

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

Statewide Performance Indicators
3rd Quarter FY 2008

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THE MISSION OF TEXAS STATE GOVERNMENT

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

HHS SYSTEM MISSION

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

HHS SYSTEM PHILOSOPHY

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

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

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

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

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

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

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

Promote and protect good health:

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

Achieve economic self-sufficiency:

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

Ensure safety and dignity:

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

HEALTH AND HUMAN SERVICES COMMISSION

VISION

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

MISSION

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

HEALTH AND HUMAN SERVICES

OVERVIEW

The enactment of House Bill 2292 (H.B. 2292), 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).

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

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

MISSION

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

DSHS SCOPE

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

DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

VISION

Sound mind, sound body for all Texans.

MISSION

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

DSHS STATE HOSPITALS SECTION

VISION

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

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

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

STATE HOSPITALS SECTION

FY2008 MANAGEMENT PLAN

The State Hospitals Section FY 2008 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

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

PERFORMANCE MEASURES:

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

REQUIRED REPORTING TO GOVERNING BODY:

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

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

HEALTH & HUMAN SERVICES COMMISSION DEPARTMENT

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

STATE HOSPITALS SECTION

GOALS AND PERFORMANCE OBJECTIVES AND MEASURES

GOAL 1

PROVIDE LEADERSHIP:

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

Performance Objectives:

Key Functions

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

- B. STATE HOSPITALS WILL MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, INSTITUTE OF MENTAL DISEASES (IMD) CERTIFICATION AND INTERMEDIATE CARE FACILITY-MENTAL RETARDATION (ICF/MR) CERTIFICATION (where appropriate) DURING FY 2008. B1

- C. FY 2008 REVENUE TARGETS FOR MEDICARE, TEXAS HEALTH STEPS, INSTITUTE FOR MENTAL DISEASES (IMD), AND PRIVATE SOURCE FUNDS WILL BE MET BY EACH STATE HOSPITAL, SO AS, TO SATISFY SPECIFIC METHODS OF FINANCE. B1

- D. The State Hospitals Section will update the Funding Methodology which identifies the relationship between the State Mental Health Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2008. **B1**
- E. **EACH STATE HOSPITAL INPATIENT SERVICES WILL OPERATE A PROJECTED GENERAL REVENUE AVERAGE DAILY CENSUS (ADC) AND THIRD PARTY ADC WITHIN THE FUNDS THAT ARE ALLOCATED AND PROJECTED.** **B1**
- F. The State Hospitals FY09 Governing Body Bylaws Template will be revised and approved by August 1, 2008. **B1**
- G. **Each State Hospital will analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually to the Governing Body.** **B1**
- H. State Hospitals Section will work with DSHS and DADS to develop a funding methodology for patients admitted on consignment from the state school system. **B1**
- I. **Each State Hospital will develop a plan to monitor patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit. The plan shall include the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.** **B1**
- J. The Forensic Committee will review and update the “Forensic Standards and Curriculum Workgroup Final Report and Recommendations” as needed. **B1**
- K. The Forensic Committee will review the new forensic performance indicators and report findings to the Executive Committee of the Governing Body. **B1**

Performance Measures:

Key Functions

- A. **AVERAGE COST PER PATIENT SERVED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** **B1**
- B. **AVERAGE COST PER OCCUPIED BED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** **B1**
- C. **AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** **B1**
- D. **NUMBER OF INPATIENT DAYS AT TCID WILL BE CALCULATED AND REPORTED.** **B1**

- E. **Texas Center for Infectious Disease (TCID) and Rio Grande State Center/ South Texas Healthcare System (RGSC/STHCS) average cost of outpatient visits will be calculated and reported to the Governing Body. B1**
- F. **Texas Center for Infectious Disease (TCID) contract cost will be calculated and reported to the Governing Body. B1**

GOAL 2

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

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

Performance Objectives:

Key Functions

- A. **STATE HOSPITALS WILL DEMONSTRATE A DOWNWARD TREND OF CONFIRMED ALLEGATIONS OF ABUSE OR NEGLECT. A1**
- B. **Each State Hospital will report the findings of all Medicare and Joint Commission complaint visits/contacts. Plans of correction for substantiated complaints will be evaluated by the Clinical Performance Indicator Committee (CPIC) to identify system issues and/or opportunities for system improvements. A1**
- C. **EACH STATE HOSPITAL WILL ANALYZE PATIENT COMPLAINTS. A1**
- D. **The COC will review best practices concerning the recovery model and peer support services and recommend a strategy for implementation in the state hospital system by May 1, 2008.**

GOAL 3

PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT:

The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's local health authority, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the

information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.

Performance Objectives:

Key Functions

- A. **EACH STATE HOSPITAL WILL DEMONSTRATE A DOWNWARD TREND IN THE USE OF RESTRAINTS AND/OR SECLUSION.** A1,A2
- B. **THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT WILL BE UTILIZED TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.** A2
- C. **Each State Hospital will implement the plan described in the State Hospitals Section "Guidelines for Managing Obesity and Blood Glucose Levels" for individuals receiving new generation antipsychotic medications and report plan progress to the Governing Body.** A2
- D. **Body Mass Index (BMI) will be calculated on all individuals receiving new generation antipsychotic medication at the time of admission, monthly for the first six months, quarterly when the dose is stable and again at discharge.** A2
- E. **PATIENTS WILL BE TREATED IN ACCORDANCE WITH TIMA GUIDELINES AS MEASURED BY:**
- **ASSIGNMENT OF THE APPROPRIATE ALGORITHM AS MEASURED BY MATCHING DIAGNOSIS TO ALGORITHM AT THE TIME OF DISCHARGE.**
 - **USE OF TIMA RATING SCALES AS MEASURED BY PERCENT OF PATIENTS WITH SCORES FROM 2 OR MORE DIFFERENT DATES. (This report will be pulled from CWS).** A2, A4
- F. **Reassessment of the implementation and utilization of TIMA will be completed by the Psychiatric Advisor to the State Hospitals and the new Behavior Health Medical Director by January 1, 2008.** A2
- G. **A new reporting methodology for treatment outcomes will be implemented by September 30, 2007. (Replace BRPS and TIMA)** A2

- H. Each State Hospital will report to the Governing Body initiatives related to promoting patient wellness and healthy lifestyle. A2

Performance Measures:

Key Functions

A. GLOBAL ASSESSMENT OF FUNCTIONS (GAF):

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

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

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

C. TCID will report to the Governing Body:

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

GOAL 4

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

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

Performance Objectives:

Key Functions

- A. EACH STATE HOSPITAL WILL IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS. A4
- B. Each State Hospital will evaluate their medication management systems and report annually to the Governing Body. A4

Performance Measures:

Key Functions

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

GOAL 5

ASSURE CONTINUUM OF CARE:

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

Performance Objectives:

Key Functions

- A. **All dually diagnosed patients with mental illness and mental retardation in State Mental Health Hospitals will be discharged or transferred within 30 days of being placed on the “Patients Determined to No Longer be in Need of Inpatient Hospitalization” list.** A3
- B. **Each State Mental Health Hospital will maintain a current Utilization Management Agreement with their Local Mental Health Authorities.** A3
- C. **At the end of each quarter, patients having been in the State Mental Health Hospital over 365 days, will be identified by four categories:**
 - 1. **Need continued hospitalization, (civil/forensic);**
 - 2. **Accepted for placement;**
 - 3. **Barrier to placement, and;**
 - 4. **Criminal court involvement.**

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

Performance Measures:

Key Functions

- A. NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM WILL BE CALCULATED AND REPORTED FOR EACH HOSPITAL. A3
- B. PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY WILL BE CALCULATED.
- 7 days or less,
 - 8 to 30 days,
 - 31 to 90 days,
 - greater than 90 days
- A3
- C. TCID WILL REPORT:
- NUMBER OF ADMISSIONS
 - AVERAGE LENGTH OF STAY
 - NUMBER OF OUTPATIENT ADMISSIONS
 - NUMBER OF DISCHARGES BY CATEGORIES
 - TUBERCULOSES
 - MULTI-DRUG RELATED TUBERCULOSES (MDRTB)
 - EXTENSIVELY DRUG RESISTANT TUBERCULOSIS (XDRTB)
- A3
- D. AVERAGE LENGTH OF STAY IN THE HOSPITAL WILL BE CALCULATED ON A QUARTERLY BASIS FOR THOSE PATIENTS:
- ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND,
 - ALL DISCHARGES
- A3

GOAL 6

IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM:

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

Performance Objectives:

Key Functions

- A. Each State Hospital will maintain a prioritized budget list to address needed environmental and physical plant improvements but for which no centralized designated funds have been allocated. B4

- B. STATE HOSPITALS WILL MANAGE WORKERS' COMPENSATION CLAIM EXPENSES SO THAT AN INDIVIDUAL HOSPITAL'S TOTAL FY2008 CLAIMS EXPENSE WILL BE AT OR BELOW THE DOLLAR TARGET AMOUNT ESTABLISHED FOR THAT HOSPITAL. B4**
- C. EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WILL NOT EXCEED 0.85 PER 1000 BED DAYS. B4**
- D. THE RATE OF PATIENT INJURIES IN MENTAL HEALTH HOSPITALS RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WILL NOT EXCEED 0.45 PER 1000 BED DAYS FOR FY2008. B4**
- E. EMPLOYEES IN MENTAL HEALTH HOSPITALS INJURED DURING RESTRAINT OR SECLUSION WILL NOT EXCEED 0.85 PER 1000 BED DAYS ACROSS ALL MENTAL HEALTH HOSPITALS FOR FY2008. B4**
- F. THE RATE OF UNAUTHORIZED DEPARTURES WILL NOT EXCEED 0.36 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS DURING FY2008. B4**
- G. CALCULATE AND BENCHMARK FALL DATA WITHIN AND ACROSS STATE HOSPITALS AS FOLLOWS:**
- RATE OF FALLS FOR ALL FALLS REPORTED ON CLIENT INJURY REPORT.**
 - RATE OF FALLS INJURIES FOR ALL FALLS INJURIES REPORTED ON CLIENT INJURY REPORT. B4**
- H. According to the National Patient Safety Goal 2C, each state hospital will measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values. B4**

Performance Measures:

Key Functions

- A. HOSPITAL INFECTION CONTROL PROFESSIONALS (ICPS) WILL COLLECT AND COMPARE DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES. B4**

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

- Age 0 – 17
- Age 18 – 64
- Age 65 – older **B4**

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

- Age 18 – 39
- Age 40 – 64
- Age 65 – older **B4**

D. Each hospital will collect and maintain data on employee compliance with influenza immunization, to include the percentage of employees currently immunized and the percentage of those who have signed declination at monthly intervals during the influenza season. **B4**

E. Hospitals will monitor the rate of pneumococcal and influenza immunization for those patients identified as high risk. **B4**

GOAL 7

OBTAIN, MANAGE AND USE INFORMATION:

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

Performance Objectives:

Key Functions

- A. CPIC will review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY08. **B2**
- B. Hospital Information Management Committee (HIMC) will review and renew Health and Human Services Commission (HHSC) Information Technology (IT) Service Level Agreements (SLA), no later than August 31, 2008. **B2**

- C. HIMC will review and renew Department of State Health Services (DSHS) IT Service Level Agreements, no later than August 31, 2008. **B2**
- D. HIMC will monitor WORx functionality through the HHSC and DSHS SLAs and report to the Executive Committee of the Governing Body. **B2**
- E. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than November 30, 2007. **B2**
- F. HIMC will ensure timely completion of RAD Plus 2006 Upgrade through the HHSC and DSHS SLAs and report to the Executive Committee of the Governing Body. **B2**
- G. HIMC will establish timeframes and monitor progress of Avatar PM at TCID through the HHSC and DSHS IT SLAs and report to the Executive Committee of the Governing Body. **B2**
- H. HIMC will establish timeframes and monitor progress of CWS at TCID through the HHSC and DSHS IT SLAs and report to the Executive Committee of the Governing Body. **B2**
- I. **State Hospitals will monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50 percent of the average monthly discharges. These data are trended and performance improvement initiatives are taken as appropriate.** **B2**
- J. **Each hospital will analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency and report annually to the Governing Body.** **B2**
- K. The Information Management Committee (IMC) will monitor CRS downtime and report to the Executive Committee of the Governing Body. **B2**
- L. State Hospitals Section, in conjunction with IT Operations and DSHS Legal Services will develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc. **B2**
- M. State Mental Hospitals Forensic Committee will develop specialized forensic evaluations/reports in CWS (e.g., competency evaluation, dangerousness risk assessment, etc.) and report to the Executive Committee of the Governing Body. **B2**

GOAL 8

ASSURE A COMPETENT WORKFORCE:

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

Performance Objectives:

Key Functions

- A. **95 PERCENT OF ALL STAFF WILL BE CURRENT WITH CORE AND SPECIALTY TRAINING AT ALL TIMES.** **B3**
- B. State Hospitals Section will request HHSC to provide all hospitals with a report on the status of performance evaluations. **B3**

Performance Measures:

Key Functions

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

GOAL 9

IMPROVE ORGANIZATIONAL PERFORMANCE:

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

Performance Objectives:

Key Function

- A. **CHILDREN AND PARENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE WILL BE SATISFIED WITH THE TREATMENT AND SAFE MILIEU PROVIDED IN STATE MENTAL HEALTH HOSPITALS BY ACHIEVING THE FOLLOWING AVERAGE RESPONSE ON THE PATIENT SATISFACTION SURVEYS (PSAT):**
- **AN AVERAGE SCORE OF “4” ON THE PARENT SATISFACTION SURVEY,**
 - **AN AVERAGE SCORE OF “1.7” ON THE CHILDREN SATISFACTION SURVEY.** **B6**
- B. **ADULTS AND ADOLESCENTS WILL BE SATISFIED WITH THEIR CARE AT STATE MENTAL HEALTH HOSPITALS AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF 3.60 ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).** **B6**
- C. Hospitals will monitor and evaluate the Joint Commission areas related to Medication management, environment of care and the national patient safety goals, through the clinical performance improvement process. The aggregate information will be collected through and evaluated by the Clinical Performance Improvement Committee (CPIC) and reported to the Executive Committee of the Governing Body. **B6**
- D. **Hospitals will do a minimum of one patient tracer for each treatment team. Data is collected by using tracer methodology to follow the care that individual patients receive and to evaluate patient care processes. Aggregate information will be collected and evaluated by CPIC and reported to the Executive Committee of the Governing Body.** **B6**
- E. CPIC will evaluate the FY2008 CPI Plan by June 2008 and incorporate recommendations into the CPI Plan for FY2009. **B6**
- F. **REGULARLY SCHEDULED ASSESSMENTS WILL BE CONDUCTED USING ESTABLISHED CRITERIA AND IMPROVEMENT OPPORTUNITIES IDENTIFIED BY EACH STATE HOSPITAL ON THE FACILITY SUPPORT PERFORMANCE INDICATORS (FSPI).** **B6**

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

Outcome Measures:

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

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

Output Measures:

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

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

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

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

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

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

Efficiency Measures:

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

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

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

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

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

Explanatory Measures:

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

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

↓

GOAL 1: Provide Leadership

Performance Objective 1A:

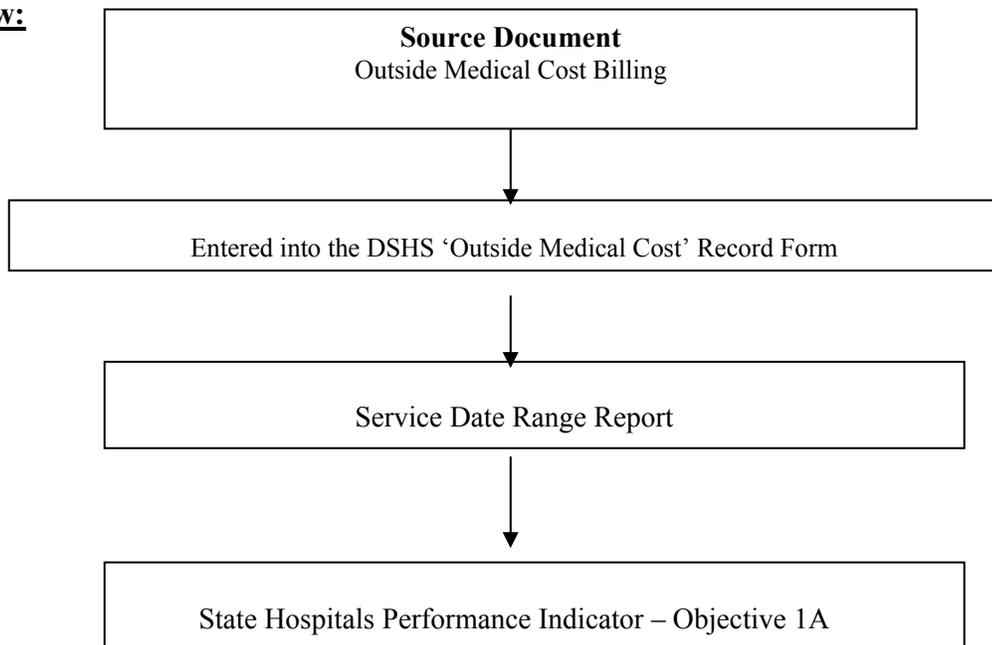
Each state hospital will monitor outside medical costs for civil and forensic patients using the outside medical cost web database and report findings to the governing body.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

Outside Medical Cost - FY 2008

Data Not Available

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

Performance Objective 1B:

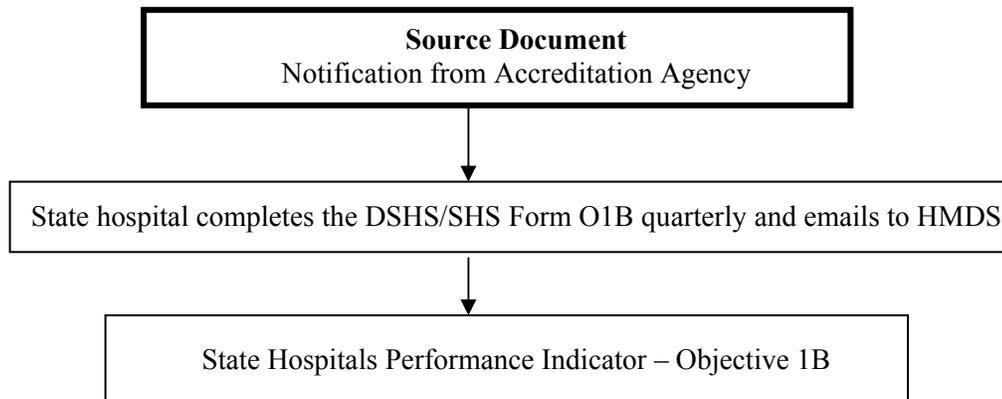
State hospitals will maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2008.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



**Objective 1B - Maintain Accreditation and Certifications
(As of May 31, 2008)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Jul-06	Mar-06	Nov-06	Oct-06	Feb-07	Mar-05	Jan-07	Apr-07	Apr-07	Dec-06	Jul-07
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY08	0	0	0	0	0	0	0	0	0	0	1
Medicare Certification											
No. certified beds:	201	156	23	48	100	27	172	208	94	72	N/A
No. of Complaint Visits for Q3	0	0	0	0	0	0	1	0	0	0	N/A
No. of Complaint Visits for FY	1	0	0	0	0	0	1	0	1	0	N/A
Date of CMS On-Site Survey		Jan-02		Feb-07	Sep-07	May-08		Jan-06	Mar-08		
Date of last IMD Review:	Apr-08	Jul-07	N/A	Dec-07	Aug-06	N/A	Oct-07	Oct-07	May-08	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-07
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-07	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

Performance Objective 1C:

FY2008 revenue targets for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds will be met by each state hospital, so as, to satisfy specific methods of finance.

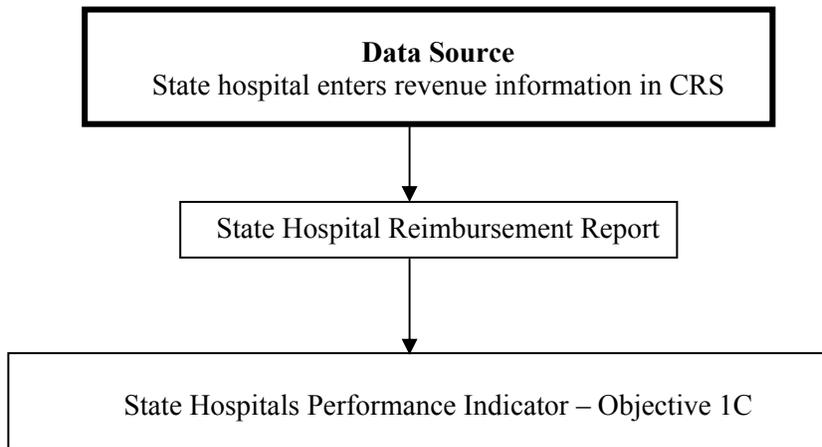
Performance Objective Operational Definition: The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

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

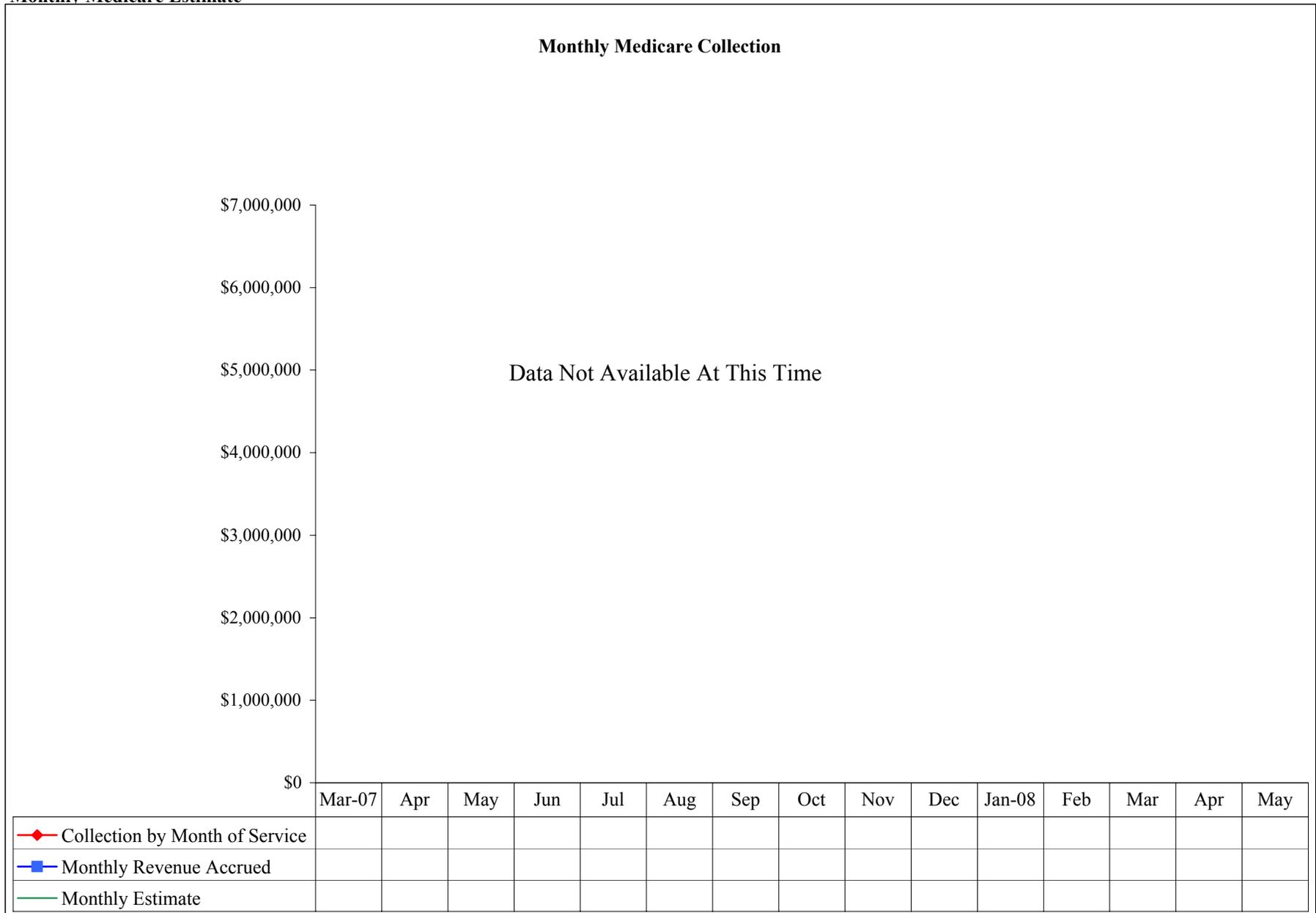
Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 1C - FY 2008 Revenue Estimates
All State Hospitals
Monthly Medicare Estimate



Performance Objective 1E:

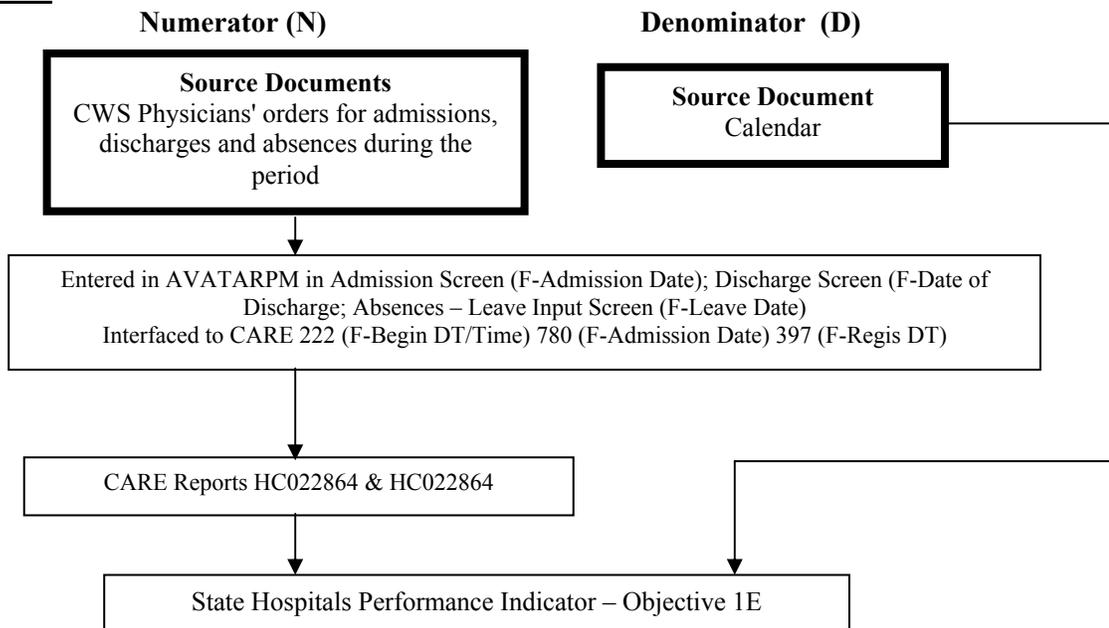
Each state hospital-inpatient services will operate a projected General Revenue ADC and Third Party ADC within the funds that are allocated and projected.

Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 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.

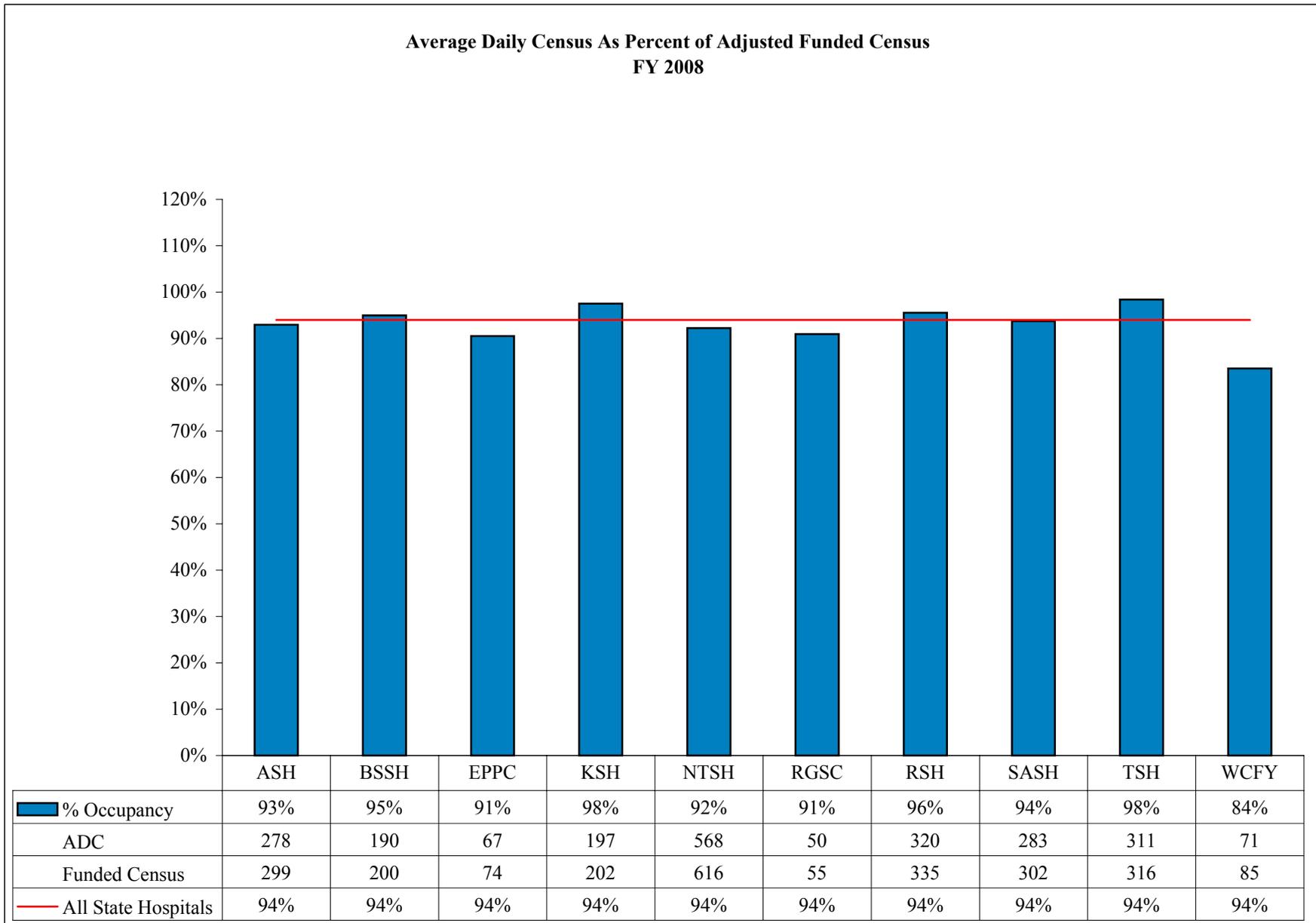
Performance Objective Formula:
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

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.

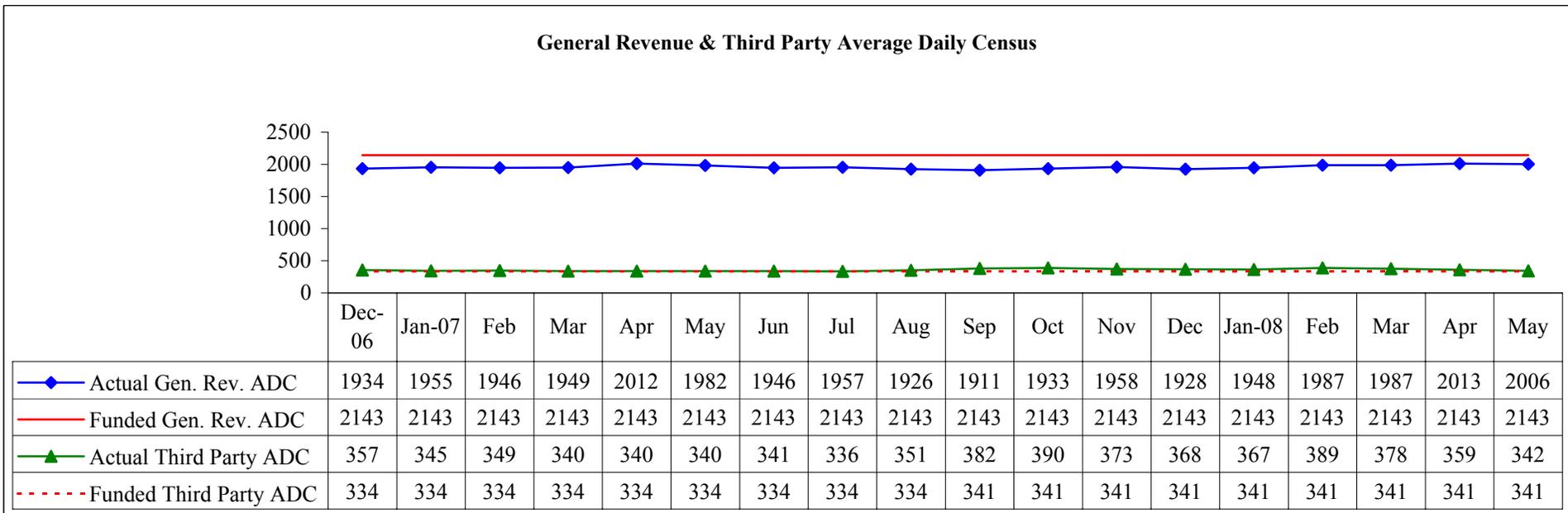
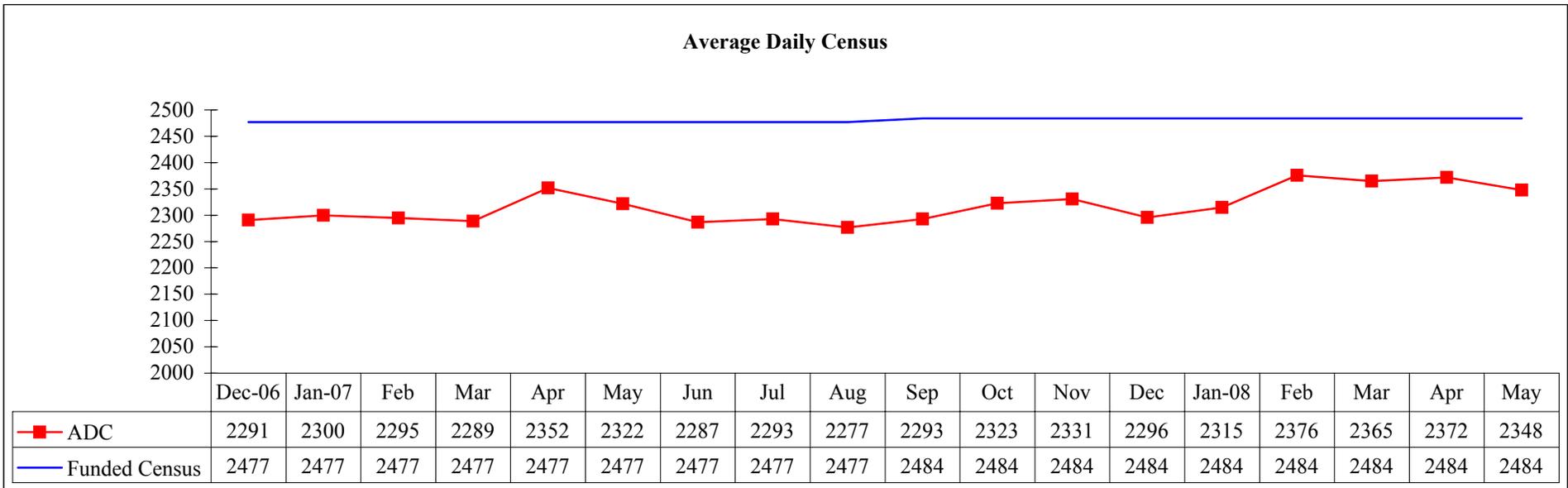
Data Flow:



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

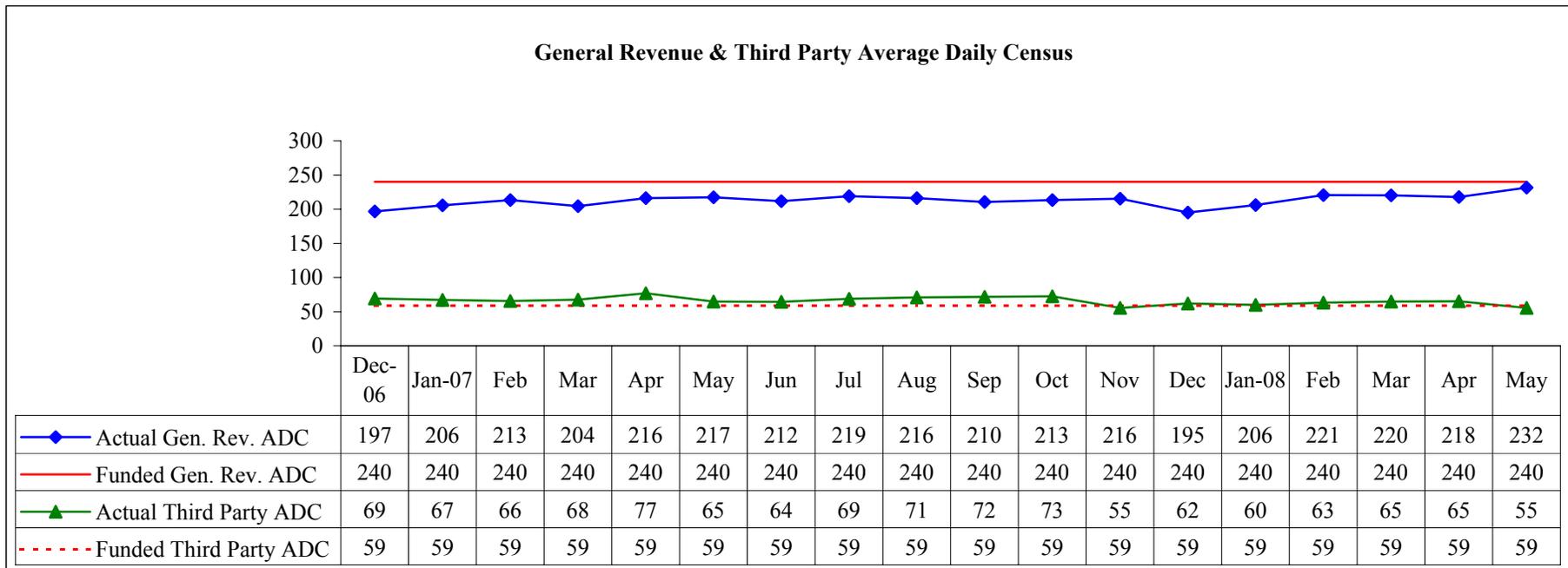
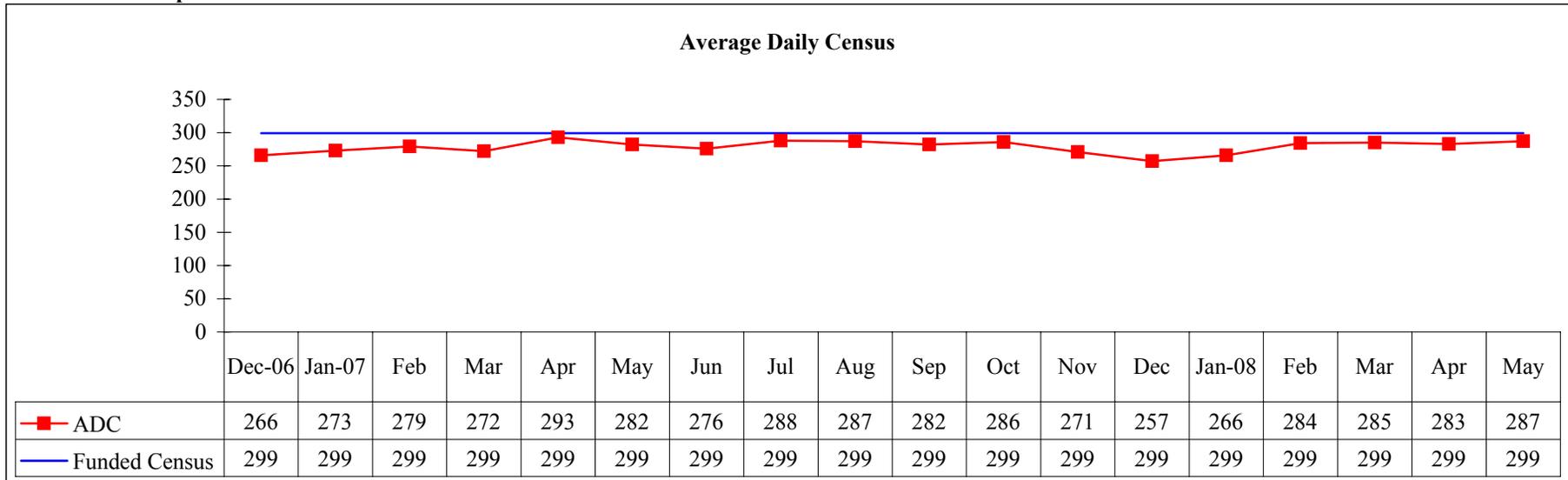


Objective 1E & Measure 1C - Average Daily Census
All State Hospitals



FY07 data revised using new coding

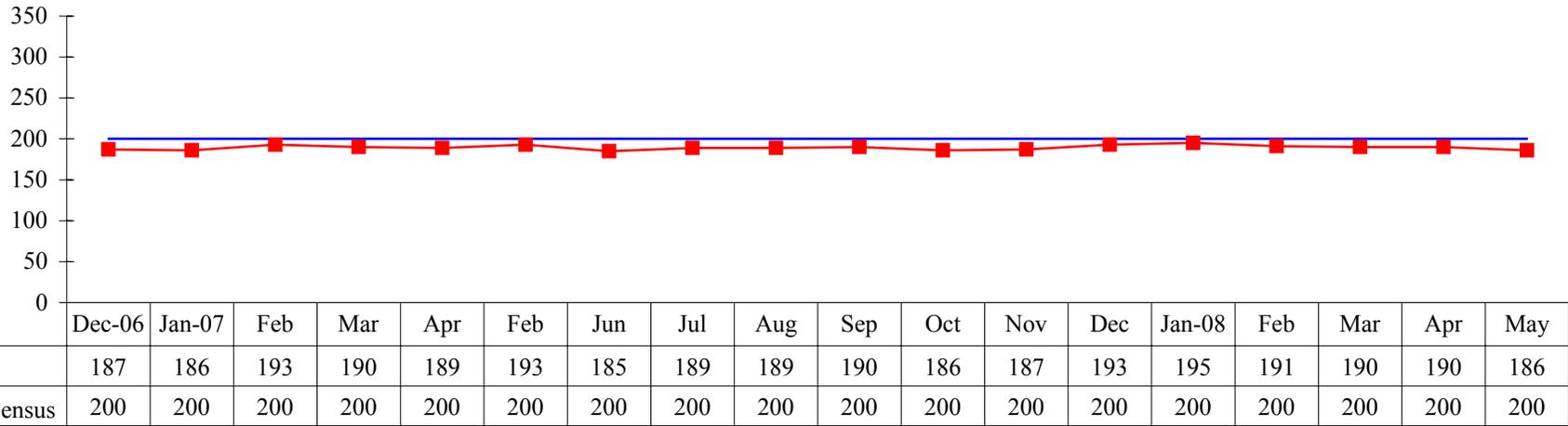
Objective 1E & Measure 1C - Average Daily Census
Austin State Hospital



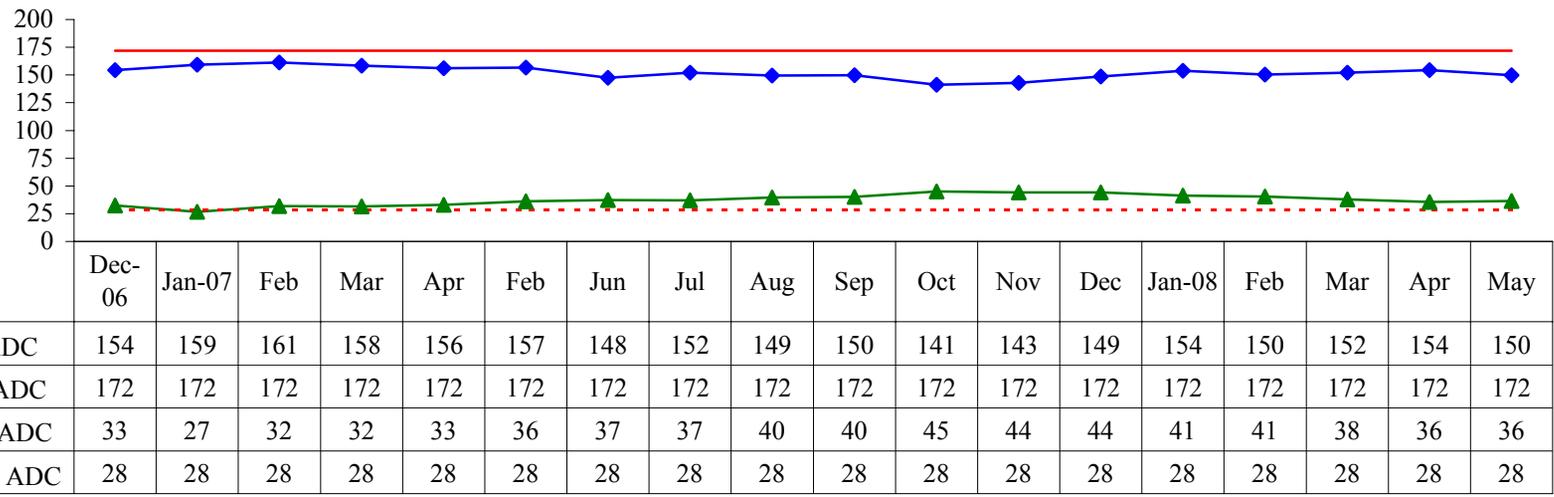
FY07 data revised using new coding

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

Average Daily Census



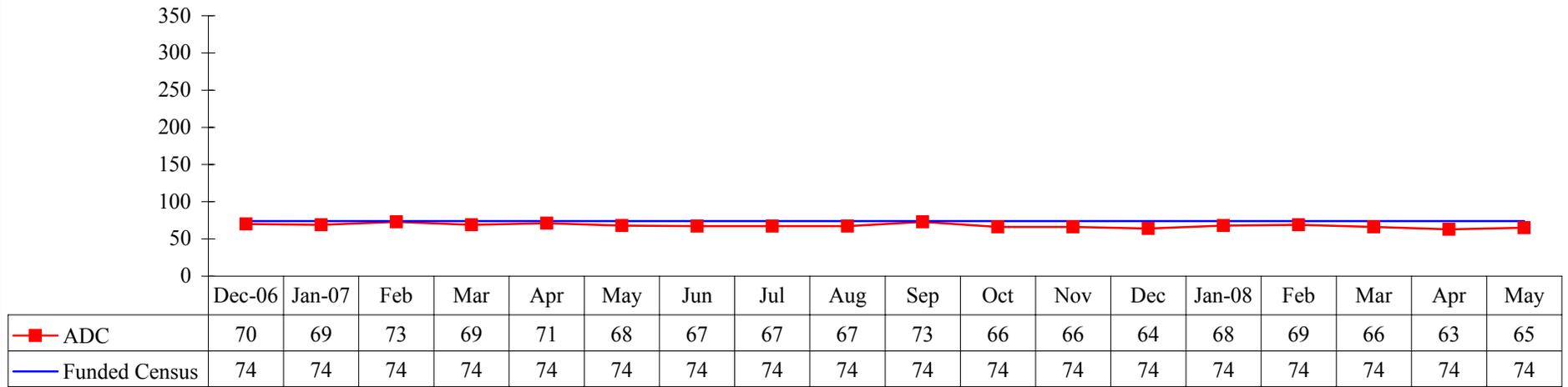
General Revenue & Third Party Average Daily Census



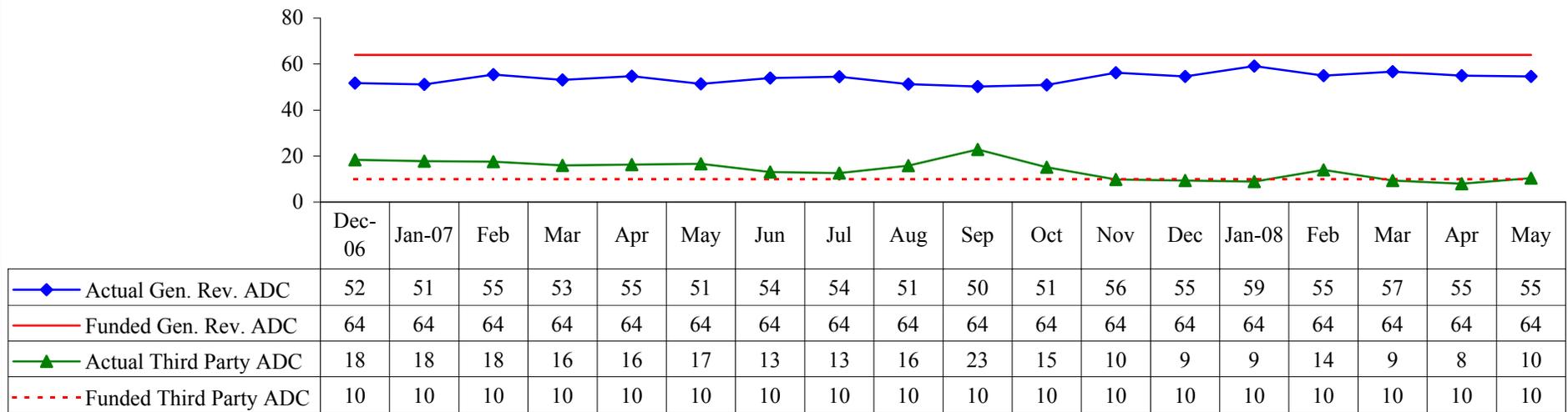
FY07 data revised using new coding

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

Average Daily Census

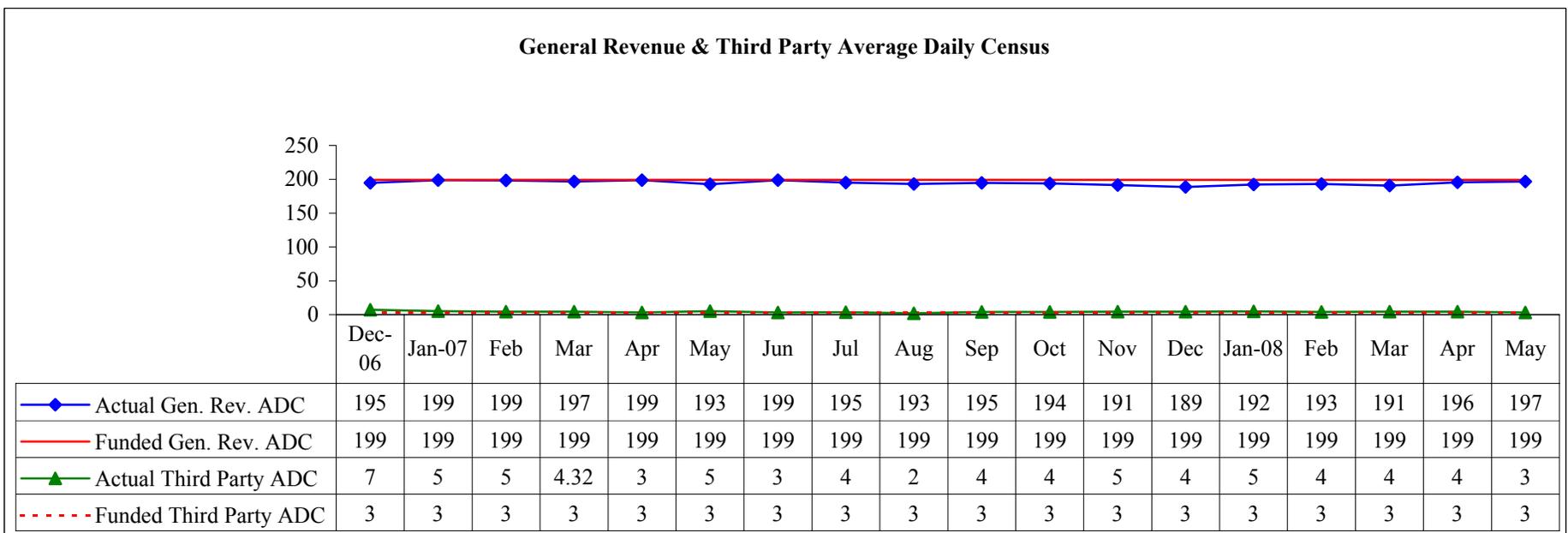
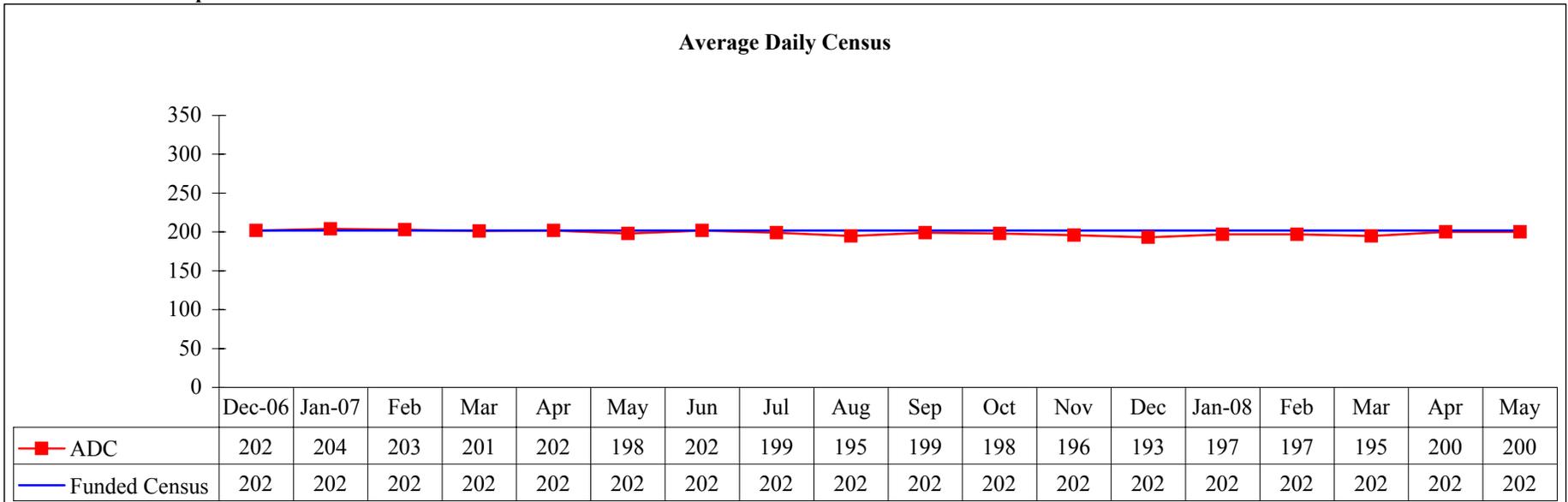


General Revenue & Third Party Average Daily Census



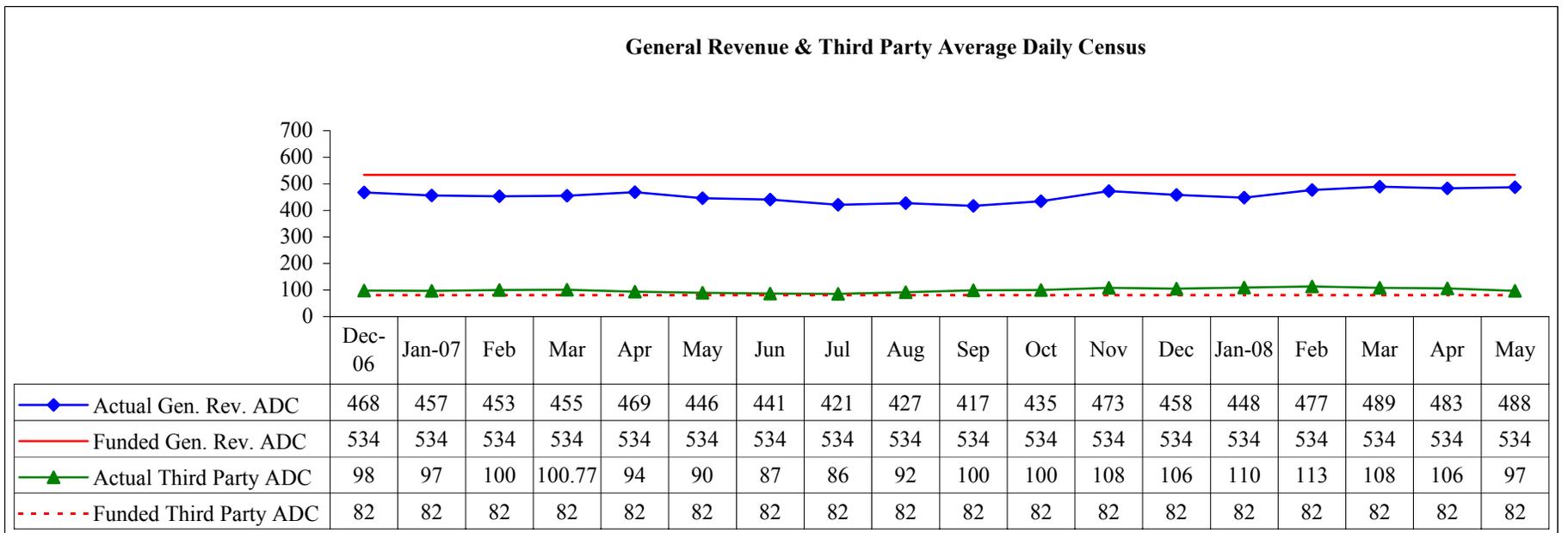
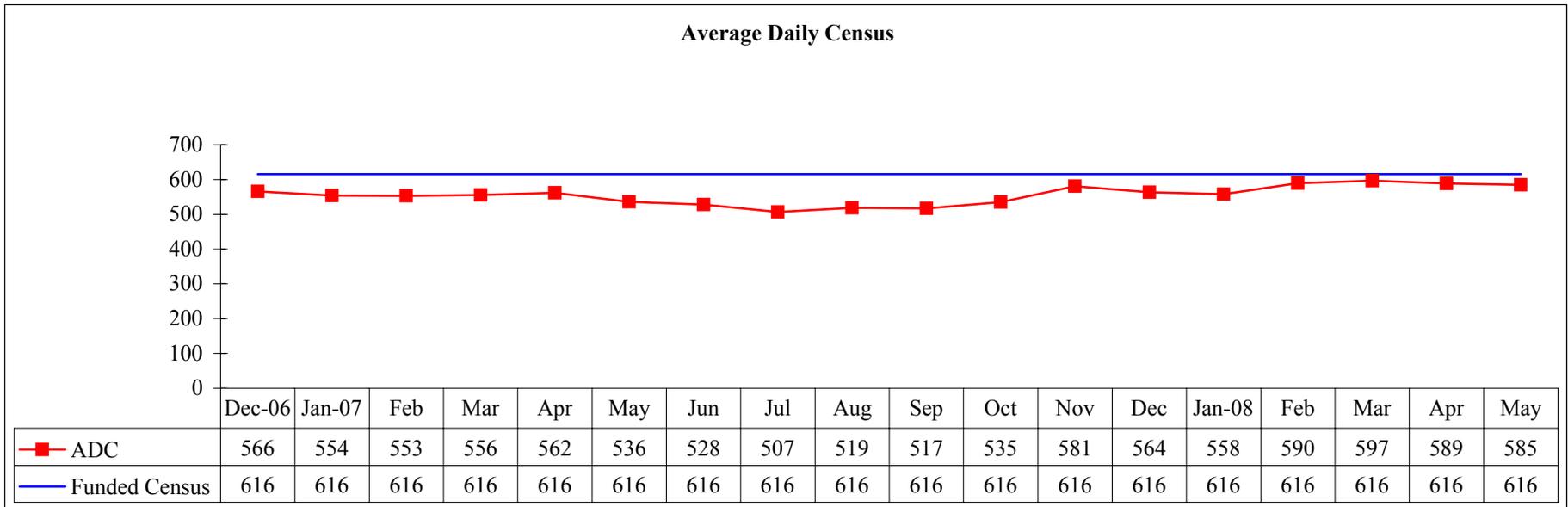
FY07 data revised using new coding

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



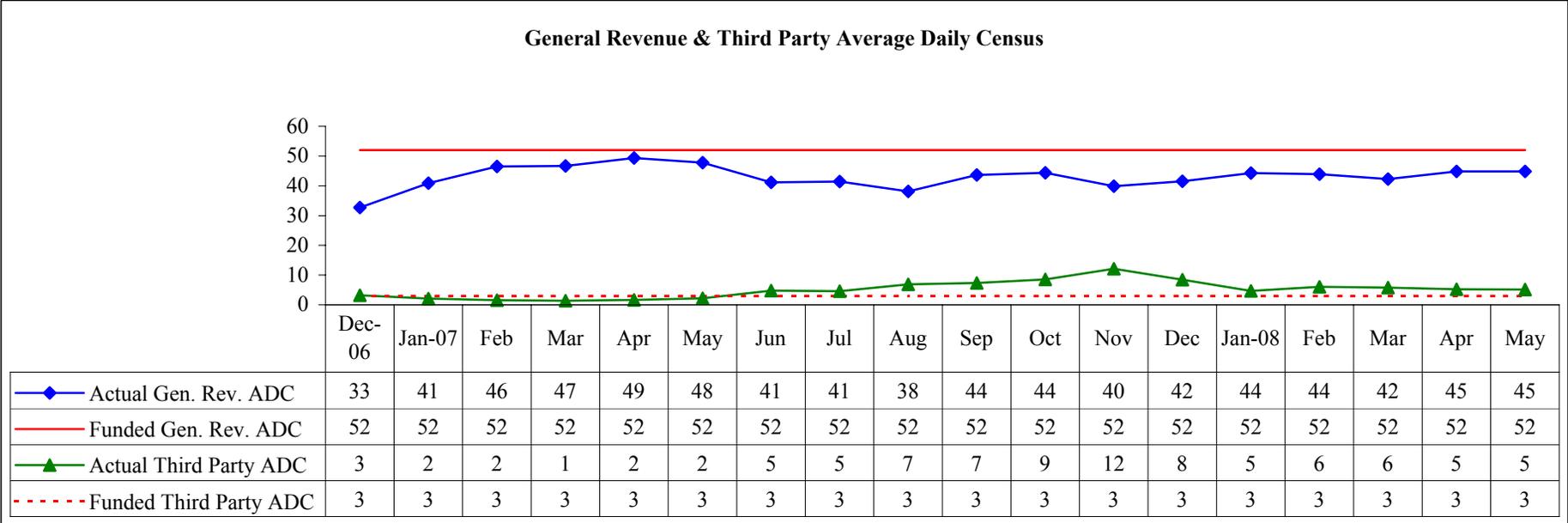
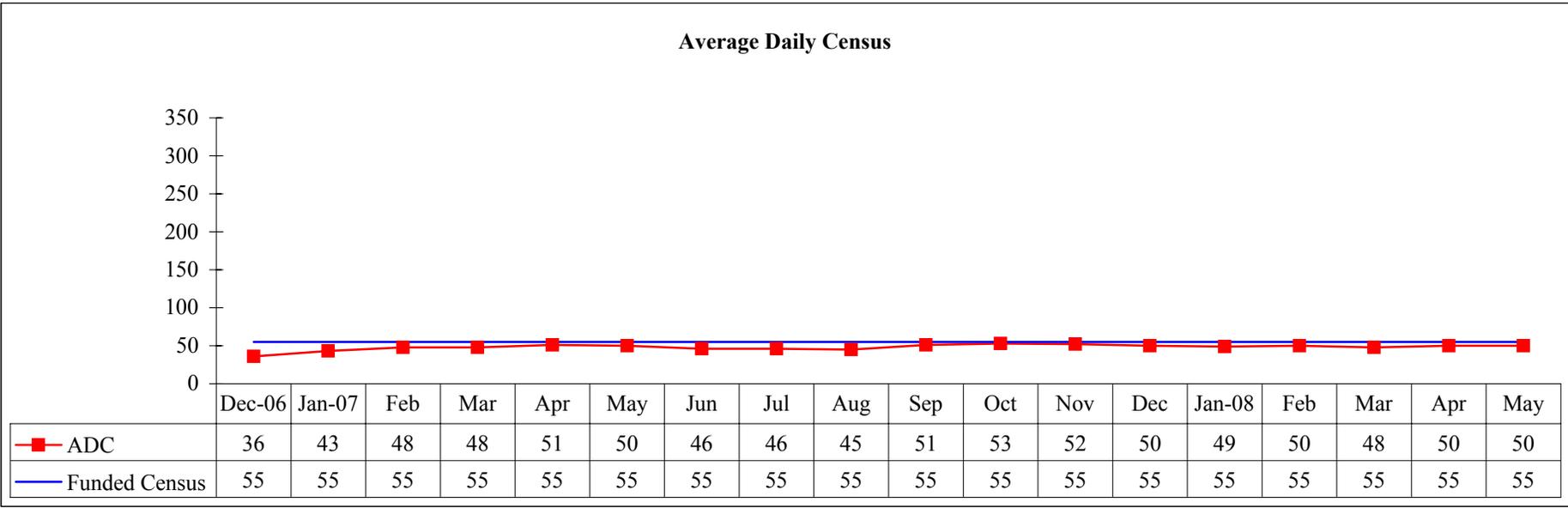
FY07 data revised using new coding

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



FY07 data revised using new coding

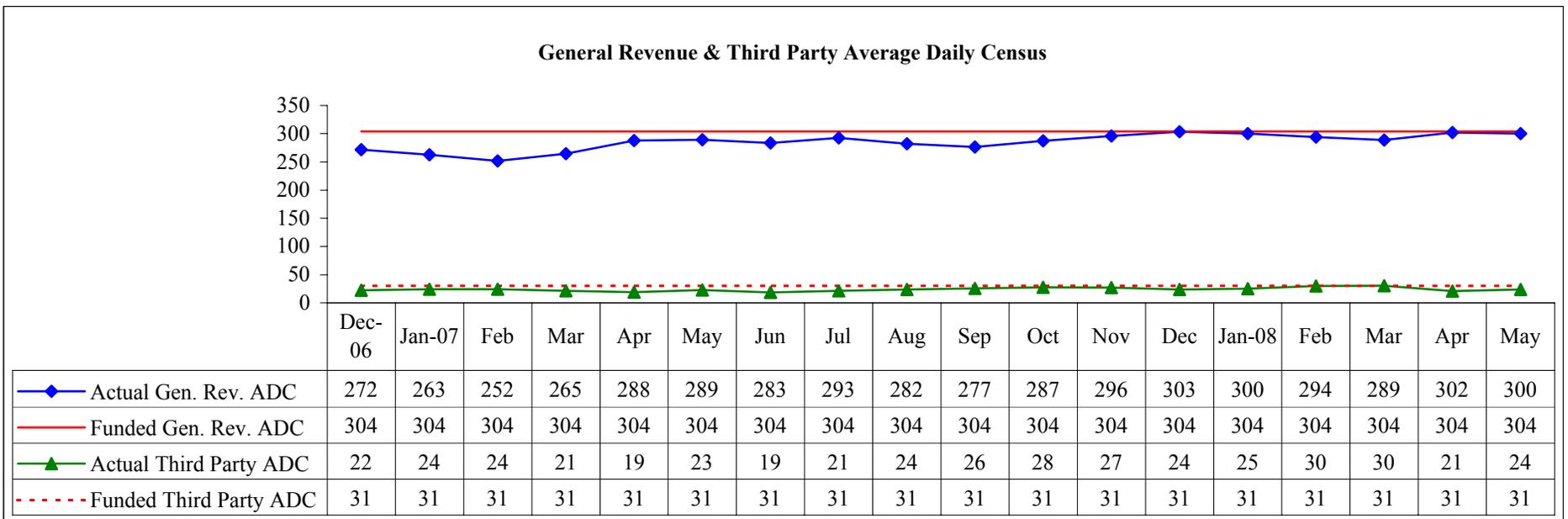
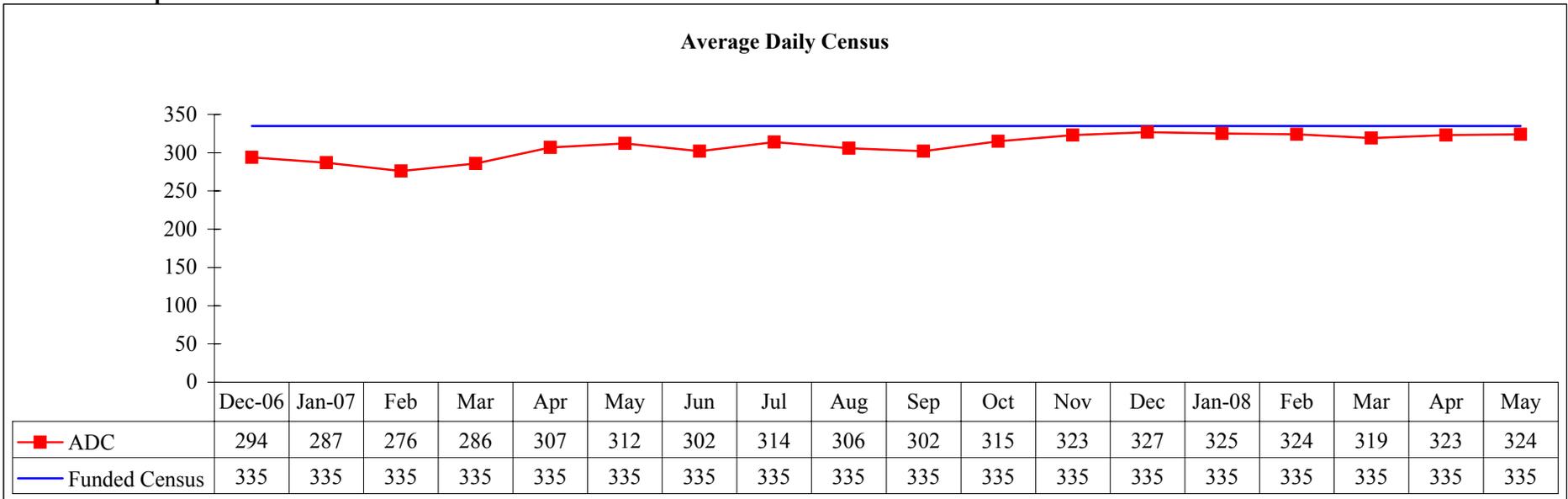
Objective 1E & Measure 1C - Average Daily Census
Rio Grande State Center–MH



FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census

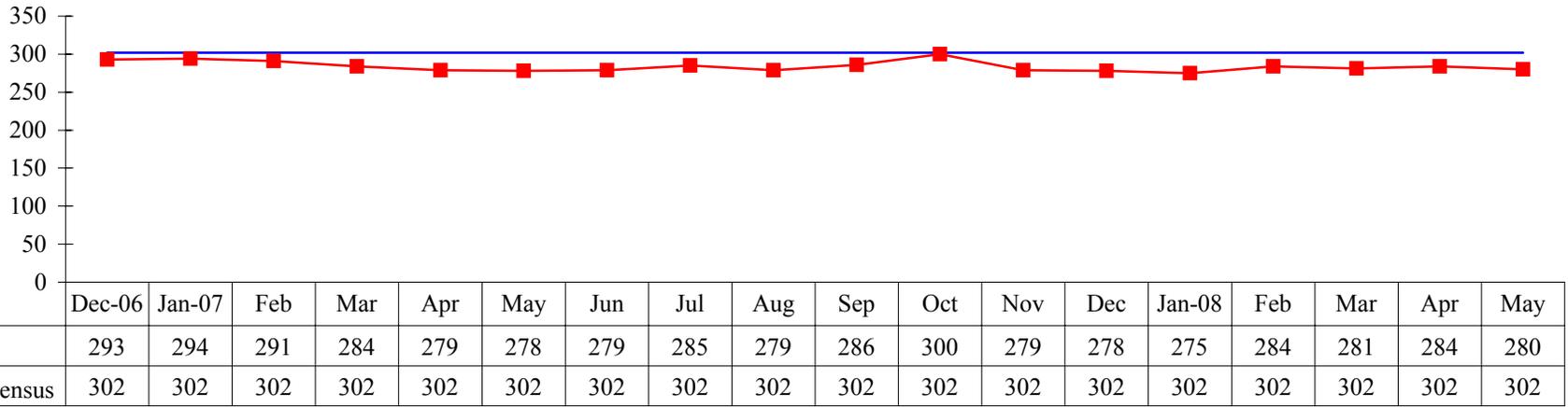
Rusk State Hospital



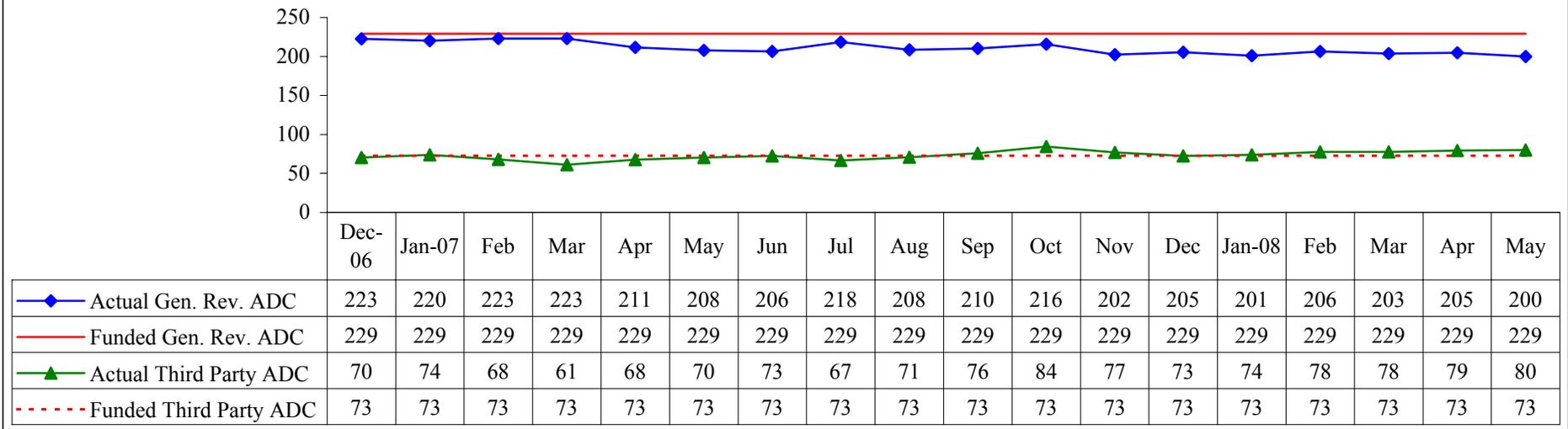
FY07 data revised using new coding

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

Average Daily Census



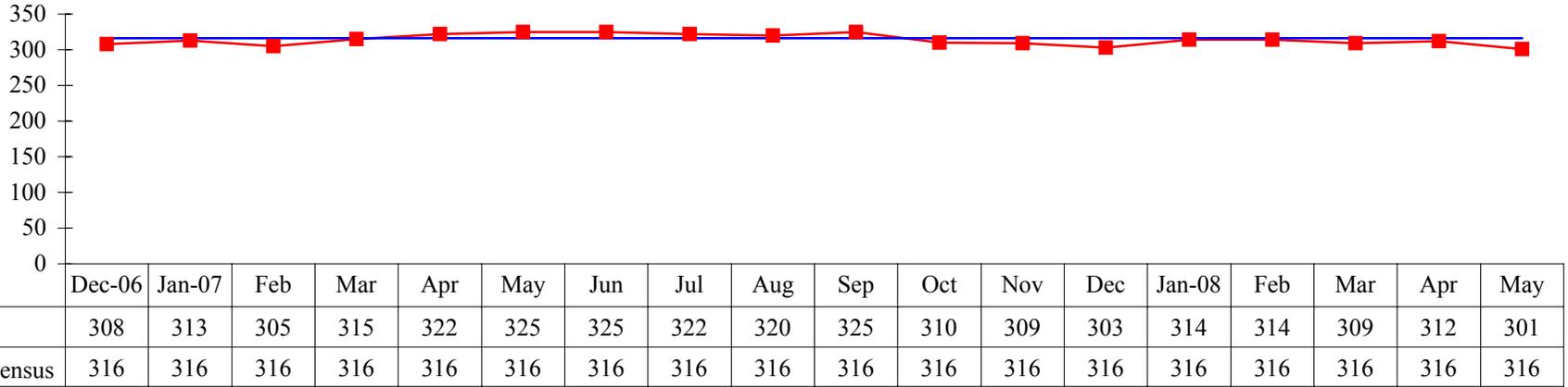
General Revenue & Third Party Average Daily Census



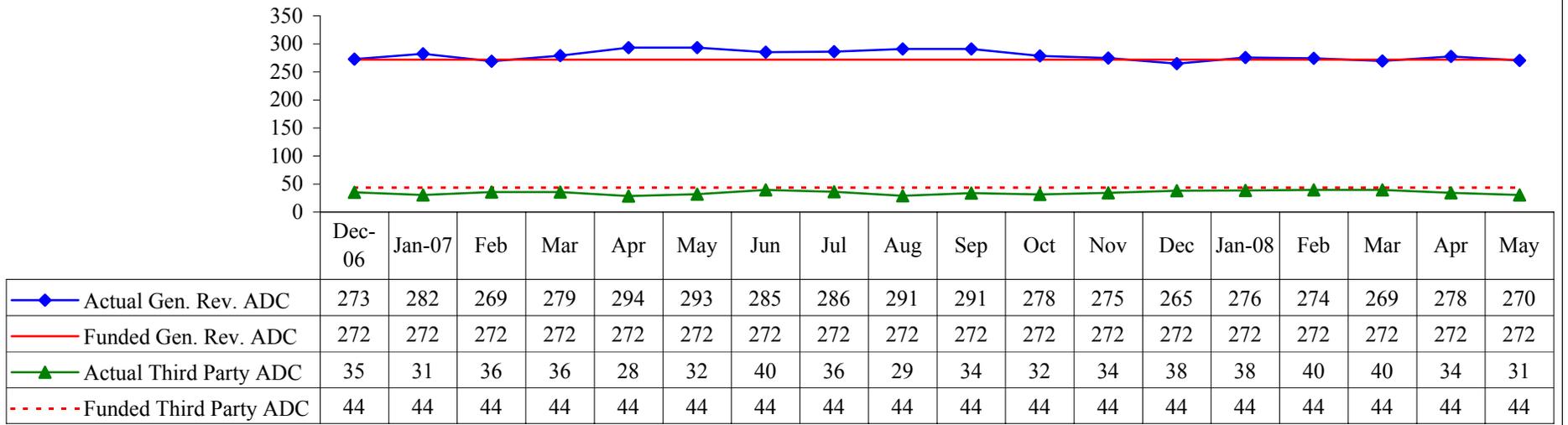
FY07 data revised using new coding

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

Average Daily Census



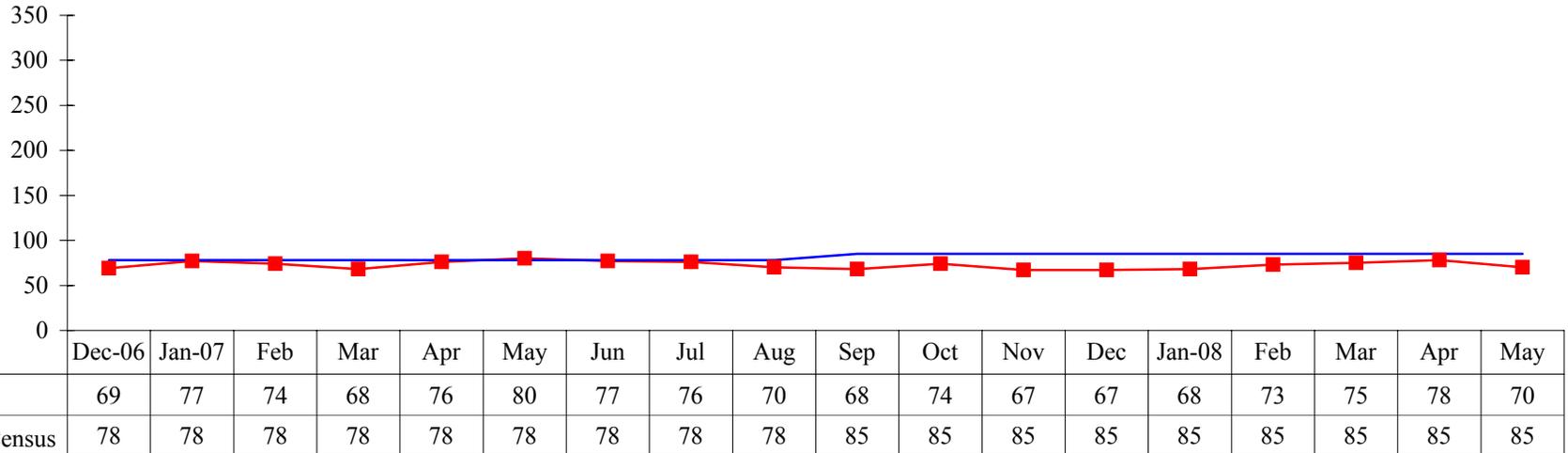
General Revenue & Third Party Average Daily Census



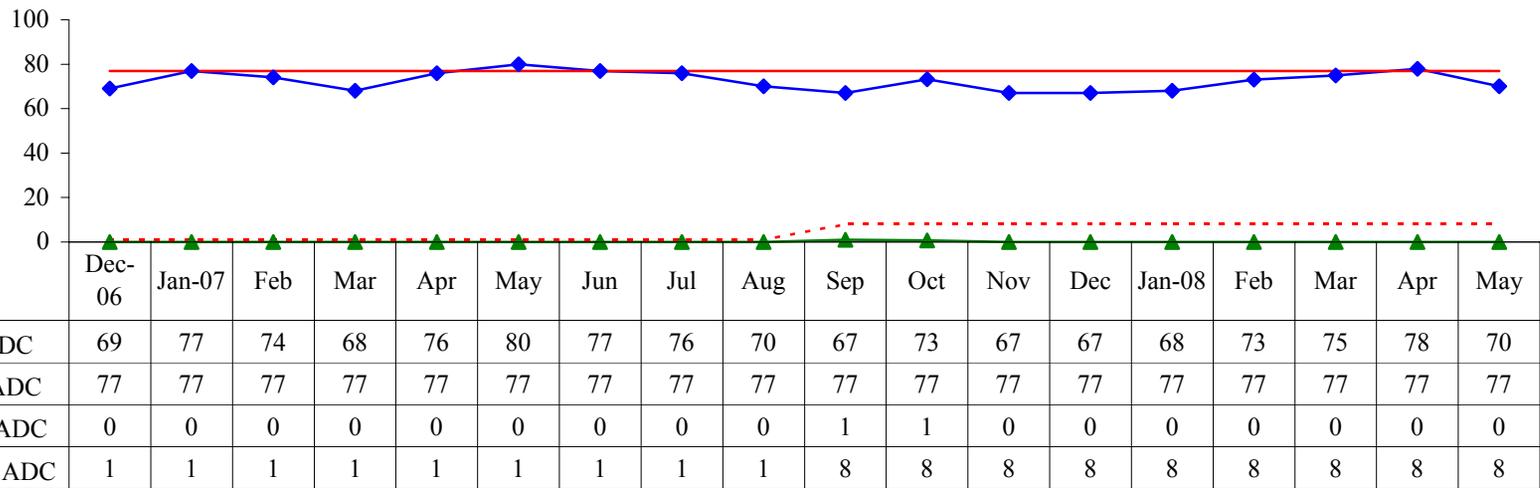
FY07 data revised using new coding

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

Average Daily Census



General Revenue & Third Party Average Daily Census



FY07 data revised using new coding

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

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

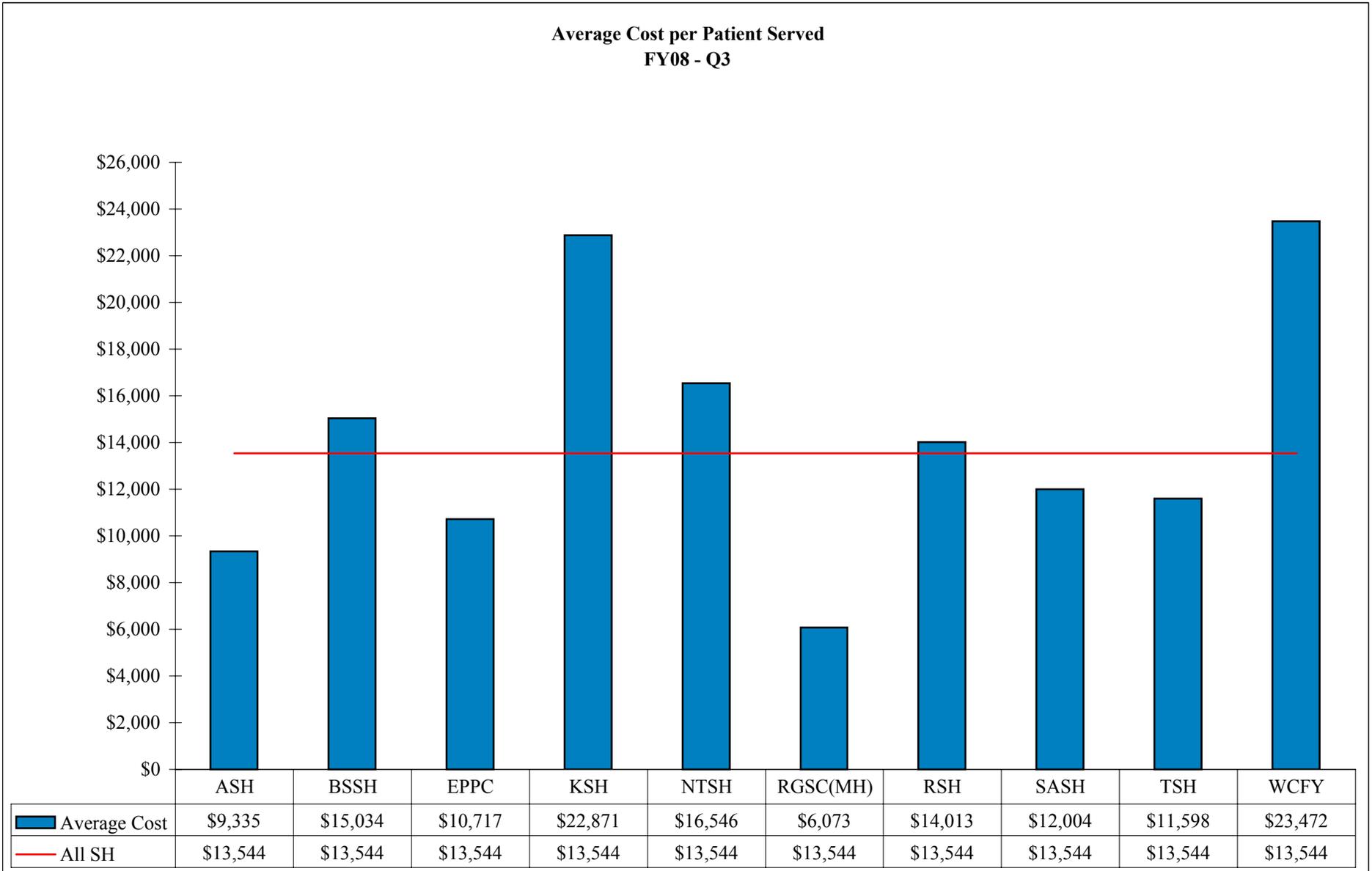
Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

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

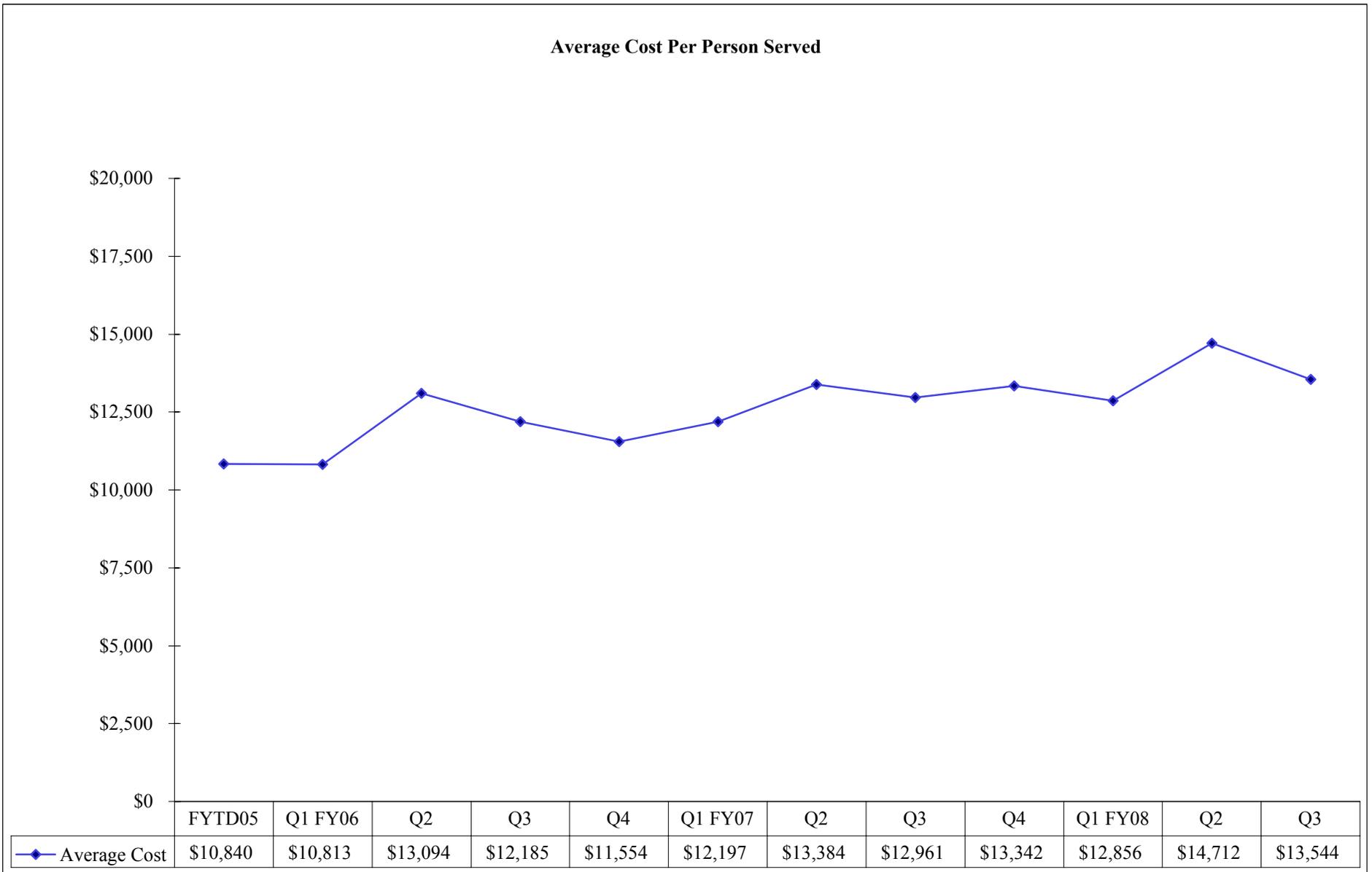
	FY05	FY06				FY07				FY08			
	FYTD	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital													
Avg. Patient Days		31	31	32	31	31	29	31	32	31	31	31	
LBB Cost/Bed Day		\$302	\$361	\$340	\$332	\$350	\$361	\$354	\$361	\$351	\$395	\$377	
Average Cost	\$0	\$9,303	\$11,104	\$10,786	\$10,315	\$10,843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

LBB Cost - total facility expense minus benefits and depreciation

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

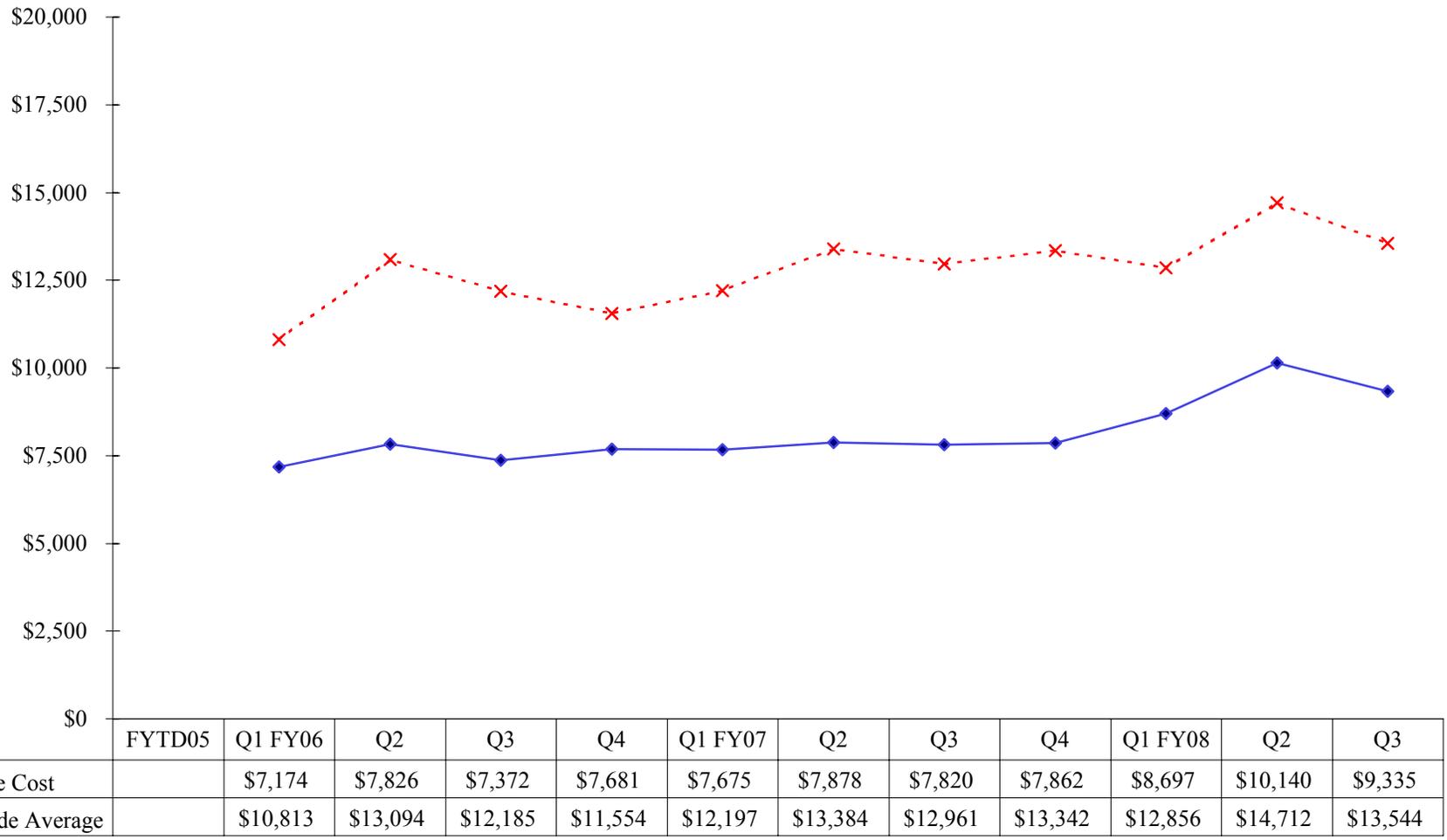


Measure 1A - Average Cost Per Patient Served
All State Hospitals

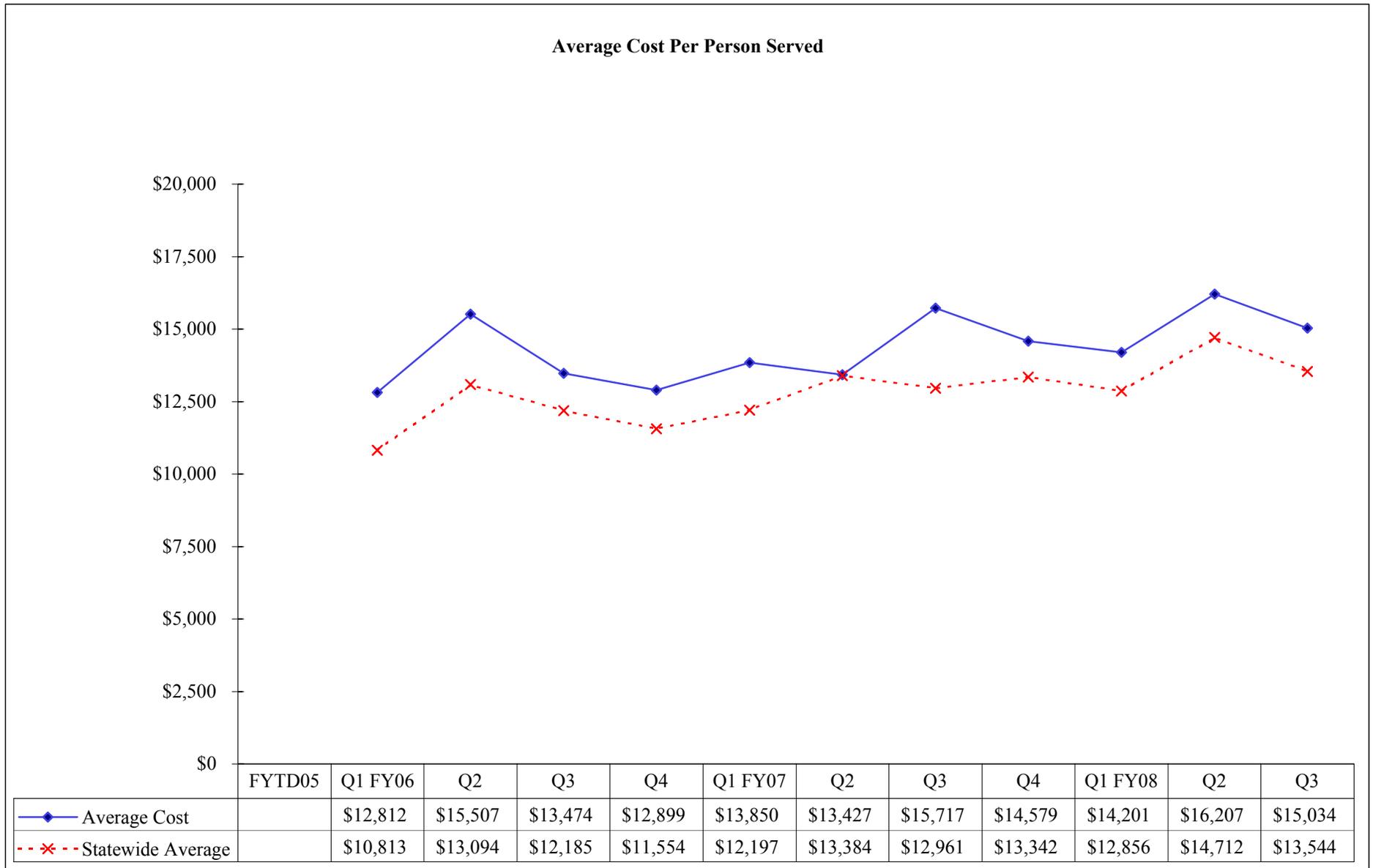


Measure 1A - Average Cost Per Patient Served
Austin State Hospital

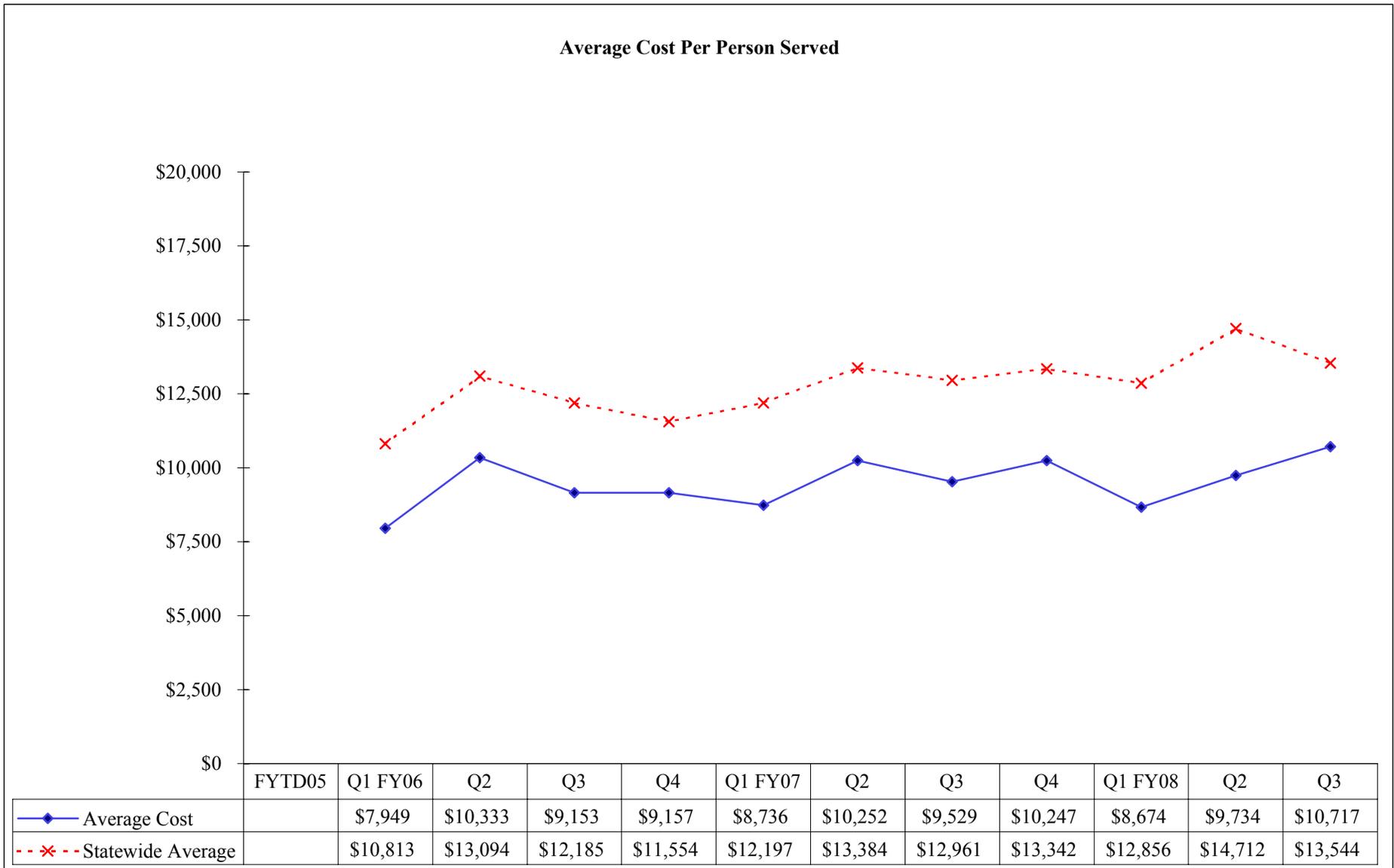
Average Cost Per Person Served



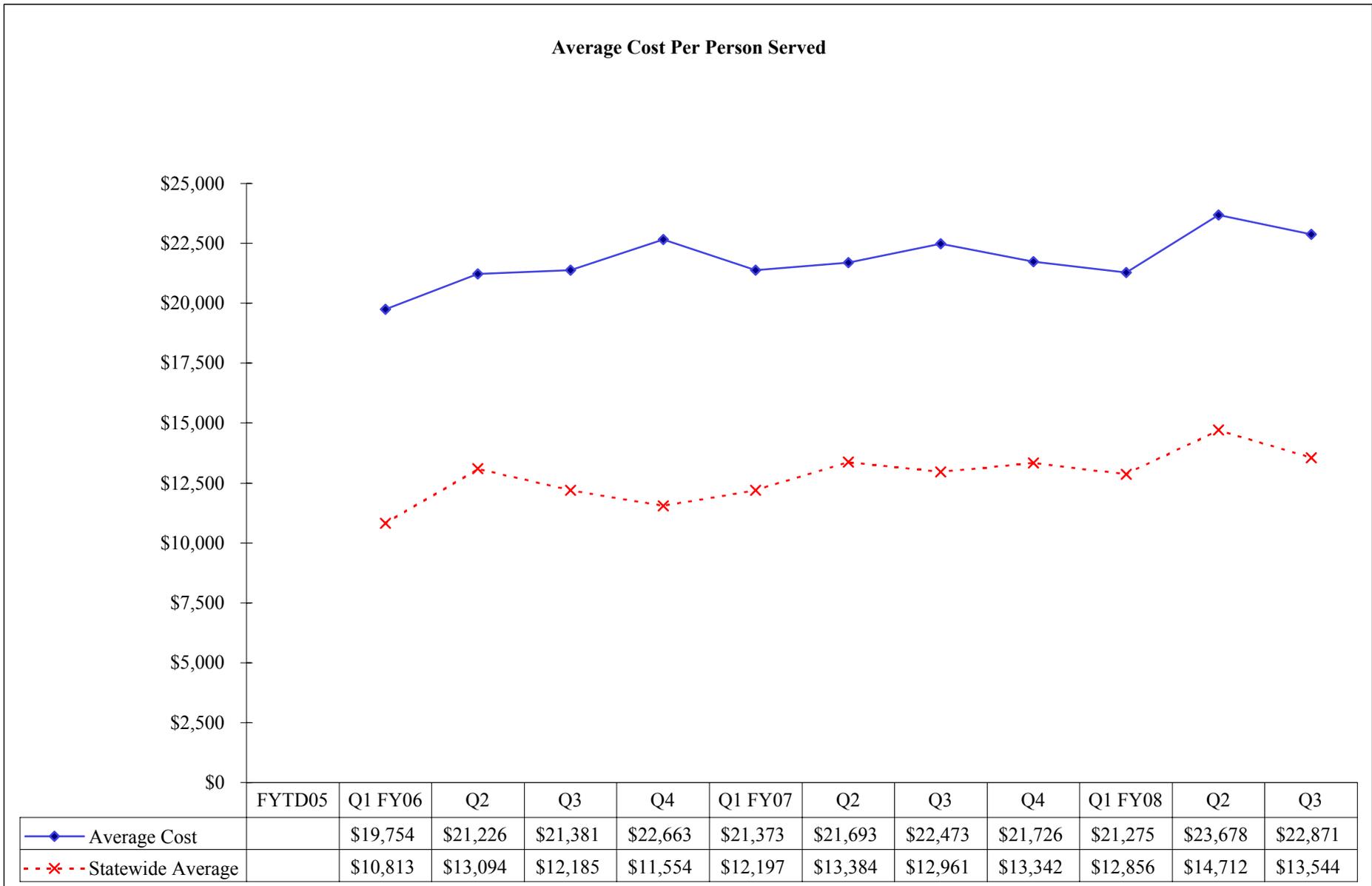
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



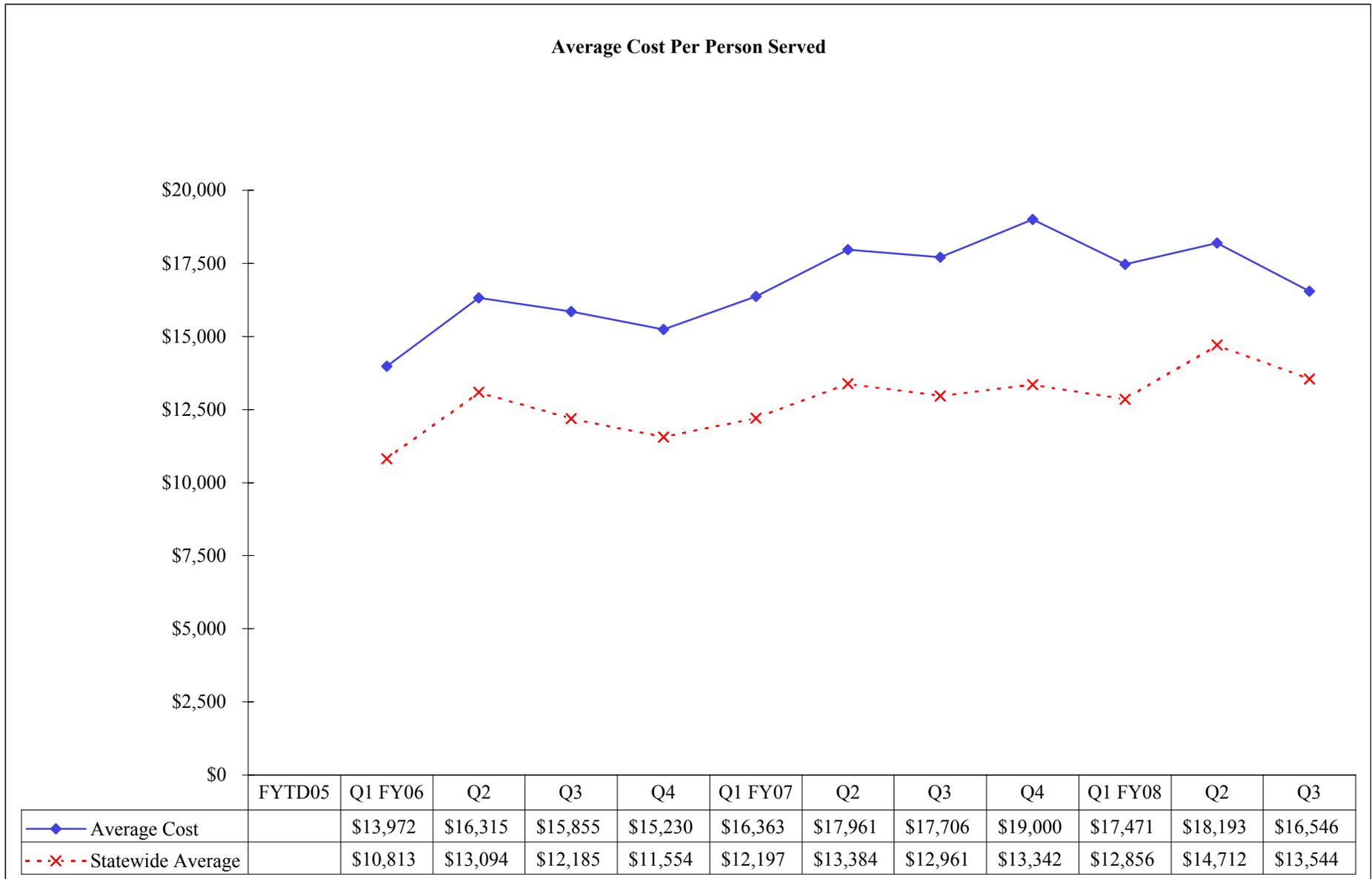
Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center



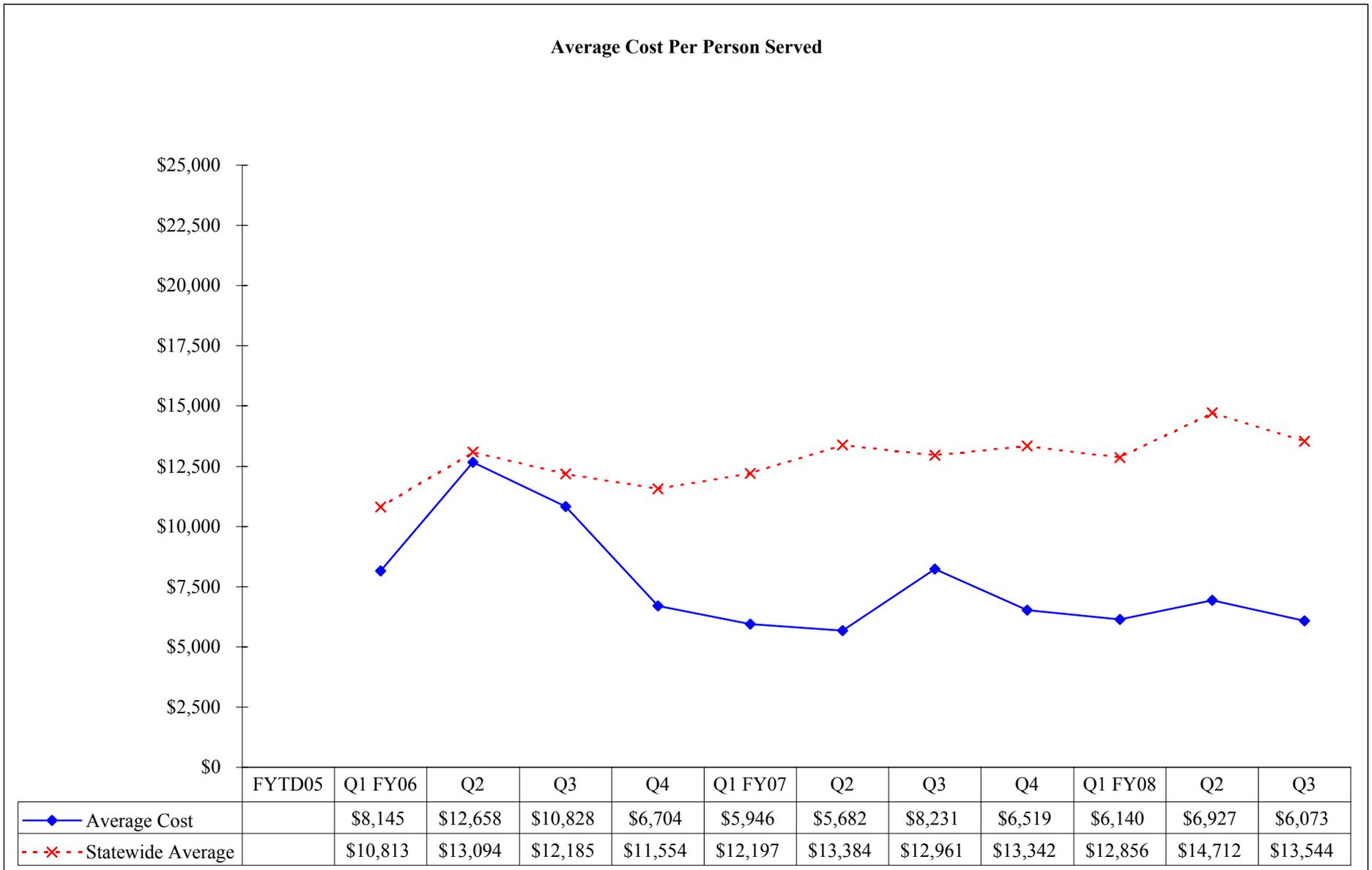
Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital



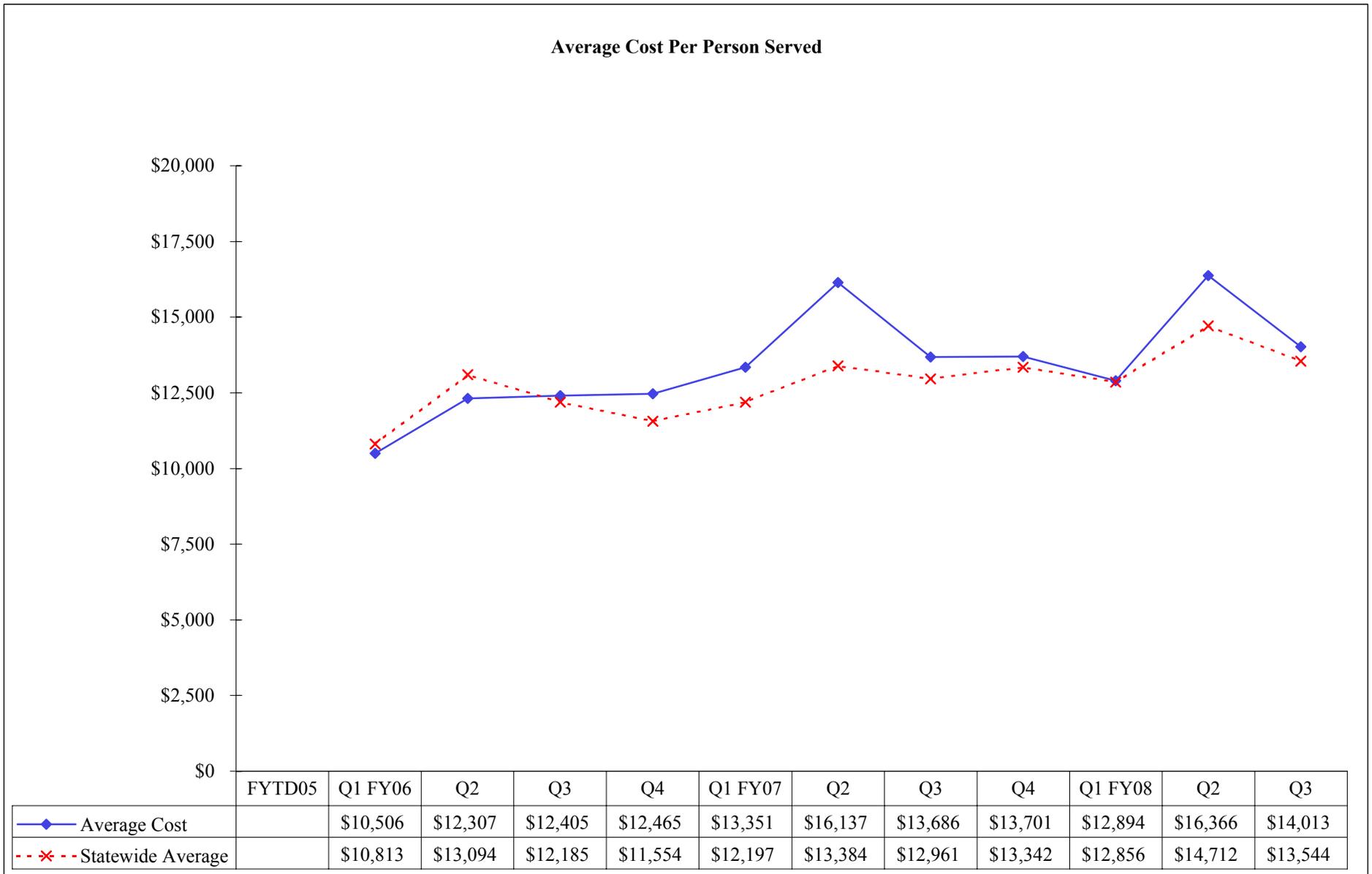
Measure 1A - Average Cost Per Patient Served
North Texas State Hospital



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



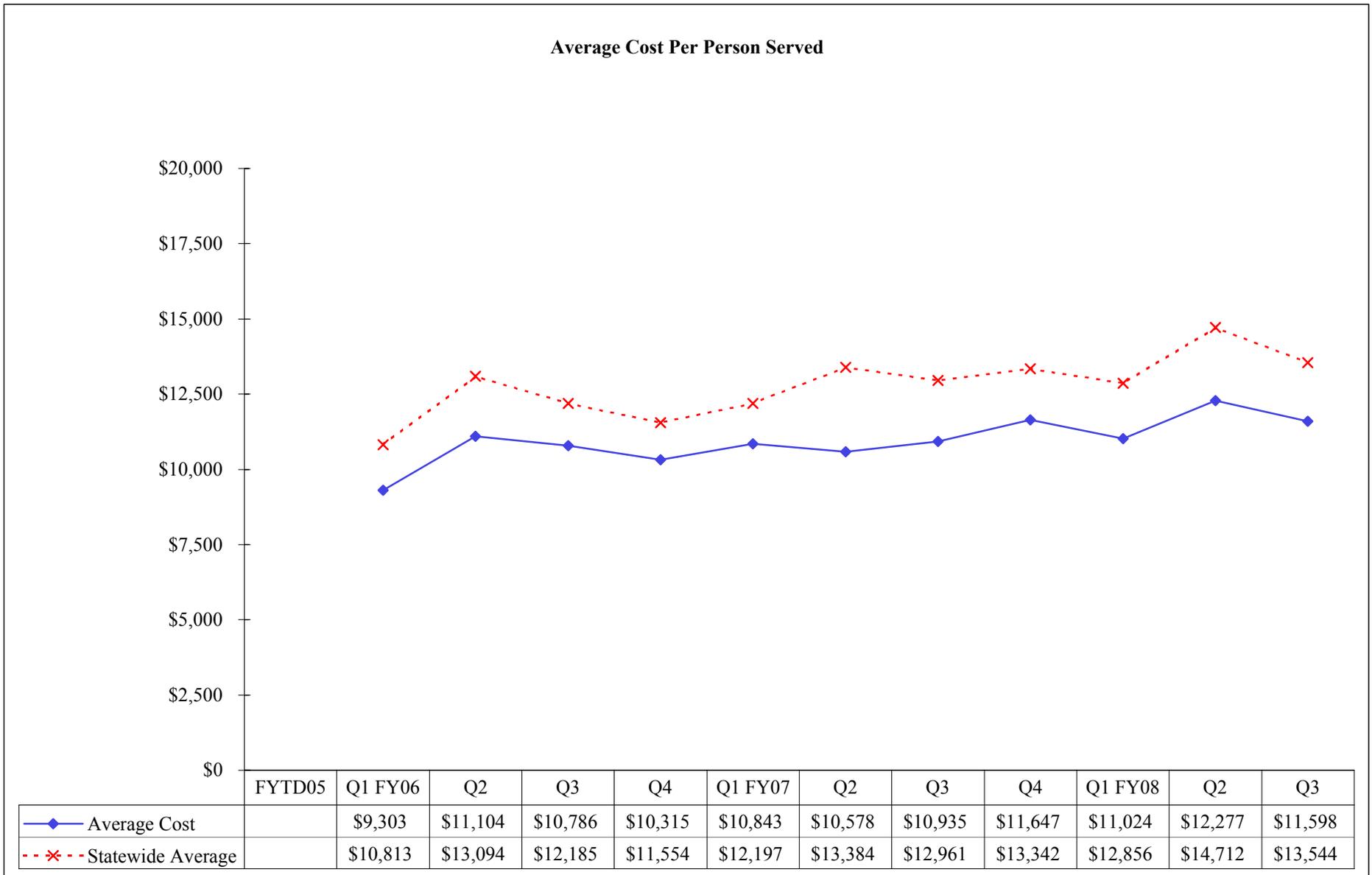
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



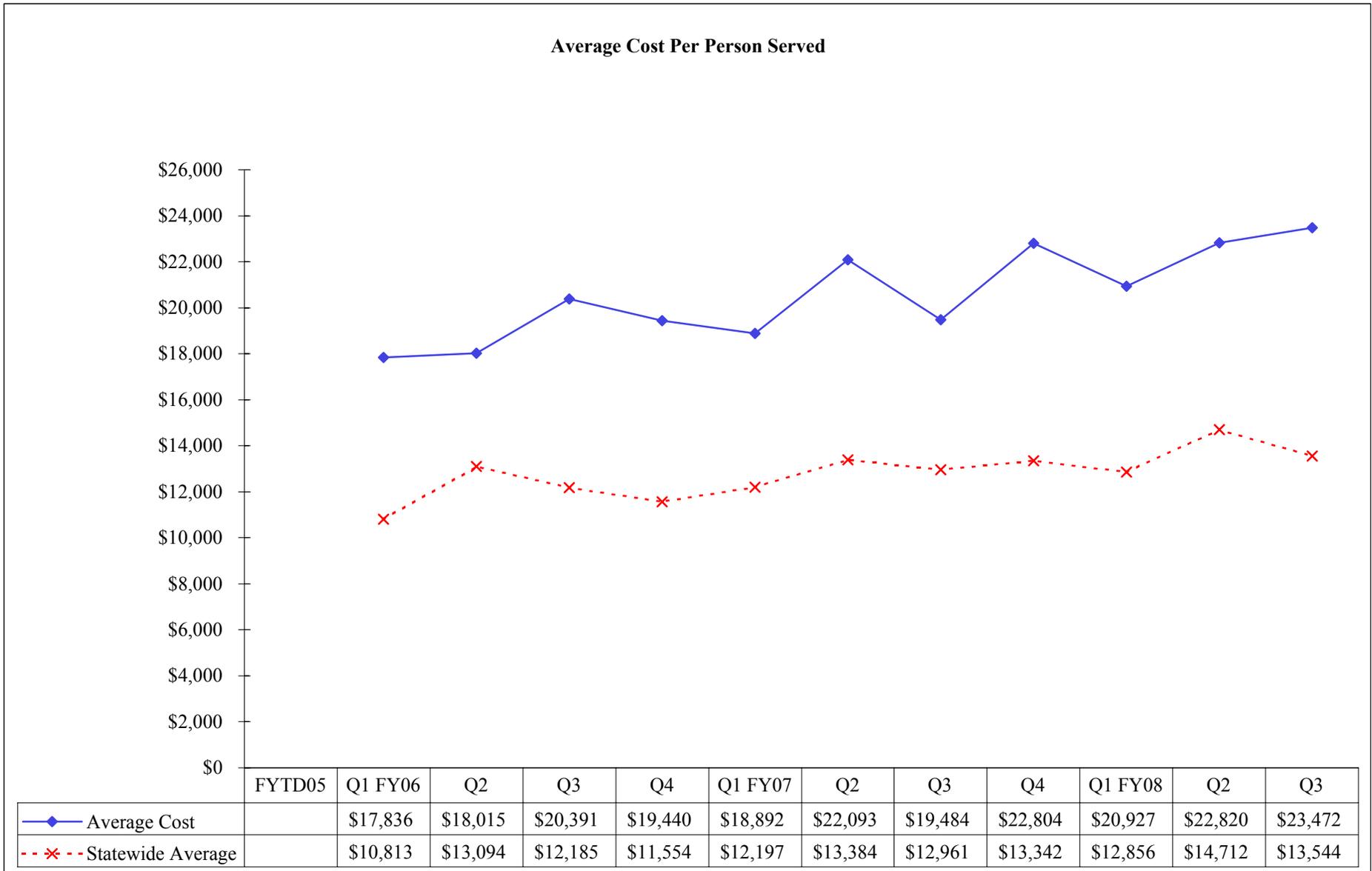
Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



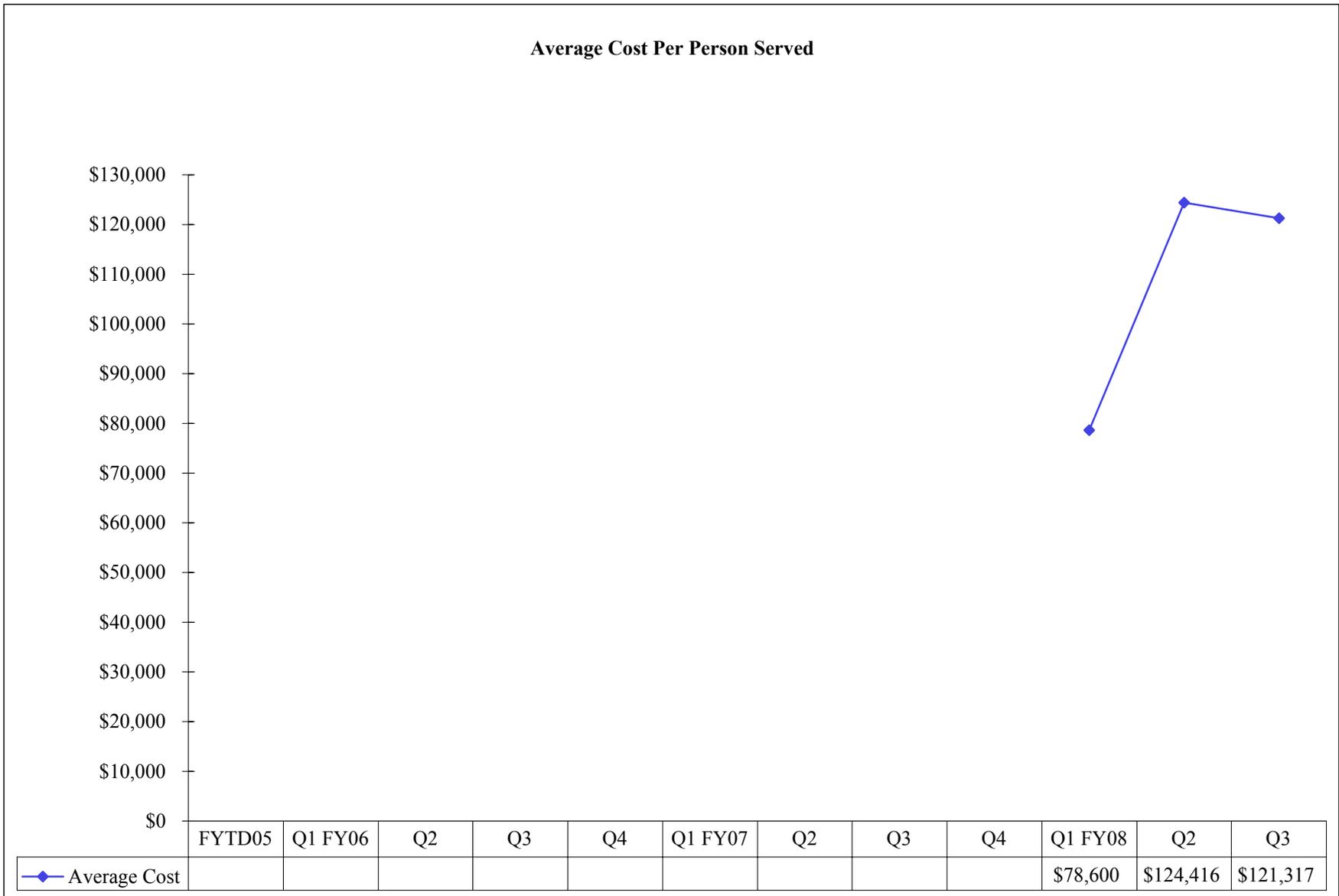
Measure 1A - Average Cost Per Patient Served
Terrell State Hospital



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



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



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

Performance Measure 1B:

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

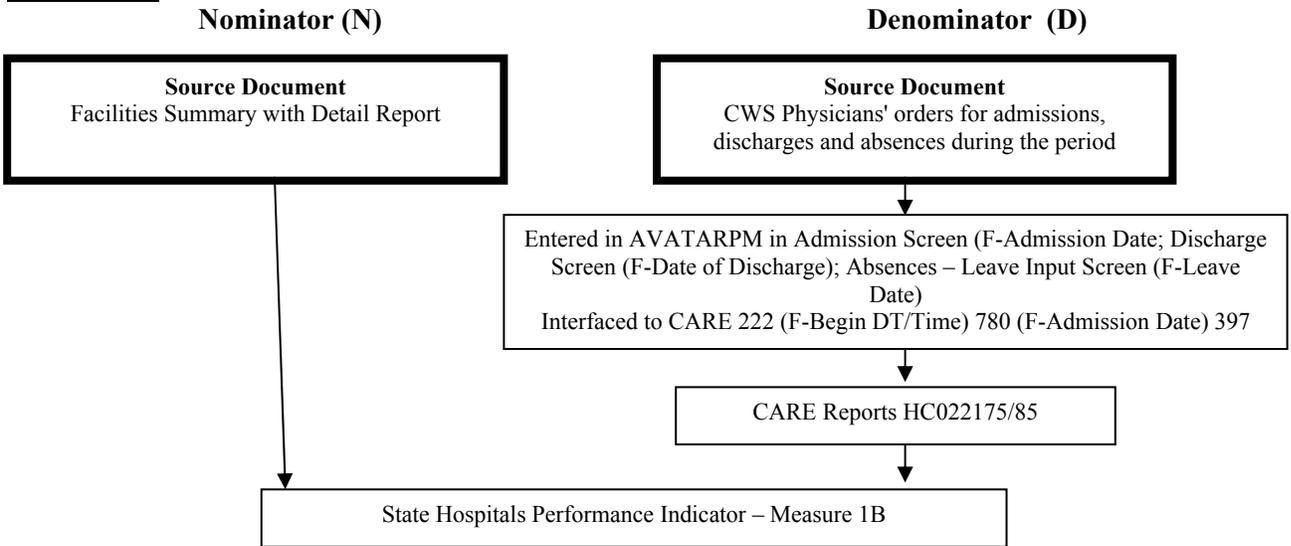
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

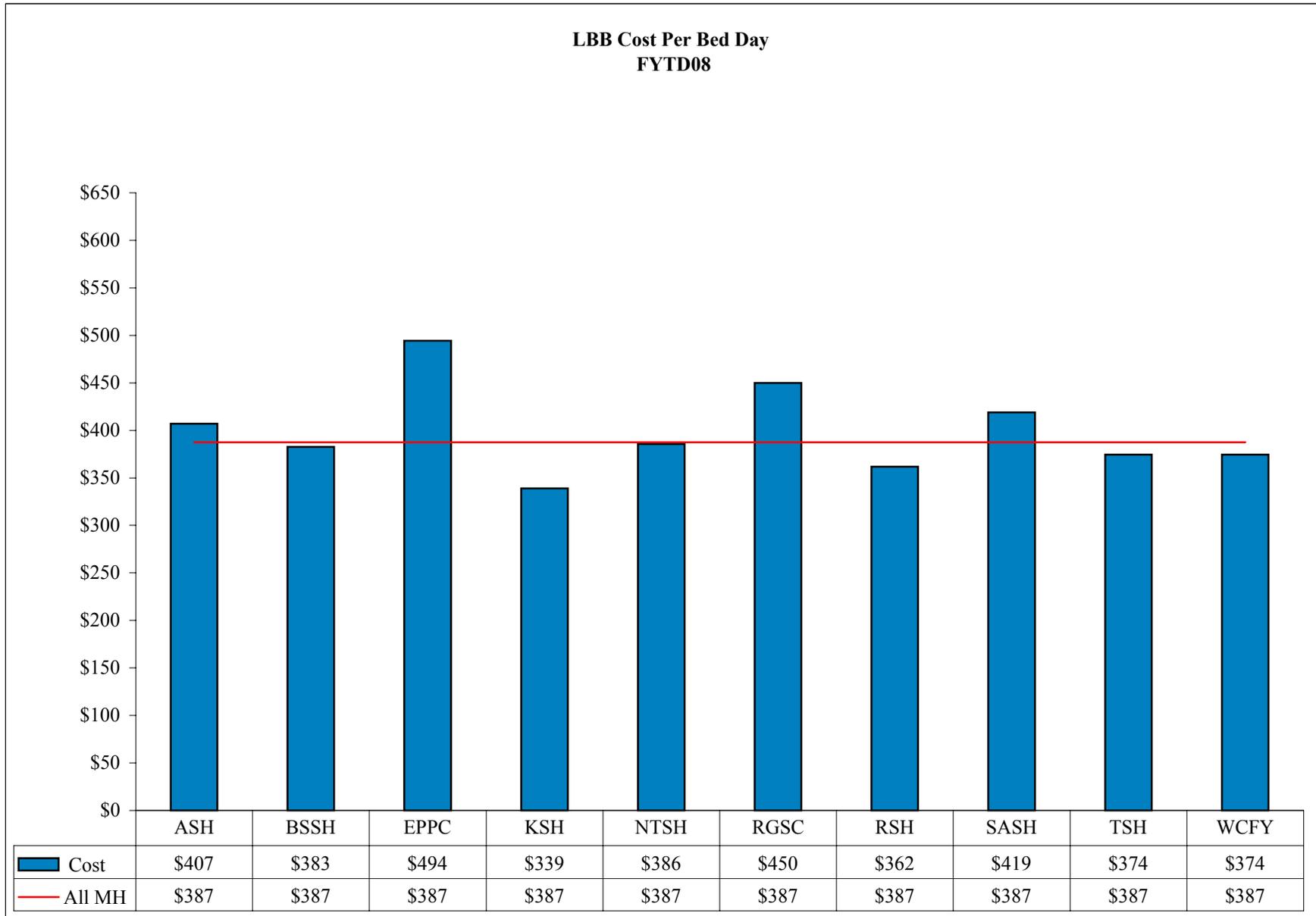
Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 1B - Cost Per Bed Day
All MH Hospitals - As of May 31, 2008



Measure 1B - Cost Per Bed Day

All State Hospitals

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

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

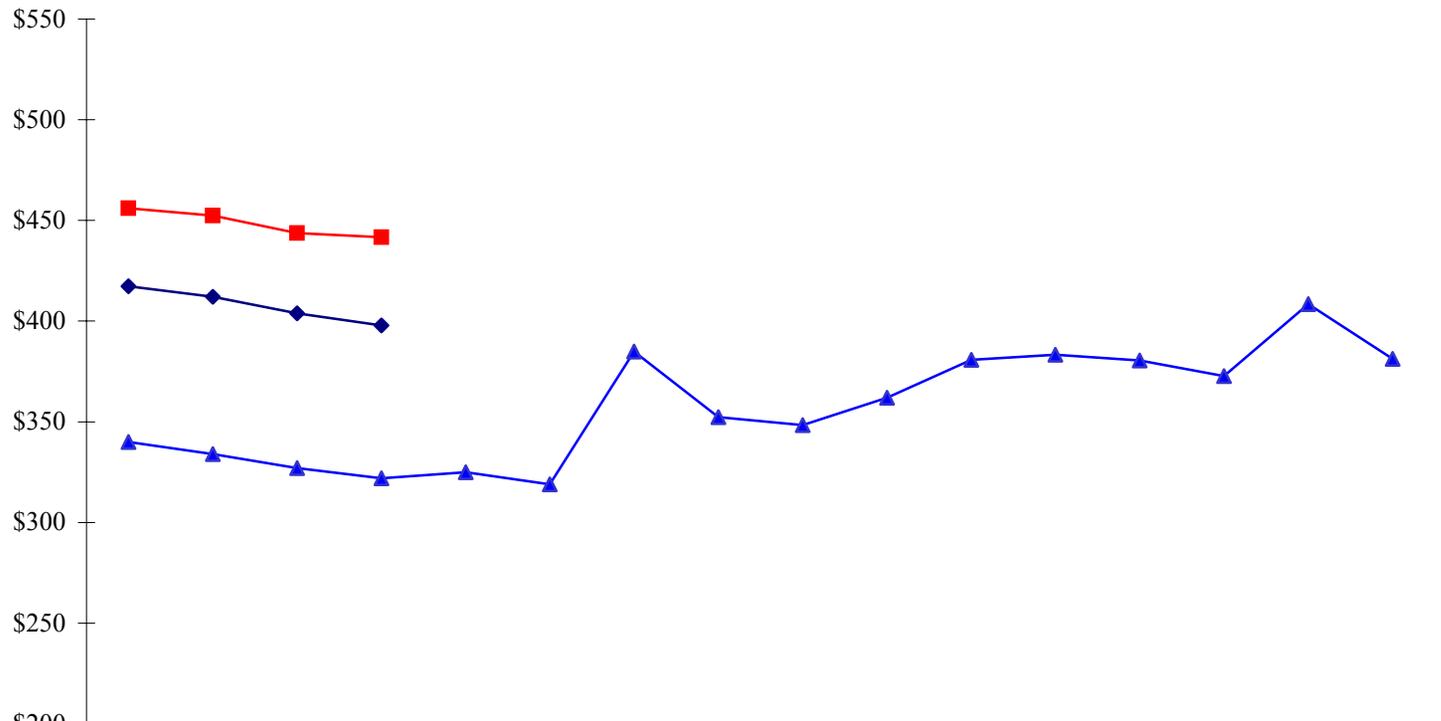
Measure 1B - Cost Per Bed Day
All State Hospitals

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

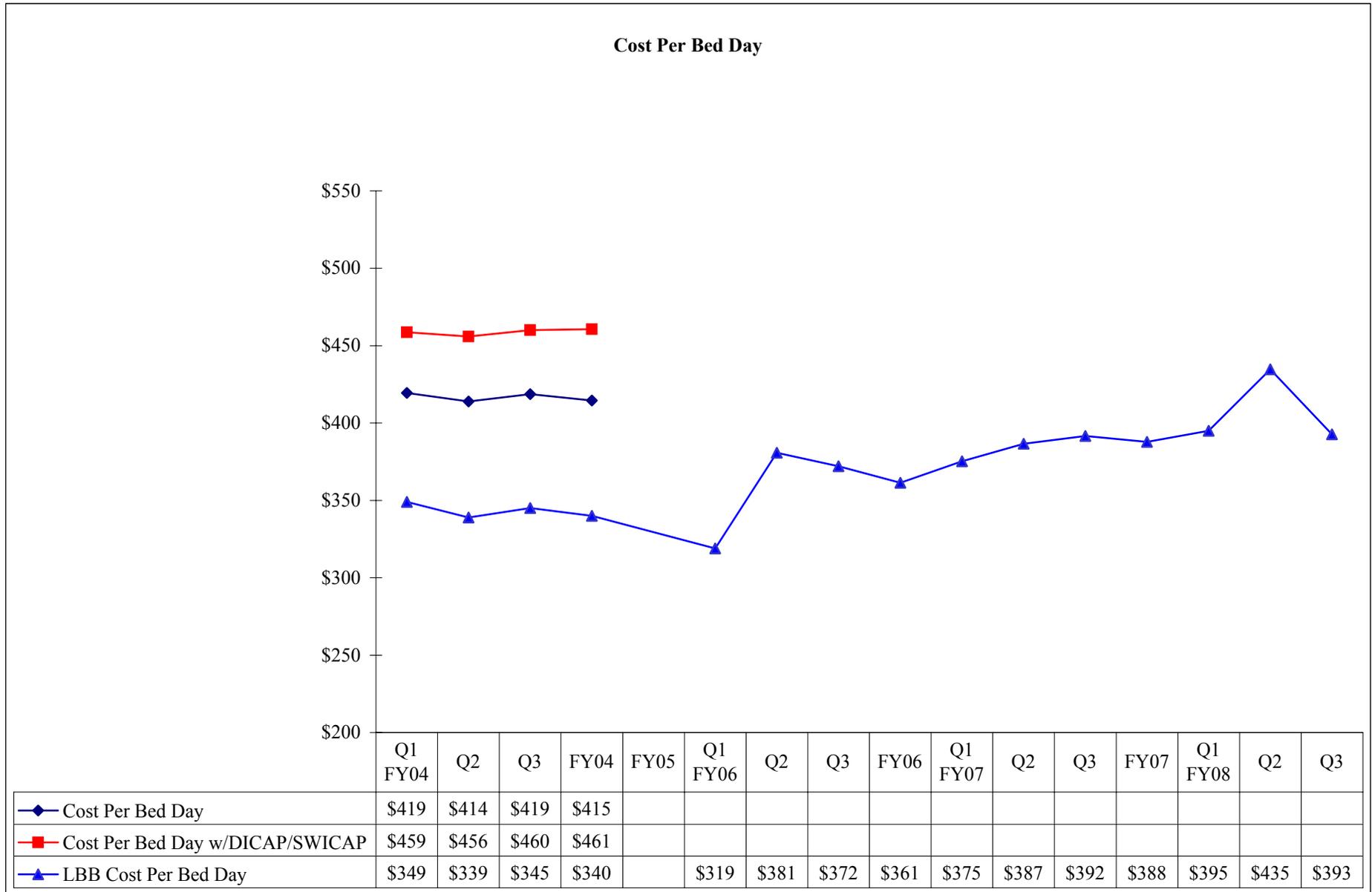
LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation
Starting with FY03 Q2 RGSC (MH) is included in All SMHF Average Cost.

Measure 1B - Cost Per Bed Day
All State Hospitals

Cost Per Bed Day

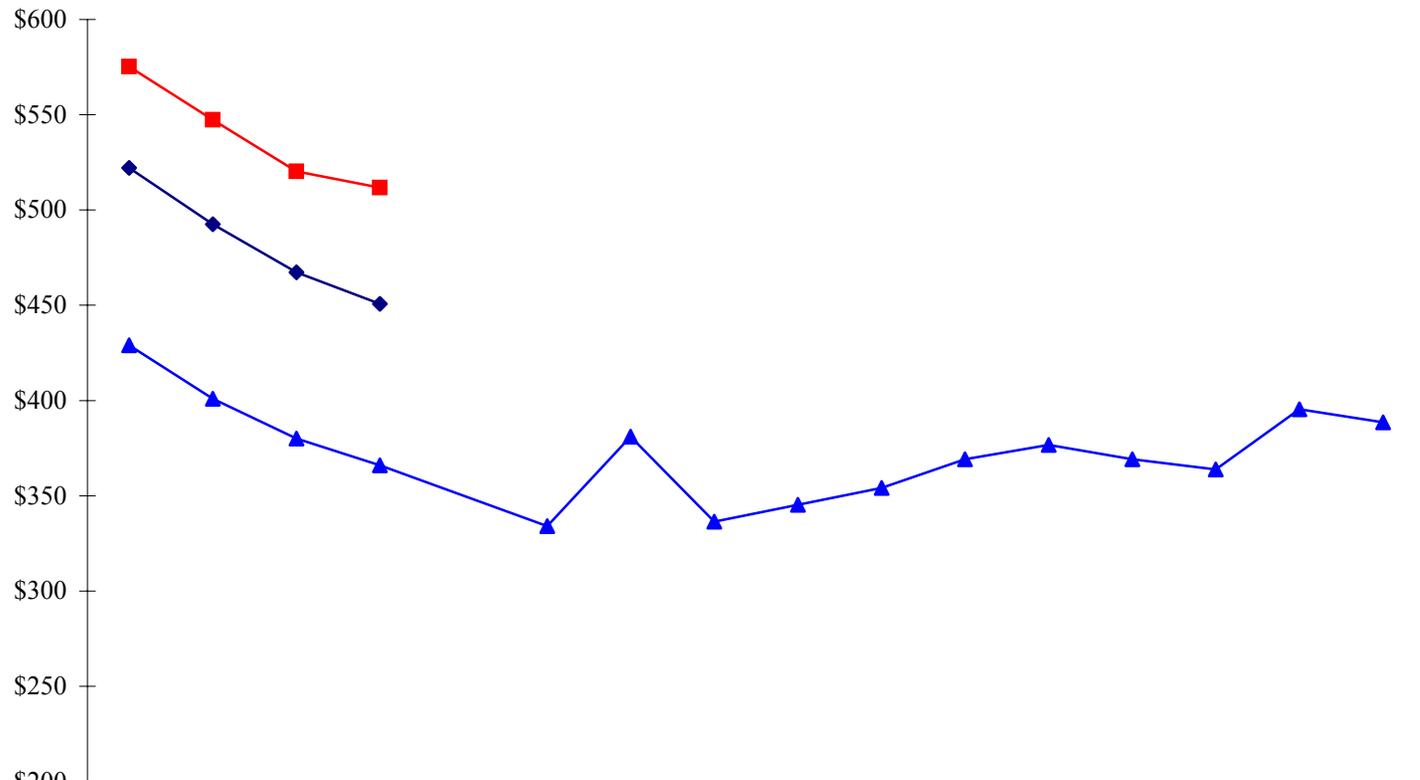


**Measure 1B - Cost Per Bed Day
Austin State Hospital**



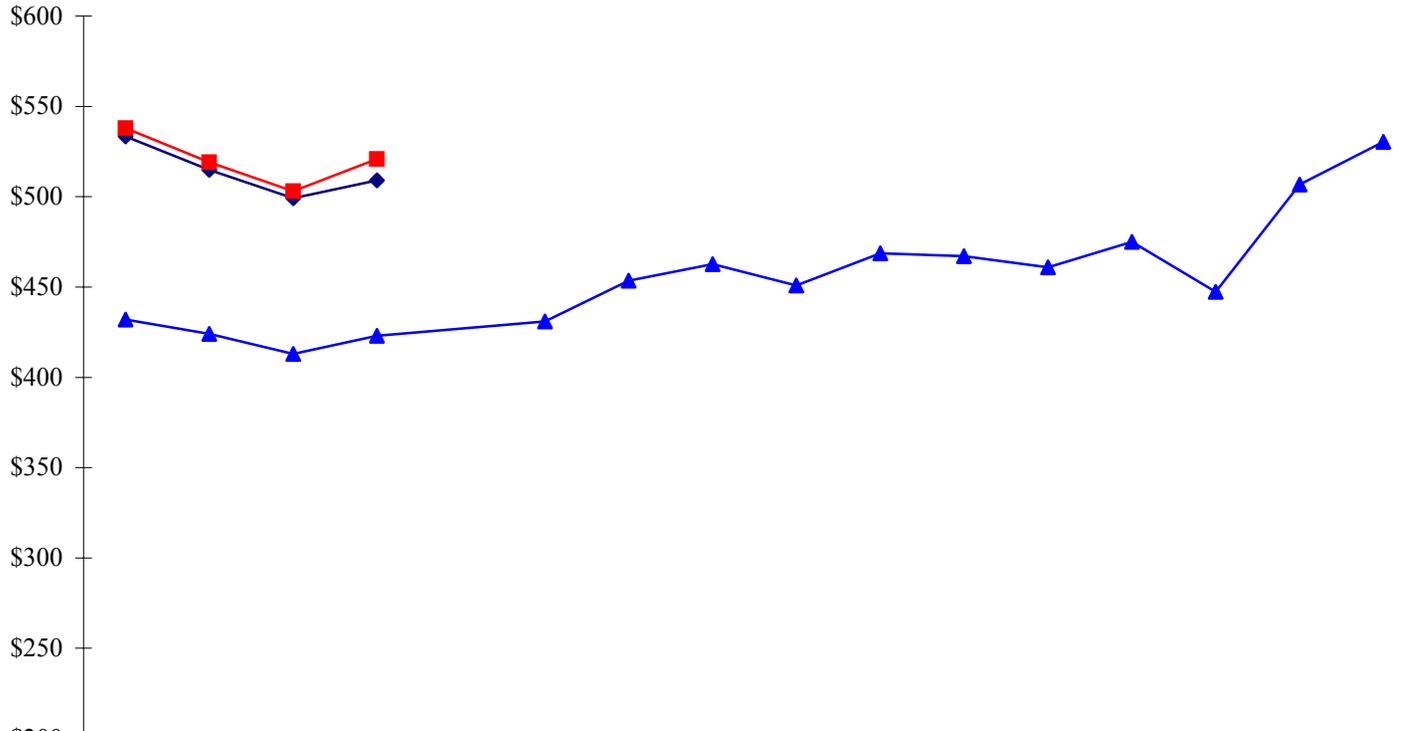
Measure 1B - Cost Per Bed Day
Big Spring State Hospital

Cost Per Bed Day



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

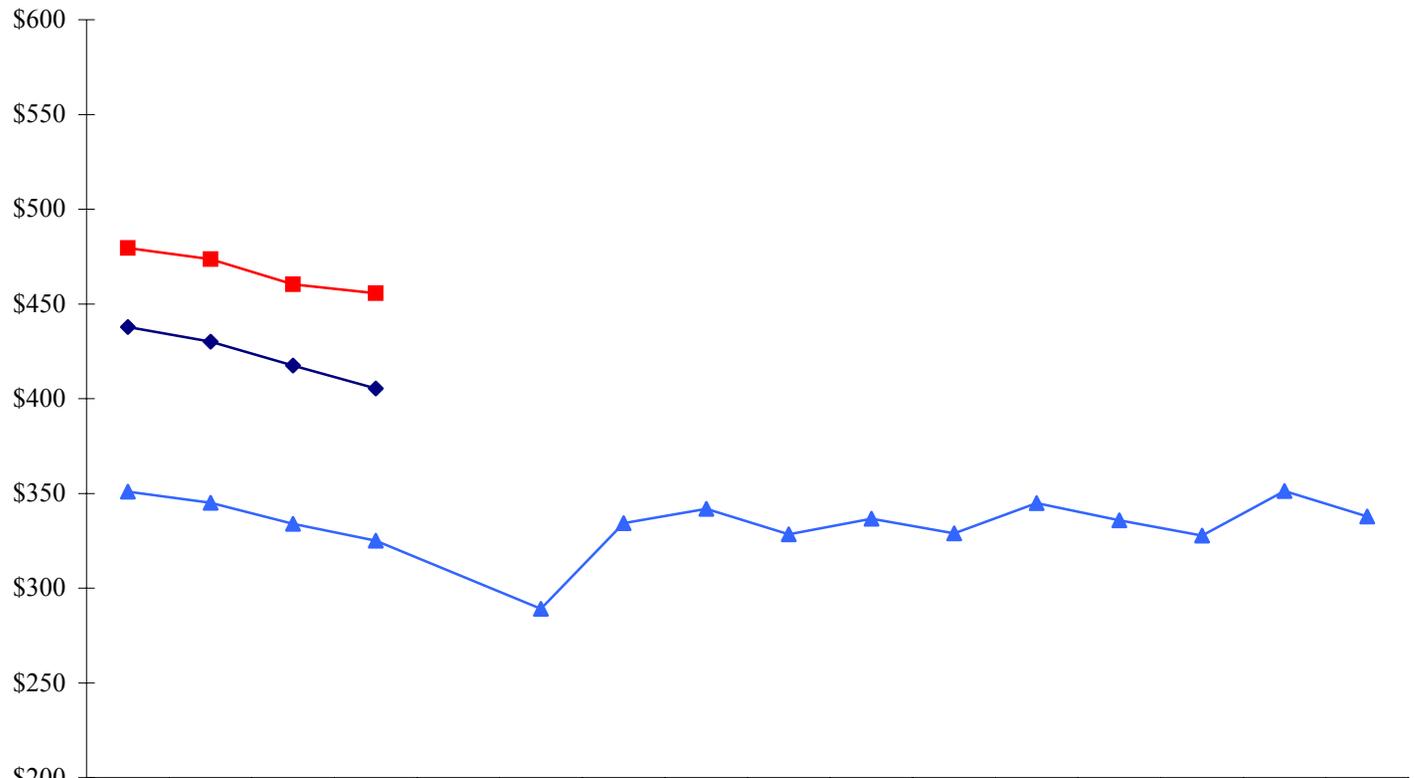
Cost Per Bed Day



◆ Cost Per Bed Day	\$533	\$515	\$499	\$509												
■ Cost Per Bed Day w/DICAP/SWICAP	\$538	\$519	\$503	\$521												
▲ LBB Cost Per Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$475	\$447	\$507	\$530

Measure 1B - Cost Per Bed Day
Kerrville State Hospital

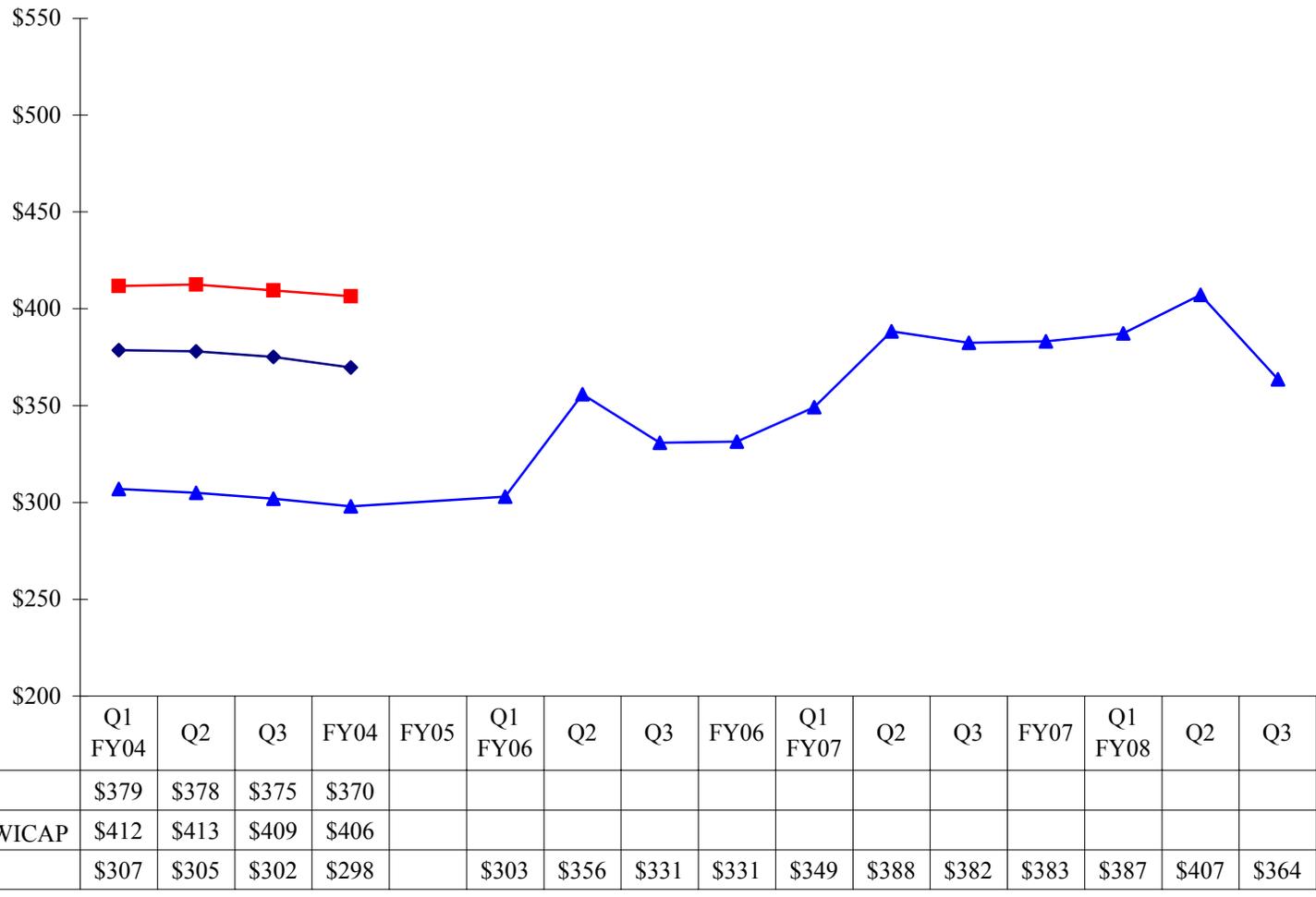
Cost Per Bed Day



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

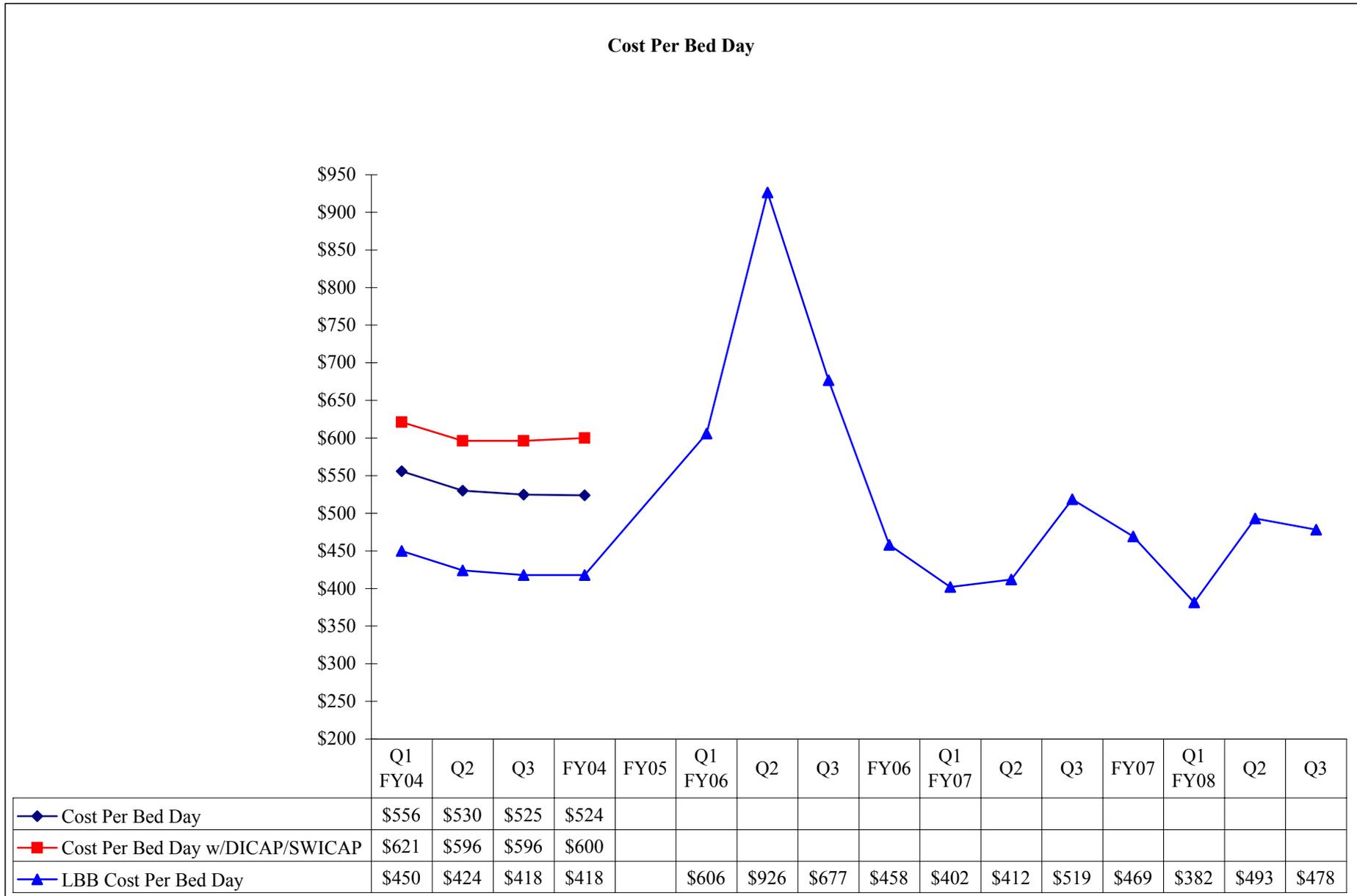
Measure 1B - Cost Per Bed Day
North Texas State Hospital

Cost Per Bed Day



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

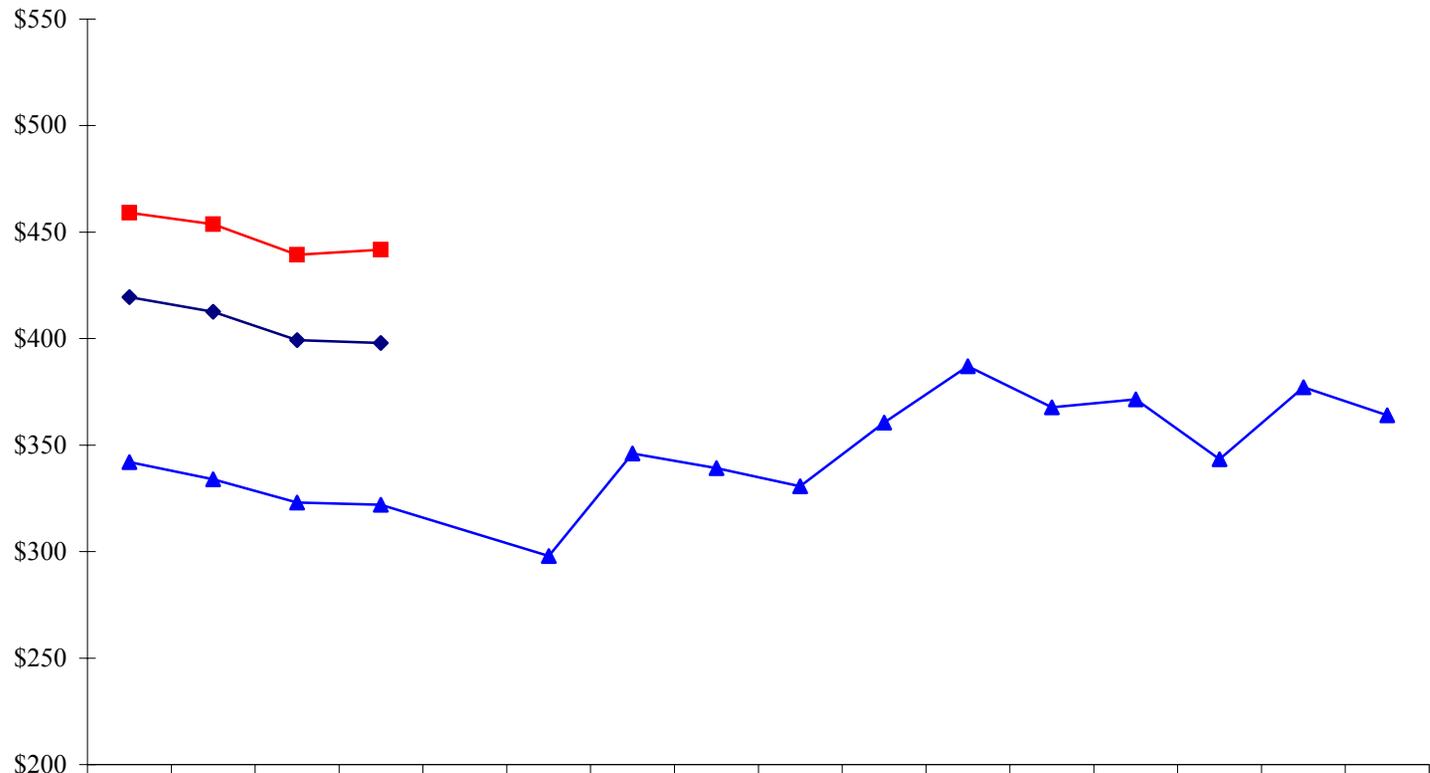
Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)



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

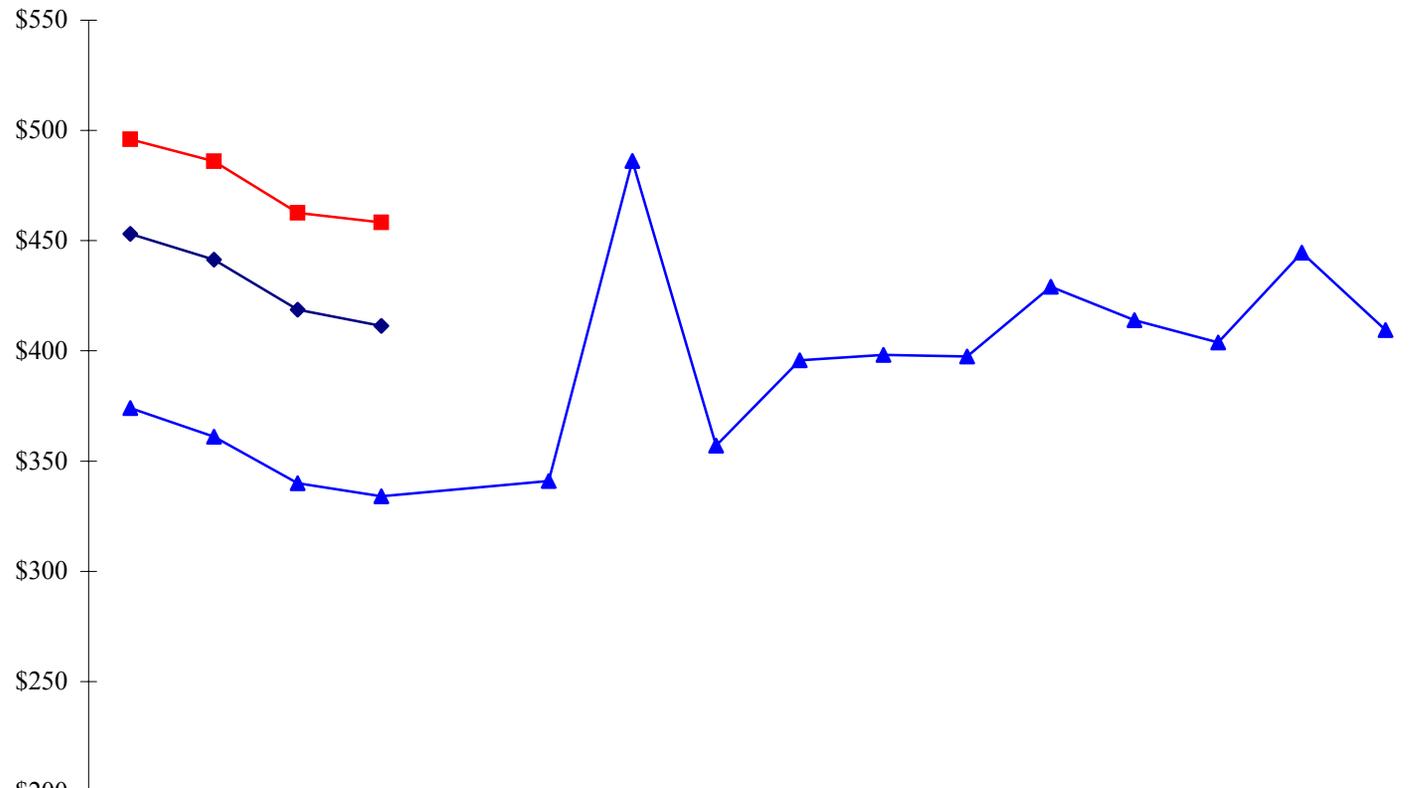
Measure 1B - Cost Per Bed Day
Rusk State Hospital

Cost Per Bed Day



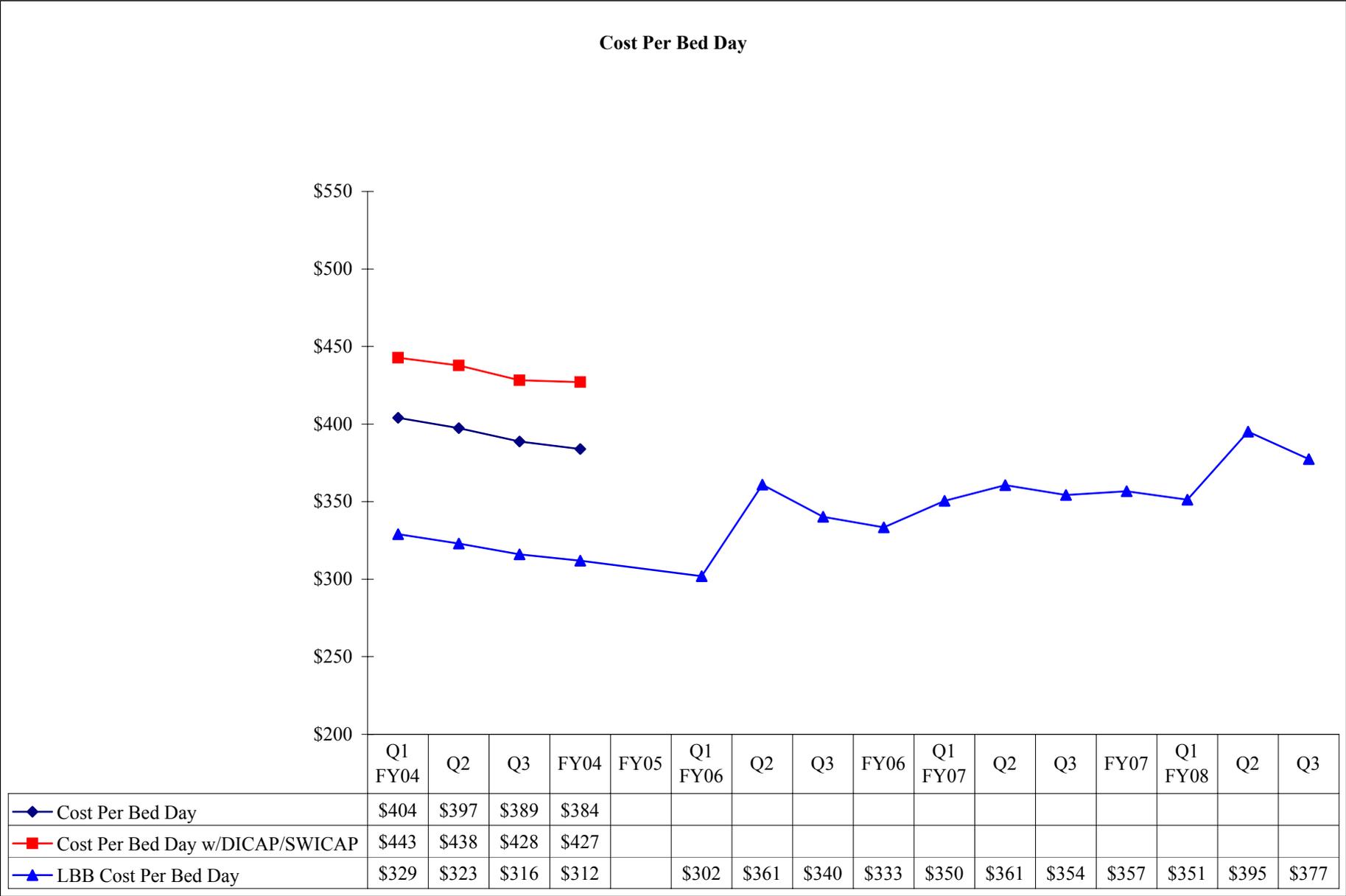
Measure 1B - Cost Per Bed Day
San Antonio State Hospital

Cost Per Bed Day



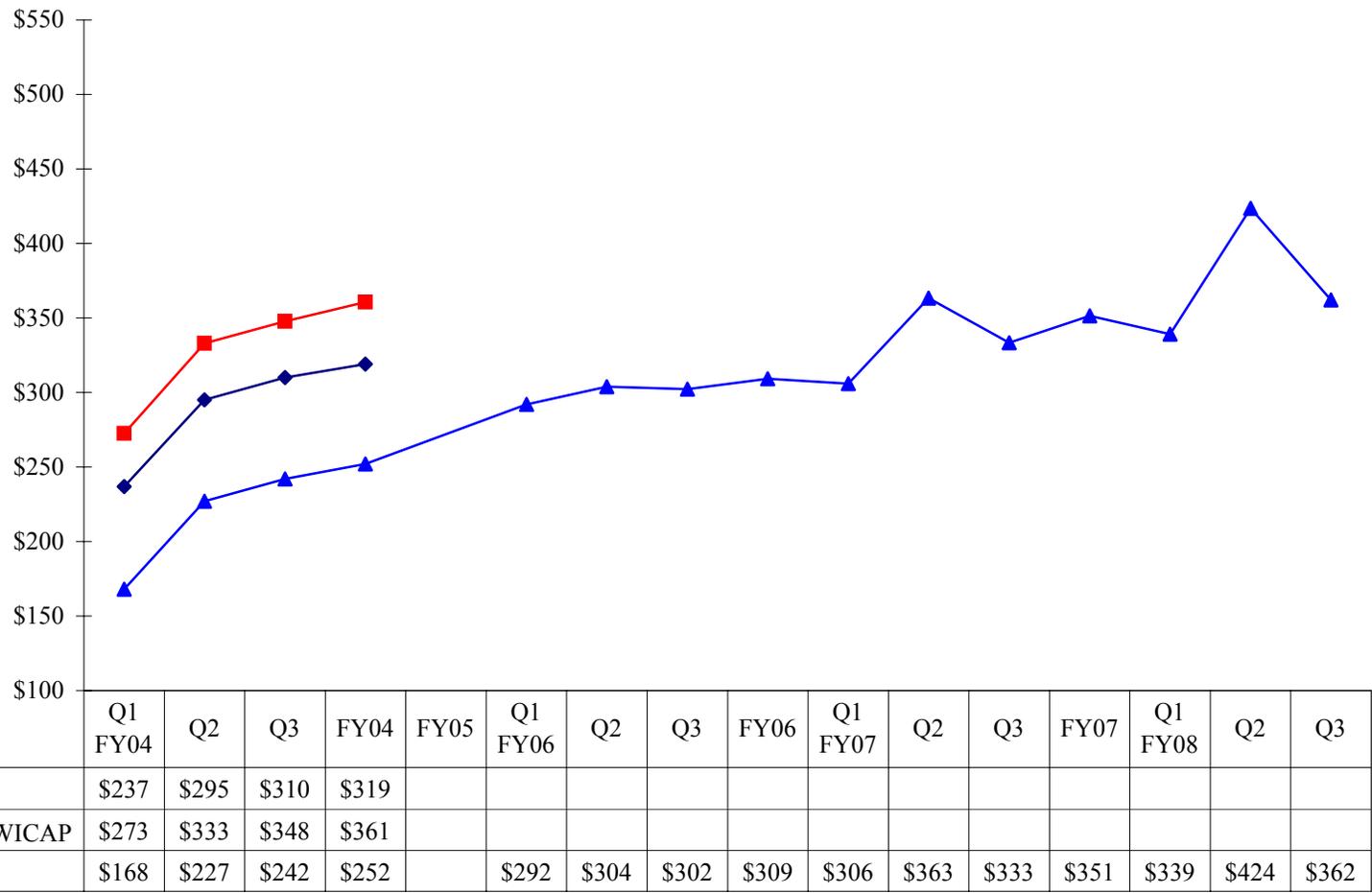
	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3	FY07	Q1 FY08	Q2	Q3
◆ Cost Per Bed Day	\$453	\$441	\$419	\$411												
■ Cost Per Bed Day w/DICAP/SWICAP	\$496	\$486	\$463	\$458												
▲ LBB Cost Per Bed Day	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$396	\$398	\$397	\$429	\$414	\$404	\$444	\$409

Measure 1B - Cost Per Bed Day
Terrell State Hospital

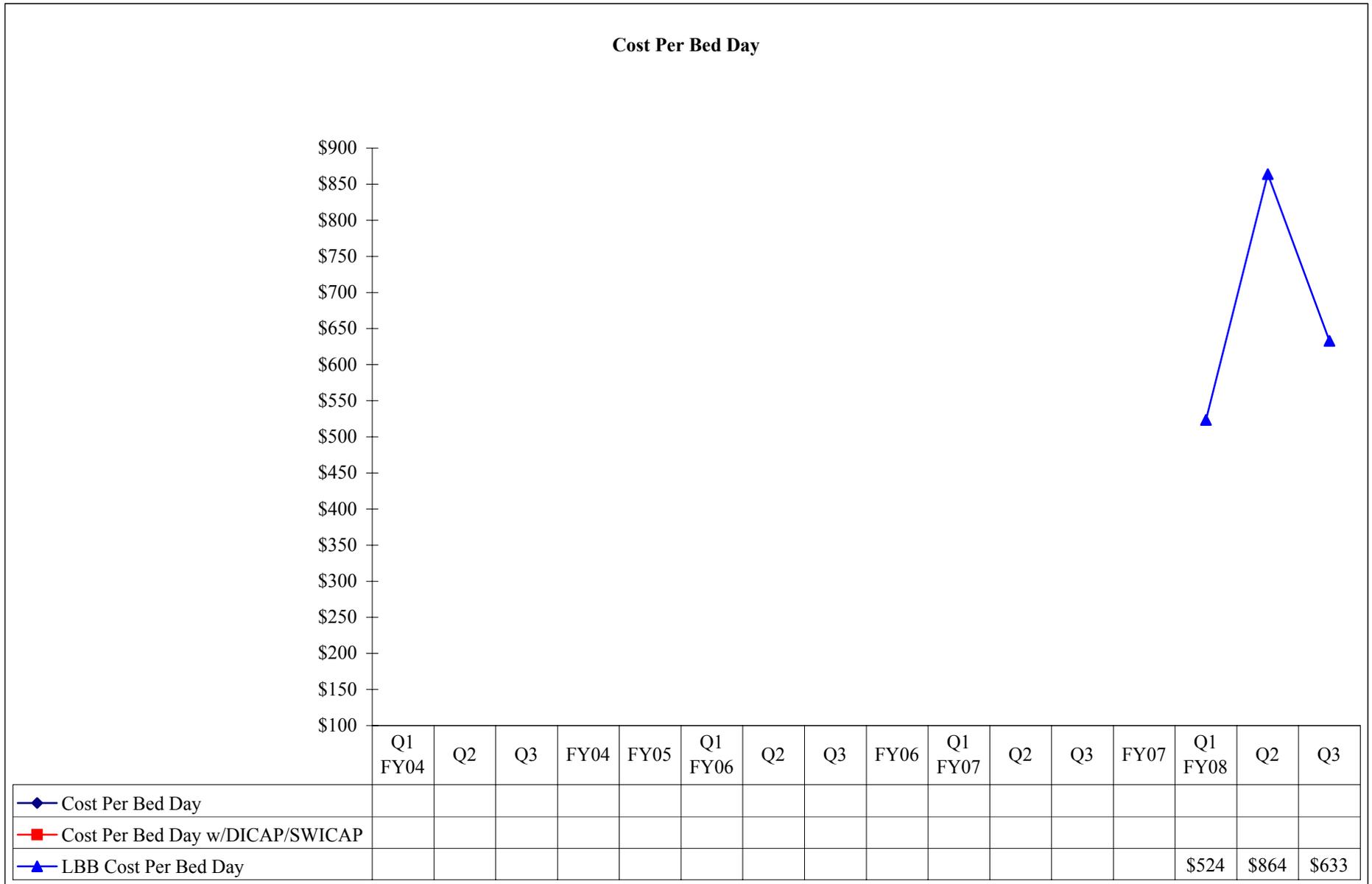


**Measure 1B - Cost Per Bed Day
Waco Center for Youth**

Cost Per Bed Day



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



Performance Measure 1C:

