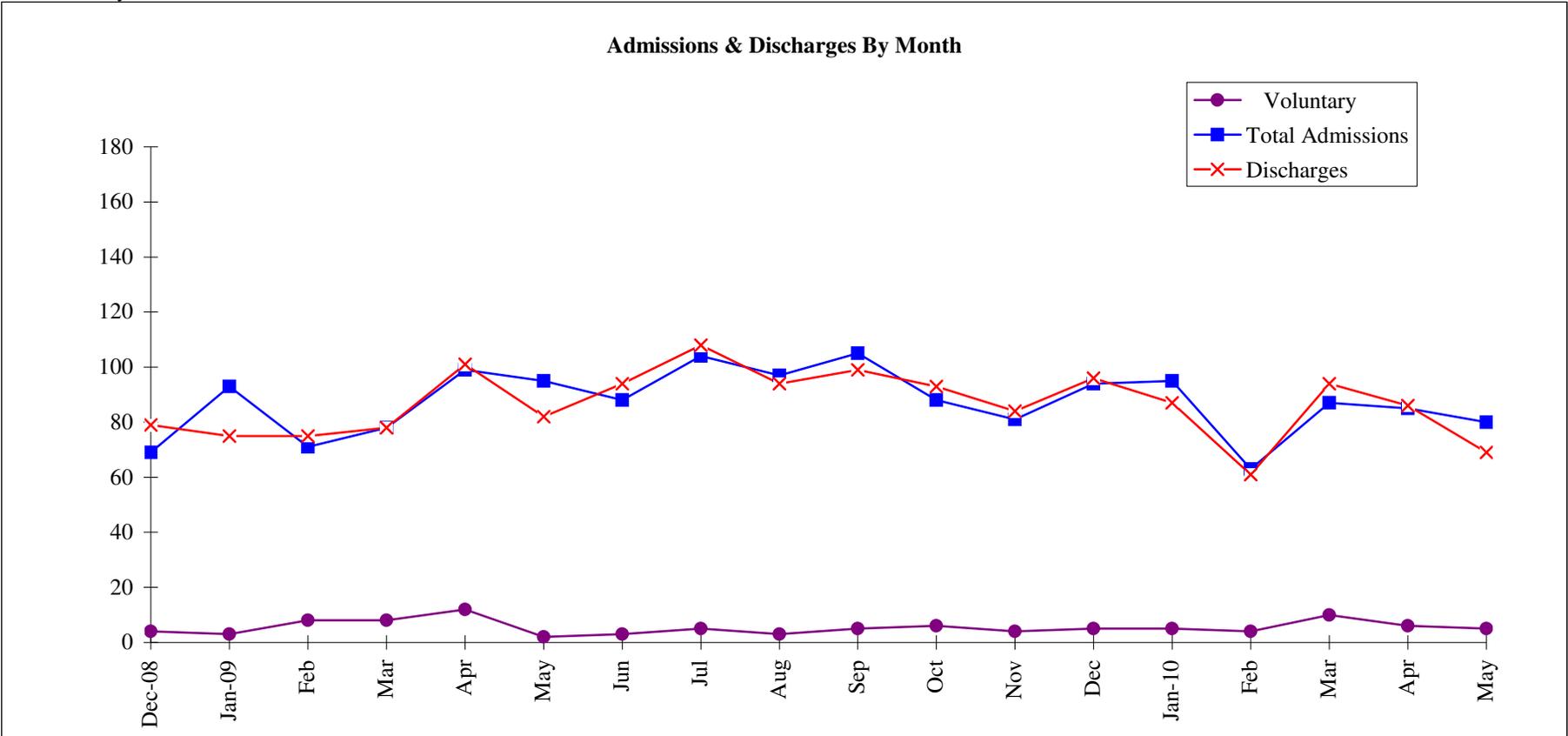


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Big Spring State Hospital

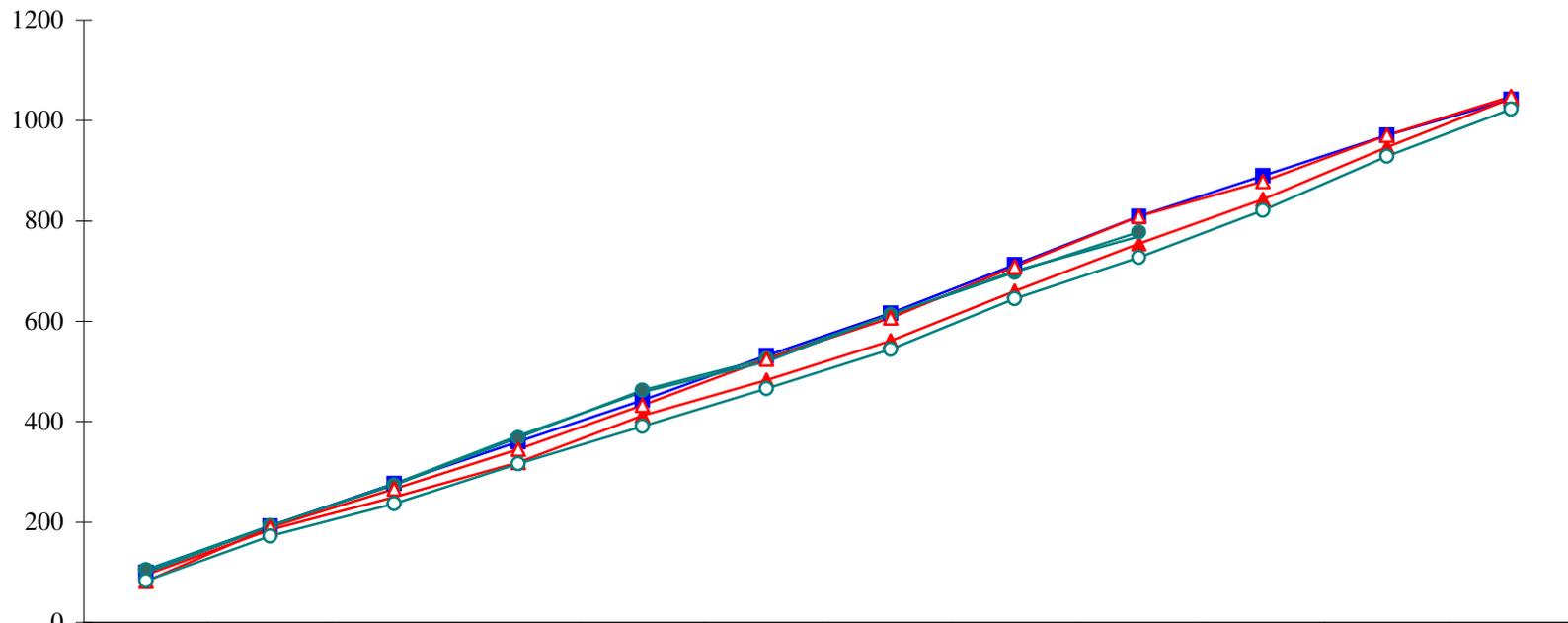
Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	69	93	71	78	99	95	88	104	97	105	88	81	94	95	63	87	85	80
Voluntary	4	3	8	8	12	2	3	5	3	5	6	4	5	5	4	10	6	5
Involuntary	65	90	63	70	87	93	85	99	94	100	82	77	89	90	59	77	79	75
OPC	5	5	9	6	3	9	15	7	16	11	6	8	14	12	10	11	17	9
Emergency	44	61	43	56	74	70	67	76	65	75	63	58	59	63	41	54	58	58
Temporary	0	0	0	0	0	0	0	2	0	3	0	3	2	0	0	1	0	0
Extended	0	0	0	0	1	0	0	1	0	1	0	0	0	1	0	0	0	0
Forensic	14	22	11	7	5	11	2	13	7	7	11	6	13	6	6	7	4	7
Order for MR	2	2	0	1	4	3	1	0	6	3	2	2	1	8	2	4	0	1
Discharges	79	75	75	78	101	82	94	108	94	99	93	84	96	87	61	94	86	69
% New to System	36%	34%	34%	54%	40%	38%	51%	39%	46%	46%	36%	44%	38%	22%	33%	36%	51%	35%



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



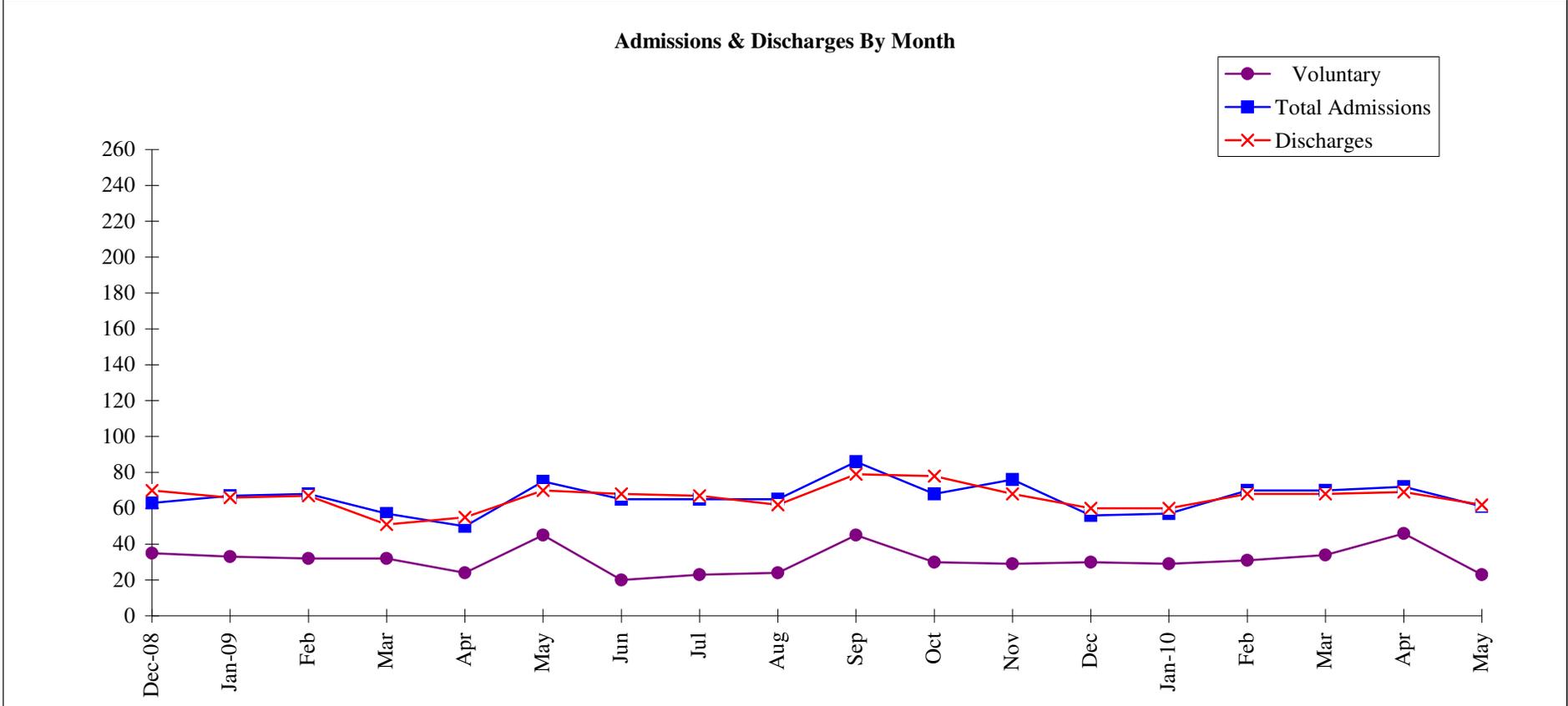
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY08 Admissions	100	192	277	360	443	532	616	713	809	890	971	1042
▲ FY09 Admissions	95	185	250	319	412	483	561	660	755	843	947	1044
● FY10 Admissions	105	193	274	368	463	526	613	698	778			
▲ FY08 Discharges	82	190	266	345	433	525	607	709	809	879	971	1048
○ FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
● FY10 Discharges	99	192	276	372	459	520	614	700	769			

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

El Paso Psychiatric Center

Admissions by Month

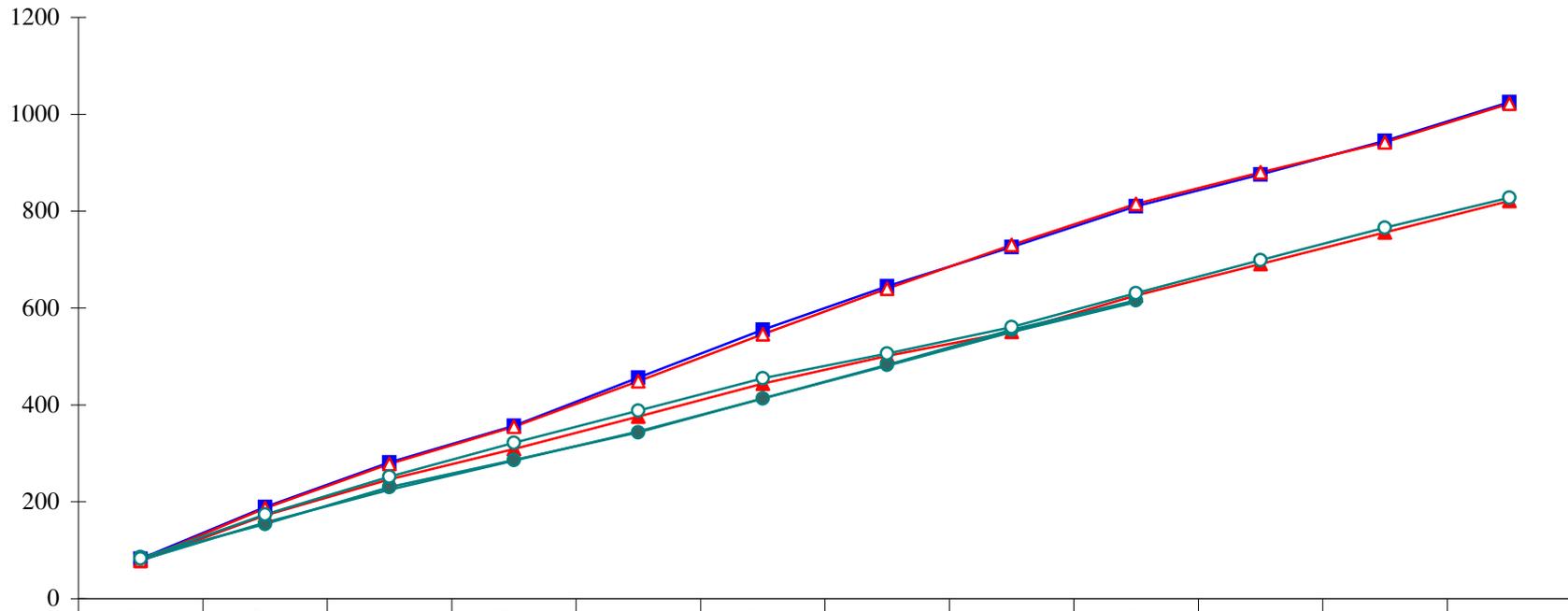
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	63	67	68	57	50	75	65	65	65	86	68	76	56	57	70	70	72	61
Voluntary	35	33	32	32	24	45	20	23	24	45	30	29	30	29	31	34	46	23
Involuntary	28	34	36	25	26	30	45	42	41	41	38	47	26	28	39	36	26	38
OPC	0	0	0	0	0	0	1	0	0	0	4	0	1	1	0	2	0	1
Emergency	27	32	28	22	23	28	42	37	37	34	31	36	20	26	31	23	21	25
Temporary	1	0	2	0	1	2	2	2	4	5	3	6	4	1	4	9	3	8
Extended	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	1
Forensic	0	0	6	3	2	0	0	3	0	1	0	5	0	0	4	2	1	3
Order for MR	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	70	66	67	51	55	70	68	67	62	79	78	68	60	60	68	68	69	62
% New to System	51%	37%	46%	40%	54%	43%	52%	49%	42%	53%	56%	41%	45%	56%	47%	46%	53%	51%



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

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

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY08 Admissions	82	189	281	357	456	555	645	726	810	876	945	1025
▲ FY09 Admissions	78	172	246	309	376	444	501	551	626	691	756	821
● FY10 Admissions	86	154	230	286	343	413	483	555	616			
▲ FY08 Discharges	79	187	278	355	449	546	640	730	815	880	942	1022
○ FY09 Discharges	83	174	252	322	388	455	506	561	631	699	766	828
● FY10 Discharges	79	157	225	285	345	413	481	550	612			

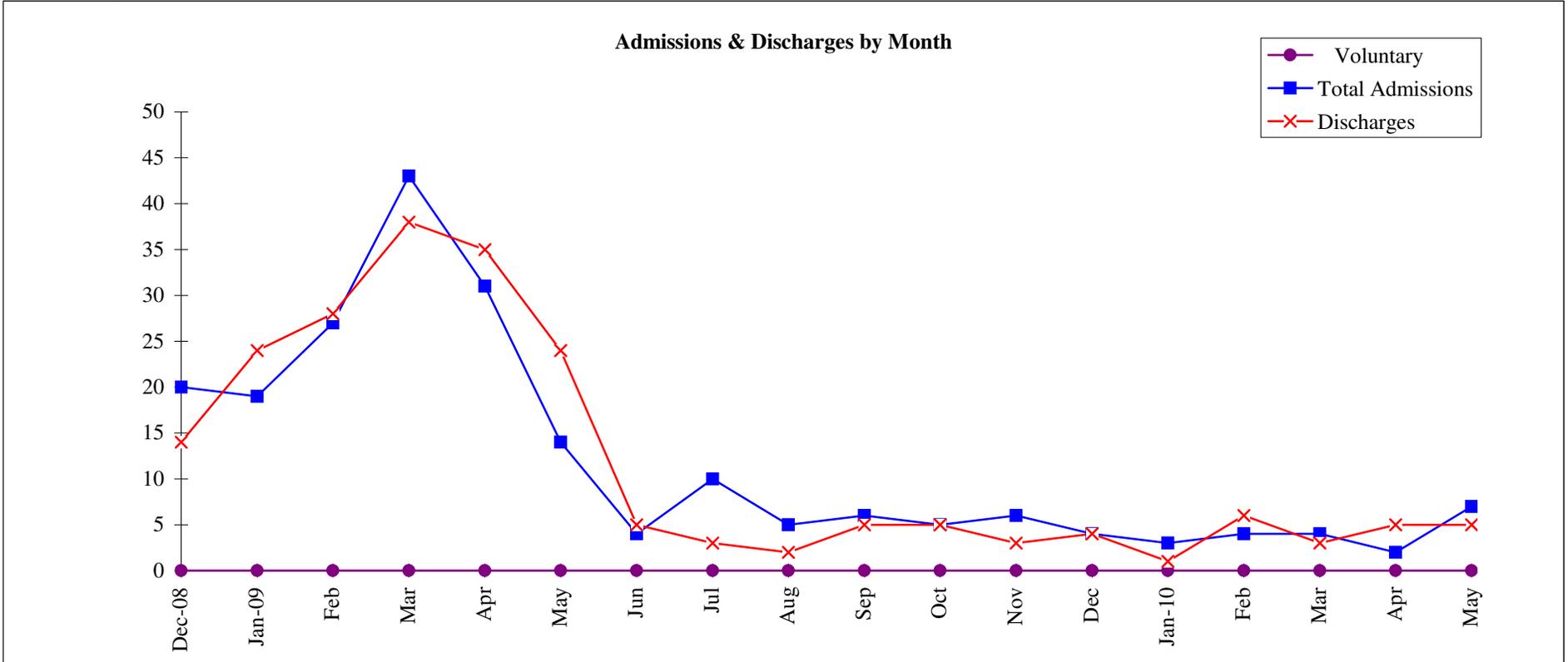
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Kerrville State Hospital

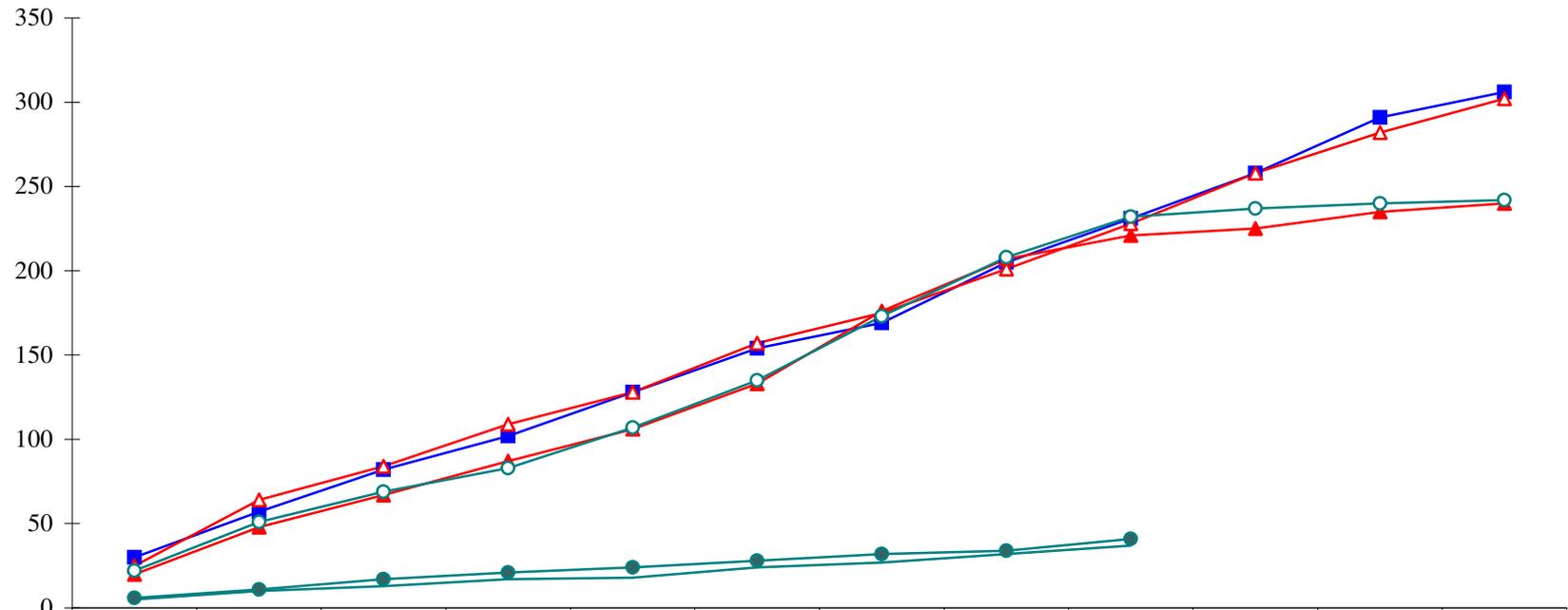
Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	20	19	27	43	31	14	4	10	5	6	5	6	4	3	4	4	2	7
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	20	19	27	43	31	14	4	10	5	6	5	6	4	3	4	4	2	7
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	13	18	27	34	24	7	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	1	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	7	1	0	8	7	7	4	10	5	6	5	6	4	3	4	4	2	7
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	14	24	28	38	35	24	5	3	2	5	5	3	4	1	6	3	5	5
% New to System	25%	63%	41%	49%	35%	21%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	14%



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

Total Admissions & Discharges Year-To-Date



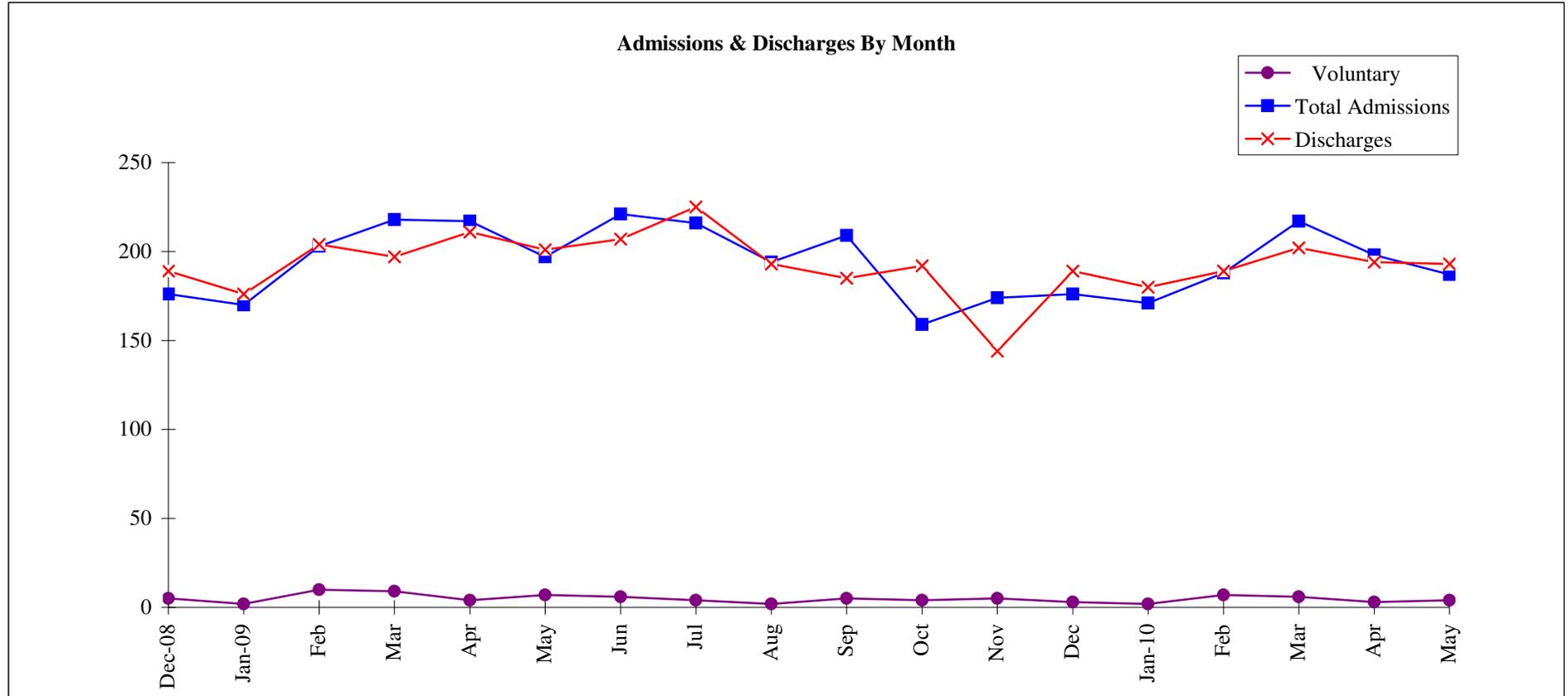
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY08 Admissions	30	57	82	102	128	154	169	205	231	258	291	306
▲ FY09 Admissions	20	48	67	87	106	133	176	207	221	225	235	240
● FY10 Admissions	6	11	17	21	24	28	32	34	41			
▲ FY08 Discharges	25	64	84	109	128	157	175	201	228	258	282	302
○ FY09 Discharges	22	51	69	83	107	135	173	208	232	237	240	242
● FY10 Discharges	5	10	13	17	18	24	27	32	37			

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

North Texas State Hospital

Admissions by Month

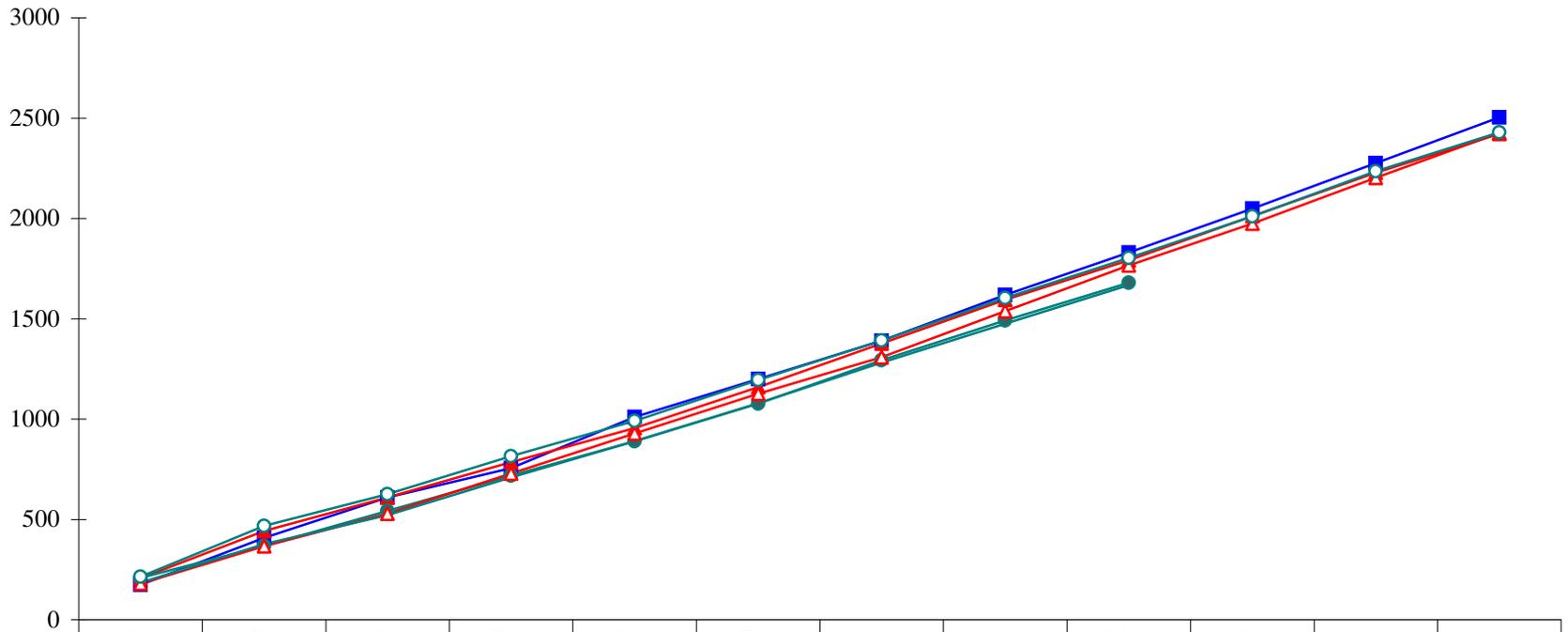
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	176	170	203	218	217	197	221	216	194	209	159	174	176	171	188	217	198	187
Voluntary	5	2	10	9	4	7	6	4	2	5	4	5	3	2	7	6	3	4
Involuntary	171	168	193	209	213	190	215	212	192	204	155	169	173	169	181	211	195	183
OPC	19	16	18	15	20	16	18	14	16	21	15	15	20	19	16	16	15	16
Emergency	49	32	50	56	49	43	47	45	52	35	32	31	23	40	52	55	59	40
Temporary	44	59	44	60	57	59	81	55	50	66	50	46	48	50	49	62	55	51
Extended	1	1	4	3	2	1	0	0	1	1	0	1	0	0	0	2	0	0
Forensic	43	50	64	61	72	60	55	84	62	64	47	66	71	48	45	61	53	61
Order for MR	15	10	13	14	13	11	14	14	11	17	11	10	11	12	19	15	13	15
Discharges	189	176	204	197	211	201	207	225	193	185	192	144	189	180	189	202	194	193
% New to System	44%	51%	52%	54%	45%	50%	52%	49%	54%	52%	47%	49%	43%	55%	54%	54%	46%	51%



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

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
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
■ FY08 Admissions	175	408	610	756	1010	1200	1390	1618	1830	2049	2276	2504
▲ FY09 Admissions	207	443	610	786	956	1159	1377	1594	1791	2012	2228	2422
● FY10 Admissions	209	368	542	718	889	1077	1294	1492	1679			
▲ FY08 Discharges	181	366	529	729	929	1127	1309	1538	1766	1974	2202	2426
○ FY09 Discharges	215	468	626	815	991	1195	1392	1603	1804	2011	2236	2429
— FY10 Discharges	185	377	521	710	890	1079	1281	1475	1668			

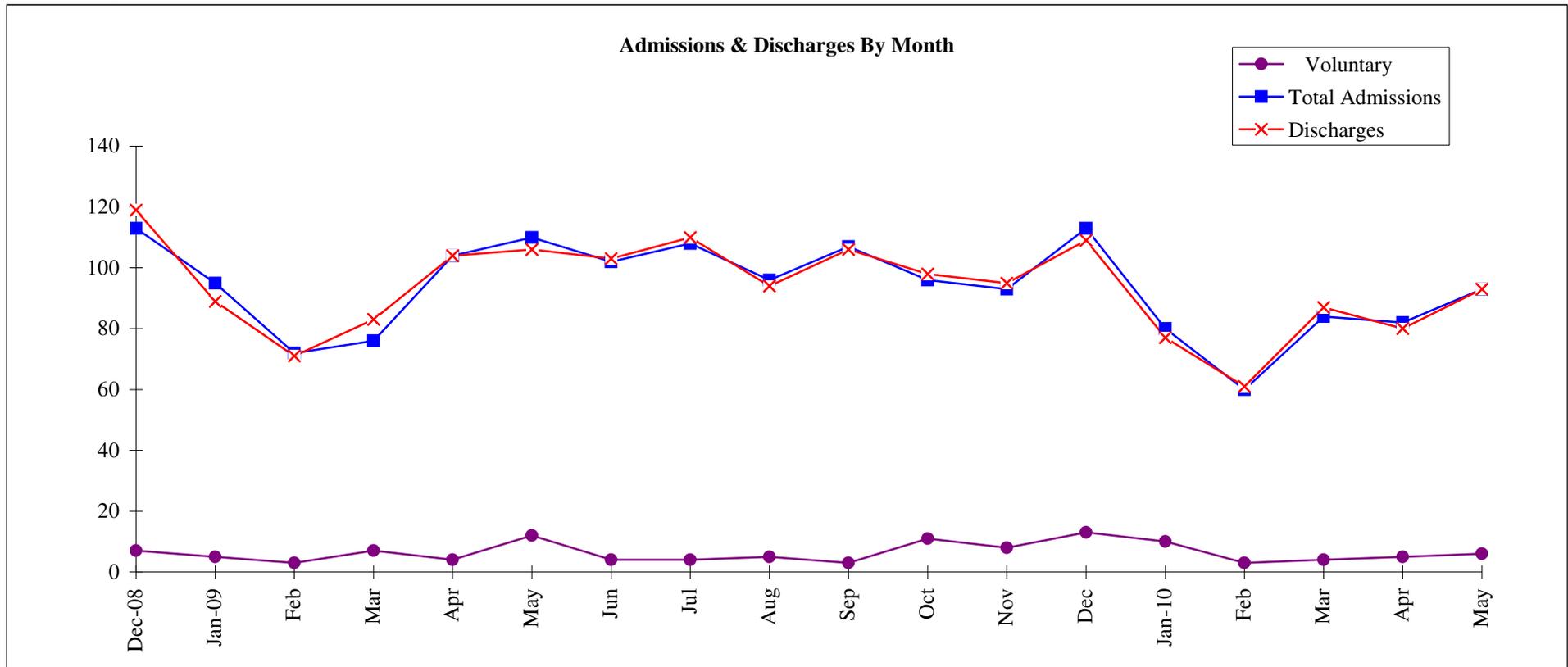
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Rio Grande State Center

Admissions by Month

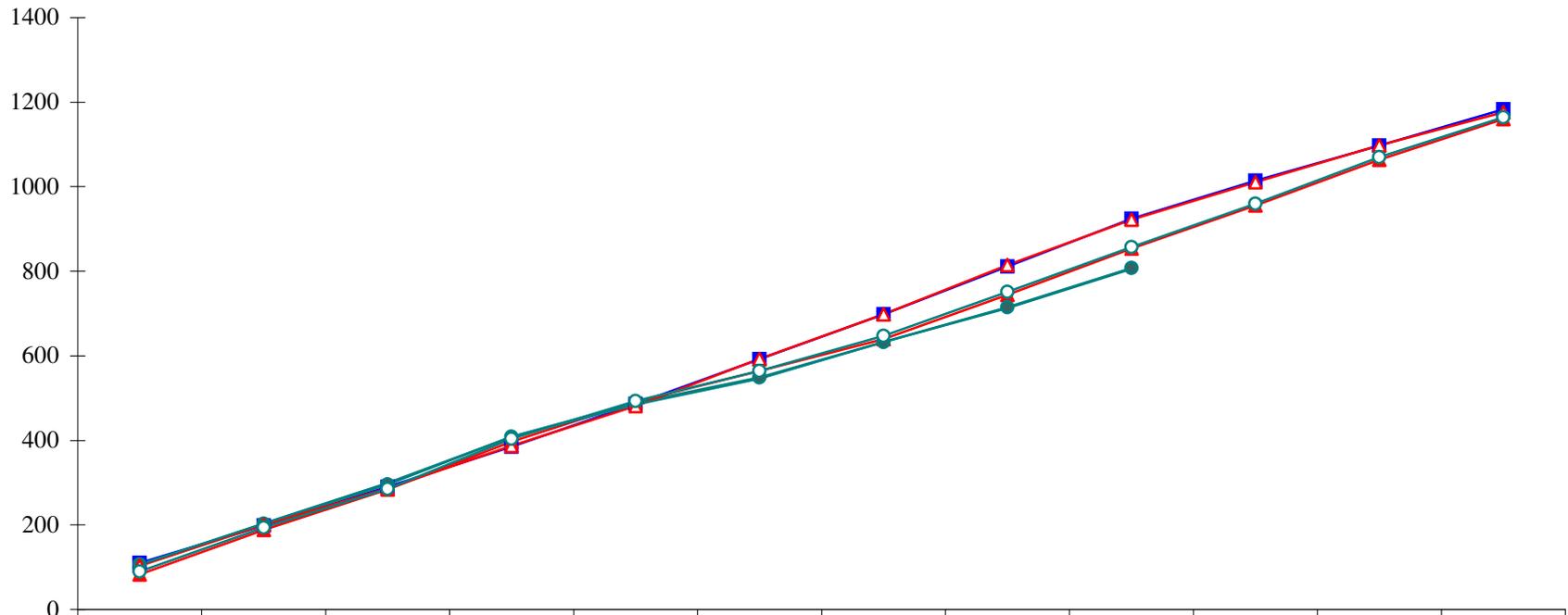
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	113	95	72	76	104	110	102	108	96	107	96	93	113	80	60	84	82	93
Voluntary	7	5	3	7	4	12	4	4	5	3	11	8	13	10	3	4	5	6
Involuntary	106	90	69	69	100	98	98	104	91	104	85	85	100	70	57	80	77	87
OPC	3	2	0	0	3	4	2	2	3	0	2	0	0	3	0	1	3	0
Emergency	100	85	67	66	93	88	94	100	85	101	81	85	100	67	57	79	73	84
Temporary	3	2	1	3	4	6	1	0	0	1	0	0	0	0	0	0	0	1
Extended	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Forensic	0	0	1	0	0	0	1	2	3	2	1	0	0	0	0	0	1	2
Order for MR	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	119	89	71	83	104	106	103	110	94	106	98	95	109	77	61	87	80	93
% New to System	41%	40%	47%	37%	50%	54%	47%	44%	57%	51%	46%	56%	51%	46%	43%	51%	50%	55%



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

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
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
■ FY08 Admissions	110	199	290	385	486	592	698	811	924	1014	1097	1183
▲ FY09 Admissions	83	188	284	397	492	564	640	744	854	956	1064	1160
● FY10 Admissions	107	203	296	409	489	549	633	715	808			
▾ FY08 Discharges	103	200	287	387	481	593	698	815	922	1011	1098	1176
○ FY09 Discharges	90	194	285	404	493	564	647	751	857	960	1070	1164
● FY10 Discharges	106	204	299	408	485	546	633	713	806			

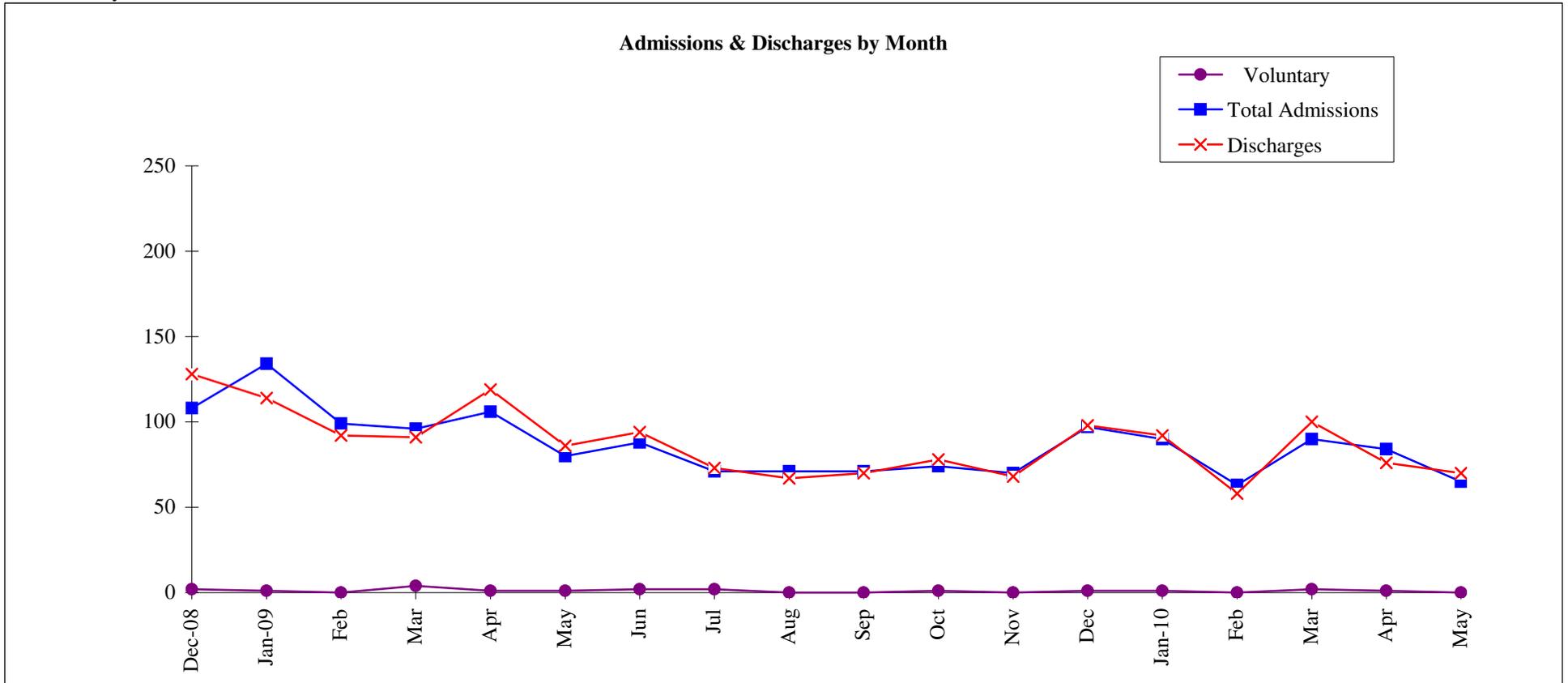
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Rusk State Hospital

Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	108	134	99	96	106	80	88	71	71	71	74	70	97	90	63	90	84	65
Voluntary	2	1	0	4	1	1	2	2	0	0	1	0	1	1	0	2	1	0
Involuntary	106	133	99	92	105	79	86	69	71	71	73	70	96	89	63	88	83	65
OPC	24	34	21	30	37	20	15	21	12	21	25	23	27	33	17	38	36	26
Emergency	41	37	22	25	27	19	21	13	12	21	22	28	41	32	22	19	18	17
Temporary	21	14	11	10	8	10	7	8	8	6	3	4	5	9	6	8	8	5
Extended	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Forensic	20	48	43	27	33	30	43	27	38	23	23	15	23	15	18	23	21	17
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	128	114	92	91	119	86	94	73	67	70	78	68	98	92	58	100	76	70
% New to System	30%	38%	34%	43%	51%	39%	26%	39%	31%	35%	43%	37%	42%	48%	37%	49%	43%	31%

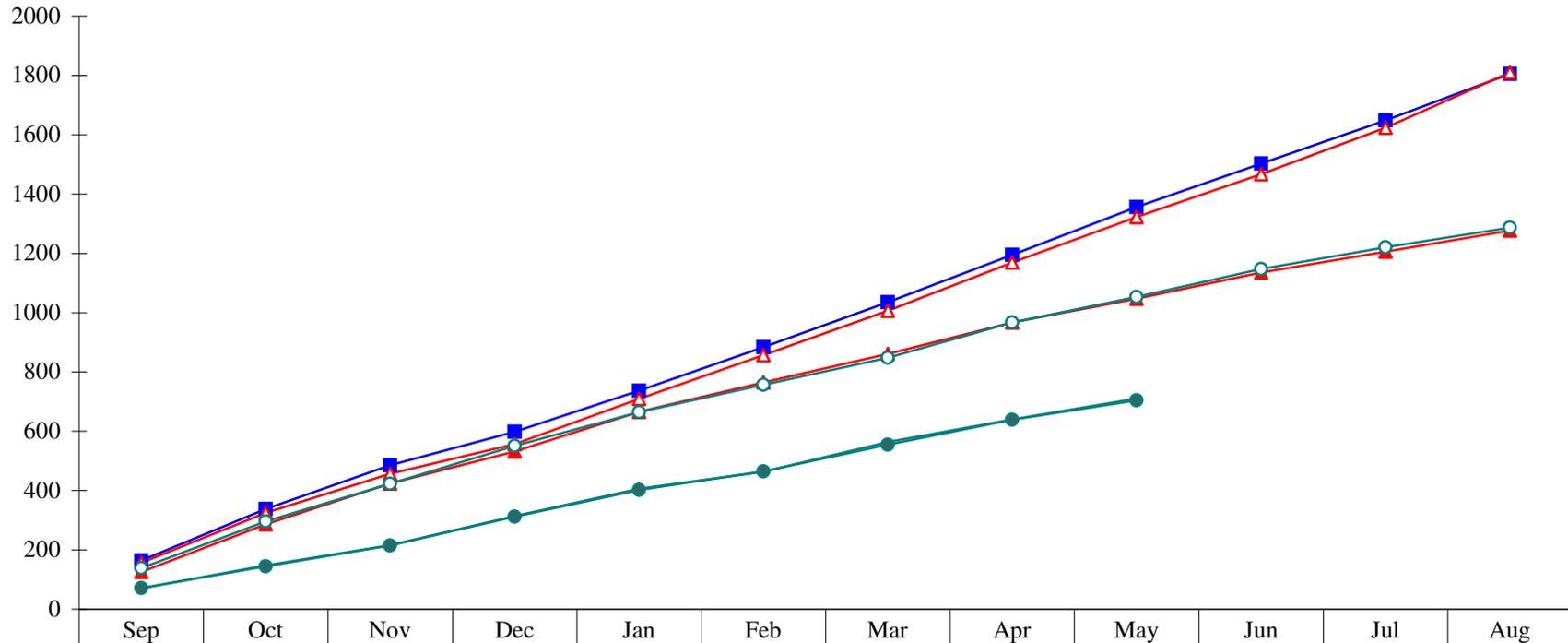


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rusk State Hospital

FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY08 Admissions	164	338	485	598	737	884	1035	1195	1356	1503	1648	1805
▲ FY09 Admissions	126	286	424	532	666	765	861	967	1047	1135	1206	1277
● FY10 Admissions	71	145	215	312	402	465	555	639	704			
▲ FY08 Discharges	157	325	457	557	709	857	1006	1169	1322	1467	1624	1810
○ FY09 Discharges	139	296	423	551	665	757	848	967	1053	1147	1220	1287
■ FY10 Discharges	70	148	216	314	406	464	564	640	710			

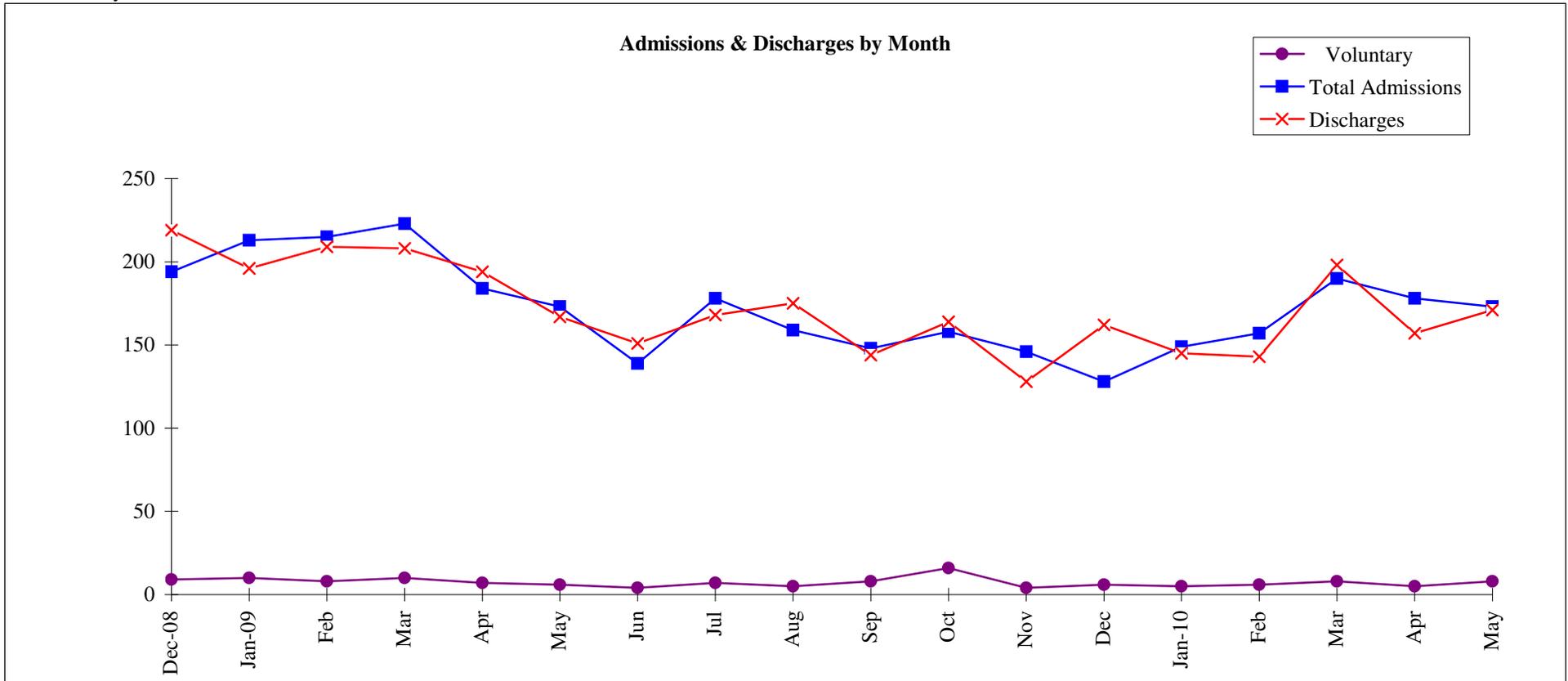
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

San Antonio State Hospital

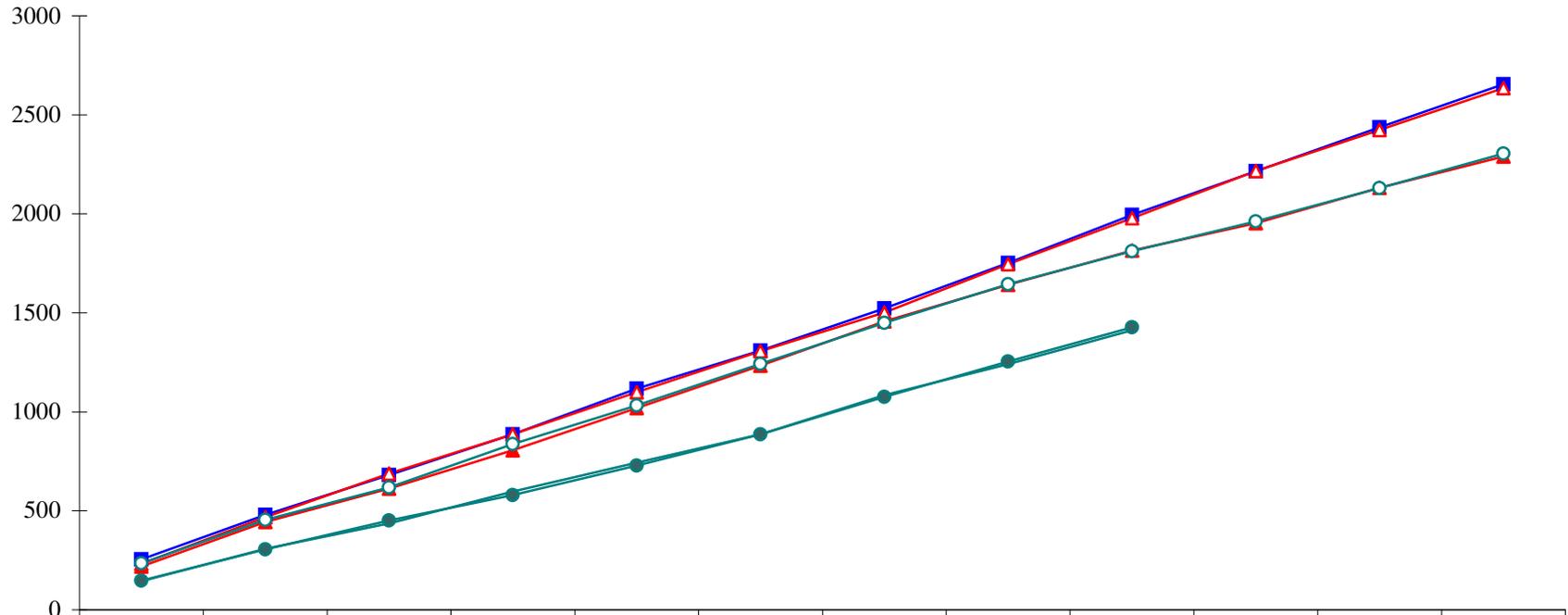
Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	194	213	215	223	184	173	139	178	159	148	158	146	128	149	157	190	178	173
Voluntary	9	10	8	10	7	6	4	7	5	8	16	4	6	5	6	8	5	8
Involuntary	185	203	207	213	177	167	135	171	154	140	142	142	122	144	151	182	173	165
OPC	62	66	60	66	60	61	40	57	54	35	42	23	39	23	41	56	44	51
Emergency	100	105	110	123	88	76	52	75	70	78	75	87	61	95	79	91	91	89
Temporary	14	24	22	16	19	17	32	27	15	17	18	22	10	16	21	24	24	15
Extended	0	0	1	1	0	2	1	0	2	0	0	1	0	0	1	0	1	1
Forensic	7	5	10	3	8	8	4	8	10	9	6	7	11	8	6	8	10	8
Order for MR	2	3	4	4	2	3	6	4	3	1	1	2	1	2	3	3	3	1
Discharges	219	196	209	208	194	167	151	168	175	144	164	128	162	145	143	198	157	171
% New to System	45%	44%	55%	48%	52%	46%	35%	45%	49%	47%	56%	44%	38%	49%	57%	50%	49%	59%



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
■ FY08 Admissions	254	479	681	887	1117	1310	1523	1751	1994	2215	2437	2655
▲ FY09 Admissions	219	444	612	806	1019	1234	1457	1641	1814	1953	2131	2290
● FY10 Admissions	148	306	452	580	729	886	1076	1254	1427			
▲ FY08 Discharges	232	468	688	886	1100	1306	1502	1746	1978	2216	2424	2635
○ FY09 Discharges	236	454	618	837	1033	1242	1450	1644	1811	1962	2130	2305
● FY10 Discharges	144	308	436	598	743	886	1084	1241	1412			

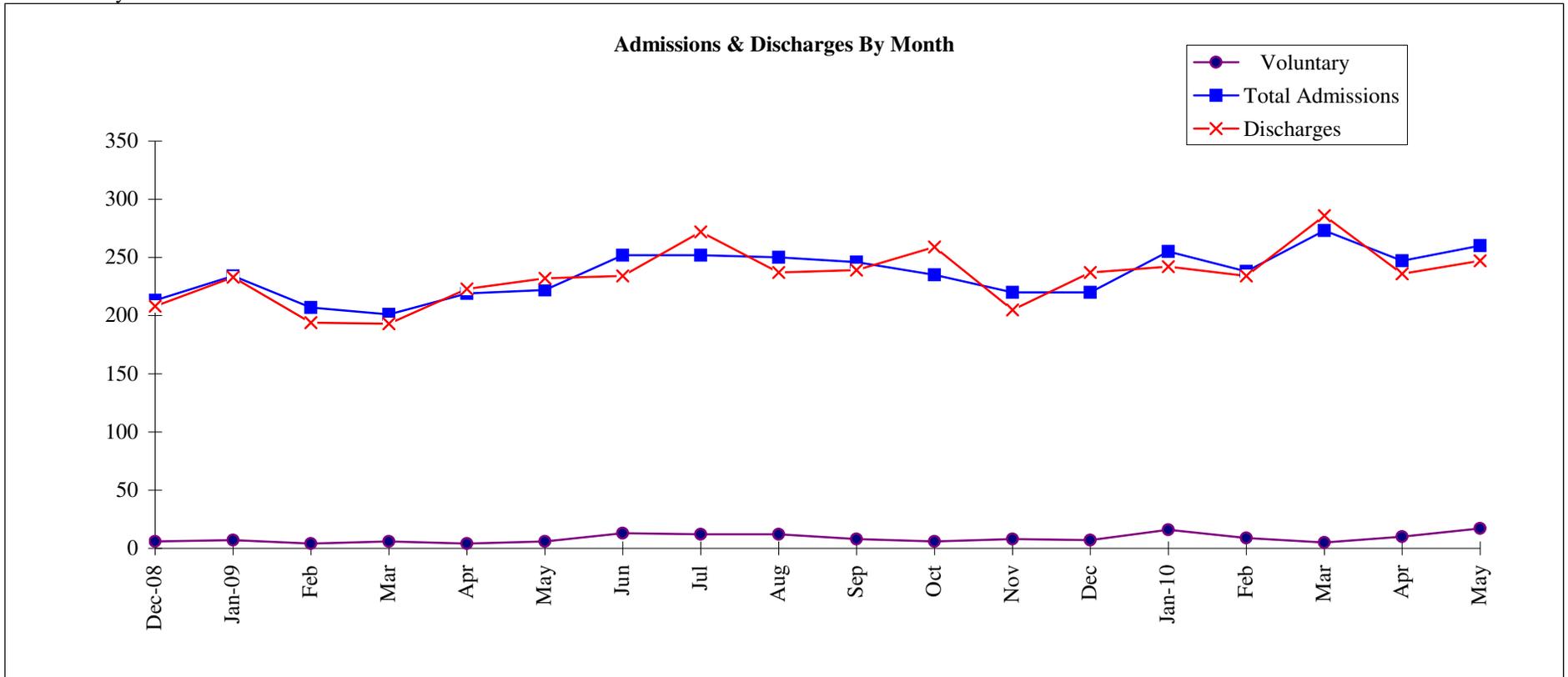
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Terrell State Hospital

Admissions by Month

	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	213	234	207	201	219	222	252	252	250	246	235	220	220	255	238	273	247	260
Voluntary	6	7	4	6	4	6	13	12	12	8	6	8	7	16	9	5	10	17
Involuntary	207	227	203	195	215	216	239	240	238	238	229	212	213	239	229	268	237	243
OPC	174	168	156	159	160	162	189	198	178	174	165	164	162	187	190	209	197	168
Emergency	12	12	9	7	12	21	13	10	12	9	15	13	10	17	11	13	8	13
Temporary	17	27	22	21	29	19	30	24	33	35	32	13	27	19	13	19	26	35
Extended	1	3	2	2	1	2	1	3	1	1	2	1	1	1	1	1	2	1
Forensic	3	17	14	6	13	11	5	5	14	19	15	21	12	15	14	26	4	26
Order for MR	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0
Discharges	208	233	194	193	223	232	234	272	237	239	259	205	237	242	234	286	236	247
% New to System	40%	44%	46%	42%	41%	49%	42%	48%	51%	44%	47%	44%	40%	47%	51%	43%	45%	49%

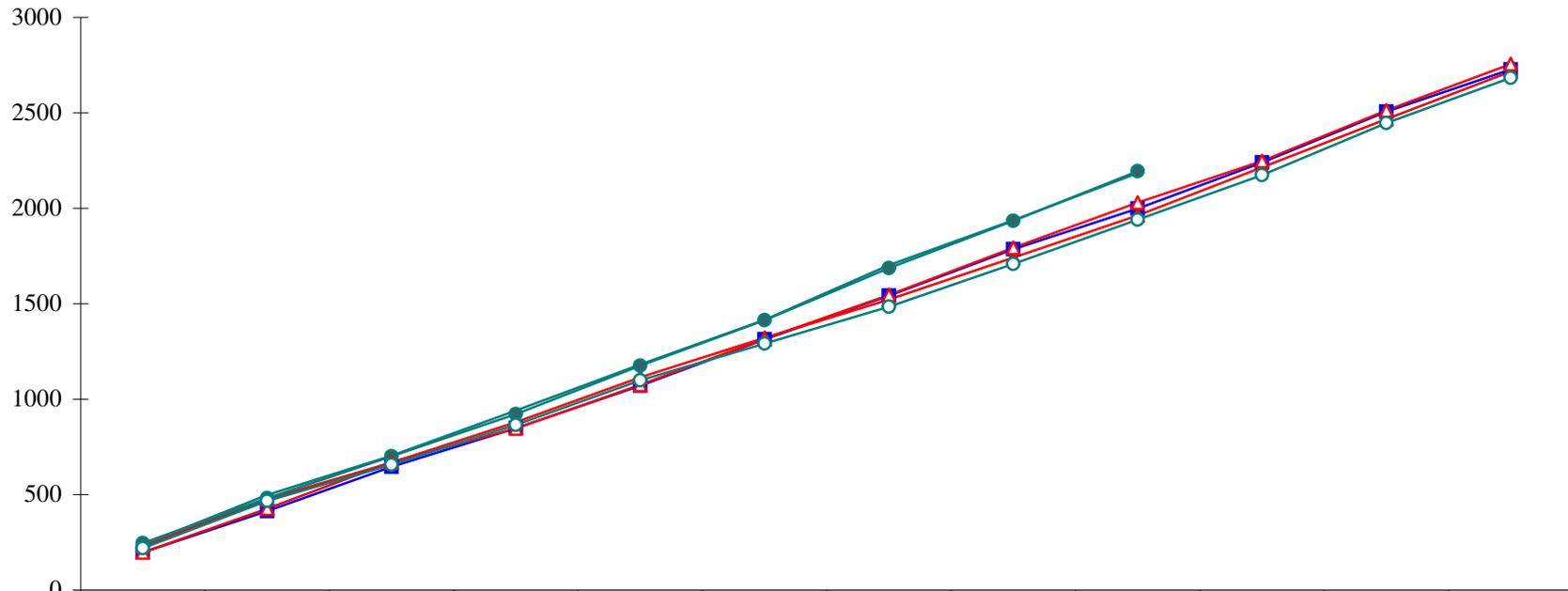


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Terrell State Hospital

FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY08 Admissions	198	414	645	848	1070	1314	1542	1785	1999	2240	2507	2727
—▲— FY09 Admissions	231	477	667	880	1114	1321	1522	1741	1963	2215	2467	2717
—●— FY10 Admissions	246	481	701	921	1176	1414	1687	1934	2194			
—▲— FY08 Discharges	198	427	671	846	1075	1317	1546	1793	2029	2248	2512	2755
—○— FY09 Discharges	220	467	657	865	1098	1292	1485	1708	1940	2174	2446	2683
—●— FY10 Discharges	239	498	703	940	1182	1416	1702	1938	2185			

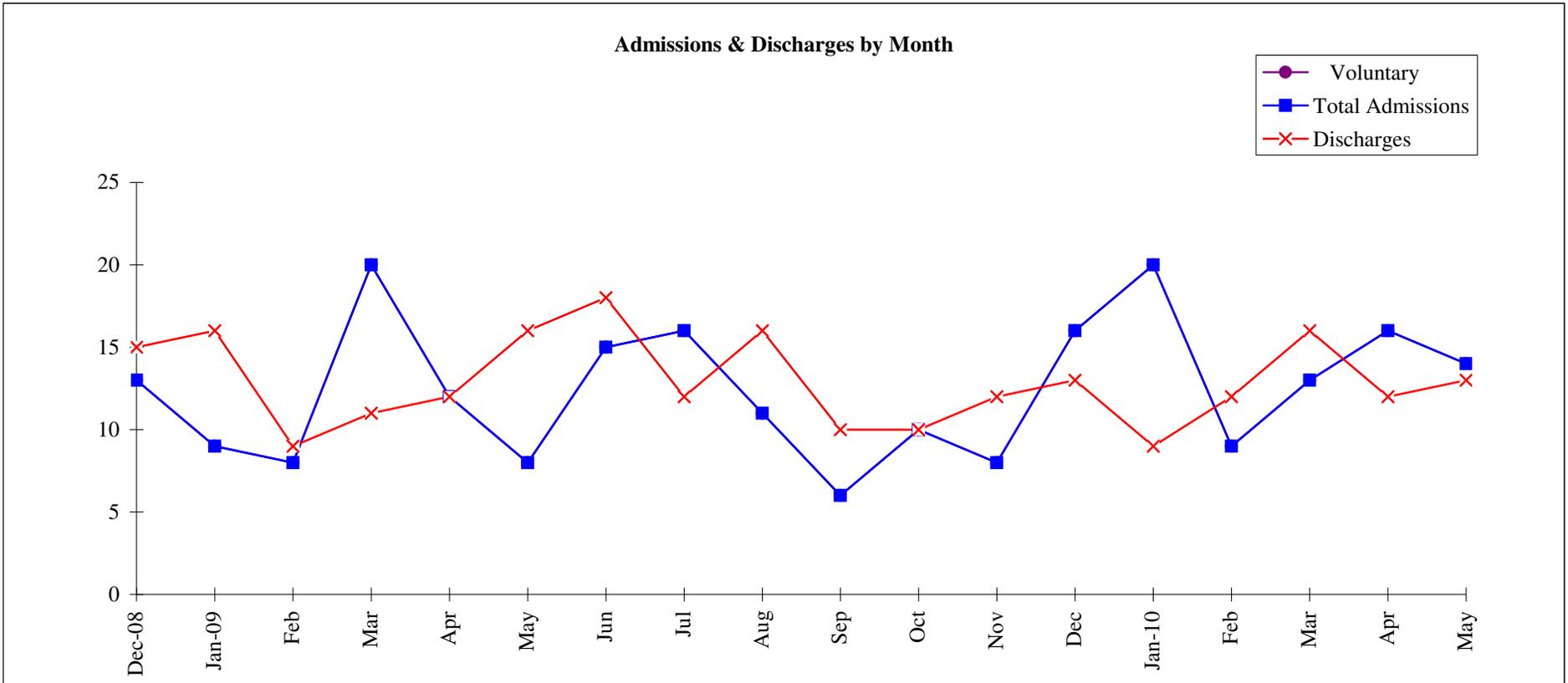
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Waco Center for Youth

Admissions by Month

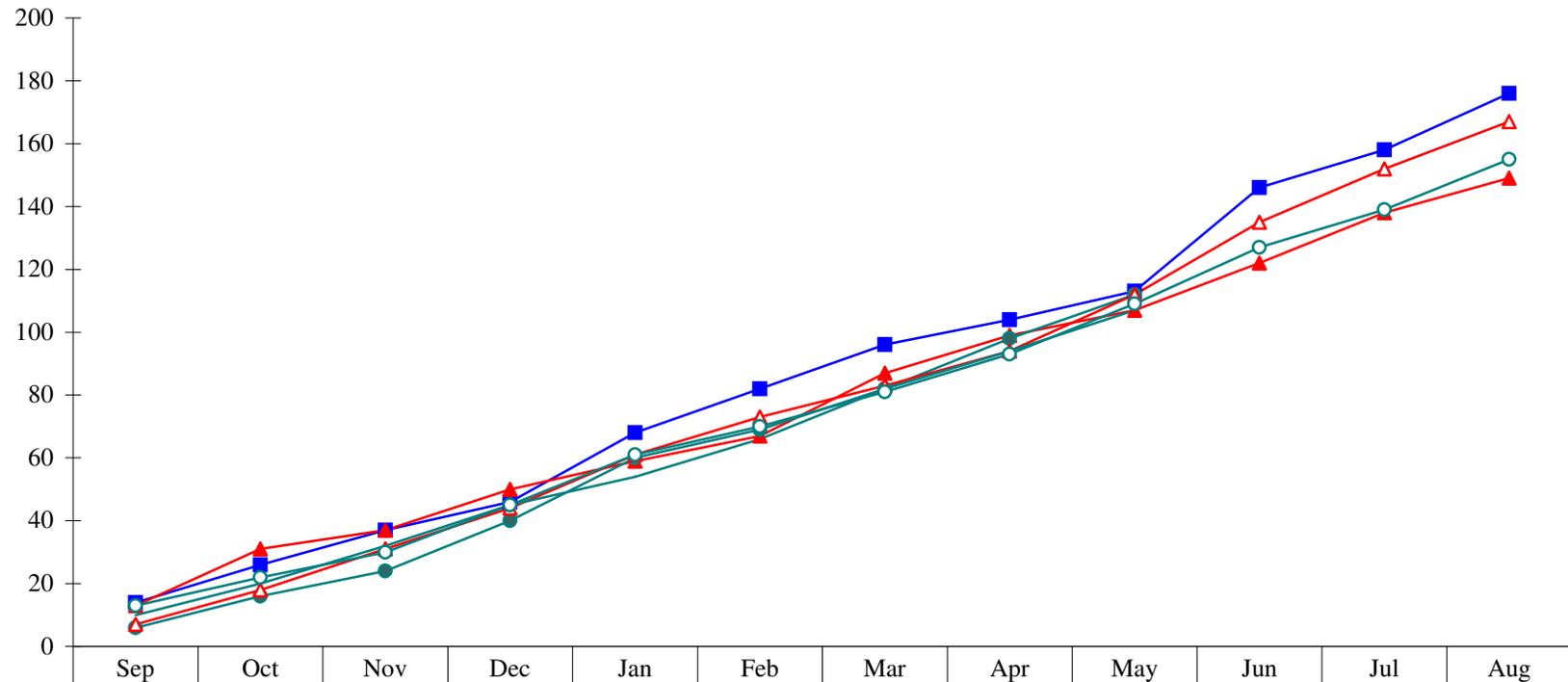
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Admissions	13	9	8	20	12	8	15	16	11	6	10	8	16	20	9	13	16	14
Voluntary	13	9	8	20	12	8	15	16	11	6	10	8	16	20	9	13	16	14
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	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	15	16	9	11	12	16	18	12	16	10	10	12	13	9	12	16	12	13
% New to System	46%	44%	38%	75%	50%	50%	80%	56%	45%	83%	80%	63%	69%	60%	44%	38%	81%	50%



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

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

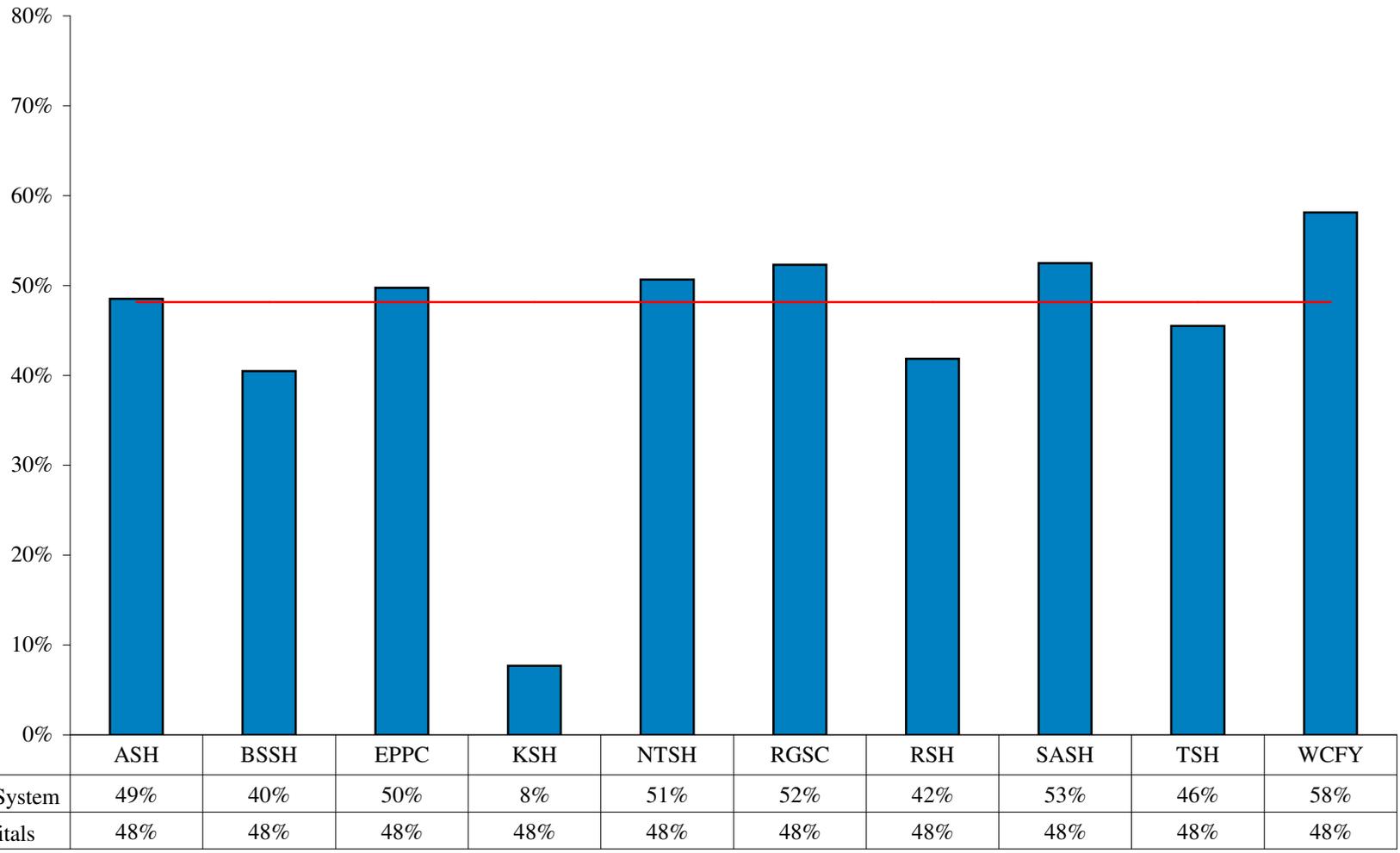
Total Admissions & Discharges Year-To-Date



■ FY08 Admissions	14	26	37	46	68	82	96	104	113	146	158	176
▲ FY09 Admissions	13	31	37	50	59	67	87	99	107	122	138	149
● FY10 Admissions	6	16	24	40	60	69	82	98	112			
▲ FY08 Discharges	7	18	31	44	61	73	83	94	112	135	152	167
○ FY09 Discharges	13	22	30	45	61	70	81	93	109	127	139	155
■ FY10 Discharges	10	20	32	45	54	66	82	94	107			

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

**Percent of Clients New to the System
Q3 FY2010**



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:

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

N = # persons discharged during time frame

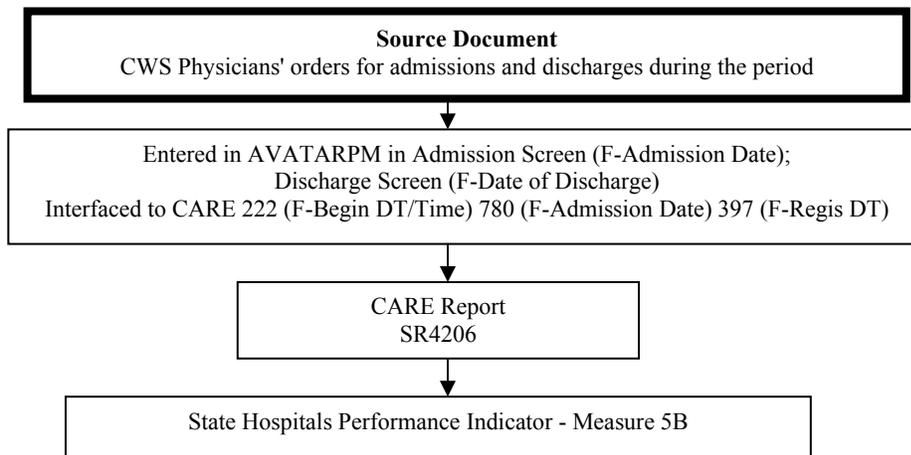
D = total persons discharged during the quarter

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

Performance Measure Data Display and Chart Description:

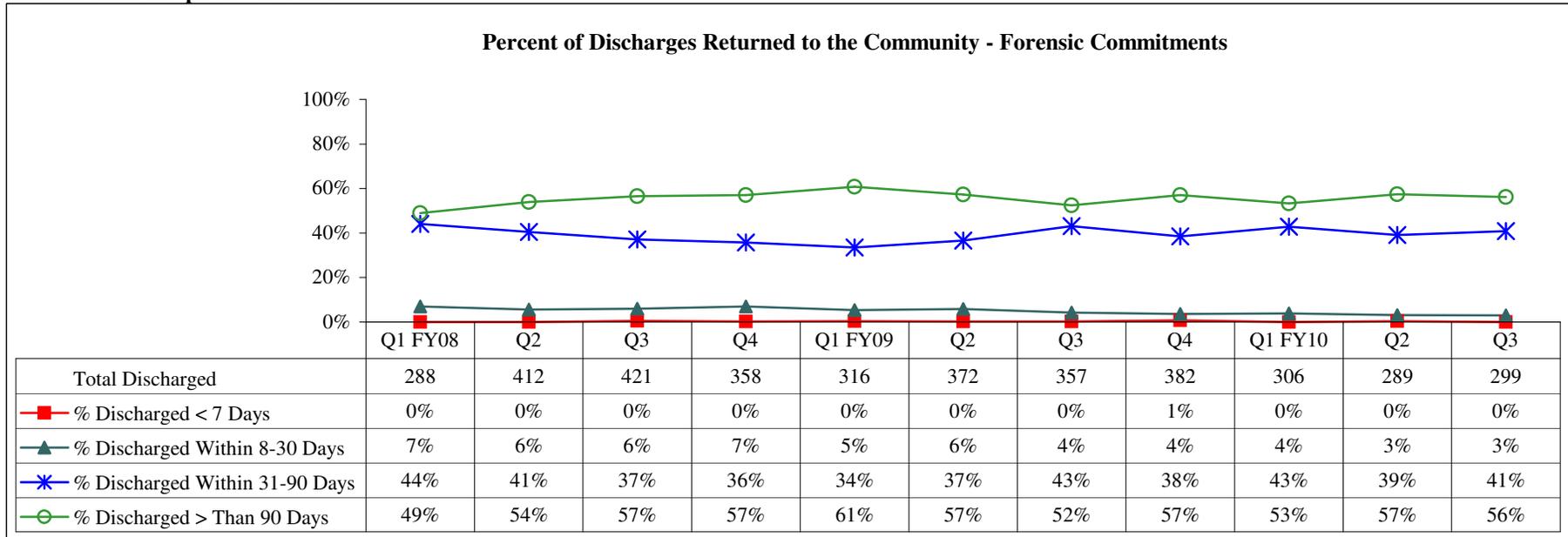
- ◆ Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- ◆ Table shows total discharges for the quarter for individual state hospitals and system-wide.

