

**Department of State Health Services**  
*State Hospitals Section*  
**Mission, Vision, Goals and**  
**2006 Work Plan**

**Statewide Performance Indicators**  
**4<sup>th</sup> Quarter FY 2006**

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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 taxpayers 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 limitation, gender, religion, or age, is entitled to dignity, independence and respect.

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

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

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

### **HHS SYSTEM STRATEGIC GOALS**

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

**Preserve, enhance, and maintain independence** – enable the aging, people with disabilities, including those with mental retardation and other developmental conditions, to live as Independently as possible for as long as possible through an effective, individualized system of service provision in community and institutional settings

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

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

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

## **HEALTH AND HUMAN SERVICES COMMISSION**

### **VISION**

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

### **MISSION**

The mission of the 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 in need have access to effectively delivered public health, 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 qualified Texans in need.

### **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), 78<sup>th</sup> 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 (11) state Hospitals.

**Legislative Budget Board  
Performance Measures  
Directly Relating to State Mental Health Hospitals**

Outcome Measures:

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

Percent of customers discharged from state mental health hospitals whose symptoms stabilized or decreased during course of treatment. **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 Outpatient visits at TCID and STHCS 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 of outpatient visits for TCID and STHCS 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-**

<b>HOW DO WE KNOW WE ARE PROVIDING QUALITY SERVICES?</b>				
<b>We Ask Our Customers</b>	<b>We Maintain Accreditation And Certification</b>	<b>We Identify Key Functions Of State Mental Health Facilities And Establish Measurable Performance Indicators</b>	<b>Priority Focus Areas</b>	<b>We Maintain A Qualified And Diverse Workforce</b>
<ul style="list-style-type: none"> <li>- Patients</li> <li>- Families</li> <li>- Guardians</li> <li>- LMHAs &amp; LMRAs</li> <li>- Courts</li> <li>- Staff</li> <li>- Legislature</li> <li>- Advocates</li> <li>- Third Party Payors</li> <li>- Volunteers</li> <li>- Students</li> <li>- Hospital Districts</li> <li>- Regional Public Health Authority</li> <li>-Department of Aging &amp; Disability Services State Schools for Mental Retardation</li> </ul>	<ul style="list-style-type: none"> <li>- Medicare</li> <li>- JCAHO</li> <li>- Medicaid</li> <li>- ICF/MR</li> <li>- CAP</li> <li>- Agency clinical and administrative performance indicator compliance</li> </ul>	<p style="text-align: center;"><b><u>Patient-Focused Functions</u></b></p> <ul style="list-style-type: none"> <li>A1 Rights of Patients and Organizational Ethics</li> <li>A2 Provision of Care</li> <li>A3 Continuity of Care</li> <li>A4 Medication Management</li> <li>A5 Surveillance, Prevention, and Control of Infection</li> </ul> <p style="text-align: center;"><b><u>Organizational Functions</u></b></p> <ul style="list-style-type: none"> <li>B1 Leadership</li> <li>B2 Management of Information</li> <li>B3 Management of Human Resources</li> <li>B4 Management of Environment</li> <li>B5 Improving Organizational Performance Through Customer Satisfaction</li> </ul> <p style="text-align: center;"><b><u>Structures with Functions</u></b></p> <ul style="list-style-type: none"> <li>C1 Medical Staff</li> <li>C2 Nursing</li> </ul>	<ul style="list-style-type: none"> <li>-Assessment and Care/Services</li> <li>-Communication</li> <li>-Credentialed Practitioners</li> <li>-Equipment Use</li> <li>-Infection Control</li> <li>-Information Management</li> <li>-Medication Management</li> <li>-Organization Structure</li> <li>-Orientation and Training</li> <li>-Rights and Ethics</li> <li>-Physical Environment</li> <li>-Quality Improvements – Expertise &amp; Activity</li> <li>- Patient Safety</li> <li>- Staffing</li> </ul>	<p>We assess competence:</p> <ul style="list-style-type: none"> <li>➤ Skills/Job,</li> <li>➤ Professional, and</li> <li>➤ Cultural.</li> </ul> <p>We assess performance.</p> <p>We grant clinical privileges.</p> <p>We set expectations for education and training and ensure this continuing knowledge acquisition process.</p> <p>We implement strategies to ensure our workforce is recognized, treated and rewarded in a manner that reflects a commitment to valuing workforce diversity.</p>



**STATE HOSPITAL SECTION  
FY 2006 MANAGEMENT PLAN**

The State Hospitals Section FY 2006 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 THE PERFORMANCE OBJECTIVES AND MEASURES THAT ARE IN BOLD PRINT AND IN 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 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 I**

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 FY2007 will be presented at the December meeting of The Executive Committee of the Governing Body Meeting.   | B1        |
| B. | A standardized method for determining outside medical costs utilizing current cost centers will be developed by Facility Support Services Oversight Committee (FSSOC).   |           |
| C. | <b>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 2006.</b> | <b>B1</b> |
| D. | <b>FY 2005 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.</b>  | <b>B1</b> |
| E. | The State Mental Health Hospitals Section will update the Trust Fund Methodology which identifies the relationship between the state MH hospitals and the Local Mental Health Authority (LMHA).  | 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 07 Governing Body Bylaws Template will be revised and approved by August 1, 2006. 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,B4
- I. State hospitals will monitor the utilization of the Over Capacity Plan and report findings to the Governing Body:**
1. Number of days each MH Hospital was over capacity for children/adolescents and adults,
  2. Number of patients who were transferred to another state MH hospital,
  3. Number of patients each MH hospital received as transfers or diversions,
  4. Number of patients the MH hospital assisted the local authority in diverting to another state hospital and
  5. Number of times all MH hospitals were over capacity for adults and child/adolescents.
  6. Number of patients by month awaiting admission to TCID.
  7. Length of time on waiting list for TCID. B1
- J. Interagency Cooperation Contracts 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.
- K. State Mental Health Hospitals will implement the statewide forensic plan developed by the Forensic Committee of the Executive Committee of the Governing Body beginning on September 1, 2005.

**Performance Measures**

**Key Functions**

- A. AVERAGE COST PER PATIENT SERVED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL IN THE FOLLOWING CATEGORIES: B1**
1. LBB COST
  2. STATE COST; AND
  3. TOTAL STATE COST.
- 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. **South Texas Healthcare System (STHCS) contract cost of Inpatient care will be calculated and reported on a quarterly basis.** **B1**
- E. **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 an 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. State Hospital Client Rights Officers will develop a process for identifying complaints and classify these complaints according to established categories. **A1**
- C. **Each state hospital will report the findings of all Medicare Complaint visits. 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**

**GOAL 3:**

PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT: The state hospitals will ensure that hospital staff, in conjunction with the patients and patient's local health authority, determines individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and then 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 based on assessment findings. Patients will be involved in their treatment and patients and 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 survey of all the hospitals to determine the readiness of the culture to reduce seclusion and restraint by January 1, 2006. A training conference will be planned to share the recommendations of the workgroup by May 1, 2006.** A1,A2
  
- B. **State hospitals will continue to implement plans to reduce the use of behavioral restraint and seclusion based on FY05 performance. Current plans or recommendations from the Restraint and Seclusion Reduction Workgroup will be implemented. Interventions to be monitored are:** A1,A2
  - 1. **Personal Restraint,**
  - 2. **Mechanical Restraint, and**
  - 3. **Seclusion**
  
- 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. **According to the National Patient Safety Goal 9B each state hospital will implement a fall reduction program and evaluate the effectiveness of the program.** A2
  
- E. **State hospitals will implement guidelines for the assessment and management of medical risks in obese patients through the Clinical Oversight Committee.** A2
  
- F. **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.\***

**\* THIS REPORT WILL BE PULLED FROM CWS** A4

- G. According to National patient Safety goal 2E each state hospital will implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions. A2

**Performance Measures**

**Key Functions**

- A. BPRS: IMPROVEMENT IN PATIENT TREATMENT OUTCOMES IN STATE MH FACILITIES WILL BE MEASURED BY SHOWING A SIGNIFICANT DECREASE OF CLINICAL SYMPTOMS WITH A REDUCTION OF MORE THAN TWELVE (12) POINTS. A2
- B. GAF: IMPROVEMENT IN PATIENT TREATMENT OUTCOMES IN STATE MH FACILITIES WILL BE ANALYZED BY SHOWING: A2
1. THE PERCENT OF PATIENTS RECEIVING CAMPUS SERVICES WHOSE GAF SCORE INCREASED.
  2. THE PERCENT OF PATIENTS RECEIVING CAMPUS SERVICES WHOSE GAF SCORE STABILIZE. A2
- C. 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, and misuse; monitoring medication management processes; standardizing equipment and processes associated with medication management and handling all medications in the same manner.

**Performance Objectives**

**Key Functions**

- A. Every hospital will successfully implement the WORx pharmacy system based upon the published implementation schedule. A4
- B. Chief nurse executives of the state hospitals will evaluate the new system for reporting medications errors in all categories. A4
- C. According to the National Patient Safety Goal 8B, each state hospital will ensure that a complete list of the patient’s medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within OR outside the organization. A4

- D. According to the National Patient Safety Goal 3C, each state hospital will identify and, at a minimum, annually review a list of look-alike/sound alike drugs used in the hospital, and take action to prevent errors involving the interchange of these drugs.
- E. Each hospital will have a process in place to identify, collect, aggregate, and analyze medication errors and report to the Governing Body.

**Performance Measures**

- A. THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION WILL BE TRACKED AND ANALYZED QUARTERLY. B1,A4
- B. AFTER THE FULL IMPLEMENTATION OF THE PHARMACY DISTRIBUTION AND ACCOUNTING SYSTEM, WORx, THE COSTS OF MEDICATIONS, INCLUDING PSYCHIATRIC MEDICATIONS, MEDICATIONS FOR MEDICAL ISSUES, AND DISCHARGE MEDICATIONS WILL BE TRACKED AND ANALYZED QUARTERLY.

**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 No Longer in need of Inpatient Hospitalization” list. A3
- B. Each state MH hospital will maintain a current Utilization Management Agreement for all non-statewide services with all the local health authorities in their service area and identify issues between facilities and centers related to use of the agreement. A3
- C. At the end of each quarter patients having been in the state mental health hospital over 365 days will be identified by four categories:
  - 1. need continued hospitalization,
  - 2. accepted for placement,
  - 3. barrier to placement, and
  - 4. criminal court involvement.

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

A3

- D. 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 timelines of receipt by the responsible licensed caregiver of critical test results and values.

### Performance Measures

- 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.

A3

- 7 days or less,
- 8 to 30 days,
- 31 to 90 days,

- C. 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

- 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 TOTAL FY 2005 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 1.11 PER 1000 BED DAYS.** B4
  
- D. **STATE HOSPITAL INFECTION CONTROL PRACTITIONERS (ICP) WILL COLLECT AND COMPARE DATA ON FACILITY HEALTHCARE ASSOCIATED INFECTION RATES.** B4
  
- E. **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.** B4
  
- F. **RATE OF PATIENT INJURIES WILL BE CALCULATED, TRENDED AND REVIEWED FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES AS FOLLOWS:**
  - Age 0-17
  - Age 18-64
  - Age 65-olderB4
  
- G. **Each hospital will monitor and assess influenza and pneumococcal immunizations for identified patient population.**
  
- H. **THE RATE OF PATIENT INJURY RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT FOR FY 06 WILL NOT EXCEED 0.49 PER 1000 BED DAYS FOR FY 05.** B4
  
- I. **EMPLOYEES INJURED DURING RESTRAINT OR SECLUSION WILL NOT EXCEED 0.92 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS IN FY 2005.** B4
  
- J. **THE RATE OF UNAUTHORIZED DEPARTURES WILL NOT EXCEED 0.42 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS DURING FY 2005.** 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 FY06. B2
- B. Service level agreements with Health and Human Services Commission (HHSC) Information Technology (IT) for Enterprise Applications and Wide Area Network (WAN) services will be completed by January 1, 2006. B2
- C. Service level agreements with Department of State Health Services (DSHS) IT for DeskTop support will be completed by September 30, 2005. B2
- D. **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
- E. **Information Management Committee (IMC) will evaluate ways to expand access to medical records at other facilities to simplify exchange of healthcare information and report recommendations to Executive Committee Governing Body (ECGB).** B2
- F. **State Mental Health Hospitals will have fully implemented Clinician Work Station (CWS) by the end of FY06.**

**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. **97 PERCENT OF ALL STAFF WILL HAVE CURRENT DATE PERFORMANCE EVALUATIONS ON FILE AT ALL TIMES.** B3

- C. Each hospital will monitor and assess effectiveness of at least two clinical/service-screening indicators in combination with two human resource-screening indicators related to at least two specific units/departments.

B3

**Performance Measures**

- A. “STAFF TURNOVER” RATES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED QUARTERLY.

B3,B3

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

**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):

1. AN AVERAGE SCORE OF “4” ON THE PARENT SATISFACTION SURVEY,
2. AN AVERAGE SCORE OF “1.698” 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 priority focus areas of communication, patient safety and assessment of care and treatment 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.

- D. Each State Hospital will prepare a status report on the implementation of the CPIC Plan for FY 06 by June 2006. CPIC will review and incorporate recommendation into the CPIC Plan for FY 07. B6**
- E. Regularly scheduled assessments will be conducted using established criteria and improvement opportunities identified by each state hospital on the following Facility Support Performance Indicators (FSPI). B6**
- 1<sup>st</sup> Quarter:**
- Pharmacy Inventory Controls
  - Medication Room Controls
  - HRD
- 2<sup>nd</sup> Quarter:**
- Facility CMM
  - Procurement Card Controls
  - Warehousing
- 3<sup>rd</sup> Quarter:**
- Accounting
  - Facility Personnel Actions
- 4<sup>th</sup> Quarter:**
- CAFM
  - Information/LAN Security
- F. FSSOC will develop a methodology to evaluate the impact of Access HR on business process outcomes.**
- G. Clinical Oversight Committee (COC) will develop a methodology to evaluate the impact of Access HR on clinical outcomes.**

## *GOAL 1: Provide Leadership*

### **Performance Objective 1C:**

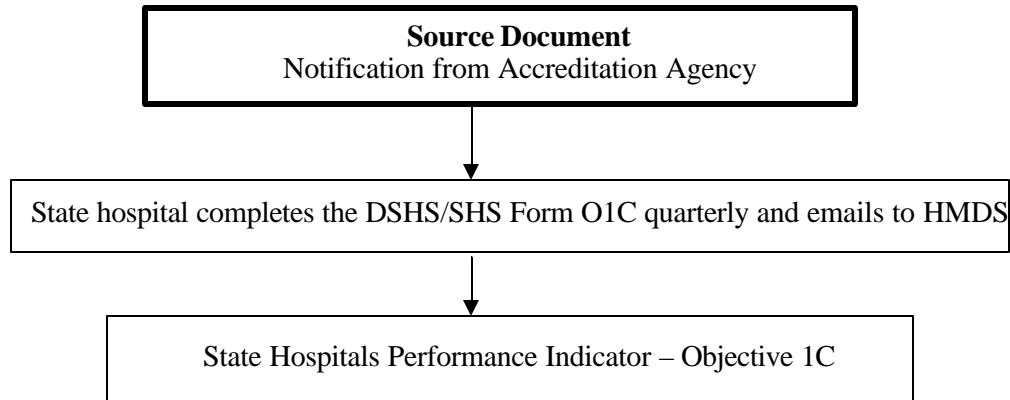
**State hospitals will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification (where appropriate) and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2006.**

**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 the last IMD Review; and ICF-MR last date certified and number of certified beds for individual state hospital.

### **Data Flow:**



### **Data Integrity Review Process:**

N/A

**Objective 1C - Maintain Accreditation and Certifications  
(As of August 31, 2006)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
<b>JCAHO Accreditation</b>											
Date of accreditation:	Jul-06	Mar-06	Aug-03	Jul-03	Mar-04	Mar-05	Mar-04	Aug-04	Oct-03	Aug-04	Jul-04
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit				Mar-05			Feb-05				
<b>Medicare Certification</b>											
No. certified beds:	201	156	23	76	100	27	112	160	72	94	N/A
No. of Complaint Visits for Q4	0	0	0	0	1	0	1	0	0	0	N/A
No. of Complaint Visits for FY	0	1	1	0	1	1	3	0	0	2	N/A
Date of CMS On-Site Survey		Jan-02		Mar-05				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	76	40	N/A	28	48	N/A	44	N/A
Date of TVFC Audit:**											Sep-05
<b>ICF-MR Certification</b>											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-05	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:**

**FY2006 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.**

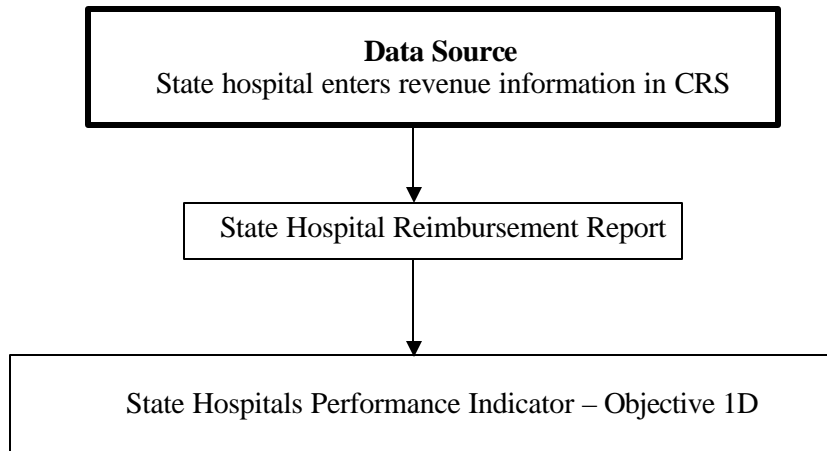
**Performance Objective Operational Definition:** The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

**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.

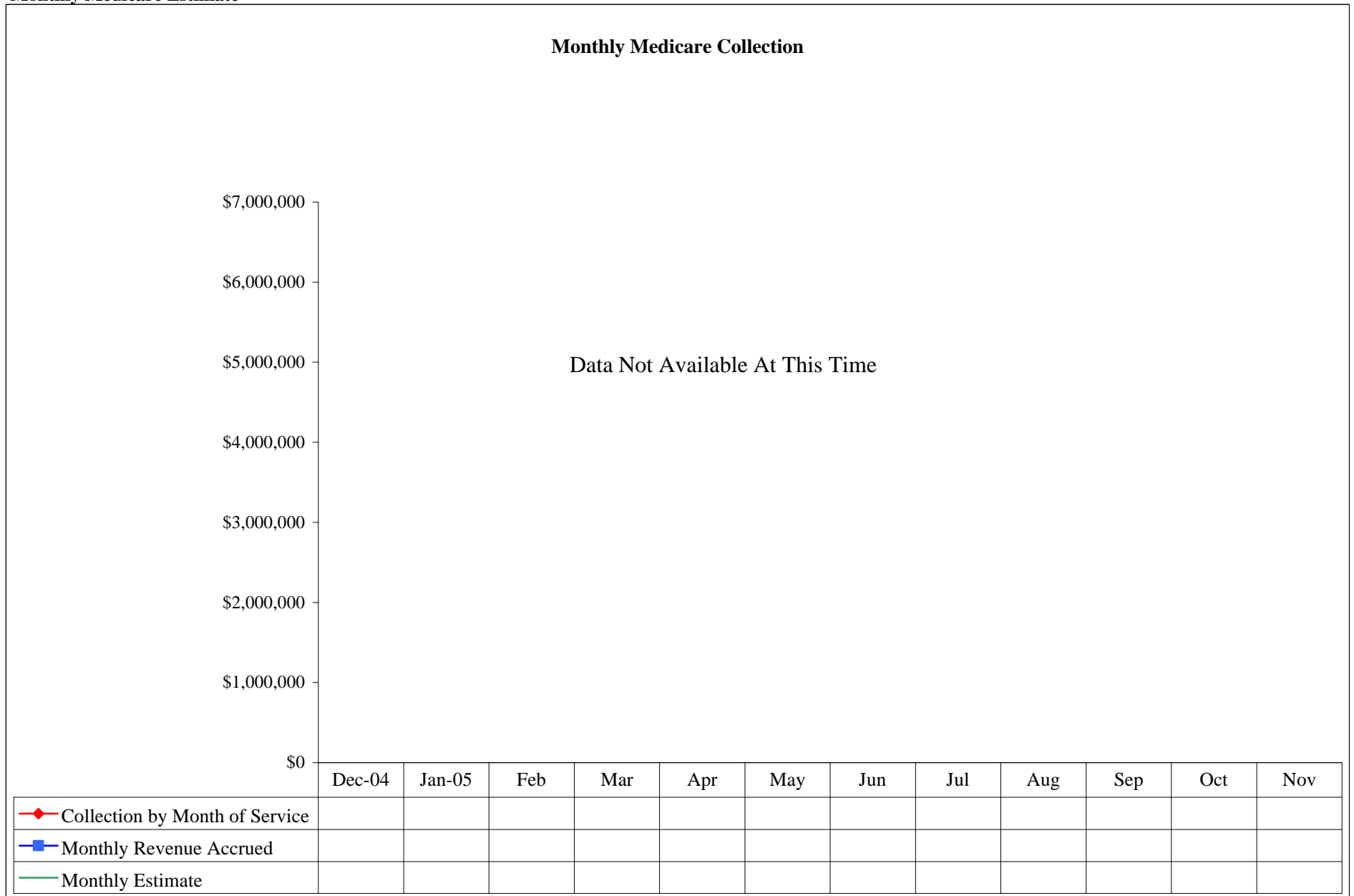
**Data Flow:**



**Data Integrity Review Process:**

N/A

**Objective 1D - FY 2006 Revenue Estimates**  
**All State Hospitals**  
**Monthly Medicare Estimate**





**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.**

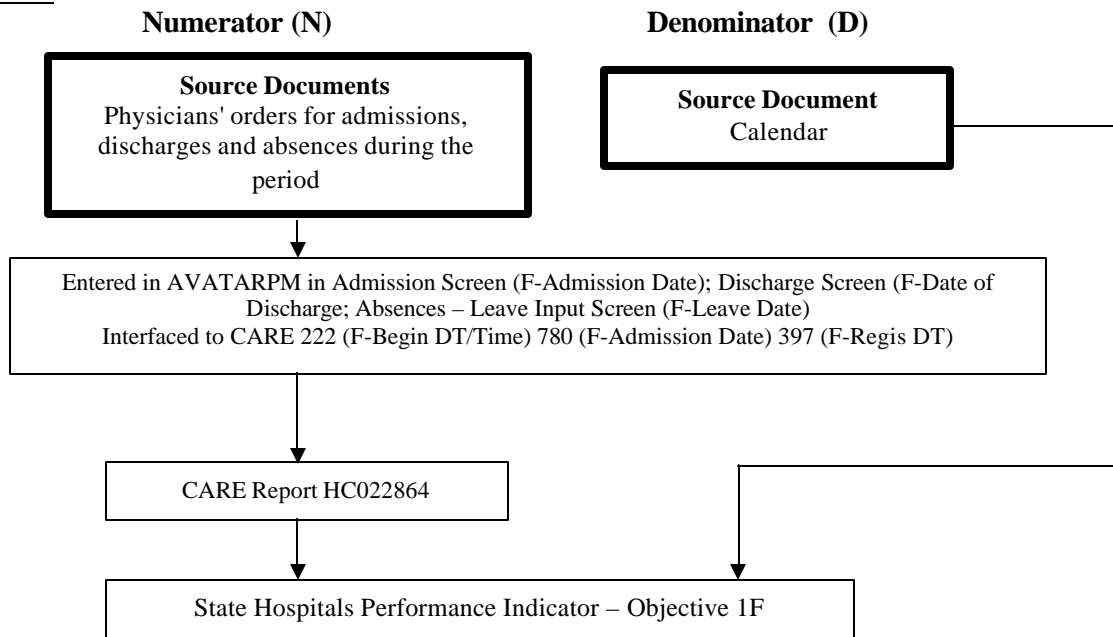
**Performance Objective Operational Definition:** DSHS Hospital Section will project total ADC, GR ADC and 3<sup>rd</sup> Party ADC for FY06. Extract report will divide episodes into 3<sup>rd</sup> Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3<sup>rd</sup> Party 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 3<sup>rd</sup> Party average daily census and funded census for individual state hospital and system-wide.

