Health and Human Services Commission
Department of State Health Services
State Hospitals Section
Mission, Vision, Goals and 2007 Work Plan

Statewide Performance Indicators
3rd Quarter FY 2007

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Hospital Management Data Services

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THE MISSION OF TEXAS STATE GOVERNMENT

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

HHS SYSTEM MISSION

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

HHS SYSTEM PHILOSOPHY

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

> Every person, regardless of income, race, ethnicity, physical or mental limitations, gender, religion or age, is entitled to dignity, independence and request,
>
> Texans deserve openness, fairness and the highest ethical standards from us, their public servants,
>
> Taxpayers and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability,
>
> We work in partnership with lawmakers, agency personnel, customers, service providers and the public to continually improve the quality of our service.

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

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

Promote and protect good health:

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

Achieve economic self-sufficiency:

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

Ensure safety and dignity:

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

HEALTH AND HUMAN SERVICES COMMISSION

VISION

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

MISSION

The mission of the 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.

DEPARTMENT OF STATE HEALTH SERVICES

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.

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

In addition, H.B. 2292 provides 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).

STATE DSHS 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.

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.
Reported Annually to the LBB. *******

Percent of cases of tuberculosis treated at TCID as inpatients, in which the patients are treated to cure.
Reported Quarterly to the LBB.

Output Measures:

Average daily census of state mental health hospitals.
Reported Quarterly to the LBB. *******

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

Number of admissions to state hospitals.
Reported Quarterly to the LBB.

Number of Inpatient days at TCID.
Reported Quarterly to the LBB.

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

Average Length of Stay, TCID.
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. ***Reported Quarterly to the LBB. ****

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

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

WE WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

HOW DO WE KNOW WE ARE PROVIDING QUALITY SERVICES?

We Ask Our Customers	We Maintain Accreditation and Certification	We Identify Key Functions of State Mental Health Facilities and Establish Measurable Performance Indicators	Priority Focus Areas	We Maintain A Qualified and Diverse Workforce
- 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	- Medicare - JCAHO - Medicaid - ICF/MR - CAP - Agency clinical & administrative performance indicator compliance	**Patient-Focused Functions** A1 Rights of Patients & Organizational Ethics A2 Provision of Care A3 Continuity of Care A4 Medication Management A5 Surveillance, Prevention & Control of Infection **Organizational Functions** B1 Leadership B2 Management of Information B3 Management of Human Resources B4 Management of Environment B5 Improving Organizational Performance Through Customer Satisfaction **Structures with Functions** C1 Medical Staff C2 Nursing	-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	**We assess competence** *Skills/Job Professional & Cultural **We assess Performance** *We grant clinical privileges *We set expectations for education & training & ensure this continuing knowledge acquisition process *We implement strategies to ensure our workforce is -recognized -treated -rewarded in a manner that reflects a commitment to valuing workforce diversity

STATE HOSPITAL SECTION
FY 2007 MANAGEMENT PLAN

The State Hospitals Section FY 2007 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 Indicators" are prepared by the Office of Quality Management Data Services of the State Hospitals Section.

HEALTH & HUMAN SERVICES COMMISSION
DEPARTMENT STATE HEALTH SERVICES MENTAL HEALTH AND 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 governing body 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, as well as, information and support systems, recruiting and maintaining appropriately trained staff, conserving physical and financial assets, and, maximizing reimbursement potential.

Performance Objectives: **Key Functions**

A. Guidelines for the state hospital's annual planning process for FY 2008 will be presented at the December meeting of The Executive Committee of the Governing Body Meeting. ***B1***

B. **EACH STATE HOSPITAL WILL MONITOR OUTSIDE MEDICAL COSTS USING THE OUTSIDE MEDICAL COST WEB DATABASE AND REPORT FINDINGS TO THE GOVERNING BODY.** ***B1***

C. **STATE HOSPITALS WILL MAINTAIN JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION (JCAHO) ACCREDITATION, MEDICARE CERTIFICATION, INSTITUTE OF MENTAL DISEASES (IMD) CERTIFICATION (where appropriate) AND INTERMEDIATE CARE FACILITY-MENTAL RETARDATION (ICF/MR) CERTIFICATION (where appropriate) DURING FY 2007.** ***B1***

D. **FY 2007 RENVENUE 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***

E. The State Mental Health Hospitals Section will update the Funding Methodology which identifies the relationship between the State MH Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2007. ***B1***

F. **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***

G. The State Hospitals FY 08 Governing Body Bylaws Template will be revised and approved by August 1, 2007. ***B1***

H. **Each State Hospital will analyze integrated safety programs according to JCAHO standards and state regulatory requirements and report annually to the Governing Body.** ***B1***

I. **Each State Hospital will monitor and report average patient flow by documenting the time of arrival and comparing it against the time of admission (time the admission order is written).** ***B1***

J. **State Hospital's will submit census reports to the State Hospital Section Office, daily, Monday through Friday, for collection and analysis of impact on the Over Capacity Plan.** ***B1***

K. Memorandum of Understanding will be entered into with the Health and Human Services Commission and the Department of Aging and Disability Services for the continued provision of facility support services. ***B1***

L. The Forensic Committee will update the Forensic Plan to include development of performance measures for implementation, no later than FY 2008. ***B1***

M**. MH Hospital's will maintain compliance with "Forensic Standards and Curriculum Workgroup Final Report and Recommendations" pertaining to trial competency restoration curriculum and dangerousness risk assessment.** ***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 ON A QUARTERLY BASIS.** ***B1***

D. **Number of Inpatient days at TCID will be calculated and reported on a quarterly basis.** ***B1***

E. **South Texas Healthcare System (STHCS) average cost of outpatient visits will be calculated and reported on a quarterly basis.** ***B1***

F. **Texas Center for Infectious Disease (TCID) contract cost will be calculated and reported on a quarterly basis.** ***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 JCAHO 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 improvement. ***A1***

C. **Each State Hospital will analyze Patient Satisfaction Surveys and patient rights categories.** ***A1***

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. **The Restraint and Seclusion Reduction Workgroup of the Clinical Oversight Committee (COC) will conduct a restraint and seclusion reduction conference during FY 07.** ***A1,A2***

B. **EACH STATE HOSPITAL WILL USE THE STANDARDIZED DEFINITIONS FOR TRACKING EPISODES OF RESTRAINTS AND SECLUSION IN THEIR REDUCTION EFFORTS.** ***A1,A2***

C. **THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT WILL BE UTILIZED TO ASSURE THE CORRECT IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN IT IS NECESSARY TO UTILIZE THESE PROCEDURES.** ***A2***

D. **Each State Hospital will analyze data on patients to assess the medical risks, to include Body Mass Index (BMI), at the time of admission and discharge and every 90 days in between and report findings to the Governing Body.** ***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. **Each State Hospital will implement at least one initiative related to promoting patient wellness and a healthy lifestyle.** ***A2***

G. During FY 2007 a new reporting methodology for treatment outcomes will be developed that will substitute TIMA scales for BPRS. ***A2***

Performance Measures: **Key Functions**

A. Global Assessment of Functions (GAF):

IMPROVEMENT IN PATIENT TREATMENT OUTCOMES IN STATE MH HOSPITALS WILL BE ANALYZED BY SHOWING: ***A2***

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

- **THE PERCENT OF PATIENTS RECEVIING INPATIENT SERVICES WHOSE GAF SCORE STABLIZED.** ***A2***

B. **Percentages of patients treated to cure calculated and reported by TCID.** ***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, misuse, monitoring medication management processes, standardizing equipment and processes associated with medication management and handling all medication in the same manner.

Performance Objectives: **Key Functions**

A. **Each State Hospital will ensure compliance with NPSG 8B that patients are given a list of medications at the time of discharge from the hospital.** ***A4***

B. **EACH STATE HOSPITAL WILL HAVE A PROCESS IN PLACE TO IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS AND REPORT TO THE GOVERNING BODY.** ***A4***

C. TCID and SASH will have a consolidated pharmacy system no later than December 31, 2006. ***A4***

Performance Measure: **Key Functions**

A. **THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTICS MEDICATION WILL BE TRACKED AND ANALYZED QUARTERLY.** ***B4***

B. **THE COST OF ANTIPSYCHOTIC MEDICATIONS WILL BE TRACKED AND ANALYZED QUARTERLY** ***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. 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. State Hospitals section will pursue potential agreement with DADS to ensure costs of care for consignment patients is covered, which may include providing contracted consulting services for medication management to the clients when they remain in the state school system. ***A3***

C. **Each State Mental Health Hospital will maintain a current Utilization Management Agreement for all civil beds with their Local Mental Health Authorities.** ***A3***

D. **At the end of each quarter, patients having been in the State Mental Health Hospital over 365 days, will be identified by five categories:**

1. **need continued hospitalization, (civil);**
2. **need continued hospitalization, (forensic);**
3. **accepted for placement;**
4. **barrier to placement, and;**
5. **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 4. This plan should be developed within 30 days after being identified. The progress of placements from category 4 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 ON A QUARTERLY BASIS.** ***A3***

B. **PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY WILL BE CALCULATED ON A QUARTERLY BASIS.**

- **7 days or less,**
- **8 to 30 days,**
- **31 to 90 days**
- **greater than 90 days** ***A3***

C. **Number of admissions, the total number of patients admitted for inpatient care and treatment at TCID will be calculated on a quarterly basis.** ***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, functioning 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 FY 2007 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 .89 PER 1000 BED DAYS.** ***B4***

D. **According to National Patient Safety Goal #7A, State Hospital ICP's will monitor facility compliance with centers for disease control (CDC) hand hygiene guidelines and report compliance to State Hospital Section Governing Body through the tracer methodology.** ***B4***

E. **THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT FOR FY 07 WILL NOT EXCEED .49 PER 1000 BED DAYS** ***B4***

F. **EMPLOYEES INJURED DURING RESTRAINT OR SECLUSION WILL NOT EXCEED .87 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS IN FY 2007.** ***B4***

G. **THE RATE OF UNAUTHORIZED DEPARTURES WILL NOT EXCEED .36 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS DURING FY 2007.** ***B4***

H. **According to the National Patient Safety Goal 9B, each state hospital will evaluate the effectiveness of the fall reduction program.** ***B4***

I. **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. **State Hospital infection control practitioners (ICP) will collect and compare data on facility healthcare associated infection rates.** ***B4***

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

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

C. **Each hospital will monitor and assess influenza immunizations for staff and patients and pneumoncoccal immunizations for identified patient population.** ***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 new Data Integrity Review (DIR) focus and submit to Executive Committee of Governing Body in FY 07, no later than October 31, 2006. ***B2***

B. Review and renew, Health and Human Services Commission (HHSC) information Technology (IT) Service Level Agreements, no later than August 31, 2006. ***B2***

C. Review and renew, Department of State Health Services (DSHS) IT Service Level Agreements, no later than August 31, 2007. ***B2***

D. Ensure complete WORx functionality, specifically:

- WORx PO Module not later than January 1, 2007
- On-Line Adjudication for Medicare Part D not later than January 1, 2007 ***B2***

E. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than August 31, 2007. ***B2***

F. Upgrade CRS to RAD Plus 2004, not later than November 30, 2006 ***B2***

G. Upgrade CRS to RAD Plus 2006, not later than August 31, 2007. ***B2***

H. Implement Avatar PM at TCID, not later than December 1, 2006. ***B2***

I. Implement Avatar CWS at TCID, not later than April 1, 2007. ***B2***

J. Complete CRS High Availability (server), not later than March 31, 2007 ***B2***

K. Complete CRS High Availability (LAN), not later than March 31, 2007. ***B2***

L. Complete video-conferencing installation, not later than January 1, 2007. ***B2***

M. **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***

N. **State hospitals will ensure increased end user satisfaction with CWS by having at least one staff member who can generate crystal reports based on hospital's identified needs.** ***B2***

O. CWS policy manual will be completed by CWS workgroup no later than December 31, 2006. ***B2***

P. **Each hospital will develop an emergency contingency plan to have CWS available during an emergency, as long as possible.** ***B2***

Q. **State Mental Health Hospitals will report WORx downtime.** ***B2***

R. **State Mental Health Hospitals will expand the use of interactive video for civil and forensic commitment processes.** ***B2***

S. State Mental Health Hospitals Forensic Committee will develop specialized forensic evaluations/reports in CWS (e.g., competency evaluation, dangerousness risk assessment, etc.) ***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 includes 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 REQUIRED TRAINING AT ALL TIMES.** ***B3***

B. State Hospitals Section will submit a request to HHSC to provide all hospitals with a report on the status of performance evaluations. ***B3***

Performance Measures:

A. **"STAFF TURNOVER" RATES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED QUARTERLY.** ***B3***

B. **NUMBER OF STATEWIDE VACANCIES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED QUARTERLY.** ***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 Functions**

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.** ***B6***

C. Hospitals will monitor and evaluate the JCAHO areas related to emergency management, human resources management 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. ***B6***

D. **Hospitals will do a minimum of one patient tracer for each treatment team. Data are 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.** ***B6***

E. CPIC will evaluate the FY 2007 CPI Plan by June 2007 and incorporate recommendations into the CPI Plan for FY 2008. ***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***

GOAL 1: Provide Leadership

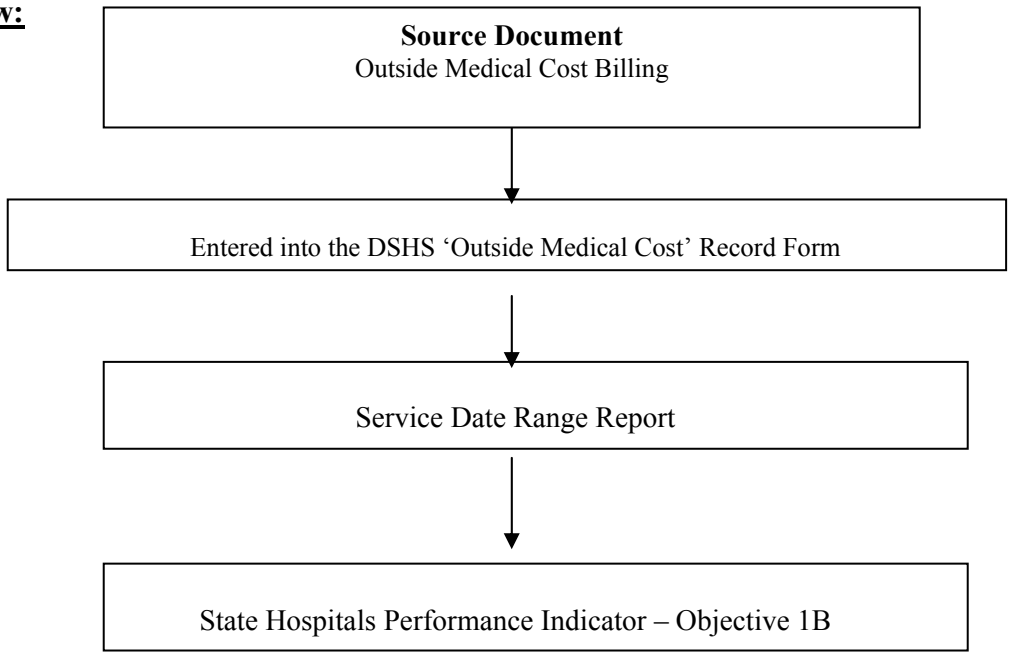
Performance Objective 1B:

Each state hospital will monitor outside medical costs 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:



Data Integrity Review Process:
N/A

Objective 1B - Outside Medical Cost
All State Hospitals

Outside Medical Cost - FY 2007

Facility	Q1	Q2	Q3	Q4	FYTD
ASH	$162,171	$90,509	$130,046		$382,726
BSSH	$18,189	$101,593	$95,986		$215,767
EPPC	$35,737	$34,424	$25,552		$95,713
KSH	$133,334	$239,840	$149,246		$522,420
NTSH	$362,855	$360,014	$346,914		$1,069,783
RGSC	$46,902	$23,419	$25,736		$96,058
RSH	$514,858	$387,447	$559,520		$1,461,825
SASH	$9,427				$9,427
TSH					
WCFY	$18,404	$11,955	$19,686		$50,044
STHCS	$0	$700			$700
TCID					
All SH	**$1,301,877**	**$1,249,900**	**$1,352,686**		**$3,904,464**

Chart: Hospital Management Data Services

Source: Outside Medical ExpenseDatabase

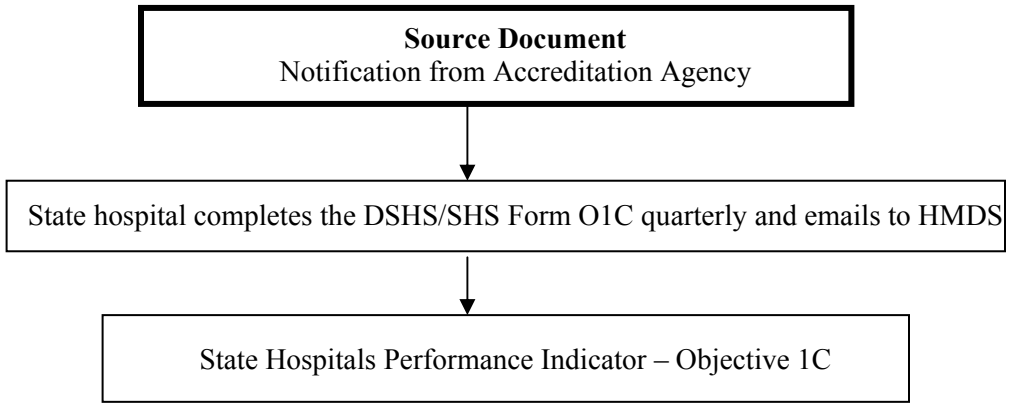
Performance Objective 1C:

State hospitals will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification (where appropriate) and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2007.

Performance Objective Operational Definition: The state hospital's current status in JCAHO accreditation, Medicare certification (based on the last Medicare-related survey [TDH or CMS]), ICF-MR certification, and IMD review.

Performance Objective Data Display and Chart Description:
Table shows the date, grid score and year accredited by JCAHO; 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:



Data Integrity Review Process:
N/A

Objective 1C - Maintain Accreditation and Certifications
(As of May 31, 2007)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
JC Accreditation											
Date of accreditation:	Jul-06	Mar-06	Nov-06	Oct-06	Mar-04	Mar-05	Jan-07	Apr-07	Dec-06	Apr-07	Jul-04
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY07	1	0	0	0	2	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	23	48	100	27	172	208	72	94	N/A
No. of Complaint Visits for Q3	2	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	3	0	0	1	1	1	1	0	0	1	N/A
Date of CMS On-Site Survey		Jan-02		Feb-07	Jun-98			Jan-06		Sep-96	
Date of last IMD Review:	Apr-06	Jul-05	N/A	Dec-05	Aug-06	N/A	Oct-05	Nov-05	N/A	Jun-06	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	N/A	44	N/A
Date of TVFC Audit:**											Oct-06
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-06	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

*Geriatric-certified/Medicare beds (these beds are included in the total certified medicare bed numbers)
**Texas Vaccines For Children Audit applies to WCFY only.

Performance Objective 1D:

FY2007 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.

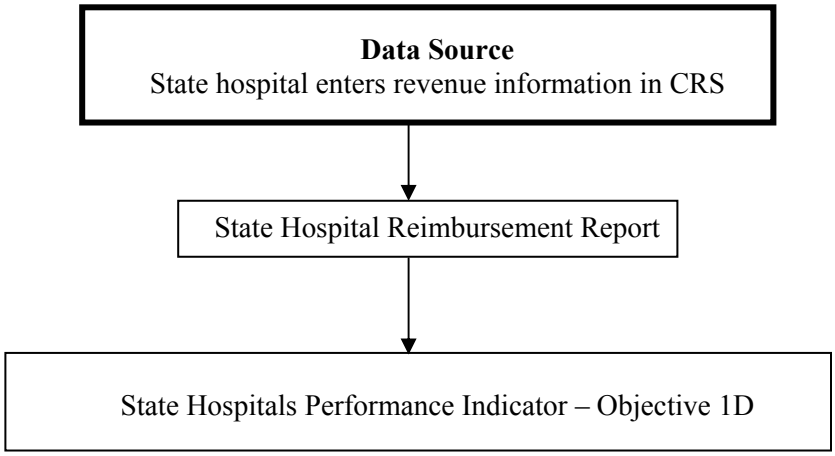
Performance Objective Operational Definition: The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

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:



Data Integrity Review Process:

N/A

Objective 1D - FY 2007 Revenue Estimates
All State Hospitals
Monthly Medicare Estimate

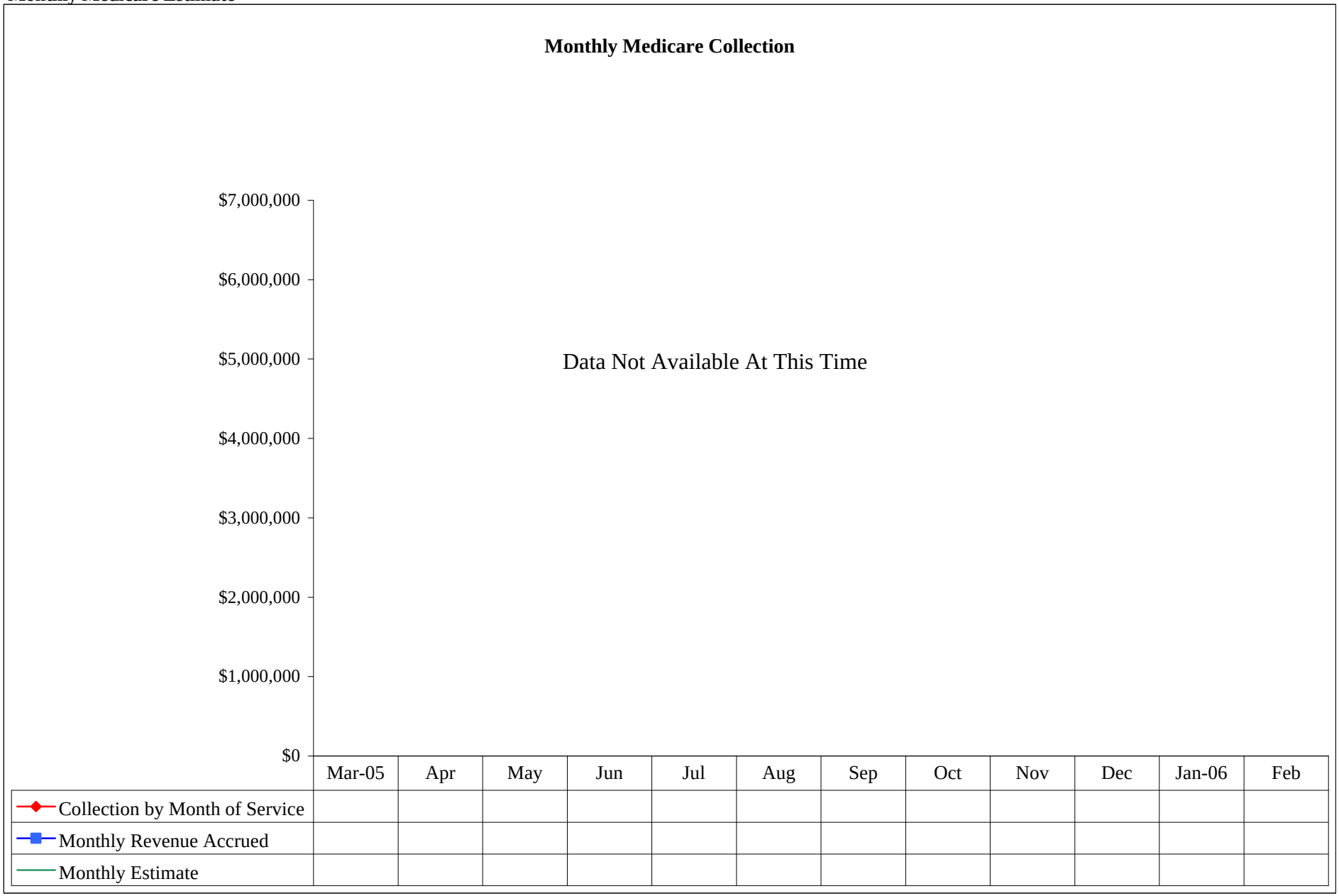


Chart: Hospital Management Data Services

Source: MH Monthly Reimbursement Report

Performance Objective 1F:

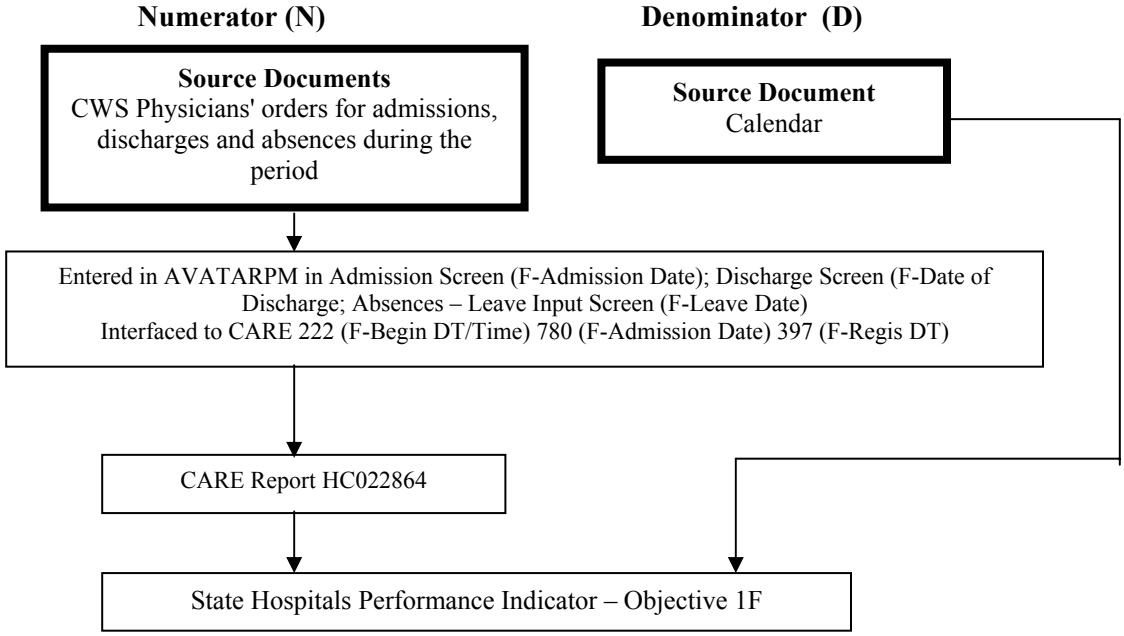
Each state hospital-inpatient services will operate a projected General Revenue ADC and Third Party ADC within the funds that are allocated and projected.

Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC for FY07. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC.

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:

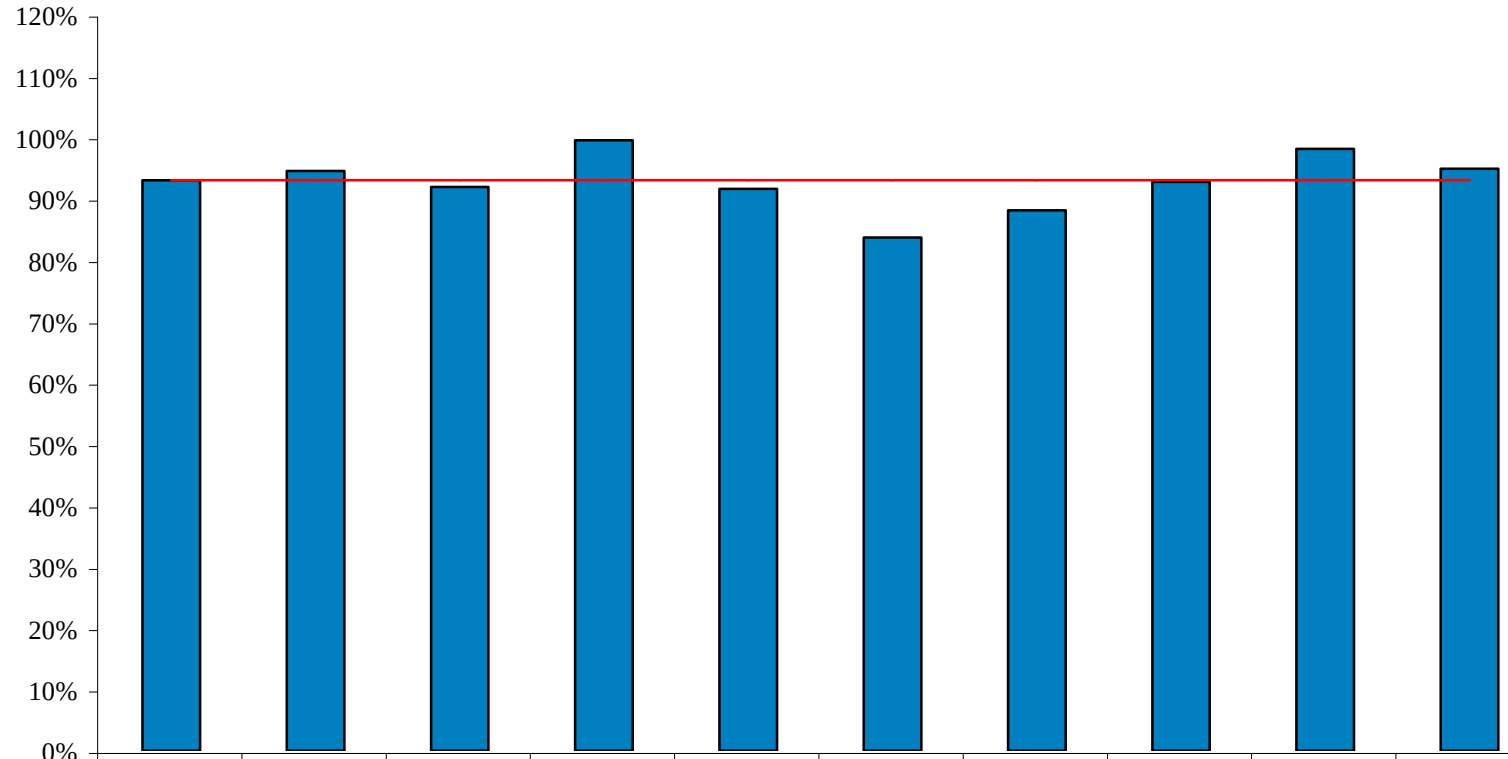


Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. **Note:** Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record on the Physician's Order.
Sample Size	Review of 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/HMDS Report	Summary of review including findings and data analysis.

Objective 1F & Measure 1C - Average Daily Census
All State Hospitals -As of May 31, 2007

Average Daily Census As Percent of Adjusted Funded Census
FY 2007

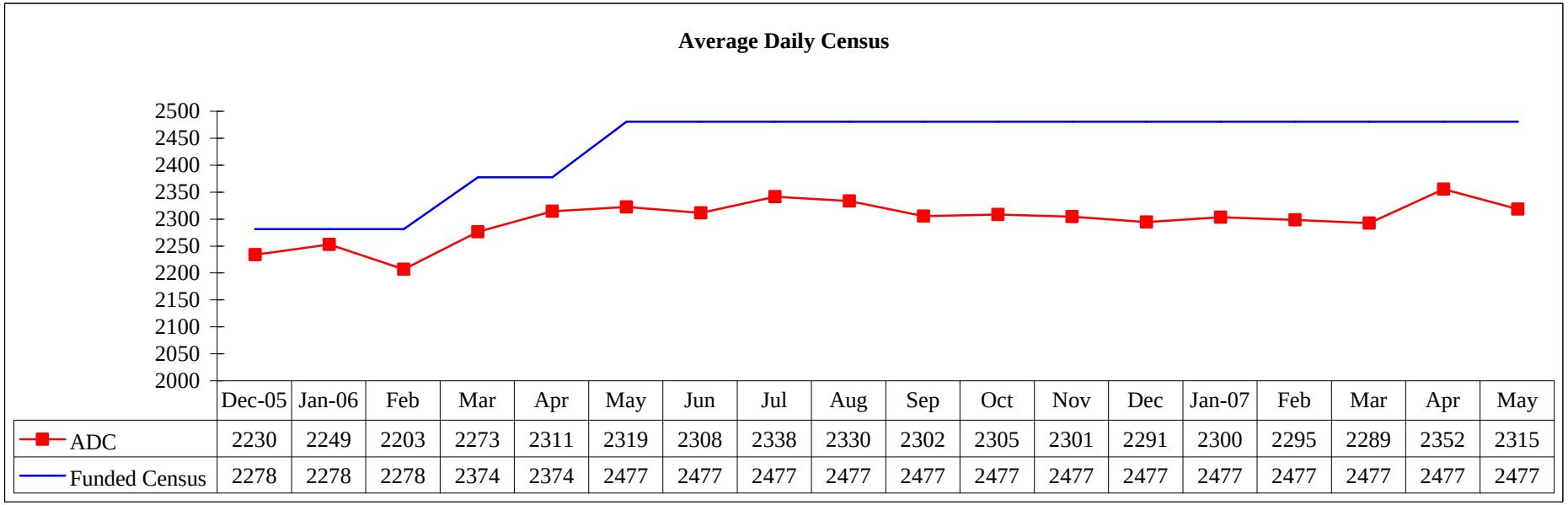


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	93%	95%	92%	100%	92%	84%	88%	93%	98%	95%
ADC	278	189	68	201	564	46	295	280	310	74
Funded Census	299	200	74	202	616	55	335	302	316	78
All State Hospitals	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

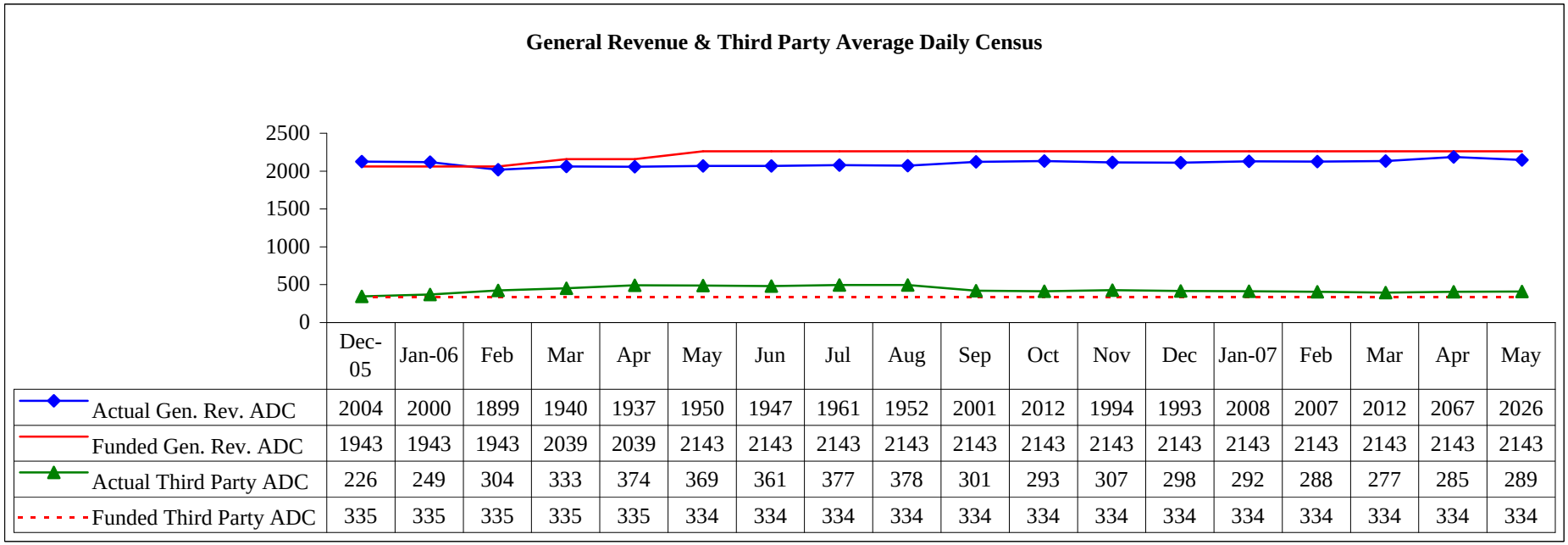
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	2230	2249	2203	2273	2311	2319	2308	2338	2330	2302	2305	2301	2291	2300	2295	2289	2352	2315
Funded Census	2278	2278	2278	2374	2374	2477	2477	2477	2477	2477	2477	2477	2477	2477	2477	2477	2477	2477

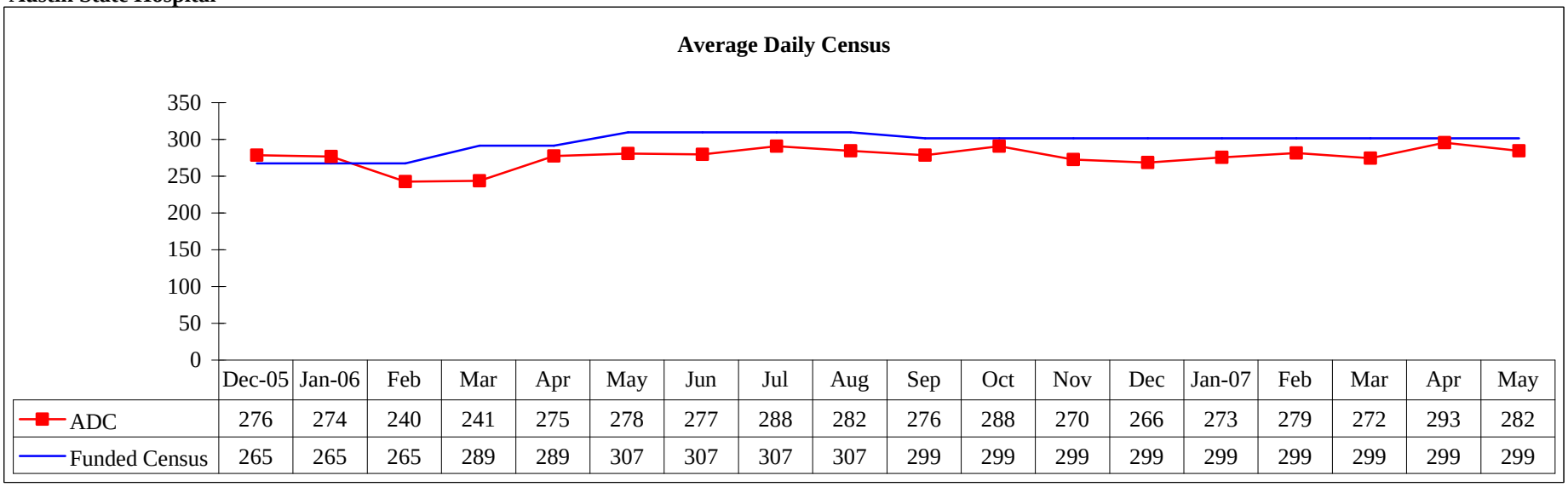


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	2004	2000	1899	1940	1937	1950	1947	1961	1952	2001	2012	1994	1993	2008	2007	2012	2067	2026
Funded Gen. Rev. ADC	1943	1943	1943	2039	2039	2143	2143	2143	2143	2143	2143	2143	2143	2143	2143	2143	2143	2143
Actual Third Party ADC	226	249	304	333	374	369	361	377	378	301	293	307	298	292	288	277	285	289
Funded Third Party ADC	335	335	335	335	335	334	334	334	334	334	334	334	334	334	334	334	334	334

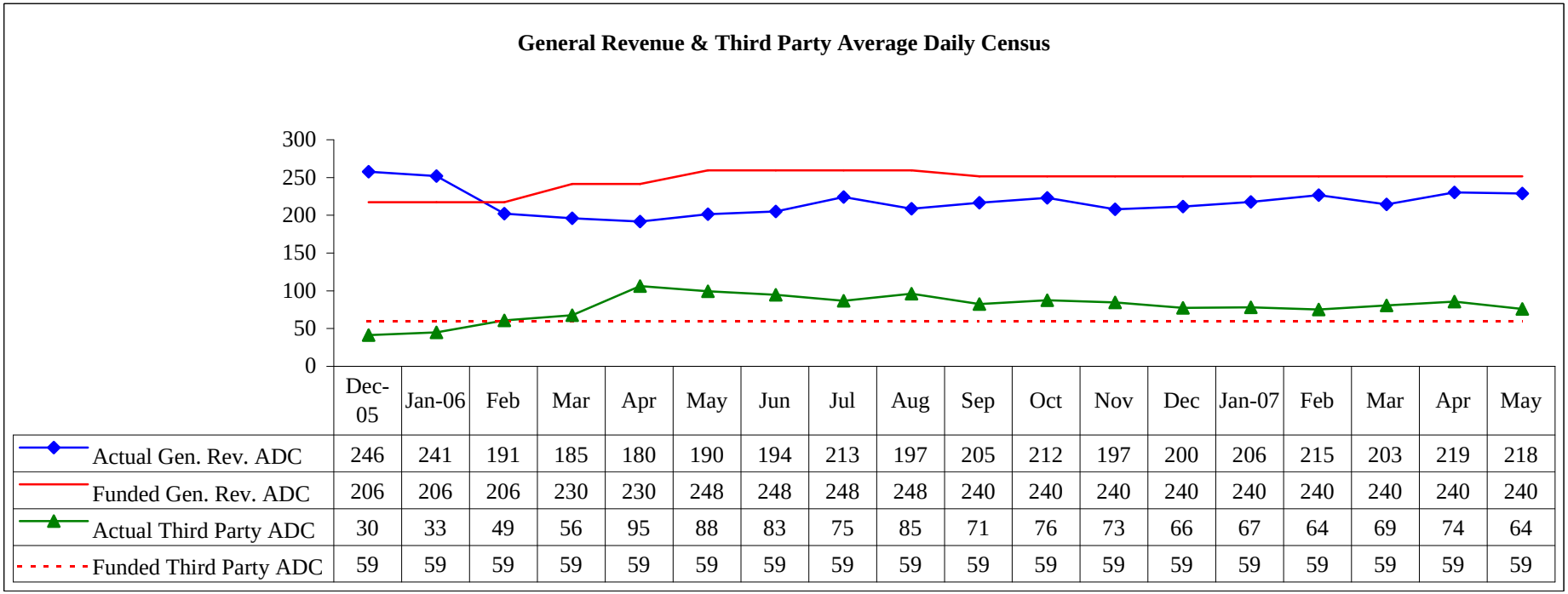
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	276	274	240	241	275	278	277	288	282	276	288	270	266	273	279	272	293	282
Funded Census	265	265	265	289	289	307	307	307	307	299	299	299	299	299	299	299	299	299



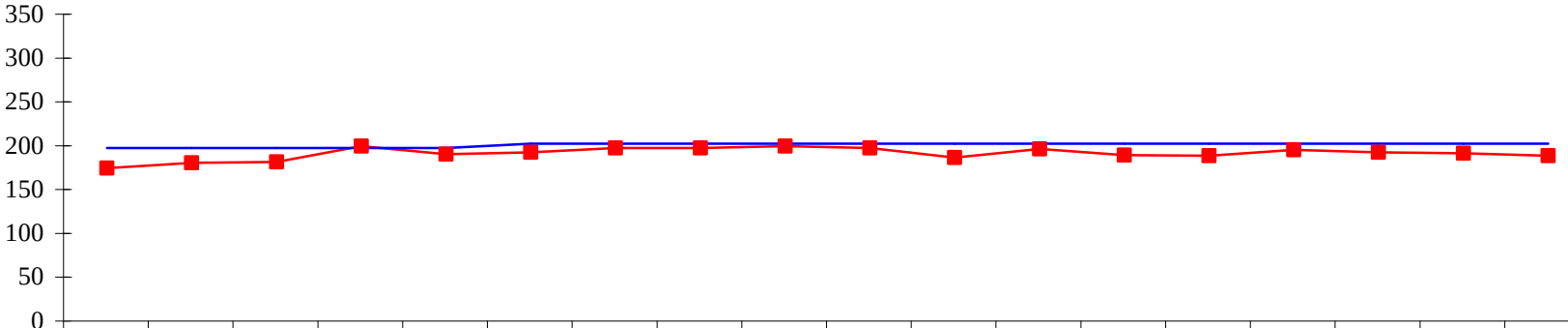
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	246	241	191	185	180	190	194	213	197	205	212	197	200	206	215	203	219	218
Funded Gen. Rev. ADC	206	206	206	230	230	248	248	248	248	240	240	240	240	240	240	240	240	240
Actual Third Party ADC	30	33	49	56	95	88	83	75	85	71	76	73	66	67	64	69	74	64
Funded Third Party ADC	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59	59

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

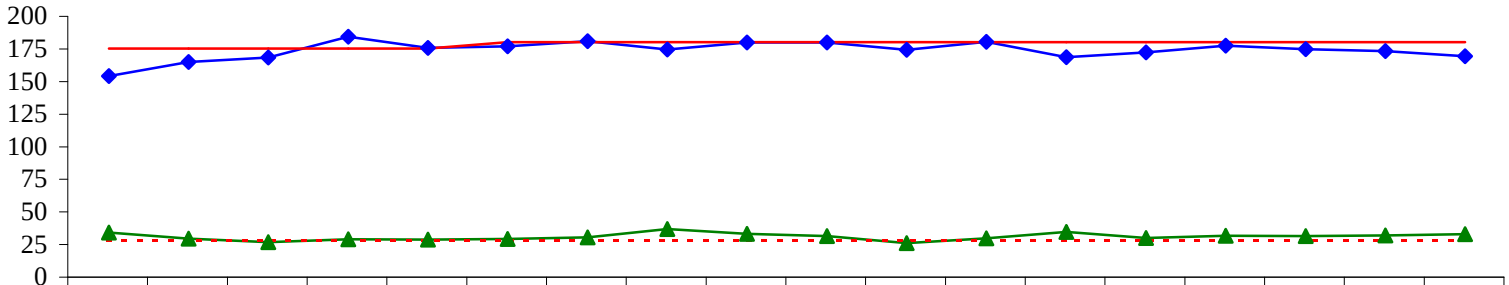
Objective 1F & Measure 1C - Average Daily Census
Big Spring State Hospital

Average Daily Census



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	172	178	179	197	188	190	195	195	197	195	184	194	187	186	193	190	189	186
Funded Census	195	195	195	195	195	200	200	200	200	200	200	200	200	200	200	200	200	200

General Revenue & Third Party Average Daily Census



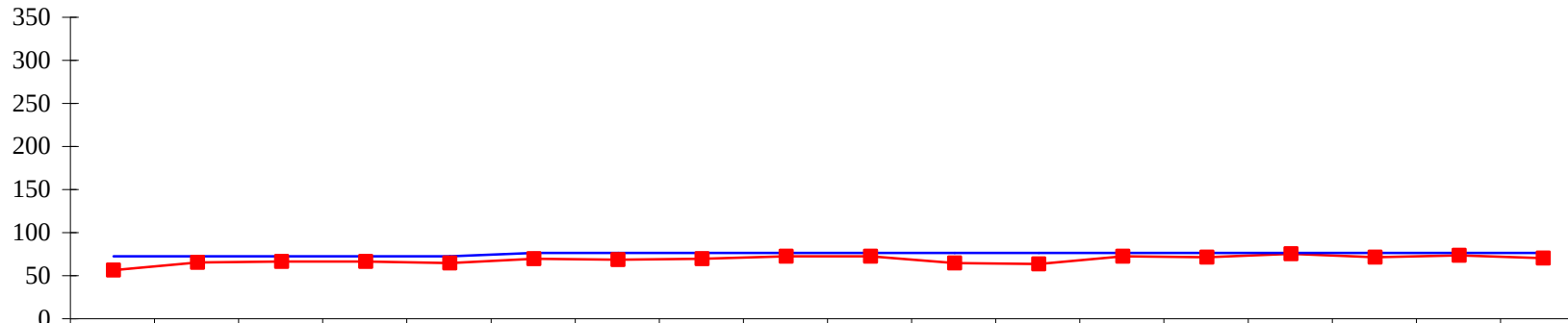
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	146	157	160	176	167	169	173	166	172	172	166	172	160	164	169	167	165	161
Funded Gen. Rev. ADC	167	167	167	167	167	172	172	172	172	172	172	172	172	172	172	172	172	172
Actual Third Party ADC	26	21	18.7	21	21	21	22	29	25	23	18	22	27	22	24	23	24	25
Funded Third Party ADC	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

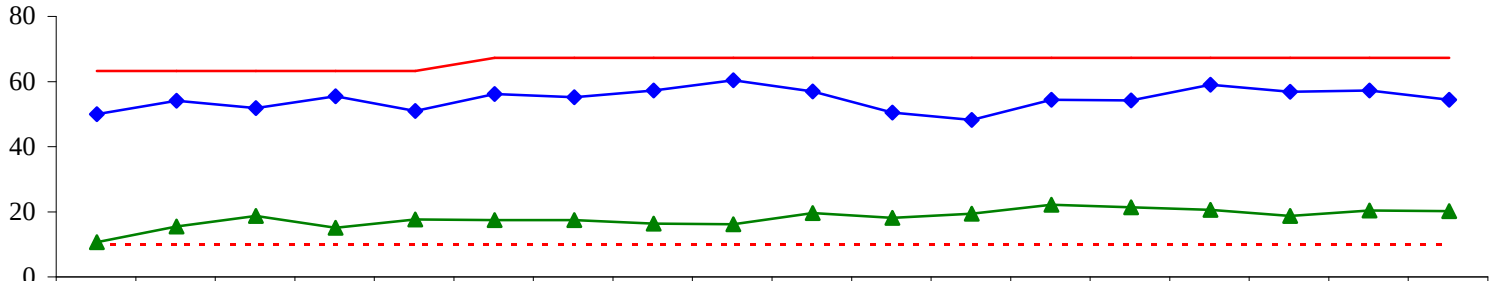
Objective 1F & Measure 1C - Average Daily Census
El Paso Psychiatric Center

Average Daily Census



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	54	63	64	64	62	67	66	67	70	70	62	61	70	69	73	69	71	68
Funded Census	70	70	70	70	70	74	74	74	74	74	74	74	74	74	74	74	74	74

General Revenue & Third Party Average Daily Census

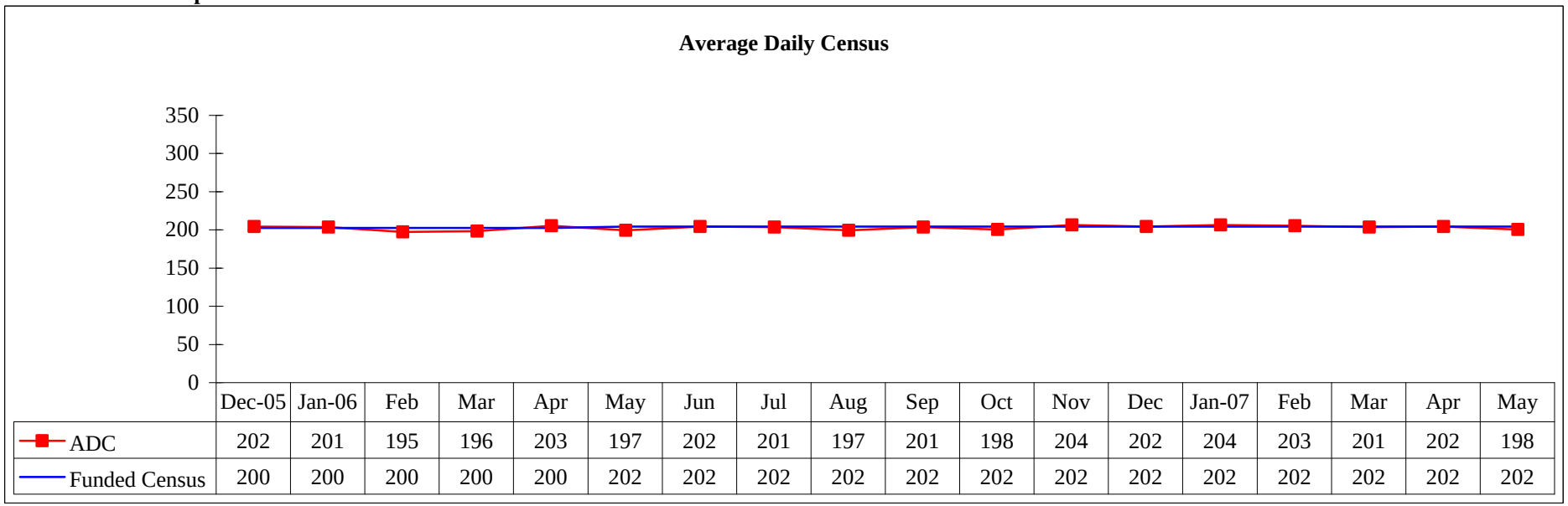


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	47	51	49	52	48	53	52	54	57	54	47	45	51	51	56	54	54	51
Funded Gen. Rev. ADC	60	60	60	60	60	64	64	64	64	64	64	64	64	64	64	64	64	64
Actual Third Party ADC	7	12	15	12	14	14	14	13	13	16	15	16	19	18	17	15	17	17
Funded Third Party ADC	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

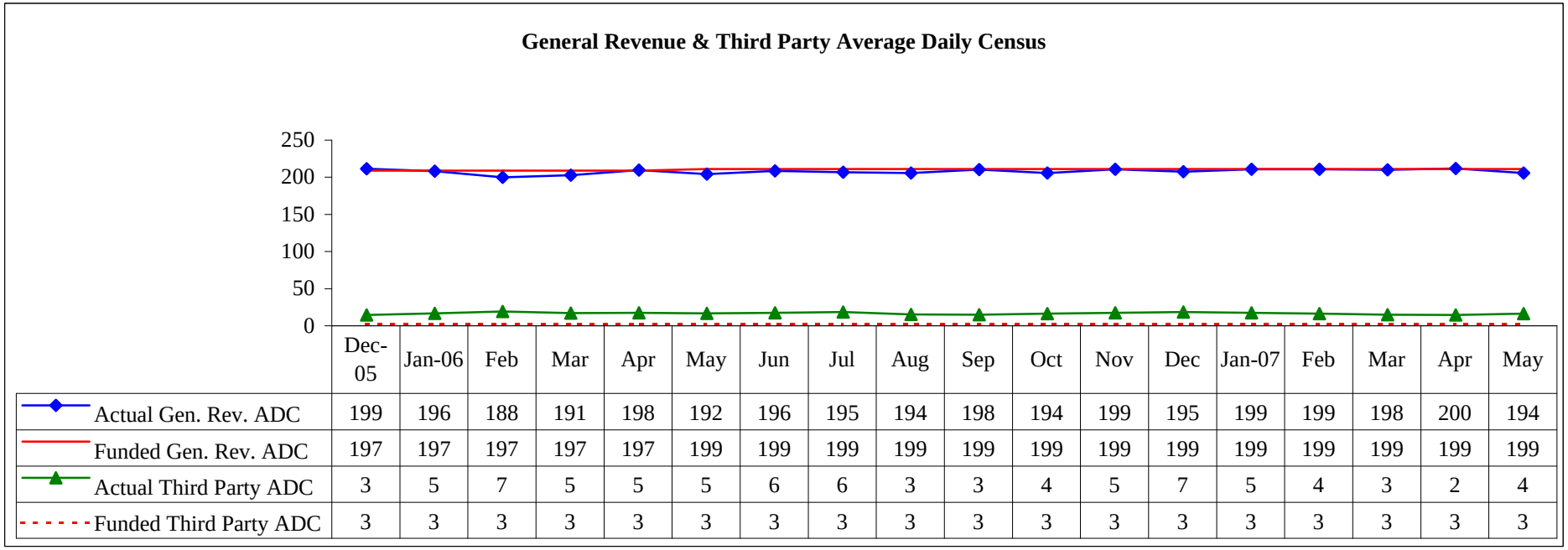
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	202	201	195	196	203	197	202	201	197	201	198	204	202	204	203	201	202	198
Funded Census	200	200	200	200	200	202	202	202	202	202	202	202	202	202	202	202	202	202

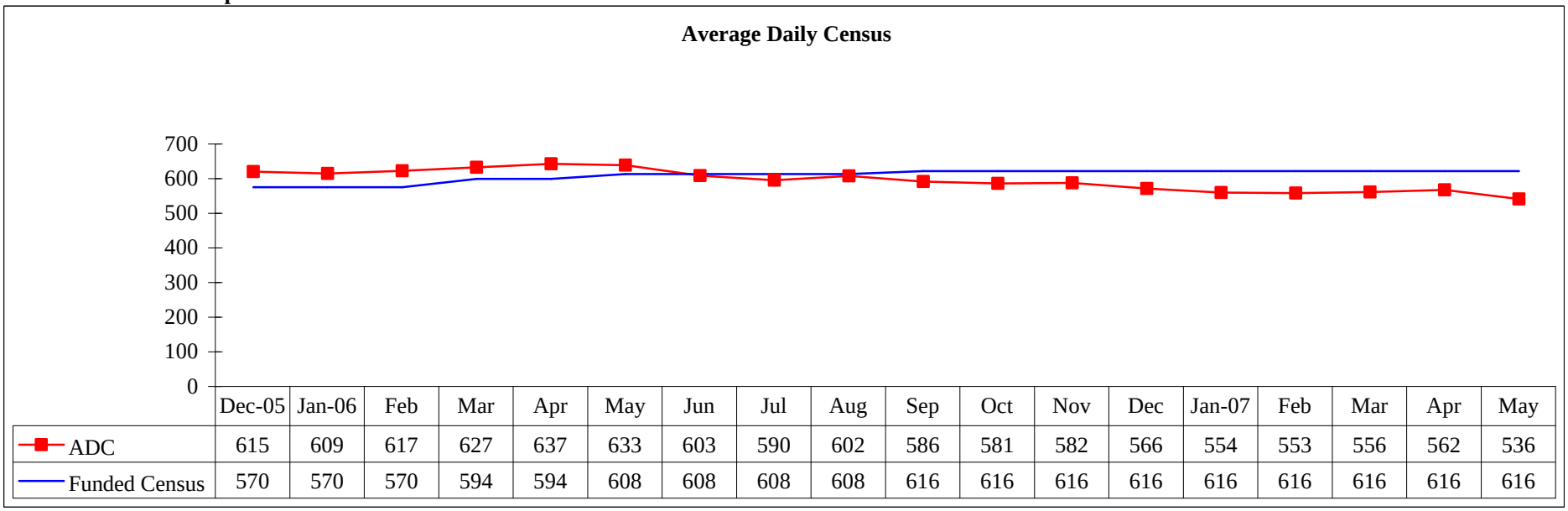


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	199	196	188	191	198	192	196	195	194	198	194	199	195	199	199	198	200	194
Funded Gen. Rev. ADC	197	197	197	197	197	199	199	199	199	199	199	199	199	199	199	199	199	199
Actual Third Party ADC	3	5	7	5	5	5	6	6	3	3	4	5	7	5	4	3	2	4
Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

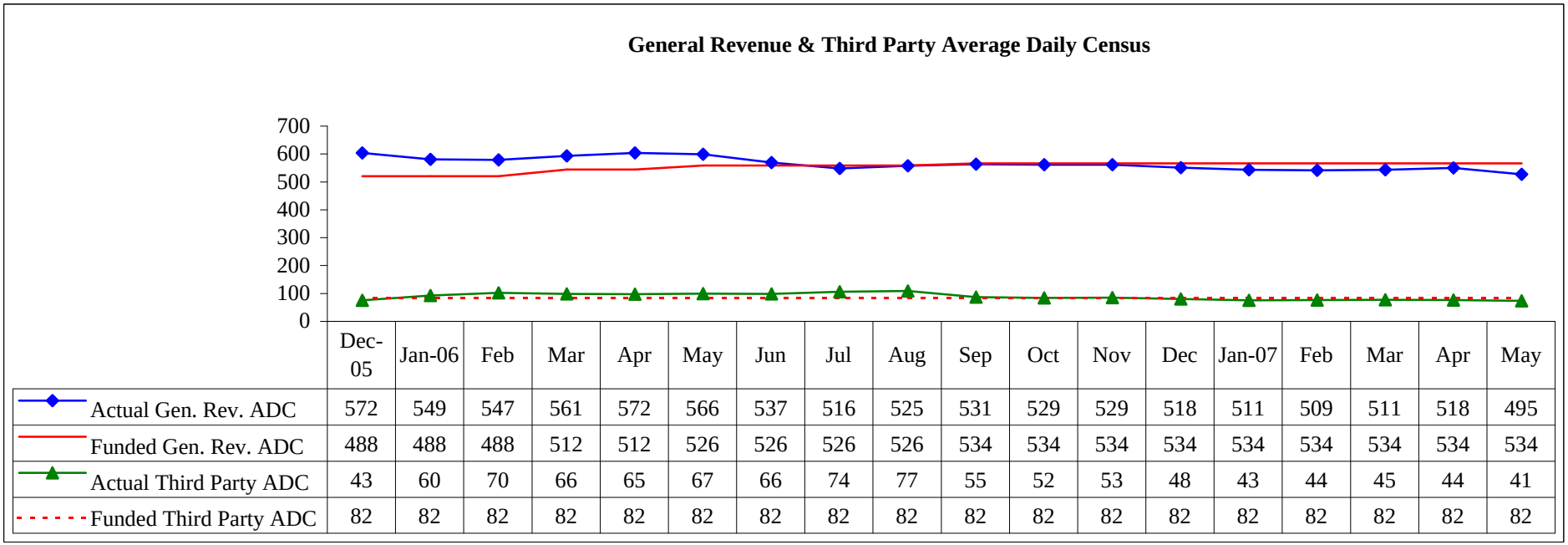
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	615	609	617	627	637	633	603	590	602	586	581	582	566	554	553	556	562	536
Funded Census	570	570	570	594	594	608	608	608	608	616	616	616	616	616	616	616	616	616

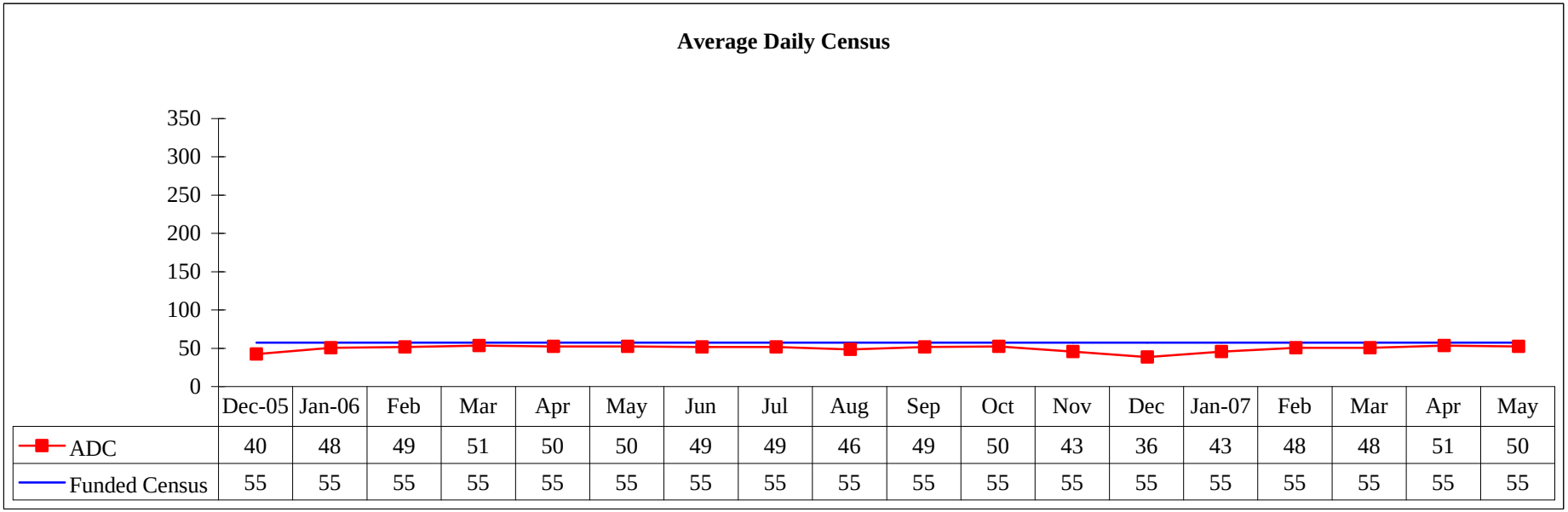


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	572	549	547	561	572	566	537	516	525	531	529	529	518	511	509	511	518	495
Funded Gen. Rev. ADC	488	488	488	512	512	526	526	526	526	534	534	534	534	534	534	534	534	534
Actual Third Party ADC	43	60	70	66	65	67	66	74	77	55	52	53	48	43	44	45	44	41
Funded Third Party ADC	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82

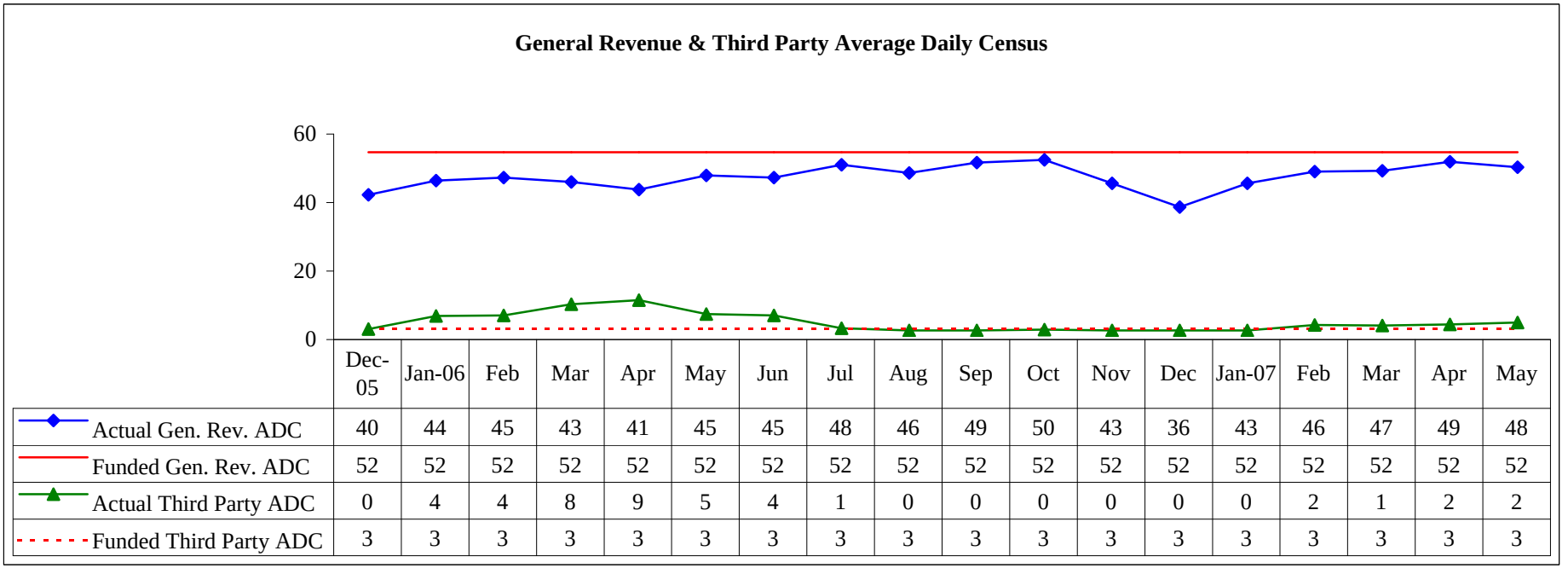
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	40	48	49	51	50	50	49	49	46	49	50	43	36	43	48	48	51	50
Funded Census	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55

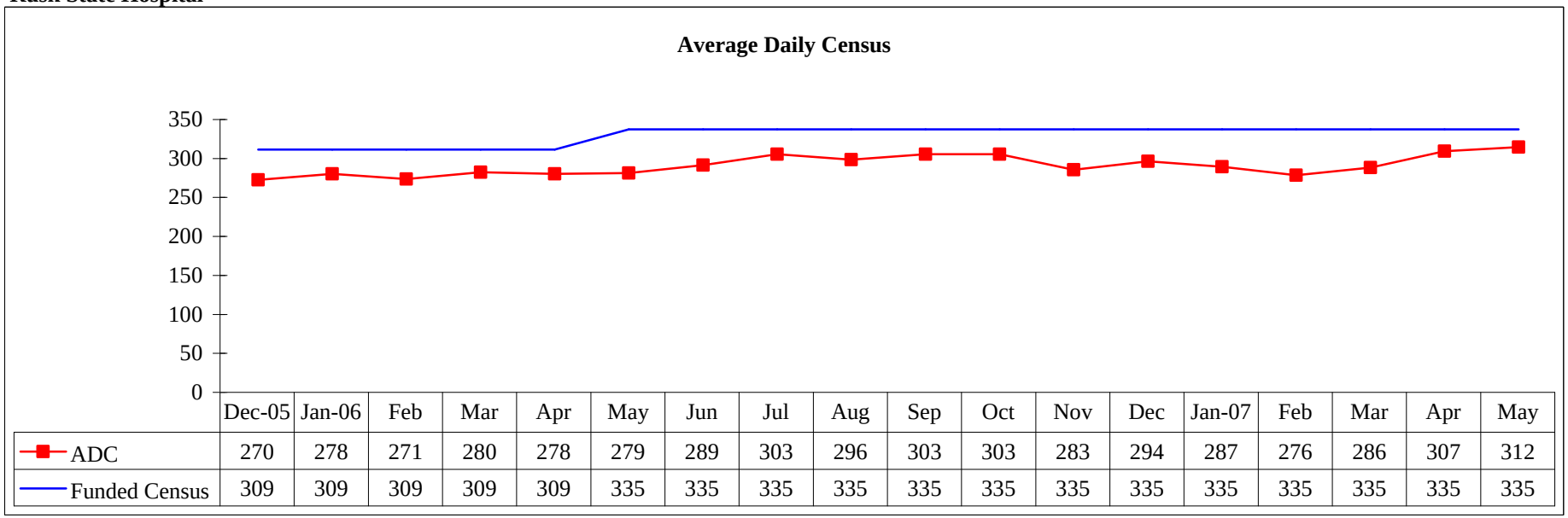


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	40	44	45	43	41	45	45	48	46	49	50	43	36	43	46	47	49	48
Funded Gen. Rev. ADC	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52
Actual Third Party ADC	0	4	4	8	9	5	4	1	0	0	0	0	0	0	2	1	2	2
Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

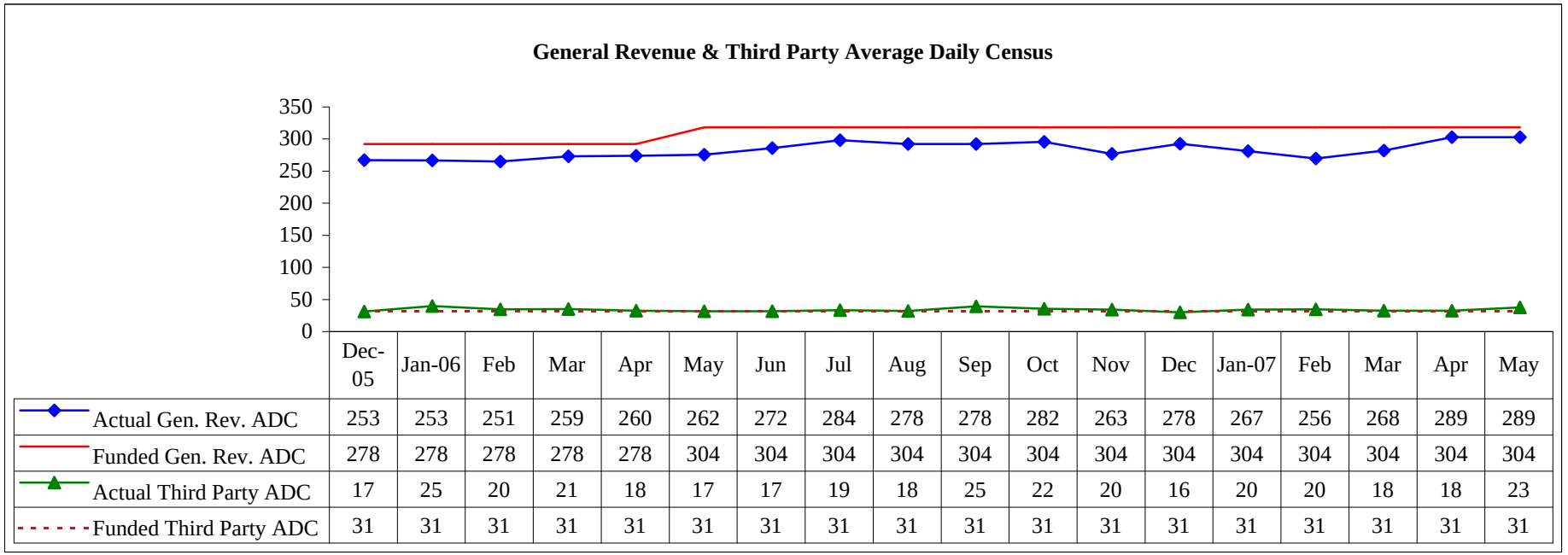
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	270	278	271	280	278	279	289	303	296	303	303	283	294	287	276	286	307	312
Funded Census	309	309	309	309	309	335	335	335	335	335	335	335	335	335	335	335	335	335

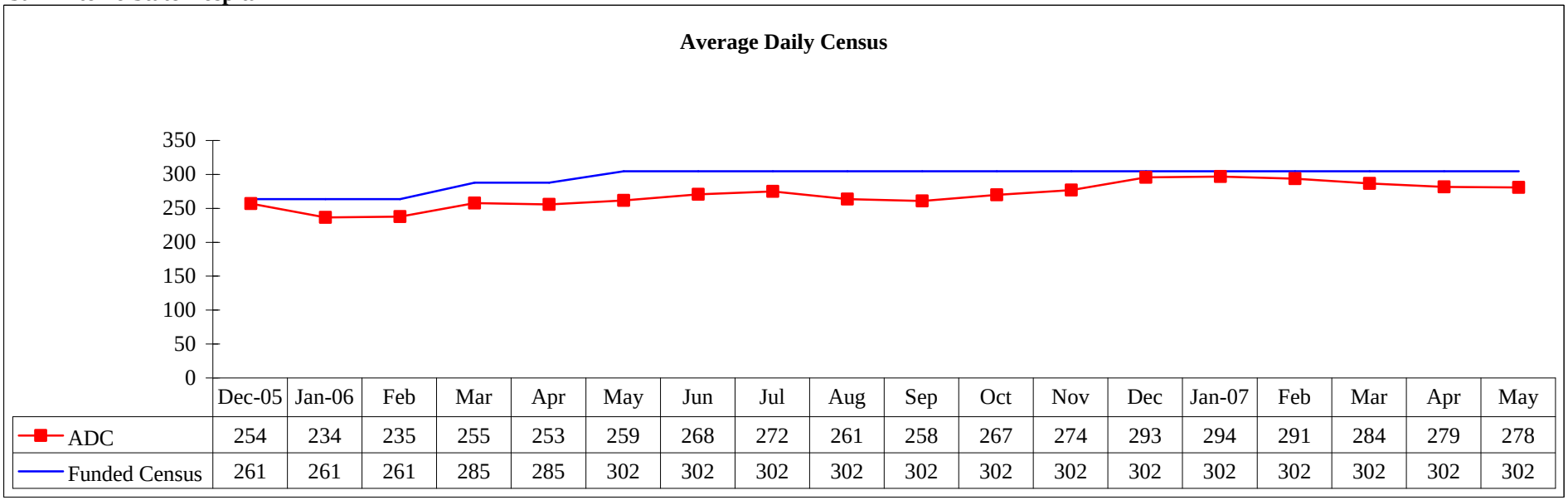


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	253	253	251	259	260	262	272	284	278	278	282	263	278	267	256	268	289	289
Funded Gen. Rev. ADC	278	278	278	278	278	304	304	304	304	304	304	304	304	304	304	304	304	304
Actual Third Party ADC	17	25	20	21	18	17	17	19	18	25	22	20	16	20	20	18	18	23
Funded Third Party ADC	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31	31

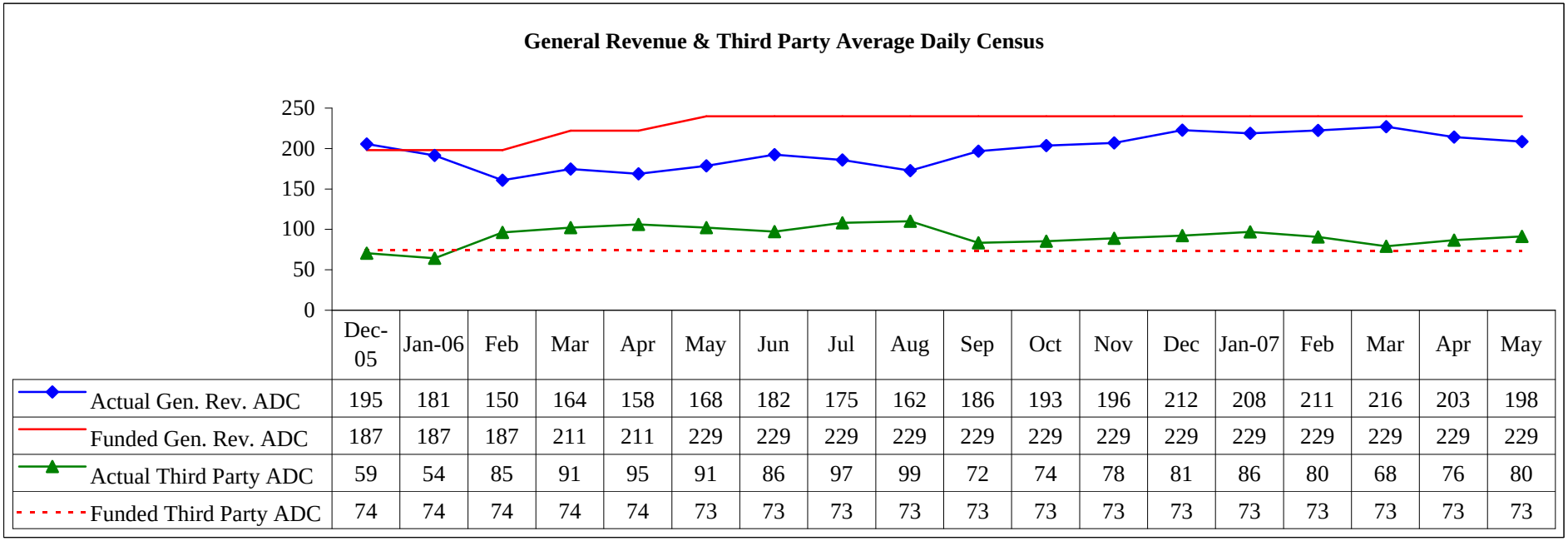
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	254	234	235	255	253	259	268	272	261	258	267	274	293	294	291	284	279	278
Funded Census	261	261	261	285	285	302	302	302	302	302	302	302	302	302	302	302	302	302

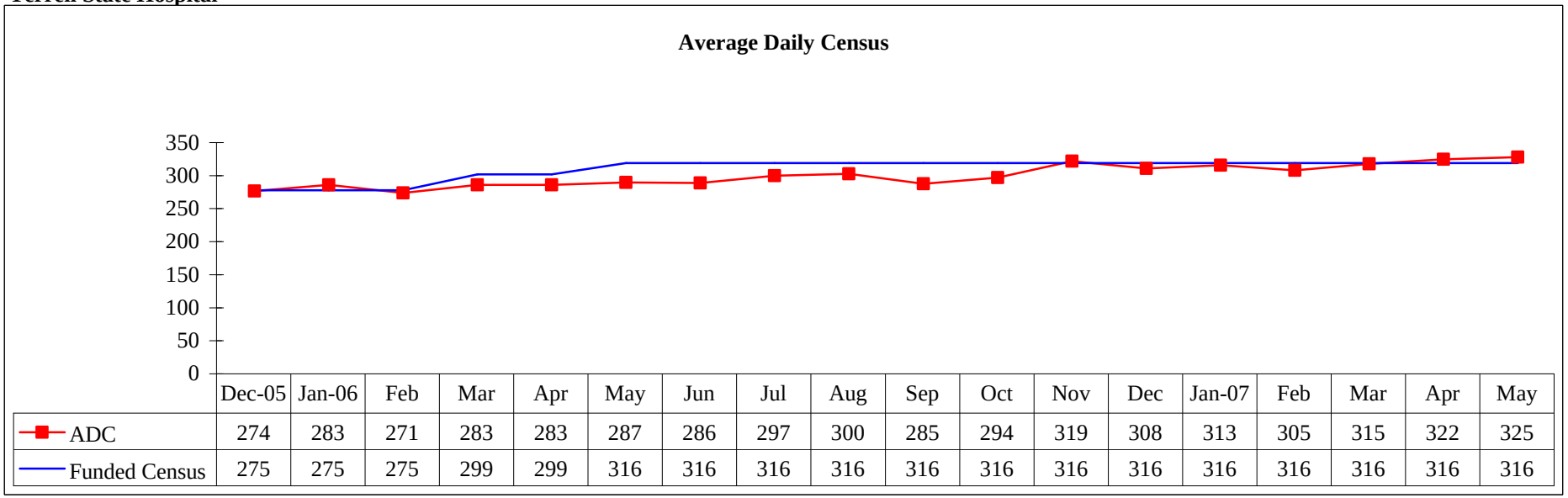


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	195	181	150	164	158	168	182	175	162	186	193	196	212	208	211	216	203	198
Funded Gen. Rev. ADC	187	187	187	211	211	229	229	229	229	229	229	229	229	229	229	229	229	229
Actual Third Party ADC	59	54	85	91	95	91	86	97	99	72	74	78	81	86	80	68	76	80
Funded Third Party ADC	74	74	74	74	74	73	73	73	73	73	73	73	73	73	73	73	73	73

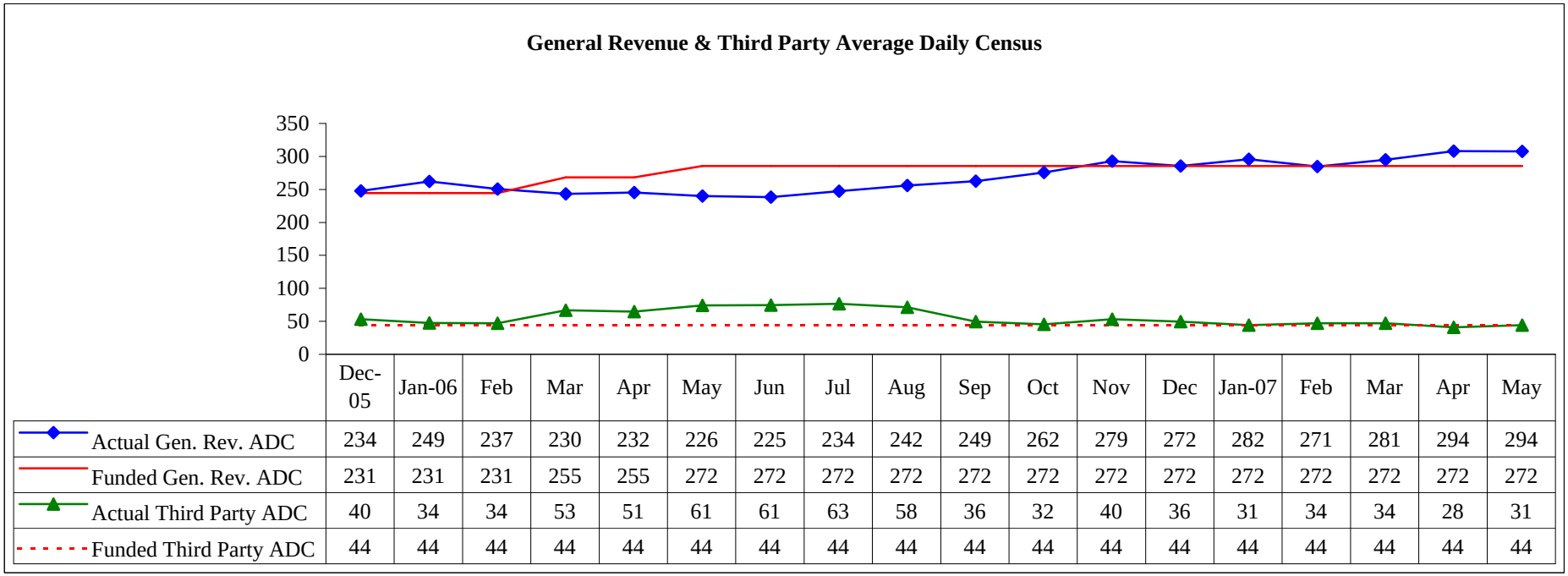
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	274	283	271	283	283	287	286	297	300	285	294	319	308	313	305	315	322	325
Funded Census	275	275	275	299	299	316	316	316	316	316	316	316	316	316	316	316	316	316

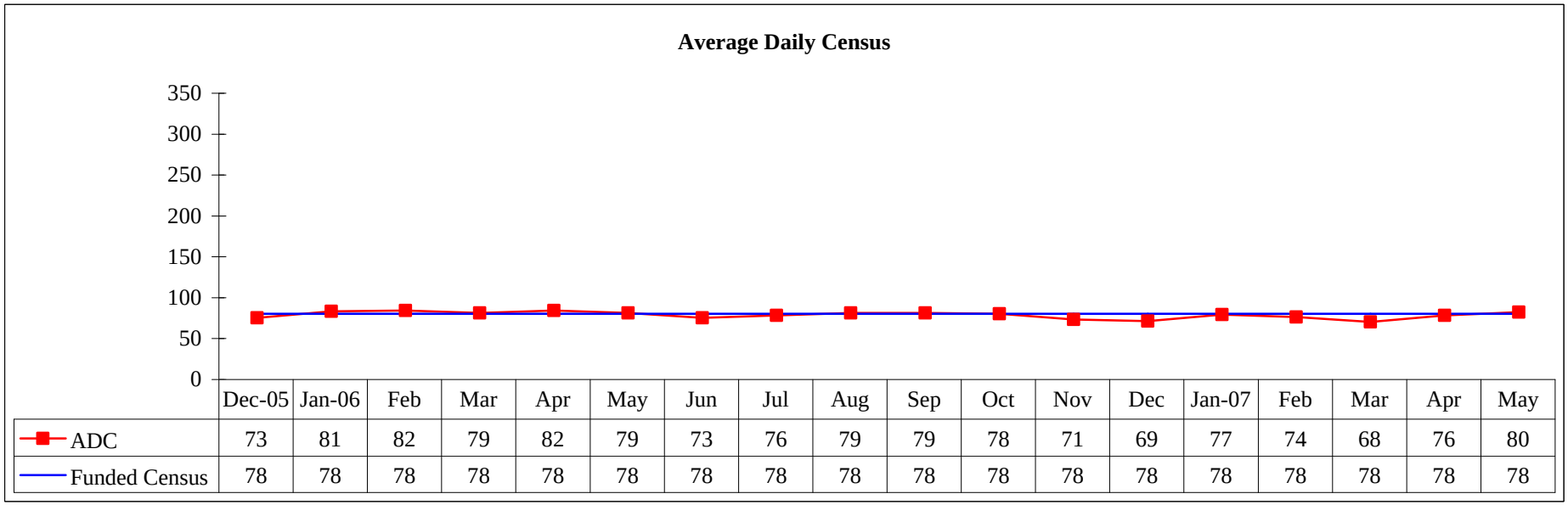


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	234	249	237	230	232	226	225	234	242	249	262	279	272	282	271	281	294	294
Funded Gen. Rev. ADC	231	231	231	255	255	272	272	272	272	272	272	272	272	272	272	272	272	272
Actual Third Party ADC	40	34	34	53	51	61	61	63	58	36	32	40	36	31	34	34	28	31
Funded Third Party ADC	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44

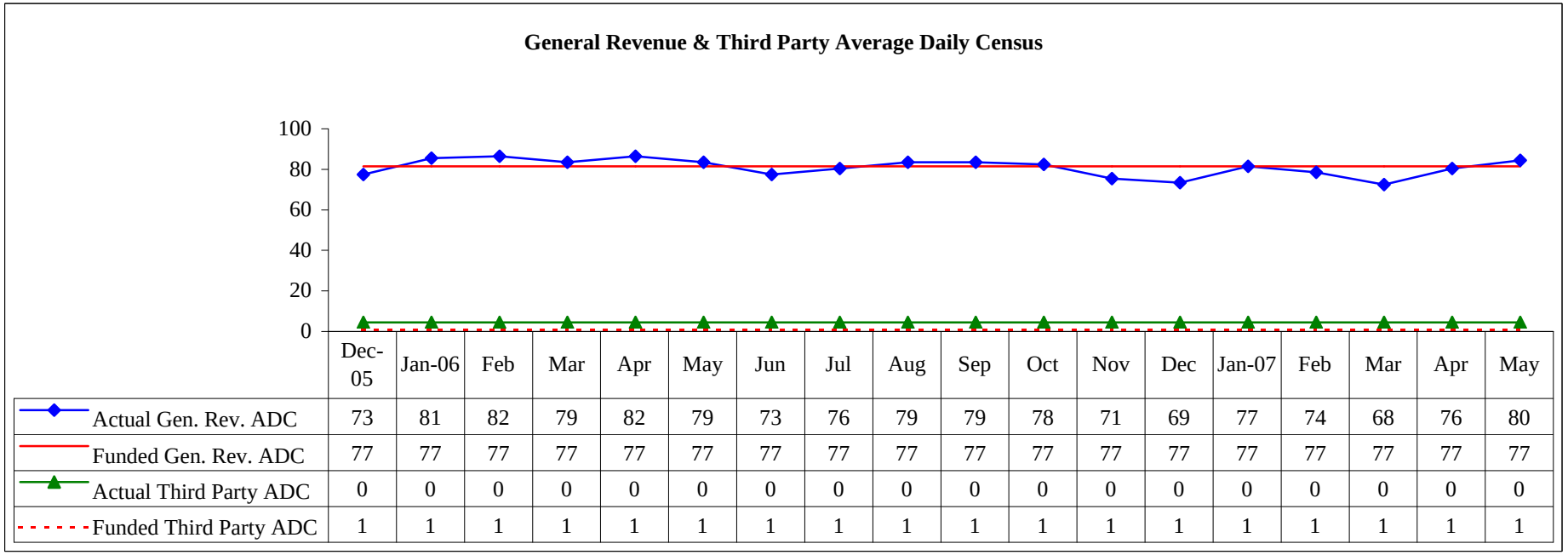
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ADC	73	81	82	79	82	79	73	76	79	79	78	71	69	77	74	68	76	80
Funded Census	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Actual Gen. Rev. ADC	73	81	82	79	82	79	73	76	79	79	78	71	69	77	74	68	76	80
Funded Gen. Rev. ADC	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77
Actual Third Party ADC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funded Third Party ADC	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022864

Performance Measure 1A:

Average cost per patient served will be calculated and reported for each state hospital.

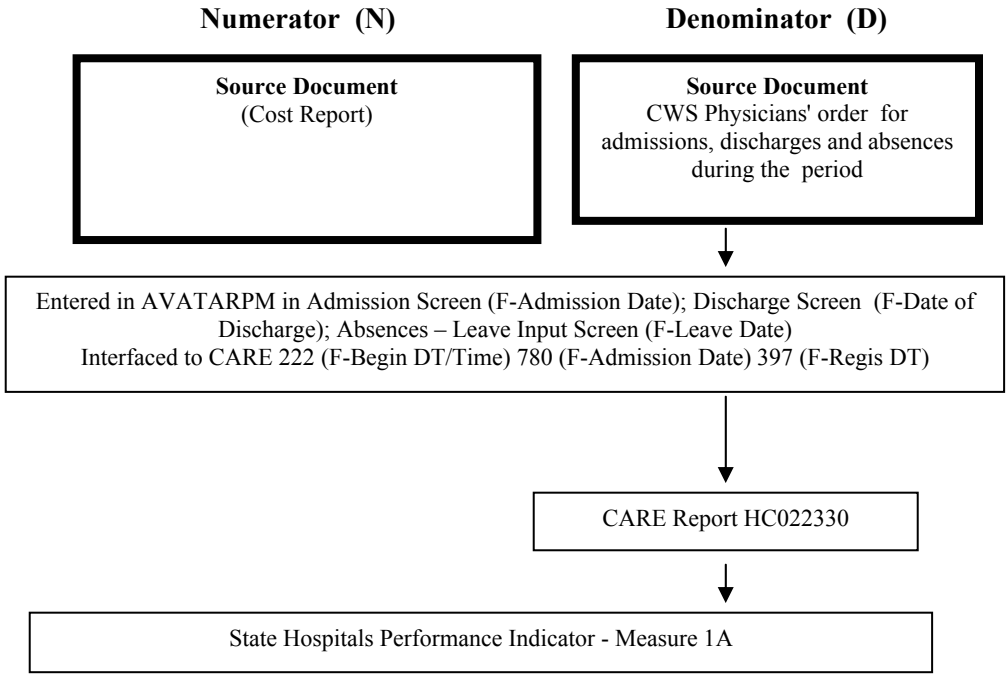
Performance Measure Operational Definition: State hospital cost per person served represents the average cost of care for an individual per FY quarter.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process: (Denominator Only)

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. **Note:** Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record (Physician's Order).

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

	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital													
Avg. Patient Days	22	21	20	20		22	21	20	20	20	20	20	
LBB Cost/Bed Day	$349	$339	$345	$340		$319	$381	$372	$377	$375	$387	$392	
Average Cost	$7,654	$7,068	$6,745	$6,899	$0	$7,174	$7,826	$7,372	$7,681	$7,675	$7,878	$7,820	
Big Spring State Hospital													
Avg. Patient Days	31	34	33	34		38	41	40	39	39	36	42	
LBB Cost/Bed Day	$429	$401	$380	$366		$334	$381	$336	$332	$354	$369	$377	
Average Cost	$13,252	$13,554	$12,399	$12,331	$0	$12,812	$15,507	$13,474	$12,899	$13,850	$13,427	$15,717	
El Paso Psychiatric Center													
Avg. Patient Days	12	15	16	19		18	23	20	20	19	22	21	
LBB Cost/Bed Day	$432	$424	$413	$423		$431	$453	$463	$452	$469	$467	$461	
Average Cost	$5,076	$6,373	$6,579	$7,948	$0	$7,949	$10,333	$9,153	$9,157	$8,736	$10,252	$9,529	
Kerrville State Hospital													
Avg. Patient Days	47	49	47	49		68	64	63	65	63	66	65	
LBB Cost/Bed Day	$351	$345	$334	$325		$289	$334	$342	$350	$337	$329	$345	
Average Cost	$16,350	$17,043	$15,564	$15,837	$0	$19,754	$21,226	$21,381	$22,663	$21,373	$21,693	$22,473	
North Texas State Hospital													
Avg. Patient Days	47	48	47	46		46	46	48	45	47	46	46	
LBB Cost/Bed Day	$307	$305	$302	$298		$303	$356	$331	$337	$349	$388	$382	
Average Cost	$14,463	$14,494	$14,106	$13,830	$0	$13,972	$16,315	$15,855	$15,230	$16,363	$17,961	$17,706	
Rusk State Hospital													
Avg. Patient Days	35	34	32	33		35	36	37	37	37	42	37	
LBB Cost/Bed Day	$342	$334	$323	$317		$298	$346	$339	$339	$361	$387	$368	
Average Cost	$11,837	$11,299	$10,426	$10,547	$0	$10,506	$12,307	$12,405	$12,465	$13,351	$16,137	$13,686	
San Antonio State Hospital													
Avg. Patient Days	28	30	28	27		24	24	24	24	25	34	27	
LBB Cost/Bed Day	$374	$361	$340	$334		$341	$486	$357	$410	$398	$397	$429	
Average Cost	$10,423	$10,689	$9,673	$9,088	$0	$8,314	$11,892	$8,459	$9,885	$10,121	$13,542	$11,716	

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

Table: Hospital Management Data Services

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

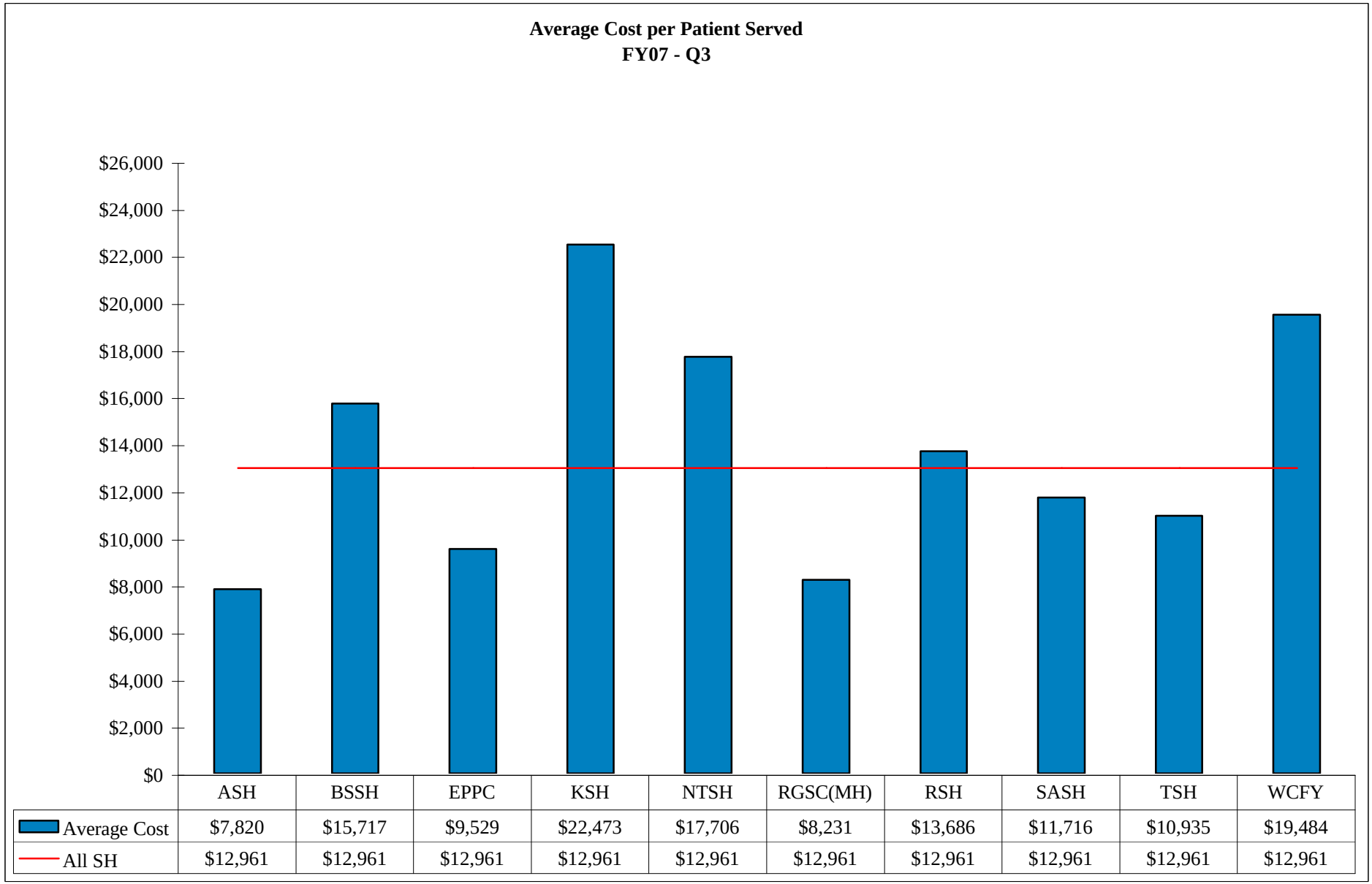
	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	Q4	FYTD	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital													
Avg. Patient Days	33	31	30	31		31	31	32	31	31	29	31	
LBB Cost/Bed Day	$329	$323	$316	$312		$302	$361	$340	$332	$350	$361	$354	
Average Cost	$10,801	$10,116	$9,341	$9,606	$0	$9,303	$11,104	$10,786	$10,315	$10,843	$10,578	$10,935	
Waco Center for Youth*													
Avg. Patient Days	59	64	60	60		61	59	67	57	62	61	59	
LBB Cost/Bed Day	$168	$227	$242	$252		$292	$304	$302	$339	$306	$363	$333	
Average Cost	$9,887	$14,617	$14,527	$15,102	$0	$17,836	$18,015	$20,391	$19,440	$18,892	$22,093	$19,484	
Rio Grande State Center (MH)													
Avg. Patient Days	12	13	11	13		13	14	16	15	15	14	16	
LBB Cost/Bed Day	$450	$424	$418	$418		$606	$926	$677	$448	$402	$412	$519	
Average Cost	$5,549	$5,639	$4,615	$5,325	$0	$8,145	$12,658	$10,828	$6,704	$5,946	$5,682	$8,231	
All State Hospitals													
Avg. Patient Days	33	33	31	32	33	34	34	34	32	34	35	34	
LBB Cost/Bed Day	$340	$334	$327	$322	$325	$319	$385	$359	$356	$362	$381	$383	
Average Cost	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961	

Q2 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department - HMDS still verifying numbers
Q1 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department
*WCFY - Q1 & Q2 FY04 artificially low due to budget adjustments for prior fiscal year.
Starting with FY03 Q2 - RGSC (MH) is included in All SMHF Average Cost.
LBB Cost - total facility expense minus benefits and depreciation

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

Table: Hospital Management Data Services

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

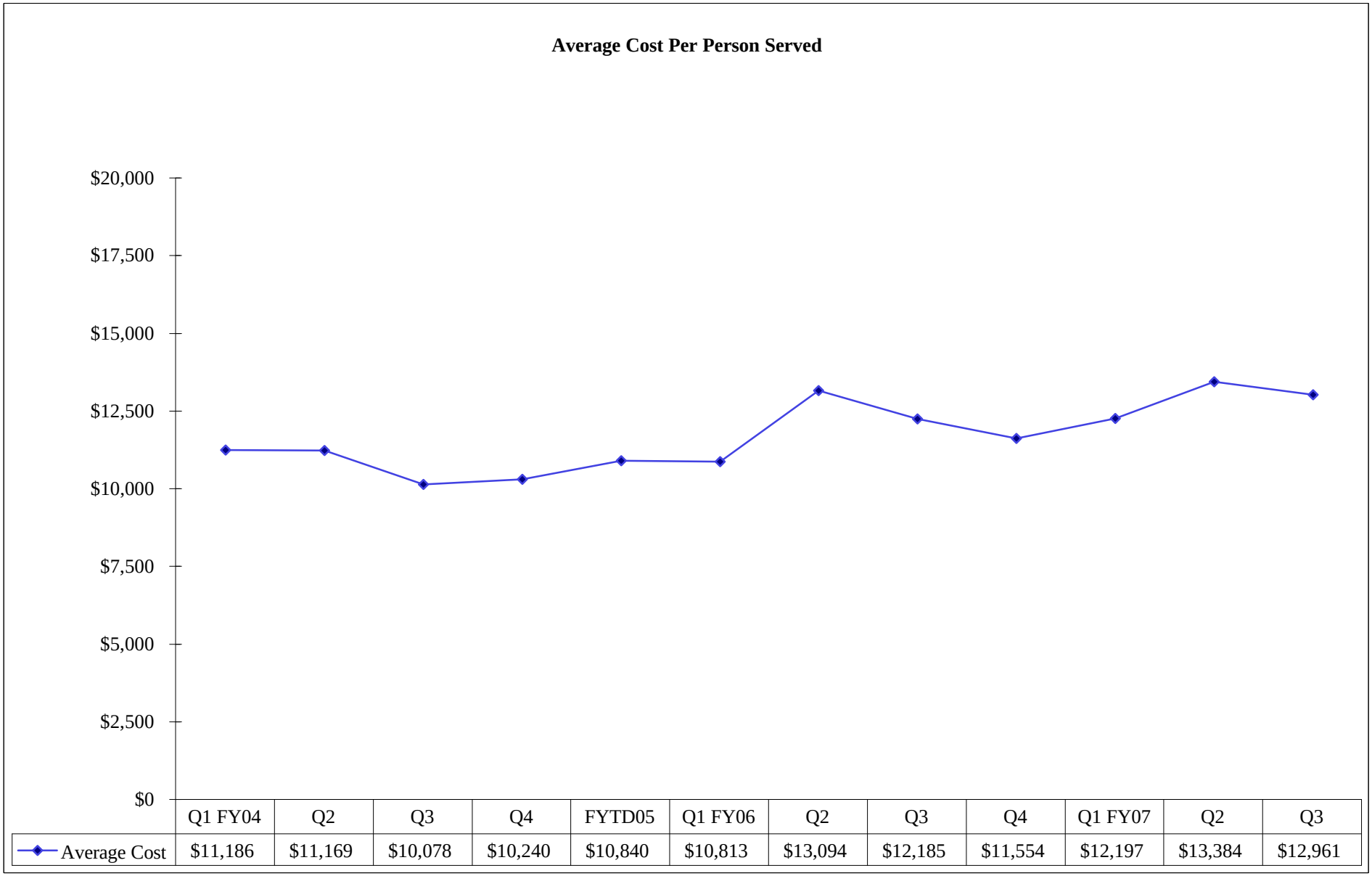


	ASH	BSSH	EPPC	KSH	NTSH	RGSC(MH)	RSH	SASH	TSH	WCFY
Average Cost	$7,820	$15,717	$9,529	$22,473	$17,706	$8,231	$13,686	$11,716	$10,935	$19,484
All SH	$12,961	$12,961	$12,961	$12,961	$12,961	$12,961	$12,961	$12,961	$12,961	$12,961

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

Table: Hospital Management Data Services

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

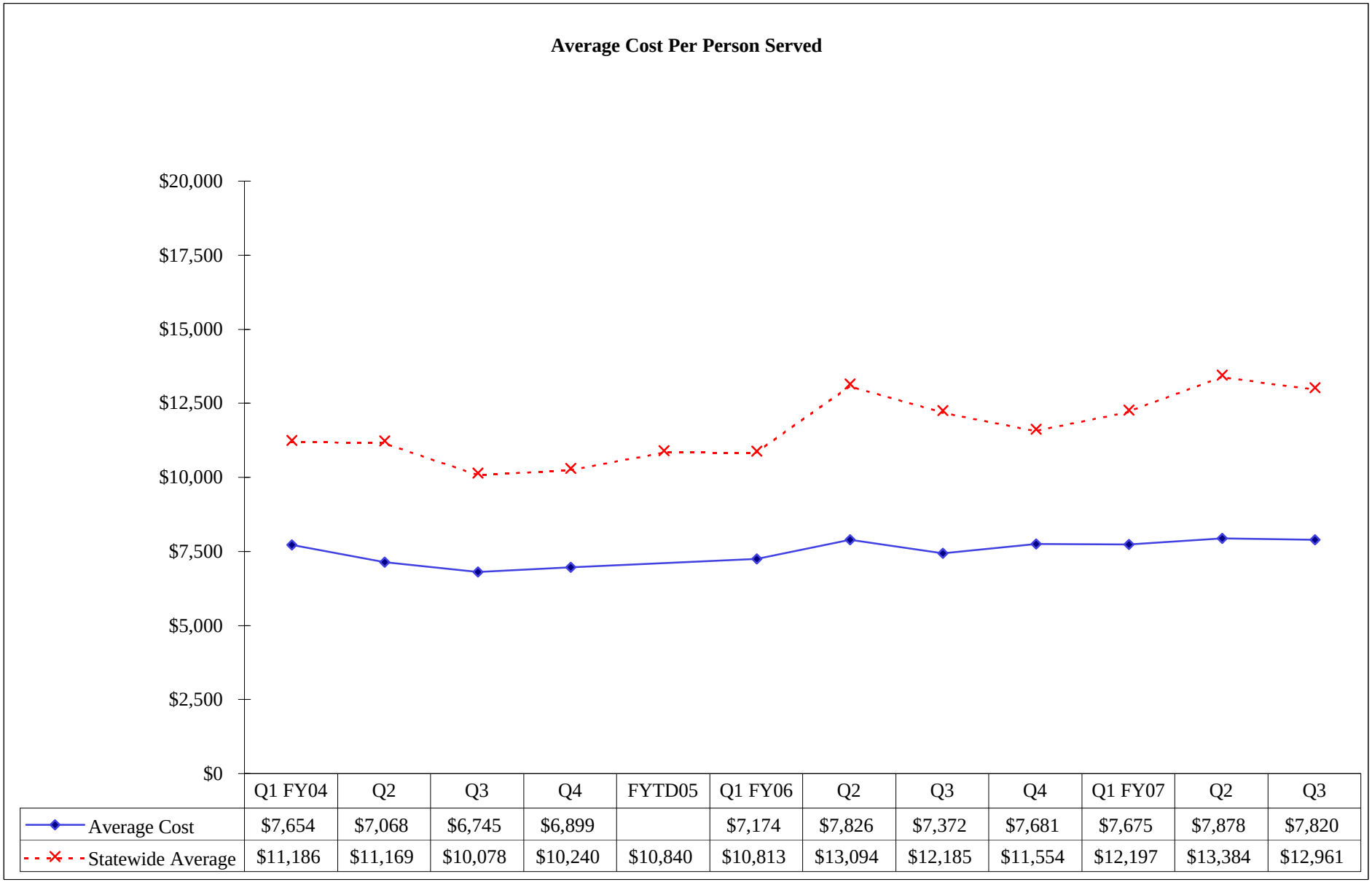


	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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



	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$7,654	$7,068	$6,745	$6,899		$7,174	$7,826	$7,372	$7,681	$7,675	$7,878	$7,820
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

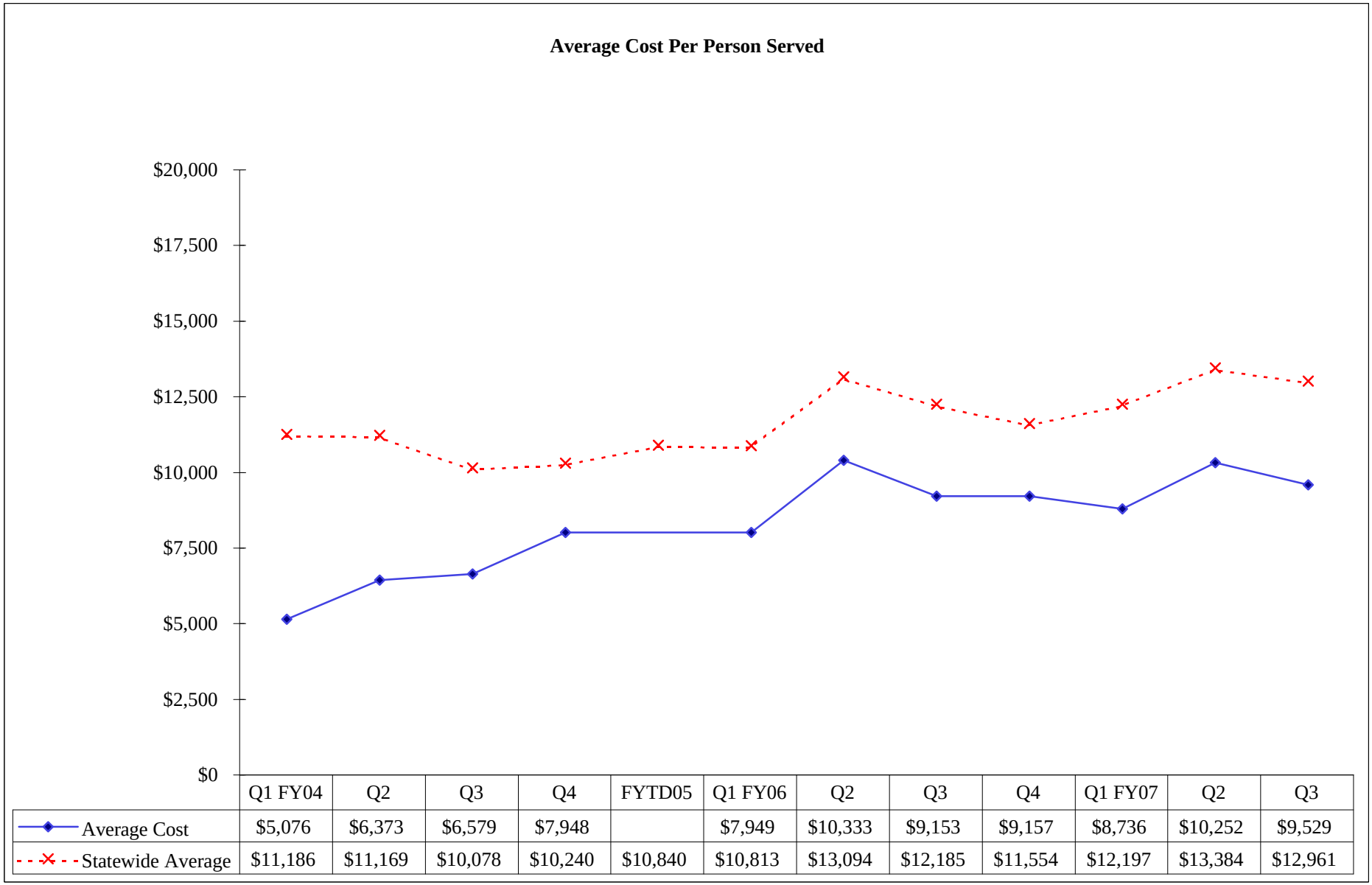
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital

	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$13,252	$13,554	$12,399	$12,331		$12,812	$15,507	$13,474	$12,899	$13,850	$13,427	$15,717
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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



	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$5,076	$6,373	$6,579	$7,948		$7,949	$10,333	$9,153	$9,157	$8,736	$10,252	$9,529
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

Table: Hospital Management Data Services

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

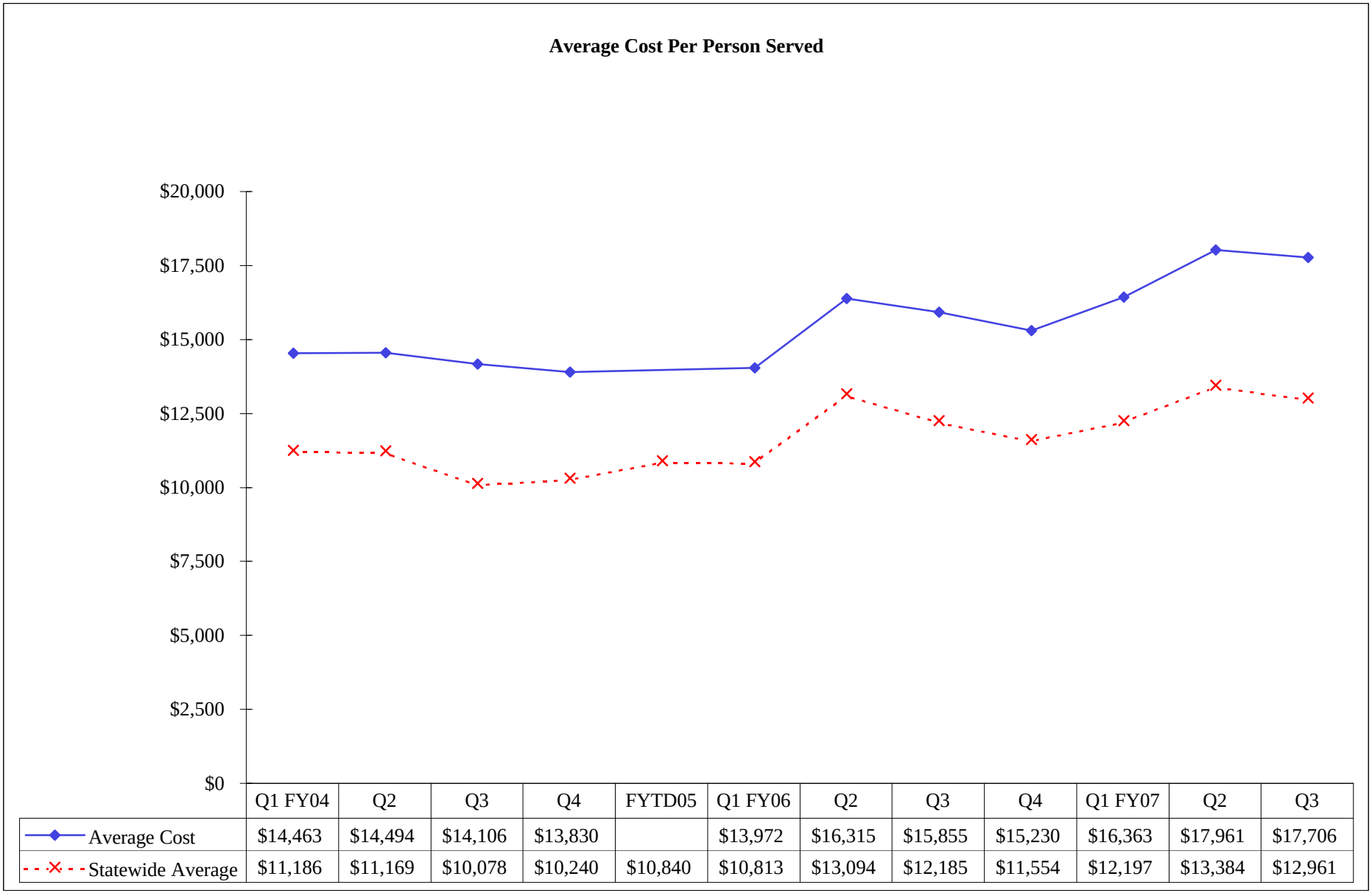
Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital

	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$16,350	$17,043	$15,564	$15,837		$19,754	$21,226	$21,381	$22,663	$21,373	$21,693	$22,473
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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

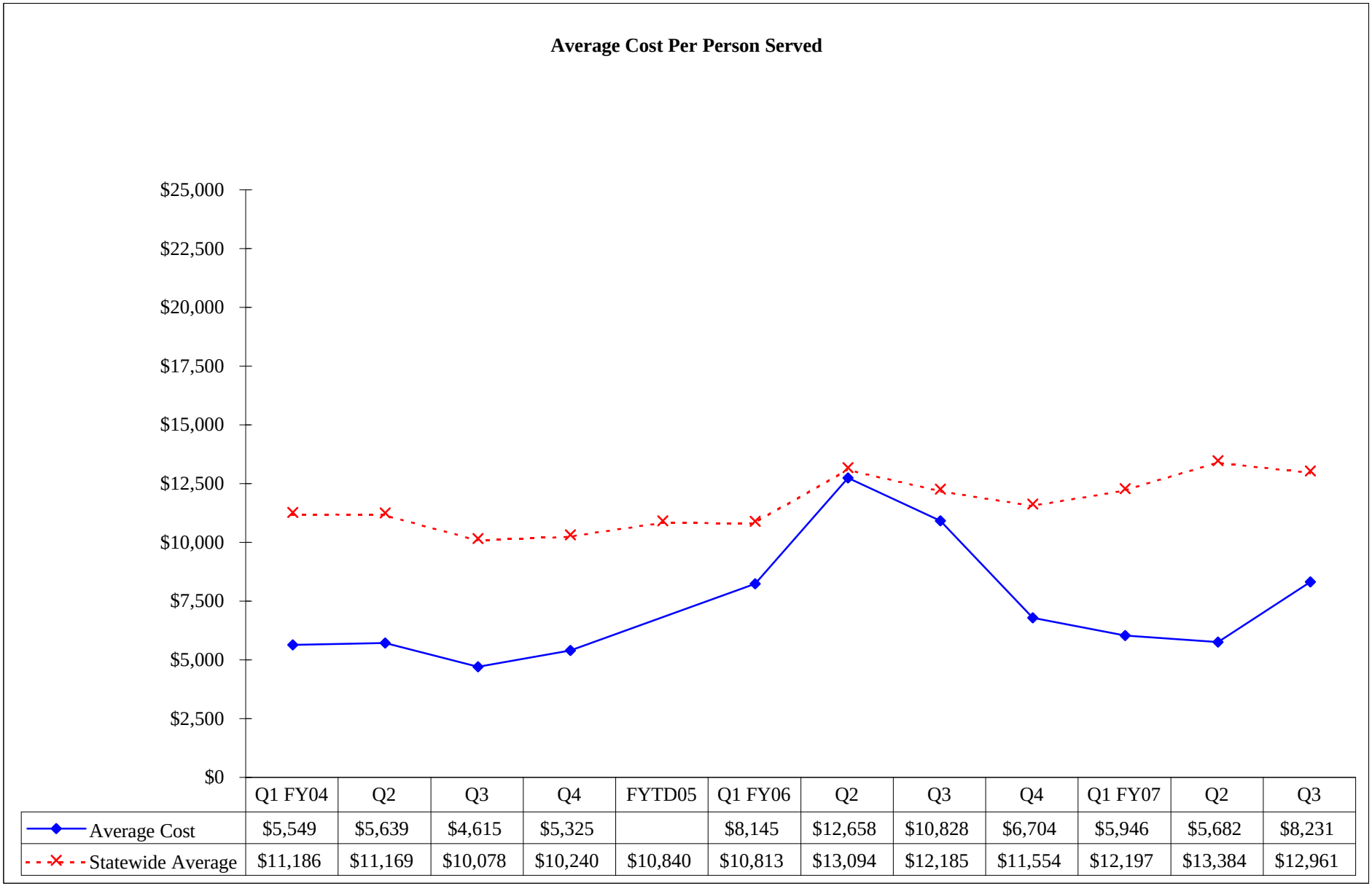


	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$14,463	$14,494	$14,106	$13,830		$13,972	$16,315	$15,855	$15,230	$16,363	$17,961	$17,706
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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

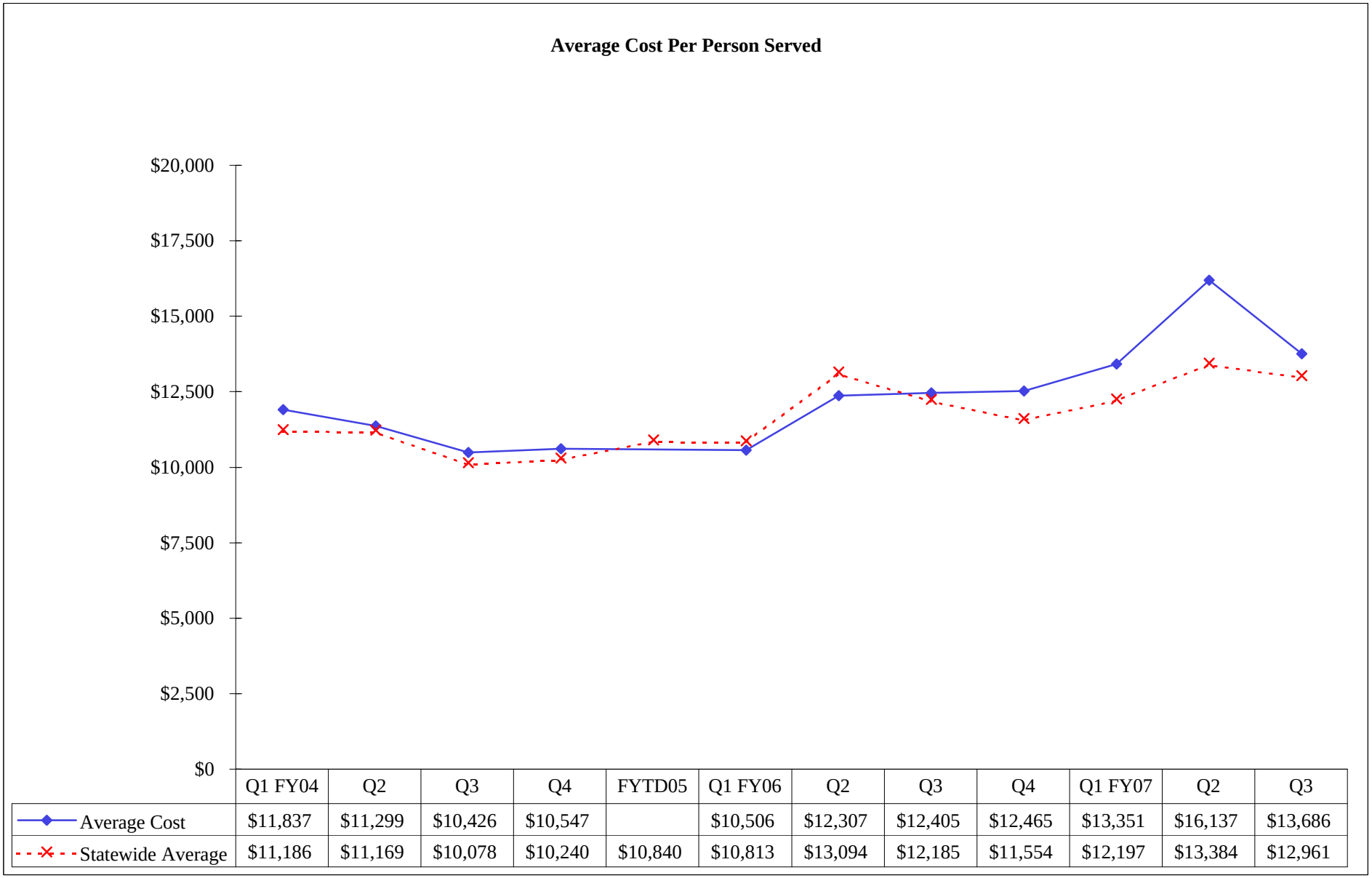


	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$5,549	$5,639	$4,615	$5,325		$8,145	$12,658	$10,828	$6,704	$5,946	$5,682	$8,231
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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



	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$11,837	$11,299	$10,426	$10,547		$10,506	$12,307	$12,405	$12,465	$13,351	$16,137	$13,686
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

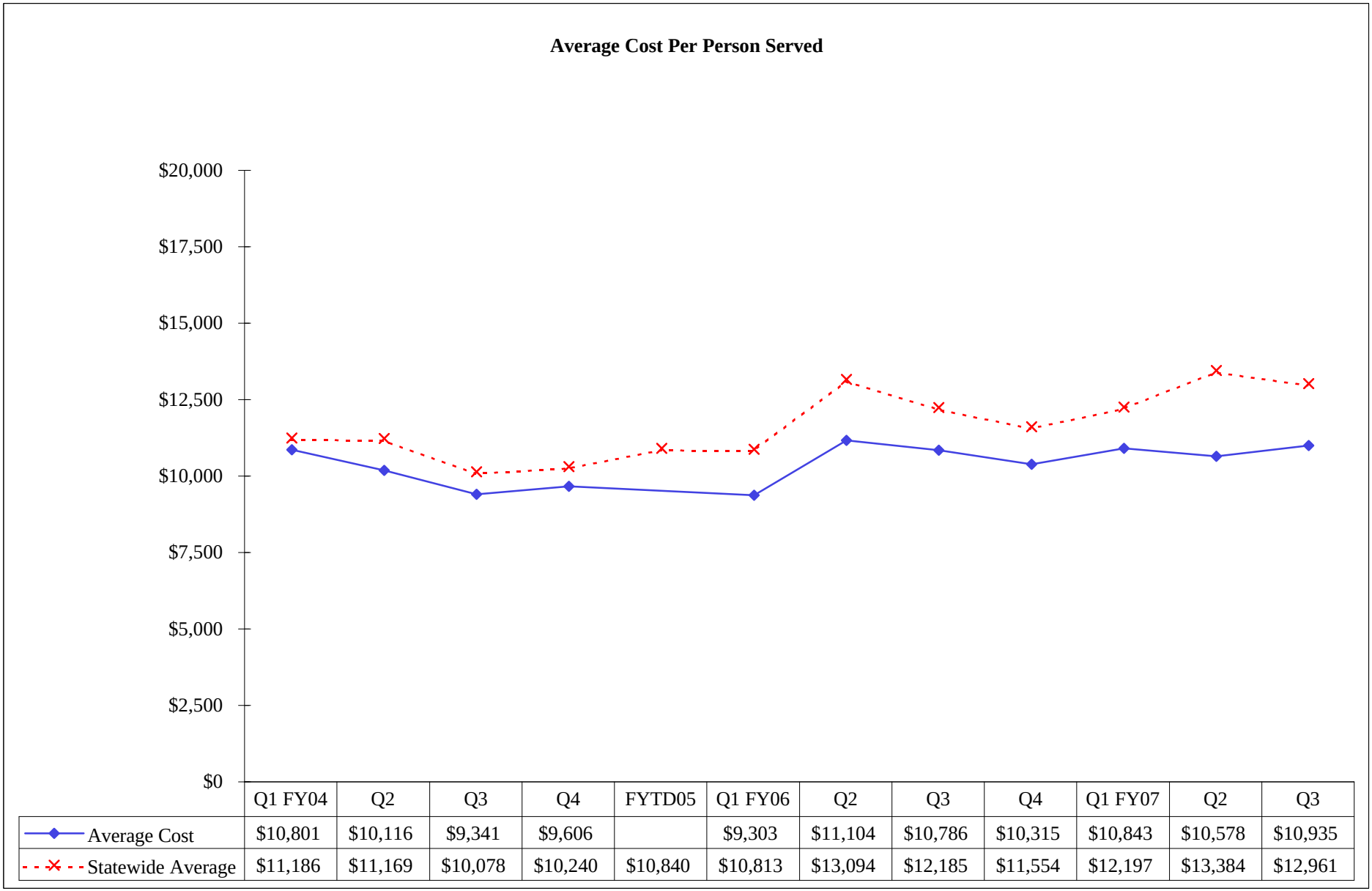
Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital

	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$10,423	$10,689	$9,673	$9,088		$8,314	$11,892	$8,459	$9,885	$10,121	$13,542	$11,716
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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

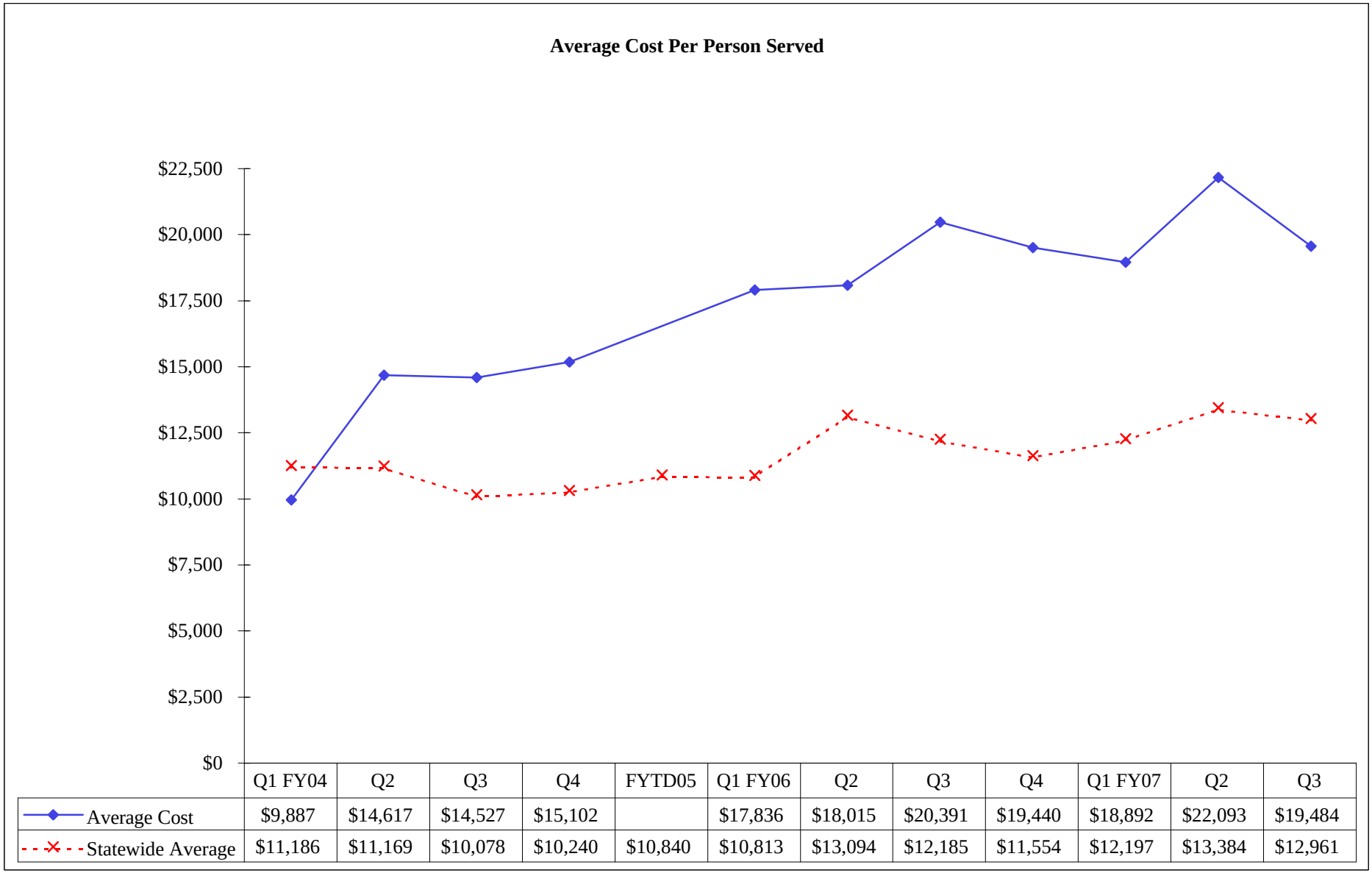


	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$10,801	$10,116	$9,341	$9,606		$9,303	$11,104	$10,786	$10,315	$10,843	$10,578	$10,935
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

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

Table: Hospital Management Data Services

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



	Q1 FY04	Q2	Q3	Q4	FYTD05	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average Cost	$9,887	$14,617	$14,527	$15,102		$17,836	$18,015	$20,391	$19,440	$18,892	$22,093	$19,484
Statewide Average	$11,186	$11,169	$10,078	$10,240	$10,840	$10,813	$13,094	$12,185	$11,554	$12,197	$13,384	$12,961

**Q1 & Q2 FY04 artificially low due to budget adjustments for prior fiscal year.

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

Table: Hospital Management Data Services

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.

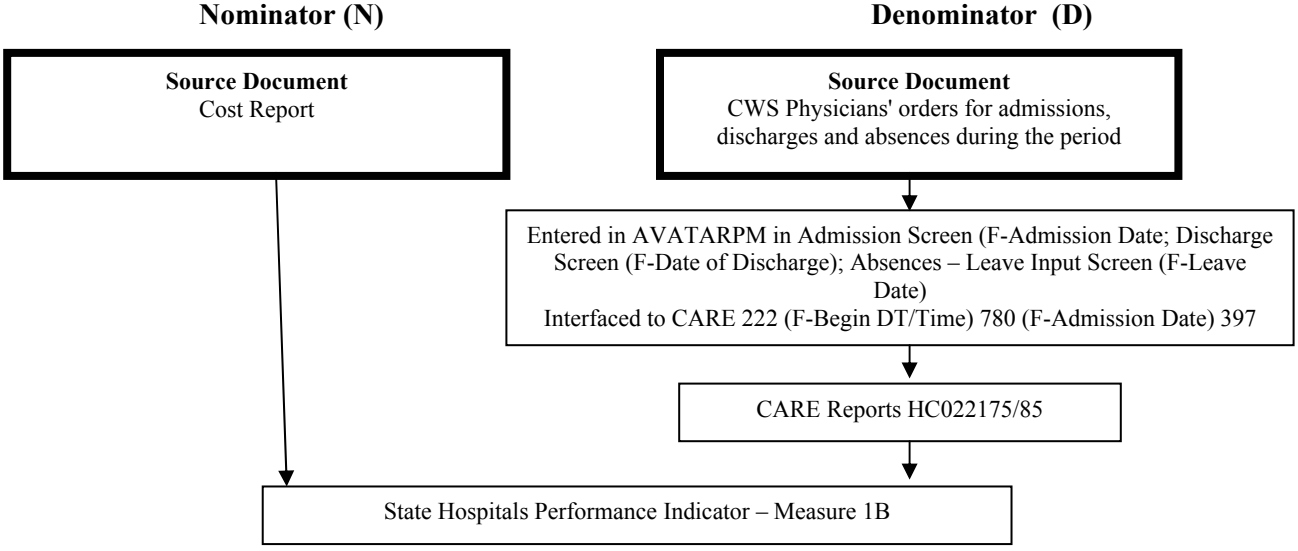
Performance Measure Formula: The state hospital's average cost per occupied bed day per FY quarter is calculated. Appropriated Fund Cost (for LBB) = Total State Hospital Expense – (Benefits + Depreciation) / Total Bed Days]

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.

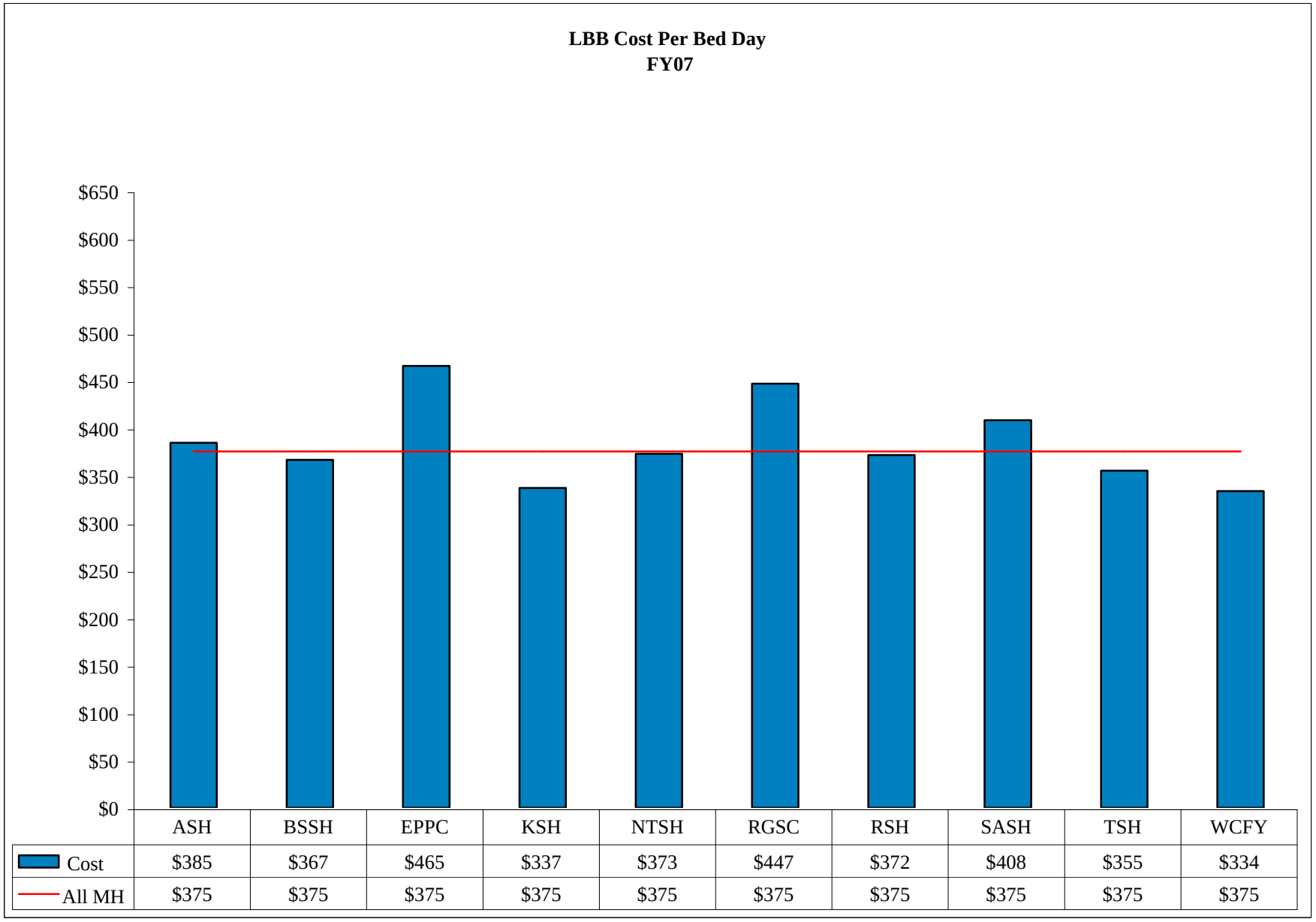
Data Flow:



Data Integrity

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record on Physician's Order.
Sample Size	Review of 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/HMDS Report	Summary of review including findings and data analysis.

Measure 1B - Cost Per Bed Day
All State Hospitals



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Cost	$385	$367	$465	$337	$373	$447	$372	$408	$355	$334
All MH	$375	$375	$375	$375	$375	$375	$375	$375	$375	$375

Chart: Hospital Management Data Services

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

Measure 1B - Cost Per Bed Day
All State Hospitals

	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
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	
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	
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	
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	
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	
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	
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	
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	

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

Chart: Hospital Management Data Services

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

Measure 1B - Cost Per Bed Day
All State Hospitals

	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
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	
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	
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	

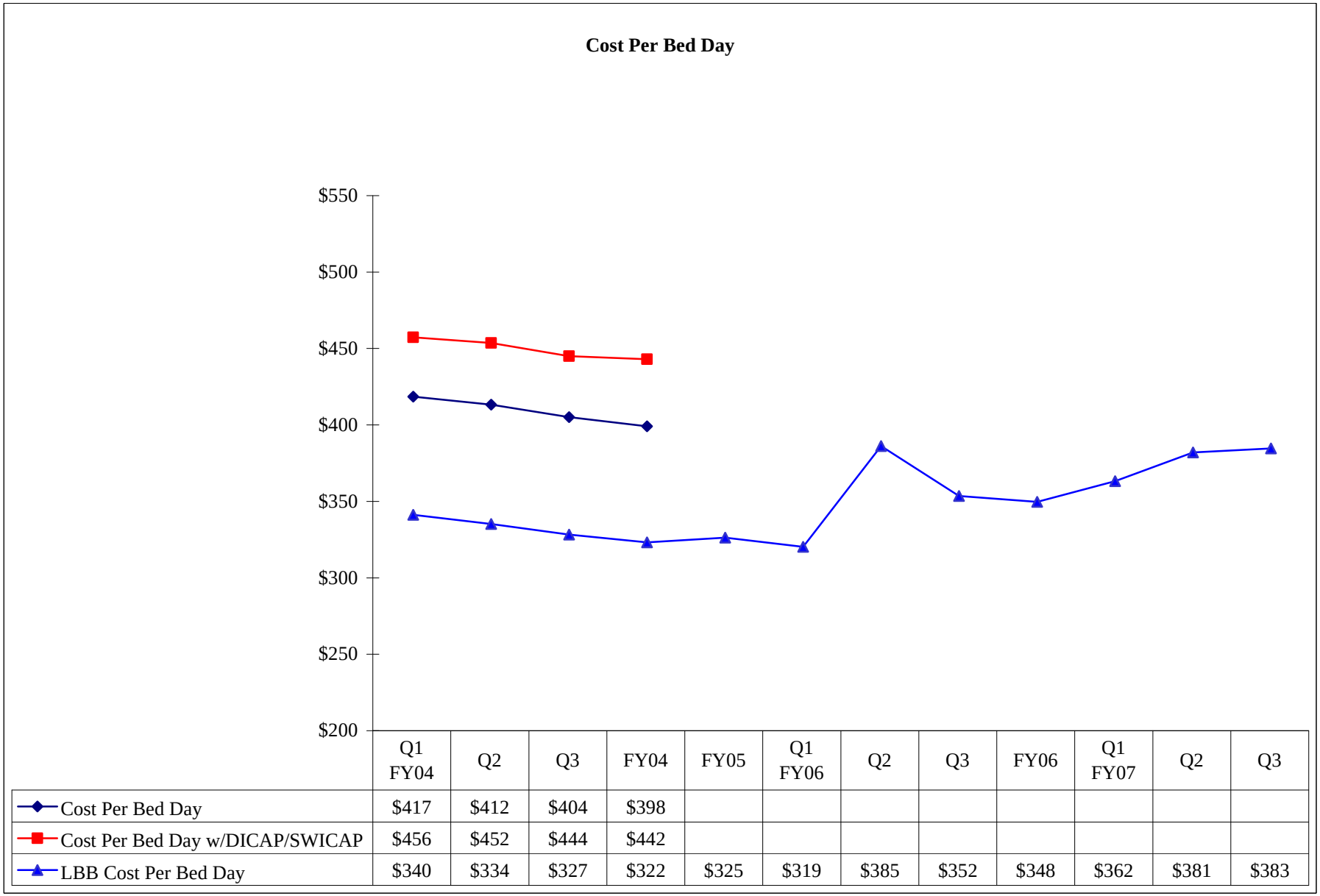
*WCFY - FY04 artificially low due to budget adjustments for prior fiscal year.

Q2 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department - HMDS still verifying numbers
Q1 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department
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.