Data Flow:



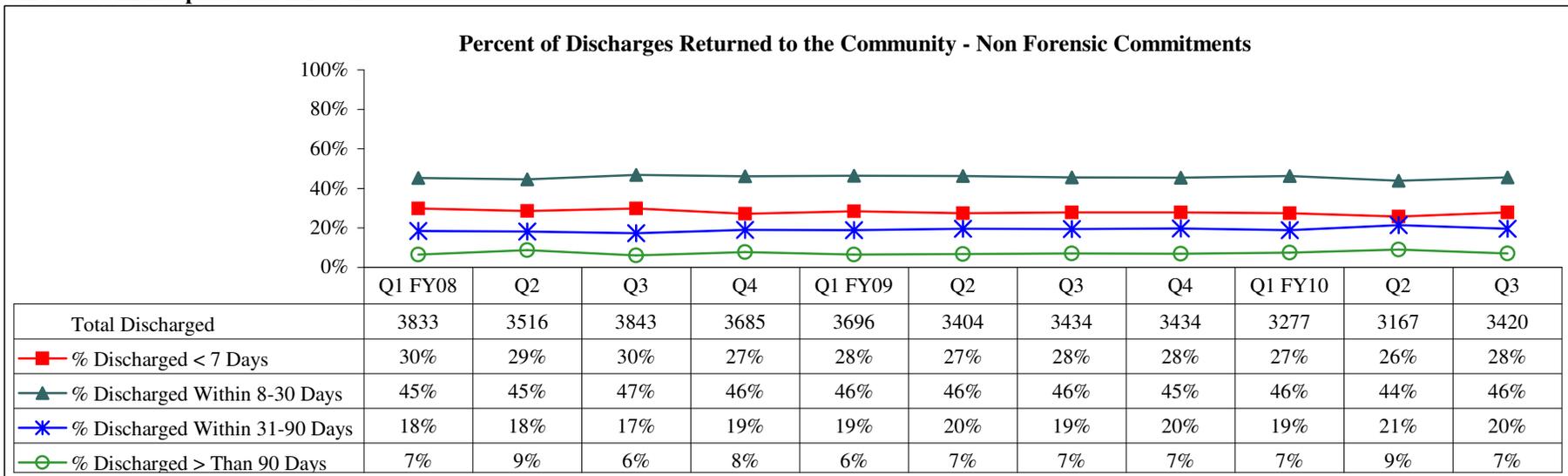
Measure 5B - Percent of Discharges Returned to the Community

All State MH Hospitals - Forensic



Measure 5B - Percent of Discharges Returned to the Community

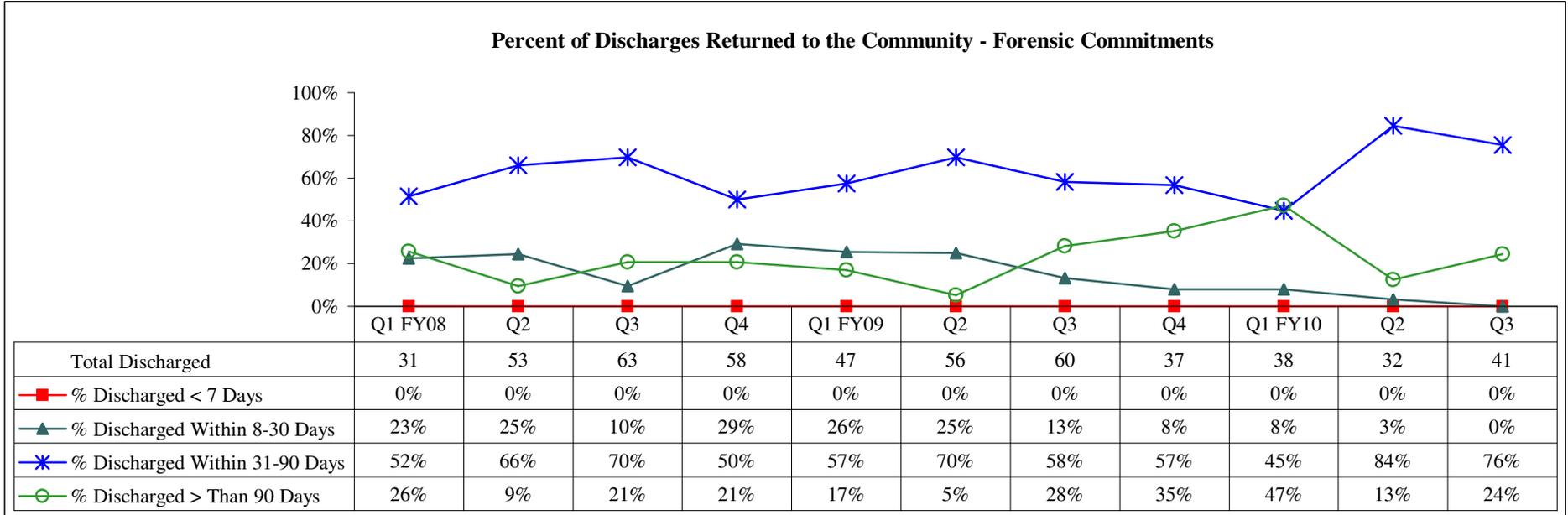
All State MH Hospitals - Non Forensic



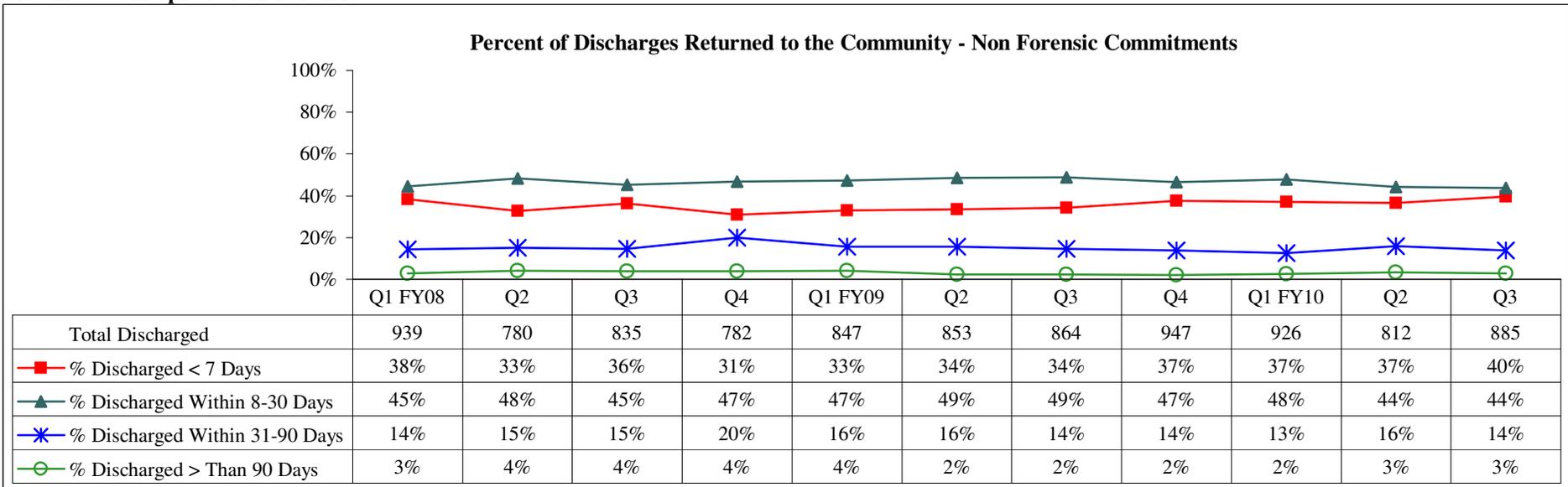
Total Discharges do not include transfers or DMAs

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

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

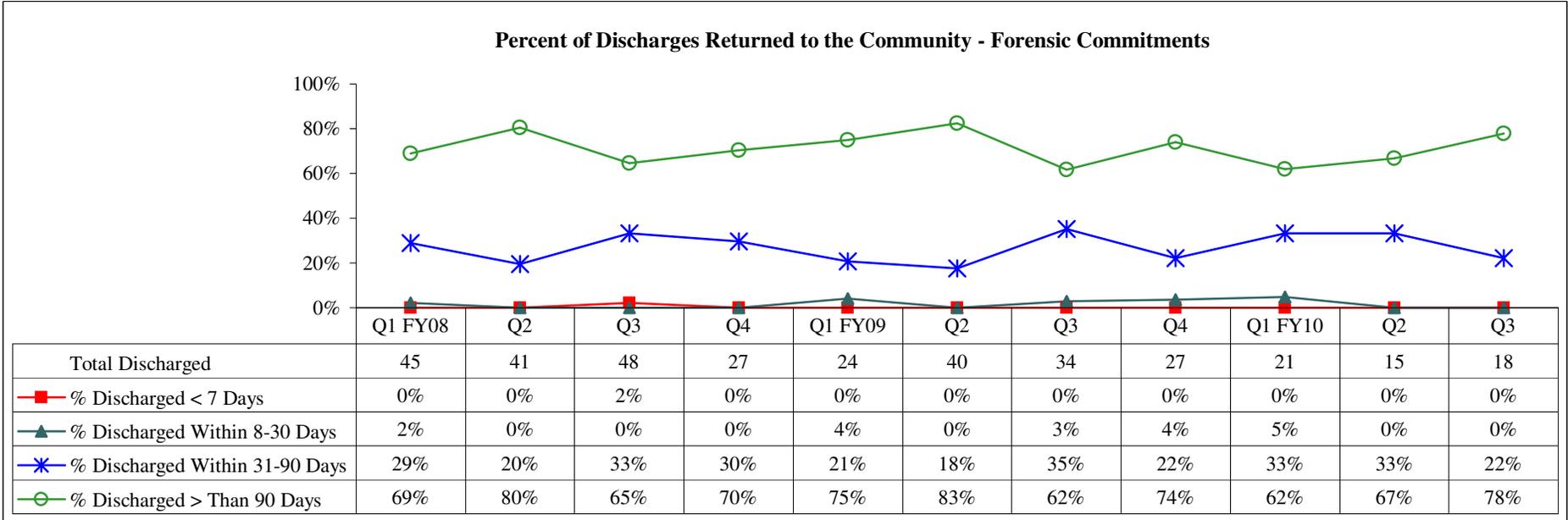


Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

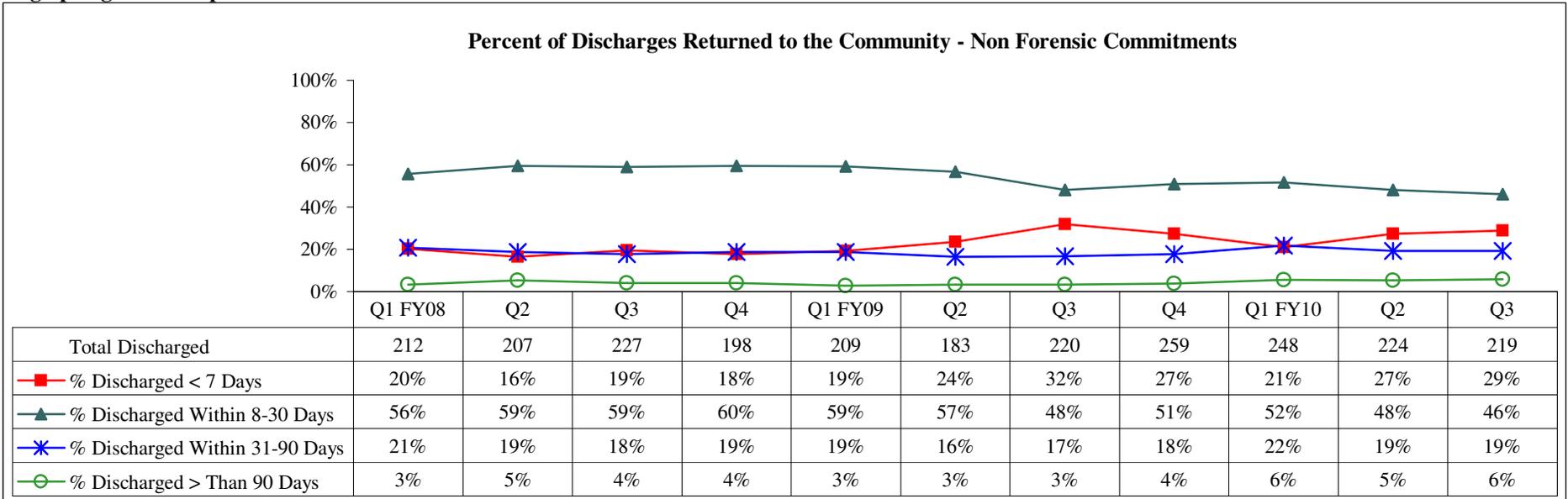


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



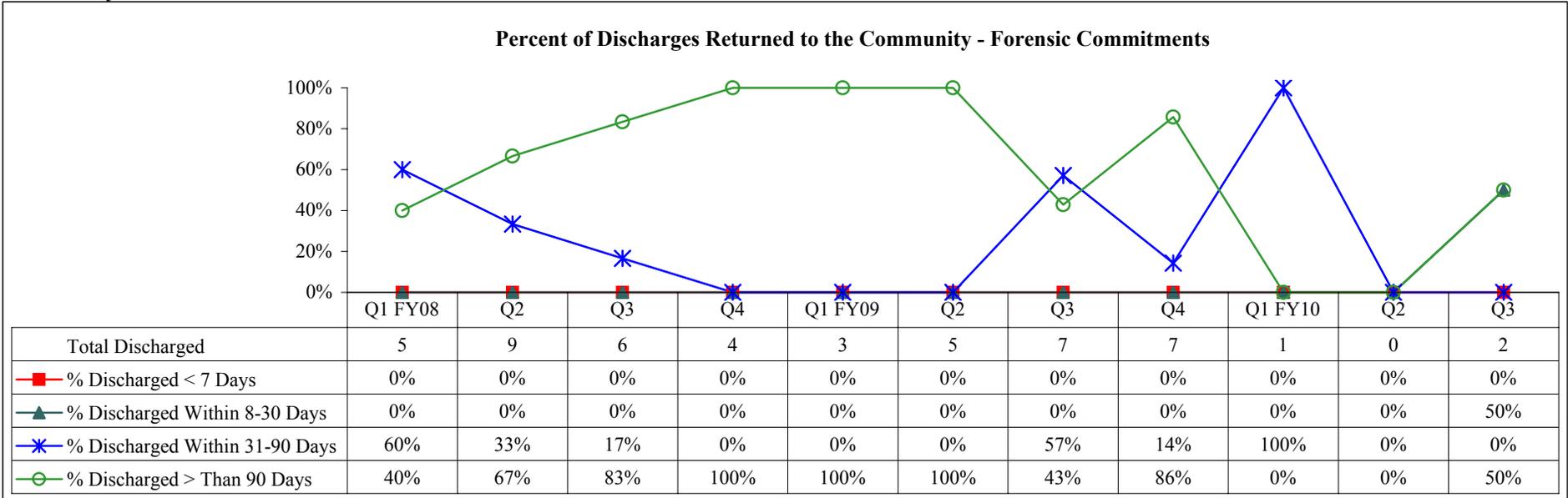
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic



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

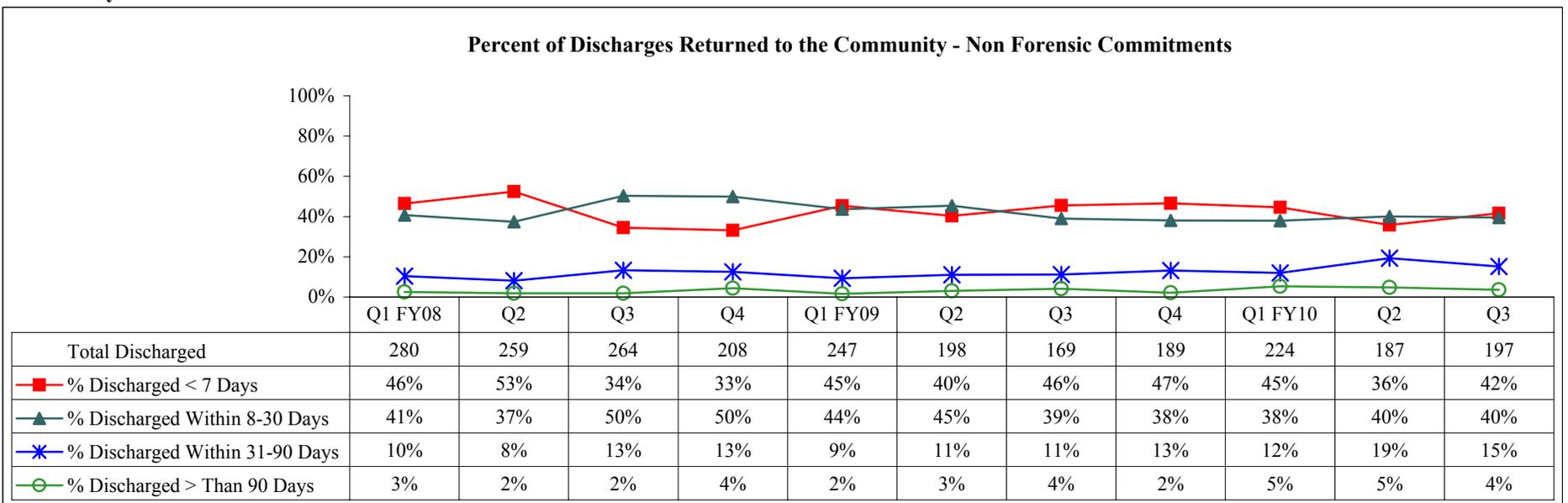
Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Forensic



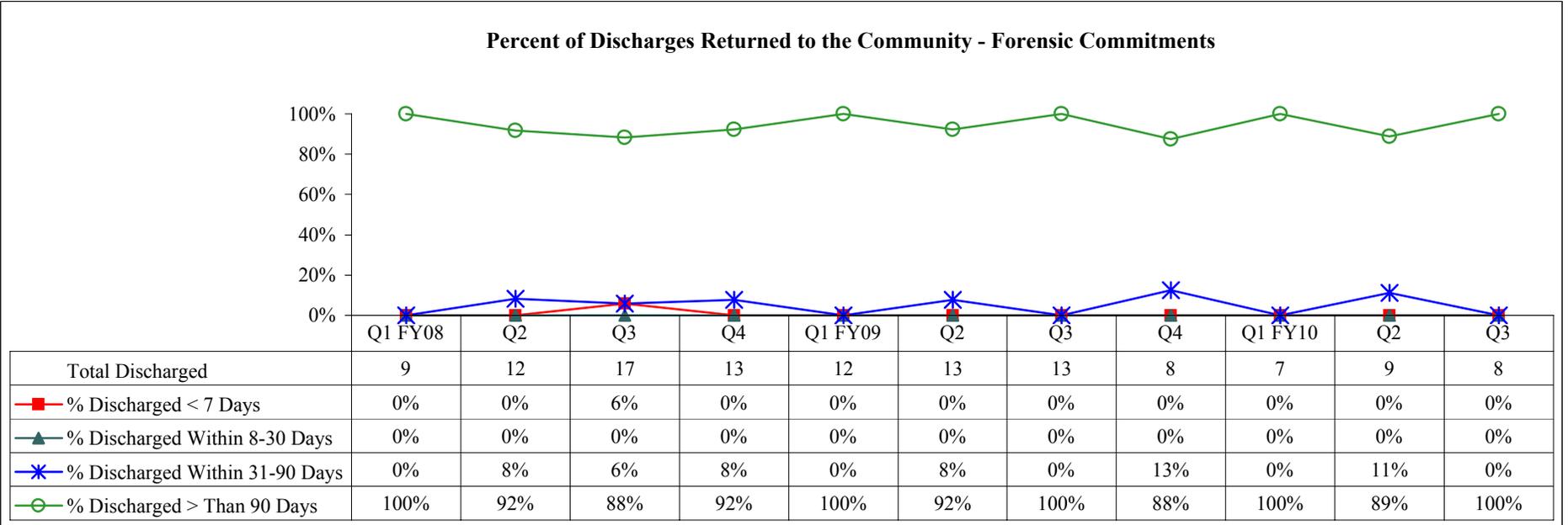
Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Non Forensic

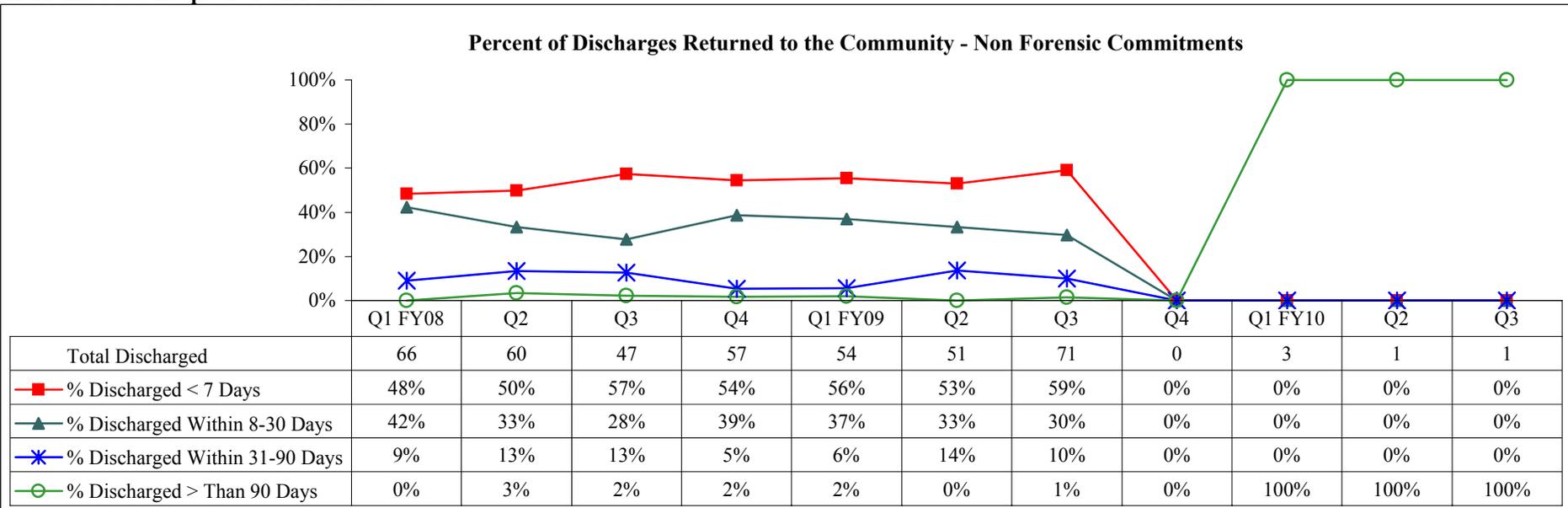


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

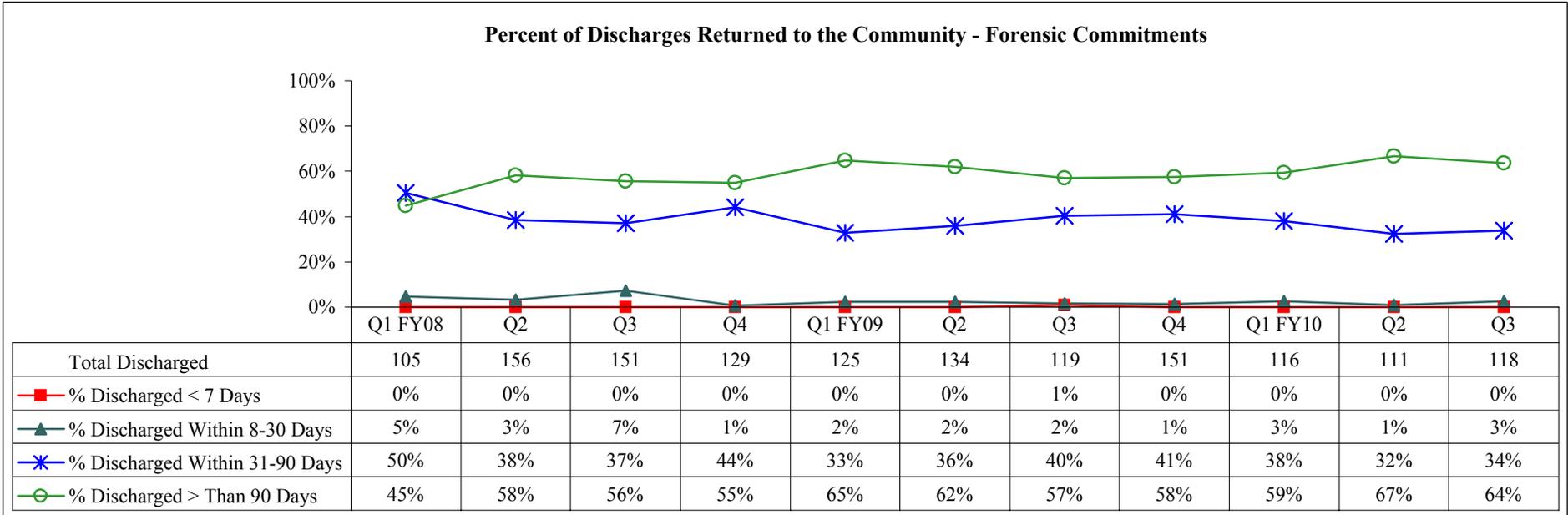


Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic

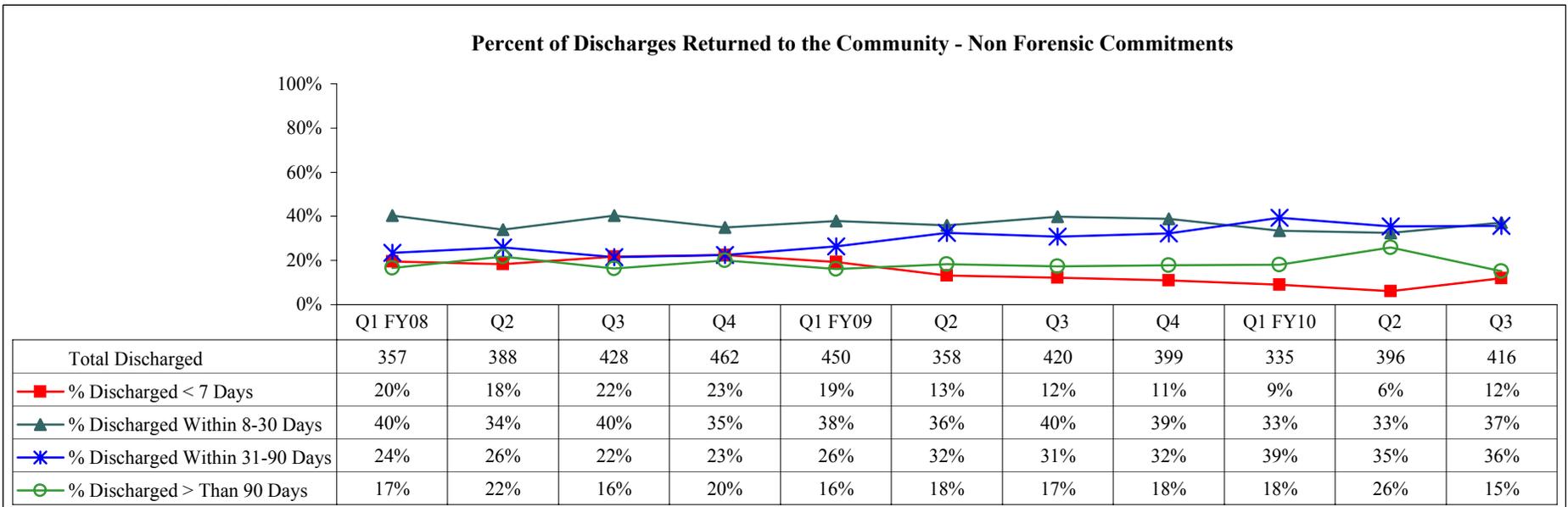


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

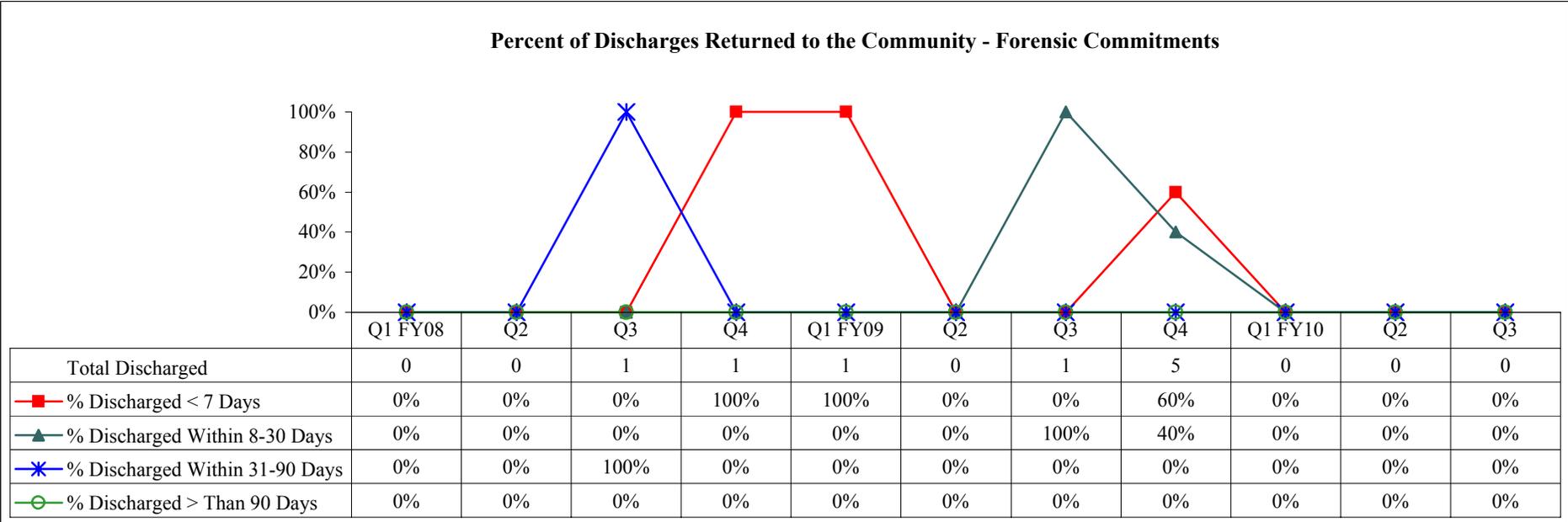


Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic

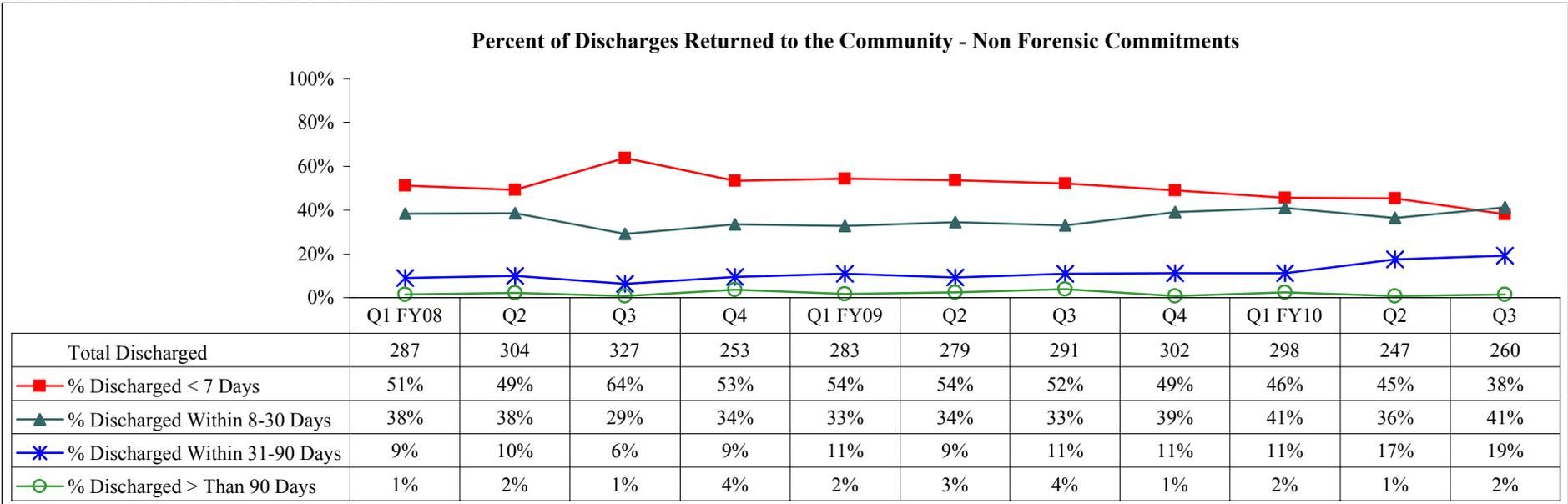


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

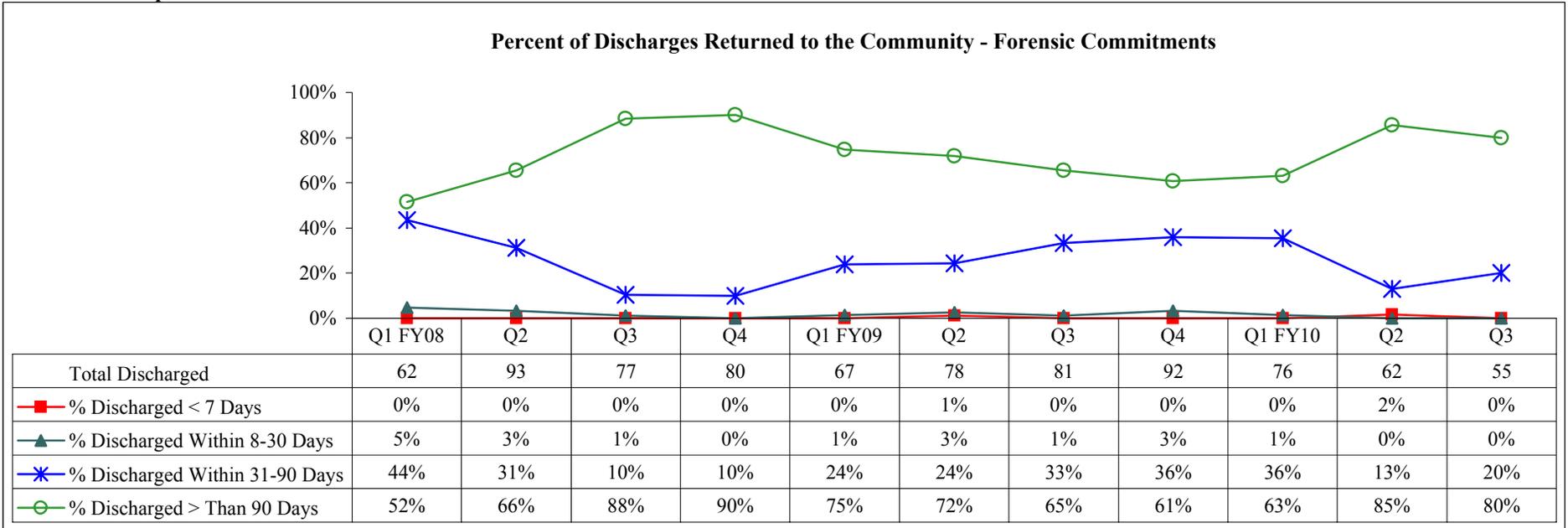


Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic



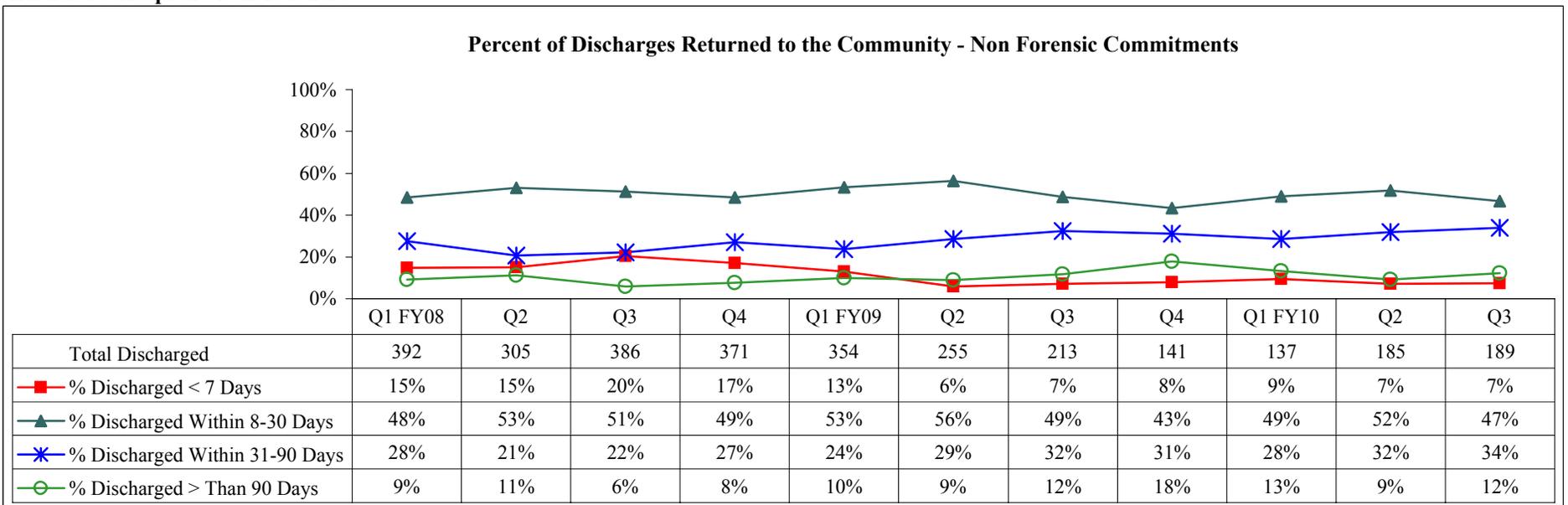
Measure 5B - Percent of Discharges Returned to the Community

Rusk State Hospital - Forensic



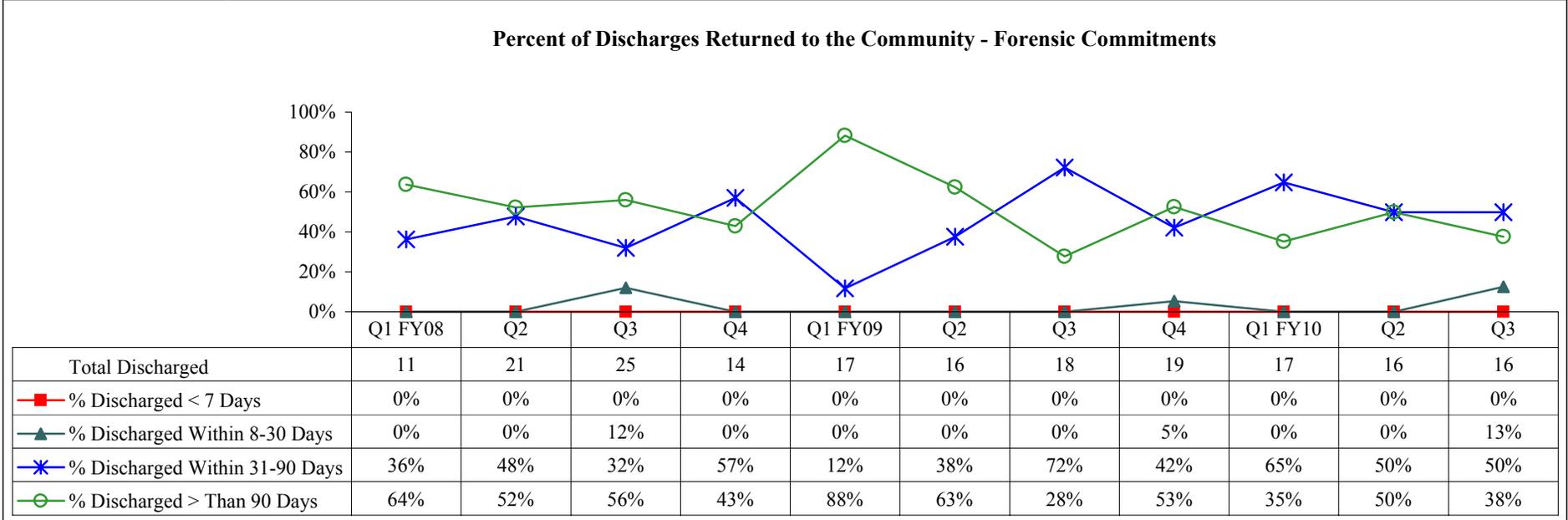
Measure 5B - Percent of Discharges Returned to the Community

Rusk State Hospital - Non Forensic

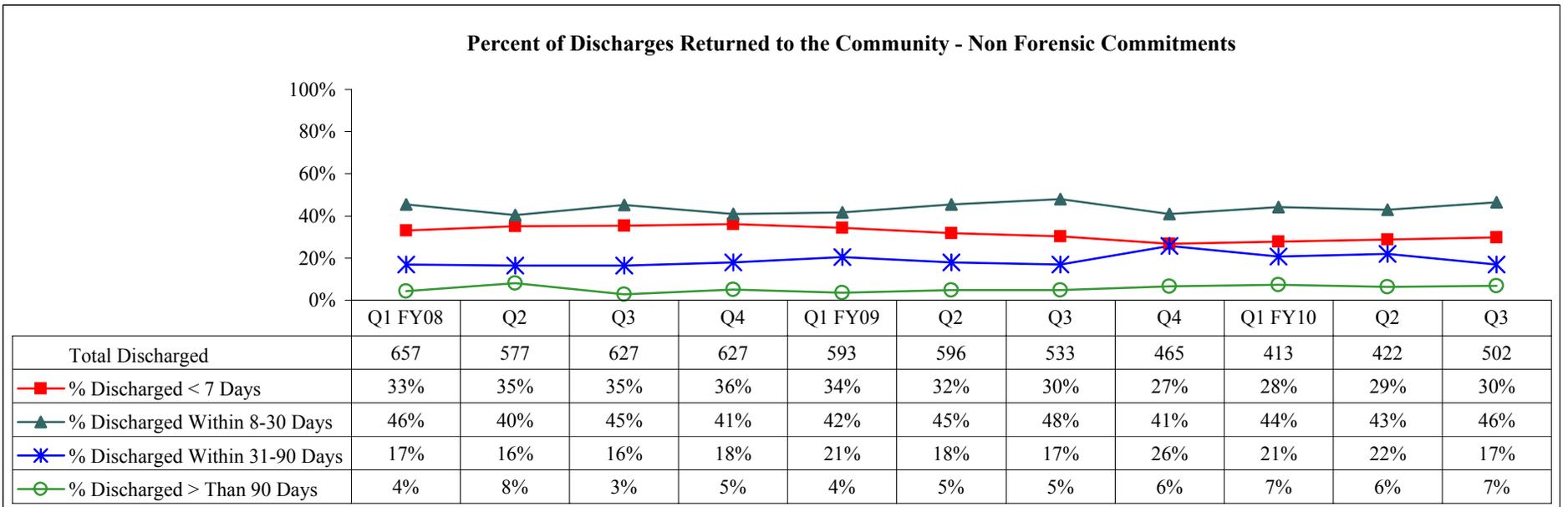


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

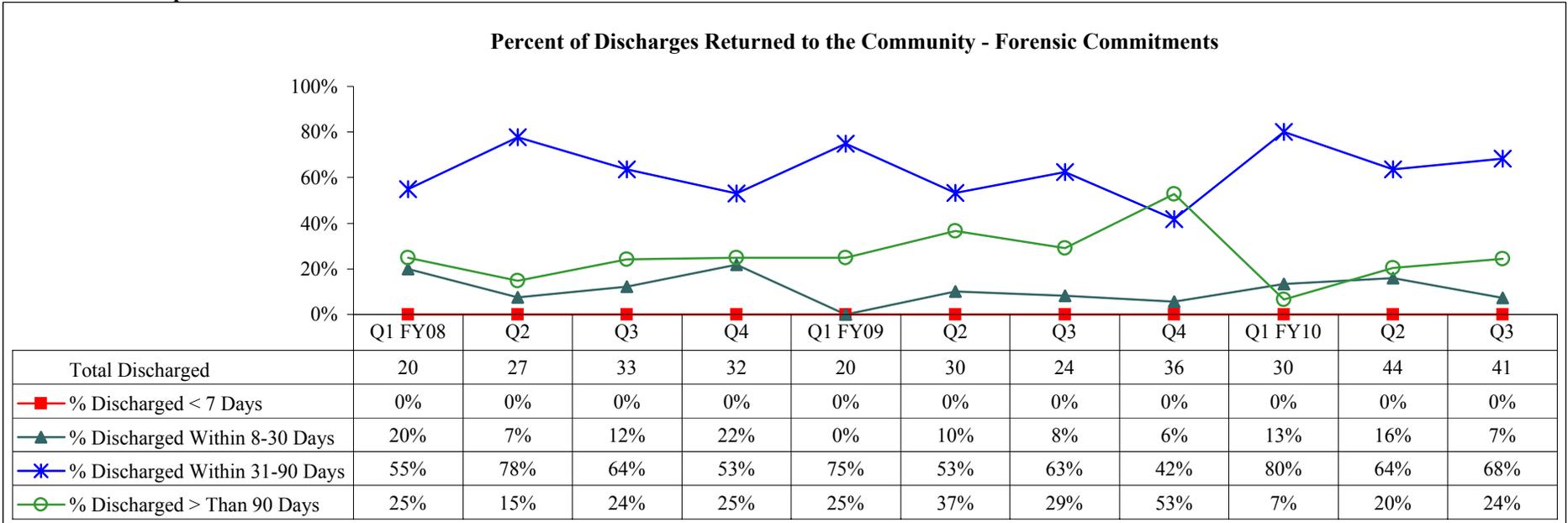


Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

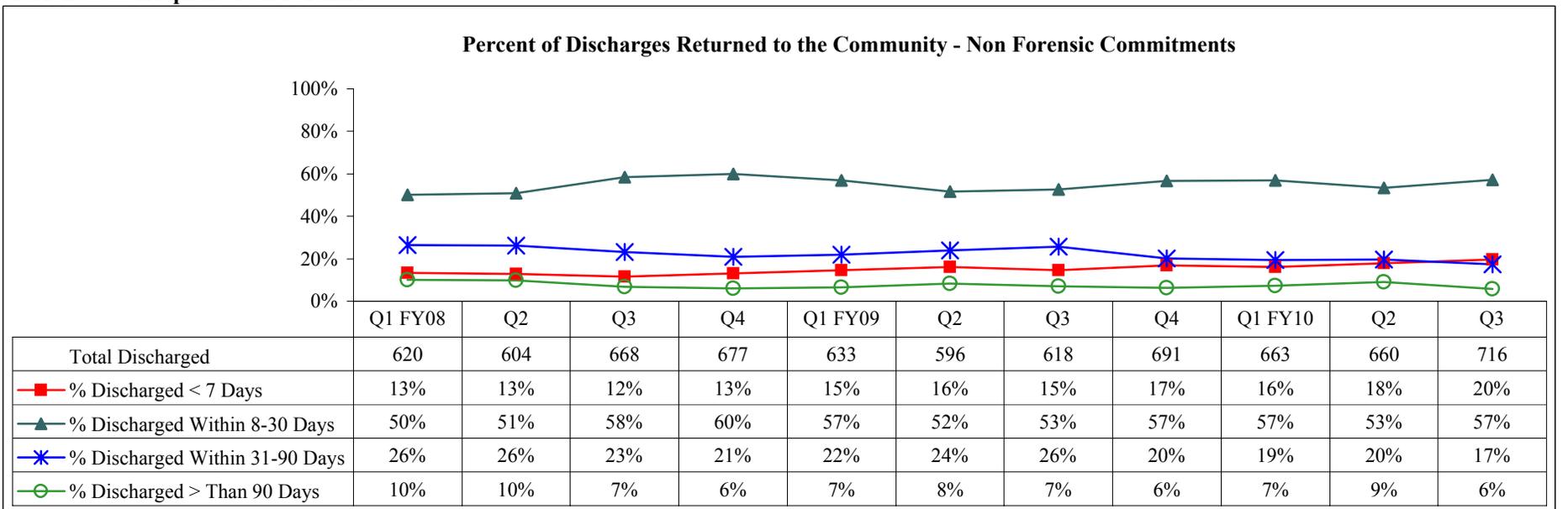


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

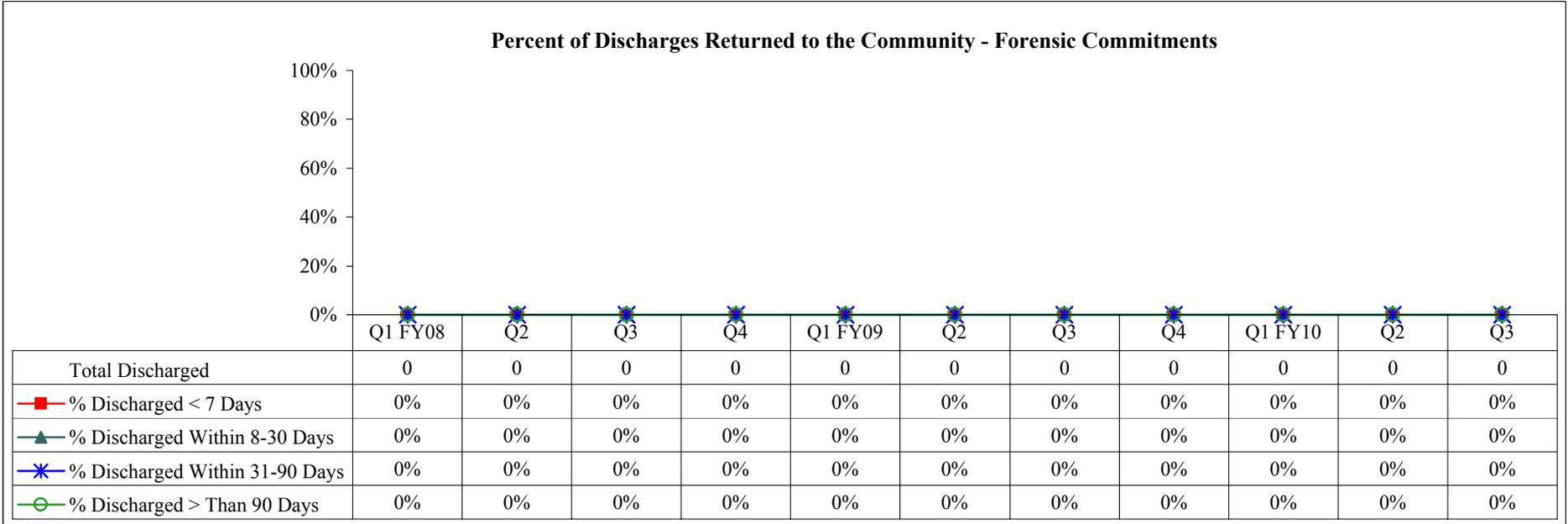


Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

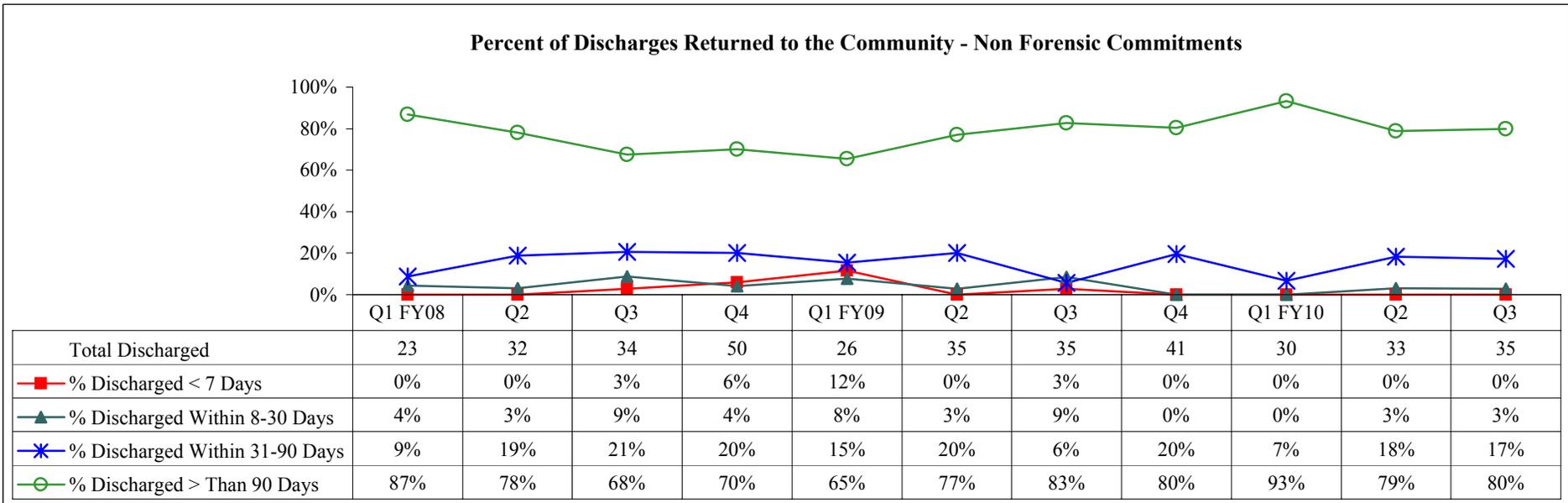


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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



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

Performance Measure 5C:

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

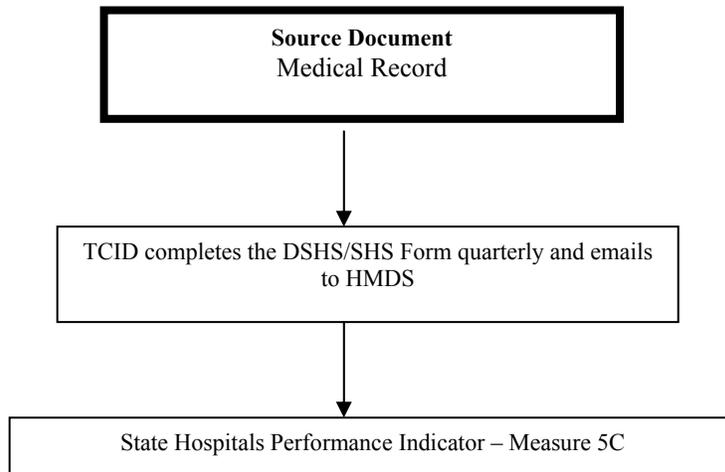
Performance Measure Operational Definition: Data reported by TCID.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

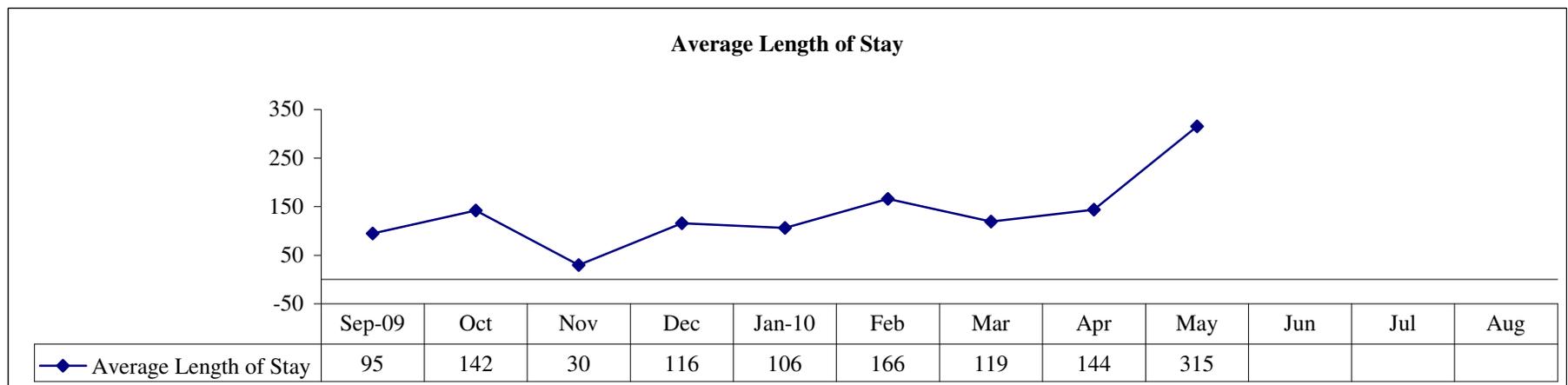
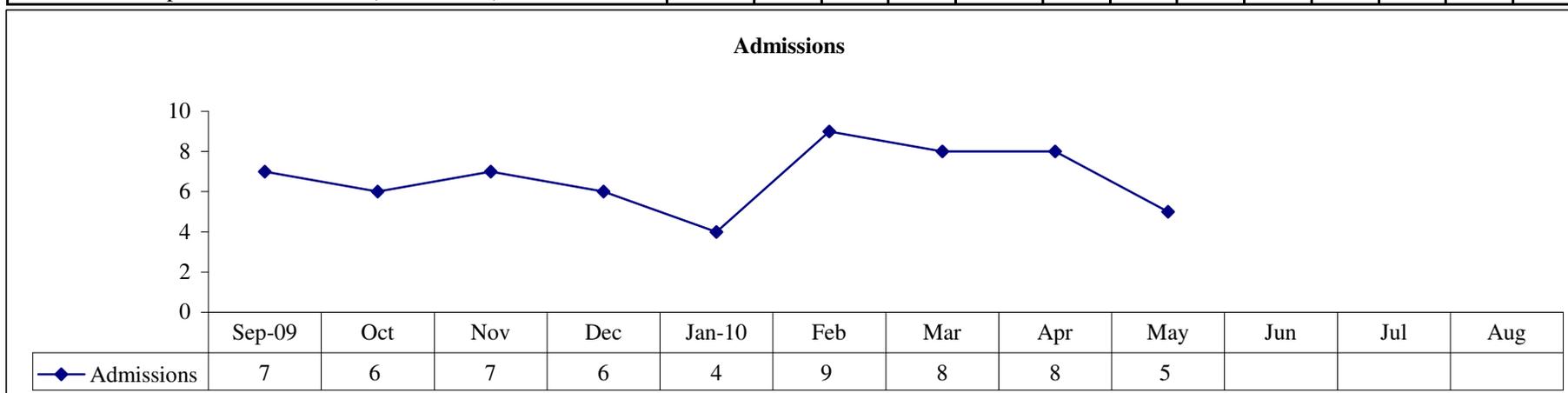
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



Measure 5C - Admissions and Average Length of Stay
TCID - FY10

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	7	6	7	6	4	9	8	8	5				60
Average Length of Stay	95	142	30	116	106	166	119	144	315				137
Number of Patients Admitted for Inpatient Care & Treatment	7	6	7	6	4	9	8	8	5				60
Tuberculoses	4	4	5	4	4	7	8	8	5				49
Multi-drug related tuberculoses	3	2	2	2	0	2	0	0	0				11
Extensively drug related tuberculosis	0	0	0	0	0	0	0	0	0				0
Number of Outpatient Admissions (Encounters)	11	30	13	24	16	19	22	30	21				186



Performance Measure 5D:

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

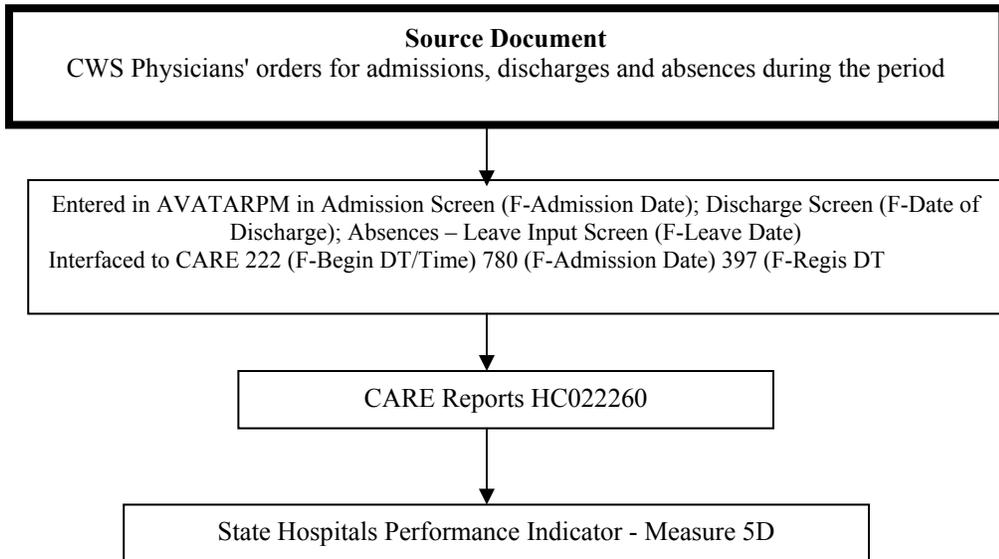
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

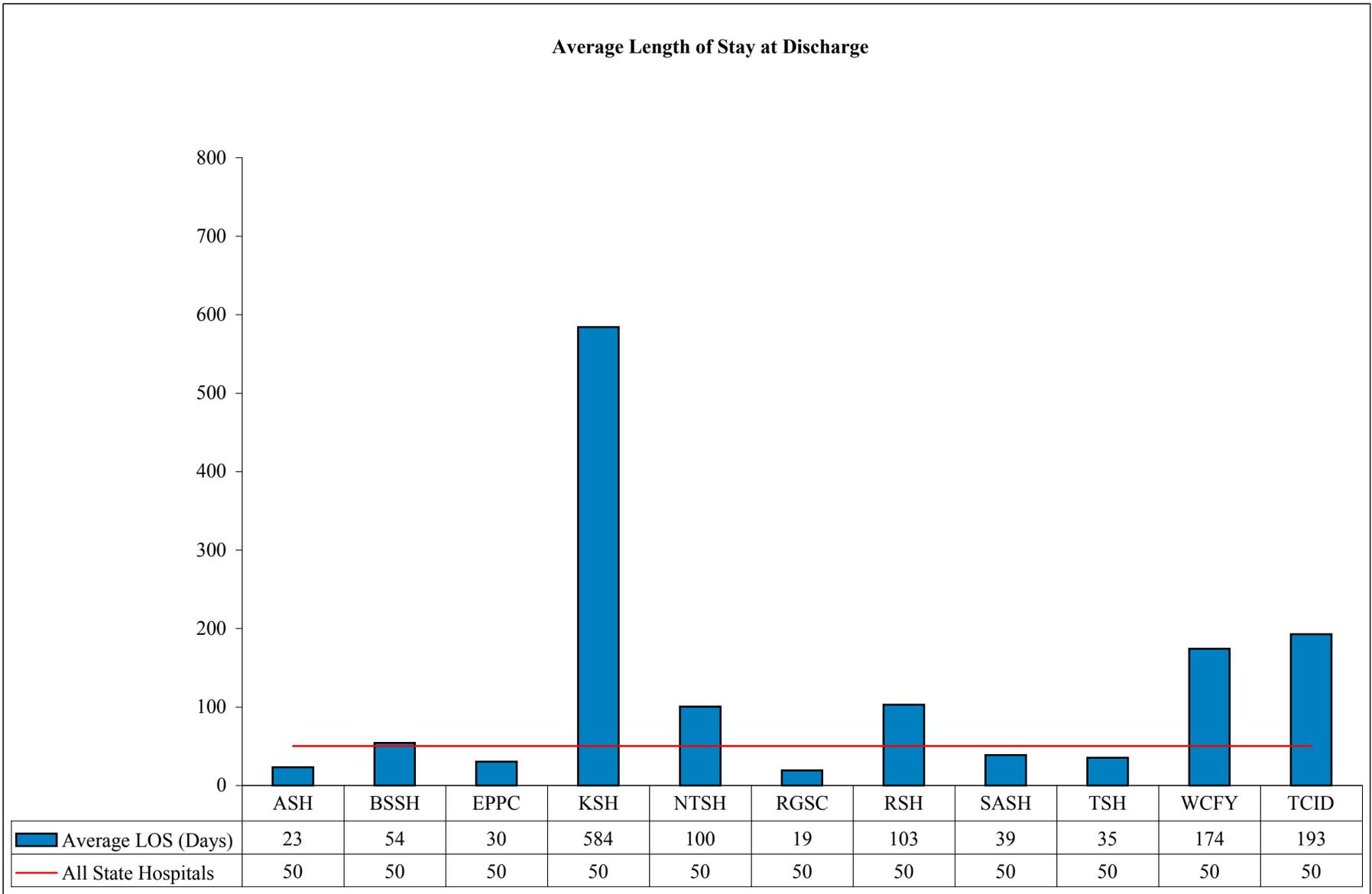
Performance Measure Data Display and Chart Description:

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

Data Flow:



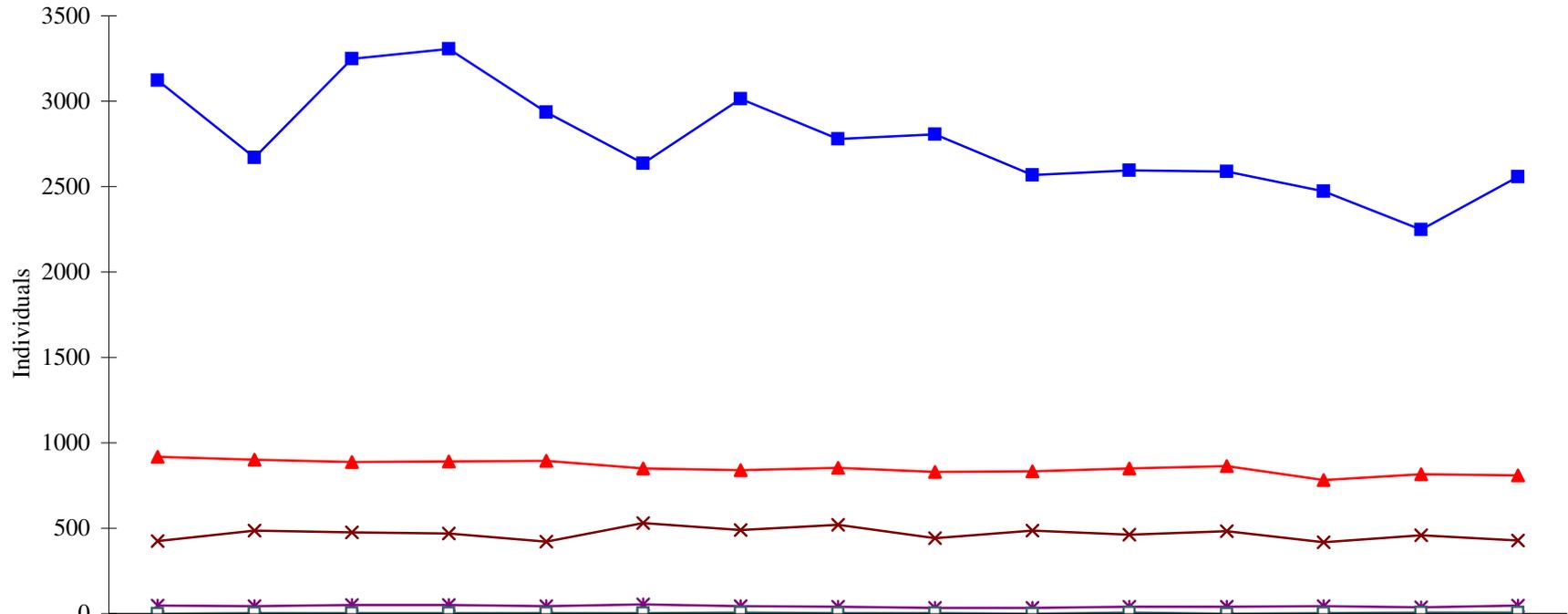
Measure 5D - Average Length of Stay at Discharge
All State Hospitals



TCID - not included in All State Hospitals Average

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

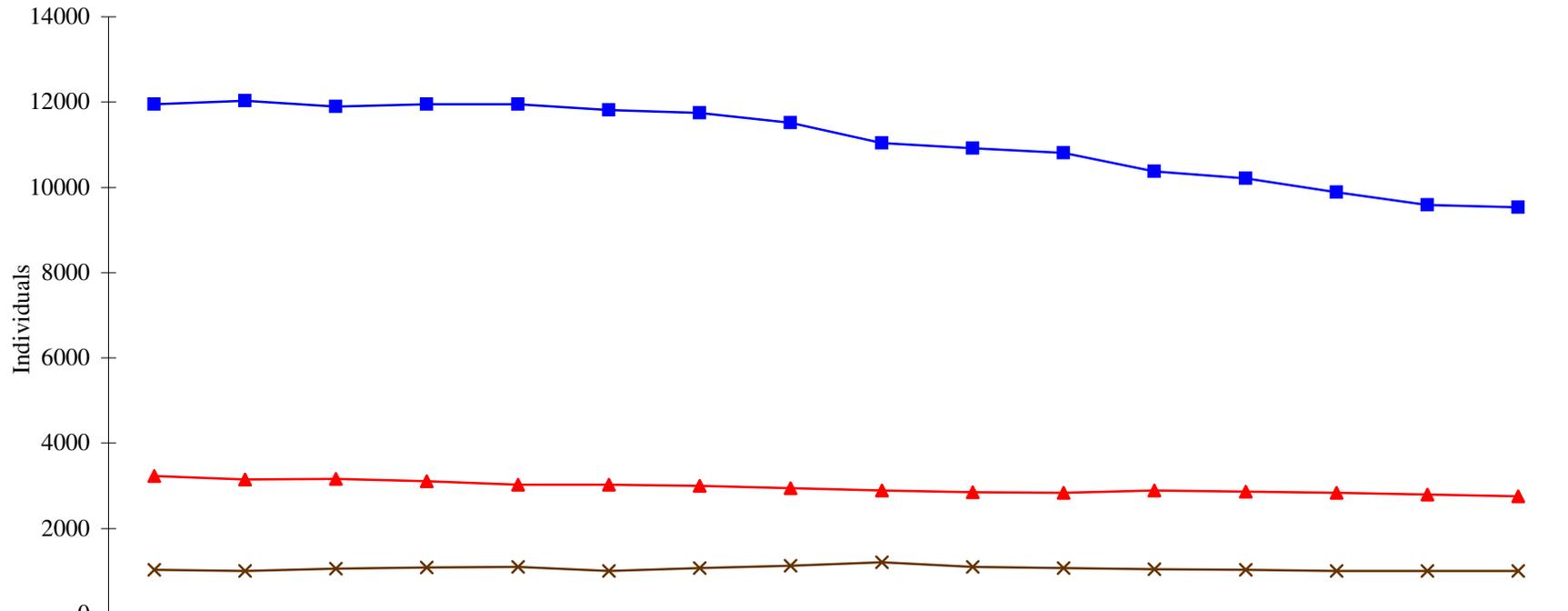
Average Length of Stay at Discharge by Category



Category	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	41	47	43	43	45	49	48	47	45	45	48	47	52	54	50
30 Days or Less	3121	2670	3247	3307	2937	2635	3012	2780	2805	2569	2596	2588	2472	2249	2559
31 - 90 Days	917	900	888	890	894	851	840	854	829	834	851	863	783	816	809
91 - 365 Days	424	488	477	469	422	529	490	522	443	485	461	482	418	459	427
1 - 5 Years	48	44	51	51	44	53	44	41	35	35	42	41	43	37	49
Over 5 Years	1	4	3	5	5	4	8	3	3	1	6	1	5	6	6

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

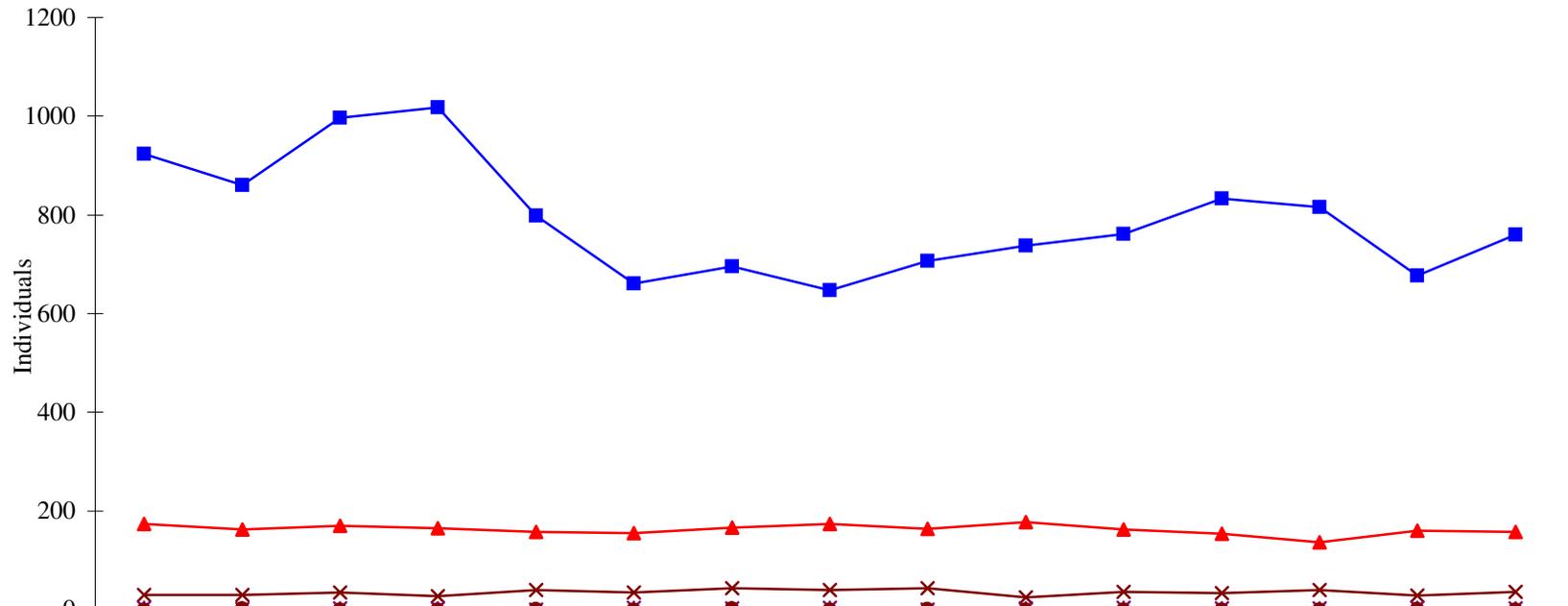
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	27	27	27	27	27	27	27	28	29	28	28	29	29	29	29	29
■ 30 Days or Less	11949	12034	11890	11955	11948	11816	11751	11516	11040	10922	10805	10380	10205	9882	9583	9530
▲ 31-90 Days	3227	3153	3158	3109	3031	3026	3006	2949	2898	2847	2844	2891	2859	2835	2791	2762
✕ 91-365 Days	1037	999	1056	1086	1104	1011	1079	1131	1202	1101	1076	1047	1035	1006	1011	999

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

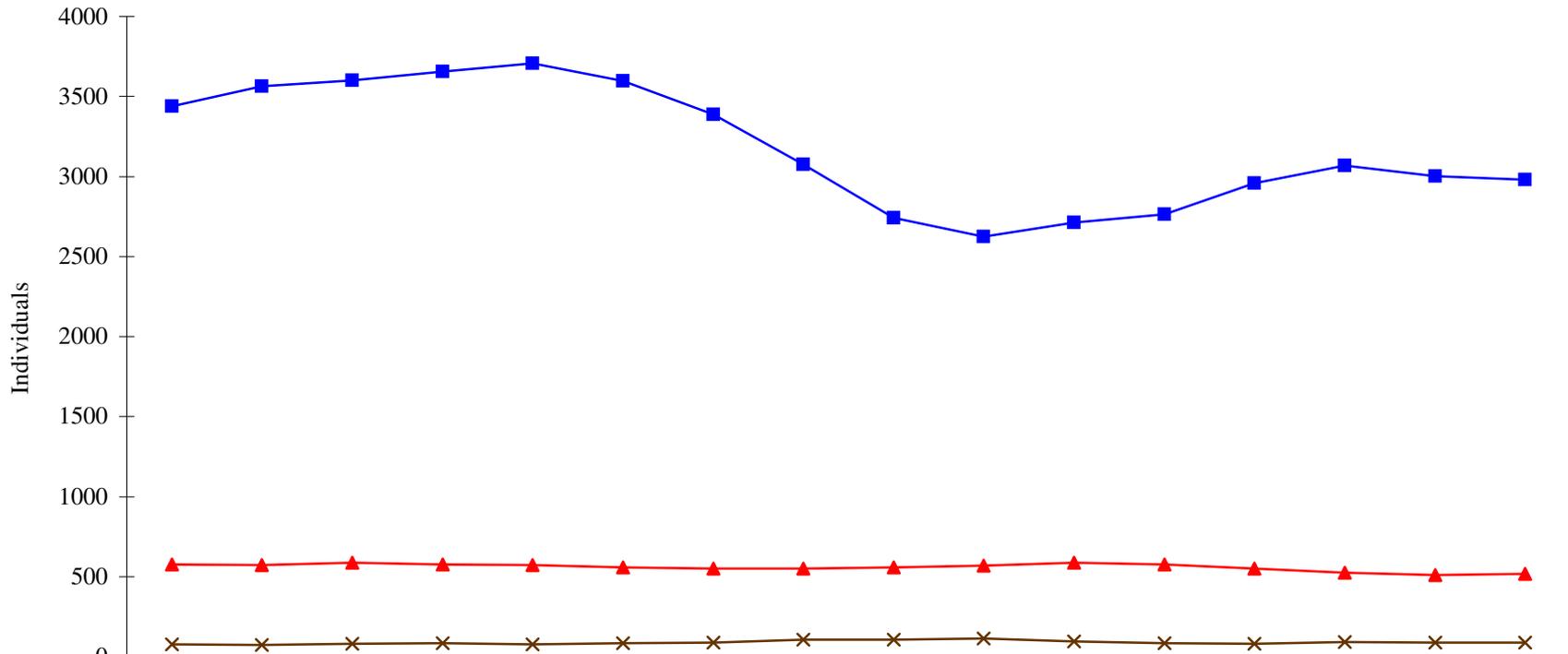
Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	23	27	21	19	24	26	38	28	32	23	25	22	24	31	23
■ 30 Days or Less	924	860	997	1018	798	661	696	647	706	738	761	833	816	677	760
▲ 31 - 90 Days	174	162	170	165	158	155	166	173	164	177	163	154	136	160	158
✕ 91 - 365 Days	30	30	35	27	40	35	44	40	44	25	36	33	40	28	36
✱ 1 - 5 Years	4	1	2	2	0	4	2	4	0	2	4	2	3	4	2
● Over 5 Years	0	2	0	0	1	0	3	0	1	0	0	0	0	1	0

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

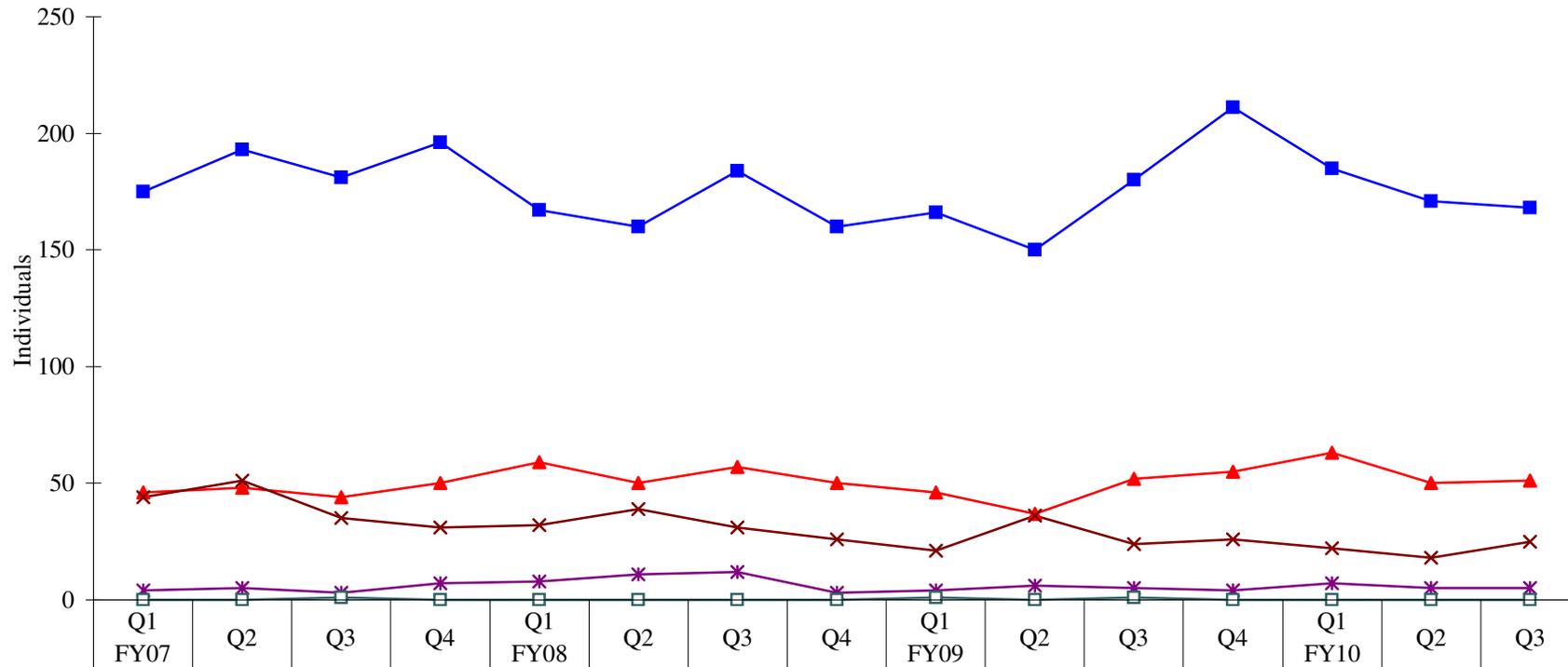
Average Length of Stay For Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	18	17	17	17	17	17	18	19	20	21	21	21	19	19	19	19
■ 30 Days or Less	3440	3562	3600	3656	3708	3596	3386	3075	2742	2625	2713	2762	2956	3069	3002	2980
▲ 31-90 Days	577	571	587	576	574	557	549	552	557	568	587	577	550	523	510	518
✕ 91-365 Days	78	73	79	83	78	83	89	106	105	115	94	86	81	93	87	89

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

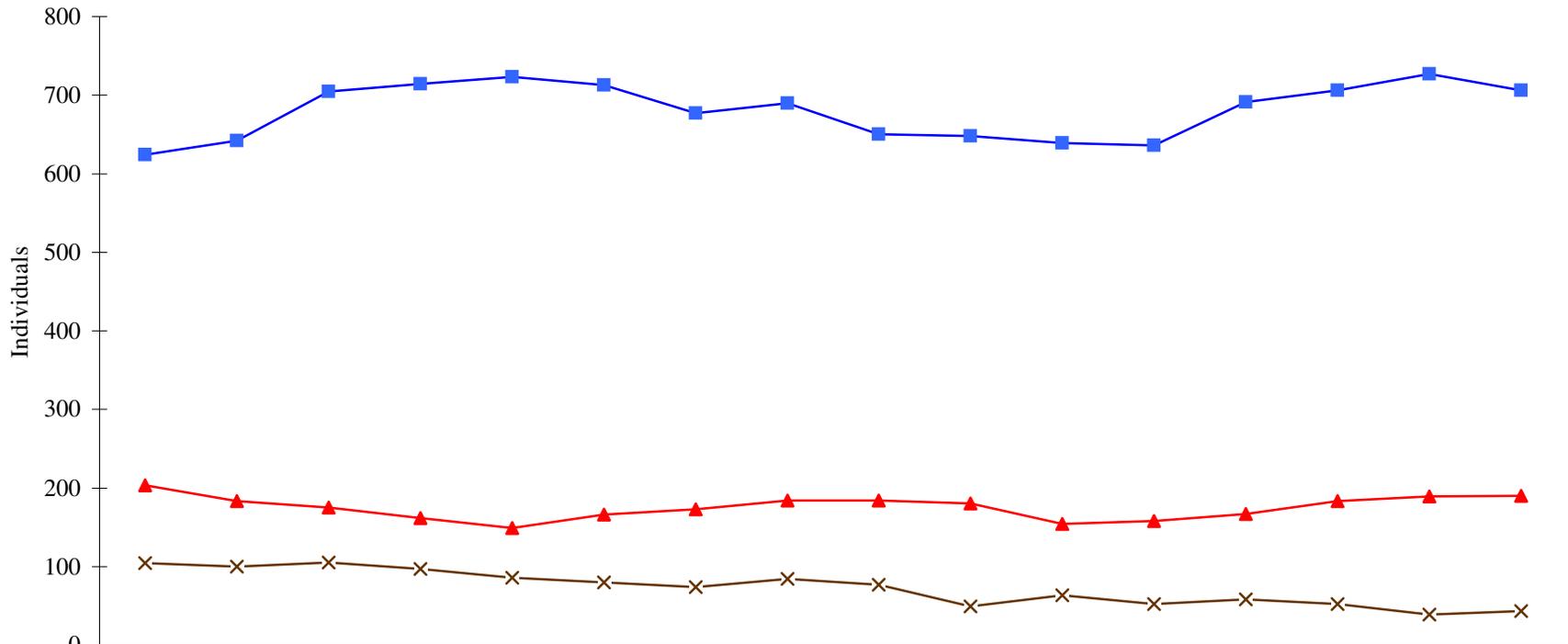
Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	60	51	71	52	54	67	62	47	51	62	54	45	56	46	54
■ 30 Days or Less	175	193	181	196	167	160	184	160	166	150	180	211	185	171	168
▲ 31 - 90 Days	46	48	44	50	59	50	57	50	46	37	52	55	63	50	51
× 91 - 365 Days	44	51	35	31	32	39	31	26	21	36	24	26	22	18	25
* 1 - 5 Years	4	5	3	7	8	11	12	3	4	6	5	4	7	5	5
□ Over 5 Years	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0

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

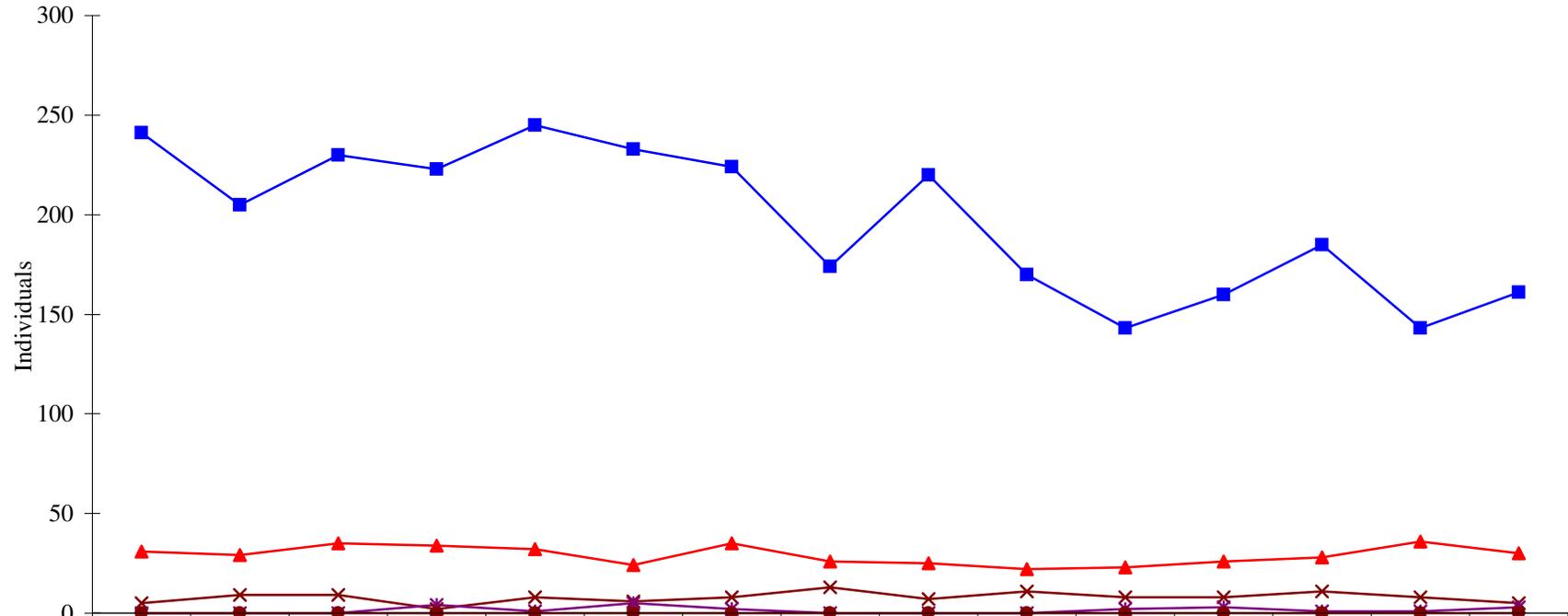
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	36	34	33	31	30	29	29	31	31	27	29	27	27	27	24	25
■ 30 Days or Less	624	642	705	714	723	713	677	690	650	648	639	636	691	706	727	706
▲ 31-90 Days	203	183	175	162	149	166	173	184	184	180	154	158	167	183	189	190
× 91-365 Days	104	100	105	97	86	80	74	84	77	49	63	52	58	52	39	43

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

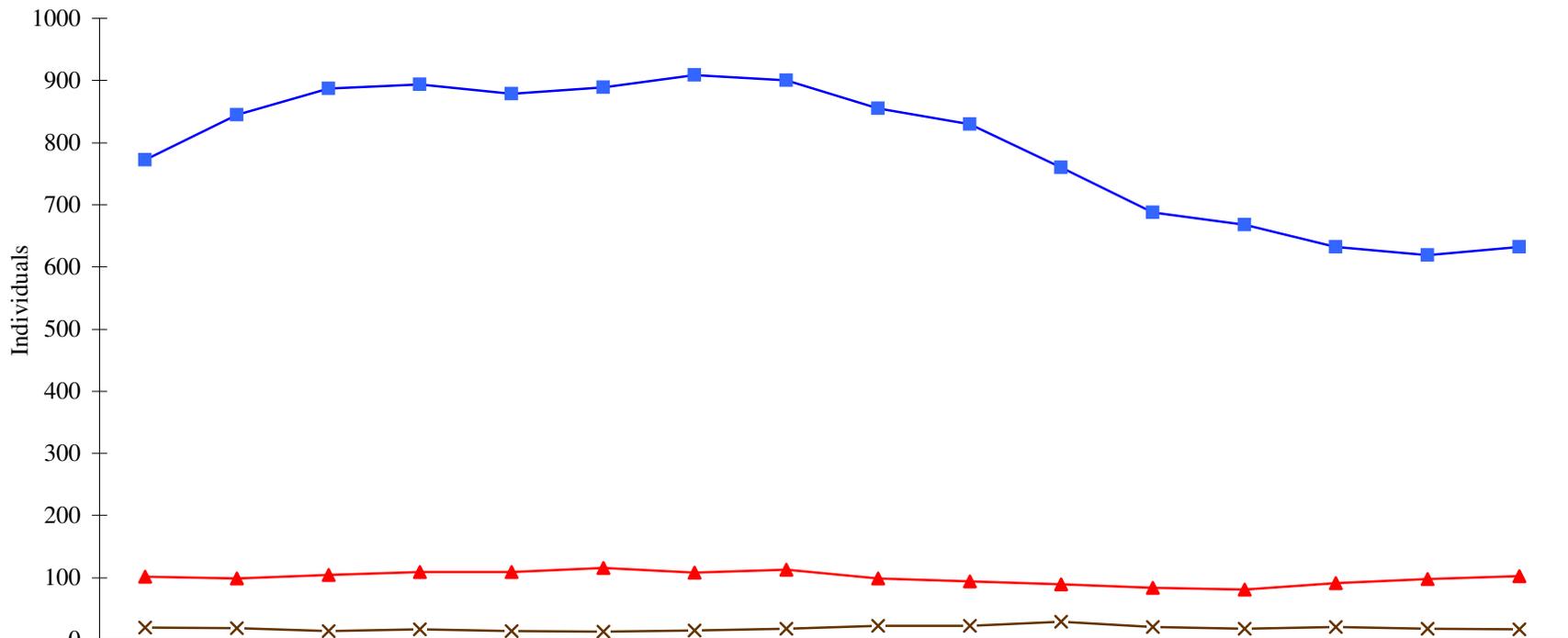
Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	17	21	19	24	18	27	27	22	17	22	27	37	24	27	30
30 Days or Less	241	205	230	223	245	233	224	174	220	170	143	160	185	143	161
31 - 90 Days	31	29	35	34	32	24	35	26	25	22	23	26	28	36	30
91 - 365 Days	5	9	9	2	8	6	8	13	7	11	8	8	11	8	5
1 - 5 Years	0	0	0	4	1	5	2	0	0	0	2	3	1	1	3
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

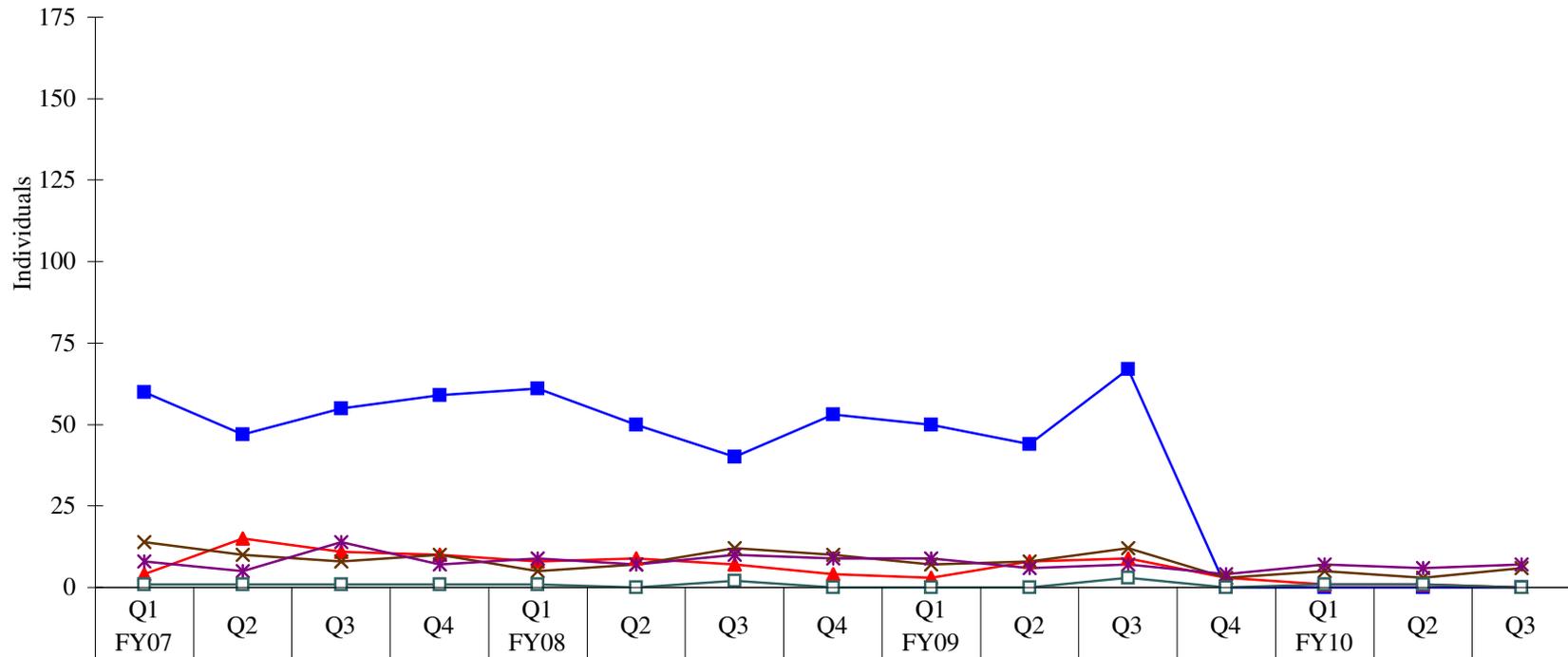
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	17	16	15	16	15	15	15	15	16	16	18	17	17	18	18	18
30 Days or Less	772	845	887	894	879	889	909	900	855	830	760	688	668	632	619	632
31-90 Days	102	99	104	109	109	116	108	113	99	94	89	84	81	91	98	103
91-365 Days	20	19	14	17	14	13	15	18	23	23	29	21	18	21	18	17