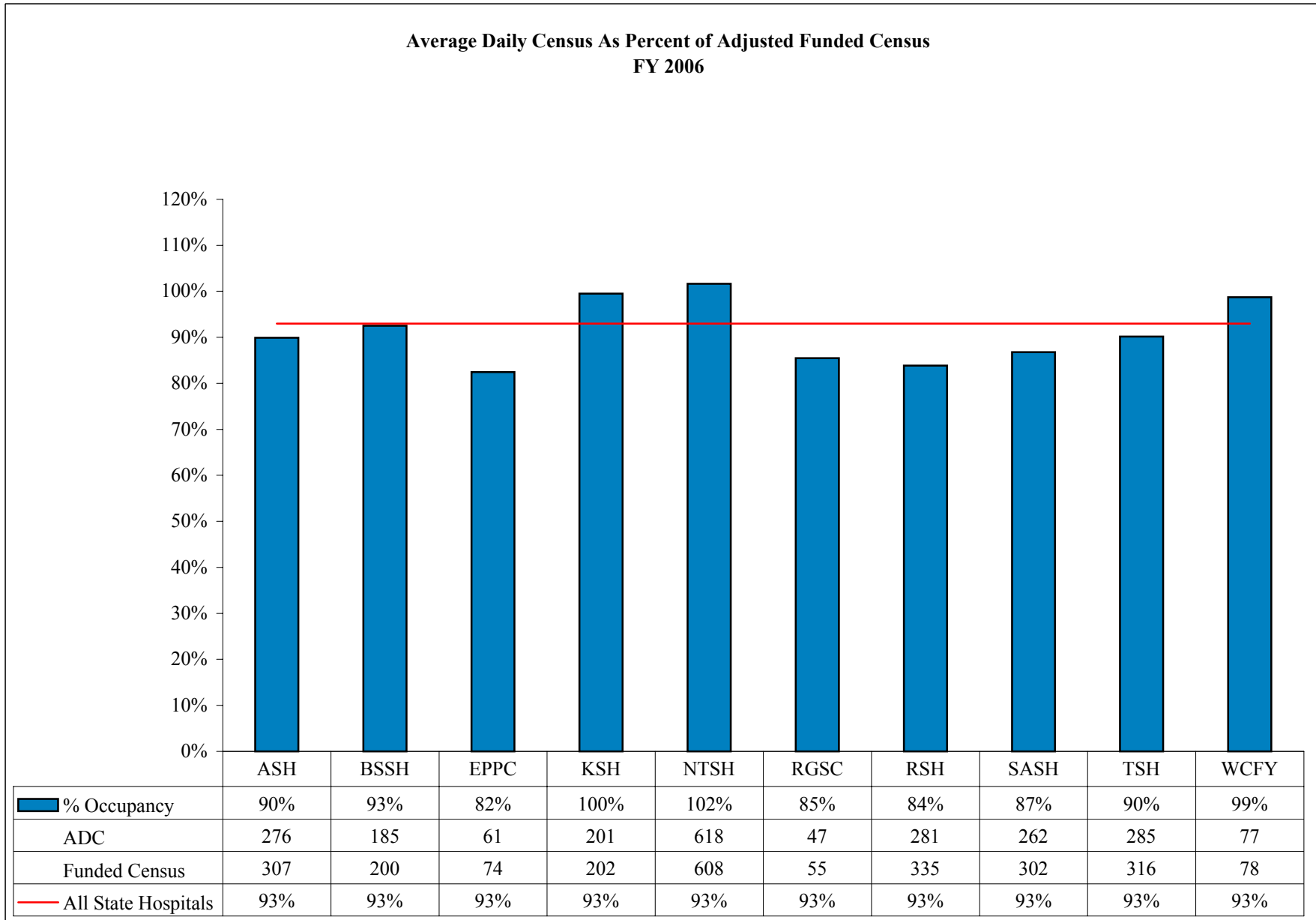
**Data Flow:**



**Data Integrity Review Process:**

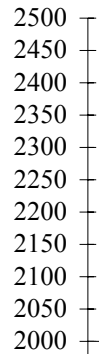
Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. <b>Note:</b> Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files 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 August 31, 2006**



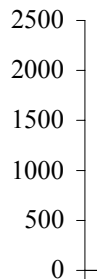
**Objective 1F & Measure 1C - Average Daily Census**  
**All State Hospitals**

**Average Daily Census**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
■ ADC	2260	2291	2304	2305	2325	2316	2297	2336	2343	2230	2249	2203	2273	2311	2319	2308	2338	2330
— Funded Census	2268	2268	2268	2268	2268	2268	2278	2278	2278	2278	2278	2278	2374	2374	2477	2477	2477	2477

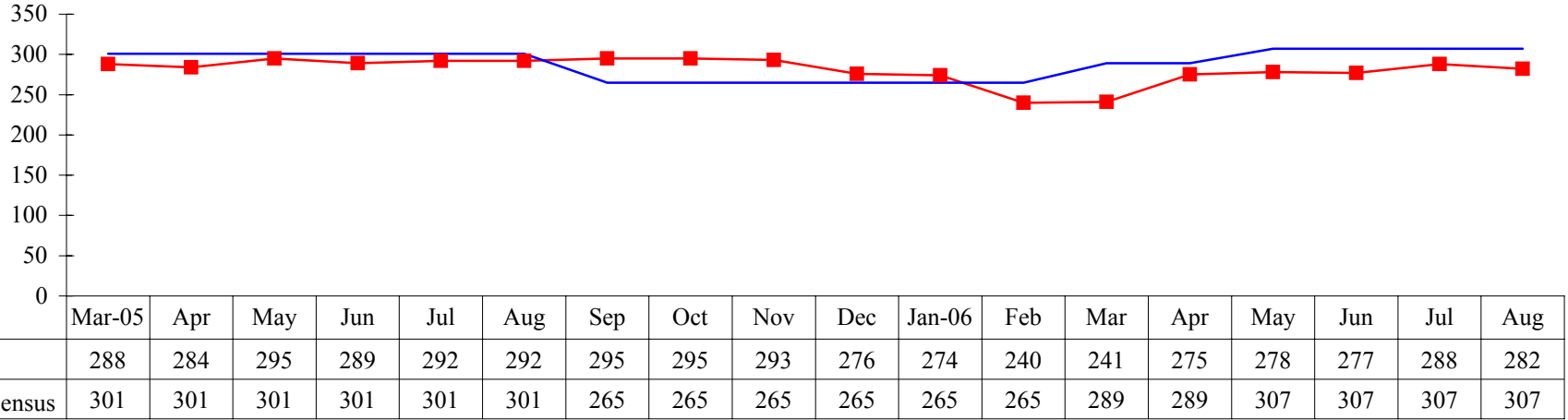
**General Revenue & Third Party Average Daily Census**



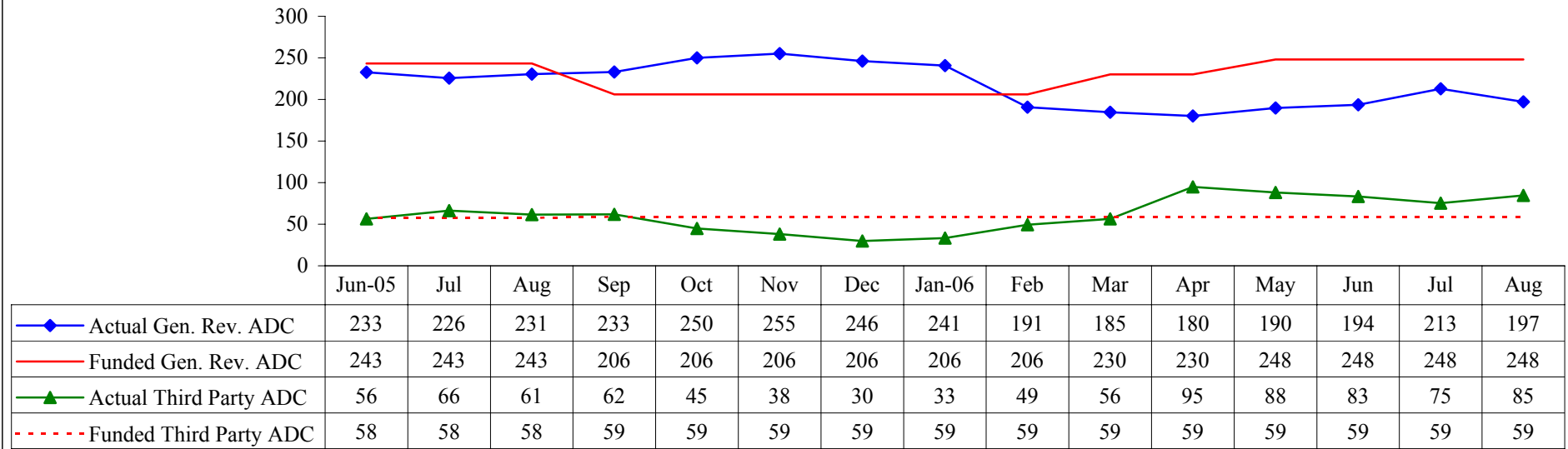
	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Actual Gen. Rev. ADC	1974	1999	2000	2024	2045	2081	2004	2000	1899	1940	1937	1950	1947	1961	1952
— Funded Gen. Rev. ADC	1938	1938	1938	1943	1943	1943	1943	1943	1943	2039	2039	2143	2143	2143	2143
▲ Actual Third Party ADC	331	326	316	273	291	262	226	249	304	333	374	369	361	377	378
- - - Funded Third Party ADC	330	330	330	335	335	335	335	335	335	335	335	334	334	334	334

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

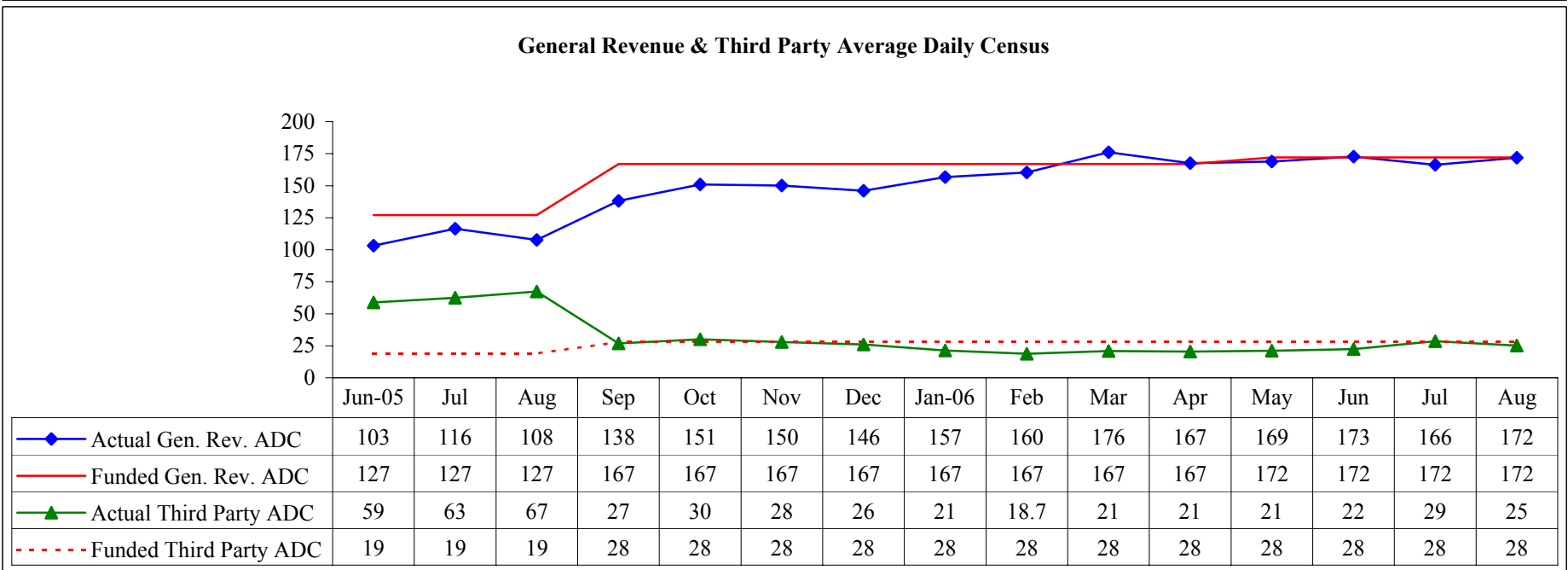
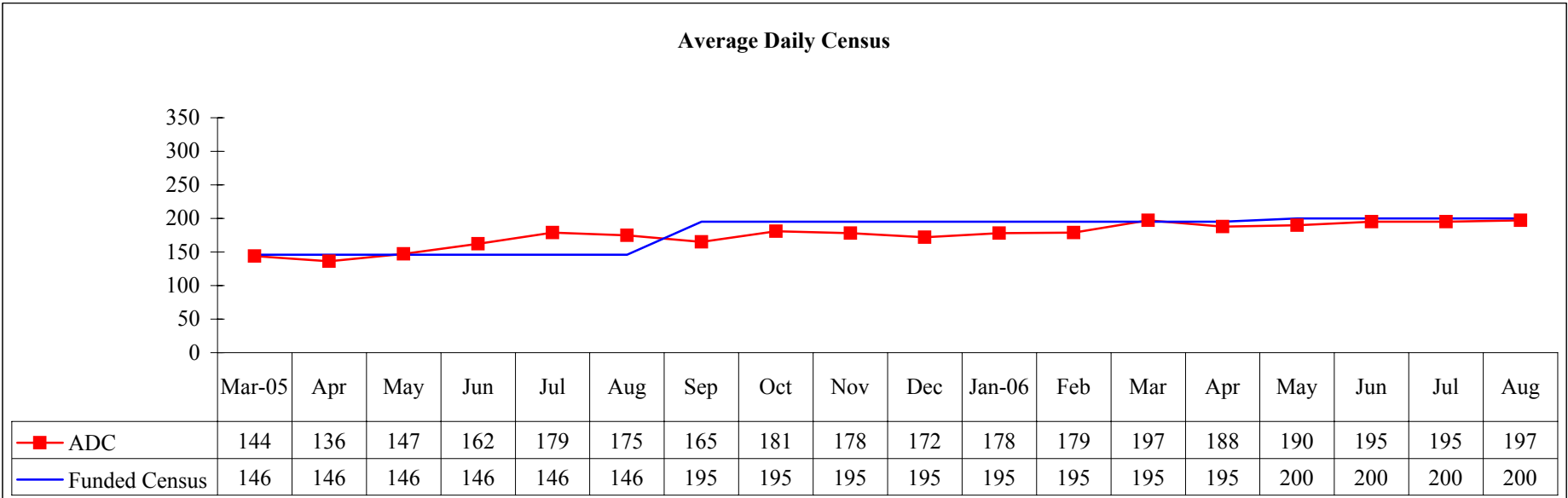
**Average Daily Census**



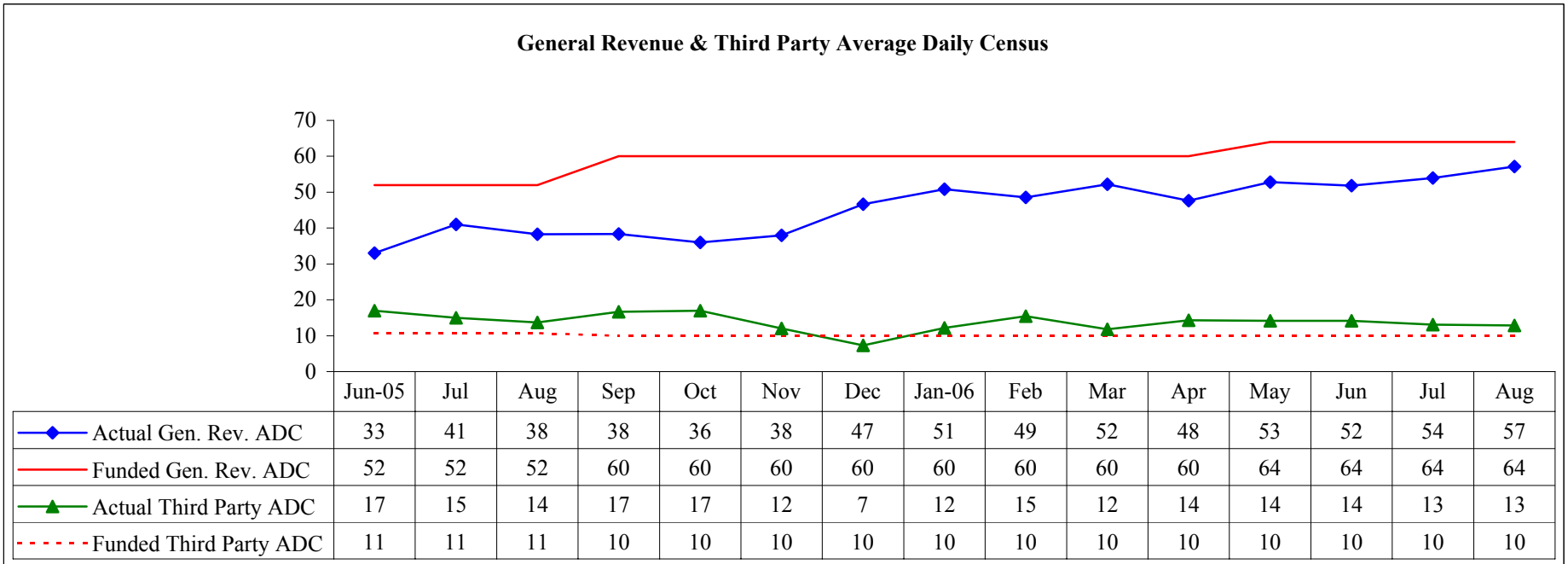
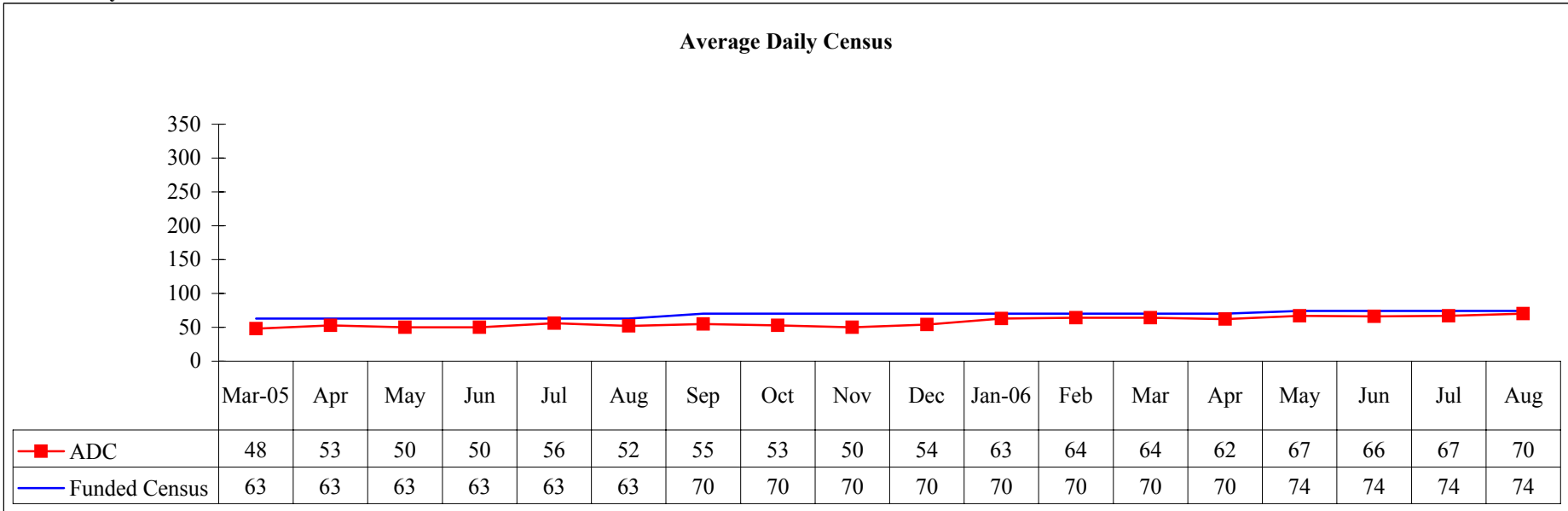
**General Revenue & Third Party Average Daily Census**



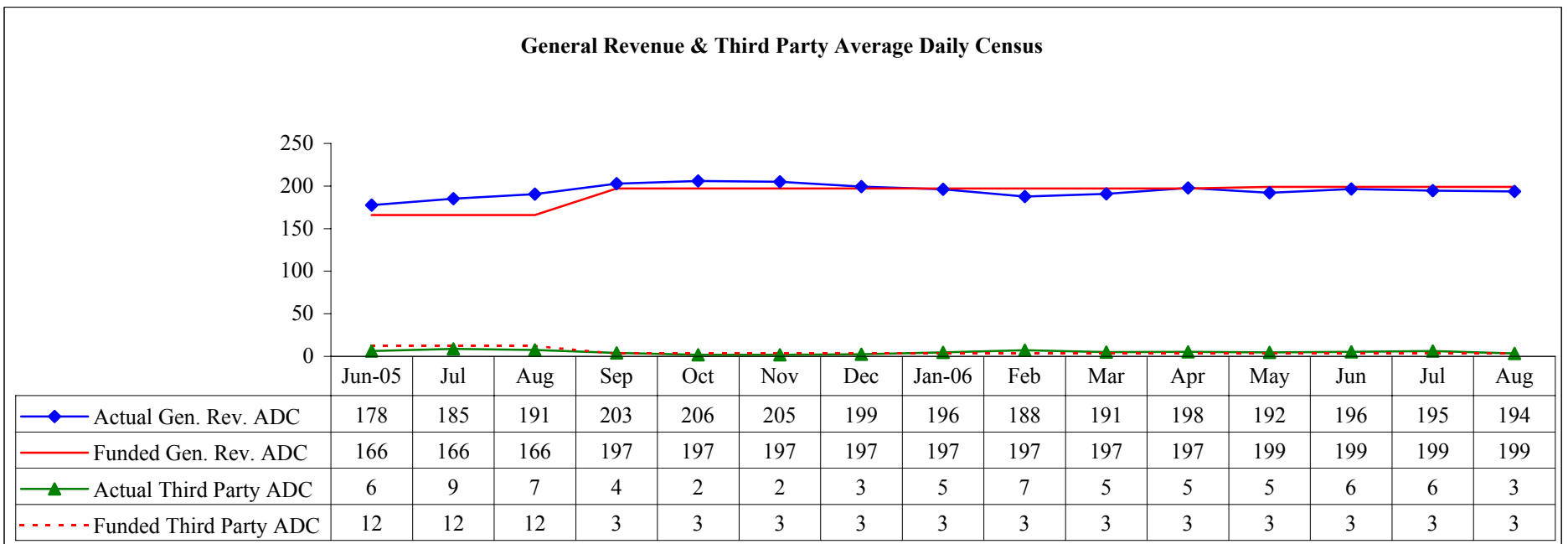
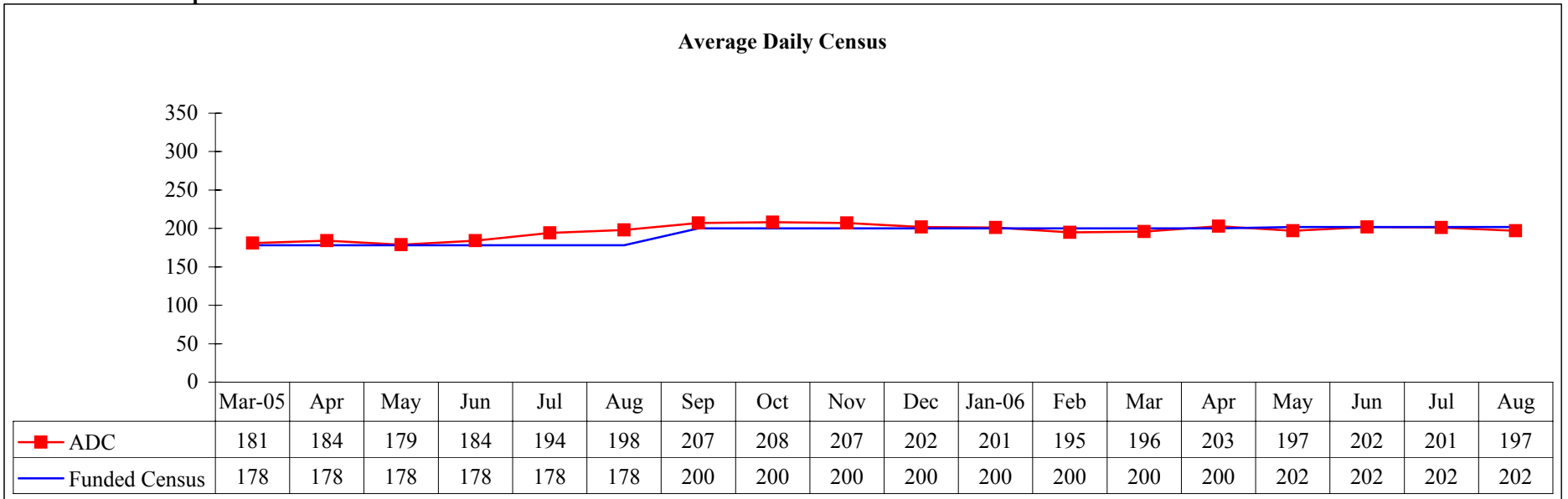
**Objective 1F & Measure 1C - Average Daily Census**  
**Big Spring State Hospital**