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

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

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

C = average daily census

N = number of bed days

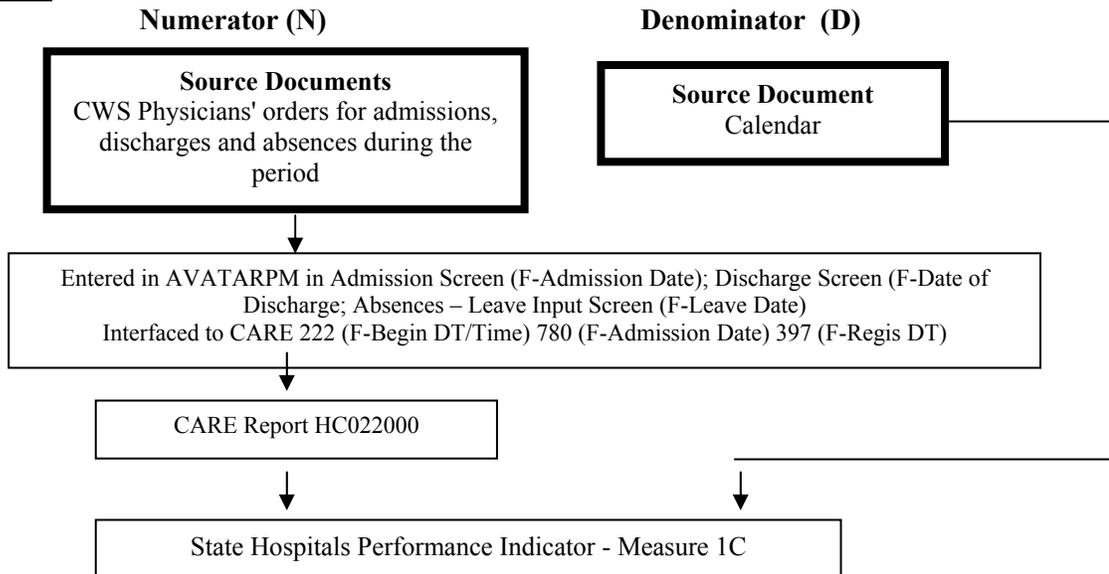
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

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

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

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

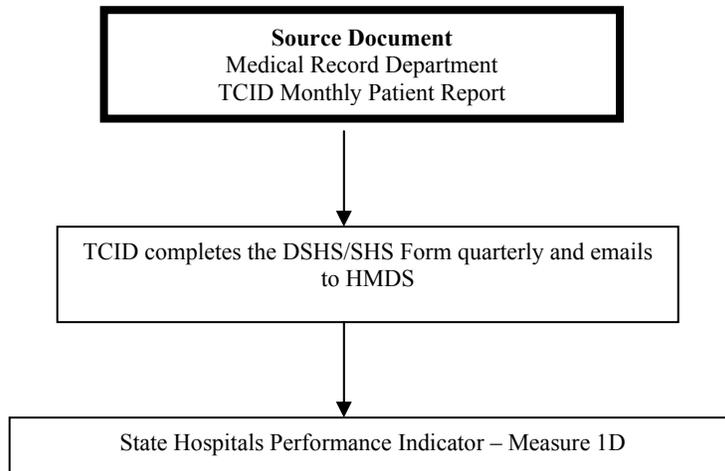
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

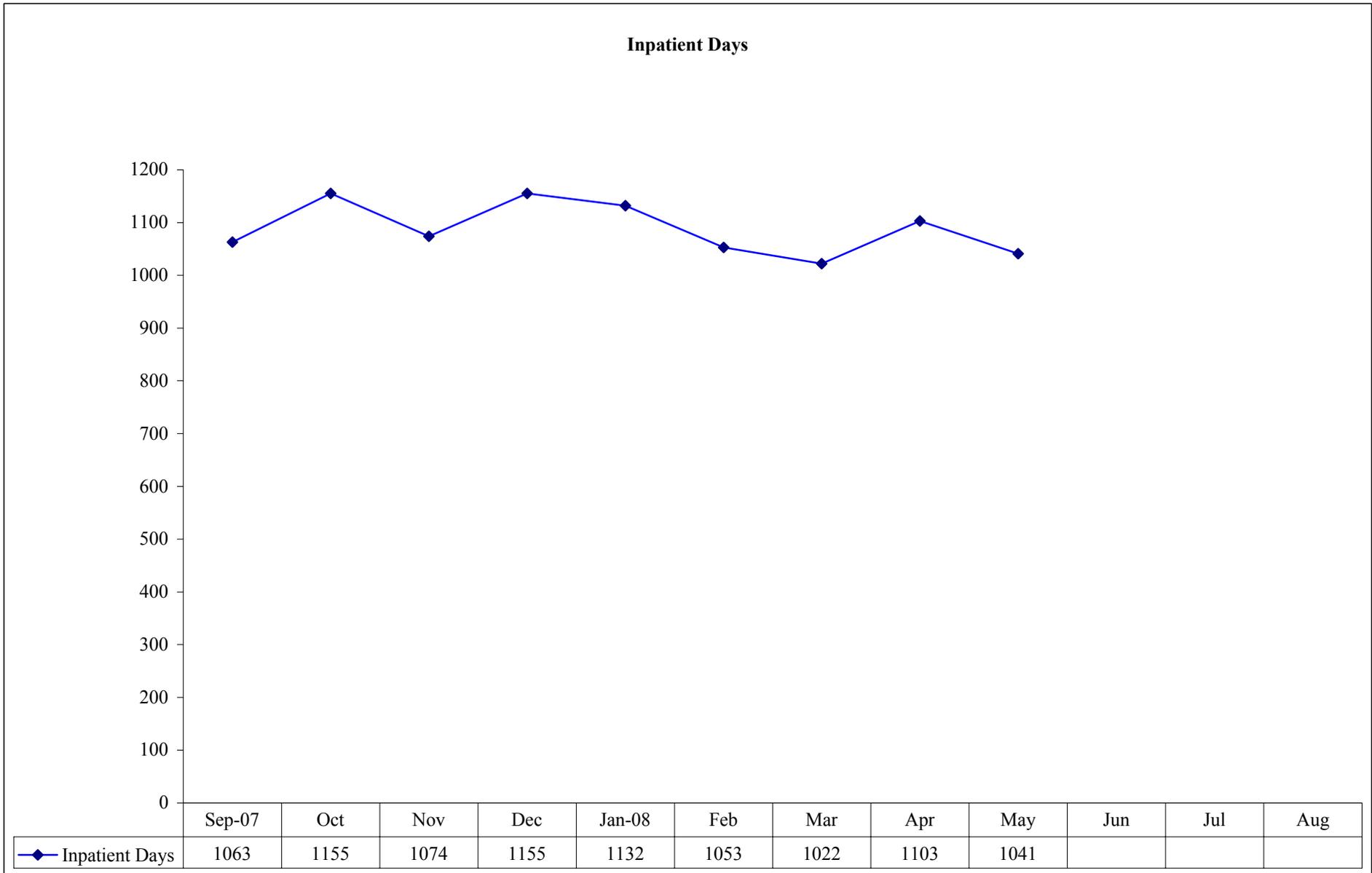
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



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



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

Performance Objective 2A:

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

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

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

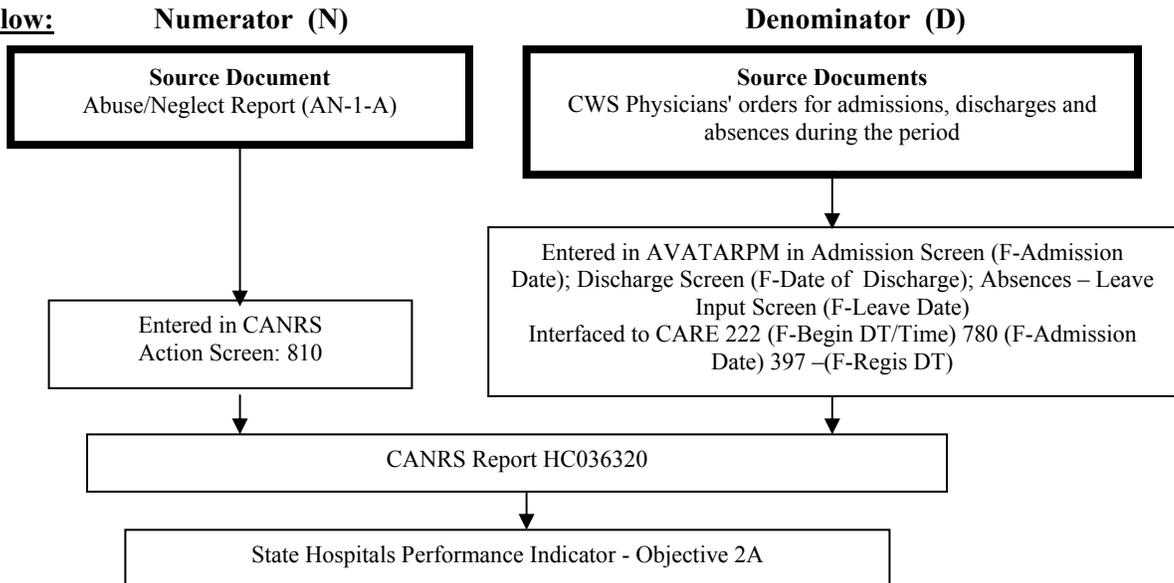
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

Facility	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08					
	Total	Class I	Class II	Class III	Neglect	Total								
All State Hospitals														
Total Cases	2419	2260	2387	2188	1476	1536	1617	1431	83	434	167	171	855	
Total Confirmed	220	211	193	175	76	117	112	137	7	31	15	28	81	
Total Confirmed Rate/1000 Bed Days	0.22	0.24	0.23	0.21	0.09	0.13	0.13	0.16	0.00	0.04	0.02	0.04	0.12	

Performance Objective 2C:

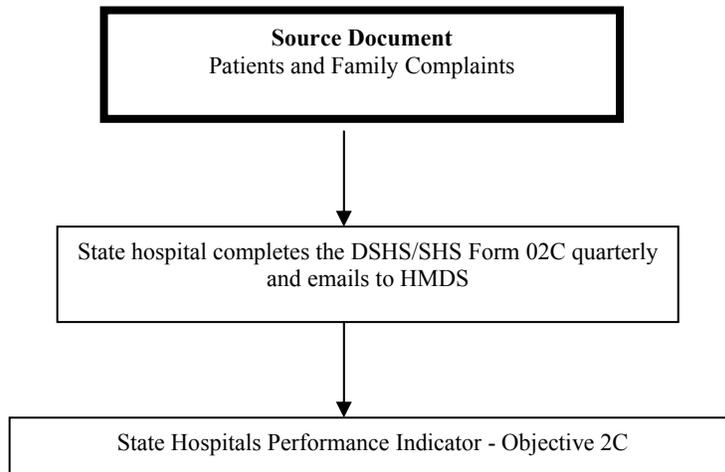
Each state hospital will analyze patient complaints.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Objective 2C - Patient Complaints
All State Hospitals - Q1 FY08

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	13	14	5	6	51	3	22	6	17	0	1	138
Per 1,000 Bed Days	0.51	0.82	0.81	0.33	1.03	0.64	0.77	0.23	0.59	0.00	0.16	0.65
Respect	14	23	11	2	54	1	35	18	49	0	5	212
Per 1,000 Bed Days	0.55	1.35	1.78	0.11	1.09	0.21	1.23	0.69	1.71	0.00	0.79	0.99
Discharge	17	27	9	0	27	9	24	4	6	0	0	123
Per 1,000 Bed Days	0.67	1.58	1.46	0.00	0.55	1.91	0.84	0.15	0.21	0.00	0.00	0.58
Medication	0	18	8	0	19	0	26	6	9	0	0	86
Per 1,000 Bed Days	0.00	1.05	1.29	0.00	0.38	0.00	0.91	0.23	0.31	0.00	0.00	0.40
Treatment Team/Planning	3	36	9	6	37	14	13	11	5	0	6	140
Per 1,000 Bed Days	0.12	2.11	1.46	0.33	0.75	2.97	0.46	0.42	0.17	0.00	0.94	0.65
Others	95	41	12	4	113	9	73	44	44	0	12	447
Per 1,000 Bed Days	3.73	2.40	1.94	0.22	2.28	1.91	2.56	1.68	1.54	0.00	1.89	2.09
Total	142	159	54	18	301	36	193	89	130	0	24	1146
Per 1,000 Bed Days	5.58	9.30	8.74	1.00	6.08	7.63	6.77	3.39	4.55	0.00	3.78	5.36

Objective 2C - Patient Complaints
All State Hospitals - Q2 FY08

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	27	10	6	4	33	0	32	5	15	0	1	133
Per 1,000 Bed Days	1.11	0.57	0.99	0.22	0.64	0.00	1.08	0.20	0.53	0.00	0.16	0.62
Respect	24	20	6	6	19	0	34	19	38	0	3	169
Per 1,000 Bed Days	0.98	1.14	0.99	0.34	0.37	0.00	1.15	0.75	1.35	0.00	0.48	0.79
Discharge	35	21	9	1	29	13	49	5	8	0	3	173
Per 1,000 Bed Days	1.43	1.20	1.48	0.06	0.56	2.90	1.66	0.20	0.28	0.00	0.48	0.80
Medication	5	16	5	4	33	0	32	2	4	0	2	103
Per 1,000 Bed Days	0.20	0.91	0.82	0.22	0.64	0.00	1.08	0.08	0.14	0.00	0.32	0.48
Treatment Team/Plann	5	40	7	5	24	17	15	8	7	0	13	141
Per 1,000 Bed Days	0.20	2.28	1.15	0.28	0.46	3.79	0.51	0.31	0.25	0.00	2.06	0.66
Others	190	16	15	4	93	6	122	76	41	1	17	581
Per 1,000 Bed Days	7.78	0.91	2.47	0.22	1.79	1.34	4.12	2.99	1.45	0.30	2.70	2.70
Total	286	123	48	24	231	36	284	115	113	1	39	1300
Per 1,000 Bed Days	11.71	7.00	7.89	1.35	4.45	8.03	9.59	4.53	4.00	0.30	6.19	6.04

Objective 2C - Patient Complaints
All State Hospitals - Q3 FY08

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY	System Total
Property	10	10	5	6	29	1	35	5	1	26	3	131
Per 1,000 Bed Days	0.38	0.58	0.84	0.33	0.53	0.22	1.18	0.19	0.32	0.92	0.44	0.59
Respect	10	21	8	8	21	2	47	18	1	54	3	193
Per 1,000 Bed Days	0.38	1.21	1.35	0.44	0.39	0.44	1.59	0.69	0.32	1.91	0.44	0.88
Discharge	12	13	11	1	27	7	55	17	0	2	0	145
Per 1,000 Bed Days	0.46	0.75	1.85	0.05	0.50	1.55	1.86	0.66	0.00	0.07	0.00	0.66
Medication	11	21	5	1	19	1	31	2	0	10	0	101
Per 1,000 Bed Days	0.42	1.21	0.84	0.05	0.35	0.22	1.05	0.08	0.00	0.35	0.00	0.46
Treatment Team/Planning	0	31	10	0	34	15	25	12	0	9	14	150
Per 1,000 Bed Days	0.00	1.79	1.68	0.00	0.63	3.33	0.84	0.46	0.00	0.32	2.04	0.68
Others	121	19	21	3	74	10	144	24	1	32	15	464
Per 1,000 Bed Days	4.62	1.10	3.53	0.16	1.36	2.22	4.86	0.93	0.32	1.13	2.18	2.11
Total	164	115	60	19	204	36	337	78	3	133	35	1184
Per 1,000 Bed Days	6.26	6.63	10.10	1.04	3.76	7.98	11.39	3.01	0.95	4.70	5.10	5.38

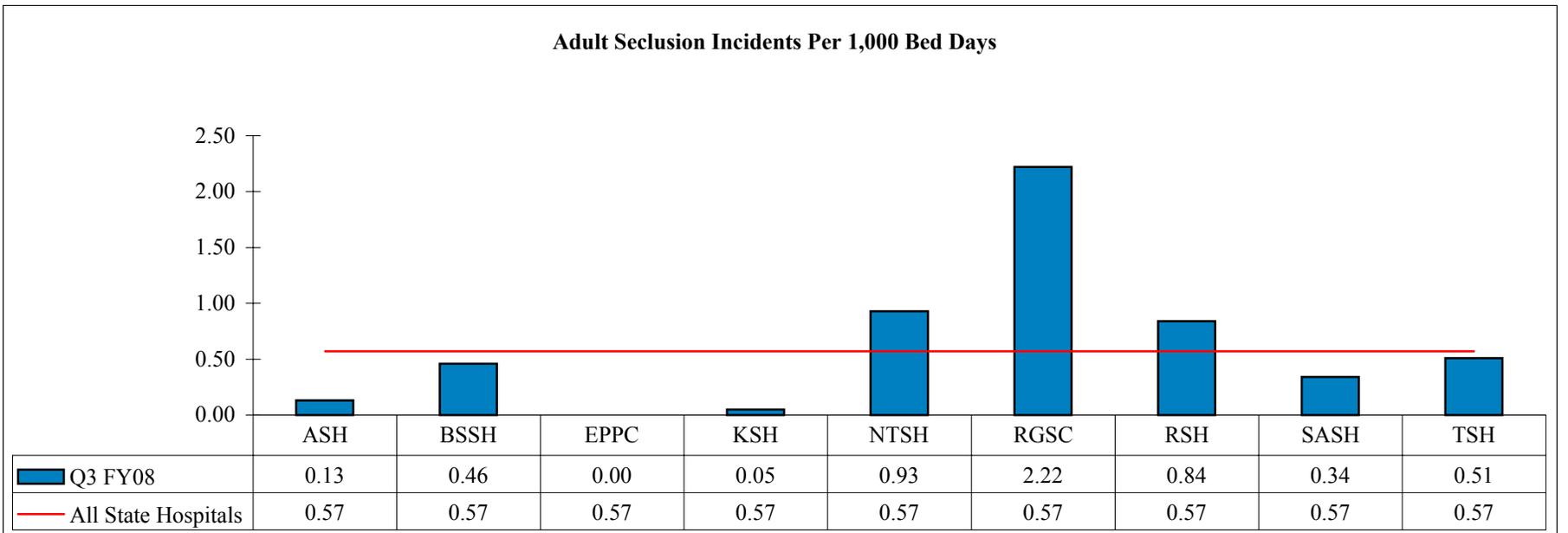
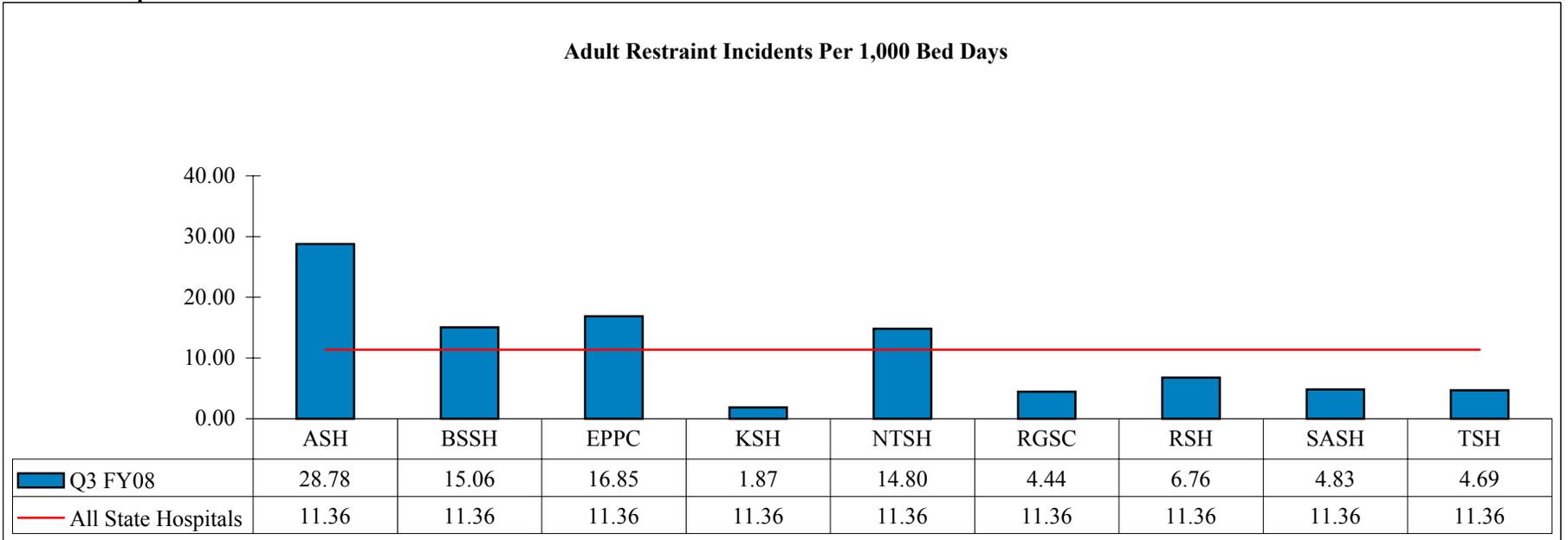
Objective 2C - Patient Complaints

FY08

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	50	34	16	16	113	4	89	16	33	26	5	402
Per 1,000 Bed Days	0.66	0.65	0.88	0.30	0.73	0.29	1.01	0.21	0.39	2.65	0.26	0.62
Respect	48	64	25	16	94	3	116	55	88	54	11	574
Per 1,000 Bed Days	0.63	1.23	1.37	0.30	0.60	0.22	1.32	0.71	1.03	5.51	0.56	0.88
Discharge	64	61	29	2	83	29	128	26	14	2	3	441
Per 1,000 Bed Days	0.84	1.17	1.59	0.04	0.53	2.11	1.46	0.34	0.16	0.20	0.15	0.68
Medication	16	55	18	5	71	1	89	10	13	10	2	290
Per 1,000 Bed Days	0.21	1.06	0.99	0.09	0.46	0.07	1.01	0.13	0.15	1.02	0.10	0.45
Treatment Team/Planning	8	107	26	11	95	46	53	31	12	9	33	431
Per 1,000 Bed Days	0.11	2.06	1.43	0.20	0.61	3.35	0.60	0.40	0.14	0.92	1.69	0.66
Others	406	76	48	11	280	25	339	144	86	33	44	1492
Per 1,000 Bed Days	5.34	1.46	2.64	0.20	1.80	1.82	3.87	1.86	1.01	3.37	2.25	2.30
Total	592	397	162	61	736	108	814	282	246	134	98	3630
Per 1,000 Bed Days	7.78	7.64	8.90	1.13	4.73	7.88	9.28	3.64	2.89	13.68	5.02	5.59

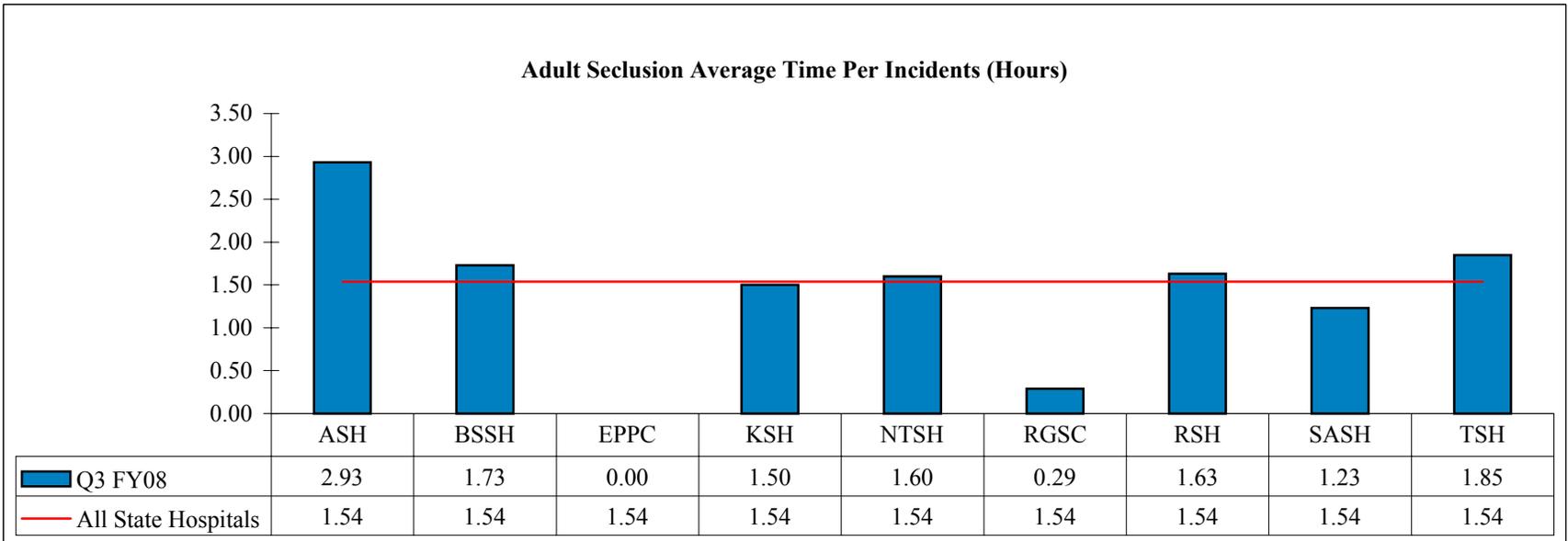
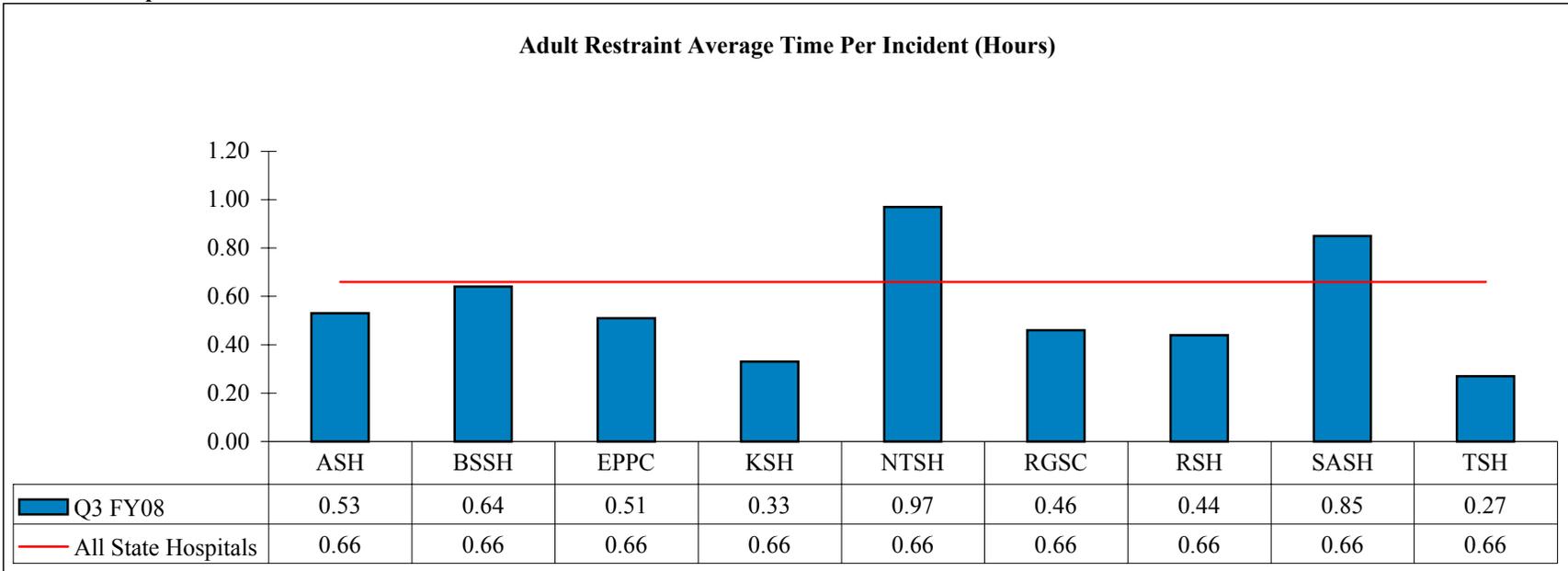
Objective 3A - Maintain Restraint and Seclusion Data

All State Hospitals

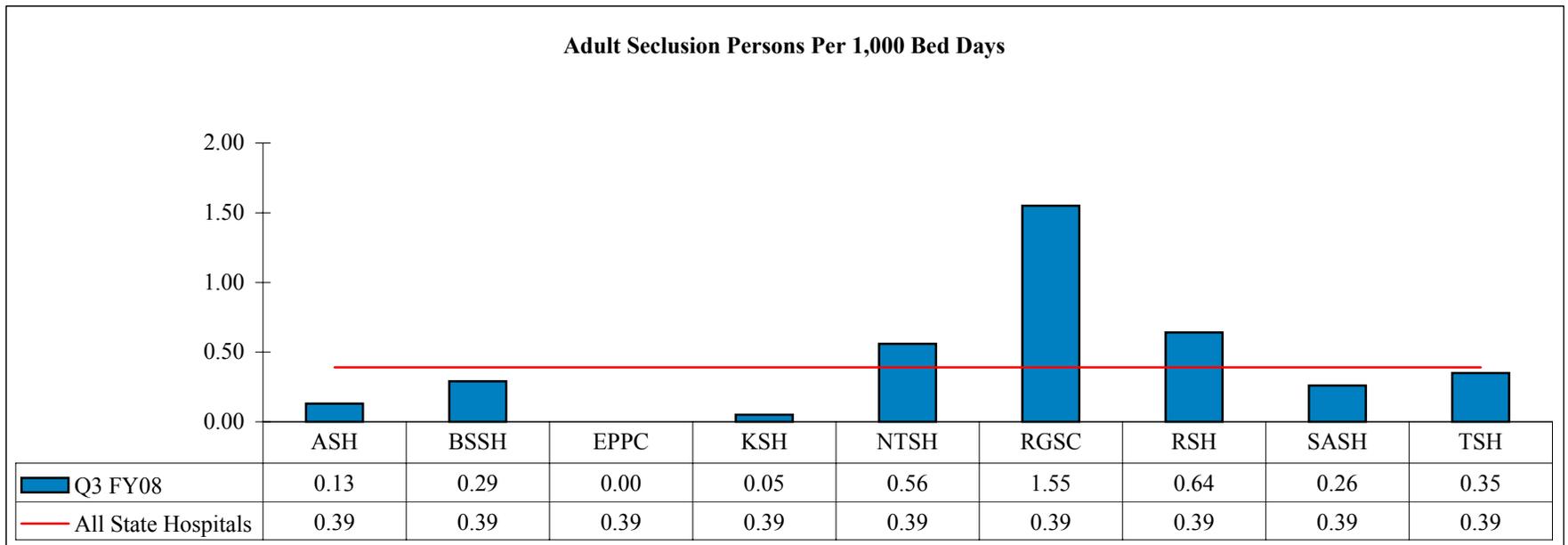
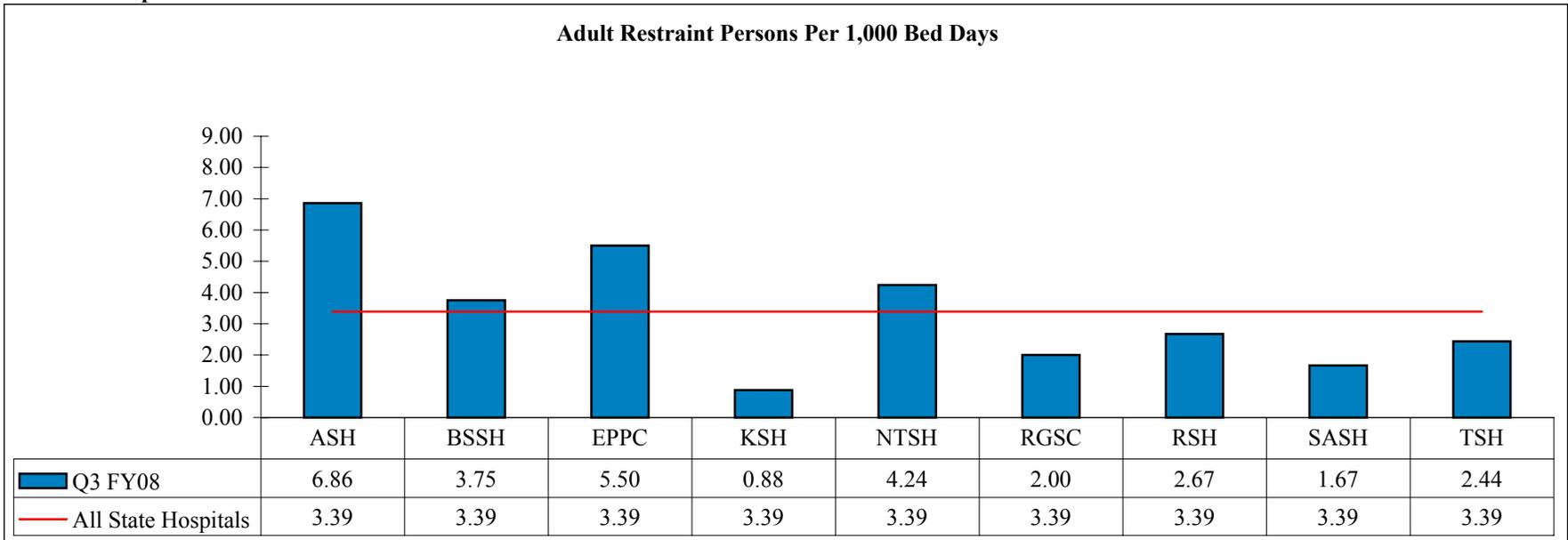


Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)

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

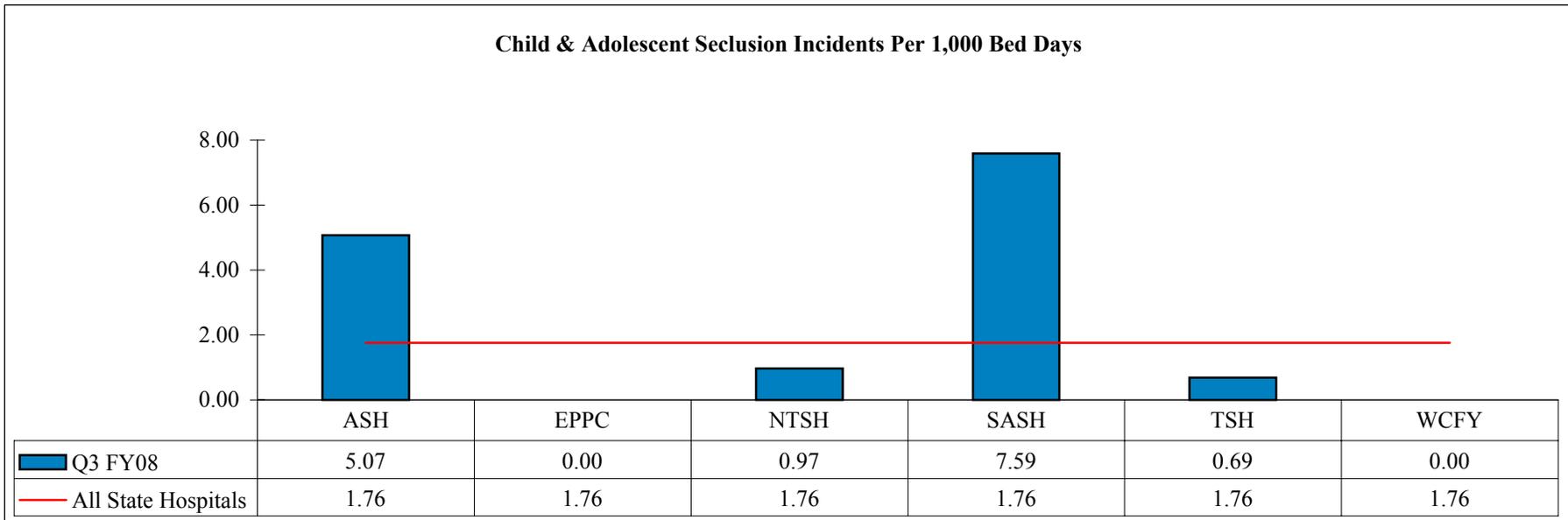
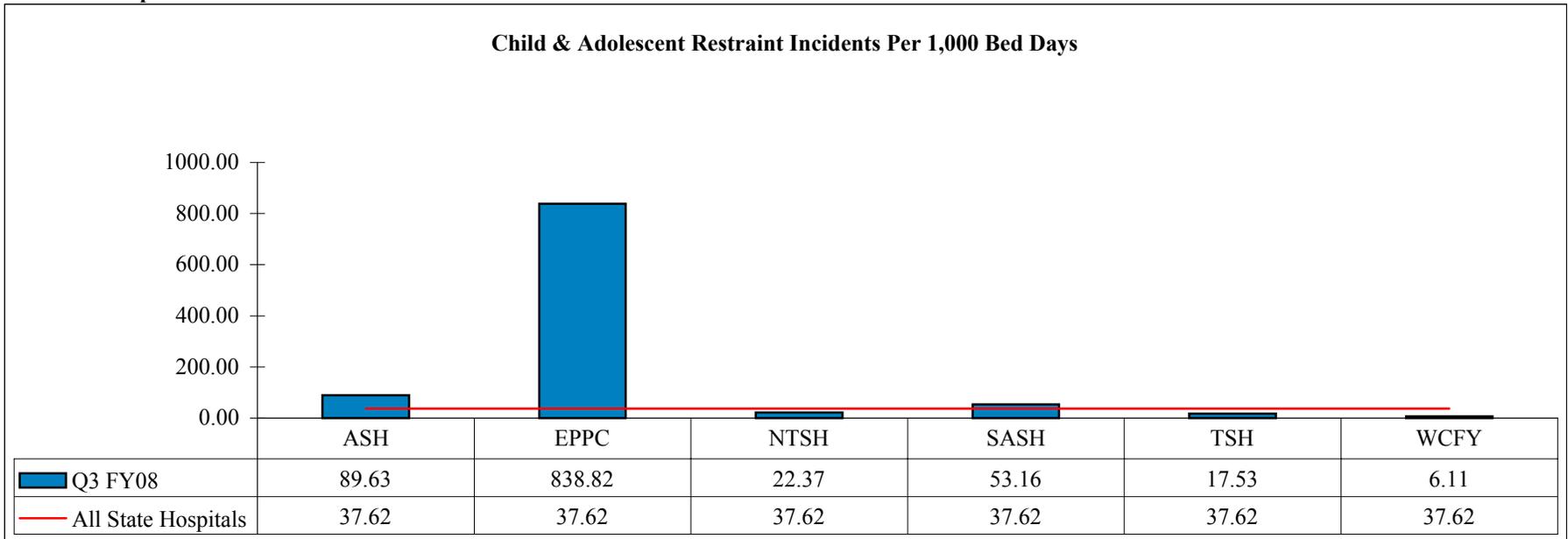


Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

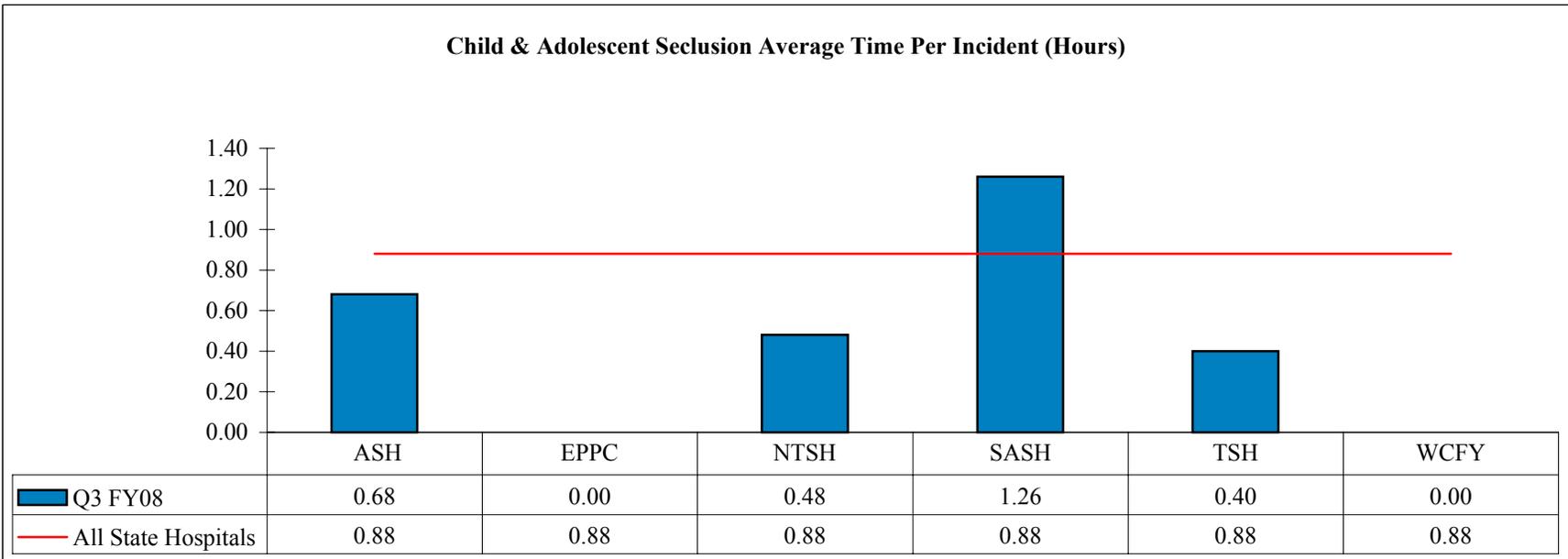
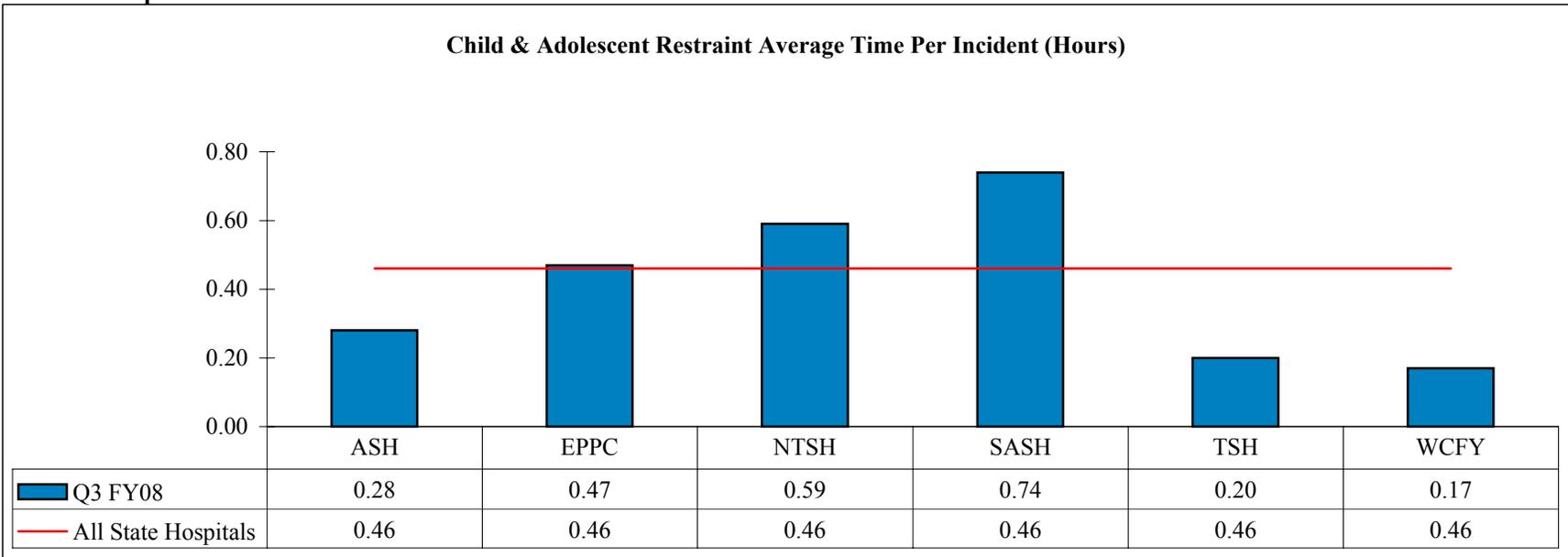


Objective 3A - Maintain Restraint and Seclusion Data

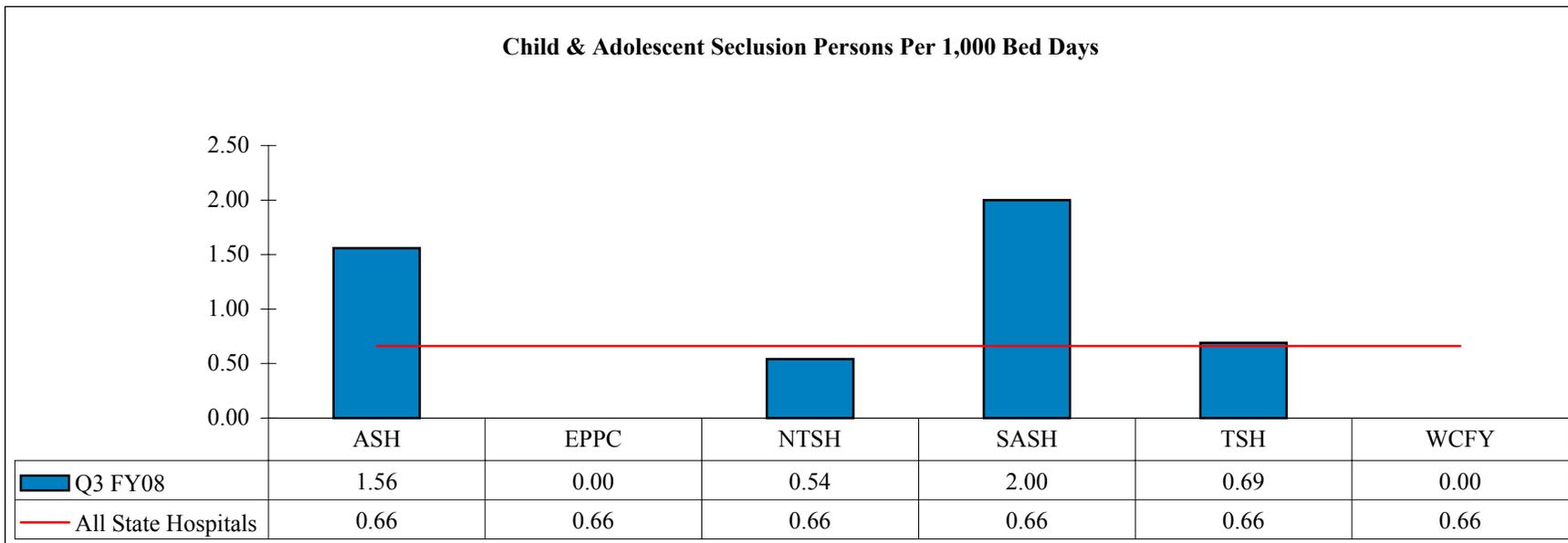
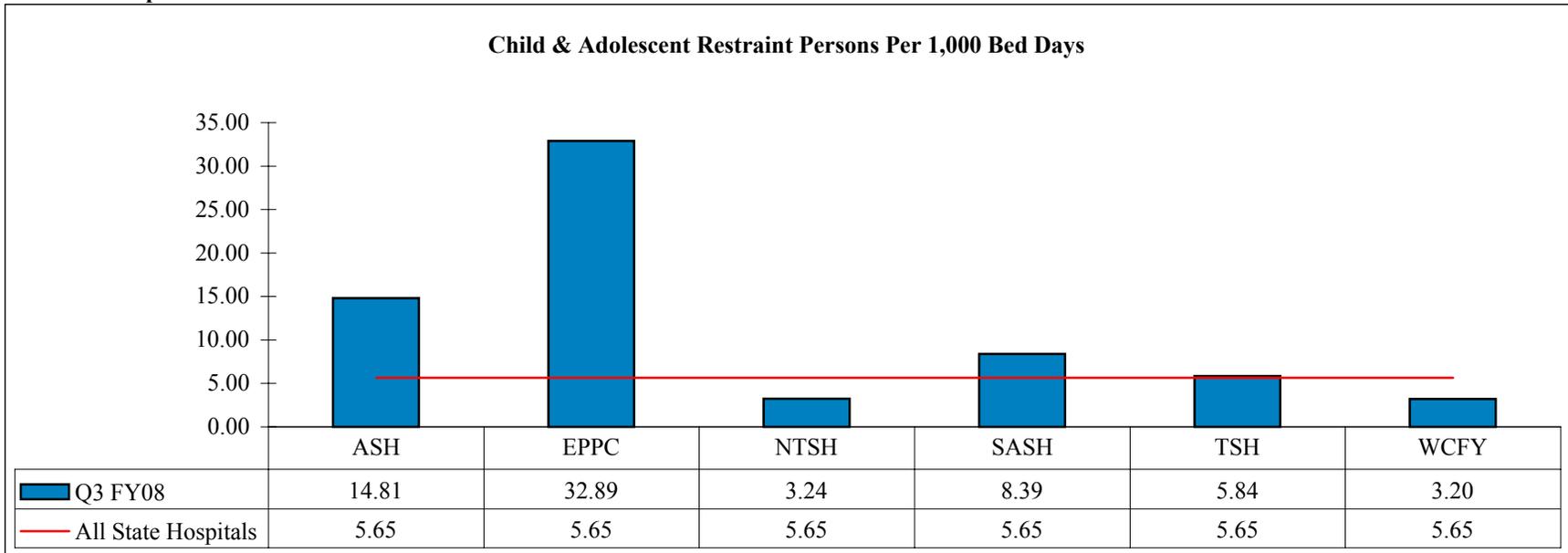
All State Hospitals



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



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



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

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

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

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

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

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

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

Fiscal Year 2008

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

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

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

Fiscal Year 2008

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

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

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

Fiscal Year 2008

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Austin State Hospital					
Personal Restraint	843	583	632		2,058
Mechanical Restraint	432	308	278		1,018
Seclusion	48	16	16		80
Big Spring State Hospital					
Personal Restraint	134	116	164		414
Mechanical Restraint	93	65	97		255
Seclusion	3	4	8		15
El Paso Psychiatric Center					
Personal Restraint	84	123	192		399
Mechanical Restraint	73	61	158		292
Seclusion	6	7	0		13
Kerrville State Hospital					
Personal Restraint	22	23	28		73
Mechanical Restraint	3	3	6		12
Seclusion	0	0	1		1
North Texas State Hospital					
Personal Restraint	615	606	539		1,760
Mechanical Restraint	340	353	334		1,027
Seclusion	63	55	51		169
Rio Grande State Center					
Personal Restraint	44	23	20		87
Mechanical Restraint	0	0	0		0
Seclusion	17	11	12		40
Rusk State Hospital					
Personal Restraint	165	144	143		452
Mechanical Restraint	27	65	57		149
Seclusion	18	30	25		73
San Antonio State Hospital					
Personal Restraint	187	151	127		465
Mechanical Restraint	130	114	119		363
Seclusion	15	19	27		61

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

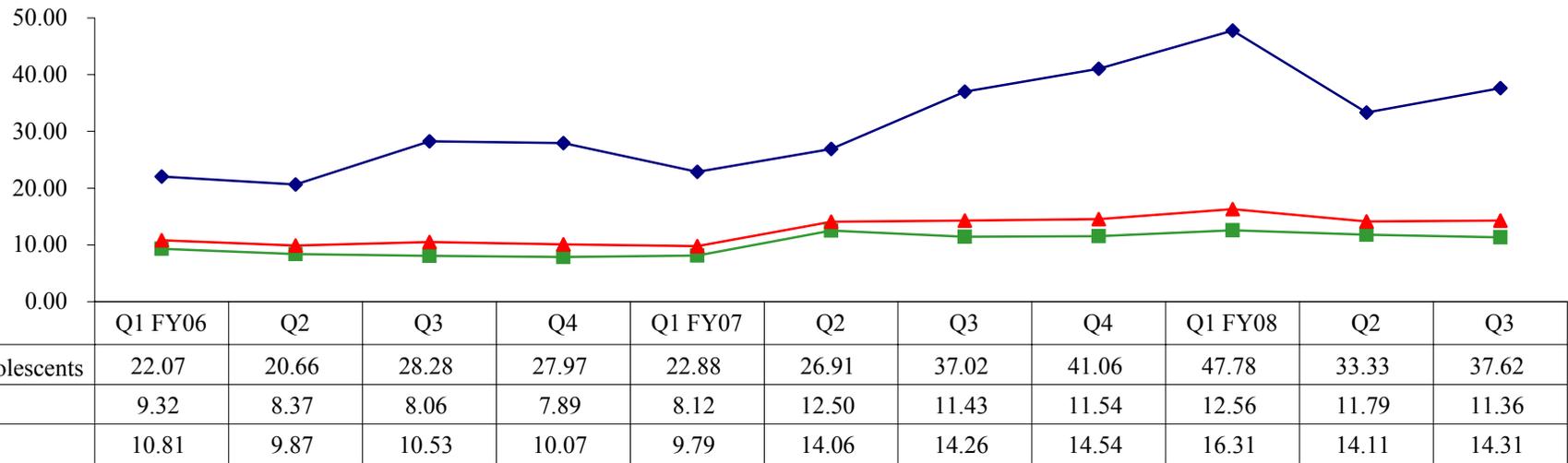
Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

Fiscal Year 2008

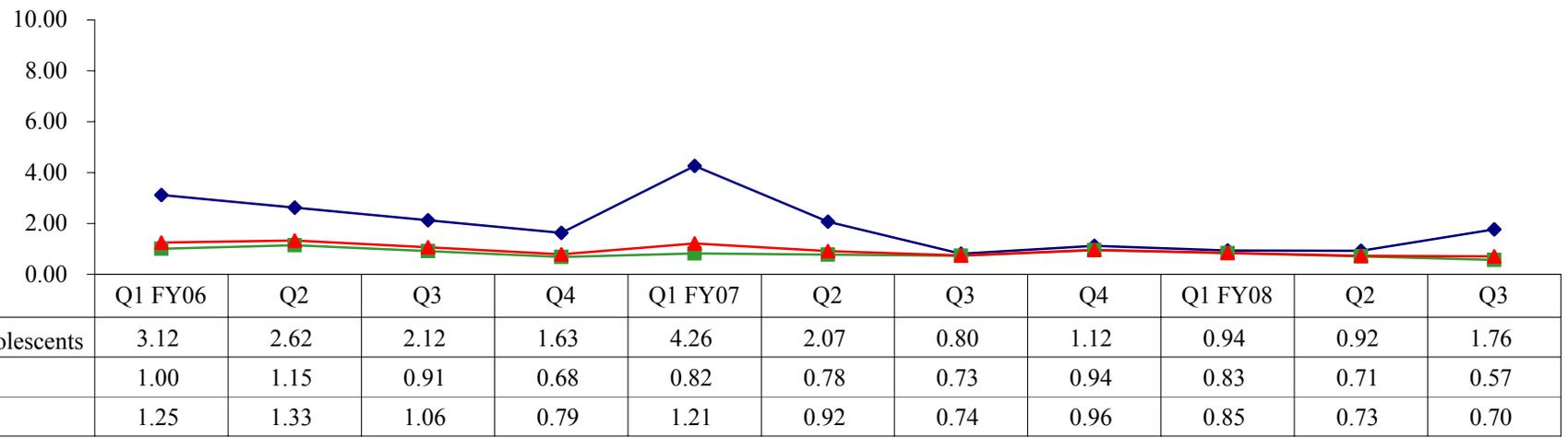
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Terrell State Hospital					
Personal Restraint	175	155	145		475
Mechanical Restraint	15	24	25		64
Seclusion	5	10	15		30
Waco Center For Youth					
Personal Restraint	47	59	37		143
Mechanical Restraint	6	11	5		22
Seclusion	3	3	0		6
All State Hospitals					
Personal Restraint	2,316	1,983	2,027		6,326
Mechanical Restraint	1,119	1,004	1,079		3,202
Seclusion	178	155	155		488

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

Restraint Incidents Per 1,000 Bed Days

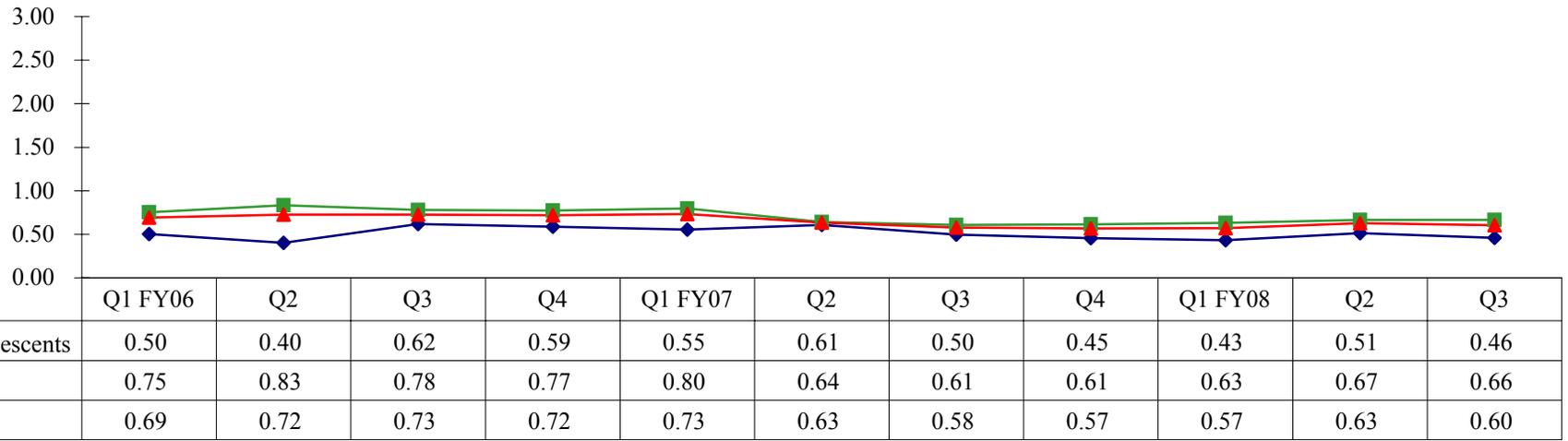


Seclusion Incidents Per 1,000 Bed Days

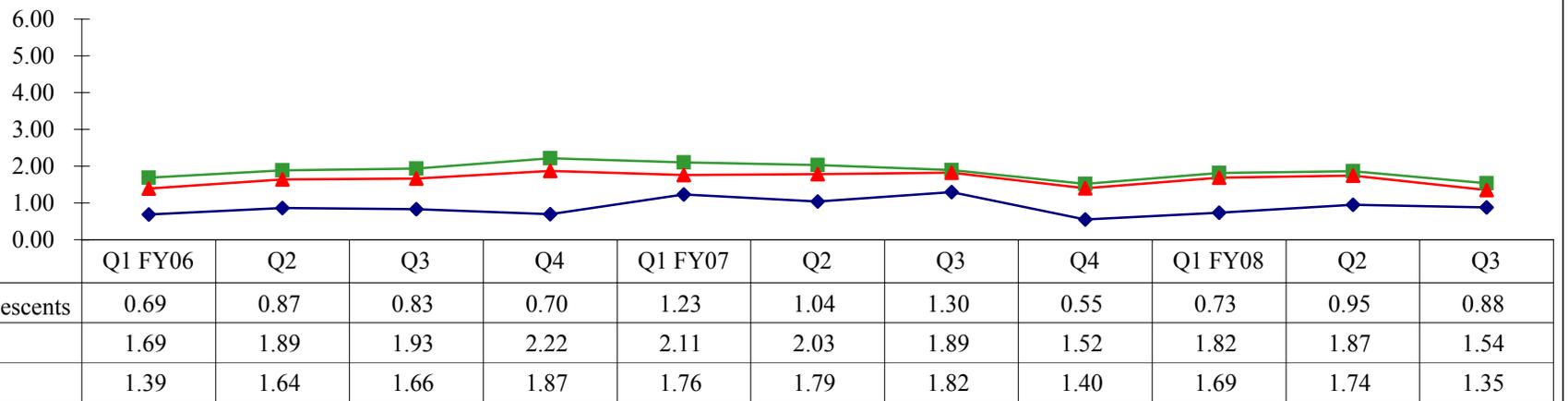


Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

Average Number of Hours Per Incident in Restraints



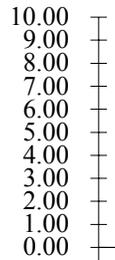
Average Number of Hours Per Incident in Seclusion



Objective 3A - Maintain Restraint and Seclusion Data

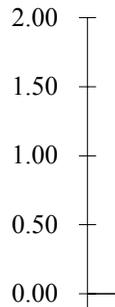
All State Hospitals

Number of Persons in Restraint/1000 Bed Days



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
◆ Child/Adolescents	6.24	6.34	5.52	6.79	6.32	6.07	7.24	7.52	8.07	6.71	5.65
■ Adults	3.02	2.56	2.69	2.74	2.81	3.63	3.47	3.62	3.69	3.29	3.39
▲ Total	3.40	3.02	3.04	3.18	3.21	3.89	3.89	4.02	4.15	3.66	3.65

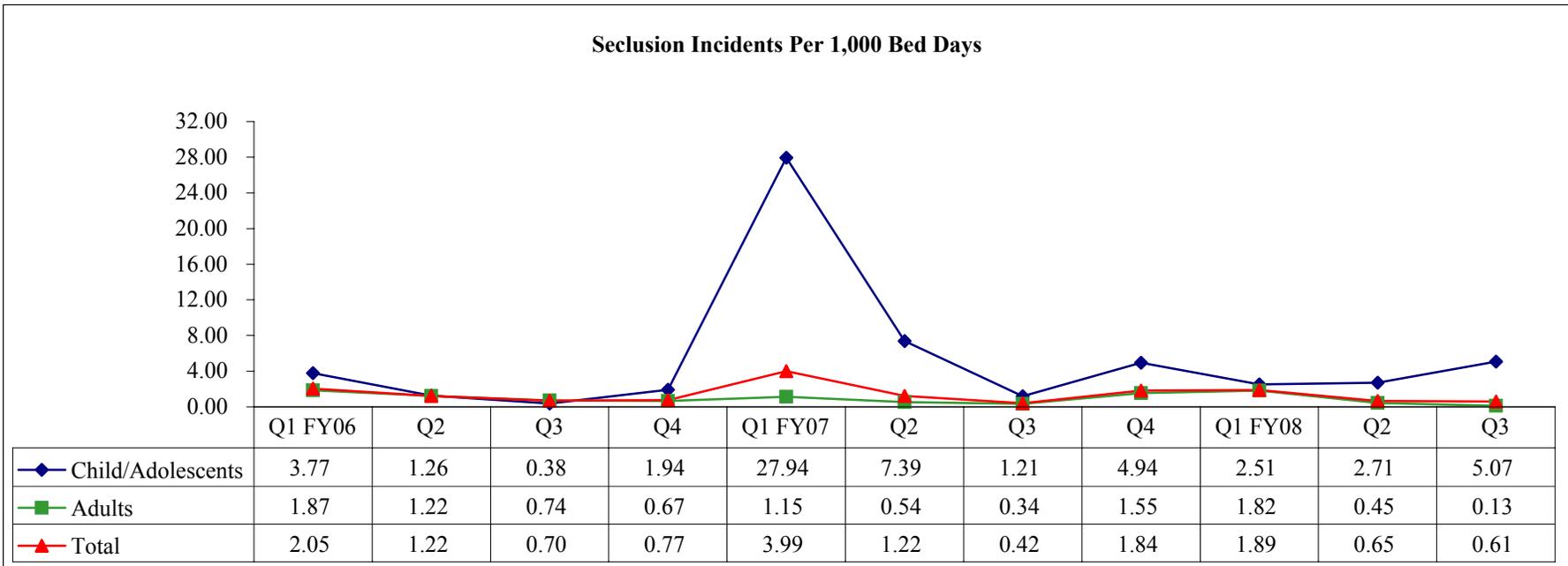
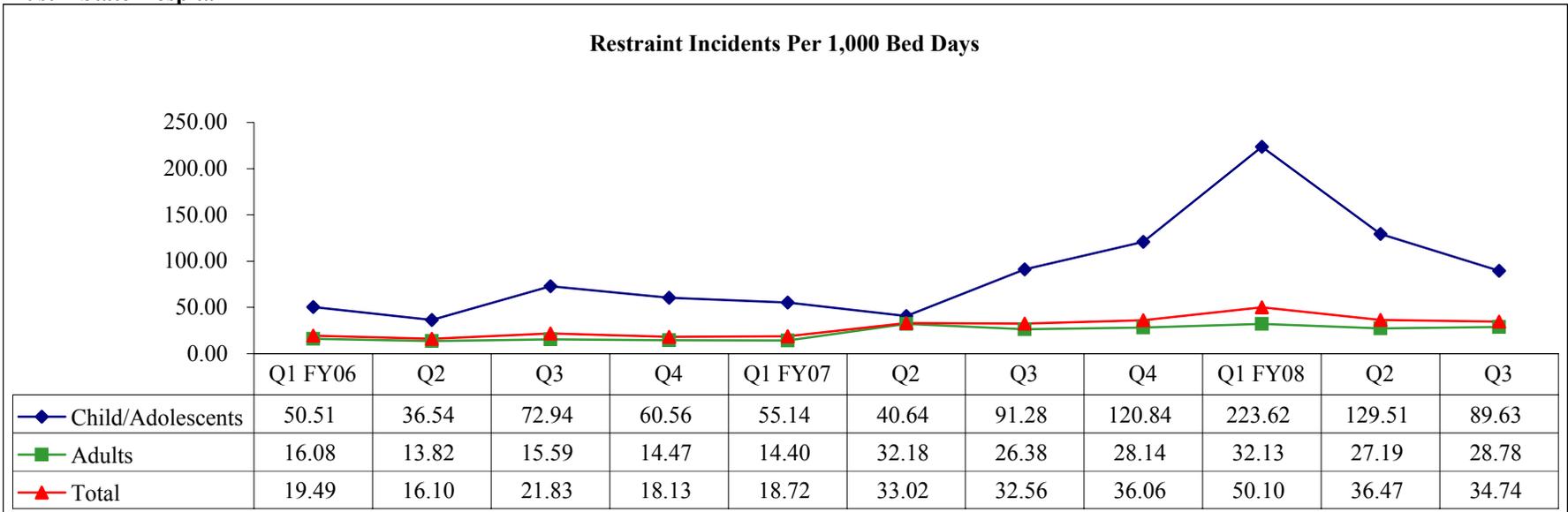
Number of Persons in Seclusion/1000 Bed Days



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
◆ Child/Adolescents	1.78	1.47	0.89	0.73	1.05	0.85	0.55	0.51	0.54	0.57	0.66
■ Adults	0.67	0.64	0.52	0.40	0.36	0.42	0.44	0.51	0.44	0.43	0.39
▲ Total	0.80	0.74	0.57	0.44	0.43	0.46	0.46	0.51	0.45	0.44	0.42

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

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

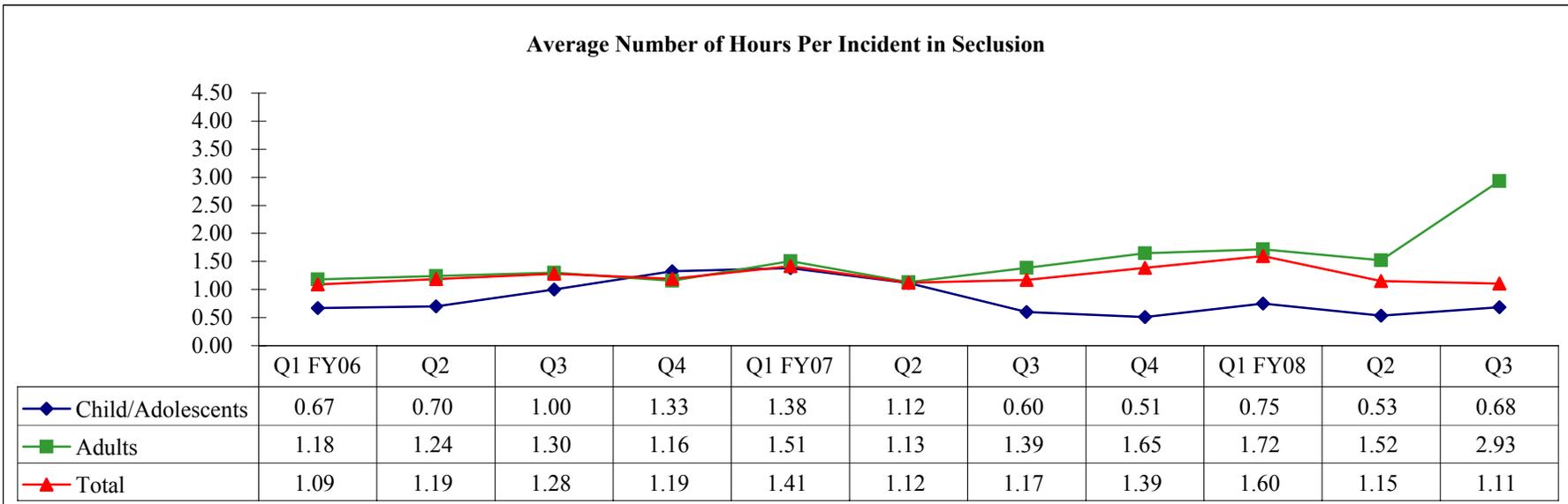
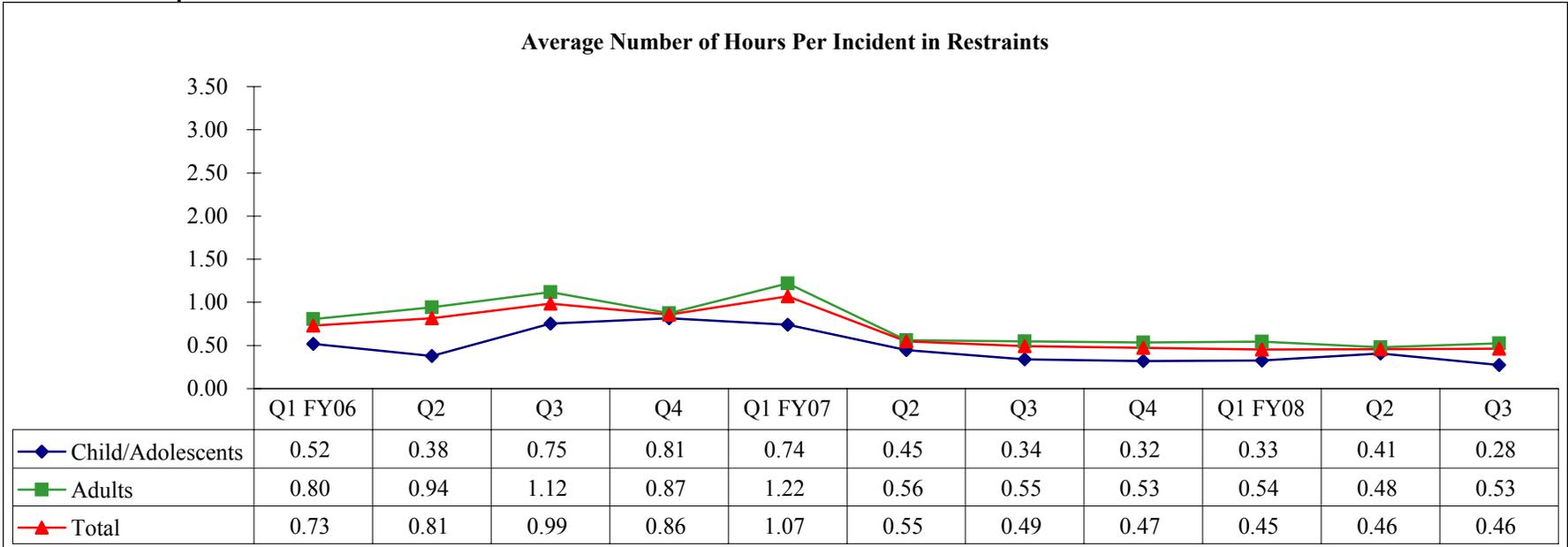


Change in reporting definition December 2006
 Table: Hospital Management Data Services

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

Objective 3A - Maintain Restraint and Seclusion Data

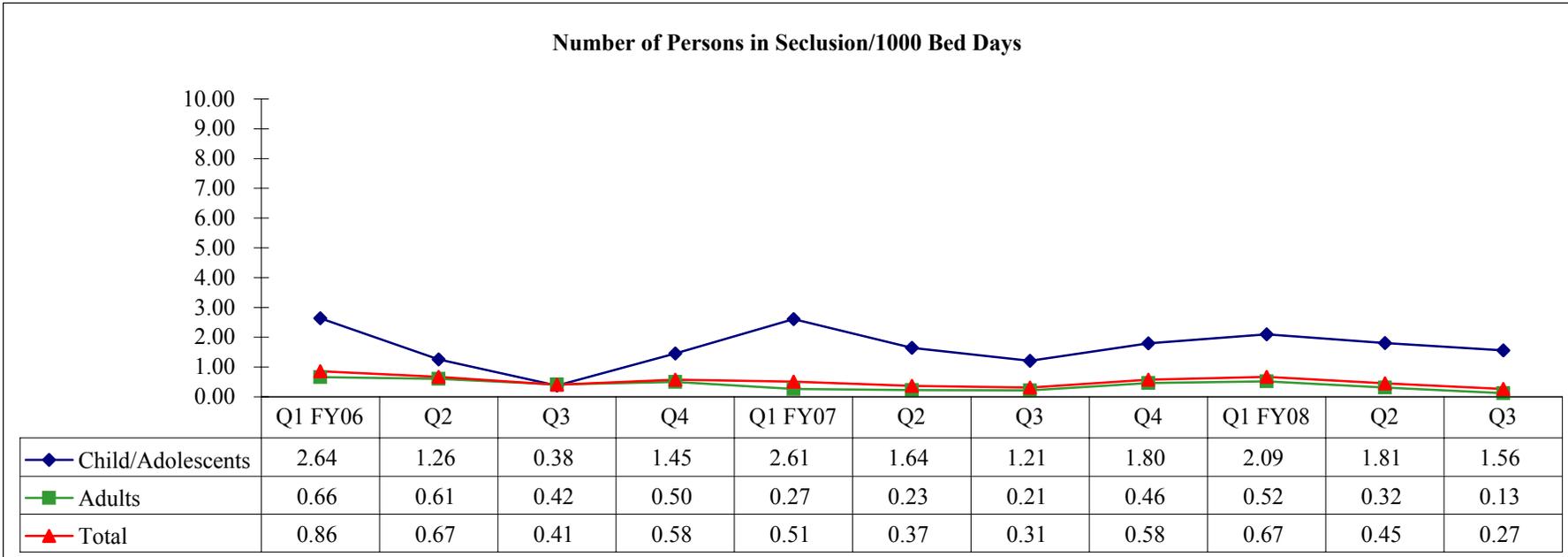
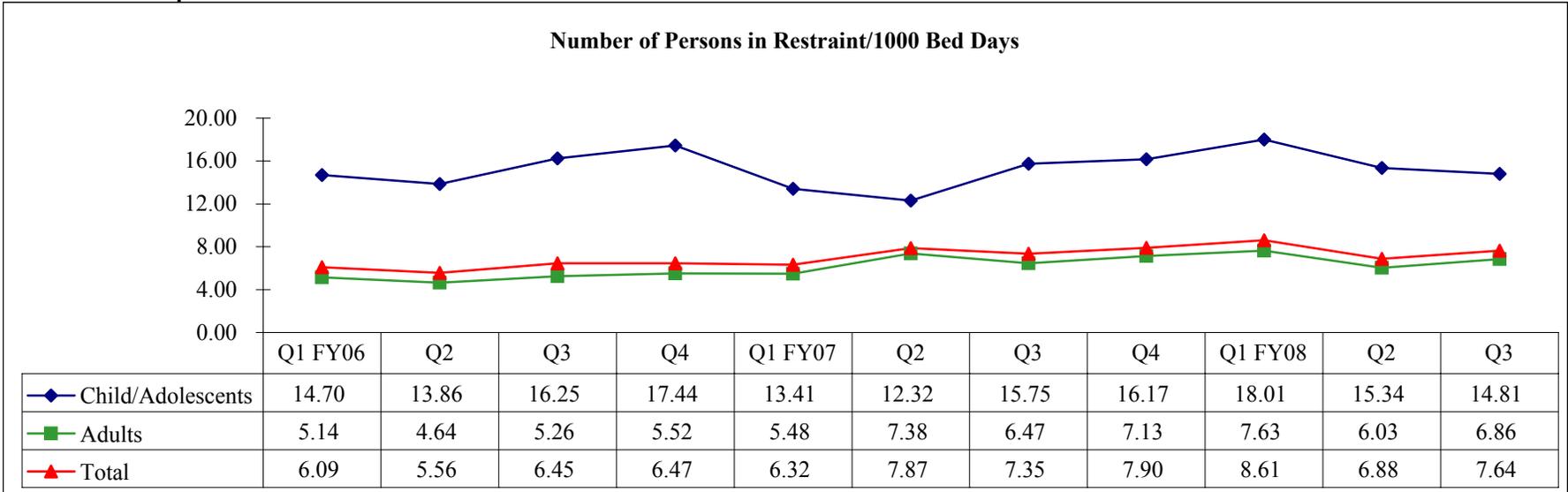
Austin State Hospital



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

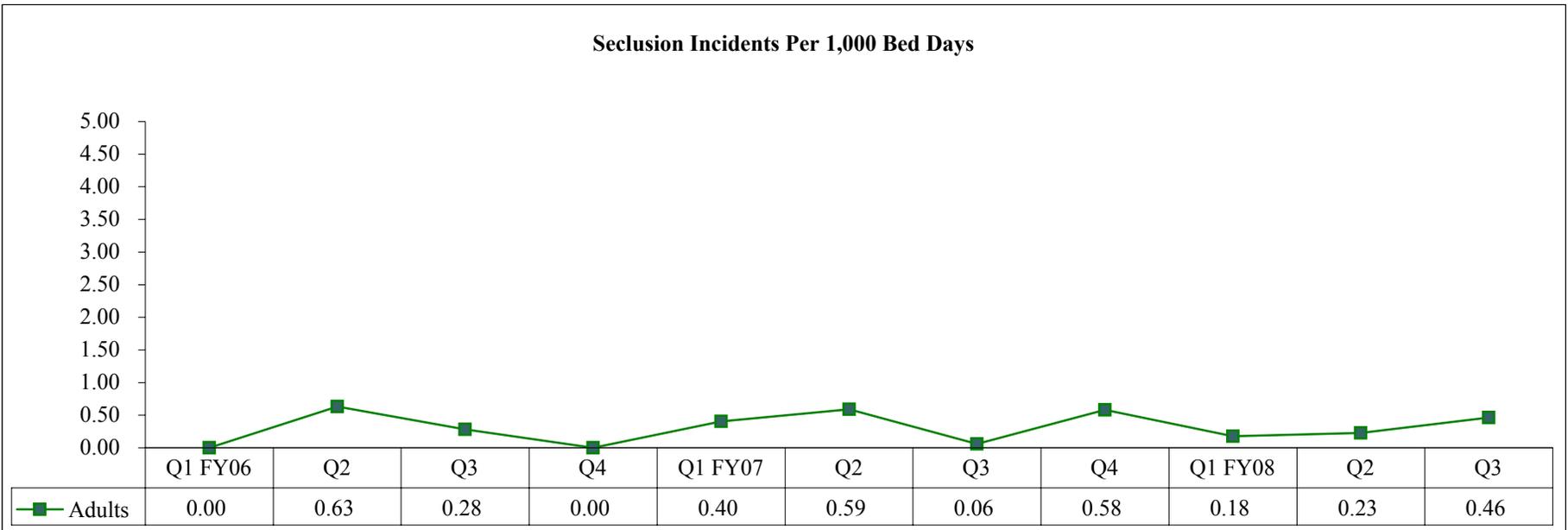
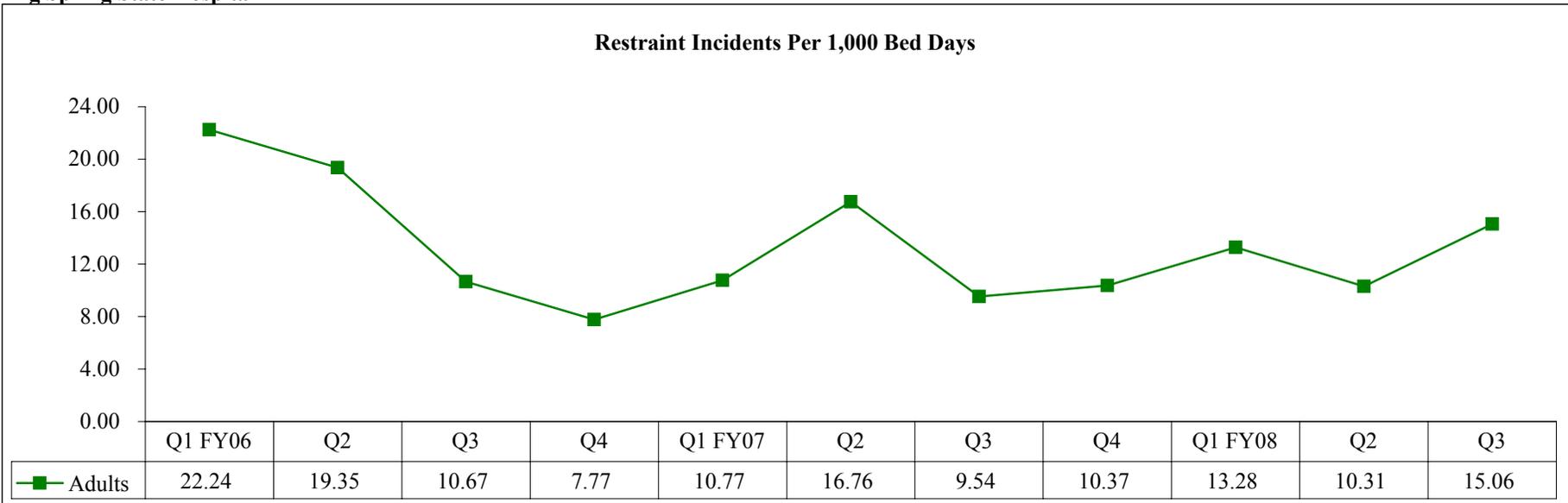
Objective 3A - Maintain Restraint and Seclusion Data

Austin State Hospital



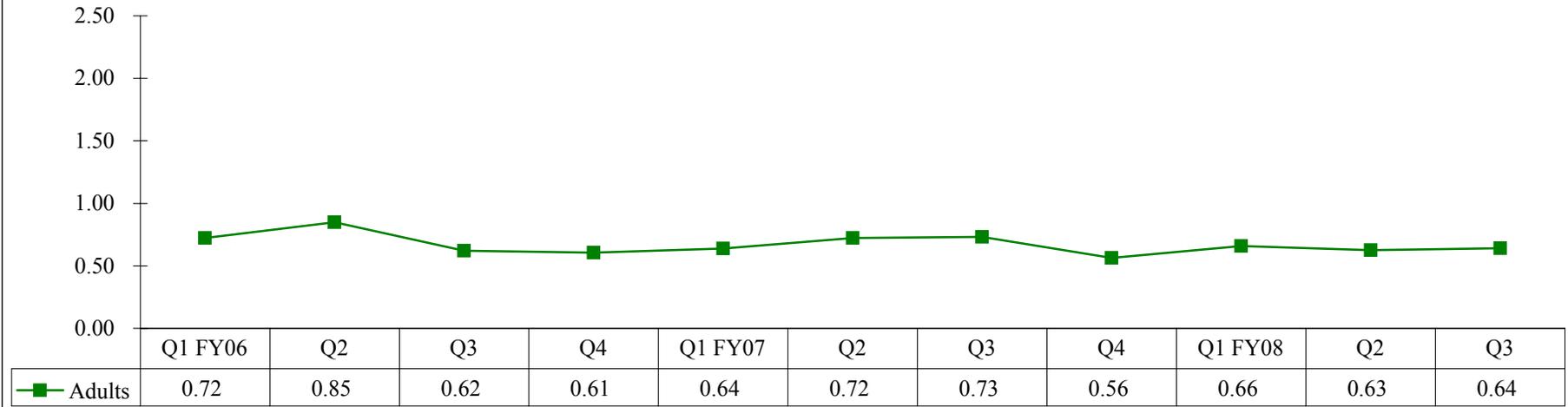
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

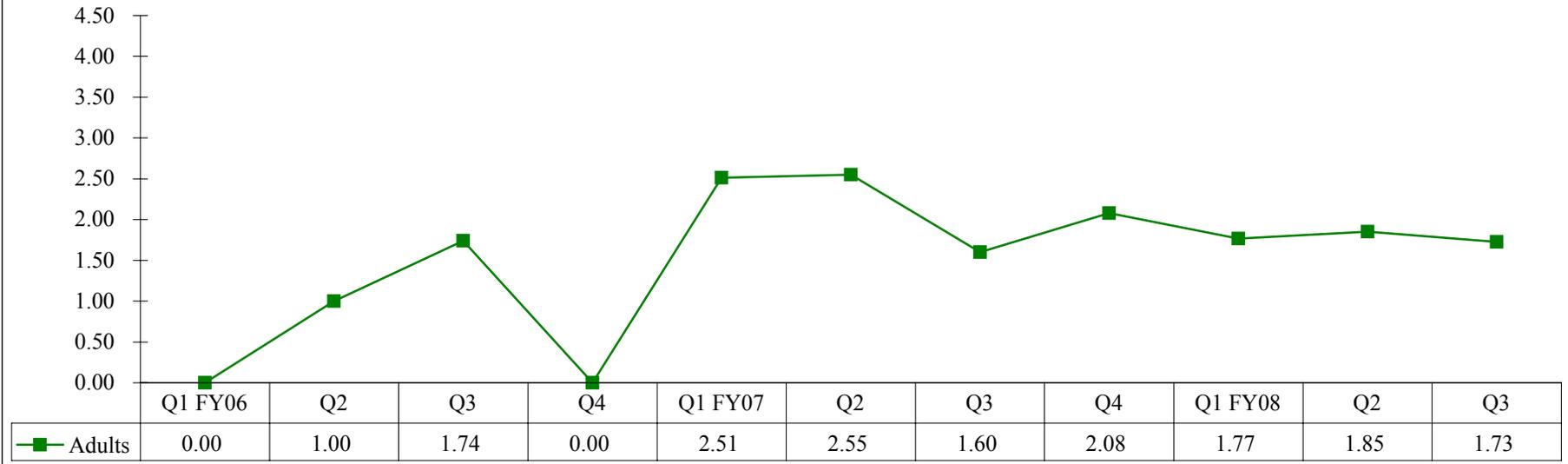


**Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital**

Average Number of Hours Per Incident in Restraints

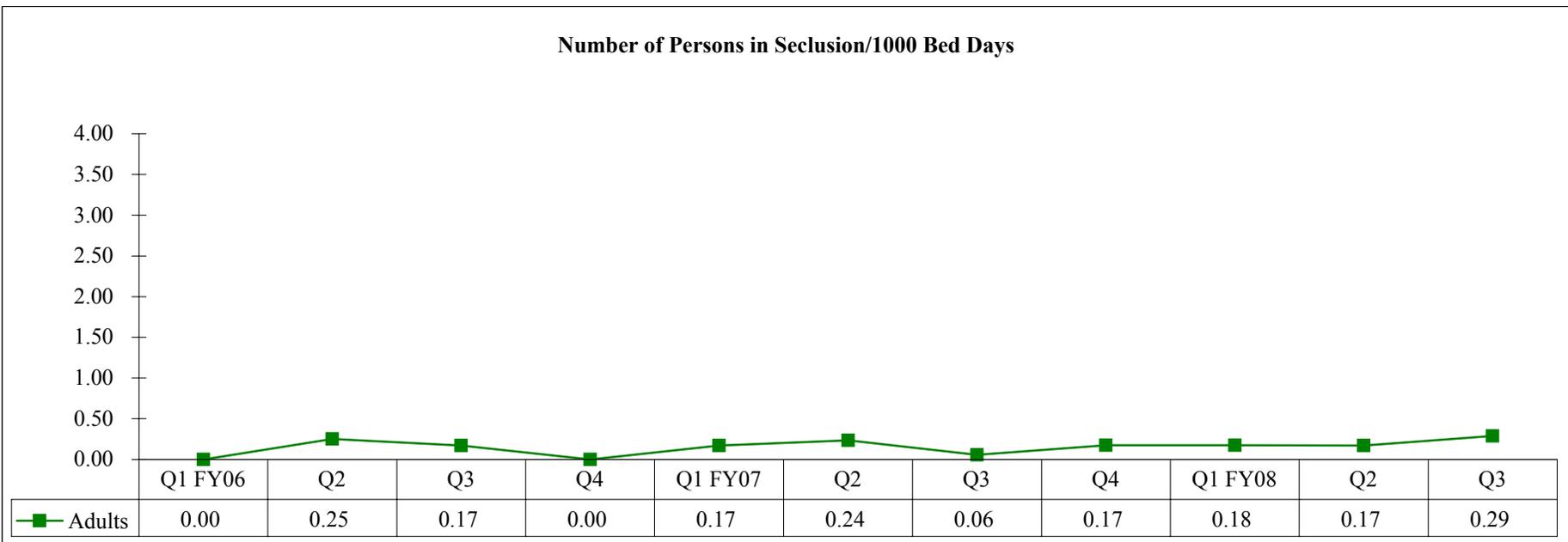
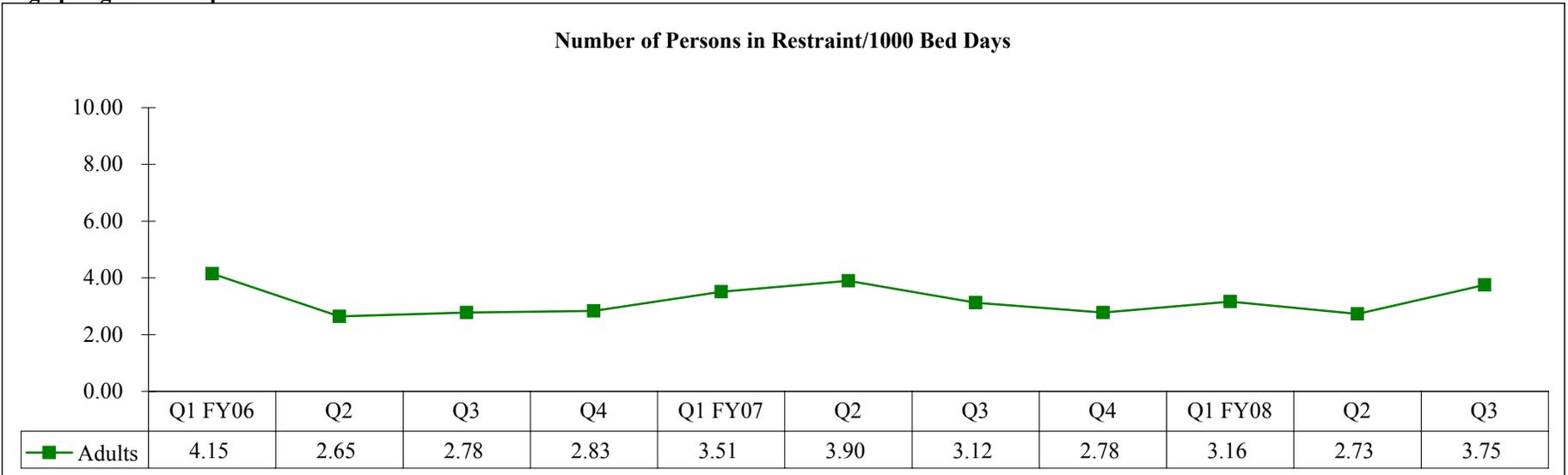


Average Number of Hours Per Incident in Seclusion

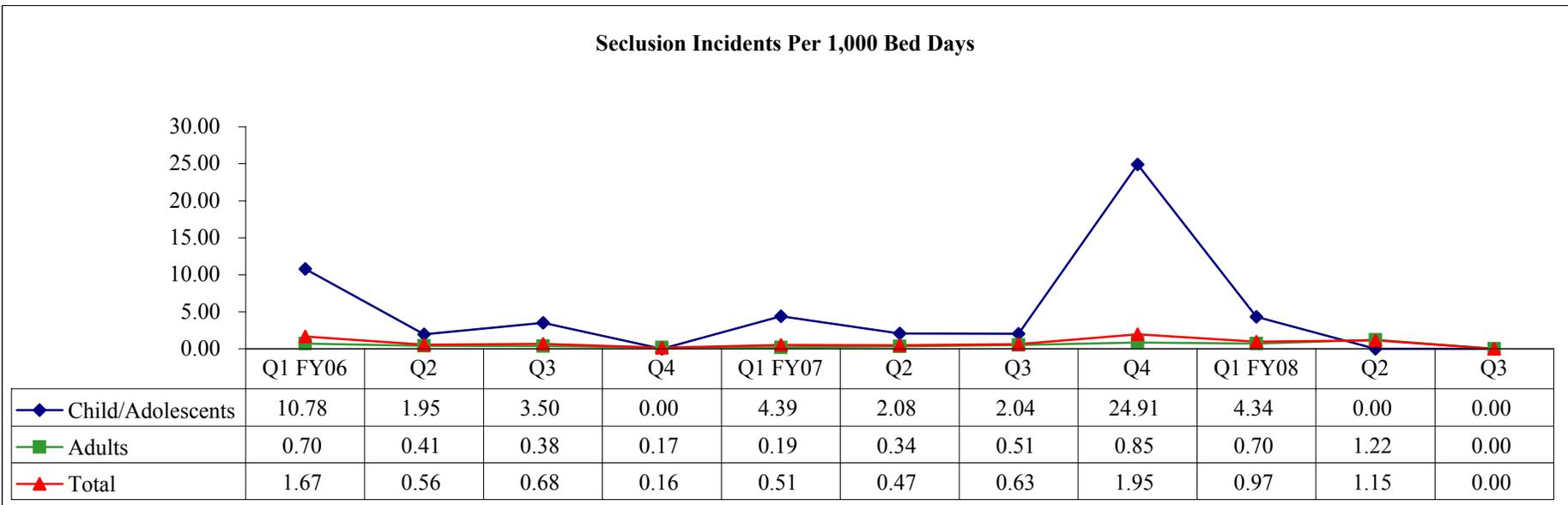
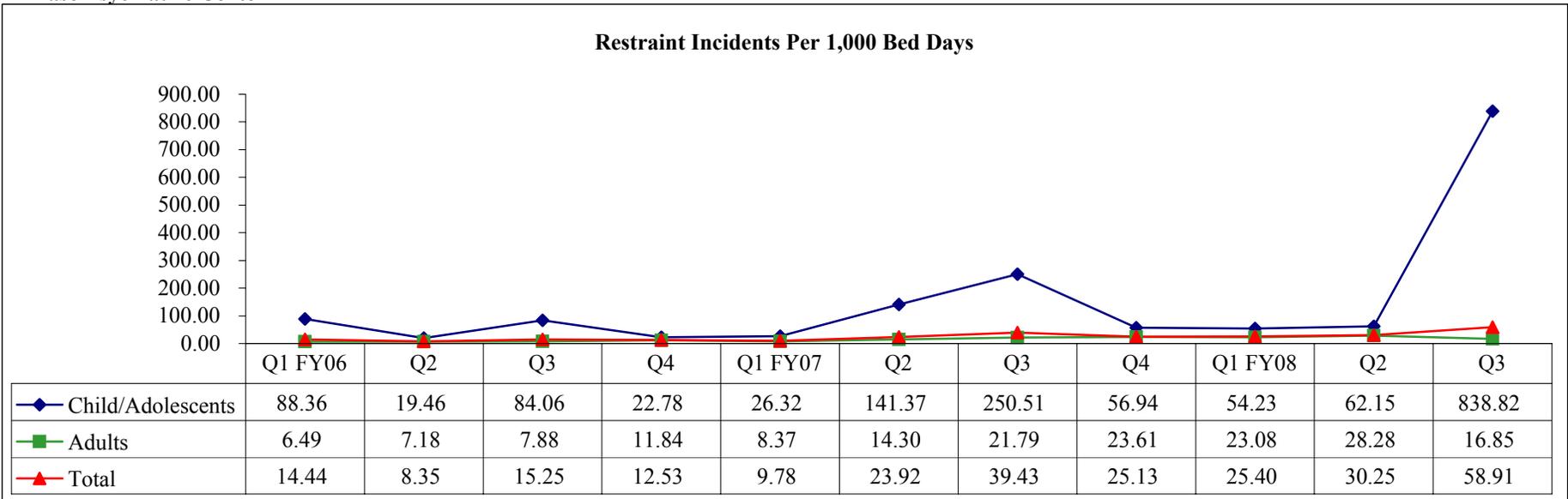


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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



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



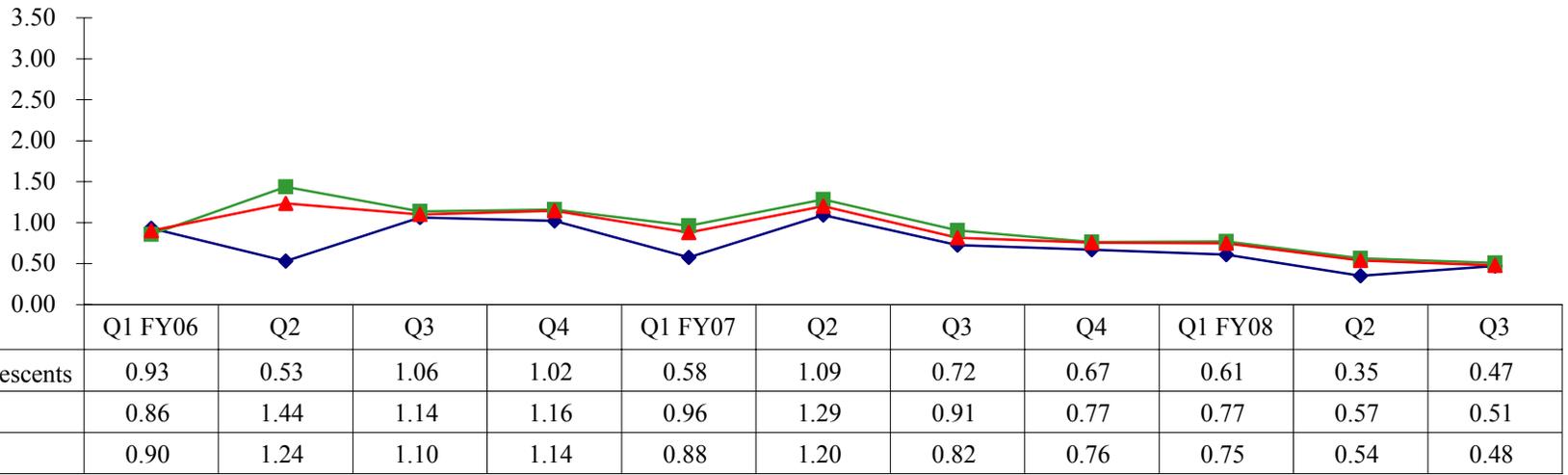
Change in reporting definition December 2006

Table: Hospital Management Data Services

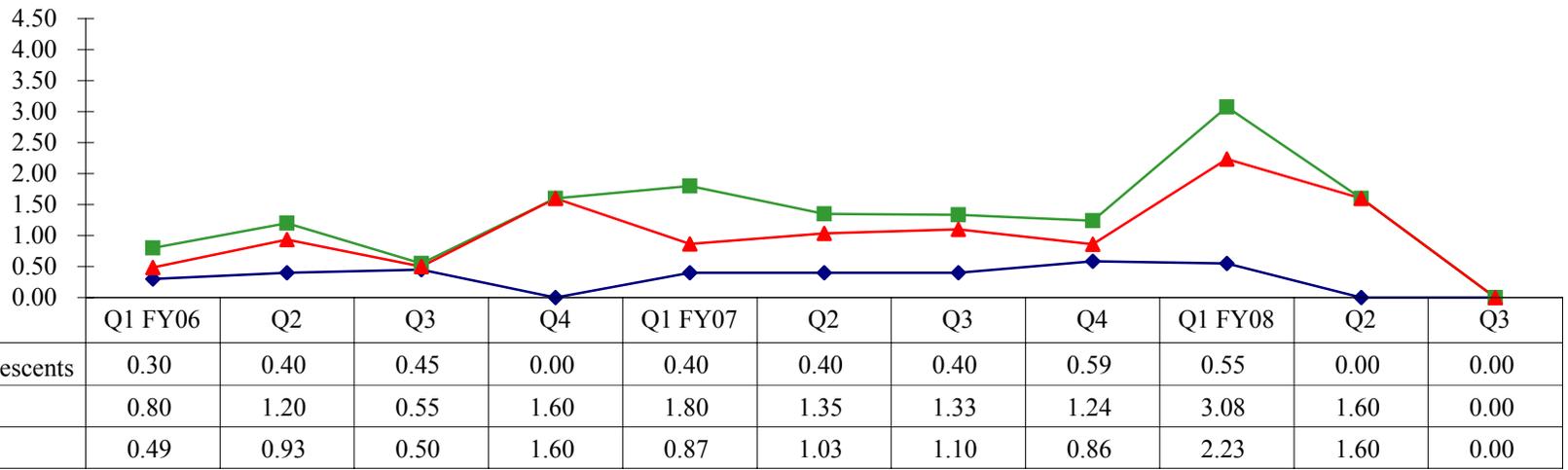
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

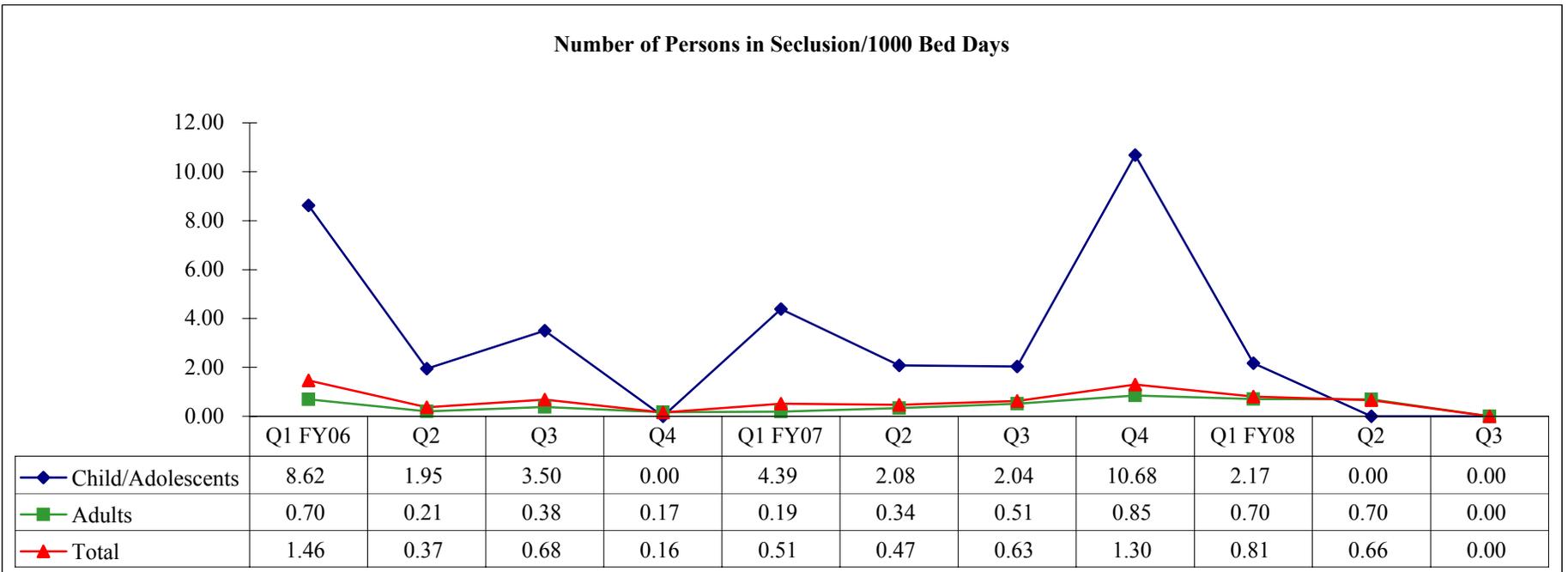
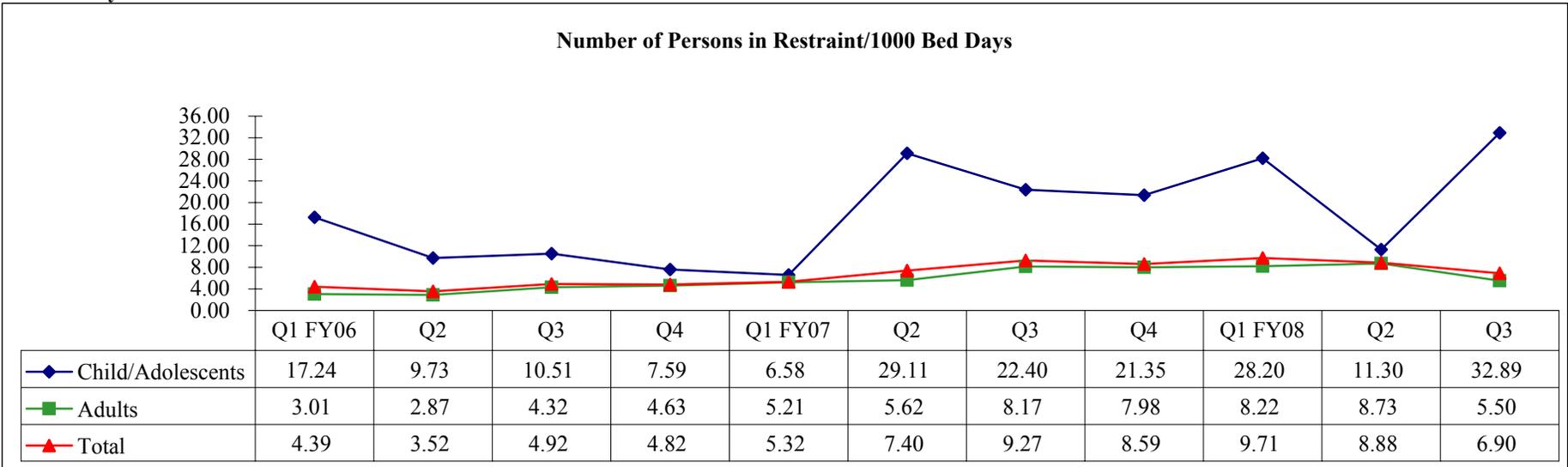
Average Number of Hours Per Incident in Restraints



Average Number of Hours Per Incident in Seclusion

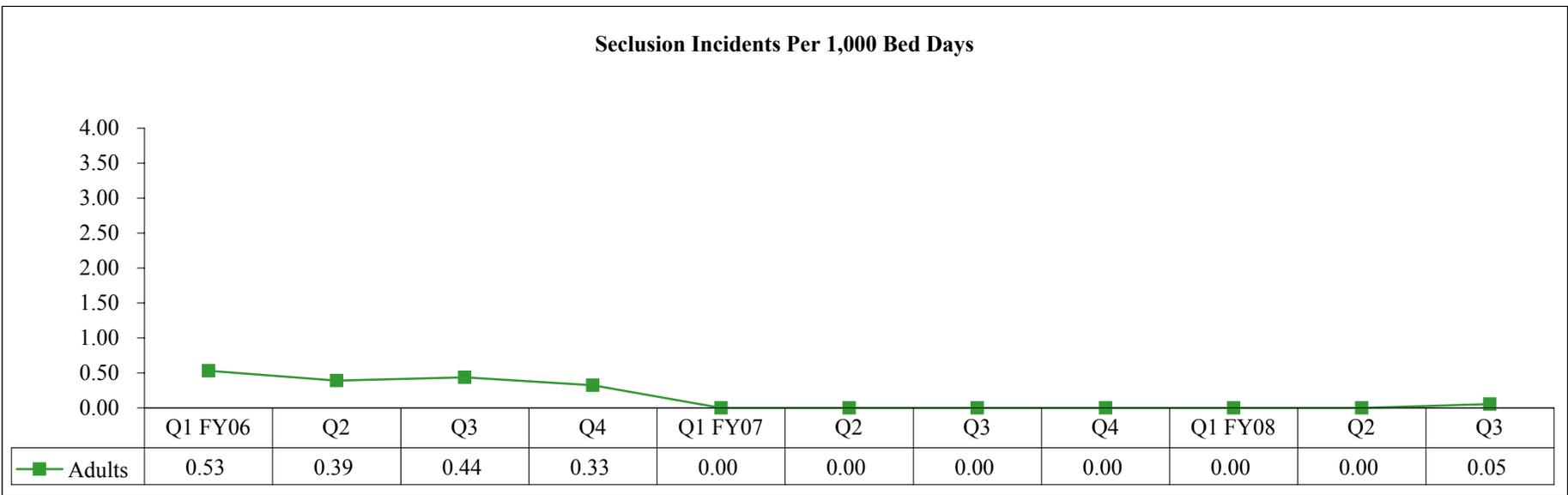
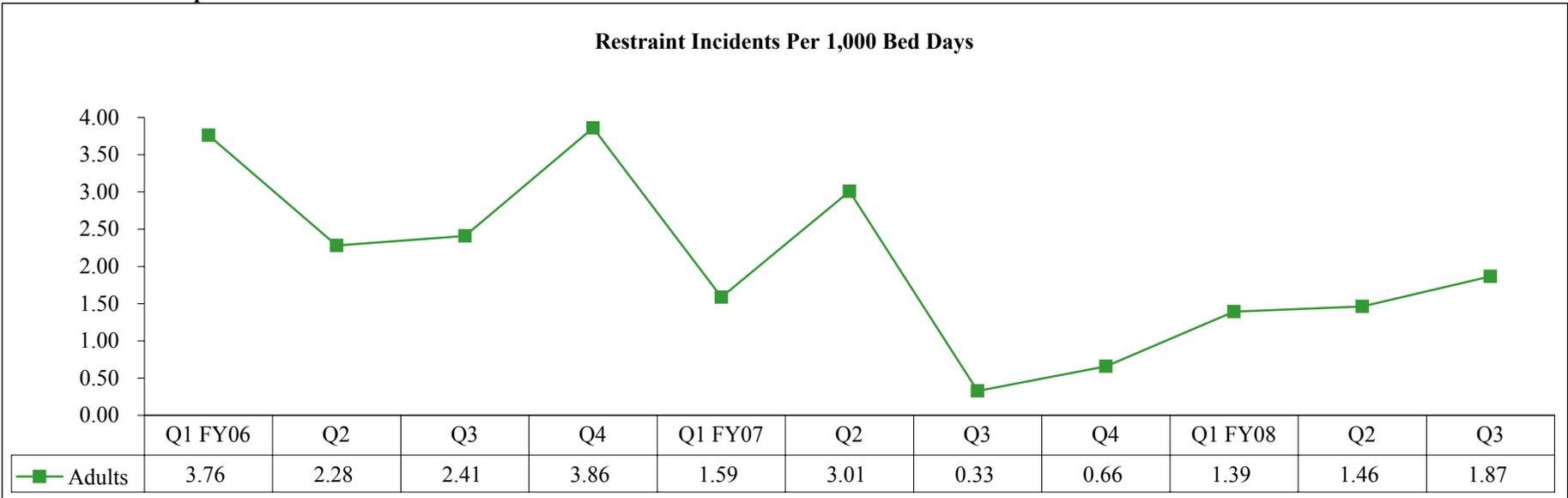


Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



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

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



Change in reporting definition December 2006

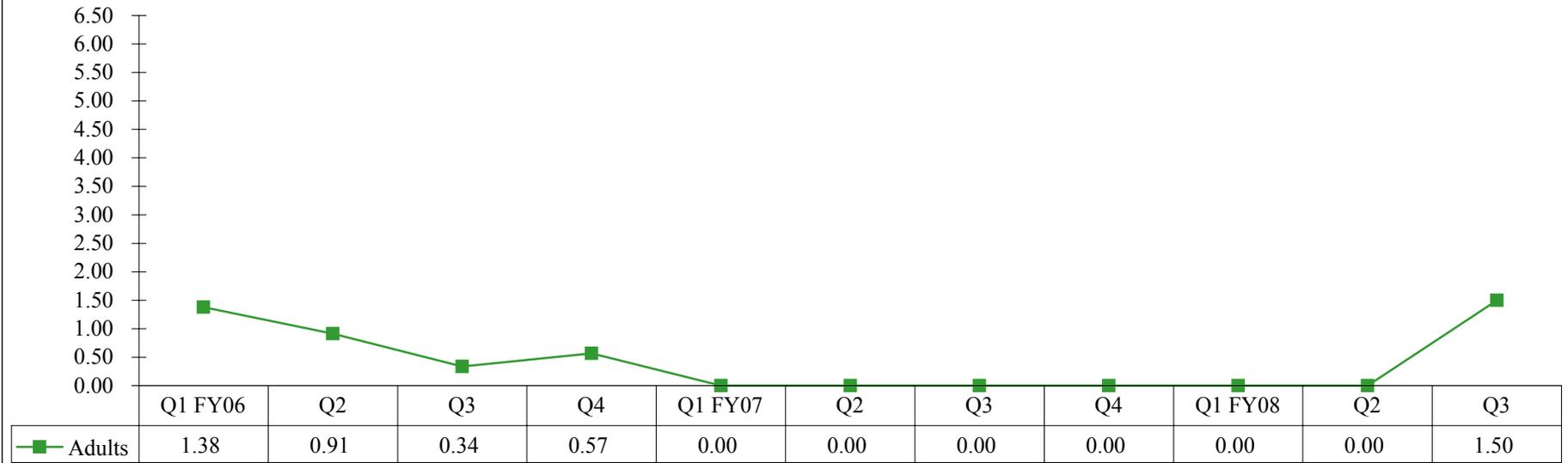
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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

Average Number of Hours Per Incident in Restraints

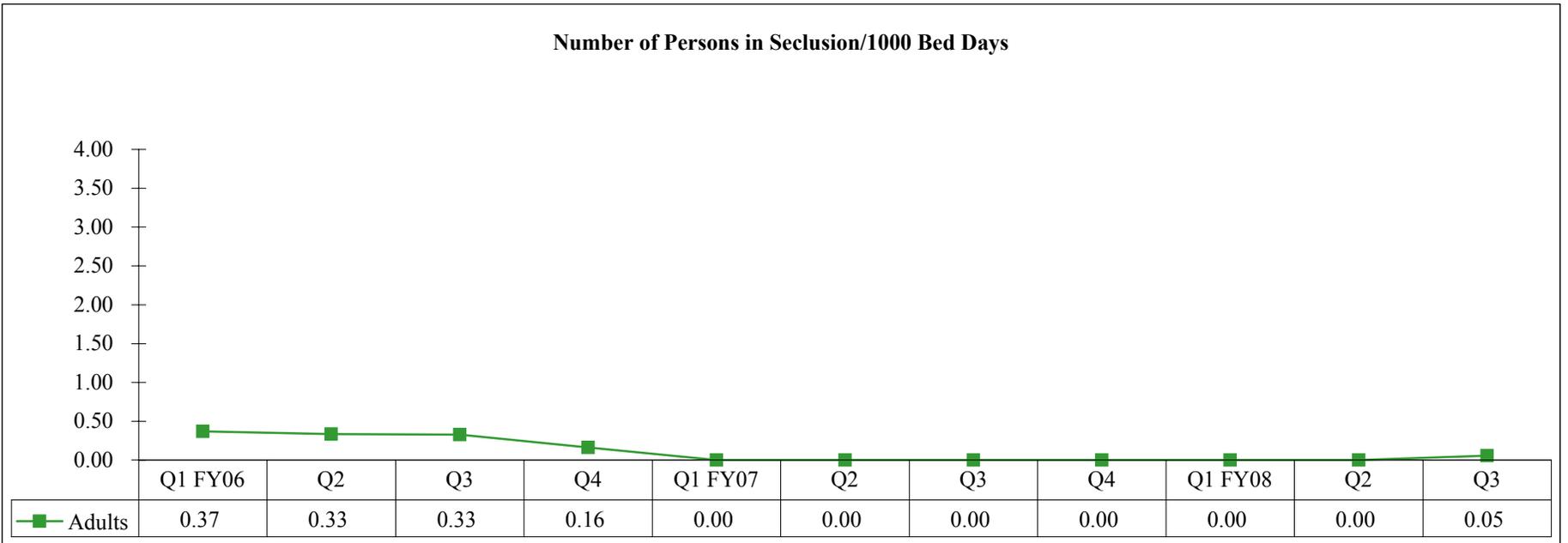
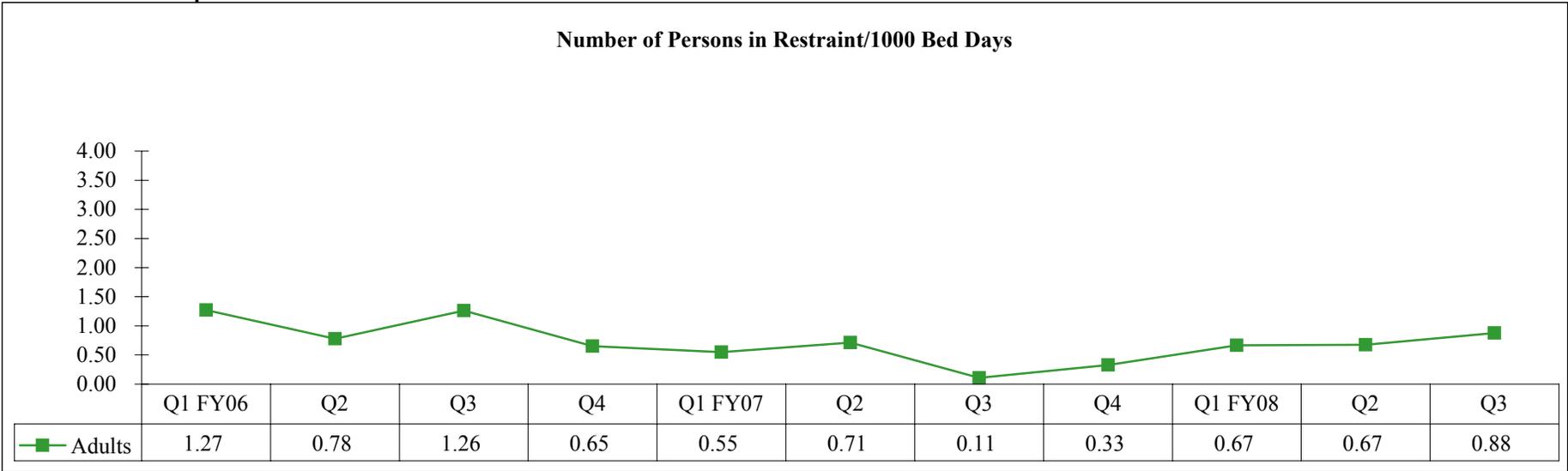


Average Number of Hours Per Incident in Seclusion

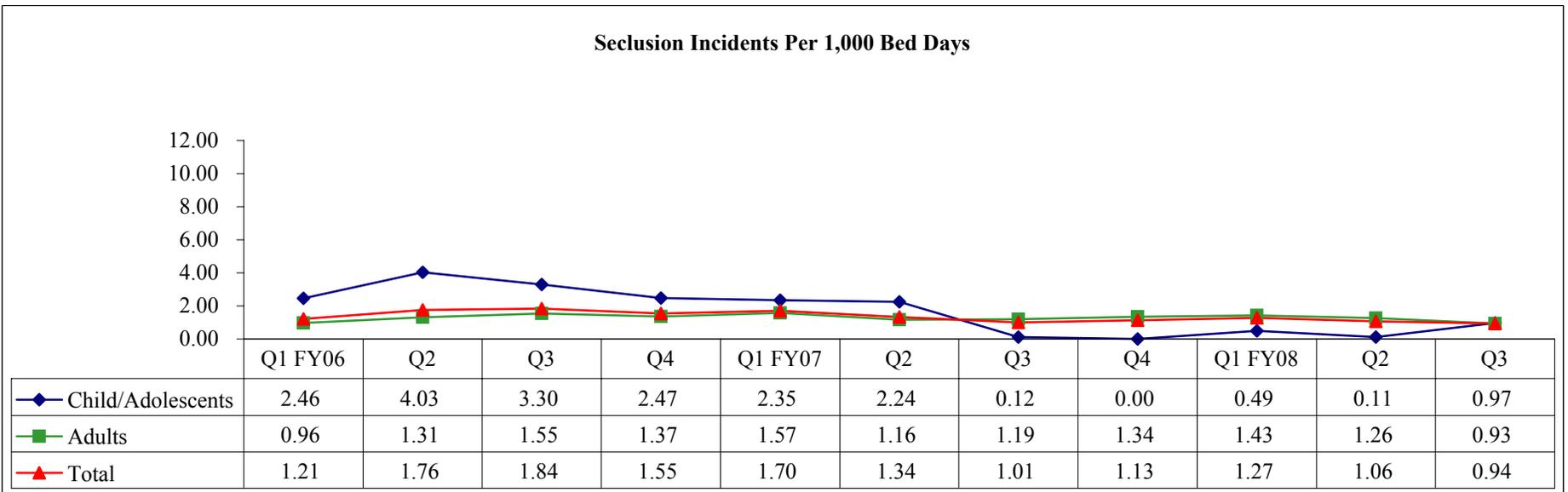
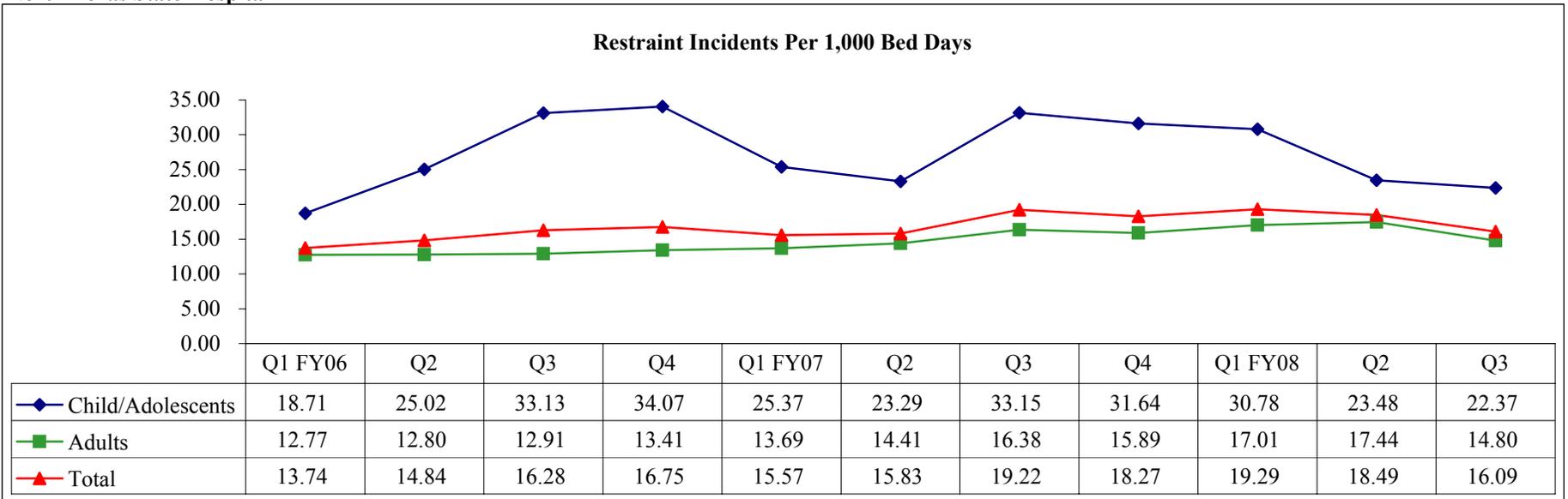


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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



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

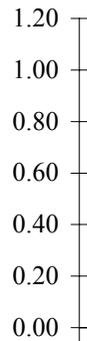


Change in reporting definition December 2006

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

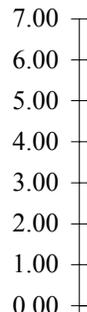
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
◆ Child/Adolescents	0.53	0.45	0.58	0.68	0.54	0.60	0.65	0.62	0.65	0.59	0.59
■ Adults	0.88	0.88	0.75	0.83	0.73	0.70	0.70	0.77	0.90	0.93	0.97
▲ Total	0.80	0.76	0.69	0.78	0.68	0.68	0.69	0.73	0.83	0.85	0.88

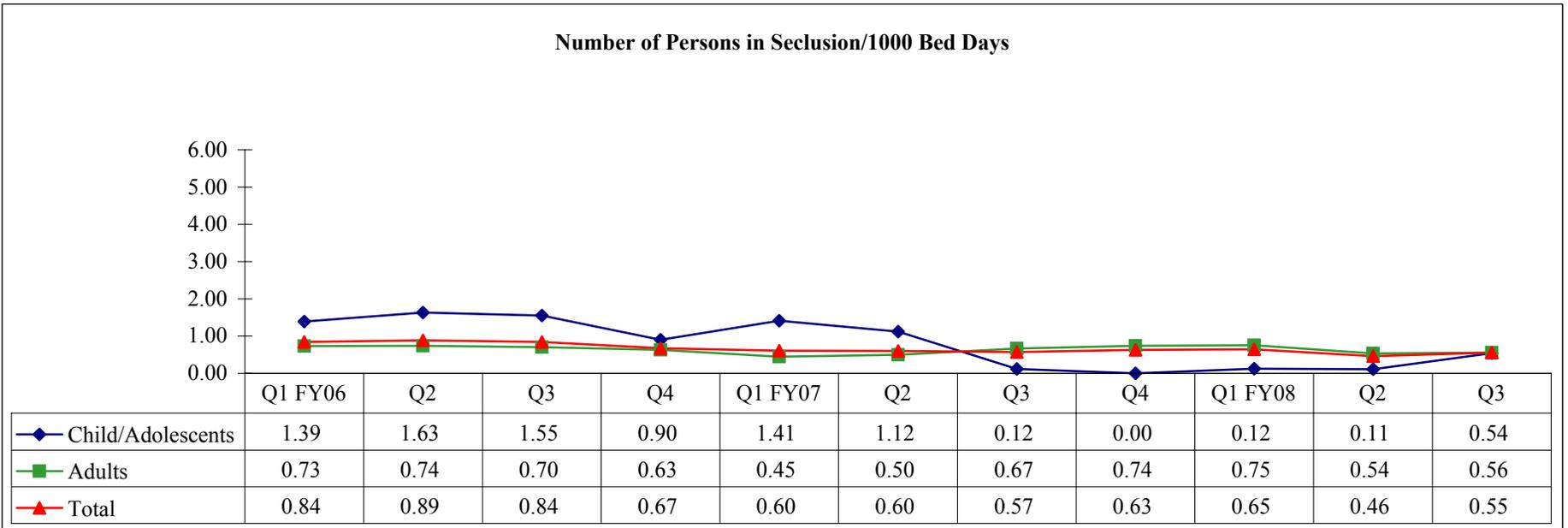
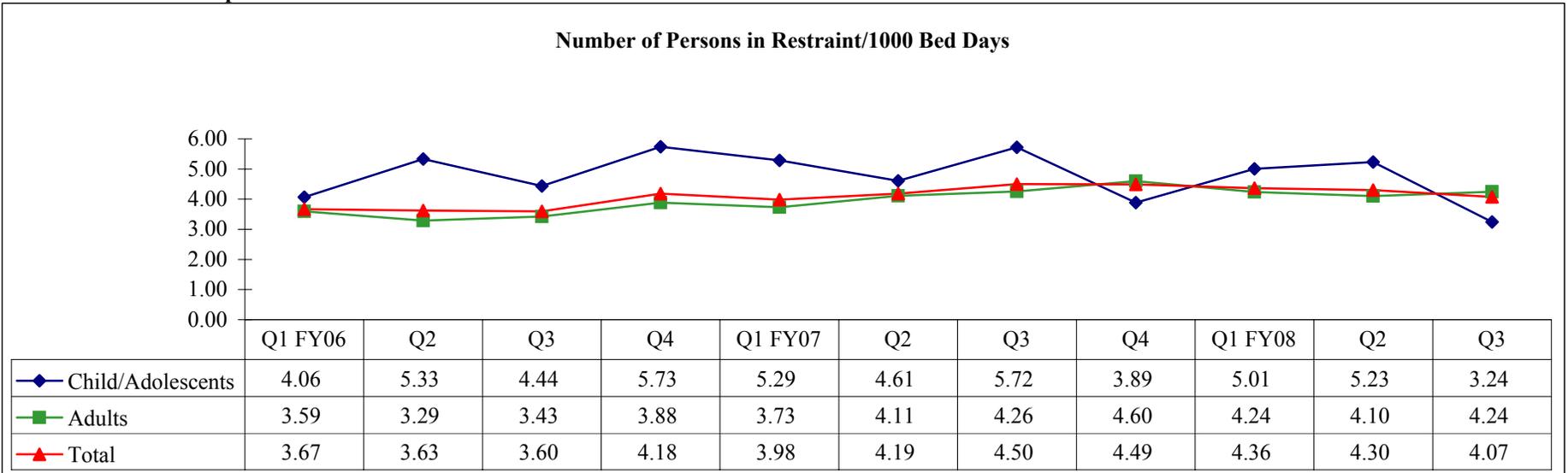
Average Number of Hours Per Incident in Seclusion



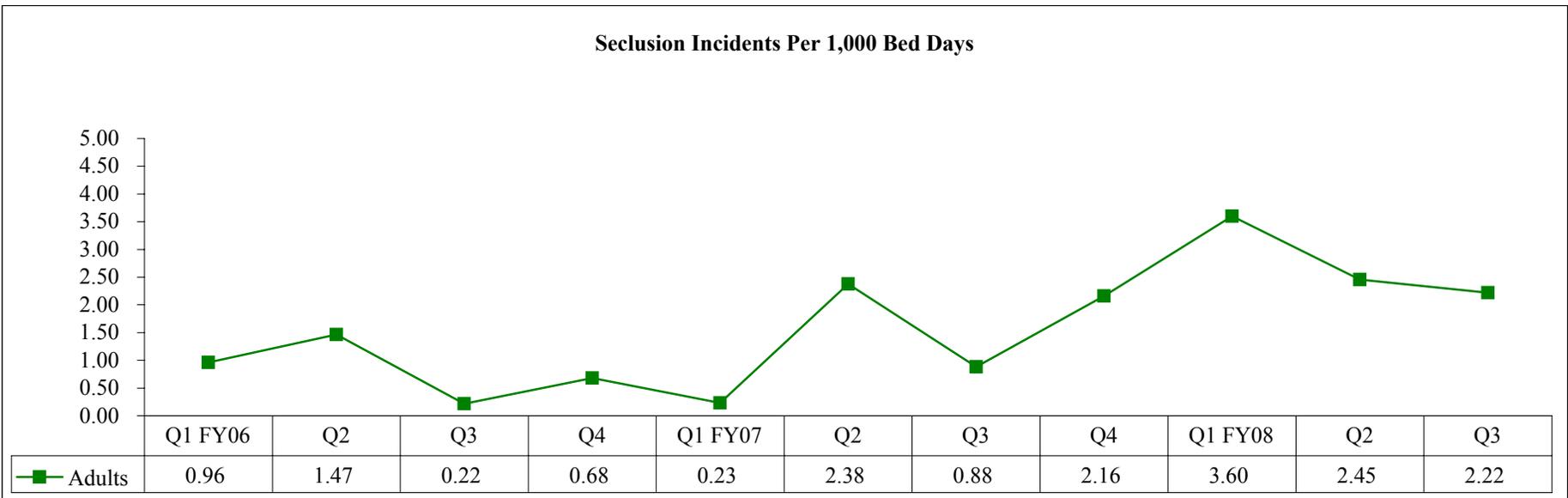
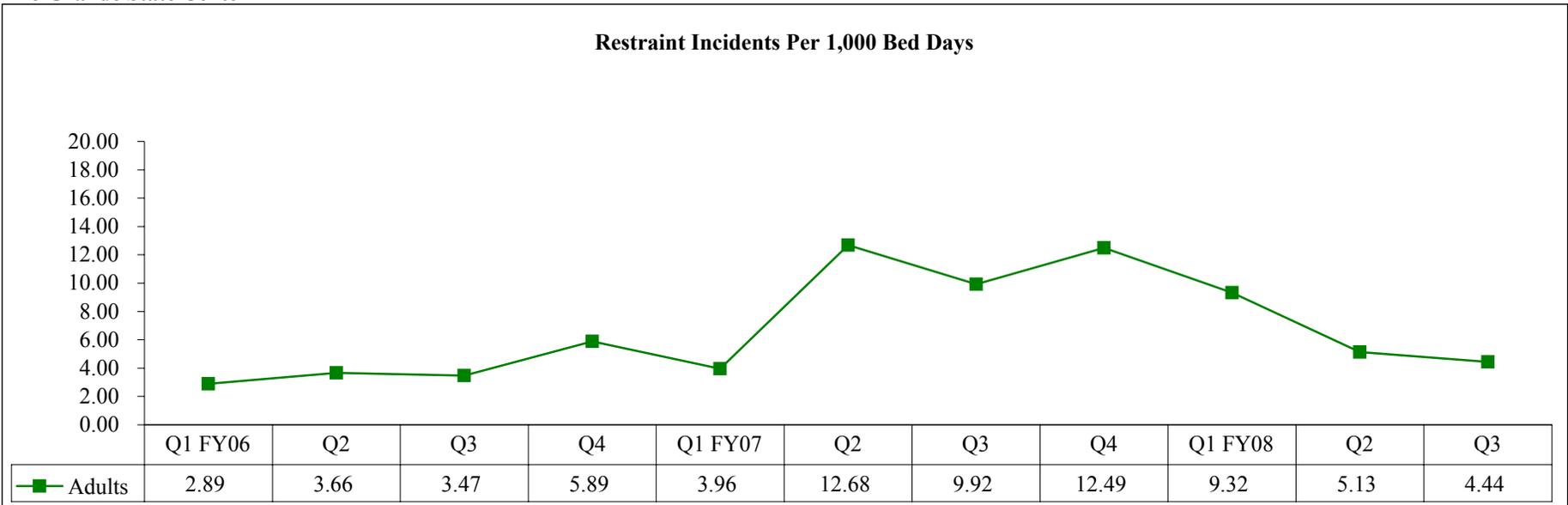
	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
◆ Child/Adolescents	0.85	0.94	0.90	0.57	0.76	0.87	0.70	0.00	0.98	2.00	0.48
■ Adults	1.78	2.12	2.44	2.31	2.75	2.01	1.84	1.49	2.34	2.27	1.60
▲ Total	1.47	1.67	1.98	1.86	2.30	1.70	1.82	1.49	2.25	2.27	1.41

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

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



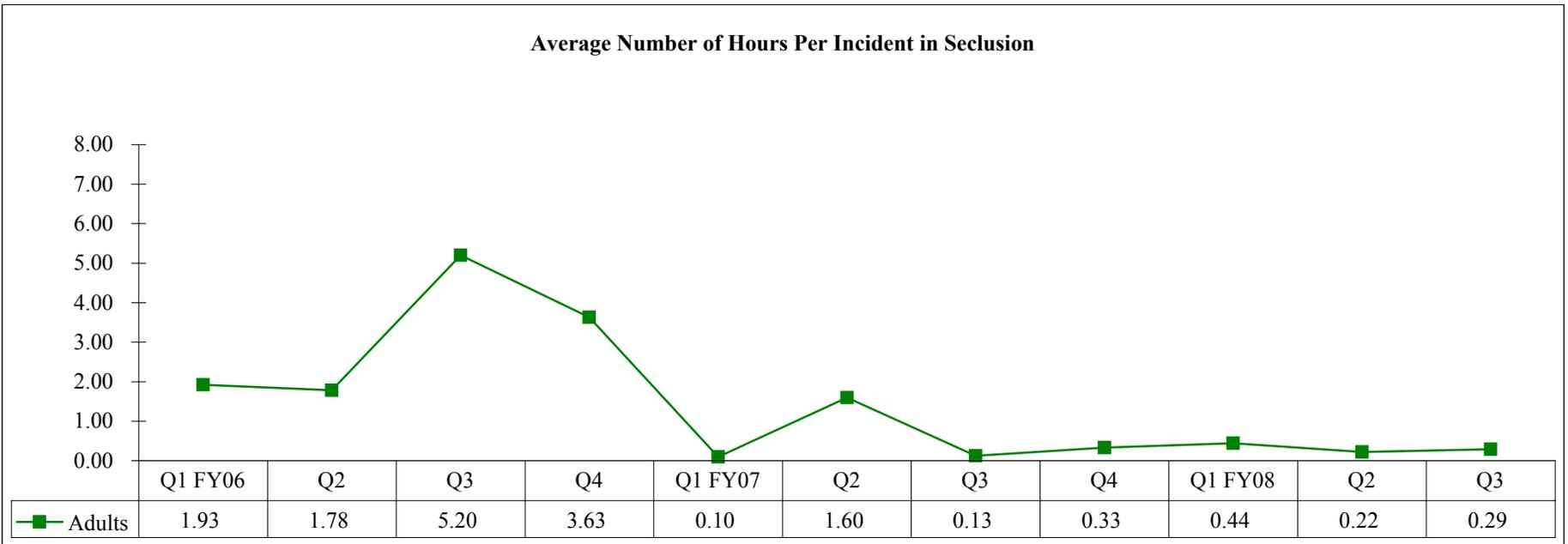
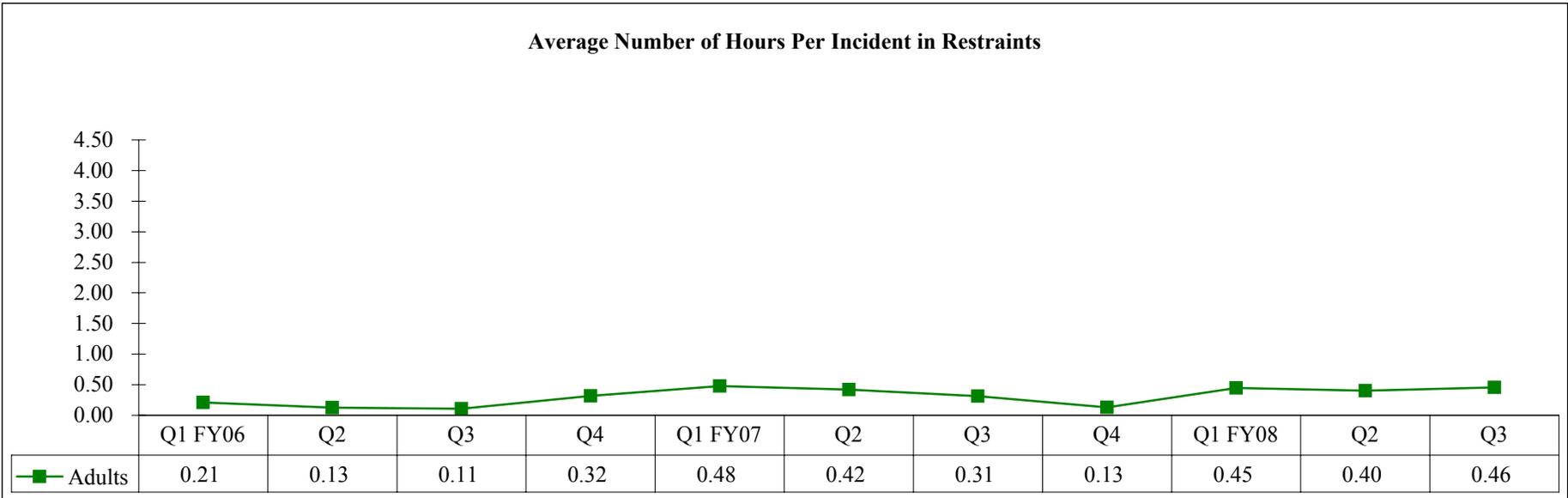
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



Change in reporting definition December 2006

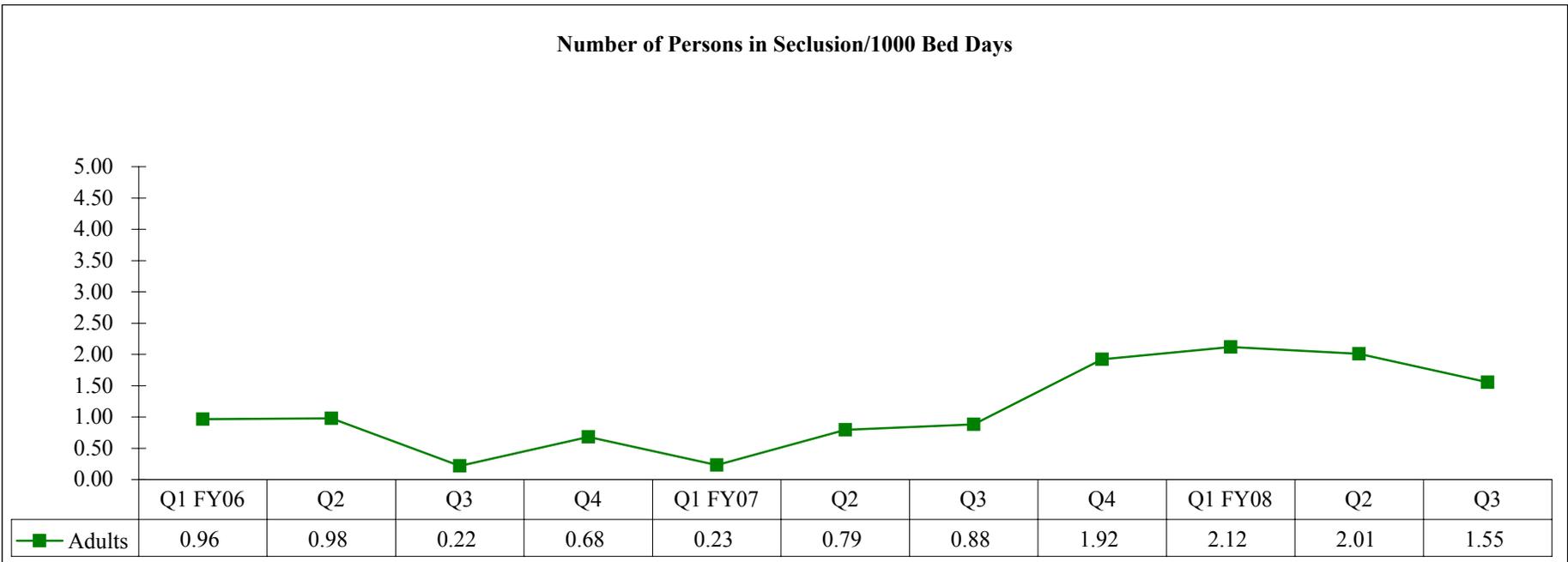
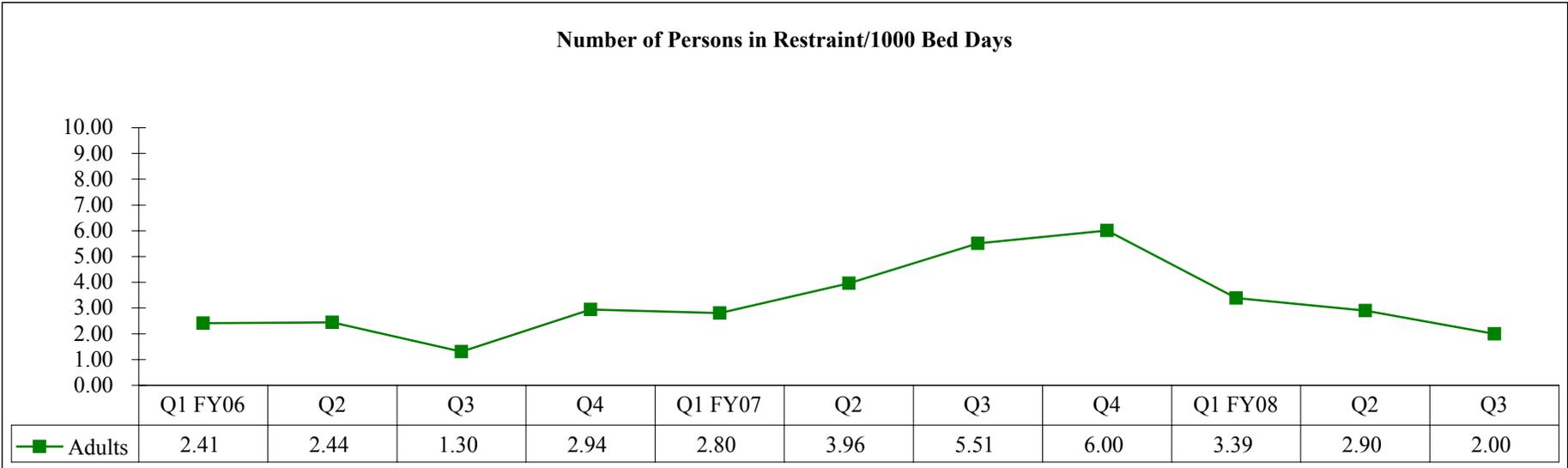
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

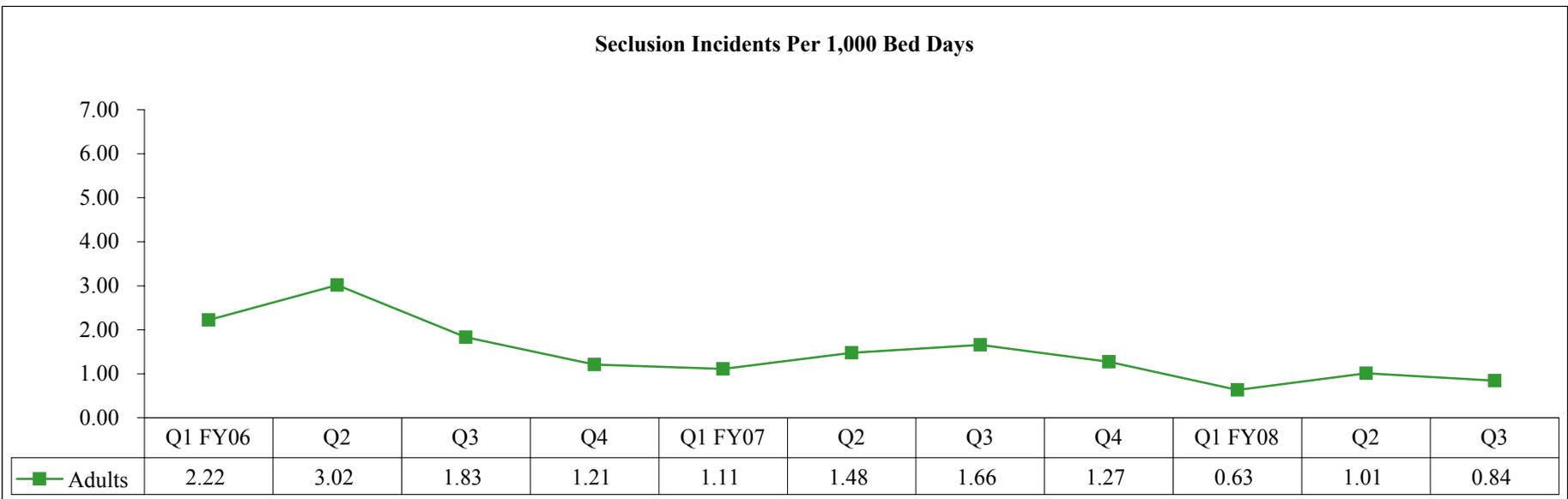
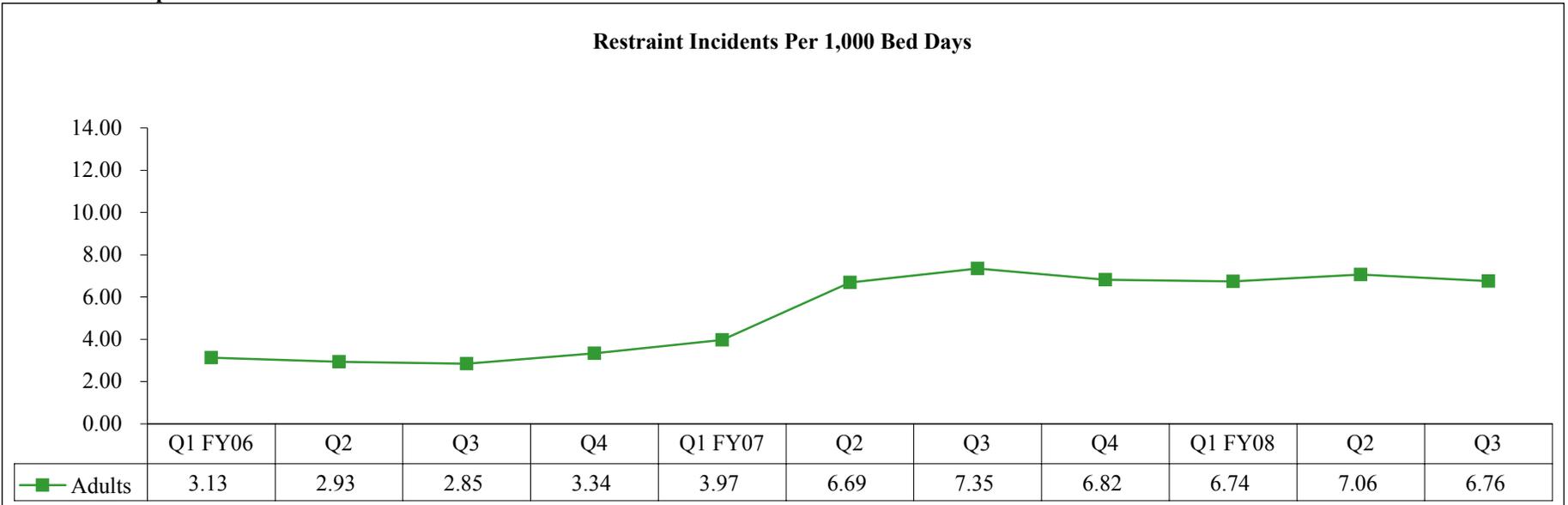


Objective 3A - Maintain Restraint and Seclusion Data

Rio Grande State Center



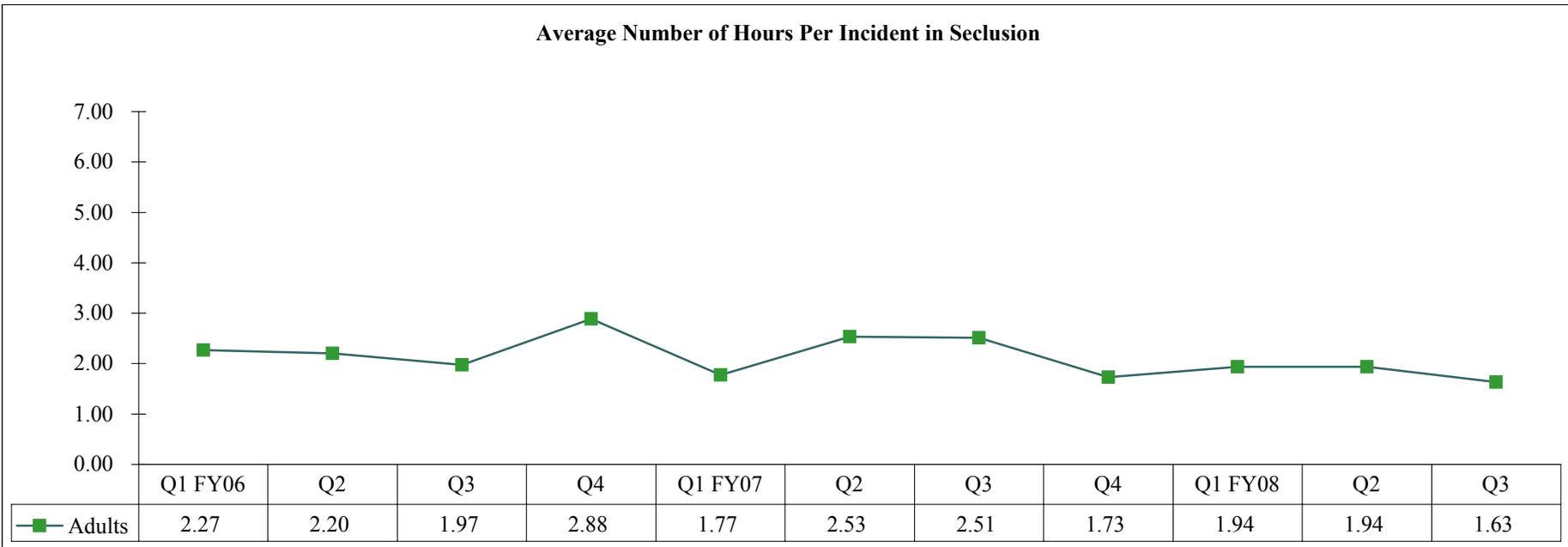
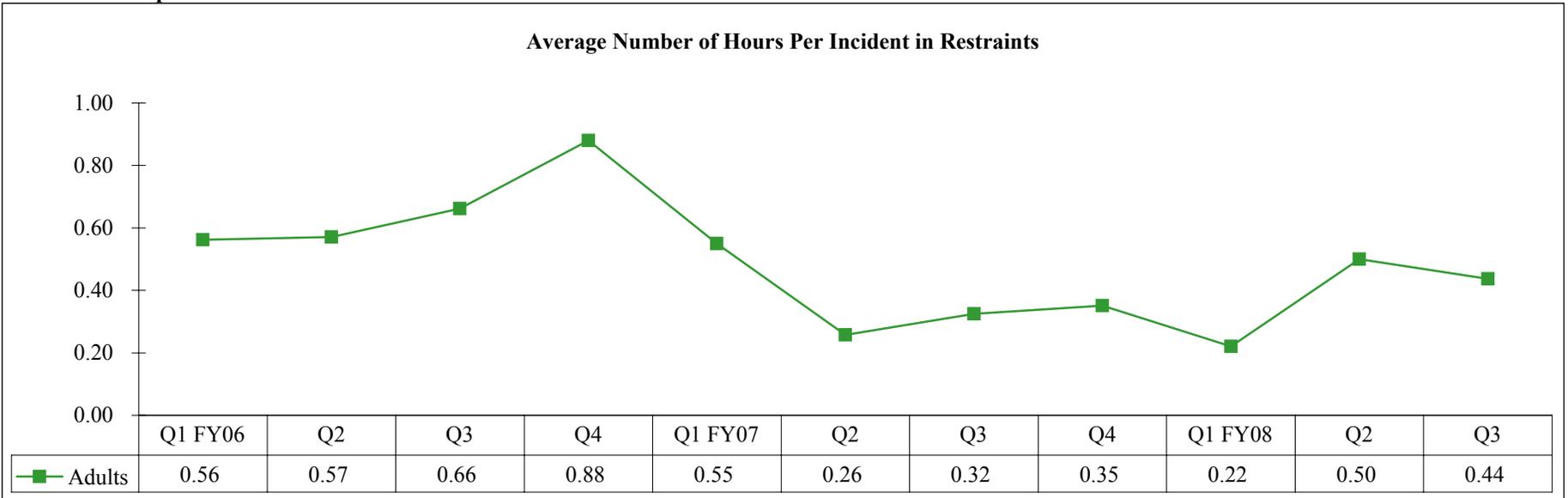
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



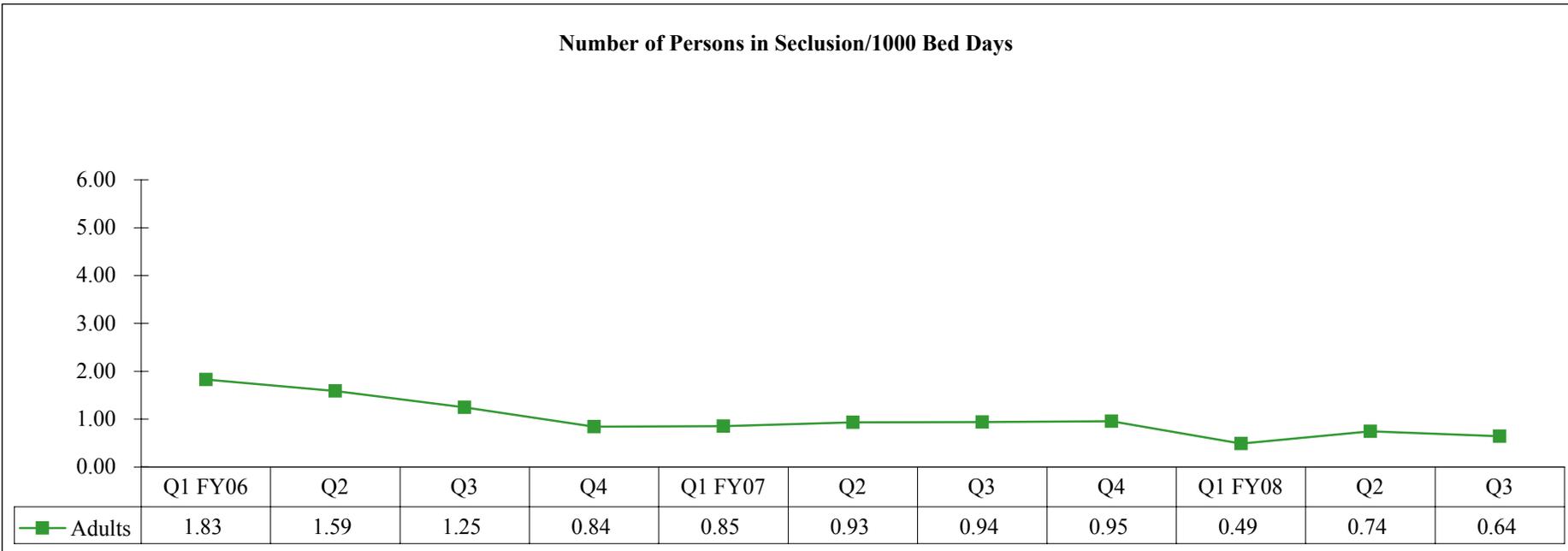
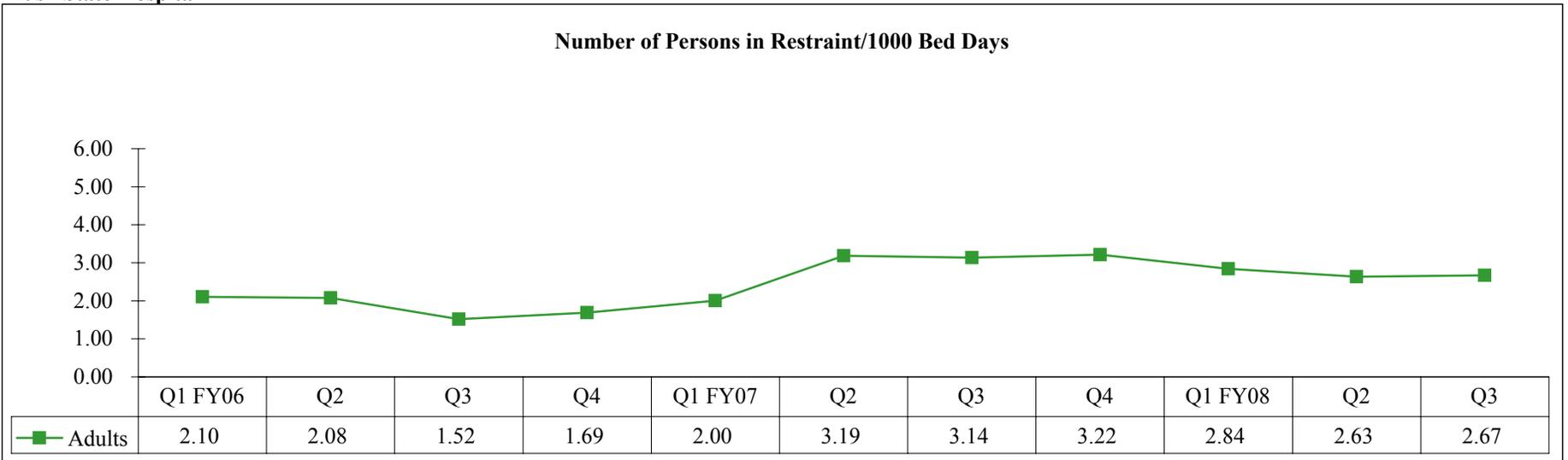
Change in reporting definition December 2006

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

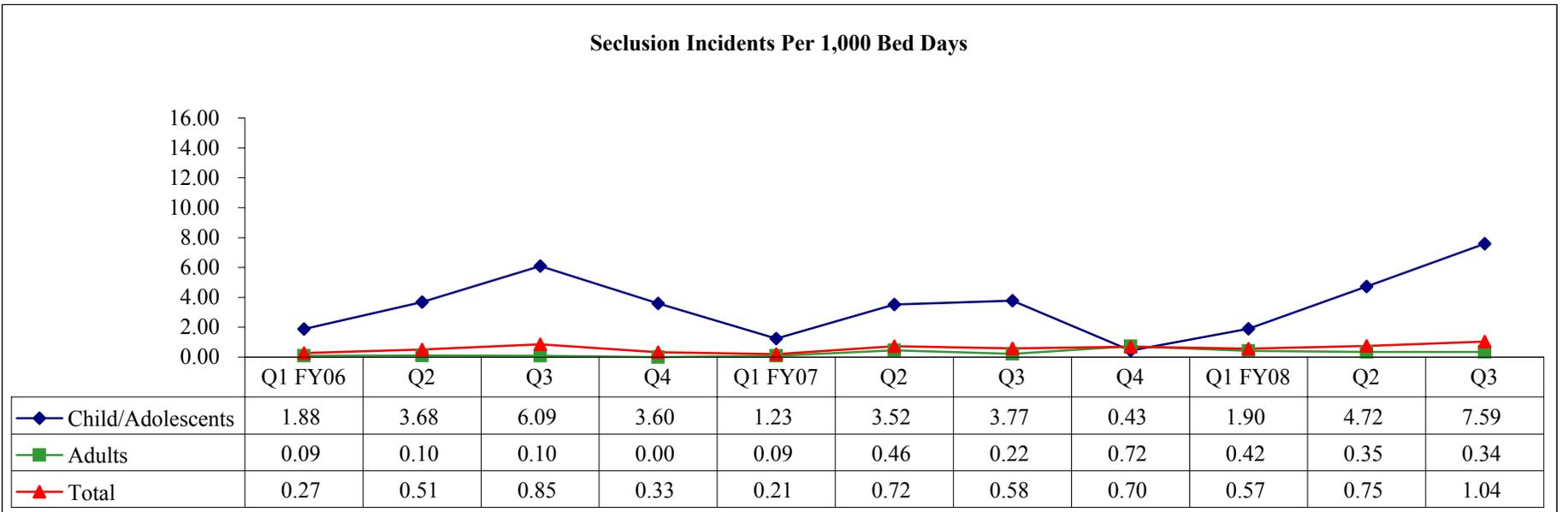
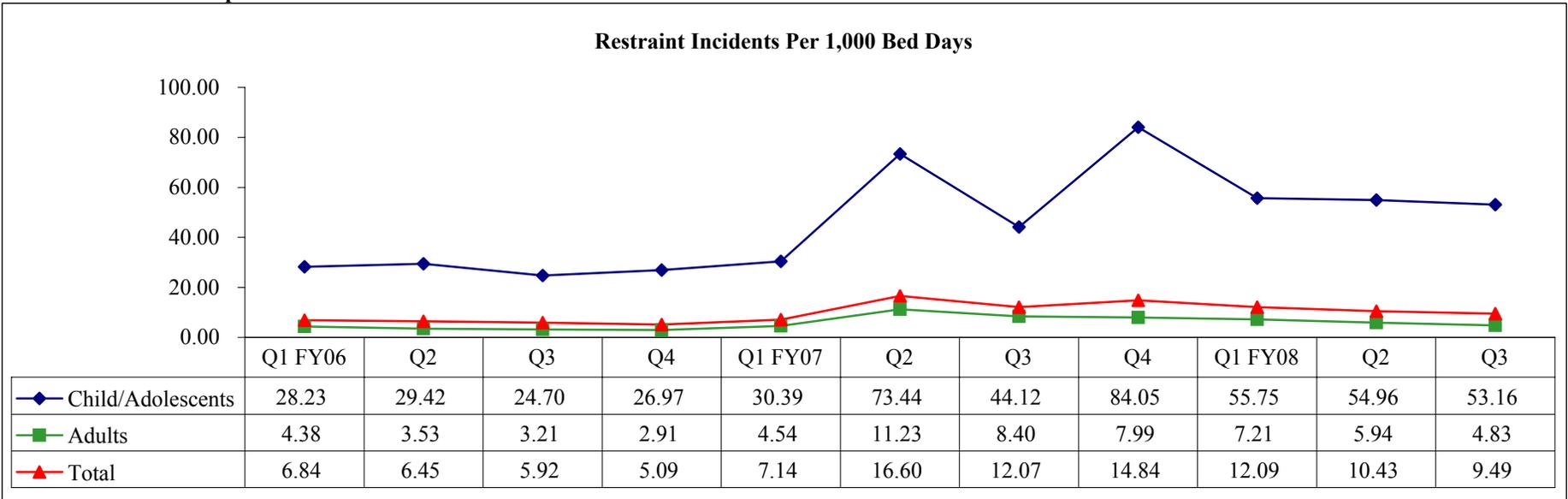
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



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



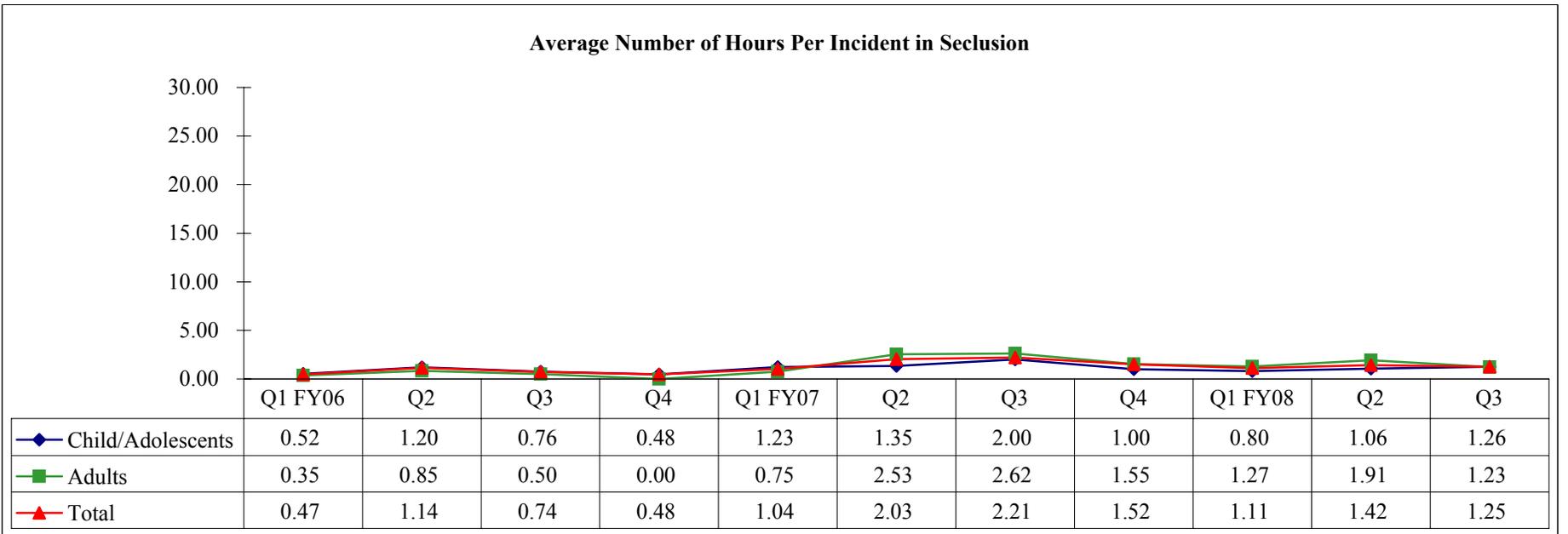
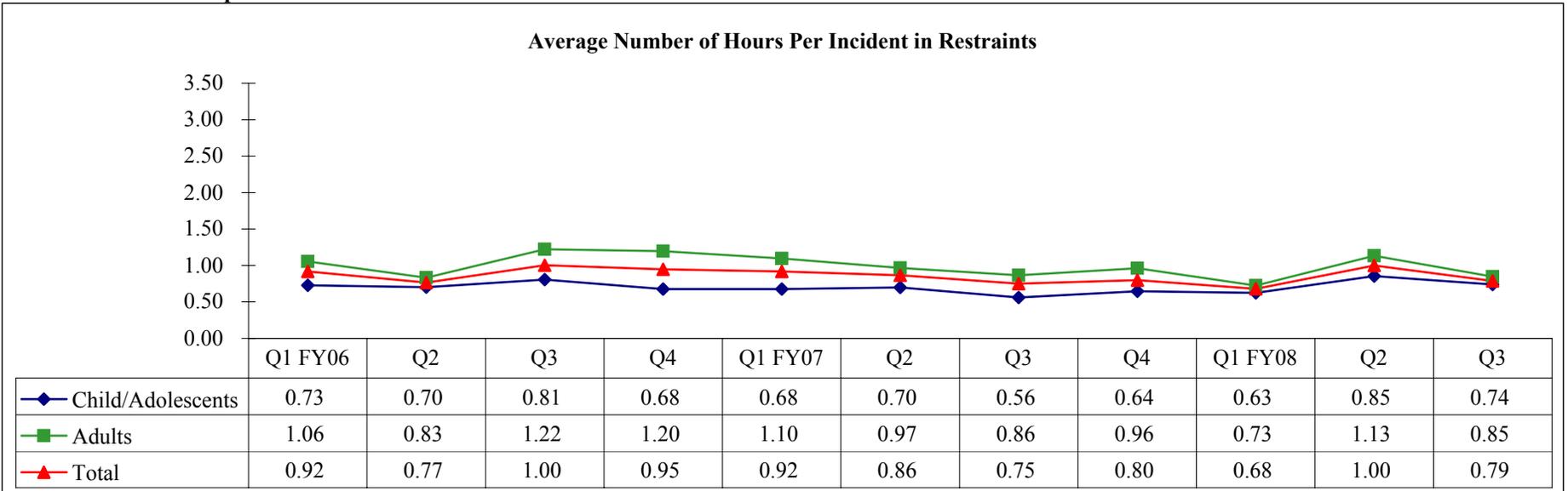
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



Change in reporting definition December 2006

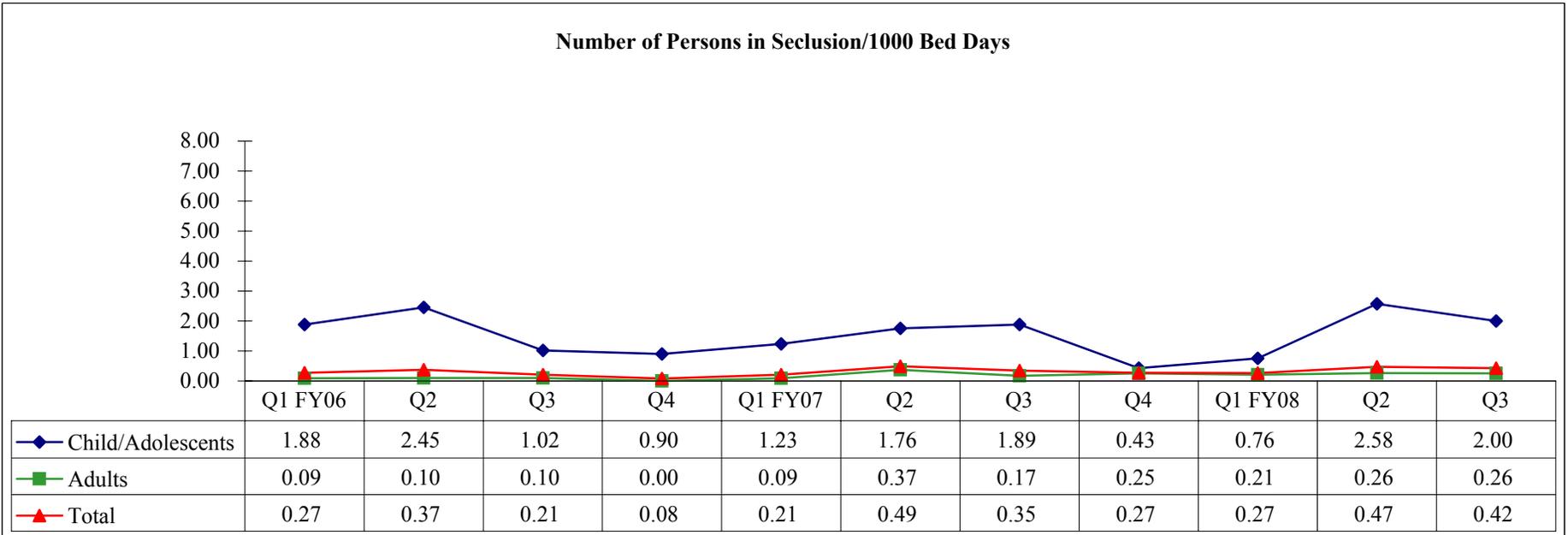
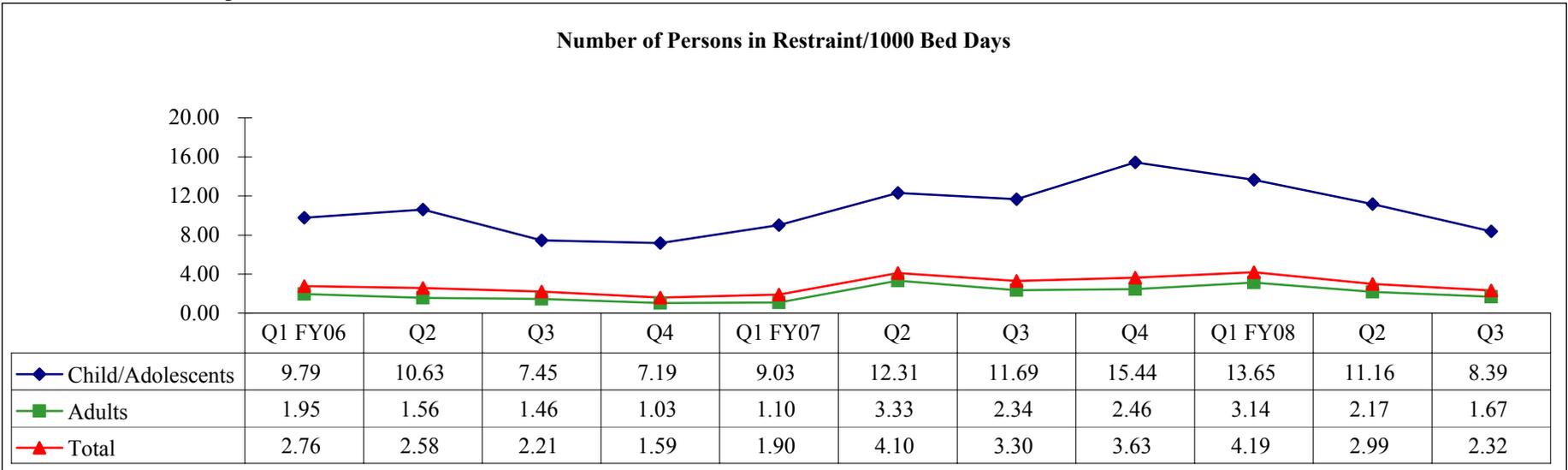
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

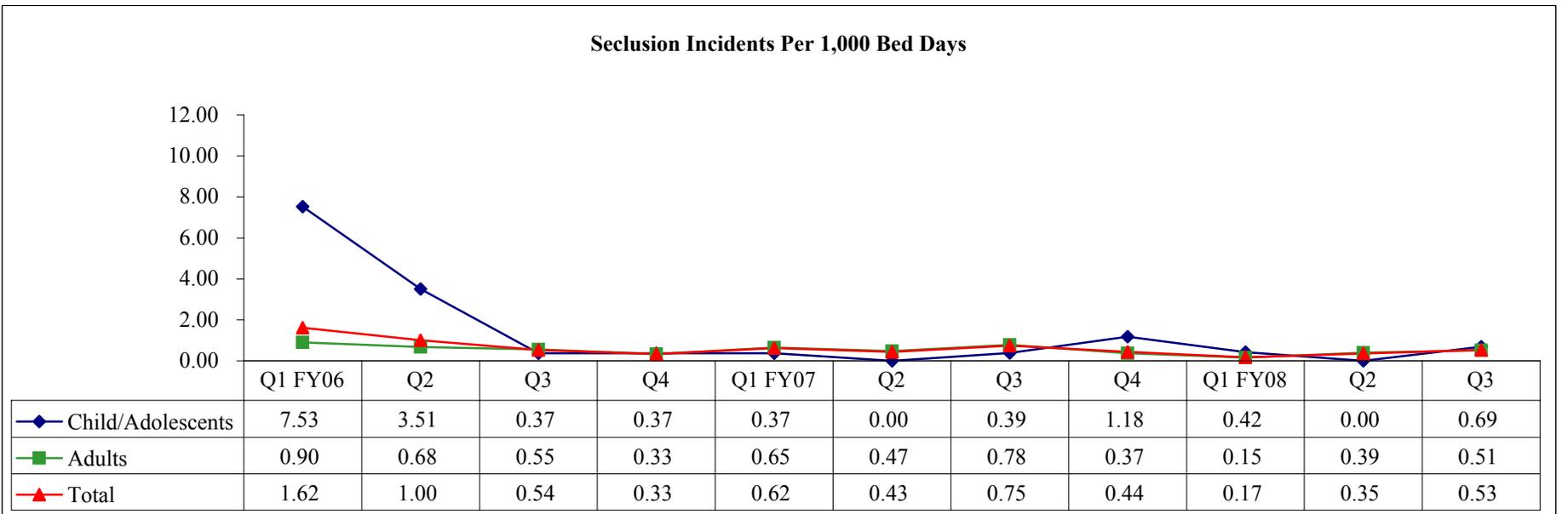
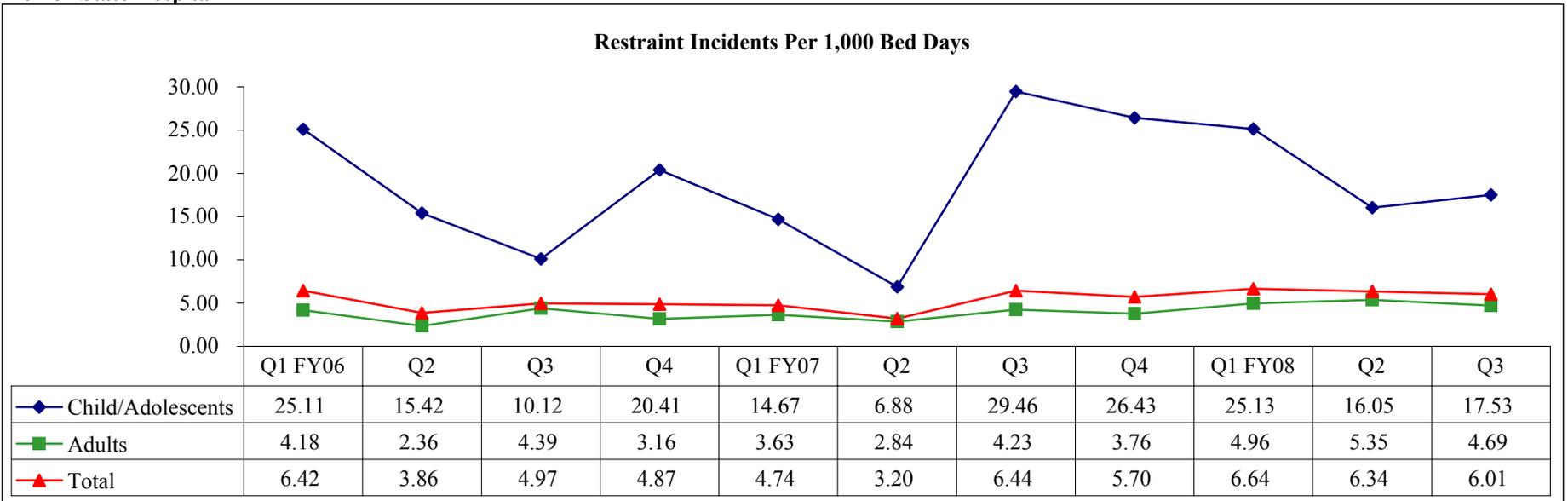