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

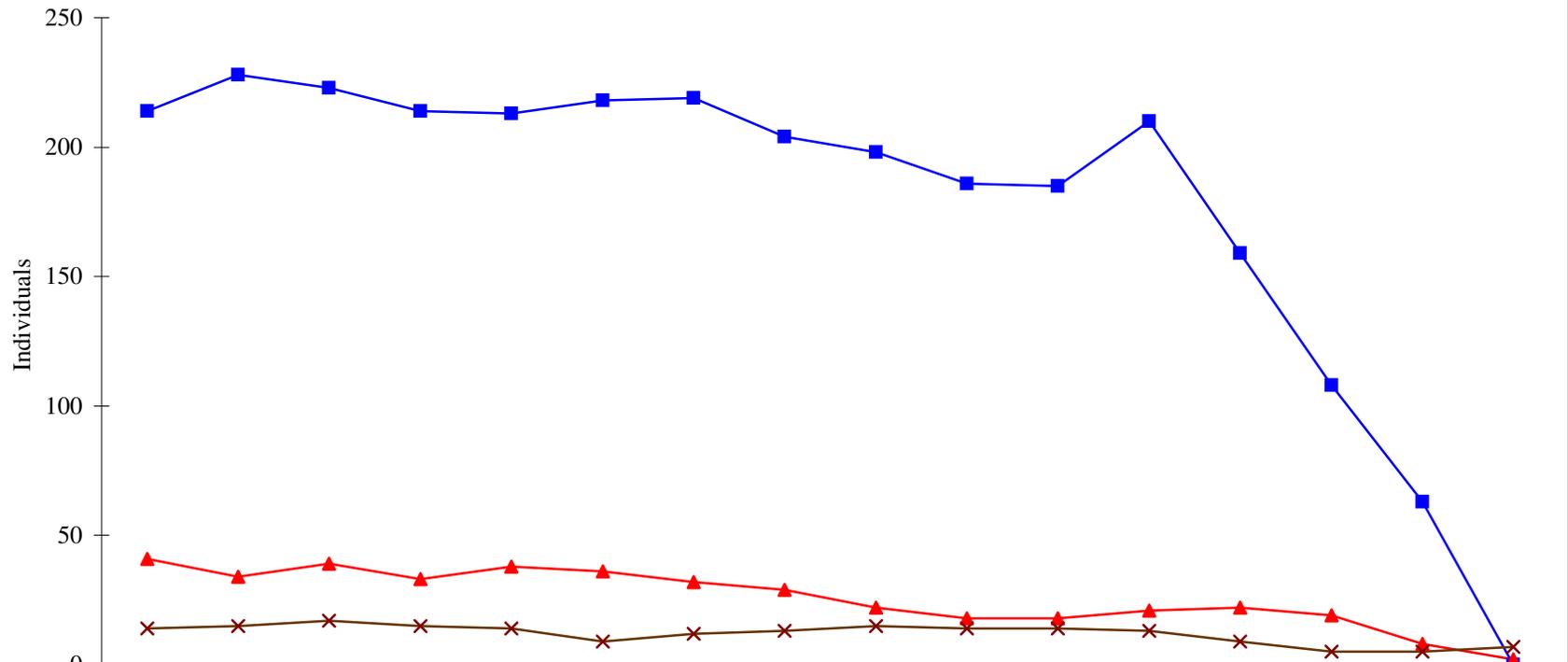
Length of Stay at Discharge by Category



Average LOS	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
30 Days or Less	60	47	55	59	61	50	40	53	50	44	67	0	0	0	0
31 - 90 Days	4	15	11	10	8	9	7	4	3	8	9	3	1	1	0
91 - 365 Days	14	10	8	10	5	7	12	10	7	8	12	3	5	3	6
1 - 5 Years	8	5	14	7	9	7	10	9	9	6	7	4	7	6	7
Over 5 Years	1	1	1	1	1	0	2	0	0	0	3	0	1	1	0

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

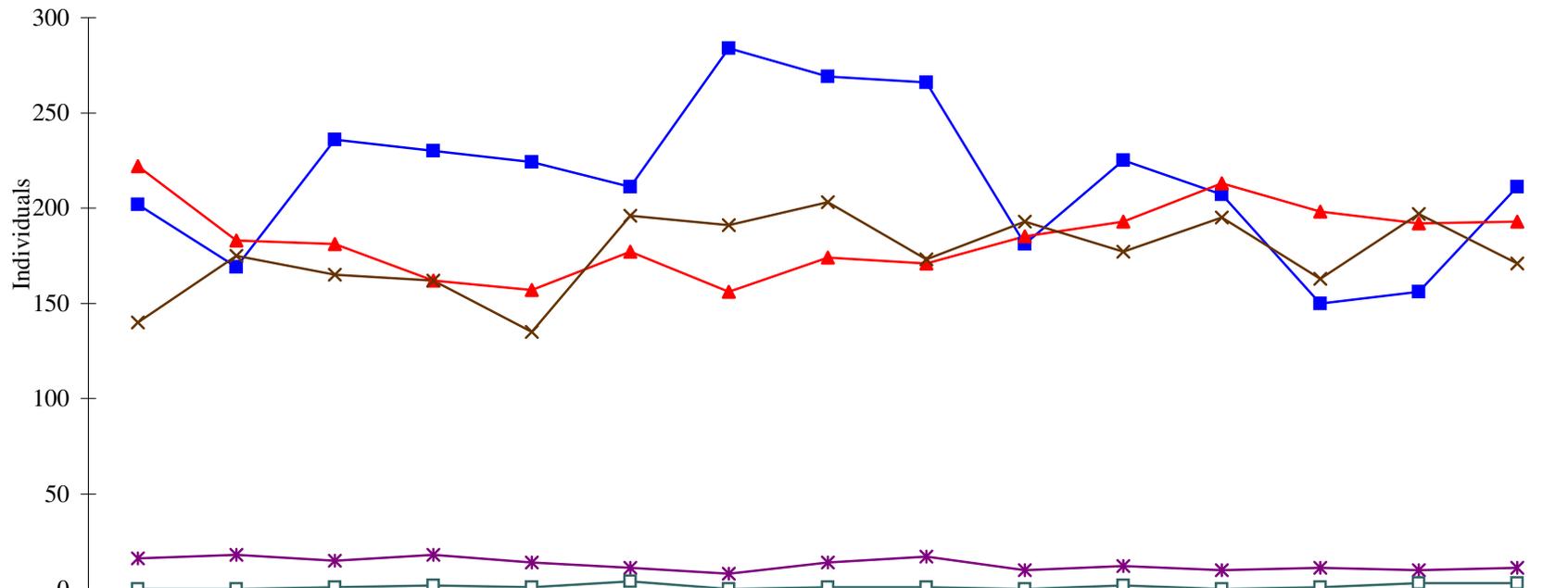
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	25	23	23	22	24	20	22	22	23	21	22	19	21	20	24	176
■ 30 Days or Less	214	228	223	214	213	218	219	204	198	186	185	210	159	108	63	0
▲ 31-90 Days	41	34	39	33	38	36	32	29	22	18	18	21	22	19	8	2
× 91-365 Days	14	15	17	15	14	9	12	13	15	14	14	13	9	5	5	7

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

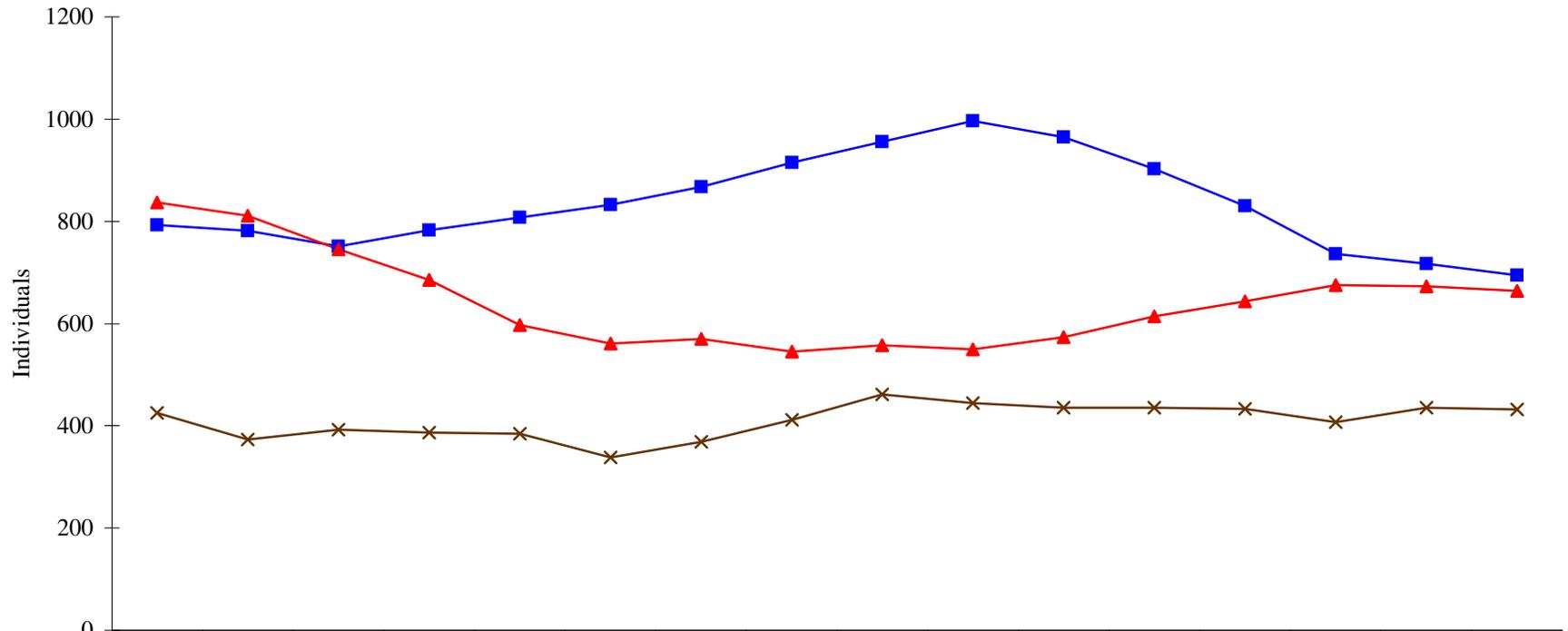
Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	80	95	86	97	90	100	74	87	85	84	87	84	93	104	100
■ 30 Days or Less	202	169	236	230	224	211	284	269	266	181	225	207	150	156	211
▲ 31 - 90 Days	222	183	181	162	157	177	156	174	171	185	193	213	198	192	193
✕ 91 - 365 Days	140	175	165	162	135	196	191	203	173	193	177	195	163	197	171
✱ 1 - 5 Years	16	18	15	18	14	11	8	14	17	10	12	10	11	10	11
□ Over 5 Years	0	0	1	2	1	4	0	1	1	0	2	0	1	3	3

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

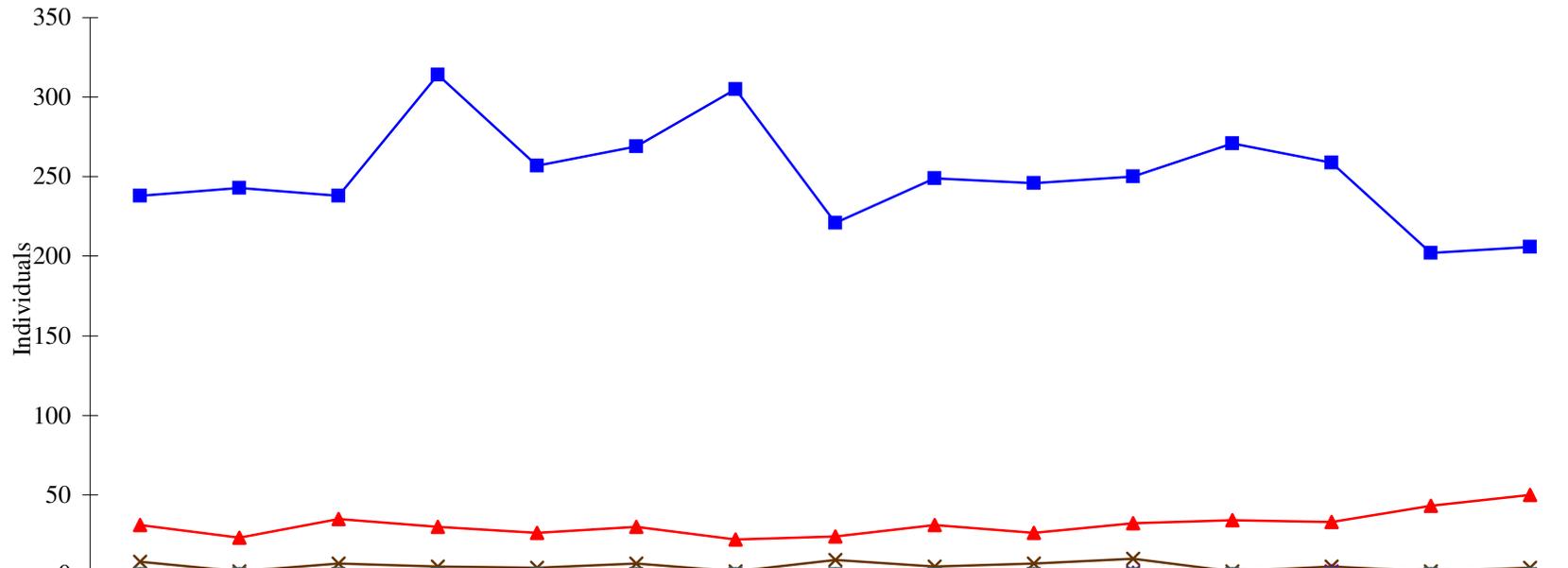
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	57	55	56	56	54	52	51	53	54	52	52	55	56	56	59	60
■ 30 Days or Less	793	781	751	783	807	832	867	915	956	996	965	902	830	736	717	694
▲ 31-90 Days	837	811	745	685	597	561	570	545	558	550	573	614	643	675	673	664
× 91-365 Days	425	373	392	387	385	338	369	412	461	445	435	435	433	407	435	432

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

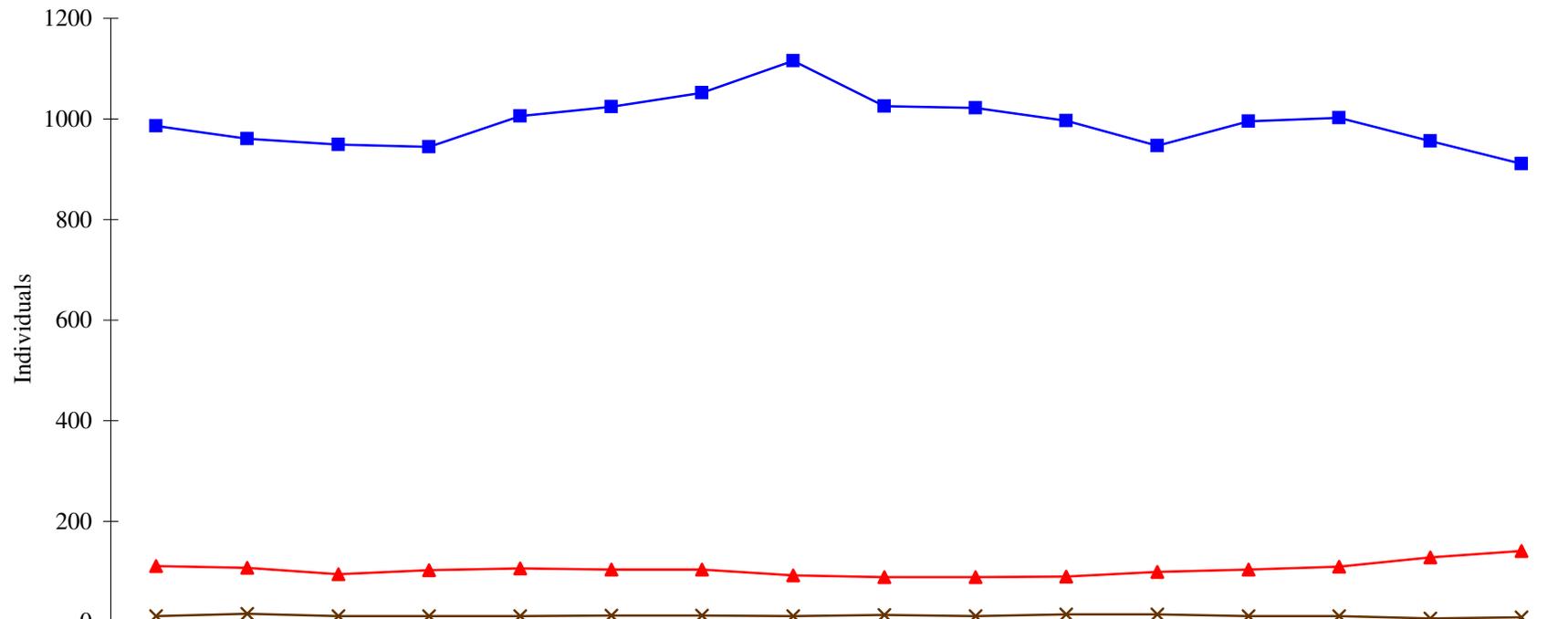
Average Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	18	13	16	14	14	16	11	16	15	16	19	15	19	18	19
■ 30 Days or Less	238	243	238	314	257	269	305	221	249	246	250	271	259	202	206
▲ 31 - 90 Days	31	23	35	30	26	30	22	24	31	26	32	34	33	43	50
× 91 - 365 Days	8	2	7	5	4	7	2	9	5	7	10	2	5	2	4
* 1 - 5 Years	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0
□ Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

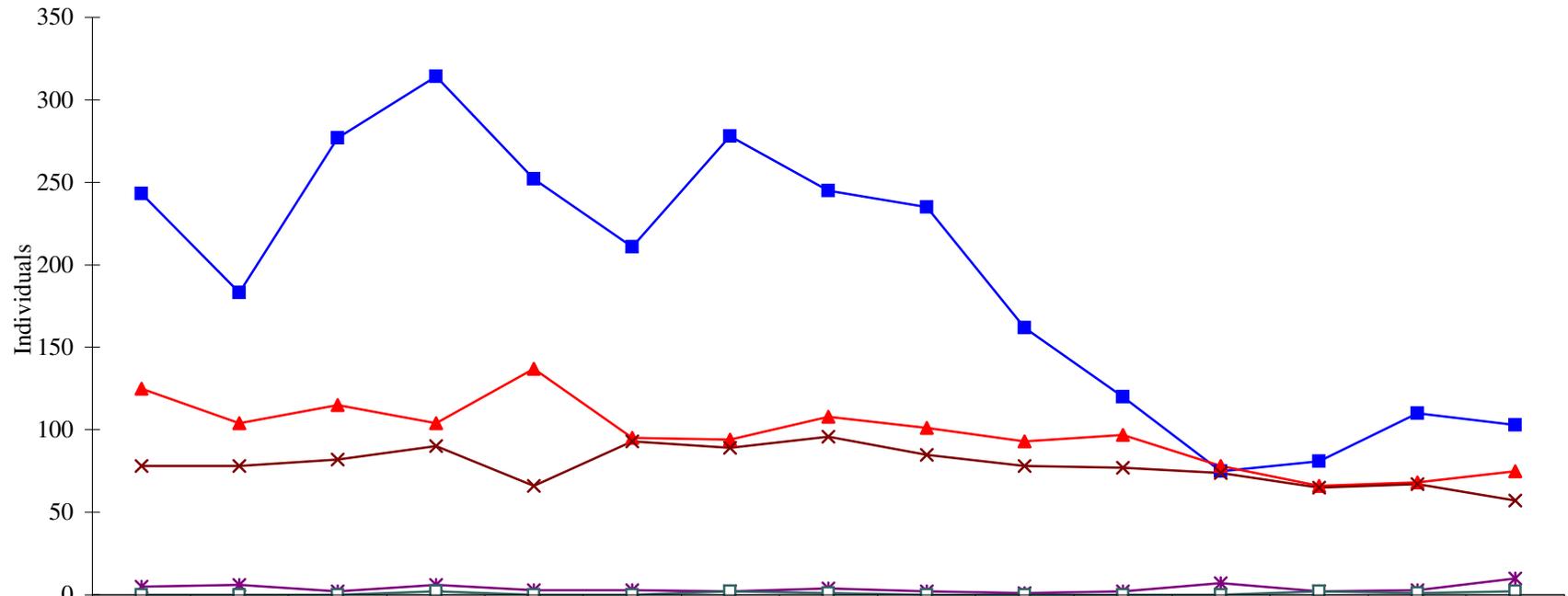
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	13	14	13	14	13	13	13	12	13	12	13	13	13	14	14	15
■ 30 Days or Less	986	961	949	945	1006	1024	1052	1116	1025	1022	997	947	995	1002	956	911
▲ 31-90 Days	111	107	95	103	106	104	104	92	89	89	90	100	104	110	128	141
× 91-365 Days	12	16	12	12	11	13	13	12	14	12	15	15	12	12	7	9

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

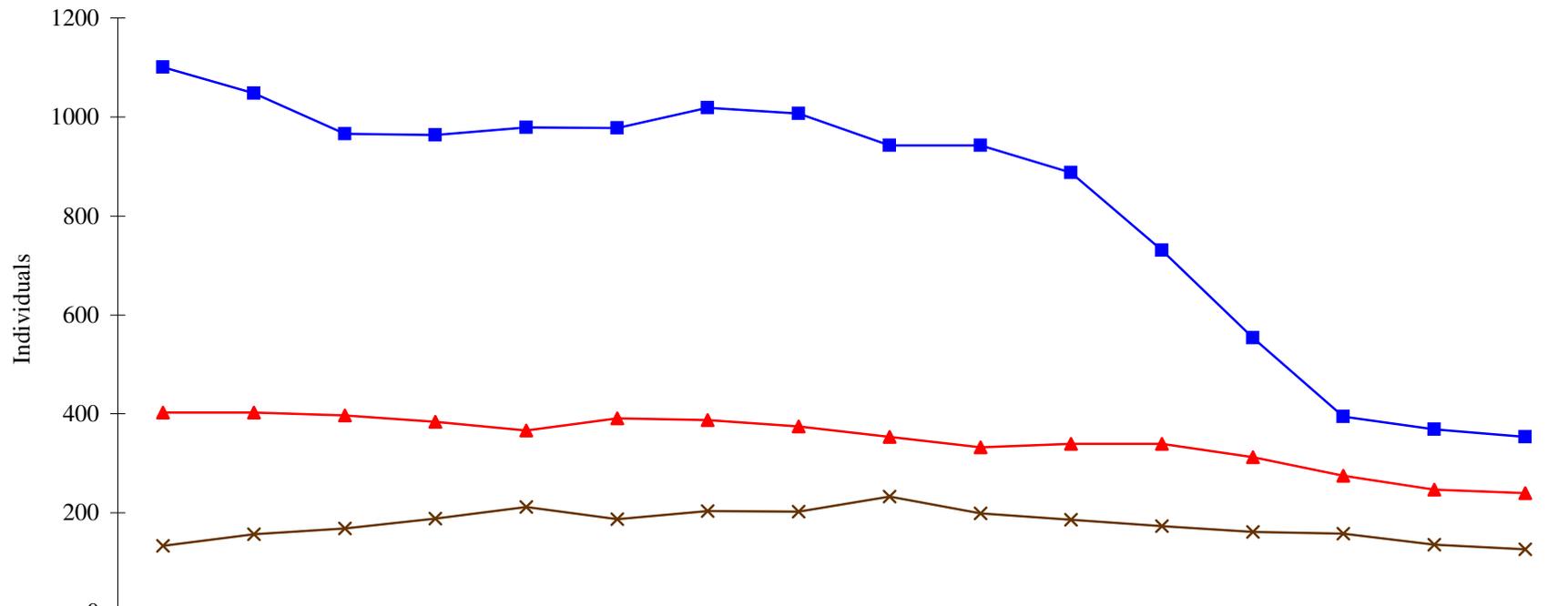
Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	57	64	48	59	50	60	67	65	56	65	70	94	139	92	103
■ 30 Days or Less	243	183	277	314	252	211	278	245	235	162	120	75	81	110	103
▲ 31 - 90 Days	125	104	115	104	137	95	94	108	101	93	97	78	66	68	75
× 91 - 365 Days	78	78	82	90	66	93	89	96	85	78	77	74	65	67	57
* 1 - 5 Years	5	6	2	6	3	3	2	4	2	1	2	7	2	3	10
□ Over 5 Years	0	0	0	2	0	0	2	1	0	0	0	0	2	1	2

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

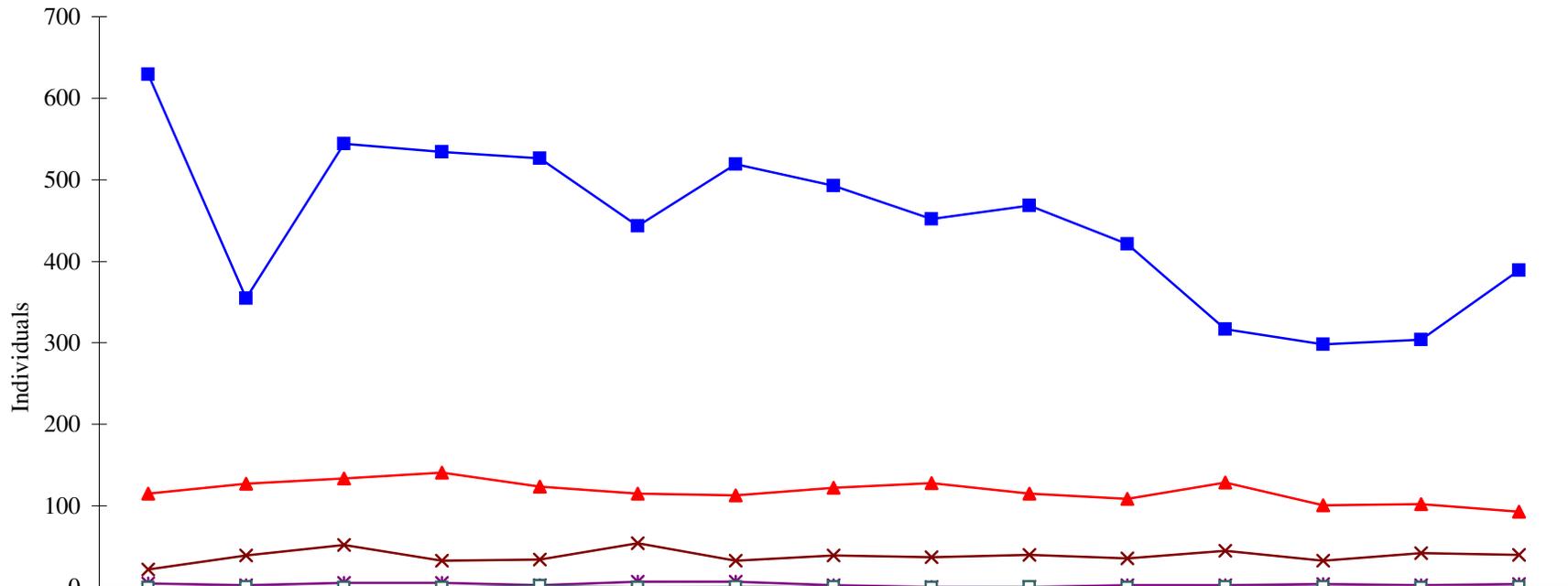
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	33	36	38	38	39	38	38	38	40	38	39	41	45	52	49	49
■ 30 Days or Less	1100	1048	966	964	979	977	1018	1007	943	943	888	730	554	395	369	354
▲ 31-90 Days	403	403	397	384	366	391	388	375	354	333	339	339	313	275	247	240
✕ 91-365 Days	134	157	169	188	212	187	204	203	233	199	186	173	161	158	136	127

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

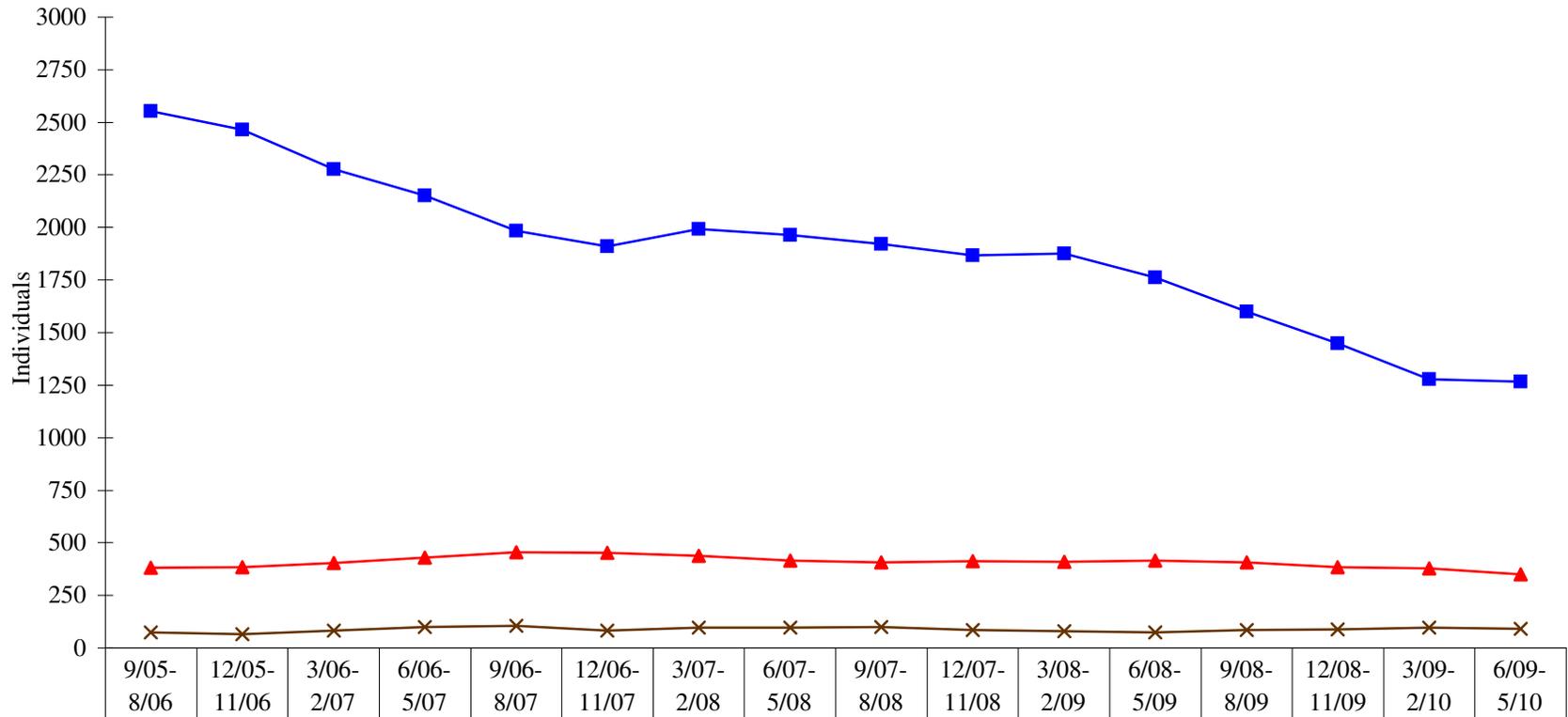
Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	27	39	32	29	35	37	32	38	31	35	32	47	50	41	39
■ 30 Days or Less	629	355	544	534	526	443	519	493	452	468	421	317	298	304	389
▲ 31 - 90 Days	115	127	134	141	124	115	113	122	128	115	109	129	101	102	93
× 91 - 365 Days	22	39	52	33	34	54	33	39	37	40	36	45	33	42	40
* 1 - 5 Years	5	3	6	6	3	7	7	3	1	1	3	3	4	3	4
□ Over 5 Years	0	1	0	0	2	0	1	1	0	1	0	1	1	0	1

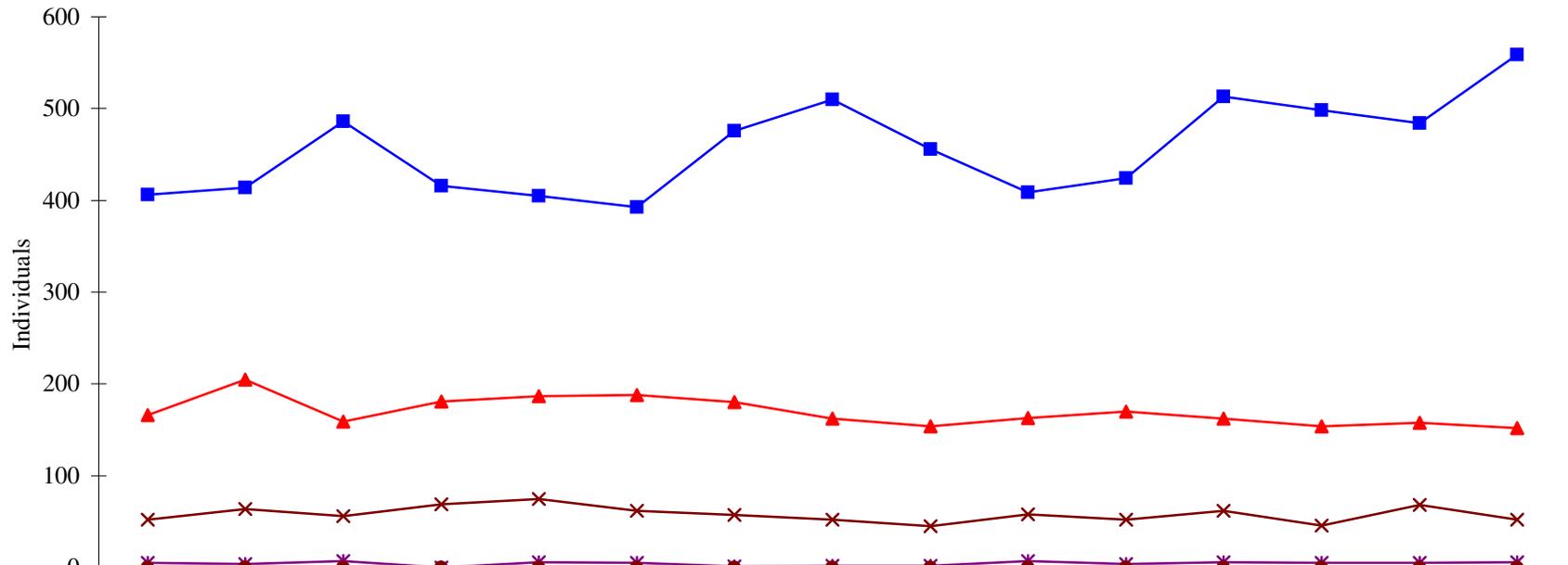
Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

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



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

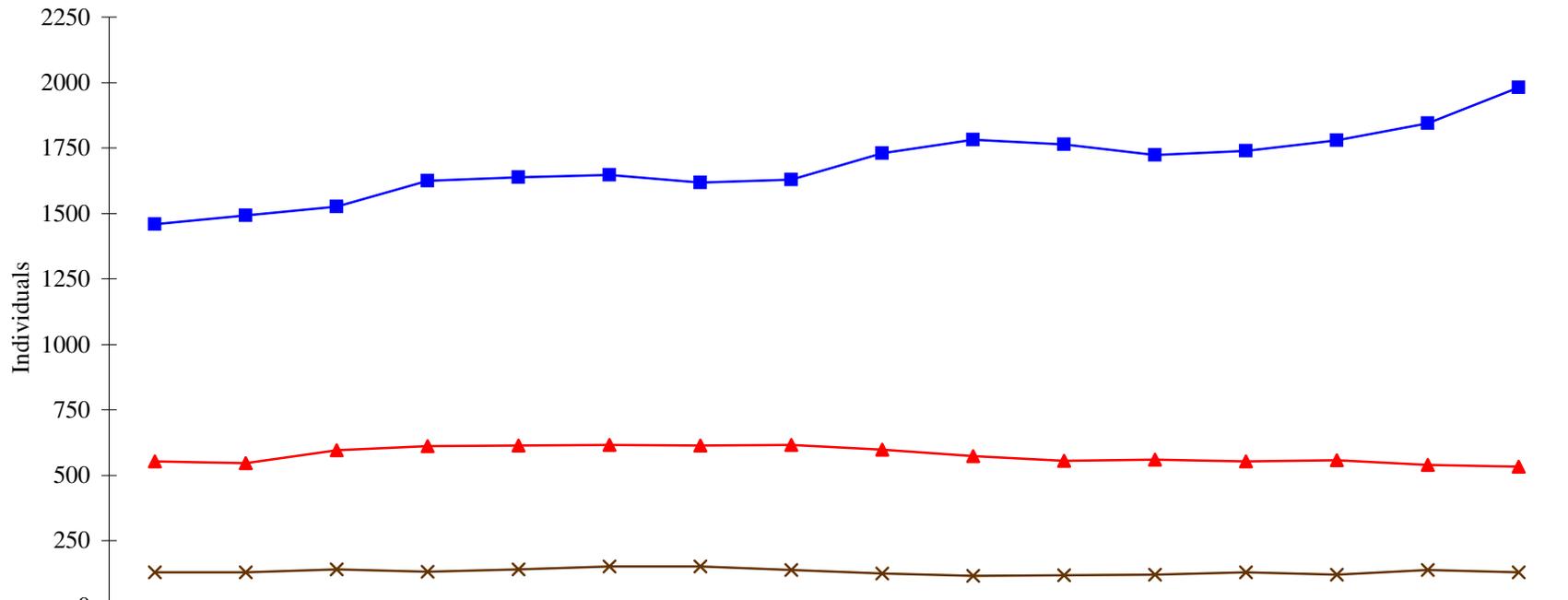
Average Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	40	42	41	40	47	43	36	34	34	44	40	36	36	39	35
■ 30 Days or Less	406	414	486	416	405	393	476	510	456	409	424	513	498	484	559
▲ 31 - 90 Days	166	205	159	181	187	188	180	162	154	163	170	162	154	158	152
× 91 - 365 Days	52	64	56	69	75	62	57	52	45	58	52	62	46	68	52
* 1 - 5 Years	5	4	7	0	6	5	1	2	2	7	4	6	5	5	6
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

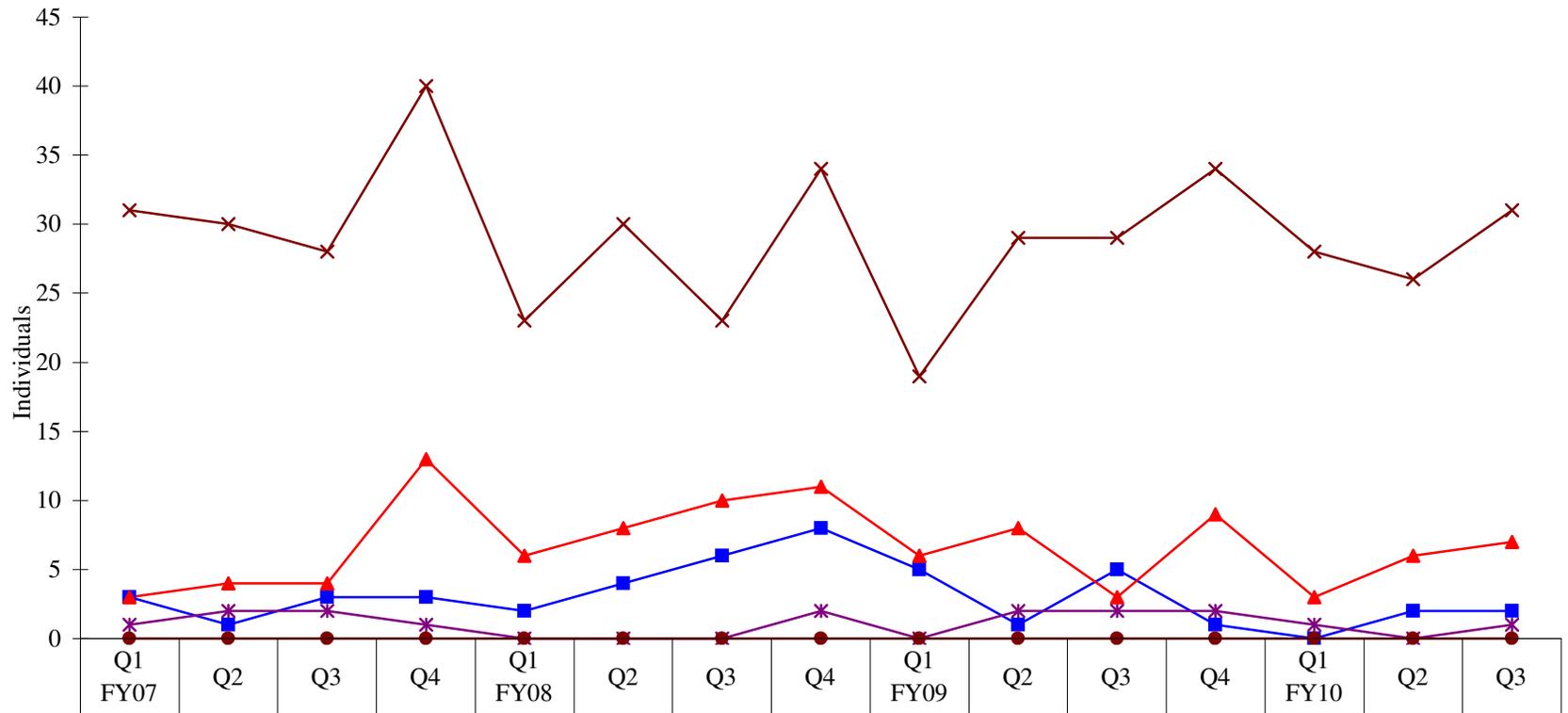
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	31	31	32	31	31	32	32	31	30	29	29	29	29	28	28	27
■ 30 Days or Less	1458	1493	1527	1625	1638	1648	1619	1630	1731	1781	1764	1723	1739	1780	1845	1981
▲ 31-90 Days	554	547	596	611	615	617	614	617	598	574	555	561	553	558	539	534
× 91-365 Days	131	129	141	133	142	152	153	139	126	117	118	122	130	121	138	130

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

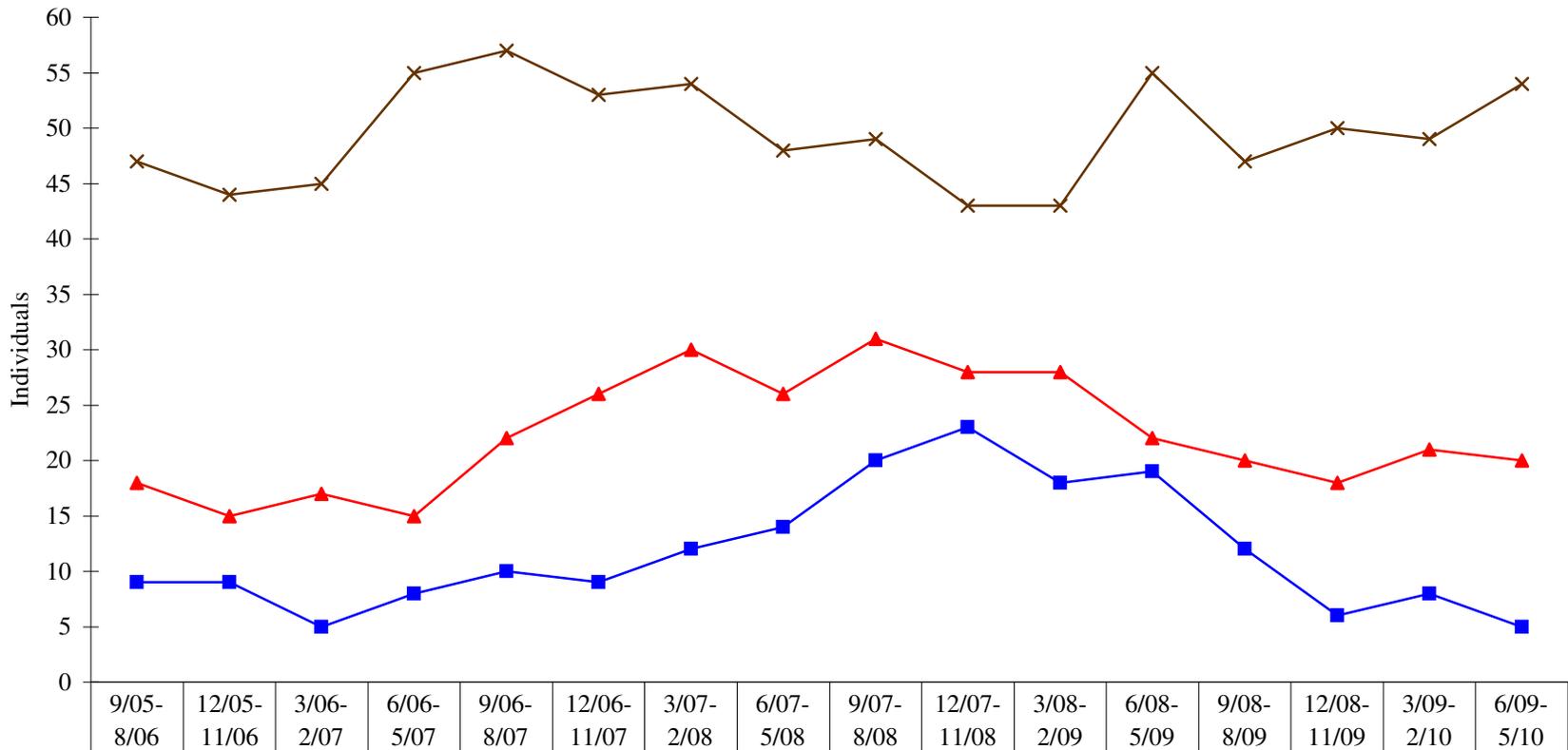
Average Length of Stay at Discharge by Category



	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3
Average LOS	167	207	182	157	160	149	144	151	140	174	199	190	192	167	174
■ 30 Days or Less	3	1	3	3	2	4	6	8	5	1	5	1	0	2	2
▲ 31 - 90 Days	3	4	4	13	6	8	10	11	6	8	3	9	3	6	7
✕ 91 - 365 Days	31	30	28	40	23	30	23	34	19	29	29	34	28	26	31
* 1 - 5 Years	1	2	2	1	0	0	0	2	0	2	2	2	1	0	1
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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



	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10
Average LOS	133	134	130	131	125	121	117	114	106	95	101	125	120	138	128	138
■ 30 Days or Less	9	9	5	8	10	9	12	14	20	23	18	19	12	6	8	5
▲ 31-90 Days	18	15	17	15	22	26	30	26	31	28	28	22	20	18	21	20
✕ 91-365 Days	47	44	45	55	57	53	54	48	49	43	43	55	47	50	49	54

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

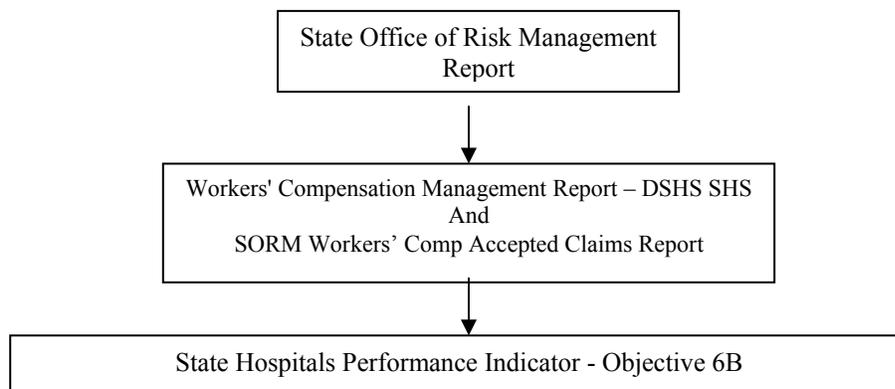
Maintain workers' compensation claim expenses per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.

Performance Objective Operational Definition: Total workers compensation claim expenses per FTE filed for FY 2010 will not exceed the state hospital system average claims cost per FTE for FY2009. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

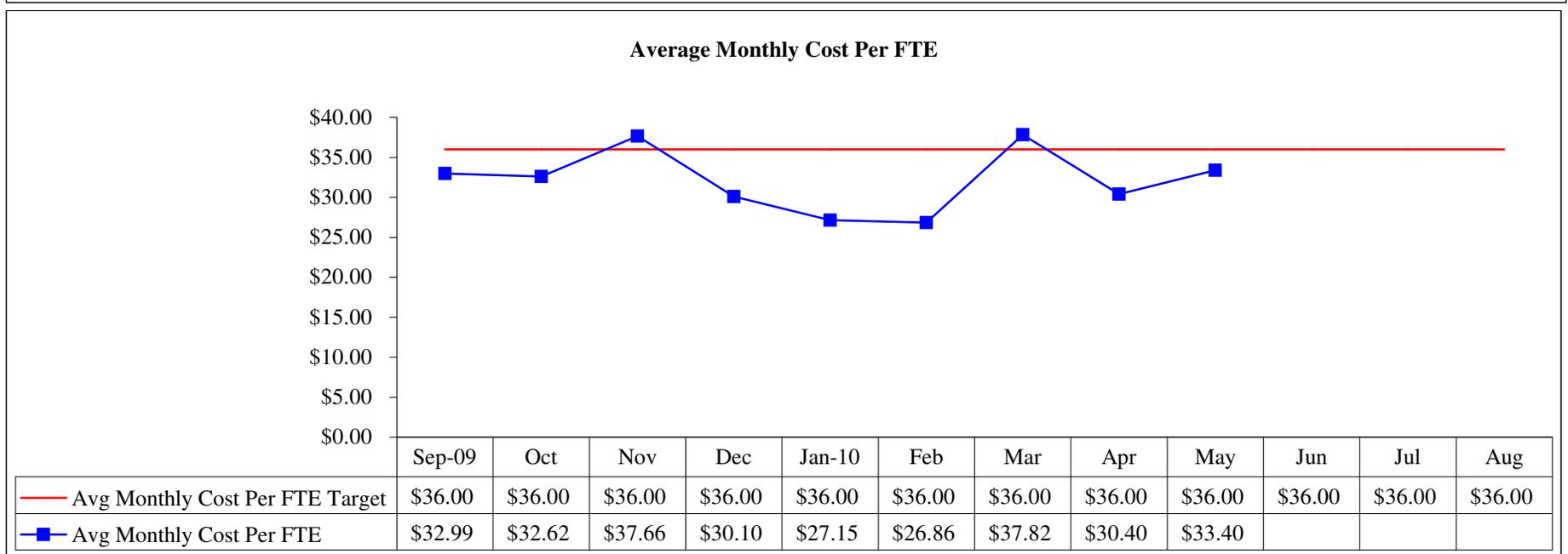
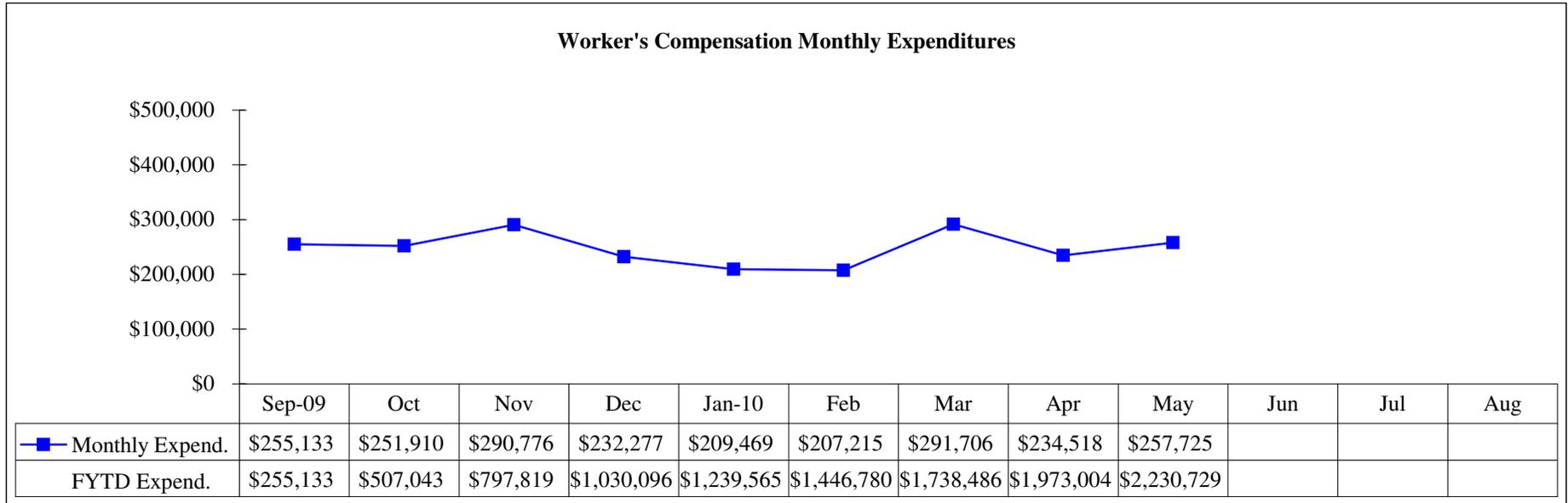
Performance Objective Data Display and Chart Description:

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

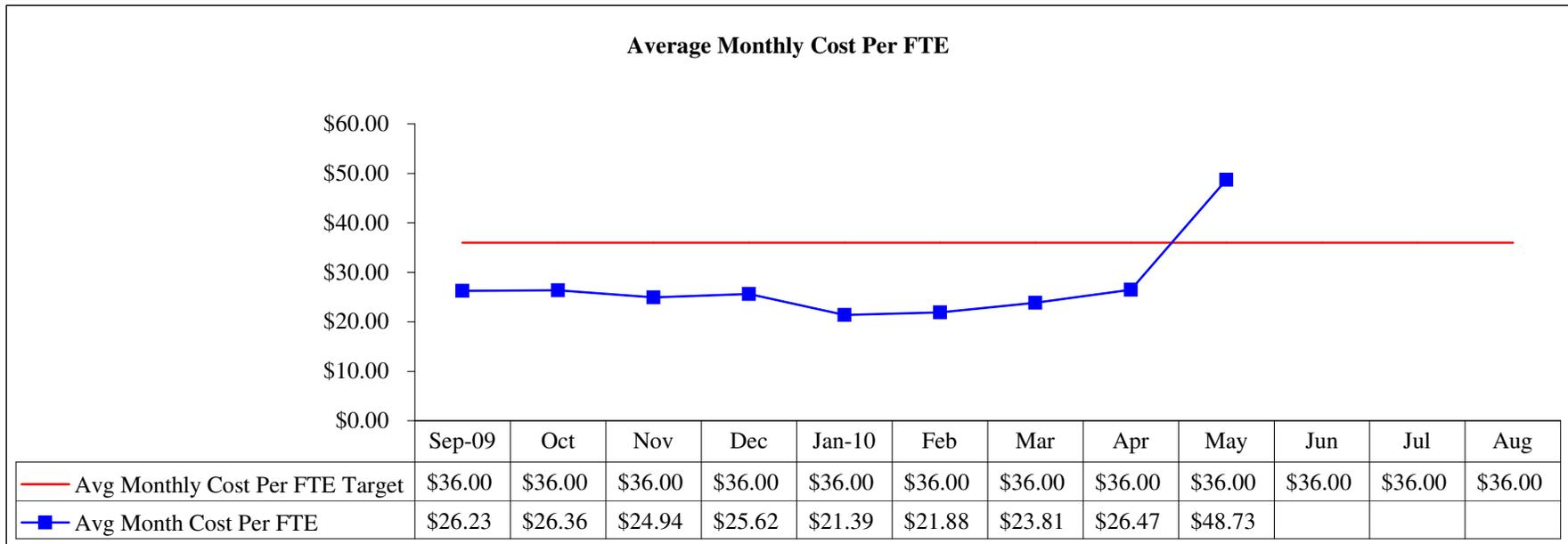
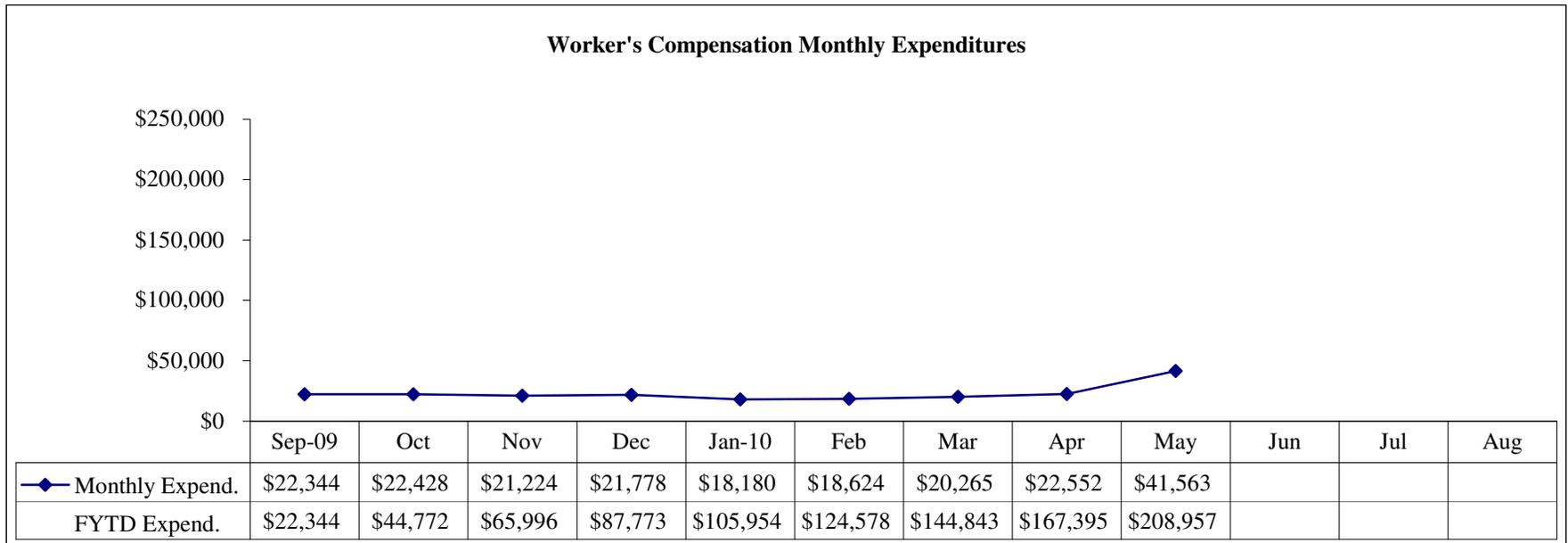
Data Flow:



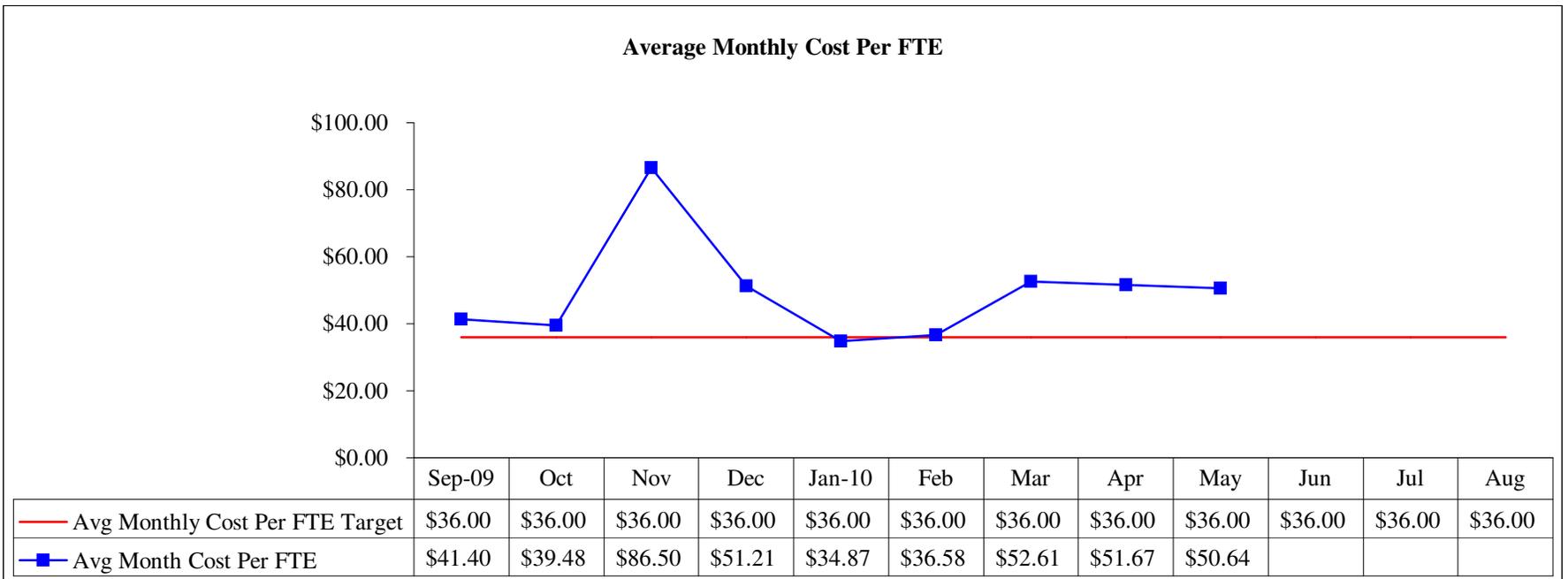
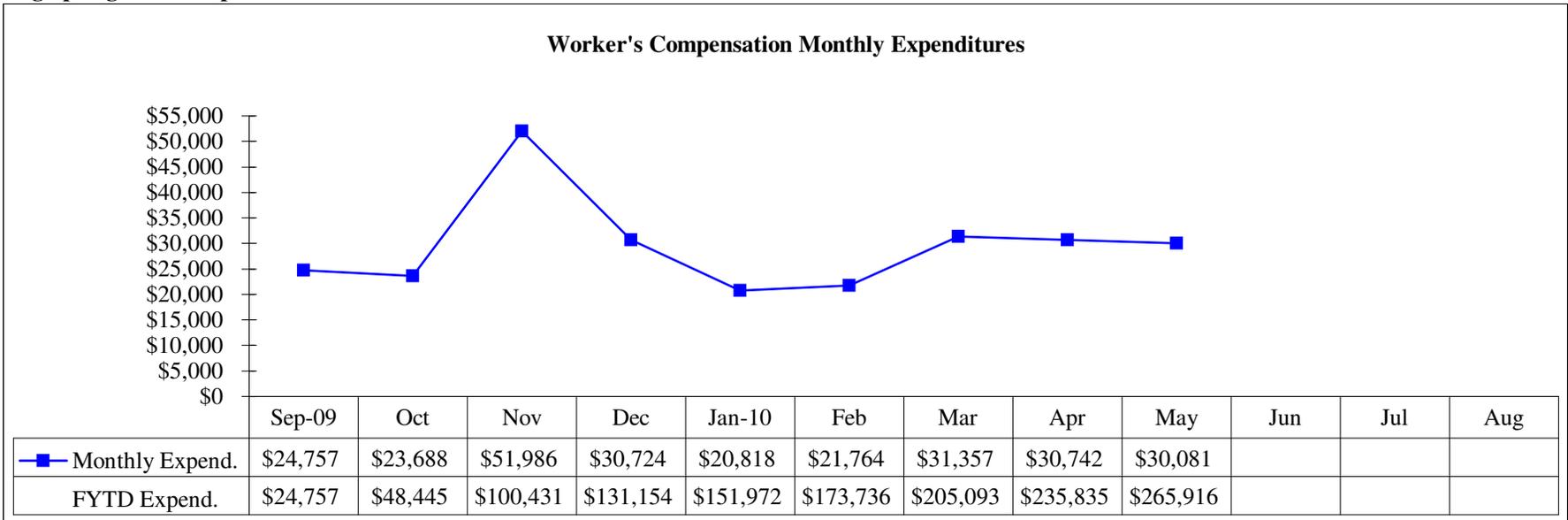
**Objective 6B - Workers Compensation
All State Hospitals**



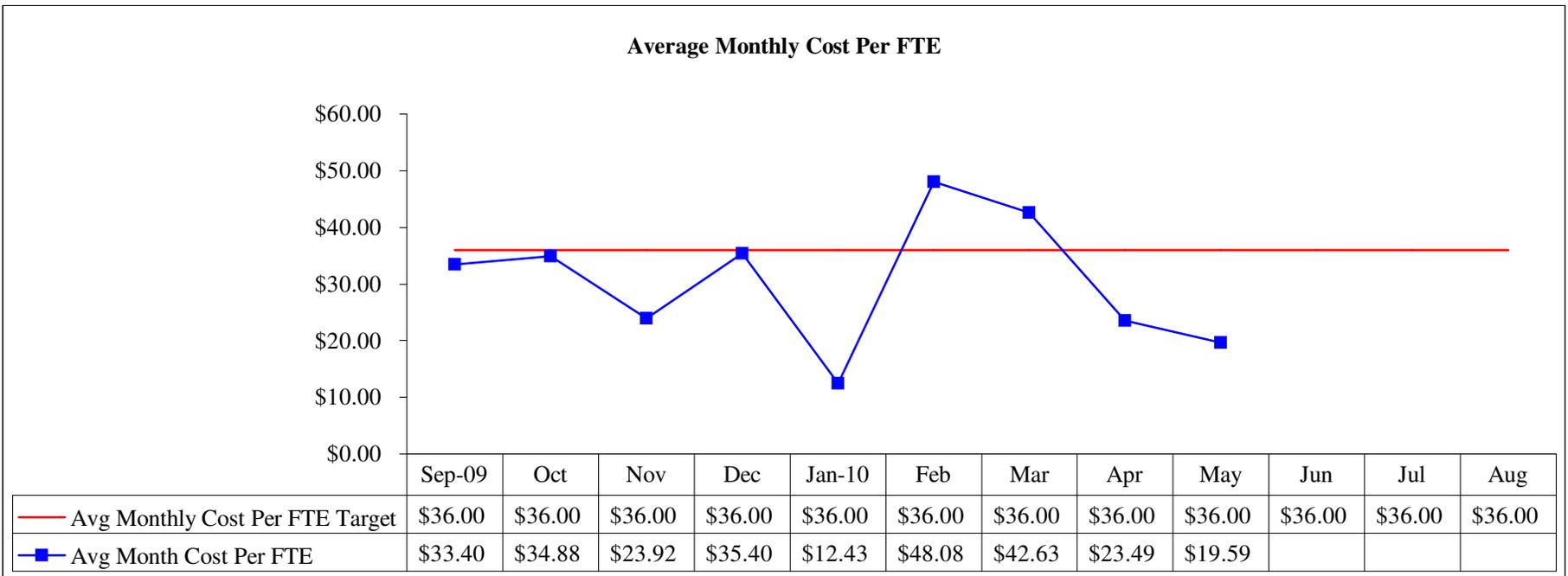
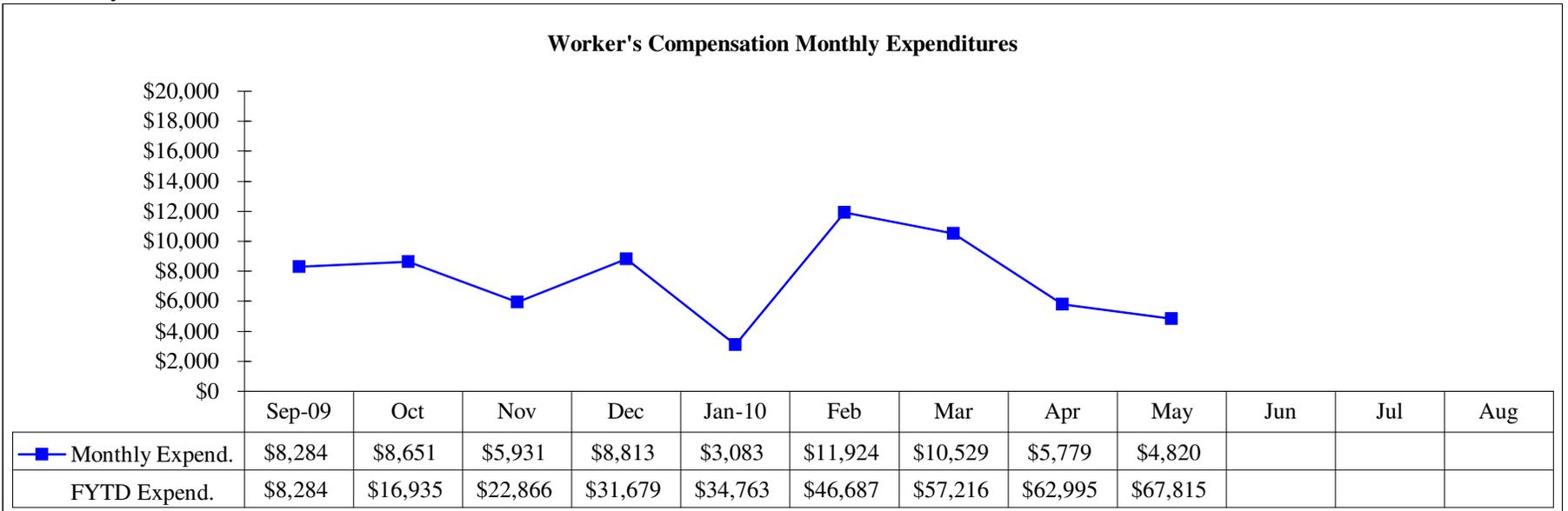
**Objective 6B - Workers Compensation
Austin State Hospital**



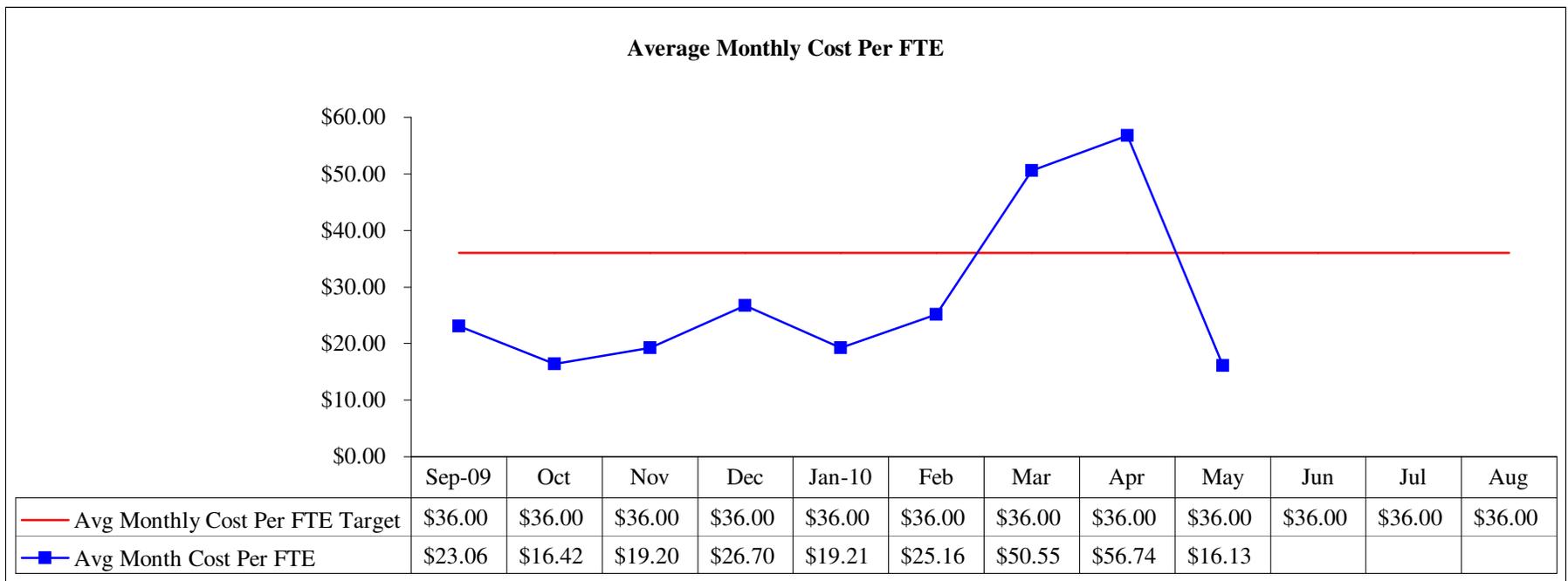
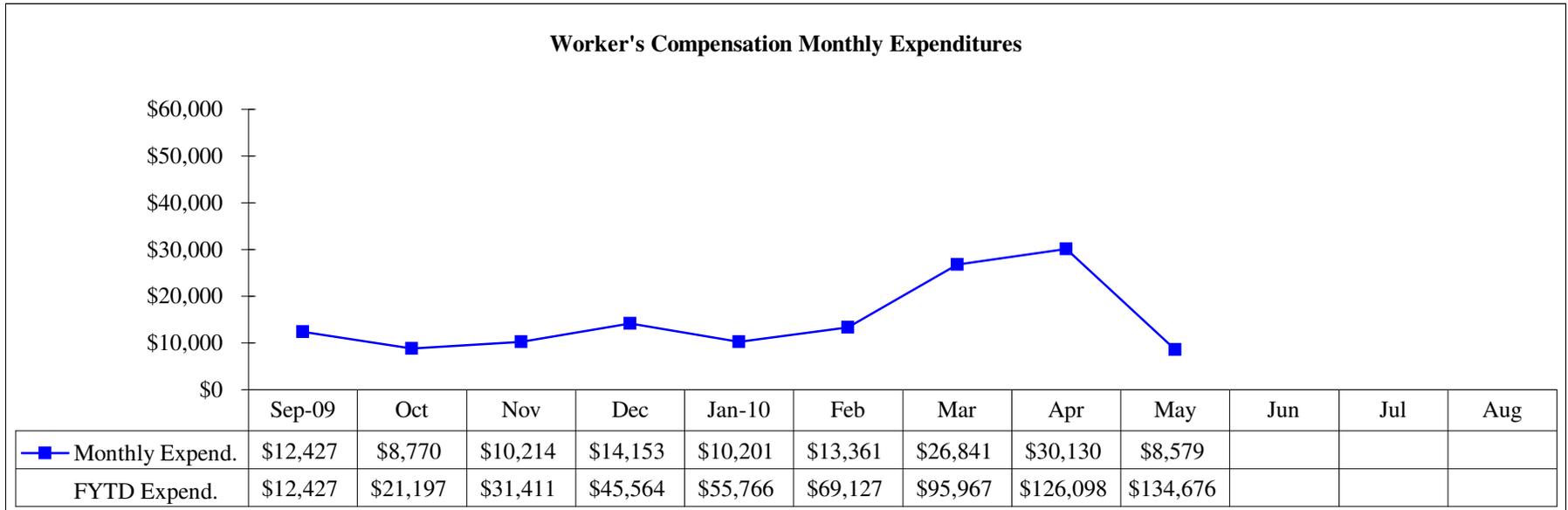
**Objective 6B - Workers Compensation
Big Spring State Hospital**



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

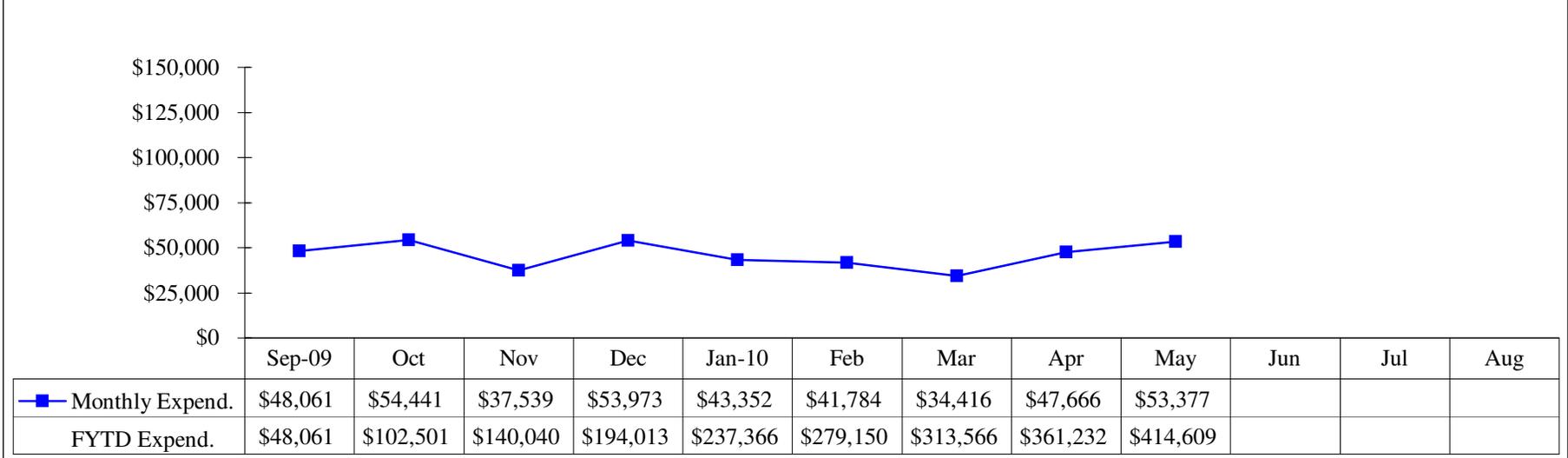


**Objective 6B - Workers Compensation
Kerrville State Hospital**

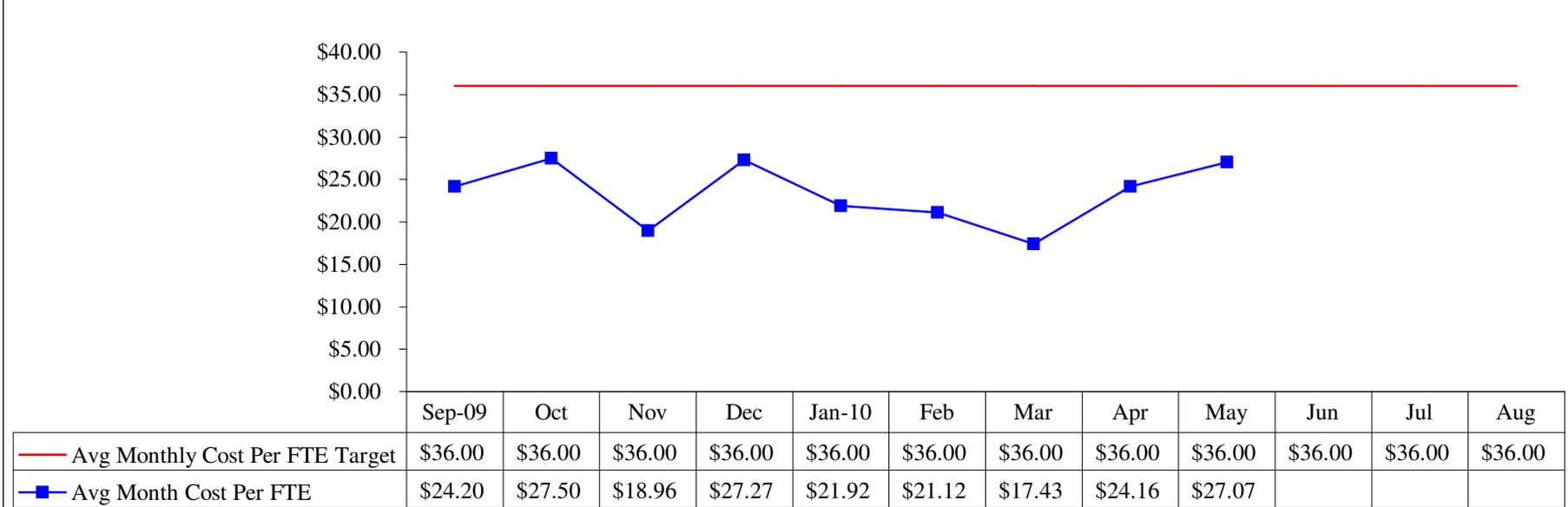


**Objective 6B - Workers Compensation
North Texas State Hospital**

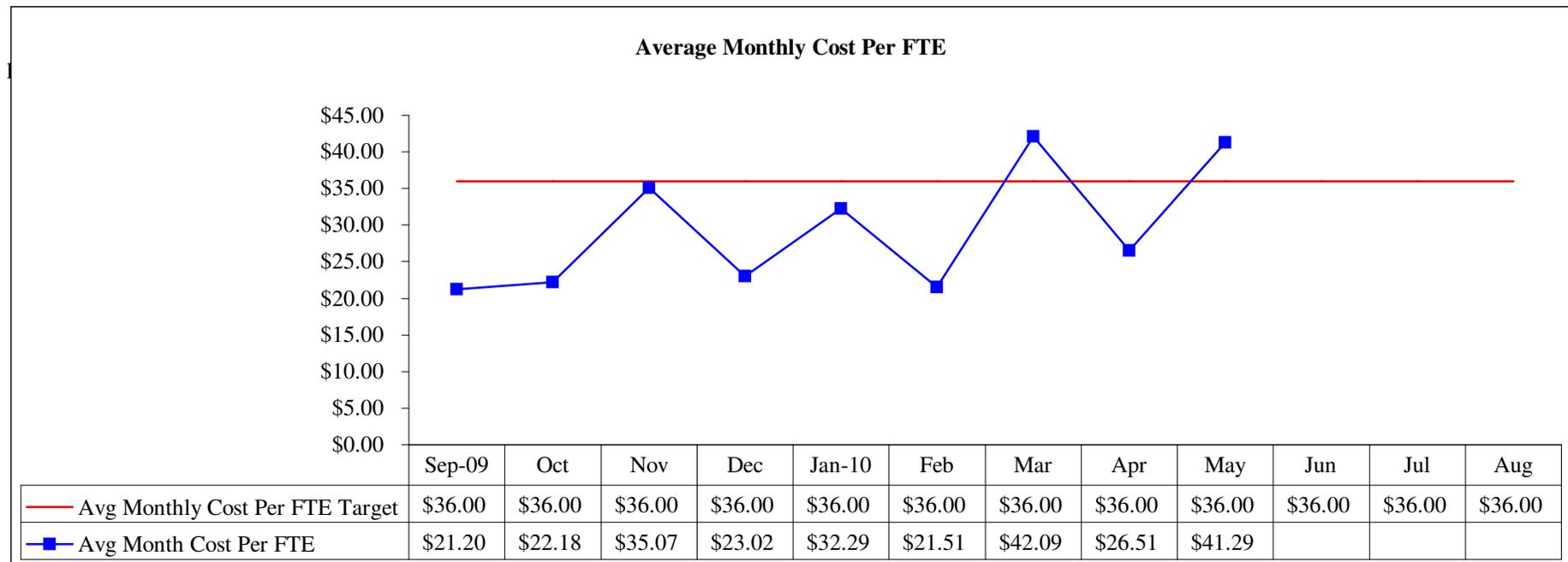
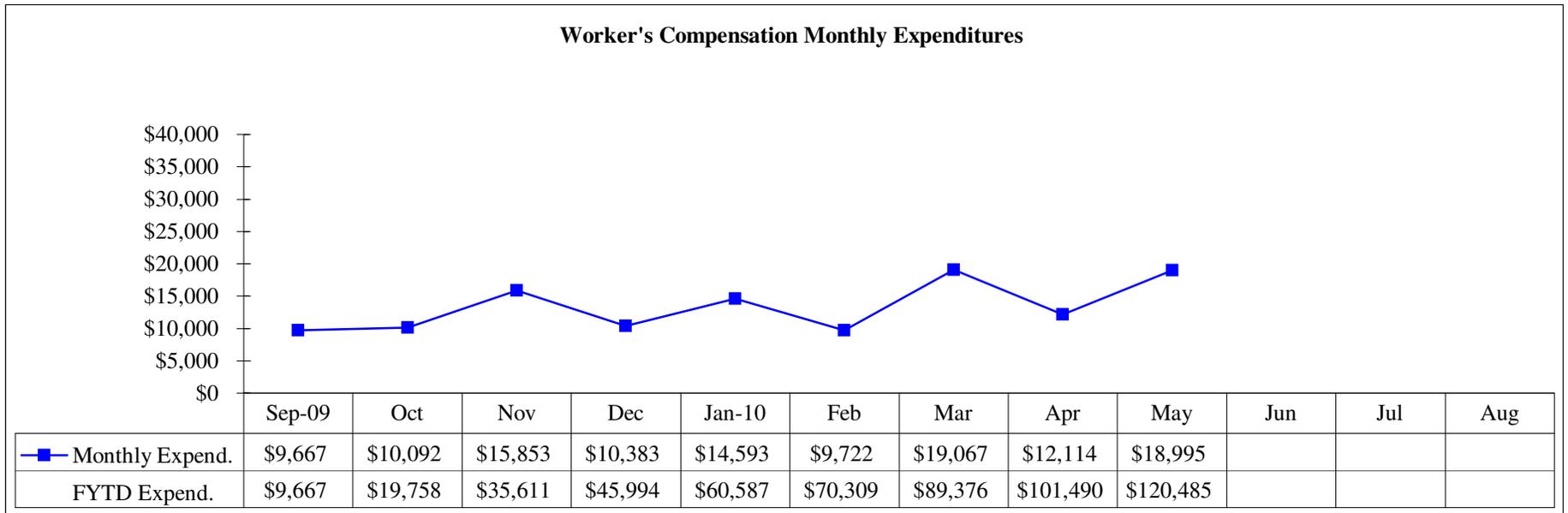
Worker's Compensation Monthly Expenditures