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

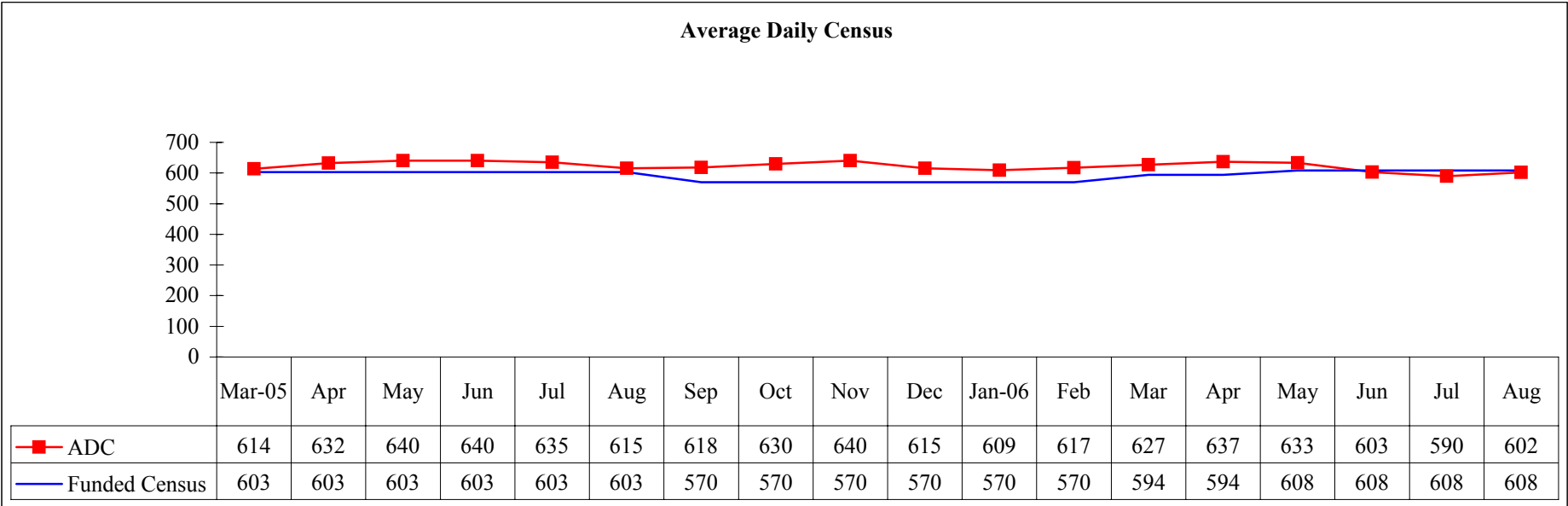


**Objective 1F & Measure 1C - Average Daily Census**  
**Kerrville State Hospital**

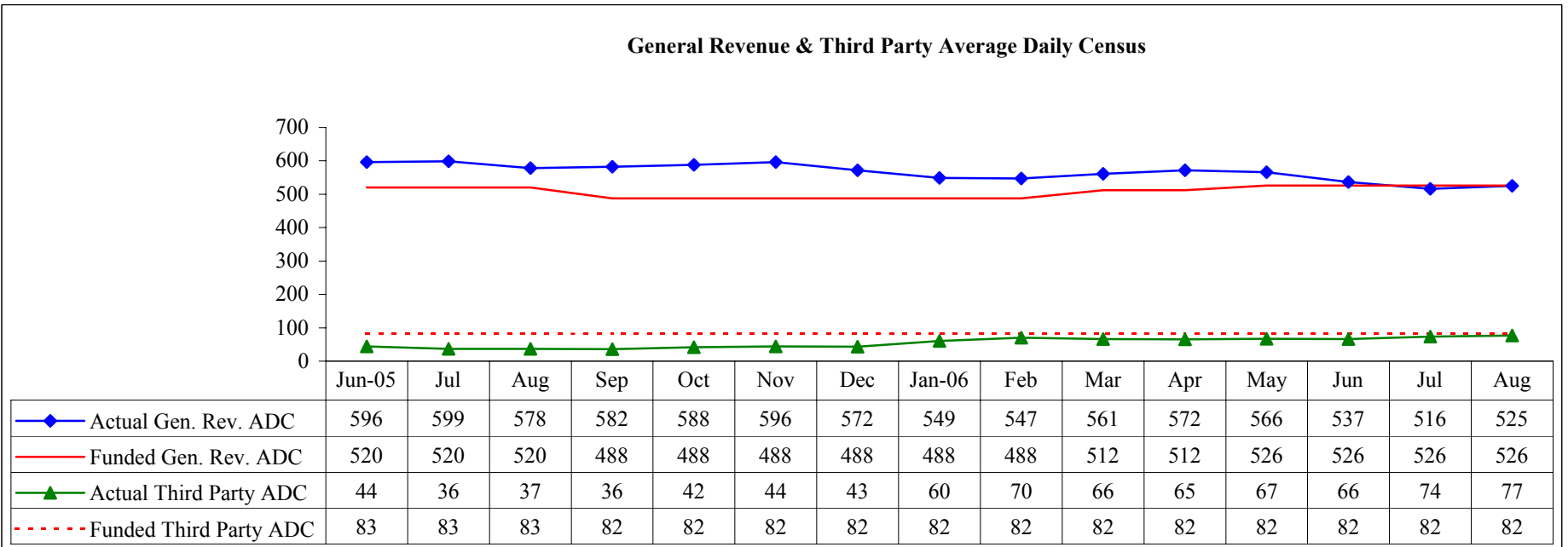


**Objective 1F & Measure 1C - Average Daily Census**  
**North Texas State Hospital**

**Average Daily Census**

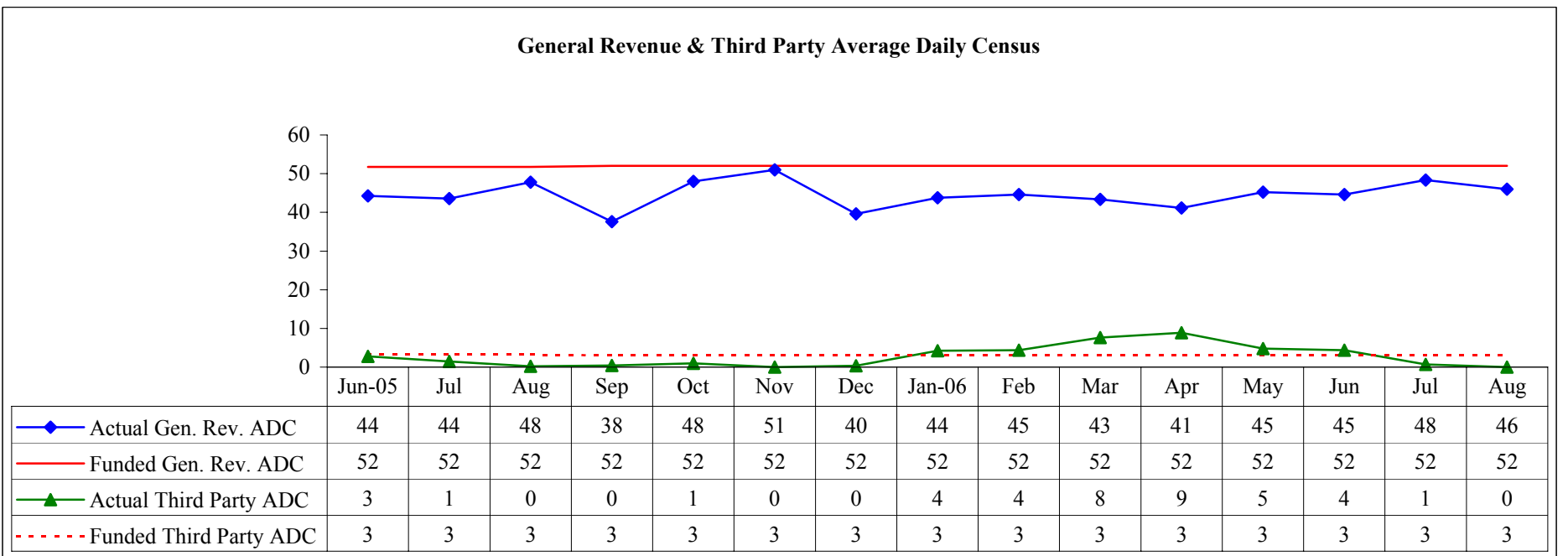
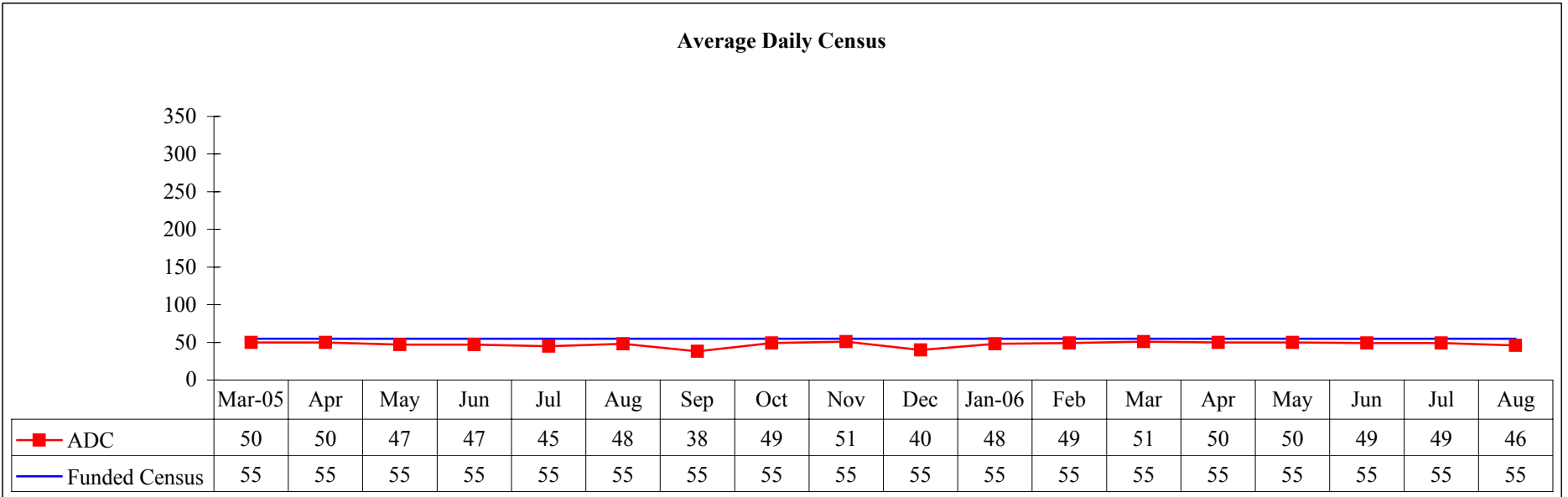


**General Revenue & Third Party Average Daily Census**

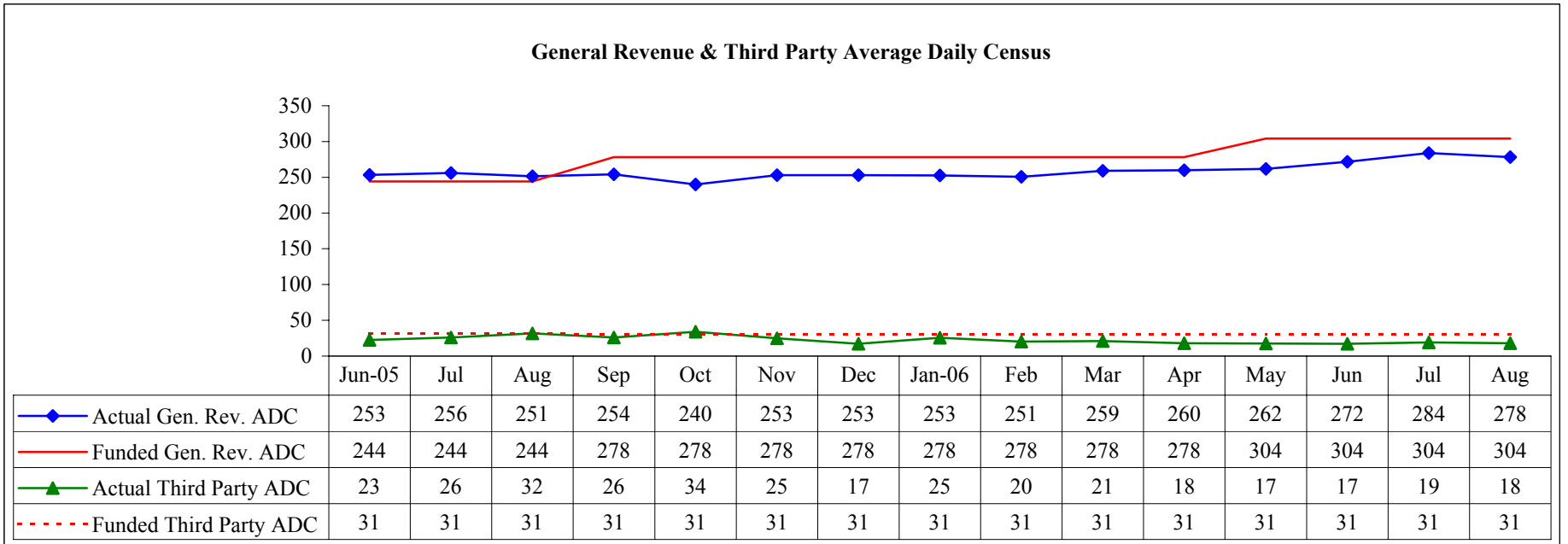
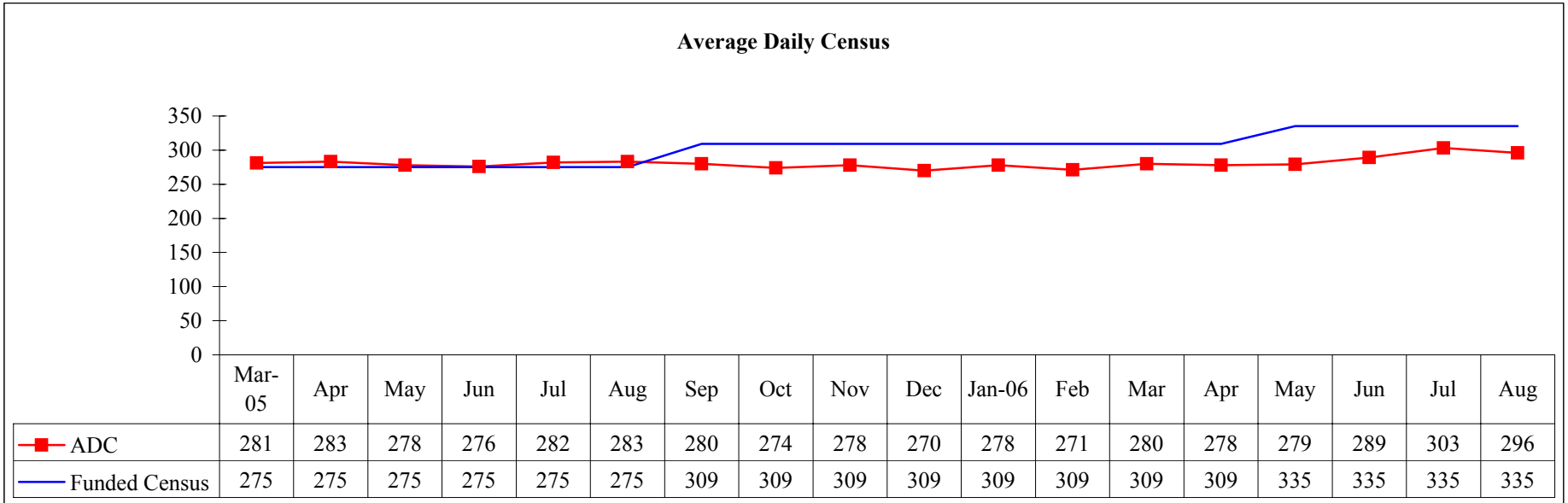




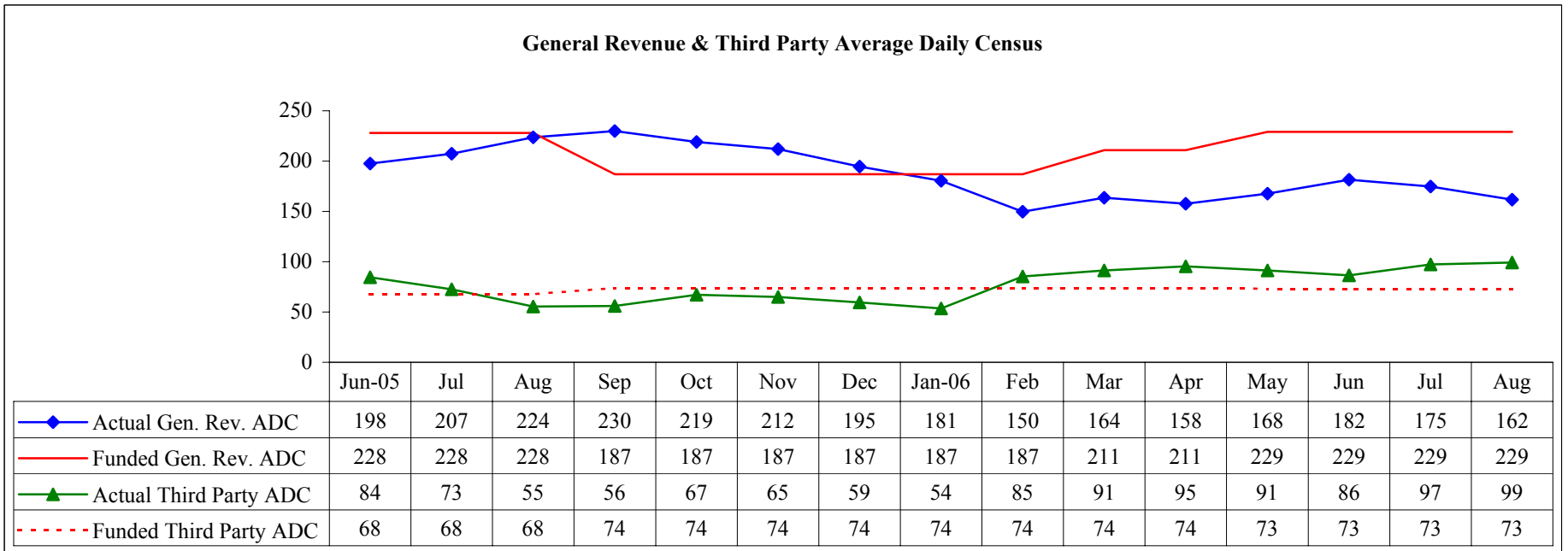
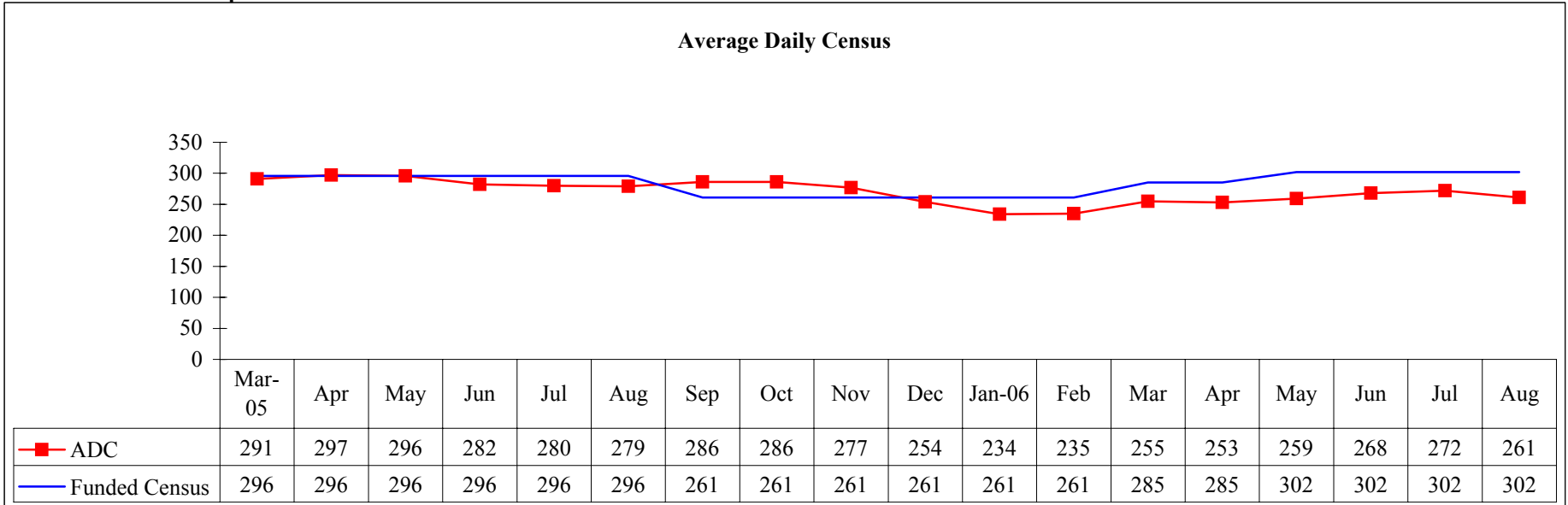
**Objective 1F & Measure 1C - Average Daily Census**  
**Rio Grande State Center–MH**



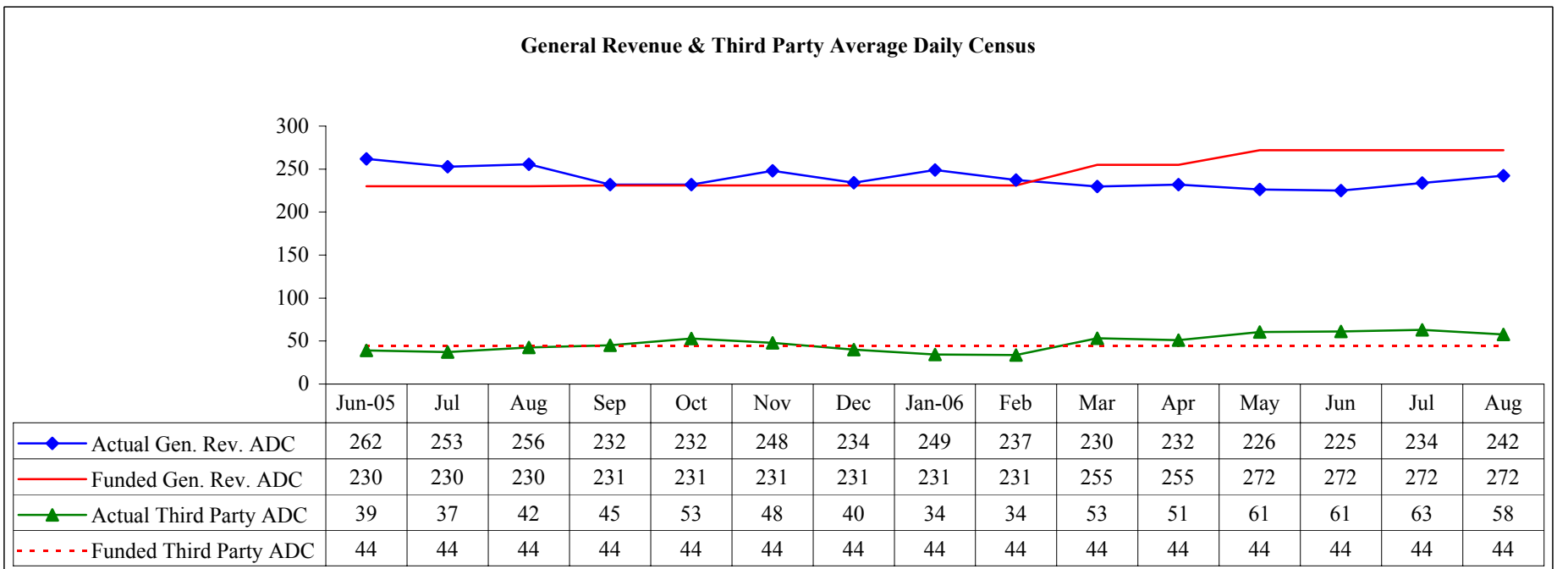
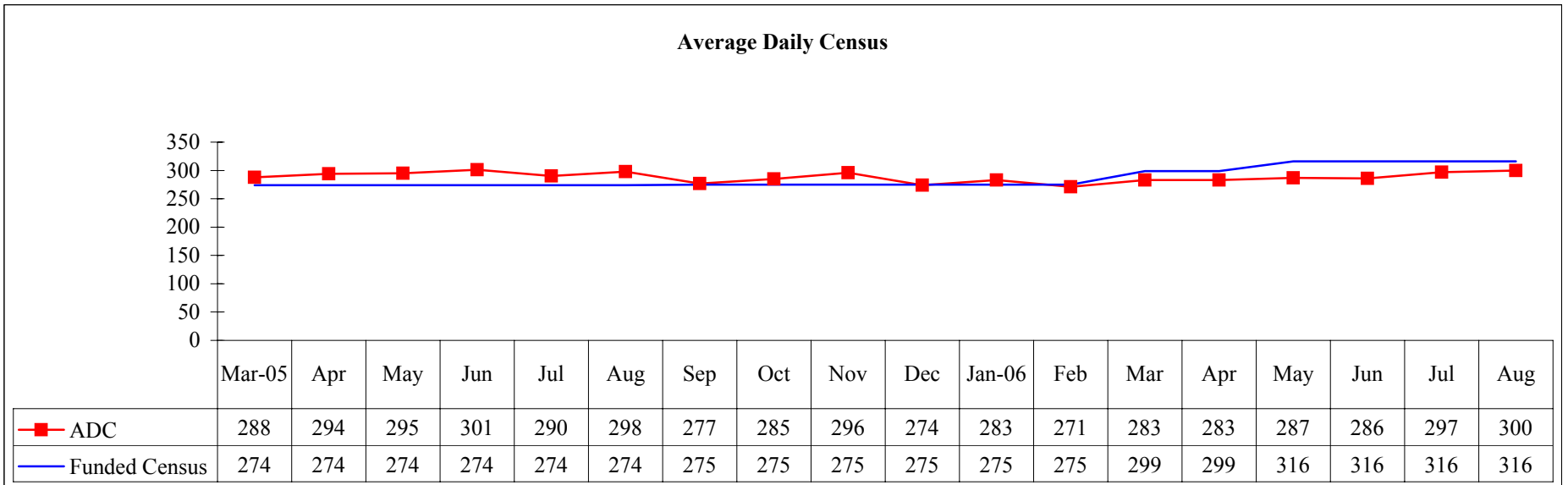
**Objective 1F & Measure 1C - Average Daily Census**  
**Rusk State Hospital**