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



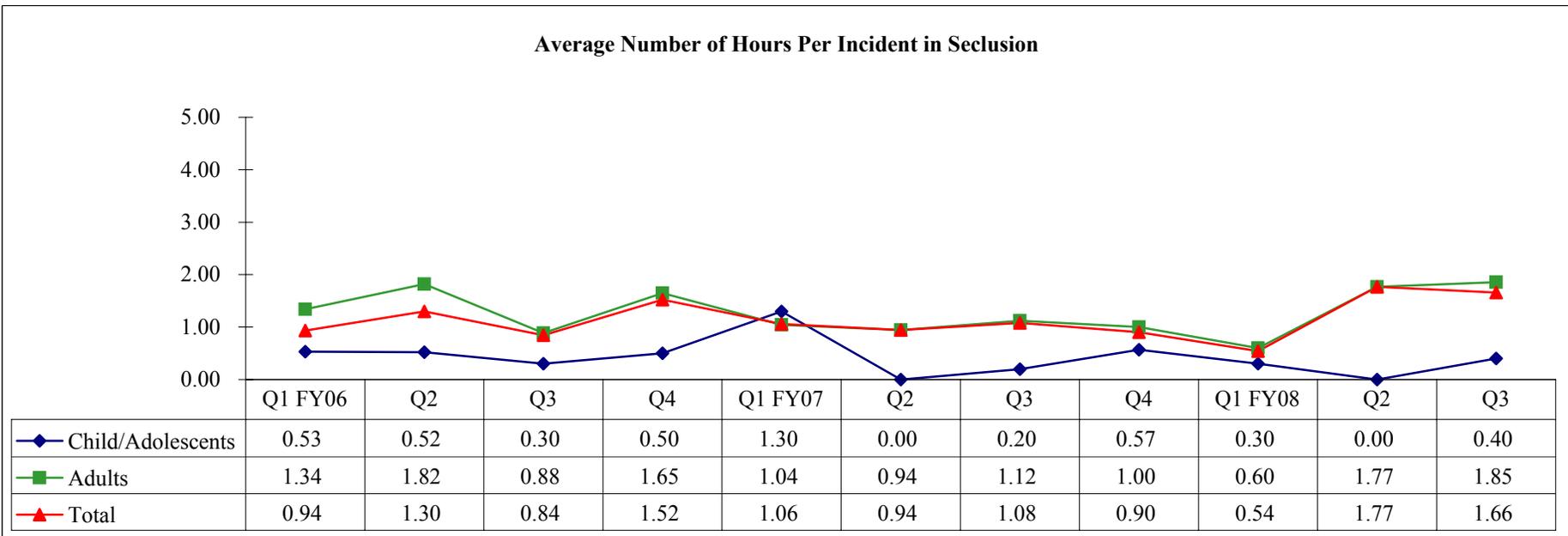
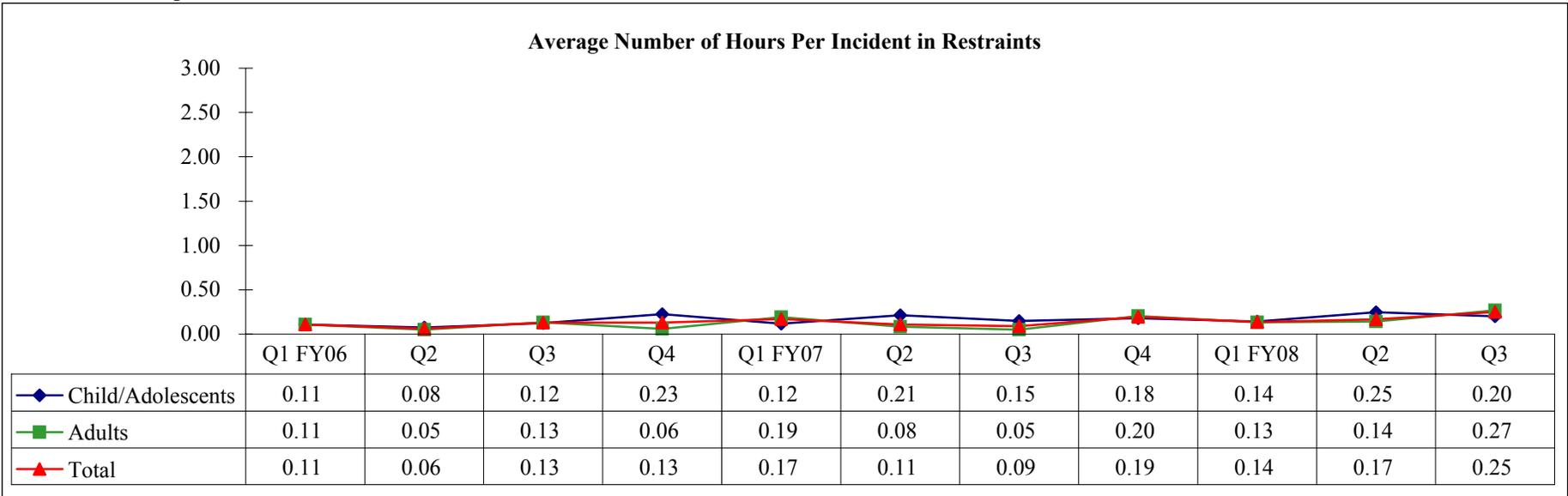
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



Change in reporting definition December 2006

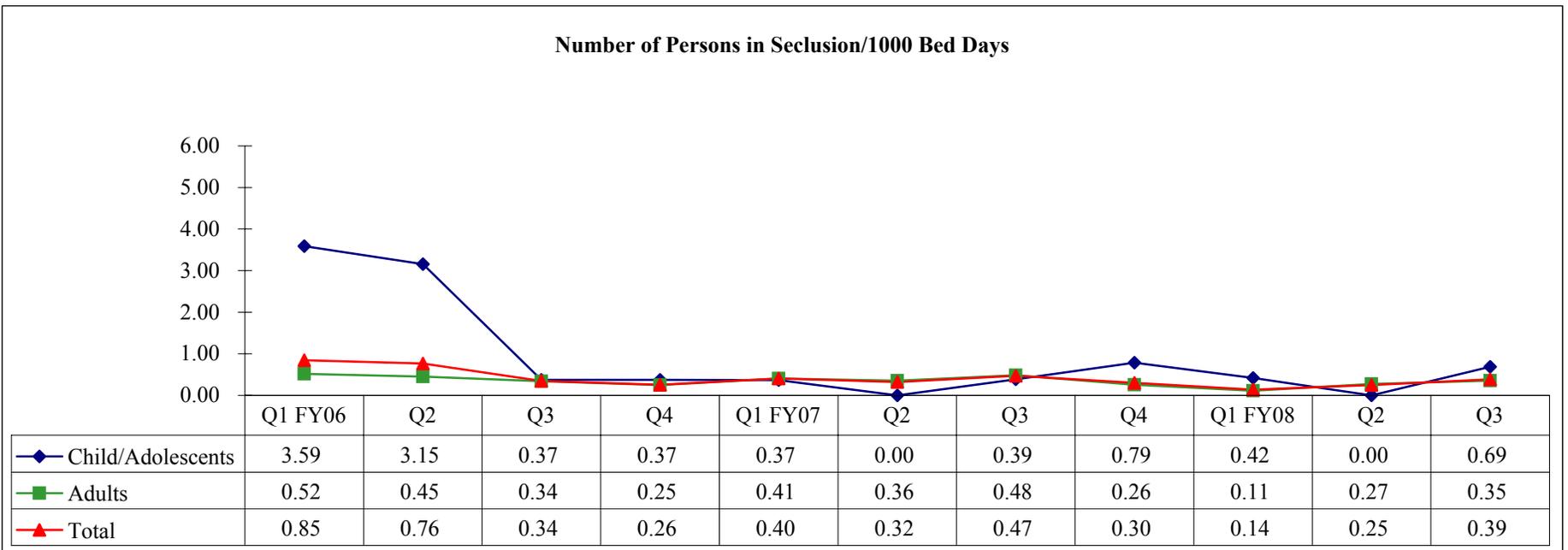
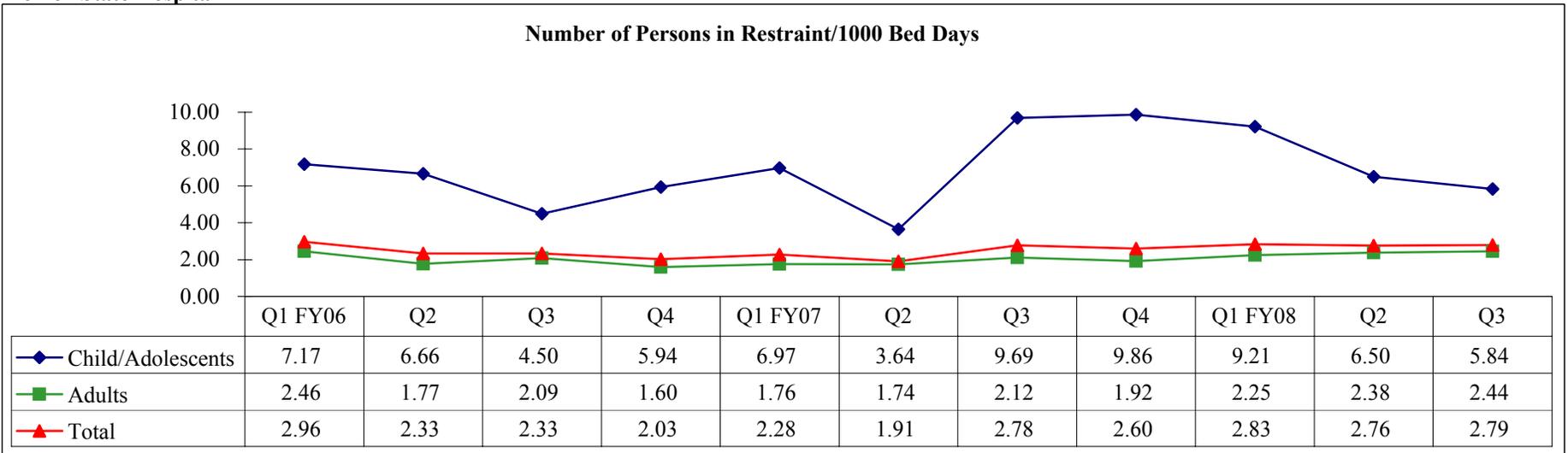
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

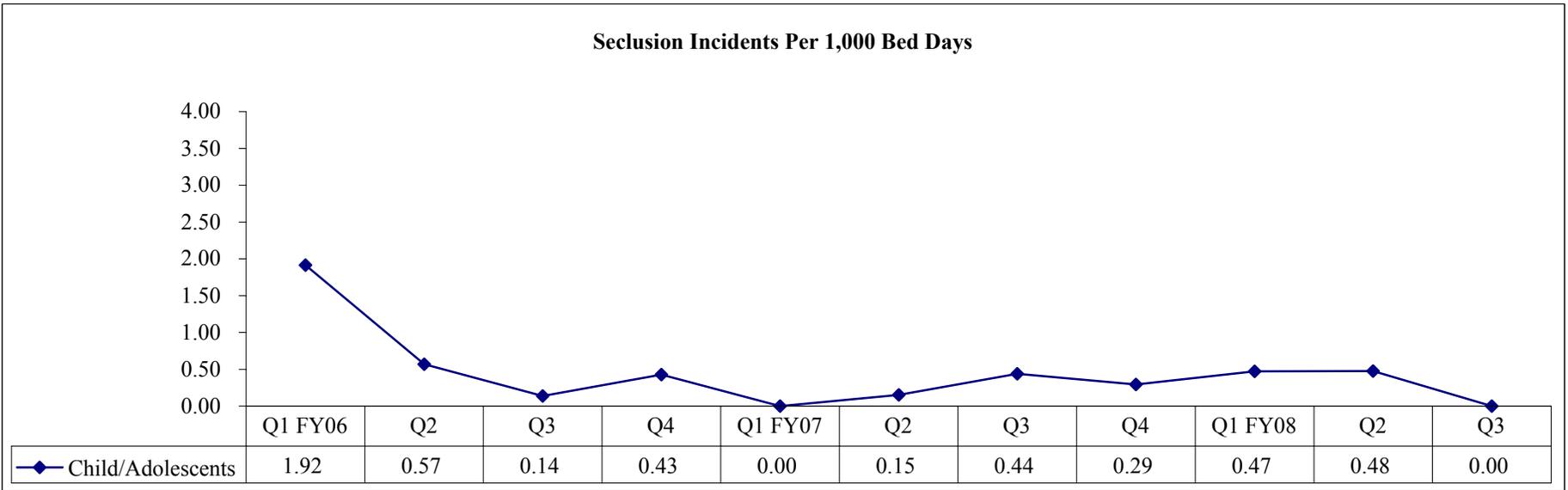
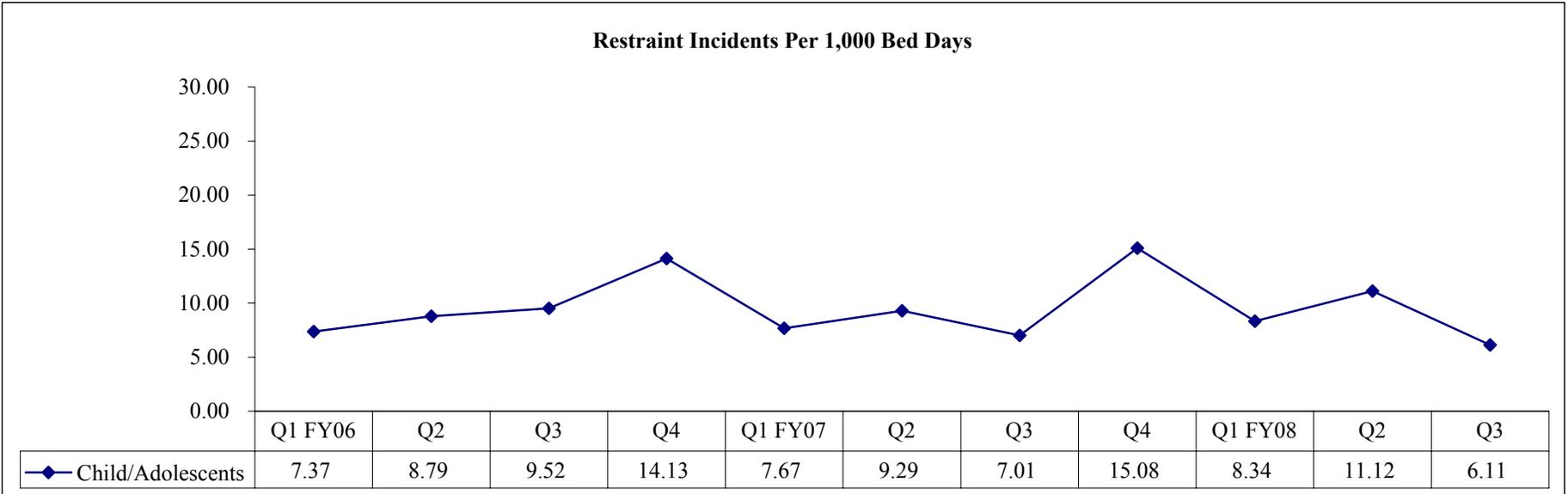


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



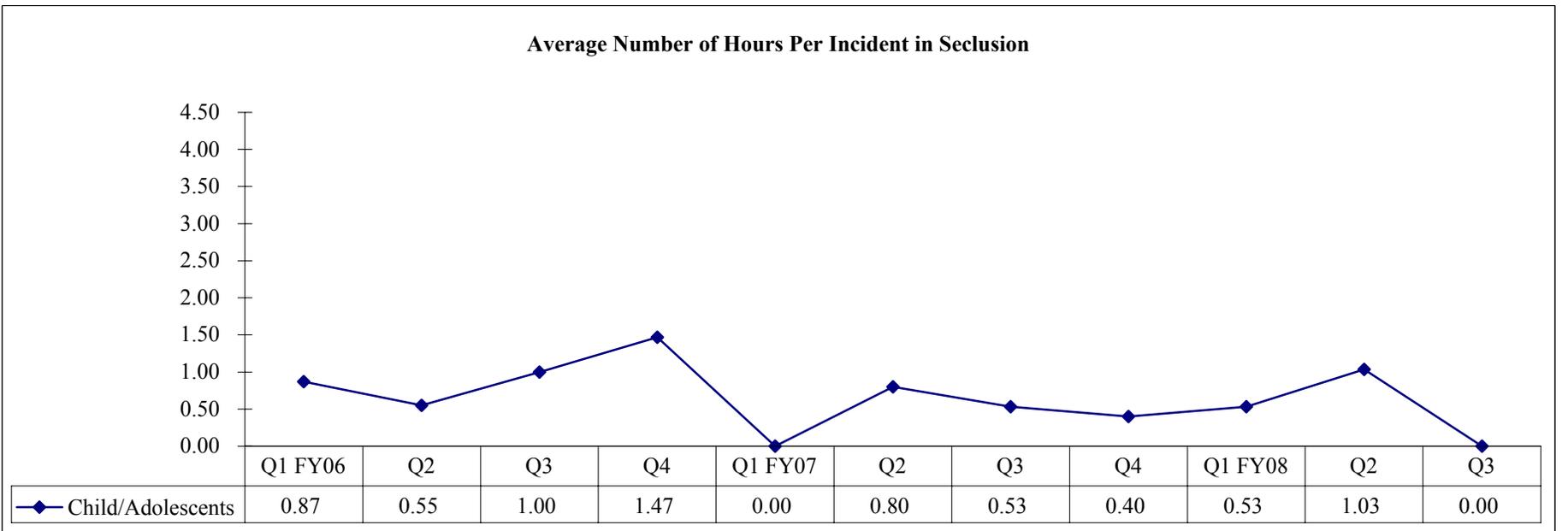
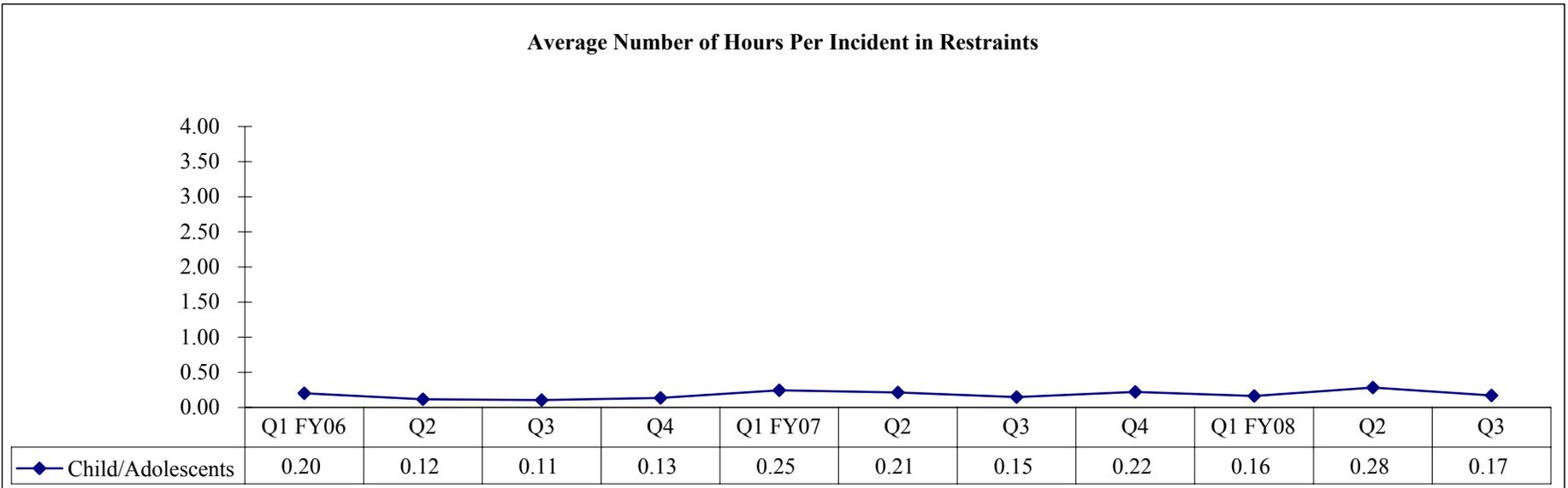
**Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth**



Change in reporting definition December 2006

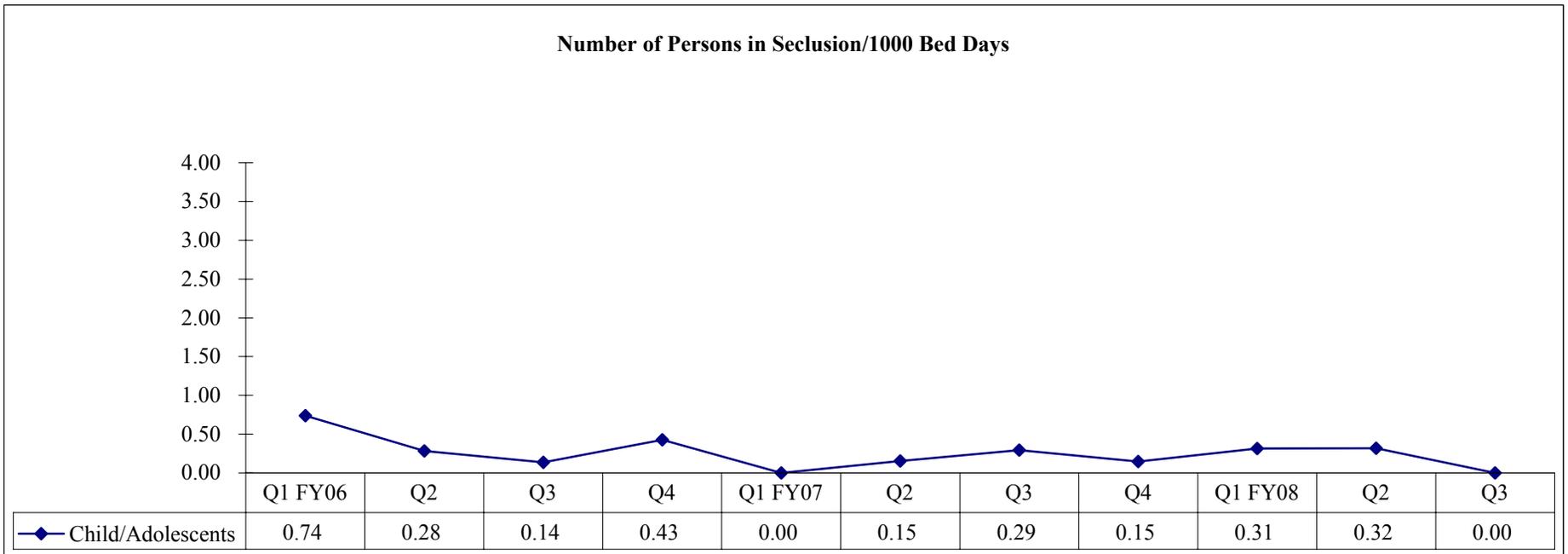
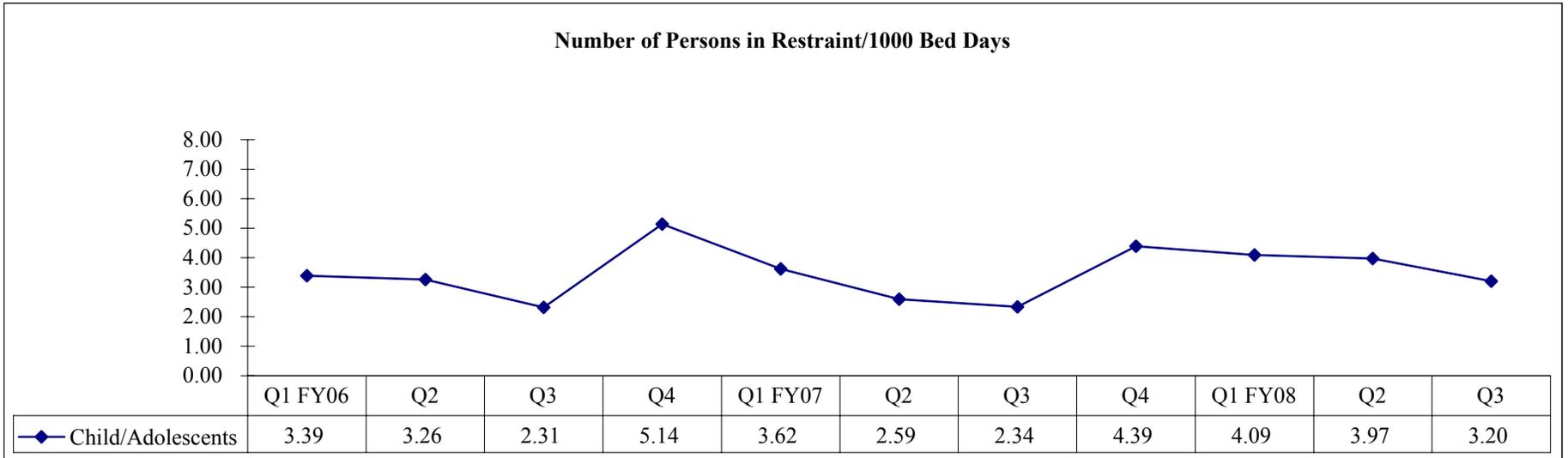
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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



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

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



Performance Objective 3B:

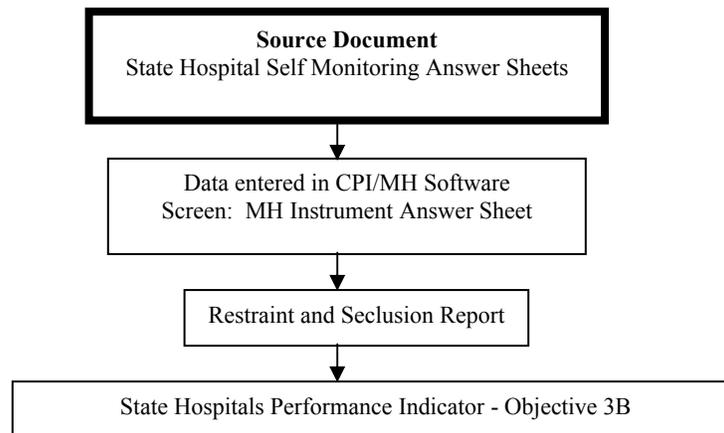
The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

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

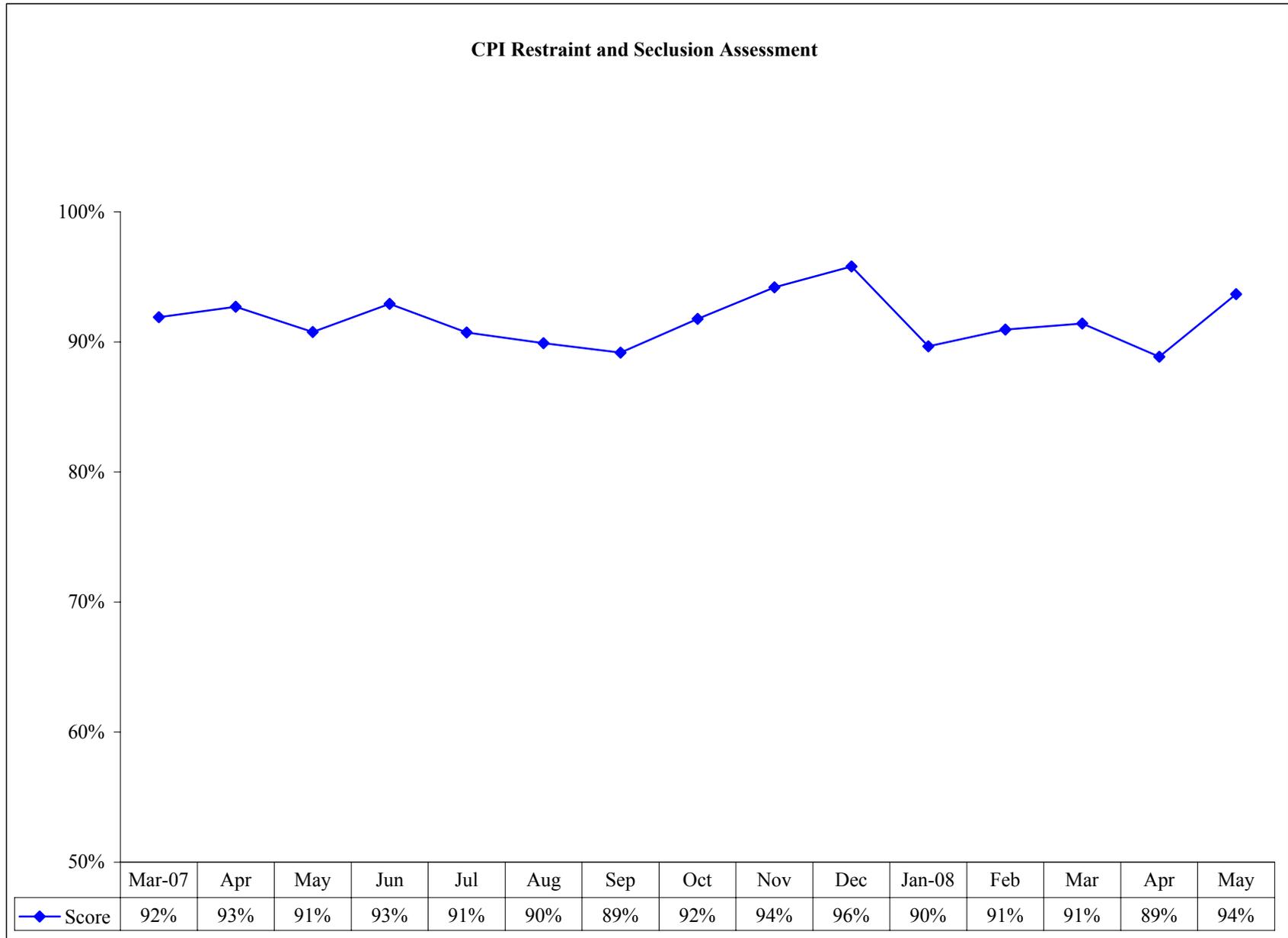
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

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

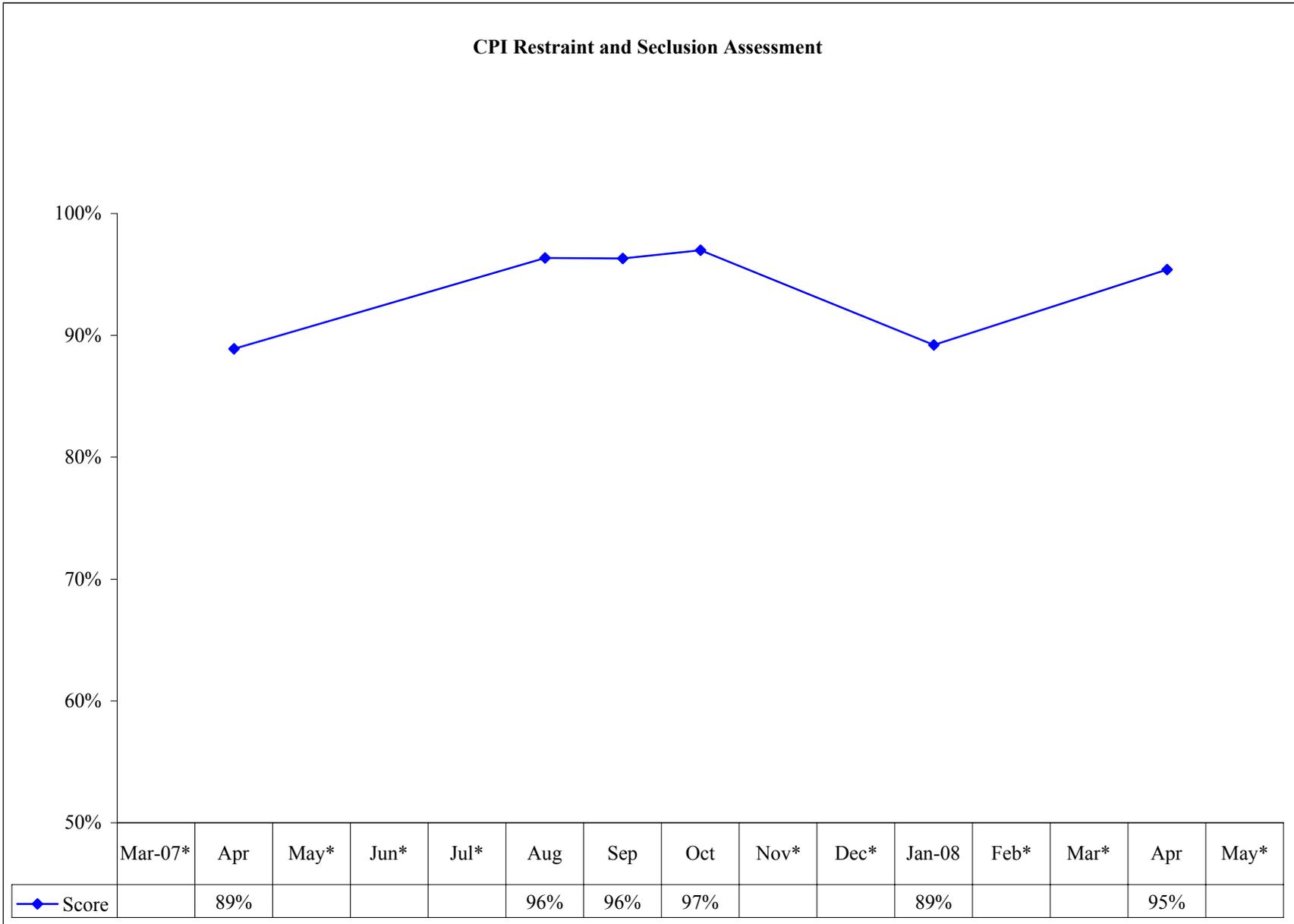
Data Flow:



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

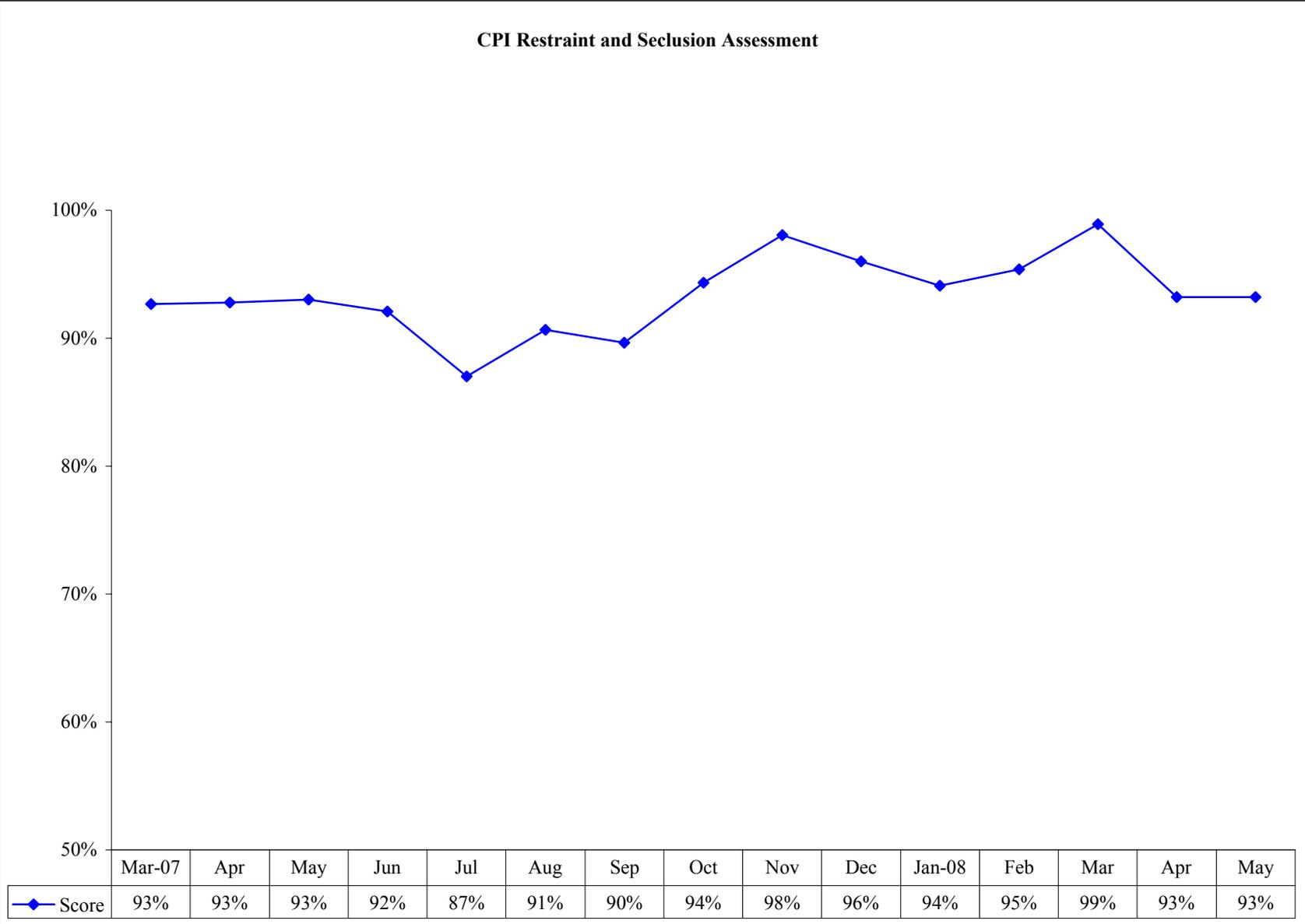


**Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital**

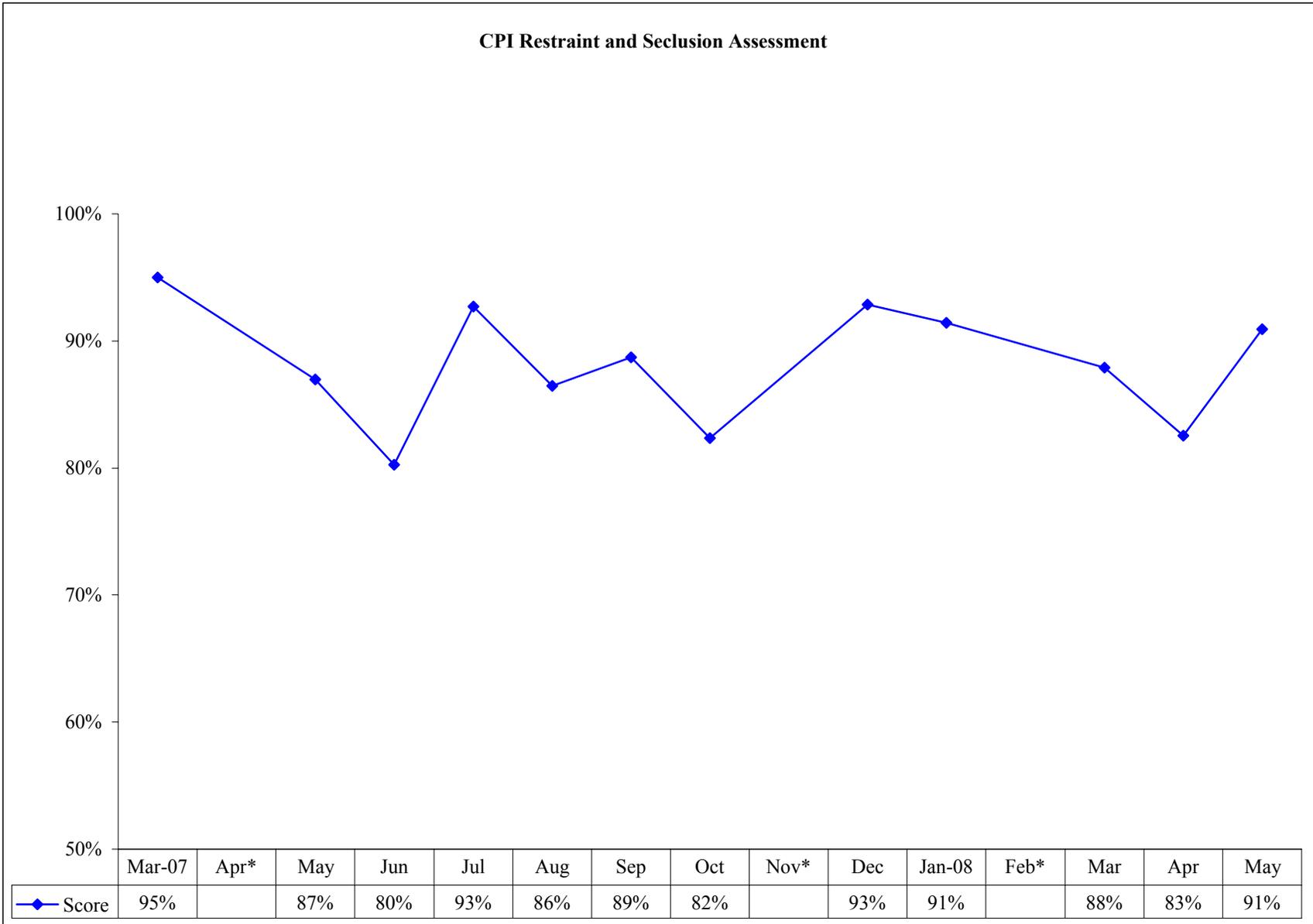


*No scores reported to HMDS.

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

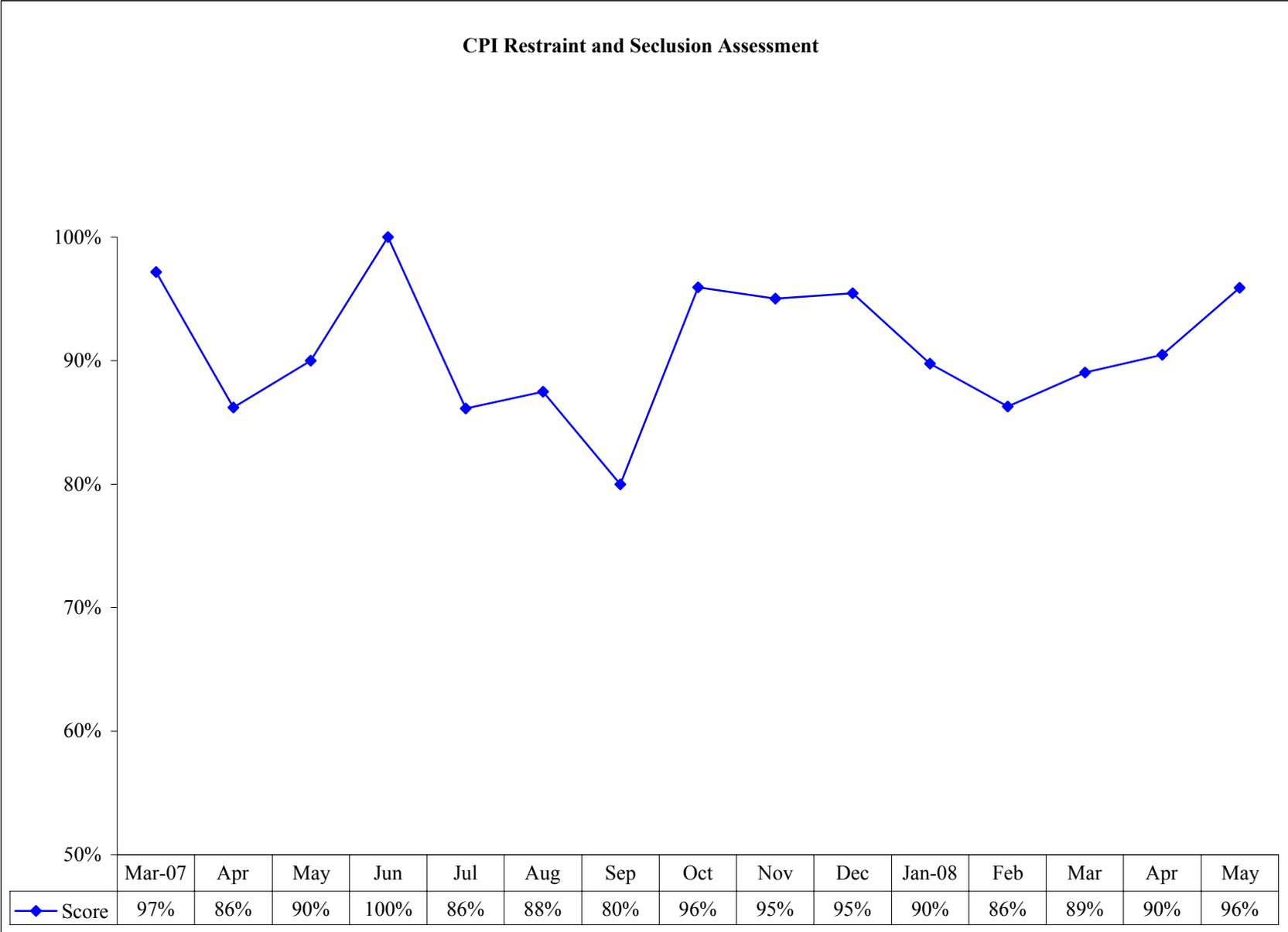


**Objective 3B - Behavioral Restraint and Seclusion Assessment
El Paso Psychiatric Center**



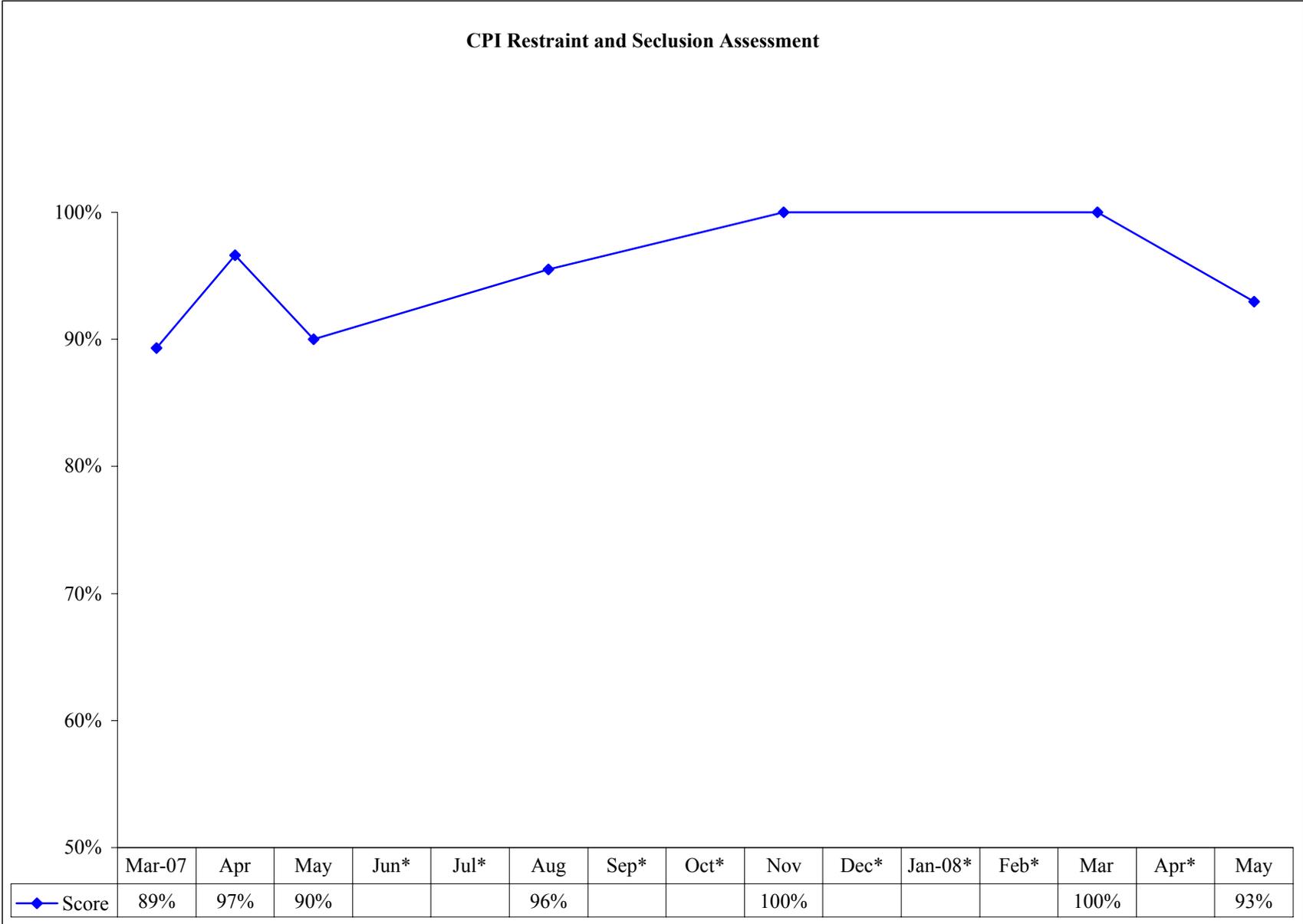
*No scores reported to HMDS.

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



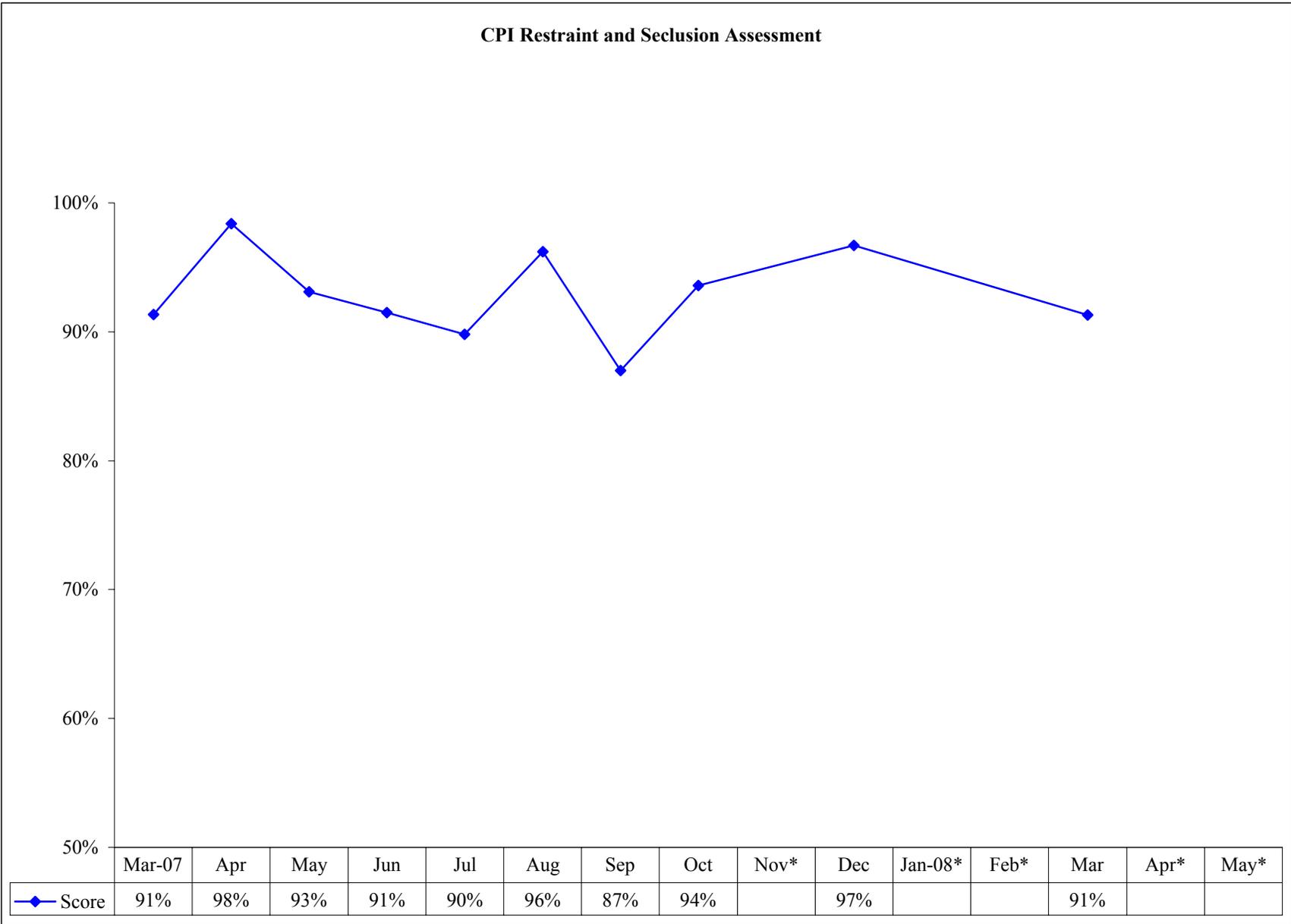
*No scores reported to HMDS.

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



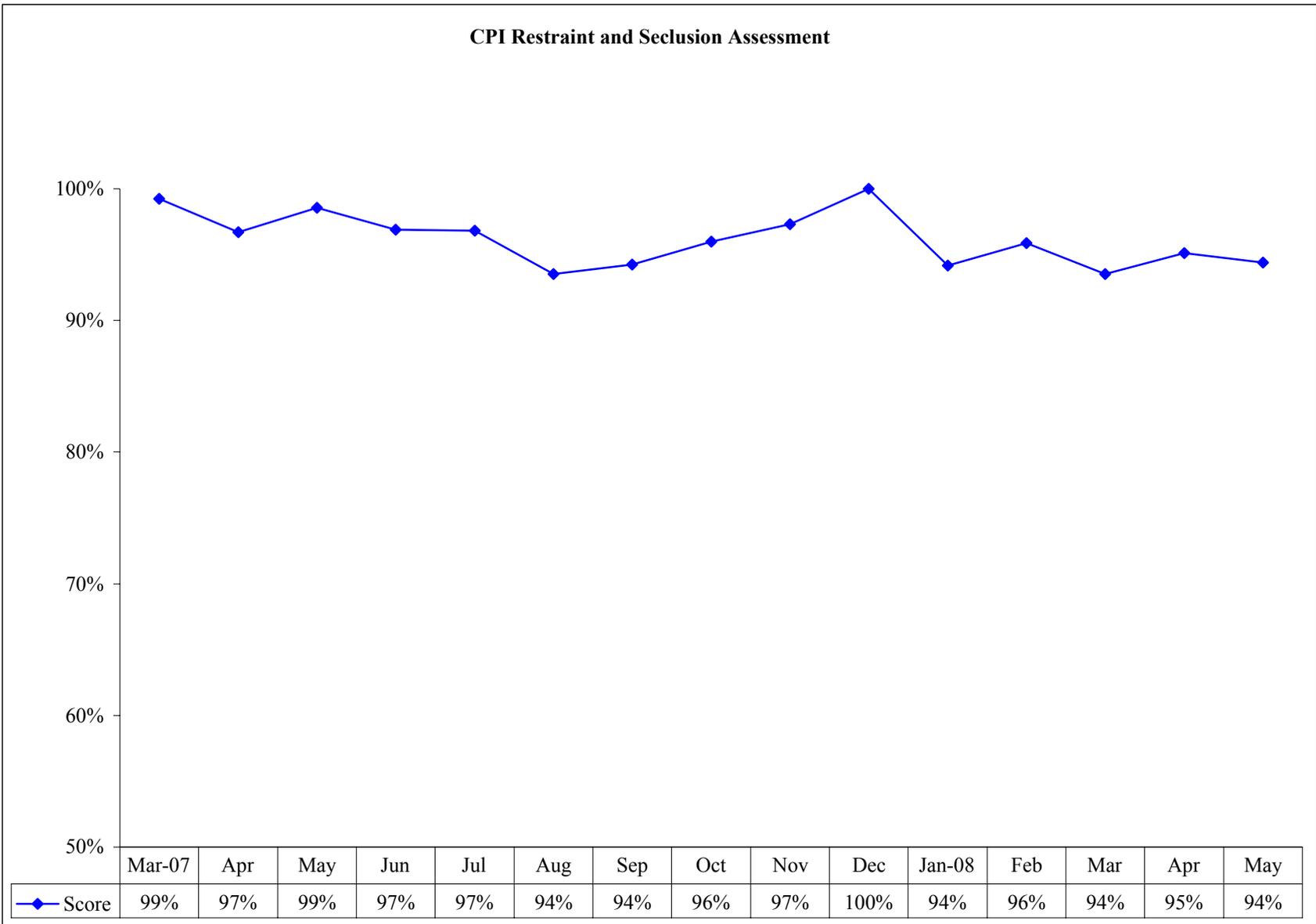
*No scores reported to HMDS.

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

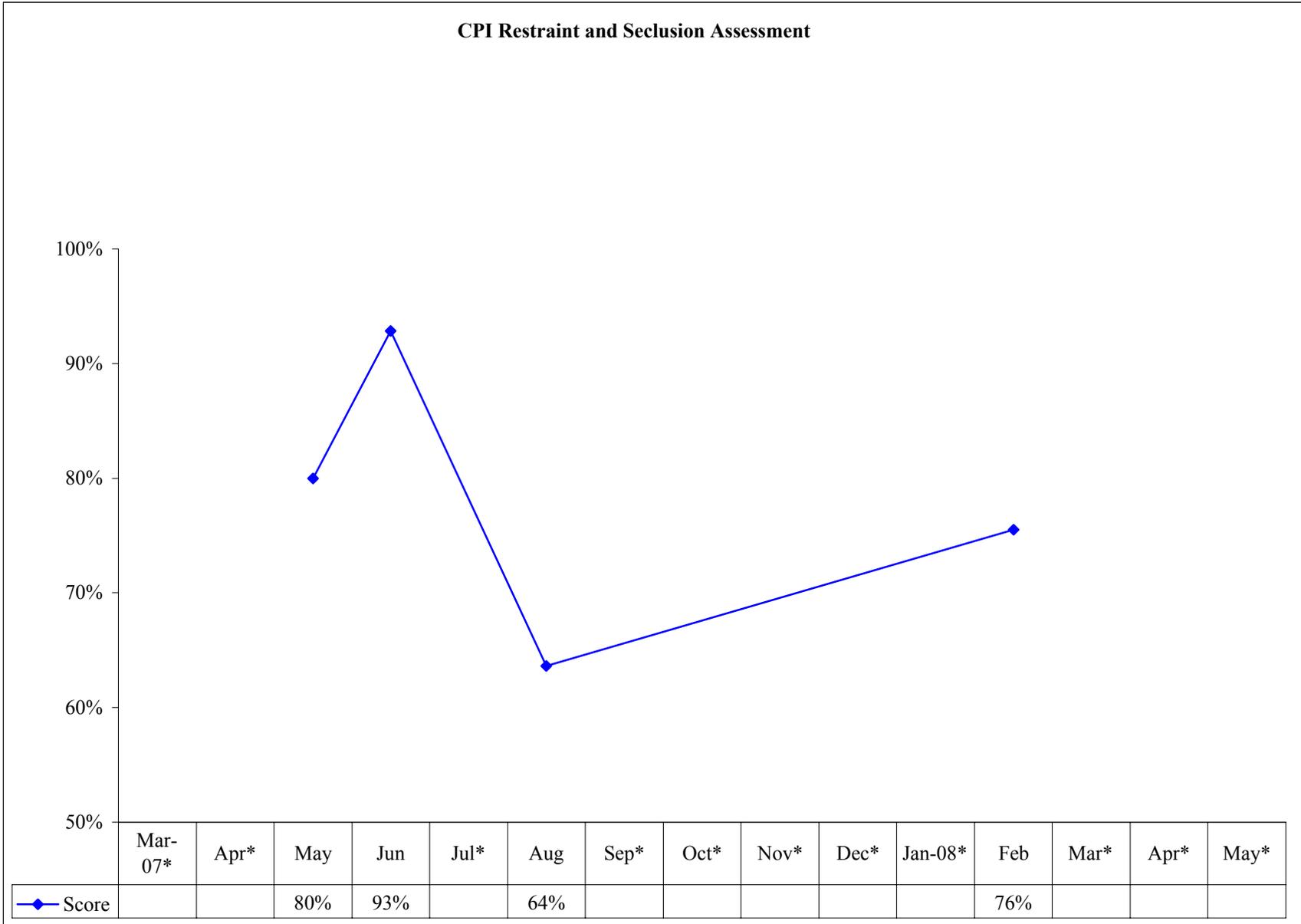


*No scores reported to HMDS.

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

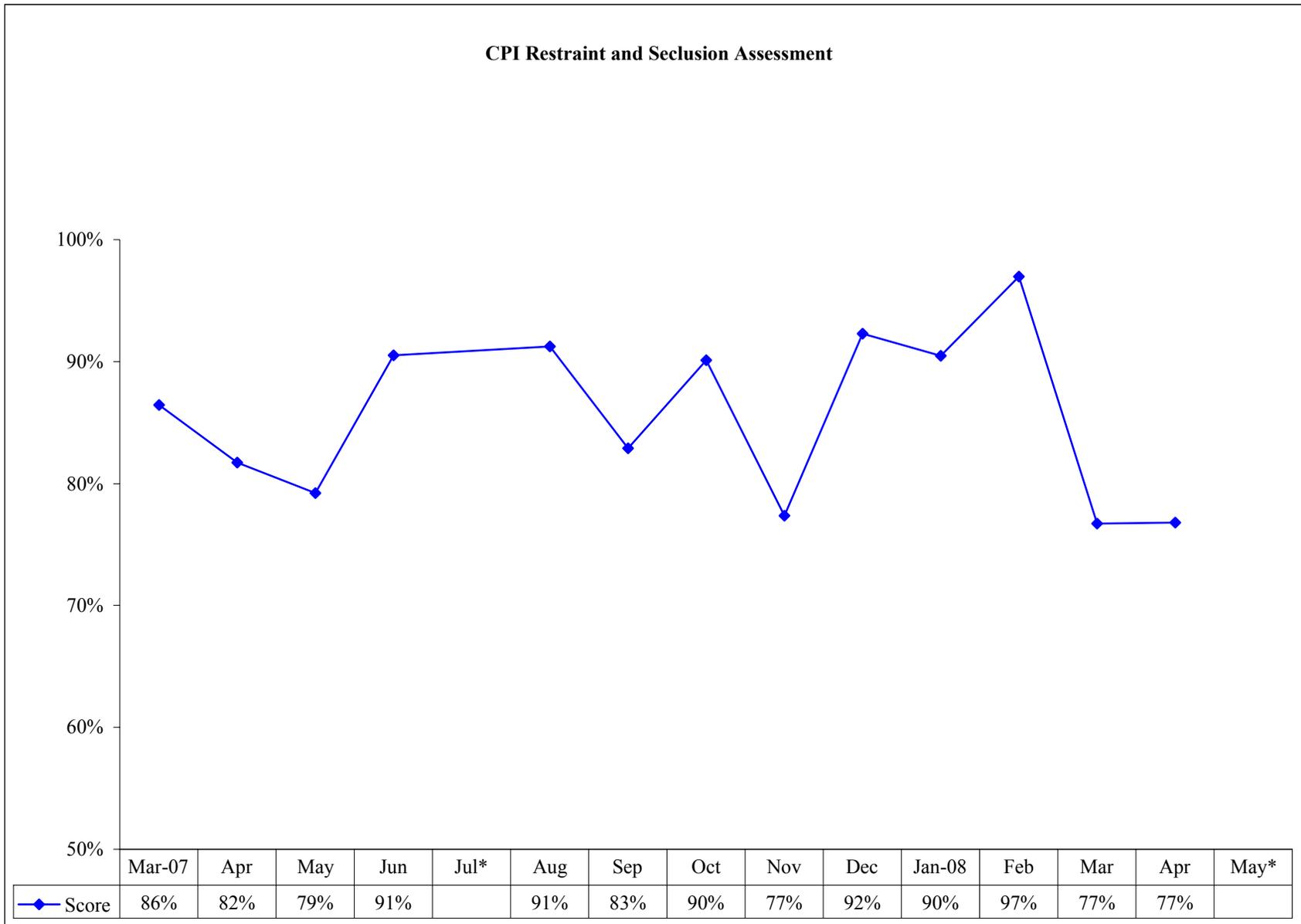


Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital



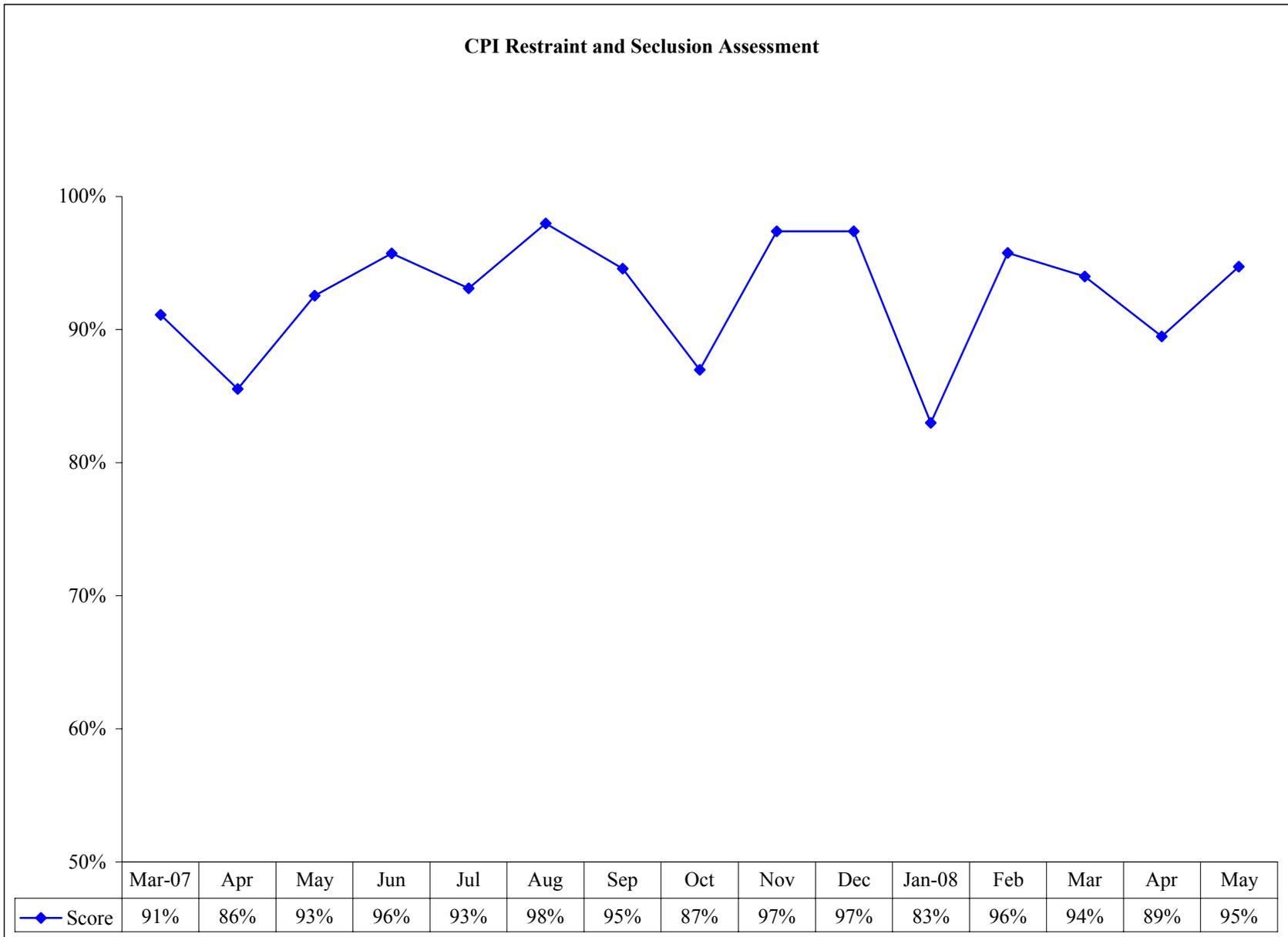
*No scores reported to HMDS.

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



*No scores reported to HMDS.

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



*No scores reported to HMDS.

Performance Objective 3E:

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

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

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

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

R = rate of patients that are tracked by TIMA

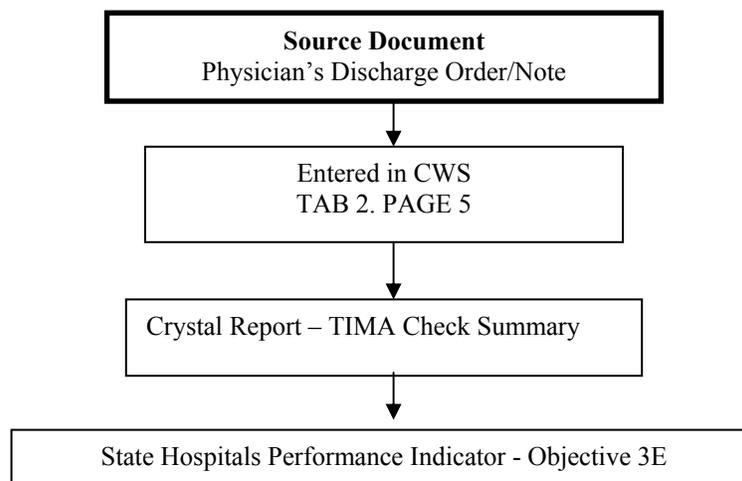
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

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

Data Flow:



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

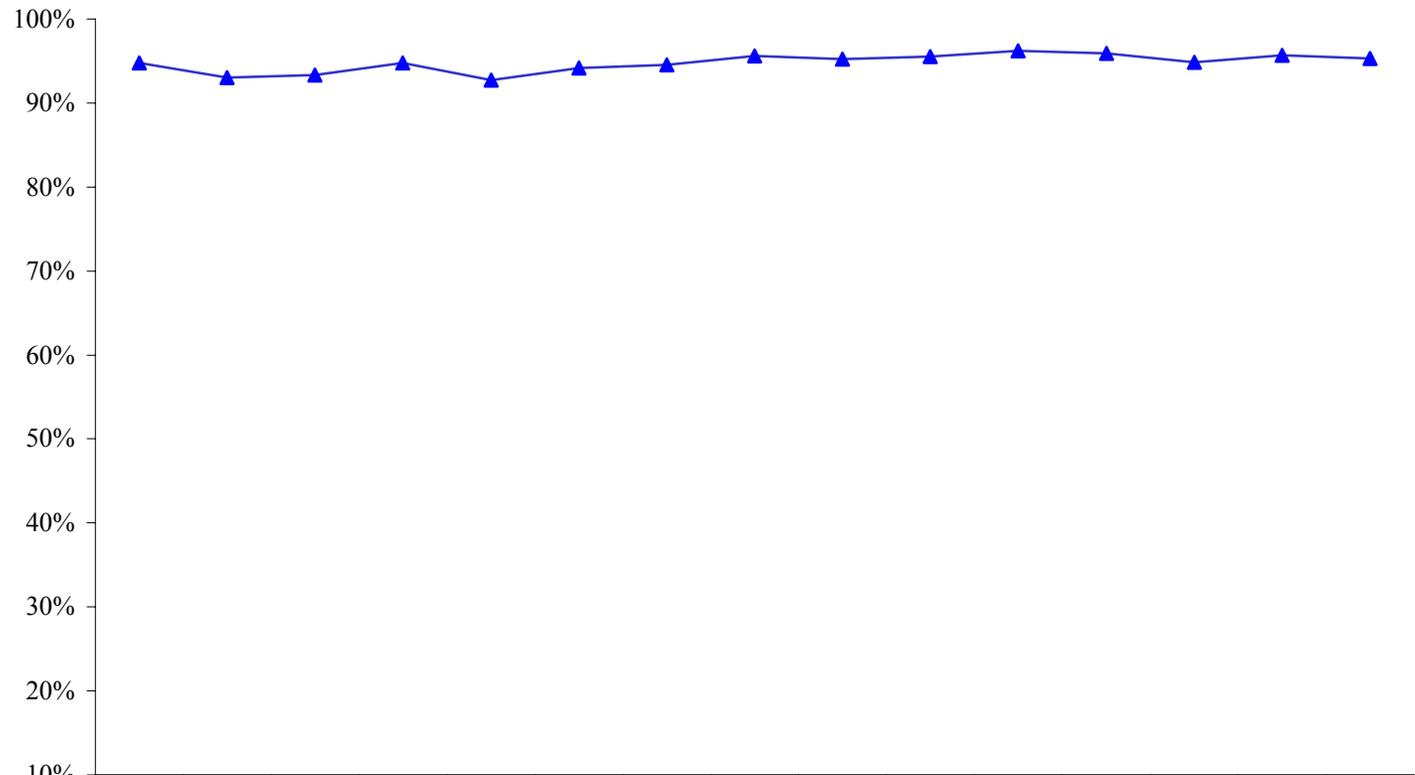
Percent of Patients with Episodes that are Tracked by TIMA

Facility	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
ASH	96%	94%	96%	96%	91%	95%	93%	95%	97%	99%	99%	99%	97%	95%	94%
BSSH	80%	88%	84%	89%	82%	94%	98%	93%	88%	87%	90%	96%	89%	96%	88%
EPPC	97%	82%	94%	86%	100%	100%	98%	100%	100%	96%	97%	99%	99%	100%	99%
KSH	100%	100%	100%	100%	100%	100%	95%	100%	91%	90%	100%	95%	100%	93%	95%
NTSH	94%	90%	92%	94%	95%	90%	91%	90%	93%	94%	94%	91%	94%	90%	94%
RGSC	100%	100%	99%	99%	96%	96%	99%	98%	97%	96%	96%	99%	97%	100%	95%
RSH	99%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	99%	99%
SASH	94%	97%	94%	95%	94%	97%	97%	95%	97%	97%	99%	98%	95%	97%	97%
TSH	93%	89%	85%	91%	87%	83%	88%	93%	90%	92%	92%	89%	88%	92%	96%
All SH	95%	93%	93%	95%	93%	94%	95%	96%	95%	96%	96%	96%	95%	96%	95%

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

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

Percent of Patients with Episodes that are Tracked by TIMA

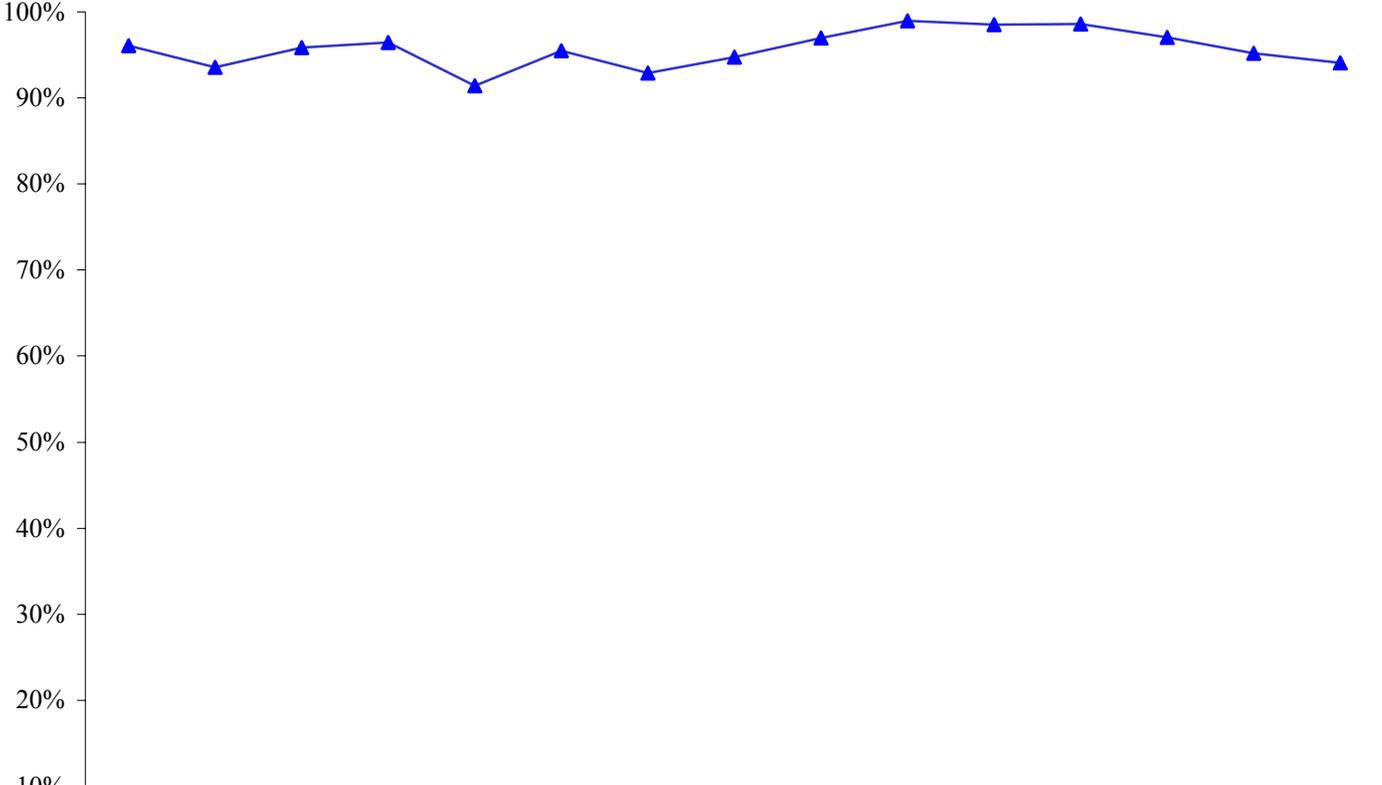


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	1090	1035	1201	980	1069	1218	984	1087	947	868	976	1001	945	1105	1046
Patients with Episodes that are Tracked	1033	963	1121	929	991	1147	930	1039	902	829	939	960	896	1057	997
▲ Percent Tracked by TIMA	95%	93%	93%	95%	93%	94%	95%	96%	95%	96%	96%	96%	95%	96%	95%

Objective 3E - Texas Implementation of Medication Algorithm (TIMA)

Austin State Hospital

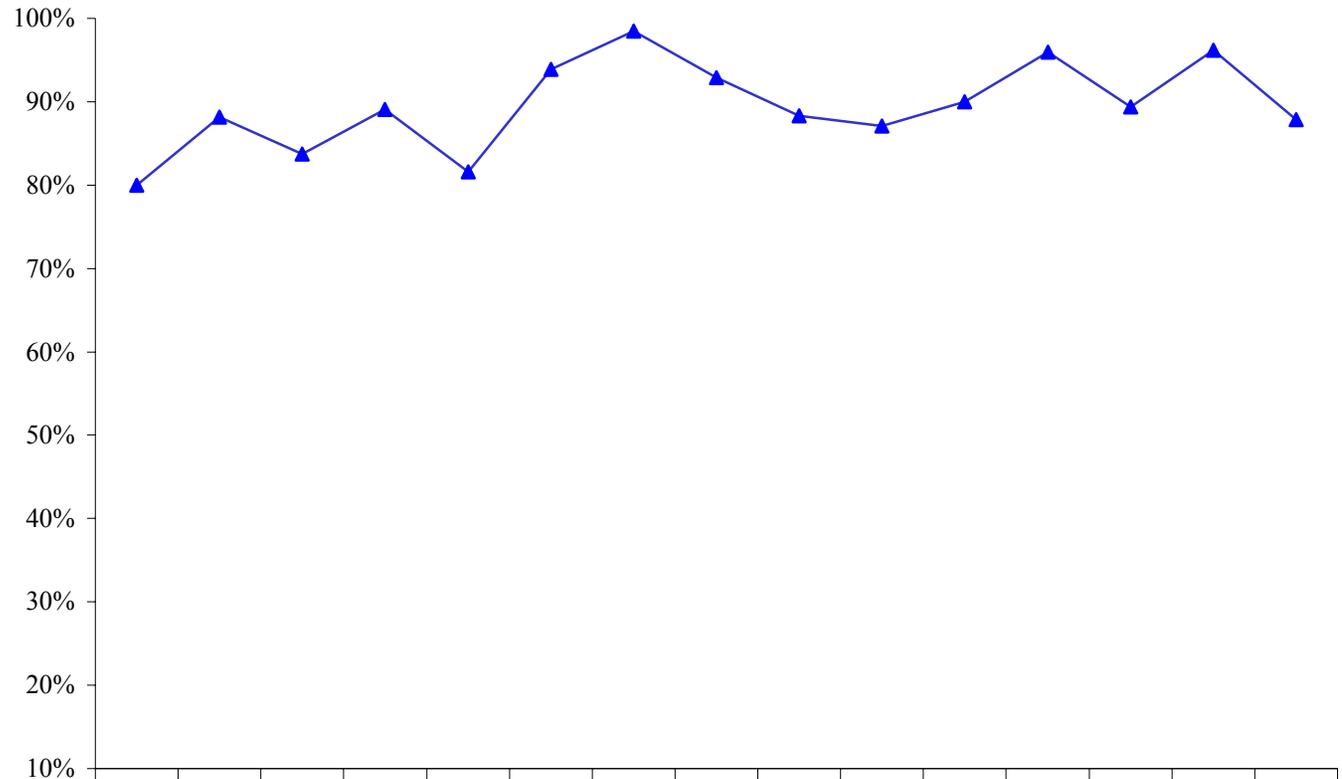
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	279	280	313	251	292	309	225	266	200	191	205	214	203	230	219
Patients with Episodes that are Tracked	268	262	300	242	267	295	209	252	194	189	202	211	197	219	206
▲ Percent Tracked by TIMA	96%	94%	96%	96%	91%	95%	93%	95%	97%	99%	99%	99%	97%	95%	94%

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

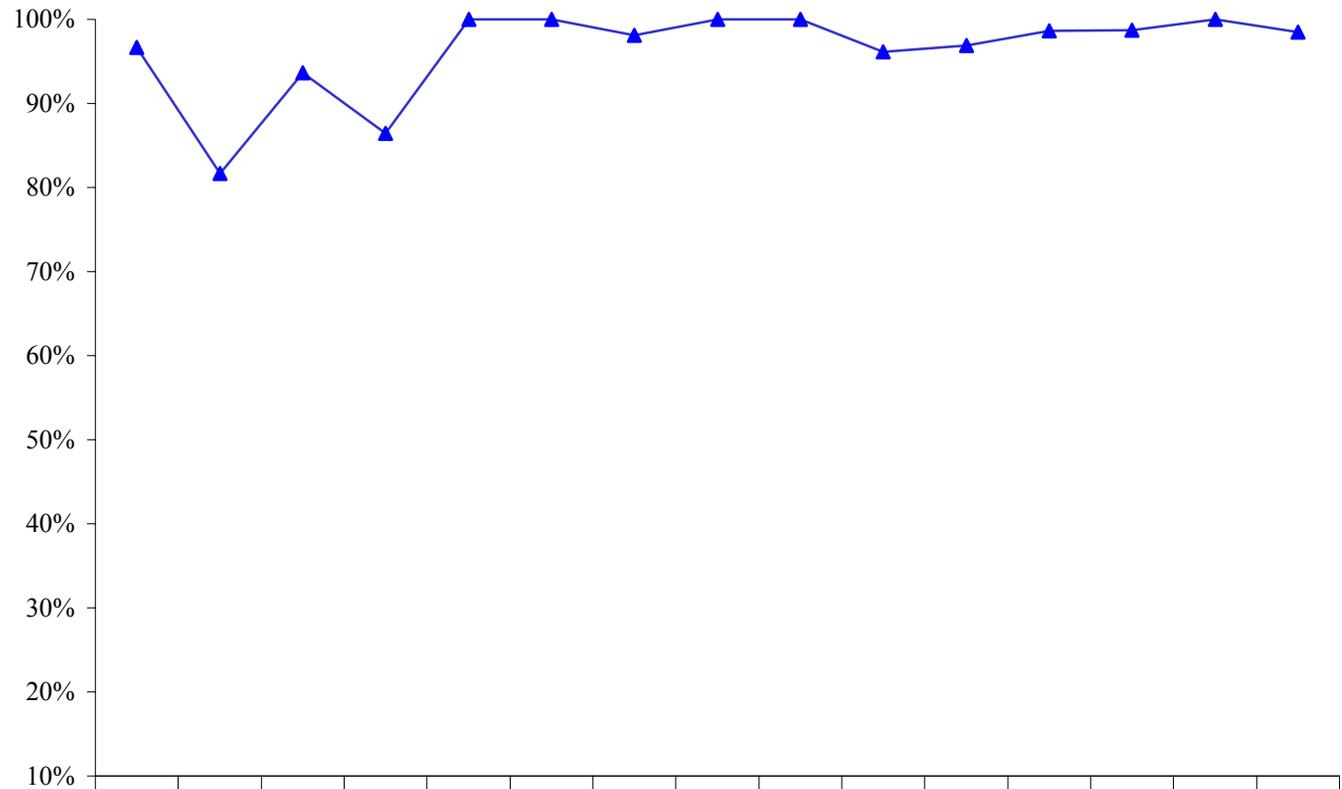
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	70	59	80	64	76	98	64	84	60	62	70	74	66	78	74
Patients with Episodes that are Tracked	56	52	67	57	62	92	63	78	53	54	63	71	59	75	65
▲ Percent Tracked by TIMA	80%	88%	84%	89%	82%	94%	98%	93%	88%	87%	90%	96%	89%	96%	88%

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

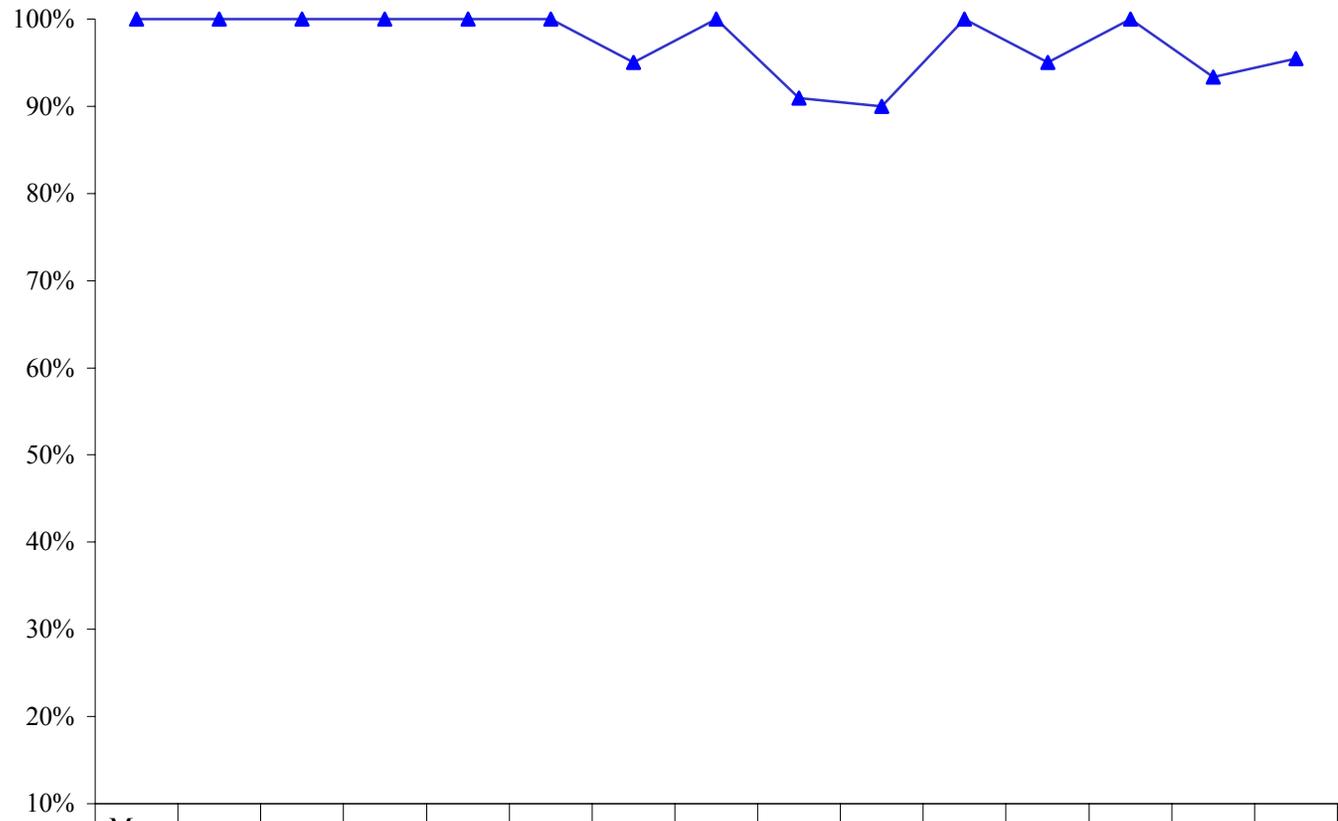
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	60	71	79	59	65	71	53	87	63	52	65	72	76	71	67
Patients with Episodes that are Tracked	58	58	74	51	65	71	52	87	63	50	63	71	75	71	66
▲ Percent Tracked by TIMA	97%	82%	94%	86%	100%	100%	98%	100%	100%	96%	97%	99%	99%	100%	99%

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

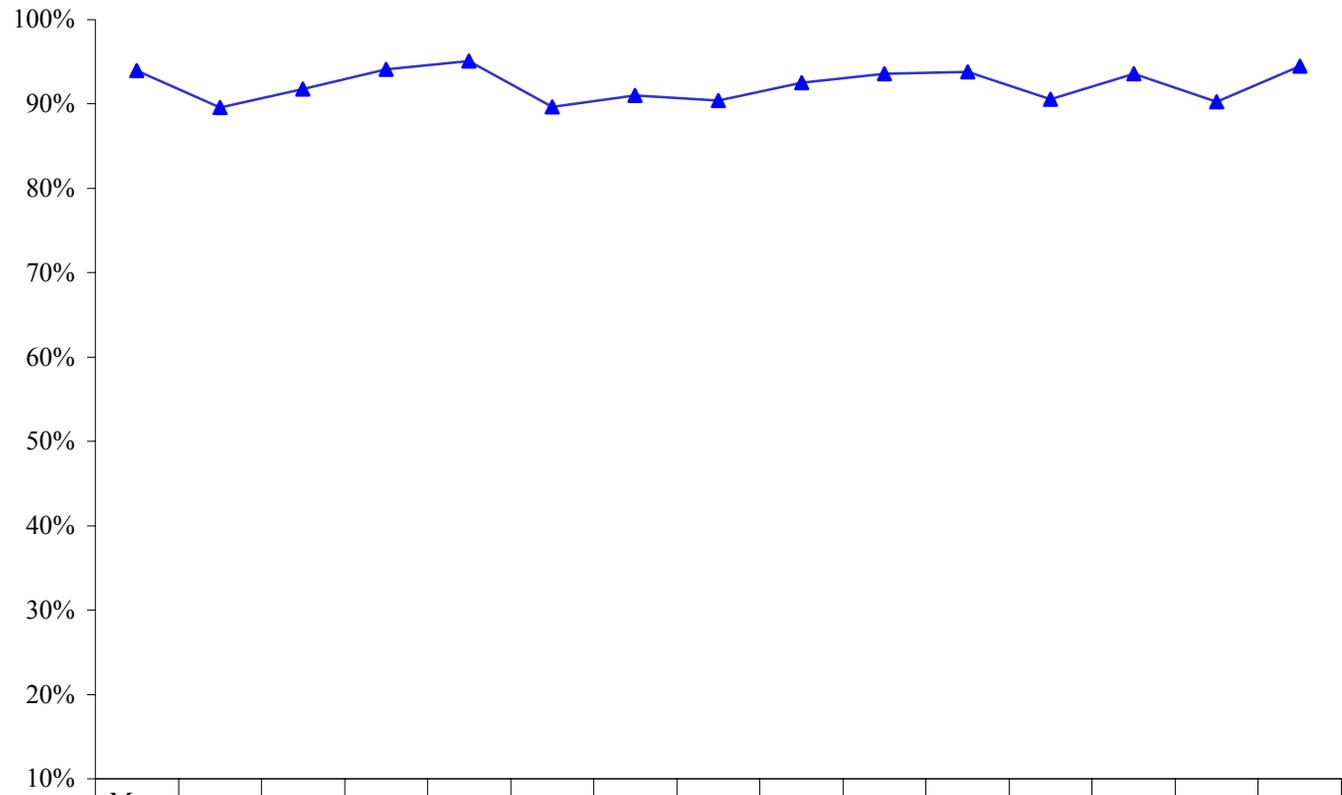
Percent of Patients with Episodes that are Tracked by TIMA



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

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

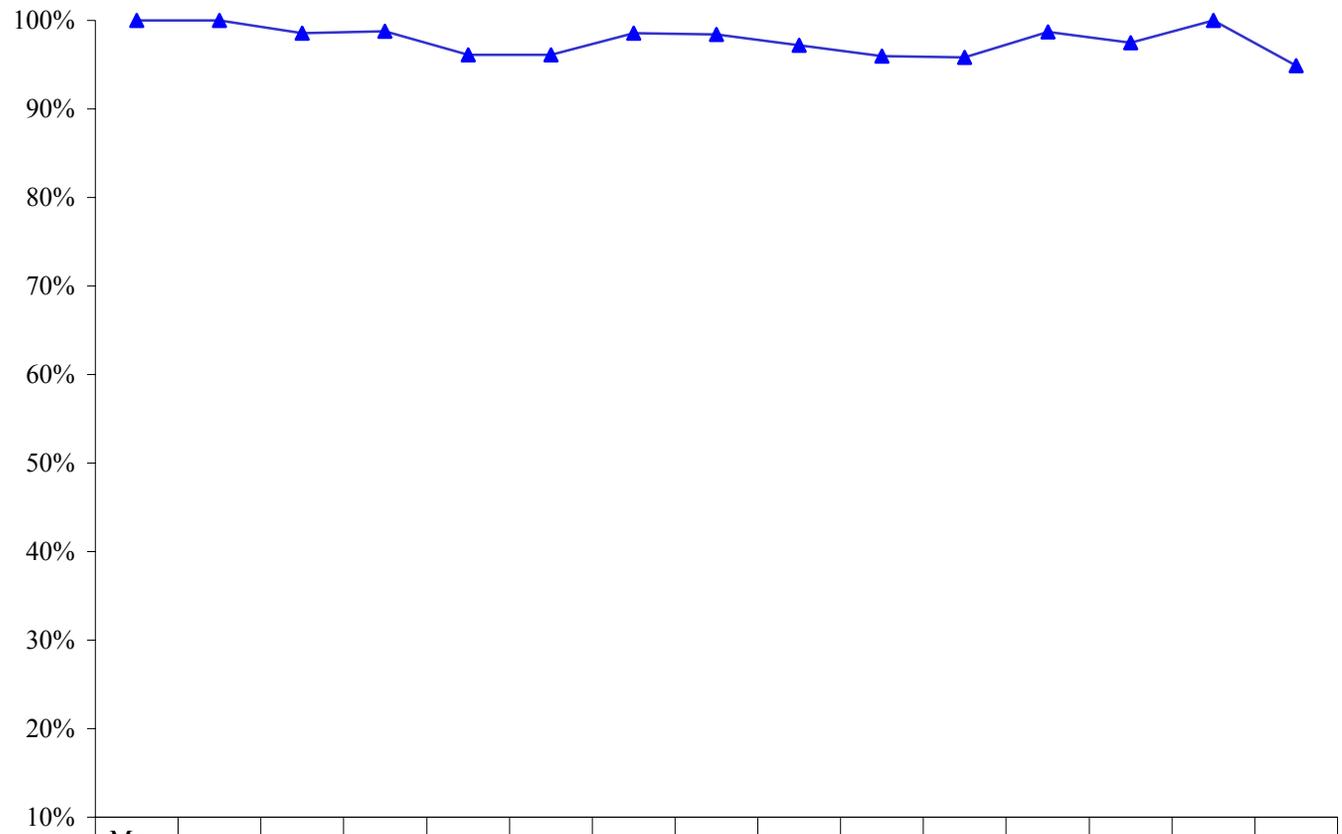
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	116	96	109	68	81	87	89	73	67	109	97	95	93	123	127
Patients with Episodes that are Tracked	109	86	100	64	77	78	81	66	62	102	91	86	87	111	120
▲ Percent Tracked by TIMA	94%	90%	92%	94%	95%	90%	91%	90%	93%	94%	94%	91%	94%	90%	94%

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

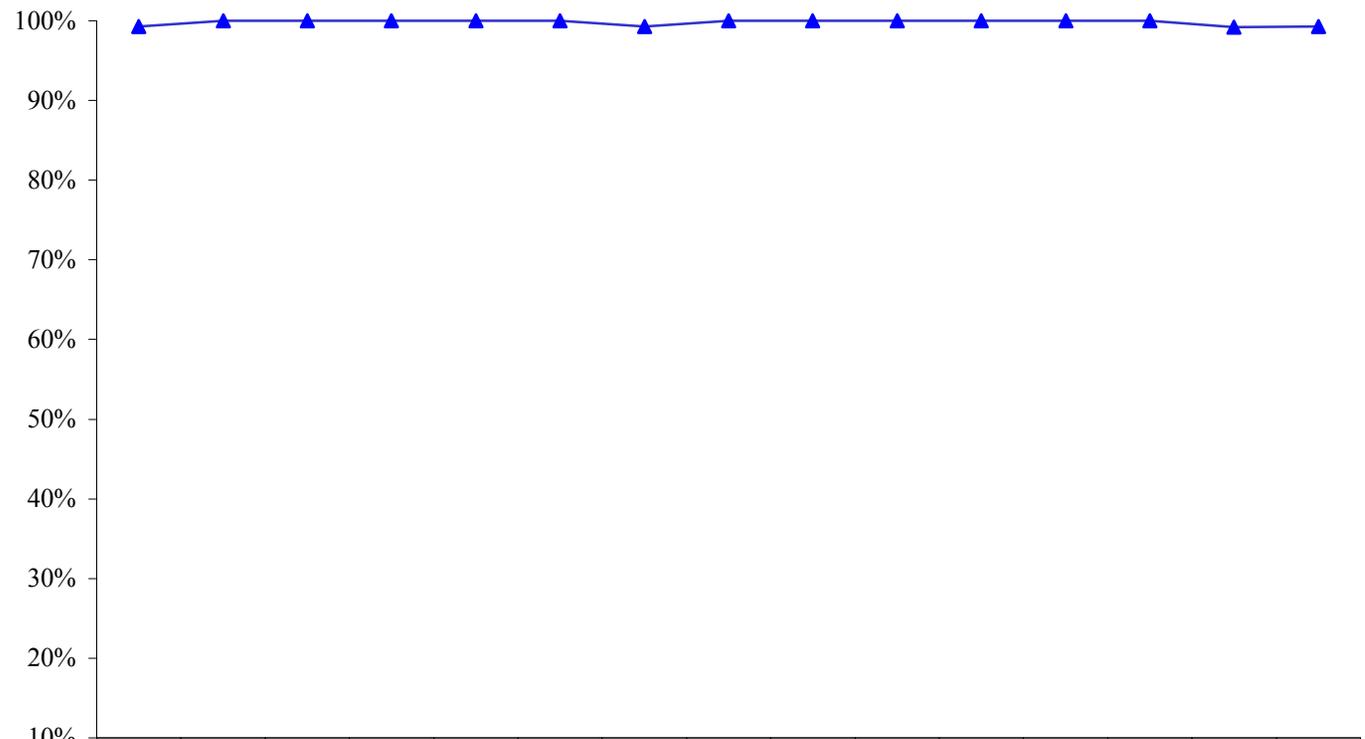
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	60	52	71	83	77	77	69	62	71	74	72	79	79	80	78
Patients with Episodes that are Tracked	60	52	70	82	74	74	68	61	69	71	69	78	77	80	74
▲ Percent Tracked by TIMA	100%	100%	99%	99%	96%	96%	99%	98%	97%	96%	96%	99%	97%	100%	95%

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

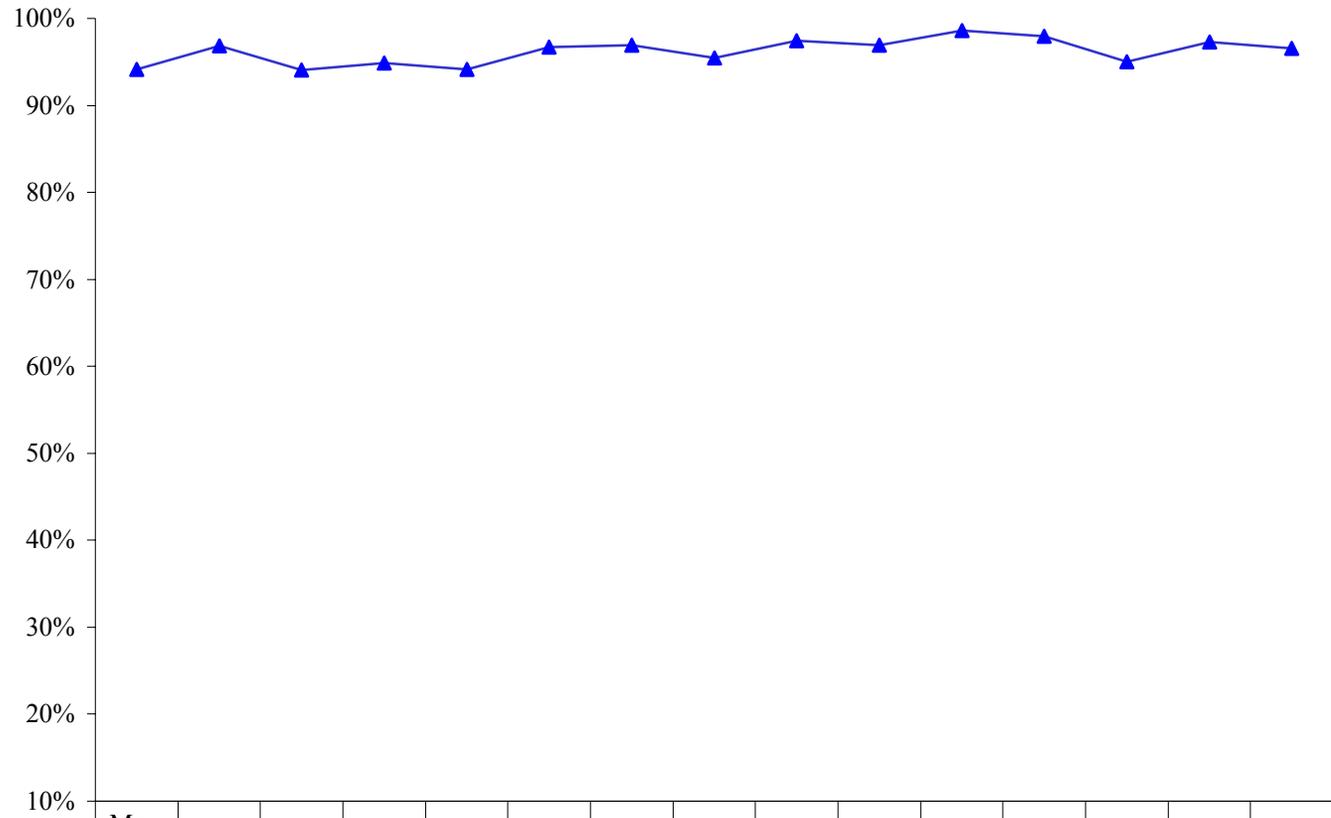
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	136	128	153	136	120	173	136	141	117	86	131	119	120	126	132
Patients with Episodes that are Tracked	135	128	153	136	120	173	135	141	117	86	131	119	120	125	131
▲ Percent Tracked by TIMA	99%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	99%	99%

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

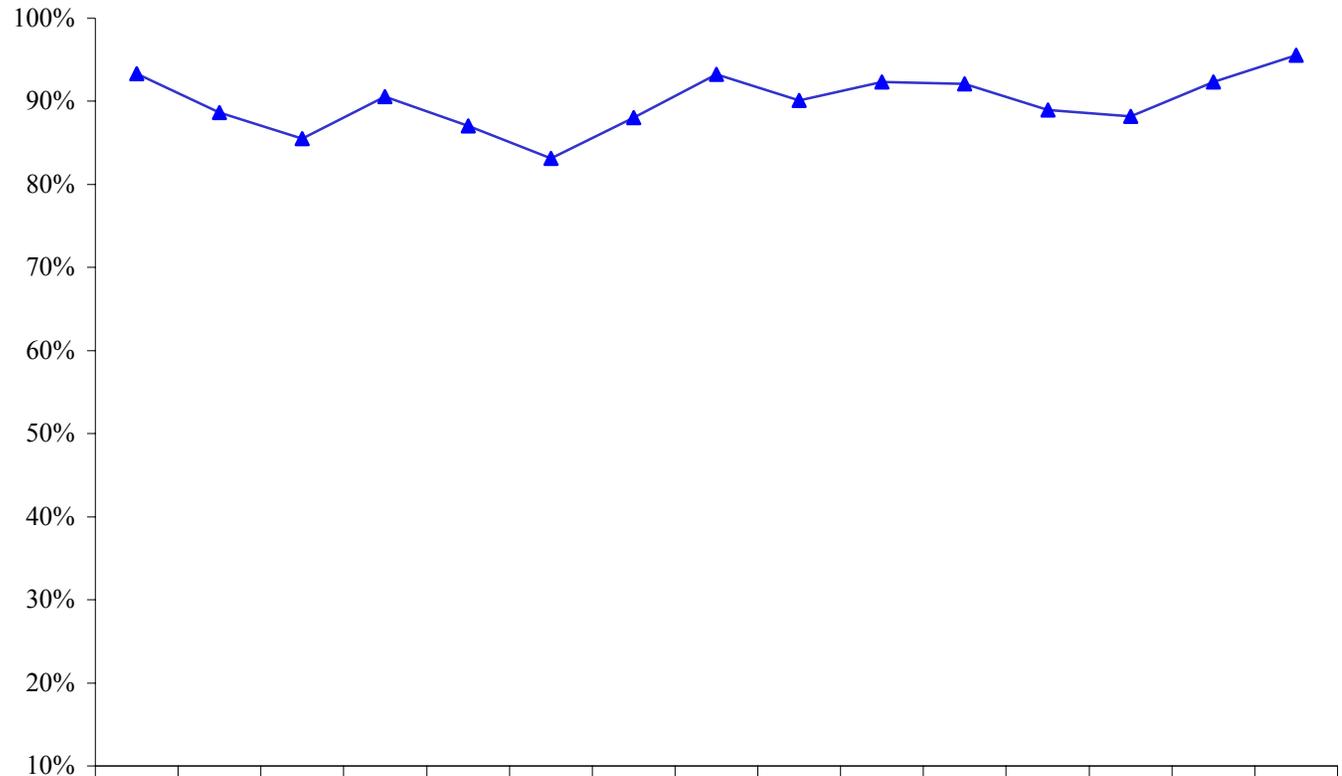
Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	154	160	185	137	170	181	161	155	156	130	142	147	120	186	146
Patients with Episodes that are Tracked	145	155	174	130	160	175	156	148	152	126	140	144	114	181	141
—▲— Percent Tracked by TIMA	94%	97%	94%	95%	94%	97%	97%	95%	97%	97%	99%	98%	95%	97%	97%

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

Percent of Patients with Episodes that are Tracked by TIMA



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	194	168	193	159	170	196	167	193	202	144	177	181	178	196	181
Patients with Episodes that are Tracked	181	149	165	144	148	163	147	180	182	133	163	161	157	181	173
▲ Percent Tracked by TIMA	93%	89%	85%	91%	87%	83%	88%	93%	90%	92%	92%	89%	88%	92%	96%

Performance Measure 3A:

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

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

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

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

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

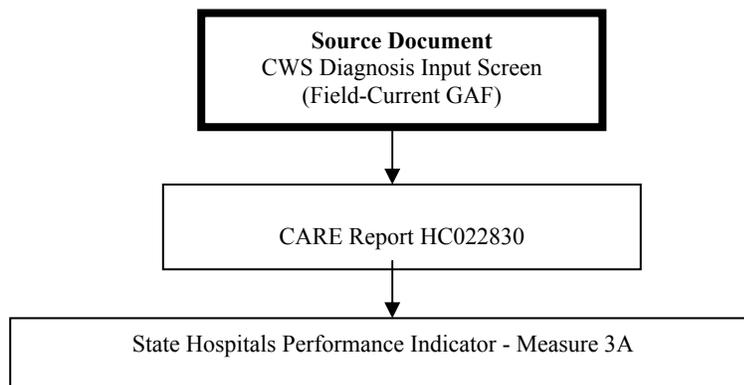
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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

Performance Measure Data Display and Chart Description:

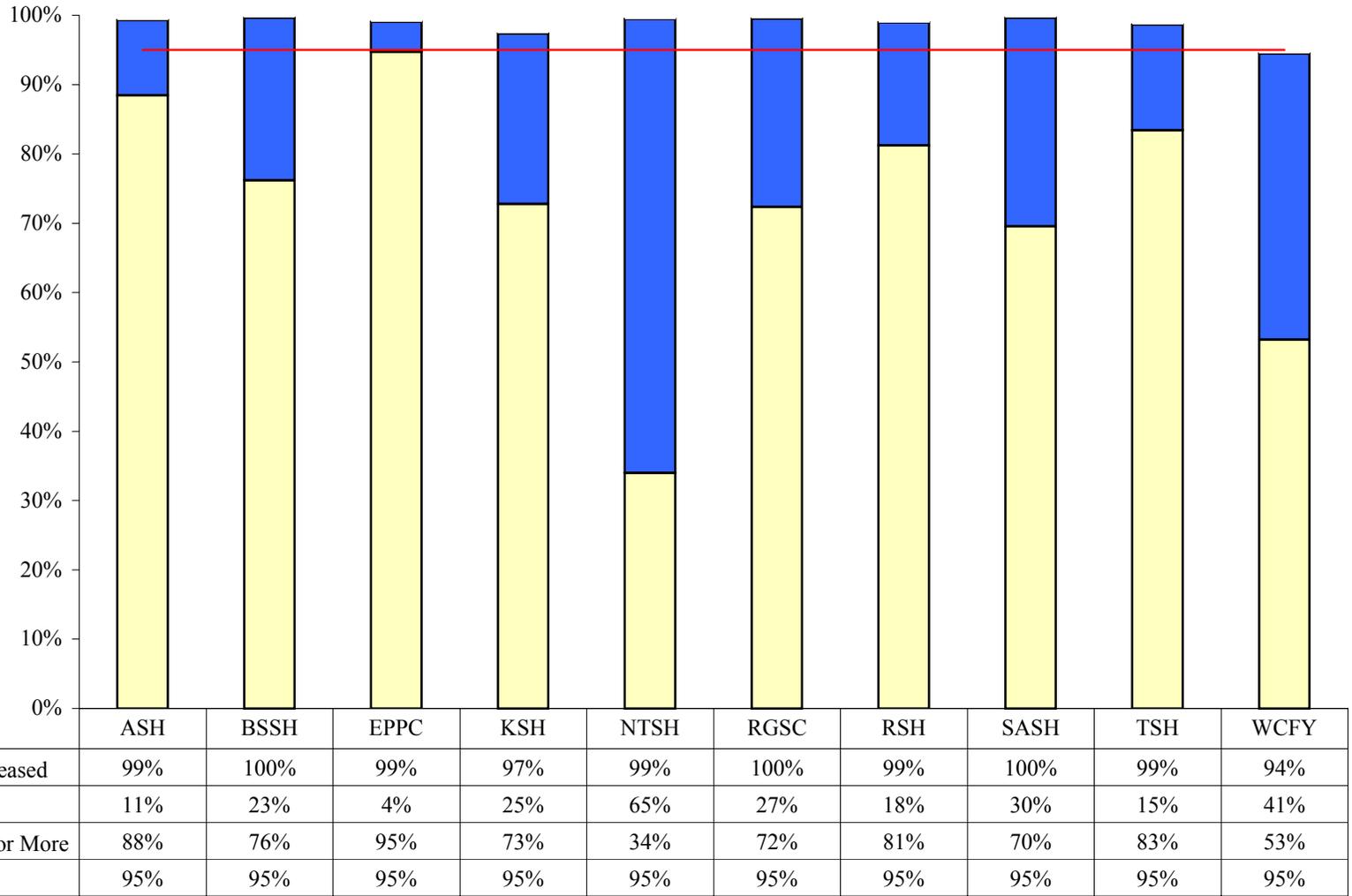
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10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

Data Flow:



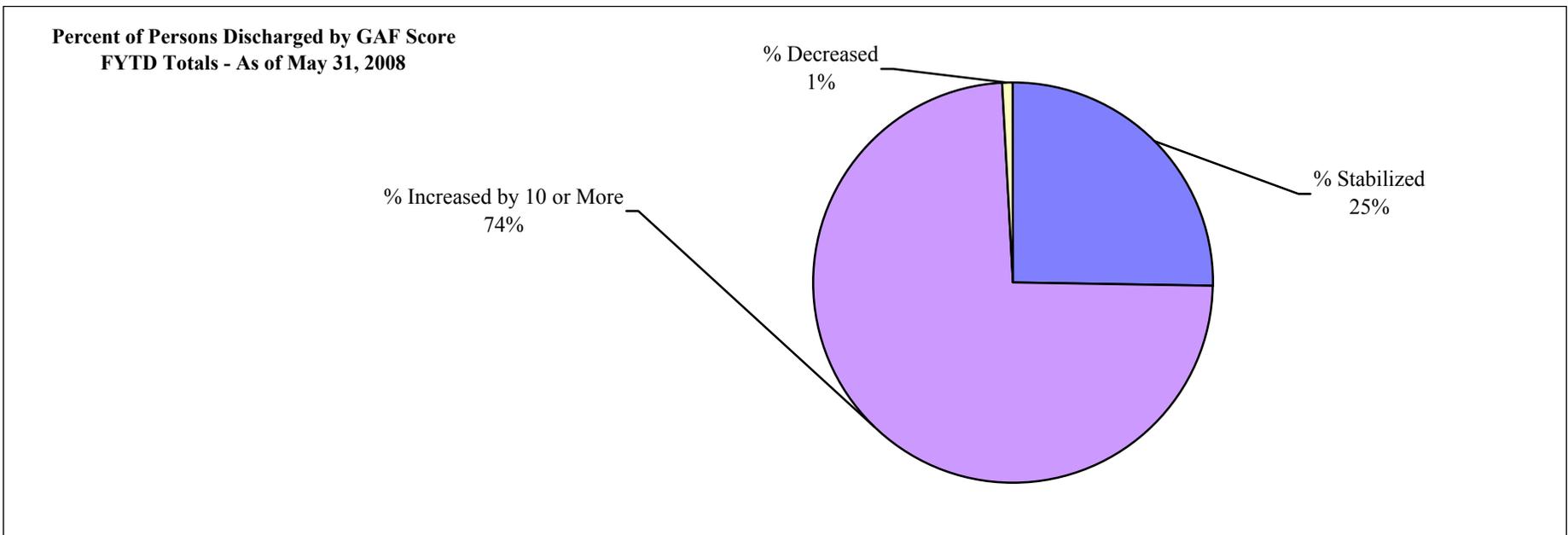
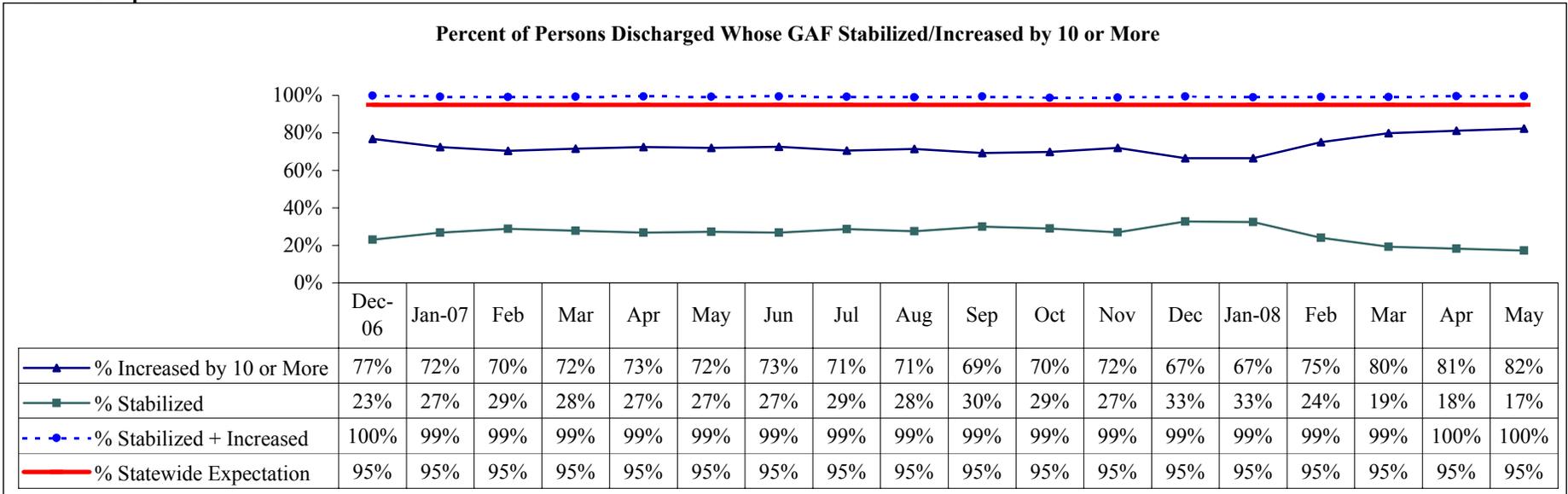
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State Hospitals - As of May 31, 2008

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



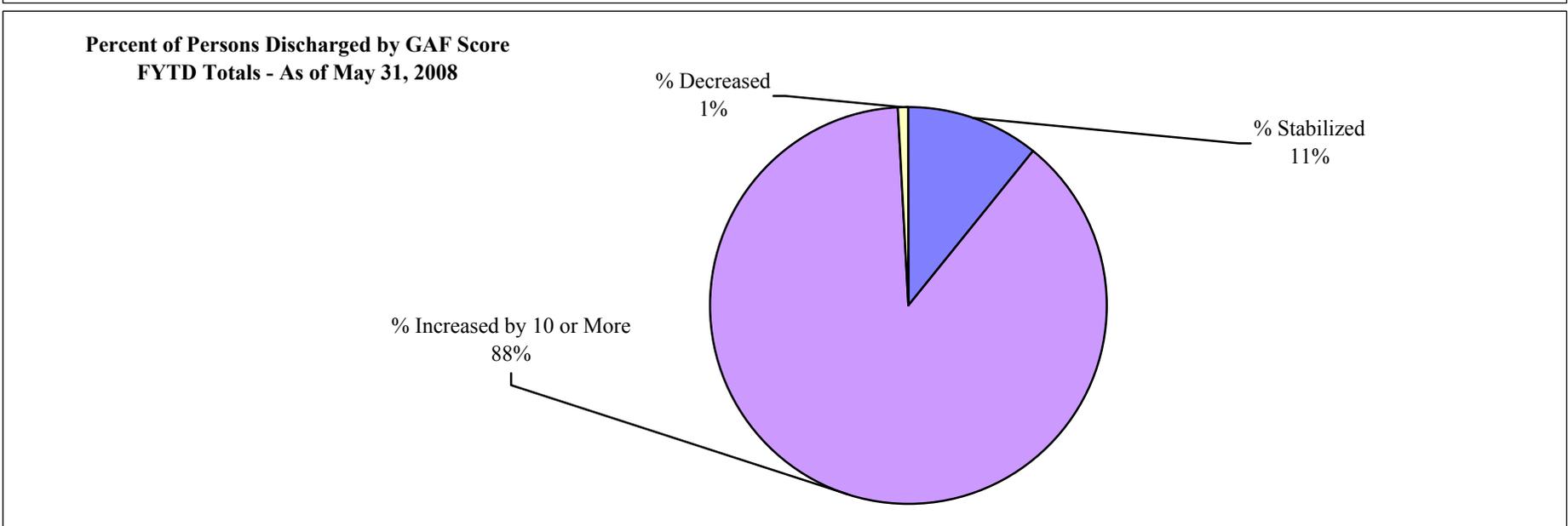
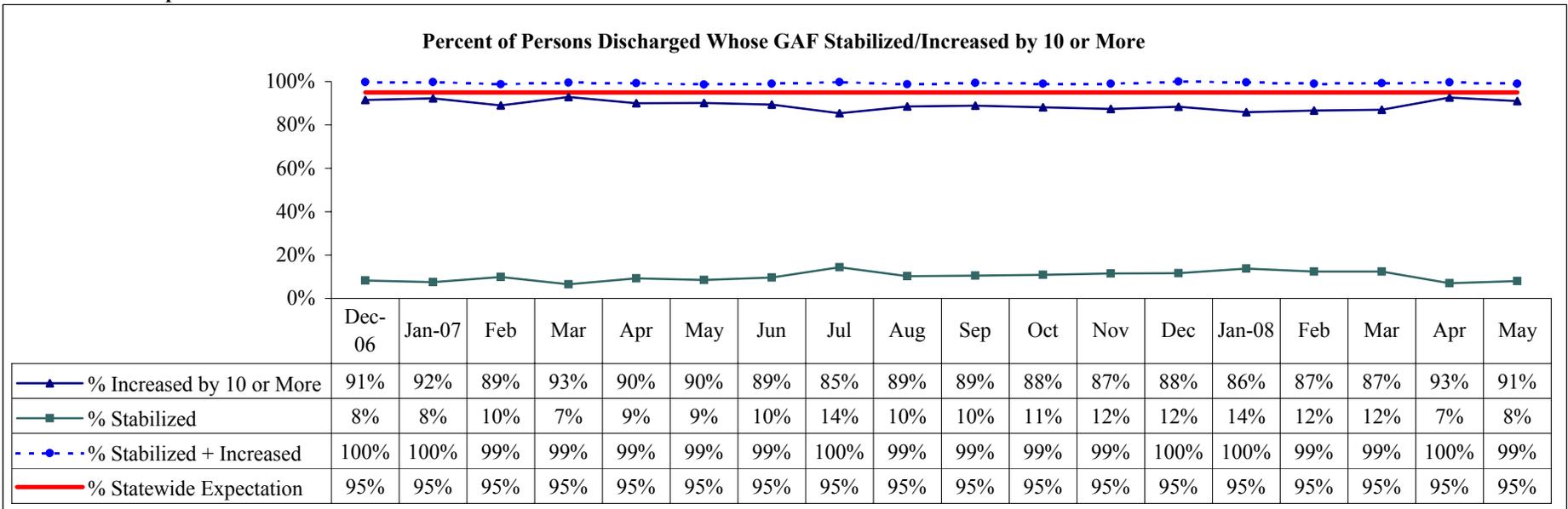
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

All State Hospitals



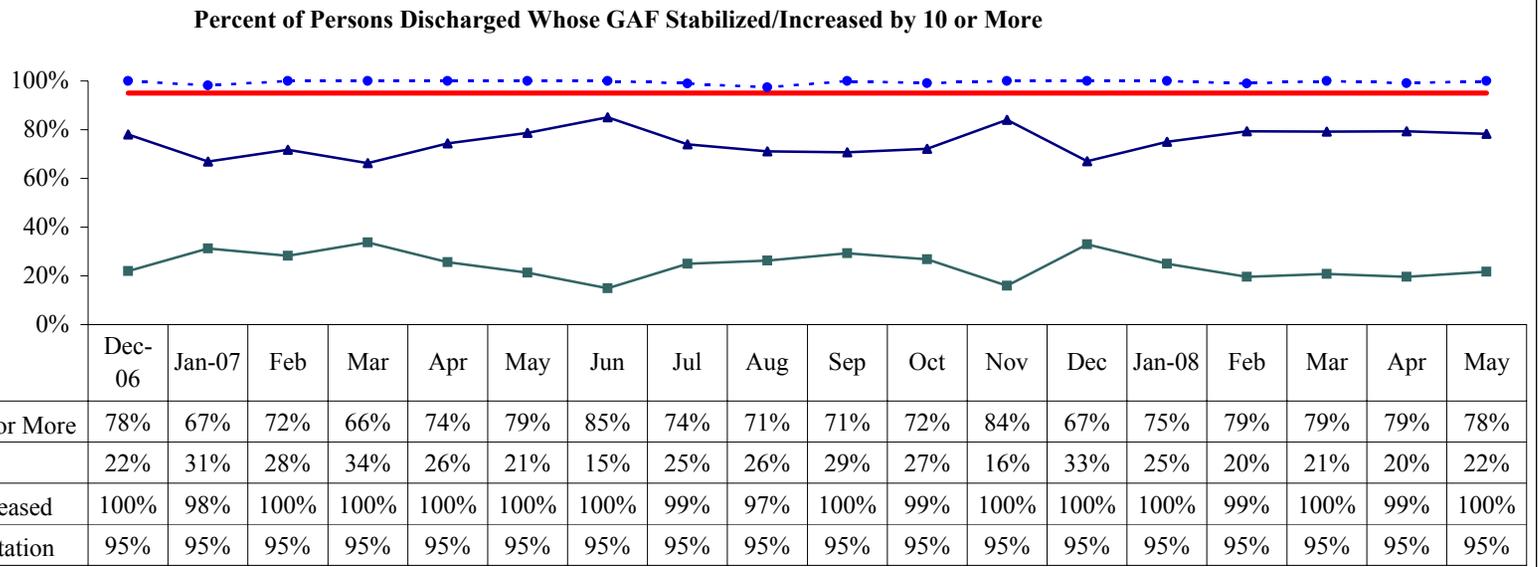
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Austin State Hospital

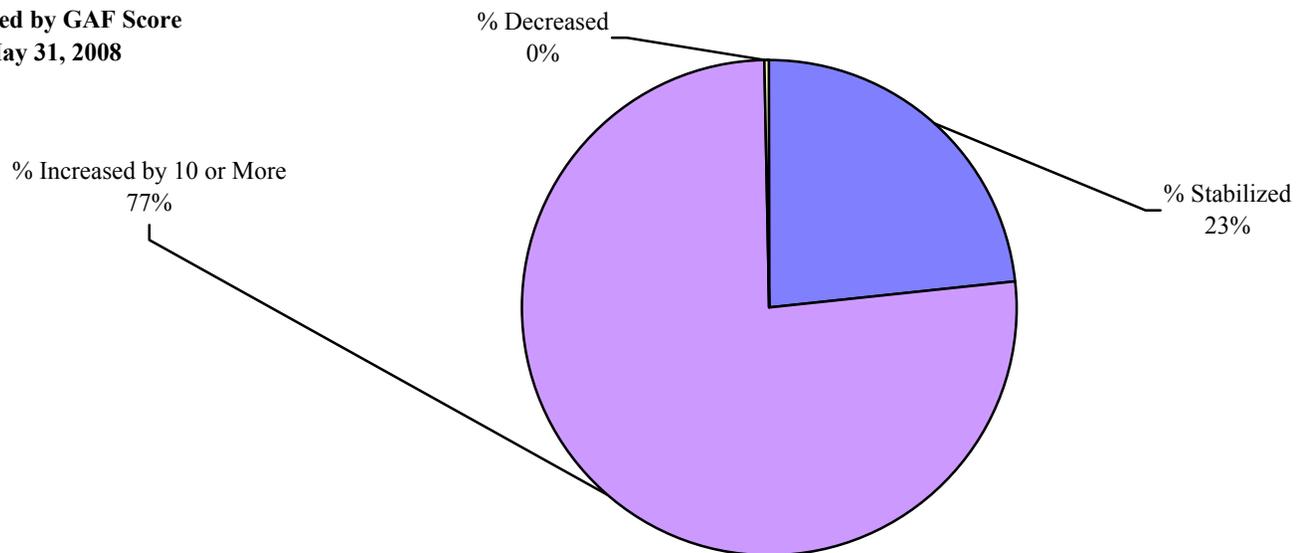


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Big Spring State Hospital



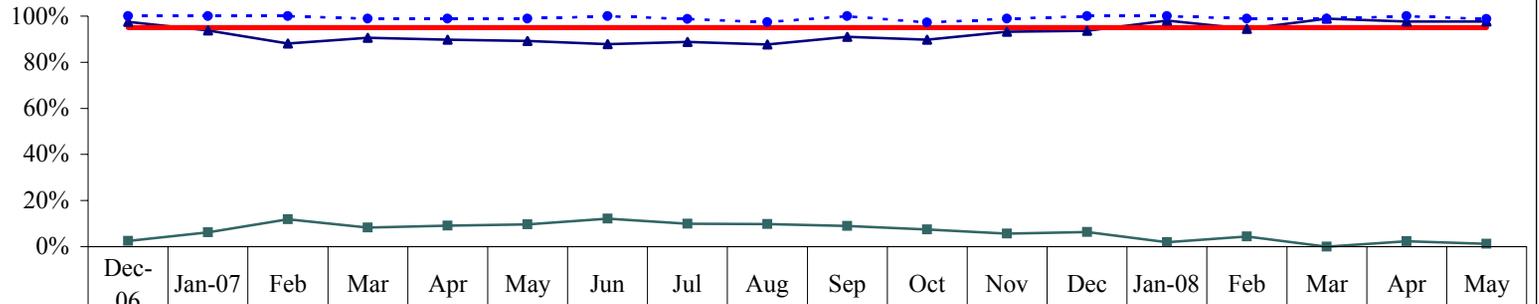
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2008



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

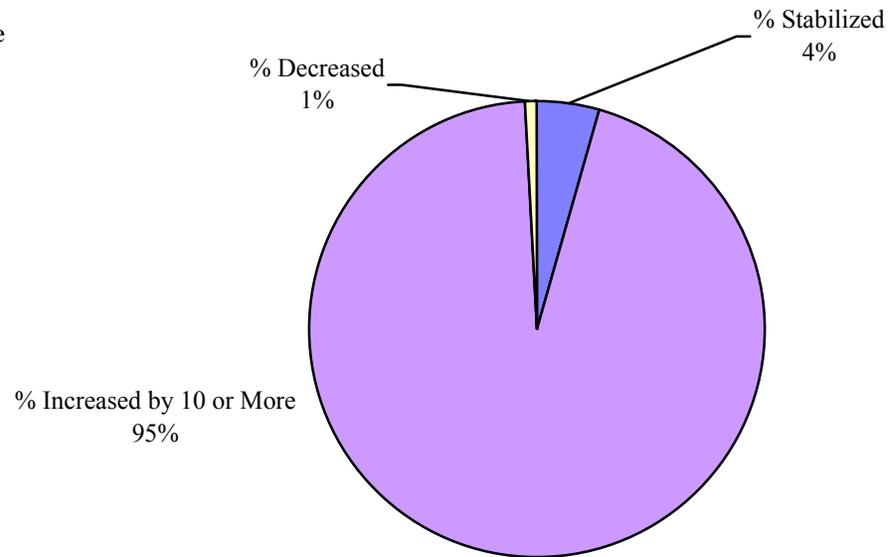
El Paso Psychiatric Center

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



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
% Increased by 10 or More	97%	94%	88%	91%	90%	89%	88%	89%	88%	91%	90%	93%	94%	98%	94%	99%	98%	98%
% Stabilized	3%	6%	12%	8%	9%	10%	12%	10%	10%	9%	7%	6%	6%	2%	4%	0%	2%	1%
% Stabilized + Increased	100%	100%	100%	99%	99%	99%	100%	99%	97%	100%	97%	99%	100%	100%	99%	99%	100%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

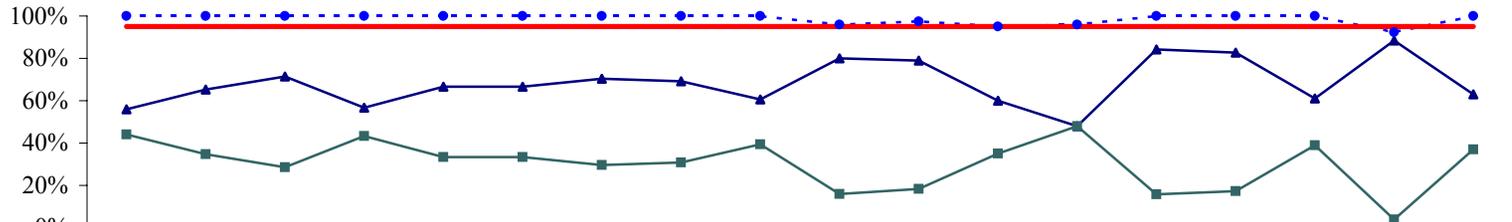
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2008



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

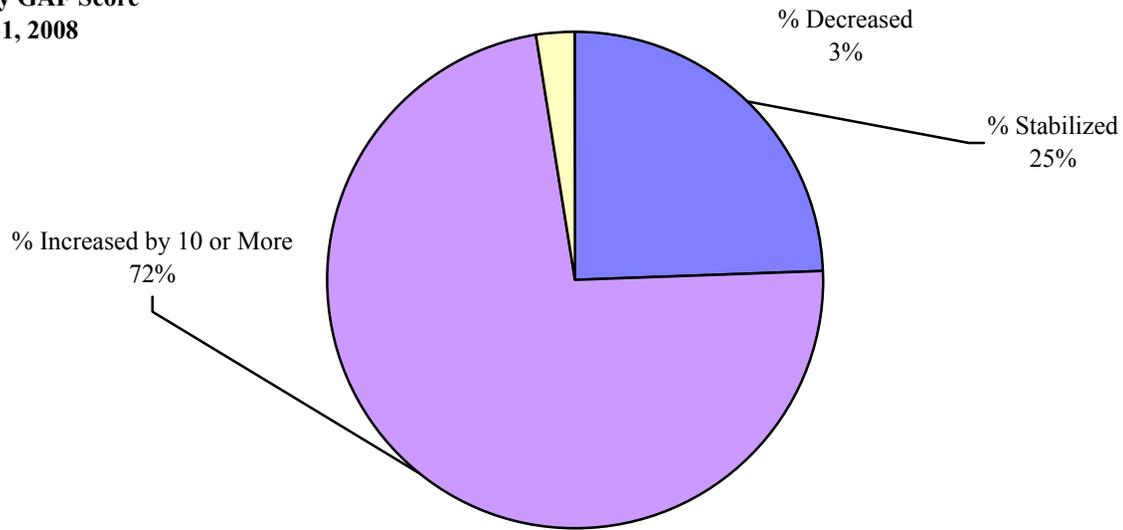
Kerrville State Hospital

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

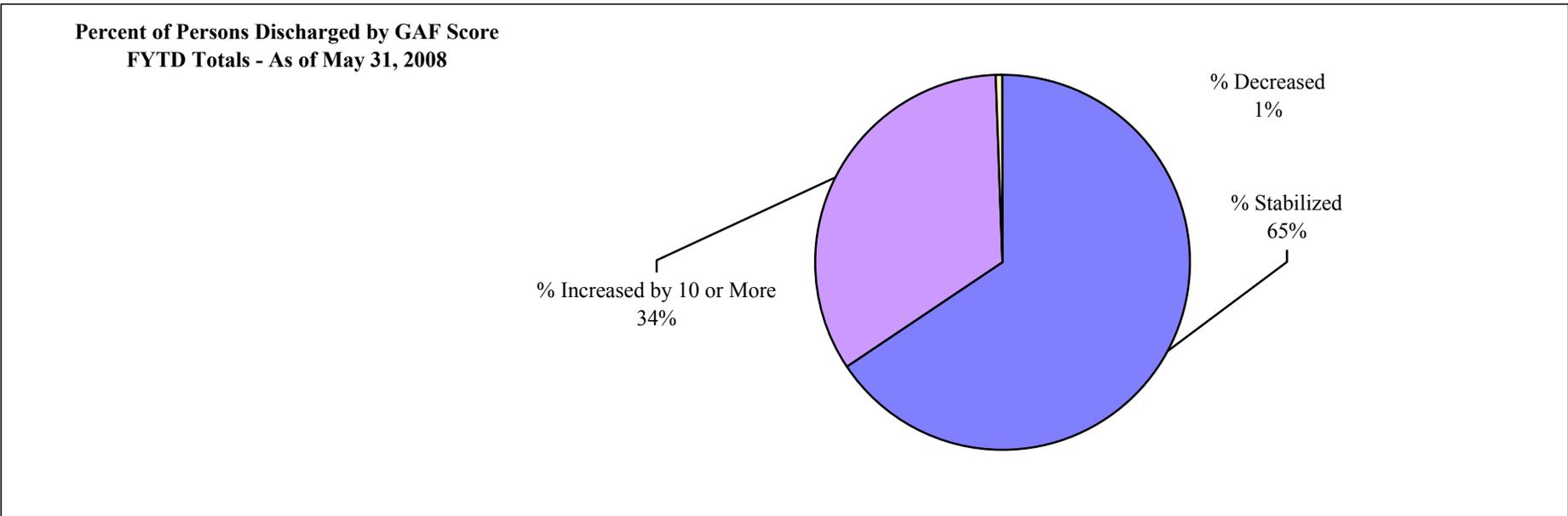
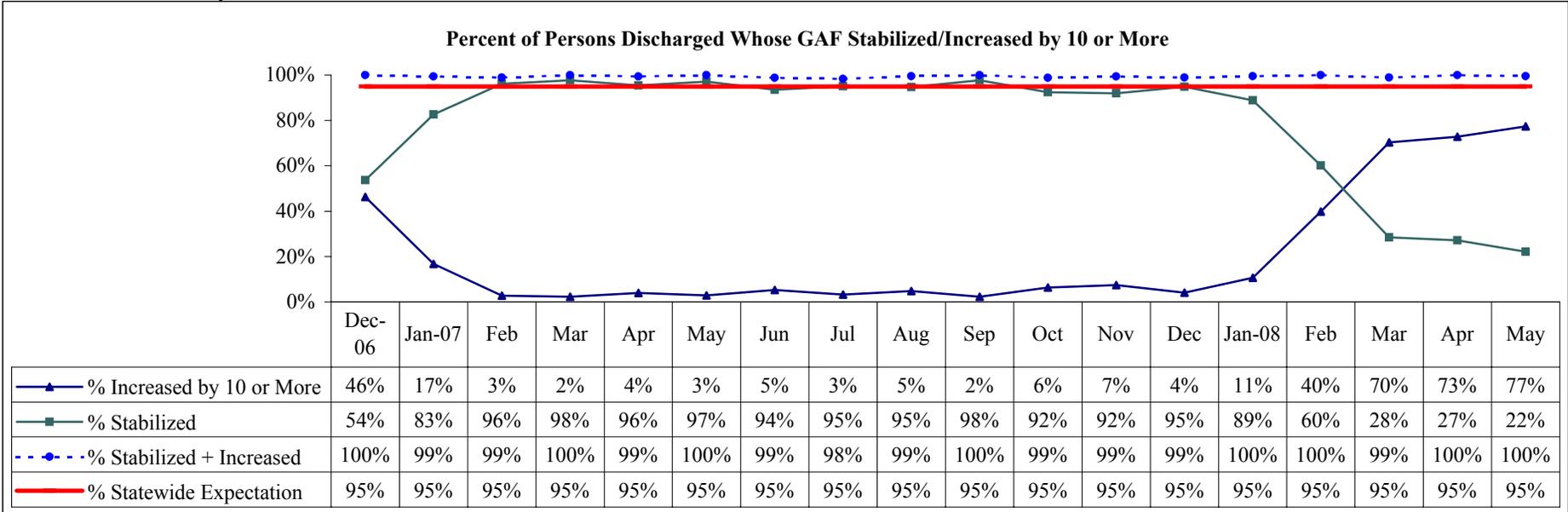


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	56%	65%	71%	57%	67%	67%	70%	69%	61%	80%	79%	60%	48%	84%	83%	61%	88%	63%
—■— % Stabilized	44%	35%	29%	43%	33%	33%	30%	31%	39%	16%	18%	35%	48%	16%	17%	39%	4%	37%
- - ● - - % Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	97%	95%	96%	100%	100%	100%	92%	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, 2008

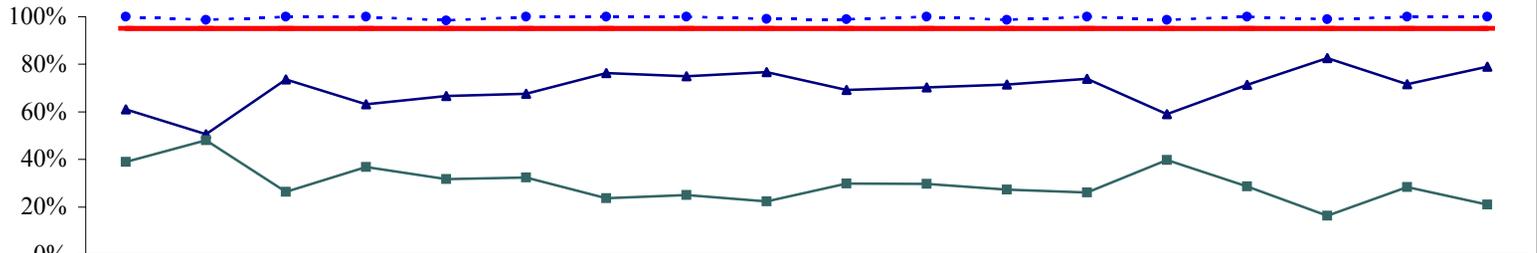


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital



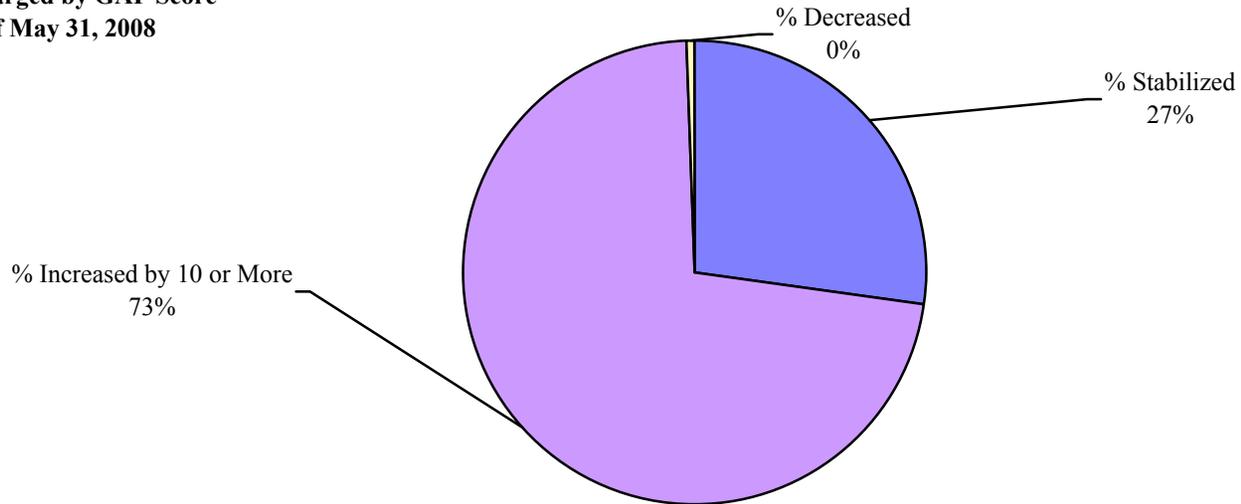
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

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



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
% Increased by 10 or More	61%	51%	74%	63%	67%	68%	76%	75%	77%	69%	70%	71%	74%	59%	71%	83%	72%	79%
% Stabilized	39%	48%	26%	37%	32%	32%	24%	25%	22%	30%	30%	27%	26%	40%	29%	16%	28%	21%
% Stabilized + Increased	100%	99%	100%	100%	98%	100%	100%	100%	99%	99%	100%	99%	100%	99%	100%	99%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

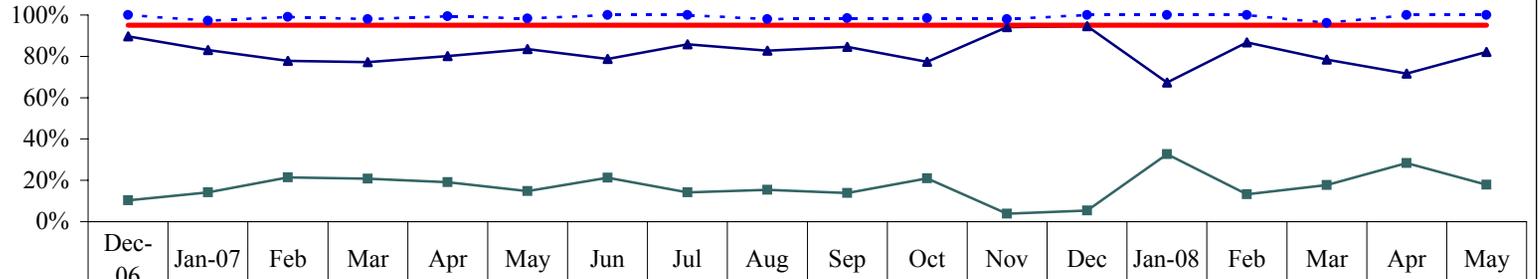
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2008



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

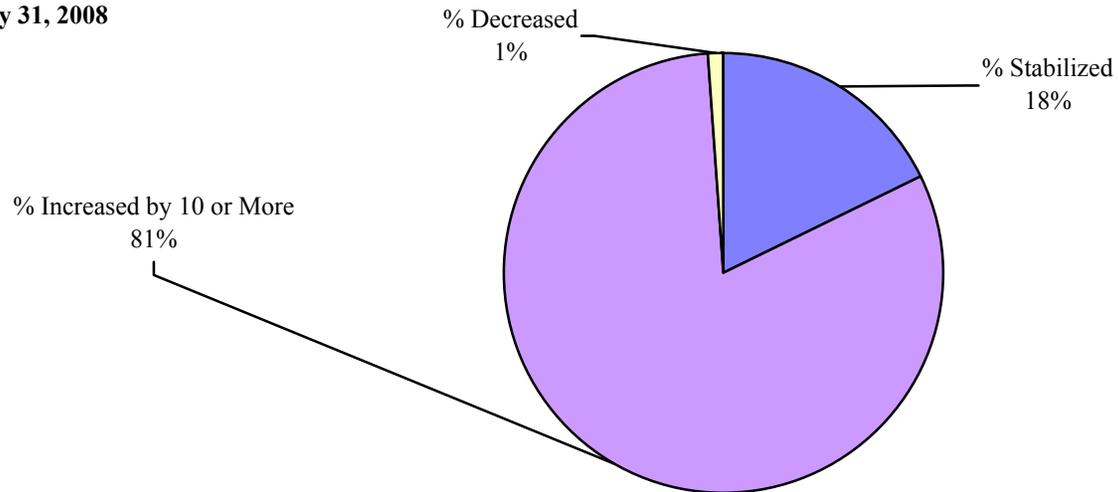
Rusk State Hospital

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

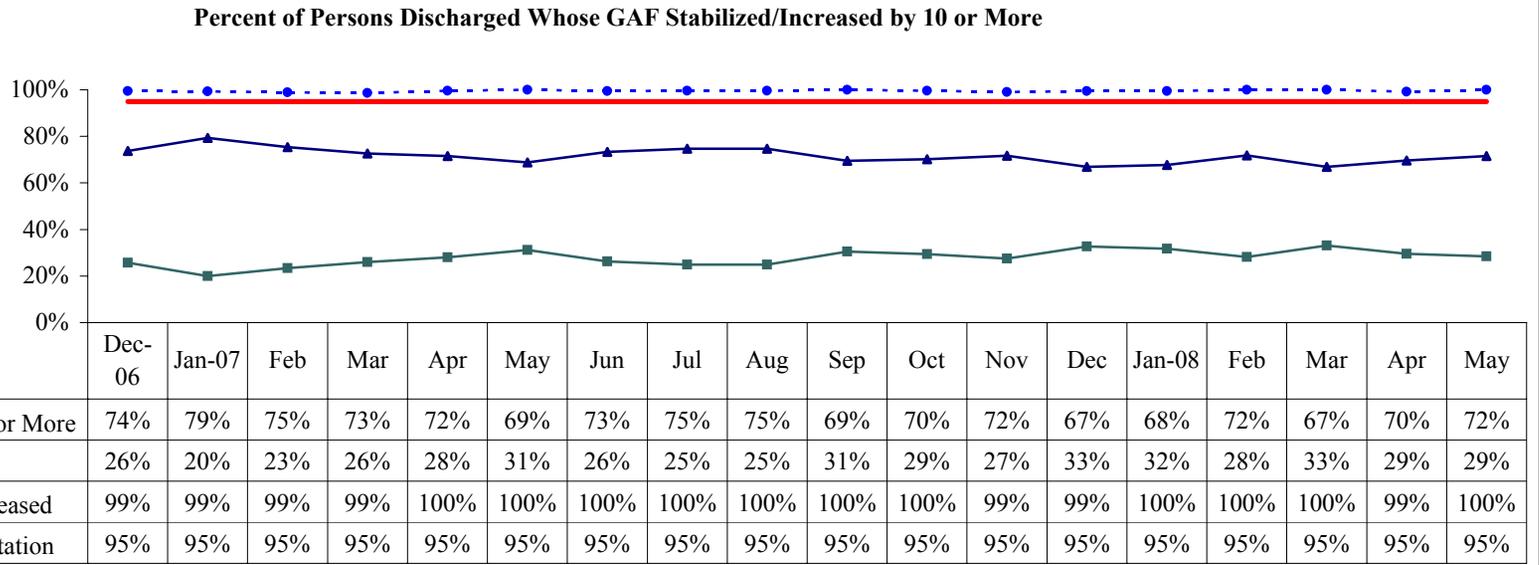


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	90%	83%	78%	77%	80%	84%	79%	86%	83%	85%	77%	94%	95%	67%	87%	78%	72%	82%
—■— % Stabilized	10%	14%	21%	21%	19%	15%	21%	14%	15%	14%	21%	4%	5%	33%	13%	18%	28%	18%
- - ● - - % Stabilized + Increased	100%	97%	99%	98%	99%	98%	100%	100%	98%	98%	98%	98%	100%	100%	100%	96%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

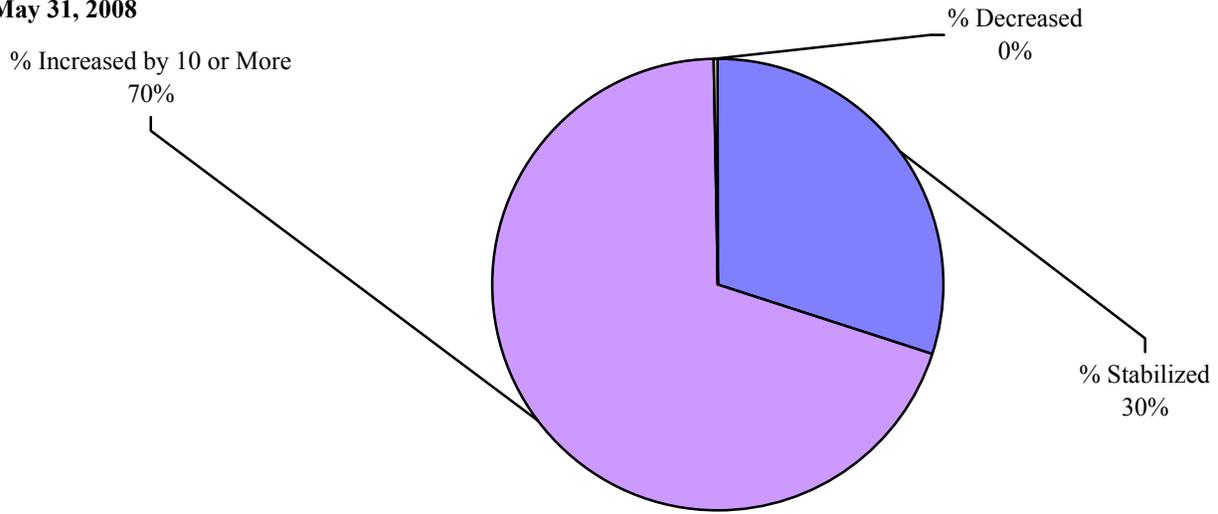
Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2008



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



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

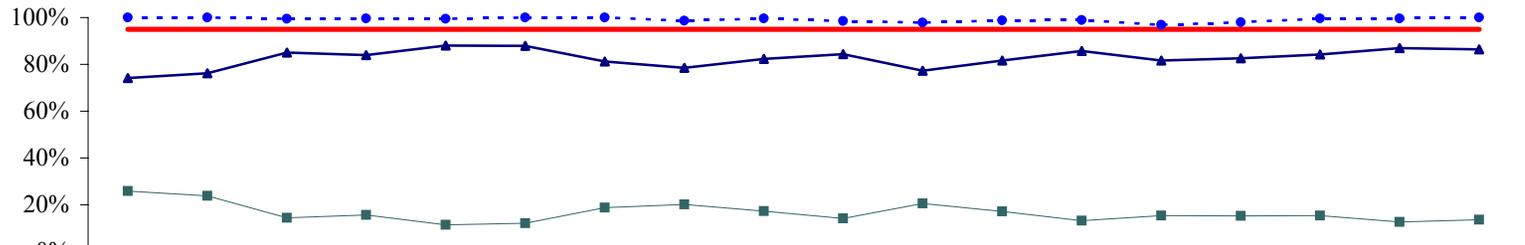


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

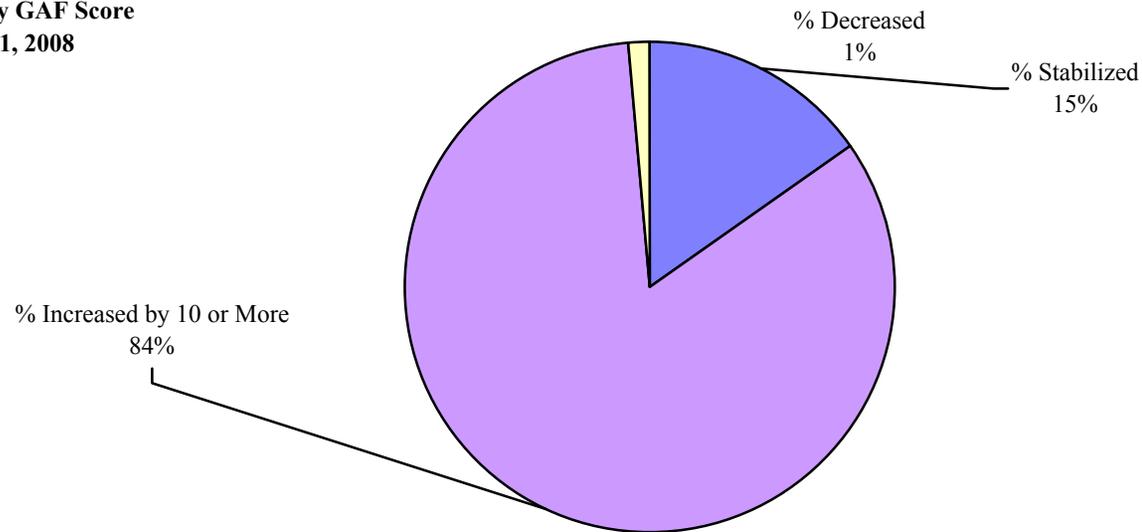
Terrell State Hospital

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



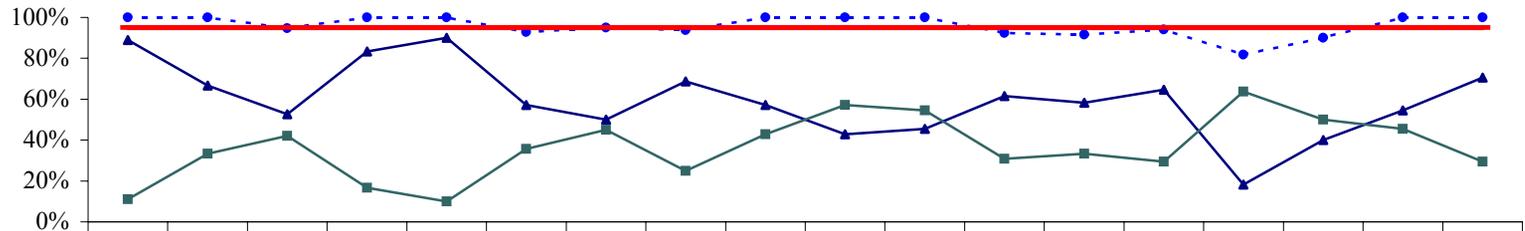
	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
% Increased by 10 or More	74%	76%	85%	84%	88%	88%	81%	79%	82%	84%	77%	82%	86%	82%	83%	84%	87%	86%
% Stabilized	26%	24%	14%	16%	11%	12%	19%	20%	17%	14%	21%	17%	13%	15%	15%	15%	13%	14%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	99%	100%	98%	98%	99%	99%	97%	98%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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



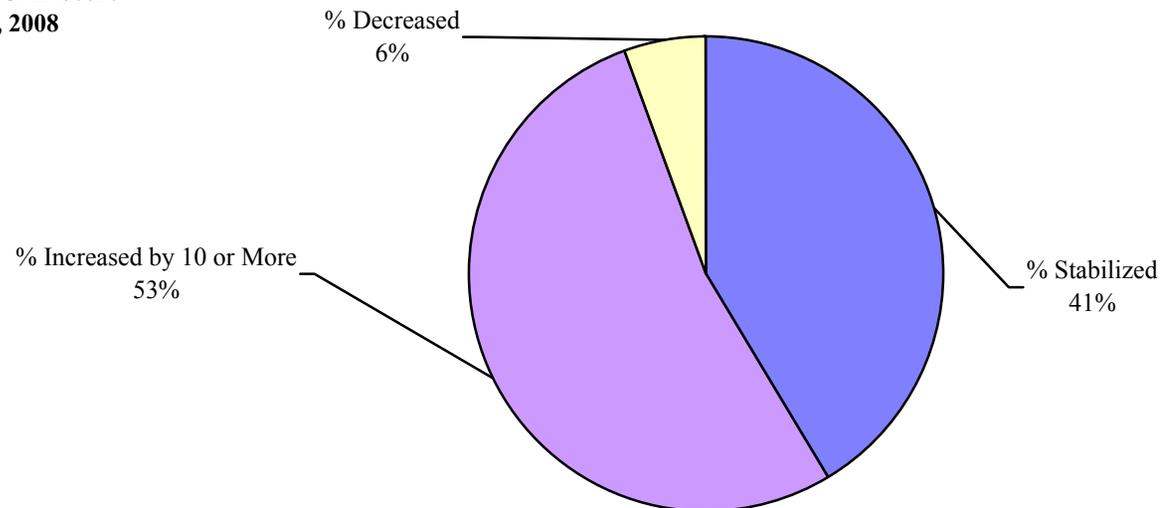
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—▲— % Increased by 10 or More	89%	67%	53%	83%	90%	57%	50%	69%	57%	43%	45%	62%	58%	65%	18%	40%	55%	71%
—■— % Stabilized	11%	33%	42%	17%	10%	36%	45%	25%	43%	57%	55%	31%	33%	29%	64%	50%	45%	29%
- - ● - - % Stabilized + Increased	100%	100%	95%	100%	100%	93%	95%	94%	100%	100%	100%	92%	92%	94%	82%	90%	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, 2008



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

Performance Objective 4A:

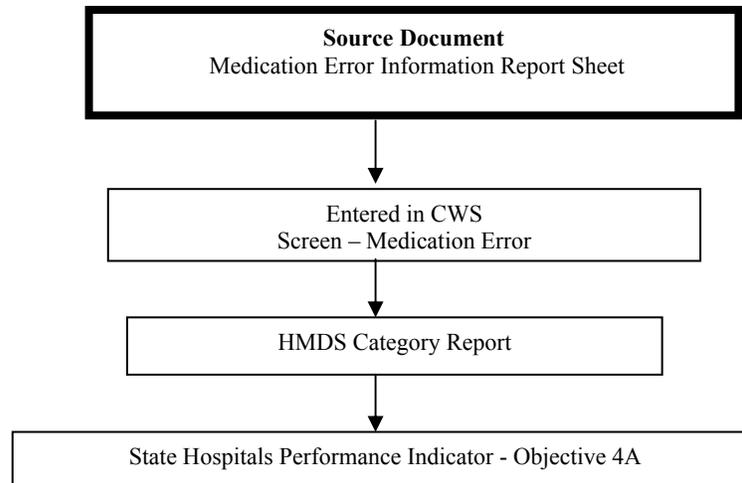
Each state hospital will identify, collect, aggregate, and analyze medication errors.