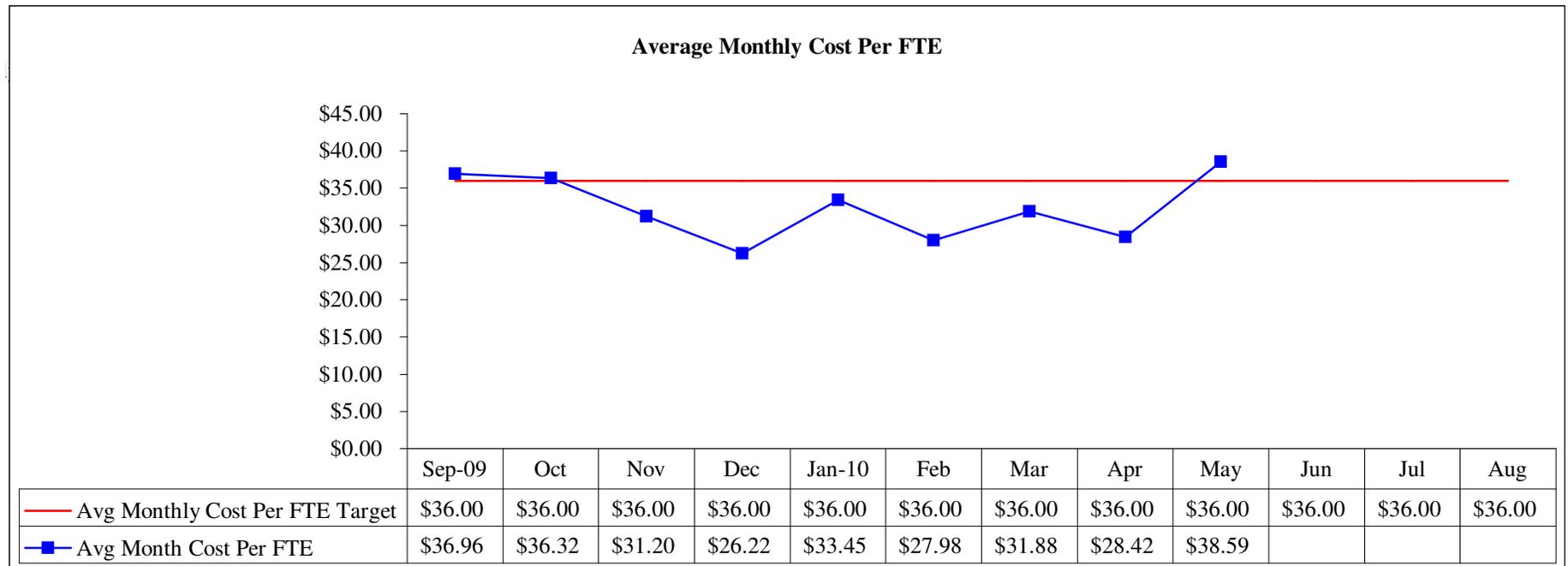
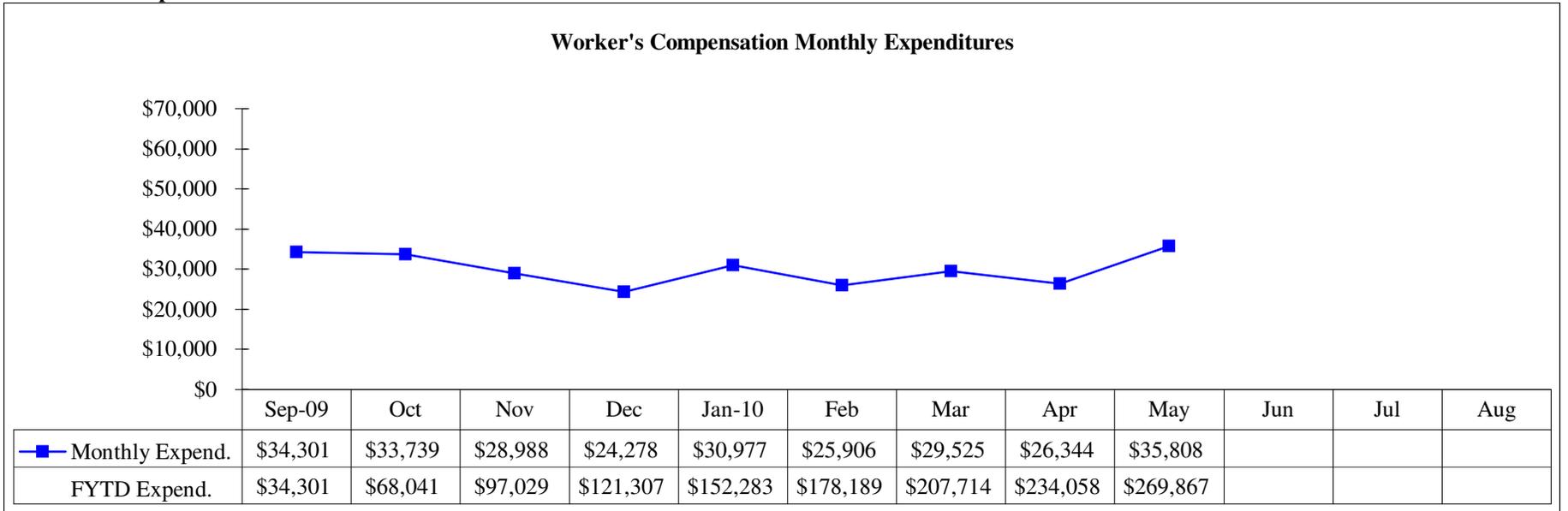
Average Monthly Cost Per FTE



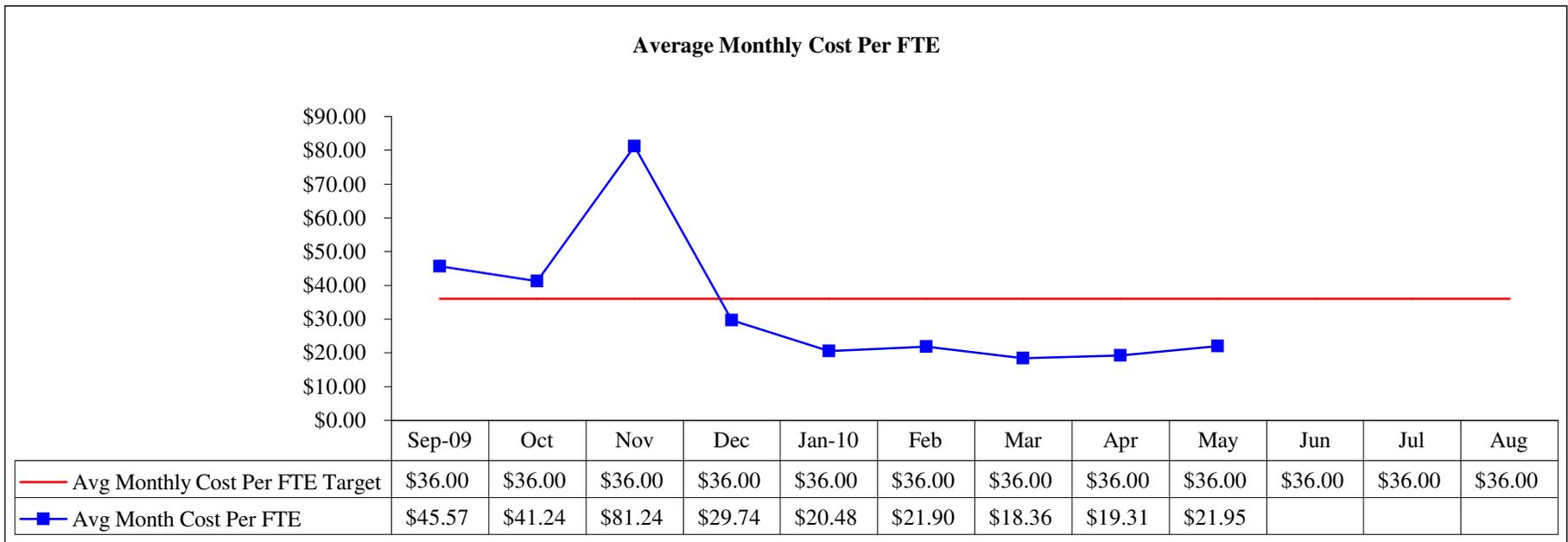
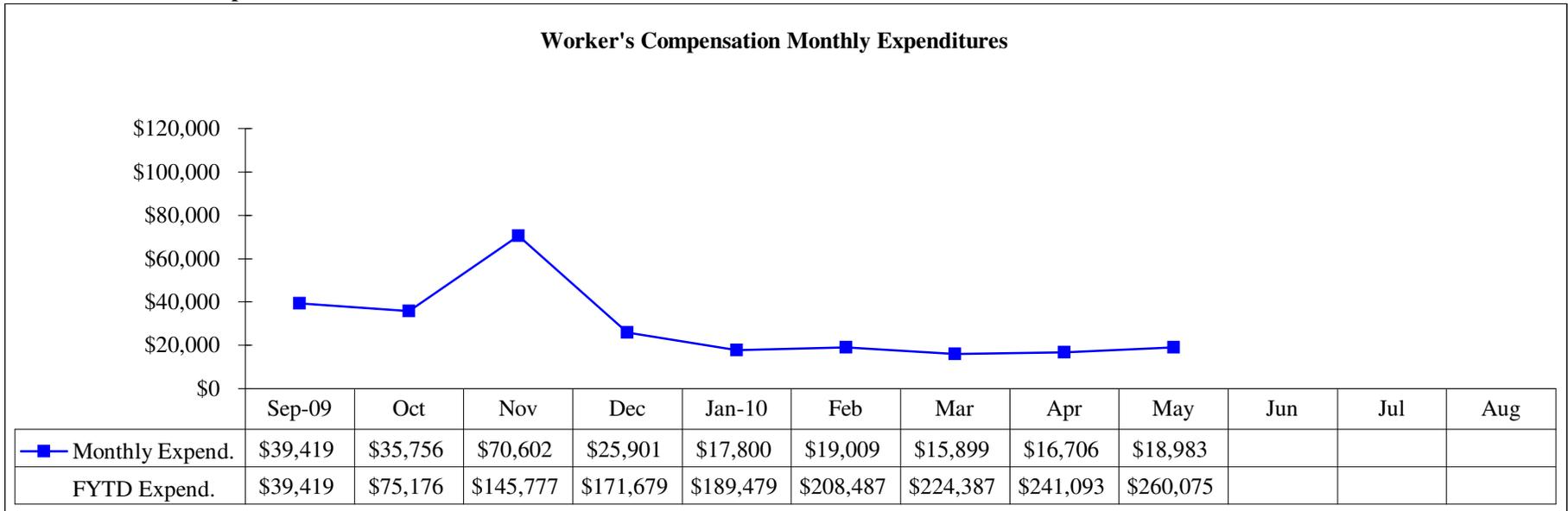
**Objective 6B - Workers Compensation
Rio Grande State Center**



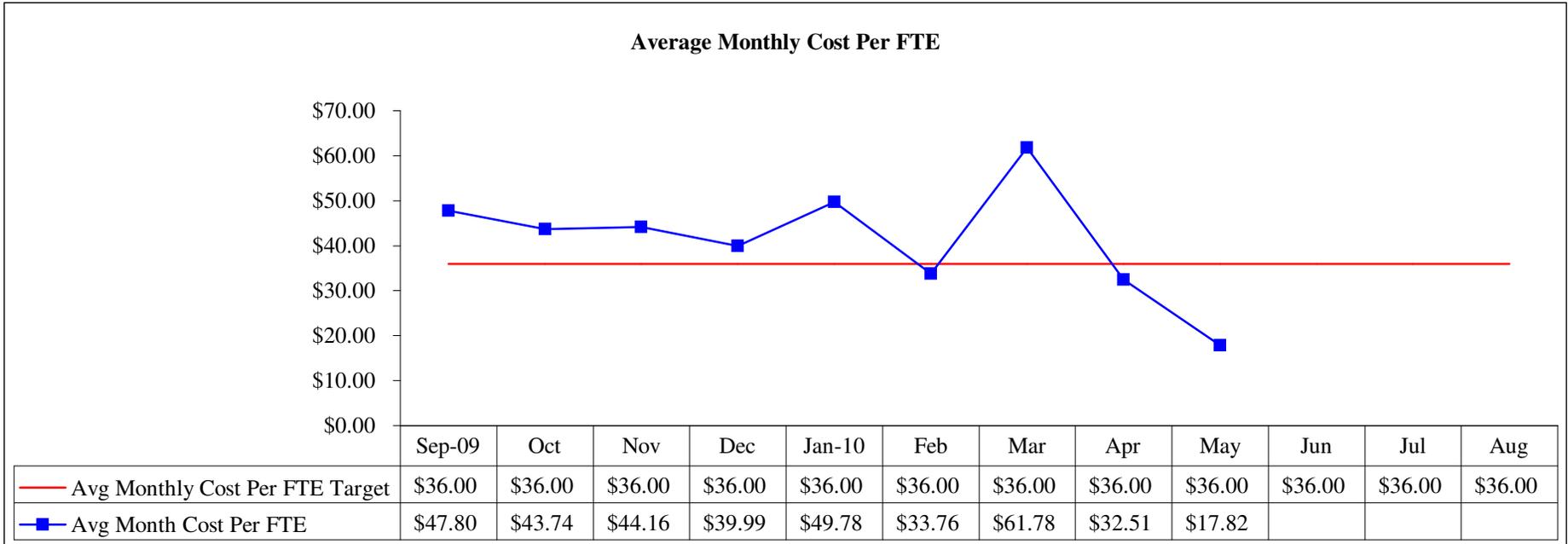
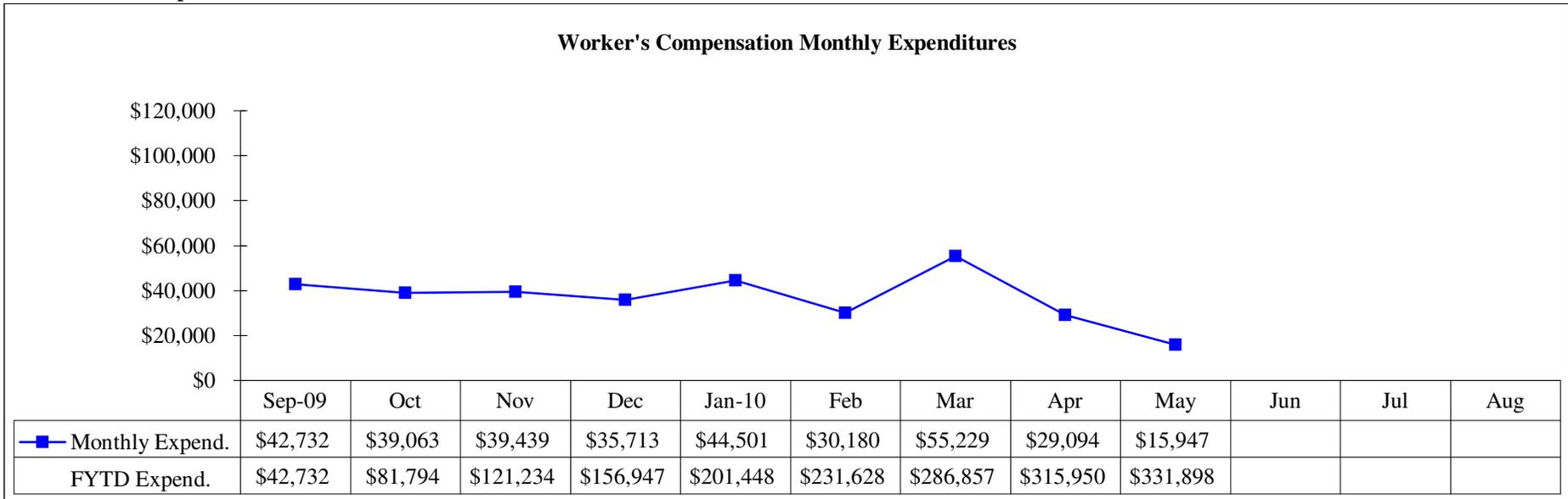
**Objective 6B - Workers Compensation
Rusk State Hospital**



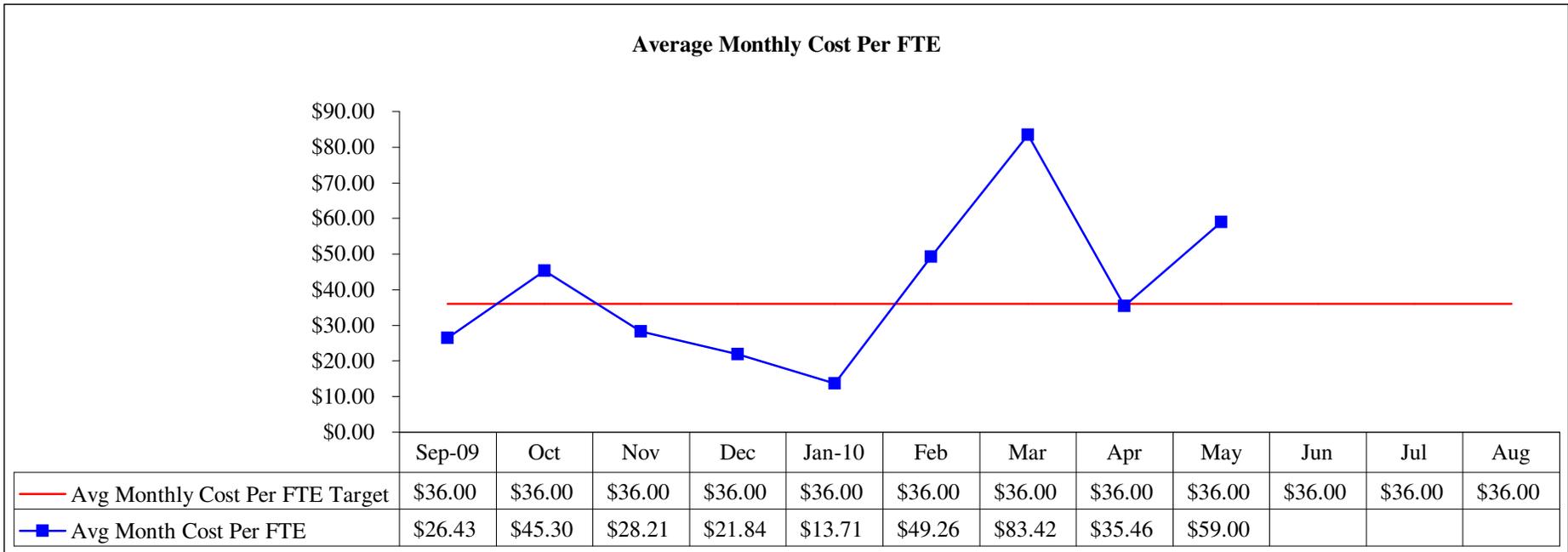
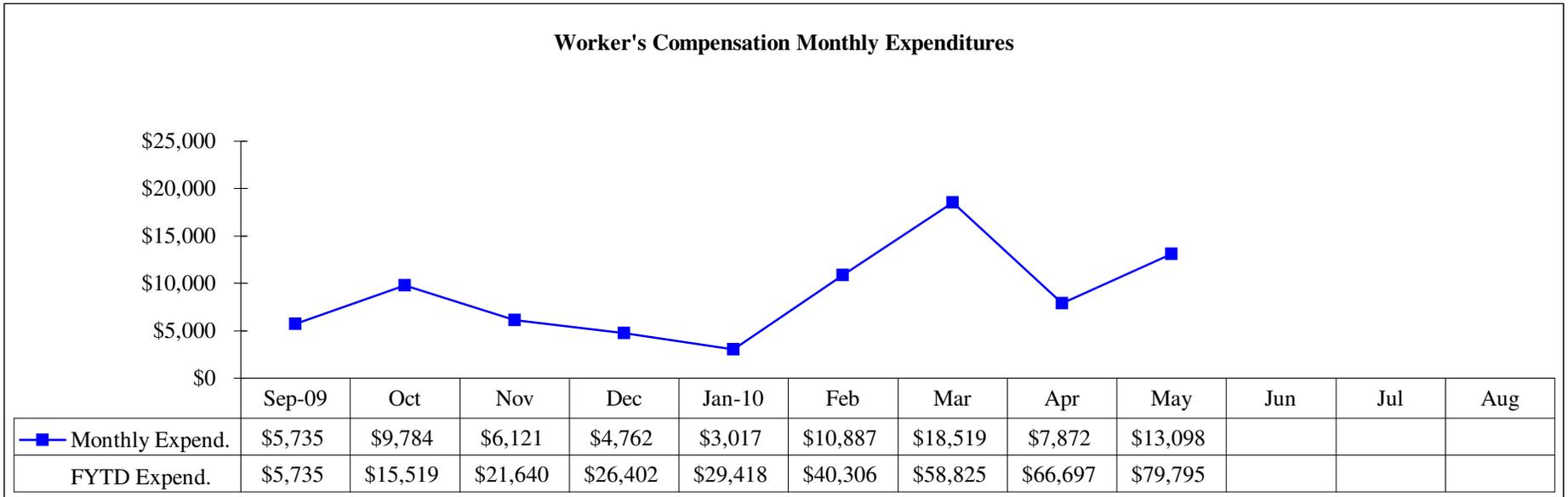
**Objective 6B - Workers Compensation
San Antonio State Hospital**



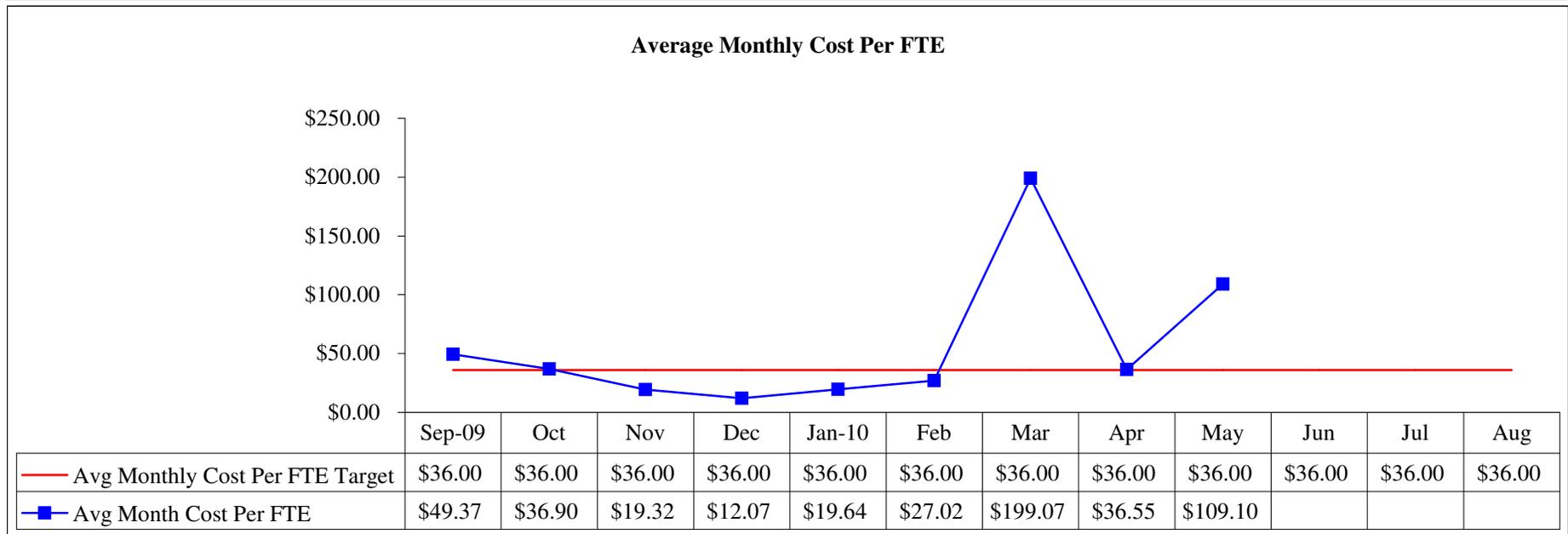
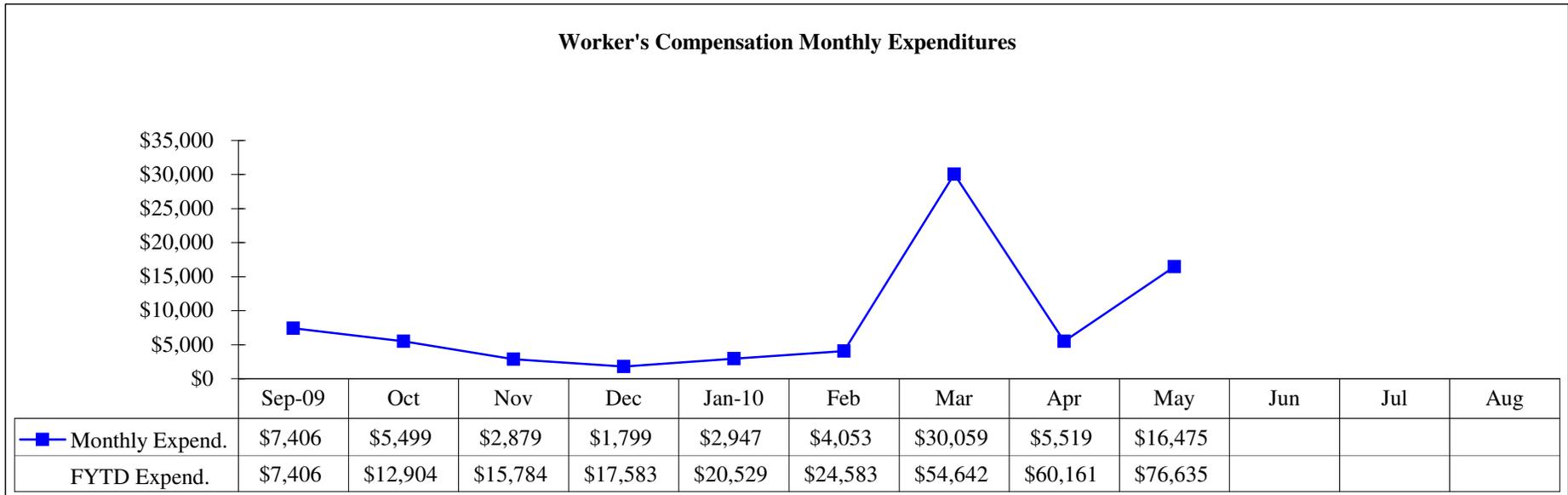
**Objective 6B - Workers Compensation
Terrell State Hospital**



Objective 6B - Workers Compensation
Waco Center for Youth



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



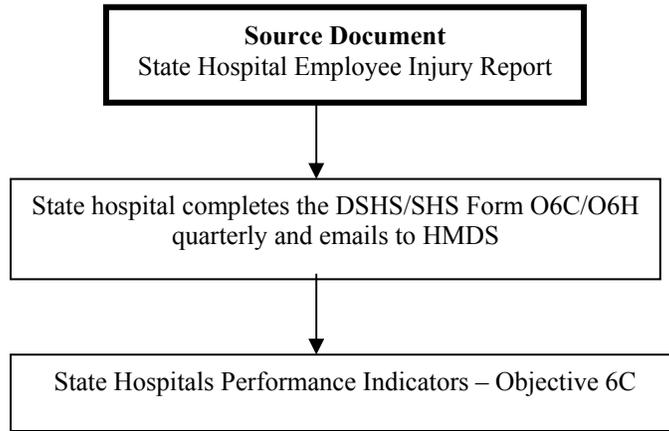
Performance Objective 6C:

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

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

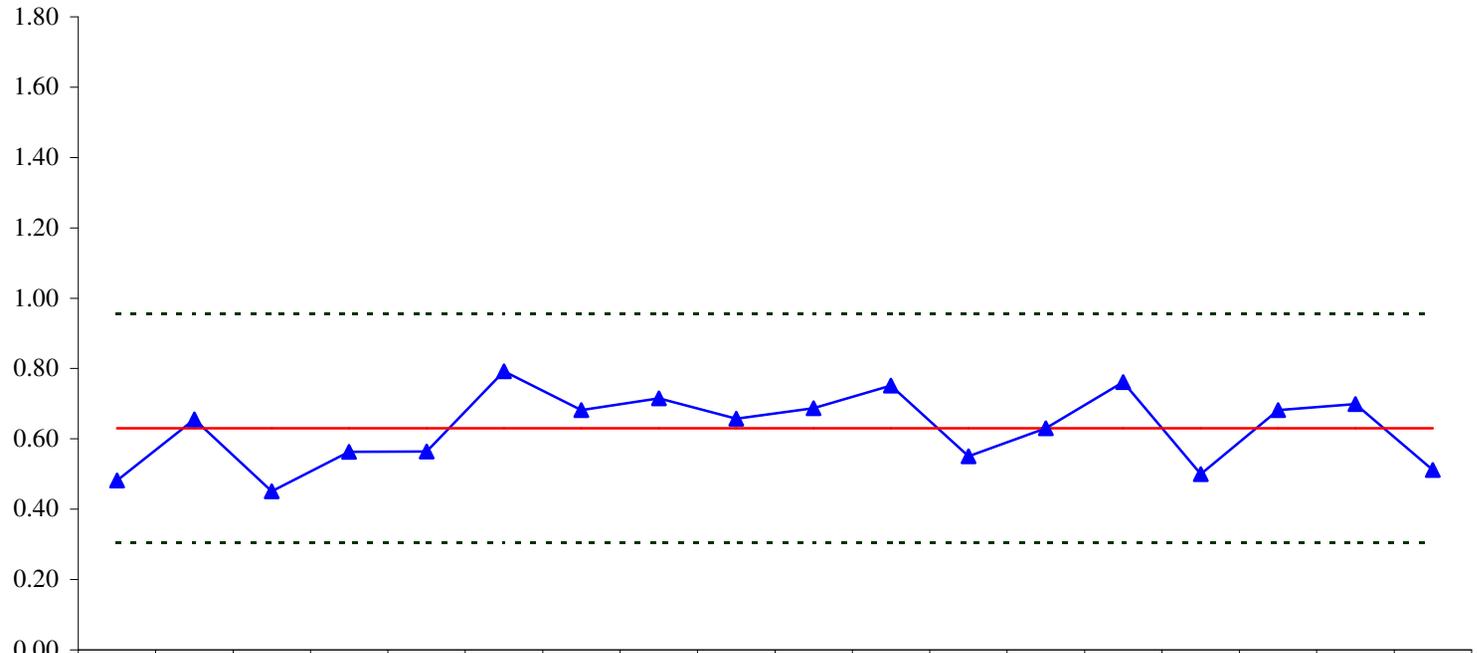
Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:



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

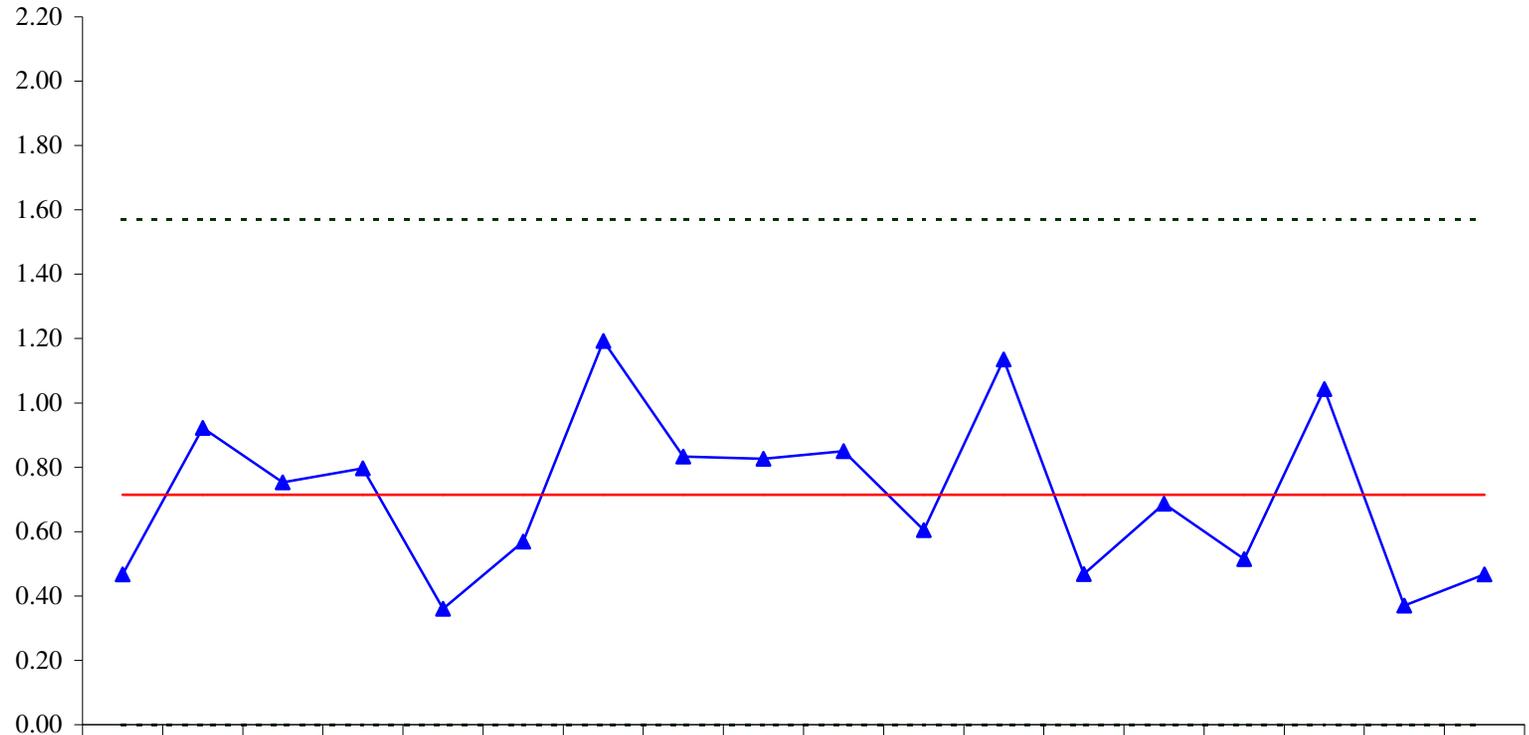
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	156	176	124	169	128	195	187	174	185	184	156	124	160	169	134	162	163	173
Injuries Resulting in a WCC	35	48	30	42	41	59	49	52	48	49	55	39	46	56	33	50	50	38
▲ Emp. Inj.(WCC)/1000 Bed Days	0.48	0.66	0.45	0.56	0.56	0.79	0.68	0.71	0.66	0.69	0.75	0.55	0.63	0.76	0.50	0.68	0.70	0.51
----- UCL	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
----- Avg	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
----- LCL	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31

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

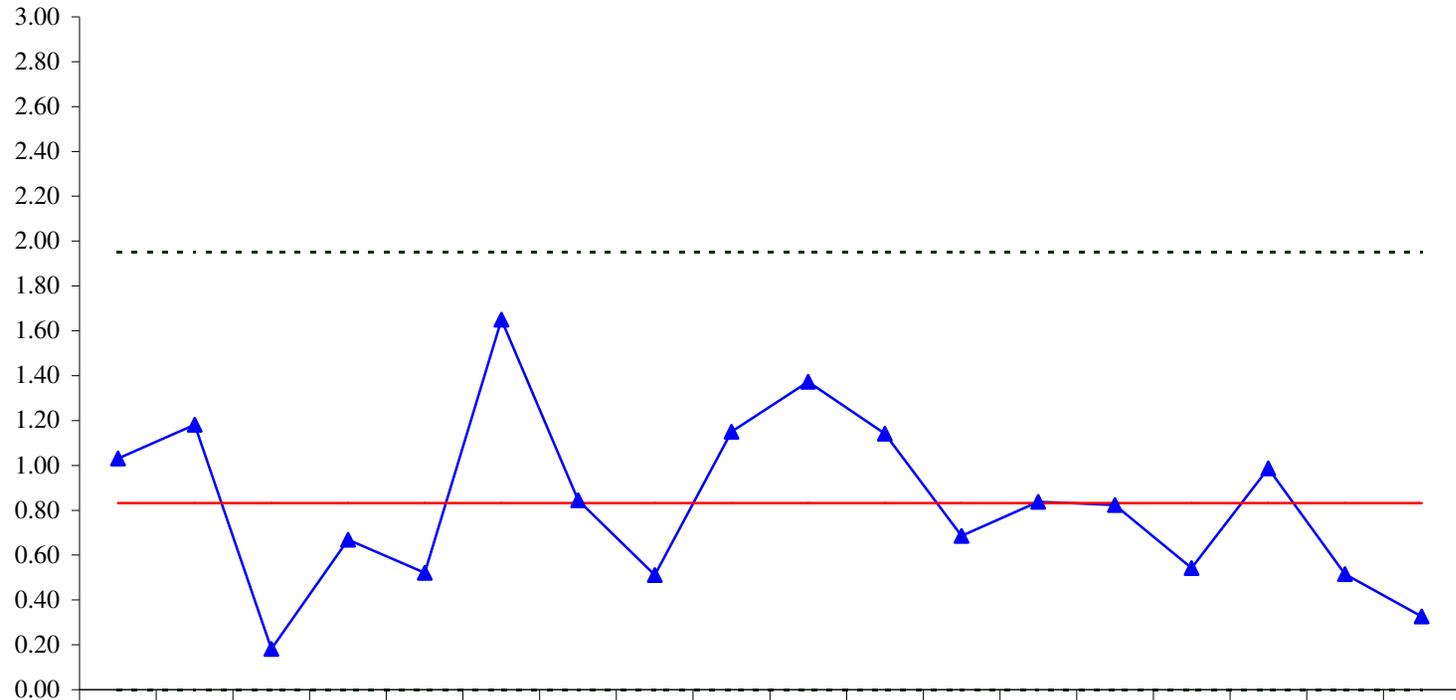
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	4	8	6	8	3	6	16	9	11	15	6	12	7	12	8	14	6	4
Injuries Resulting in a WCC	4	8	6	7	3	5	10	7	7	7	5	9	4	6	4	9	3	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.47	0.92	0.75	0.80	0.36	0.57	1.19	0.83	0.83	0.85	0.60	1.14	0.47	0.69	0.51	1.04	0.37	0.47
-----UCL	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
— Avg	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

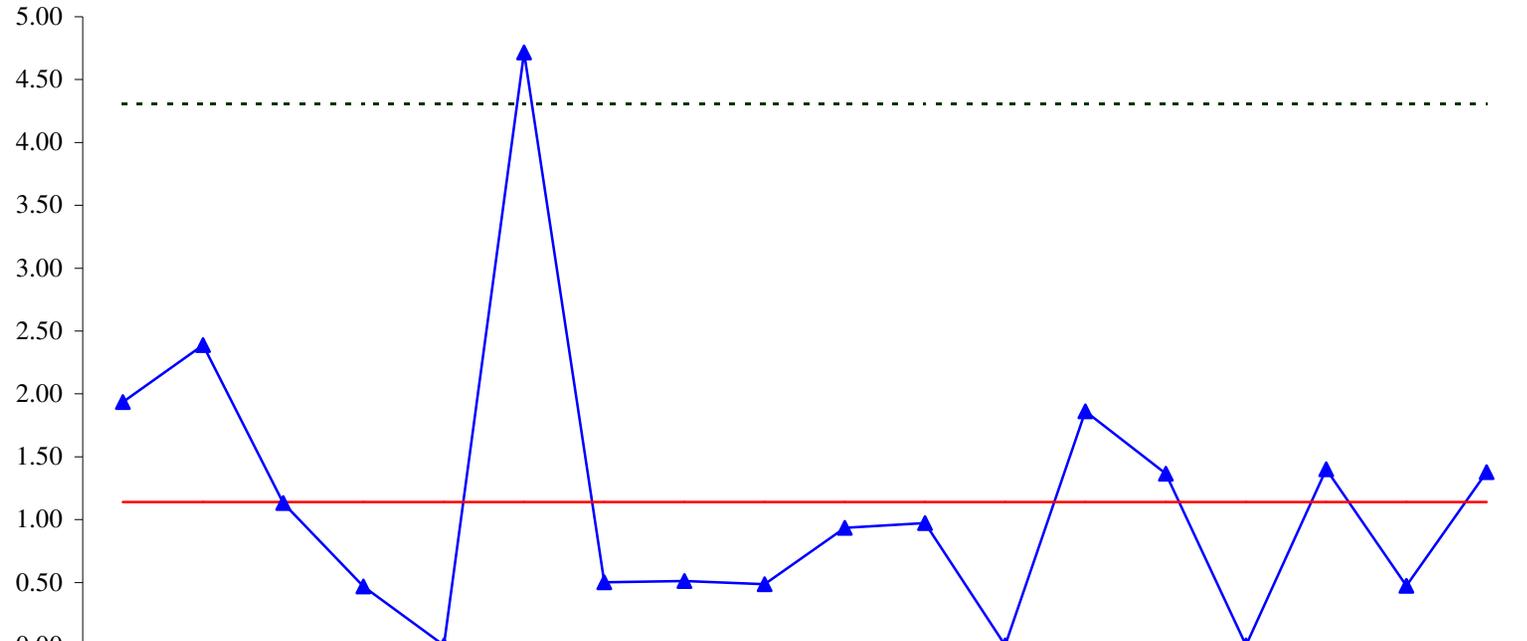
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Big Spring State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim



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

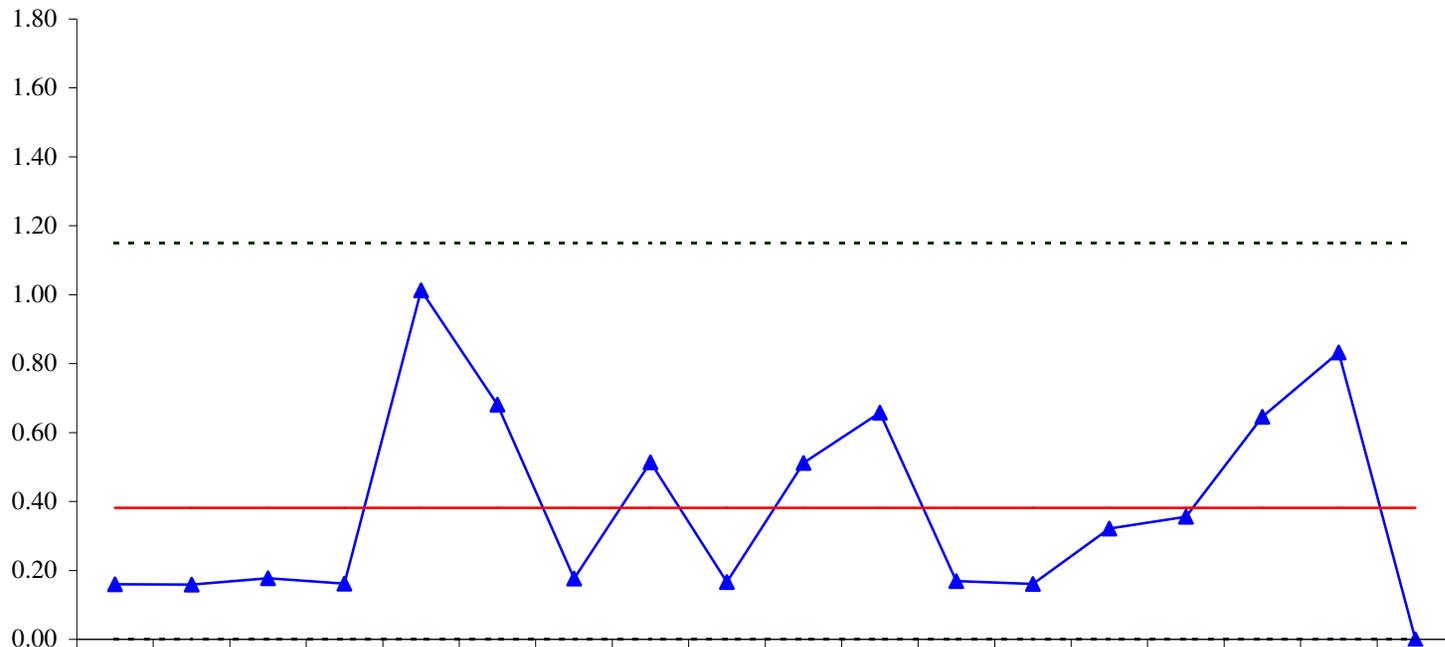
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	9	12	6	6	2	19	5	5	4	16	7	7	7	4	2	8	12	8
Injuries Resulting in a WCC	4	5	2	1	0	10	1	1	1	2	2	0	4	3	0	3	1	3
▲ Emp. Inj.(WCC)/1000 Bed Days	1.94	2.39	1.13	0.47	0.00	4.72	0.50	0.51	0.49	0.93	0.97	0.00	1.86	1.37	0.00	1.40	0.47	1.38
-----UCL	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31
— Avg	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

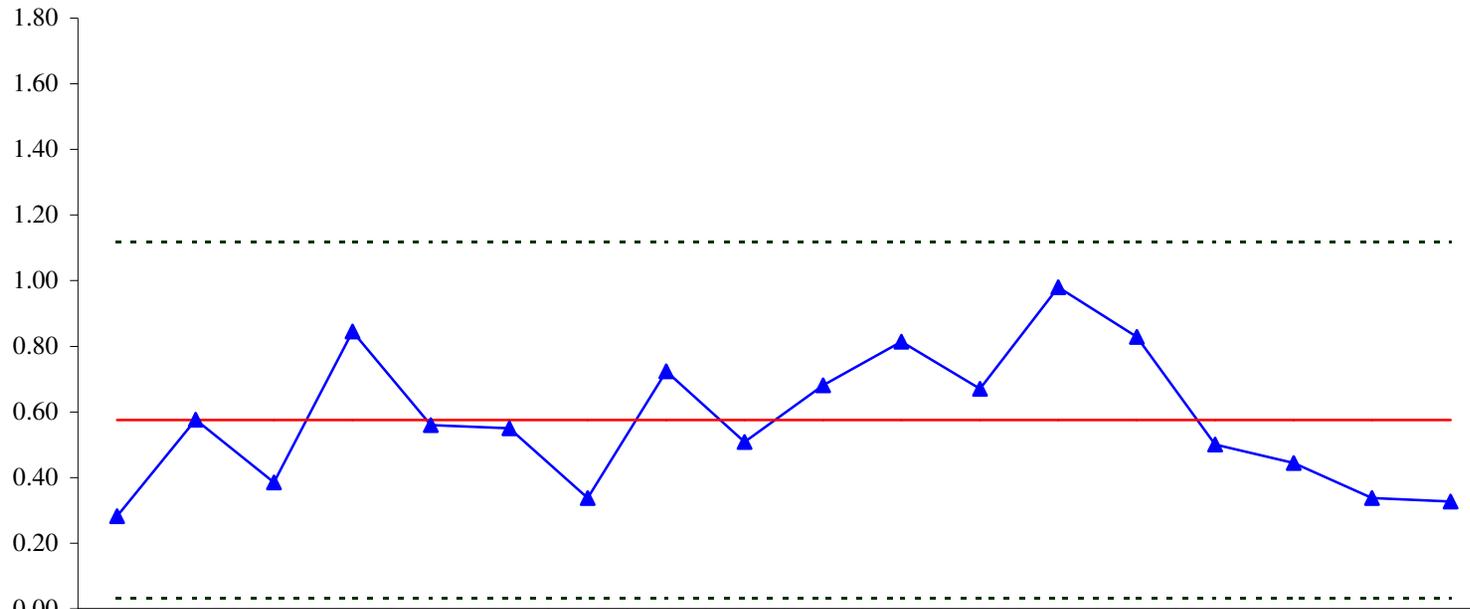
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	10	6	9	8	9	8	9	4	8	12	10	5	12	23	13	14	17	11
Injuries Resulting in a WCC	1	1	1	1	6	4	1	3	1	3	4	1	1	2	2	4	5	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.16	0.16	0.18	0.16	1.01	0.68	0.18	0.51	0.17	0.51	0.66	0.17	0.16	0.32	0.36	0.65	0.83	0.00
-----UCL	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
— Avg	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

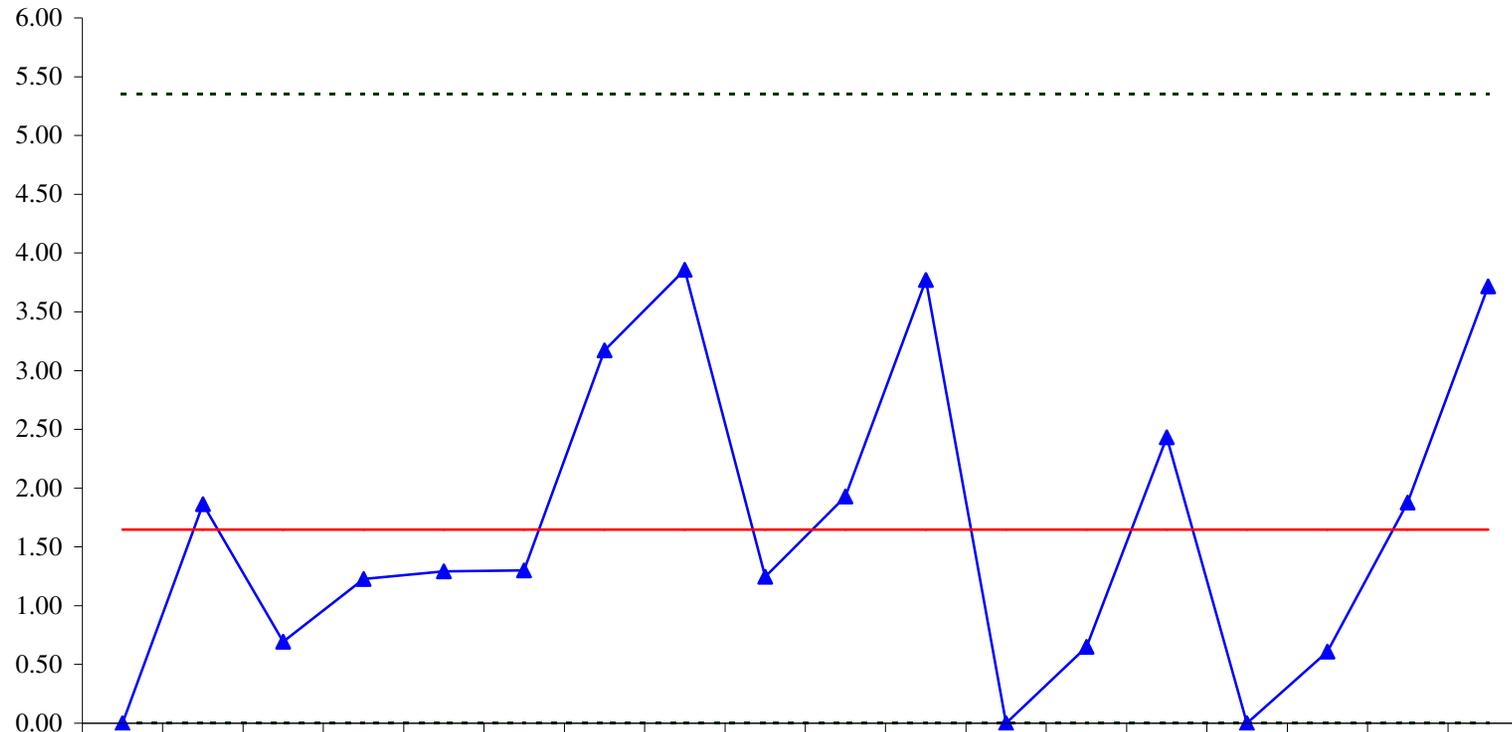
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	35	27	14	32	32	35	37	38	34	35	35	18	37	34	21	27	24	18
Injuries Resulting in a WCC	5	10	6	15	10	10	6	13	9	12	15	12	18	15	8	8	6	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.28	0.58	0.39	0.84	0.56	0.55	0.34	0.72	0.51	0.68	0.81	0.67	0.98	0.83	0.50	0.44	0.34	0.33
-----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	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
-----LCL	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03

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

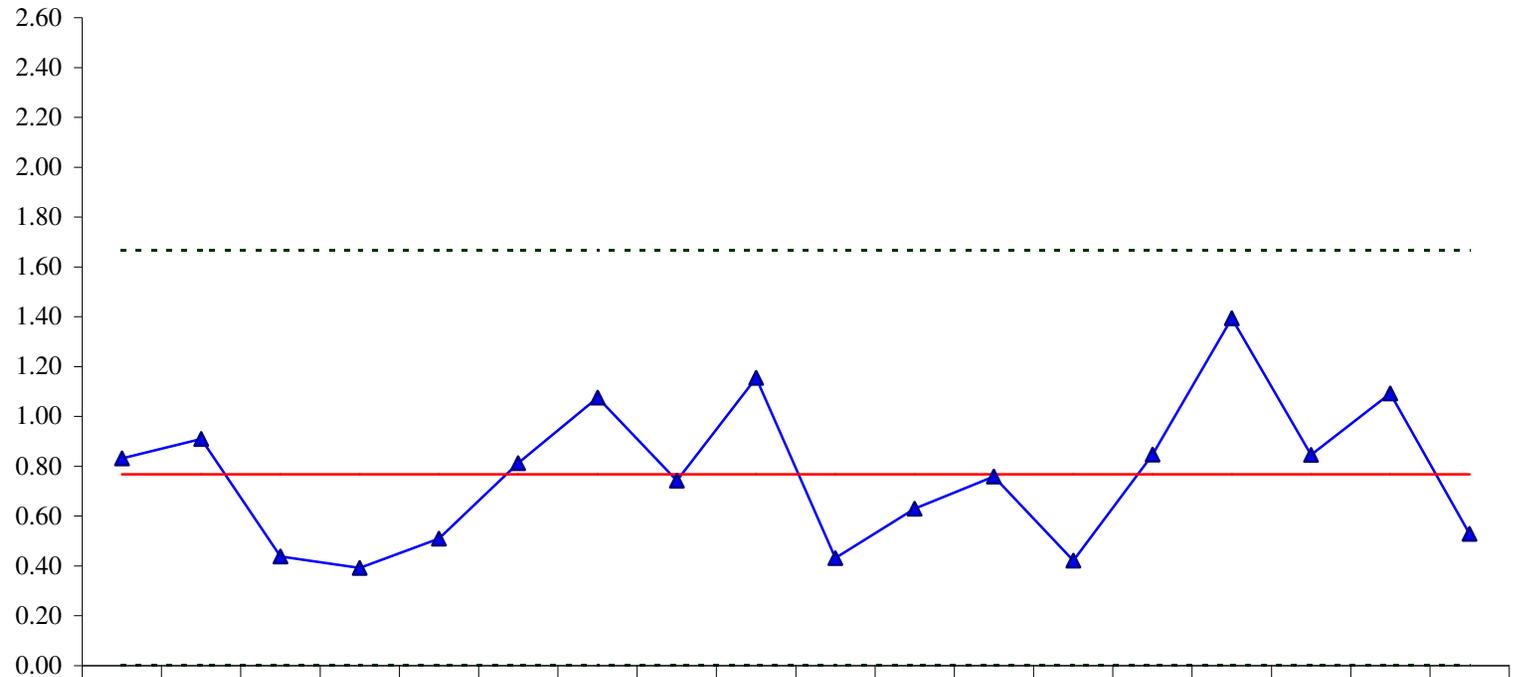
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	8	11	12	18	14	16	20	23	17	17	20	11	8	10	5	13	11	21
Injuries Resulting in a WCC	0	3	1	2	2	2	5	6	2	3	6	0	1	4	0	1	3	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	1.86	0.69	1.23	1.29	1.30	3.17	3.86	1.25	1.93	3.77	0.00	0.65	2.43	0.00	0.61	1.88	3.72
.....UCL	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35	5.35
— Avg	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

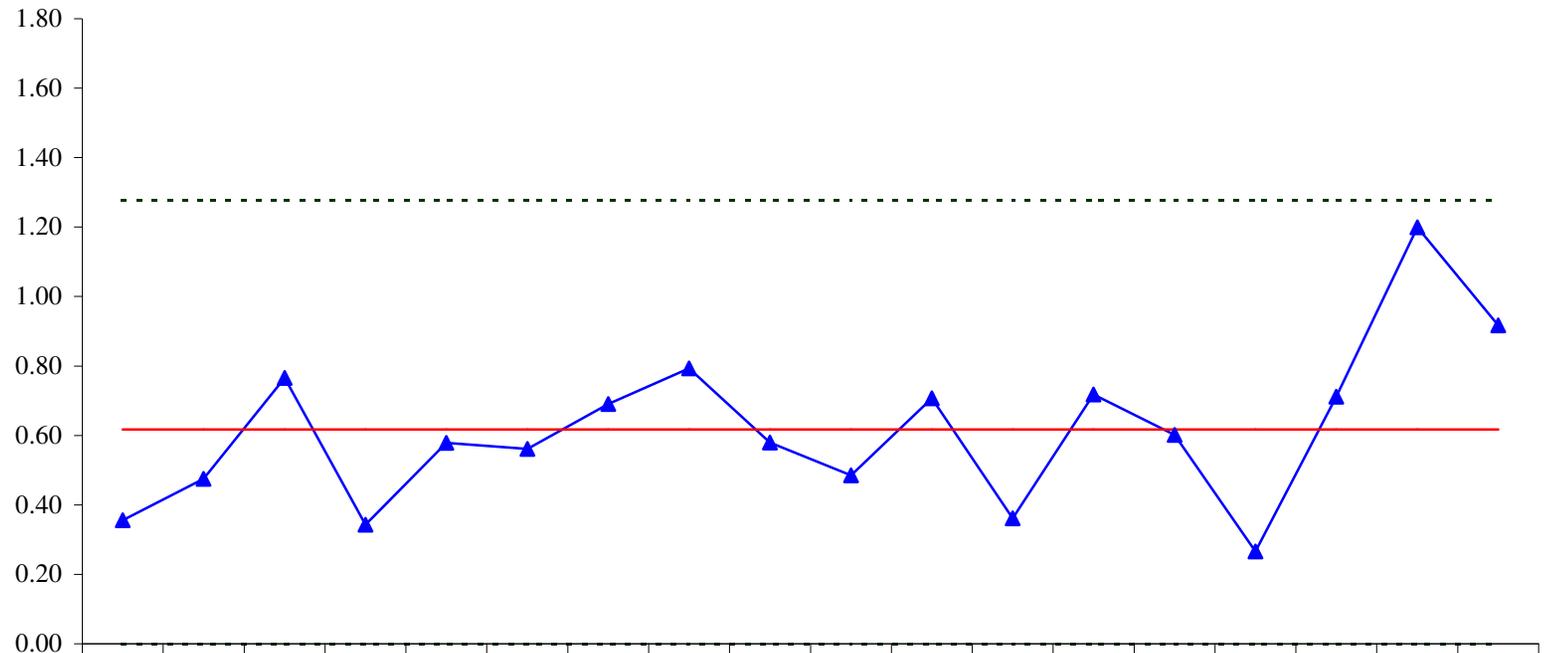
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	30	38	19	14	16	19	23	18	33	26	18	17	26	28	25	21	22	36
Injuries Resulting in a WCC	8	9	4	4	5	8	10	7	11	4	6	7	4	8	12	8	10	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.83	0.91	0.44	0.39	0.51	0.81	1.08	0.74	1.16	0.43	0.63	0.76	0.42	0.85	1.39	0.85	1.09	0.53
-----UCL	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67
— Avg	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
-----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

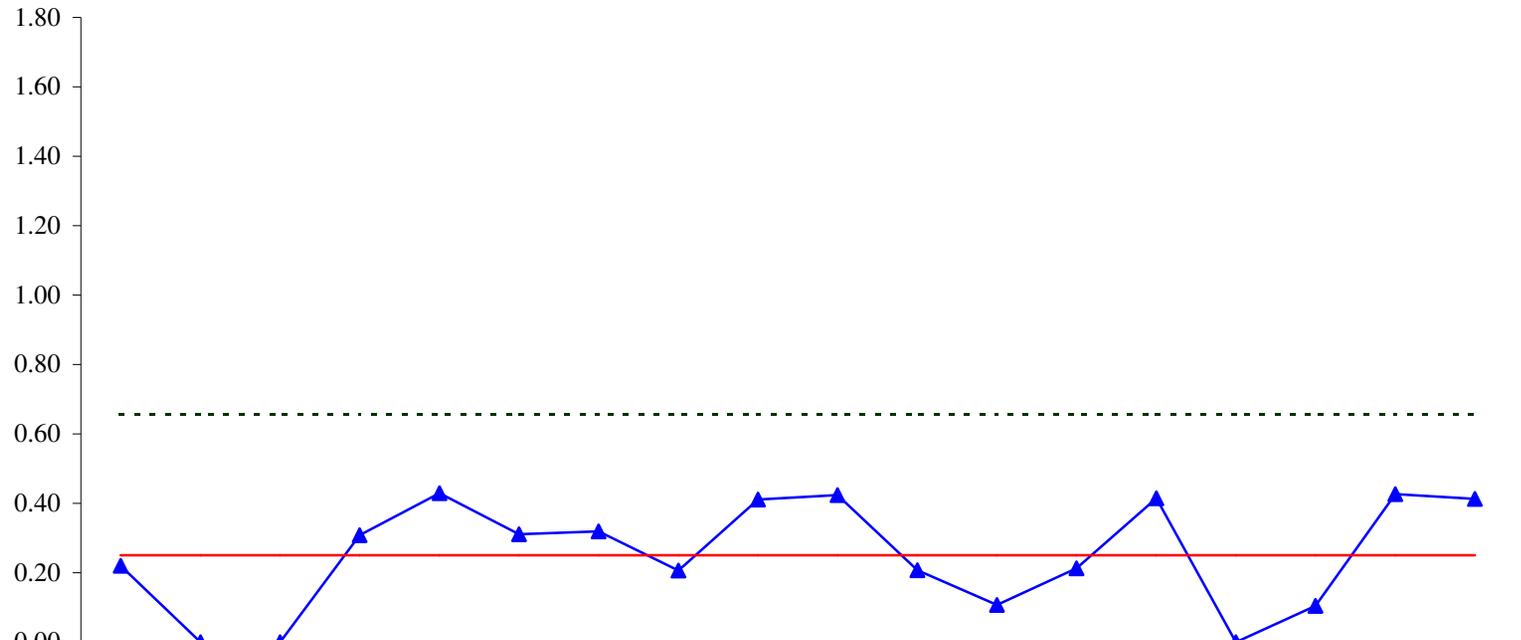
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	14	17	9	21	11	22	27	20	25	13	23	13	21	18	16	22	23	26
Injuries Resulting in a WCC	3	4	6	3	5	5	6	7	5	4	6	3	6	5	2	6	10	8
▲ Emp. Inj.(WCC)/1000 Bed Days	0.36	0.47	0.77	0.34	0.58	0.56	0.69	0.79	0.58	0.48	0.71	0.36	0.72	0.60	0.27	0.71	1.20	0.92
-----UCL	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28
— 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
Terrell State Hospital**

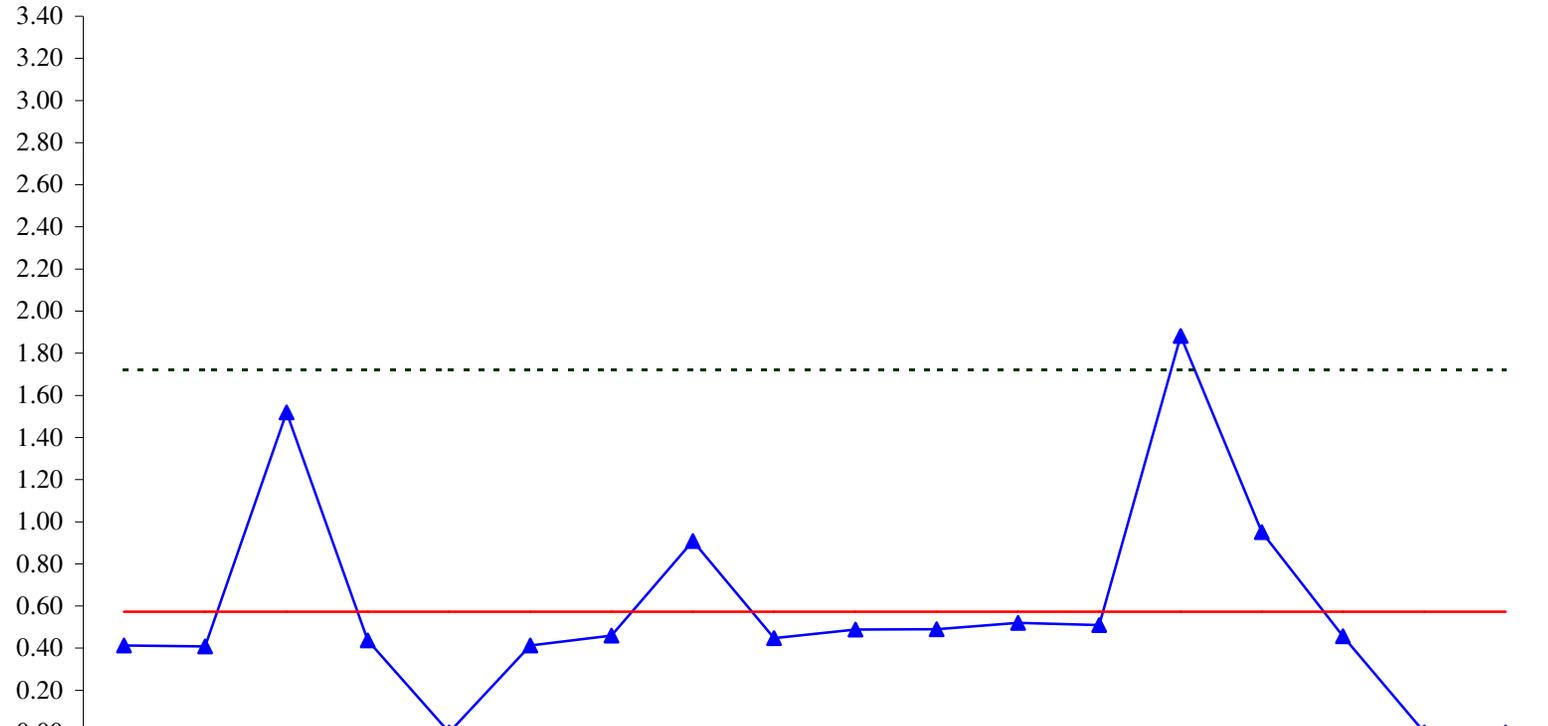
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	22	26	33	42	20	44	27	31	14	29	13	25	20	16	27	15	28	26
Injuries Resulting in a WCC	2	0	0	3	4	3	3	2	4	4	2	1	2	4	0	1	4	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.22	0.00	0.00	0.31	0.43	0.31	0.32	0.21	0.41	0.42	0.21	0.11	0.21	0.41	0.00	0.11	0.43	0.41
-----UCL	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66
— Avg	0.25	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 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

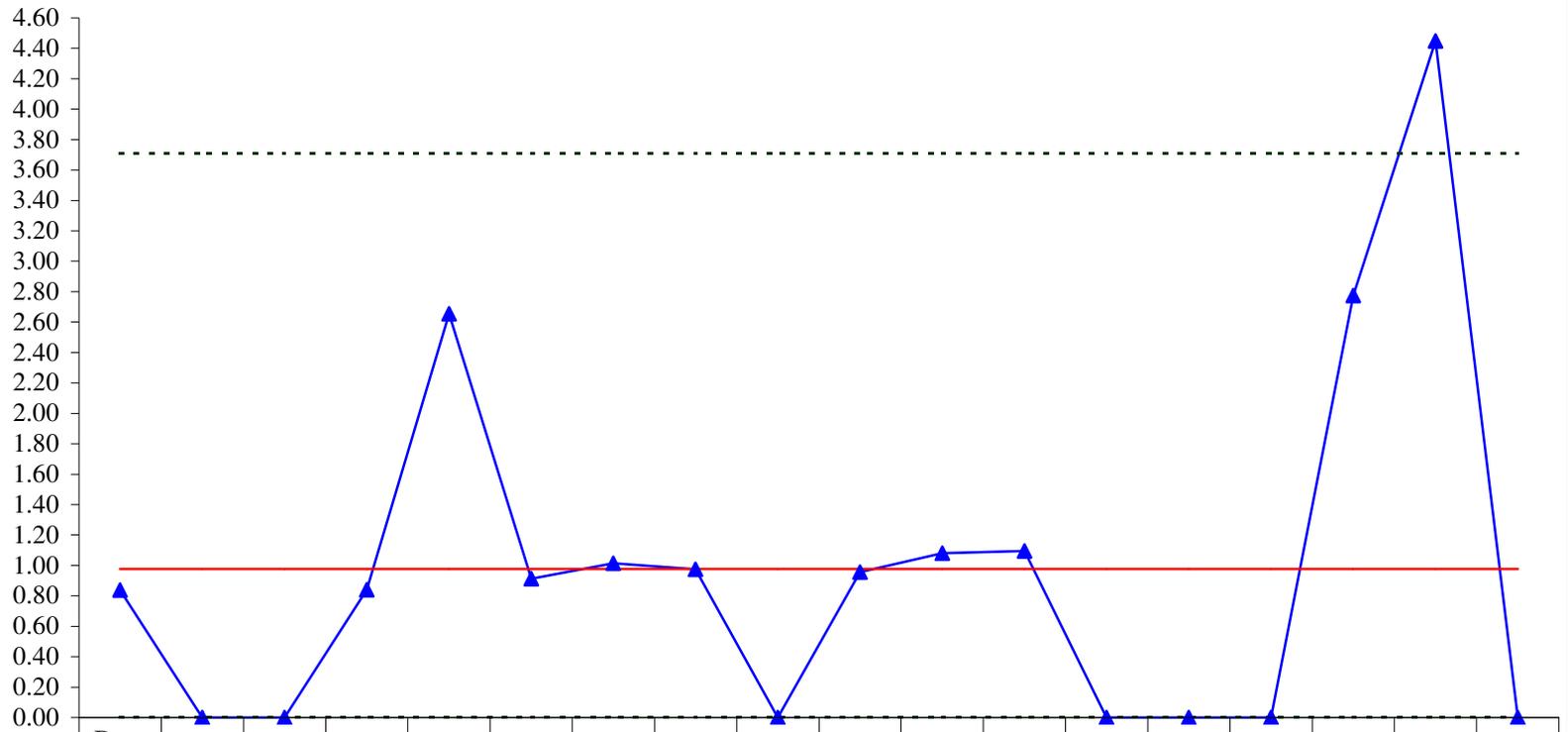
Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	1	2	4	3	0	2	3	4	3	2	2	1	2	5	5	1	0	2
Injuries Resulting in a WCC	1	1	3	1	0	1	1	2	1	1	1	1	1	4	2	1	0	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.41	0.41	1.52	0.44	0.00	0.41	0.46	0.91	0.45	0.49	0.49	0.52	0.51	1.88	0.95	0.46	0.00	0.00
-----UCL	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72
— Avg	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Employee Injuries Resulting in a Workers' Compensation Claim



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	2	1	0	2	3	1	1	1	0	2	2	1	1	2	0	3	6	0
Injuries Resulting in a WCC	1	0	0	1	3	1	1	1	0	1	1	1	0	0	0	3	5	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.84	0.00	0.00	0.84	2.65	0.91	1.01	0.98	0.00	0.96	1.08	1.10	0.00	0.00	0.00	2.78	4.45	0.00
-----UCL	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71
— Avg	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6D:

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

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

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

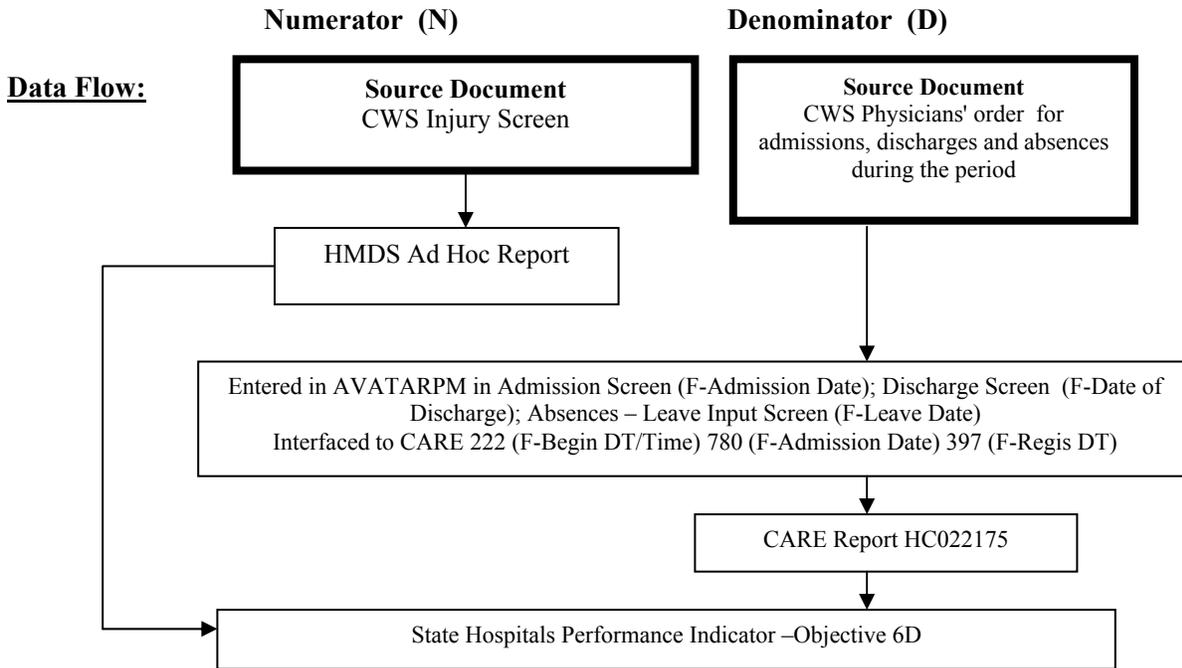
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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

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

Performance Objective Data Display and Chart Description:

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



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State MH Hospitals - FY2010

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	
ALL SH																													
Restraint	3	32	40	3	0	0	78	4	21	39	0	0	64	3	38	41	4	0	0	86									
Seclusion	0	1	1	0	0	0	2	0	5	0	0	0	5	0	2	0	0	0	0	2									
Total	3	33	41	3	0	0	80	4	26	39	0	0	69	3	40	41	4	0	0	88									
Per 1000 Beddays							0.4						0.3															0.4	

Performance Objective 6E:

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

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

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

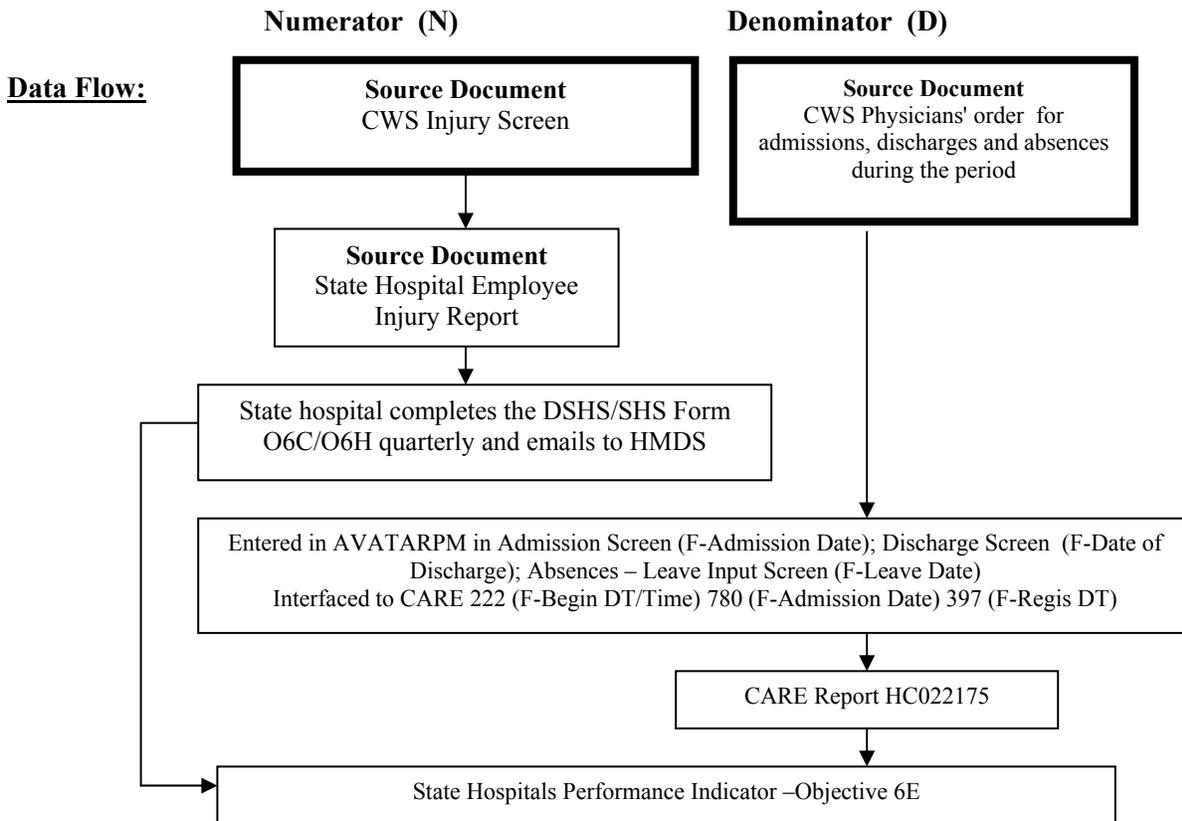
R = rate of employees injured during restraint or seclusion per 1000 bed days per month

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

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

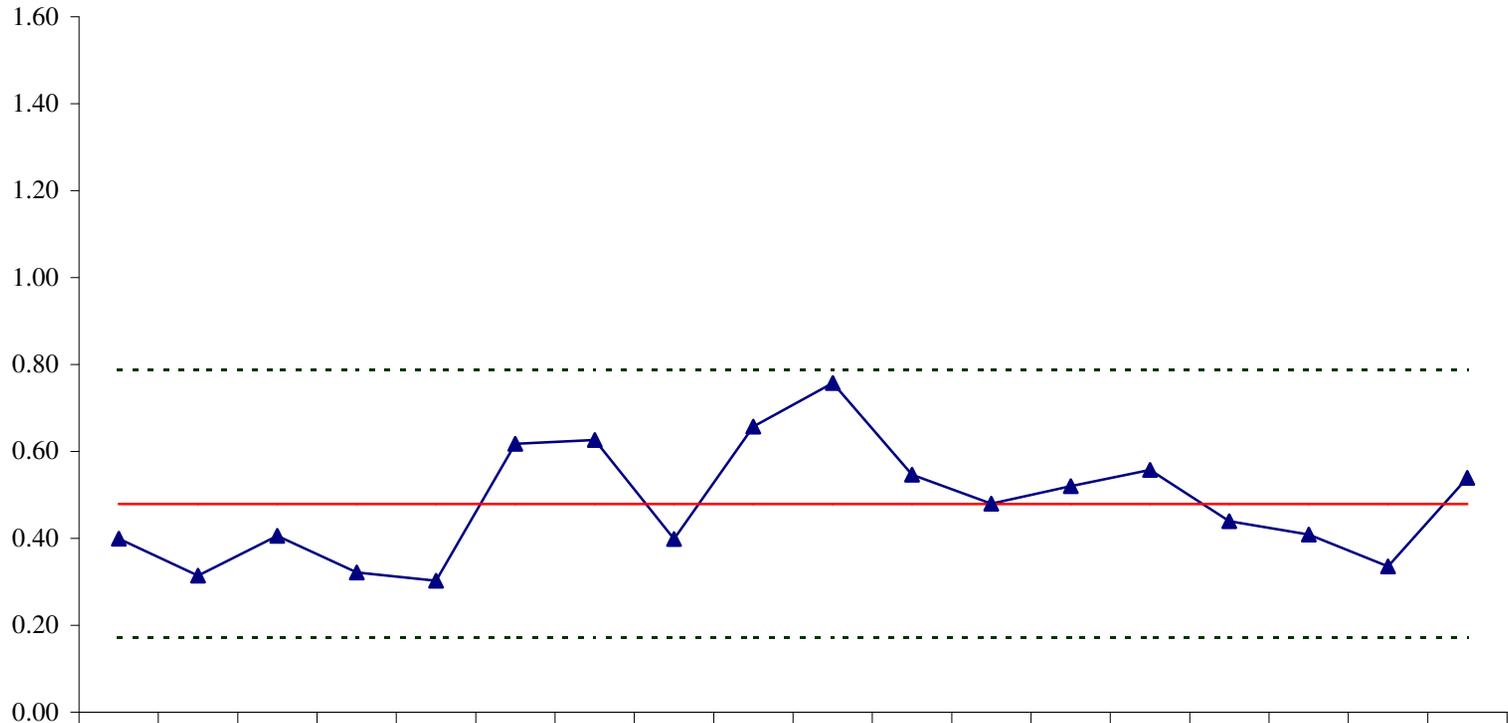
Performance Objective Data Display and Chart Description:

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



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

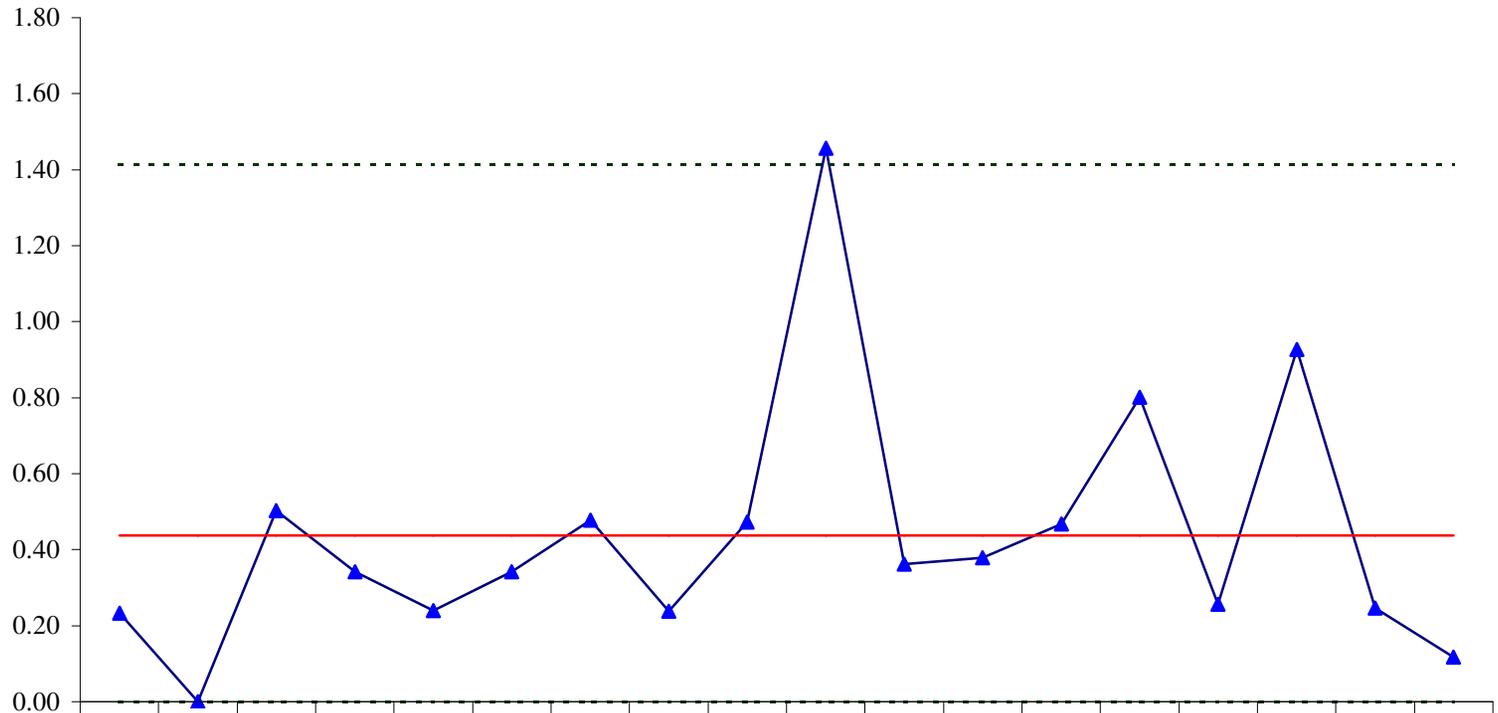
Employee Injured During Restraint or Seclusion



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	156	176	124	169	128	196	187	174	185	184	156	124	160	169	134	162	163	173
Injuries Associated with R/S	29	23	27	24	22	46	45	29	48	54	40	34	38	41	29	30	24	40
▲ Emp. Inj.(RS)/1000 Bed Days	0.40	0.31	0.41	0.32	0.30	0.62	0.63	0.40	0.66	0.76	0.55	0.48	0.52	0.56	0.44	0.41	0.34	0.54
----- UCL	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79
— 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	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17

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

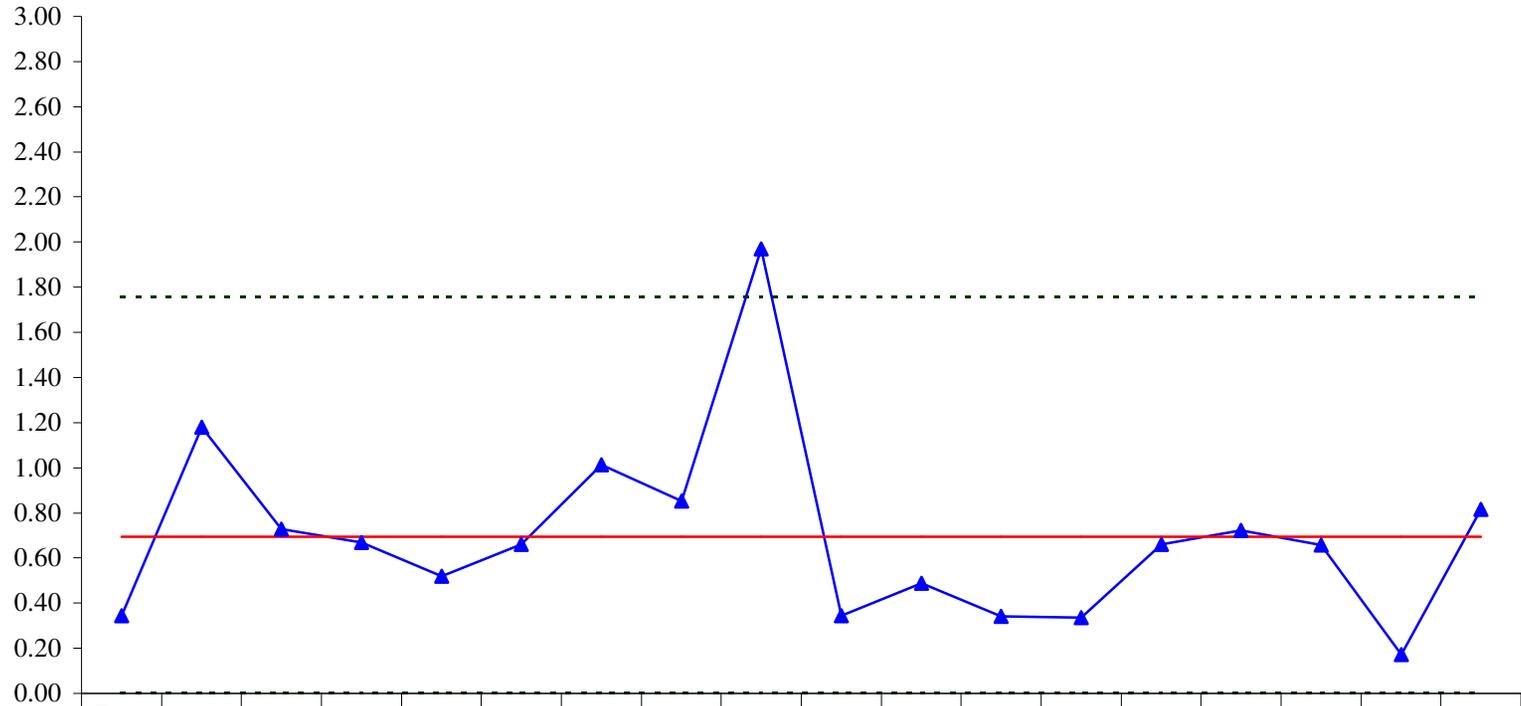
Employee Injured During Restraint or Seclusion