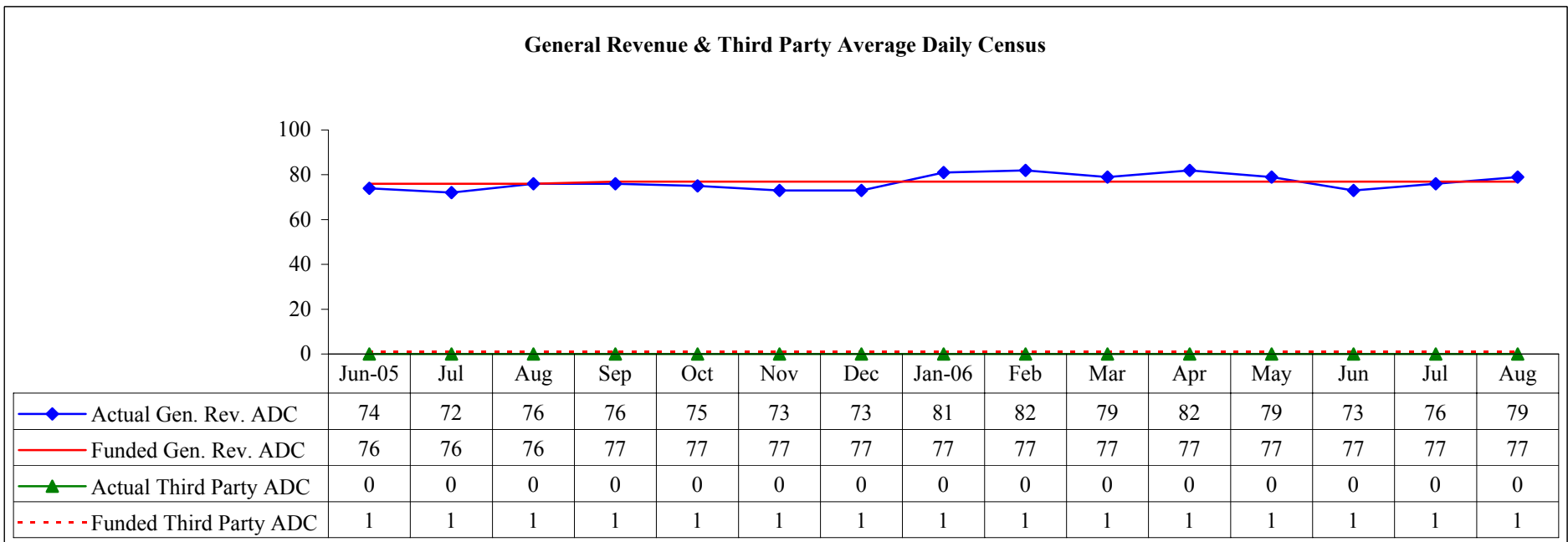
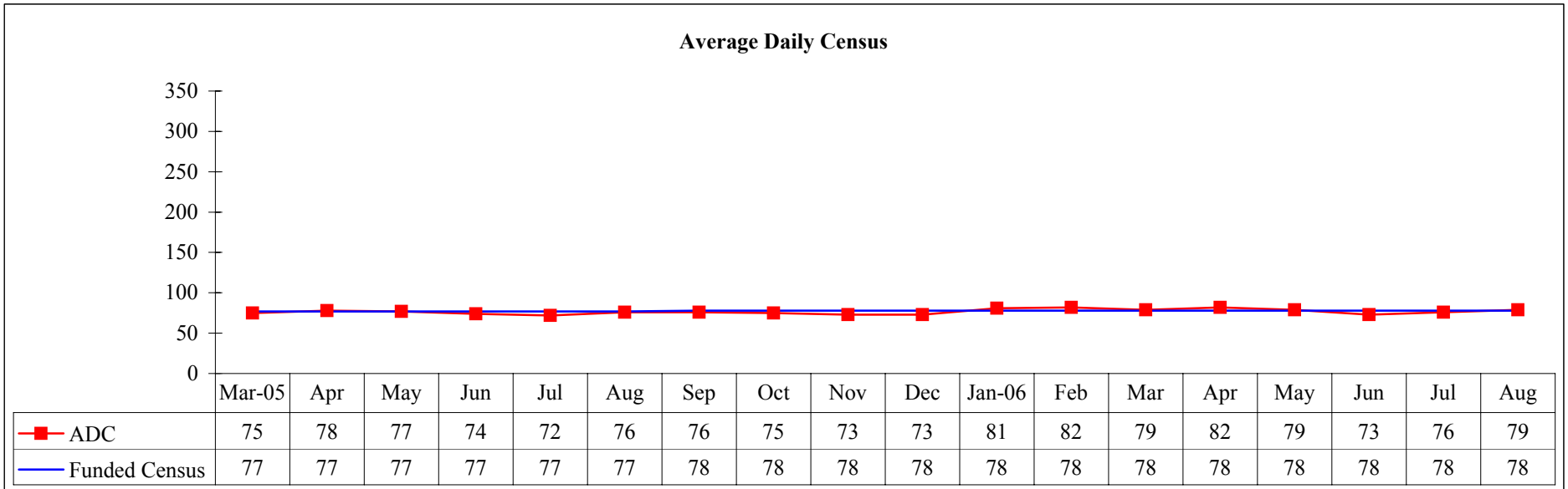
**Objective 1F & Measure 1C - Average Daily Census**  
**San Antonio State Hospital**



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



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



**Performance Measure 1A:**

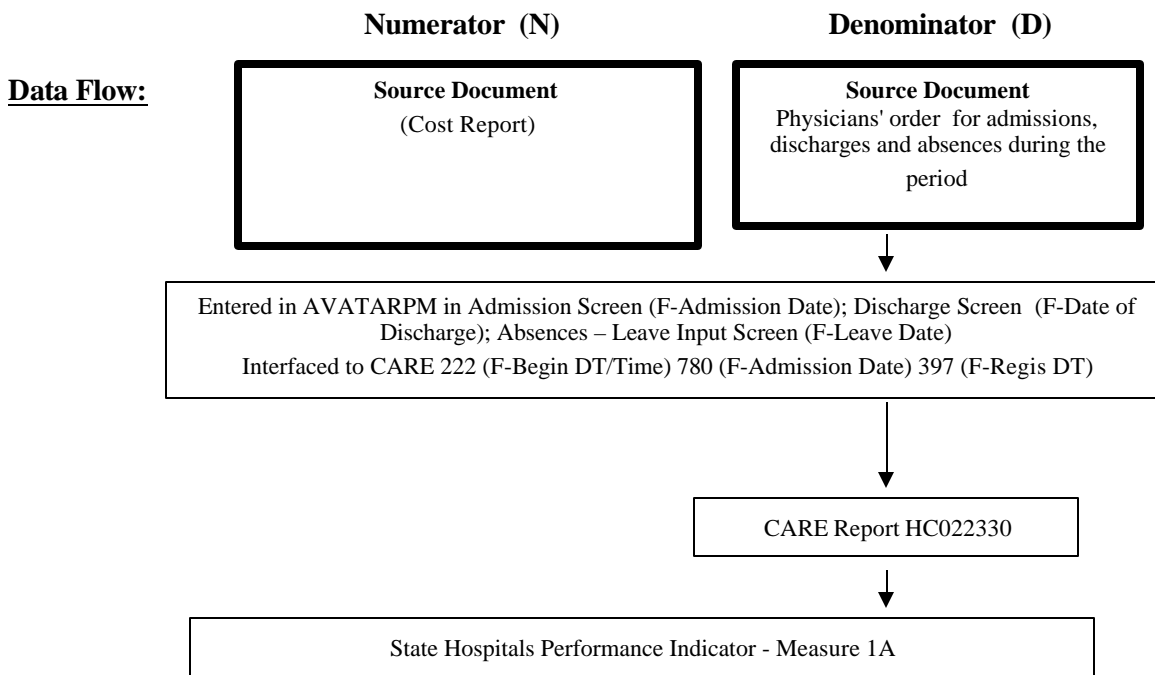
**Average cost per patient served will be calculated and reported for each state hospital in the following categories: LBB Cost; State Cost; and Total State Cost.**

**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 =  $LBB\ Cost \ [total\ state\ hospital\ cost - (benefits + depreciation) / quarterly\ total\ bed\ days\ derived\ from\ the\ Cost\ Report] \times Average\ Patient\ Days * During\ Period$  (unduplicated count of patient's served). \*Average patient days 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 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. <b>Note:</b> 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**

	FY03				FY04				FY05	FY06			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>													
Avg. Patient Days	24	23	22	22	22	21	20	20		22	21	20	20
LBB Cost/Bed Day	\$384	\$337	\$332	\$347	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$377
Average Cost	\$9,251	\$7,630	\$7,467	\$7,488	\$7,654	\$7,068	\$6,745	\$6,899	\$0	\$7,174	\$7,826	\$7,372	\$7,681
<b>Big Spring State Hospital</b>													
Avg. Patient Days	33	32	32	31	31	34	33	34		38	41	40	39
LBB Cost/Bed Day	\$332	\$360	\$360	\$380	\$429	\$401	\$380	\$366		\$334	\$381	\$336	\$332
Average Cost	\$11,009	\$11,668	\$11,455	\$11,902	\$13,252	\$13,554	\$12,399	\$12,331	\$0	\$12,812	\$15,507	\$13,474	\$12,899
<b>El Paso Psychiatric Center</b>													
Avg. Patient Days	8	7	8	9	12	15	16	19		18	23	20	20
LBB Cost/Bed Day	\$362	\$416	\$438	\$458	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$452
Average Cost	\$3,034	\$3,091	\$3,373	\$4,008	\$5,076	\$6,373	\$6,579	\$7,948	\$0	\$7,949	\$10,333	\$9,153	\$9,157
<b>Kerrville State Hospital</b>													
Avg. Patient Days	47	48	42	46	47	49	47	49		68	64	63	65
LBB Cost/Bed Day	\$317	\$340	\$340	\$351	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$350
Average Cost	\$14,775	\$16,378	\$14,256	\$16,286	\$16,350	\$17,043	\$15,564	\$15,837	\$0	\$19,754	\$21,226	\$21,381	\$22,663
<b>North Texas State Hospital</b>													
Avg. Patient Days	45	48	45	46	47	48	47	46		46	46	48	45
LBB Cost/Bed Day	\$275	\$290	\$290	\$298	\$307	\$305	\$302	\$298		\$303	\$356	\$331	\$337
Average Cost	\$12,480	\$13,868	\$13,146	\$13,696	\$14,463	\$14,494	\$14,106	\$13,830	\$0	\$13,972	\$16,315	\$15,855	\$15,230
<b>Rusk State Hospital</b>													
Avg. Patient Days	34	35	35	32	35	34	32	33		35	36	37	37
LBB Cost/Bed Day	\$310	\$331	\$318	\$333	\$342	\$334	\$323	\$317		\$298	\$346	\$339	\$339
Average Cost	\$10,438	\$11,744	\$10,990	\$10,566	\$11,837	\$11,299	\$10,426	\$10,547	\$0	\$10,506	\$12,307	\$12,405	\$12,465
<b>San Antonio State Hospital</b>													
Avg. Patient Days	30	30	30	29	28	30	28	27		24	24	24	24
LBB Cost/Bed Day	\$320	\$327	\$314	\$345	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$410
Average Cost	\$9,482	\$9,853	\$9,445	\$10,136	\$10,423	\$10,689	\$9,673	\$9,088	\$0	\$8,314	\$11,892	\$8,459	\$9,885

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

	FY03				FY04				FY05 FYTD	FY06			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>													
Avg. Patient Days	31	32	31	30	33	31	30	31		31	31	32	31
LBB Cost/Bed Day	\$247	\$283	\$286	\$302	\$329	\$323	\$316	\$312		\$302	\$361	\$340	\$332
Average Cost	\$7,588	\$9,048	\$8,760	\$8,948	\$10,801	\$10,116	\$9,341	\$9,606	\$0	\$9,303	\$11,104	\$10,786	\$10,315
<b>Waco Center for Youth*</b>													
Avg. Patient Days	65	61	63	52	59	64	60	60		61	59	67	57
LBB Cost/Bed Day	\$274	\$289	\$292	\$332	\$168	\$227	\$242	\$252		\$292	\$304	\$302	\$339
Average Cost	\$17,810	\$17,537	\$18,253	\$17,101	\$9,887	\$14,617	\$14,527	\$15,102	\$0	\$17,836	\$18,015	\$20,391	\$19,440
<b>Rio Grande State Center (MH)</b>													
Avg. Patient Days	13	12	14	15	12	13	11	13		13	14	16	15
LBB Cost/Bed Day	\$473	\$442	\$414	\$420	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$448
Average Cost	\$6,379	\$5,397	\$5,597	\$6,212	\$5,549	\$5,639	\$4,615	\$5,325	\$0	\$8,145	\$12,658	\$10,828	\$6,704
<b>All State Hospitals</b>													
Avg. Patient Days	32	32	31	31	33	33	31	32	33	34	34	34	32
LBB Cost/Bed Day	\$305	\$319	\$315	\$332	\$340	\$334	\$327	\$322	\$325	\$319	\$385	\$359	\$356
Average Cost	\$9,858	\$10,109	\$9,671	\$10,398	\$11,186	\$11,169	\$10,078	\$10,240	\$10,840	\$10,813	\$13,094	\$12,185	\$11,554

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

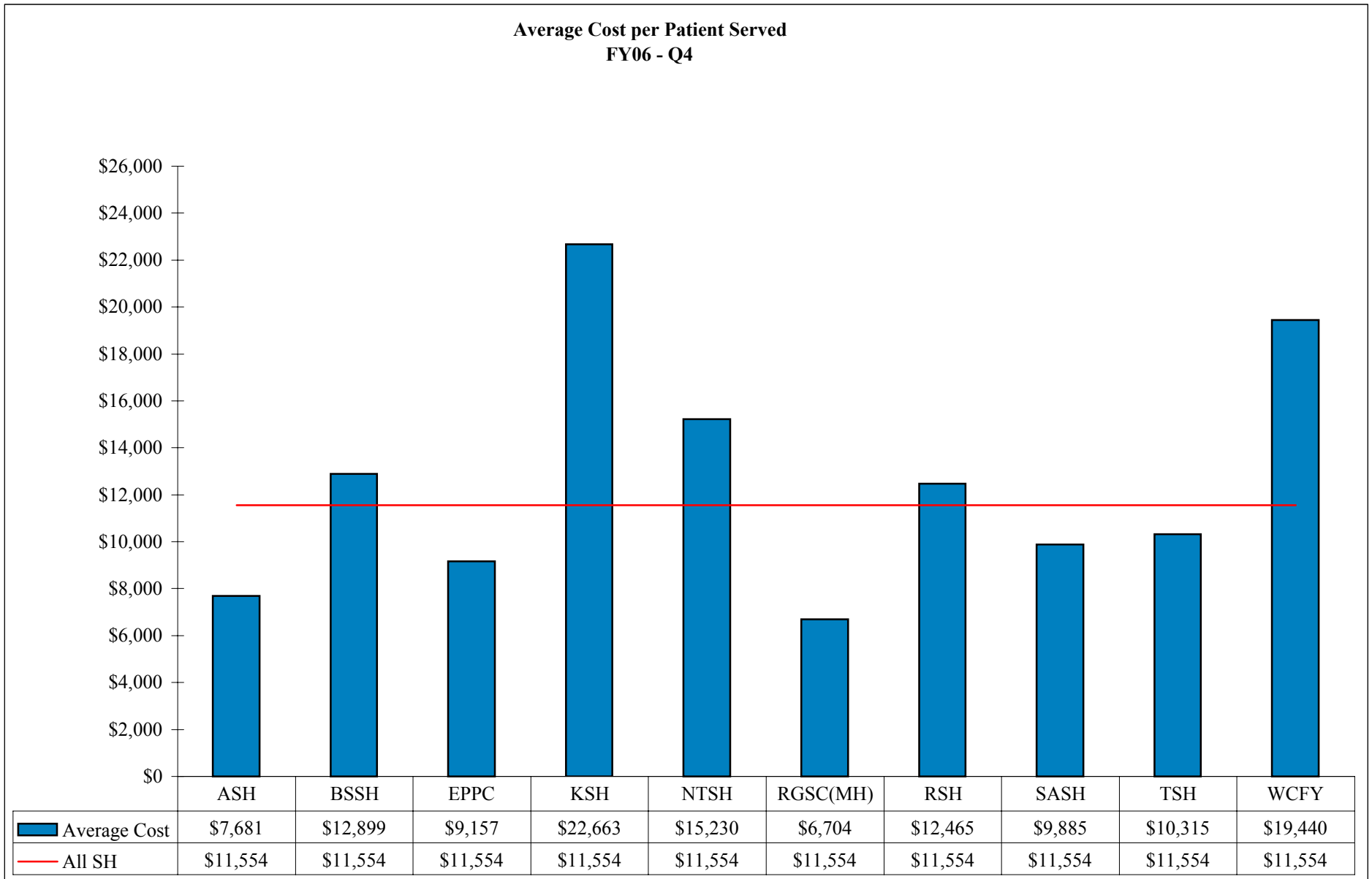
\*WCFY - Q1 & Q2 FY04 artificially low due to budget adjustments for prior fiscal year.

Starting with FY03 Q2 - RGSC (MH) is included in All SMHF Average Cost.

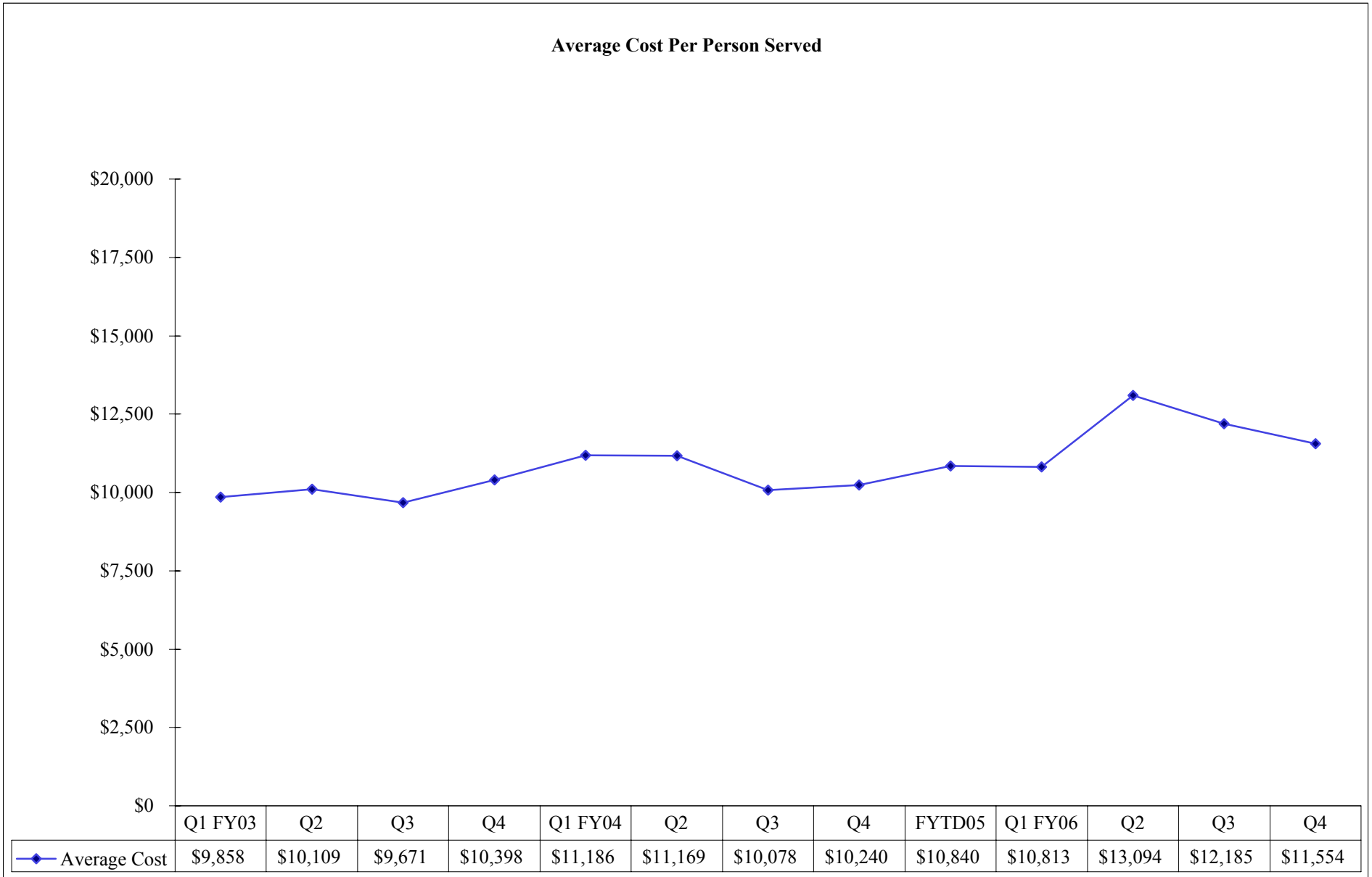
LBB Cost - total facility expense minus benefits and depreciation