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

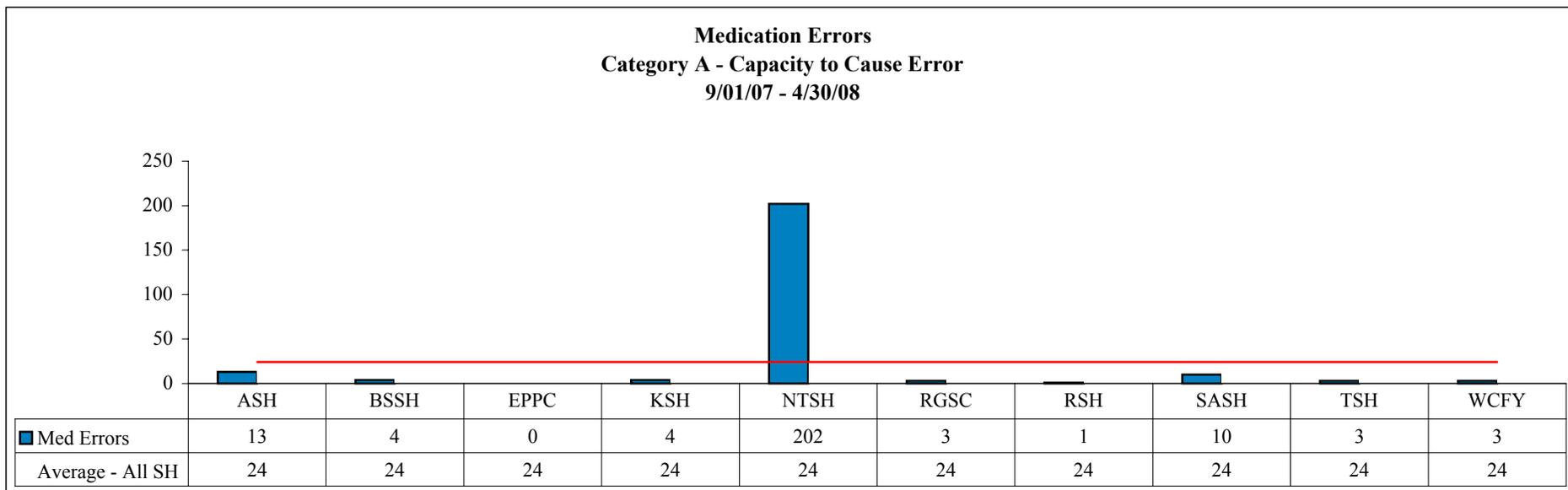
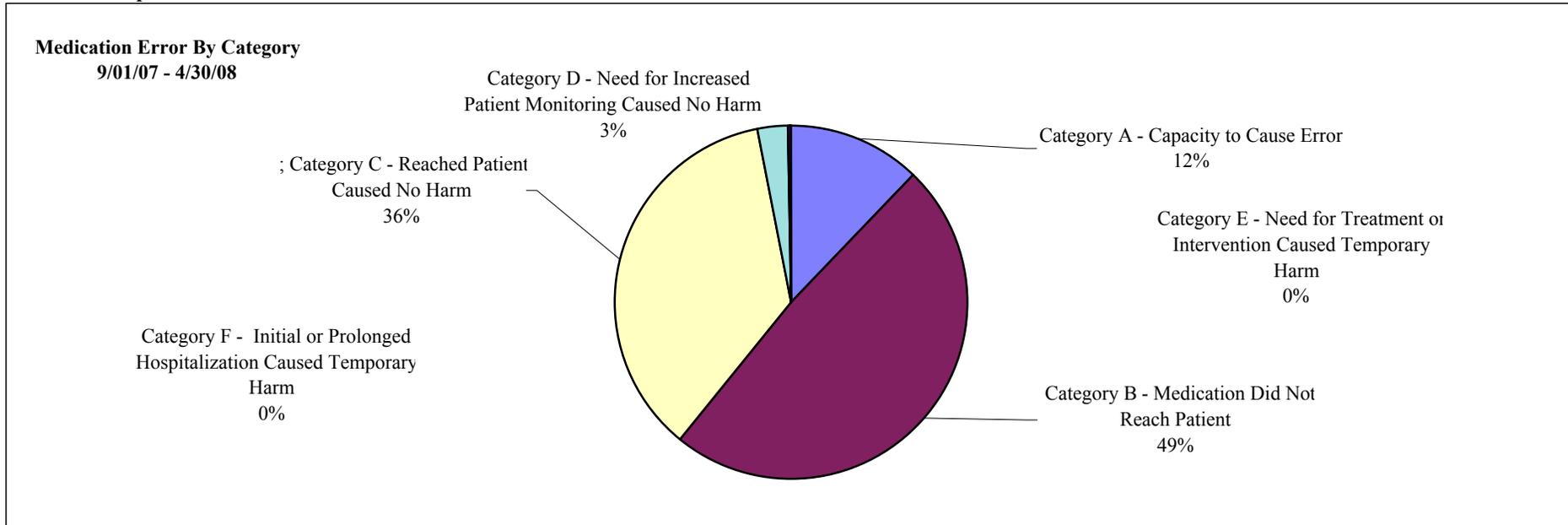
Performance Objective Data Display and Chart Description:

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

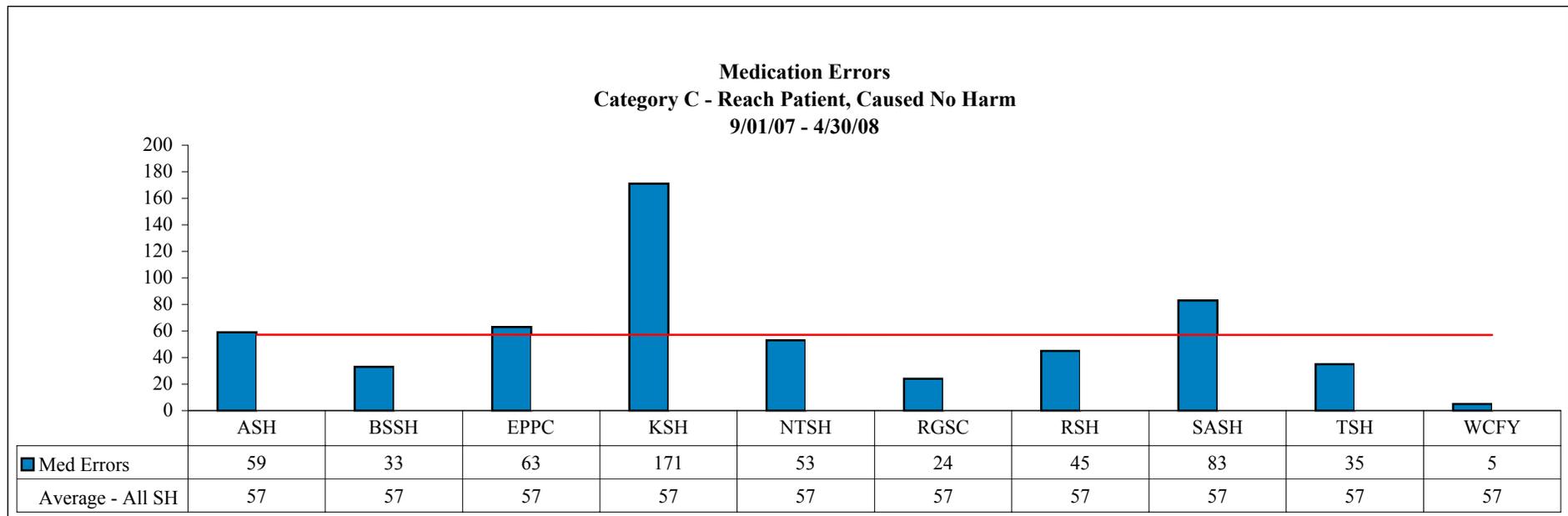
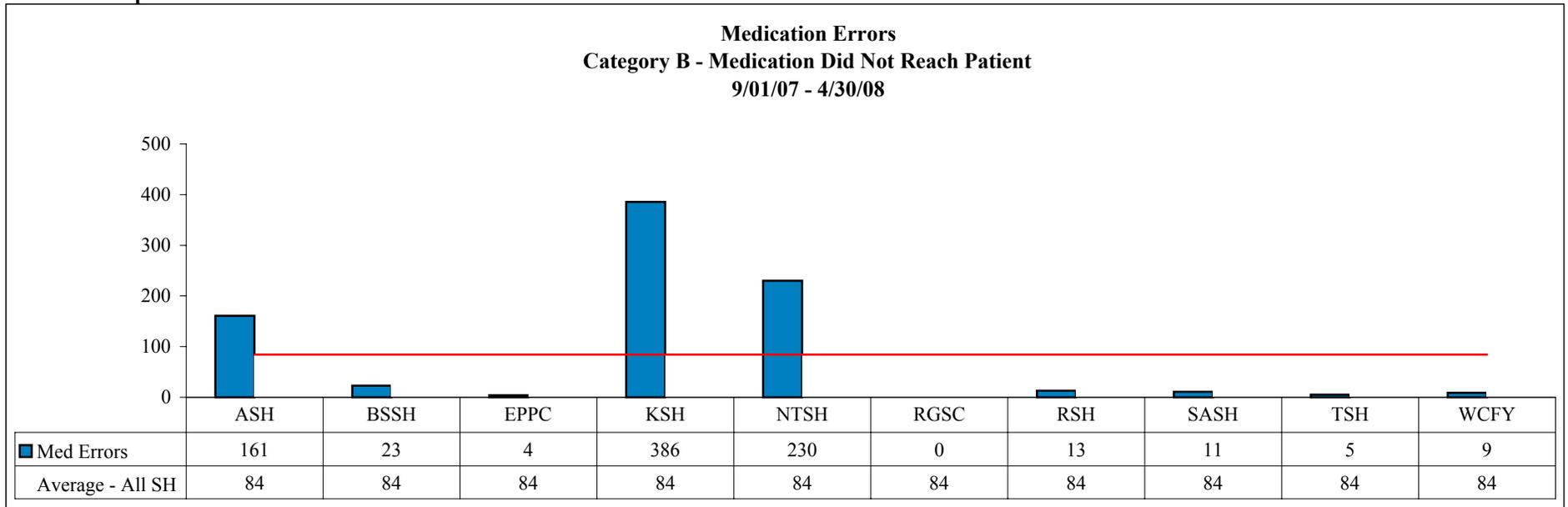
Data Flow:



Objective 4A - Medication Variance Data
All State Hospitals

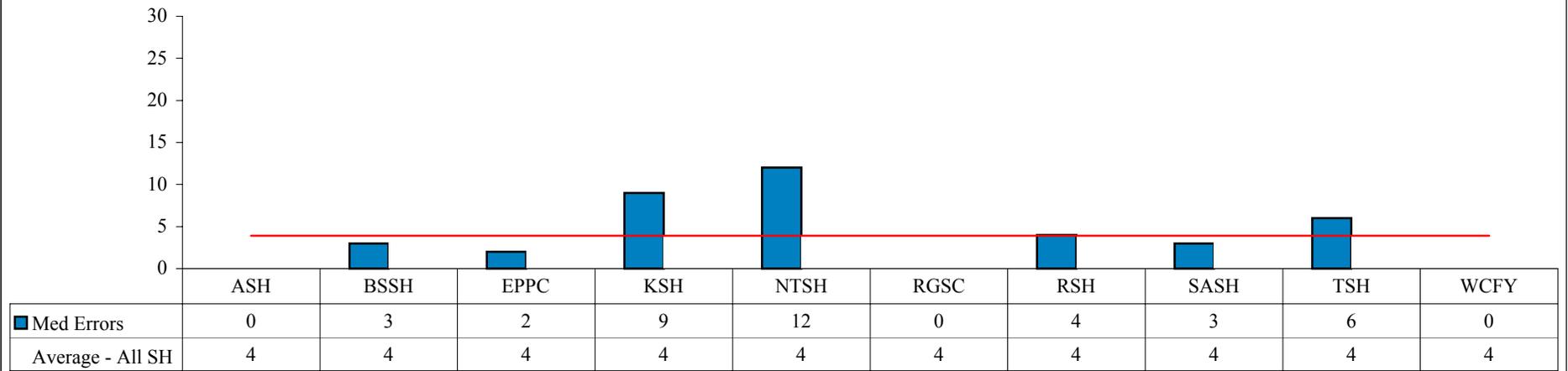


Objective 4A - Medication Variance Data
All State Hospitals

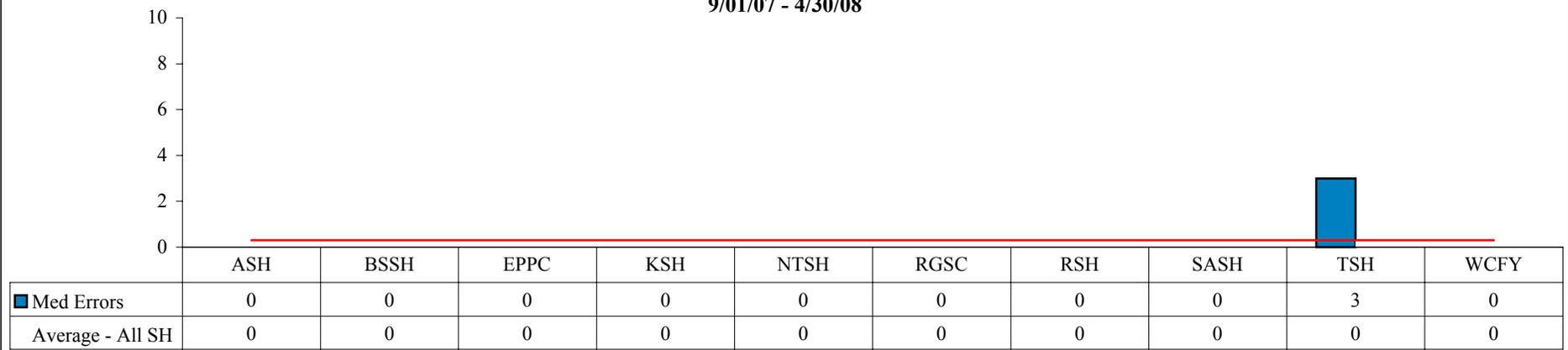


Objective 4A - Medication Variance Data
All State Hospitals

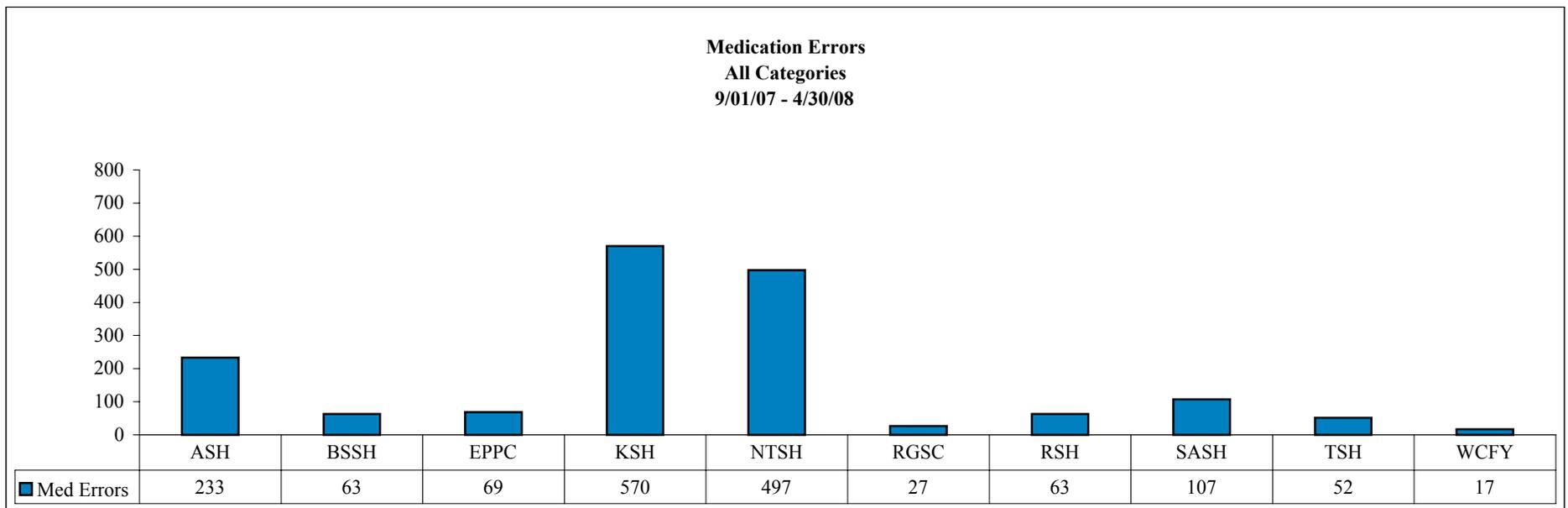
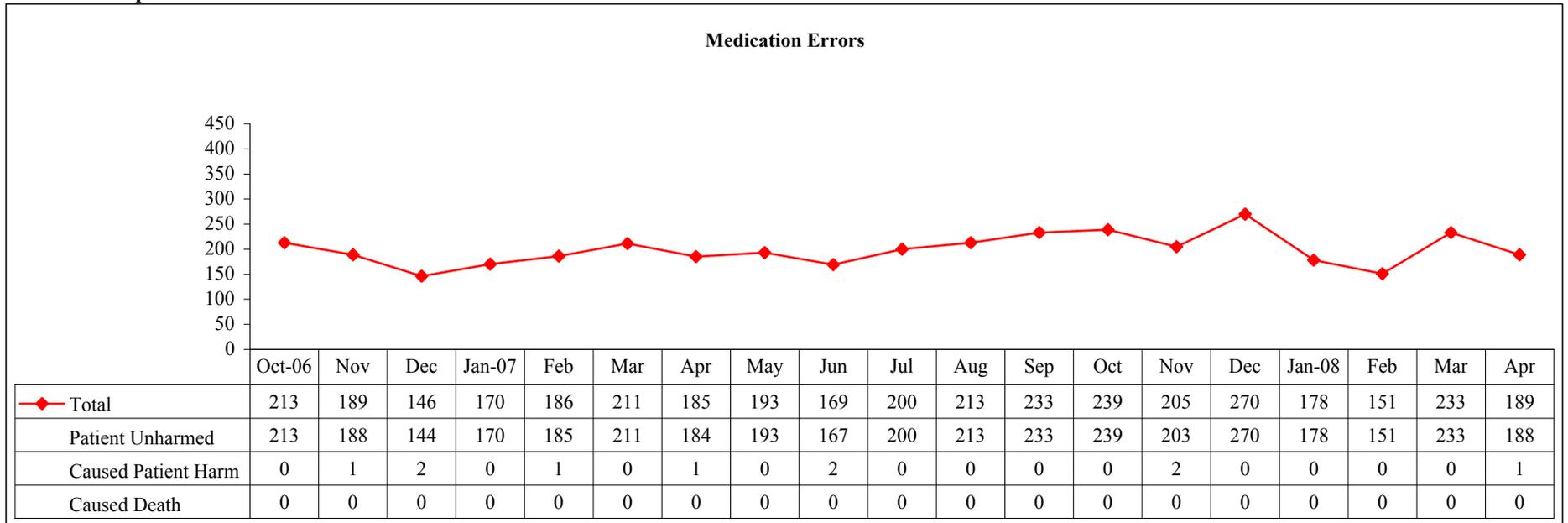
Medication Errors
Category D - Need for Increased Patient Monitoring: Caused No Harm
9/01/07 - 4/30/08



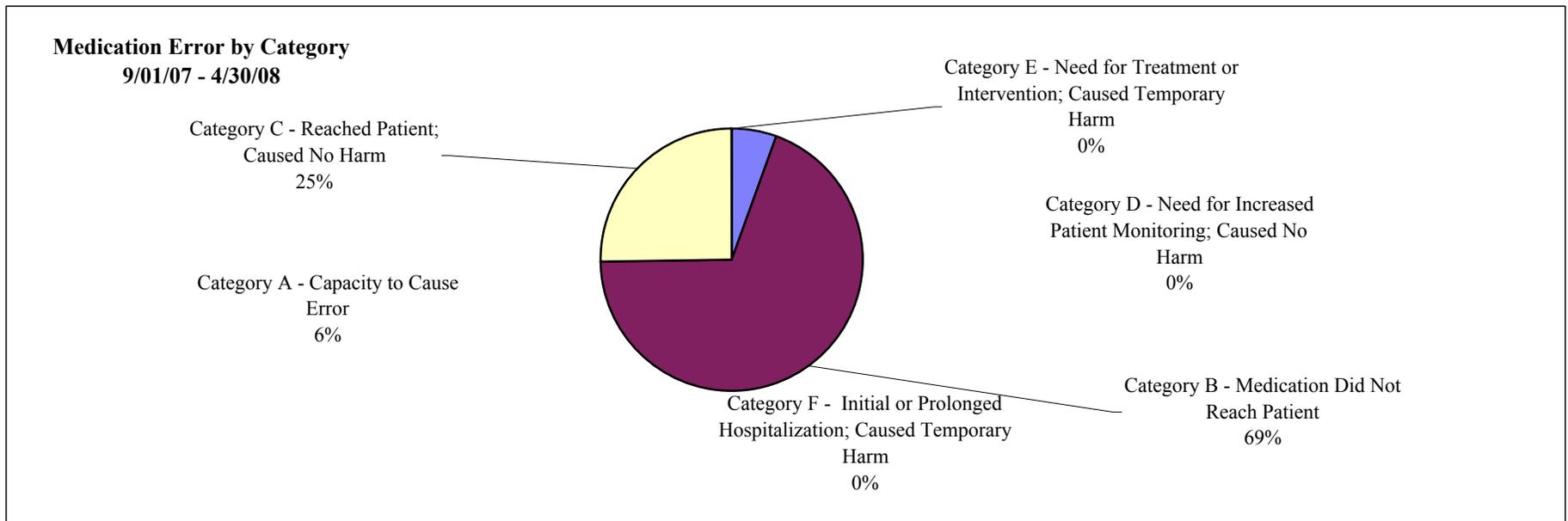
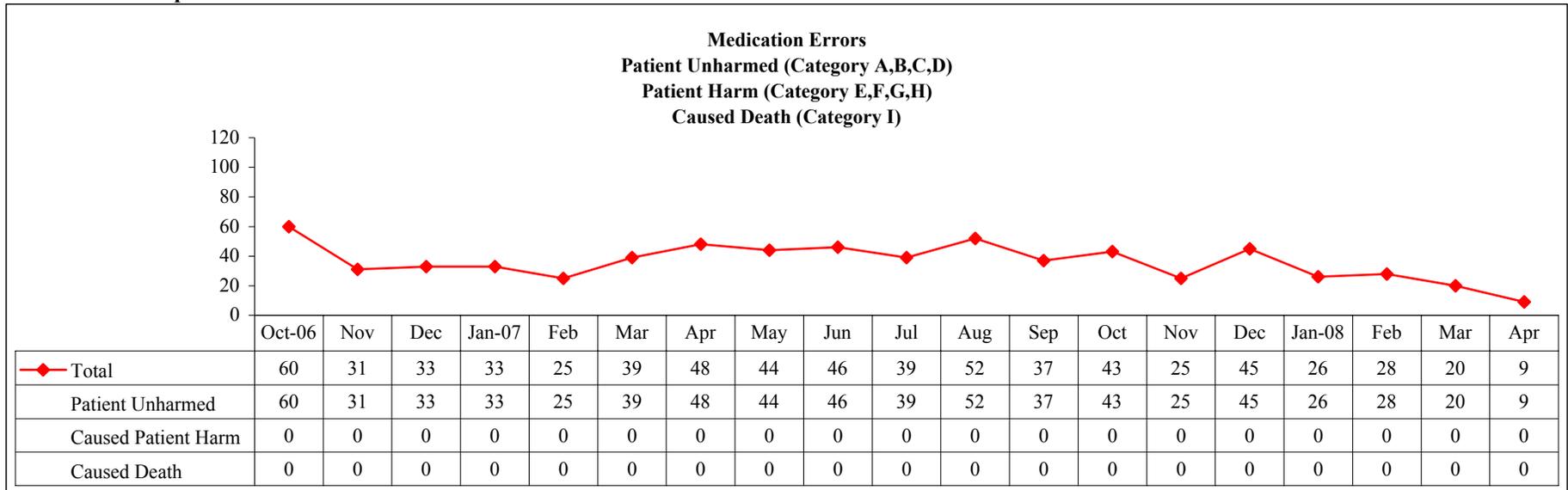
Medication Errors
Category E - Need for Treatment or Intervention: Caused Temporary Harm
Category F - Initial or Prolonged Hospitalization: Caused Temporary Harm
9/01/07 - 4/30/08



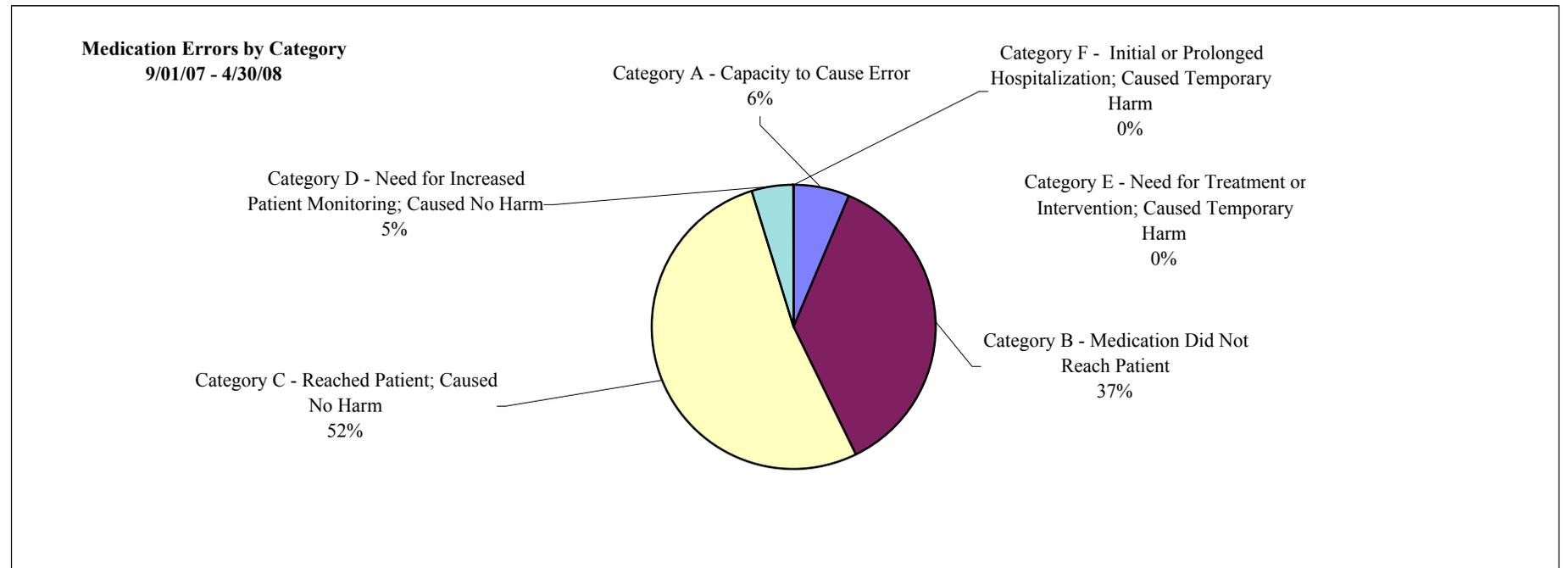
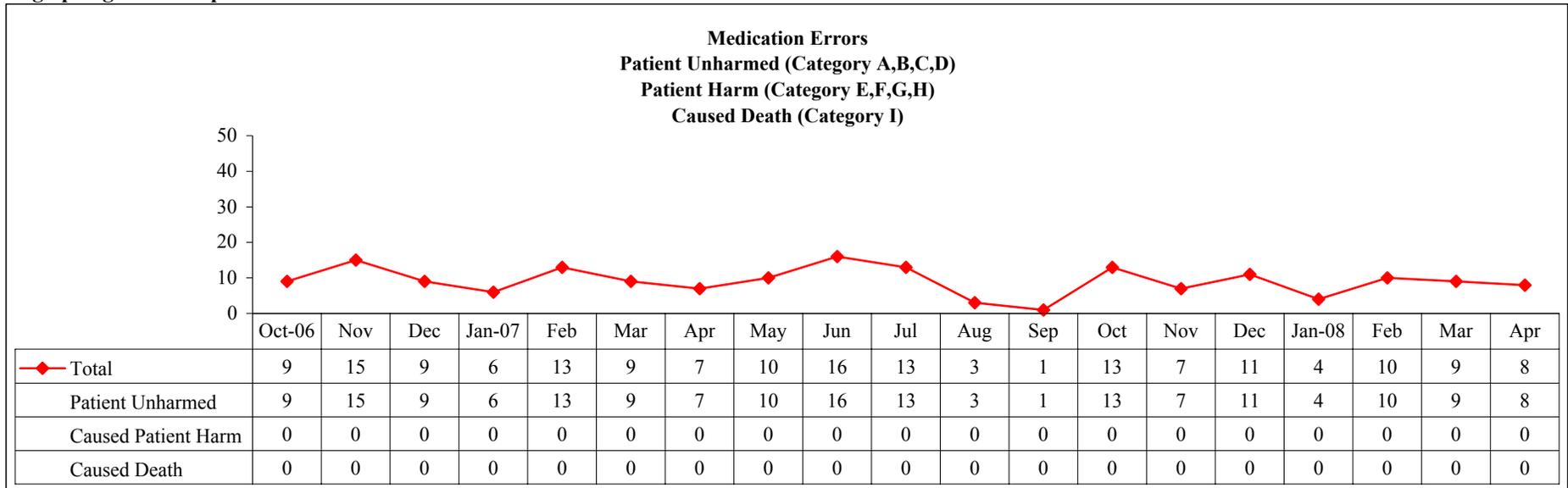
Objective 4A - Medication Variance Data
All State Hospitals



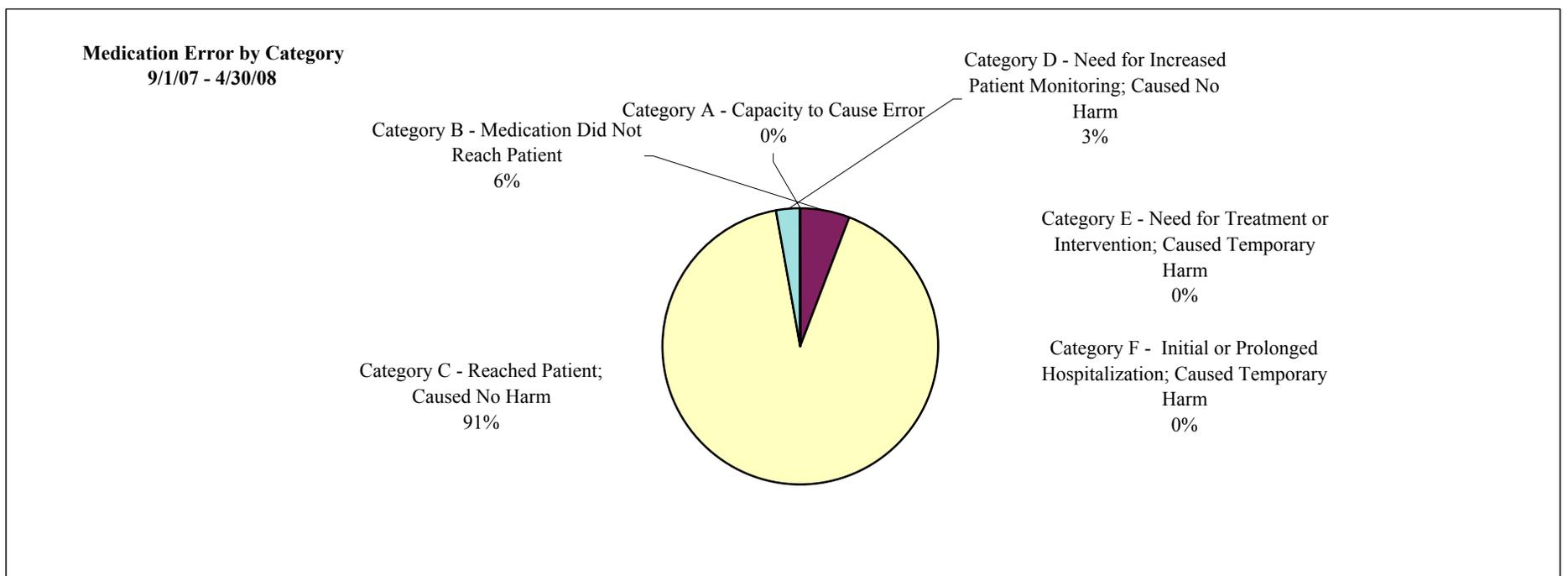
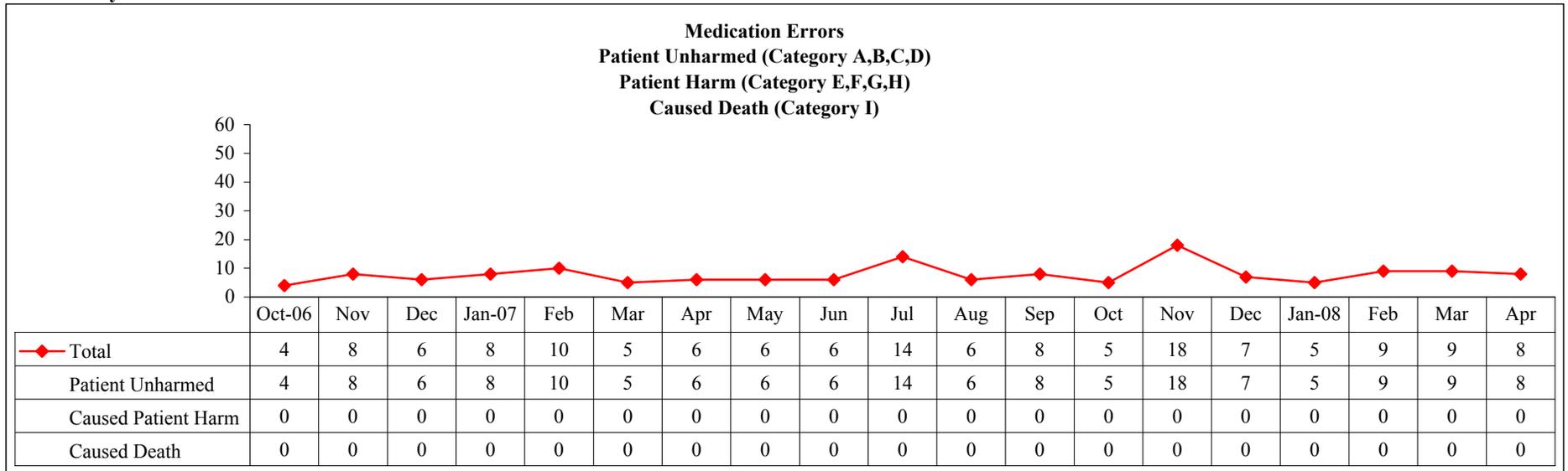
**Objective 4A - Medication Variance Data
Austin State Hospital**



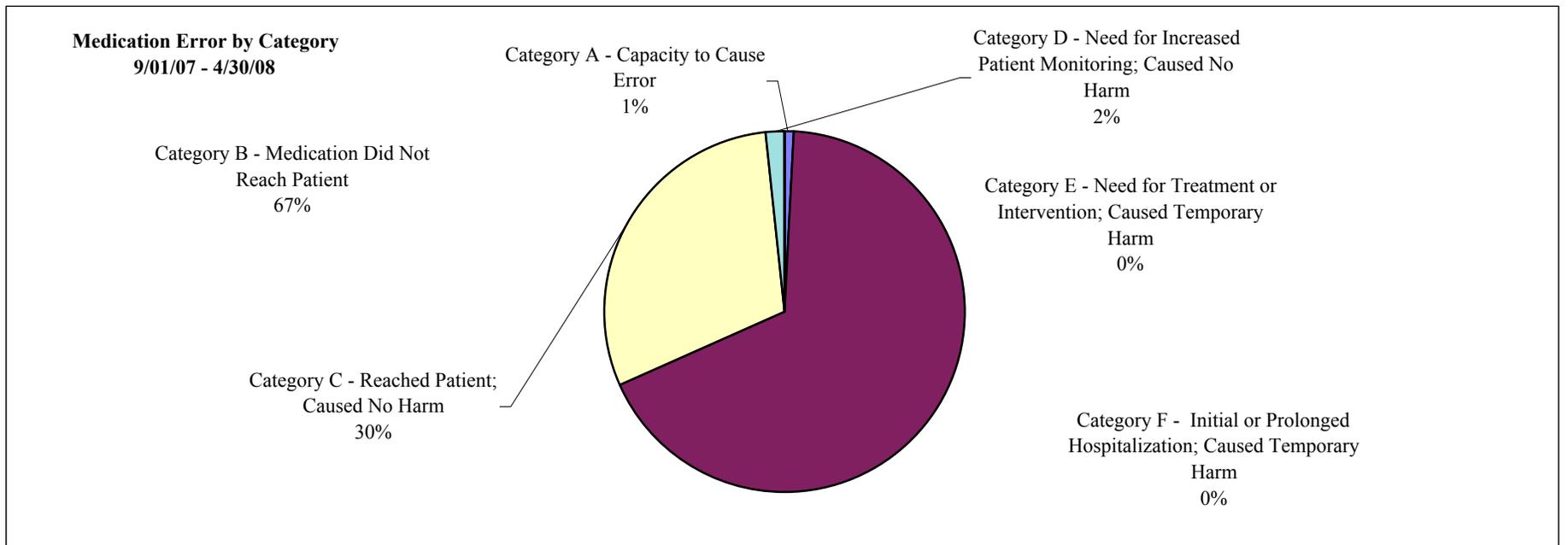
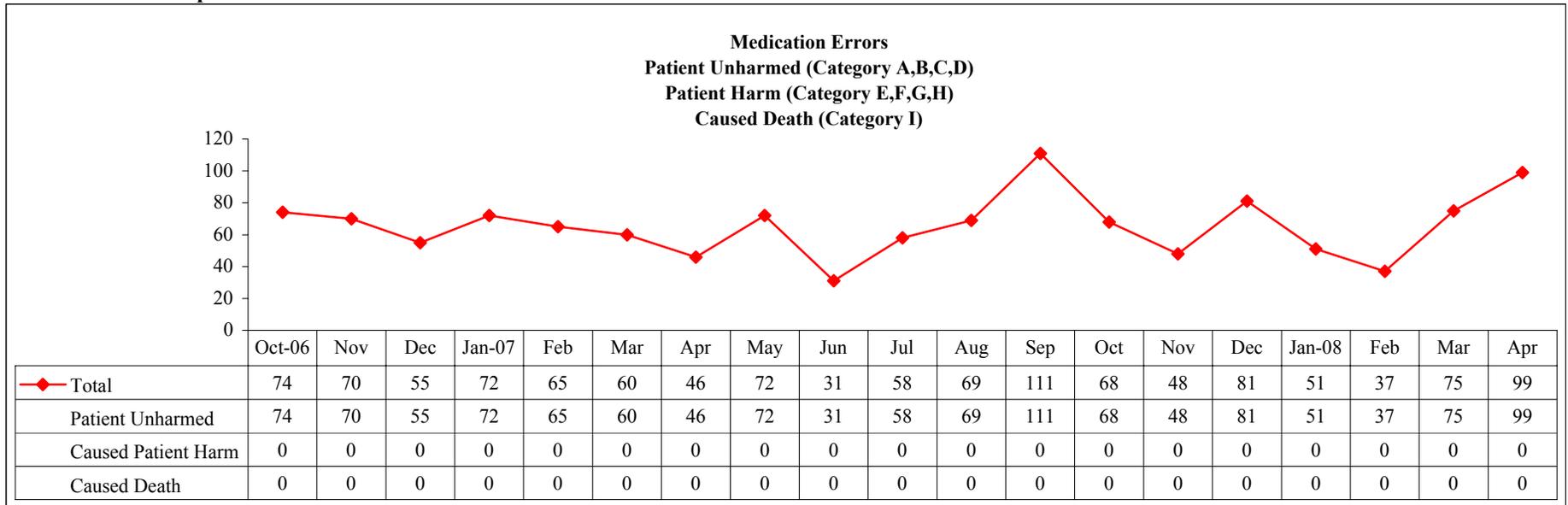
**Objective 4A - Medication Variance Data
Big Spring State Hospital**



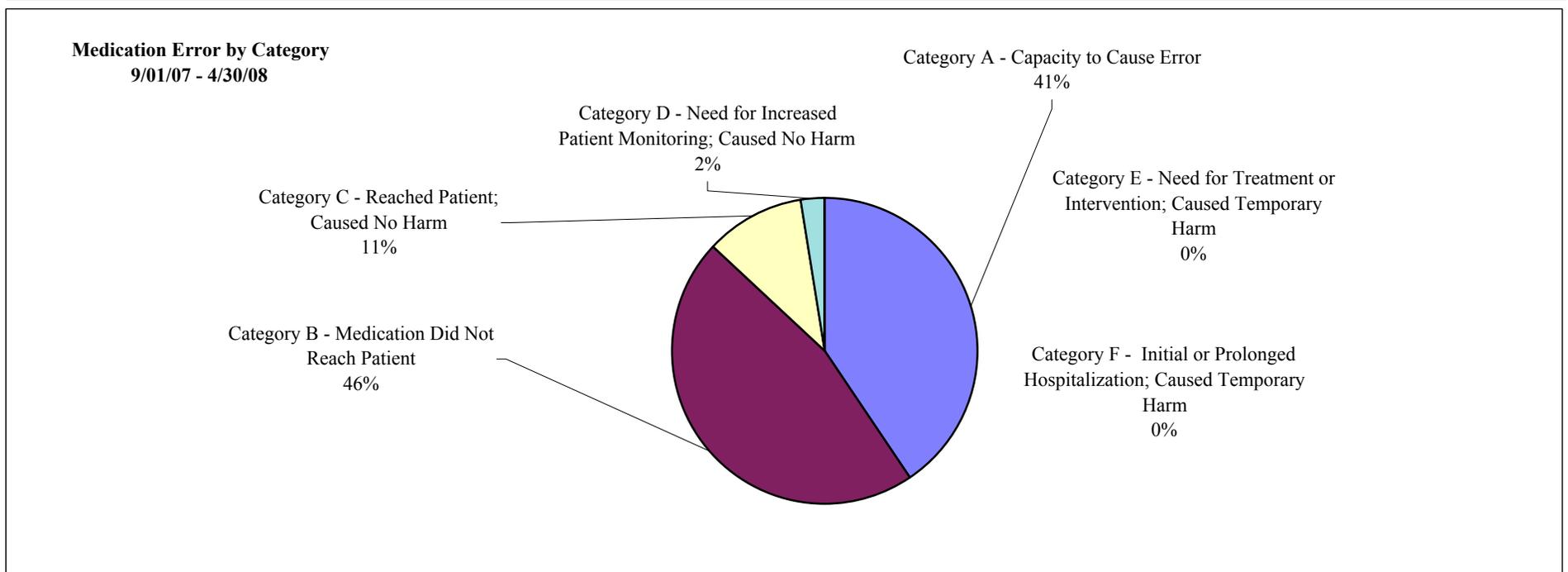
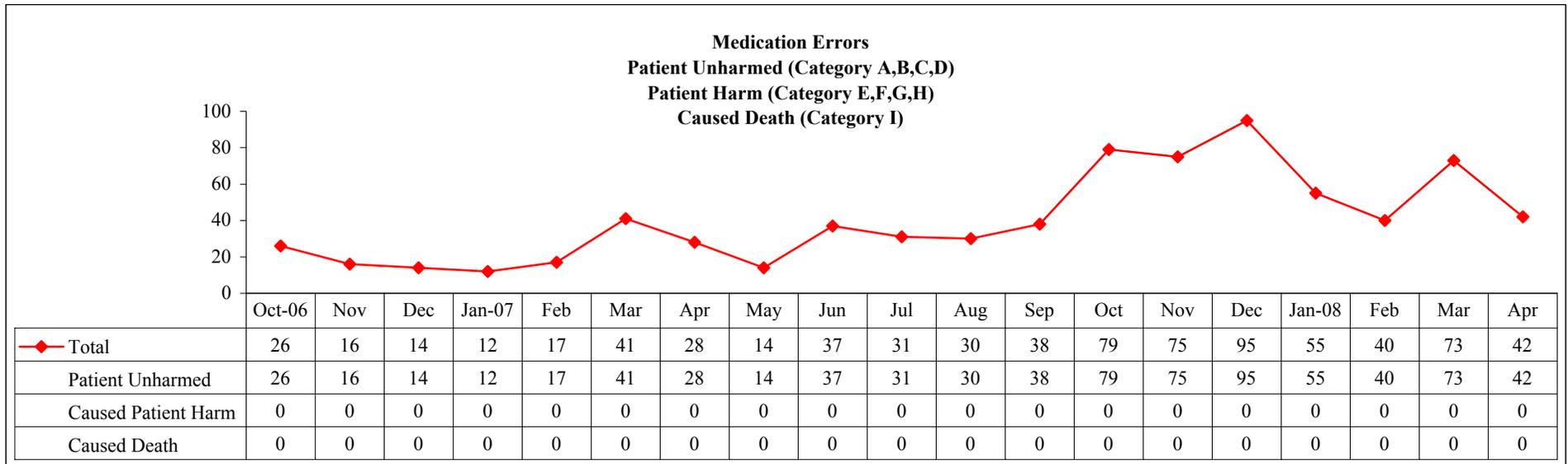
Objective 4A - Medication Variance Data
El Paso Psychiatric Center



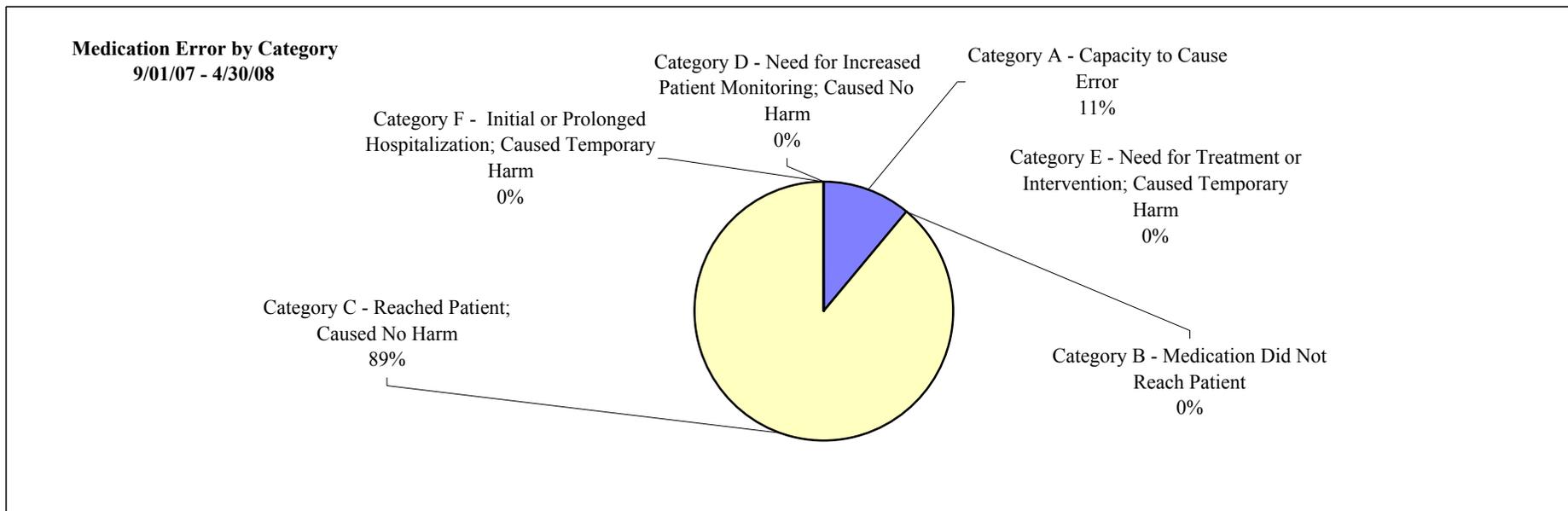
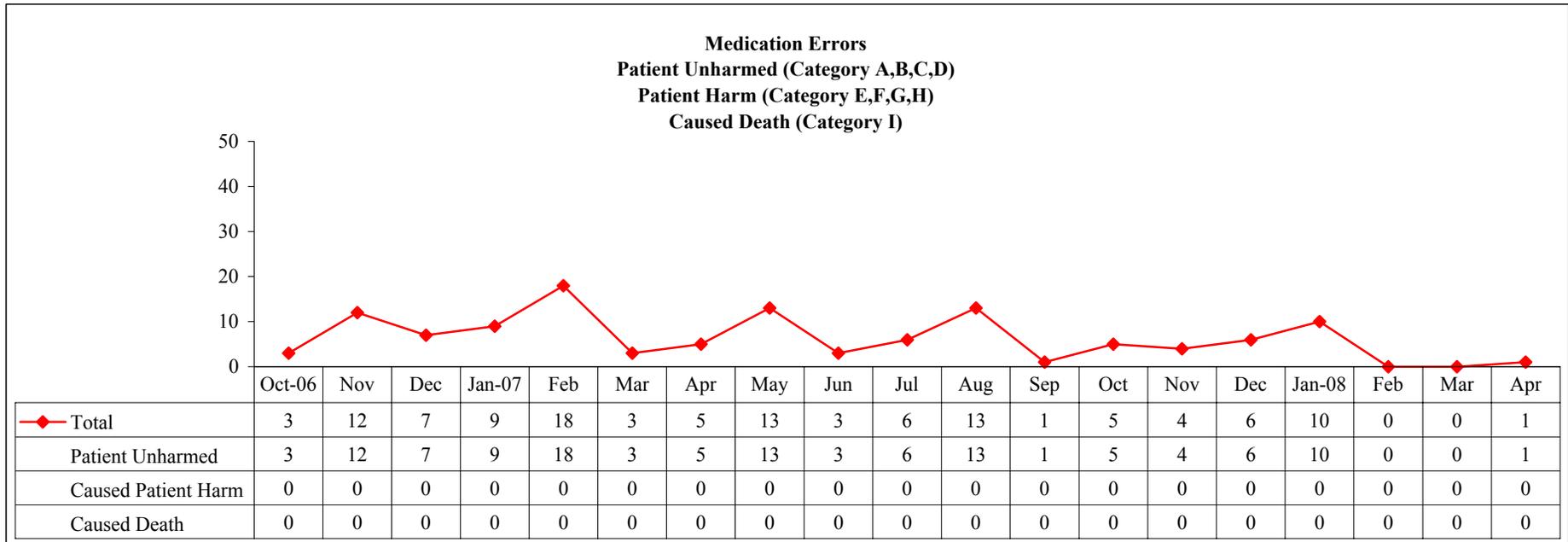
**Objective 4A - Medication Variance Data
Kerrville State Hospital**



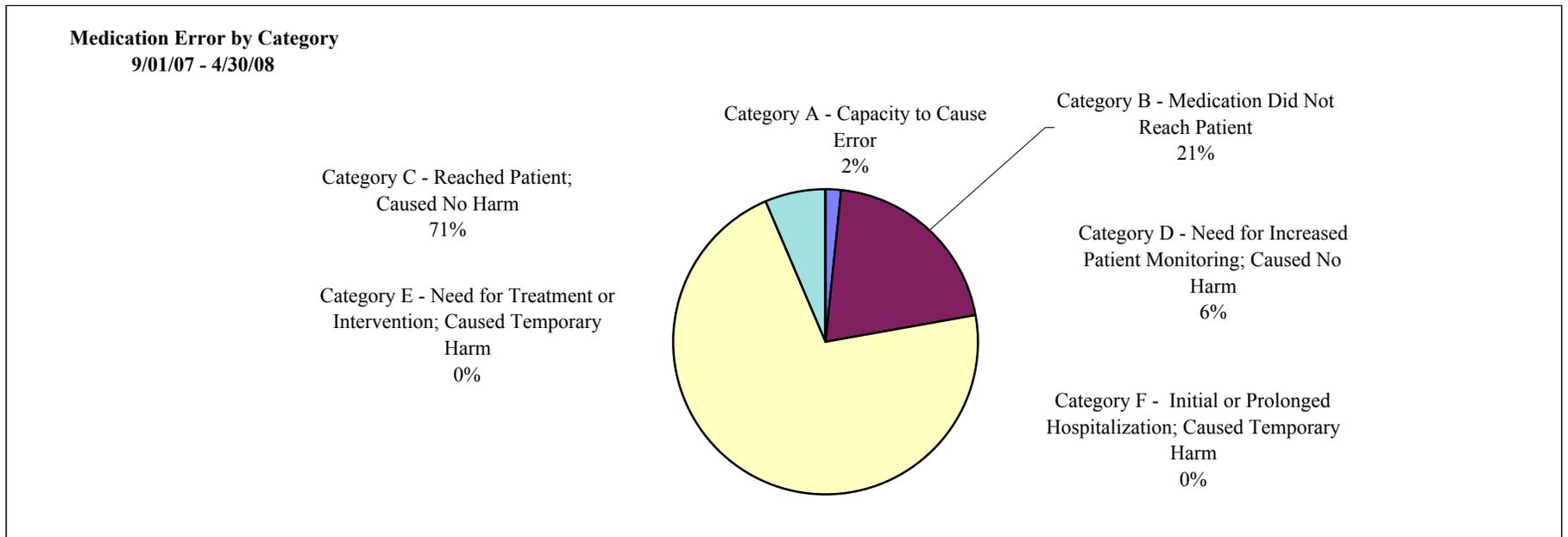
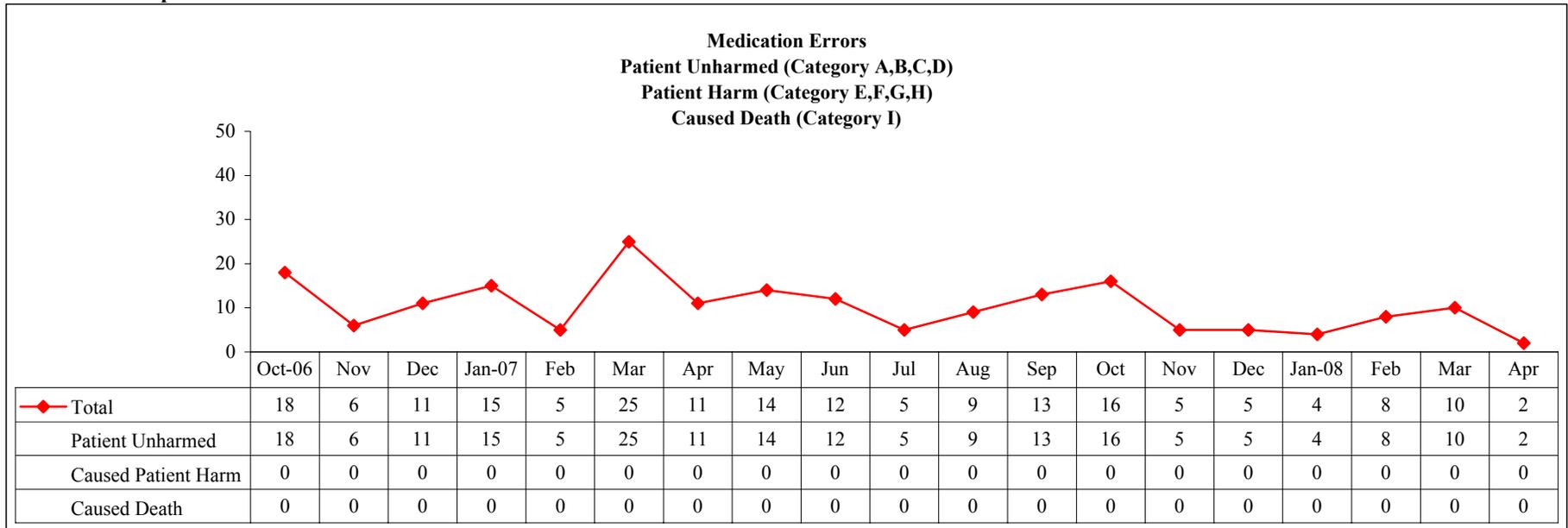
Objective 4A - Medication Variance Data
North Texas State Hospital



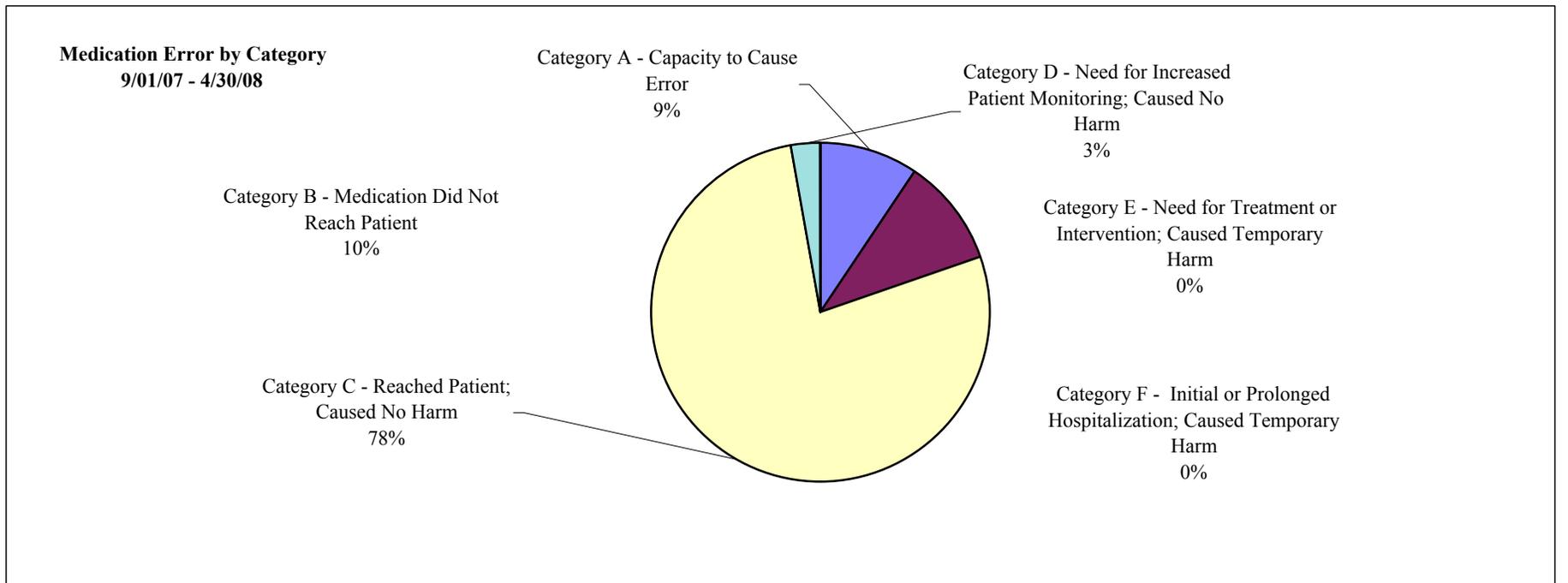
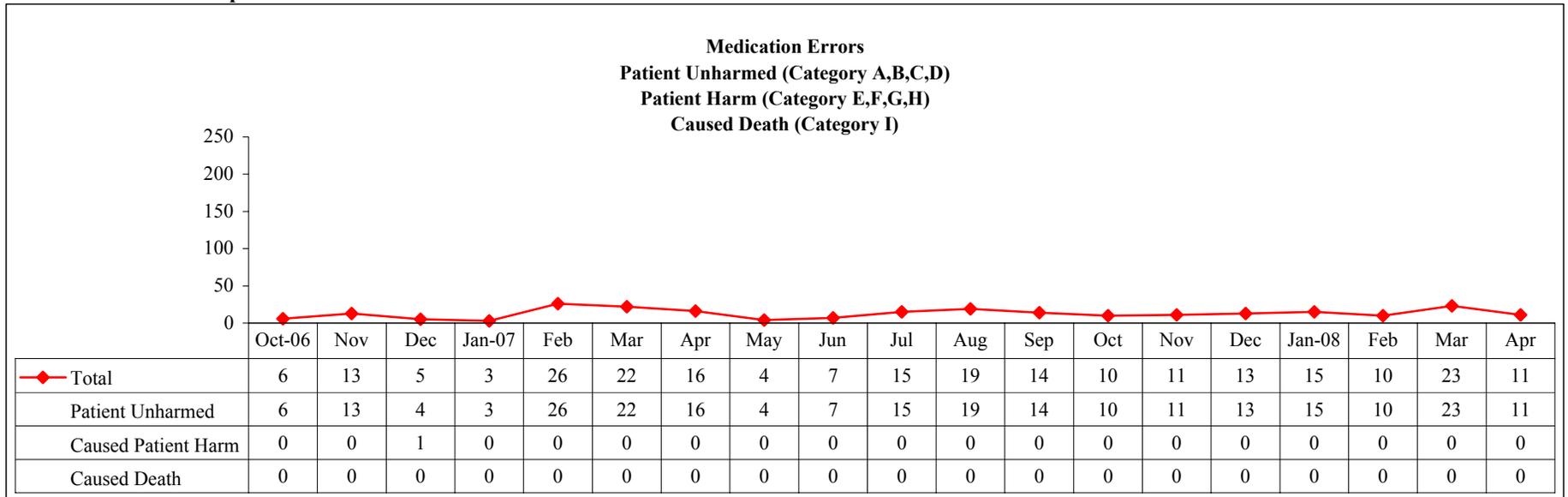
Objective 4A - Medication Variance Data
Rio Grande State Center



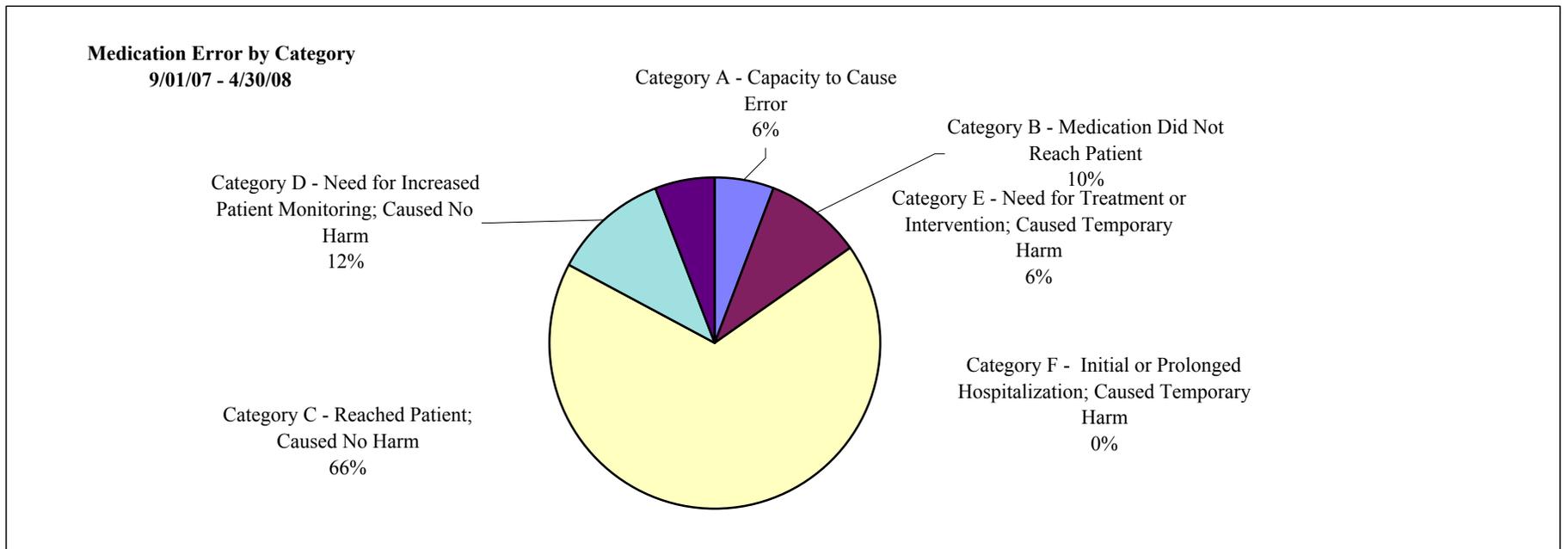
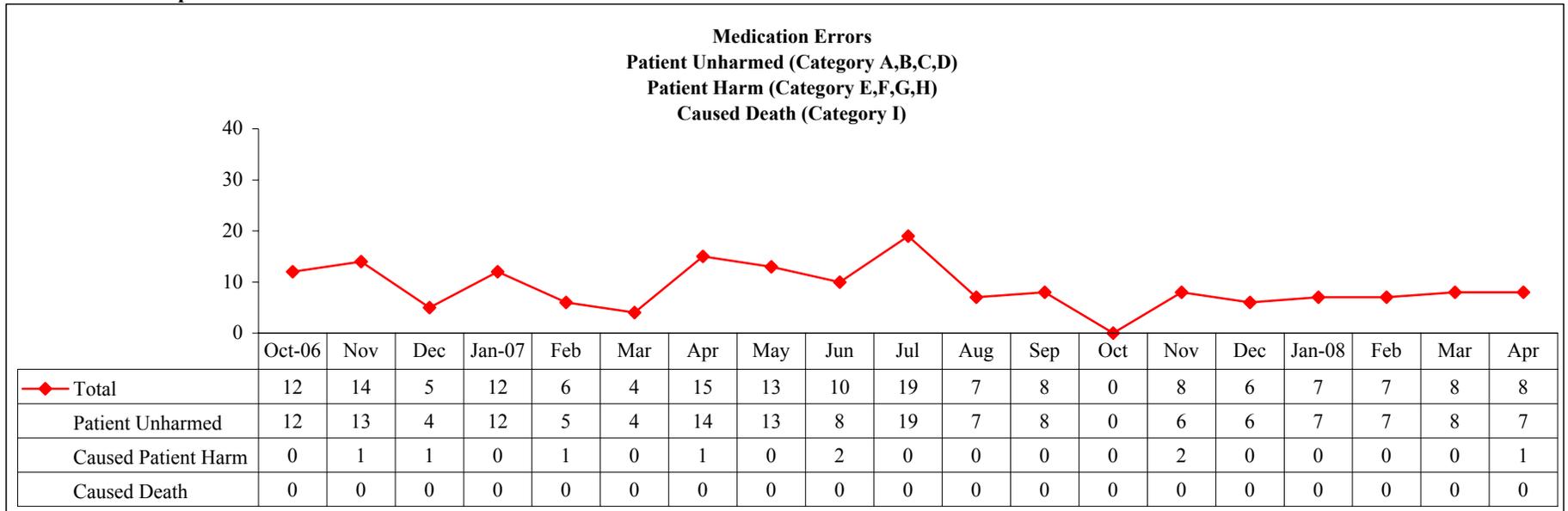
Objective 4A - Medication Variance Data
Rusk State Hospital



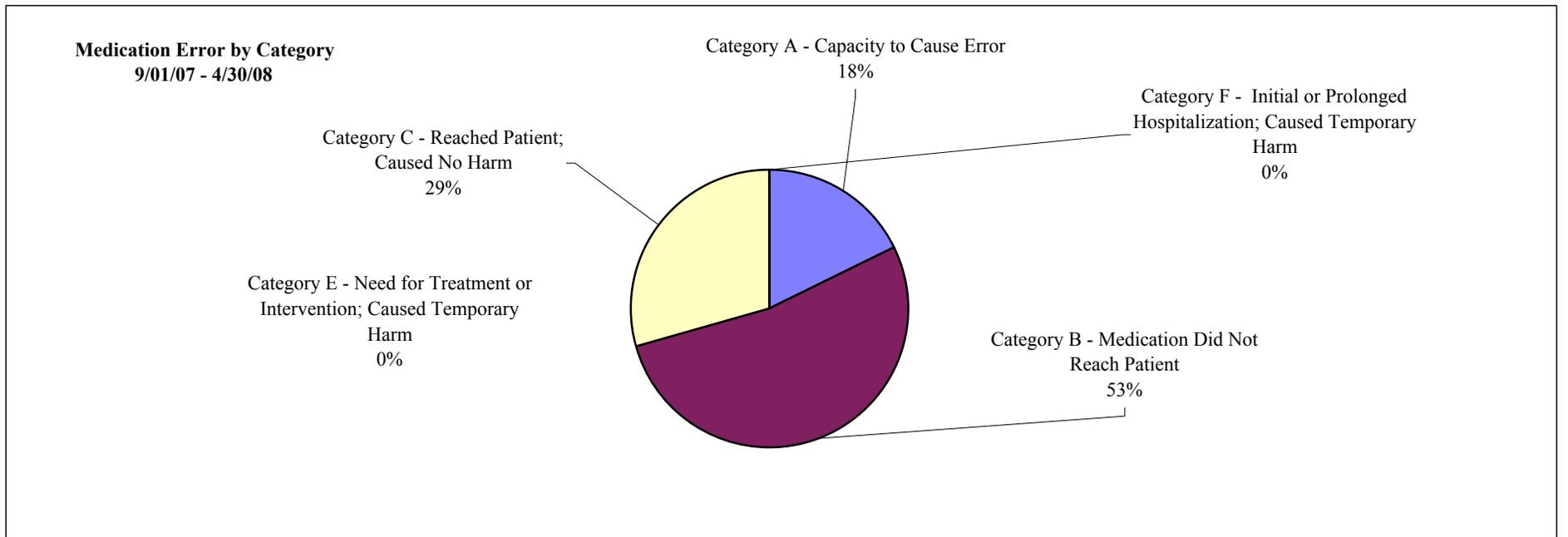
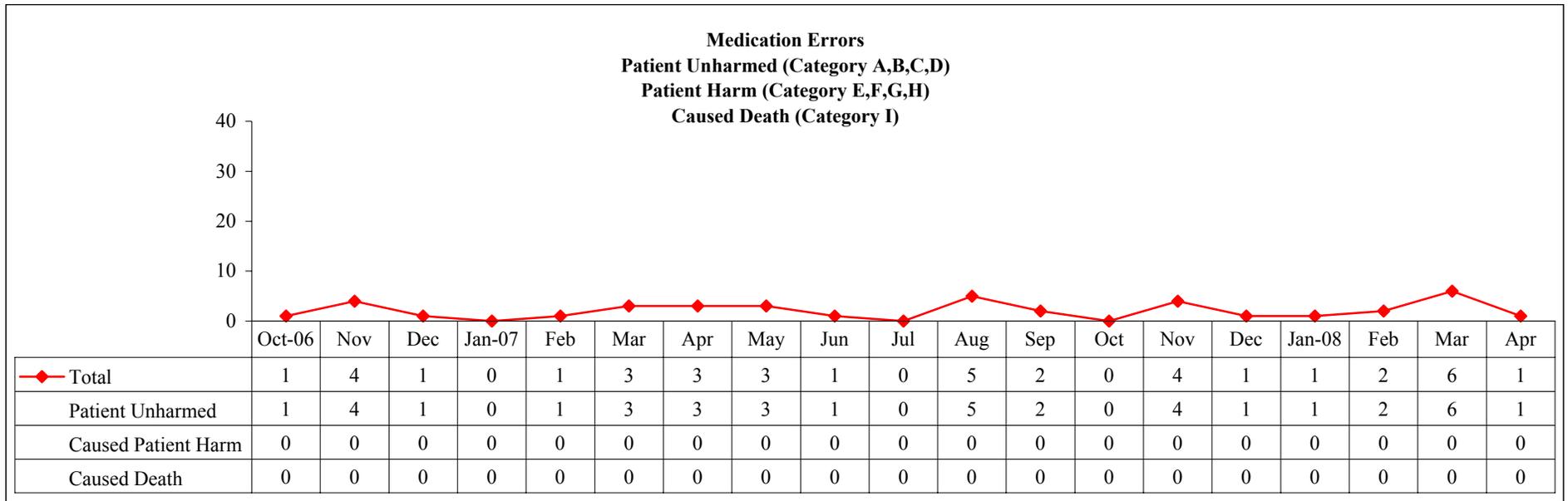
Objective 4A - Medication Variance Data
San Antonio State Hospital



Objective 4A - Medication Variance Data
Terrell State Hospital



Objective 4A - Medication Variance Data
Waco Center for Youth



Performance Measure 4A:

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

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

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

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

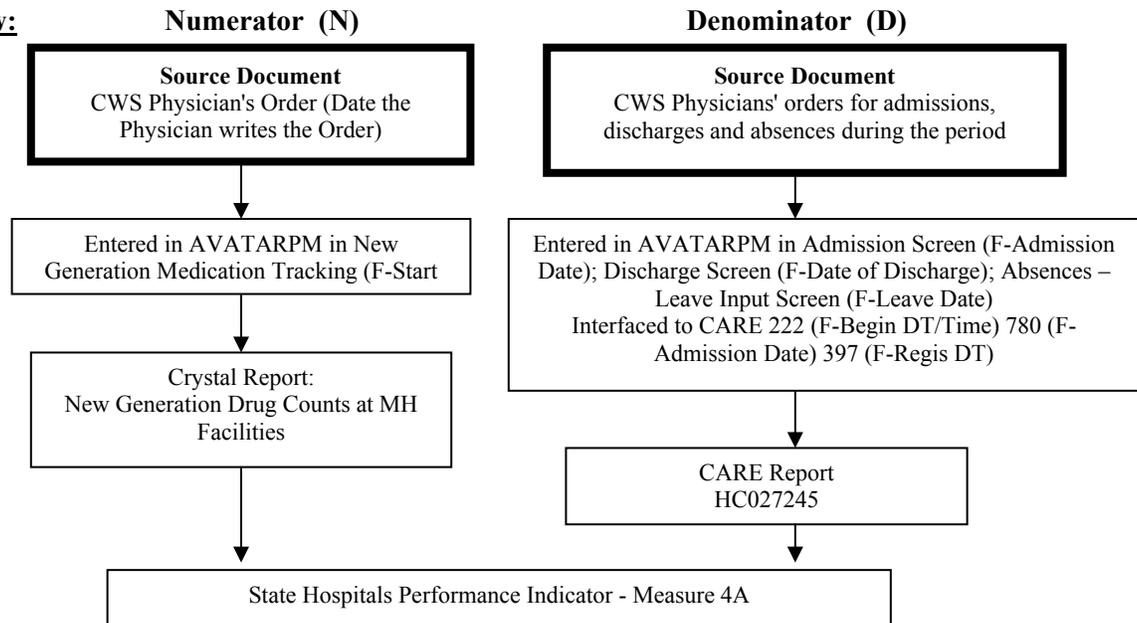
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

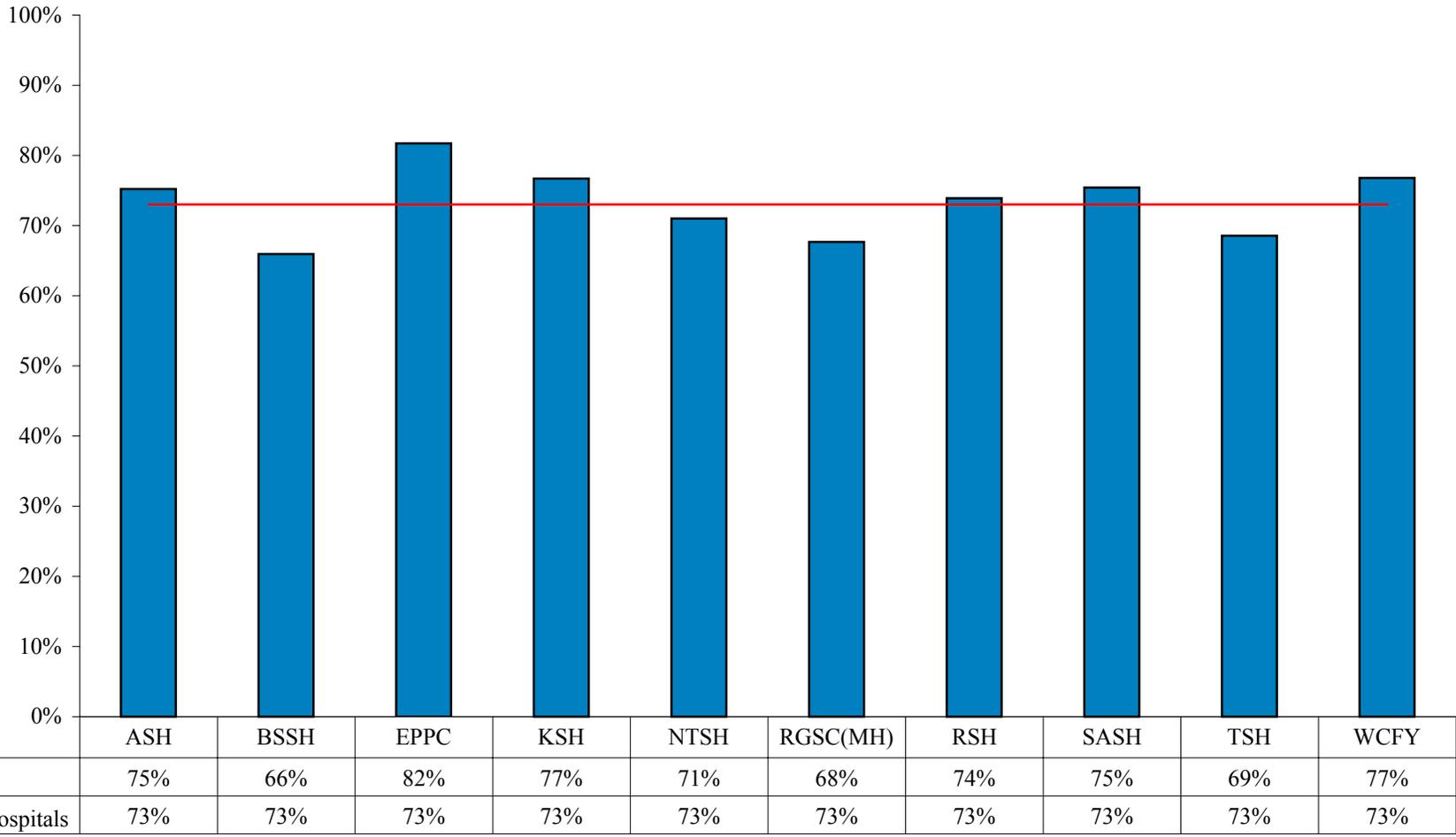
- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.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

Data Flow:



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

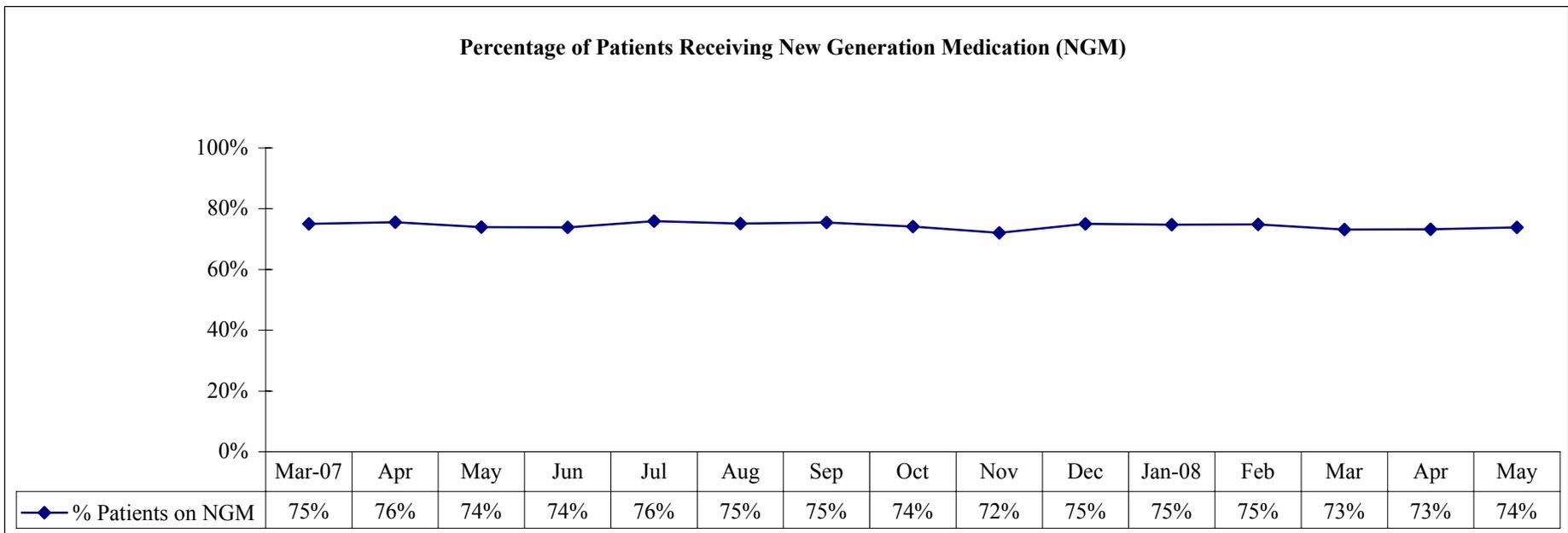
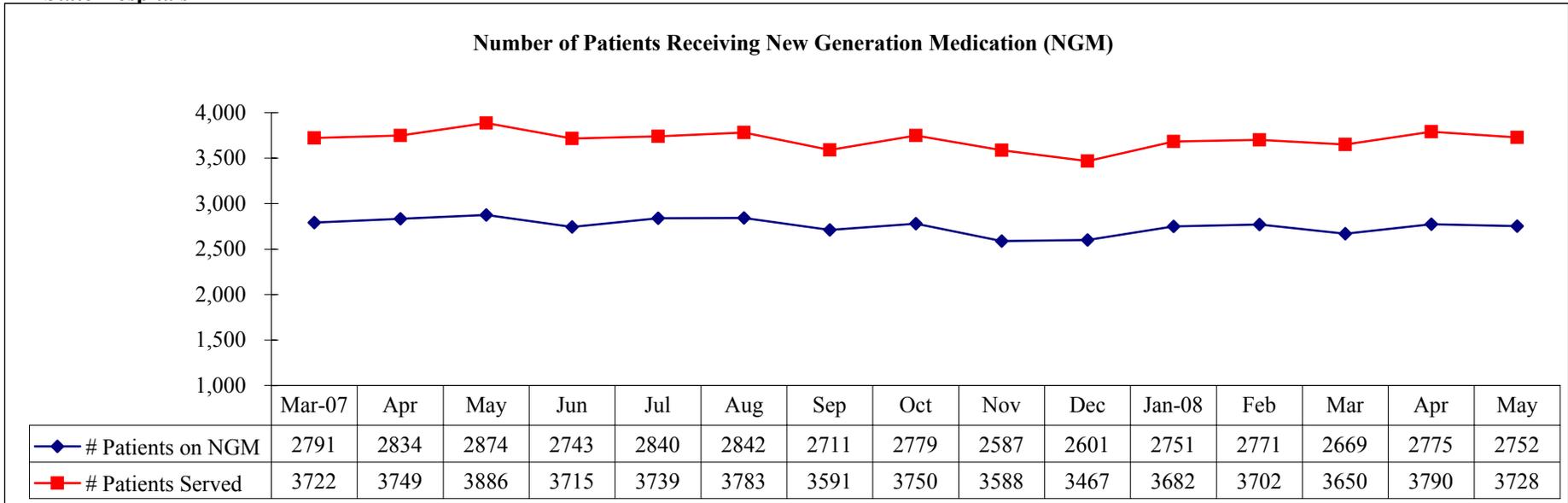
Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for Q3 - FY08



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

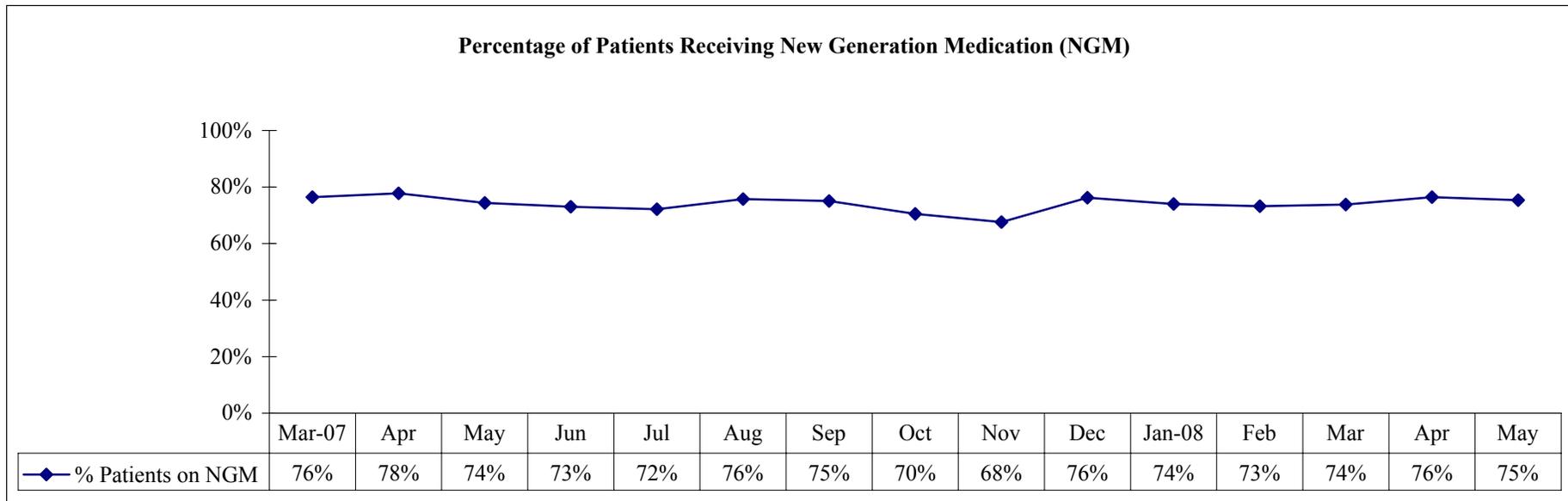
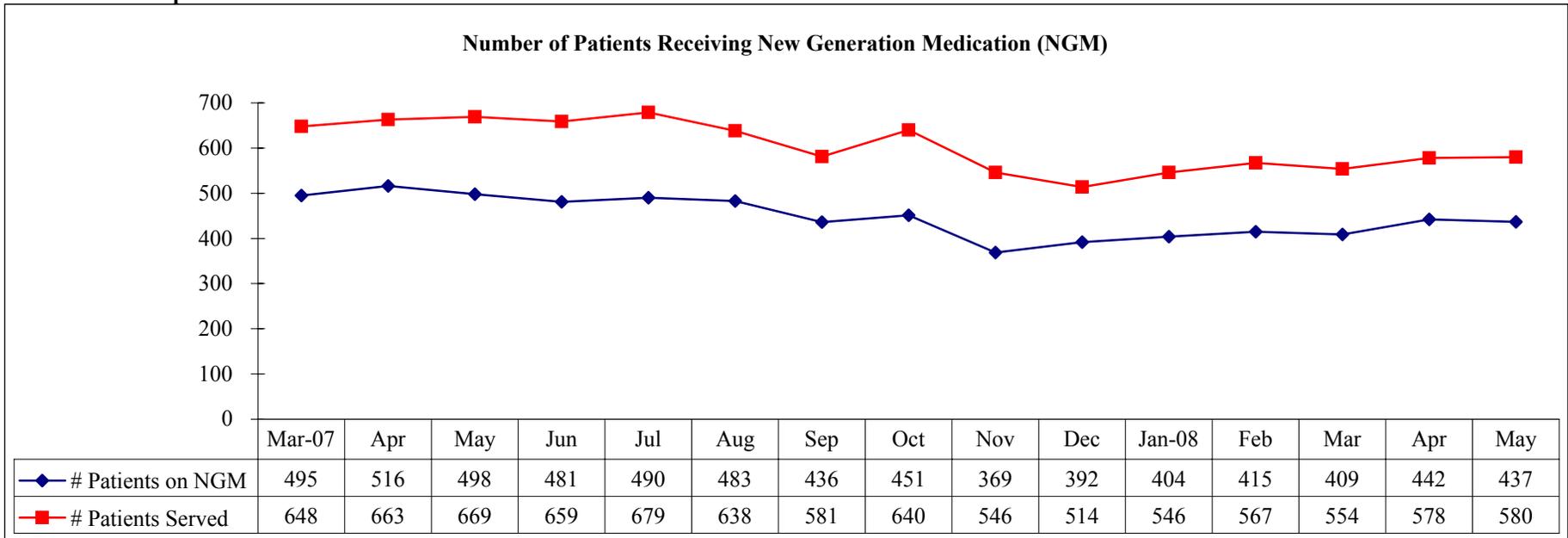
Measure 4A - Patients Receiving New Generation Medication (NGM)

All State Hospitals



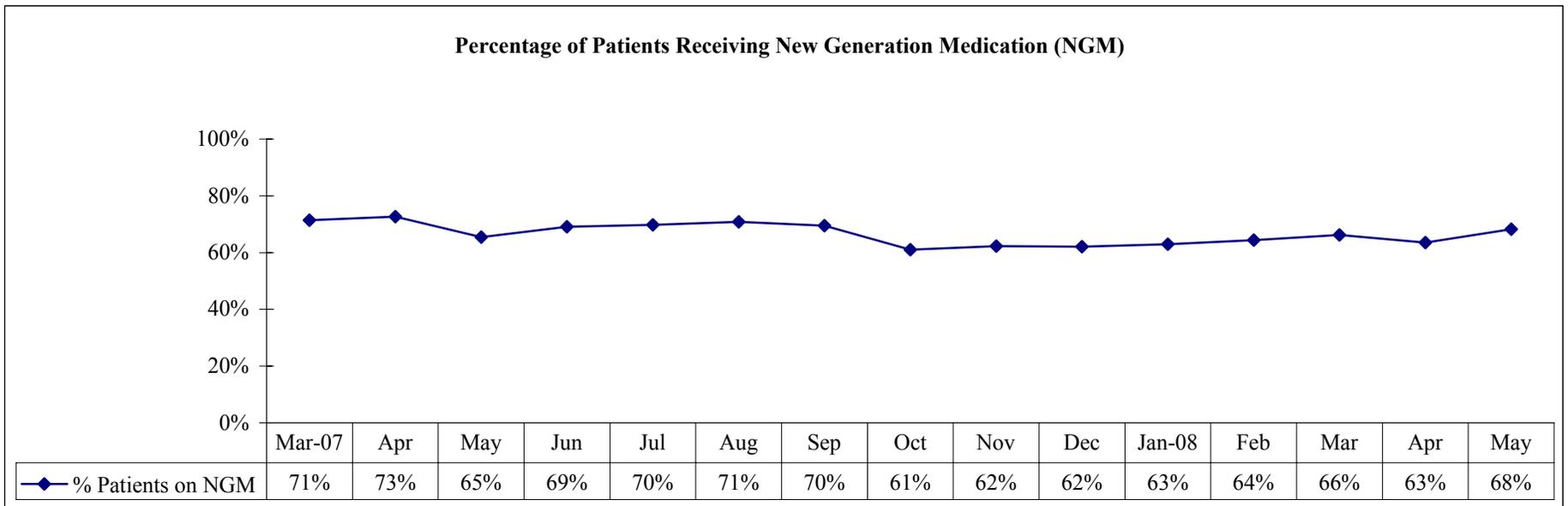
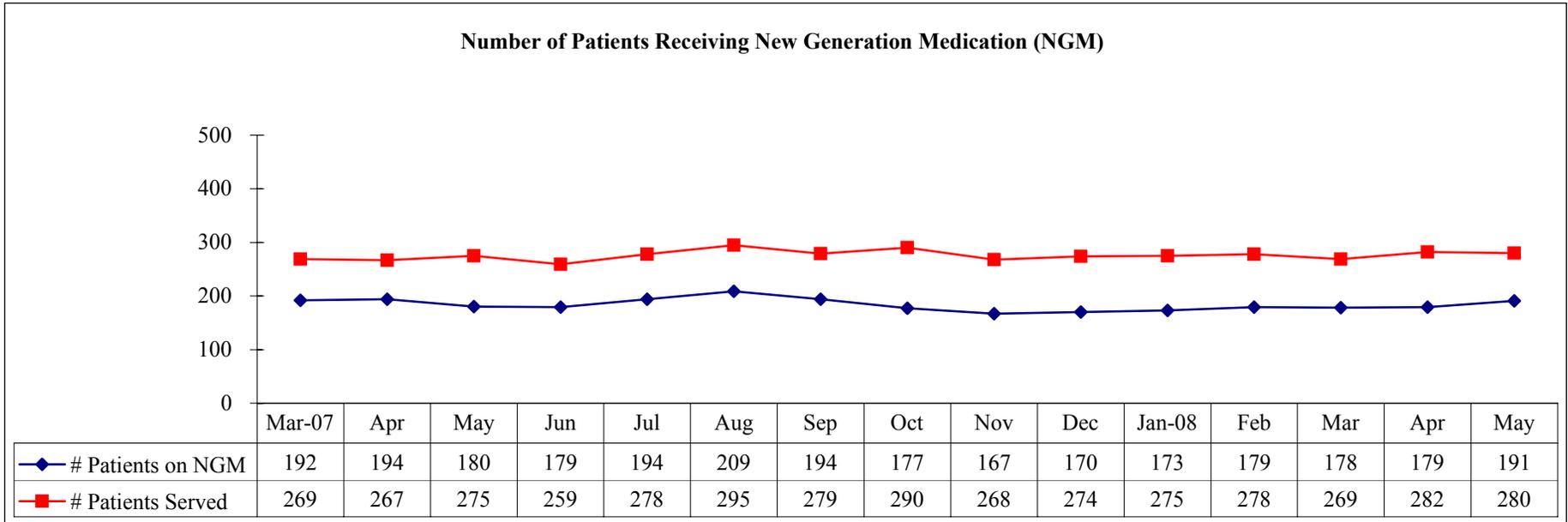
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
Counts of Persons Receiving MH Services (HC027245)

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



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

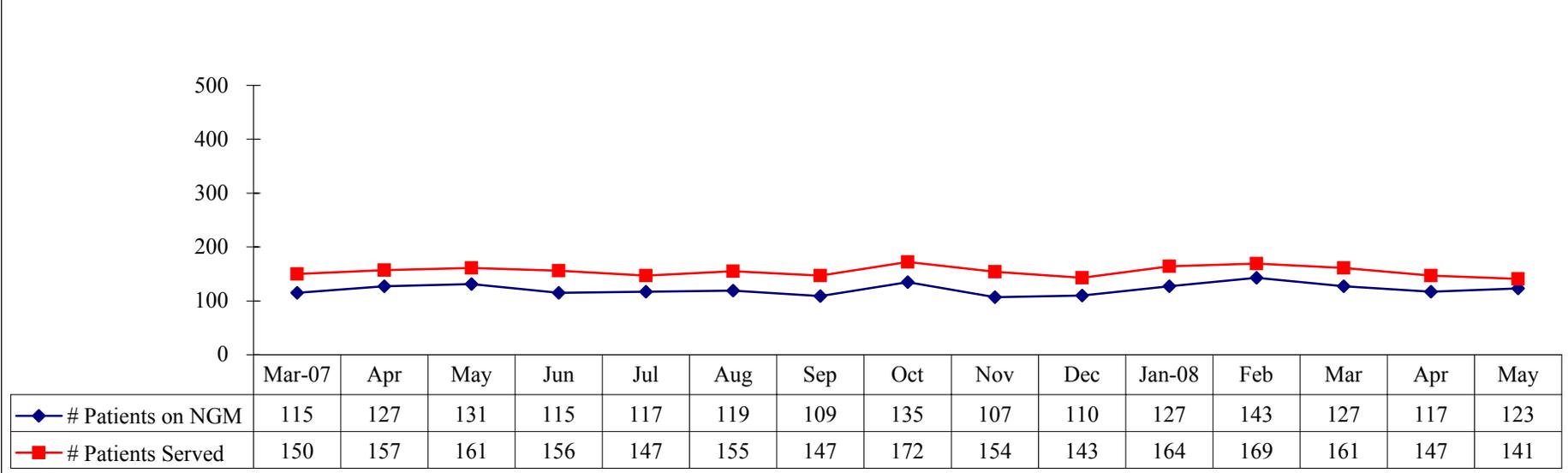
**Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital**



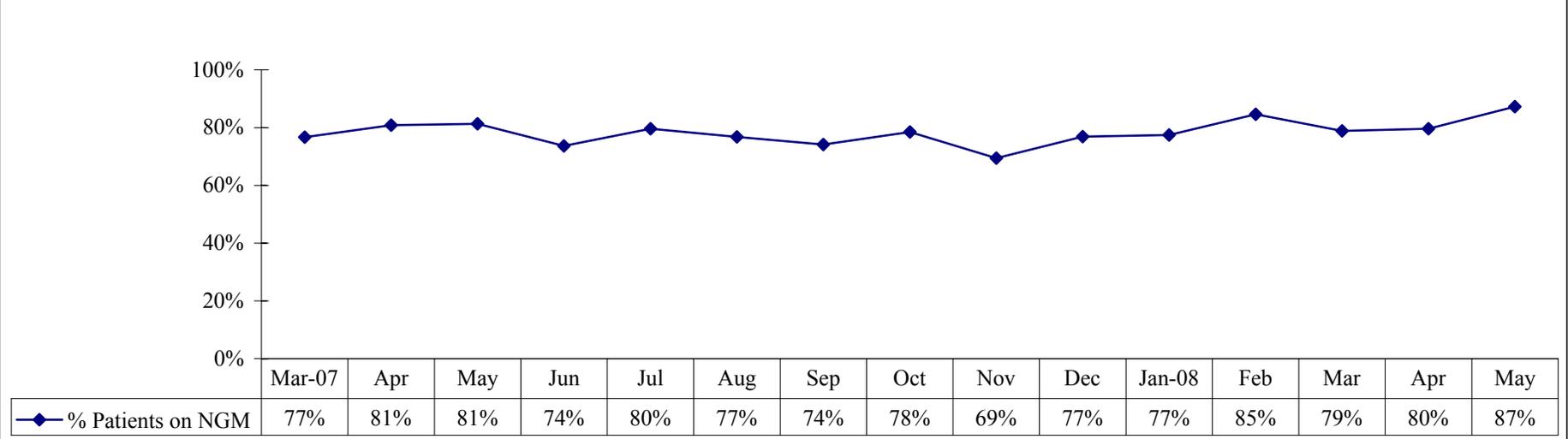
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)



Percentage of Patients Receiving New Generation Medication (NGM)

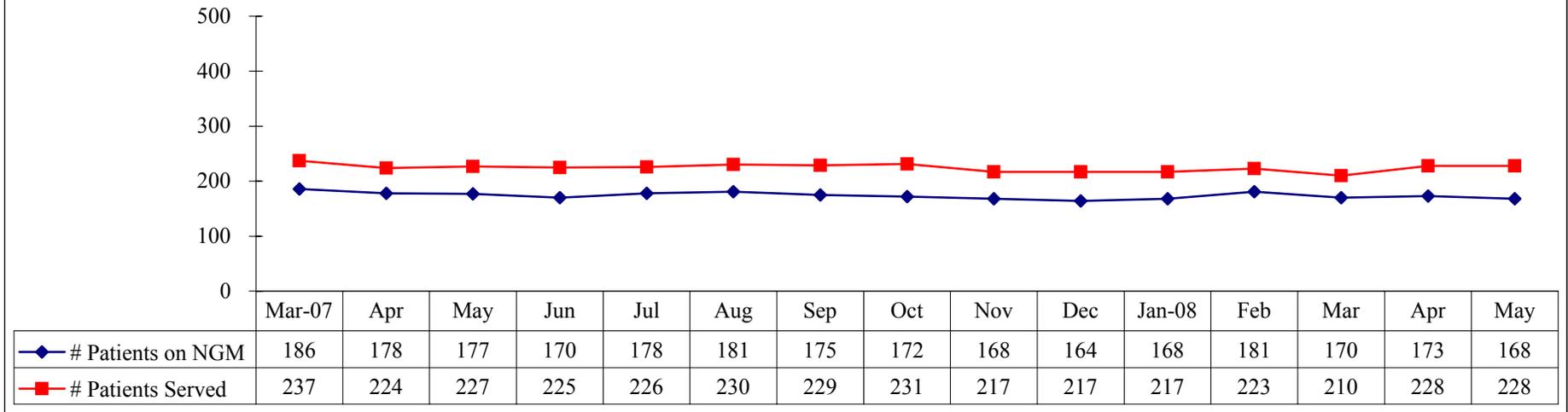


Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

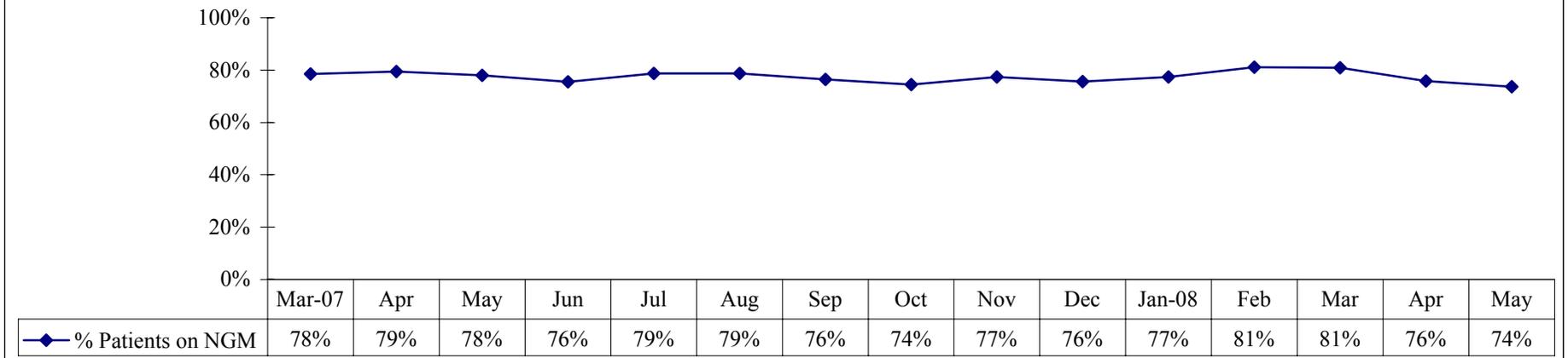
Measure 4A - Patients Receiving New Generation Medication (NGM)

Kerrville State Hospital

Number of Patients Receiving New Generation Medication (NGM)

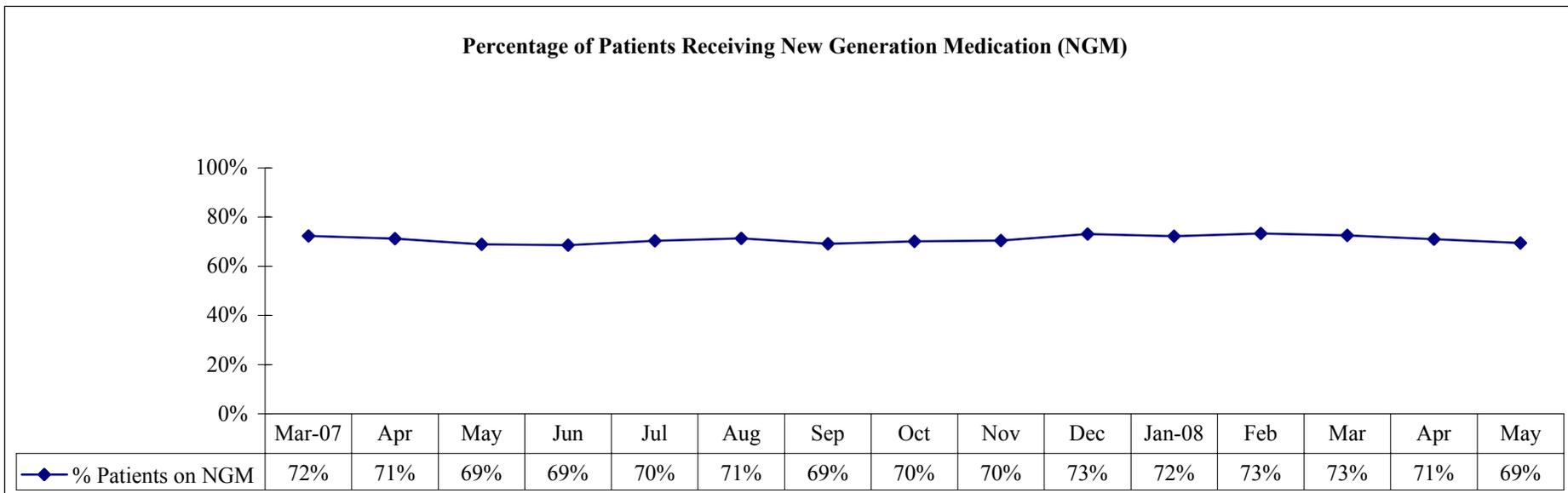
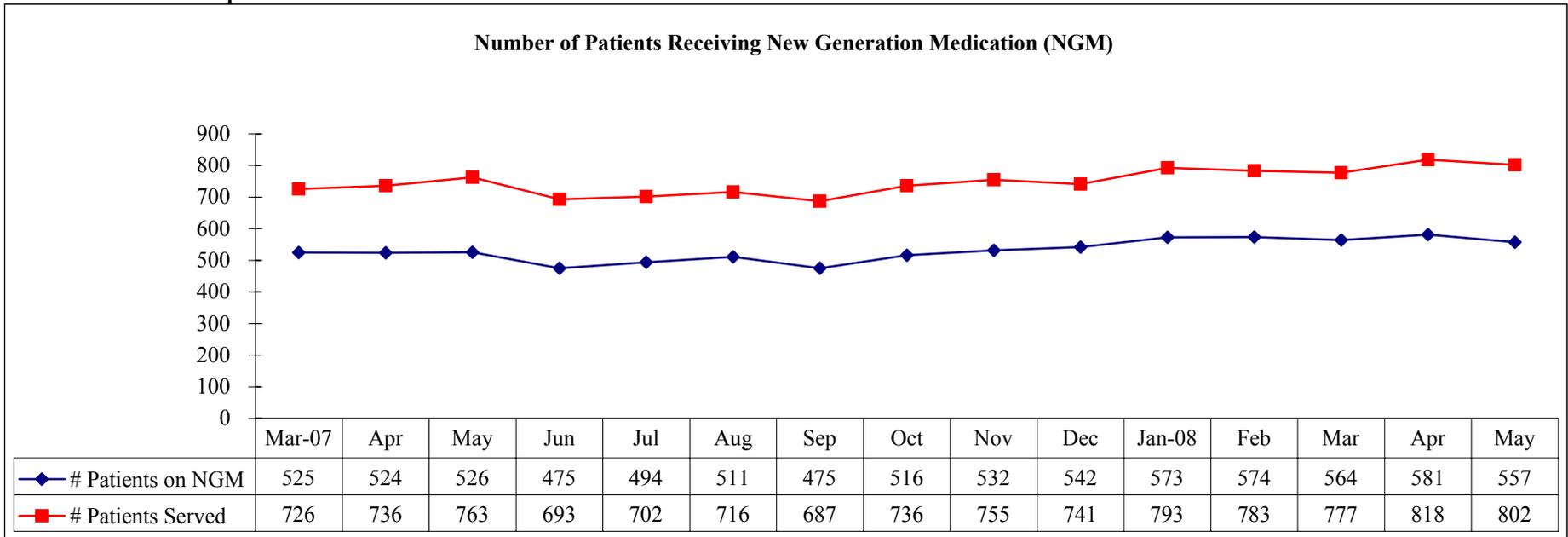


Percentage of Patients Receiving New Generation Medication (NGM)



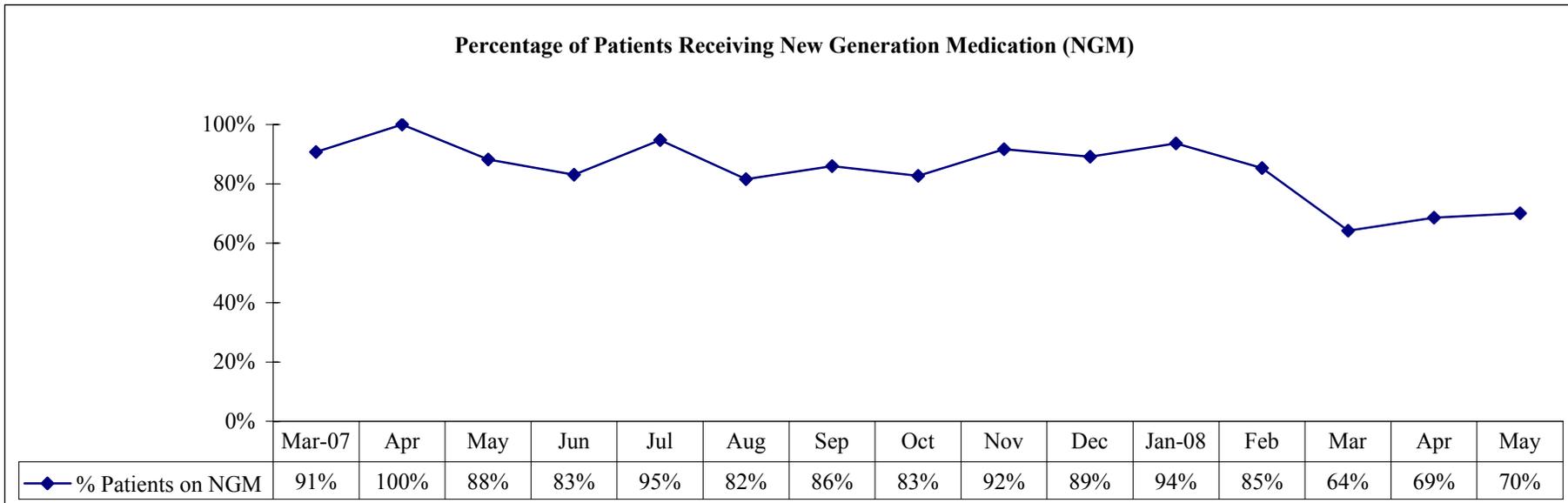
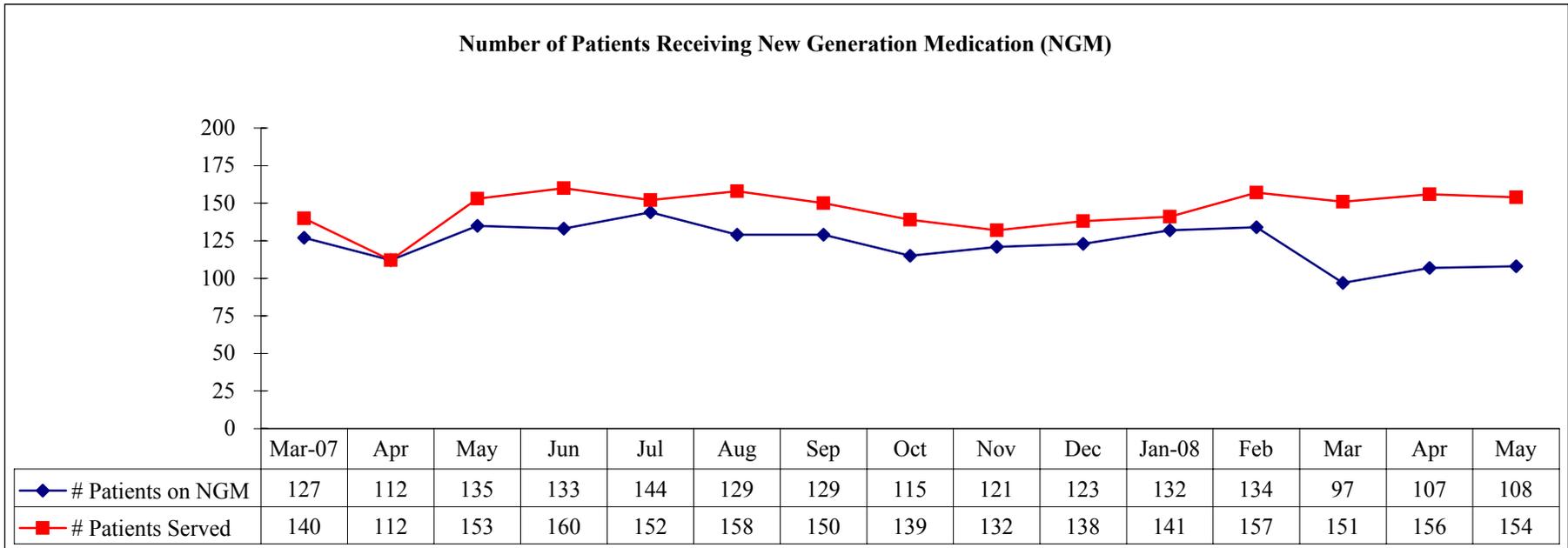
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
Counts of Persons Receiving MH Services (HC027245)

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



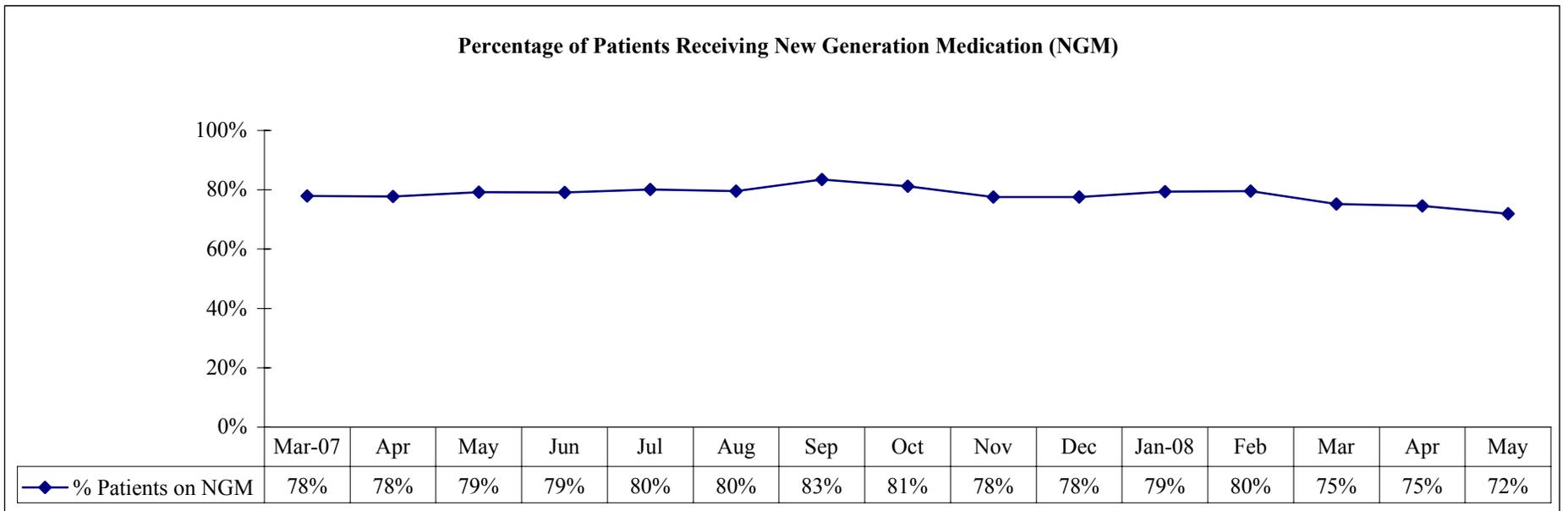
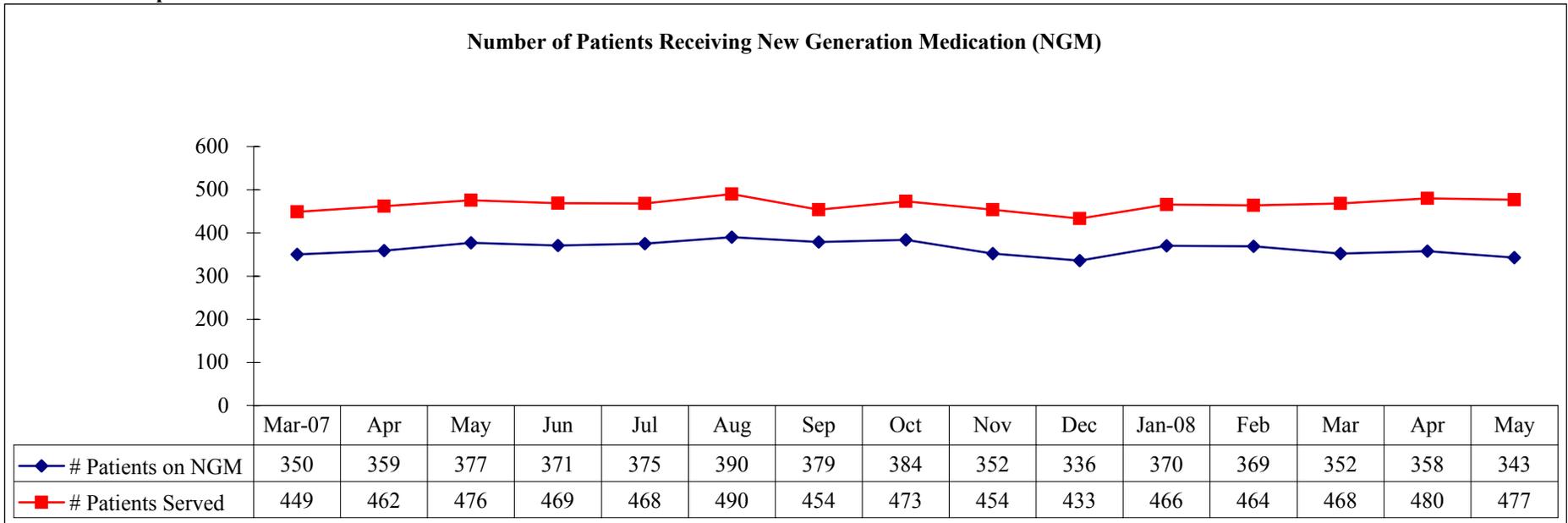
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



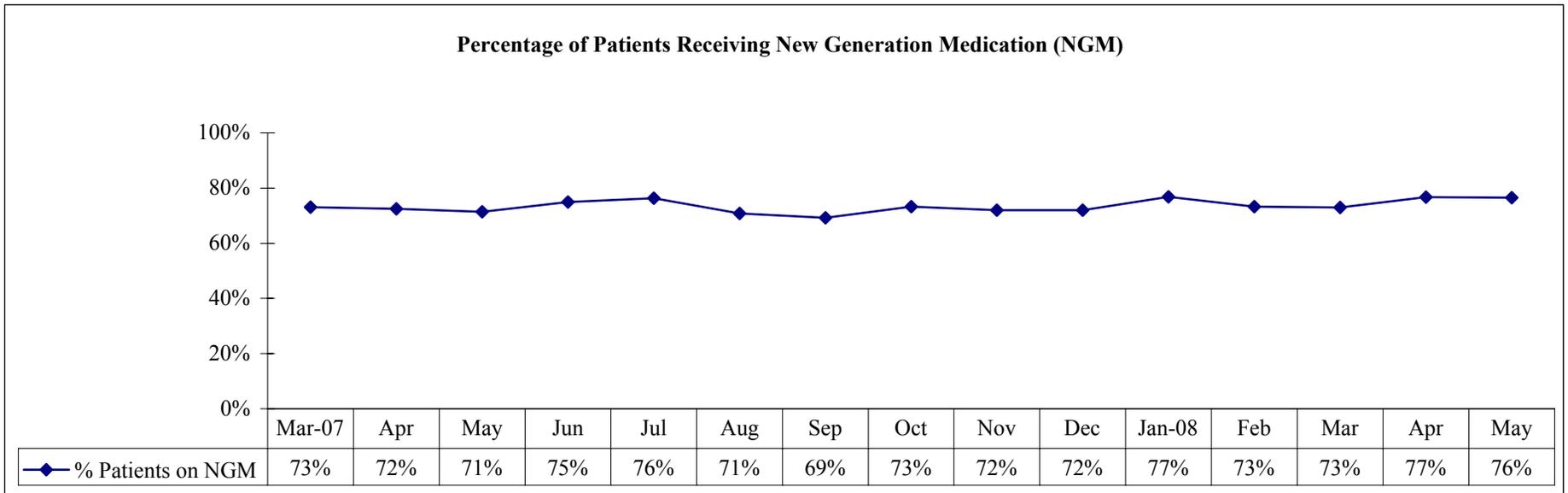
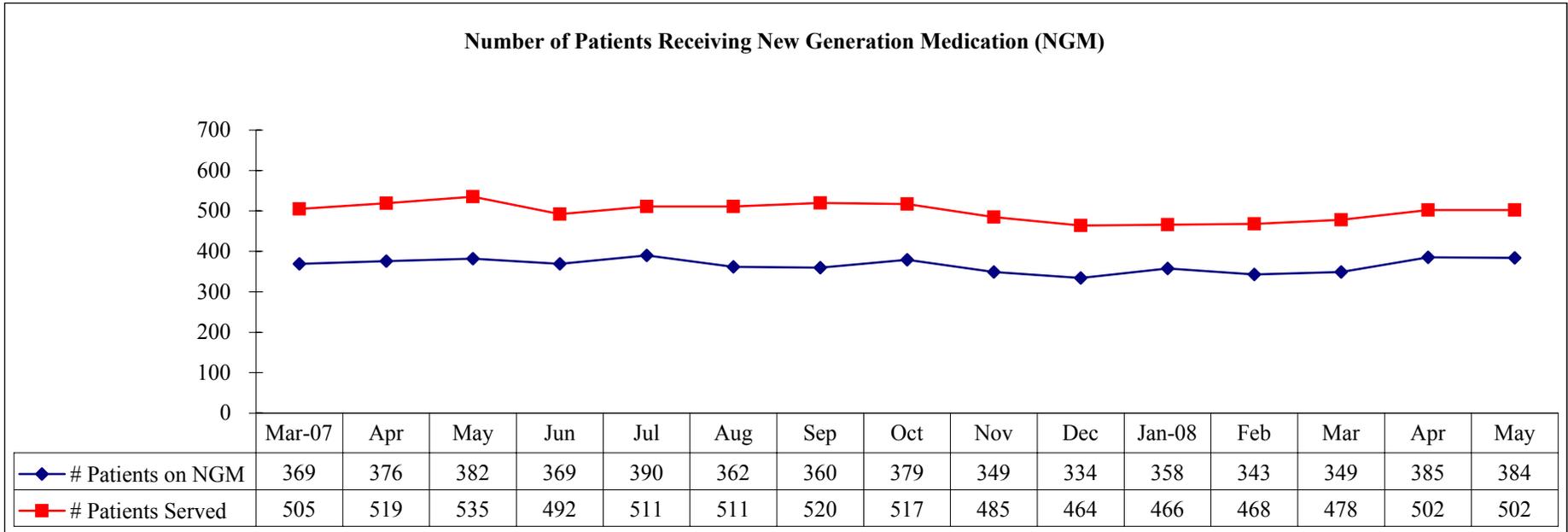
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



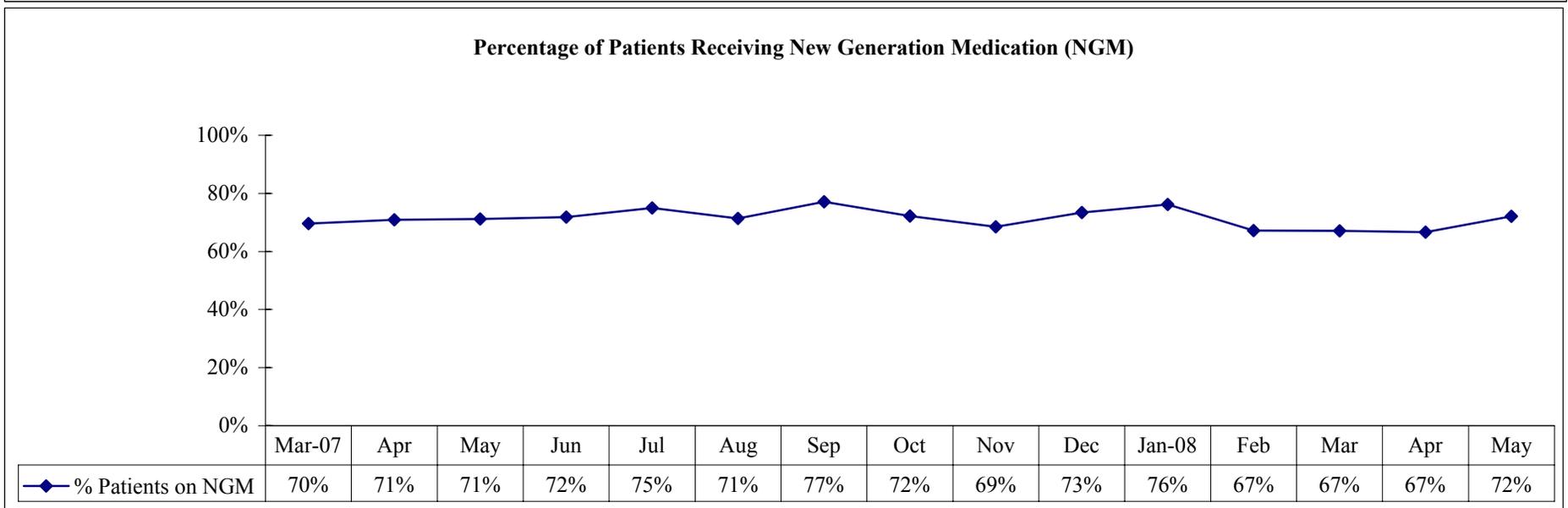
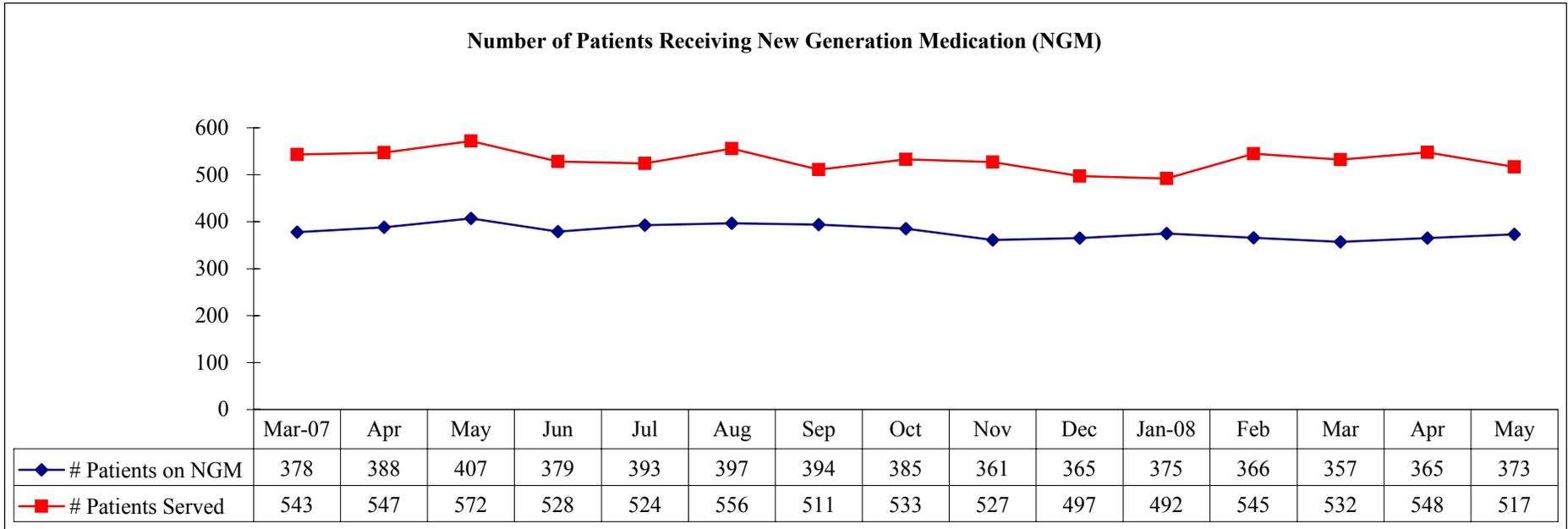
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



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

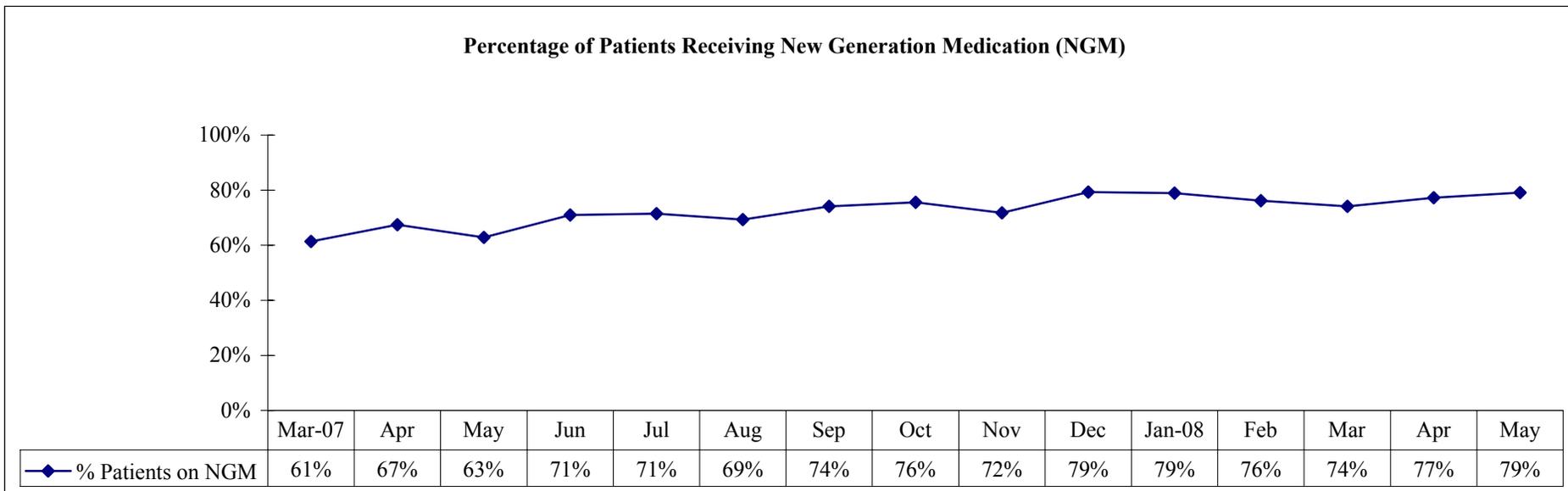
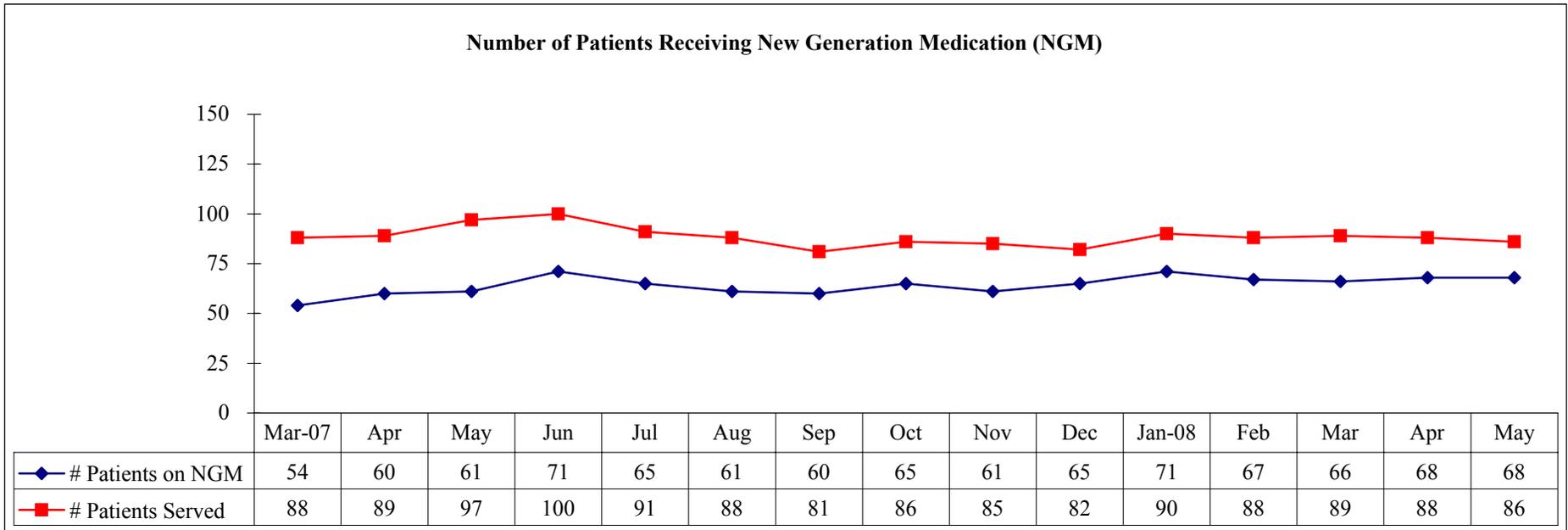
Measure 4A - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital



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

Performance Measure 4B:

The costs of antipsychotic medications will be tracked and analyzed.

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

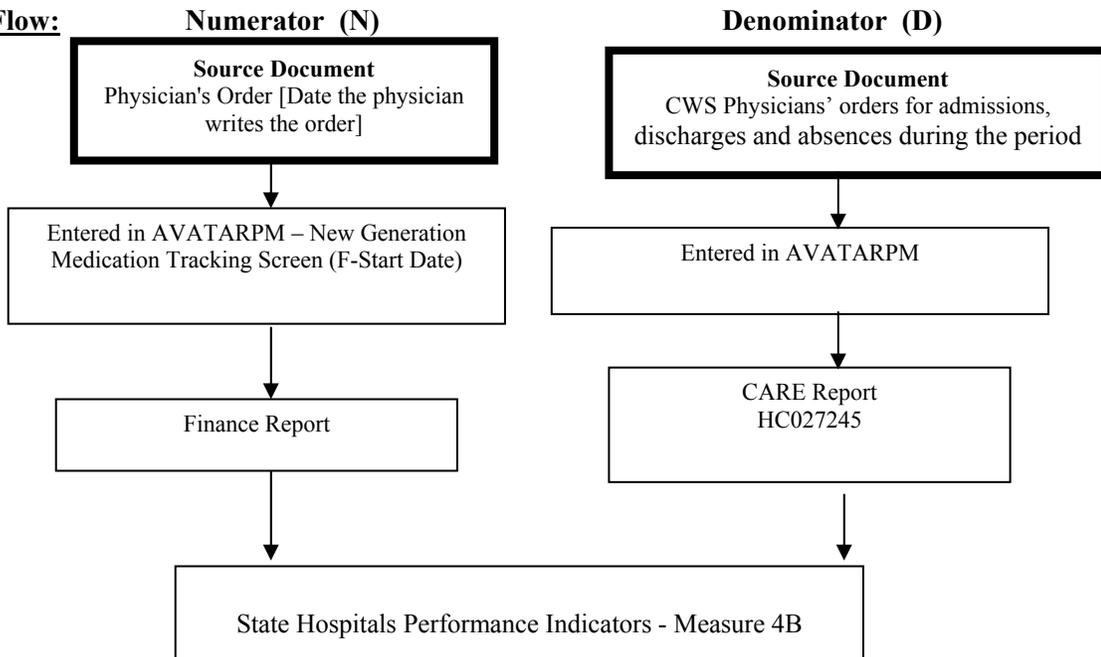
Performance Measure Formula: $\frac{N}{D}$ (Dollar Amount)
D (Unduplicated Persons Served)

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

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

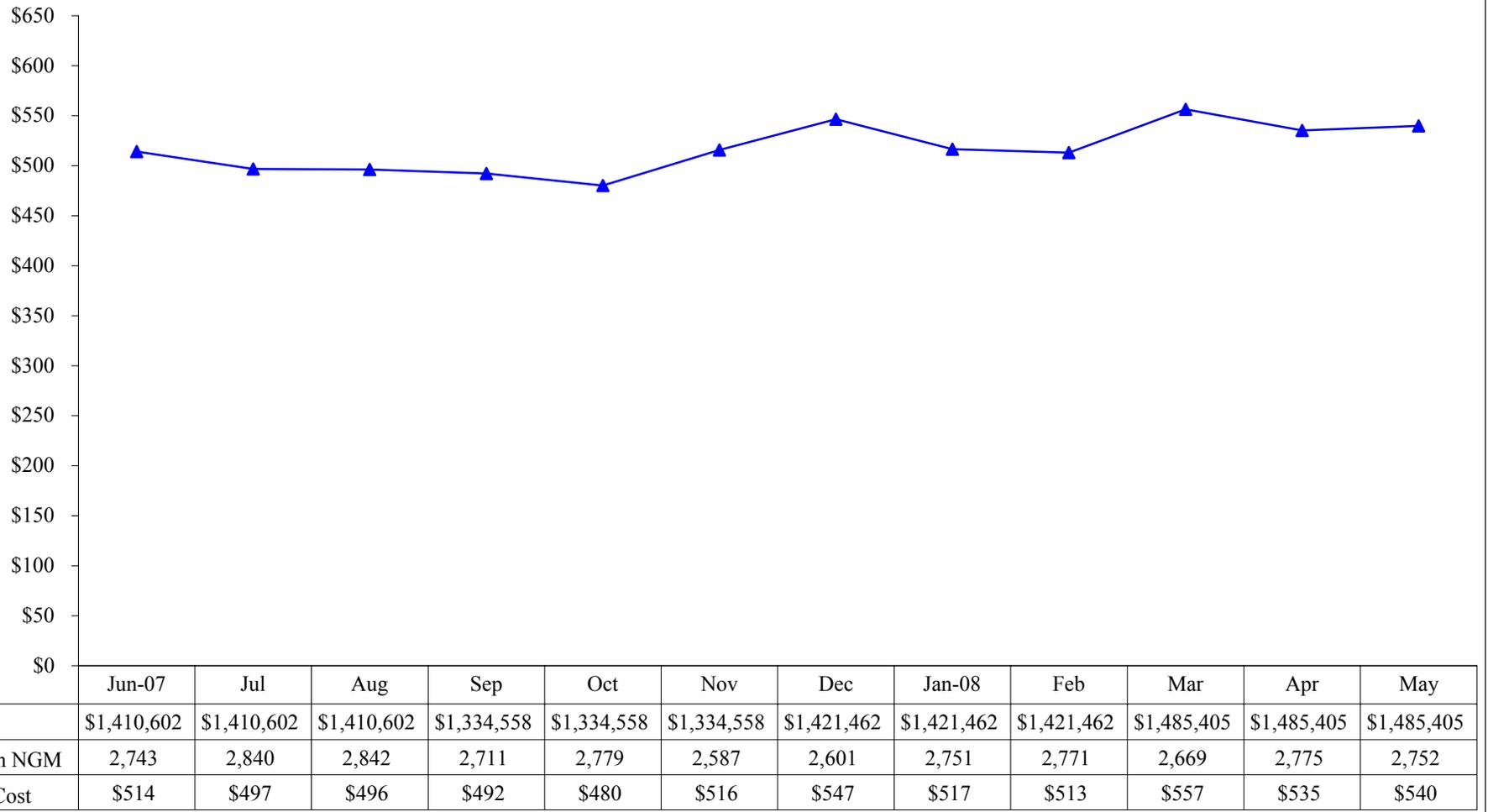
Performance Measure Data Display and Chart Description:

Data Flow:



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

Average Cost of Antipsychotic Medications per Patient per Month



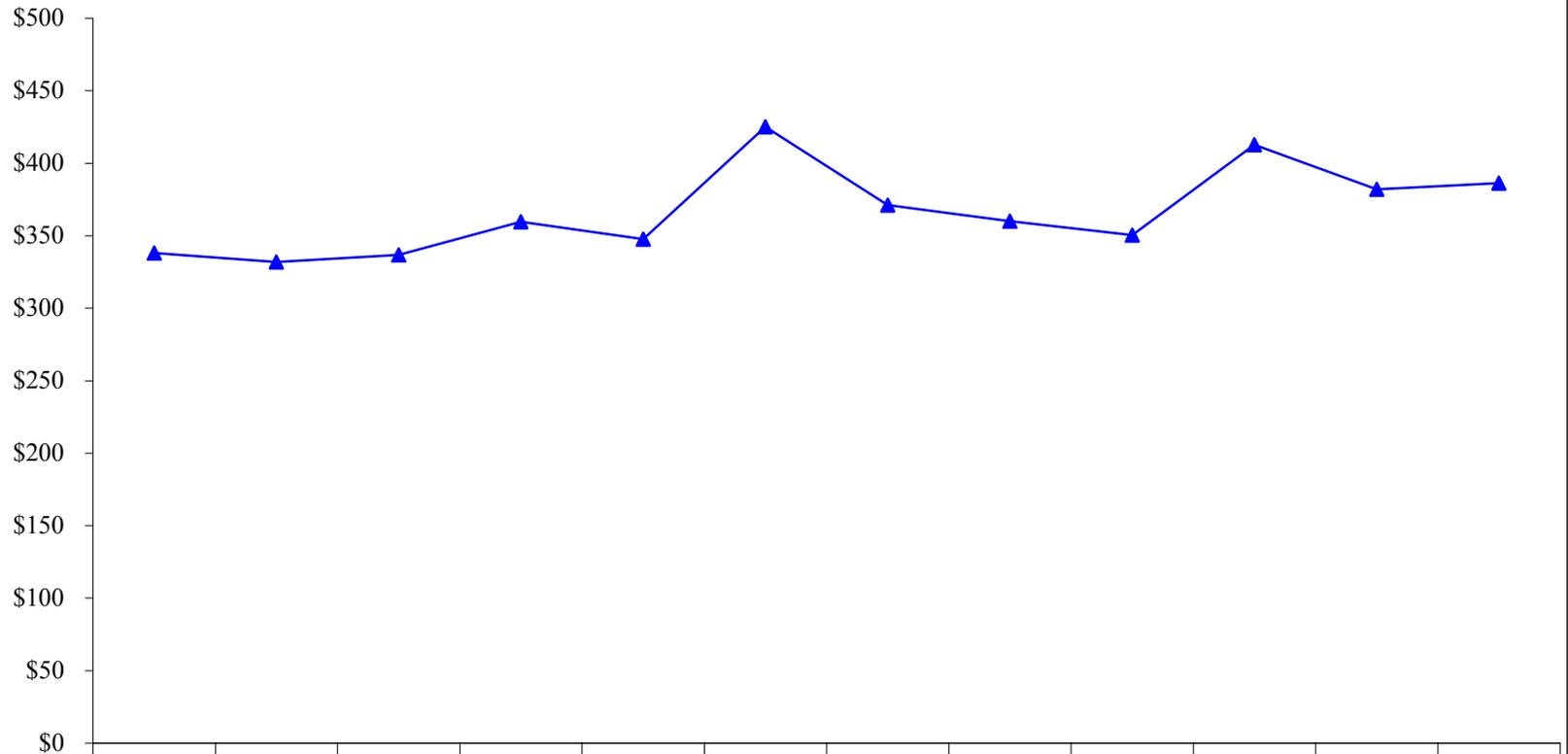
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

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

Average Cost of Antipsychotic Medications per Patient per Month

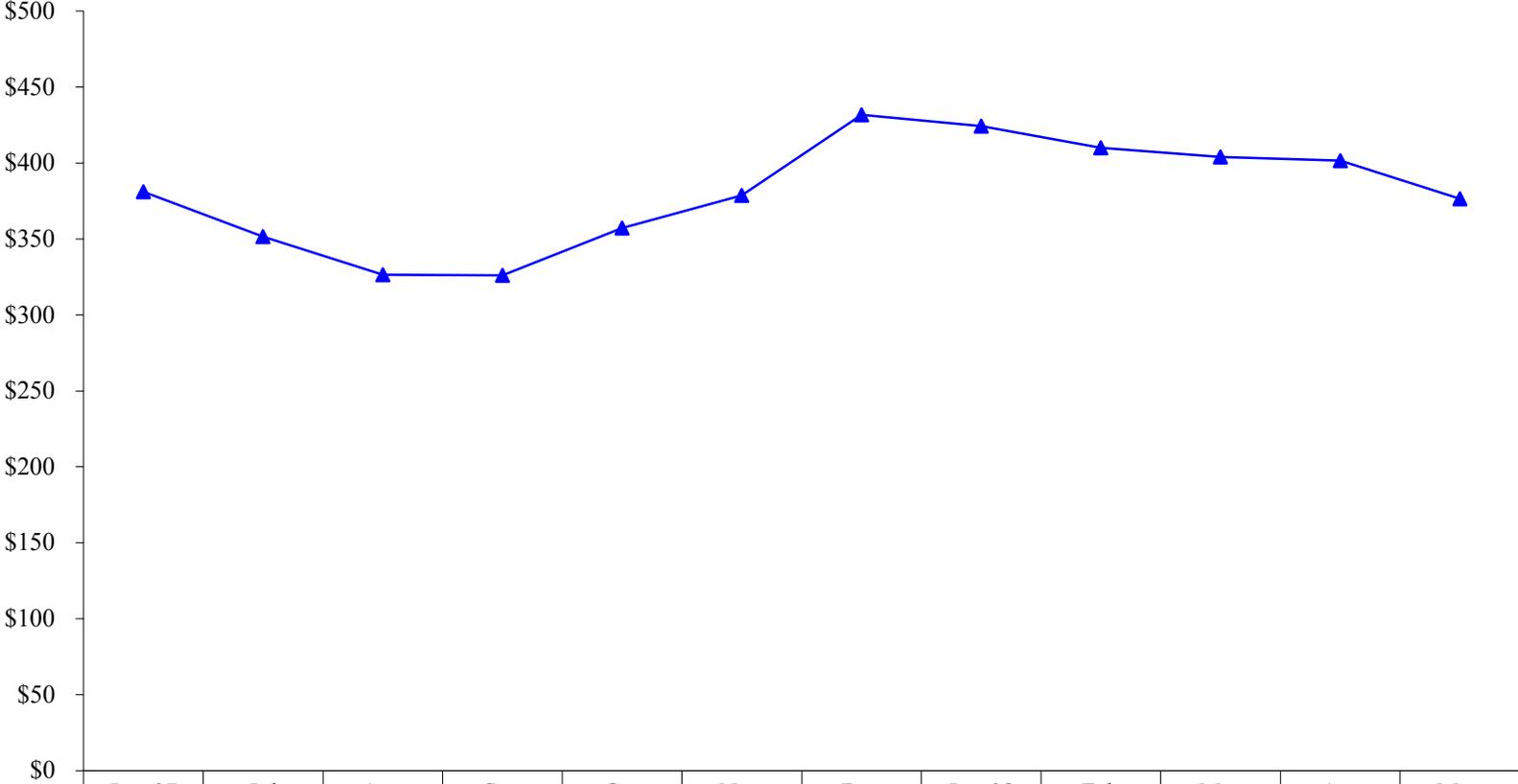


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$162,619	\$162,619	\$162,619	\$156,823	\$156,823	\$156,823	\$145,451	\$145,451	\$145,451	\$168,831	\$168,831	\$168,831
# of Pts on NGM	481	490	483	436	451	369	392	404	415	409	442	437
▲ Average Cost per Patient	\$338	\$332	\$337	\$360	\$348	\$425	\$371	\$360	\$350	\$413	\$382	\$386

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month



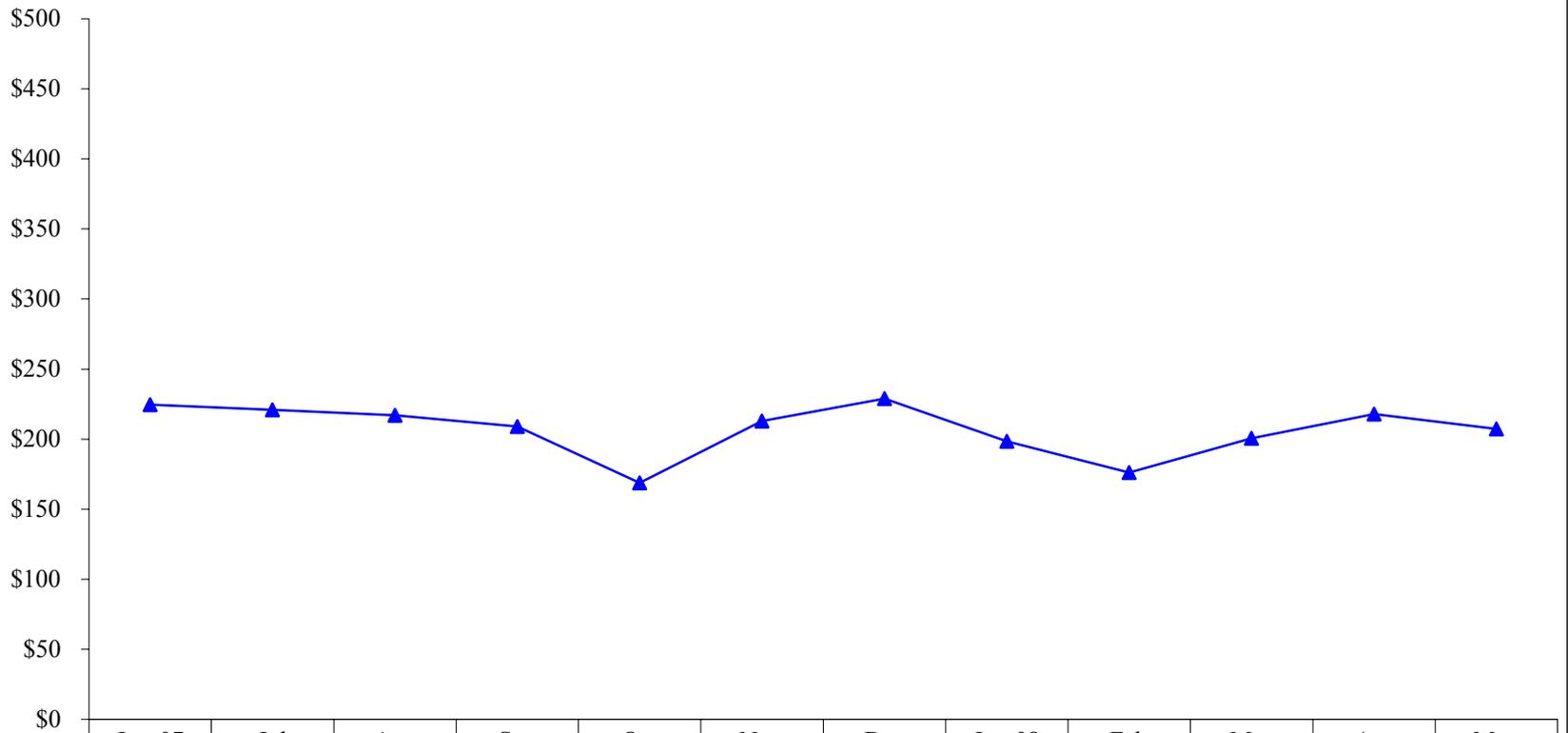
	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$68,206	\$68,206	\$68,206	\$63,236	\$63,236	\$63,236	\$73,391	\$73,391	\$73,391	\$71,897	\$71,897	\$71,897
# of Pts on NGM	179	194	209	194	177	167	170	173	179	178	179	191
▲ Average Cost per Patient	\$381	\$352	\$326	\$326	\$357	\$379	\$432	\$424	\$410	\$404	\$402	\$376

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

Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

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

Average Cost of Antipsychotic Medications per Patient per Month

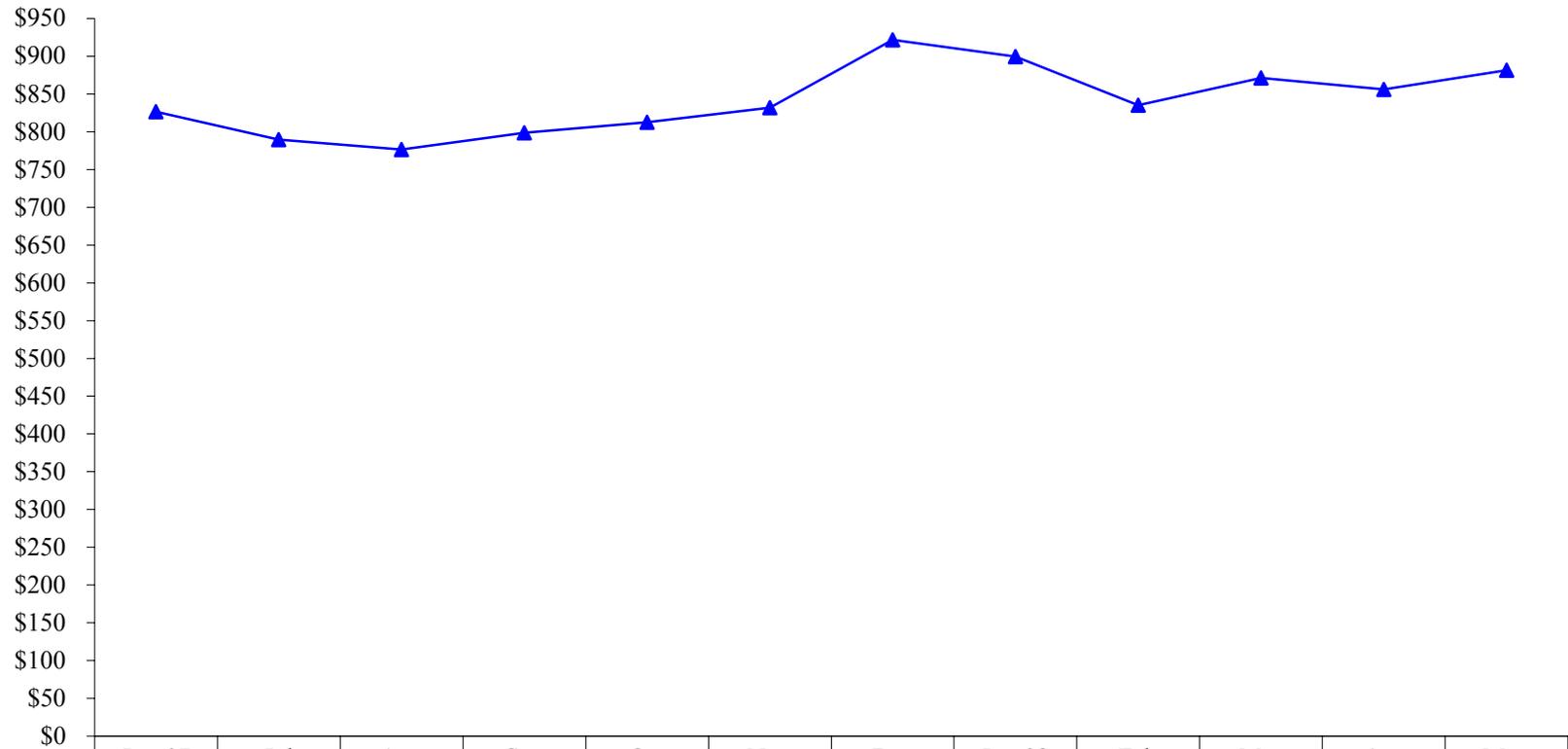


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$25,835	\$25,835	\$25,835	\$22,774	\$22,774	\$22,774	\$25,185	\$25,185	\$25,185	\$25,482	\$25,482	\$25,482
# of Pts on NGM	115	117	119	109	135	107	110	127	143	127	117	123
▲ Average Cost per Patient	\$225	\$221	\$217	\$209	\$169	\$213	\$229	\$198	\$176	\$201	\$218	\$207

* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

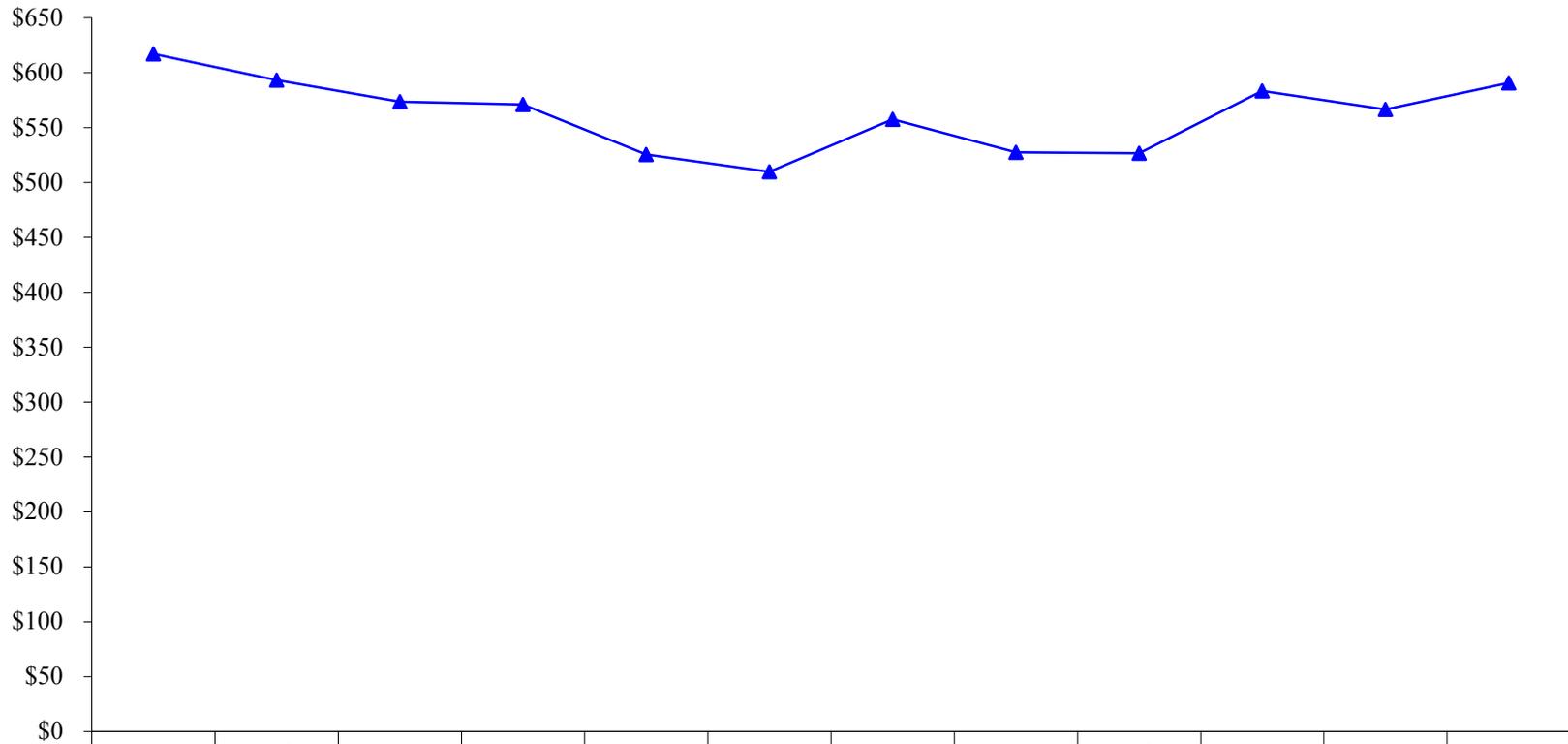


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$140,537	\$140,537	\$140,537	\$139,746	\$139,746	\$139,746	\$151,136	\$151,136	\$151,136	\$148,106	\$148,106	\$148,106
# of Pts on NGM	170	178	181	175	172	168	164	168	181	170	173	168
▲ Average Cost per Patient	\$827	\$790	\$776	\$799	\$812	\$832	\$922	\$900	\$835	\$871	\$856	\$882

* Average Monthly Cost per Quarter

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

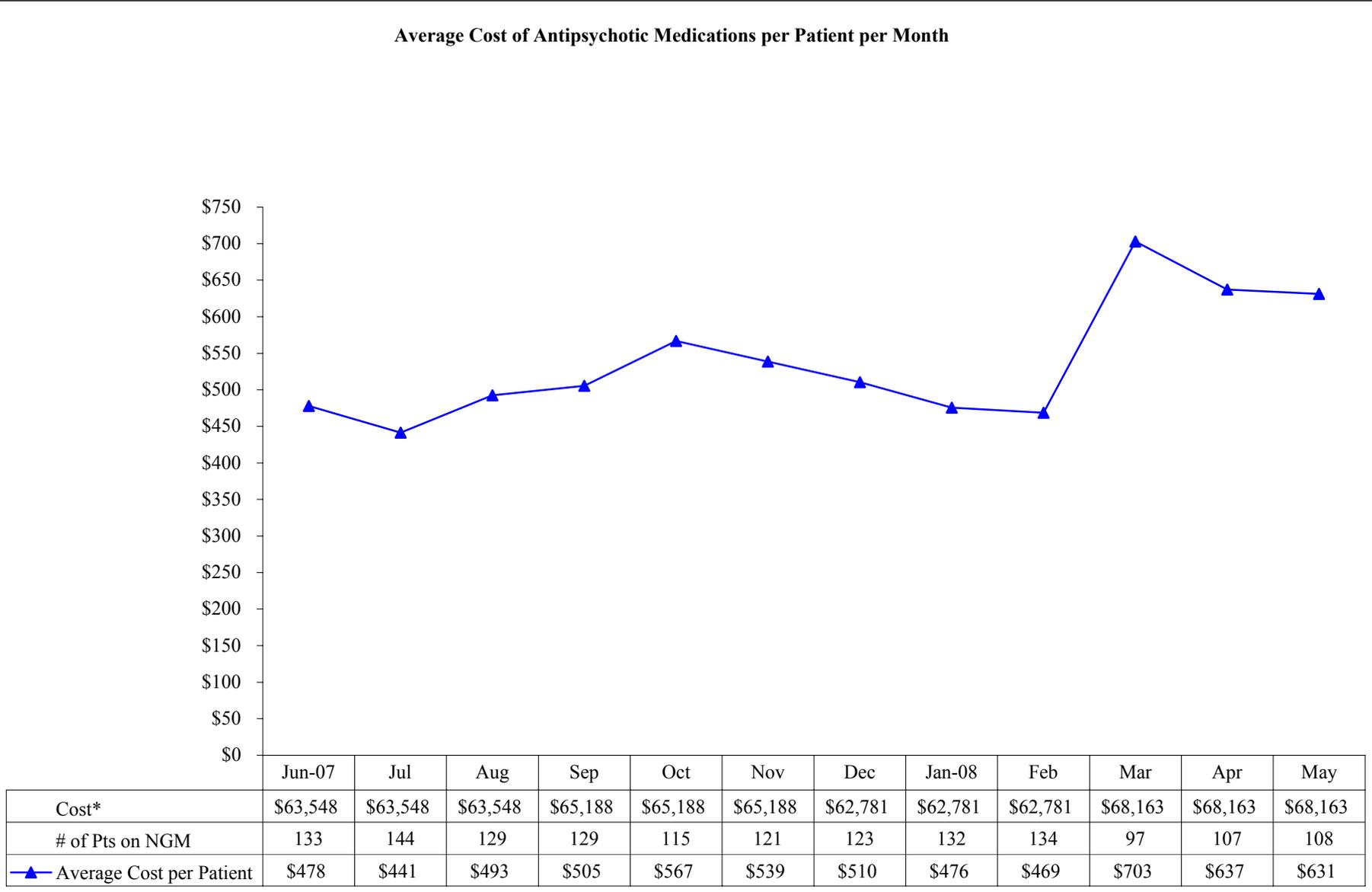
Average Cost of Antipsychotic Medications per Patient per Month



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$293,074	\$293,074	\$293,074	\$271,260	\$271,260	\$271,260	\$302,276	\$302,276	\$302,276	\$329,099	\$329,099	\$329,099
# of Pts on NGM	475	494	511	475	516	532	542	573	574	564	581	557
▲ Average Cost per Patient	\$617	\$593	\$574	\$571	\$526	\$510	\$558	\$528	\$527	\$584	\$566	\$591

* Average Monthly Cost per Quarter

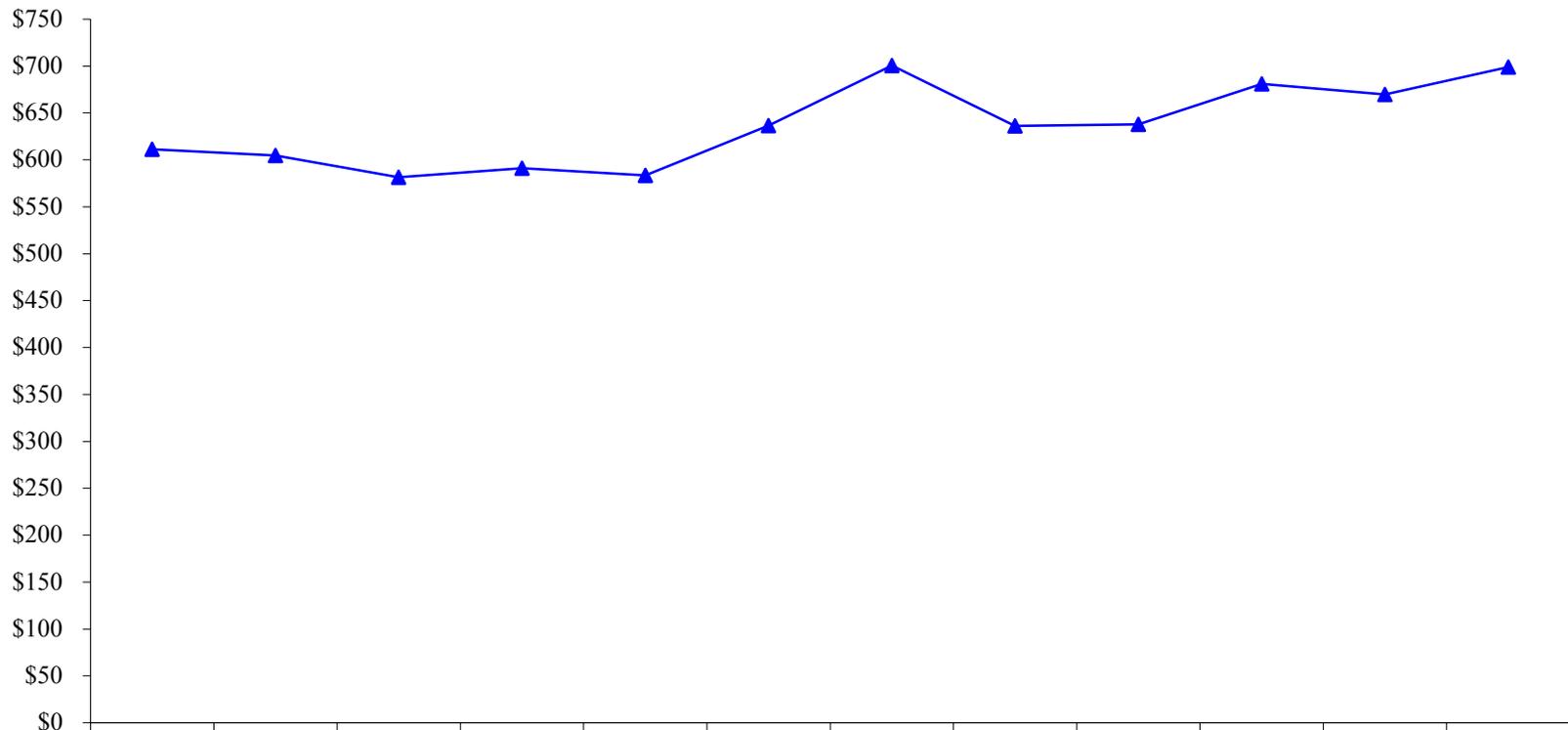
Measure 4B - Cost of Antipsychotic Medications
Rio Grande State Center (MH only)



* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

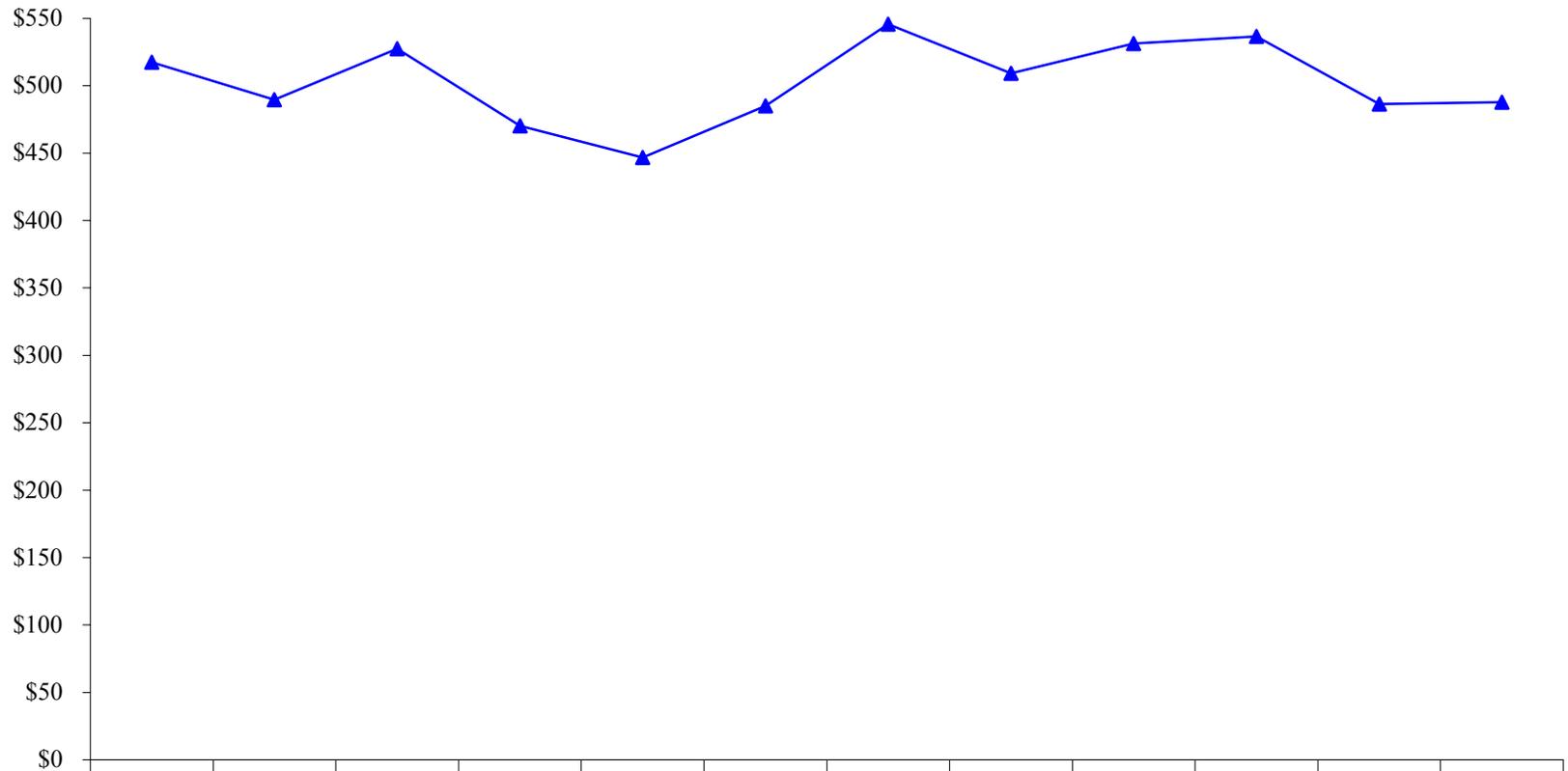


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$226,791	\$226,791	\$226,791	\$224,073	\$224,073	\$224,073	\$235,361	\$235,361	\$235,361	\$239,766	\$239,766	\$239,766
# of Pts on NGM	371	375	390	379	384	352	336	370	369	352	358	343
▲ Average Cost per Patient	\$611	\$605	\$582	\$591	\$584	\$637	\$700	\$636	\$638	\$681	\$670	\$699

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month



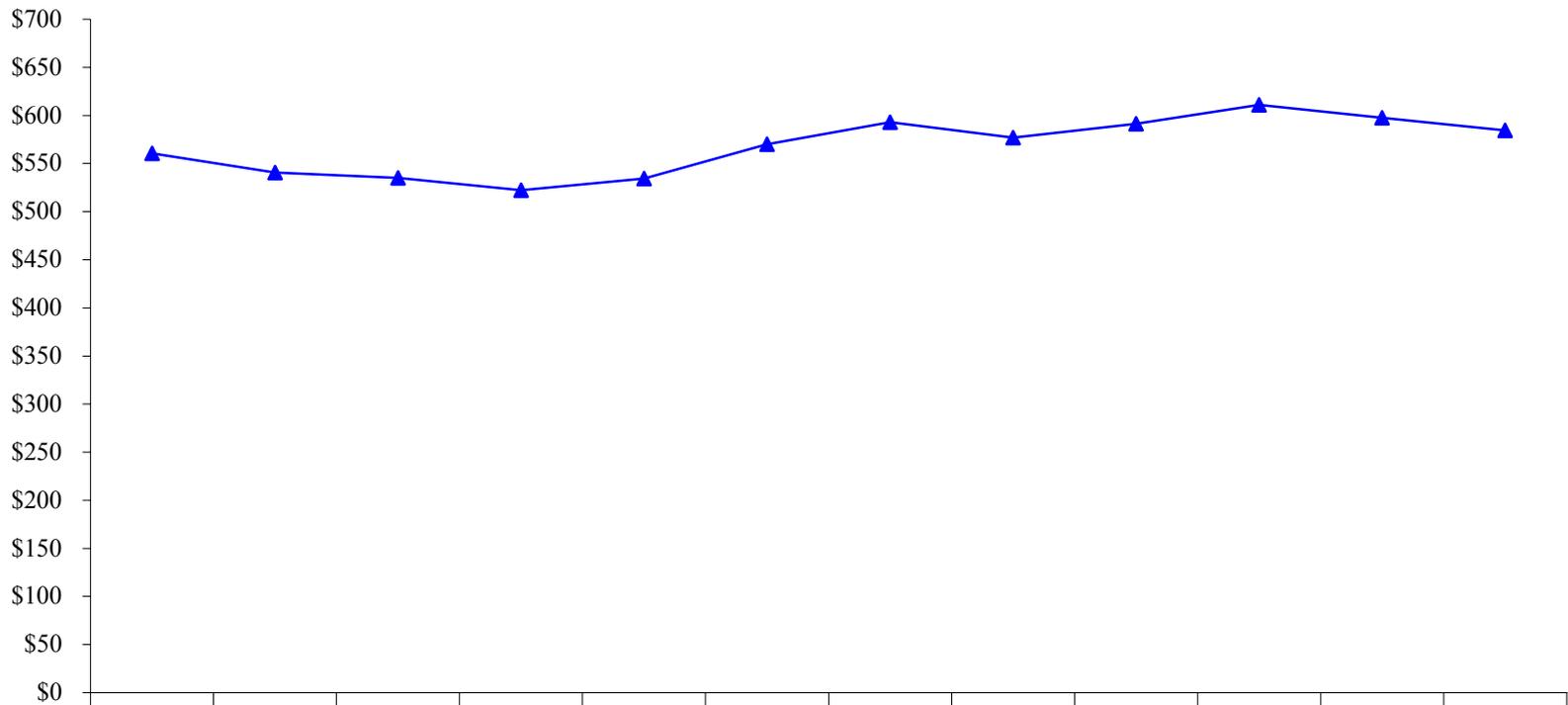
	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$190,938	\$190,938	\$190,938	\$169,281	\$169,281	\$169,281	\$182,257	\$182,257	\$182,257	\$187,274	\$187,274	\$187,274
# of Pts on NGM	369	390	362	360	379	349	334	358	343	349	385	384
▲ Average Cost per Patient	\$517	\$490	\$527	\$470	\$447	\$485	\$546	\$509	\$531	\$537	\$486	\$488

* Average Monthly Cost per Quarter

Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

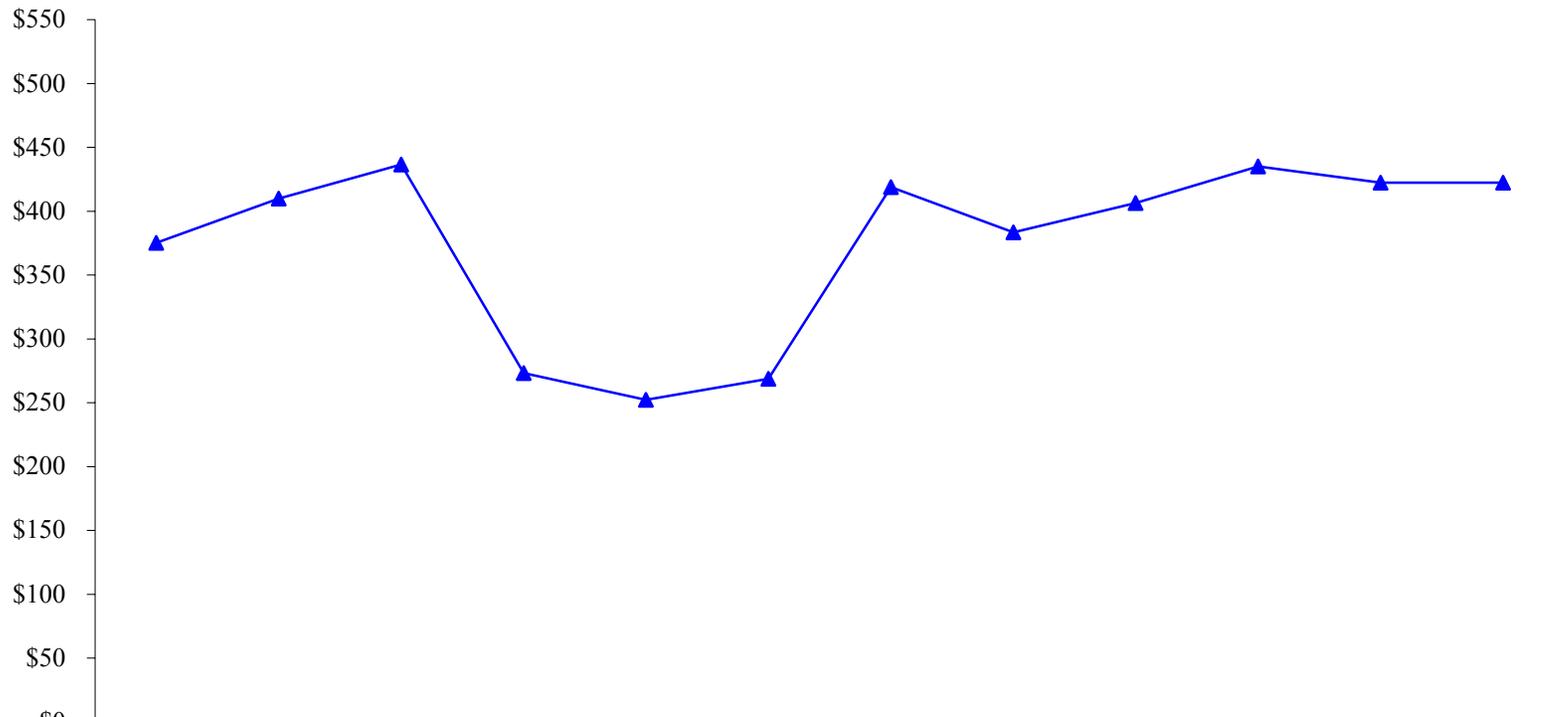


	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$212,420	\$212,420	\$212,420	\$205,775	\$205,775	\$205,775	\$216,393	\$216,393	\$216,393	\$218,071	\$218,071	\$218,071
# of Pts on NGM	379	393	397	394	385	361	365	375	366	357	365	373
▲ Average Cost per Patient	\$560	\$541	\$535	\$522	\$534	\$570	\$593	\$577	\$591	\$611	\$597	\$585

* Average Monthly Cost per Quarter

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

Average Cost of Antipsychotic Medications per Patient per Month



	Jun-07	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Cost*	\$26,635	\$26,635	\$26,635	\$16,401	\$16,401	\$16,401	\$27,230	\$27,230	\$27,230	\$28,717	\$28,717	\$28,717
# of Pts on NGM	71	65	61	60	65	61	65	71	67	66	68	68
▲ Average Cost per Patient	\$375	\$410	\$437	\$273	\$252	\$269	\$419	\$384	\$406	\$435	\$422	\$422

* Average Monthly Cost per Quarter

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

Performance Measure 4C:

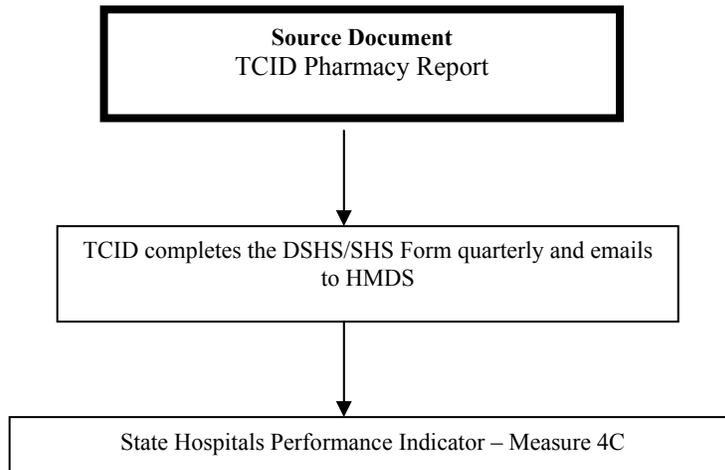
TCID will report the cost of medications.

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

Performance Measure Formula: No formula – continuous variable.

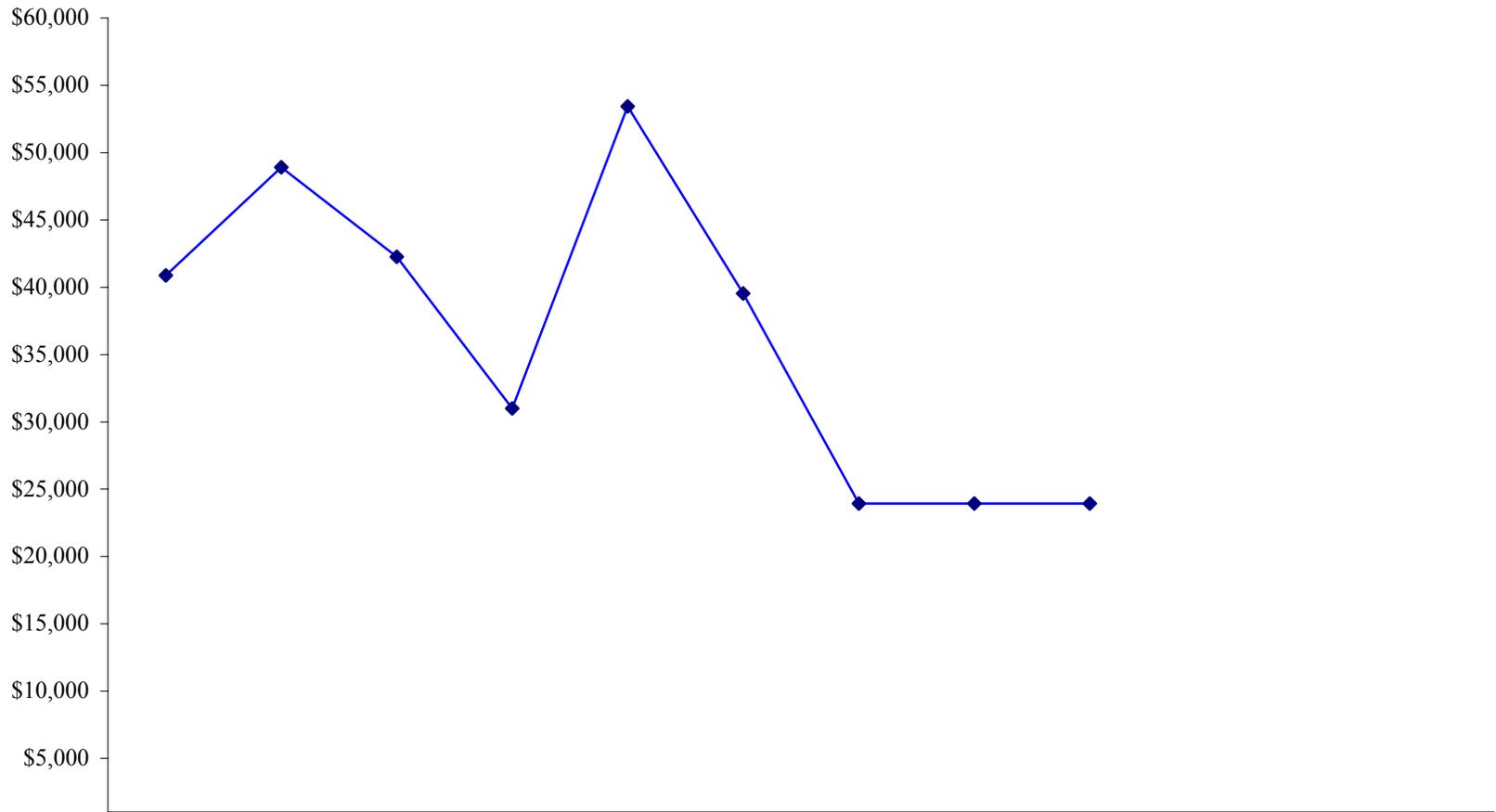
Performance Measure Data Display and Chart Description:
Table shows monthly cost of medications.