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	4	8	6	8	3	6	16	9	11	15	6	12	7	12	8	14	6	4
Injuries Associated with R/S	2	0	4	3	2	3	4	2	4	12	3	3	4	7	2	8	2	1
▲ Emp. Inj.(RS)/1000 Bed Days	0.23	0.00	0.50	0.34	0.24	0.34	0.48	0.24	0.47	1.46	0.36	0.38	0.47	0.80	0.26	0.93	0.25	0.12
-----UCL	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41
— Avg	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Employee Injured During Restraint or Seclusion



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	21	28	12	15	18	24	19	21	36	17	20	14	19	17	12	24	14	21
Injuries Associated with R/S	2	7	4	4	3	4	6	5	12	2	3	2	2	4	4	4	1	5
▲ Emp. Inj.(RS)/1000 Bed Days	0.34	1.18	0.73	0.67	0.52	0.66	1.01	0.85	1.97	0.34	0.49	0.34	0.34	0.66	0.72	0.66	0.17	0.82
-----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	0.69	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
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

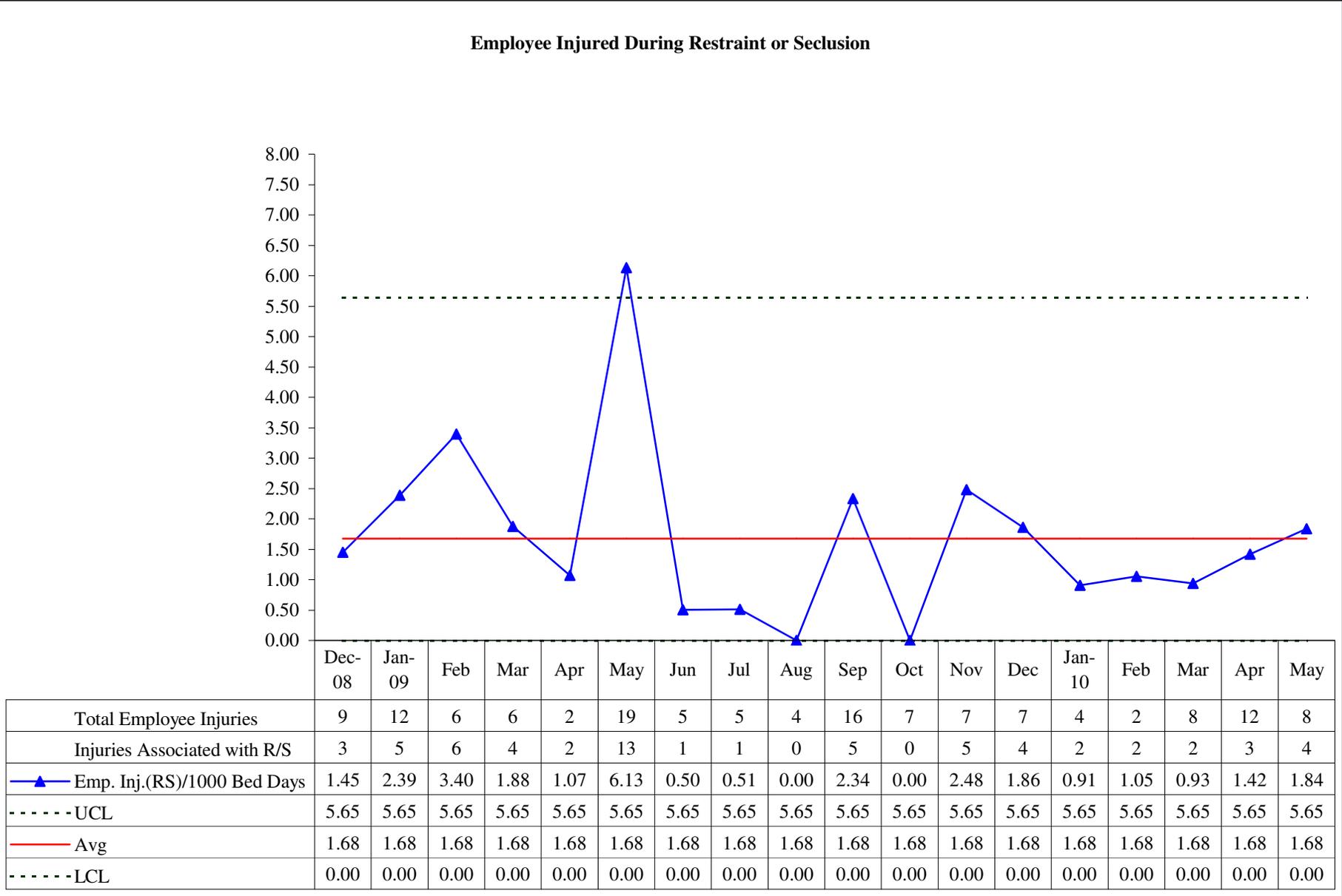
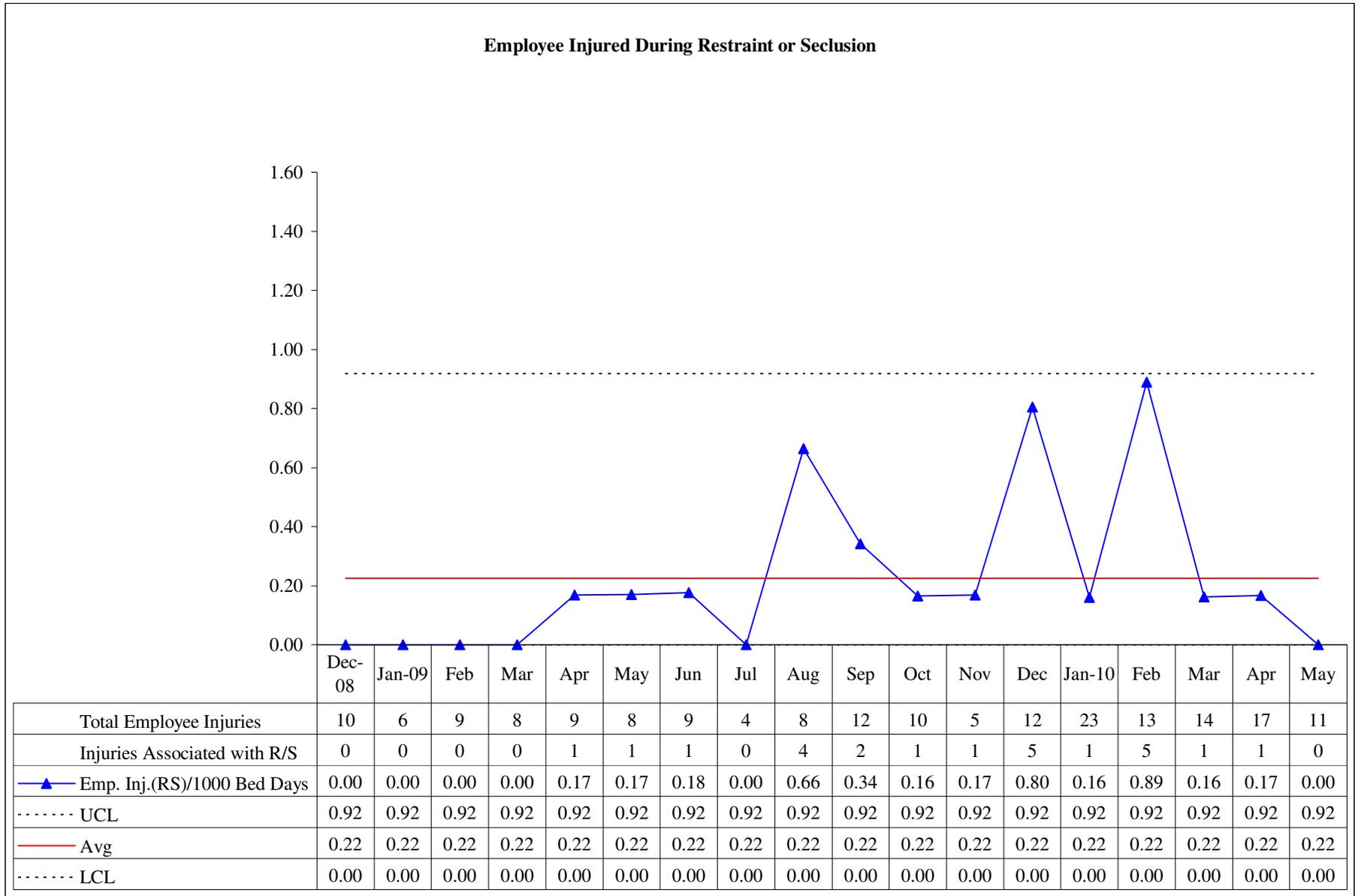


Chart: Hospital Management Data Services

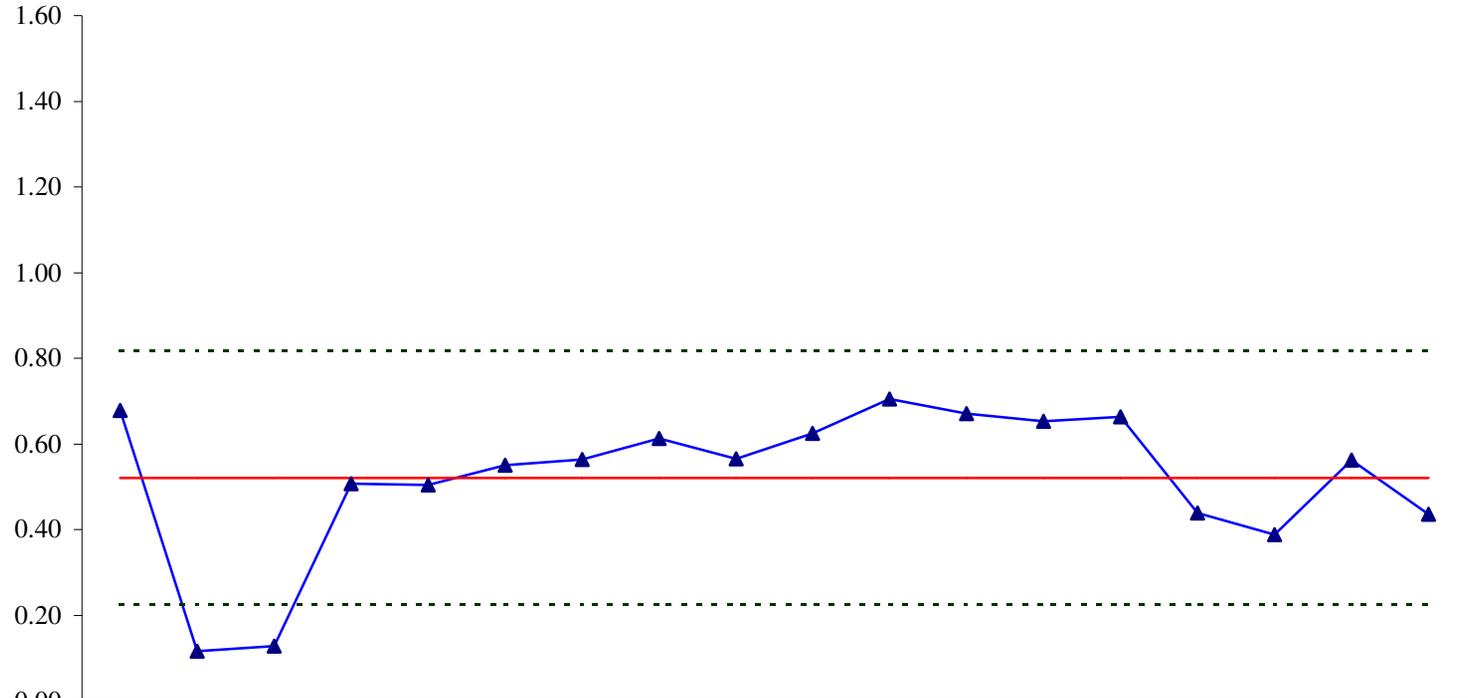
Source: Facility Report and CARE Report HC022175

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



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

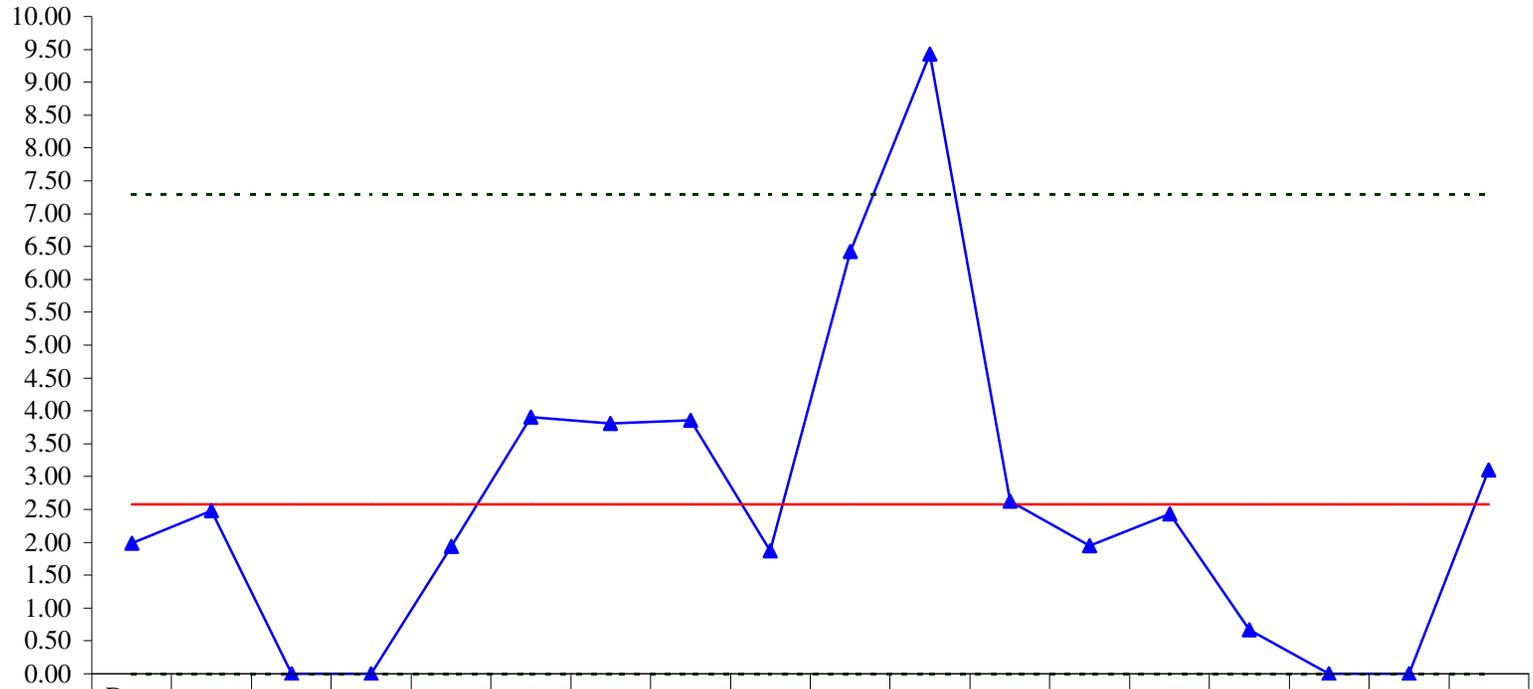
Employee Injured During Restraint or Seclusion



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	35	27	14	32	32	35	37	38	34	35	35	18	37	34	21	27	24	18
Injuries Associated with R/S	12	2	2	9	9	10	10	11	10	11	13	12	12	12	7	7	10	8
▲ Emp. Inj.(RS)/1000 Bed Days	0.68	0.12	0.13	0.51	0.50	0.55	0.56	0.61	0.57	0.62	0.71	0.67	0.65	0.66	0.44	0.39	0.56	0.44
----- UCL	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82
----- Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
----- LCL	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22

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

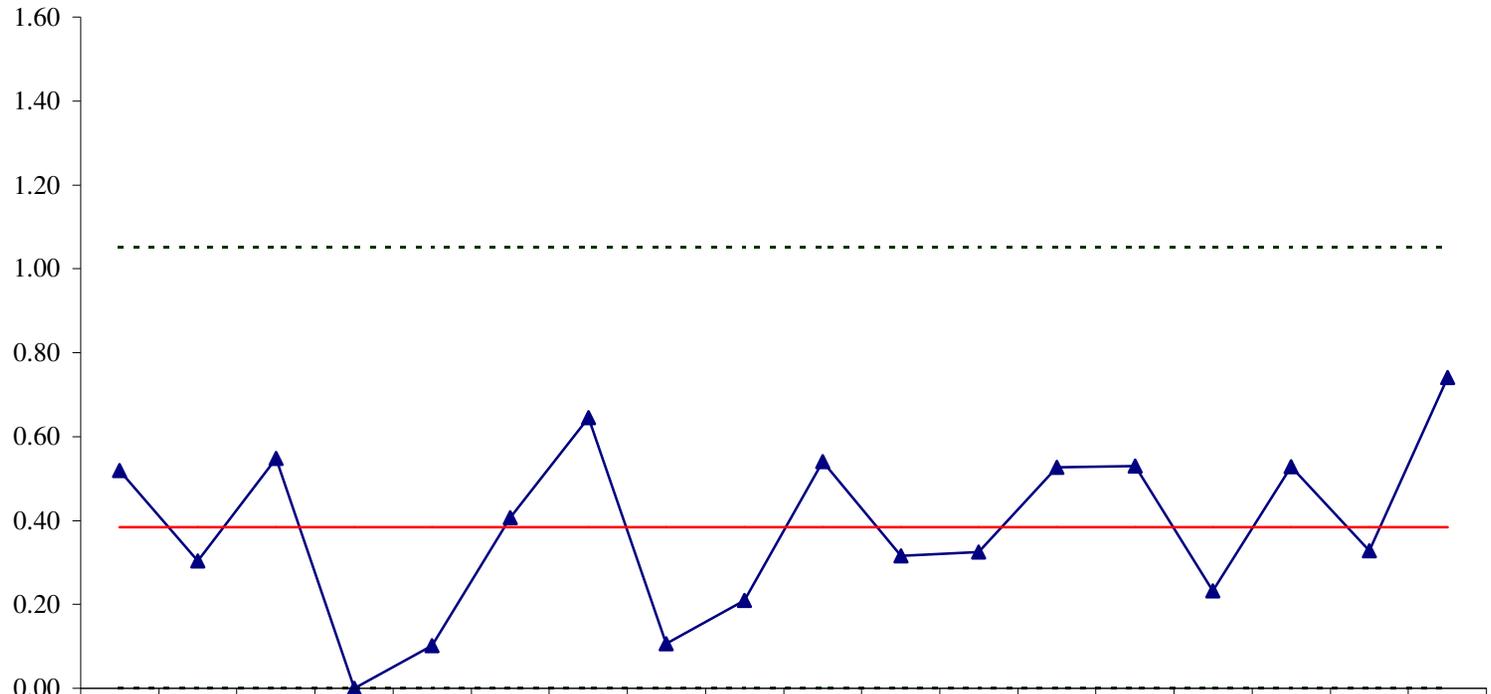
Employee Injured During Restraint or Seclusion



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	8	11	12	18	14	16	20	23	17	17	20	11	8	10	5	13	11	21
Injuries Associated with R/S	3	4	0	0	3	6	6	6	3	10	15	4	3	4	1	0	0	5
▲ Emp. Inj.(RS)/1000 Bed Days	1.99	2.48	0.00	0.00	1.94	3.90	3.81	3.86	1.87	6.43	9.43	2.62	1.95	2.43	0.67	0.00	0.00	3.10
-----UCL	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29	7.29
— Avg	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58	2.58
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

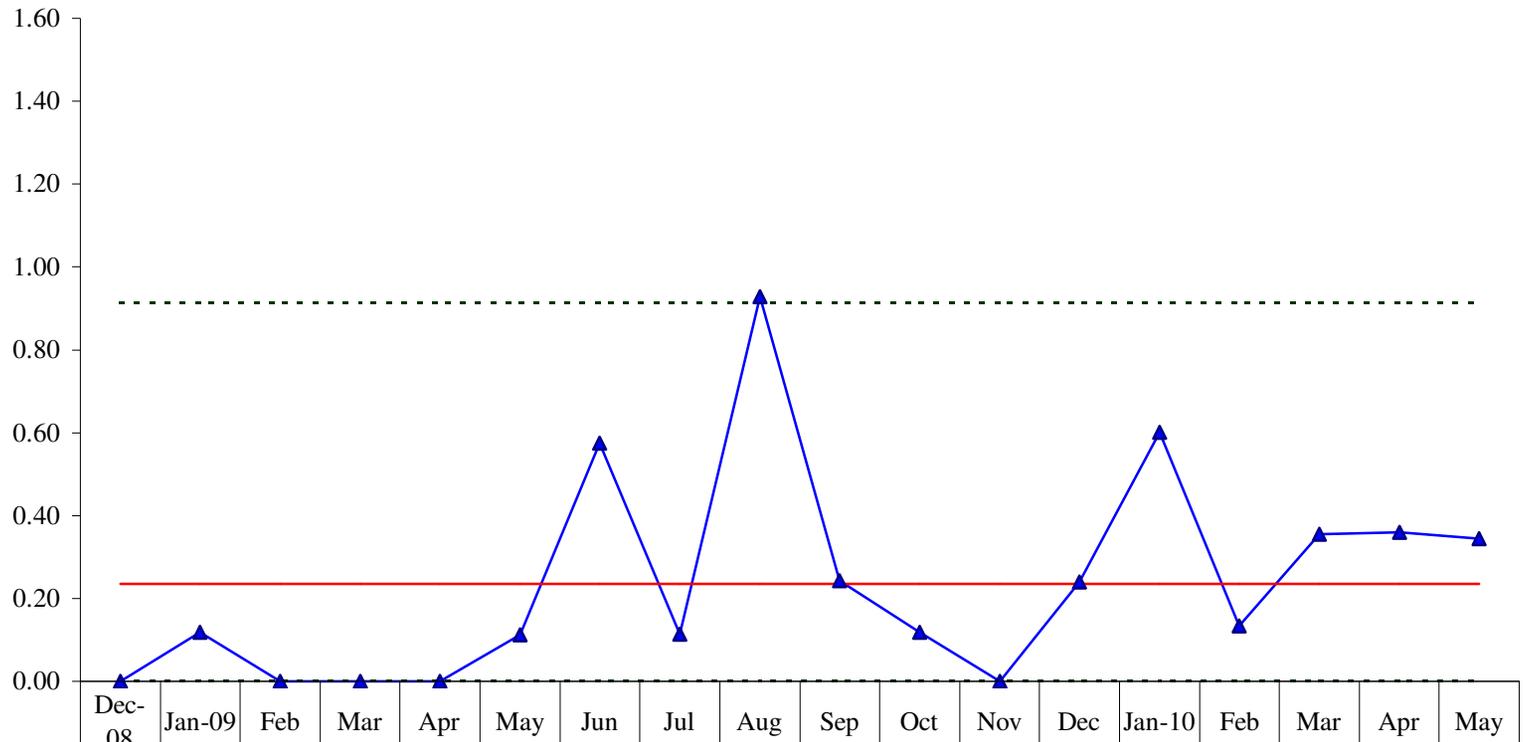
Employee Injured During Restraint or Seclusion



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	30	38	19	14	16	19	23	18	33	26	18	17	26	28	25	21	22	36
Injuries Associated with R/S	5	3	5	0	1	4	6	1	2	5	3	3	5	5	2	5	3	7
▲ Emp. Inj.(RS)/1000 Bed Days	0.52	0.30	0.55	0.00	0.10	0.41	0.65	0.11	0.21	0.54	0.32	0.33	0.53	0.53	0.23	0.53	0.33	0.74
-----UCL	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
-----Avg	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

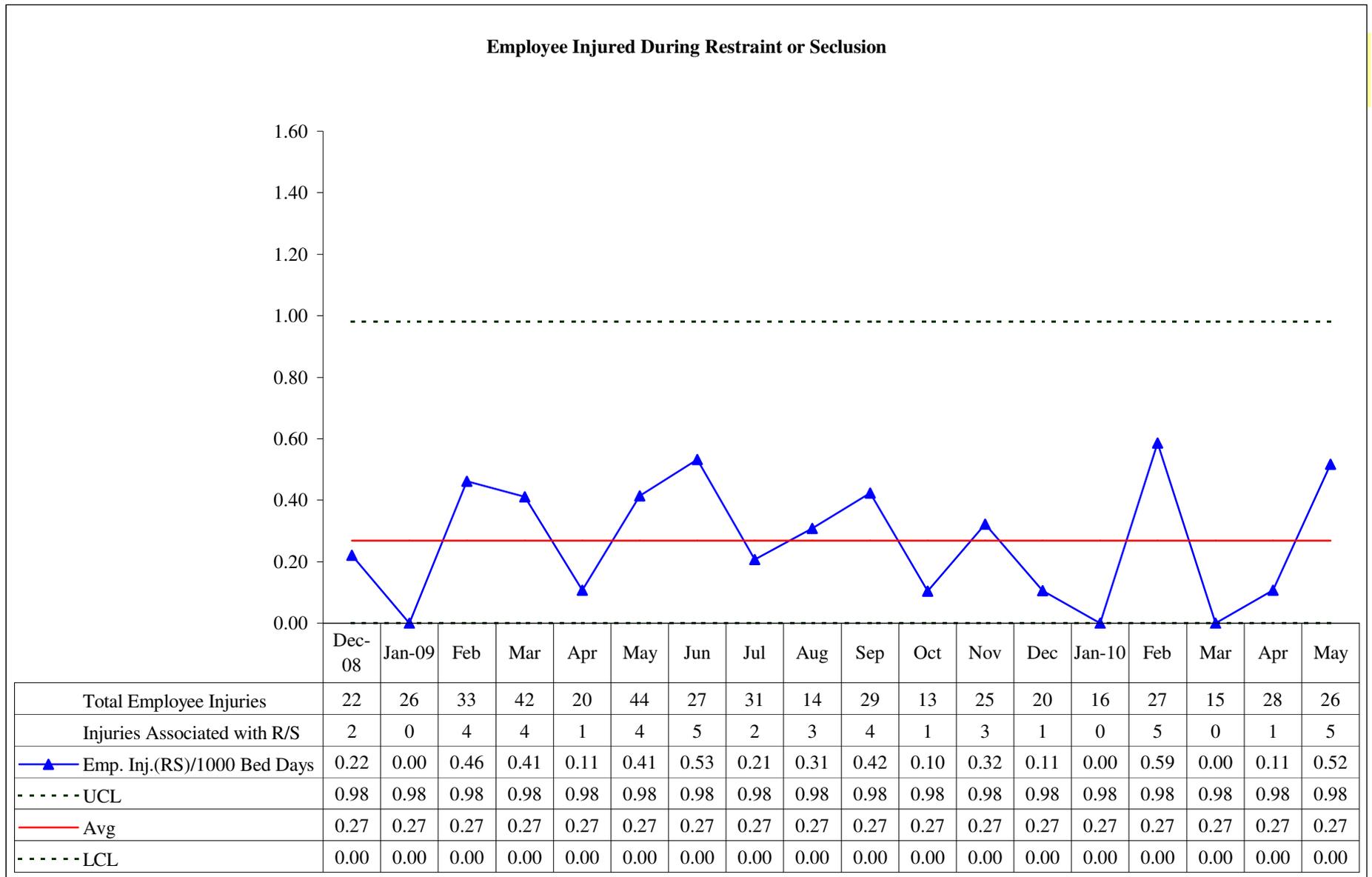
Objective 6E - Employees Injured During Restraint or Seclusion
San Antonio State Hospital

Employee Injured During Restraint or Seclusion



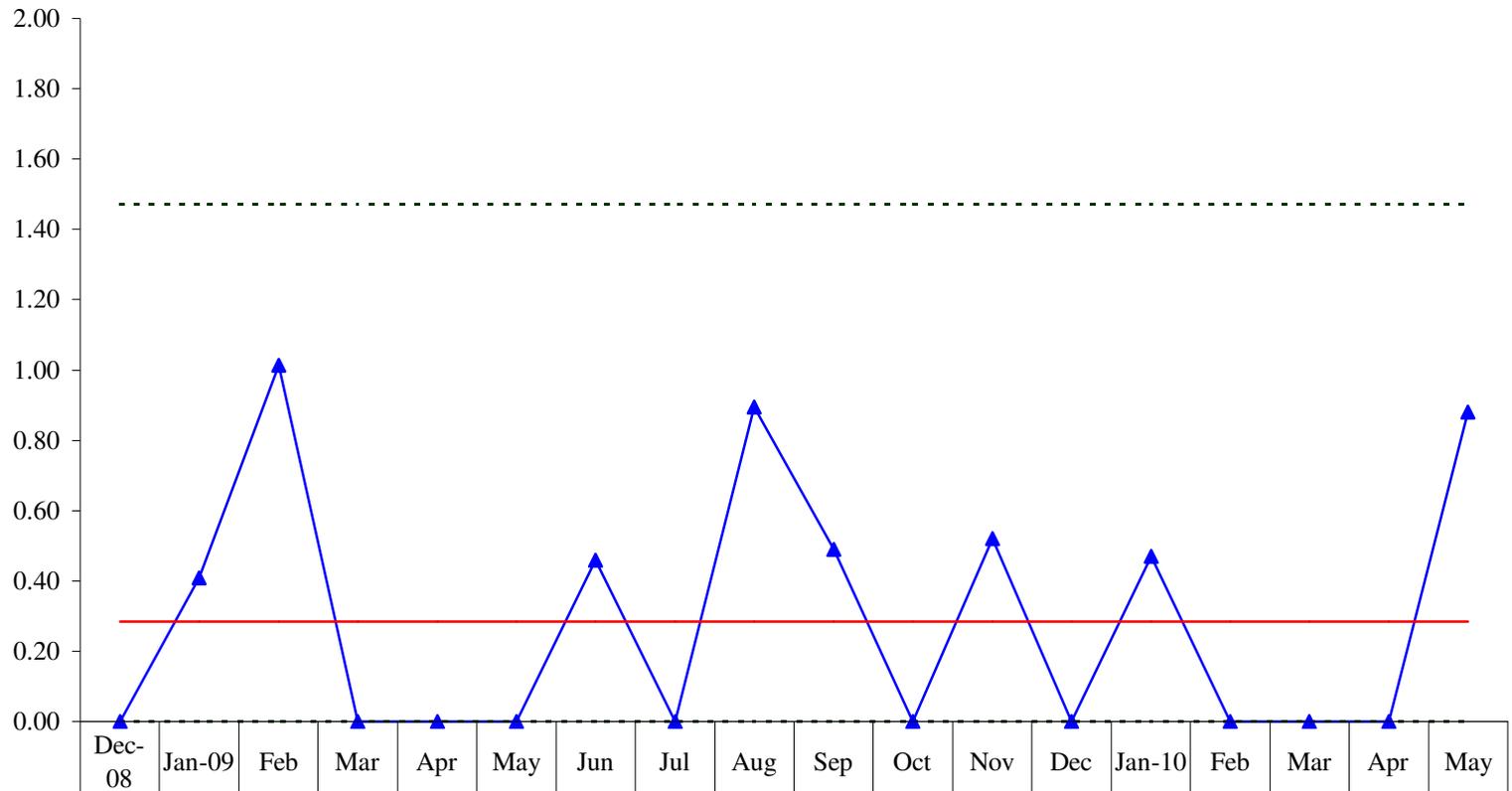
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Total Employee Injuries	14	17	9	21	11	22	27	20	25	13	23	13	21	18	16	22	23	26
Injuries Associated with R/S	0	1	0	0	0	1	5	1	8	2	1	0	2	5	1	3	3	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.12	0.00	0.00	0.00	0.11	0.58	0.11	0.93	0.24	0.12	0.00	0.24	0.60	0.13	0.36	0.36	0.34
-----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	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



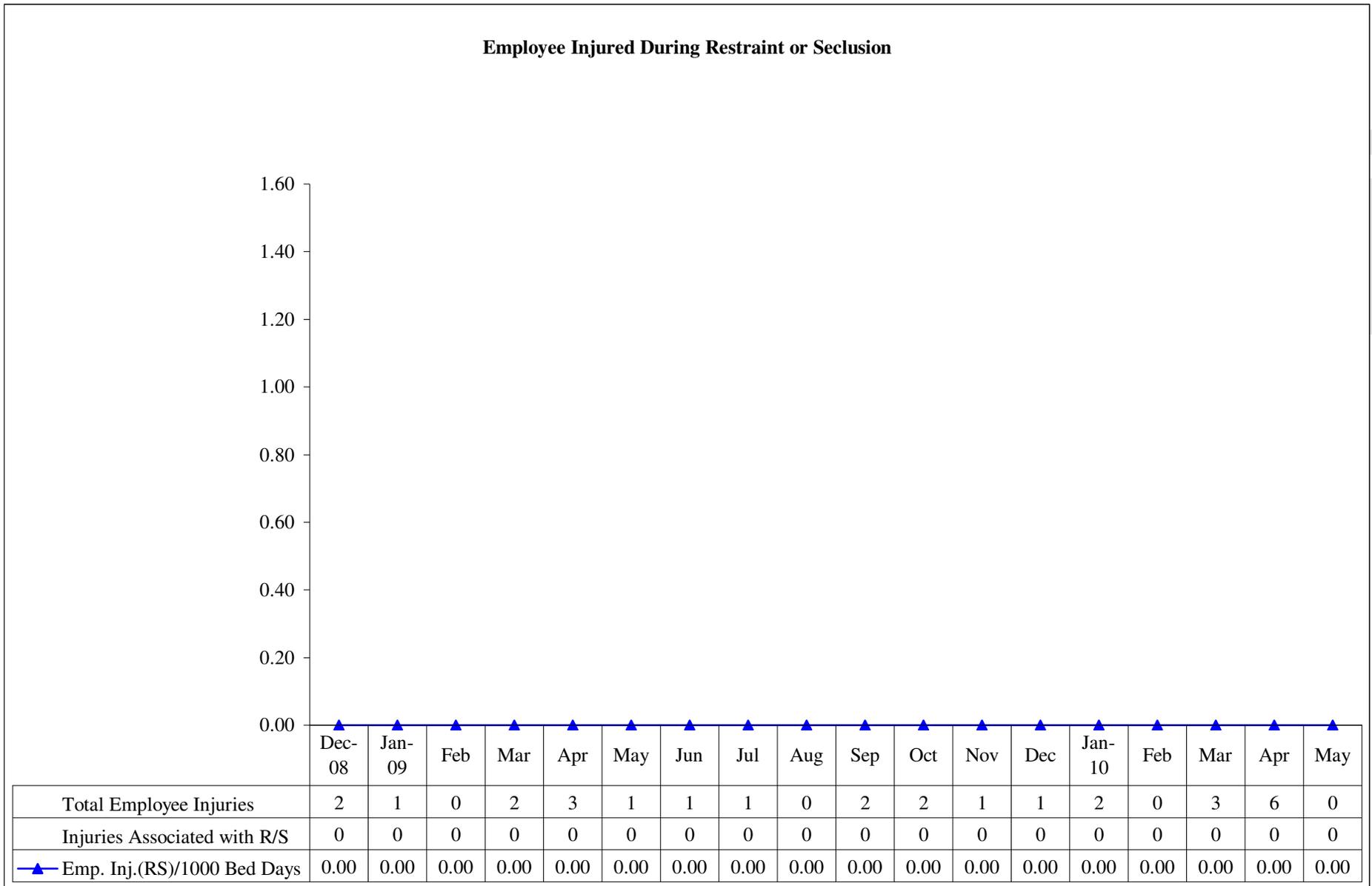
**Objective 6E - Employees Injured During Restraint or Seclusion
Waco Center for Youth**

Employee Injured During Restraint or Seclusion



Total Employee Injuries	1	2	4	3	0	2	3	4	3	2	2	1	2	5	5	1	0	2
Injuries Associated with R/S	0	1	2	0	0	0	1	0	2	1	0	1	0	1	0	0	0	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.41	1.01	0.00	0.00	0.00	0.46	0.00	0.89	0.49	0.00	0.52	0.00	0.47	0.00	0.00	0.00	0.88
-----UCL	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47	1.47
— Avg	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29	0.29
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



Performance Objective 6F:

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

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

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

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

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

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

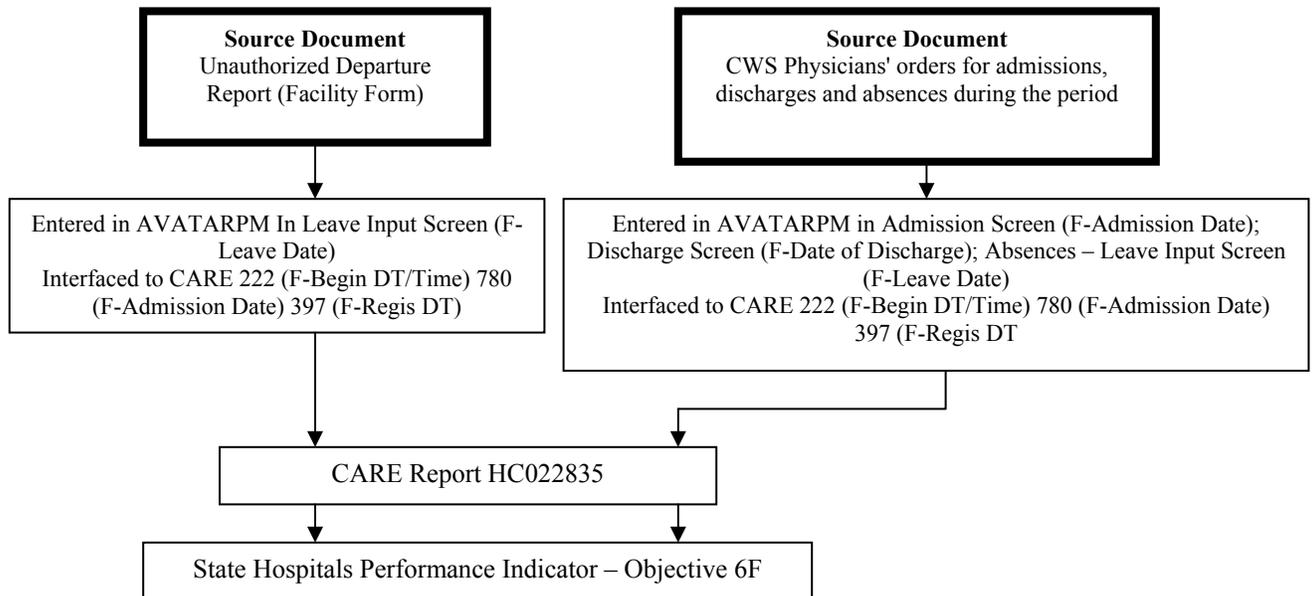
Performance Objective Data Display and Chart Description:

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

Data Flow:

Numerator (N)

Denominator (D)



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

ALL MH HOSPITALS	Jun-09	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Unauthorized Departures Incidents	16	10	16	21	16	14	12	14	17	16	17	14
Unauthorized Departures Persons	16	10	15	20	16	14	12	13	16	15	15	14
Bed Days in Month	70888	71789	72109	70245	72282	69947	71990	72471	65073	72346	70373	73079
Incidents/1000 Bed Days	0.2257	0.1393	0.2219	0.299	0.2214	0.2002	0.1667	0.1932	0.261	0.221	0.242	0.192

Performance Objective 6G:

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

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

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

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

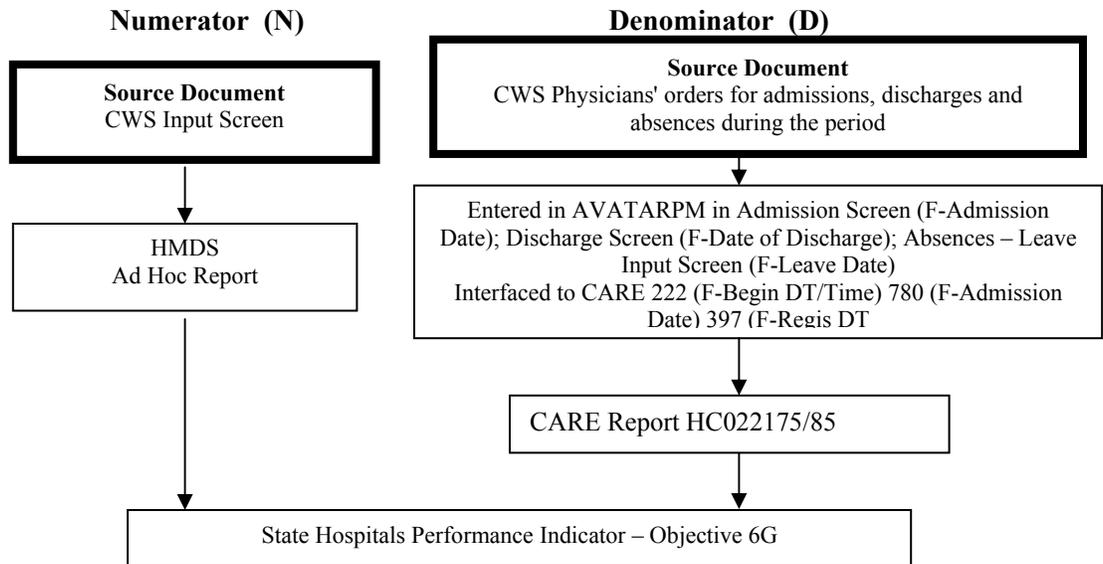
N = number of fall injuries D = number of bed days per FY quarter

1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 6G - Rate of Falls
All State Hospitals

	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
ALL STATE HOSPITALS															
All Falls	158	149	171	169	179	182	171	181	159	179	177	132	169	201	188
Bed Days in Month	74595	72645	74498	71838	72738	73039	71263	73182	70821	73019	73518	66000	73381	71486	74231
Falls/1000 Bed Days	2.12	2.05	2.30	2.35	2.46	2.49	2.40	2.47	2.25	2.45	2.41	2.00	2.30	2.81	2.53

Performance Measure 6A:

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

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

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

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

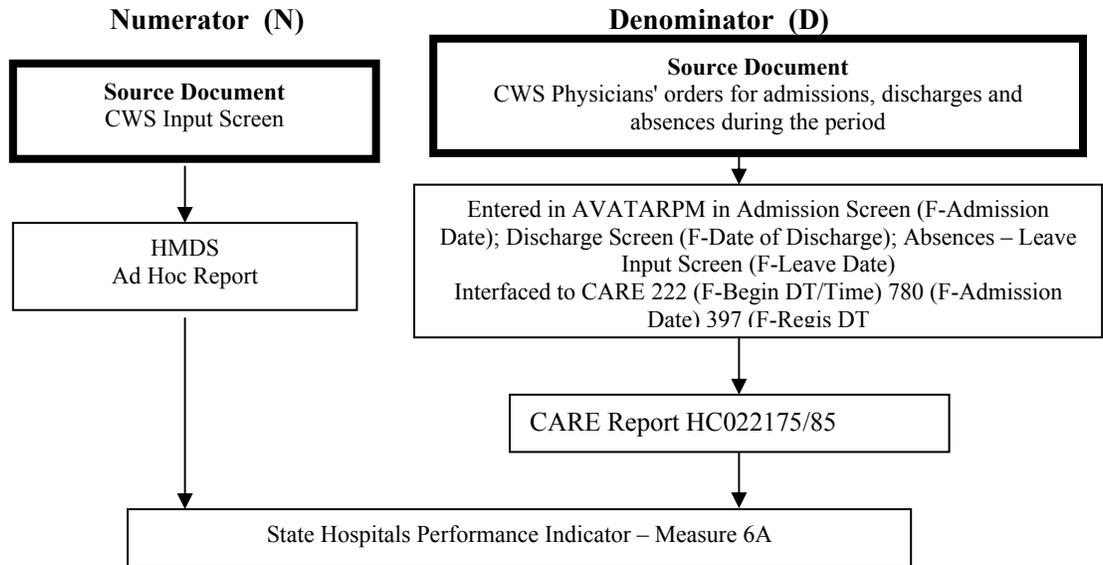
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 6A - Patient Injuries

All Mental Health Hospitals - FY10

Hospital	Q1							Q2							Q3							Q4									
	No N/A	Tx	First Aid	Med Tx	ospital- zation	Fatal	*	Total	No N/A	Tx	First Aid	Med Tx	ospital- ization	Fatal	*	Total	No N/A	Tx	First Aid	Med Tx	ospital- ization	Fatal	*	Total	No N/A	Tx	First Aid	Med Tx	ospital- ization	Fatal	*
ALL MH																															
Accident	17	461	318	15	2	0	813	19	432	297	21	2	0	771	2	468	377	25	3	0	875										
Another Client	9	481	236	19	2	0	747	6	480	239	16	0	0	741	0	485	213	15	1	0	714										
Alleged Abuse/Neglect							0							0																	
Employee/Accident	0	10	12	0	0	0	22	1	16	10	0	0	0	27	0	16	13	0	0	0	29										
Medical Condition	4	36	20	2	0	0	62	6	27	12	2	1	0	48	0	27	22	0	0	0	49										
Self Inflicted	12	140	241	17	1	0	411	18	150	225	10	0	0	403	1	174	253	11	1	0	440										
Undetermined	53	210	73	9	0	0	345	30	245	81	4	1	0	361	37	250	84	8	1	0	380										
Visitor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2										
Total	95	1338	900	62	5	0	2400	80	1350	864	53	4	0	2351	40	1421	963	59	6	0	2489										
Rate/1000 Bed Days	0.45	6.30	4.24	0.29	###	###	0.32	0.38	6.44	4.12	0.25	0.02	0.00	0.27	0.19	6.78	4.60	0.28	0.03	0.00	0.30										

N/A = Not Available

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

Measure 6A - Patient Injuries
All Mental Health Hospitals - FY10

Hospitals	Q1							Q2							Q3							FYTD								
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total		
ALL SH																														
Age 0-17	22	224	218	8	1	0	473	18	204	223	4	0	0	449	12	194	303	9	1	0	519									
Age 18-64	63	1053	639	50	4	0	1809	55	1057	613	47	4	0	1776	26	1113	607	45	5	0	1796									
Age 65-olde	10	61	43	4	0	0	118	6	92	30	2	0	0	130	2	114	53	5	0	0	174									
Total	95	1338	900	62	5	0	2400	79	1353	866	53	4	0	2355	40	1421	963	59	6	0	2489									

N/A = Not Available

Performance Measure 6B:

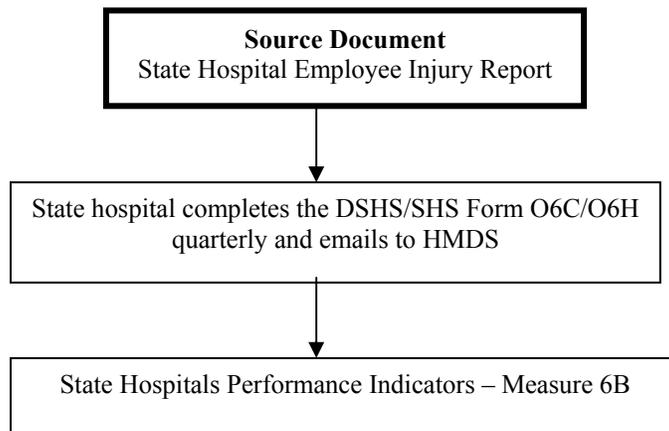
**Calculate, trend and review rate of on the job employee injuries for quality improvement opportunities. Injuries will be reported by age categories:
Ages: 18 – 39; 40 – 64 and 65 – older.**

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

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

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

Data Flow:



Measure 6B - Employee Injuries
All State Hospitals - Q3 FY10

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	12	31	17	13	31	22	48	28	31	1	3	237
Per 1,000 Bed Days	0.47	1.72	2.64	0.71	0.57	4.54	1.71	1.10	1.08	0.30	0.46	1.08
Age 40-64	12	26	11	12	34	23	31	43	36	8	0	236
Per 1,000 Bed Days	0.47	1.44	1.71	0.66	0.63	4.74	1.10	1.69	1.26	2.37	0.00	1.08
Age 65 - Older	0	2	0	2	4	0	0	0	2	0	0	10
Per 1,000 Bed Days	0.00	0.11	0.00	0.11	0.07	0.00	0.00	0.00	0.07	0.00	0.00	0.05
Unknown	0	0	0	15	0	0	0	0	0	0	0	15
Per 1,000 Bed Days	0.00	0.00	0.00	0.82	0.00	0.07						
Total	24	59	28	42	69	45	79	71	69	9	3	498
Per 1,000 Bed Days	0.95	3.27	4.35	2.30	1.27	9.28	2.81	2.78	2.41	2.67	0.46	2.27

GOAL 7: Obtain, Manage and Use Information

Performance Objective 7D:

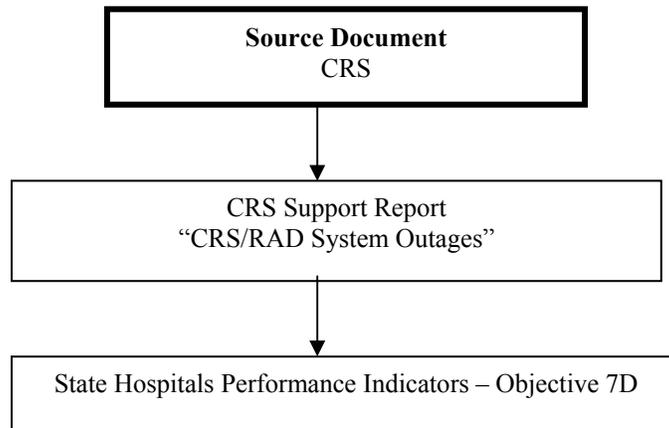
Monitor and analyze the CRS downtime.

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

Performance Measure Formula: No formula – continuous variable.

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

Data Flow:



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

Date	Time	Restart Time	Approx outage length	Reason
9/16/2009	9:15 AM	11:00 AM	1.75 hrs	Server space problems. Core dumps.
10/14/2009	10:00 AM	10:15 AM	0.25 hr	Cachetemp file full.
12/4/2009	4:45 PM	8:45:PM	4 hrs	Power outage at data center.
2/5/2010	7:40 PM	8:25 PM	0.75 hr	DNS server down.
4/17/2010	11:40 PM	9:40 AM	10 hrs	Storm took out power to Winters data center.
4/18/2010	11:10 AM	6:30 PM	7.3 hrs	Opcon/backup problem.
4/19/2010	1:40 AM	3:20 AM	1.5 hrs	Radplus middleware inconsistency between F5 & Utah.
4/28/2010	12:19 PM	9:40 PM	9.3 hrs.	Transformer between dual circuit switch & UPS had tripped. Team manually failed over to one of two backup transformers.

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

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

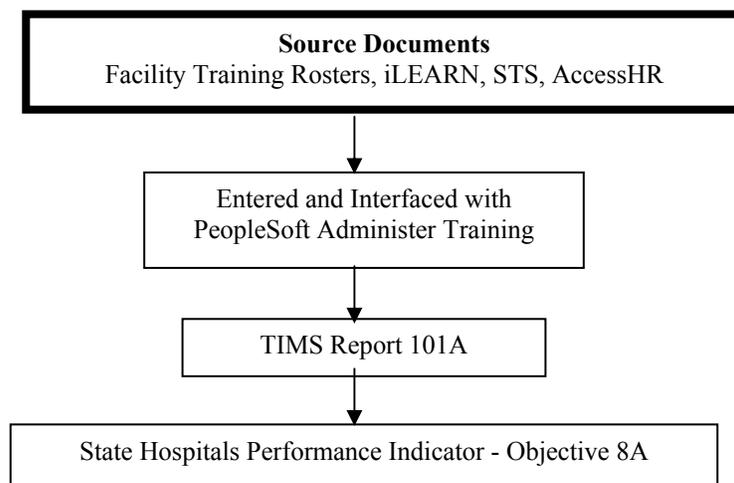
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up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

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

Performance Objective Data Display and Chart Description:

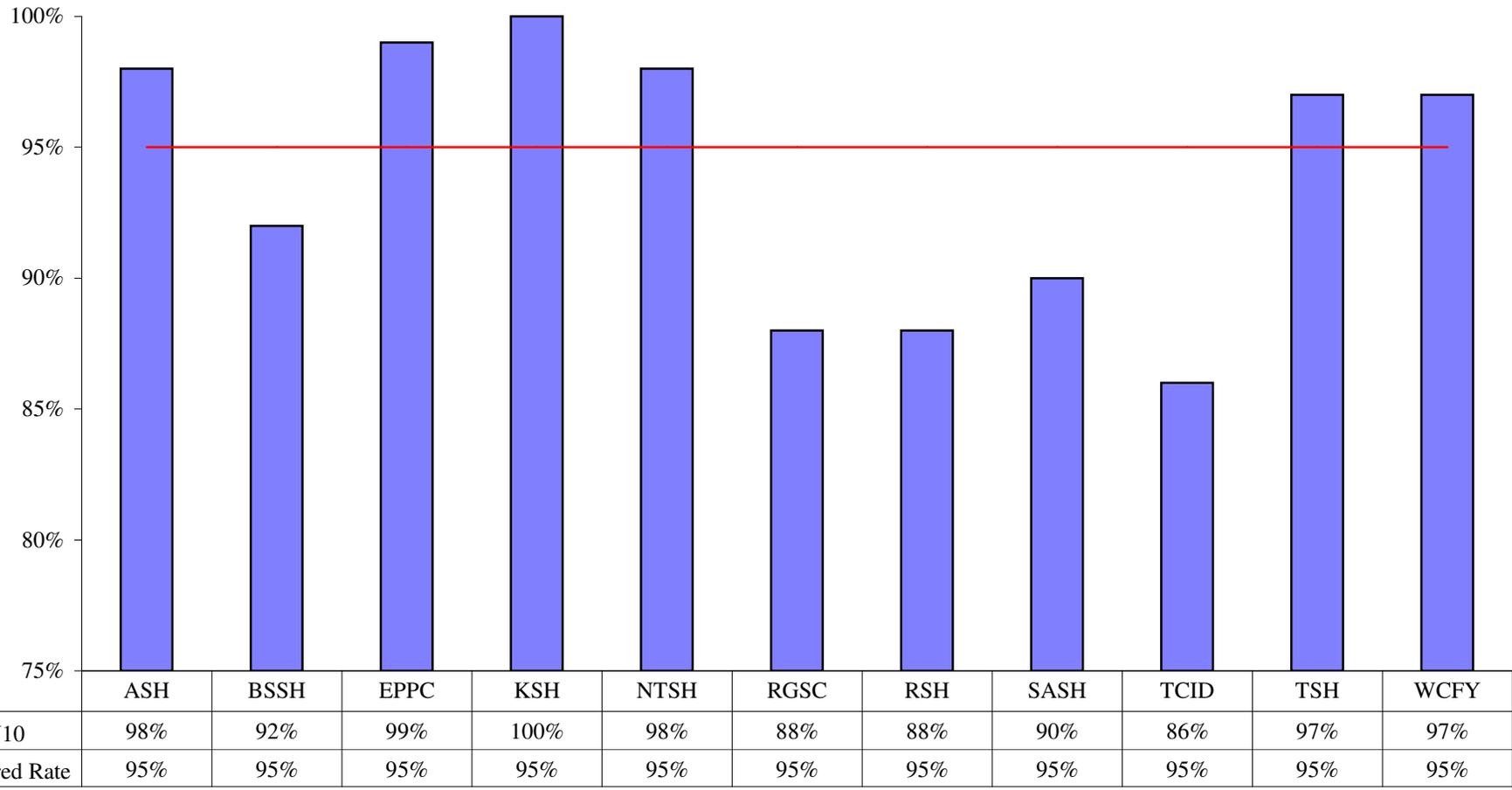
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



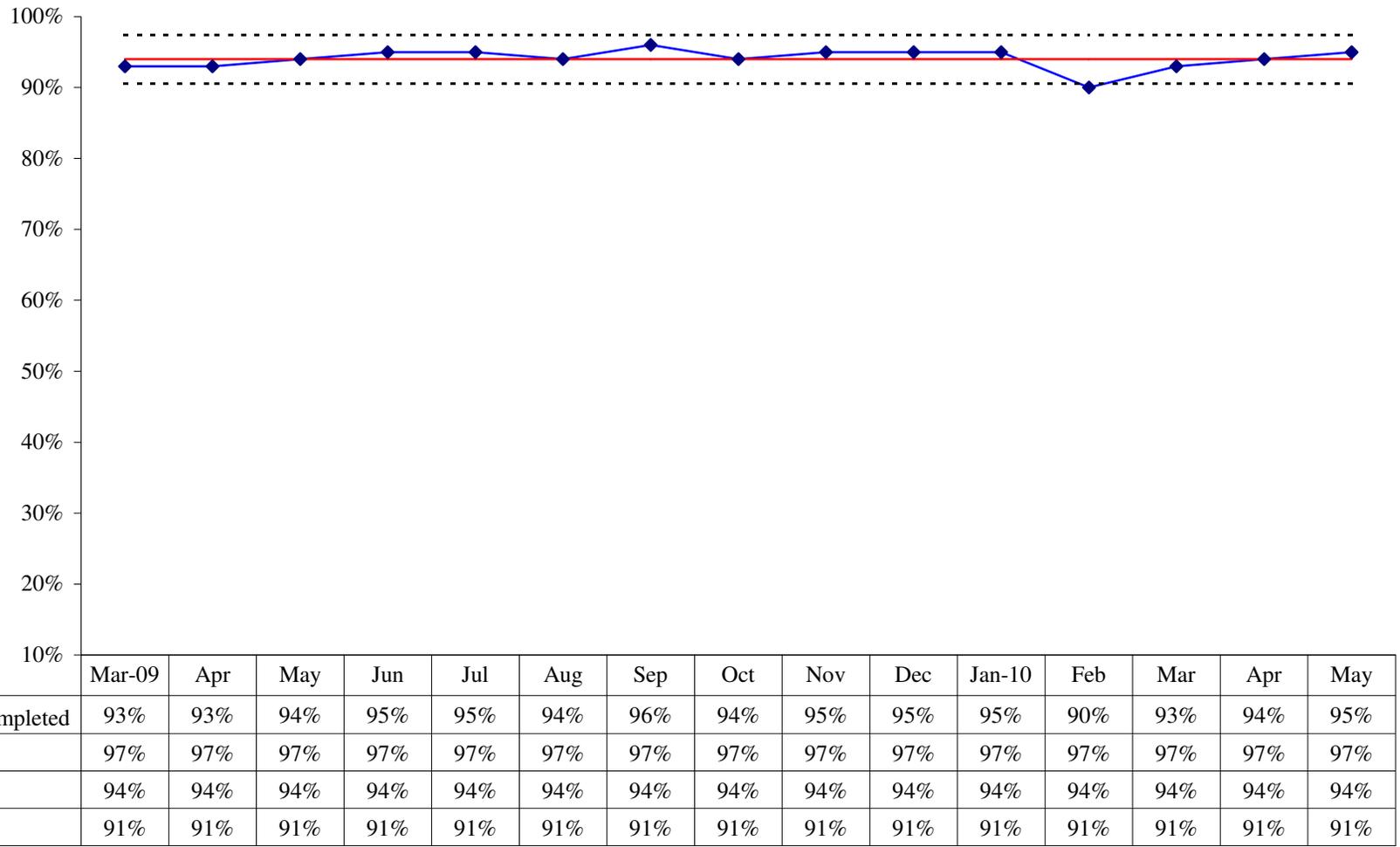
**Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals**

**CORE and Specialty Training
(As of May 31, 2010)**



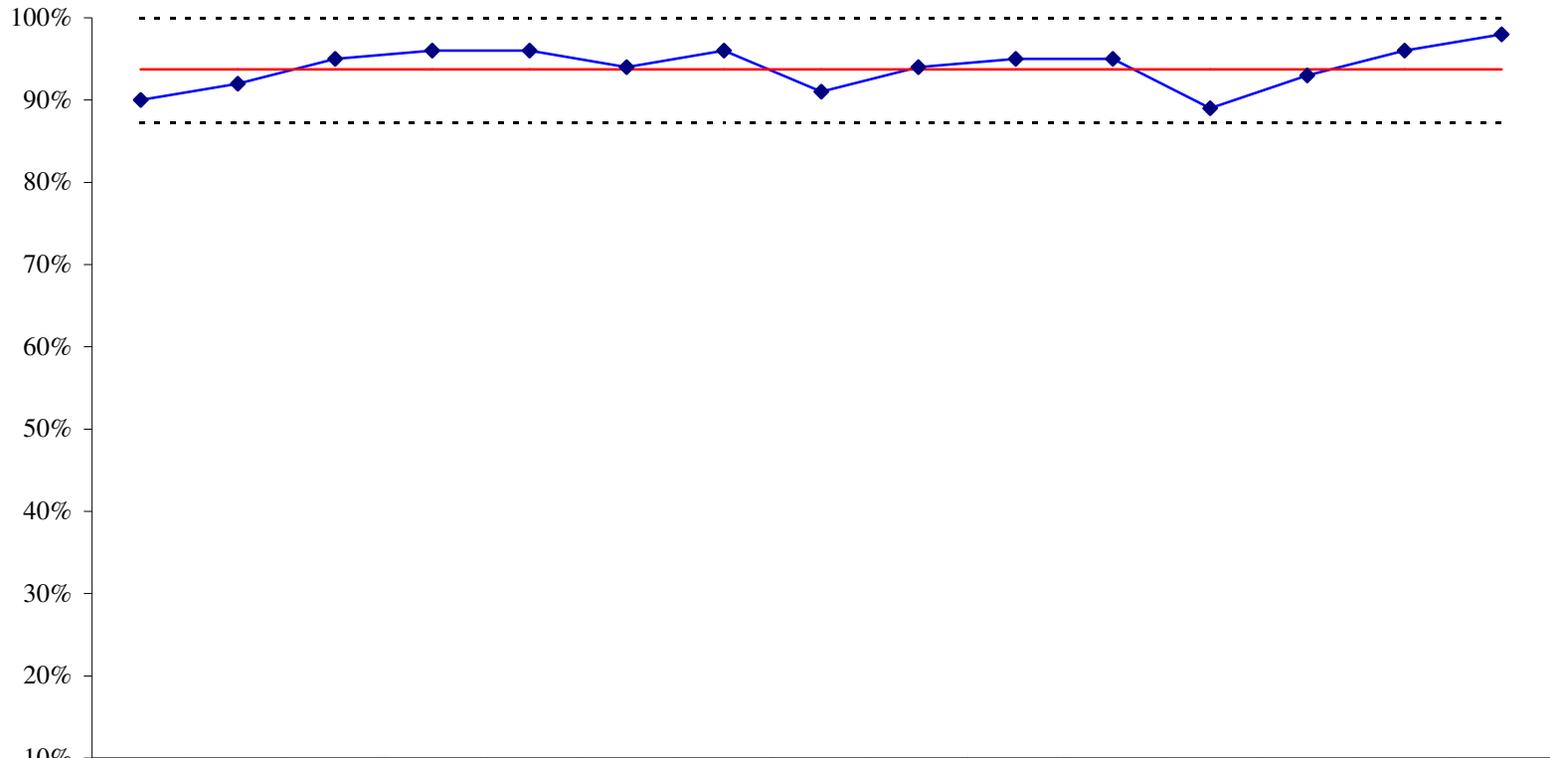
Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals

Percentage of CORE and Specialty Training Completed



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

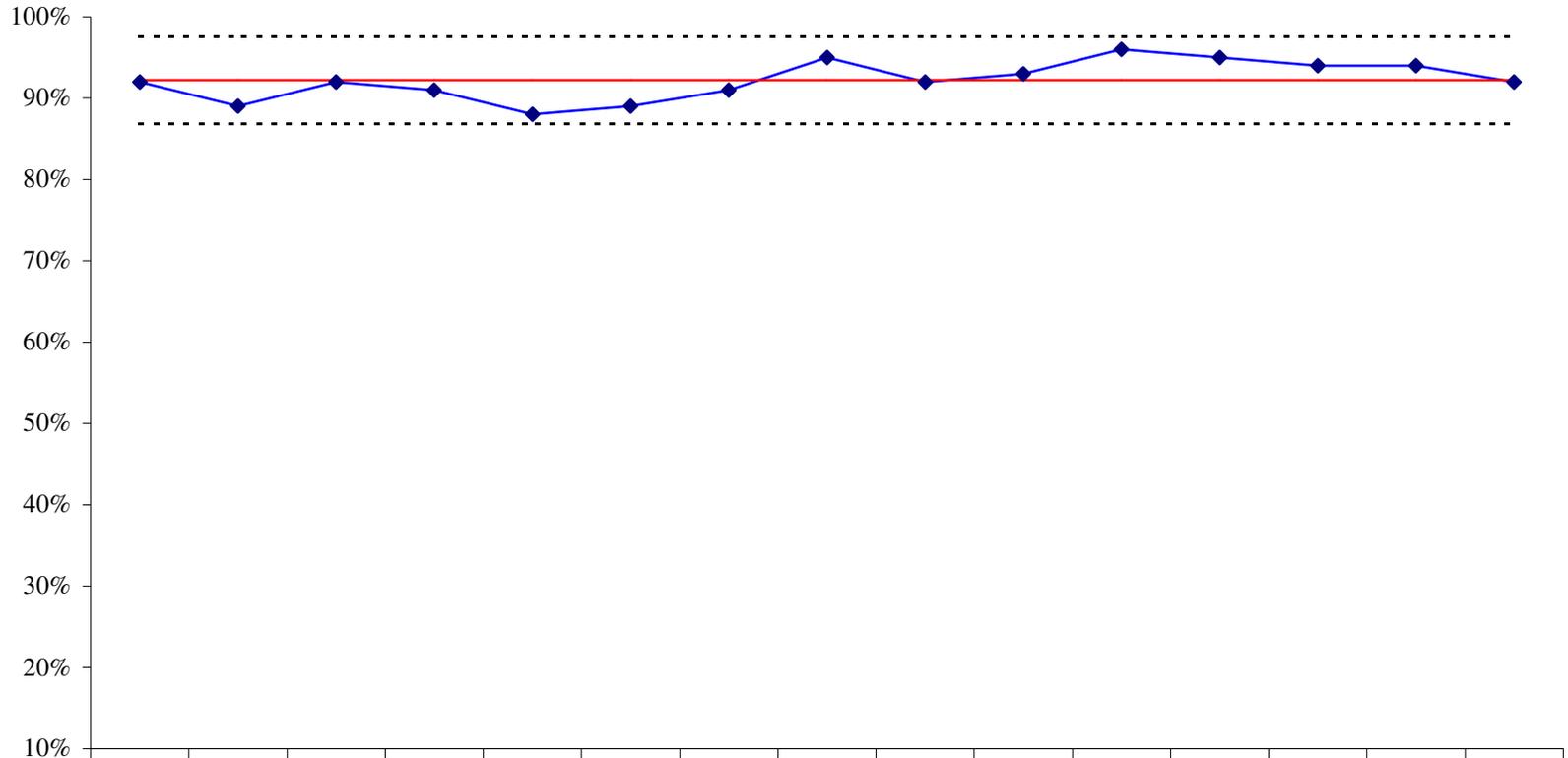
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	90%	92%	95%	96%	96%	94%	96%	91%	94%	95%	95%	89%	93%	96%	98%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

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

Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	92%	89%	92%	91%	88%	89%	91%	95%	92%	93%	96%	95%	94%	94%	92%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
----- LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

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

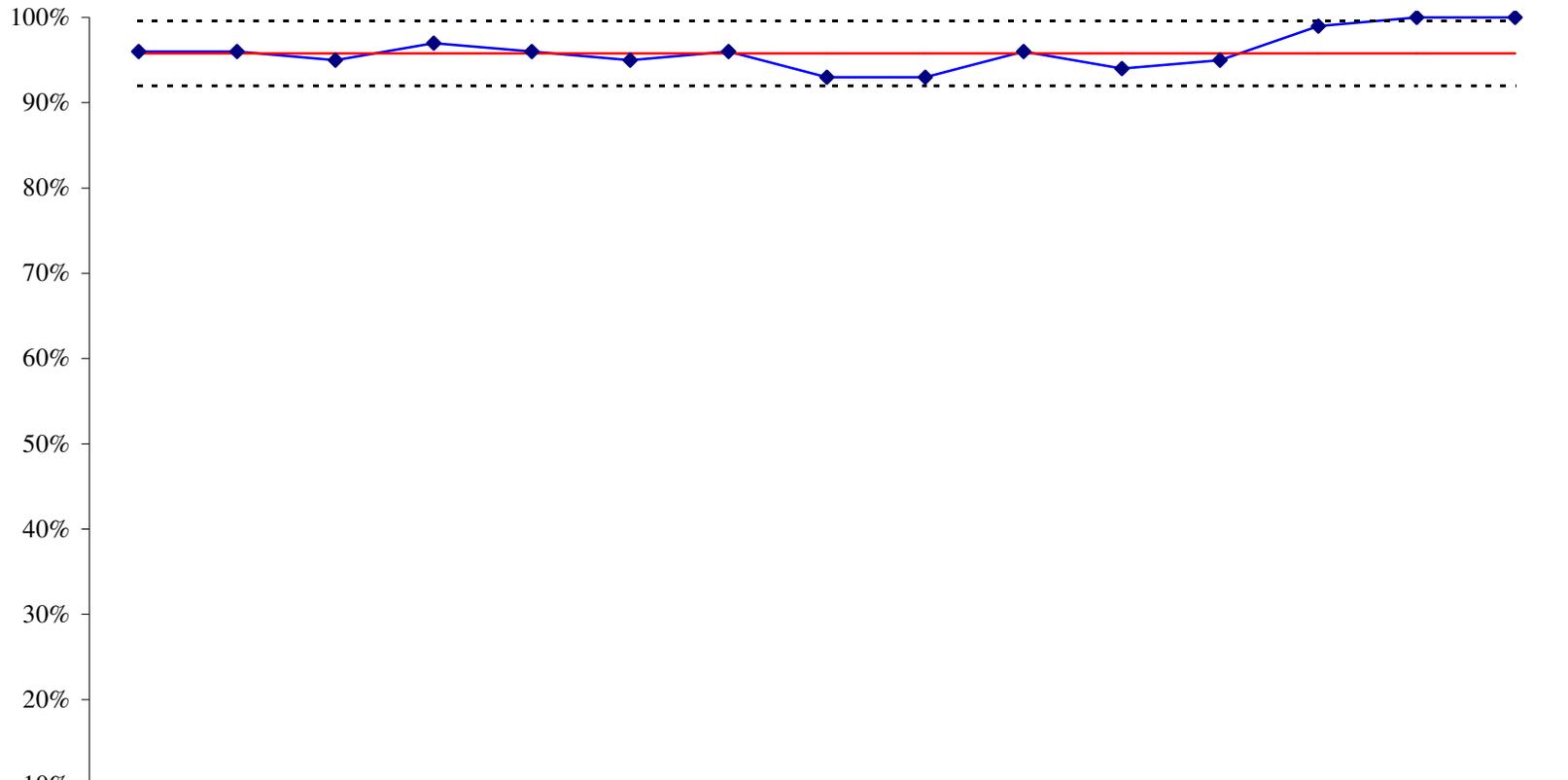
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	100%	100%	98%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	99%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
..... LCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

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

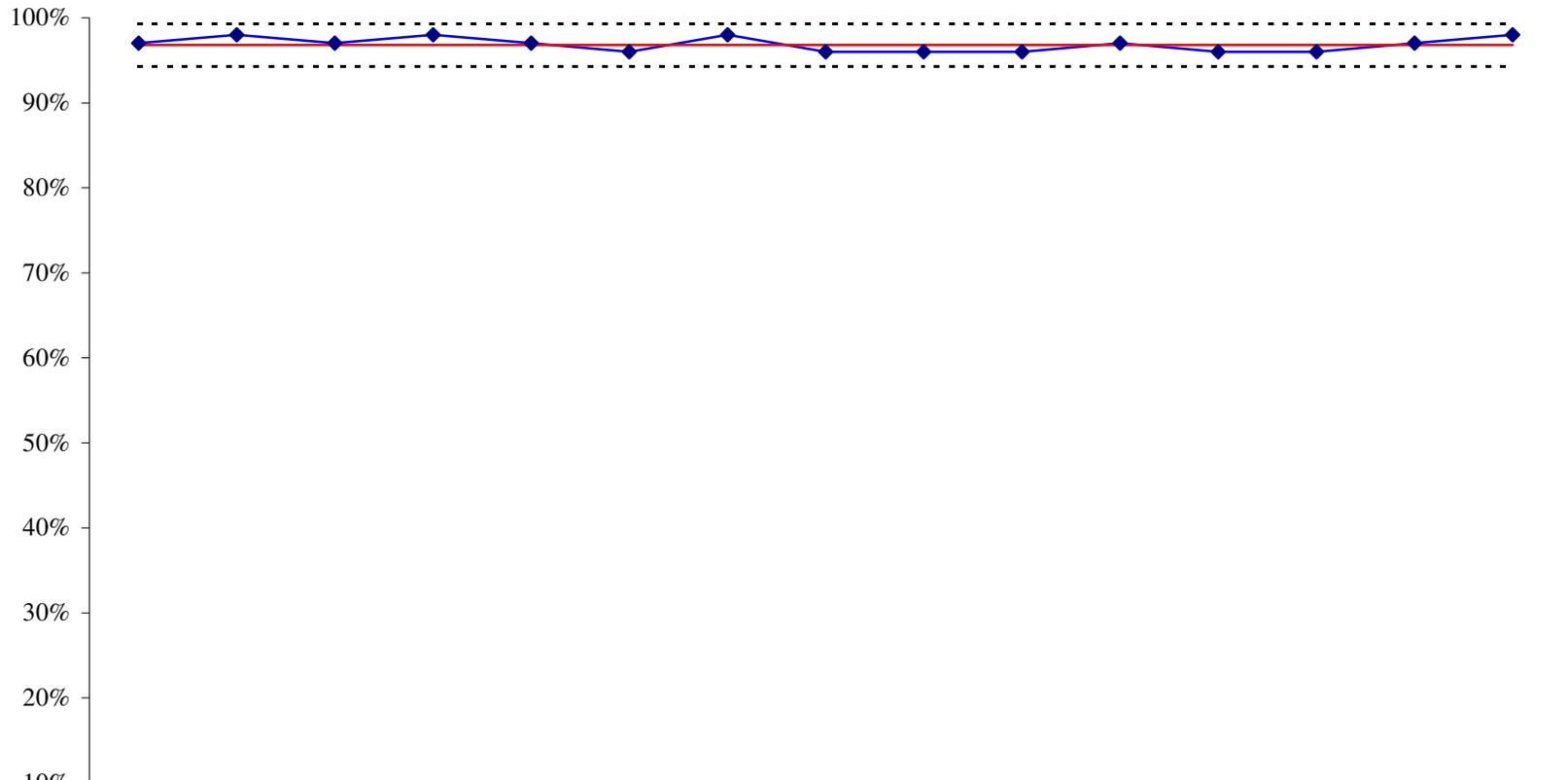
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	96%	96%	95%	97%	96%	95%	96%	93%	93%	96%	94%	95%	99%	100%	100%
-----UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
-----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
North Texas State Hospital

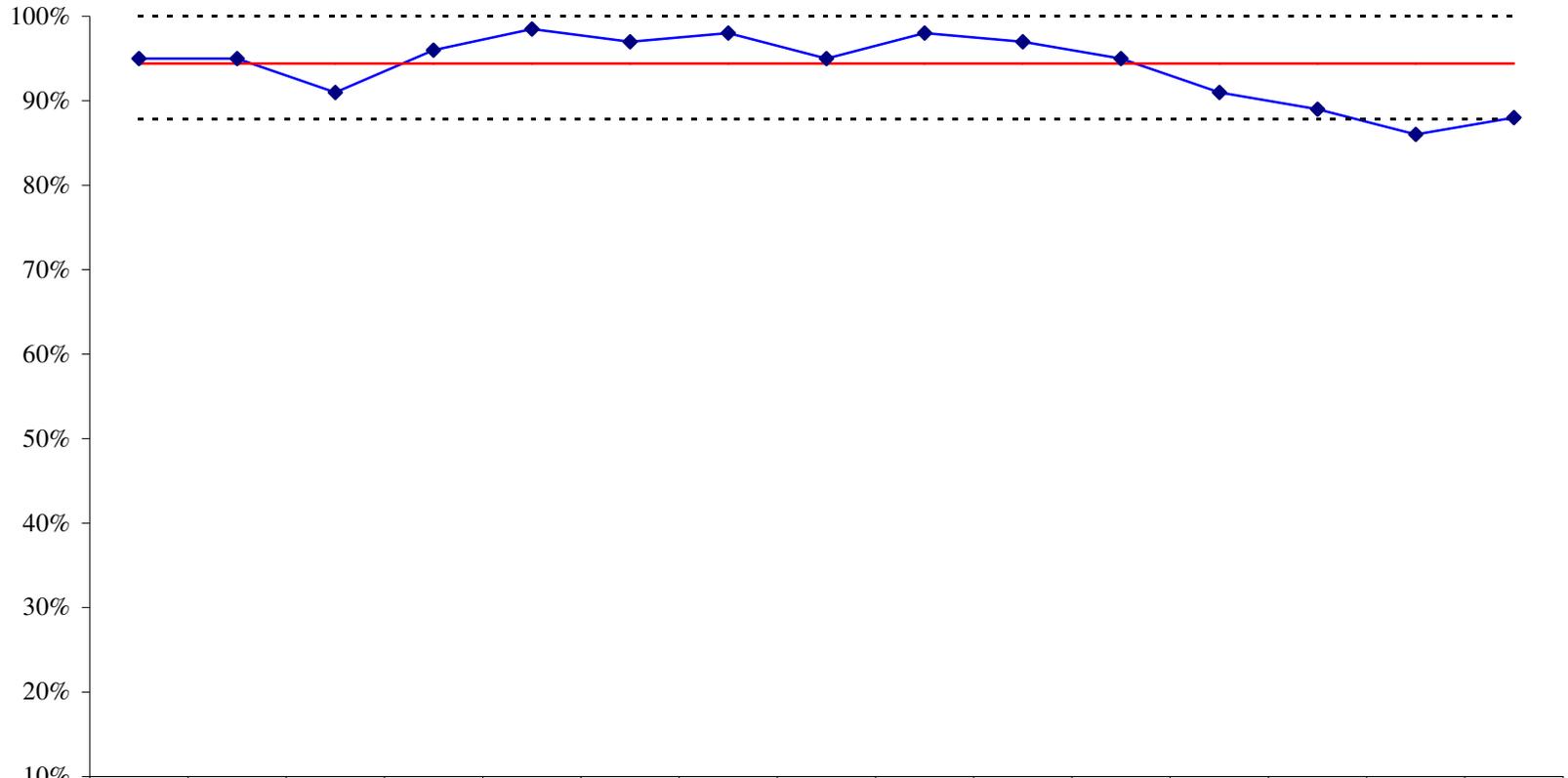
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	97%	98%	97%	98%	97%	96%	98%	96%	96%	96%	97%	96%	96%	97%	98%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

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

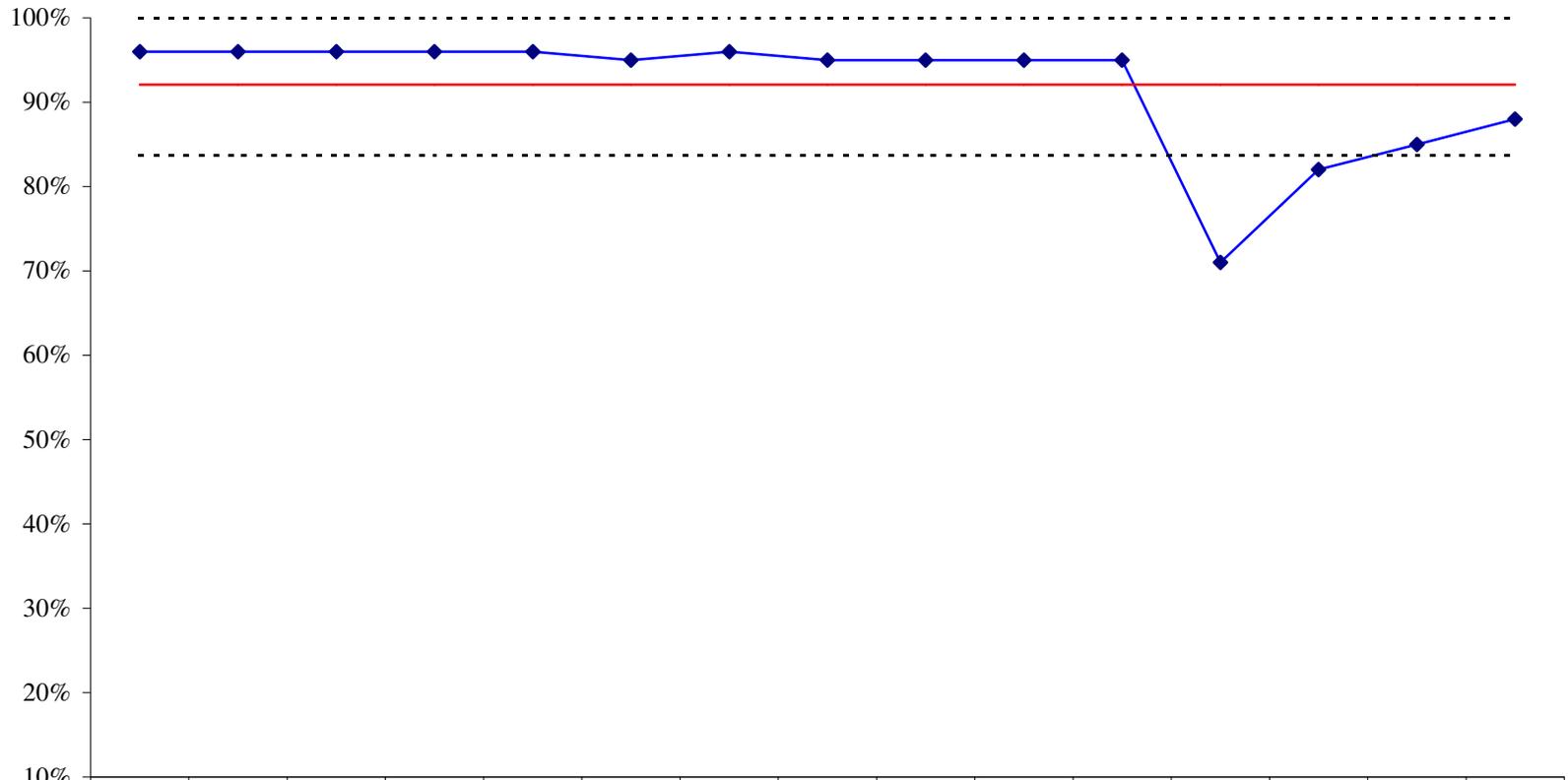
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	95%	95%	91%	96%	99%	97%	98%	95%	98%	97%	95%	91%	89%	86%	88%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
----- LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

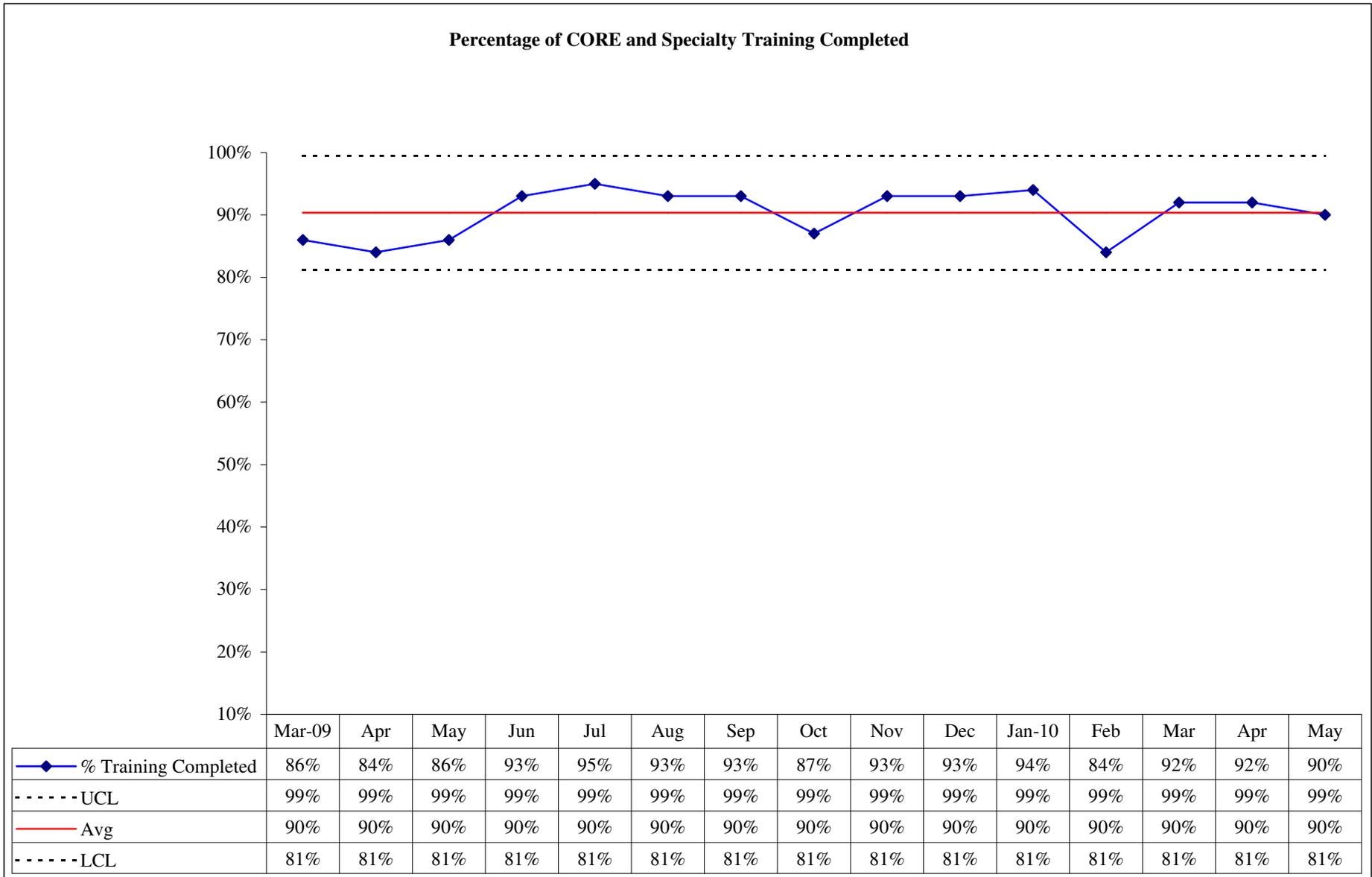
Objective 8A - Staff Current With CORE and Specialty Training
Rusk State Hospital