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



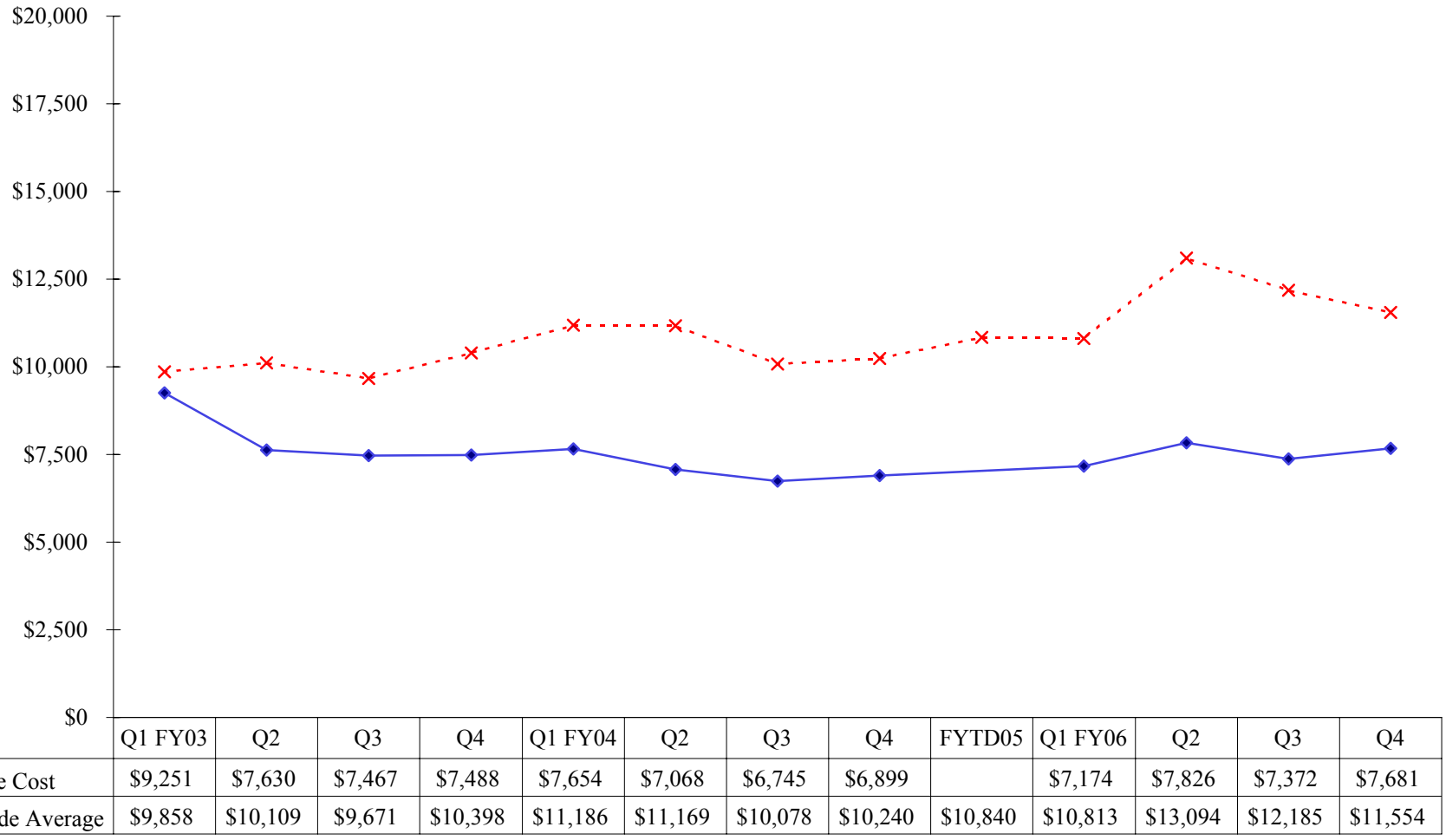
**Measure 1A - Average Cost Per Patient Served  
All State Hospitals**



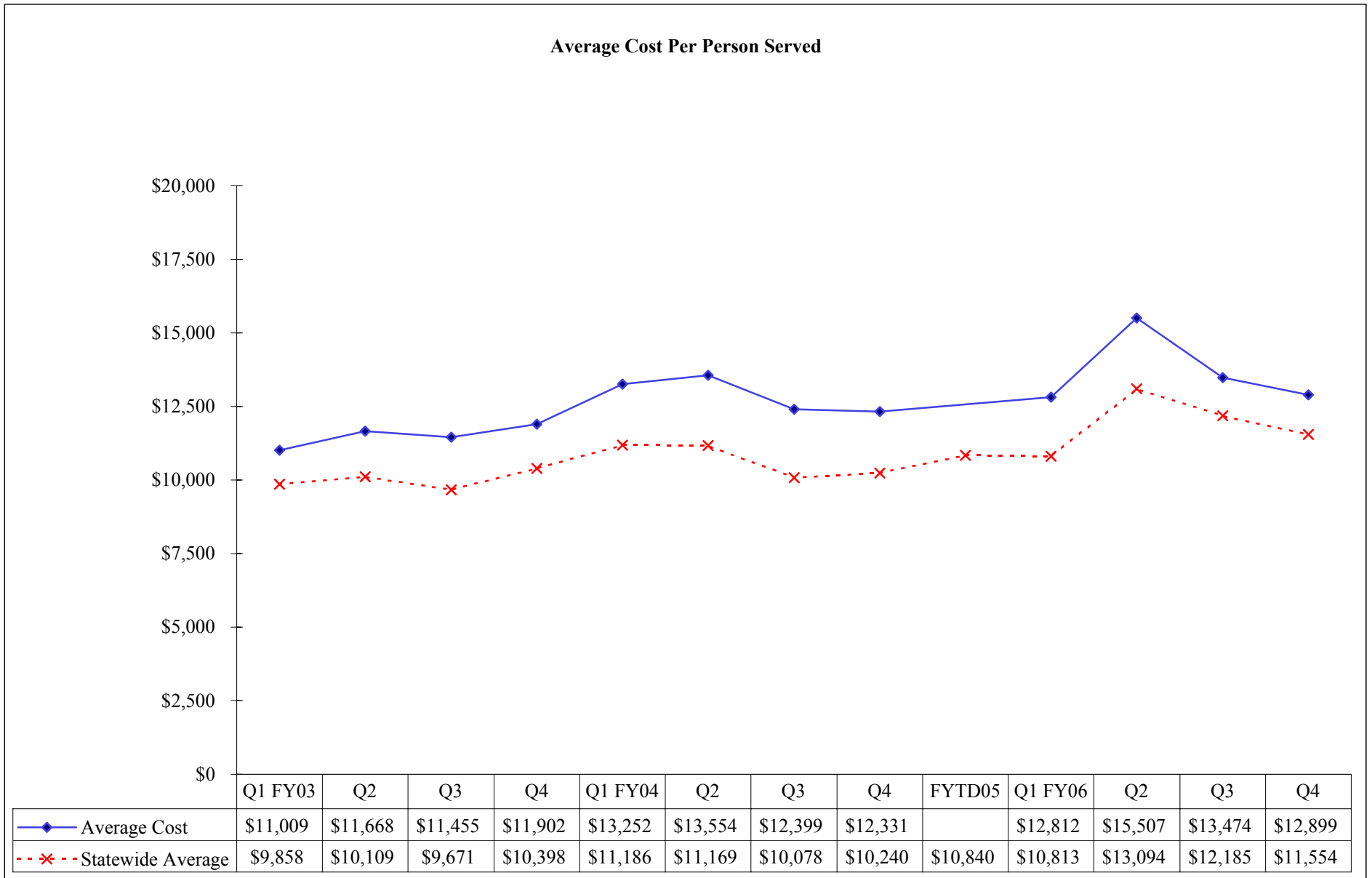
Source: CARE Report HC022330,  
Financial Statistical Report-Fiscal Services;  
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

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

**Average Cost Per Person Served**

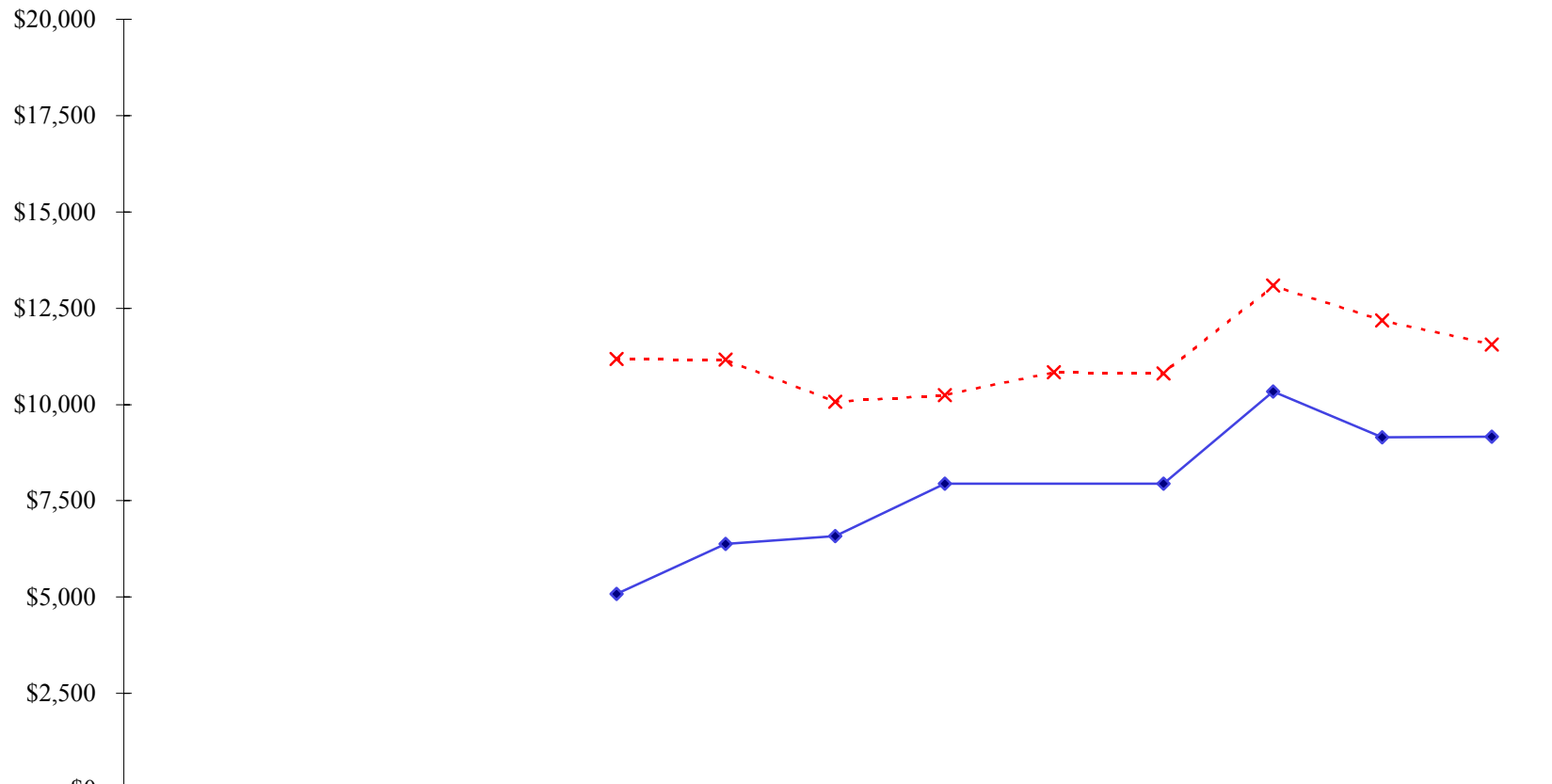


**Measure 1A - Average Cost Per Patient Served**  
**Big Spring State Hospital**

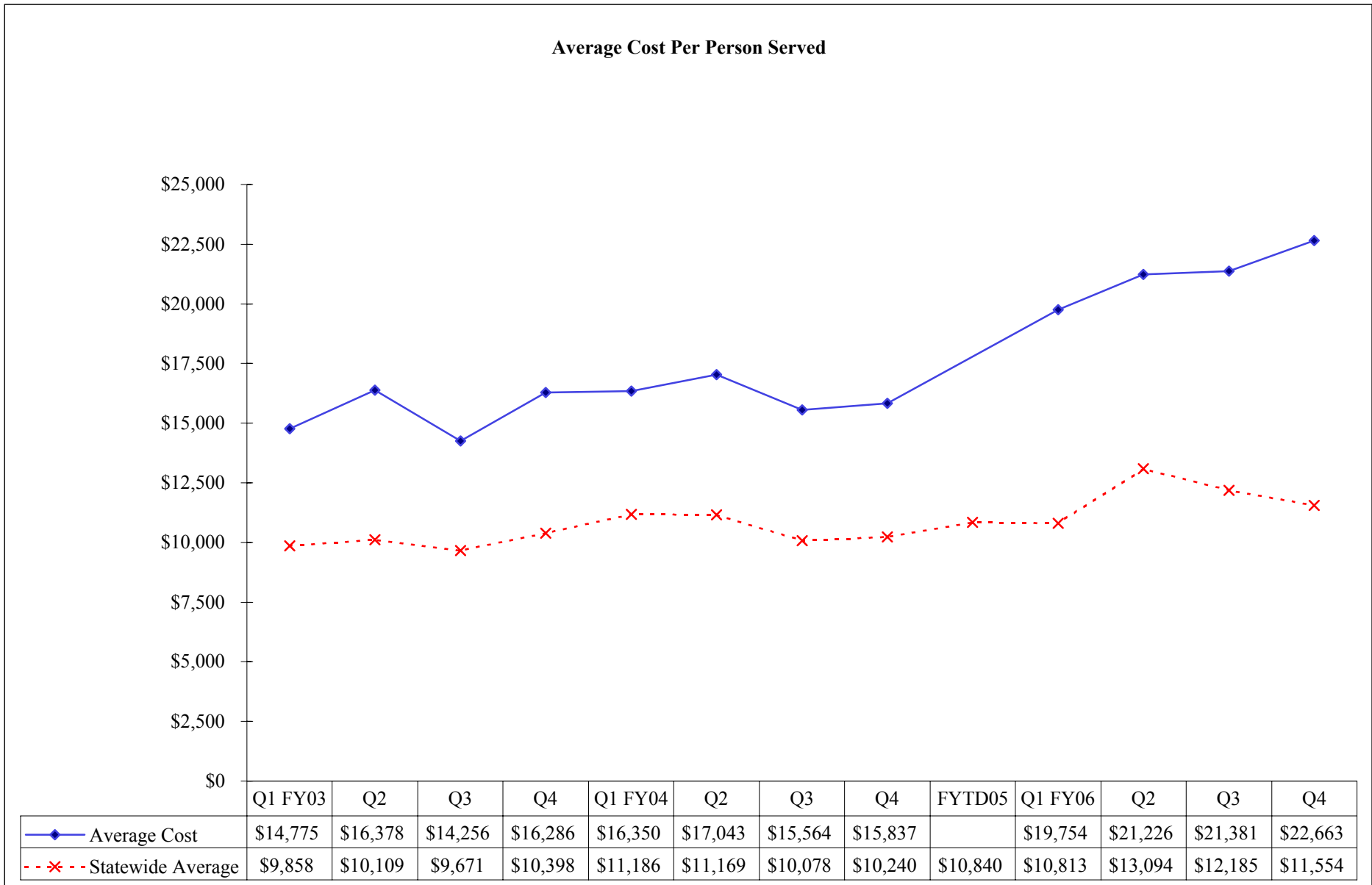


**Measure 1A - Average Cost Per Patient Served**  
**El Paso Psychiatric Center**

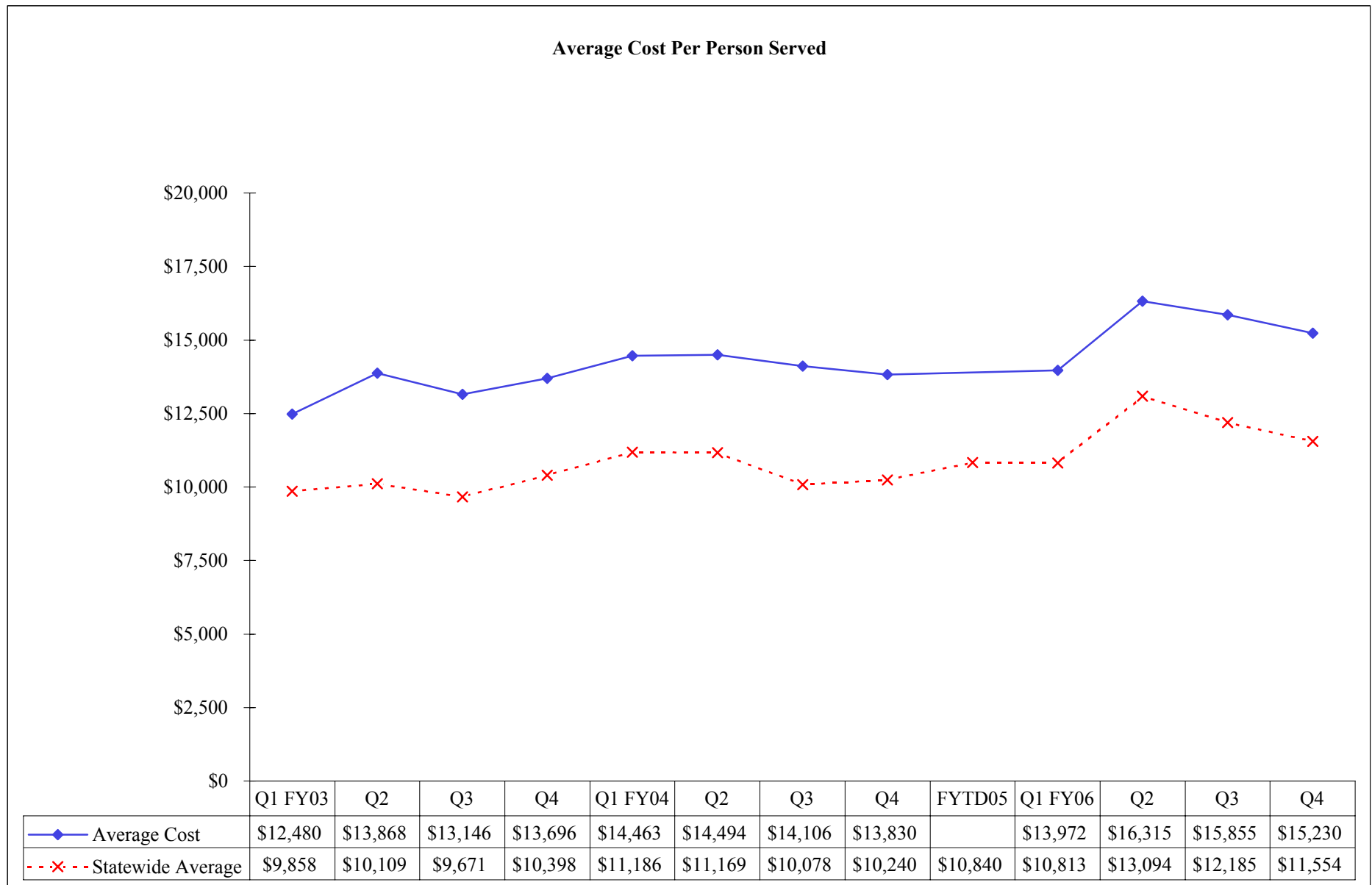
**Average Cost Per Person Served**



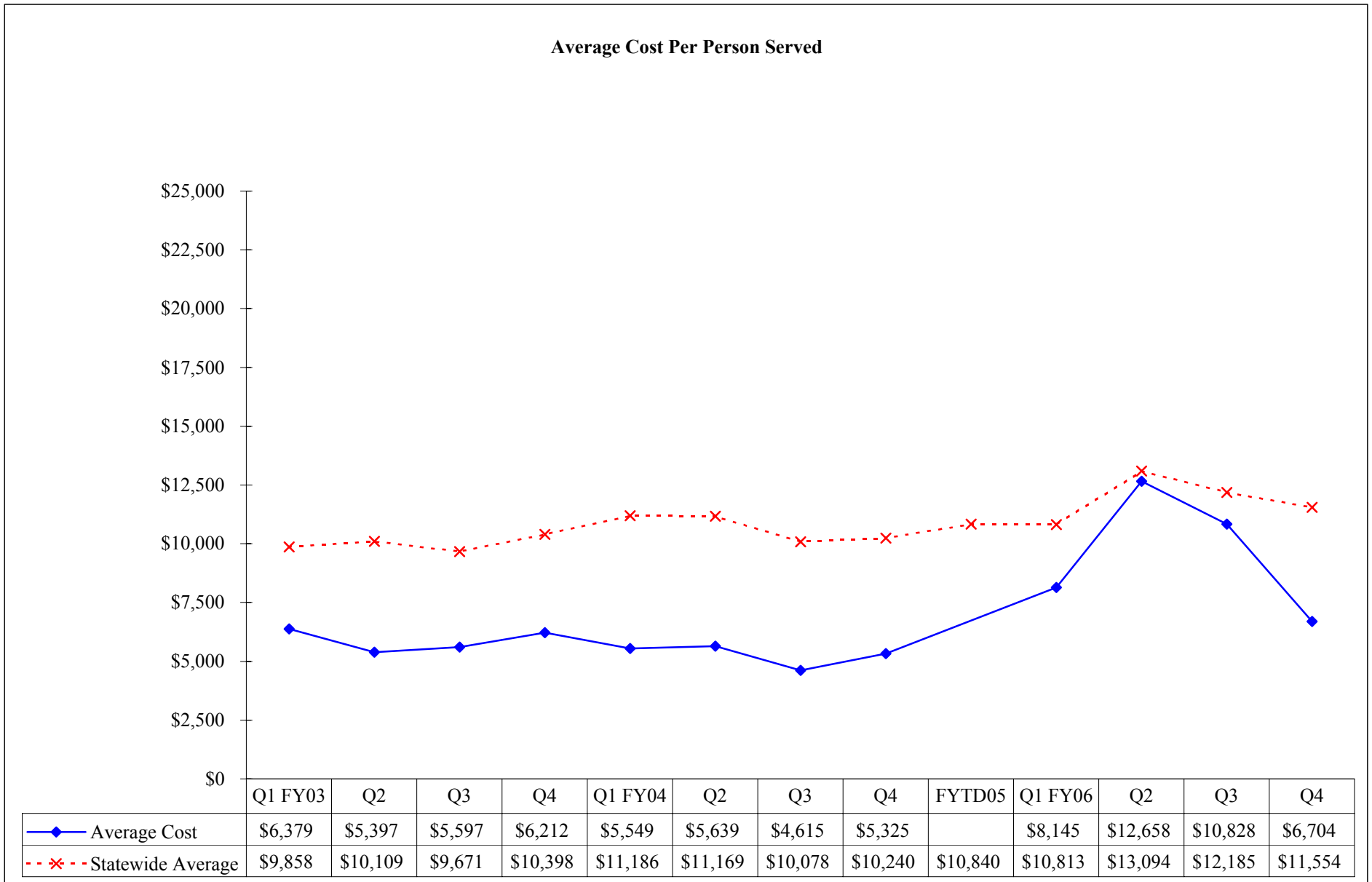
**Measure 1A - Average Cost Per Patient Served**  
**Kerrville State Hospital**



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



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





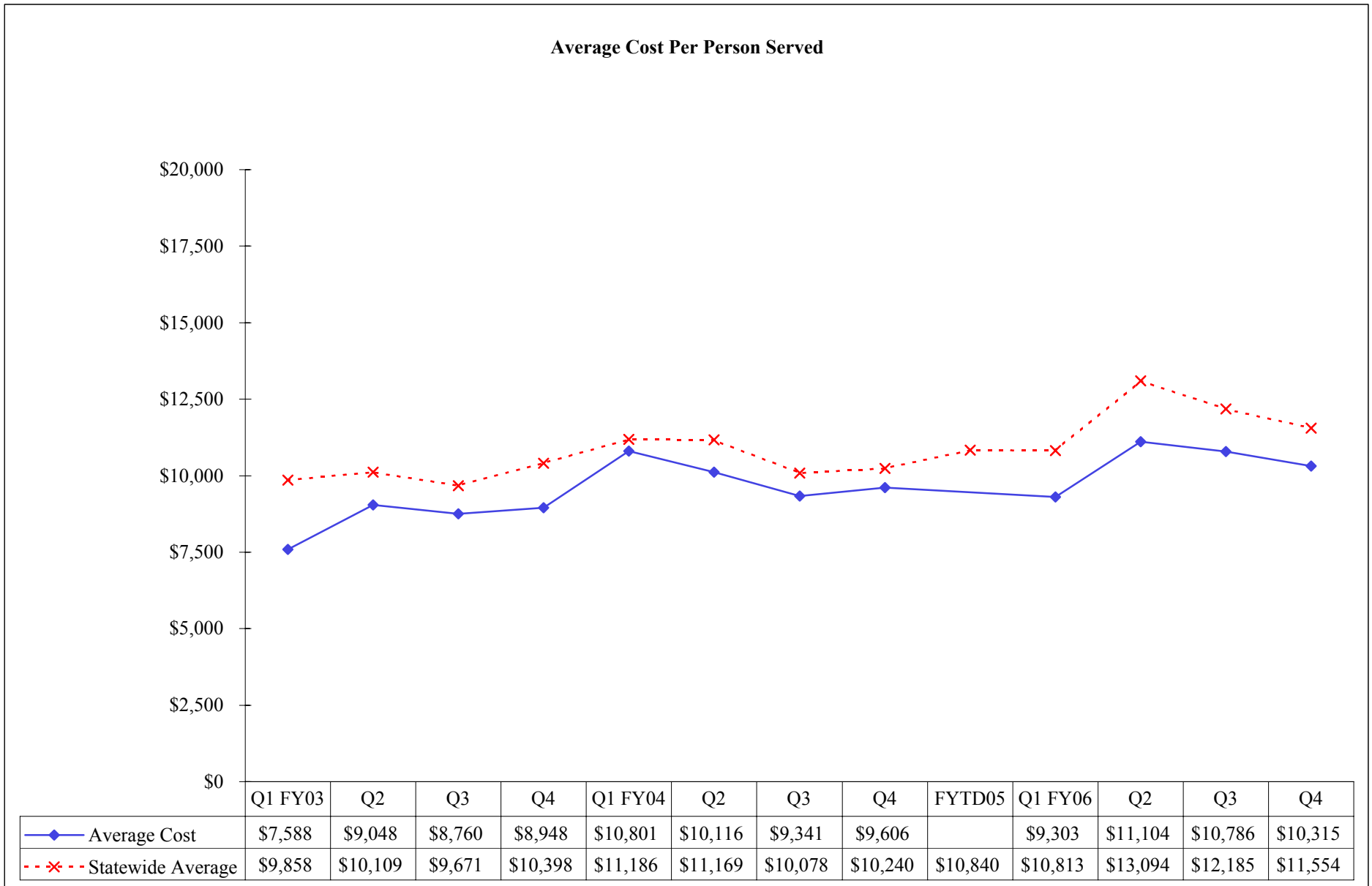
**Measure 1A - Average Cost Per Patient Served**  
**Rusk State Hospital**