Chart: Hospital Management Data Services

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

Measure 1B - Cost Per Bed Day
All State Hospitals

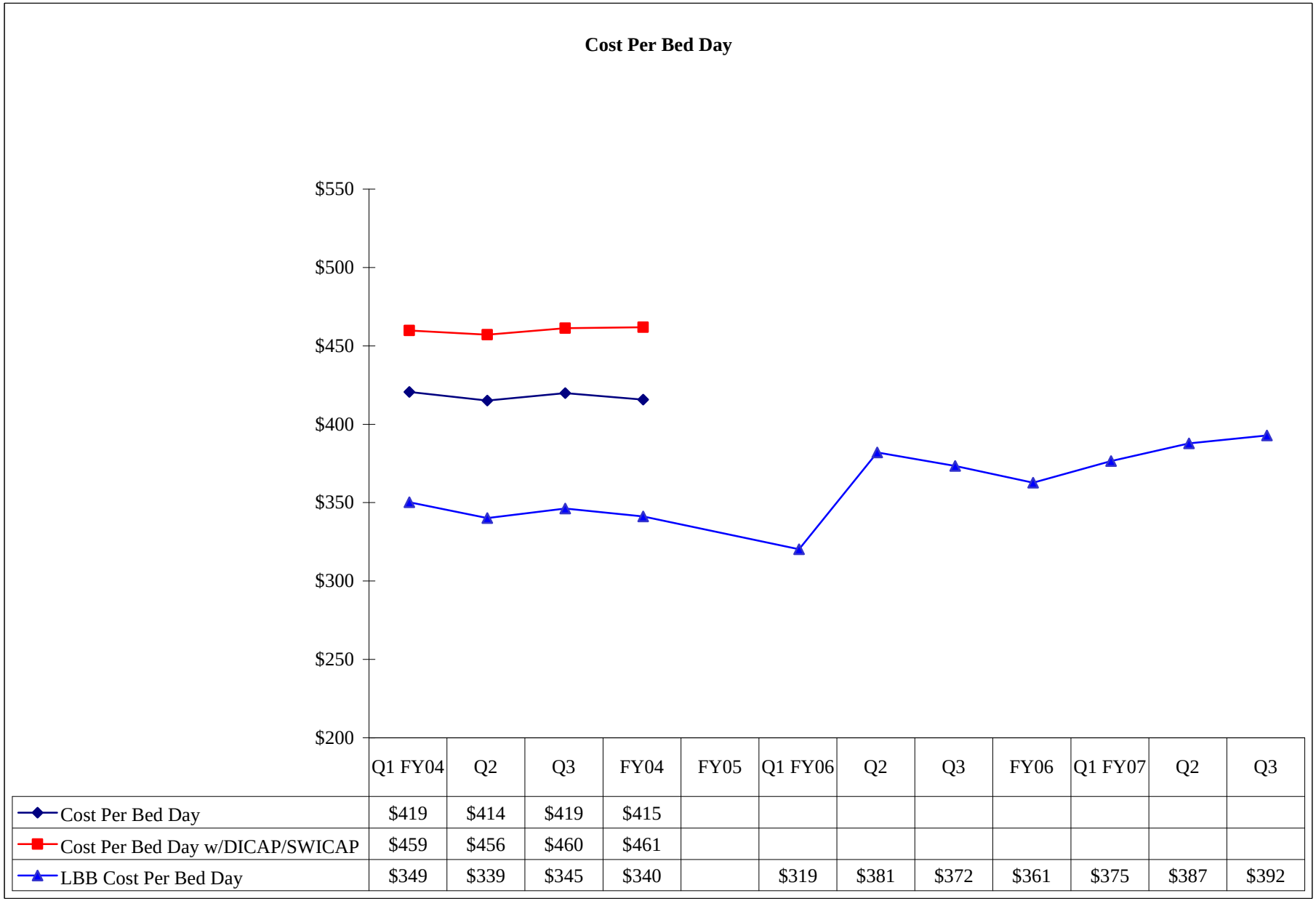


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$417	$412	$404	$398								
Cost Per Bed Day w/DICAP/SWICAP	$456	$452	$444	$442								
LBB Cost Per Bed Day	$340	$334	$327	$322	$325	$319	$385	$352	$348	$362	$381	$383

Chart: Hospital Management Data Services

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

Measure 1B - Cost Per Bed Day
Austin State Hospital

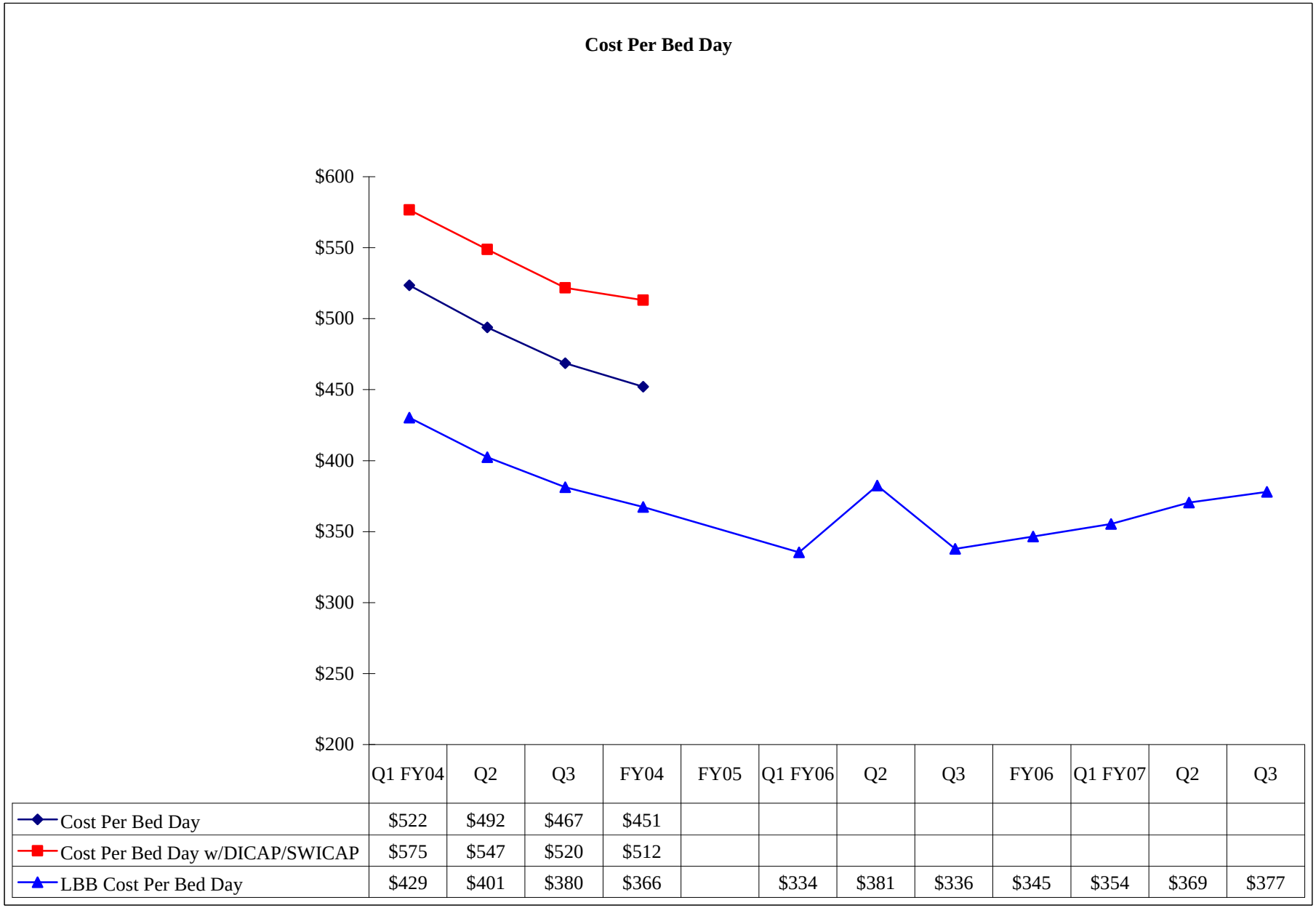


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$419	$414	$419	$415								
Cost Per Bed Day w/DICAP/SWICAP	$459	$456	$460	$461								
LBB Cost Per Bed Day	$349	$339	$345	$340		$319	$381	$372	$361	$375	$387	$392

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

Chart: Hospital Management Data Services

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

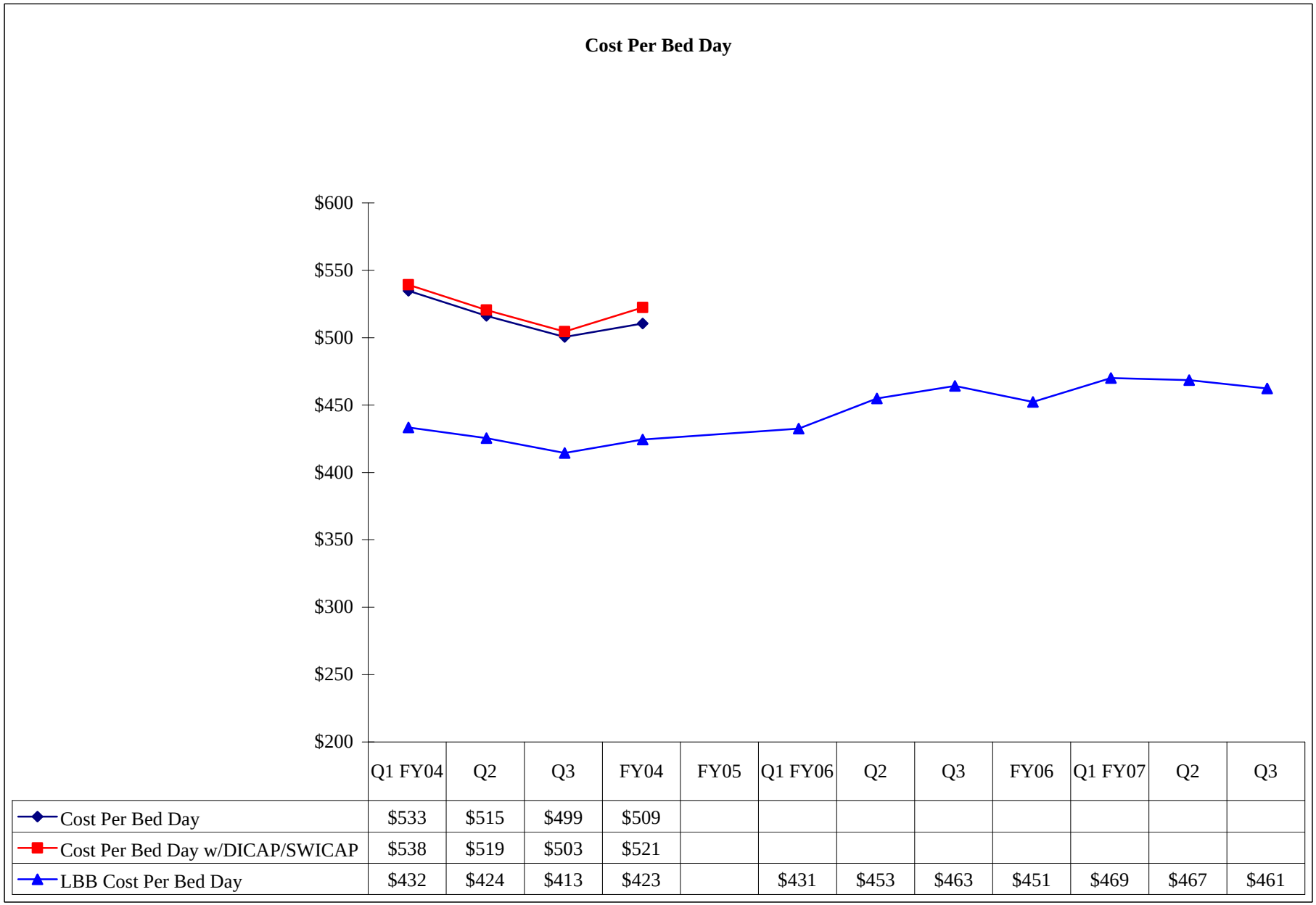


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$522	$492	$467	$451								
Cost Per Bed Day w/DICAP/SWICAP	$575	$547	$520	$512								
LBB Cost Per Bed Day	$429	$401	$380	$366		$334	$381	$336	$345	$354	$369	$377

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

Chart: Hospital Management Data Services

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

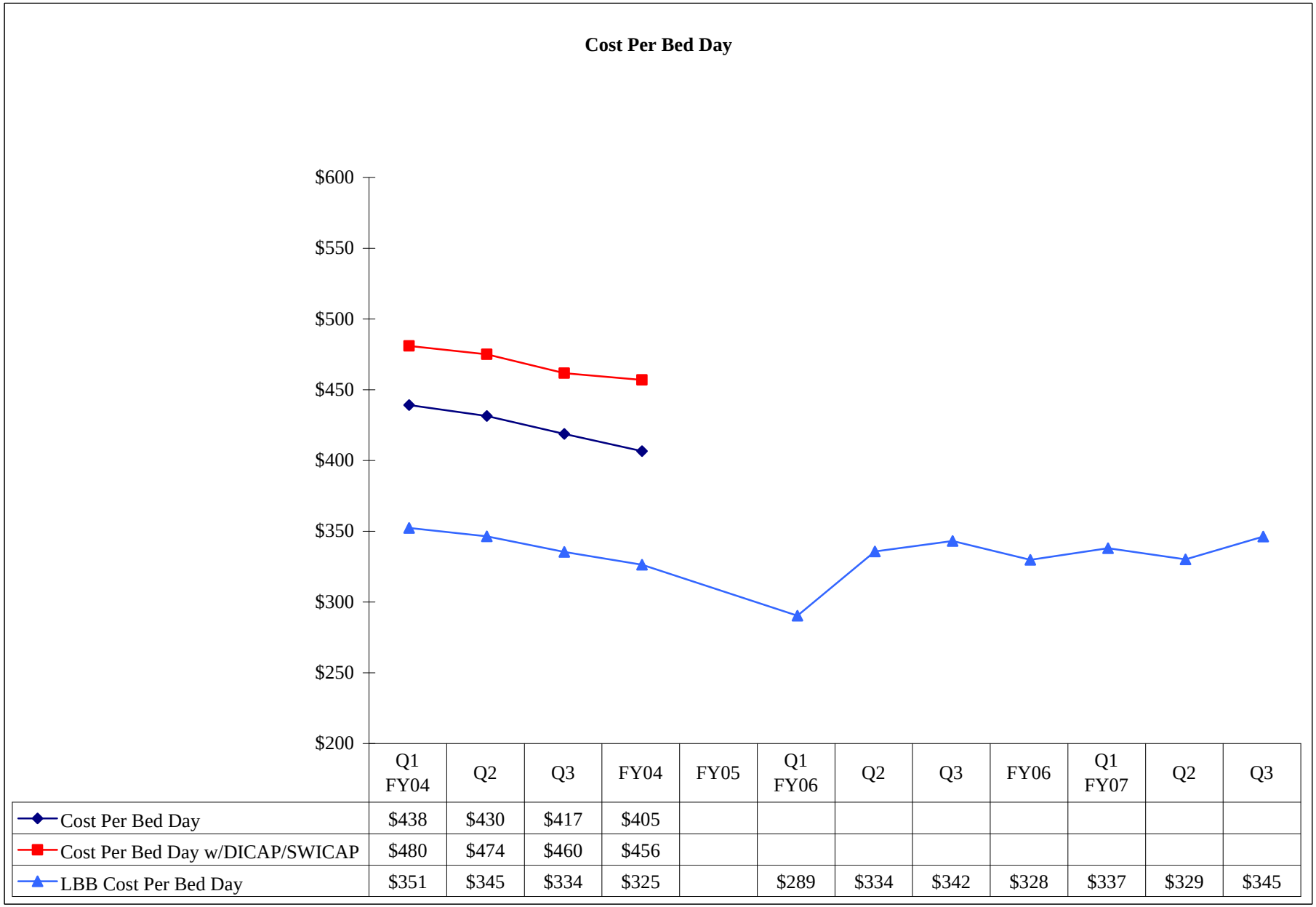


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$533	$515	$499	$509								
Cost Per Bed Day w/DICAP/SWICAP	$538	$519	$503	$521								
LBB Cost Per Bed Day	$432	$424	$413	$423		$431	$453	$463	$451	$469	$467	$461

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

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
Kerrville State Hospital

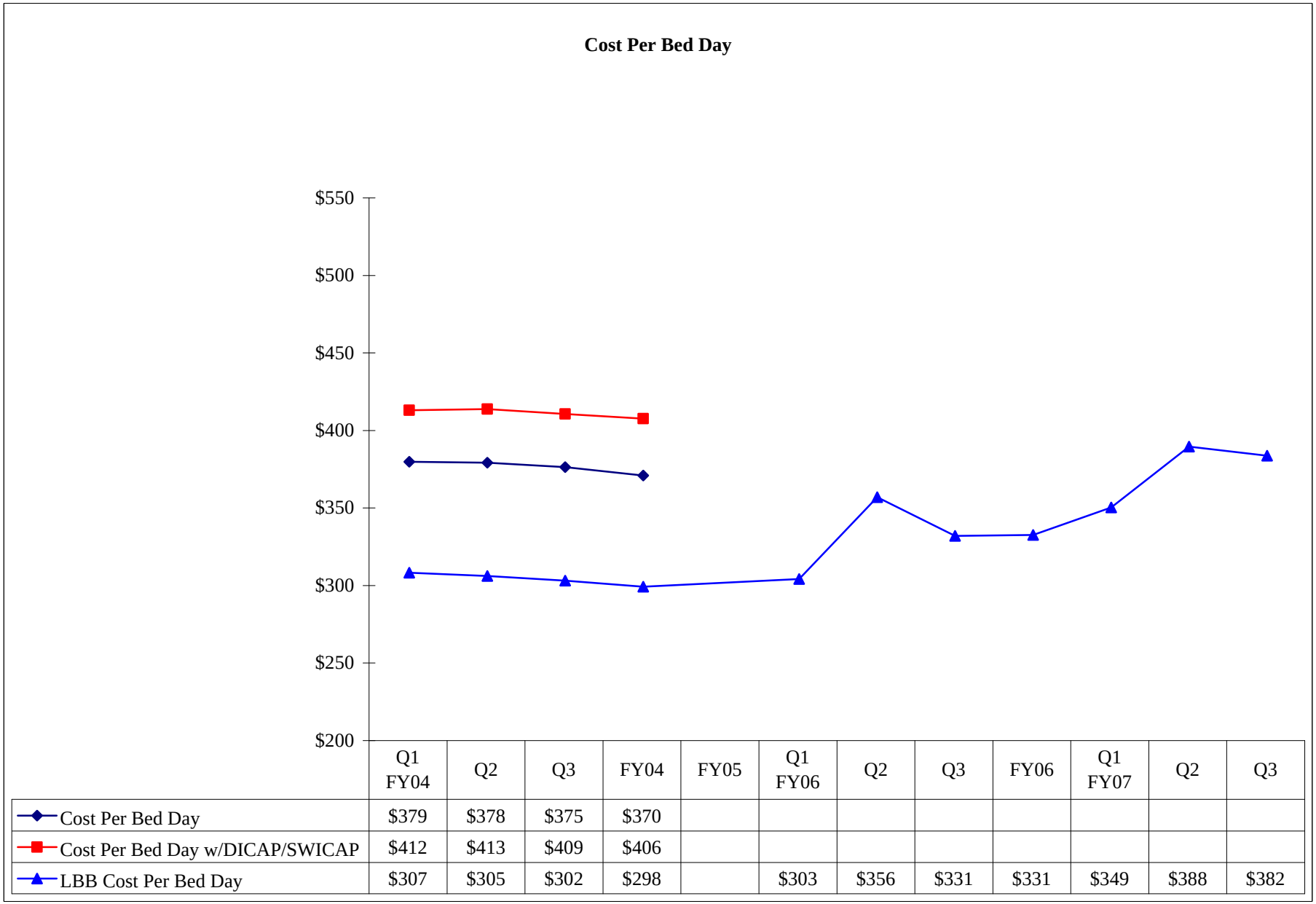


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$438	$430	$417	$405								
Cost Per Bed Day w/DICAP/SWICAP	$480	$474	$460	$456								
LBB Cost Per Bed Day	$351	$345	$334	$325		$289	$334	$342	$328	$337	$329	$345

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

Chart: Hospital Management Data Services

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

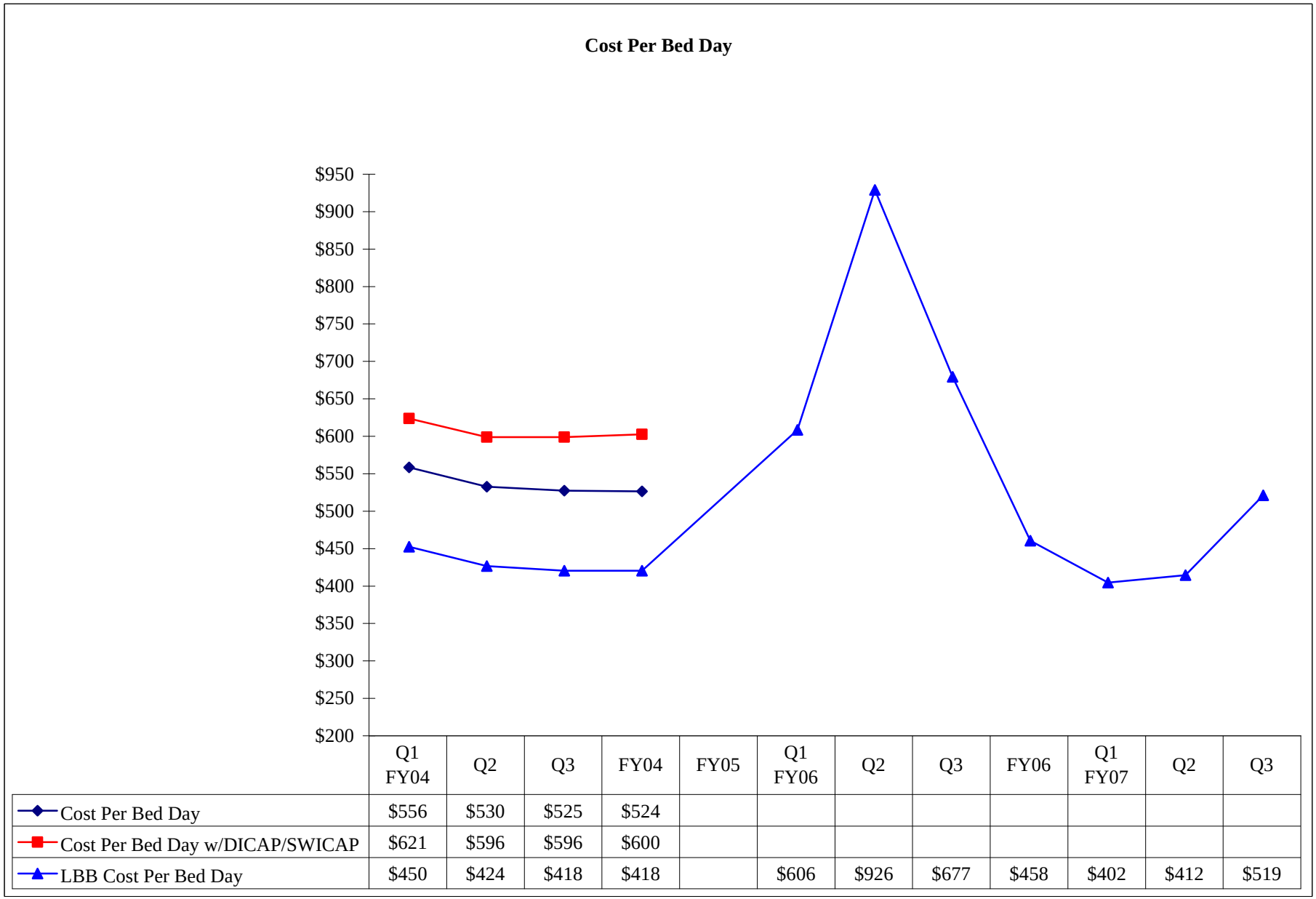


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$379	$378	$375	$370								
Cost Per Bed Day w/DICAP/SWICAP	$412	$413	$409	$406								
LBB Cost Per Bed Day	$307	$305	$302	$298		$303	$356	$331	$331	$349	$388	$382

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

Chart: Hospital Management Data Services

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

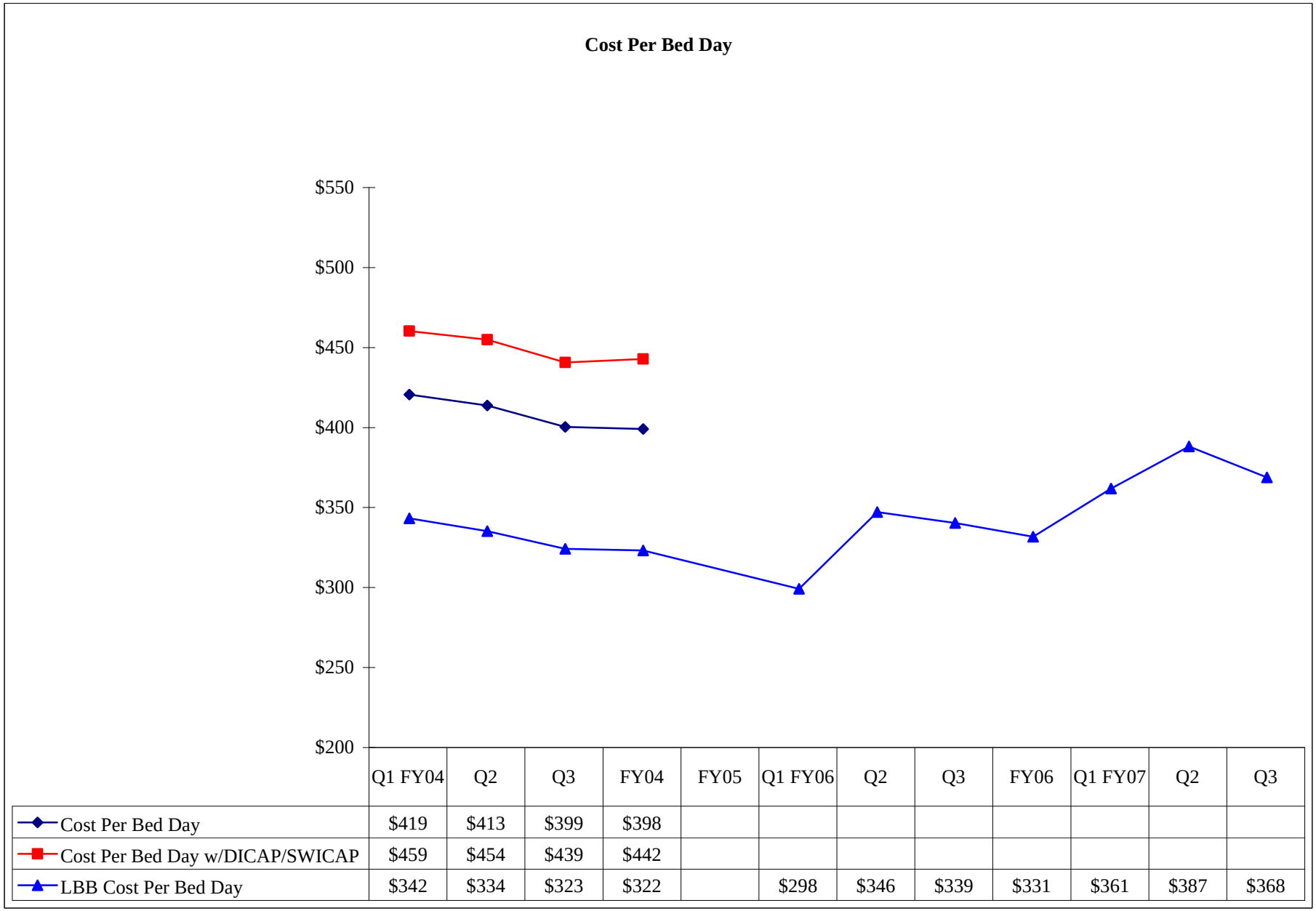


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$556	$530	$525	$524								
Cost Per Bed Day w/DICAP/SWICAP	$621	$596	$596	$600								
LBB Cost Per Bed Day	$450	$424	$418	$418		$606	$926	$677	$458	$402	$412	$519

Chart: Hospital Management Data Services

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

Measure 1B - Cost Per Bed Day
Rusk State Hospital

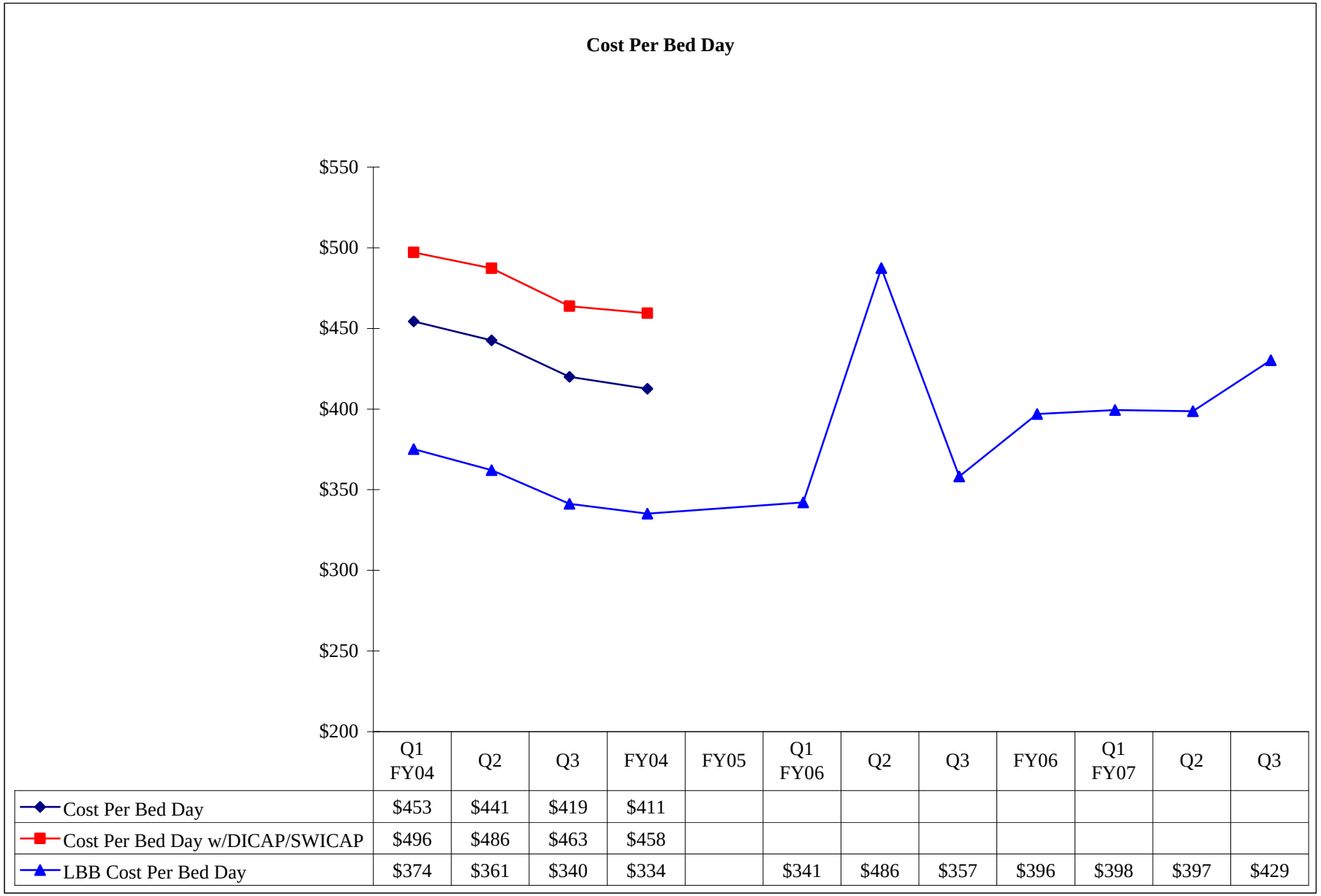


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$419	$413	$399	$398								
Cost Per Bed Day w/DICAP/SWICAP	$459	$454	$439	$442								
LBB Cost Per Bed Day	$342	$334	$323	$322		$298	$346	$339	$331	$361	$387	$368

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

Chart: Hospital Management Data Services

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

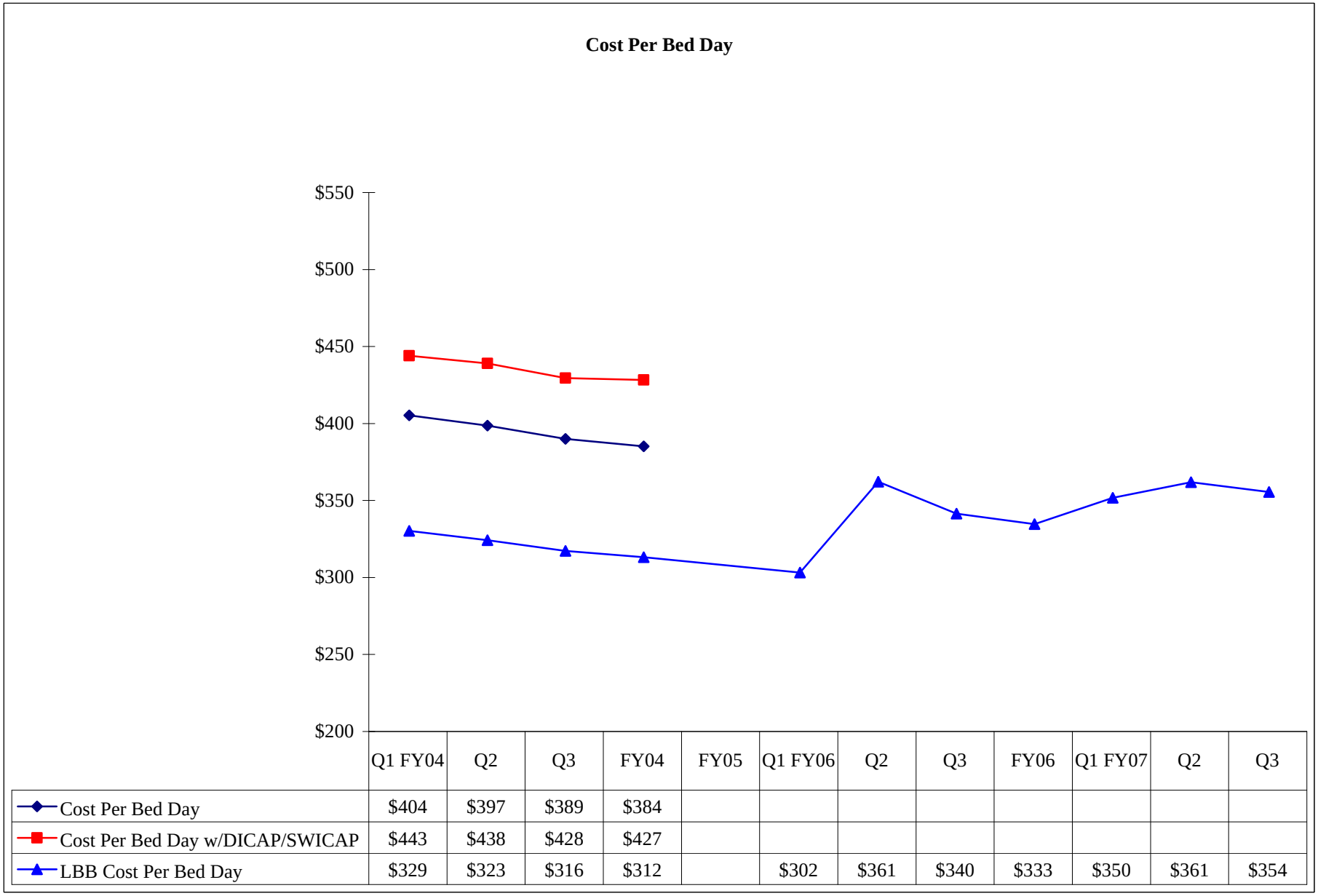


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$453	$441	$419	$411								
Cost Per Bed Day w/DICAP/SWICAP	$496	$486	$463	$458								
LBB Cost Per Bed Day	$374	$361	$340	$334		$341	$486	$357	$396	$398	$397	$429

Chart: Hospital Management Data Services

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

Measure 1B - Cost Per Bed Day
Terrell State Hospital

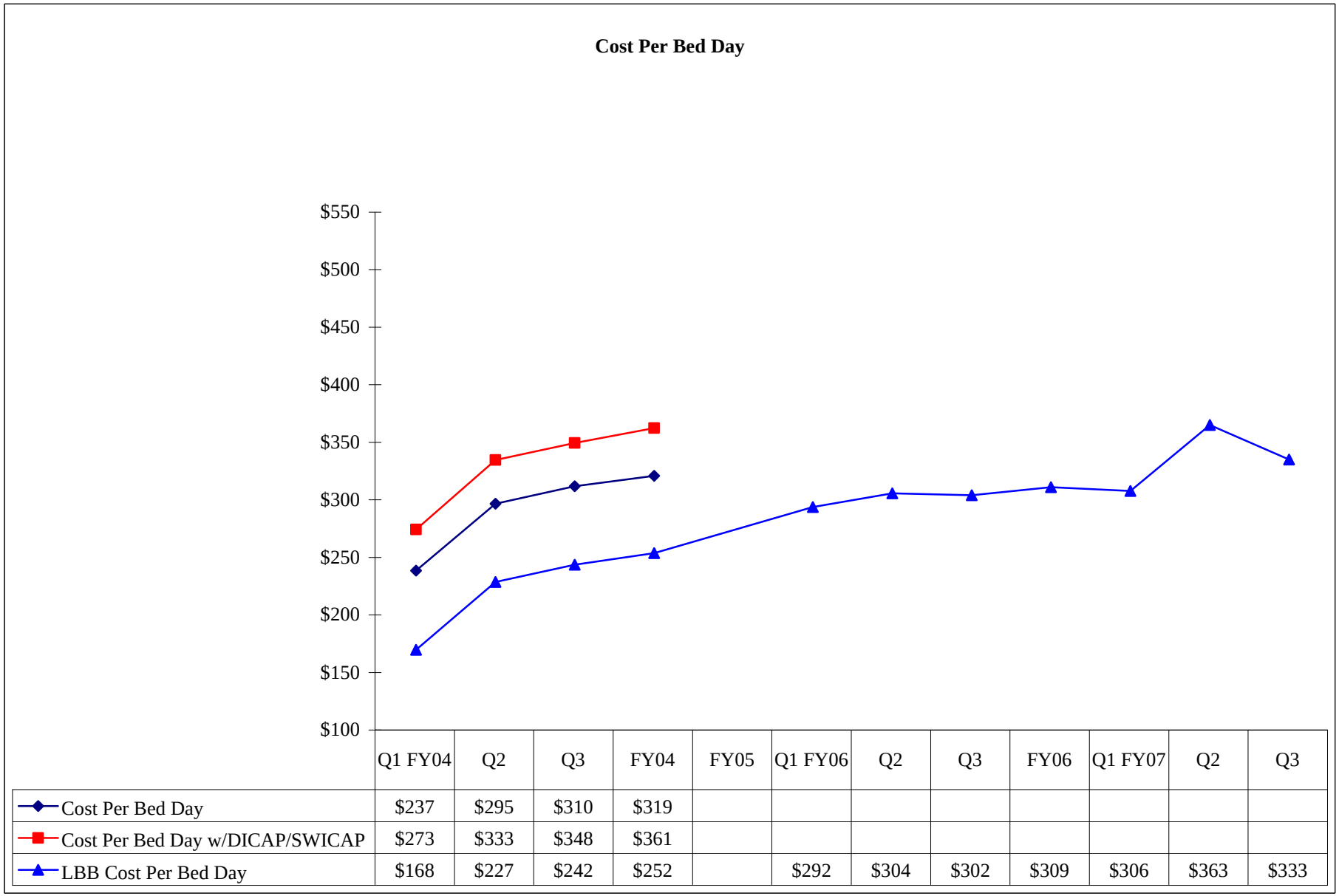


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
Cost Per Bed Day	$404	$397	$389	$384								
Cost Per Bed Day w/DICAP/SWICAP	$443	$438	$428	$427								
LBB Cost Per Bed Day	$329	$323	$316	$312		$302	$361	$340	$333	$350	$361	$354

Chart: Hospital Management Data Services

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

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



	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3
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

Chart: Hospital Management Data Services

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

Performance Measure 1C:

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

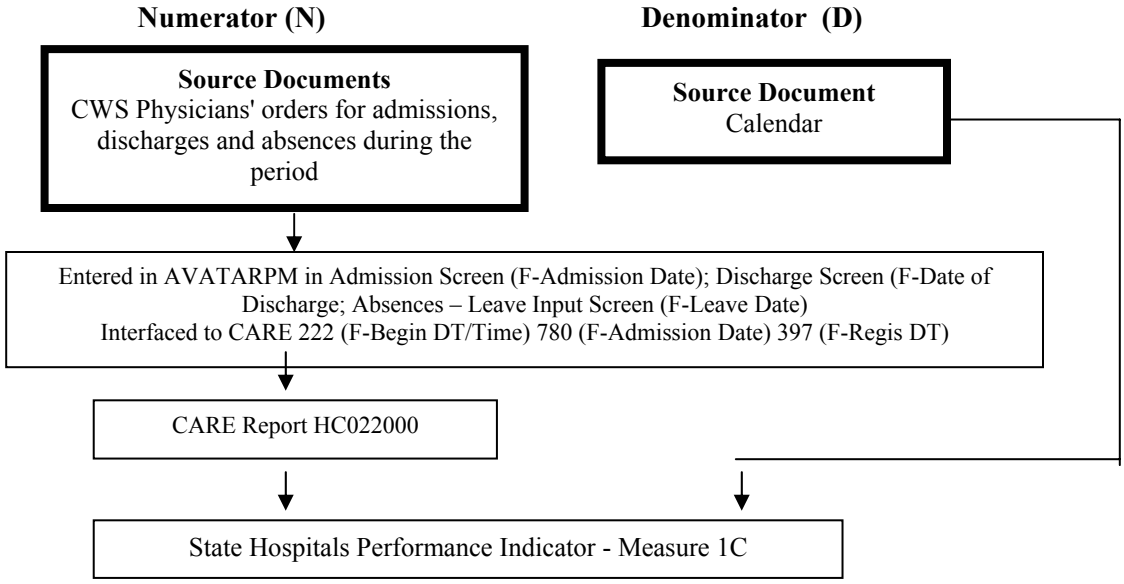
Performance Measure Operational Definition: The state hospital's average daily census will be reported quarterly.

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 1F for charts

Data Flow:



Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. **Note:** Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record on the Physician's Order.
Sample Size	Review of 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/HMDS Report	Summary of review including findings and data analysis.

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

Performance Objective 2A:

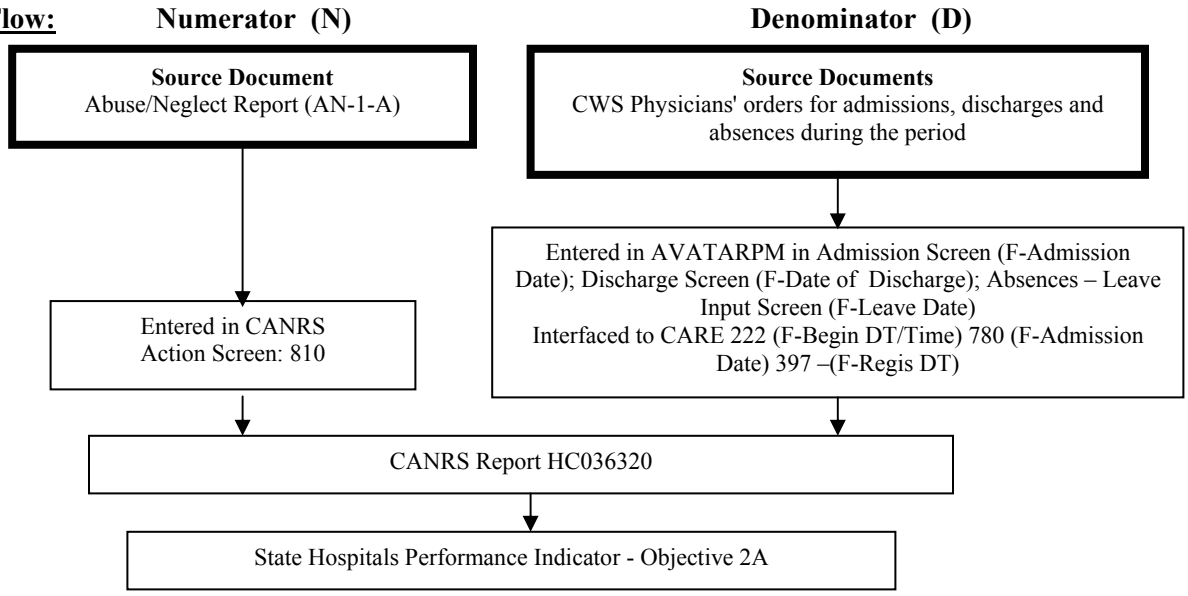
State hospitals will demonstrate a downward trend of confirmed abuse or neglect.

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.

Performance Objective Formula: R = (N/D) x 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 FY1,000 = 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:



Data Integrity Review Process: (Denominator only)

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. **Note:** Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record on the Physician's Order.
Sample Size	Review of 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/HMDS Report	Summary of review including findings and data analysis.

Objective 2A - Abuse/Neglect Rate
All State Hospitals - As of May 31, 2007

	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07				
Facility	Total	Total	Total	Total	Total	Total	Total	Class I	Class II	Class III	Neglect	Total
All State Hospitals												
Total Cases	2419	2260	2387	2188	1476	1536	1617	116	488	191	143	938
Total Confirmed	220	211	193	175	76	117	112	5	23	21	26	75
Total Confirmed Rate/1000 Bed Days	0.22	0.24	0.23	0.21	0.09	0.13	0.13	0.00	0.03	0.03	0.04	0.11

Source: CANRS Quarterly Report for MH/MR Performance Measures
(HC036320)

Table: Hospital Management Data Services

GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3B:

Each state hospital will use the standardized definitions for tracking episodes of restraints and seclusion in their reduction efforts.

Performance Objective Operational Definition: The number of restraint and seclusion incidents as documented on the MHRS 7-4 (or approved substitute) per 1,000 bed days.

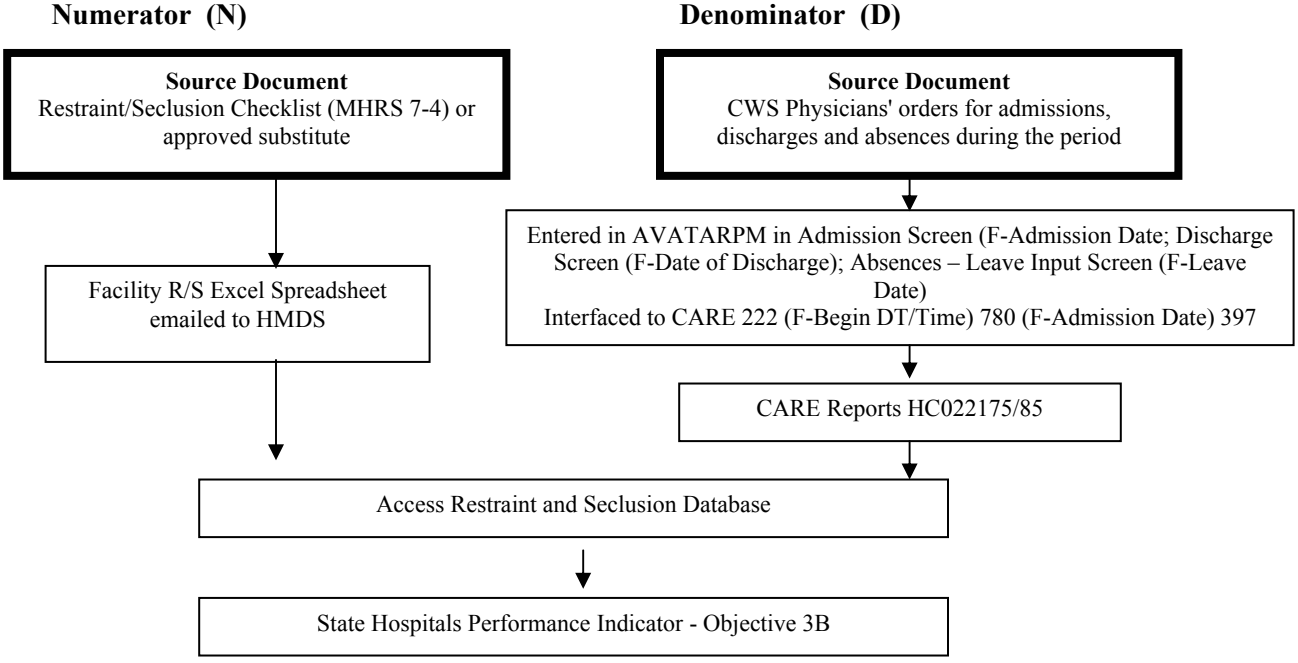
Performance Objective Formula: R = (N/D) x 1,000

R = rate of restraint and seclusion incidents per 1,000 bed days per FY quarter
N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion
D = number of bed days per FY quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- Table shows quarterly numbers of incidents, numbers of persons, and total hours for restraints and seclusions involving children, adolescents and adults for individual state hospitals and system-wide. Also shows child/adolescent bed days and all other units bed days for the quarter for individual state hospitals and system-wide.
- Table shows quarterly numbers of restraints by type for individual state hospitals and system-wide and table shows quarterly numbers of restraints by type per 1,000 bed days for individual state hospitals and system-wide.
- Chart with quarterly data points of restraint and seclusion incidents per 1,000 bed days for child/adolescent and adults for individual state hospitals and system-wide.
- Chart with quarterly data points of average number of hours per restraint/seclusion incident for child/adolescent and adults for individual state hospitals and system-wide.
- Chart with quarterly data points of number of persons in restraint/seclusion for 1,000 bed days for child/adolescent and adults for individual state hospitals and system-wide.

Data Flow:

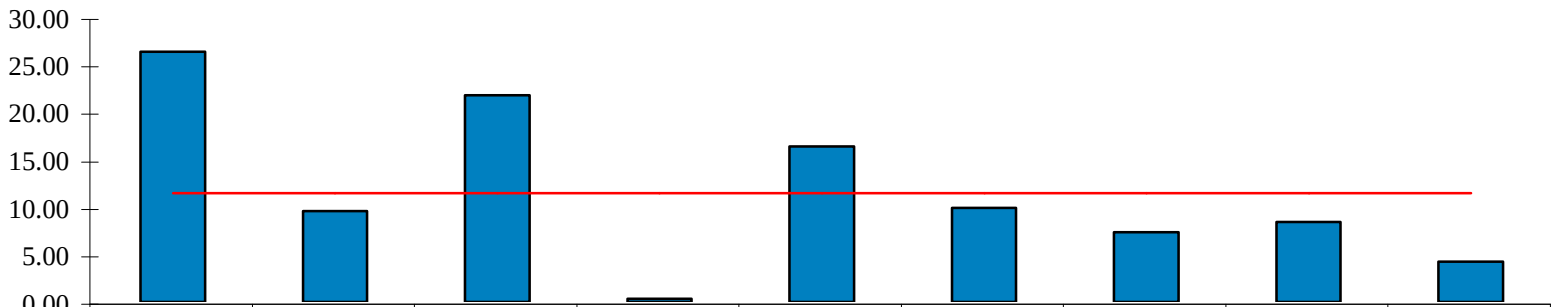


Data Integrity

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files, leave event start/stop dates and the restraint/seclusion event start/stop date/time in the NRI event files as compared to the corresponding information in the medical record.
Sample Size	Use 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and to review only the associated restraint and seclusion events.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/HMDS Report	Summary of review including percentage accuracy rates, findings and data analysis.

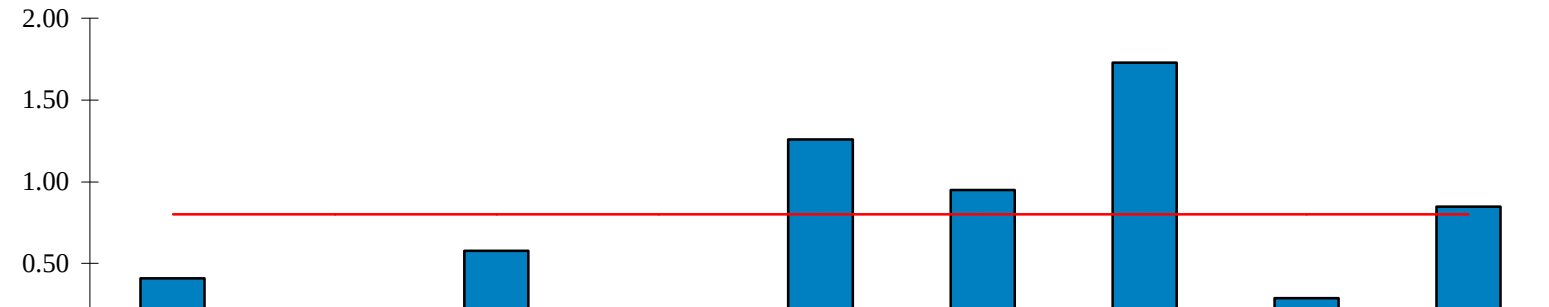
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Adult Restraint Incidents Per 1,000 Bed Days



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q3 FY07	26.38	9.54	21.79	0.33	16.38	9.92	7.35	8.40	4.23
All State Hospitals	11.43	11.43	11.43	11.43	11.43	11.43	11.43	11.43	11.43

Adult Seclusion Incidents Per 1,000 Bed Days

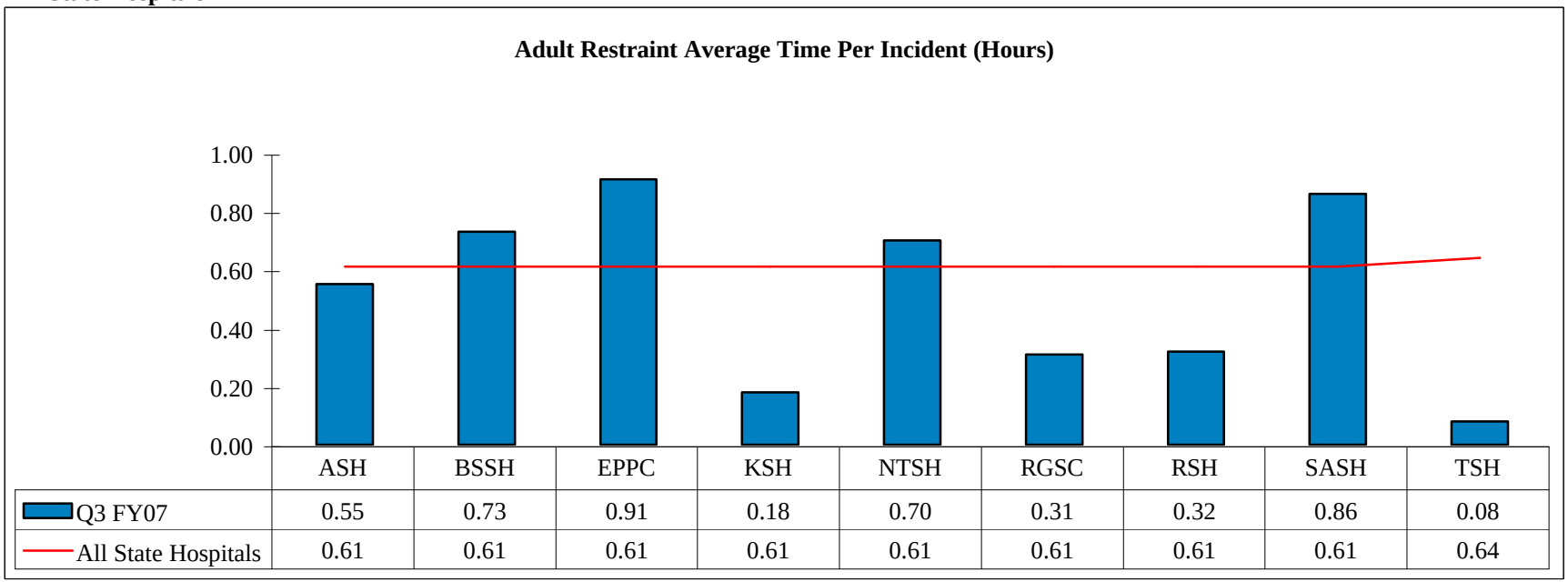


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q3 FY07	0.34	0.06	0.51	0.00	1.19	0.88	1.66	0.22	0.78
All State Hospitals	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73

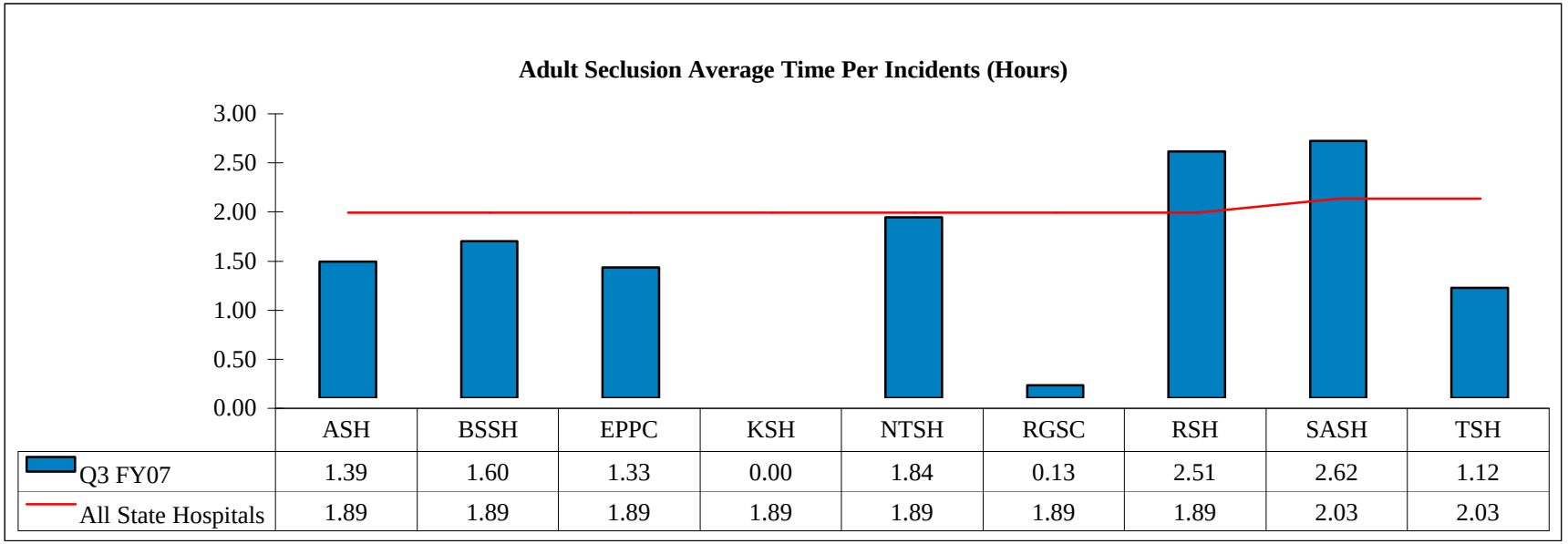
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

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



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q3 FY07	0.55	0.73	0.91	0.18	0.70	0.31	0.32	0.86	0.08
All State Hospitals	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.64

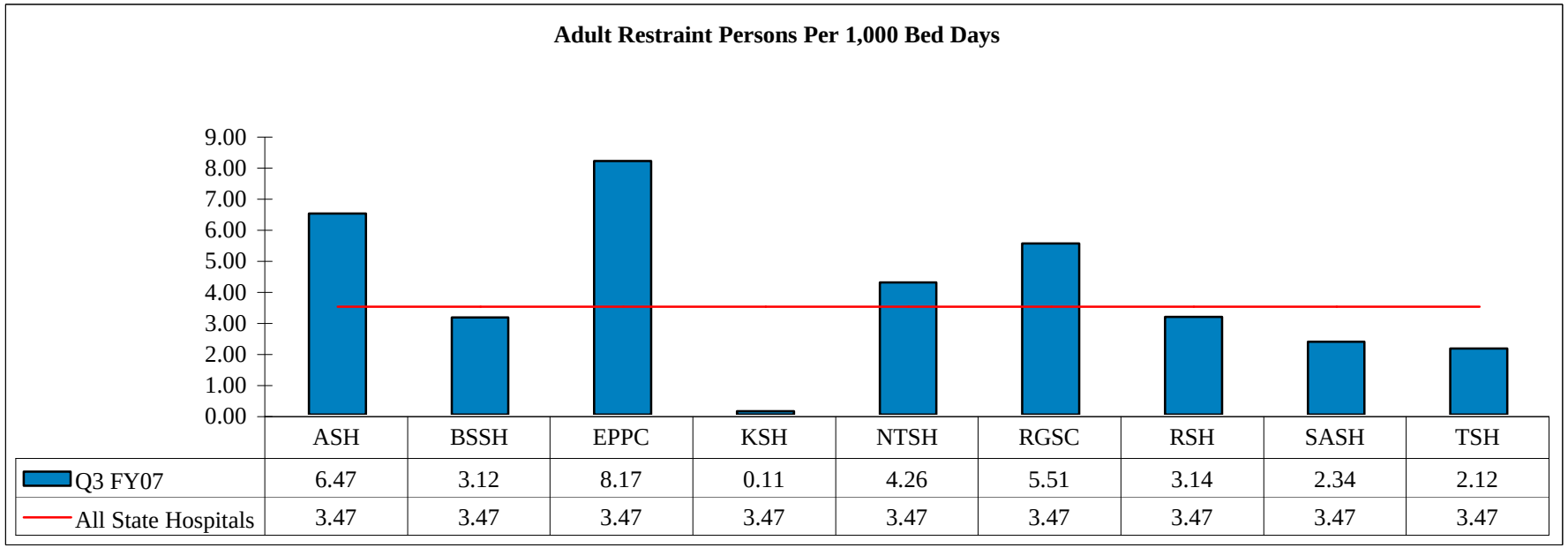


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q3 FY07	1.39	1.60	1.33	0.00	1.84	0.13	2.51	2.62	1.12
All State Hospitals	1.89	1.89	1.89	1.89	1.89	1.89	1.89	2.03	2.03

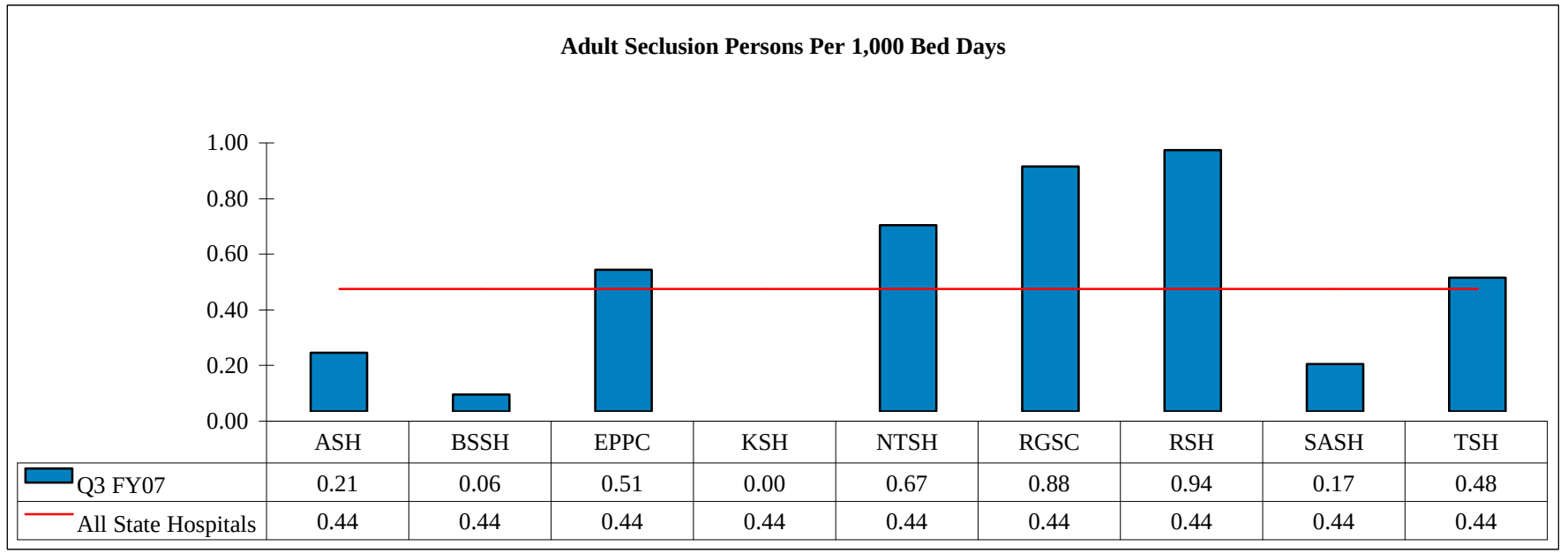
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

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



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q3 FY07	6.47	3.12	8.17	0.11	4.26	5.51	3.14	2.34	2.12
All State Hospitals	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47



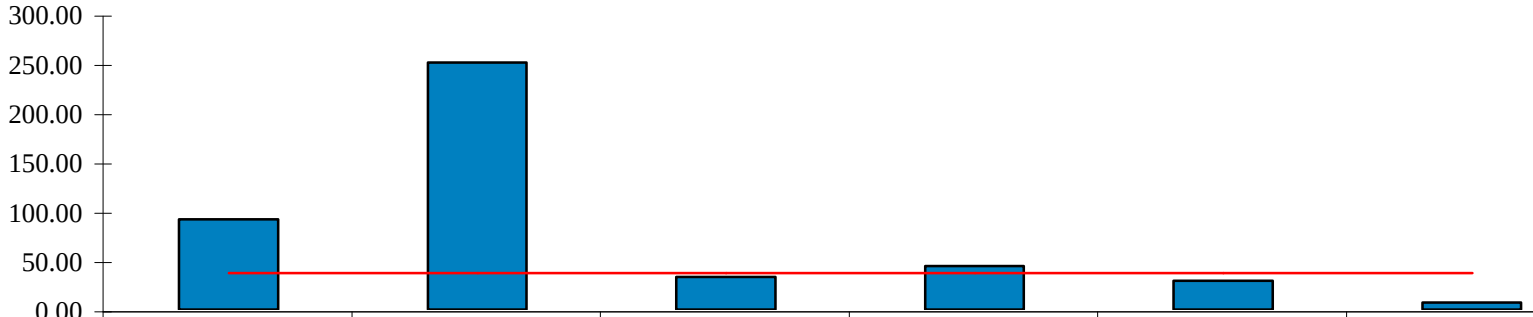
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q3 FY07	0.21	0.06	0.51	0.00	0.67	0.88	0.94	0.17	0.48
All State Hospitals	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44

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

Chart: Hospital Management Data Services

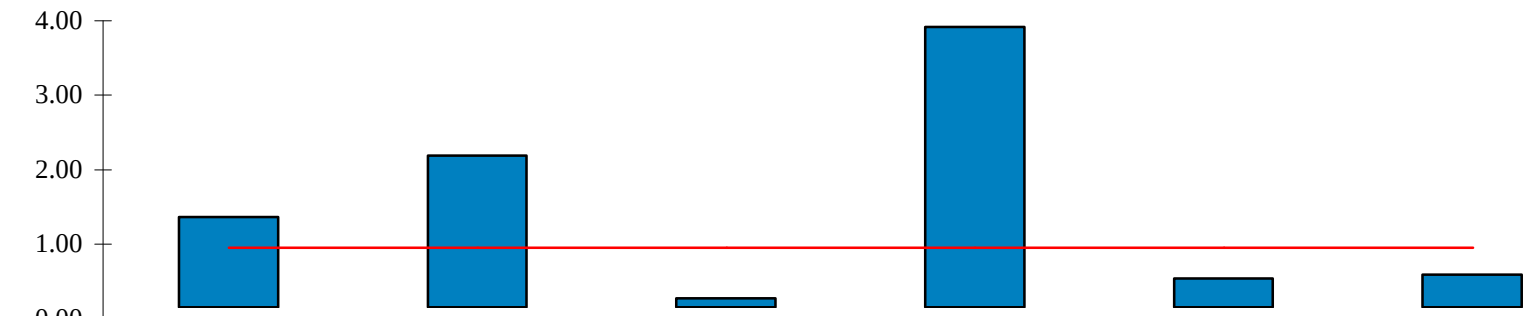
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Child & Adolescent Restraint Incidents Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q3 FY07	91.28	250.51	33.15	44.12	29.46	7.01
All State Hospitals	37.02	37.02	37.02	37.02	37.02	37.02

Child & Adolescent Seclusion Incidents Per 1,000 Bed Days



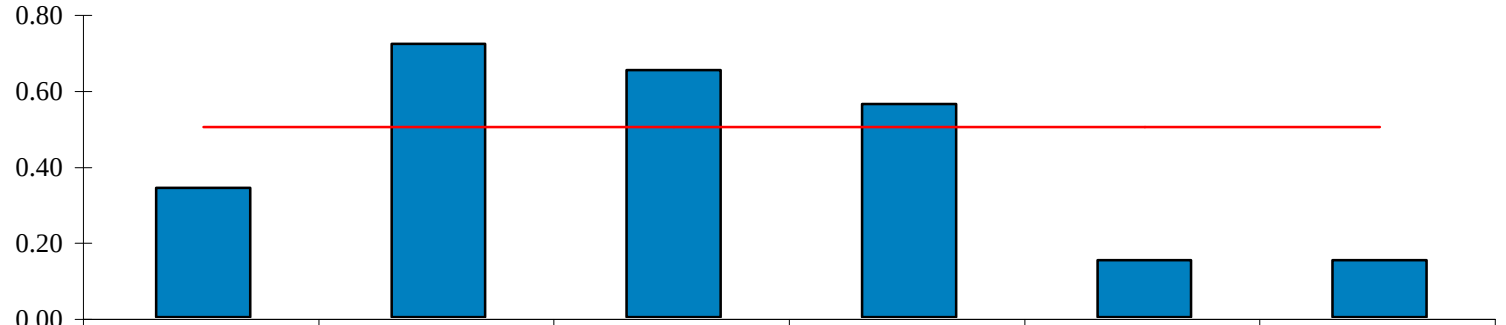
	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q3 FY07	1.21	2.04	0.12	3.77	0.39	0.44
All State Hospitals	0.80	0.80	0.80	0.80	0.80	0.80

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

Chart: Hospital Management Data Services

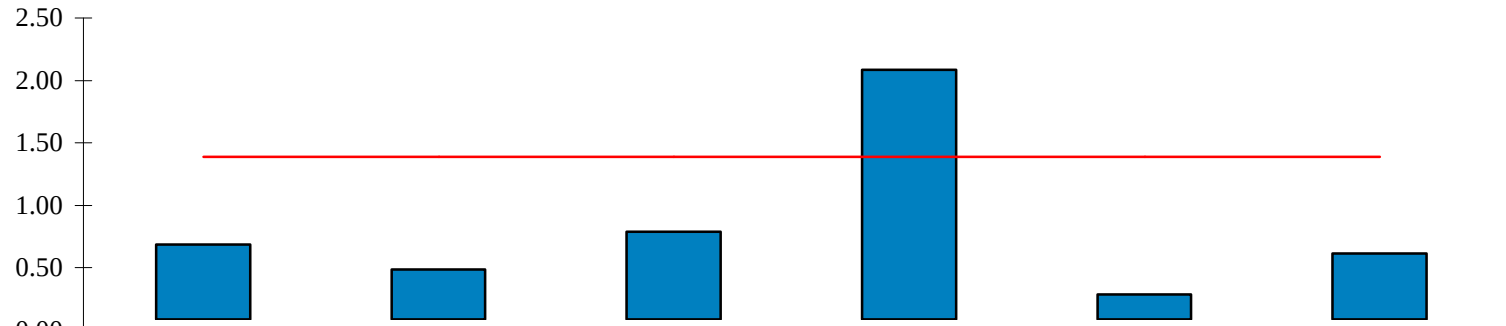
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Child & Adolescent Restraint Average Time Per Incident (Hours)



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q3 FY07	0.34	0.72	0.65	0.56	0.15	0.15
All State Hospitals	0.50	0.50	0.50	0.50	0.50	0.50

Child & Adolescent Seclusion Average Time Per Incident (Hours)



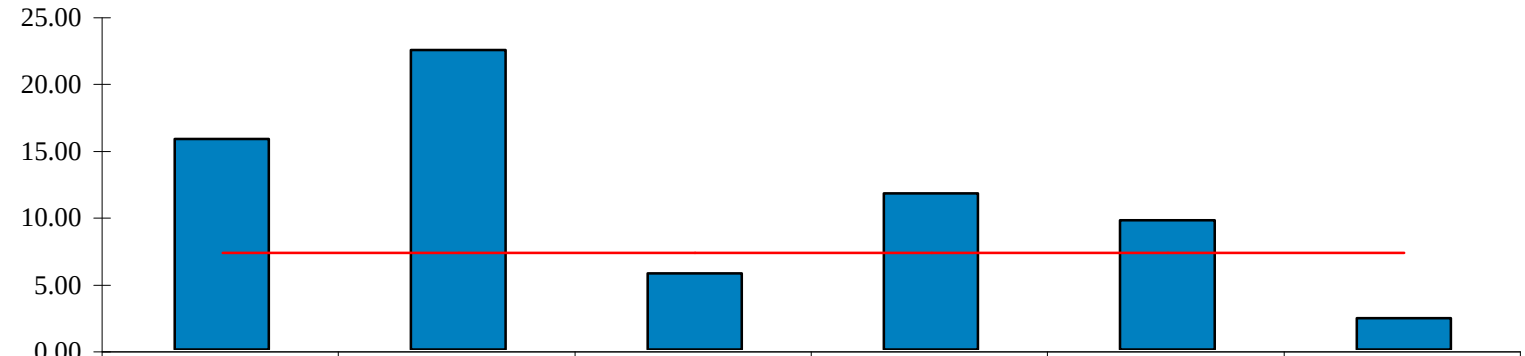
	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q3 FY07	0.60	0.40	0.70	2.00	0.20	0.53
All State Hospitals	1.30	1.30	1.30	1.30	1.30	1.30

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

Chart: Hospital Management Data Services

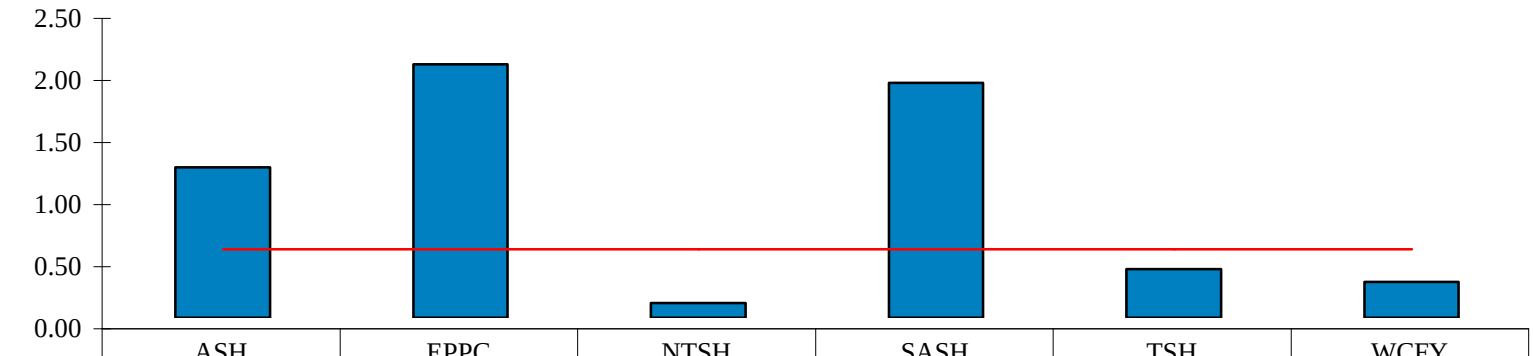
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Child & Adolescent Restraint Persons Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q3 FY07	15.75	22.40	5.72	11.69	9.69	2.34
All State Hospitals	7.24	7.24	7.24	7.24	7.24	7.24

Child & Adolescent Seclusion Persons Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q3 FY07	1.21	2.04	0.12	1.89	0.39	0.29
All State Hospitals	0.55	0.55	0.55	0.55	0.55	0.55

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

Chart: Hospital Management Data Services

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

Fiscal Year 2007

	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	2,684	2,436	2,476		2,684	2,436	2,476		2,684	2,436	2,476	
Bed Days in Quarter-All Other Units	22,635	22,095	23,504		22,635	22,095	23,504		22,635	22,095	23,504	
Restraint Involving Children	13	3	47		5	2	6		6.2	0.3	13.6	
Restraint Involving Adolescents	135	96	179		31	28	33		103.4	43.9	63	
Restraint Involving Adults	326	711	620		124	163	152		397.5	398.7	339.9	
Seclusion Involving Children	1	0	1		1	0	1		0.8	0	0.5	
Seclusion Involving Adolescents	74	18	2		6	4	2		102.9	20.1	1.3	
Seclusion Involving Adults	26	12	8		6	5	5		39.2	13.6	11.1	
Big Spring State Hospital												
Bed Days in Quarter	17,363	16,944	17,303		17,363	16,944	17,303		17,363	16,944	17,303	
Restraint Involving Adults	187	284	165		61	66	54		119.6	205.4	120.9	
Seclusion Involving Adults	7	10	1		3	4	1		17.6	25.5	1.6	
El Paso Psychiatric Center												
Child/Adolescent Bed Days	456	481	491		456	481	491		456	481	491	
Bed Days in Quarter-All Other Units	5,375	5,874	5,875		5,375	5,874	5,875		5,375	5,874	5,875	
Restraint Involving Children	0	17	0		0	2	0		0.0	15	0	
Restraint Involving Adolescents	12	51	123		3	12	11		6.9	59.4	89.1	
Restraint Involving Adults	45	84	128		28	33	48		43.3	108	116.0	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0	0	
Seclusion Involving Adolescents	2	1	1		2	1	1		0.8	0.4	0.4	
Seclusion Involving Adults	1	2	3		1	2	3		1.8	2.7	4.0	
Kerrville State Hospital												
Bed Days in Quarter	18,287	18,272	18,430		18,287	18,272	18,430		18,287	18,272	18,430	
Restraint Involving Adults	29	55	6		10	13	2		6.2	8.2	1.1	
Seclusion Involving Adults	0	0	0		0	0	0		0.0	0.0	0.0	

Table: Hospital Management Data Services

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

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

Fiscal Year 2007

	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	8,514	8,028	8,566		8,514	8,028	8,566		8,514	8,028	8,566	
Bed Days in Quarter-All Other Units	44,482	42,123	42,068		44,482	42,123	42,068		44,482	42,123	42,068	
Restraint Involving Children	4	2	1		4	2	1		0.5	0.03	0.1	
Restraint Involving Adolescents	212	185	283		41	35	48		115.8	111.4	184.4	
Restraint Involving Adults	609	607	689		166	173	179		444.3	425.8	483.1	
Seclusion Involving Children	3	5	0		2	3	0		2.9	5.3	0.0	
Seclusion Involving Adolescents	17	13	1		10	6	1		12.3	10.3	0.7	
Seclusion Involving Adults	70	49	50		20	21	28		192.2	98.6	92.0	
Rio Grande State Center												
Bed Days in Quarter	4,288	3,784	4,537		4,288	3,784	4,537		4,288	3,784	4,537	
Restraint Involving Adults	17	48	45		12	15	25		8.1	20.2	14.0	
Seclusion Involving Adults	1	9	4		1	3	4		0.1	14.4	0.5	
Rusk State Hospital												
Bed Days in Quarter	26,955	25,726	27,737		26,955	25,726	27,737		26,955	25,726	27,737	
Restraint Involving Adults	107	172	204		54	82	87		58.8	44.3	66.2	
Seclusion Involving Adults	30	38	46		23	24	26		53.2	96.2	115.6	
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,435	2,274	2,652		2,435	2,274	2,652		2,435	2,274	2,652	
Bed Days in Quarter-All Other Units	21,788	24,052	23,104		21,788	24,052	23,104		21,788	24,052	23,104	
Restraint Involving Adolescents	74	167	117		22	28	31		50.0	116.7	65.6	
Restraint Involving Adults	99	270	194		24	80	54		108.6	261.1	167.6	
Seclusion Involving Adolescents	3	8	10		3	4	5		3.7	10.8	20.0	
Seclusion Involving Adults	2	11	5		2	9	4		1.5	27.8	13.1	

Table: Hospital Management Data Services

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

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

Fiscal Year 2007

	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	2,726	2,470	2,580		2,726	2,470	2,580		2,726	2,470	2,580	
Bed Days in Quarter-All Other Units	24,498	25,332	26,920		24,498	25,332	26,920		24,498	25,332	26,920	
Restraint Involving Children	1	1	5		1	1	3		0.0	0.1	0.4	
Restraint Involving Adolescents	39	16	71		18	8	22		4.7	3.5	10.9	
Restraint Involving Adults	89	72	114		43	44	57		17.0	6.1	5.7	
Seclusion Involving Children	0	0	0		0	0	0		0.0	0	0.0	
Seclusion Involving Adolescents	1	0	1		1	0	1		1.3	0	0.2	
Seclusion Involving Adults	16	12	21		10	9	13		16.7	11.3	23.5	
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,914	6,567	6,844		6,914	6,567	6,844		6,914	6,567	6,844	
Restraint Involving Adolescents	53	61	48		25	17	16		13.0	13	7	
Seclusion Involving Adolescents	0	1	3		0	1	2		0.0	0.8	1.6	
All State Hospitals												
Child/Adolescent Bed Days	23,729	22,256	23,609		23,729	22,256	23,609		23,729	22,256	23,609	
Bed Days in Quarter-All Other Units	185,671	184,202	189,478		185,671	184,202	189,478		185,671	184,202	189,478	
Restraint Involving Children	18.0	23.0	53.0		10.0	7.0	10.0		6.70	15	14.1	
Restraint Involving Adolescents	525.0	576.0	821.0		140.0	128.0	161.0		293.8	347.9	420.0	
Restraint Involving Adults	1,508.0	2,303.0	2,165.0		522.0	669.0	658.0		1,203.4	1,477.8	1,314.5	
Seclusion Involving Children	4	5	1		3	3	1		3.7	5.3	0.5	
Seclusion Involving Adolescents	97	41	18		22	16	12		121.0	42.4	24.2	
Seclusion Involving Adults	153	143	138		66	77	84		322.3	290.1	261.4	

Table: Hospital Management Data Services

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

Objective 3B - Maintain Restraint and Seclusion Data

All State Hospitals **Fiscal Year 2007**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	4	1	10		4	1	3	
< 5 Restraint Involving Adolescents	20	28	54		13	18	21	
< 5 Restraint Involving Adults	43	365	252		27	134	108	
Big Spring State Hospital								
< 5 Restraint Involving Adults	39	61	29		28	33	23	
El Paso Psychiatric Center								
< 5 Restraint Involving Children	0	0	0		0	0	0	
< 5 Restraint Involving Adolescents	1	5	27		1	4	5	
< 5 Restraint Involving Adults	2	17	44		2	11	26	
Kerrville State Hospital								
< 5 Restraint Involving Adults	13	35	4		6	10	2	
North Texas State Hospital								
< 5 Restraint Involving Children	2	2	0		2	2	0	
< 5 Restraint Involving Adolescents	54	41	44		26	17	21	
< 5 Restraint Involving Adults	306	301	365		133	141	139	
Rio Grande State Center								
< 5 Restraint Involving Adults	7	6	14		6	5	11	
Rusk State Hospital								
< 5 Restraint Involving Adults	50	100	114		32	64	72	
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	10	45	35		6	17	19	
< 5 Restraint Involving Adults	6	71	42		6	46	27	
Terrell State Hospital								
< 5 Restraint Involving Children	1	0	2		1	0	2	
< 5 Restraint Involving Adolescents	25	5	32		15	5	16	
< 5 Restraint Involving Adults	51	47	89		32	35	45	
Waco Center For Youth								
< 5 Restraint Involving Adolescents	19	14	13		15	9	8	
All State Hospitals								
< 5 Restraint Involving Children	7	3	12		7	3	5	
< 5 Restraint Involving Adolescents	129	138	205		76	70	90	
< 5 Restraint Involving Adults	517	1,003	953		272	479	453	

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

Table: Hospital Management Data Services

Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals **Fiscal Year 2007**

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Austin State Hospital					
Personal Restraint	119	527	536		1,182
Mechanical Restraint	355	283	310		948
Seclusion	101	30	11		142
Big Spring State Hospital					
Personal Restraint	118	173	96		387
Mechanical Restraint	69	111	69		249
Seclusion	7	10	1		18
El Paso Psychiatric Center					
Personal Restraint	12	34	85		131
Mechanical Restraint	45	118	166		329
Seclusion	3	3	4		10
Kerrville State Hospital					
Personal Restraint	24	48	5		77
Mechanical Restraint	5	7	1		13
Seclusion	0	0	0		0
North Texas State Hospital					
Personal Restraint	565	542	650		1,757
Mechanical Restraint	260	252	323		835
Seclusion	90	67	51		208
Rio Grande State Center					
Personal Restraint	17	47	45		109
Mechanical Restraint	0	1	0		1
Seclusion	1	9	4		14
Rusk State Hospital					
Personal Restraint	78	145	164		387
Mechanical Restraint	29	27	40		96
Seclusion	30	41	46		117
San Antonio State Hospital					
Personal Restraint	65	219	172		456
Mechanical Restraint	108	218	139		465
Seclusion	5	19	15		39

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

Table: Hospital Management Data Services

Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals **Fiscal Year 2007**

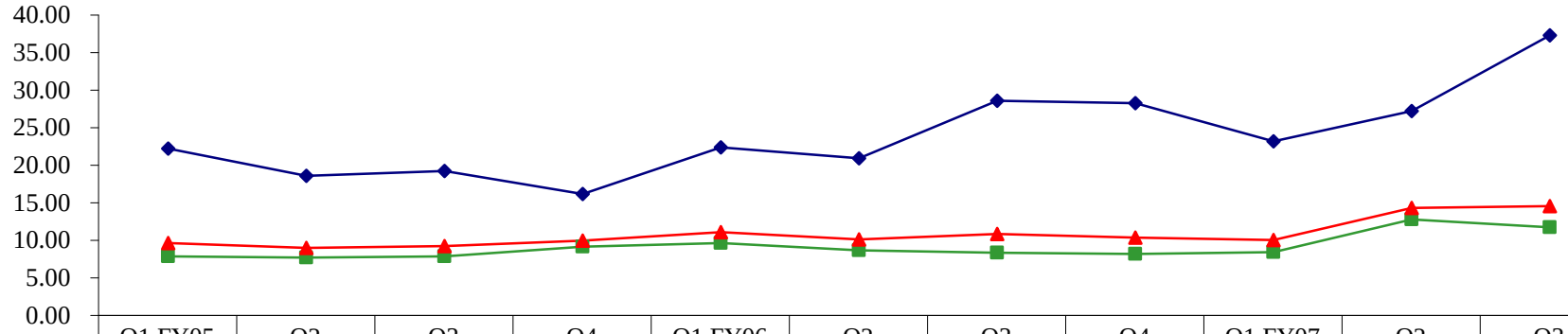
	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Terrell State Hospital					
Personal Restraint	112	85	186		383
Mechanical Restraint	17	4	4		25
Seclusion	17	12	22		51
Waco Center For Youth					
Personal Restraint	43	52	45		140
Mechanical Restraint	10	9	3		22
Seclusion	0	1	3		4
All State Hospitals					
Personal Restraint	1,153	1,872	1,984	0	5,009
Mechanical Restraint	898	1,030	1,055	0	2,983
Seclusion	254	192	157	0	603

Table: Hospital Management Data Services

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

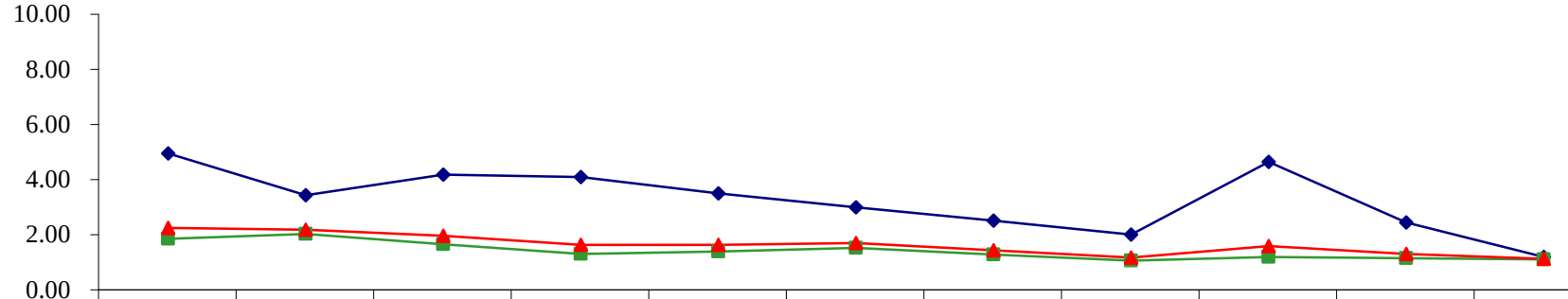
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Restraint Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	21.92	18.34	18.93	15.92	22.07	20.66	28.28	27.97	22.88	26.91	37.02
Adults	7.57	7.38	7.58	8.88	9.32	8.37	8.06	7.89	8.12	12.50	11.43
Total	9.36	8.67	8.98	9.69	10.81	9.87	10.53	10.07	9.79	14.06	14.26

Seclusion Incidents Per 1,000 Bed Days



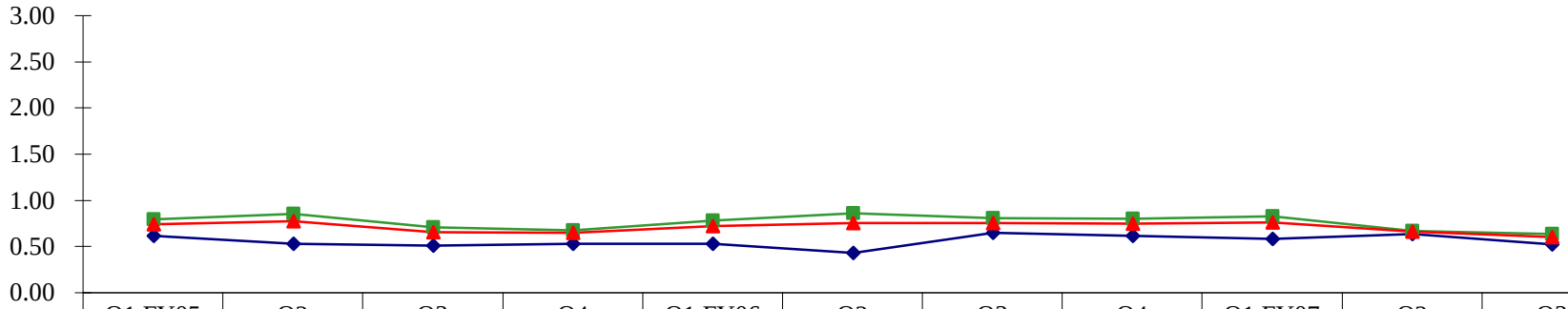
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	4.58	3.06	3.81	3.71	3.12	2.62	2.12	1.63	4.26	2.07	0.80
Adults	1.48	1.64	1.27	0.92	1.00	1.15	0.91	0.68	0.82	0.78	0.73
Total	1.87	1.81	1.58	1.25	1.25	1.33	1.06	0.79	1.21	0.92	0.74

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

Table: Hospital Management Data Services

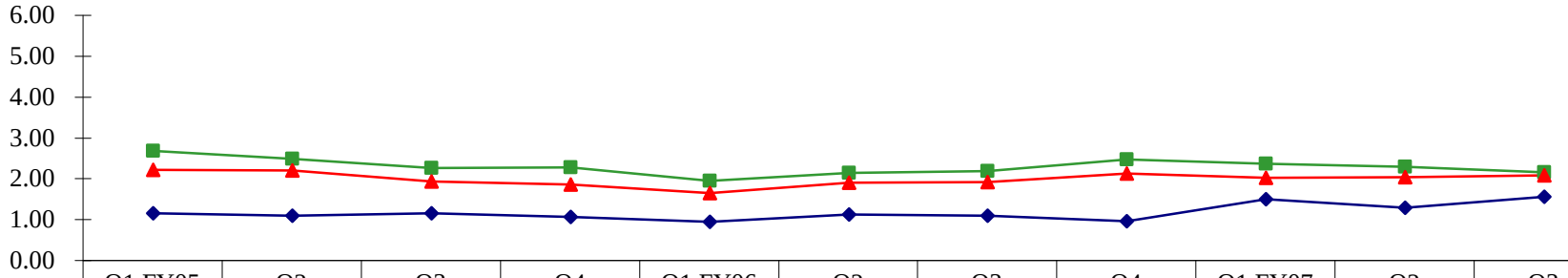
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.59	0.51	0.49	0.51	0.50	0.40	0.62	0.59	0.55	0.61	0.50
Adults	0.77	0.82	0.68	0.65	0.75	0.83	0.78	0.77	0.80	0.64	0.61
Total	0.72	0.74	0.63	0.62	0.69	0.72	0.73	0.72	0.73	0.63	0.58

Average Number of Hours Per Incident in Seclusion



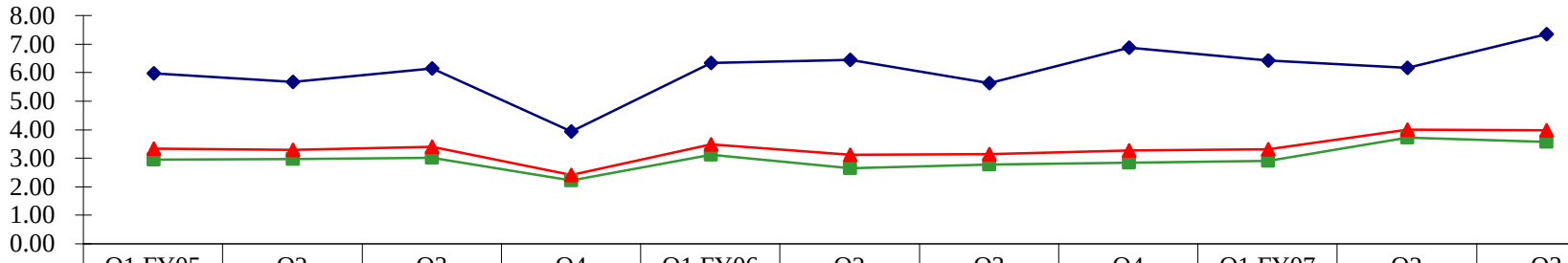
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.90	0.83	0.90	0.81	0.69	0.87	0.83	0.70	1.23	1.04	1.30
Adults	2.42	2.22	2.00	2.02	1.69	1.89	1.93	2.22	2.11	2.03	1.89
Total	1.95	1.94	1.67	1.61	1.39	1.64	1.66	1.87	1.76	1.79	1.82

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

Table: Hospital Management Data Services

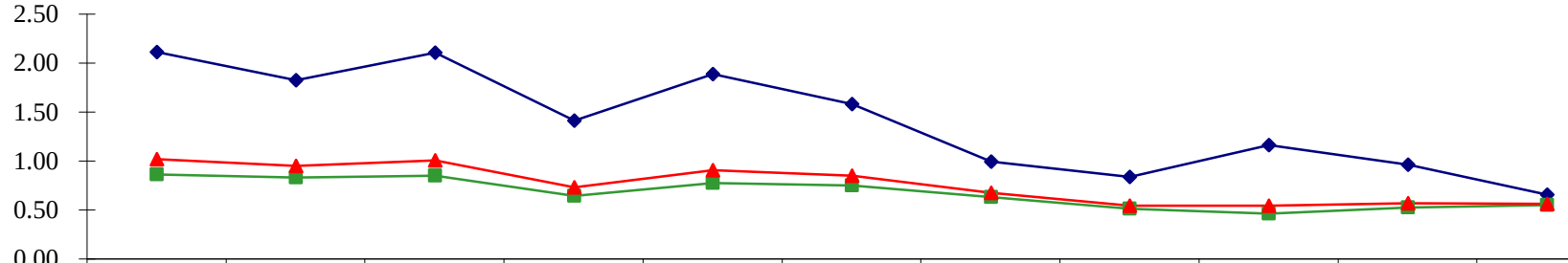
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	5.87	5.58	6.04	3.84	6.24	6.34	5.52	6.79	6.32	6.07	7.24
Adults	2.85	2.88	2.92	2.12	3.02	2.56	2.69	2.74	2.81	3.63	3.47
Total	3.23	3.20	3.30	2.32	3.40	3.02	3.04	3.18	3.21	3.89	3.89

Number of Persons in Seclusion/1000 Bed Days



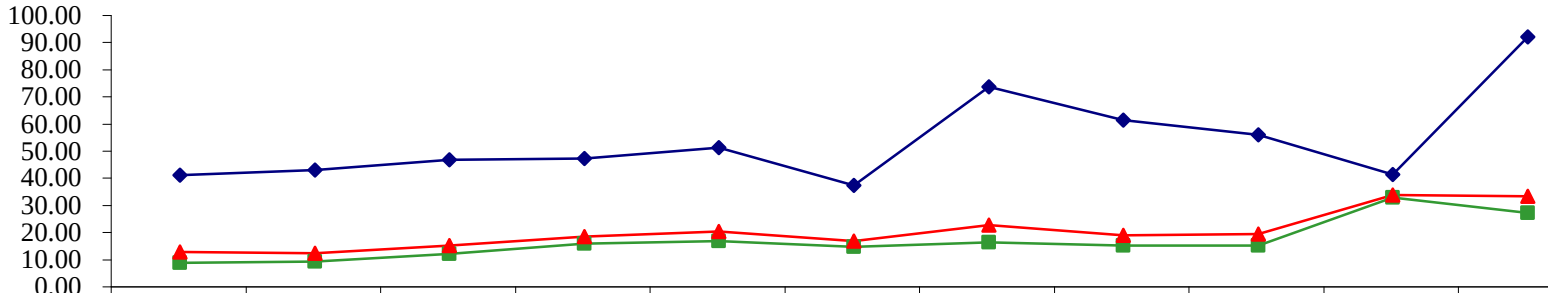
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	2.01	1.72	2.00	1.31	1.78	1.47	0.89	0.73	1.05	0.85	0.55
Adults	0.76	0.73	0.74	0.54	0.67	0.64	0.52	0.40	0.36	0.42	0.44
Total	0.91	0.84	0.90	0.62	0.80	0.74	0.57	0.44	0.43	0.46	0.46

Table: Hospital Management Data Services

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

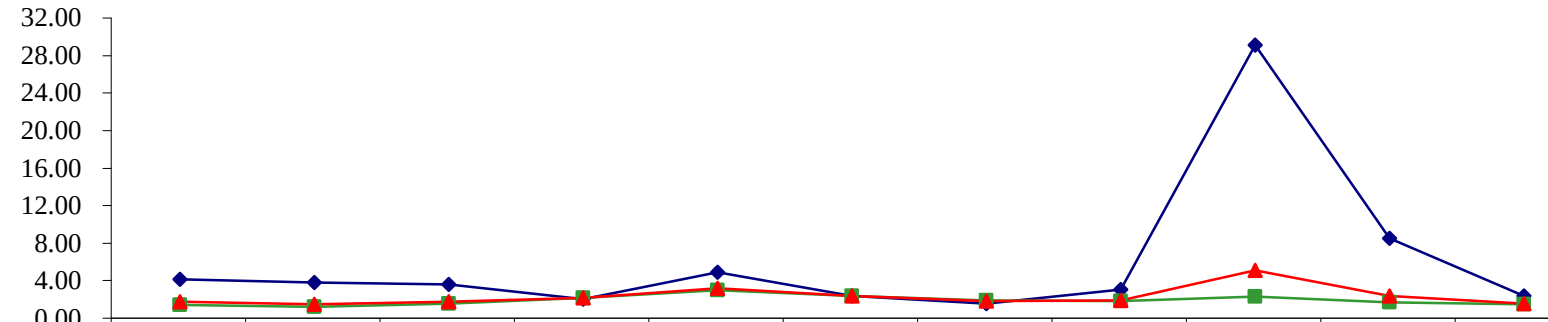
Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	40.35	42.33	45.90	46.36	50.51	36.54	72.94	60.56	55.14	40.64	91.28
Adults	7.97	8.60	11.27	15.05	16.08	13.82	15.59	14.47	14.40	32.18	26.38
Total	12.07	11.62	14.45	17.75	19.49	16.10	21.83	18.13	18.72	33.02	32.56

Seclusion Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	2.99	2.65	2.46	0.87	3.77	1.26	0.38	1.94	27.94	7.39	1.21
Adults	0.26	0.09	0.41	1.02	1.87	1.22	0.74	0.67	1.15	0.54	0.34
Total	0.61	0.32	0.60	1.01	2.05	1.22	0.70	0.77	3.99	1.22	0.42

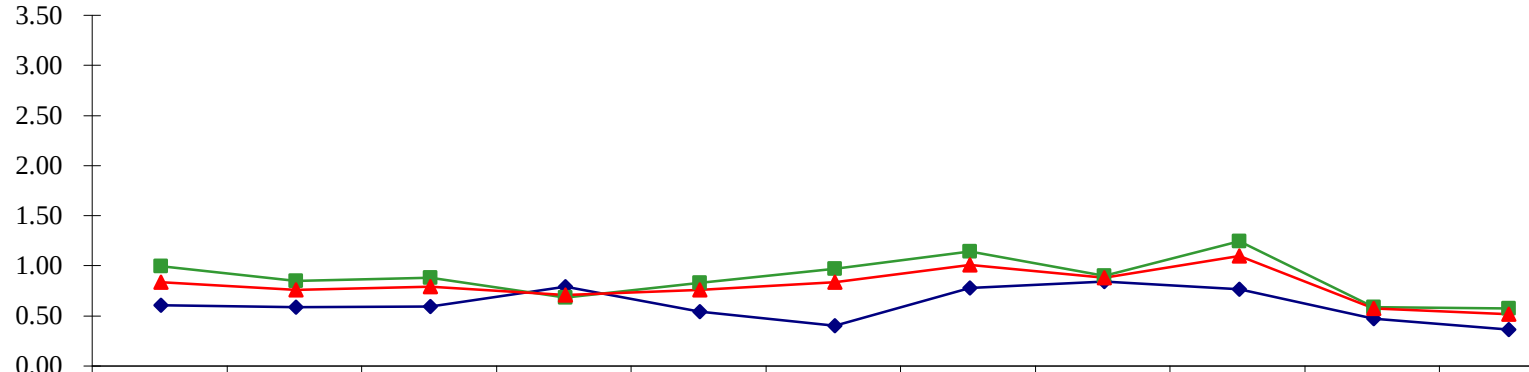
Table: Hospital Management Data Services

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

Objective 3B - Maintain Restraint and Seclusion Data

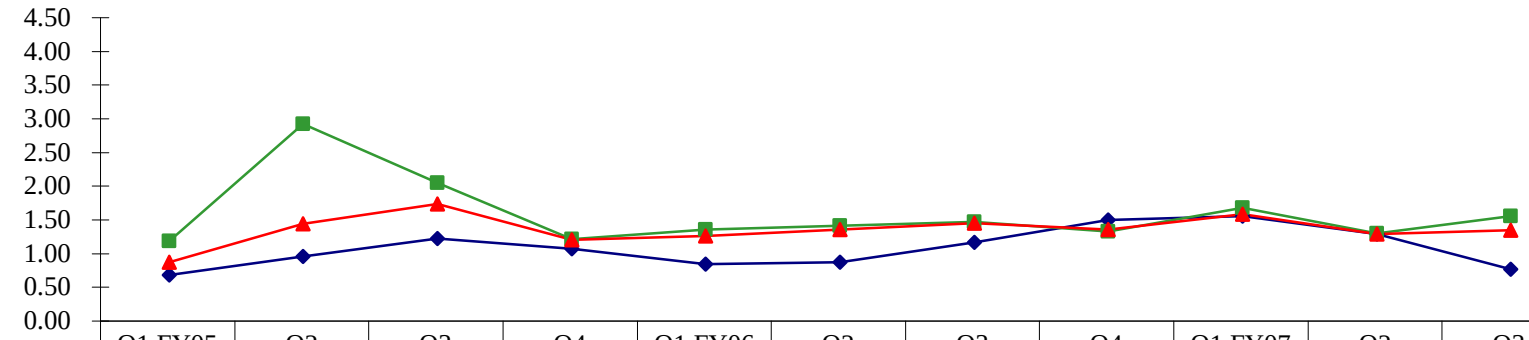
Austin State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.58	0.56	0.57	0.77	0.52	0.38	0.75	0.81	0.74	0.45	0.34
Adults	0.97	0.82	0.85	0.66	0.80	0.94	1.12	0.87	1.22	0.56	0.55
Total	0.81	0.74	0.77	0.68	0.73	0.81	0.99	0.86	1.07	0.55	0.49

Average Number of Hours Per Incident in Seclusion



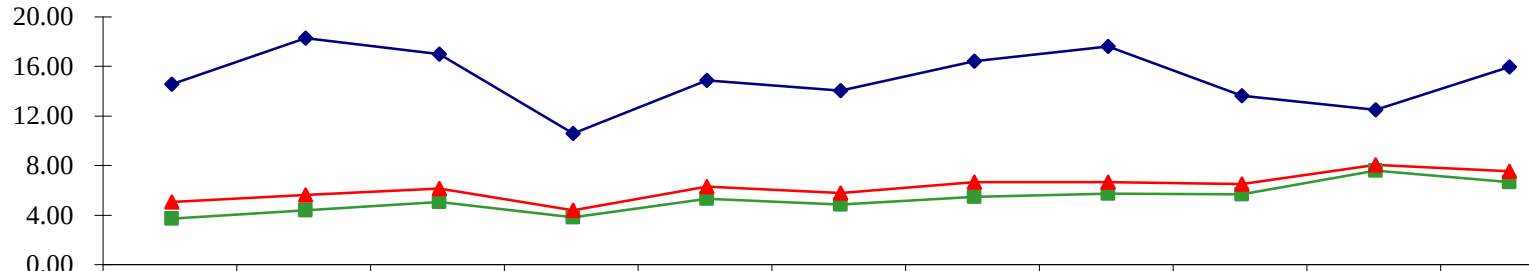
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.51	0.78	1.05	0.90	0.67	0.70	1.00	1.33	1.38	1.12	0.60
Adults	1.02	2.75	1.88	1.04	1.18	1.24	1.30	1.16	1.51	1.13	1.39
Total	0.70	1.28	1.57	1.03	1.09	1.19	1.28	1.19	1.41	1.12	1.17

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

Table: Hospital Management Data Services

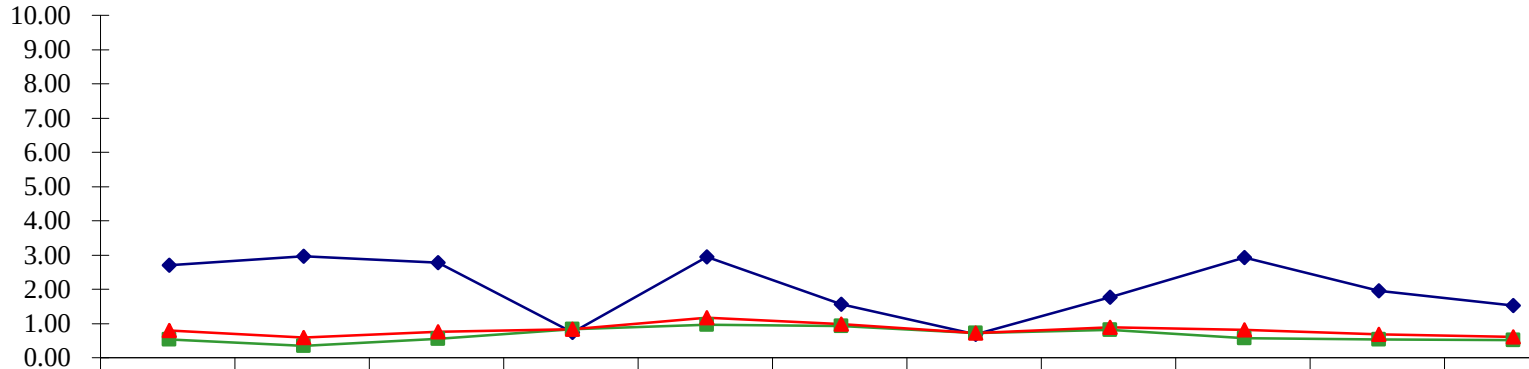
Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	14.35	18.08	16.80	10.40	14.70	13.86	16.25	17.44	13.41	12.32	15.75
Adults	3.51	4.17	4.85	3.60	5.14	4.64	5.26	5.52	5.48	7.38	6.47
Total	4.88	5.42	5.94	4.19	6.09	5.56	6.45	6.47	6.32	7.87	7.35

Number of Persons in Seclusion/1000 Bed Days

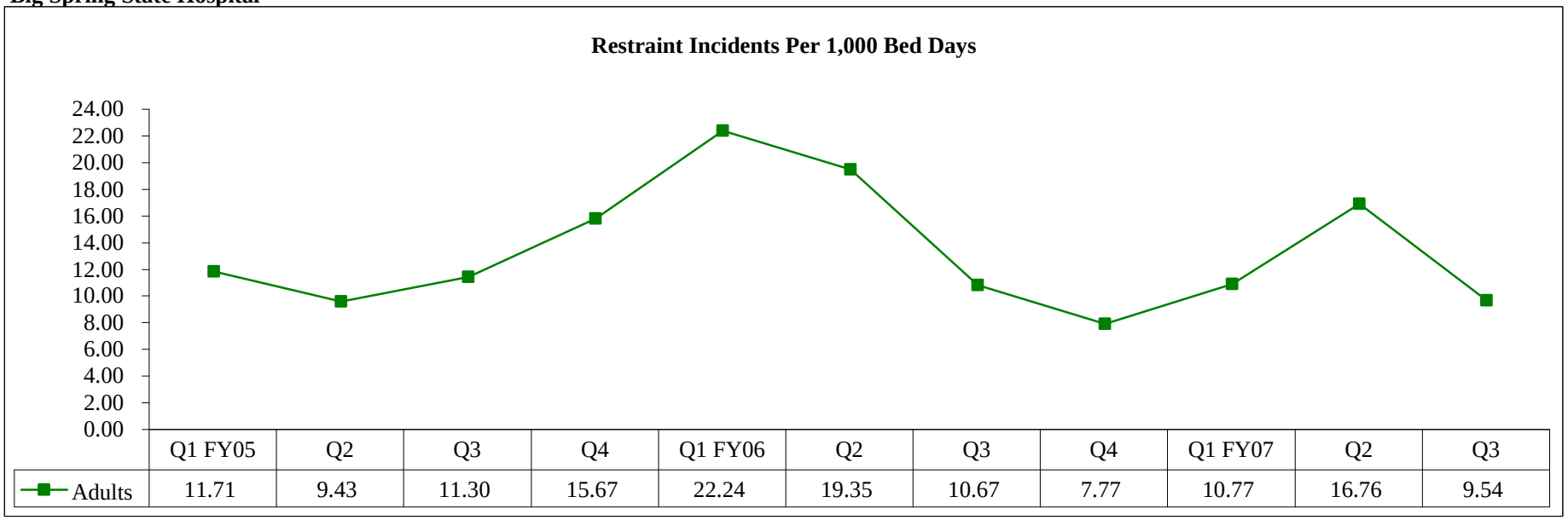


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	2.39	2.65	2.46	0.43	2.64	1.26	0.38	1.45	2.61	1.64	1.21
Adults	0.22	0.04	0.25	0.53	0.66	0.61	0.42	0.50	0.27	0.23	0.21
Total	0.49	0.28	0.45	0.52	0.86	0.67	0.41	0.58	0.51	0.37	0.31

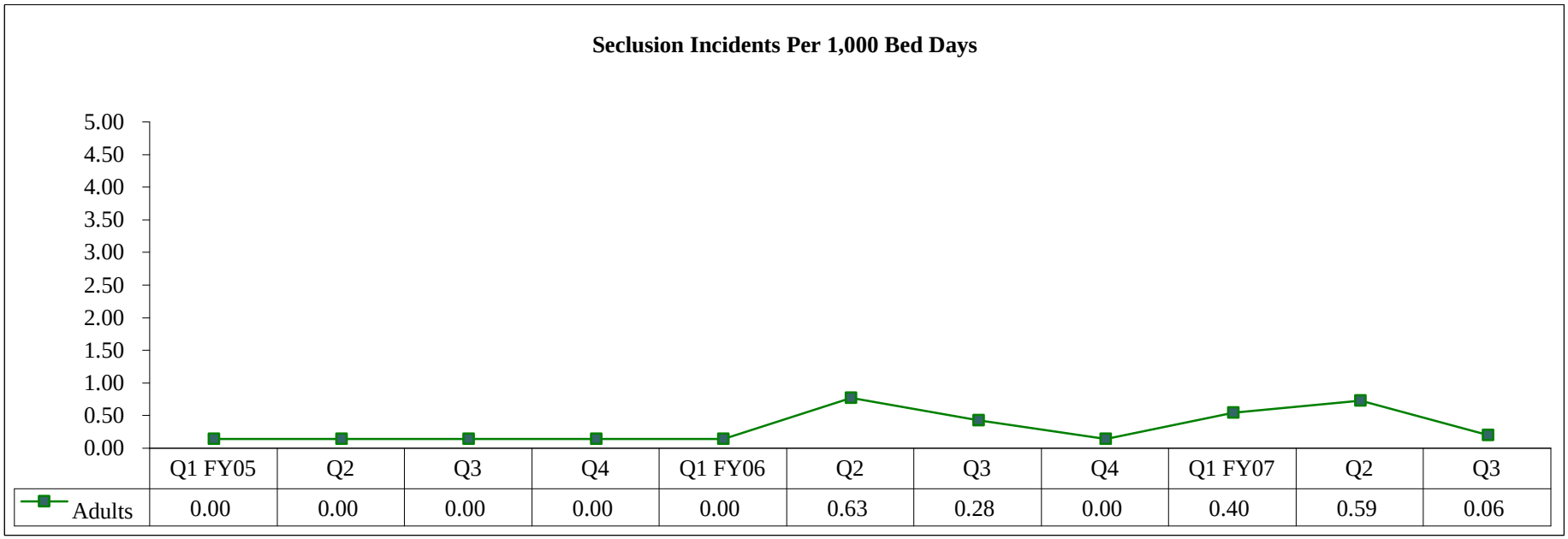
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	11.71	9.43	11.30	15.67	22.24	19.35	10.67	7.77	10.77	16.76	9.54



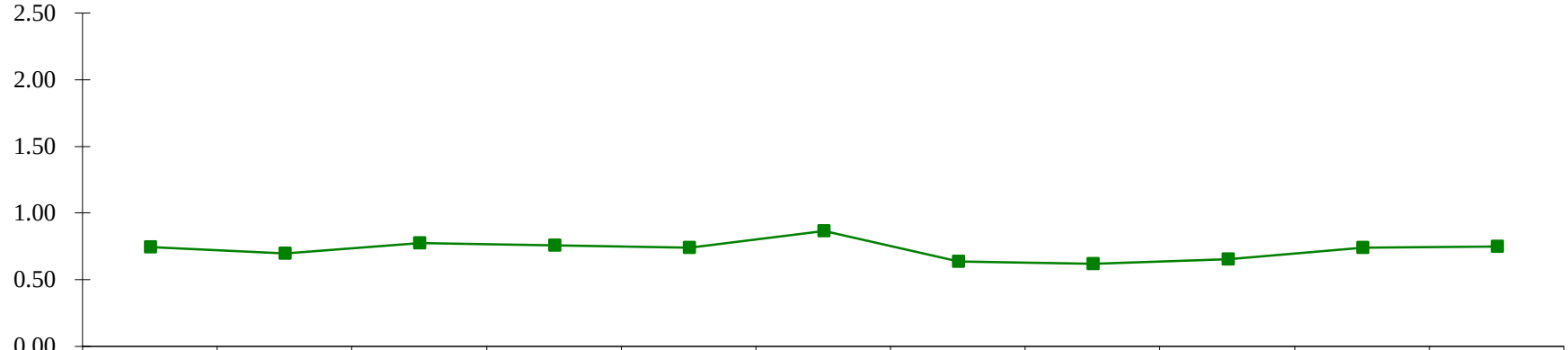
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.00	0.00	0.00	0.00	0.00	0.63	0.28	0.00	0.40	0.59	0.06

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

Table: Hospital Management Data Services

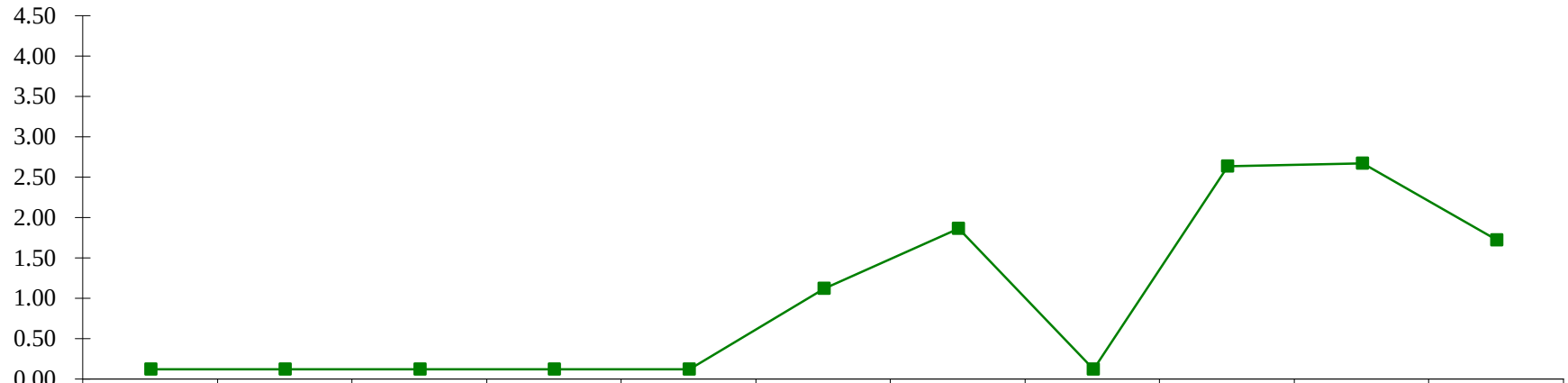
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.73	0.68	0.76	0.74	0.72	0.85	0.62	0.61	0.64	0.72	0.73

Average Number of Hours Per Incident in Seclusion



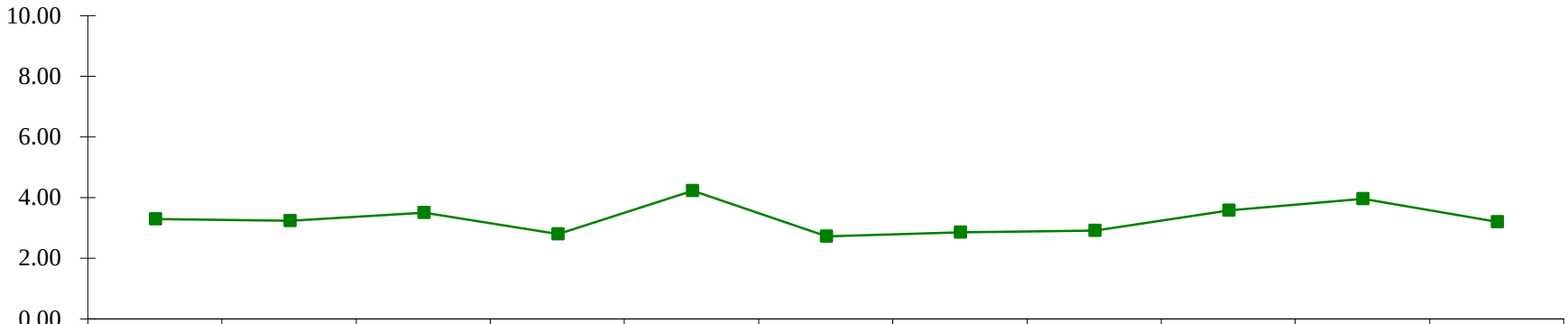
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.00	0.00	0.00	0.00	0.00	1.00	1.74	0.00	2.51	2.55	1.60

Table: Hospital Management Data Services

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

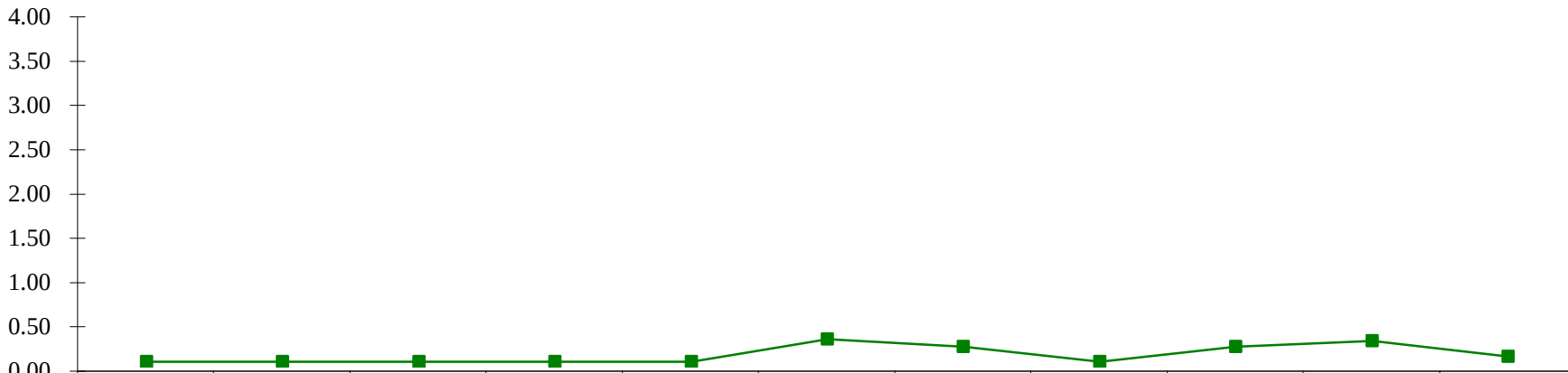
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	3.23	3.17	3.44	2.72	4.15	2.65	2.78	2.83	3.51	3.90	3.12

Number of Persons in Seclusion/1000 Bed Days



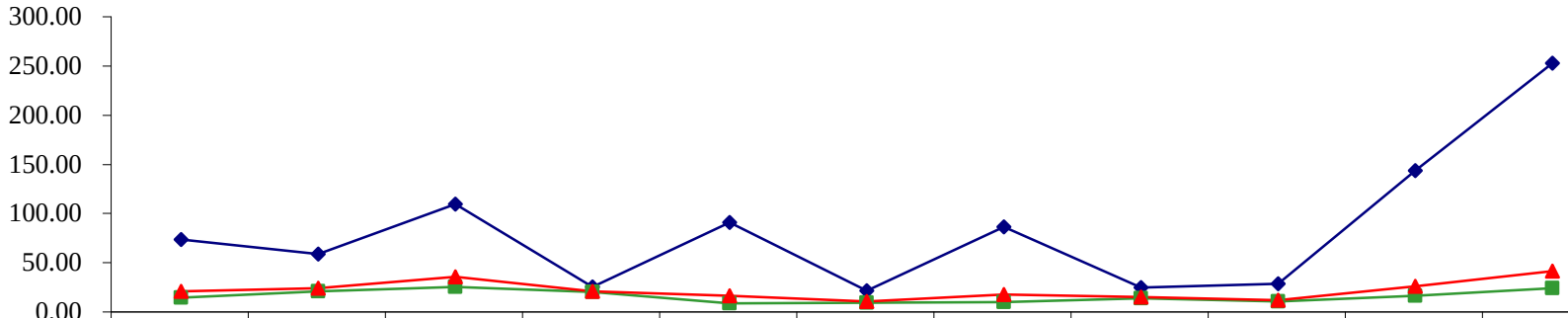
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.00	0.00	0.00	0.00	0.00	0.25	0.17	0.00	0.17	0.24	0.06

Table: Hospital Management Data Services

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

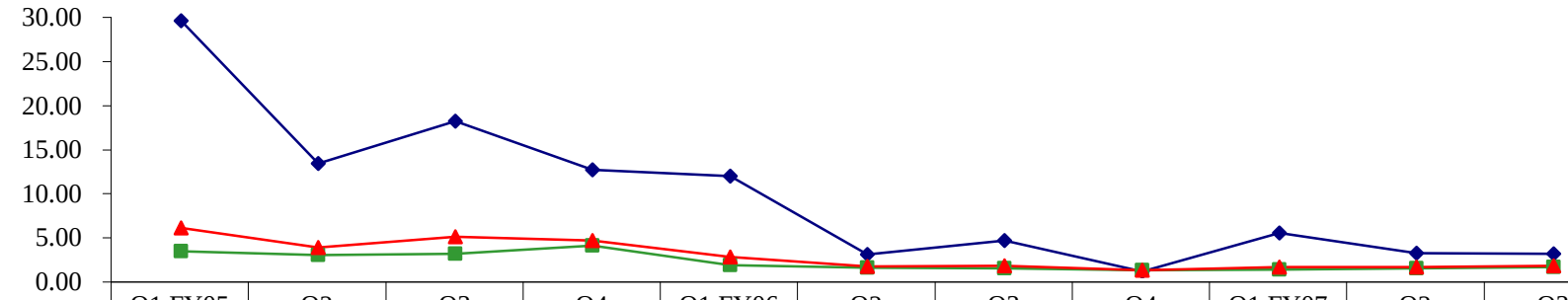
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Restraint Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	70.99	56.23	107.33	22.99	88.36	19.46	84.06	22.78	26.32	141.37	250.51
Adults	12.46	18.80	22.93	18.10	6.49	7.18	7.88	11.84	8.37	14.30	21.79
Total	18.44	22.01	33.70	18.45	14.44	8.35	15.25	12.53	9.78	23.92	39.43

Seclusion Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	28.40	12.22	17.04	11.49	10.78	1.95	3.50	0.00	4.39	2.08	2.04
Adults	2.31	1.83	1.99	2.91	0.70	0.41	0.38	0.17	0.19	0.34	0.51
Total	4.97	2.73	3.91	3.52	1.67	0.56	0.68	0.16	0.51	0.47	0.63

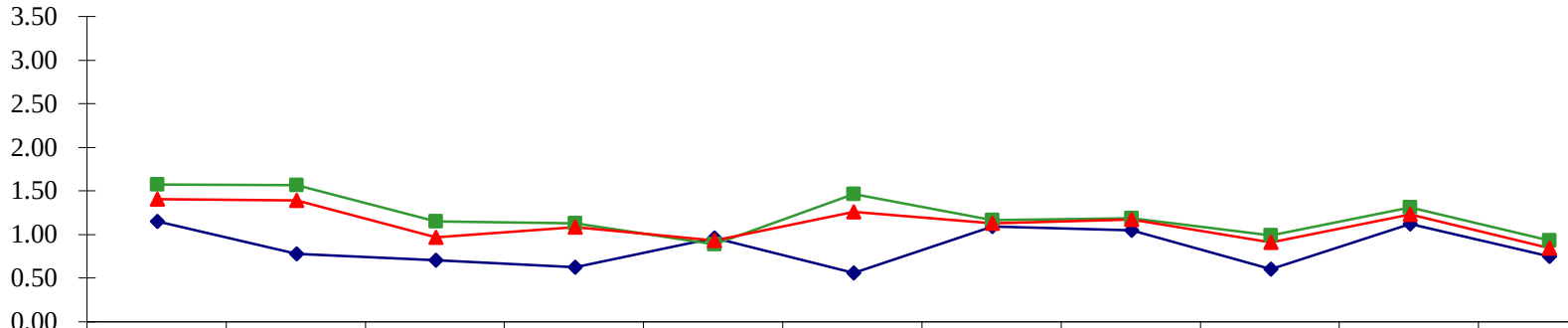
Table: Hospital Management Data Services

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

Objective 3B - Maintain Restraint and Seclusion Data

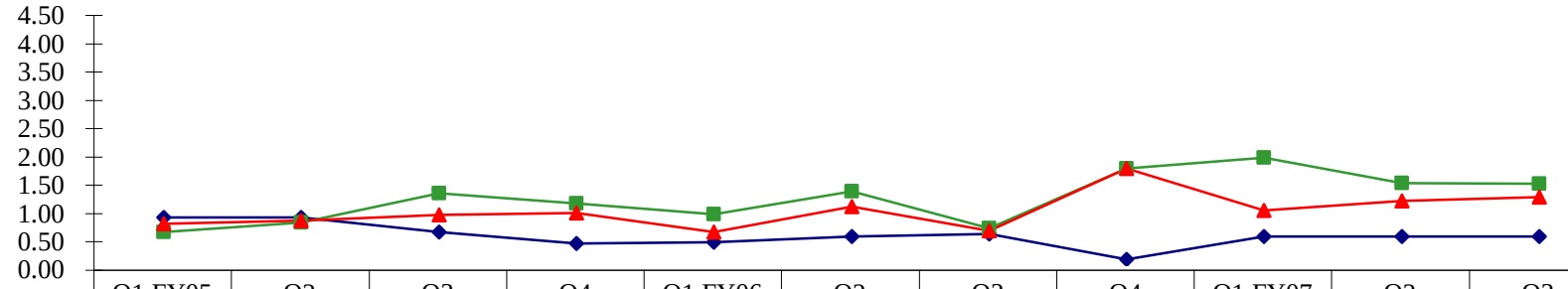
El Paso Psychiatric Center

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	1.12	0.75	0.68	0.60	0.93	0.53	1.06	1.02	0.58	1.09	0.72
Adults	1.54	1.54	1.12	1.10	0.86	1.44	1.14	1.16	0.96	1.29	0.91
Total	1.38	1.37	0.94	1.06	0.90	1.24	1.10	1.14	0.88	1.20	0.82

Average Number of Hours Per Incident in Seclusion



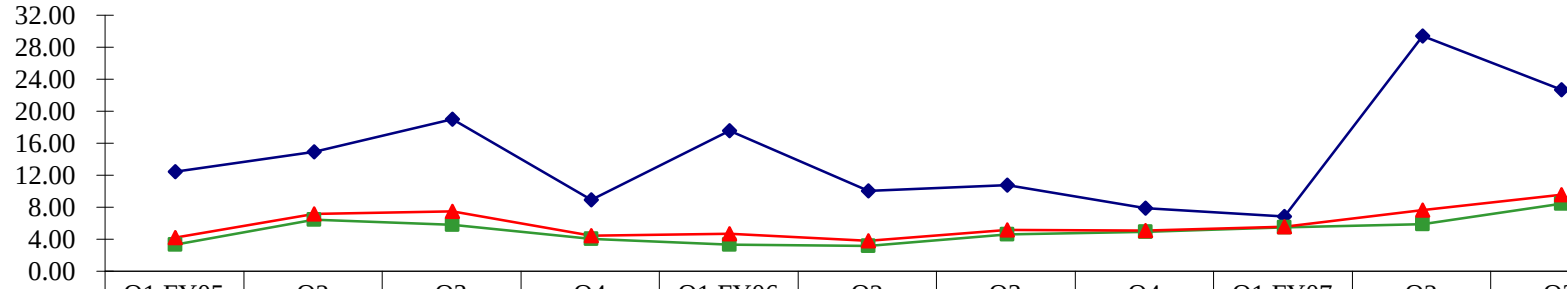
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.74	0.74	0.48	0.28	0.30	0.40	0.45	0.00	0.40	0.40	0.40
Adults	0.48	0.65	1.16	0.98	0.80	1.20	0.55	1.60	1.80	1.35	1.33
Total	0.63	0.68	0.78	0.82	0.49	0.93	0.50	1.60	0.87	1.03	1.10

Table: Hospital Management Data Services

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

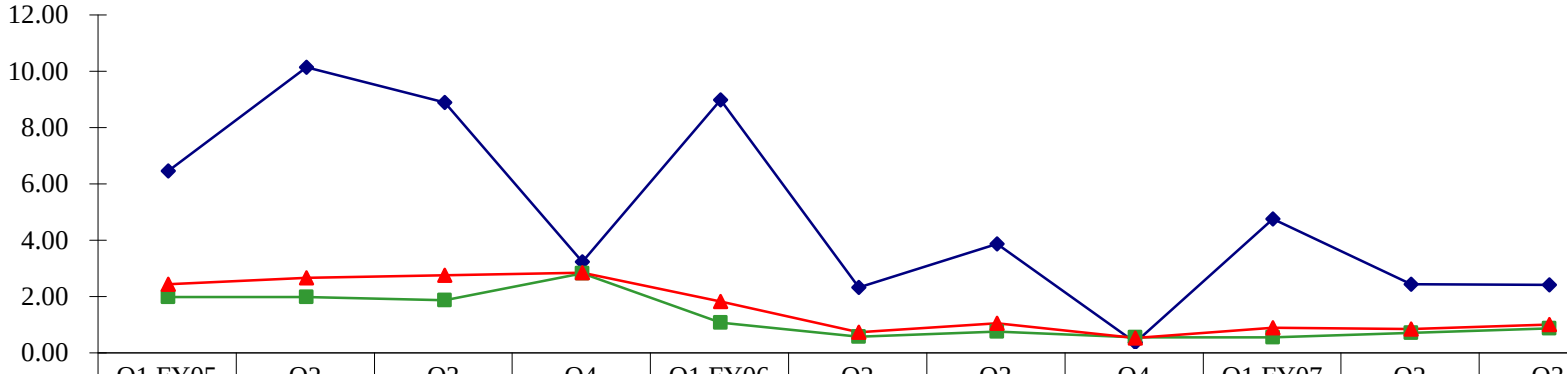
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	12.17	14.67	18.74	8.62	17.24	9.73	10.51	7.59	6.58	29.11	22.40
Adults	3.00	6.19	5.48	3.80	3.01	2.87	4.32	4.63	5.21	5.62	8.17
Total	3.94	6.92	7.17	4.15	4.39	3.52	4.92	4.82	5.32	7.40	9.27

Number of Persons in Seclusion/1000 Bed Days

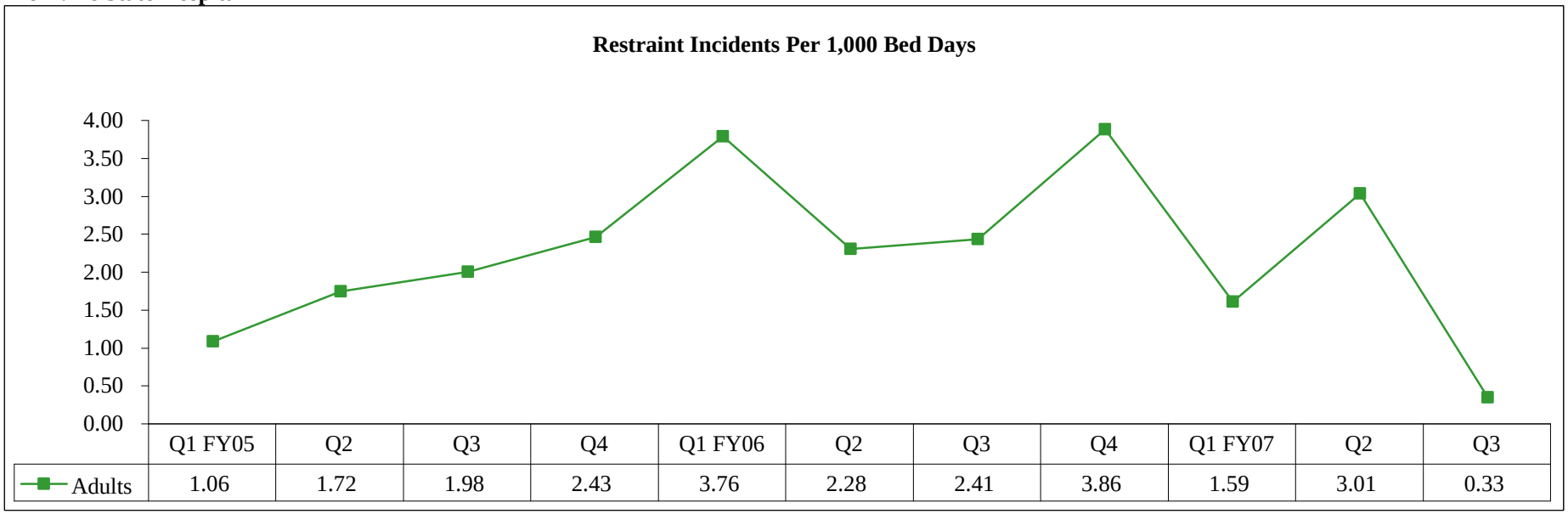


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	6.09	9.78	8.52	2.87	8.62	1.95	3.50	0.00	4.39	2.08	2.04
Adults	1.62	1.61	1.50	2.46	0.70	0.21	0.38	0.17	0.19	0.34	0.51
Total	2.07	2.31	2.39	2.49	1.46	0.37	0.68	0.16	0.51	0.47	0.63

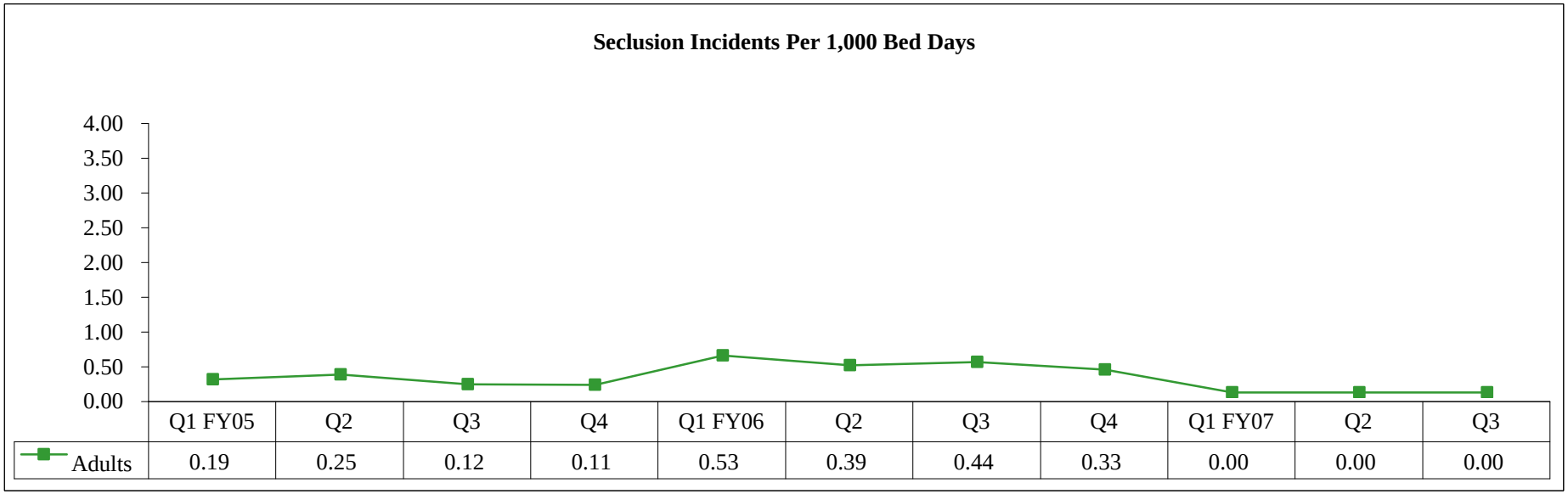
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	1.06	1.72	1.98	2.43	3.76	2.28	2.41	3.86	1.59	3.01	0.33



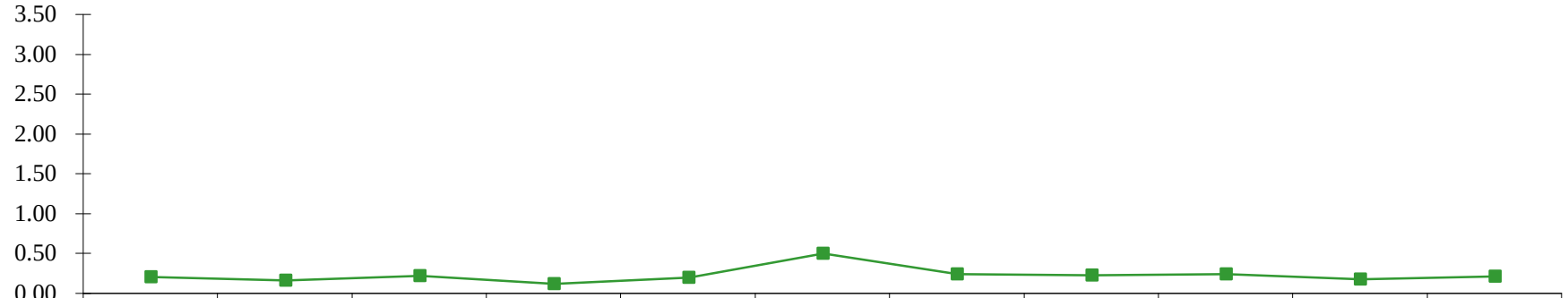
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.19	0.25	0.12	0.11	0.53	0.39	0.44	0.33	0.00	0.00	0.00

Table: Hospital Management Data Services

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

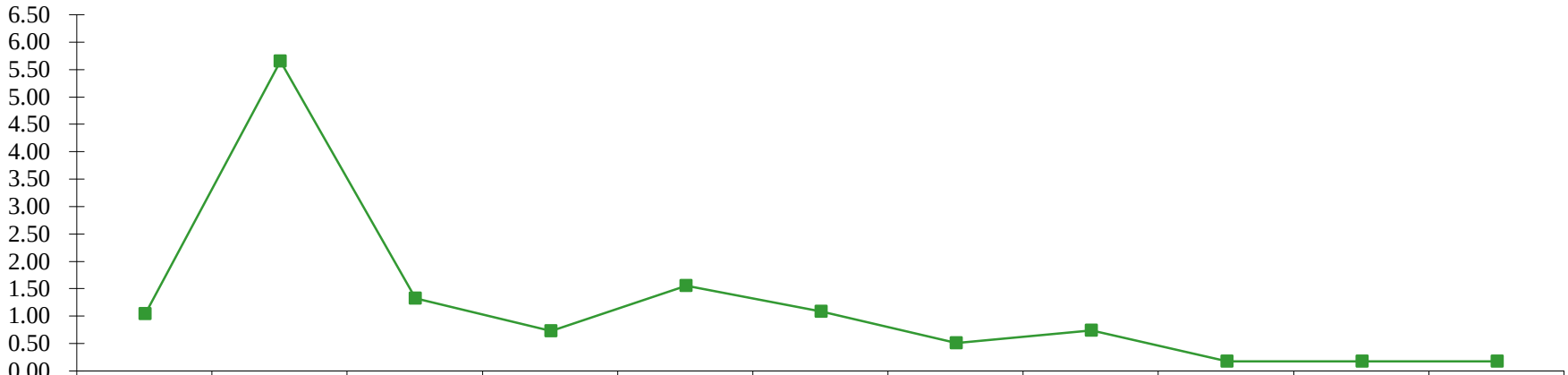
Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.18	0.14	0.19	0.09	0.17	0.47	0.22	0.20	0.21	0.15	0.18

Average Number of Hours Per Incident in Seclusion



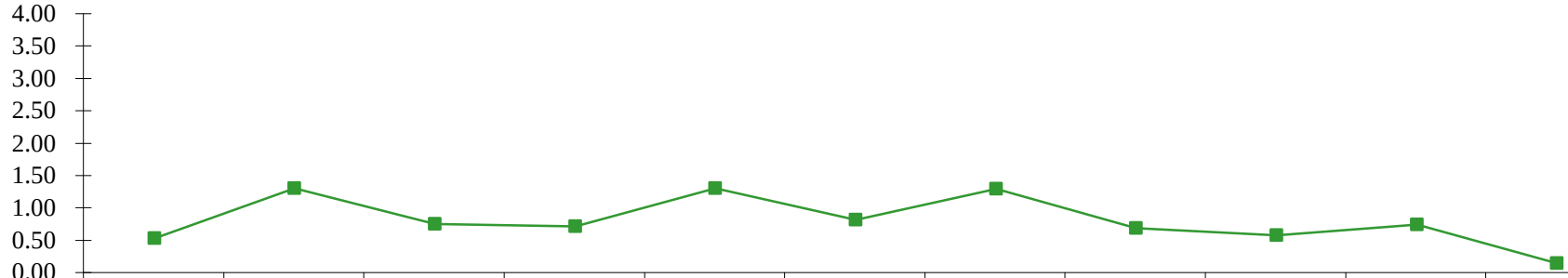
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.87	5.48	1.15	0.55	1.38	0.91	0.34	0.57	0.00	0.00	0.00

Table: Hospital Management Data Services

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

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

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.50	1.27	0.72	0.68	1.27	0.78	1.26	0.65	0.55	0.71	0.11

Number of Persons in Seclusion/1000 Bed Days

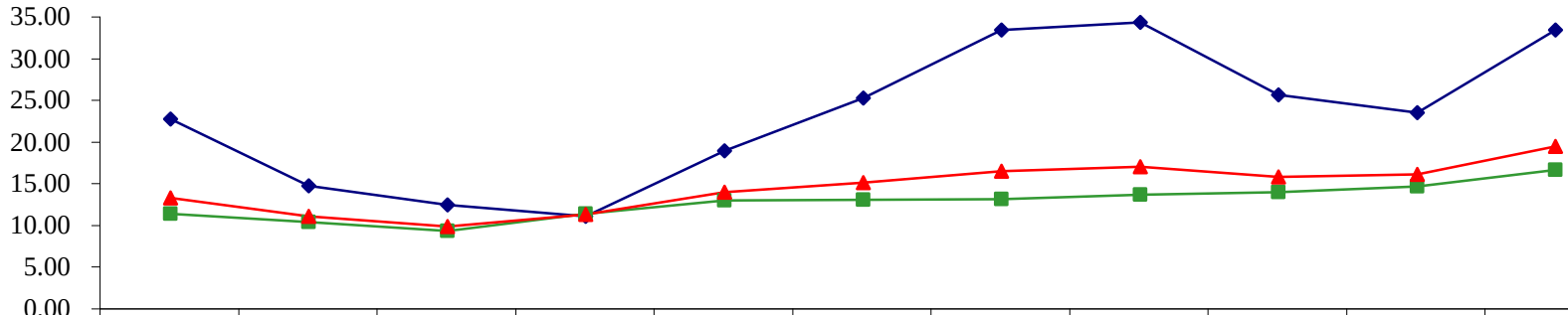
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.19	0.13	0.12	0.06	0.37	0.33	0.33	0.16	0.00	0.00	0.00

Table: Hospital Management Data Services

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

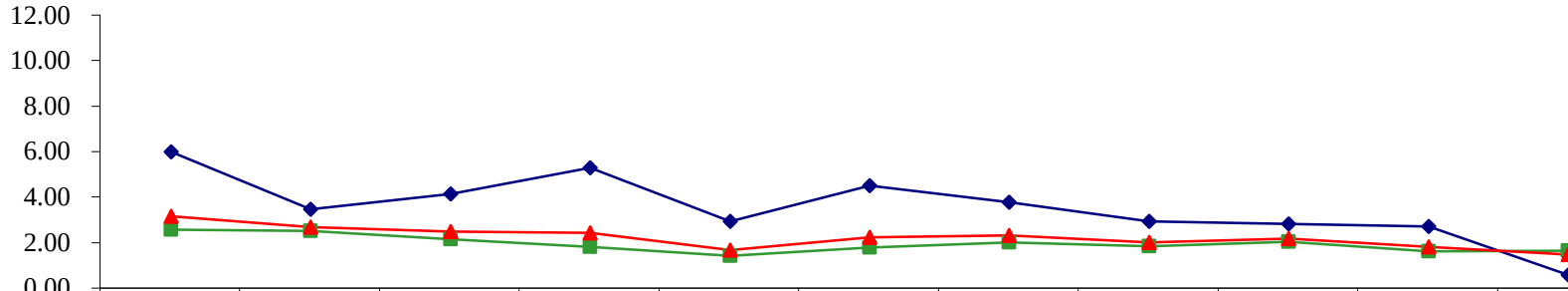
Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	22.49	14.49	12.18	10.86	18.71	25.02	33.13	34.07	25.37	23.29	33.15
Adults	11.10	10.14	9.07	11.13	12.77	12.80	12.91	13.41	13.69	14.41	16.38
Total	13.02	10.85	9.60	11.09	13.74	14.84	16.28	16.75	15.57	15.83	19.22

Seclusion Incidents Per 1,000 Bed Days



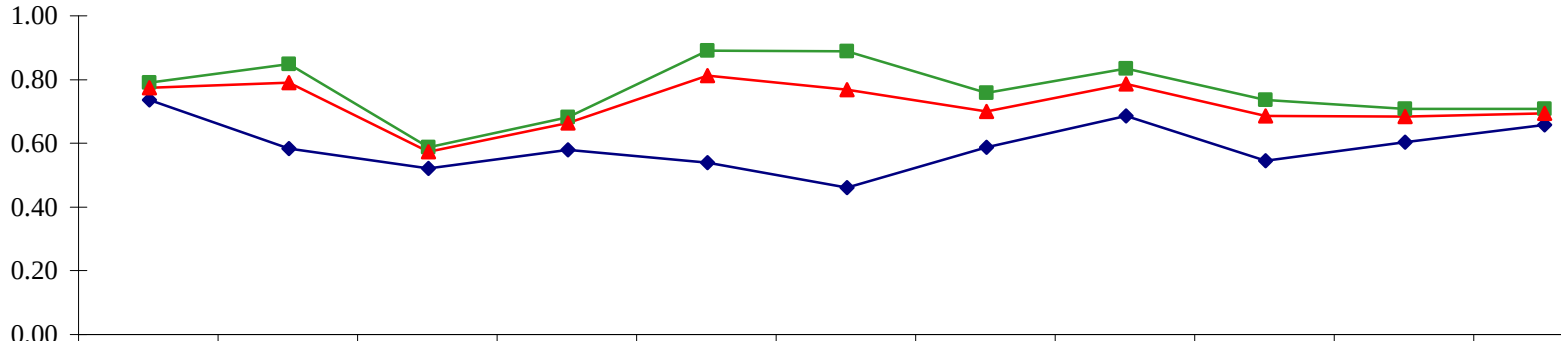
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	5.52	3.01	3.68	4.83	2.46	4.03	3.30	2.47	2.35	2.24	0.12
Adults	2.11	2.05	1.67	1.36	0.96	1.31	1.55	1.37	1.57	1.16	1.19
Total	2.69	2.21	2.01	1.95	1.21	1.76	1.84	1.55	1.70	1.34	1.01

Table: Hospital Management Data Services

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

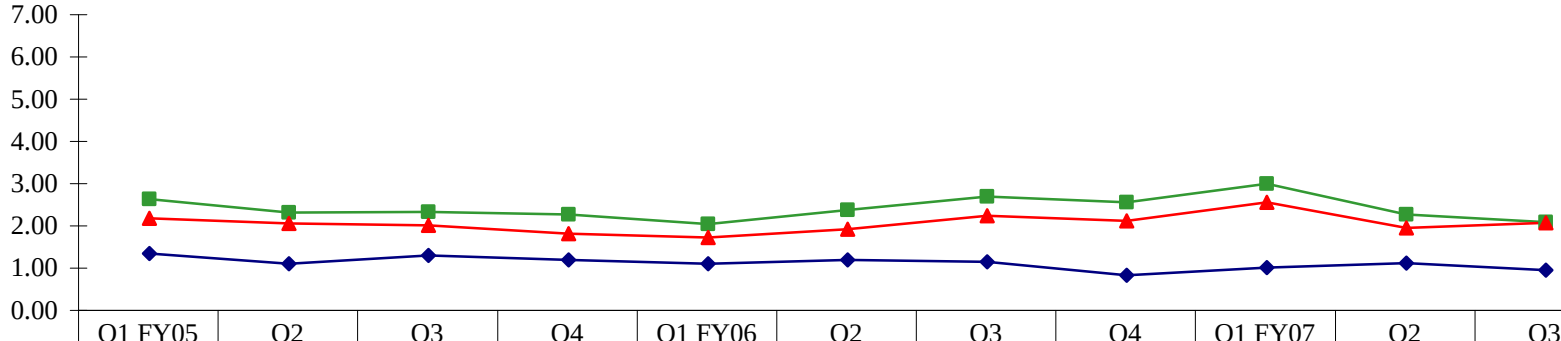
Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.73	0.58	0.51	0.57	0.53	0.45	0.58	0.68	0.54	0.60	0.65
Adults	0.78	0.84	0.58	0.67	0.88	0.88	0.75	0.83	0.73	0.70	0.70
Total	0.77	0.78	0.57	0.66	0.80	0.76	0.69	0.78	0.68	0.68	0.69

Average Number of Hours Per Incident in Seclusion



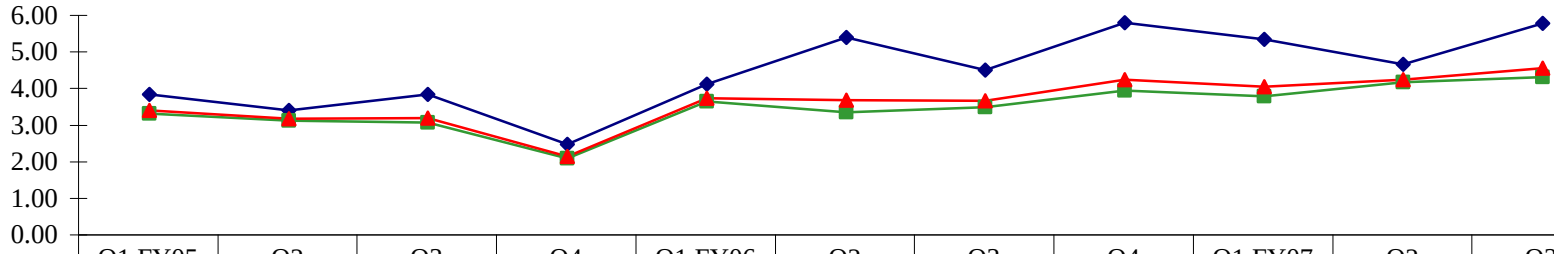
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	1.09	0.85	1.04	0.94	0.85	0.94	0.90	0.57	0.76	0.87	0.70
Adults	2.37	2.07	2.08	2.02	1.78	2.12	2.44	2.31	2.75	2.01	1.84
Total	1.93	1.80	1.75	1.56	1.47	1.67	1.98	1.86	2.30	1.70	1.82

Table: Hospital Management Data Services

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

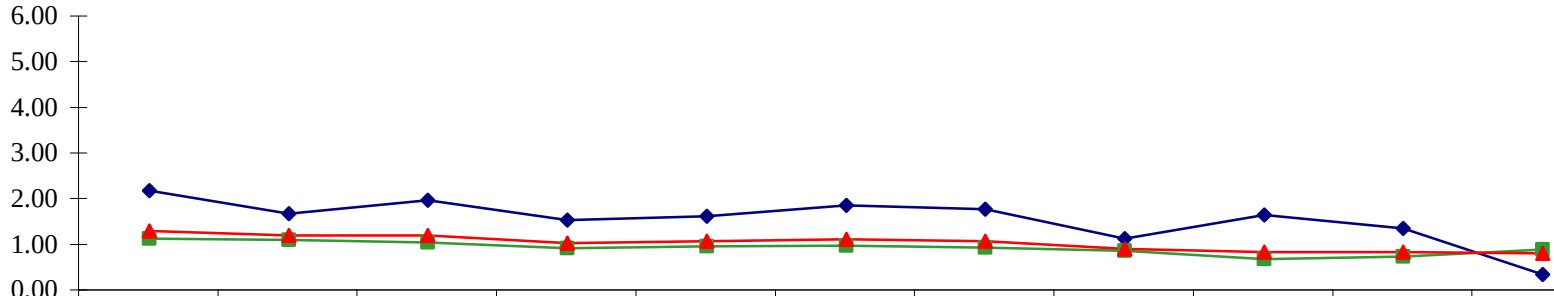
Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	3.78	3.34	3.79	2.41	4.06	5.33	4.44	5.73	5.29	4.61	5.72
Adults	3.25	3.06	3.00	2.02	3.59	3.29	3.43	3.88	3.73	4.11	4.26
Total	3.34	3.11	3.14	2.09	3.67	3.63	3.60	4.18	3.98	4.19	4.50

Number of Persons in Seclusion/1000 Bed Days

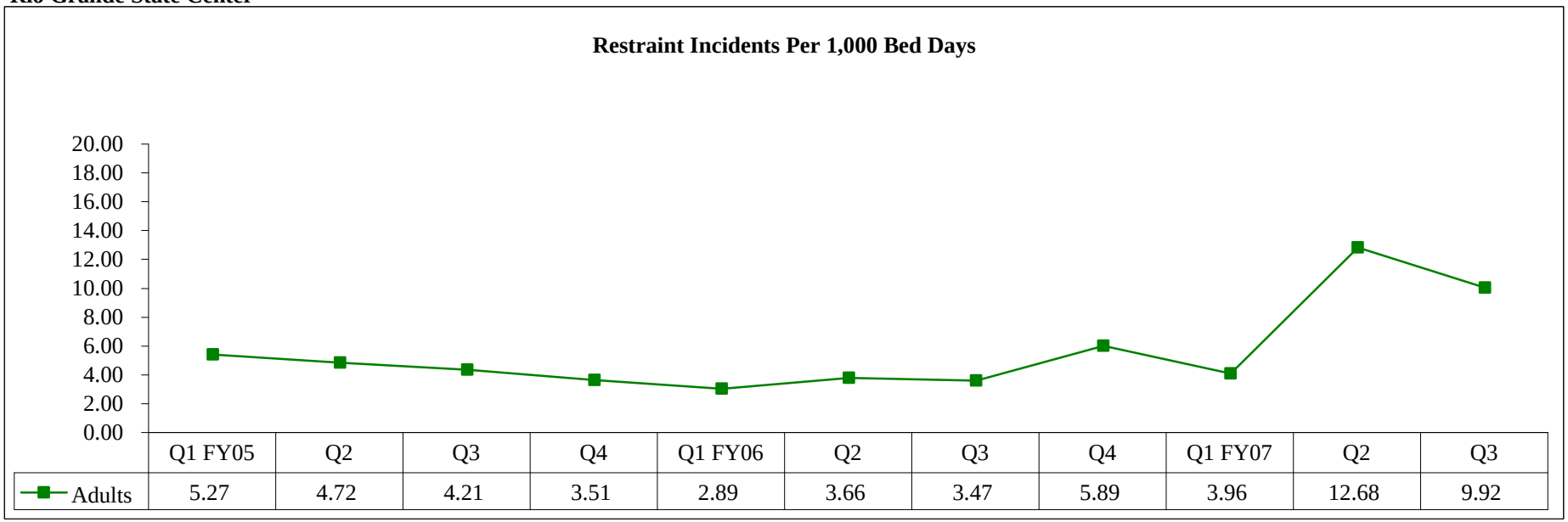


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	1.94	1.45	1.74	1.31	1.39	1.63	1.55	0.90	1.41	1.12	0.12
Adults	0.89	0.87	0.81	0.69	0.73	0.74	0.70	0.63	0.45	0.50	0.67
Total	1.07	0.97	0.97	0.79	0.84	0.89	0.84	0.67	0.60	0.60	0.57

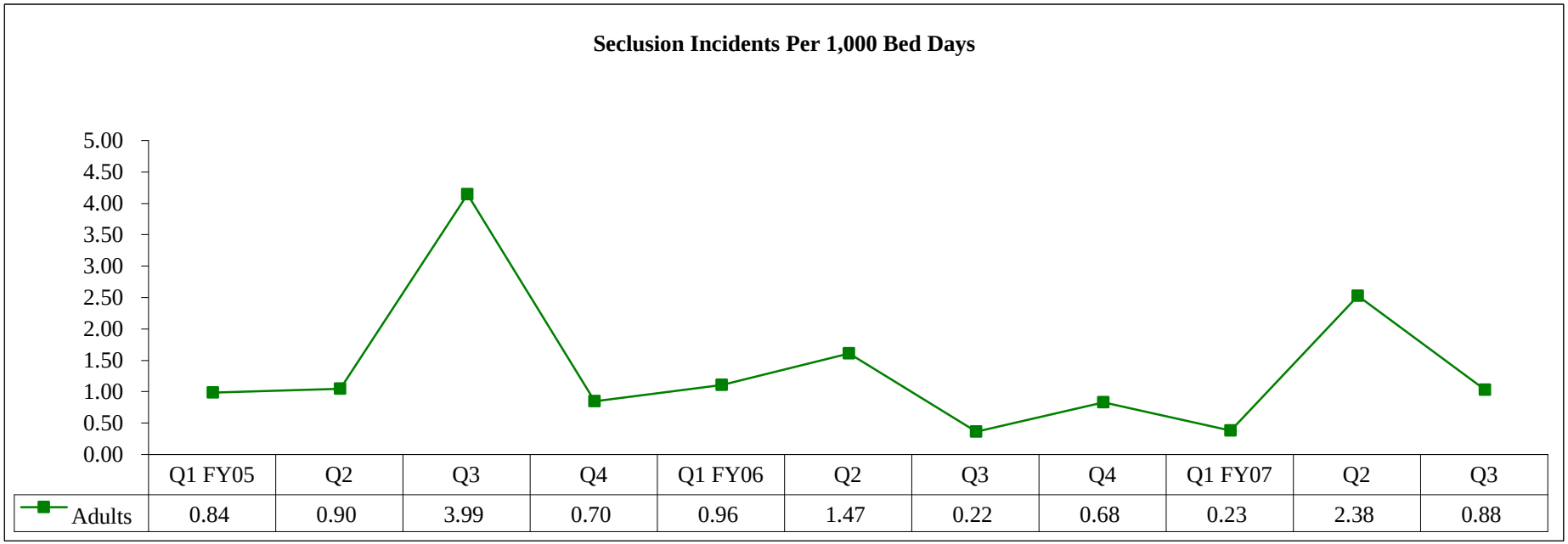
Table: Hospital Management Data Services

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

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	5.27	4.72	4.21	3.51	2.89	3.66	3.47	5.89	3.96	12.68	9.92

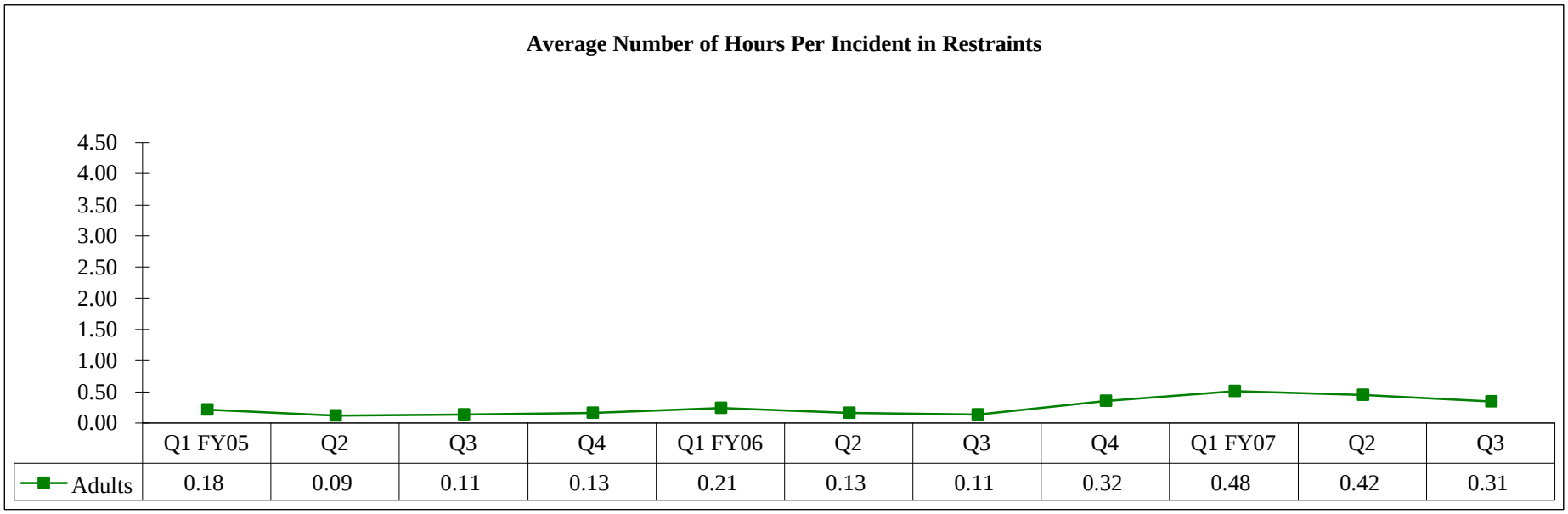


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.84	0.90	3.99	0.70	0.96	1.47	0.22	0.68	0.23	2.38	0.88

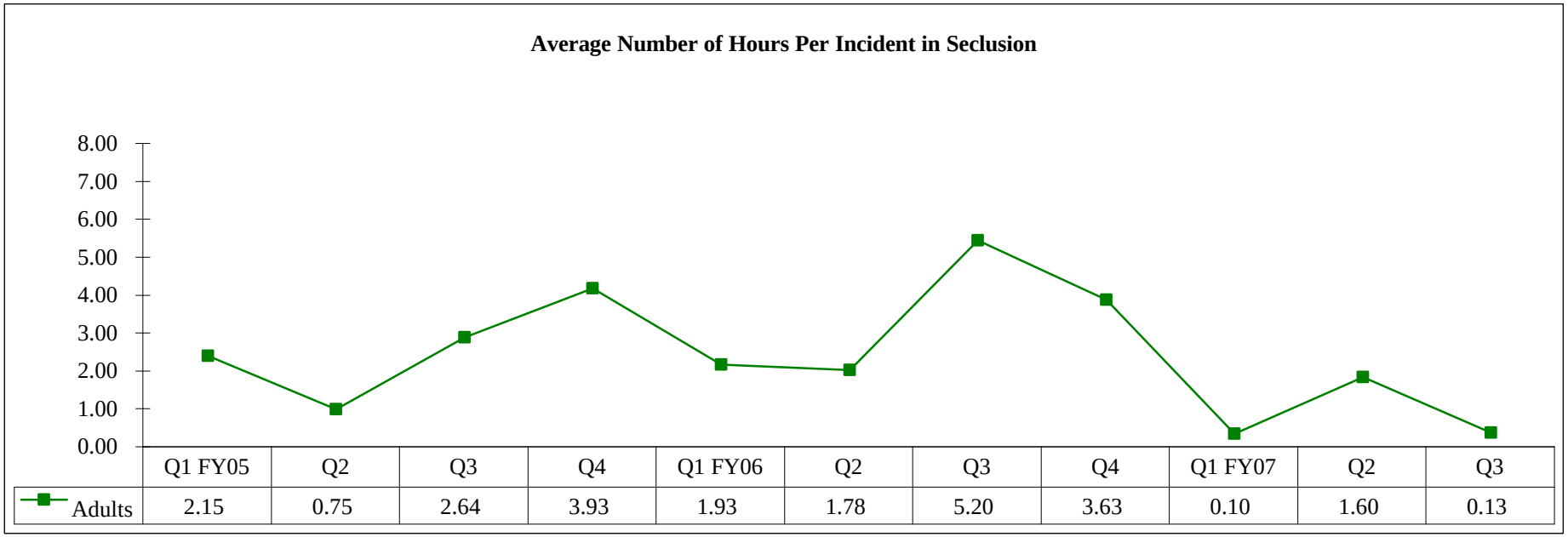
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.18	0.09	0.11	0.13	0.21	0.13	0.11	0.32	0.48	0.42	0.31

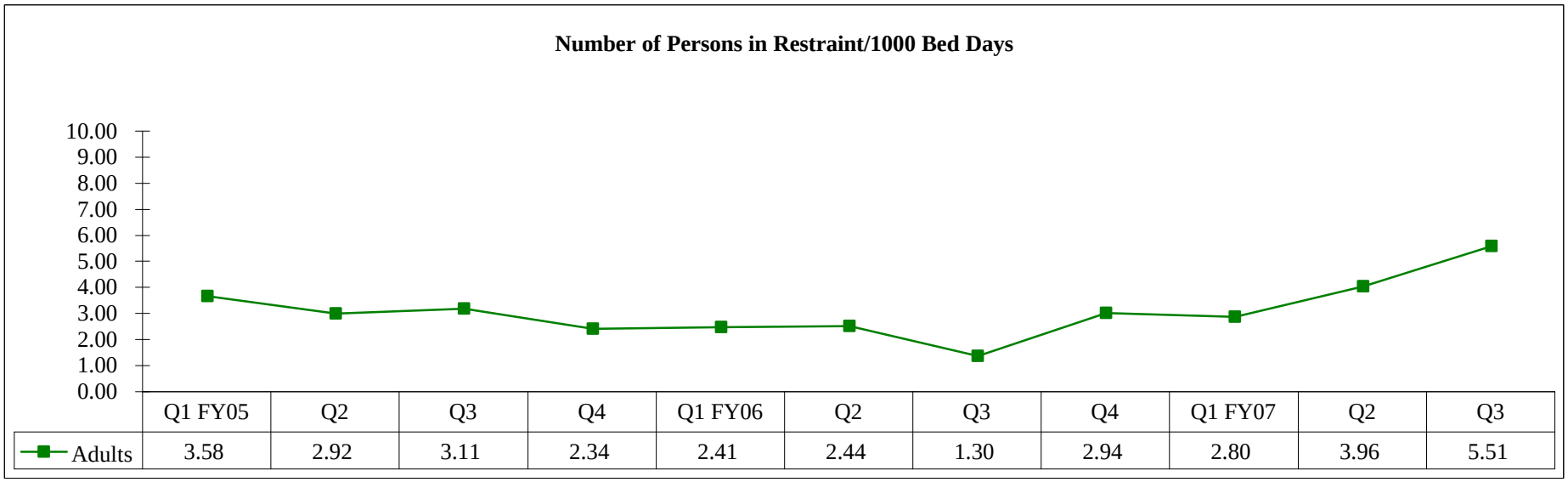


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	2.15	0.75	2.64	3.93	1.93	1.78	5.20	3.63	0.10	1.60	0.13

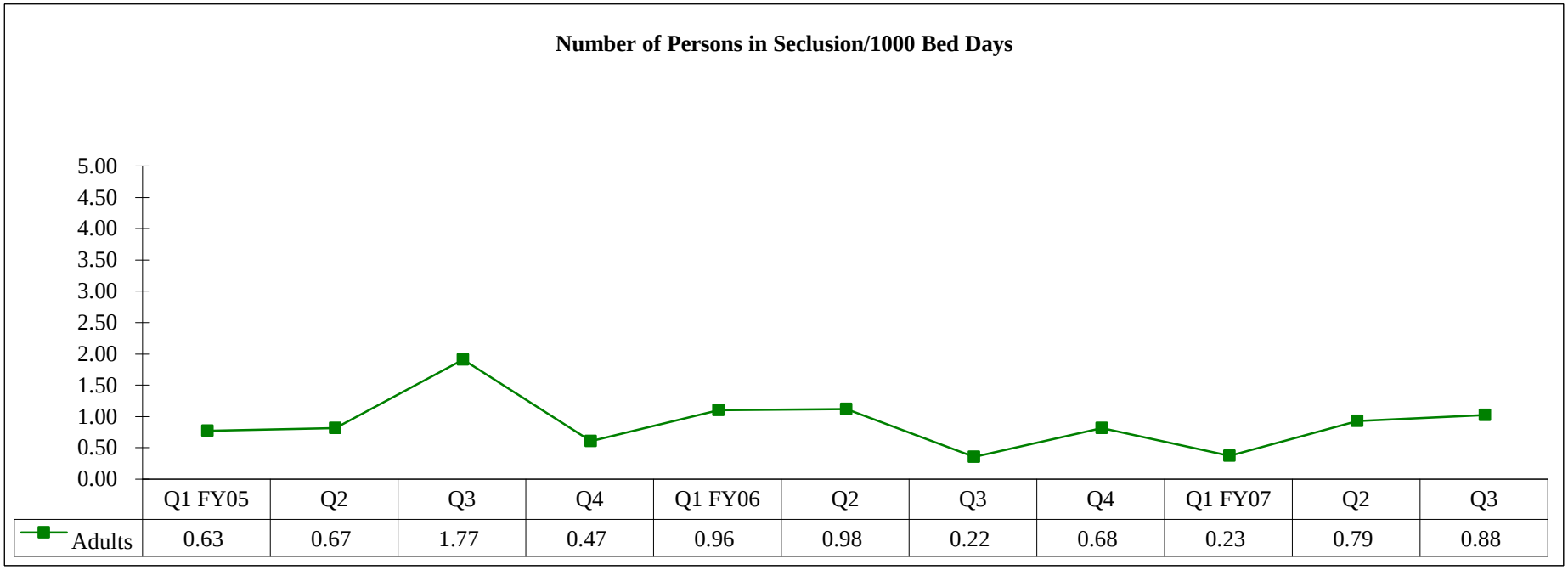
Table: Hospital Management Data Services

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

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	3.58	2.92	3.11	2.34	2.41	2.44	1.30	2.94	2.80	3.96	5.51

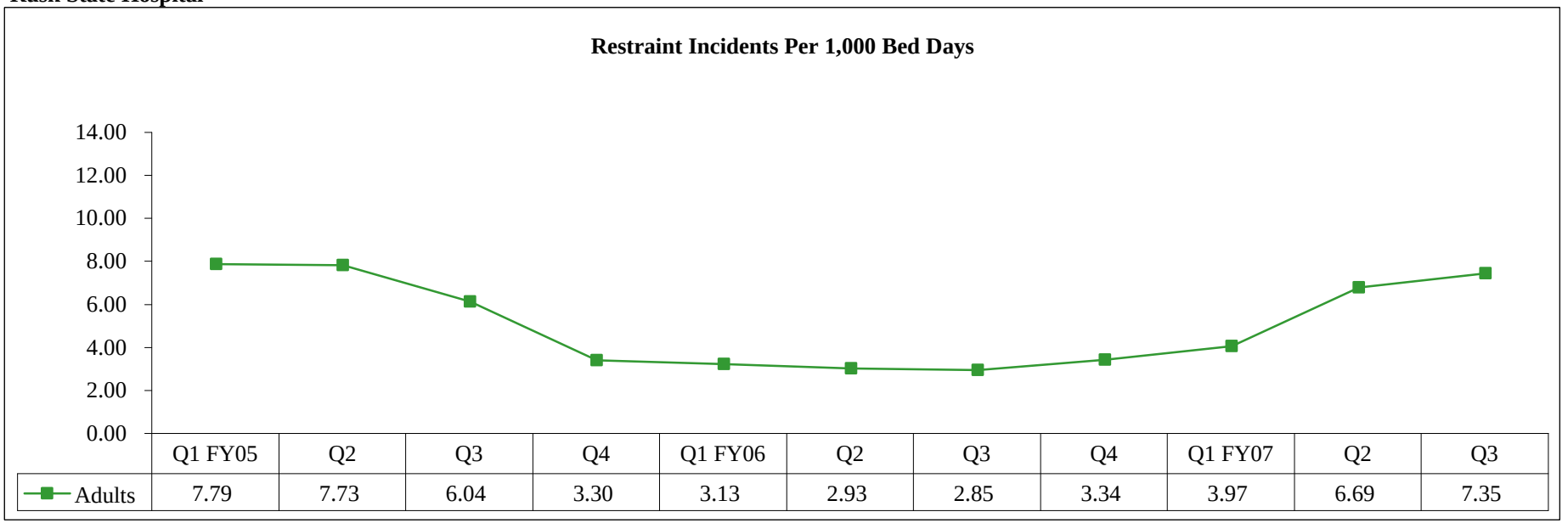


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.63	0.67	1.77	0.47	0.96	0.98	0.22	0.68	0.23	0.79	0.88

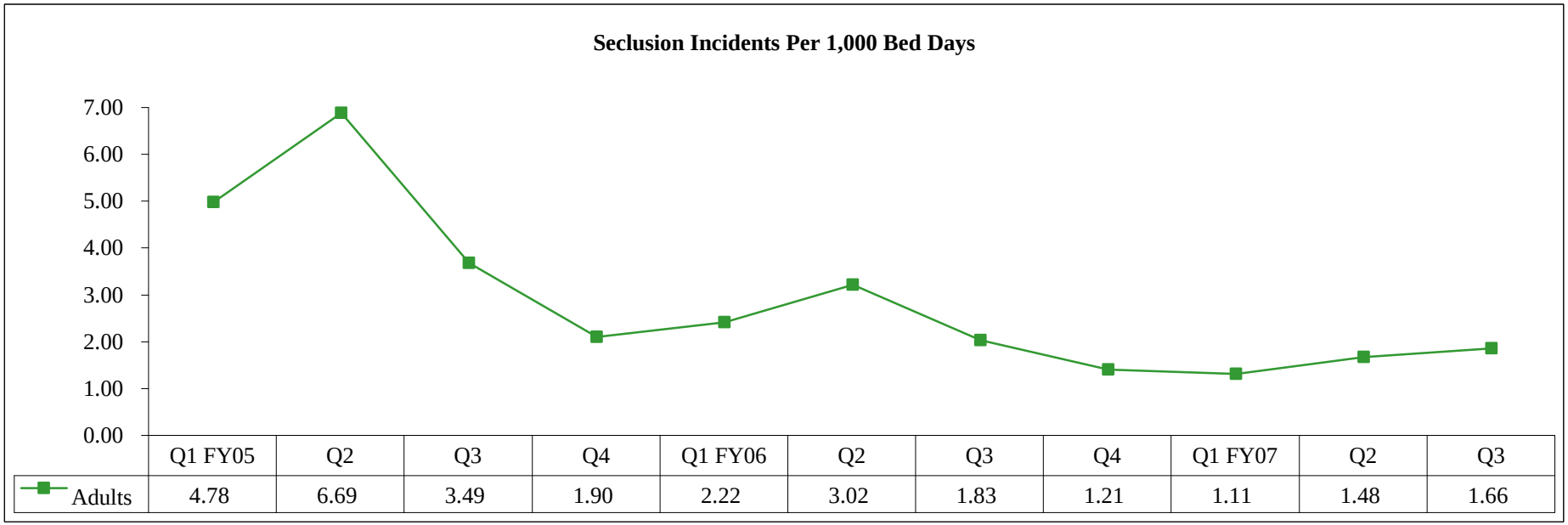
Table: Hospital Management Data Services