Percentage of CORE and Specialty Training Completed



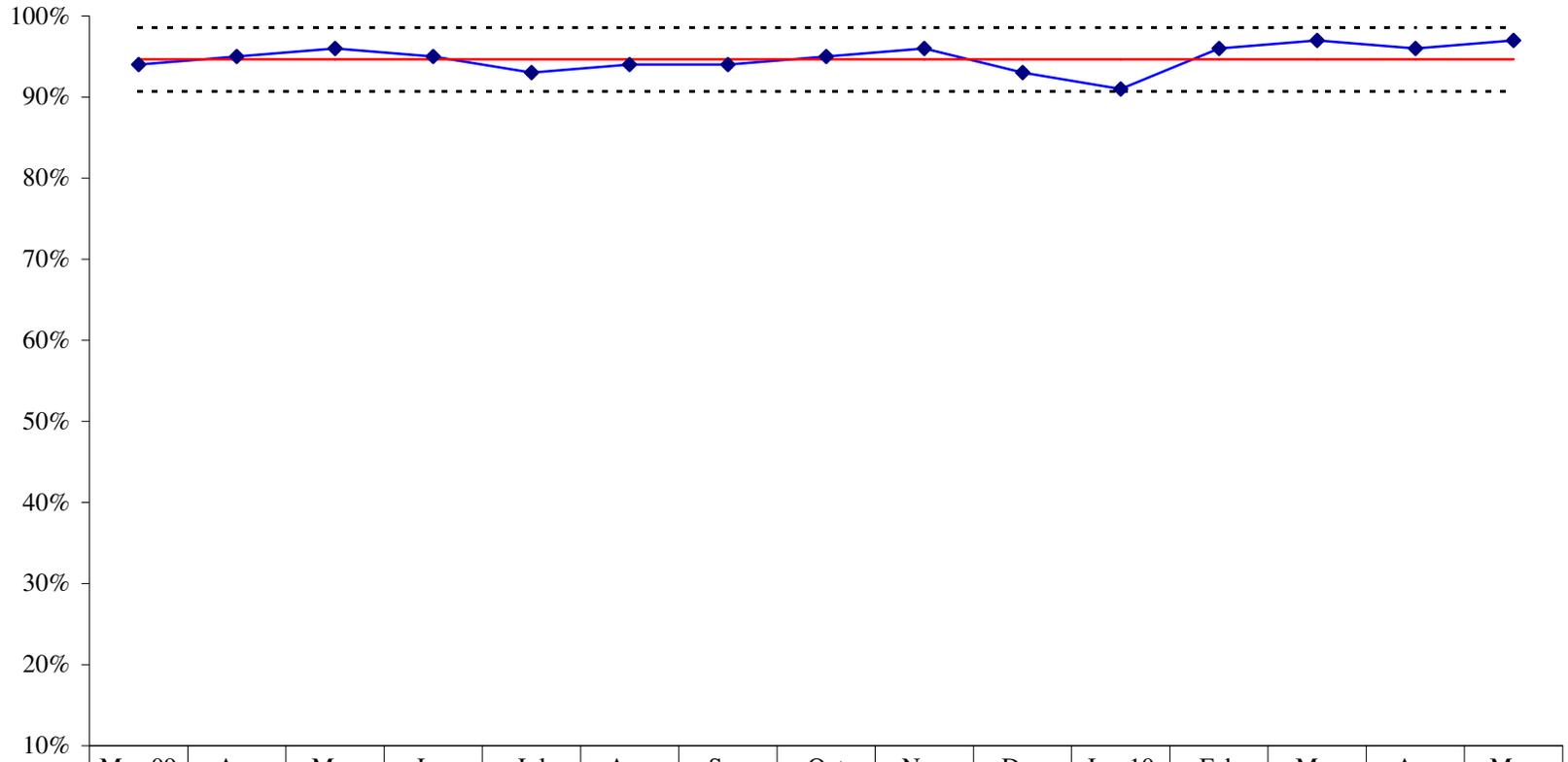
	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	96%	96%	96%	96%	96%	95%	96%	95%	95%	95%	95%	71%	82%	85%	88%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
----- LCL	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%

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



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

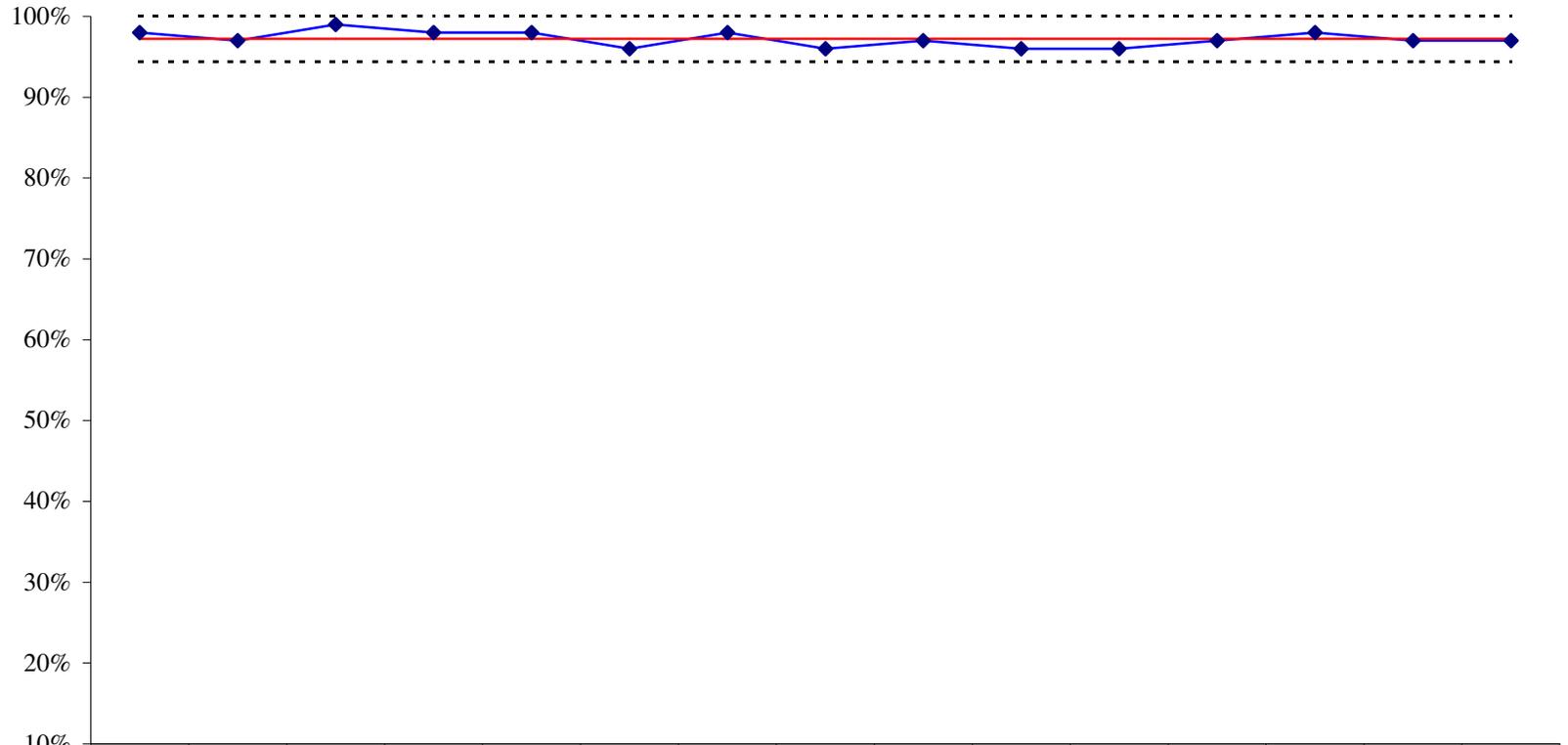
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	94%	95%	96%	95%	93%	94%	94%	95%	96%	93%	91%	96%	97%	96%	97%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

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

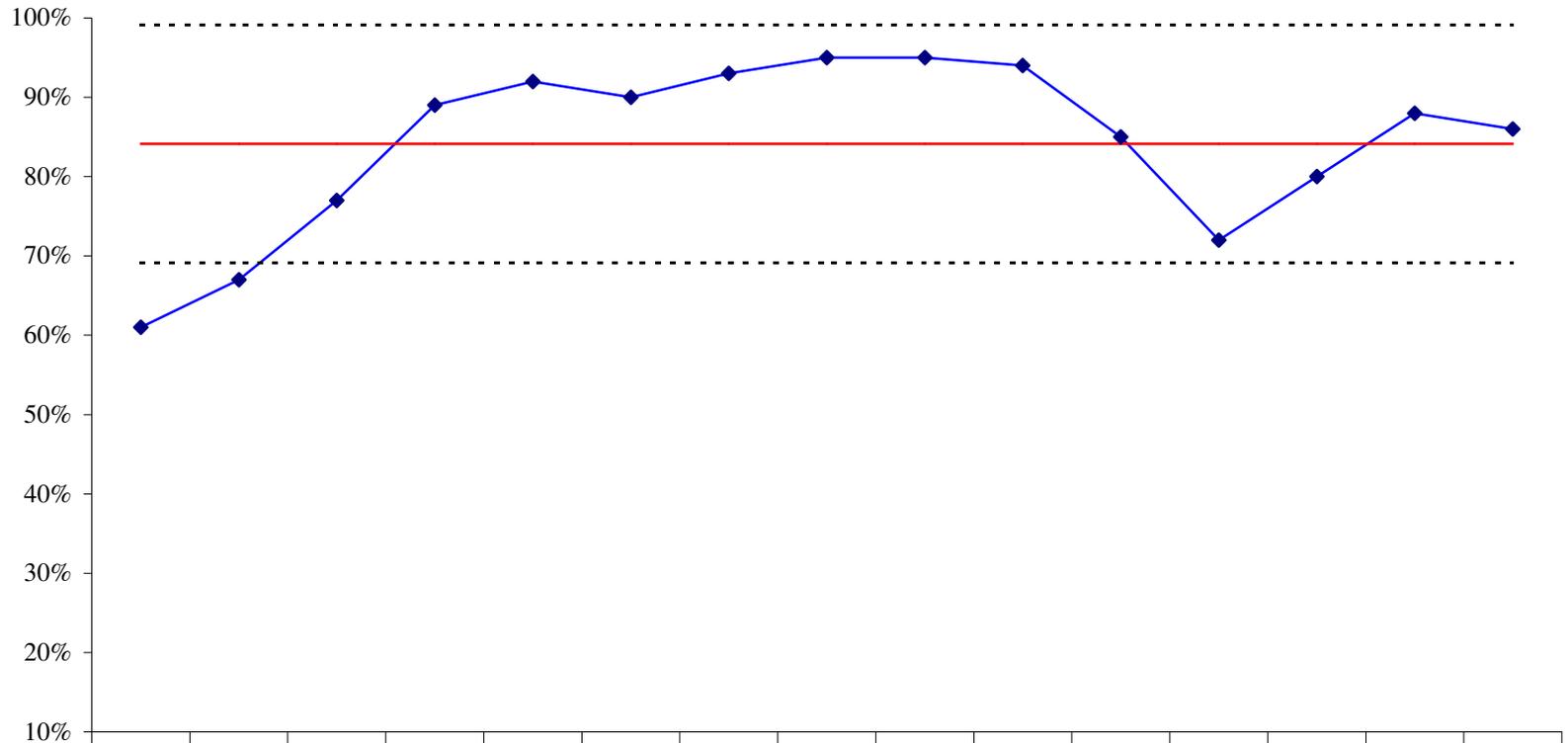
Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	98%	97%	99%	98%	98%	96%	98%	96%	97%	96%	96%	97%	98%	97%	97%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
- - - - - LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

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

Percentage of CORE and Specialty Training Completed



	Mar-09	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
◆ % Training Completed	61%	67%	77%	89%	92%	90%	93%	95%	95%	94%	85%	72%	80%	88%	86%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
----- Avg	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%
----- LCL	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%

Performance Objective 8B:

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

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

Performance Objective Formula:

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

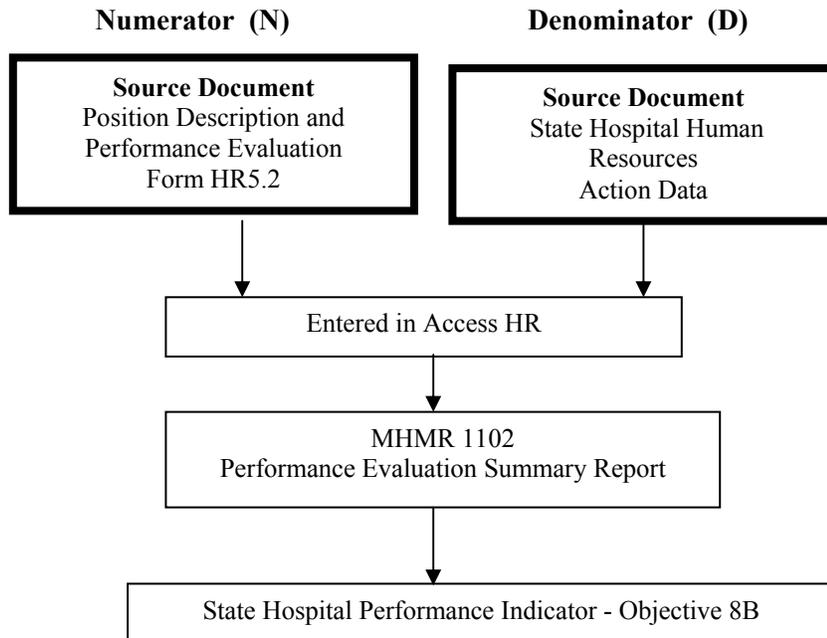
N = number of employees with current evaluations on the last day of the month

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

	Q1	Q2	Q3	Q4
Austin State Hospital	1%	0%	100%	
Big Spring State Hospital	94%	96%	99%	
El Paso Psychiatric Center	96%	95%	95%	
Kerrville State Hospital	92%	94%	93%	
North Texas State Hospital	94%	91%	93%	
Rio Grande State Center	90%	85%	87%	
Rusk State Hospital	100%	95%	95%	
San Antonio State Hospital		94%	95%	
Terrell State Hospital	60%	74%	75%	
Waco Center for Youth		95%	96%	
TCID		89%	91%	
All State Hospitals			93%	

Performance Measure 8A:

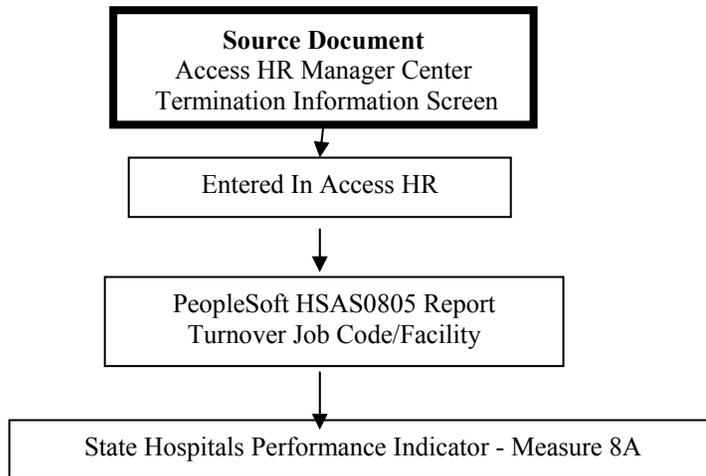
Collect, analyze and report staff turnover rates for critical shortage staff.

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

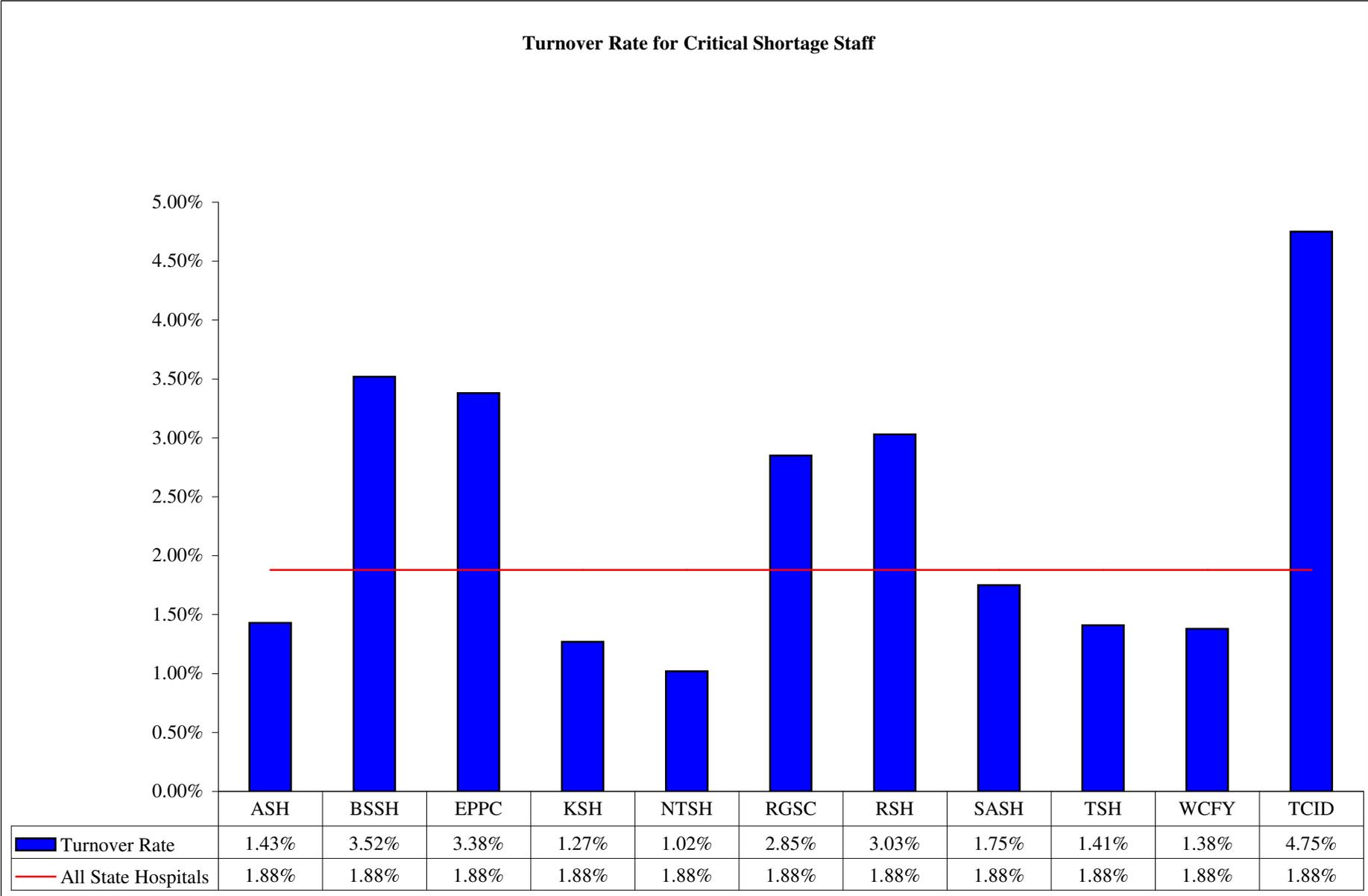
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100].

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

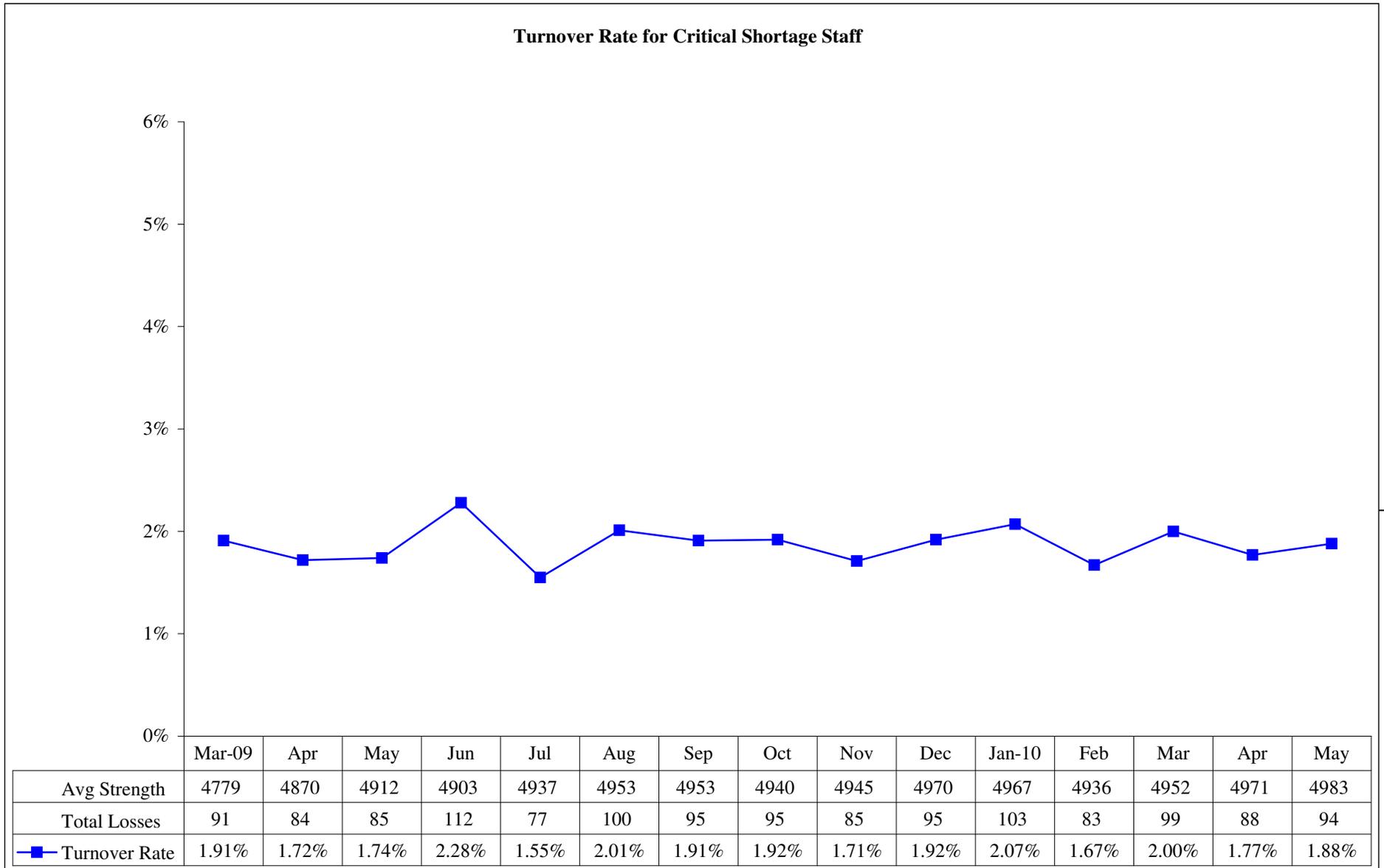
Data Flow:



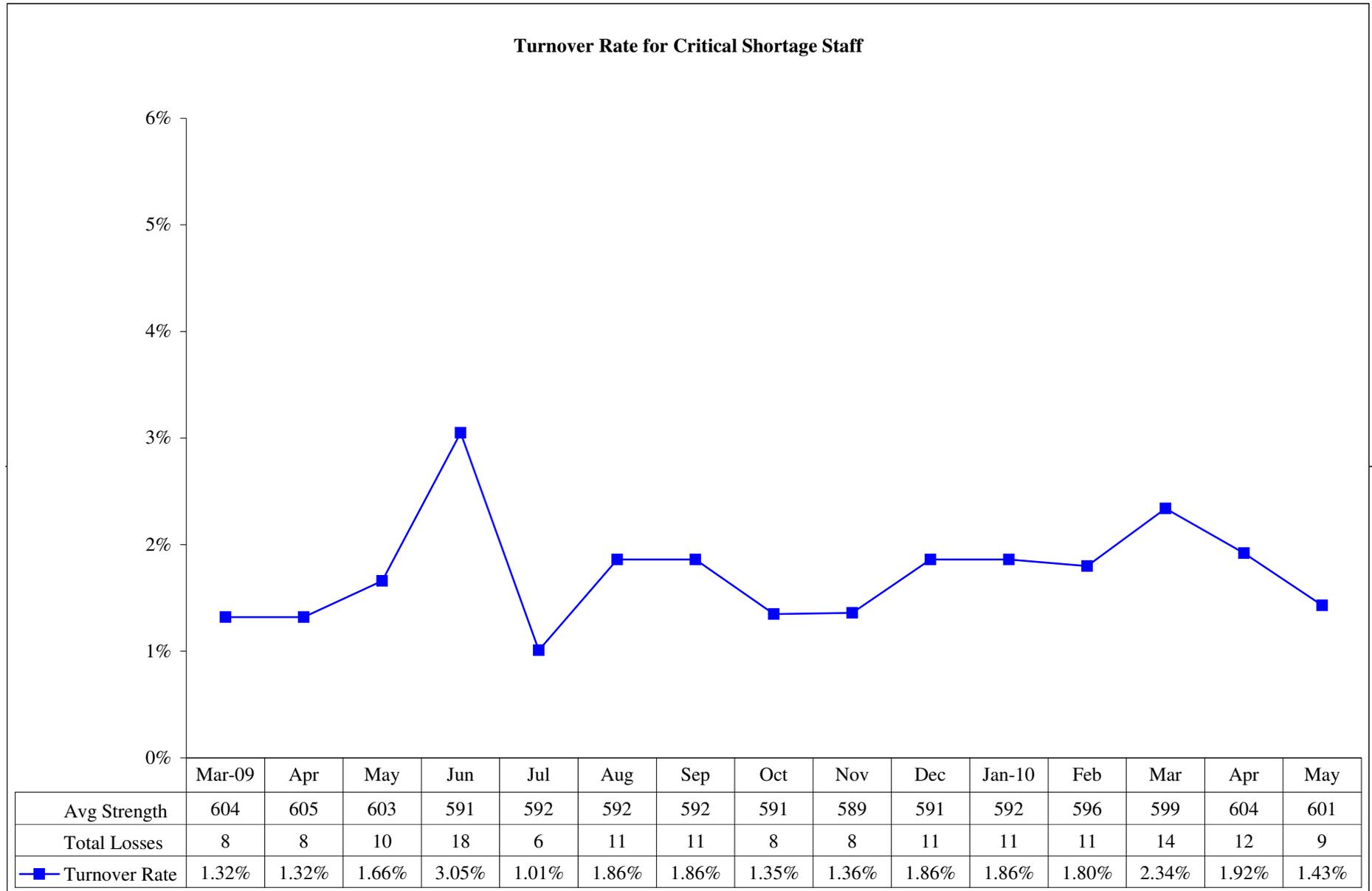
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of May 31, 2010**



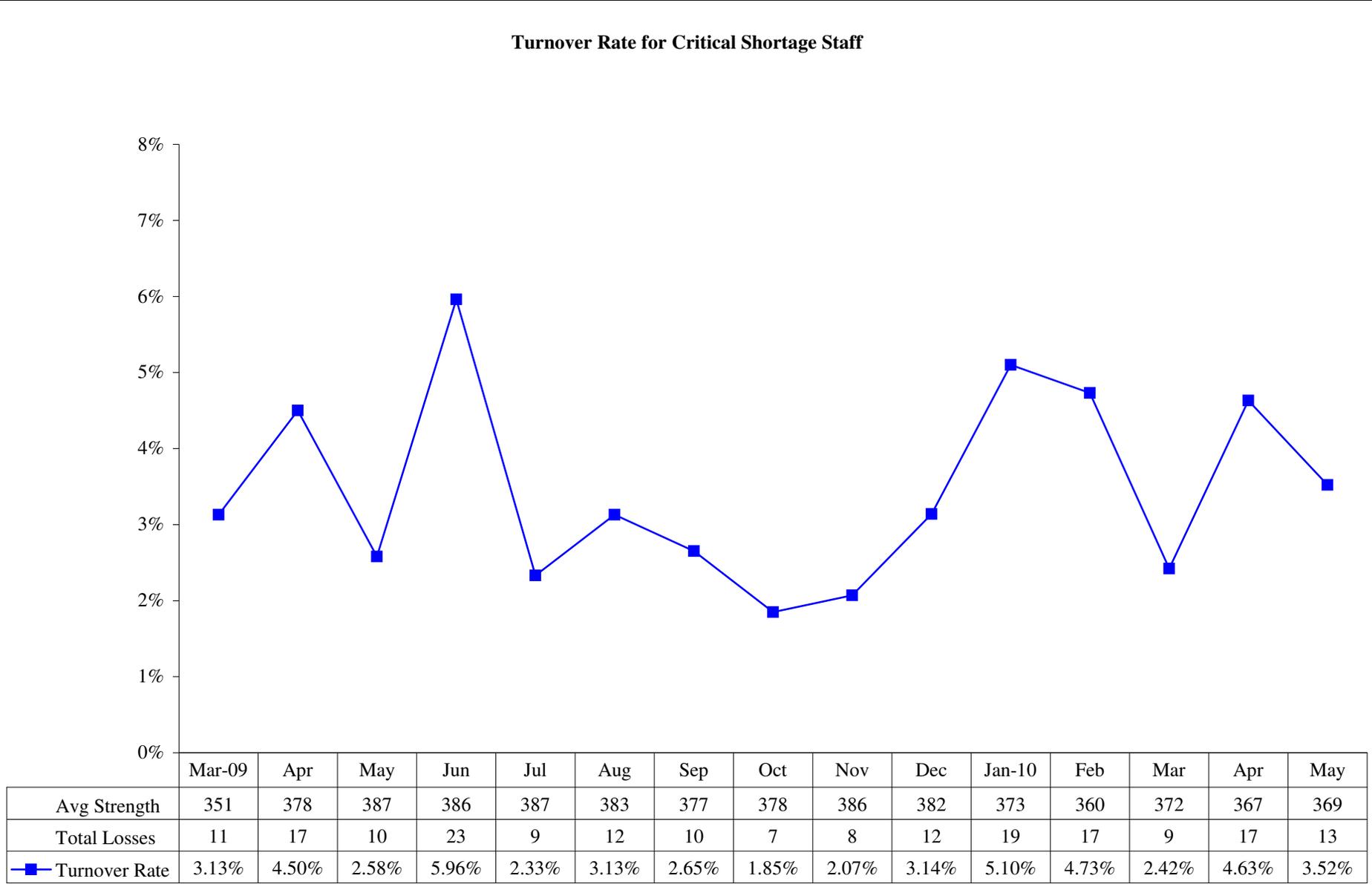
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals



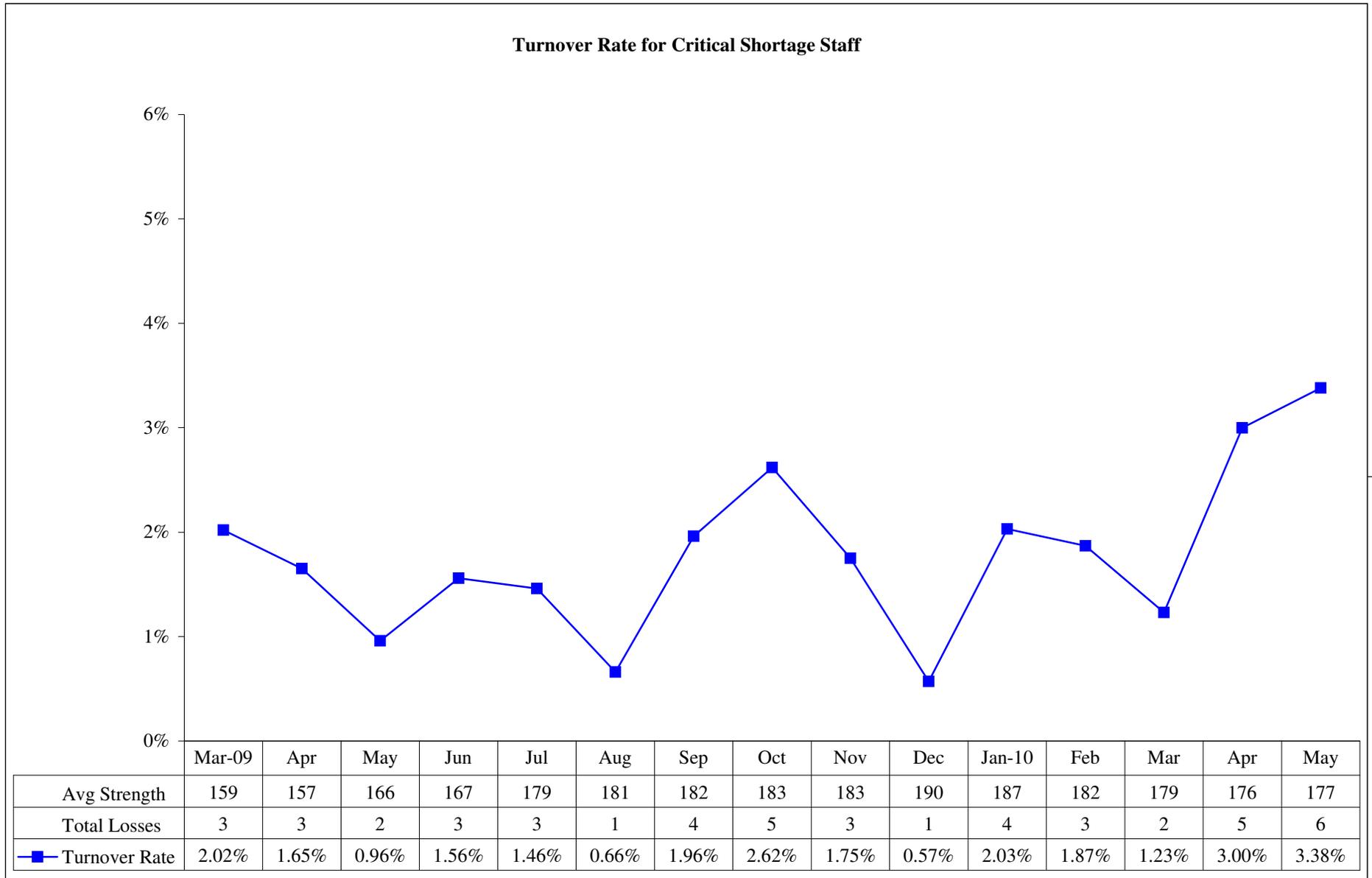
**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



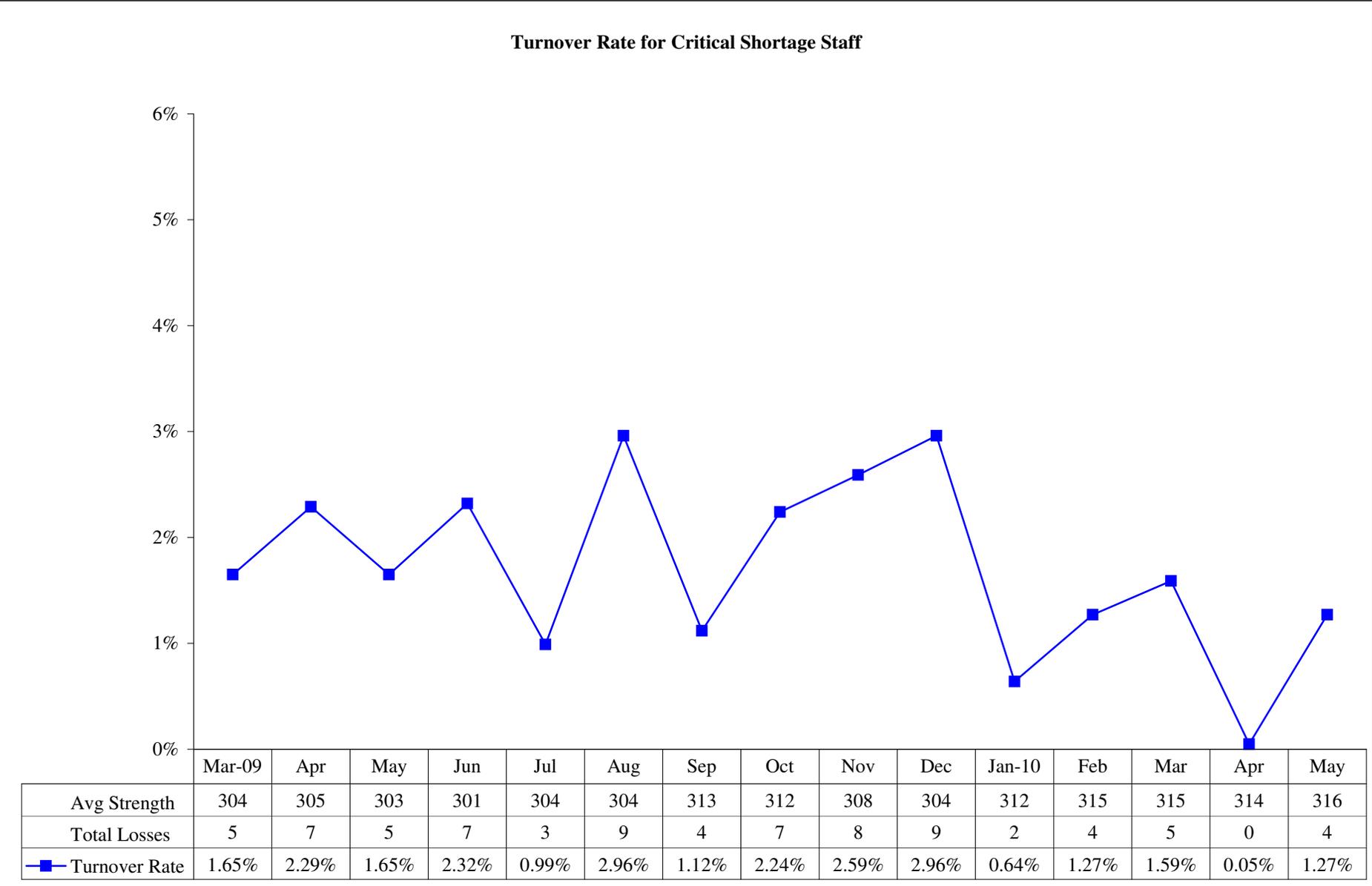
**Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital**



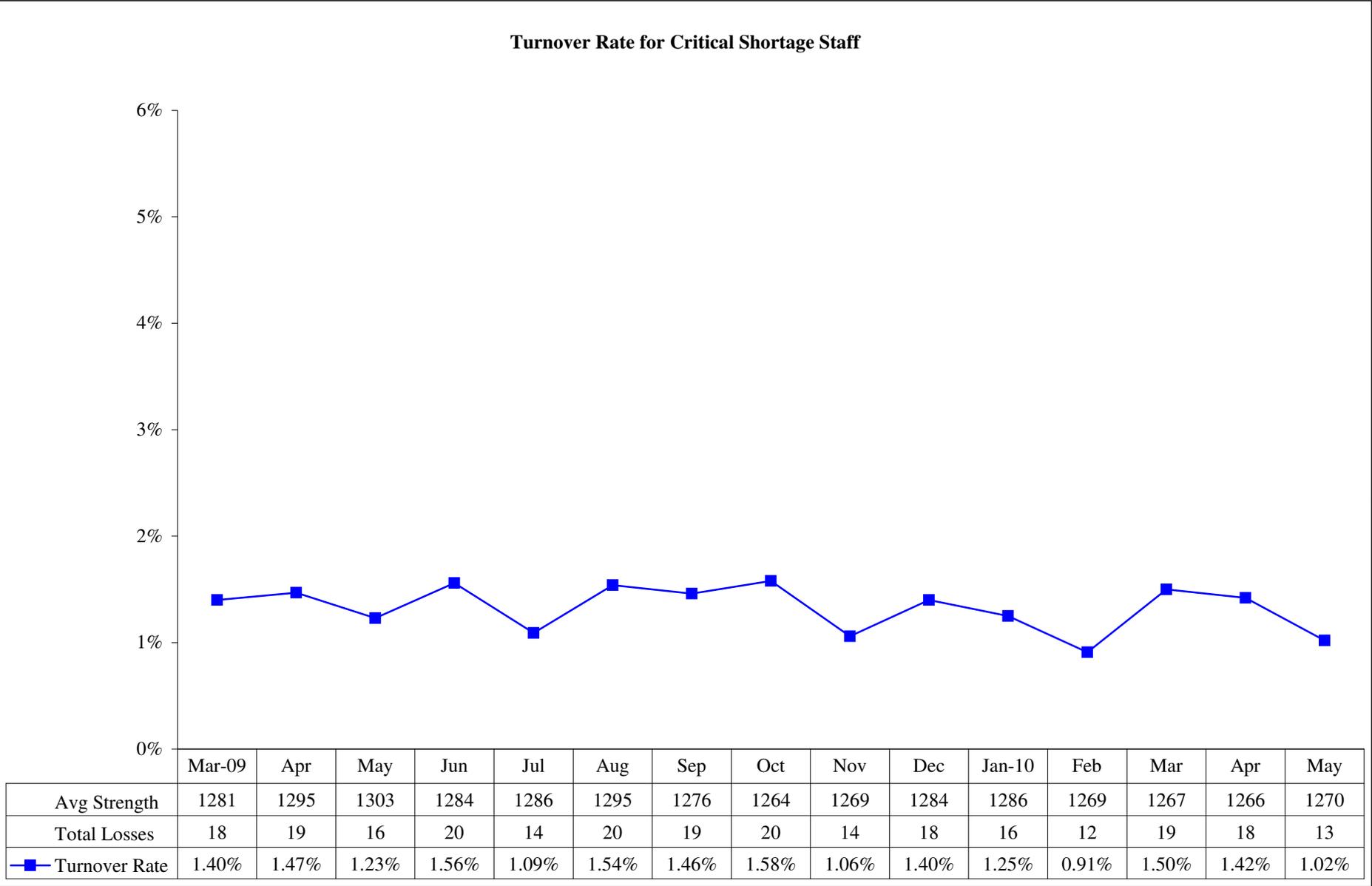
**Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center**



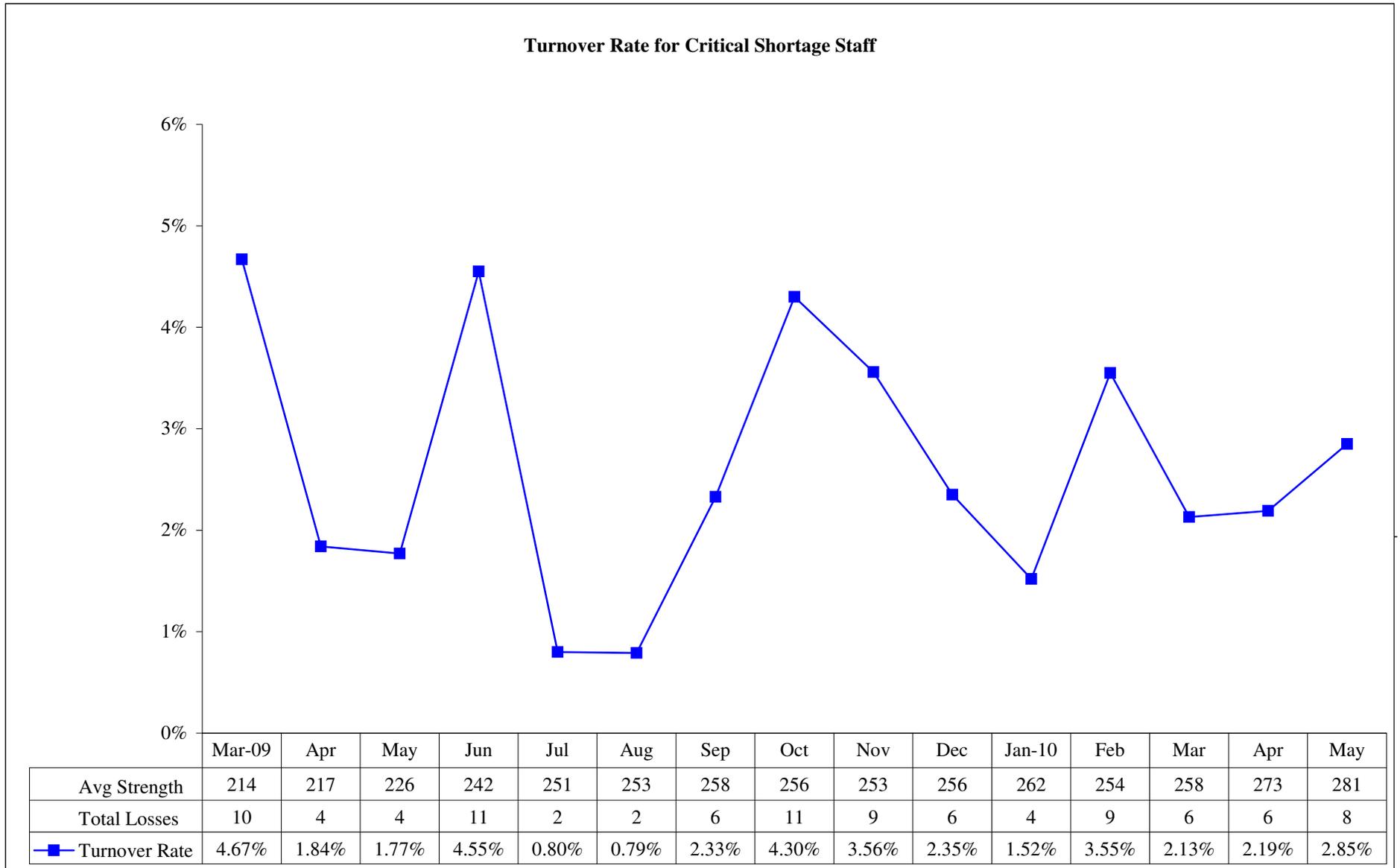
**Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital**



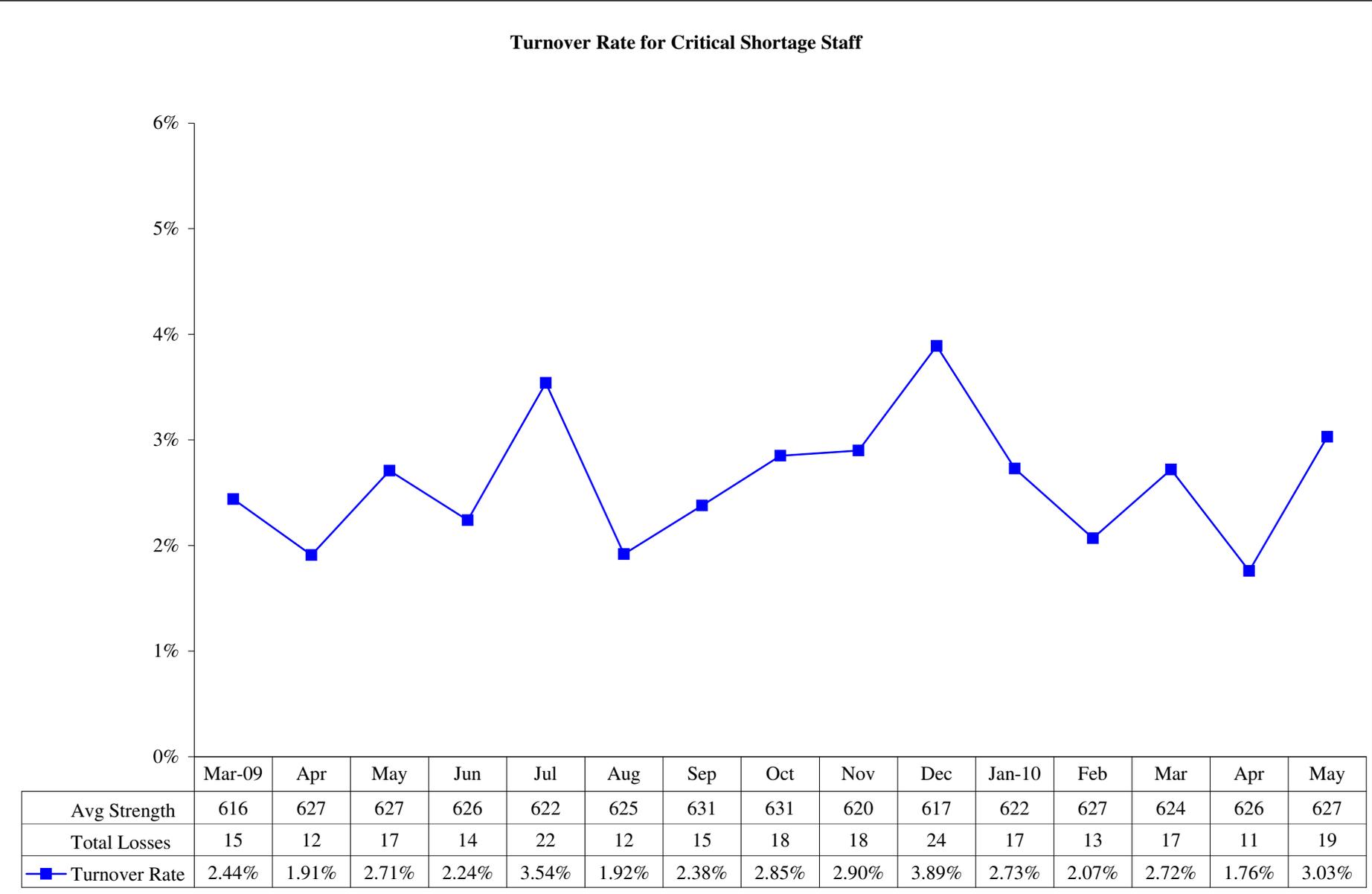
**Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital**



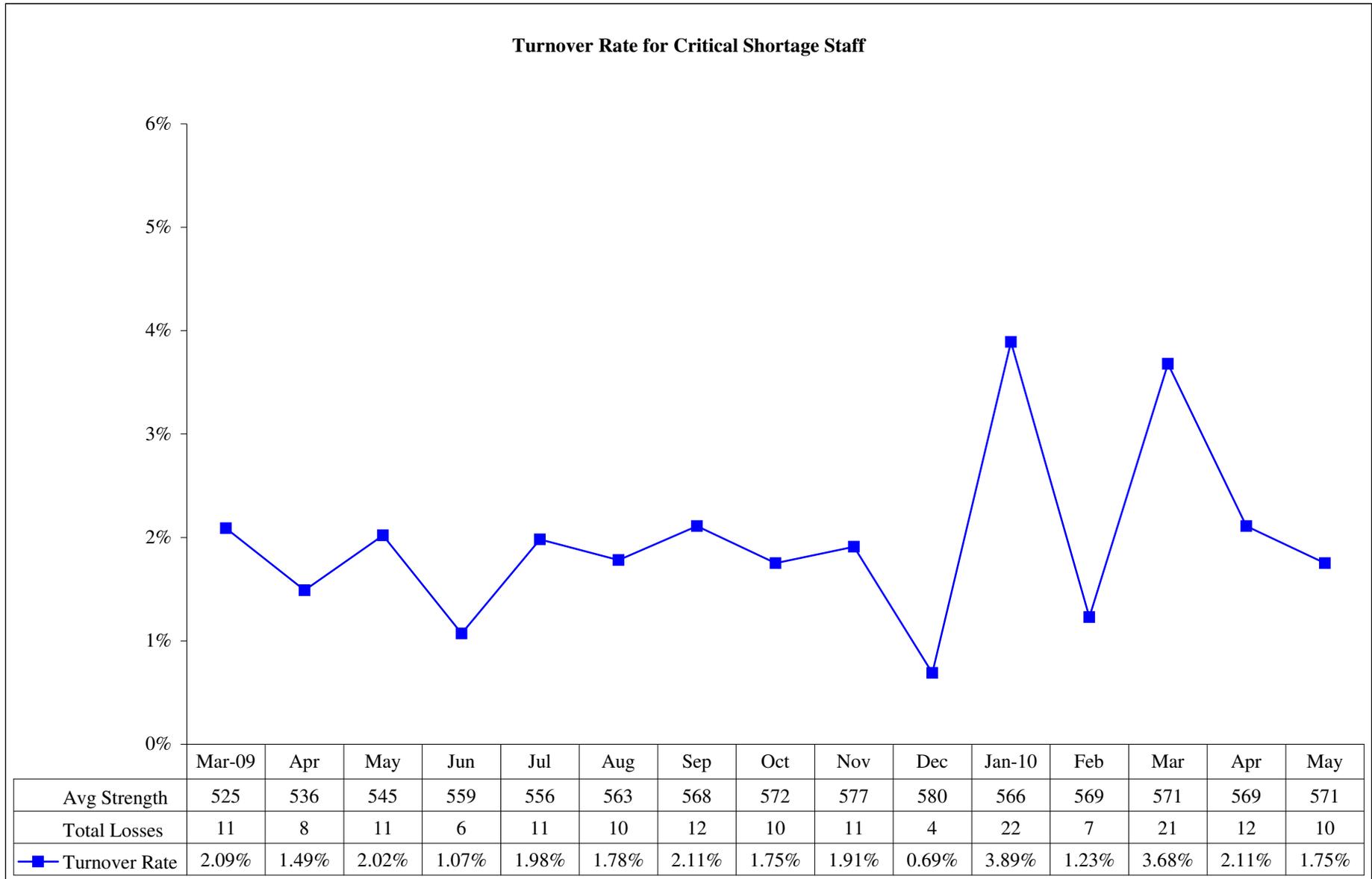
Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center



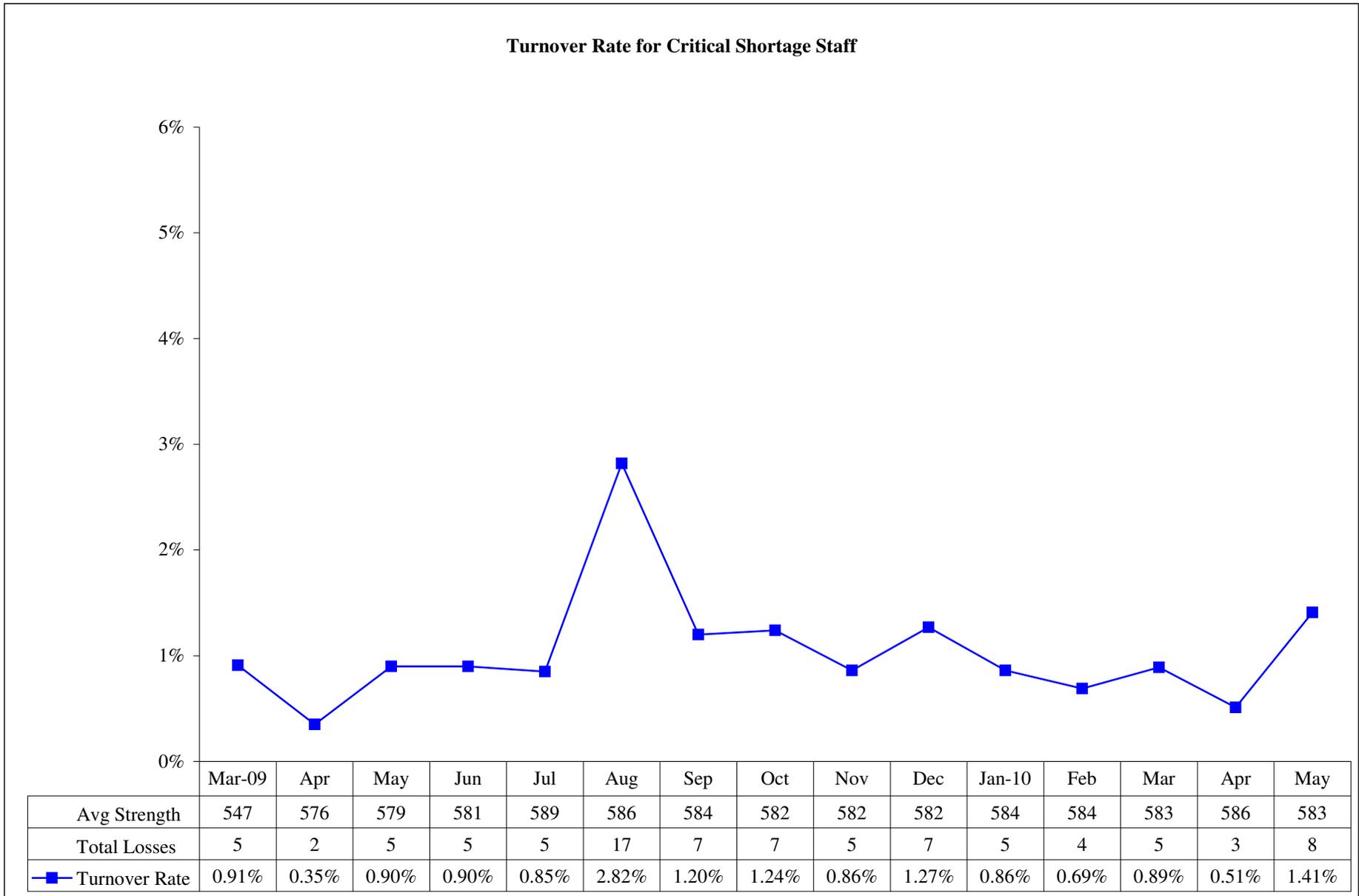
Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital



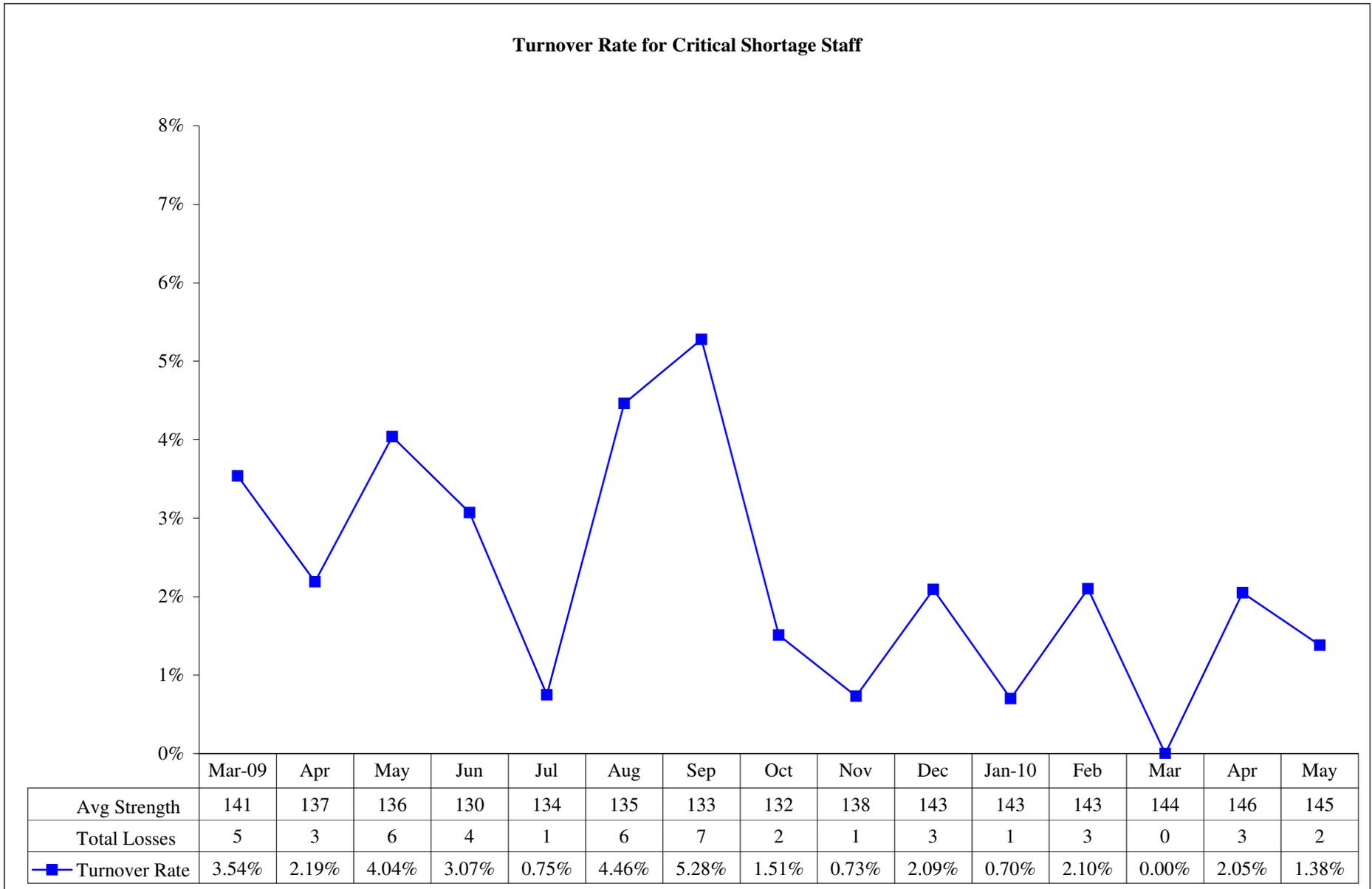
**Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital**



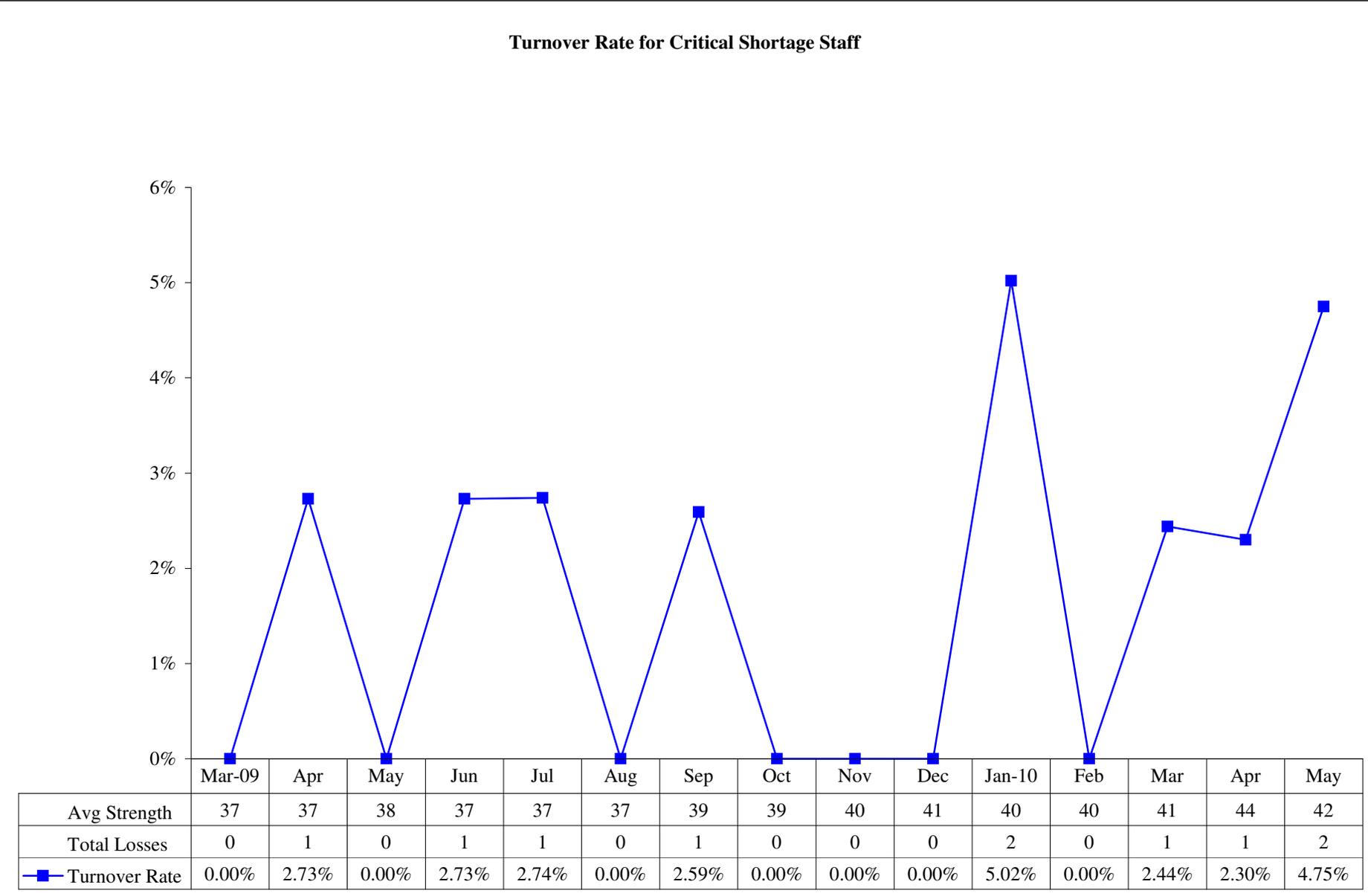
**Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital**



**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:

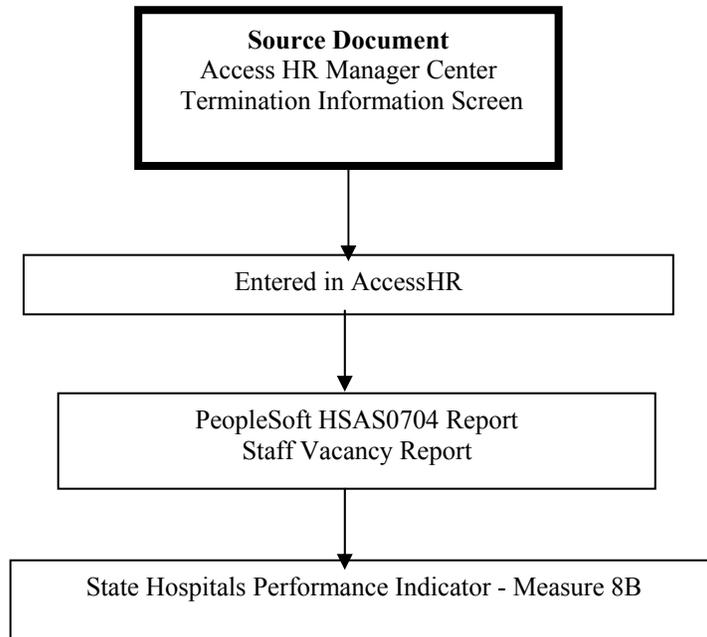
Collect, analyze and report staff vacancy rates for critical shortage staff.

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.

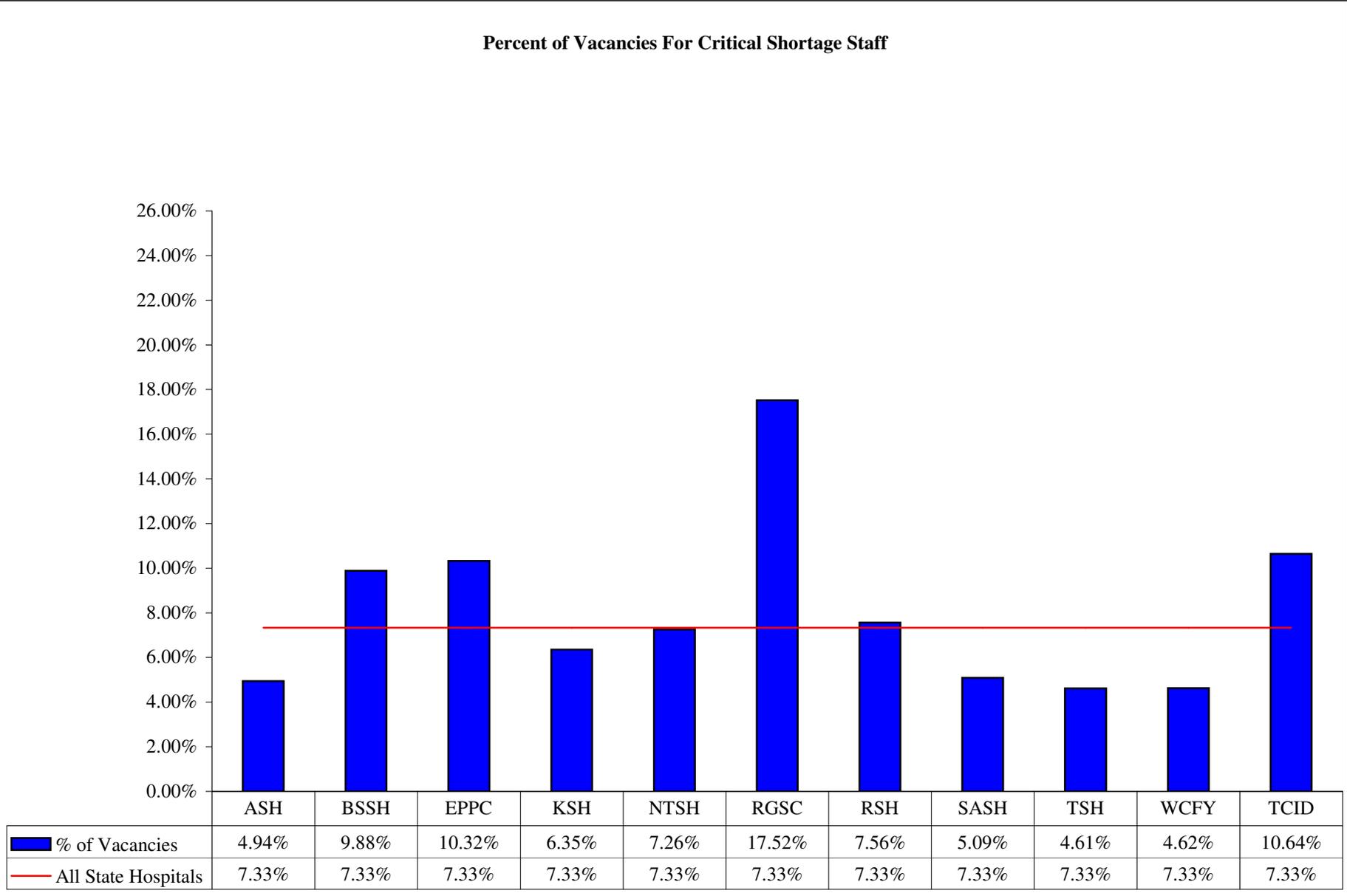
Performance Measure Formula:

Performance Measure Data Display and Chart Description: Chart with monthly data points of vacancies rate (physicians, RNs, LVNs and PNAs) for individual state hospitals and system-wide.

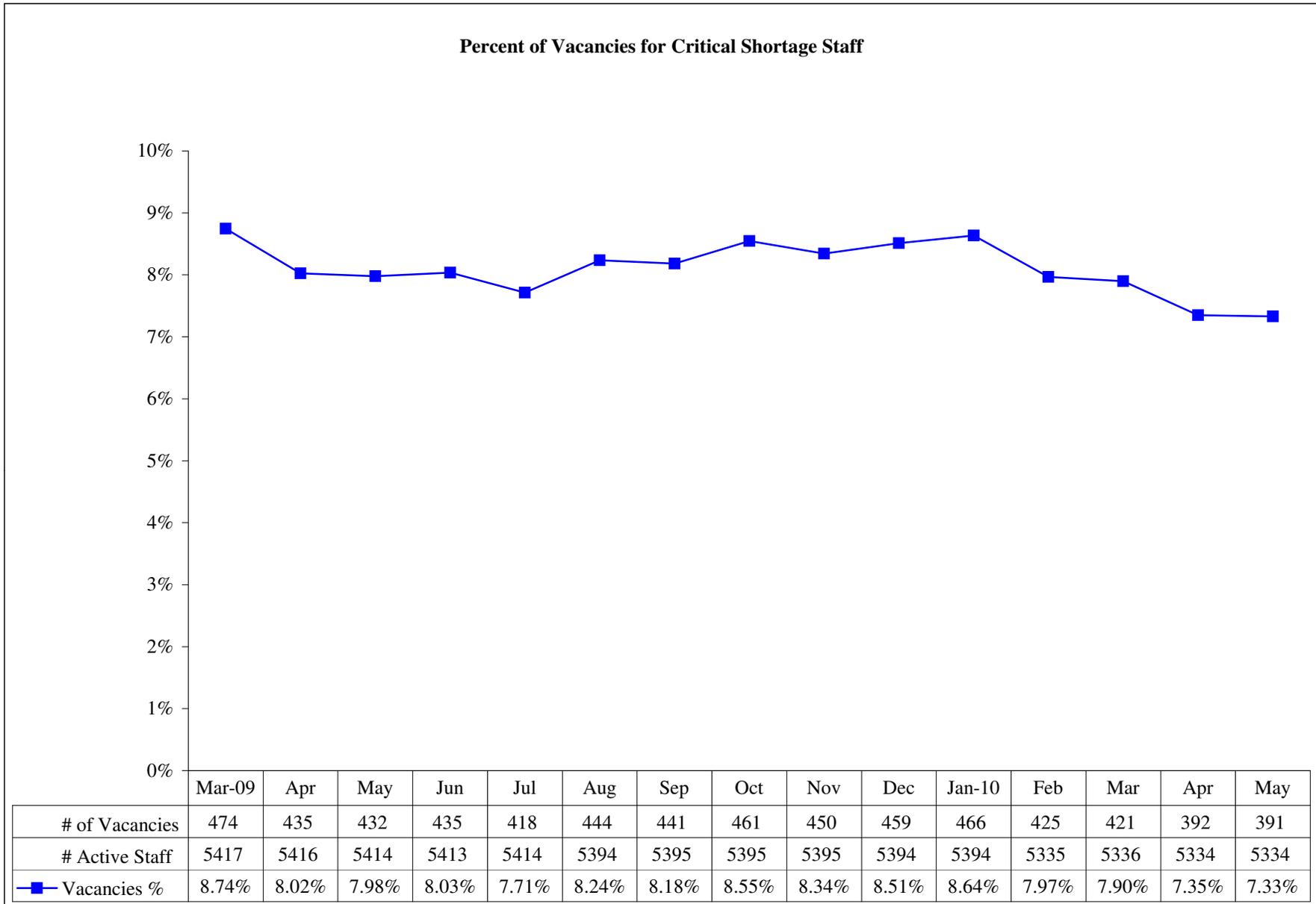
Data Flow:



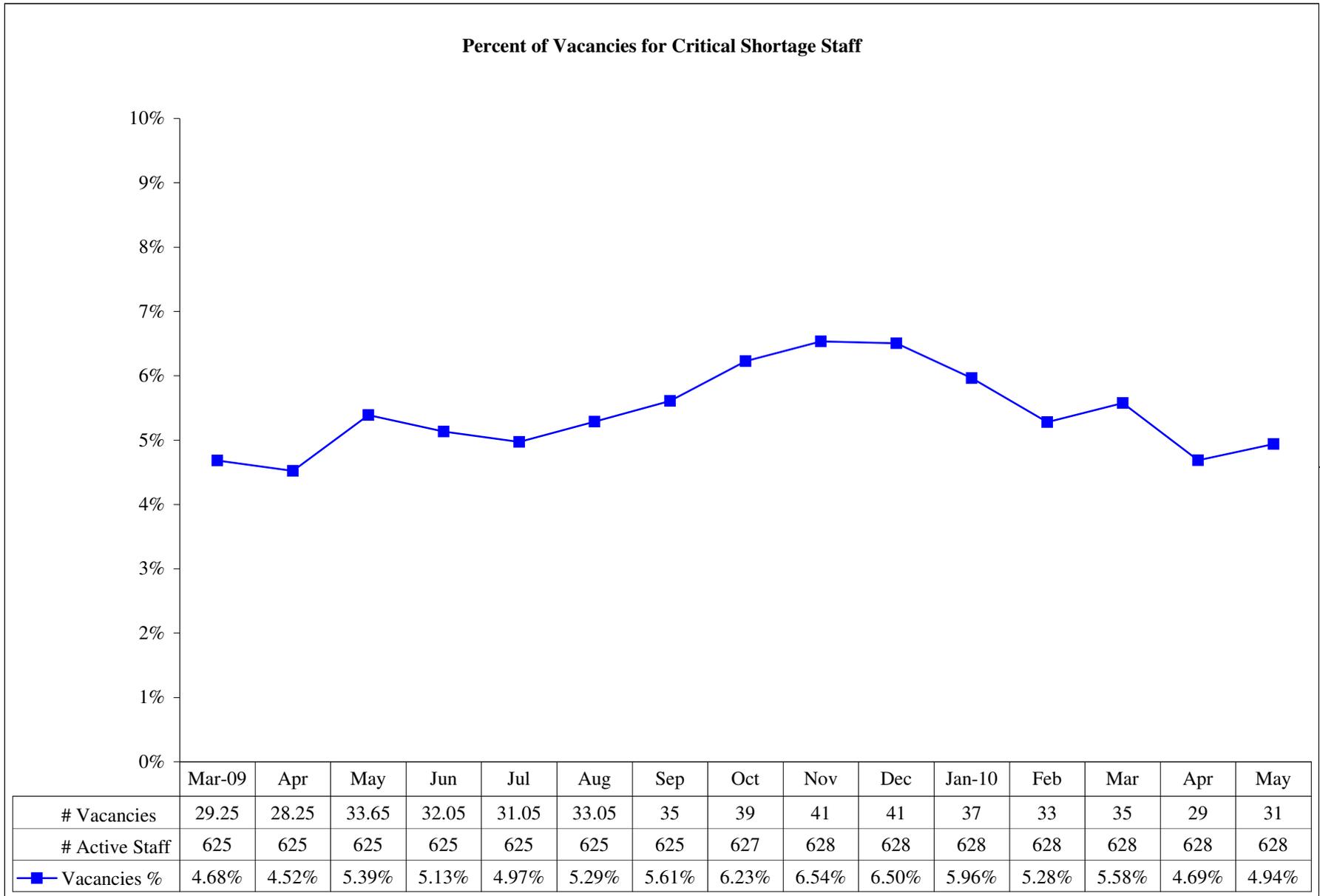
**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of May 31, 2010**



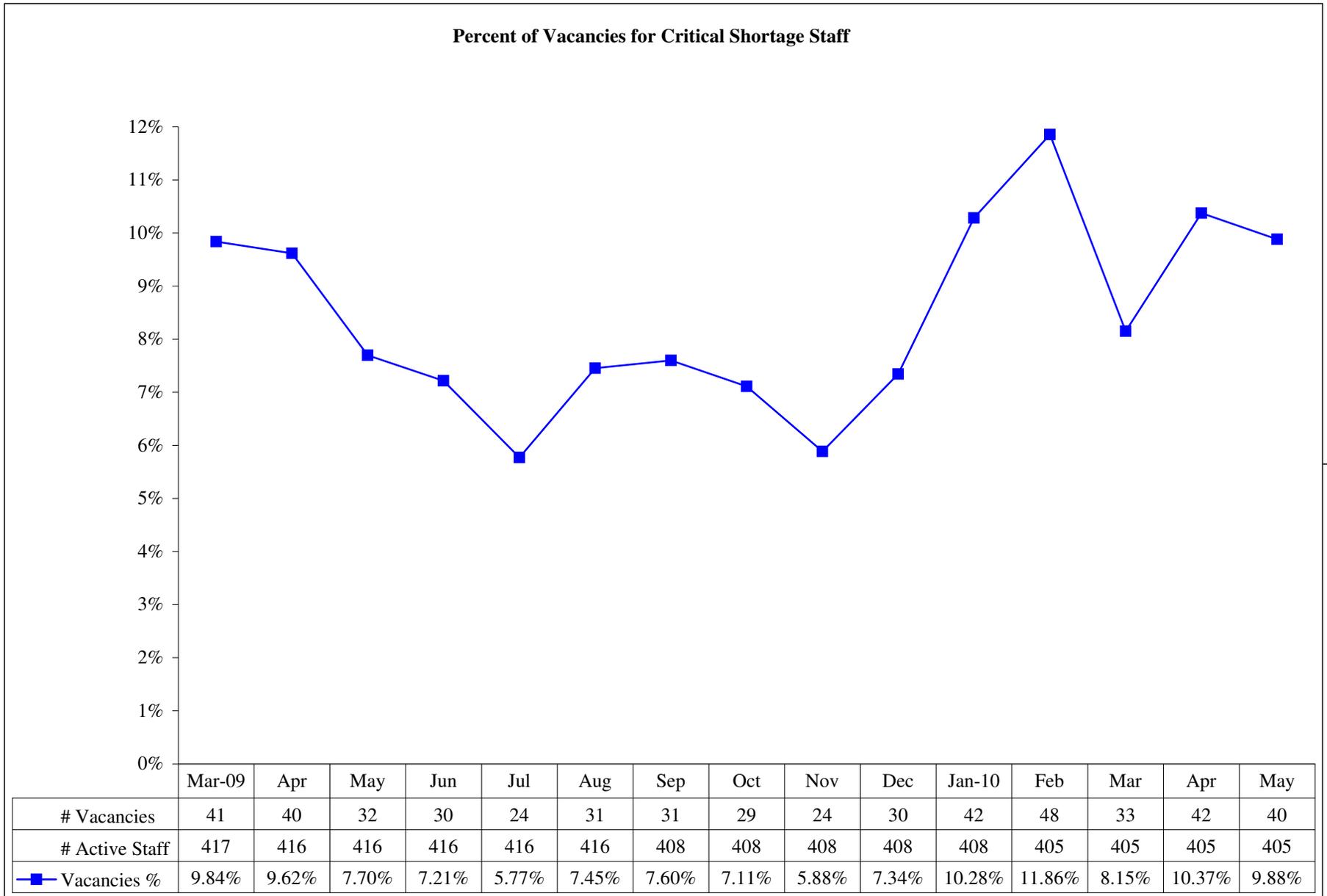
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals



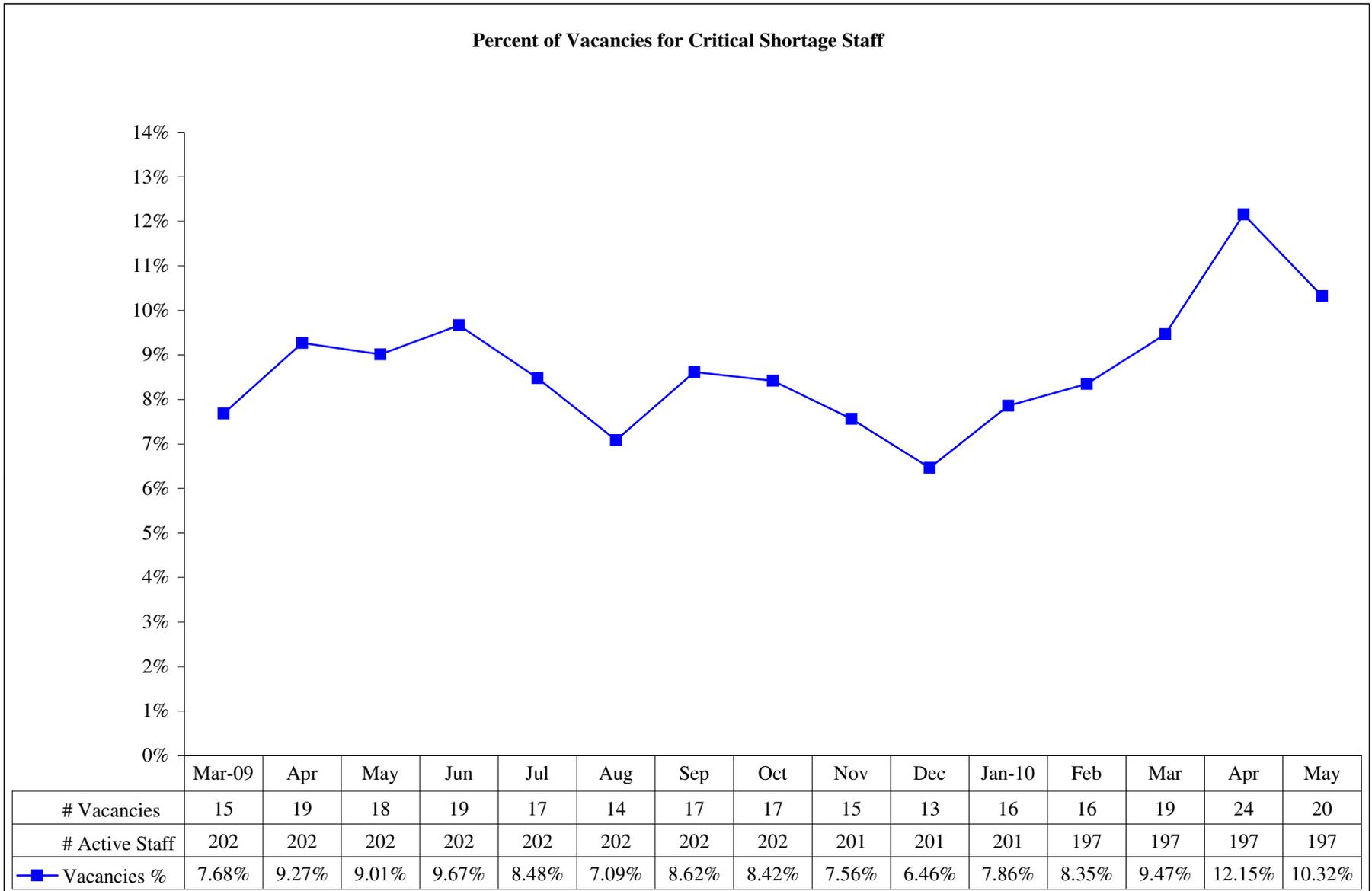
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



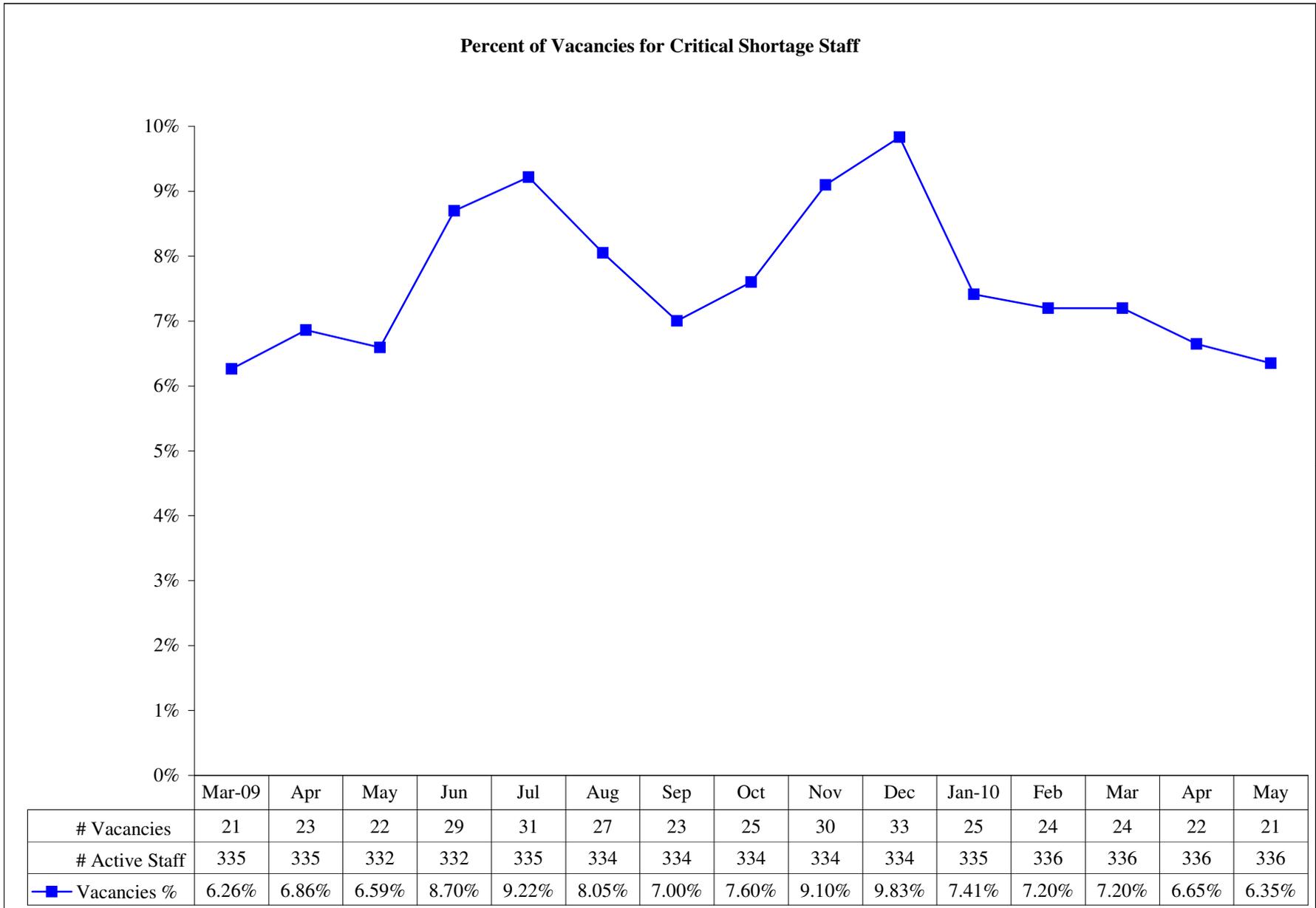
Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital