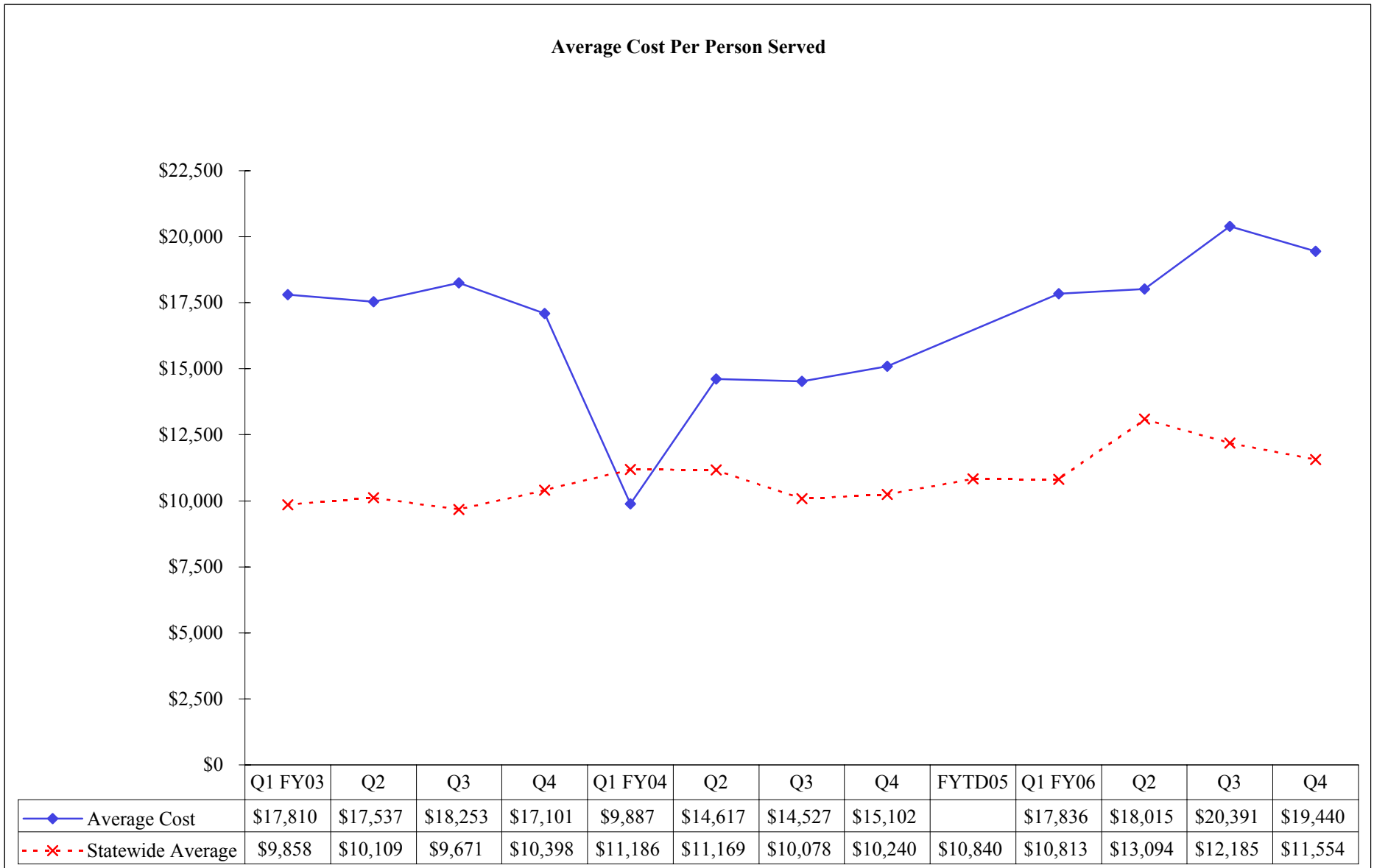
**Measure 1A - Average Cost Per Patient Served**  
**San Antonio State Hospital**



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



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



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

**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.

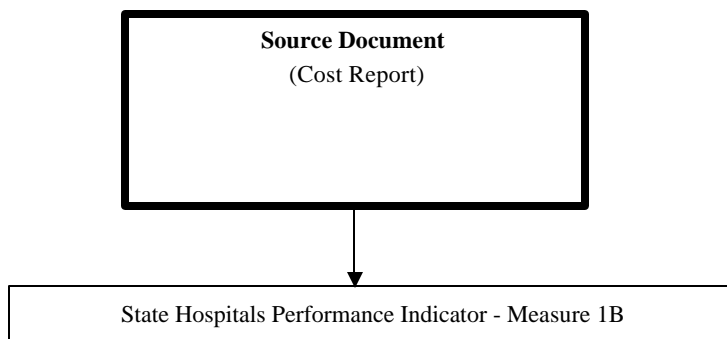
**Performance Measure Formula:** The state hospital's average cost per occupied bed day per FY quarter is calculated three ways.

- 1) State Hospital Cost Per Bed Day = Total Facility Expense / Total Bed Days
- 2) Cost per Bed Day with DICAP+SWICAP = Total State Hospital Expense including DICAP+SWICAP / Total Bed Days
- 3) Appropriated Fund Cost (for LBB) = Total State Hospital Expense – (Benefits + Depreciation) / Total Bed Days]

**Performance Measure Data Display and Chart Description:**

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

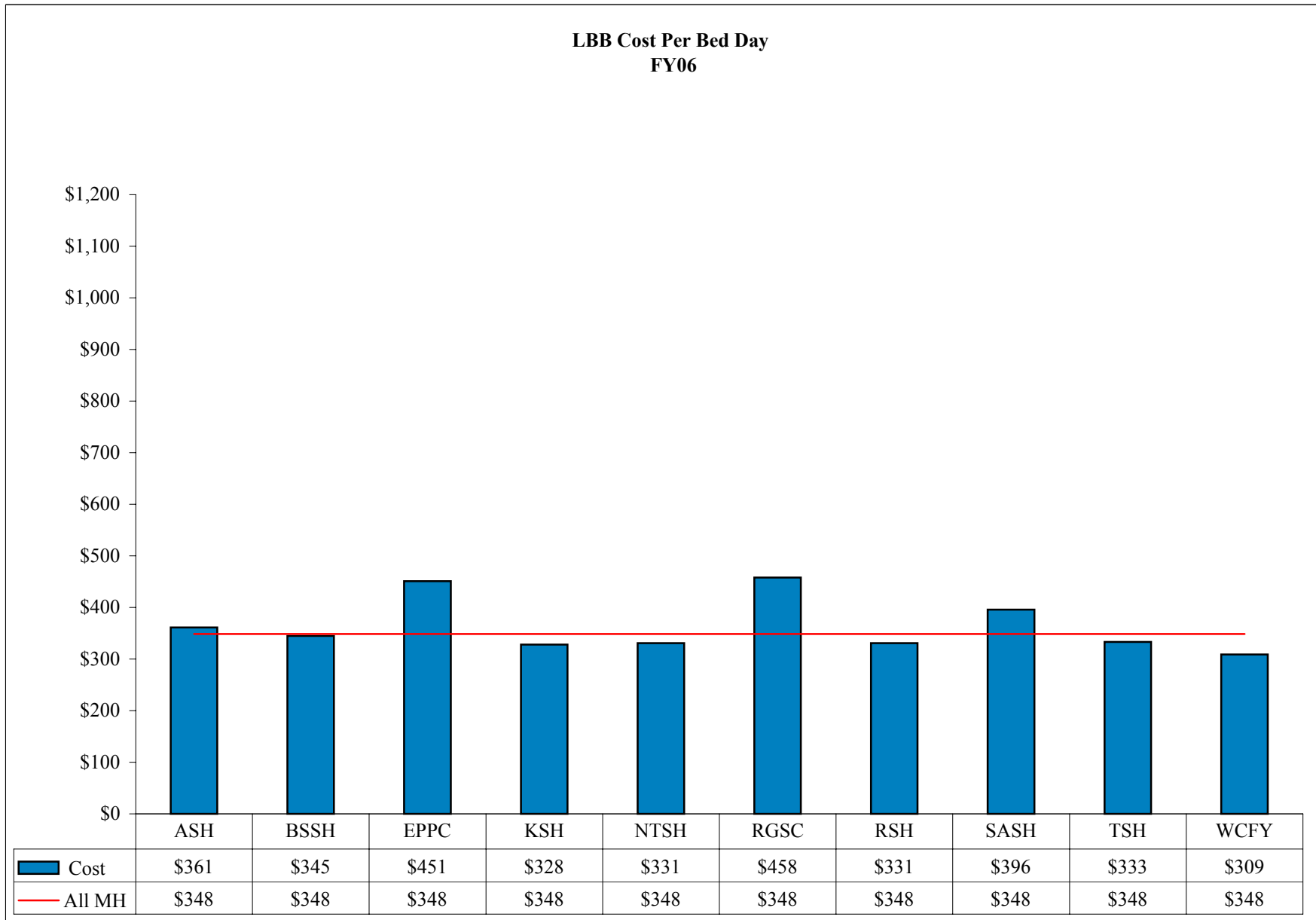
**Data Flow:**



**Data Integrity Review Process:** (Verifies accuracy of “total bed day” in cost report)

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**



**Measure 1B - Cost Per Bed Day**

**All State Hospitals**

	FY03				FY04				FY05	FY06			
	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD
<b>Austin State Hospital</b>													
Cost Per Bed Day	\$468	\$422	\$415	\$425	\$419	\$414	\$419	\$415					
Cost Per Bed Day w/DICAP/SWICAP	\$498	\$455	\$449	\$465	\$459	\$456	\$460	\$461					
LBB Cost Per Bed Day	\$384	\$337	\$332	\$347	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$361
<b>Big Spring State Hospital</b>													
Cost Per Bed Day	\$443	\$463	\$458	\$468	\$522	\$492	\$467	\$451					
Cost Per Bed Day w/DICAP/SWICAP	\$478	\$501	\$498	\$520	\$575	\$547	\$520	\$512					
LBB Cost Per Bed Day	\$332	\$360	\$360	\$380	\$429	\$401	\$380	\$366		\$334	\$381	\$336	\$345
<b>El Paso Psychiatric Center</b>													
Cost Per Bed Day	\$457	\$522	\$535	\$560	\$533	\$515	\$499	\$509					
Cost Per Bed Day w/DICAP/SWICAP		\$524	\$540	\$583	\$538	\$519	\$503	\$521					
LBB Cost Per Bed Day	\$362	\$416	\$438	\$458	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451
<b>Kerrville State Hospital</b>													
Cost Per Bed Day	\$432	\$449	\$443	\$439	\$438	\$430	\$417	\$405					
Cost Per Bed Day w/DICAP/SWICAP	\$469	\$488	\$484	\$490	\$480	\$474	\$460	\$456					
LBB Cost Per Bed Day	\$317	\$340	\$340	\$351	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328
<b>North Texas State Hospital</b>													
Cost Per Bed Day	\$376	\$383	\$378	\$375	\$379	\$378	\$375	\$370					
Cost Per Bed Day w/DICAP/SWICAP	\$405	\$414	\$410	\$411	\$412	\$413	\$409	\$406					
LBB Cost Per Bed Day	\$275	\$290	\$290	\$298	\$307	\$305	\$302	\$298		\$303	\$356	\$331	\$331
<b>Rusk State Hospital</b>													
Cost Per Bed Day	\$415	\$438	\$414	\$415	\$419	\$413	\$399	\$398					
Cost Per Bed Day w/DICAP/SWICAP	\$447	\$472	\$449	\$453	\$459	\$454	\$439	\$442					
LBB Cost Per Bed Day	\$310	\$331	\$318	\$333	\$342	\$334	\$323	\$322		\$298	\$346	\$339	\$331
<b>San Antonio State Hospital</b>													
Cost Per Bed Day	\$433	\$426	\$404	\$422	\$453	\$441	\$419	\$411					
Cost Per Bed Day w/DICAP/SWICAP	\$465	\$460	\$440	\$461	\$496	\$486	\$463	\$458					
LBB Cost Per Bed Day	\$320	\$327	\$314	\$345	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$396
<b>Terrell State Hospital</b>													
Cost Per Bed Day	\$336	\$372	\$370	\$373	\$404	\$397	\$389	\$384					
Cost Per Bed Day w/DICAP/SWICAP	\$365	\$403	\$402	\$410	\$443	\$438	\$428	\$427					
LBB Cost Per Bed Day	\$247	\$283	\$286	\$302	\$329	\$323	\$316	\$312		\$302	\$361	\$340	\$333

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

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

	FY03				FY04				FY05	FY06			
	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD
<b>Waco Center for Youth*</b>													
Cost Per Bed Day	\$359	\$372	\$374	\$413	\$237	\$295	\$310	\$319					
Cost Per Bed Day w/DICAP/SWICAP	\$388	\$404	\$408	\$453	\$273	\$333	\$348	\$361					
LBB Cost Per Bed Day	\$274	\$289	\$292	\$332	\$168	\$227	\$242	\$252		\$292	\$304	\$302	\$309
<b>Rio Grande State Center (MH)</b>													
Cost Per Bed Day	\$362	\$557	\$534	\$525	\$556	\$530	\$525	\$524					
Cost Per Bed Day w/DICAP/SWICAP		\$637	\$591	\$585	\$621	\$596	\$596	\$600					
LBB Cost Per Bed Day	\$473	\$442	\$414	\$420	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$458
<b>All State Hospitals</b>													
Cost Per Bed Day	\$405	\$415	\$406	\$411	\$417	\$412	\$404	\$398					
Cost Per Bed Day w/DICAP/SWICAP	\$436	\$448	\$440	\$451	\$456	\$452	\$444	\$442					
LBB Cost Per Bed Day	\$305	\$319	\$315	\$332	\$340	\$334	\$327	\$322	\$325	\$319	\$385	\$352	\$348

\*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

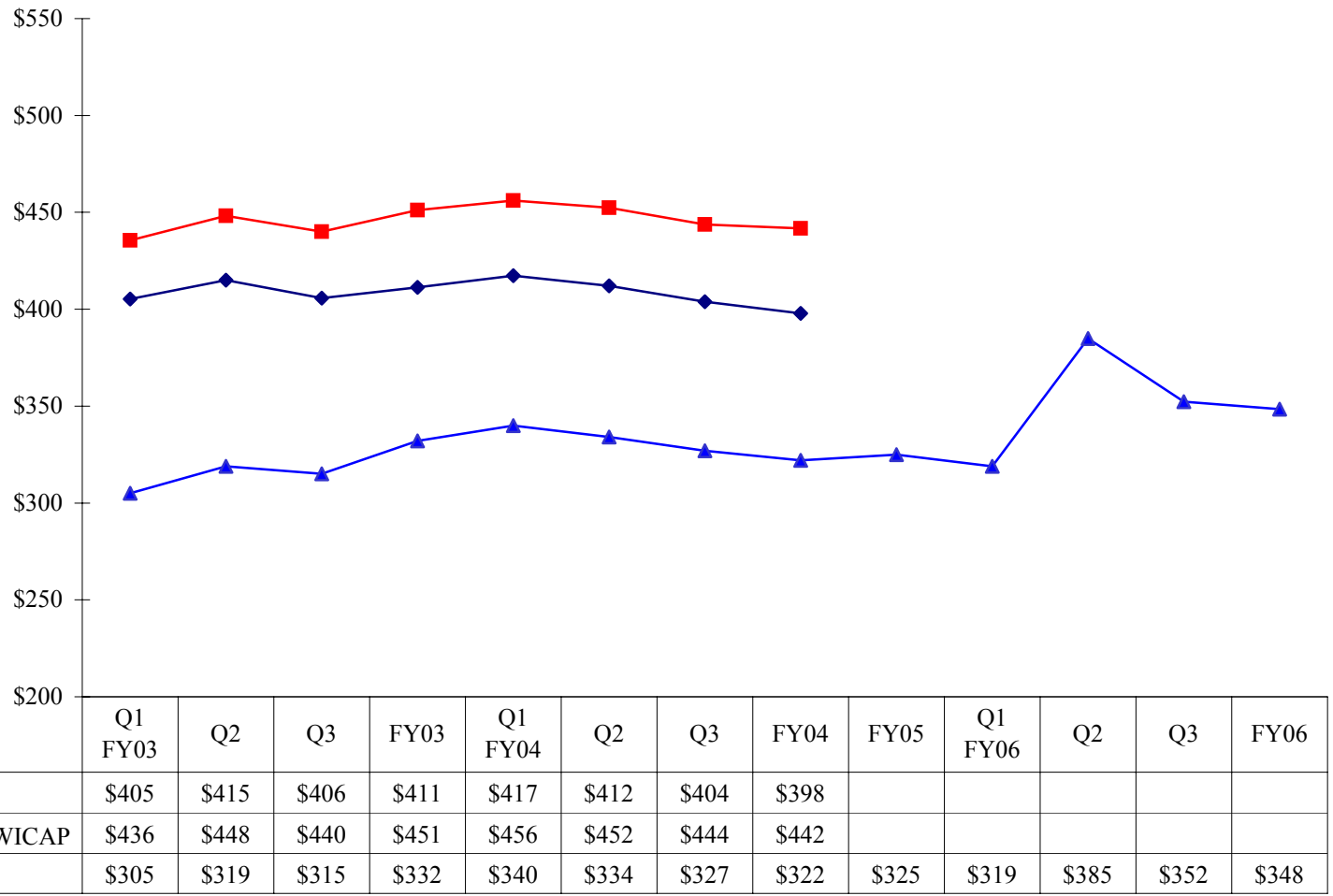
LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

Starting with FY03 Q2 RGSC (MH) is included in All SMHF Average Cost.



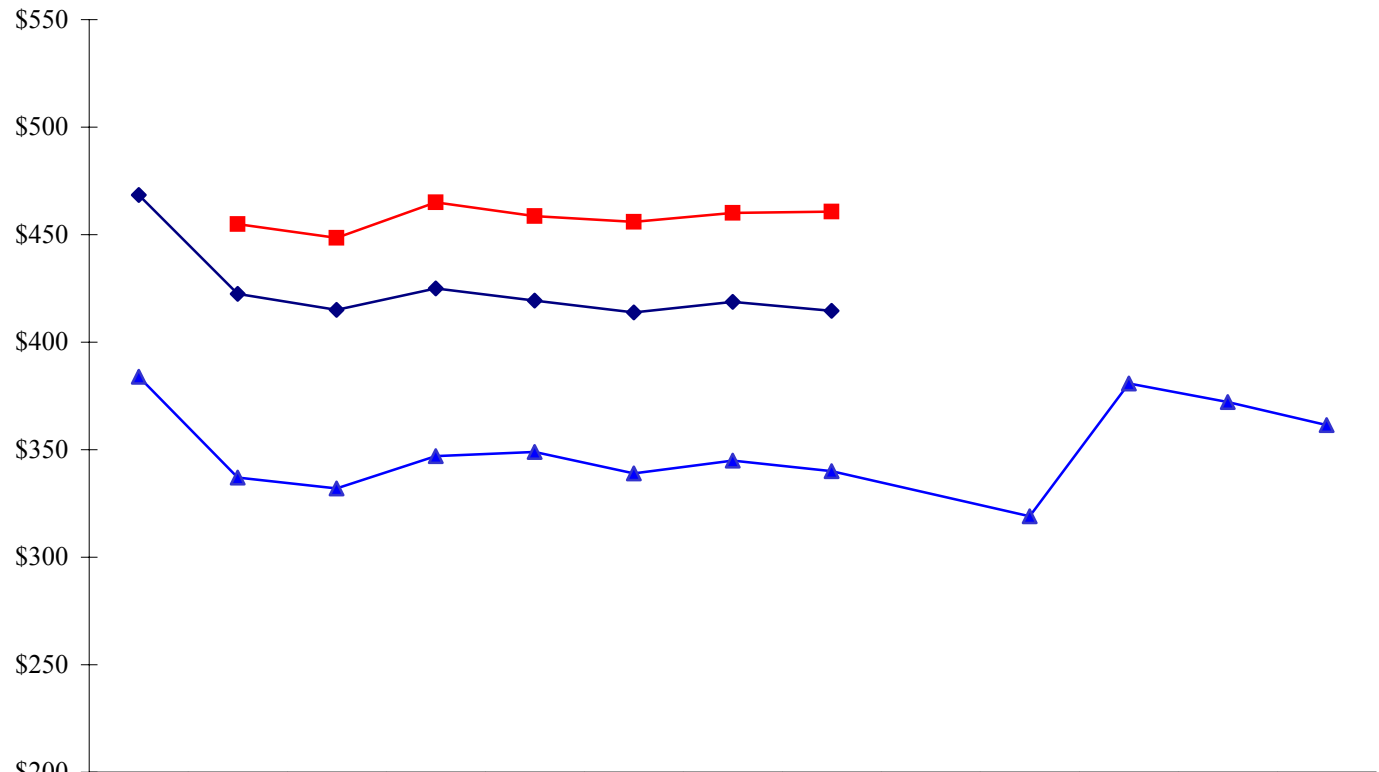
**Measure 1B - Cost Per Bed Day**  
**All State Hospitals**

**Cost Per Bed Day**



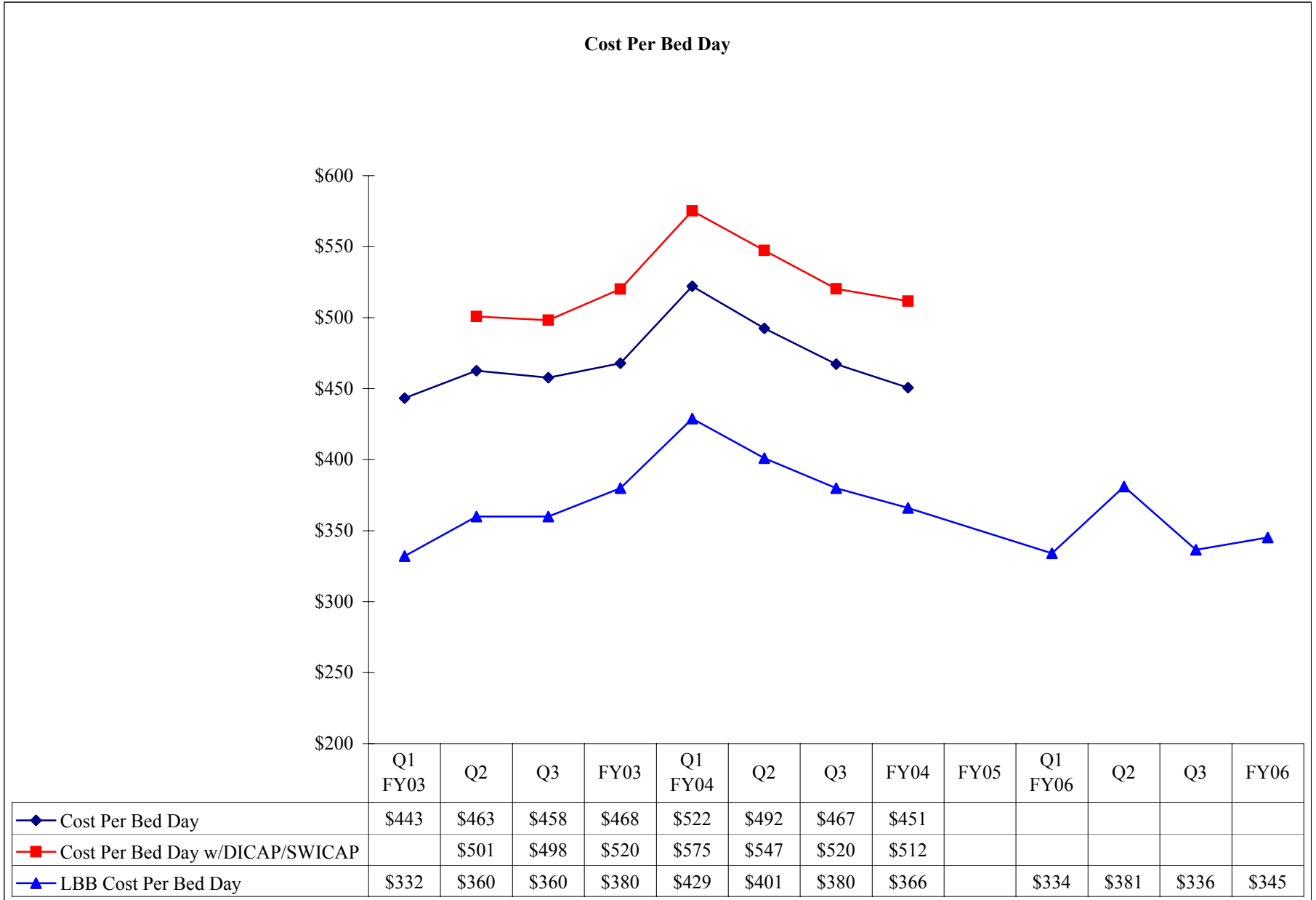
**Measure 1B - Cost Per Bed Day  
Austin State Hospital**