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

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	7.79	7.73	6.04	3.30	3.13	2.93	2.85	3.34	3.97	6.69	7.35

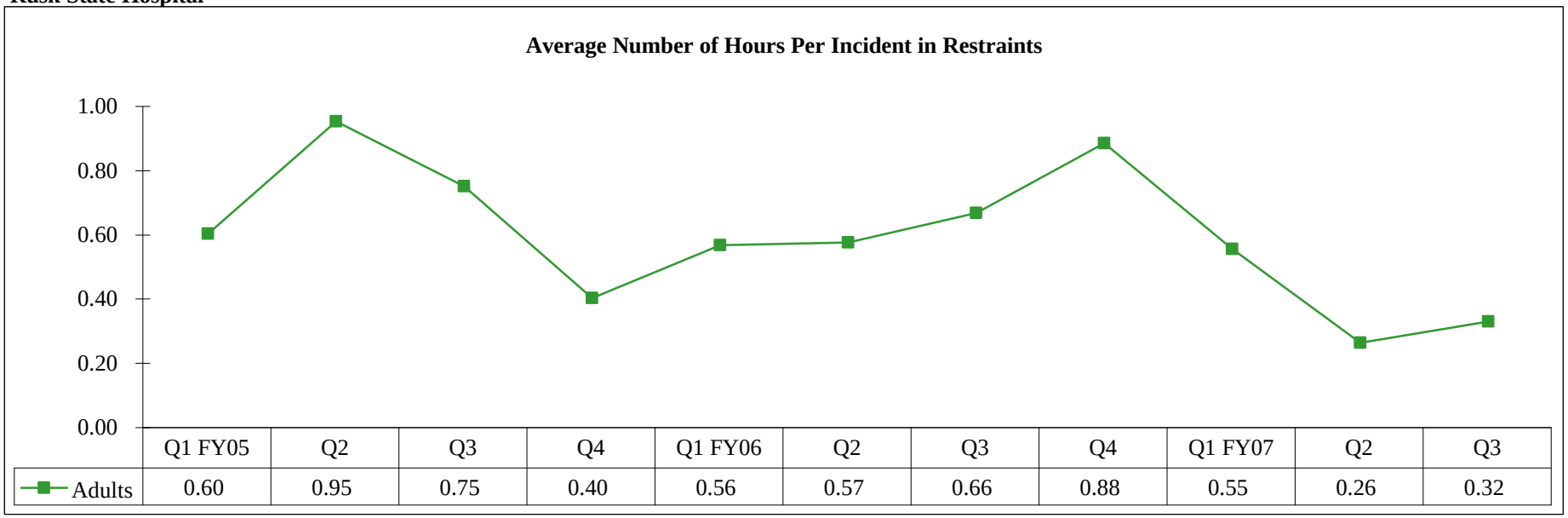


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	4.78	6.69	3.49	1.90	2.22	3.02	1.83	1.21	1.11	1.48	1.66

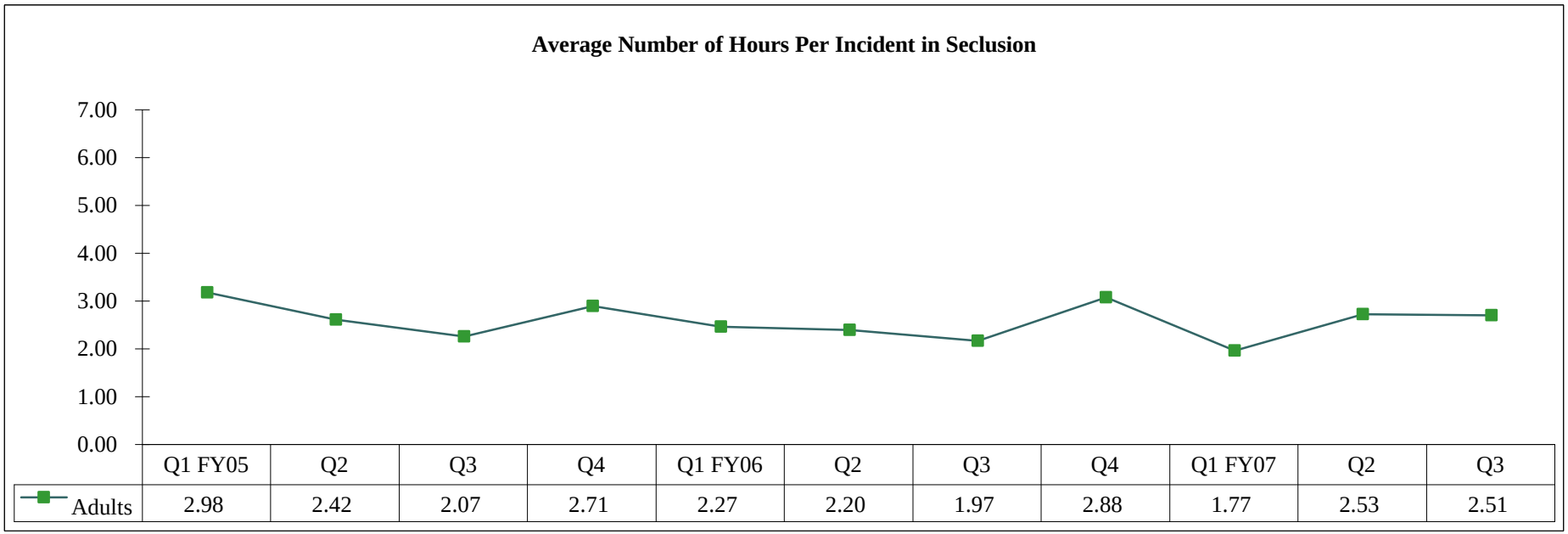
Table: Hospital Management Data Services

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

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	0.60	0.95	0.75	0.40	0.56	0.57	0.66	0.88	0.55	0.26	0.32



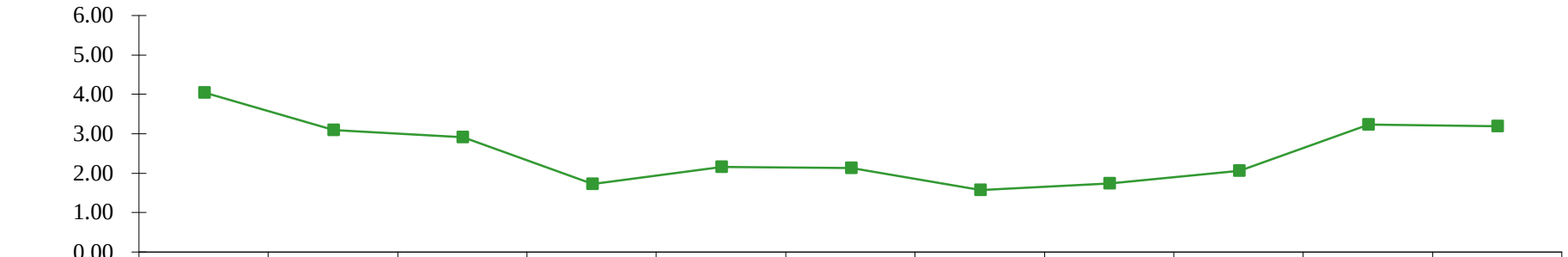
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	2.98	2.42	2.07	2.71	2.27	2.20	1.97	2.88	1.77	2.53	2.51

Table: Hospital Management Data Services

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

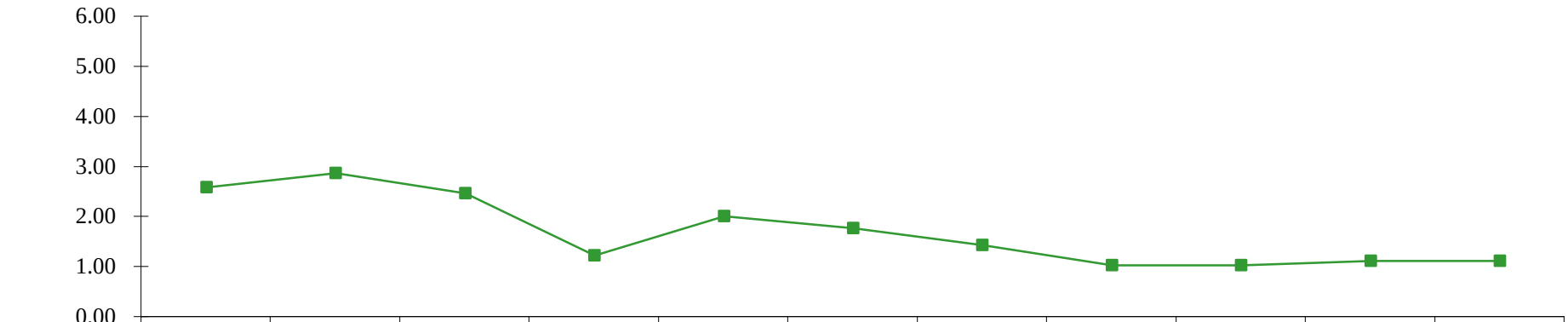
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	3.99	3.05	2.87	1.67	2.10	2.08	1.52	1.69	2.00	3.19	3.14

Number of Persons in Seclusion/1000 Bed Days



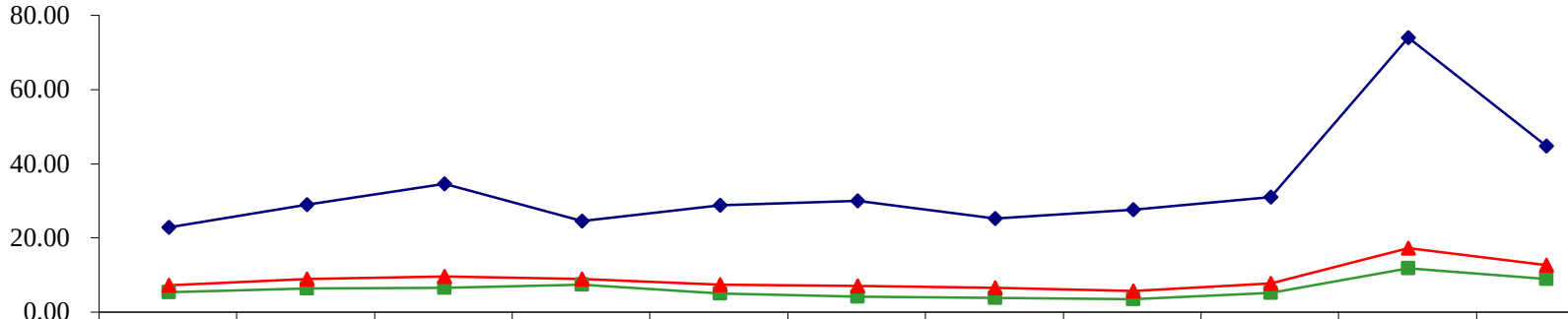
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Adults	2.41	2.68	2.29	1.05	1.83	1.59	1.25	0.84	0.85	0.93	0.94

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

Table: Hospital Management Data Services

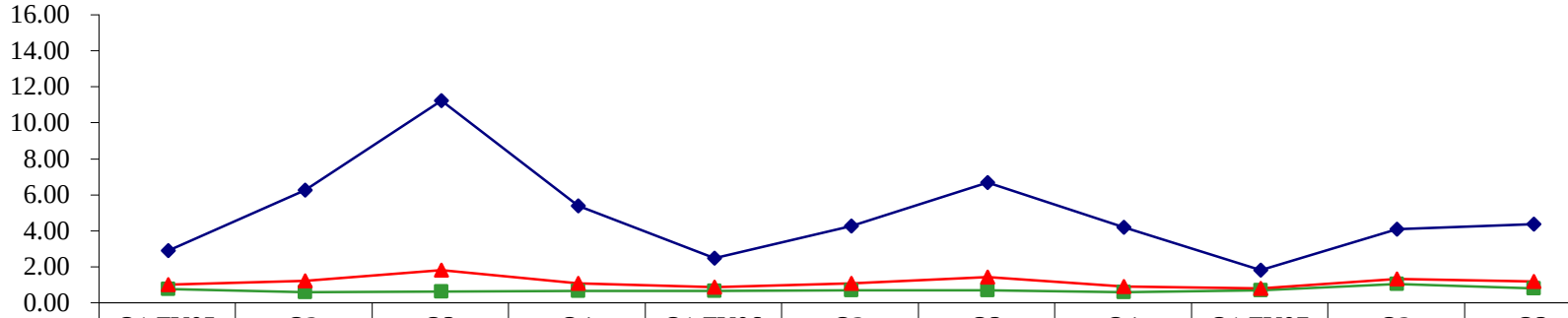
Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	22.25	28.39	33.93	24.00	28.23	29.42	24.70	26.97	30.39	73.44	44.12
Adults	4.70	5.78	5.90	6.77	4.38	3.53	3.21	2.91	4.54	11.23	8.40
Total	6.65	8.29	9.01	8.31	6.84	6.45	5.92	5.09	7.14	16.60	12.07

Seclusion Incidents Per 1,000 Bed Days



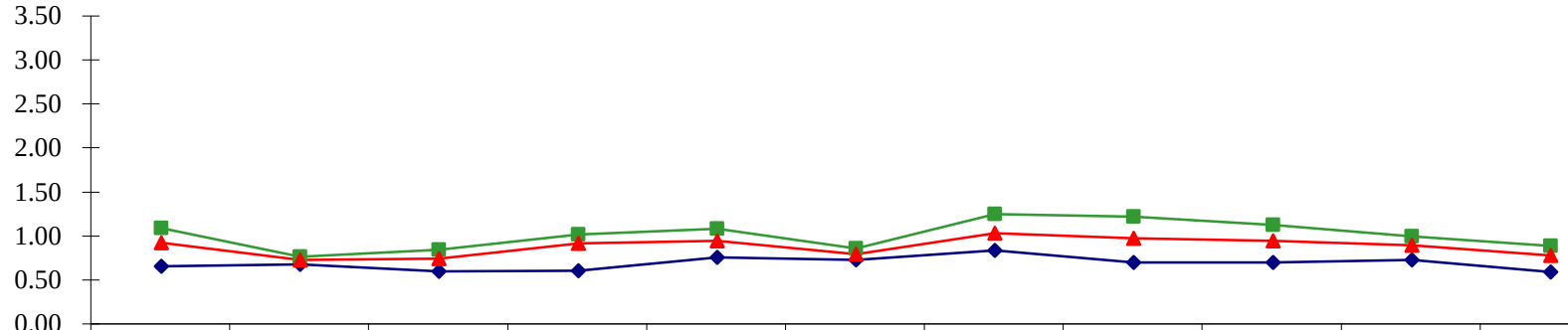
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	2.32	5.68	10.65	4.80	1.88	3.68	6.09	3.60	1.23	3.52	3.77
Adults	0.17	0.00	0.04	0.09	0.09	0.10	0.10	0.00	0.09	0.46	0.22
Total	0.41	0.63	1.22	0.50	0.27	0.51	0.85	0.33	0.21	0.72	0.58

Table: Hospital Management Data Services

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

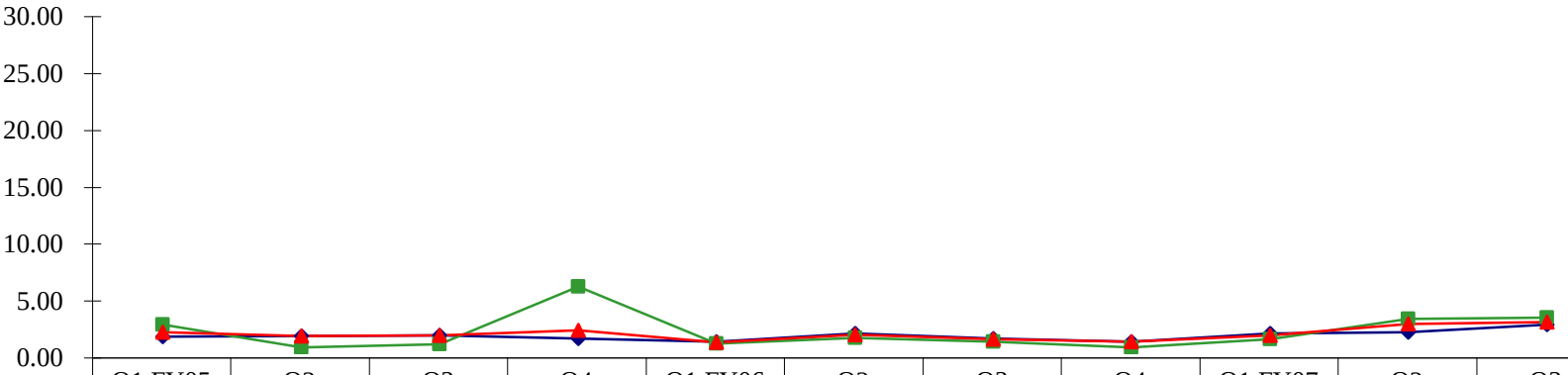
Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.63	0.65	0.57	0.58	0.73	0.70	0.81	0.68	0.68	0.70	0.56
Adults	1.06	0.74	0.82	0.99	1.06	0.83	1.22	1.20	1.10	0.97	0.86
Total	0.90	0.70	0.71	0.89	0.92	0.77	1.00	0.95	0.92	0.86	0.75

Average Number of Hours Per Incident in Seclusion



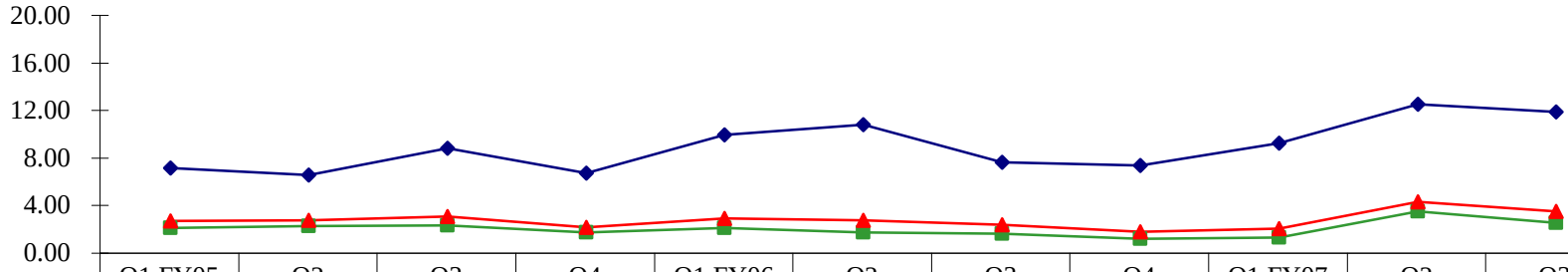
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.93	0.99	1.07	0.79	0.52	1.20	0.76	0.48	1.23	1.35	2.00
Adults	2.00	0.00	0.30	5.35	0.35	0.85	0.50	0.00	0.75	2.53	2.62
Total	1.32	0.99	1.04	1.49	0.47	1.14	0.74	0.48	1.04	2.03	2.21

Table: Hospital Management Data Services

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

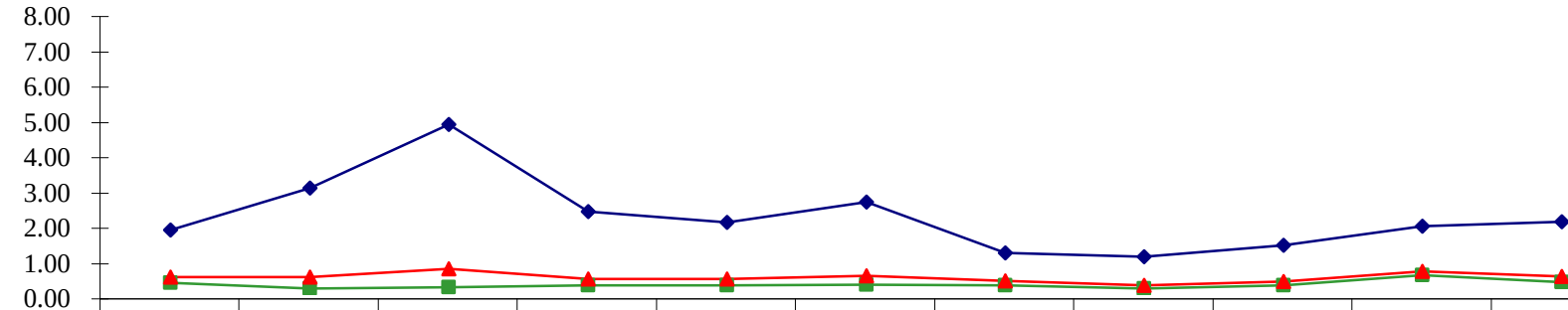
Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	6.97	6.39	8.65	6.54	9.79	10.63	7.45	7.19	9.03	12.31	11.69
Adults	1.95	2.09	2.16	1.53	1.95	1.56	1.46	1.03	1.10	3.33	2.34
Total	2.51	2.57	2.88	1.98	2.76	2.58	2.21	1.59	1.90	4.10	3.30

Number of Persons in Seclusion/1000 Bed Days



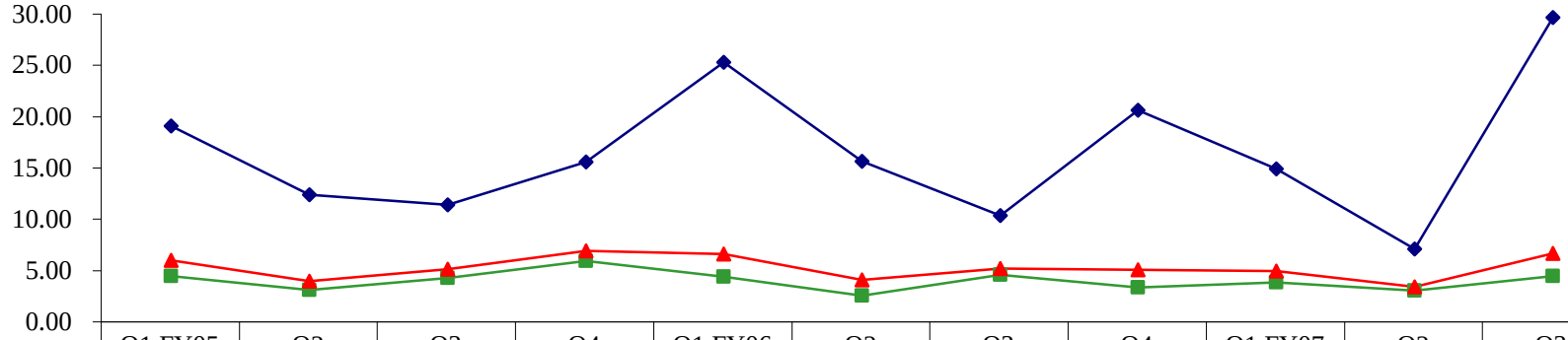
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	1.66	2.84	4.66	2.18	1.88	2.45	1.02	0.90	1.23	1.76	1.89
Adults	0.17	0.00	0.04	0.09	0.09	0.10	0.10	0.00	0.09	0.37	0.17
Total	0.33	0.32	0.55	0.27	0.27	0.37	0.21	0.08	0.21	0.49	0.35

Table: Hospital Management Data Services

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

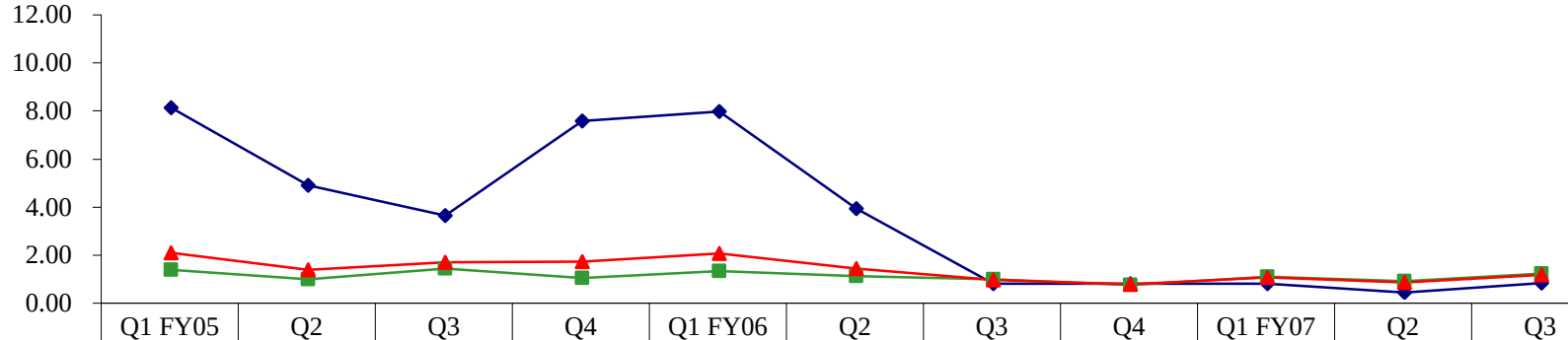
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	18.86	12.16	11.17	15.36	25.11	15.42	10.12	20.41	14.67	6.88	29.46
Adults	4.22	2.88	4.08	5.69	4.18	2.36	4.39	3.16	3.63	2.84	4.23
Total	5.75	3.78	4.91	6.68	6.42	3.86	4.97	4.87	4.74	3.20	6.44

Seclusion Incidents Per 1,000 Bed Days



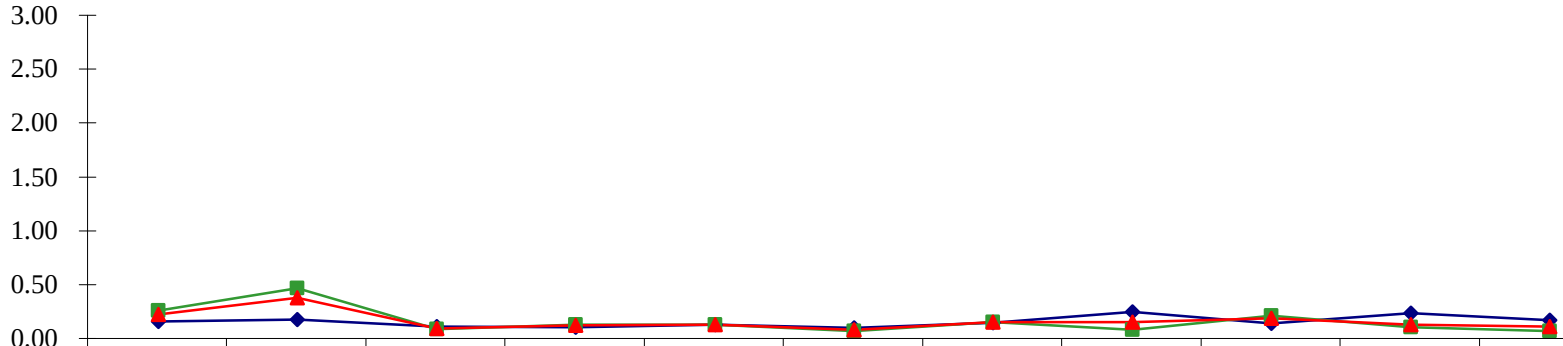
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	7.68	4.46	3.19	7.15	7.53	3.51	0.37	0.37	0.37	0.00	0.39
Adults	0.94	0.56	1.01	0.61	0.90	0.68	0.55	0.33	0.65	0.47	0.78
Total	1.65	0.93	1.26	1.29	1.62	1.00	0.54	0.33	0.62	0.43	0.75

Table: Hospital Management Data Services

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

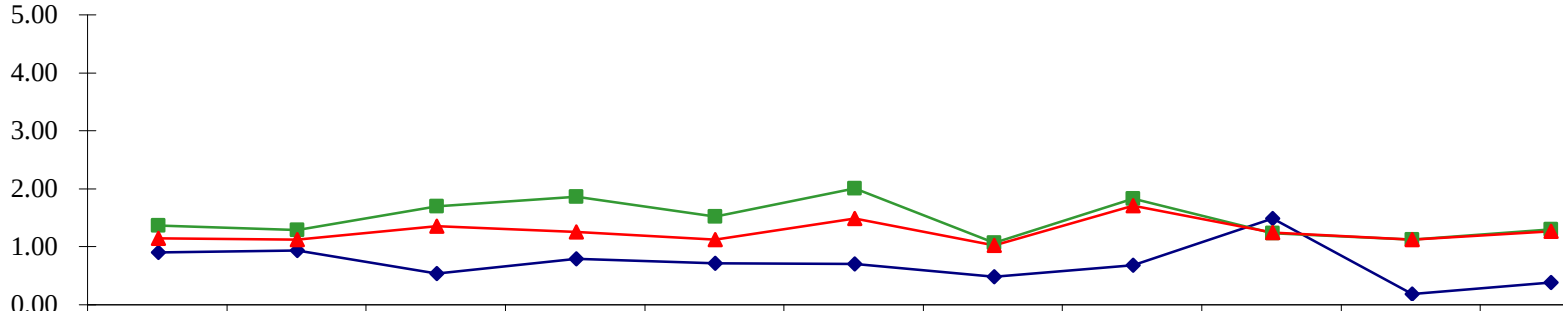
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.14	0.15	0.09	0.08	0.11	0.08	0.12	0.23	0.12	0.21	0.15
Adults	0.24	0.45	0.07	0.10	0.11	0.05	0.13	0.06	0.19	0.08	0.05
Total	0.20	0.36	0.07	0.10	0.11	0.06	0.13	0.13	0.17	0.11	0.09

Average Number of Hours Per Incident in Seclusion



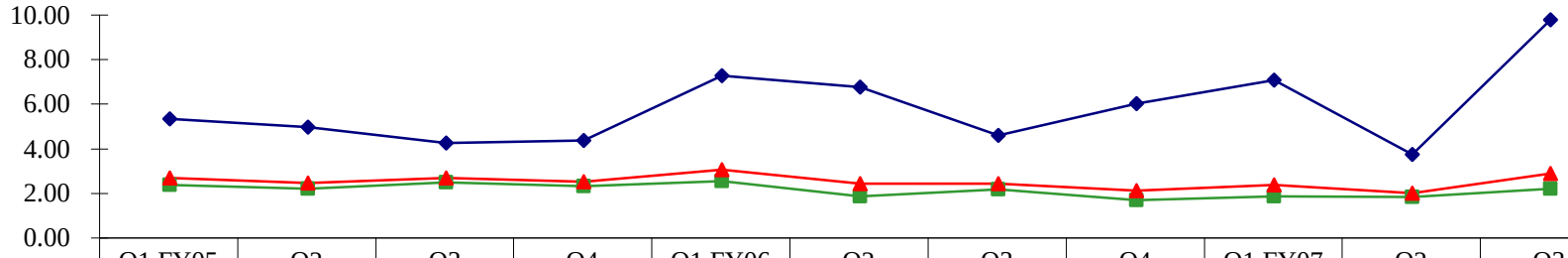
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.72	0.75	0.35	0.61	0.53	0.52	0.30	0.50	1.30	0.00	0.20
Adults	1.18	1.11	1.51	1.67	1.34	1.82	0.88	1.65	1.04	0.94	1.12
Total	0.96	0.94	1.17	1.07	0.94	1.30	0.84	1.52	1.06	0.94	1.08

Table: Hospital Management Data Services

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

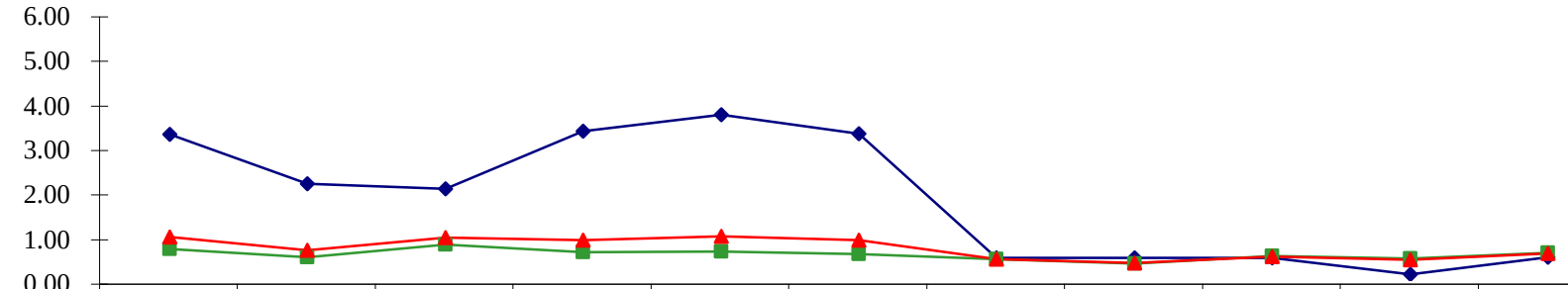
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	5.24	4.86	4.15	4.29	7.17	6.66	4.50	5.94	6.97	3.64	9.69
Adults	2.29	2.11	2.40	2.21	2.46	1.77	2.09	1.60	1.76	1.74	2.12
Total	2.60	2.37	2.60	2.42	2.96	2.33	2.33	2.03	2.28	1.91	2.78

Number of Persons in Seclusion/1000 Bed Days

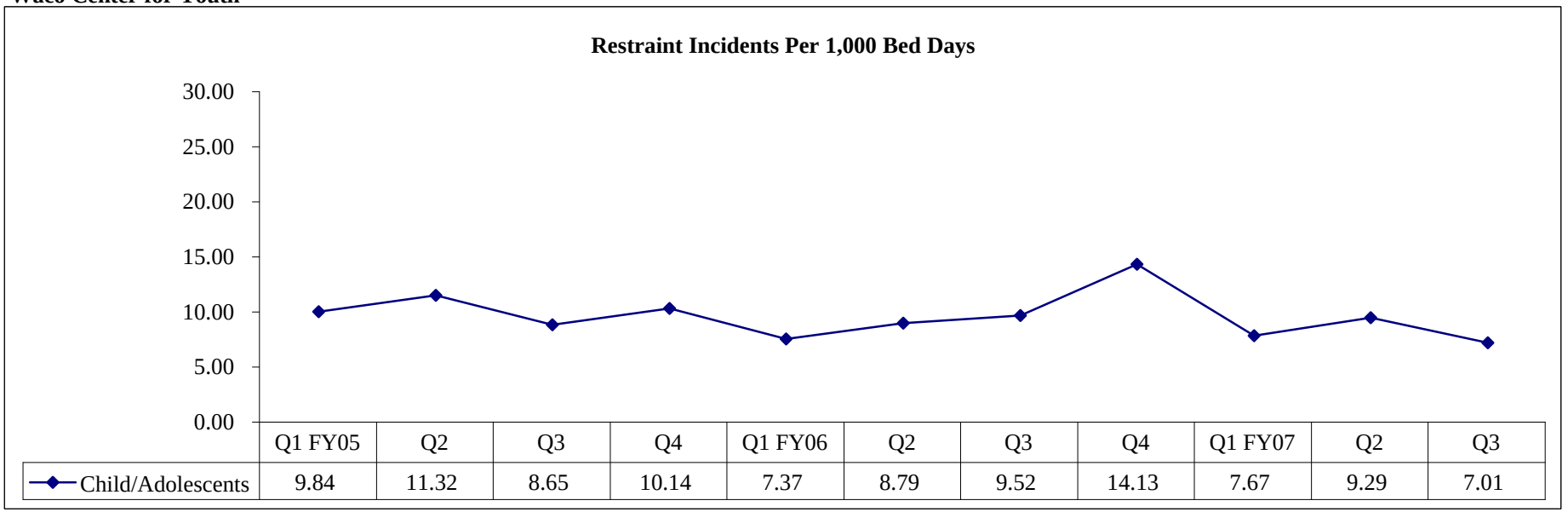


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	3.14	2.03	1.92	3.22	3.59	3.15	0.37	0.37	0.37	0.00	0.39
Adults	0.57	0.39	0.67	0.49	0.52	0.45	0.34	0.25	0.41	0.36	0.48
Total	0.84	0.54	0.82	0.77	0.85	0.76	0.34	0.26	0.40	0.32	0.47

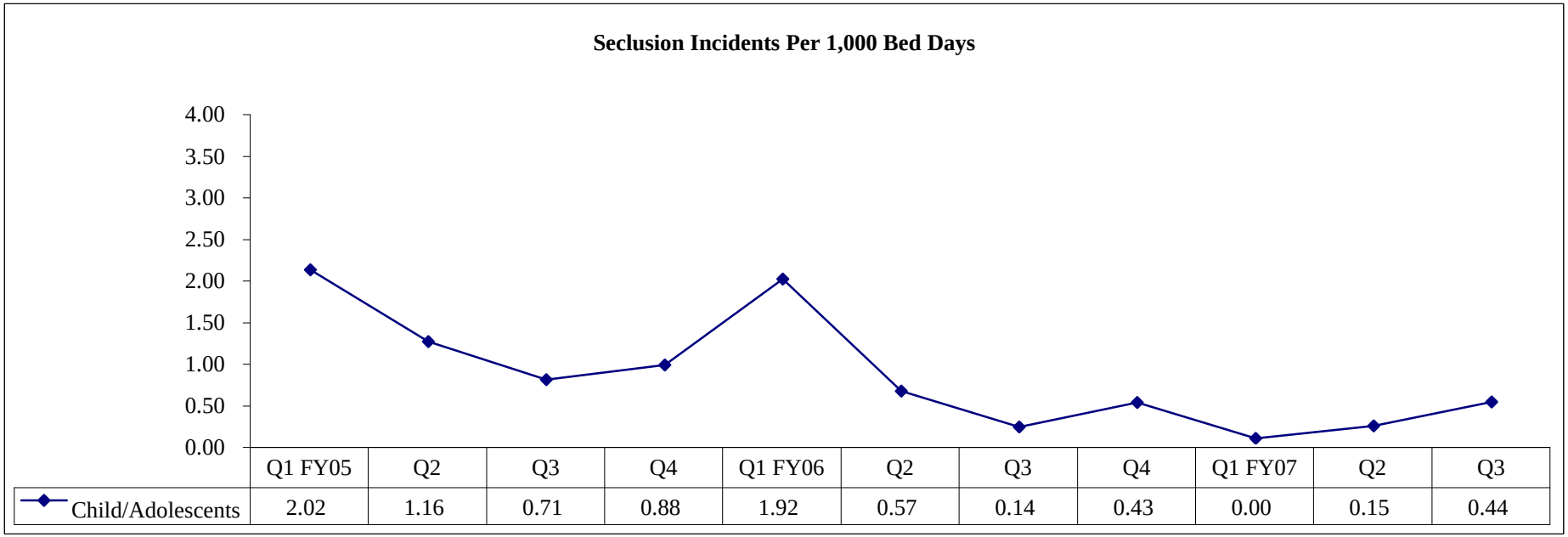
Table: Hospital Management Data Services

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

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



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	9.84	11.32	8.65	10.14	7.37	8.79	9.52	14.13	7.67	9.29	7.01



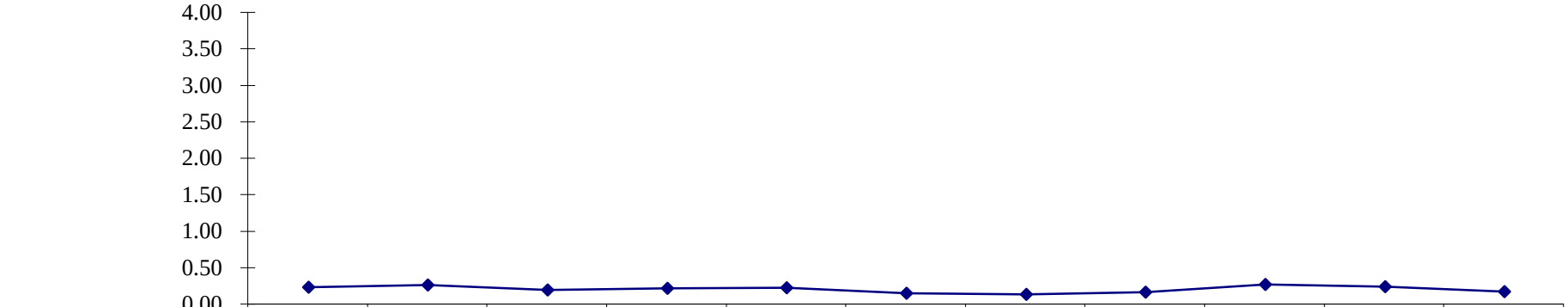
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	2.02	1.16	0.71	0.88	1.92	0.57	0.14	0.43	0.00	0.15	0.44

Table: Hospital Management Data Services

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

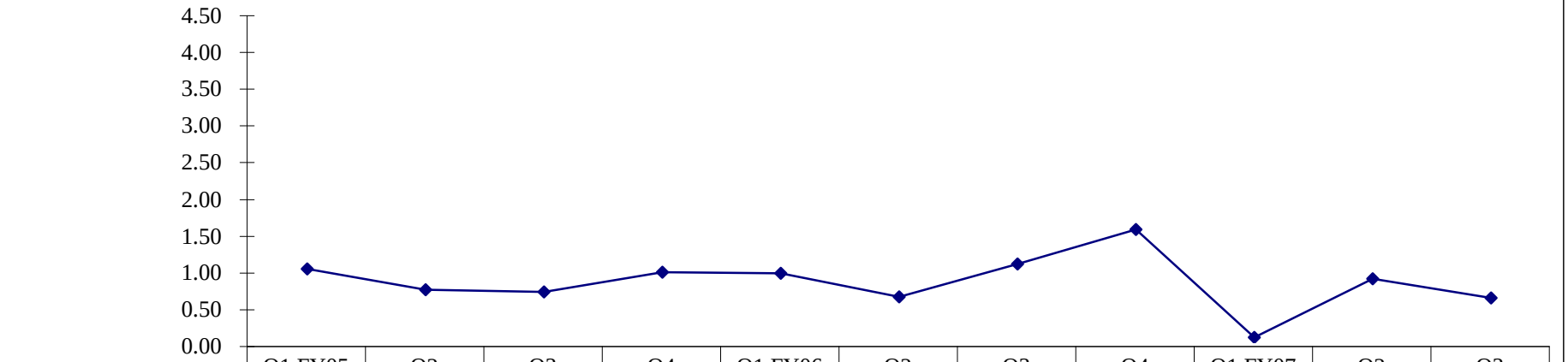
Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth

Average Number of Hours Per Incident in Restraints



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.20	0.23	0.17	0.19	0.20	0.12	0.11	0.13	0.25	0.21	0.15

Average Number of Hours Per Incident in Seclusion



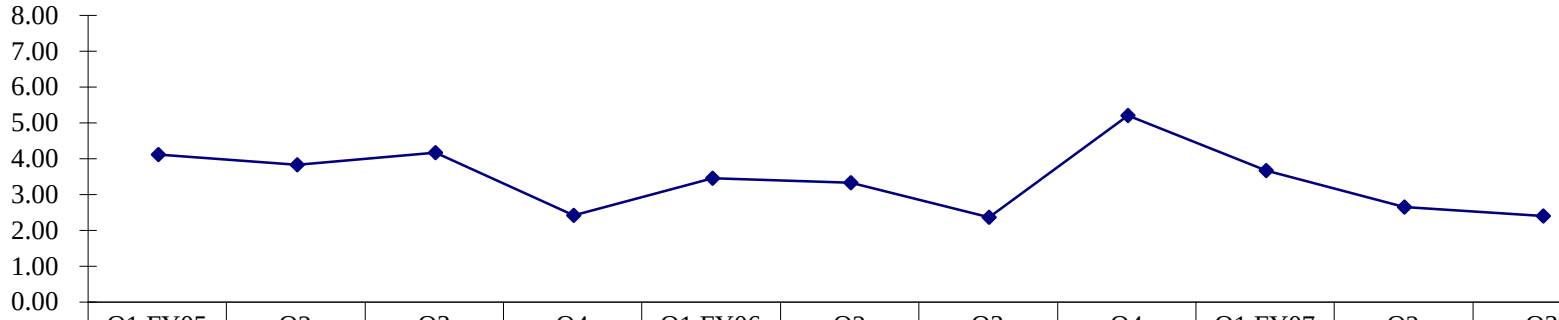
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	0.93	0.65	0.62	0.88	0.87	0.55	1.00	1.47	0.00	0.80	0.53

Table: Hospital Management Data Services

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

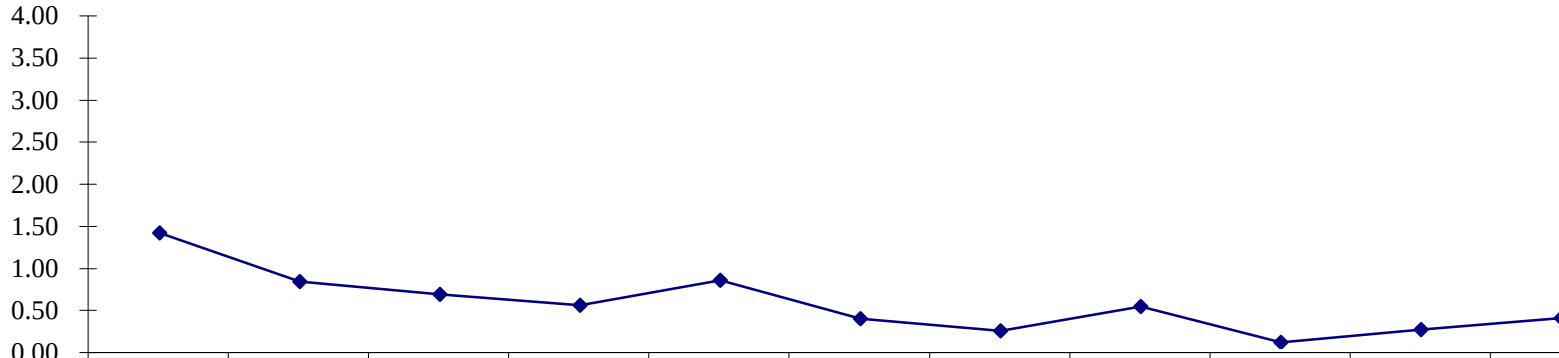
Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth

Number of Persons in Restraint/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	4.05	3.77	4.11	2.35	3.39	3.26	2.31	5.14	3.62	2.59	2.34

Number of Persons in Seclusion/1000 Bed Days



	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Child/Adolescents	1.30	0.73	0.57	0.44	0.74	0.28	0.14	0.43	0.00	0.15	0.29

Table: Hospital Management Data Services

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

Performance Objective 3C:

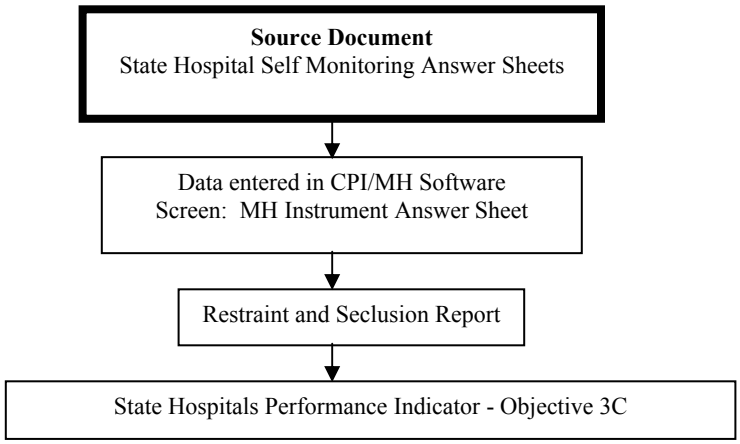
The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct implementation of restraint and seclusion when it is necessary to utilize these procedures.

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 [(yes + no with)/(yes + no with + no) x 100].

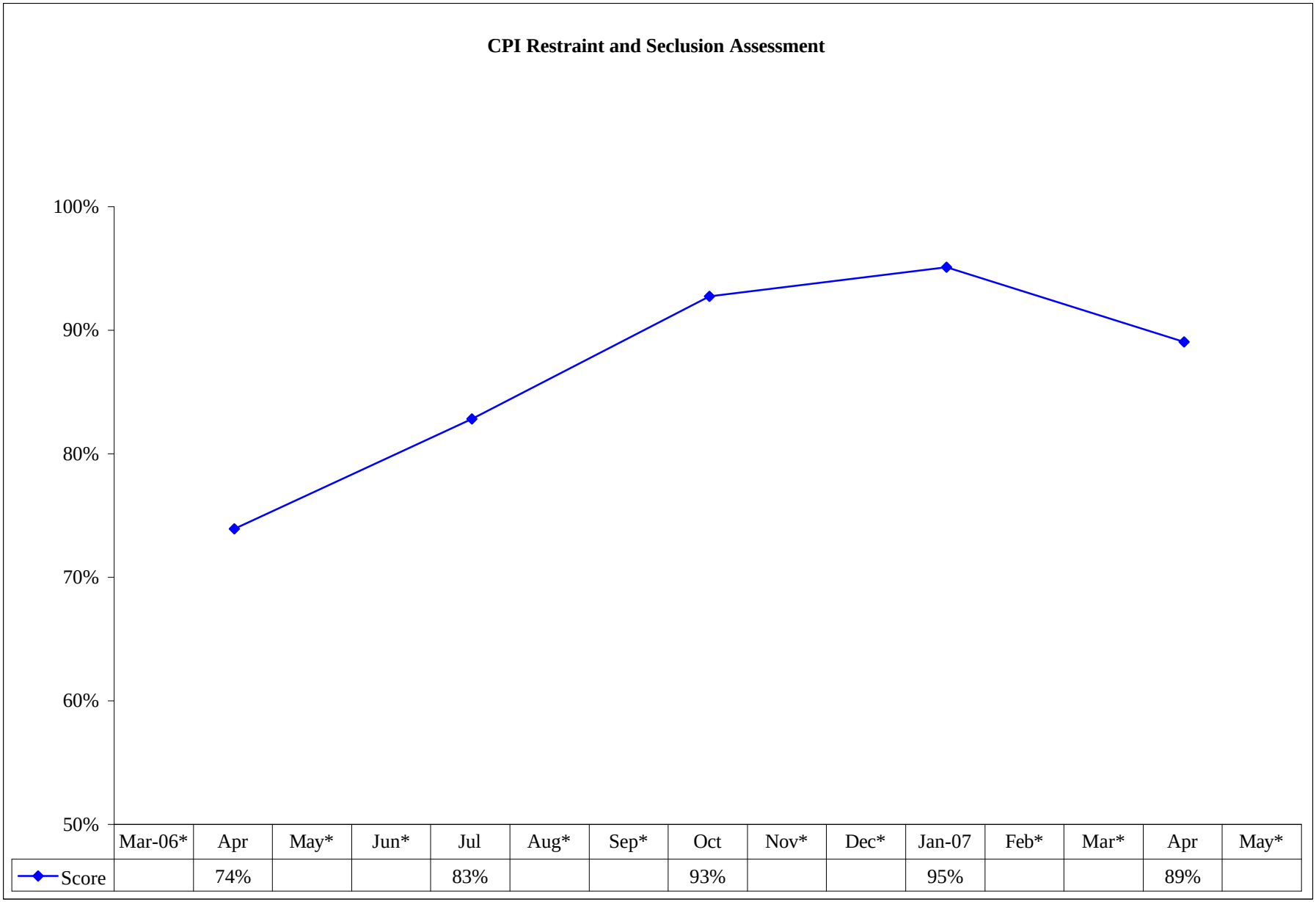
Performance Objective Data Display and Chart Description:
Chart with monthly data points of state hospital scores.

Data Flow:



Data Integrity Review Process: (This process ensures the accuracy of data entered into the CPI software from the CPI answer sheets).

Objective 3C - Behavorial Restraint and Seclusion Assessment
Austin State Hospital



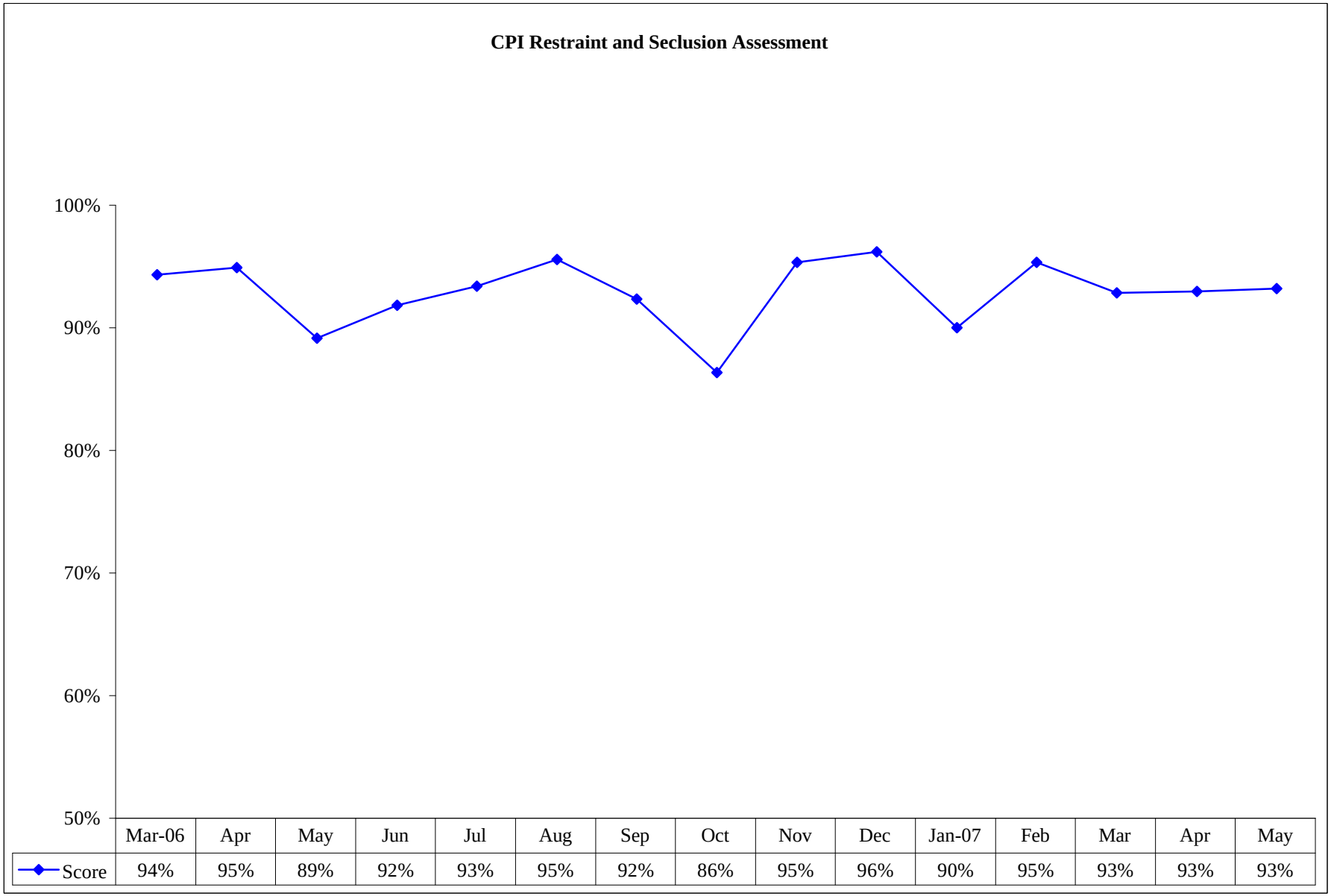
	Mar-06*	Apr	May*	Jun*	Jul	Aug*	Sep*	Oct	Nov*	Dec*	Jan-07	Feb*	Mar*	Apr	May*
Score		74%			83%			93%			95%			89%	

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
Big Spring State Hospital

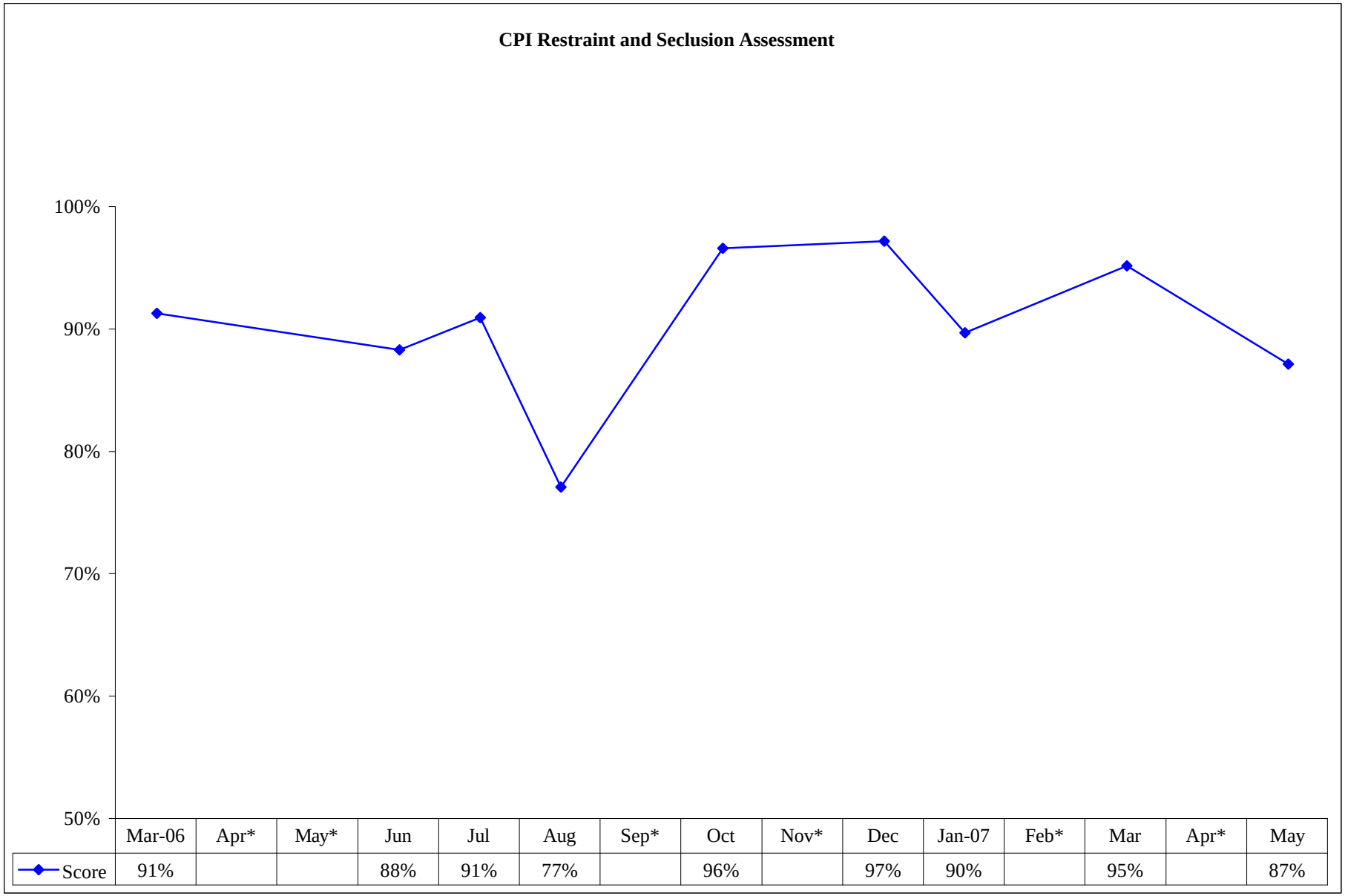


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	94%	95%	89%	92%	93%	95%	92%	86%	95%	96%	90%	95%	93%	93%	93%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
El Paso Psychiatric Center



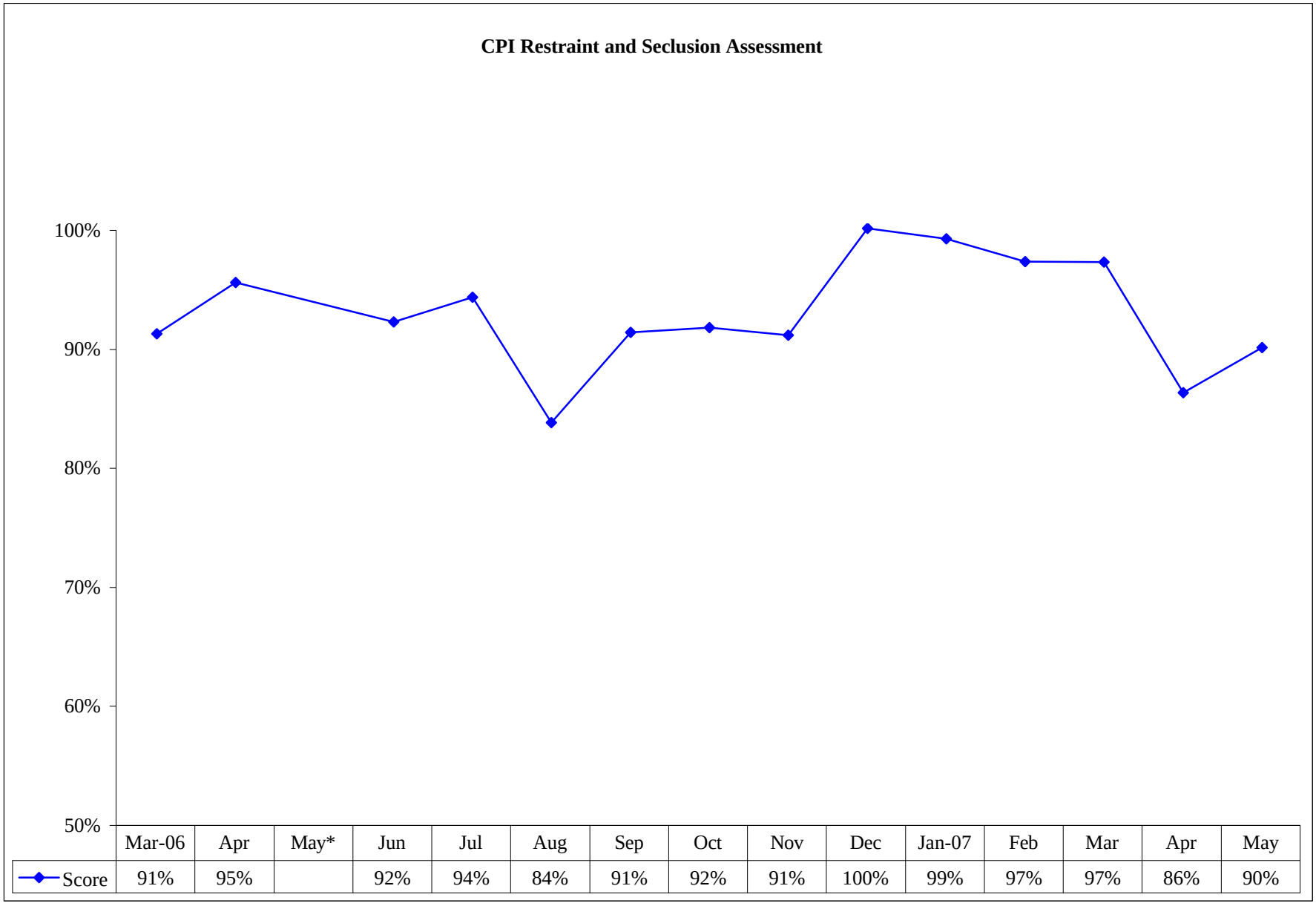
	Mar-06	Apr*	May*	Jun	Jul	Aug	Sep*	Oct	Nov*	Dec	Jan-07	Feb*	Mar	Apr*	May
Score	91%			88%	91%	77%		96%		97%	90%		95%		87%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
Kerrville State Hospital



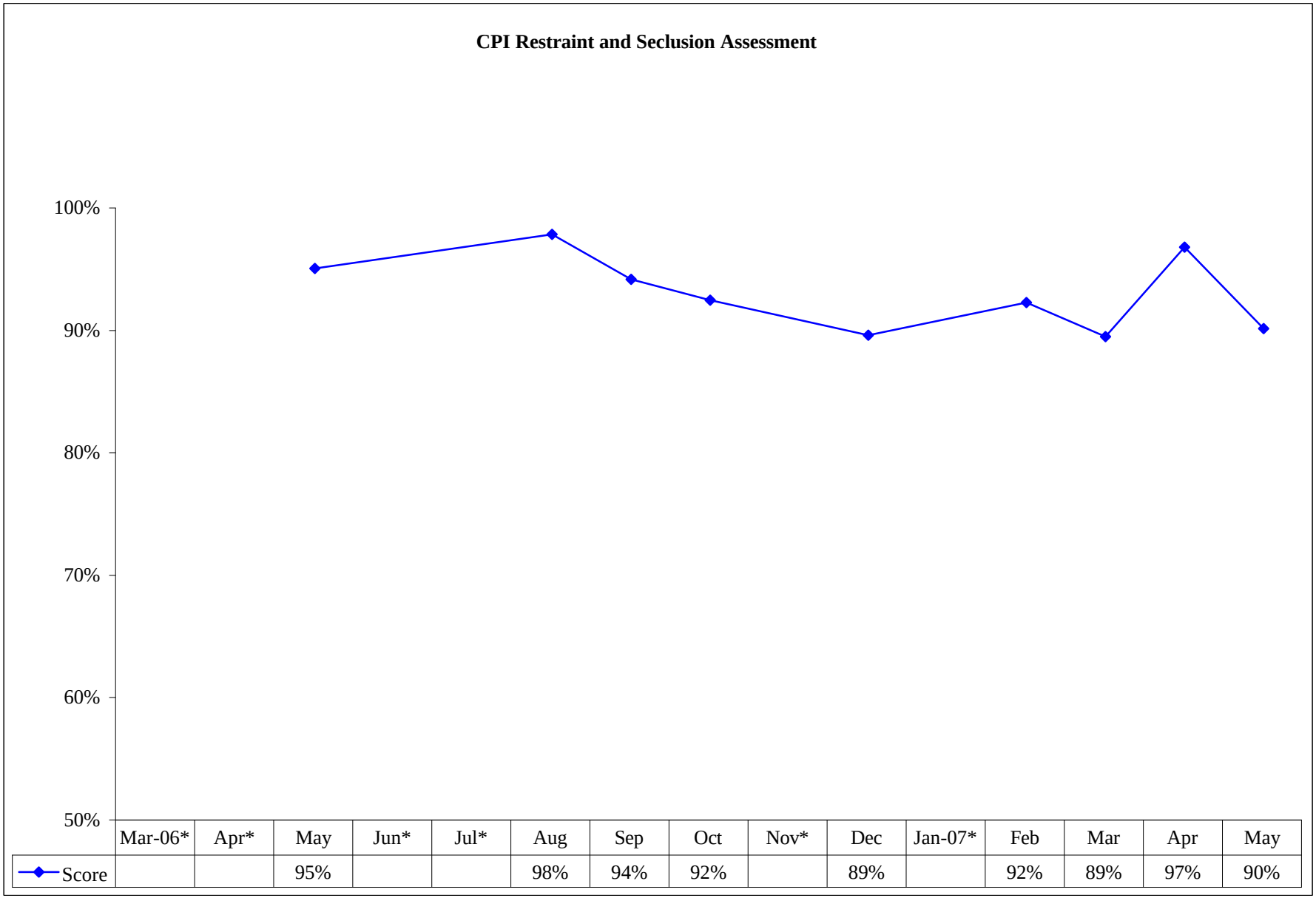
	Mar-06	Apr	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	91%	95%		92%	94%	84%	91%	92%	91%	100%	99%	97%	97%	86%	90%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
North Texas State Hospital



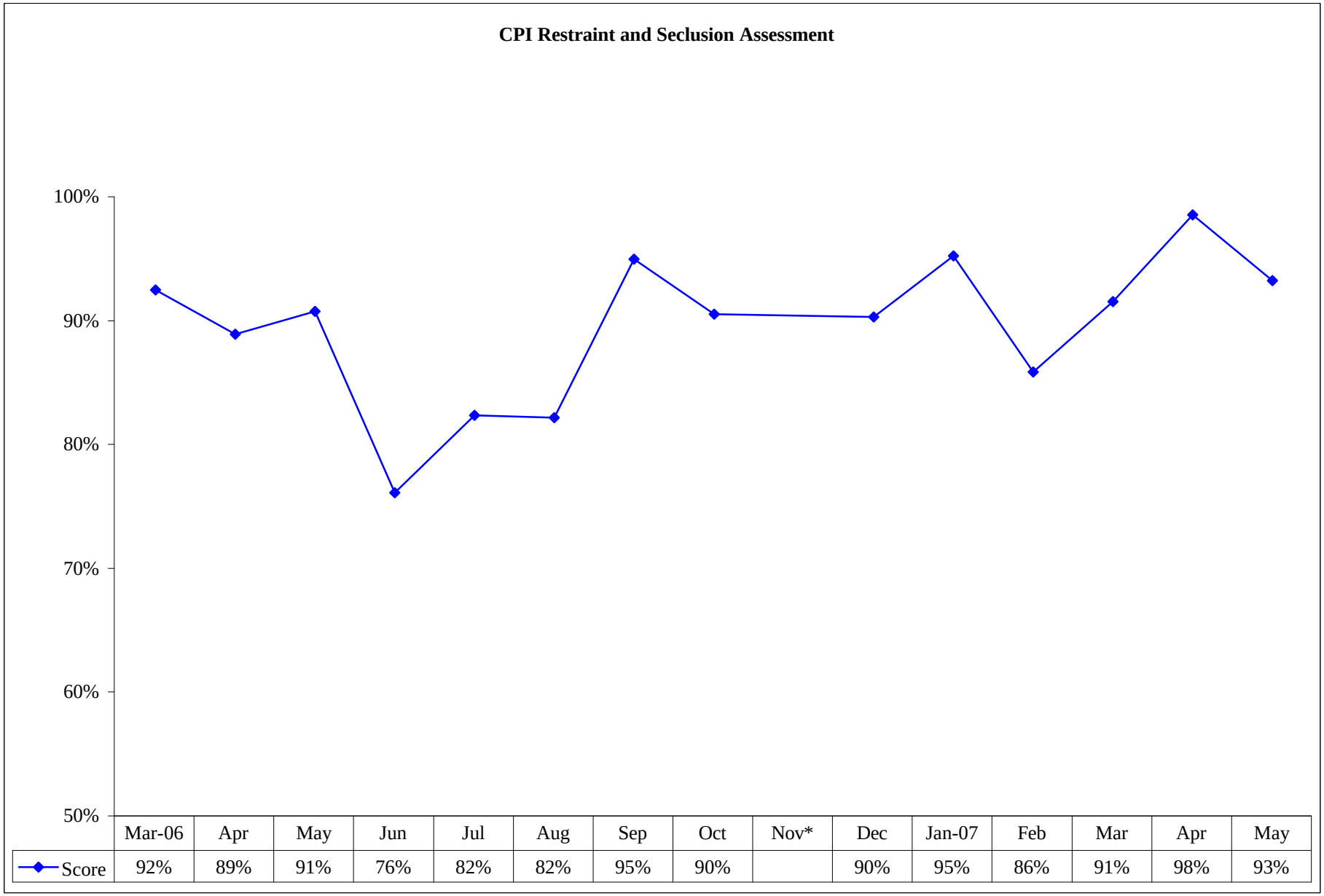
	Mar-06*	Apr*	May	Jun*	Jul*	Aug	Sep	Oct	Nov*	Dec	Jan-07*	Feb	Mar	Apr	May
Score			95%			98%	94%	92%		89%		92%	89%	97%	90%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
Rio Grande State Center



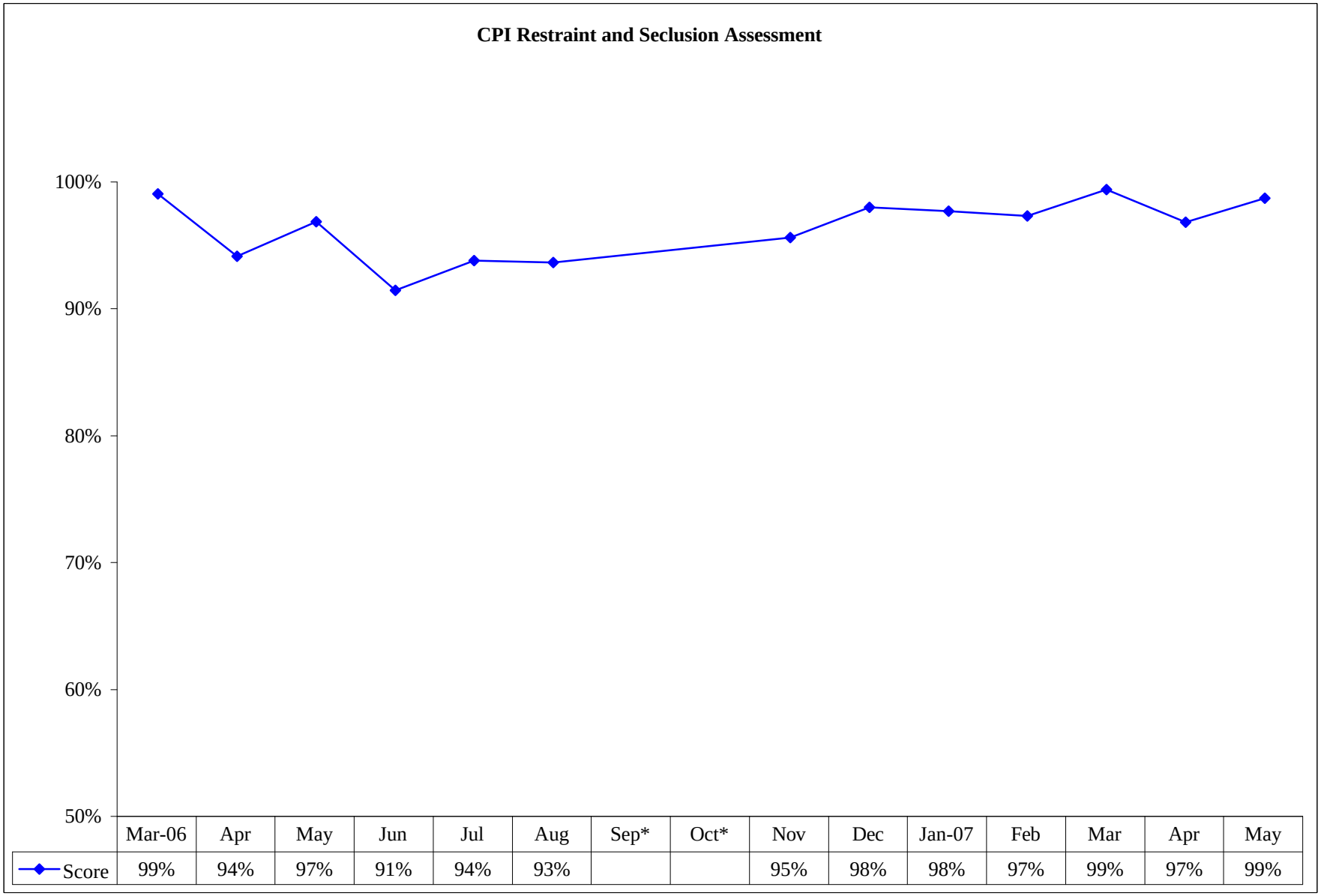
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-07	Feb	Mar	Apr	May
Score	92%	89%	91%	76%	82%	82%	95%	90%		90%	95%	86%	91%	98%	93%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
Rusk State Hospital



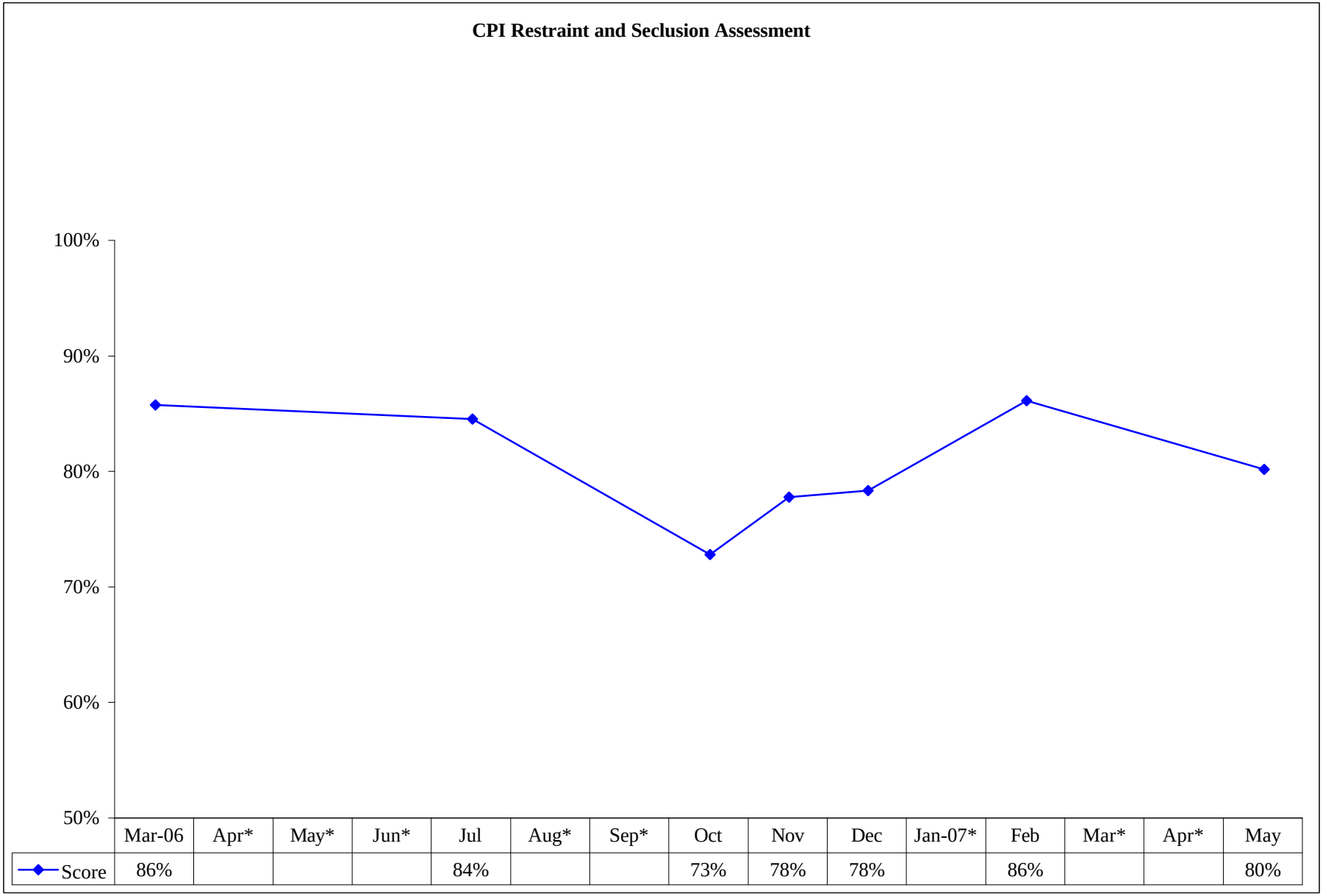
	Mar-06	Apr	May	Jun	Jul	Aug	Sep*	Oct*	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	99%	94%	97%	91%	94%	93%			95%	98%	98%	97%	99%	97%	99%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
San Antonio State Hospital



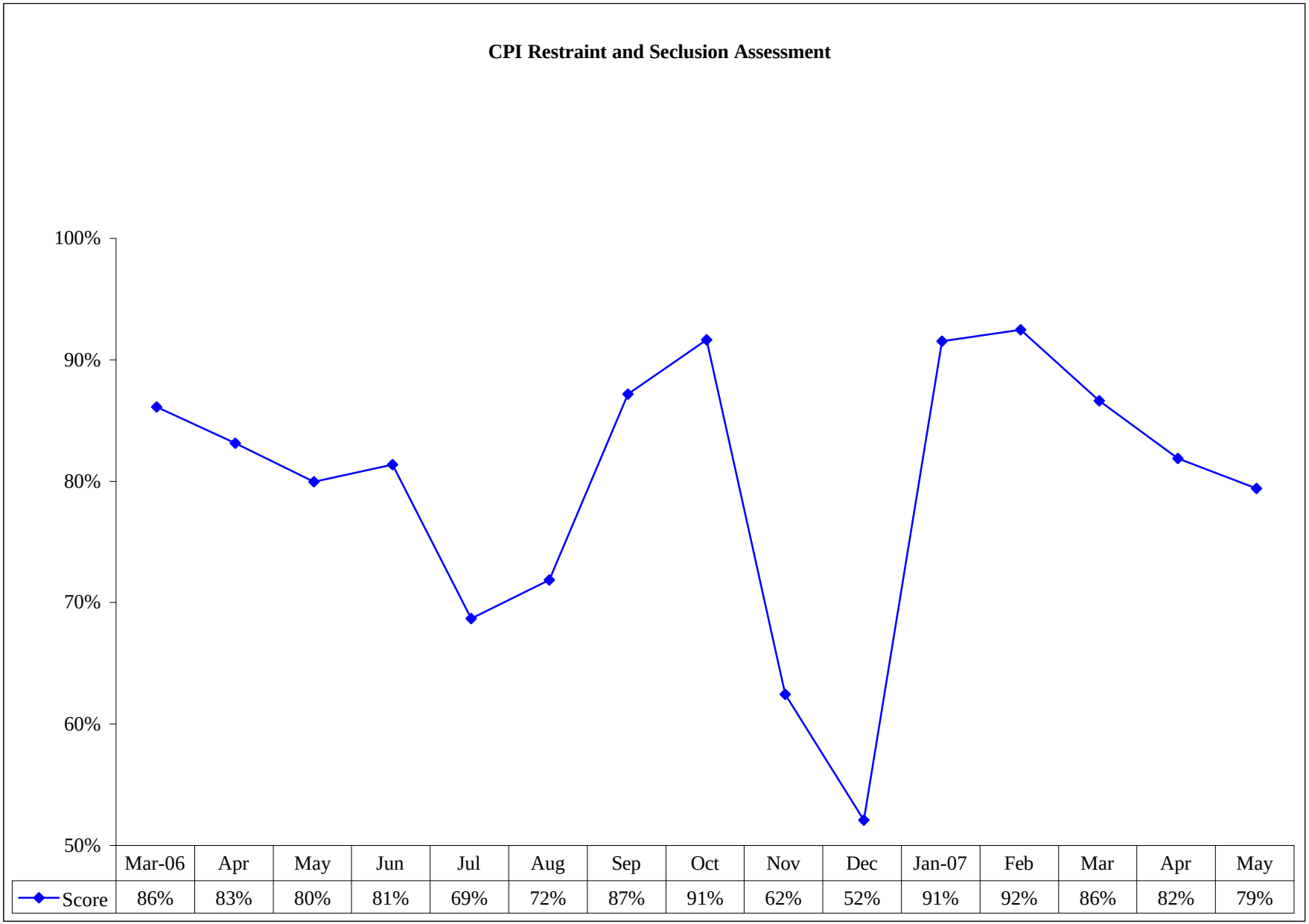
	Mar-06	Apr*	May*	Jun*	Jul	Aug*	Sep*	Oct	Nov	Dec	Jan-07*	Feb	Mar*	Apr*	May
Score	86%				84%			73%	78%	78%		86%			80%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
Terrell State Hospital

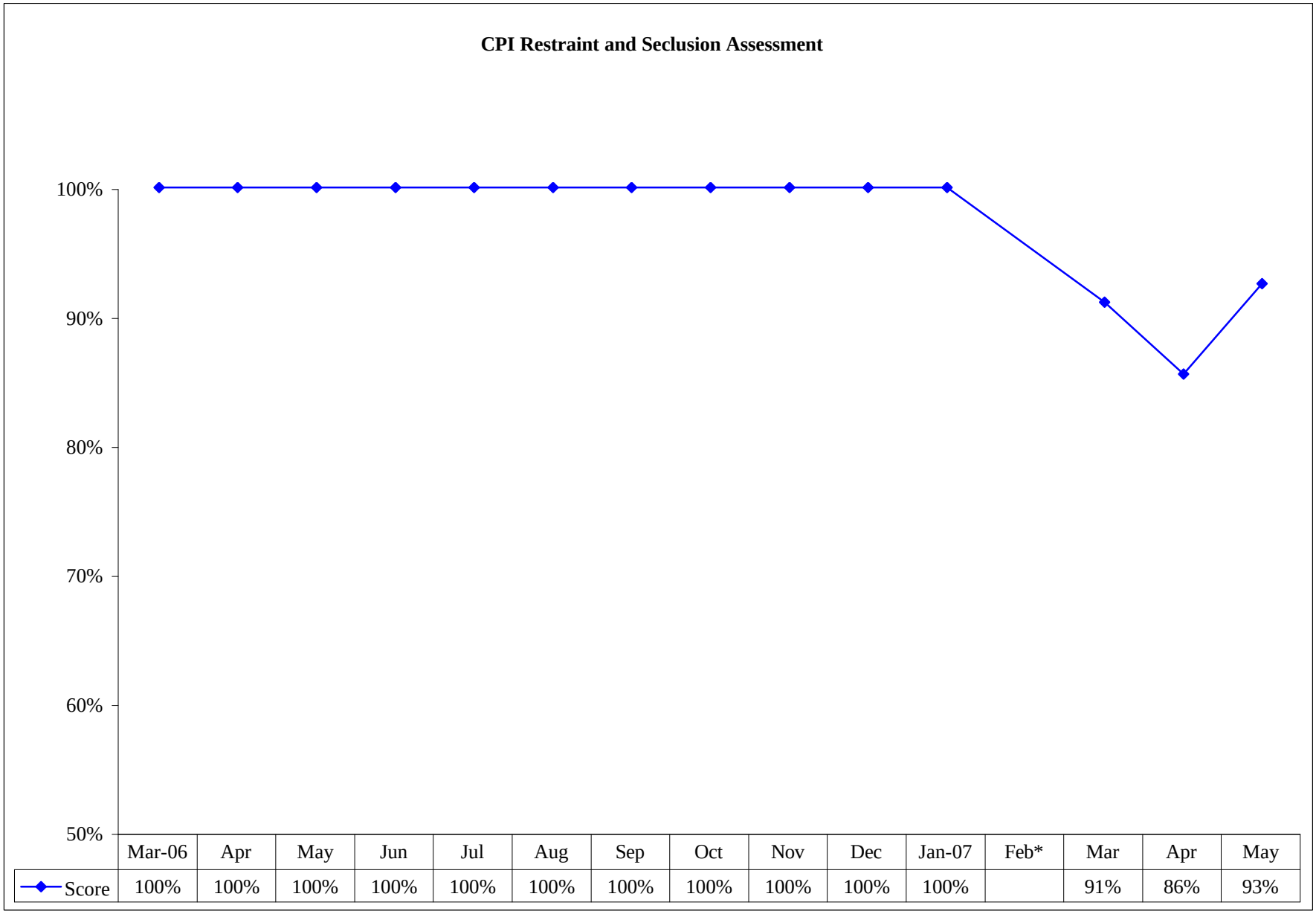


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	86%	83%	80%	81%	69%	72%	87%	91%	62%	52%	91%	92%	86%	82%	79%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3C - Behavorial Restraint and Seclusion Assessment
Waco Center for Youth



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb*	Mar	Apr	May
Score	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		91%	86%	93%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

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.

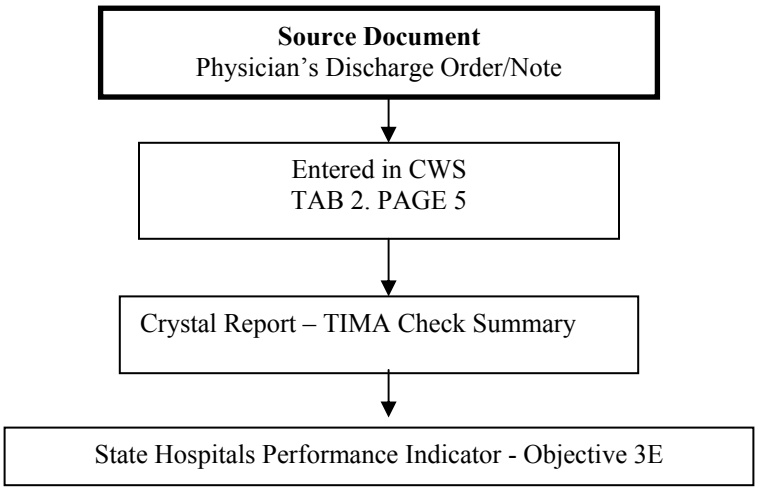
Performance Objective Formula: R = (N/D)

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:



Data Integrity Review Process:

Monitoring Method	Desk and Record Review of applicable TIMA data
Monitoring Instrument/Tool	TIMA Details CWS Report and DIR Tally Sheet
Description of Review Process	Compare the TIMA algorithm and stage in the TIMA Details CWS Report to the corresponding information in the CWS Physician's Discharge Order/Note.
Facility and DIR Sample Size	In a given quarter, 30 randomly selected cases are reviewed.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When there is missing or incorrect data for the quarter reviewed.

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

Percent of Patients with Episodes that are Tracked by TIMA

Facility	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ASH	95%	96%	96%	97%	92%	95%	93%	94%	96%	94%	95%	95%	96%	94%	96%
BSSH	100%	97%	97%	100%	95%	95%	94%	95%	94%	77%	93%	93%	80%	88%	84%
EPPC	100%	100%	95%	99%	94%	97%	93%	97%	98%	92%	95%	100%	97%	82%	94%
KSH	100%	100%	97%	100%	100%	90%	93%	100%	100%	100%	82%	100%	100%	100%	100%
NTSH	92%	91%	84%	93%	88%	95%	98%	89%	90%	97%	90%	94%	94%	90%	92%
RGSC	94%	96%	96%	96%	100%	100%	100%	96%	96%	100%	97%	100%	100%	100%	99%
RSH	99%	100%	100%	100%	100%	99%	98%	99%	100%	100%	100%	100%	99%	100%	100%
SASH	98%	99%	99%	100%	97%	98%	94%	99%	96%	99%	98%	99%	94%	97%	94%
TSH	98%	98%	96%	99%	95%	94%	93%	97%	93%	88%	82%	84%	93%	89%	85%
All SH	**97%**	**97%**	**96%**	**98%**	**95%**	**96%**	**95%**	**96%**	**96%**	**94%**	**93%**	**95%**	**95%**	**93%**	**93%**

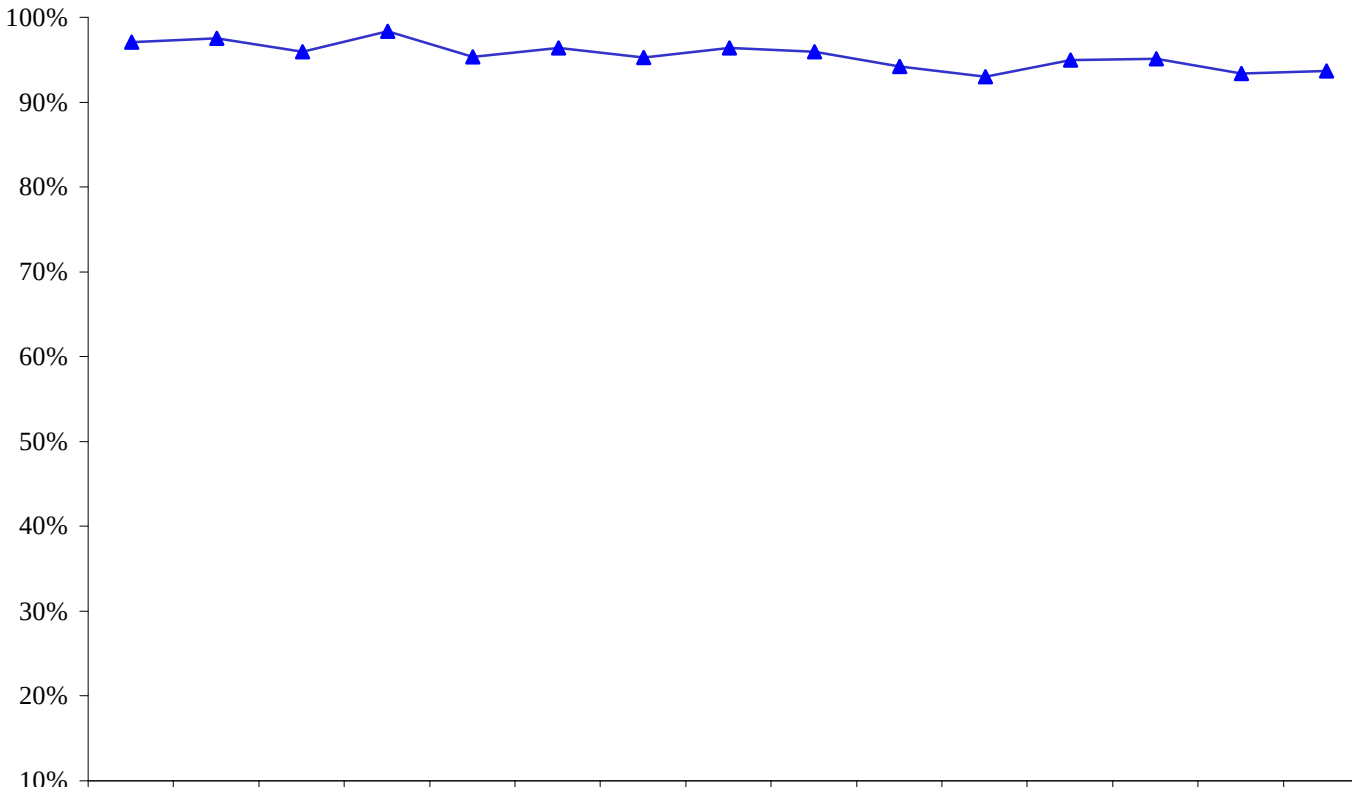
WCFY is exempted - There are no algorithm/scores for children at this time.

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



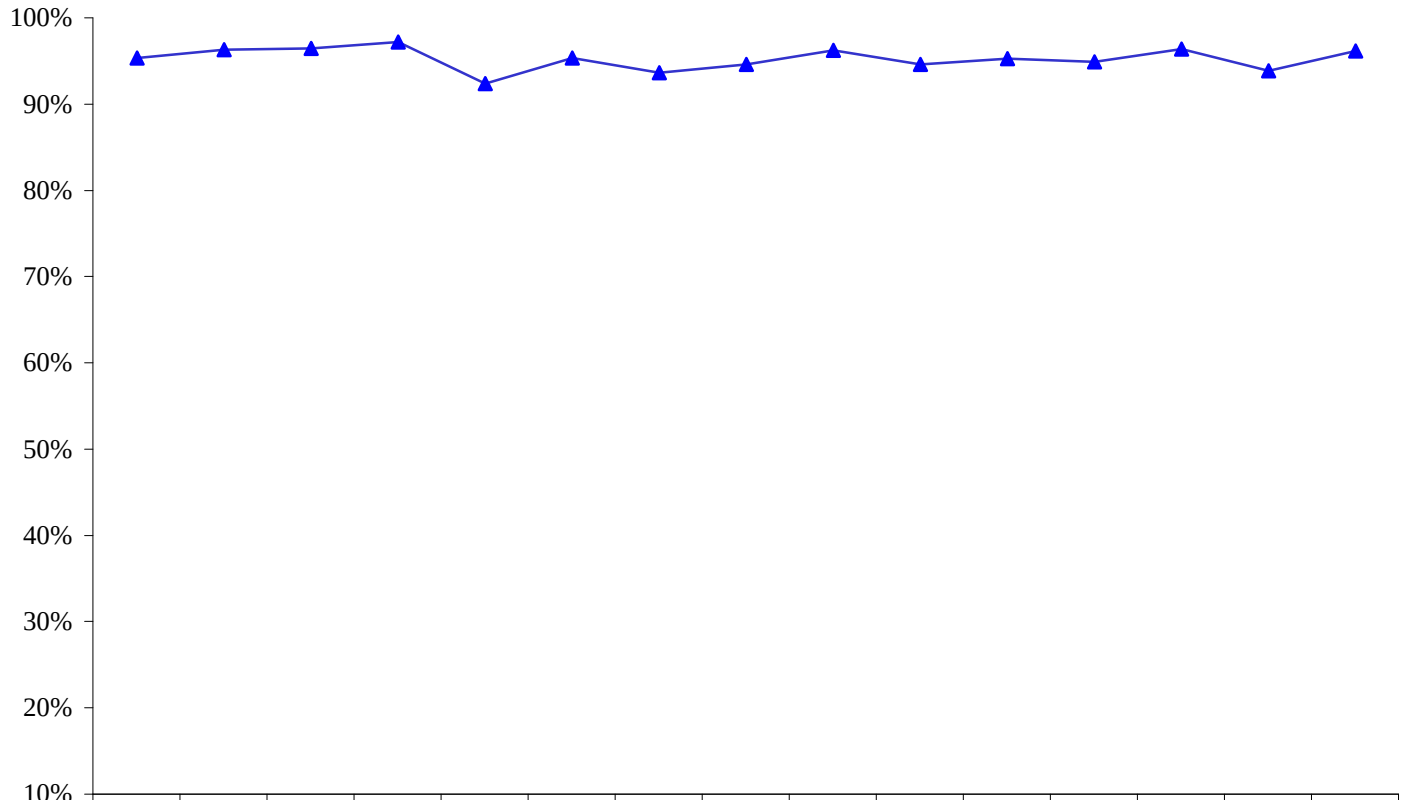
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	1073	995	1052	1174	1059	1229	1143	1120	1000	986	1029	934	1090	1035	1201
Patients with Episodes that are Tracked	1038	967	1006	1151	1006	1181	1085	1076	956	926	954	884	1033	963	1121
Percent Tracked by TIMA	97%	97%	96%	98%	95%	96%	95%	96%	96%	94%	93%	95%	95%	93%	93%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



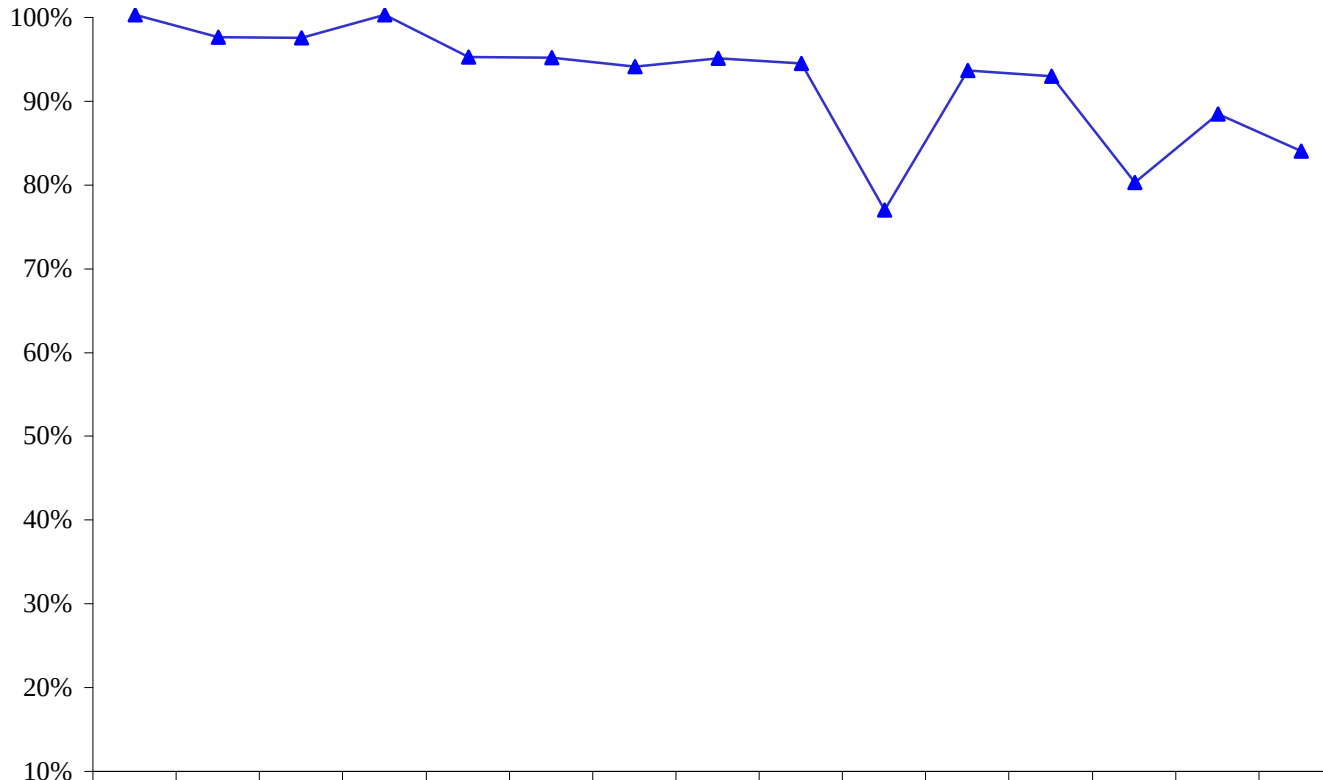
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	260	251	260	290	265	320	254	297	268	244	276	240	279	280	313
Patients with Episodes that are Tracked	247	241	250	281	244	304	237	280	257	230	262	227	268	262	300
Percent Tracked by TIMA	95%	96%	96%	97%	92%	95%	93%	94%	96%	94%	95%	95%	96%	94%	96%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



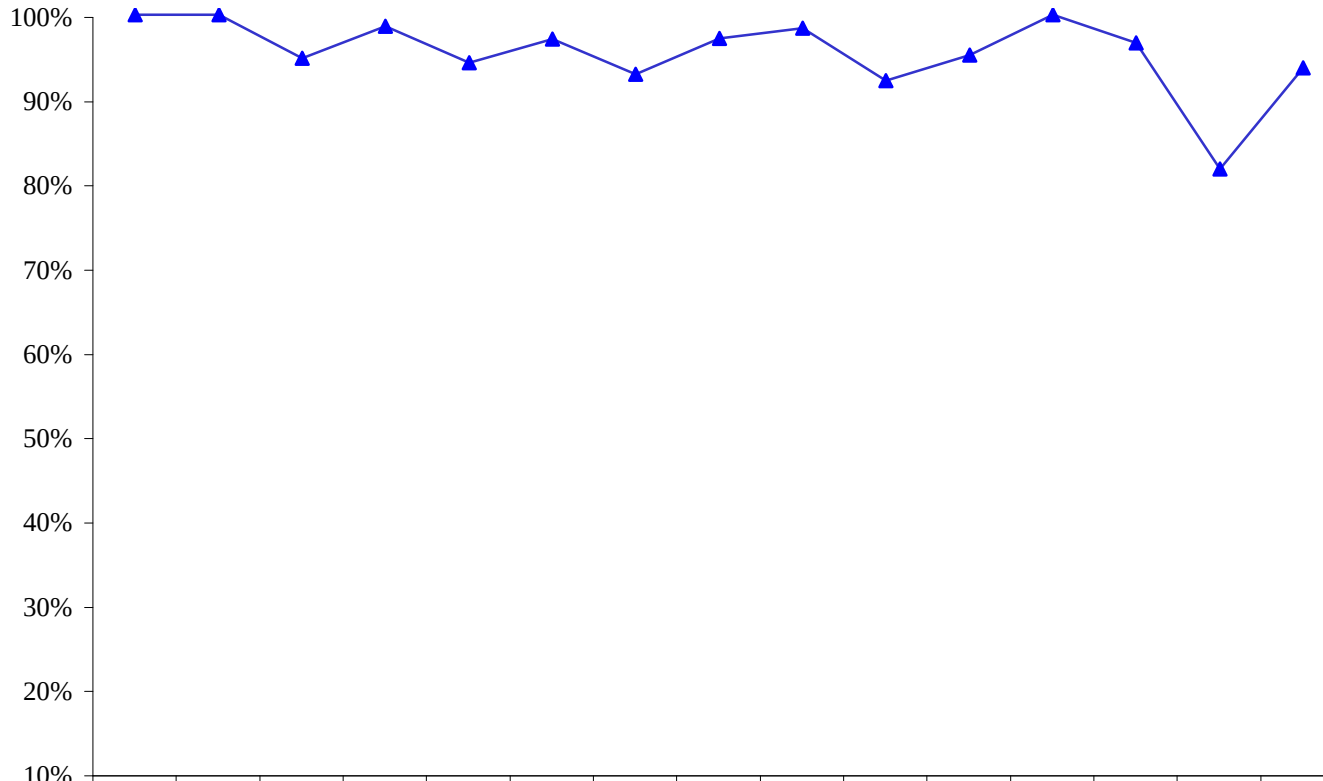
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	63	74	73	94	79	78	81	77	69	73	90	68	70	59	80
Patients with Episodes that are Tracked	63	72	71	94	75	74	76	73	65	56	84	63	56	52	67
Percent Tracked by TIMA	100%	97%	97%	100%	95%	95%	94%	95%	94%	77%	93%	93%	80%	88%	84%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



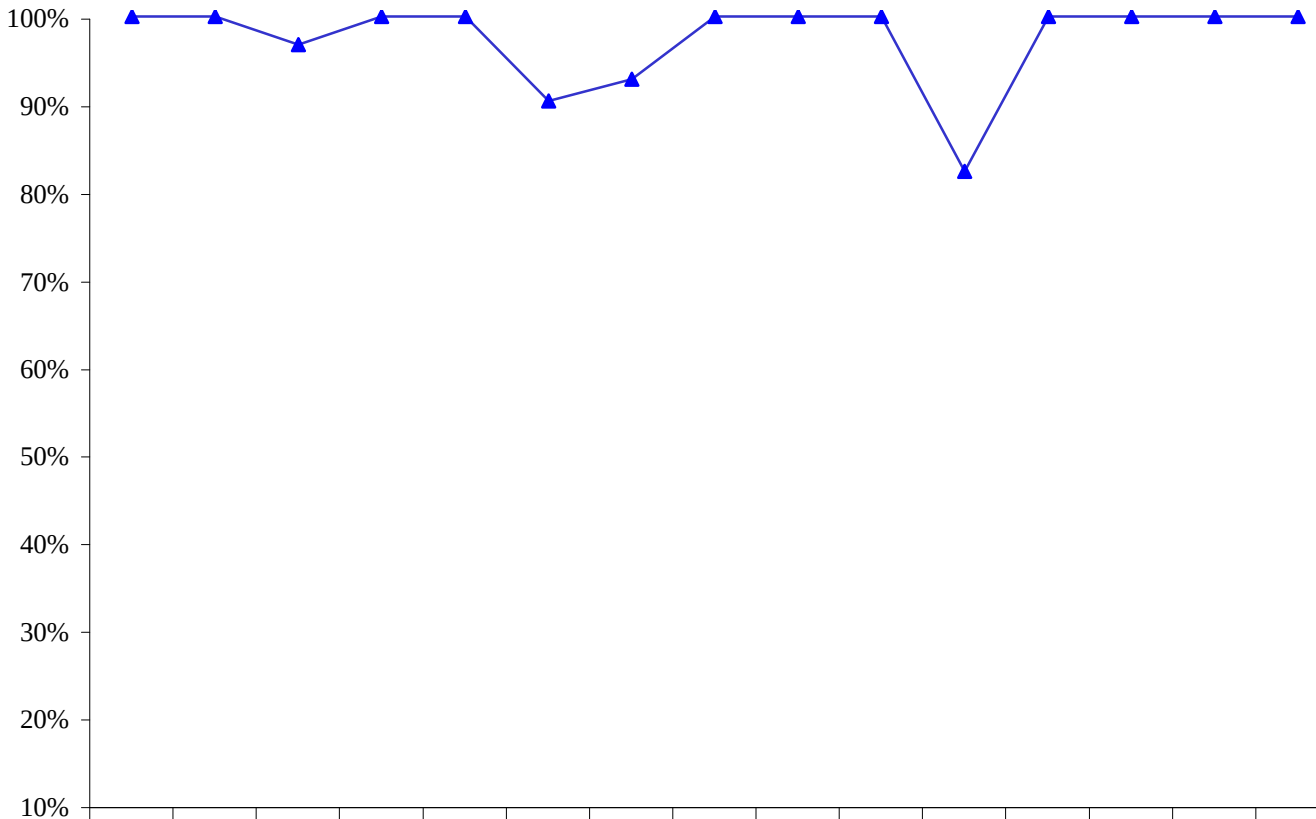
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	52	42	77	73	70	70	71	71	63	51	63	58	60	71	79
Patients with Episodes that are Tracked	52	42	73	72	66	68	66	69	62	47	60	58	58	58	74
Percent Tracked by TIMA	100%	100%	95%	99%	94%	97%	93%	97%	98%	92%	95%	100%	97%	82%	94%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



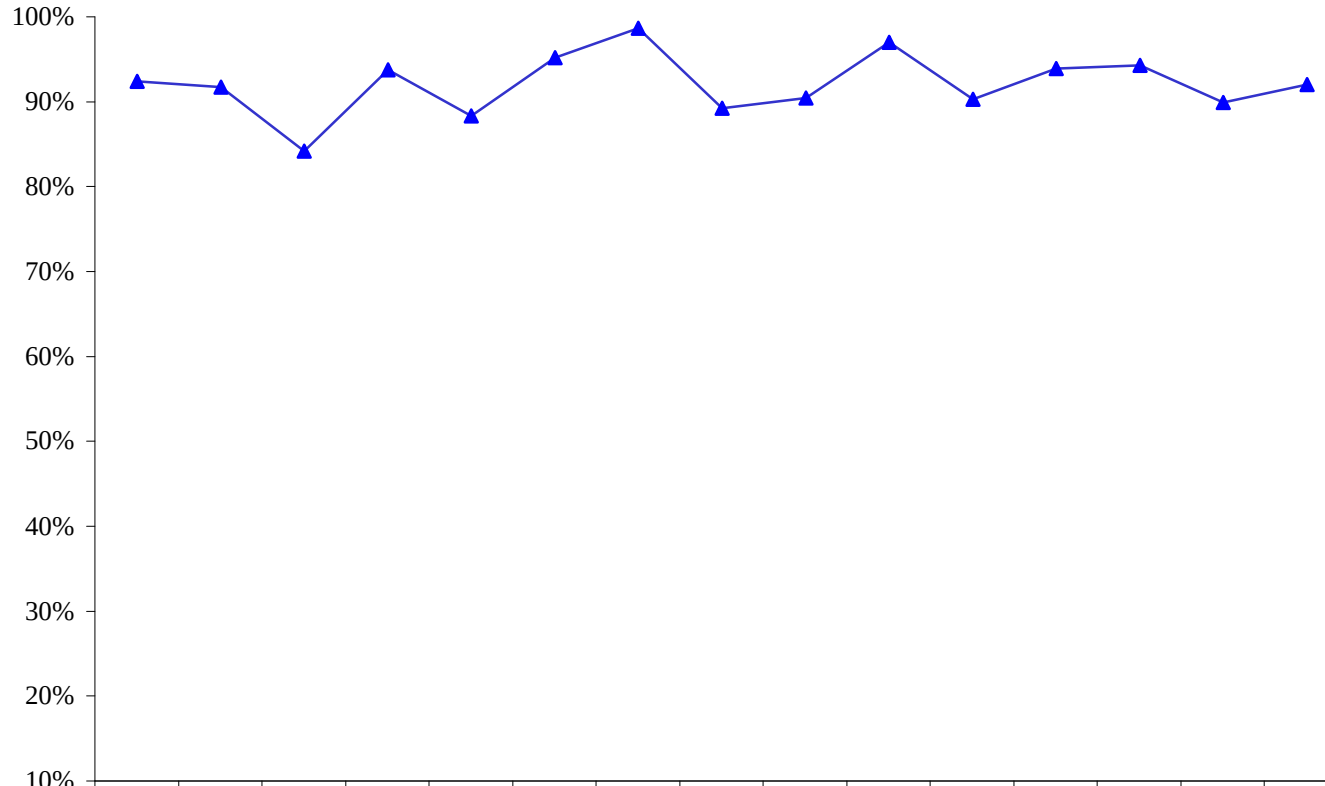
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	25	26	31	20	26	31	28	28	16	20	17	26	21	21	18
Patients with Episodes that are Tracked	25	26	30	20	26	28	26	28	16	20	14	26	21	21	18
Percent Tracked by TIMA	100%	100%	97%	100%	100%	90%	93%	100%	100%	100%	82%	100%	100%	100%	100%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



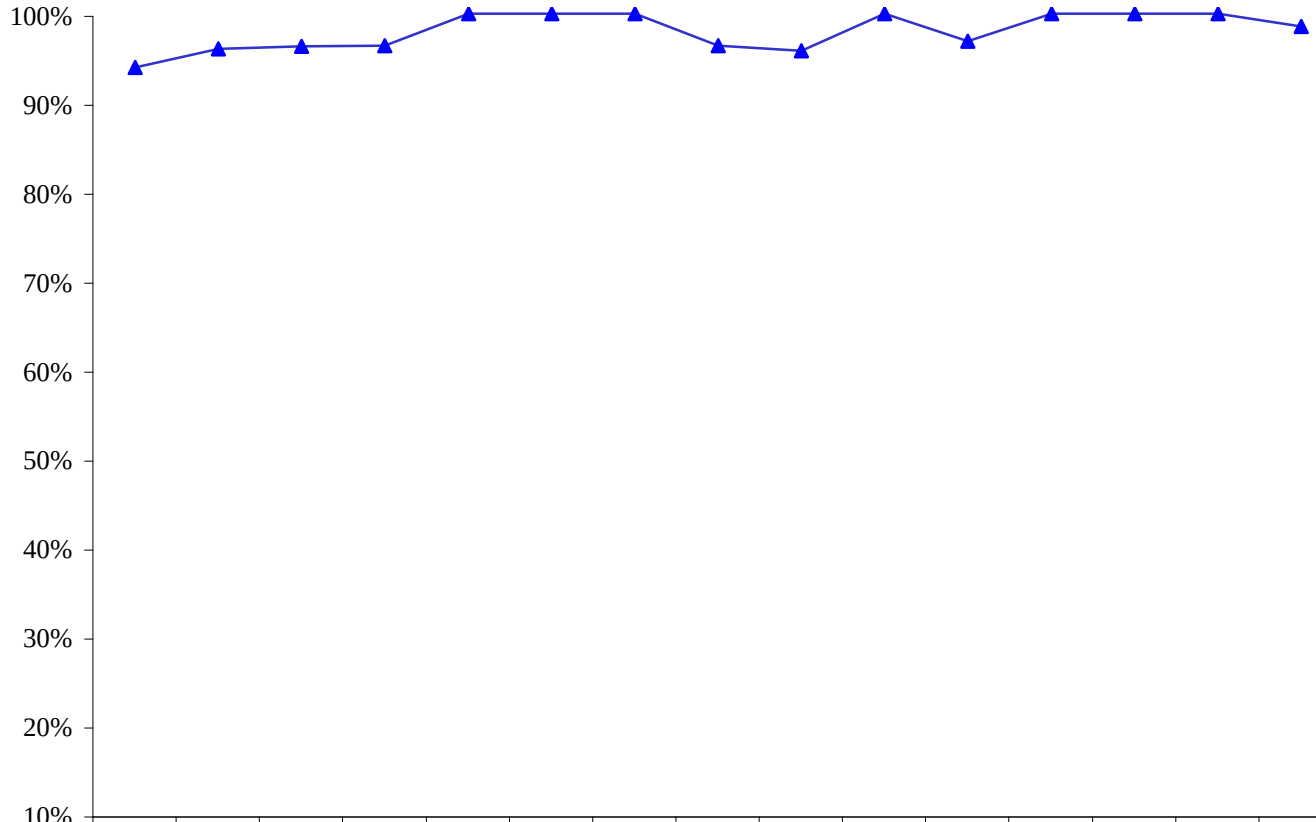
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	114	105	118	138	100	156	118	99	81	91	100	109	116	96	109
Patients with Episodes that are Tracked	105	96	99	129	88	148	116	88	73	88	90	102	109	86	100
Percent Tracked by TIMA	92%	91%	84%	93%	88%	95%	98%	89%	90%	97%	90%	94%	94%	90%	92%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



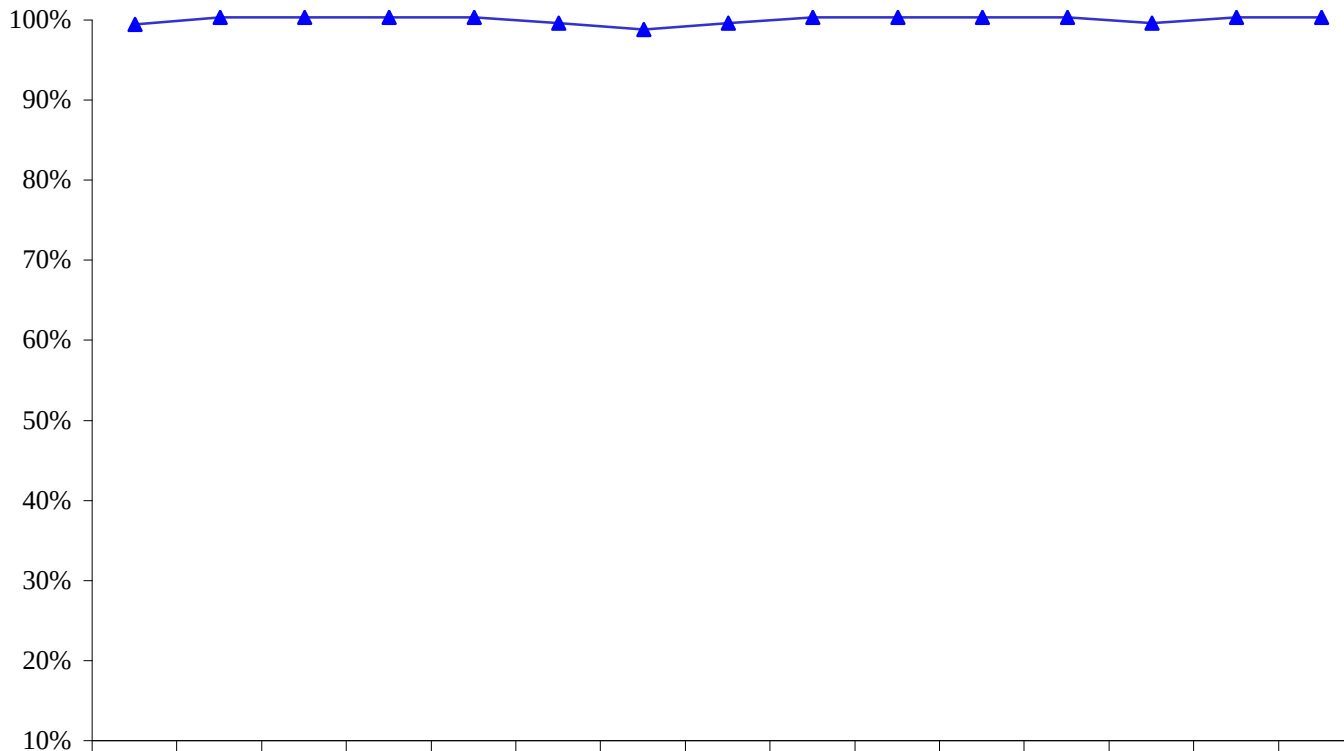
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	66	51	54	56	56	56	69	56	72	67	64	61	60	52	71
Patients with Episodes that are Tracked	62	49	52	54	56	56	69	54	69	67	62	61	60	52	70
Percent Tracked by TIMA	94%	96%	96%	96%	100%	100%	100%	96%	96%	100%	97%	100%	100%	100%	99%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



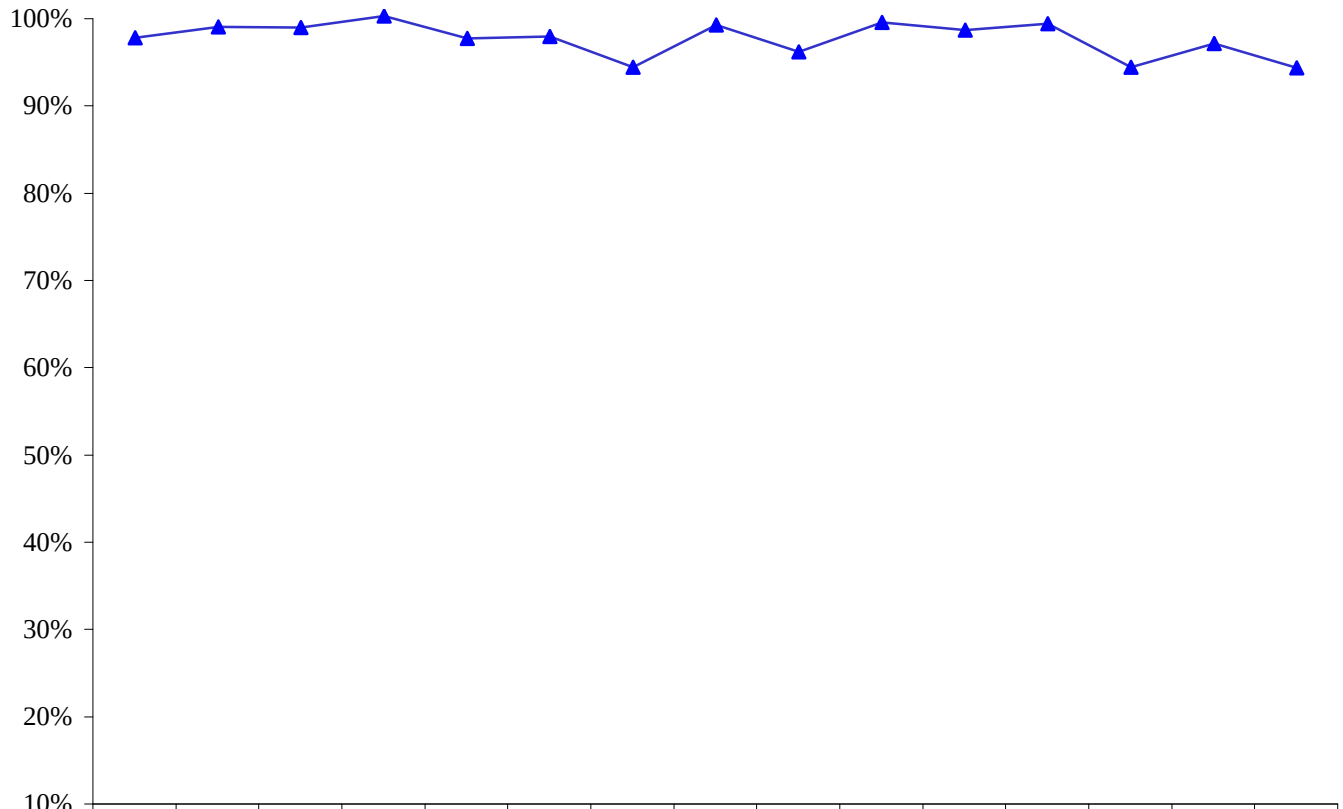
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	117	131	144	127	123	145	131	138	126	130	98	101	136	128	153
Patients with Episodes that are Tracked	116	131	144	127	123	144	129	137	126	130	98	101	135	128	153
Percent Tracked by TIMA	99%	100%	100%	100%	100%	99%	98%	99%	100%	100%	100%	100%	99%	100%	100%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



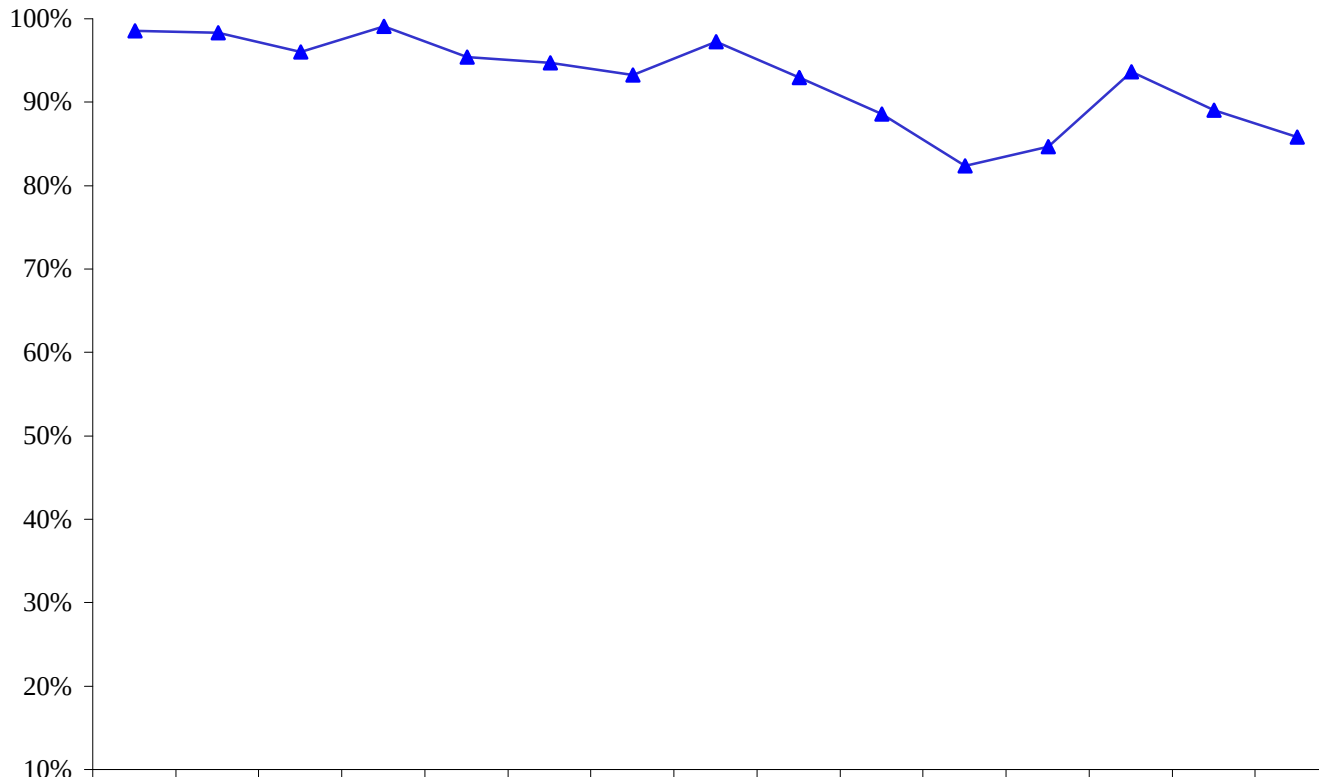
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	203	163	155	211	197	212	221	193	169	131	126	118	154	160	185
Patients with Episodes that are Tracked	198	161	153	211	192	207	208	191	162	130	124	117	145	155	174
Percent Tracked by TIMA	98%	99%	99%	100%	97%	98%	94%	99%	96%	99%	98%	99%	94%	97%	94%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

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

Percent of Patients with Episodes that are Tracked by TIMA



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Patients with Episodes that Should be Tracked	173	152	140	165	143	161	170	161	136	179	195	153	194	168	193
Patients with Episodes that are Tracked	170	149	134	163	136	152	158	156	126	158	160	129	181	149	165
Percent Tracked by TIMA	98%	98%	96%	99%	95%	94%	93%	97%	93%	88%	82%	84%	93%	89%	85%

Chart: Hospital Management Data Services

Source: BHIS Report - TIMA Check Summary

Performance Measure 3A:

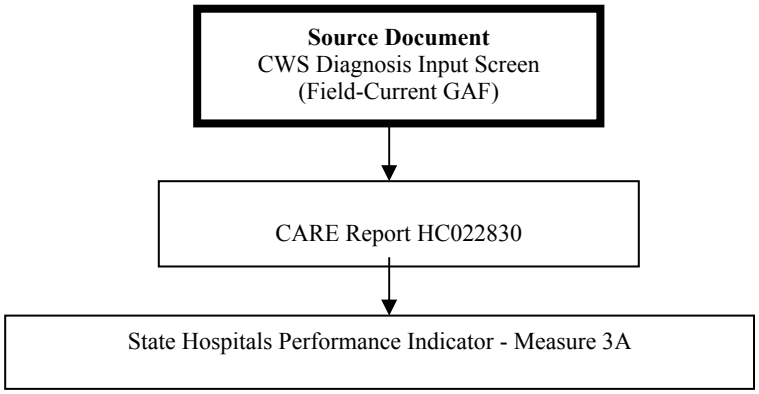
GAF: Improvement in patient treatment outcomes in state mental health facilities will be analyzed by showing:
1. **The percent of patients receiving campus services whose GAF score increased.**
2. **The percent of patients receiving campus services whose GAF score stabilized.**

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.

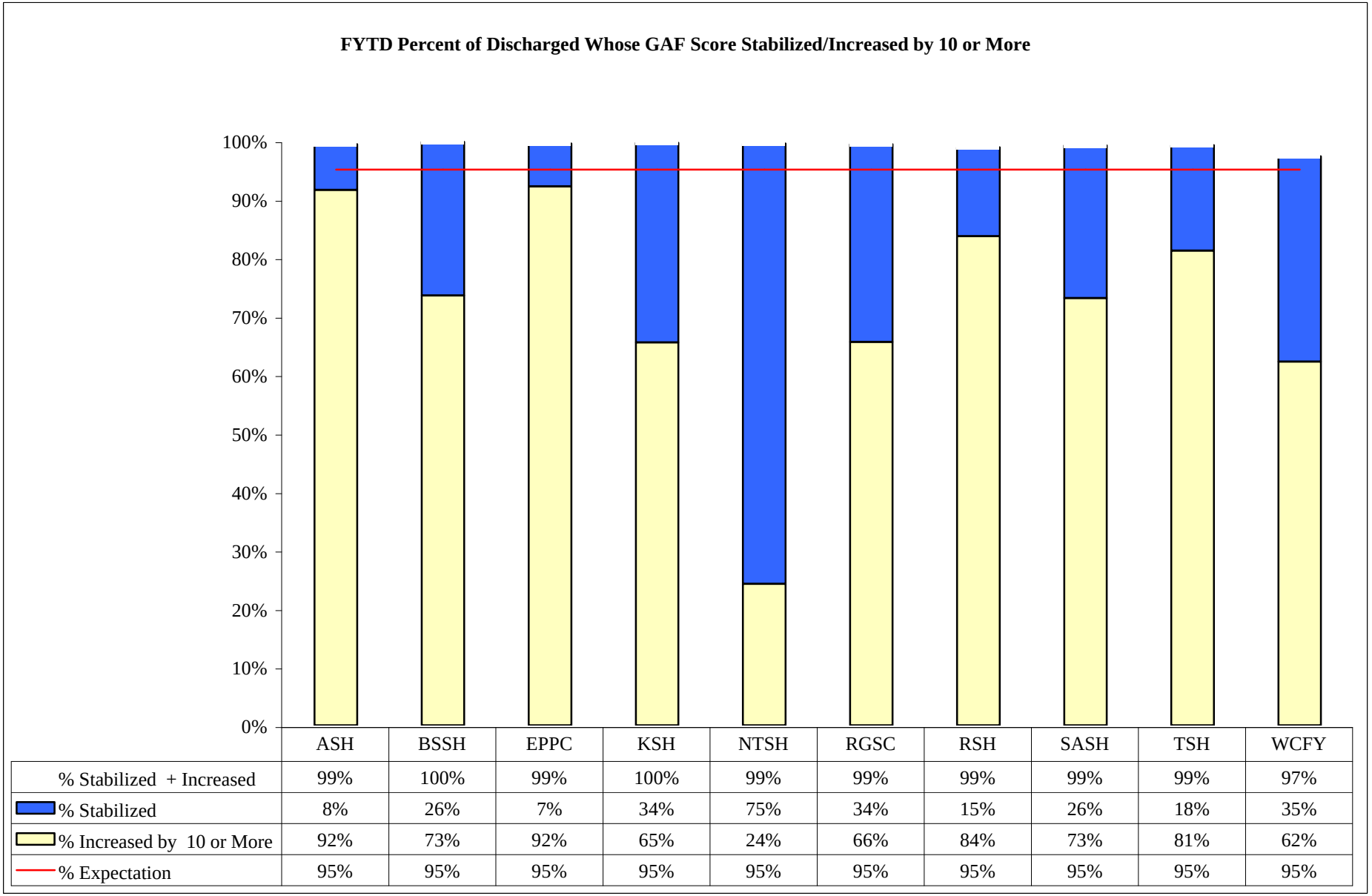
Performance Measure Formula: R = (N/D)
R = rate of persons discharged whose GAF stabilized/increased by 10 or more points.
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.
D = number of discharges per month. (Persons who were discharged from the state 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, 2007



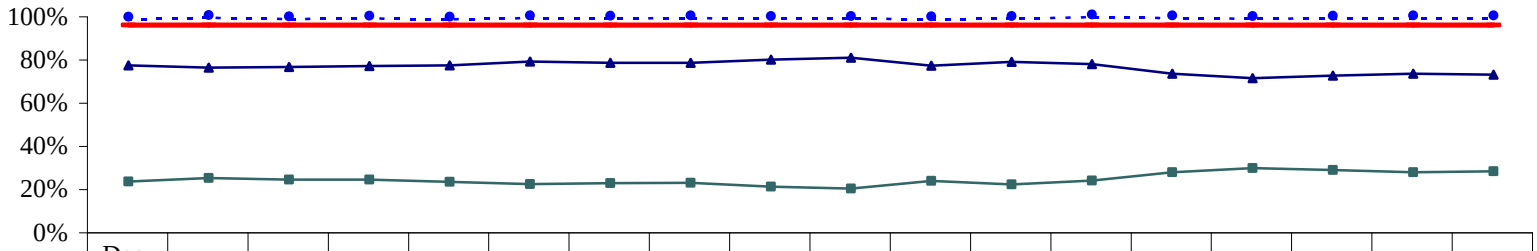
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	99%	100%	99%	100%	99%	99%	99%	99%	99%	97%
% Stabilized	8%	26%	7%	34%	75%	34%	15%	26%	18%	35%
% Increased by 10 or More	92%	73%	92%	65%	24%	66%	84%	73%	81%	62%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	76%	75%	76%	76%	76%	78%	78%	77%	79%	80%	76%	78%	77%	72%	70%	72%	73%	72%
% Stabilized	22%	24%	23%	23%	22%	21%	22%	22%	20%	19%	23%	21%	23%	27%	29%	28%	27%	27%
% Stabilized + Increased	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%	99%	99%	99%	99%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

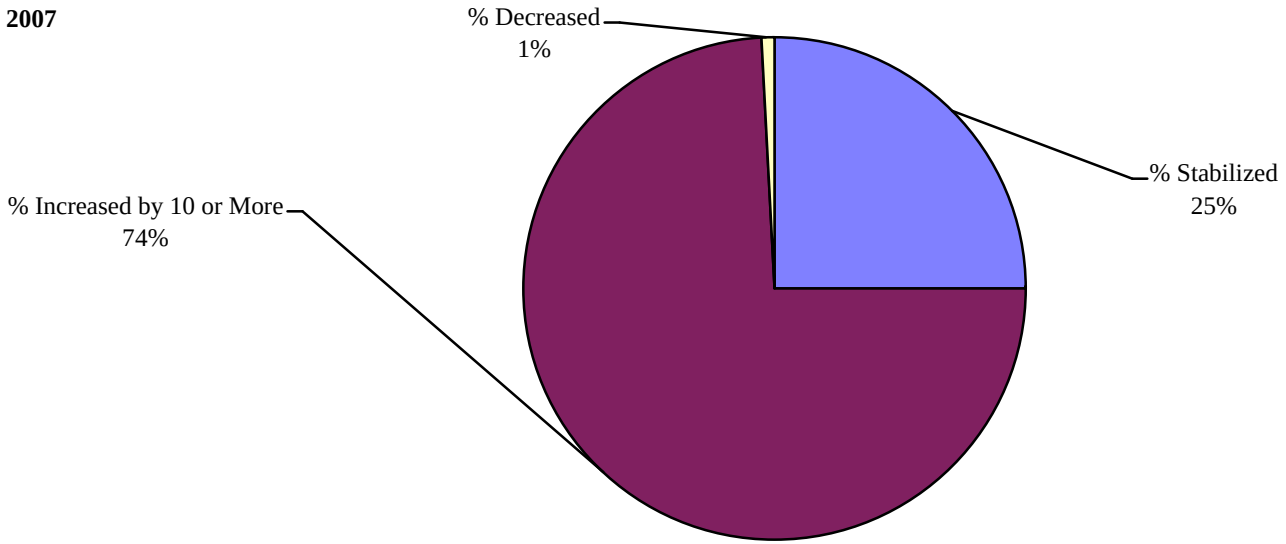
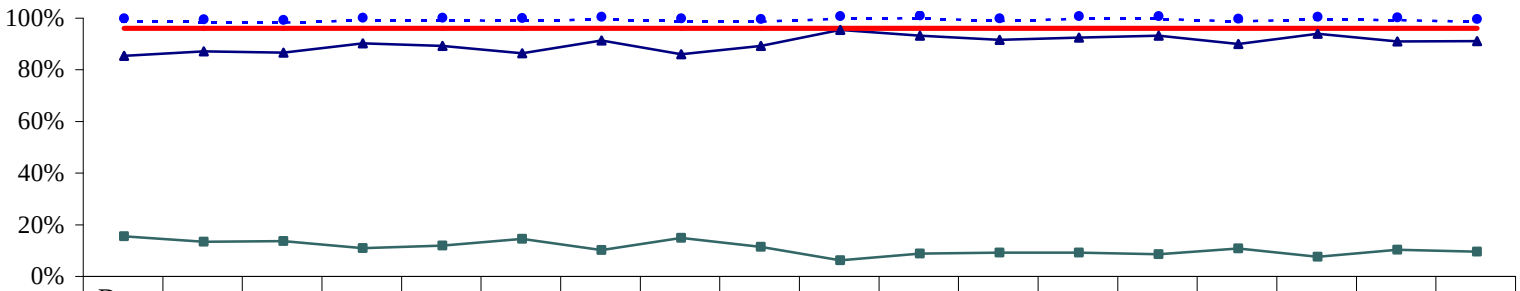


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	84%	86%	86%	89%	88%	85%	90%	85%	88%	94%	92%	91%	91%	92%	89%	93%	90%	90%
% Stabilized	14%	12%	13%	10%	11%	14%	9%	14%	10%	5%	8%	8%	8%	8%	10%	7%	9%	9%
% Stabilized + Increased	99%	99%	98%	99%	99%	99%	100%	99%	99%	100%	100%	99%	100%	100%	99%	99%	99%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

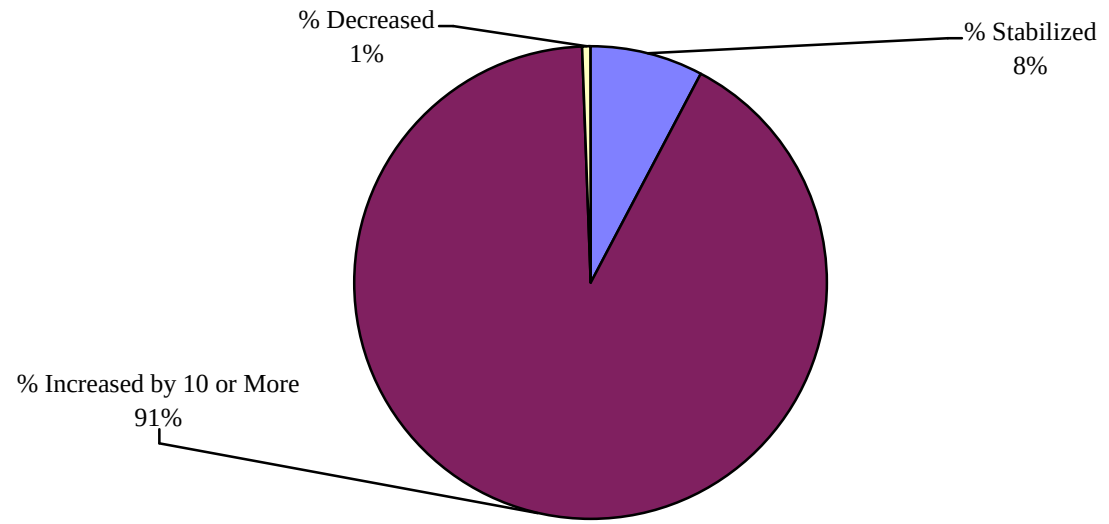
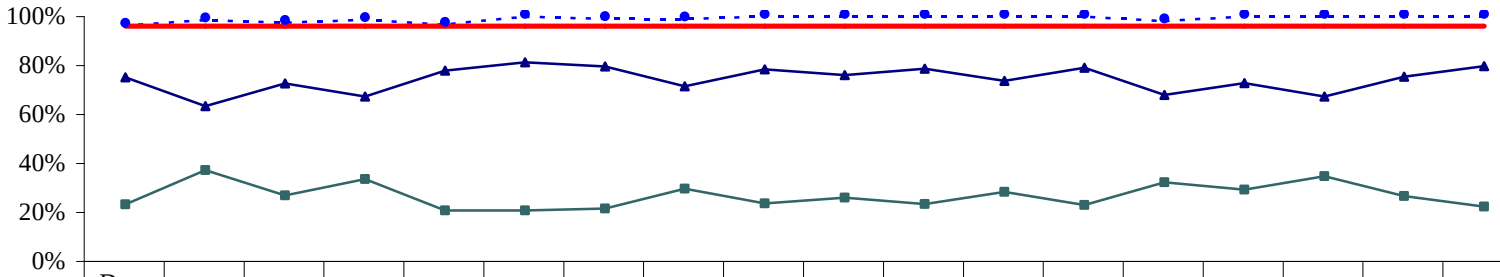


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	74%	62%	72%	66%	77%	80%	79%	70%	77%	75%	78%	73%	78%	67%	72%	66%	74%	79%
% Stabilized	22%	36%	26%	33%	20%	20%	21%	29%	23%	25%	22%	27%	22%	31%	28%	34%	26%	21%
% Stabilized + Increased	96%	99%	98%	99%	97%	100%	99%	99%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

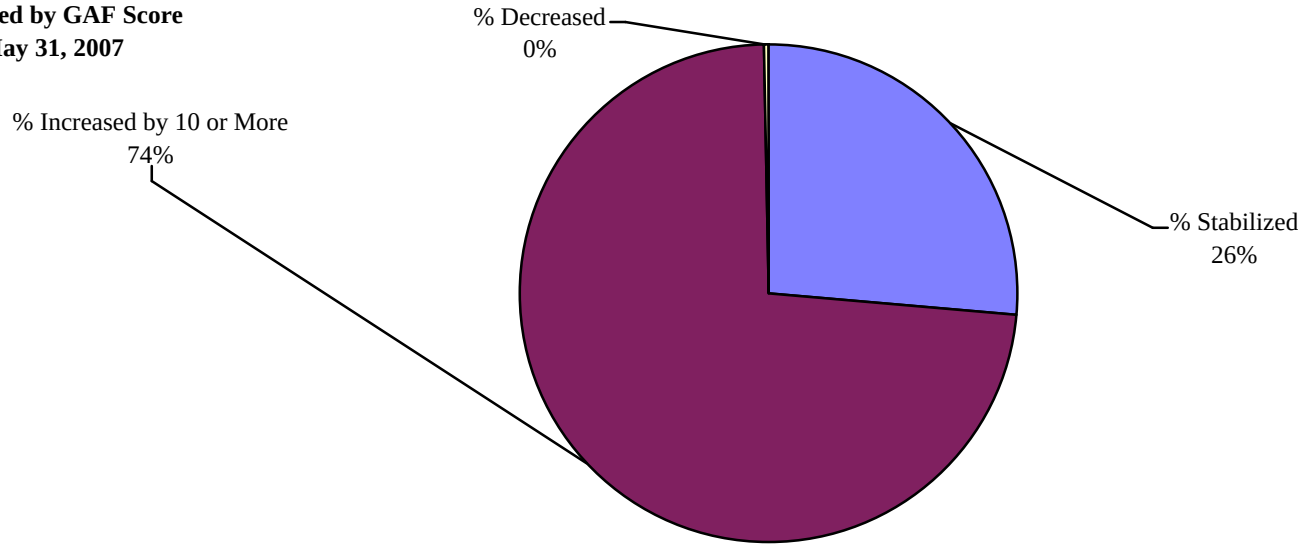
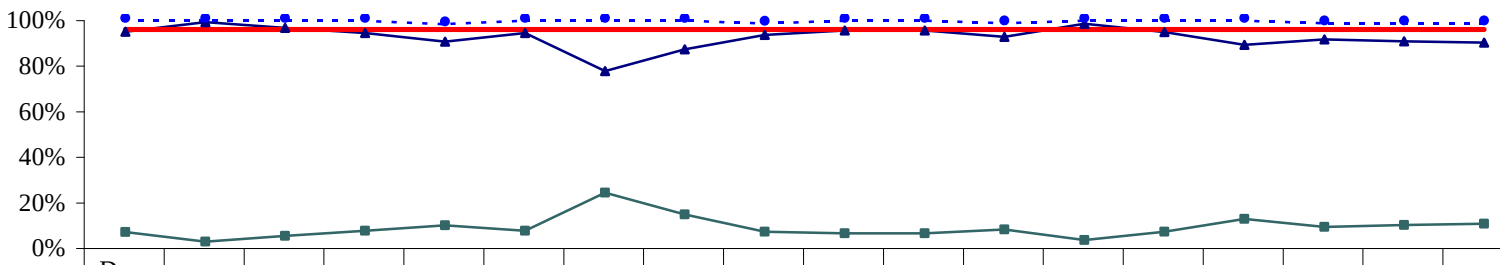


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	94%	98%	96%	93%	90%	93%	77%	86%	93%	95%	95%	92%	97%	94%	88%	91%	90%	89%
% Stabilized	6%	2%	4%	7%	9%	7%	23%	14%	6%	5%	5%	7%	3%	6%	12%	8%	9%	10%
% Stabilized + Increased	100%	100%	100%	100%	99%	100%	100%	100%	99%	100%	100%	99%	100%	100%	100%	99%	99%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

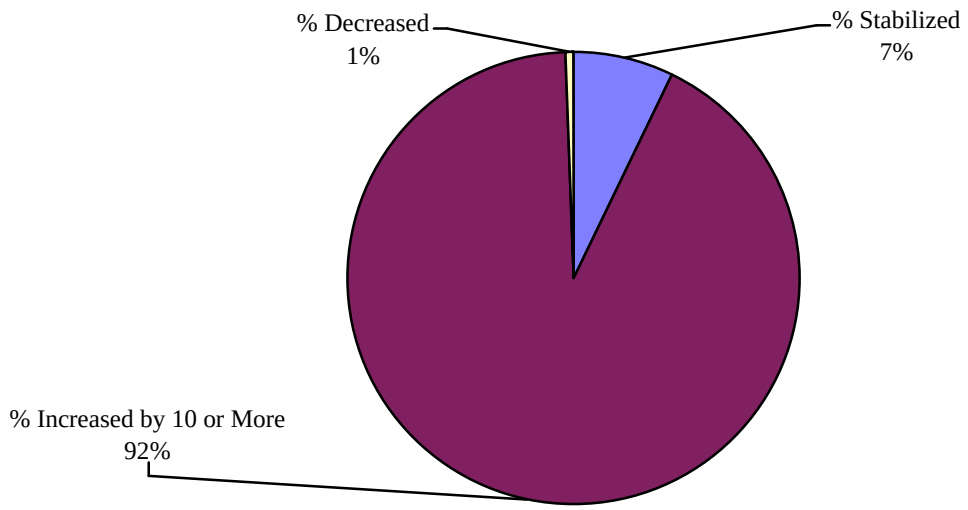
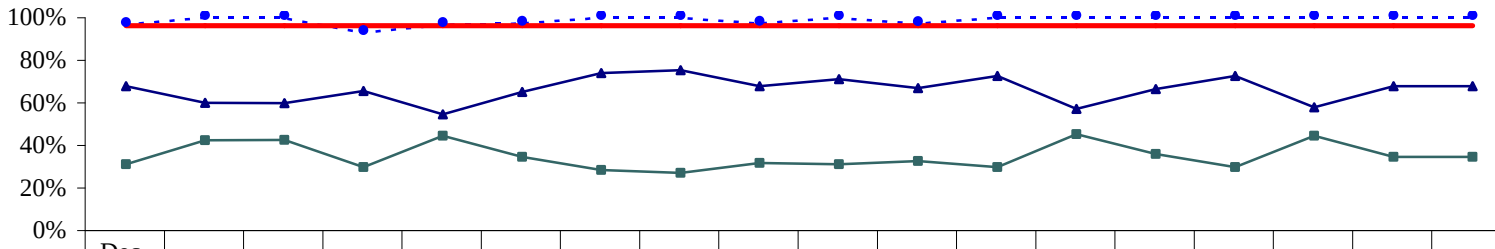


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	67%	59%	59%	64%	53%	64%	73%	74%	67%	70%	66%	71%	56%	65%	71%	57%	67%	67%
% Stabilized	30%	41%	41%	29%	43%	33%	27%	26%	31%	30%	31%	29%	44%	35%	29%	43%	33%	33%
% Stabilized + Increased	97%	100%	100%	93%	97%	97%	100%	100%	97%	100%	97%	100%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

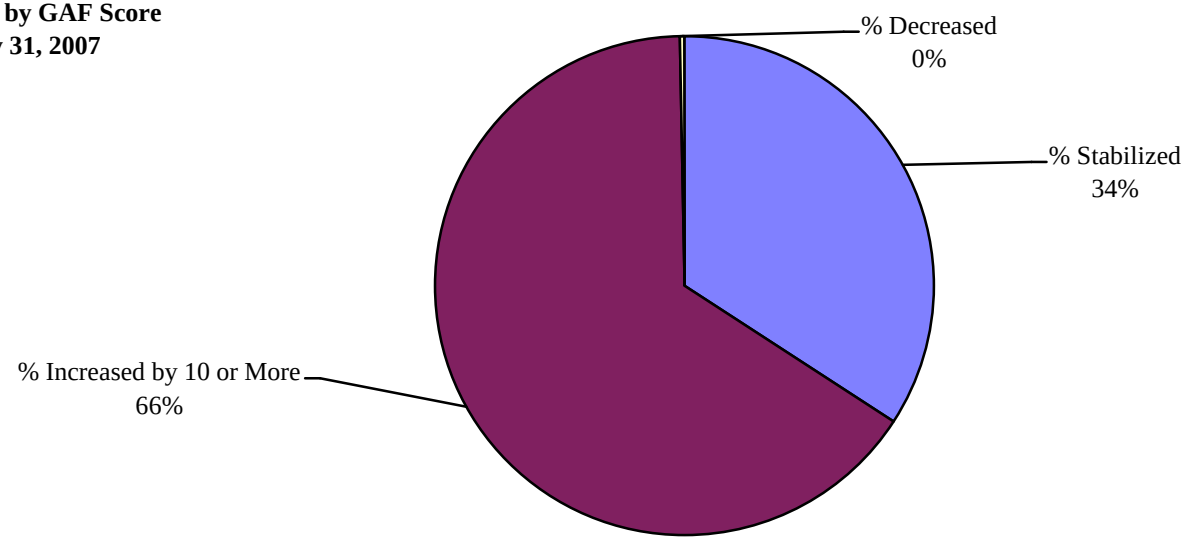
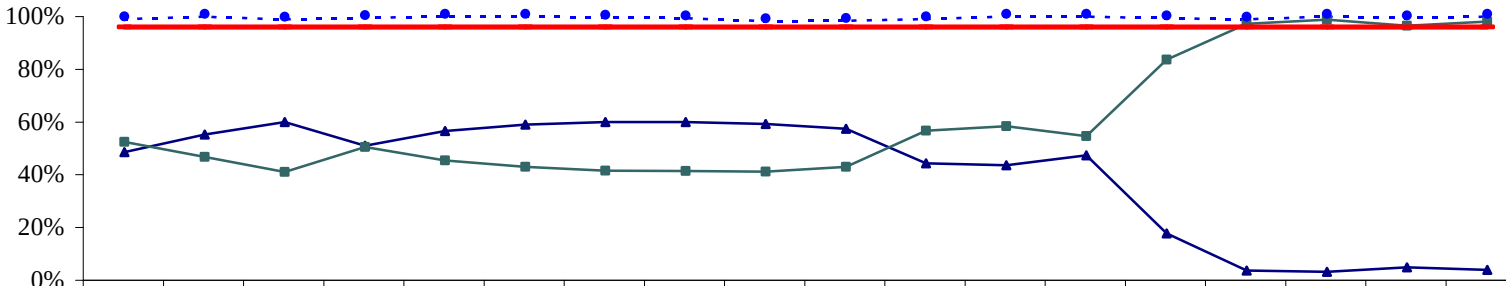


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	48%	54%	59%	50%	56%	58%	59%	59%	58%	56%	43%	43%	46%	17%	3%	2%	4%	3%
% Stabilized	51%	46%	40%	50%	44%	42%	41%	40%	40%	42%	56%	57%	54%	83%	96%	98%	96%	97%
% Stabilized + Increased	99%	100%	99%	100%	100%	100%	100%	99%	98%	98%	99%	100%	100%	99%	99%	100%	99%	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, 2007

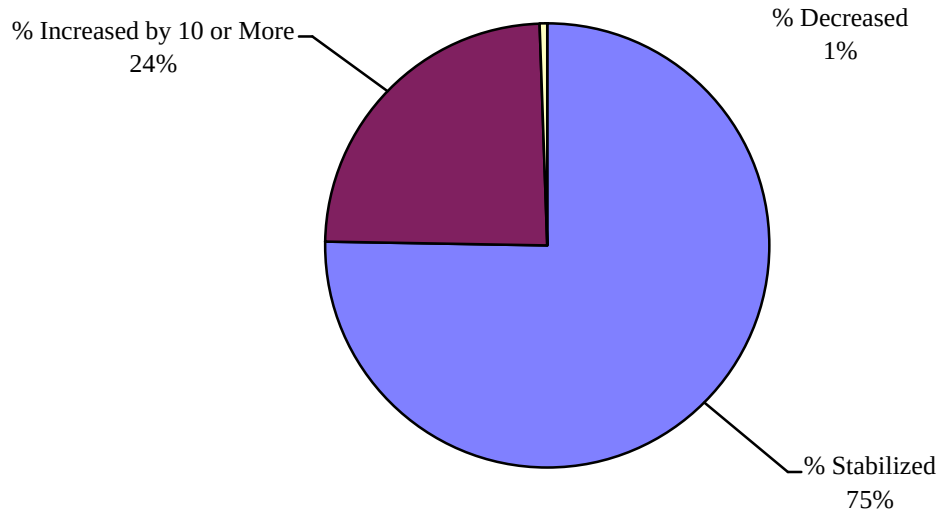
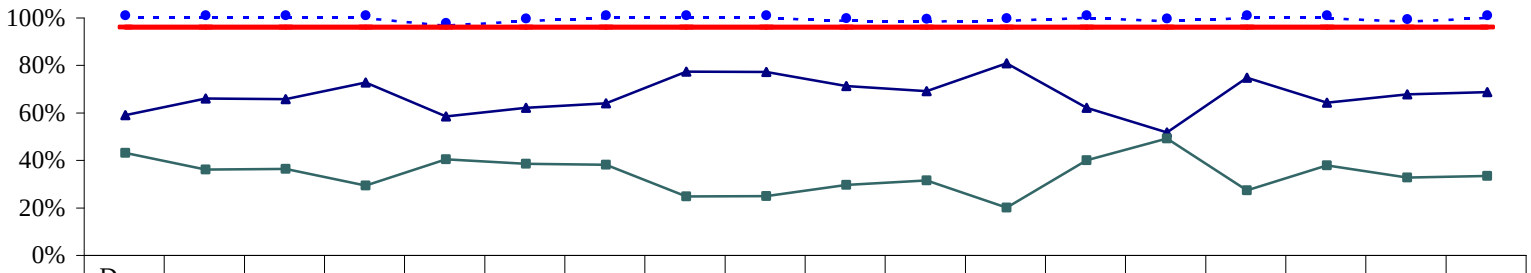


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	58%	65%	65%	72%	57%	61%	63%	76%	76%	70%	68%	80%	61%	51%	74%	63%	67%	68%
% Stabilized	42%	35%	35%	28%	39%	38%	37%	24%	24%	29%	30%	19%	39%	48%	26%	37%	32%	32%
% Stabilized + Increased	100%	100%	100%	100%	97%	99%	100%	100%	100%	99%	99%	99%	100%	99%	100%	100%	98%	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, 2007

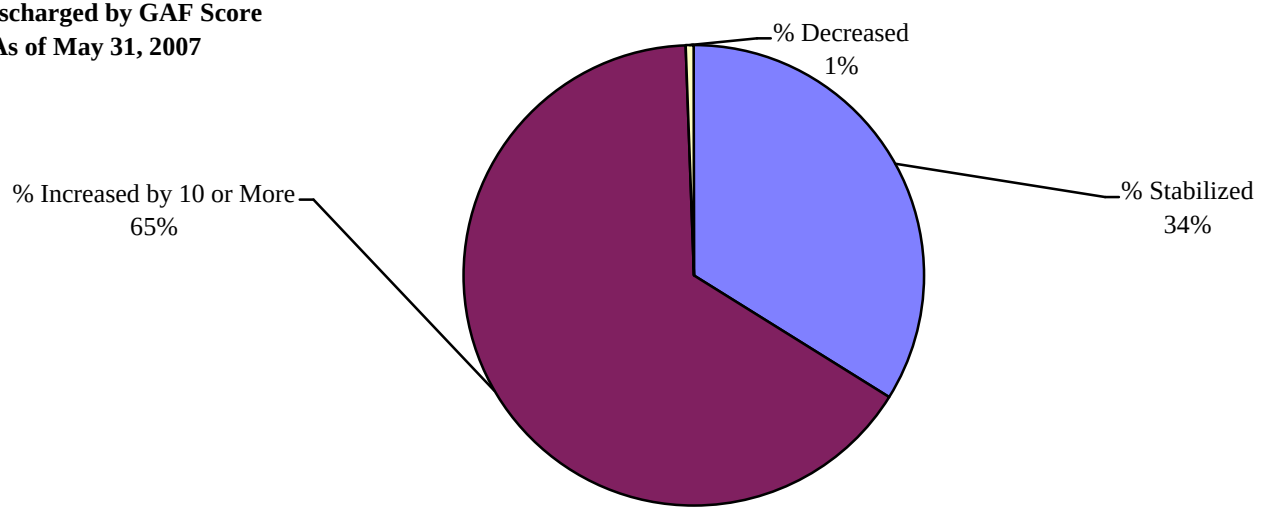
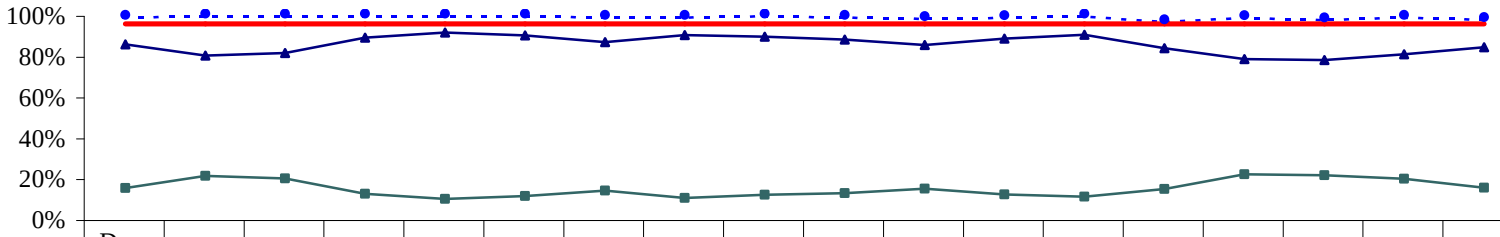


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	85%	79%	81%	88%	91%	89%	86%	90%	89%	87%	85%	88%	90%	83%	78%	77%	80%	84%
% Stabilized	15%	21%	19%	12%	9%	11%	13%	10%	11%	12%	14%	12%	10%	14%	21%	21%	19%	15%
% Stabilized + Increased	99%	100%	100%	100%	100%	100%	99%	99%	100%	99%	99%	99%	100%	97%	99%	98%	99%	98%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

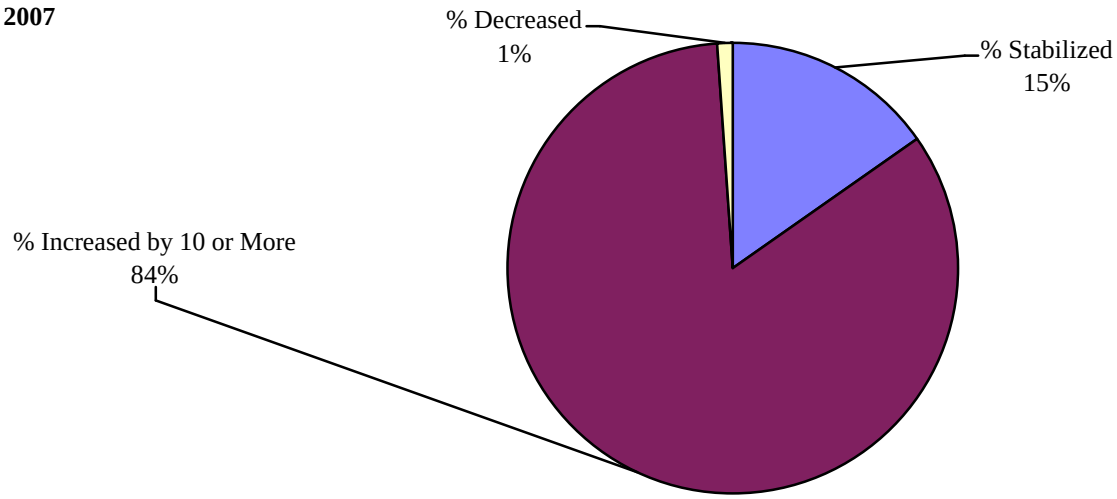
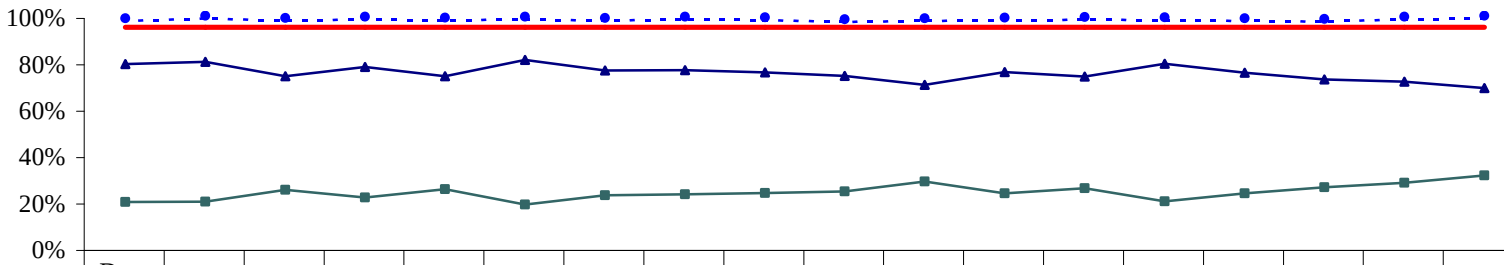


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	79%	80%	74%	78%	74%	81%	76%	77%	76%	74%	70%	76%	74%	79%	75%	73%	72%	69%
% Stabilized	20%	20%	25%	22%	25%	19%	23%	23%	24%	24%	29%	23%	26%	20%	23%	26%	28%	31%
% Stabilized + Increased	99%	100%	99%	100%	99%	100%	99%	100%	99%	98%	99%	99%	99%	99%	99%	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, 2007

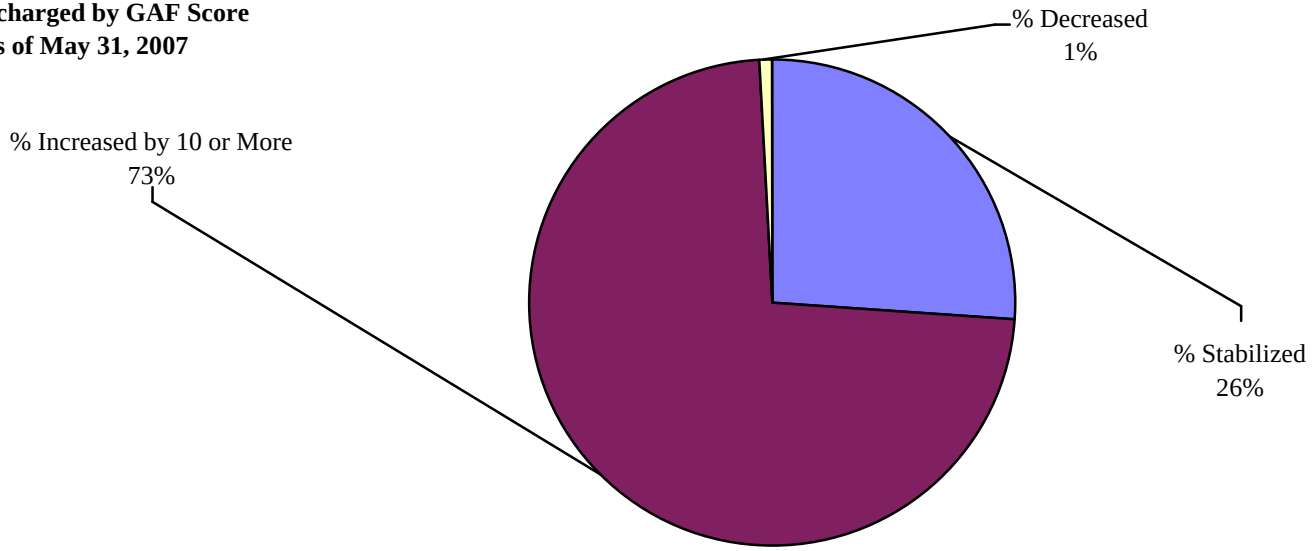
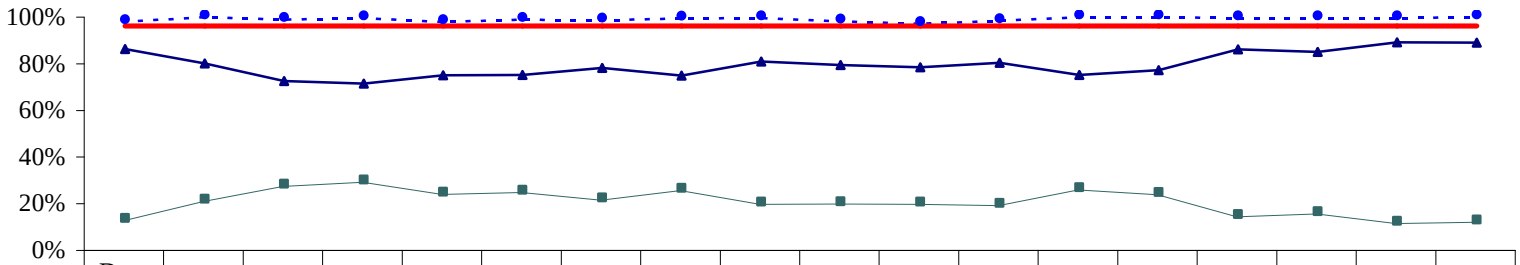


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	85%	79%	72%	70%	74%	74%	77%	74%	80%	78%	77%	79%	74%	76%	85%	84%	88%	88%
% Stabilized	13%	21%	27%	29%	24%	25%	22%	26%	20%	20%	20%	19%	26%	24%	14%	16%	11%	12%
% Stabilized + Increased	98%	100%	99%	100%	98%	99%	99%	99%	100%	98%	97%	98%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of May 31, 2007

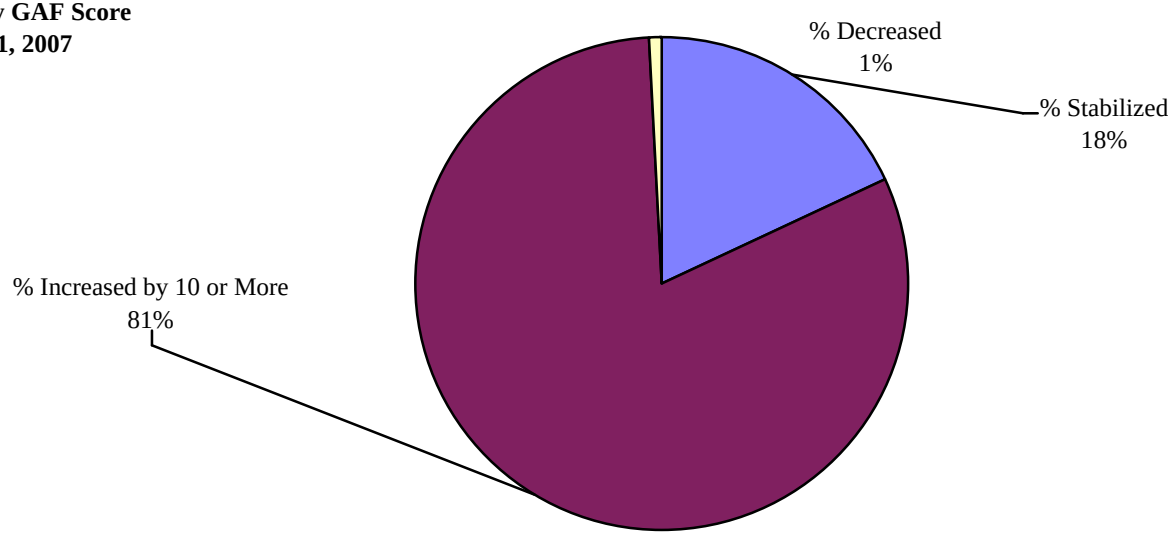
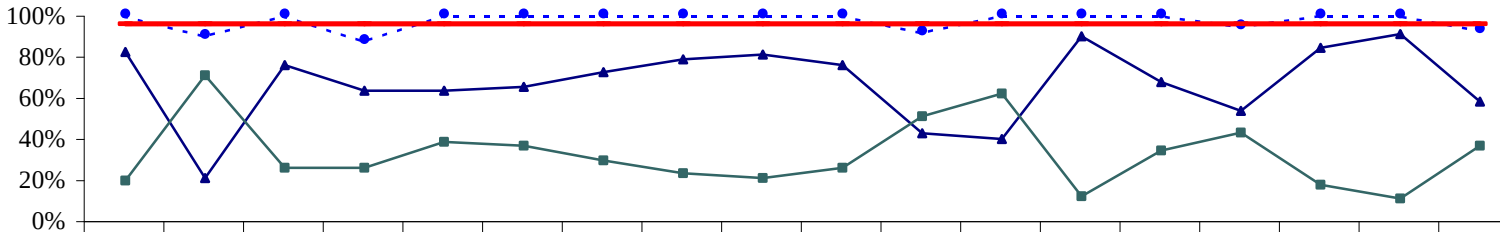


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Increased by 10 or More	81%	20%	75%	63%	63%	64%	71%	78%	80%	75%	42%	39%	89%	67%	53%	83%	90%	57%
% Stabilized	19%	70%	25%	25%	38%	36%	29%	22%	20%	25%	50%	61%	11%	33%	42%	17%	10%	36%
% Stabilized + Increased	100%	90%	100%	88%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	95%	100%	100%	93%
% 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, 2007

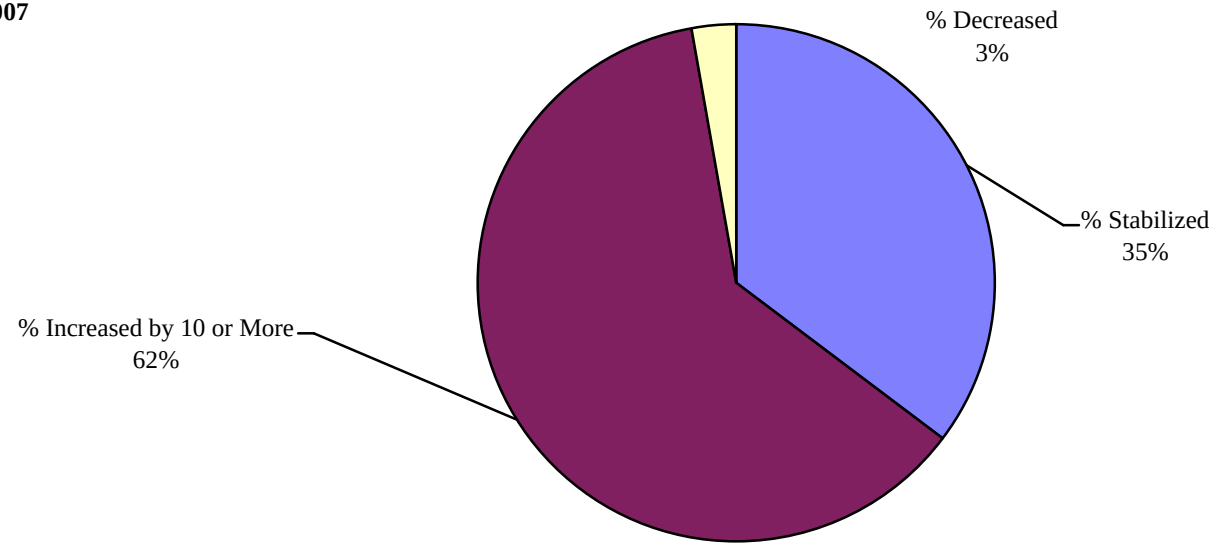


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

Performance Objective 4B:

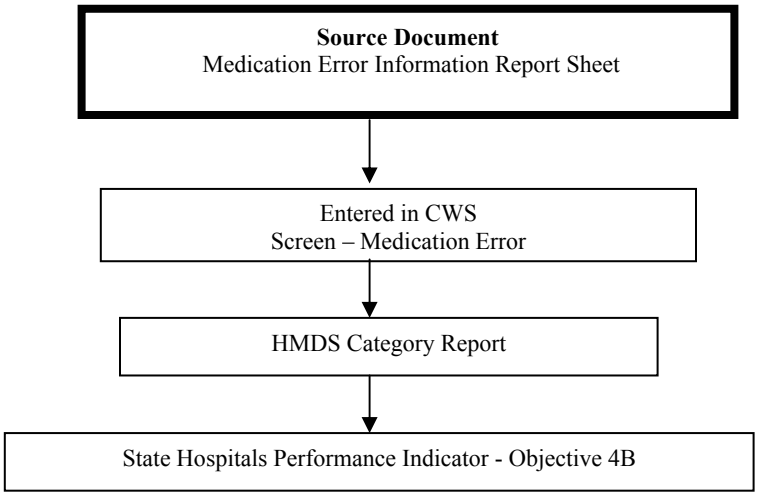
Each hospital will have a process in place to identify, collect, aggregate, and analyze medication errors and report to the Governing Body.