Data Flow:



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

Cost of TB Medications



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

GOAL 5: Assure Continuum of Care

Performance Measure 5A:

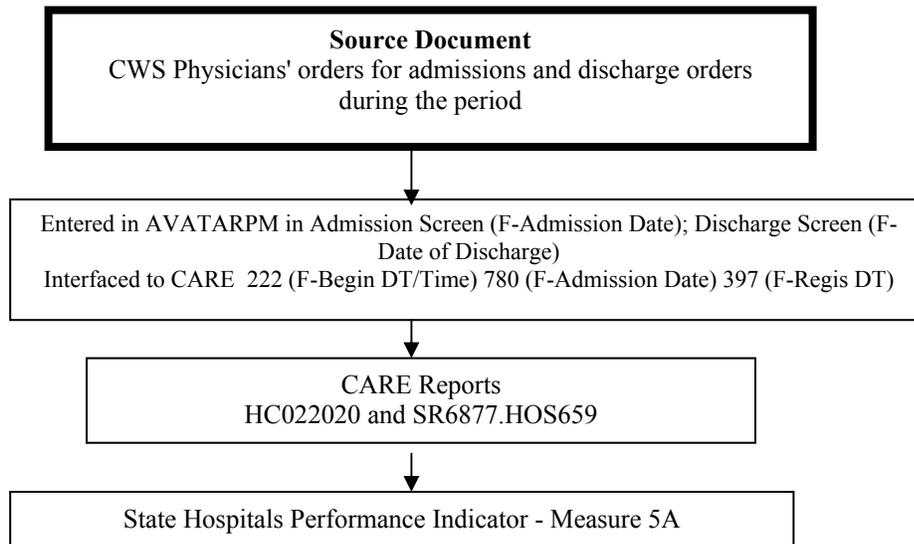
Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each hospital.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:

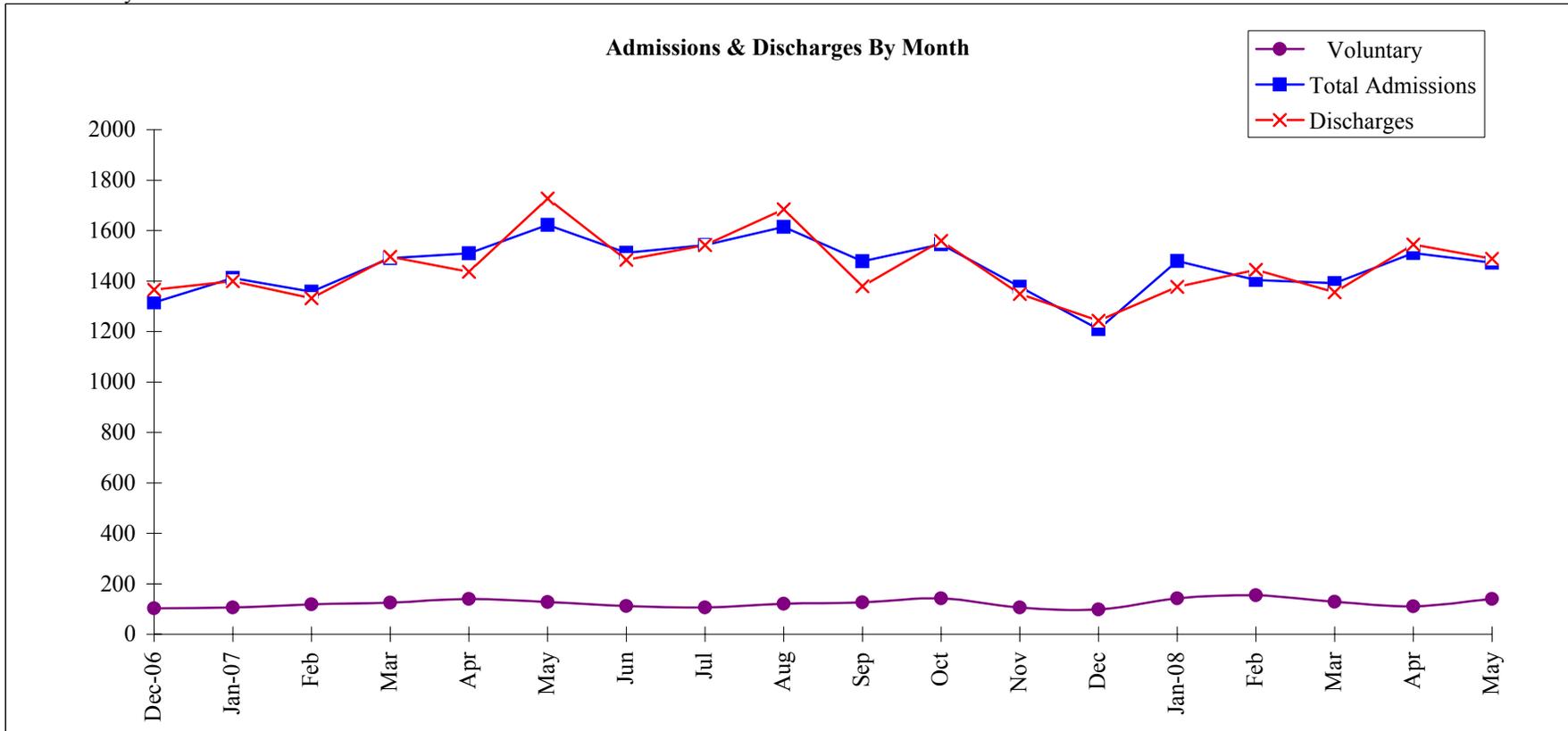


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State Hospitals

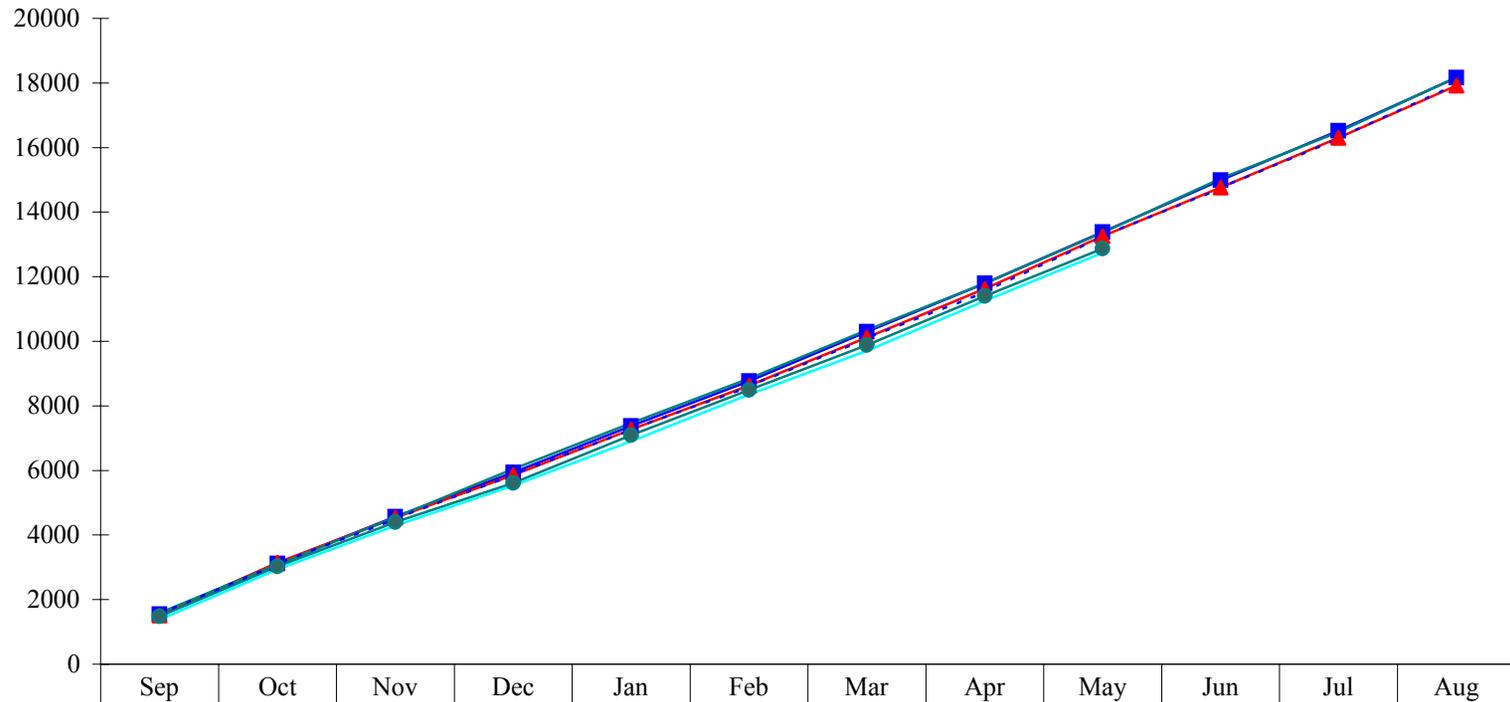
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	1315	1412	1358	1491	1510	1623	1512	1542	1615	1478	1546	1377	1209	1480	1404	1392	1511	1473
Voluntary	103	106	118	125	140	127	111	106	121	126	142	106	98	142	154	128	110	140
Involuntary	1212	1306	1240	1366	1370	1496	1401	1436	1494	1352	1404	1271	1111	1338	1250	1264	1401	1333
OPC	312	363	336	402	396	418	340	361	406	314	353	321	265	331	333	336	366	327
Emergency	623	679	612	681	717	799	748	807	759	724	677	615	594	624	643	662	697	665
Temporary	131	117	120	148	123	148	165	160	190	153	147	122	98	145	124	116	156	152
Extended	4	6	6	4	4	3	1	3	6	5	10	2	4	4	5	6	3	5
46.02/46.03	129	125	153	127	127	116	130	96	115	143	189	194	132	213	131	132	164	162
Order for MR S'	13	16	13	4	3	12	17	9	18	13	28	17	18	21	14	12	15	22
Discharges	1366	1400	1332	1496	1437	1727	1484	1542	1684	1379	1560	1349	1243	1377	1445	1356	1545	1489
% New to System	43%	44%	45%	46%	47%	43%	46%	45%	45%	44%	45%	45%	45%	46%	46%	46%	46%	46%



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

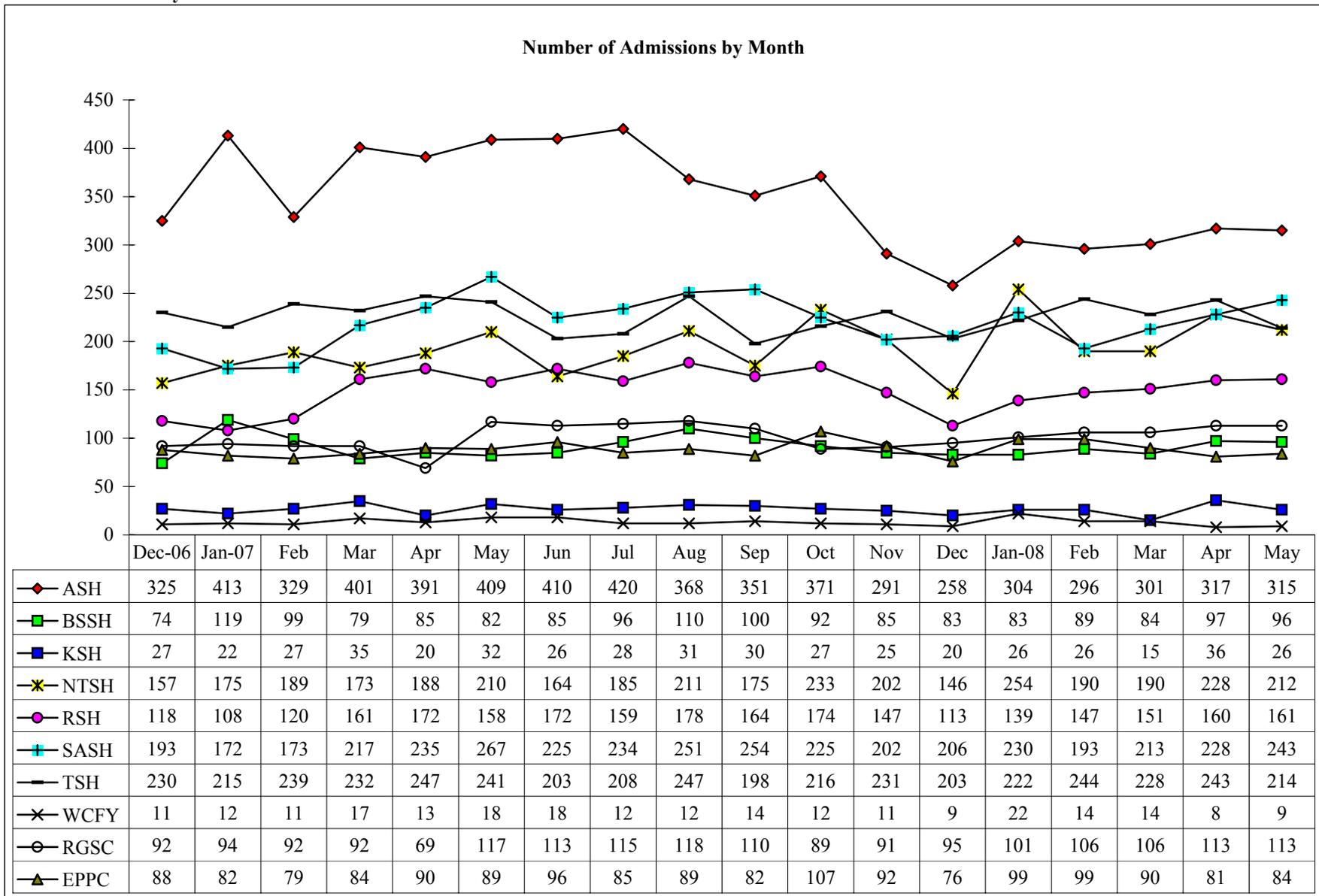
Total Admissions & Discharges Year-To-Date



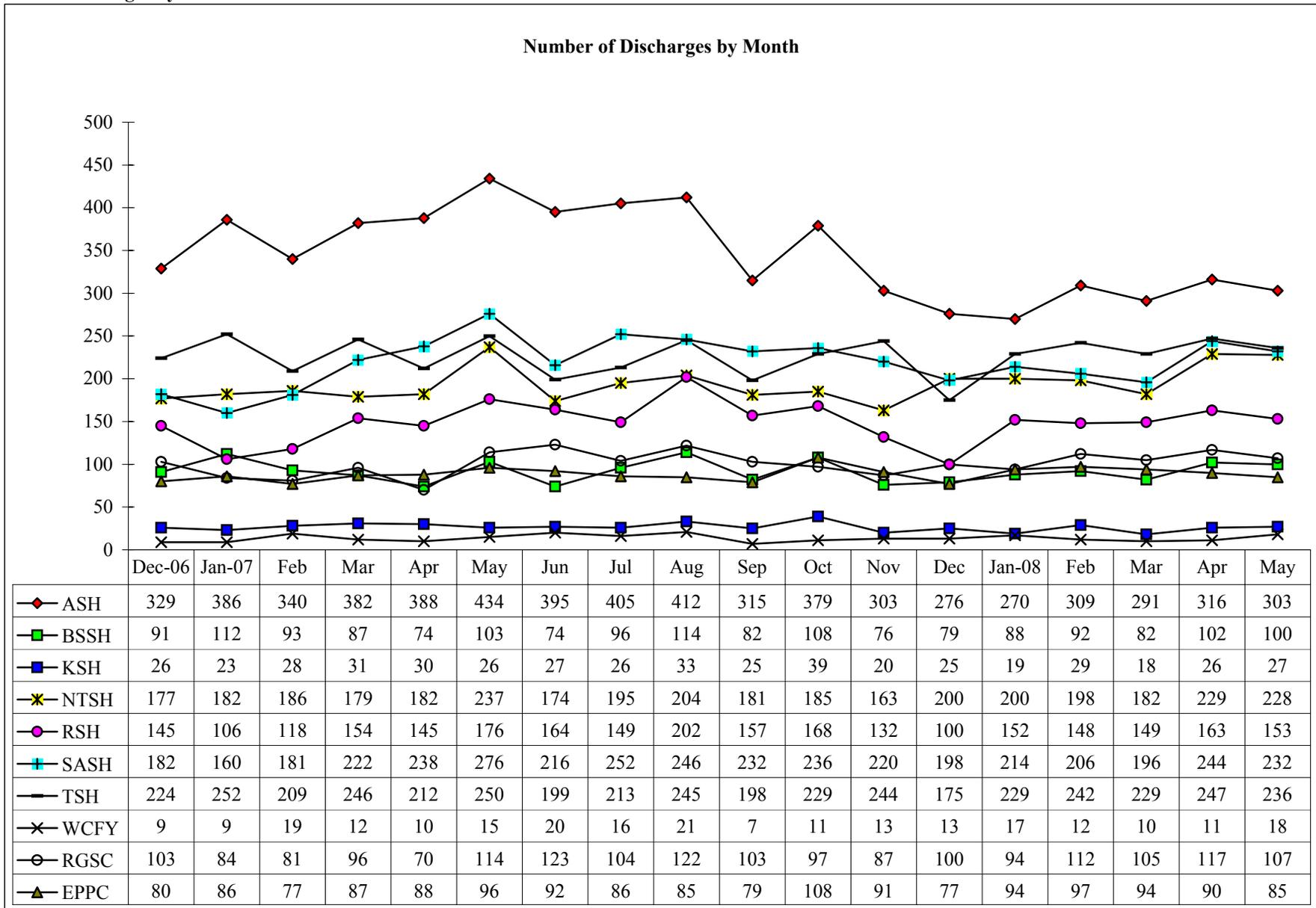
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY06 Admissions	1544	3121	4565	5940	7375	8765	10300	11795	13385	14994	16519	18167
▲ FY07 Admissions	1505	3149	4541	5856	7268	8627	10117	11627	13250	14762	16304	17919
● FY08 Admissions	1478	3024	4401	5610	7090	8494	9886	11397	12870			
— FY06 Discharges	1587	3089	4551	6045	7462	8850	10346	11791	13365	15041	16479	18172
- - - FY07 Discharges	1534	3103	4499	5865	7265	8597	10093	11530	13257	14741	16283	17967
— FY08 Discharges	1379	2939	4288	5531	6908	8353	9709	11254	12743			

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

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



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



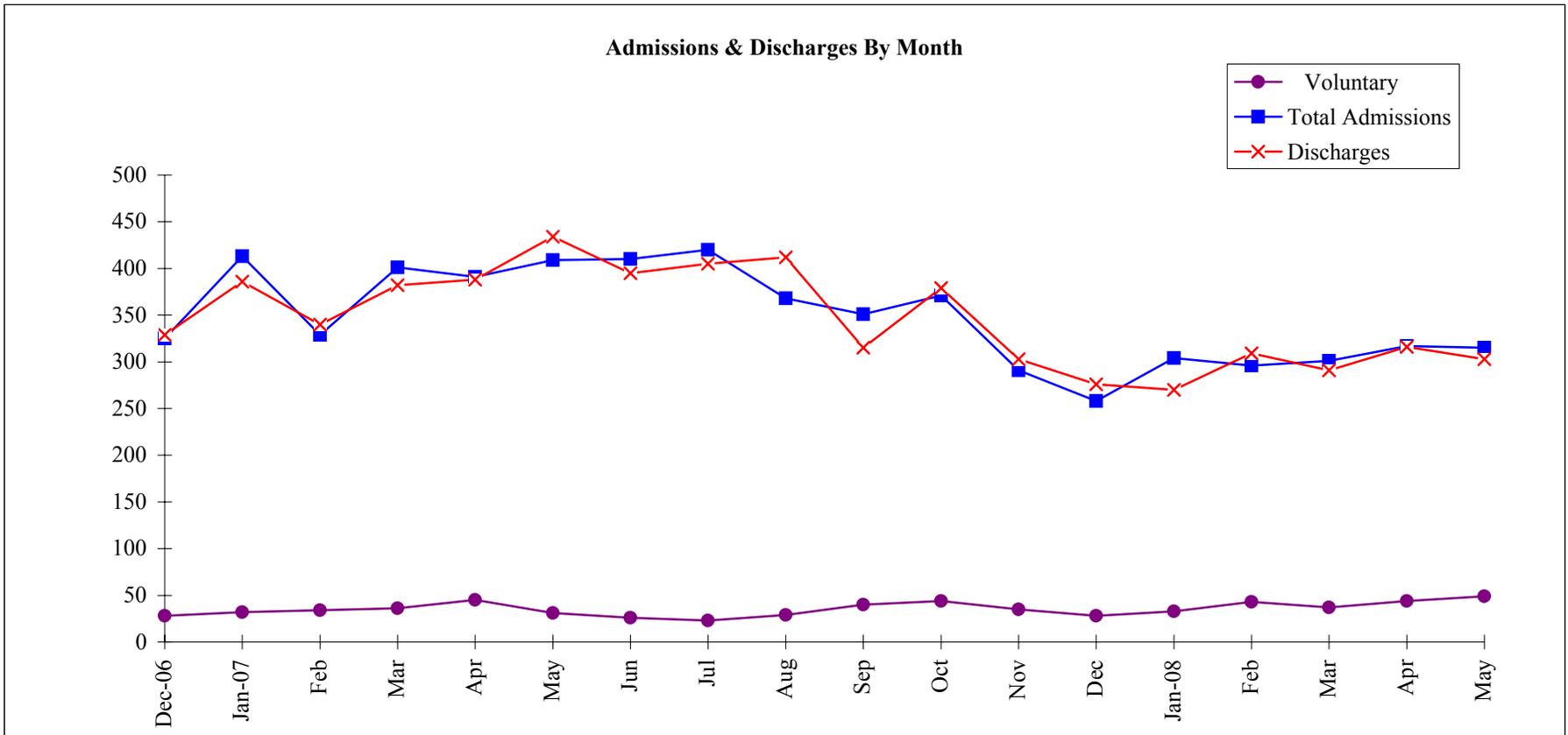
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Austin State Hospital

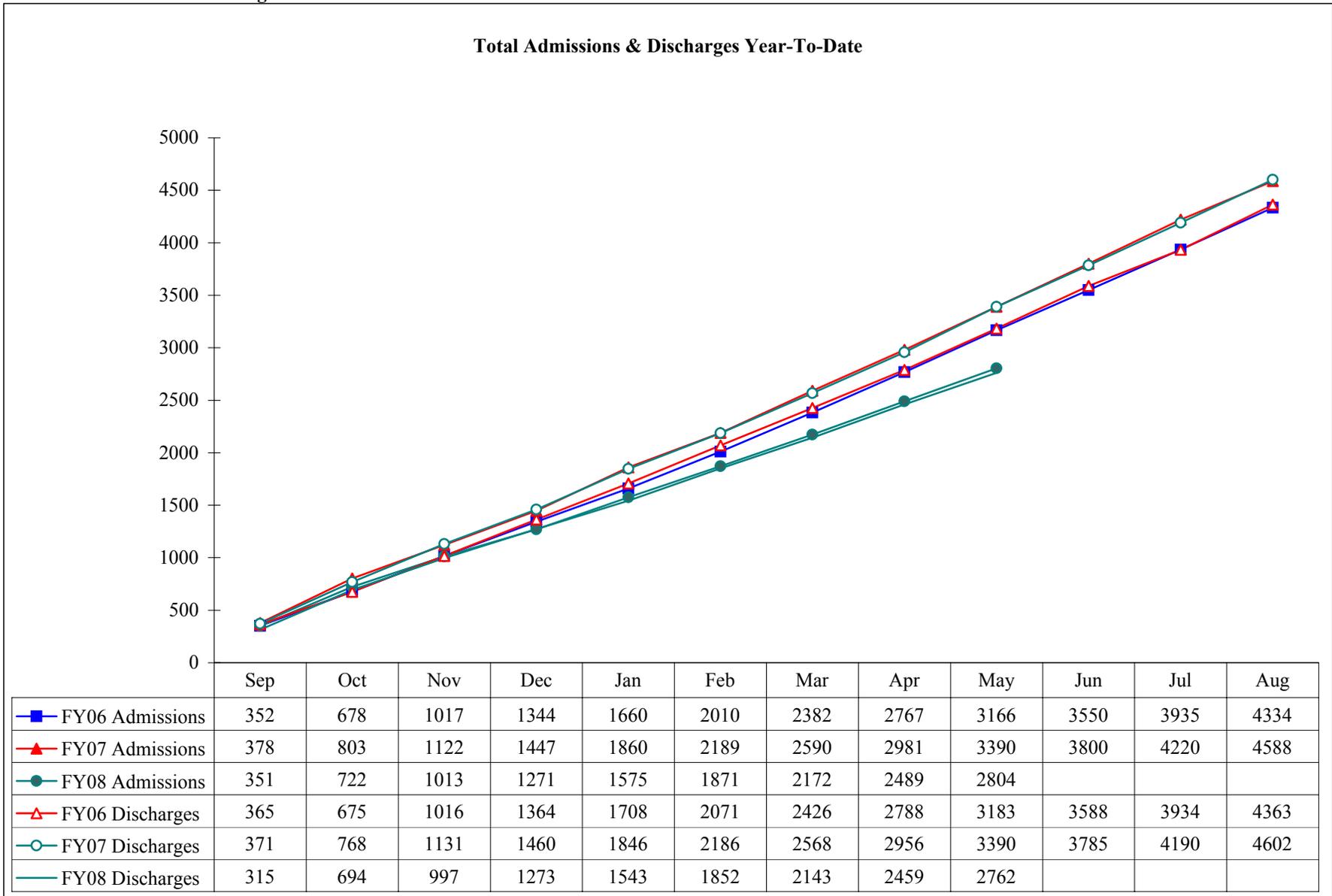
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	325	413	329	401	391	409	410	420	368	351	371	291	258	304	296	301	317	315
Voluntary	28	32	34	36	45	31	26	23	29	40	44	35	28	33	43	37	44	49
Involuntary	297	381	295	365	346	378	384	397	339	311	327	256	230	271	253	264	273	266
OPC	29	55	35	42	52	52	44	55	38	40	40	20	15	23	15	14	21	22
Emergency	228	292	232	284	254	282	295	299	266	237	249	197	182	188	200	211	208	198
Temporary	26	19	19	27	27	33	33	33	25	24	20	22	14	19	21	20	30	23
Extended	0	1	2	0	1	1	0	0	1	0	1	0	0	0	1	1	0	2
46.02/46.03	12	13	7	12	12	9	11	9	8	10	16	15	18	41	16	18	13	20
Order for MR	2	1	0	0	0	1	1	1	1	0	1	2	1	0	0	0	1	1
Discharges	329	386	340	382	388	434	395	405	412	315	379	303	276	270	309	291	316	303
% New to System	45%	42%	46%	45%	45%	45%	48%	45%	42%	46%	47%	40%	49%	45%	48%	44%	49%	46%



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

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



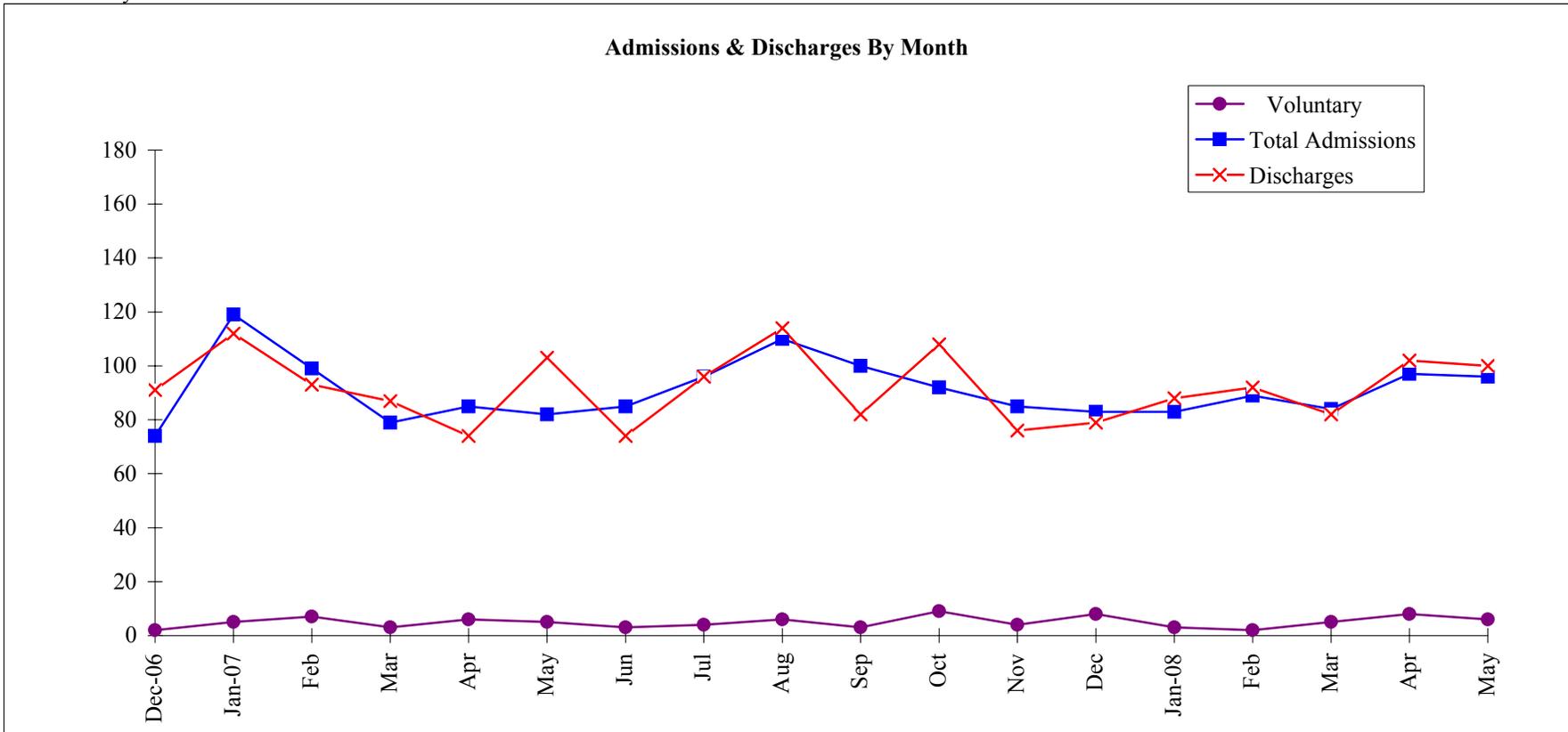
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Big Spring State Hospital

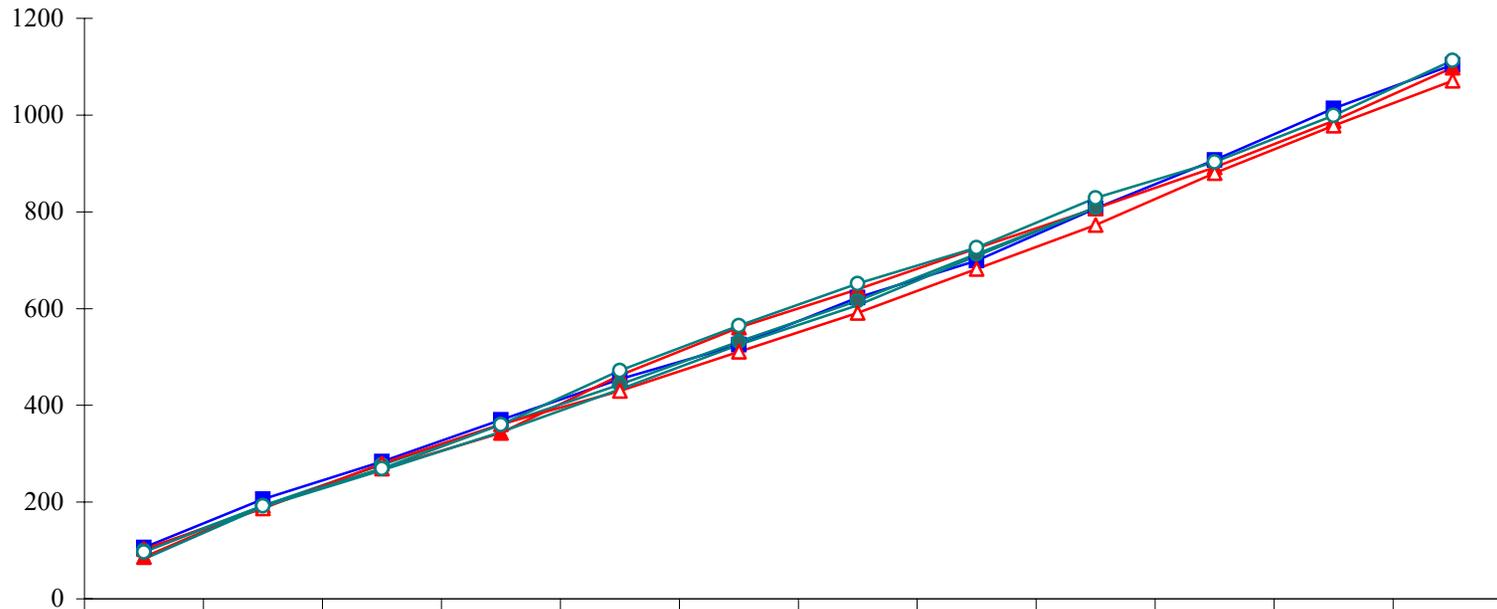
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	74	119	99	79	85	82	85	96	110	100	92	85	83	83	89	84	97	96
Voluntary	2	5	7	3	6	5	3	4	6	3	9	4	8	3	2	5	8	6
Involuntary	72	114	92	76	79	77	82	92	104	97	83	81	75	80	87	79	89	90
OPC	4	9	10	10	6	10	9	10	7	9	7	12	8	6	7	7	2	8
Emergency	61	78	54	51	65	55	48	68	74	71	50	48	54	62	61	58	67	58
Temporary	1	0	0	0	0	0	0	2	1	1	1	2	0	0	0	0	0	0
Extended	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1
46.02/46.03	5	27	26	14	8	10	24	10	19	15	23	18	8	11	17	12	19	16
Order for MR	0	0	1	1	0	2	1	2	3	1	1	1	4	1	2	2	1	7
Discharges	91	112	93	87	74	103	74	96	114	82	108	76	79	88	92	82	102	100
% New to System	51%	47%	35%	42%	44%	35%	41%	46%	51%	38%	45%	39%	40%	46%	34%	44%	40%	42%



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



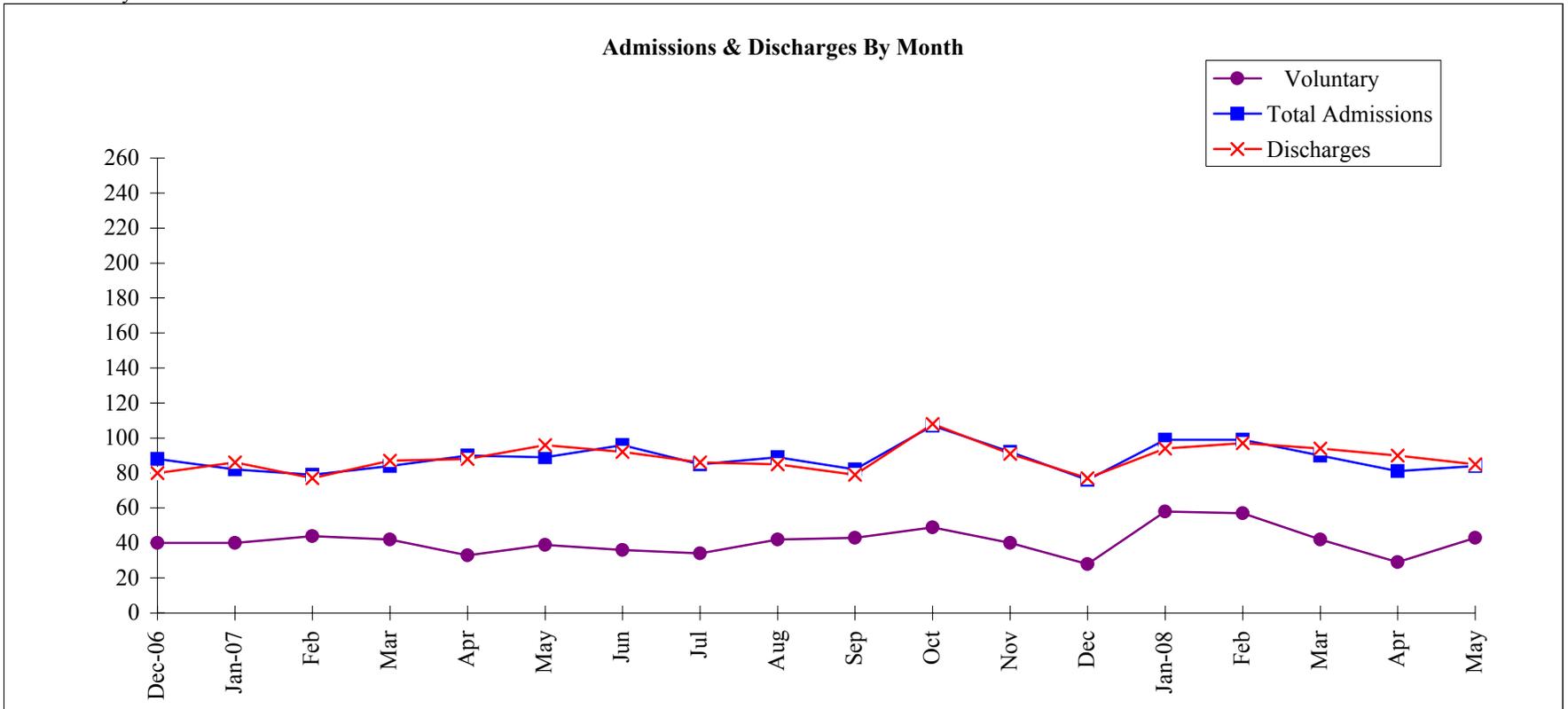
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY06 Admissions	106	206	284	370	454	525	623	699	807	907	1014	1104
—▲— FY07 Admissions	86	192	269	343	462	561	640	725	807	892	988	1098
—●— FY08 Admissions	100	192	277	360	443	532	616	713	809			
—▲— FY06 Discharges	103	187	280	361	430	511	591	682	773	880	978	1071
—○— FY07 Discharges	97	192	269	360	472	565	652	726	829	903	999	1113
—■— FY08 Discharges	82	190	266	345	433	525	607	709	809			

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

El Paso Psychiatric Center

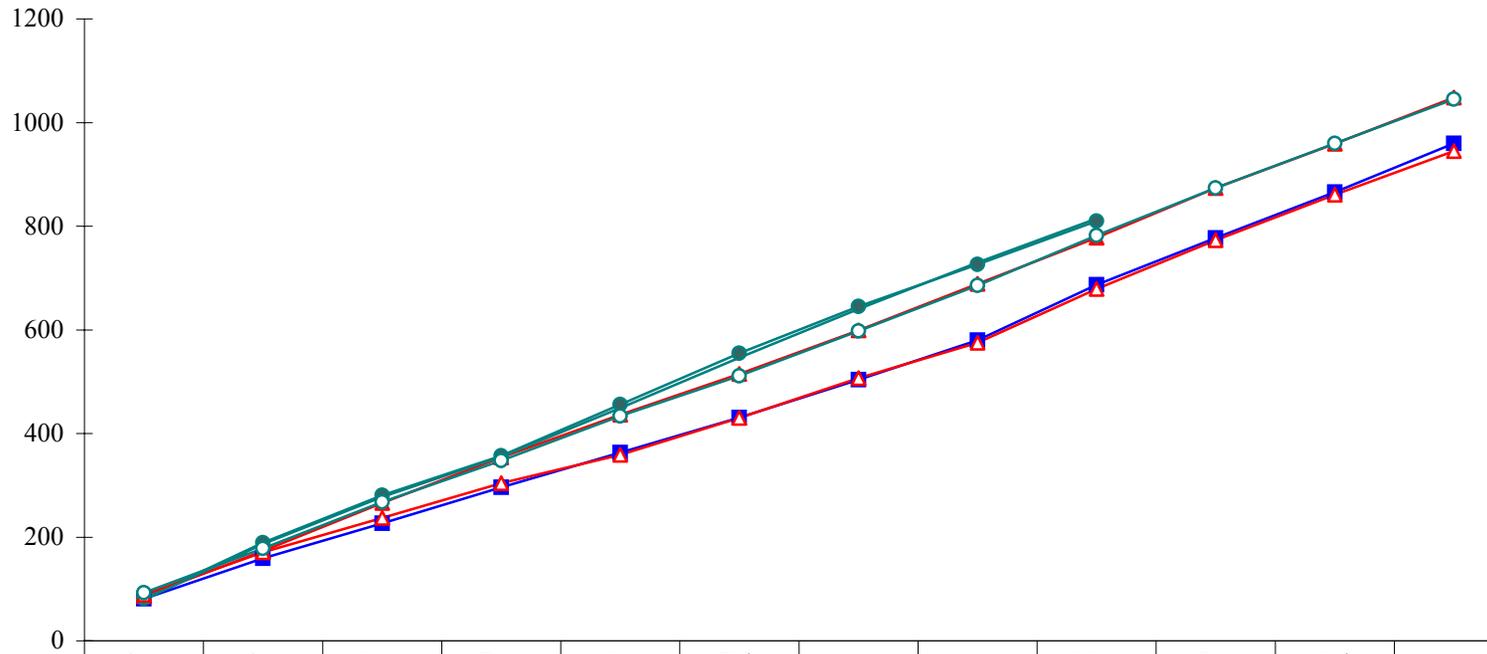
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	88	82	79	84	90	89	96	85	89	82	107	92	76	99	99	90	81	84
Voluntary	40	40	44	42	33	39	36	34	42	43	49	40	28	58	57	42	29	43
Involuntary	48	42	35	42	57	50	60	51	47	39	58	52	48	41	42	48	52	41
OPC	2	3	5	3	5	3	6	5	7	2	2	5	1	2	1	1	1	1
Emergency	46	37	30	37	52	46	52	44	37	37	51	43	39	38	40	44	49	38
Temporary	0	1	0	0	0	1	0	1	1	0	2	1	1	1	0	1	1	2
Extended	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
46.02/46.03	0	1	0	1	0	0	2	1	2	0	2	3	7	0	1	2	1	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	80	86	77	87	88	96	92	86	85	79	108	91	77	94	97	94	90	85
% New to System	52%	49%	52%	45%	51%	43%	48%	36%	43%	45%	39%	52%	50%	52%	49%	43%	36%	39%



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

Total Admissions & Discharges Year-To-Date



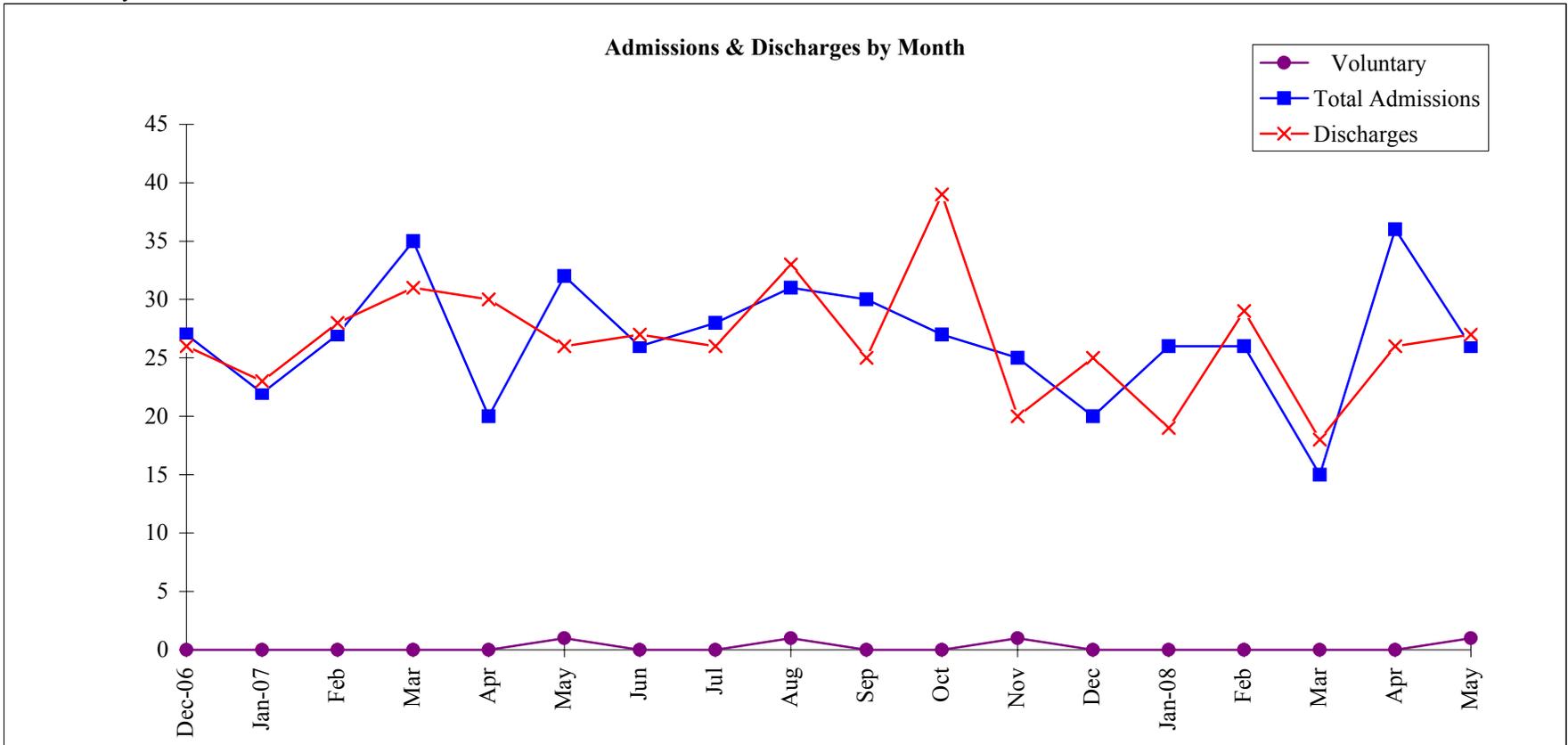
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY06 Admissions	81	159	227	296	363	431	504	580	687	777	866	960
▲ FY07 Admissions	86	173	266	354	436	515	599	689	778	874	959	1048
● FY08 Admissions	82	189	281	357	456	555	645	726	810			
▲ FY06 Discharges	89	171	237	304	359	430	507	575	679	773	861	945
○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

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

Kerrville State Hospital

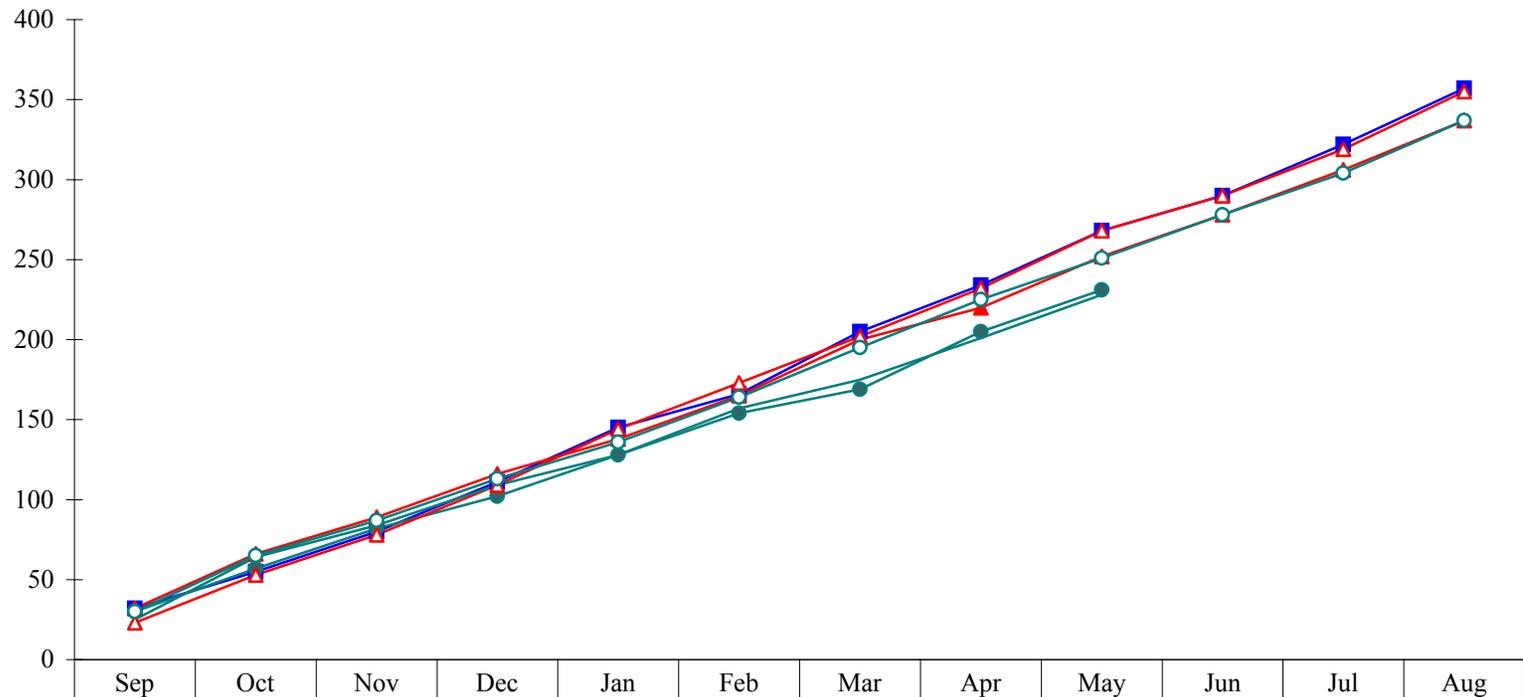
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	27	22	27	35	20	32	26	28	31	30	27	25	20	26	26	15	36	26
Voluntary	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	1
Involuntary	27	22	27	35	20	31	26	28	30	30	27	24	20	26	26	15	36	25
OPC	1	0	2	1	1	0	0	0	0	0	0	1	0	1	0	0	3	1
Emergency	21	15	20	25	16	18	21	20	17	21	21	20	15	15	23	8	19	16
Temporary	0	0	0	0	1	4	1	4	4	3	2	0	0	0	0	0	0	0
Extended	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
46.02/46.03	5	6	5	9	2	9	4	4	9	6	4	2	5	10	3	7	14	8
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	26	23	28	31	30	26	27	26	33	25	39	20	25	19	29	18	26	27
% New to System	37%	36%	37%	37%	50%	28%	54%	46%	42%	40%	52%	28%	20%	35%	54%	20%	36%	58%



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

Total Admissions & Discharges Year-To-Date



—■— FY06 Admissions	32	55	80	111	145	166	205	234	268	290	322	357
—▲— FY07 Admissions	32	66	89	116	138	165	200	220	252	278	306	337
—●— FY08 Admissions	30	57	82	102	128	154	169	205	231			
—▲— FY06 Discharges	23	53	78	109	144	173	202	232	268	290	319	355
—○— FY07 Discharges	30	65	87	113	136	164	195	225	251	278	304	337
—●— FY08 Discharges	25	64	84	109	128	157	175	201	228			

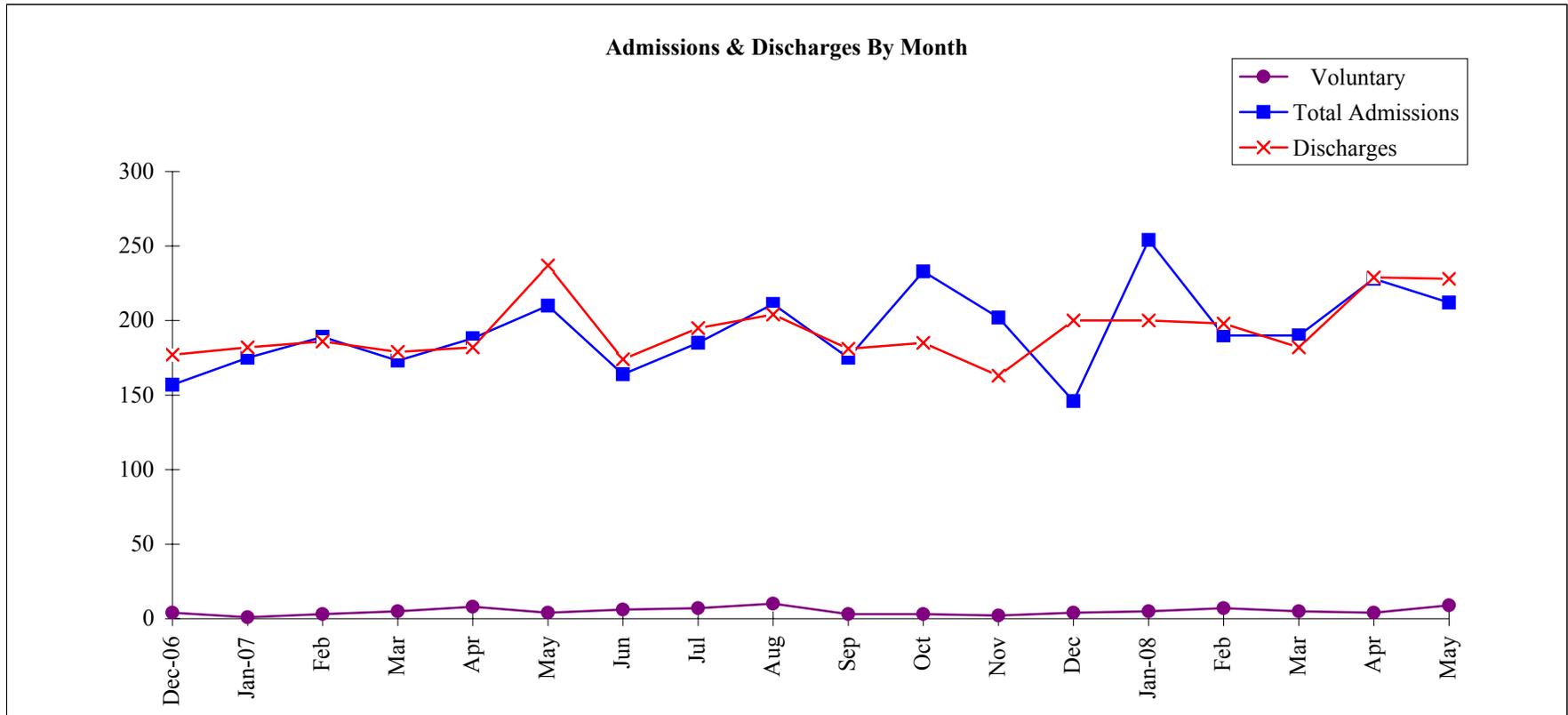
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

North Texas State Hospital

Admissions by Month

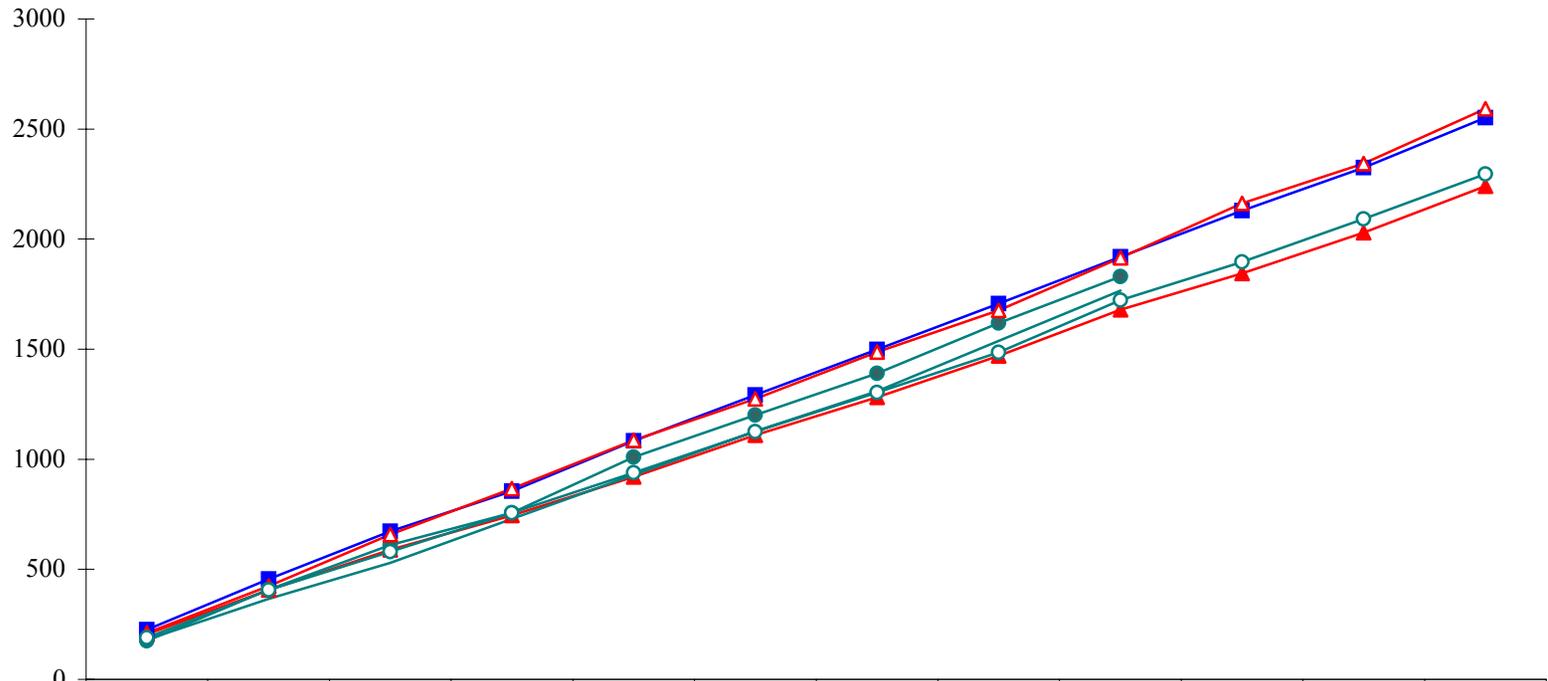
	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	157	175	189	173	188	210	164	185	211	175	233	202	146	254	190	190	228	212
Voluntary	4	1	3	5	8	4	6	7	10	3	3	2	4	5	7	5	4	9
Involuntary	153	174	186	168	180	206	158	178	201	172	230	200	142	249	183	185	224	203
OPC	11	18	15	25	25	26	13	12	21	12	23	13	15	20	17	24	31	12
Emergency	47	32	41	45	49	59	38	58	57	51	44	57	38	45	47	49	58	57
Temporary	35	42	51	50	48	46	43	48	57	42	46	53	44	65	53	50	54	50
Extended	0	1	0	1	2	0	0	1	0	1	3	0	0	0	0	1	2	1
46.02/46.03	49	66	67	44	53	69	52	54	55	56	91	65	33	103	54	51	68	72
Order for MR	11	15	12	3	3	6	12	5	11	10	23	12	12	16	12	10	11	11
Discharges	177	182	186	179	182	237	174	195	204	181	185	163	200	200	198	182	229	228
% New to System	47%	49%	47%	50%	52%	45%	50%	41%	48%	46%	47%	56%	46%	44%	47%	51%	49%	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
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
—■— FY06 Admissions	226	456	672	855	1083	1291	1499	1707	1919	2129	2325	2552
—▲— FY07 Admissions	206	407	588	745	920	1110	1282	1470	1680	1844	2029	2240
—●— FY08 Admissions	175	408	610	756	1010	1200	1390	1618	1830			
—△— FY06 Discharges	211	424	658	866	1086	1274	1487	1677	1915	2163	2343	2592
—○— FY07 Discharges	189	406	580	757	939	1125	1304	1486	1723	1897	2092	2296
—●— FY08 Discharges	181	366	529	729	929	1127	1309	1538	1766			

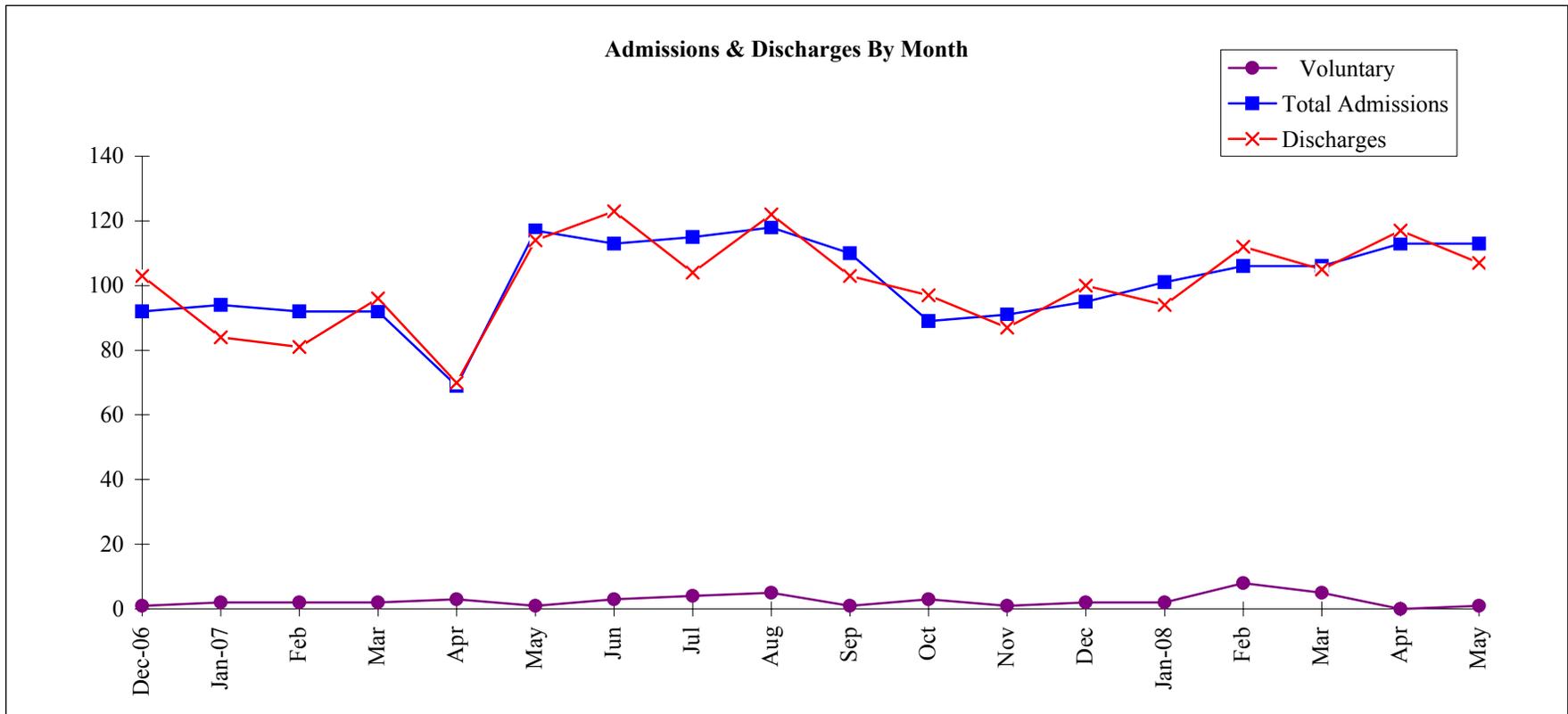
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Rio Grande State Center

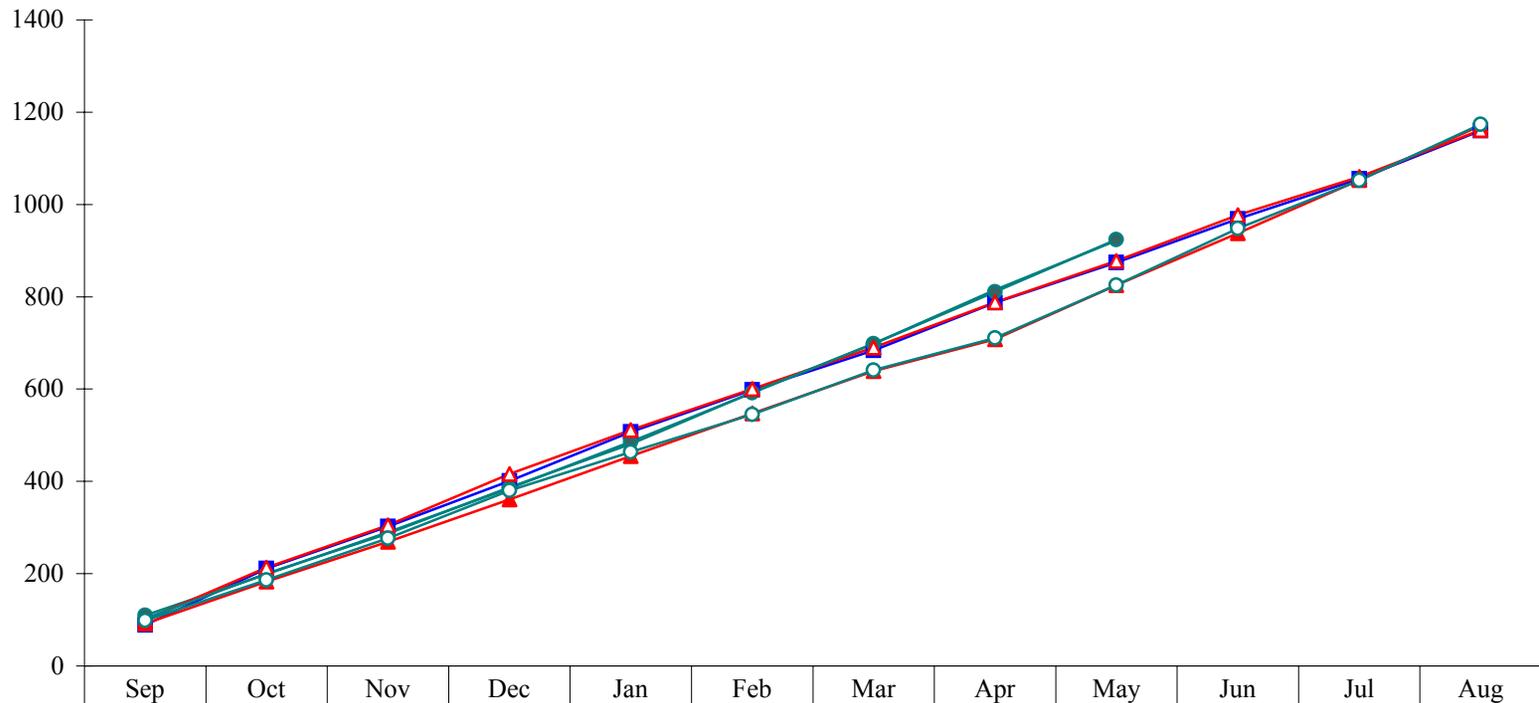
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	92	94	92	92	69	117	113	115	118	110	89	91	95	101	106	106	113	113
Voluntary	1	2	2	2	3	1	3	4	5	1	3	1	2	2	8	5	0	1
Involuntary	91	92	90	90	66	116	110	111	113	109	86	90	93	99	98	101	113	112
OPC	0	1	0	0	1	0	0	1	0	0	2	0	0	3	2	2	1	1
Emergency	91	90	90	90	64	116	109	109	112	108	83	90	90	91	96	98	112	109
Temporary	0	0	0	0	0	0	1	1	1	1	1	0	3	5	0	0	0	2
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	103	84	81	96	70	114	123	104	122	103	97	87	100	94	112	105	117	107
% New to System	44%	43%	41%	47%	45%	45%	52%	49%	44%	44%	40%	37%	51%	42%	56%	51%	43%	50%



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



—■— FY06 Admissions	89	211	302	401	507	598	684	787	874	969	1056	1160
—▲— FY07 Admissions	92	183	269	361	455	547	639	708	825	938	1053	1171
—●— FY08 Admissions	110	199	290	385	486	592	698	811	924			
—▲— FY06 Discharges	100	213	305	416	511	600	690	788	878	977	1060	1161
—○— FY07 Discharges	99	186	277	380	464	545	641	711	825	948	1052	1174
—○— FY08 Discharges	103	200	287	387	481	593	698	815	922			

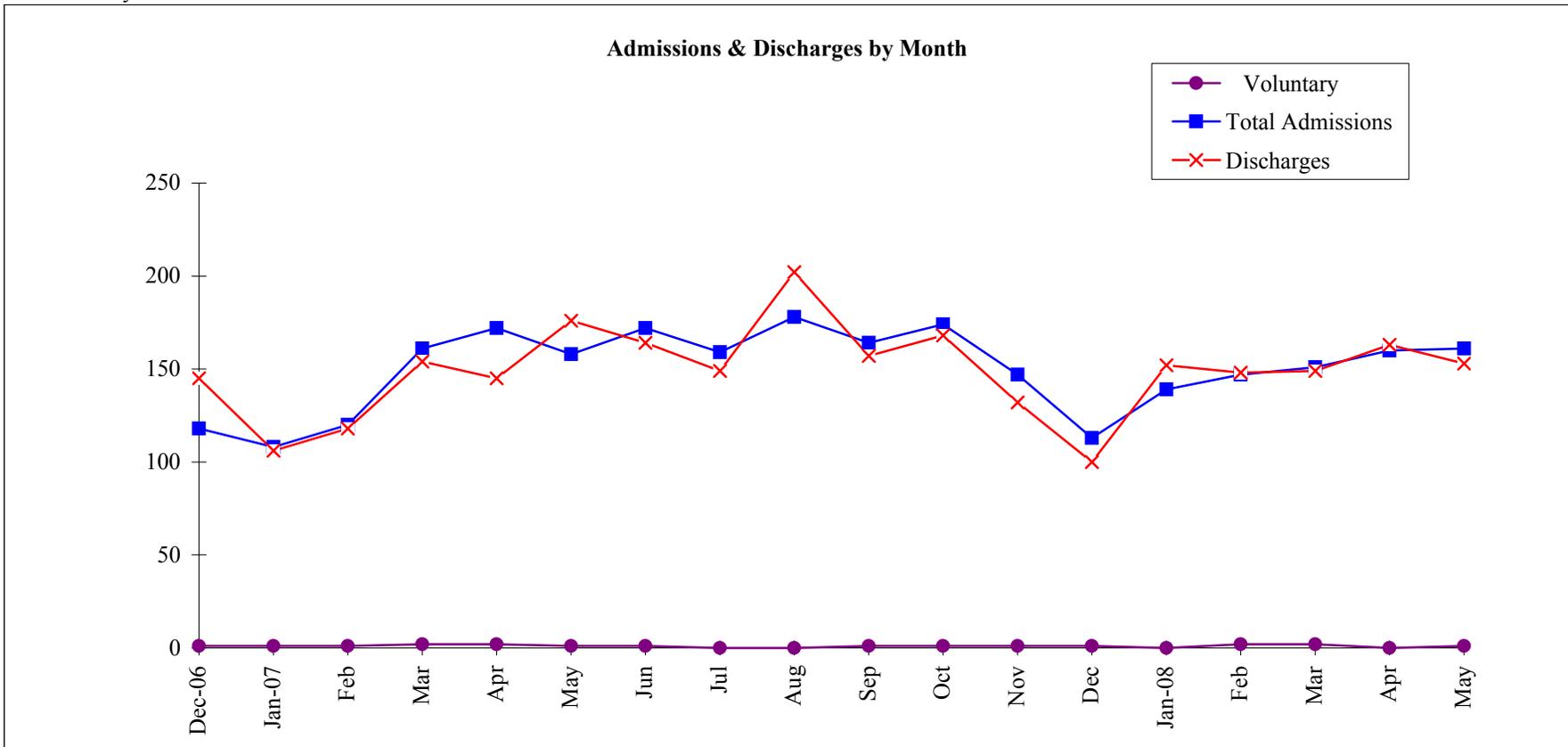
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Rusk State Hospital

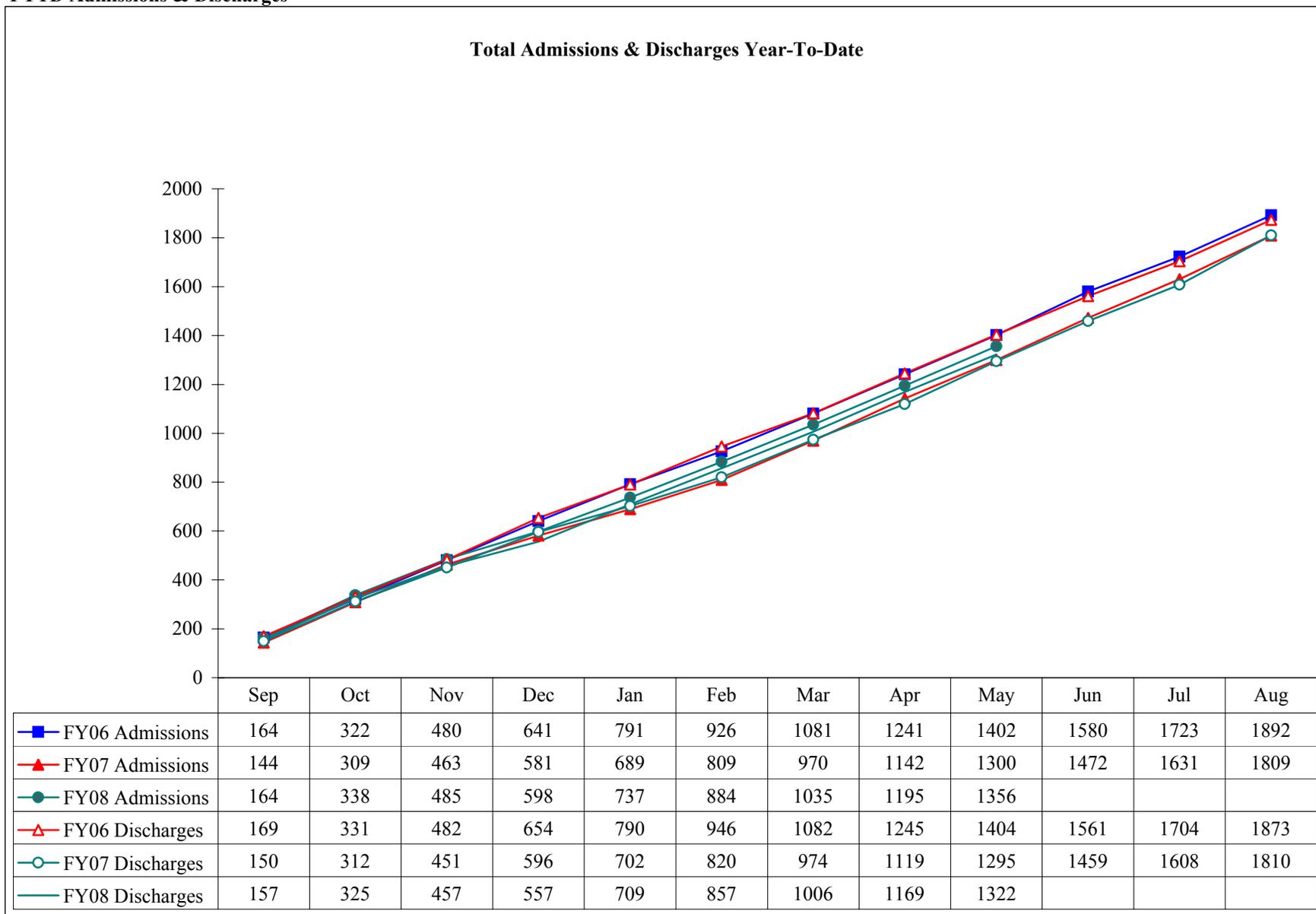
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	118	108	120	161	172	158	172	159	178	164	174	147	113	139	147	151	160	161
Voluntary	1	1	1	2	2	1	1	0	0	1	1	1	1	0	2	2	0	1
Involuntary	117	107	119	159	170	157	171	159	178	163	173	146	112	139	145	149	160	160
OPC	23	40	24	59	51	55	57	43	69	56	57	33	28	45	45	54	64	53
Emergency	36	42	47	37	73	76	73	82	76	62	53	40	51	59	56	64	63	54
Temporary	16	15	20	18	9	14	21	20	20	15	17	9	7	13	10	8	10	25
Extended	1	0	0	0	0	0	0	0	1	1	1	0	0	1	2	1	0	0
46.02/46.03	41	10	28	45	37	12	20	14	12	29	45	64	26	21	32	22	23	28
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	145	106	118	154	145	176	164	149	202	157	168	132	100	152	148	149	163	153
% New to System	32%	44%	43%	49%	46%	44%	46%	49%	49%	43%	45%	46%	40%	46%	39%	54%	54%	48%



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

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

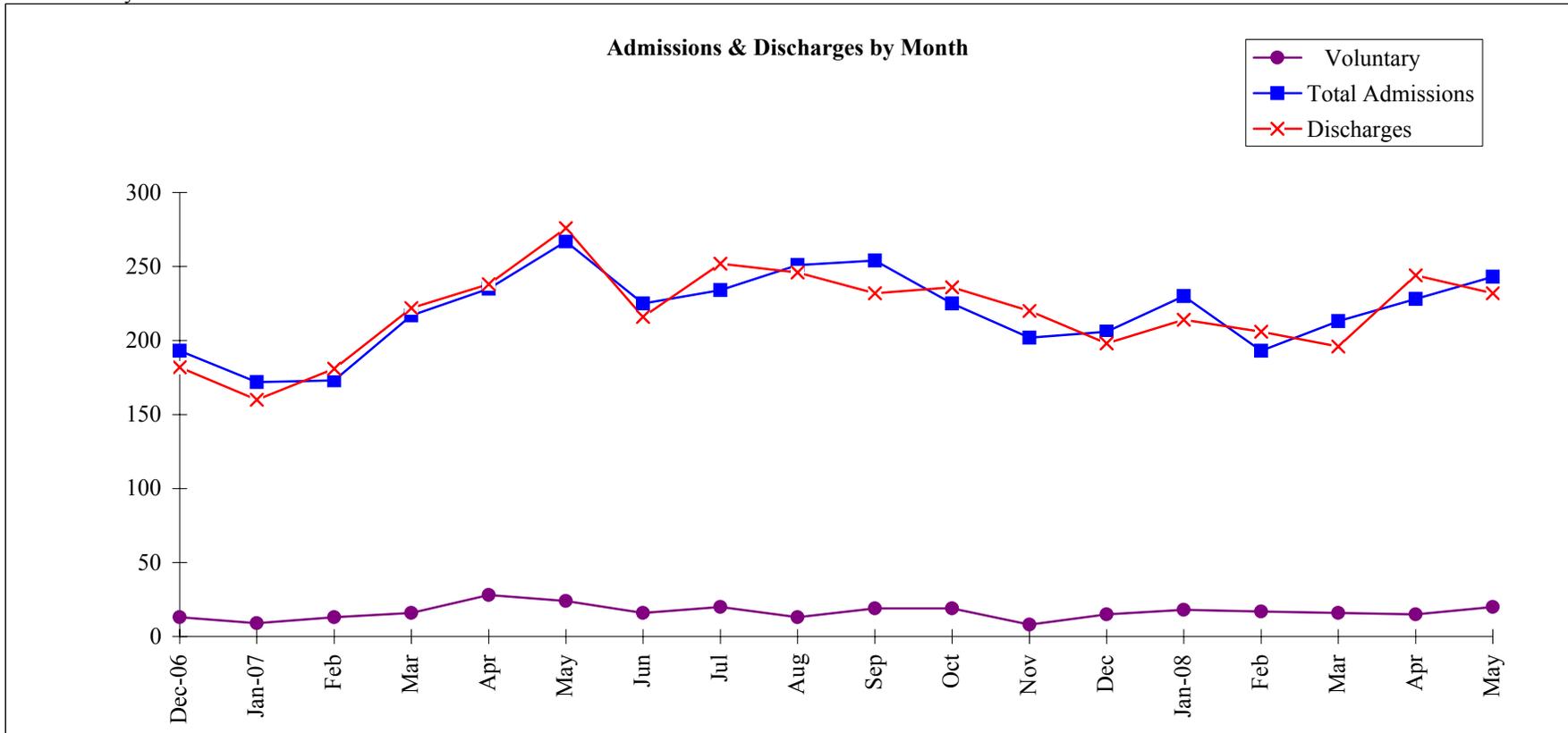


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

San Antonio State Hospital

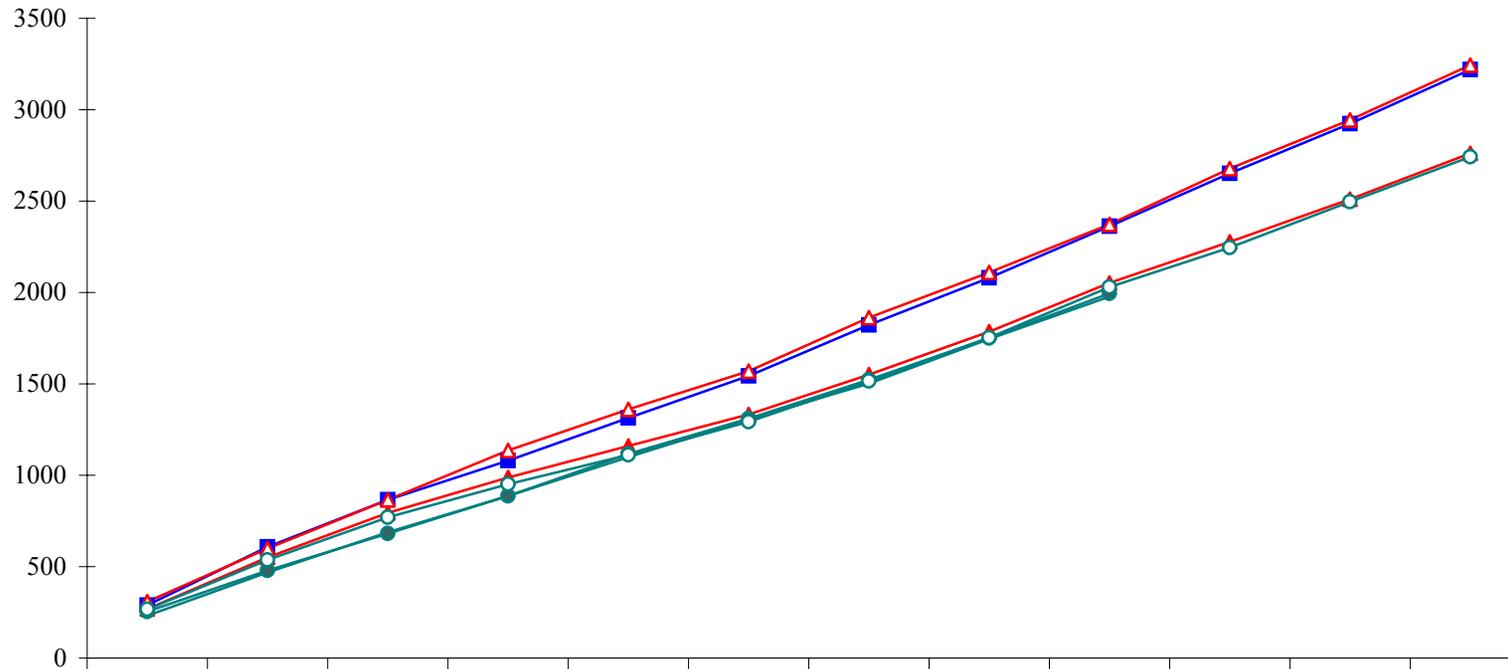
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	193	172	173	217	235	267	225	234	251	254	225	202	206	230	193	213	228	243
Voluntary	13	9	13	16	28	24	16	20	13	19	19	8	15	18	17	16	15	20
Involuntary	180	163	160	201	207	243	209	214	238	235	206	194	191	212	176	197	213	223
OPC	62	53	60	78	56	83	67	76	91	69	52	55	47	58	64	51	72	70
Emergency	81	81	88	100	130	143	106	122	111	127	118	112	113	120	101	121	107	121
Temporary	29	28	11	23	16	12	26	14	28	23	27	14	12	13	11	19	22	19
Extended	1	0	1	0	0	1	0	1	2	0	2	0	0	0	0	0	0	0
46.02/46.03	7	1	0	0	5	1	7	0	3	14	4	11	18	17	0	6	10	10
Order for MR	0	0	0	0	0	3	3	1	3	2	3	2	1	4	0	0	2	3
Discharges	182	160	181	222	238	276	216	252	246	232	236	220	198	214	206	196	244	232
% New to System	42%	46%	45%	45%	54%	45%	42%	45%	43%	46%	46%	51%	42%	47%	42%	44%	42%	45%



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
■ FY06 Admissions	290	608	865	1080	1313	1543	1822	2081	2362	2652	2924	3219
▲ FY07 Admissions	268	551	795	988	1160	1333	1550	1785	2052	2277	2511	2762
● FY08 Admissions	254	479	681	887	1117	1310	1523	1751	1994			
▬ FY06 Discharges	308	600	865	1136	1361	1570	1862	2109	2373	2678	2945	3244
○ FY07 Discharges	266	537	770	952	1112	1293	1515	1753	2029	2245	2497	2743
— FY08 Discharges	232	468	688	886	1100	1306	1502	1746	1978			

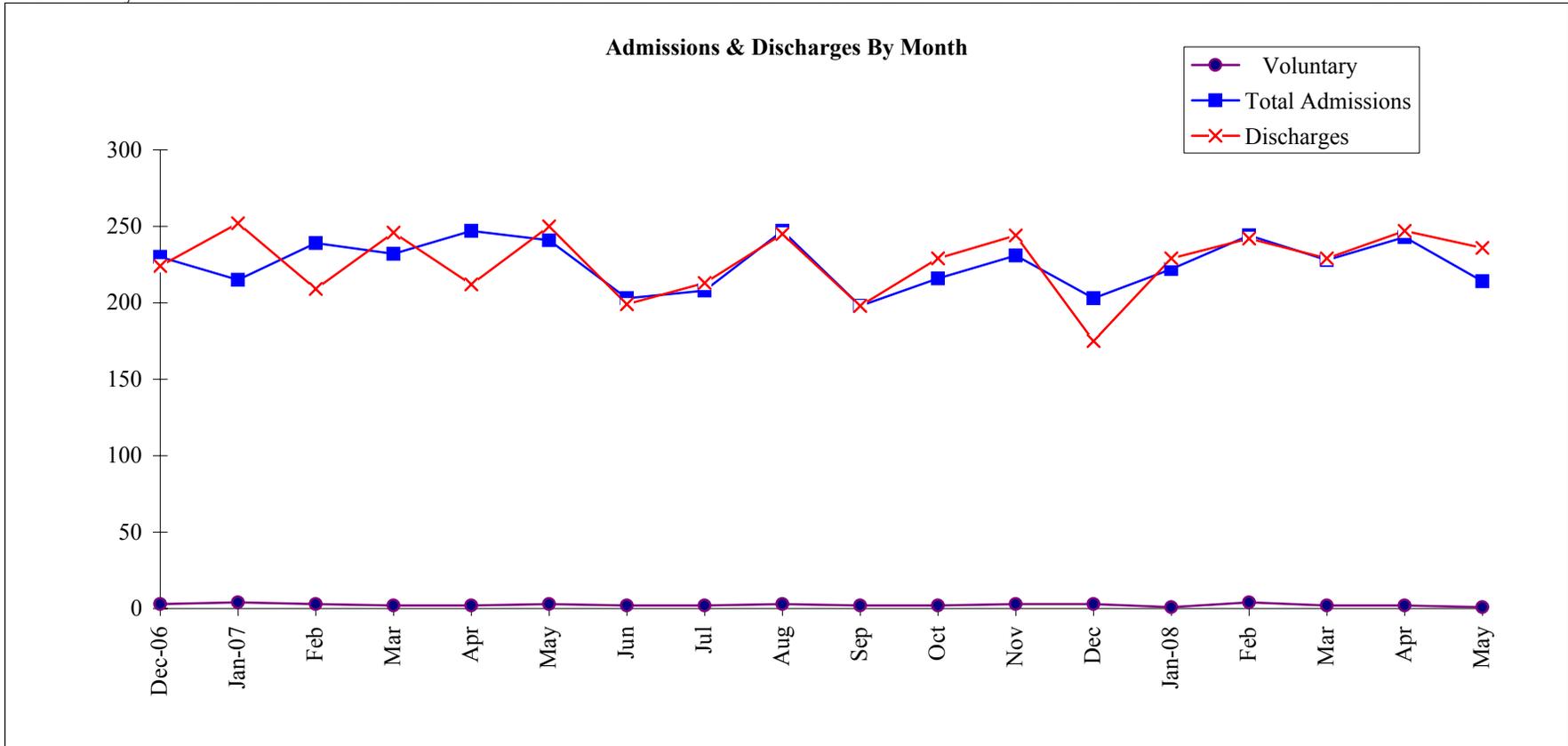
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Terrell State Hospital

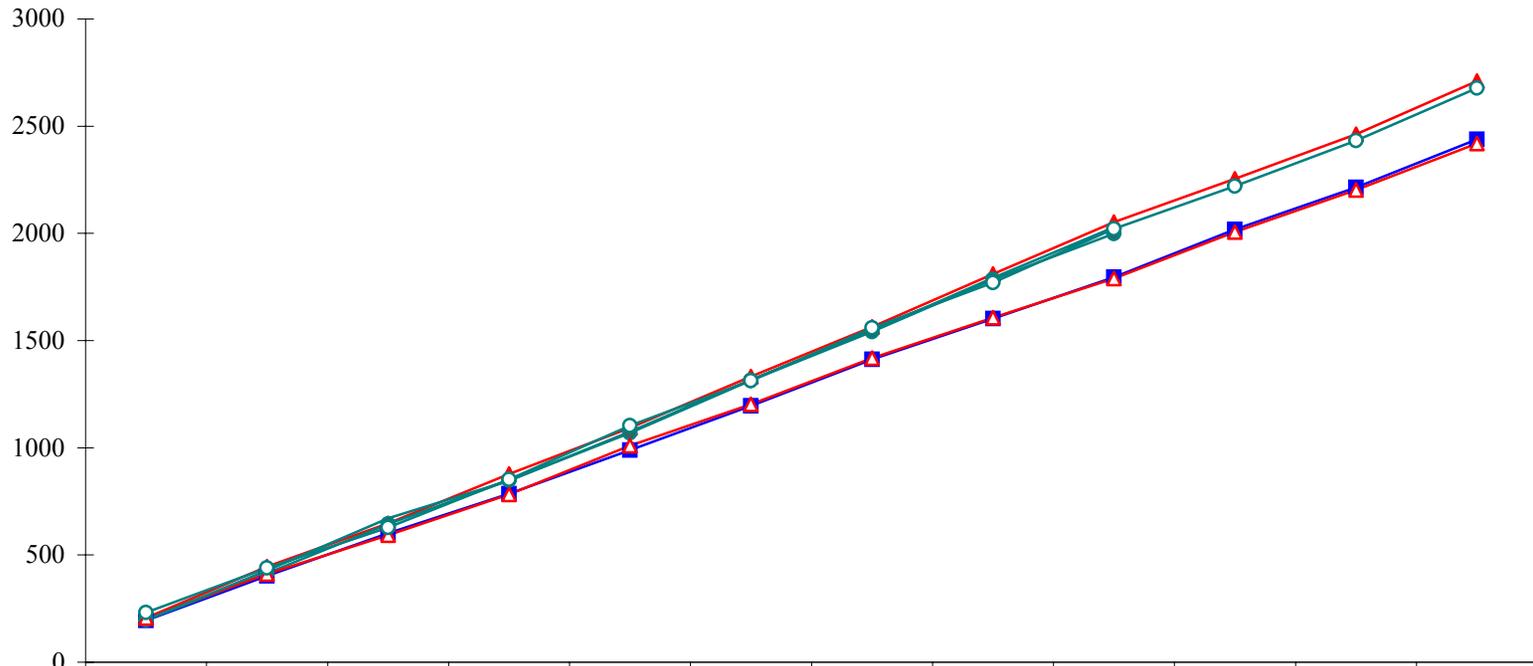
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	230	215	239	232	247	241	203	208	247	198	216	231	203	222	244	228	243	214
Voluntary	3	4	3	2	2	3	2	2	3	2	2	3	3	1	4	2	2	1
Involuntary	227	211	236	230	245	238	201	206	244	196	214	228	200	221	240	226	241	213
OPC	180	184	185	184	199	189	144	159	173	126	170	182	151	173	182	183	171	159
Emergency	12	12	10	12	14	4	6	5	9	10	8	8	12	6	19	9	14	14
Temporary	24	12	19	30	22	38	40	37	53	44	31	21	17	29	29	18	39	31
Extended	1	3	2	2	1	1	1	1	2	3	1	1	3	3	2	3	1	1
46.02/46.03	10	0	20	2	9	6	10	4	7	13	4	16	17	10	8	13	16	8
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	224	252	209	246	212	250	199	213	245	198	229	244	175	229	242	229	247	236
% New to System	39%	40%	44%	43%	43%	40%	38%	44%	44%	37%	40%	38%	47%	46%	46%	43%	44%	45%



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

Total Admissions & Discharges Year-To-Date



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

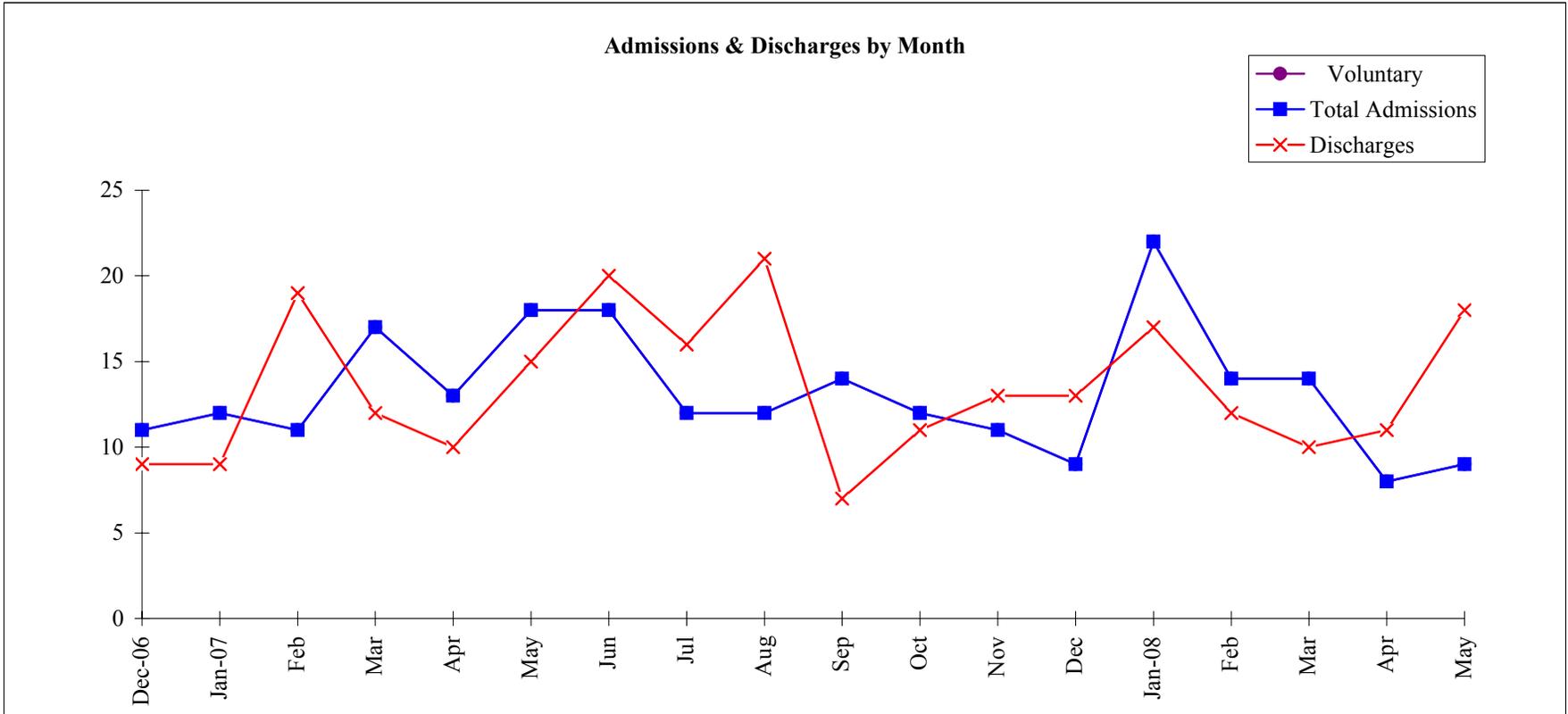
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Waco Center for Youth

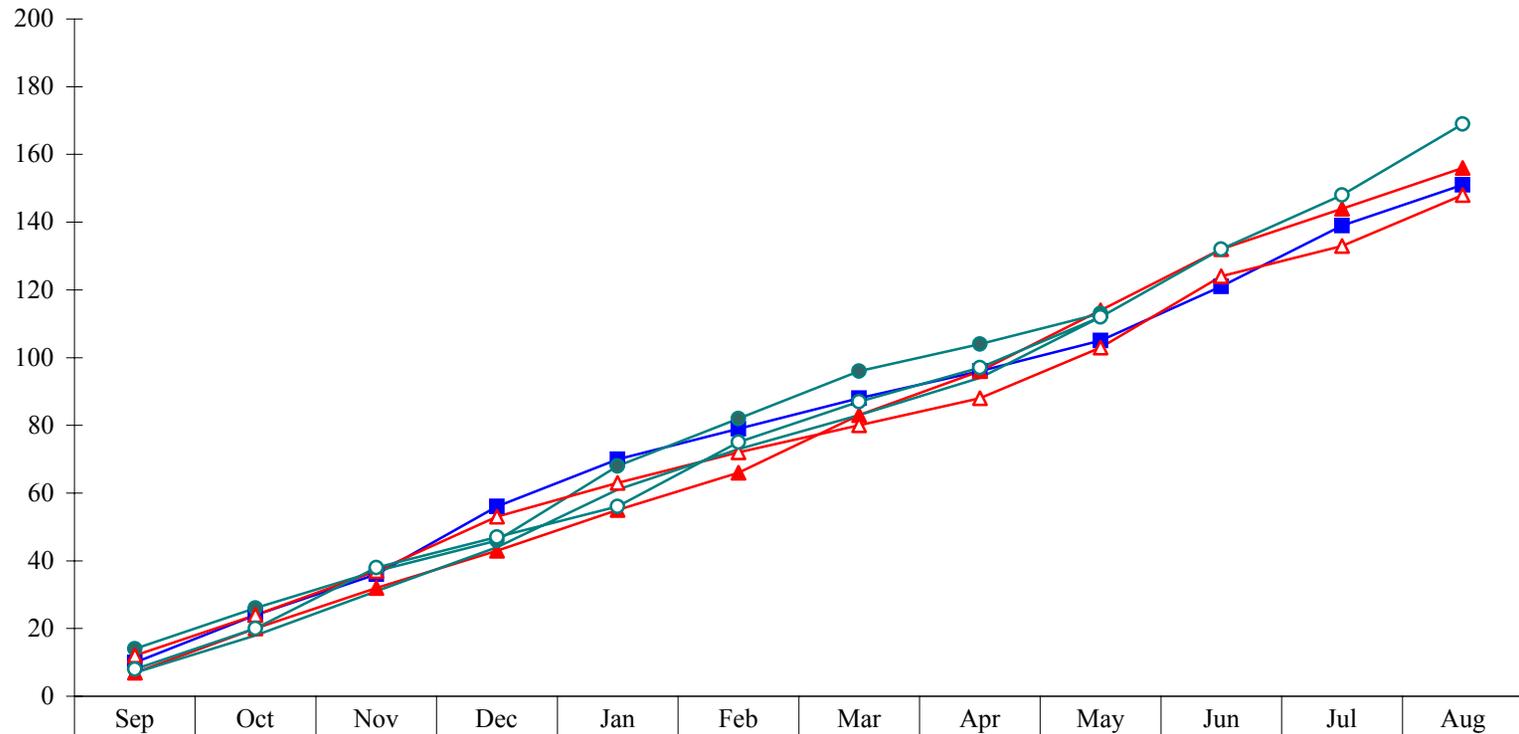
Admissions by Month

	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Admissions	11	12	11	17	13	18	18	12	12	14	12	11	9	22	14	14	8	9
Voluntary	11	12	11	17	13	18	18	12	12	14	12	11	9	22	14	14	8	9
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	9	9	19	12	10	15	20	16	21	7	11	13	13	17	12	10	11	18
% New to System	73%	50%	91%	53%	31%	72%	39%	42%	58%	57%	58%	82%	56%	68%	29%	50%	50%	44%



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

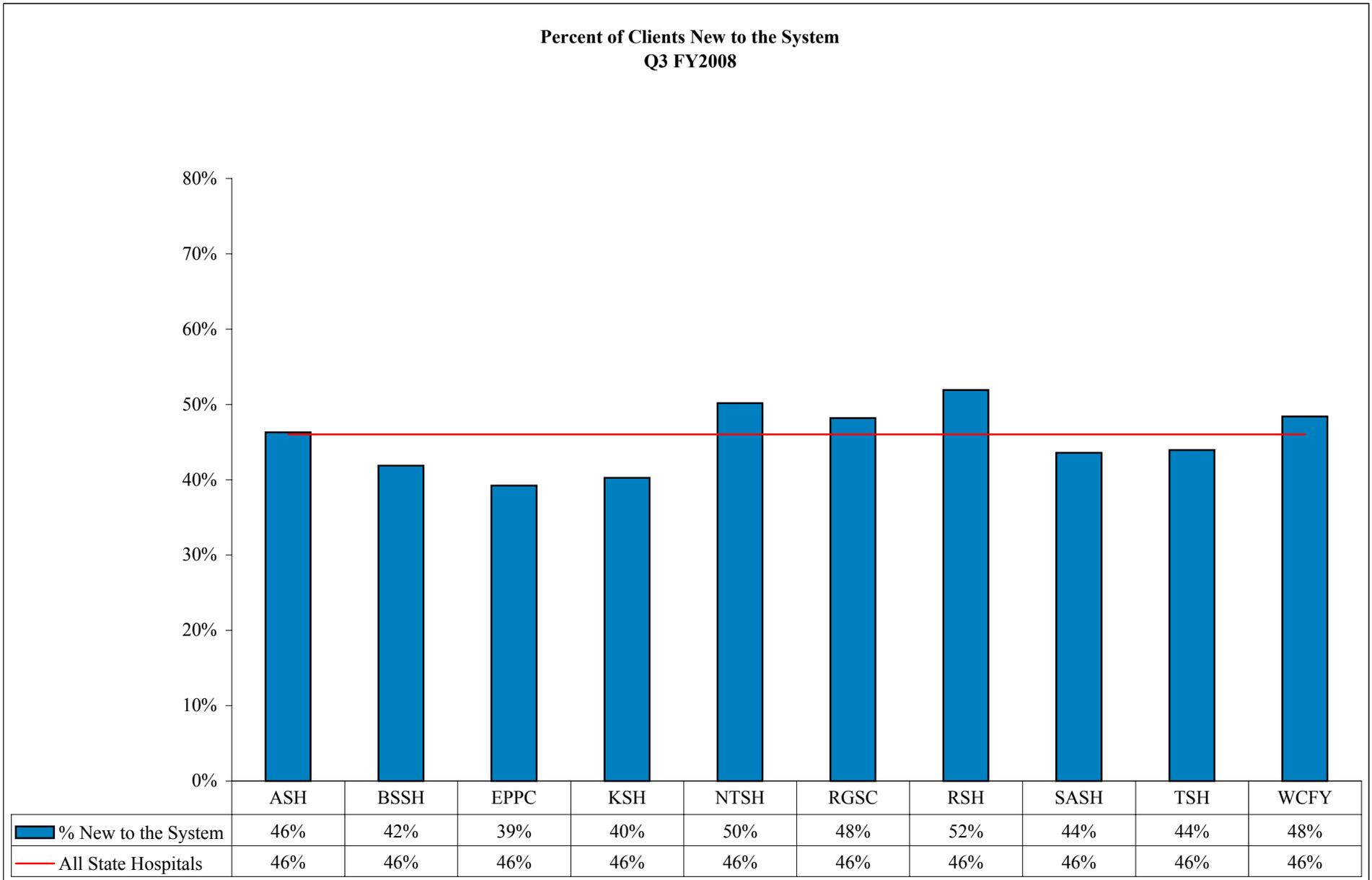
Total Admissions & Discharges Year-To-Date



■ FY06 Admissions	10	24	36	56	70	79	88	96	105	121	139	151
▲ FY07 Admissions	7	20	32	43	55	66	83	96	114	132	144	156
● FY08 Admissions	14	26	37	46	68	82	96	104	113			
▲ FY06 Discharges	12	24	37	53	63	72	80	88	103	124	133	148
○ FY07 Discharges	8	20	38	47	56	75	87	97	112	132	148	169
— FY08 Discharges	7	18	31	44	61	73	83	94	112			

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

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



Performance Measure 5B:

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

Performance Measure Operational Definition: Percent of forensic/non forensic discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

Performance Measure Formula:

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

N = # persons discharged during time frame

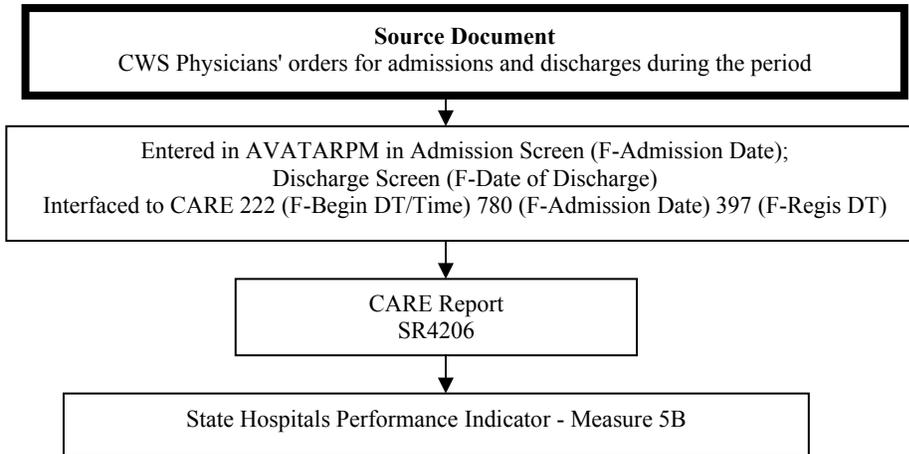
D = total persons discharged during the quarter

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

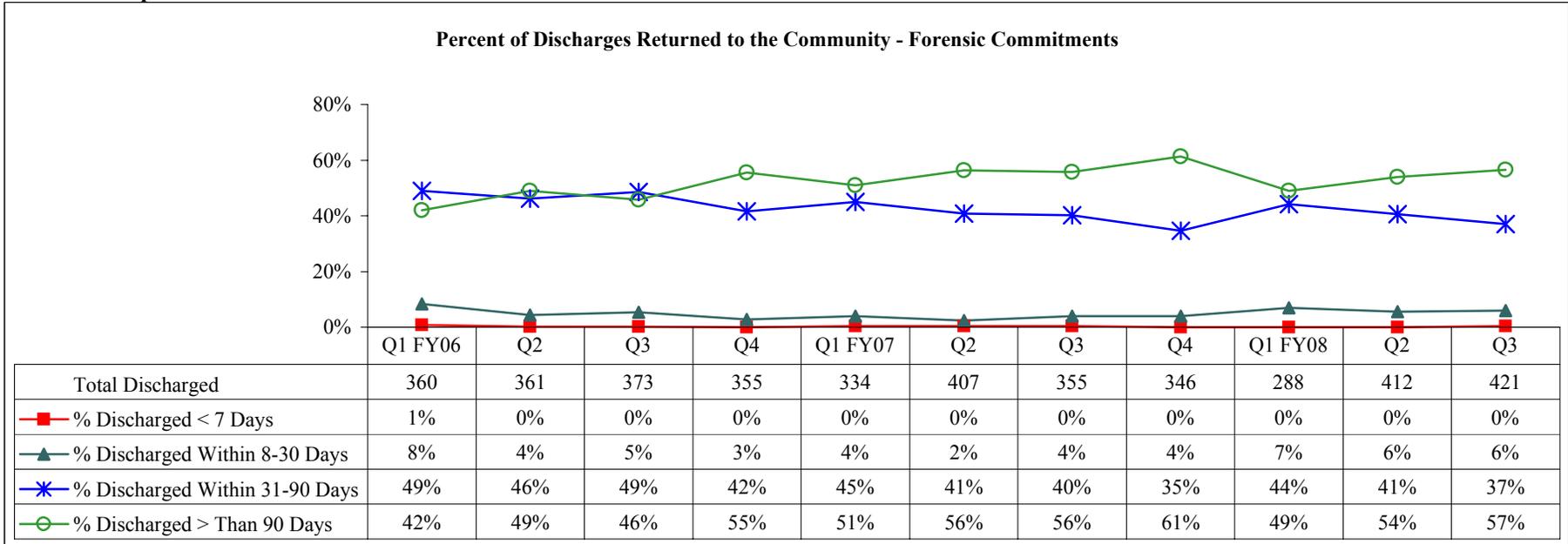
Performance Measure Data Display and Chart Description:

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

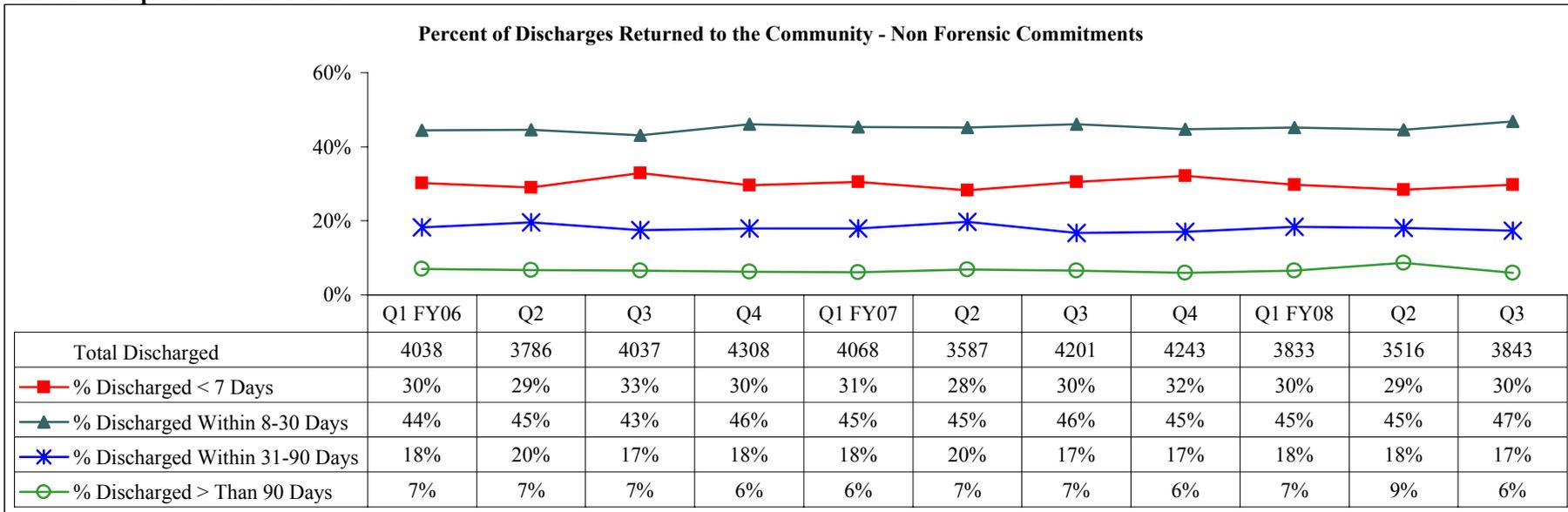
Data Flow:



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



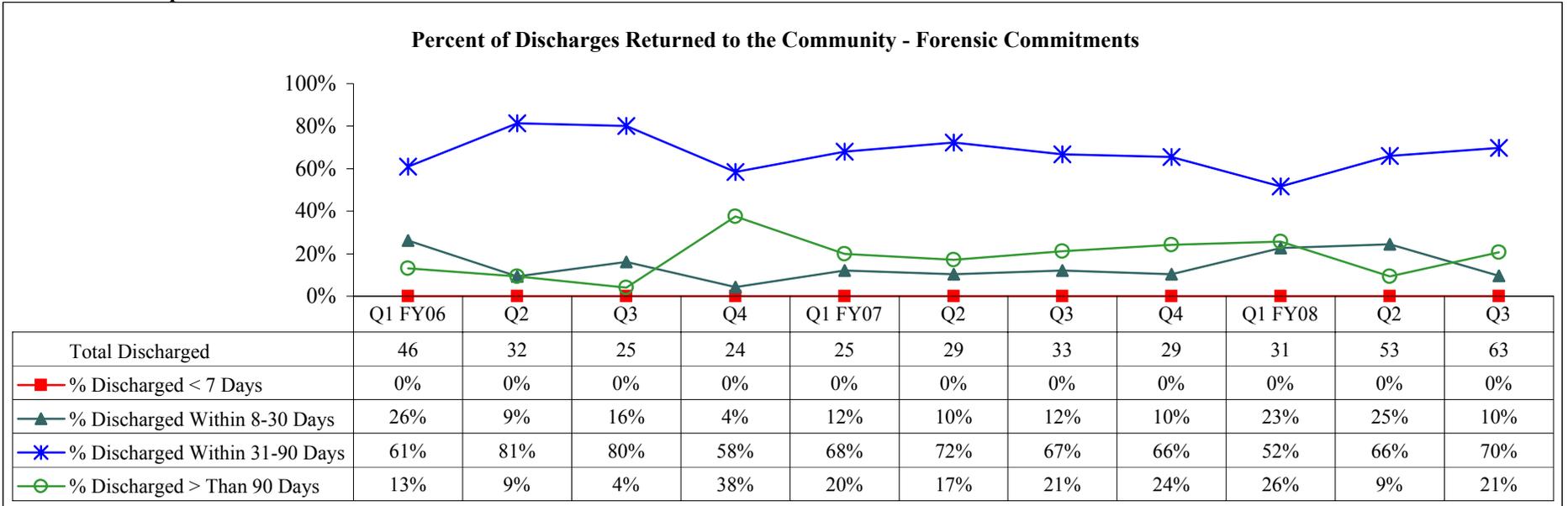
Measure 5B - Percent of Discharges Returned to the Community
All State Hospitals - Non Forensic



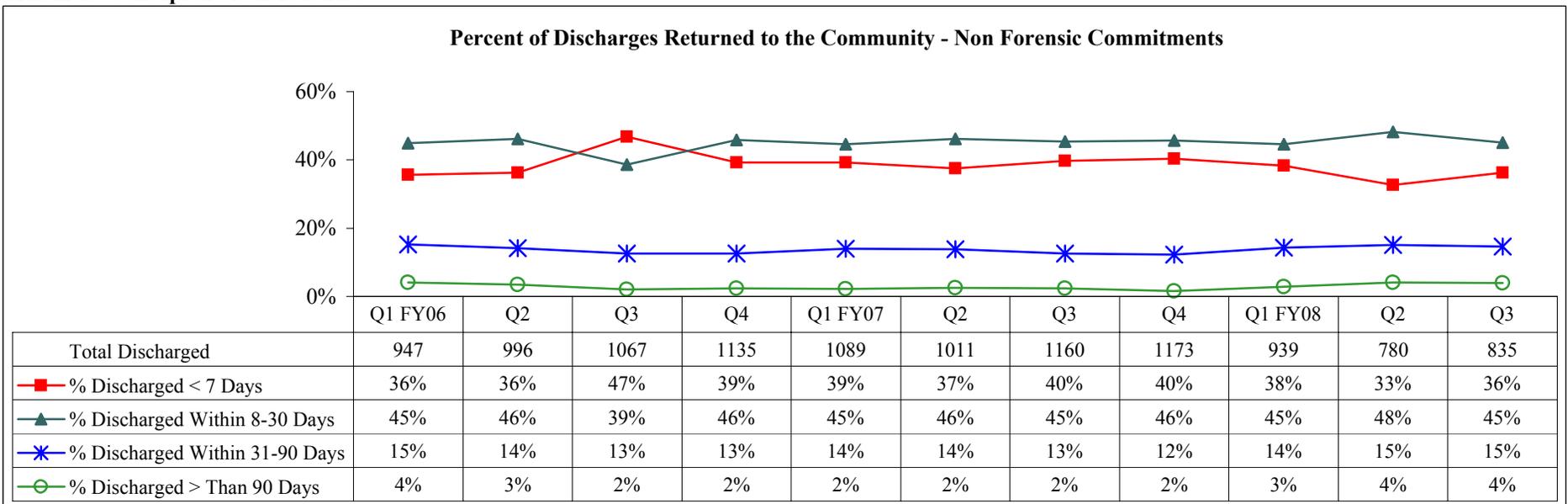
Total Discharges do not include transfers or DMAs

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

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

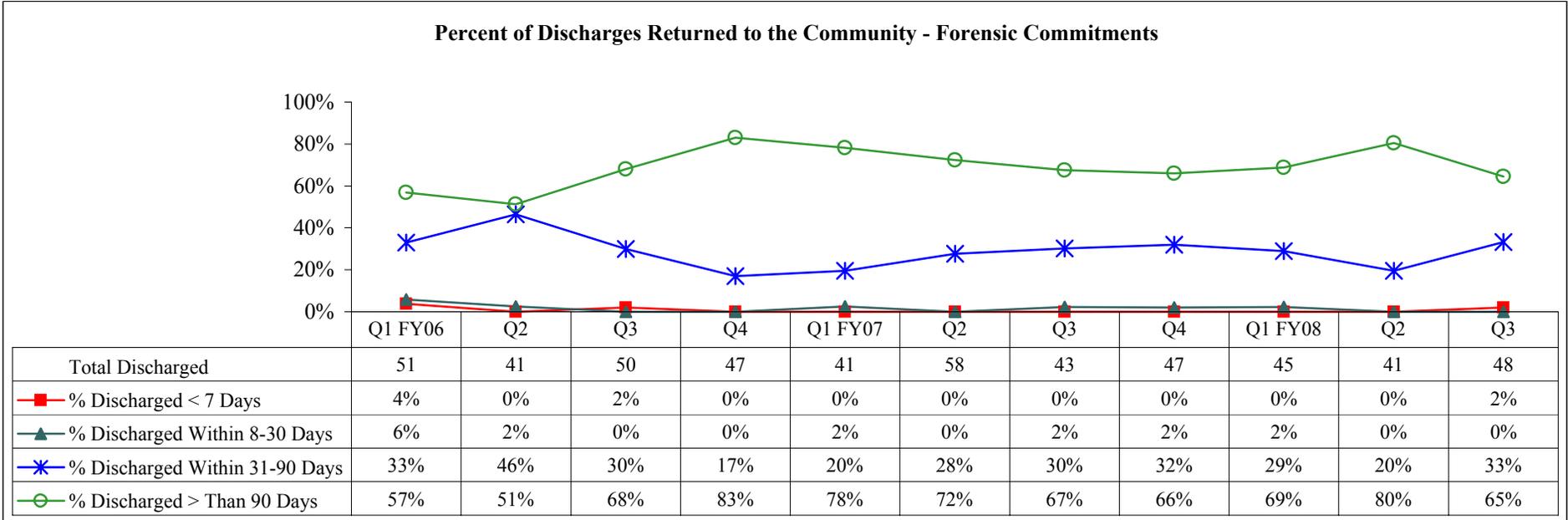


Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

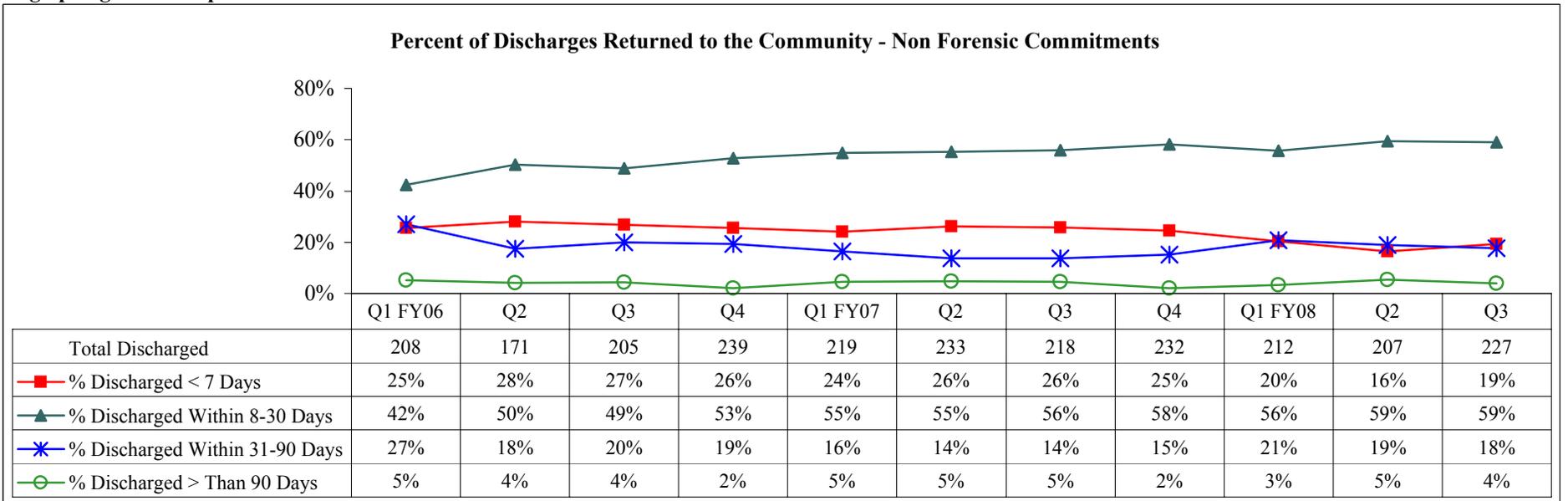


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

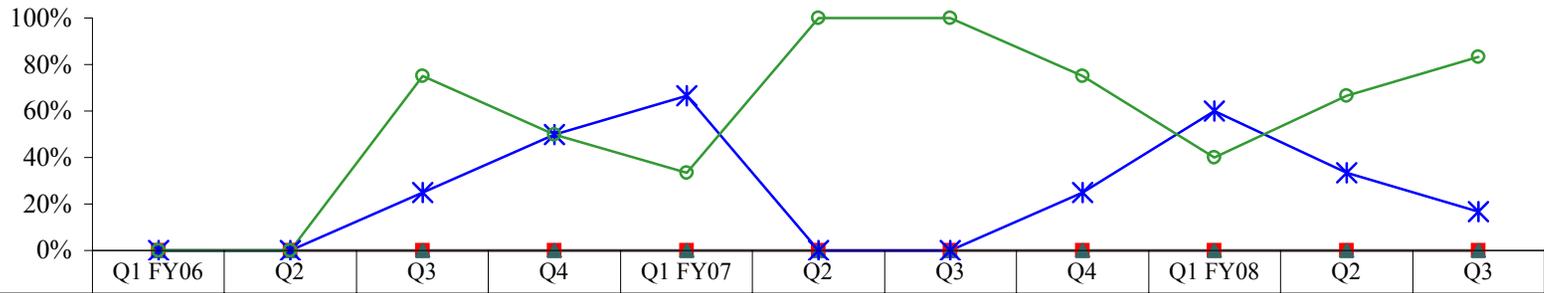


Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic



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

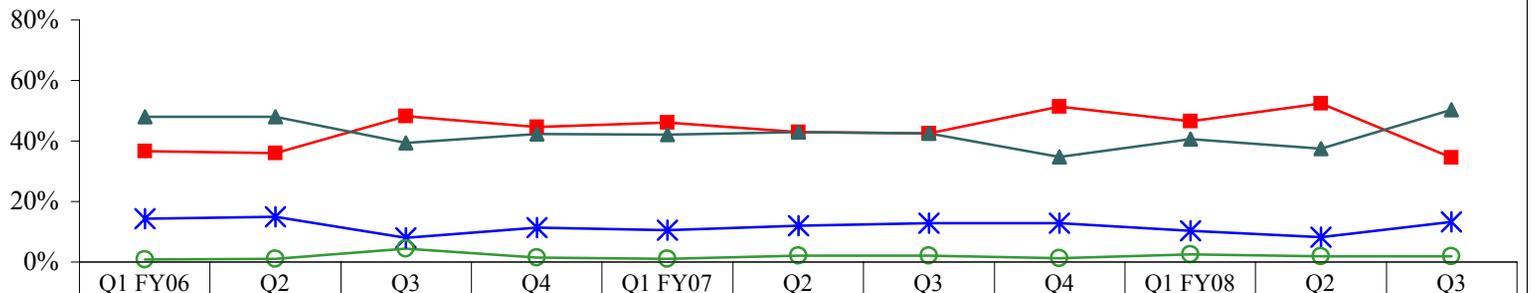
Percent of Discharges Returned to the Community - Forensic Commitments



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Total Discharged	0	0	4	4	3	4	3	4	5	9	6
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	25%	50%	67%	0%	0%	25%	60%	33%	17%
% Discharged > Than 90 Days	0%	0%	75%	50%	33%	100%	100%	75%	40%	67%	83%

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

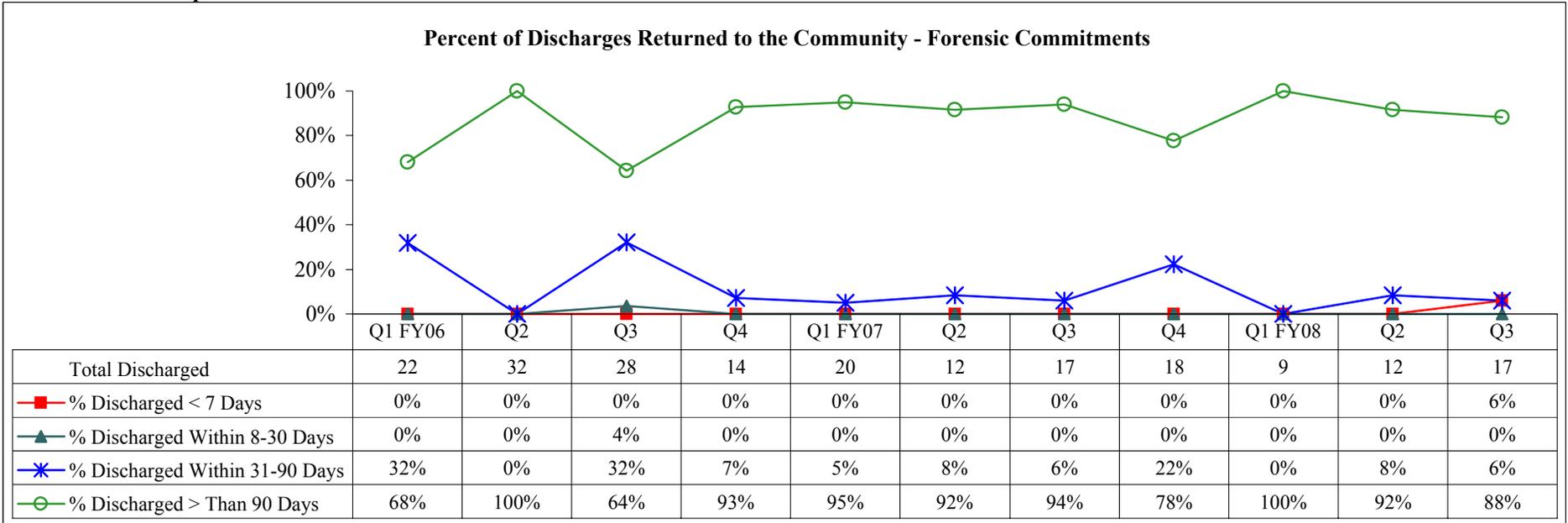
Percent of Discharges Returned to the Community - Non Forensic Commitments



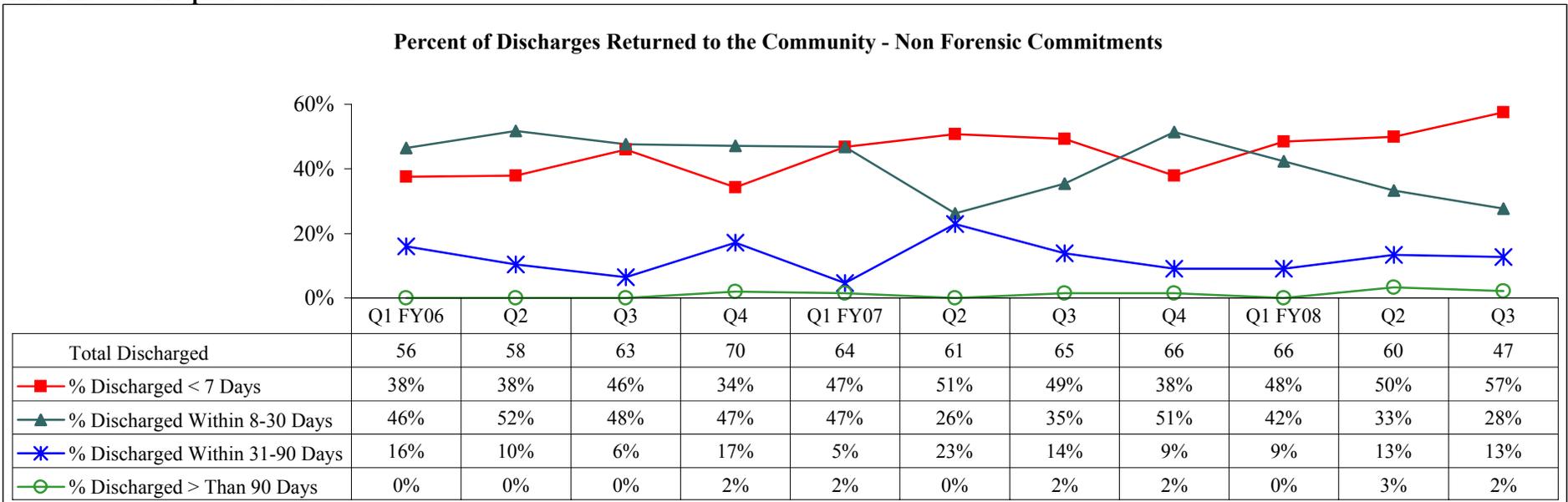
	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Total Discharged	237	194	249	262	273	240	271	259	280	259	264
% Discharged < 7 Days	37%	36%	48%	45%	46%	43%	42%	51%	46%	53%	34%
% Discharged Within 8-30 Days	48%	48%	39%	42%	42%	43%	42%	35%	41%	37%	50%
% Discharged Within 31-90 Days	14%	15%	8%	11%	11%	12%	13%	13%	10%	8%	13%
% Discharged > Than 90 Days	1%	1%	4%	2%	1%	2%	2%	1%	3%	2%	2%

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

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

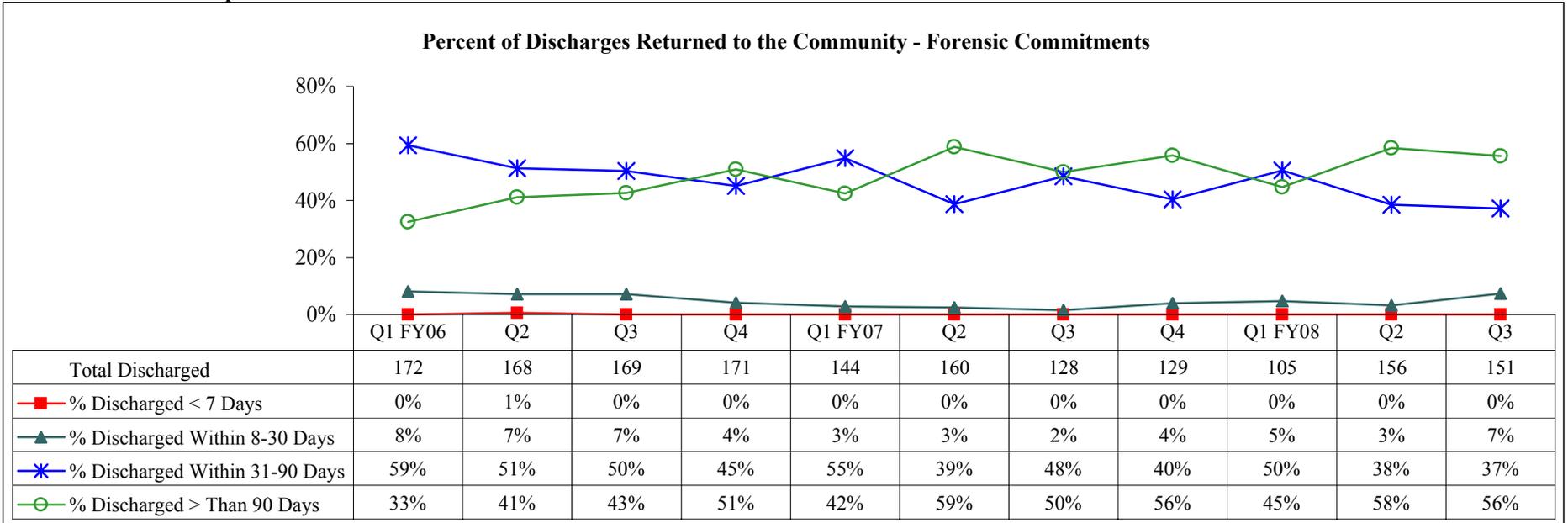


Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic

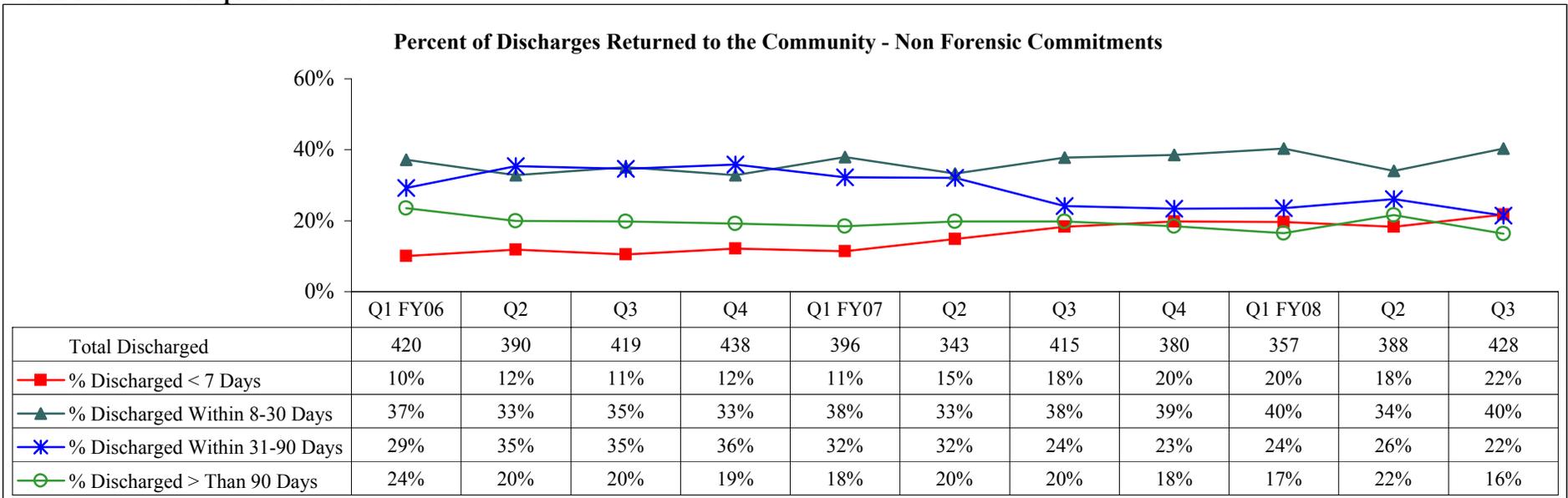


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

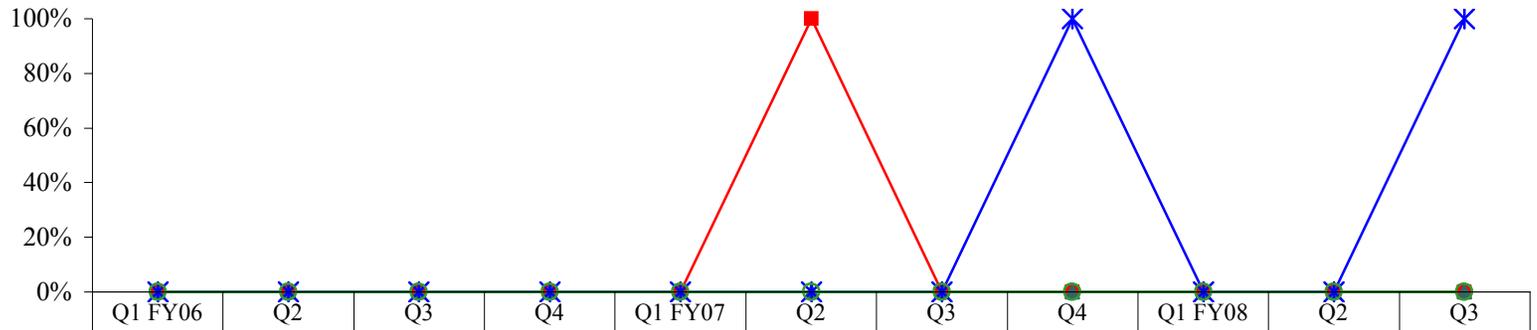


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community

Rio Grande State Center - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

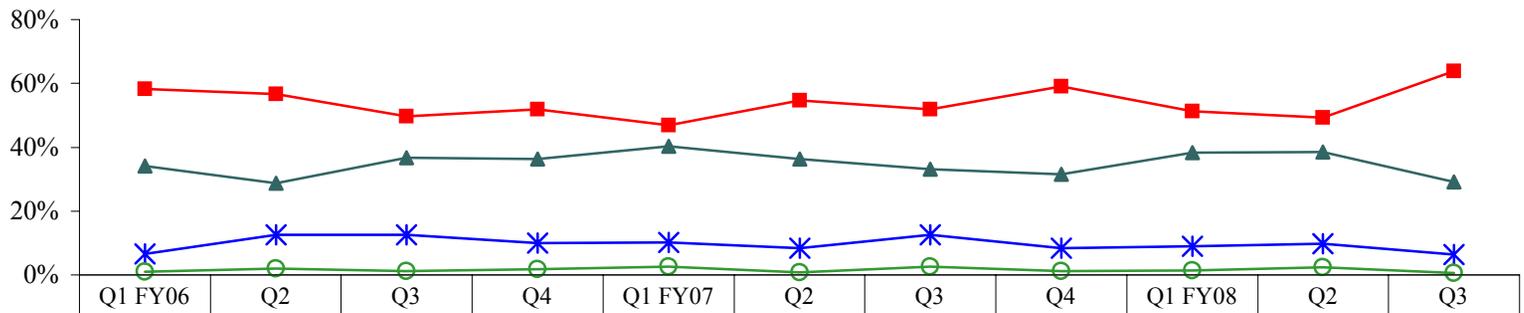


Total Discharged	0	0	0	0	0	1	0	1	0	0	1
% Discharged < 7 Days	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	100%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community

Rio Grande State Center - Non Forensic

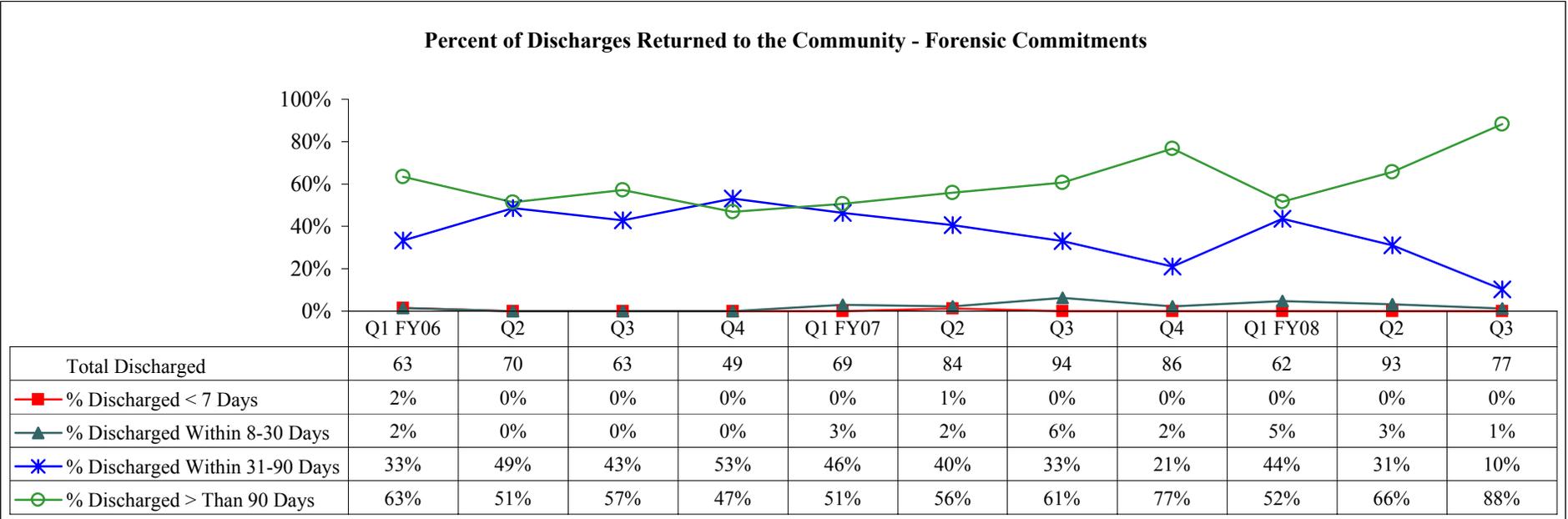
Percent of Discharges Returned to the Community - Non Forensic Commitments



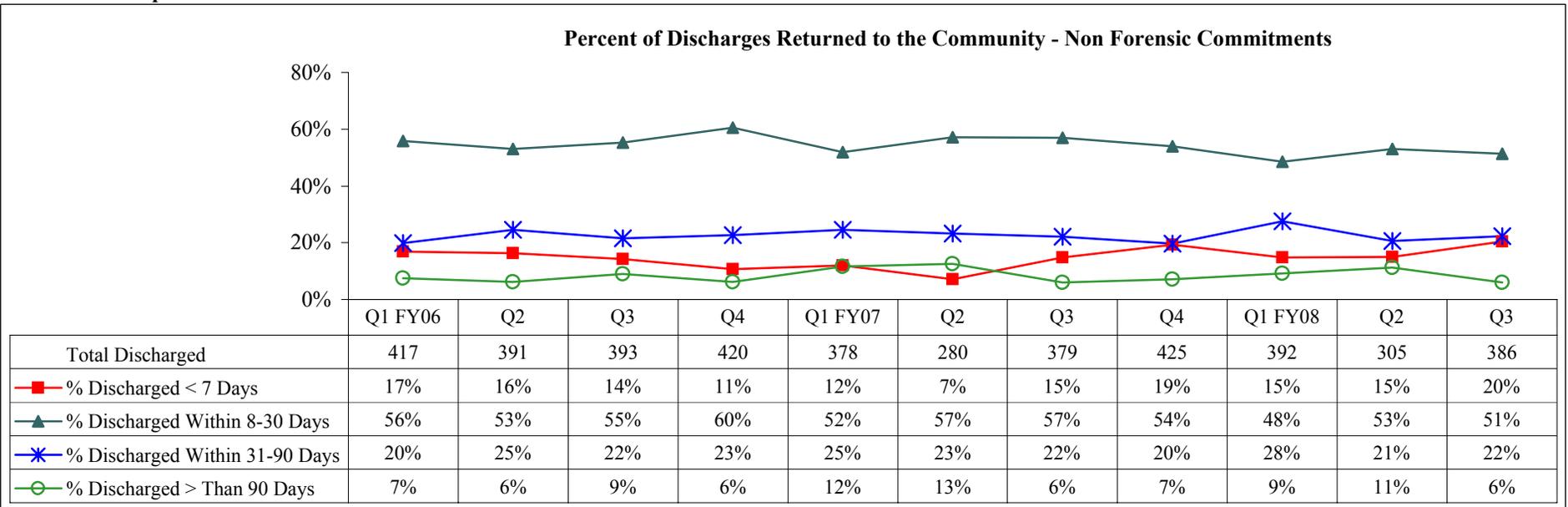
Total Discharged	302	295	272	283	273	265	280	346	287	304	327
% Discharged < 7 Days	58%	57%	50%	52%	47%	55%	52%	59%	51%	49%	64%
% Discharged Within 8-30 Days	34%	29%	37%	36%	40%	36%	33%	32%	38%	38%	29%
% Discharged Within 31-90 Days	7%	13%	13%	10%	10%	8%	13%	8%	9%	10%	6%
% Discharged > Than 90 Days	1%	2%	1%	2%	3%	1%	3%	1%	1%	2%	1%

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

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

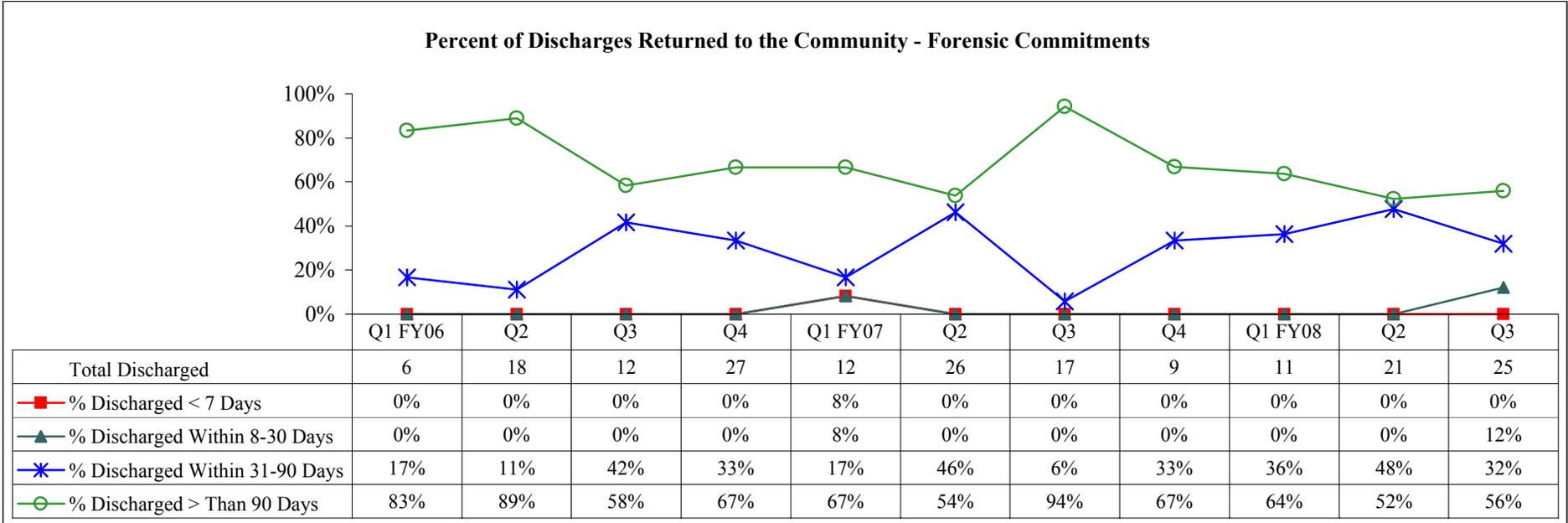


Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

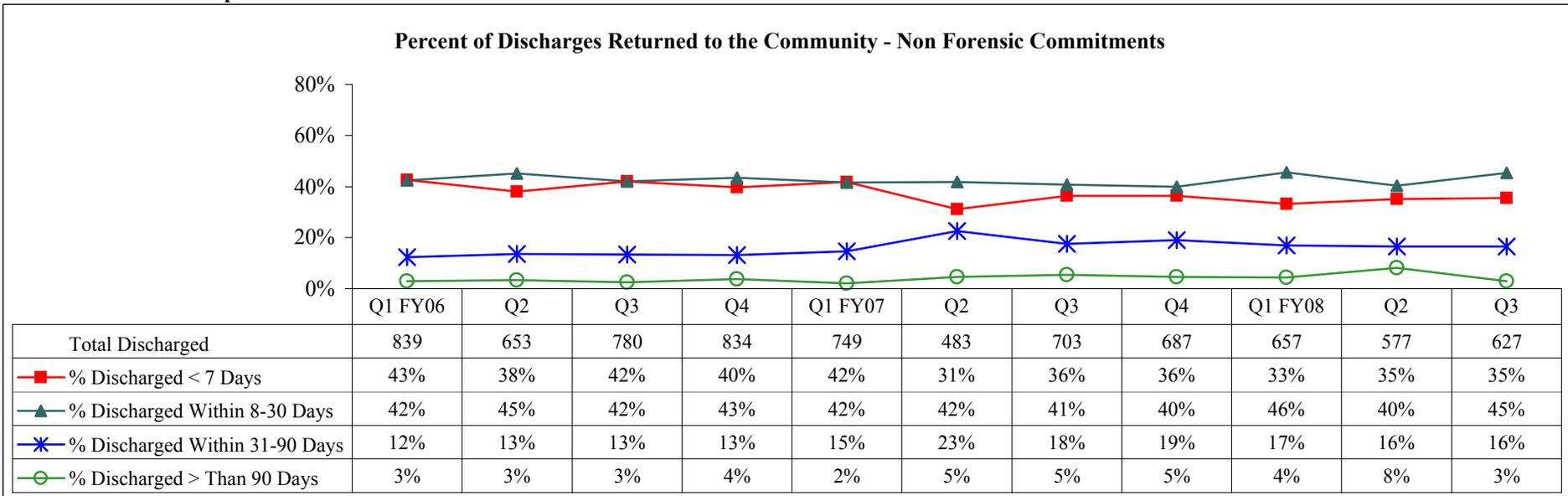


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

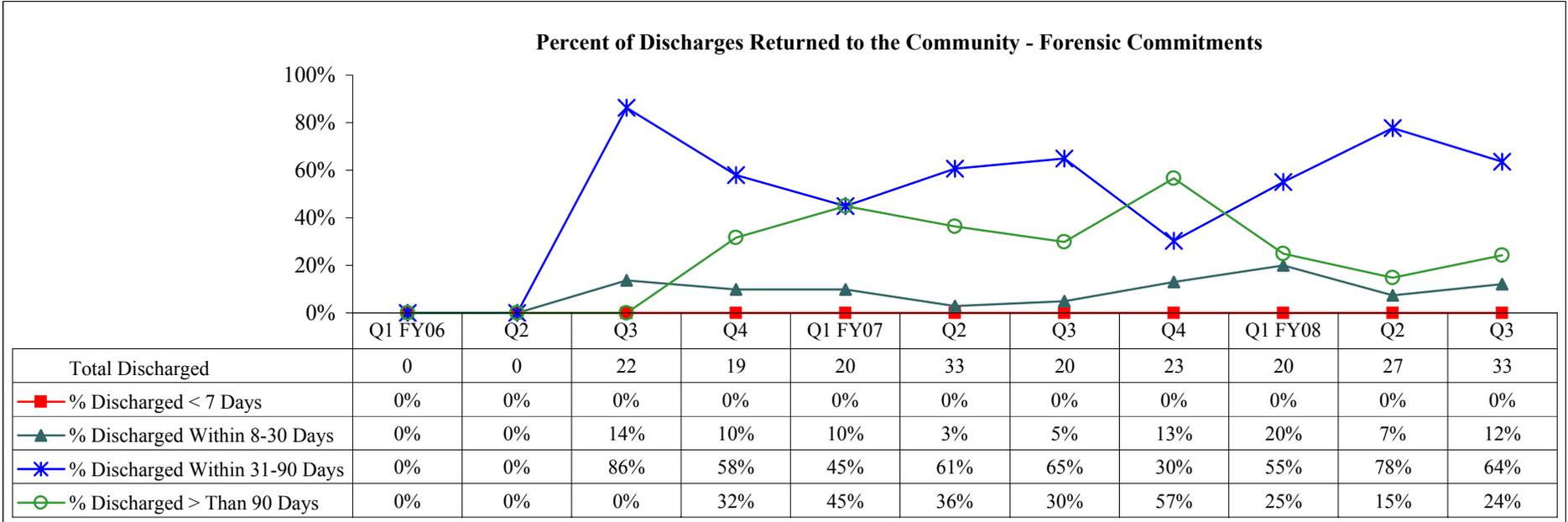


Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

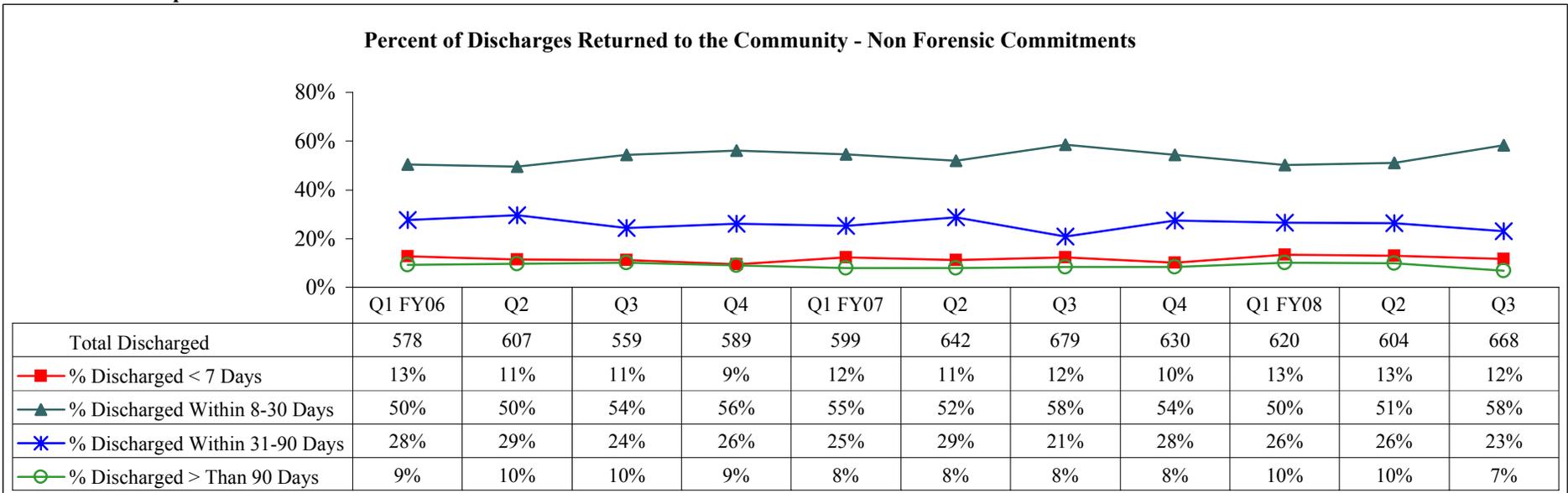


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



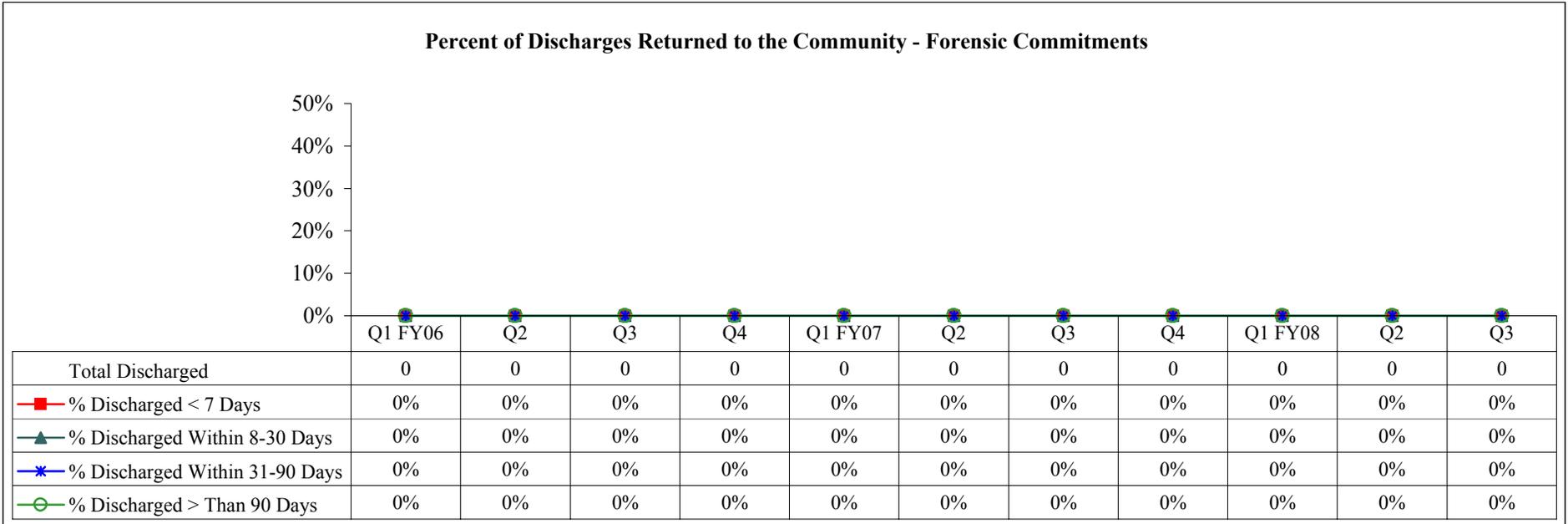
Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic



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

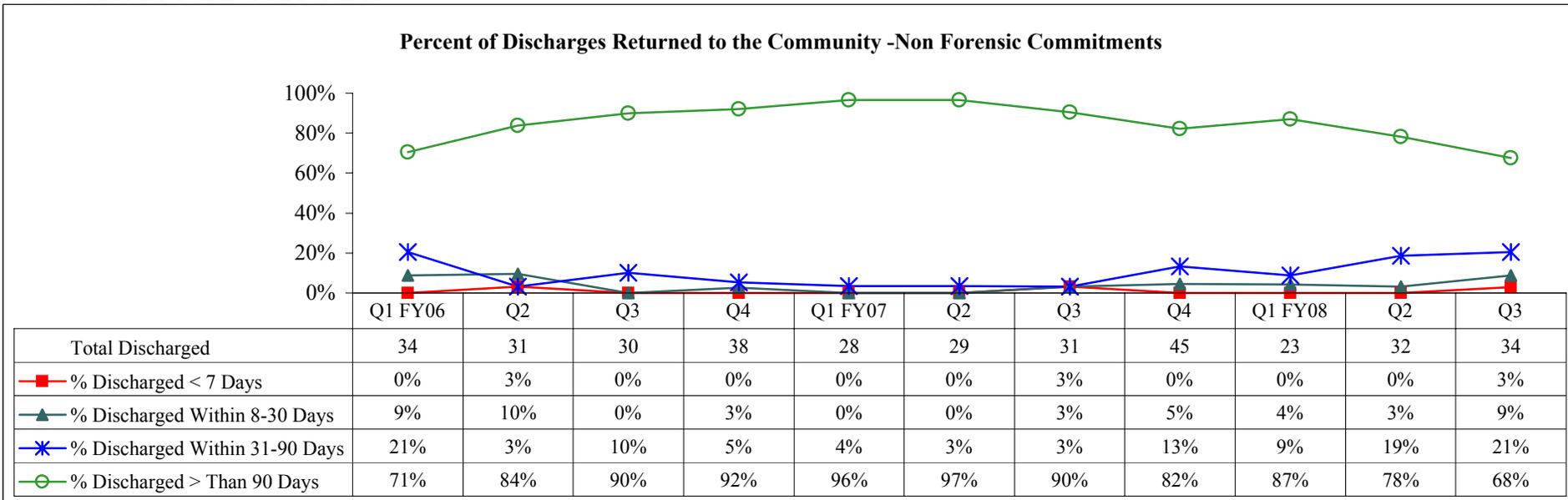
Measure 5B - Percent of Discharges Returned to the Community

Waco Center for Youth - Forensic



Measure 5B - Percent of Discharges Returned to the Community

Waco Center for Youth - Non Forensic



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

Performance Measure 5C:

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

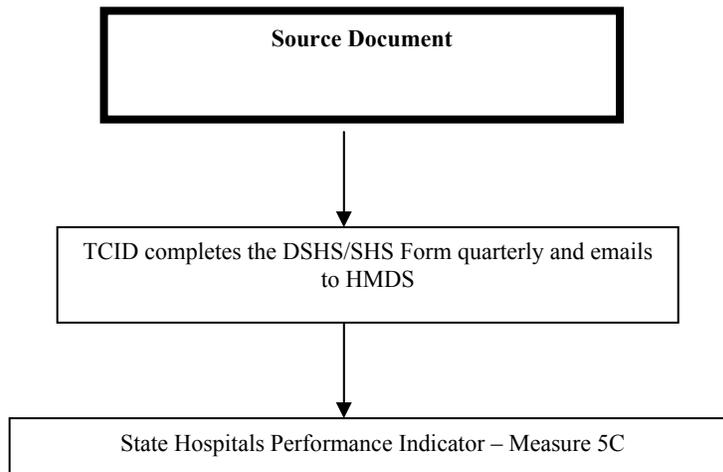
Performance Measure Operational Definition:

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

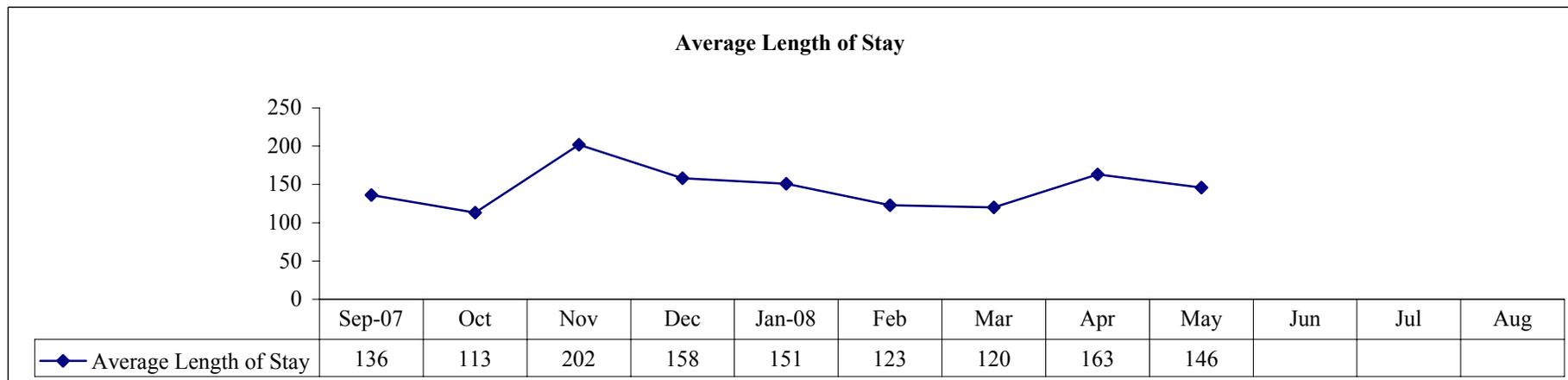
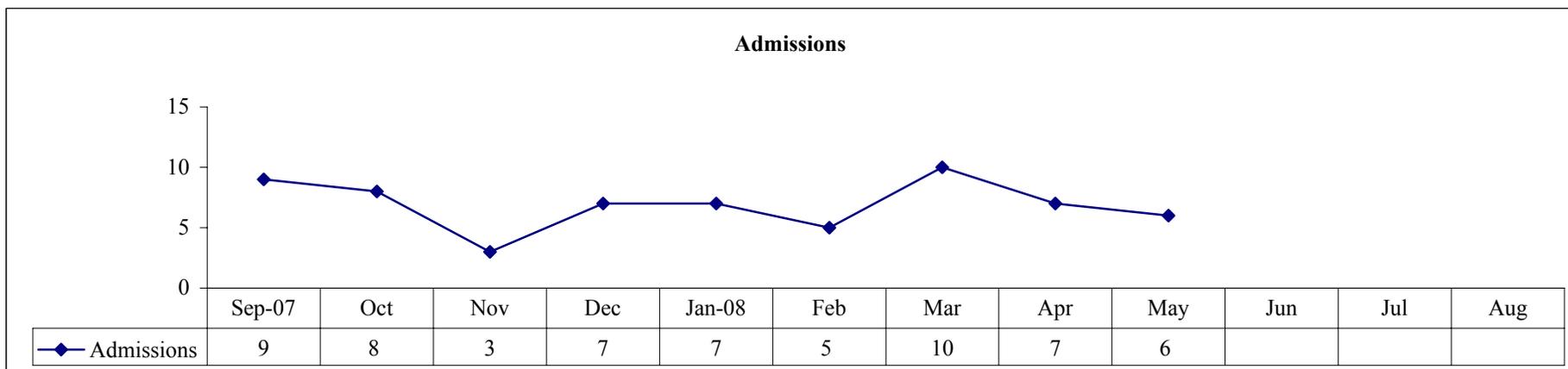
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



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

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



Performance Measure 5D:

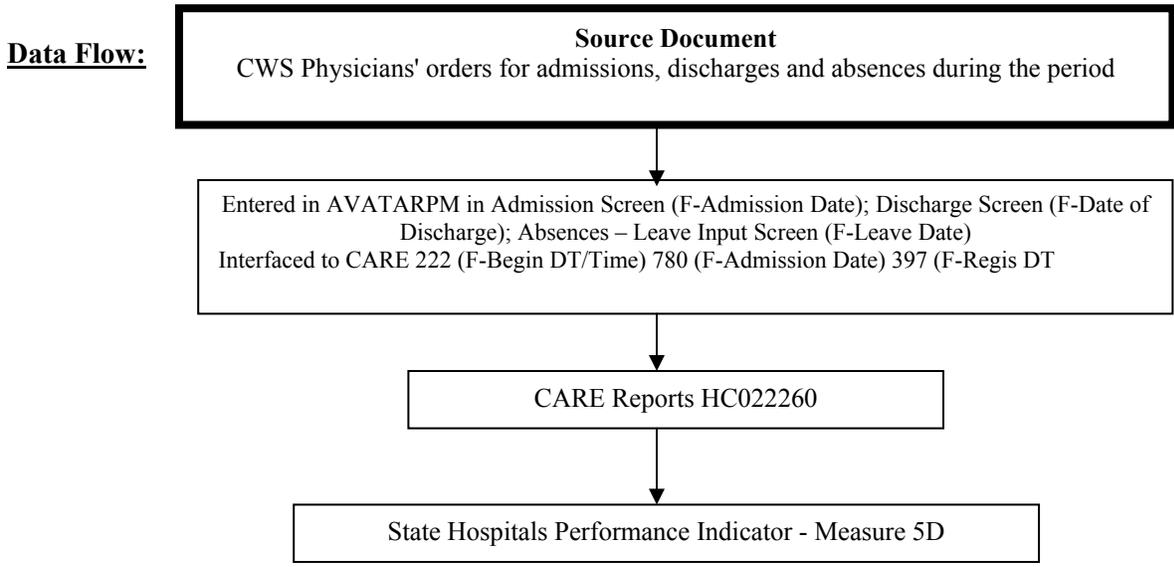
Average length of stay in the hospital will be calculated on a quarterly basis for those patients: Admitted and discharged within 12 months, and all discharges.

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

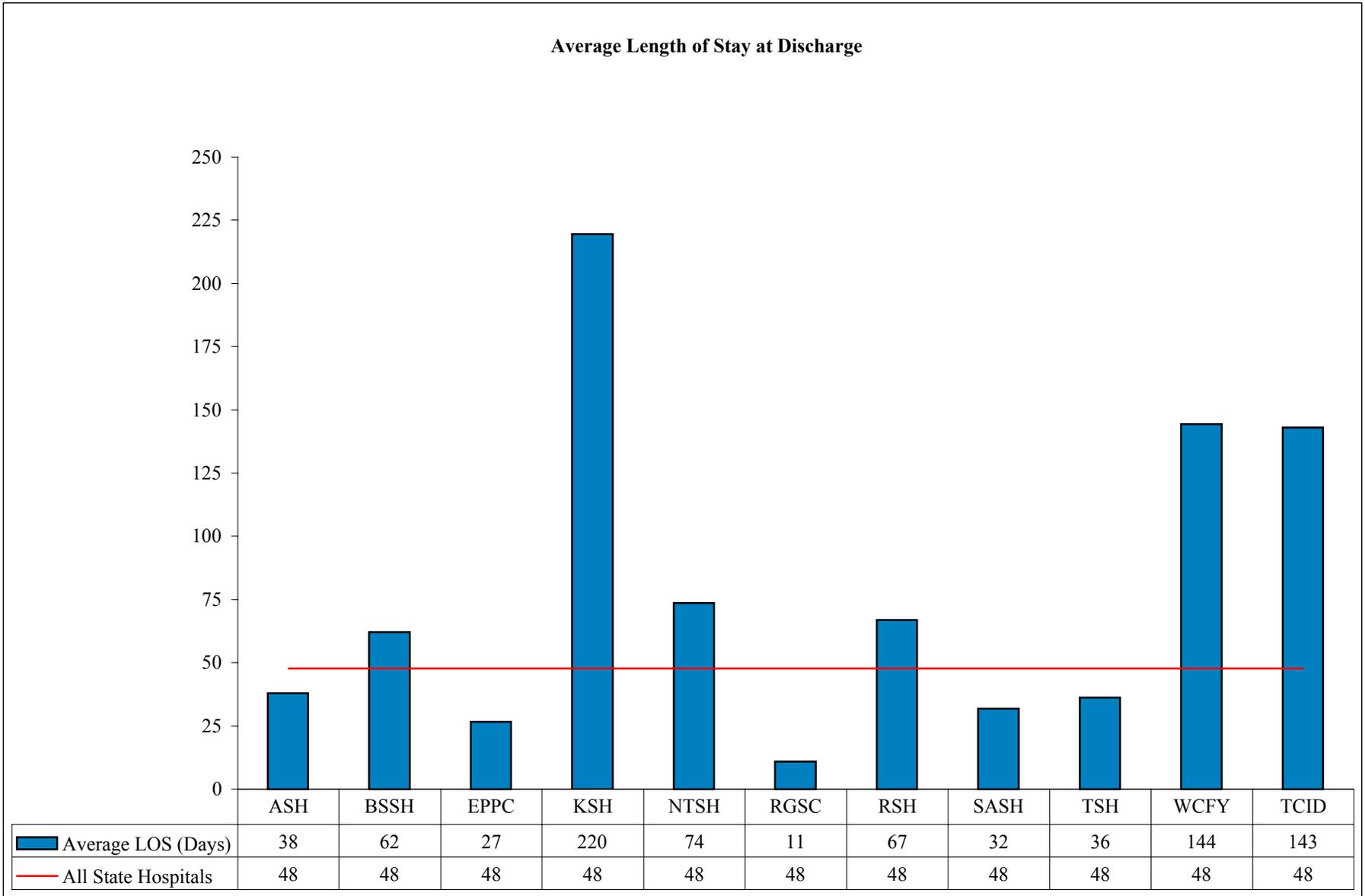
Performance Measure Formula: Net length of stay calculated by subtracting the date of admission from the date of discharge, and then subtracting days absent. Length of Stay for Admitted and Discharged During Prior Twelve Months shows how many people were both admitted and discharged during the prior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

Performance Measure Data Display and Chart Description:

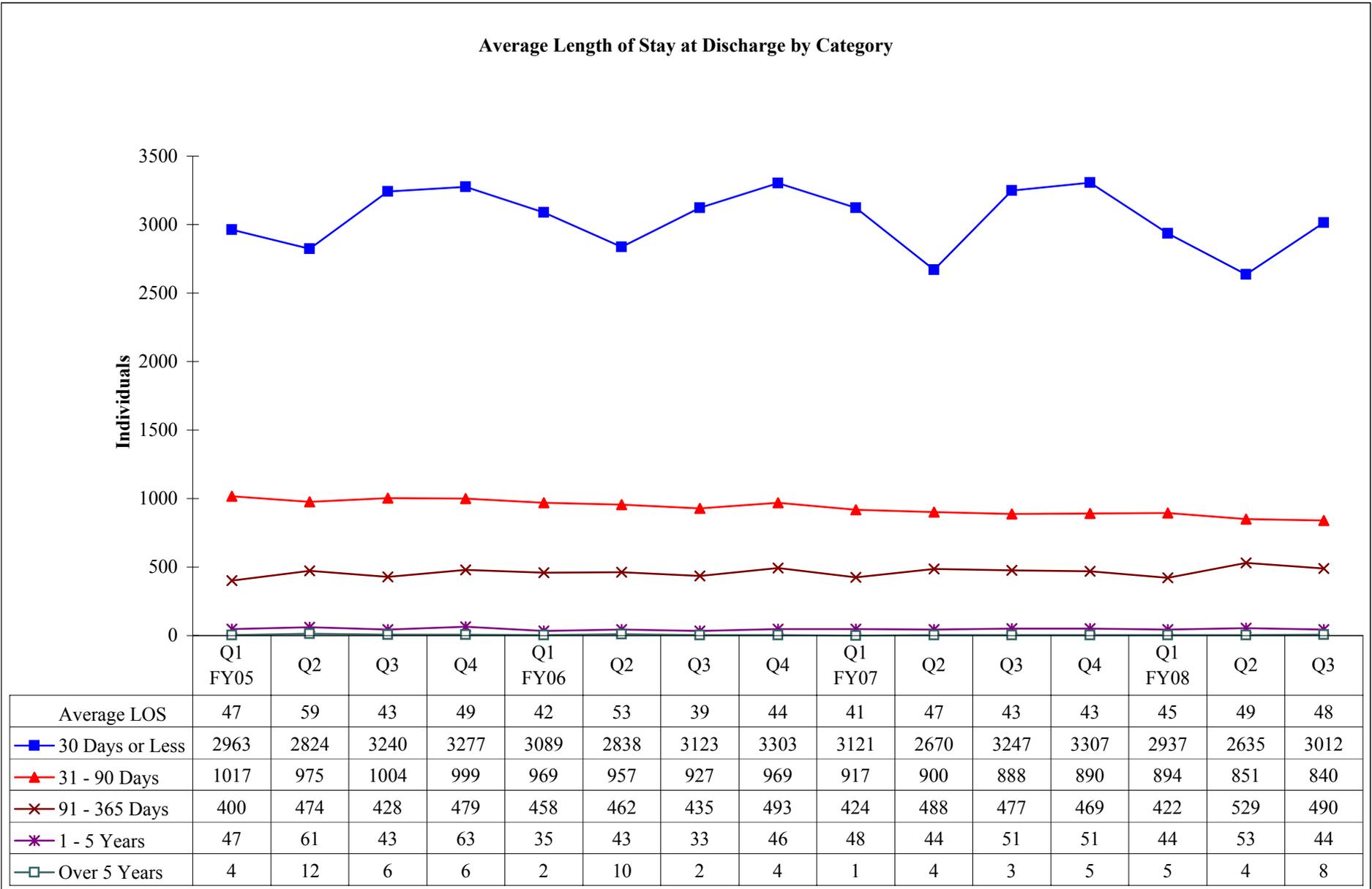
- ◆ Chart with quarterly data points showing average length of stay at discharge by category for individual state hospitals and system-wide.
- ◆ Chart with average length of stay for admitted and discharged during prior 12 months by category for individual state hospitals and system-wide.