**Cost Per Bed Day**



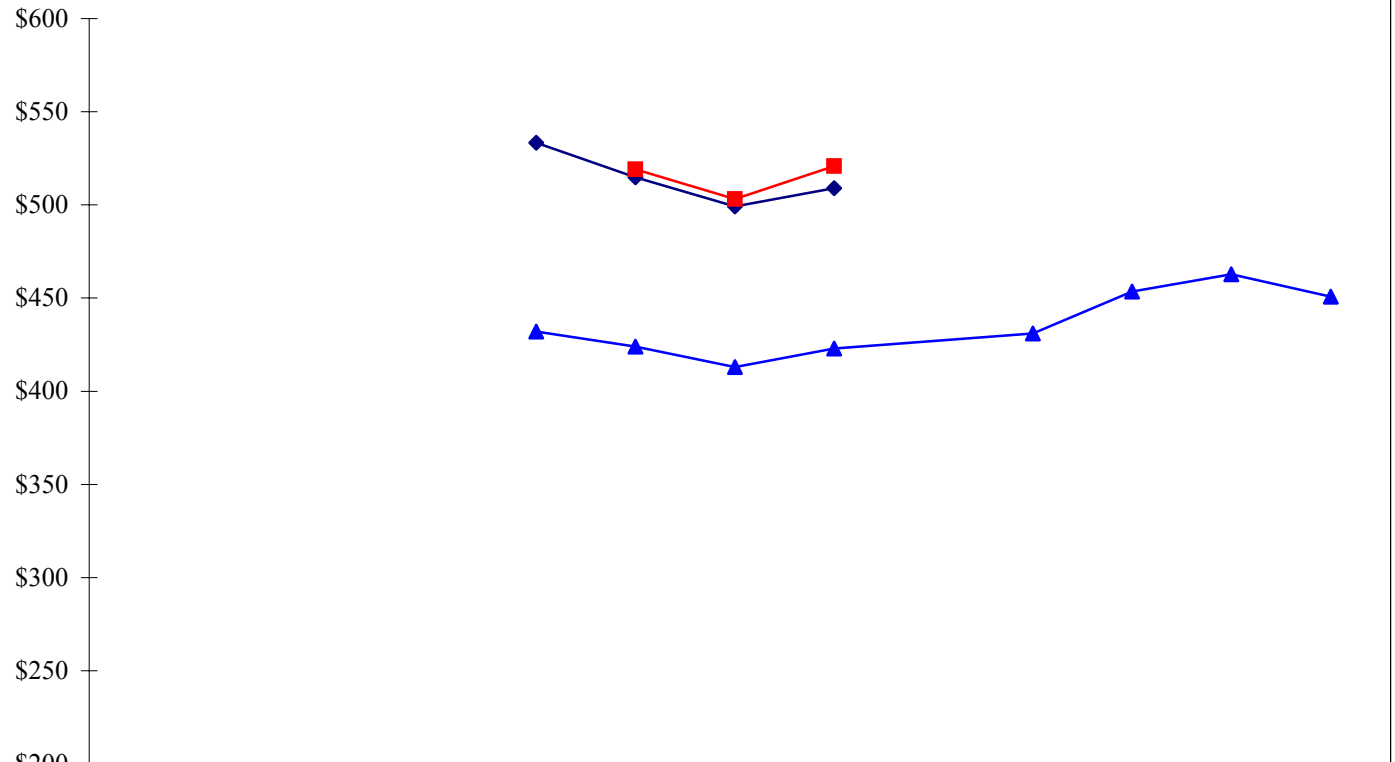
	Q1 FY03	Q2	Q3	FY03	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06
◆ Cost Per Bed Day	\$468	\$422	\$415	\$425	\$419	\$414	\$419	\$415					
■ Cost Per Bed Day w/DICAP/SWICAP		\$455	\$449	\$465	\$459	\$456	\$460	\$461					
▲ LBB Cost Per Bed Day	\$384	\$337	\$332	\$347	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$361

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



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

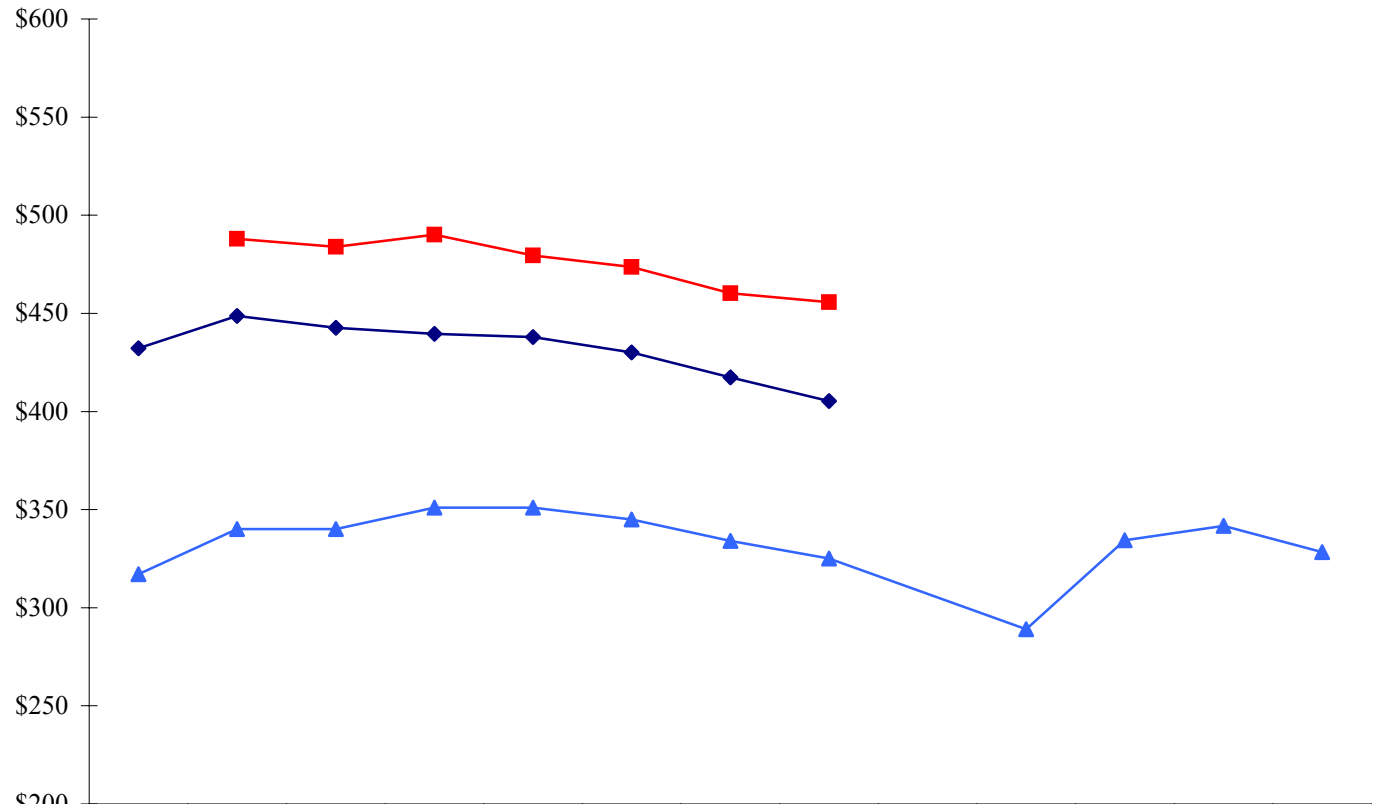
**Cost Per Bed Day**



	Q1 FY03	Q2	Q3	FY03	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06
◆ Cost Per Bed Day					\$533	\$515	\$499	\$509					
■ Cost Per Bed Day w/DICAP/SWICAP						\$519	\$503	\$521					
▲ LBB Cost Per Bed Day					\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451

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

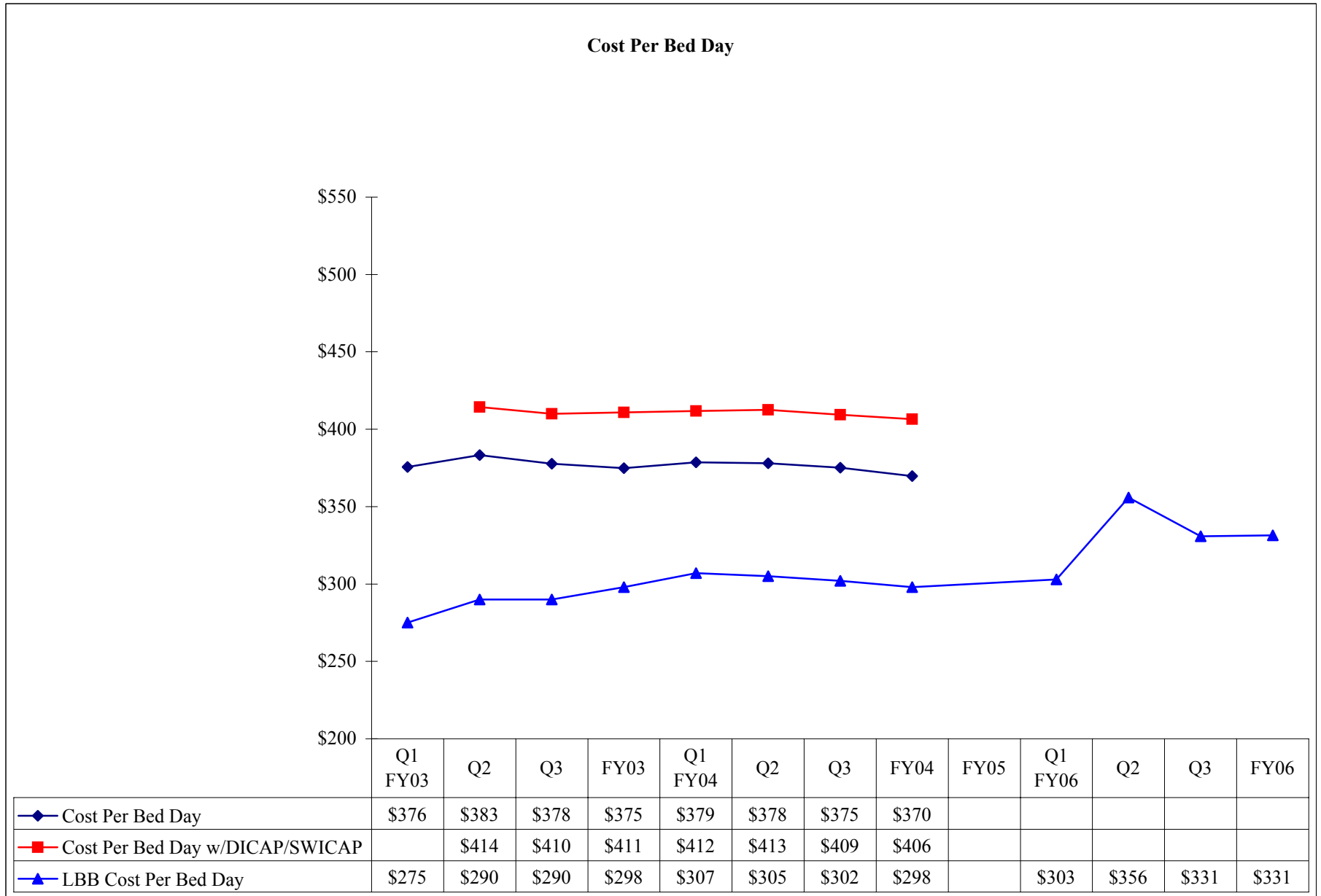
**Cost Per Bed Day**



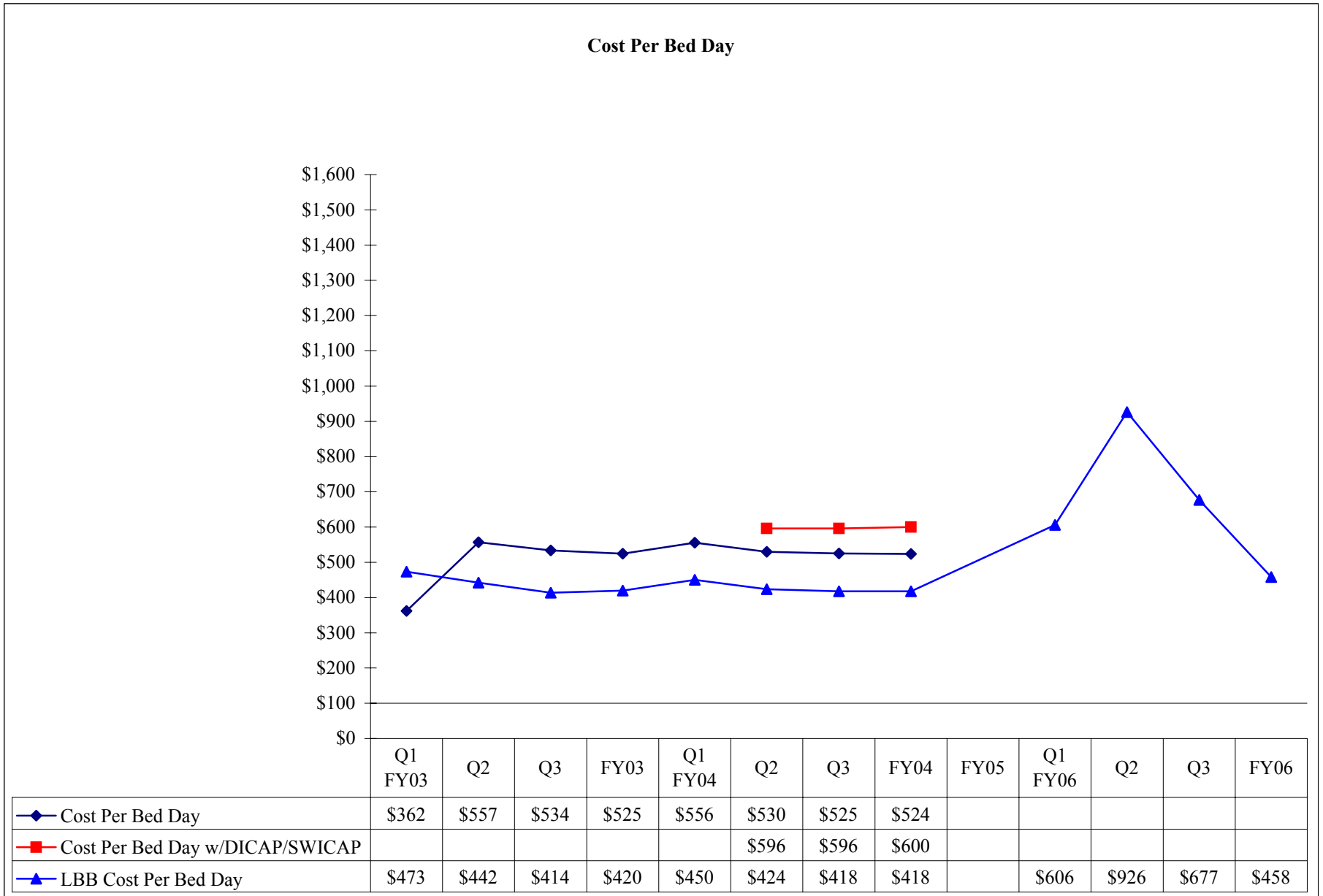
◆ Cost Per Bed Day	\$432	\$449	\$443	\$439	\$438	\$430	\$417	\$405					
■ Cost Per Bed Day w/DICAP/SWICAP		\$488	\$484	\$490	\$480	\$474	\$460	\$456					
▲ LBB Cost Per Bed Day	\$317	\$340	\$340	\$351	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328

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

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

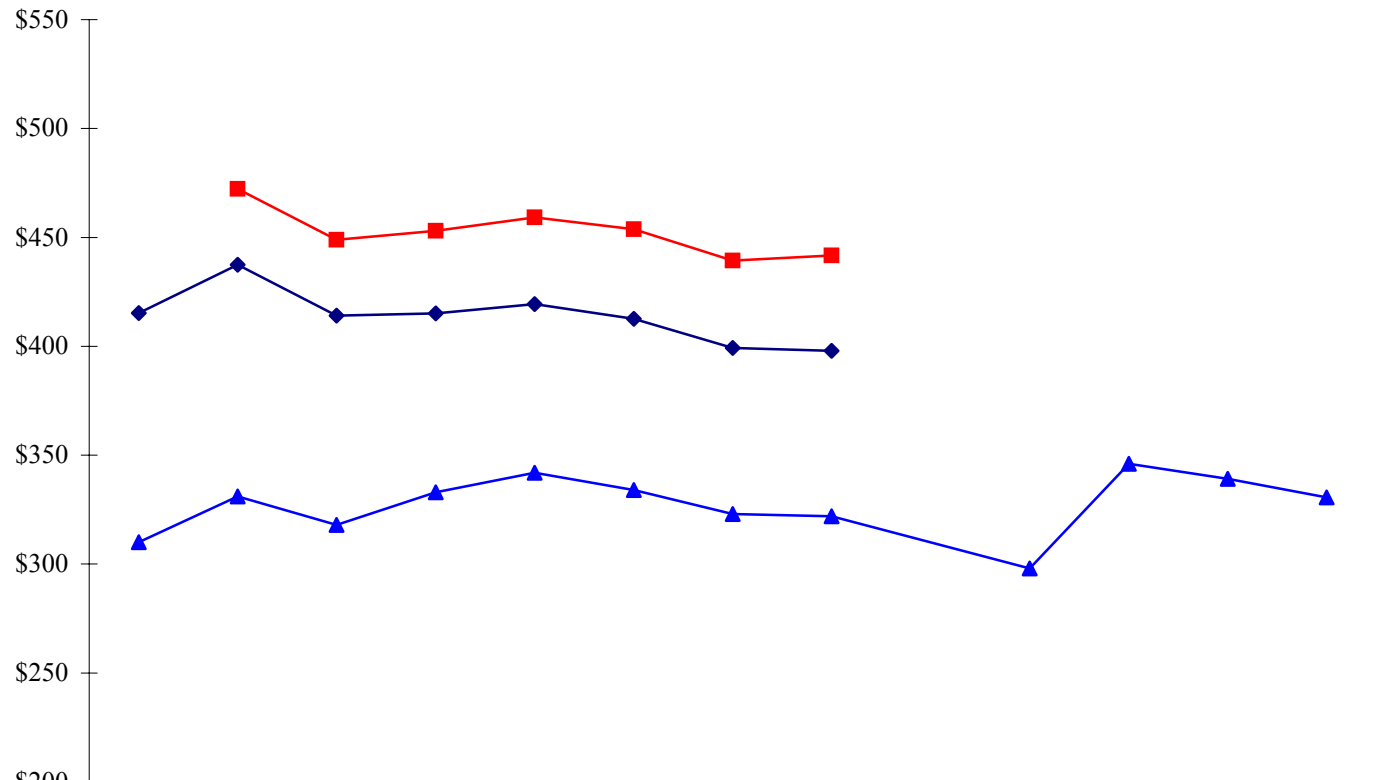


**Measure 1B - Cost Per Bed Day**  
**Rio Grande State Center (MH only)**



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

**Cost Per Bed Day**

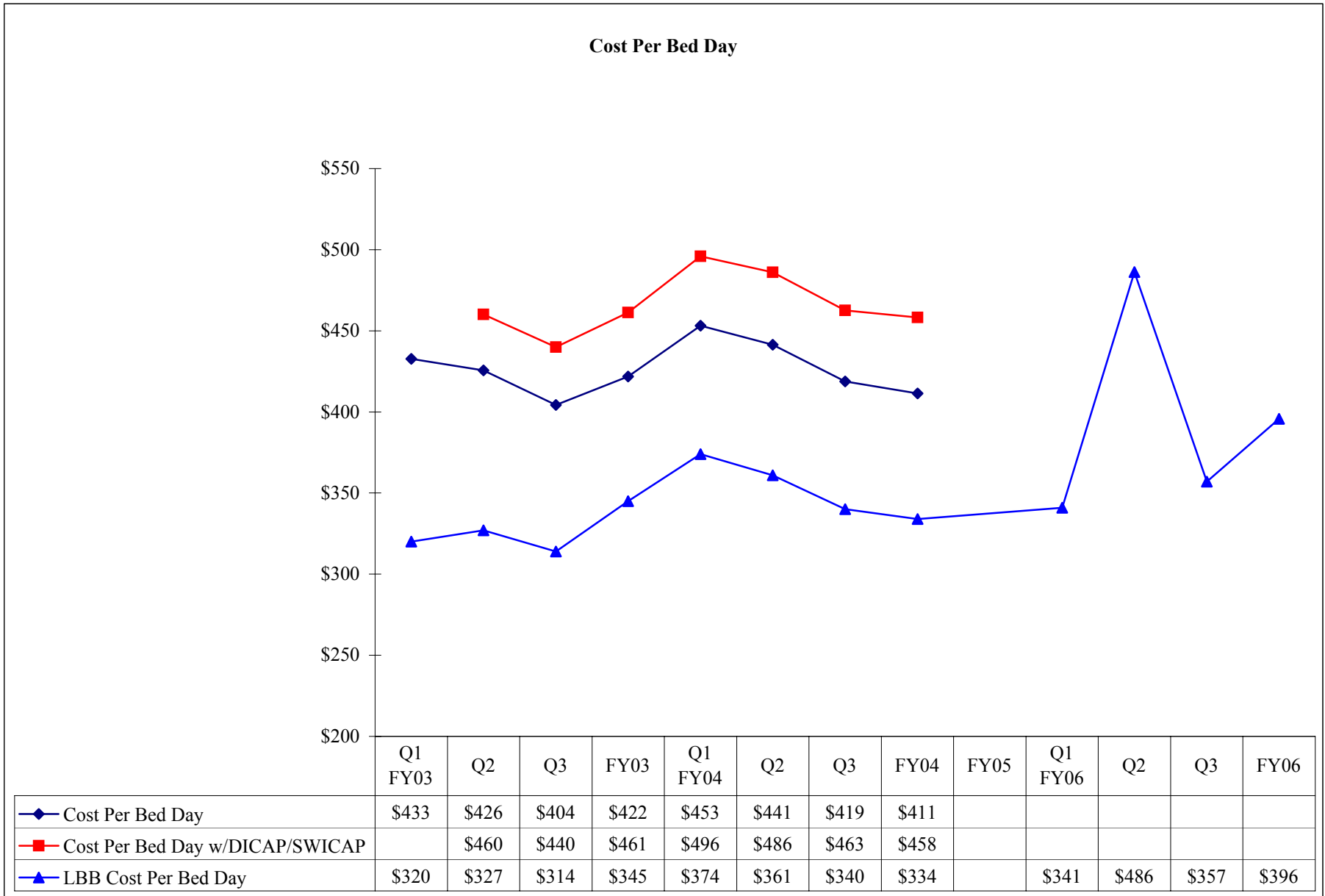


◆ Cost Per Bed Day	\$415	\$438	\$414	\$415	\$419	\$413	\$399	\$398					
■ Cost Per Bed Day w/DICAP/SWICAP		\$472	\$449	\$453	\$459	\$454	\$439	\$442					
▲ LBB Cost Per Bed Day	\$310	\$331	\$318	\$333	\$342	\$334	\$323	\$322		\$298	\$346	\$339	\$331