Performance Objective Operational Definition: The number of facility 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:

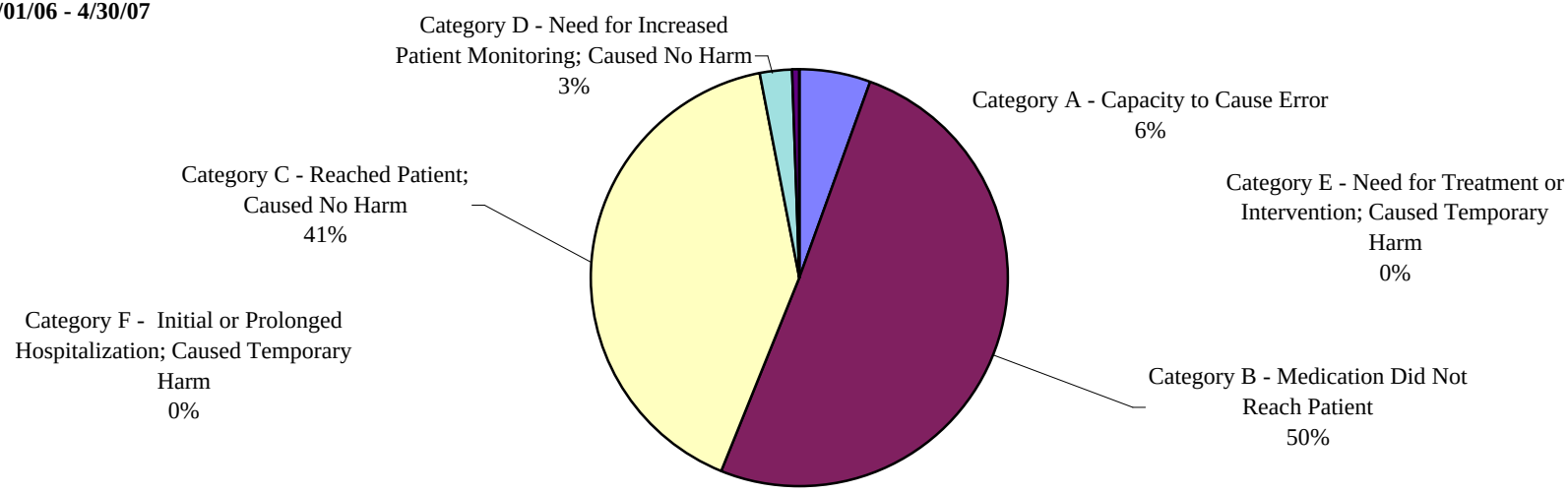


Data Integrity Review Process:

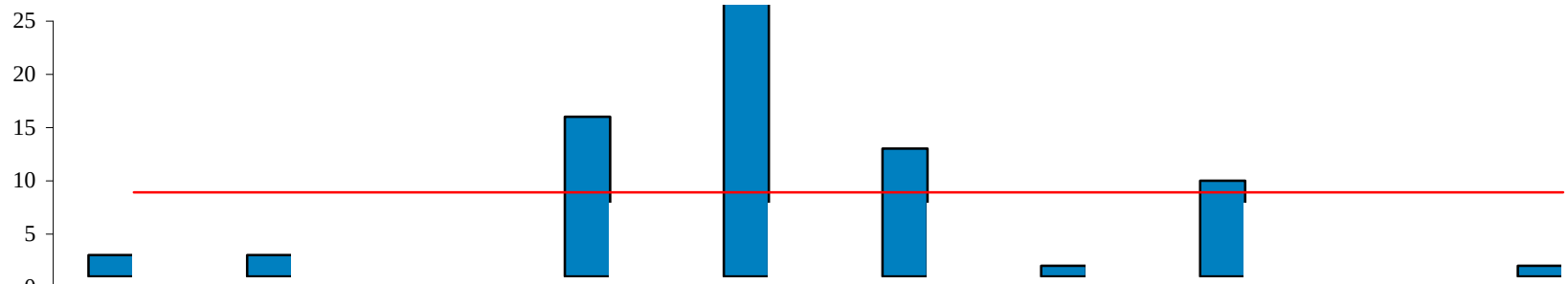
Monitoring Method	Desk Review
Monitoring Instrument	Category Report, Facility Medication Error Information Report Sheets.
Description of Review Process	Verification by comparing the Facility Medication Error Information Report Sheet to the Category Report for 100% of the med errors that occurred in the most recent reporting period. To ensure total errors and errors by category match.
Facility/EVT Sample Size	100% Medication errors reported at the facility in the most recent month per report.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the number of med errors recorded on the Facility Medication Error Information Report Sheets as compared to the Category Report for the specified review period for both total errors and errors by category.
DRI/EVT Report	Summary of percent accuracy findings.

Objective 4B - Medication Variance Data
All State Hospitals

Medication Error By Category
09/01/06 - 4/30/07



Medication Errors
Category A - Capacity to Cause Error
09/01/06 - 4/30/07



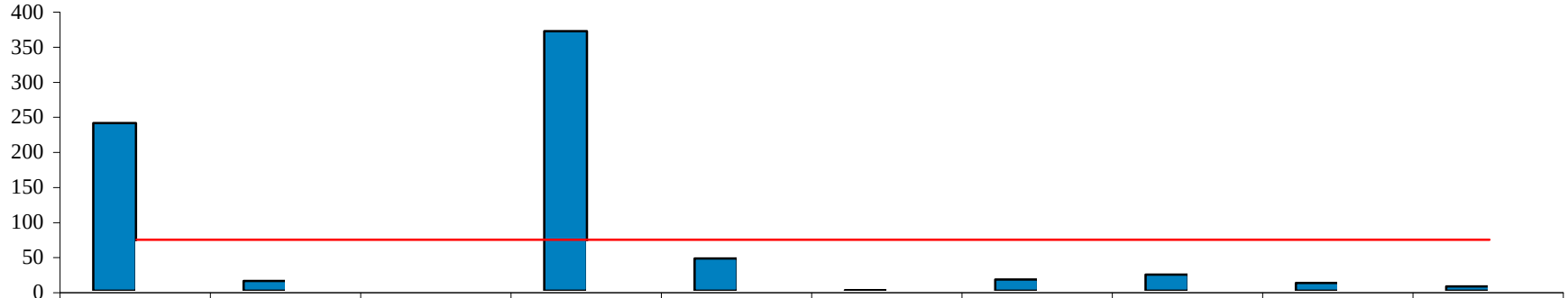
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	2	2	0	15	37	12	1	9	0	1
Average - All SH	8	8	8	8	8	8	8	8	8	8

Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

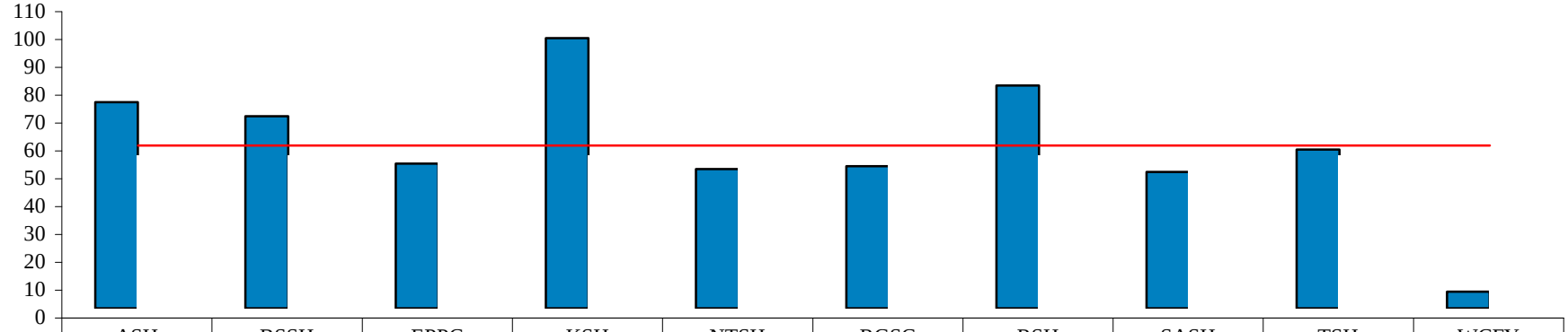
Objective 4B - Medication Variance Data
All State Hospitals

Medication Errors
Category B - Medication Did Not Reach Patient
09/01/06 - 4/30/07



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	239	14	0	370	46	1	16	23	11	6
Average - All SH	73	73	73	73	73	73	73	73	73	73

Medication Errors
Category C - Reach Patient, Caused No Harm
09/01/06 - 4/30/07



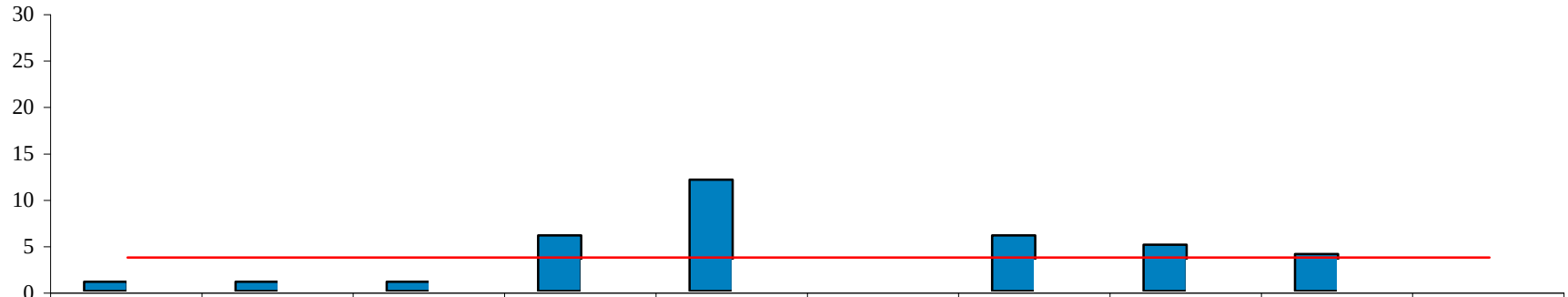
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	74	69	52	97	50	51	80	49	57	6
Average - All SH	59	59	59	59	59	59	59	59	59	59

Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

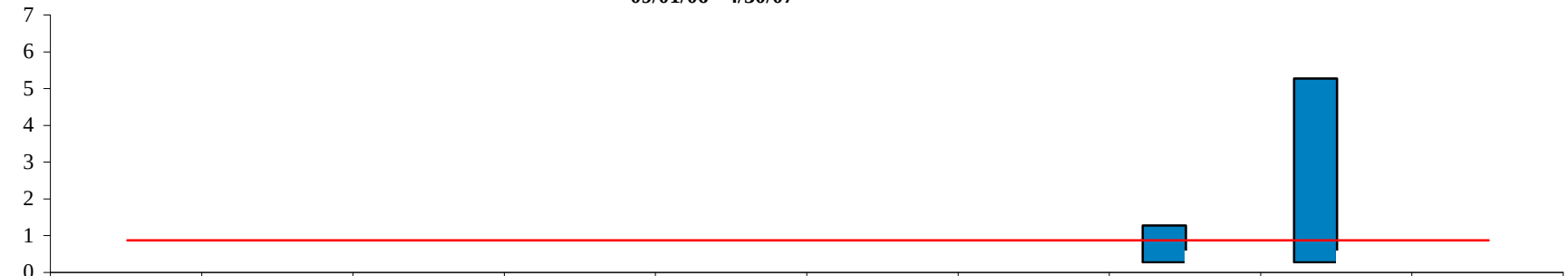
Objective 4B - Medication Variance Data
All State Hospitals

Medication Errors
Category D - Need for Increased Patient Monitoring: Caused No Harm
09/01/06 - 4/30/07



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	1	1	1	6	12	0	6	5	4	0
Average - All SH	4	4	4	4	4	4	4	4	4	4

Medication Errors
Category E - Need for Treatment or Intervention: Caused Temporary Harm
Category F - Initial or Prolonged Hospitalization: Caused Temporary Harm
09/01/06 - 4/30/07



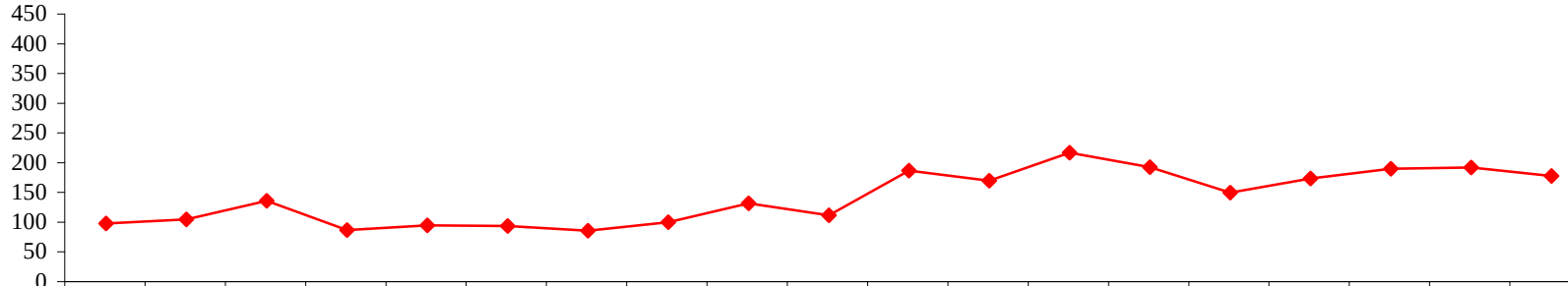
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	0	0	0	0	0	0	0	1	5	0
Average - All SH	1	1	1	1	1	1	1	1	1	1

Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

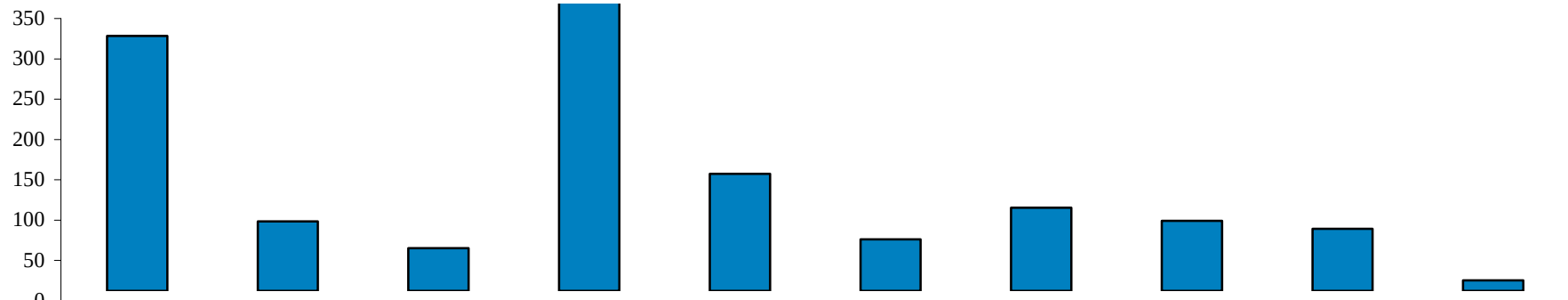
Objective 4B - Medication Variance Data
All State Hospitals

Medication Errors



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	94	101	132	83	91	90	82	96	128	108	183	166	213	189	146	170	186	188	174
Patient Unharmed	94	101	132	83	90	89	81	96	127	108	183	165	213	188	144	170	185	188	173
Caused Patient Harm	0	0	0	0	1	1	1	0	1	0	0	1	0	1	2	0	1	0	1
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Errors
All Categories
9/01/06 - 4/30/07



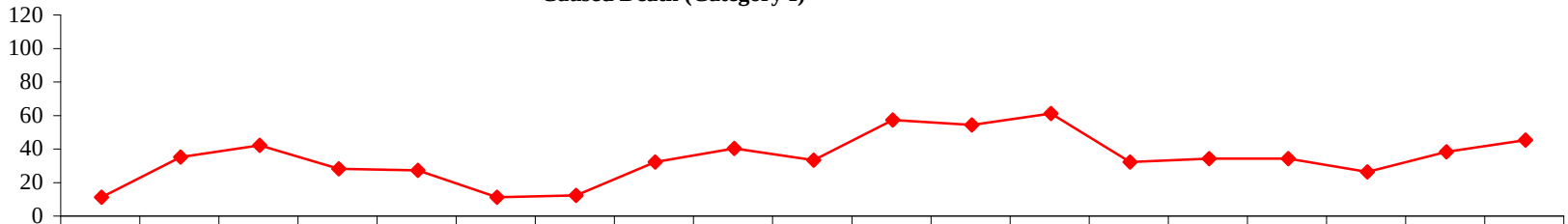
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	316	86	53	488	145	64	103	87	77	13

Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Austin State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	10	34	41	27	26	10	11	31	39	32	56	53	60	31	33	33	25	37	44
Patient Unharmed	10	34	41	27	26	10	11	31	38	32	56	53	60	31	33	33	25	37	44
Caused Patient Harm	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

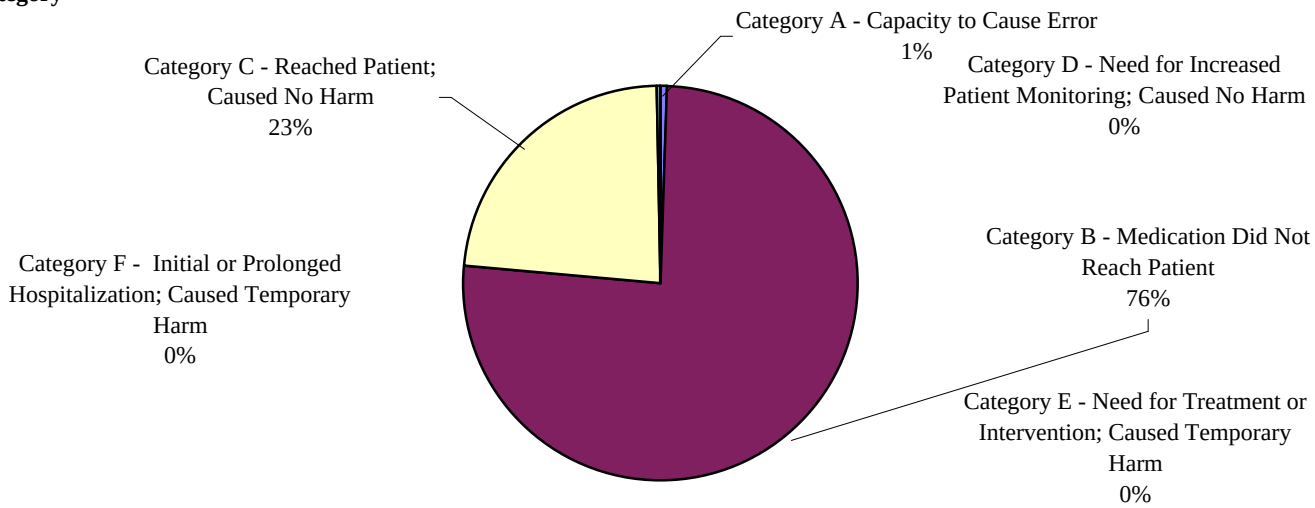
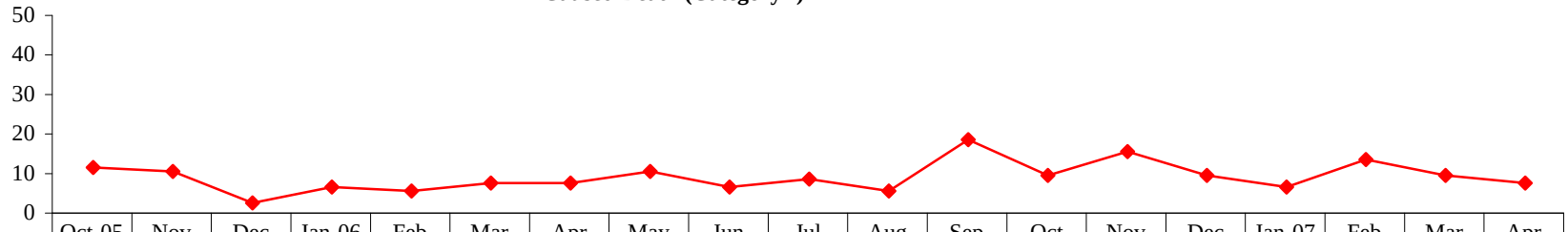


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Big Spring State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	11	10	2	6	5	7	7	10	6	8	5	18	9	15	9	6	13	9	7
Patient Unharmed	11	10	2	6	5	7	7	10	6	8	5	18	9	15	9	6	13	9	7
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

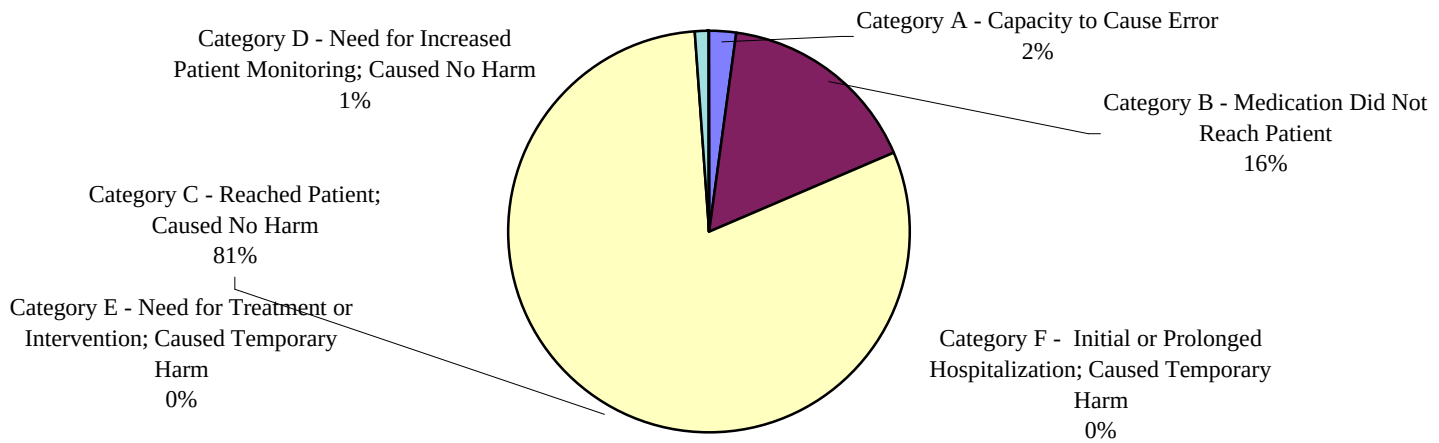
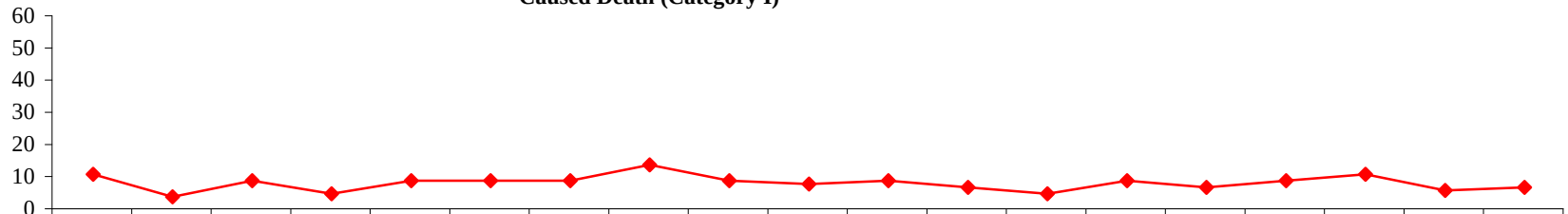


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
El Paso Psychiatric Center

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	10	3	8	4	8	8	8	13	8	7	8	6	4	8	6	8	10	5	6
Patient Unharmed	10	3	8	4	8	8	8	13	8	7	8	6	4	8	6	8	10	5	6
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

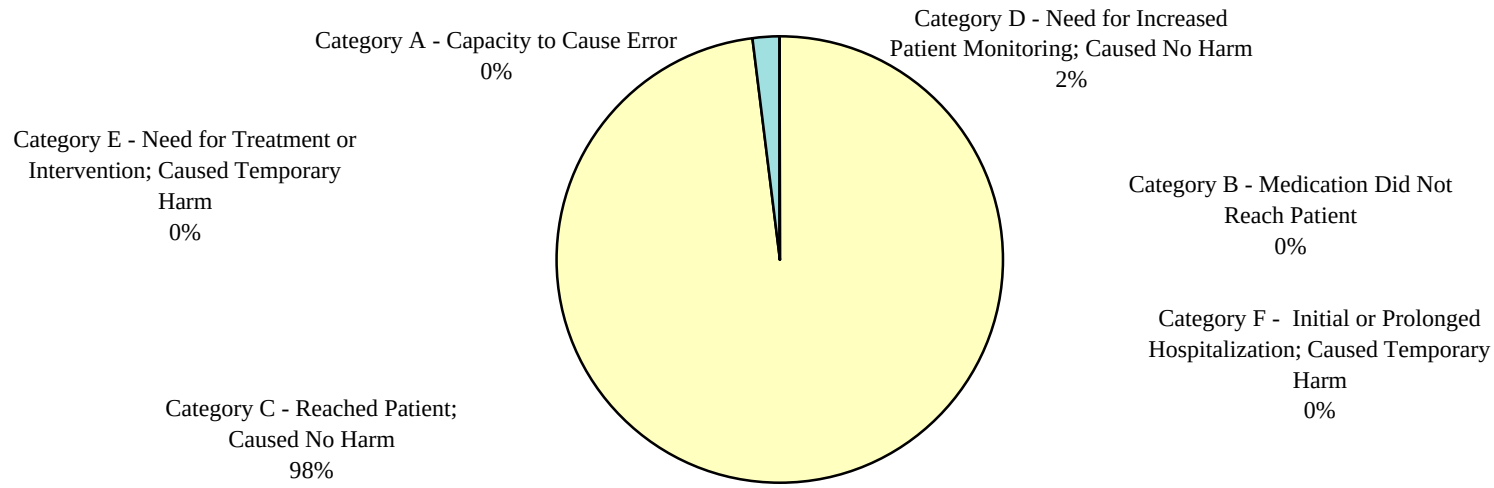
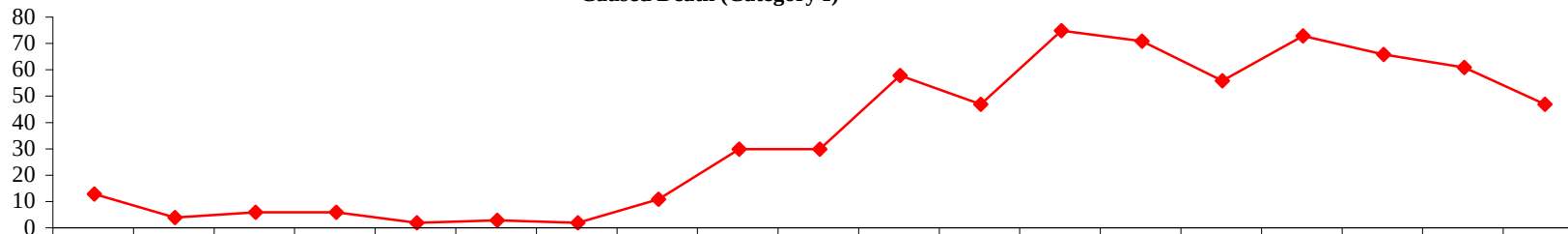


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Kerrville State Hospital



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	12	3	5	5	1	2	1	10	29	29	57	46	74	70	55	72	65	60	46
Patient Unharmed	12	3	5	5	1	2	1	10	29	29	57	46	74	70	55	72	65	60	46
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

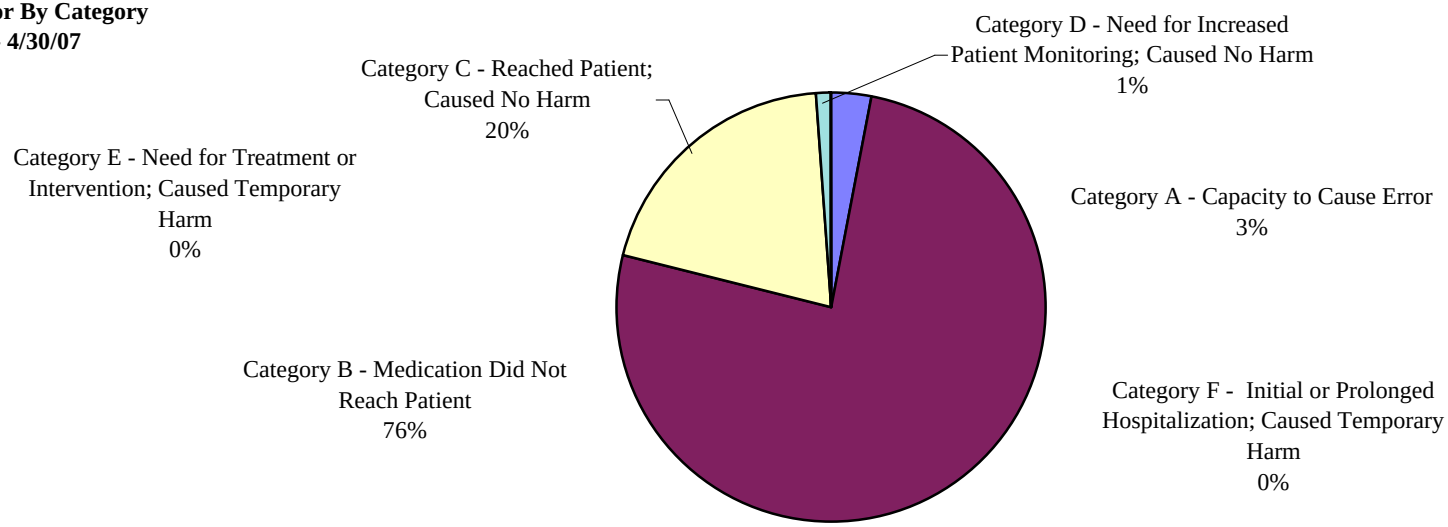
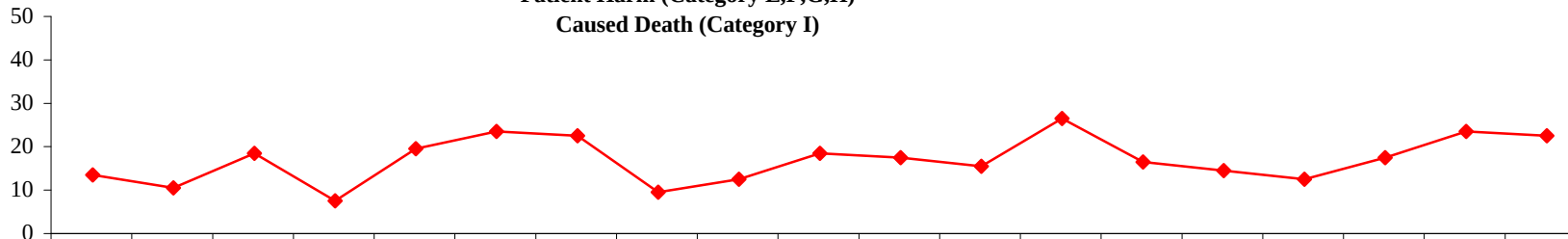


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
North Texas State Hospital



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	13	10	18	7	19	23	22	9	12	18	17	15	26	16	14	12	17	23	22
Patient Unharmed	13	10	18	7	19	23	22	9	12	18	17	15	26	16	14	12	17	23	22
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

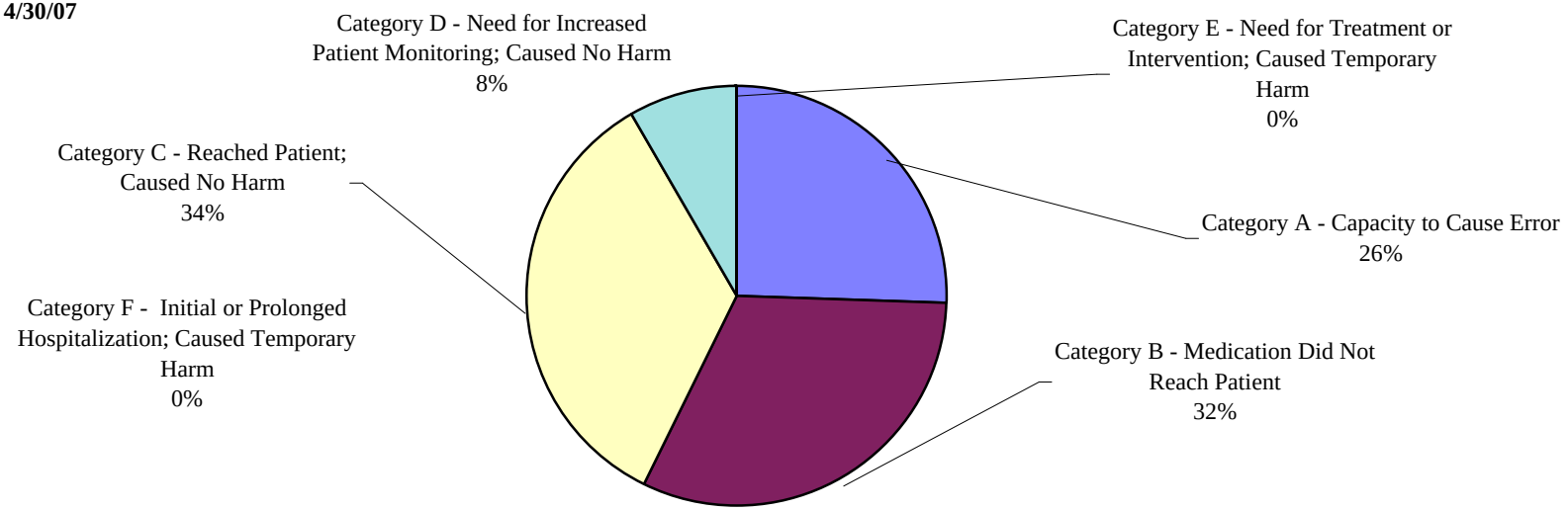
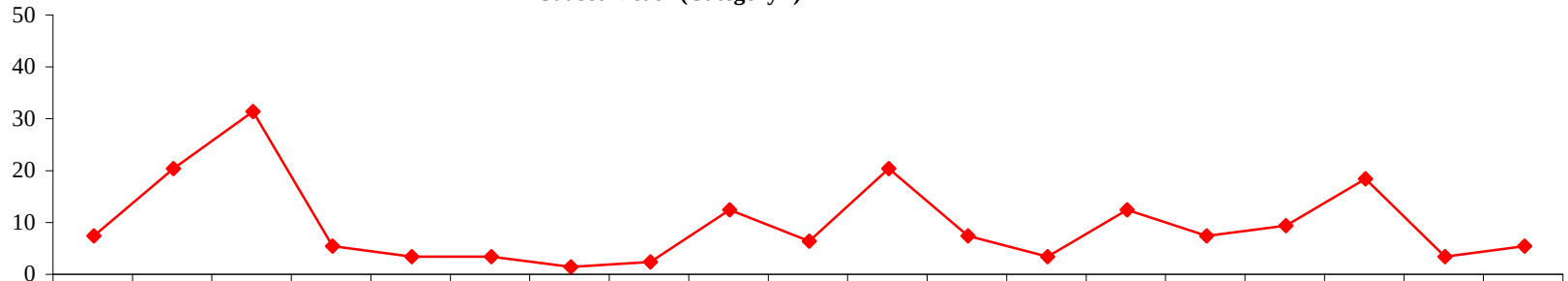


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Rio Grande State Center

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	7	20	31	5	3	3	1	2	12	6	20	7	3	12	7	9	18	3	5
Patient Unharmed	7	20	31	5	3	3	1	2	12	6	20	7	3	12	7	9	18	3	5
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

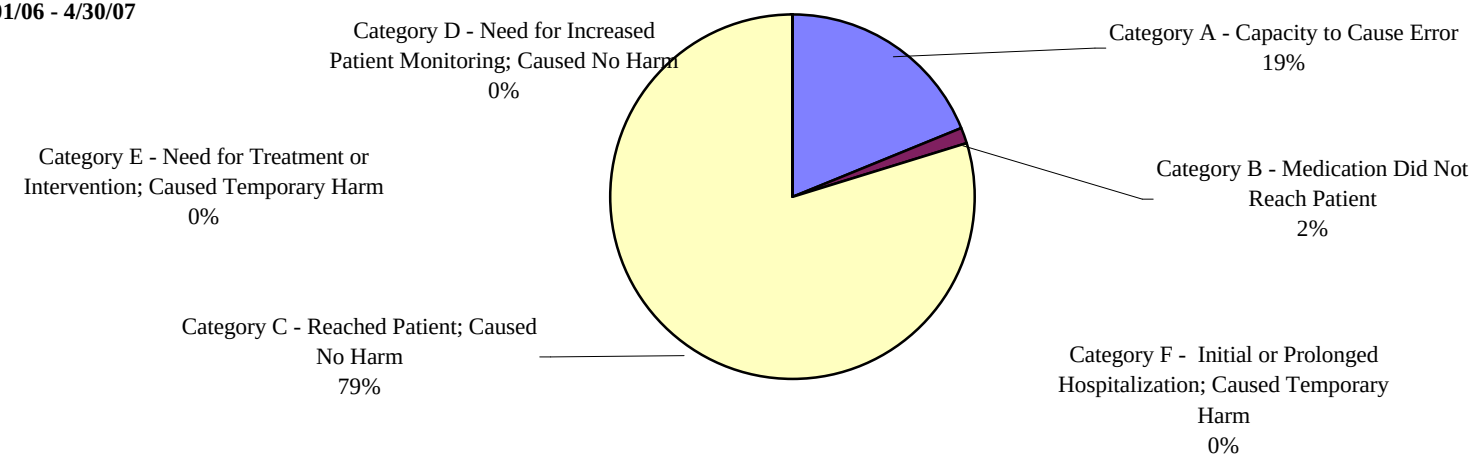
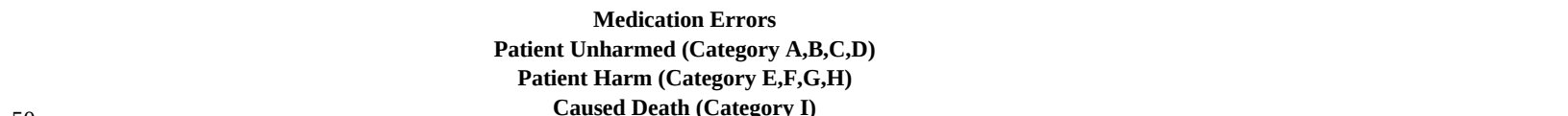


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Rusk State Hospital



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	8	9	0	8	6	9	12	7	6	3	13	12	18	6	11	15	5	25	11
Patient Unharmed	8	9	0	8	6	9	12	7	6	3	13	12	18	6	11	15	5	25	11
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

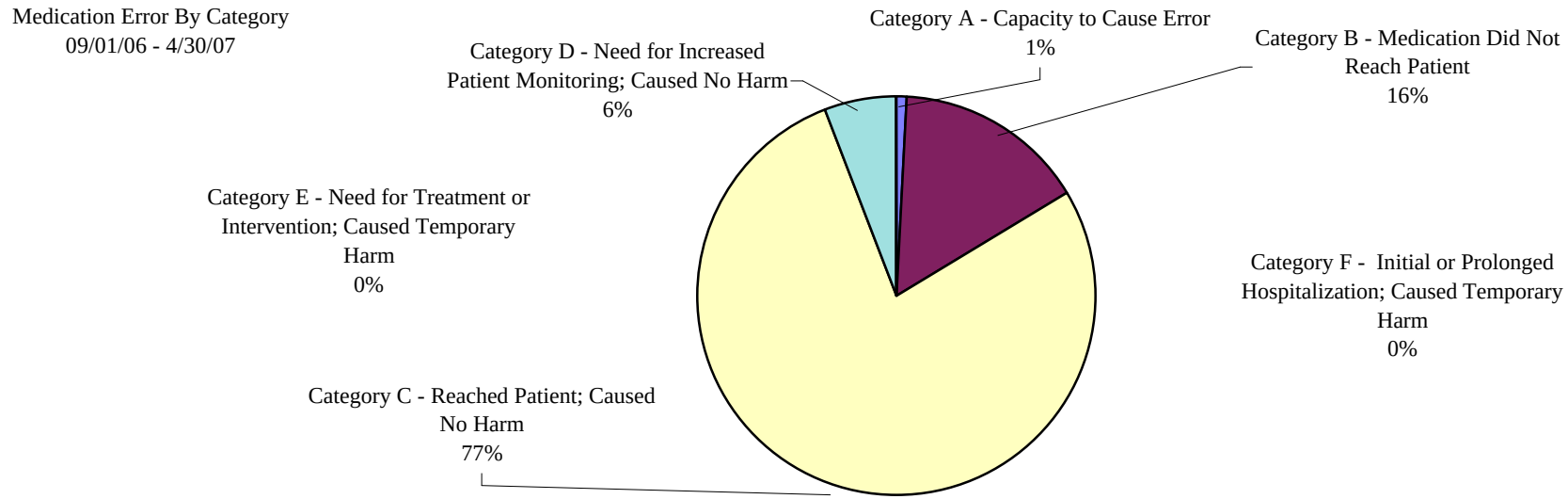
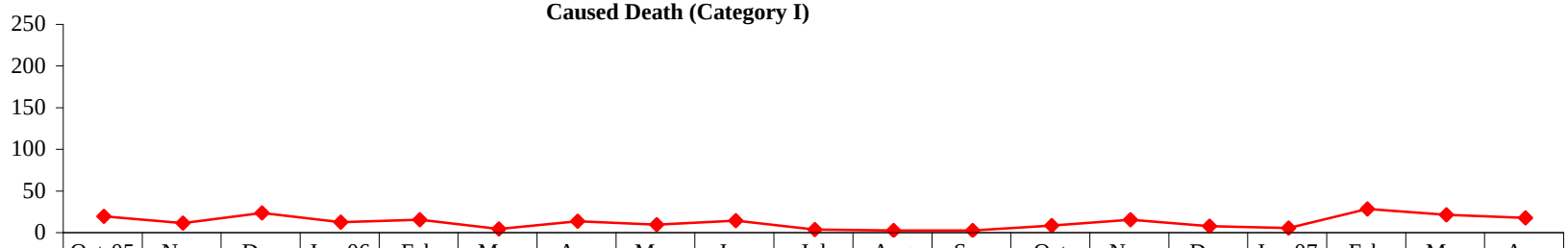


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
San Antonio State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	17	9	21	10	13	2	11	7	12	1	0	0	6	13	5	3	26	19	15
Patient Unharmed	17	9	21	10	13	2	11	7	12	1	0	0	6	13	4	3	26	19	15
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

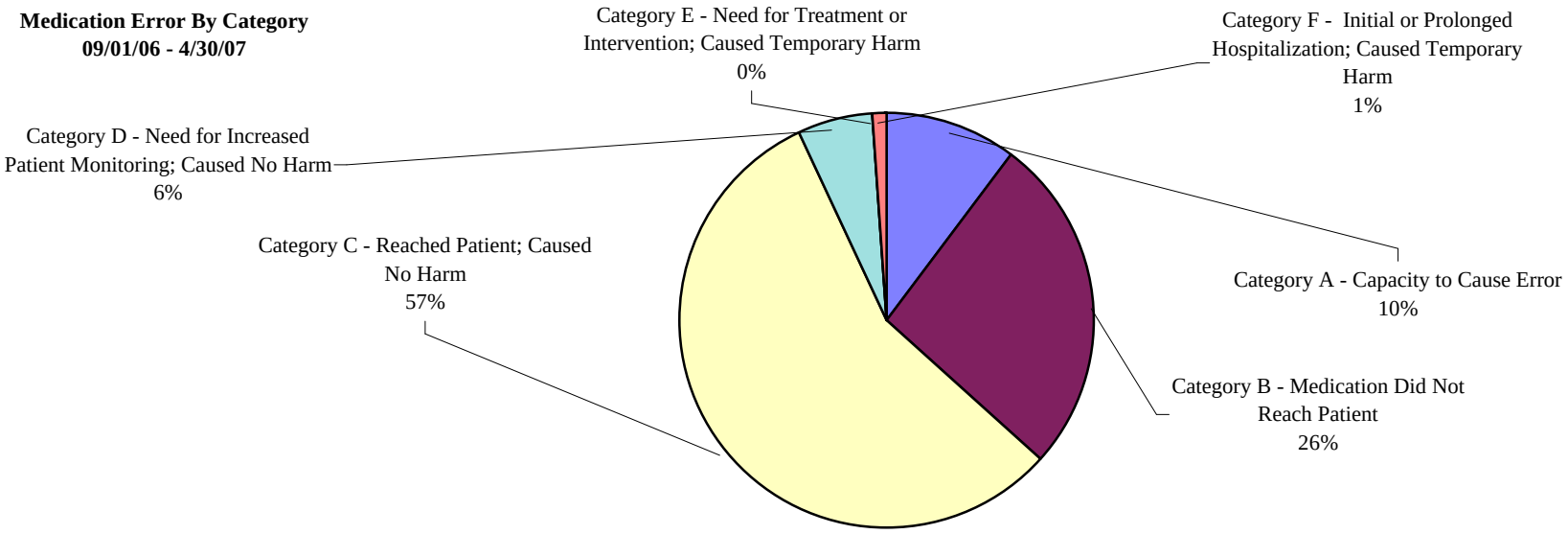
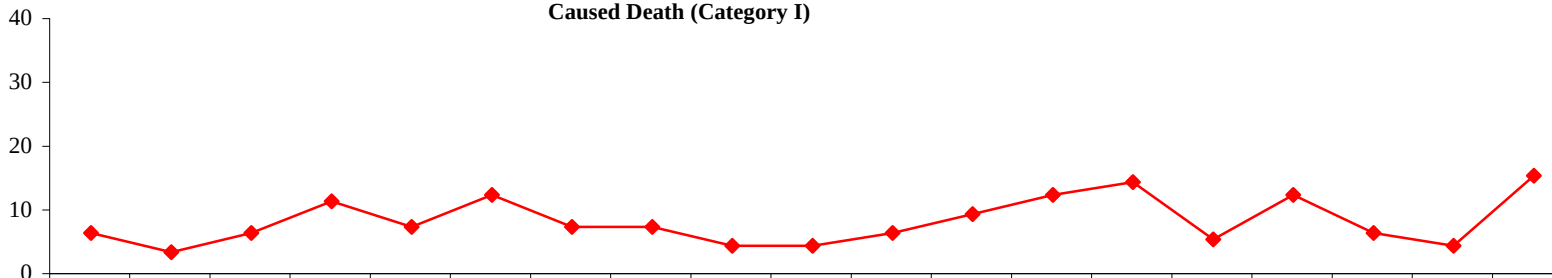


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Terrell State Hospital



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	6	3	6	11	7	12	7	7	4	4	6	9	12	14	5	12	6	4	15
Patient Unharmed	6	3	6	11	6	11	6	7	4	4	6	8	12	13	4	12	5	4	14
Caused Patient Harm	0	0	0	0	1	1	1	0	0	0	0	1	0	1	1	0	1	0	1
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

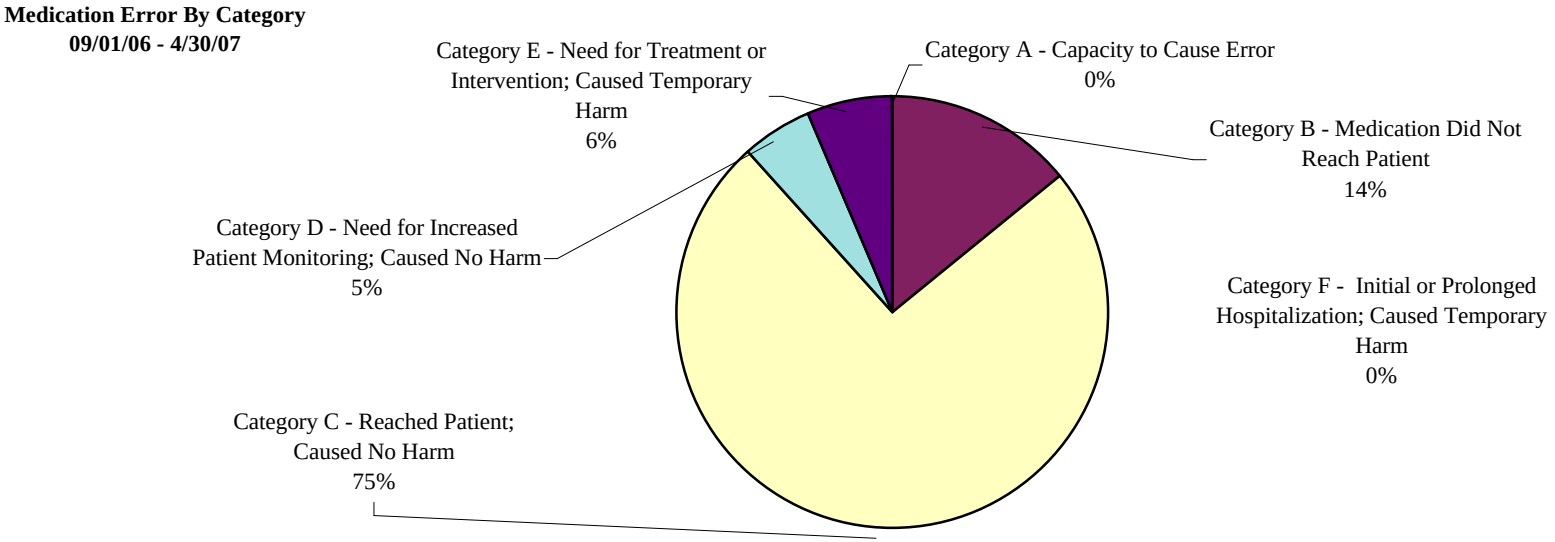
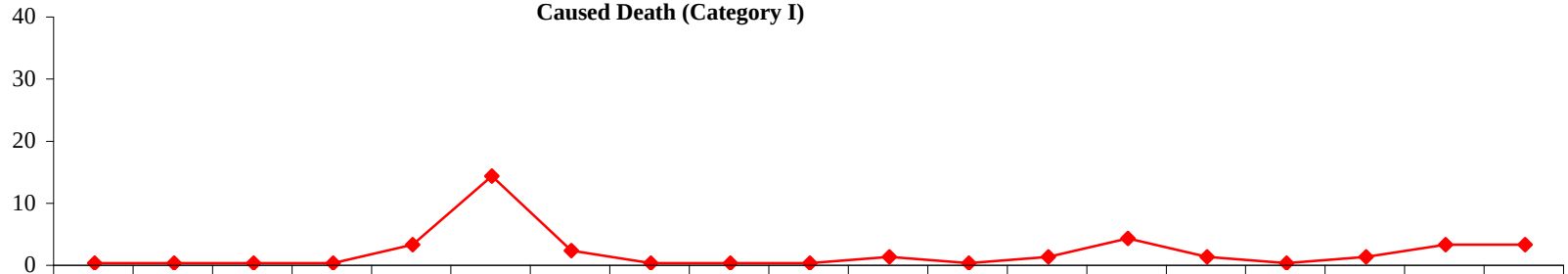


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Objective 4B - Medication Variance Data
Waco Center for Youth

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Oct-05	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr
Total	0	0	0	0	3	14	2	0	0	0	1	0	1	4	1	0	1	3	3
Patient Unharmed	0	0	0	0	3	14	2	0	0	0	1	0	1	4	1	0	1	3	3
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/06 - 4/30/07

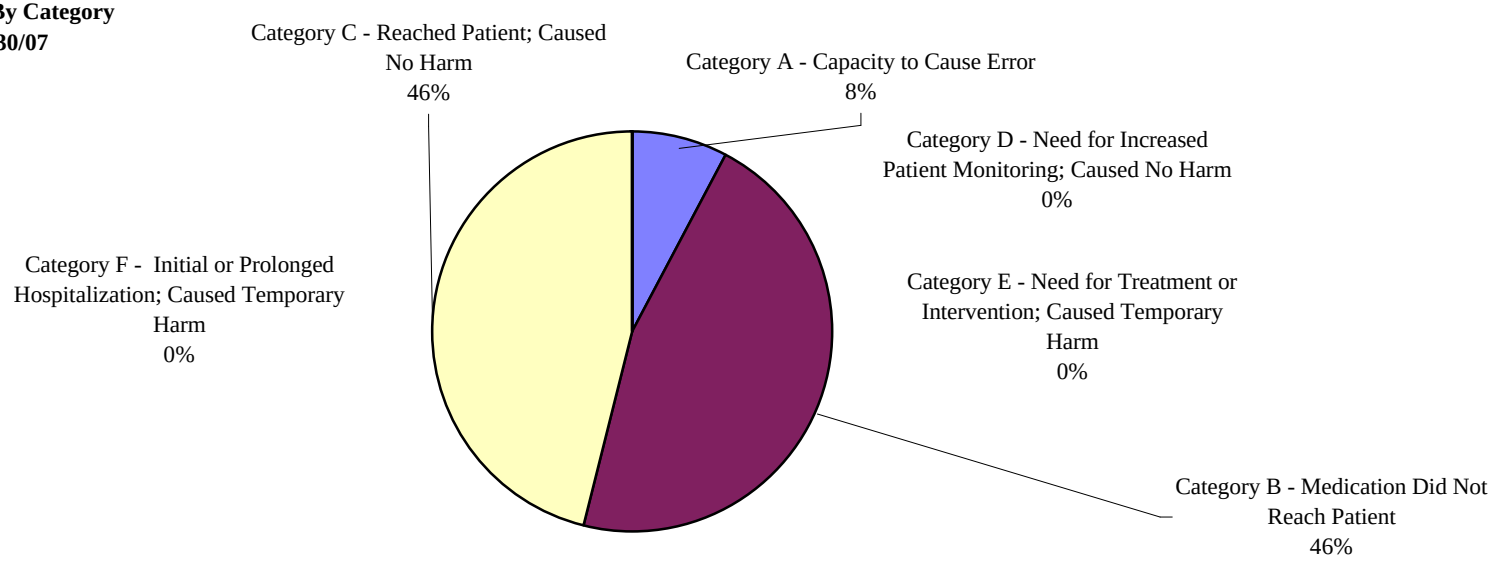


Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

Performance Measure 4A:

The number of patients receiving new generation atypical antipsychotic medication will be tracked and analyzed quarterly.

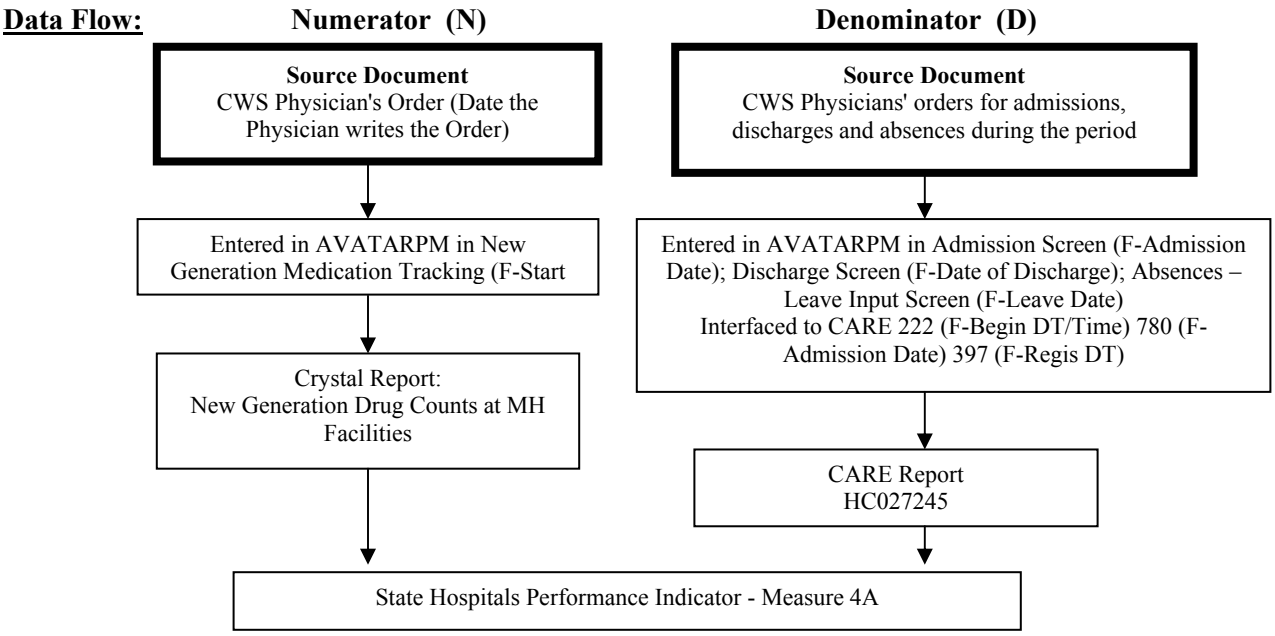
Performance Measure Operational Definition: The facility count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone and aripiprazole).

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 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:

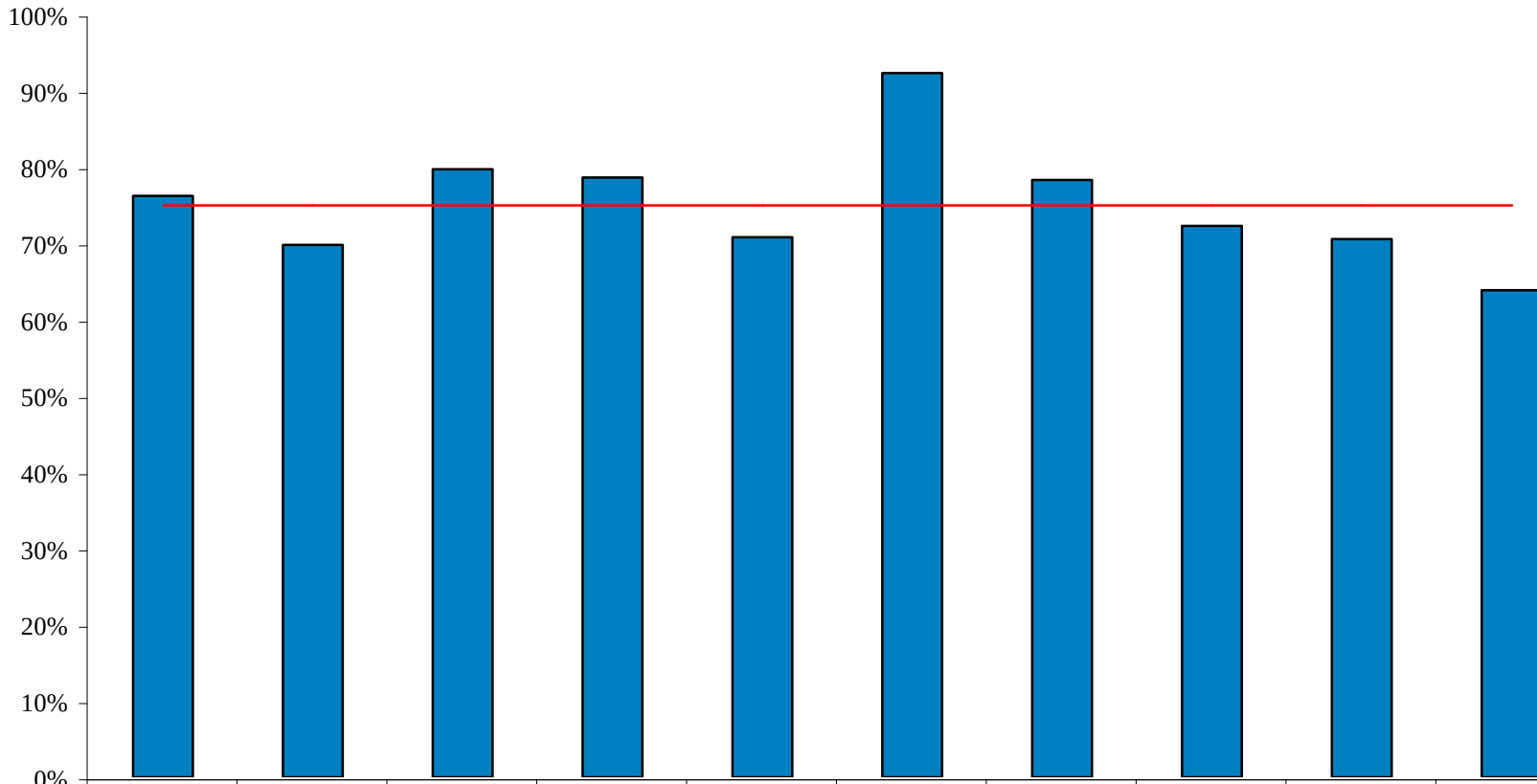


Data Integrity Review Process:

N/A

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

Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for Q3 - FY07



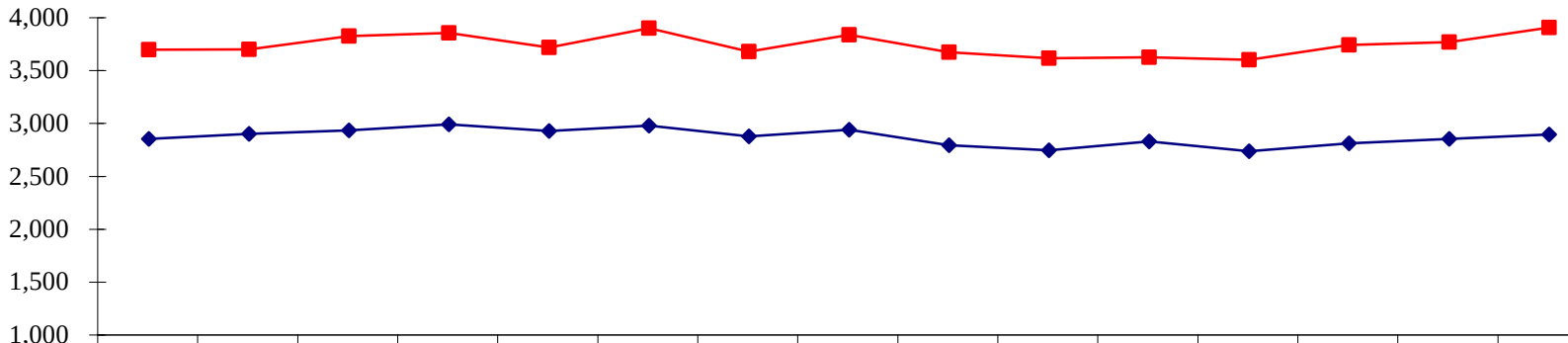
	ASH	BSSH	EPPC	KSH	NTSH	RGSC(MH)	RSH	SASH	TSH	WCFY
Percentage	76%	70%	80%	79%	71%	92%	78%	72%	71%	64%
All State Hospitals	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

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

Chart: Hospital Management Data Services

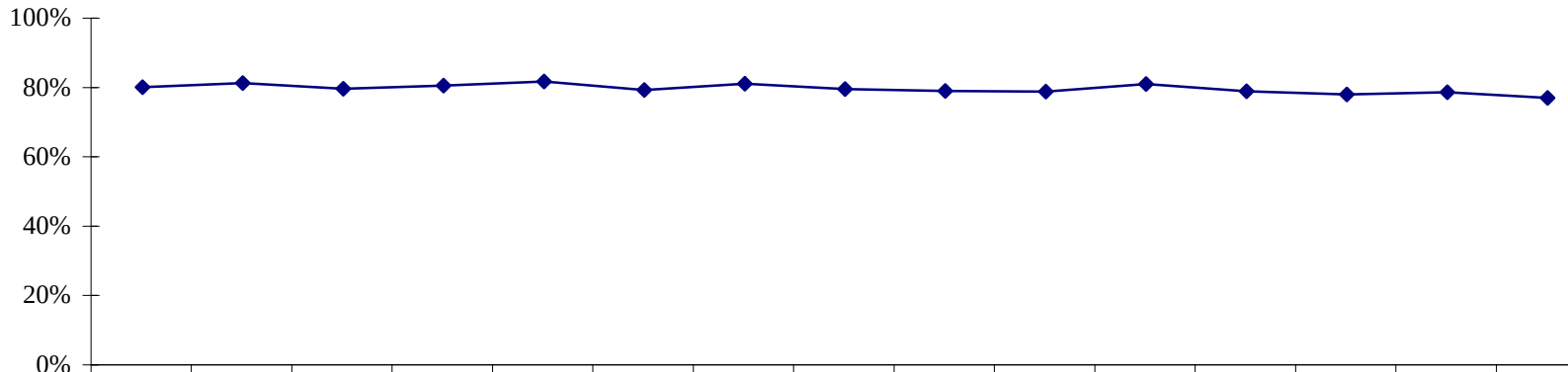
Measure 4A - Patients Receiving New Generation Medication (NGM)
All State Hospitals

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	2833	2880	2914	2972	2908	2958	2856	2920	2773	2725	2810	2717	2791	2834	2874
# Patients Served	3676	3680	3806	3836	3697	3881	3660	3819	3652	3595	3606	3580	3722	3749	3886

Percentage of Patients Receiving New Generation Medication (NGM)



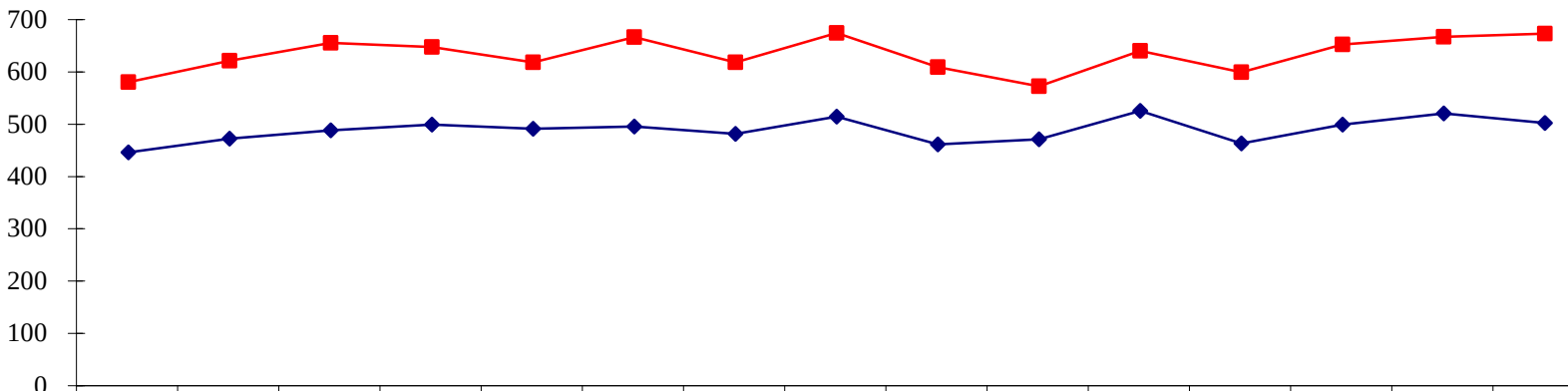
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	77%	78%	77%	77%	79%	76%	78%	76%	76%	76%	78%	76%	75%	76%	74%

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

Chart: Hospital Management Data Services

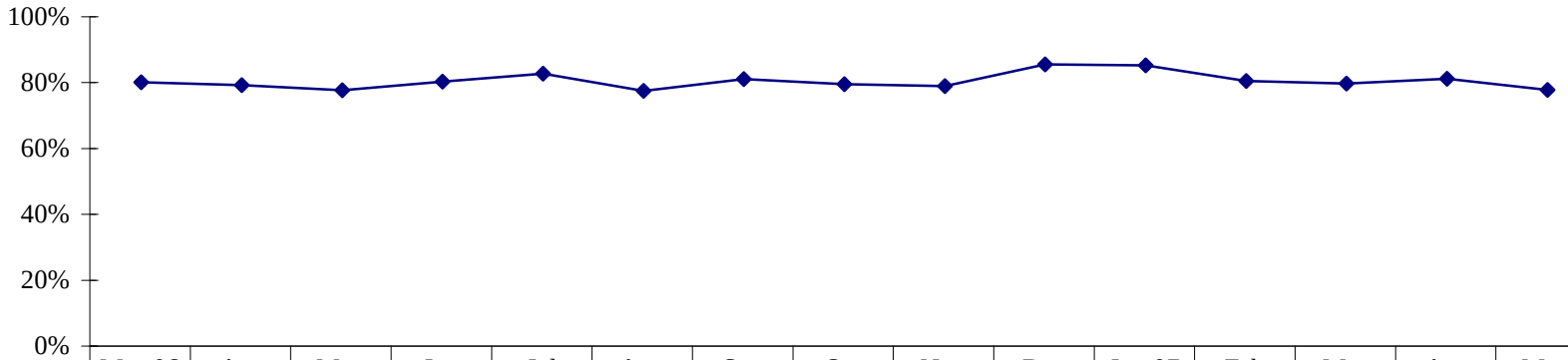
Measure 4A - Patients Receiving New Generation Medication (NGM)
Austin State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	442	468	484	495	487	491	477	510	457	467	521	459	495	516	498
# Patients Served	576	617	651	643	614	662	614	670	605	568	636	595	648	663	669

Percentage of Patients Receiving New Generation Medication (NGM)



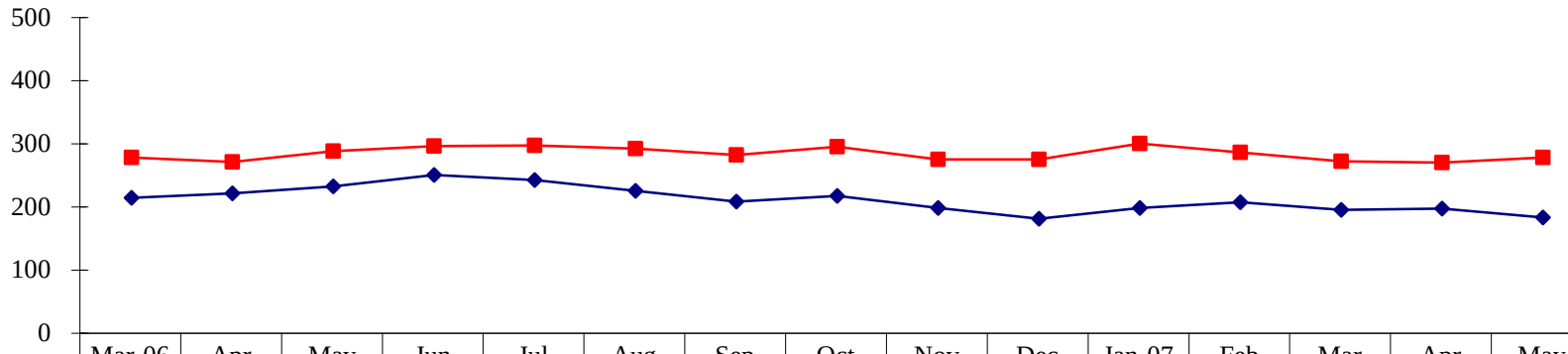
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	77%	76%	74%	77%	79%	74%	78%	76%	76%	82%	82%	77%	76%	78%	74%

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

Chart: Hospital Management Data Services

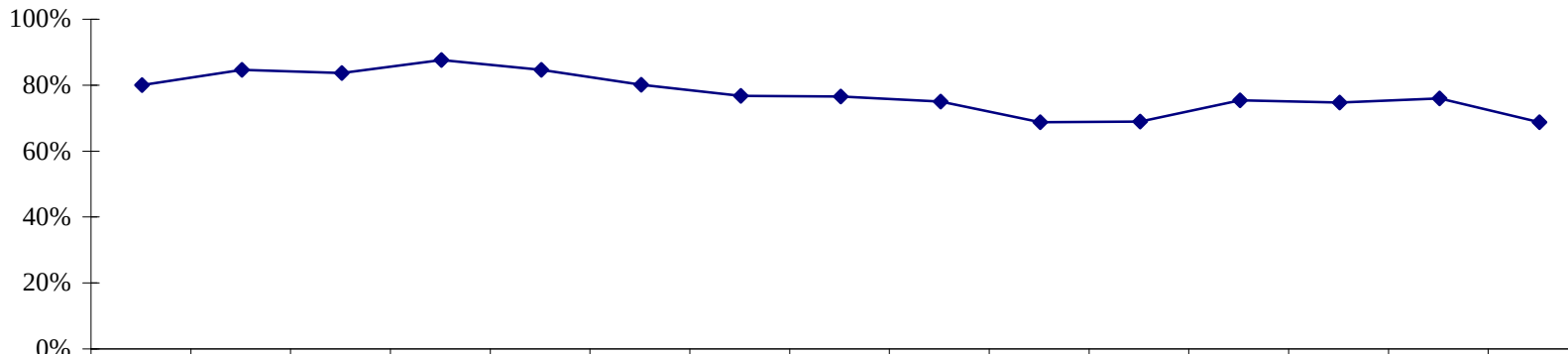
Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	211	218	229	247	239	222	205	214	195	178	195	204	192	194	180
# Patients Served	275	268	285	293	294	289	279	292	272	272	297	283	269	267	275

Percentage of Patients Receiving New Generation Medication (NGM)



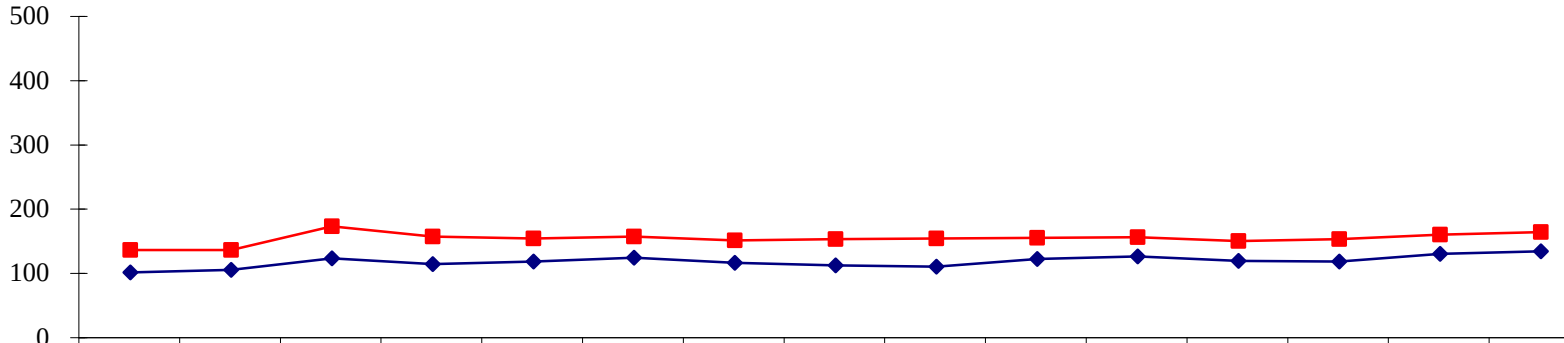
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	77%	81%	80%	84%	81%	77%	73%	73%	72%	65%	66%	72%	71%	73%	65%

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

Chart: Hospital Management Data Services

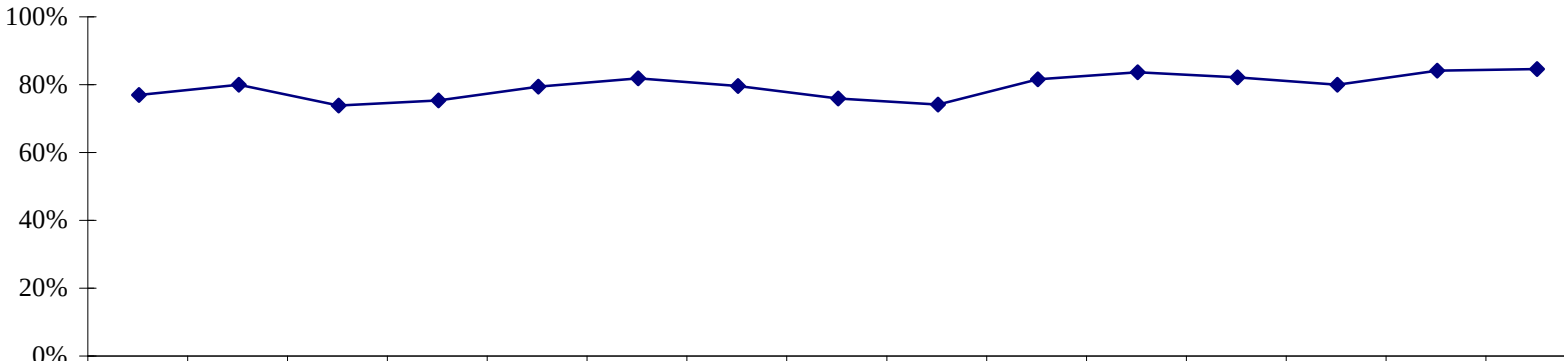
Measure 4A - Patients Receiving New Generation Medication (NGM)
El Paso Psychiatric Center

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	98	102	120	111	115	121	113	109	107	119	123	116	115	127	131
# Patients Served	133	133	170	154	151	154	148	150	151	152	153	147	150	157	161

Percentage of Patients Receiving New Generation Medication (NGM)



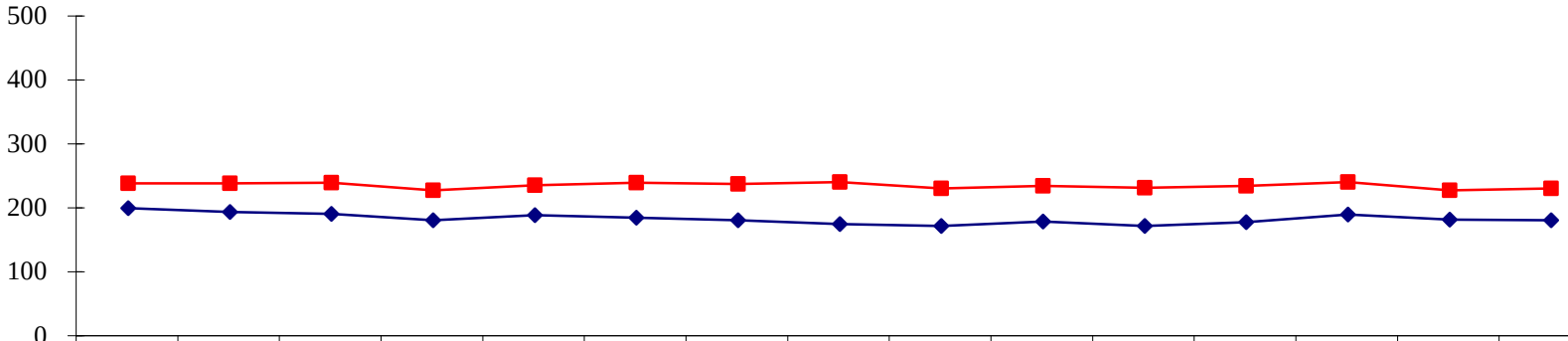
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	74%	77%	71%	72%	76%	79%	76%	73%	71%	78%	80%	79%	77%	81%	81%

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

Chart: Hospital Management Data Services

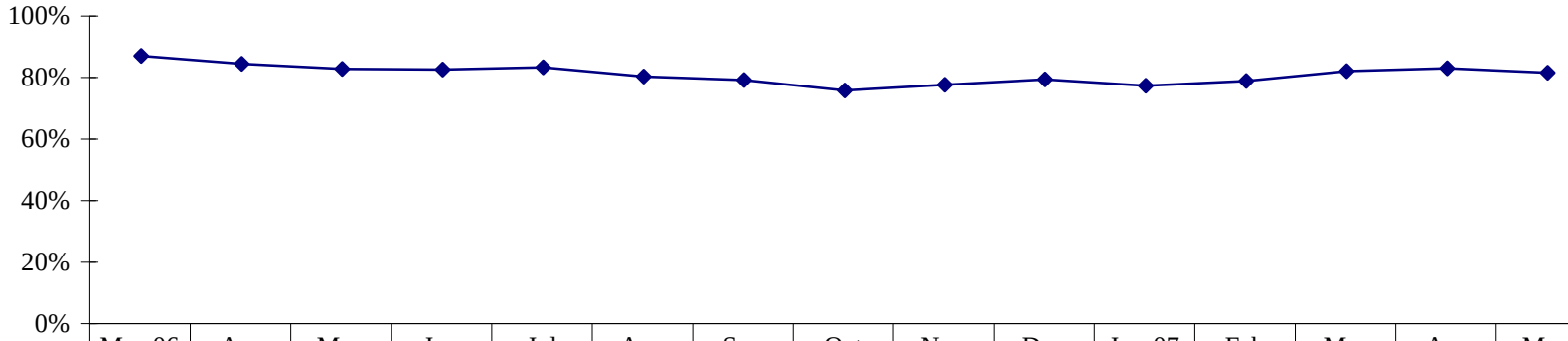
Measure 4A - Patients Receiving New Generation Medication (NGM)
Kerrville State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	196	190	187	177	185	181	177	171	168	175	168	174	186	178	177
# Patients Served	235	235	236	224	232	236	234	237	227	231	228	231	237	224	227

Percentage of Patients Receiving New Generation Medication (NGM)



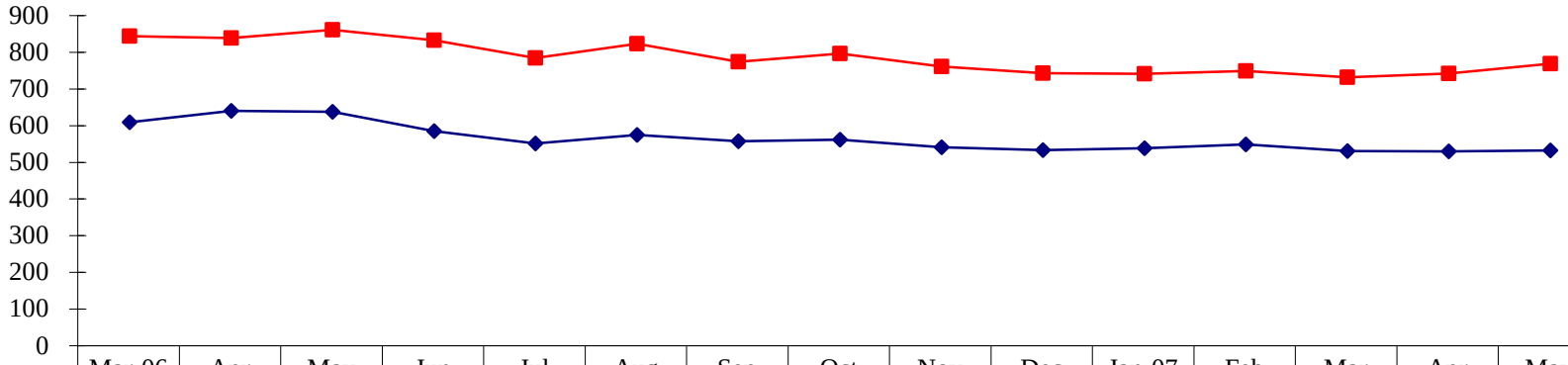
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	83%	81%	79%	79%	80%	77%	76%	72%	74%	76%	74%	75%	78%	79%	78%

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

Chart: Hospital Management Data Services

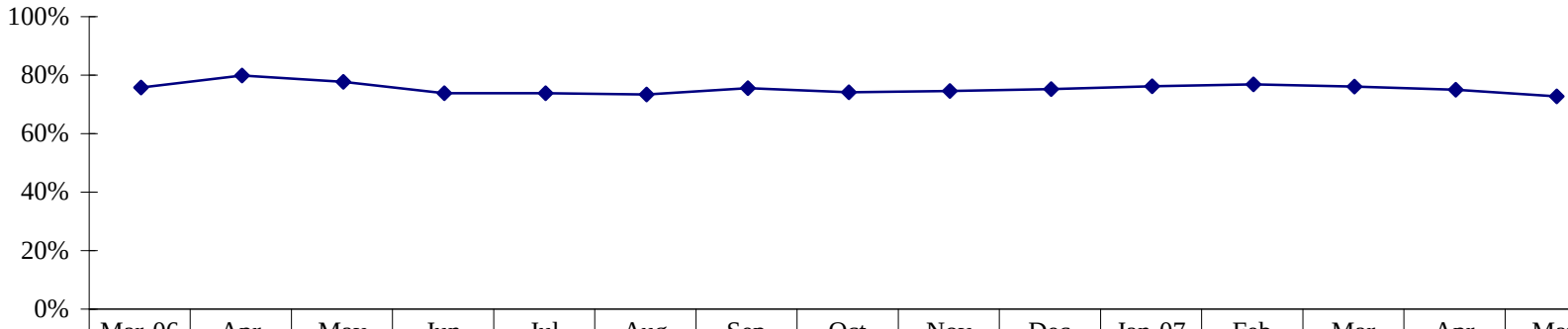
Measure 4A - Patients Receiving New Generation Medication (NGM)
North Texas State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	603	634	632	579	545	569	551	556	535	527	532	543	525	524	526
# Patients Served	838	833	855	827	778	817	768	790	755	737	735	743	726	736	763

Percentage of Patients Receiving New Generation Medication (NGM)



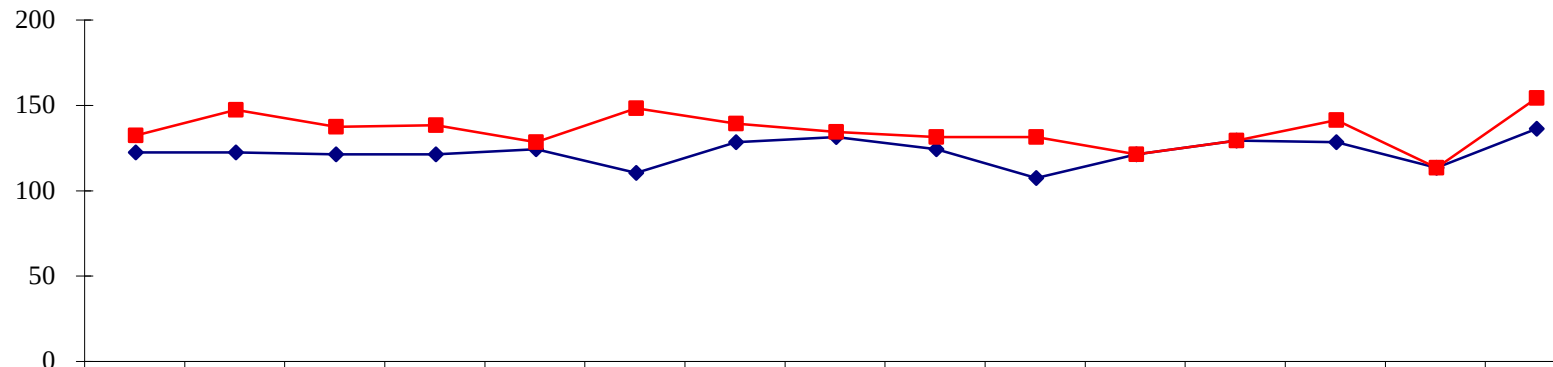
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	72%	76%	74%	70%	70%	70%	72%	70%	71%	72%	72%	73%	72%	71%	69%

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

Chart: Hospital Management Data Services

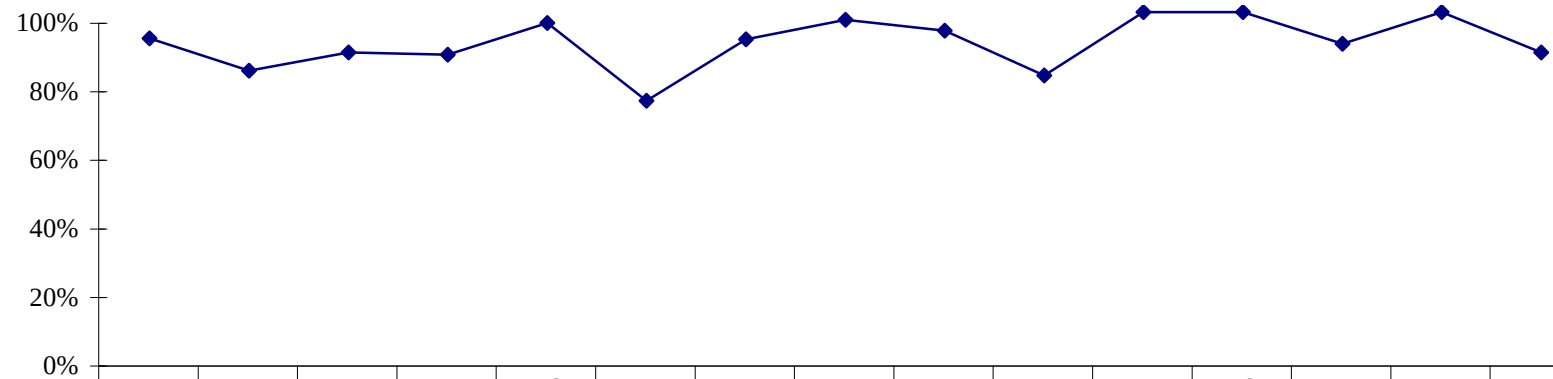
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	121	121	120	120	123	109	127	130	123	106	120	128	127	112	135
# Patients Served	131	146	136	137	127	147	138	133	130	130	120	128	140	112	153

Percentage of Patients Receiving New Generation Medication (NGM)



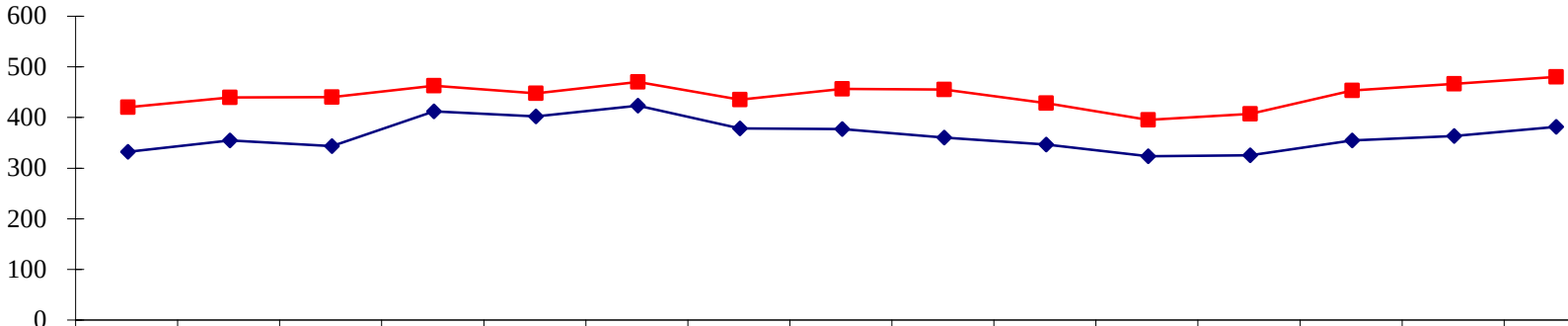
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	92%	83%	88%	88%	97%	74%	92%	98%	95%	82%	100%	100%	91%	100%	88%

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

Chart: Hospital Management Data Services

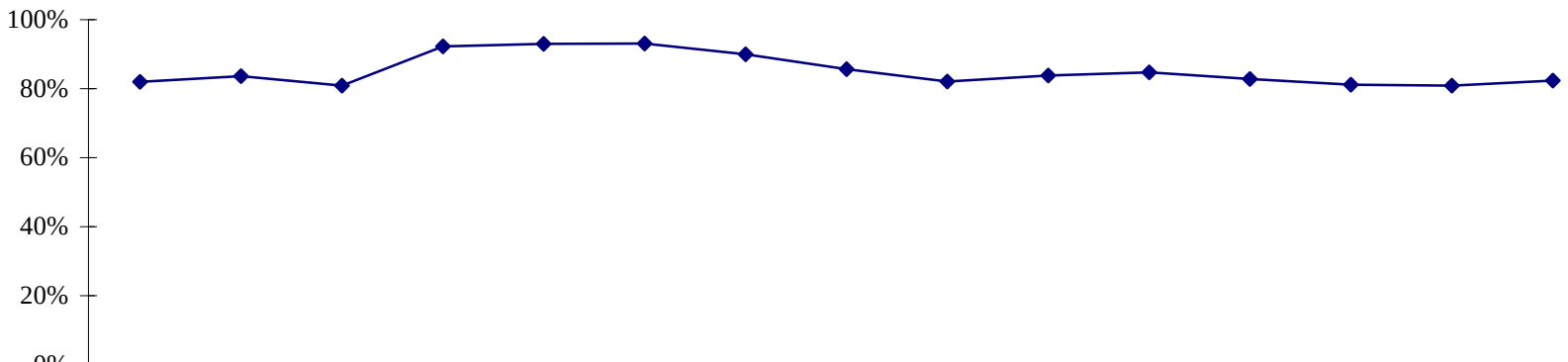
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rusk State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	328	350	339	408	398	419	374	373	356	342	319	321	350	359	377
# Patients Served	416	435	436	458	443	466	431	452	451	424	391	403	449	462	476

Percentage of Patients Receiving New Generation Medication (NGM)



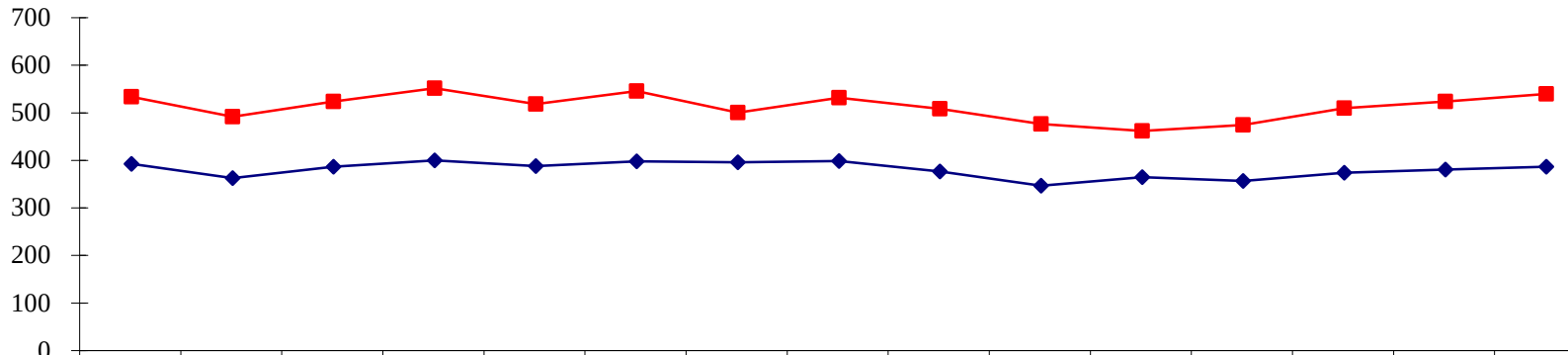
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	79%	80%	78%	89%	90%	90%	87%	83%	79%	81%	82%	80%	78%	78%	79%

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

Chart: Hospital Management Data Services

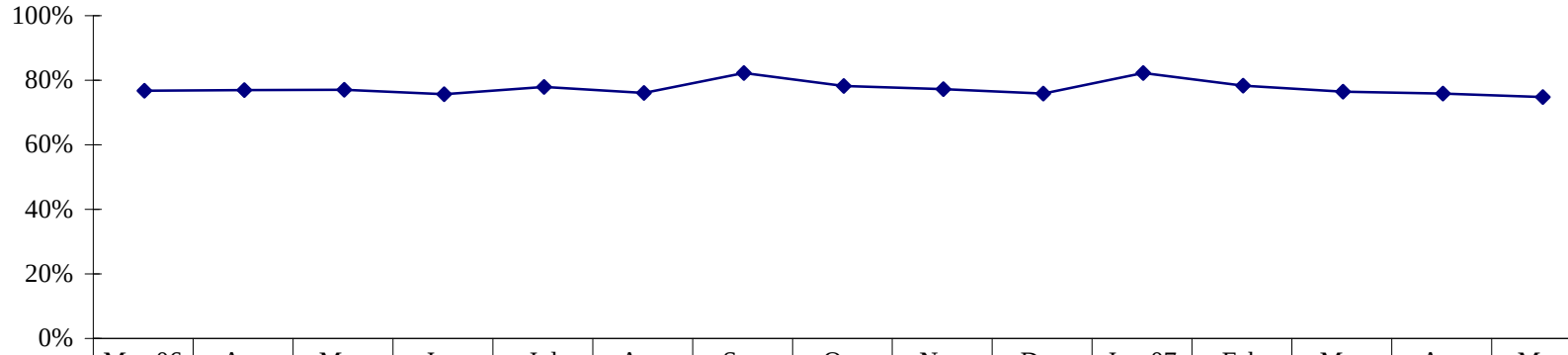
Measure 4A - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	388	358	382	395	383	393	391	394	372	342	360	352	369	376	382
# Patients Served	529	487	519	547	514	541	496	527	504	472	457	470	505	519	535

Percentage of Patients Receiving New Generation Medication (NGM)



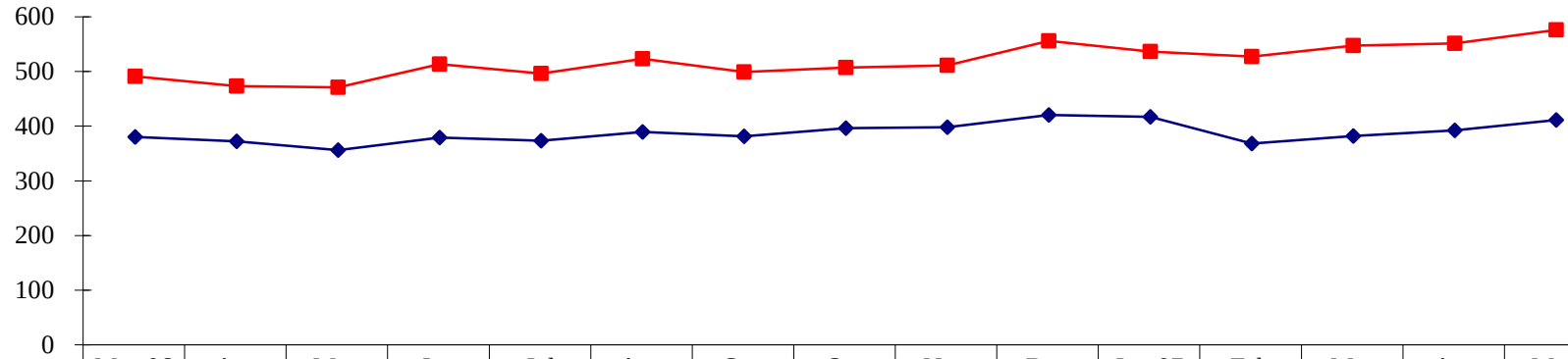
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	73%	74%	74%	72%	75%	73%	79%	75%	74%	72%	79%	75%	73%	72%	71%

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

Chart: Hospital Management Data Services

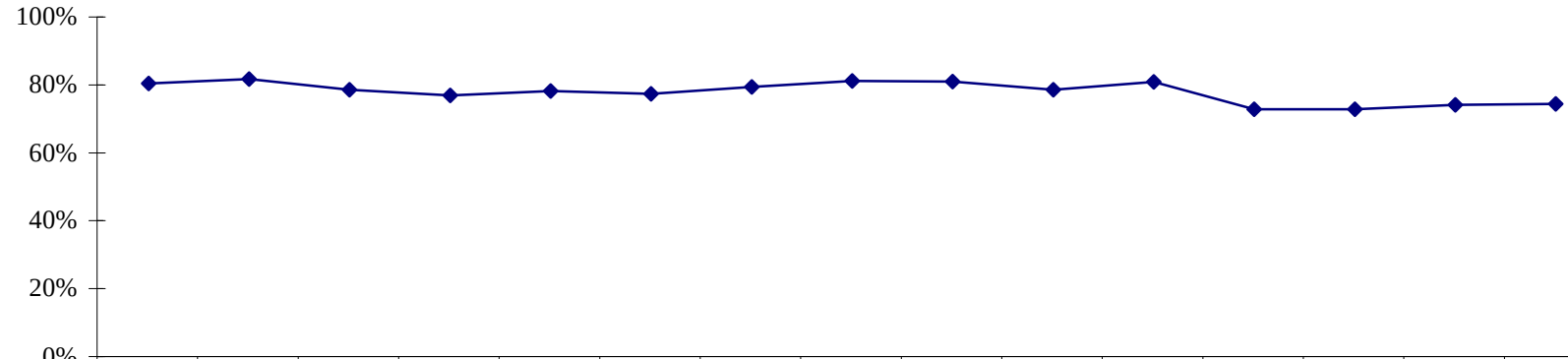
Measure 4A - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	376	368	352	375	369	385	377	392	394	416	413	364	378	388	407
# Patients Served	487	469	467	509	492	519	495	503	507	552	532	523	543	547	572

Percentage of Patients Receiving New Generation Medication (NGM)



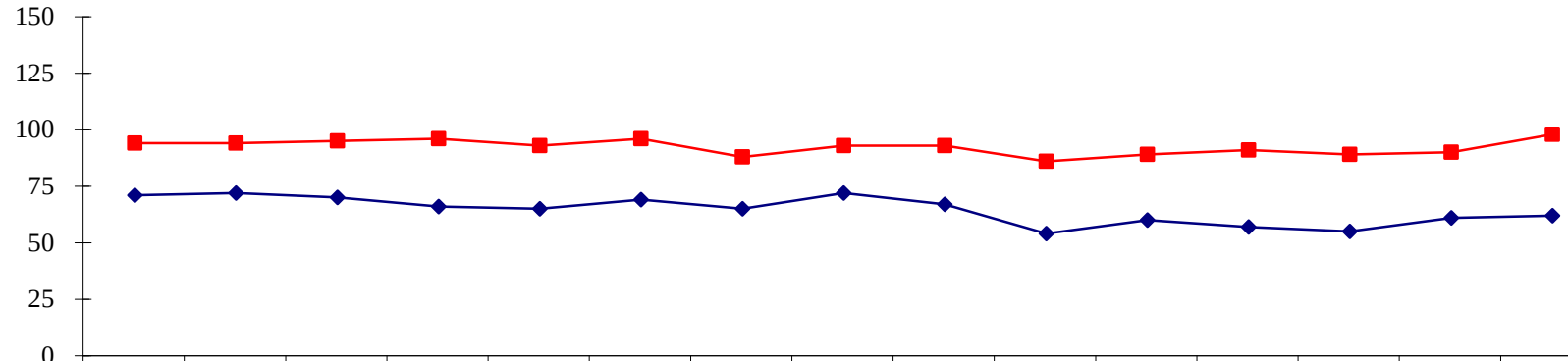
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	77%	78%	75%	74%	75%	74%	76%	78%	78%	75%	78%	70%	70%	71%	71%

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

Chart: Hospital Management Data Services

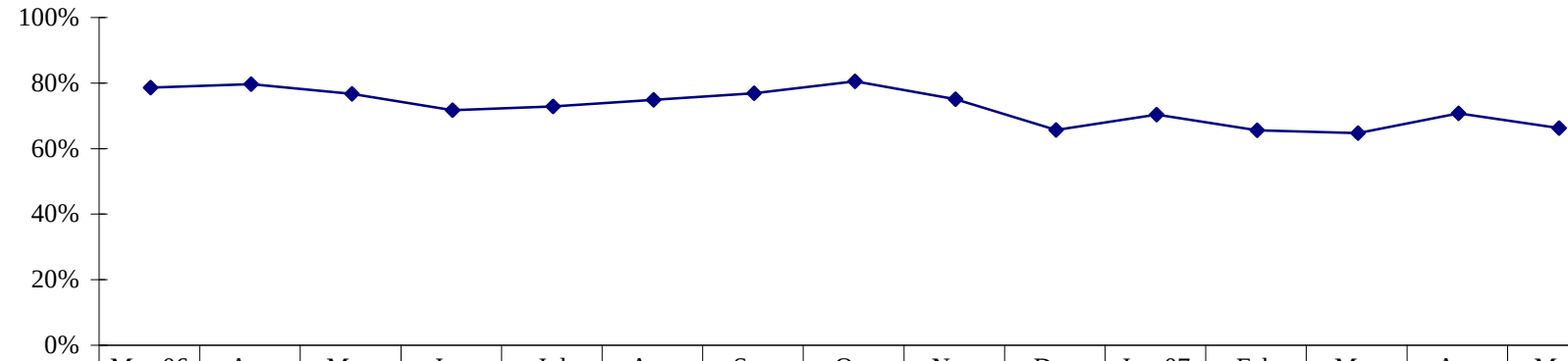
Measure 4A - Patients Receiving New Generation Medication (NGM)
Waco Center for Youth

Number of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Patients on NGM	70	71	69	65	64	68	64	71	66	53	59	56	54	60	61
# Patients Served	93	93	94	95	92	95	87	92	92	85	88	90	88	89	97

Percentage of Patients Receiving New Generation Medication (NGM)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Patients on NGM	75%	76%	73%	68%	70%	72%	74%	77%	72%	62%	67%	62%	61%	67%	63%

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

Chart: Hospital Management Data Services

GOAL 5: Assure Continuum of Care

Performance Measure 5A:

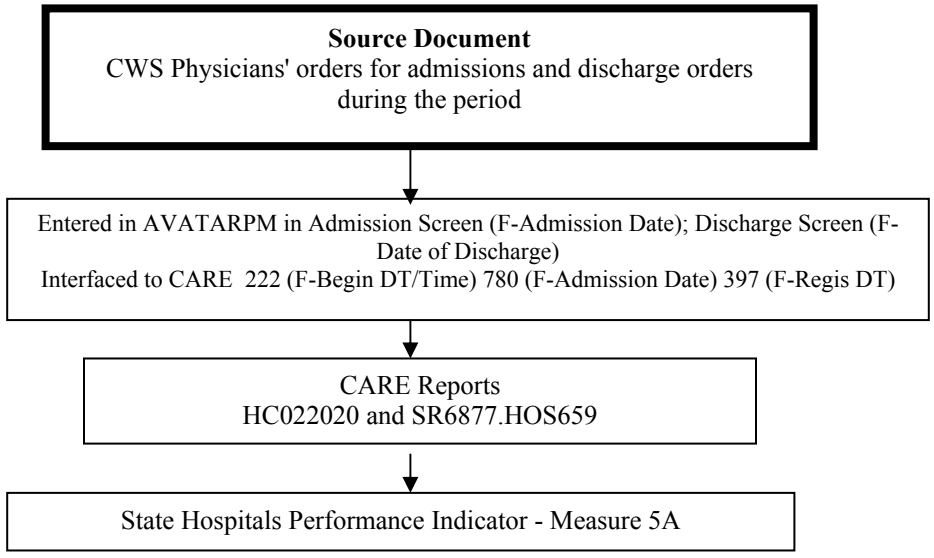
Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each state hospital on a quarterly basis.

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



Data Integrity Review Process:

N/A

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

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	1375	1435	1390	1535	1495	1590	1609	1525	1648	1505	1644	1392	1315	1412	1358	1491	1510	1623
Voluntary	108	99	100	93	104	112	122	125	143	107	143	113	103	106	118	125	140	127
Involuntary	1267	1336	1290	1442	1391	1478	1487	1400	1505	1398	1501	1279	1212	1306	1240	1366	1370	1496
OPC	350	322	314	385	333	412	375	353	408	335	370	324	312	363	336	402	396	418
Emergency	605	690	663	749	768	756	783	753	778	749	756	635	623	679	612	681	717	799
Temporary	151	152	129	147	149	129	165	152	150	177	151	134	131	117	120	148	123	148
Extended	5	4	6	7	3	3	9	5	5	5	3	3	4	6	6	4	4	3
46.02/46.03	145	151	157	142	124	158	143	127	151	120	210	172	129	125	153	127	127	116
Order for MR S	11	17	21	12	14	20	12	10	13	12	11	11	13	16	13	4	3	12
Discharges	1494	1417	1388	1496	1445	1574	1676	1438	1693	1534	1569	1396	1366	1400	1332	1496	1437	1727
% New to System	42%	42%	44%	46%	45%	46%	42%	44%	44%	45%	44%	45%	43%	44%	45%	46%	47%	43%

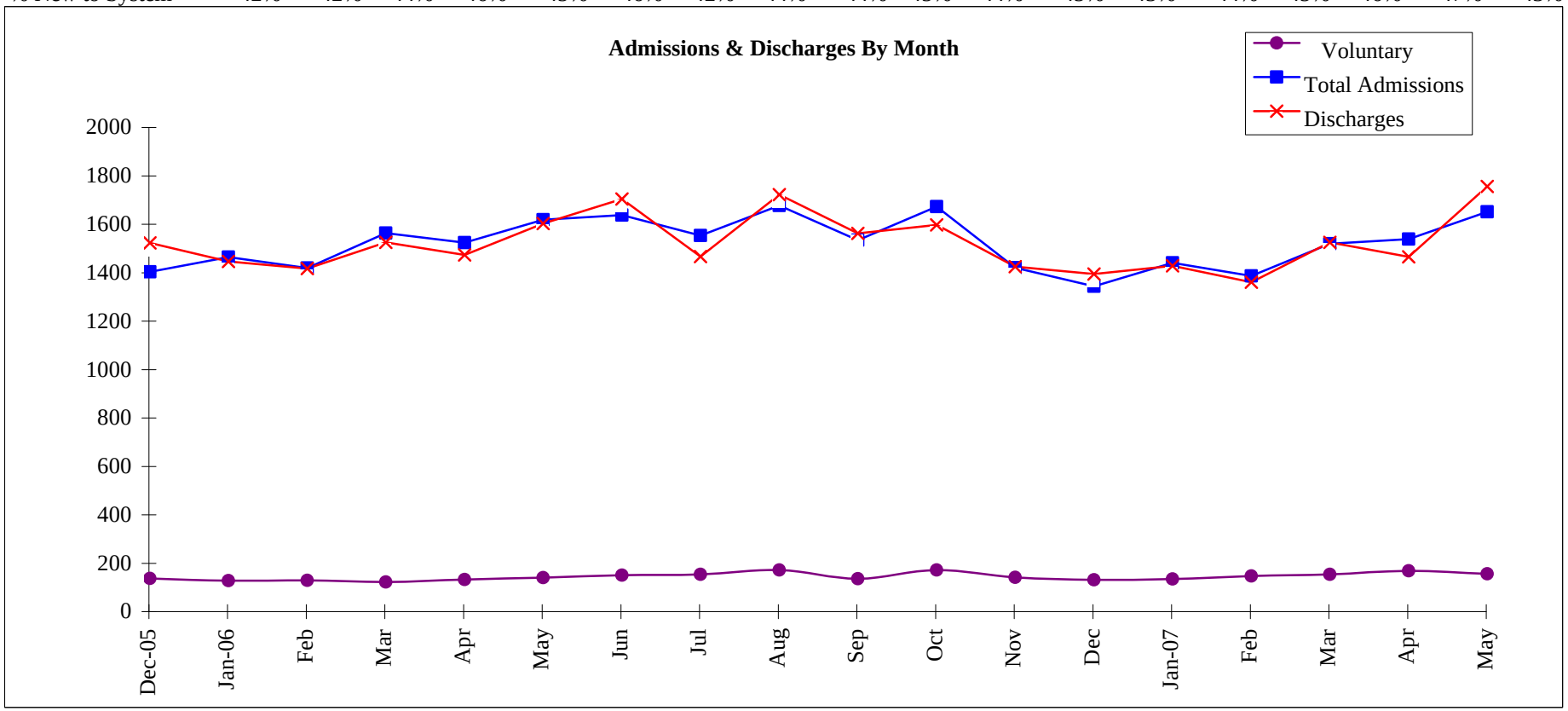
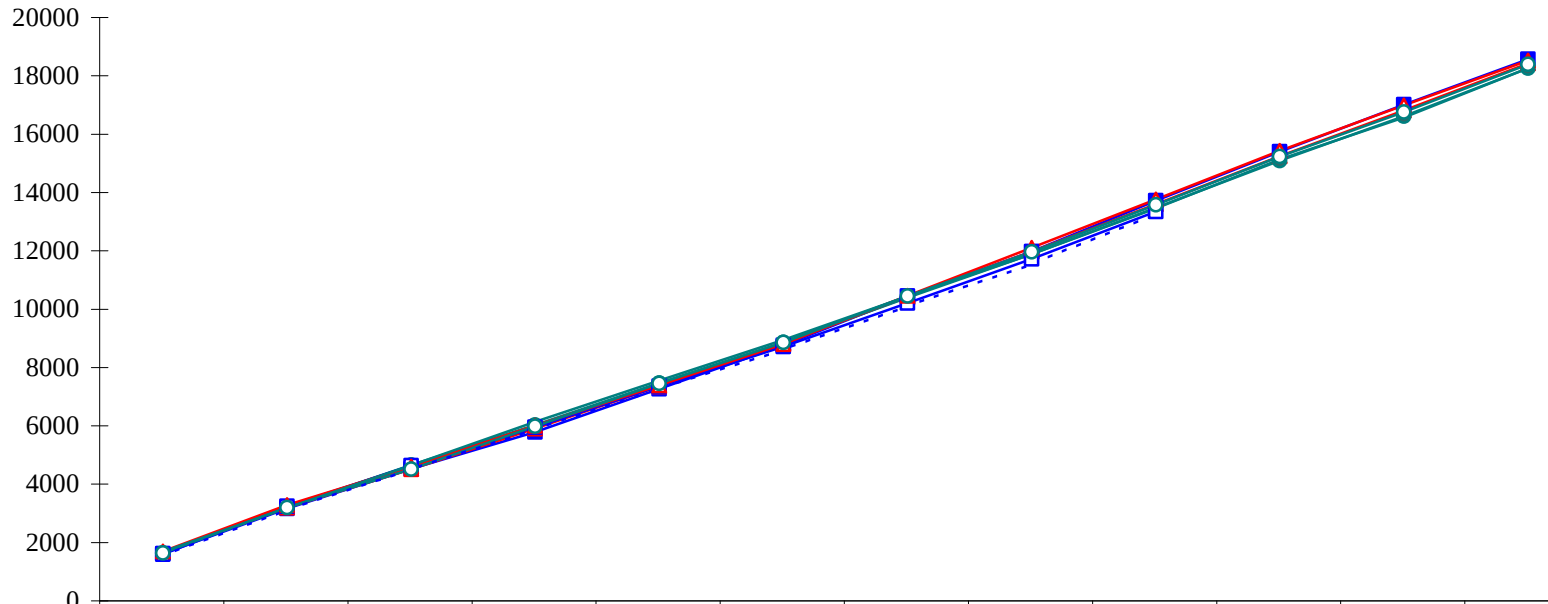


Chart: Hospital Management Data Services

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 Dischages and % New to the System
All State Hospitals
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date

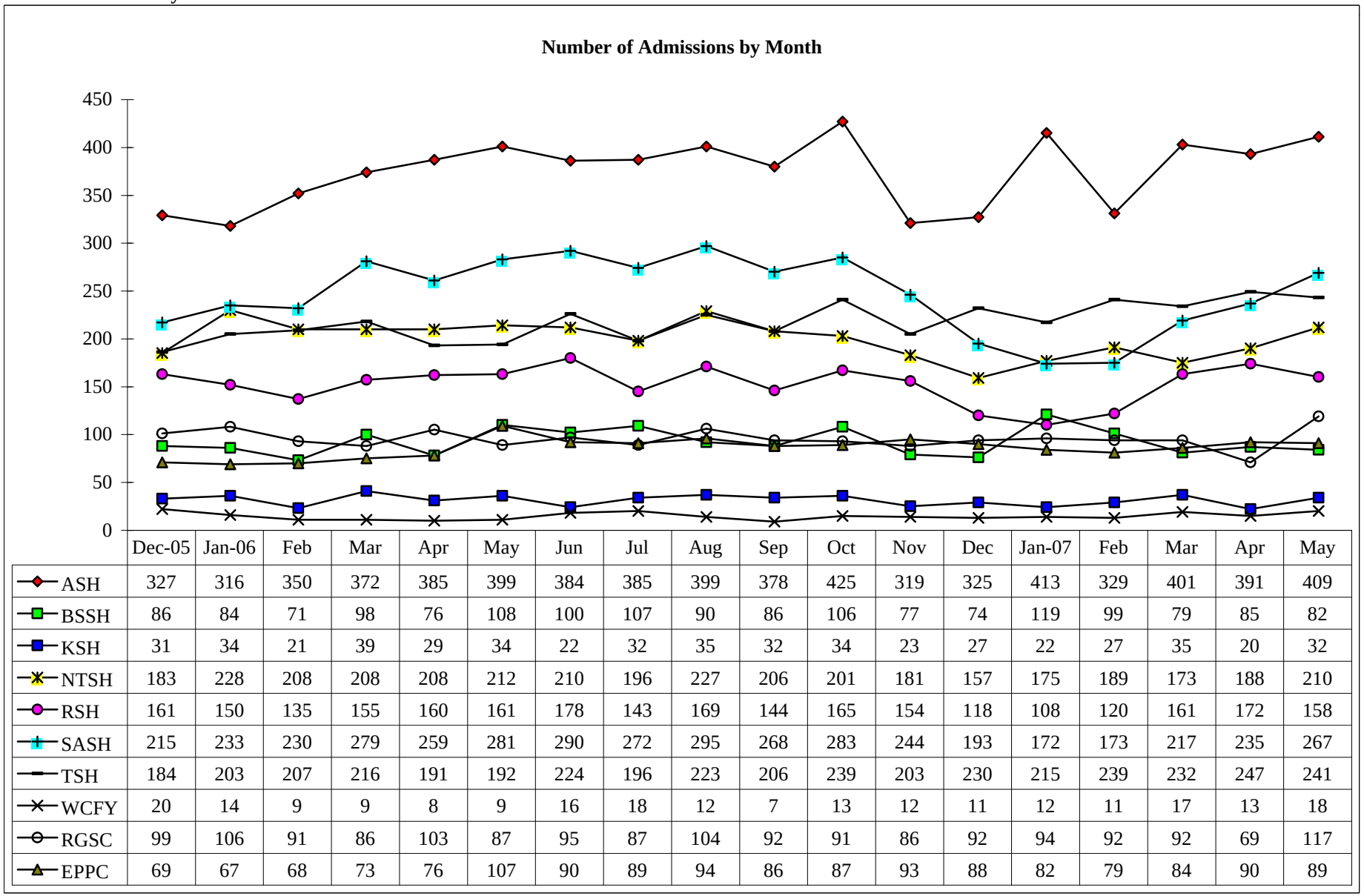


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	1523	3077	4427	5697	7170	8667	10359	11881	13627	15301	16921	18479
FY05 Admissions	1565	3107	4425	5813	7267	8751	10319	11881	13506	15146	16720	18328
FY06 Admissions	1544	3121	4565	5940	7375	8765	10300	11795	13385	14994	16519	18167
FY07 Admissions	1505	3149	4541	5856	7268	8627	10117	11627	13250			
FY04 Discharges	1604	3197	4509	5915	7294	8711	10367	12014	13675	15338	16897	18426
FY05 Discharges	1546	3105	4425	5894	7362	8763	10353	11876	13479	15140	16669	18297
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
All State Hospitals
Total Admissions by Month

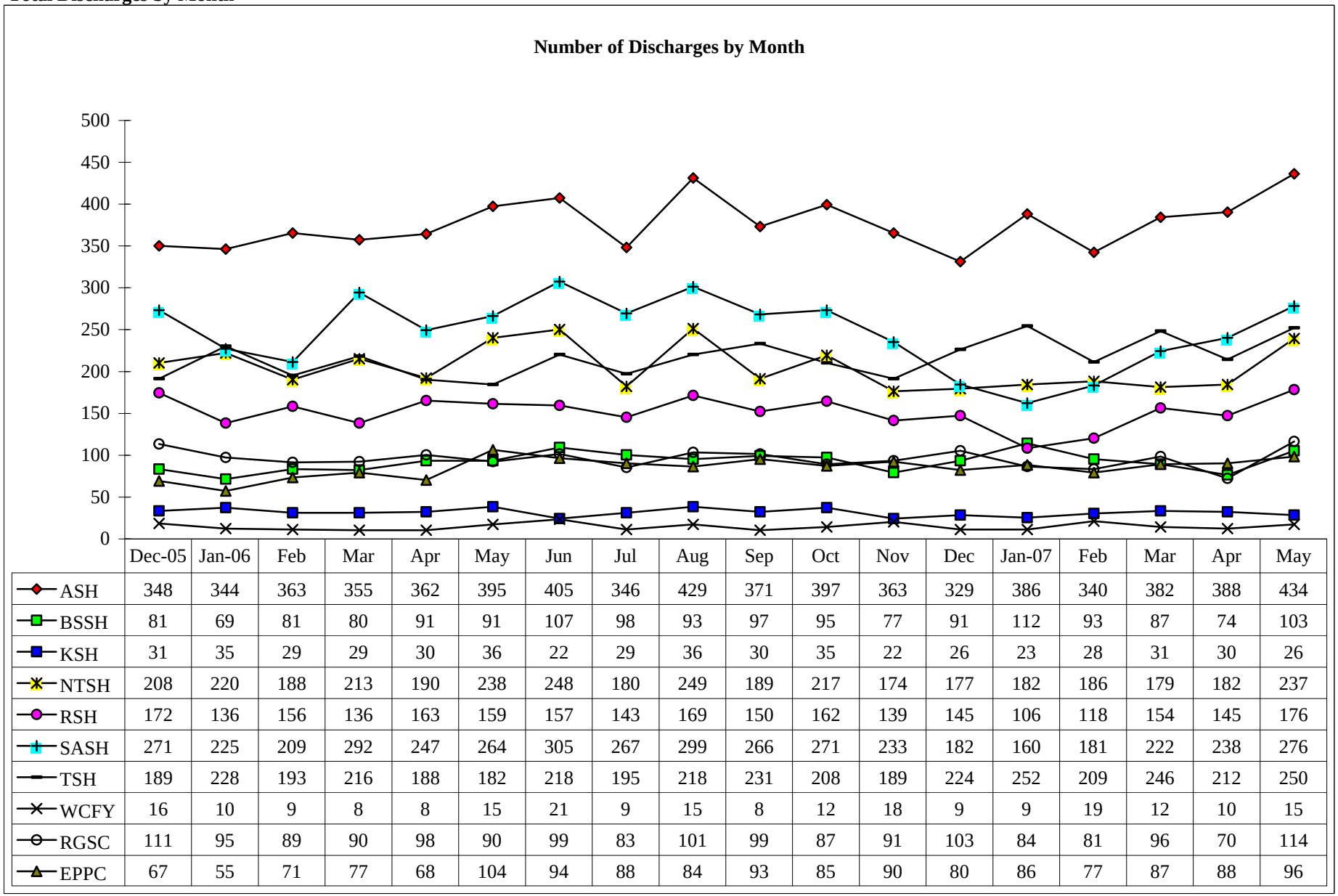


	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ASH	327	316	350	372	385	399	384	385	399	378	425	319	325	413	329	401	391	409
BSSH	86	84	71	98	76	108	100	107	90	86	106	77	74	119	99	79	85	82
KSH	31	34	21	39	29	34	22	32	35	32	34	23	27	22	27	35	20	32
NTSH	183	228	208	208	208	212	210	196	227	206	201	181	157	175	189	173	188	210
RSH	161	150	135	155	160	161	178	143	169	144	165	154	118	108	120	161	172	158
SASH	215	233	230	279	259	281	290	272	295	268	283	244	193	172	173	217	235	267
TSH	184	203	207	216	191	192	224	196	223	206	239	203	230	215	239	232	247	241
WCFY	20	14	9	9	8	9	16	18	12	7	13	12	11	12	11	17	13	18
RGSC	99	106	91	86	103	87	95	87	104	92	91	86	92	94	92	92	69	117
EPPC	69	67	68	73	76	107	90	89	94	86	87	93	88	82	79	84	90	89

Chart: Hospital Management Data Services

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 Dischages and % New to the System
All State Hospitals
Total Discharges by Month



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
ASH	348	344	363	355	362	395	405	346	429	371	397	363	329	386	340	382	388	434
BSSH	81	69	81	80	91	91	107	98	93	97	95	77	91	112	93	87	74	103
KSH	31	35	29	29	30	36	22	29	36	30	35	22	26	23	28	31	30	26
NTSH	208	220	188	213	190	238	248	180	249	189	217	174	177	182	186	179	182	237
RSH	172	136	156	136	163	159	157	143	169	150	162	139	145	106	118	154	145	176
SASH	271	225	209	292	247	264	305	267	299	266	271	233	182	160	181	222	238	276
TSH	189	228	193	216	188	182	218	195	218	231	208	189	224	252	209	246	212	250
WCFY	16	10	9	8	8	15	21	9	15	8	12	18	9	9	19	12	10	15
RGSC	111	95	89	90	98	90	99	83	101	99	87	91	103	84	81	96	70	114
EPPC	67	55	71	77	68	104	94	88	84	93	85	90	80	86	77	87	88	96

Chart: Hospital Management Data Services

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 Dischages and % New to the System
Austin State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	327	316	350	372	385	399	384	385	399	378	425	319	325	413	329	401	391	409
Voluntary	33	31	43	25	32	32	25	42	42	34	42	34	28	32	34	36	45	31
Involuntary	294	285	307	347	353	367	359	343	357	344	383	285	297	381	295	365	346	378
OPC	38	27	35	38	34	40	47	33	37	37	41	34	29	55	35	42	52	52
Emergency	222	241	250	276	289	301	284	287	288	273	290	218	228	292	232	284	254	282
Temporary	19	12	9	17	18	14	22	15	21	27	33	25	26	19	19	27	27	33
Extended	1	0	0	1	0	0	0	0	0	1	1	0	0	1	2	0	1	1
46.02/46.03	14	5	11	14	12	11	6	7	11	5	18	7	12	13	7	12	12	9
Order for MR	0	0	2	1	0	1	0	1	0	1	0	1	2	1	0	0	0	1
Discharges	348	344	363	355	362	395	405	346	429	371	397	363	329	386	340	382	388	434
% New to System	43%	45%	47%	41%	45%	48%	41%	43%	44%	46%	41%	43%	45%	42%	46%	45%	45%	45%

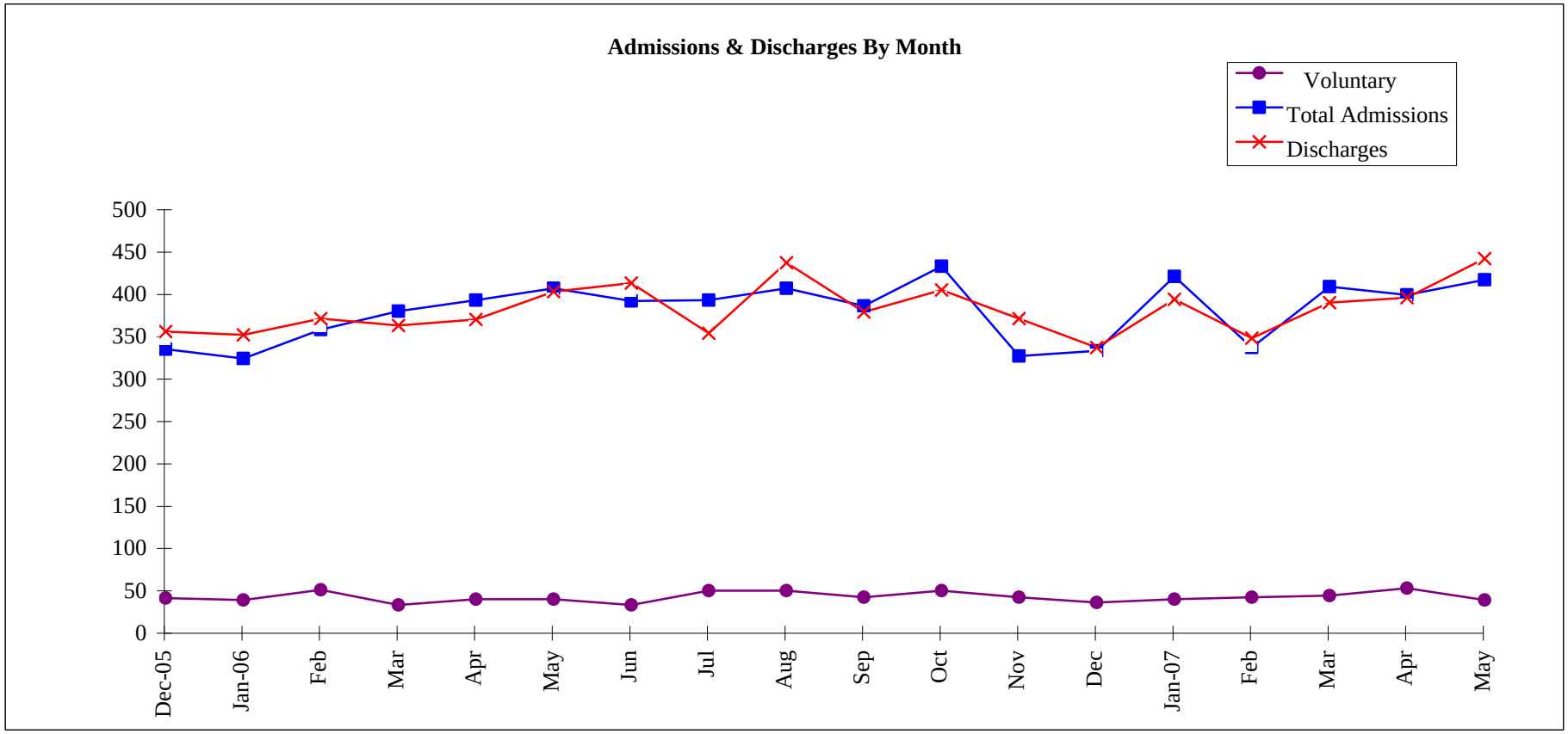
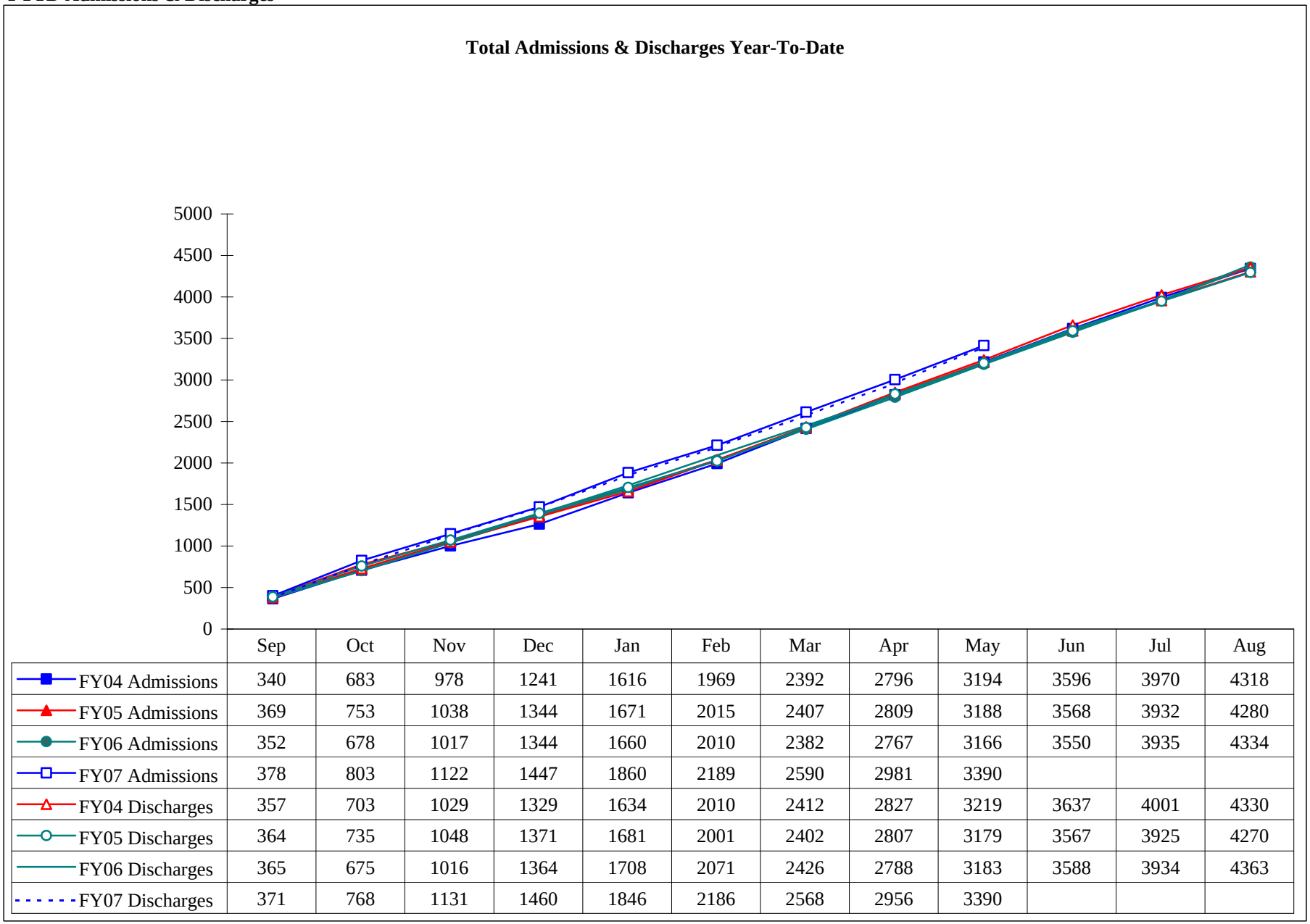


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Austin State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	340	683	978	1241	1616	1969	2392	2796	3194	3596	3970	4318
FY05 Admissions	369	753	1038	1344	1671	2015	2407	2809	3188	3568	3932	4280
FY06 Admissions	352	678	1017	1344	1660	2010	2382	2767	3166	3550	3935	4334
FY07 Admissions	378	803	1122	1447	1860	2189	2590	2981	3390			
FY04 Discharges	357	703	1029	1329	1634	2010	2412	2827	3219	3637	4001	4330
FY05 Discharges	364	735	1048	1371	1681	2001	2402	2807	3179	3567	3925	4270
FY06 Discharges	365	675	1016	1364	1708	2071	2426	2788	3183	3588	3934	4363
FY07 Discharges	371	768	1131	1460	1846	2186	2568	2956	3390			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
Big Spring State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	86	84	71	98	76	108	100	107	90	86	106	77	74	119	99	79	85	82
Voluntary	3	2	3	1	5	4	3	6	6	1	2	1	2	5	7	3	6	5
Involuntary	83	82	68	97	71	104	97	101	84	85	104	76	72	114	92	76	79	77
OPC	10	9	9	24	11	24	13	6	5	6	10	9	4	9	10	10	6	10
Emergency	41	43	49	49	49	55	71	75	57	66	65	52	61	78	54	51	65	55
Temporary	0	5	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Extended	0	1	0	1	1	0	1	2	1	0	0	0	1	0	1	0	0	0
46.02/46.03	31	23	10	23	9	23	12	18	19	13	29	14	5	27	26	14	8	10
Order for MR	1	1	0	0	1	2	0	0	1	0	0	1	0	0	1	1	0	2
Discharges	81	69	81	80	91	91	107	98	93	97	95	77	91	112	93	87	74	103
% New to System	29%	42%	34%	39%	30%	33%	36%	44%	42%	43%	33%	39%	51%	47%	35%	42%	44%	35%

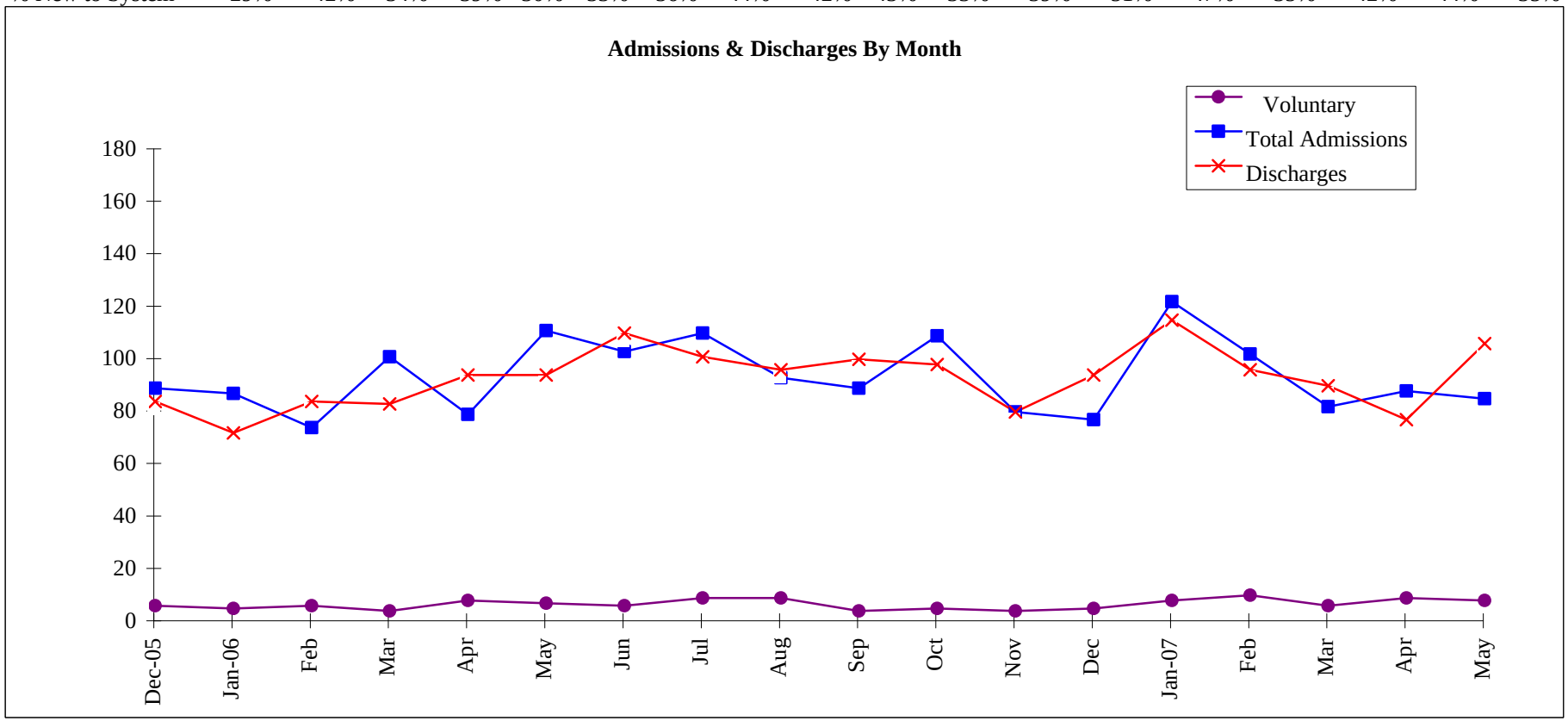
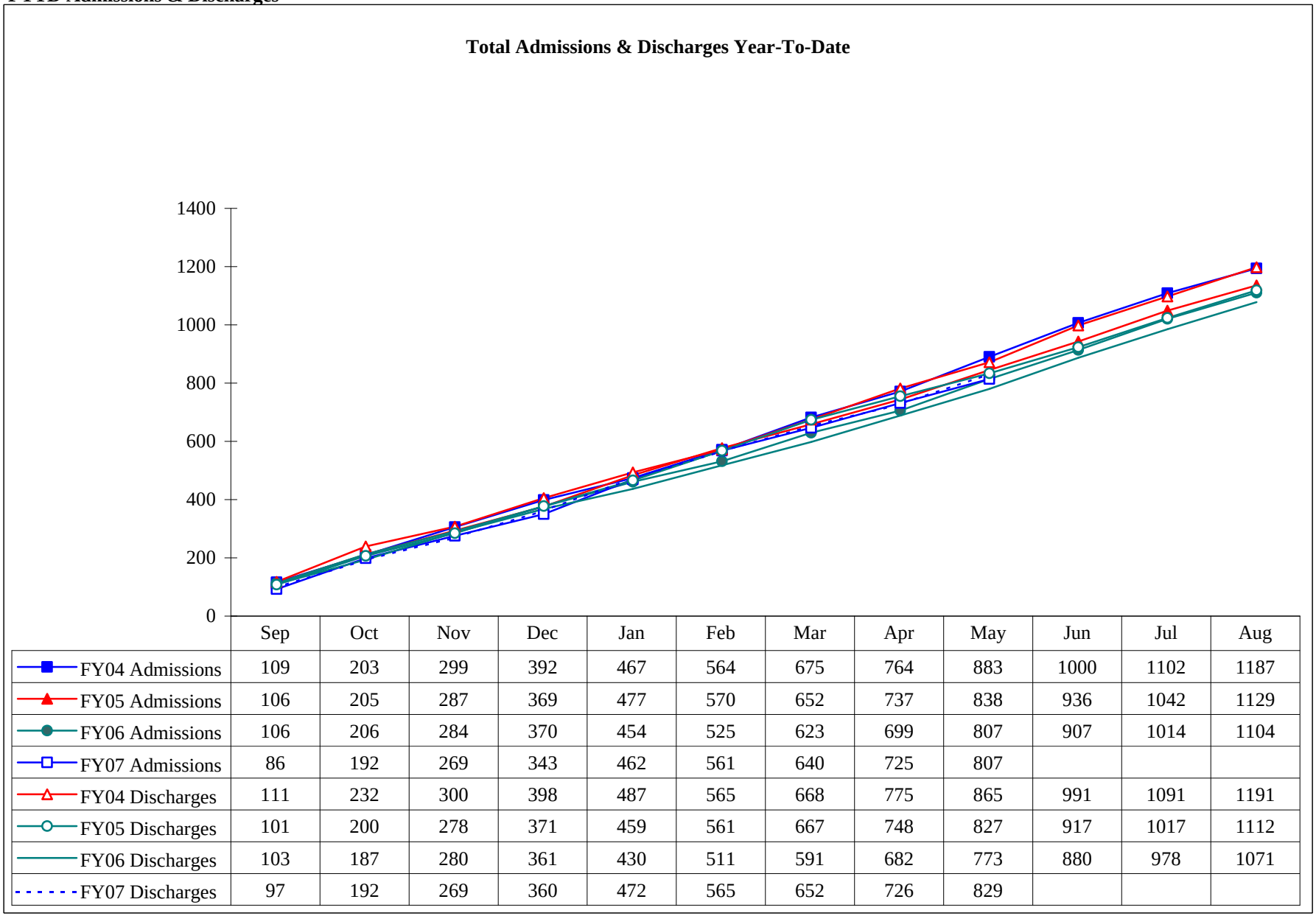


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Big Spring State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	109	203	299	392	467	564	675	764	883	1000	1102	1187
FY05 Admissions	106	205	287	369	477	570	652	737	838	936	1042	1129
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			
FY04 Discharges	111	232	300	398	487	565	668	775	865	991	1091	1191
FY05 Discharges	101	200	278	371	459	561	667	748	827	917	1017	1112
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
El Paso Psychiatric Center
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	69	67	68	73	76	107	90	89	94	86	87	93	88	82	79	84	90	89
Voluntary	25	29	21	29	31	45	47	32	46	29	42	35	40	40	44	42	33	39
Involuntary	44	38	47	44	45	62	43	57	48	57	45	58	48	42	35	42	57	50
OPC	3	4	4	5	1	7	2	4	6	2	6	3	2	3	5	3	5	3
Emergency	29	31	42	38	42	51	39	51	41	53	35	48	46	37	30	37	52	46
Temporary	3	0	1	0	0	2	0	0	0	1	1	3	0	1	0	0	0	1
Extended	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0
46.02/46.03	9	3	0	0	2	2	2	2	1	0	3	3	0	1	0	1	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Discharges	67	55	71	77	68	104	94	88	84	93	85	90	80	86	77	87	88	96
% New to System	39%	49%	51%	62%	55%	53%	43%	49%	55%	53%	55%	46%	52%	49%	52%	45%	51%	43%

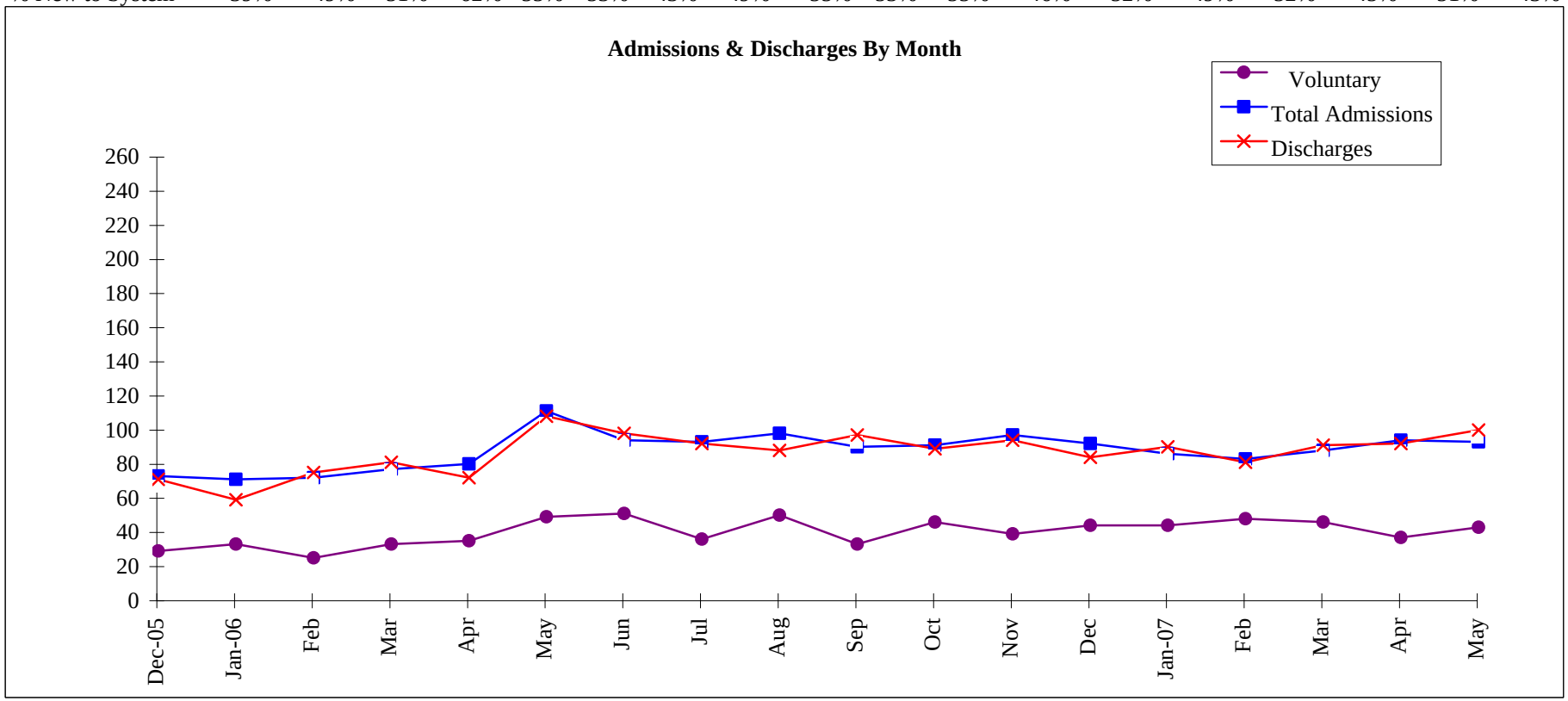
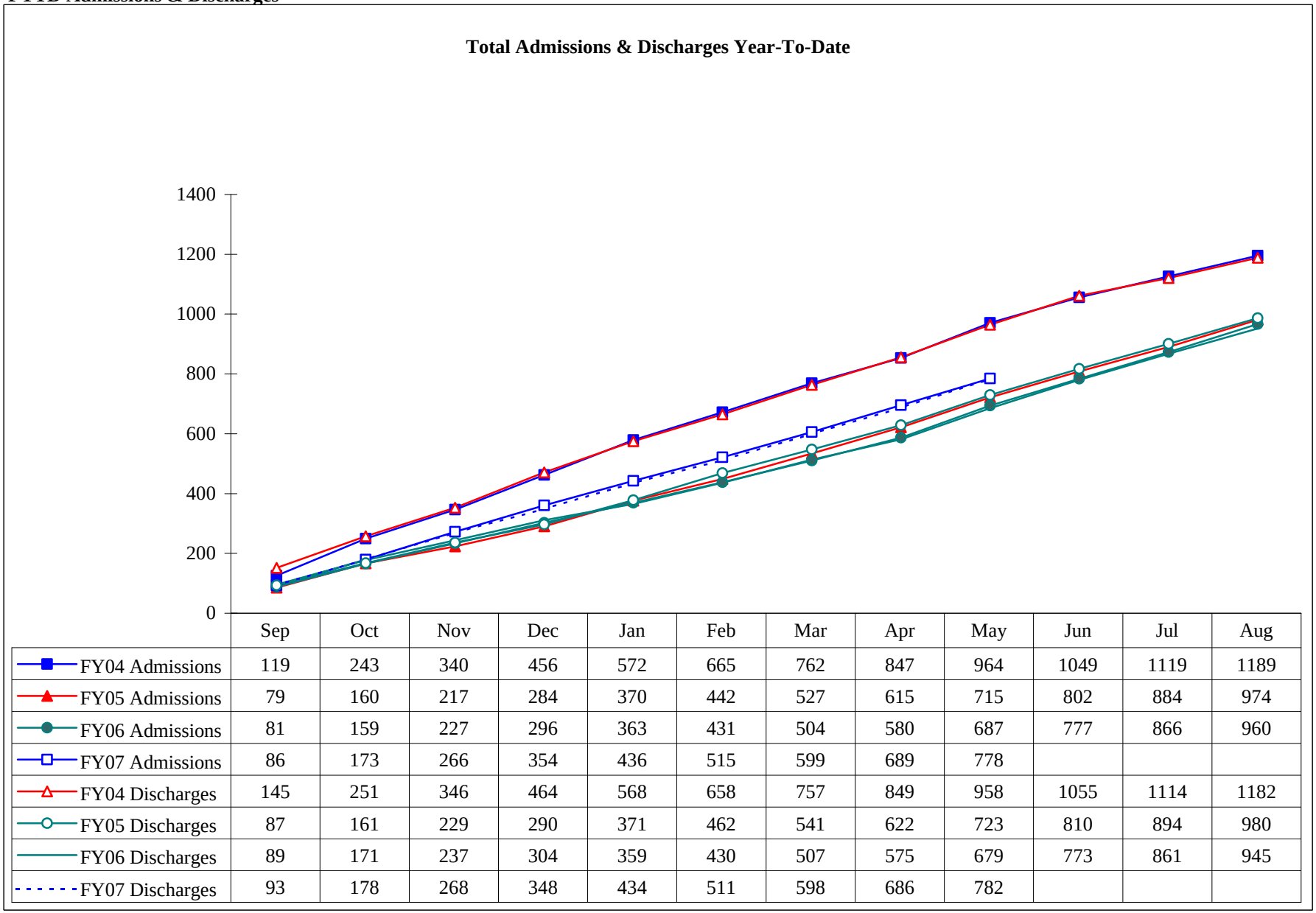