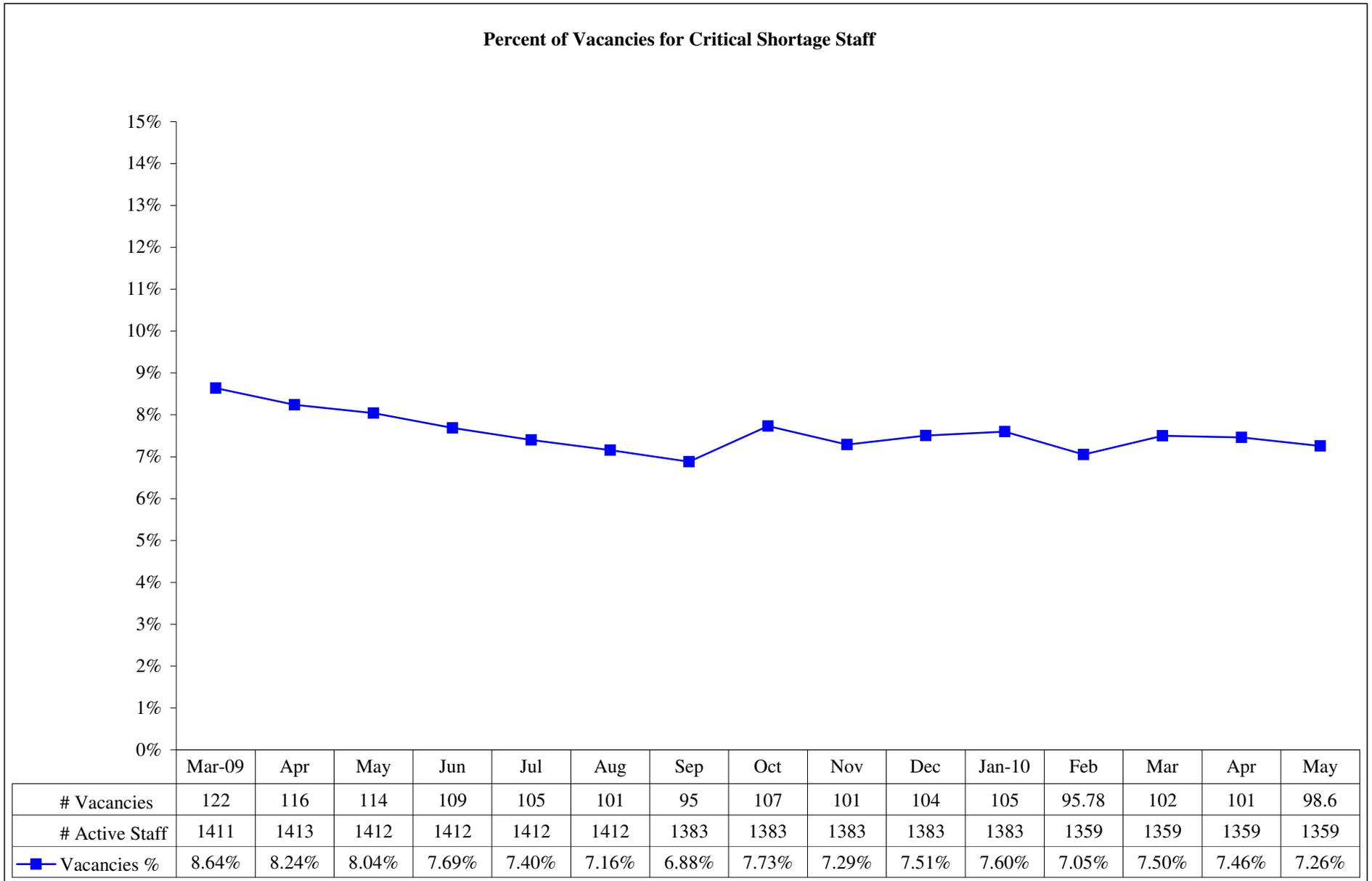
**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



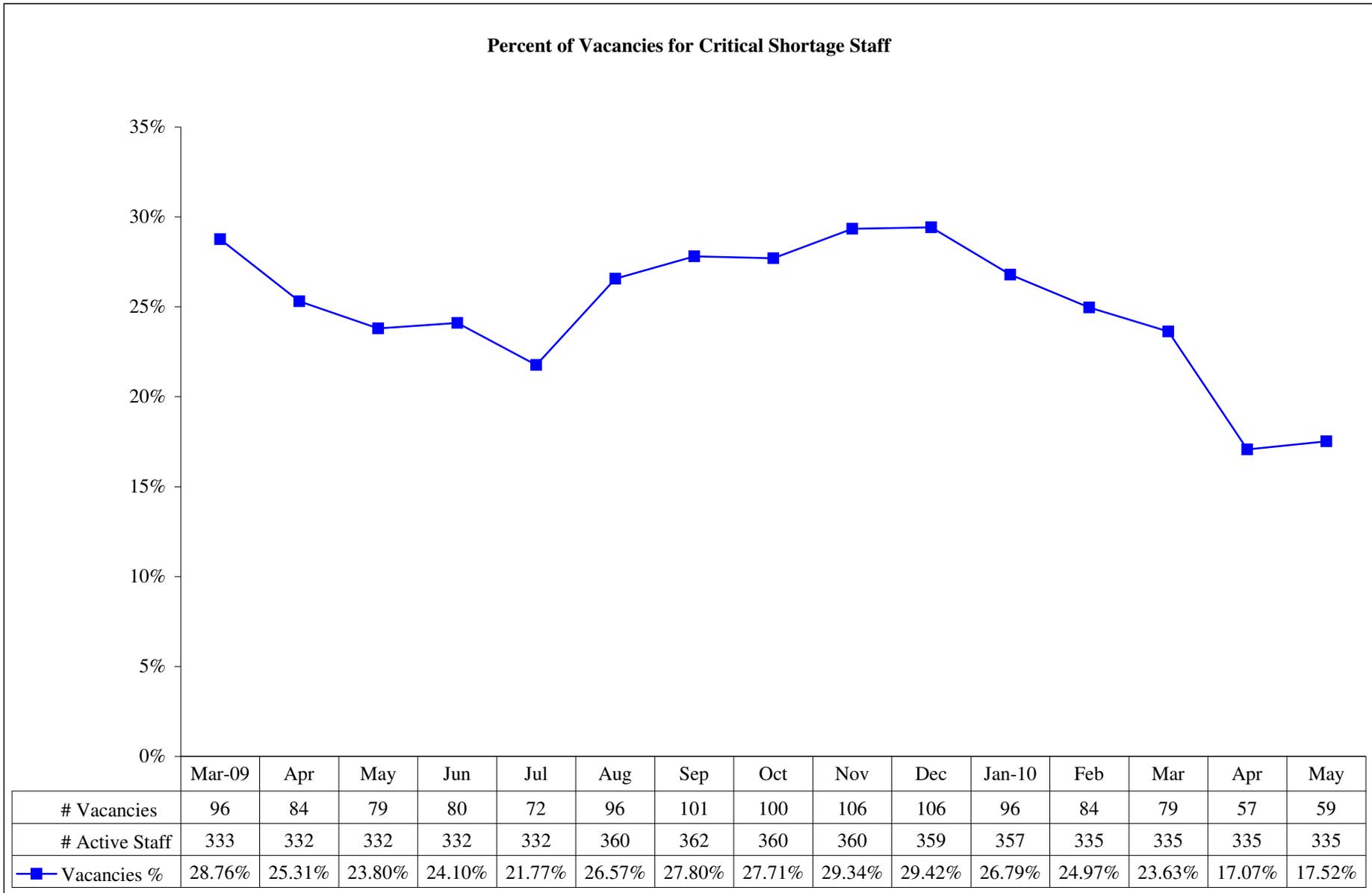
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



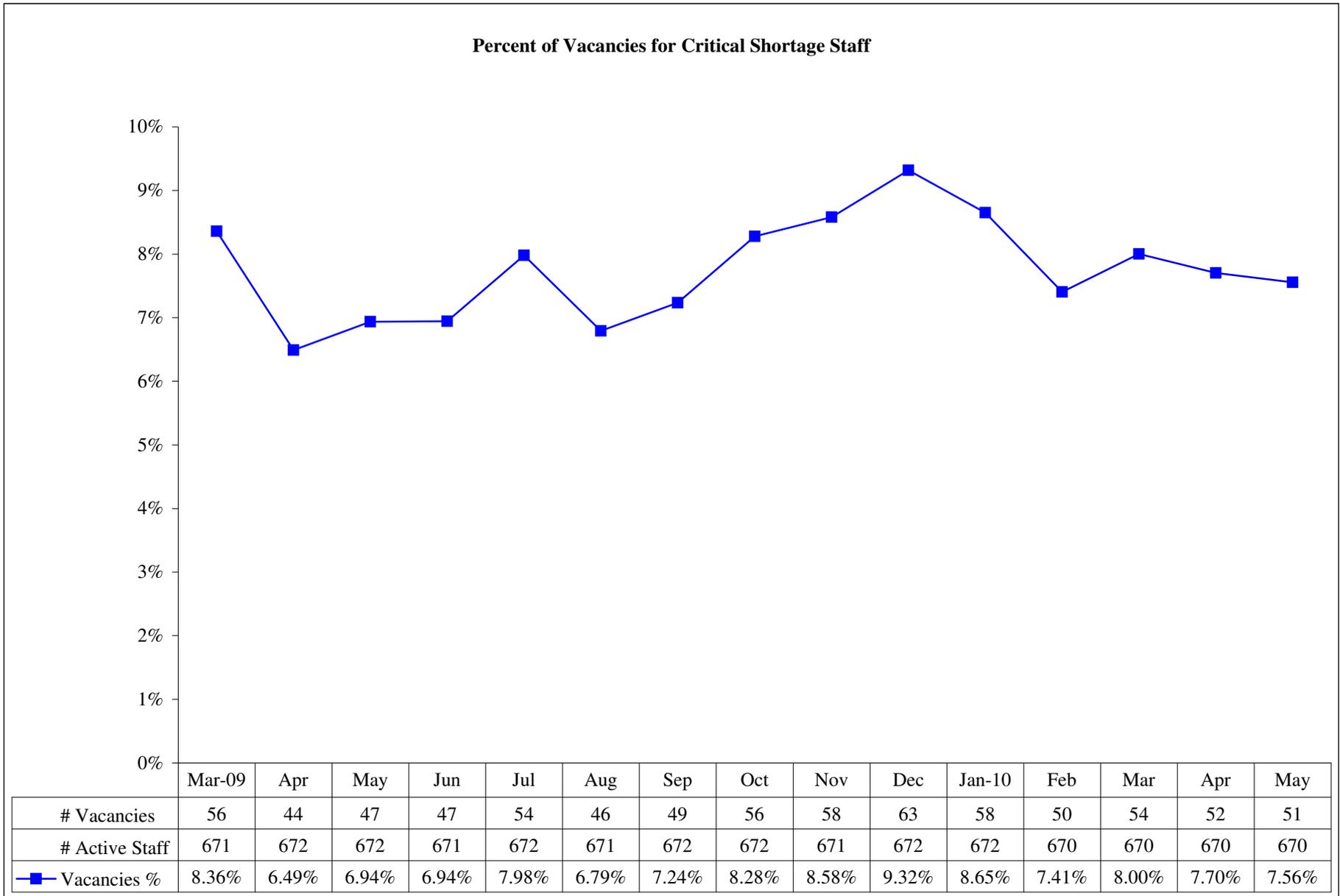
**Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital**



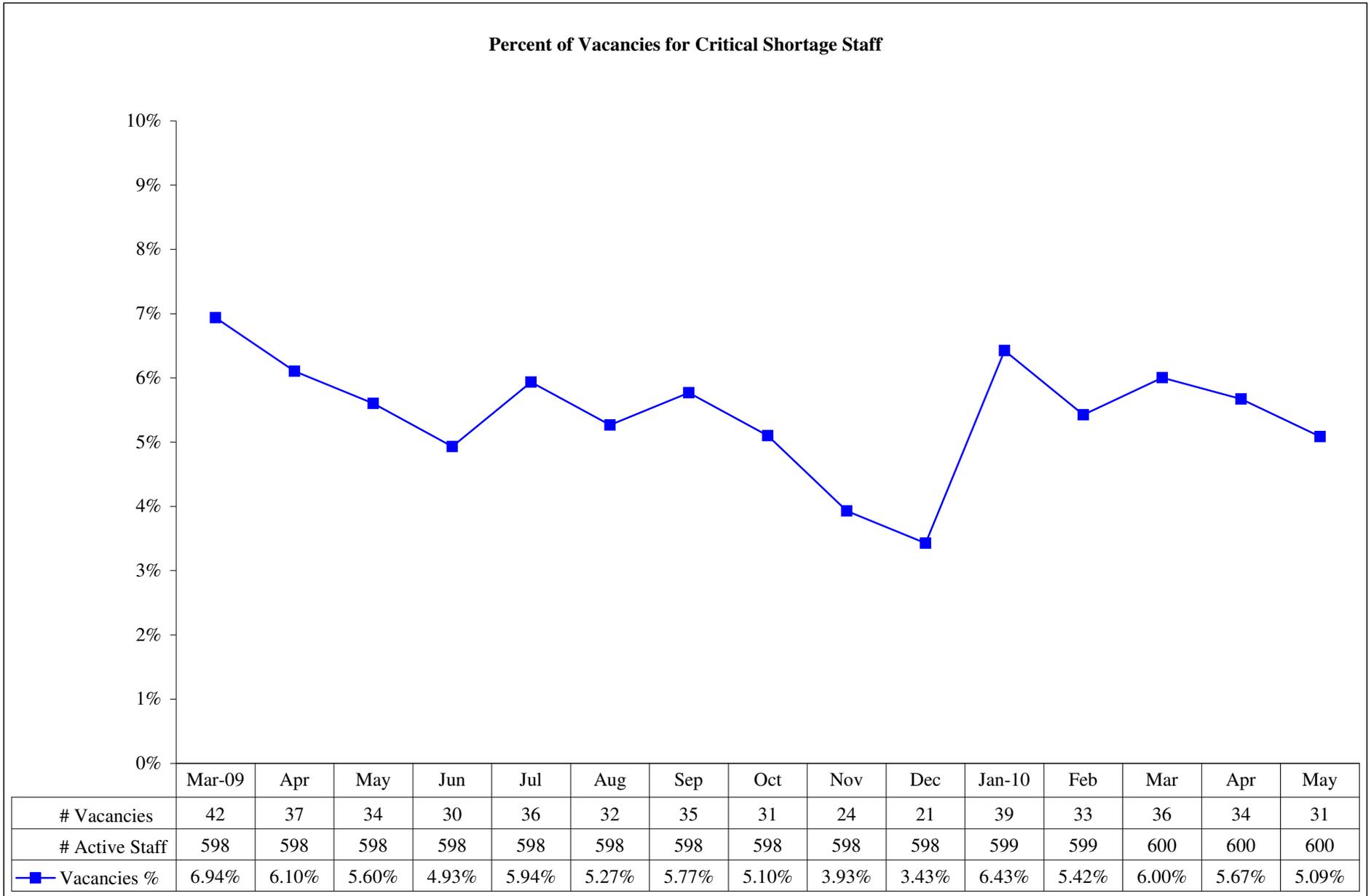
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



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



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



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

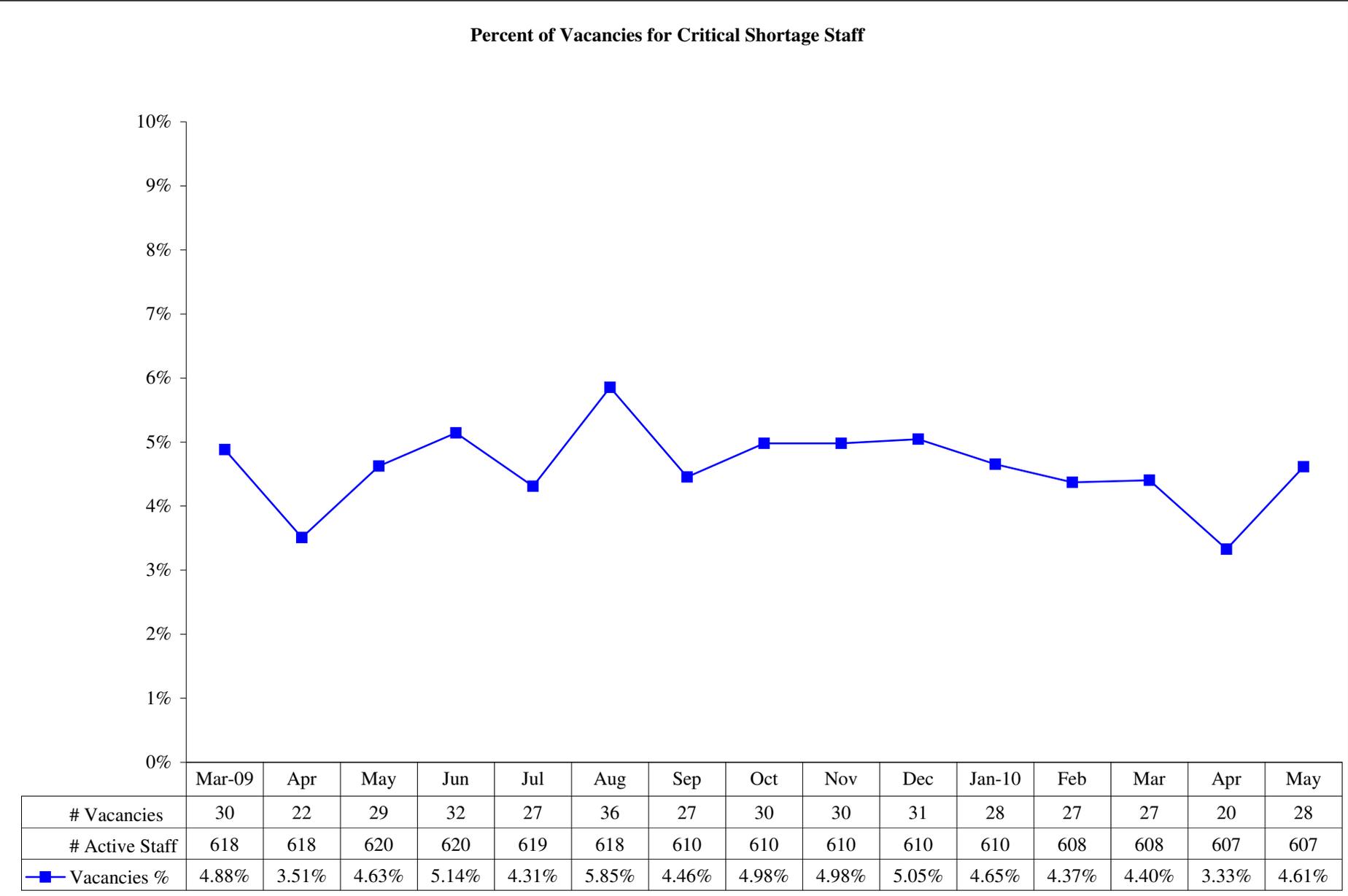
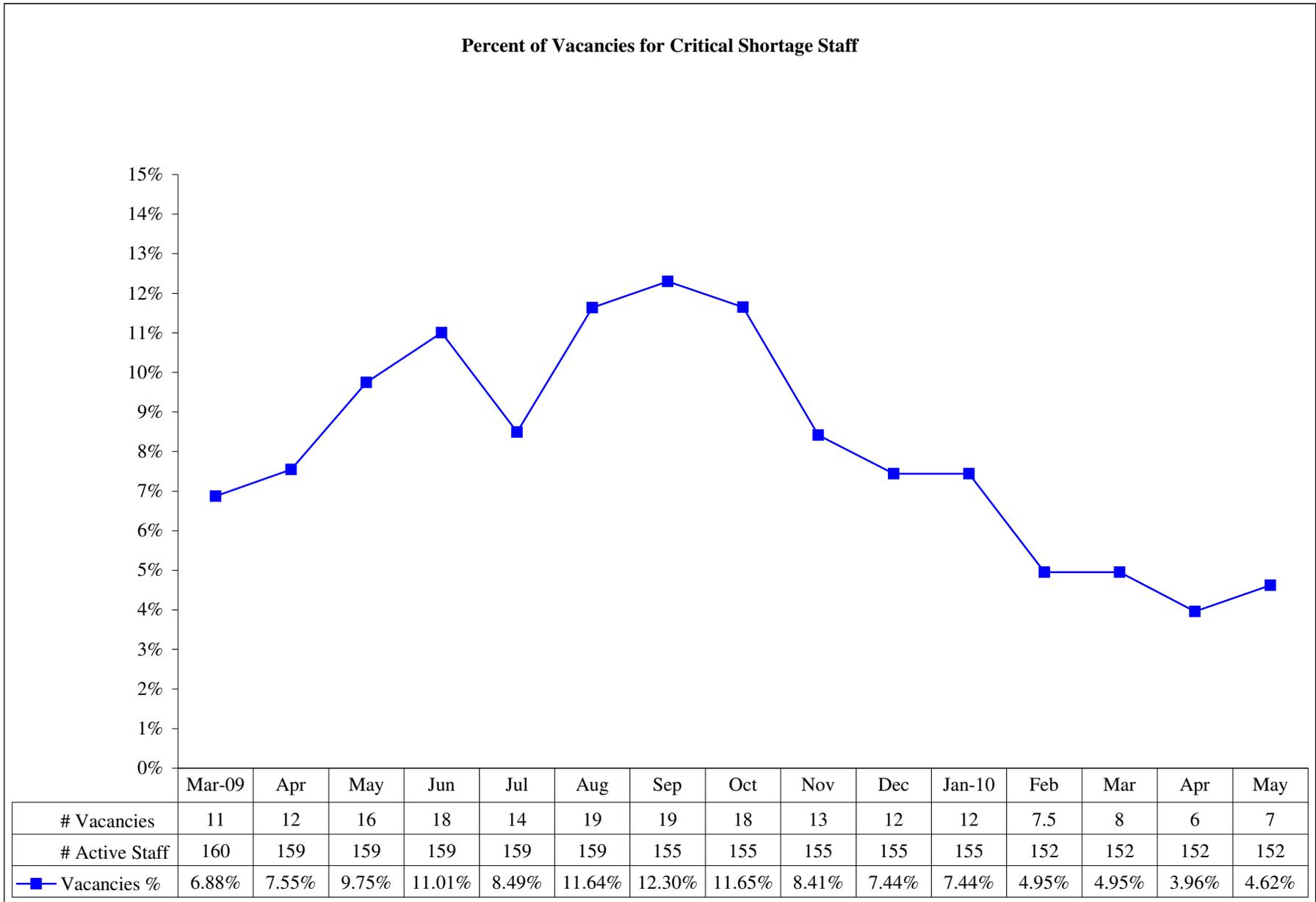


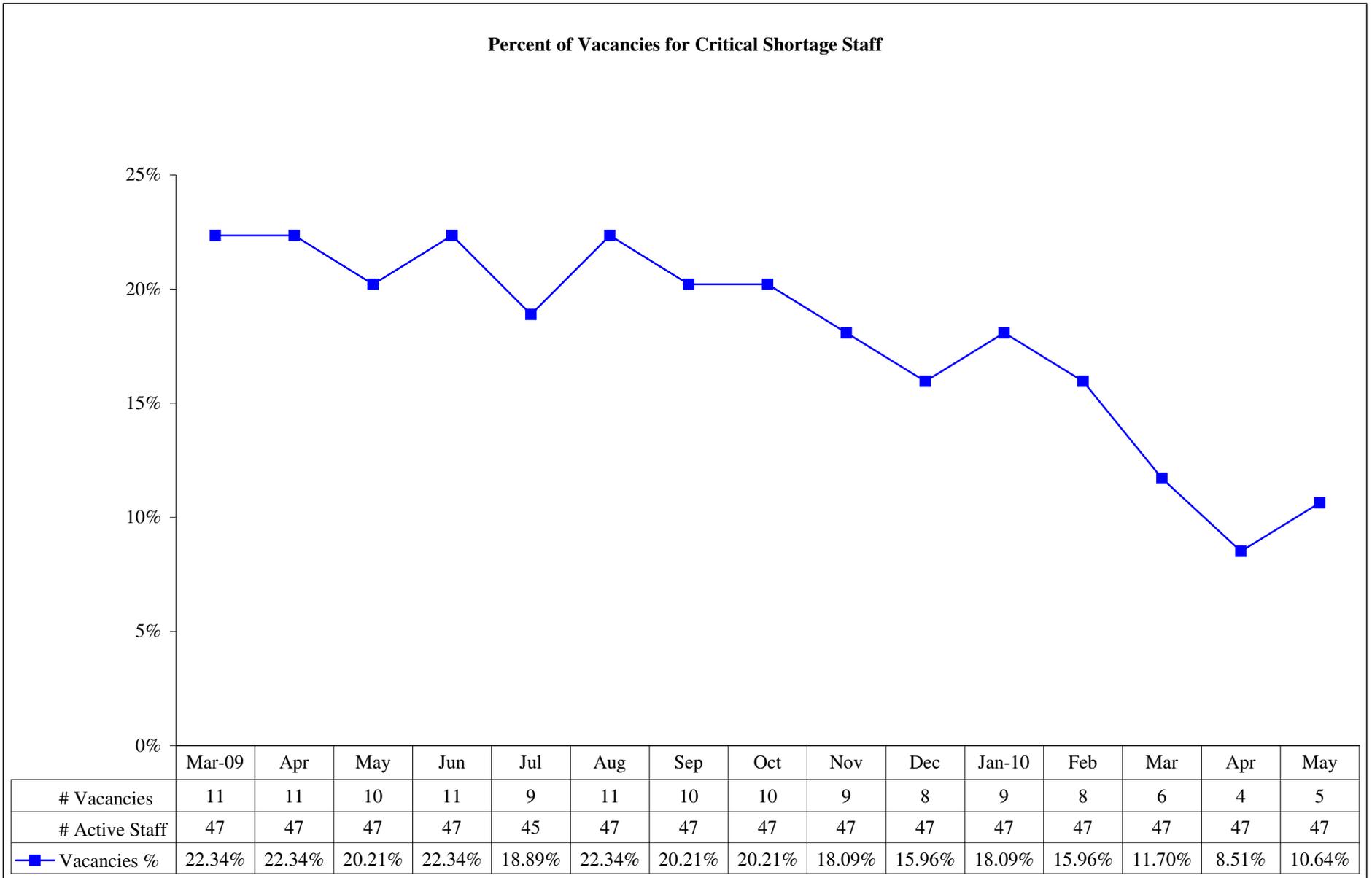
Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

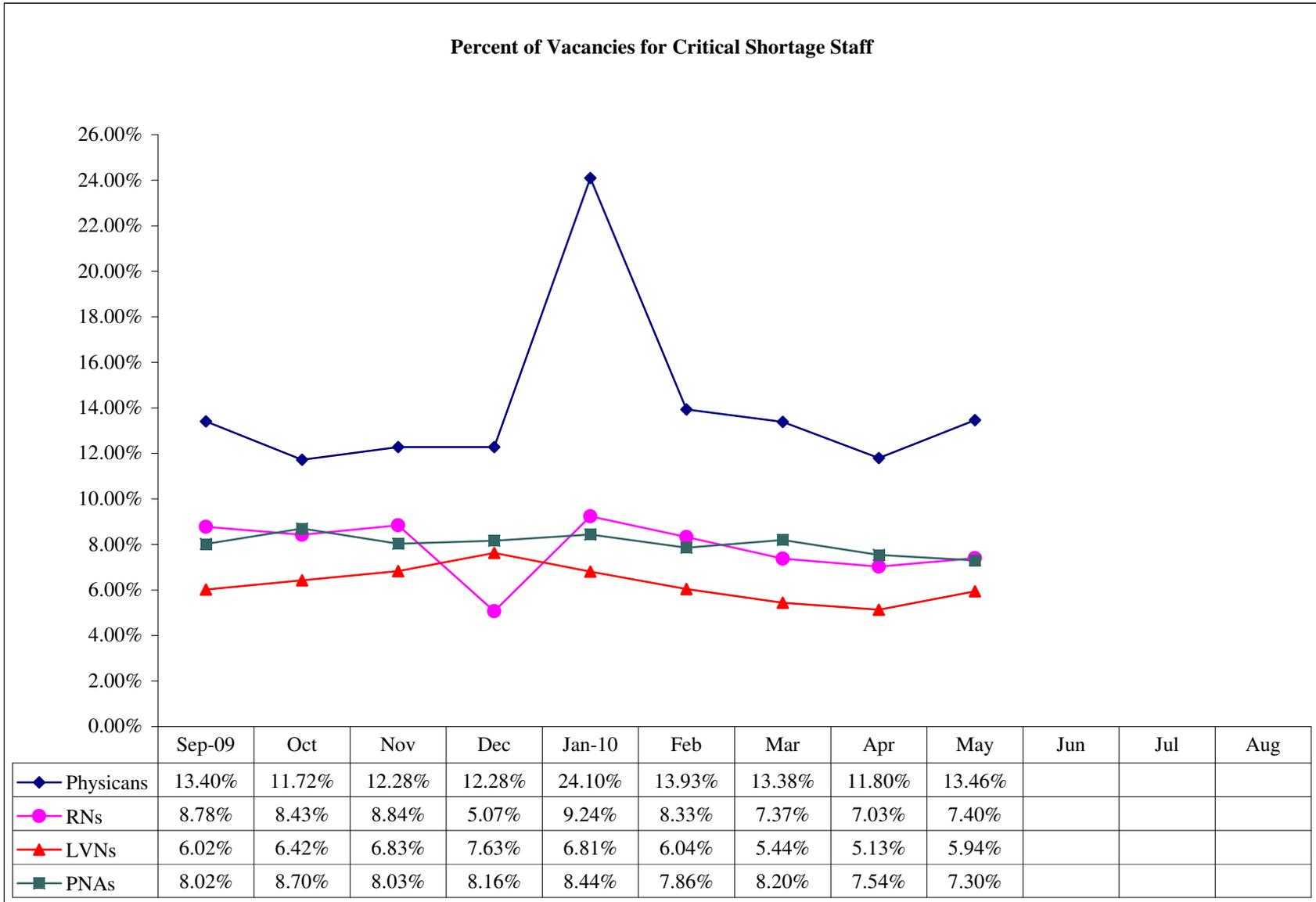
**Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth**



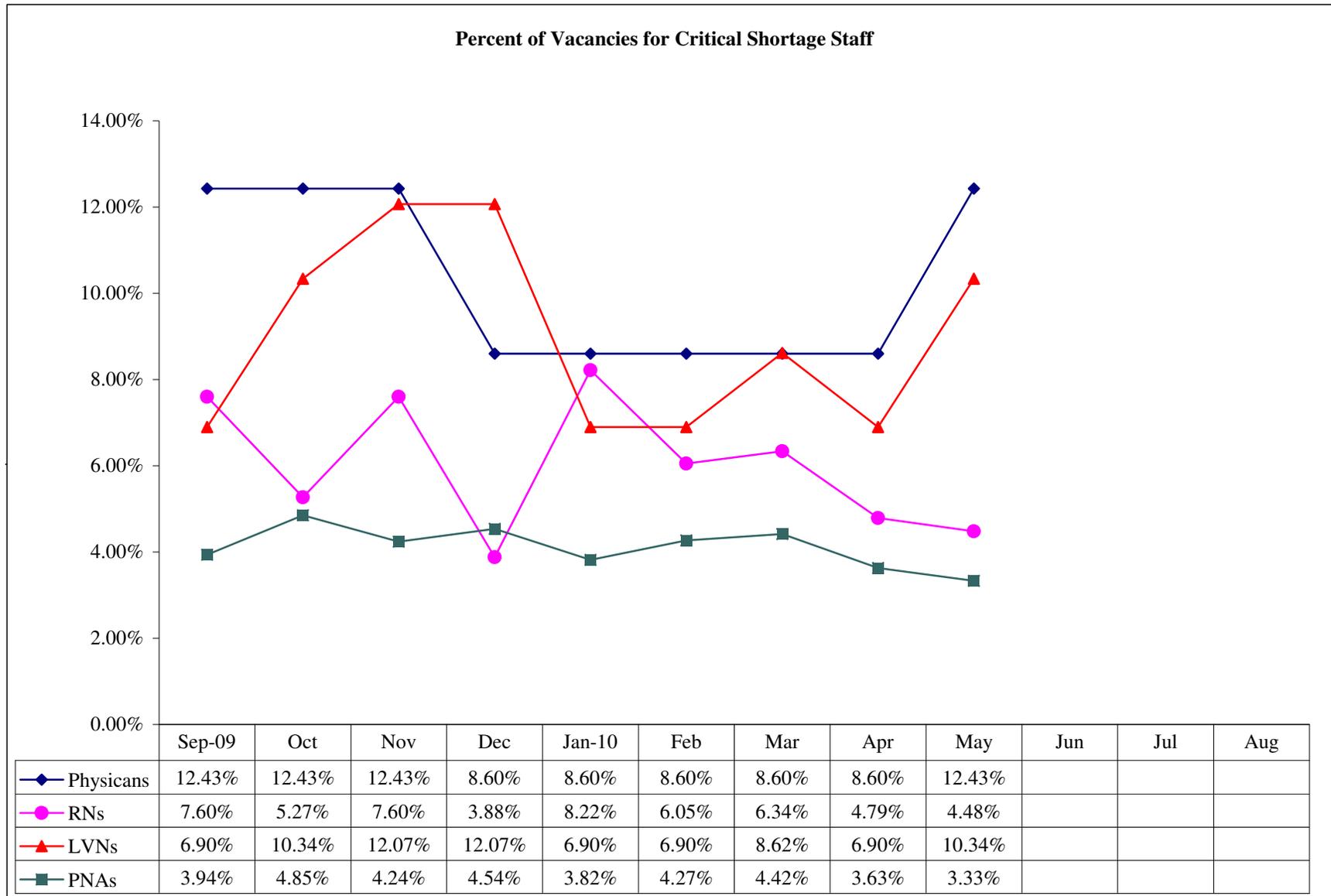
Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease



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



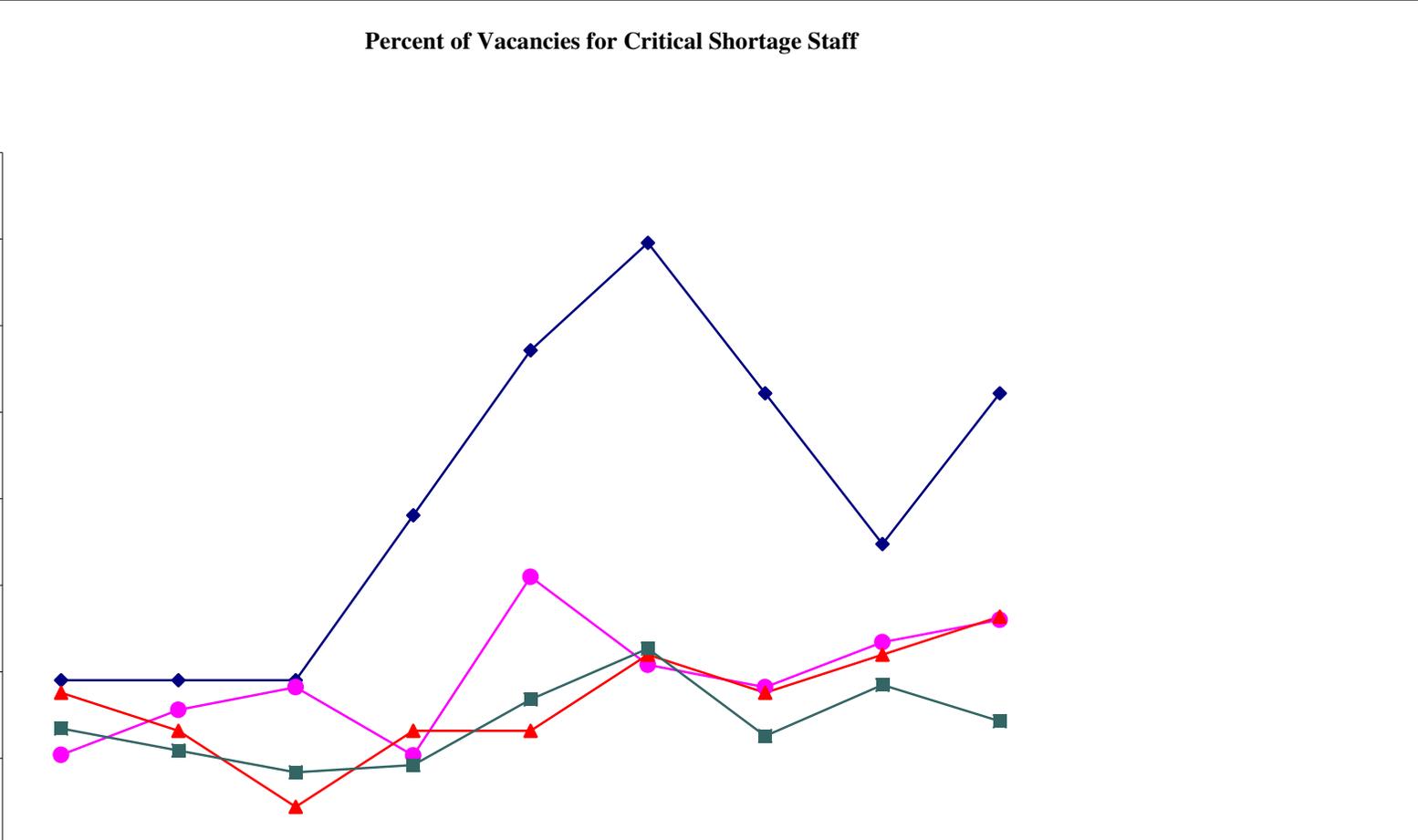
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



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

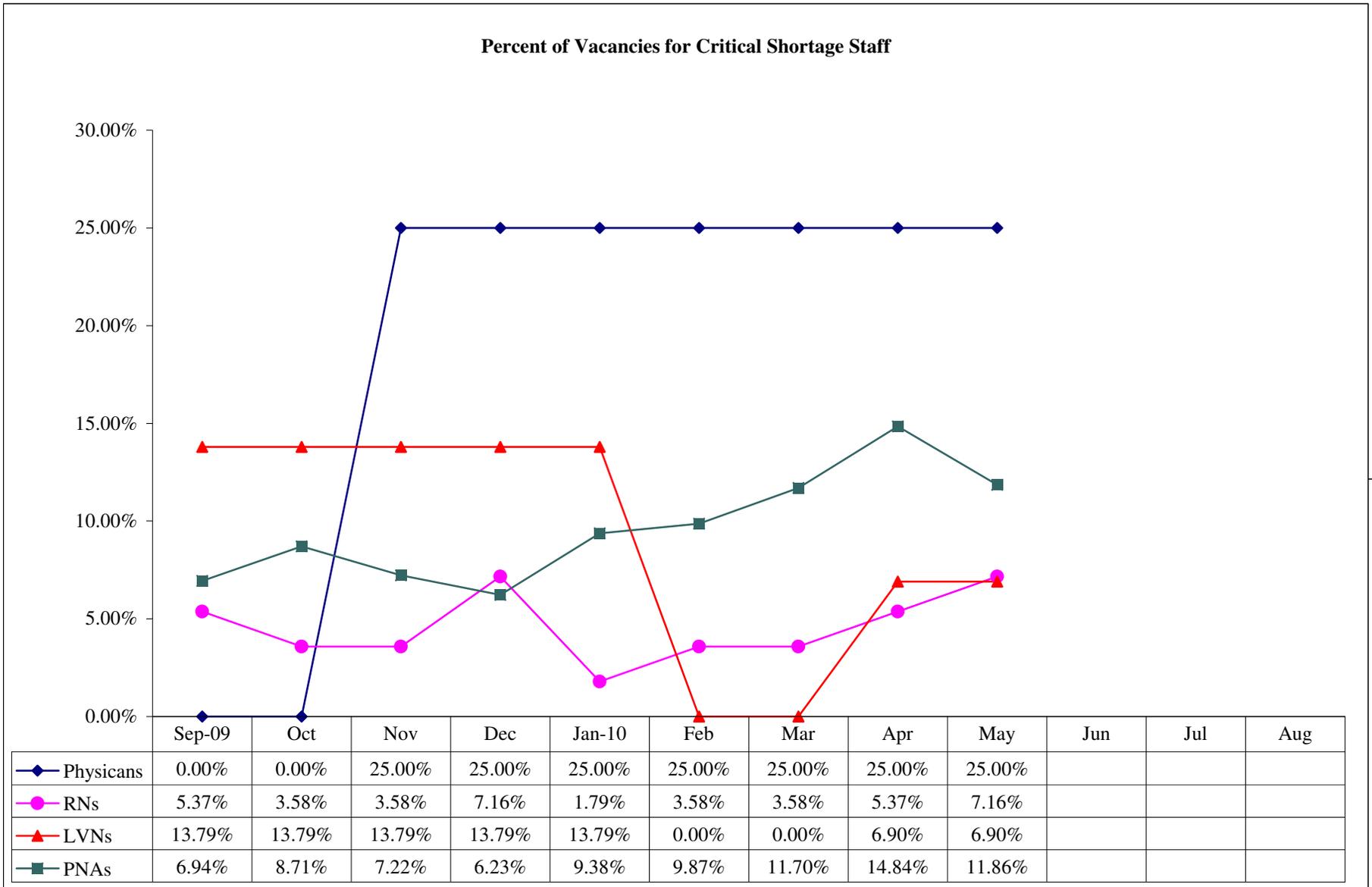
Percent of Vacancies for Critical Shortage Staff

40.00%
 35.00%
 30.00%
 25.00%
 20.00%
 15.00%
 10.00%
 5.00%
 0.00%

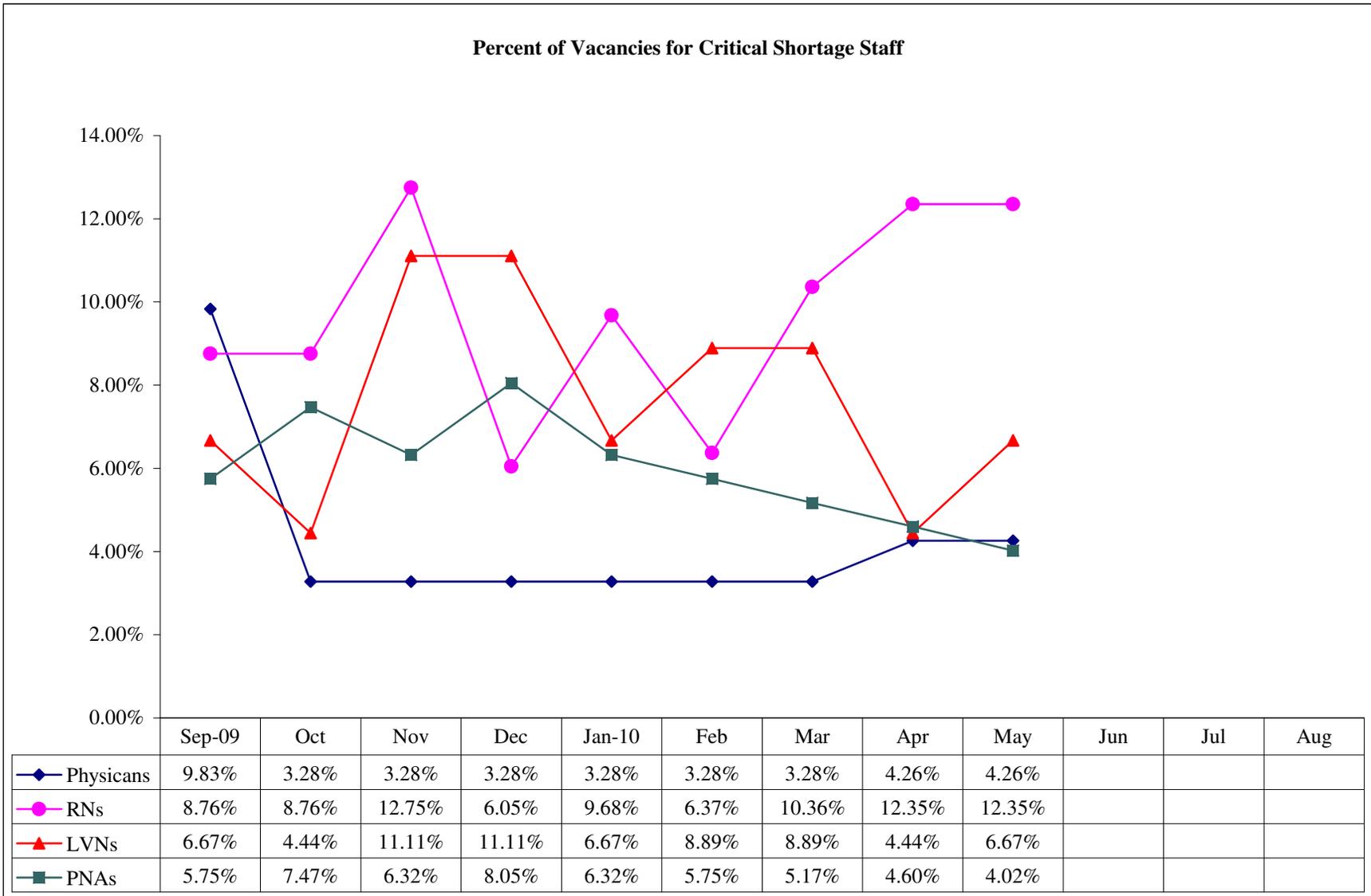


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
Physicians	9.52%	9.52%	9.52%	19.05%	28.57%	34.78%	26.09%	17.39%	26.09%			
RNs	5.20%	7.81%	9.11%	5.16%	15.49%	10.41%	9.11%	11.71%	13.01%			
LVNs	8.79%	6.59%	2.20%	6.59%	6.59%	10.99%	8.79%	10.99%	13.19%			
PNAs	6.72%	5.46%	4.20%	4.62%	8.40%	11.34%	6.30%	9.24%	7.14%			

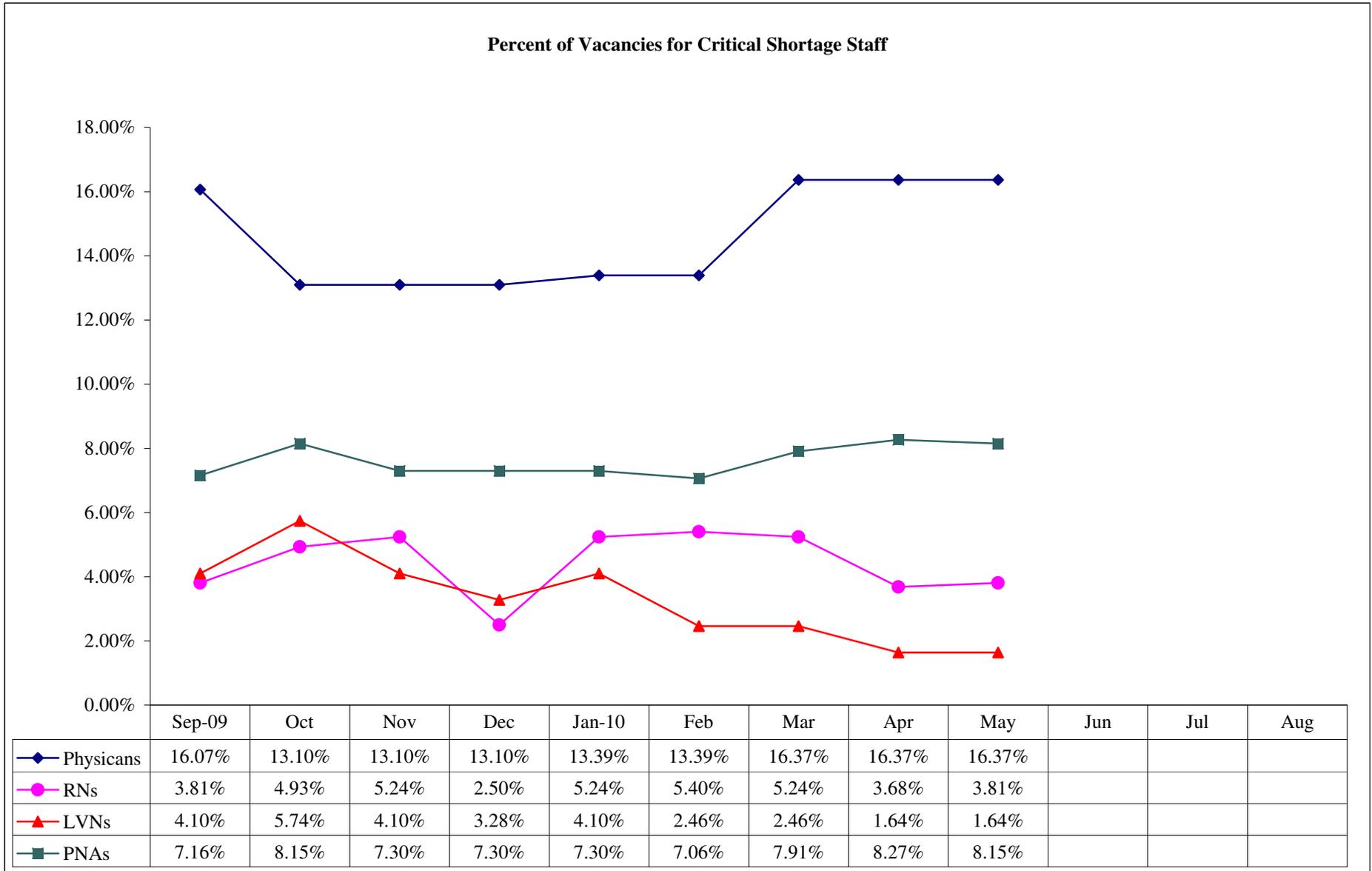
**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



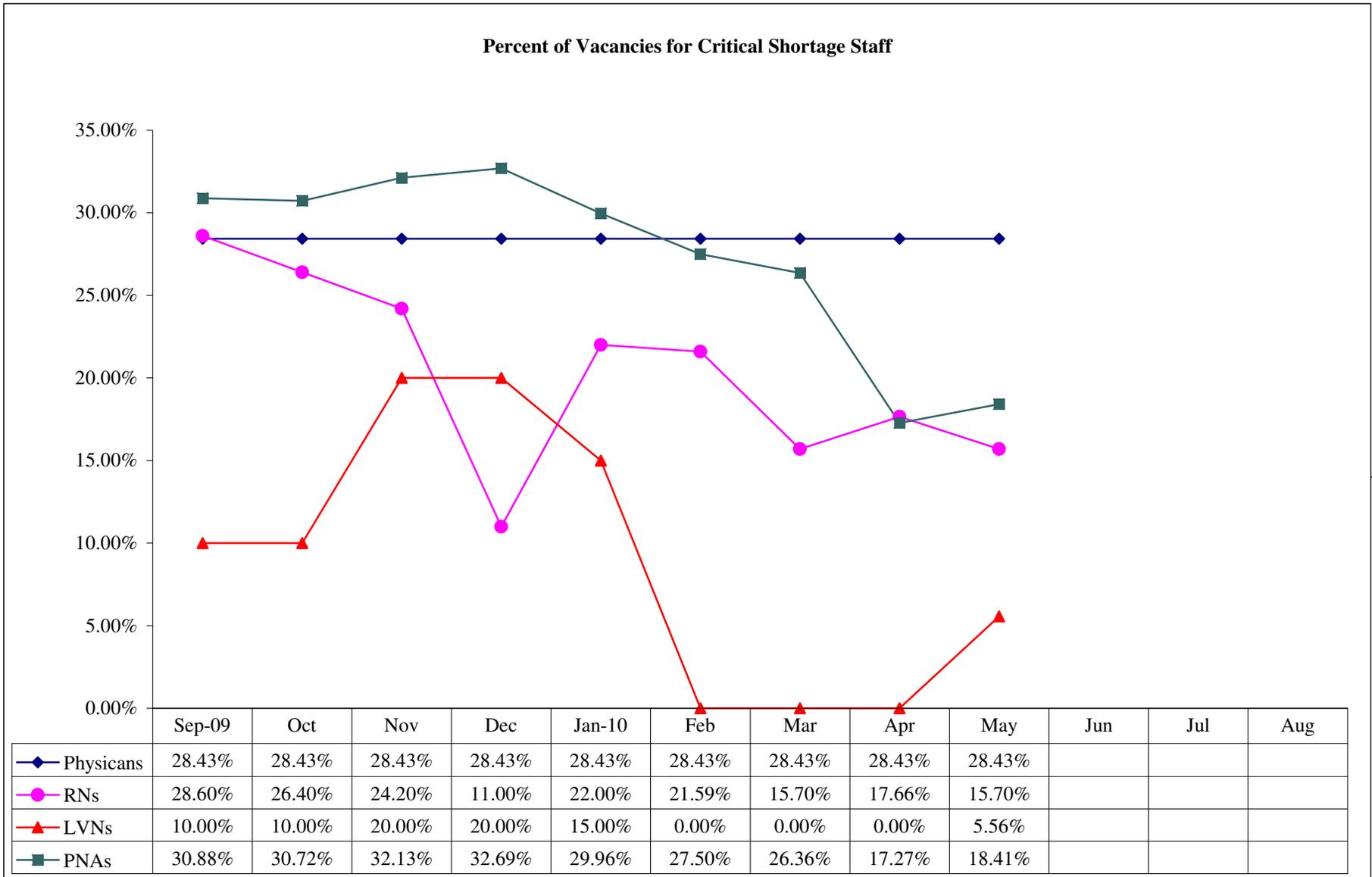
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



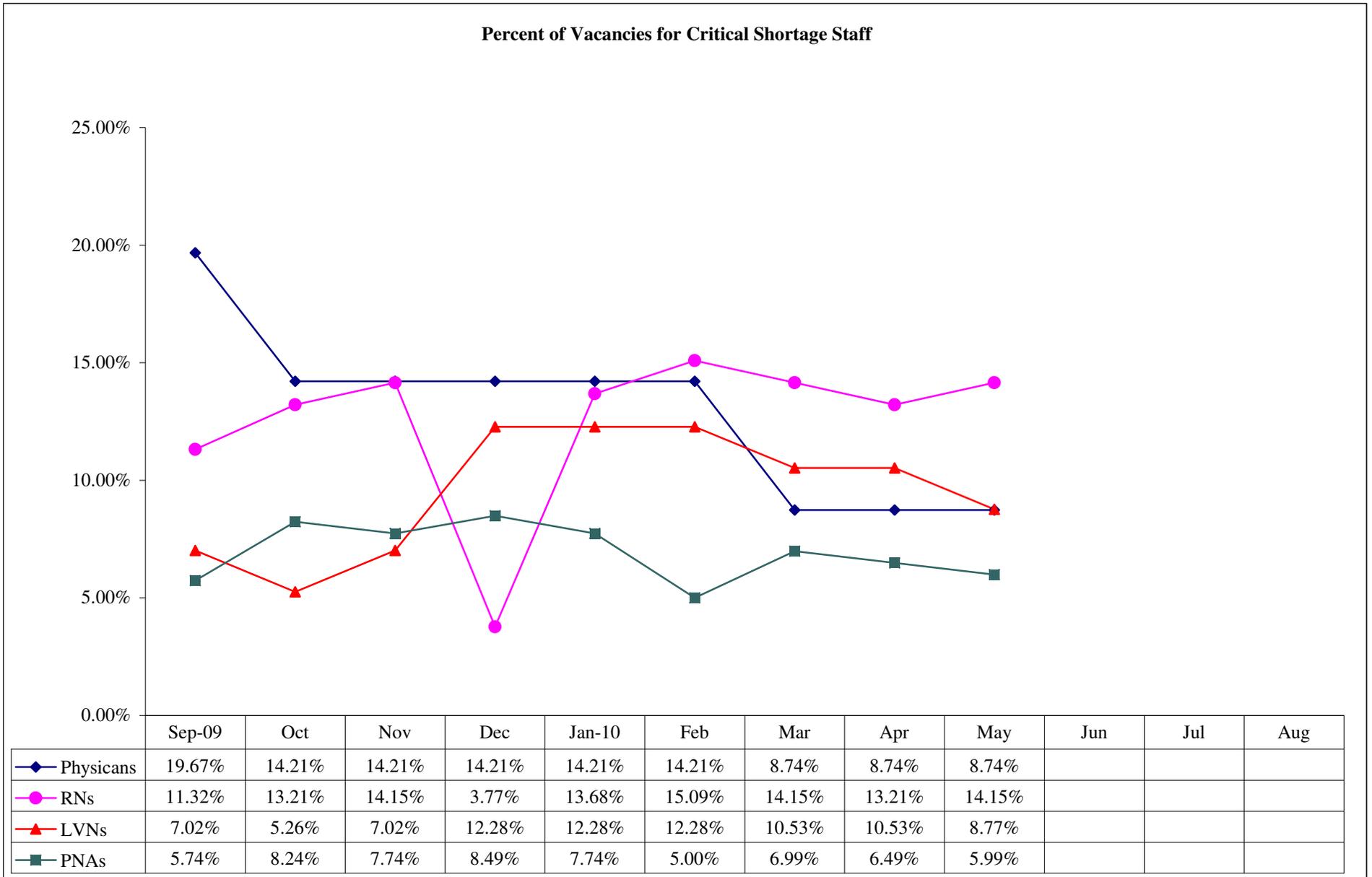
Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital



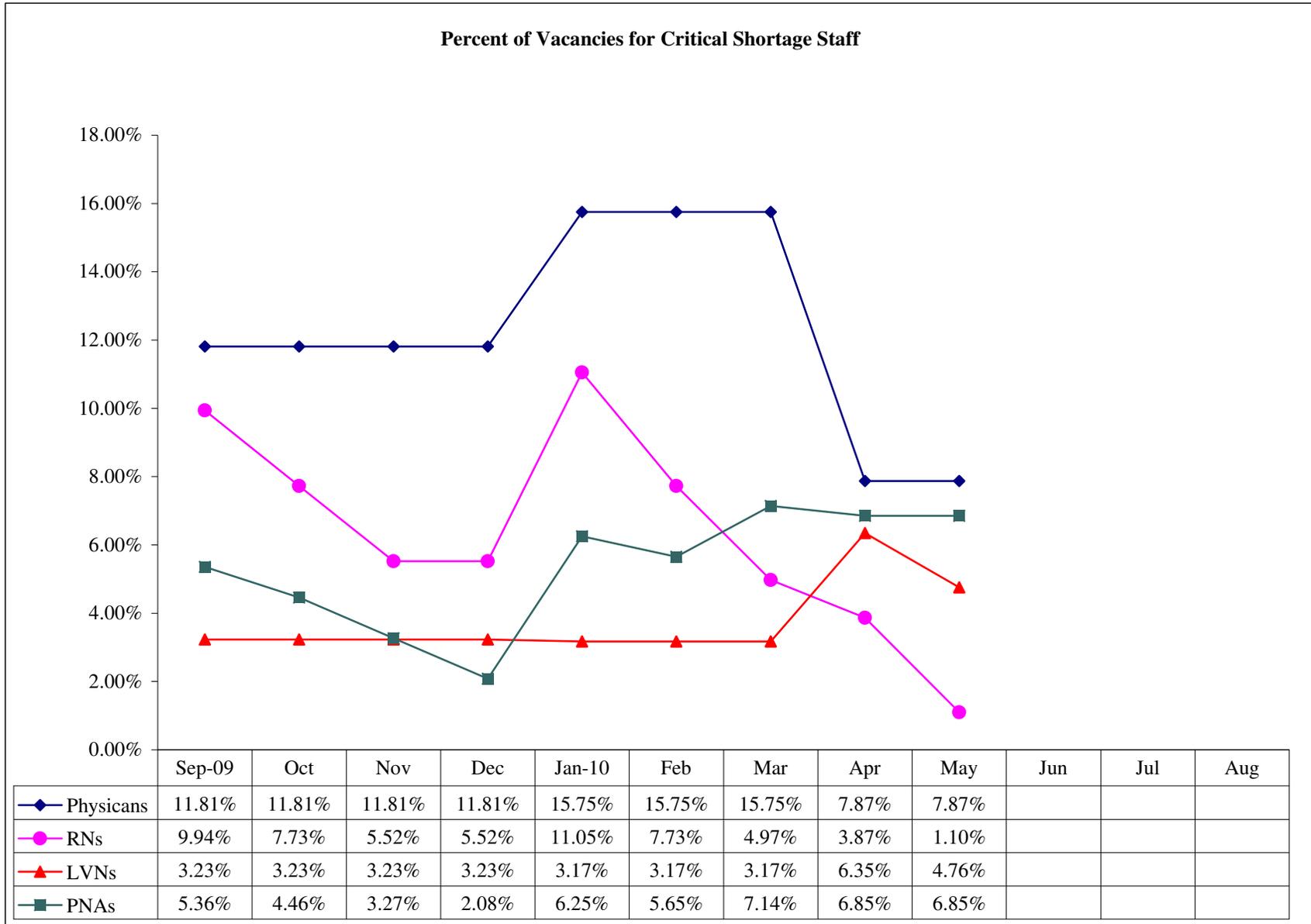
Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center



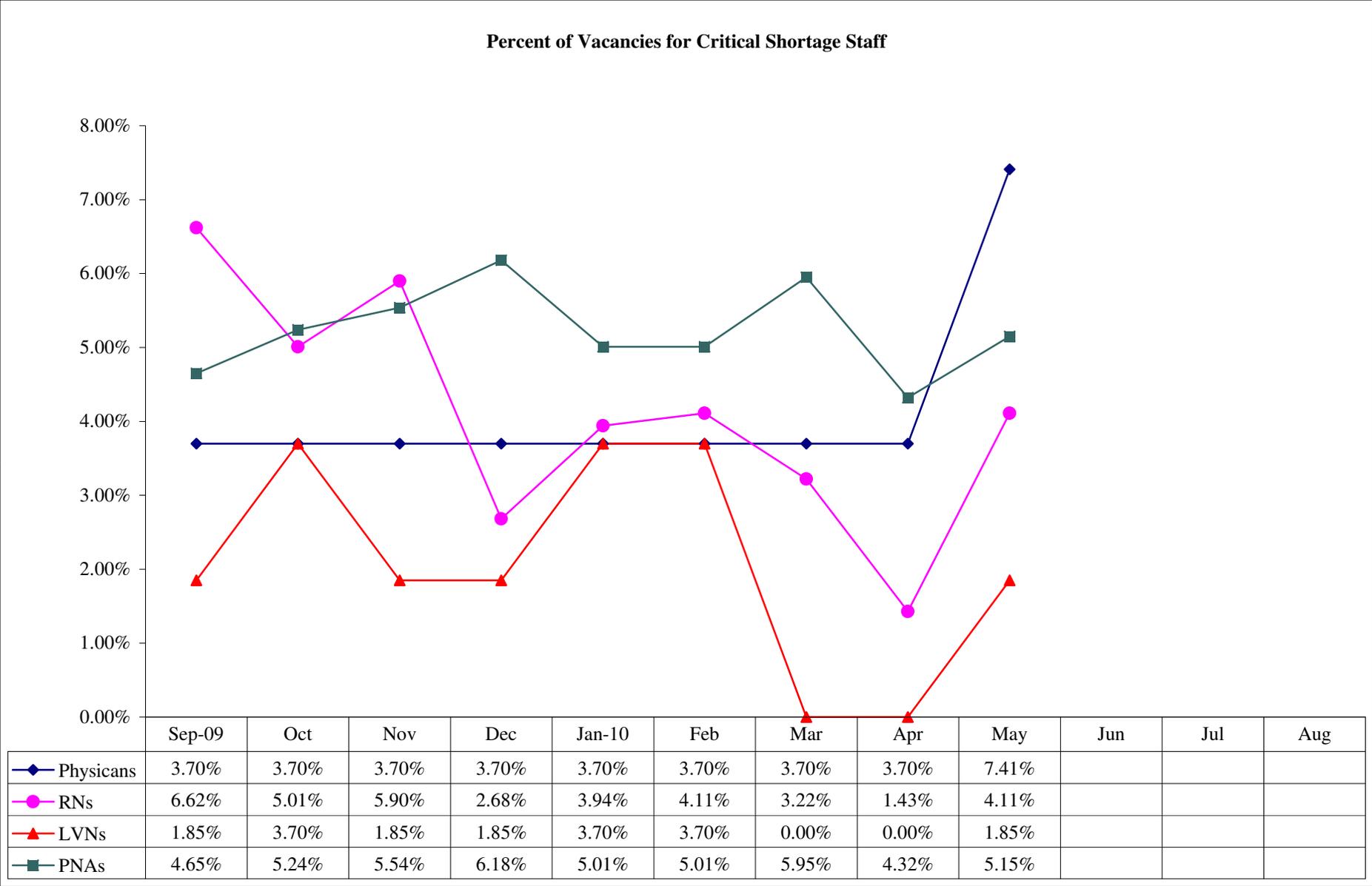
Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital



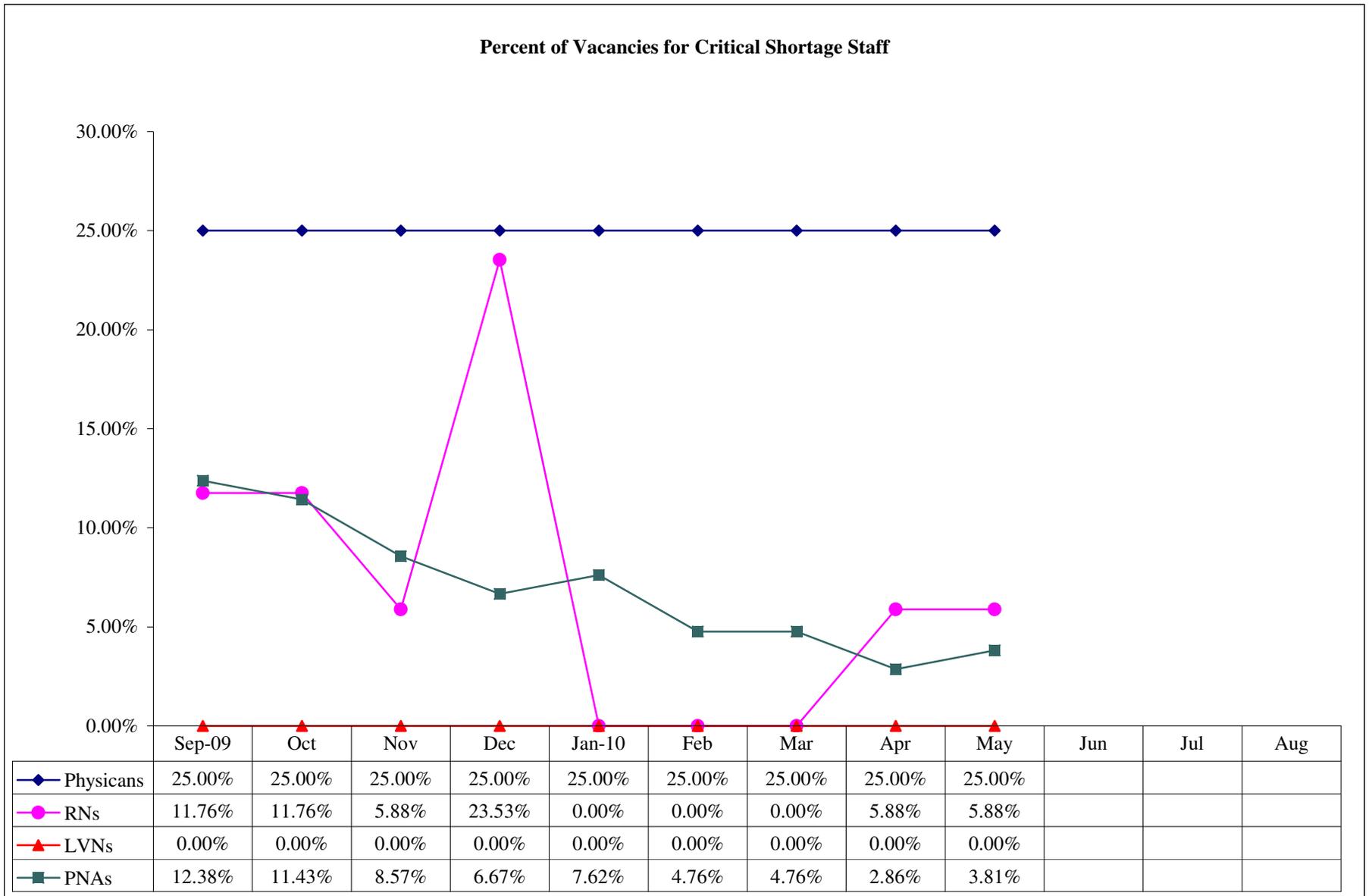
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



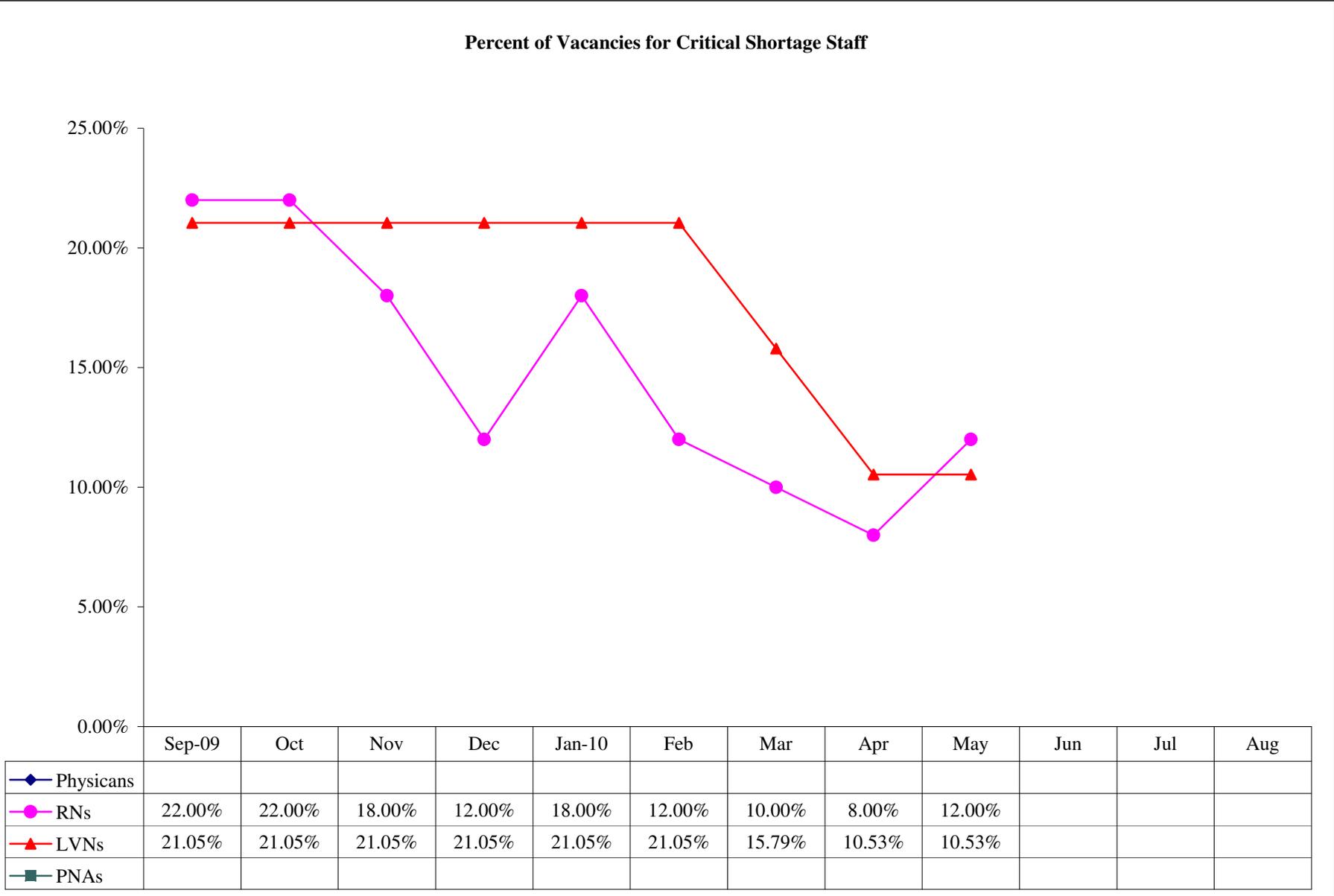
**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**



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



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



Performance Measure 8C:

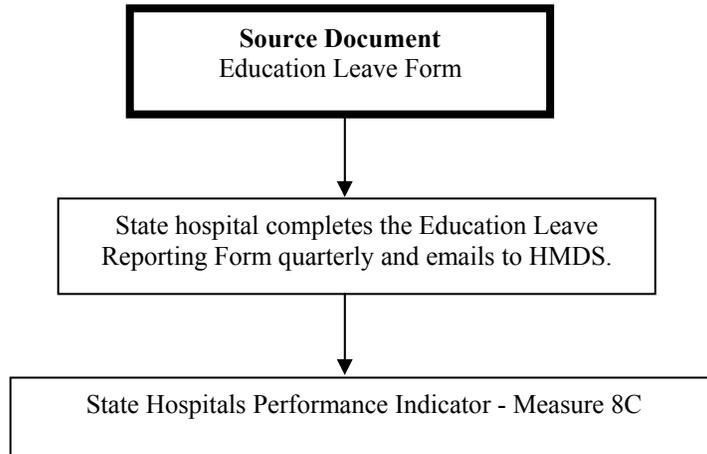
Report number of staff members currently utilizing education leave and the area of study.

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

Performance Measure Formula: No formula, continuous variable.

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

Data Flow:



**Measure 8C - Staff Members Utilizing Education Leave
All State Hospitals - FY2010**

	Q1	Q2	Q3	Q4
Austin State Hospital	0	2	3	
Big Spring State Hospital	1	3	1	
El Paso Psychiatric Center	4	1	1	
Kerrville State Hospital	3	2	2	
North Texas State Hospital	30	32	35	
Rio Grande State Center	0	0	0	
Rusk State Hospital	17	16	8	
San Antonio State Hospital	22	4	21	
Terrell State Hospital	17	17	21	
Waco Center for Youth	2	2	1	
TCID	2	3	6	
All State Hospitals	98	82	99	
	Q1	Q2	Q3	Q4
Business	3	4	3	
Chaplaincy		1		
Criminal Justice		1		
Dentistry			1	
Engineering	1	1		
Kitchen/Catering	1	2	2	
Management	2	1	1	
Nursing	78	54	78	
Nurse Practitioner	2	5	3	
O. Therapy	1			
Pharmacist		1	1	
Pharmacy Tech			1	
Psychology	2	3	1	
Radiology	1			
Social Work	5	3	4	
Sociology	1			
Spanish Interpreter		1		
Substance Abuse Counselor		1	1	
Teaching	1	1		
Therapeutic Recreation	0	2	2	
Unknown		1	1	
All State Hospitals	98	82	99	

Table: Hospital Management Data Services

Source: Facility Form

GOAL 9: Improve Organizational Performance

Performance Objective 9A:

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

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

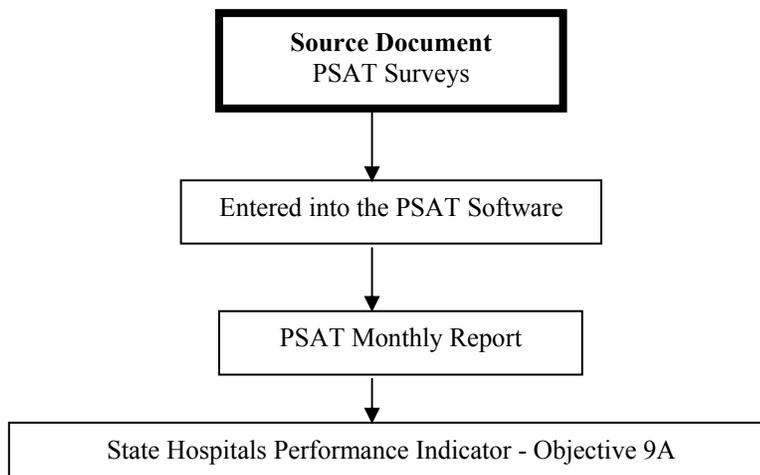
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

Performance Objective Data Display and Chart Description:

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

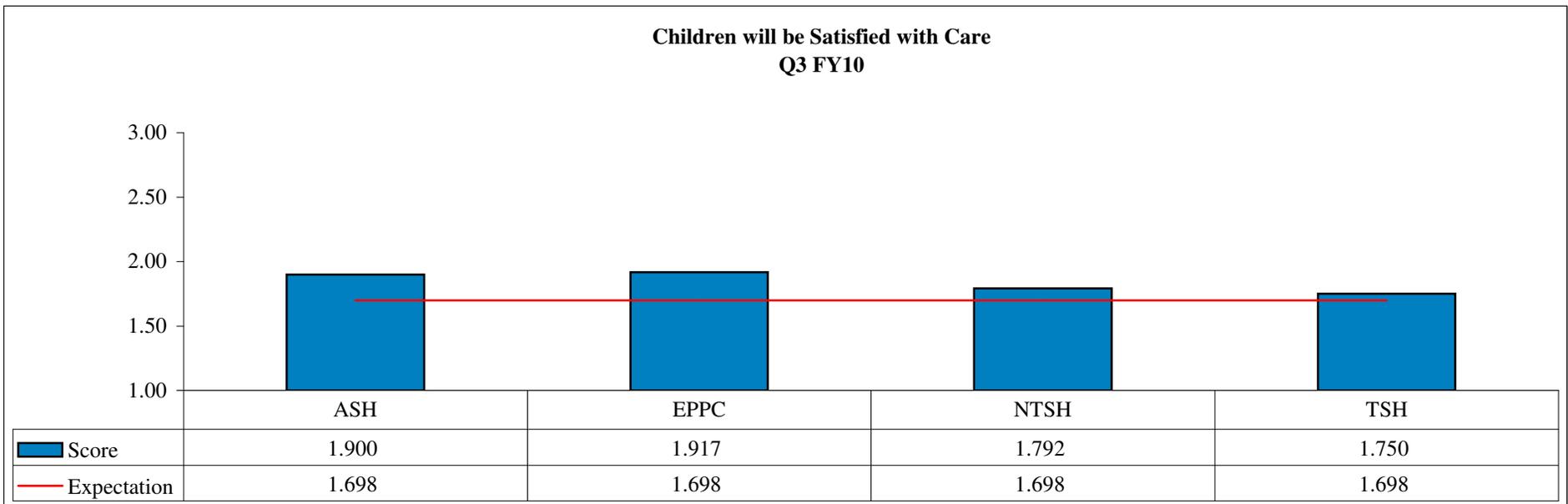
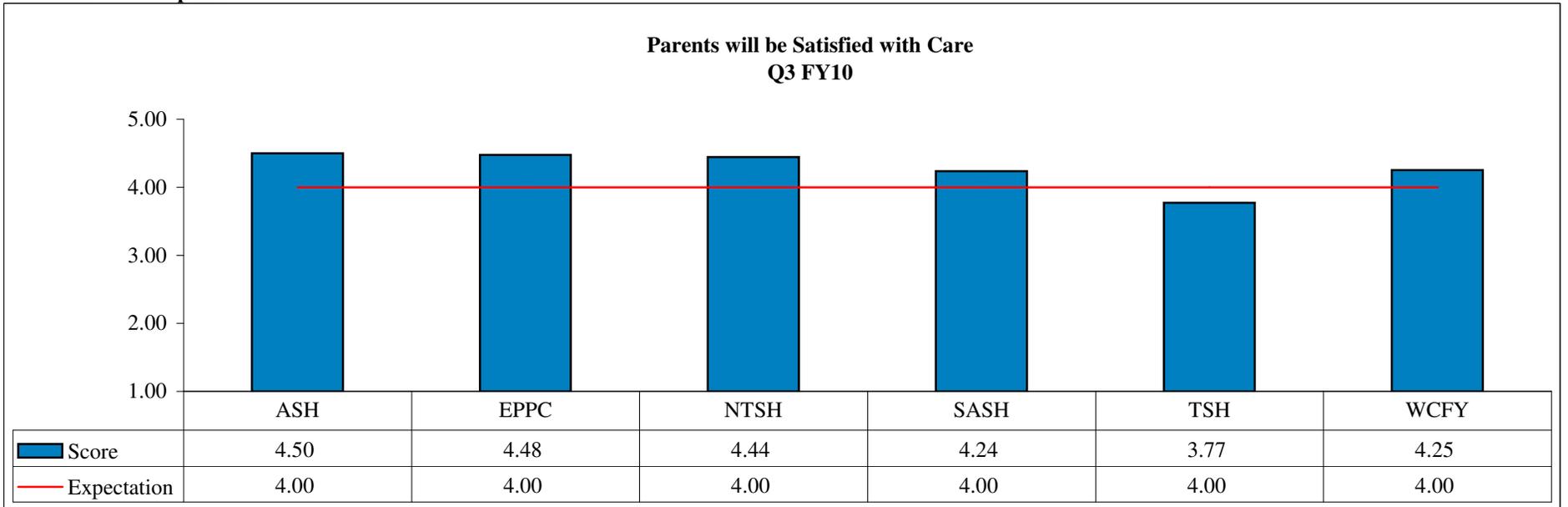
Data Flow:



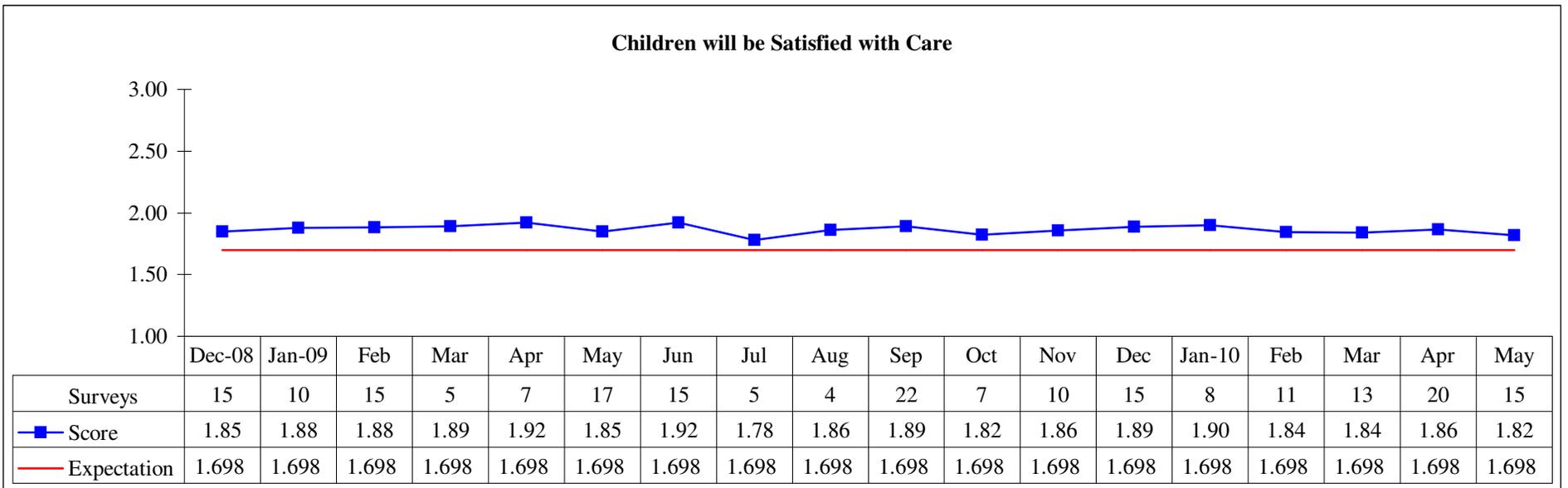
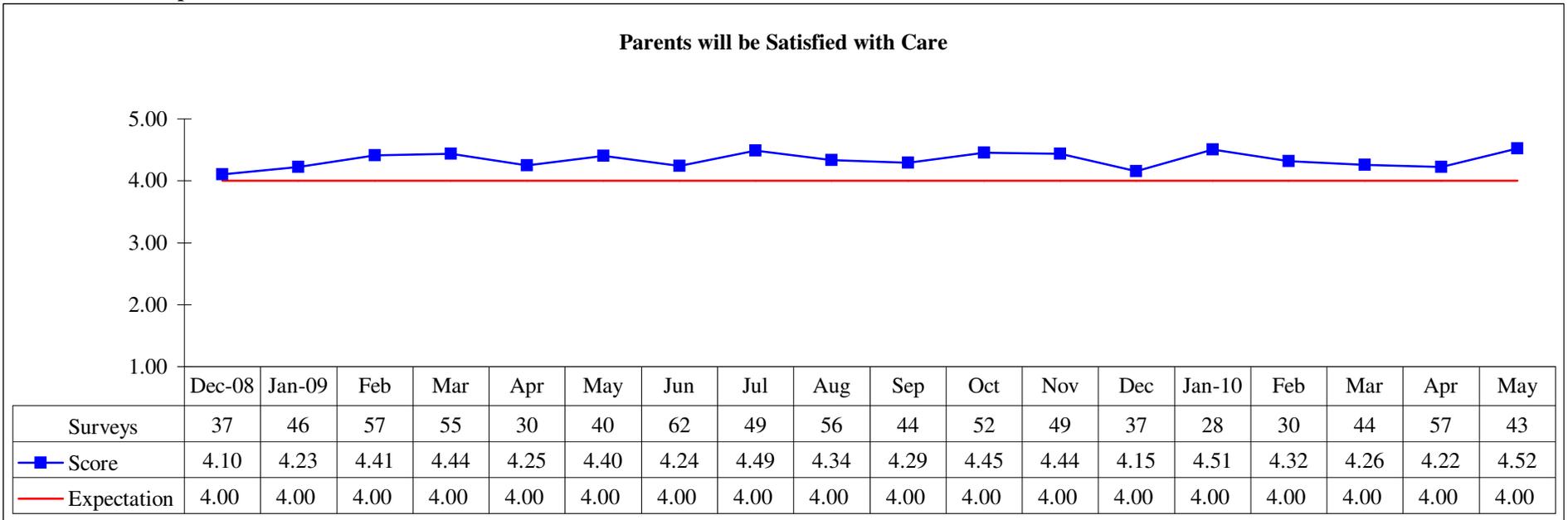
Objective 9A - Patient Satisfaction