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



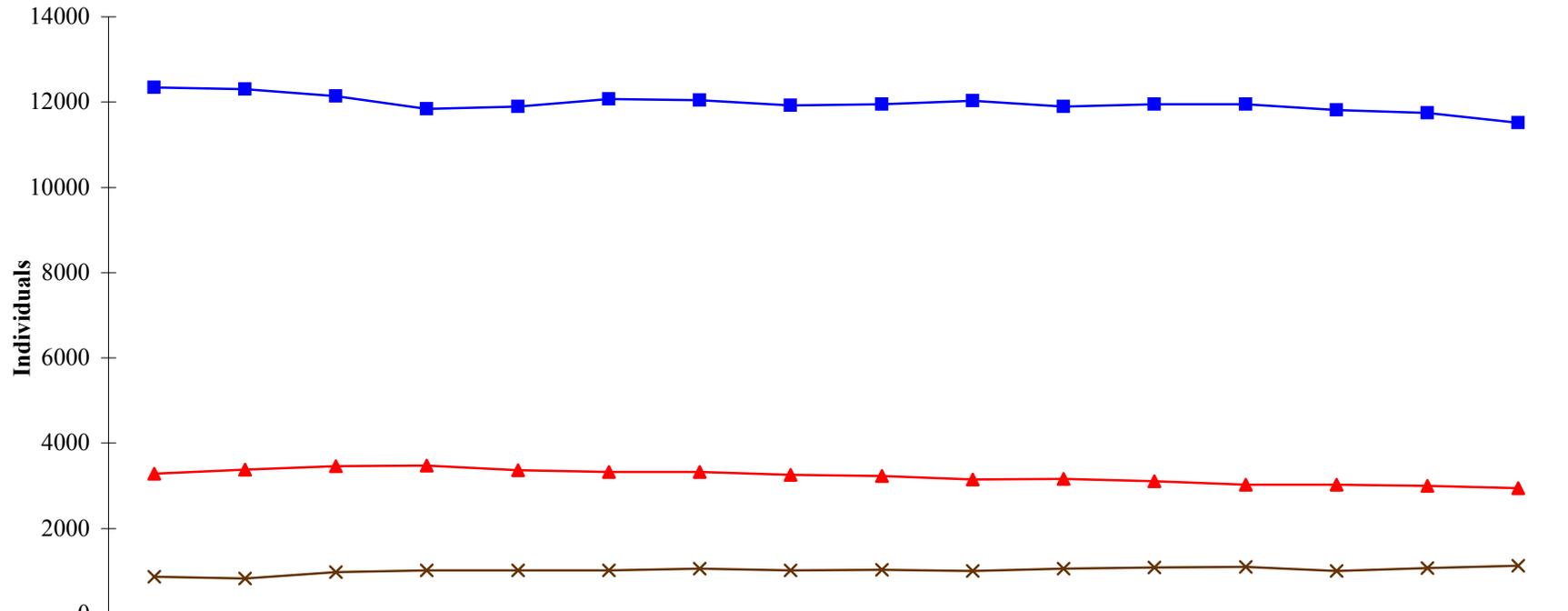
**Measure 5D - Average Length of Stay at Discharge
All State Hospitals**



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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

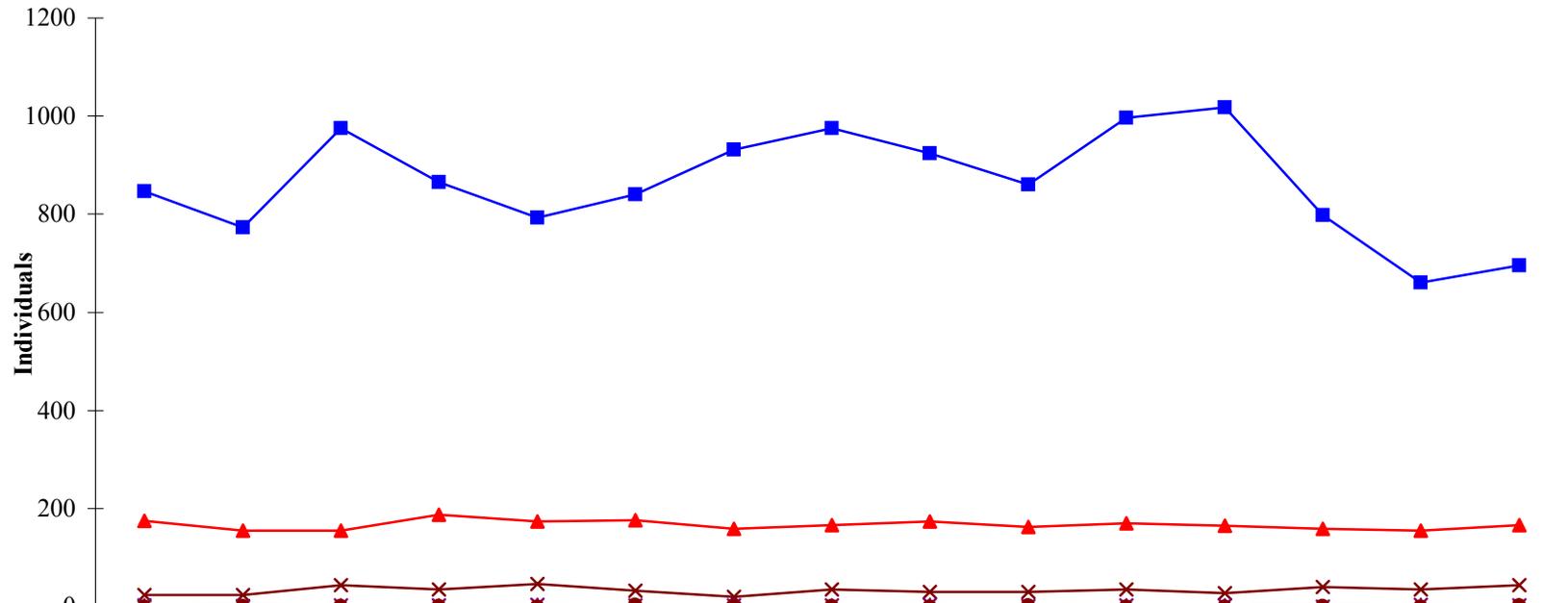


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	26	26	27	28	27	27	27	27	27	27	27	27	27	27	27	28
■ 30 Days or Less	12348	12301	12141	11837	11899	12067	12044	11925	11949	12034	11890	11955	11948	11816	11751	11516
▲ 31-90 Days	3285	3381	3462	3475	3361	3332	3324	3260	3227	3153	3158	3109	3031	3026	3006	2949
× 91-365 Days	871	833	974	1016	1020	1021	1056	1020	1037	999	1056	1086	1104	1011	1079	1131

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

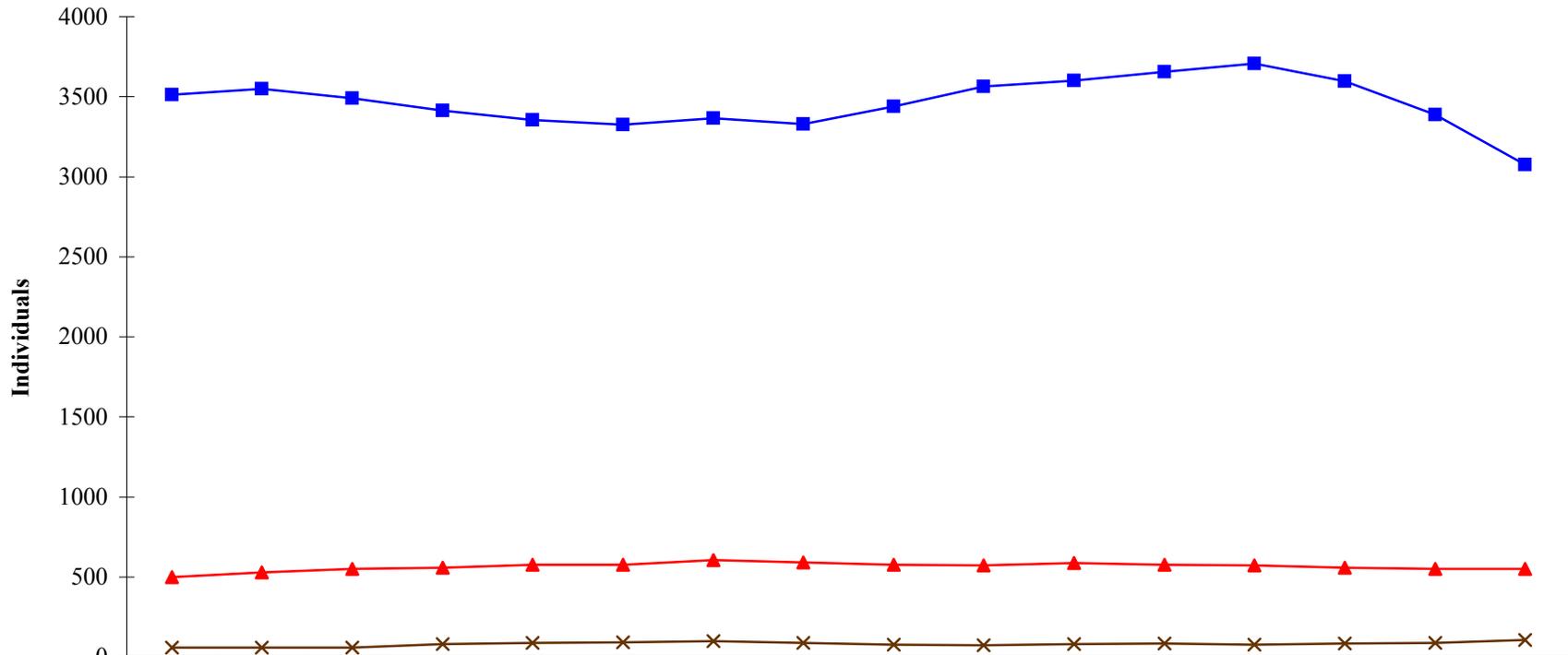
Length of Stay at Discharge by Category



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

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

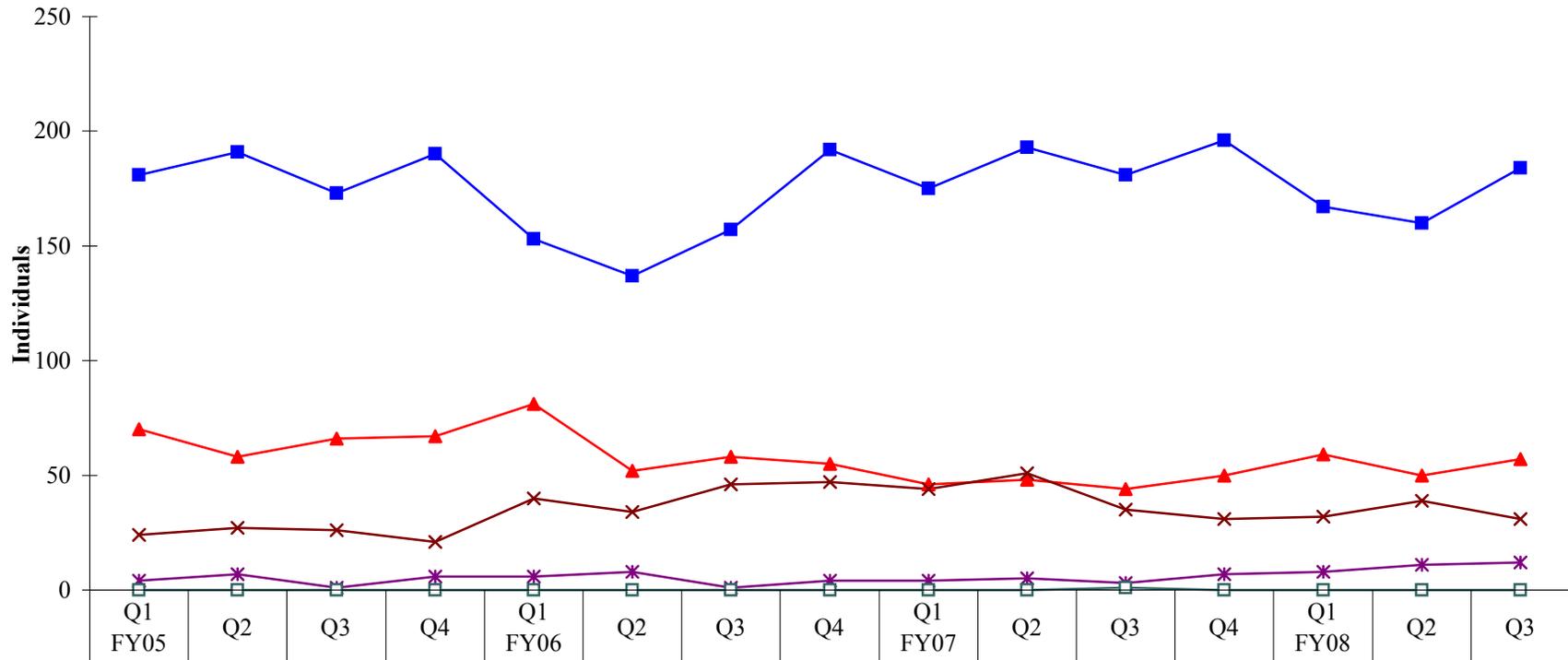
Average Length of Stay For Admitted and Discharged During Prior 12 Months



	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	16	16	17	18	18	18	19	18	18	17	17	17	17	17	18	19
■ 30 Days or Less	3511	3548	3490	3412	3354	3326	3365	3329	3440	3562	3600	3656	3708	3596	3386	3075
▲ 31-90 Days	499	529	550	557	577	577	605	591	577	571	587	576	574	557	549	552
✕ 91-365 Days	58	60	59	82	87	92	99	88	78	73	79	83	78	83	89	106

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

Length of Stay at Discharge by Category

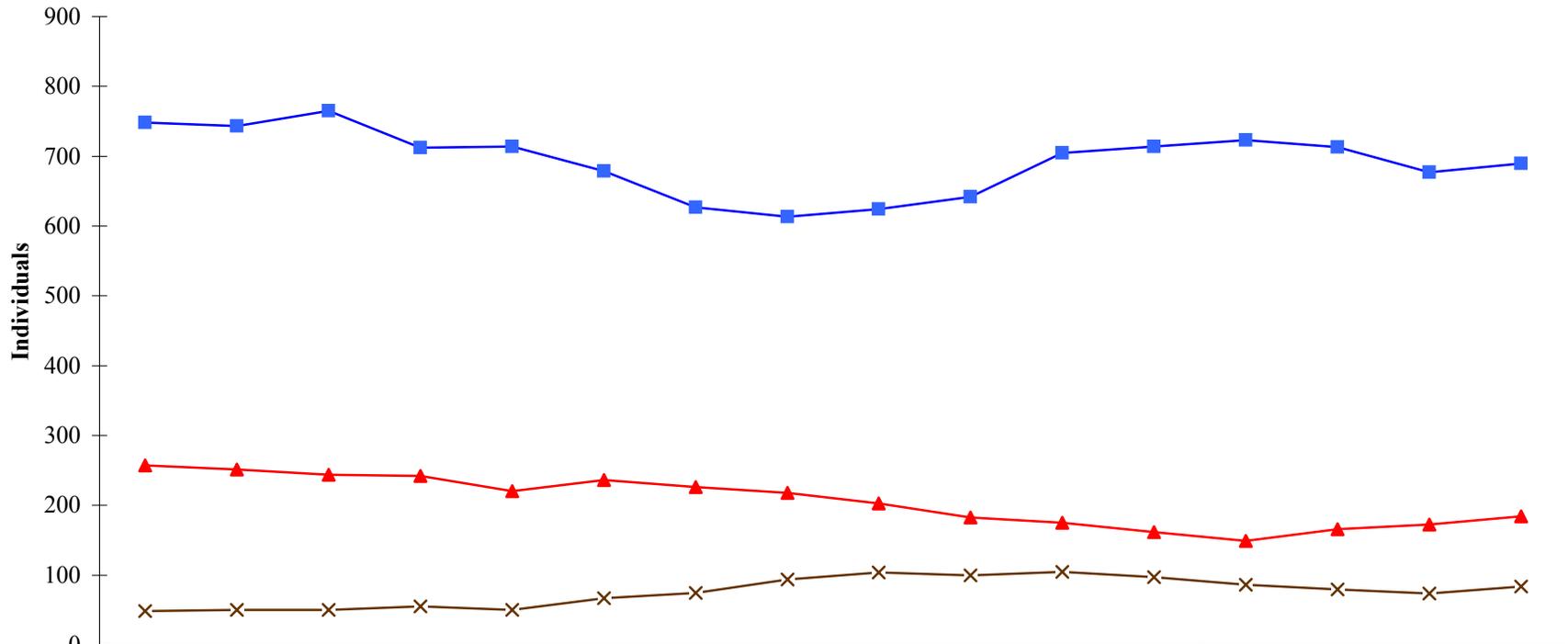


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	48	57	38	43	57	60	48	52	60	51	71	52	54	67	62
30 Days or Less	181	191	173	190	153	137	157	192	175	193	181	196	167	160	184
31 - 90 Days	70	58	66	67	81	52	58	55	46	48	44	50	59	50	57
91 - 365 Days	24	27	26	21	40	34	46	47	44	51	35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

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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

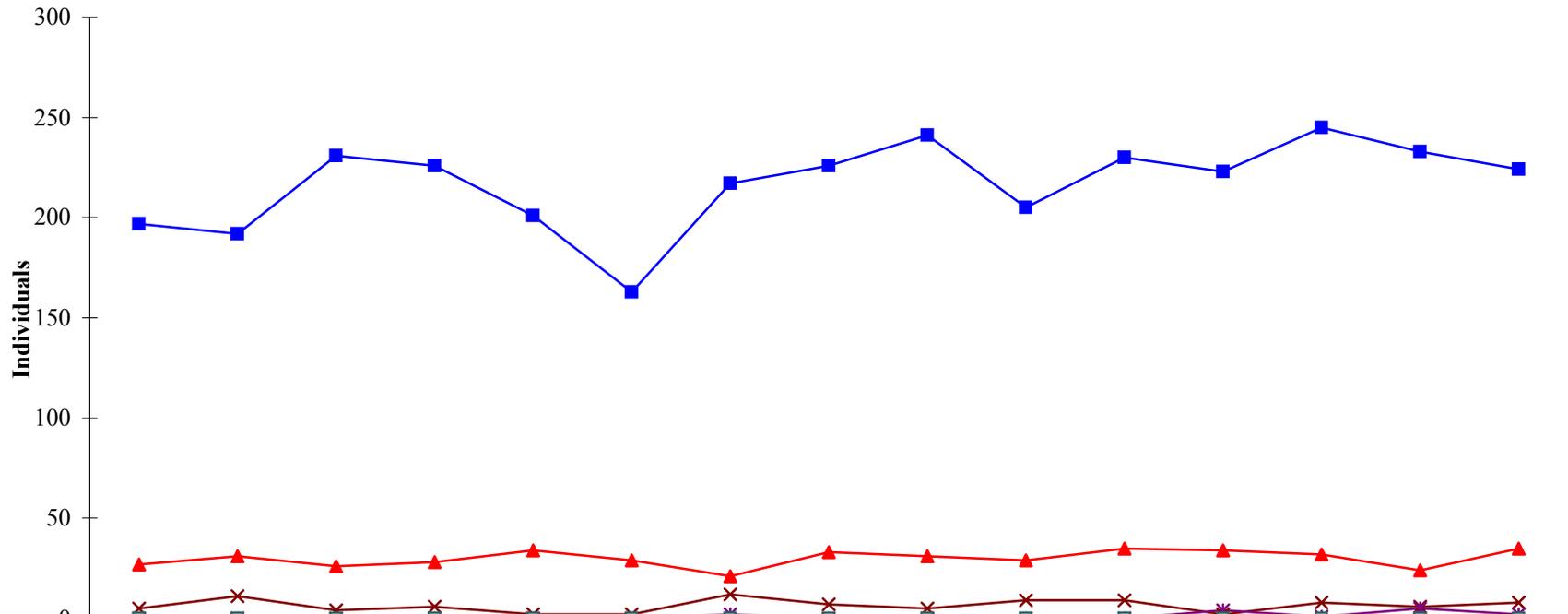


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	28	28	28	28	27	30	31	34	36	34	33	31	30	29	29	31
■ 30 Days or Less	748	743	765	712	714	679	627	613	624	642	705	714	723	713	677	690
▲ 31-90 Days	257	251	244	242	220	236	226	218	203	183	175	162	149	166	173	184
× 91-365 Days	49	50	50	55	50	67	75	94	104	100	105	97	86	80	74	84

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

Length of Stay at Discharge by Category

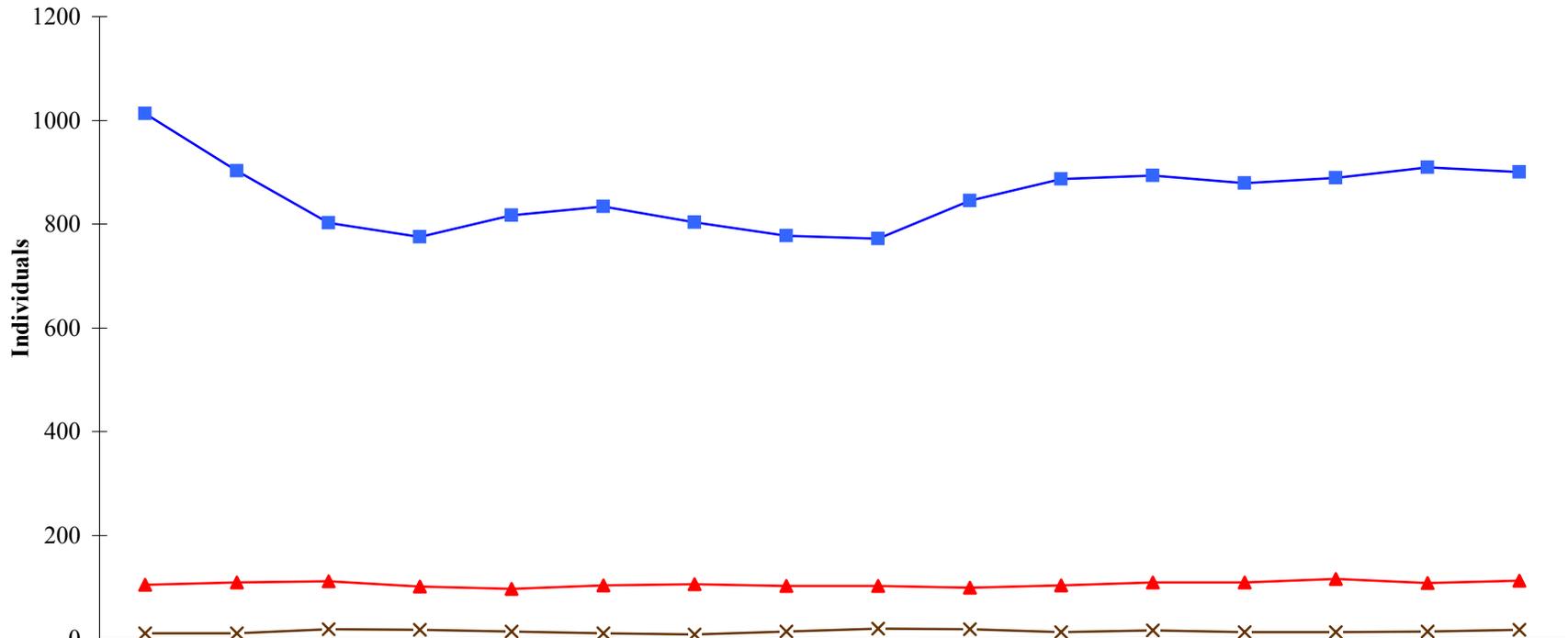


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	18	22	15	17	17	17	25	19	17	21	19	24	18	27	27
■ 30 Days or Less	197	192	231	226	201	163	217	226	241	205	230	223	245	233	224
▲ 31 - 90 Days	27	31	26	28	34	29	21	33	31	29	35	34	32	24	35
✕ 91 - 365 Days	5	11	4	6	2	2	12	7	5	9	9	2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

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

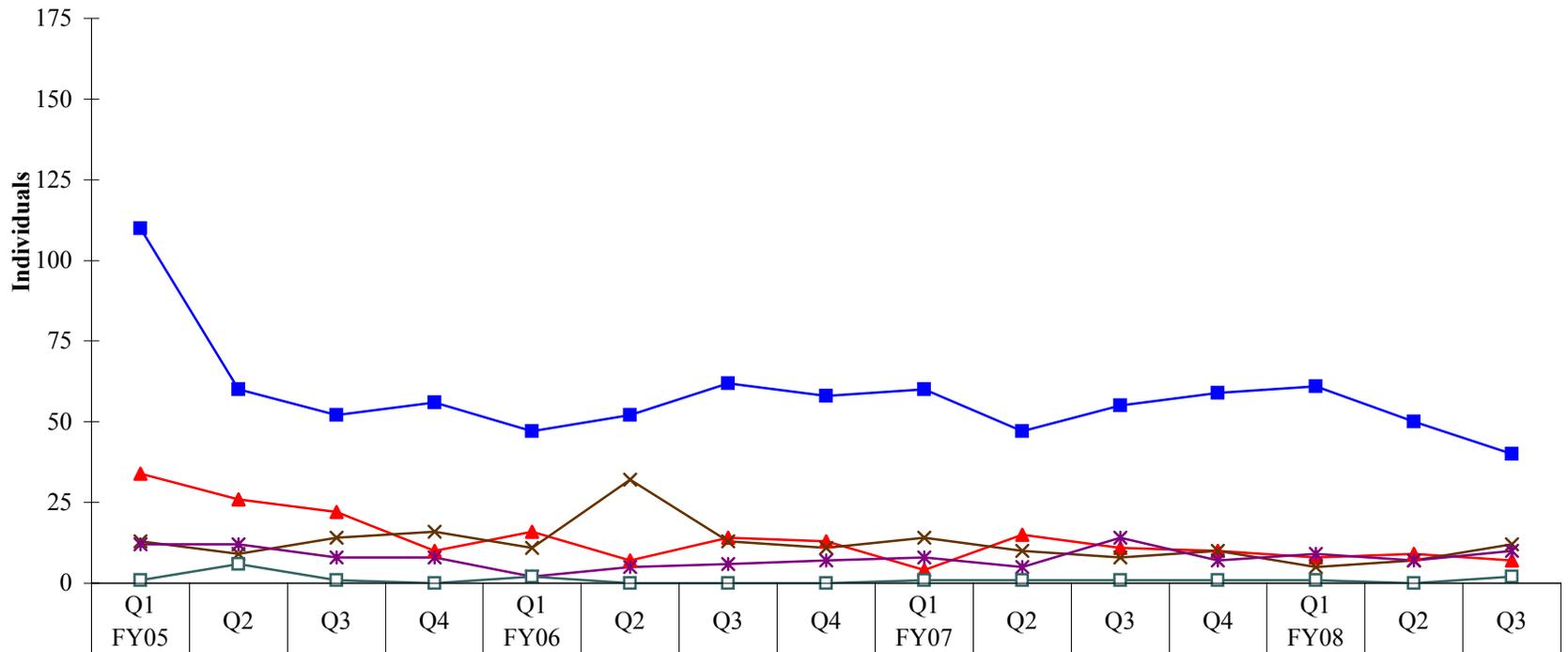
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	13	14	17	17	16	15	15	16	17	16	15	16	15	15	15	15
■ 30 Days or Less	1013	903	802	775	817	834	803	778	772	845	887	894	879	889	909	900
▲ 31-90 Days	105	109	111	101	97	104	106	102	102	99	104	109	109	116	108	113
× 91-365 Days	11	11	19	18	15	11	9	15	20	19	14	17	14	13	15	18

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

Length of Stay at Discharge by Category

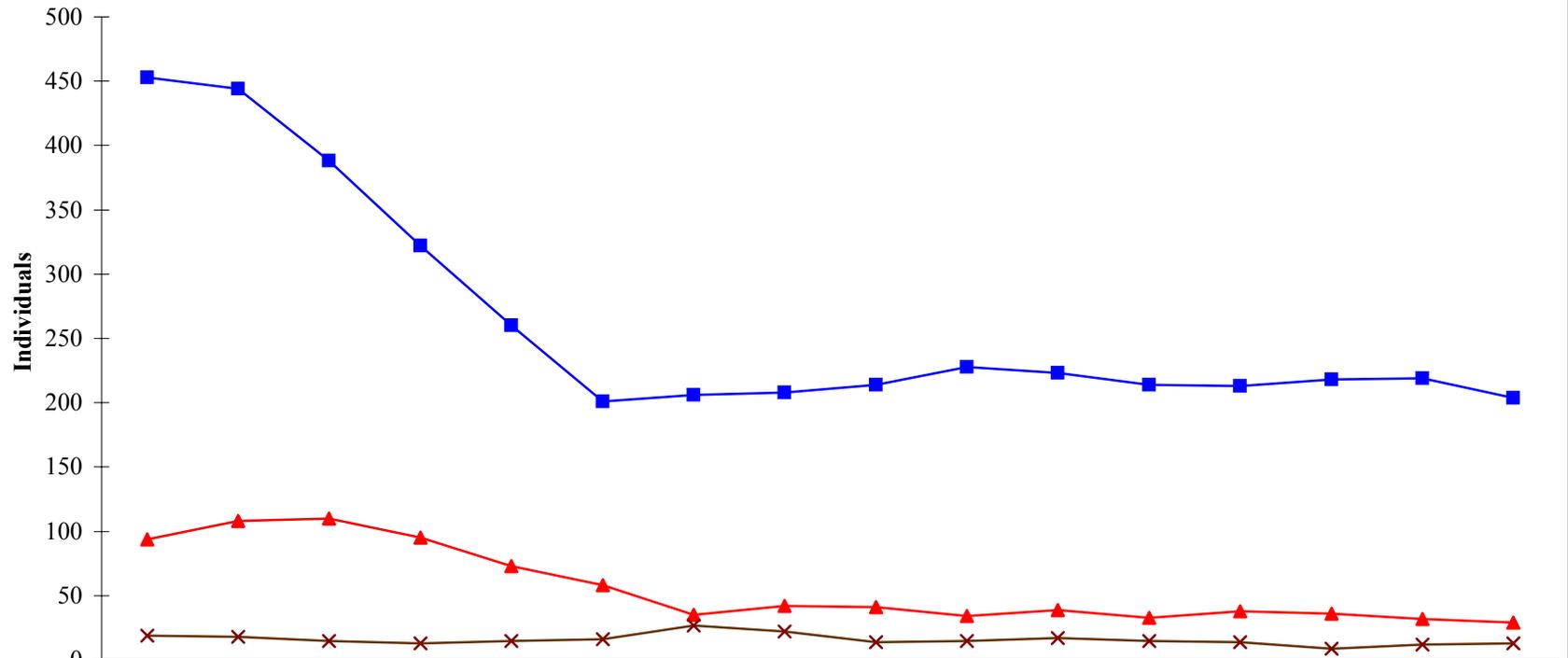


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	131	449	161	119	144	135	93	109	119	113	162	128	145	92	220
■ 30 Days or Less	110	60	52	56	47	52	62	58	60	47	55	59	61	50	40
▲ 31 - 90 Days	34	26	22	10	16	7	14	13	4	15	11	10	8	9	7
✕ 91 - 365 Days	13	9	14	16	11	32	13	11	14	10	8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

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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

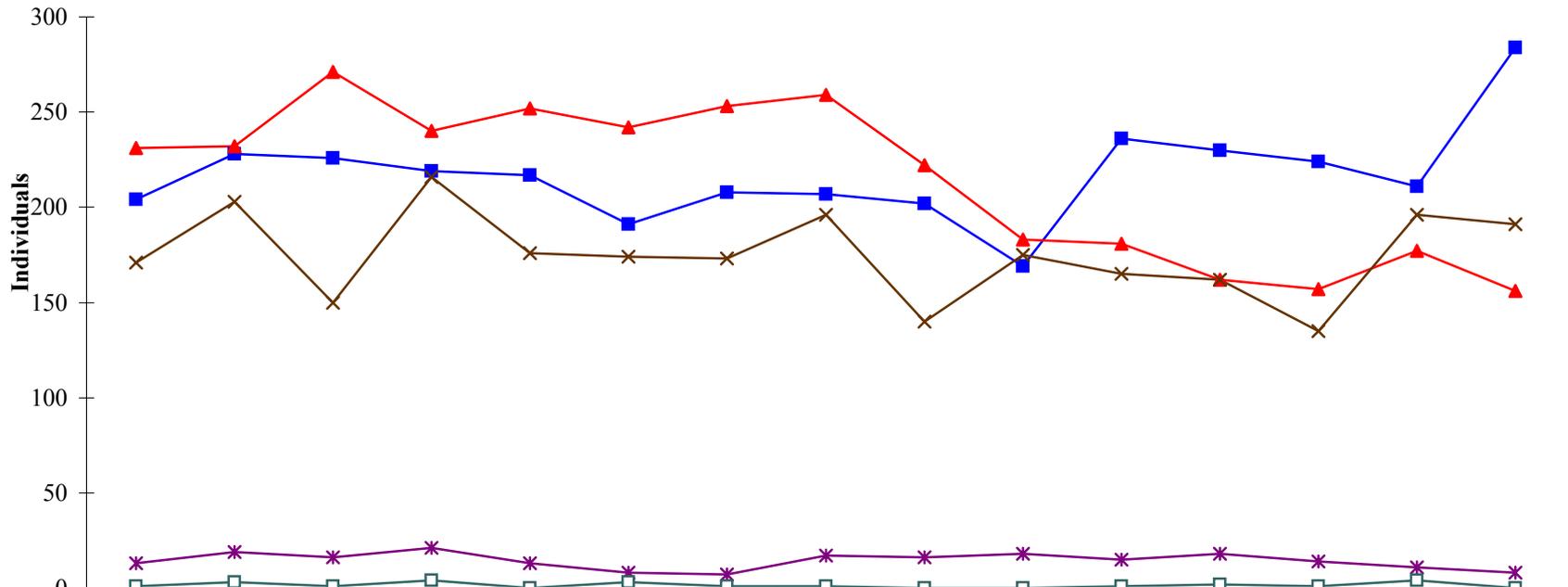


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	24	26	27	29	30	33	36	31	25	23	23	22	24	20	22	22
■ 30 Days or Less	453	444	388	322	260	201	206	208	214	228	223	214	213	218	219	204
▲ 31-90 Days	94	108	110	95	73	58	35	42	41	34	39	33	38	36	32	29
× 91-365 Days	19	18	15	13	15	16	27	22	14	15	17	15	14	9	12	13

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

Length of Stay at Discharge by Category

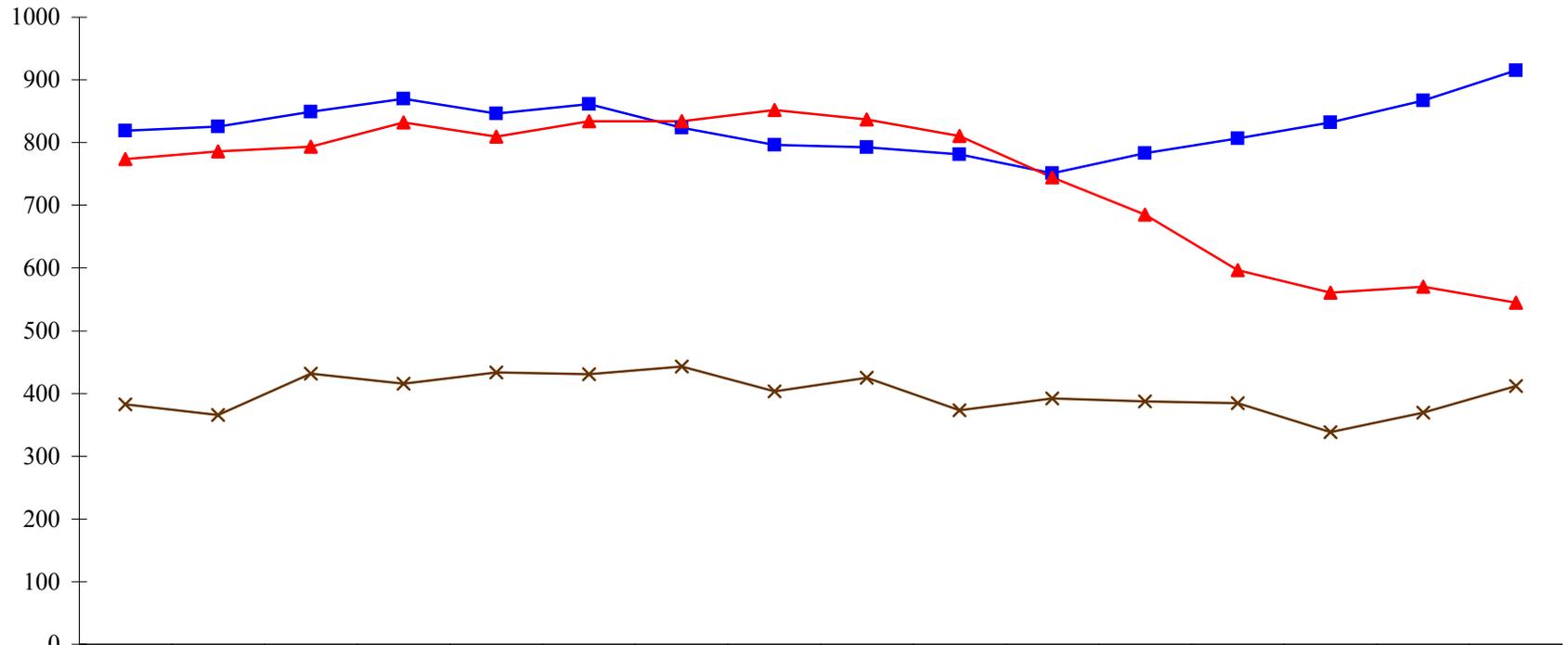


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	86	97	84	110	81	91	83	91	80	95	86	97	90	100	74
■ 30 Days or Less	204	228	226	219	217	191	208	207	202	169	236	230	224	211	284
▲ 31 - 90 Days	231	232	271	240	252	242	253	259	222	183	181	162	157	177	156
✕ 91 - 365 Days	171	203	150	216	176	174	173	196	140	175	165	162	135	196	191
* 1 - 5 Years	13	19	16	21	13	8	7	17	16	18	15	18	14	11	8
□ Over 5 Years	1	3	1	4	0	3	1	1	0	0	1	2	1	4	0

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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

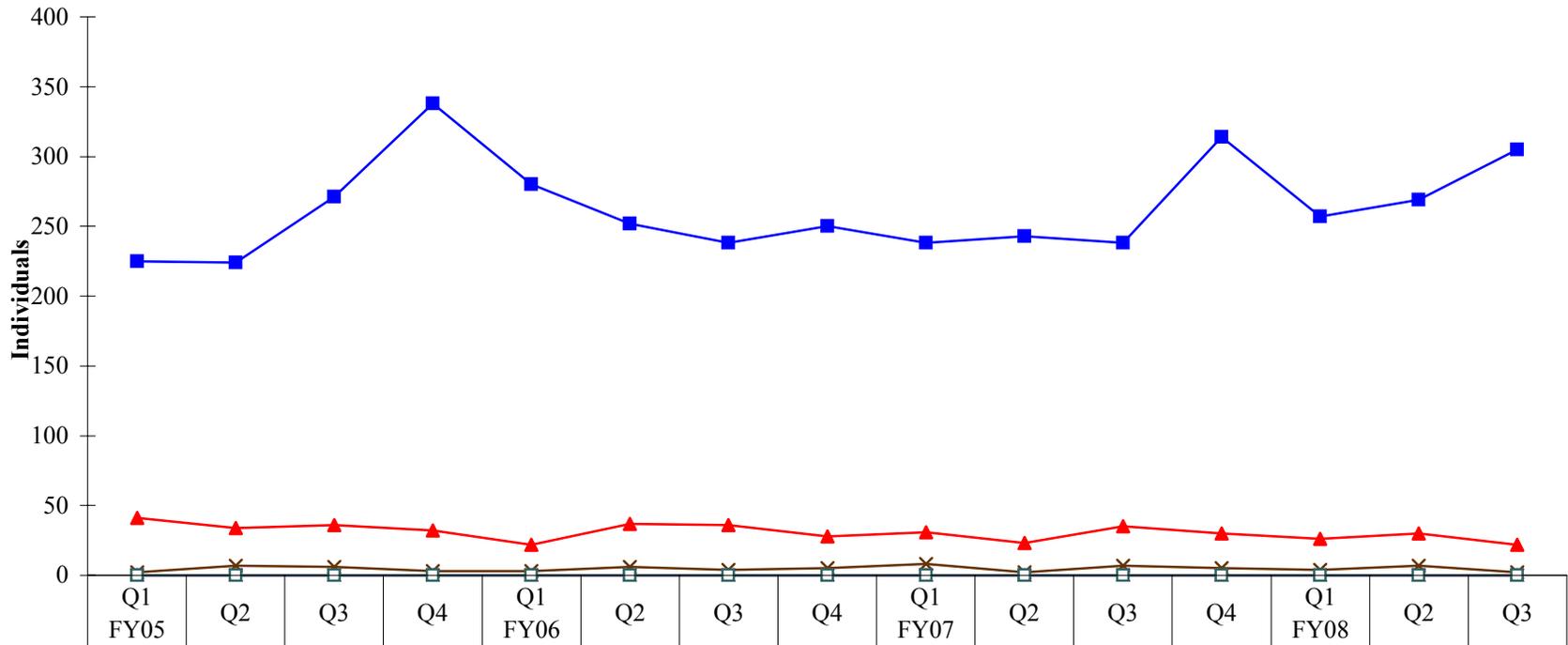


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	54	53	56	55	54	56	56	56	57	55	56	56	54	52	51	53
30 Days or Less	819	826	849	870	846	861	824	796	793	781	751	783	807	832	867	915
31-90 Days	774	786	794	832	810	834	834	852	837	811	745	685	597	561	570	545
91-365 Days	383	366	432	416	434	431	443	403	425	373	392	387	385	338	369	412

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

Average Length of Stay at Discharge by Category

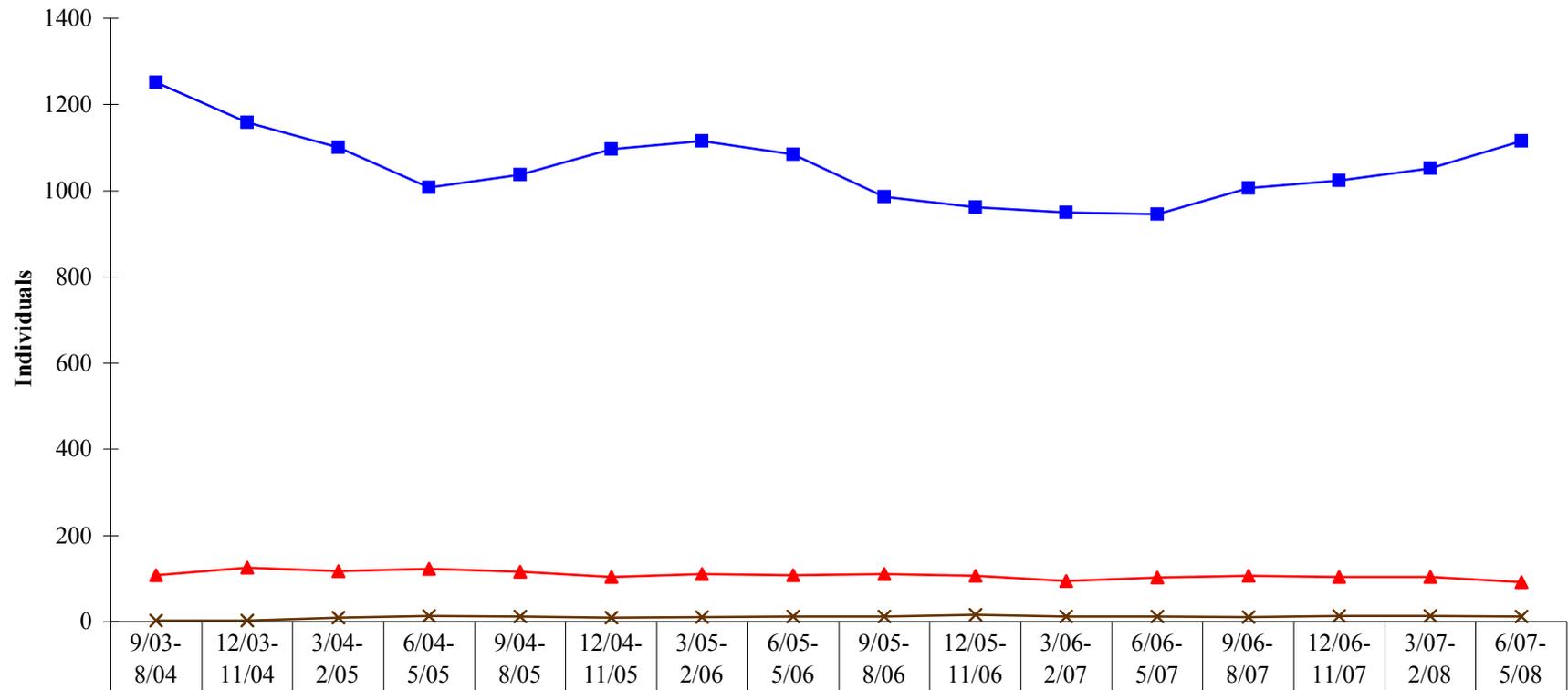


Average LOS	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
—■— 30 Days or Less	225	224	271	338	280	252	238	250	238	243	238	314	257	269	305
—▲— 31 - 90 Days	41	34	36	32	22	37	36	28	31	23	35	30	26	30	22
—×— 91 - 365 Days	2	7	6	3	3	6	4	5	8	2	7	5	4	7	2
—*— 1 - 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
—□— Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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

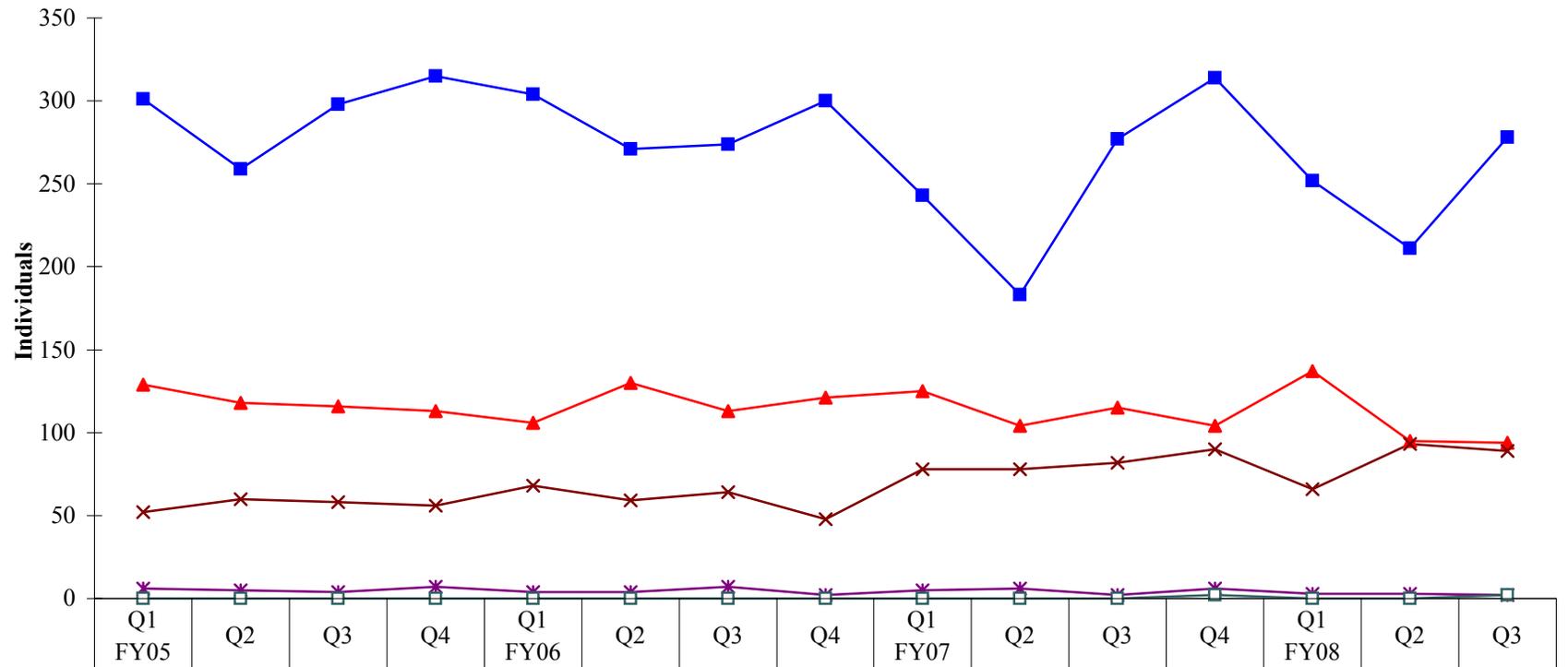


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	11	12	13	14	13	12	12	12	13	14	13	14	13	13	13	12
30 Days or Less	1251	1159	1101	1008	1037	1096	1115	1084	986	961	949	945	1006	1024	1052	1116
31-90 Days	108	125	118	123	116	104	110	108	111	107	95	103	106	104	104	92
91-365 Days	3	3	10	13	12	9	11	12	12	16	12	12	11	13	13	12

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

Length of Stay at Discharge by Category

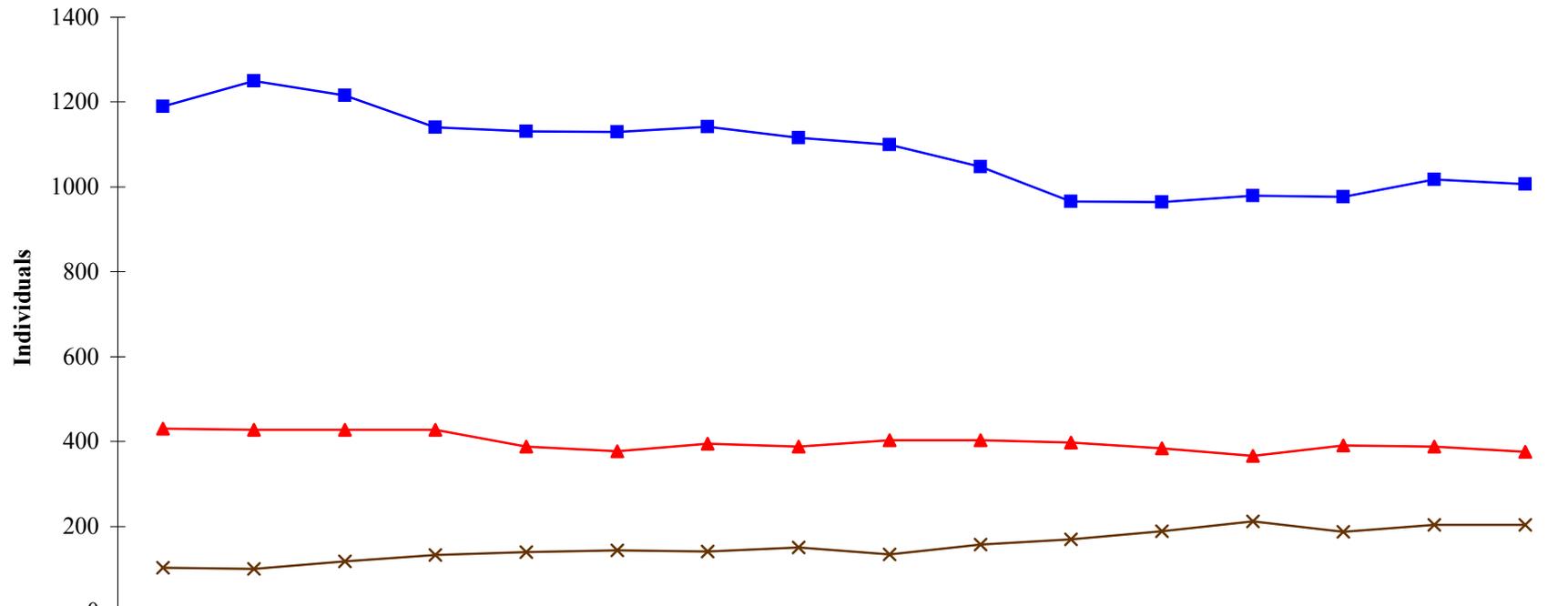


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	52	49	45	49	51	47	50	42	57	64	48	59	50	60	67
■ 30 Days or Less	301	259	298	315	304	271	274	300	243	183	277	314	252	211	278
▲ 31 - 90 Days	129	118	116	113	106	130	113	121	125	104	115	104	137	95	94
× 91 - 365 Days	52	60	58	56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

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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

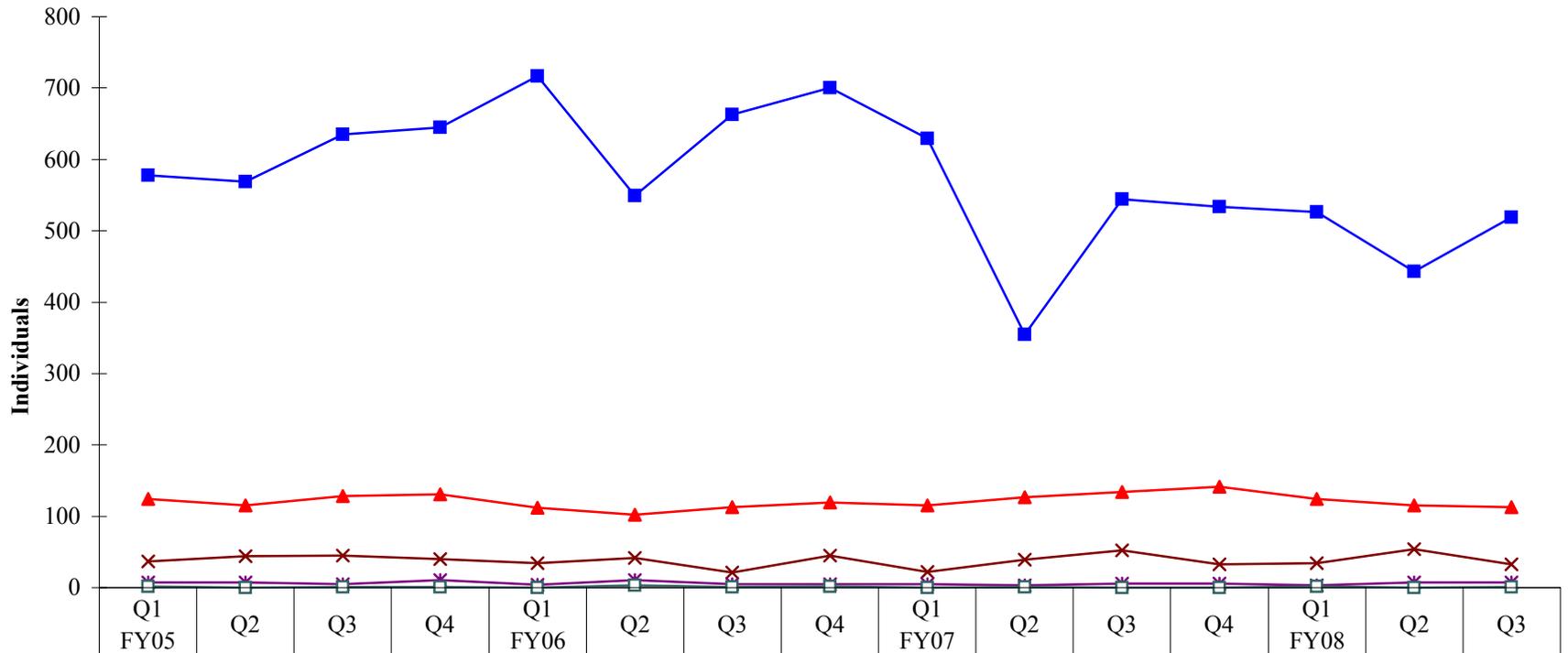


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	30	30	31	33	33	33	33	34	33	36	38	38	39	38	38	38
■ 30 Days or Less	1190	1250	1216	1141	1131	1130	1142	1116	1100	1048	966	964	979	977	1018	1007
▲ 31-90 Days	430	427	428	427	388	377	395	388	403	403	397	384	366	391	388	375
× 91-365 Days	102	100	118	133	140	143	141	150	134	157	169	188	212	187	204	203

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

Length of Stay at Discharge by Category

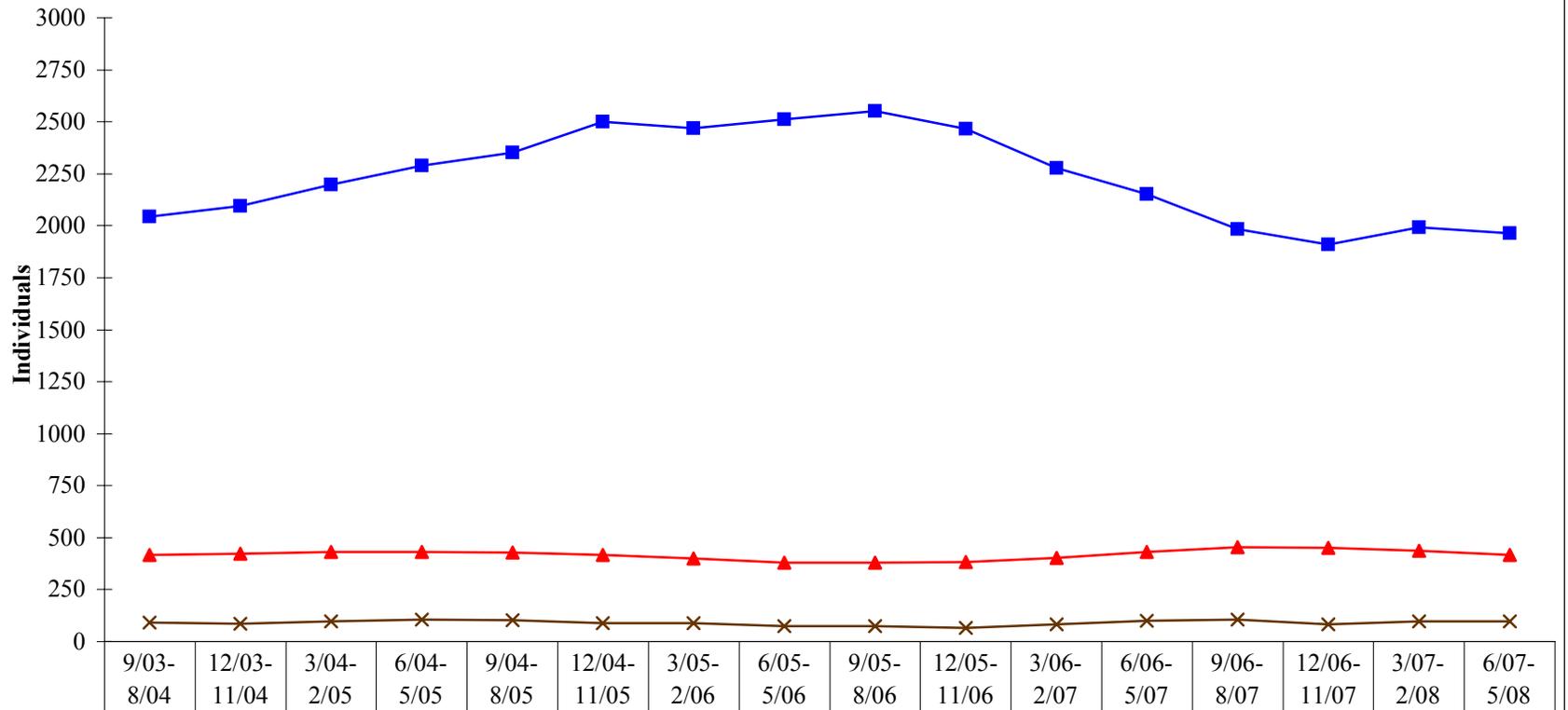


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	46	32	31	47	26	52	25	33	27	39	32	29	35	37	32
■ 30 Days or Less	578	569	635	645	717	549	663	700	629	355	544	534	526	443	519
▲ 31 - 90 Days	124	115	128	131	112	102	113	119	115	127	134	141	124	115	113
× 91 - 365 Days	37	44	45	40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

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

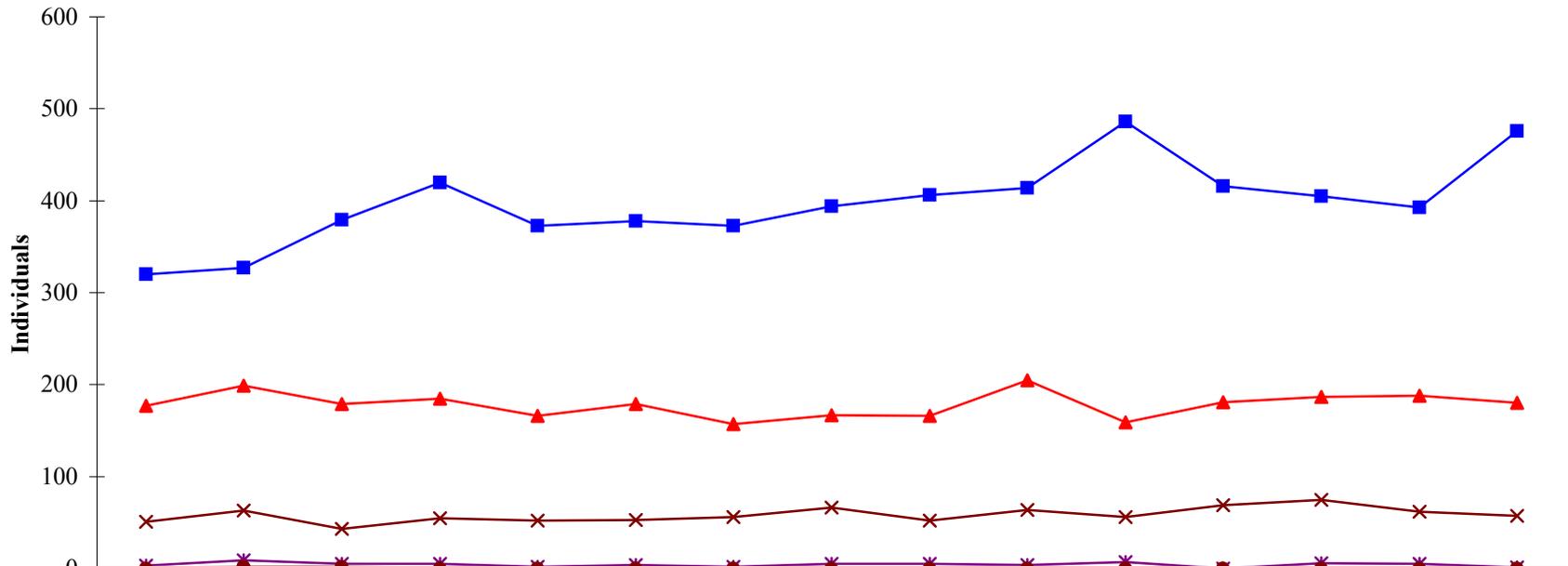
Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

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



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

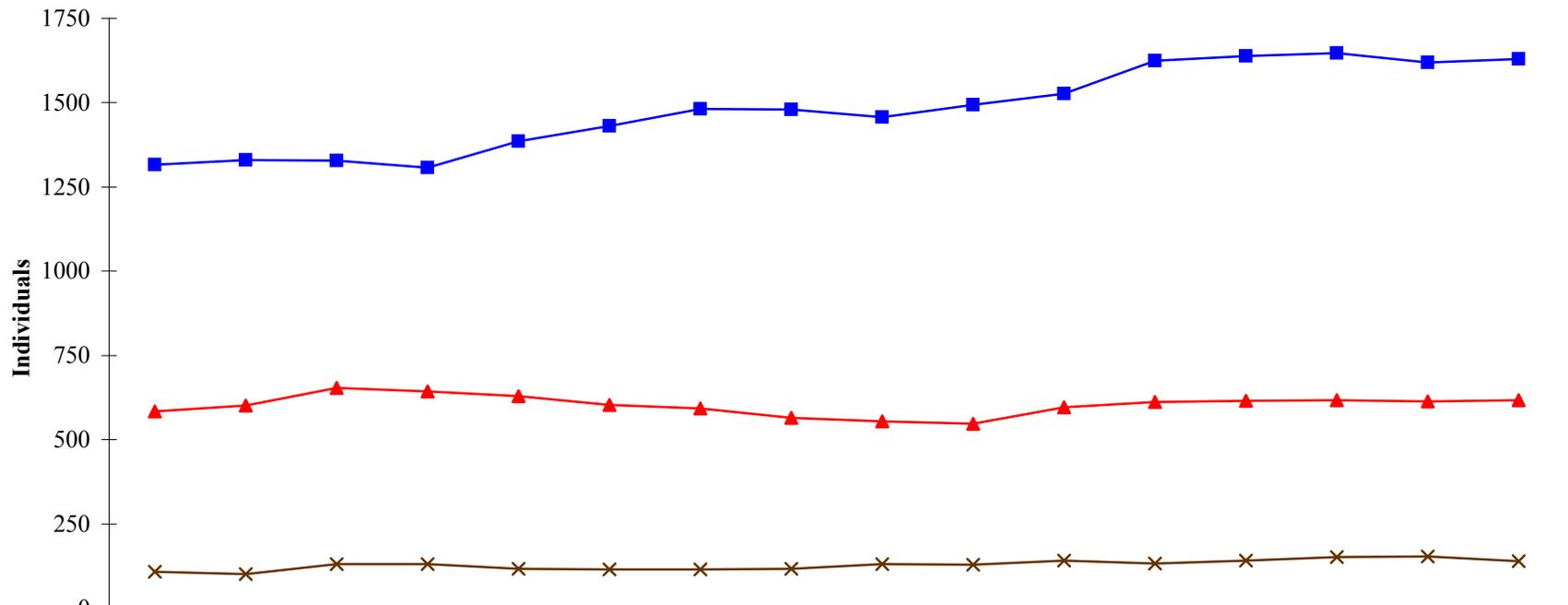
Average Length of Stay at Discharge by Category



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

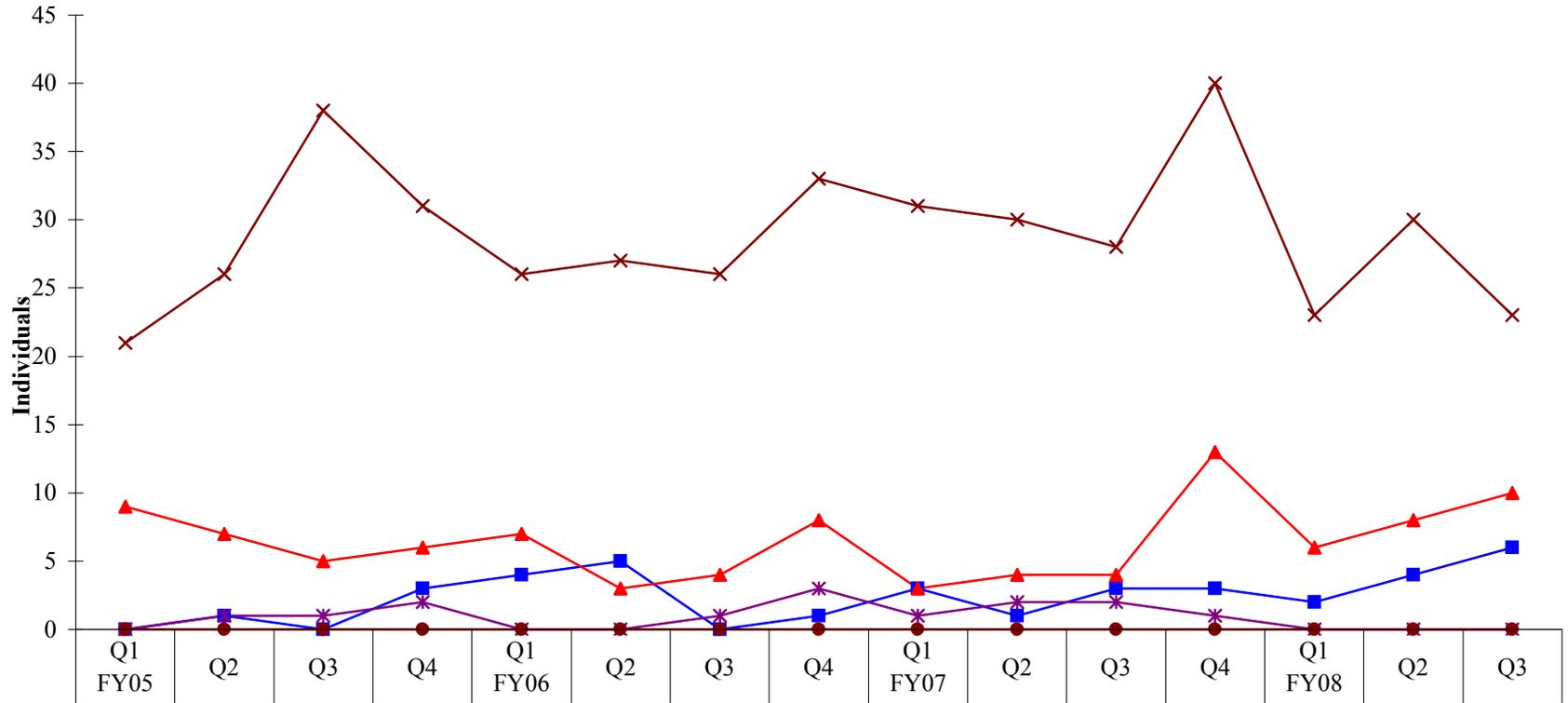


	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	32	31	33	33	32	31	31	30	31	31	32	31	31	32	32	31
30 Days or Less	1316	1330	1328	1307	1385	1431	1482	1479	1458	1493	1527	1625	1638	1648	1619	1630
31-90 Days	584	602	653	644	629	603	593	564	554	547	596	611	615	617	614	617
91-365 Days	108	101	130	130	117	115	115	116	131	129	141	133	142	152	153	139

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

Average Length of Stay at Discharge by Category

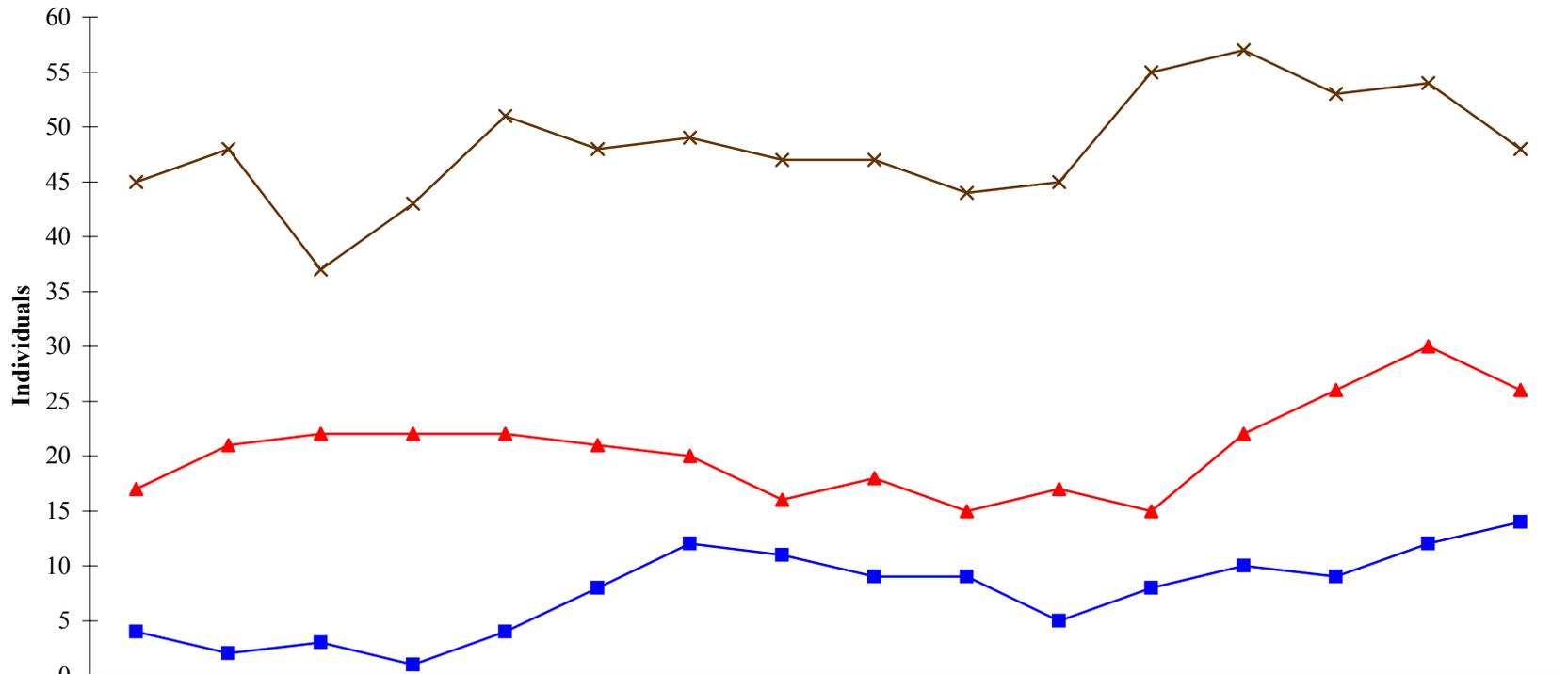


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08	Q2	Q3
Average LOS	163	182	205	183	145	166	193	218	167	207	182	157	160	149	144
■ 30 Days or Less	0	1	0	3	4	5	0	1	3	1	3	3	2	4	6
▲ 31 - 90 Days	9	7	5	6	7	3	4	8	3	4	4	13	6	8	10
✕ 91 - 365 Days	21	26	38	31	26	27	26	33	31	30	28	40	23	30	23
✱ 1 - 5 Years	0	1	1	2	0	0	1	3	1	2	2	1	0	0	0
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

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



	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08
Average LOS	151	131	131	152	129	123	119	128	133	134	130	131	125	121	117	114
■ 30 Days or Less	4	2	3	1	4	8	12	11	9	9	5	8	10	9	12	14
▲ 31-90 Days	17	21	22	22	22	21	20	16	18	15	17	15	22	26	30	26
✕ 91-365 Days	45	48	37	43	51	48	49	47	47	44	45	55	57	53	54	48

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

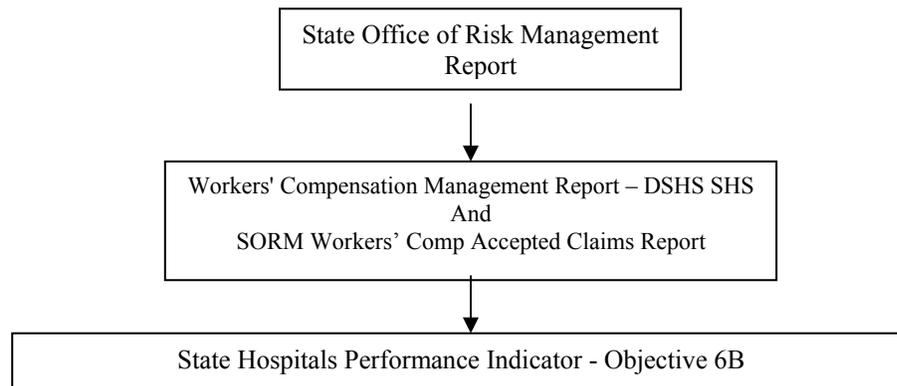
State hospitals will manage workers' compensation claim expenses so that an individual hospital's total FY 2008 claims expense will be at or below the dollar target amount established for that hospital.

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

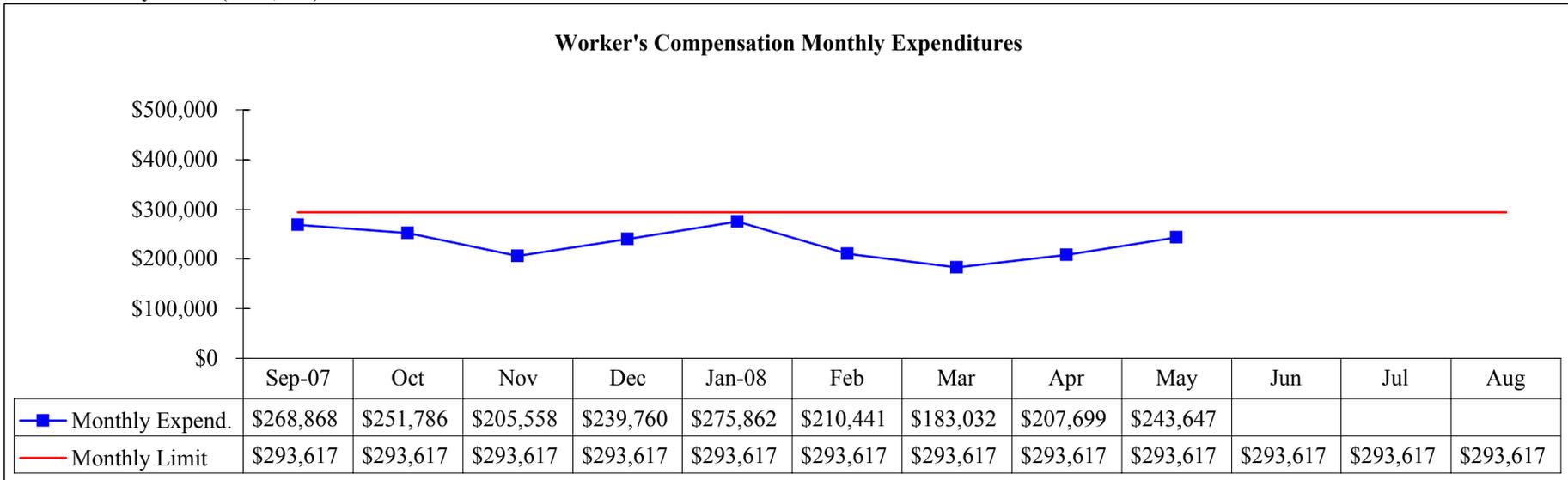
Performance Objective Data Display and Chart Description:

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

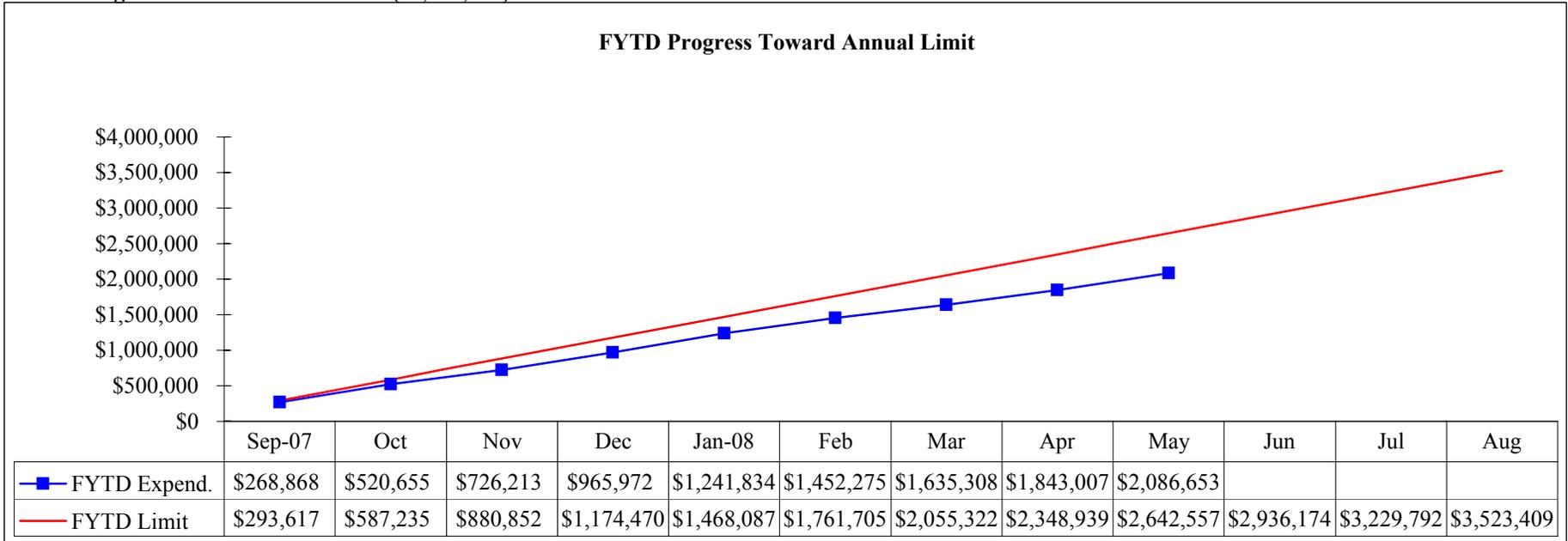
Data Flow:



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



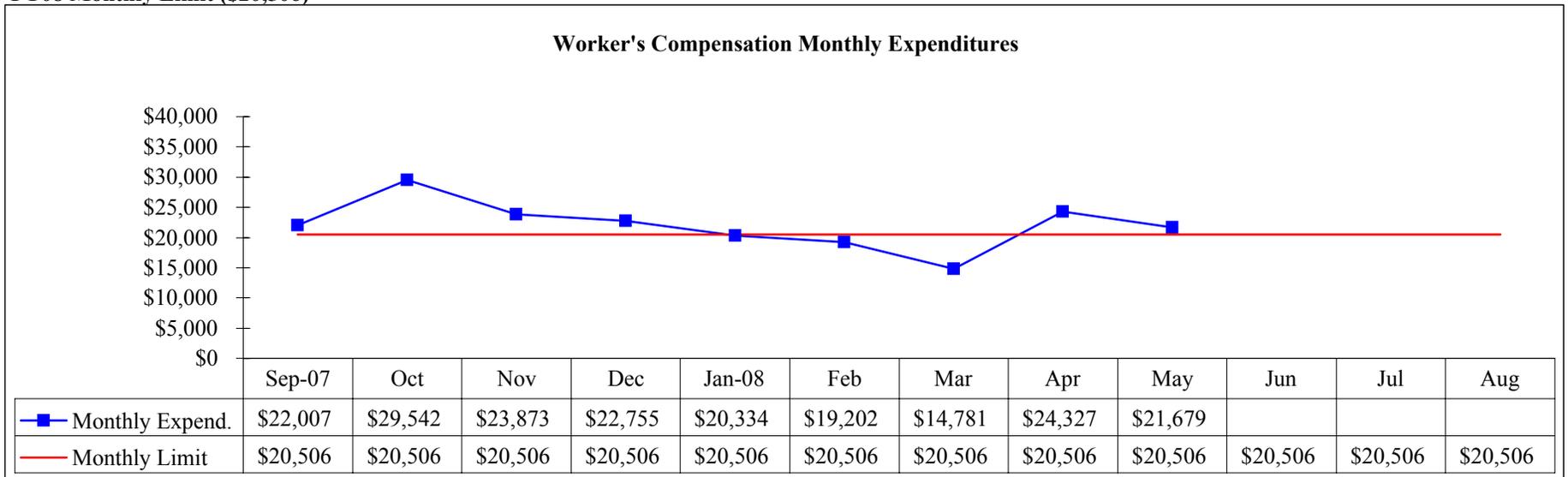
FYTD Progress Toward Annual Limit (\$3,523,409)



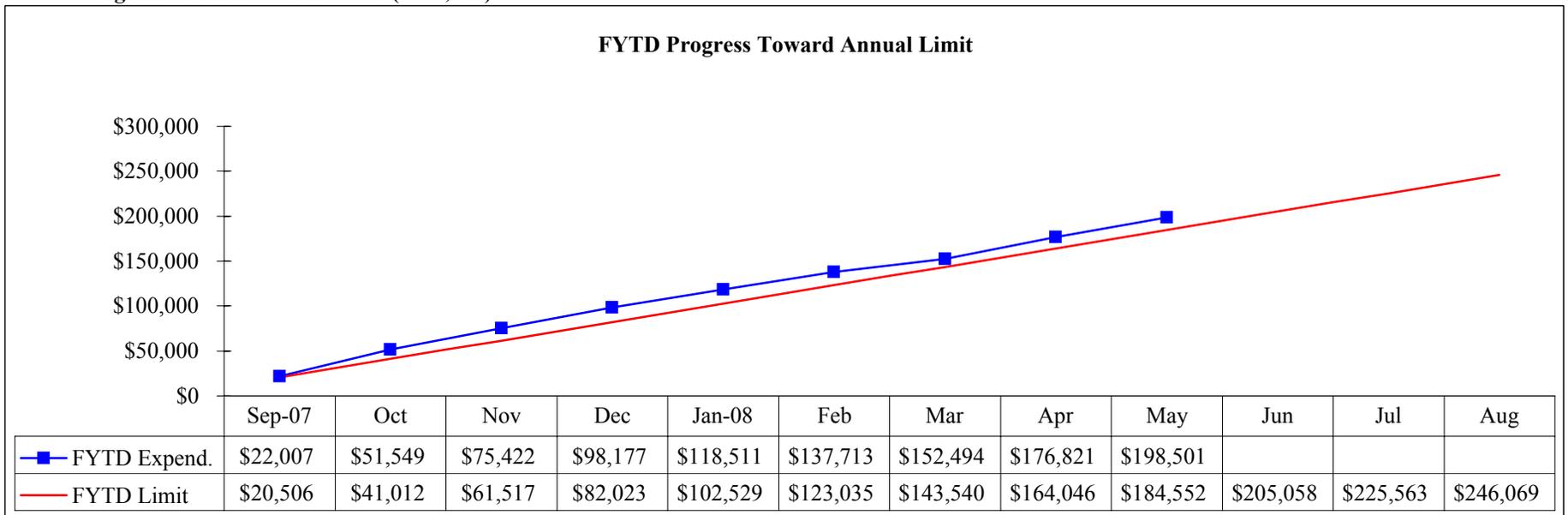
Objective 6B - Workers Compensation

Austin State Hospital

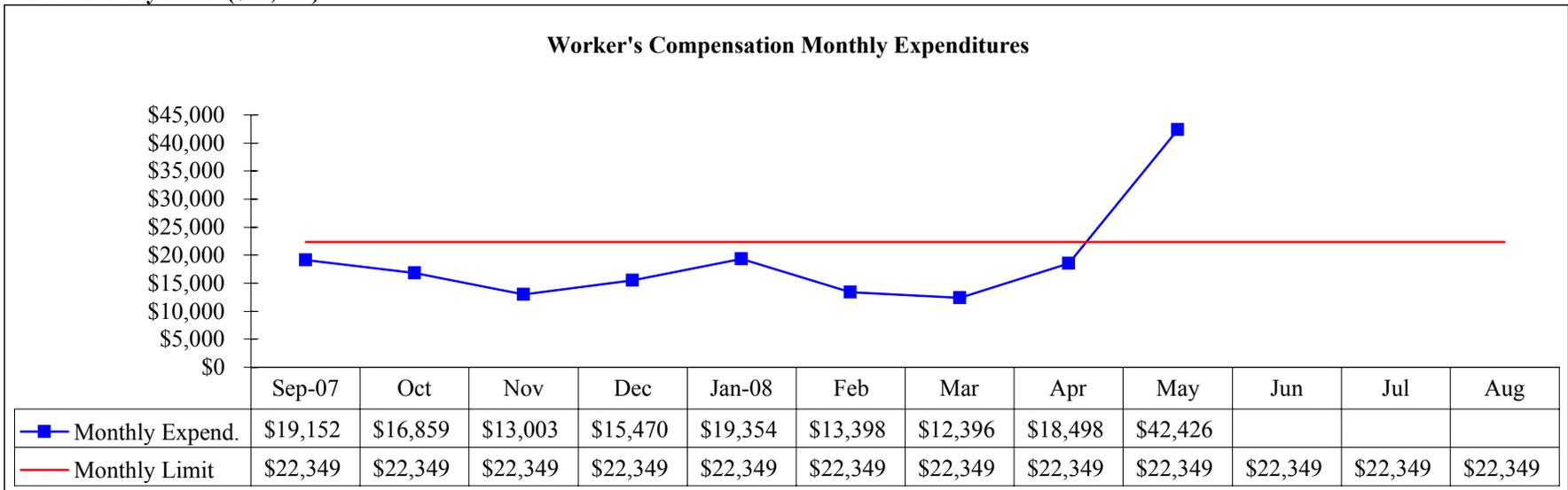
FY08 Monthly Limit (\$20,506)



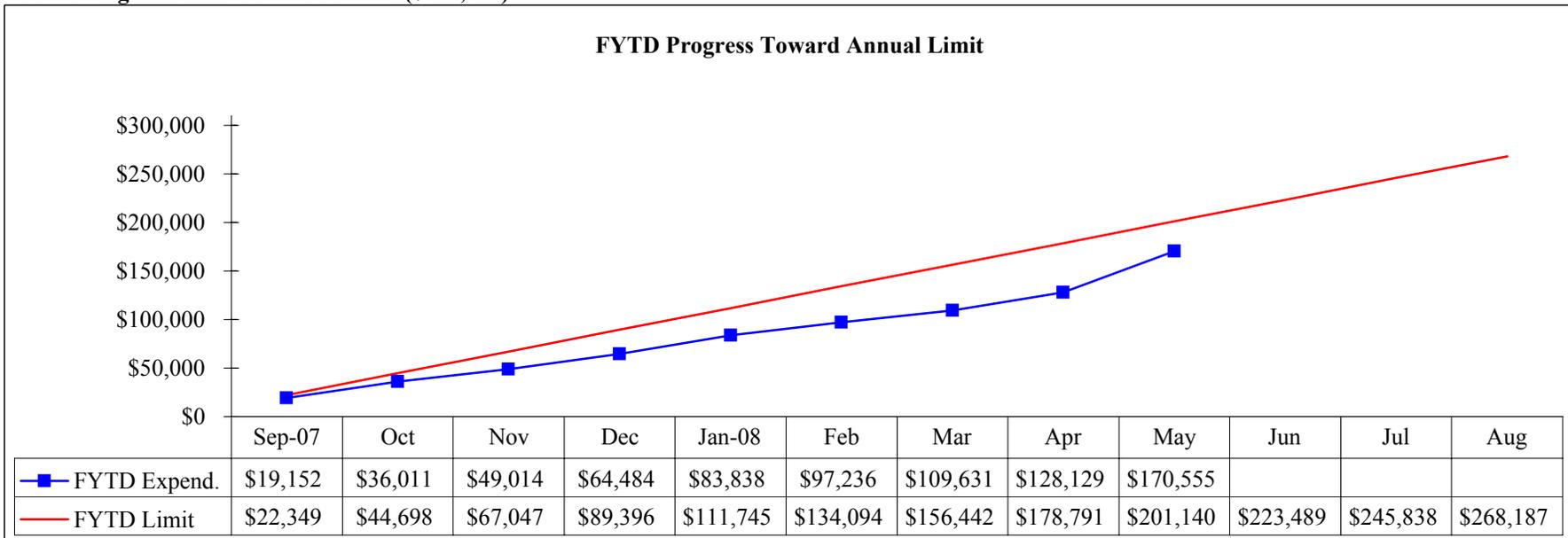
FYTD Progress Toward Annual Limit (\$246,069)



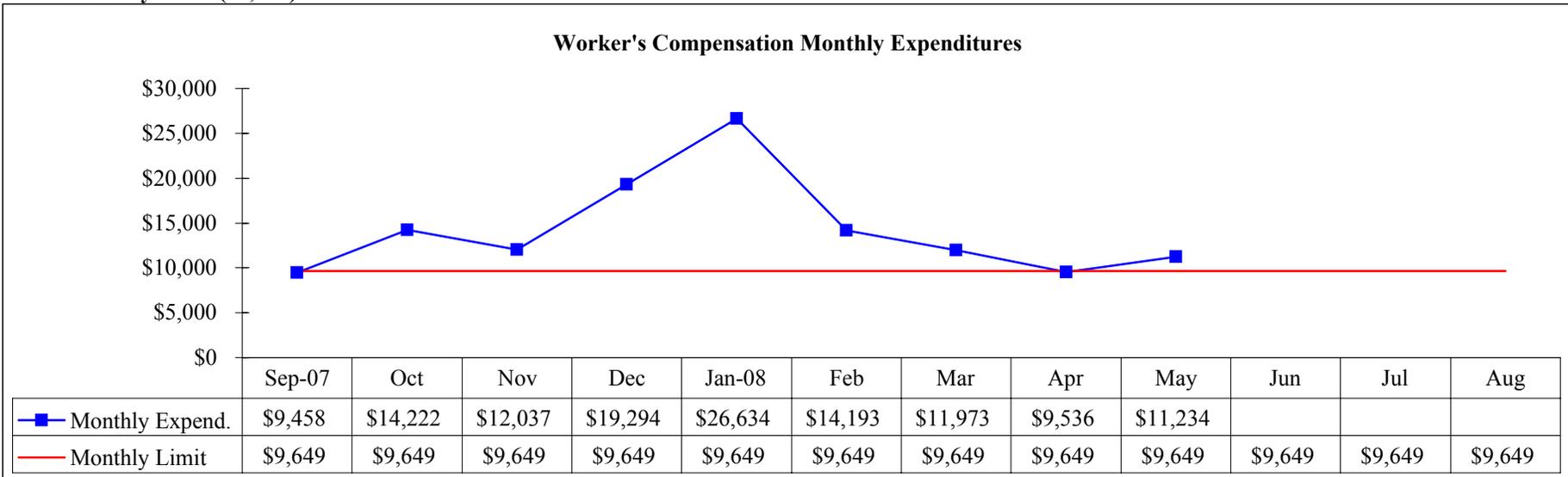
Objective 6B - Workers Compensation
Big Spring State Hospital
FY08 Monthly Limit (\$22,349)



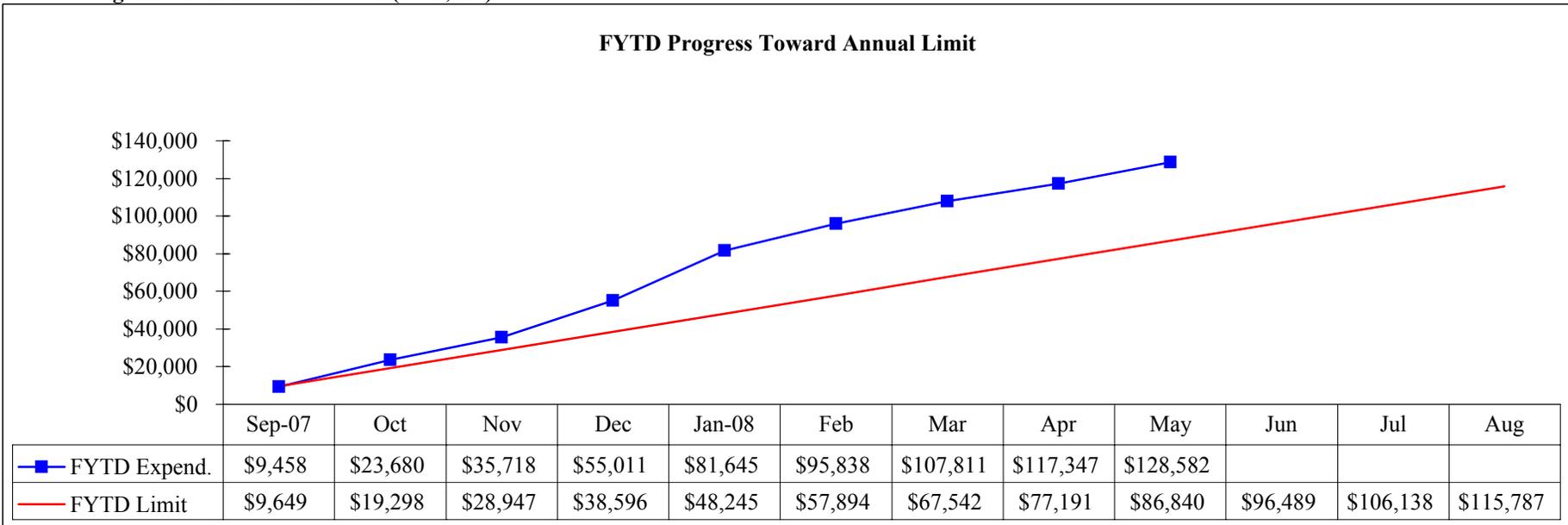
FYTD Progress Toward Annual Limit (\$268,187)



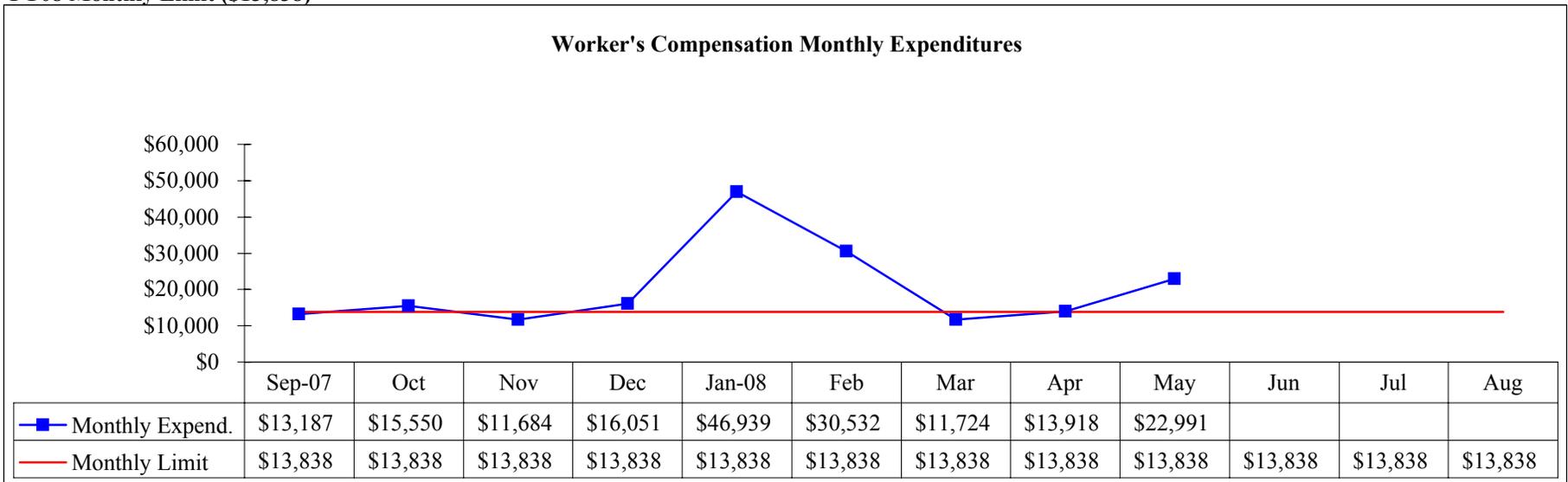
Objective 6B - Workers Compensation
El Paso Psychiatric Center
FY08 Monthly Limit (\$9,649)



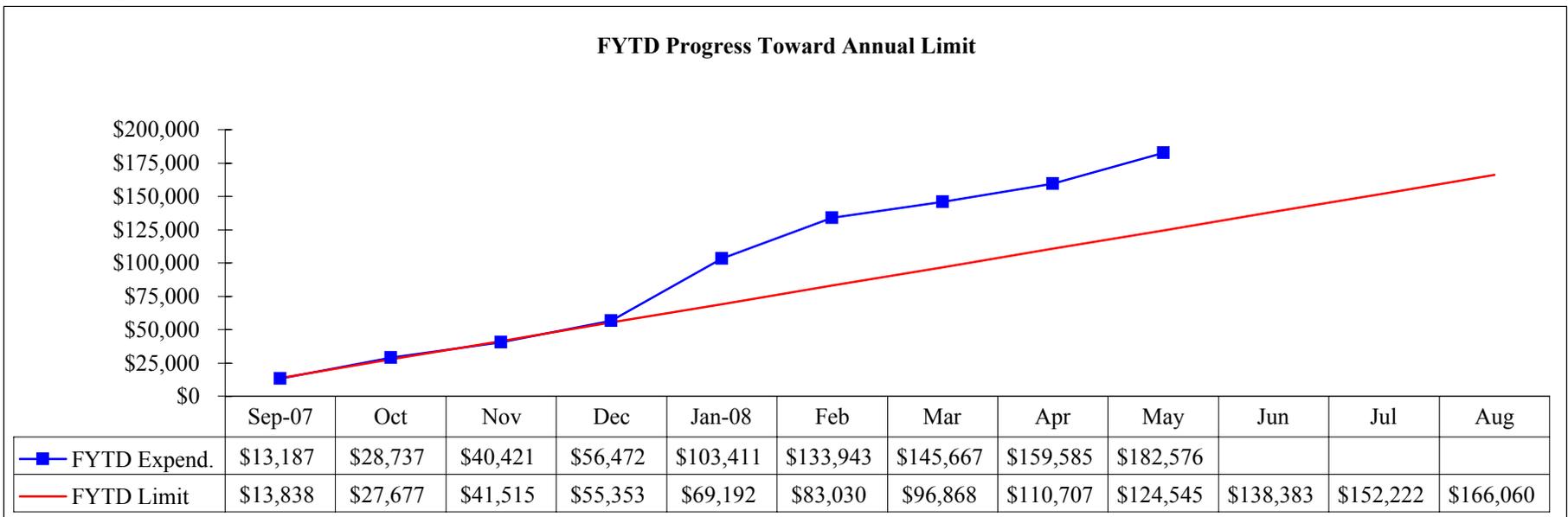
FYTD Progress Toward Annual Limit (\$115,787)



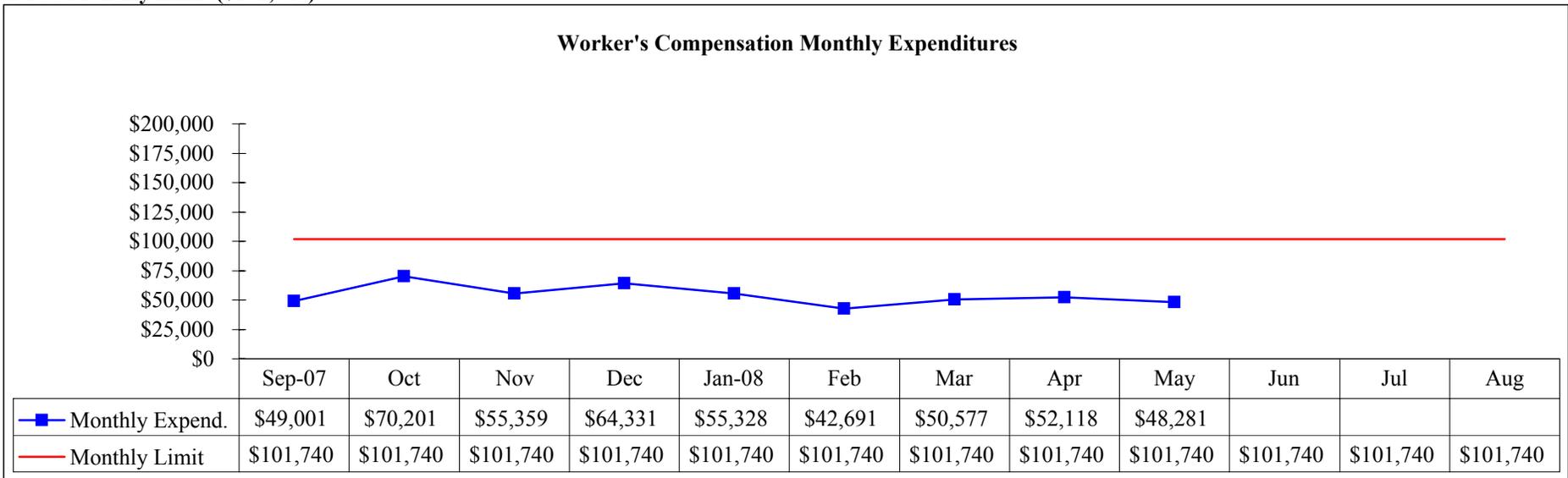
Objective 6B - Workers Compensation
Kerrville State Hospital
FY08 Monthly Limit (\$13,838)



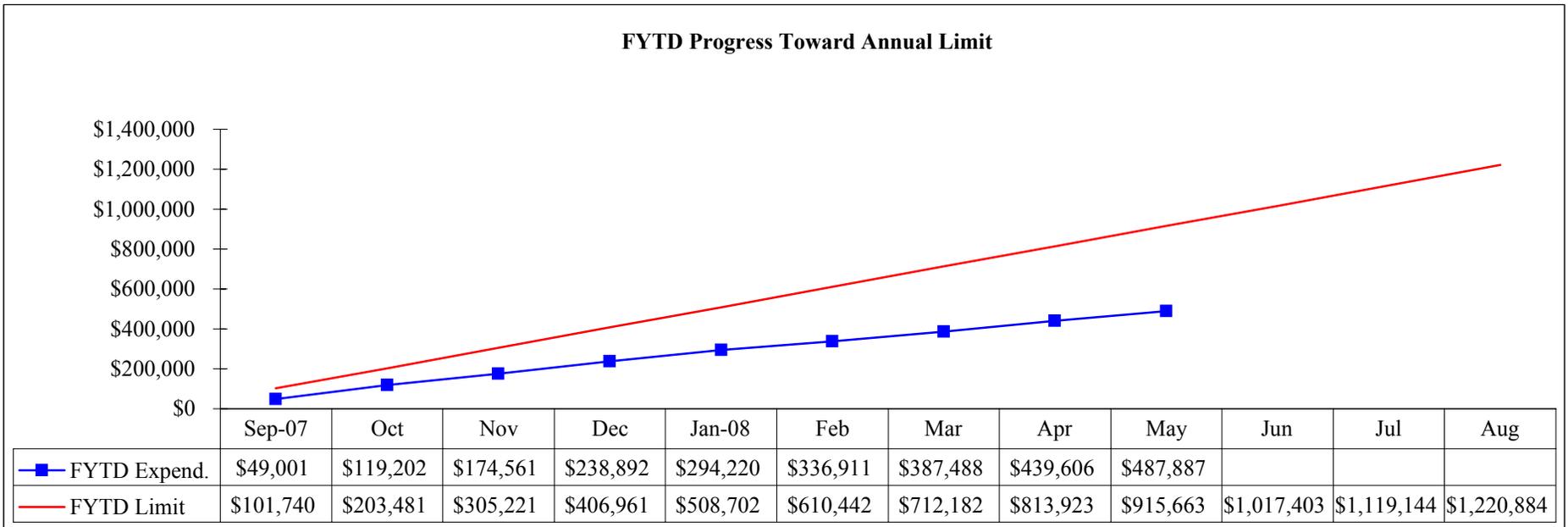
FYTD Progress Toward Annual Limit (\$166,060)



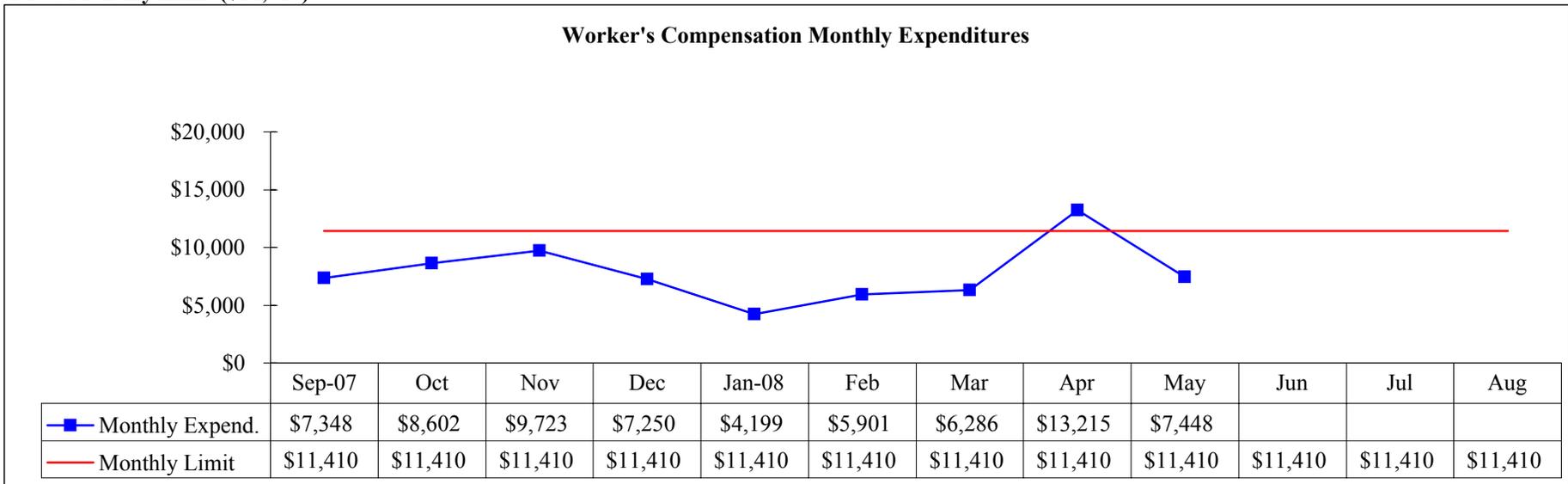
Objective 6B - Workers Compensation
North Texas State Hospital
FY08 Monthly Limit (\$101,740)



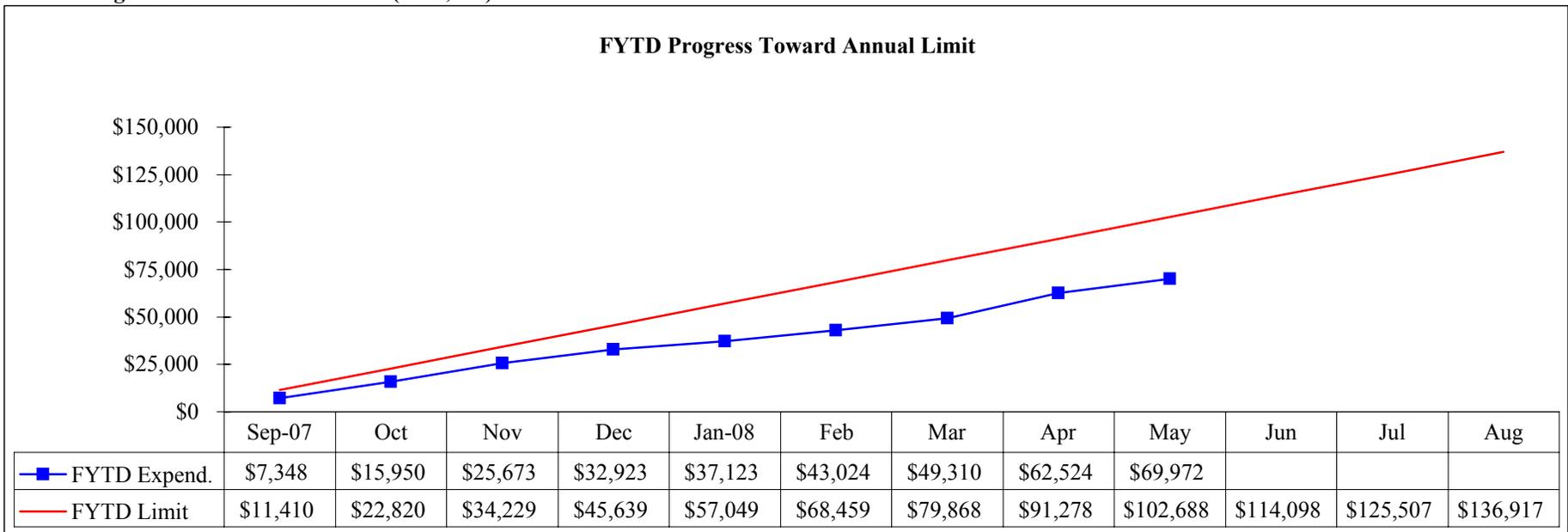
FYTD Progress Toward Annual Limit (\$1,220,884)



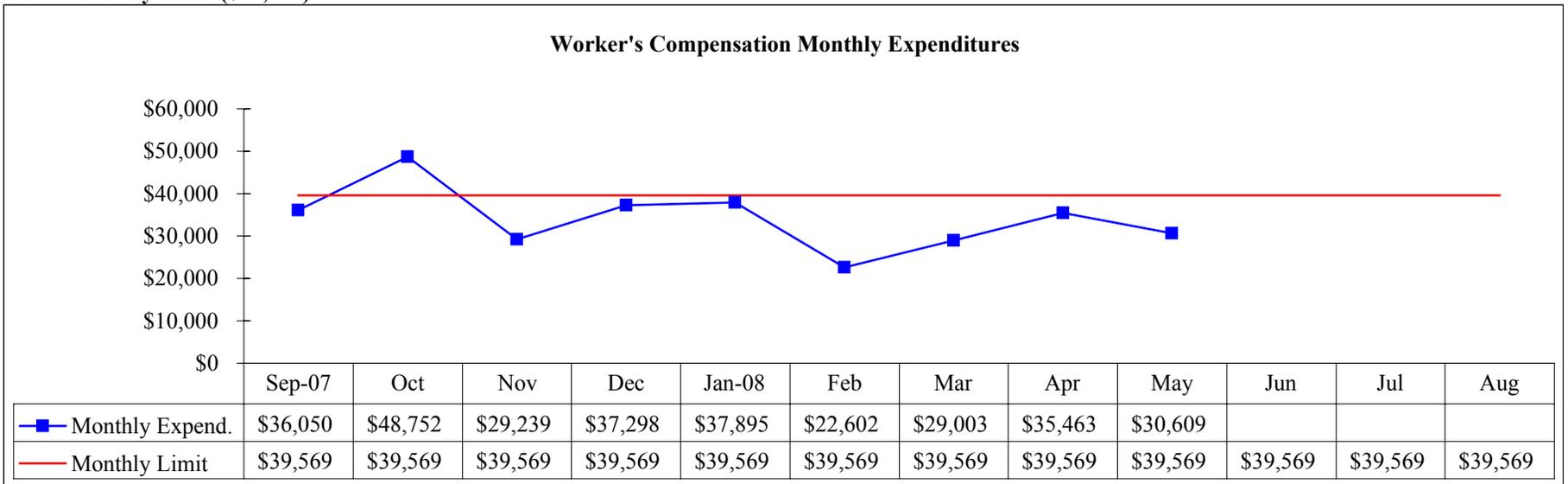
**Objective 6B - Workers Compensation
Rio Grande State Center
FY08 Monthly Limit (\$11,410)**



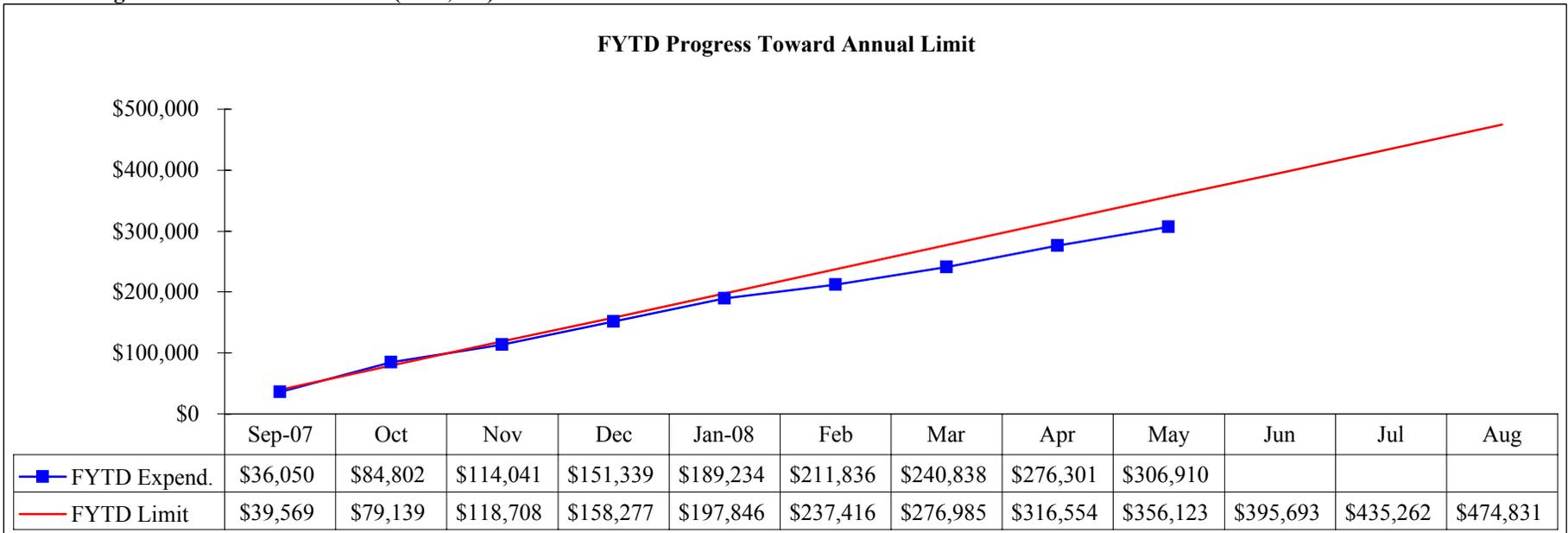
FYTD Progress Toward Annual Limit (\$136,917)



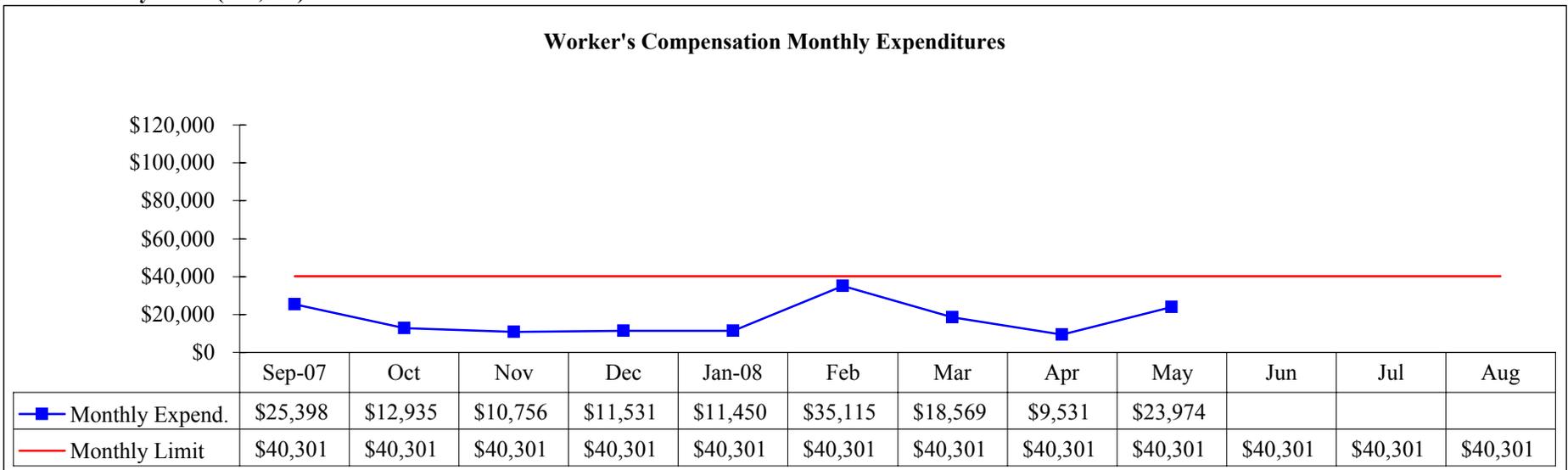
Objective 6B - Workers Compensation
Rusk State Hospital
FY08 Monthly Limit (\$39,569)



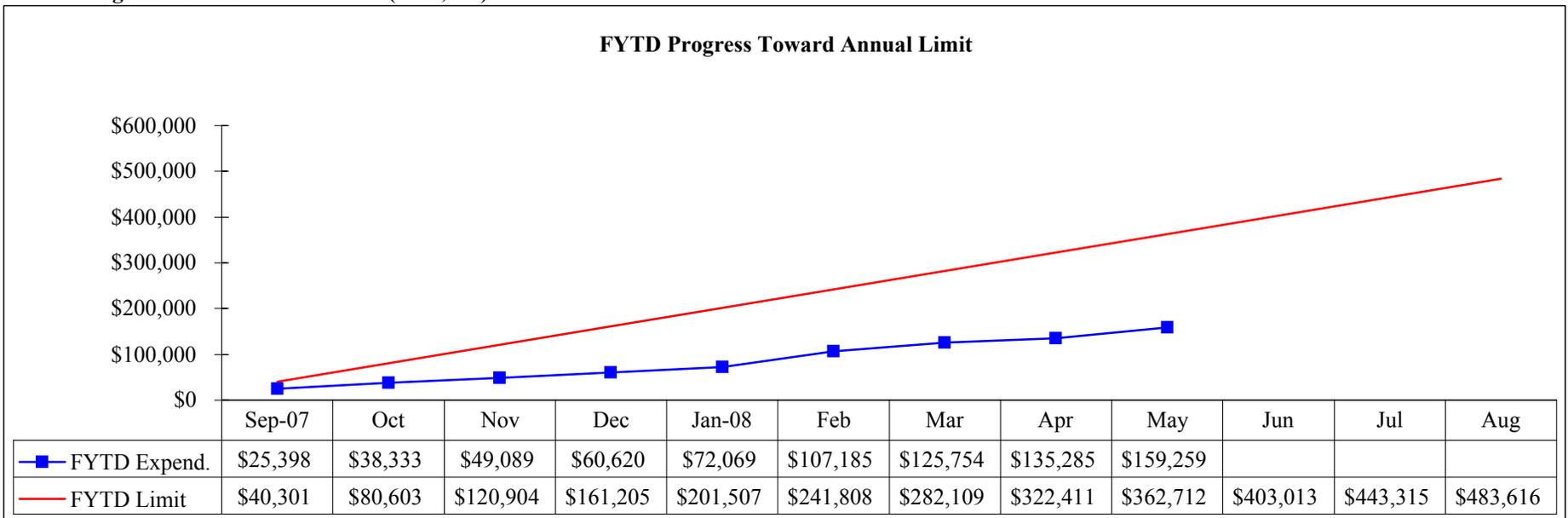
FYTD Progress Toward Annual Limit (\$474,831)



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



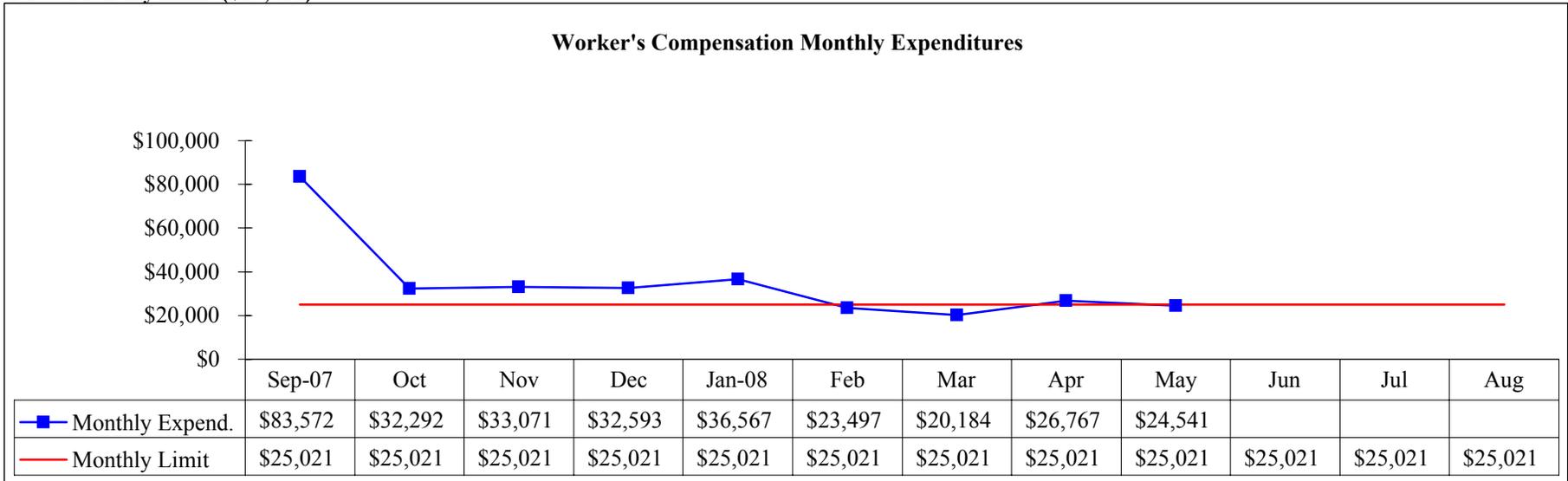
FYTD Progress Toward Annual Limit (\$483,616)



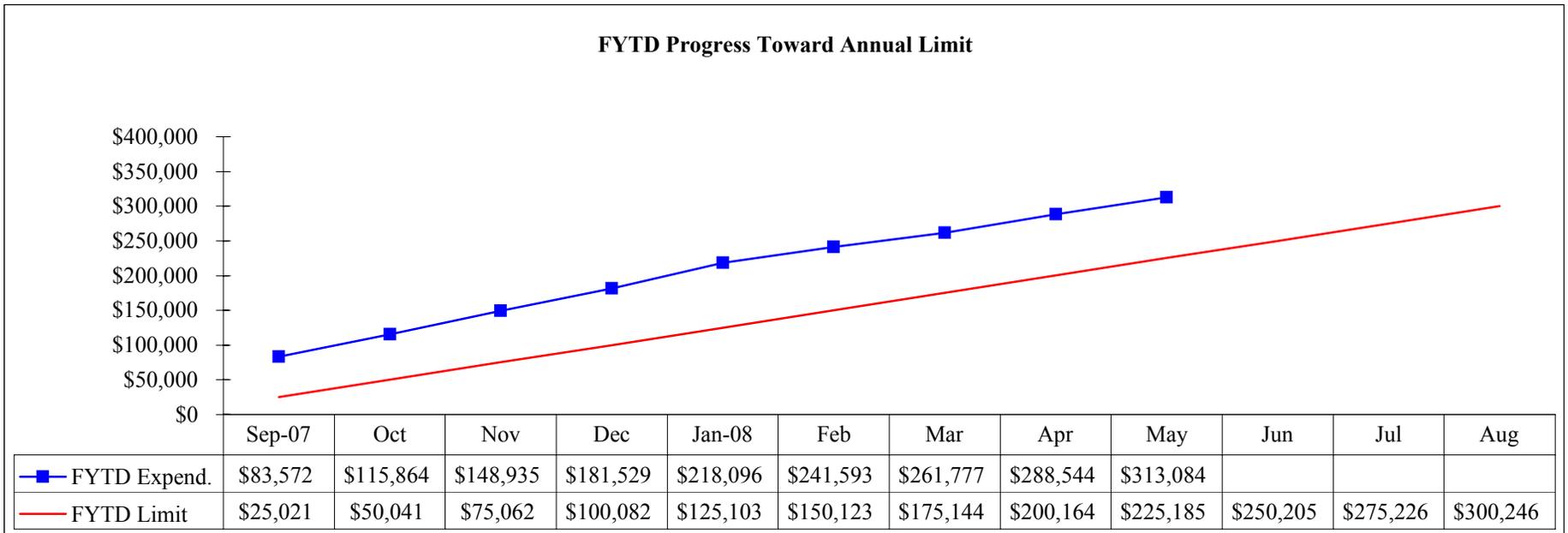
Objective 6B - Workers Compensation

Terrell State Hospital

FY08 Monthly Limit (\$25,021)



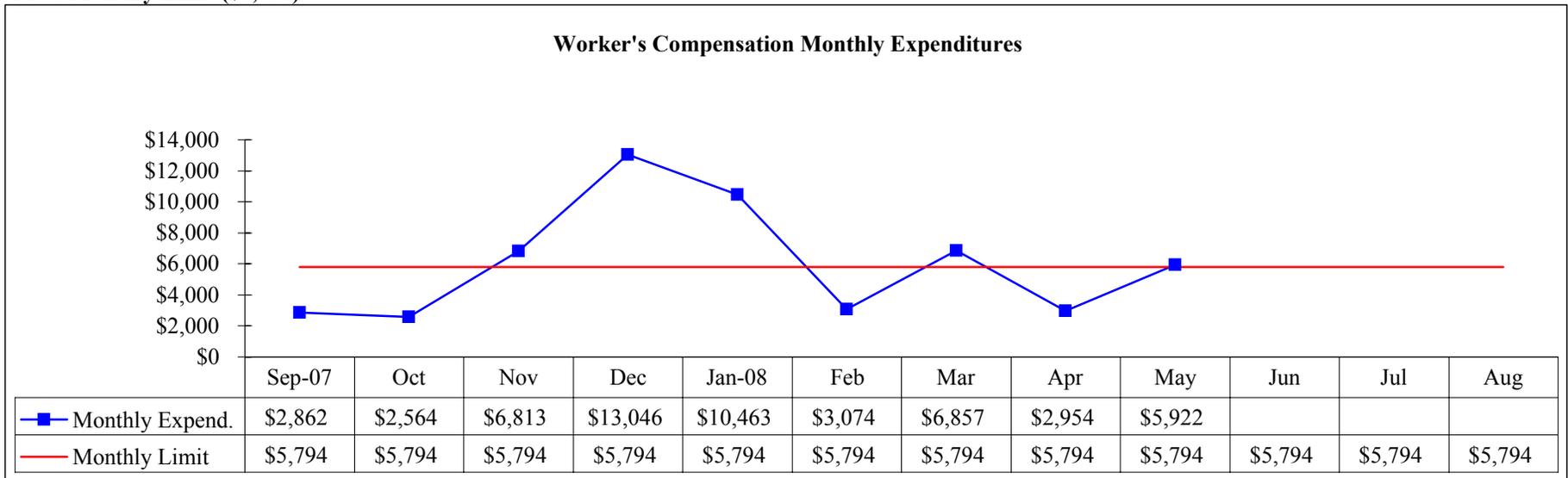
FYTD Progress Toward Annual Limit (\$300,246)



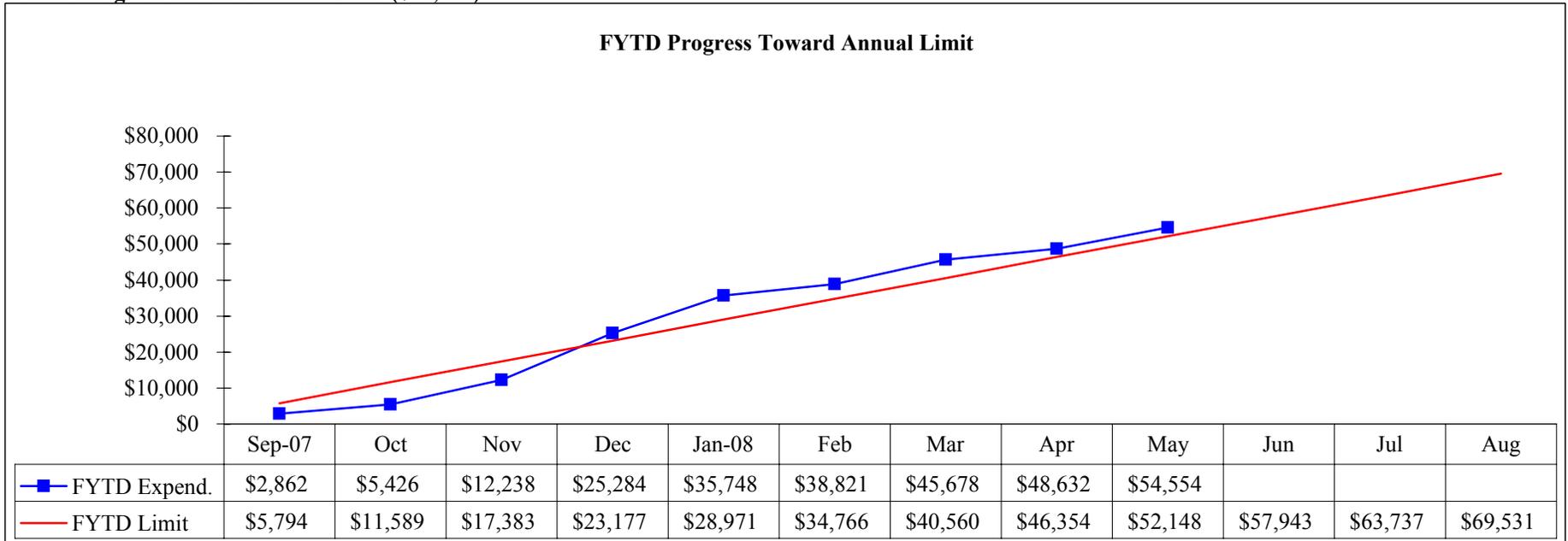
Objective 6B - Workers Compensation

Waco Center for Youth

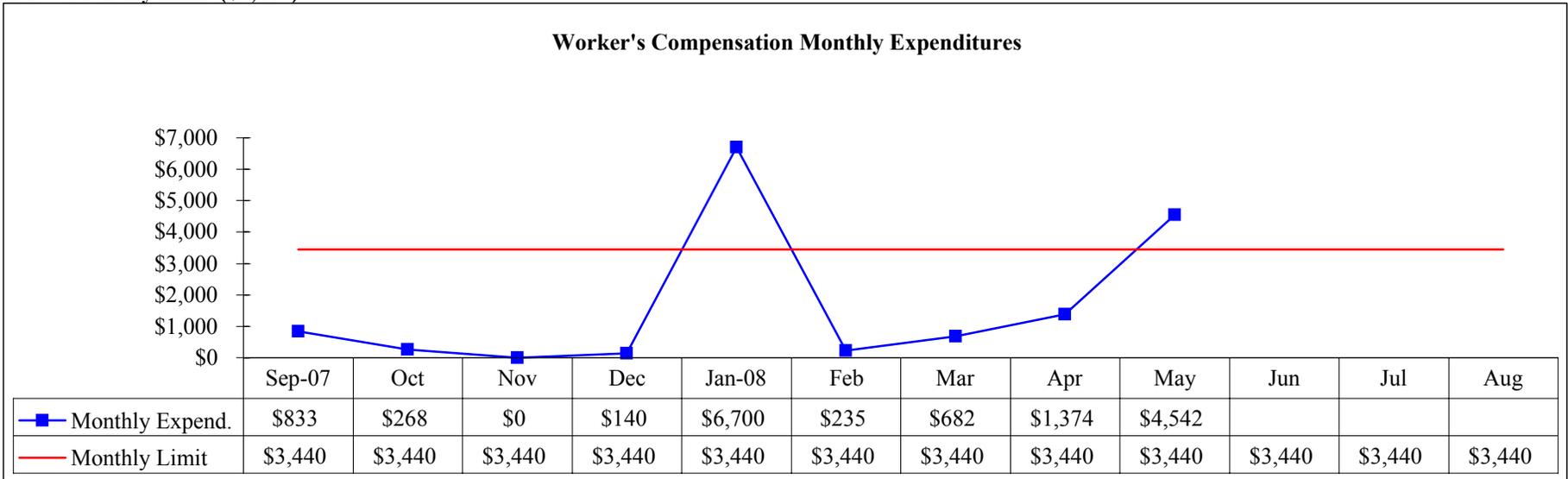
FY08 Monthly Limit (\$5,794)



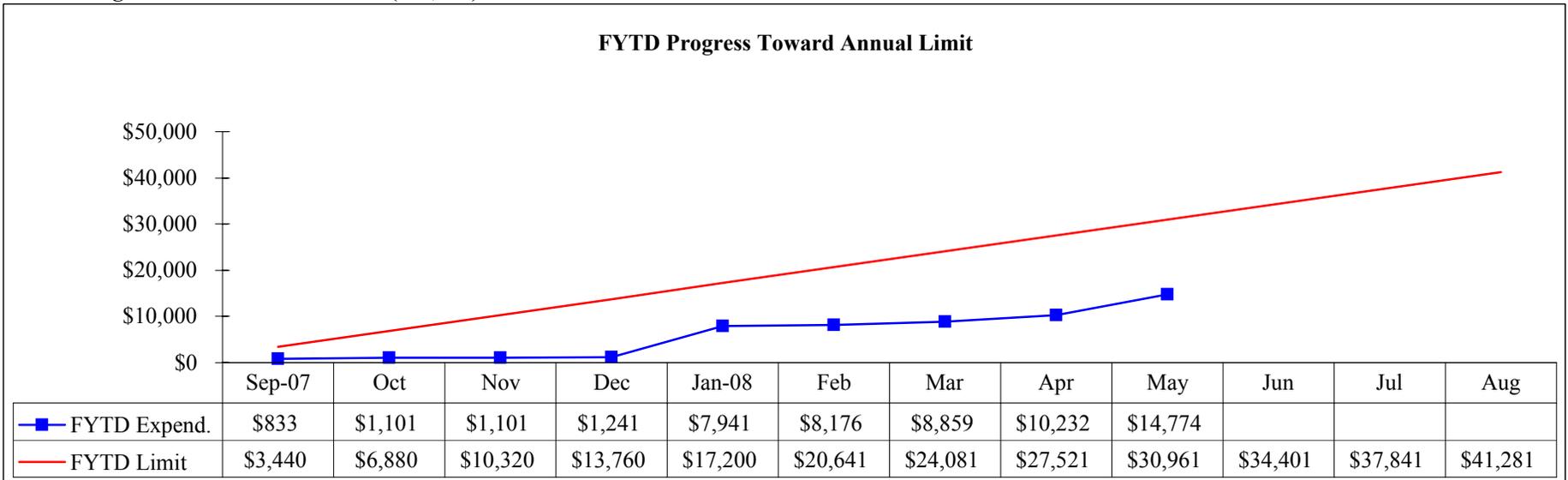
FYTD Progress Toward Annual Limit (\$69,531)



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



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



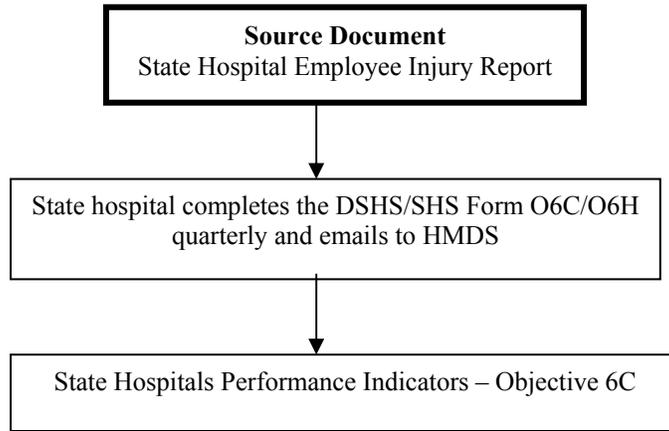
Performance Objective 6C:

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

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

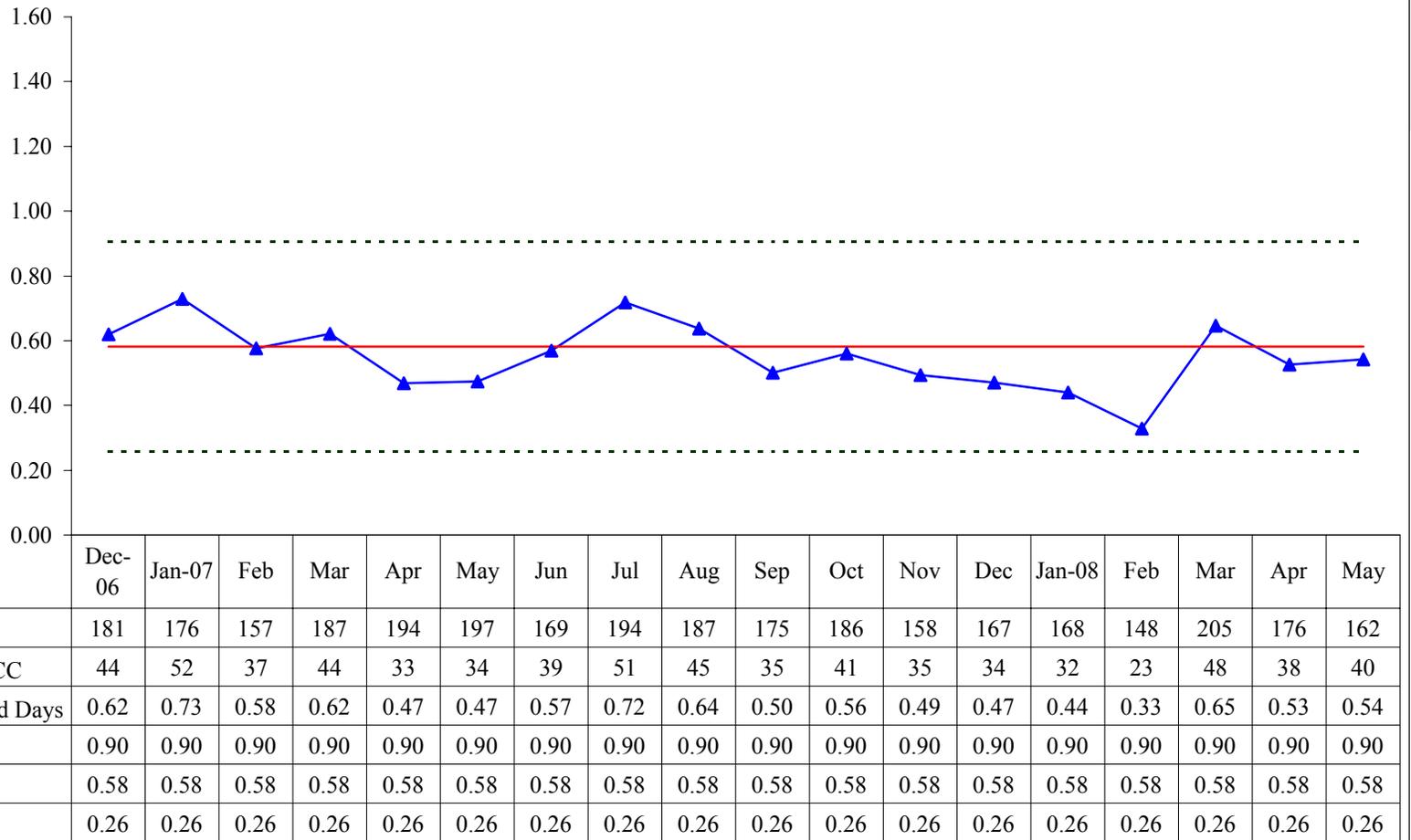
Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:



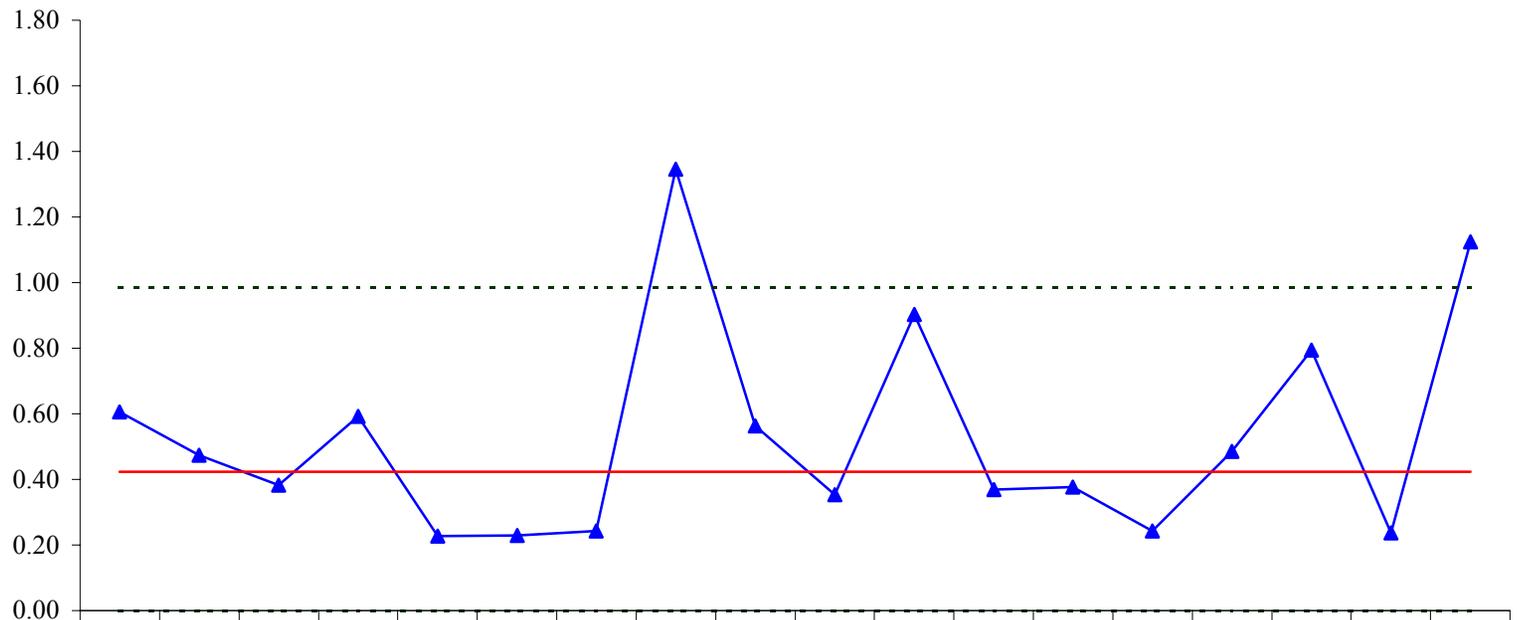
**Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals**

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



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

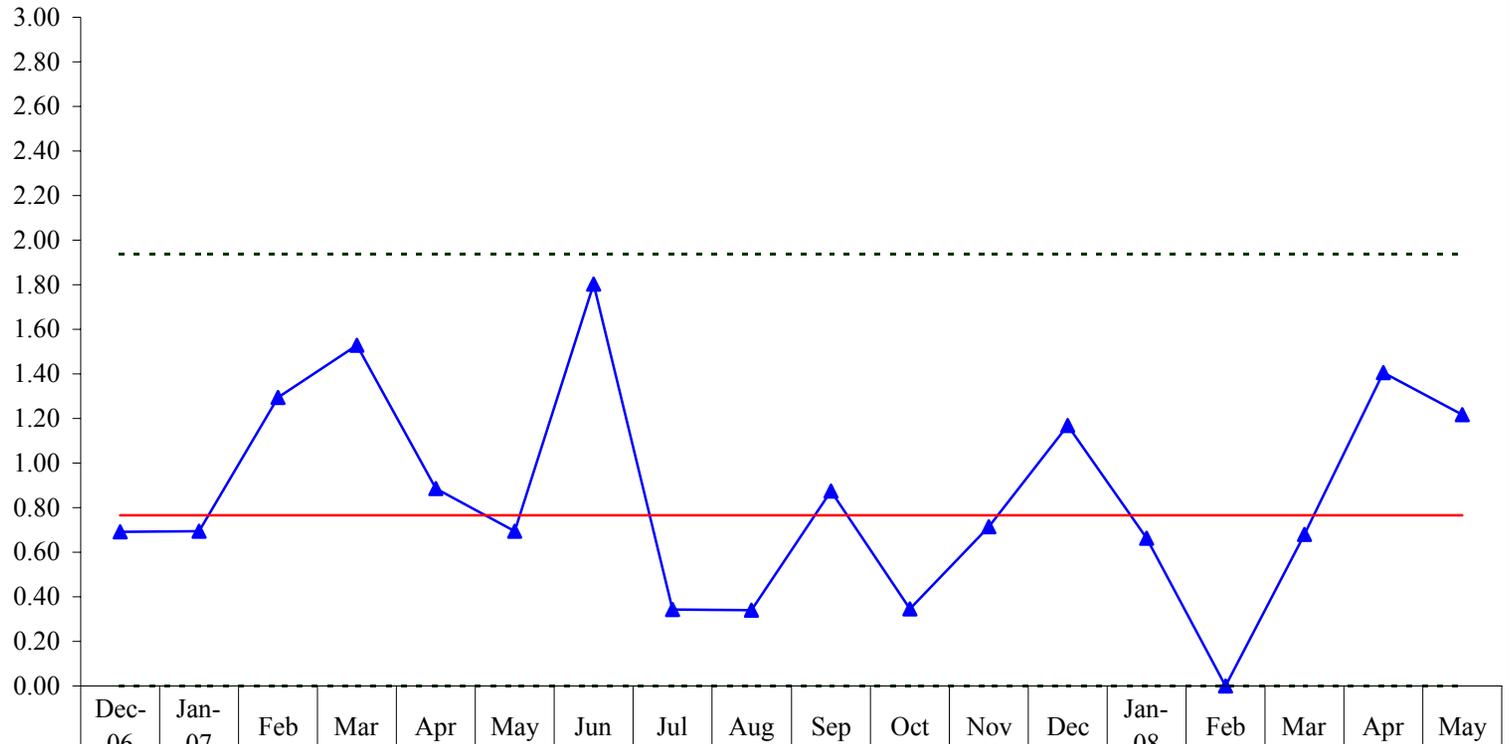
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	6	4	3	5	2	4	2	13	5	3	9	5	5	2	4	8	2	10
Injuries Resulting in a WCC	5	4	3	5	2	2	2	12	5	3	8	3	3	2	4	7	2	10
▲ Emp. Inj.(WCC)/1000 Bed Days	0.61	0.47	0.38	0.59	0.23	0.23	0.24	1.35	0.56	0.35	0.90	0.37	0.38	0.24	0.49	0.79	0.24	1.12
-----UCL	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
-----Avg	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

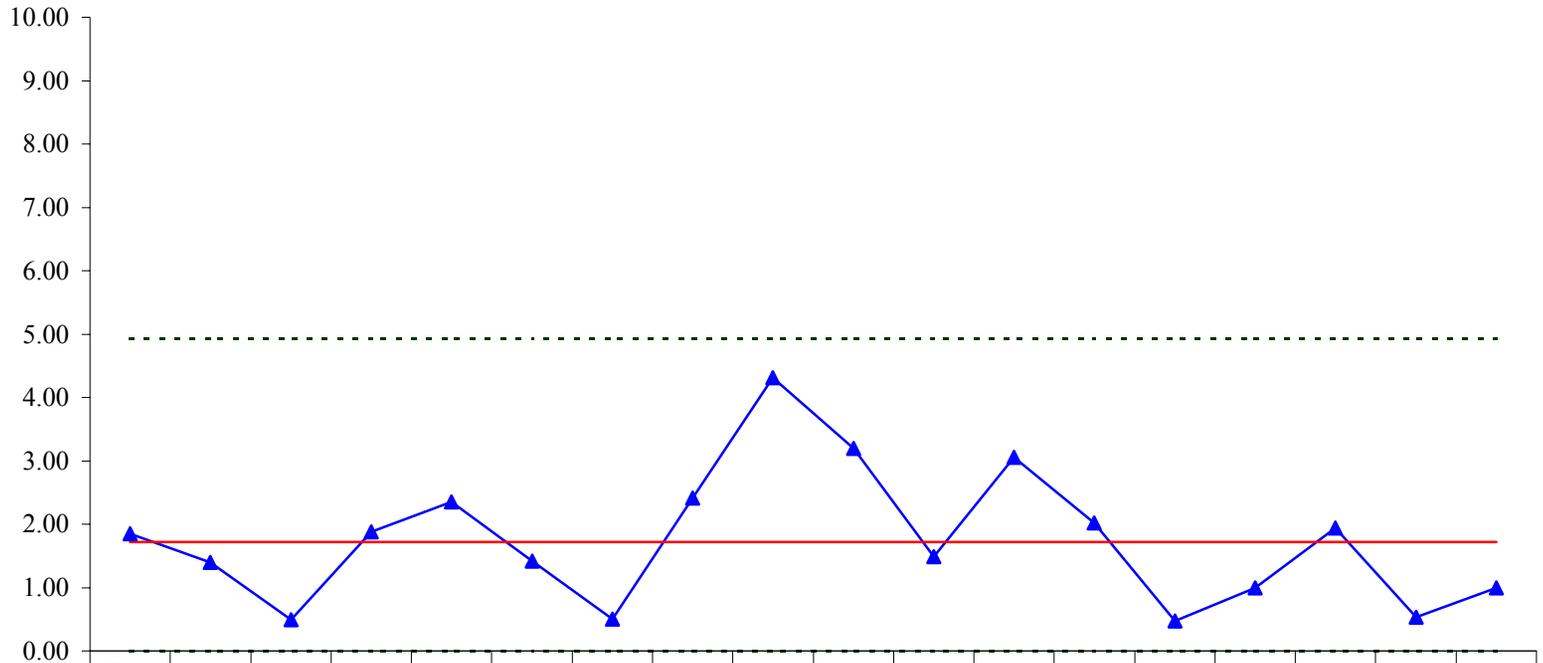
Employee Injuries Resulting in a Workers' Compensation Claim
 (Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	13	19	19	24	21	26	13	17	23	15	18	15	16	20	12	21	25	19
Injuries Resulting in a WCC	4	4	7	9	5	4	10	2	2	5	2	4	7	4	0	4	8	7
▲ Emp. Inj.(WCC)/1000 Bed Days	0.69	0.70	1.30	1.53	0.88	0.69	1.80	0.34	0.34	0.88	0.35	0.71	1.17	0.66	0.00	0.68	1.40	1.22
-----UCL	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94
— Avg	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

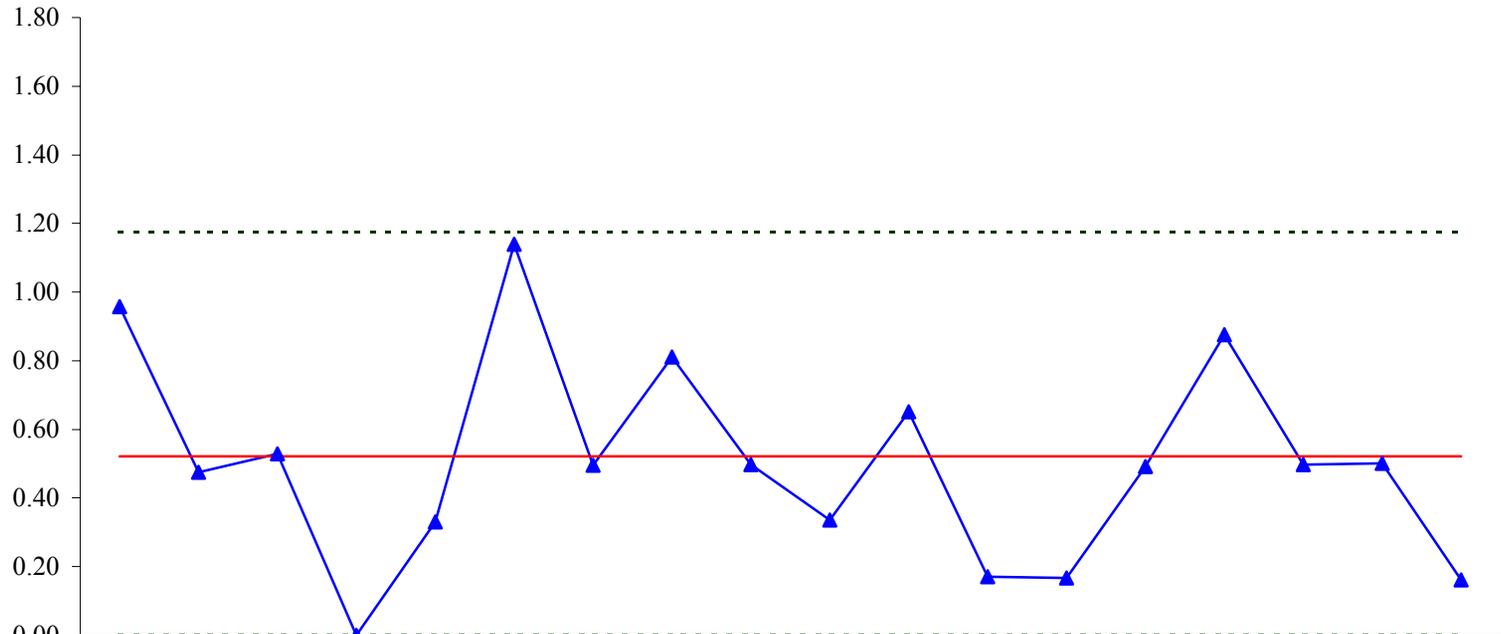
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	10	8	6	8	19	13	8	7	15	11	5	14	7	15	5	7	15	5
Injuries Resulting in a WCC	4	3	1	4	5	3	1	5	9	7	3	6	4	1	2	4	1	2
▲ Emp. Inj.(WCC)/1000 Bed Days	1.85	1.40	0.49	1.87	2.36	1.42	0.50	2.41	4.32	3.19	1.48	3.05	2.02	0.48	1.00	1.94	0.53	1.00
-----UCL	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93
-----Avg	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71
-----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
Kerrville State Hospital**

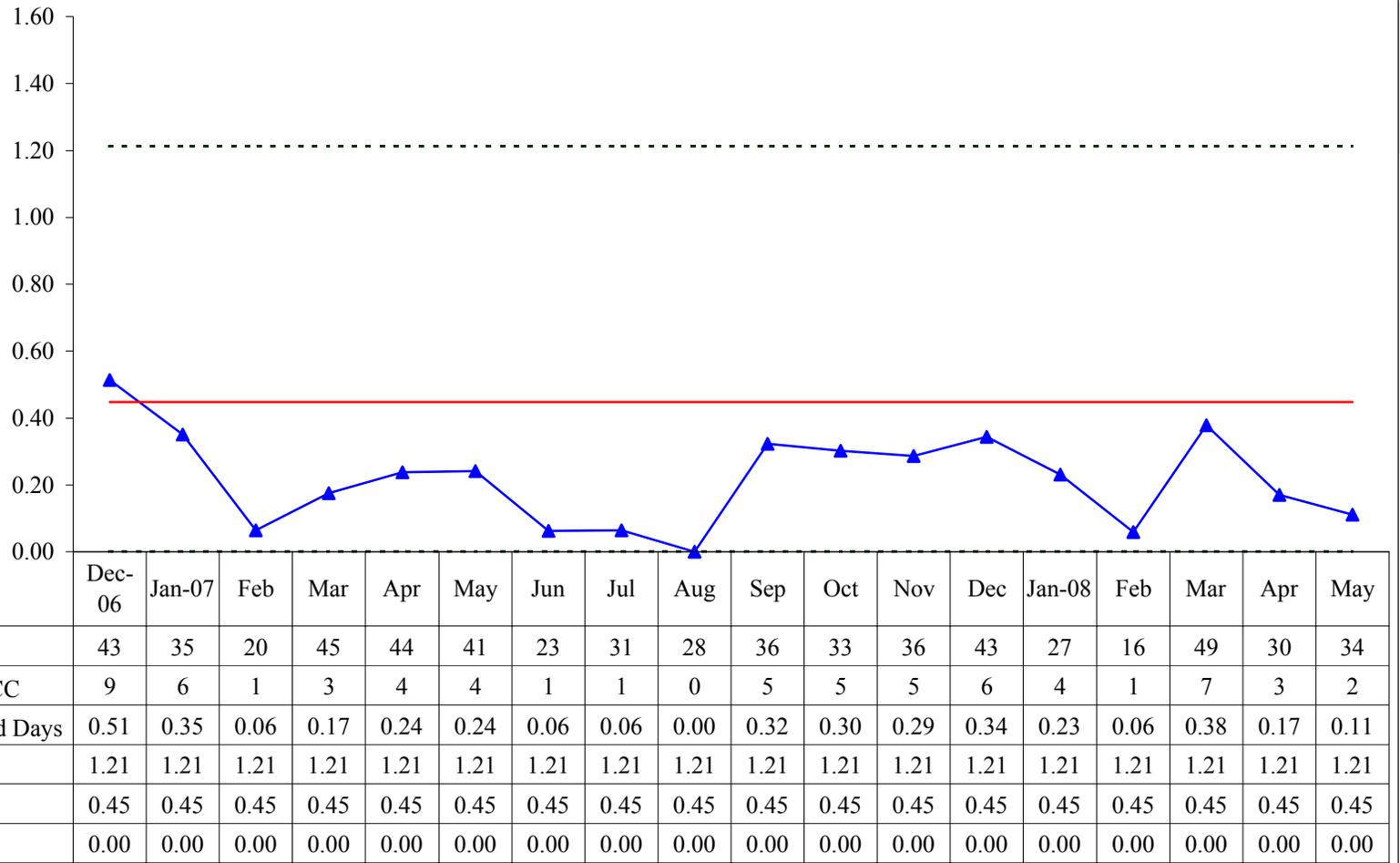
**Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	13	8	8	4	11	12	11	12	7	11	10	4	4	7	14	12	13	6
Injuries Resulting in a WCC	6	3	3	0	2	7	3	5	3	2	4	1	1	3	5	3	3	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.96	0.47	0.53	0.00	0.33	1.14	0.50	0.81	0.50	0.34	0.65	0.17	0.17	0.49	0.88	0.50	0.50	0.16
----- UCL	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
----- Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

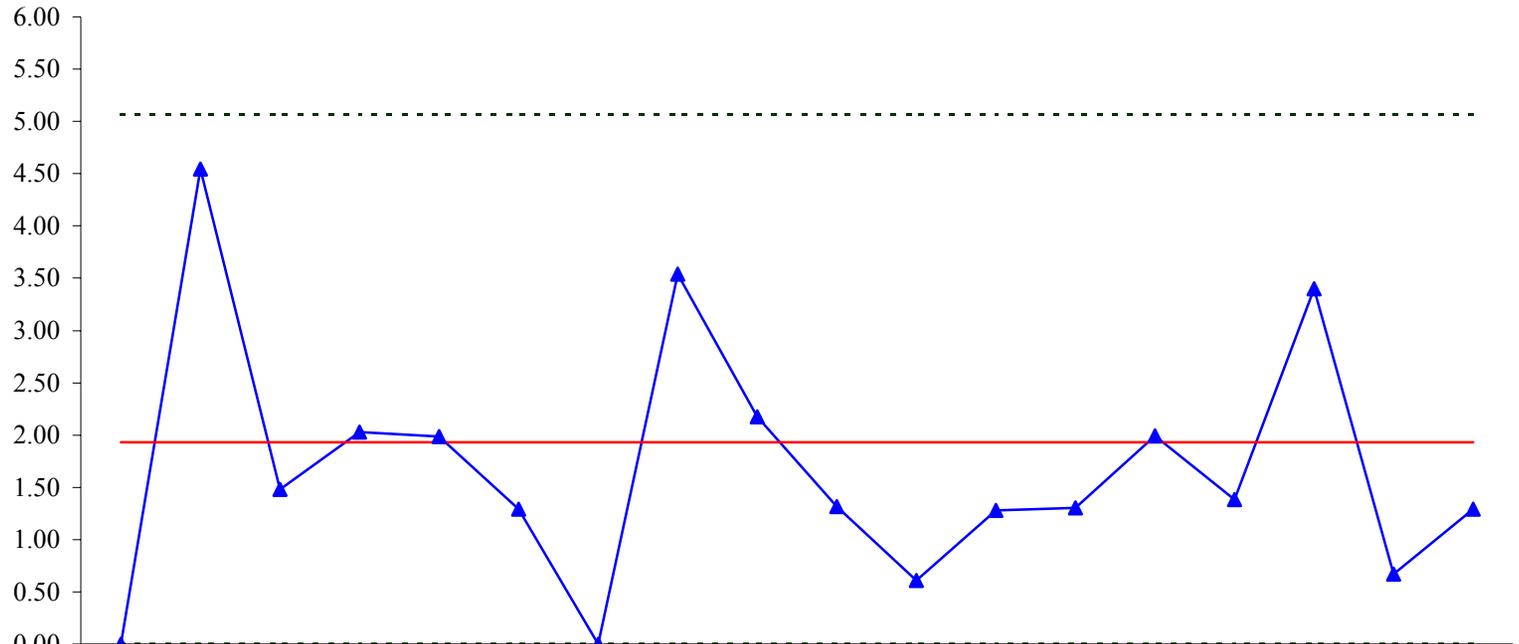
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
North Texas State Hospital

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



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

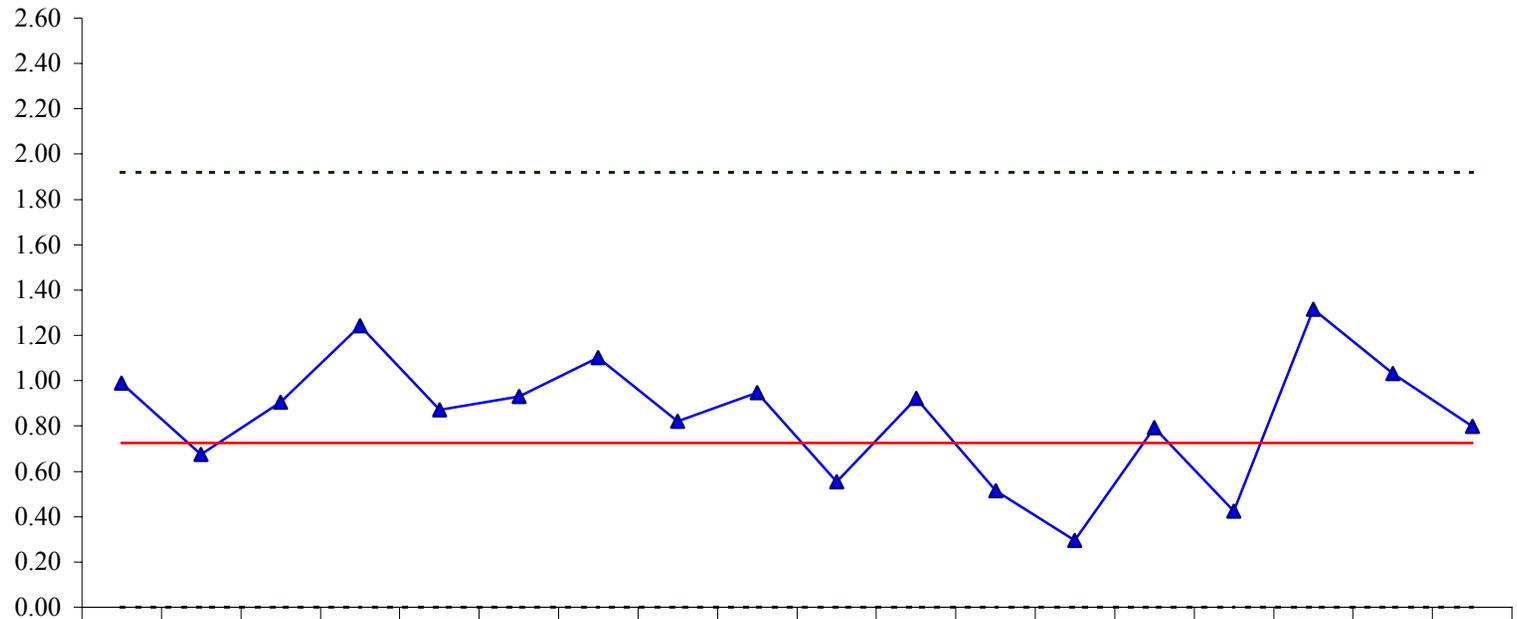
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	10	15	10	8	7	13	2	13	8	17	7	7	11	10	5	16	12	10
Injuries Resulting in a WCC	0	6	2	3	3	2	0	5	3	2	1	2	2	3	2	5	1	2
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	4.54	1.48	2.03	1.98	1.29	0.00	3.54	2.17	1.31	0.61	1.28	1.30	1.99	1.39	3.40	0.67	1.29
-----UCL	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07
— Avg	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

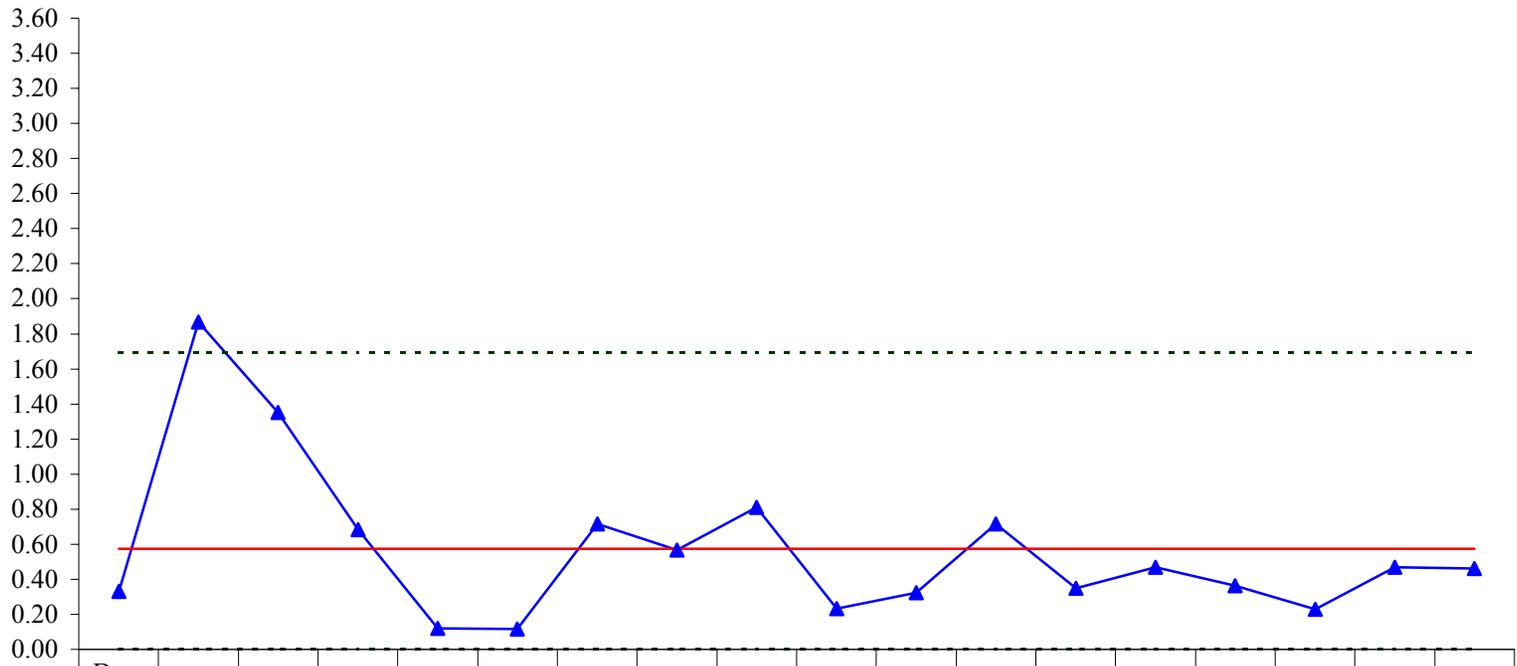
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	33	27	33	32	33	24	46	27	24	31	41	30	27	31	37	55	35	25
Injuries Resulting in a WCC	9	6	7	11	8	9	10	8	9	5	9	5	3	8	4	13	10	8
▲ Emp. Inj.(WCC)/1000 Bed Days	0.99	0.67	0.91	1.24	0.87	0.93	1.10	0.82	0.95	0.55	0.92	0.52	0.30	0.79	0.43	1.32	1.03	0.80
-----UCL	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
-----Avg	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

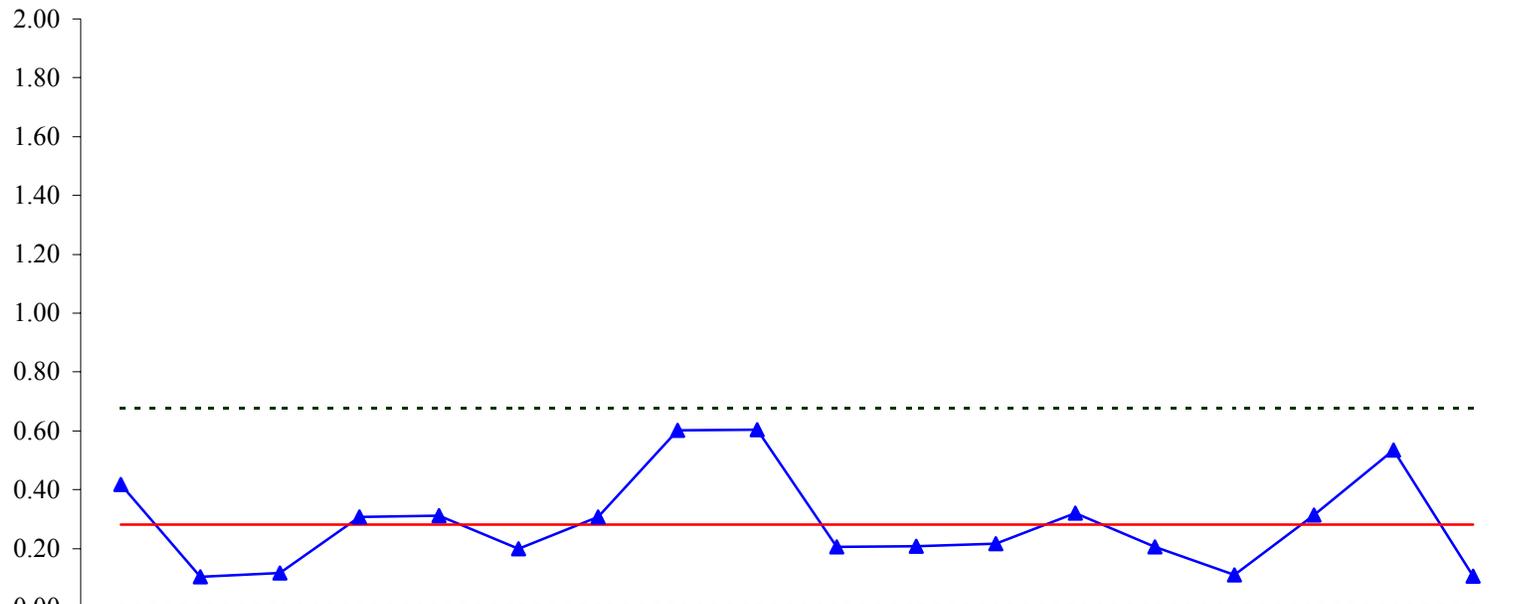
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	25	39	40	26	21	16	28	34	28	23	28	30	23	25	18	18	15	22
Injuries Resulting in a WCC	3	17	11	6	1	1	6	5	7	2	3	6	3	4	3	2	4	4
—▲— Emp. Inj.(WCC)/1000 Bed Days	0.33	1.87	1.35	0.68	0.12	0.12	0.72	0.57	0.81	0.23	0.32	0.72	0.35	0.47	0.36	0.23	0.47	0.46
-----UCL	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69
— Avg	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

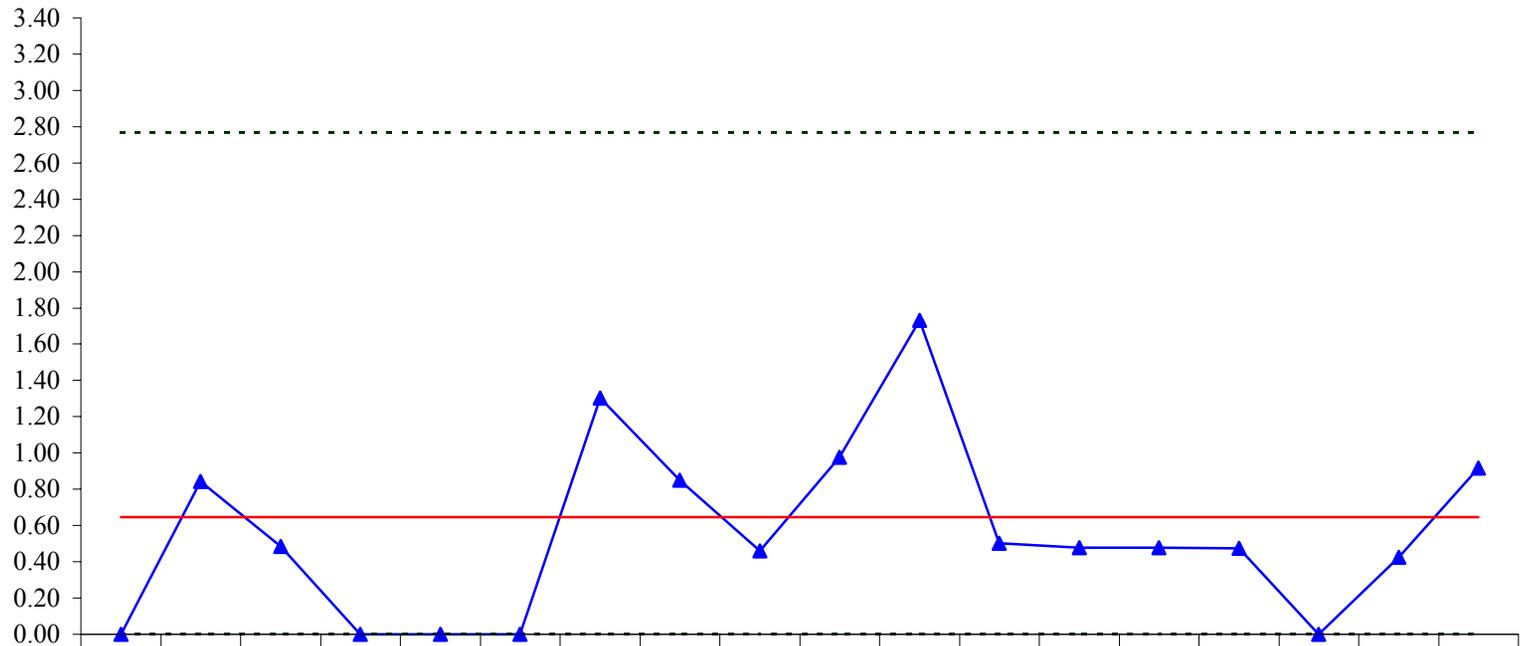
Employee Injuries Resulting in a Workers' Compensation Claim
 (Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	25	17	14	34	36	48	32	35	48	23	29	13	27	28	31	16	26	23
Injuries Resulting in a WCC	4	1	1	3	3	2	3	6	6	2	2	2	3	2	1	3	5	1
Emp. Inj.(WCC)/1000 Bed Days	0.42	0.10	0.12	0.31	0.31	0.20	0.31	0.60	0.60	0.21	0.21	0.22	0.32	0.21	0.11	0.31	0.53	0.11
UCL	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
Avg	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

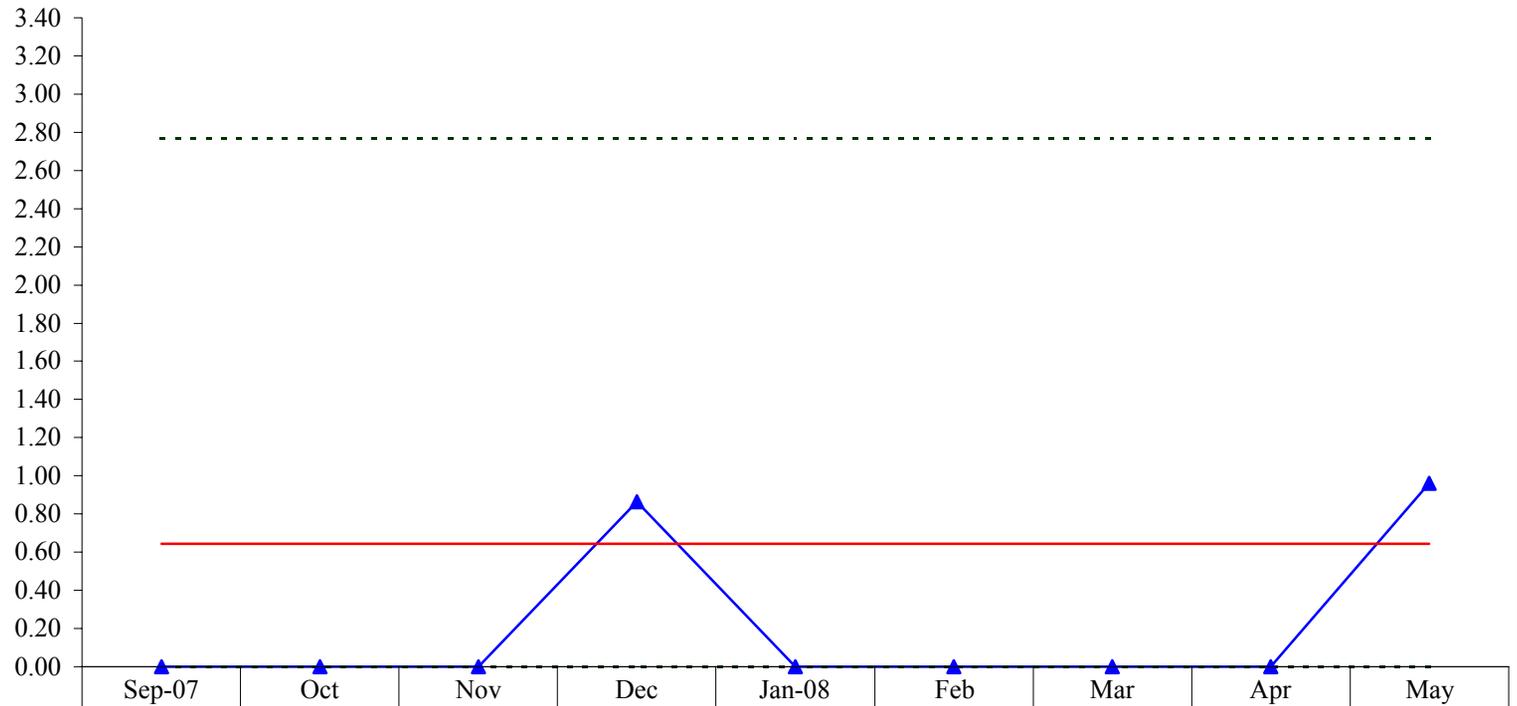
**Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	3	4	4	1	0	0	4	5	1	4	5	2	3	1	4	2	2	5
Injuries Resulting in a WCC	0	2	1	0	0	0	3	2	1	2	4	1	1	1	1	0	1	2
Emp. Inj.(WCC)/1000 Bed Days	0.00	0.84	0.49	0.00	0.00	0.00	1.30	0.85	0.46	0.98	1.73	0.50	0.48	0.48	0.47	0.00	0.43	0.92
UCL	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77
Avg	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

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



	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	1	1	2	1	2	2	1	1	3
Injuries Resulting in a WCC	0	0	0	1	0	0	0	0	1
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.00	0.00	0.87	0.00	0.00	0.00	0.00	0.96
-----UCL	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77
-----Avg	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6D:

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

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

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

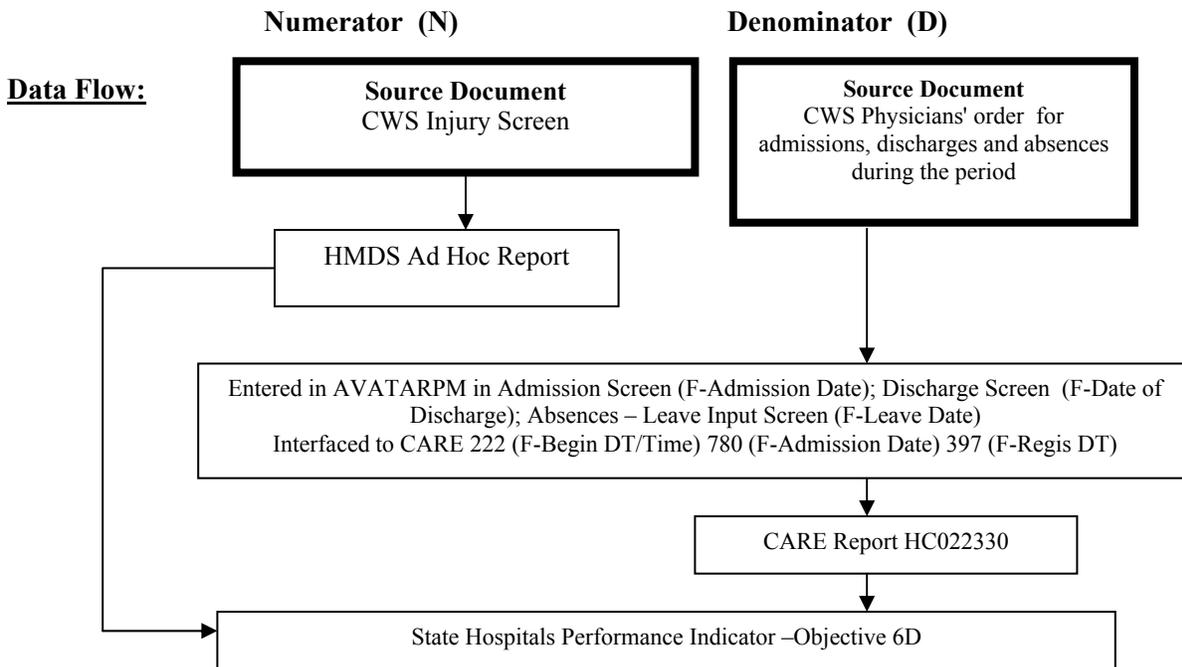
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

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

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

Performance Objective Data Display and Chart Description:

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



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State Hospitals - FY2008

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

Performance Objective 6E:

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

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

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

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

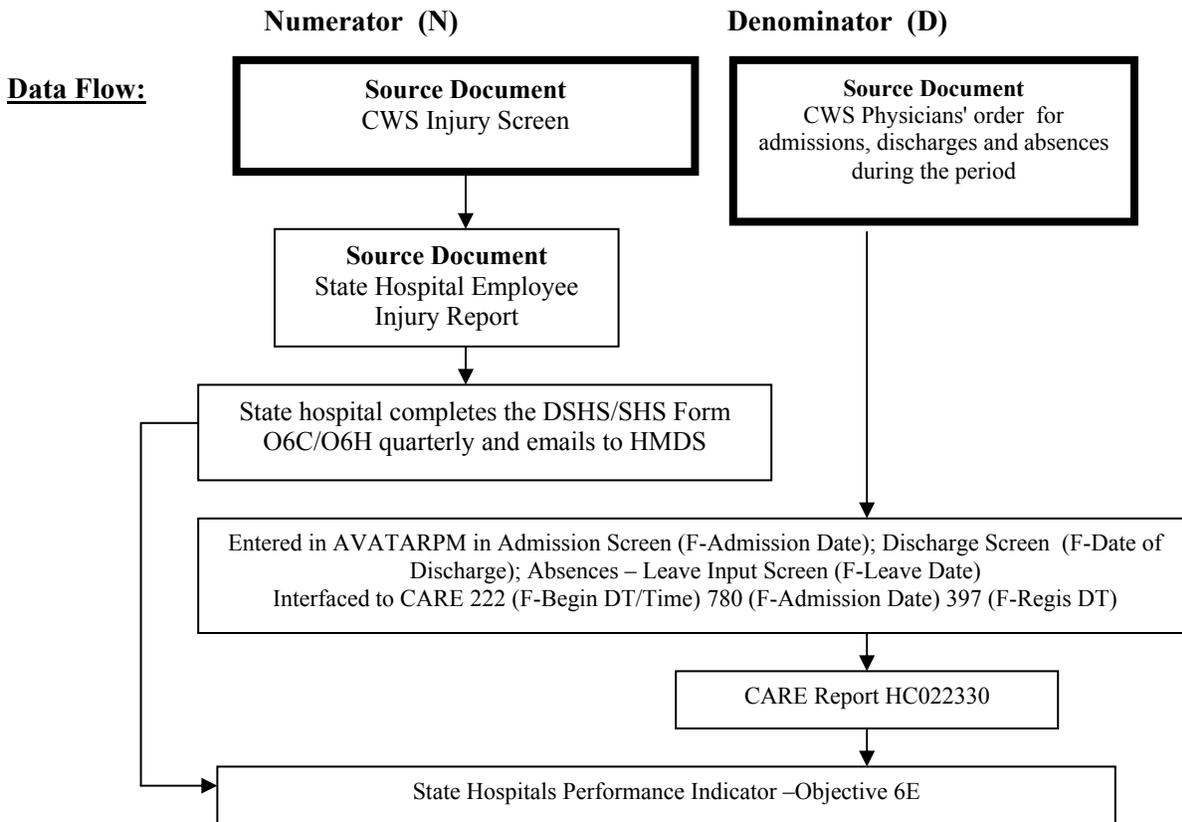
N = number of employees injured during restraint or seclusion per month

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

Performance Objective Data Display and Chart Description:

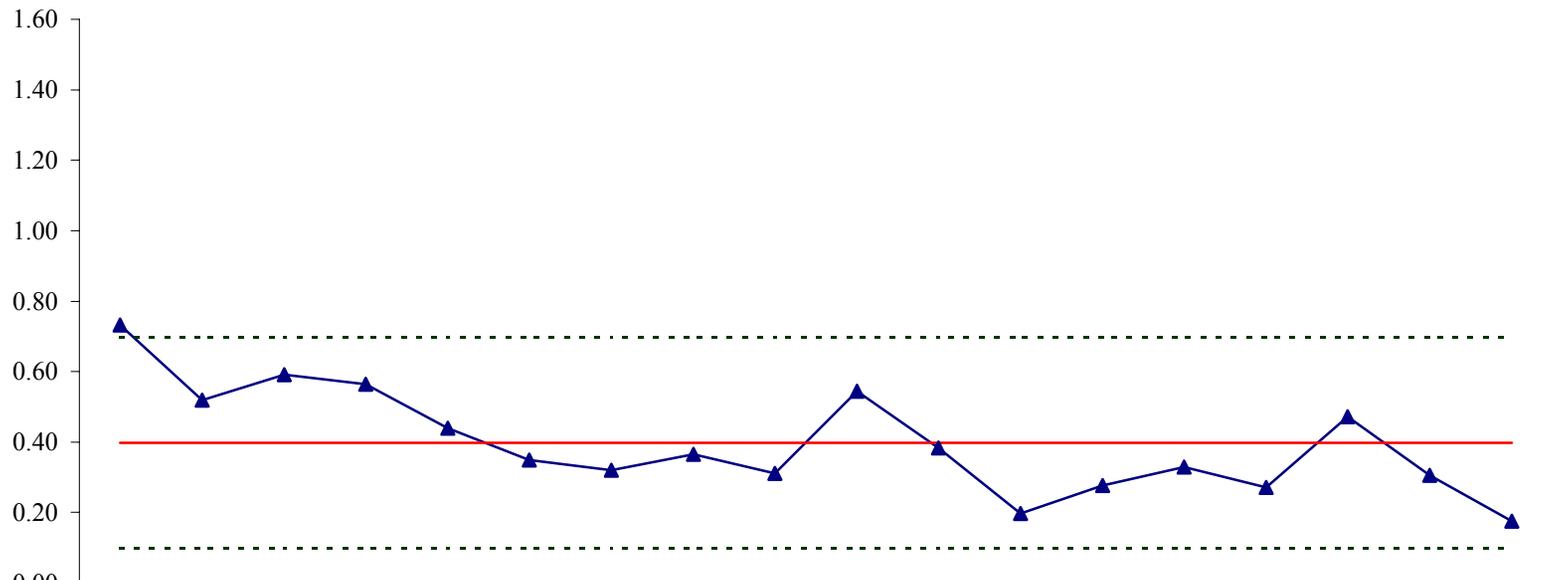
Chart with monthly data points showing total employee injuries, injuries associated with restraint or seclusion and rate per 1,000 bed days.

See Objective 6C for charts.