Chart: Hospital Management Data Services

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 Dischages and % New to the System
El Paso Psychiatric Center
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	119	243	340	456	572	665	762	847	964	1049	1119	1189
FY05 Admissions	79	160	217	284	370	442	527	615	715	802	884	974
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			
FY04 Discharges	145	251	346	464	568	658	757	849	958	1055	1114	1182
FY05 Discharges	87	161	229	290	371	462	541	622	723	810	894	980
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
Kerrville State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	31	34	21	39	29	34	22	32	35	32	34	23	27	22	27	35	20	32
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Involuntary	31	34	21	39	29	34	22	32	35	32	34	23	27	22	27	35	20	31
OPC	2	0	0	0	0	2	0	0	3	3	8	1	1	0	2	1	1	0
Emergency	23	19	12	30	24	21	15	26	20	23	17	16	21	15	20	25	16	18
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
46.02/46.03	6	15	9	9	5	11	7	6	12	6	9	6	5	6	5	9	2	9
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	31	35	29	29	30	36	22	29	36	30	35	22	26	23	28	31	30	26
% New to System	26%	29%	33%	38%	48%	35%	14%	41%	40%	50%	35%	39%	37%	36%	37%	37%	50%	28%

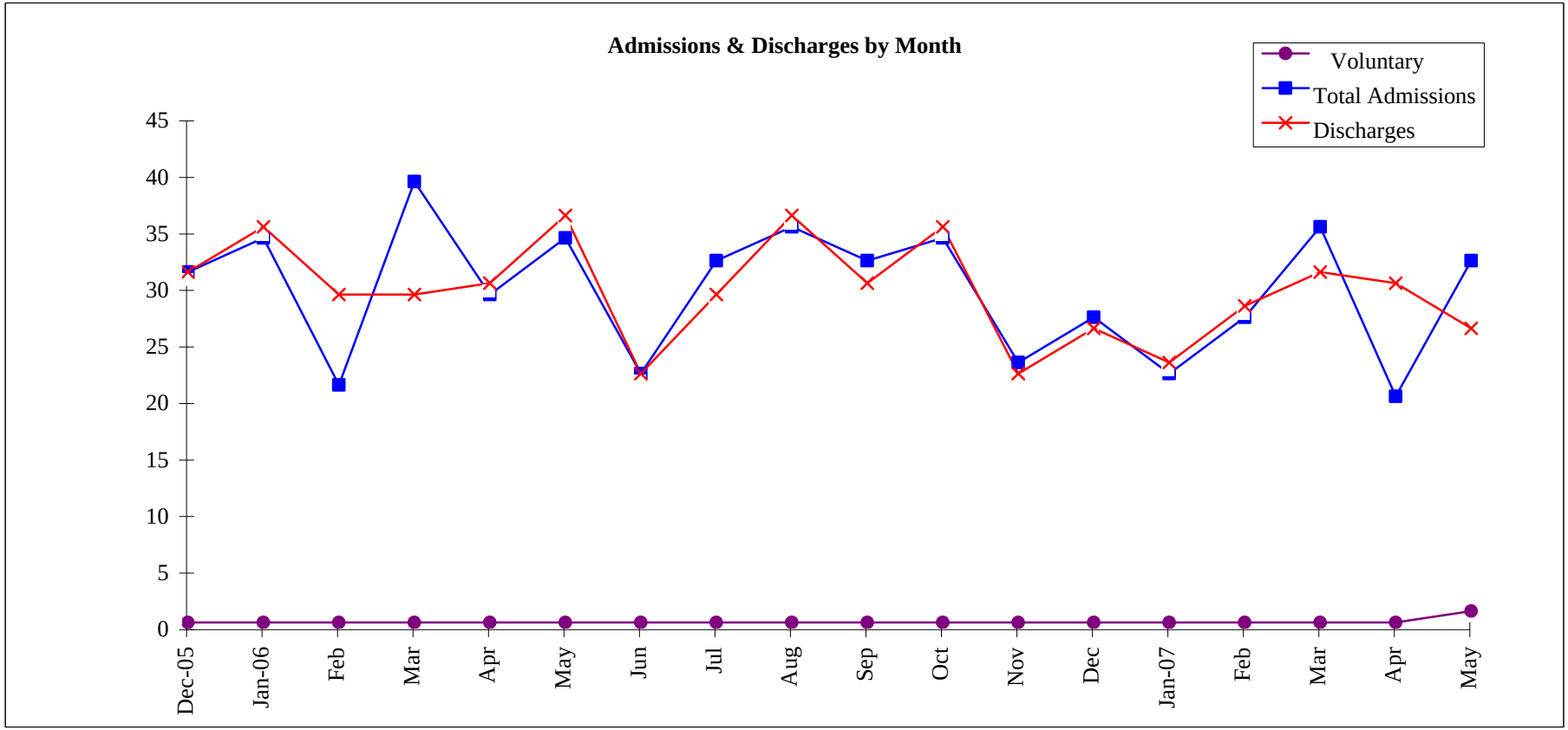
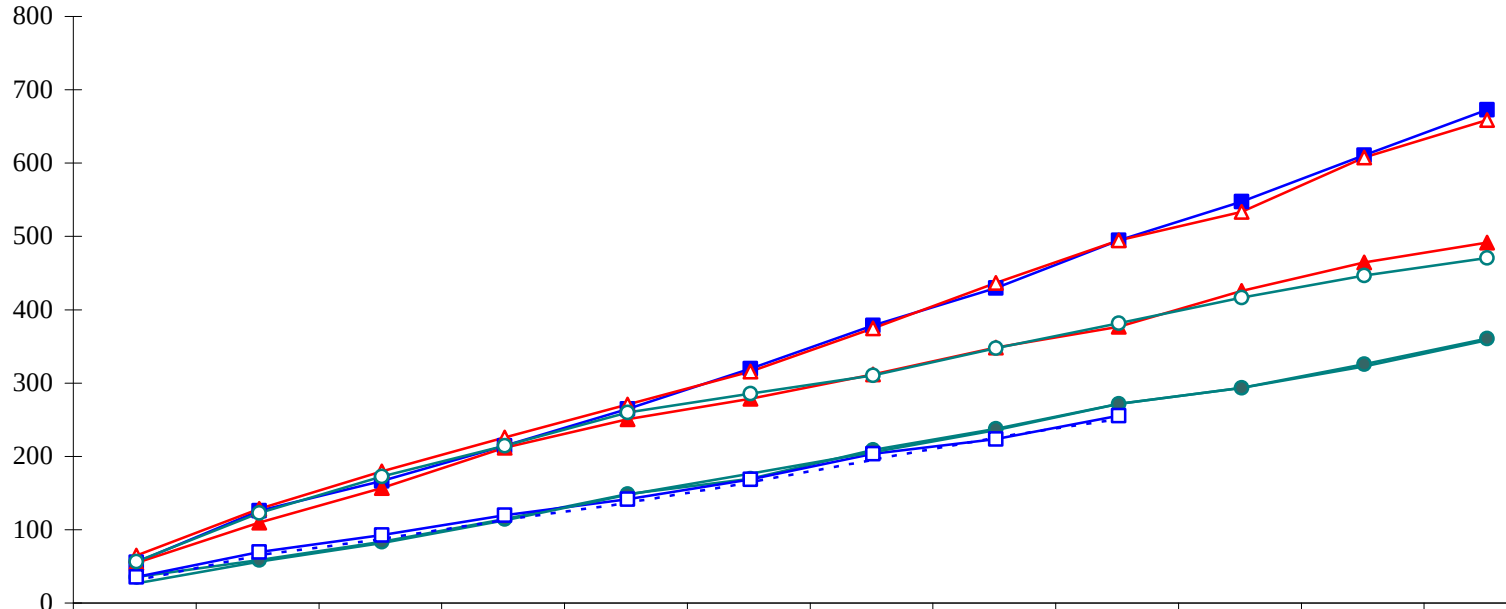


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Kerrville State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	52	122	163	211	261	316	375	426	491	544	607	669
FY05 Admissions	51	106	153	208	247	275	308	345	373	422	461	488
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			
FY04 Discharges	61	125	176	222	267	312	371	433	491	530	604	655
FY05 Discharges	53	119	169	211	256	282	307	344	378	413	443	467
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
North Texas State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	183	228	208	208	208	212	210	196	227	206	201	181	157	175	189	173	188	210
Voluntary	1	3	1	7	5	1	3	1	5	5	7	8	4	1	3	5	8	4
Involuntary	182	225	207	201	203	211	207	195	222	201	194	173	153	174	186	168	180	206
OPC	25	14	23	22	19	32	16	18	21	17	12	25	11	18	15	25	25	26
Emergency	26	45	37	44	52	40	51	41	51	46	45	41	47	32	41	45	49	59
Temporary	68	71	57	58	60	48	66	62	56	66	52	41	35	42	51	50	48	46
Extended	0	1	0	0	0	0	1	1	0	0	1	0	0	1	0	1	2	0
46.02/46.03	53	80	73	67	62	75	62	64	82	63	74	58	49	66	67	44	53	69
Order for MR	10	14	17	10	10	16	11	9	12	9	10	8	11	15	12	3	3	6
Discharges	208	220	188	213	190	238	248	180	249	189	217	174	177	182	186	179	182	237
% New to System	50%	43%	42%	53%	46%	52%	46%	44%	42%	47%	46%	47%	47%	49%	47%	50%	52%	45%

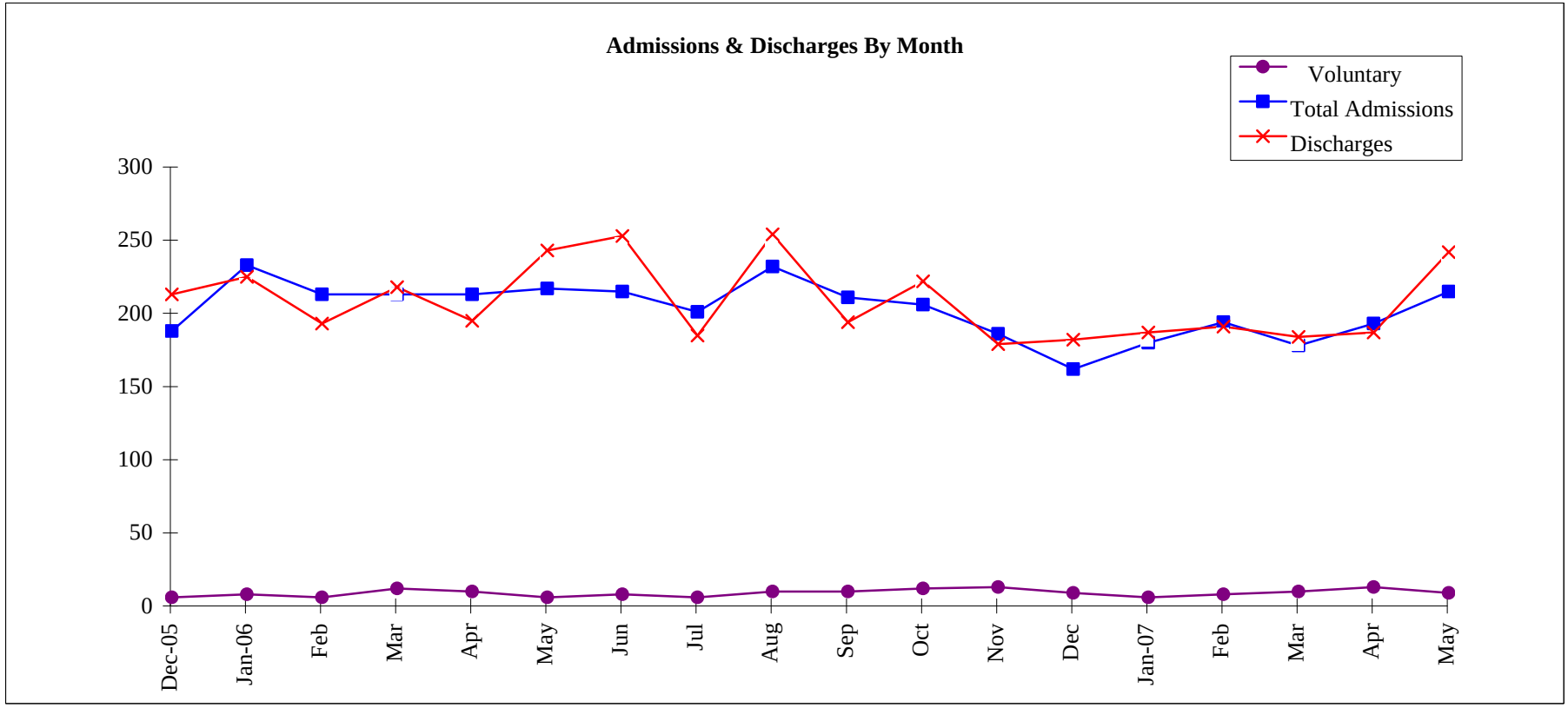
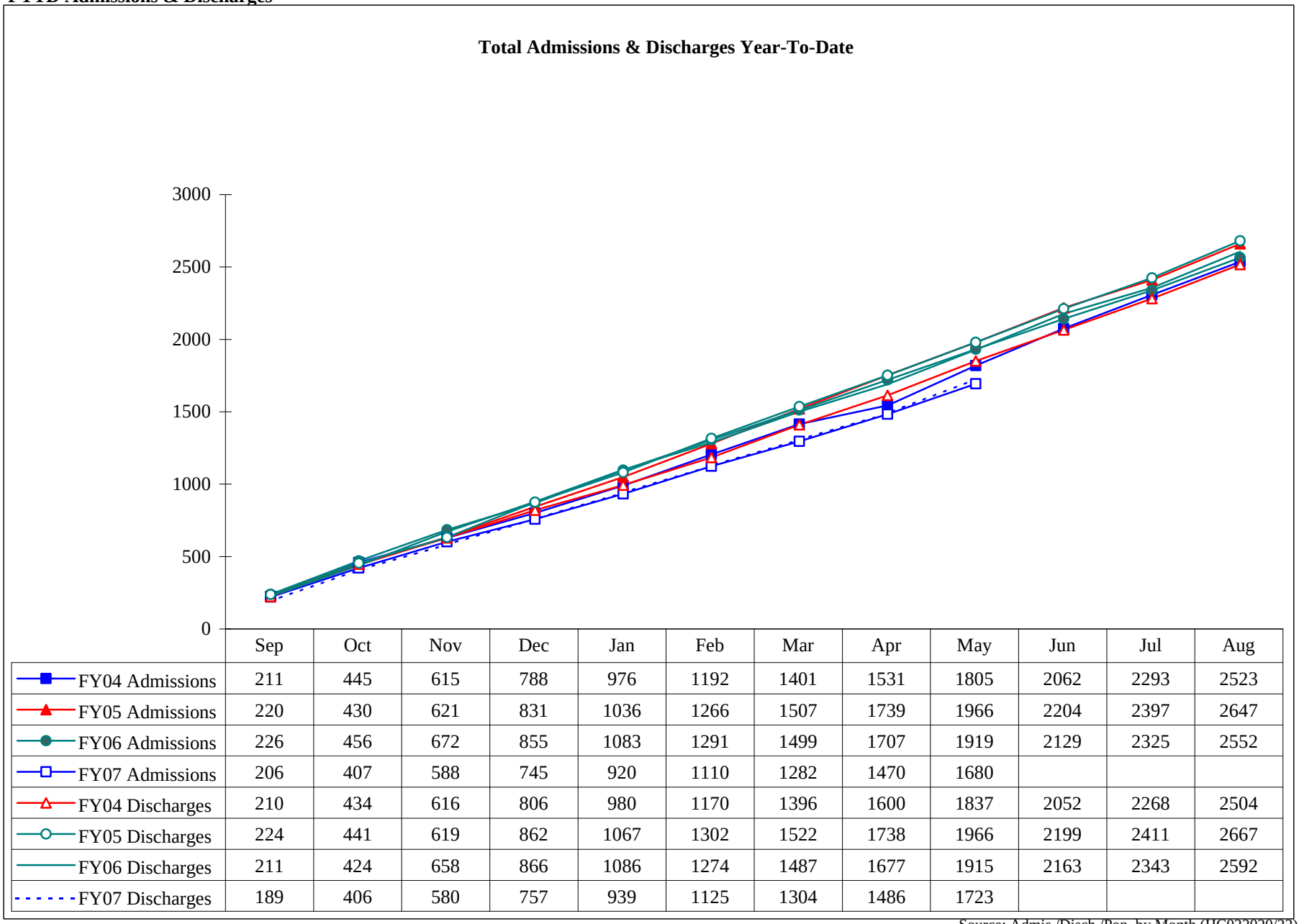


Chart: Hospital Management Data Services

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 Dischages and % New to the System
North Texas State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	211	445	615	788	976	1192	1401	1531	1805	2062	2293	2523
FY05 Admissions	220	430	621	831	1036	1266	1507	1739	1966	2204	2397	2647
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			
FY04 Discharges	210	434	616	806	980	1170	1396	1600	1837	2052	2268	2504
FY05 Discharges	224	441	619	862	1067	1302	1522	1738	1966	2199	2411	2667
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			

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

Chart: Hospital Management Data Services

Measure 5A - Number/Type of Admissions, Number of Dischages and % New to the System
Rio Grande State Center
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	99	106	91	86	103	87	95	87	104	92	91	86	92	94	92	92	69	117
Voluntary	0	1	1	1	1	2	1	4	1	1	2	7	1	2	2	2	3	1
Involuntary	99	105	90	85	102	85	94	83	103	91	89	79	91	92	90	90	66	116
OPC	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	1	0
Emergency	99	105	89	83	100	84	94	83	103	91	89	79	91	90	90	90	64	116
Temporary	0	0	1	0	1	1	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	1	0	0	1	0
Order for MR	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	111	95	89	90	98	90	99	83	101	99	87	91	103	84	81	96	70	114
% New to System	45%	40%	39%	36%	41%	41%	39%	49%	51%	53%	48%	41%	44%	43%	41%	47%	45%	45%

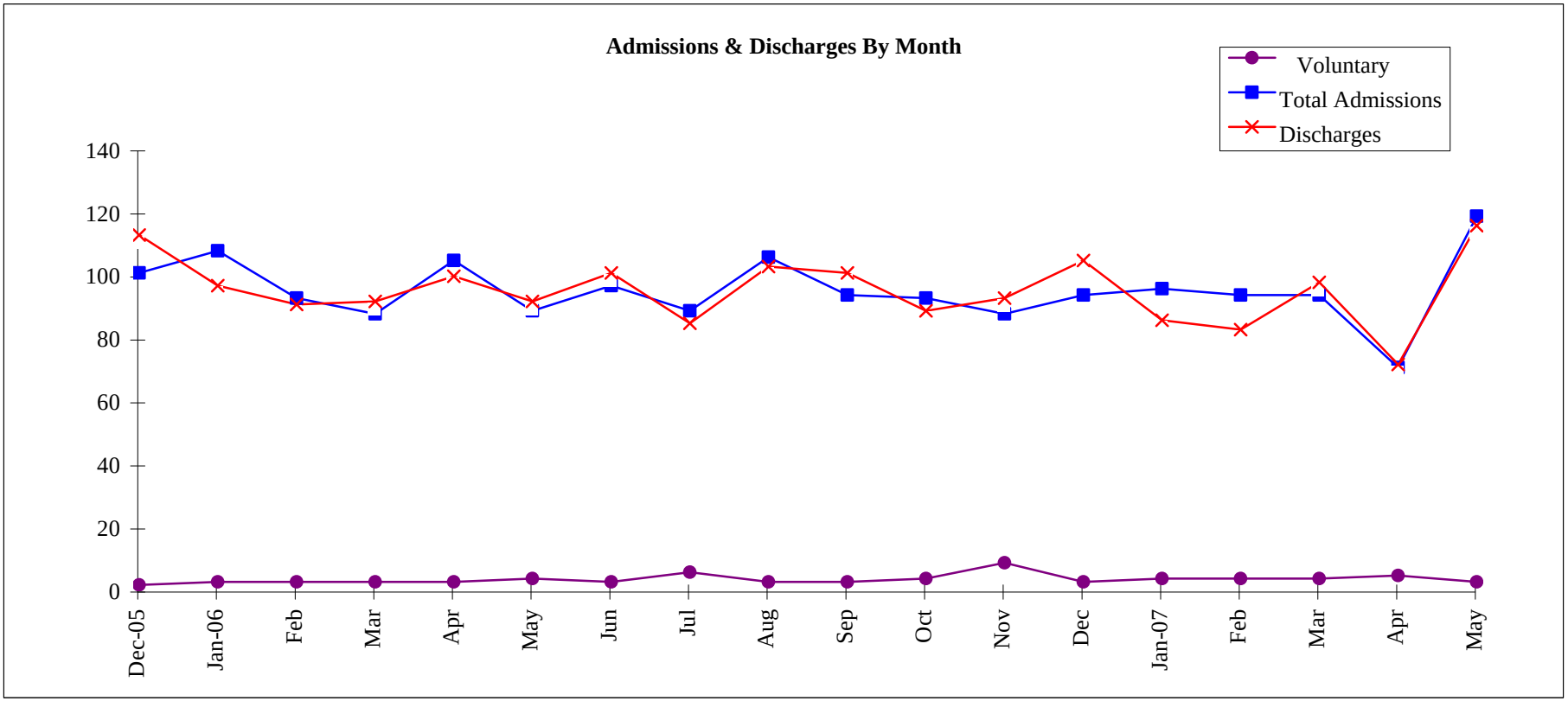
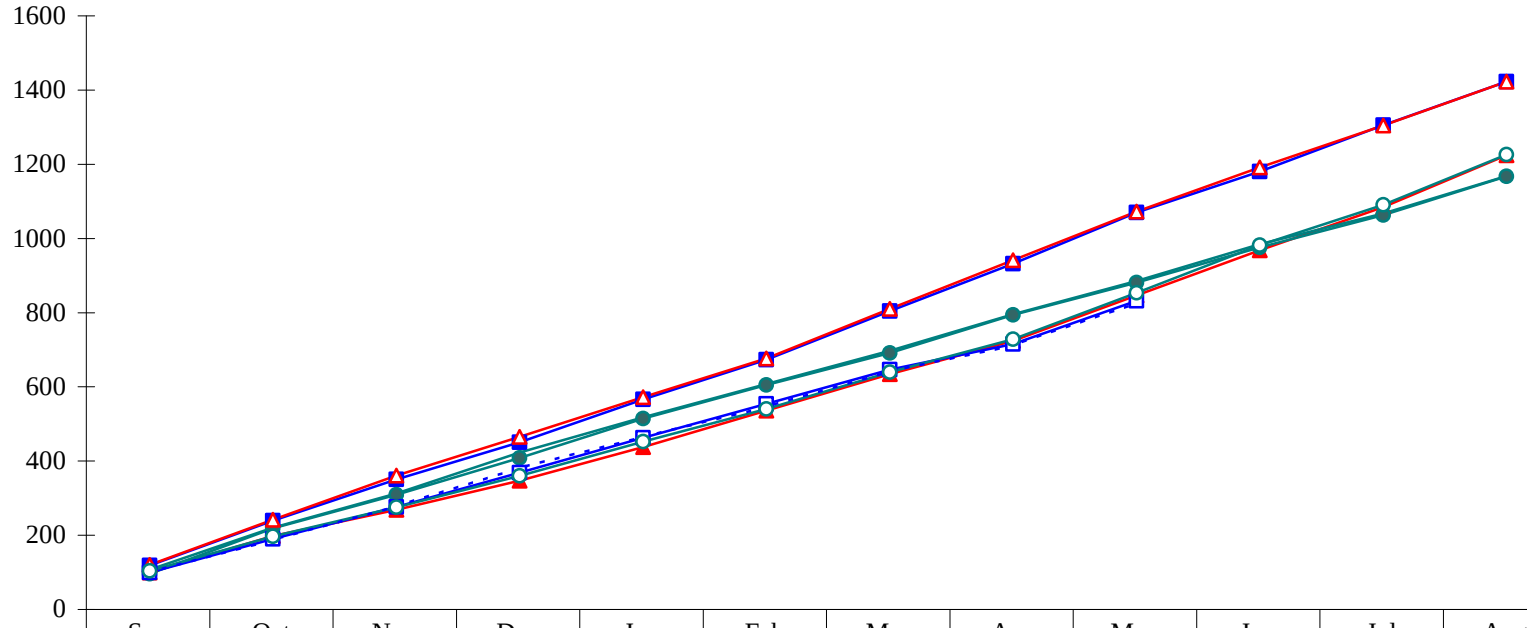


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Rio Grande State Center
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	111	232	343	443	559	666	797	925	1063	1173	1298	1415
FY05 Admissions	92	191	261	340	430	529	627	717	839	961	1077	1217
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			
FY04 Discharges	113	235	354	458	565	669	803	934	1065	1184	1297	1415
FY05 Discharges	97	190	268	353	445	533	632	721	846	975	1083	1219
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
Rusk State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	161	150	135	155	160	161	178	143	169	144	165	154	118	108	120	161	172	158
Voluntary	3	0	3	2	3	0	0	0	0	0	0	0	1	1	1	2	2	1
Involuntary	158	150	132	153	157	161	178	143	169	144	165	154	117	107	119	159	170	157
OPC	58	52	48	52	60	63	59	58	61	47	49	38	23	40	24	59	51	55
Emergency	61	65	50	70	71	54	76	57	73	59	69	54	36	42	47	37	73	76
Temporary	13	11	10	12	7	19	18	18	13	10	15	12	16	15	20	18	9	14
Extended	2	0	1	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0
46.02/46.03	24	22	23	19	19	24	24	10	22	28	32	49	41	10	28	45	37	12
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	172	136	156	136	163	159	157	143	169	150	162	139	145	106	118	154	145	176
% New to System	40%	36%	44%	43%	38%	48%	44%	45%	46%	44%	48%	45%	32%	44%	43%	49%	46%	44%

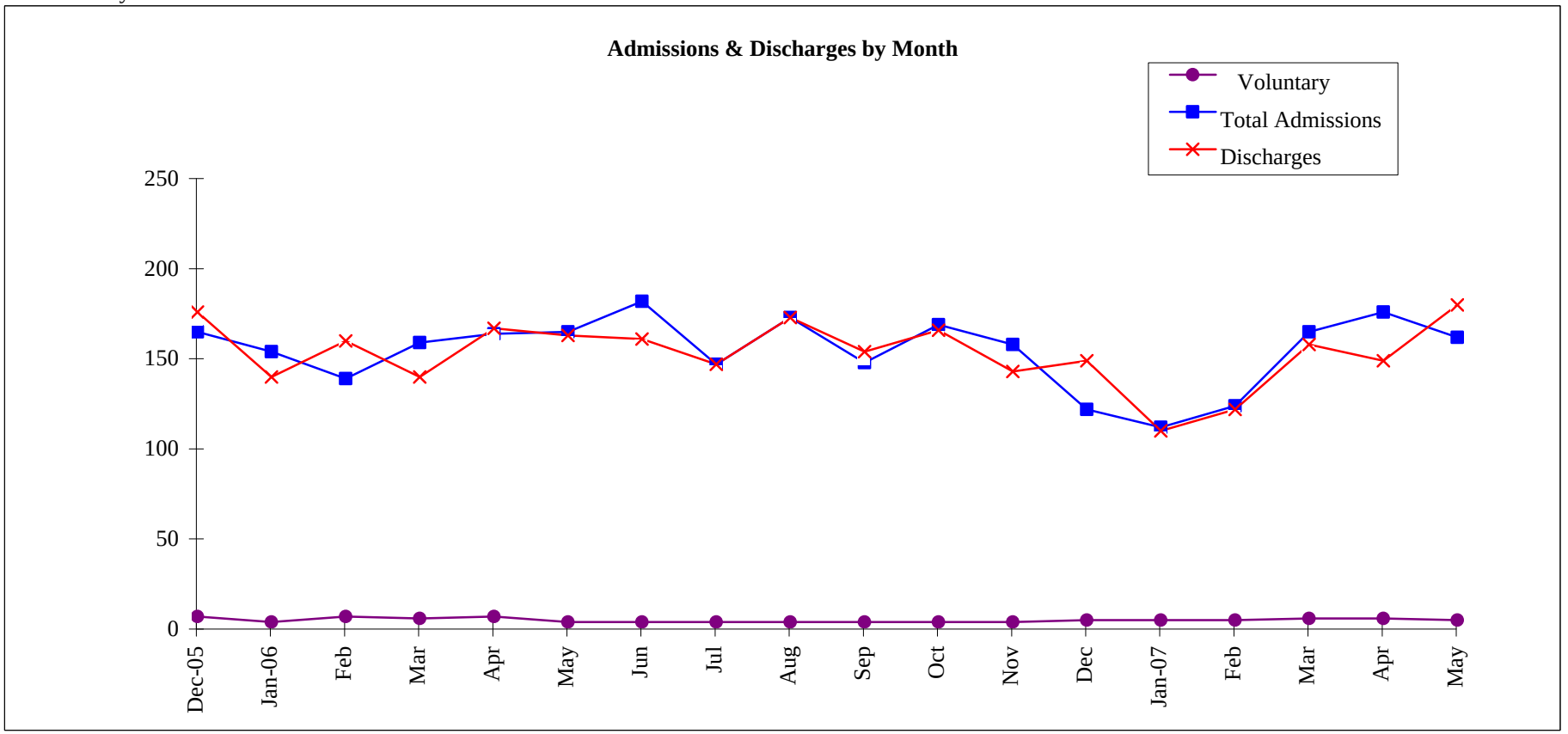
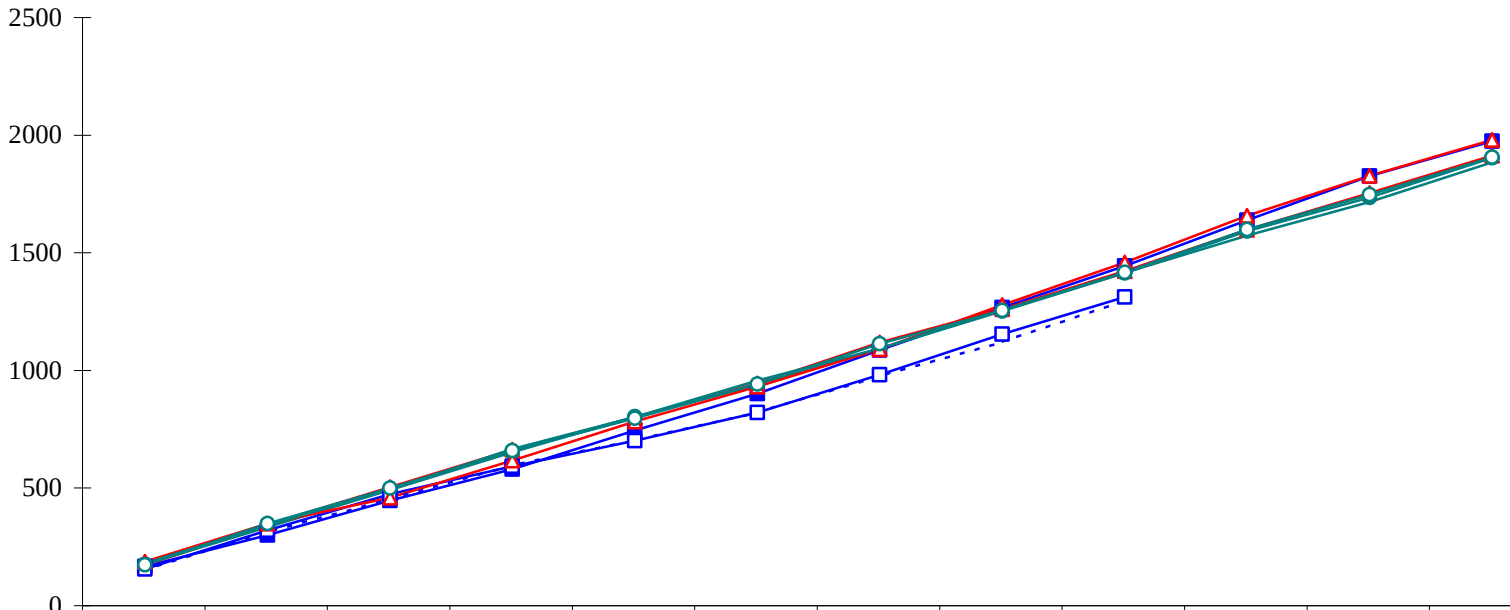


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Rusk State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	155	288	435	569	733	890	1074	1256	1432	1627	1814	1963
FY05 Admissions	161	332	493	652	789	933	1107	1248	1411	1586	1742	1902
FY06 Admissions	164	322	480	641	791	926	1081	1241	1402	1580	1723	1892
FY07 Admissions	144	309	463	581	689	809	970	1142	1300			
FY04 Discharges	176	337	447	605	771	919	1078	1266	1447	1646	1816	1968
FY05 Discharges	162	337	488	647	785	930	1102	1243	1405	1587	1736	1895
FY06 Discharges	169	331	482	654	790	946	1082	1245	1404	1561	1704	1873
FY07 Discharges	150	312	451	596	702	820	974	1119	1295			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
San Antonio State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	215	233	230	279	259	281	290	272	295	268	283	244	193	172	173	217	235	267
Voluntary	22	17	16	17	17	17	24	22	28	28	34	16	13	9	13	16	28	24
Involuntary	193	216	214	262	242	264	266	250	267	240	249	228	180	163	160	201	207	243
OPC	61	59	61	70	70	99	80	85	98	66	72	60	62	53	60	78	56	83
Emergency	93	128	115	151	132	135	140	127	128	131	135	117	81	81	88	100	130	143
Temporary	31	25	26	32	32	23	26	31	37	37	24	22	29	28	11	23	16	12
Extended	0	0	3	1	1	0	1	0	1	1	0	0	1	0	1	0	0	1
46.02/46.03	8	3	7	8	4	6	18	7	3	3	17	29	7	1	0	0	5	1
Order for MR	0	1	2	0	3	1	1	0	0	2	1	0	0	0	0	0	0	3
Discharges	271	225	209	292	247	264	305	267	299	266	271	233	182	160	181	222	238	276
% New to System	42%	47%	48%	54%	47%	45%	42%	44%	39%	39%	43%	47%	42%	46%	45%	45%	54%	45%

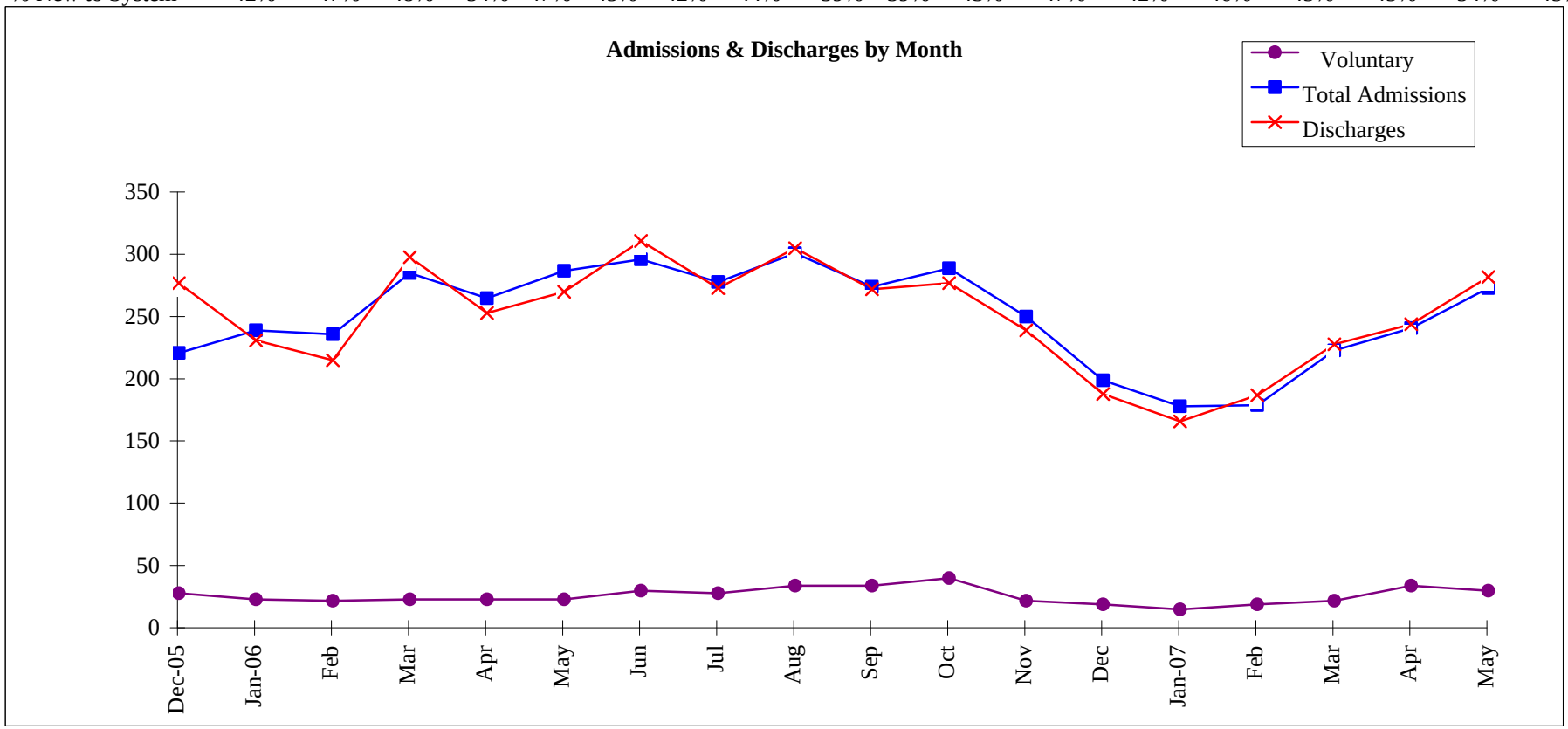
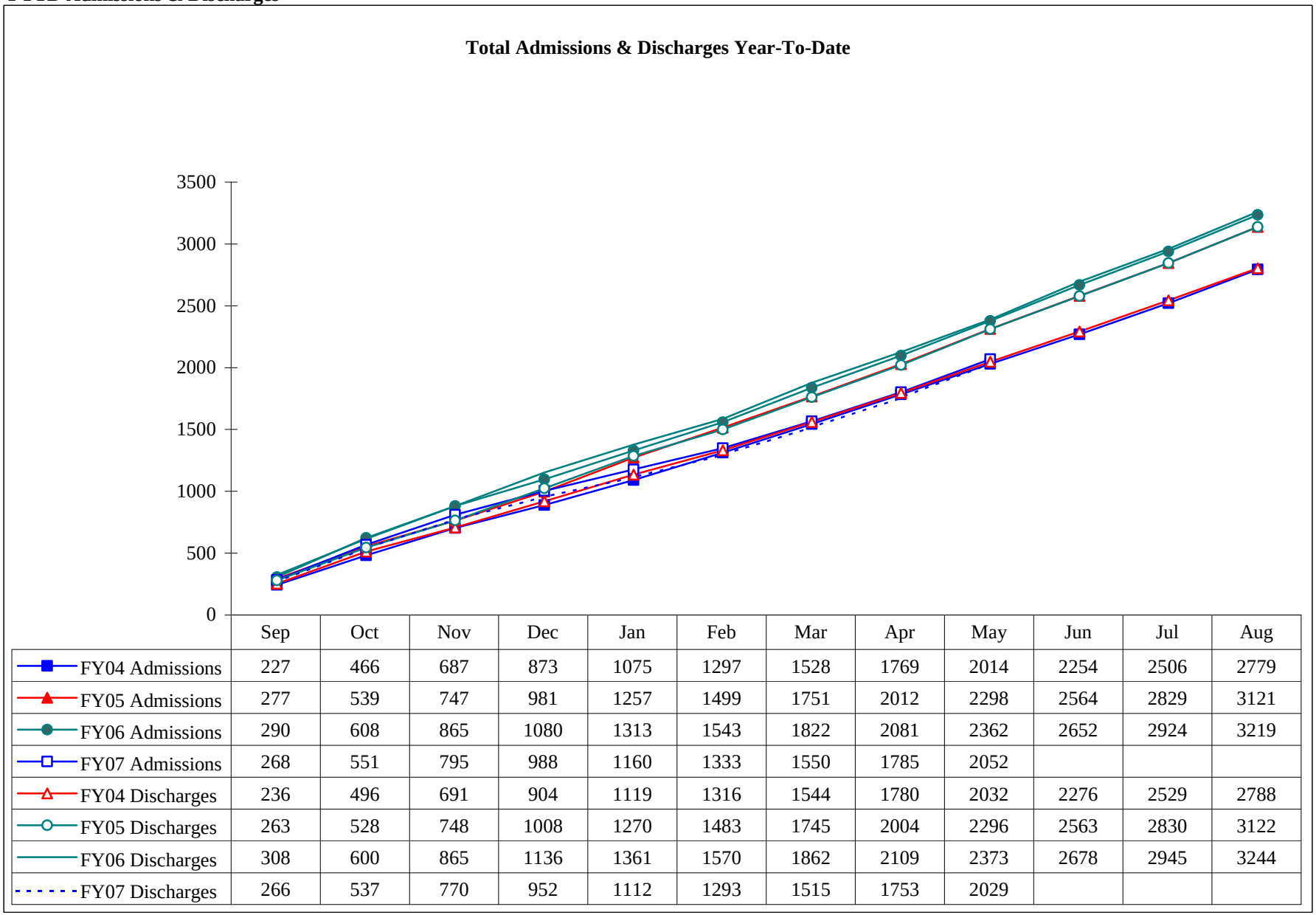


Chart: Hospital Management Data Services

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 Dischages and % New to the System
San Antonio State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	227	466	687	873	1075	1297	1528	1769	2014	2254	2506	2779
FY05 Admissions	277	539	747	981	1257	1499	1751	2012	2298	2564	2829	3121
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			
FY04 Discharges	236	496	691	904	1119	1316	1544	1780	2032	2276	2529	2788
FY05 Discharges	263	528	748	1008	1270	1483	1745	2004	2296	2563	2830	3122
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
Terrell State Hospital
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	184	203	207	216	191	192	224	196	223	206	239	203	230	215	239	232	247	241
Voluntary	1	2	3	2	2	2	3	0	3	2	1	0	3	4	3	2	2	3
Involuntary	183	201	204	214	189	190	221	196	220	204	238	203	227	211	236	230	245	238
OPC	153	157	134	173	137	145	158	149	177	157	172	154	180	184	185	184	199	189
Emergency	11	13	19	8	9	15	13	6	17	7	11	10	12	12	10	12	14	4
Temporary	17	28	25	28	31	22	33	26	22	36	26	31	24	12	19	30	22	38
Extended	2	2	2	3	1	2	5	2	3	2	1	2	1	3	2	2	1	1
46.02/46.03	0	0	24	2	11	6	12	13	1	2	28	6	10	0	20	2	9	6
Order for MR	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	189	228	193	216	188	182	218	195	218	231	208	189	224	252	209	246	212	250
% New to System	45%	36%	36%	43%	50%	44%	45%	38%	45%	44%	42%	46%	39%	40%	44%	43%	43%	40%

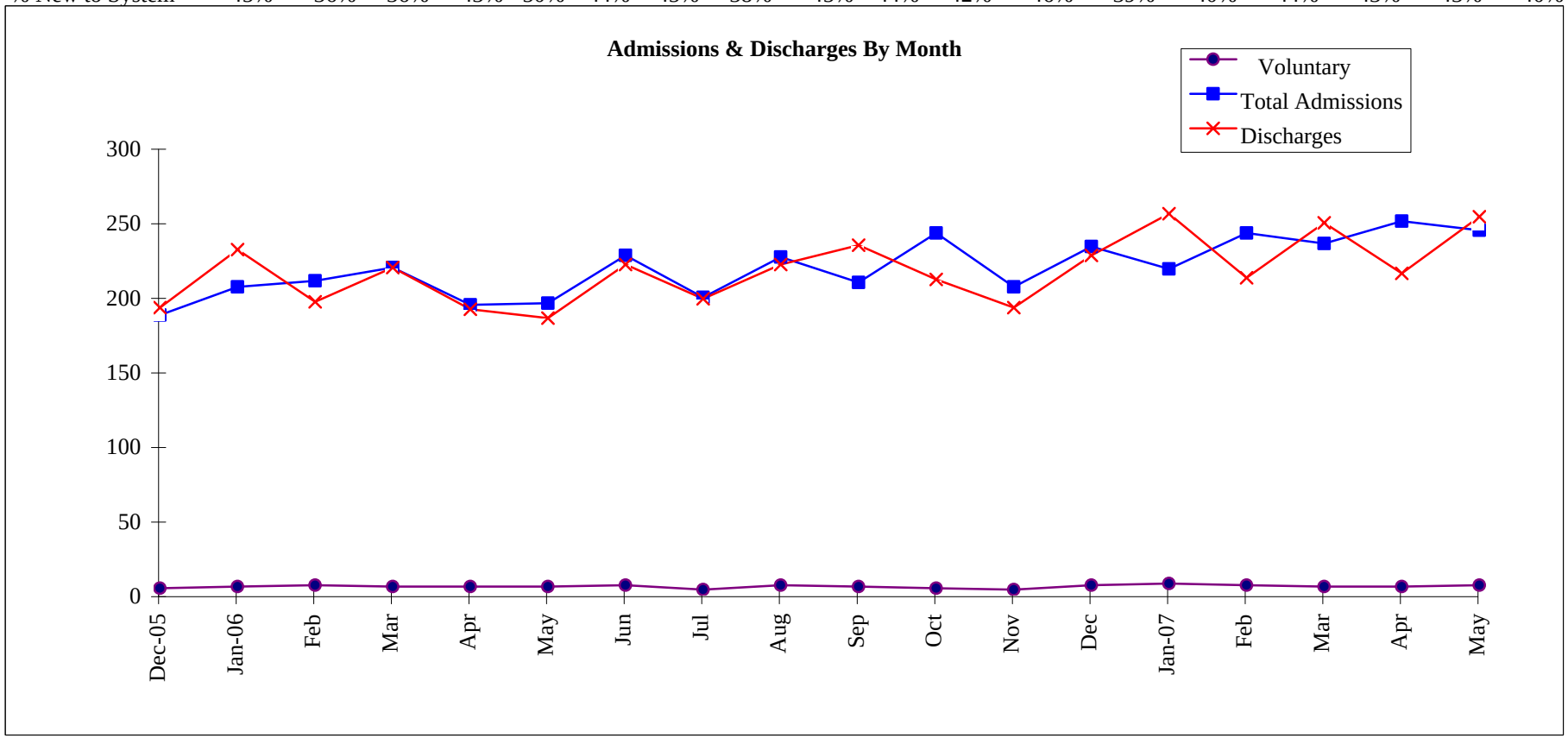
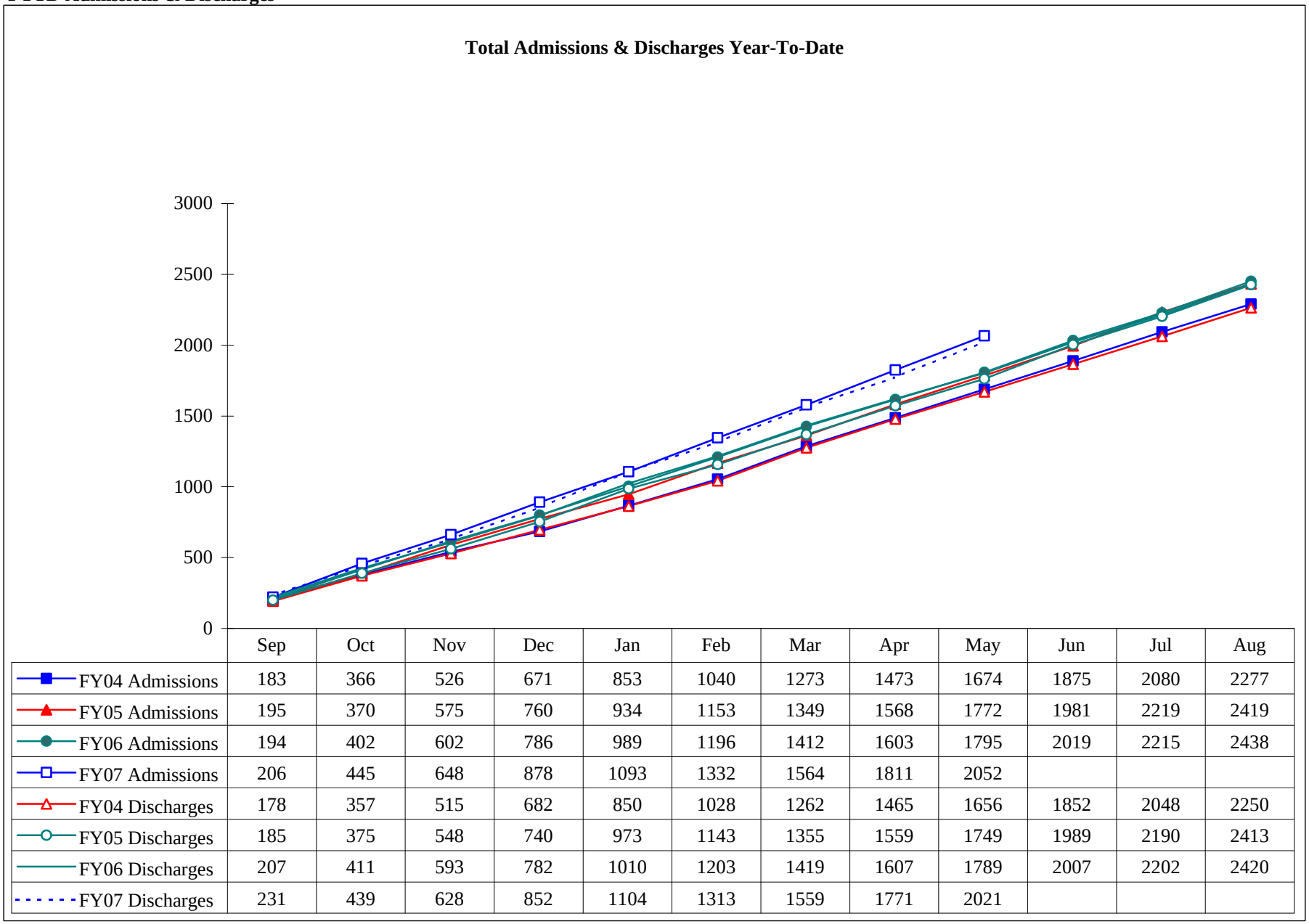


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Terrell State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	183	366	526	671	853	1040	1273	1473	1674	1875	2080	2277
FY05 Admissions	195	370	575	760	934	1153	1349	1568	1772	1981	2219	2419
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			
FY04 Discharges	178	357	515	682	850	1028	1262	1465	1656	1852	2048	2250
FY05 Discharges	185	375	548	740	973	1143	1355	1559	1749	1989	2190	2413
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
Waco Center for Youth
Admissions by Month

	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Admissions	20	14	9	9	8	9	16	18	12	7	13	12	11	12	11	17	13	18
Voluntary	20	14	9	9	8	9	16	18	12	7	13	12	11	12	11	17	13	18
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	16	10	9	8	8	15	21	9	15	8	12	18	9	9	19	12	10	15
% New to System	60%	79%	78%	67%	0%	44%	38%	44%	58%	71%	54%	75%	73%	50%	91%	53%	31%	72%

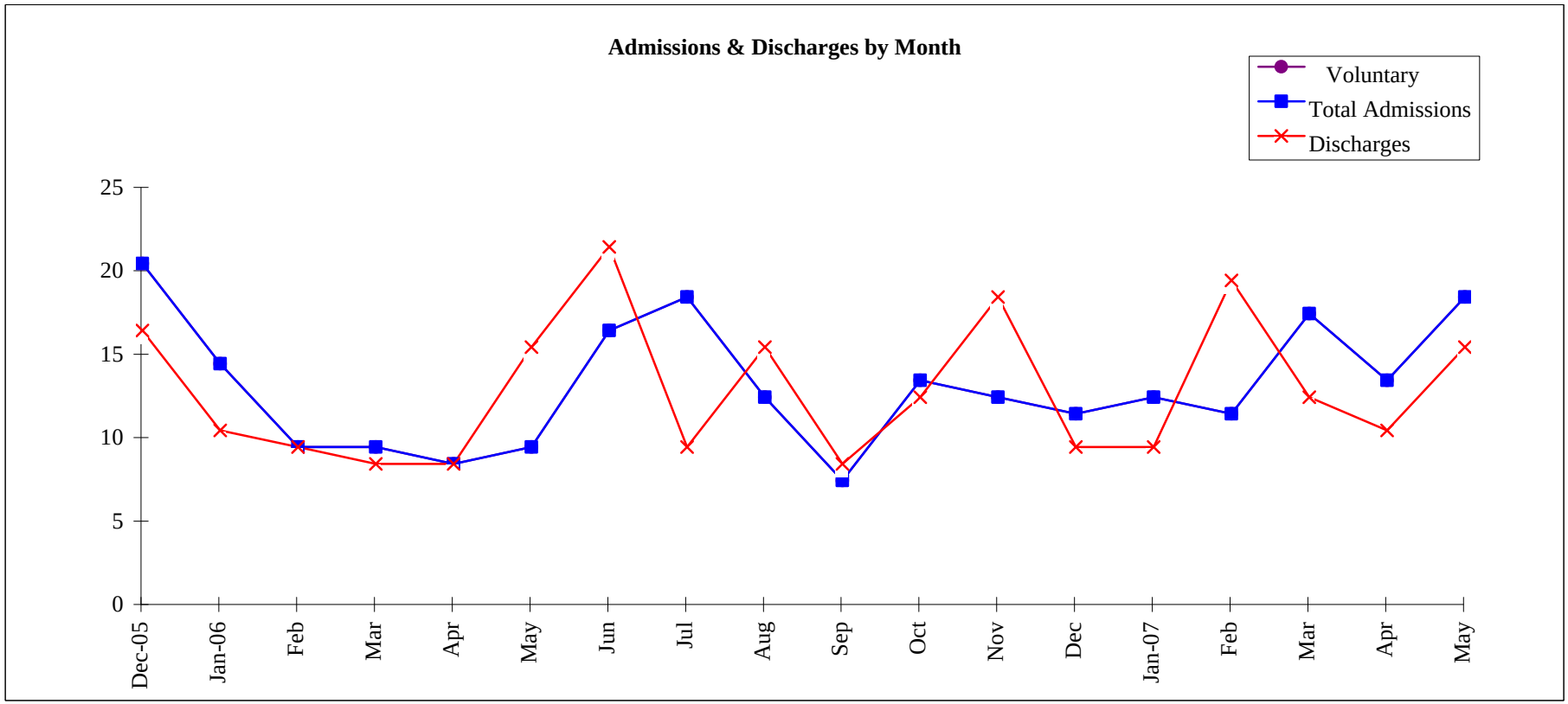
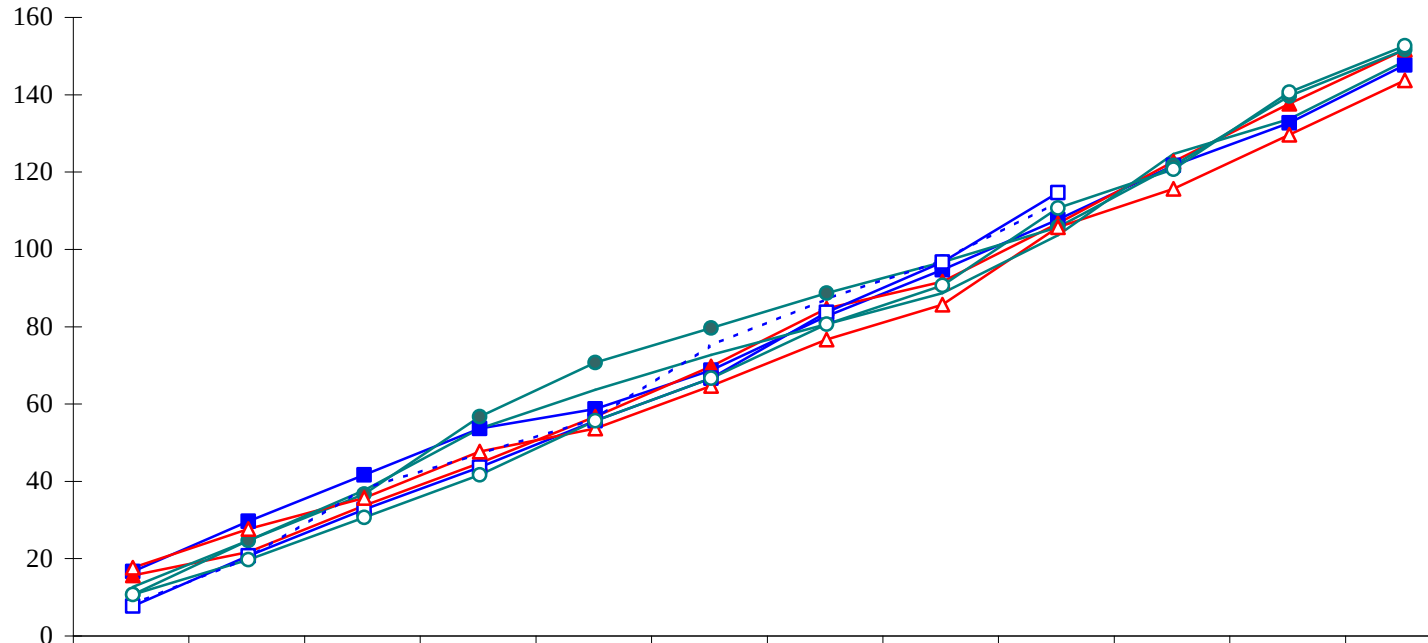


Chart: Hospital Management Data Services

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 Dischages and % New to the System
Waco Center for Youth
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



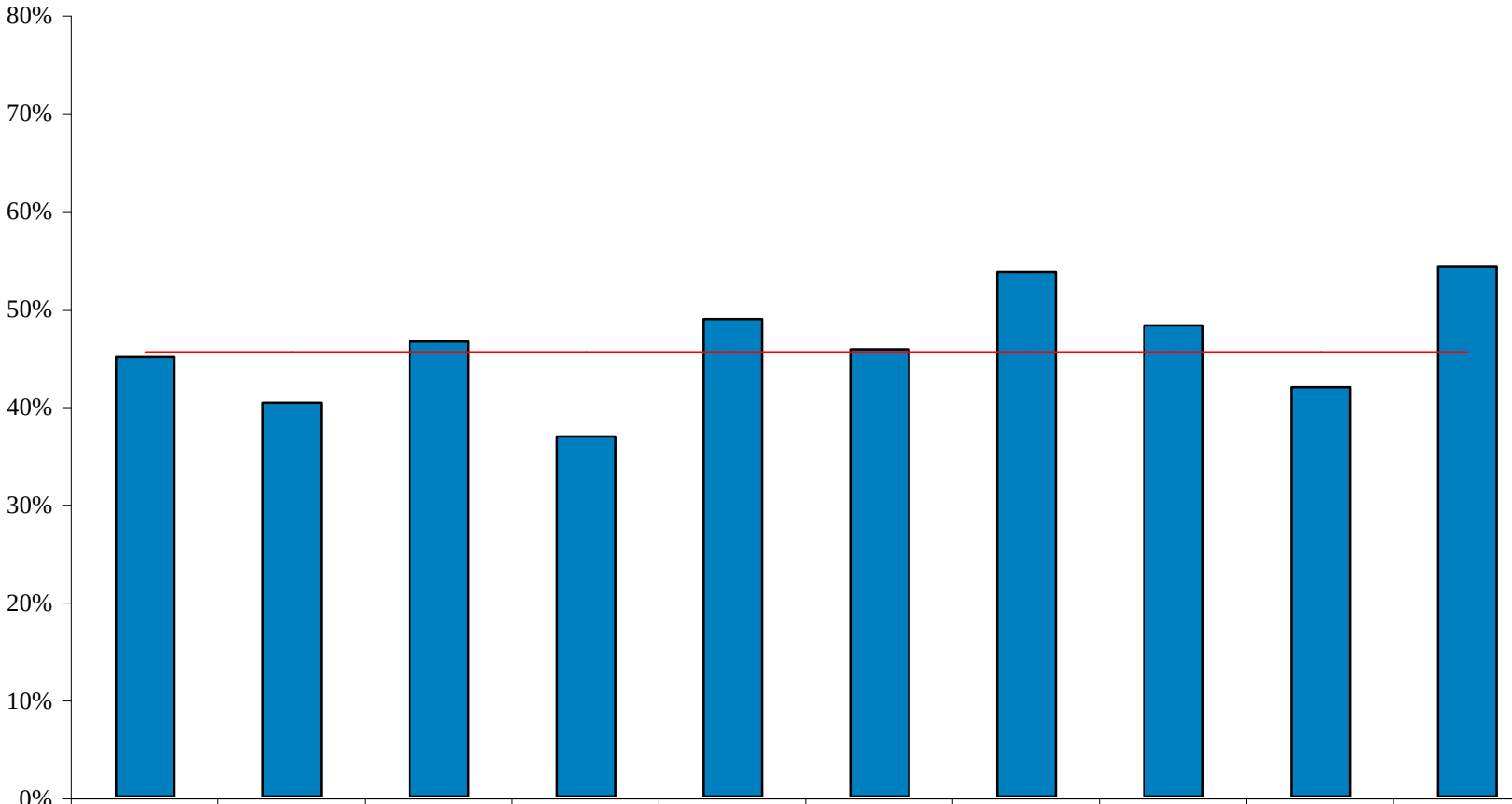
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY04 Admissions	16	29	41	53	58	68	82	94	107	121	132	147
FY05 Admissions	15	21	33	44	56	69	84	91	106	122	137	151
FY06 Admissions	10	24	36	56	70	79	88	96	105	121	139	151
FY07 Admissions	7	20	32	43	55	66	83	96	114			
FY04 Discharges	17	27	35	47	53	64	76	85	105	115	129	143
FY05 Discharges	10	19	30	41	55	66	80	90	110	120	140	152
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			

Chart: Hospital Management Data Services

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 Dischages and % New to the System
All State Hospitals

Percent of Clients New to the System
Q3 FY2007



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% New to the System	45%	40%	46%	37%	49%	46%	54%	48%	42%	54%
All State Hospitals	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%

Chart: Hospital Management Data Services

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

Performance Measure 5B:

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 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.

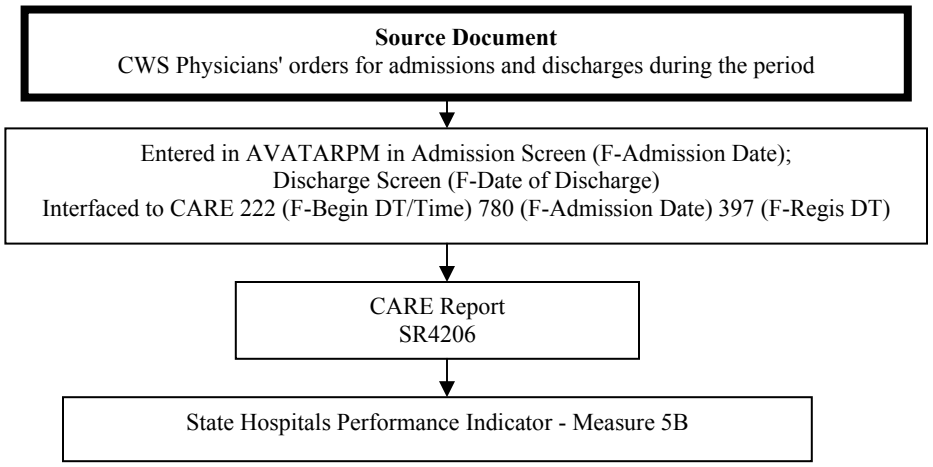
Performance Measure Formula:

Rate = (N/D) x 100
N = # persons discharged during time frame
D = total persons discharged during the quarter
Net length of stay for persons who were discharged using codes (DRE) Discharge with Reassignment) or (DNS) Discharge No More Services, or sent on Absence Trial Placement (ATP), unless they were referred to another campus-based program. (It eliminates persons who were discharged during the period and who were counted because of an ATP in a prior reporting period. It does not include persons who were discharged against medical advice (DMA) or who died (DED) during the quarter. The report uses net length of stay, which is the number of days an individual was resident on campus, not including days absent).

Performance Measure Data Display and Chart Description:

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

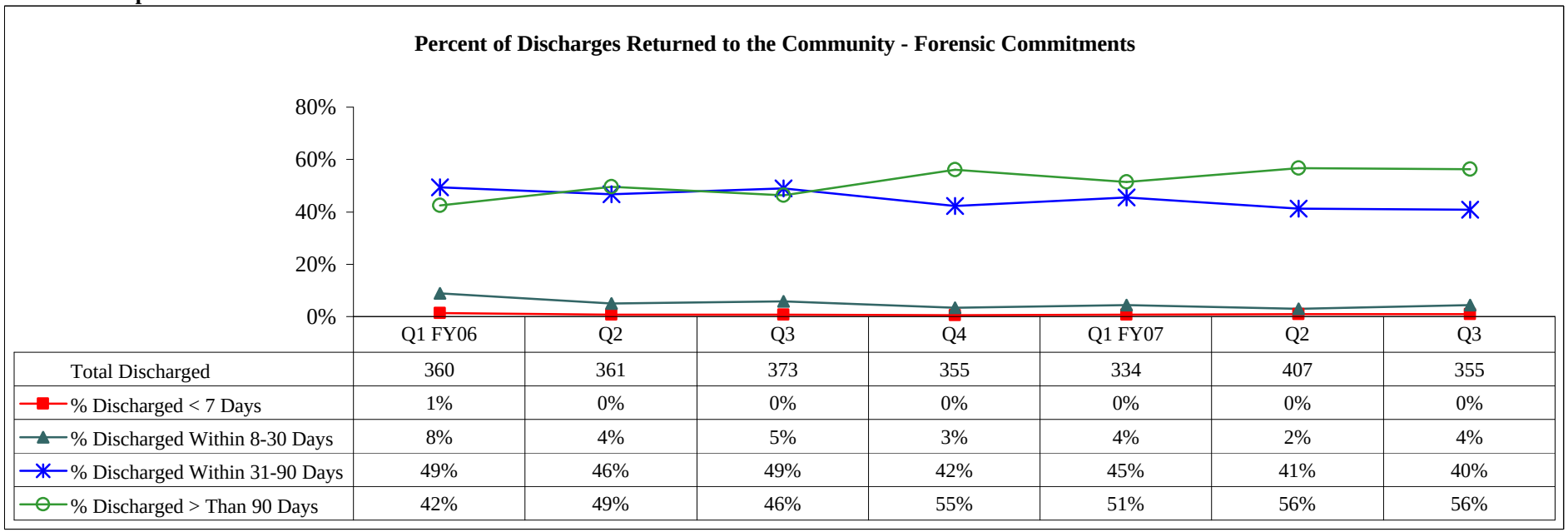
Data Flow:



Data Integrity Review Process:

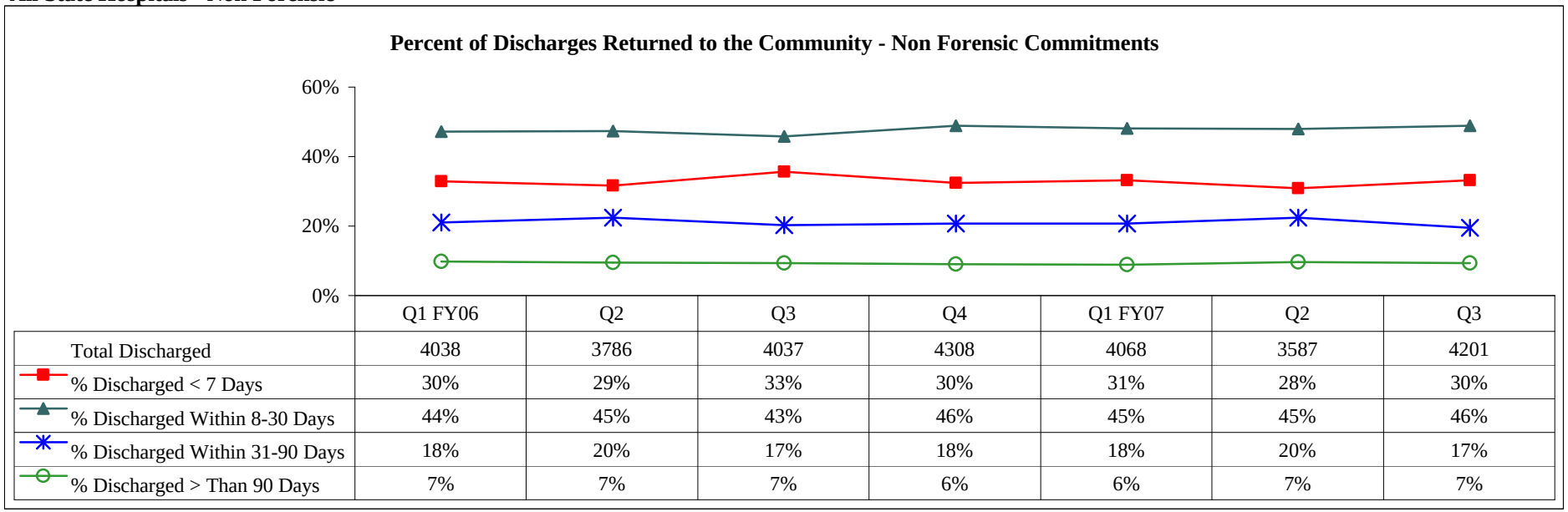
N/A

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	360	361	373	355	334	407	355
% Discharged < 7 Days	1%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	8%	4%	5%	3%	4%	2%	4%
% Discharged Within 31-90 Days	49%	46%	49%	42%	45%	41%	40%
% Discharged > Than 90 Days	42%	49%	46%	55%	51%	56%	56%

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

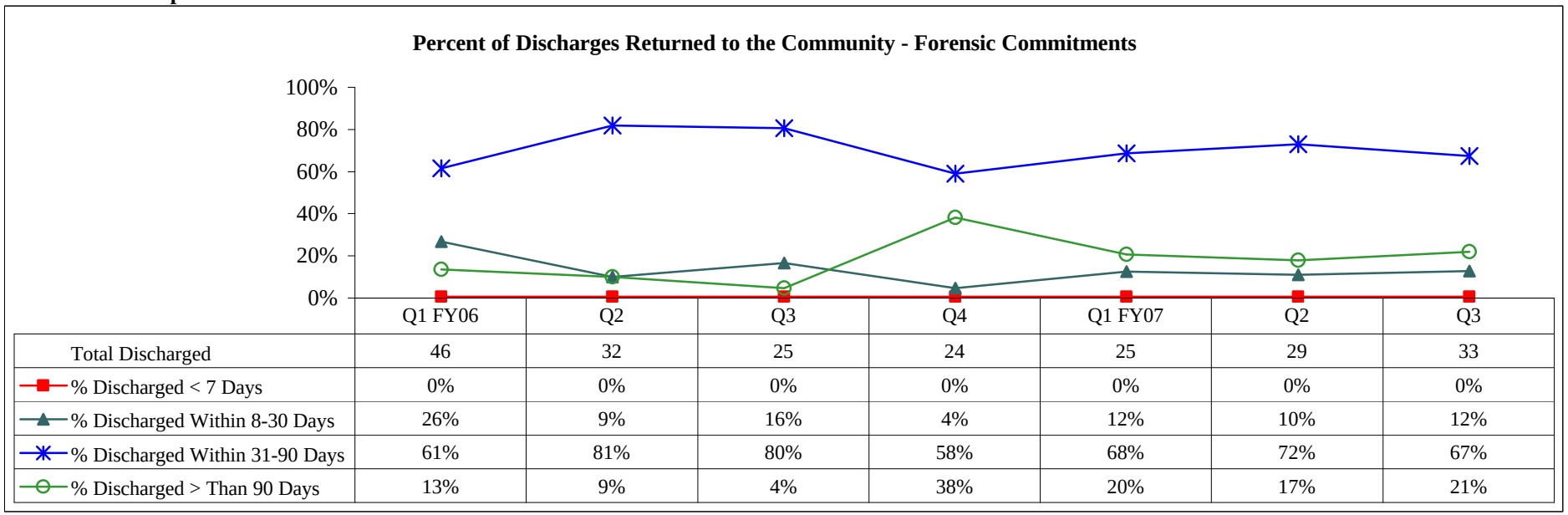


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	4038	3786	4037	4308	4068	3587	4201
% Discharged < 7 Days	30%	29%	33%	30%	31%	28%	30%
% Discharged Within 8-30 Days	44%	45%	43%	46%	45%	45%	46%
% Discharged Within 31-90 Days	18%	20%	17%	18%	18%	20%	17%
% Discharged > Than 90 Days	7%	7%	7%	6%	6%	7%	7%

Chart: Hospital Management Data Services

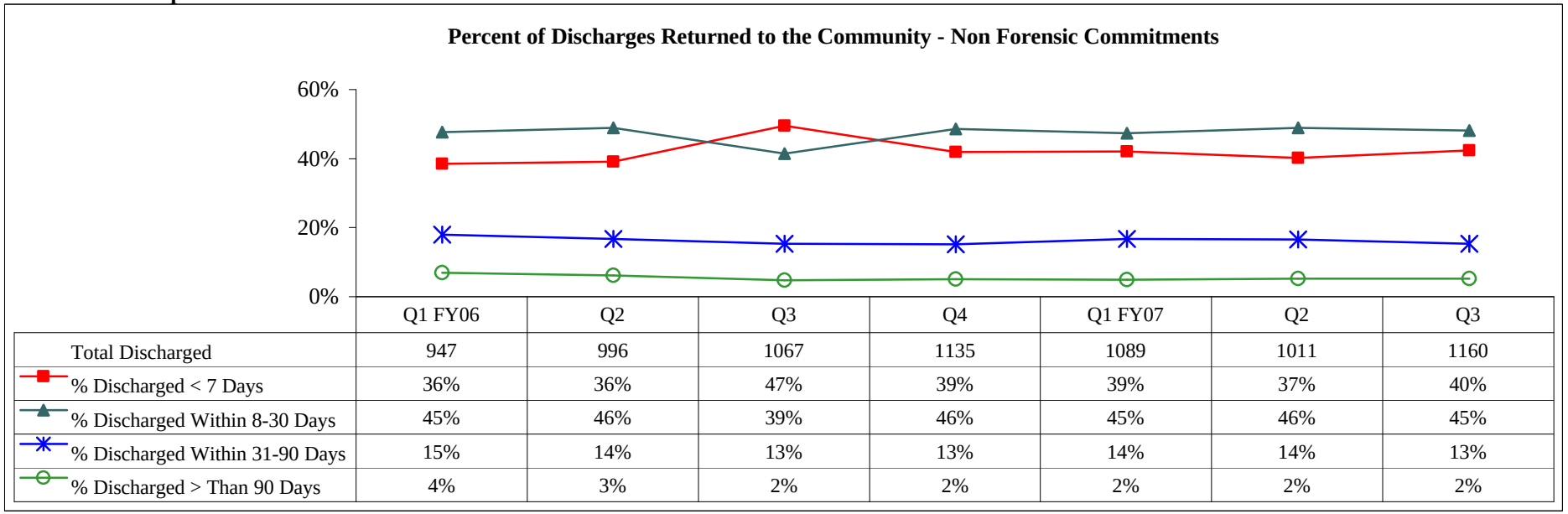
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	46	32	25	24	25	29	33
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	26%	9%	16%	4%	12%	10%	12%
% Discharged Within 31-90 Days	61%	81%	80%	58%	68%	72%	67%
% Discharged > Than 90 Days	13%	9%	4%	38%	20%	17%	21%

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

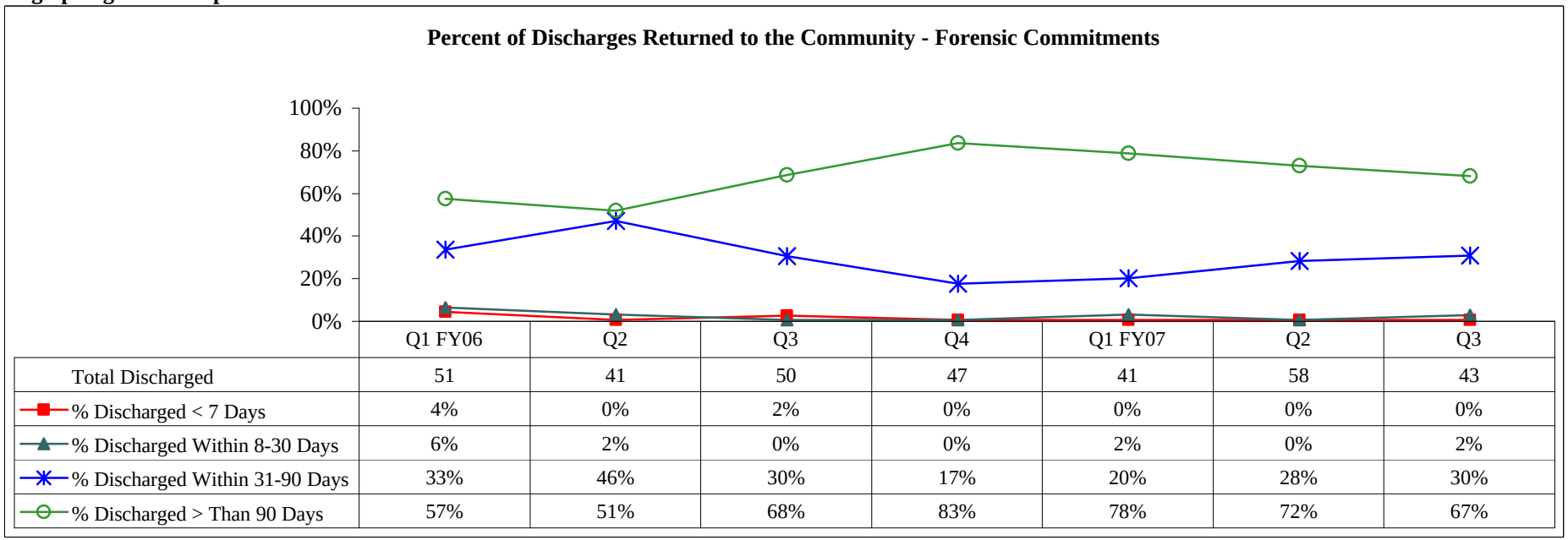


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	947	996	1067	1135	1089	1011	1160
% Discharged < 7 Days	36%	36%	47%	39%	39%	37%	40%
% Discharged Within 8-30 Days	45%	46%	39%	46%	45%	46%	45%
% Discharged Within 31-90 Days	15%	14%	13%	13%	14%	14%	13%
% Discharged > Than 90 Days	4%	3%	2%	2%	2%	2%	2%

Chart: Hospital Management Data Services

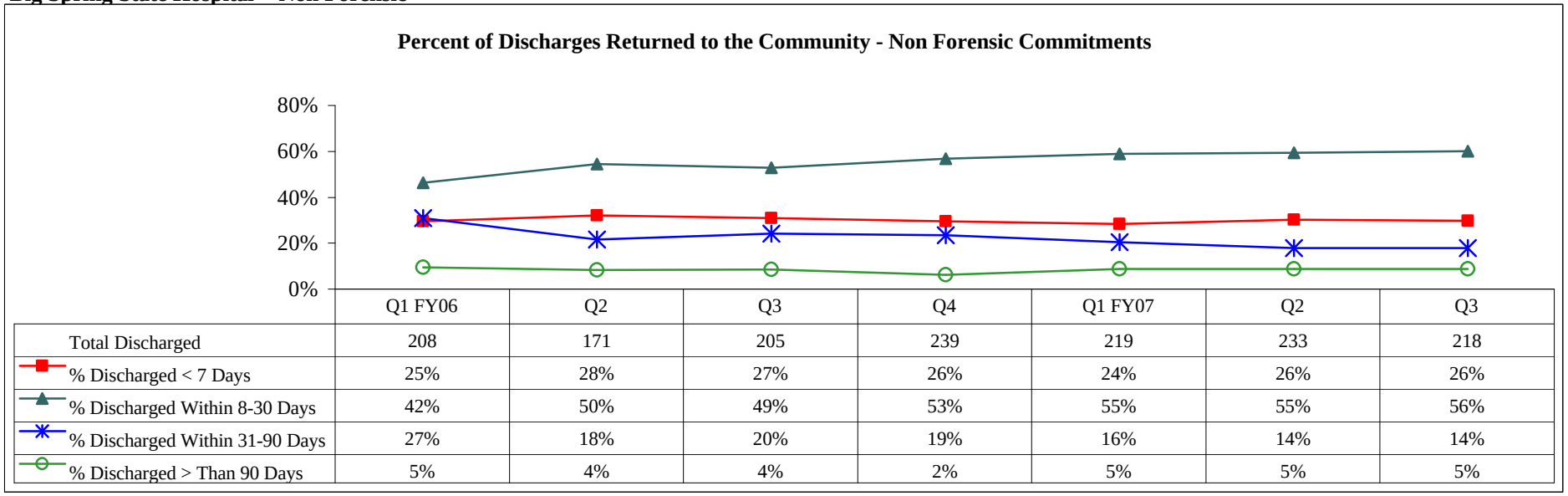
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	51	41	50	47	41	58	43
% Discharged < 7 Days	4%	0%	2%	0%	0%	0%	0%
% Discharged Within 8-30 Days	6%	2%	0%	0%	2%	0%	2%
% Discharged Within 31-90 Days	33%	46%	30%	17%	20%	28%	30%
% Discharged > Than 90 Days	57%	51%	68%	83%	78%	72%	67%

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

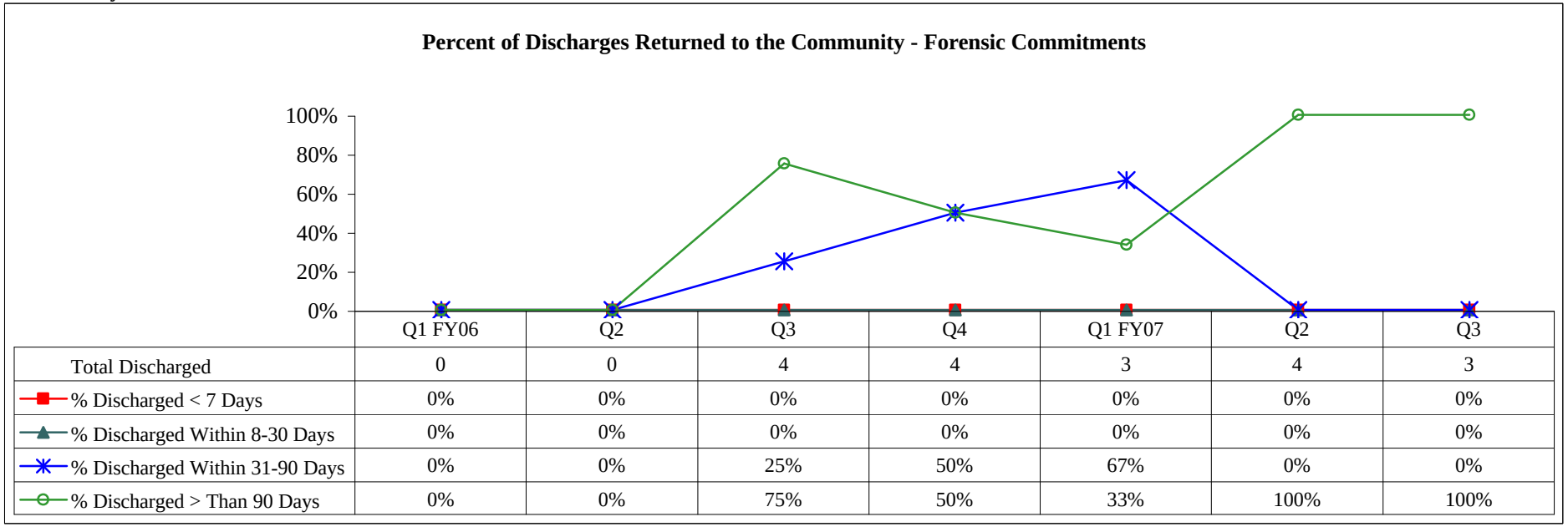


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	208	171	205	239	219	233	218
% Discharged < 7 Days	25%	28%	27%	26%	24%	26%	26%
% Discharged Within 8-30 Days	42%	50%	49%	53%	55%	55%	56%
% Discharged Within 31-90 Days	27%	18%	20%	19%	16%	14%	14%
% Discharged > Than 90 Days	5%	4%	4%	2%	5%	5%	5%

Chart: Hospital Management Data Services

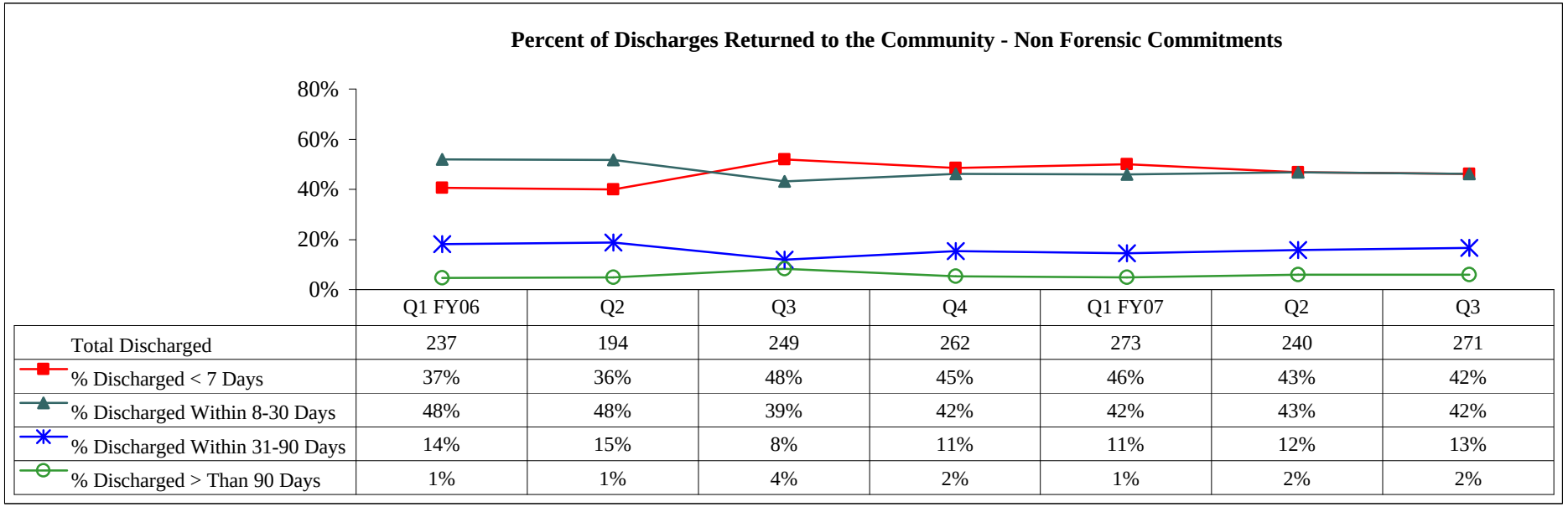
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	0	0	4	4	3	4	3
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	25%	50%	67%	0%	0%
% Discharged > Than 90 Days	0%	0%	75%	50%	33%	100%	100%

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

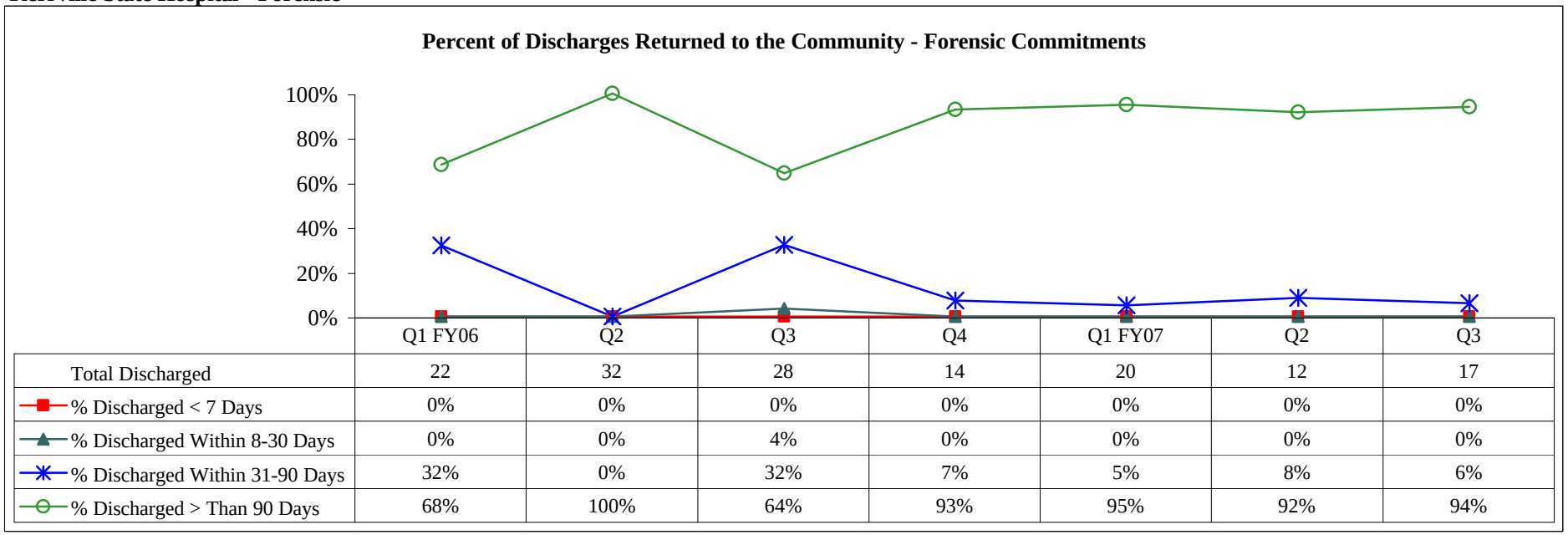


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	237	194	249	262	273	240	271
% Discharged < 7 Days	37%	36%	48%	45%	46%	43%	42%
% Discharged Within 8-30 Days	48%	48%	39%	42%	42%	43%	42%
% Discharged Within 31-90 Days	14%	15%	8%	11%	11%	12%	13%
% Discharged > Than 90 Days	1%	1%	4%	2%	1%	2%	2%

Chart: Hospital Management Data Services

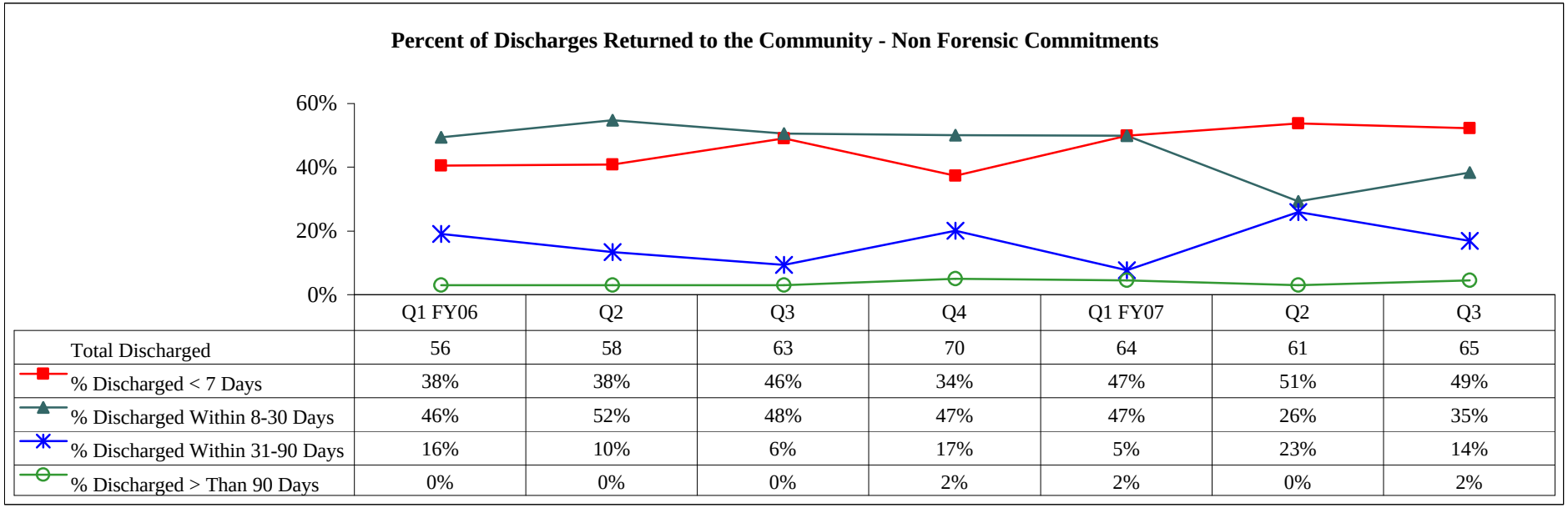
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	22	32	28	14	20	12	17
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	4%	0%	0%	0%	0%
% Discharged Within 31-90 Days	32%	0%	32%	7%	5%	8%	6%
% Discharged > Than 90 Days	68%	100%	64%	93%	95%	92%	94%

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

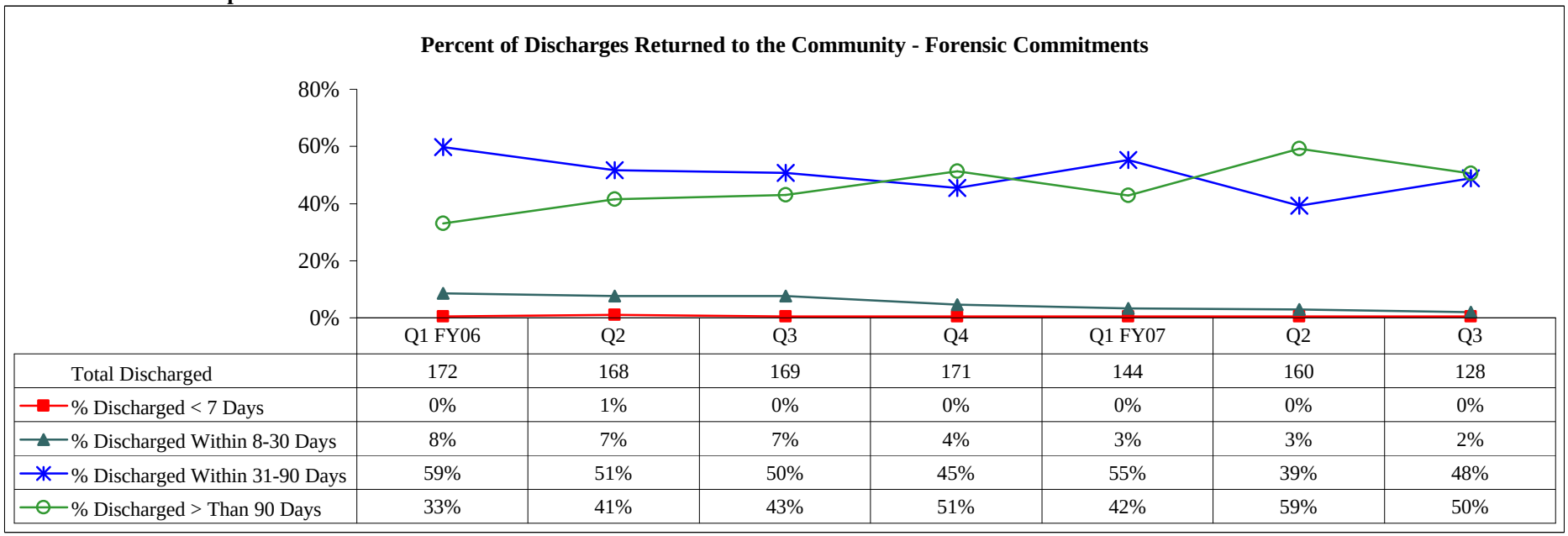


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	56	58	63	70	64	61	65
% Discharged < 7 Days	38%	38%	46%	34%	47%	51%	49%
% Discharged Within 8-30 Days	46%	52%	48%	47%	47%	26%	35%
% Discharged Within 31-90 Days	16%	10%	6%	17%	5%	23%	14%
% Discharged > Than 90 Days	0%	0%	0%	2%	2%	0%	2%

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

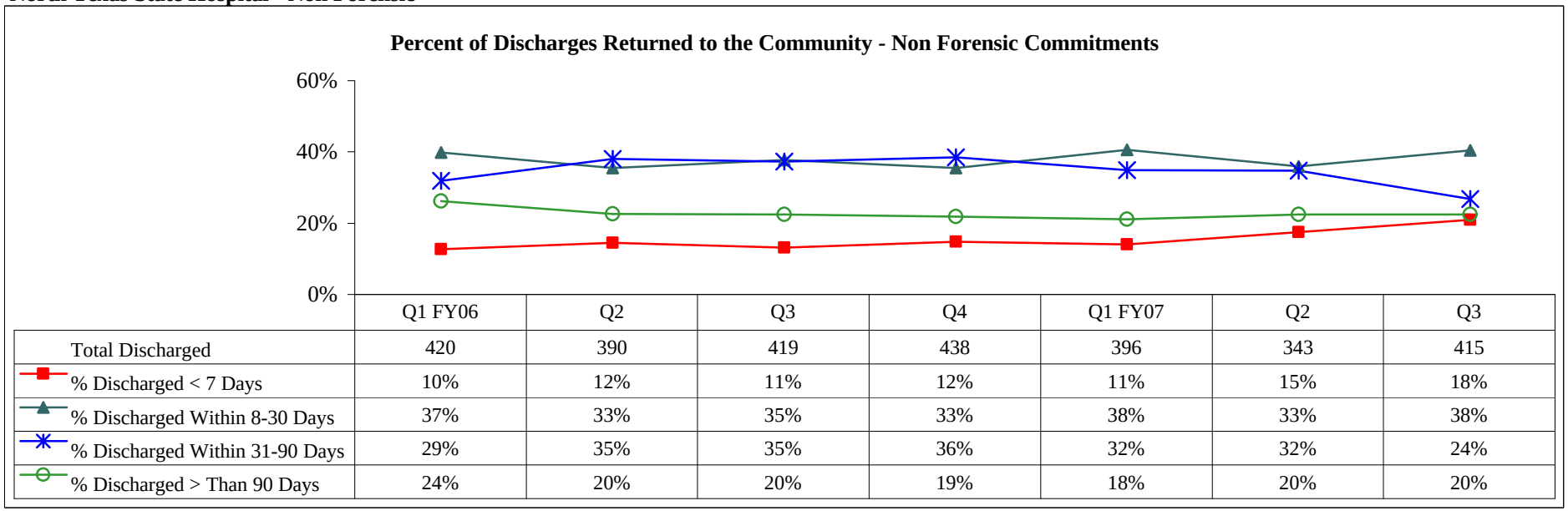
Chart: Hospital Management Data Services

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	172	168	169	171	144	160	128
% Discharged < 7 Days	0%	1%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	8%	7%	7%	4%	3%	3%	2%
% Discharged Within 31-90 Days	59%	51%	50%	45%	55%	39%	48%
% Discharged > Than 90 Days	33%	41%	43%	51%	42%	59%	50%

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

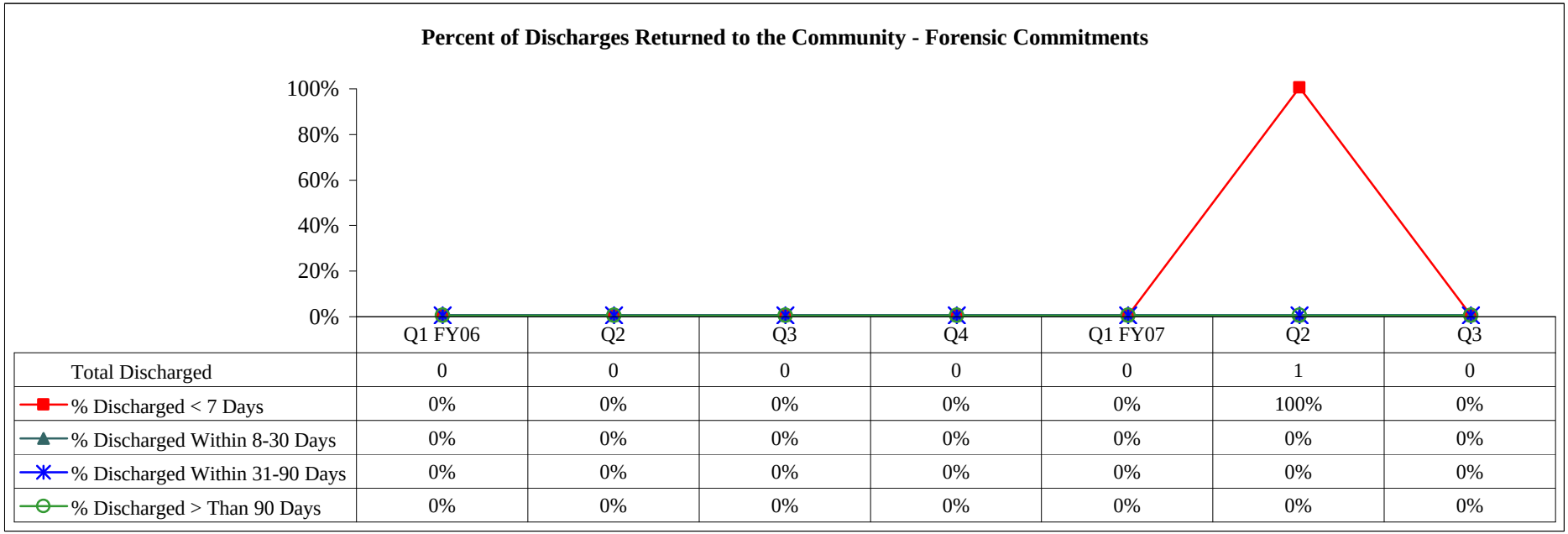


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	420	390	419	438	396	343	415
% Discharged < 7 Days	10%	12%	11%	12%	11%	15%	18%
% Discharged Within 8-30 Days	37%	33%	35%	33%	38%	33%	38%
% Discharged Within 31-90 Days	29%	35%	35%	36%	32%	32%	24%
% Discharged > Than 90 Days	24%	20%	20%	19%	18%	20%	20%

Chart: Hospital Management Data Services

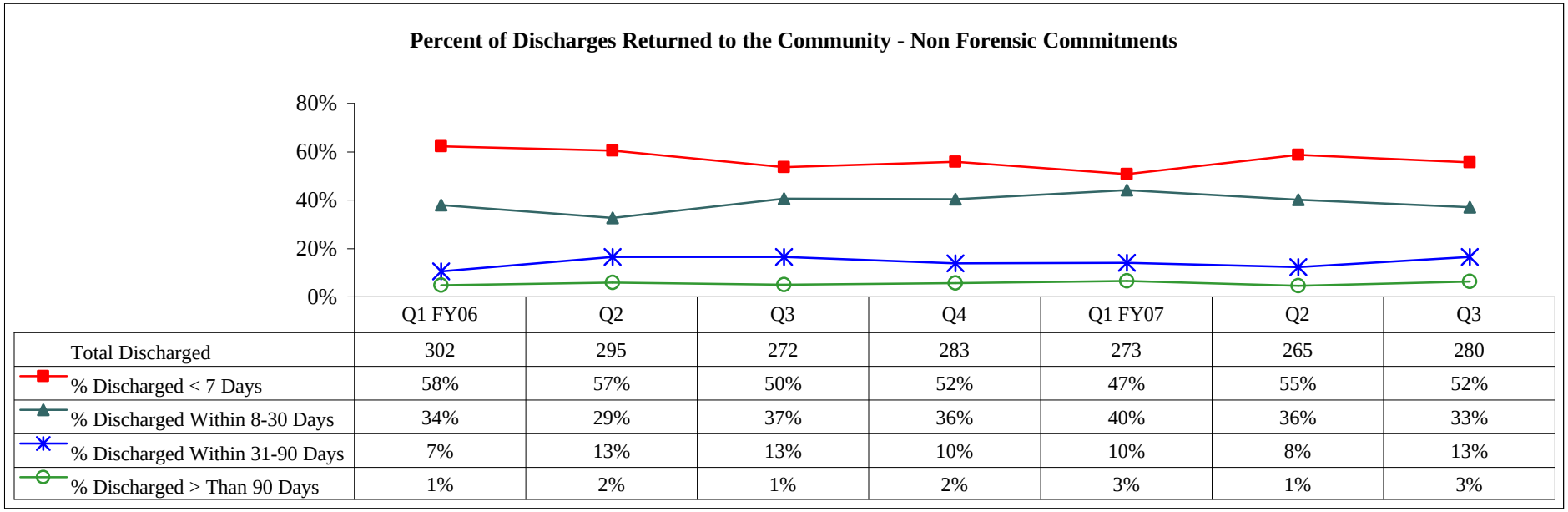
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	0	0	0	0	0	1	0
% Discharged < 7 Days	0%	0%	0%	0%	0%	100%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%

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

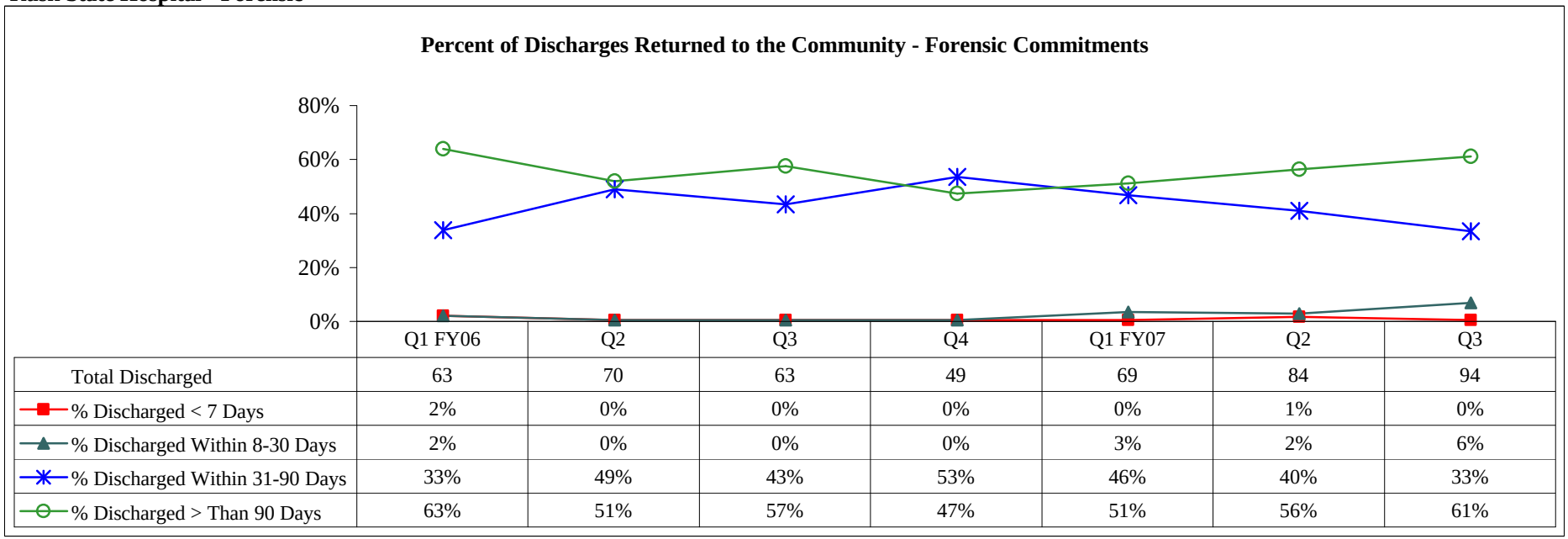


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	302	295	272	283	273	265	280
% Discharged < 7 Days	58%	57%	50%	52%	47%	55%	52%
% Discharged Within 8-30 Days	34%	29%	37%	36%	40%	36%	33%
% Discharged Within 31-90 Days	7%	13%	13%	10%	10%	8%	13%
% Discharged > Than 90 Days	1%	2%	1%	2%	3%	1%	3%

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

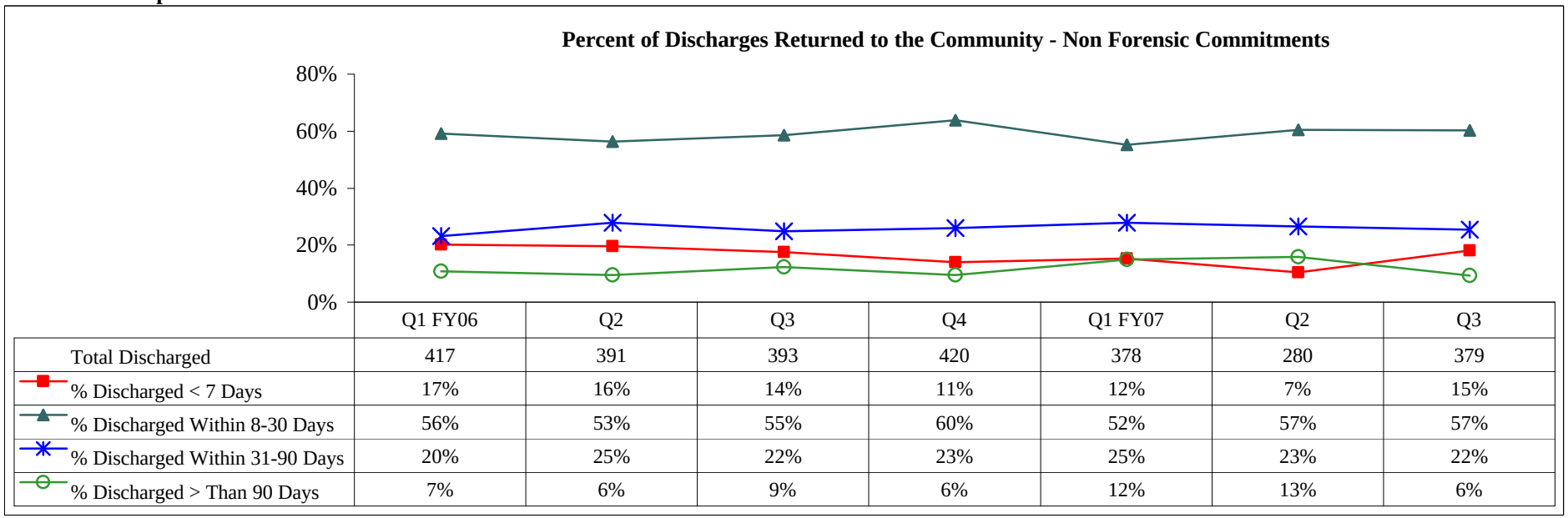
Chart: Hospital Management Data Services

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	63	70	63	49	69	84	94
% Discharged < 7 Days	2%	0%	0%	0%	0%	1%	0%
% Discharged Within 8-30 Days	2%	0%	0%	0%	3%	2%	6%
% Discharged Within 31-90 Days	33%	49%	43%	53%	46%	40%	33%
% Discharged > Than 90 Days	63%	51%	57%	47%	51%	56%	61%

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

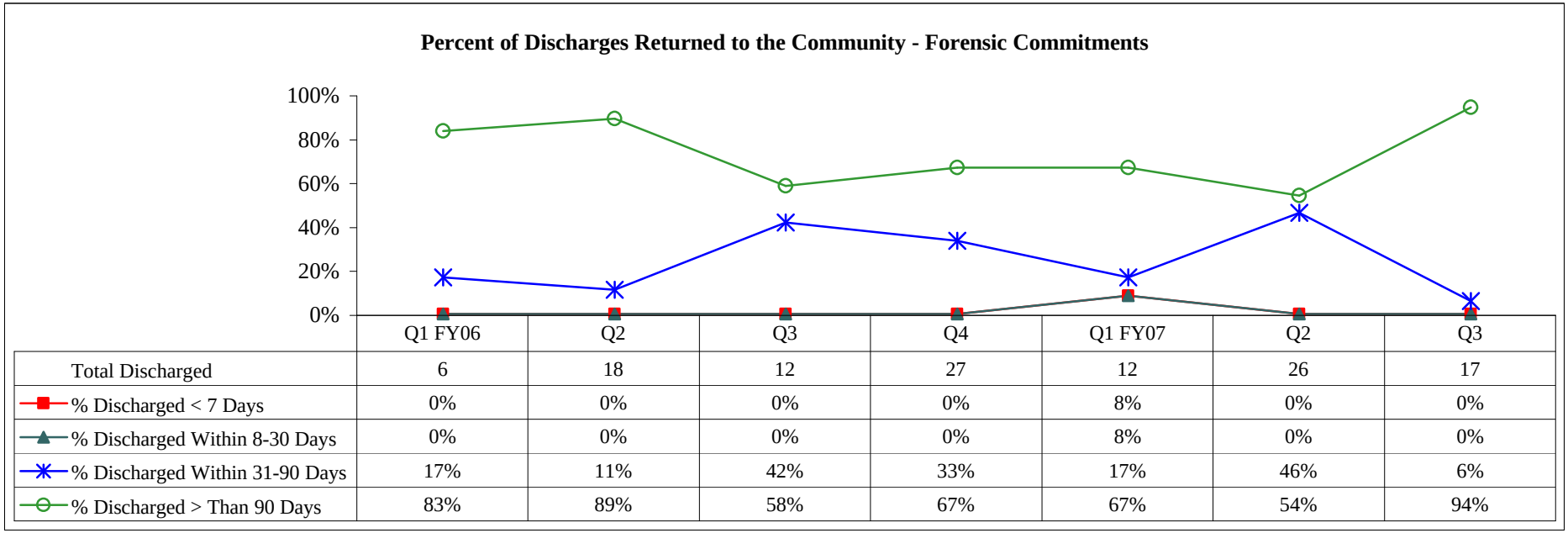


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	417	391	393	420	378	280	379
% Discharged < 7 Days	17%	16%	14%	11%	12%	7%	15%
% Discharged Within 8-30 Days	56%	53%	55%	60%	52%	57%	57%
% Discharged Within 31-90 Days	20%	25%	22%	23%	25%	23%	22%
% Discharged > Than 90 Days	7%	6%	9%	6%	12%	13%	6%

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

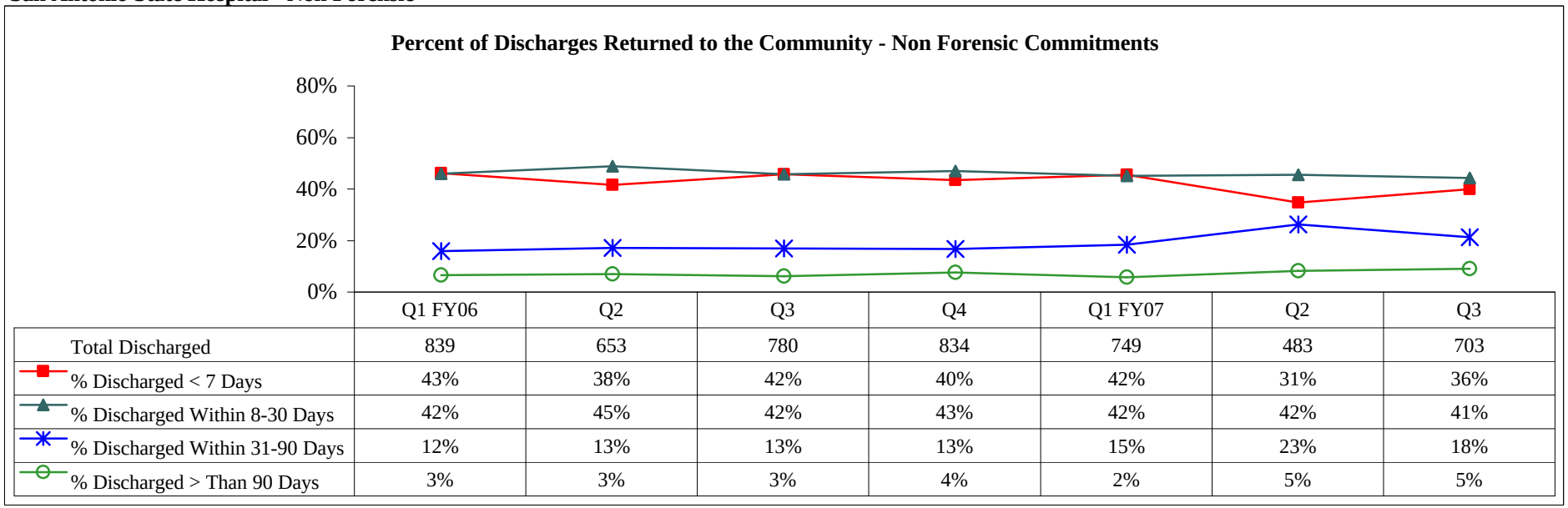
Chart: Hospital Management Data Services

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	6	18	12	27	12	26	17
% Discharged < 7 Days	0%	0%	0%	0%	8%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	8%	0%	0%
% Discharged Within 31-90 Days	17%	11%	42%	33%	17%	46%	6%
% Discharged > Than 90 Days	83%	89%	58%	67%	67%	54%	94%

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

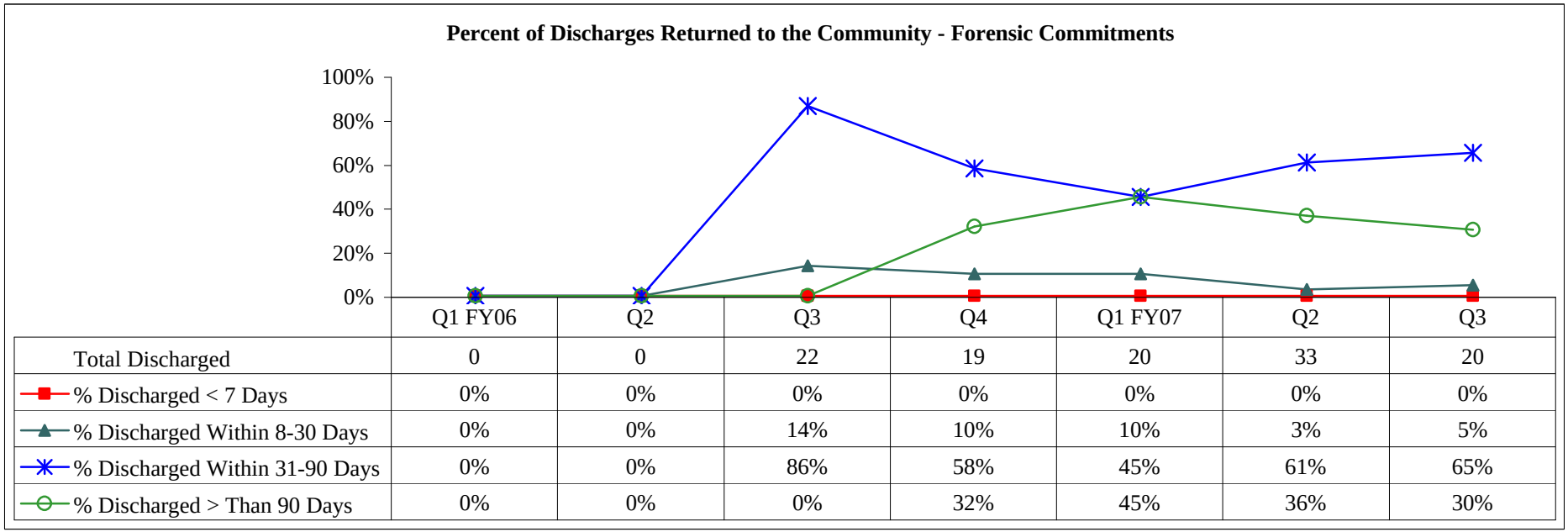


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	839	653	780	834	749	483	703
% Discharged < 7 Days	43%	38%	42%	40%	42%	31%	36%
% Discharged Within 8-30 Days	42%	45%	42%	43%	42%	42%	41%
% Discharged Within 31-90 Days	12%	13%	13%	13%	15%	23%	18%
% Discharged > Than 90 Days	3%	3%	3%	4%	2%	5%	5%

Chart: Hospital Management Data Services

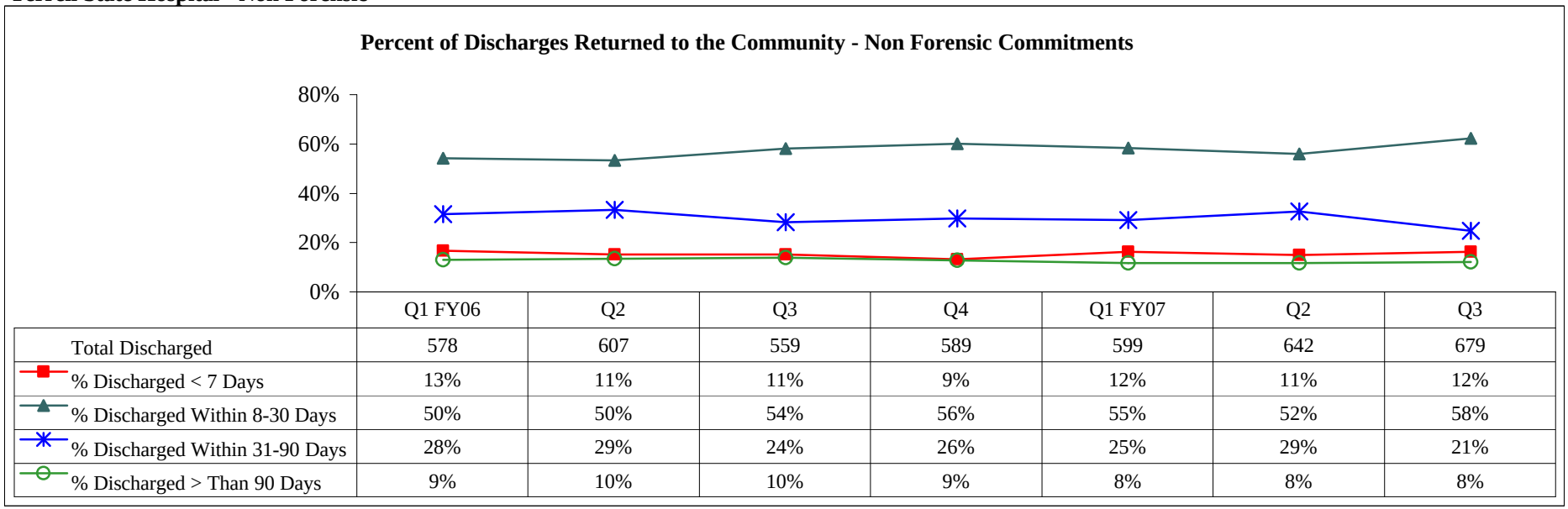
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	0	0	22	19	20	33	20
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	14%	10%	10%	3%	5%
% Discharged Within 31-90 Days	0%	0%	86%	58%	45%	61%	65%
% Discharged > Than 90 Days	0%	0%	0%	32%	45%	36%	30%

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

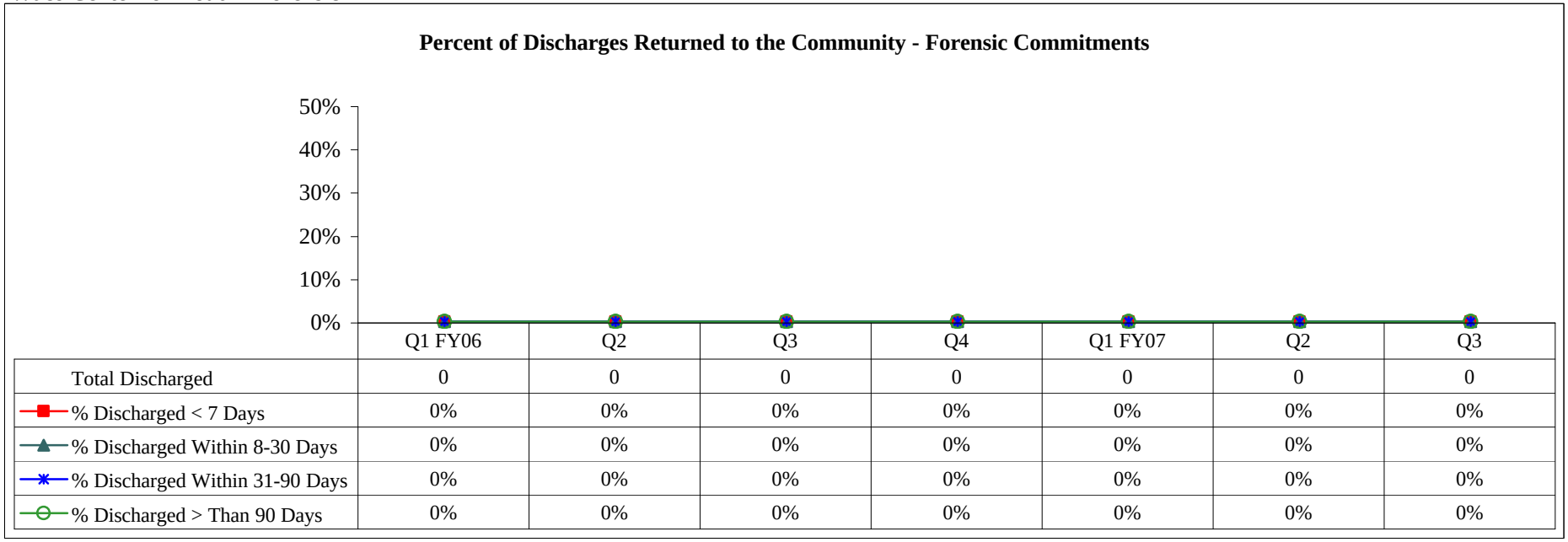


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	578	607	559	589	599	642	679
% Discharged < 7 Days	13%	11%	11%	9%	12%	11%	12%
% Discharged Within 8-30 Days	50%	50%	54%	56%	55%	52%	58%
% Discharged Within 31-90 Days	28%	29%	24%	26%	25%	29%	21%
% Discharged > Than 90 Days	9%	10%	10%	9%	8%	8%	8%

Chart: Hospital Management Data Services

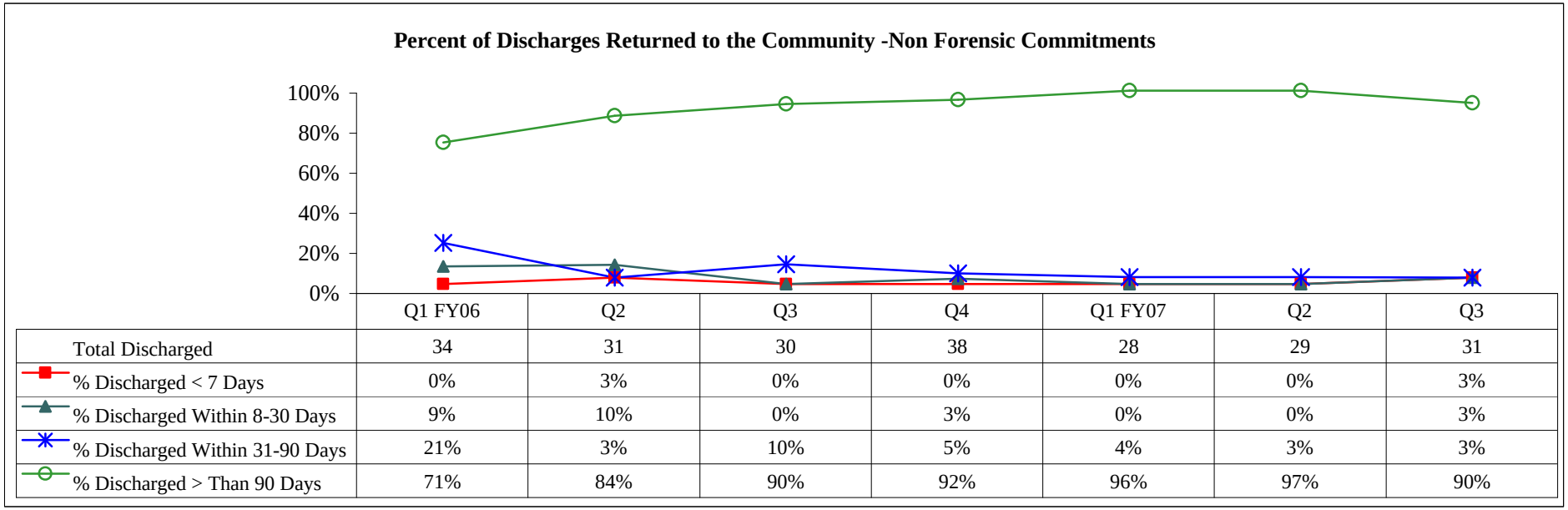
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	0	0	0	0	0	0	0
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%

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



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Total Discharged	34	31	30	38	28	29	31
% Discharged < 7 Days	0%	3%	0%	0%	0%	0%	3%
% Discharged Within 8-30 Days	9%	10%	0%	3%	0%	0%	3%
% Discharged Within 31-90 Days	21%	3%	10%	5%	4%	3%	3%
% Discharged > Than 90 Days	71%	84%	90%	92%	96%	97%	90%

Chart: Hospital Management Data Services

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

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.

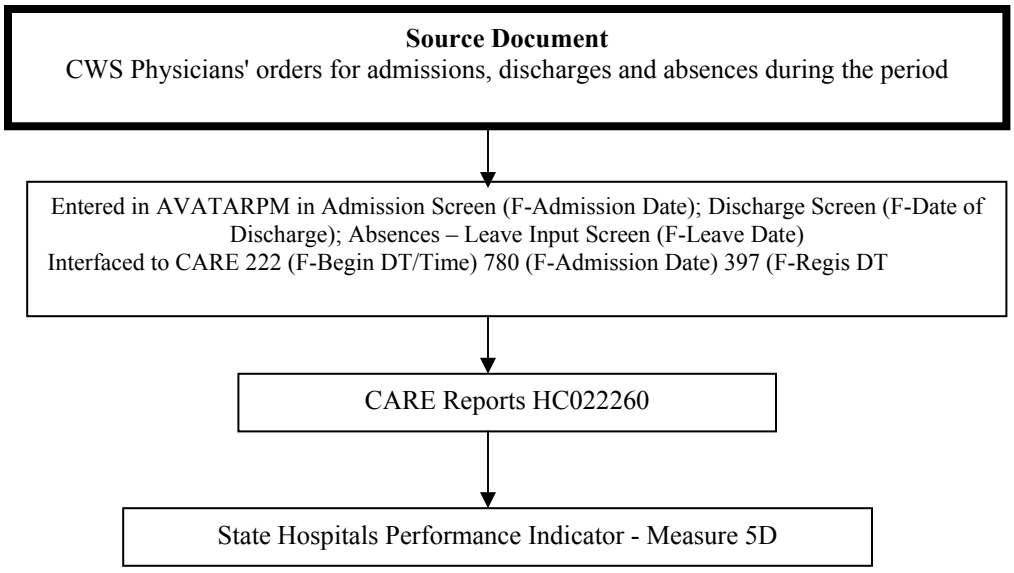
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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 may people were both admitted and discharged during the prior twelve months.

Performance Measure Data Display and Chart Description:

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

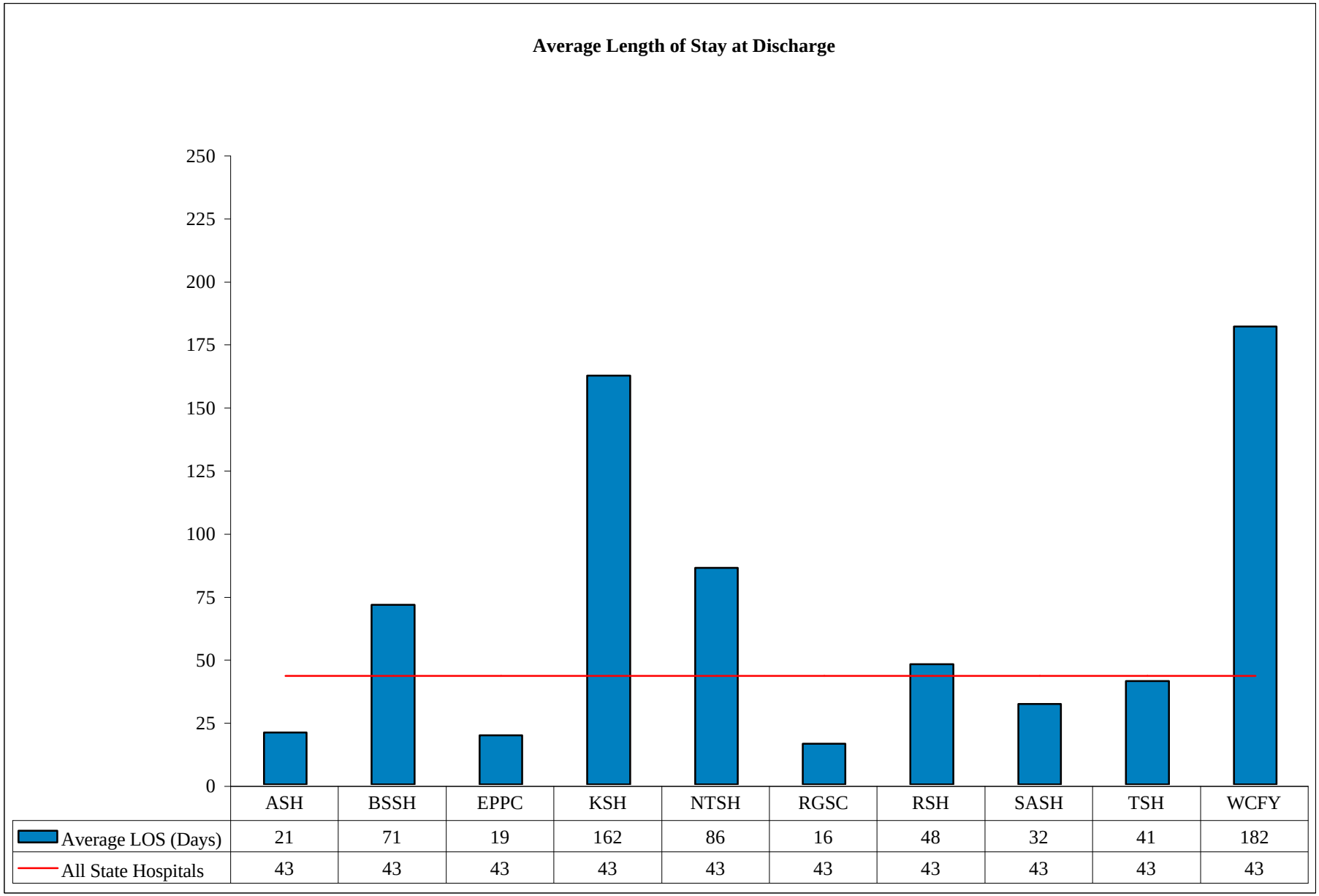
Data Flow:



Data Integrity Review Process:

N/A

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

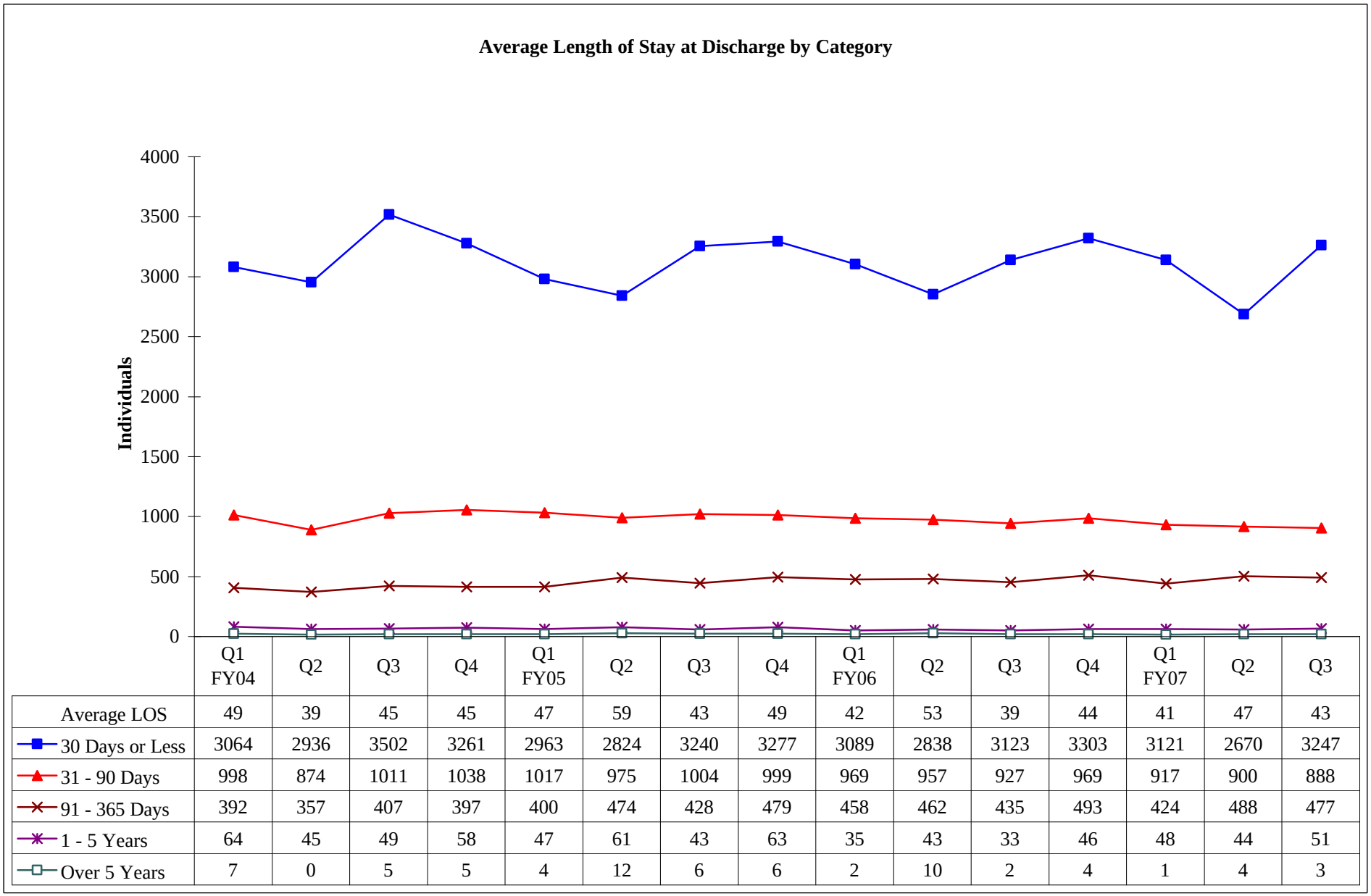


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Average LOS (Days)	21	71	19	162	86	16	48	32	41	182
All State Hospitals	43	43	43	43	43	43	43	43	43	43

Chart: Hospital Management Data Services

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

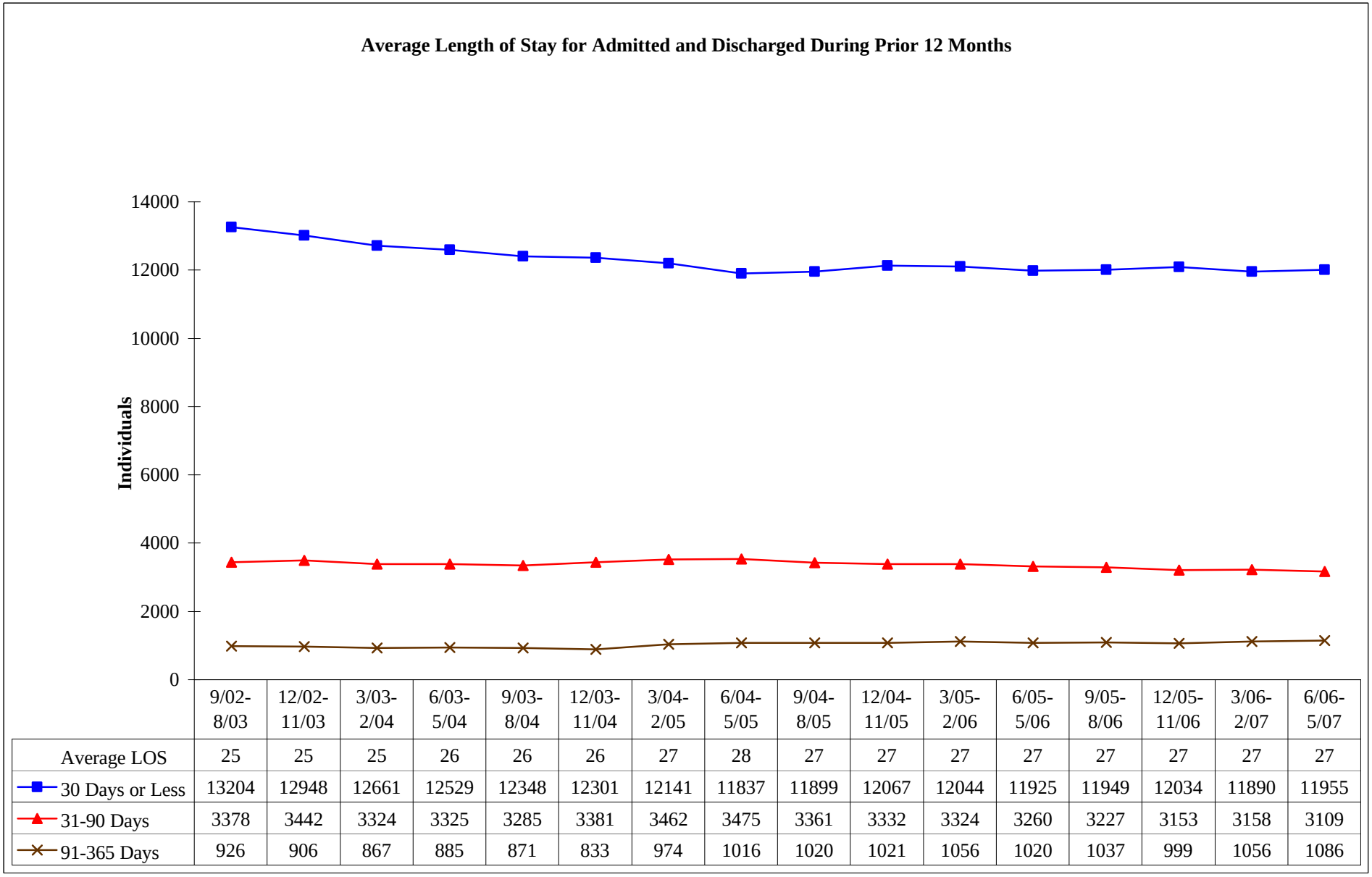


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	49	39	45	45	47	59	43	49	42	53	39	44	41	47	43
30 Days or Less	3064	2936	3502	3261	2963	2824	3240	3277	3089	2838	3123	3303	3121	2670	3247
31 - 90 Days	998	874	1011	1038	1017	975	1004	999	969	957	927	969	917	900	888
91 - 365 Days	392	357	407	397	400	474	428	479	458	462	435	493	424	488	477
1 - 5 Years	64	45	49	58	47	61	43	63	35	43	33	46	48	44	51
Over 5 Years	7	0	5	5	4	12	6	6	2	10	2	4	1	4	3

Chart: Hospital Management Data Services

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

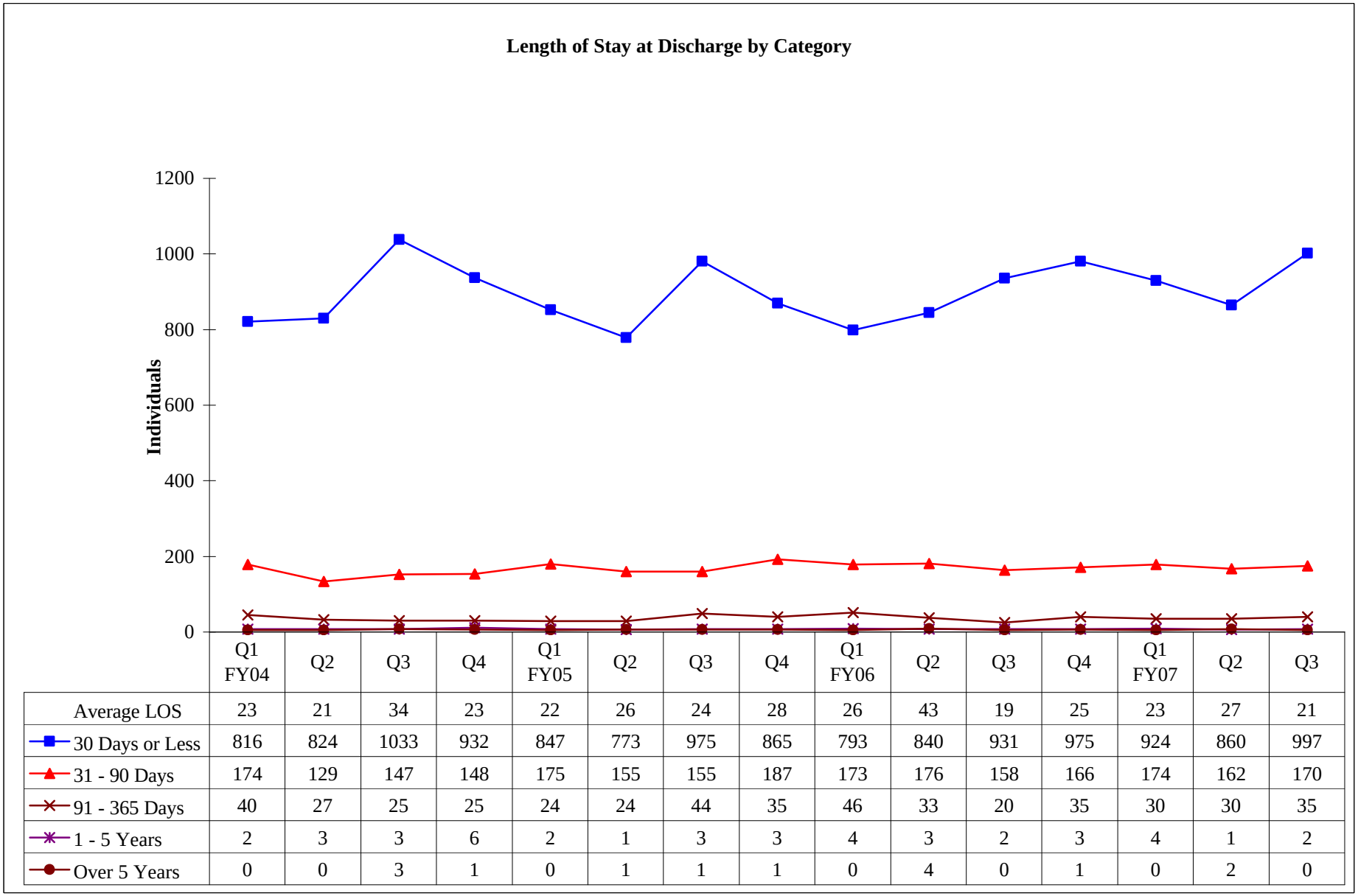


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	25	25	25	26	26	26	27	28	27	27	27	27	27	27	27	27
30 Days or Less	13204	12948	12661	12529	12348	12301	12141	11837	11899	12067	12044	11925	11949	12034	11890	11955
31-90 Days	3378	3442	3324	3325	3285	3381	3462	3475	3361	3332	3324	3260	3227	3153	3158	3109
91-365 Days	926	906	867	885	871	833	974	1016	1020	1021	1056	1020	1037	999	1056	1086

Chart: Hospital Management Data Services

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

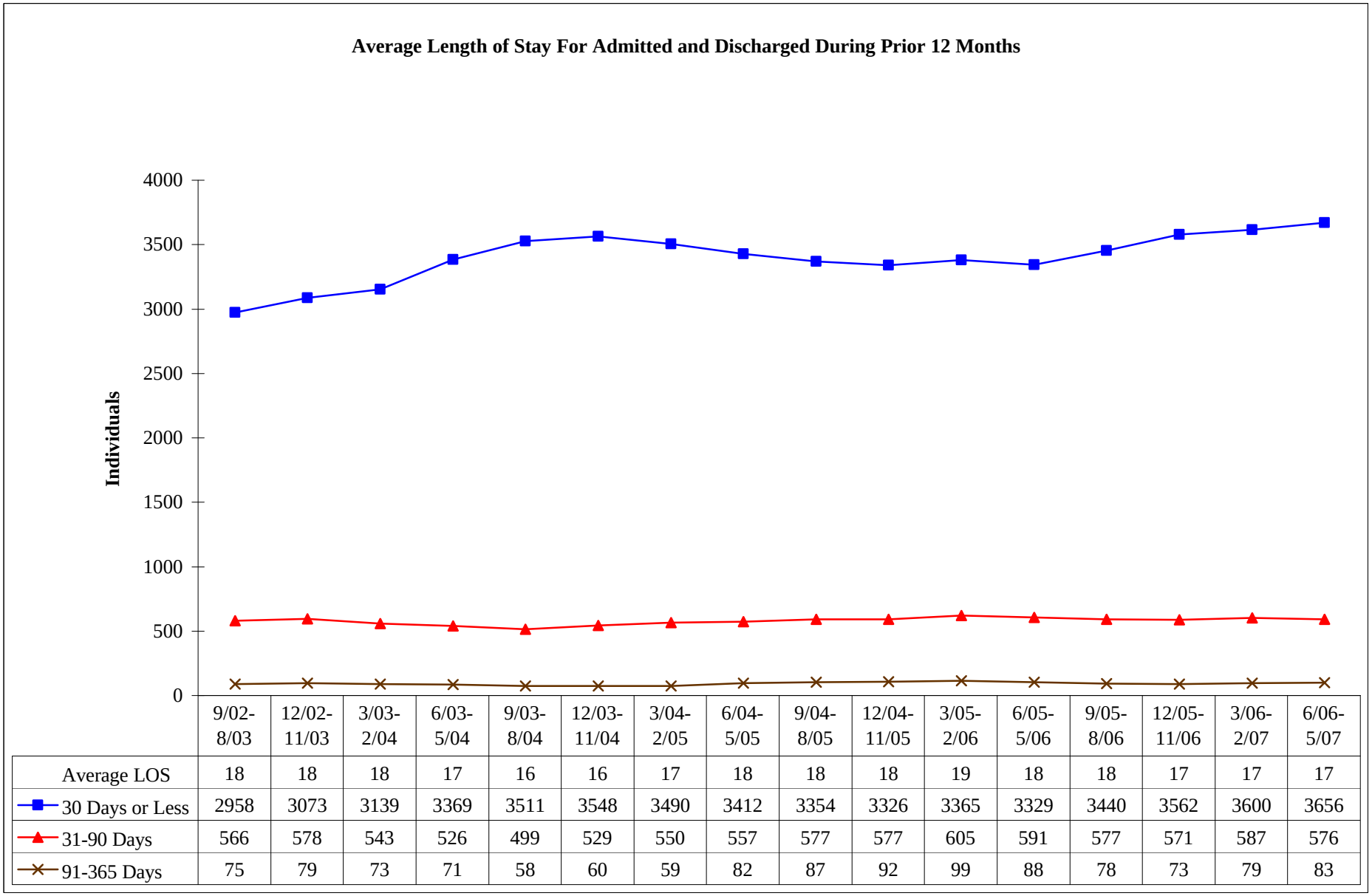


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	23	21	34	23	22	26	24	28	26	43	19	25	23	27	21
30 Days or Less	816	824	1033	932	847	773	975	865	793	840	931	975	924	860	997
31 - 90 Days	174	129	147	148	175	155	155	187	173	176	158	166	174	162	170
91 - 365 Days	40	27	25	25	24	24	44	35	46	33	20	35	30	30	35
1 - 5 Years	2	3	3	6	2	1	3	3	4	3	2	3	4	1	2
Over 5 Years	0	0	3	1	0	1	1	1	0	4	0	1	0	2	0

Chart: Hospital Management Data Services

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

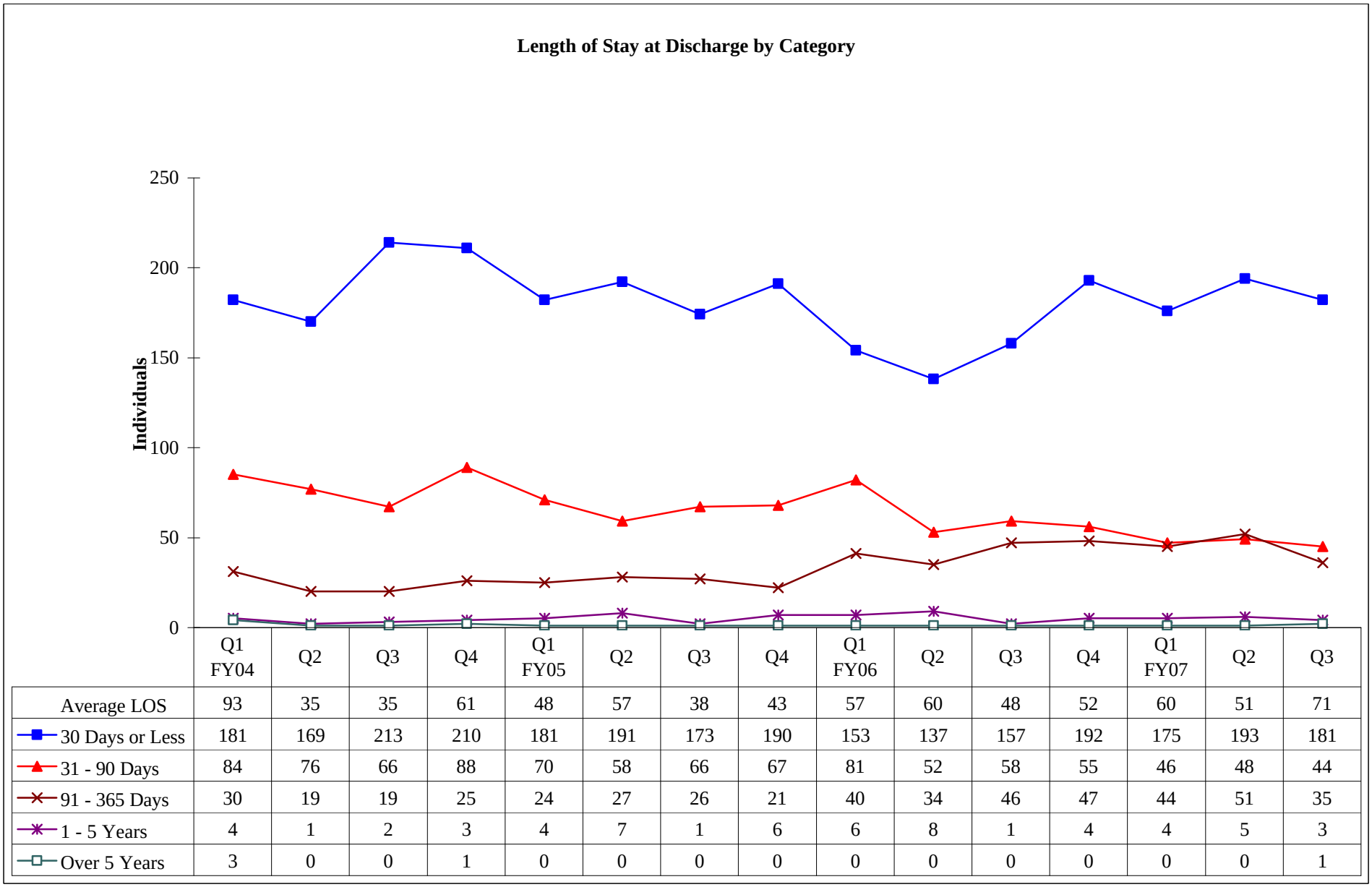


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	18	18	18	17	16	16	17	18	18	18	19	18	18	17	17	17
30 Days or Less	2958	3073	3139	3369	3511	3548	3490	3412	3354	3326	3365	3329	3440	3562	3600	3656
31-90 Days	566	578	543	526	499	529	550	557	577	577	605	591	577	571	587	576
91-365 Days	75	79	73	71	58	60	59	82	87	92	99	88	78	73	79	83

Chart: Hospital Management Data Services

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

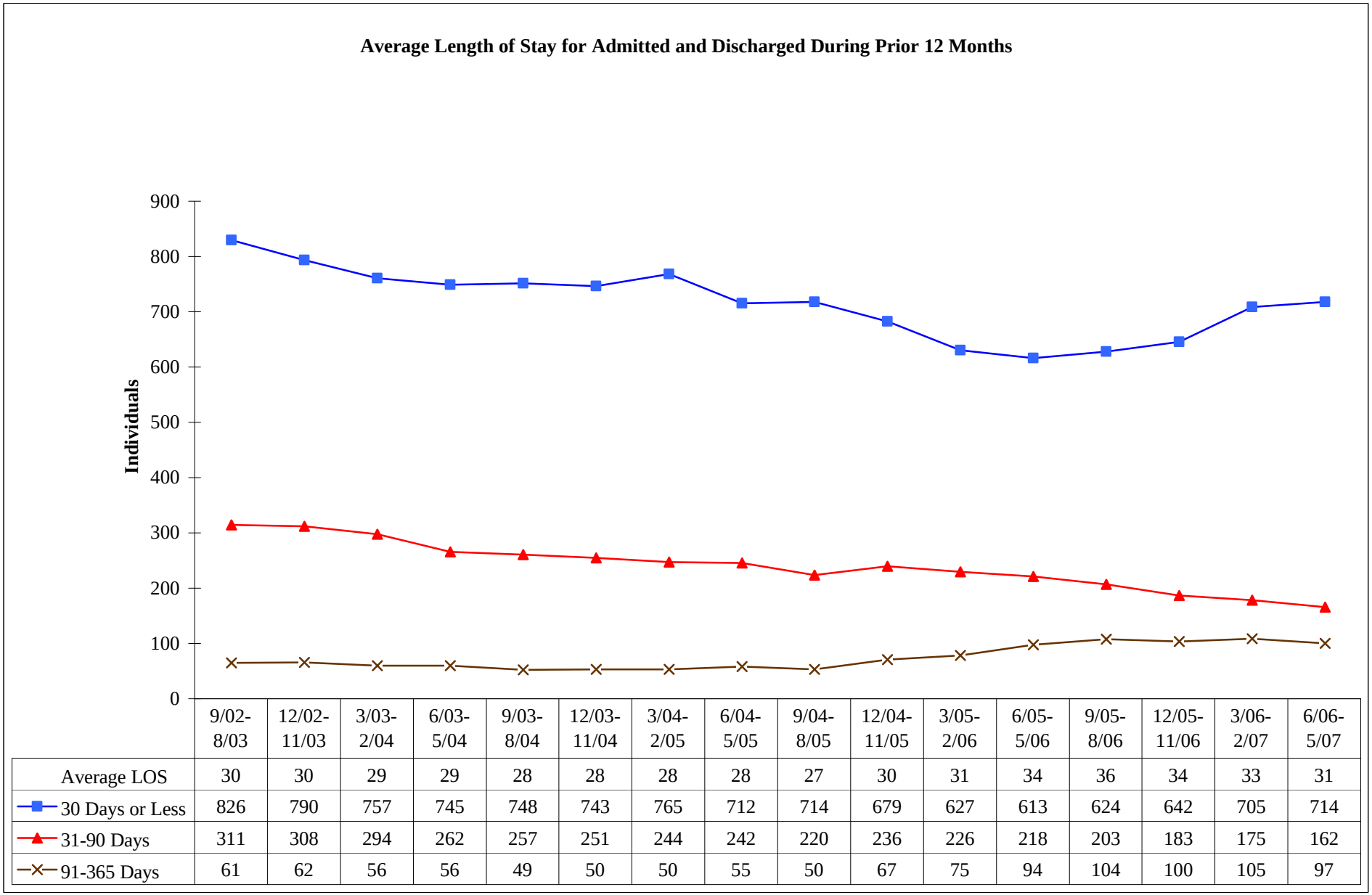


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	93	35	35	61	48	57	38	43	57	60	48	52	60	51	71
30 Days or Less	181	169	213	210	181	191	173	190	153	137	157	192	175	193	181
31 - 90 Days	84	76	66	88	70	58	66	67	81	52	58	55	46	48	44
91 - 365 Days	30	19	19	25	24	27	26	21	40	34	46	47	44	51	35
1 - 5 Years	4	1	2	3	4	7	1	6	6	8	1	4	4	5	3
Over 5 Years	3	0	0	1	0	0	0	0	0	0	0	0	0	0	1