Children and Parents will be Satisfied with Treatment and Safe Milieu

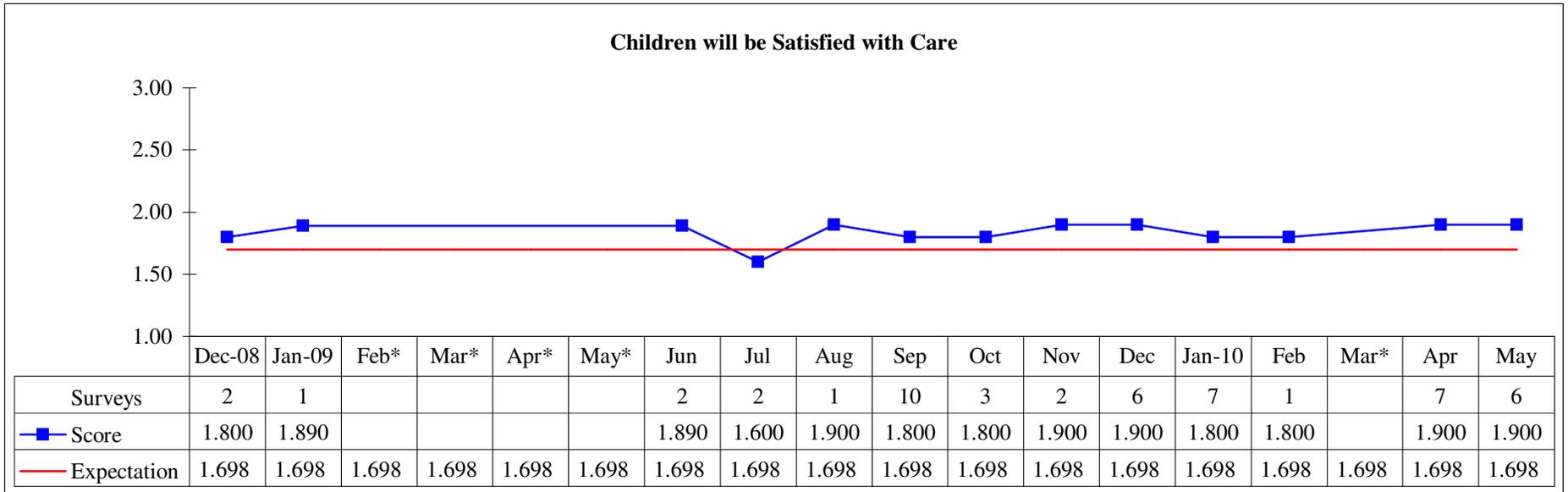
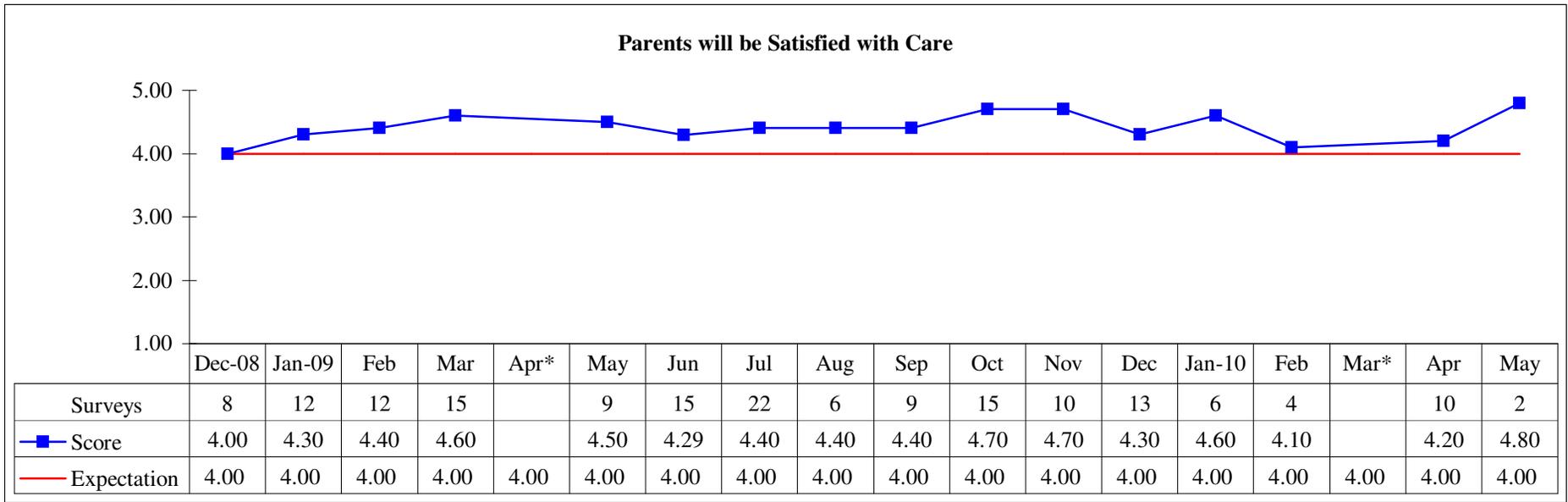
All State MH Hospitals



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

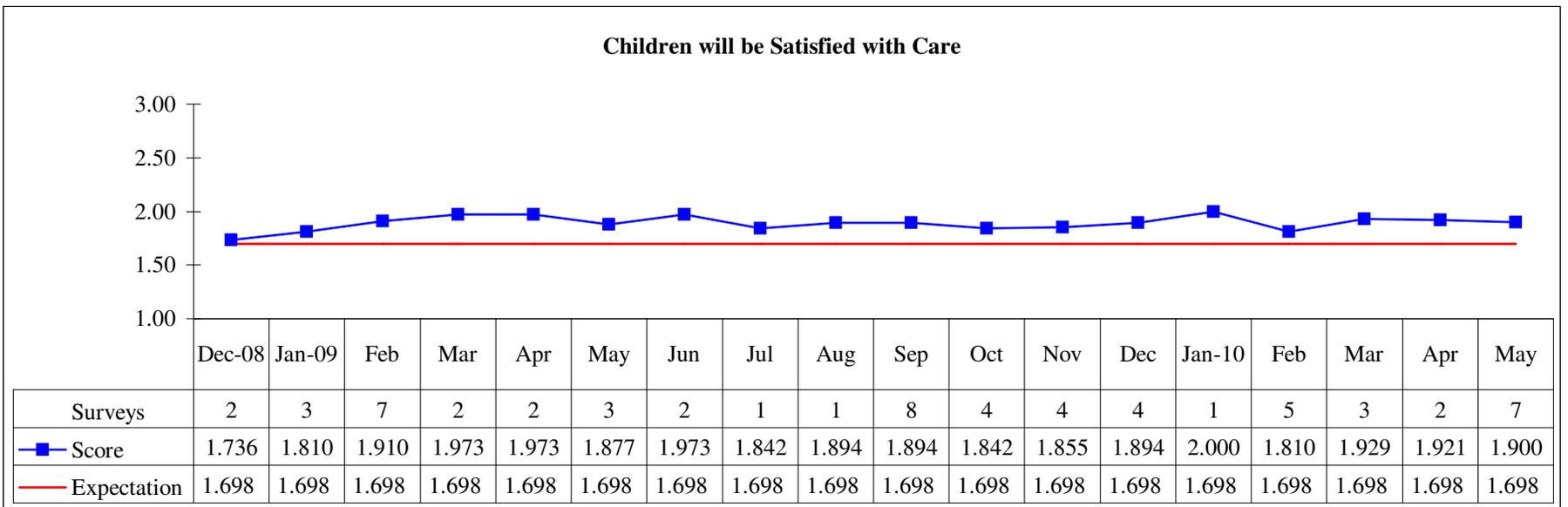
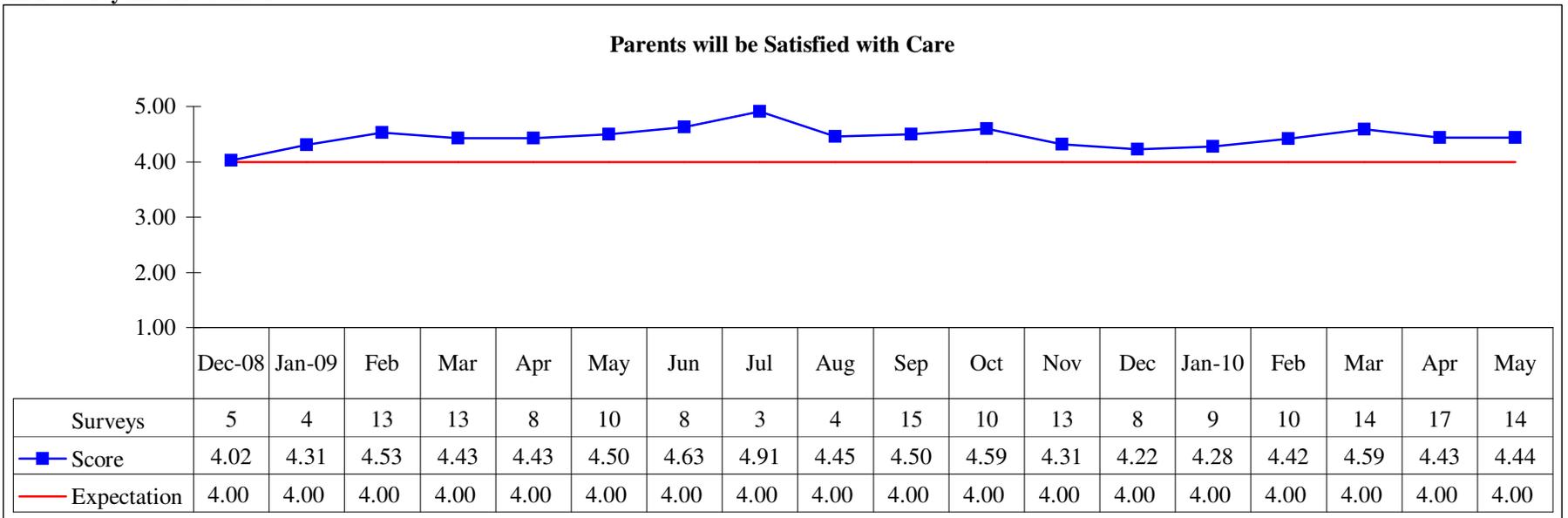


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



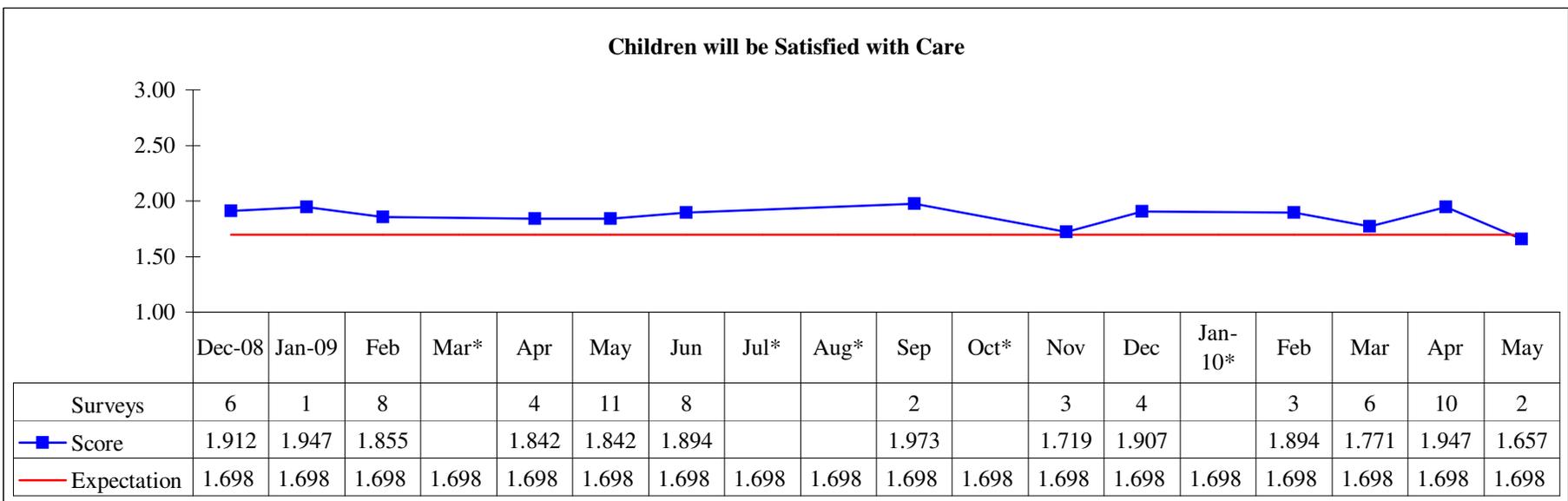
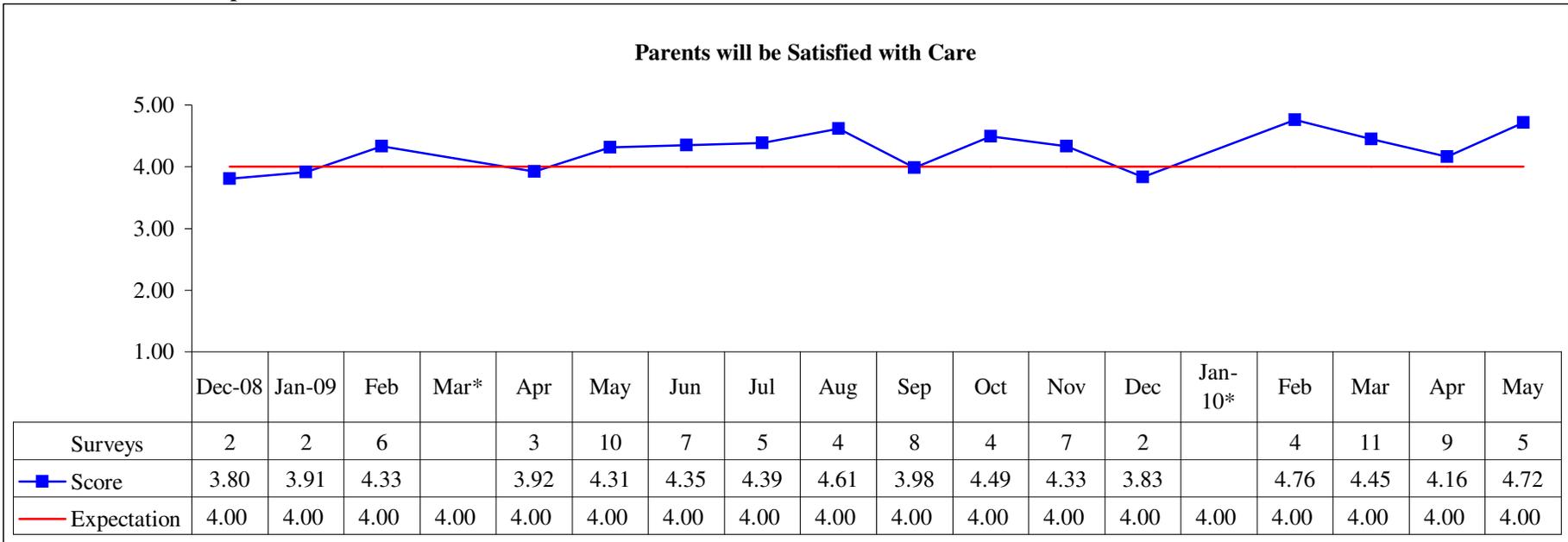
*No surveys submitted

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



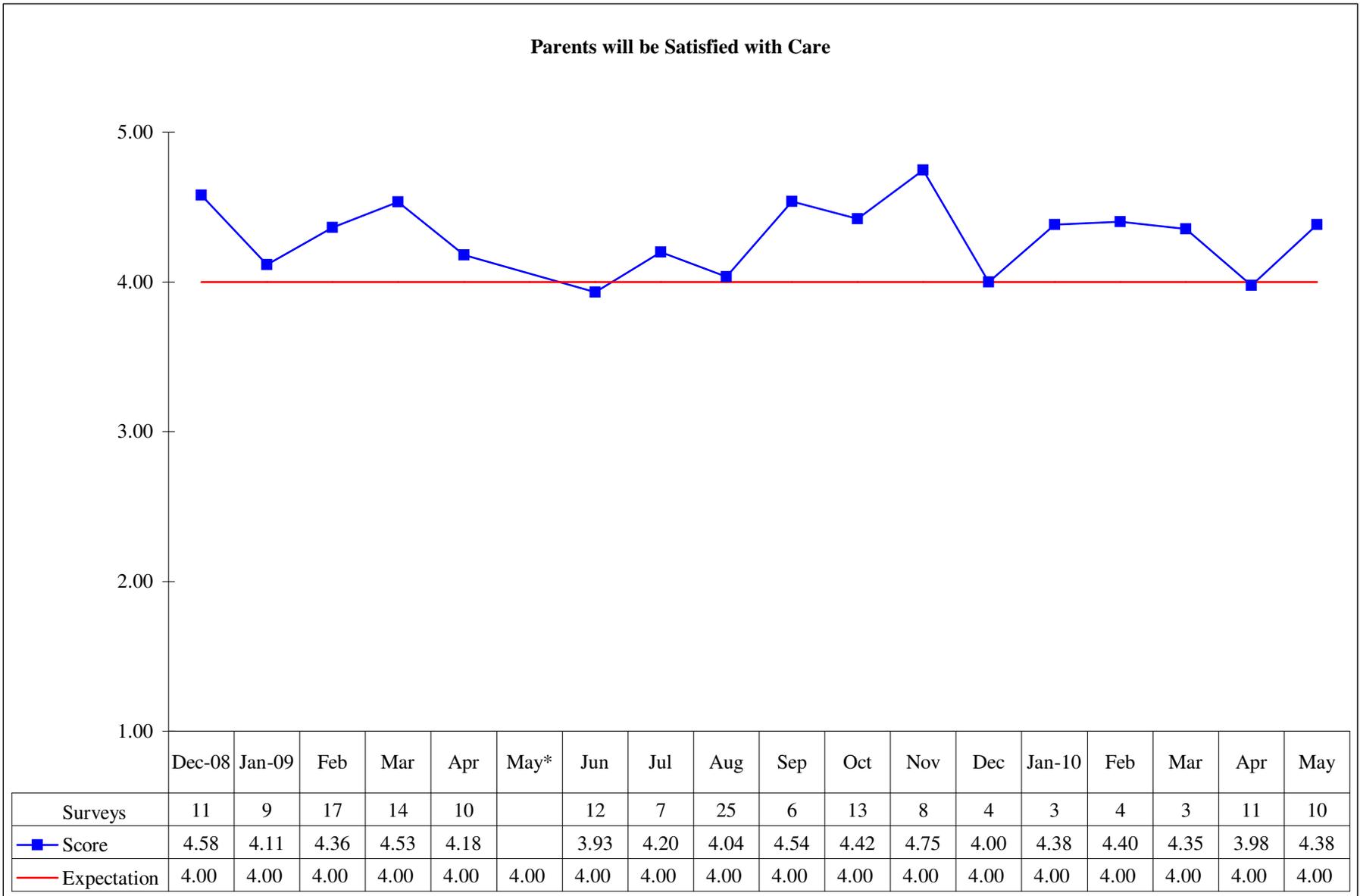
*No surveys submitted

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



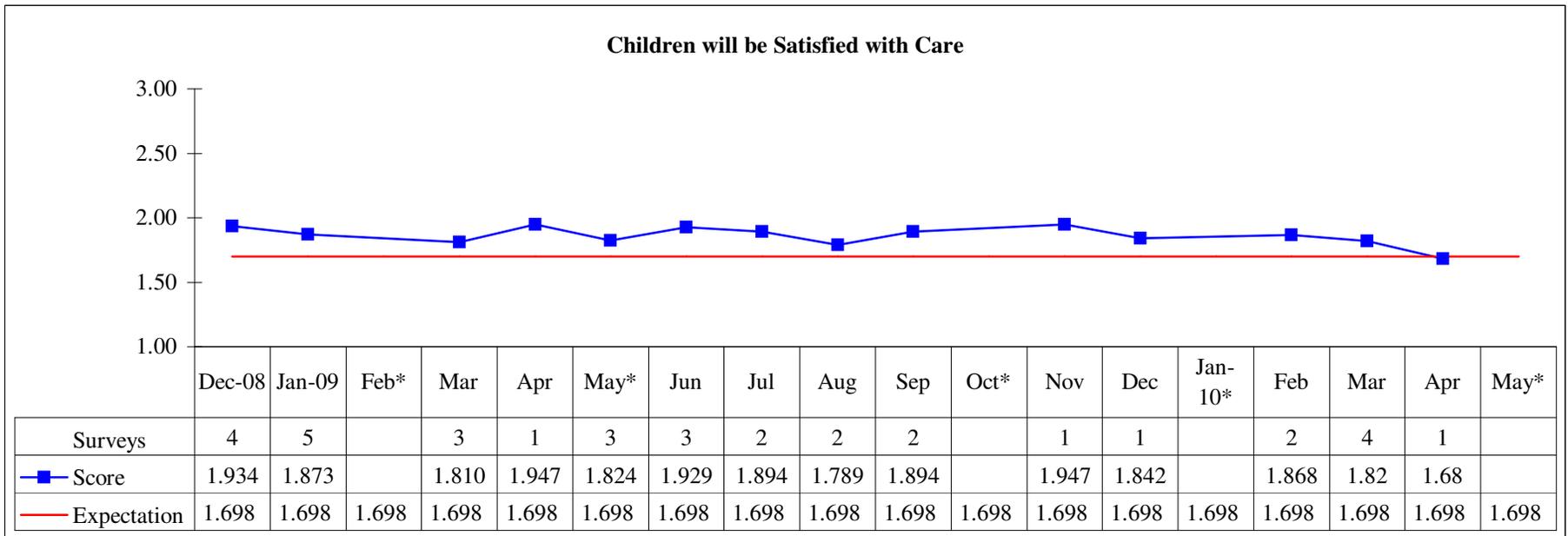
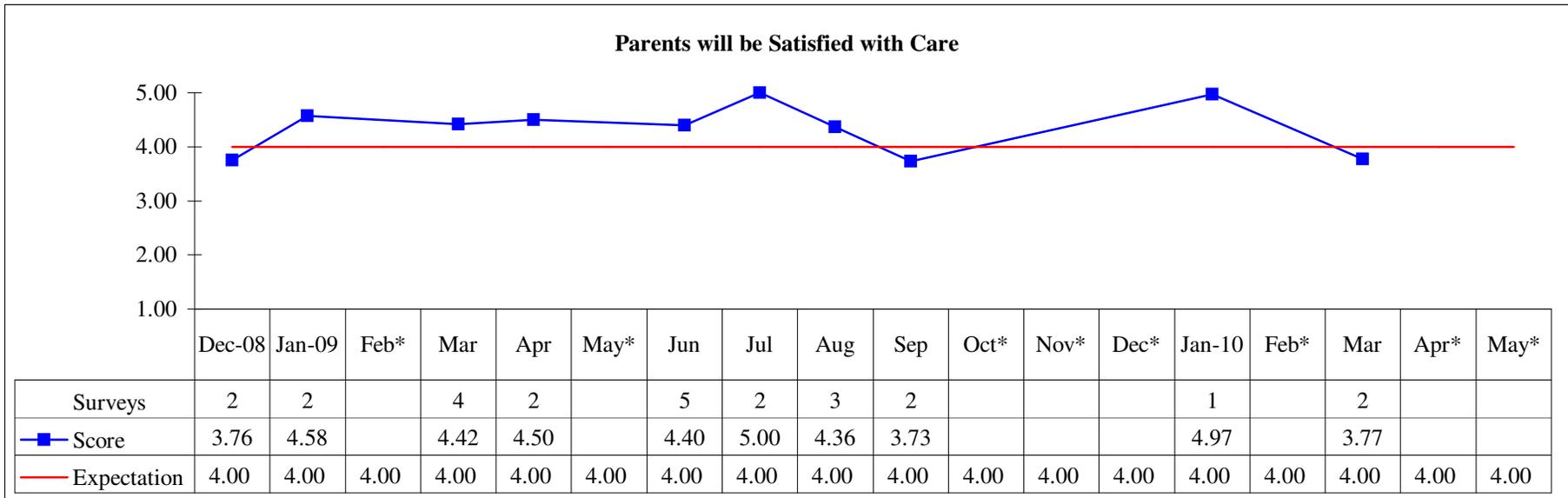
*No surveys submitted

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



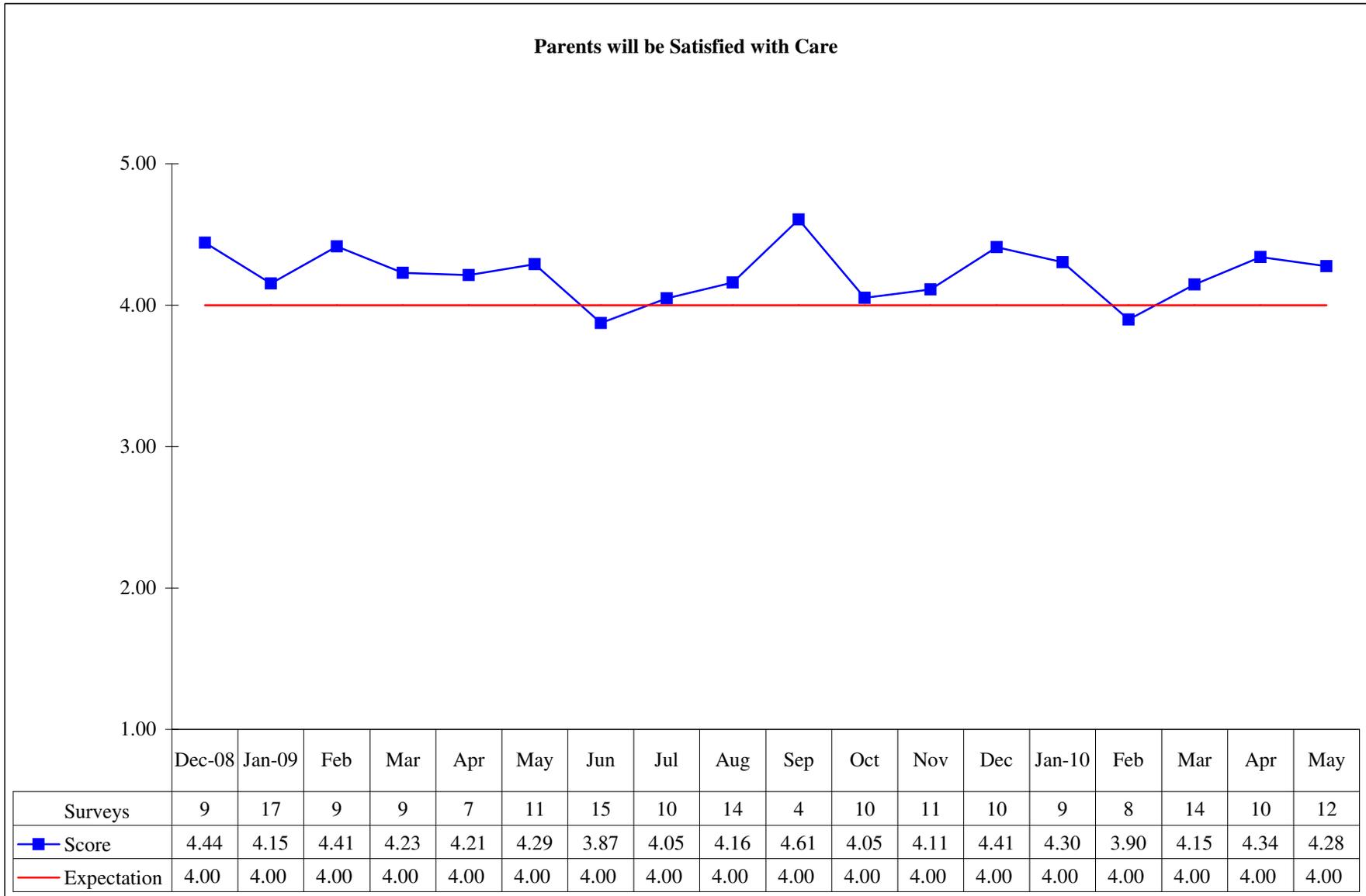
*No surveys submitted
 Source: PSAT

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



*No surveys submitted

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



Performance Objective 9B:

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

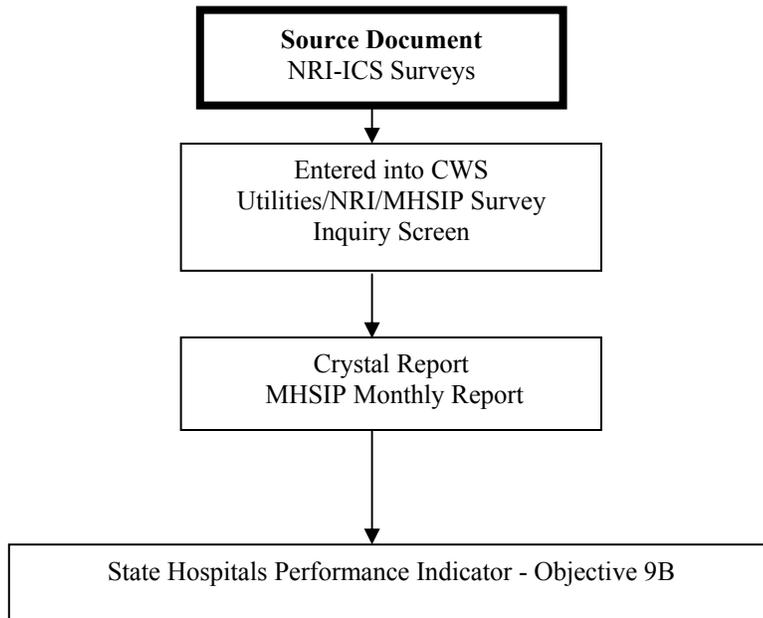
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:

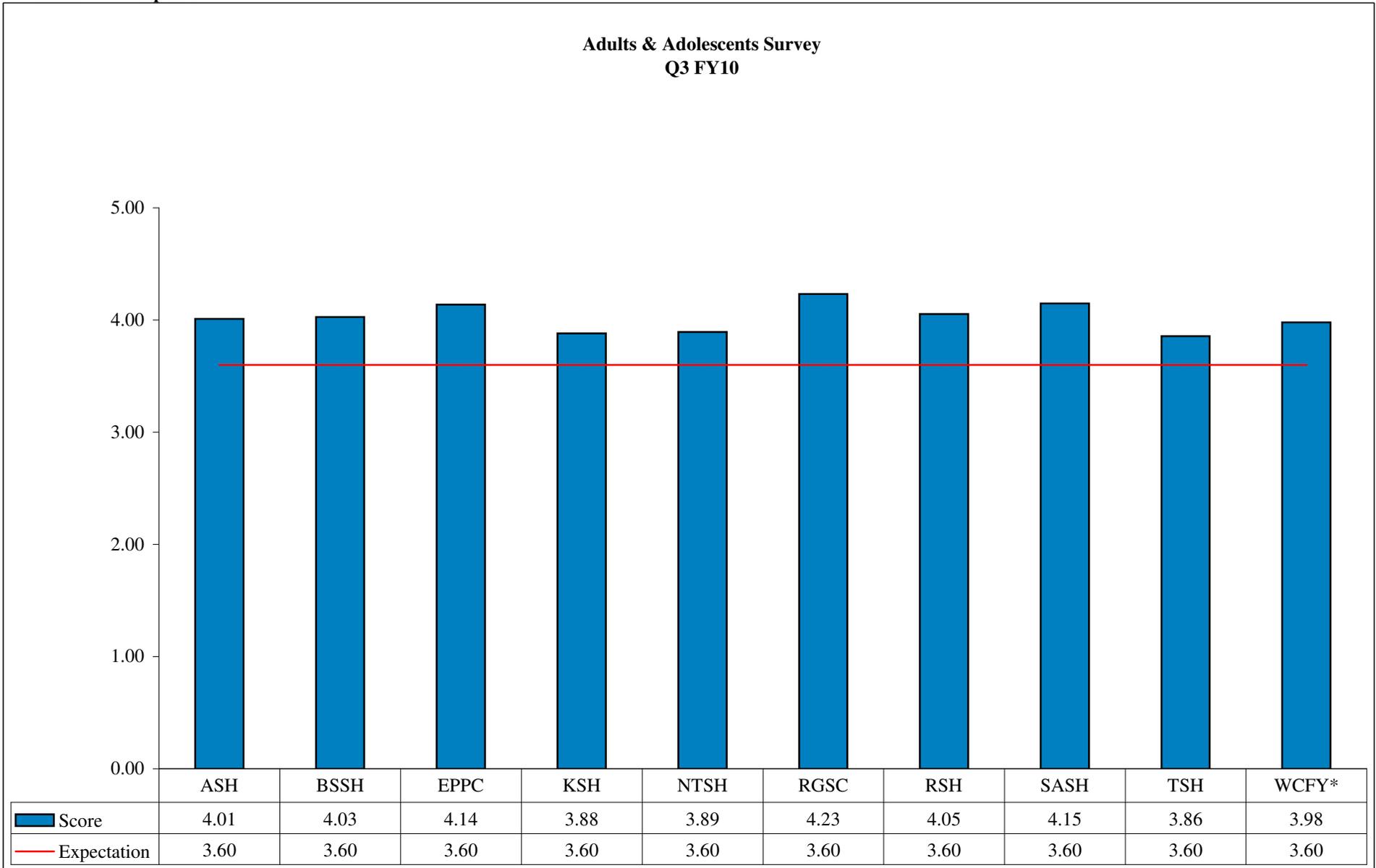


Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals

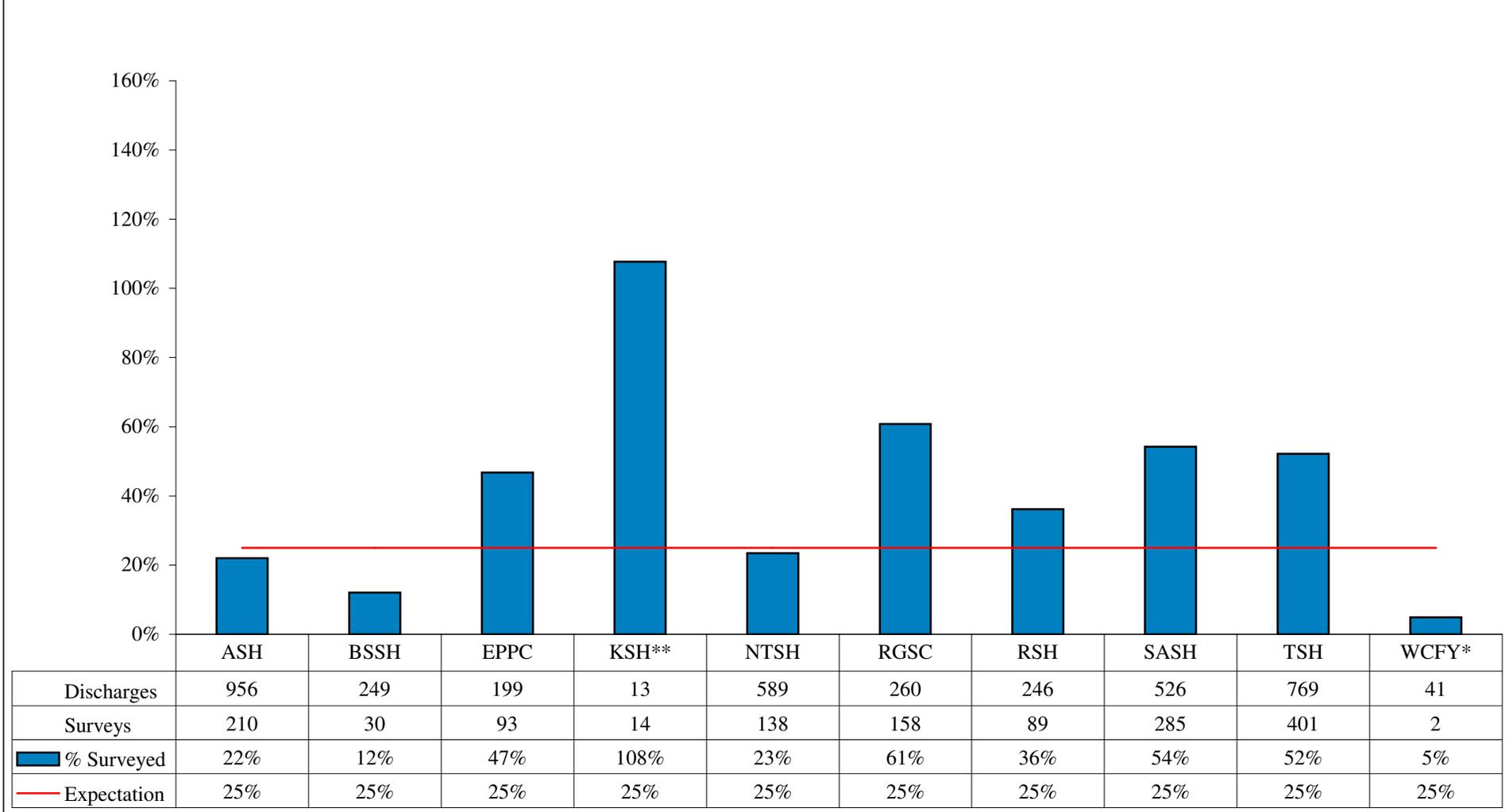
**Adults & Adolescents Survey
Q3 FY10**



*WCFY - Adolescent Surveys Only

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

Percentage of Adult & Adolescent Surveys Completed
Q3 FY10



*WCFY - Adolescent Surveys Only

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

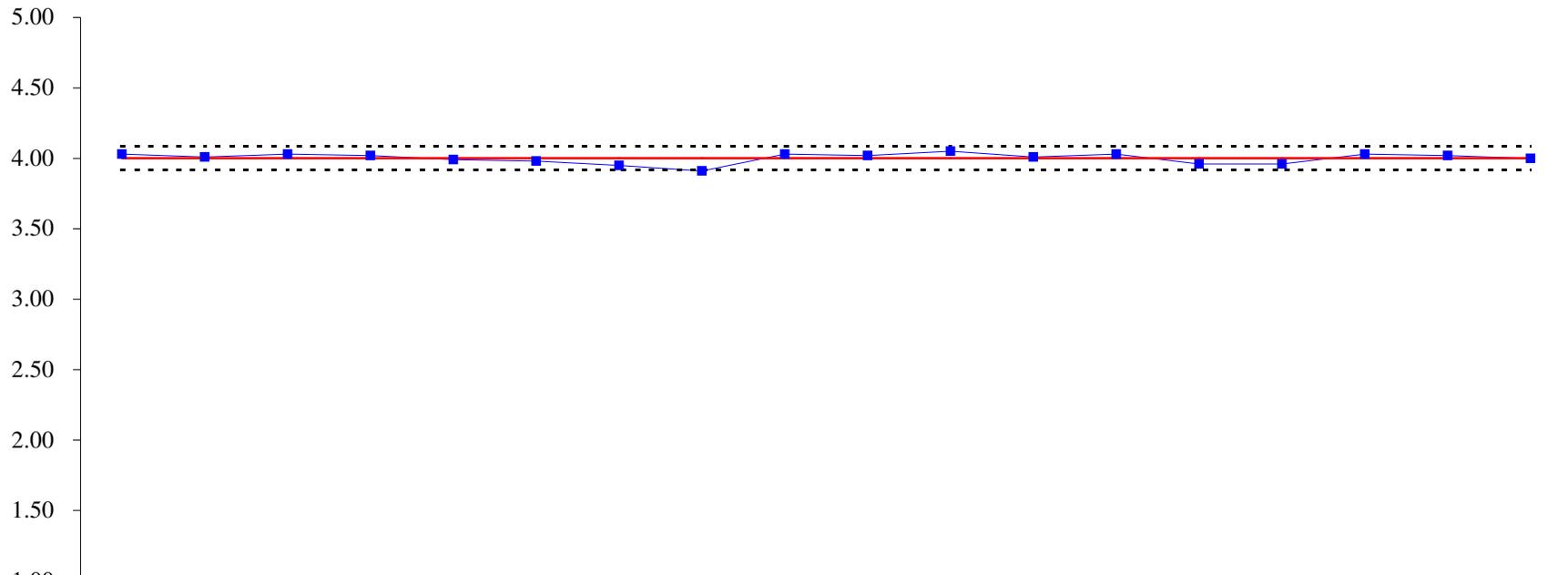
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals

**Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)**



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	4.03	4.01	4.03	4.02	3.99	3.98	3.95	3.91	4.03	4.02	4.05	4.01	4.03	3.96	3.96	4.03	4.02	4.00
Surveys	436	487	400	483	464	416	442	479	372	430	443	321	394	379	378	483	464	473
Discharges	1353	1323	1244	1251	1401	1298	1318	1404	1252	1266	1322	1127	1277	1166	1119	1395	1253	1200
% Sampled	32%	37%	32%	39%	33%	32%	34%	34%	30%	34%	34%	28%	31%	33%	34%	35%	37%	39%
----- UCL	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09
— 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	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92

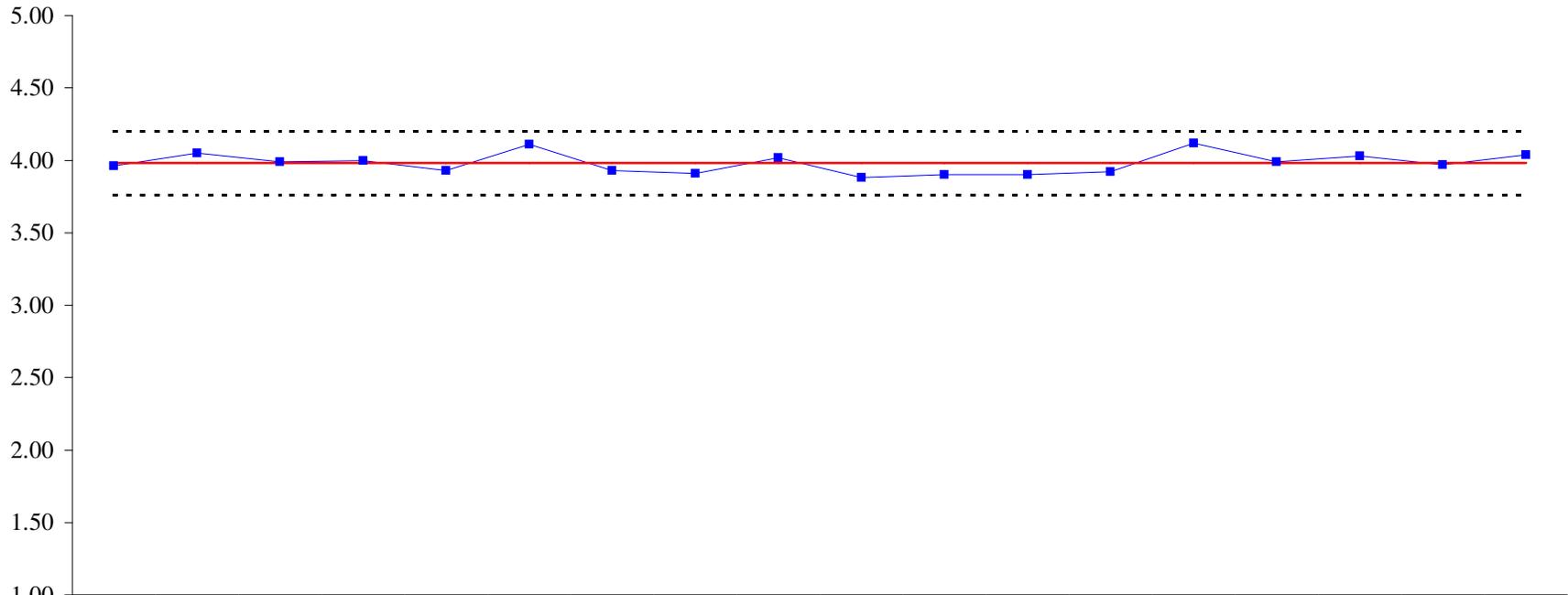
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Austin State Hospital

**Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)**

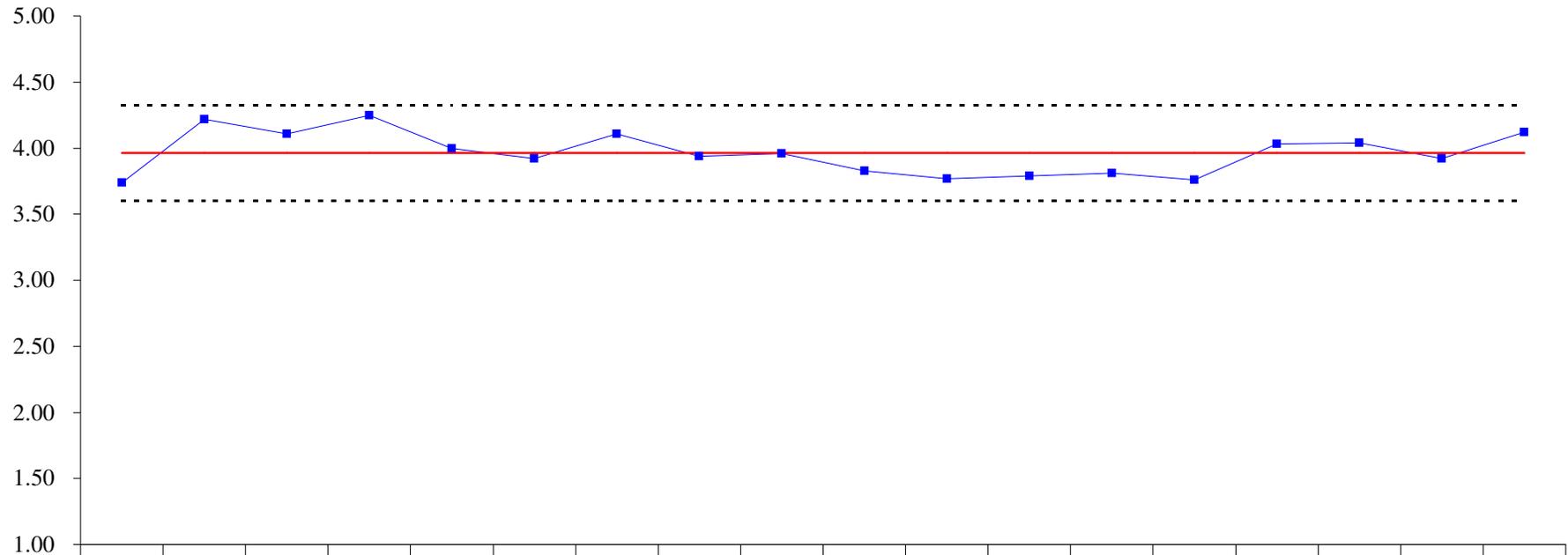


	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	3.96	4.05	3.99	4.00	3.93	4.11	3.93	3.91	4.02	3.88	3.90	3.90	3.92	4.12	3.99	4.03	3.97	4.04
Surveys	68	79	61	67	82	61	81	102	51	59	60	30	70	52	53	75	66	69
Discharges	312	334	295	301	347	314	344	366	312	329	345	320	309	273	287	341	338	277
% Sampled	22%	24%	21%	22%	24%	19%	24%	28%	16%	18%	17%	9%	23%	19%	18%	22%	20%	25%
- - - - - UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
— Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
- - - - - LCL	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76

Source: HC022020;

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

Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	3.74	4.22	4.11	4.25	4.00	3.92	4.11	3.94	3.96	3.83	3.77	3.79	3.81	3.76	4.03	4.04	3.92	4.12
Surveys	10	12	19	25	24	17	24	26	17	38	15	16	12	15	8	12	10	8
Discharges	79	75	75	78	101	82	94	108	94	99	93	84	96	87	61	94	86	69
% Sampled	13%	16%	25%	32%	24%	21%	26%	24%	18%	38%	16%	19%	13%	17%	13%	13%	12%	12%
----- UCL	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
— Avg	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96
----- LCL	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

Source: HC022020;

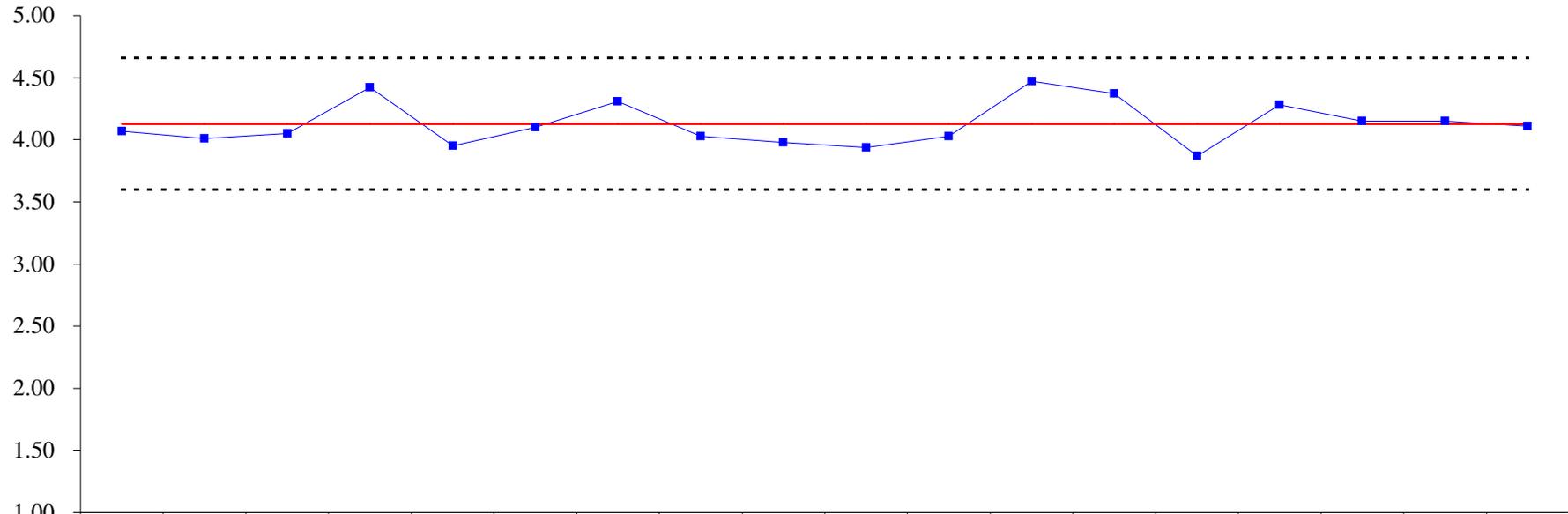
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

El Paso Psychiatric Center

**Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)**

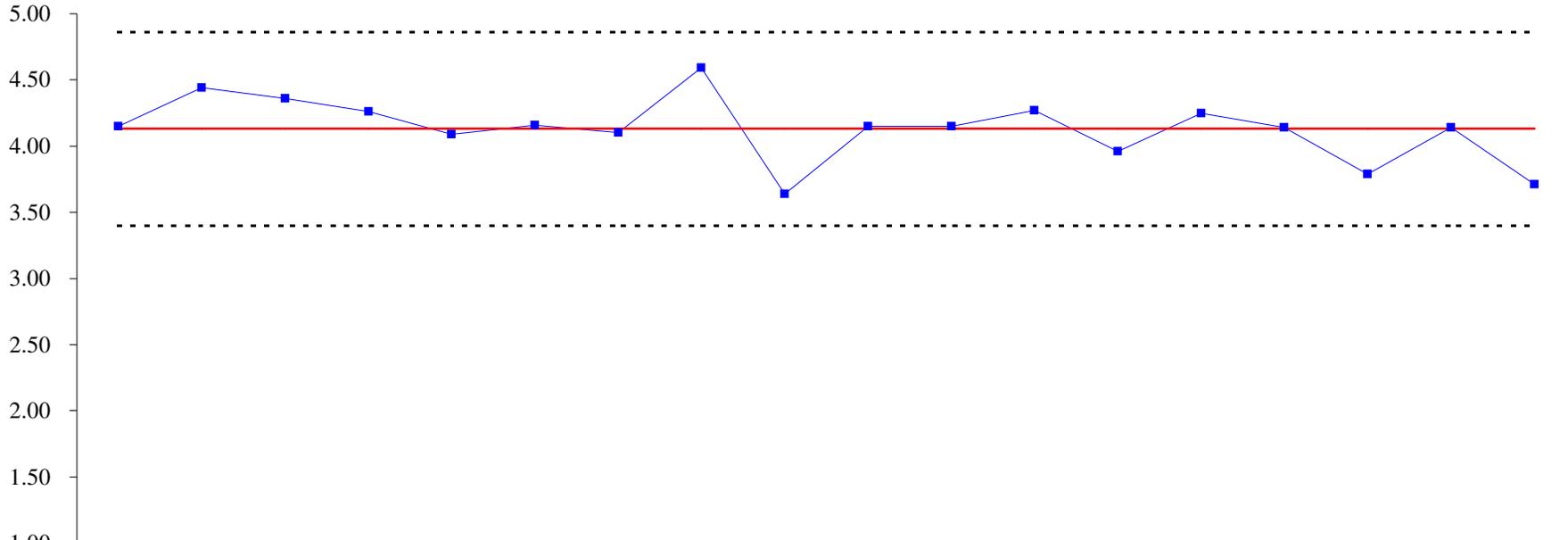


	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Score	4.07	4.01	4.05	4.42	3.95	4.10	4.31	4.03	3.98	3.94	4.03	4.47	4.37	3.87	4.28	4.15	4.15	4.11
Surveys	20	28	23	22	23	27	19	15	15	26	34	26	16	24	20	37	37	19
Discharges	70	66	67	51	55	70	68	67	62	79	78	68	60	60	68	68	69	62
% Sampled	29%	42%	34%	43%	42%	39%	28%	22%	24%	55%	44%	38%	55%	40%	29%	55%	54%	31%
UCL	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66
Avg	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13
LCL	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

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
(FY2010 Expectation is Average Score ≥ 3.60)



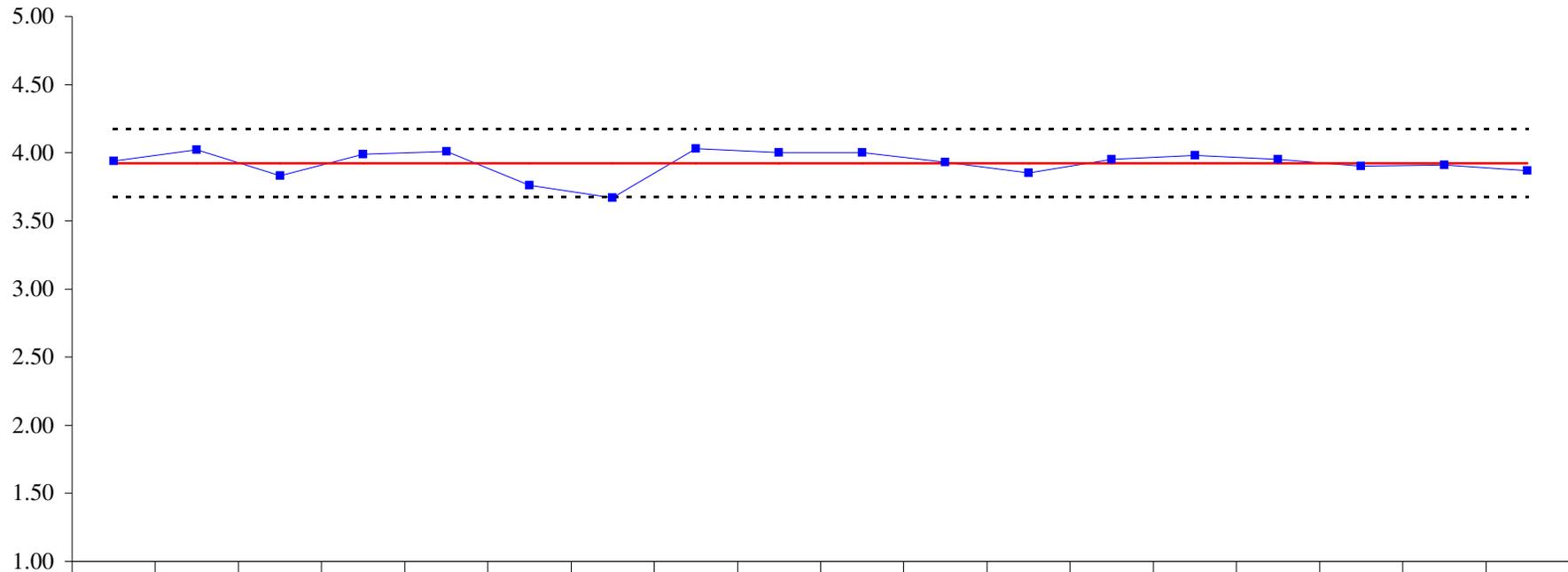
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	4.15	4.44	4.36	4.26	4.09	4.16	4.10	4.59	3.64	4.15	4.15	4.27	3.96	4.25	4.14	3.79	4.14	3.71
Surveys	14	14	20	26	20	16	2	3	2	5	5	3	7	4	6	2	8	4
Discharges	14	24	28	38	35	24	5	3	2	5	5	3	4	1	6	3	5	5
% Sampled	100%	58%	71%	68%	57%	67%	40%	100%	100%	100%	100%	100%	175%	400%	100%	67%	160%	80%
----- UCL	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86	4.86
— Avg	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13
----- LCL	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40	3.40

KSH provides surveys on request and 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
North Texas State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
Score	3.94	4.02	3.83	3.99	4.01	3.76	3.67	4.03	4.00	4.00	3.93	3.85	3.95	3.98	3.95	3.90	3.91	3.87
Surveys	47	50	46	37	56	16	50	53	37	62	49	27	42	34	39	45	48	45
Discharges	189	176	204	197	211	24	207	225	193	185	192	144	189	180	189	202	194	193
% Sampled	25%	28%	23%	19%	27%	67%	24%	24%	19%	34%	26%	19%	22%	19%	21%	22%	25%	23%
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	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
LCL	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67

Source: HC022020;

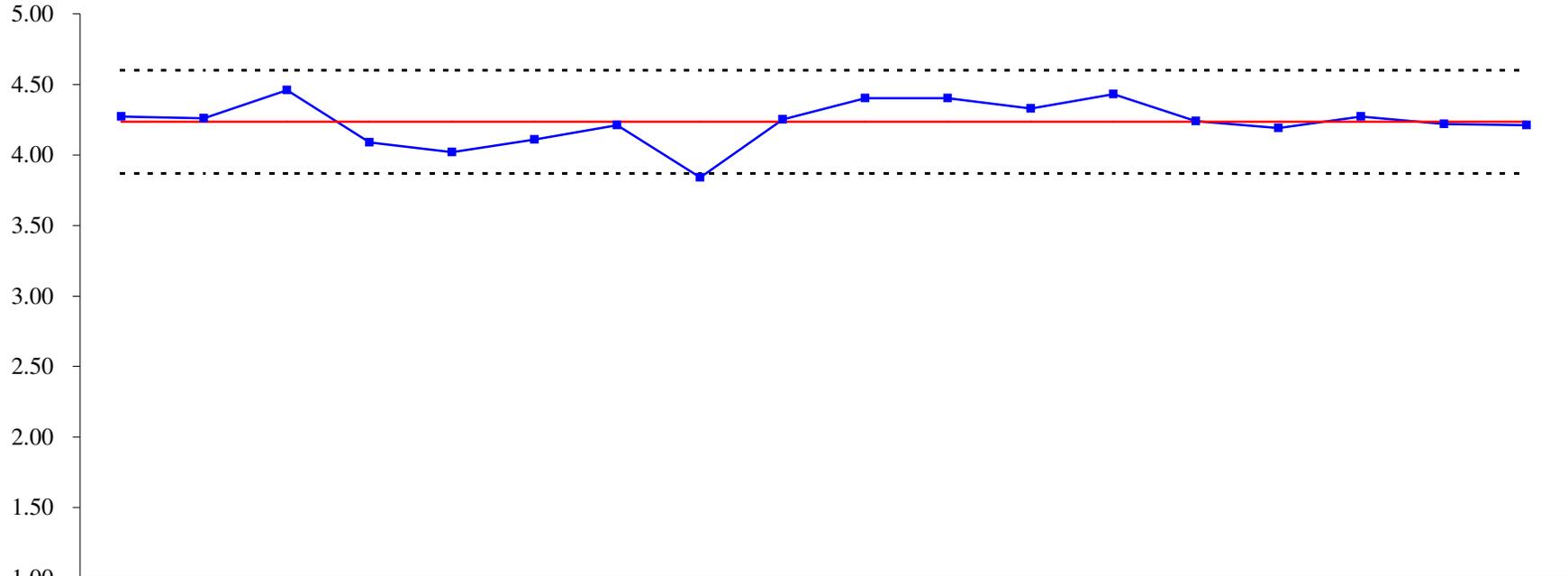
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rio Grande State Center

**Adults & Adolescents will be Satisfied With Care
(FY2010 Expectation is Average Score ≥3.60)**



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	4.27	4.26	4.46	4.09	4.02	4.11	4.21	3.84	4.25	4.40	4.40	4.33	4.43	4.24	4.19	4.27	4.22	4.21
Surveys	40	46	41	45	36	32	34	36	44	30	67	58	51	28	34	50	47	61
Discharges	119	89	71	83	104	106	103	110	94	106	98	95	109	77	61	87	80	93
% Sampled	34%	52%	58%	54%	35%	30%	33%	33%	47%	28%	68%	61%	47%	36%	56%	57%	59%	66%
-----UCL	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60
— Avg	4.23	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
-----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

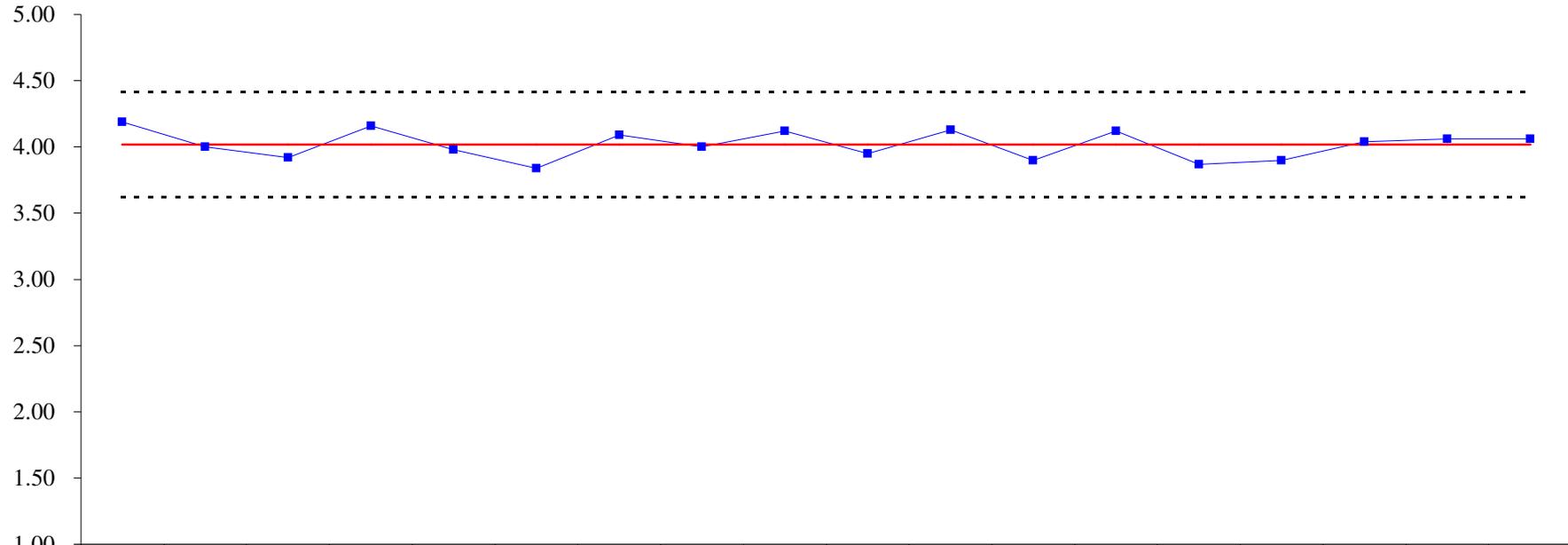
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rusk State Hospital

**Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)**

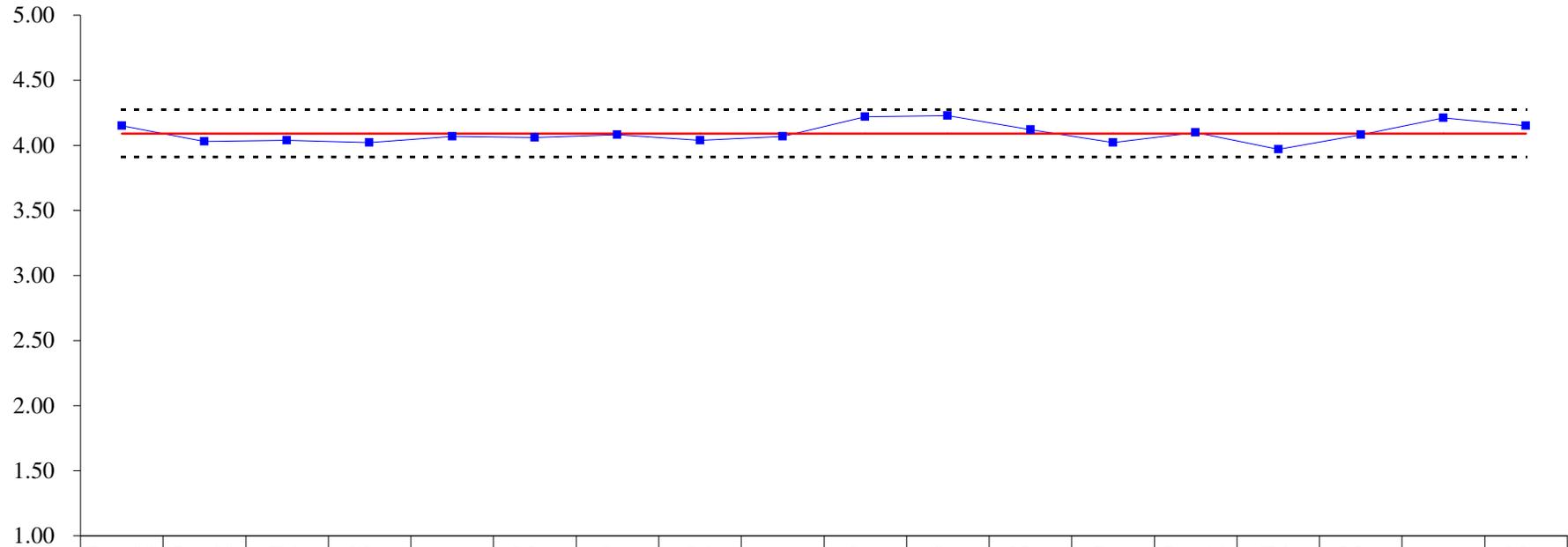


	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	4.19	4.00	3.92	4.16	3.98	3.84	4.09	4.00	4.12	3.95	4.13	3.90	4.12	3.87	3.90	4.04	4.06	4.06
Surveys	39	40	33	42	49	35	32	23	16	32	25	30	36	41	29	42	21	26
Discharges	128	114	92	91	119	86	94	73	67	70	78	68	98	92	58	100	76	70
% Sampled	30%	35%	36%	46%	41%	41%	34%	32%	24%	46%	32%	44%	37%	45%	50%	42%	28%	37%
----- UCL	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41
----- 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	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62

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

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

Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)



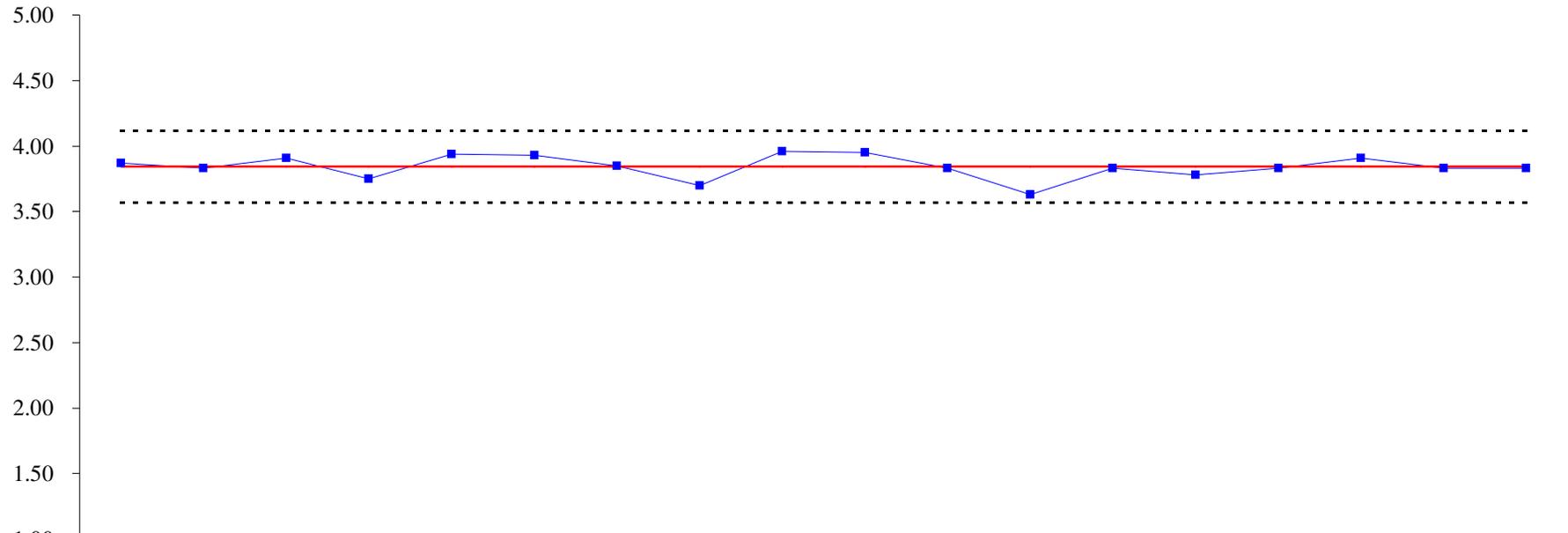
	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	4.15	4.03	4.04	4.02	4.07	4.06	4.08	4.04	4.07	4.22	4.23	4.12	4.02	4.10	3.97	4.08	4.21	4.15
Surveys	94	74	76	96	80	68	68	94	75	75	95	65	82	75	69	99	95	91
Discharges	219	196	209	208	194	167	151	168	175	144	164	128	162	145	143	198	157	171
% Sampled	43%	38%	36%	46%	41%	41%	45%	56%	43%	52%	58%	51%	51%	52%	48%	50%	61%	53%
- - - - - UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
— Avg	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09
- - - - - LCL	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91

Source: HC022020;

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

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

Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May
—■— Score	3.87	3.83	3.91	3.75	3.94	3.93	3.85	3.70	3.96	3.95	3.83	3.63	3.83	3.78	3.83	3.91	3.83	3.83
Surveys	100	137	75	114	93	107	122	127	111	97	91	63	74	103	118	121	130	150
Discharges	208	233	194	193	223	232	234	272	237	239	259	205	237	242	234	286	236	247
% Sampled	48%	59%	39%	59%	42%	46%	52%	47%	47%	41%	35%	31%	31%	43%	50%	42%	55%	61%
- - - - - UCL	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
— Avg	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84
- - - - - LCL	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57

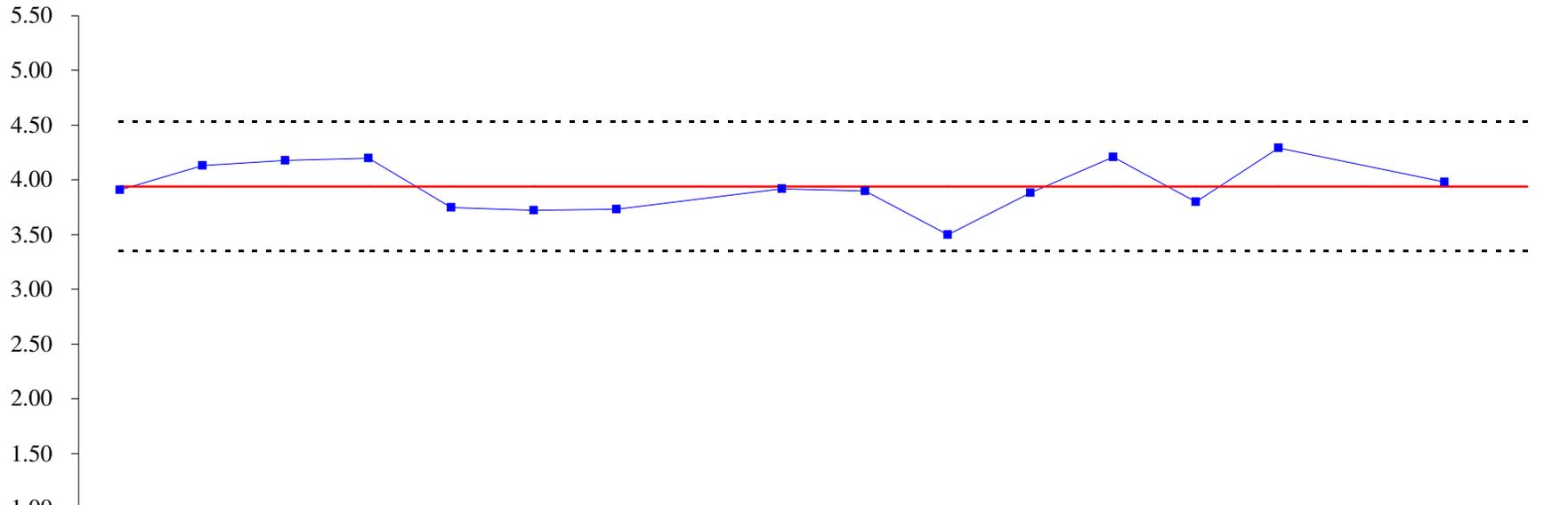
Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Waco Center for Youth

**Adults & Adolescents will be Satisfied with Care
(FY2010 Expectation is Average Score ≥ 3.60)**



	Dec-08	Jan-09	Feb	Mar	Apr	May	Jun	Jul*	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar*	Apr	May*
Score	3.91	4.13	4.18	4.20	3.75	3.72	3.73		3.92	3.90	3.50	3.88	4.21	3.80	4.29		3.98	
Surveys	4	7	6	9	1	3	10	0	4	6	2	3	4	3	2	0	2	0
Discharges	15	16	9	11	12	16	18	12	16	10	10	12	13	9	12	16	12	13
% Sampled	27%	44%	67%	82%	8%	19%	56%	0%	25%	60%	20%	25%	31%	33%	17%	0%	17%	0%
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	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	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35	3.35

*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.

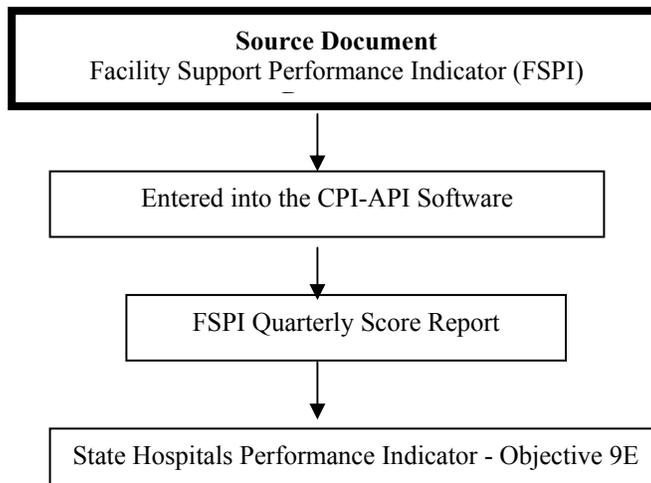
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

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:

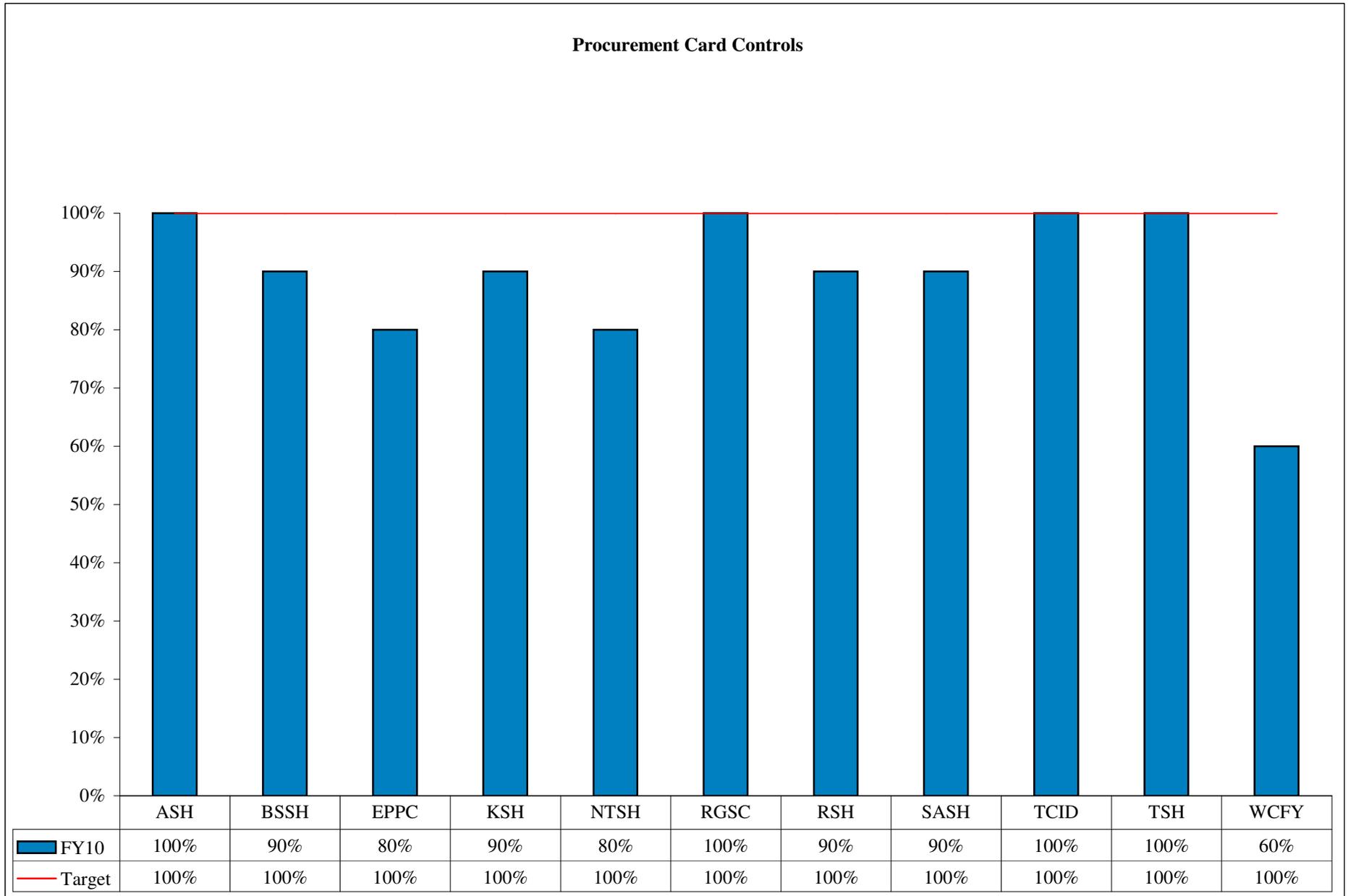


Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2010

	Q1		Q2	Q3	Q4
	Pharmacy Controls	Medication Room Controls	Competency Training & Development	Procurement Card Controls	Plant Maintenance
Compliance Target	100%	100%	100%	100%	100%
State Hospital Totals	97%	96%	93%	89%	
Austin State Hospital	100%	100%	90%	100%	
Big Spring State Hospital	90%	100%	100%	90%	
El Paso Psychiatric Center	100%	100%	90%	80%	
Kerrville State Hospital	95%	100%	80%	90%	
North Texas State Hospital	95%	100%	100%	80%	
Rio Grande State Center	100%	100%	100%	100%	
Rusk State Hospital	100%	100%	90%	90%	
San Antonio State Hospital	95%	89%	90%	90%	
Terrell State Hospital	100%	100%	100%	100%	
Texas Center for Infectious Disease	90%	100%	90%	100%	
Waco Center For Youth	100%	71%	90%	60%	

*CF = Contract Facility

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2010
Procurement Card Controls



GOAL 10: Infection Control

Performance Measure 10A:

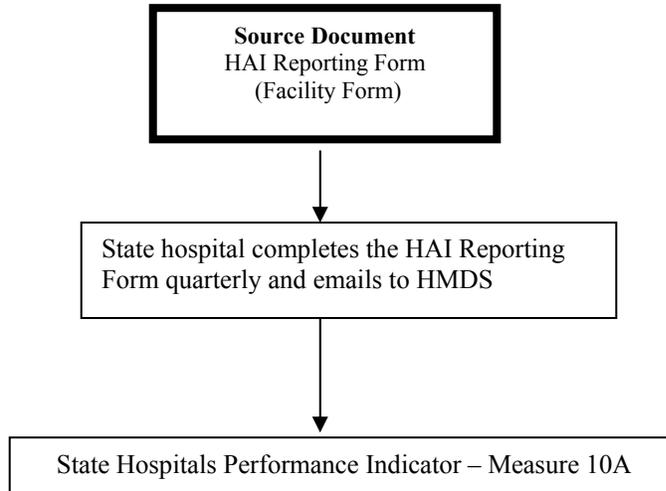
Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

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 - Q3

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	4	3	0	4	11
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	0	0	4	3	3	10
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	1	0	0	0	0	2	3
Systemic Infection	0	0	0	0	0	0	0
Total	1	0	4	7	3	9	24
Rate Per 1,000 Beddays	0.6	0.0	0.4	3.9	1.3	1.1	1.0

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q3

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total	TCID
Urinary Tract Infection	5	7	1	1	6	2	3	14	3	42	0
Surgical Site Infection	0	0	0	1	0	0	0	0	0	1	0
Pneumonia	7	1	0	1	0	0	1	1	0	11	0
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	5	19	1	12	10	0	11	9	5	72	0
Gastrointestinal System Infection	34	2	0	0	1	0	0	5	0	42	3
Lower Respiratory Infection, other than Pneum	3	0	0	0	1	0	1	0	0	5	0
Reproductive Tract Infection	0	2	0	0	0	0	0	3	0	5	0
Skin and Soft Tissue Infection	7	5	3	8	0	0	7	12	3	45	1
Systemic Infection	0	0	0	1	0	0	0	0	0	1	0
Total	61	36	5	24	18	2	23	44	11	224	4
Rate Per 1,000 Beddays	3.9	2.8	1.0	3.1	0.4	0.6	0.9	3.0	0.5	1.4	1.2

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q3

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	0	0	0	0	0	0	1	11	1	13
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	2	0	0	0	6	0	8
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	0	1	1	0	0	0	1	0	3
Gastrointestinal System Infection	0	0	0	1	0	0	0	0	0	1
Lower Respiratory Infection, other than Pneu	0	0	0	0	0	0	2	0	0	2
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	0	0	1	0	0	0	7	1	9
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	5	0	0	3	25	2	36
Rate Per 1,000 Beddays	0.0	0.0	17.9	3.2	0.0	0.0	4.4	8.6	2.1	4.2

Texas Center for Infectious Disease (TCID) Data Sheet

FY09

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	37	37	37	33	36
O 2A	Number of Abuse/Neglect Allegations	0	3	0	1	4
O 3A	Number of Patients Restrained	0	0	0	0	0
O 4A	Number of Medication Errors	13	9	5	3	30
O 4A	Number of Medication Errors that Received the Patient	11	7	4	3	25
M 5A	Number of New Patients to System	25	13	17	17	72
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	0
M 6A	Facility Healthcare Associated Infection Rates	1	3	9	0	13
M 6B	Number of Patient Injuries	7	15	2	1	25
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	9	10	14	10	43

FY10

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	32	33	37		32
O 2A	Number of Abuse/Neglect Allegations	0	0	0		0
O 3A	Number of Patients Restrained	0	0	0		0
O 4B	Number of Medication Errors	5	13	7		25
O 4B	Number of Medication Errors that Received the Patient	4	12	4		20
M 5A	Number of New Patients to System	18	16	21		55
O 6D	Number of Patient Injuries during Restraint	0	0	0		0
M 6A	Number of Patient Injuries	1	3	6		10
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	11	9	12		32
M 10A	Facility Healthcare Associated Infection	4	4	4		12

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?

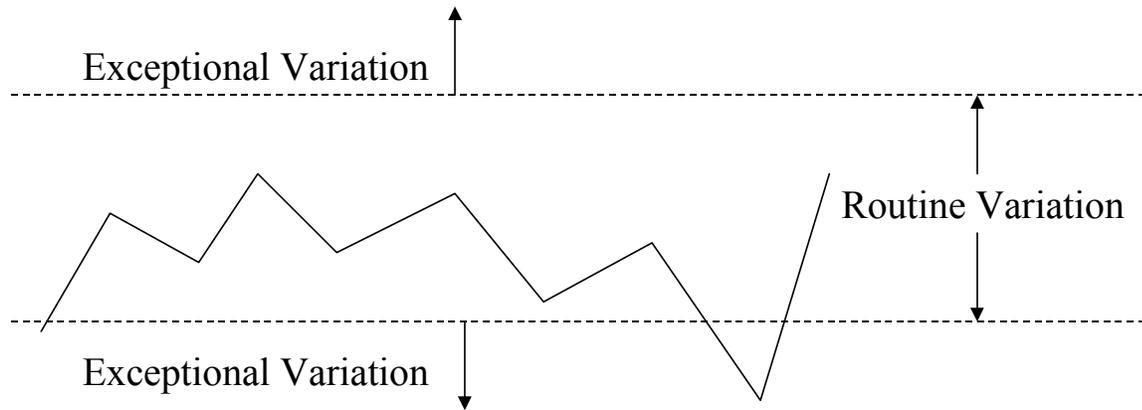
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

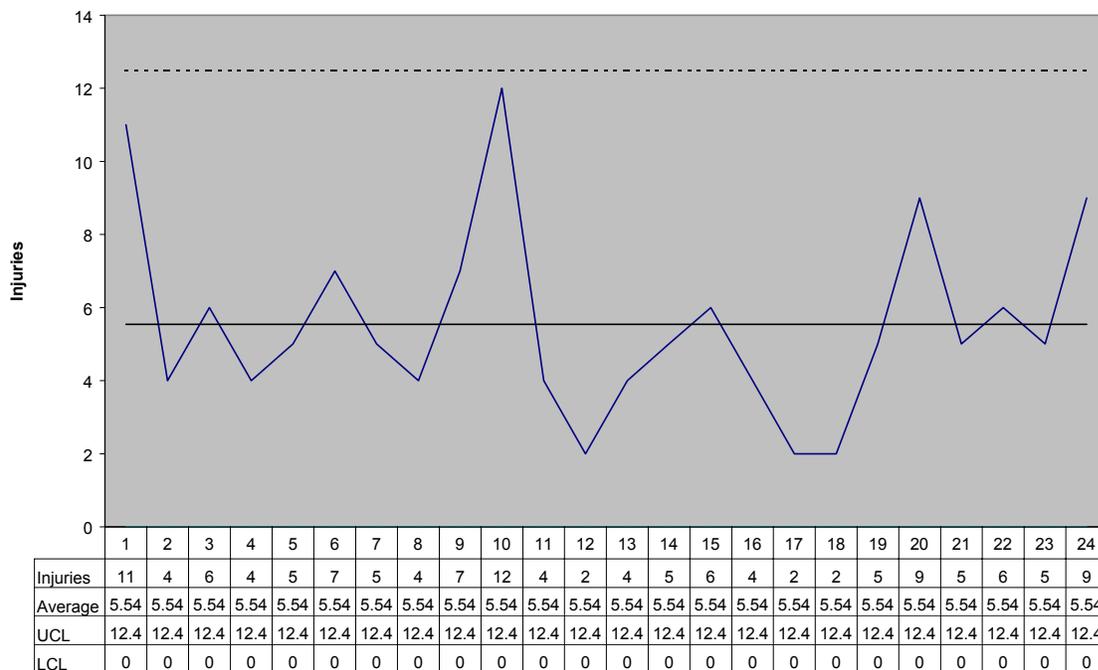
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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