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

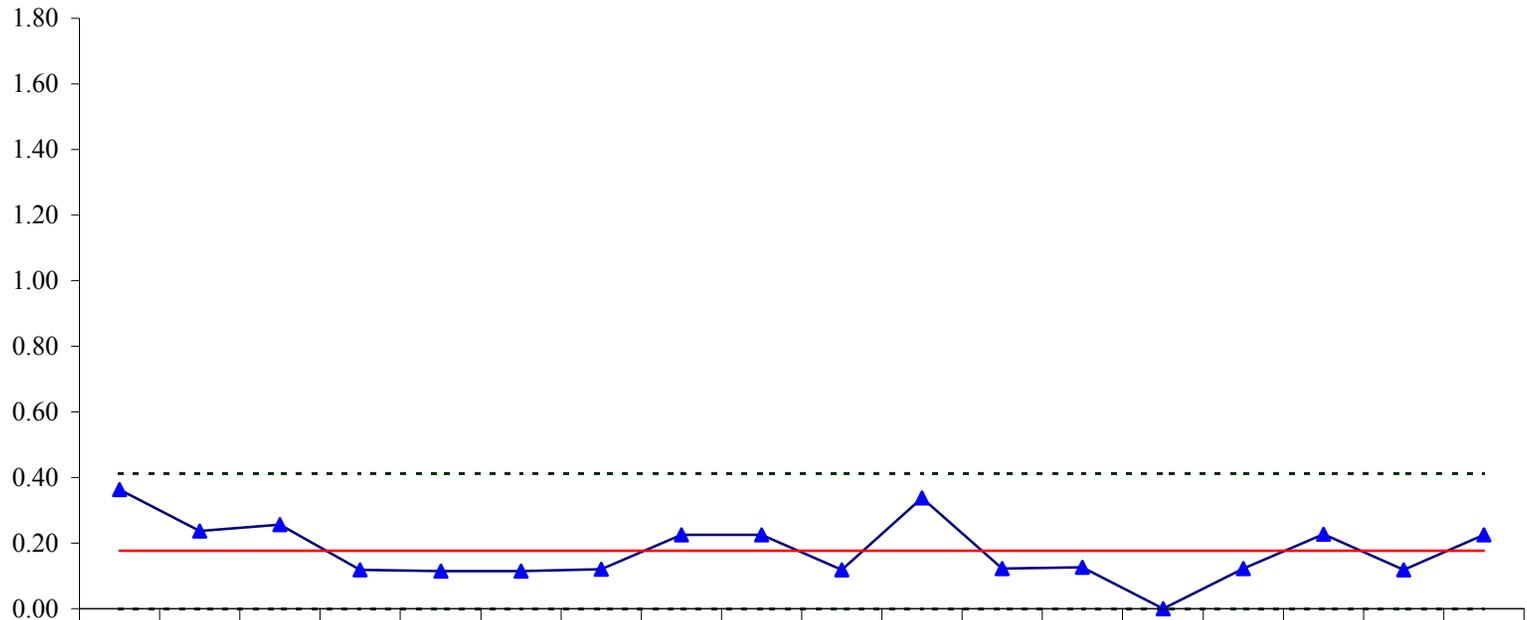
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	181	176	157	187	194	197	169	194	187	175	186	158	167	168	148	205	176	162
Injuries Associated with R/S	52	37	38	40	31	25	22	26	22	38	28	14	20	24	19	35	22	13
▲ Emp. Inj.(RS)/1000 Bed Days	0.73	0.52	0.59	0.56	0.44	0.35	0.32	0.37	0.31	0.54	0.38	0.20	0.28	0.33	0.27	0.47	0.30	0.18
-----UCL	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
— Avg	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40
-----LCL	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10

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

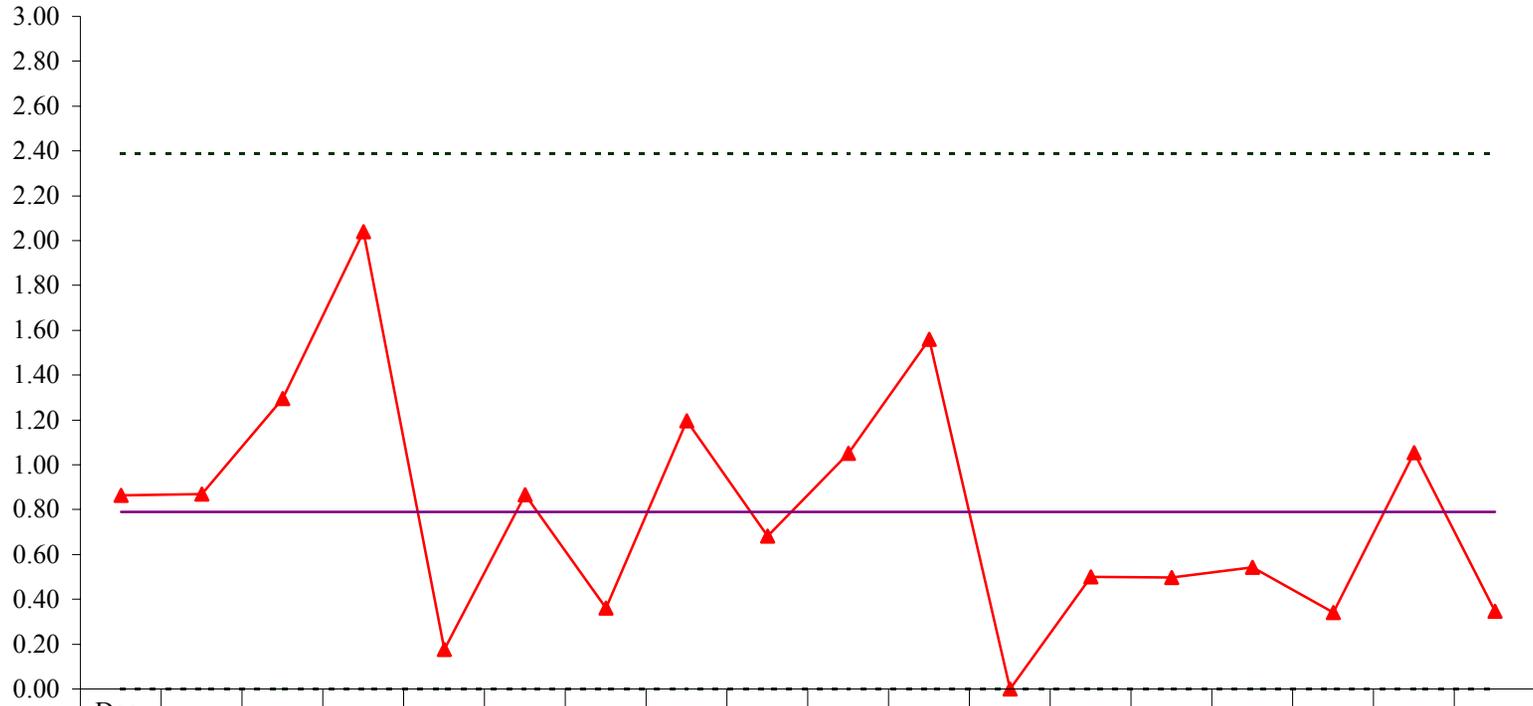
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	6	4	3	5	2	4	2	13	5	3	9	5	5	2	4	8	2	10
Injuries Associated with R/S	3	2	2	1	1	1	1	2	2	1	3	1	1	0	1	2	1	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.36	0.24	0.26	0.12	0.11	0.11	0.12	0.22	0.22	0.12	0.34	0.12	0.13	0.00	0.12	0.23	0.12	0.22
----- UCL	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41
— Avg	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

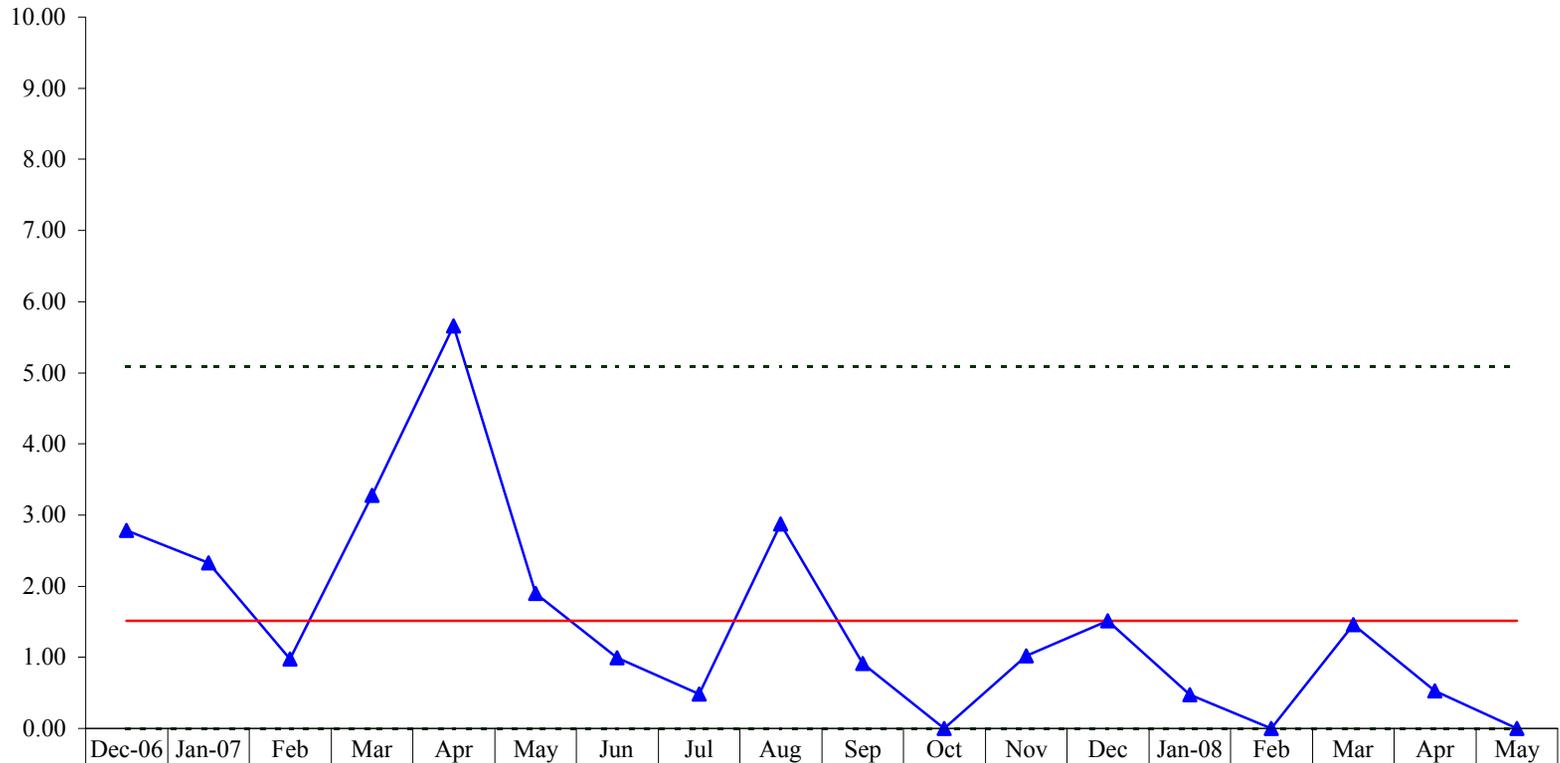
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	13	19	19	24	21	26	13	17	23	15	18	15	16	20	12	21	25	19
Injuries Associated with R/S	5	5	7	12	1	5	2	7	4	6	9	0	3	3	3	2	6	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.86	0.87	1.30	2.04	0.18	0.87	0.36	1.20	0.68	1.05	1.56	0.00	0.50	0.50	0.54	0.34	1.05	0.35
----- UCL	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39
— Avg	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
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

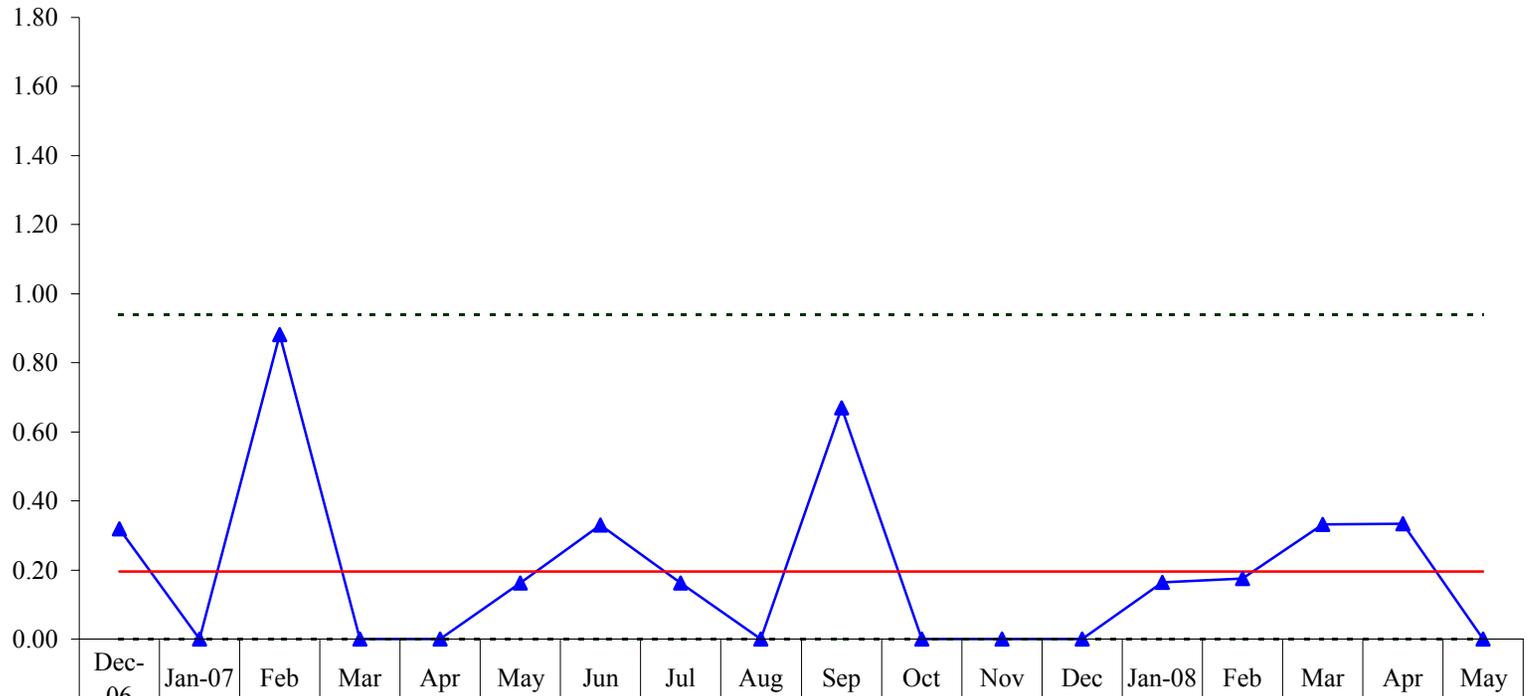
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



Total Employee Injuries	10	8	6	8	19	13	8	7	15	11	5	14	7	15	5	7	15	5
Injuries Associated with R/S	6	5	2	7	12	4	2	1	6	2	0	2	3	1	0	3	1	0
Emp. Inj.(RS)/1000 Bed Days	2.78	2.33	0.98	3.28	5.66	1.90	1.00	0.48	2.88	0.91	0.00	1.02	1.51	0.48	0.00	1.46	0.53	0.00
UCL	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09	5.09
Avg	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51	1.51
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

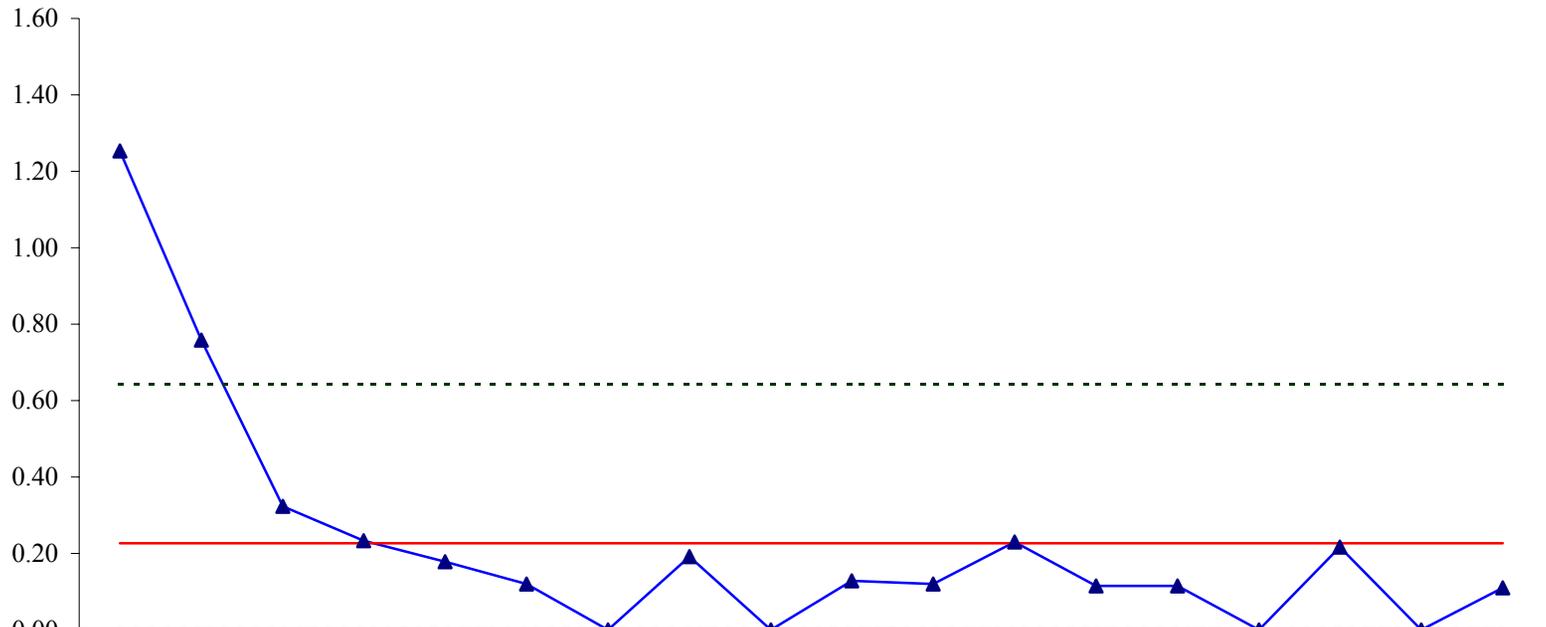
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



Total Employee Injuries	13	8	8	4	11	12	11	12	7	11	10	4	4	7	14	12	13	6
Injuries Associated with R/S	2	0	5	0	0	1	2	1	0	4	0	0	0	1	1	2	2	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.32	0.00	0.88	0.00	0.00	0.16	0.33	0.16	0.00	0.67	0.00	0.00	0.00	0.16	0.18	0.33	0.33	0.00
----- UCL	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94
----- Avg	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

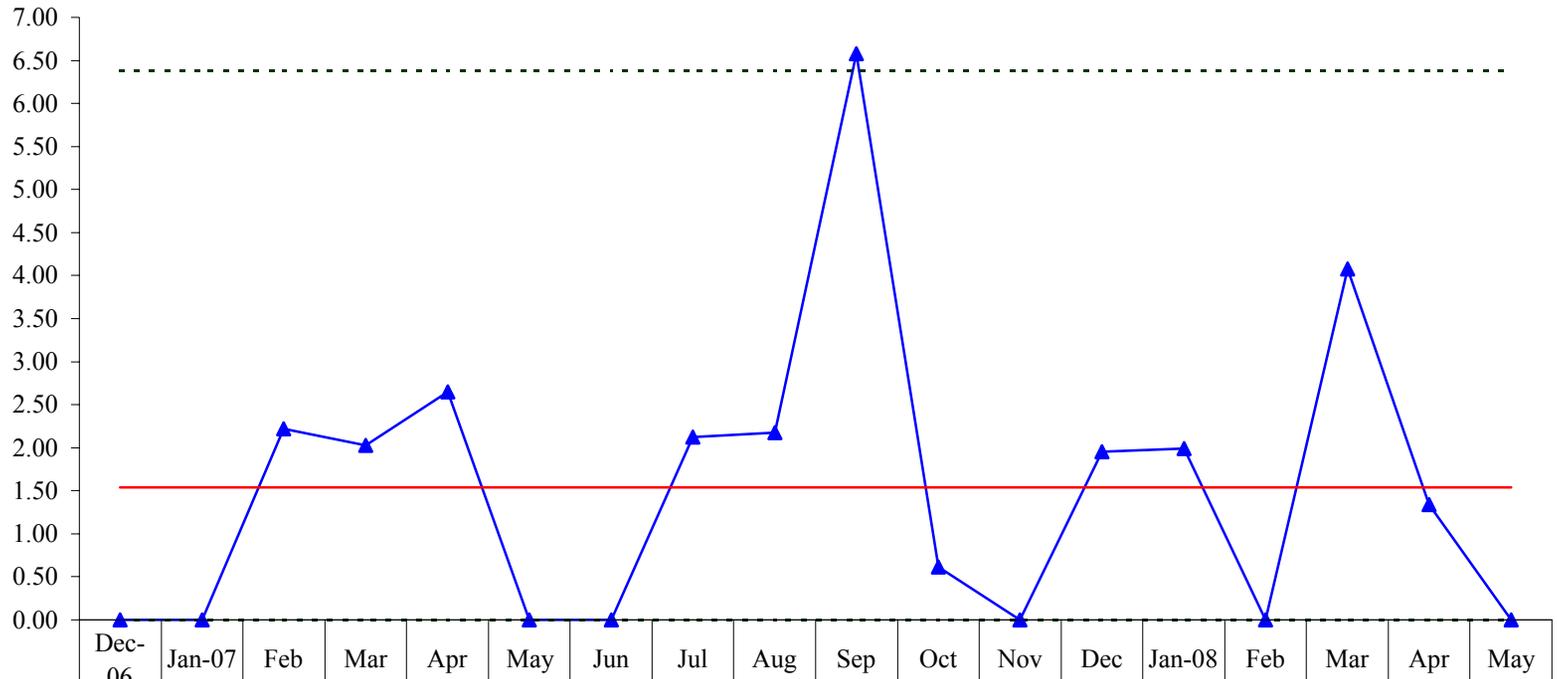
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	43	35	20	45	44	41	23	31	28	36	33	36	43	27	16	49	30	34
Injuries Associated with R/S	22	13	5	4	3	2	0	3	0	2	2	4	2	2	0	4	0	2
▲ Emp. Inj.(RS)/1000 Bed Days	1.25	0.76	0.32	0.23	0.18	0.12	0.00	0.19	0.00	0.13	0.12	0.23	0.11	0.12	0.00	0.22	0.00	0.11
-----UCL	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
— Avg	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

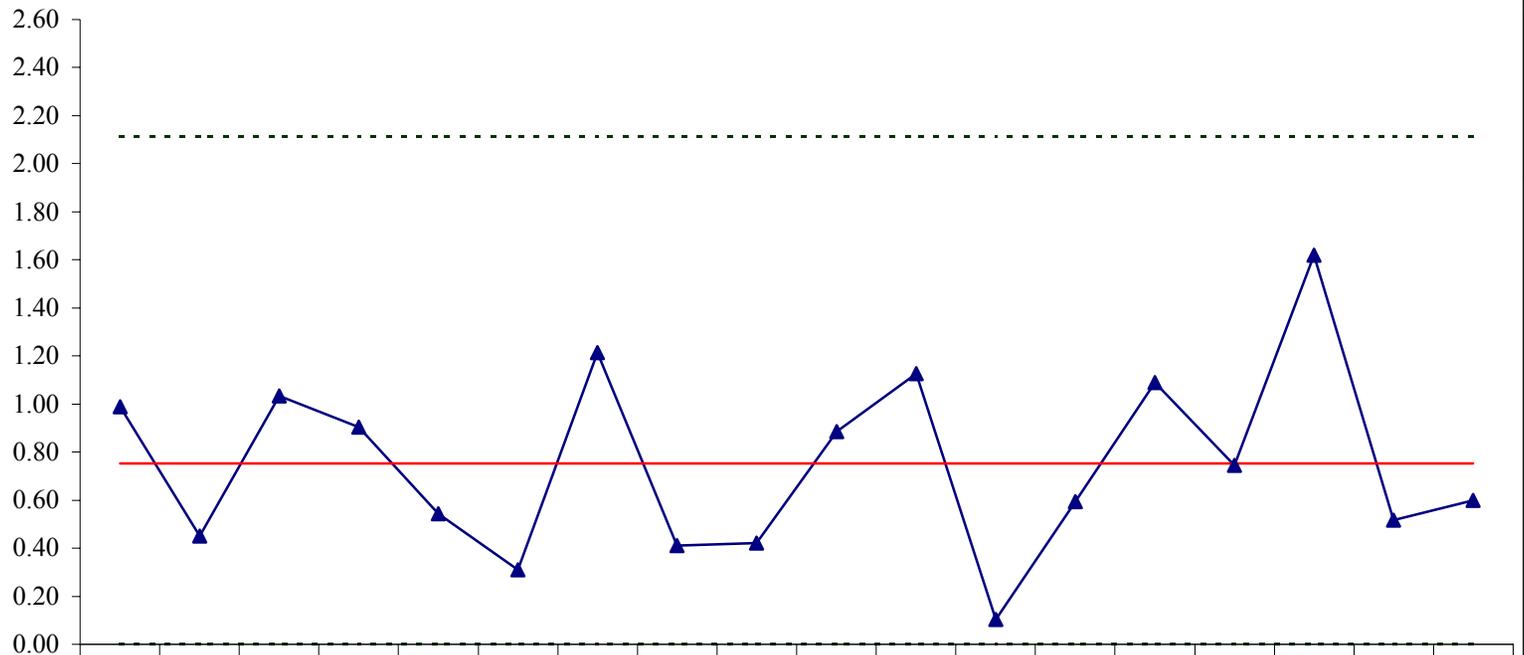
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	10	15	10	8	7	13	2	13	8	17	7	7	11	10	5	16	12	10
Injuries Associated with R/S	0	0	3	3	4	0	0	3	3	10	1	0	3	3	0	6	2	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	2.22	2.03	2.65	0.00	0.00	2.12	2.17	6.57	0.61	0.00	1.95	1.99	0.00	4.08	1.34	0.00
-----UCL	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39	6.39
— Avg	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

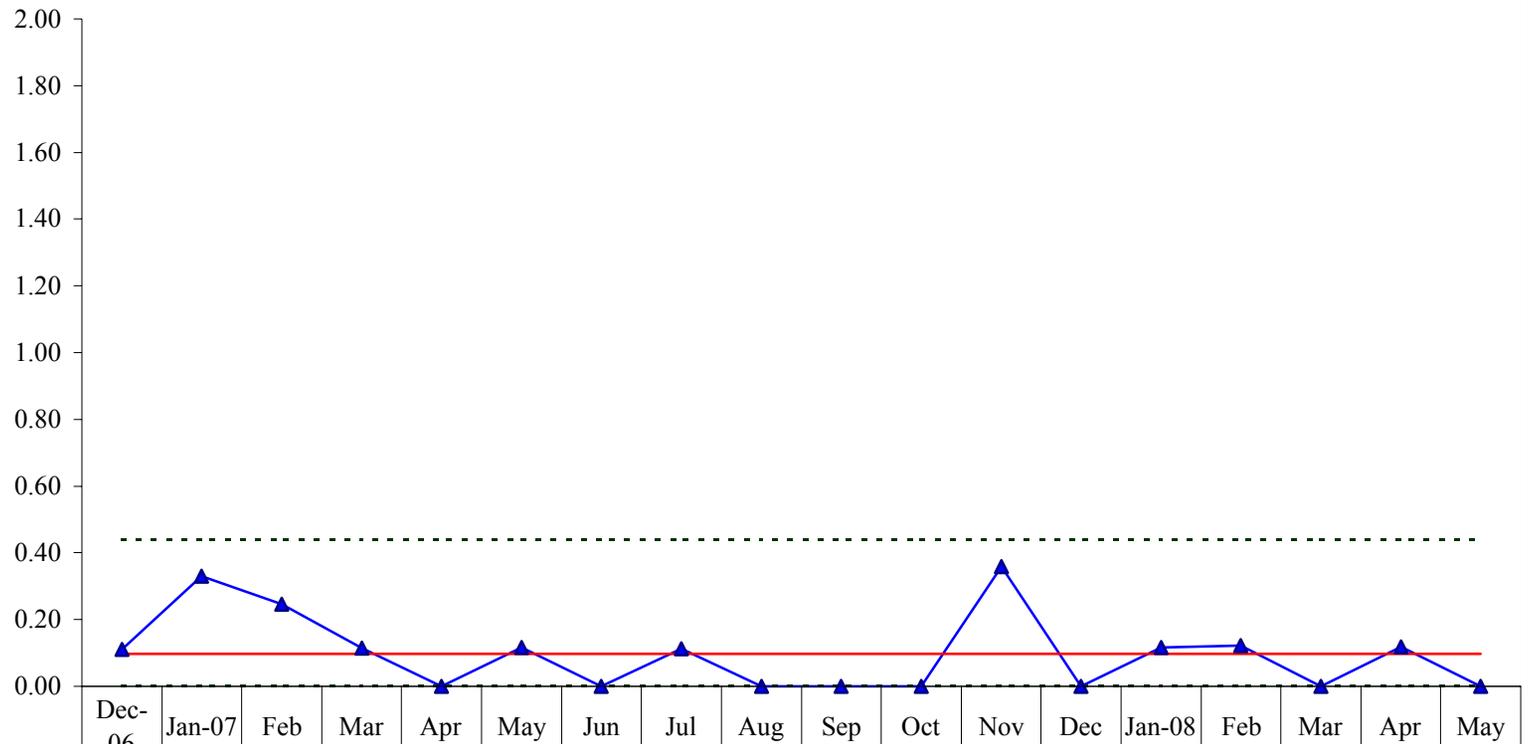
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	33	27	33	32	33	24	46	27	24	31	41	30	27	31	37	55	35	25
Injuries Associated with R/S	9	4	8	8	5	3	11	4	4	8	11	1	6	11	7	16	5	6
▲ Emp. Inj.(RS)/1000 Bed Days	0.99	0.45	1.03	0.90	0.54	0.31	1.21	0.41	0.42	0.88	1.13	0.10	0.59	1.09	0.74	1.62	0.52	0.60
.....UCL	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11
— Avg	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

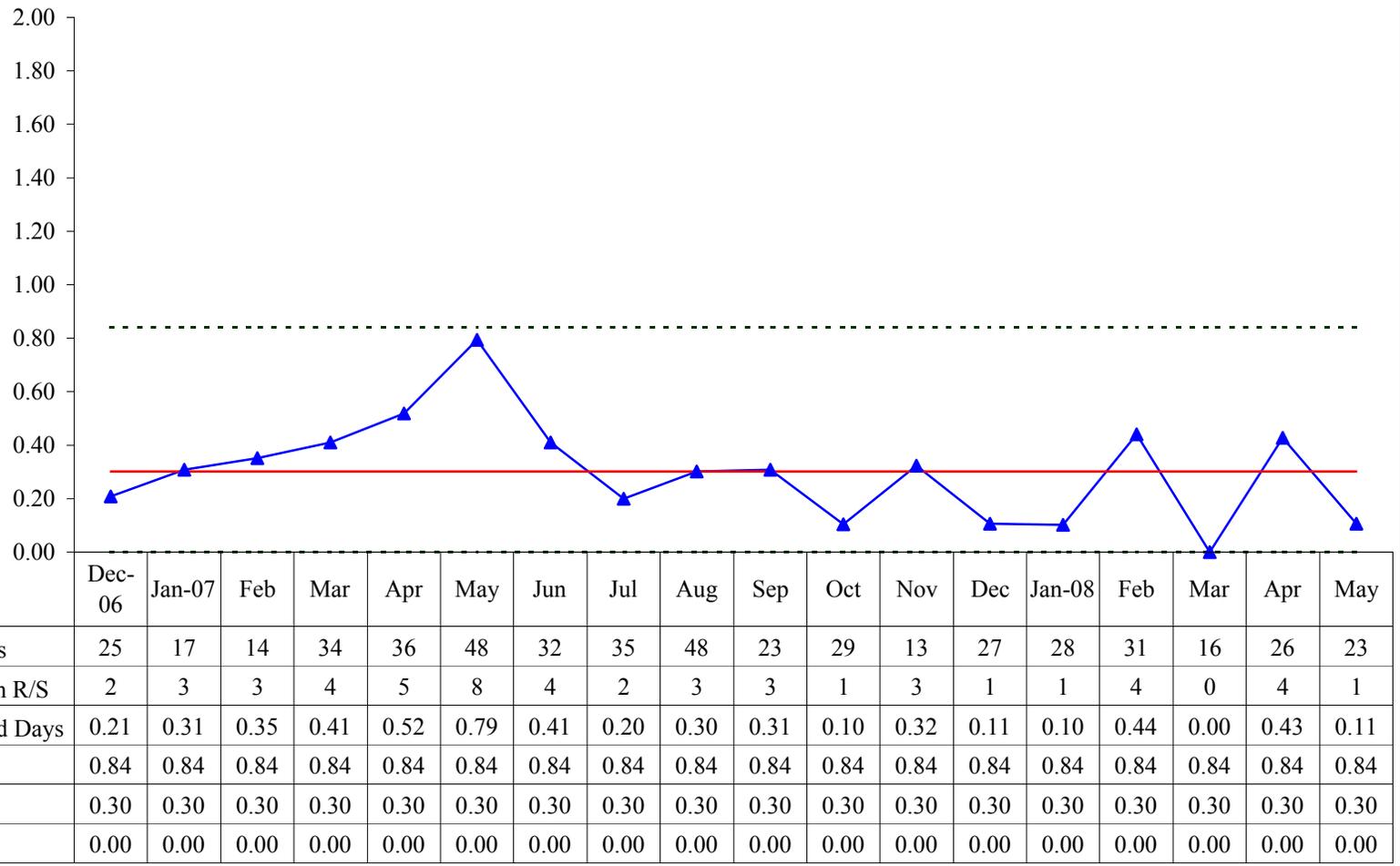
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	25	39	40	26	21	16	28	34	28	23	28	30	23	25	18	18	15	22
Injuries Associated with R/S	1	3	2	1	0	1	0	1	0	0	0	3	0	1	1	0	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.11	0.33	0.25	0.11	0.00	0.12	0.00	0.11	0.00	0.00	0.00	0.36	0.00	0.12	0.12	0.00	0.12	0.00
-----UCL	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
— Avg	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

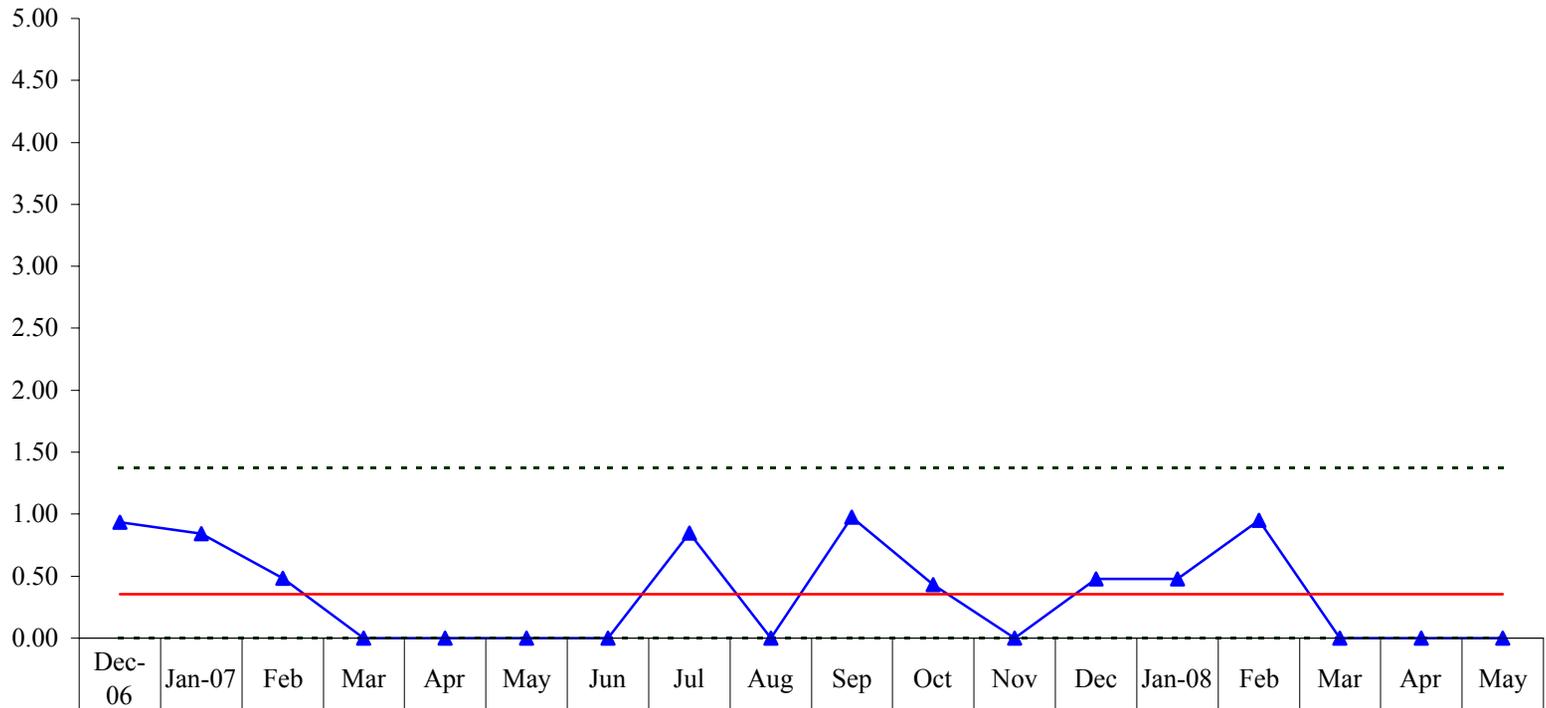
Objective 6E - Employees Injured During Restraint or Seclusion
Terrell State Hospital

Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



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

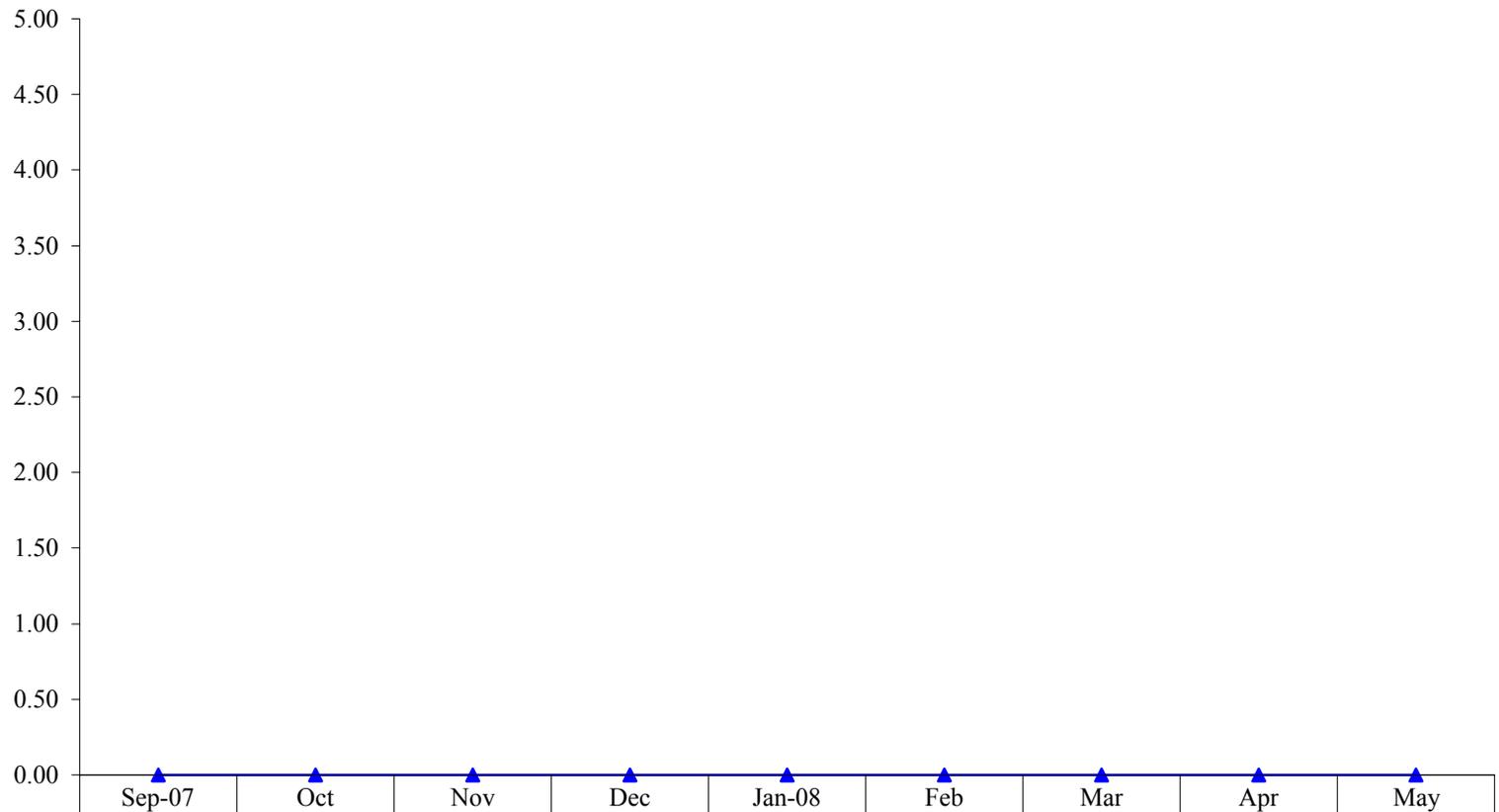
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)**



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Total Employee Injuries	3	4	4	1	0	0	4	5	1	4	5	2	3	1	4	2	2	5
Injuries Associated with R/S	2	2	1	0	0	0	0	2	0	2	1	0	1	1	2	0	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.94	0.84	0.49	0.00	0.00	0.00	0.00	0.85	0.00	0.98	0.43	0.00	0.48	0.48	0.95	0.00	0.00	0.00
-----UCL	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37
— Avg	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

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



Total Employee Injuries	1	1	2	1	2	2	1	1	3
Injuries Associated with R/S	0	0	0	0	0	0	0	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6F:

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

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

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

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

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

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

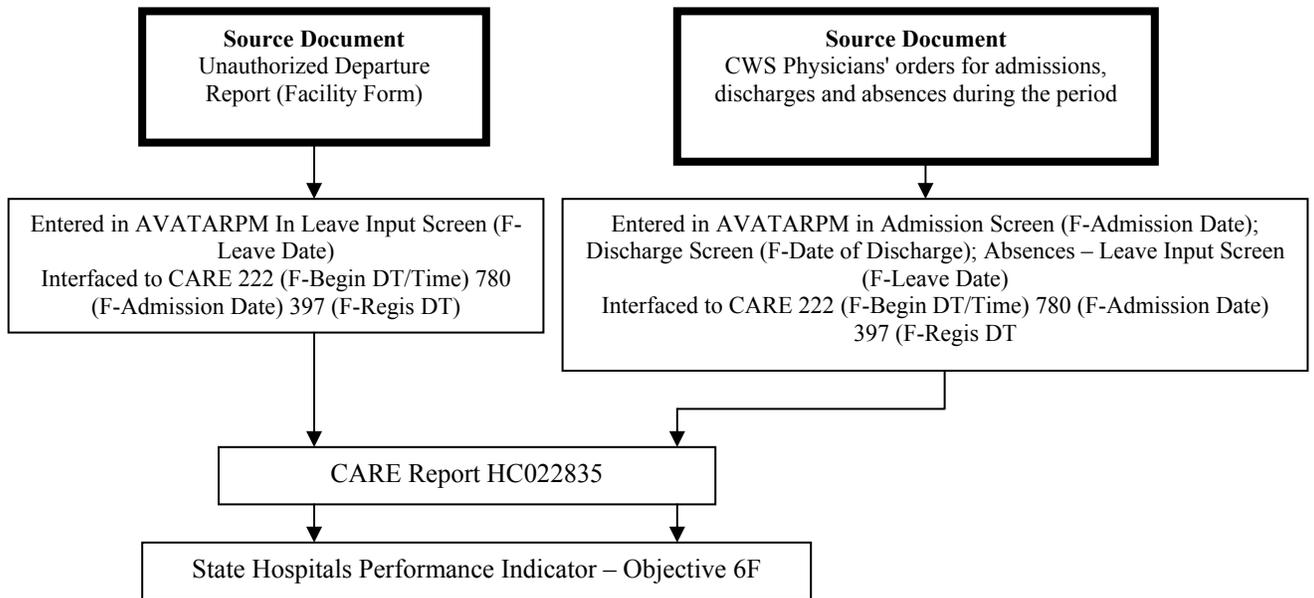
Performance Objective Data Display and Chart Description:

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

Data Flow:

Numerator (N)

Denominator (D)



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

ALL MH HOSPITALS	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
Unauthorized Departures Incidents	21	16	18	14	8	11	12	19	23			
Unauthorized Departures Persons	20	16	17	13	8	10	11	17	22			
Bed Days in Month	68761	72037	69883	71158	71729	68881	73289	71092	72799			
Incidents/1000 Bed Days	0.3054	0.2221	0.2576	0.1967	0.1115	0.1597	0.1637	0.2673	0.316			

Performance Objective 6G:

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

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

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

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

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

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

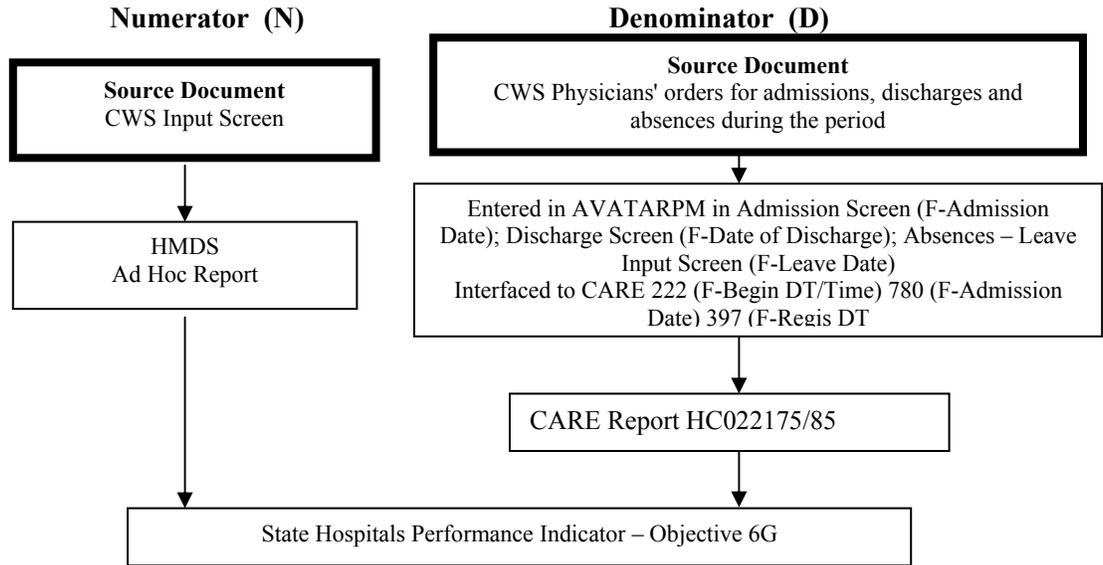
1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

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

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

Data Flow:



Objective 6G - Rate of Falls

All State Hospitals

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

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

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

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

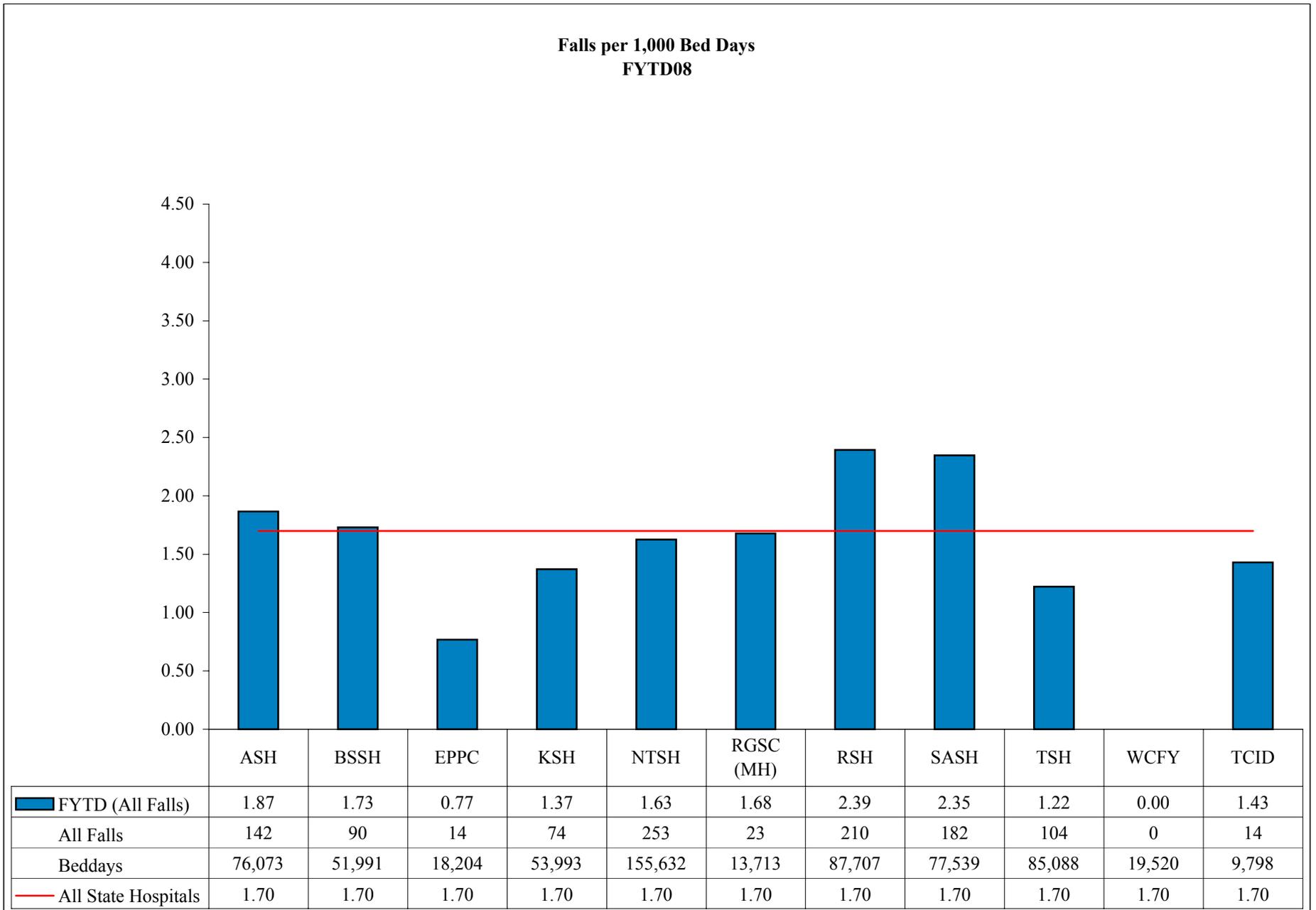
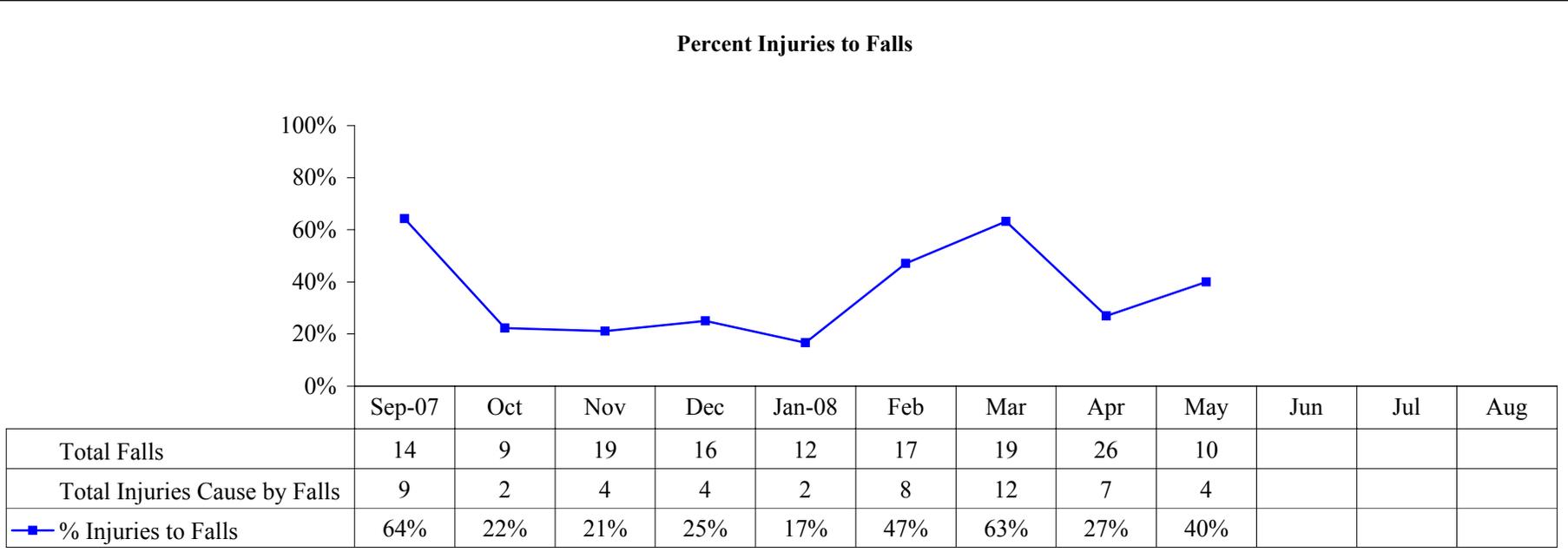
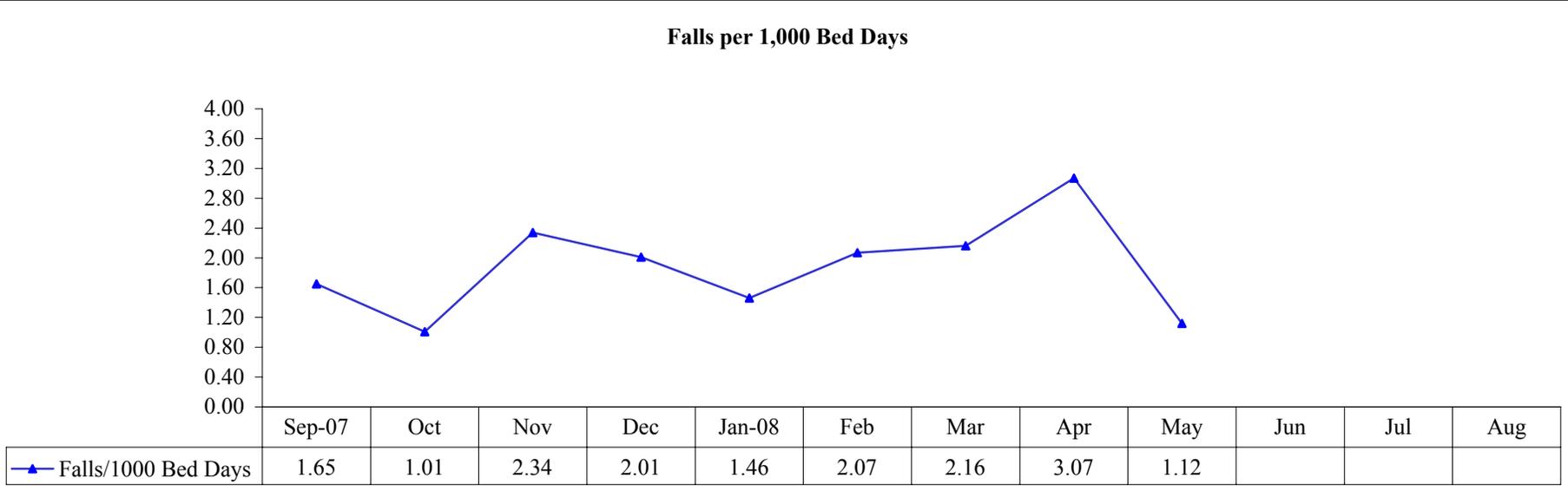


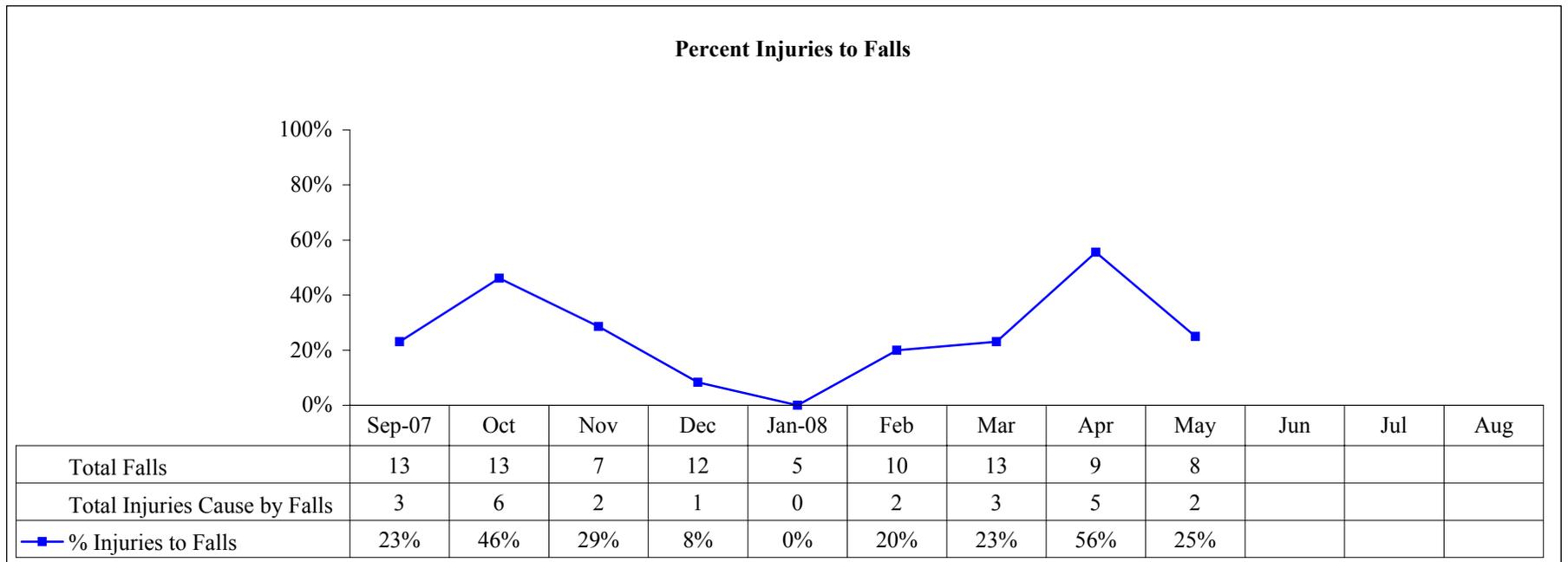
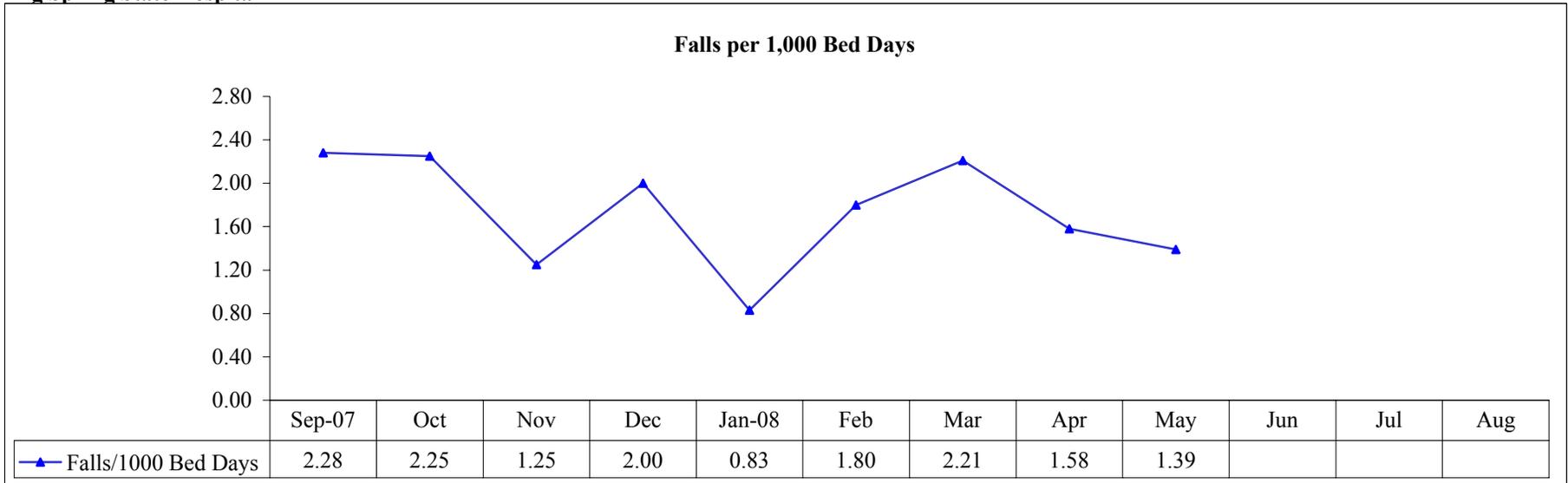
Table: Hospital Management Data Services

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

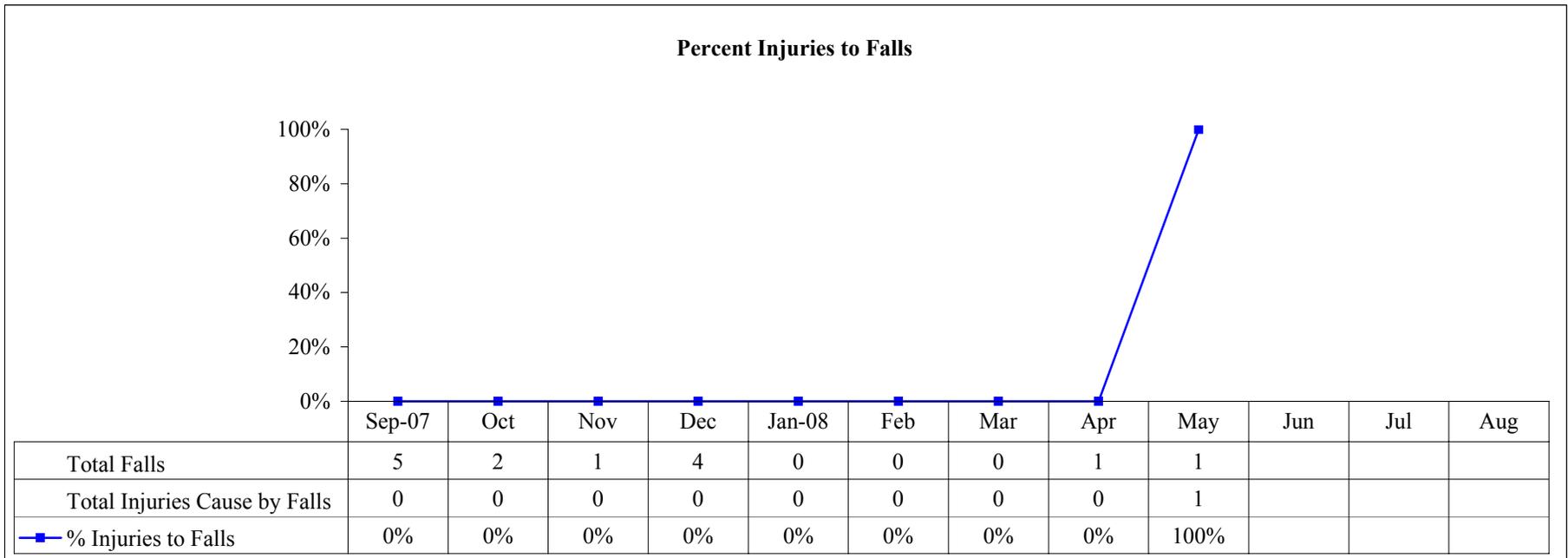
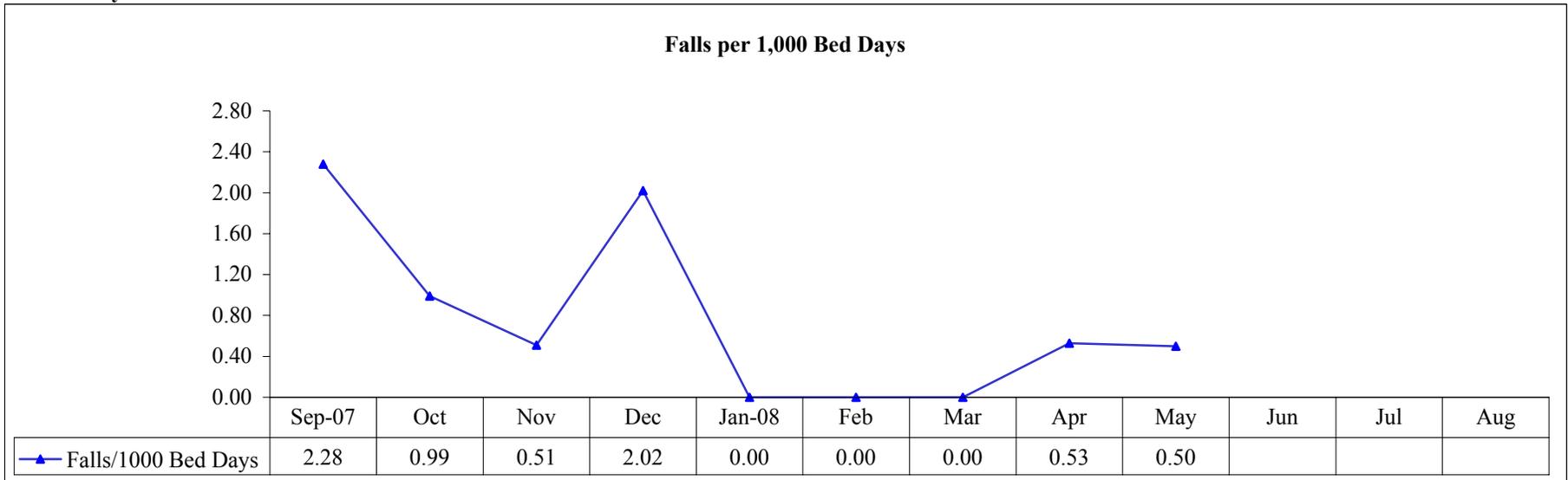
**Objective 6G - Rate of Falls
Austin State Hospital**



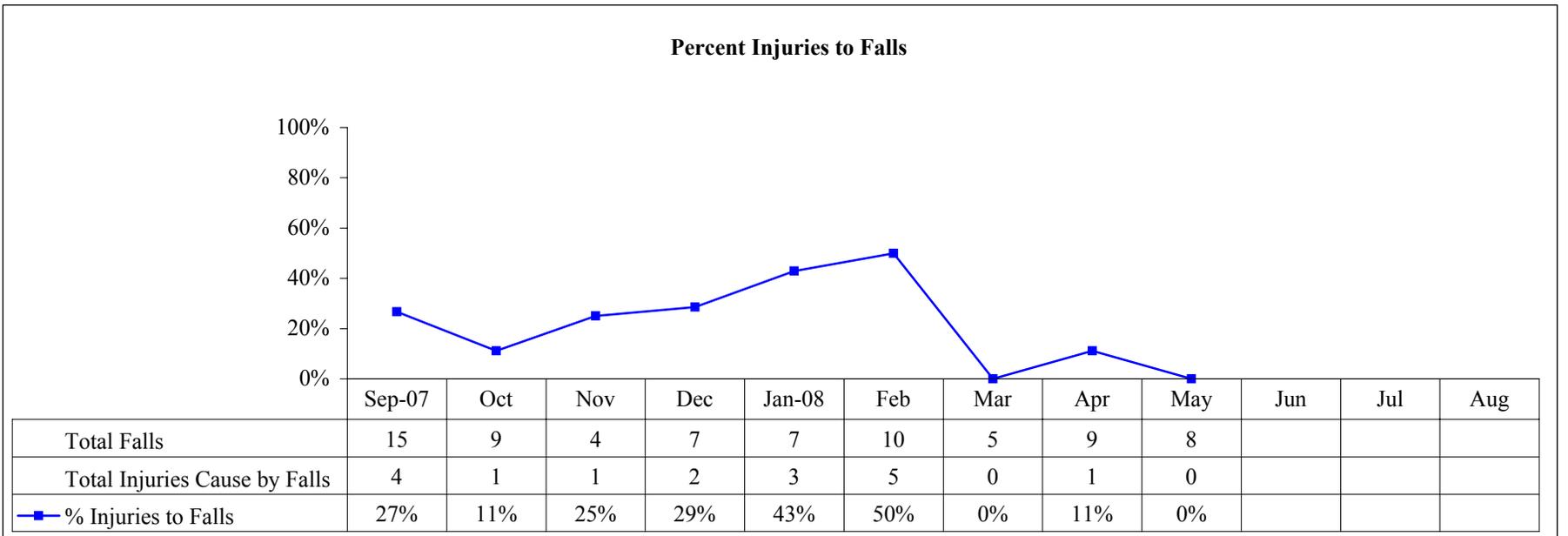
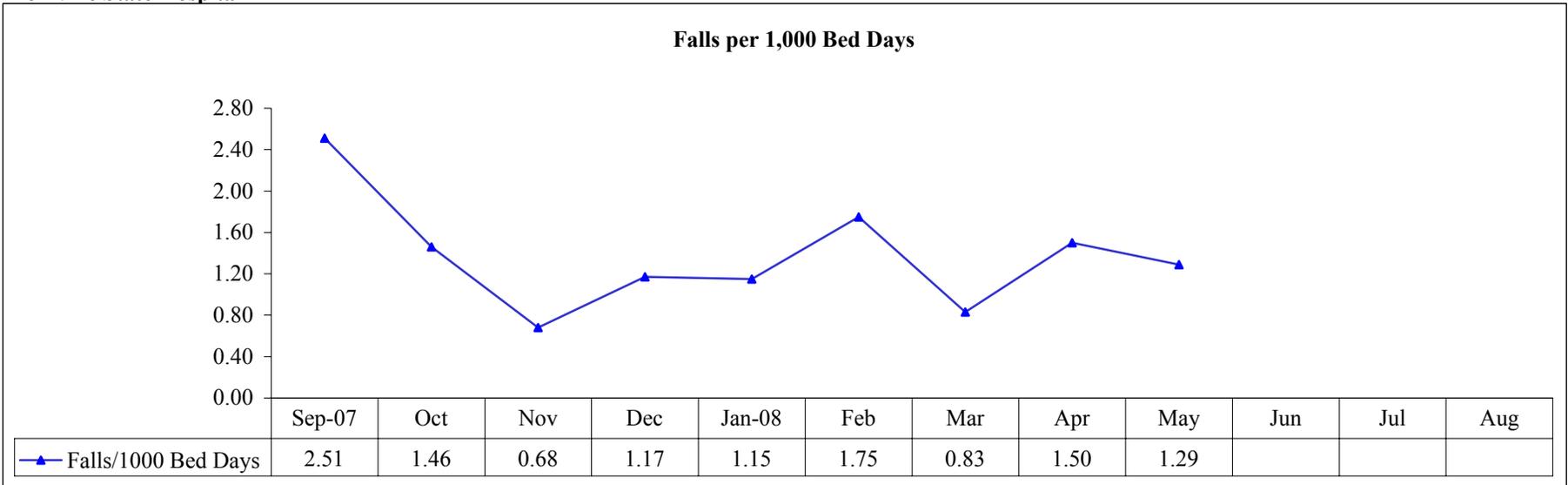
**Objective 6G - Rate of Falls
Big Spring State Hospital**



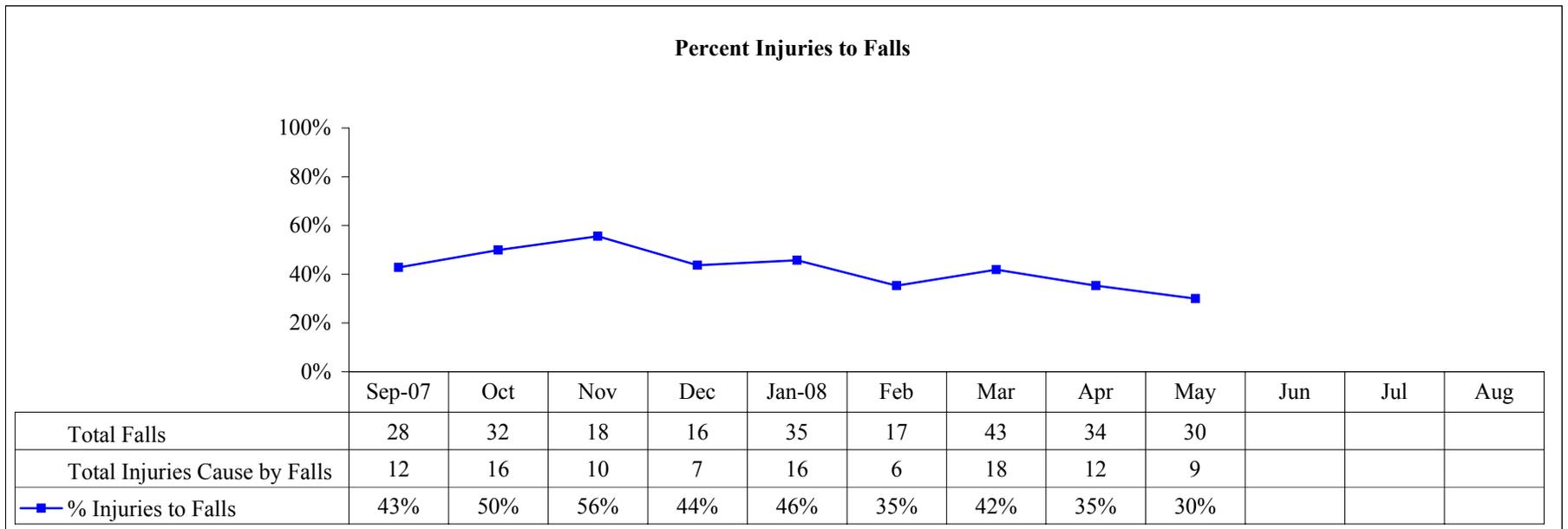
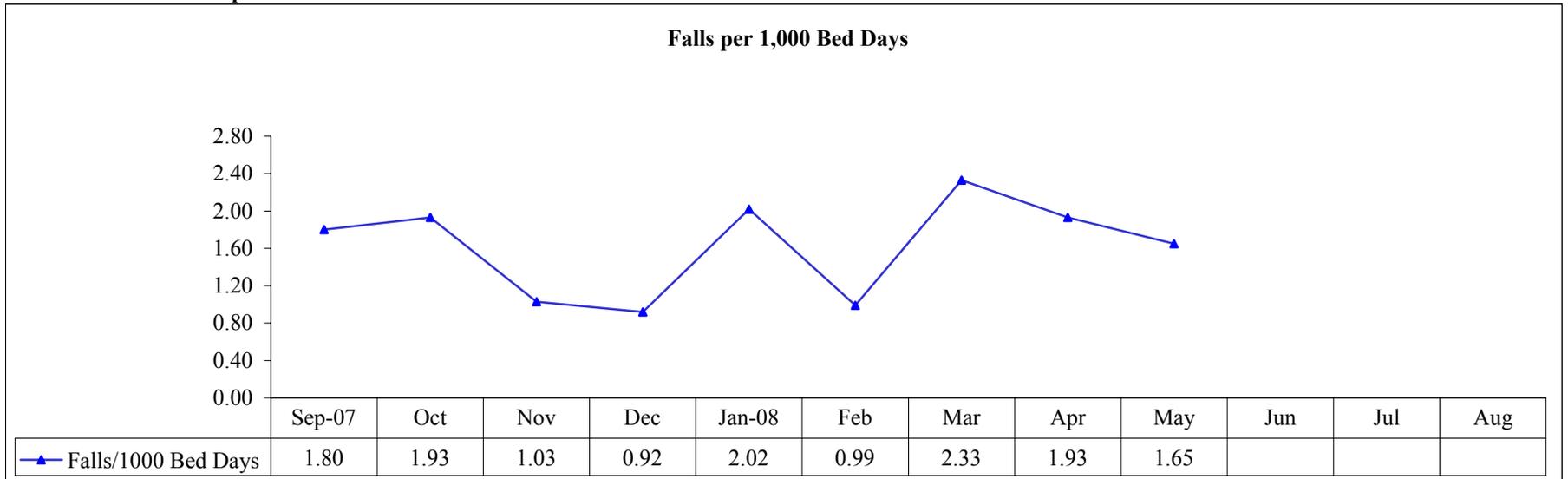
Objective 6G - Rate of Falls
El Paso Psychiatric Center



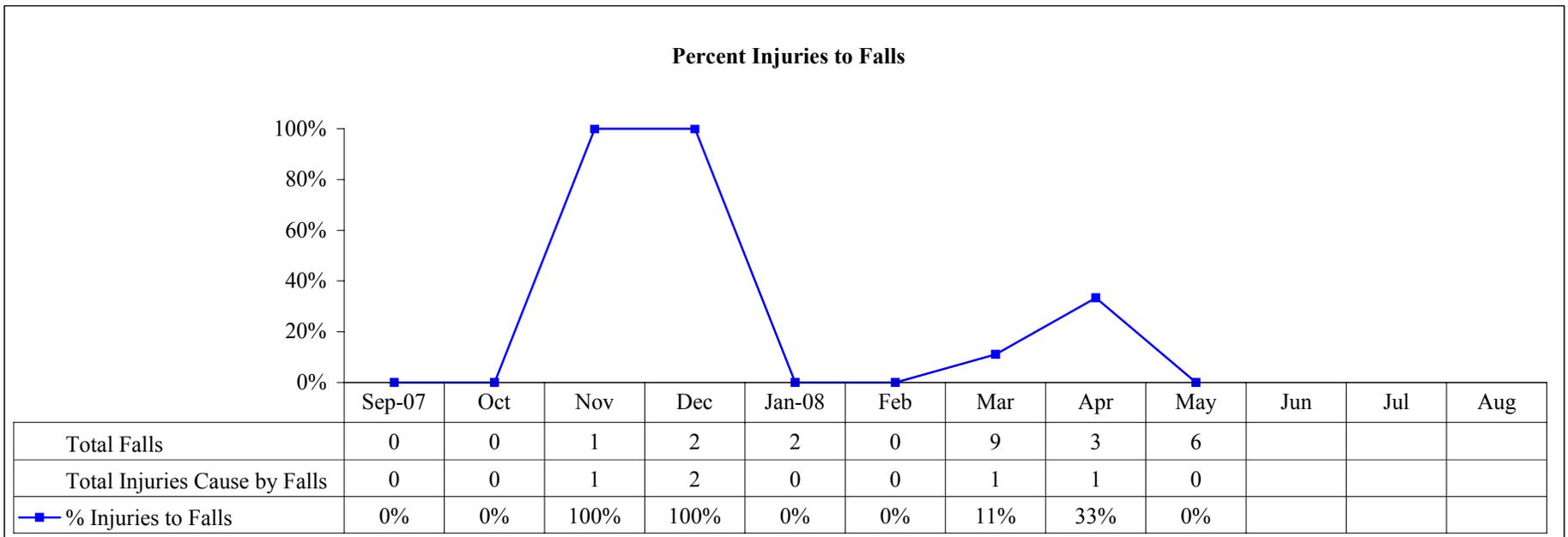
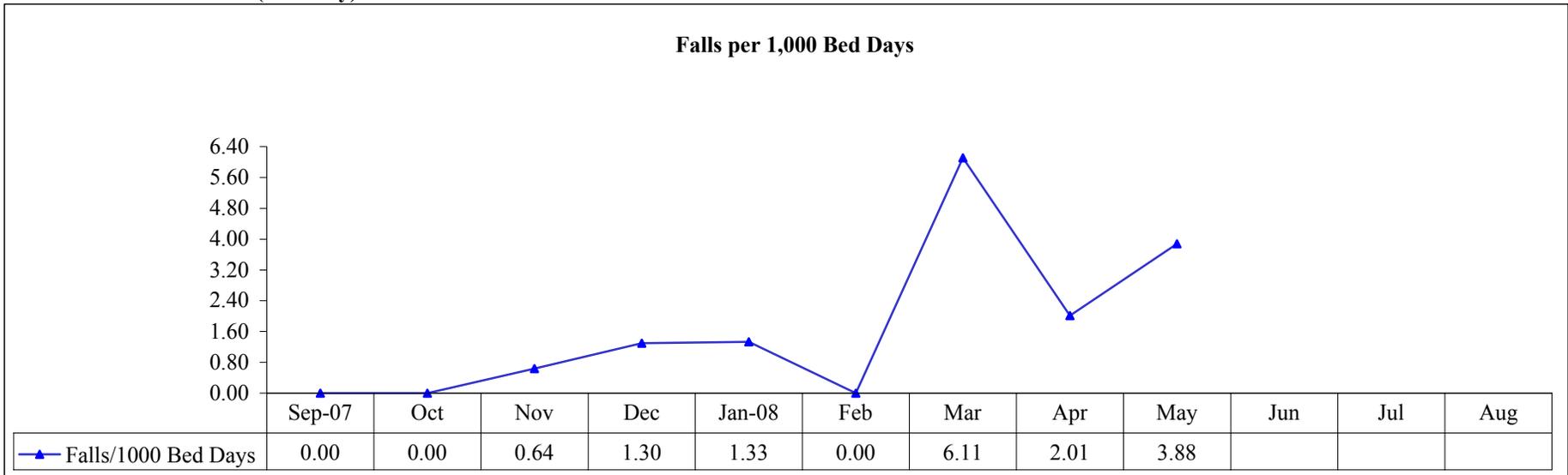
**Objective 6G - Rate of Falls
Kerrville State Hospital**



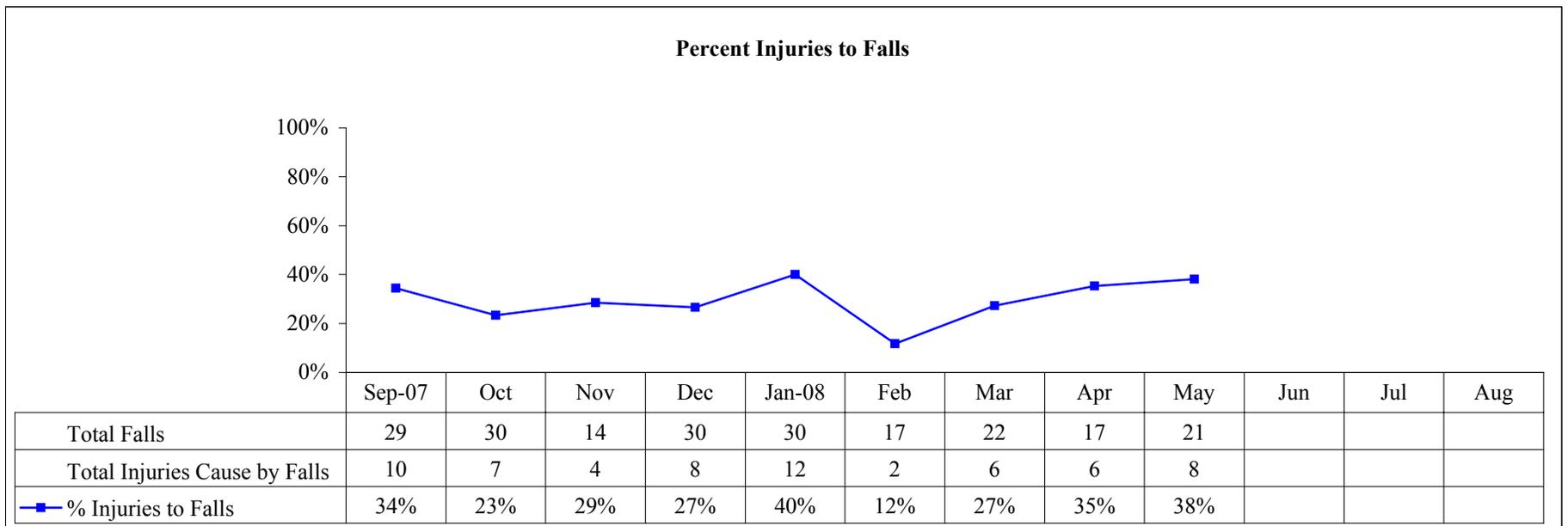
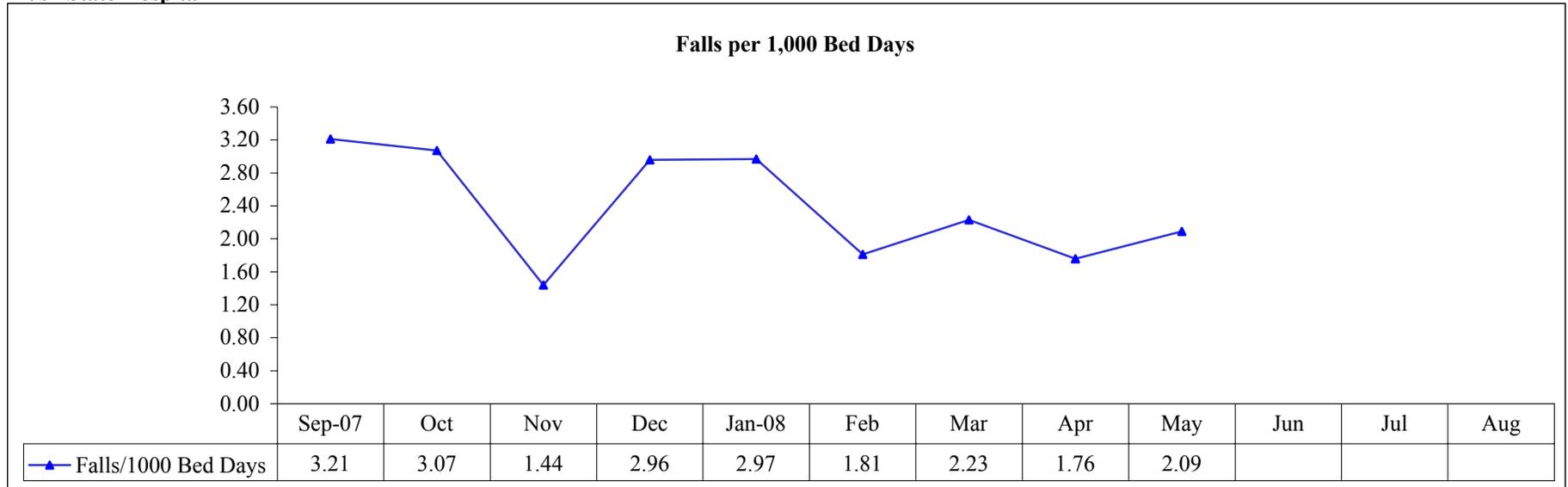
Objective 6G - Rate of Falls
North Texas State Hospital



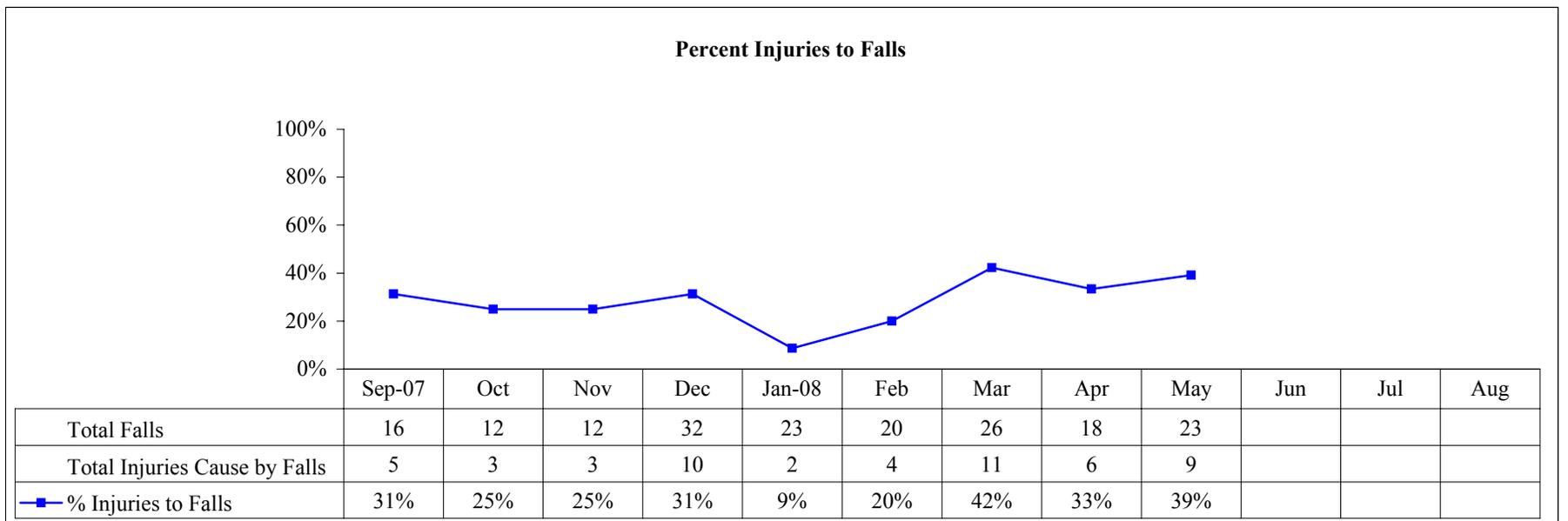
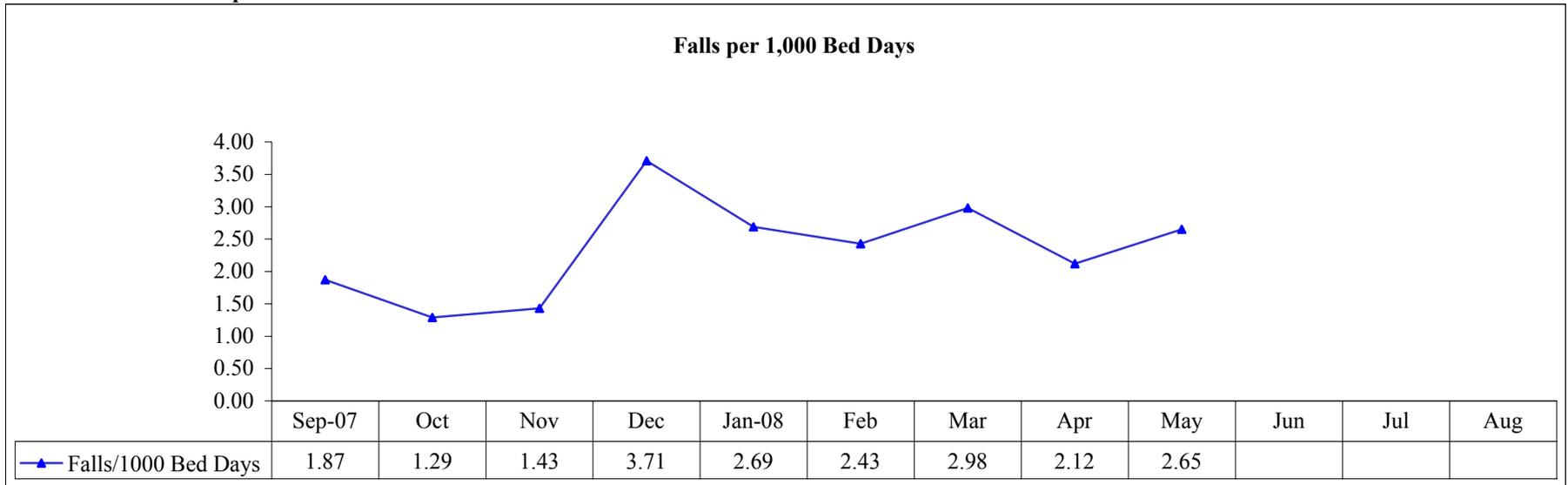
Objective 6G - Rate of Falls
Rio Grande State Center (MH only)



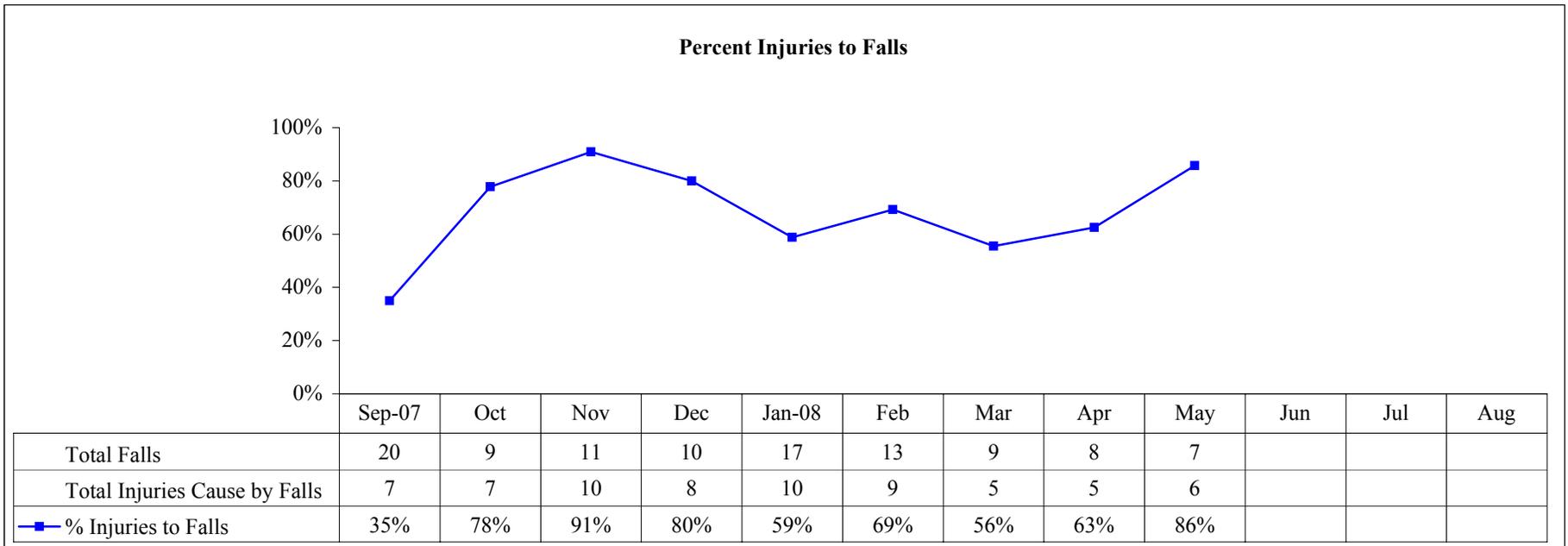
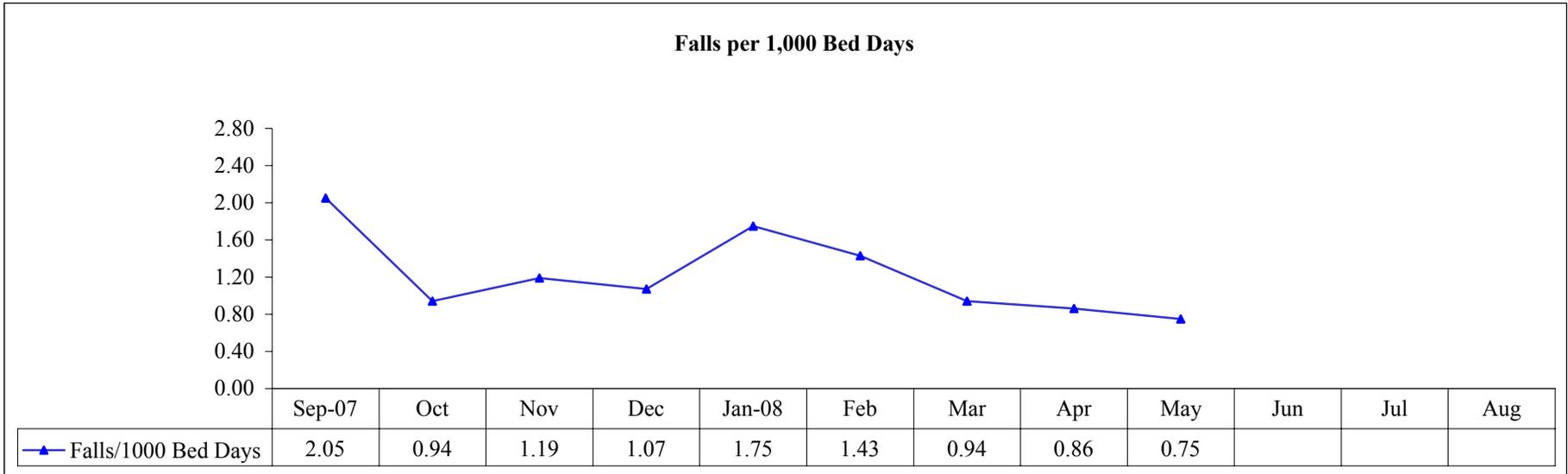
Objective 6G - Rate of Falls
Rusk State Hospital



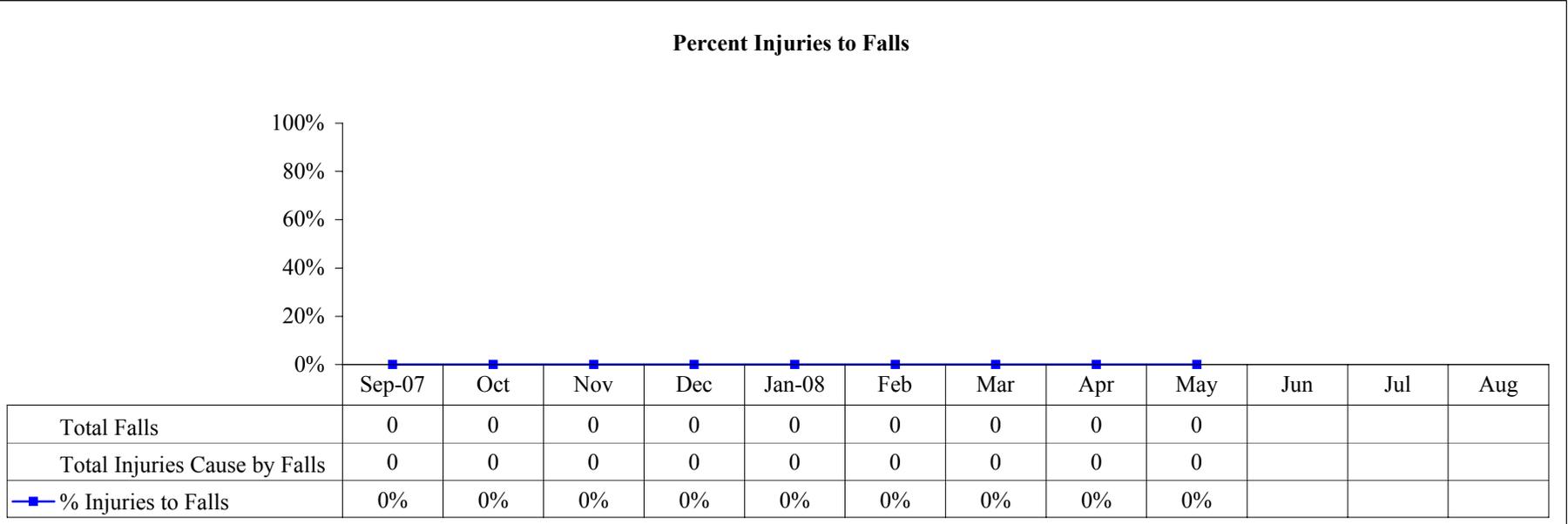
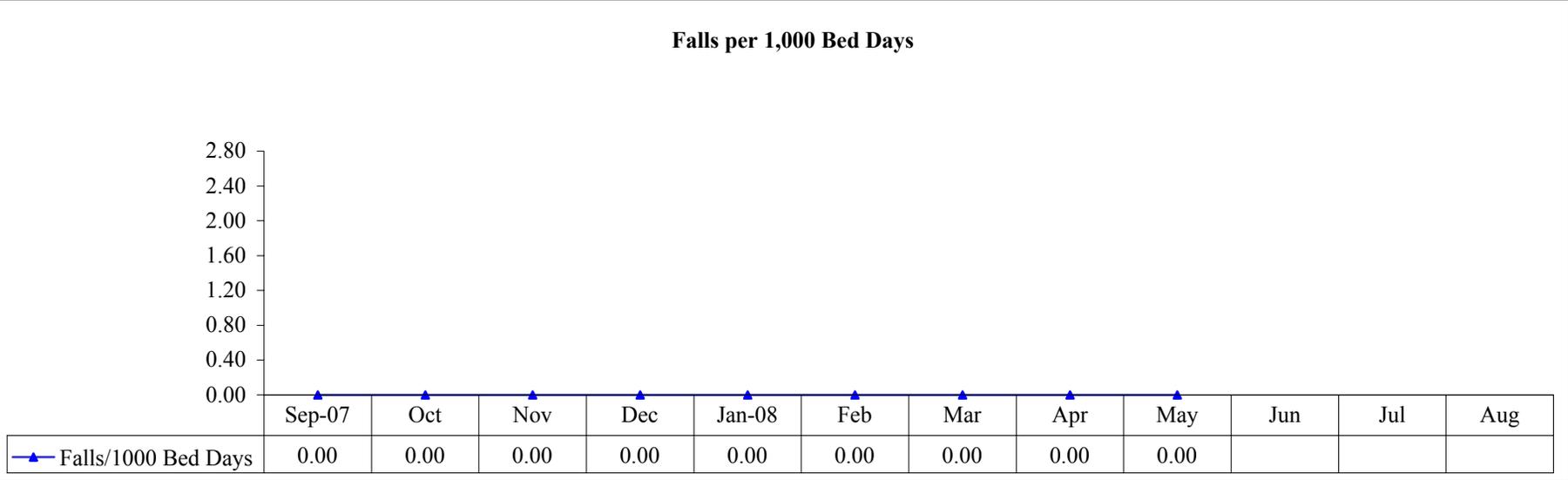
Objective 6G - Rate of Falls
San Antonio State Hospital



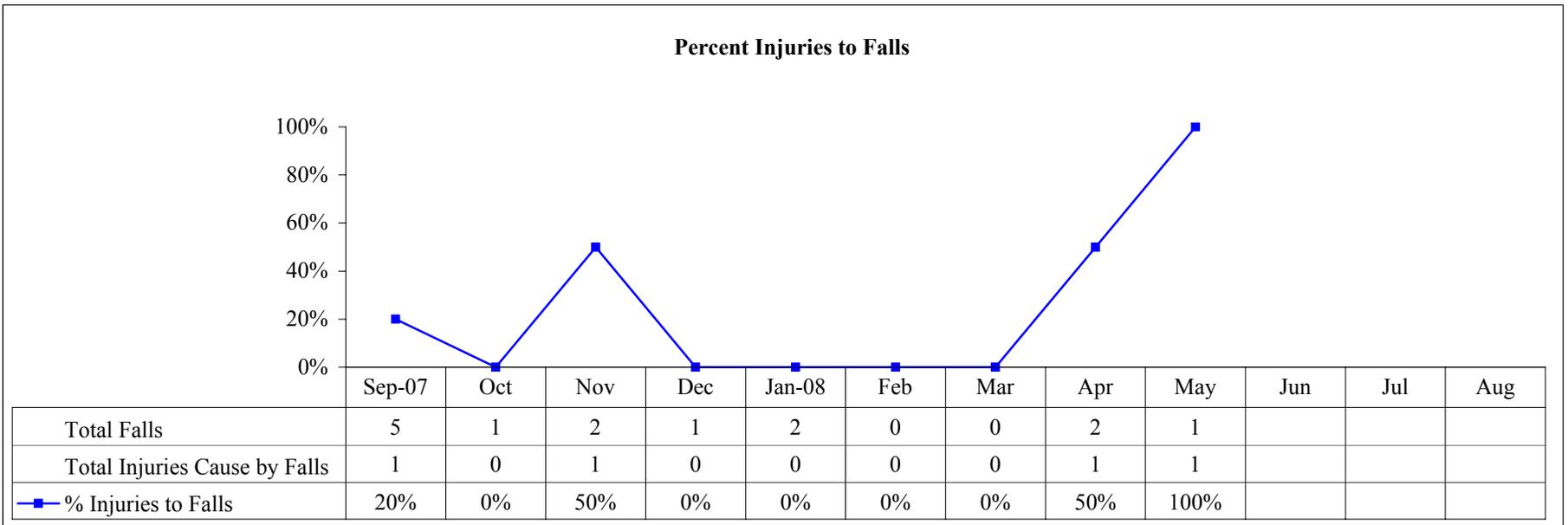
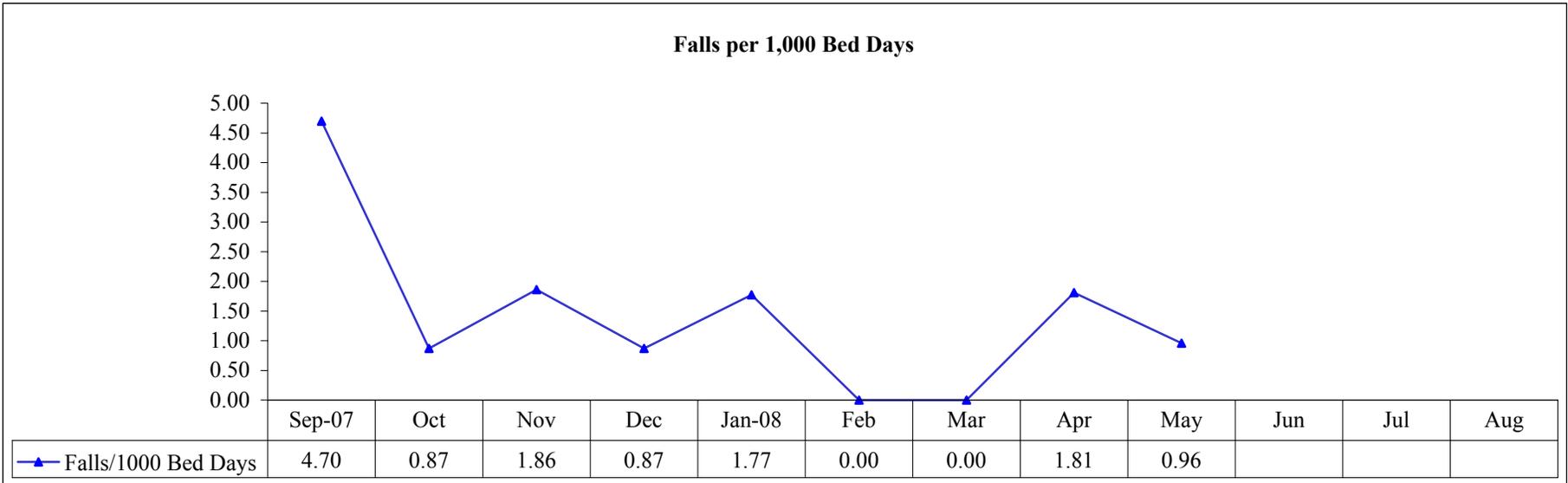
Objective 6G - Rate of Falls
Terrell State Hospital



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



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



Performance Measure 6A:

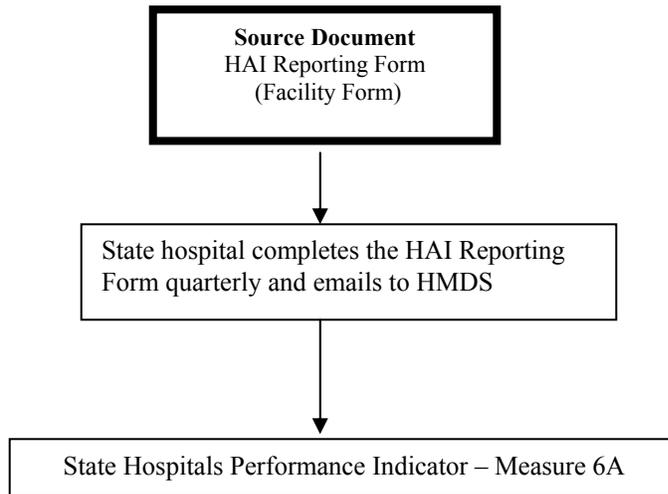
Hospital infection control professionals (ICPS) will collect and compare data on healthcare associated infections according to Centers for Disease Control categories.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q3

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	0	0	0	1	1
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	1	0	0	0	1	16	18
Gastrointestinal System Infection	0	0	1	0	0	0	1
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	0	0	0	1	2	3	6
Systemic Infection	0	0	0	0	0	0	0
Total	1	0	1	1	3	20	26
Rate Per 1,000 Beddays	0.4	0.0	0.1	0.4	1.0	2.8	1.0

Measure 6A - 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	12	5	3	3	4	4	7	13	56	0
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	4	1	0	0	0	5	5	1	1	17	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	6	16	6	16	4	15	18	7	32	120	0
Gastrointestinal System Infection	0	1	1	0	0	0	3	0	0	5	0
Lower Respiratory Infection, other than Pneumonia	0	5	1	0	1	0	4	0	3	14	0
Reproductive Tract Infection	0	5	1	0	0	0	0	2	0	8	0
Skin and Soft Tissue Infection	12	11	7	4	3	0	17	12	13	79	0
Systemic Infection	0	0	0	0	0	0	0	0	0	0	0
Total	27	51	21	23	11	24	51	29	62	299	0
Rate Per 1,000 Beddays	1.2	3.2	4.1	1.4	0.3	6.0	1.8	1.4	2.5	1.7	0.0

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q3

Age 64+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total	TCID
Urinary Tract Infection	0	1	1	0	0	0	0	15	4	21	0
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0	1	1	2	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	0	1	0	1	0	0	0	2	2	6	0
Gastrointestinal System Infection	0	0	0	0	0	0	0	1	0	1	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	2	0	1	0	0	3	7	2	15	0
Systemic Infection	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	1	2	0	0	3	26	9	45	0
Rate Per 1,000 Beddays	0.0	3.0	1.9	1.1	0.0	0.0	1.8	8.4	7.0	3.1	0.0

**Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1**

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	3	1	1	0	5
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	1	0	0	1
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	1	5	6	0	3	15
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	1	0	0	5	6
Skin and Soft Tissue Infection	0	1	0	3	3	5	12
Systemic Infection	0	0	0	0	0	0	0
Total	0	2	9	11	4	13	39
Rate Per 1,000 Beddays	0.0	4.6	1.1	4.0	1.6	2.0	1.7

Rate Per 1,000 Beddays - FY07	0.7	1.2	1.2	2.4	3.0	2.5	1.9
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Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	1	10	2	2	12	1	11	9	21	69
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	2	0	2	0	1	2	6	2	0	15
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	6	28	4	5	10	0	49	7	24	133
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	2	2
Lower Respiratory Infection, other than Pneumonia	0	7	1	0	8	0	0	4	1	21
Reproductive Tract Infection	0	6	0	0	0	0	0	3	0	9
Skin and Soft Tissue Infection	5	11	5	4	5	0	19	32	10	91
Systemic Infection	0	0	0	0	0	0	1	0	0	1
Total	14	62	14	11	36	3	86	57	58	341
Rate Per 1,000 Beddays	0.7	3.9	2.7	0.7	0.9	0.7	3.2	2.8	2.3	2.0

Rate Per 1,000 Beddays - FY07	0.4	3.4	1.5	1.1	0.7	0.7	2.5	2.7	2.4	1.7
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Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 64+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	0	2	0	1	4	0	0	4	4	15
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0	1	0	1
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	2	1	1	0	0	0	1	0	5
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	2	0	0	0	2	4
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	0	0	1	1	0	1	8	1	12
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Total	0	4	1	3	7	0	1	14	7	37
Rate Per 1,000 Beddays	0.0	3.5	1.6	1.6	3.5	0.0	0.8	4.4	4.2	2.7

Rate Per 1,000 Beddays - FY07	1.2	3.1	2.9	2.1	0.8	0.0	1.2	3.8	2.6	2.2
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**Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q2**

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	0	2	0	2	4
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	3	0	13	0	3	4	23
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	1	0	0	0	1
Reproductive Tract Infection	0	0	0	1	0	1	2
Skin and Soft Tissue Infection	0	0	1	3	0	3	7
Systemic Infection	0	0	0	0	0	0	0
Total	3	0	15	6	3	10	37
Rate Per 1,000 Beddays	1.3	0.0	1.7	2.5	1.1	1.6	1.6
Rate Per 1,000 Beddays - FY07	0.7	1.2	1.2	2.4	3.0	2.5	1.9

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

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	0	12	3	2	7	2	5	4	1	0	36
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	0
Pneumonia	2	1	0	0	0	8	3	0	2	0	16
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	3	50	6	16	6	1	45	10	0	0	137
Gastrointestinal System Infection	1	0	0	0	0	0	0	1	29	3	34
Lower Respiratory Infection, other than Pneumonia	0	26	0	0	3	0	3	2	0	0	34
Reproductive Tract Infection	0	2	0	0	0	0	0	7	0	0	9
Skin and Soft Tissue Infection	0	8	1	4	3	0	20	27	2	2	67
Systemic Infection	0	0	0	1	0	0	0	0	0	0	1
Total	6	99	10	23	19	11	76	51	34	5	334
Rate Per 1,000 Beddays	0.3	6.2	1.9	1.5	0.5	2.7	2.7	2.5	1.4	1.5	1.9
Rate Per 1,000 Beddays - FY07	0.4	3.4	1.5	1.1	0.7	0.7	2.5	2.7	2.4	2.3	1.7

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

Age 64+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	1	3	0	0	0	0	0	11	0	15
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	1	0	0	0	0	0	2	1	4
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	2	5	0	1	1	0	0	2	2	13
Gastrointestinal System Infection	0	0	0	0	0	0	0	1	0	1
Lower Respiratory Infection, other than Pneumonia	0	2	0	0	1	0	0	0	0	3
Reproductive Tract Infection	0	0	0	0	0	0	0	1	0	1
Skin and Soft Tissue Infection	0	1	0	3	0	0	1	12	1	18
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Total	3	12	0	4	2	0	1	29	4	55
Rate Per 1,000 Beddays	1.5	8.5	0.0	2.0	0.8	0.0	0.6	9.5	2.5	3.7
Rate Per 1,000 Beddays - FY07	1.2	3.1	2.9	2.1	0.8	0.0	1.2	3.8	2.6	2.2

Data not received

Performance Measure 6B:

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

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

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

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

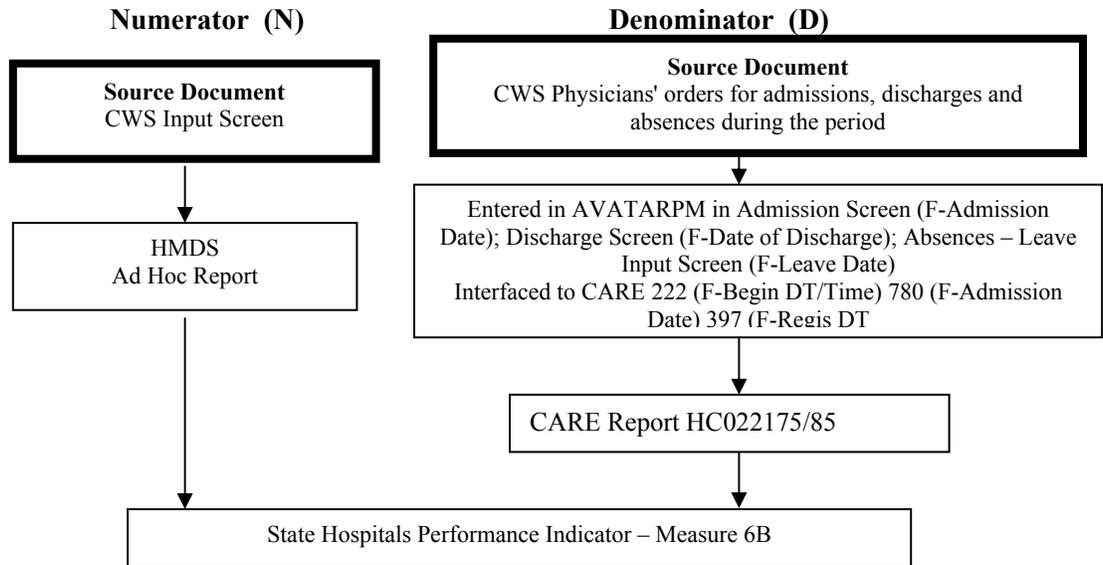
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 6B - Patient Injuries

All State Hospitals

Hospitals	Q1 FY08							Q2							Q3							FYTD								
	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total		
ALL SH																														
Age 0-17	9	154	178	6	1	0	348	5	102	195	15	1	0	318	12	120	209	10	2	0	353									
Age 18-64	33	933	656	79	7	0	1708	50	871	589	63	2	0	1575	79	984	618	64	4	0	1749									
Age 65-olde	10	58	24	3	1	0	96	6	76	41	2	1	0	126	4	62	31	1	0	0	98									
Total	52	1145	858	88	9	0	2152	61	1049	825	80	4	0	2019	95	1166	858	75	6	0	2200									

N/A = Not Available

Performance Measure 6C:

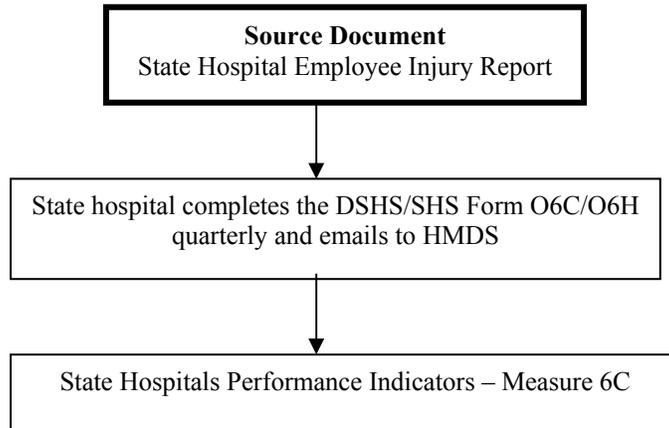
Rate of employee injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows: Ages: 18 – 39; 40 – 64 and 65 – older.

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

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

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

Data Flow:



Measure 6C - Employee Injuries Per 1,000 Bed Days
All State Hospitals - Q3 FY08

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	7	38	16	13	48	13	64	16	36	1	2	254
Per 1,000 Bed Days	0.27	2.19	2.69	0.71	0.88	2.88	2.16	0.62	1.27	0.32	0.29	1.15
Age 40-64	12	26	10	18	63	25	51	38	30	4	7	284
Per 1,000 Bed Days	0.46	1.50	1.68	0.99	1.16	5.54	1.72	1.47	1.06	1.26	1.02	1.29
Age 65 - Older	0	1	1	0	2	0	0	1	0	0	0	5
Per 1,000 Bed Days	0.00	0.06	0.17	0.00	0.04	0.00	0.00	0.04	0.00	0.00	0.00	0.02
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Per 1,000 Bed Days	0.00											
Total	19	65	27	31	113	38	115	55	66	5	9	543
Per 1,000 Bed Days	0.73	3.75	4.54	1.70	2.08	8.43	3.89	2.12	2.33	1.58	1.31	2.47

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

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

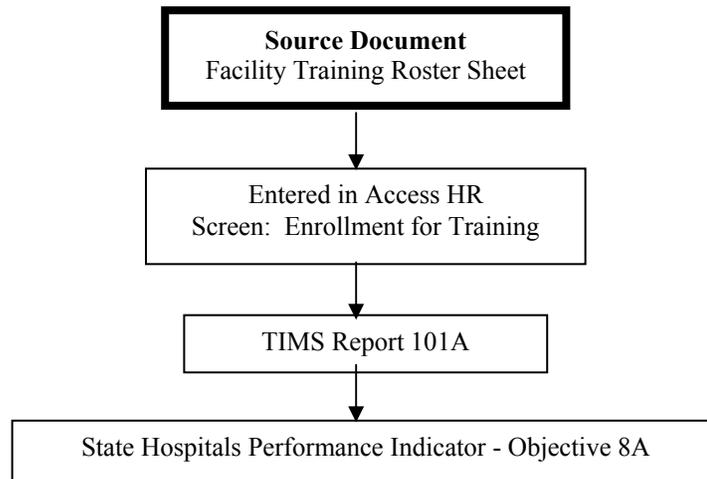
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report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

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

Performance Objective Data Display and Chart Description:

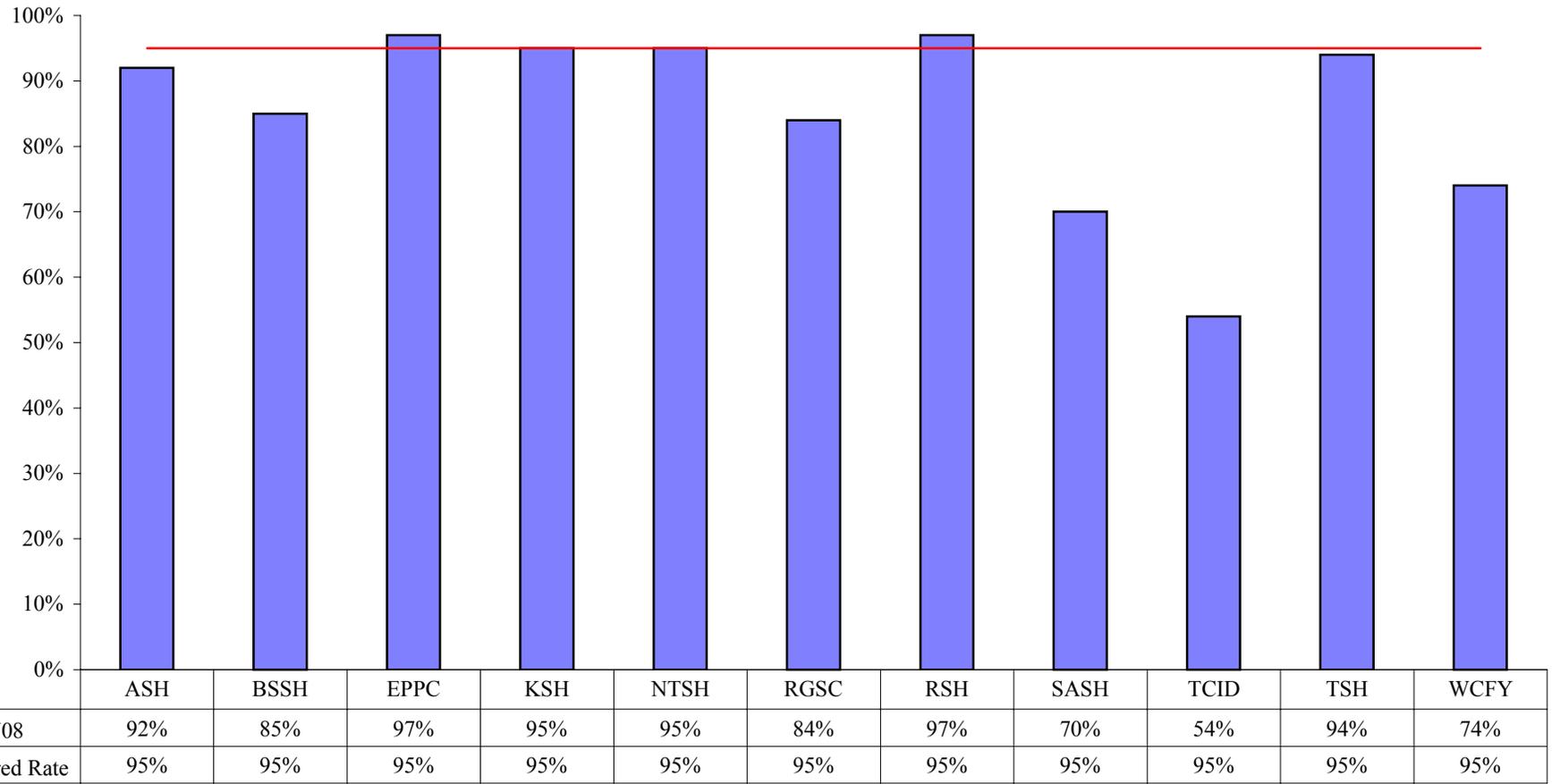
- ◆ Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- ◆ Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



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

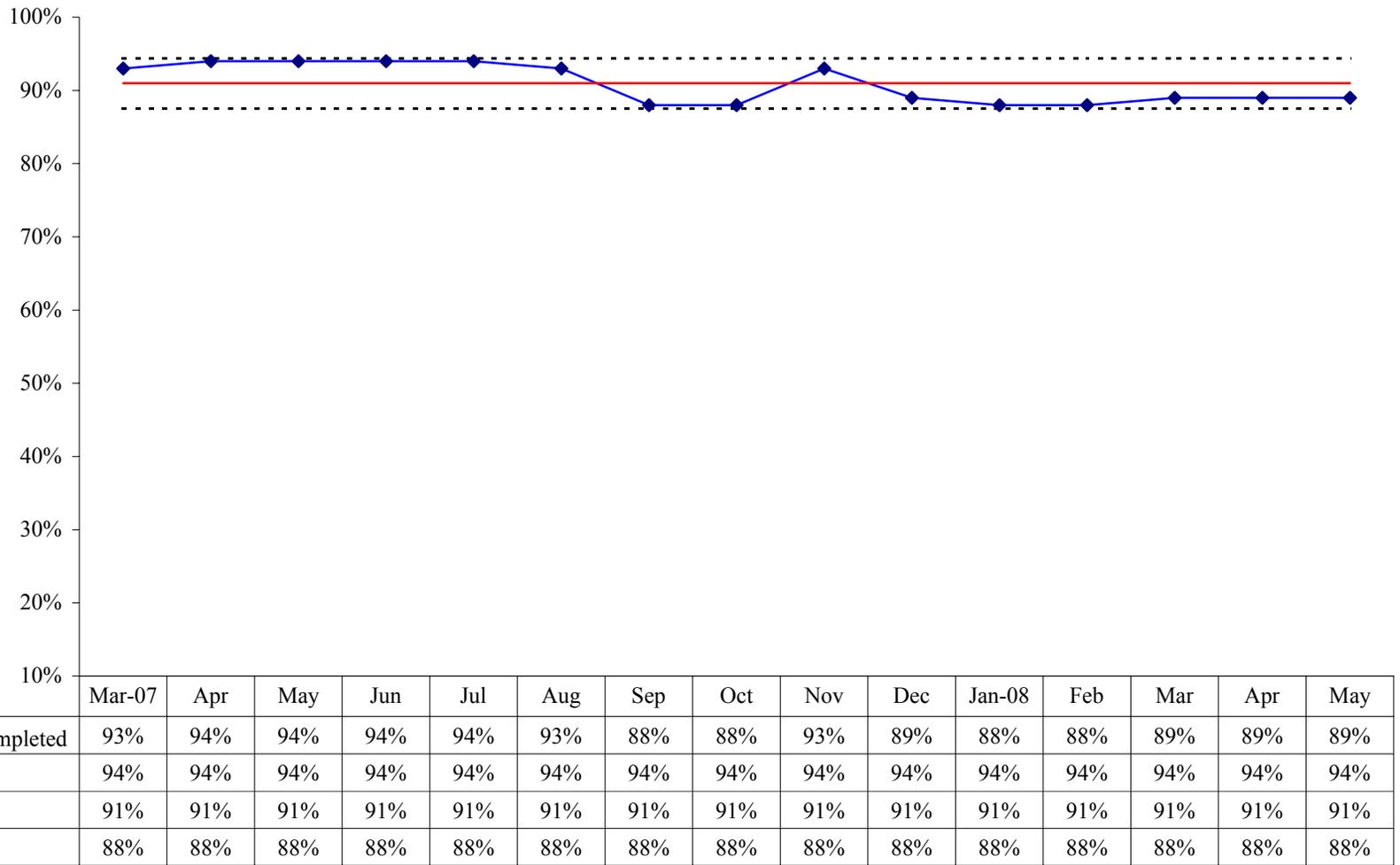
**CORE and Specialty Training
(As of May 31, 2008)**



As of September 1, 2007 CORE and Specialty Training reported

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

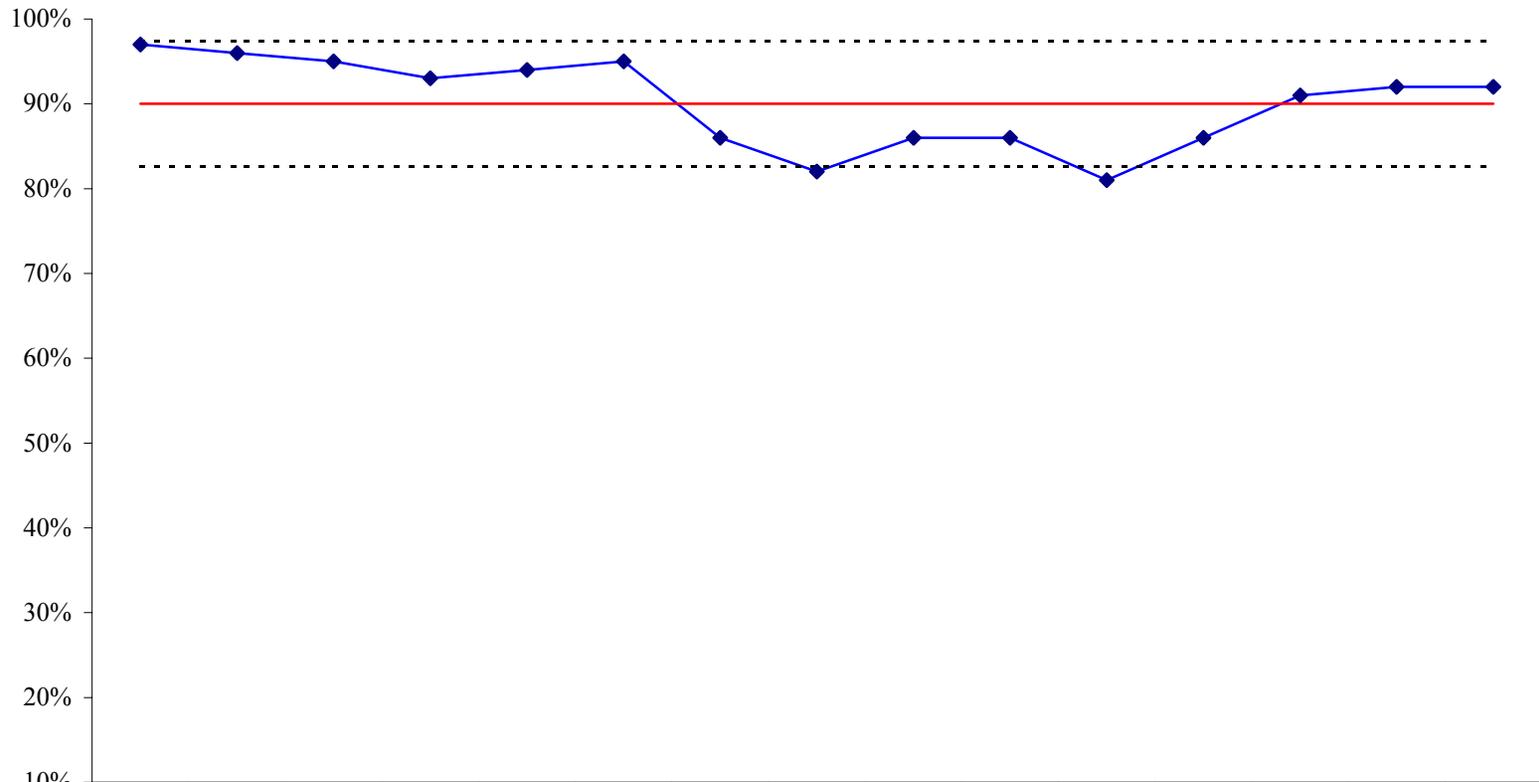
Percentage of CORE and Specialty Training Completed



As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

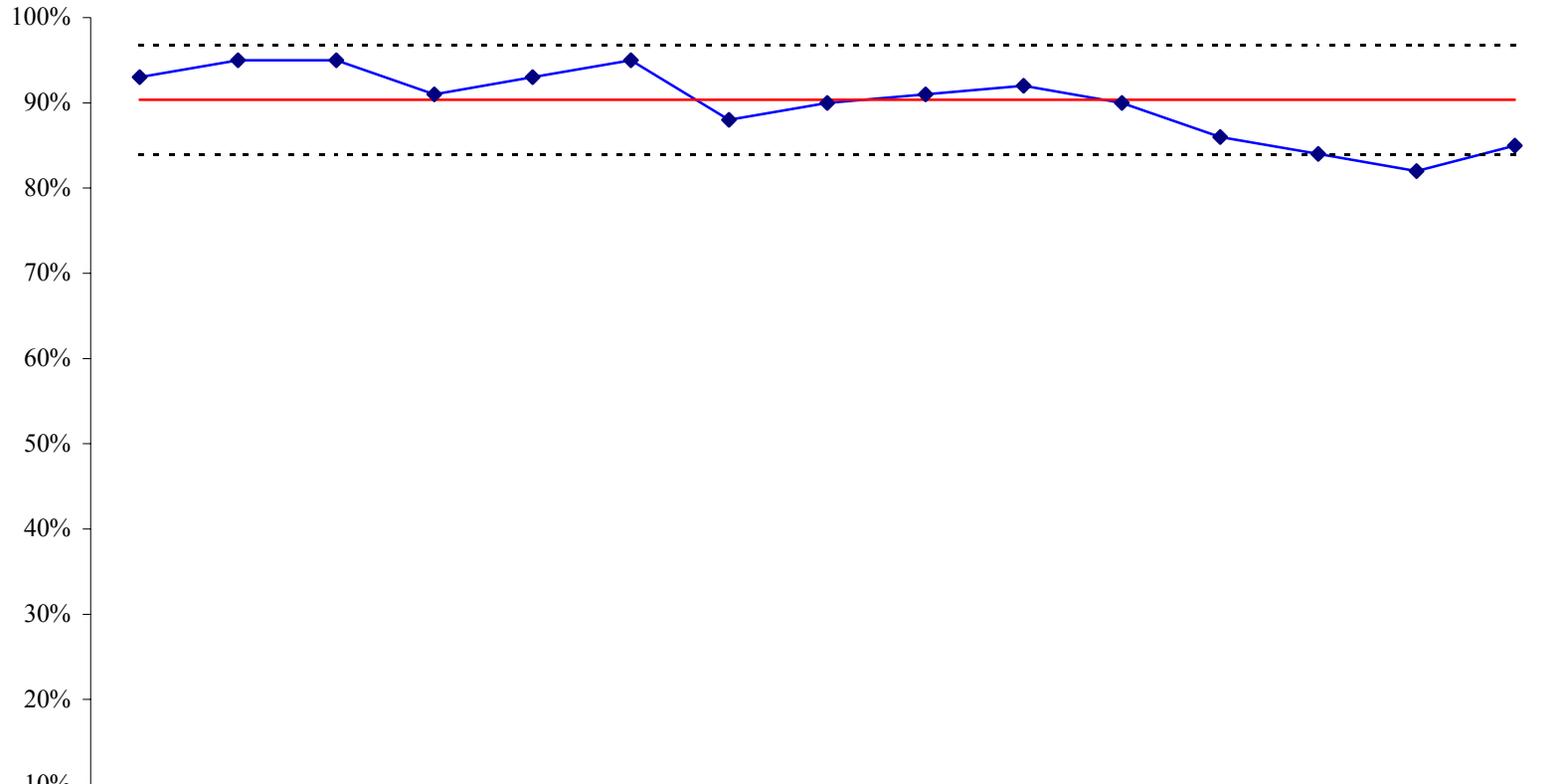


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	97%	96%	95%	93%	94%	95%	86%	82%	86%	86%	81%	86%	91%	92%	92%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- Avg	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
----- LCL	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	93%	95%	95%	91%	93%	95%	88%	90%	91%	92%	90%	86%	84%	82%	85%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
———— Avg	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
----- LCL	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%

As of September 1, 2007 CORE and Specialty Training reported

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

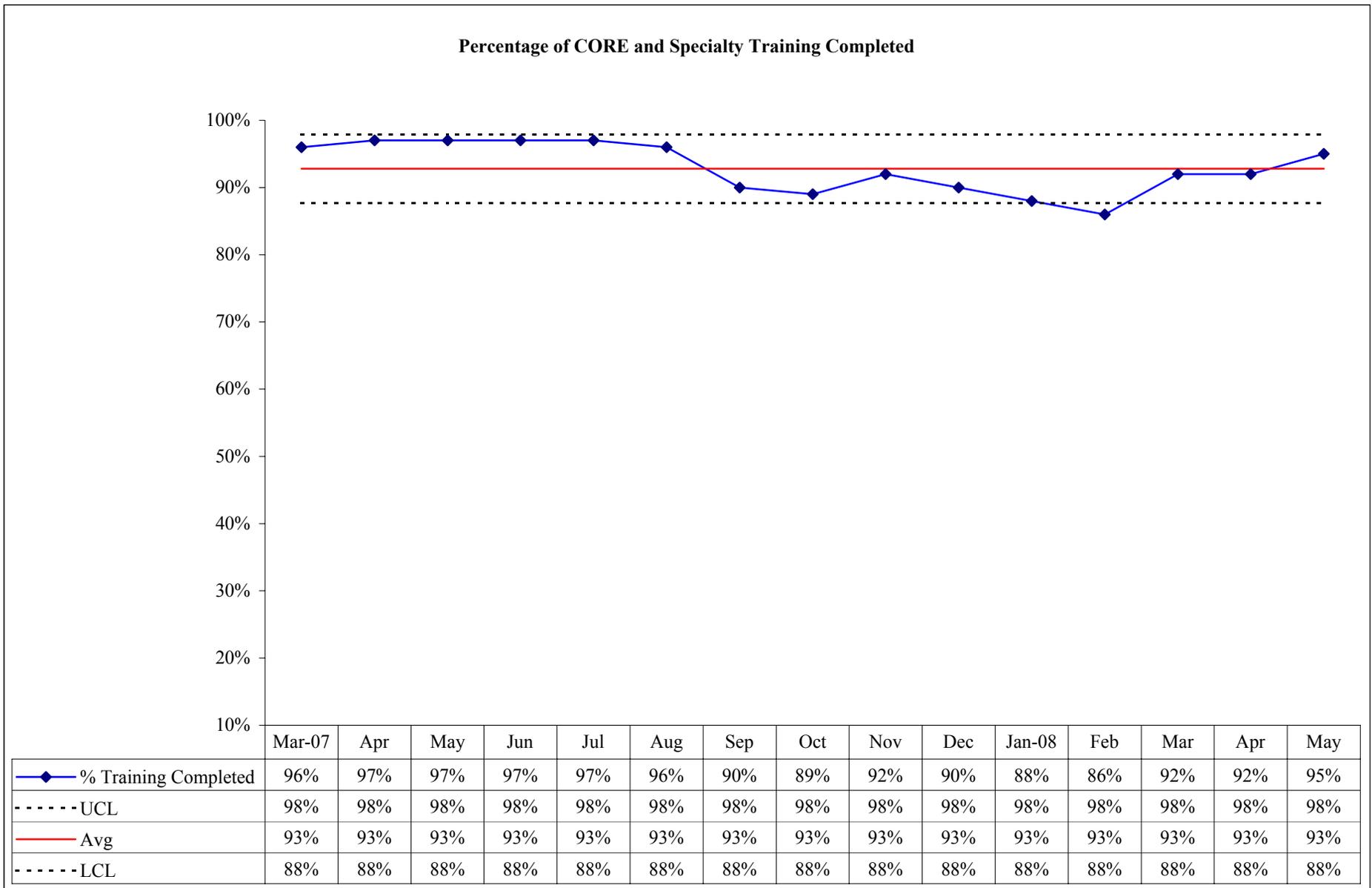
Percentage of CORE and Specialty Training Completed



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
% Training Completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%
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	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

As of September 1, 2007 CORE and Specialty Training reported

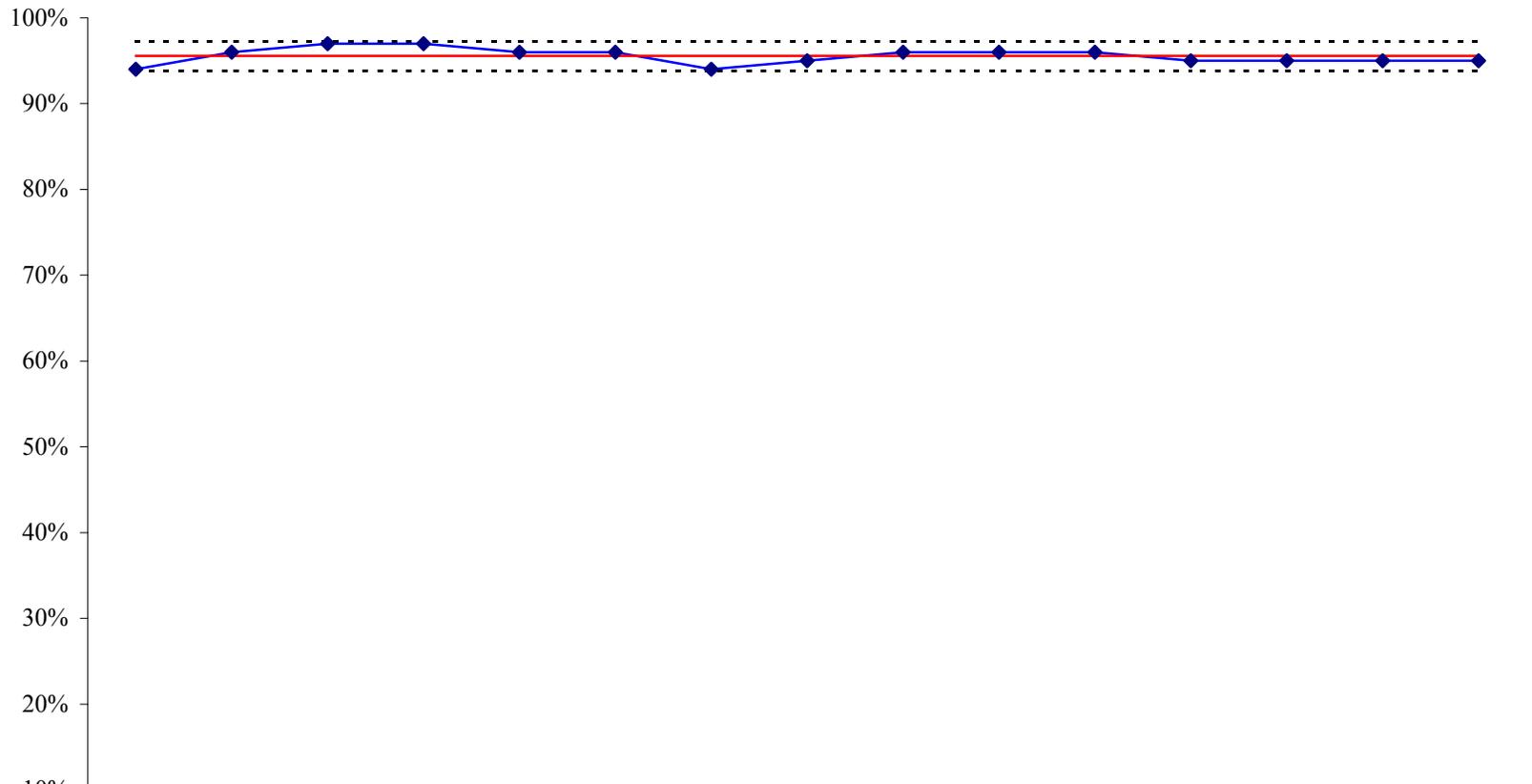
Objective 8A - Staff Current With CORE and Specialty Training
Kerrville State Hospital



As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

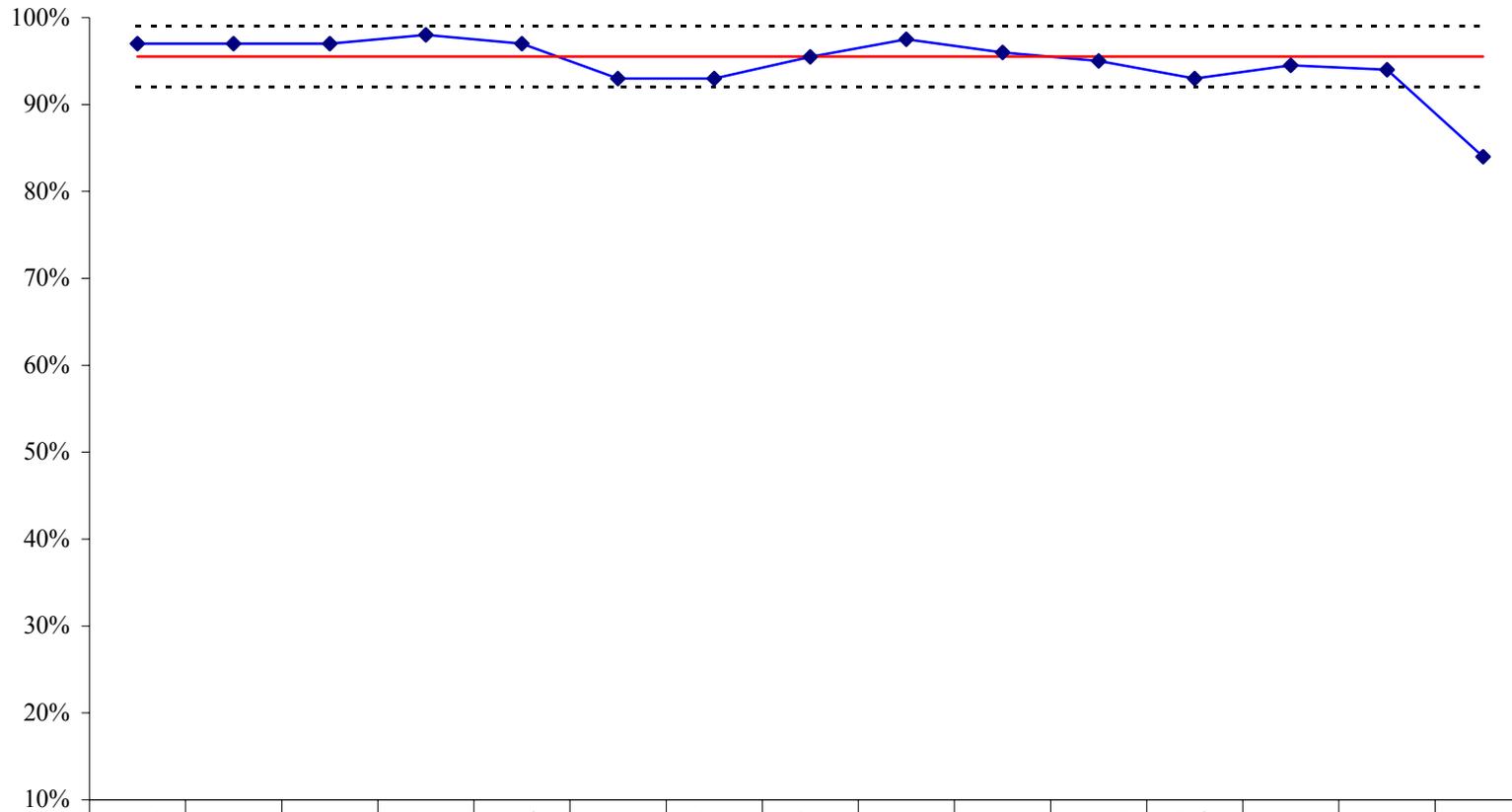


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	94%	96%	97%	97%	96%	96%	94%	95%	96%	96%	96%	95%	95%	95%	95%
----- UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	94%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

As of September 1, 2007 CORE and Specialty Training reported

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

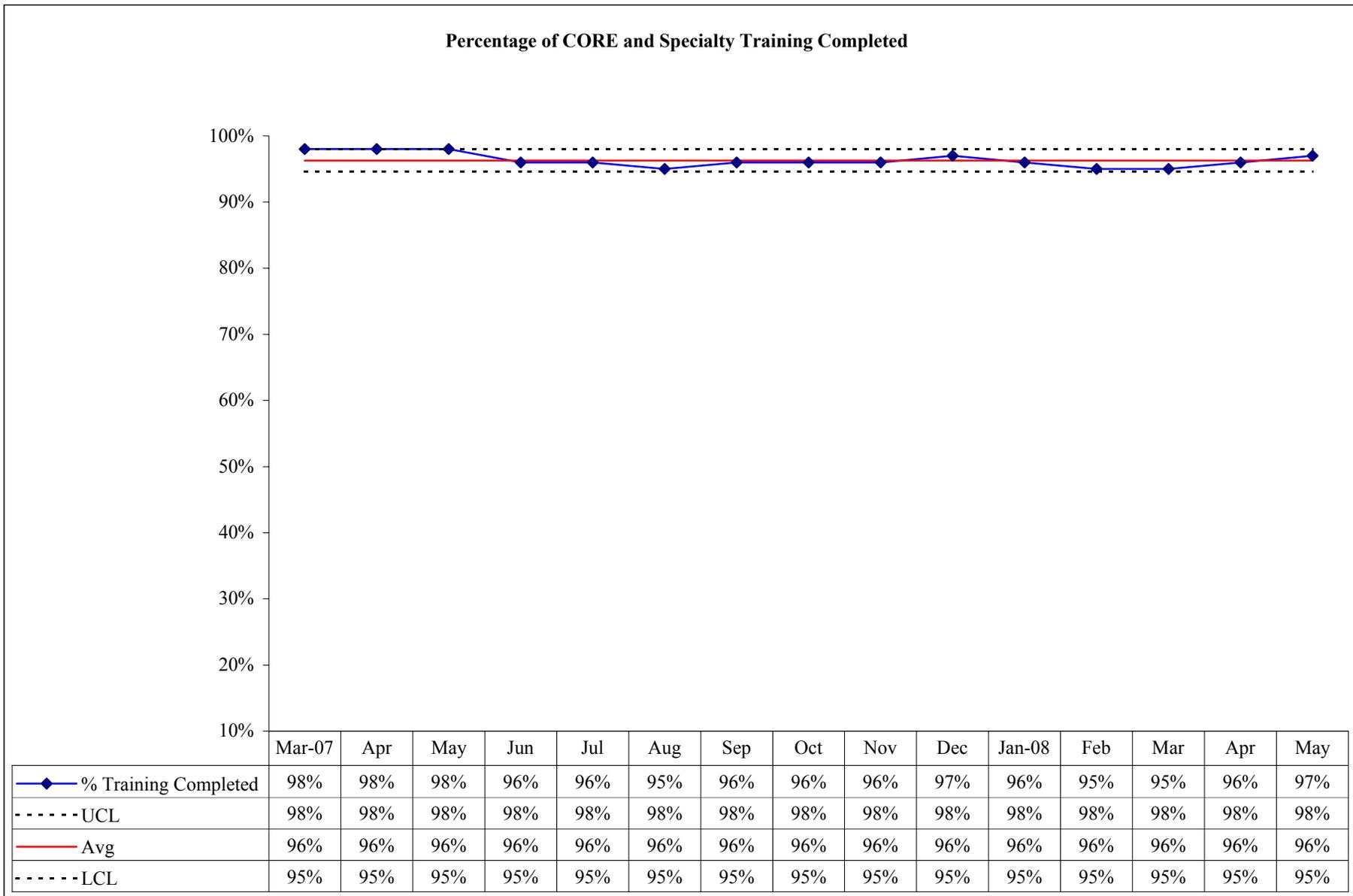
Percentage of CORE and Specialty Training Completed



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	97%	97%	97%	98%	97%	93%	93%	96%	98%	96%	95%	93%	95%	94%	84%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
----- LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

As of September 1, 2007 CORE and Specialty Training reported

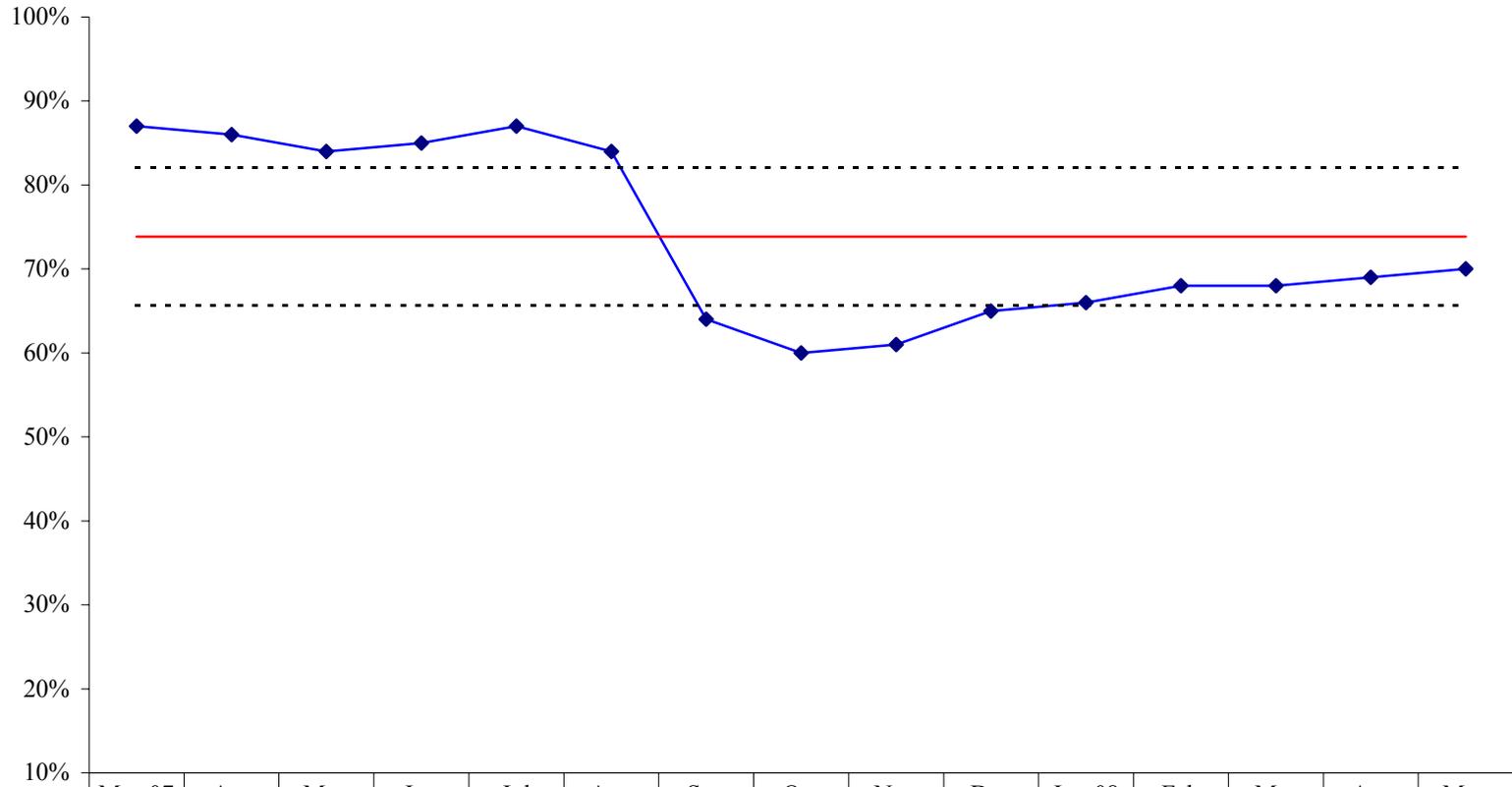
Objective 8A - Staff Current With CORE and Specialty Training
Rusk State Hospital



As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

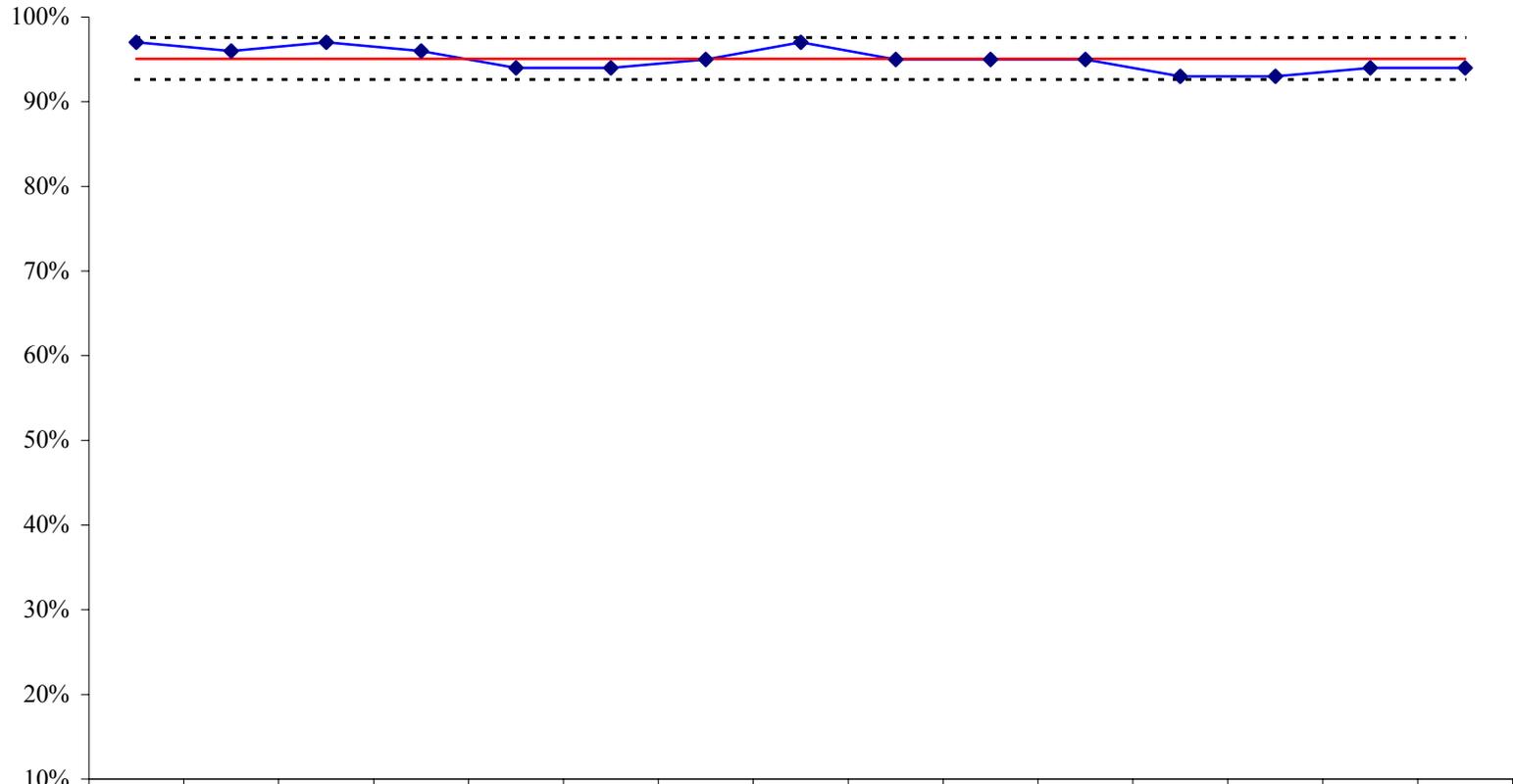


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	87%	86%	84%	85%	87%	84%	64%	60%	61%	65%	66%	68%	68%	69%	70%
----- UCL	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%
———— Avg	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%	74%
----- LCL	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%	66%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

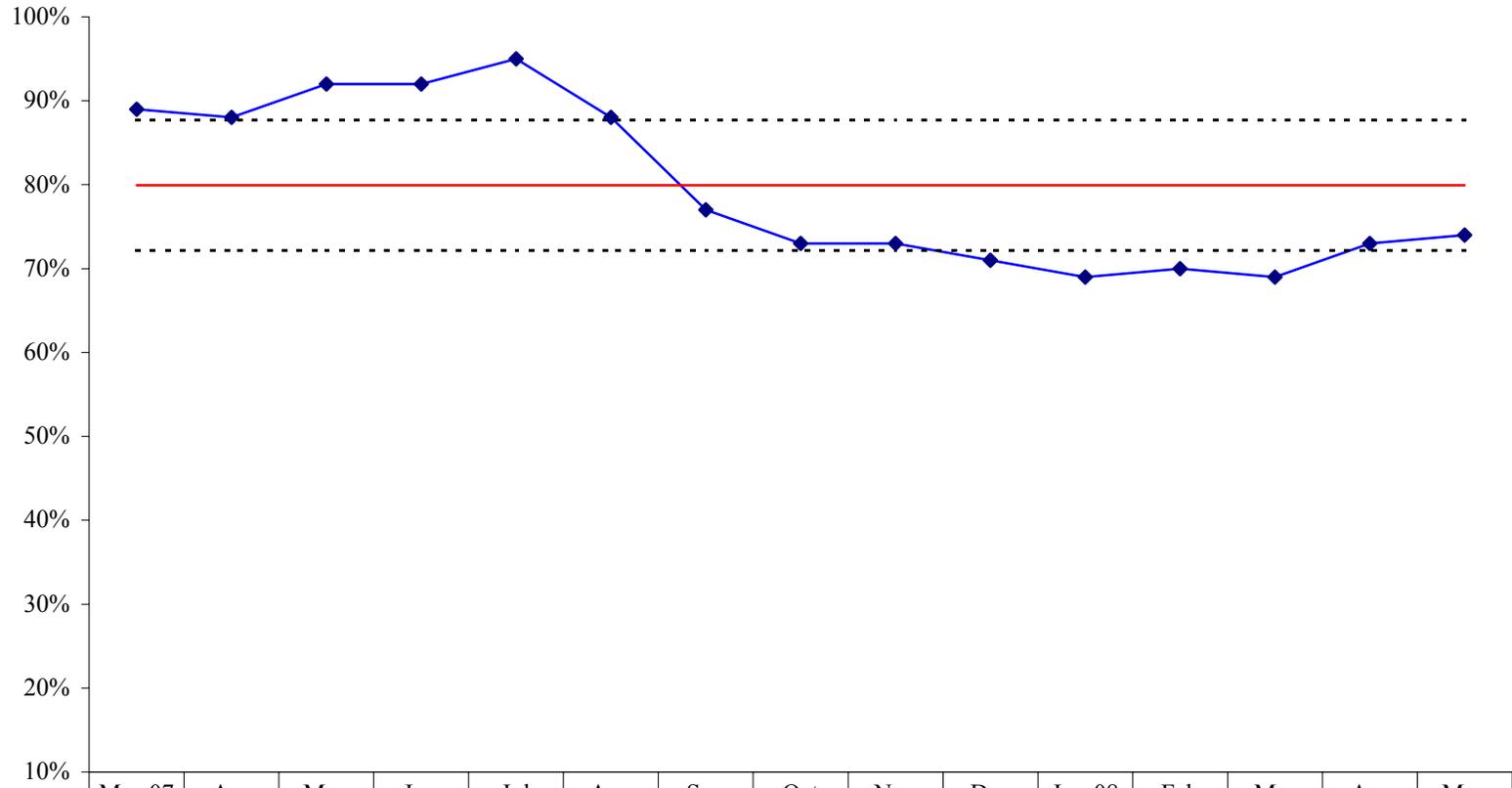


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	97%	96%	97%	96%	94%	94%	95%	97%	95%	95%	95%	93%	93%	94%	94%
- - - - - UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
- - - - - LCL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

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed

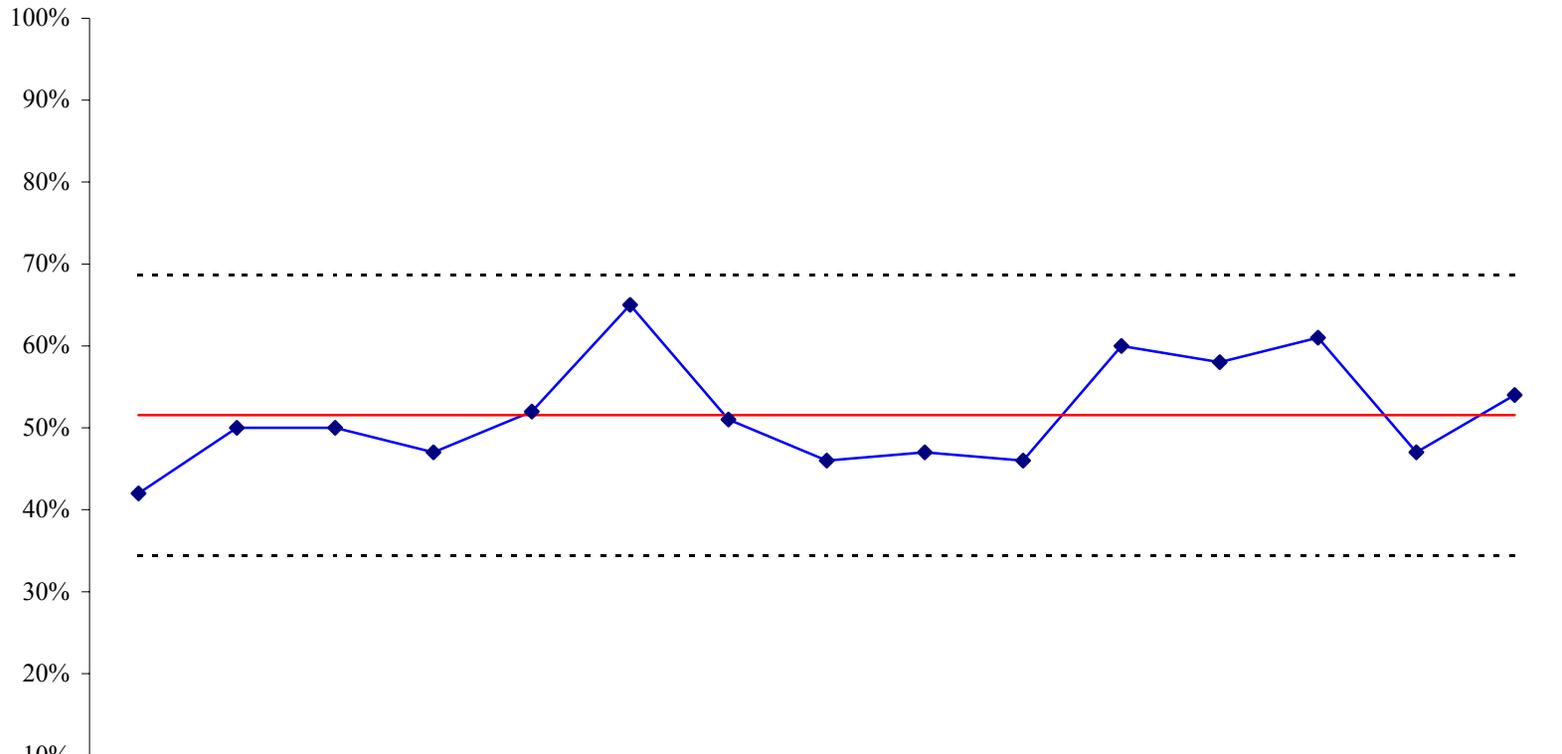


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	89%	88%	92%	92%	95%	88%	77%	73%	73%	71%	69%	70%	69%	73%	74%
- - - - - UCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%
— Avg	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
- - - - - LCL	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%

As of September 1, 2007 CORE and Specialty Training reported

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

Percentage of CORE and Specialty Training Completed



	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
◆ % Training Completed	42%	50%	50%	47%	52%	65%	51%	46%	47%	46%	60%	58%	61%	47%	54%
- - - - - UCL	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%
— Avg	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
- - - - - LCL	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%

As of September 1, 2007 CORE and Specialty Training reported

Performance Measure 8A:

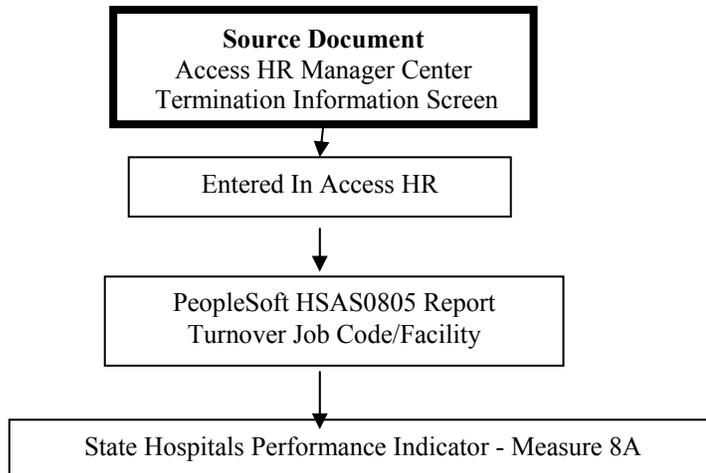
“Staff Turnover” rates for critical shortage staff will be maintained and reported.