Chart: Hospital Management Data Services

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

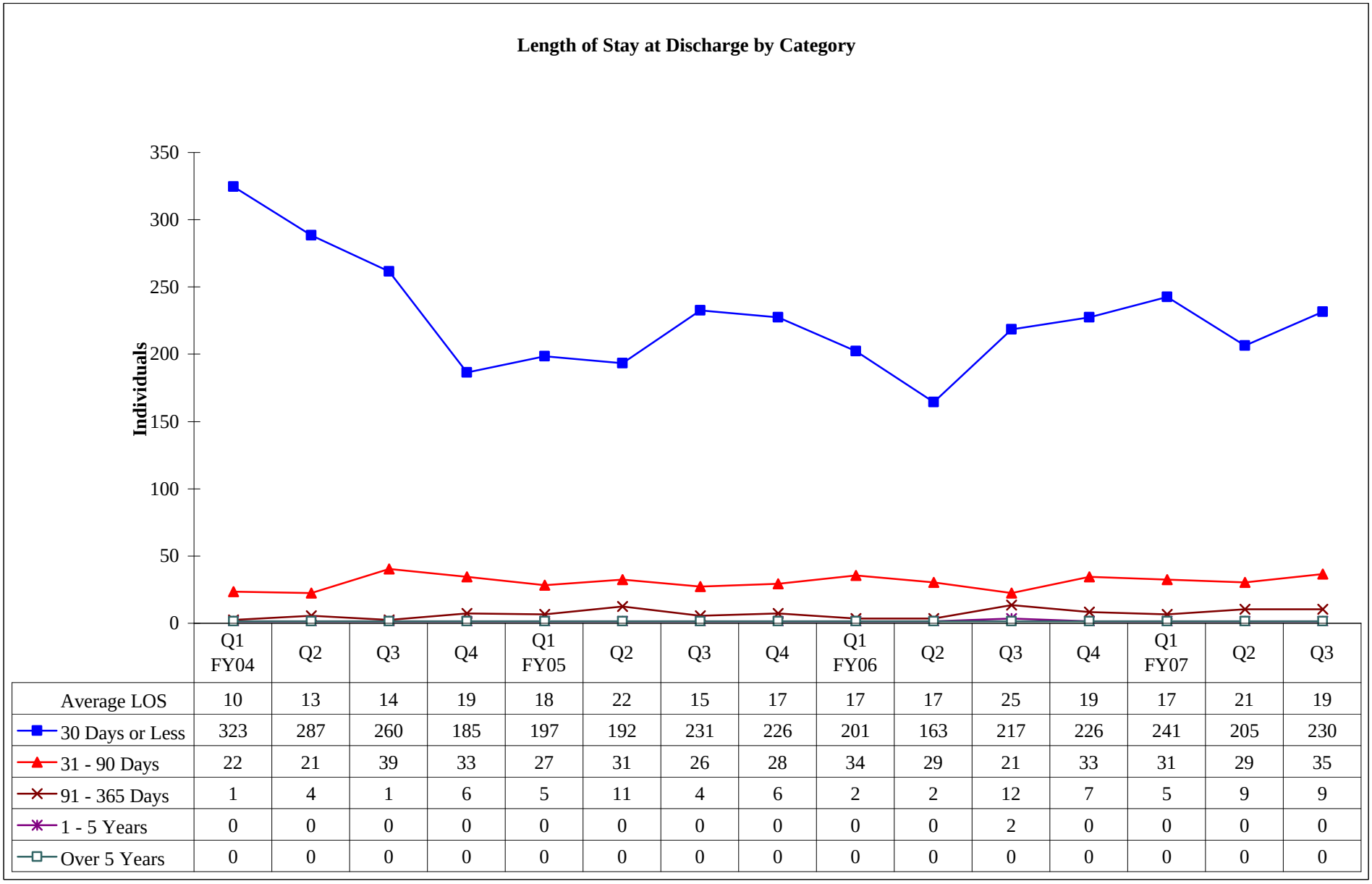


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	30	30	29	29	28	28	28	28	27	30	31	34	36	34	33	31
30 Days or Less	826	790	757	745	748	743	765	712	714	679	627	613	624	642	705	714
31-90 Days	311	308	294	262	257	251	244	242	220	236	226	218	203	183	175	162
91-365 Days	61	62	56	56	49	50	50	55	50	67	75	94	104	100	105	97

Chart: Hospital Management Data Services

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

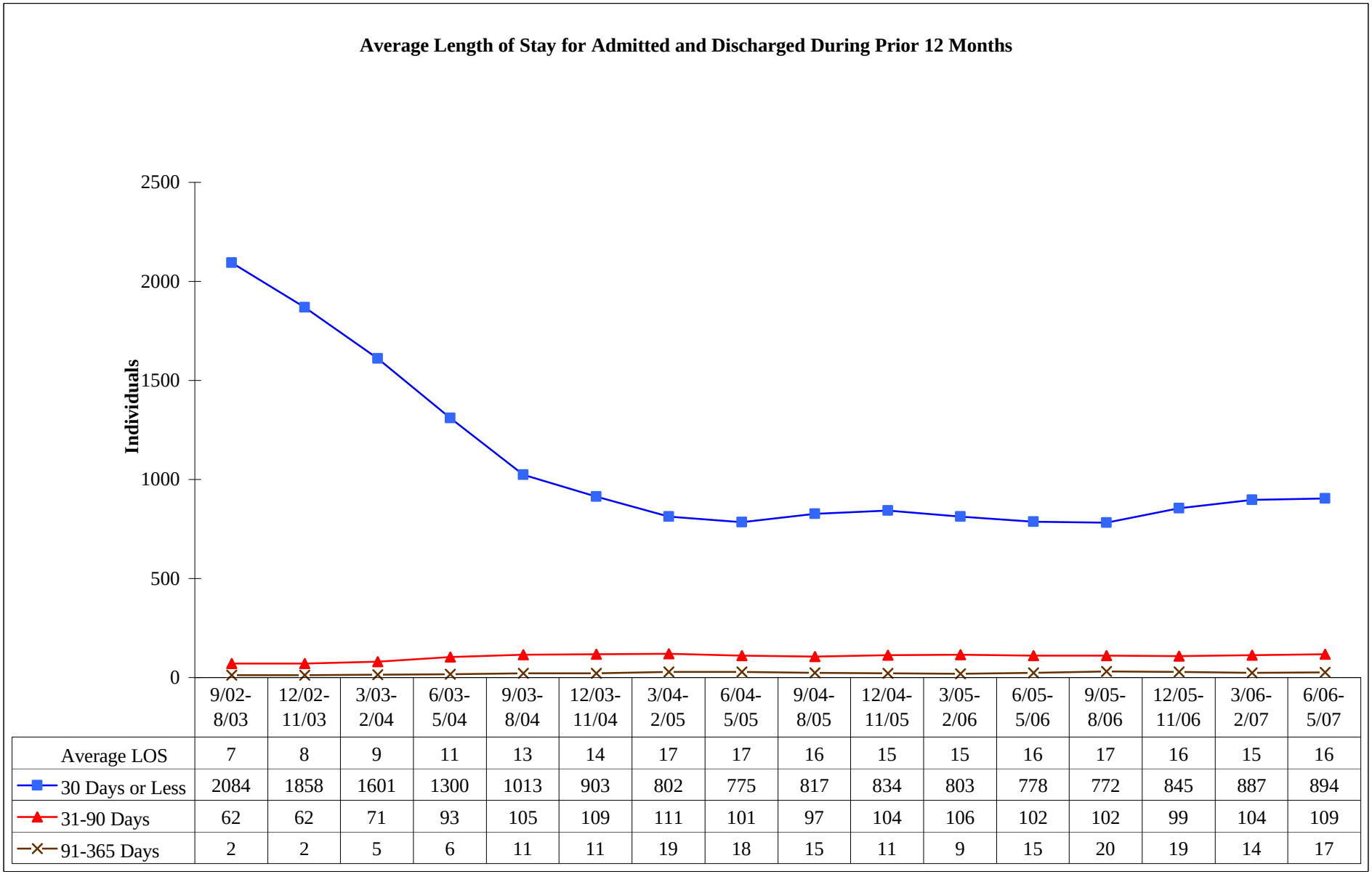


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	10	13	14	19	18	22	15	17	17	17	25	19	17	21	19
30 Days or Less	323	287	260	185	197	192	231	226	201	163	217	226	241	205	230
31 - 90 Days	22	21	39	33	27	31	26	28	34	29	21	33	31	29	35
91 - 365 Days	1	4	1	6	5	11	4	6	2	2	12	7	5	9	9
1 - 5 Years	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

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

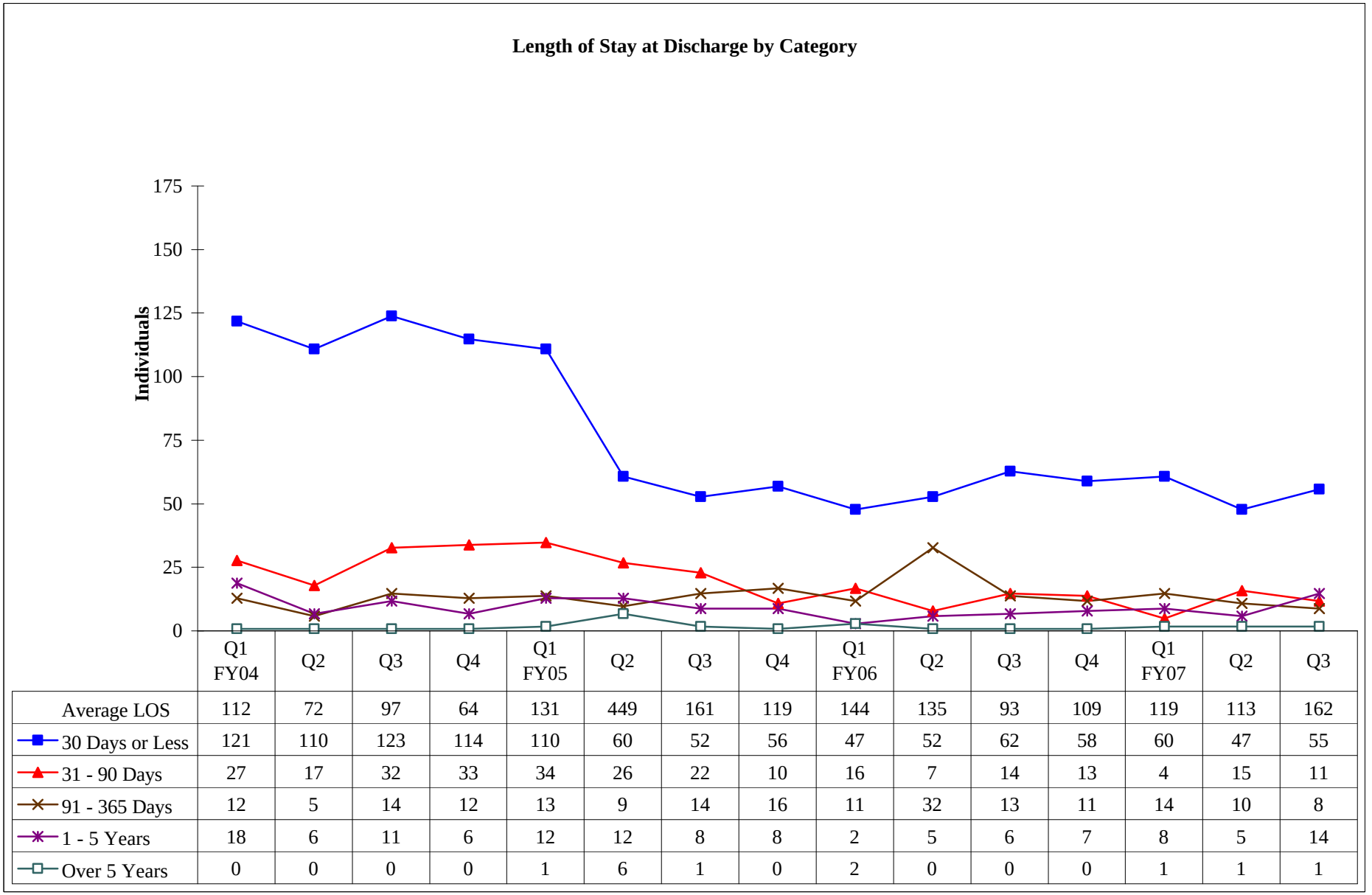


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	7	8	9	11	13	14	17	17	16	15	15	16	17	16	15	16
30 Days or Less	2084	1858	1601	1300	1013	903	802	775	817	834	803	778	772	845	887	894
31-90 Days	62	62	71	93	105	109	111	101	97	104	106	102	102	99	104	109
91-365 Days	2	2	5	6	11	11	19	18	15	11	9	15	20	19	14	17

Chart: Hospital Management Data Services

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



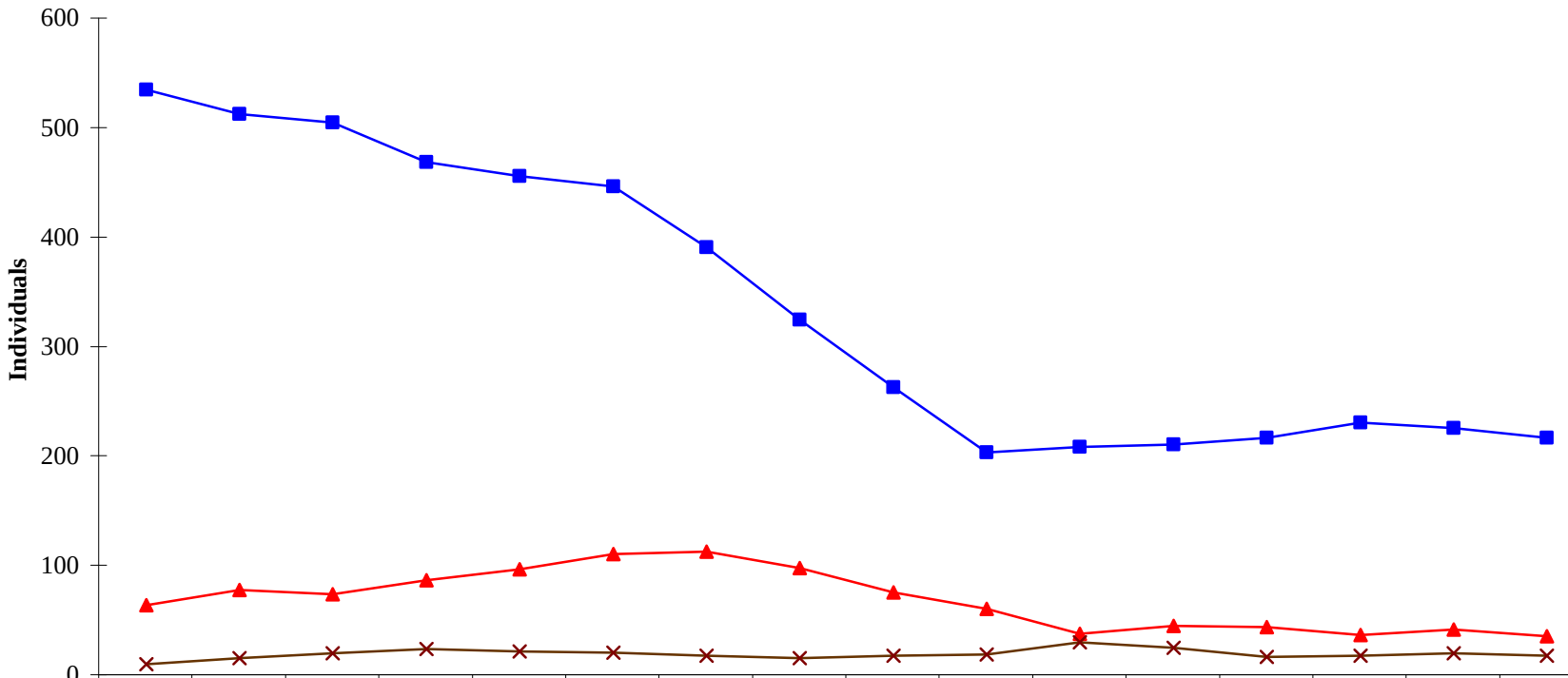
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	112	72	97	64	131	449	161	119	144	135	93	109	119	113	162
30 Days or Less	121	110	123	114	110	60	52	56	47	52	62	58	60	47	55
31 - 90 Days	27	17	32	33	34	26	22	10	16	7	14	13	4	15	11
91 - 365 Days	12	5	14	12	13	9	14	16	11	32	13	11	14	10	8
1 - 5 Years	18	6	11	6	12	12	8	8	2	5	6	7	8	5	14
Over 5 Years	0	0	0	0	1	6	1	0	2	0	0	0	1	1	1

Chart: Hospital Management Data Services

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

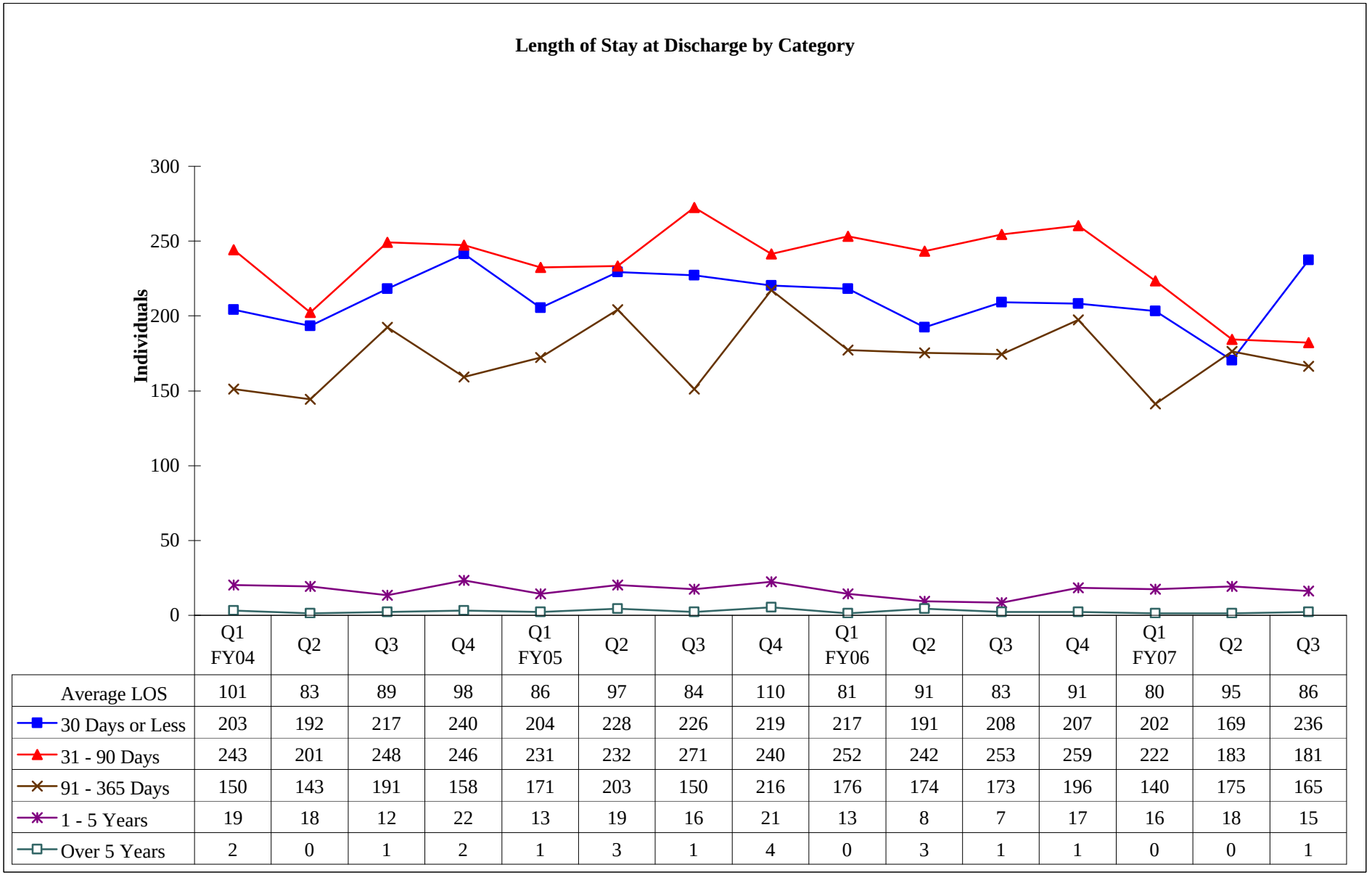


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	16	18	19	23	24	26	27	29	30	33	36	31	25	23	23	22
30 Days or Less	532	510	502	466	453	444	388	322	260	201	206	208	214	228	223	214
31-90 Days	61	75	71	84	94	108	110	95	73	58	35	42	41	34	39	33
91-365 Days	7	13	17	21	19	18	15	13	15	16	27	22	14	15	17	15

Chart: Hospital Management Data Services

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



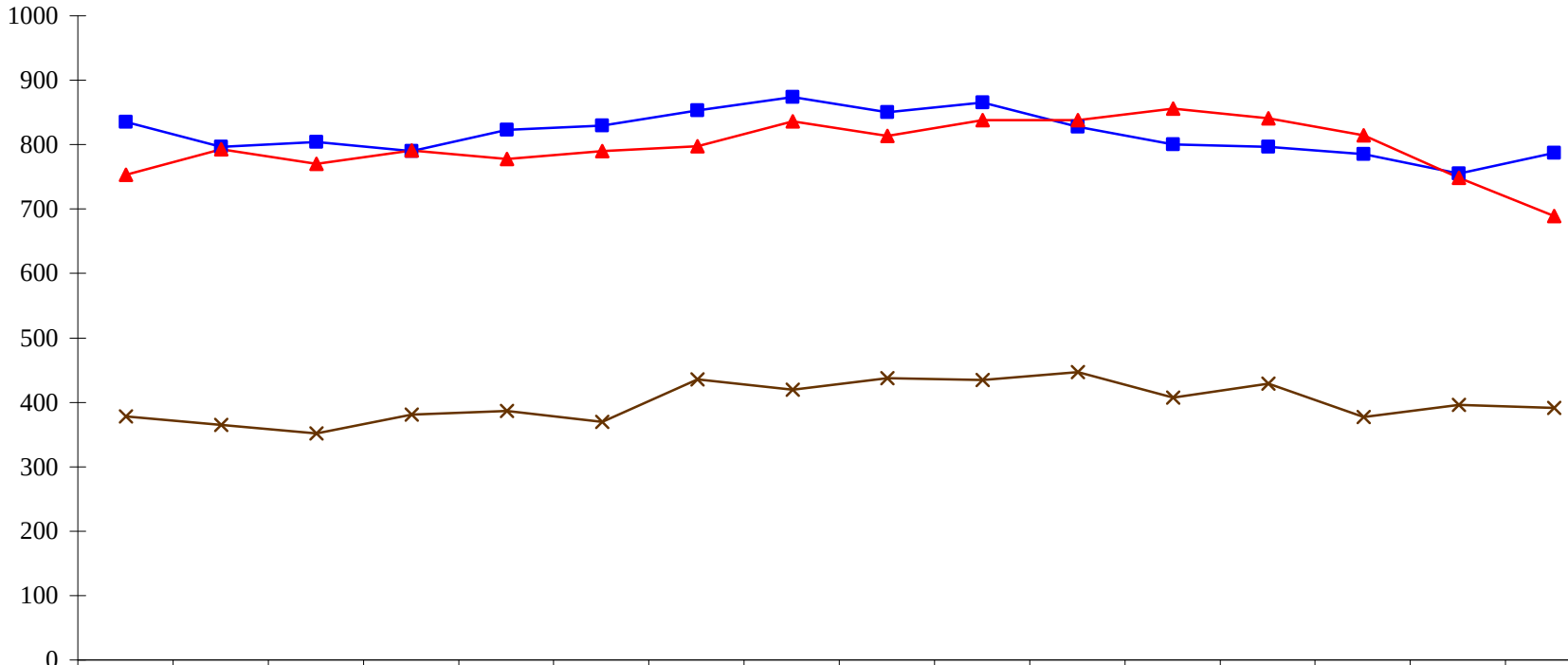
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	101	83	89	98	86	97	84	110	81	91	83	91	80	95	86
30 Days or Less	203	192	217	240	204	228	226	219	217	191	208	207	202	169	236
31 - 90 Days	243	201	248	246	231	232	271	240	252	242	253	259	222	183	181
91 - 365 Days	150	143	191	158	171	203	150	216	176	174	173	196	140	175	165
1 - 5 Years	19	18	12	22	13	19	16	21	13	8	7	17	16	18	15
Over 5 Years	2	0	1	2	1	3	1	4	0	3	1	1	0	0	1

Chart: Hospital Management Data Services

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

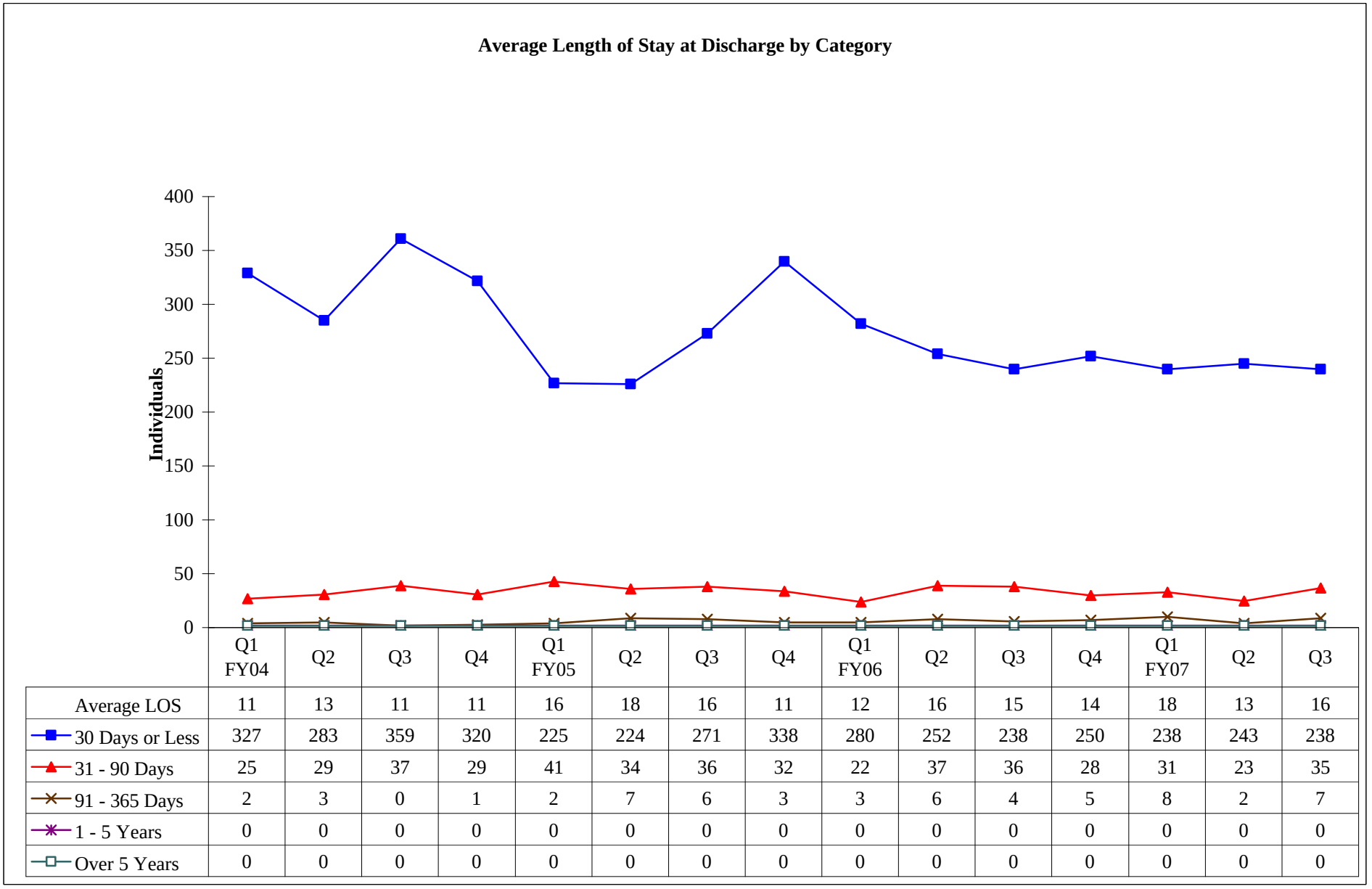


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	53	54	53	56	54	53	56	55	54	56	56	56	57	55	56	56
30 Days or Less	831	793	800	786	819	826	849	870	846	861	824	796	793	781	751	783
31-90 Days	749	789	766	787	774	786	794	832	810	834	834	852	837	811	745	685
91-365 Days	374	361	348	377	383	366	432	416	434	431	443	403	425	373	392	387

Chart: Hospital Management Data Services

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



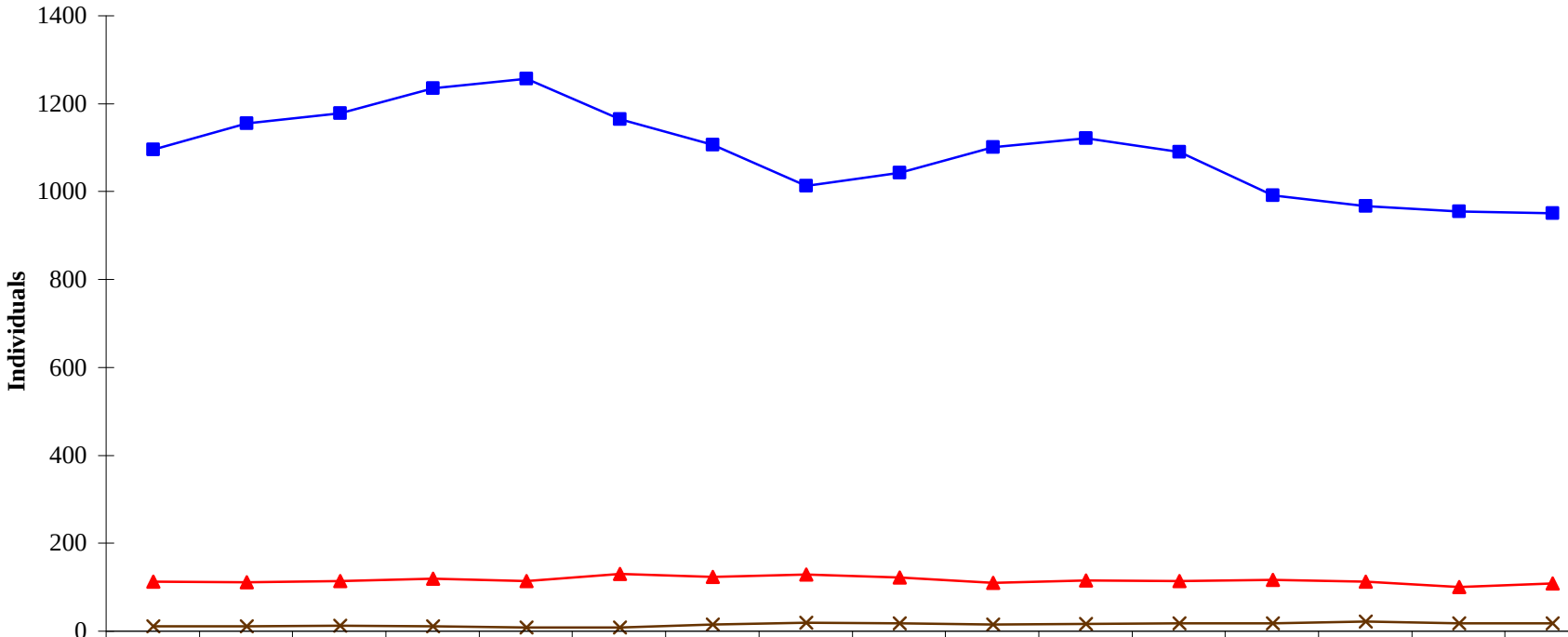
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	11	13	11	11	16	18	16	11	12	16	15	14	18	13	16
30 Days or Less	327	283	359	320	225	224	271	338	280	252	238	250	238	243	238
31 - 90 Days	25	29	37	29	41	34	36	32	22	37	36	28	31	23	35
91 - 365 Days	2	3	0	1	2	7	6	3	3	6	4	5	8	2	7
1 - 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

Chart: Hospital Management Data Services

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

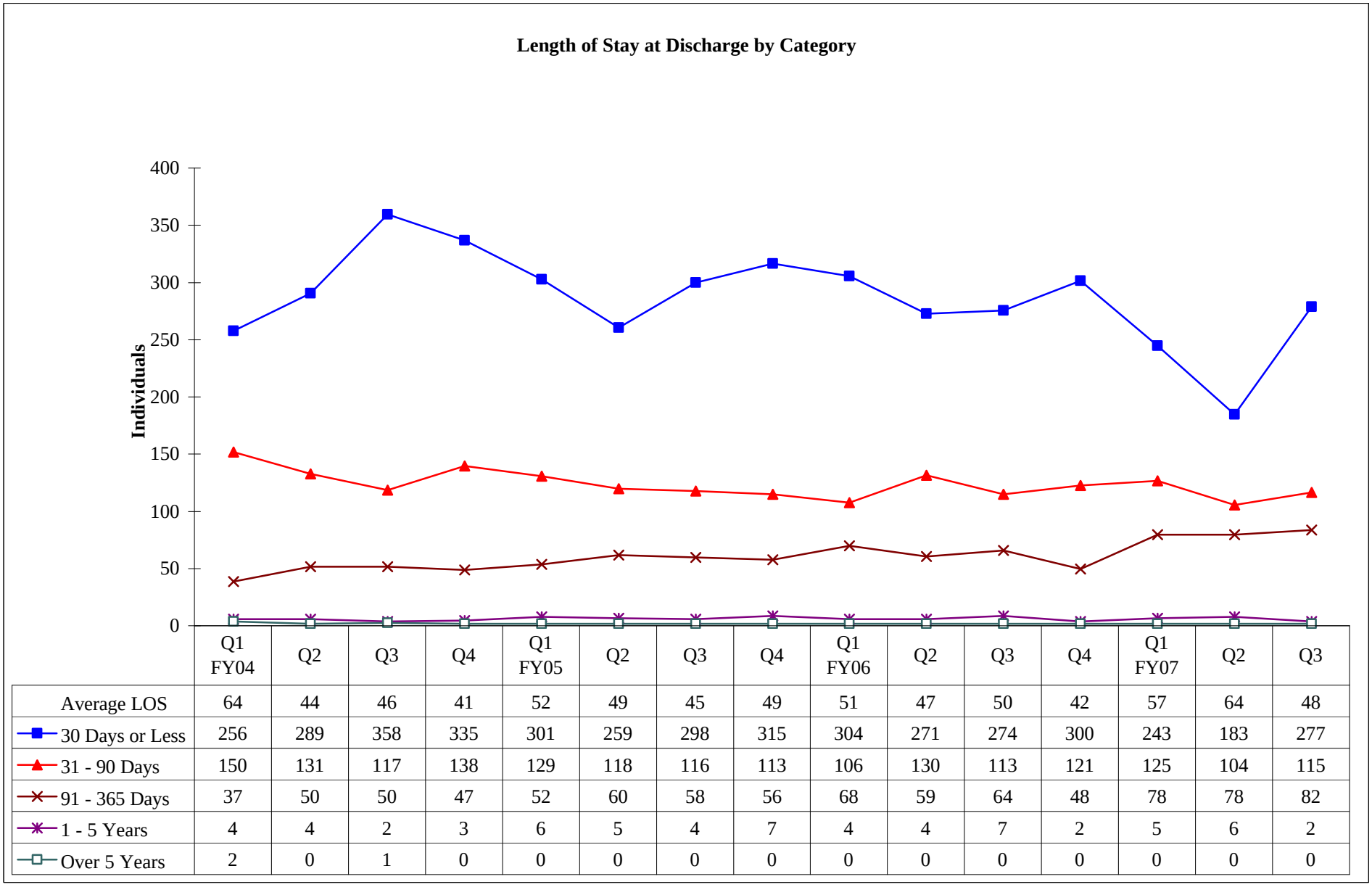


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	12	12	12	11	11	12	13	14	13	12	12	12	13	14	13	14
30 Days or Less	1090	1149	1173	1230	1251	1159	1101	1008	1037	1096	1115	1084	986	961	949	945
31-90 Days	107	106	108	114	108	125	118	123	116	104	110	108	111	107	95	103
91-365 Days	5	6	7	5	3	3	10	13	12	9	11	12	12	16	12	12

Chart: Hospital Management Data Services

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



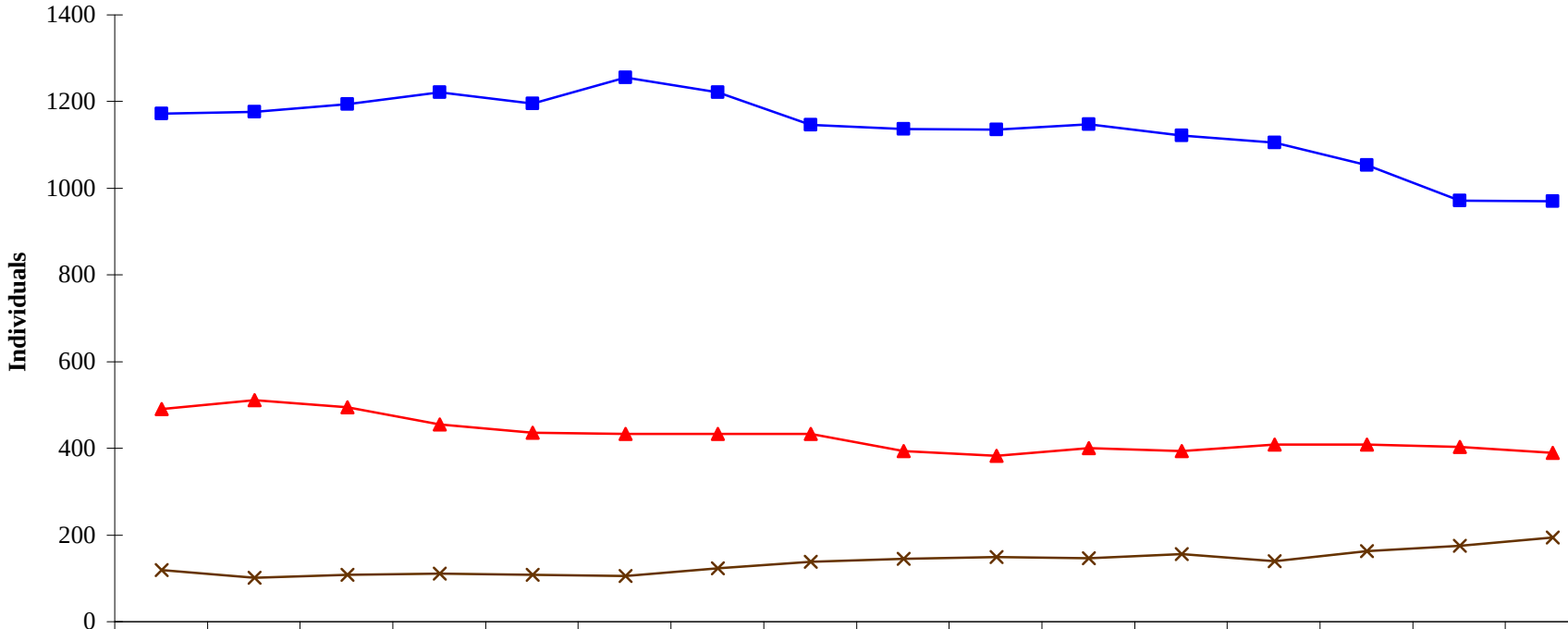
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	64	44	46	41	52	49	45	49	51	47	50	42	57	64	48
30 Days or Less	256	289	358	335	301	259	298	315	304	271	274	300	243	183	277
31 - 90 Days	150	131	117	138	129	118	116	113	106	130	113	121	125	104	115
91 - 365 Days	37	50	50	47	52	60	58	56	68	59	64	48	78	78	82
1 - 5 Years	4	4	2	3	6	5	4	7	4	4	7	2	5	6	2
Over 5 Years	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

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

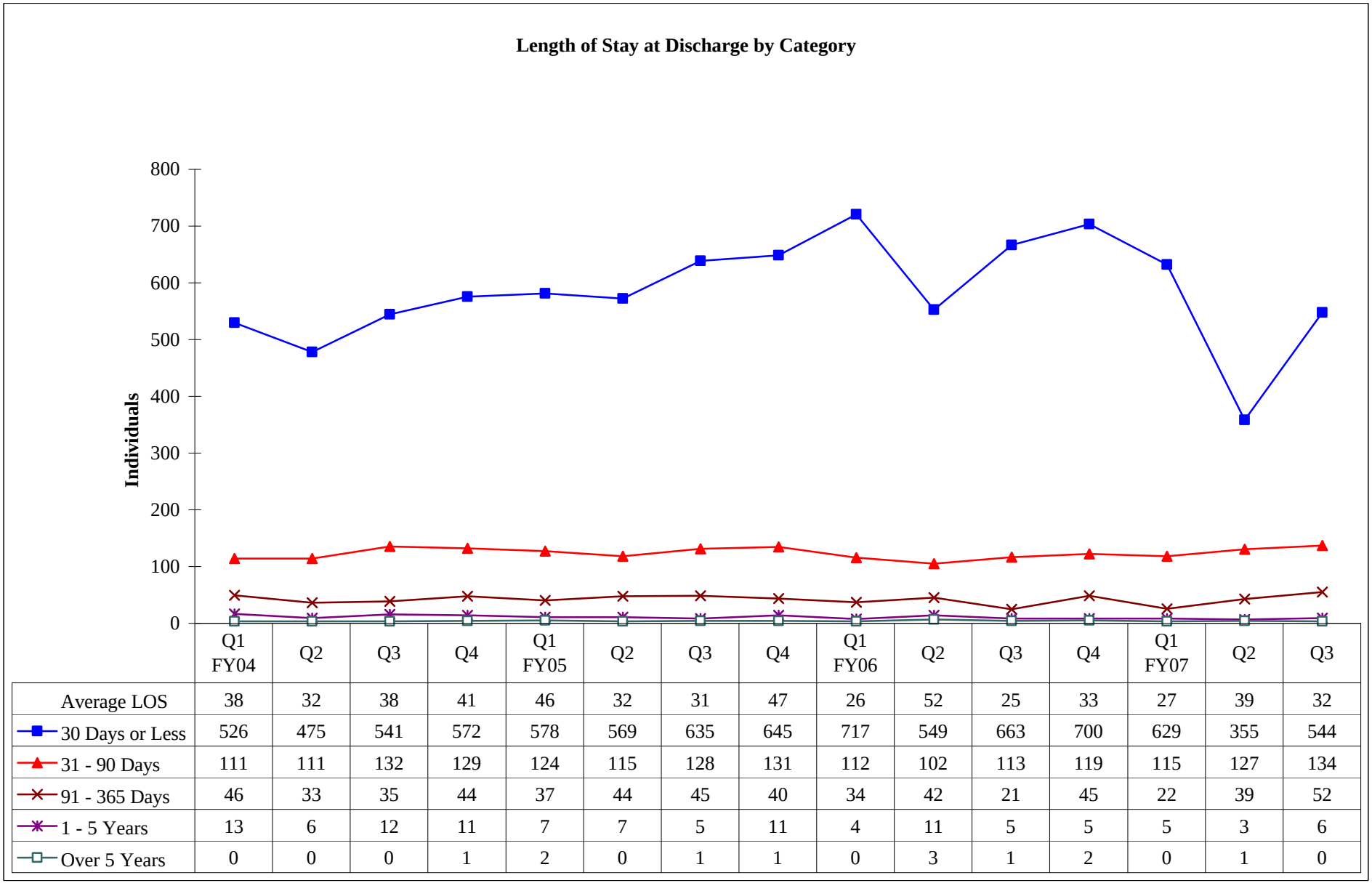


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	32	31	32	31	30	30	31	33	33	33	33	34	33	36	38	38
30 Days or Less	1167	1170	1188	1216	1190	1250	1216	1141	1131	1130	1142	1116	1100	1048	966	964
31-90 Days	485	505	489	449	430	427	428	427	388	377	395	388	403	403	397	384
91-365 Days	114	96	103	105	102	100	118	133	140	143	141	150	134	157	169	188

Chart: Hospital Management Data Services

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



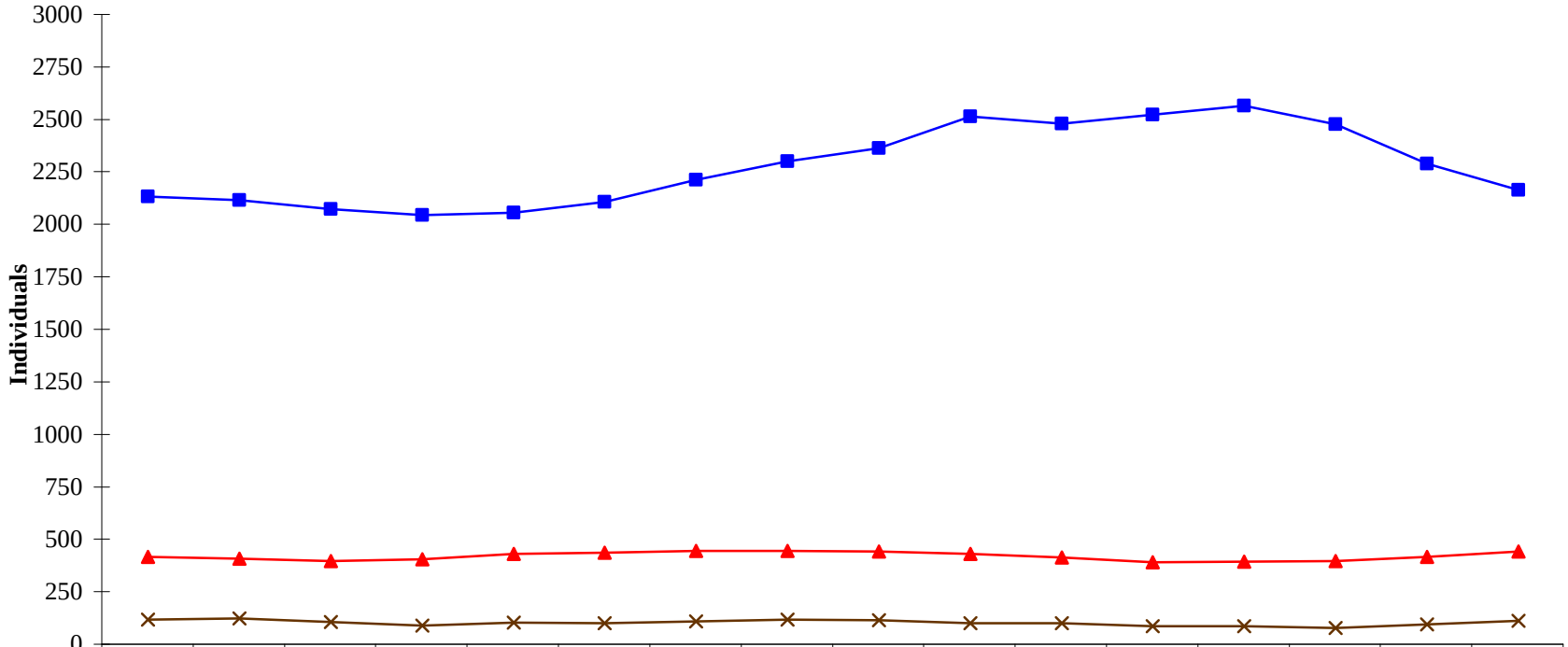
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	38	32	38	41	46	32	31	47	26	52	25	33	27	39	32
30 Days or Less	526	475	541	572	578	569	635	645	717	549	663	700	629	355	544
31 - 90 Days	111	111	132	129	124	115	128	131	112	102	113	119	115	127	134
91 - 365 Days	46	33	35	44	37	44	45	40	34	42	21	45	22	39	52
1 - 5 Years	13	6	12	11	7	7	5	11	4	11	5	5	5	3	6
Over 5 Years	0	0	0	1	2	0	1	1	0	3	1	2	0	1	0

Chart: Hospital Management Data Services

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

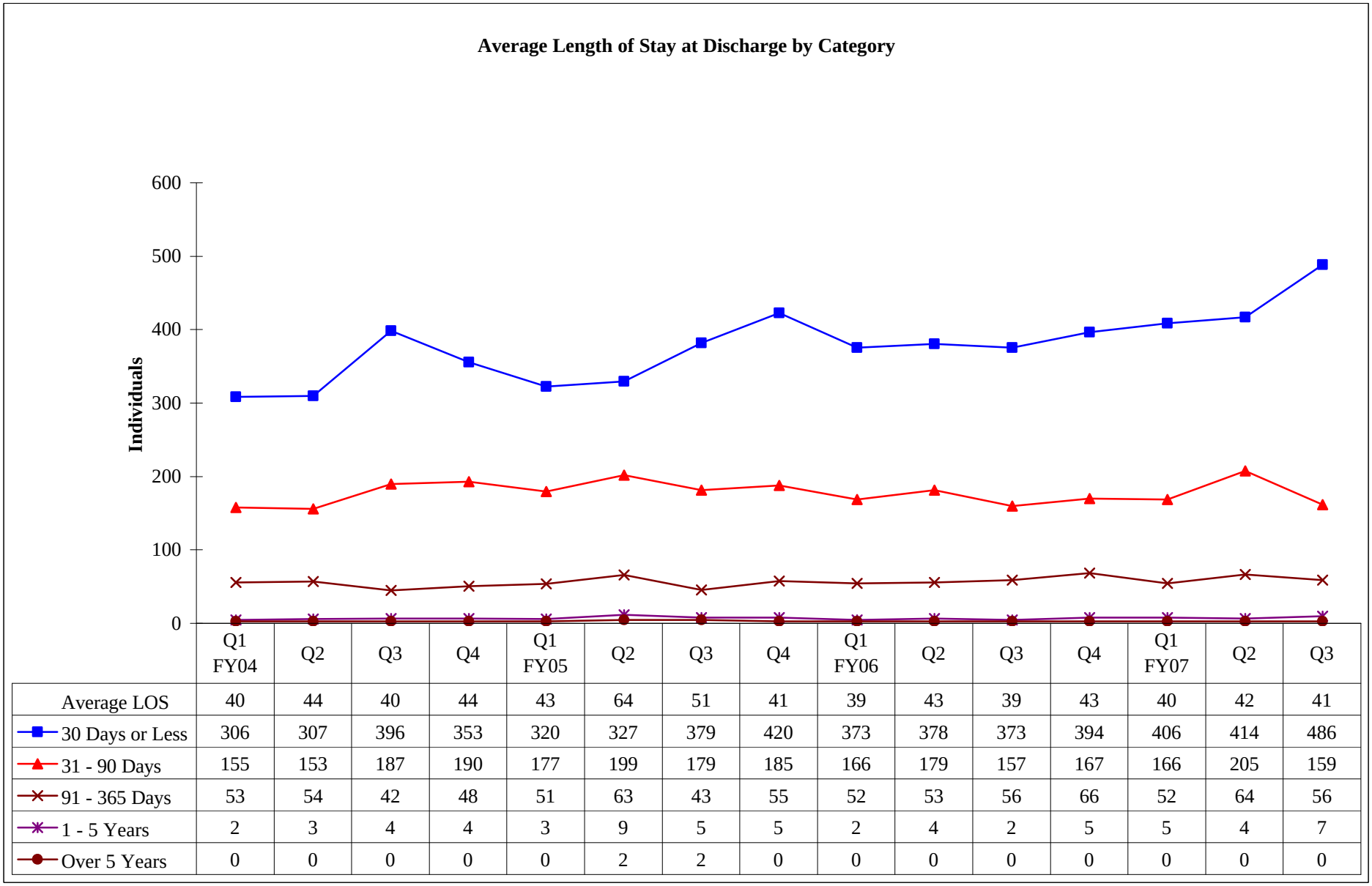


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	21	21	20	20	21	20	20	20	20	19	19	18	18	18	19	21
30 Days or Less	2120	2104	2061	2032	2043	2096	2199	2289	2351	2501	2468	2511	2553	2465	2277	2152
31-90 Days	404	396	384	394	417	423	432	432	429	418	400	379	381	383	403	431
91-365 Days	106	111	93	76	90	87	98	105	102	88	89	73	75	66	82	99

Chart: Hospital Management Data Services

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
Terrell State Hospital

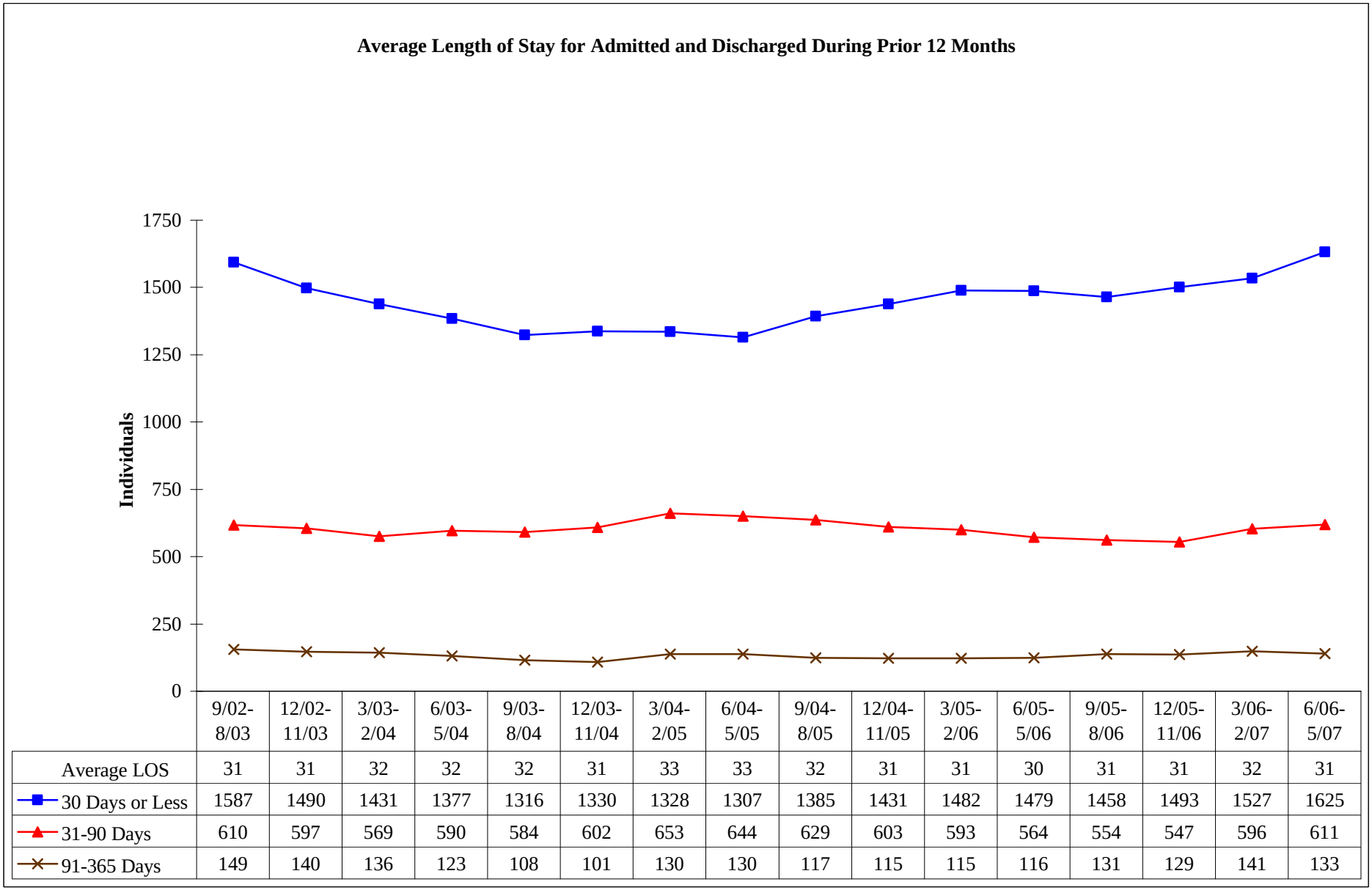


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	40	44	40	44	43	64	51	41	39	43	39	43	40	42	41
30 Days or Less	306	307	396	353	320	327	379	420	373	378	373	394	406	414	486
31 - 90 Days	155	153	187	190	177	199	179	185	166	179	157	167	166	205	159
91 - 365 Days	53	54	42	48	51	63	43	55	52	53	56	66	52	64	56
1 - 5 Years	2	3	4	4	3	9	5	5	2	4	2	5	5	4	7
Over 5 Years	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

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
Terrell State Hospital

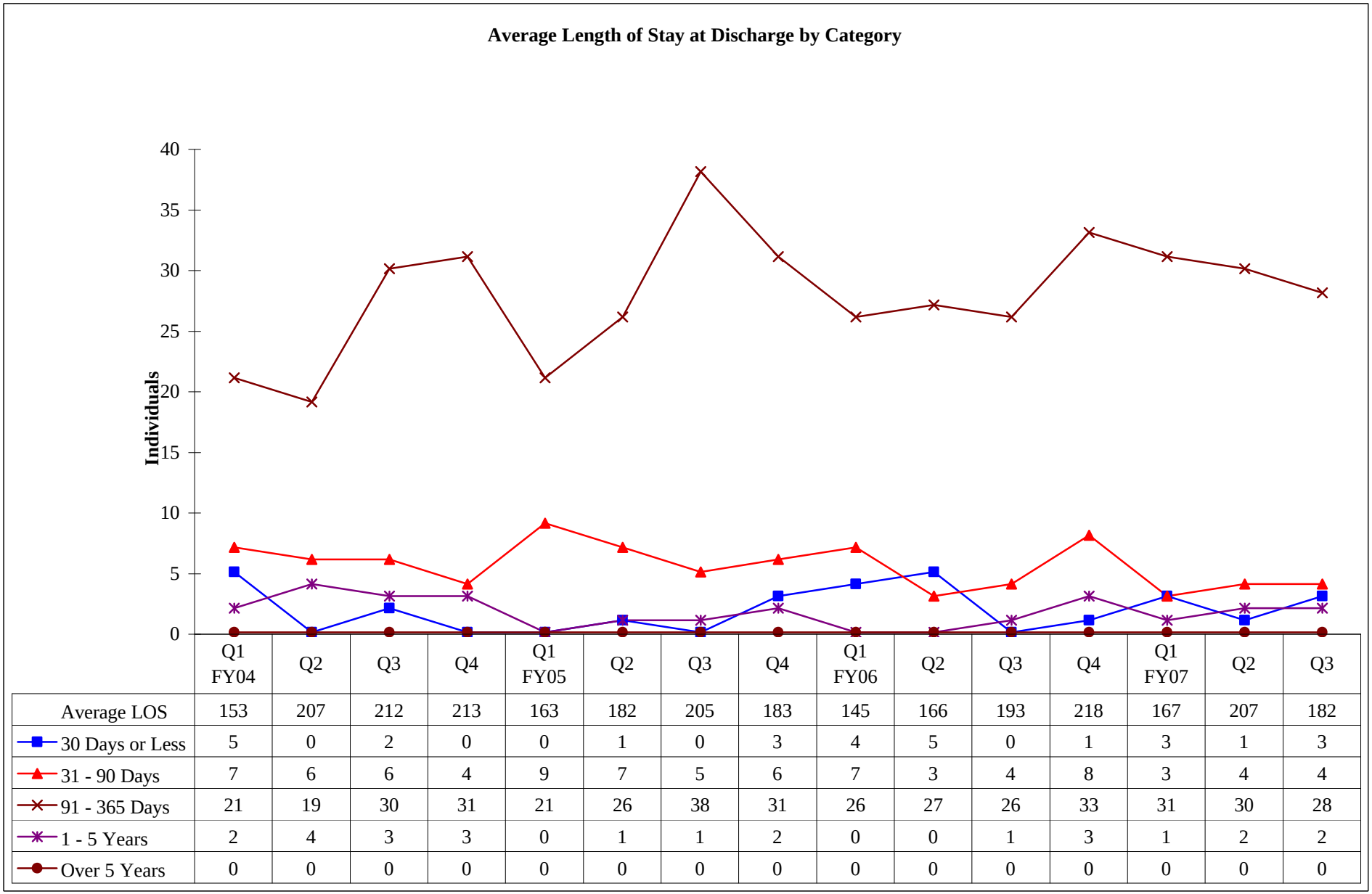


	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07
Average LOS	31	31	32	32	32	31	33	33	32	31	31	30	31	31	32	31
30 Days or Less	1587	1490	1431	1377	1316	1330	1328	1307	1385	1431	1482	1479	1458	1493	1527	1625
31-90 Days	610	597	569	590	584	602	653	644	629	603	593	564	554	547	596	611
91-365 Days	149	140	136	123	108	101	130	130	117	115	115	116	131	129	141	133

Chart: Hospital Management Data Services

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

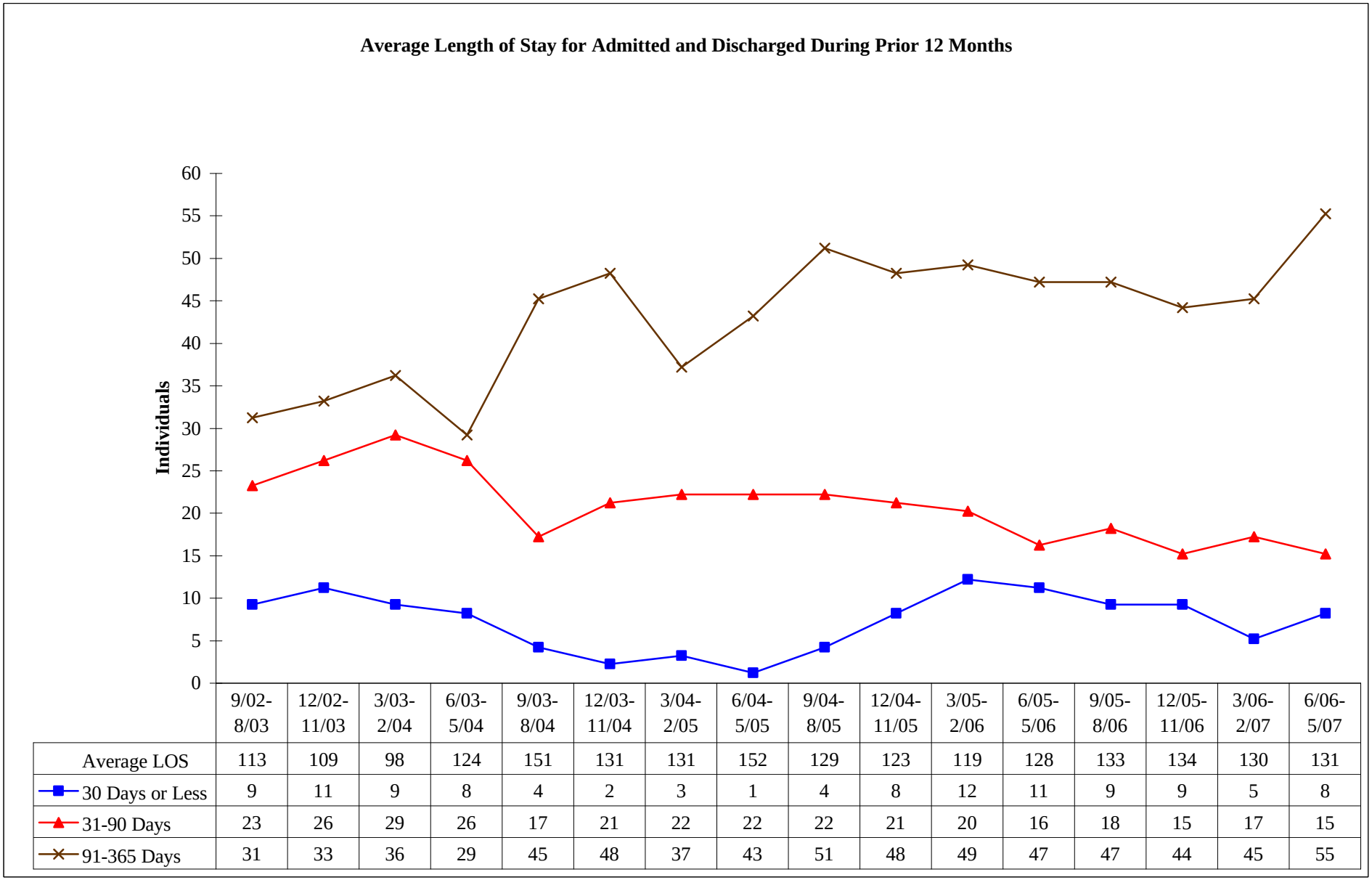


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3
Average LOS	153	207	212	213	163	182	205	183	145	166	193	218	167	207	182
30 Days or Less	5	0	2	0	0	1	0	3	4	5	0	1	3	1	3
31 - 90 Days	7	6	6	4	9	7	5	6	7	3	4	8	3	4	4
91 - 365 Days	21	19	30	31	21	26	38	31	26	27	26	33	31	30	28
1 - 5 Years	2	4	3	3	0	1	1	2	0	0	1	3	1	2	2
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

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



	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	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
Average LOS	113	109	98	124	151	131	131	152	129	123	119	128	133	134	130	131
30 Days or Less	9	11	9	8	4	2	3	1	4	8	12	11	9	9	5	8
31-90 Days	23	26	29	26	17	21	22	22	22	21	20	16	18	15	17	15
91-365 Days	31	33	36	29	45	48	37	43	51	48	49	47	47	44	45	55

Chart: Hospital Management Data Services

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

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

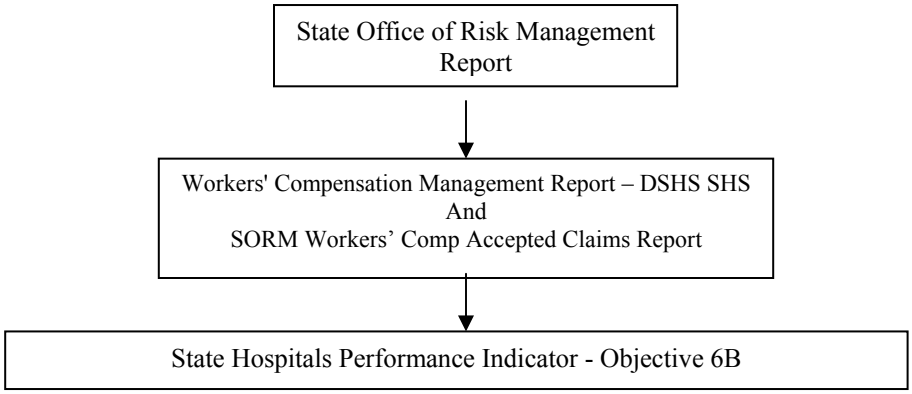
State hospitals will manage workers' compensation claim expenses so that an individual hospital total FY 2007 claims expense will be at or below the dollar target amount established for that hospital.

Performance Objective Operational Definition: Total workers compensation claim expenses filed for FY 2007 will not exceed the target amounts specified for each state hospital by System Risk Management.

Performance Objective Data Display and Chart Description:

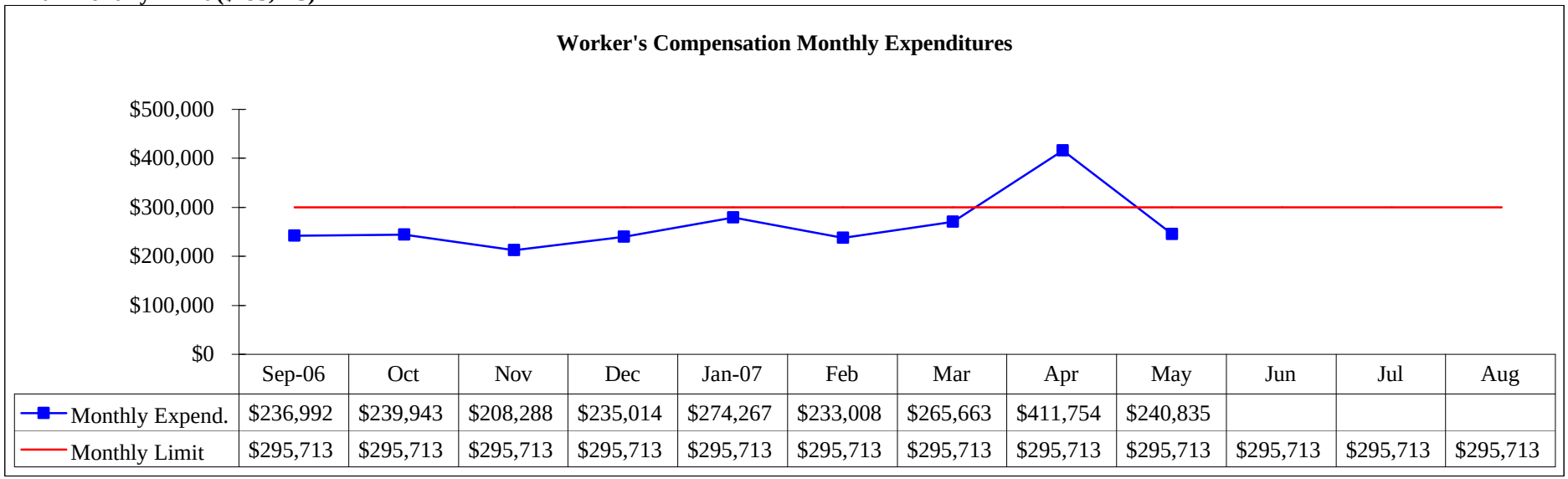
- Chart with monthly data points of claim expenses with targets for individual state hospitals and system-wide.
- Chart with monthly data points of FYTD claim expenses with targets for individual state hospitals and system-wide.

Data Flow:



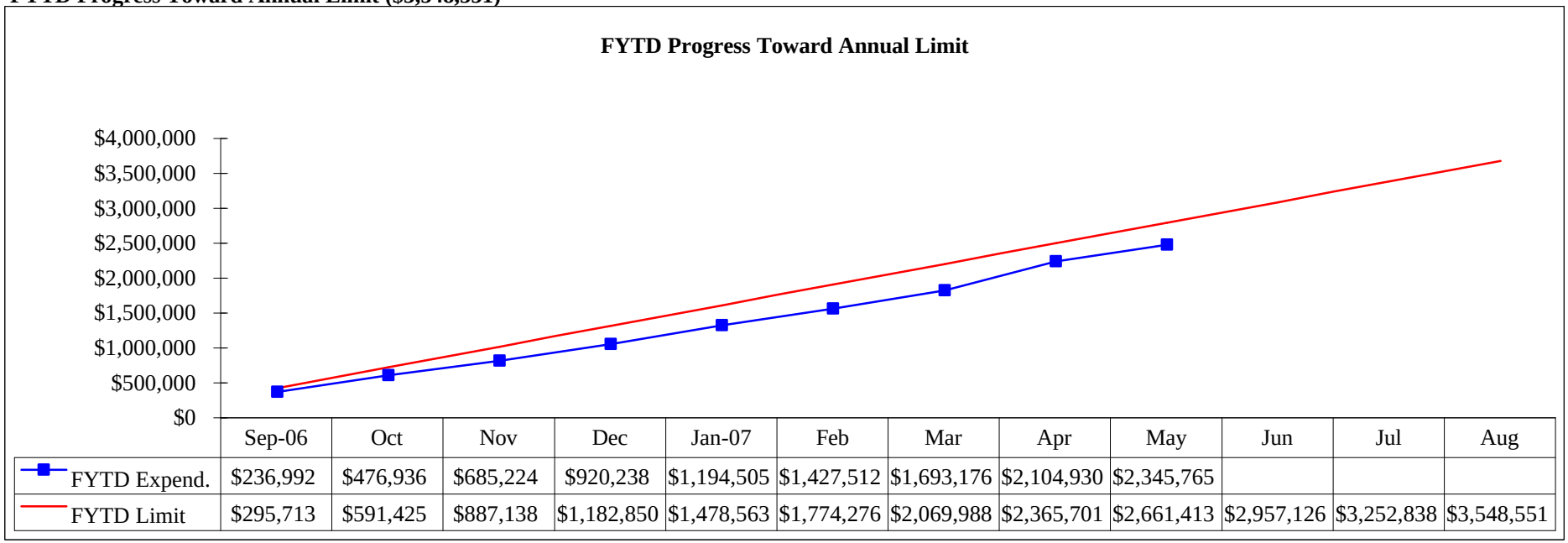
Data Integrity Review Process:
Not subject to DIR. This data is calculated and reported to DSHS Hospitals Section by the Office of the Attorney General.

Objective 6B - Workers Compensation
All State Hospitals
FY07 Monthly Limit ($295,713)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$236,992	$239,943	$208,288	$235,014	$274,267	$233,008	$265,663	$411,754	$240,835			
Monthly Limit	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713	$295,713

FYTD Progress Toward Annual Limit ($3,548,551)

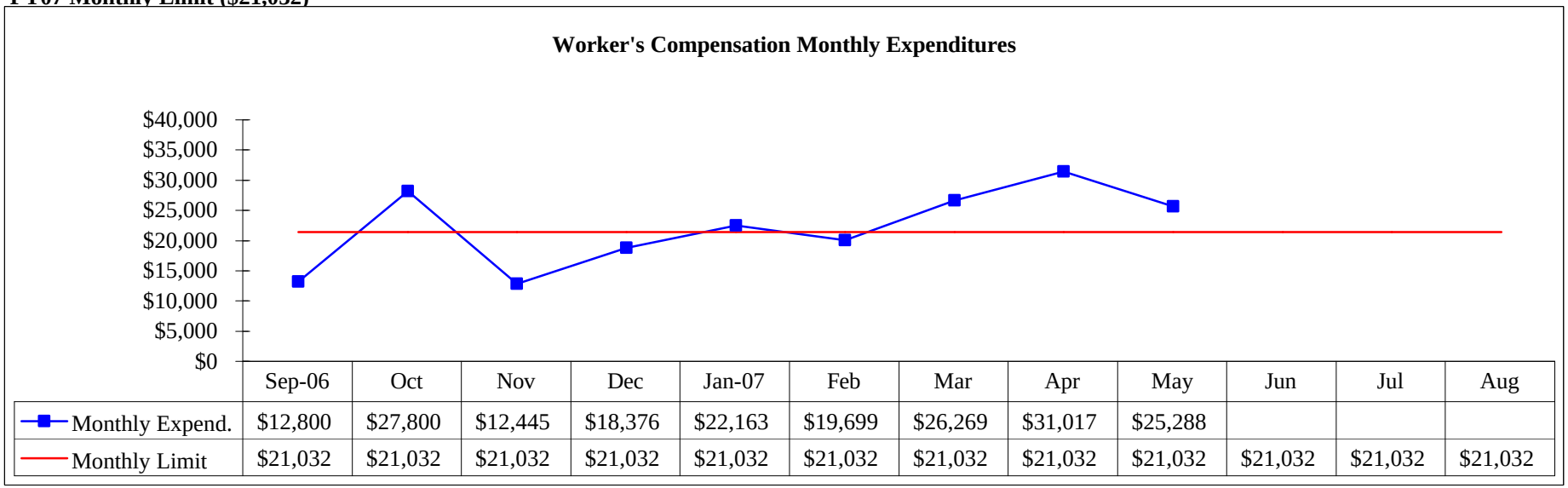


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$236,992	$476,936	$685,224	$920,238	$1,194,505	$1,427,512	$1,693,176	$2,104,930	$2,345,765			
FYTD Limit	$295,713	$591,425	$887,138	$1,182,850	$1,478,563	$1,774,276	$2,069,988	$2,365,701	$2,661,413	$2,957,126	$3,252,838	$3,548,551

Table: Hospital Management Data Services

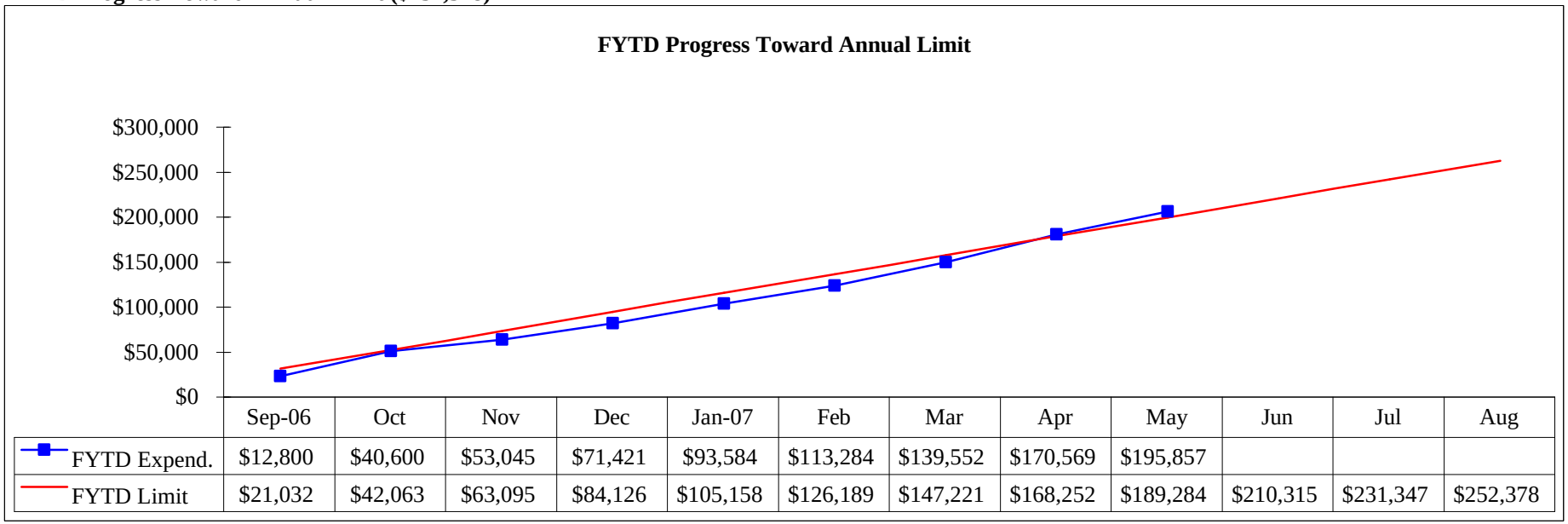
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Austin State Hospital
FY07 Monthly Limit ($21,032)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$12,800	$27,800	$12,445	$18,376	$22,163	$19,699	$26,269	$31,017	$25,288			
Monthly Limit	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032	$21,032

FYTD Progress Toward Annual Limit ($252,378)

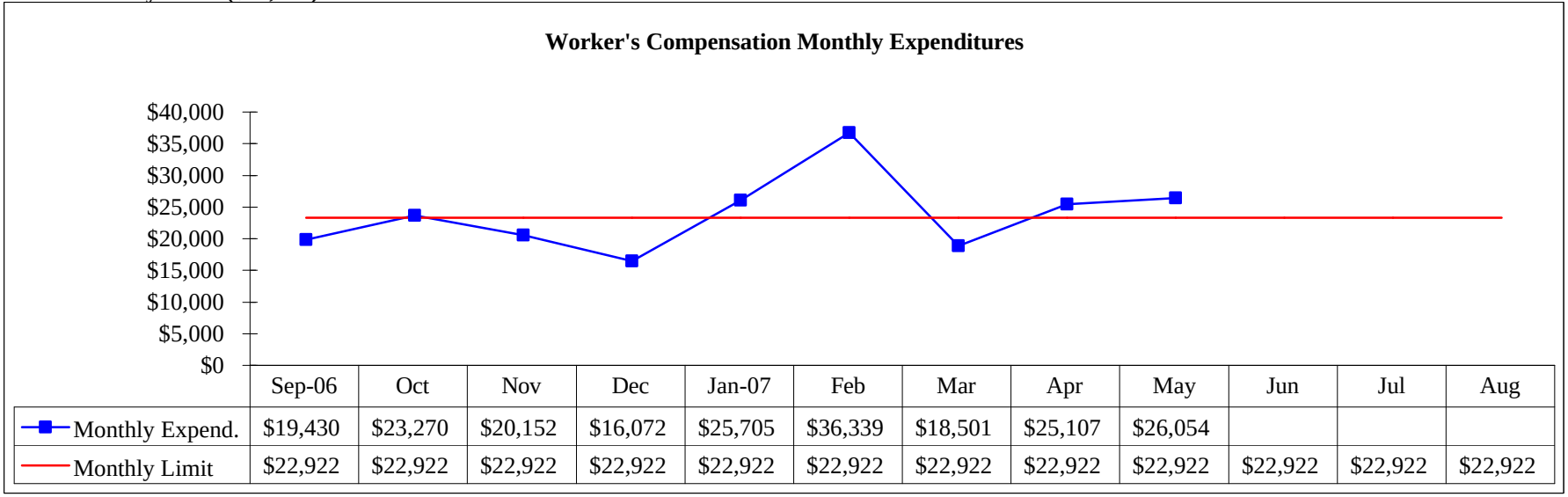


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$12,800	$40,600	$53,045	$71,421	$93,584	$113,284	$139,552	$170,569	$195,857			
FYTD Limit	$21,032	$42,063	$63,095	$84,126	$105,158	$126,189	$147,221	$168,252	$189,284	$210,315	$231,347	$252,378

Table: Hospital Management Data Services

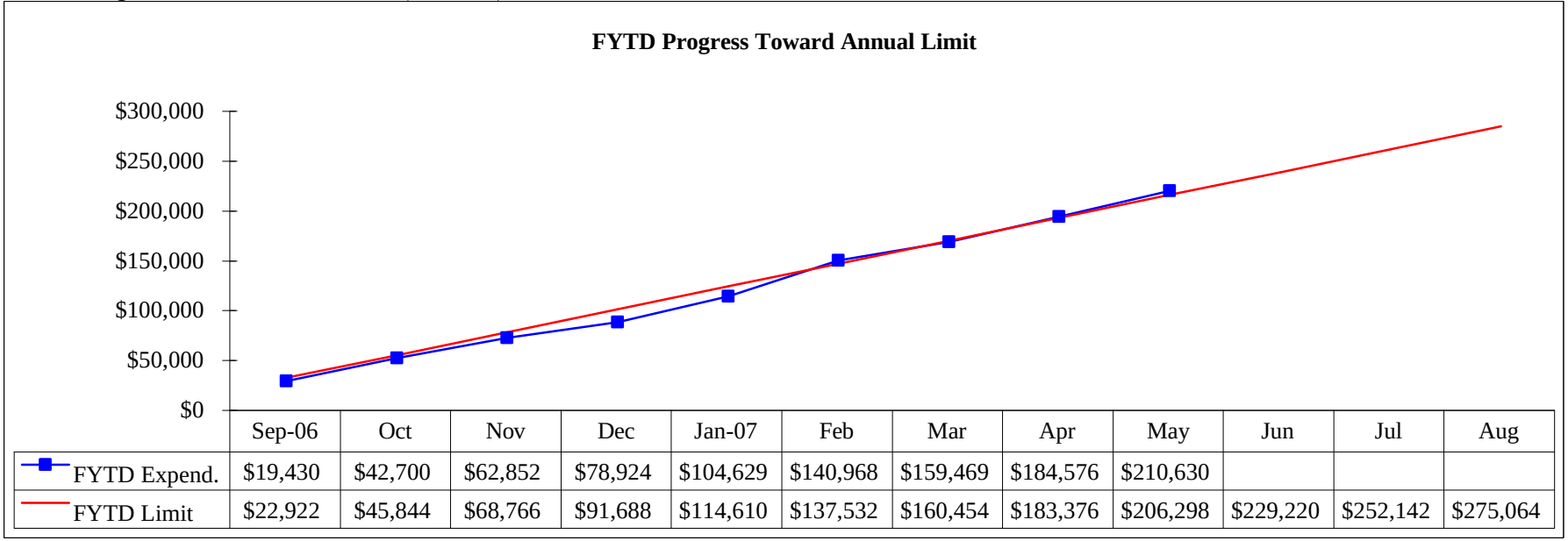
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Big Spring State Hospital
FY07 Monthly Limit ($22,922)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$19,430	$23,270	$20,152	$16,072	$25,705	$36,339	$18,501	$25,107	$26,054			
Monthly Limit	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922	$22,922

FYTD Progress Toward Annual Limit ($275,064)

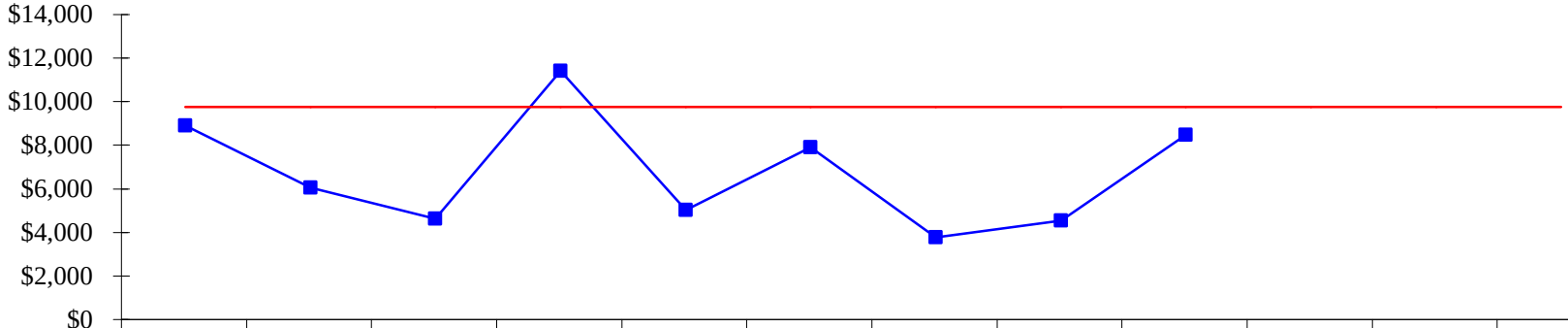


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$19,430	$42,700	$62,852	$78,924	$104,629	$140,968	$159,469	$184,576	$210,630			
FYTD Limit	$22,922	$45,844	$68,766	$91,688	$114,610	$137,532	$160,454	$183,376	$206,298	$229,220	$252,142	$275,064

Table: Hospital Management Data Services

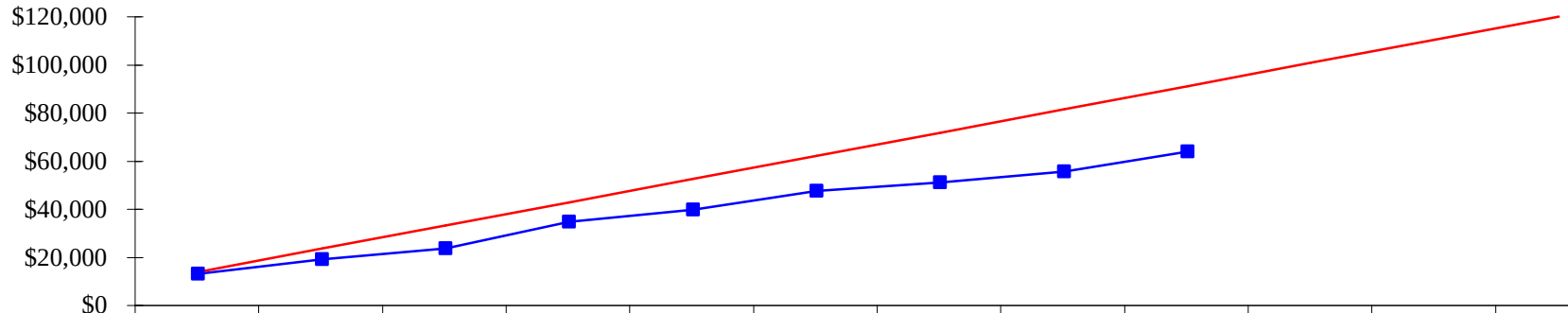
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
El Paso Psychiatric Center
FY07 Monthly Limit ($9,649)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$8,796	$5,942	$4,518	$11,301	$4,899	$7,793	$3,639	$4,428	$8,351			
Monthly Limit	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649	$9,649

FYTD Progress Toward Annual Limit ($115,787)

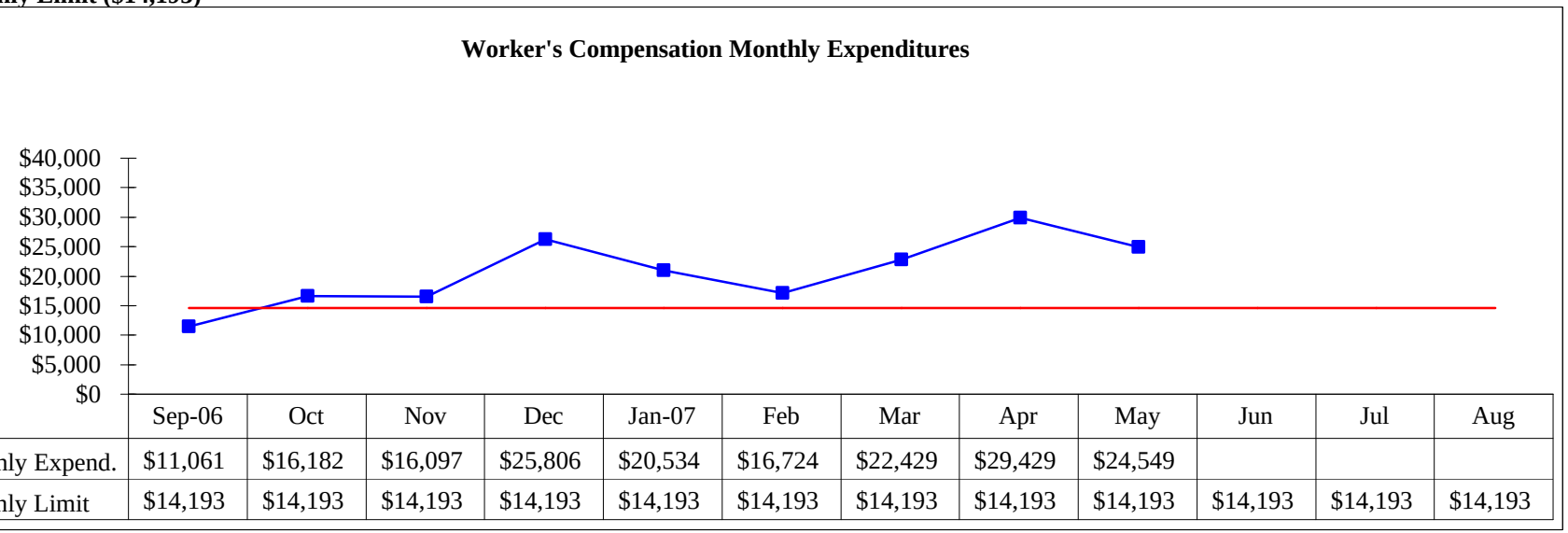


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$8,796	$14,738	$19,256	$30,557	$35,456	$43,249	$46,889	$51,317	$59,668			
FYTD Limit	$9,649	$19,298	$28,947	$38,596	$48,245	$57,894	$67,542	$77,191	$86,840	$96,489	$106,138	$115,787

Table: Hospital Management Data Services

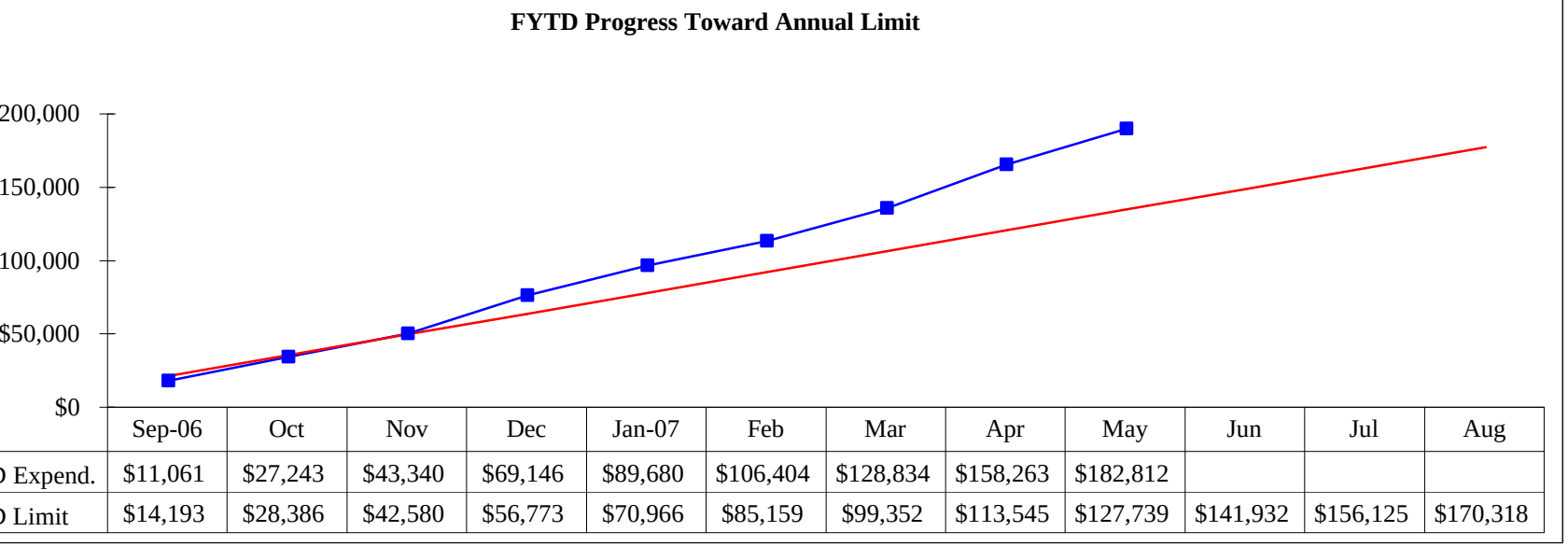
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Kerrville State Hospital
FY07 Monthly Limit ($14,193)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$11,061	$16,182	$16,097	$25,806	$20,534	$16,724	$22,429	$29,429	$24,549			
Monthly Limit	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193	$14,193

FYTD Progress Toward Annual Limit ($170,318)

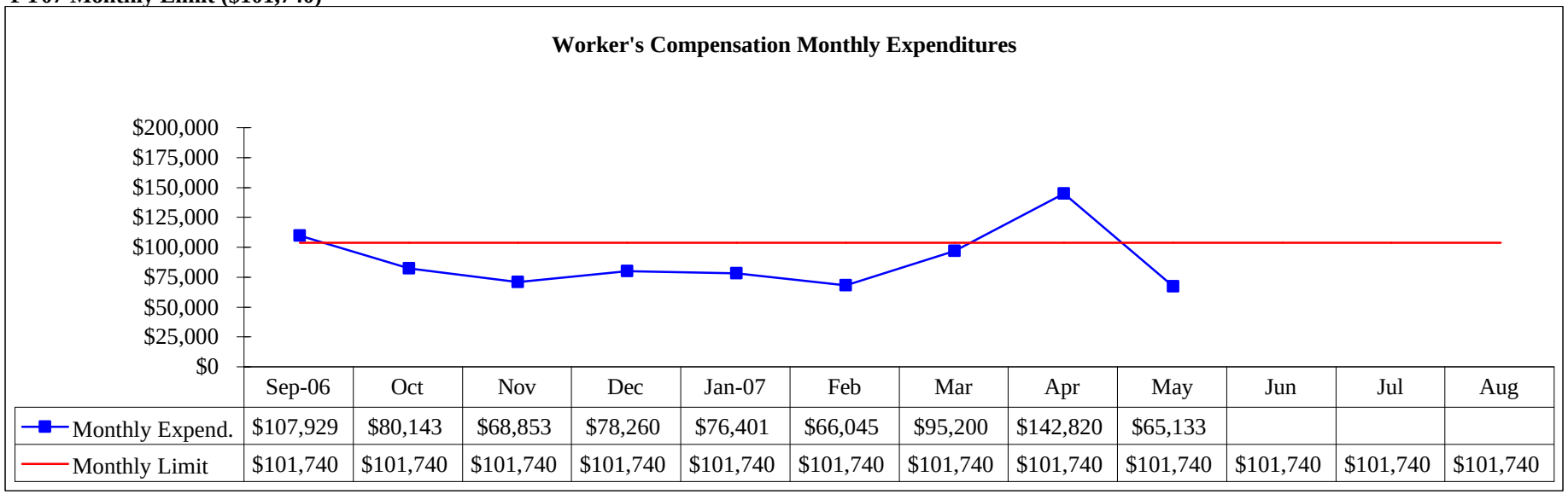


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$11,061	$27,243	$43,340	$69,146	$89,680	$106,404	$128,834	$158,263	$182,812			
FYTD Limit	$14,193	$28,386	$42,580	$56,773	$70,966	$85,159	$99,352	$113,545	$127,739	$141,932	$156,125	$170,318

Table: Hospital Management Data Services

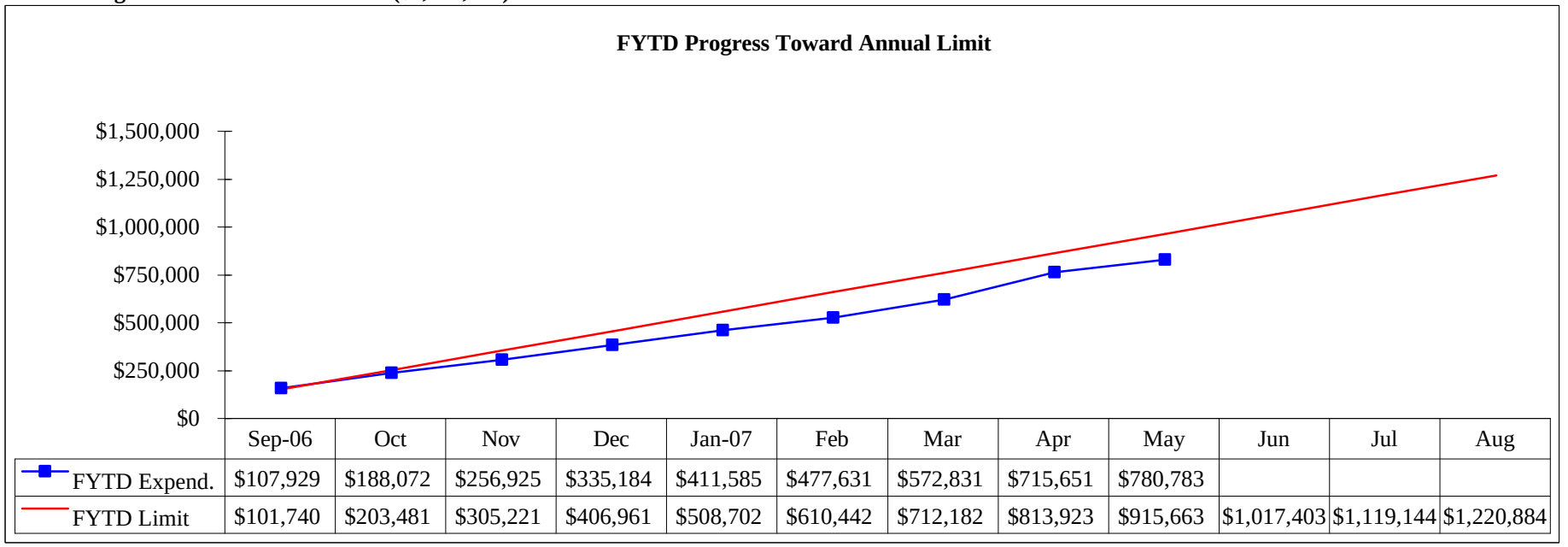
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
North Texas State Hospital
FY07 Monthly Limit ($101,740)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$107,929	$80,143	$68,853	$78,260	$76,401	$66,045	$95,200	$142,820	$65,133			
Monthly Limit	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740	$101,740

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

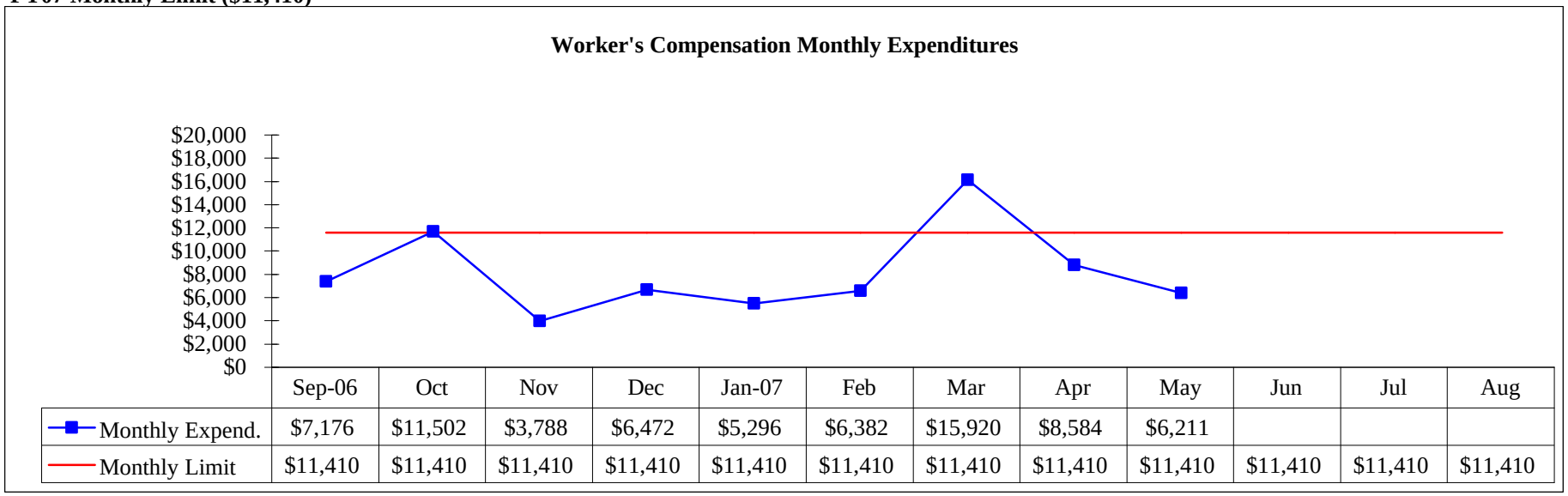


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$107,929	$188,072	$256,925	$335,184	$411,585	$477,631	$572,831	$715,651	$780,783			
FYTD Limit	$101,740	$203,481	$305,221	$406,961	$508,702	$610,442	$712,182	$813,923	$915,663	$1,017,403	$1,119,144	$1,220,884

Table: Hospital Management Data Services

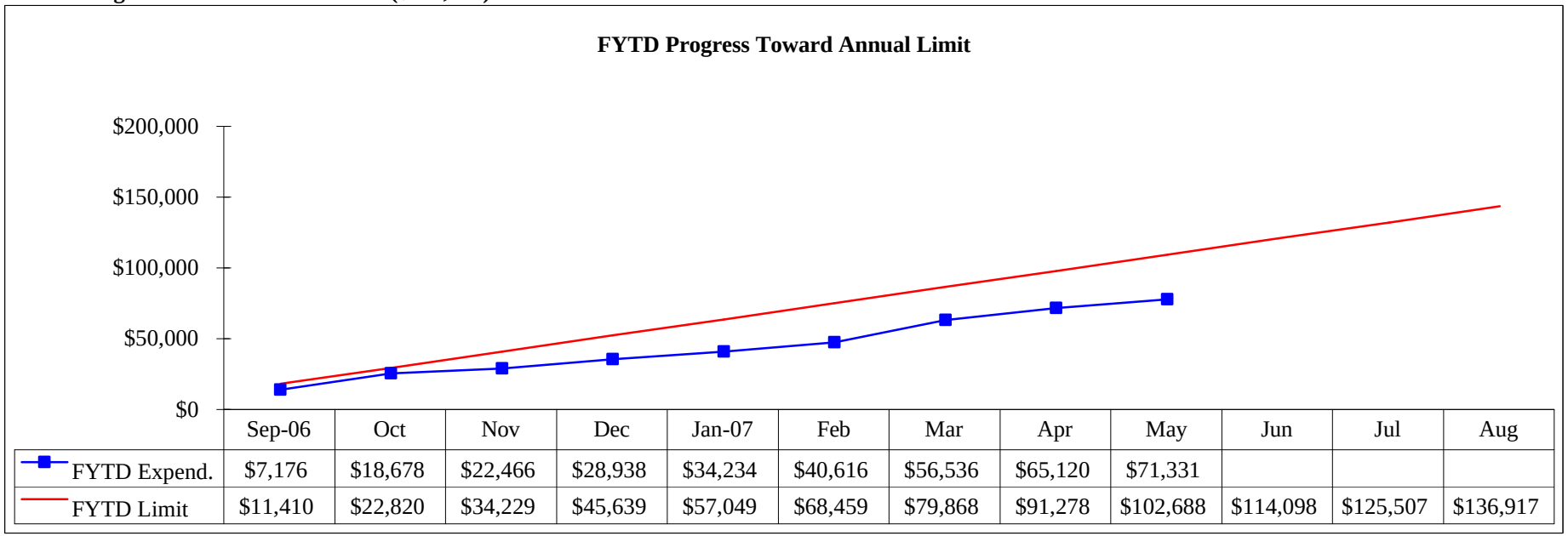
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Rio Grande State Center
FY07 Monthly Limit ($11,410)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$7,176	$11,502	$3,788	$6,472	$5,296	$6,382	$15,920	$8,584	$6,211			
Monthly Limit	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410	$11,410

FYTD Progress Toward Annual Limit ($136,917)

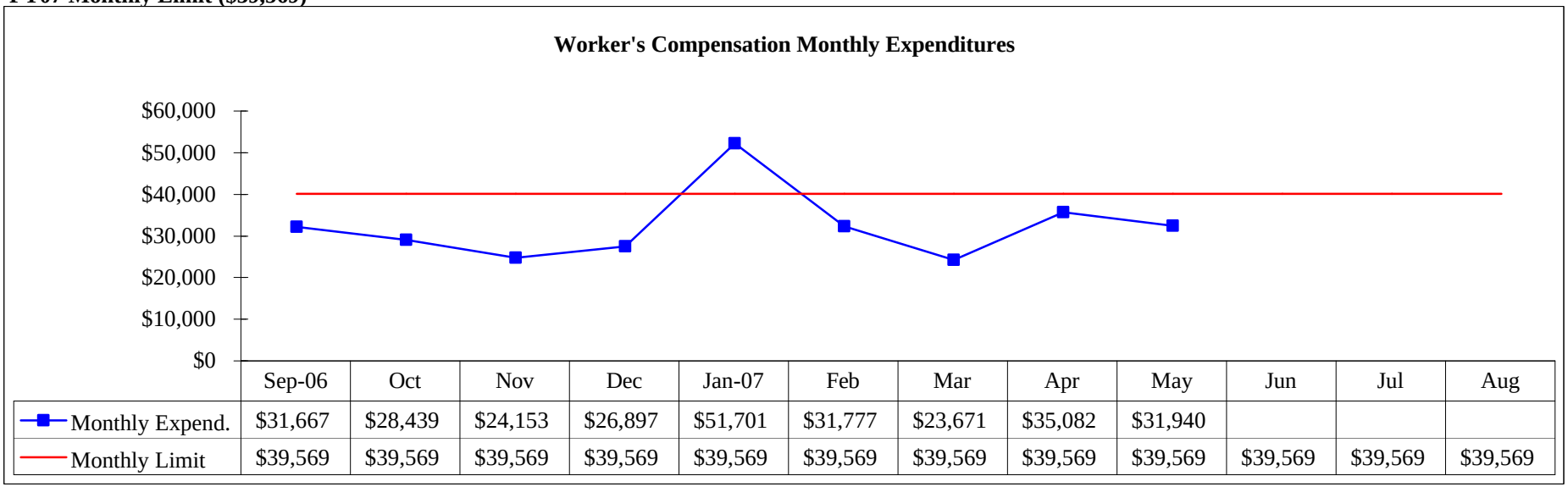


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$7,176	$18,678	$22,466	$28,938	$34,234	$40,616	$56,536	$65,120	$71,331			
FYTD Limit	$11,410	$22,820	$34,229	$45,639	$57,049	$68,459	$79,868	$91,278	$102,688	$114,098	$125,507	$136,917

Table: Hospital Management Data Services

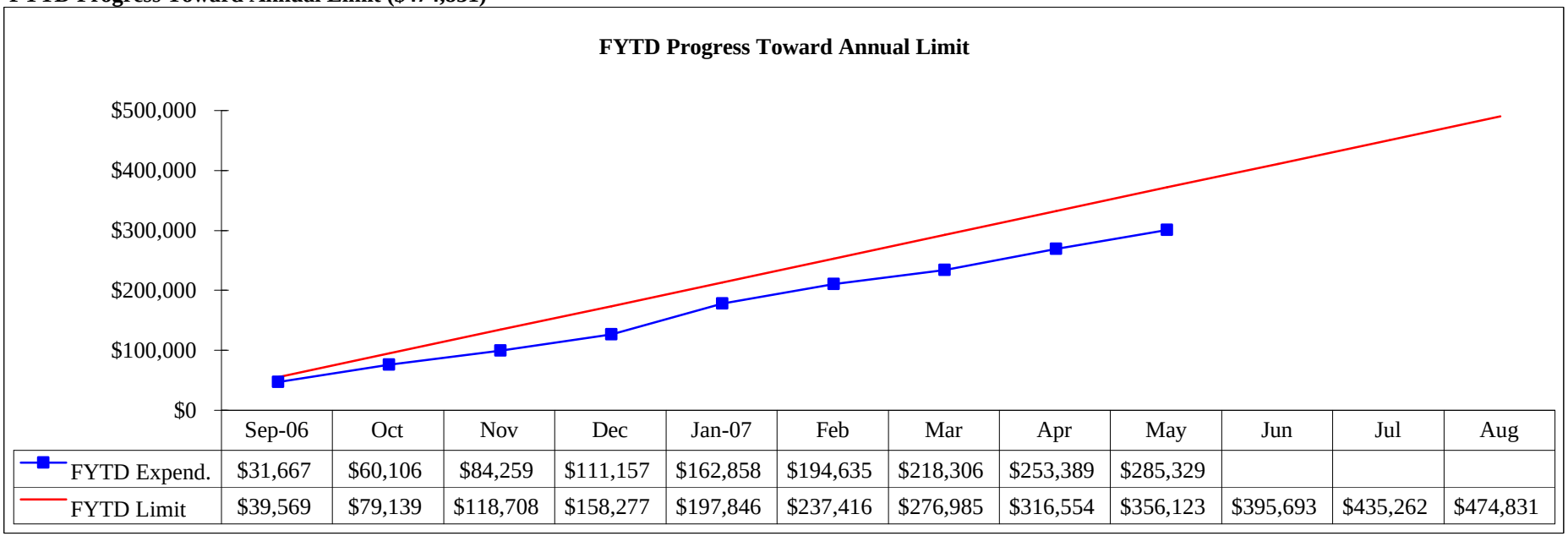
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Rusk State Hospital
FY07 Monthly Limit ($39,569)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$31,667	$28,439	$24,153	$26,897	$51,701	$31,777	$23,671	$35,082	$31,940			
Monthly Limit	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569	$39,569

FYTD Progress Toward Annual Limit ($474,831)

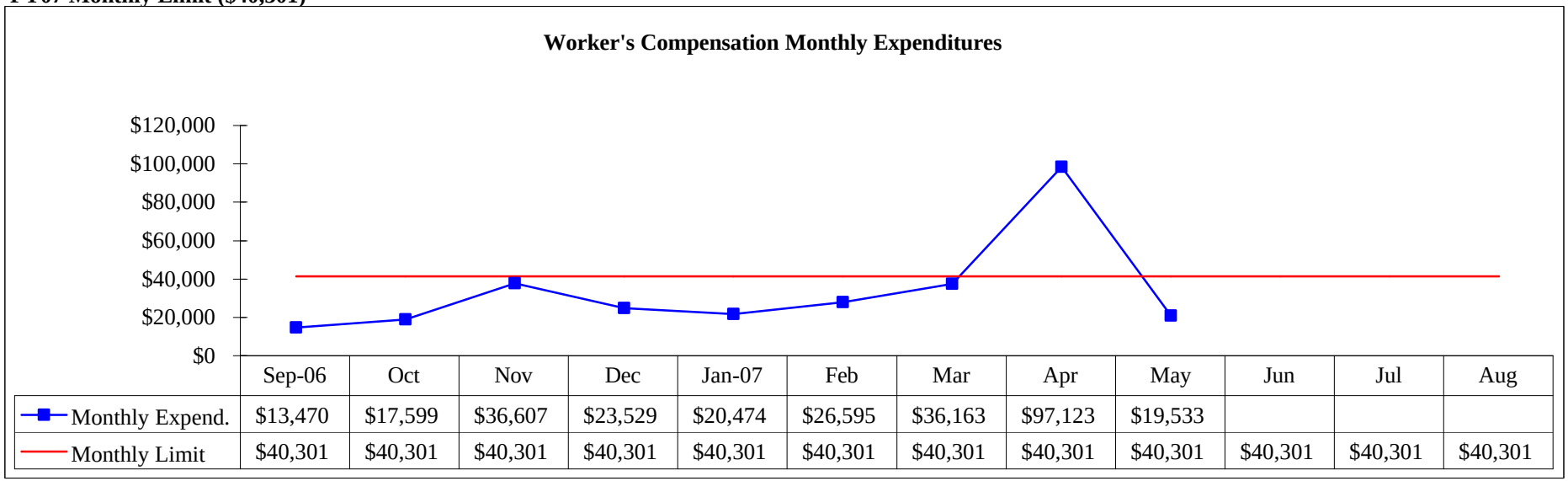


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$31,667	$60,106	$84,259	$111,157	$162,858	$194,635	$218,306	$253,389	$285,329			
FYTD Limit	$39,569	$79,139	$118,708	$158,277	$197,846	$237,416	$276,985	$316,554	$356,123	$395,693	$435,262	$474,831

Table: Hospital Management Data Services

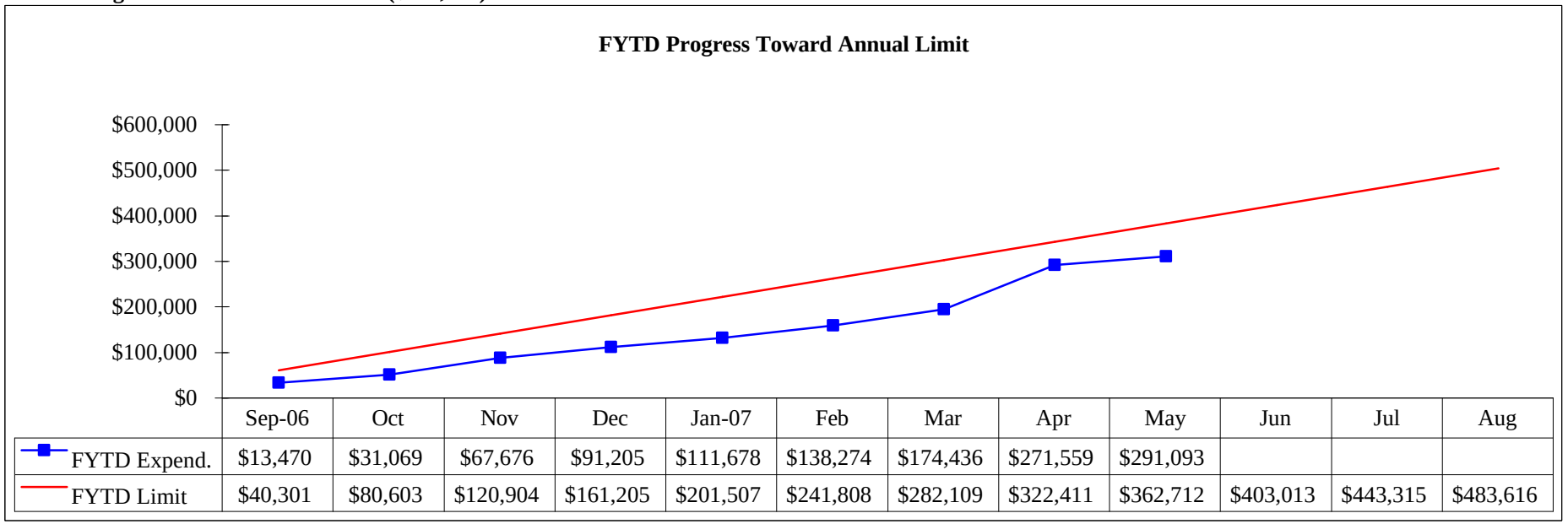
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
San Antonio State Hospital
FY07 Monthly Limit ($40,301)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$13,470	$17,599	$36,607	$23,529	$20,474	$26,595	$36,163	$97,123	$19,533			
Monthly Limit	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301	$40,301

FYTD Progress Toward Annual Limit ($483,616)

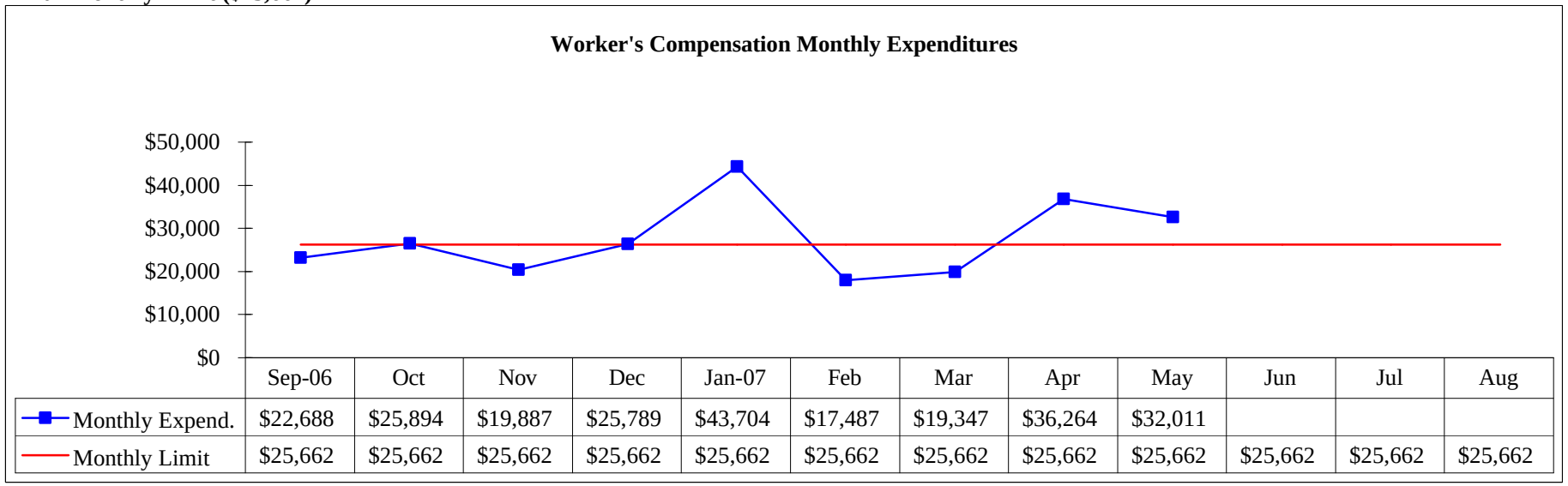


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$13,470	$31,069	$67,676	$91,205	$111,678	$138,274	$174,436	$271,559	$291,093			
FYTD Limit	$40,301	$80,603	$120,904	$161,205	$201,507	$241,808	$282,109	$322,411	$362,712	$403,013	$443,315	$483,616

Table: Hospital Management Data Services

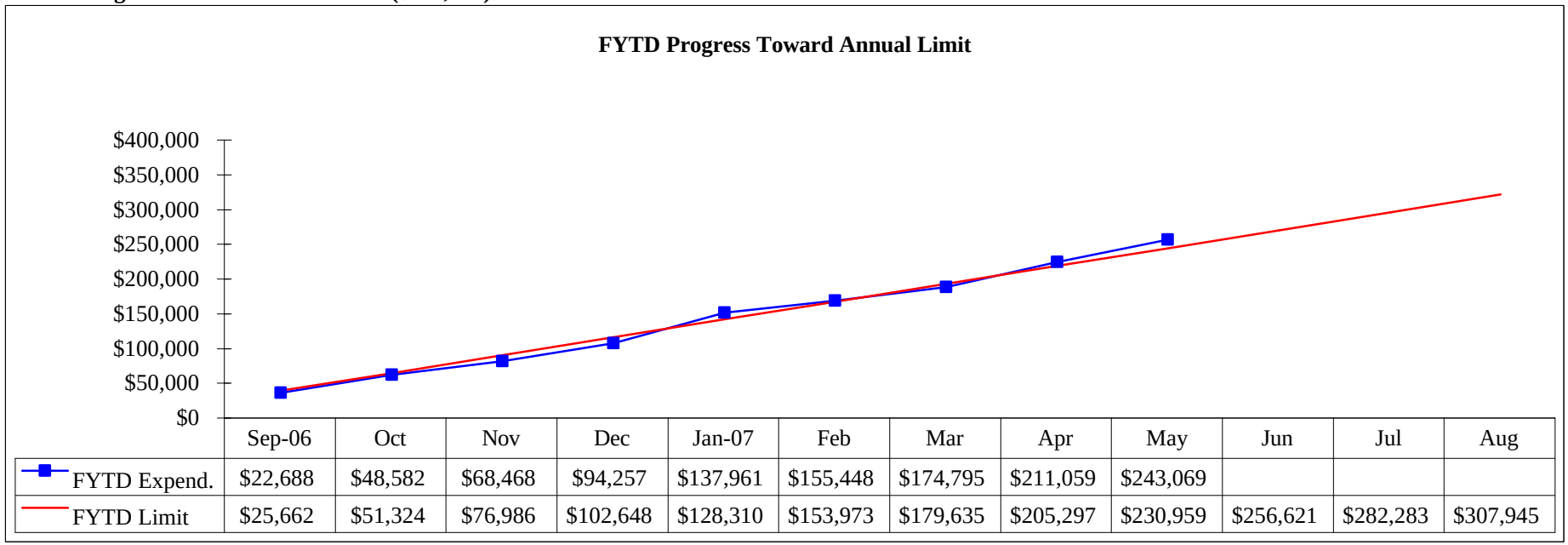
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Terrell State Hospital
FY07 Monthly Limit ($25,662)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$22,688	$25,894	$19,887	$25,789	$43,704	$17,487	$19,347	$36,264	$32,011			
Monthly Limit	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662	$25,662

FYTD Progress Toward Annual Limit ($307,945)

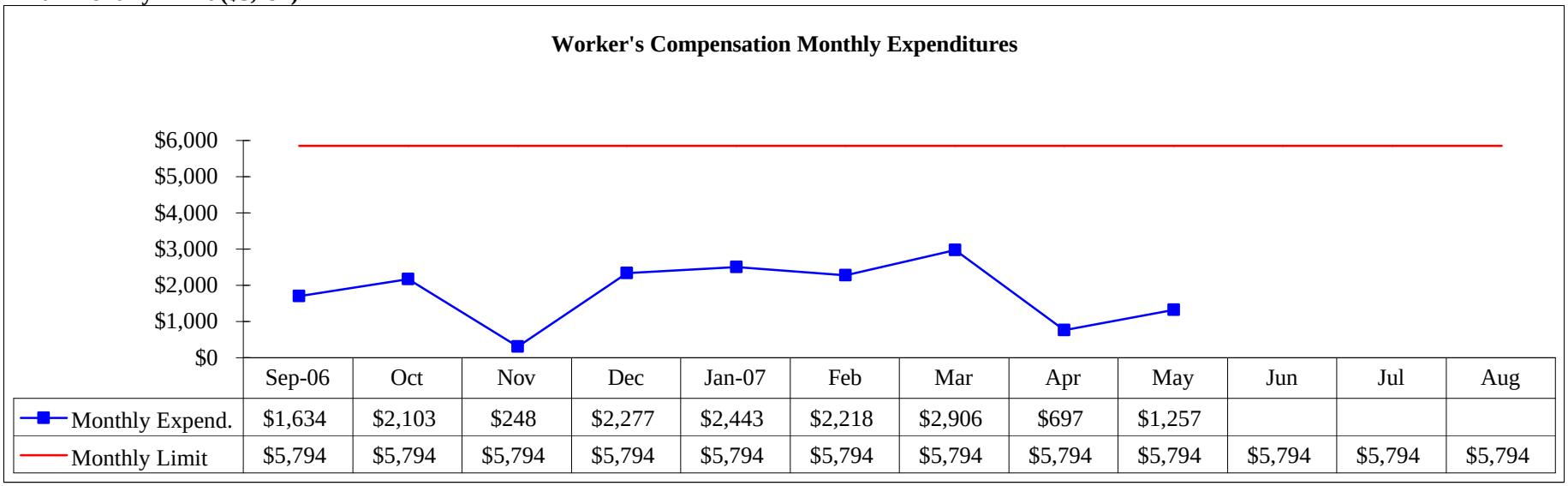


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$22,688	$48,582	$68,468	$94,257	$137,961	$155,448	$174,795	$211,059	$243,069			
FYTD Limit	$25,662	$51,324	$76,986	$102,648	$128,310	$153,973	$179,635	$205,297	$230,959	$256,621	$282,283	$307,945

Table: Hospital Management Data Services

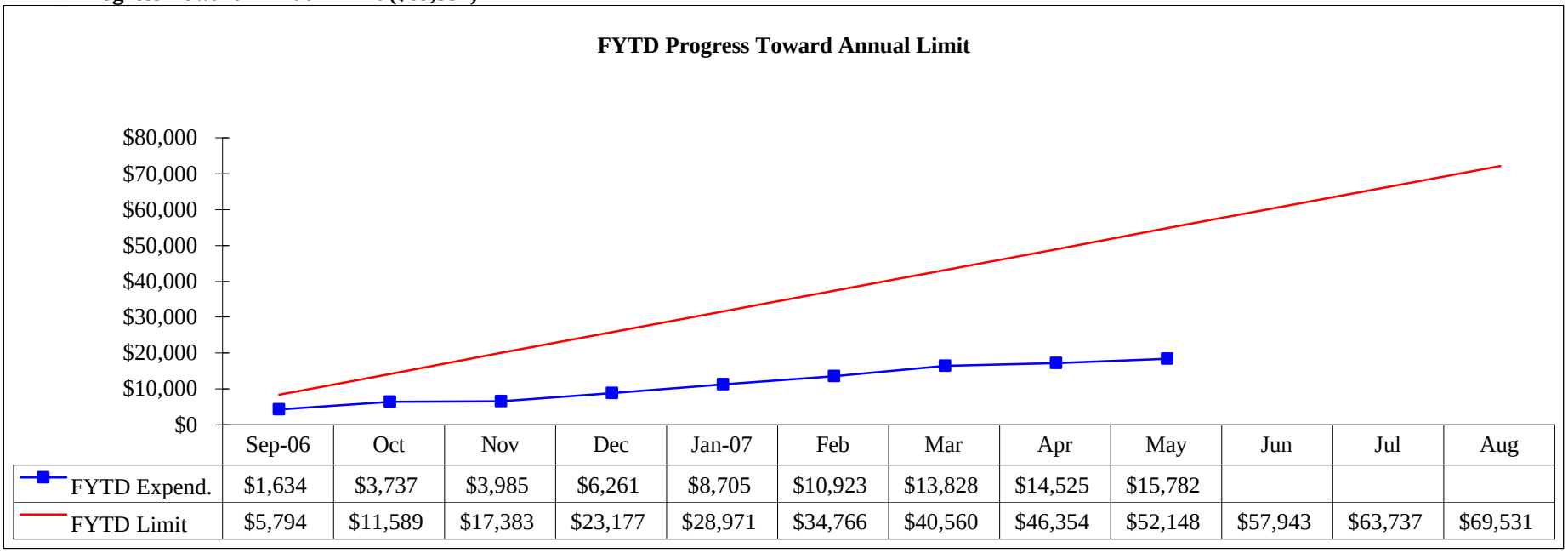
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Waco Center for Youth
FY07 Monthly Limit ($5,794)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$1,634	$2,103	$248	$2,277	$2,443	$2,218	$2,906	$697	$1,257			
Monthly Limit	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794	$5,794

FYTD Progress Toward Annual Limit ($69,531)

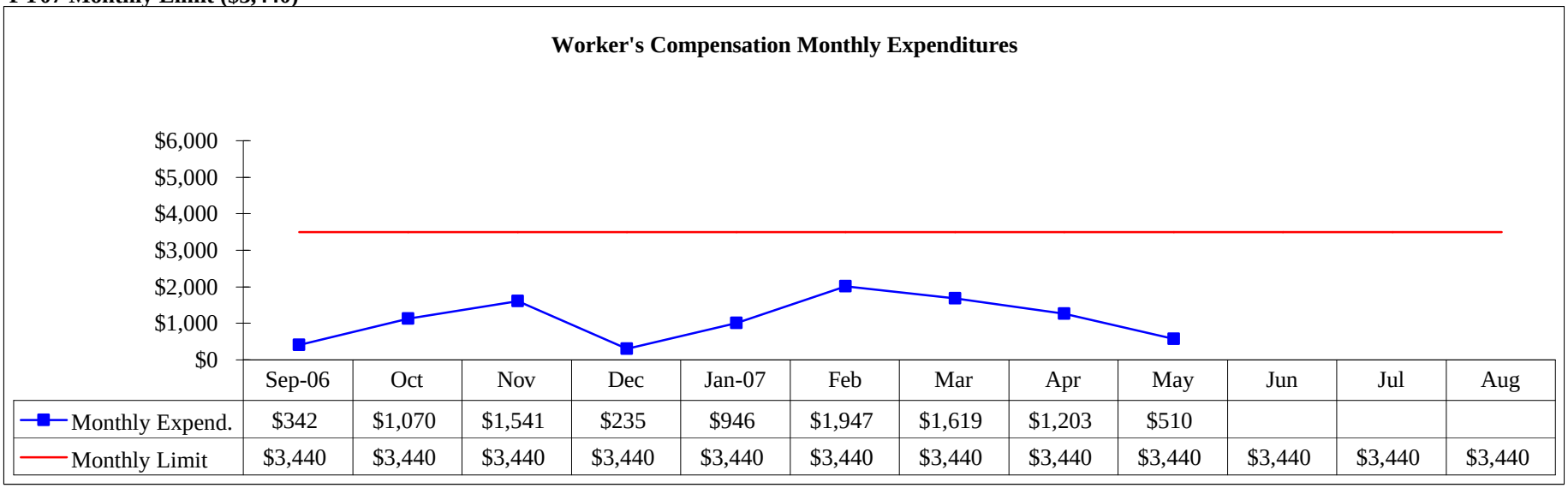


	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$1,634	$3,737	$3,985	$6,261	$8,705	$10,923	$13,828	$14,525	$15,782			
FYTD Limit	$5,794	$11,589	$17,383	$23,177	$28,971	$34,766	$40,560	$46,354	$52,148	$57,943	$63,737	$69,531

Table: Hospital Management Data Services

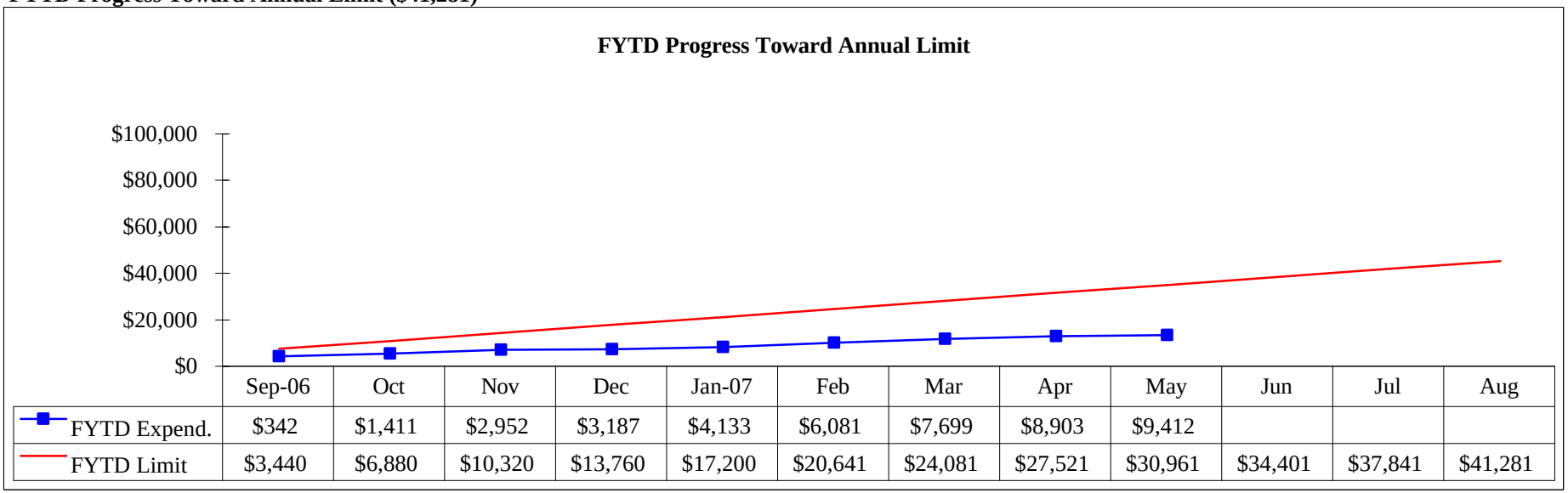
Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

Objective 6B - Workers Compensation
Texas Center for Infectious Disease
FY07 Monthly Limit ($3,440)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$342	$1,070	$1,541	$235	$946	$1,947	$1,619	$1,203	$510			
Monthly Limit	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440	$3,440

FYTD Progress Toward Annual Limit ($41,281)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Expend.	$342	$1,411	$2,952	$3,187	$4,133	$6,081	$7,699	$8,903	$9,412			
FYTD Limit	$3,440	$6,880	$10,320	$13,760	$17,200	$20,641	$24,081	$27,521	$30,961	$34,401	$37,841	$41,281

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

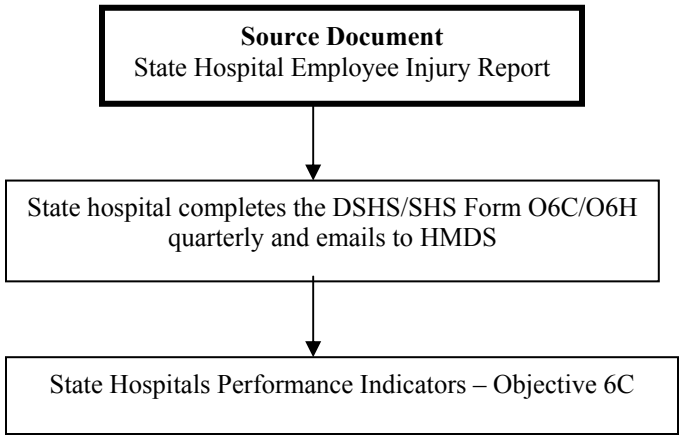
Performance Objective 6C:

Employee injuries resulting in a worker compensation claim will not exceed 0.89 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:

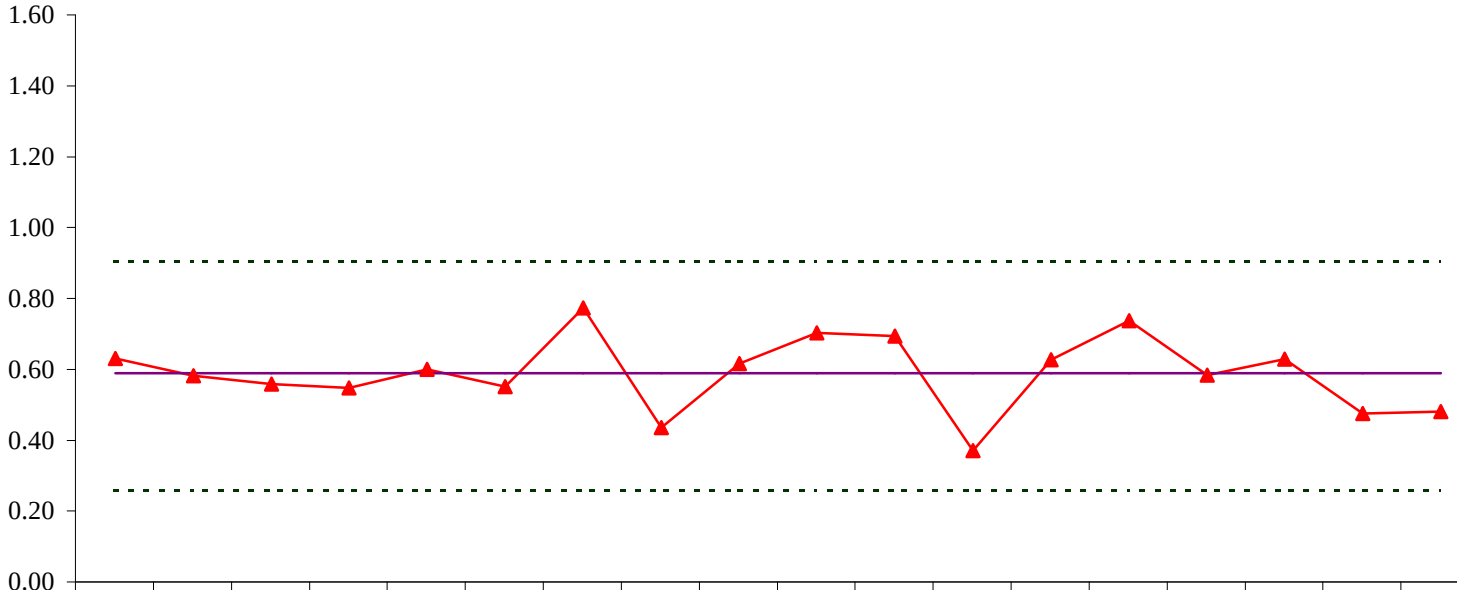


Data Integrity Review Process:

N/A

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



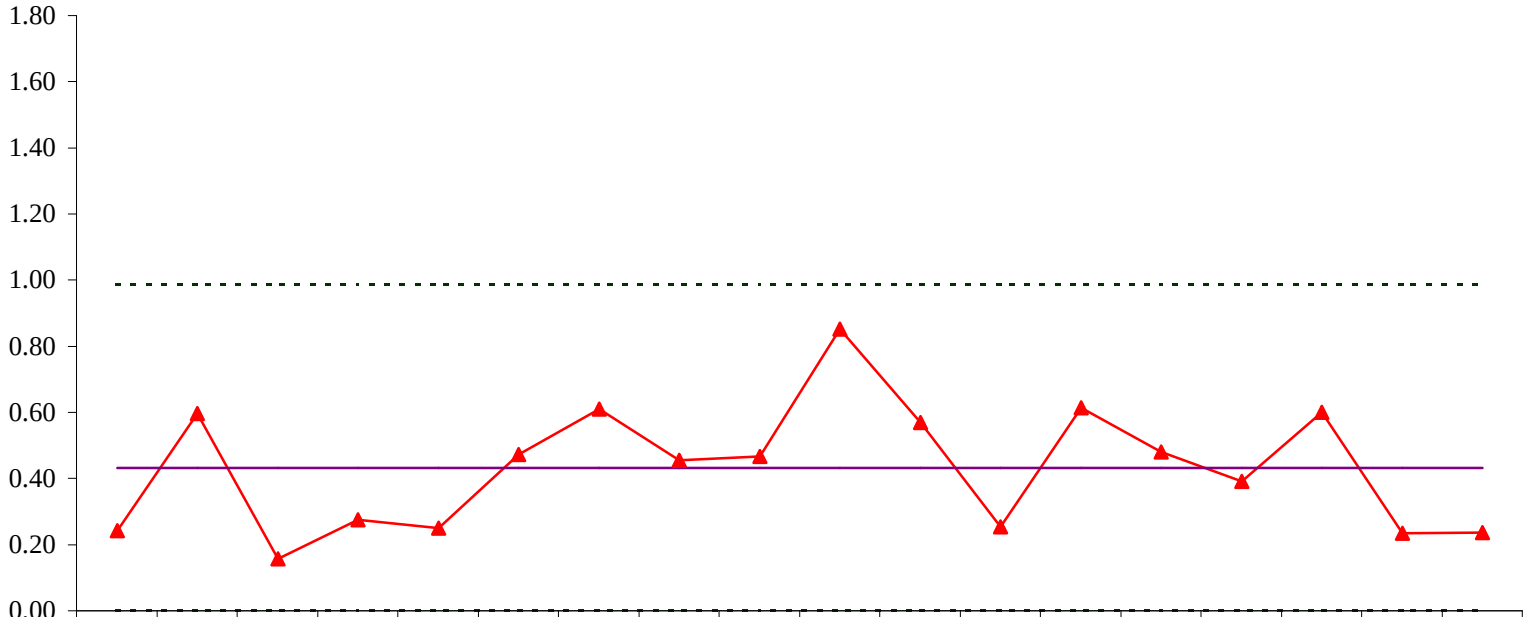
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb			
Total Employee Injuries	146	157	151	155	154	190	190	177	156	146	170	137	181	176	157	187	194	197
Injuries Resulting in a WCC	43	40	34	38	41	39	53	31	44	48	49	25	44	52	37	44	33	34
Emp. Inj.(WCC)/1000 Bed Days	0.62	0.57	0.55	0.54	0.59	0.54	0.77	0.43	0.61	0.70	0.69	0.36	0.62	0.73	0.58	0.62	0.47	0.47
UCL	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90
Avg	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
LCL	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



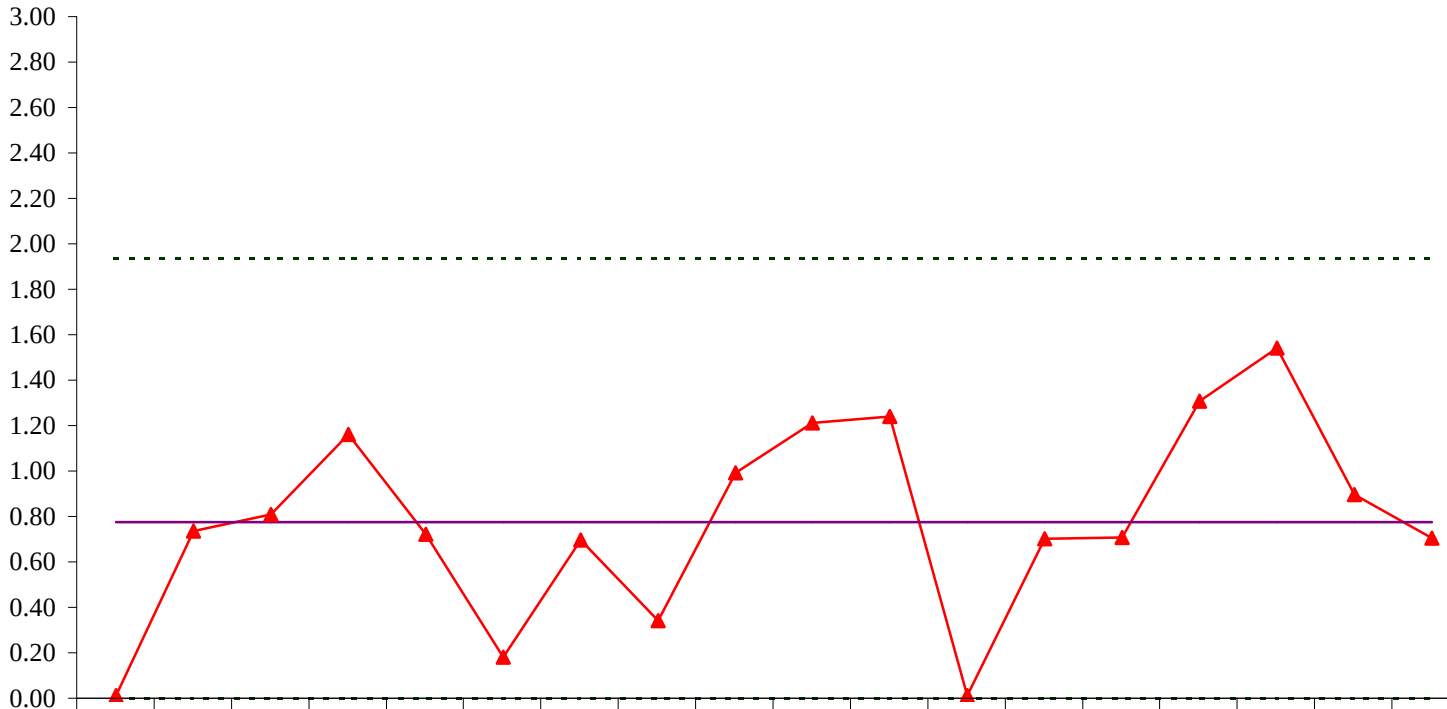
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	3	6	2	8	10	6	7	4	4	8	5	2	6	4	3	5	2	4
Injuries Resulting in a WCC	2	5	1	2	2	4	5	4	4	7	5	2	5	4	3	5	2	2
Emp. Inj.(WCC)/1000 Bed Days	0.23	0.59	0.15	0.27	0.24	0.47	0.60	0.45	0.46	0.84	0.56	0.25	0.61	0.47	0.38	0.59	0.23	0.23
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



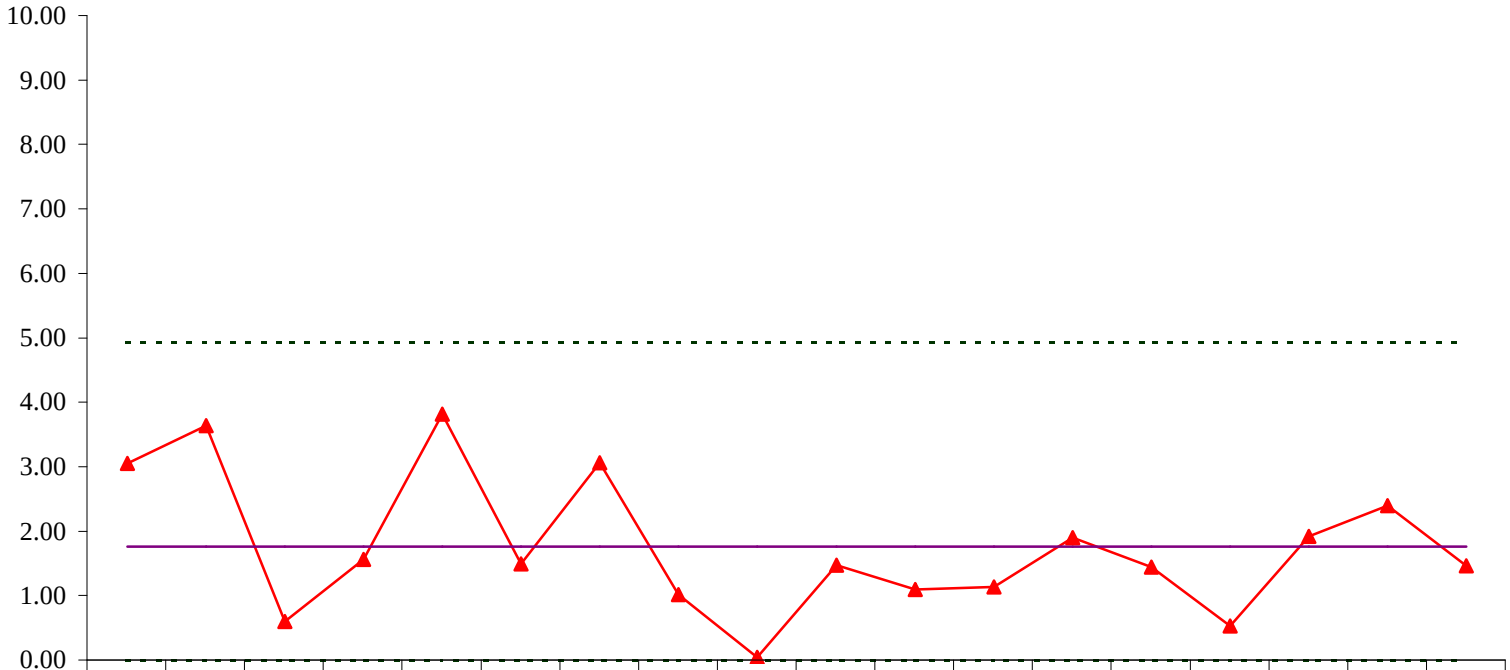
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	12	27	19	16	20	12	10	9	24	18	24	15	13	19	19	24	21	26
Injuries Resulting in a WCC	0	4	4	7	4	1	4	2	6	7	7	0	4	4	7	9	5	4
Emp. Inj.(WCC)/1000 Bed Days	0.00	0.72	0.80	1.15	0.71	0.17	0.68	0.33	0.98	1.20	1.23	0.00	0.69	0.70	1.30	1.53	0.88	0.69
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 **per 1,000 Bed Days)**



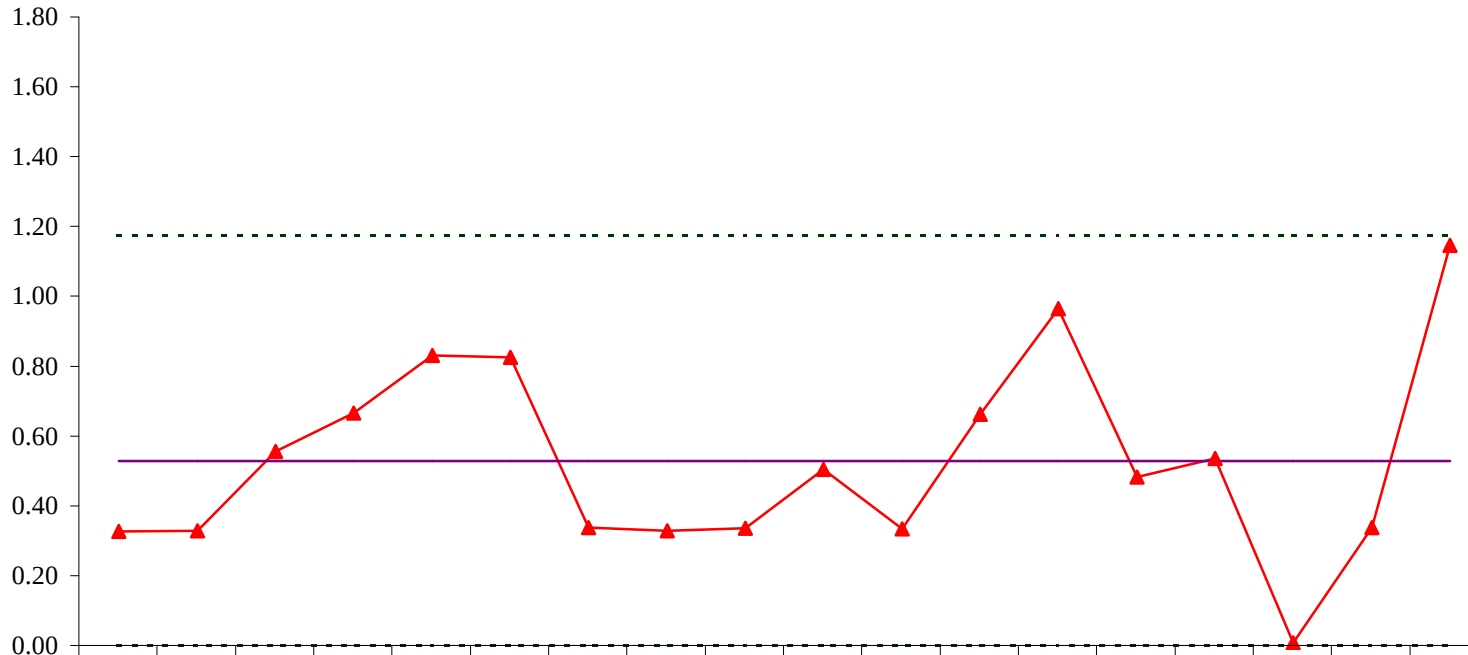
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	10	15	2	13	11	9	15	15	5	7	7	3	10	8	6	8	19	13
Injuries Resulting in a WCC	5	7	1	3	7	3	6	2	0	3	2	2	4	3	1	4	5	3
Emp. Inj.(WCC)/1000 Bed Days	3.01	3.60	0.56	1.52	3.78	1.45	3.02	0.97	0.00	1.43	1.05	1.09	1.85	1.40	0.49	1.87	2.36	1.42
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



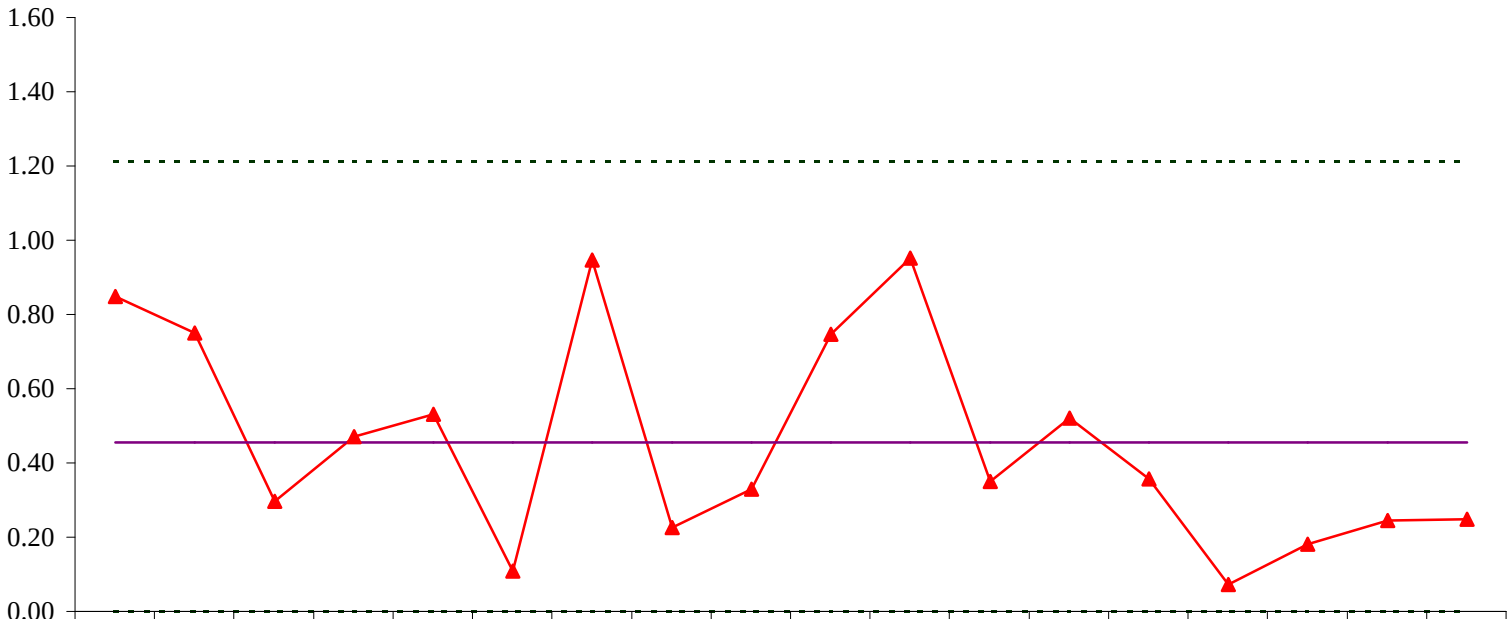
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	10	10	7	11	14	11	13	5	8	8	9	11	13	8	8	4	11	12
Injuries Resulting in a WCC	2	2	3	4	5	5	2	2	2	3	2	4	6	3	3	0	2	7
Emp. Inj.(WCC)/1000 Bed Days	0.32	0.32	0.55	0.66	0.82	0.82	0.33	0.32	0.33	0.50	0.33	0.65	0.96	0.47	0.53	0.00	0.33	1.14
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



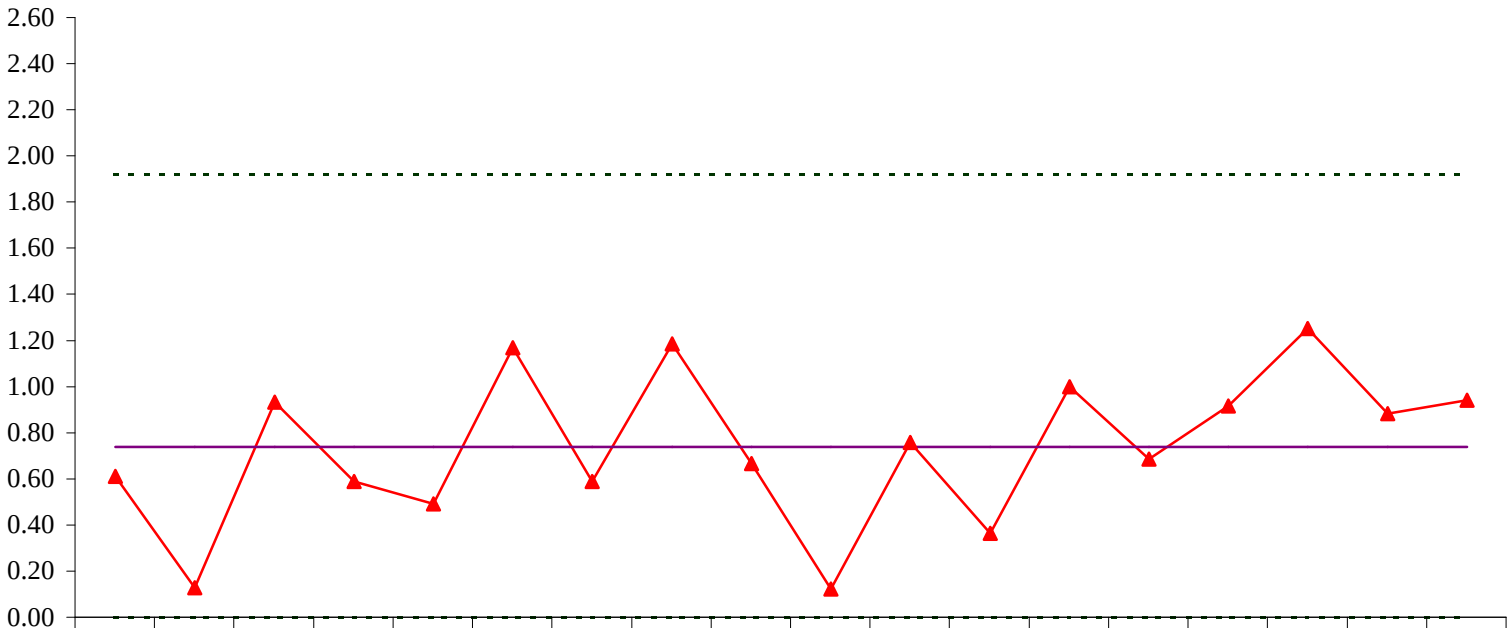
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	44	38	34	27	36	51	46	37	34	30	39	25	43	35	20	45	44	41
Injuries Resulting in a WCC	16	14	5	9	10	2	17	4	6	13	17	6	9	6	1	3	4	4
Emp. Inj.(WCC)/1000 Bed Days	0.84	0.74	0.29	0.46	0.52	0.10	0.94	0.22	0.32	0.74	0.95	0.34	0.51	0.35	0.06	0.17	0.24	0.24
UCL	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21
Avg	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



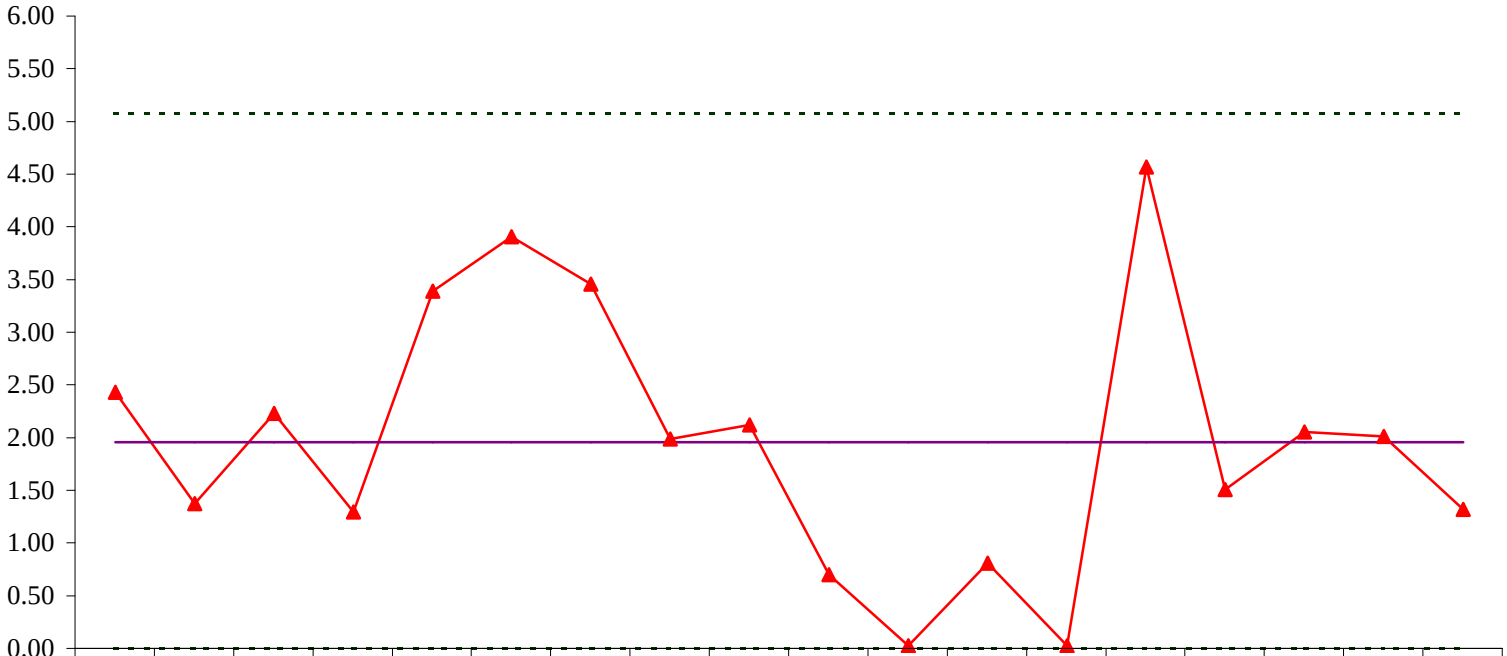
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	22	12	27	27	18	28	28	32	20	9	23	27	33	27	33	32	33	24
Injuries Resulting in a WCC	5	1	7	5	4	10	5	11	6	1	7	3	9	6	7	11	8	9
Emp. Inj.(WCC)/1000 Bed Days	0.60	0.12	0.92	0.58	0.48	1.16	0.58	1.17	0.65	0.11	0.75	0.35	0.99	0.67	0.91	1.24	0.87	0.93
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



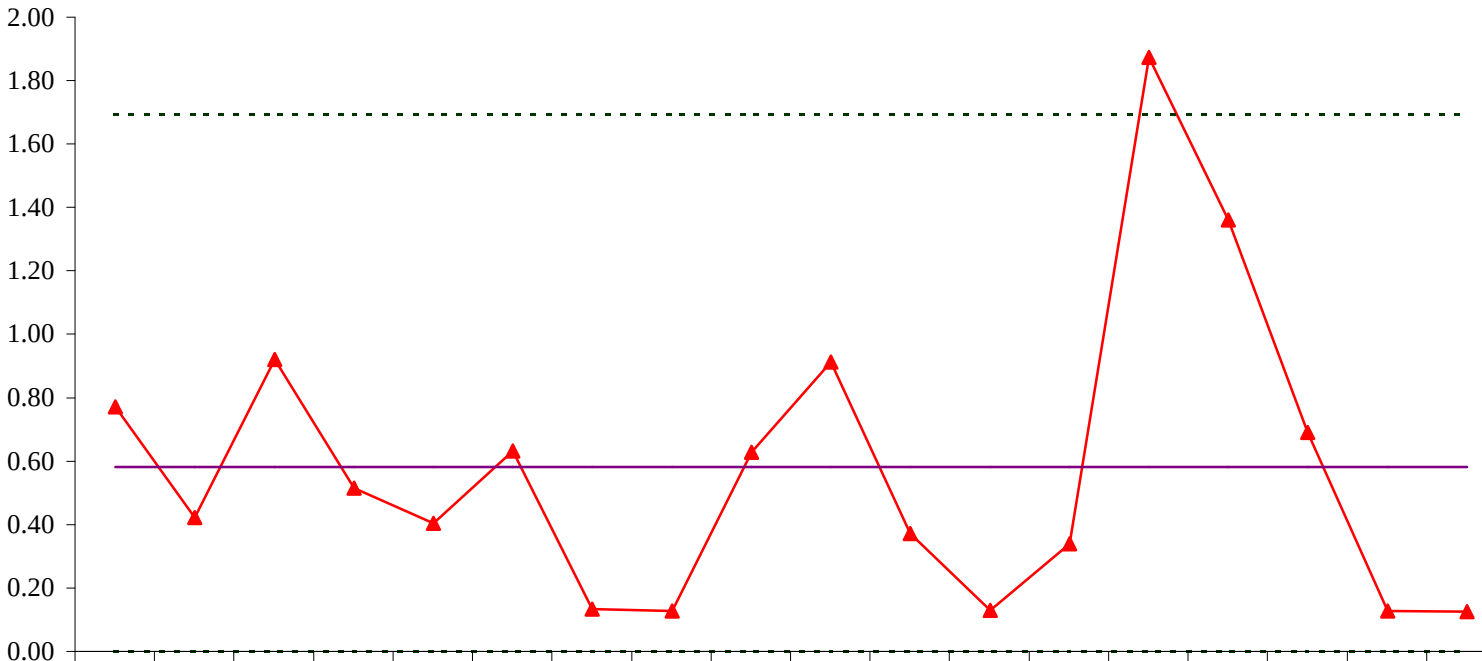
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	9	7	11	8	10	17	11	15	9	9	4	6	10	15	10	8	7	13
Injuries Resulting in a WCC	3	2	3	2	5	6	5	3	3	1	0	1	0	6	2	3	3	2
Emp. Inj.(WCC)/1000 Bed Days	2.40	1.35	2.20	1.27	3.36	3.88	3.43	1.96	2.09	0.68	0.00	0.78	0.00	4.54	1.48	2.03	1.98	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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 **per 1,000 Bed Days)**



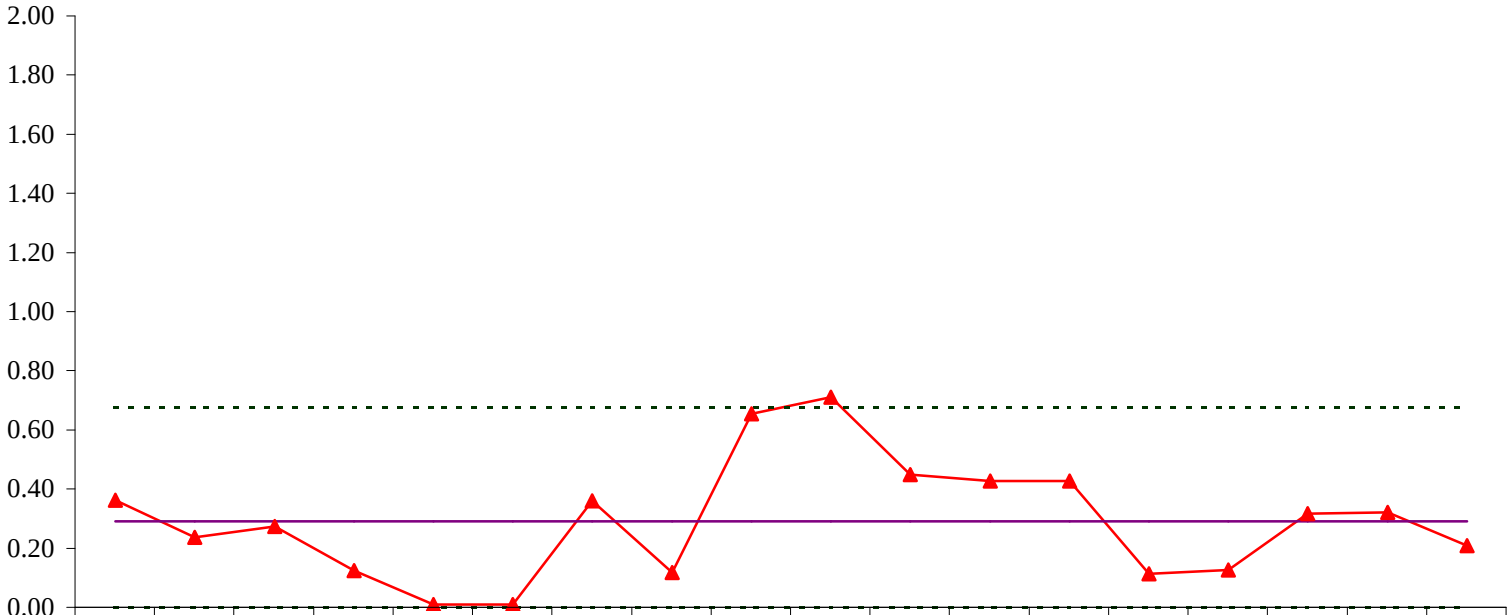
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	17	14	27	24	16	22	19	21	19	25	19	29	25	39	40	26	21	16
Injuries Resulting in a WCC	6	3	6	4	3	5	1	1	5	7	3	1	3	17	11	6	1	1
Emp. Inj.(WCC)/1000 Bed Days	0.76	0.41	0.91	0.51	0.40	0.62	0.12	0.12	0.62	0.90	0.36	0.12	0.33	1.87	1.35	0.68	0.12	0.12
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



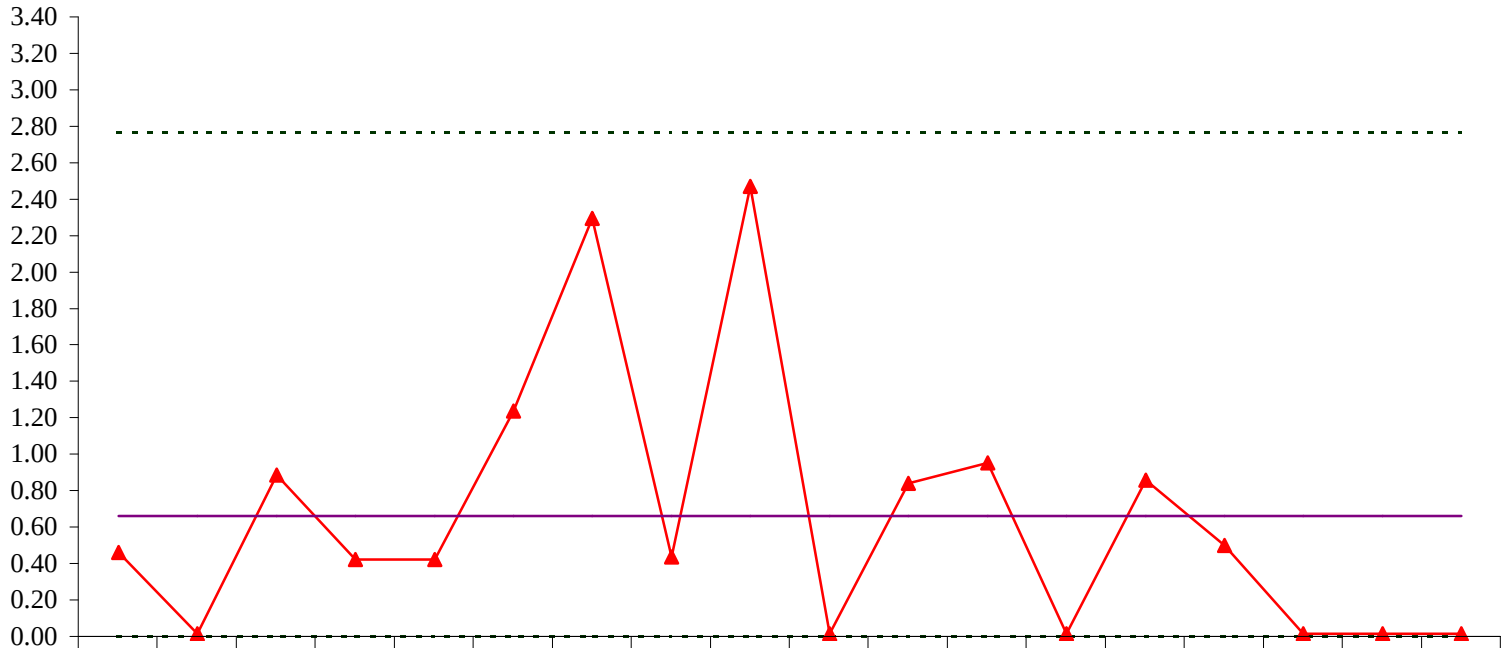
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	15	26	17	19	13	29	29	36	19	30	34	16	25	17	14	34	36	48
Injuries Resulting in a WCC	3	2	2	1	0	0	3	1	6	6	4	4	4	1	1	3	3	2
Emp. Inj.(WCC)/1000 Bed Days	0.35	0.23	0.26	0.11	0.00	0.00	0.35	0.11	0.64	0.70	0.44	0.42	0.42	0.10	0.12	0.31	0.31	0.20
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is £0.89 per 1,000 Bed Days)



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	4	2	5	2	6	5	12	3	14	2	6	3	3	4	4	1	0	0
Injuries Resulting in a WCC	1	0	2	1	1	3	5	1	6	0	2	2	0	2	1	0	0	0
Emp. Inj.(WCC)/1000 Bed Days	0.44	0.00	0.87	0.41	0.41	1.22	2.28	0.42	2.45	0.00	0.83	0.94	0.00	0.84	0.49	0.00	0.00	0.00
UCL	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77	2.77
Avg	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Performance Objective 6E:

The rate of patient injury related to behavioral seclusion and restraint for FY07 will not exceed 0.49 per 1,000 bed days for FY06.

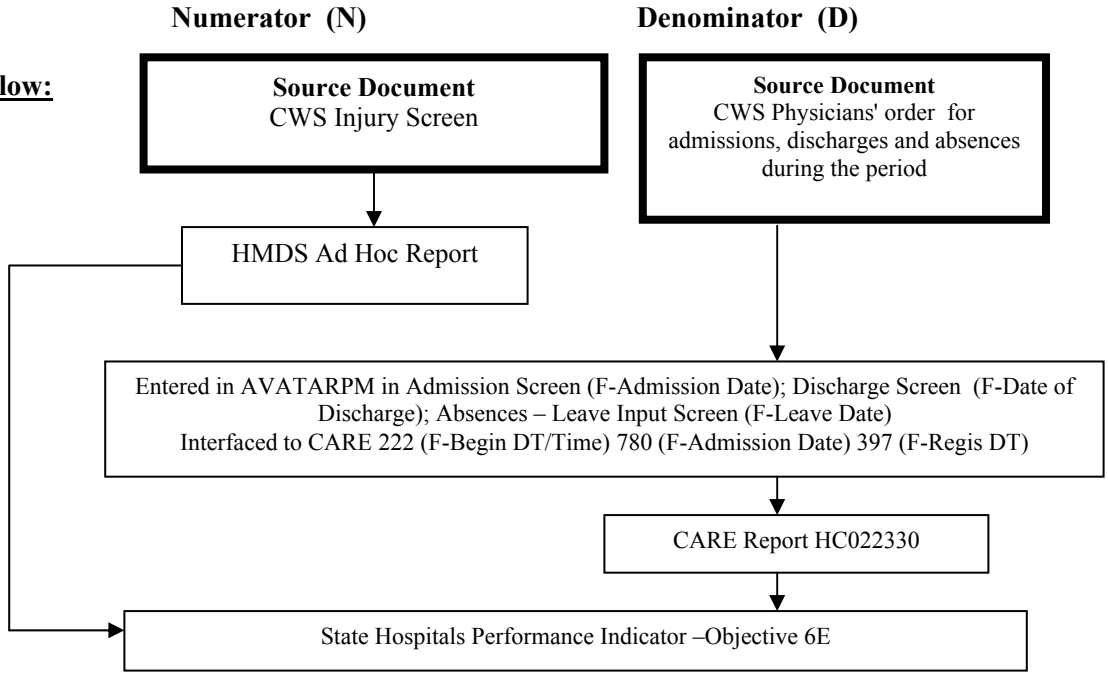
Performance Objective Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

Performance Objective Formula: R=(N/D) x 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.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time of injury and type.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates and injury event date and type data field as compared to the corresponding information in the medical record.
Sample Size	Use 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data to review only associated injury events.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.

Objective 6E - Client Injuries Resulted From Restraint and Seclusion

All State Hospitals - FY2007

	Q1							Q2							Q3							Q4						
Hospital	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	0	35	43	7	0	0	**85**	1	30	39	1	0	0	**71**	0	39	36	6	0	0	**81**							
Seclusion	0	4	1	0	0	0	**5**	0	2	2	0	0	0	**4**	0	4	2	0	0	0	**6**							
Total	0	39	44	7	0	0	**90**	1	32	41	1	0	0	**75**	0	43	38	6	0	0	**87**							
Per 1000 Beddays							**0.4**							**0.4**							**0.4**							

Chart: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Performance Objective 6F:

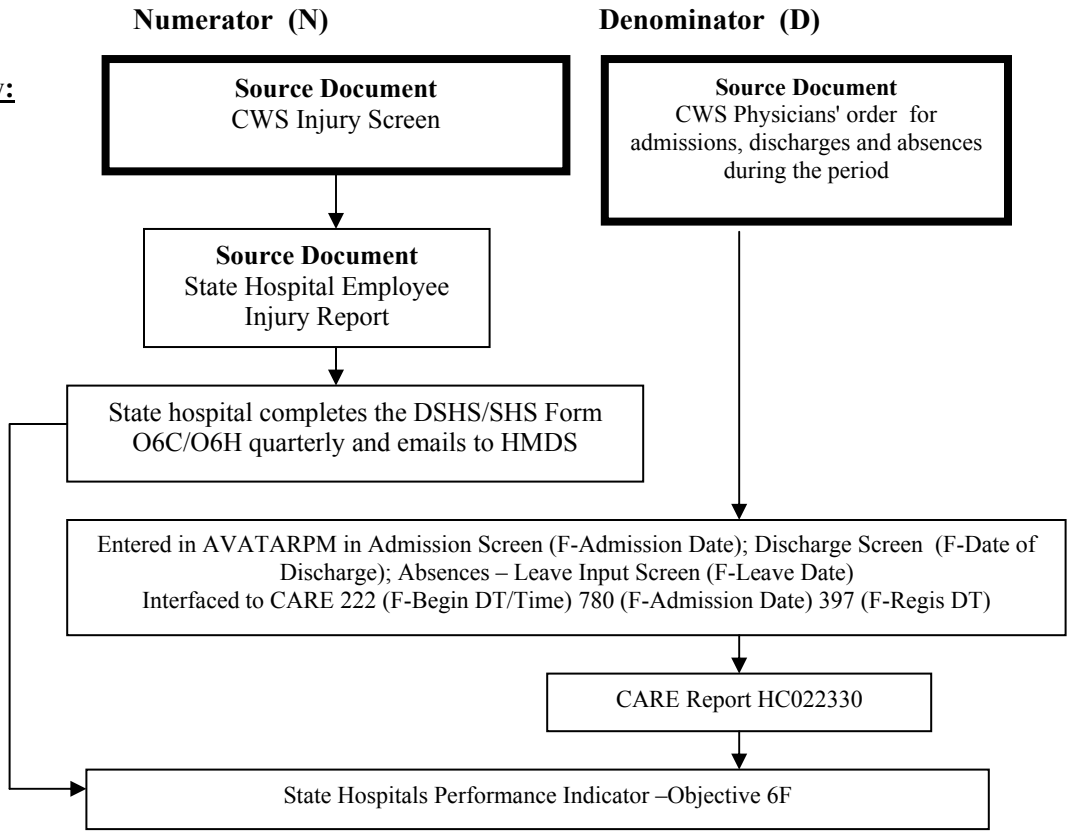
Employees injured during restraint or seclusion will not exceed .87 per 1,000 bed days across all state hospitals in FY 2007.

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

Performance Objective Formula: R = (N/D) x 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.

Data Flow:

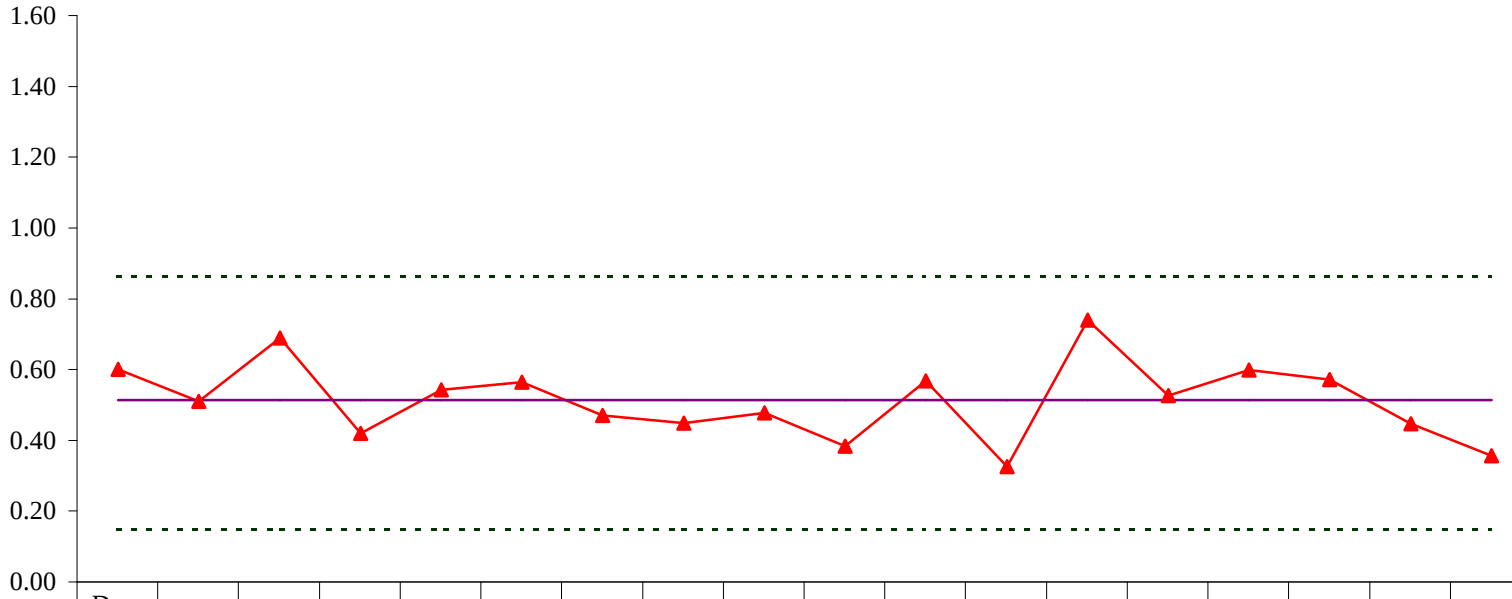


Data Integrity Review Process:

Not subject to DIR. This data is calculated and reported to DSHS-Hospitals Section by each state hospital.

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 **per 1,000 Bed Days)**



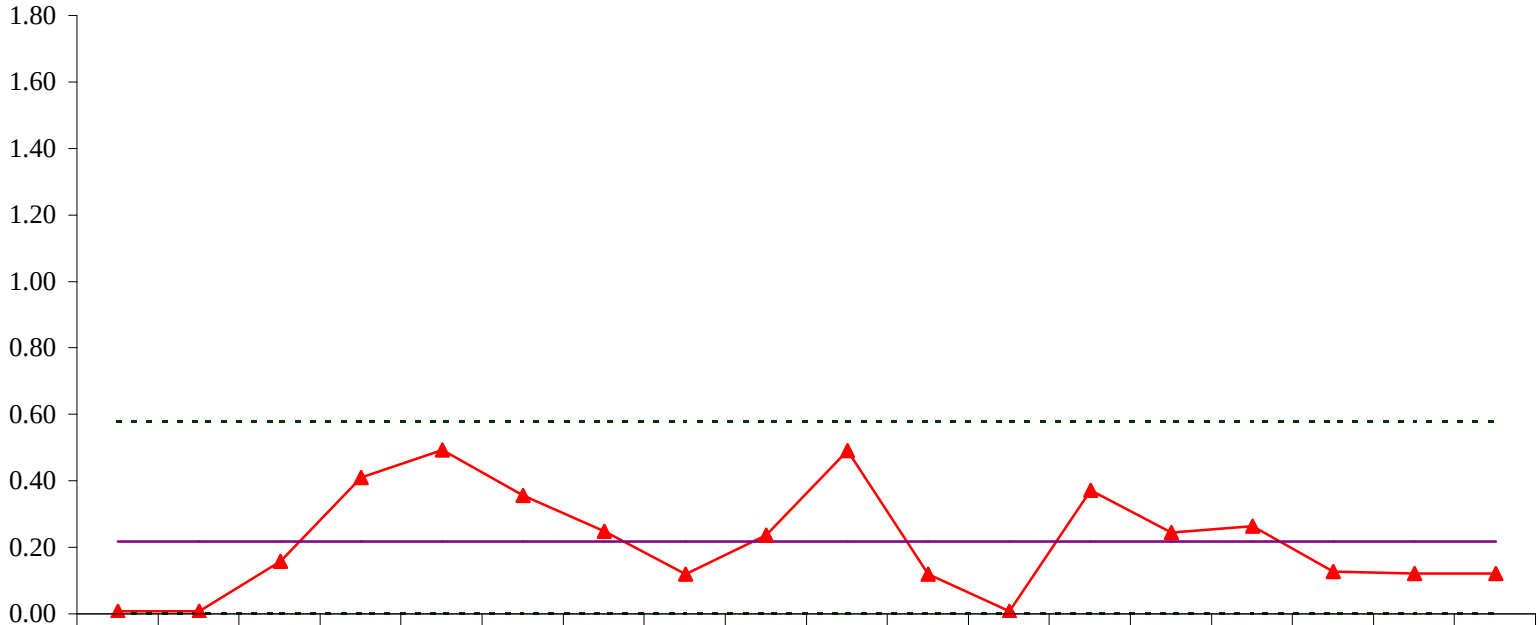
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	146	157	151	155	154	190	190	177	156	146	170	137	181	176	157	187	194	197
Injuries Associated with R/S	41	35	42	29	37	40	32	32	34	26	40	22	52	37	38	40	31	25
Emp. Inj.(RS)/1000 Bed Days	0.59	0.50	0.68	0.41	0.53	0.56	0.46	0.44	0.47	0.38	0.56	0.32	0.73	0.52	0.59	0.56	0.44	0.35
UCL	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86
Avg	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51
LCL	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 **per 1,000 Bed Days)**



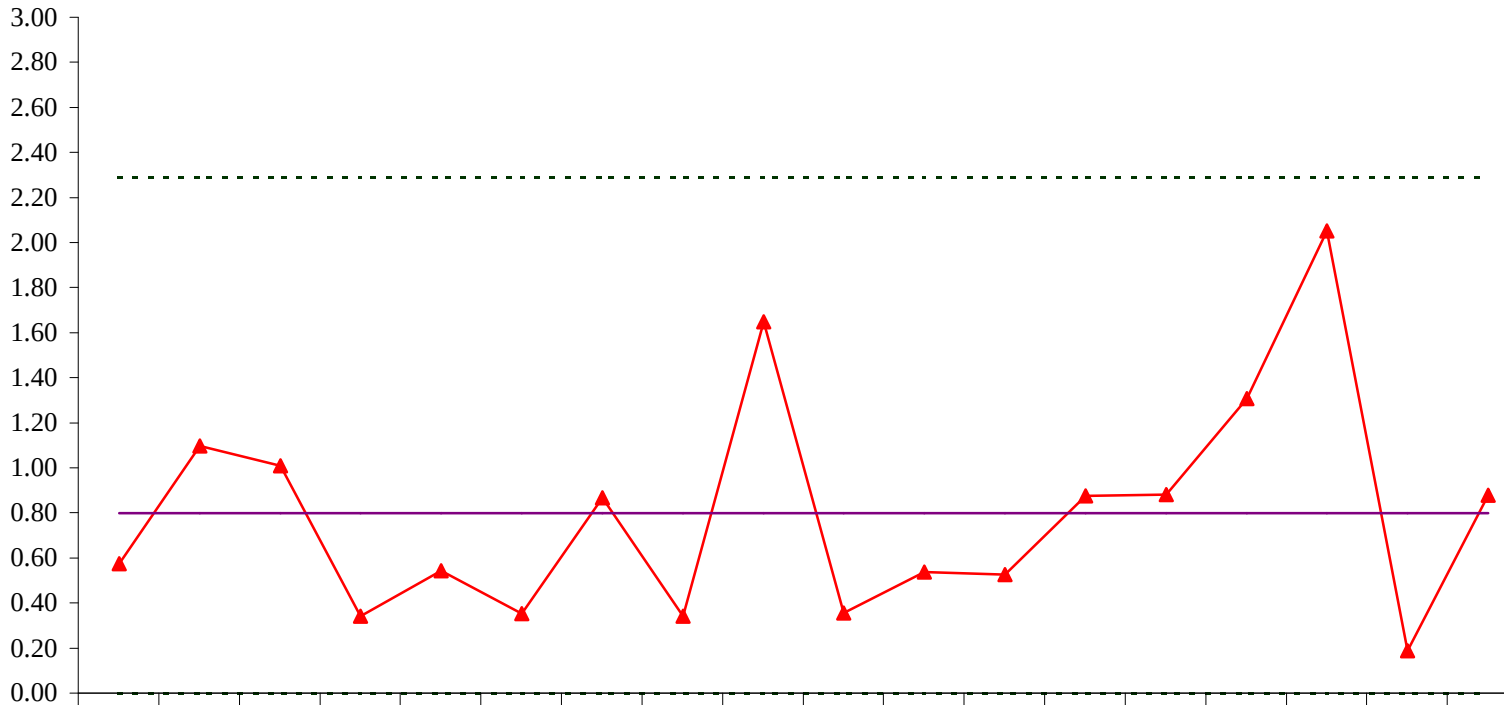
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	3	6	2	8	10	6	7	4	4	8	5	2	6	4	3	5	2	4
Injuries Associated with R/S	0	0	1	3	4	3	2	1	2	4	1	0	3	2	2	1	1	1
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.15	0.40	0.48	0.35	0.24	0.11	0.23	0.48	0.11	0.00	0.36	0.24	0.26	0.12	0.11	0.11
UCL	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
Avg	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 **per 1,000 Bed Days)**



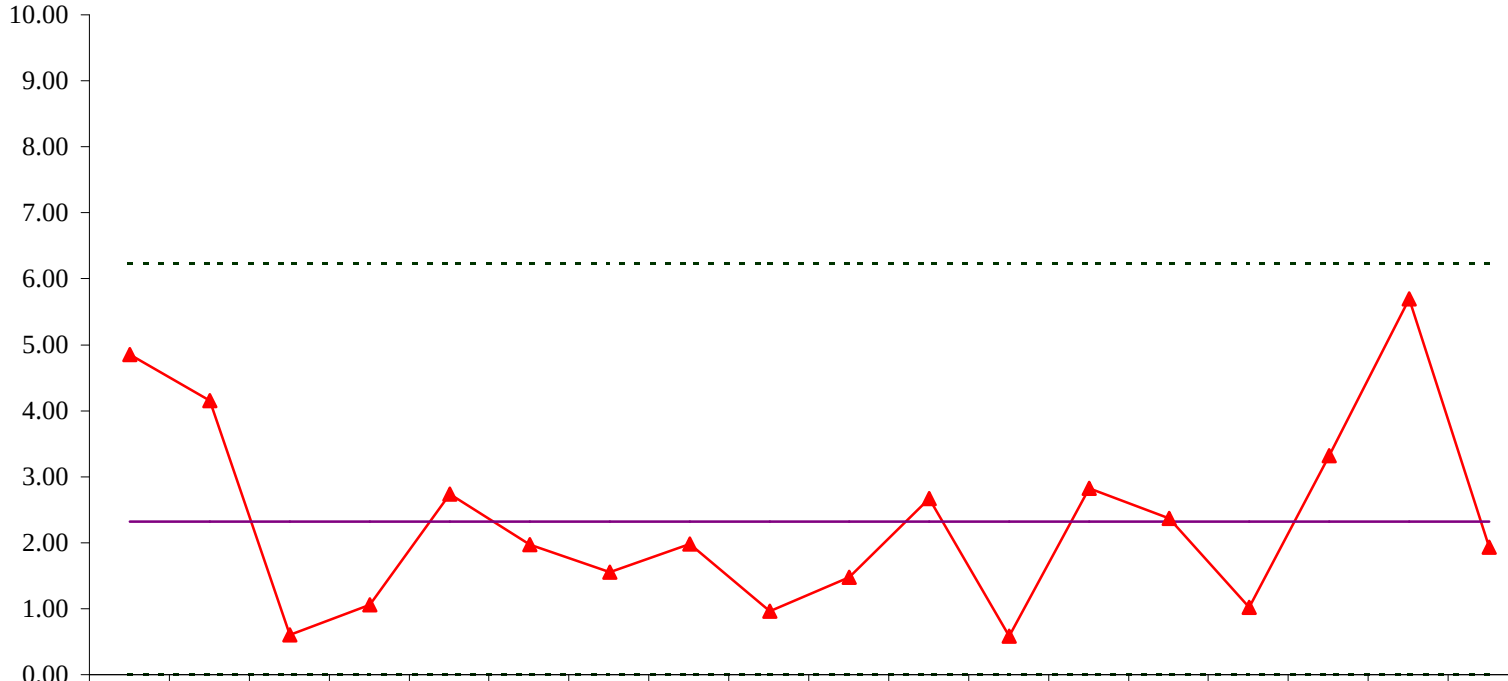
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	12	27	19	16	20	12	10	9	24	18	24	15	13	19	19	24	21	26
Injuries Associated with R/S	3	6	5	2	3	2	5	2	10	2	3	3	5	5	7	12	1	5
Emp. Inj.(RS)/1000 Bed Days	0.56	1.09	1.00	0.33	0.53	0.34	0.86	0.33	1.64	0.34	0.53	0.51	0.86	0.87	1.30	2.04	0.18	0.87
UCL	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29	2.29
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 **per 1,000 Bed Days)**



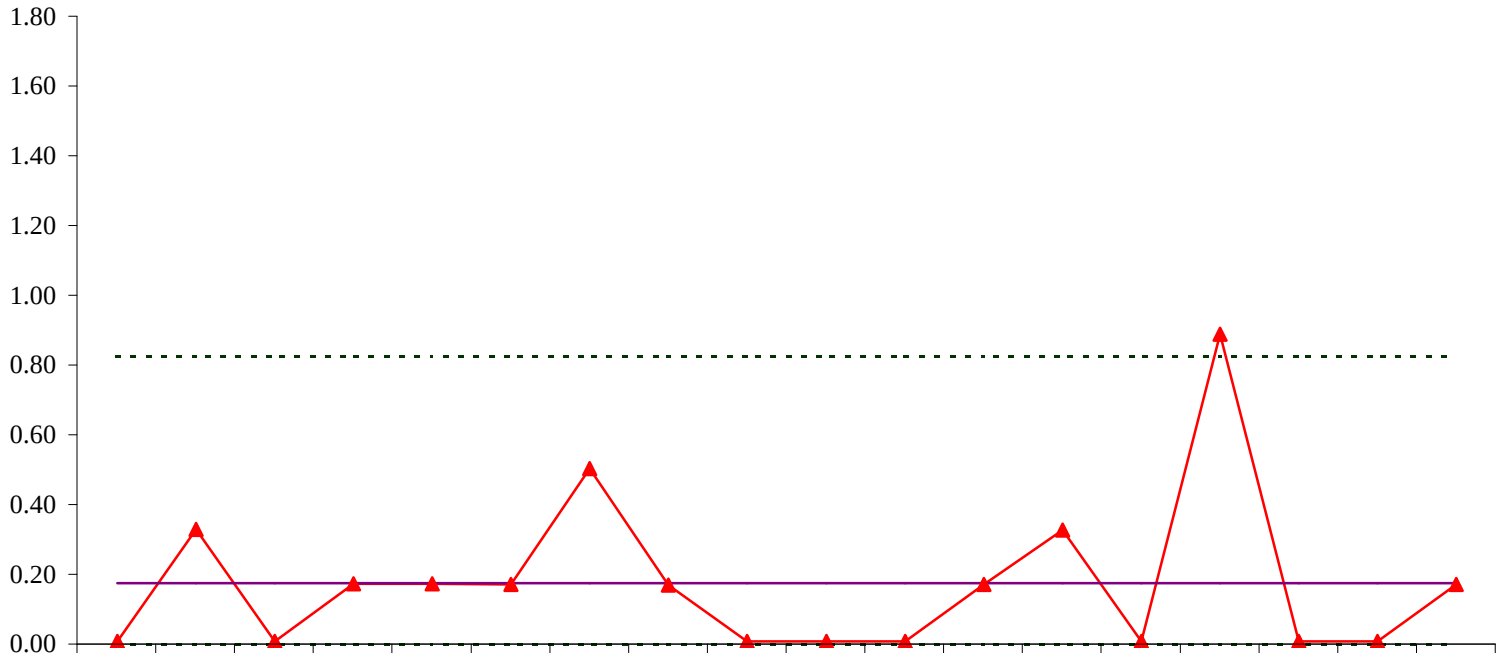
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	10	15	2	13	11	9	15	15	5	7	7	3	10	8	6	8	19	13
Injuries Associated with R/S	8	8	1	2	5	4	3	4	2	3	5	1	6	5	2	7	12	4
Emp. Inj.(RS)/1000 Bed Days	4.81	4.11	0.56	1.01	2.70	1.93	1.51	1.94	0.92	1.43	2.62	0.55	2.78	2.33	0.98	3.28	5.66	1.90
UCL	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23
Avg	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 per 1,000 Bed Days)



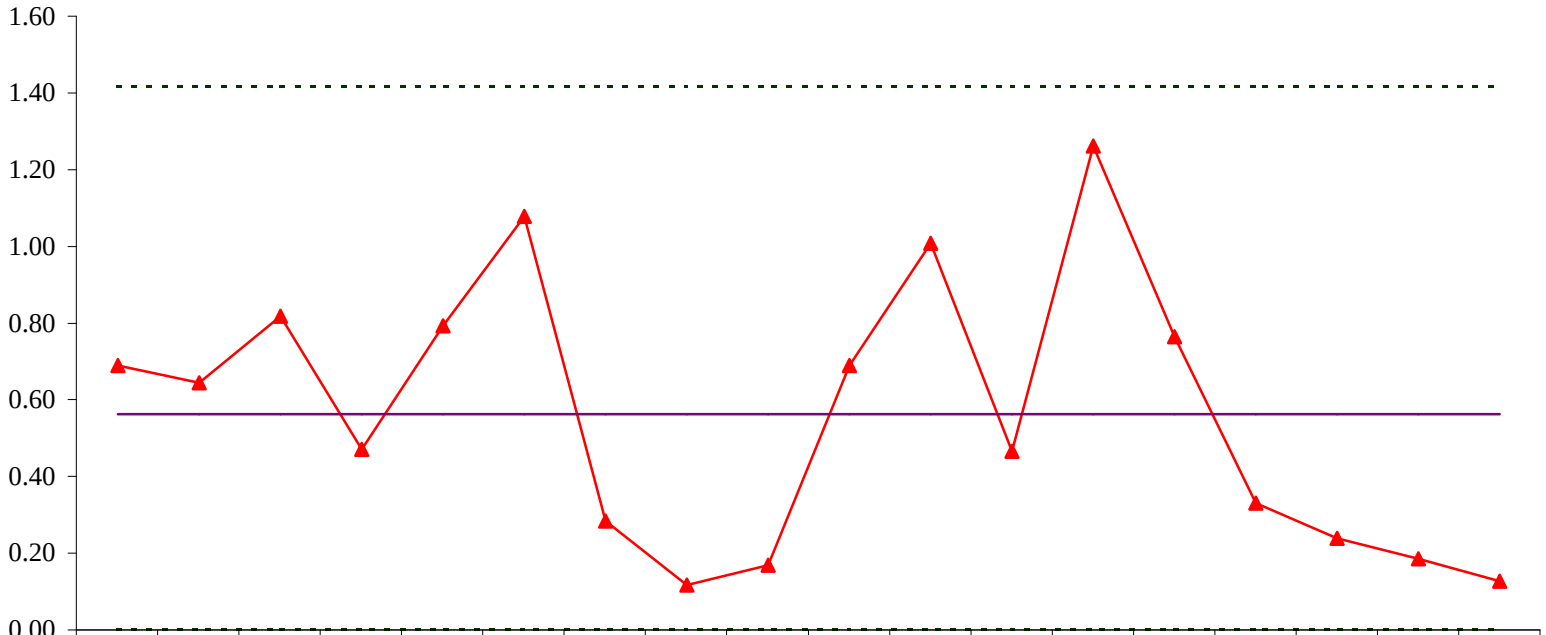
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	10	10	7	11	14	11	13	5	8	8	9	11	13	8	8	4	11	12
Injuries Associated with R/S	0	2	0	1	1	1	3	1	0	0	0	1	2	0	5	0	0	1
Emp. Inj.(RS)/1000 Bed Days	0.00	0.32	0.00	0.16	0.16	0.16	0.49	0.16	0.00	0.00	0.00	0.16	0.32	0.00	0.88	0.00	0.00	0.16
UCL	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82
Avg	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 per 1,000 Bed Days)



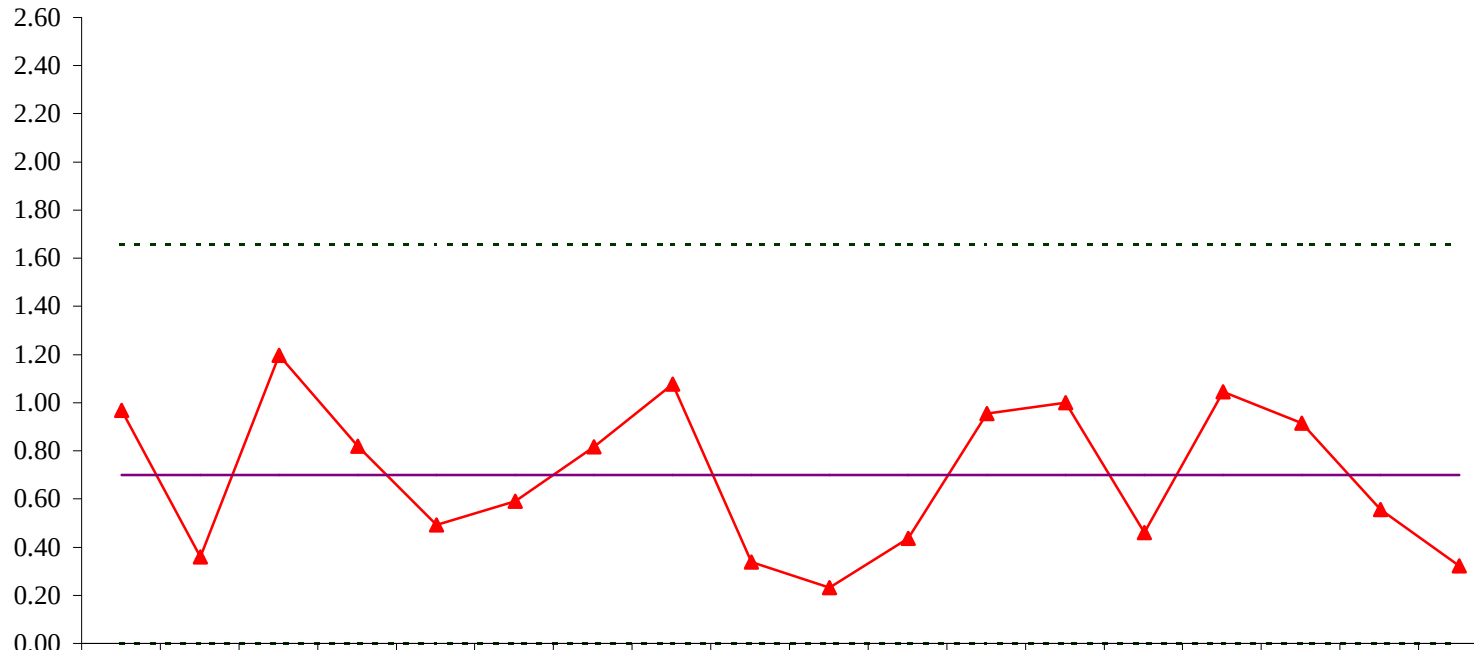
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	44	38	34	27	36	51	46	37	34	30	39	25	43	35	20	45	44	41
Injuries Associated with R/S	13	12	14	9	15	21	5	2	3	12	18	8	22	13	5	4	3	2
Emp. Inj.(RS)/1000 Bed Days	0.68	0.64	0.81	0.46	0.79	1.07	0.28	0.11	0.16	0.68	1.00	0.46	1.25	0.76	0.32	0.23	0.18	0.12
UCL	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42
Avg	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56	0.56
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 per 1,000 Bed Days)



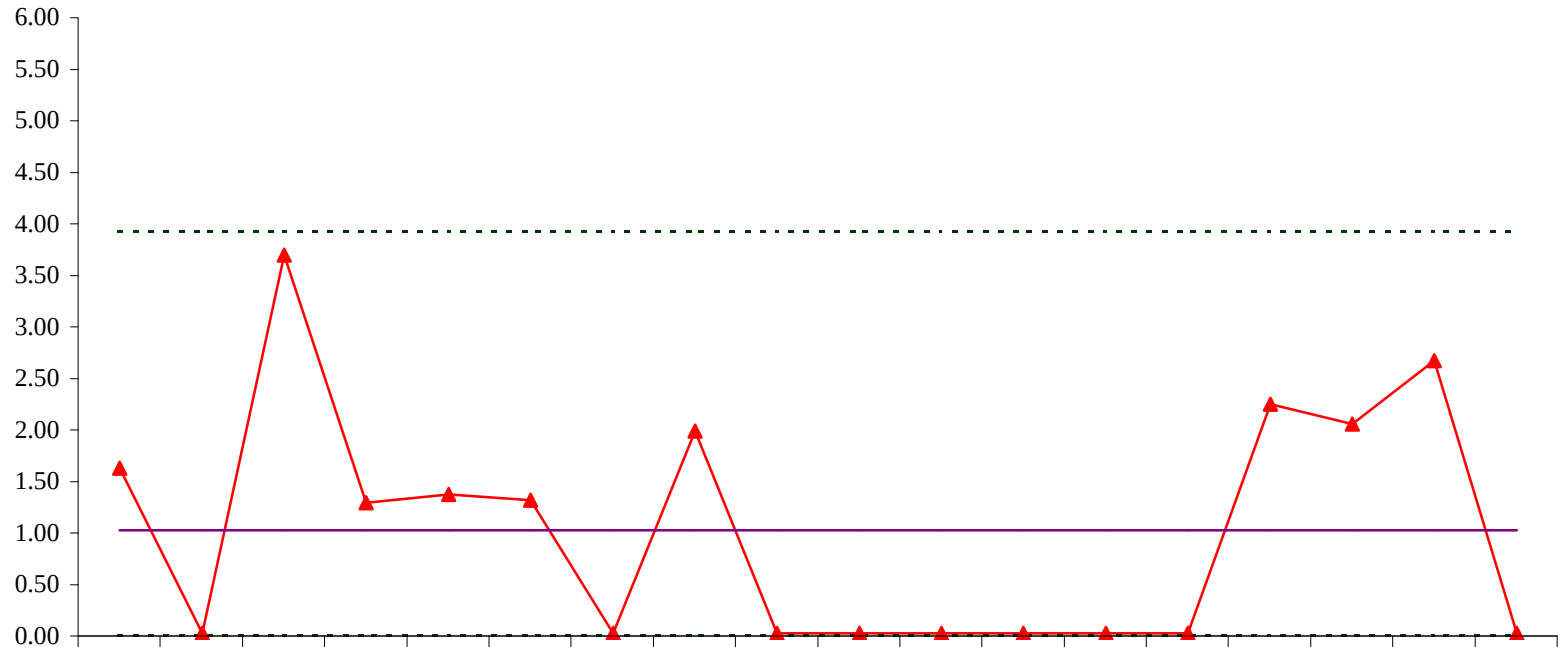
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	22	12	27	27	18	28	28	32	20	9	23	27	33	27	33	32	33	24
Injuries Associated with R/S	8	3	9	7	4	5	7	10	3	2	4	8	9	4	8	8	5	3
Emp. Inj.(RS)/1000 Bed Days	0.96	0.35	1.19	0.81	0.48	0.58	0.81	1.07	0.33	0.22	0.43	0.94	0.99	0.45	1.03	0.90	0.54	0.31
UCL	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66
Avg	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 **per 1,000 Bed Days)**



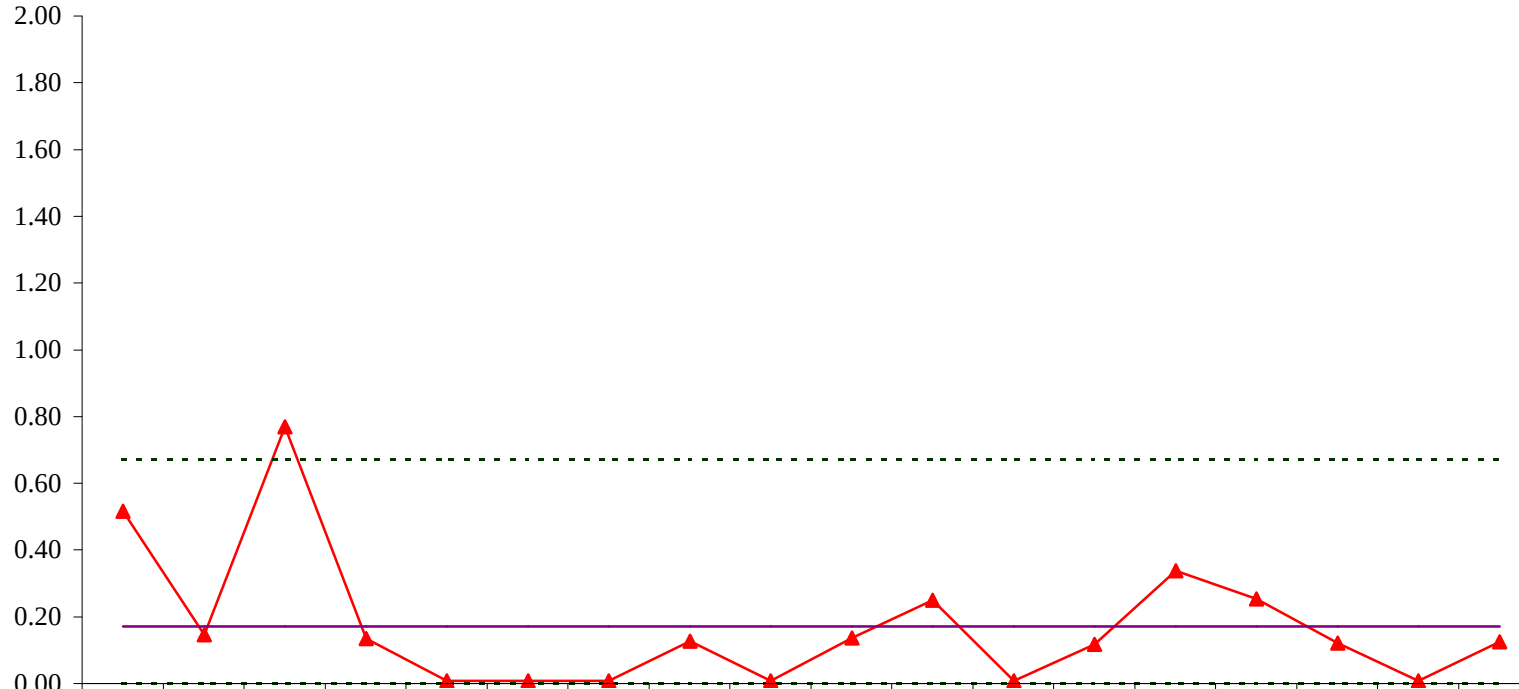
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	9	7	11	8	10	17	11	15	9	9	4	6	10	15	10	8	7	13
Injuries Associated with R/S	2	0	5	2	2	2	0	3	0	0	0	0	0	0	3	3	4	0
Emp. Inj.(RS)/1000 Bed Days	1.60	0.00	3.67	1.27	1.34	1.29	0.00	1.96	0.00	0.00	0.00	0.00	0.00	0.00	2.22	2.03	2.65	0.00
UCL	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93
Avg	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 per 1,000 Bed Days)



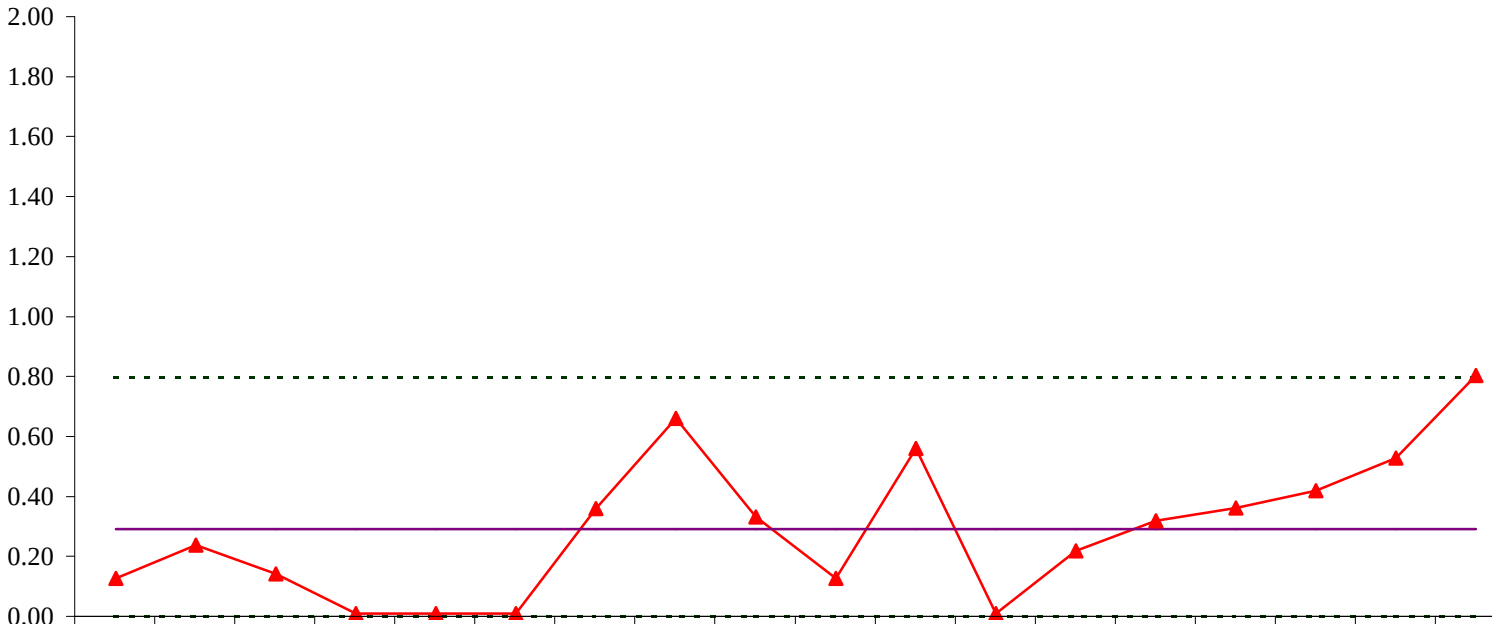
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	17	14	27	24	16	22	19	21	19	25	19	29	25	39	40	26	21	16
Injuries Associated with R/S	4	1	5	1	0	0	0	1	0	1	2	0	1	3	2	1	0	1
Emp. Inj.(RS)/1000 Bed Days	0.51	0.14	0.76	0.13	0.00	0.00	0.00	0.12	0.00	0.13	0.24	0.00	0.11	0.33	0.25	0.11	0.00	0.12
UCL	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67
Avg	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 per 1,000 Bed Days)



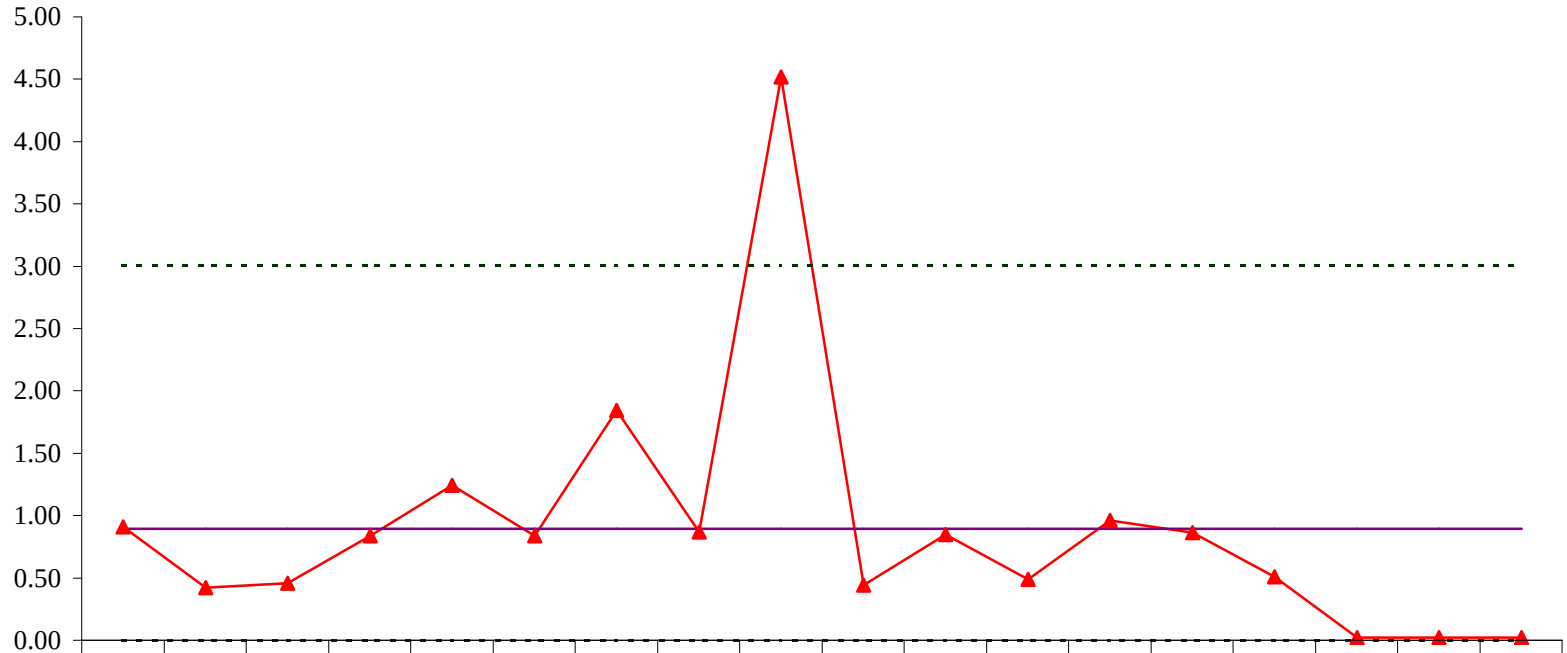
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	15	26	17	19	13	29	29	36	19	30	34	16	25	17	14	34	36	48
Injuries Associated with R/S	1	2	1	0	0	0	3	6	3	1	5	0	2	3	3	4	5	8
Emp. Inj.(RS)/1000 Bed Days	0.12	0.23	0.13	0.00	0.00	0.00	0.35	0.65	0.32	0.12	0.55	0.00	0.21	0.31	0.35	0.41	0.52	0.79
UCL	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Avg	0.28	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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

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

Employee Injured During Restraint or Seclusion
(Expectation is £0.87 per 1,000 Bed Days)



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Total Employee Injuries	4	2	5	2	6	5	12	3	14	2	6	3	3	4	4	1	0	0
Injuries Associated with R/S	2	1	1	2	3	2	4	2	11	1	2	1	2	2	1	0	0	0
Emp. Inj.(RS)/1000 Bed Days	0.89	0.40	0.44	0.82	1.22	0.81	1.82	0.85	4.50	0.42	0.83	0.47	0.94	0.84	0.49	0.00	0.00	0.00
UCL	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Avg	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87
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

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Performance Objective 6G:

The rate of Unauthorized Departures will not exceed 0.36 per 1,000 bed days across all state hospitals during FY2007.

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.

Performance Objective Formula: R = (N/D) x 1,000

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

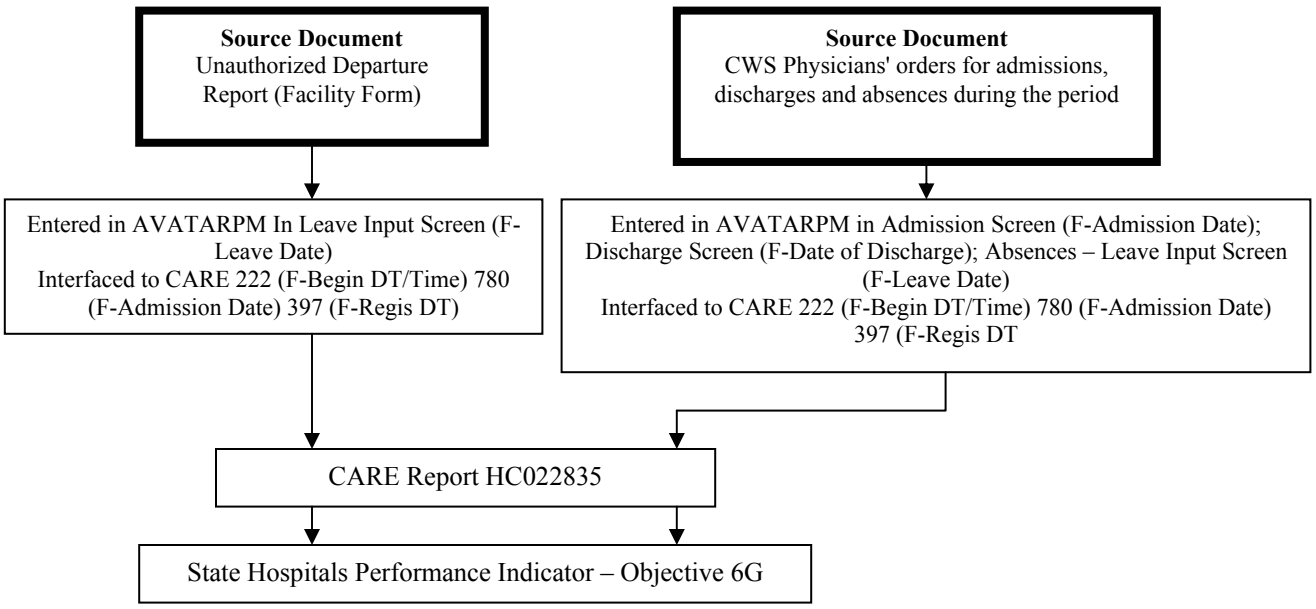
N = number of elopement assignments per month (Each UD is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month)

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)**



Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates. Event files include date when elopement started and stopped and location.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record. Verify elopement start/stop dates, location and type of the NRI elopement event file with corresponding information on the UD form.

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

	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL STATE HOSPITALS												
Unauthorized Departures Incidents	16	28	21	12	17	19	19	19	24			
Unauthorized Departures Persons	16	27	20	12	15	17	19	19	21			
Bed Days in Month	69059	71413	69029	71033	71302	64267	70940	70511	71784			
Incidents/1000 Bed Days	0.23	0.39	0.30	0.17	0.24	0.30	0.27	0.27	0.33			

Table: Hospital Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Performance Measure 6A:

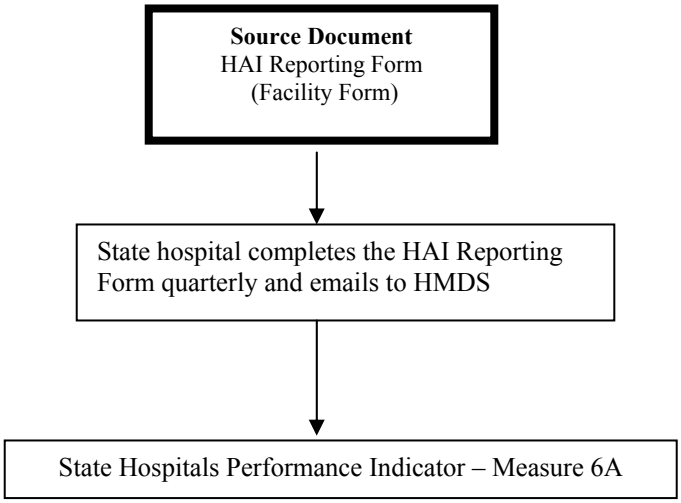
State hospital infection control practitioners (ICP) will collect and compare data on facility healthcare associated infection rates.

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:



Data Integrity Review Process:

N/A

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	3	**3**
Surgical Site Infection	0	0	0	0	0	0	**0**
Pneumonia	0	0	0	0	0	0	**0**
Blood Stream Infection	0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	0	1	10	3	7	1	**22**
Gastrointestinal System Infection	0	0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	**0**
Reproductive Tract Infection	0	0	0	0	0	0	**0**
Skin and Soft Tissue Infection	0	0	0	1	4	4	**9**
Systemic Infection	0	0	0	0	0	0	**0**
Total	0	1	10	4	11	8	34
Rate Per 1,000 Beddays	**0.0**	**2.0**	**1.2**	**1.5**	**3.9**	**1.1**	**1.4**

Table: Hospital Management Data Services

Source: Facility Survey

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
Urinary Tract Infection	2	0	0		7	0	5	6	13	**33**
Surgical Site Infection	0	0	0		0	0	0	0	0	**0**
Pneumonia	2	1	0		1	0	3	0	0	**7**
Blood Stream Infection	0	1	0		0	0	0	0	0	**1**
Bone and Joint Infections	0	0	0		0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0		0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0		0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	4	8	3		13	1	25	12	16	**82**
Gastrointestinal System Infection	0	0	0		0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneumonia	0	4	0		2	0	4	3	1	**14**
Reproductive Tract Infection	0	0	0		0	0	0	0	0	**0**
Skin and Soft Tissue Infection	7	7	1		3	0	15	12	18	**63**
Systemic Infection	0	0	0		0	0	0	0	0	**0**
Total	15	21	4		26	1	52	33	48	200
Rate Per 1,000 Beddays	**0.7**	**1.3**	**0.7**		**0.7**	**0.2**	**2.0**	**1.7**	**1.9**	**1.3**

KSH - Data Not Available

Table: Hospital Management Data Services

Source: Facility Survey

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
Urinary Tract Infection	0	0	0		2	0	0	4	3	**9**
Surgical Site Infection	0	1	0		0	0	0	0	0	**1**
Pneumonia	2	0	0		2	0	0	0	2	**6**
Blood Stream Infection	0	0	0		0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0		0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0		0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0		0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	1	1	0		0	0	0	2	3	**7**
Gastrointestinal System Infection	0	0	0		0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneumonia	0	0	0		1	0	0	4	1	**6**
Reproductive Tract Infection	0	0	0		0	0	0	0	0	**0**
Skin and Soft Tissue Infection	0	1	1		0	0	0	1	1	**4**
Systemic Infection	0	0	0		0	0	0	0	0	**0**
Total	3	3	1		5	0	0	11	10	33
Rate Per 1,000 Beddays	**1.7**	**2.8**	**2.7**		**2.1**	**0.0**	**0.0**	**3.5**	**6.0**	**2.8**

KSH - Data Not Available

Table: Hospital Management Data Services

Source: Facility Survey

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.

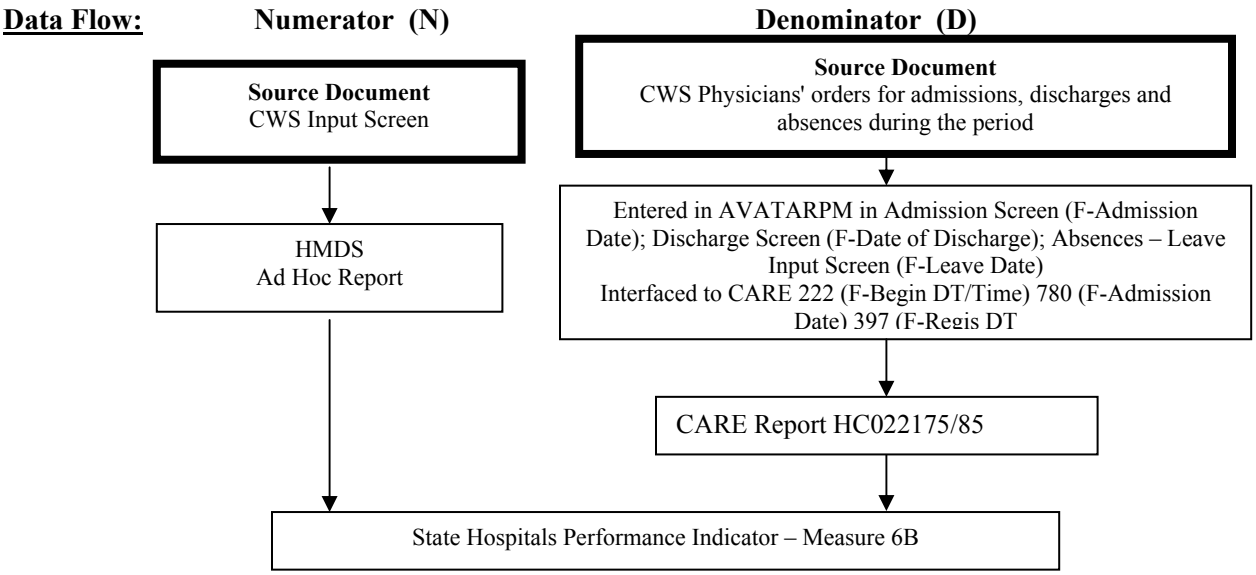
Performance Measure Operational Definition: The state hospital rate of patient injuries documented on the Client Injury Assessment per FY quarter. Number of injuries incurred by age group category per FY quarter (age will be calculated at the beginning of the reporting period).

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



Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time of injury and type.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates and injury event date and type data field as compared to the corresponding information in the medical record.
Sample Size	Use 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data to review only associated injury events.

Measure 6B - Patient Injuries

All State Hospitals - FY07

	Q1							Q2							Q3							Q4						
Hospital	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	
ALL SH																												
Accident	12	244	257	27	2	0	**542**	12	228	218	20	4	0	**482**	7	267	299	18	3	0	**594**							
Another Client	6	134	144	8	0	0	**292**	8	204	175	12	1	0	**400**	6	290	173	8	1	0	**478**							
Alleged Abuse/N	1	30	5	4	0	0	**40**	0	13	6	0	0	0	**19**	0	0	0	0	0	0	**0**							
Employee/Accident	0	10	17	1	0	0	**28**	0	18	16	0	0	0	**34**	0	23	21	3	0	0	**47**							
Medical Condition	4	12	8	1	0	0	**25**	4	11	8	1	0	0	**24**	5	24	13	4	0	0	**46**							
Self Inflicted	8	108	214	15	1	0	**346**	10	89	183	12	2	1	**297**	14	153	251	18	1	0	**437**							
Undetermined	5	87	62	6	3	0	**163**	20	119	47	5	0	0	**191**	30	183	60	7	2	1	**283**							
Visitor	0	1	0	0	0	0	**1**	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**							
Total	**36**	**626**	**707**	**62**	**6**	**0**	1437	**54**	**682**	**653**	**50**	**7**	**1**	1447	**62**	**940**	**817**	**58**	**7**	**1**	1885							
Rate/1000 Bed Days	0.17	2.99	3.38	0.30	0.03	0.00	**0.32**	0.26	3.26	3.12	0.24	0.03	0.00	**0.28**	0.29	4.49	3.90	0.28	0.03	0.00	**0.27**							

N/A = Not Available

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

Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Measure 6B - Patient Injuries

All State Hospitals

	Q1 FY07							Q2							Q3							FYTD						
Hospitals	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
ALL SH																											
Age 0-17	3	85	197	11	1	0	**297**	7	82	154	6	2	0	**251**	9	168	229	5	1	0	**412**						
Age 18-64	31	496	476	47	4	0	**1054**	41	565	466	44	4	0	**1120**	49	717	552	51	5	0	**1374**						
Age 65-olde	2	45	34	4	1	0	**86**	3	53	31	2	0	0	**89**	4	55	36	2	1	1	**99**						
Total	**36**	**626**	**707**	**62**	**6**	**0**	**1437**	**51**	**700**	**651**	**52**	**6**	**0**	**1460**	**62**	**940**	**817**	**58**	**7**	**1**	**1885**						

N/A = Not Available

Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

95 percent of all staff will be current with required training at all times.

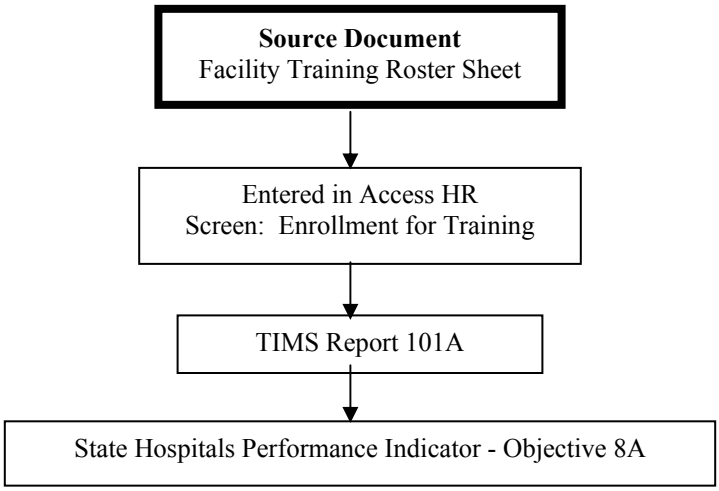
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report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

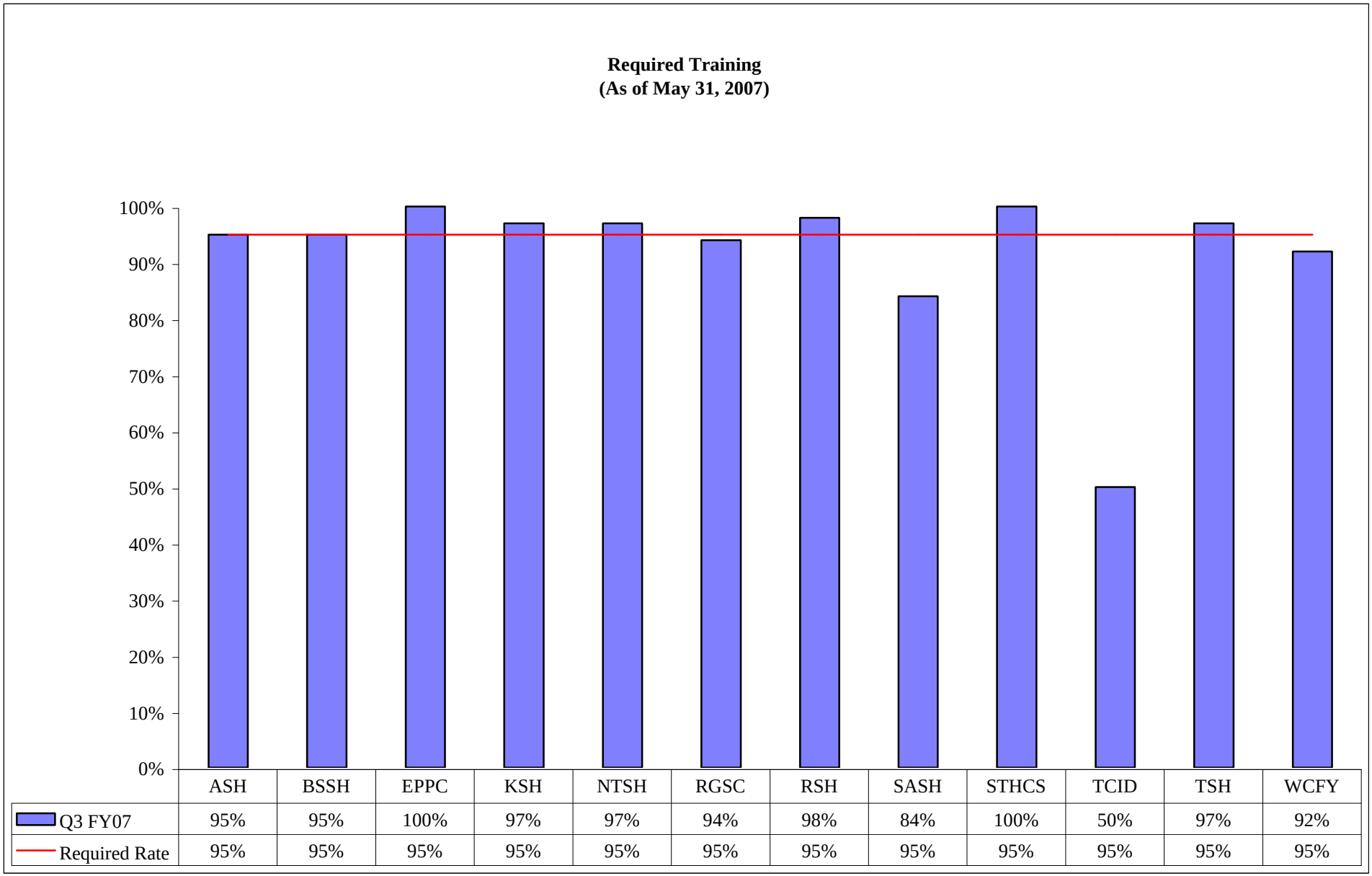
Data Flow:



Data Integrity Review Process:

Data integrity review done through the Administrative Performance Indicators (API) Validation Audit Process.

Objective 8A - Staff Current With Required Training
All State Hospitals

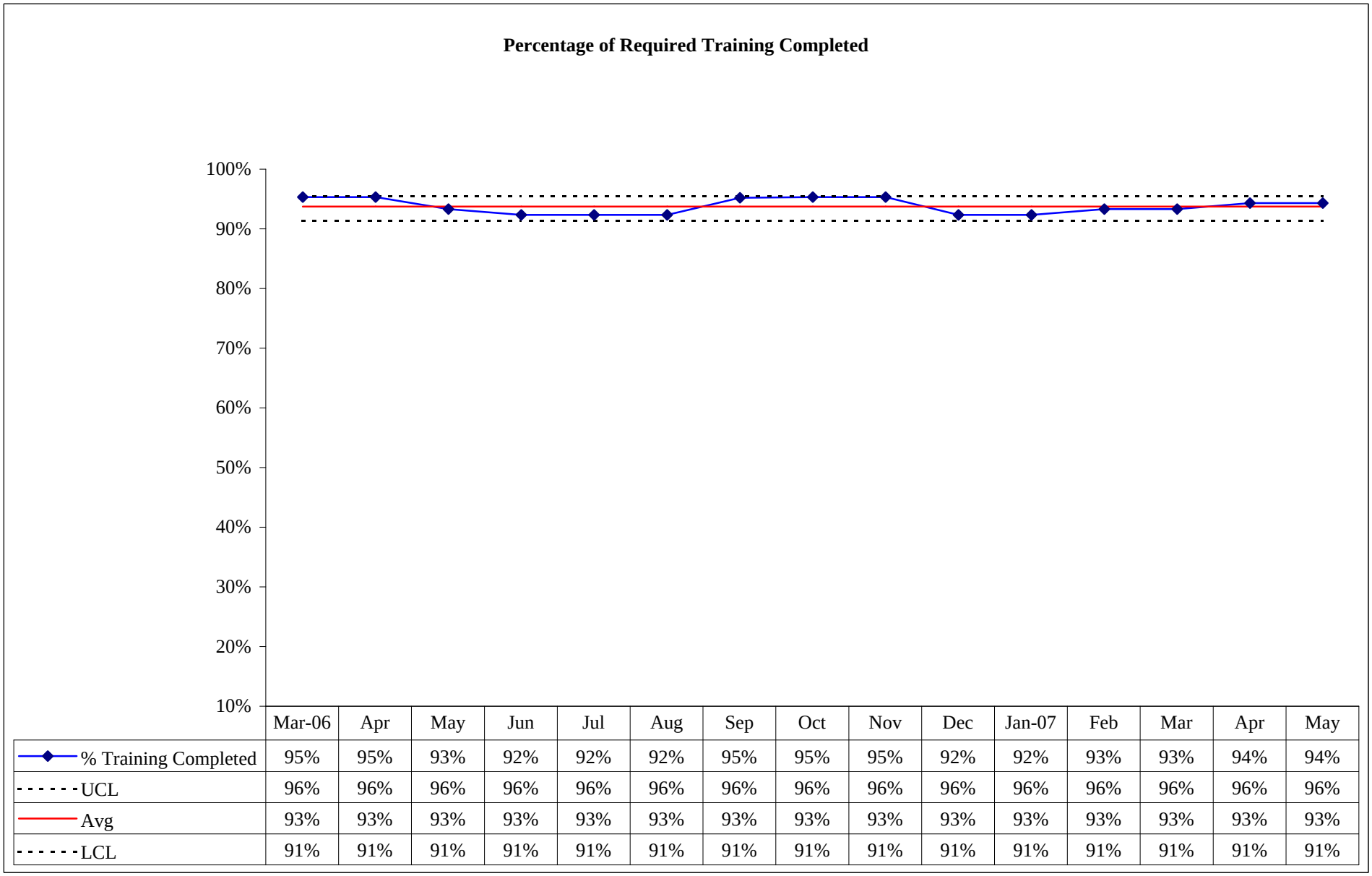


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	STHCS	TCID	TSH	WCFY
Q3 FY07	95%	95%	100%	97%	97%	94%	98%	84%	100%	50%	97%	92%
Required Rate	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
All State Hospitals

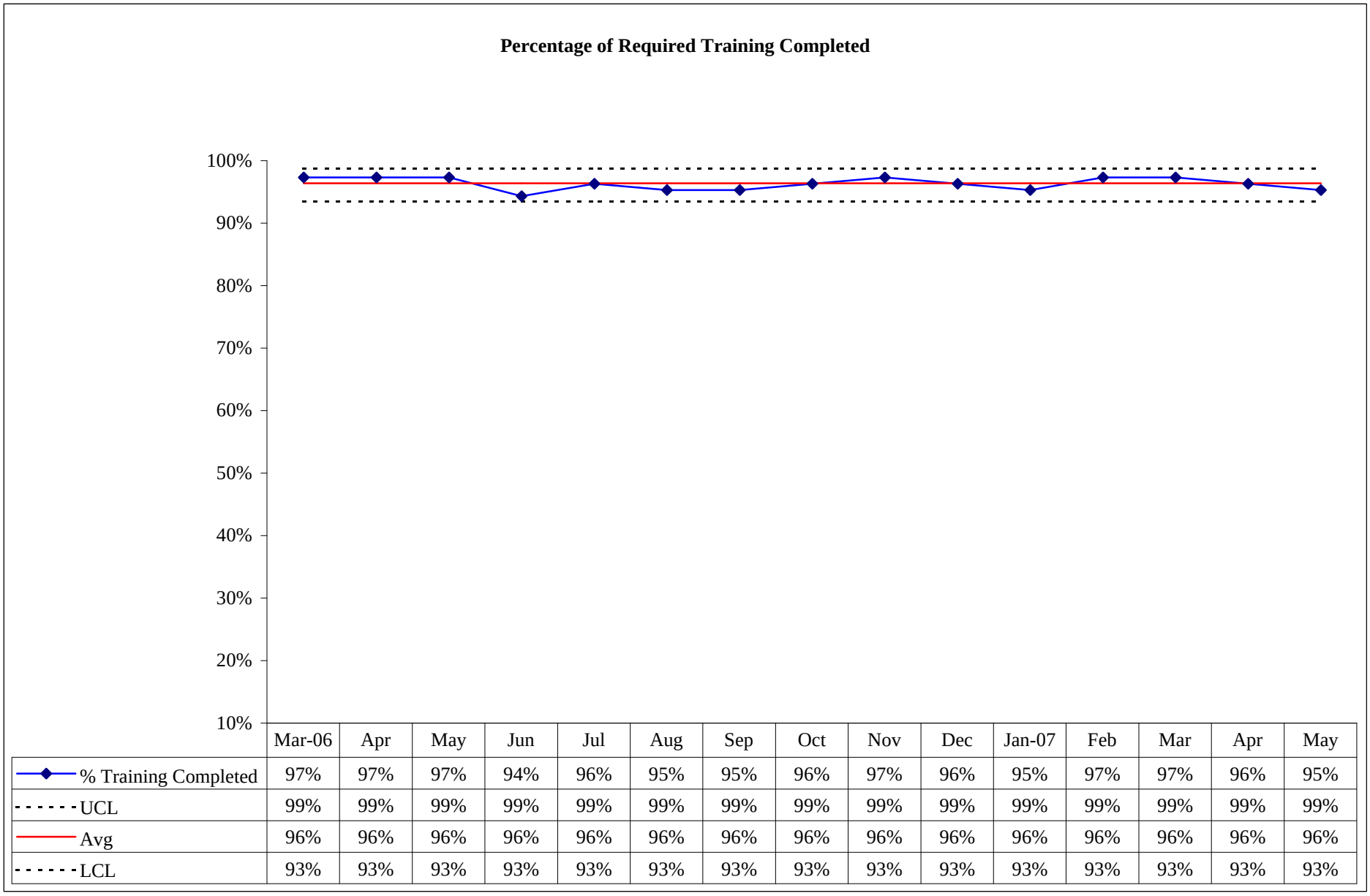


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	95%	95%	93%	92%	92%	92%	95%	95%	95%	92%	92%	93%	93%	94%	94%
UCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Austin State Hospital



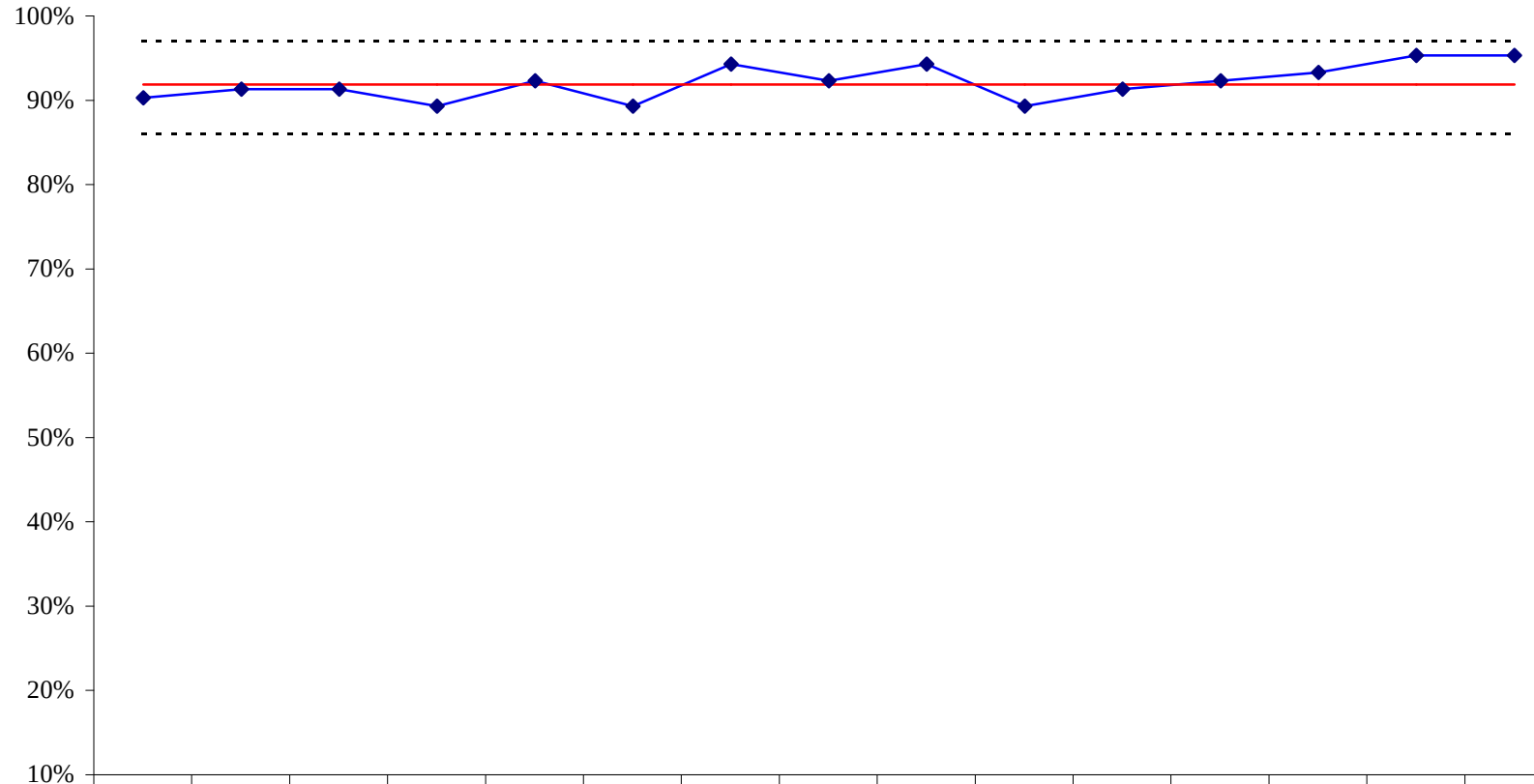
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	97%	97%	97%	94%	96%	95%	95%	96%	97%	96%	95%	97%	97%	96%	95%
UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Big Spring State Hospital

Percentage of Required Training Completed



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	90%	91%	91%	89%	92%	89%	94%	92%	94%	89%	91%	92%	93%	95%	95%
UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
El Paso Psychiatric Center

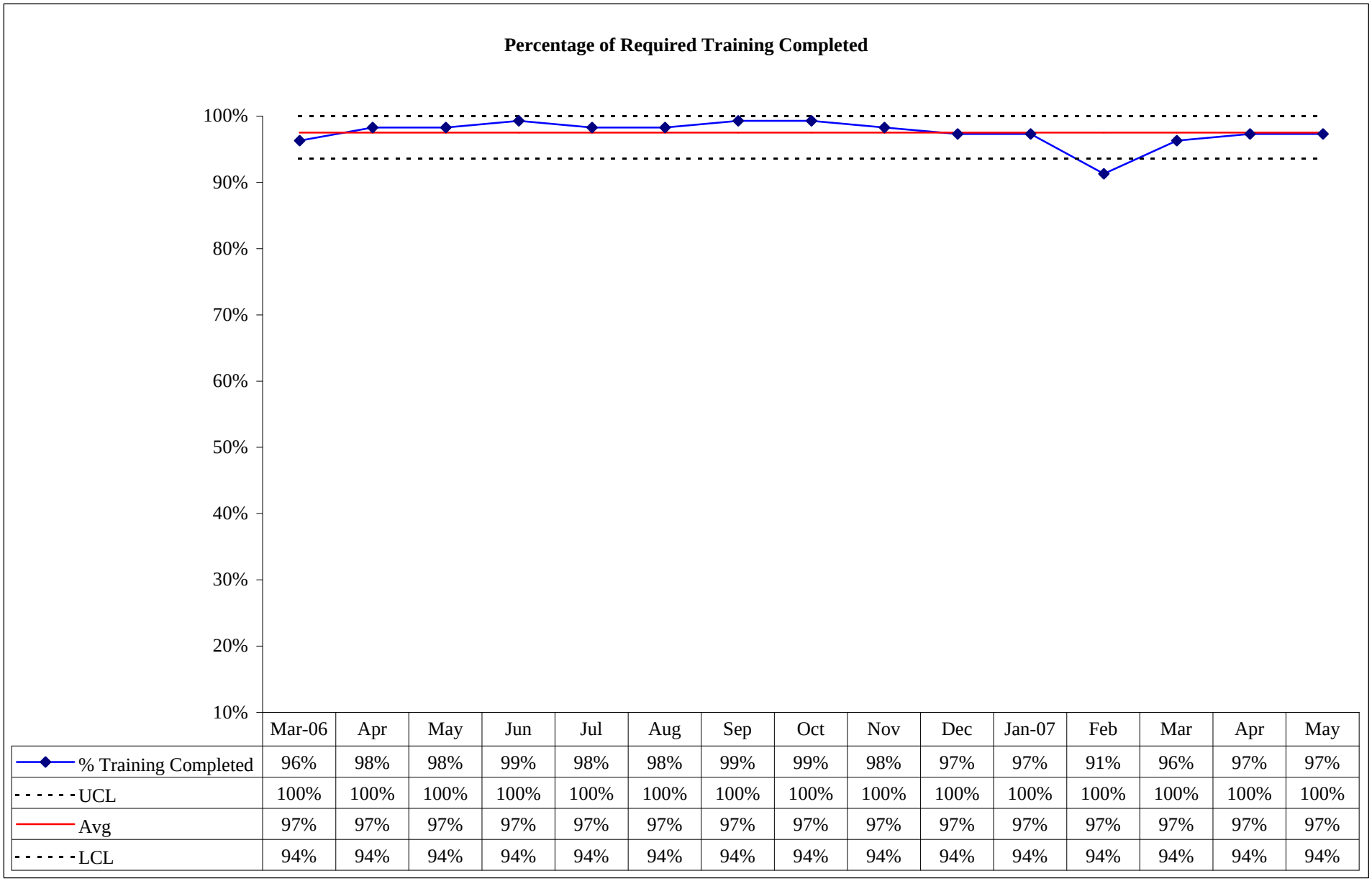
Percentage of Required Training Completed

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Kerrville State Hospital

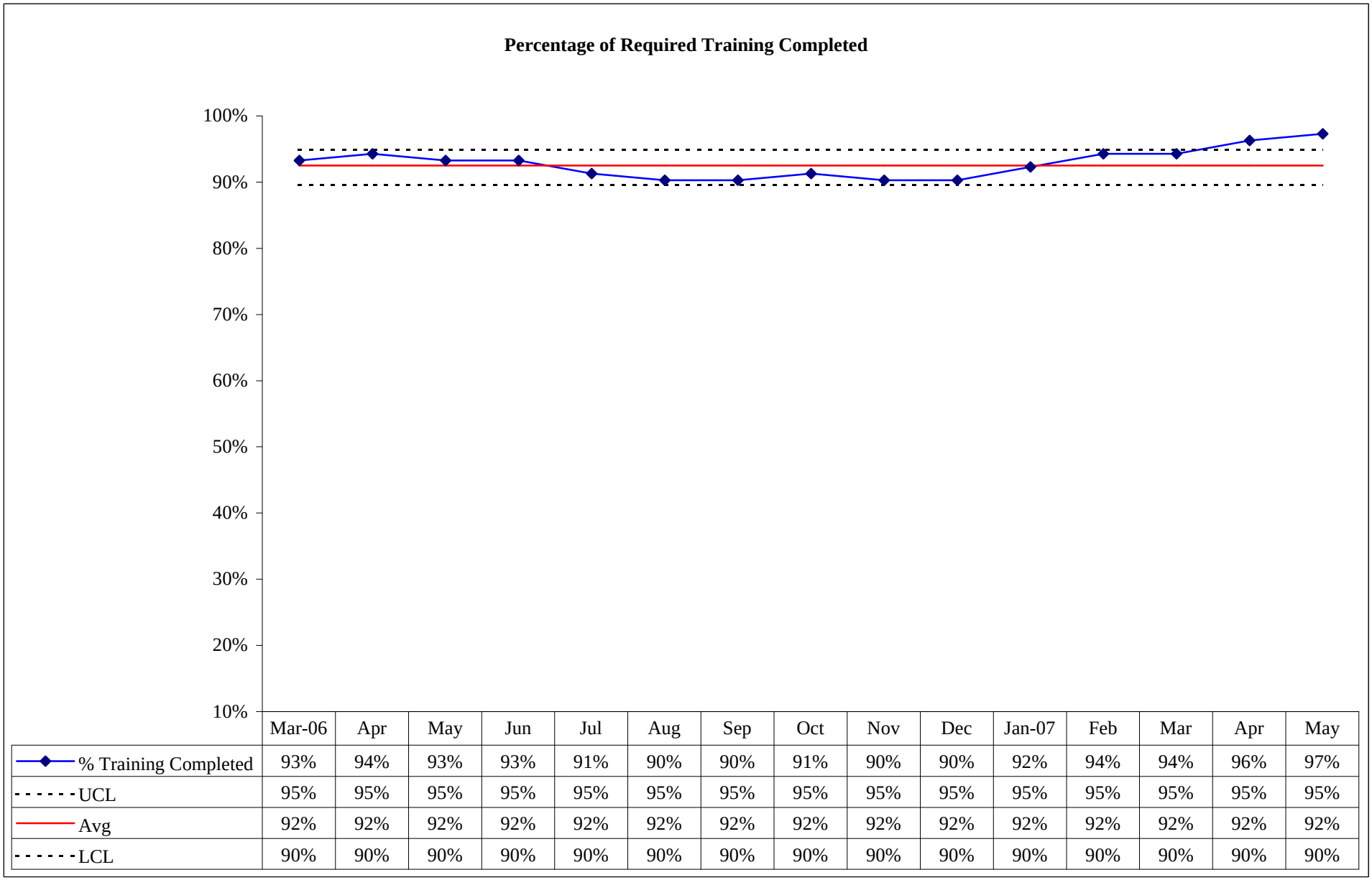


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	96%	98%	98%	99%	98%	98%	99%	99%	98%	97%	97%	91%	96%	97%	97%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
North Texas State Hospital

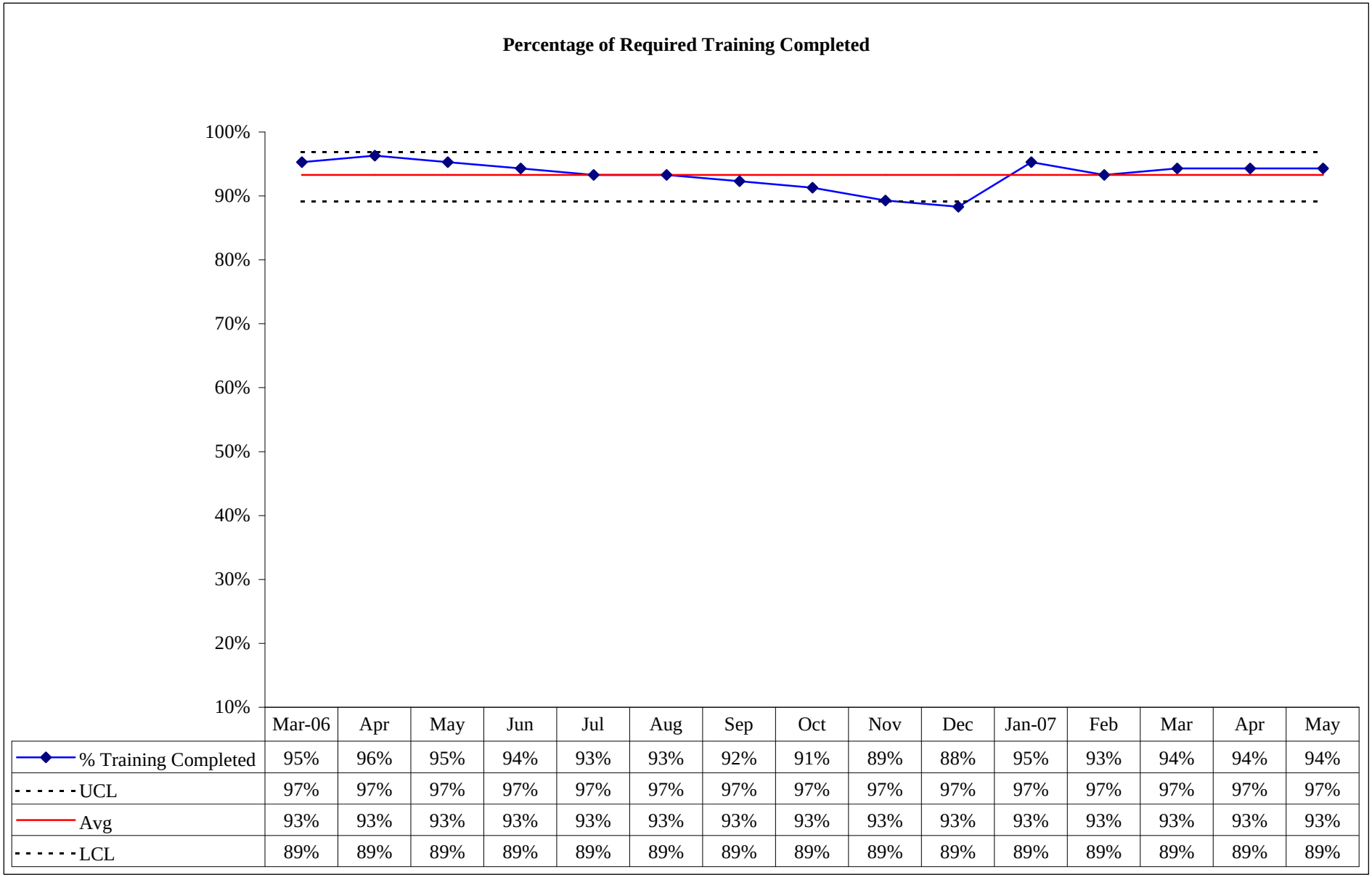


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	93%	94%	93%	93%	91%	90%	90%	91%	90%	90%	92%	94%	94%	96%	97%
UCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Rio Grande State Center

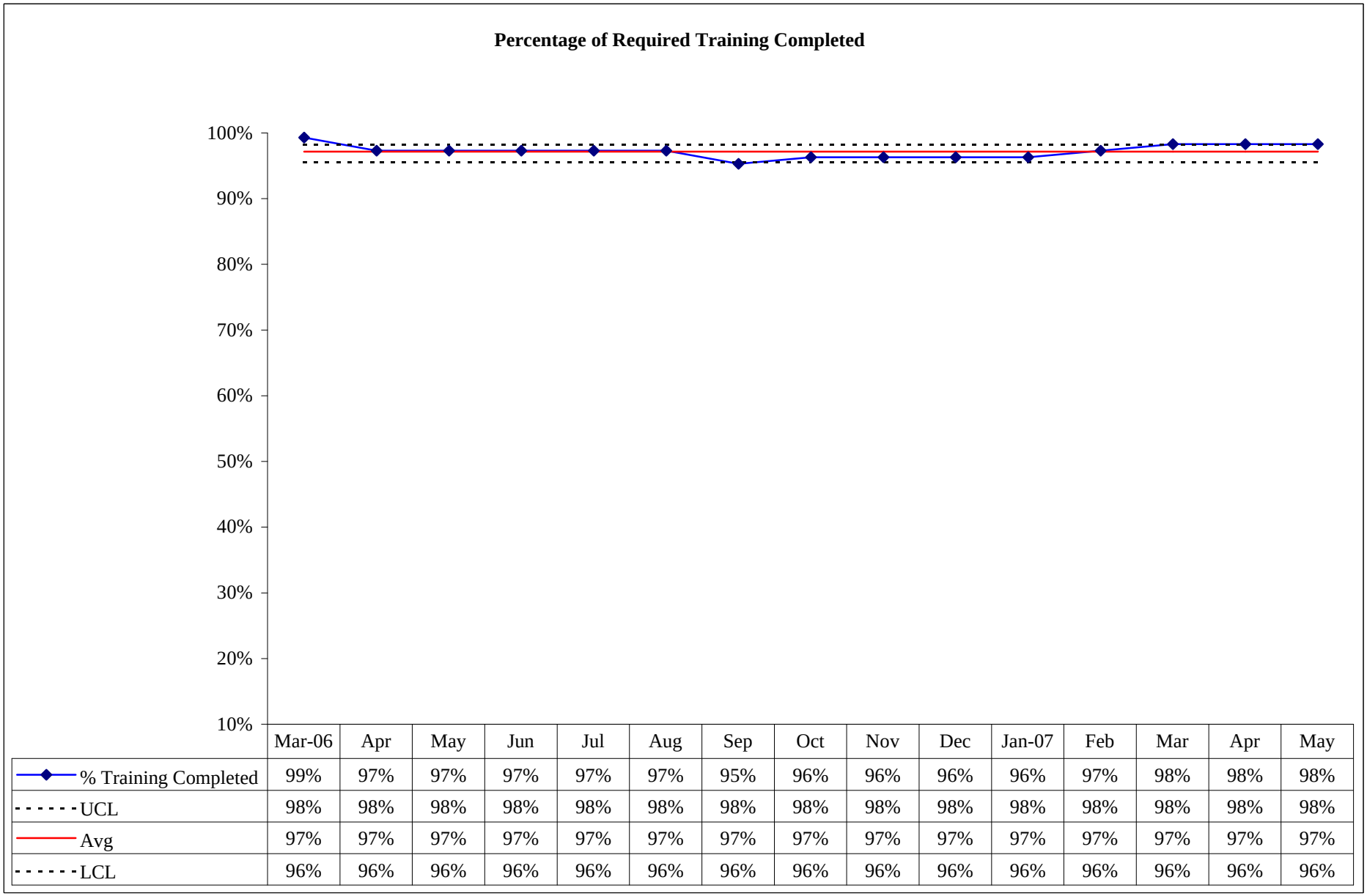


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	95%	96%	95%	94%	93%	93%	92%	91%	89%	88%	95%	93%	94%	94%	94%
UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Rusk State Hospital

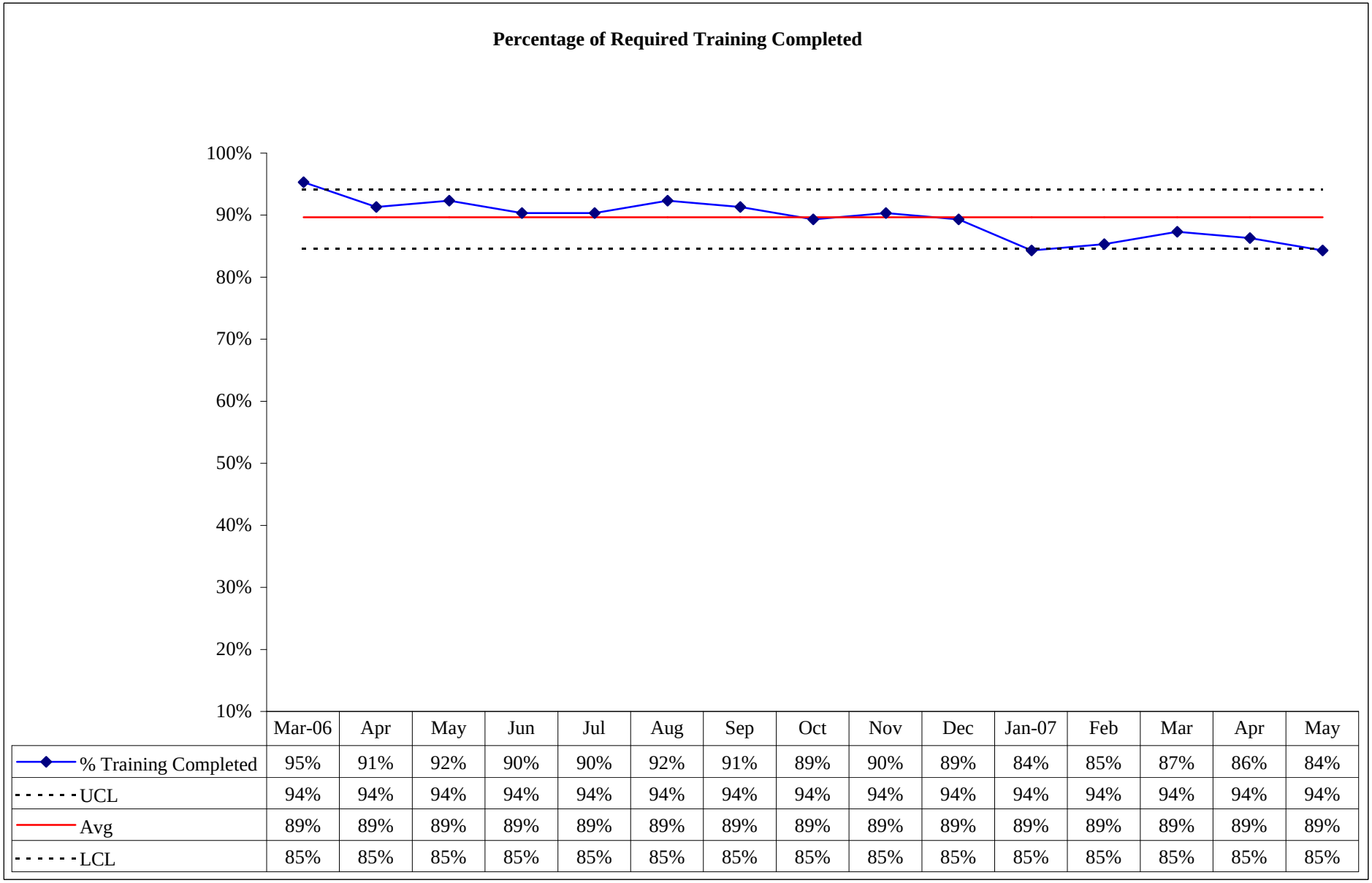


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	99%	97%	97%	97%	97%	97%	95%	96%	96%	96%	96%	97%	98%	98%	98%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
San Antonio State Hospital

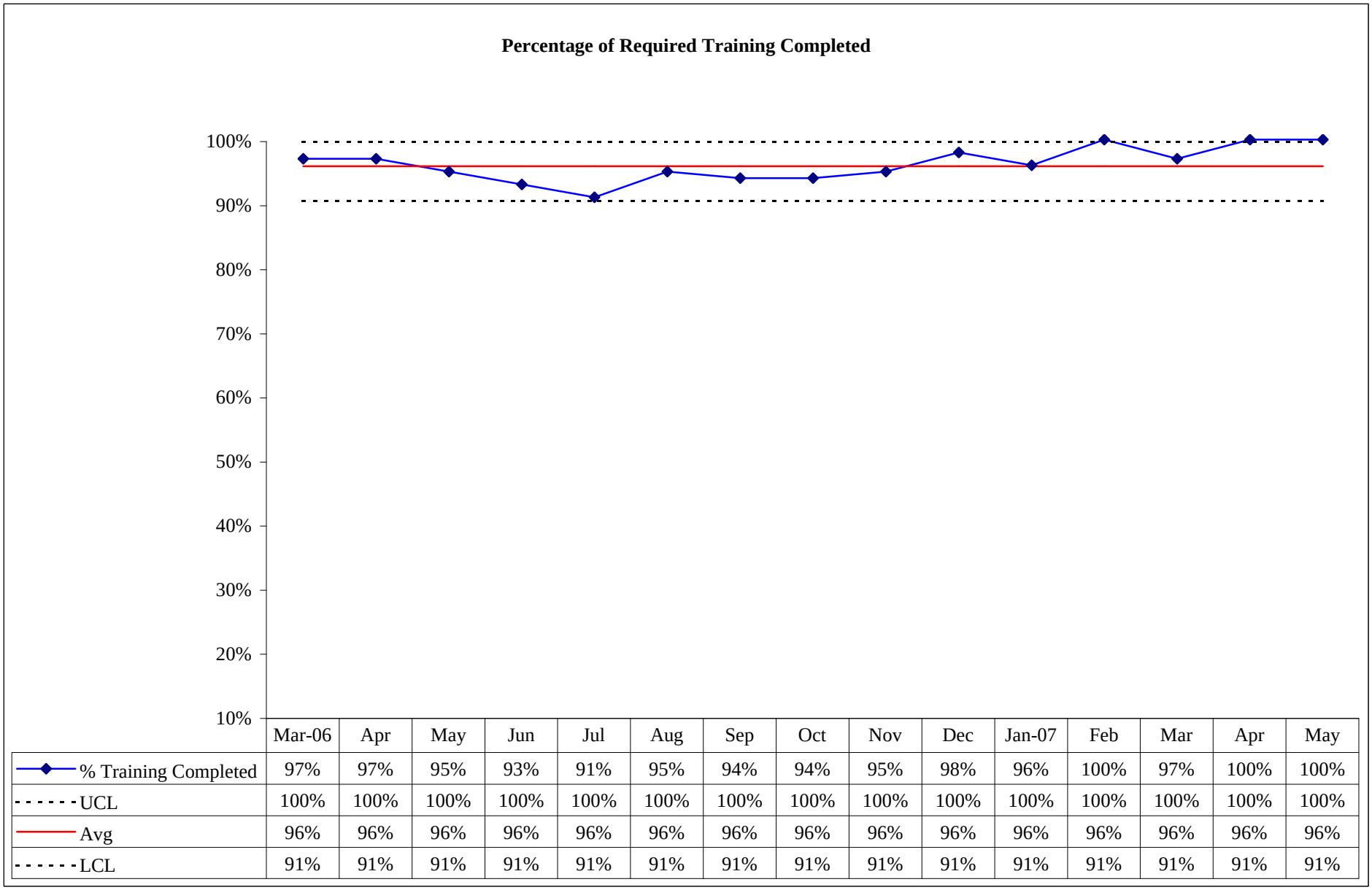


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	95%	91%	92%	90%	90%	92%	91%	89%	90%	89%	84%	85%	87%	86%	84%
UCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
Avg	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
LCL	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Terrell State Hospital

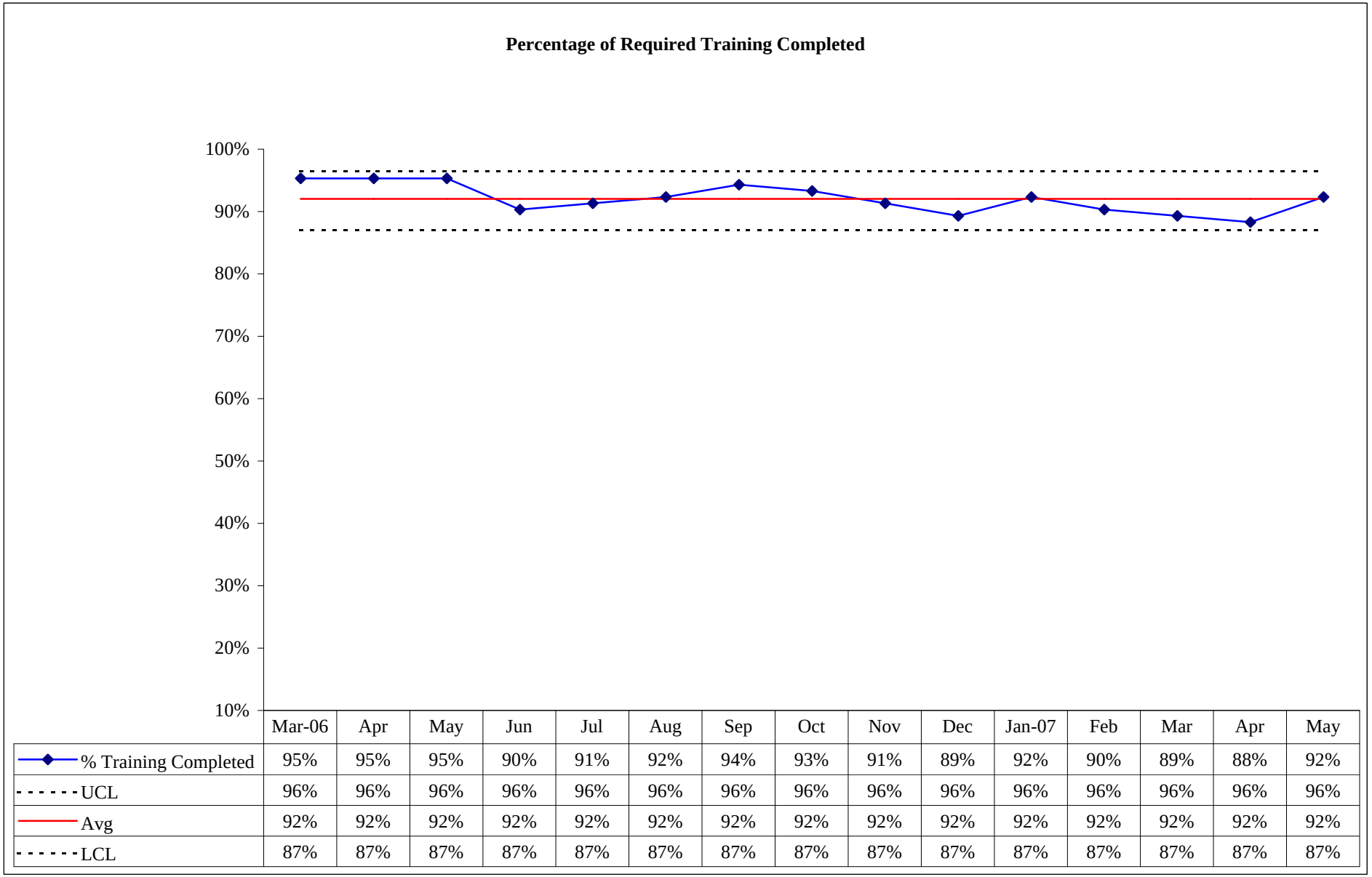


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	97%	97%	95%	93%	91%	95%	94%	94%	95%	98%	96%	100%	97%	100%	100%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Waco Center for Youth

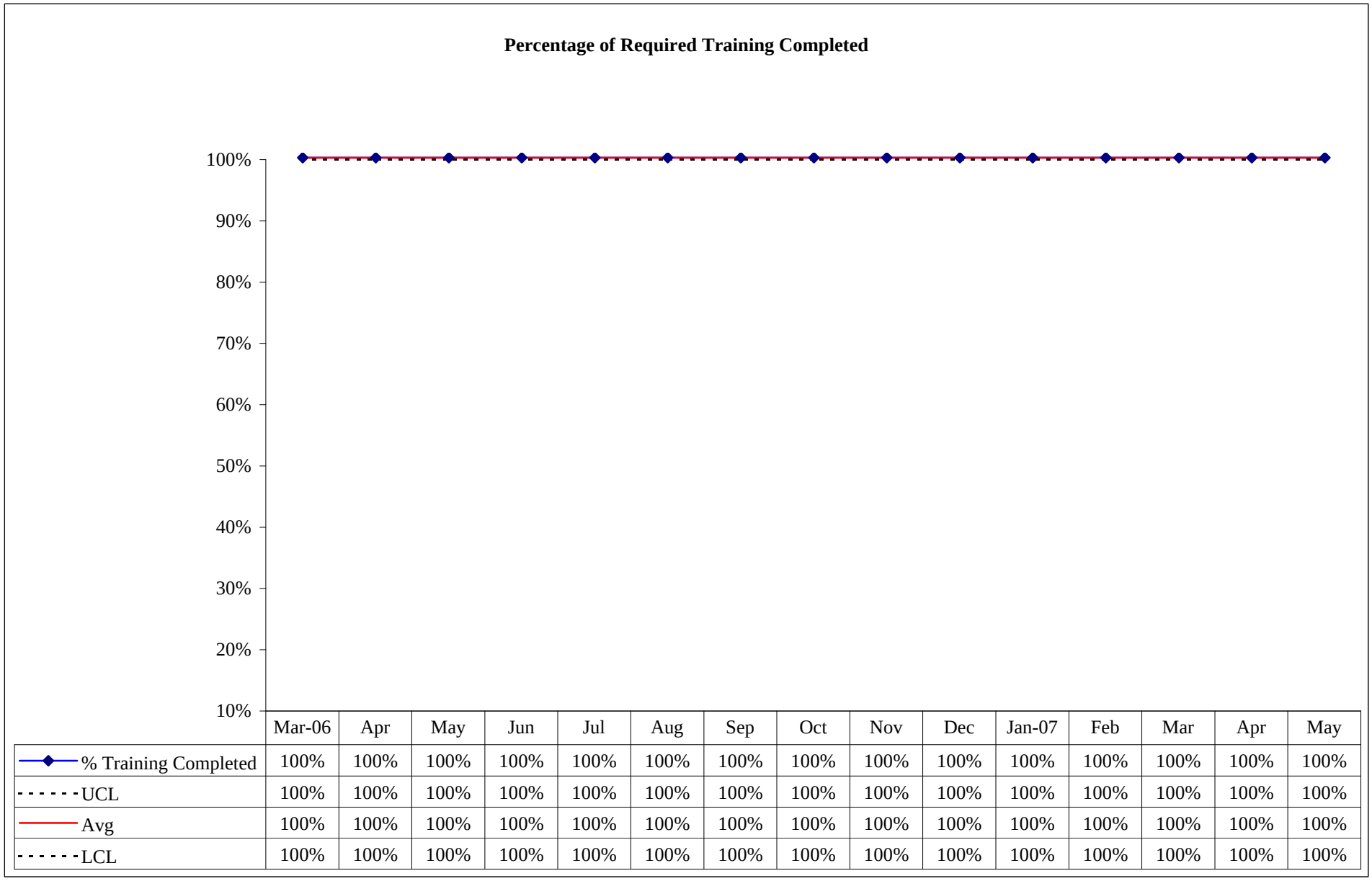


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	95%	95%	95%	90%	91%	92%	94%	93%	91%	89%	92%	90%	89%	88%	92%
UCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
South Texas Health Care Services

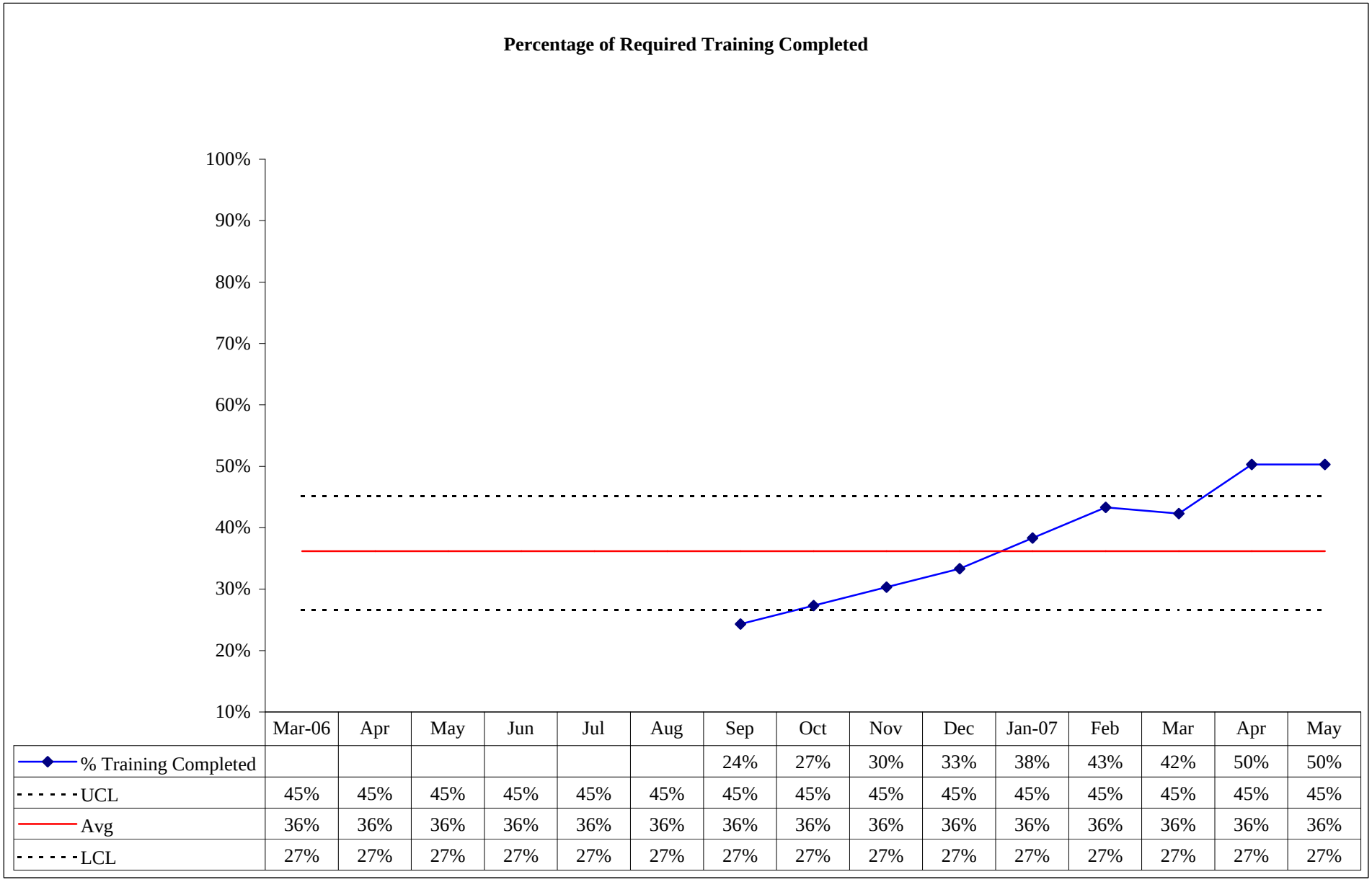


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
LCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With Required Training
Texas Center for Infectious Disease



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
% Training Completed							24%	27%	30%	33%	38%	43%	42%	50%	50%
UCL	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%	45%
Avg	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%	36%
LCL	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%	27%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Performance Measure 8A:

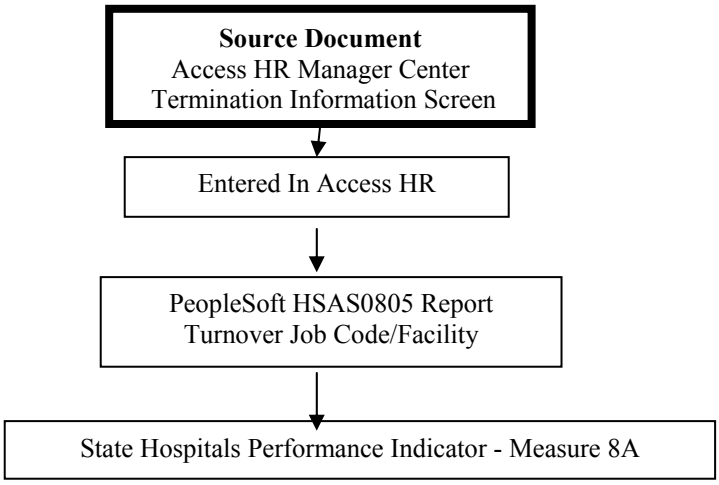
"Staff Turnover" rates for critical shortage staff will be maintained and reported quarterly.

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.

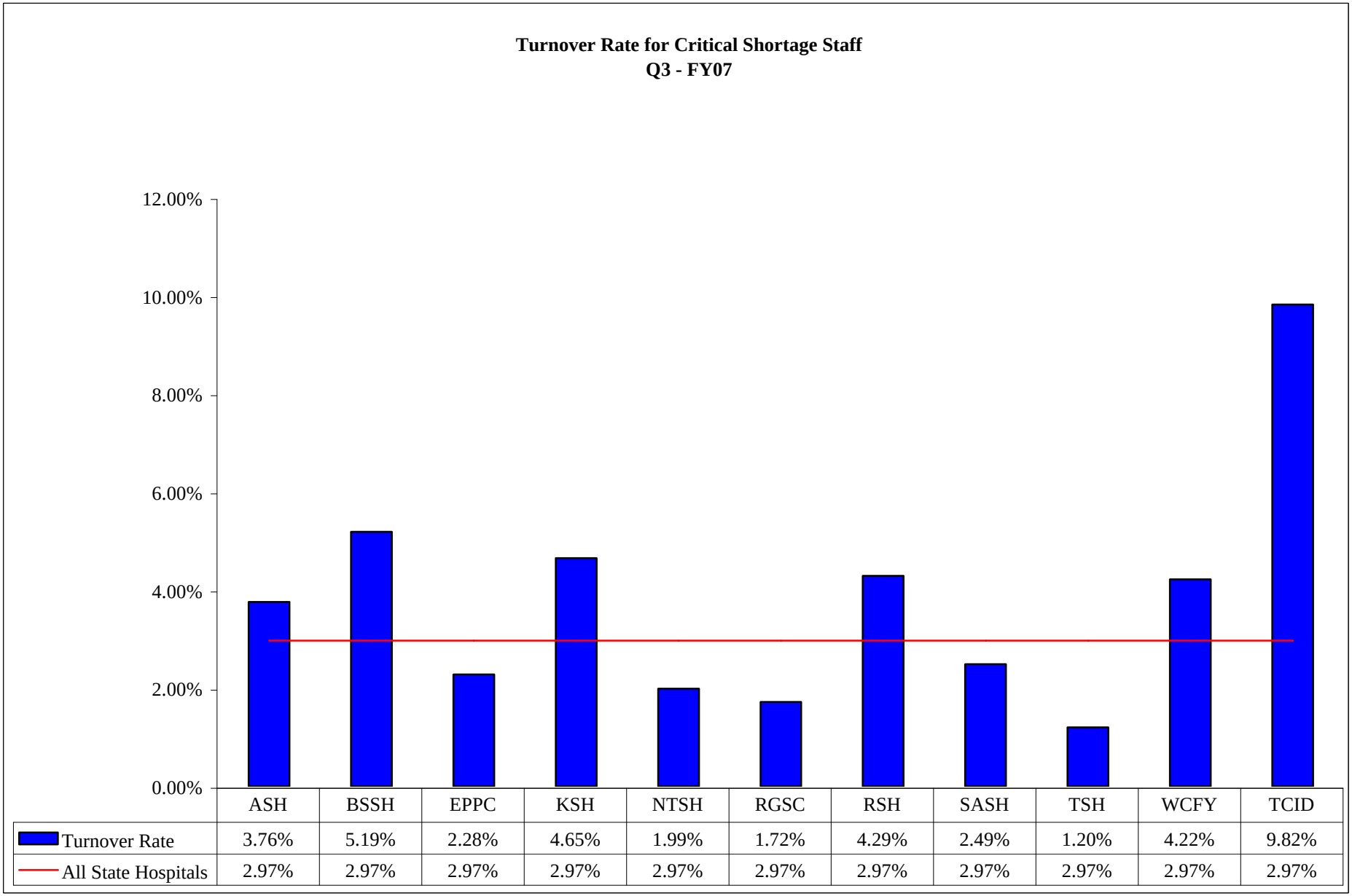
Performance Measure Data Display and Chart Description:
Chart with monthly data points of turnover rate for individual state hospitals and system-wide.

Data Flow:



Data Integrity Review Process:
Staff turnover rates are not subject to a data integrity review at this time.

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

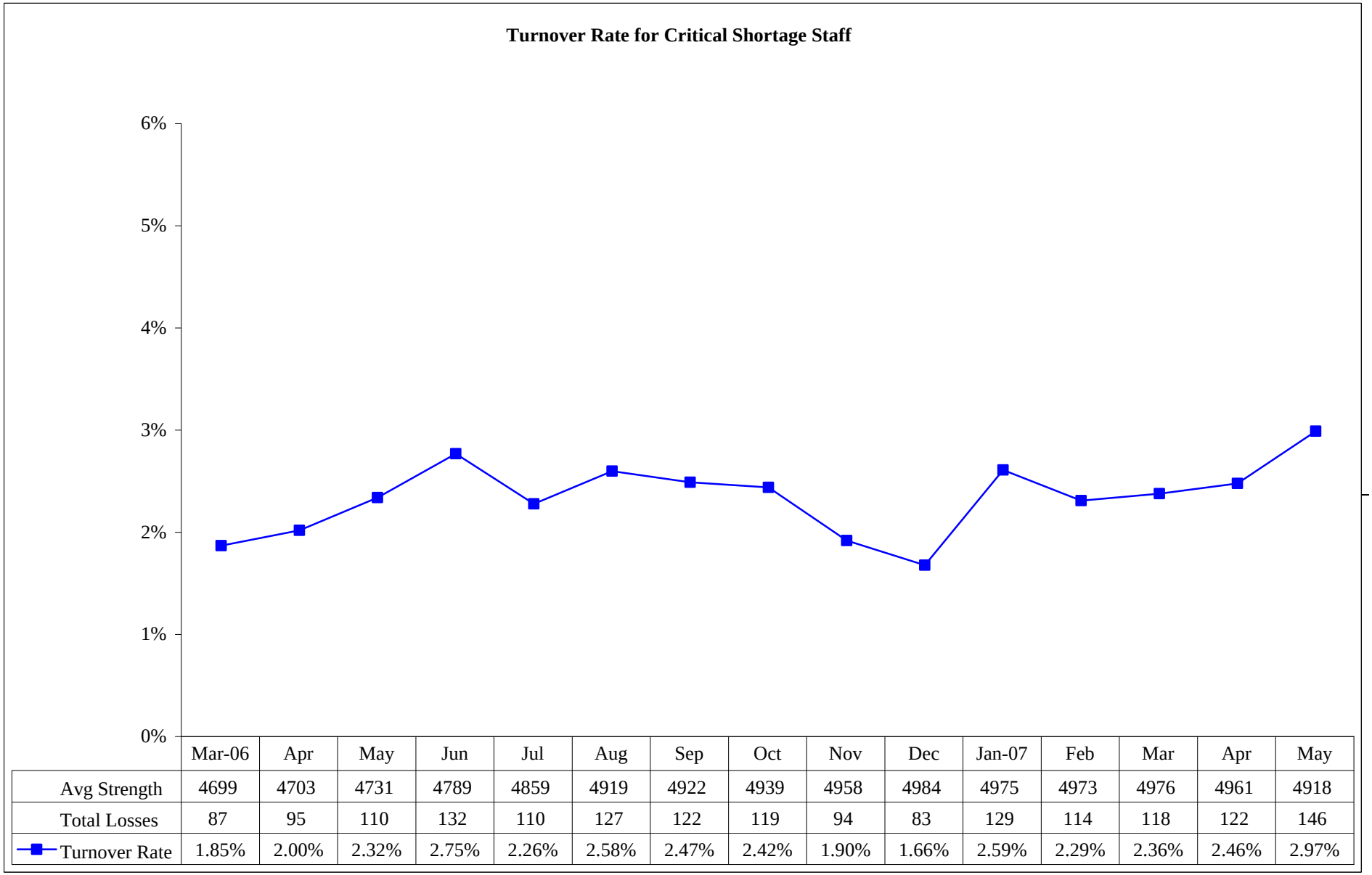


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
Turnover Rate	3.76%	5.19%	2.28%	4.65%	1.99%	1.72%	4.29%	2.49%	1.20%	4.22%	9.82%
All State Hospitals	2.97%	2.97%	2.97%	2.97%	2.97%	2.97%	2.97%	2.97%	2.97%	2.97%	2.97%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

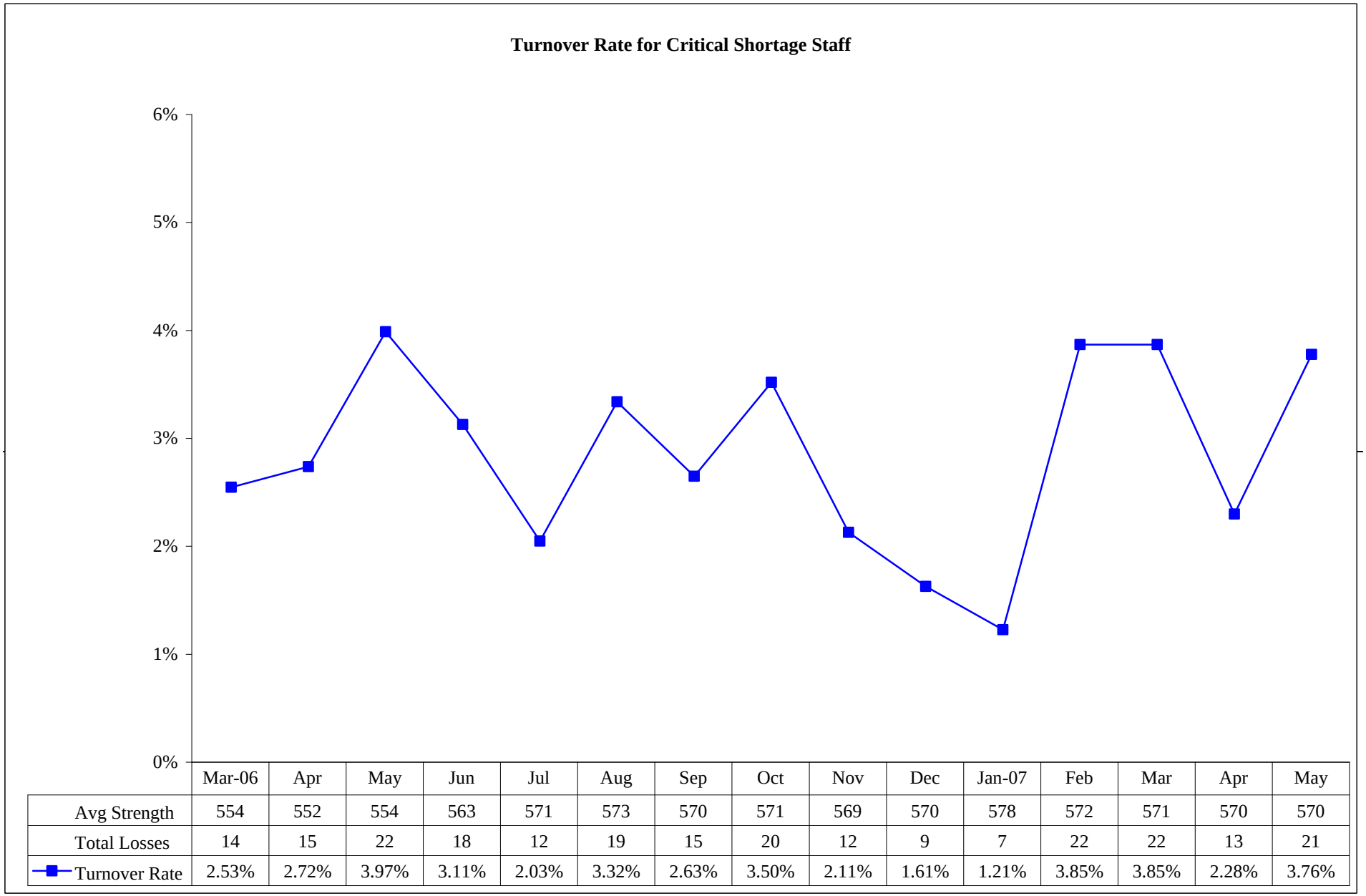


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	4699	4703	4731	4789	4859	4919	4922	4939	4958	4984	4975	4973	4976	4961	4918
Total Losses	87	95	110	132	110	127	122	119	94	83	129	114	118	122	146
Turnover Rate	1.85%	2.00%	2.32%	2.75%	2.26%	2.58%	2.47%	2.42%	1.90%	1.66%	2.59%	2.29%	2.36%	2.46%	2.97%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

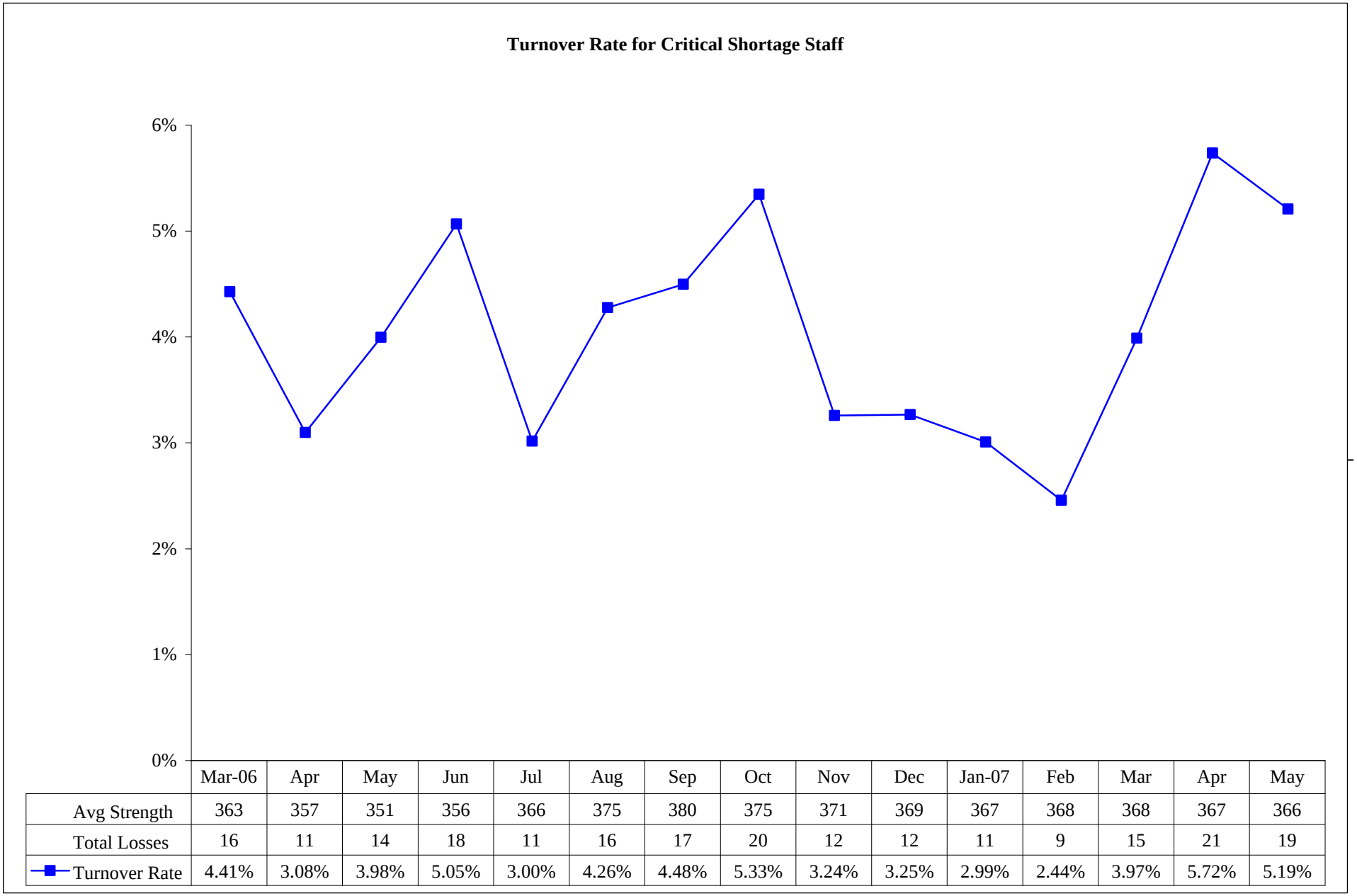


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	554	552	554	563	571	573	570	571	569	570	578	572	571	570	570
Total Losses	14	15	22	18	12	19	15	20	12	9	7	22	22	13	21
Turnover Rate	2.53%	2.72%	3.97%	3.11%	2.03%	3.32%	2.63%	3.50%	2.11%	1.61%	1.21%	3.85%	3.85%	2.28%	3.76%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

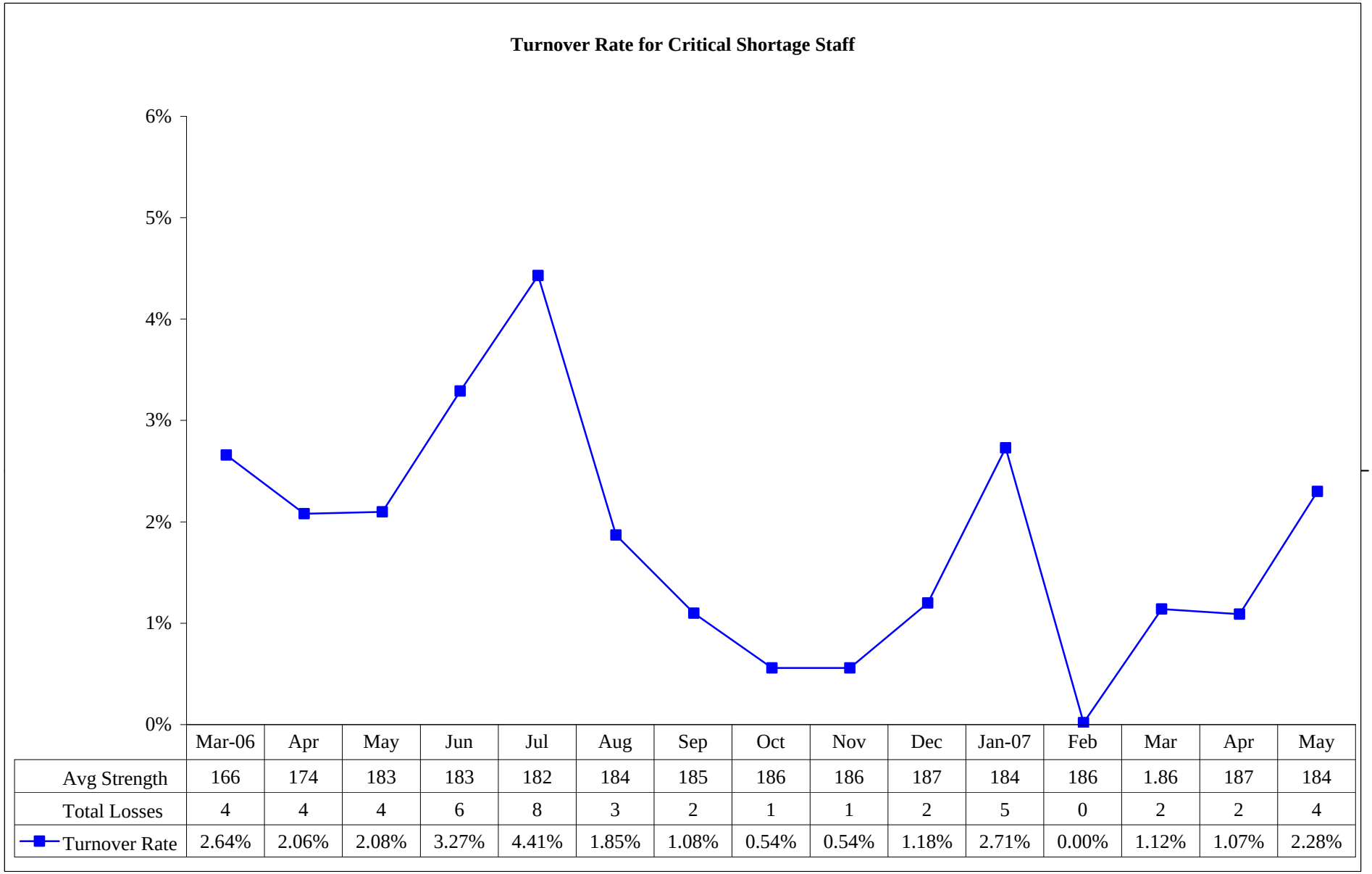


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	363	357	351	356	366	375	380	375	371	369	367	368	368	367	366
Total Losses	16	11	14	18	11	16	17	20	12	12	11	9	15	21	19
Turnover Rate	4.41%	3.08%	3.98%	5.05%	3.00%	4.26%	4.48%	5.33%	3.24%	3.25%	2.99%	2.44%	3.97%	5.72%	5.19%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

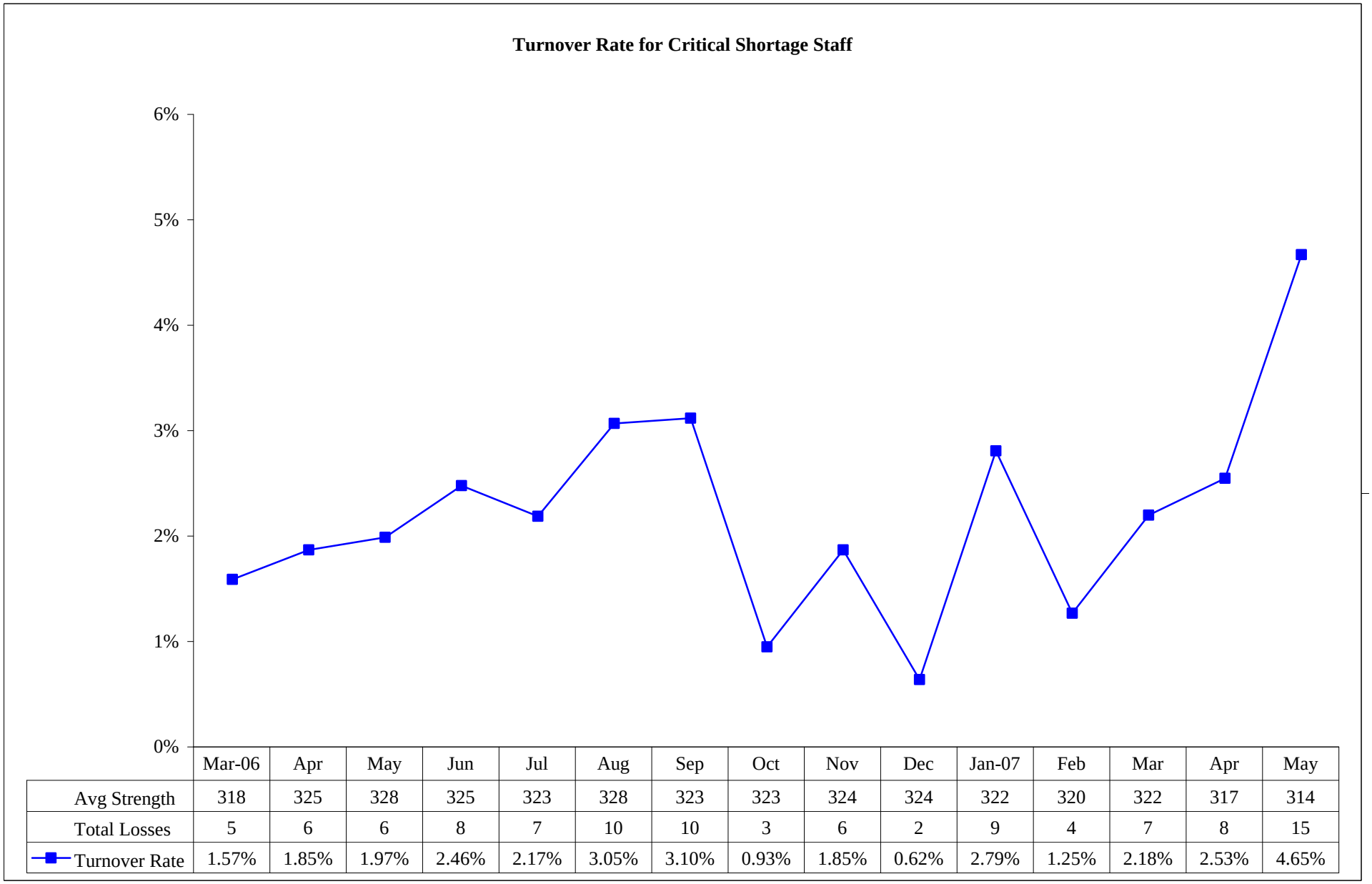


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	166	174	183	183	182	184	185	186	186	187	184	186	1.86	187	184
Total Losses	4	4	4	6	8	3	2	1	1	2	5	0	2	2	4
Turnover Rate	2.64%	2.06%	2.08%	3.27%	4.41%	1.85%	1.08%	0.54%	0.54%	1.18%	2.71%	0.00%	1.12%	1.07%	2.28%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

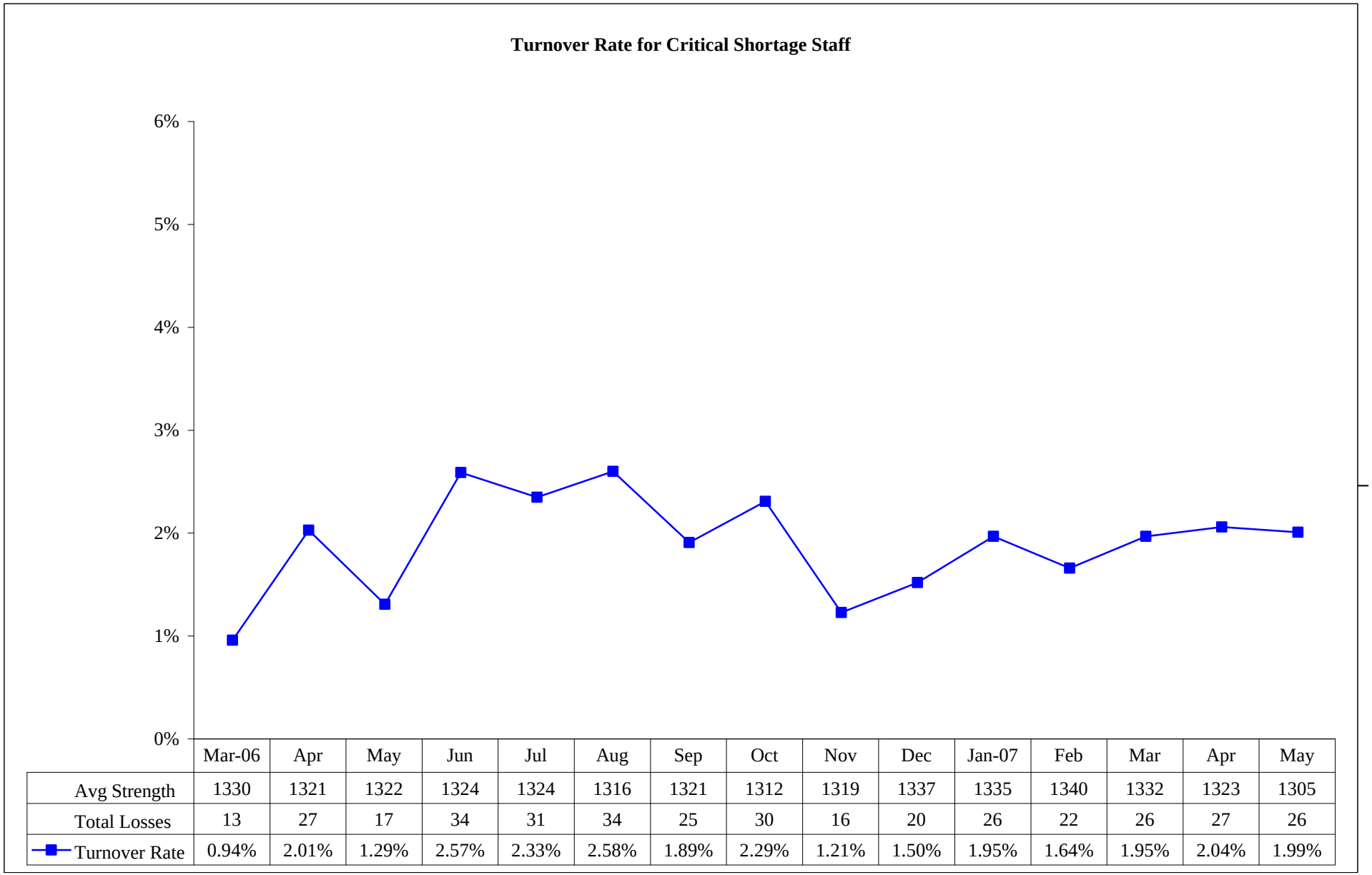


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	318	325	328	325	323	328	323	323	324	324	322	320	322	317	314
Total Losses	5	6	6	8	7	10	10	3	6	2	9	4	7	8	15
Turnover Rate	1.57%	1.85%	1.97%	2.46%	2.17%	3.05%	3.10%	0.93%	1.85%	0.62%	2.79%	1.25%	2.18%	2.53%	4.65%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

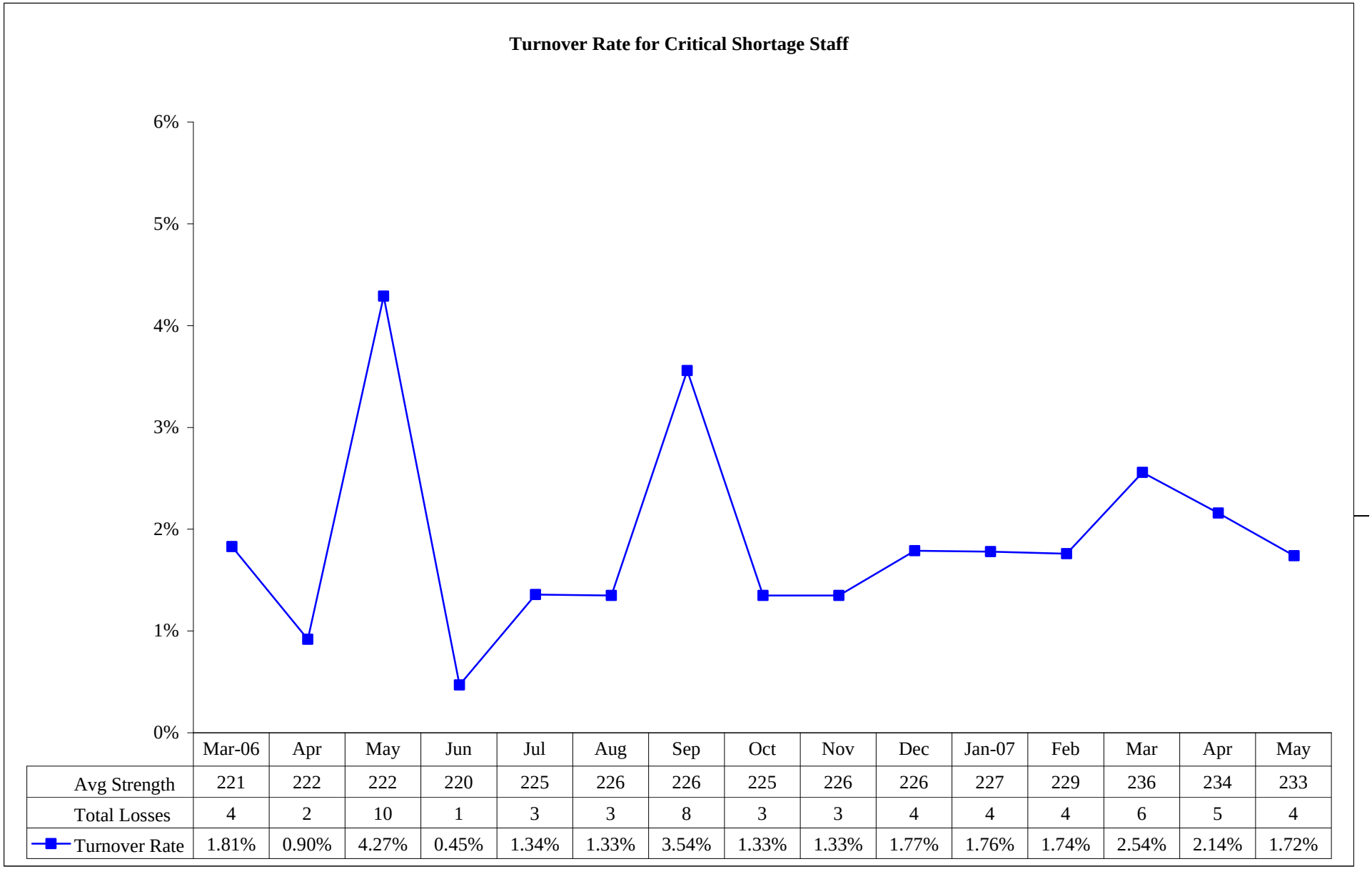


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	1330	1321	1322	1324	1324	1316	1321	1312	1319	1337	1335	1340	1332	1323	1305
Total Losses	13	27	17	34	31	34	25	30	16	20	26	22	26	27	26
Turnover Rate	0.94%	2.01%	1.29%	2.57%	2.33%	2.58%	1.89%	2.29%	1.21%	1.50%	1.95%	1.64%	1.95%	2.04%	1.99%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

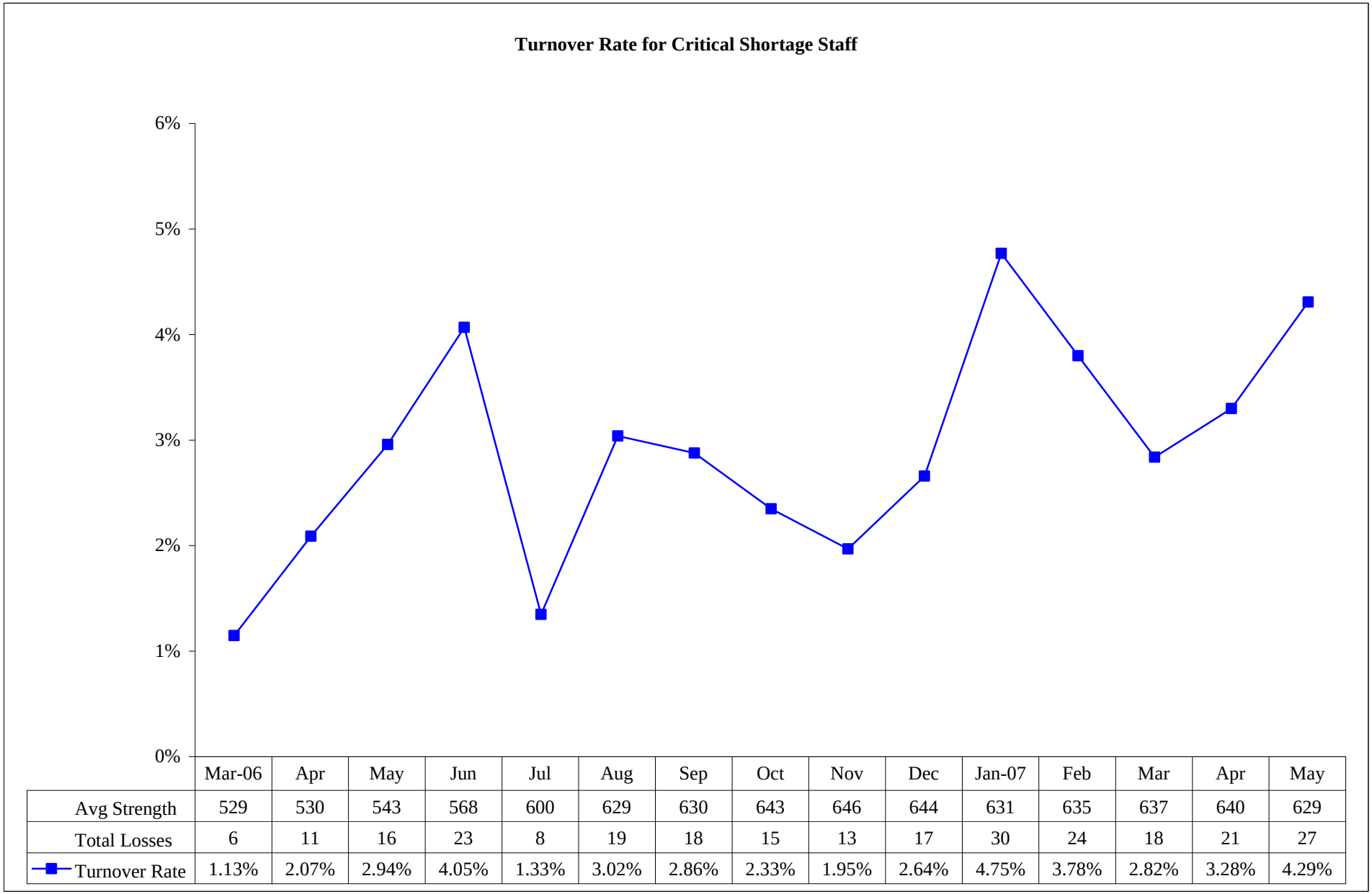


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	221	222	222	220	225	226	226	225	226	226	227	229	236	234	233
Total Losses	4	2	10	1	3	3	8	3	3	4	4	4	6	5	4
Turnover Rate	1.81%	0.90%	4.27%	0.45%	1.34%	1.33%	3.54%	1.33%	1.33%	1.77%	1.76%	1.74%	2.54%	2.14%	1.72%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

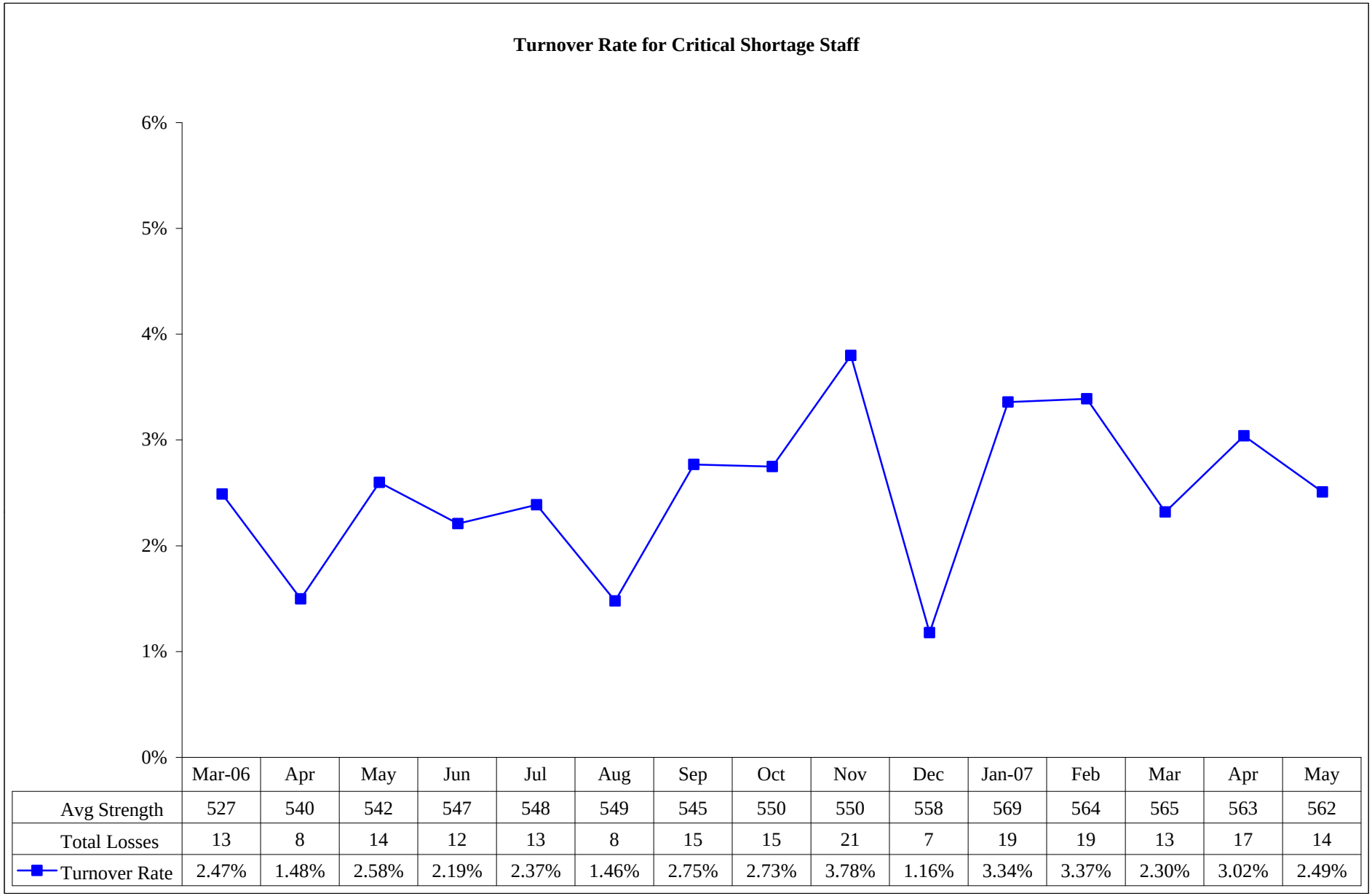


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	529	530	543	568	600	629	630	643	646	644	631	635	637	640	629
Total Losses	6	11	16	23	8	19	18	15	13	17	30	24	18	21	27
Turnover Rate	1.13%	2.07%	2.94%	4.05%	1.33%	3.02%	2.86%	2.33%	1.95%	2.64%	4.75%	3.78%	2.82%	3.28%	4.29%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

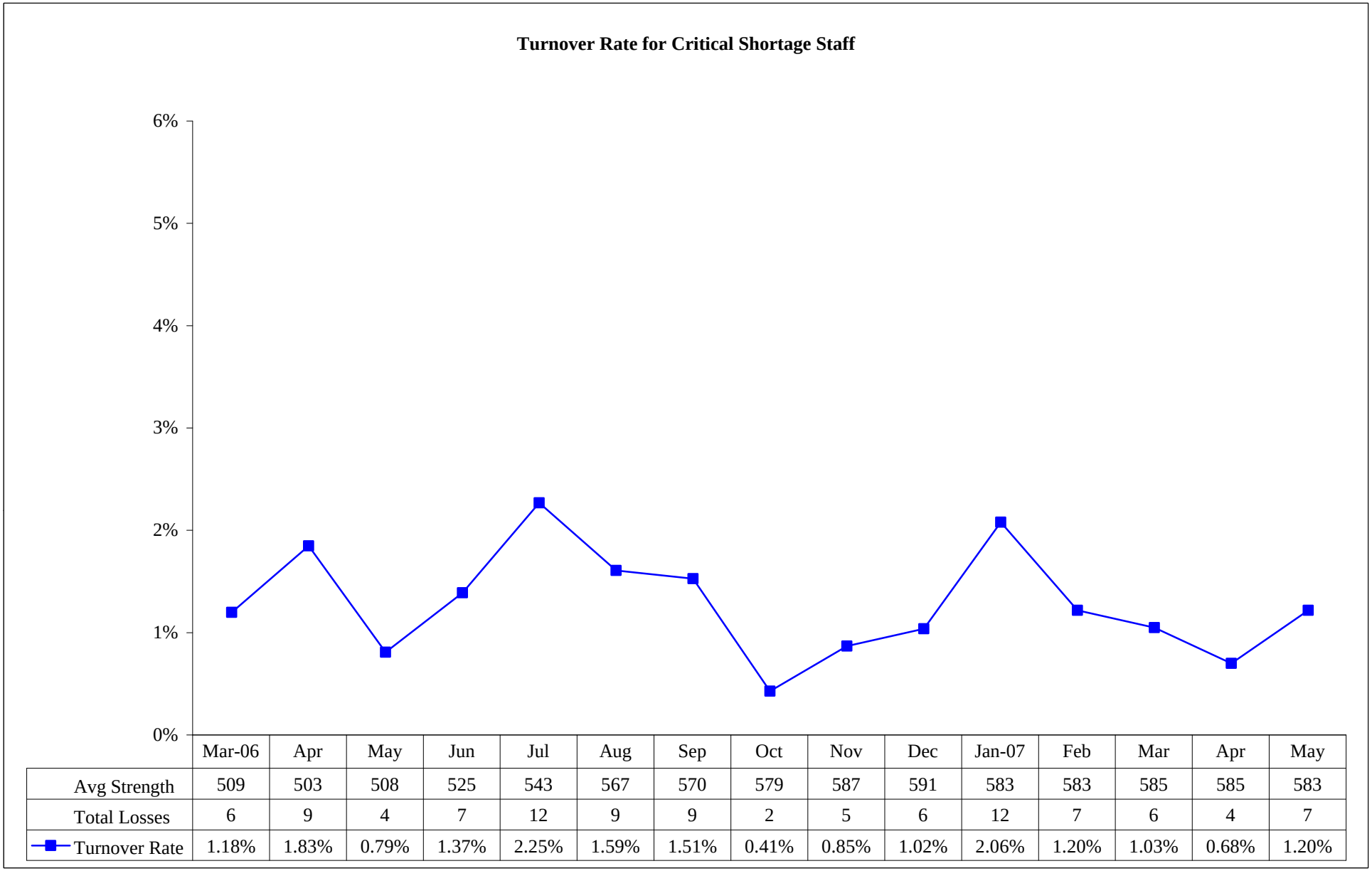


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	527	540	542	547	548	549	545	550	550	558	569	564	565	563	562
Total Losses	13	8	14	12	13	8	15	15	21	7	19	19	13	17	14
Turnover Rate	2.47%	1.48%	2.58%	2.19%	2.37%	1.46%	2.75%	2.73%	3.78%	1.16%	3.34%	3.37%	2.30%	3.02%	2.49%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

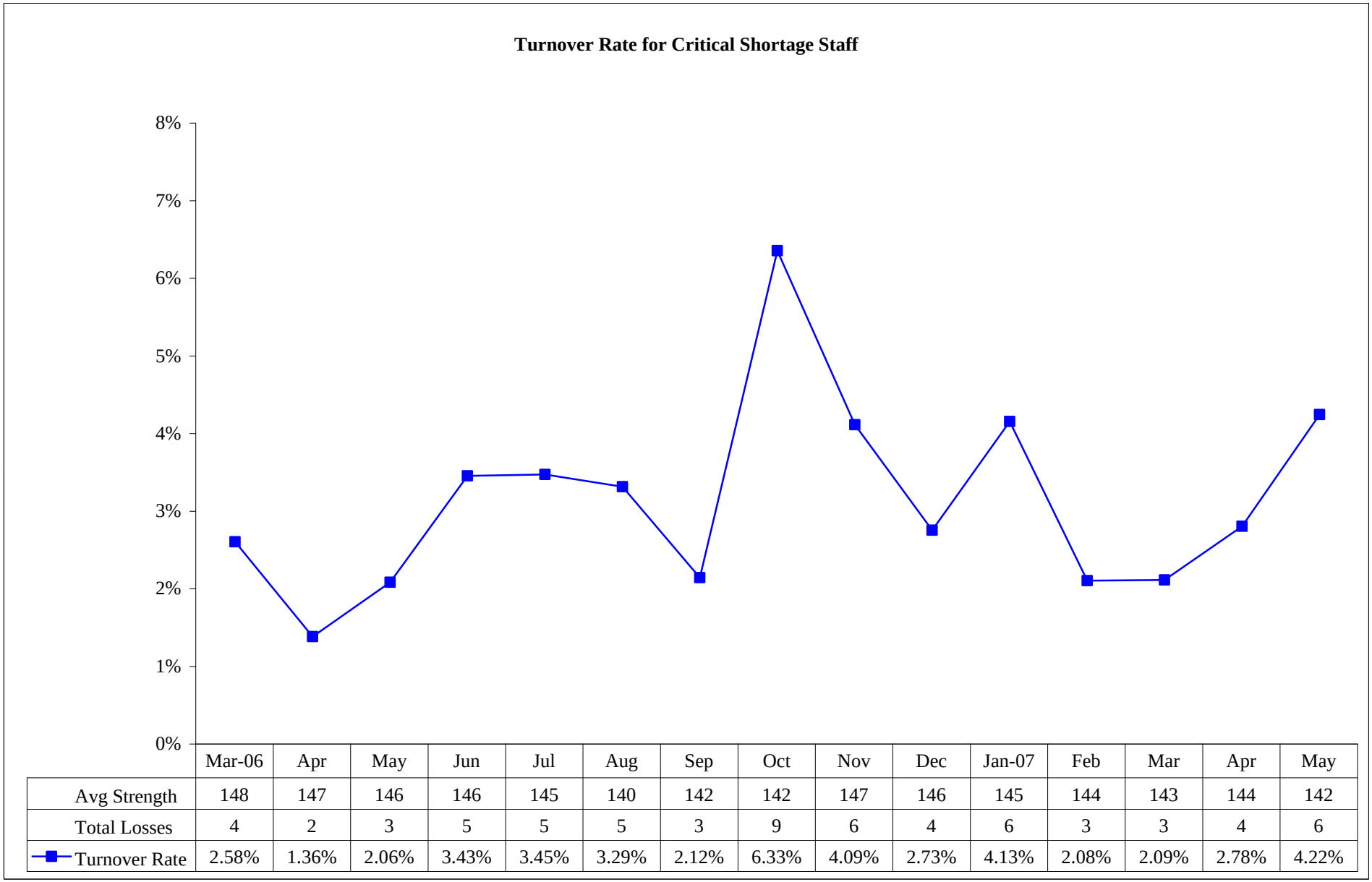


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	509	503	508	525	543	567	570	579	587	591	583	583	585	585	583
Total Losses	6	9	4	7	12	9	9	2	5	6	12	7	6	4	7
Turnover Rate	1.18%	1.83%	0.79%	1.37%	2.25%	1.59%	1.51%	0.41%	0.85%	1.02%	2.06%	1.20%	1.03%	0.68%	1.20%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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

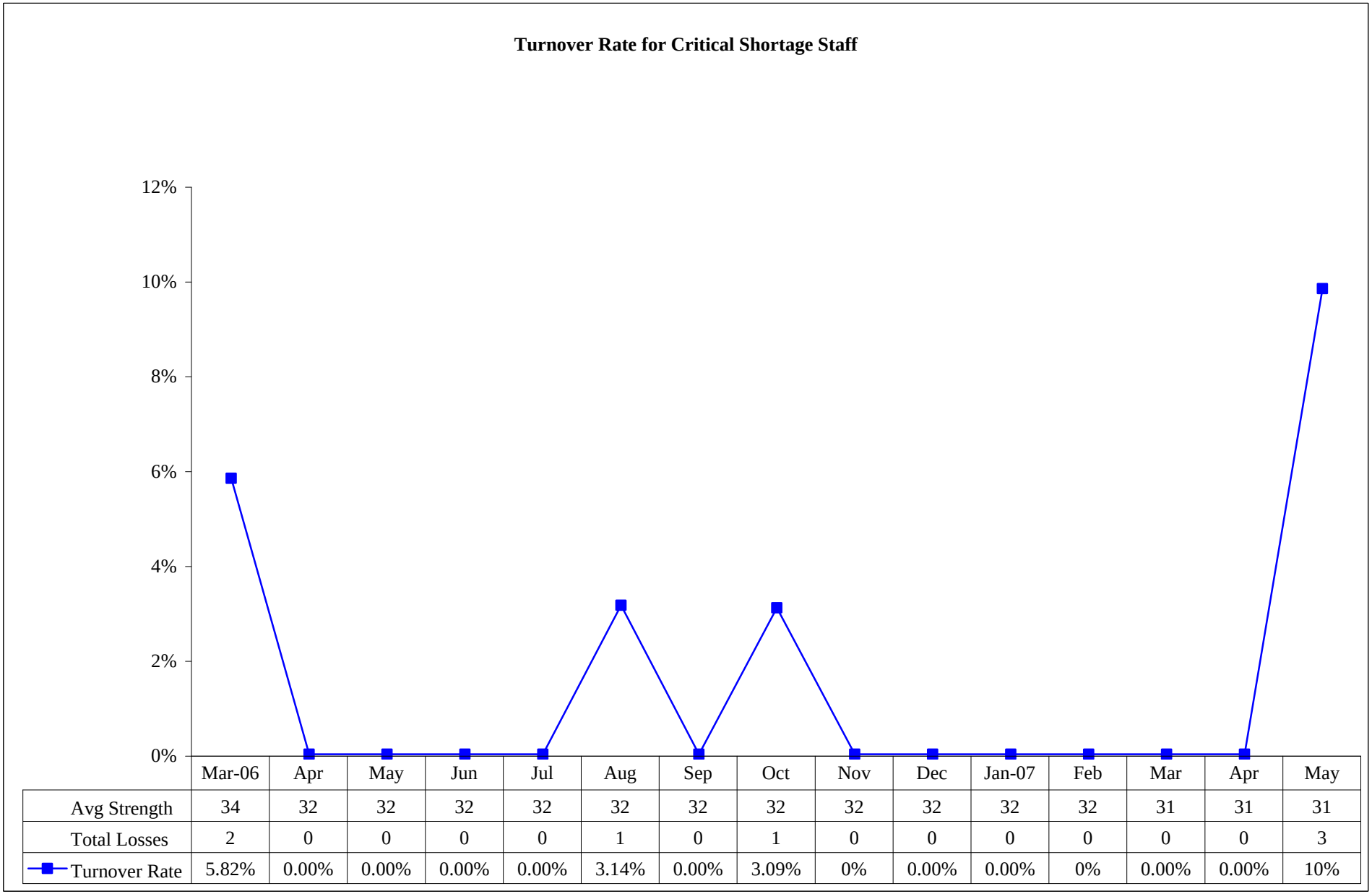


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	148	147	146	146	145	140	142	142	147	146	145	144	143	144	142
Total Losses	4	2	3	5	5	5	3	9	6	4	6	3	3	4	6
Turnover Rate	2.58%	1.36%	2.06%	3.43%	3.45%	3.29%	2.12%	6.33%	4.09%	2.73%	4.13%	2.08%	2.09%	2.78%	4.22%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

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



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Avg Strength	34	32	32	32	32	32	32	32	32	32	32	32	31	31	31
Total Losses	2	0	0	0	0	1	0	1	0	0	0	0	0	0	3
Turnover Rate	5.82%	0.00%	0.00%	0.00%	0.00%	3.14%	0.00%	3.09%	0%	0.00%	0.00%	0%	0.00%	0.00%	10%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Performance Measure 8B:

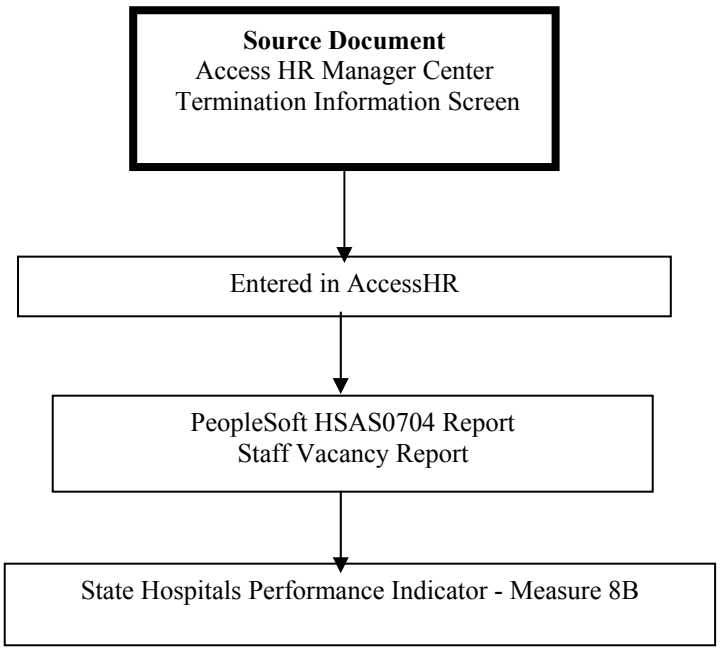
Number of statewide vacancies for critical shortage staff will be maintained and reported quarterly.