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

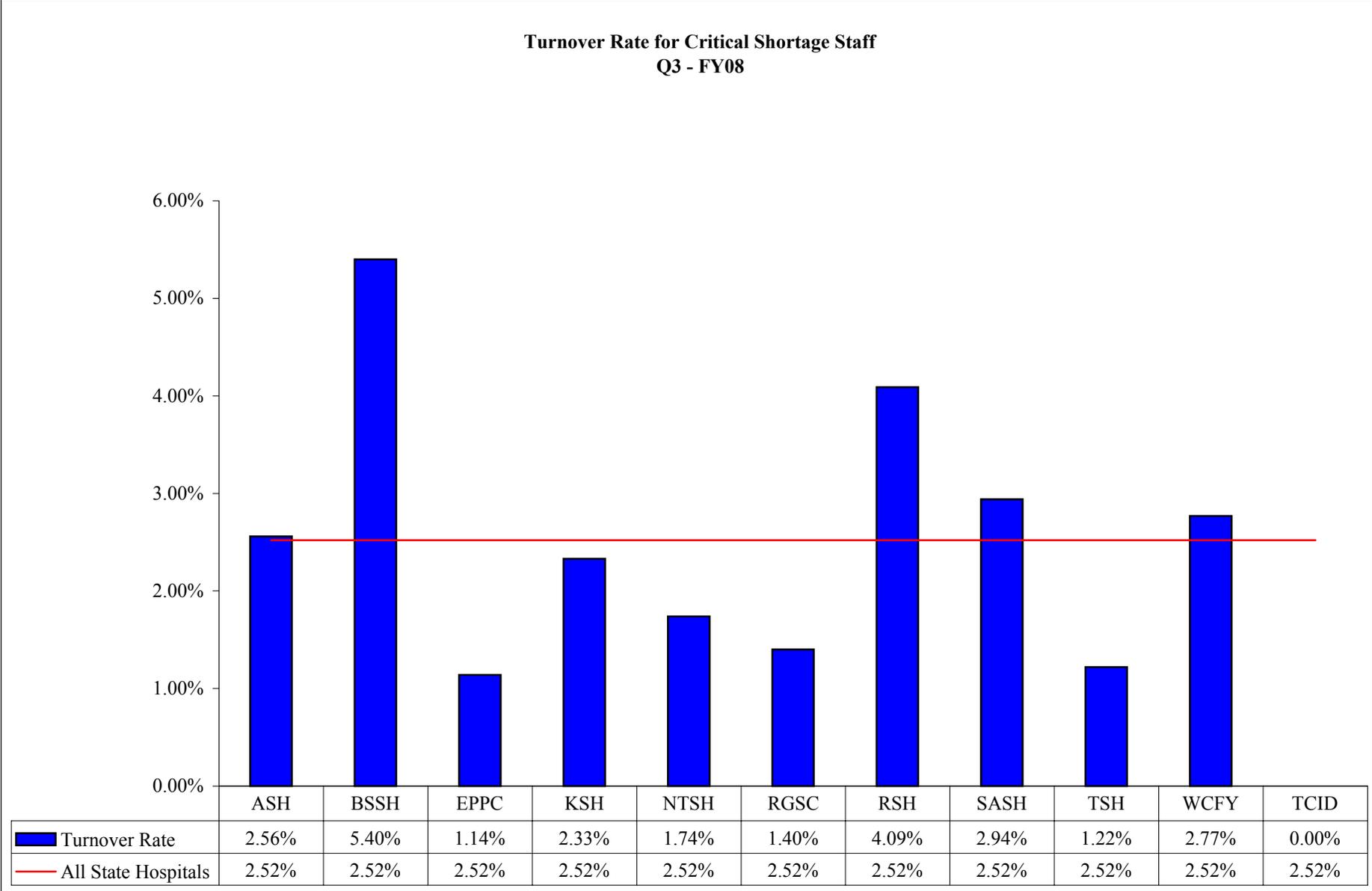
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

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

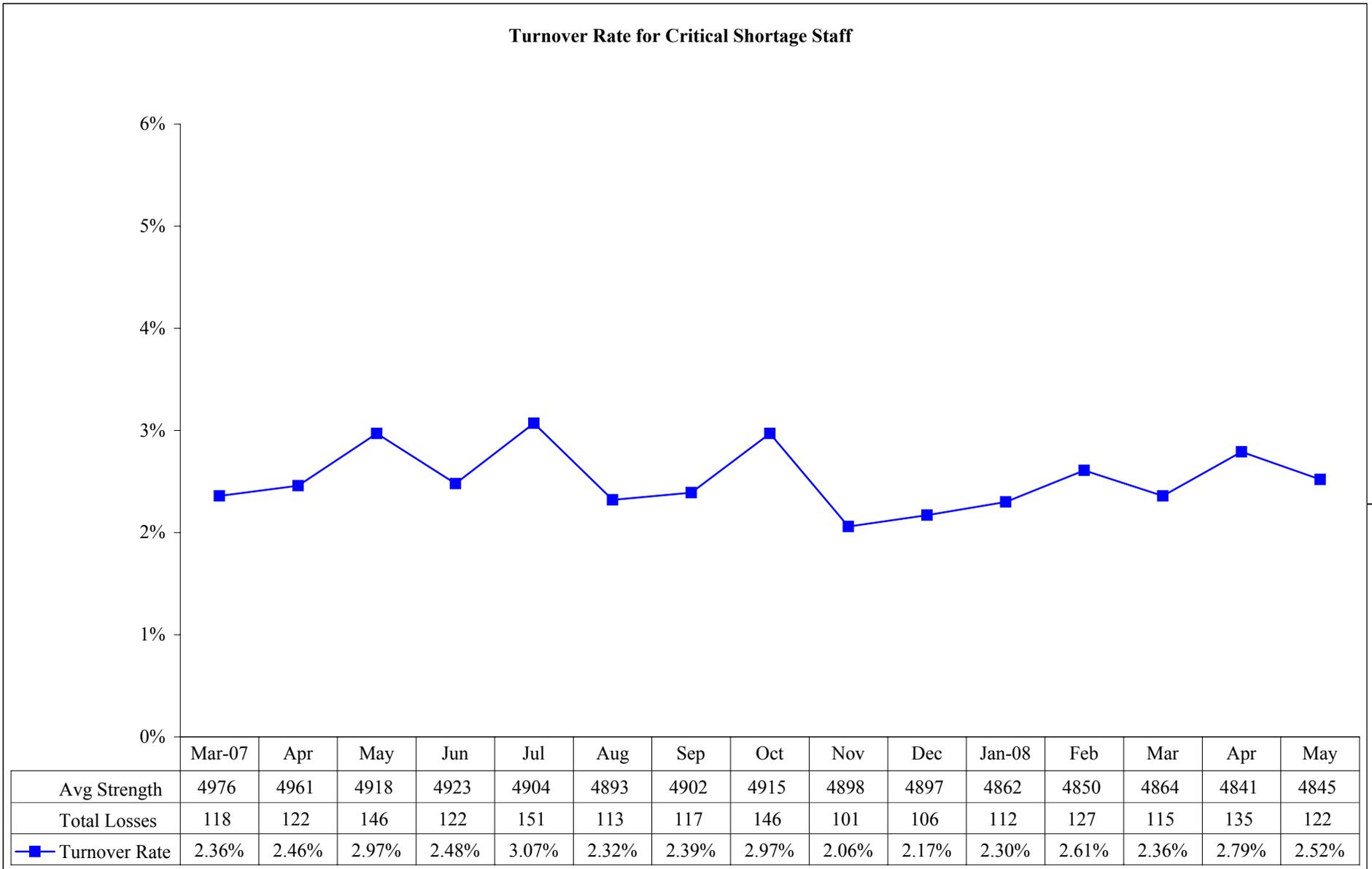
Data Flow:



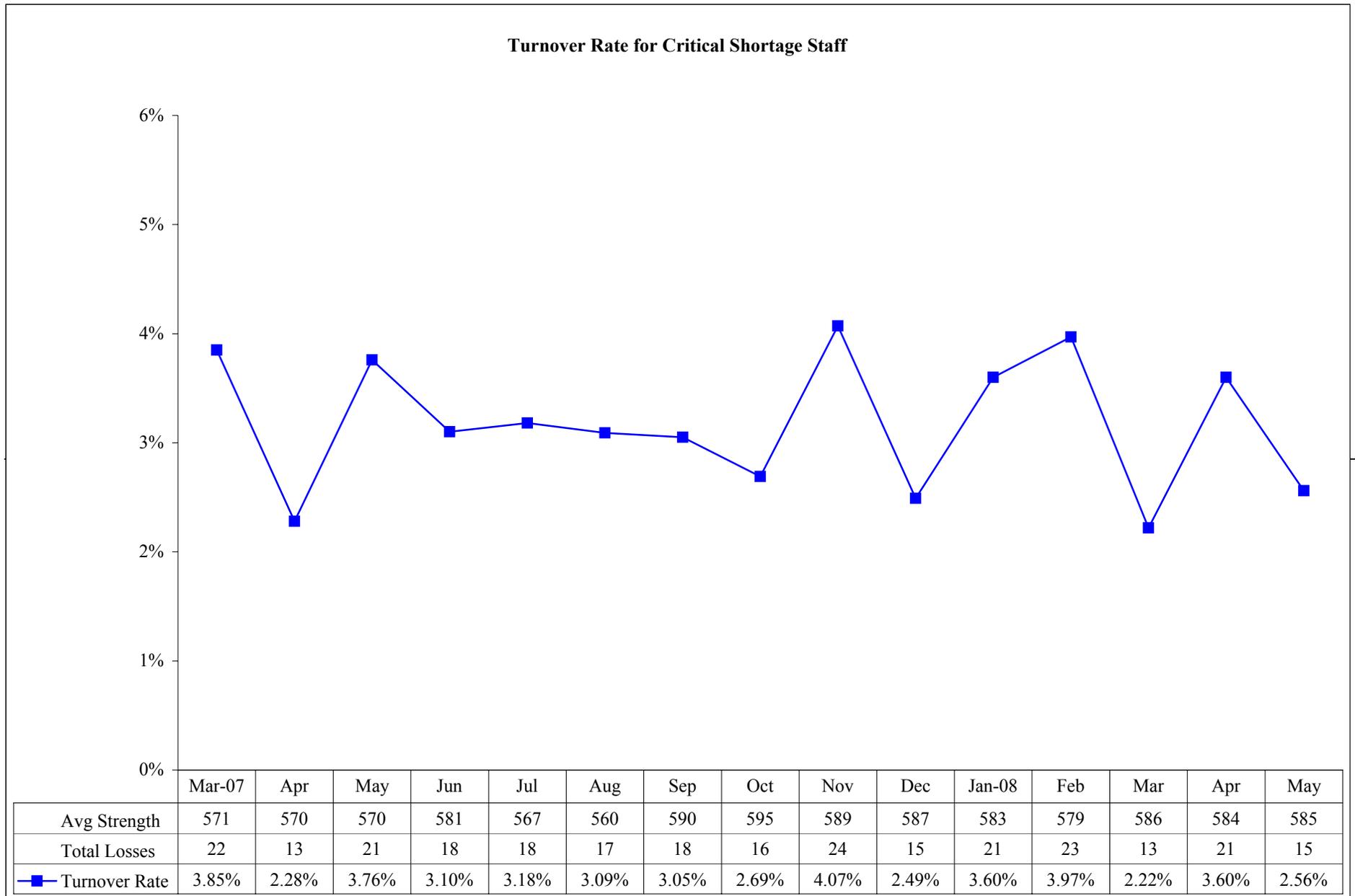
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of May 31, 2008**



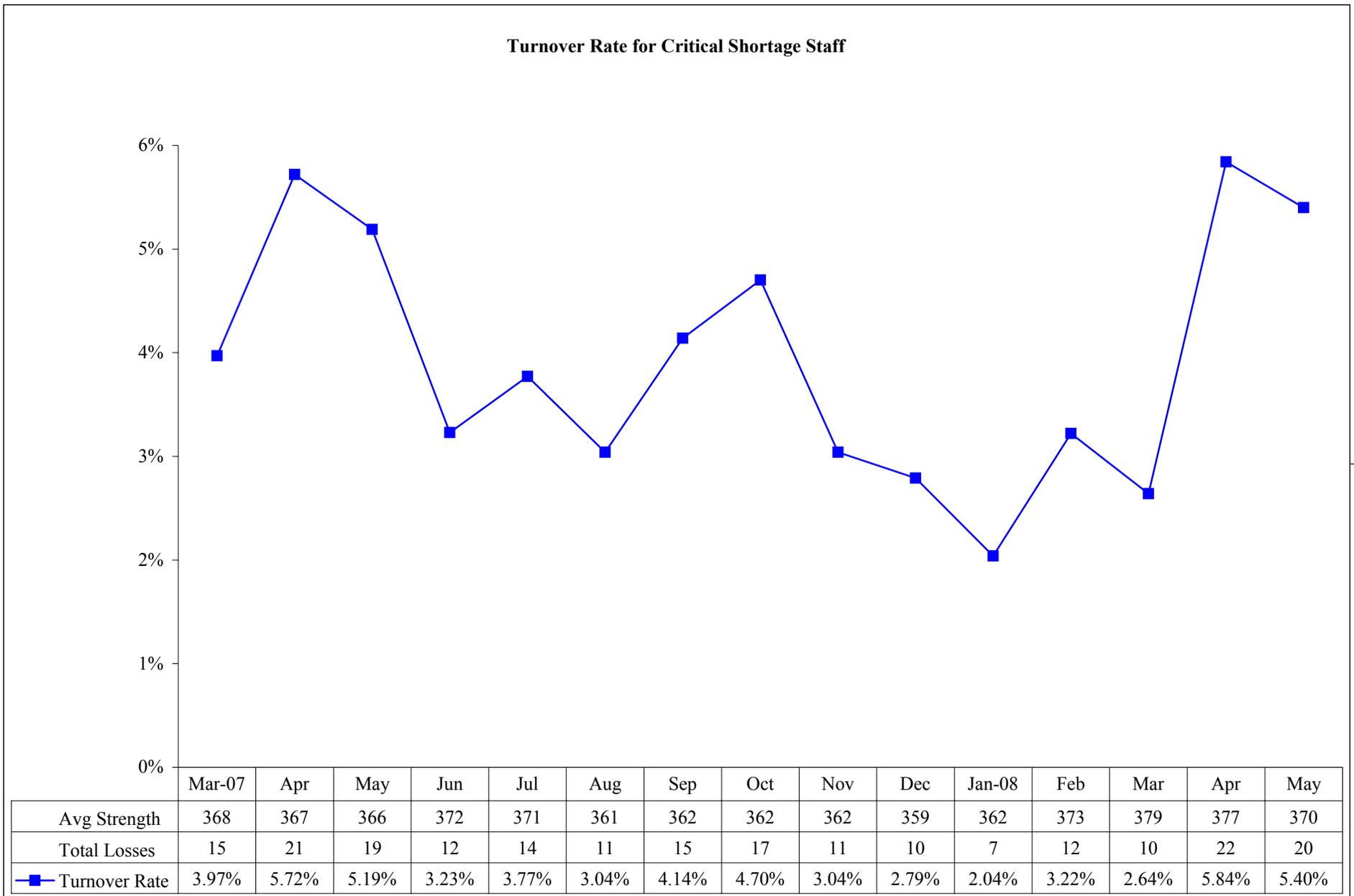
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals



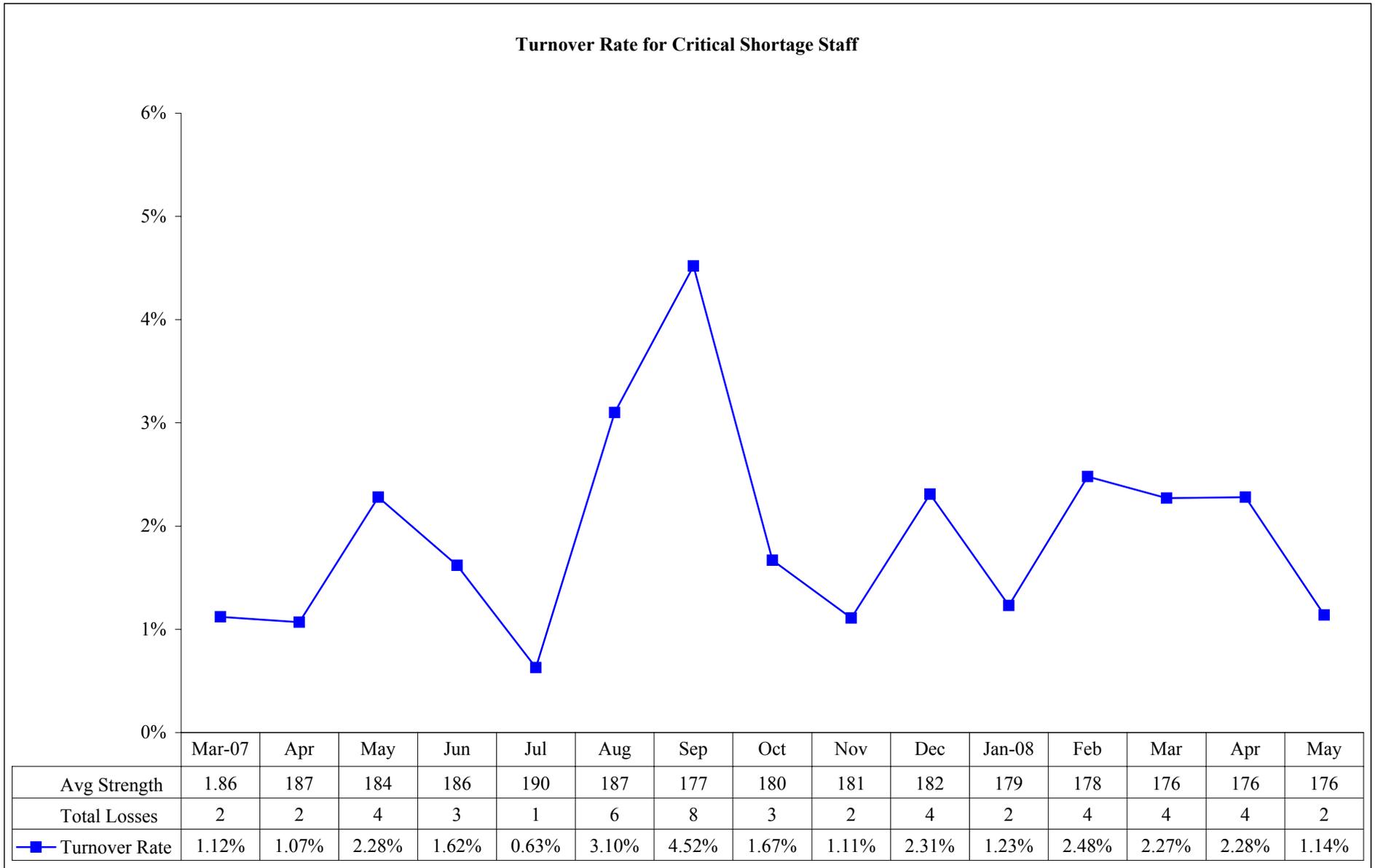
**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



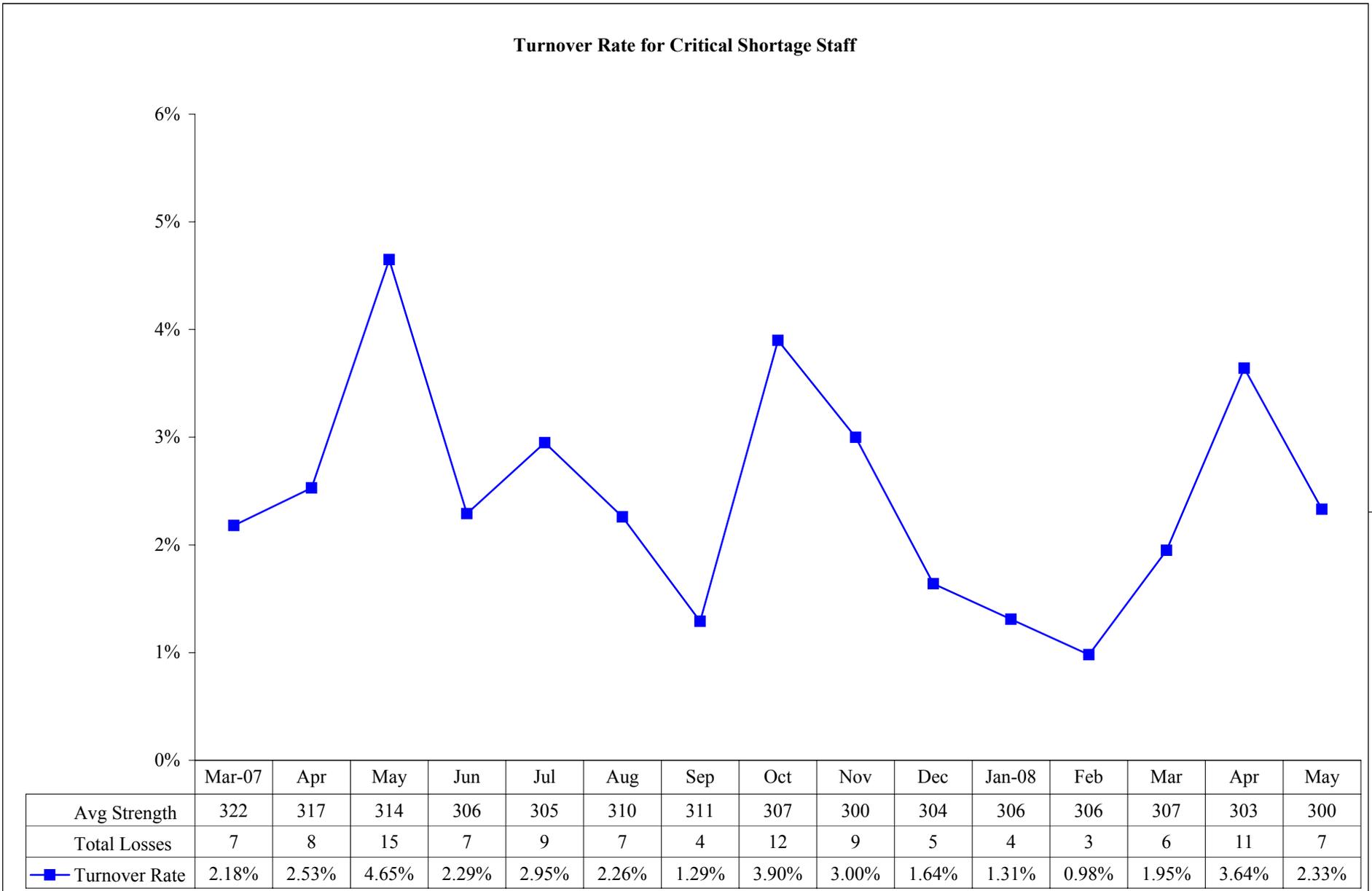
Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital



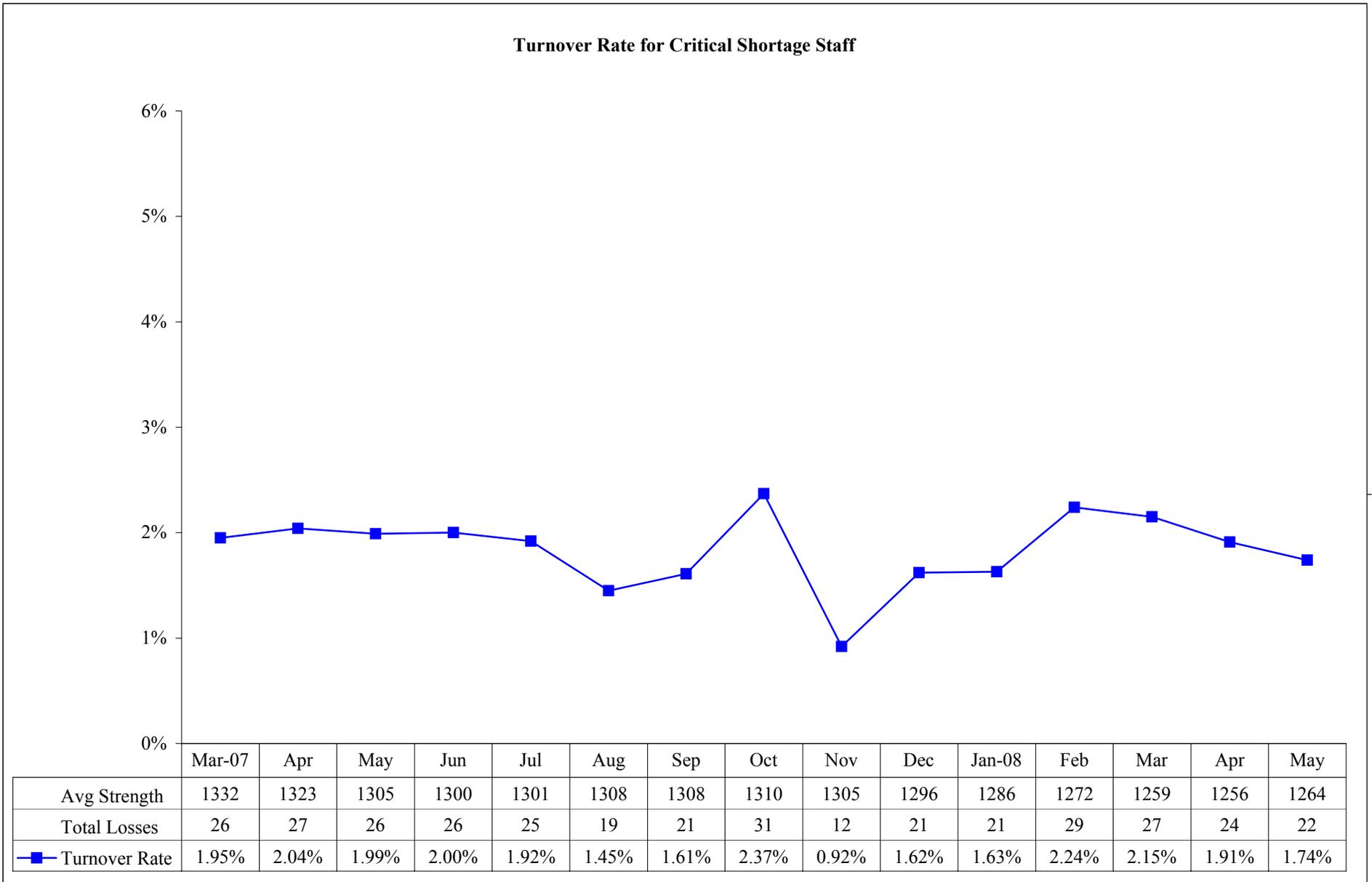
Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center



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

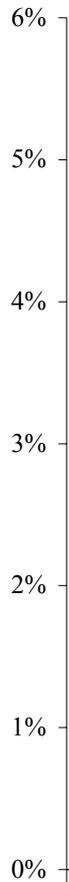


**Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital**



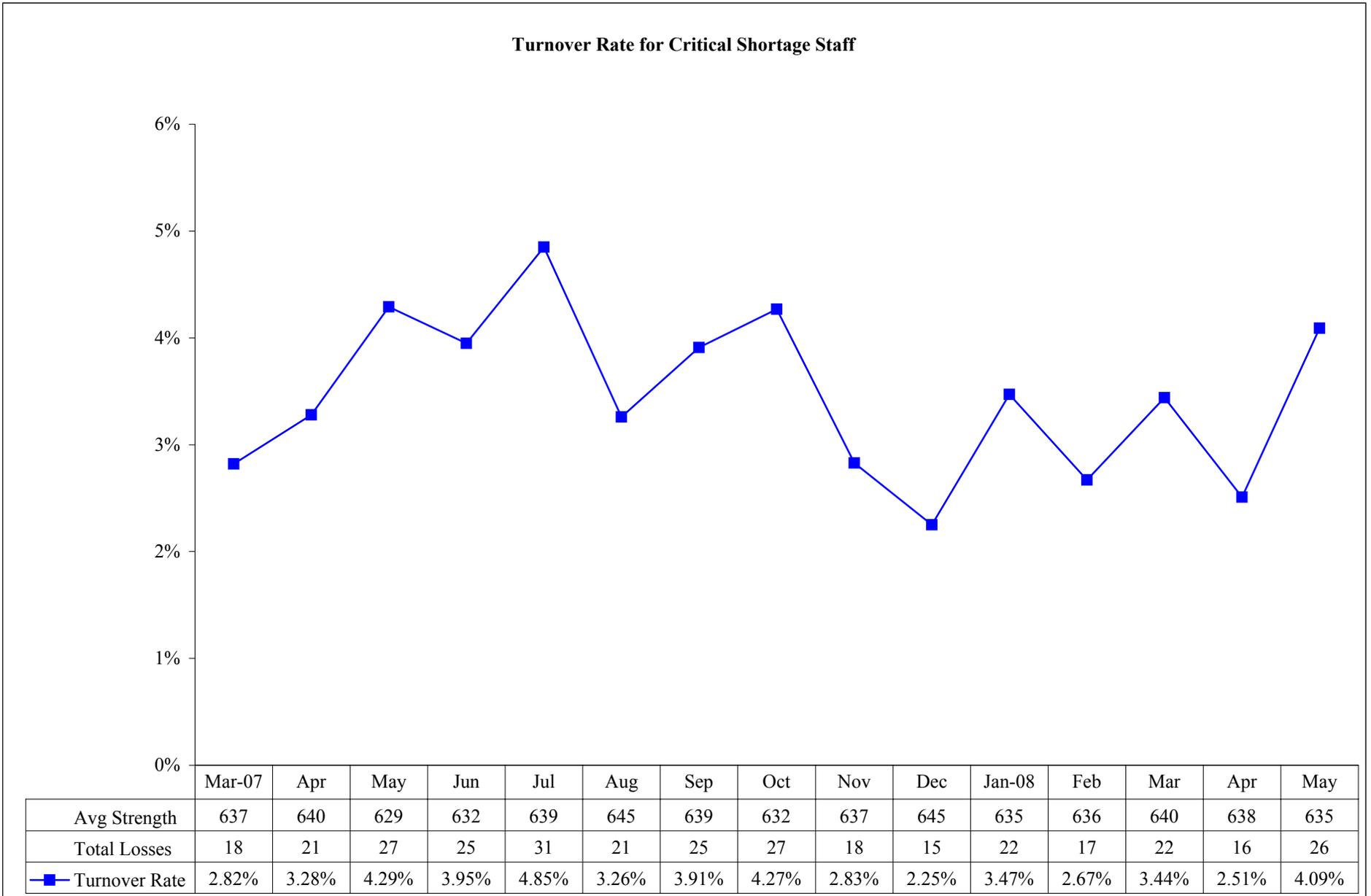
**Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center**

Turnover Rate for Critical Shortage Staff

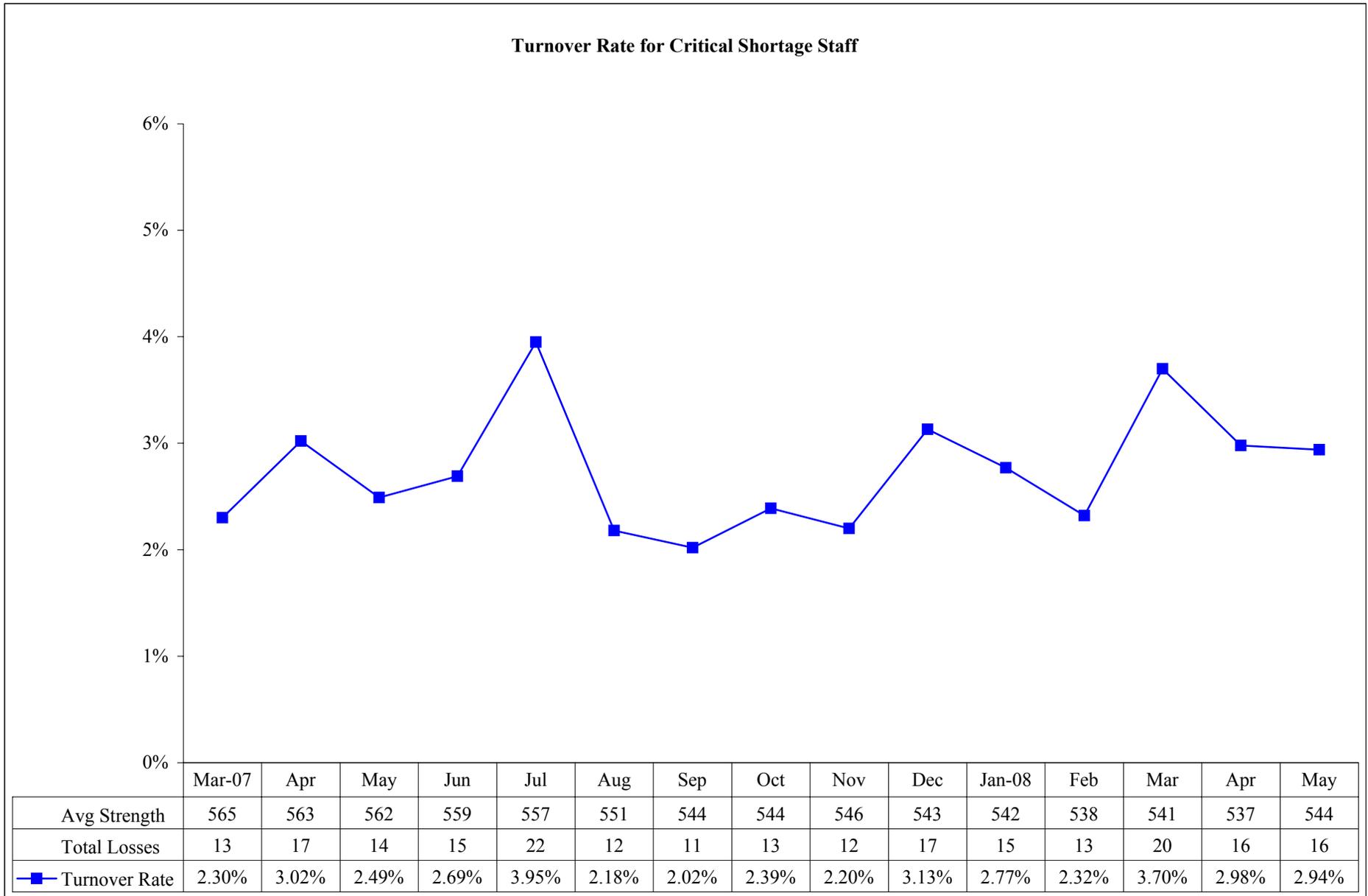


	Mar-07	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Avg Strength	236	234	233	231	228	224	215	222	223	218	216	218	218	216	214
Total Losses	6	5	4	5	7	7	1	7	5	6	3	8	3	6	3
■ Turnover Rate	2.54%	2.14%	1.72%	2.16%	3.07%	3.13%	0.46%	3.15%	2.24%	2.75%	1.39%	3.67%	1.37%	2.77%	1.40%

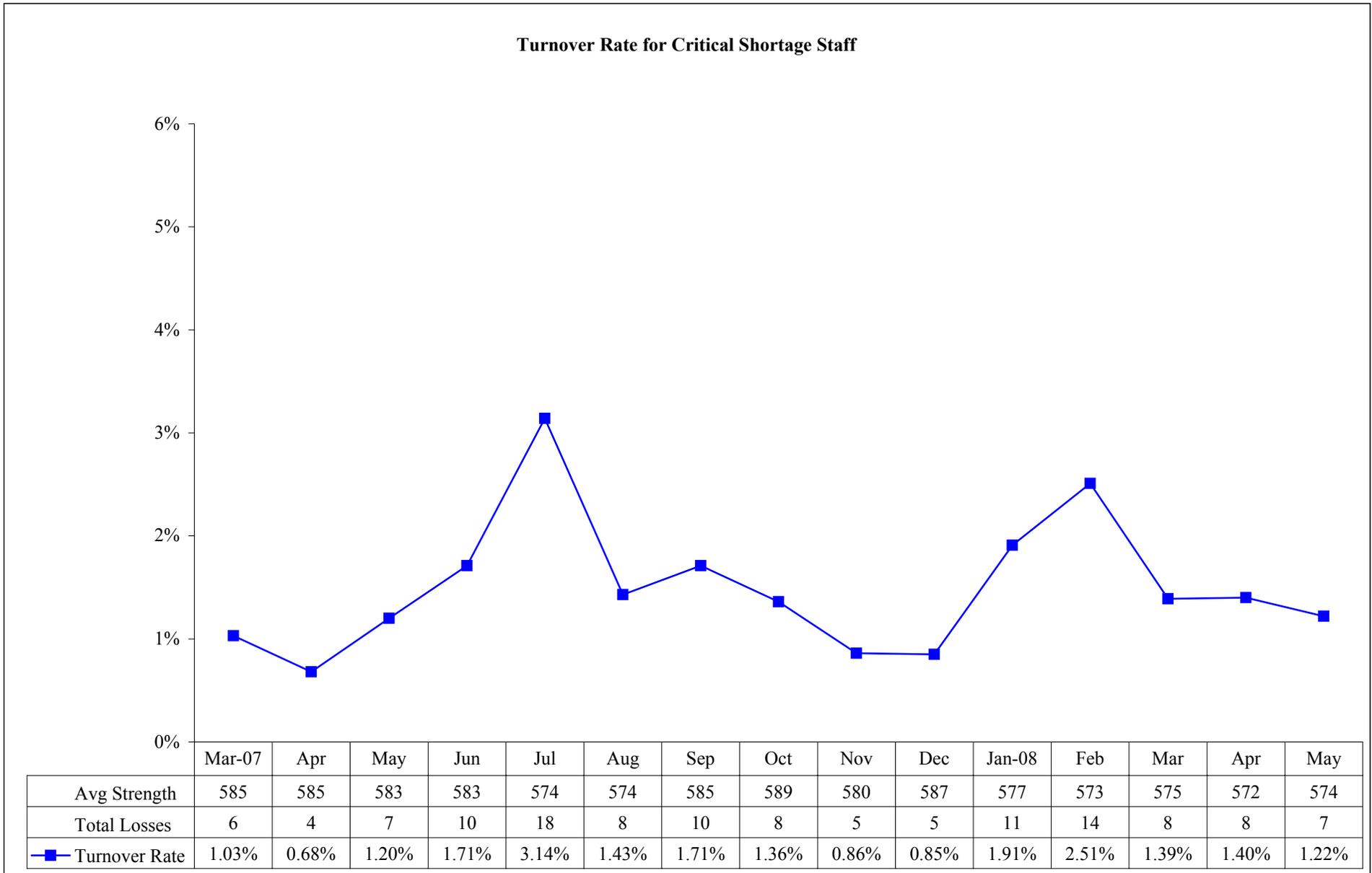
Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital



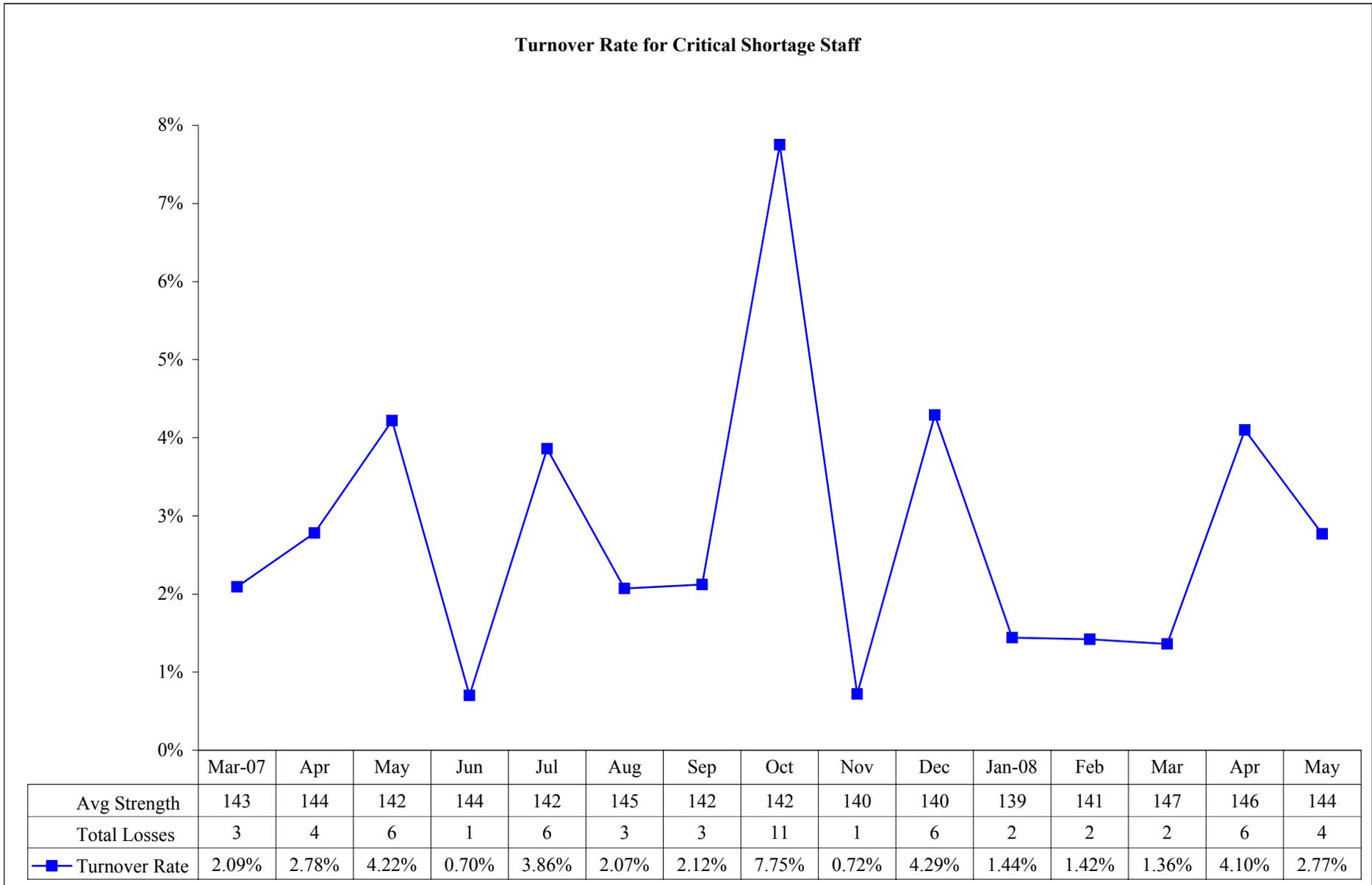
Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital



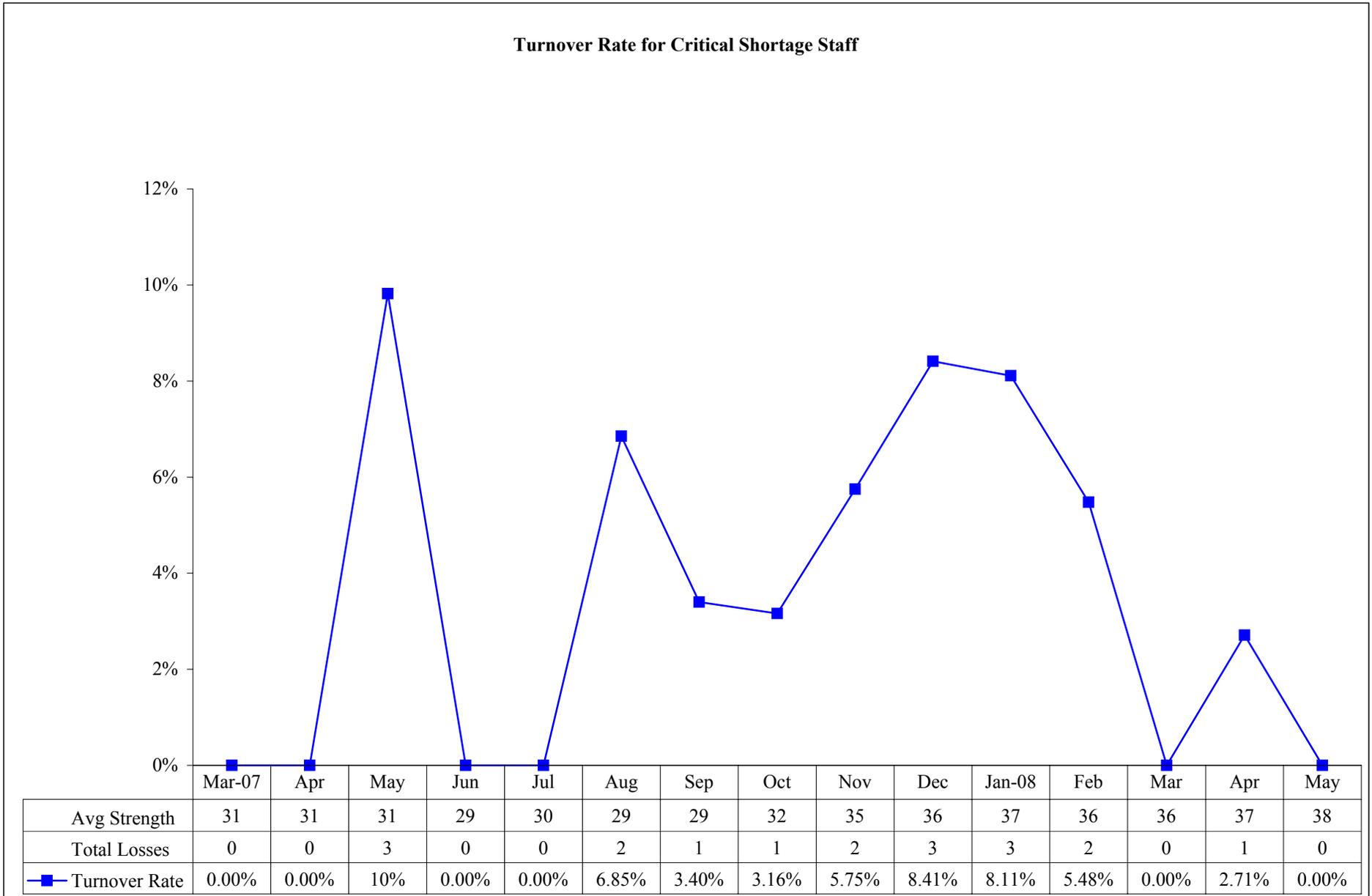
Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital



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



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



Performance Measure 8B:

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

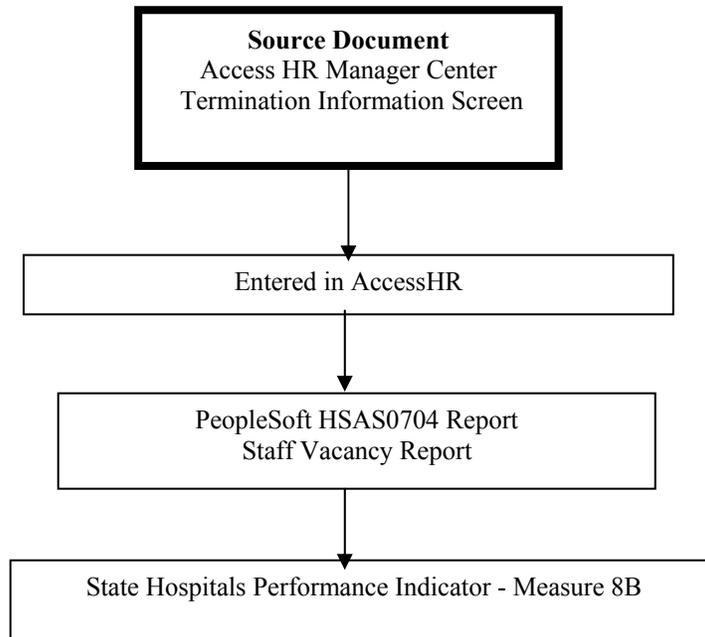
Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula:

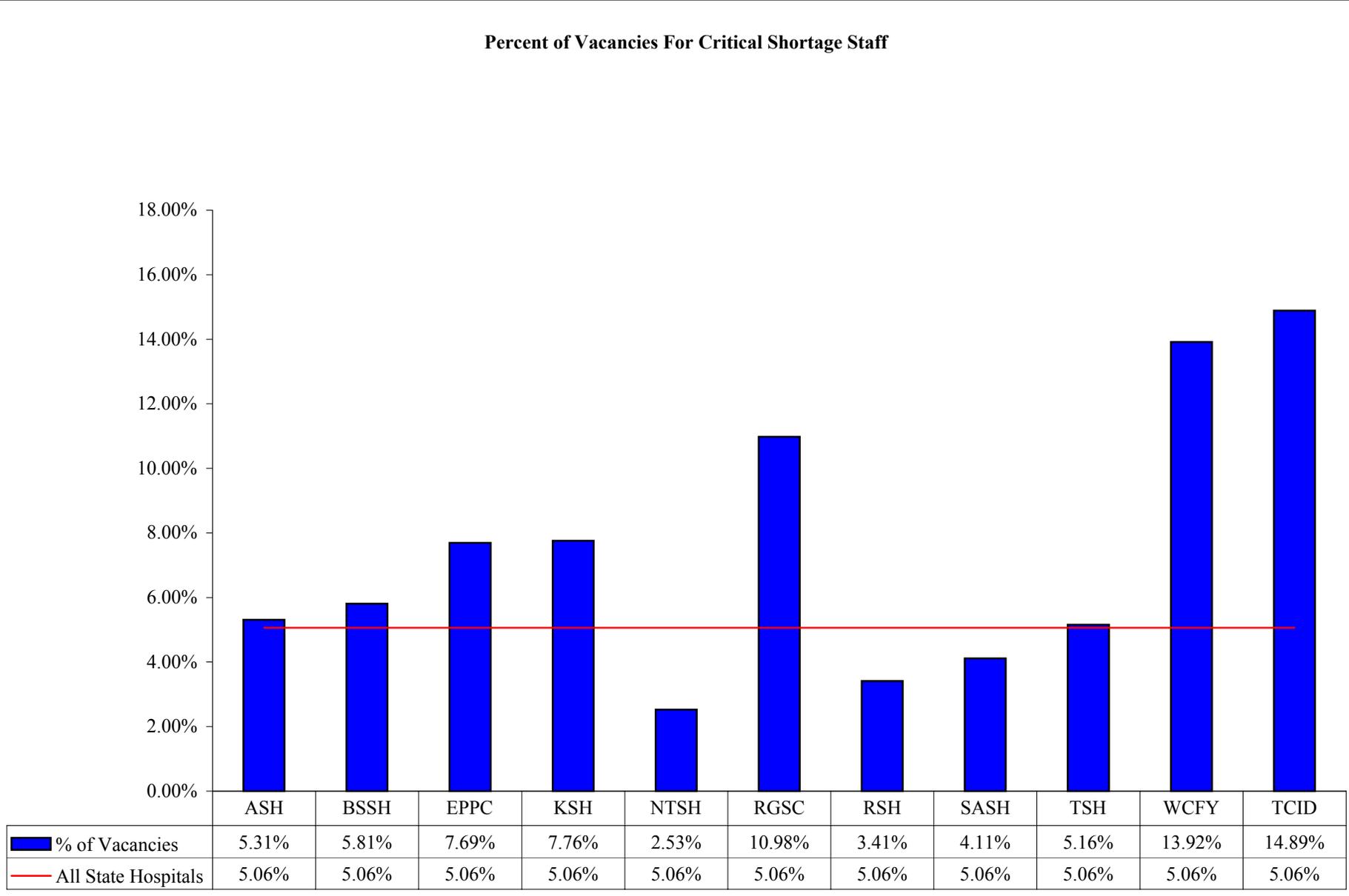
Performance Measure Data Display and Chart Description:

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

Data Flow:

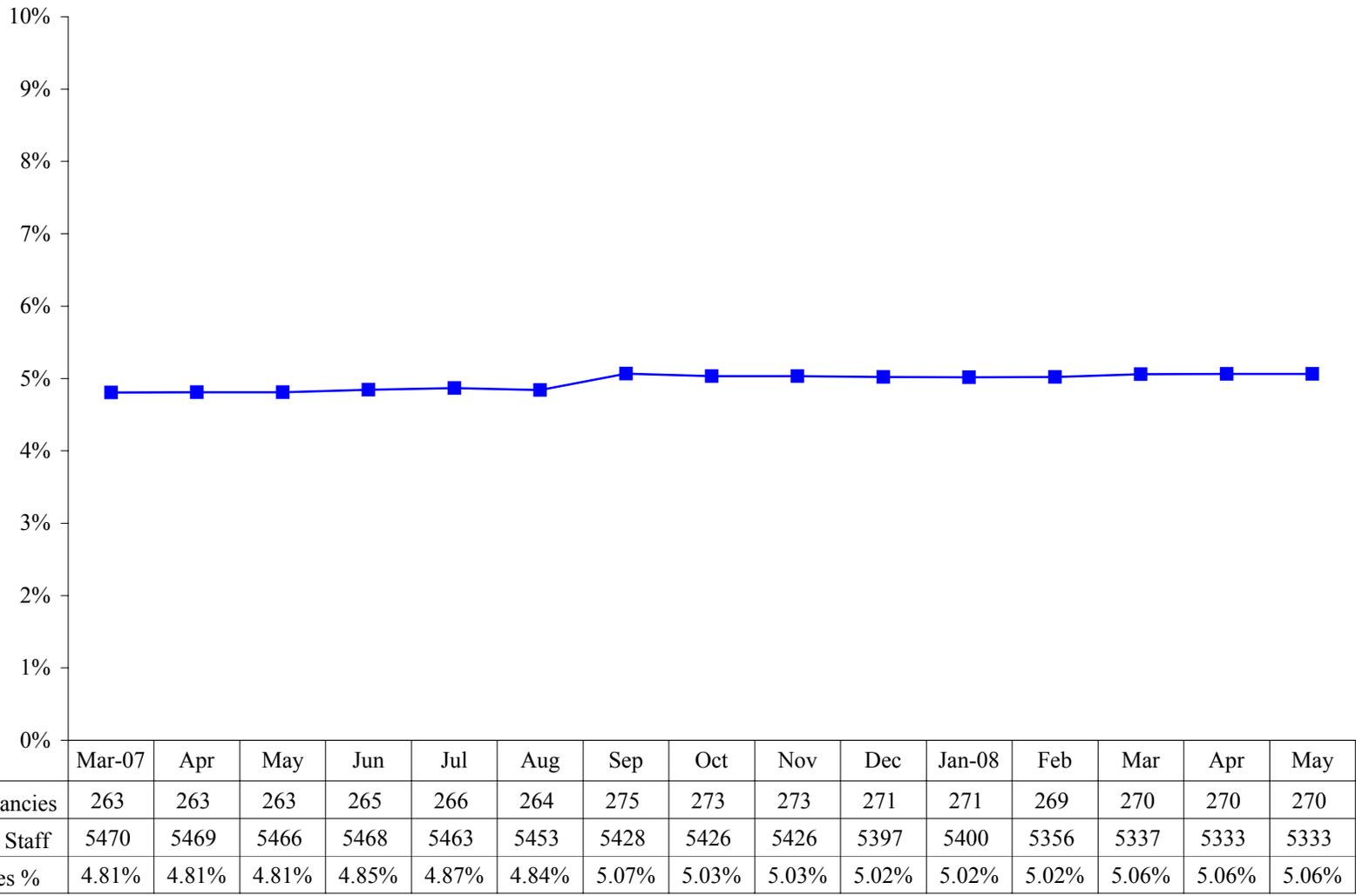


**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of May 31, 2008**

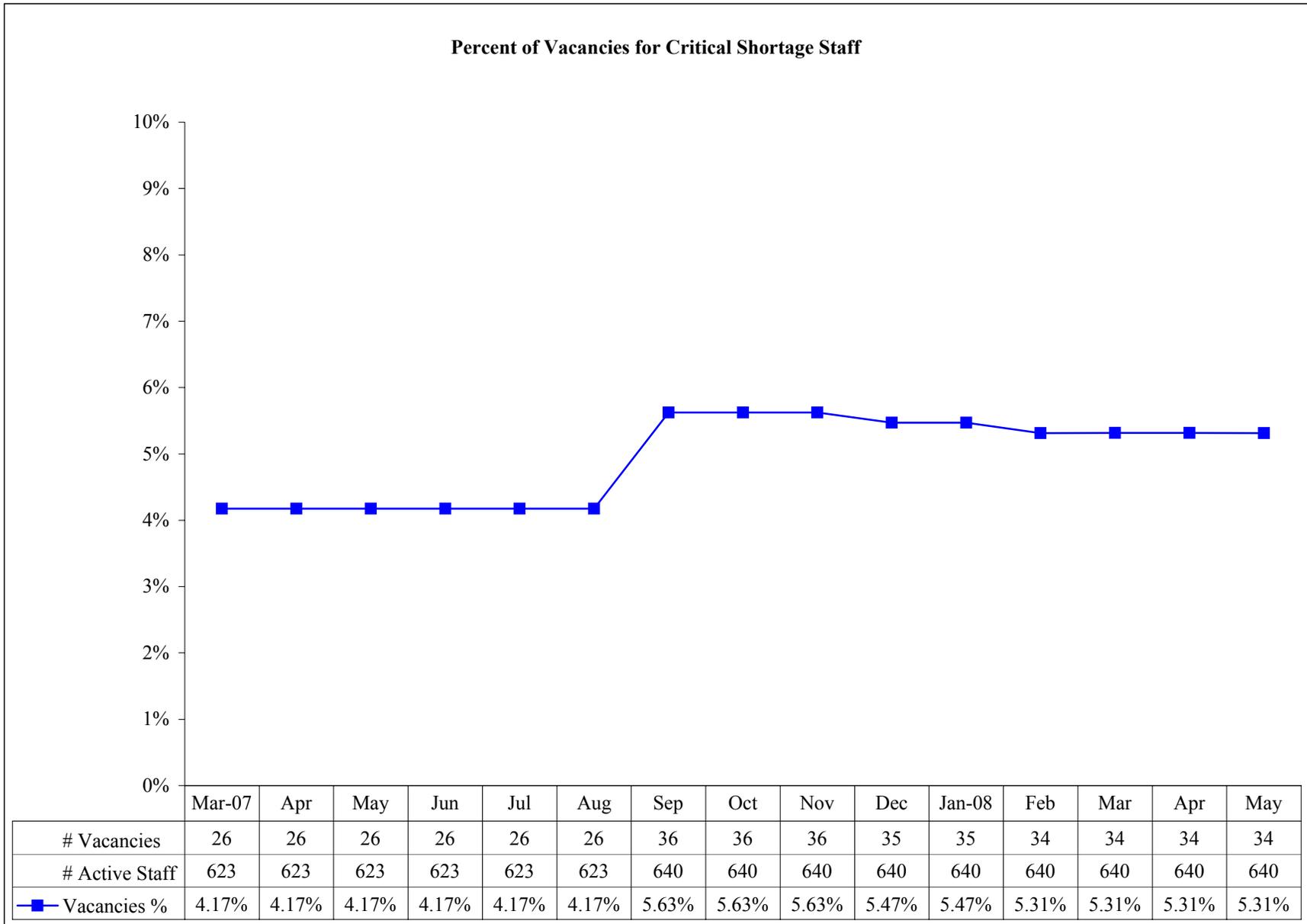


Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

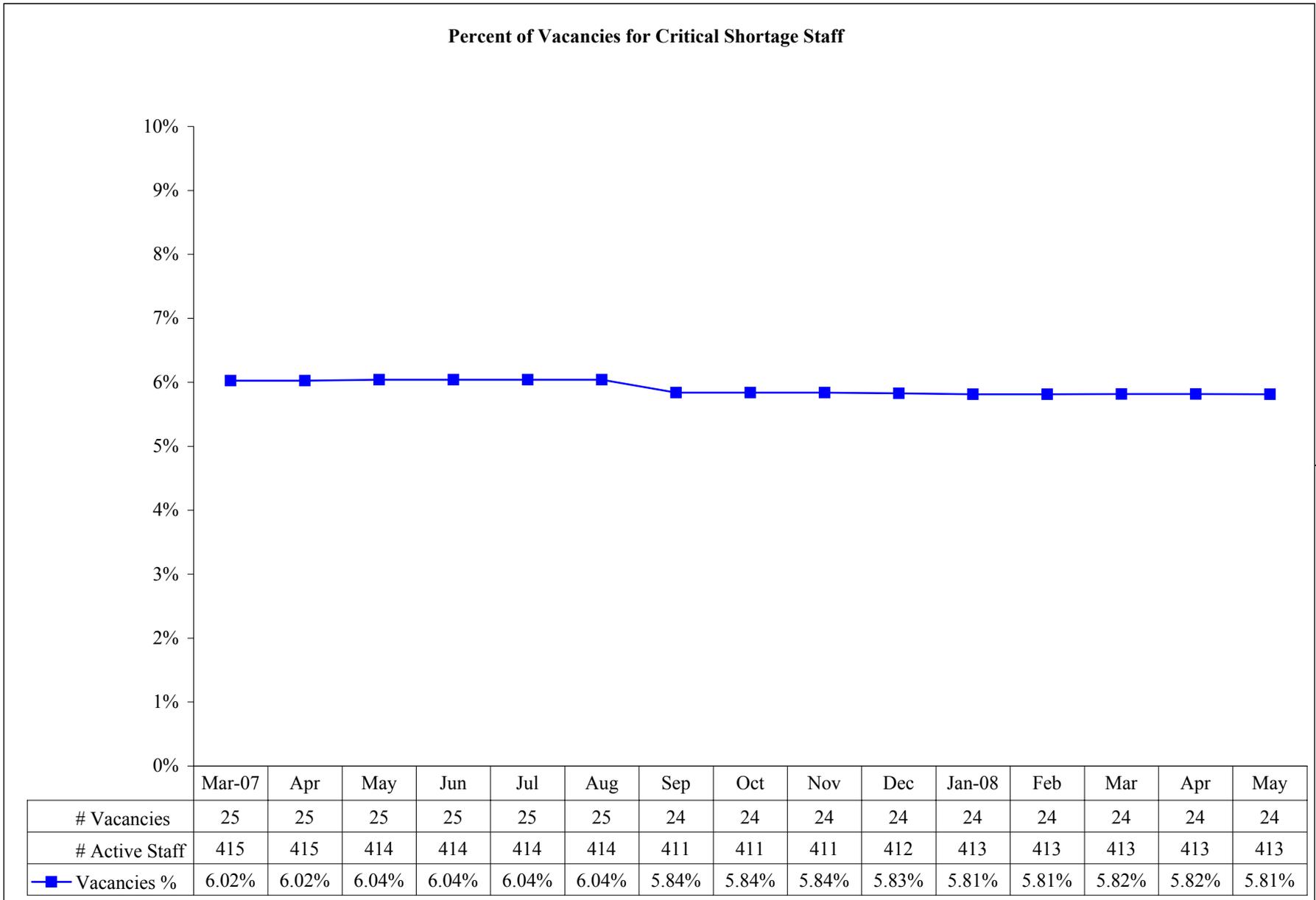
Percent of Vacancies for Critical Shortage Staff



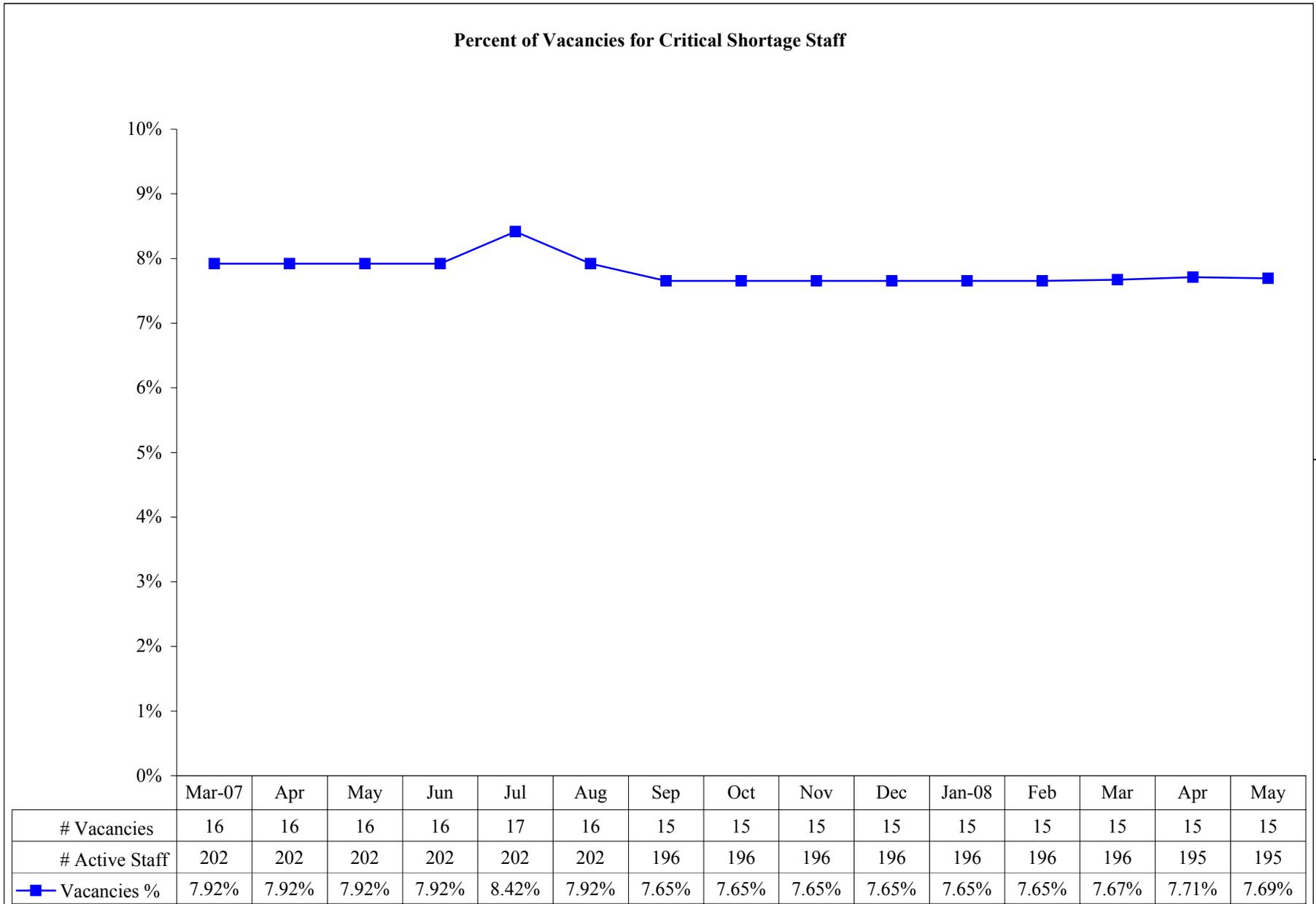
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



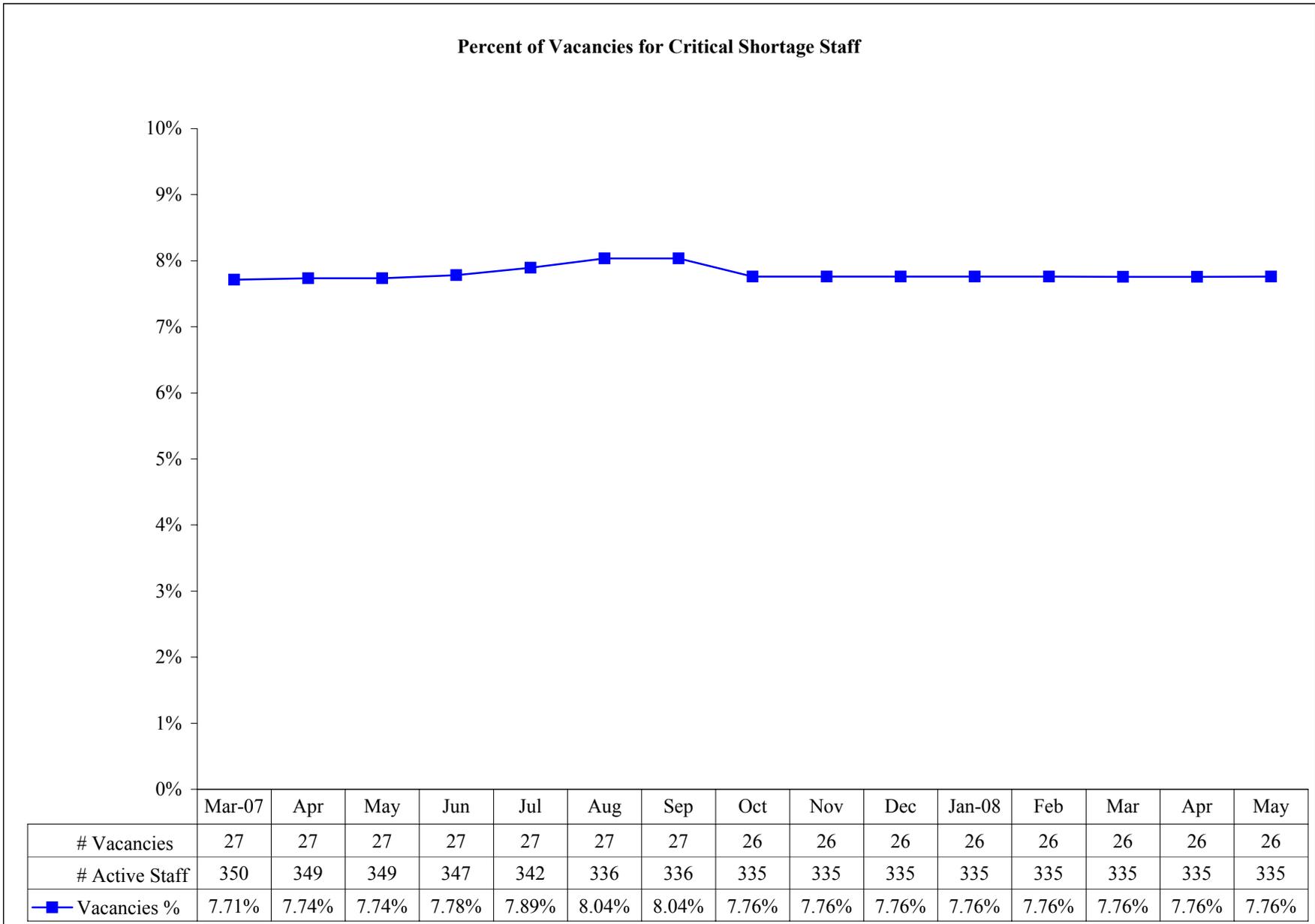
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



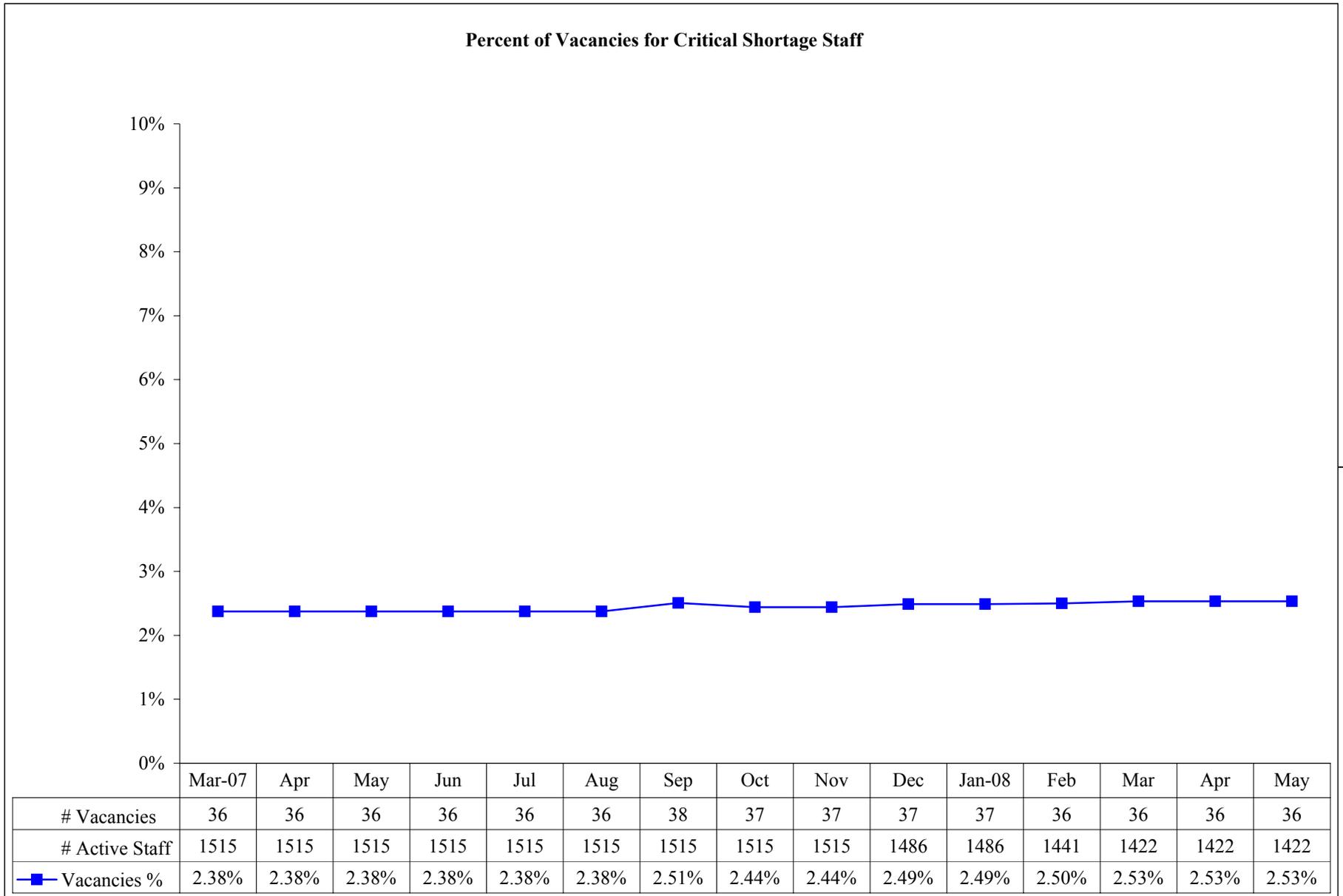
Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center



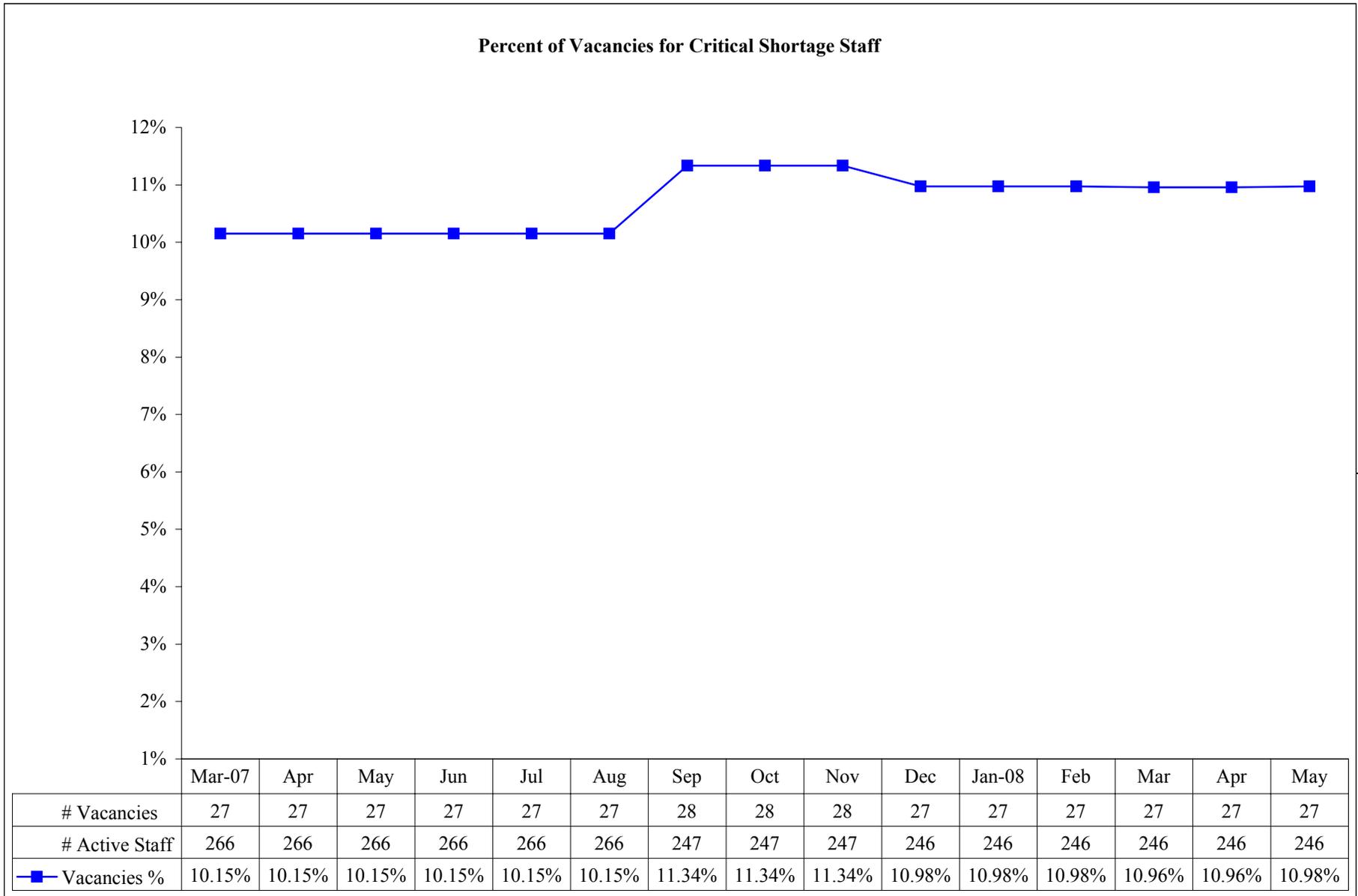
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



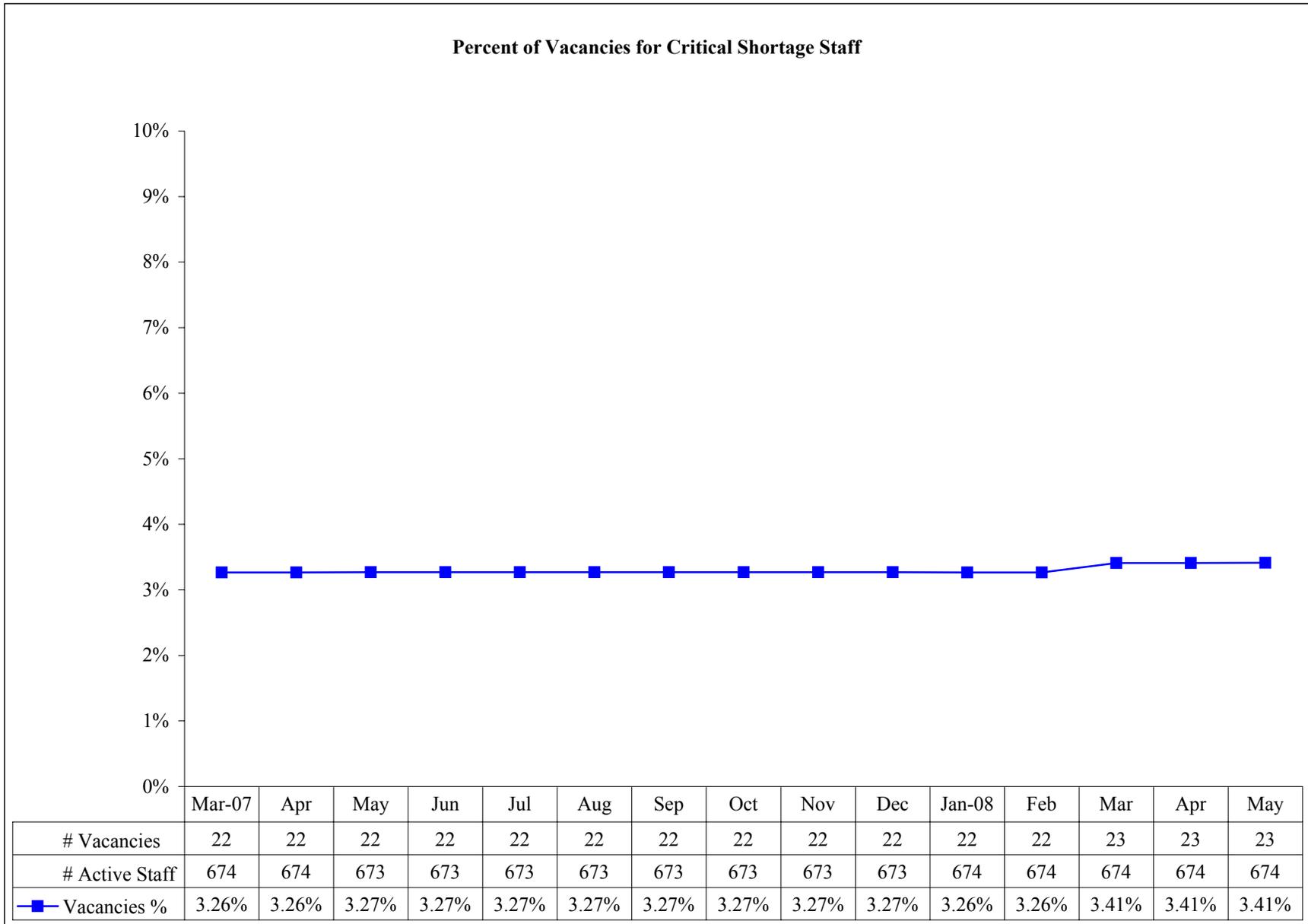
Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital



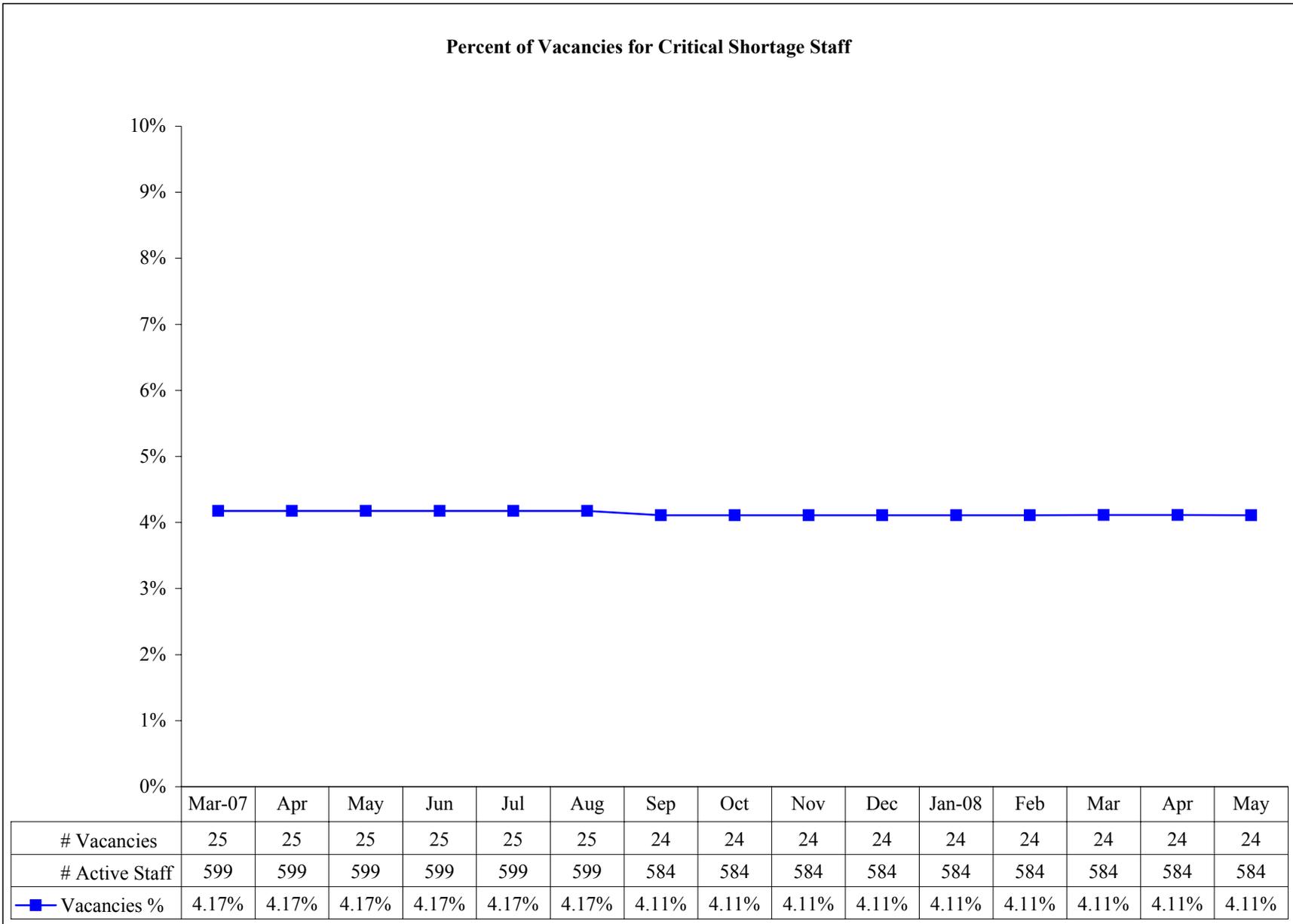
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



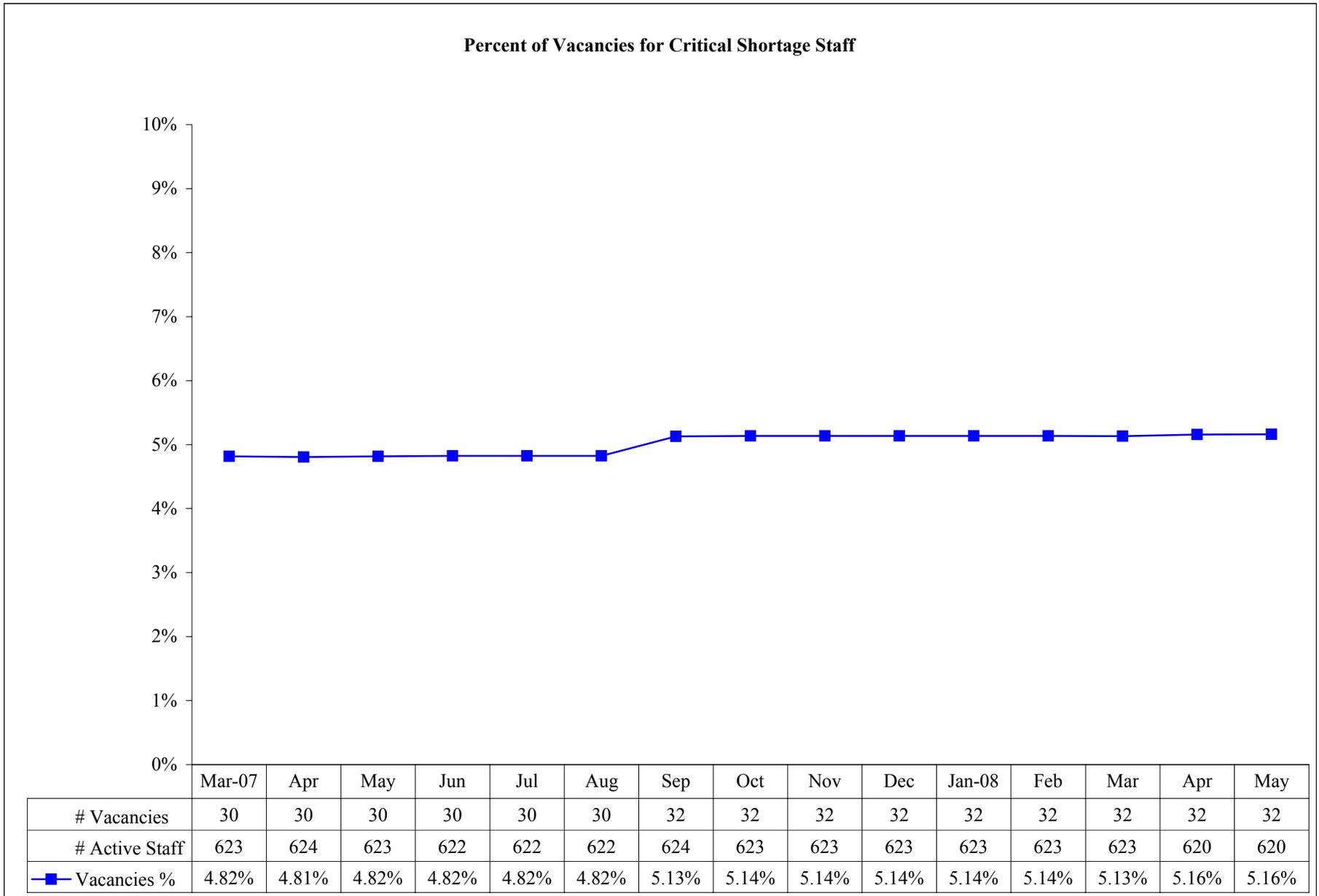
**Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital**



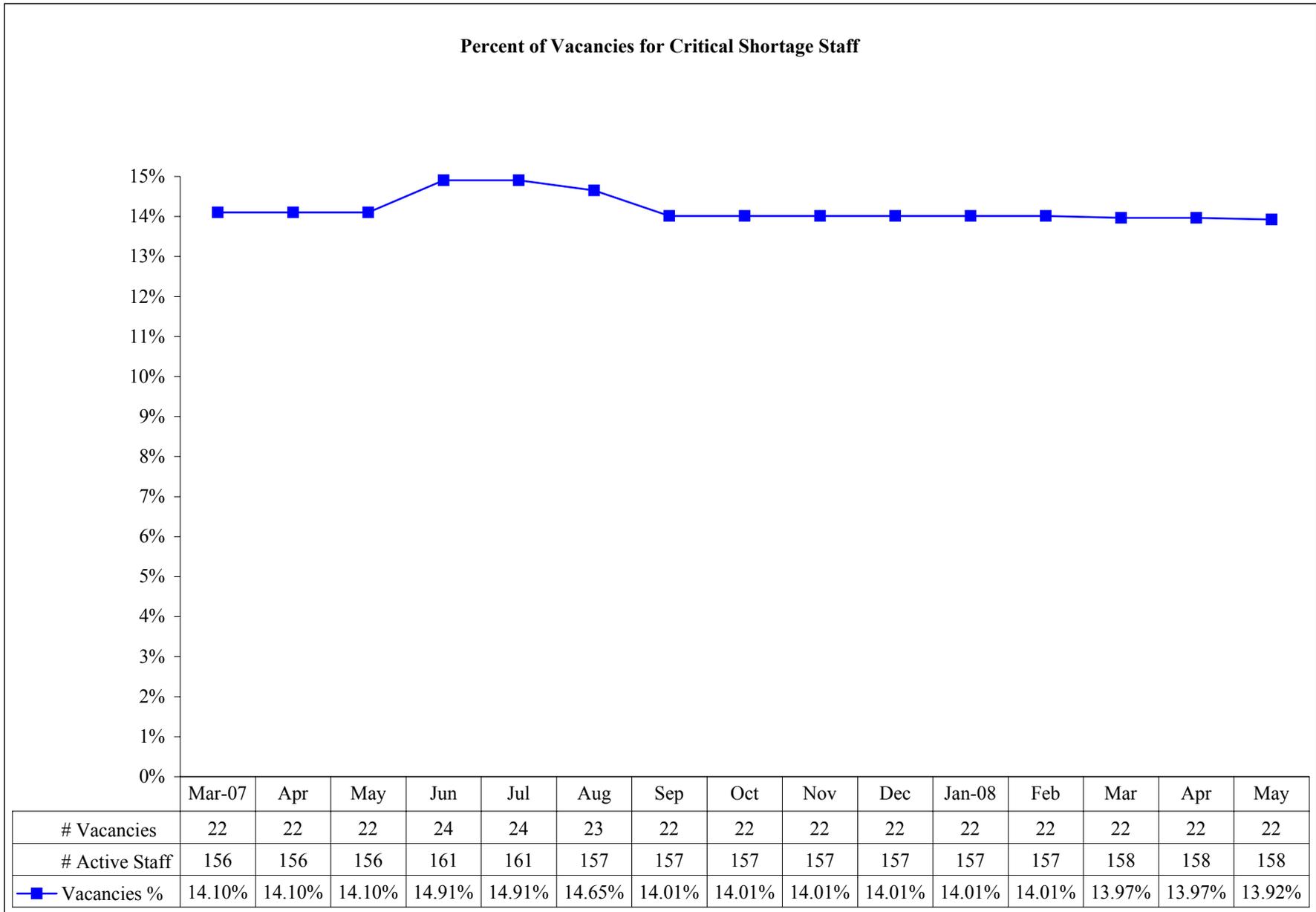
**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**



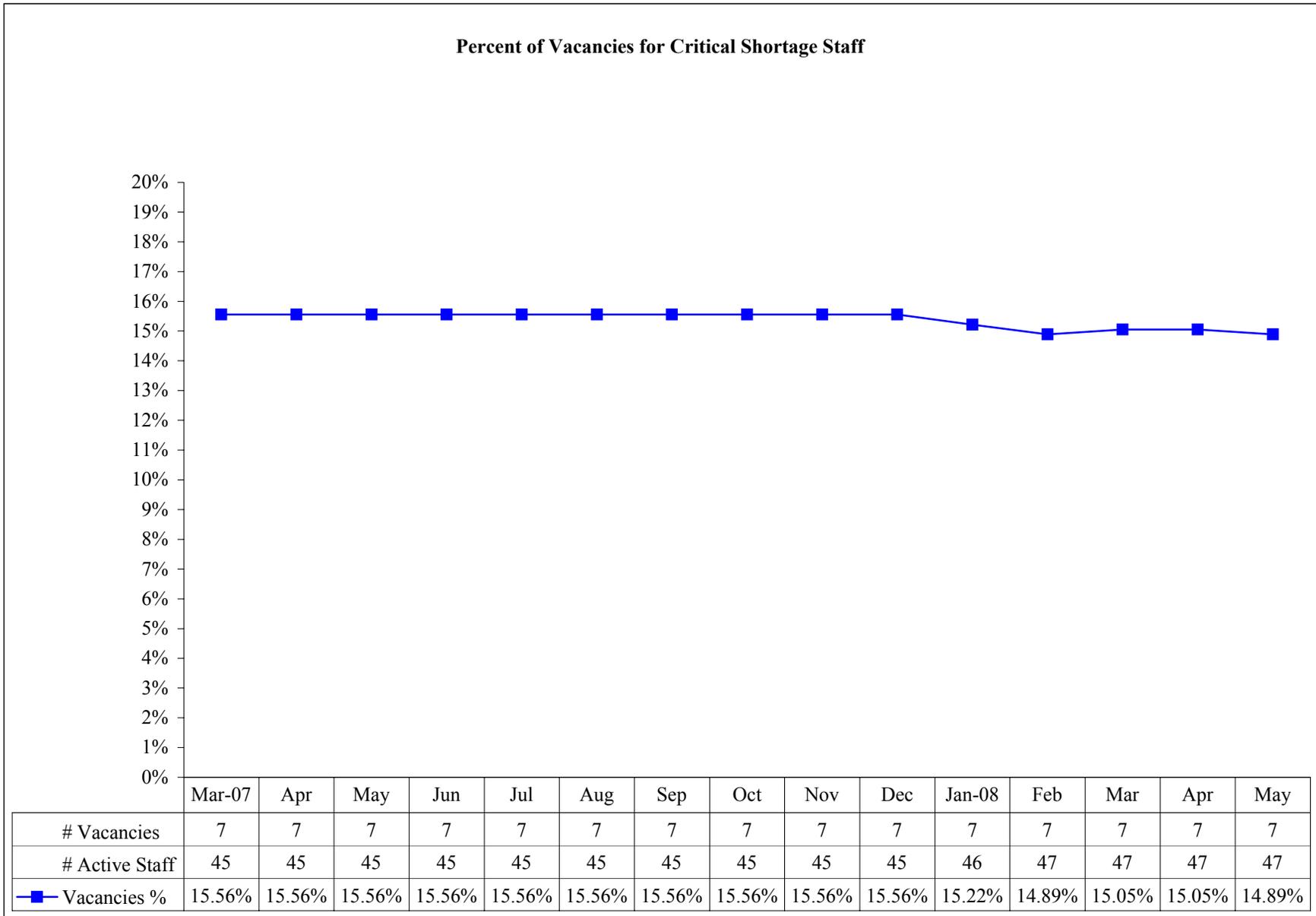
**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**



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



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



GOAL 9: Improve Organizational Performance

Performance Objective 9A:

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

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

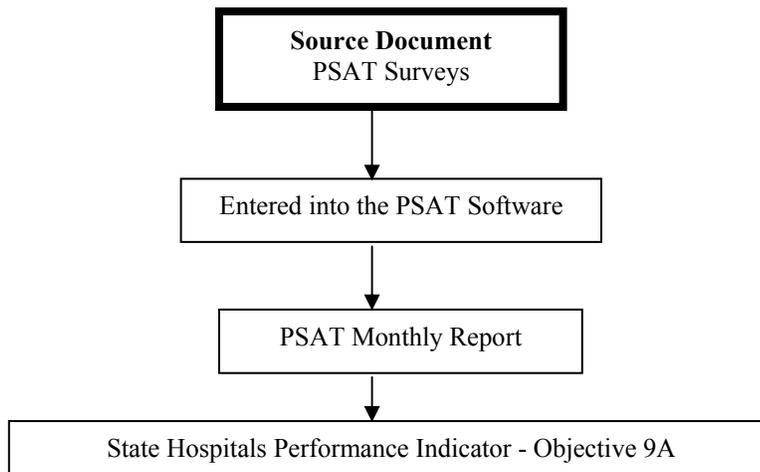
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

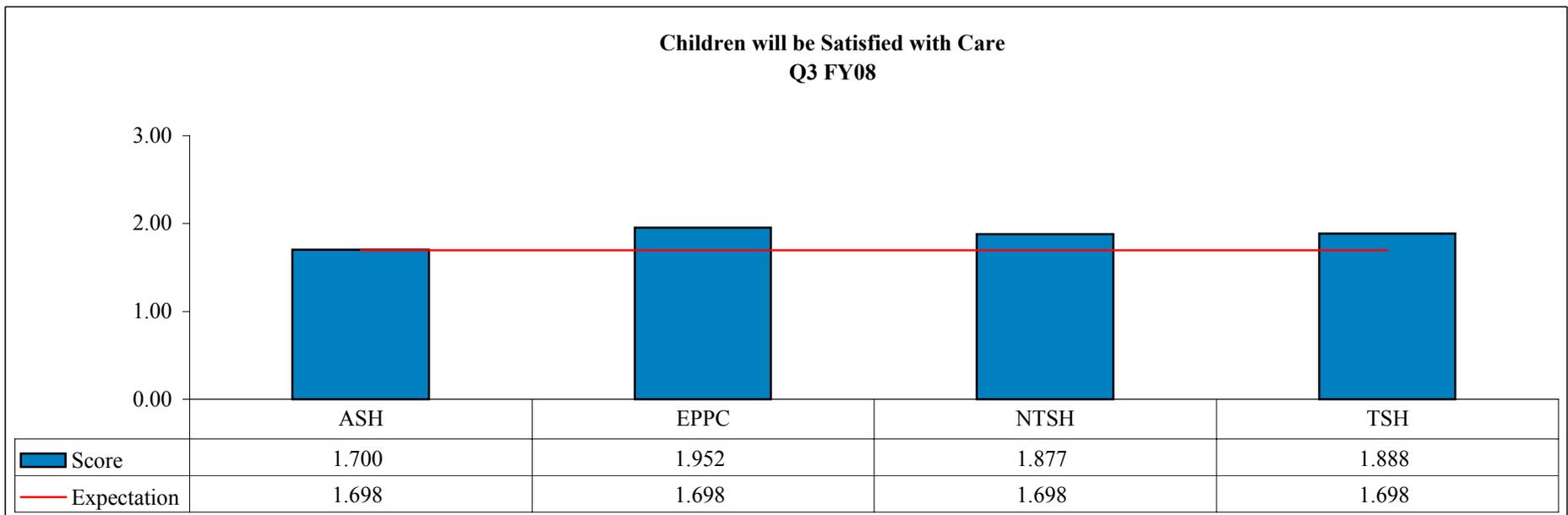
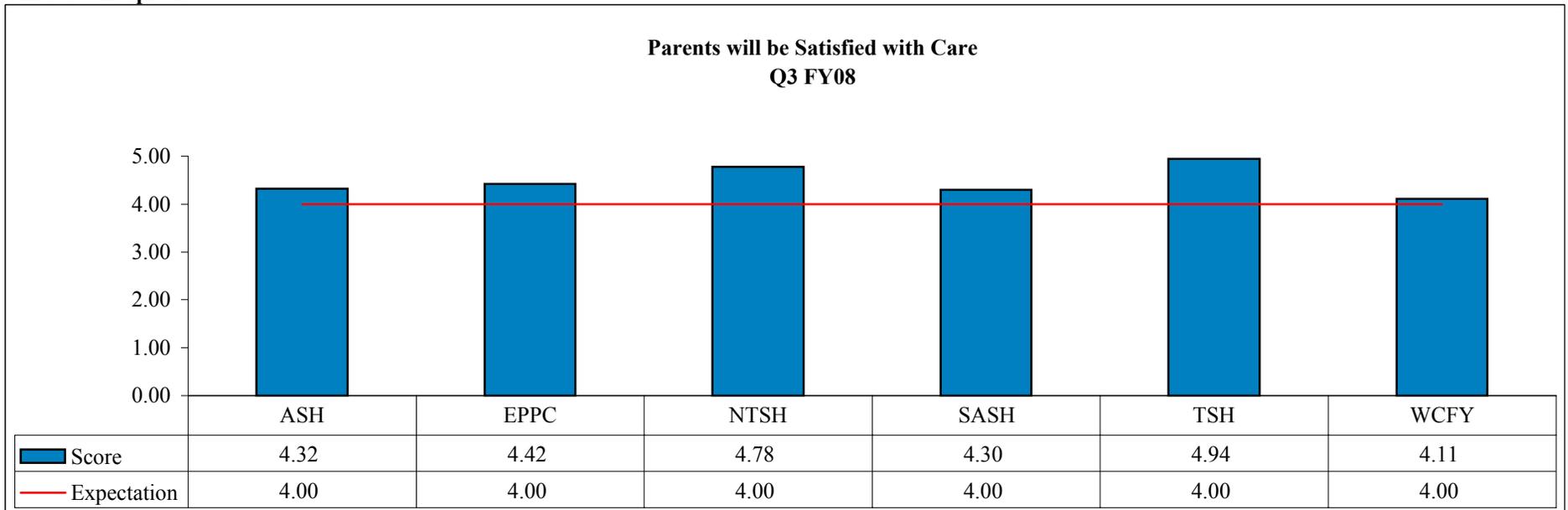
Performance Objective Data Display and Chart Description:

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

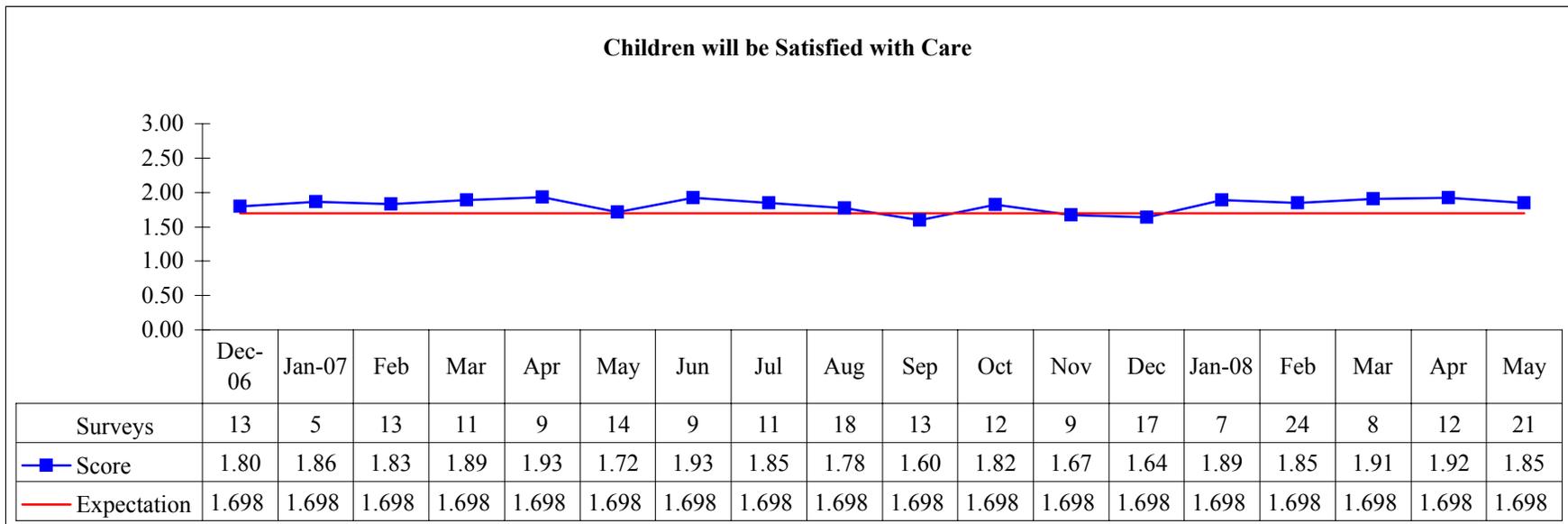
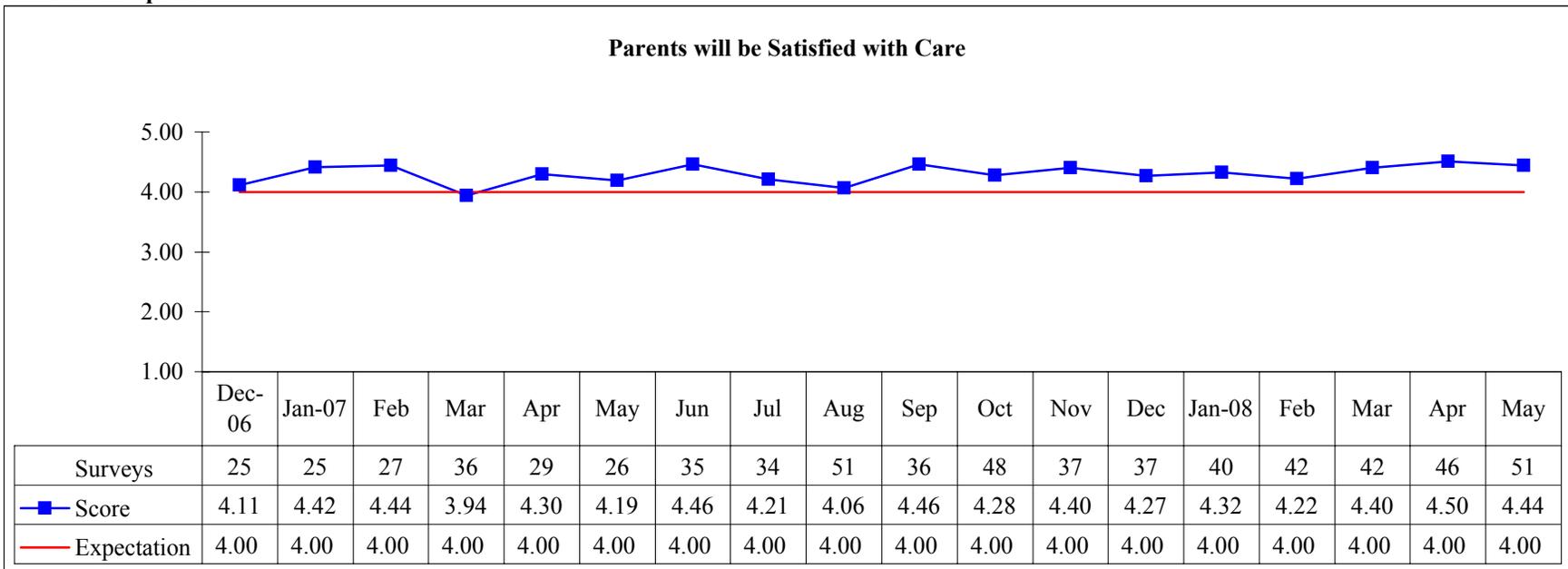
Data Flow:



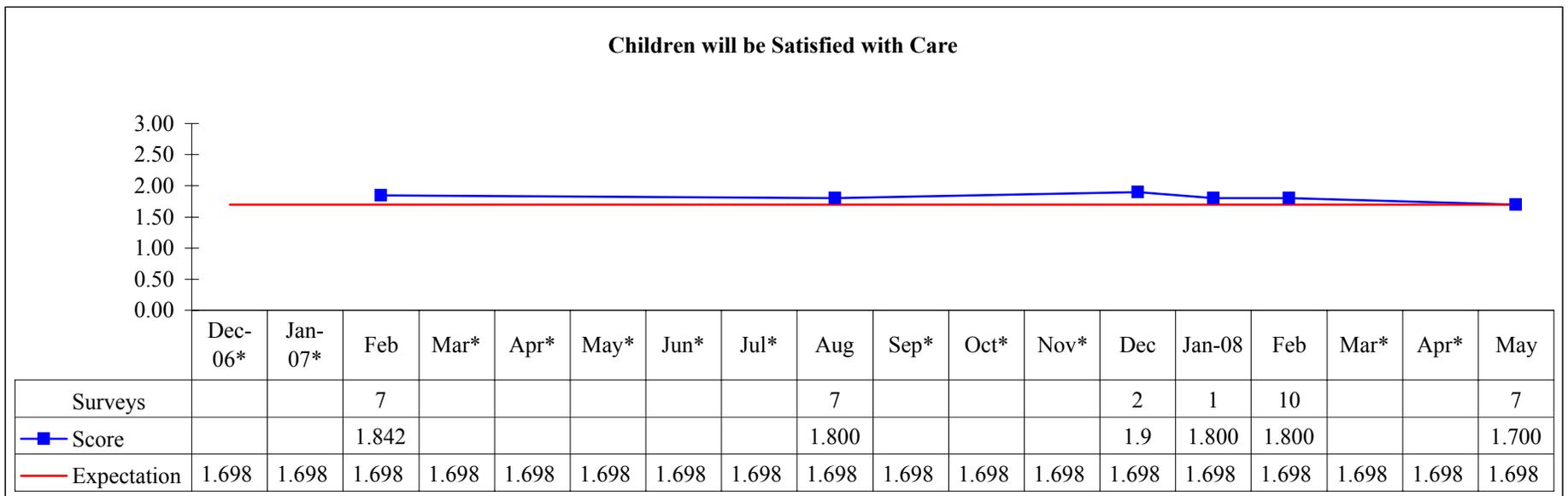
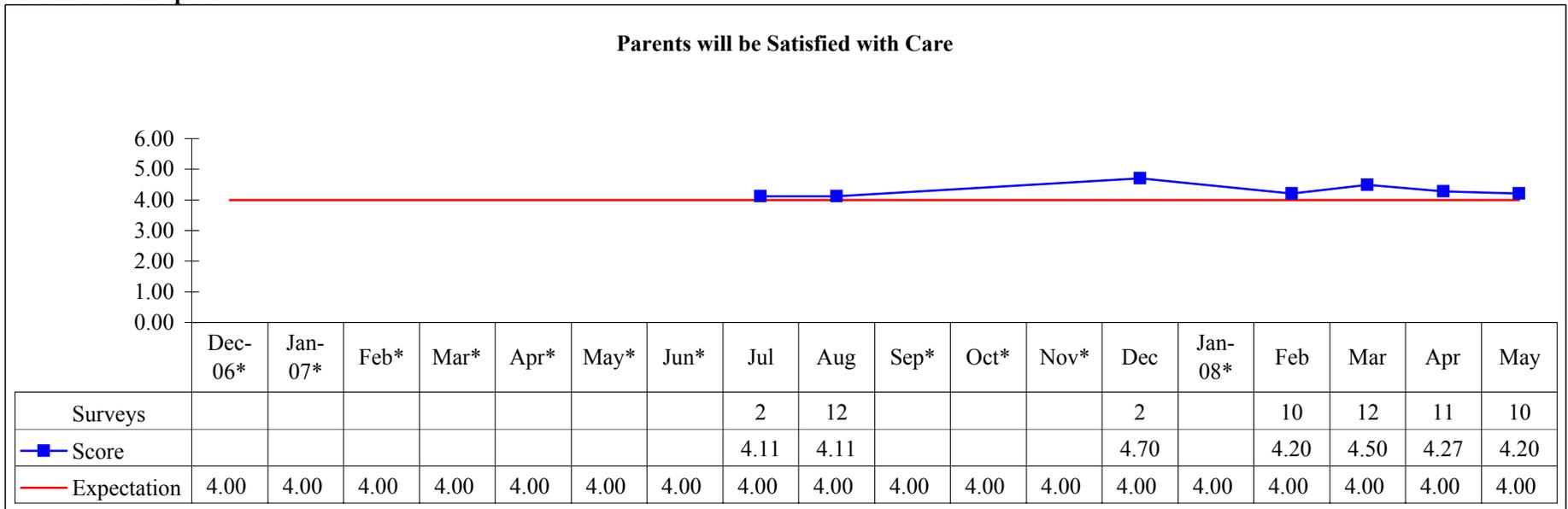
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State Hospitals



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

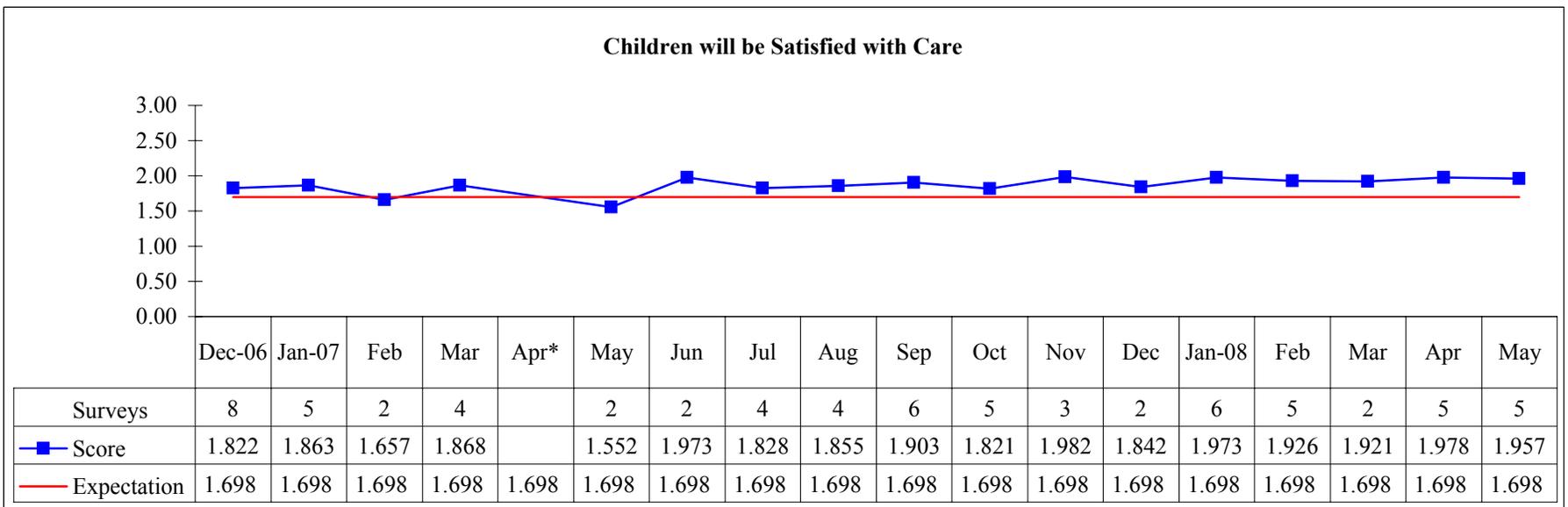
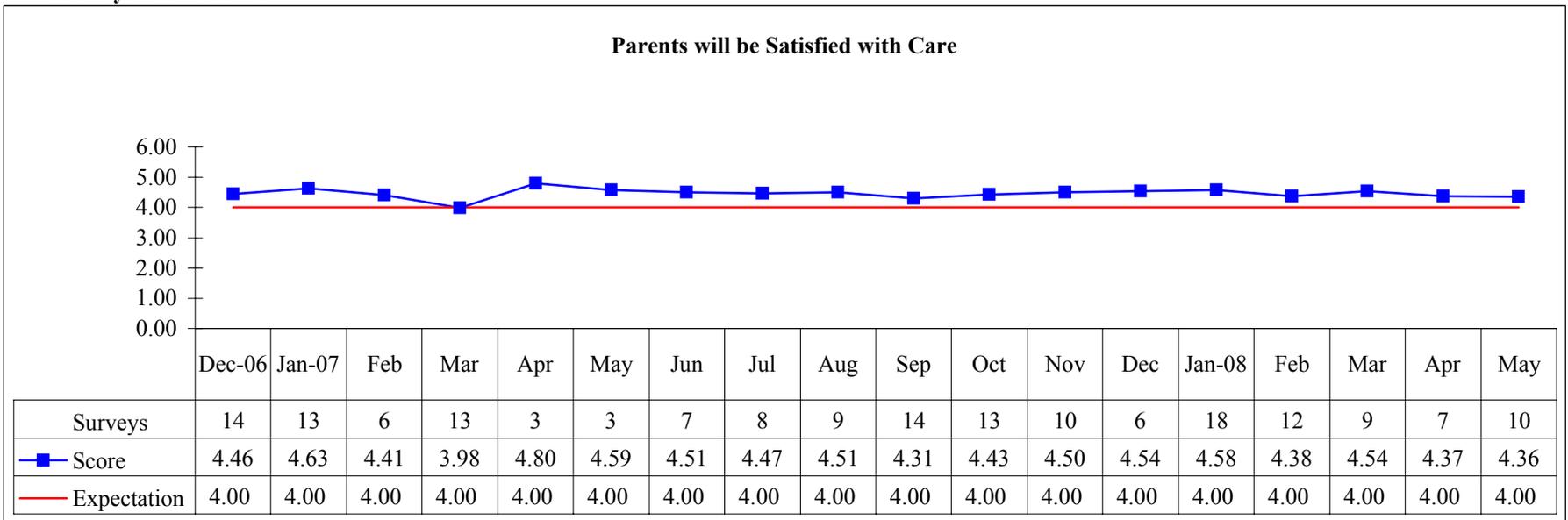


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



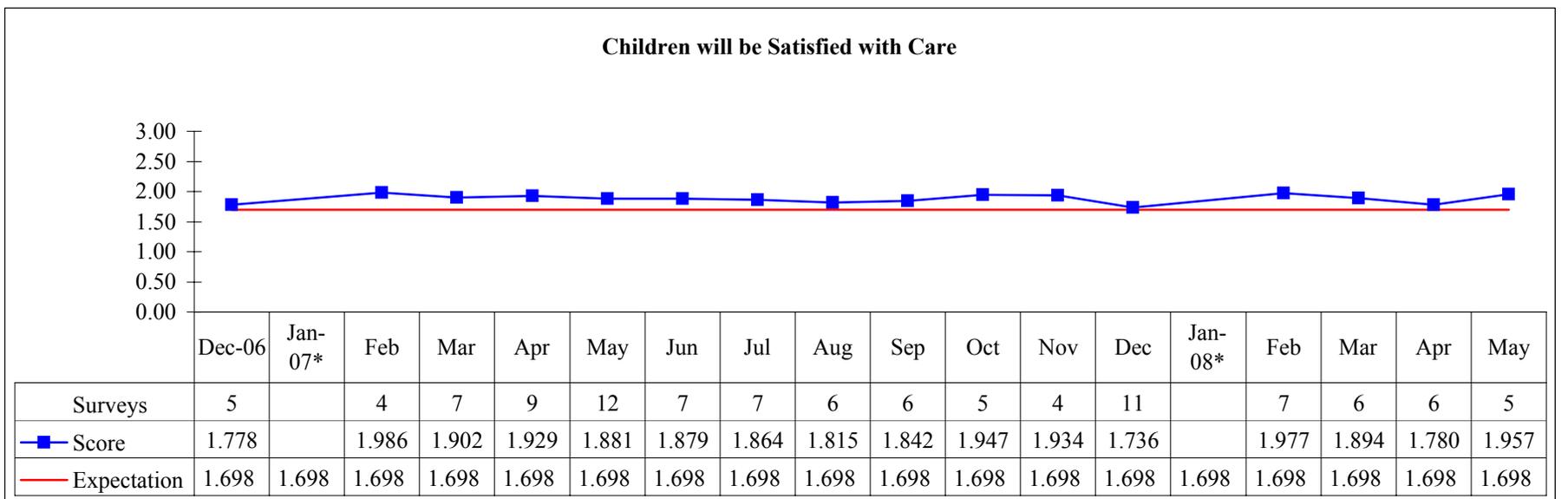
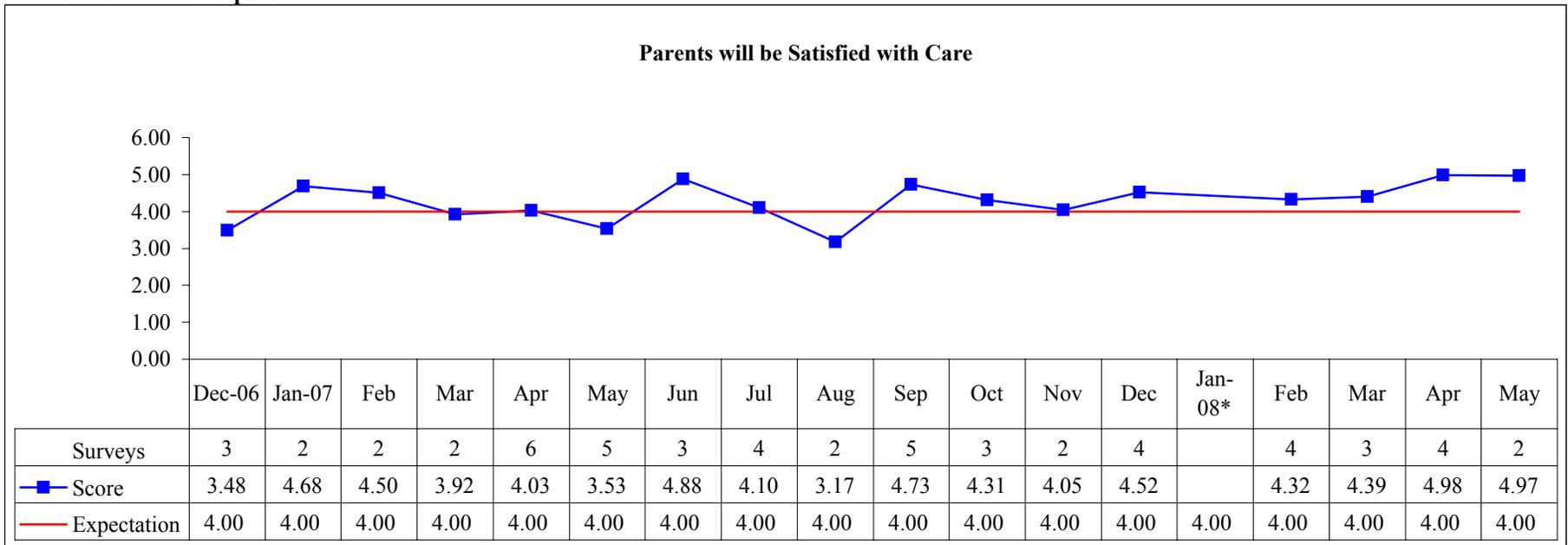
*No surveys submitted

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



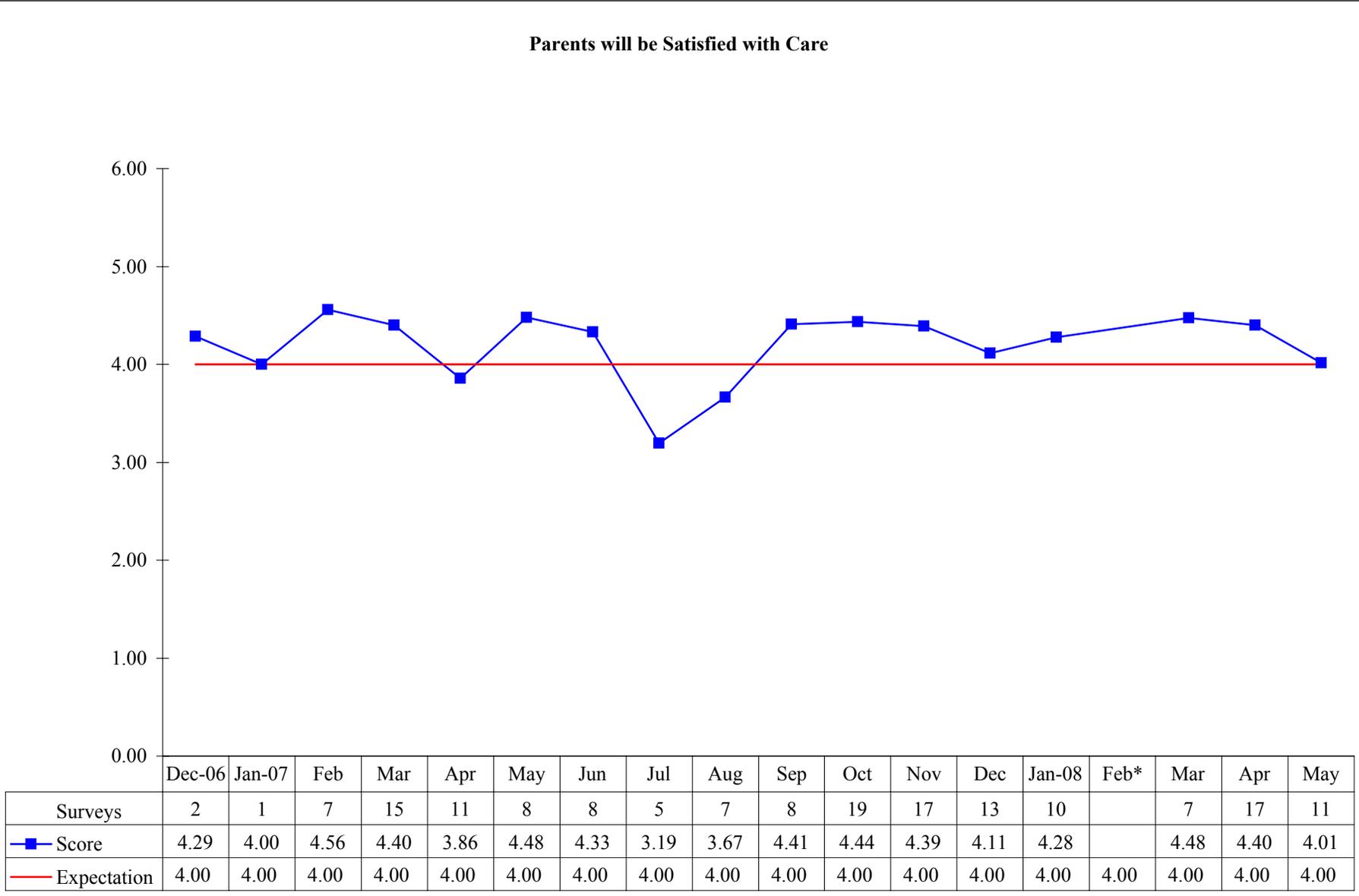
*No surveys submitted

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



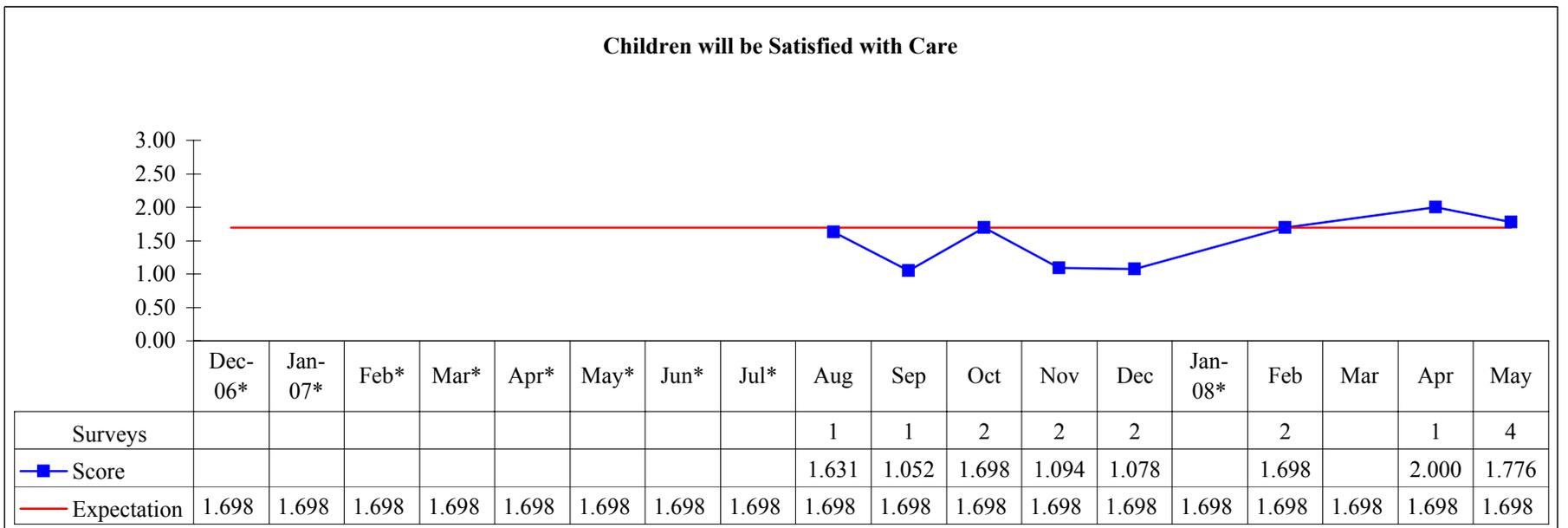
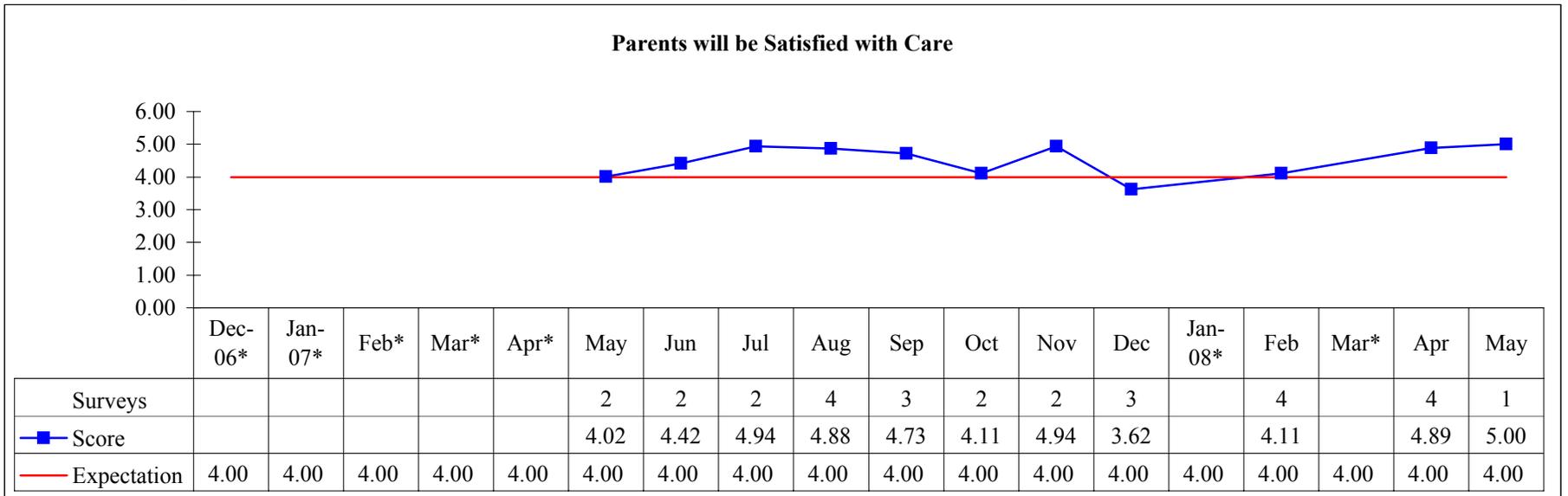
*No surveys submitted

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



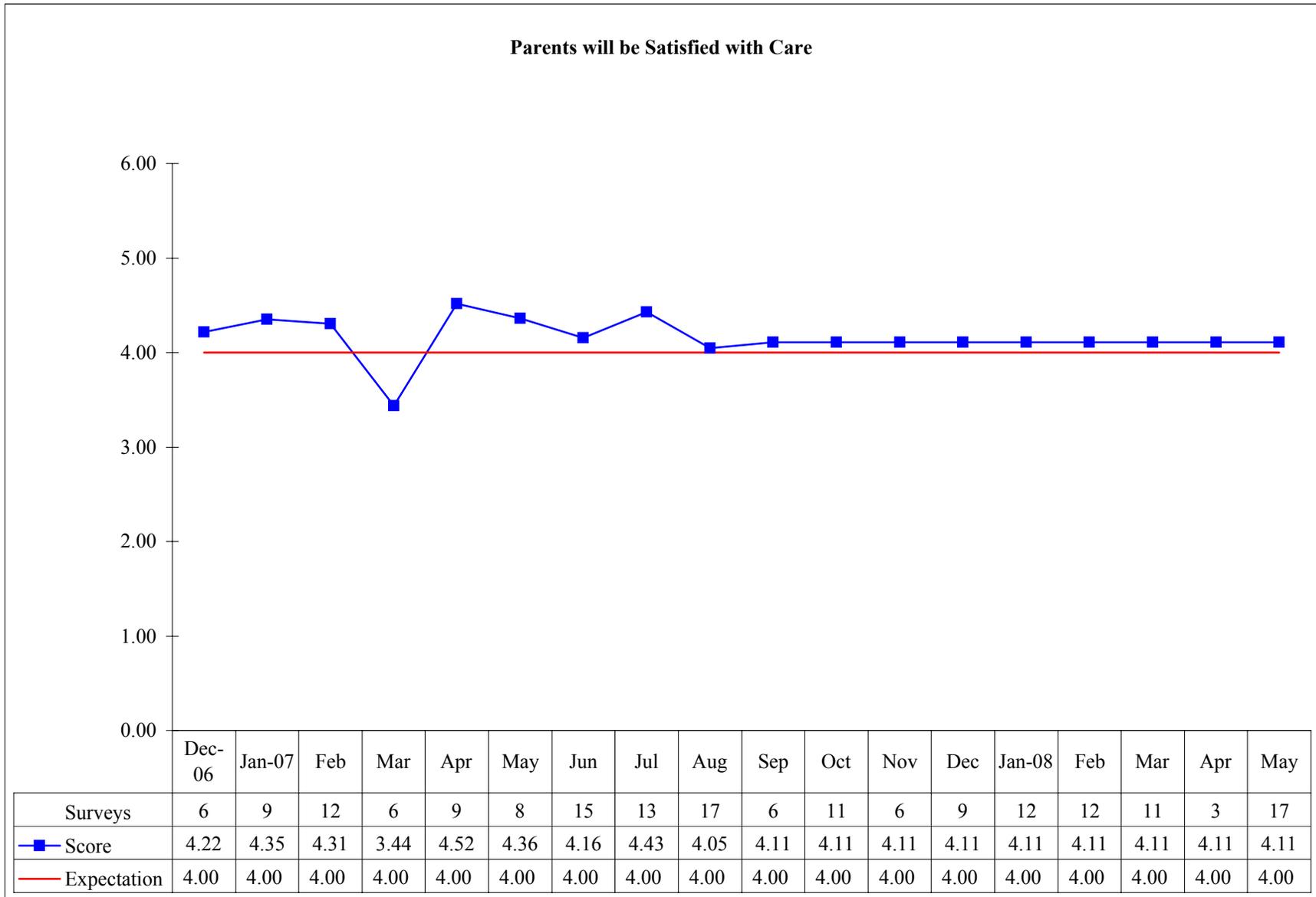
*No surveys submitted
 Source: PSAT

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



*No surveys submitted

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



Performance Objective 9B:

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

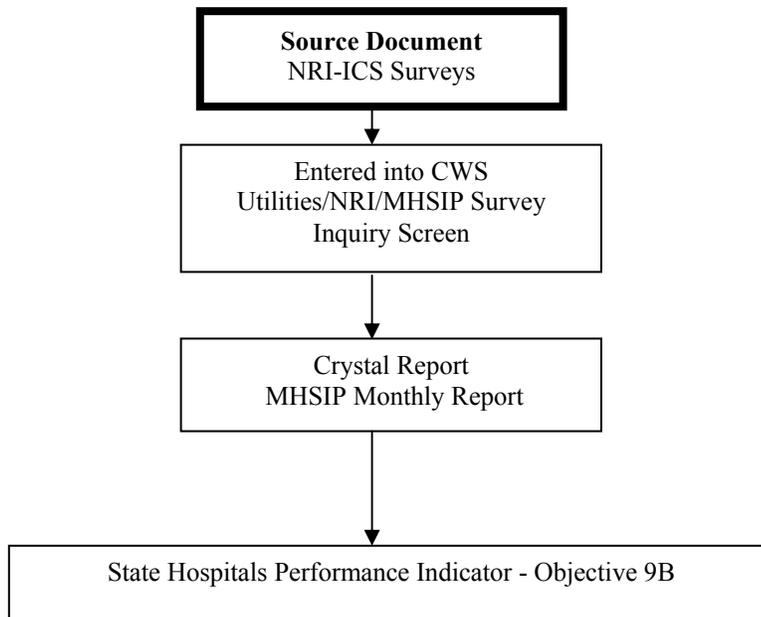
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

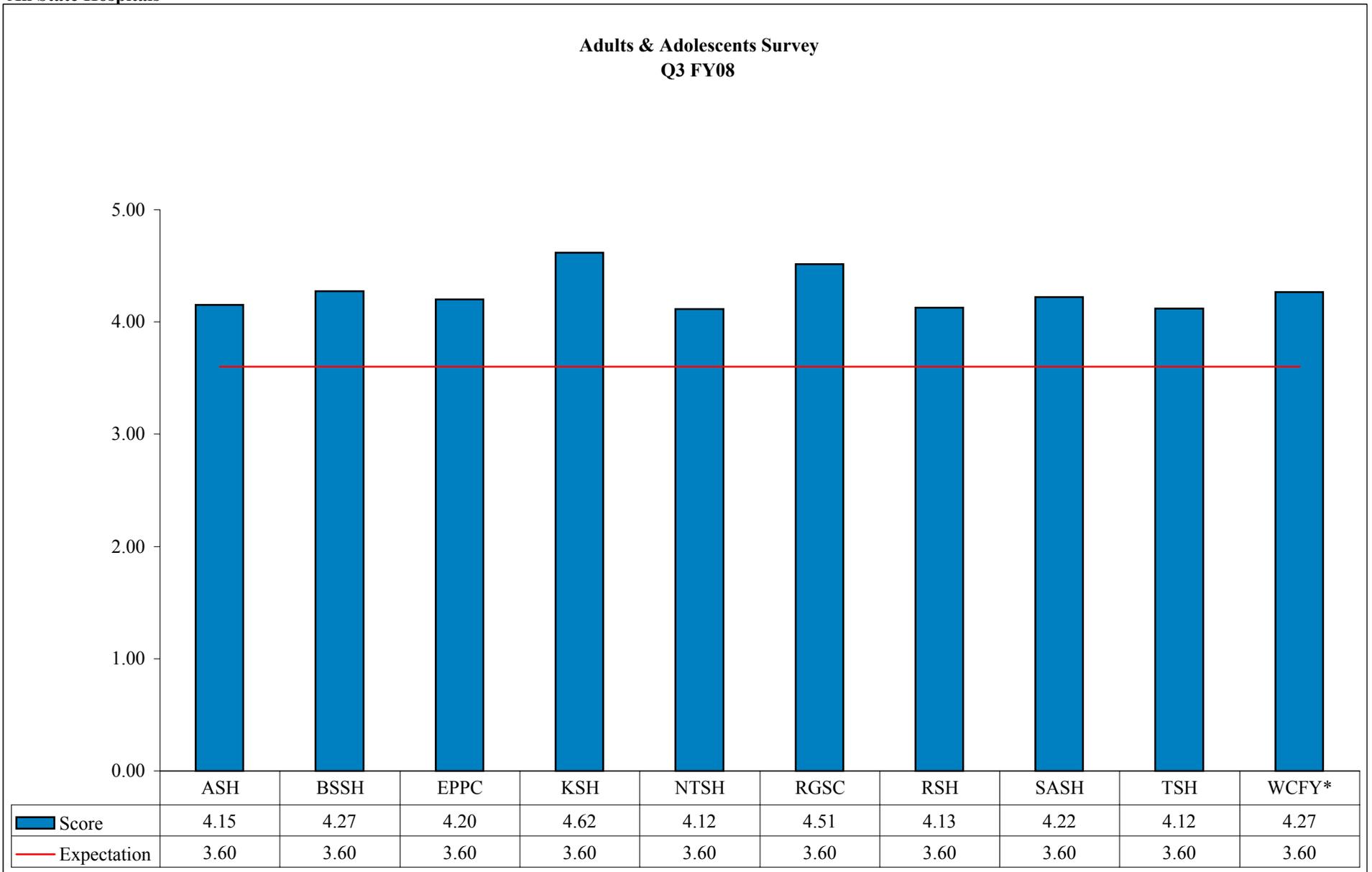
Performance Objective Data Display and Chart Description:

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

Data Flow:



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

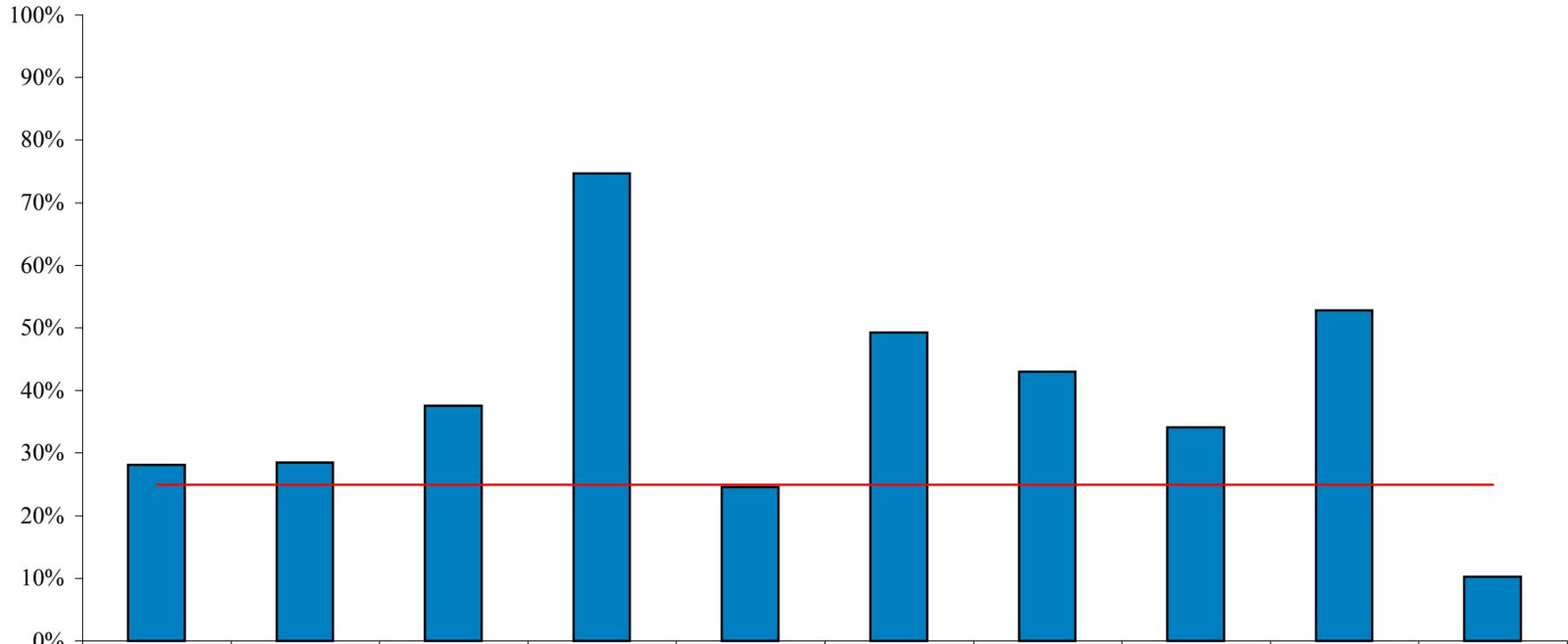


*WCFY - Adolescent Surveys Only

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

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

Percentage of Adult & Adolescent Surveys Completed
Q3 FY08



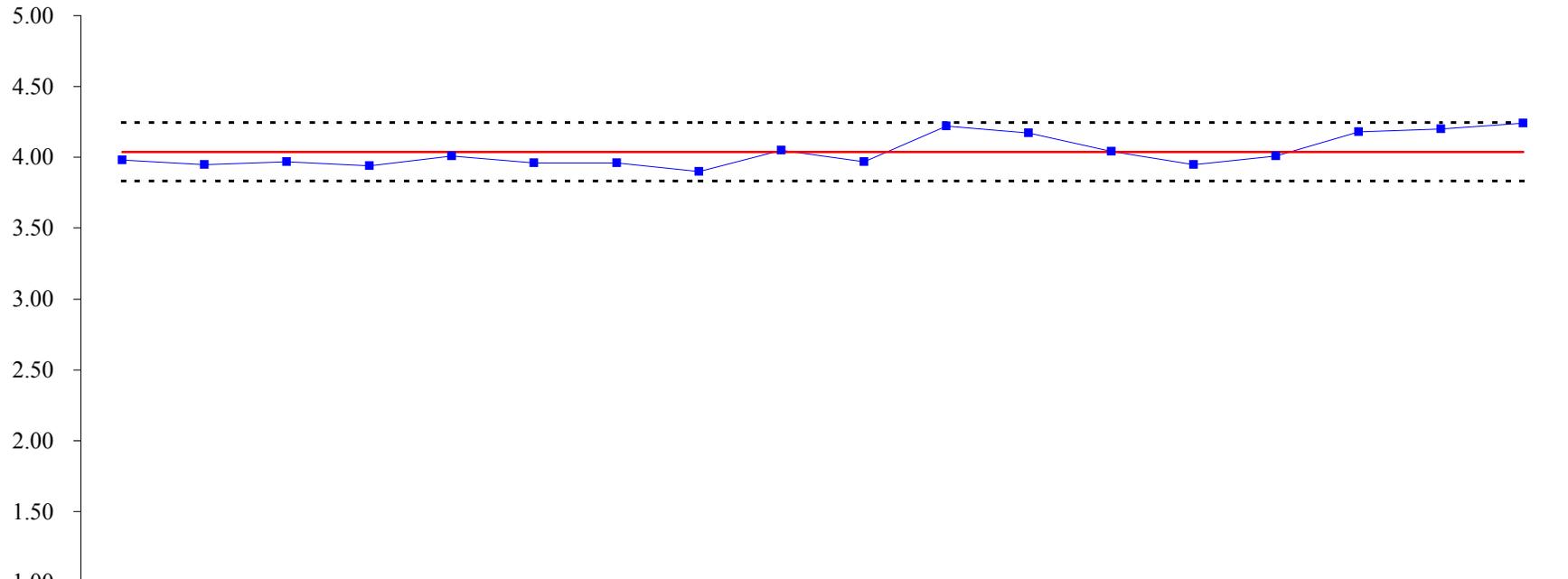
	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY*
Discharges	910	284	269	71	639	329	465	672	712	39
Surveys	256	81	101	53	157	162	200	229	376	4
% Surveyed	28%	29%	38%	75%	25%	49%	43%	34%	53%	10%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

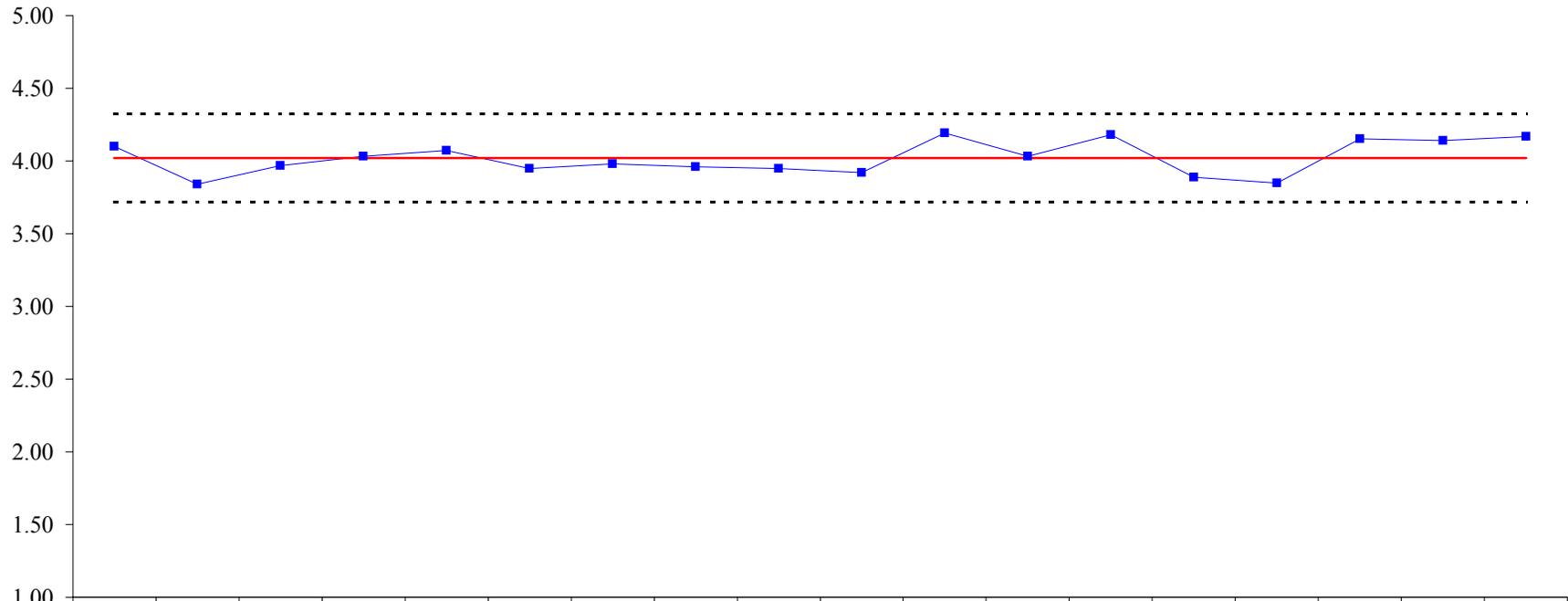


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	3.98	3.95	3.97	3.94	4.01	3.96	3.96	3.90	4.05	3.97	4.22	4.17	4.04	3.95	4.01	4.18	4.20	4.24
Surveys	517	509	466	602	557	582	512	456	536	545	456	389	410	527	478	489	560	570
Discharges	1366	1400	1332	1496	1437	1727	1484	1542	1684	1379	1560	1349	1243	1377	1445	1356	1545	1489
% Sampled	38%	36%	35%	40%	39%	34%	35%	30%	32%	40%	29%	29%	33%	38%	33%	36%	36%	38%
----- UCL	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24
— Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
----- LCL	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

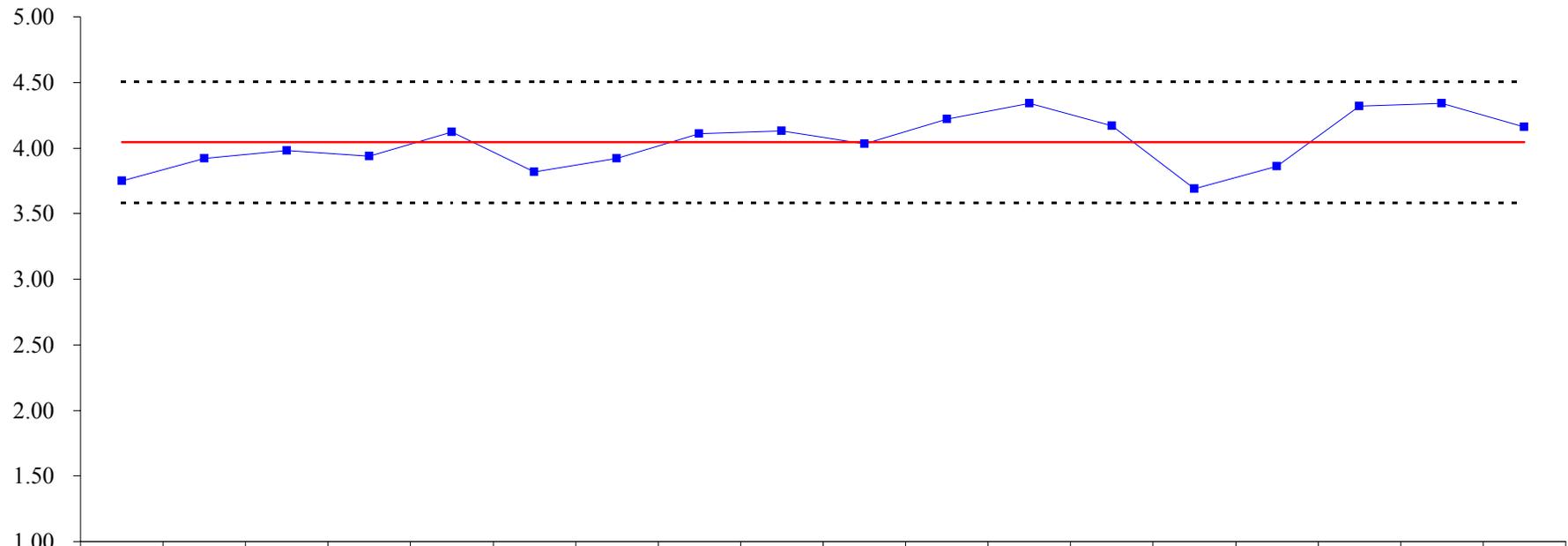


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	4.10	3.84	3.97	4.03	4.07	3.95	3.98	3.96	3.95	3.92	4.19	4.03	4.18	3.89	3.85	4.15	4.14	4.17
Surveys	76	73	78	92	79	79	69	77	80	72	81	79	56	101	108	83	98	75
Discharges	329	386	340	382	388	434	395	405	412	315	379	303	276	270	309	291	316	303
% Sampled	23%	19%	23%	24%	20%	18%	17%	19%	19%	23%	21%	26%	20%	37%	35%	29%	31%	25%
----- 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	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	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

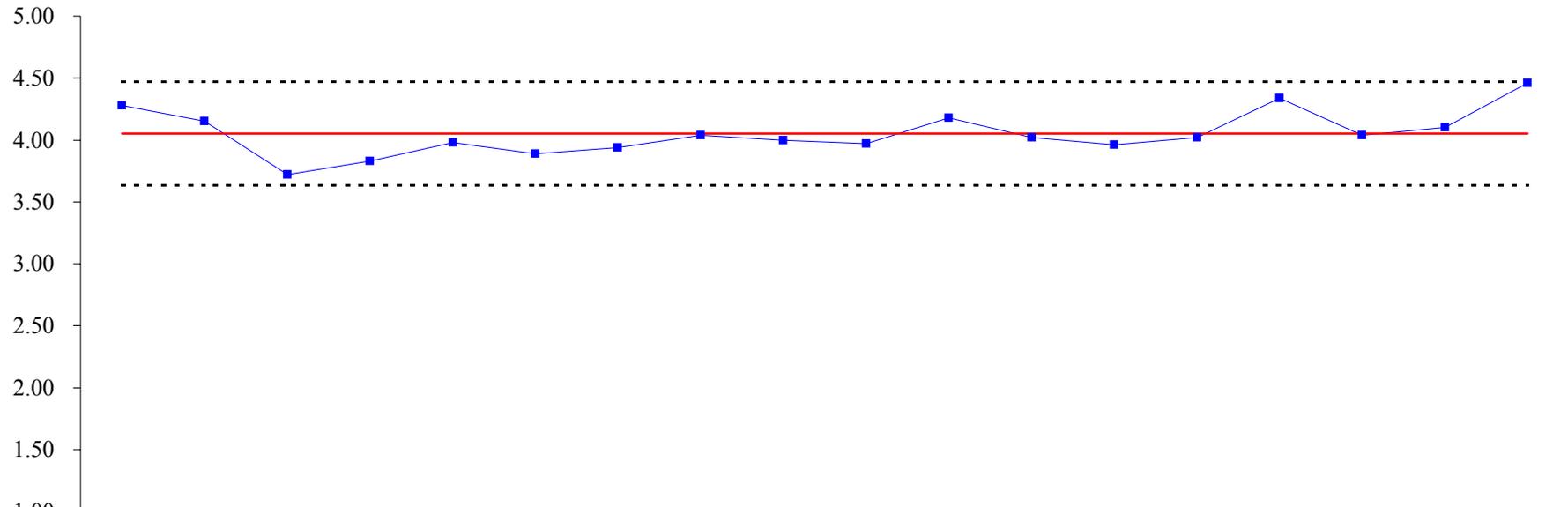


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Score	3.75	3.92	3.98	3.94	4.12	3.82	3.92	4.11	4.13	4.03	4.22	4.34	4.17	3.69	3.86	4.32	4.34	4.16
Surveys	32	38	26	32	24	31	24	29	37	22	30	17	18	24	26	29	19	33
Discharges	91	112	93	87	74	103	74	96	114	82	108	76	79	88	92	82	102	100
% Sampled	35%	34%	28%	37%	32%	30%	32%	30%	32%	27%	28%	22%	23%	27%	28%	35%	19%	33%
UCL	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51
Avg	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05
LCL	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

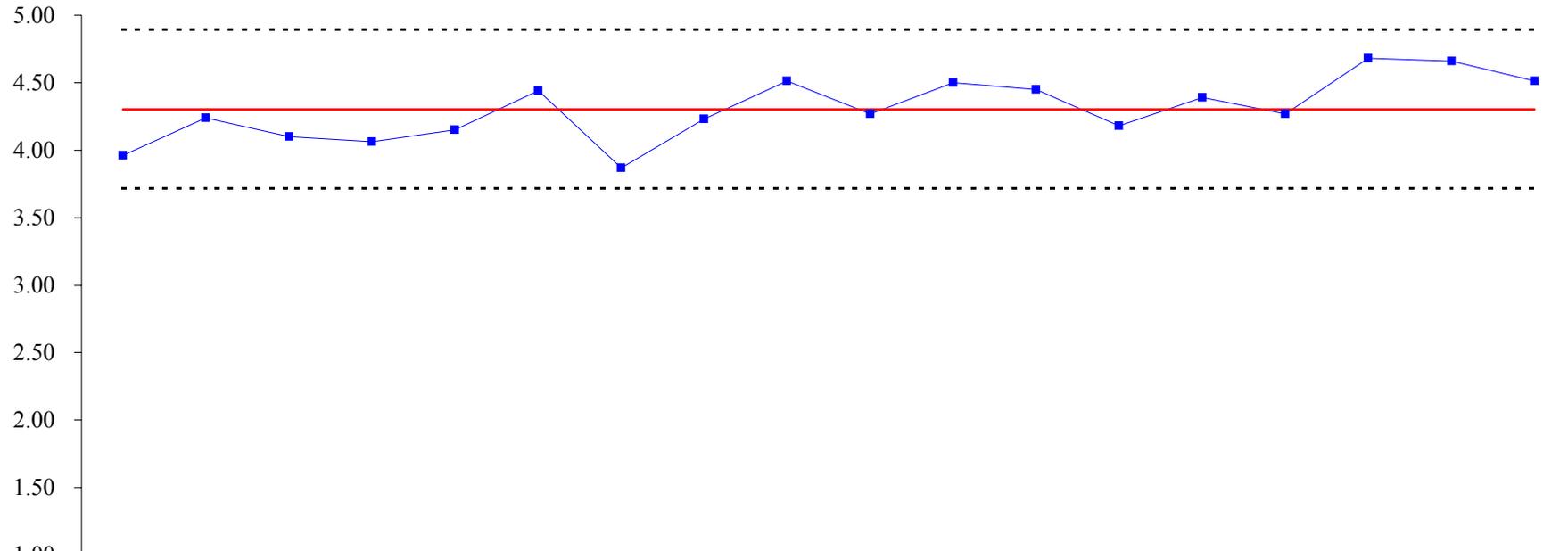


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	4.28	4.15	3.72	3.83	3.98	3.89	3.94	4.04	4.00	3.97	4.18	4.02	3.96	4.02	4.34	4.04	4.10	4.46
Surveys	53	58	44	66	51	12	43	51	40	66	49	18	26	50	7	37	34	30
Discharges	80	86	77	87	88	96	92	86	85	79	108	91	77	94	97	94	90	85
% Sampled	66%	67%	57%	76%	58%	13%	47%	59%	47%	55%	45%	20%	55%	53%	7%	55%	38%	35%
----- UCL	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47	4.47
— Avg	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05
----- LCL	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

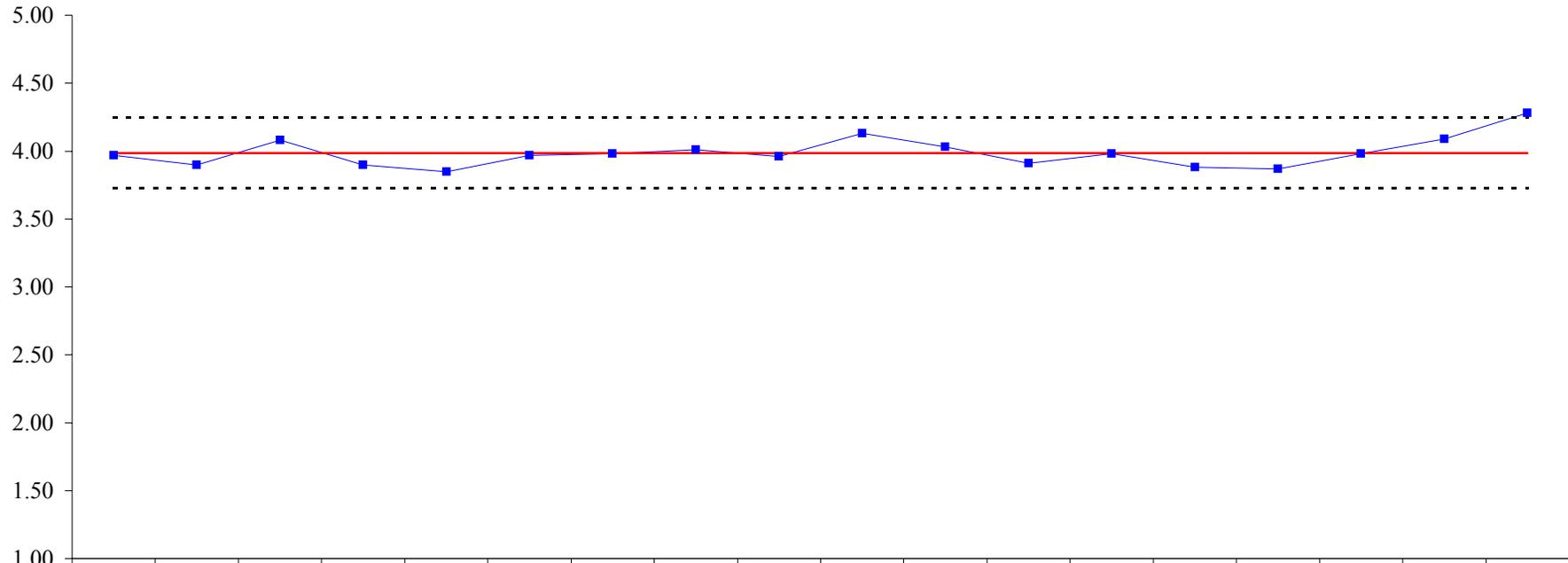


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	3.96	4.24	4.10	4.06	4.15	4.44	3.87	4.23	4.51	4.27	4.50	4.45	4.18	4.39	4.27	4.68	4.66	4.51
Surveys	17	21	13	23	23	19	20	22	16	17	29	16	18	12	24	10	20	23
Discharges	26	23	28	31	30	26	27	26	33	25	39	20	25	19	29	18	26	27
% Sampled	65%	91%	46%	74%	77%	73%	74%	85%	48%	68%	74%	80%	72%	63%	83%	56%	77%	85%
----- UCL	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89	4.89
— Avg	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30
----- LCL	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72

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
(FY2008 Expectation is Average Score ≥ 3.60)

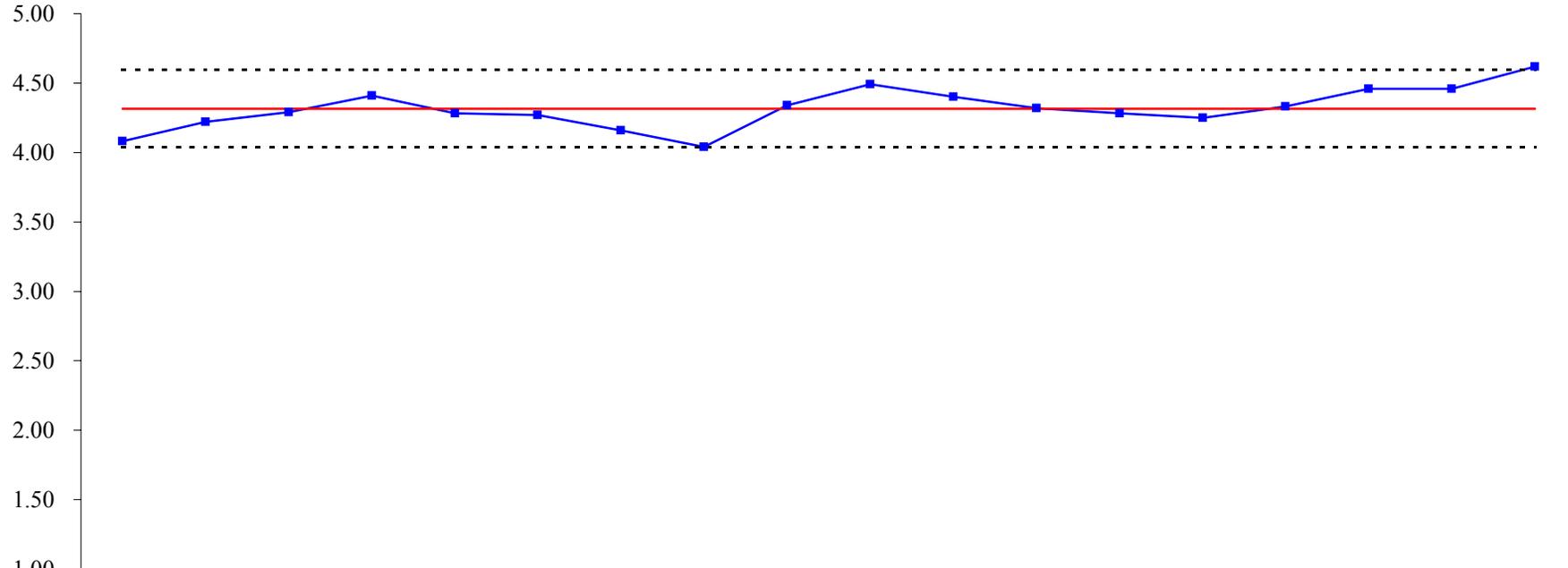


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	3.97	3.90	4.08	3.90	3.85	3.97	3.98	4.01	3.96	4.13	4.03	3.91	3.98	3.88	3.87	3.98	4.09	4.28
Surveys	69	66	56	57	56	54	71	41	49	50	43	33	50	42	37	41	62	54
Discharges	177	182	186	179	182	237	174	195	204	181	185	163	200	200	198	182	229	228
% Sampled	39%	36%	30%	32%	31%	23%	41%	21%	24%	28%	23%	20%	25%	21%	19%	23%	27%	24%
----- UCL	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25
— Avg	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
----- LCL	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73

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

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

Adults & Adolescents will be Satisfied With Care
(FY2008 Expectation is Average Score ≥3.60)

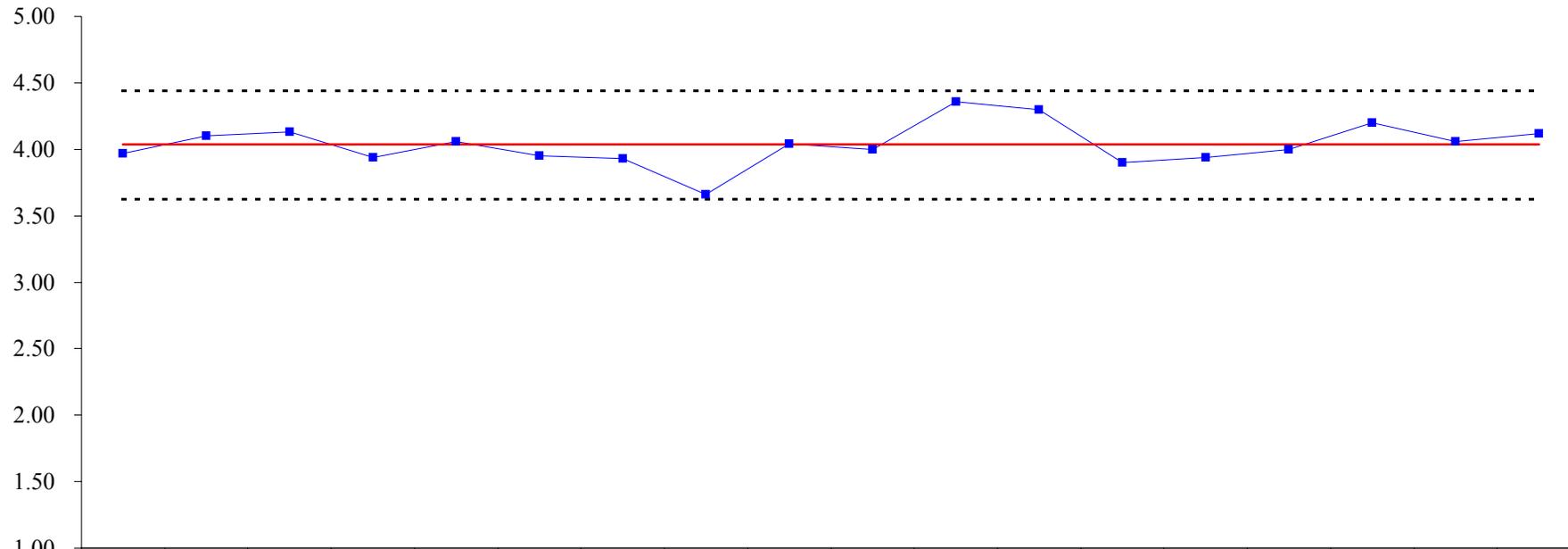


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	4.08	4.22	4.29	4.41	4.28	4.27	4.16	4.04	4.34	4.49	4.40	4.32	4.28	4.25	4.33	4.46	4.46	4.62
Surveys	39	29	33	32	17	35	43	15	14	26	19	40	50	57	63	57	58	47
Discharges	103	84	81	96	70	114	123	104	122	103	97	87	100	94	112	105	117	107
% Sampled	38%	35%	41%	33%	24%	31%	35%	14%	11%	25%	20%	46%	50%	61%	56%	54%	50%	44%
-----UCL	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59
— Avg	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
-----LCL	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

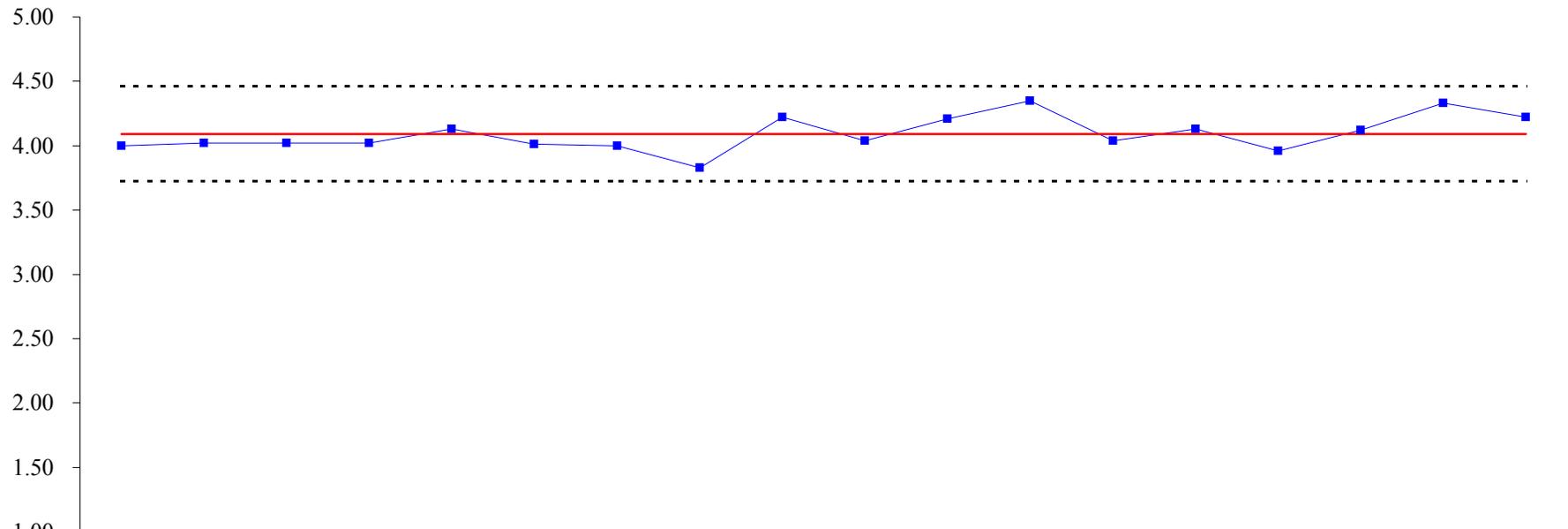


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
Score	3.97	4.10	4.13	3.94	4.06	3.95	3.93	3.66	4.04	4.00	4.36	4.30	3.90	3.94	4.00	4.20	4.06	4.12
Surveys	49	52	70	97	72	86	70	65	91	75	73	72	49	64	40	59	60	81
Discharges	145	106	118	154	145	176	164	149	202	157	168	132	100	152	148	149	163	153
% Sampled	34%	49%	59%	63%	50%	49%	43%	44%	45%	48%	43%	55%	49%	42%	27%	40%	37%	53%
UCL	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44
Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
LCL	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63

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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)

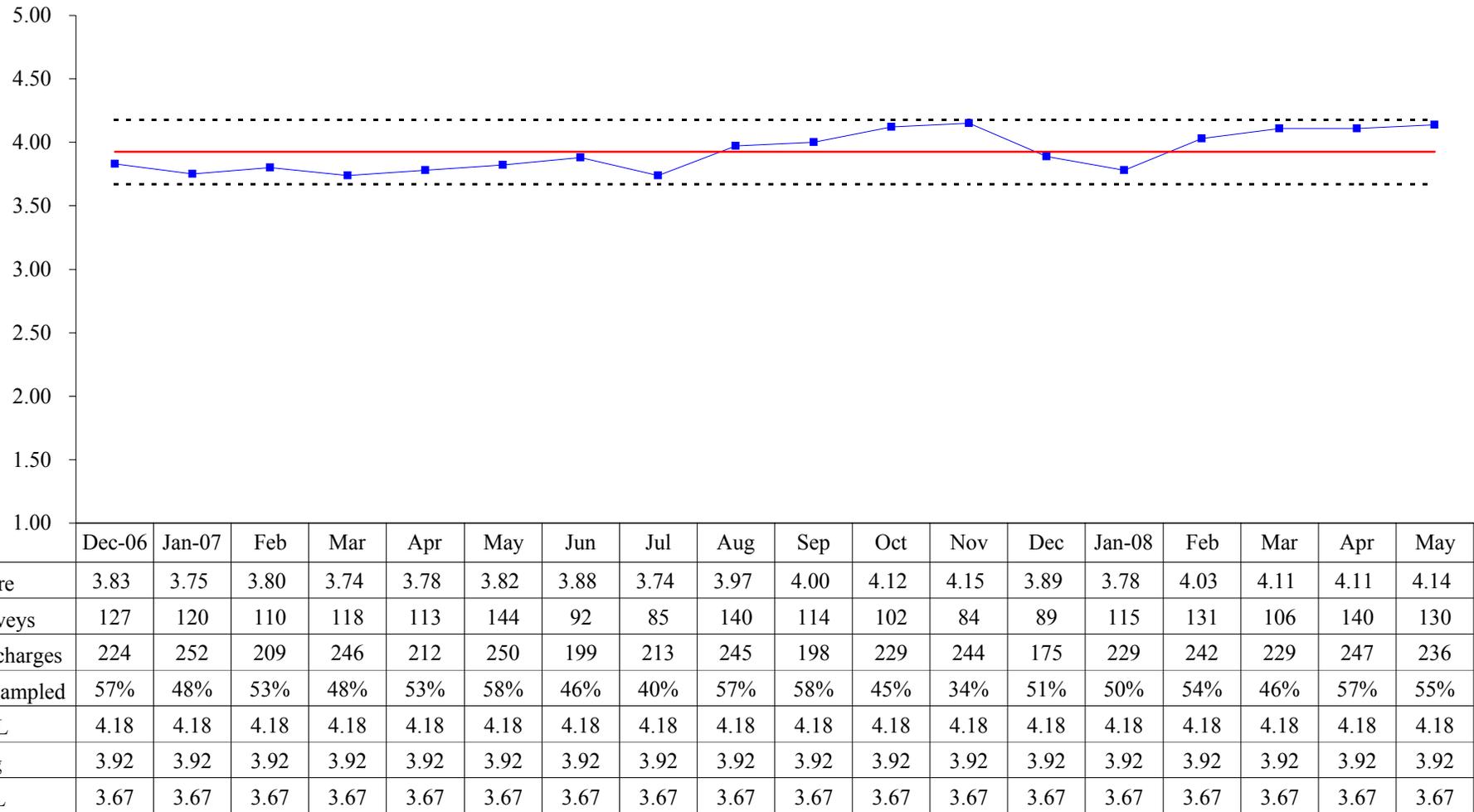


	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May
—■— Score	4.00	4.02	4.02	4.02	4.13	4.01	4.00	3.83	4.22	4.04	4.21	4.35	4.04	4.13	3.96	4.12	4.33	4.22
Surveys	53	50	28	83	118	120	80	63	65	102	27	28	51	58	42	66	69	94
Discharges	182	160	181	222	238	276	216	252	246	232	236	220	198	214	206	196	244	232
% Sampled	29%	31%	15%	37%	50%	43%	37%	25%	26%	44%	11%	13%	26%	27%	20%	34%	28%	41%
..... UCL	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46
———— Avg	4.09	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	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72

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

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

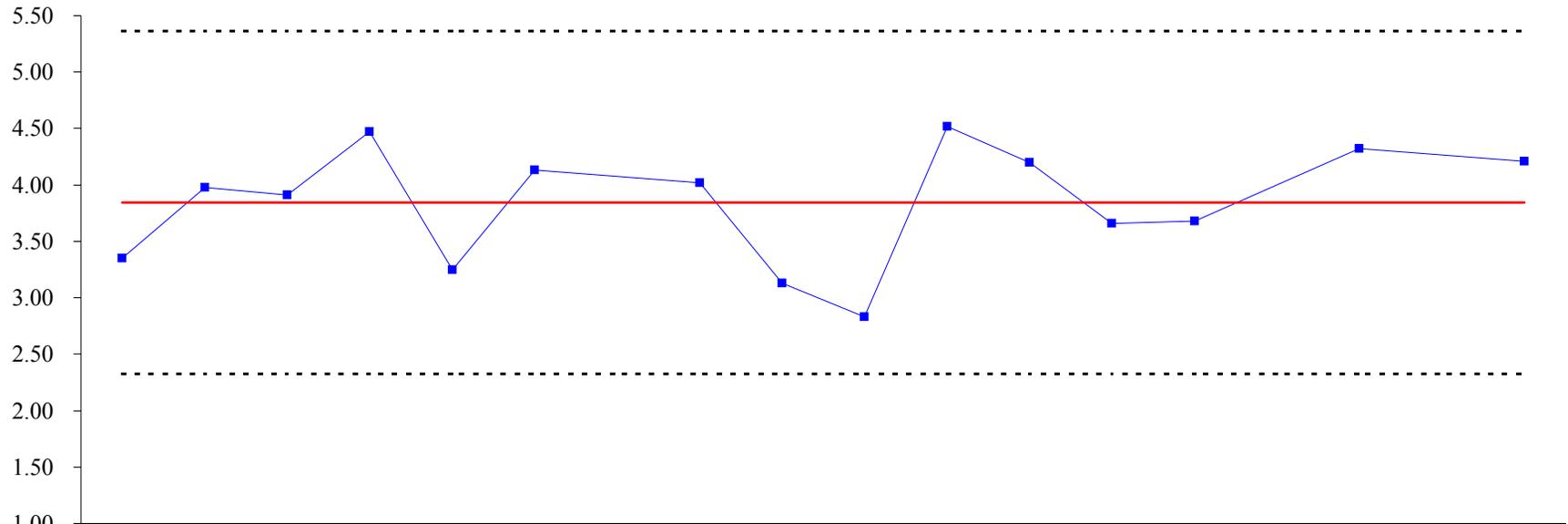
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



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

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

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



	Dec-06	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-08	Feb*	Mar	Apr*	May
—■— Score	3.35	3.98	3.91	4.47	3.25	4.13		4.02	3.13	2.83	4.52	4.20	3.66	3.68		4.32		4.21
Surveys	2	2	8	2	4	2	0	8	4	1	3	2	3	4	0	1	0	3
Discharges	9	9	19	12	10	15	20	16	21	7	11	13	13	17	12	10	11	18
% Sampled	22%	22%	42%	17%	40%	13%	0%	50%	19%	14%	27%	15%	23%	24%	0%	10%	0%	17%
----- UCL	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36	5.36
— 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	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33

*No Survey Done

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

Performance Objective 9F:

Regularly scheduled assessments will be conducted using established criteria and improvement opportunities identified by each state hospital on the Facility Support Performance Indicators.

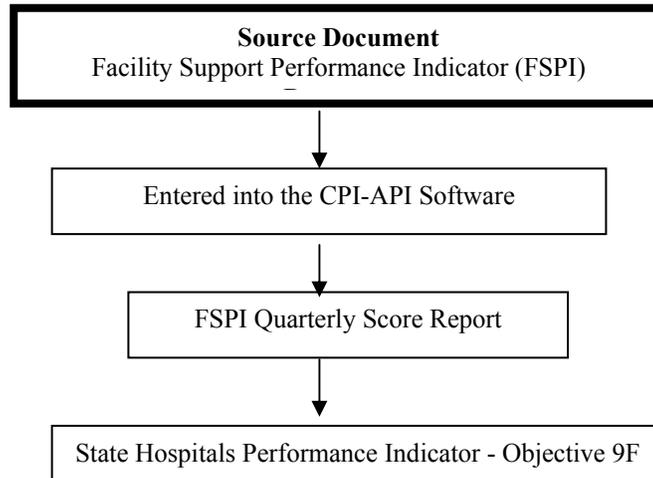
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:

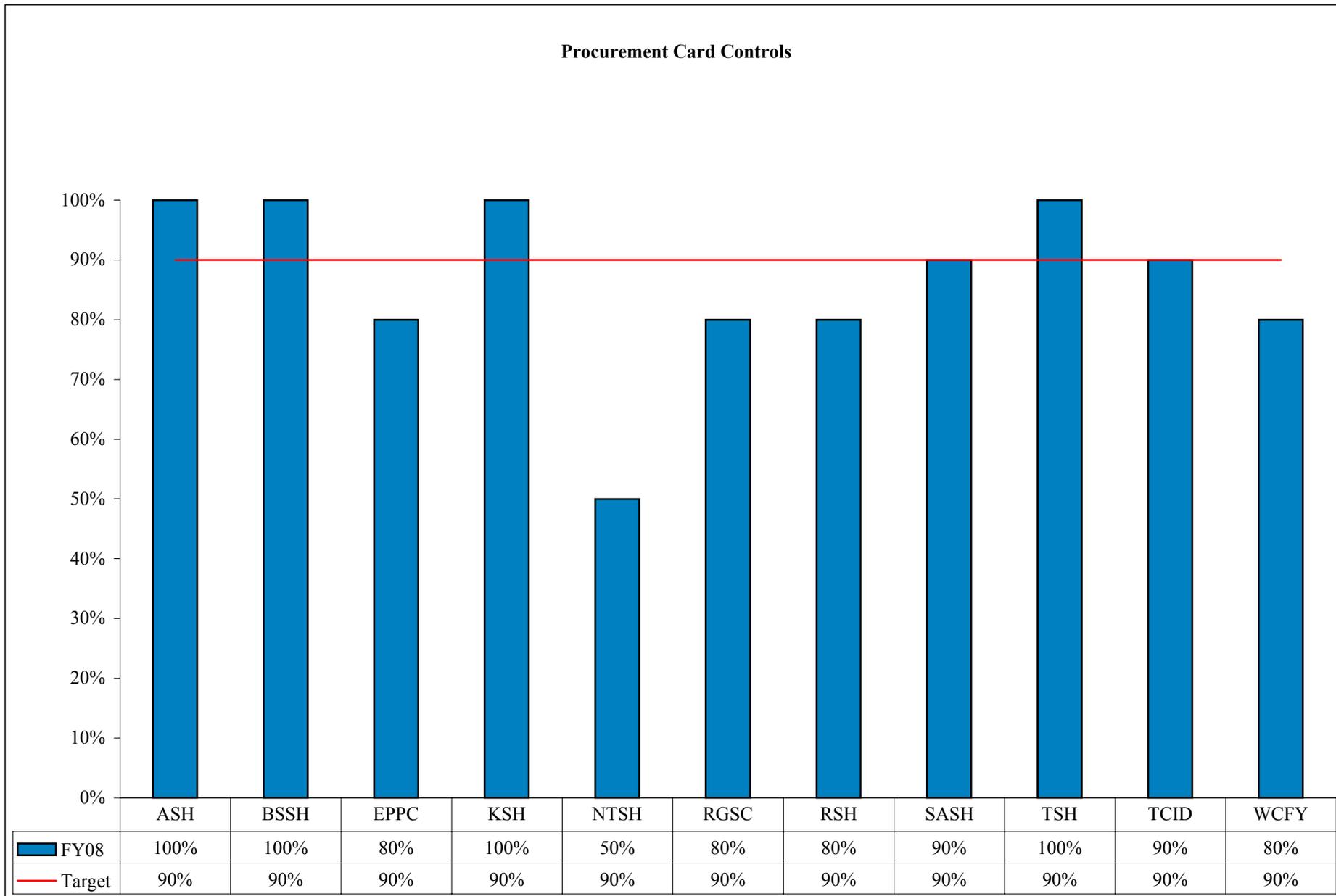


Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2008

	Q1		Q2		Q3	Q4			
	Pharmacy Controls	Medication Room Controls	Competency Training & Development	Facility Contracts Management	Procurement Card Controls	Accounting	Risk Management - Evacuation Planning	CAFM	Risk Management - Lockdown Procedures
Compliance Target	90%	90%	80%	90%	90%				
State Hospital Totals	98%	94%	93%	98%	86%				
Austin State Hospital	100%	100%	92%	90%	100%				
Big Spring State Hospital	100%	100%	92%	100%	100%				
El Paso Psychiatric Center	100%	100%	100%	100%	80%				
Kerrville State Hospital	95%	89%	67%	90%	100%				
North Texas State Hospital	90%	90%	100%	100%	50%				
Rio Grande State Center	100%	100%	92%	100%	80%				
Rusk State Hospital	95%	90%	100%	100%	80%				
San Antonio State Hospital	95%	90%	92%	100%	90%				
Terrell State Hospital	100%	100%	100%	100%	100%				
Texas Center for Infectious Disease	100%	100%	92%	100%	90%				
Waco Center For Youth	100%	75%	92%	100%	80%				

*CF = Contract Facility

Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2008
Procurement Card Controls



Texas Center for Infectious Disease (TCID) Data Sheet - FY08

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

Appendix B - Control Chart Analysis

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

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

Why use control charts?

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

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

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

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

What information does control charts provide?

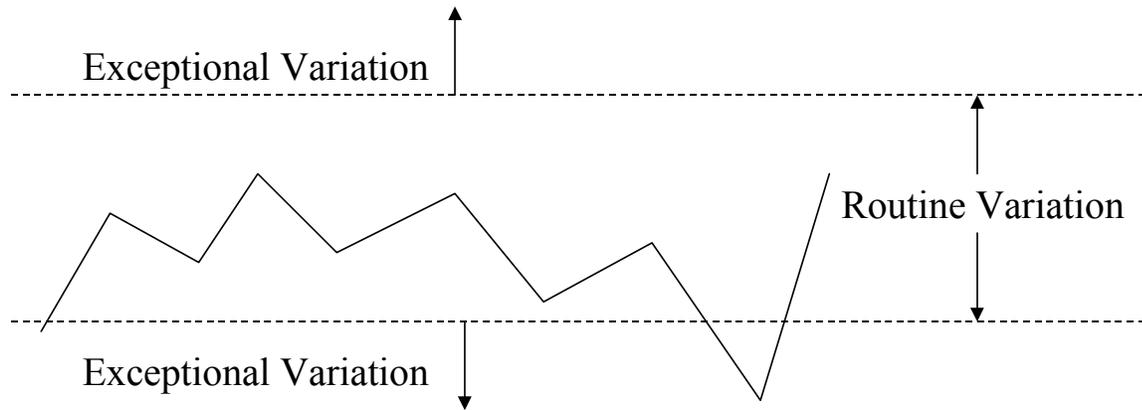
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

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

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

Don Wheeler, Building Continual Improvement.

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



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

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

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

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

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

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

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

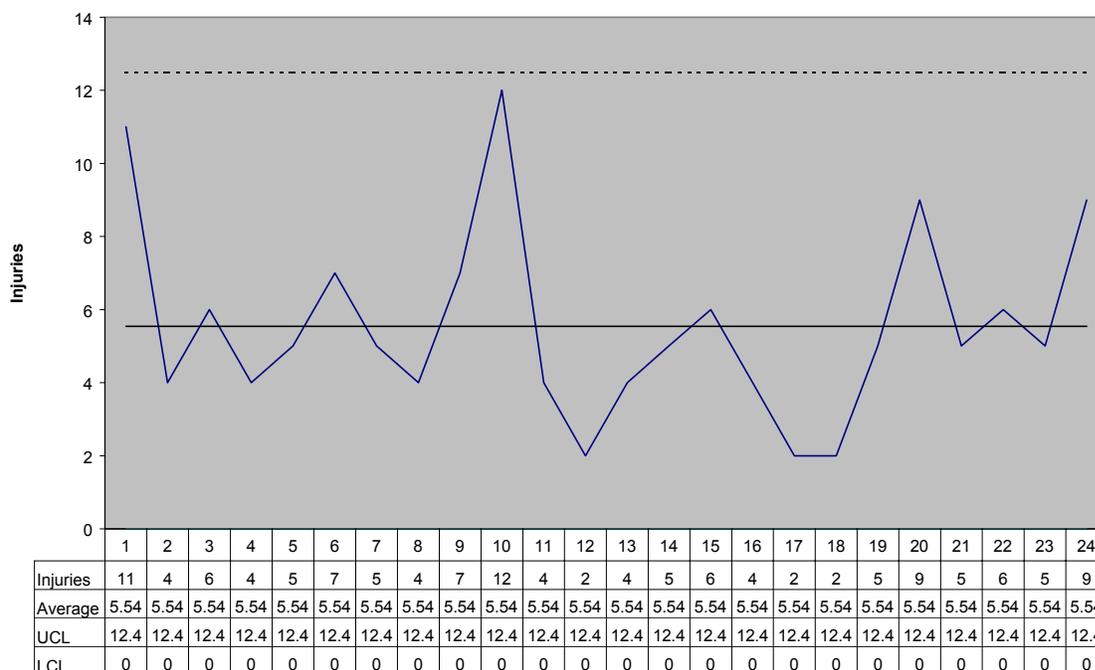
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition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

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

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

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

The XmR Chart for Monthly Injuries



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

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

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

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

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

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

Thus the process behavior chart allows you to:

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

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

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

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

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

Detection Rule Two: Runs Near the Limits

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

Detection Rule Three: Runs About the Central Line

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

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

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

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

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

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

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

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

Reference on Statistical Process Control

- X Carey, RG and Lloyd, RC. Measuring Quality Improvement in Healthcare, A guide to Statistical Process Control Applications, *Quality Resources*, New York 1995
- X Gitlow, H and Gitlow, S. Tools and Methods for the Improvement of Quality, *Richard D. Irwin, Inc.*, Homewood, IL 1989
- X Wheeler, DJ and Chambers, DS. Understanding Statistical Process Control, *SPC Press*, Knoxville, Tennessee 1992
- X Wheeler, DJ and Poling SR. Building Continual Improvement: A Guide for Business. *SPC Press*, Knoxville, Tennessee 1998
- X Grant, EL and Leavenworth, RS. Statistical Quality Control, *McGraw-Hill Book Company*, New York 1980
- X Montgomery, DC. Introduction to Statistical Quality Control, *John Wiley & Sons*, New York 1991
- X Pitt, Hy. SPC for the Rest of Us - A Personal Path to Statistical Process Control, *Addison-Wesley Publishing Company* 1994
- X Finison, LJ, Finison, KS, and Bliersbach CM. The Use of Control Charts to Improve Healthcare Quality, *Journal of Health Quality*, Vol. 15, No. 1, 9-23, January/February 1993
- X Woodall, WH. Control Charts Based on Attribute Data: Bibliography and Review, *Journal of Quality Technology*, Vol. 29, No. 2, 172-183, April 1997
- X Sellick, Jr., JA. □The Use of Statistical Process Control Charts in Hospital Epidemiology,□ *Infection Control and Hospital Epidemiology*, Vol. 14, No. 11, 649-656, 1993