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:

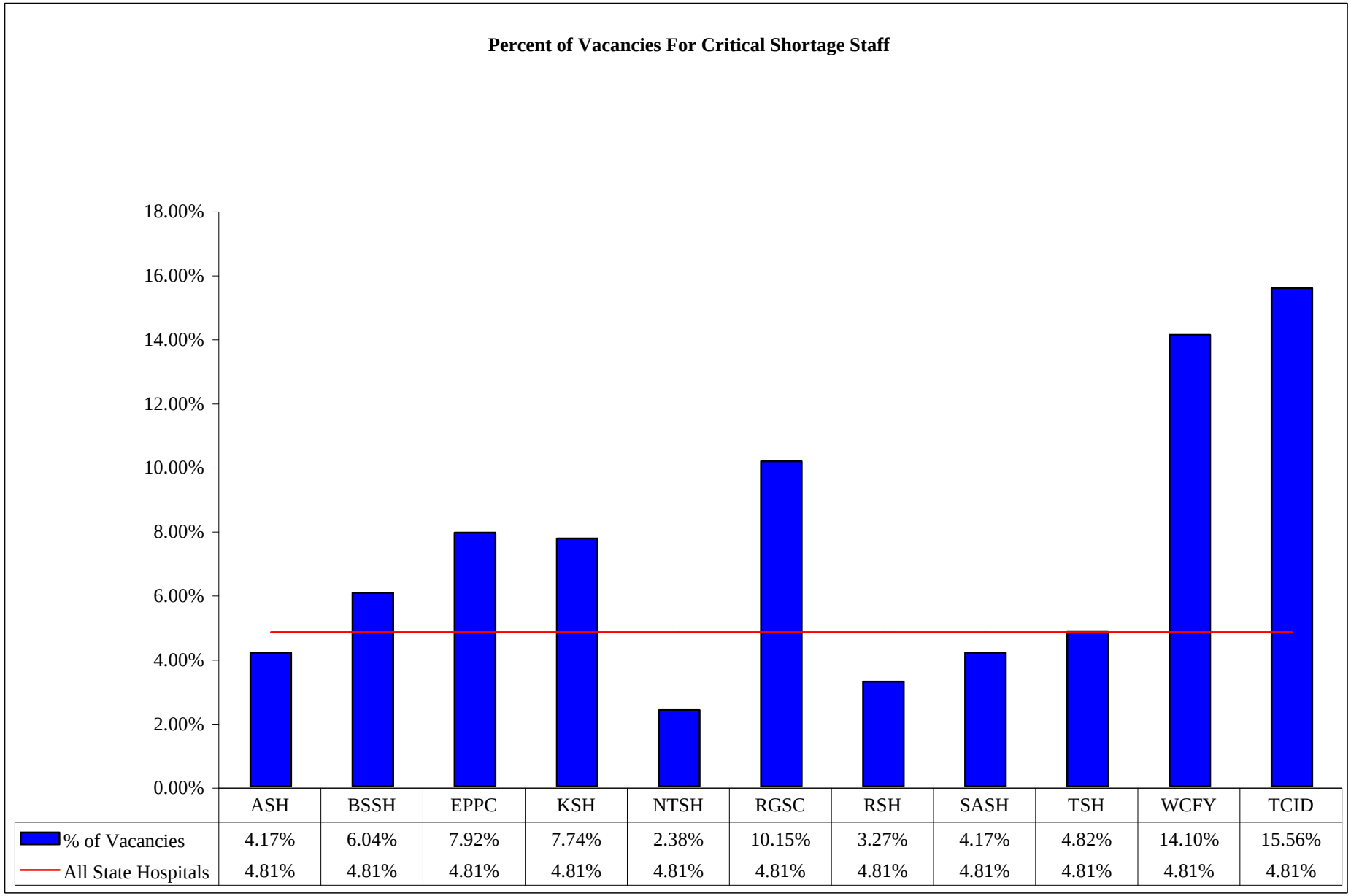
Performance Measure Data Display and Chart Description:
Table shows vacancies rate for individual state hospitals and system-wide.

Data Flow:



Data Integrity Review Process:
Vacancies for critical shortage staff rates are not subject to a data integrity review at this time.

Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of May 31, 2007

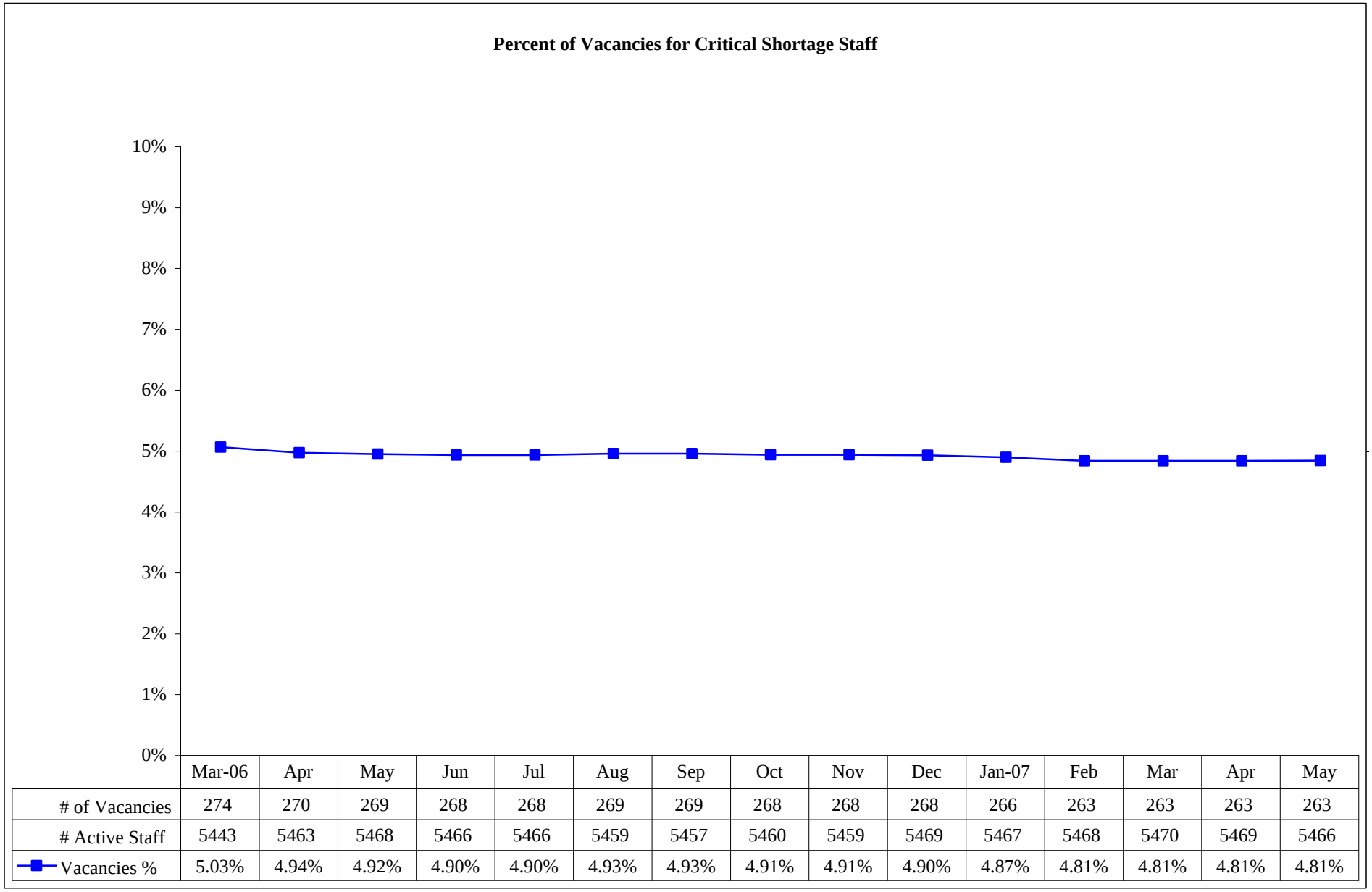


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
% of Vacancies	4.17%	6.04%	7.92%	7.74%	2.38%	10.15%	3.27%	4.17%	4.82%	14.10%	15.56%
All State Hospitals	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

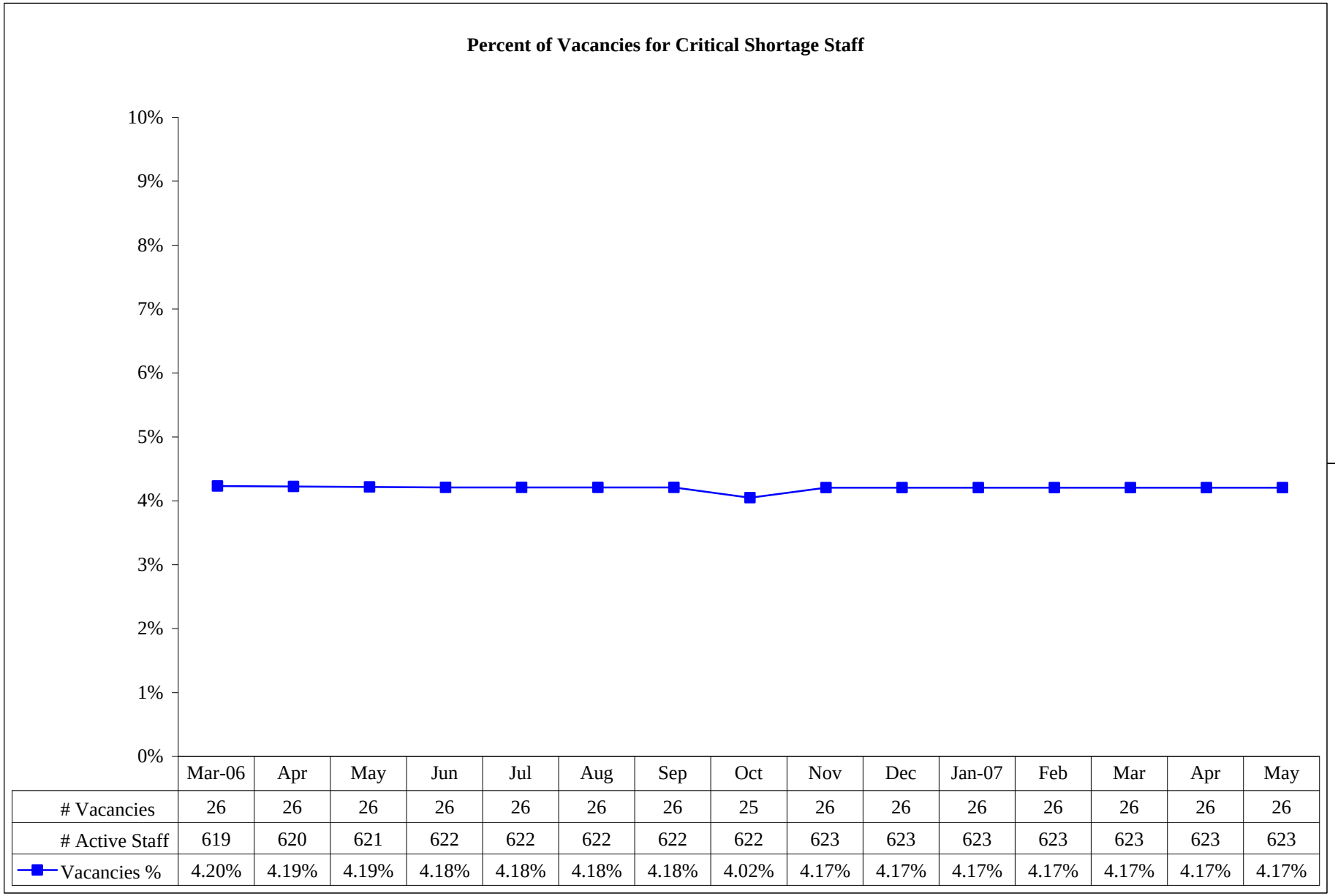


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# of Vacancies	274	270	269	268	268	269	269	268	268	268	266	263	263	263	263
# Active Staff	5443	5463	5468	5466	5466	5459	5457	5460	5459	5469	5467	5468	5470	5469	5466
Vacancies %	5.03%	4.94%	4.92%	4.90%	4.90%	4.93%	4.93%	4.91%	4.91%	4.90%	4.87%	4.81%	4.81%	4.81%	4.81%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

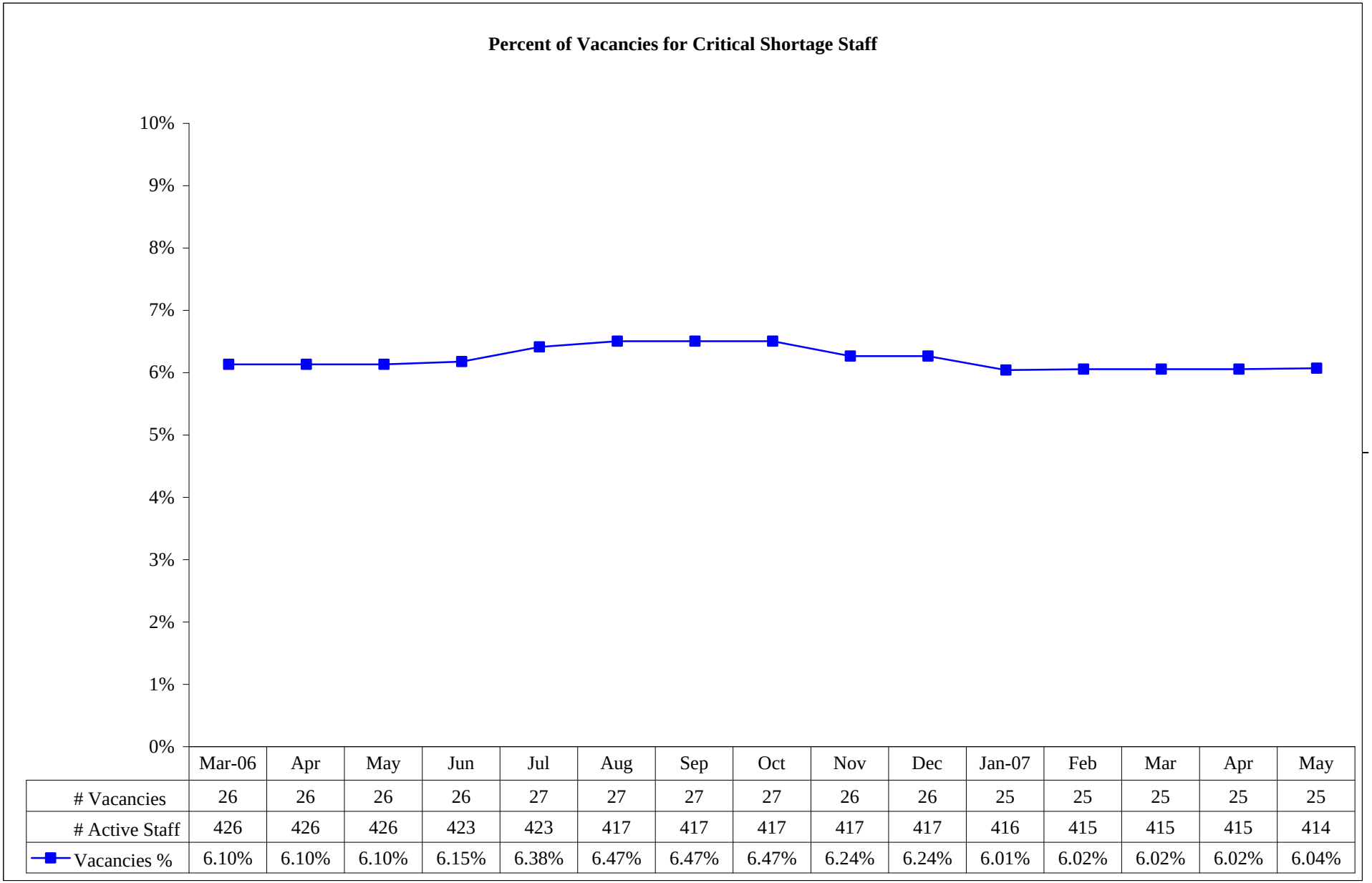


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	26	26	26	26	26	26	26	25	26	26	26	26	26	26	26
# Active Staff	619	620	621	622	622	622	622	622	623	623	623	623	623	623	623
Vacancies %	4.20%	4.19%	4.19%	4.18%	4.18%	4.18%	4.18%	4.02%	4.17%	4.17%	4.17%	4.17%	4.17%	4.17%	4.17%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

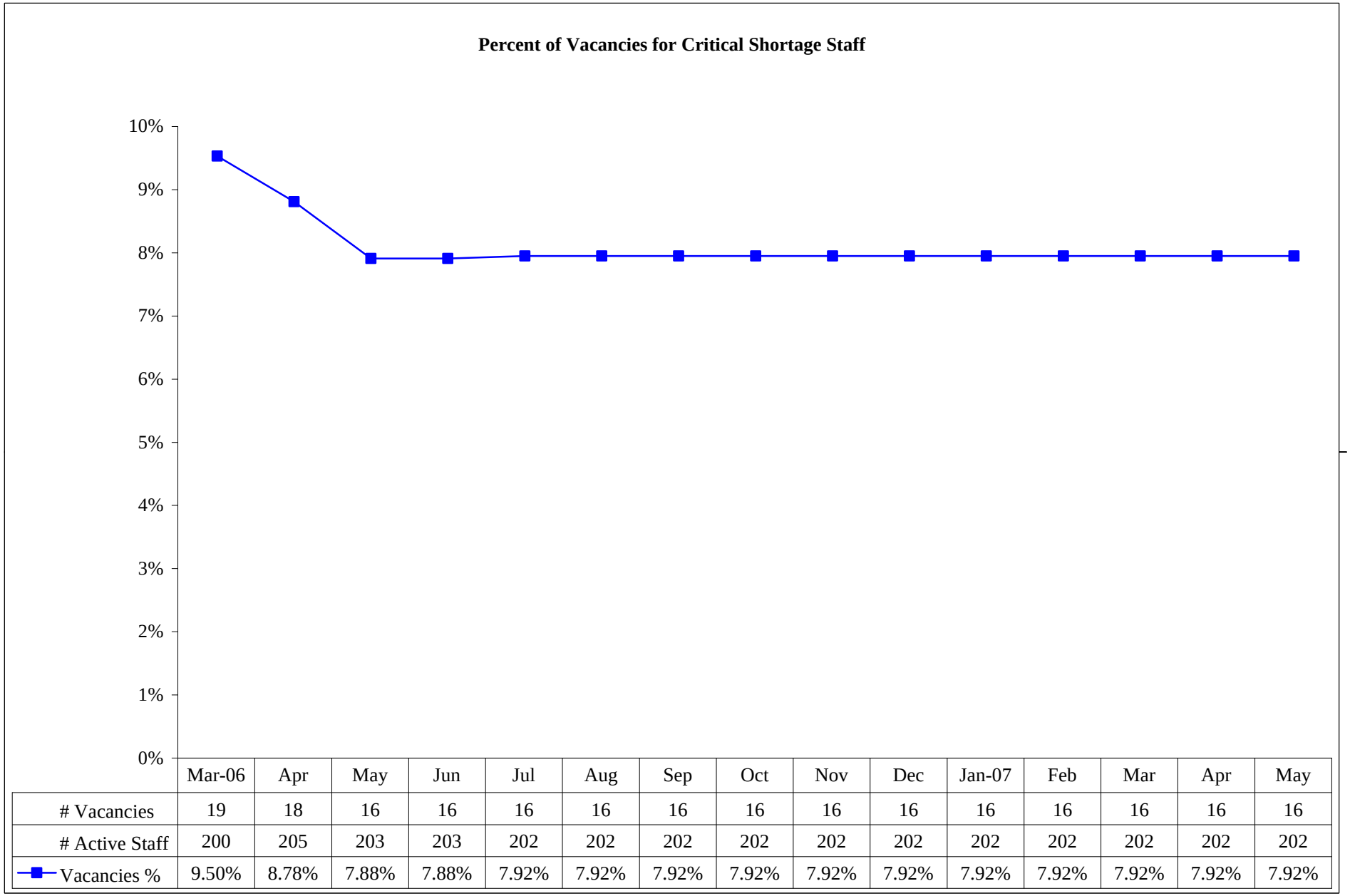


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	26	26	26	26	27	27	27	27	26	26	25	25	25	25	25
# Active Staff	426	426	426	423	423	417	417	417	417	417	416	415	415	415	414
Vacancies %	6.10%	6.10%	6.10%	6.15%	6.38%	6.47%	6.47%	6.47%	6.24%	6.24%	6.01%	6.02%	6.02%	6.02%	6.04%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

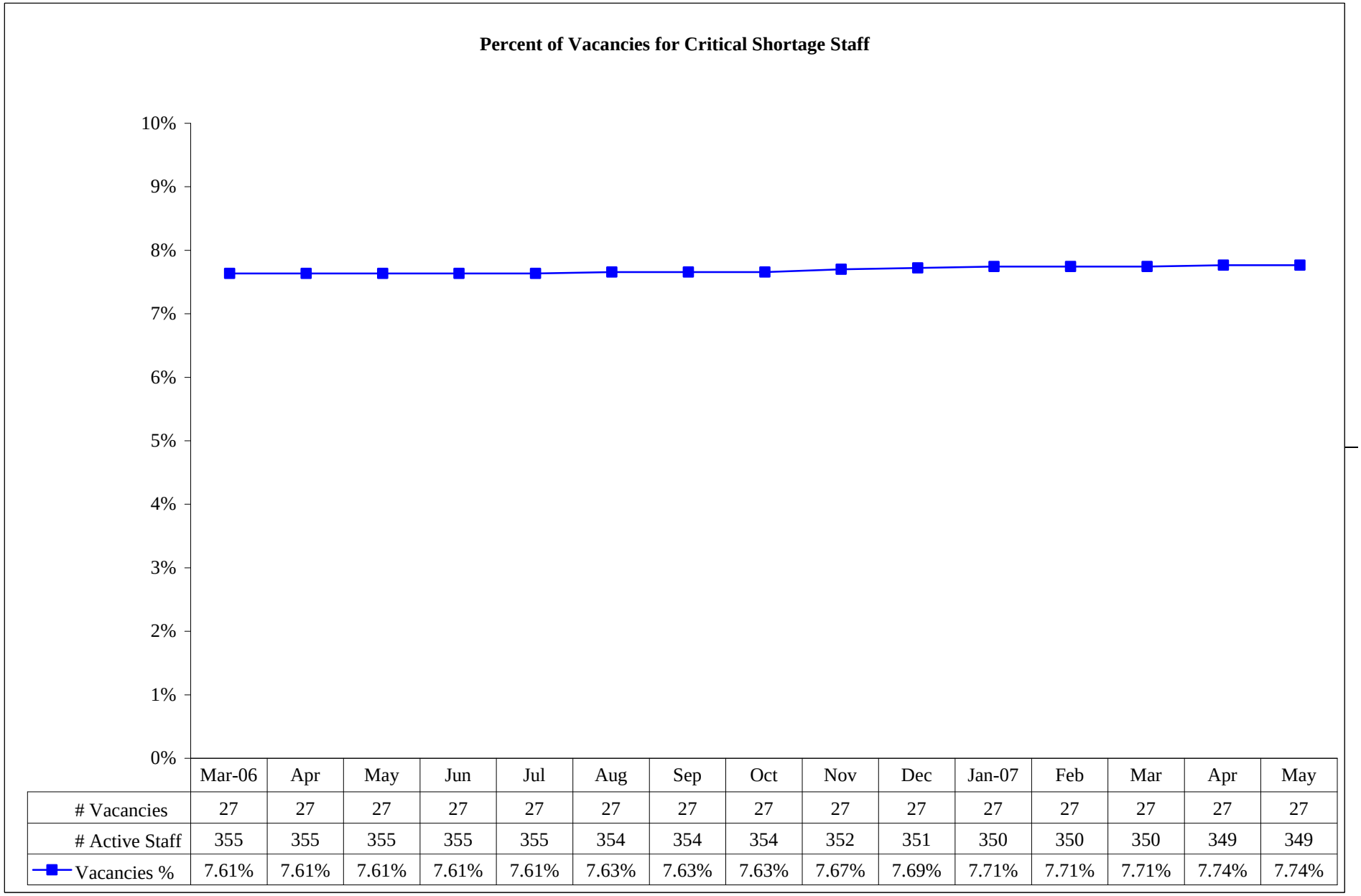


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	19	18	16	16	16	16	16	16	16	16	16	16	16	16	16
# Active Staff	200	205	203	203	202	202	202	202	202	202	202	202	202	202	202
Vacancies %	9.50%	8.78%	7.88%	7.88%	7.92%	7.92%	7.92%	7.92%	7.92%	7.92%	7.92%	7.92%	7.92%	7.92%	7.92%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

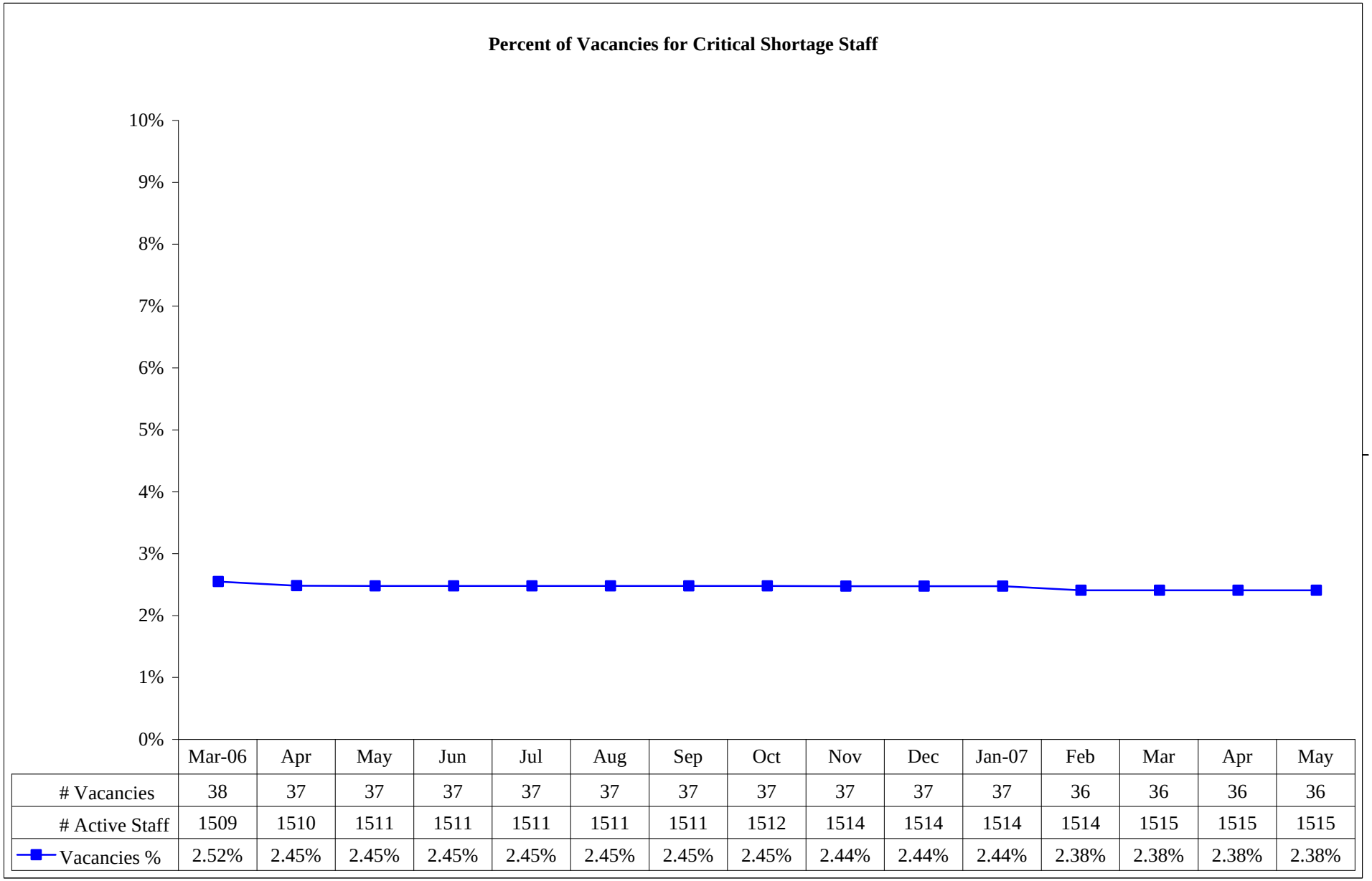


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
# Active Staff	355	355	355	355	355	354	354	354	352	351	350	350	350	349	349
Vacancies %	7.61%	7.61%	7.61%	7.61%	7.61%	7.63%	7.63%	7.63%	7.67%	7.69%	7.71%	7.71%	7.71%	7.74%	7.74%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

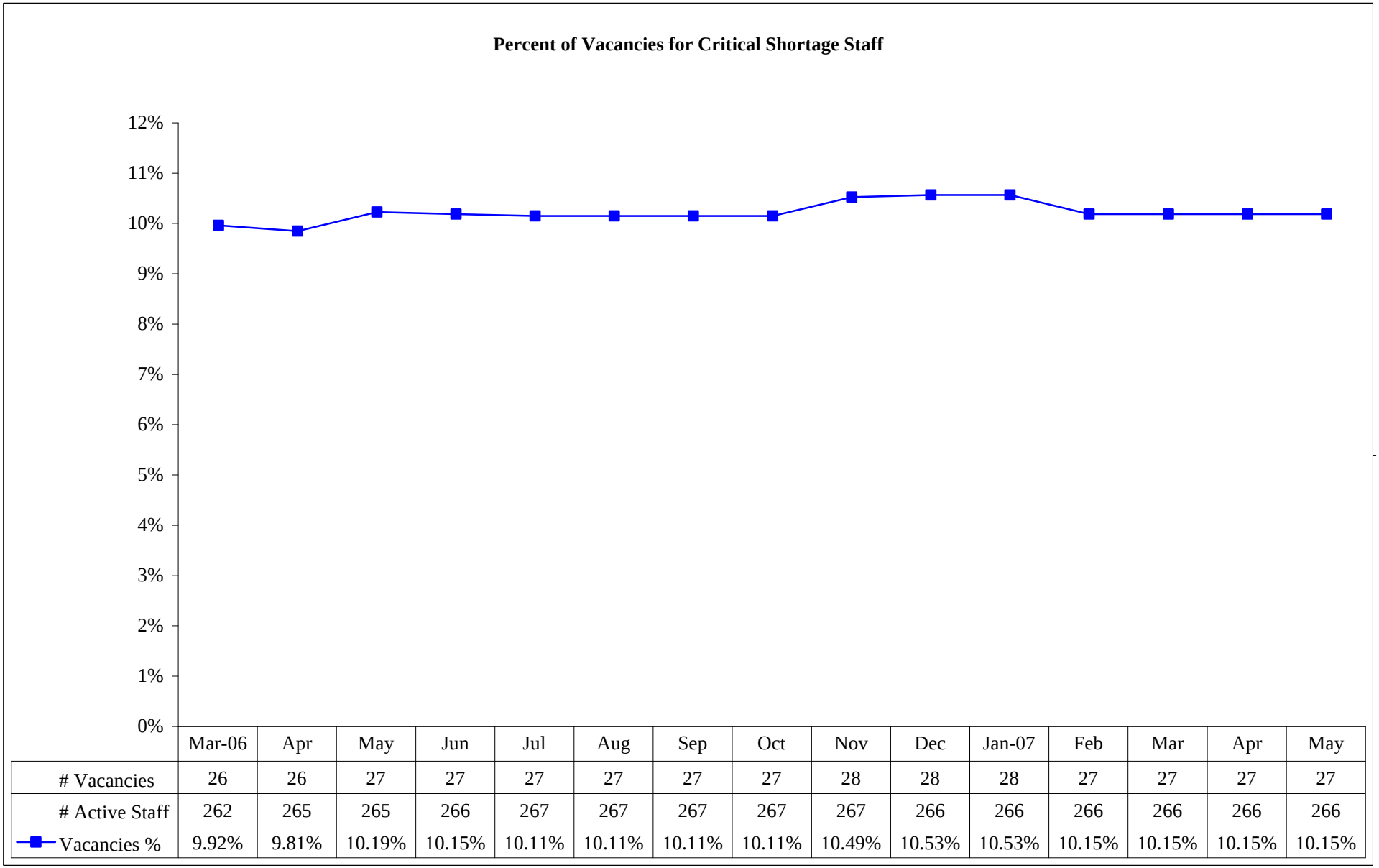


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	38	37	37	37	37	37	37	37	37	37	37	36	36	36	36
# Active Staff	1509	1510	1511	1511	1511	1511	1511	1512	1514	1514	1514	1514	1515	1515	1515
Vacancies %	2.52%	2.45%	2.45%	2.45%	2.45%	2.45%	2.45%	2.45%	2.44%	2.44%	2.44%	2.38%	2.38%	2.38%	2.38%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

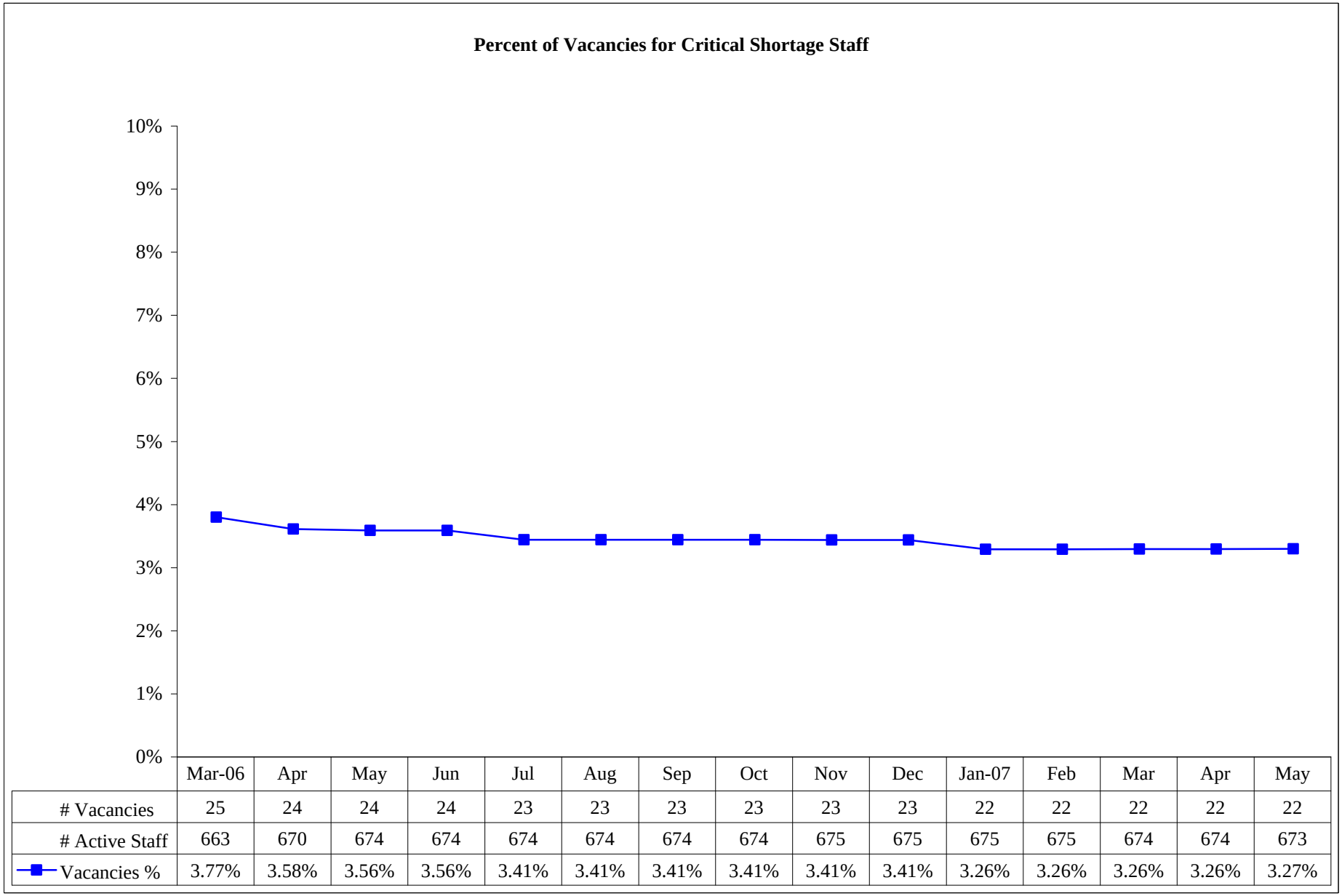


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	26	26	27	27	27	27	27	27	28	28	28	27	27	27	27
# Active Staff	262	265	265	266	267	267	267	267	267	266	266	266	266	266	266
Vacancies %	9.92%	9.81%	10.19%	10.15%	10.11%	10.11%	10.11%	10.11%	10.49%	10.53%	10.53%	10.15%	10.15%	10.15%	10.15%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

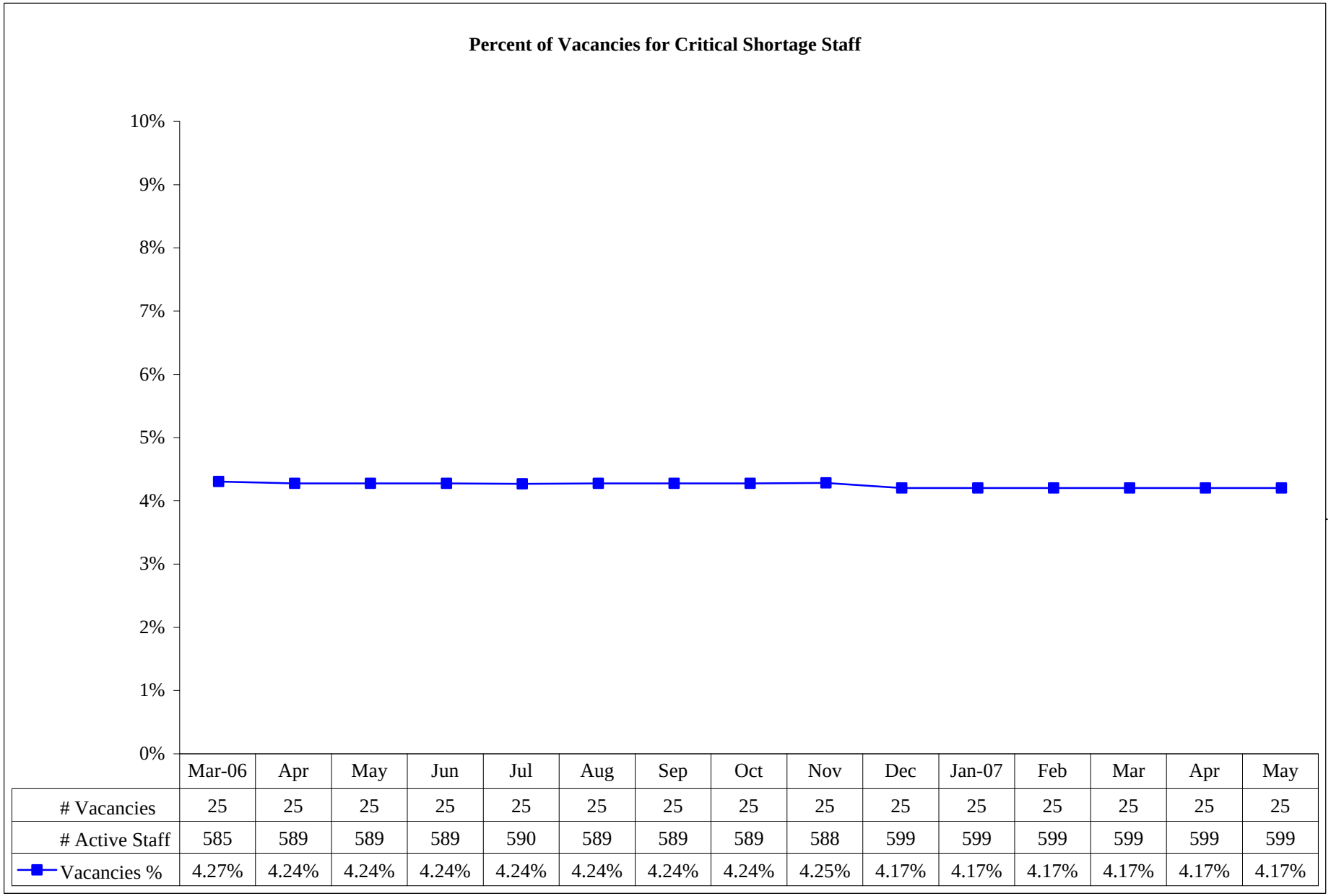


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	25	24	24	24	23	23	23	23	23	23	22	22	22	22	22
# Active Staff	663	670	674	674	674	674	674	674	675	675	675	675	674	674	673
Vacancies %	3.77%	3.58%	3.56%	3.56%	3.41%	3.41%	3.41%	3.41%	3.41%	3.41%	3.26%	3.26%	3.26%	3.26%	3.27%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

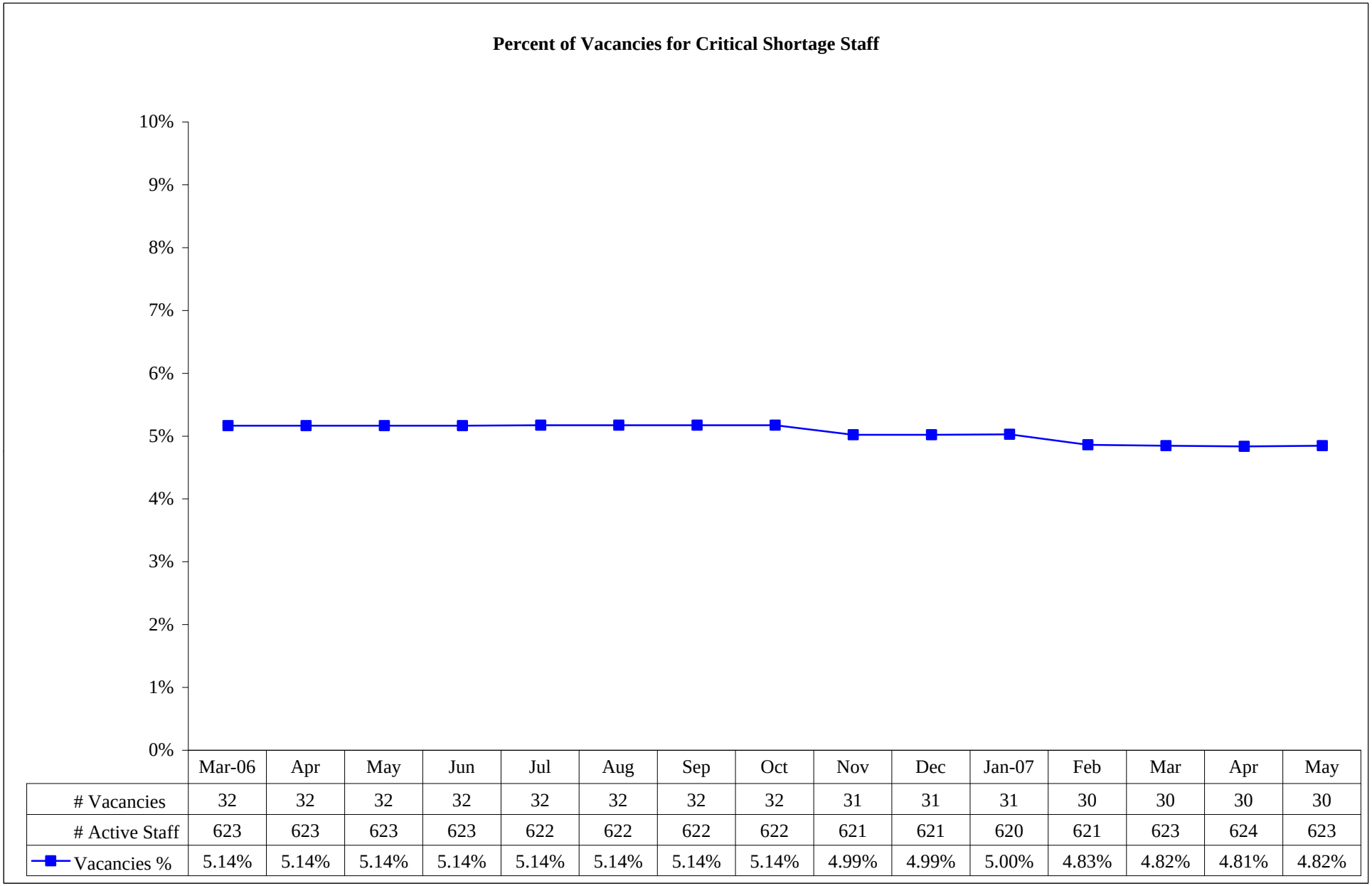


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
# Active Staff	585	589	589	589	590	589	589	589	588	599	599	599	599	599	599
Vacancies %	4.27%	4.24%	4.24%	4.24%	4.24%	4.24%	4.24%	4.24%	4.25%	4.17%	4.17%	4.17%	4.17%	4.17%	4.17%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

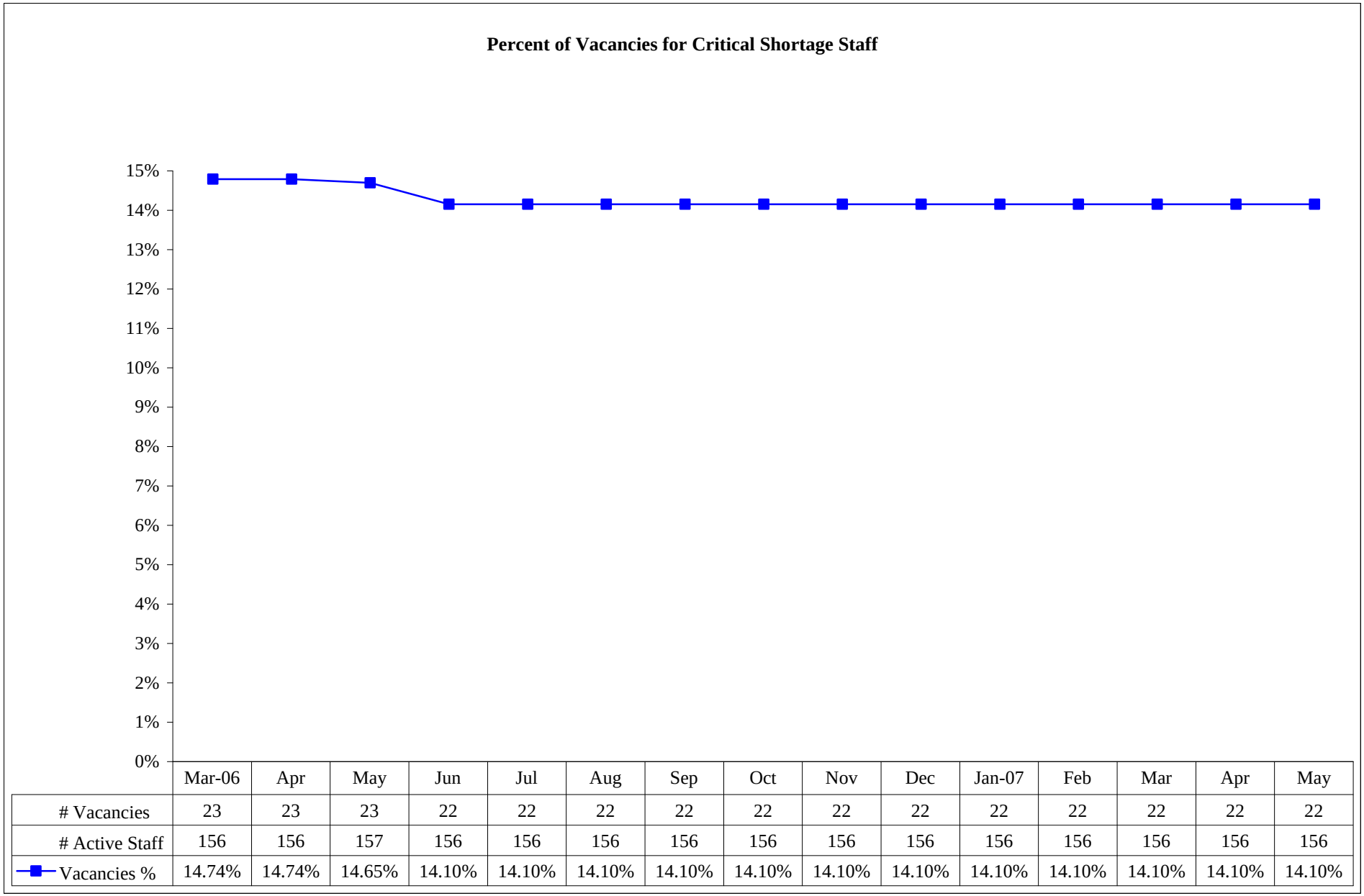


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	32	32	32	32	32	32	32	32	31	31	31	30	30	30	30
# Active Staff	623	623	623	623	622	622	622	622	621	621	620	621	623	624	623
Vacancies %	5.14%	5.14%	5.14%	5.14%	5.14%	5.14%	5.14%	5.14%	4.99%	4.99%	5.00%	4.83%	4.82%	4.81%	4.82%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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

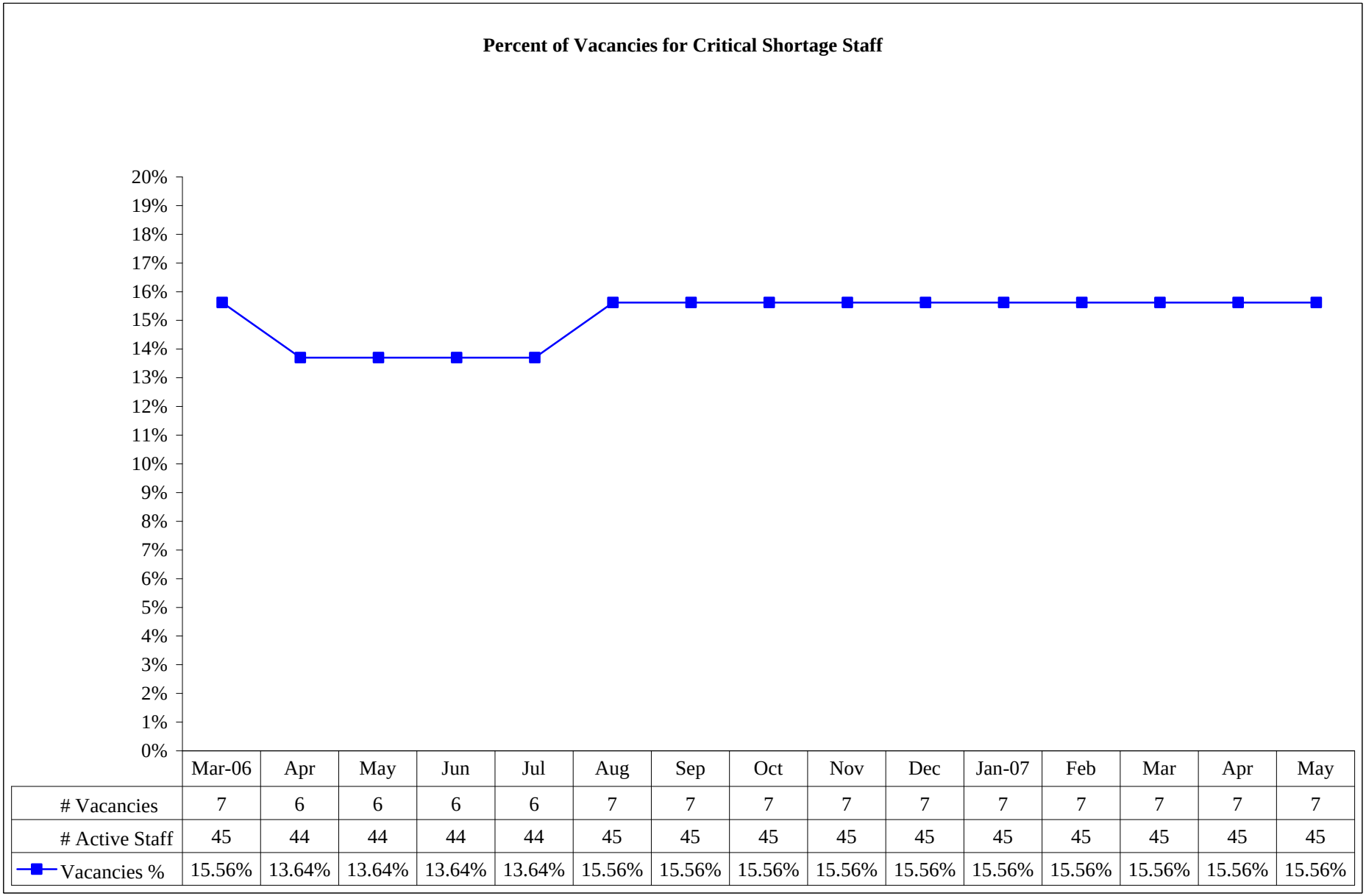


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	23	23	23	22	22	22	22	22	22	22	22	22	22	22	22
# Active Staff	156	156	157	156	156	156	156	156	156	156	156	156	156	156	156
Vacancies %	14.74%	14.74%	14.65%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%	14.10%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
# Vacancies	7	6	6	6	6	7	7	7	7	7	7	7	7	7	7
# Active Staff	45	44	44	44	44	45	45	45	45	45	45	45	45	45	45
Vacancies %	15.56%	13.64%	13.64%	13.64%	13.64%	15.56%	15.56%	15.56%	15.56%	15.56%	15.56%	15.56%	15.56%	15.56%	15.56%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

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**

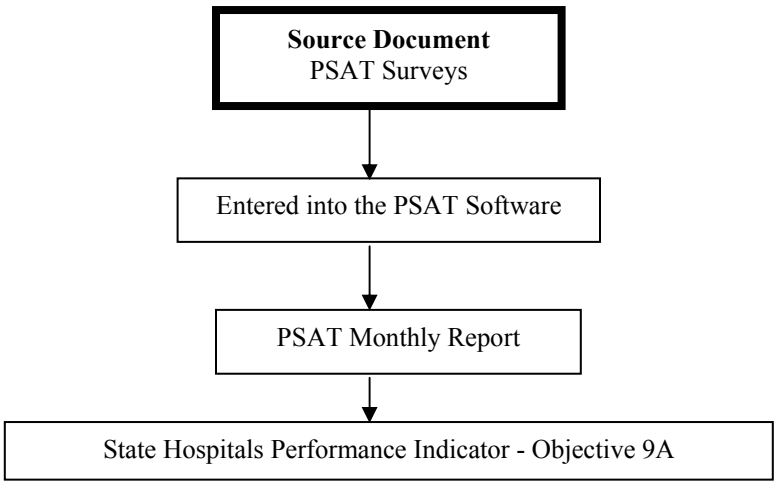
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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:

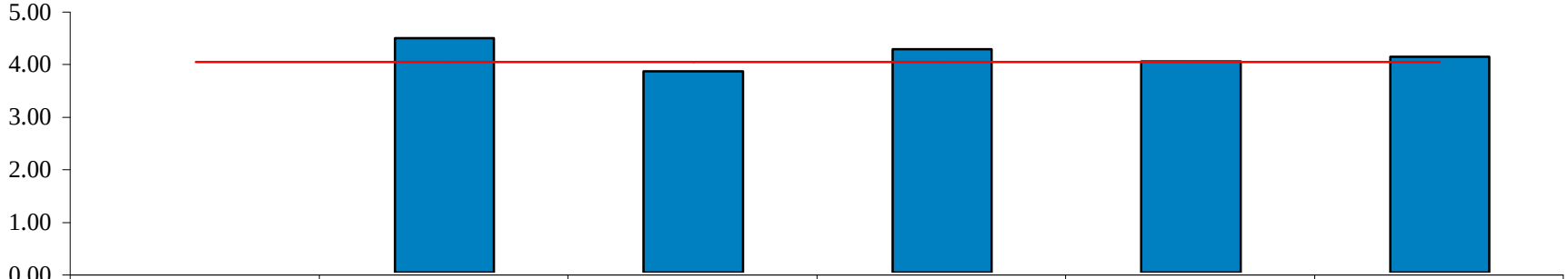


Data Integrity Review Process:

Children and parent satisfaction surveys are not subject to a data integrity review at this time.

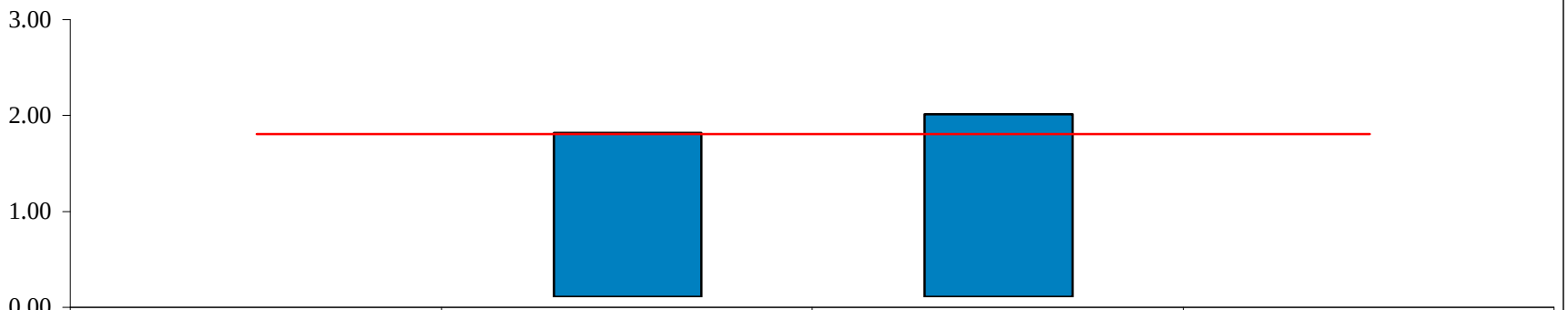
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State Hospitals

Parents will be Satisfied with Care
Q3 FY07



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Score		4.46	3.83	4.25	4.02	4.11
Expectation	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care
Q3 FY07



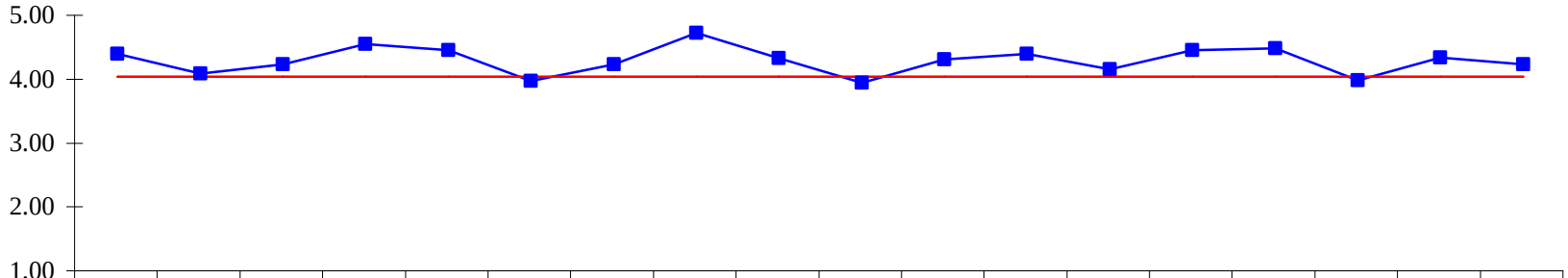
	ASH	EPPC	NTSH	TSH
Score		1.710	1.904	
Expectation	1.698	1.698	1.698	1.698

Chart: Hospital Management Data Services

Source: PSAT

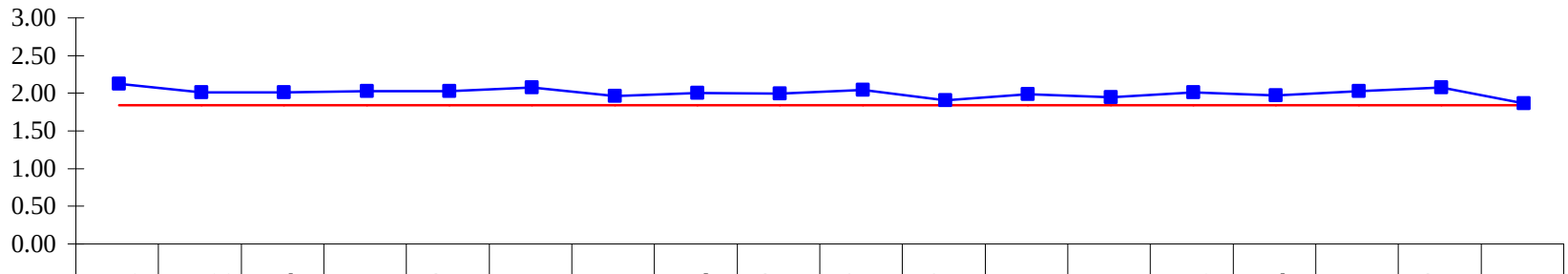
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State Hospitals

Parents will be Satisfied with Care



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Surveys	29	20	44	25	21	17	27	29	30	23	37	28	25	25	27	36	29	26
Score	4.35	4.04	4.19	4.51	4.42	3.93	4.20	4.68	4.28	3.90	4.27	4.35	4.11	4.42	4.44	3.94	4.30	4.19
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



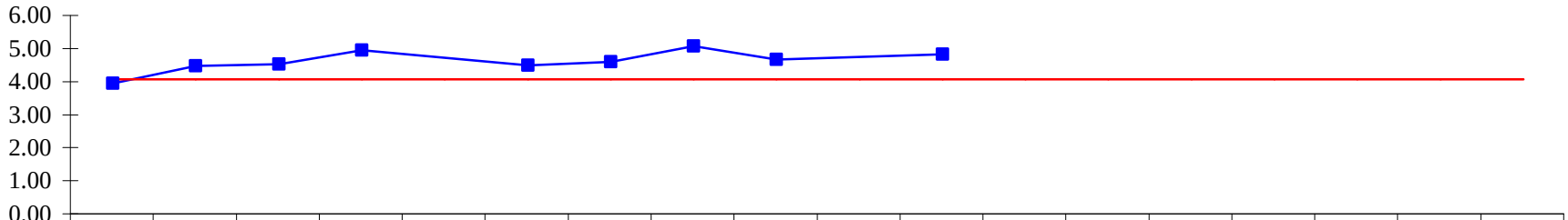
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Surveys	5	19	26	10	22	35	22	19	34	15	12	18	13	5	13	11	9	14
Score	1.978	1.866	1.865	1.881	1.884	1.929	1.82	1.86	1.85	1.90	1.76	1.84	1.80	1.86	1.83	1.89	1.93	1.72
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

Chart: Hospital Management Data Services

Source: PSAT

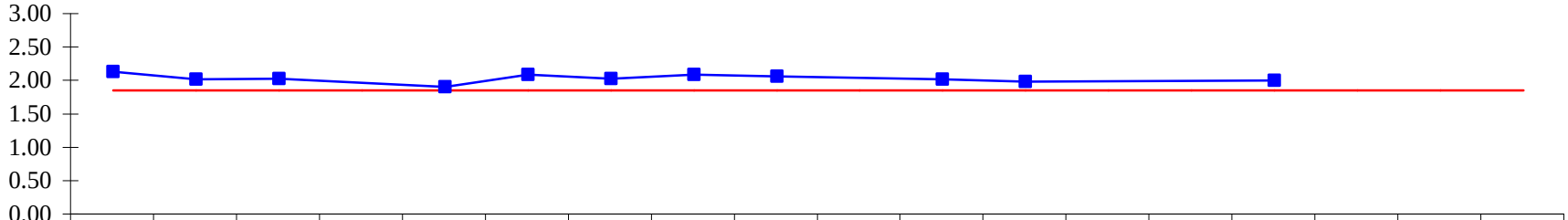
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital

Parents will be Satisfied with Care



	Dec-05	Jan-06	Feb	Mar	Apr*	May	Jun	Jul	Aug	Sep*	Oct	Nov*	Dec*	Jan-07*	Feb*	Mar*	Apr*	May*
Surveys	4	5	15	1		2	5	1	4		4							
Score	3.88	4.40	4.45	4.88		4.42	4.53	5.00	4.60		4.75							
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



	Dec-05	Jan-06	Feb	Mar*	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec*	Jan-07*	Feb	Mar*	Apr*	May*
Surveys	5	11	17		17	24	15	12	19		9	5			7			
Score	1.978	1.861	1.869		1.749	1.934	1.87	1.934	1.905		1.859	1.831			1.842			
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

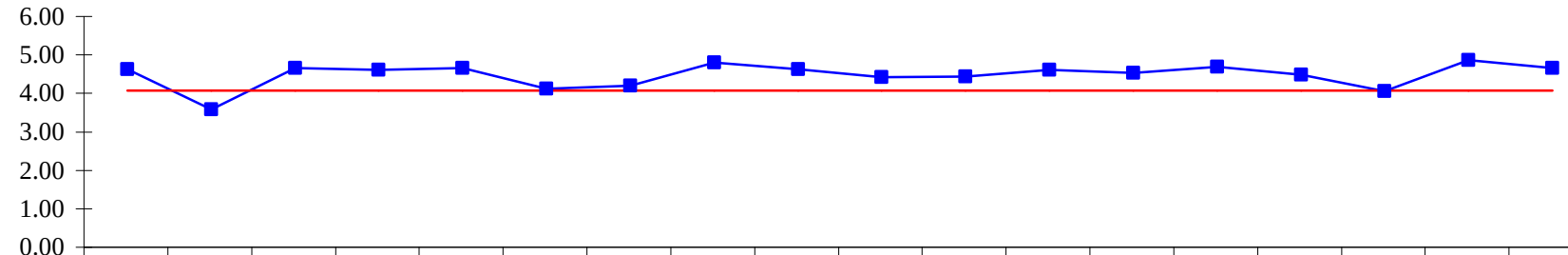
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

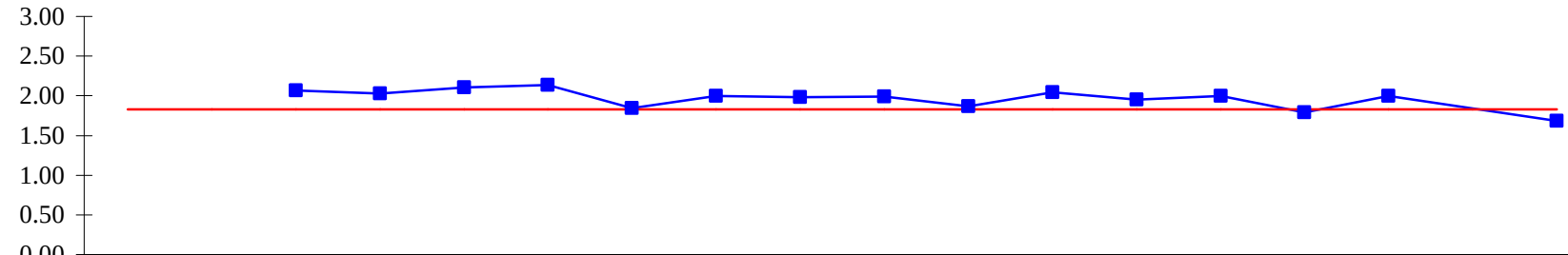
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
El Paso Psychiatric Center

Parents will be Satisfied with Care



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Surveys	6	3	11	6	6	3	2	5	7	8	9	11	14	13	6	13	3	3
Score	4.56	3.52	4.60	4.54	4.59	4.05	4.14	4.73	4.57	4.35	4.36	4.54	4.46	4.63	4.41	3.98	4.80	4.59
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



	Dec-05*	Jan-06*	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr*	May
Surveys			4	4	2	2	2	2	6	4	1	3	8	5	2	4		2
Score			1.934	1.894	1.973	2.000	1.710	1.868	1.850	1.855	1.736	1.912	1.822	1.863	1.657	1.868		1.552
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

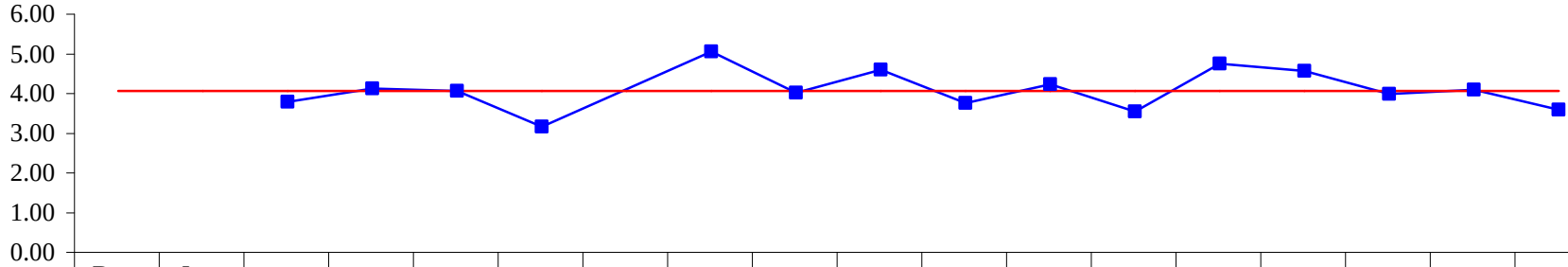
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

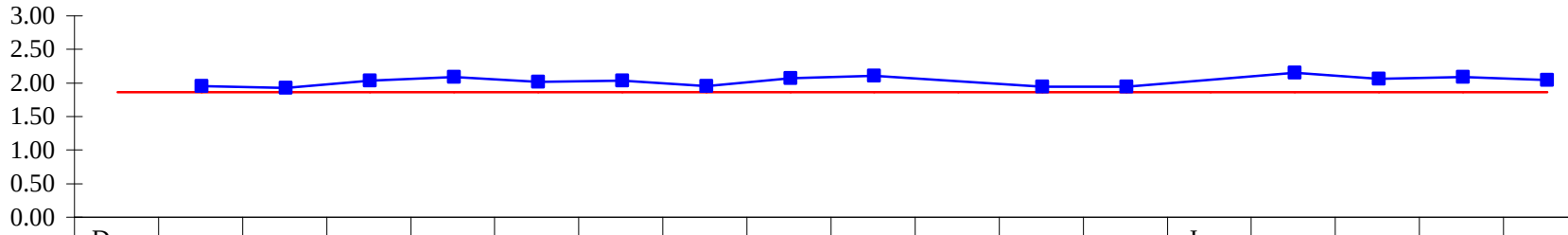
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
North Texas State Hospital

Parents will be Satisfied with Care



	Dec-05*	Jan-06*	Feb	Mar	Apr	May	Jun*	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Surveys			2	3	1	2		1	5	5	7	7	3	2	2	2	6	5
Score			3.73	4.06	4.00	3.11		5.00	3.96	4.53	3.69	4.16	3.48	4.68	4.50	3.92	4.03	3.53
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



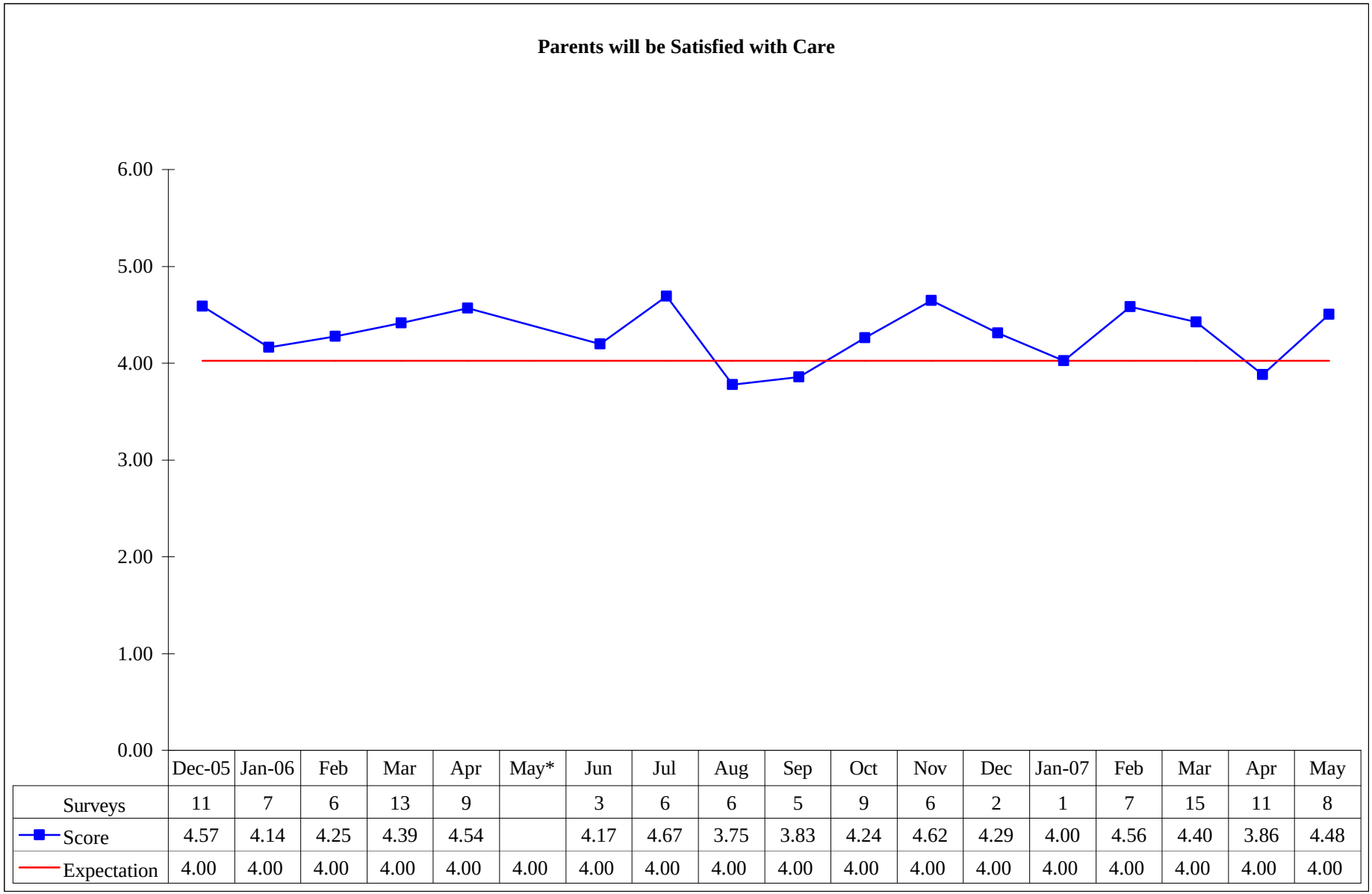
	Dec-05*	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct*	Nov	Dec	Jan-07*	Feb	Mar	Apr	May
Surveys		5	4	6	3	9	5	3	7	11		10	5		4	7	9	12
Score		1.789	1.763	1.868	1.929	1.853	1.873	1.789	1.909	1.942		1.778	1.778		1.986	1.902	1.929	1.881
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

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



	Dec-05	Jan-06	Feb	Mar	Apr	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Surveys	11	7	6	13	9		3	6	6	5	9	6	2	1	7	15	11	8
Score	4.57	4.14	4.25	4.39	4.54		4.17	4.67	3.75	3.83	4.24	4.62	4.29	4.00	4.56	4.40	3.86	4.48
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

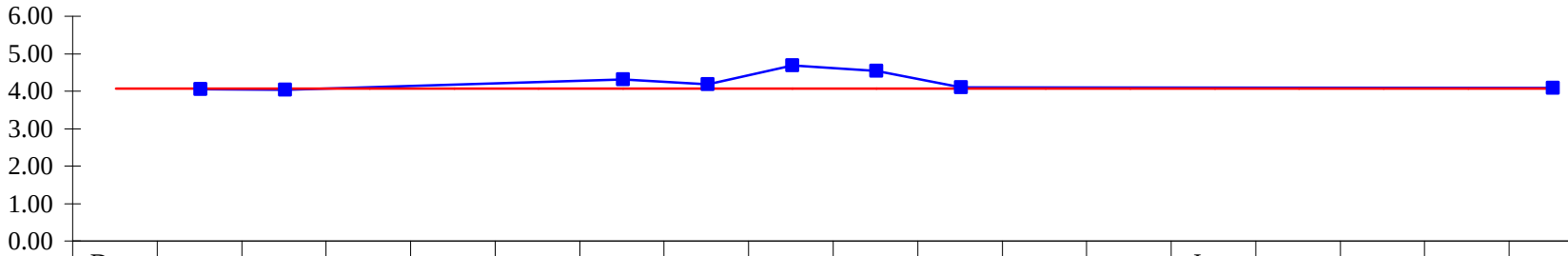
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

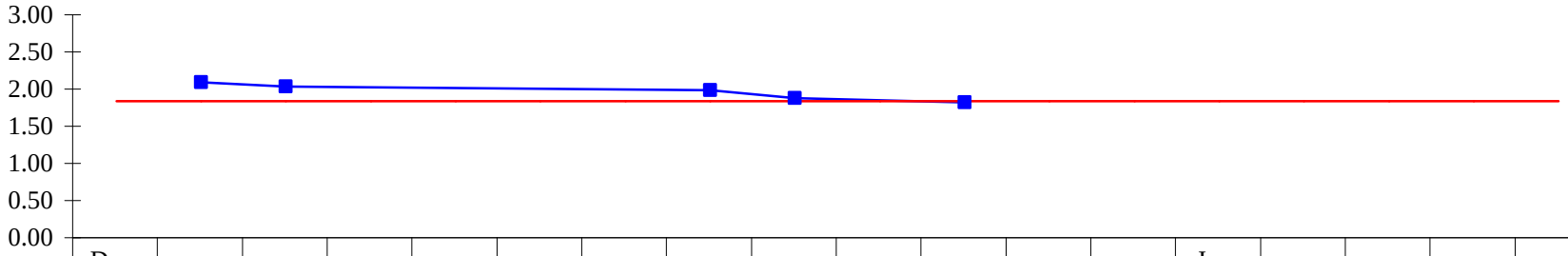
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Terrell State Hospital

Parents will be Satisfied with Care



	Dec-05*	Jan-06	Feb	Mar*	Apr*	May*	Jun	Jul	Aug	Sep	Oct	Nov*	Dec*	Jan-07*	Feb*	Mar*	Apr*	May
Surveys		2	2				1	1	2	3	2							2
Score		3.98	3.97				4.24	4.12	4.62	4.47	4.03							4.02
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



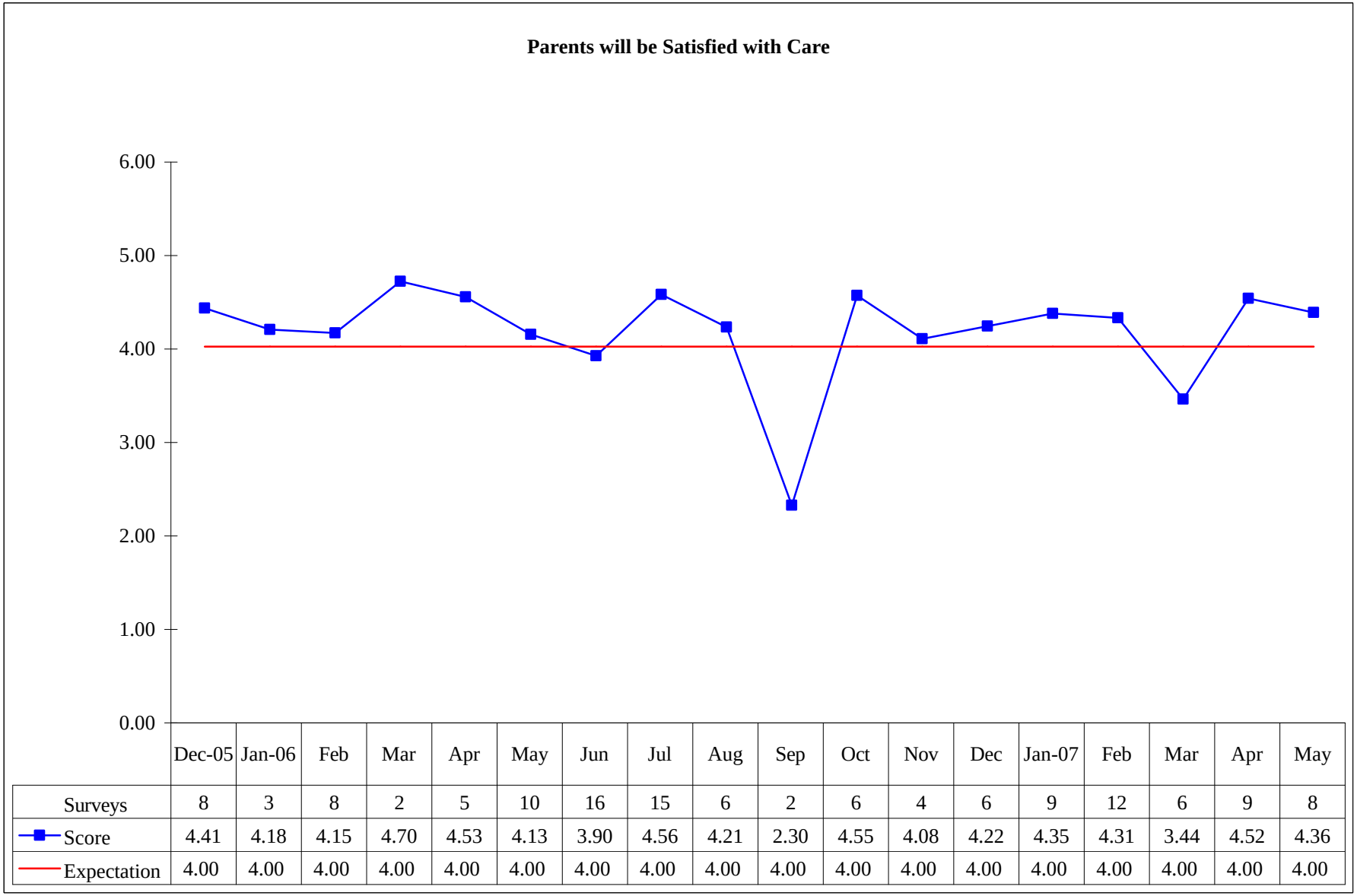
	Dec-05*	Jan-06	Feb	Mar*	Apr*	May*	Jun*	Jul	Aug	Sep*	Oct	Nov*	Dec*	Jan-07*	Feb*	Mar*	Apr*	May*
Surveys		3	1					2	2		2							
Score		1.947	1.894					1.842	1.736		1.684							
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

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



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Surveys	8	3	8	2	5	10	16	15	6	2	6	4	6	9	12	6	9	8
Score	4.41	4.18	4.15	4.70	4.53	4.13	3.90	4.56	4.21	2.30	4.55	4.08	4.22	4.35	4.31	3.44	4.52	4.36
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Chart: Hospital Management Data Services

Source: PSAT

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).

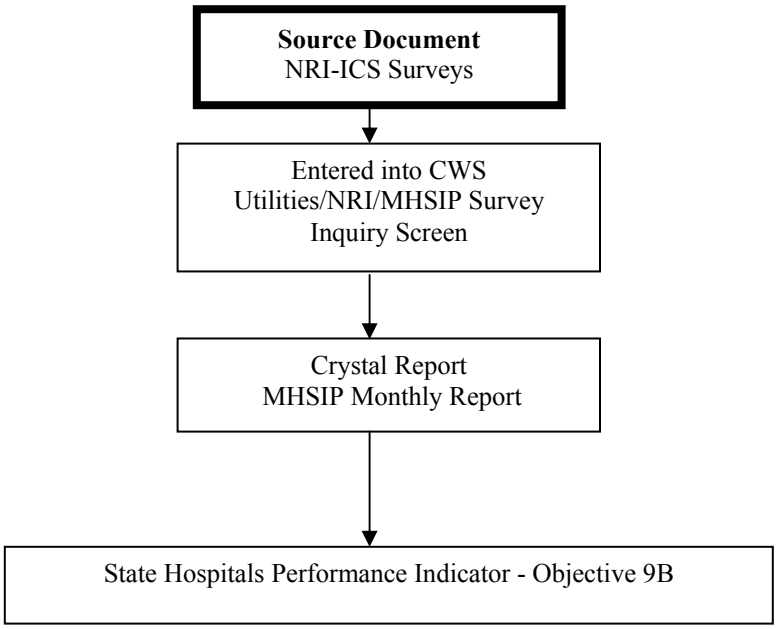
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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.

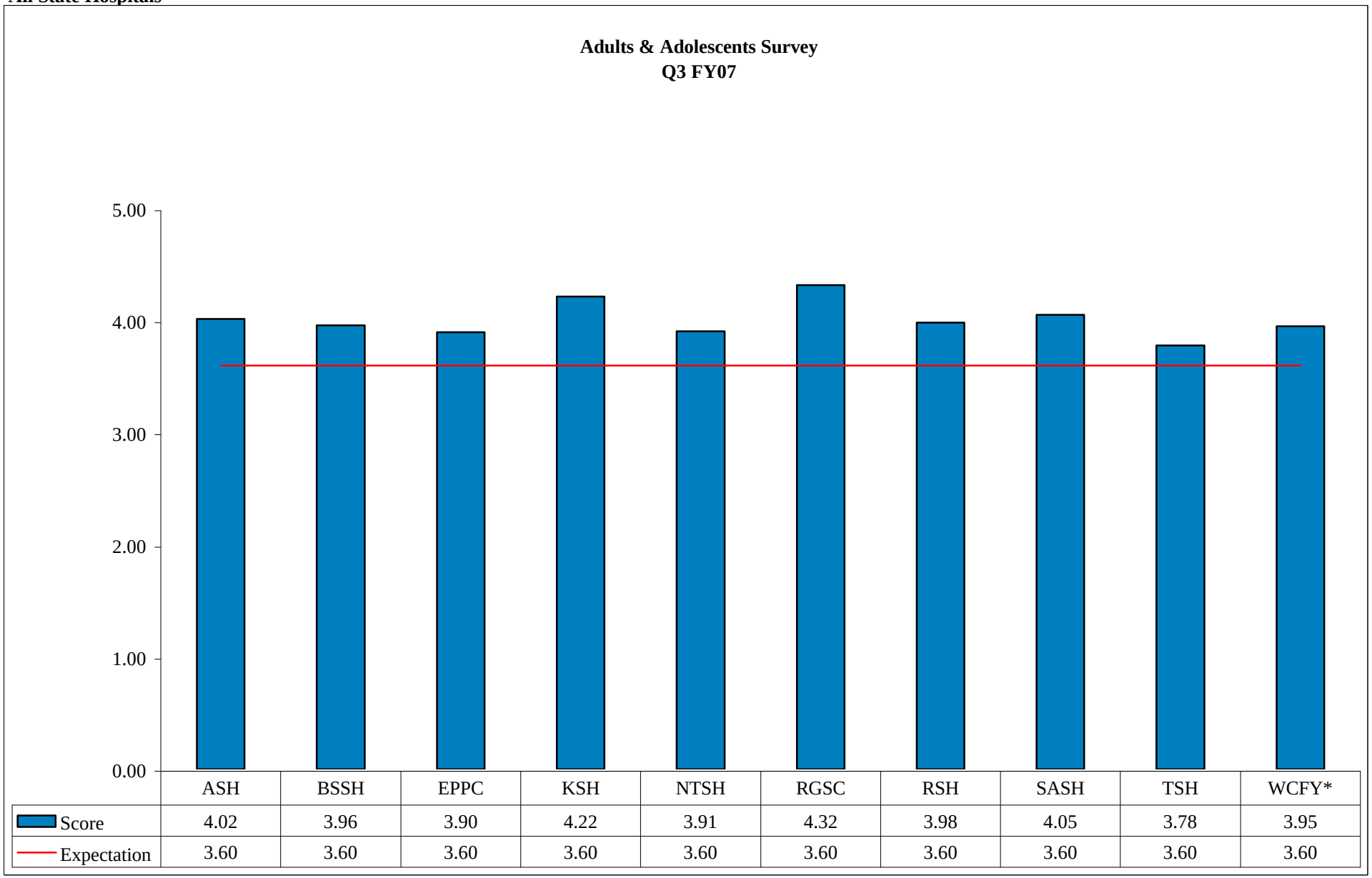
Data Flow:



Data Integrity Review Process:

Monitoring Method	Adult patient satisfaction survey review using the most recent NRI PMS quarterly episode file data to select sample.
Monitoring Instrument/Tool	NRI Inpatient Consumer Survey sample list, audit sheet and facility hard copy surveys
Description of Review Process	Copies of the original patient surveys are audited to see if the data (survey responses and demographic information) matches the corresponding information found in CWS NRI ICS (MHSIP) Reports
Sample Size	15 randomly selected surveys completed at the facility during the review period
Monitoring Frequency	Facility: Semiannually HMDS: Annually
Performance Improvement Trigger	When at least 3 of 15 surveys have data errors
DIR/HMDS Report	Summary of review including data accuracy, findings and data analysis.

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



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Score	4.02	3.96	3.90	4.22	3.91	4.32	3.98	4.05	3.78	3.95
Expectation	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

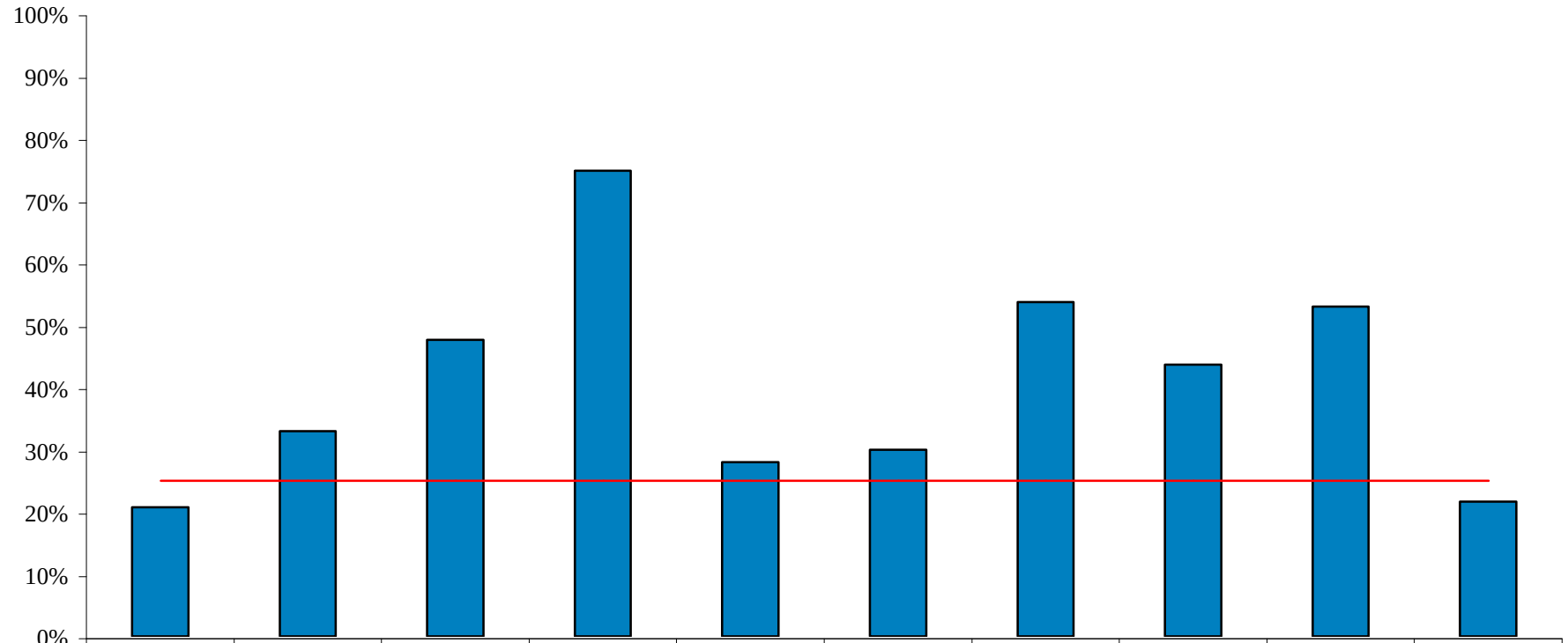
*WCFY - Adolescent Surveys Only

Chart: Hospital Management Data Services

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

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

Percentage of Adult &Adolescent Surveys Completed
Q3 FY07



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	1204	264	271	87	598	280	475	736	708	37
Surveys	250	87	129	65	167	84	255	321	375	8
% Surveyed	21%	33%	48%	75%	28%	30%	54%	44%	53%	22%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

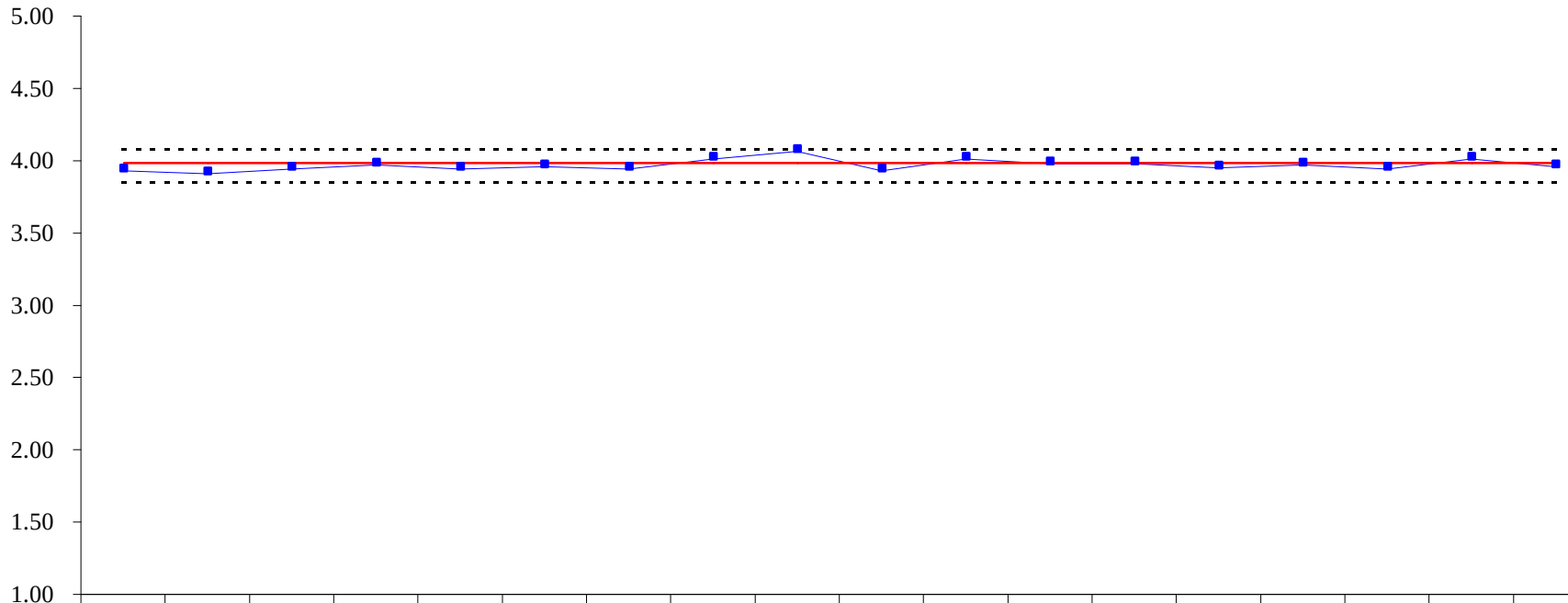
*WCFY - Adolescent Surveys Only

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score [3] 3.60)



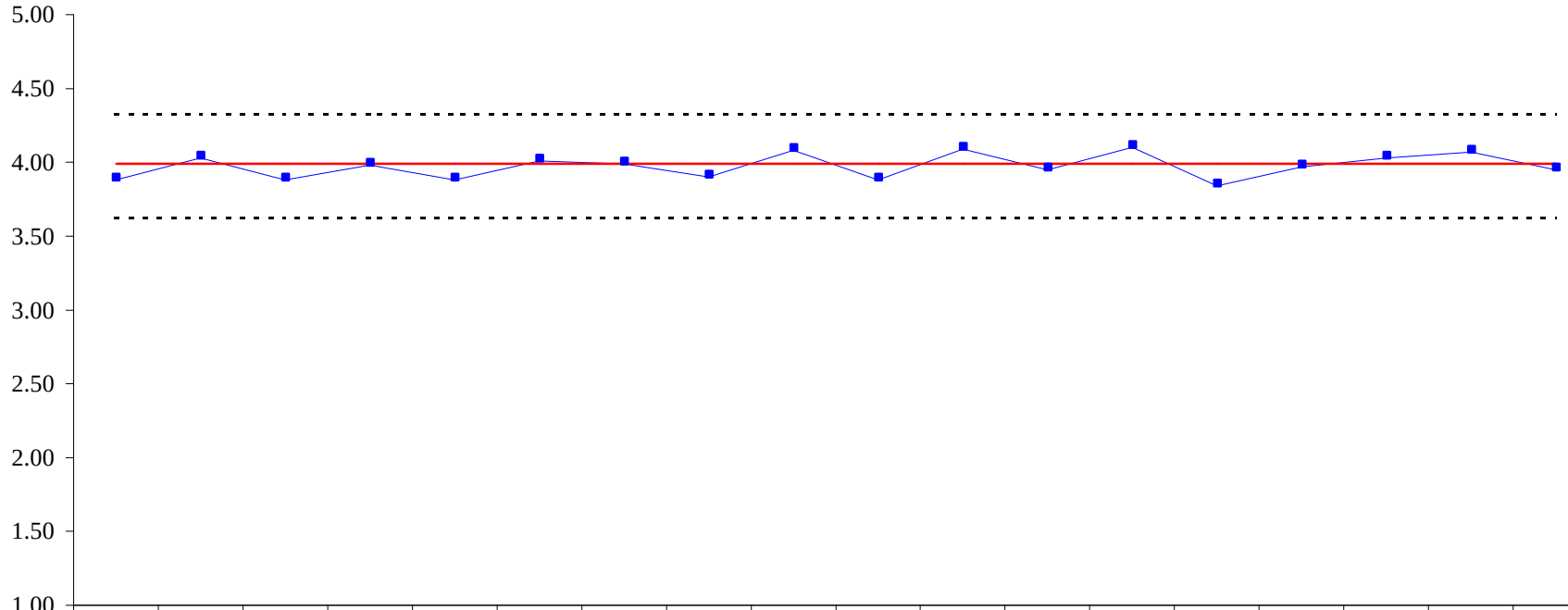
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.93	3.91	3.94	3.97	3.94	3.96	3.94	4.01	4.07	3.93	4.01	3.98	3.98	3.95	3.97	3.94	4.01	3.96
Surveys	422	502	398	471	452	471	579	515	525	578	584	542	517	509	466	602	557	582
Discharges	1494	1417	1388	1496	1445	1574	1676	1438	1693	1534	1569	1396	1366	1400	1332	1496	1437	1727
% Sampled	28%	35%	29%	31%	31%	30%	35%	36%	31%	38%	37%	39%	38%	36%	35%	40%	39%	34%
UCL	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08
Avg	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97
LCL	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score [3] 3.60)



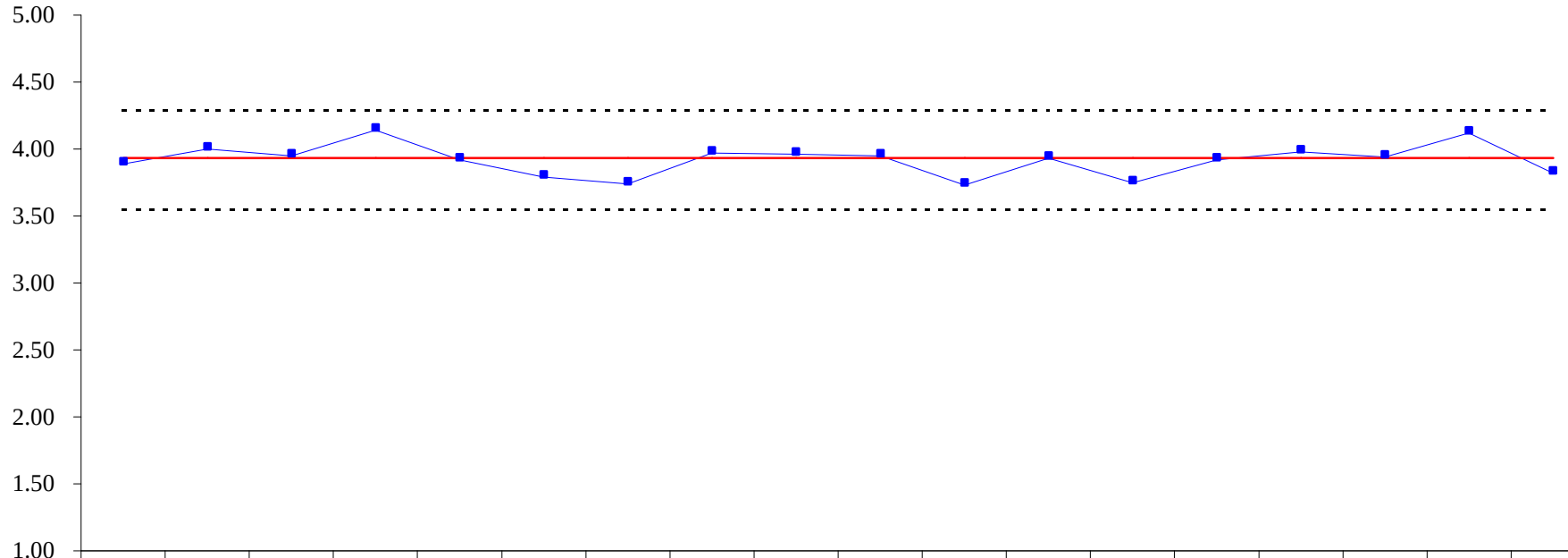
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.88	4.03	3.88	3.98	3.88	4.01	3.99	3.90	4.08	3.88	4.09	3.95	4.10	3.84	3.97	4.03	4.07	3.95
Surveys	34	73	89	90	72	79	101	78	81	92	96	98	76	73	78	92	79	79
Discharges	348	344	363	355	362	395	405	346	429	371	397	363	329	386	340	382	388	434
% Sampled	10%	21%	25%	25%	20%	20%	25%	23%	19%	25%	24%	27%	23%	19%	23%	24%	20%	18%
UCL	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
Avg	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97
LCL	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score [3] 3.60)



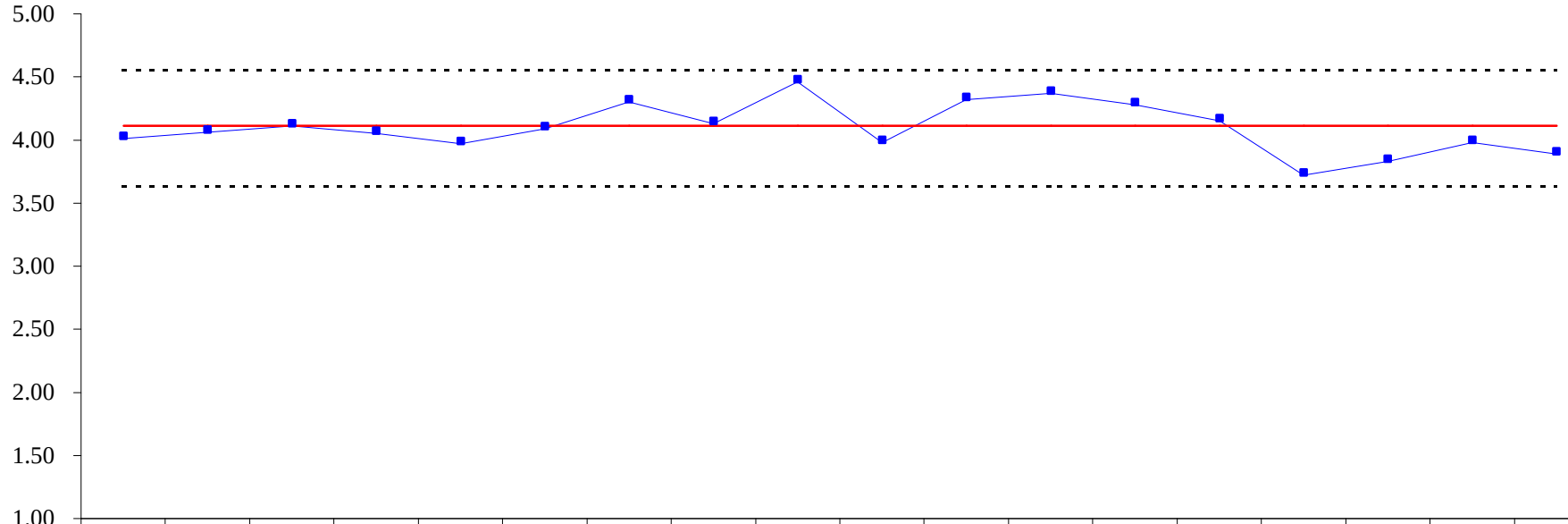
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.89	4.00	3.95	4.14	3.92	3.79	3.74	3.97	3.96	3.95	3.73	3.93	3.75	3.92	3.98	3.94	4.12	3.82
Surveys	38	18	26	19	52	56	50	40	39	45	49	26	32	38	26	32	24	31
Discharges	81	69	81	80	91	91	107	98	93	97	95	77	91	112	93	87	74	103
% Sampled	47%	26%	32%	24%	57%	62%	47%	41%	42%	46%	52%	34%	35%	34%	28%	37%	32%	30%
UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
LCL	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55

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

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
El Paso Psychiatric Center

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ³ 3.60)



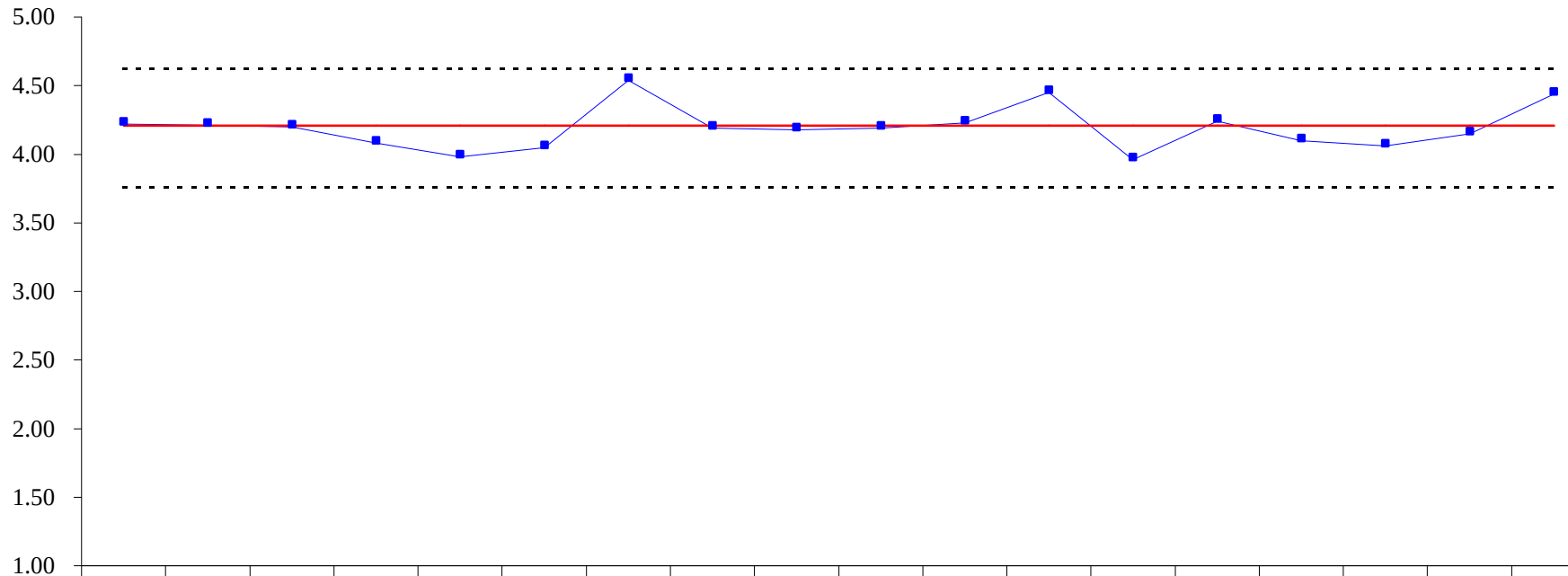
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	4.01	4.06	4.11	4.05	3.97	4.09	4.30	4.13	4.46	3.98	4.32	4.37	4.28	4.15	3.72	3.83	3.98	3.89
Surveys	22	30	38	36	27	37	21	39	4	38	60	49	53	58	44	66	51	12
Discharges	67	55	71	77	68	104	94	88	84	93	85	90	80	86	77	87	88	96
% Sampled	33%	55%	54%	47%	40%	36%	22%	44%	5%	41%	71%	54%	55%	67%	57%	55%	58%	13%
UCL	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55
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	3.63	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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score [3] 3.60)



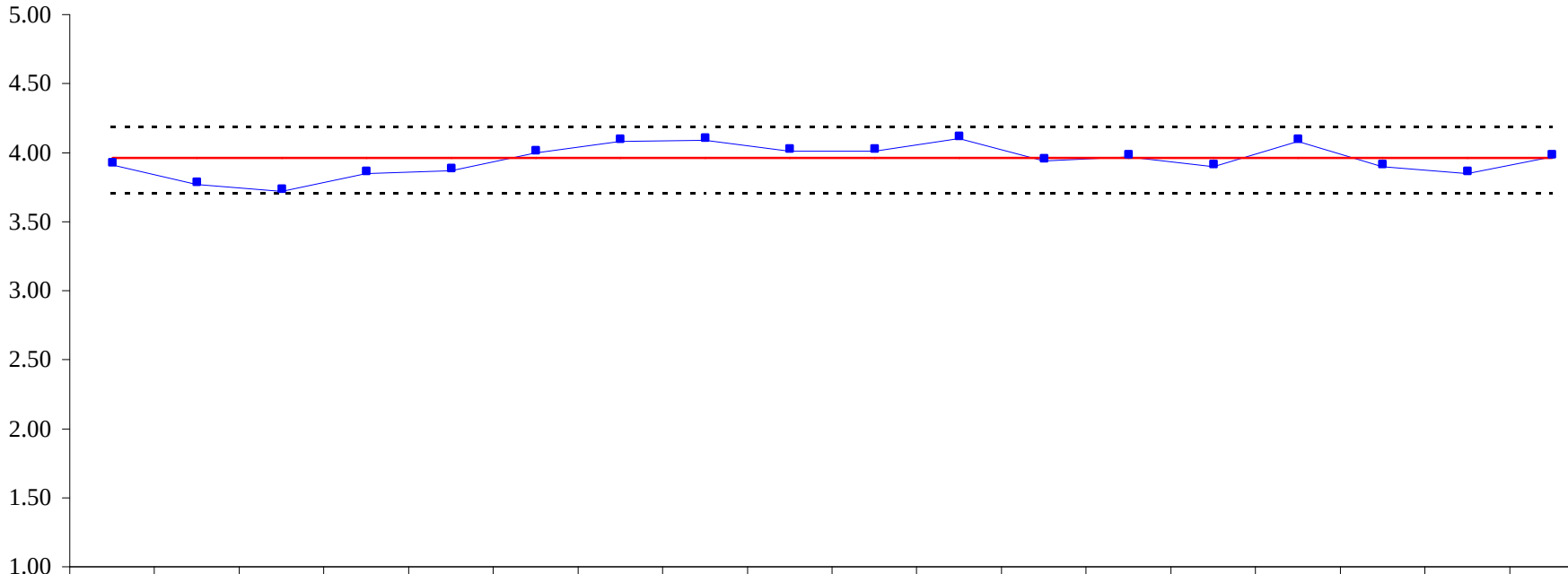
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	4.22	4.21	4.20	4.08	3.98	4.05	4.54	4.19	4.18	4.19	4.23	4.45	3.96	4.24	4.10	4.06	4.15	4.44
Surveys	29	25	20	14	23	26	17	23	22	24	23	18	17	21	13	23	23	19
Discharges	31	35	29	29	30	36	22	29	36	30	35	22	26	23	28	31	30	26
% Sampled	94%	71%	69%	48%	77%	72%	77%	79%	61%	80%	66%	82%	65%	91%	46%	74%	77%	73%
UCL	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62
Avg	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19
LCL	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score [3] 3.60)



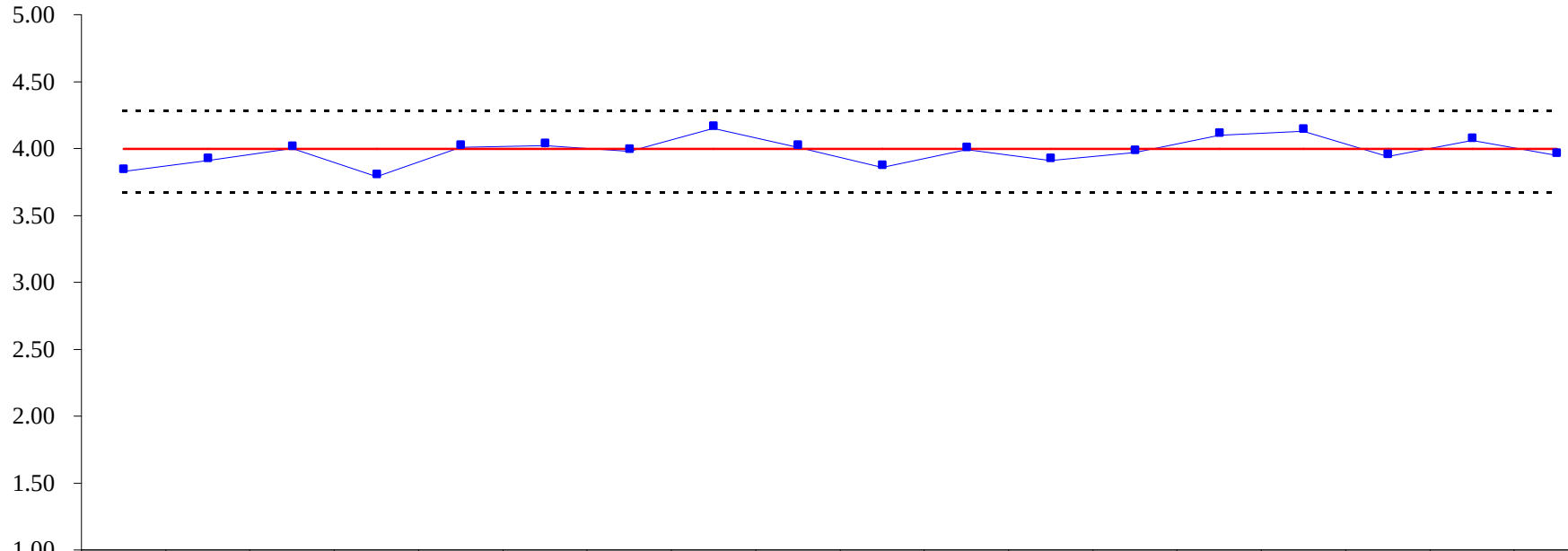
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.91	3.77	3.72	3.85	3.87	4.00	4.08	4.09	4.01	4.01	4.10	3.94	3.97	3.90	4.08	3.90	3.85	3.97
Surveys	72	73	57	81	54	87	92	66	71	66	60	65	69	66	56	57	56	54
Discharges	208	220	188	213	190	238	248	180	249	189	217	174	177	182	186	179	182	237
% Sampled	35%	33%	30%	38%	28%	37%	37%	37%	29%	35%	28%	37%	39%	36%	30%	32%	31%	23%
UCL	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
Avg	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95	3.95
LCL	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ³ 3.60)



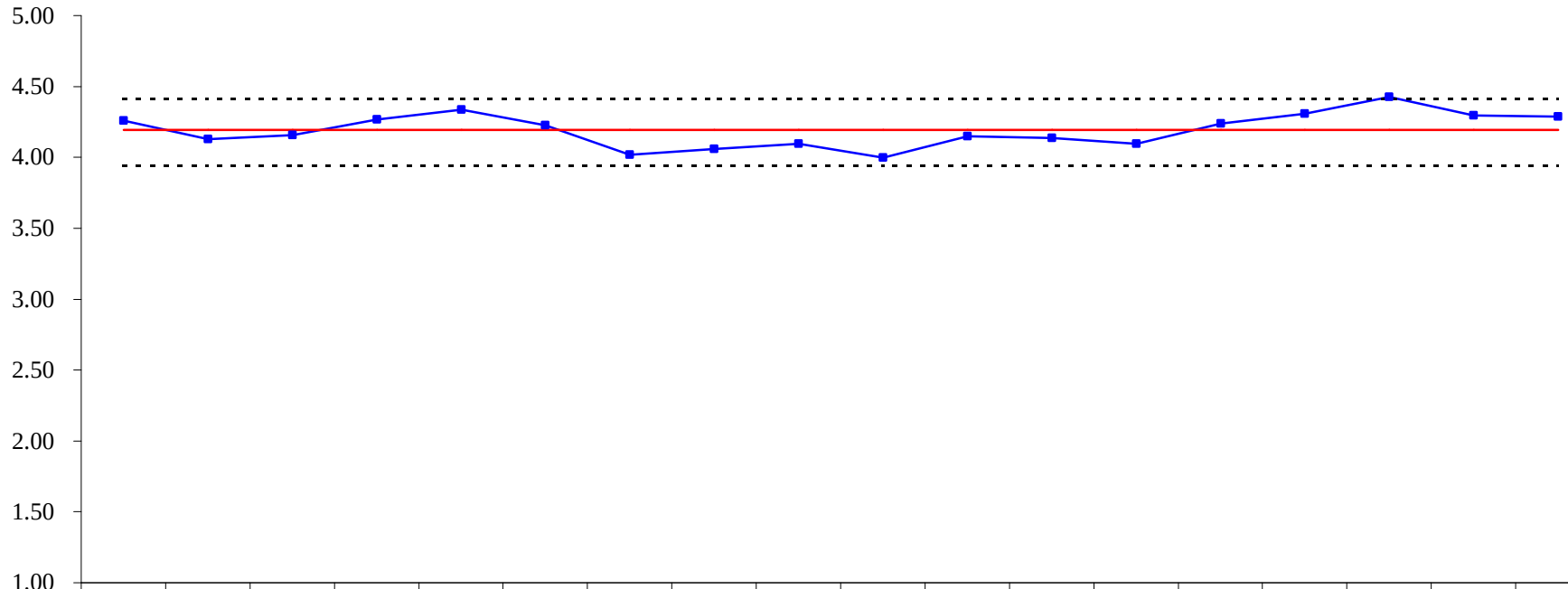
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.83	3.91	4.00	3.79	4.01	4.02	3.98	4.15	4.01	3.86	3.99	3.91	3.97	4.10	4.13	3.94	4.06	3.95
Surveys	51	48	52	55	59	57	70	60	91	53	82	66	49	52	70	97	72	86
Discharges	172	136	156	136	163	159	157	143	169	150	162	139	145	106	118	154	145	176
% Sampled	30%	35%	33%	40%	36%	36%	45%	42%	54%	35%	51%	47%	34%	49%	59%	63%	50%	49%
UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
LCL	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied With Care
(FY2007 Expectation is Average Score ³ 3.60)



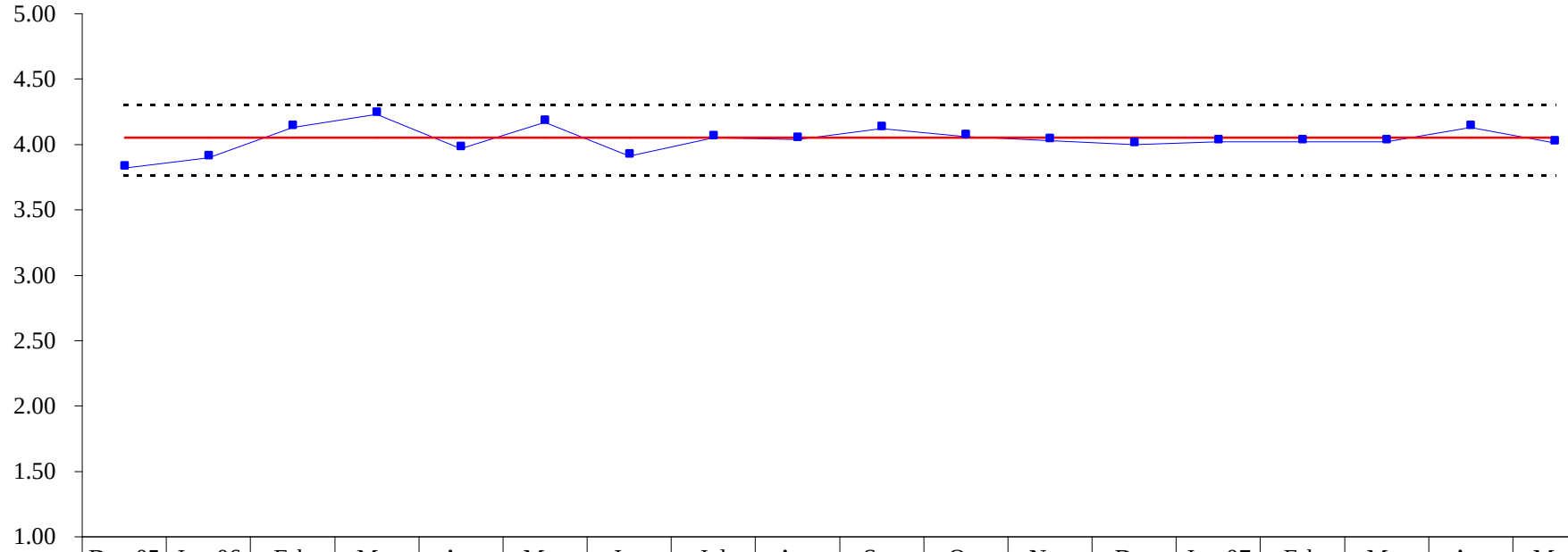
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	4.24	4.11	4.14	4.25	4.32	4.21	4.00	4.04	4.08	3.98	4.13	4.12	4.08	4.22	4.29	4.41	4.28	4.27
Surveys	23	28	9	7	21	23	67	46	81	73	48	55	39	29	33	32	17	35
Discharges	111	95	89	90	98	90	99	83	101	99	87	91	103	84	81	96	70	114
% Sampled	21%	29%	10%	8%	21%	26%	68%	55%	80%	74%	55%	60%	38%	35%	41%	33%	24%	31%
UCL	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41	4.41
Avg	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
LCL	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score [3] 3.60)



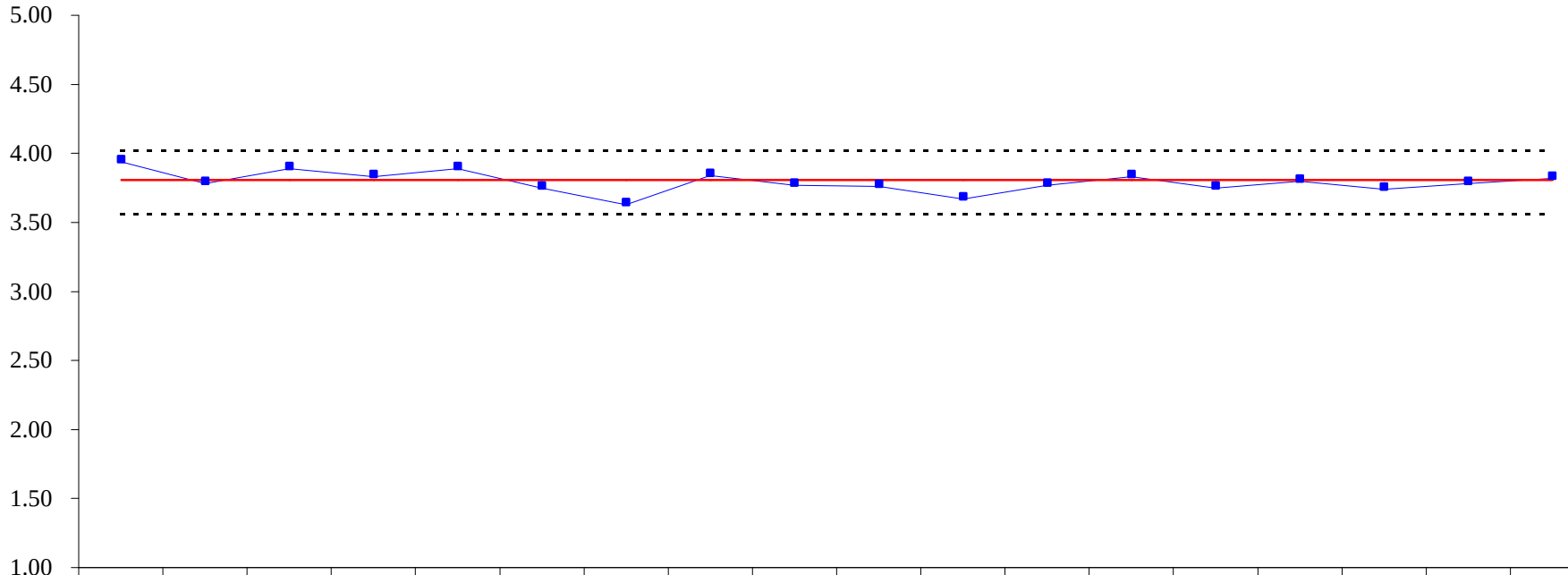
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.82	3.90	4.13	4.23	3.97	4.17	3.91	4.05	4.04	4.12	4.06	4.03	4.00	4.02	4.02	4.02	4.13	4.01
Surveys	70	80	12	81	64	20	48	60	33	58	76	41	53	50	28	83	118	120
Discharges	271	225	209	292	247	264	305	267	299	266	271	233	182	160	181	222	238	276
% Sampled	26%	36%	6%	28%	26%	8%	16%	22%	11%	22%	28%	18%	29%	31%	15%	37%	50%	43%
UCL	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31
Avg	4.04	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	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ³3.60)



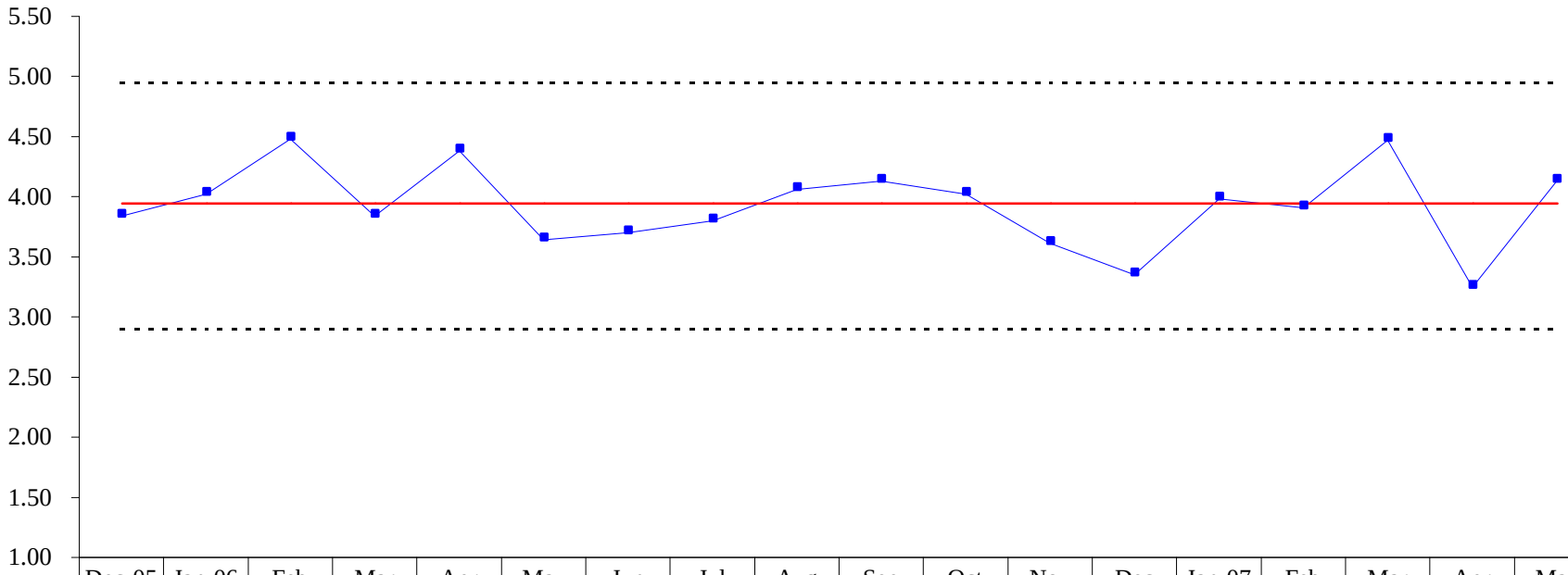
	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.94	3.78	3.89	3.83	3.89	3.75	3.63	3.84	3.77	3.76	3.67	3.77	3.83	3.75	3.80	3.74	3.78	3.82
Surveys	77	122	93	85	77	79	107	102	97	125	88	122	127	120	110	118	113	144
Discharges	189	228	193	216	188	182	218	195	218	231	208	189	224	252	209	246	212	250
% Sampled	41%	54%	48%	39%	41%	43%	49%	52%	44%	54%	42%	65%	57%	48%	53%	48%	53%	58%
UCL	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
Avg	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79
LCL	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56

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

Chart: Hospital Management Data Services

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ³ 3.60)



	Dec-05	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May
Score	3.84	4.02	4.48	3.84	4.38	3.64	3.70	3.80	4.06	4.13	4.02	3.61	3.35	3.98	3.91	4.47	3.25	4.13
Surveys	6	5	2	3	3	7	6	1	6	4	2	2	2	2	8	2	4	2
Discharges	16	10	9	8	8	15	21	9	15	8	12	18	9	9	19	12	10	15
% Sampled	38%	50%	22%	38%	38%	47%	29%	11%	40%	50%	17%	11%	22%	22%	42%	17%	40%	13%
UCL	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95	4.95
Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
LCL	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90	2.90

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

Chart: Hospital Management Data Services

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.**

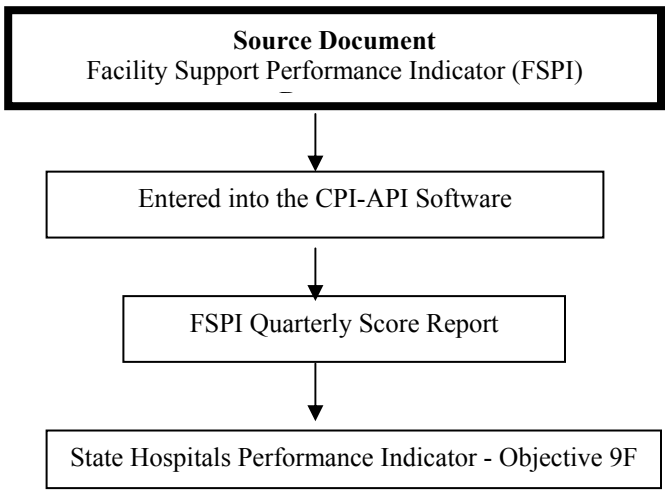
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: [(# of yes + # of no with justification) / (# of NA – Contract Facility)] x 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:



Data Integrity Review Process:

Data integrity review done through the Administrative Performance Indicators (API) Validation Audit Process.

Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2007

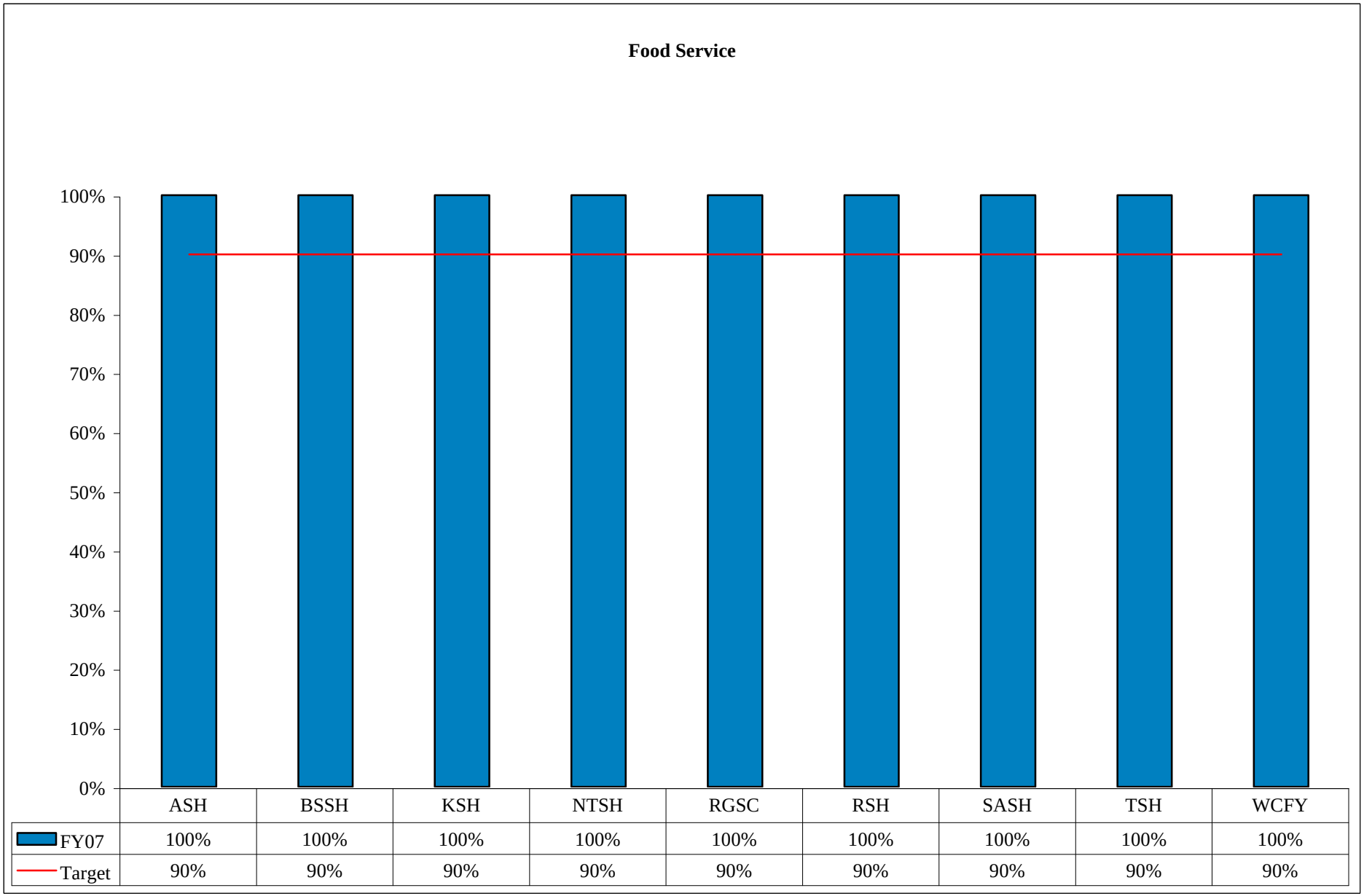
	Q1		Q2		Q3	Q4		
	Fleet Management	Plant Maintenance	Consumer Monies	Vocational Services	Food Service	Cash Receipts	Risk Management	Petty Cash
Compliance Target	90%	90%	85%	90%	90%			
State Hospital Totals	**96%**	**93%**	**92%**	**98%**	**100%**			
Austin State Hospital	100%	100%	100%	NA	100%			
Big Spring State Hospital	80%	80%	100%	100%	100%			
El Paso Psychiatric Center	100%	100%	100%	NA	*CF			
Kerrville State Hospital	89%	100%	100%	92%	100%			
North Texas State Hospital	100%	90%	60%	95%	100%			
Rio Grande State Center	89%	88%	93%	94%	100%			
Rusk State Hospital	100%	90%	100%	100%	100%			
San Antonio State Hospital	100%	80%	100%	100%	100%			
Terrell State Hospital	100%	100%	100%	100%	100%			
Waco Center For Youth	100%	100%	70%	100%	100%			

*CF = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2007
Food Service



	ASH	BSSH	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
FY07	100%	100%	100%	100%	100%	100%	100%	100%	100%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Appendix A

Texas Center for Infectious Disease (TCID) Data Sheet - FY07

		Q1	Q2	Q3	Q4
O 1C	Accreditation - Last JCAHO Date	Oct-03	Dec-06	Dec-06	
	Total Medicare Beds	72	72	72	
	Number of Medicare Complaint Visits this Quarter	0	0	0	
M 1A	Average Cost Per Patient	$ 415.72	$ 513.74		
M 1B	Average Cost Per Bed Days			$ 552.23	
M 1C	Average Daily Census	43	44	40	
O 2A	Number of Abuse/Neglect Allegations	0	0	0	
O 3B	Number of Patients Restrained	0	0	0	
O 4B	Number of Medication Errors	14	56	9	
M 5A	Number of Admissions	27	30	23	
	Number of Discharges	29	21	34	
M 5D	Average Length of Stay at Discharge	147 days	131 days	121 days	
O 6B	Worker's Comp Cost	$ 2,952	$ 3,128	$ 3,332	
O 6C & O 6F	Number of Employee Injuries	7	8	7	
O 6C	Number of Employee Injuries Resulting in a WCC	4	2	2	
O 6F	Number of Employee Injuries Associated with Restraint/Seclusion	0	0	0	
O 6E	Number of Patient Injuries during Restraint	0	0	0	
O 6G	Number of Unauthorized Departures	3	1	4	
M 6A	Facility Healthcare Associated Infection Rates	10	7	13	
M 6B	Number of Patient Injuries	5	2	0	
O 8A	Staff Current With Required Training	30%	43%	50%	
M 8A	Turnover Rate for Critical Shortage Staff	0.00%	0.00%	9.82%	
M 8B	Vacancies for Critical Shortage Staff	15.56%	15.56%	15.56%	
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	11	7	14	
	Number of Patient Satisfaction Surveys Completed at Admission	10	11		

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 may 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.

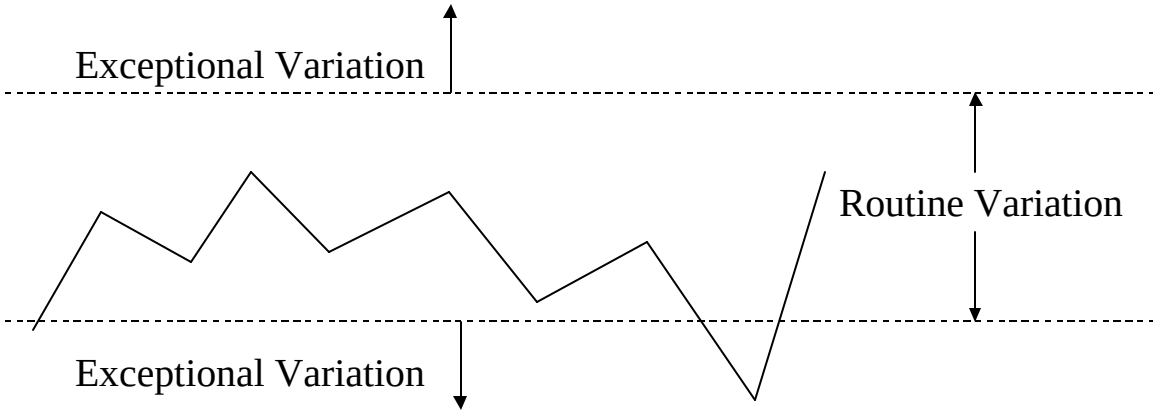
A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct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

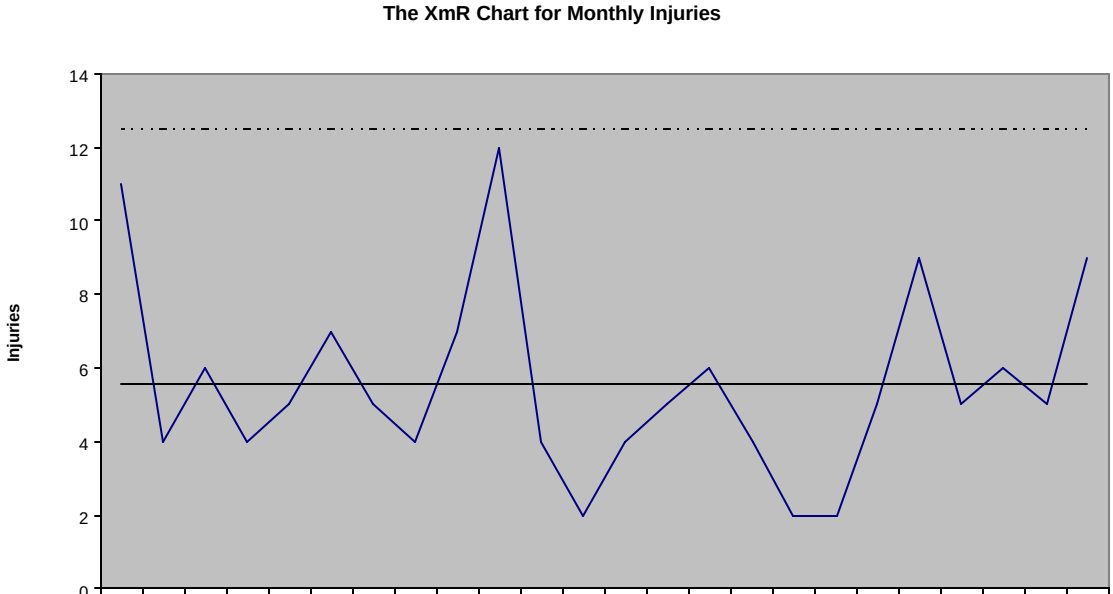
Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

- 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.



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Injuries	11	4	6	4	5	7	5	4	7	12	4	2	4	5	6	4	2	2	5	9	5	6	5	9
Average	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54
UCL	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
LCL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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