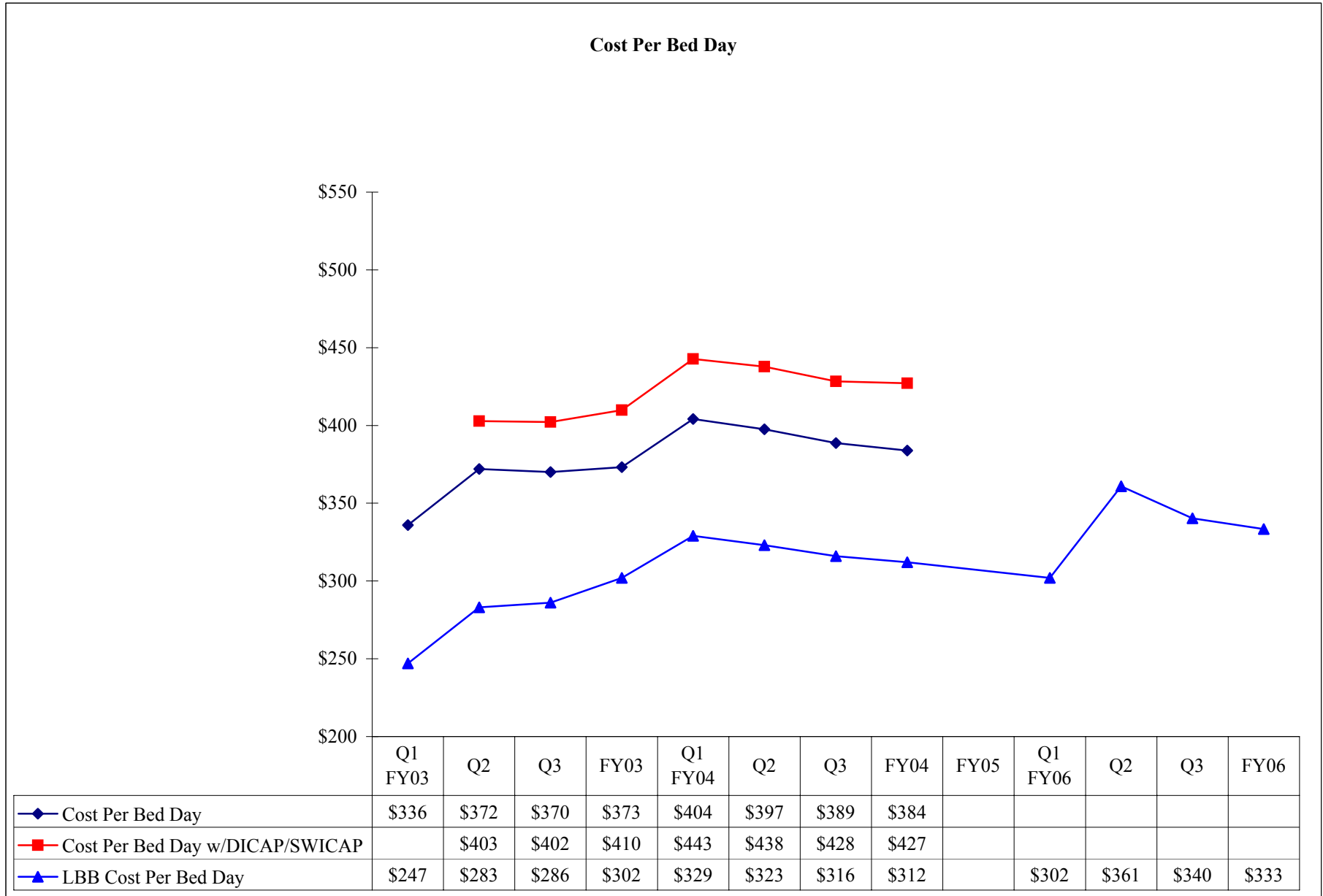
Source: Financial Statistical Report - Fiscal Services;  
 FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.



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

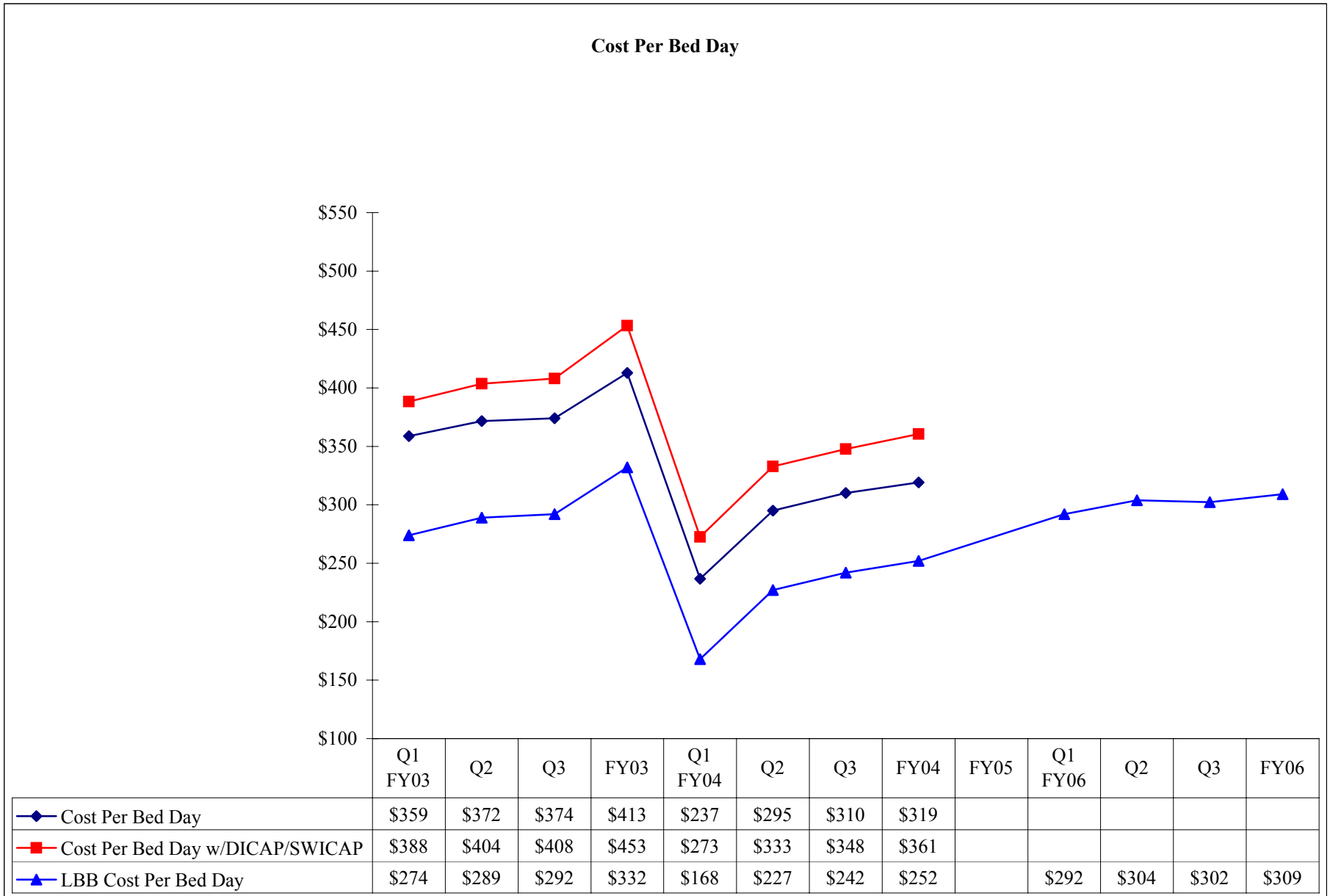


**Measure 1B - Cost Per Bed Day**  
**Terrell State Hospital**



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

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



**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

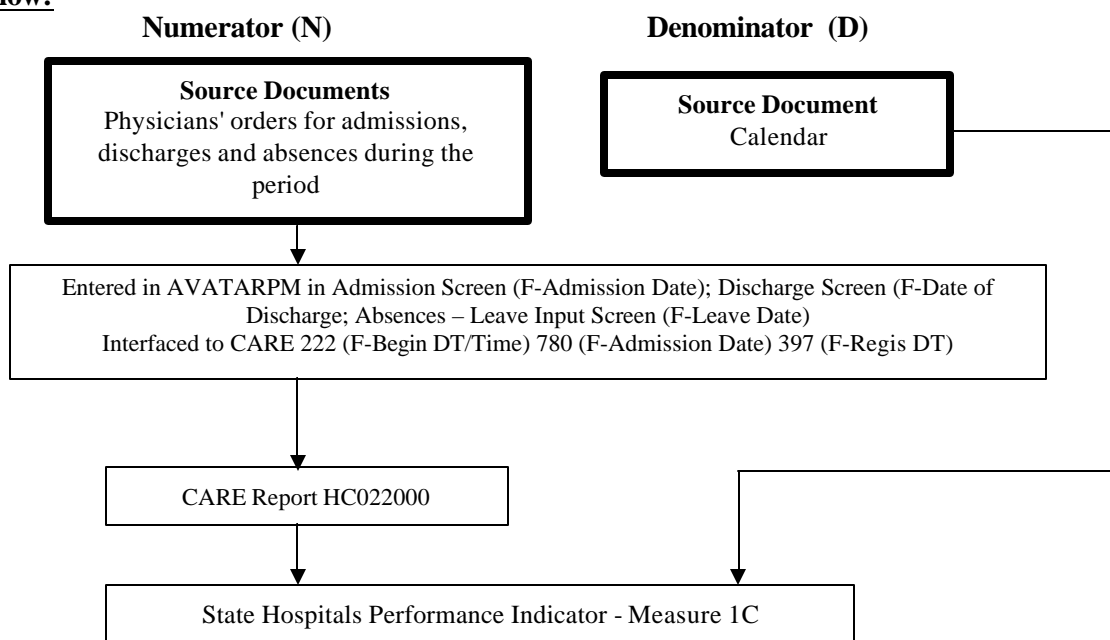
D = number of calendar days in the month

**Performance Measure Data Display and Chart Description:**

Chart with monthly data points of average daily census and funded census for individual state hospital 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. <b>Note:</b> 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:  $R = (N/D) \times 1,000$**

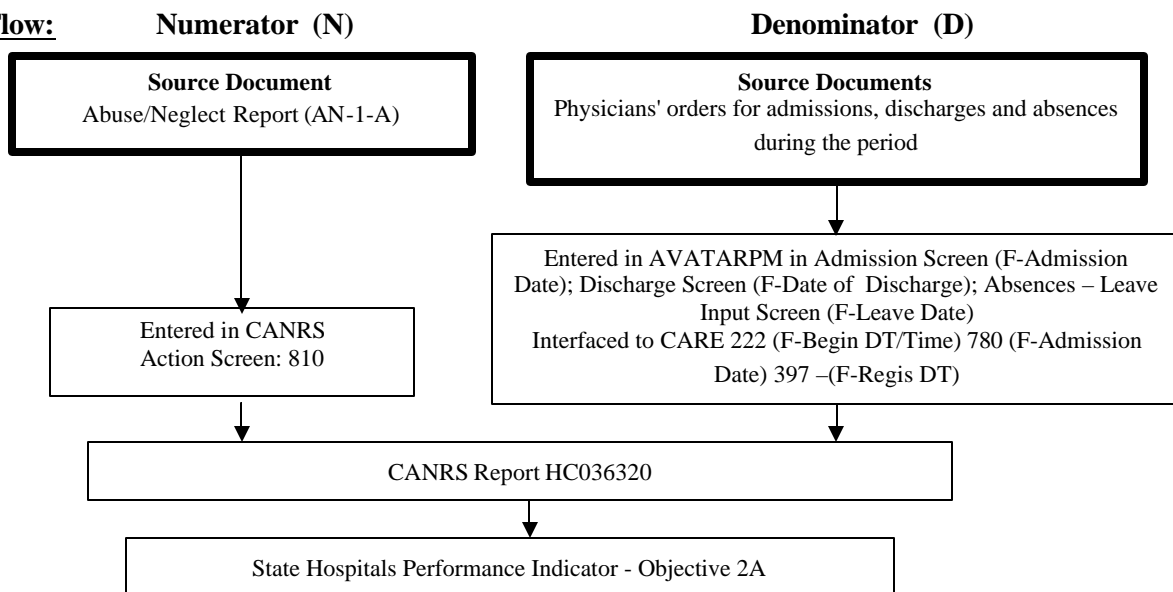
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

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

**Performance Objective Data Display and Chart Description:**

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

**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. <b>Note:</b> 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 August 31, 2006**

Facility	FY00	FY01	FY02	FY03	FY04	FY05	FY06					
	Total	Total	Total	Total	Total	Total	Class I	Class II	Class III	Neglect	Total	
<b>All State Hospitals</b>												
Total Cases	2419	2260	2387	2188	1476	1536	158	819	328	194	1499	
Total Confirmed	220	211	193	175	76	117	5	39	14	27	85	
Total Confirmed Rate/1000 Bed Days	0.22	0.24	0.23	0.21	0.09	0.13	0.00	0.04	0.01	0.03	0.1	

**Performance Objective 2B:**

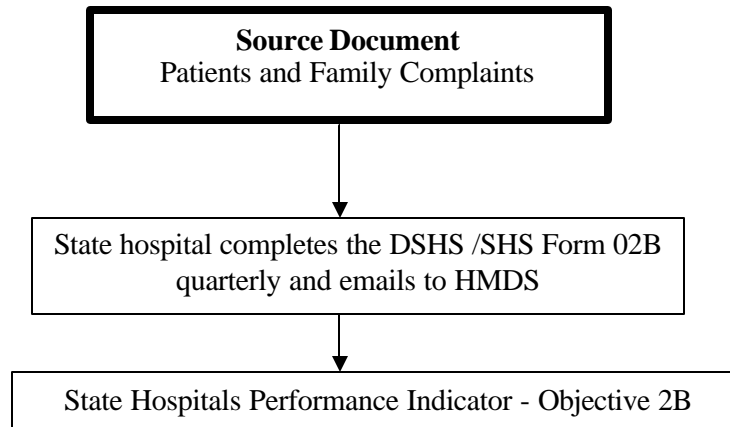
**State hospital Client Rights Officers will develop a process for identifying complaints and classify these complaints according to established categories.**

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

**Performance Objective Data Display and Chart Description:**

Table shows quarterly numbers of complaints by the individual state hospitals and system-wide.

**Data Flow:**



**Data Integrity Review Process:**

N/A

**Objective 2B - Patient Complaints**  
**All State Hospitals - Q1 FY06**

**Q1 - FY06**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Property	20	24	10	11	54	2	8	14	18	4	<b>165</b>
<b>Per 1,000 Bed Days</b>	<b>0.75</b>	<b>1.51</b>	<b>2.09</b>	<b>0.58</b>	<b>0.94</b>	<b>0.48</b>	<b>0.32</b>	<b>0.54</b>	<b>0.69</b>	<b>0.59</b>	<b>0.78</b>
Respect	15	17	8	7	27	2	20	30	71	8	<b>205</b>
<b>Per 1,000 Bed Days</b>	<b>0.56</b>	<b>1.07</b>	<b>1.67</b>	<b>0.37</b>	<b>0.47</b>	<b>0.48</b>	<b>0.79</b>	<b>1.17</b>	<b>2.73</b>	<b>1.18</b>	<b>0.97</b>
Discharge	13	24	8	2	57	3	3	7	2	0	<b>119</b>
<b>Per 1,000 Bed Days</b>	<b>0.49</b>	<b>1.51</b>	<b>1.67</b>	<b>0.11</b>	<b>1.00</b>	<b>0.72</b>	<b>0.12</b>	<b>0.27</b>	<b>0.08</b>	<b>0.00</b>	<b>0.56</b>
Medication	12	16	4	4	42	2	17	11	9	0	<b>117</b>
<b>Per 1,000 Bed Days</b>	<b>0.45</b>	<b>1.01</b>	<b>0.84</b>	<b>0.21</b>	<b>0.73</b>	<b>0.48</b>	<b>0.67</b>	<b>0.43</b>	<b>0.35</b>	<b>0.00</b>	<b>0.55</b>
Treatment Team/Planning	16	48	8	30	12	0	17	4	24	20	<b>179</b>
<b>Per 1,000 Bed Days</b>	<b>0.60</b>	<b>3.02</b>	<b>1.67</b>	<b>1.59</b>	<b>0.21</b>	<b>0.00</b>	<b>0.67</b>	<b>0.16</b>	<b>0.92</b>	<b>2.95</b>	<b>0.85</b>
Others	43	8	18	30	478	4	41	115	90	15	<b>842</b>
<b>Per 1,000 Bed Days</b>	<b>1.61</b>	<b>0.50</b>	<b>3.77</b>	<b>1.59</b>	<b>8.36</b>	<b>0.96</b>	<b>1.63</b>	<b>4.47</b>	<b>3.46</b>	<b>2.21</b>	<b>3.98</b>
Total	119	137	56	84	670	13	106	181	214	47	1627
<b>Per 1,000 Bed Days</b>	<b>4.44</b>	<b>8.61</b>	<b>11.72</b>	<b>4.45</b>	<b>11.71</b>	<b>3.13</b>	<b>4.21</b>	<b>7.04</b>	<b>8.23</b>	<b>6.93</b>	<b>7.70</b>



**Objective 2B - Patient Complaints**  
**All State Hospitals - Q2 FY06**

**Q2 - FY06**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Property	23	21	4	25	23	3	8	7	11	4	<b>129</b>
<b>Per 1,000 Bed Days</b>	<b>0.97</b>	<b>1.32</b>	<b>0.74</b>	<b>1.39</b>	<b>0.42</b>	<b>0.73</b>	<b>0.33</b>	<b>0.32</b>	<b>0.44</b>	<b>0.57</b>	<b>0.64</b>
Respect	23	24	13	13	26	2	26	4	26	8	<b>165</b>
<b>Per 1,000 Bed Days</b>	<b>0.97</b>	<b>1.51</b>	<b>2.41</b>	<b>0.72</b>	<b>0.47</b>	<b>0.49</b>	<b>1.06</b>	<b>0.18</b>	<b>1.05</b>	<b>1.13</b>	<b>0.82</b>
Discharge	26	37	12	1	17	11	7	4	1	0	<b>116</b>
<b>Per 1,000 Bed Days</b>	<b>1.10</b>	<b>2.33</b>	<b>2.23</b>	<b>0.06</b>	<b>0.31</b>	<b>2.69</b>	<b>0.29</b>	<b>0.18</b>	<b>0.04</b>	<b>0.00</b>	<b>0.58</b>
Medication	17	7	5	6	35	1	18	4	4	0	<b>97</b>
<b>Per 1,000 Bed Days</b>	<b>0.72</b>	<b>0.44</b>	<b>0.93</b>	<b>0.33</b>	<b>0.63</b>	<b>0.24</b>	<b>0.73</b>	<b>0.18</b>	<b>0.16</b>	<b>0.00</b>	<b>0.48</b>
Treatment Team/Planning	25	36	10	32	31	5	23	1	3	20	<b>186</b>
<b>Per 1,000 Bed Days</b>	<b>1.05</b>	<b>2.27</b>	<b>1.85</b>	<b>1.78</b>	<b>0.56</b>	<b>1.22</b>	<b>0.94</b>	<b>0.05</b>	<b>0.12</b>	<b>2.84</b>	<b>0.93</b>
Others	61	5	20	29	530	9	29	55	11	15	<b>764</b>
<b>Per 1,000 Bed Days</b>	<b>2.57</b>	<b>0.32</b>	<b>3.71</b>	<b>1.61</b>	<b>9.61</b>	<b>2.20</b>	<b>1.18</b>	<b>2.53</b>	<b>0.44</b>	<b>2.13</b>	<b>3.81</b>
Total	175	130	64	106	662	31	111	75	56	47	1457
<b>Per 1,000 Bed Days</b>	<b>7.37</b>	<b>8.19</b>	<b>11.87</b>	<b>5.89</b>	<b>12.01</b>	<b>7.57</b>	<b>4.52</b>	<b>3.46</b>	<b>2.25</b>	<b>6.66</b>	<b>7.27</b>

**Objective 2B - Patient Complaints**  
**All State Hospitals - Q3 FY06**

**Q3 - FY06**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Property	20	23	10	23	27	0	11	9	15	1	<b>139</b>
<b>Per 1,000 Bed Days</b>	<b>0.82</b>	<b>1.31</b>	<b>1.69</b>	<b>1.26</b>	<b>0.46</b>	<b>0.00</b>	<b>0.43</b>	<b>0.38</b>	<b>0.57</b>	<b>0.14</b>	<b>0.66</b>
Respect	17	35	3	14	5	2	13	37	39	9	<b>174</b>
<b>Per 1,000 Bed Days</b>	<b>0.70</b>	<b>1.99</b>	<b>0.51</b>	<b>0.77</b>	<b>0.09</b>	<b>0.43</b>	<b>0.51</b>	<b>1.58</b>	<b>1.49</b>	<b>1.22</b>	<b>0.82</b>
Discharge	11	40	8	6	4	22	3	8	4	0	<b>106</b>
<b>Per 1,000 Bed Days</b>	<b>0.45</b>	<b>2.27</b>	<b>1.36</b>	<b>0.33</b>	<b>0.07</b>	<b>4.77</b>	<b>0.12</b>	<b>0.34</b>	<b>0.15</b>	<b>0.00</b>	<b>0.50</b>
Medication	8	18	5	4	12	0	8	7	8	0	<b>70</b>
<b>Per 1,000 Bed Days</b>	<b>0.33</b>	<b>1.02</b>	<b>0.85</b>	<b>0.22</b>	<b>0.21</b>	<b>0.00</b>	<b>0.31</b>	<b>44.00</b>	<b>0.31</b>	<b>0.00</b>	<b>0.33</b>
Treatment Team/Planning	16	60	11	32	16	22	11	3	14	20	<b>205</b>
<b>Per 1,000 Bed Days</b>	<b>0.66</b>	<b>3.40</b>	<b>1.86</b>	<b>1.75</b>	<b>0.28</b>	<b>4.77</b>	<b>0.43</b>	<b>0.13</b>	<b>0.54</b>	<b>2.72</b>	<b>0.97</b>
Others	32	35	14	29	467	19	76	105	26	26	<b>829</b>
<b>Per 1,000 Bed Days</b>	<b>1.32</b>	<b>1.99</b>	<b>2.37</b>	<b>1.59</b>	<b>8.04</b>	<b>4.12</b>	<b>2.96</b>	<b>4.47</b>	<b>0.99</b>	<b>3.54</b>	<b>3.92</b>
Total	104	211	51	108	531	65	122	169	106	56	1523
<b>Per 1,000 Bed Days</b>	<b>4.28</b>	<b>11.97</b>	<b>8.64</b>	<b>5.91</b>	<b>9.14</b>	<b>14.10</b>	<b>4.76</b>	<b>7.20</b>	<b>4.05</b>	<b>7.61</b>	<b>7.20</b>

**Objective 2B - Patient Complaints**  
**All State Hospitals - Q4 FY06**

**Q4 - FY06**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Property	27	26	9	26	21	2	14	11	7	4	<b>147</b>
<b>Per 1,000 Bed Days</b>	<b>1.04</b>	<b>1.44</b>	<b>1.45</b>	<b>1.41</b>	<b>0.38</b>	<b>0.45</b>	<b>0.51</b>	<b>0.45</b>	<b>0.26</b>	<b>0.57</b>	<b>0.69</b>
Respect	22	27	8	15	11	5	32	14	67	3	<b>204</b>
<b>Per 1,000 Bed Days</b>	<b>0.85</b>	<b>1.50</b>	<b>1.29</b>	<b>0.82</b>	<b>0.20</b>	<b>1.13</b>	<b>1.17</b>	<b>0.57</b>	<b>2.47</b>	<b>0.43</b>	<b>0.95</b>
Discharge	9	52	10	3	5	24	7	9	3	0	<b>122</b>
<b>Per 1,000 Bed Days</b>	<b>0.35</b>	<b>2.89</b>	<b>1.61</b>	<b>0.16</b>	<b>0.09</b>	<b>5.43</b>	<b>0.26</b>	<b>0.37</b>	<b>0.11</b>	<b>0.00</b>	<b>0.57</b>
Medication	12	20	3	0	12	0	9	6	9	0	<b>71</b>
<b>Per 1,000 Bed Days</b>	<b>0.46</b>	<b>1.11</b>	<b>0.48</b>	<b>0.00</b>	<b>0.22</b>	<b>0.00</b>	<b>0.33</b>	<b>0.24</b>	<b>0.33</b>	<b>0.00</b>	<b>0.33</b>
Treatment Team/Planning	21	64	6	42	14	7	15	6	16	14	<b>205</b>
<b>Per 1,000 Bed Days</b>	<b>0.81</b>	<b>3.55</b>	<b>0.96</b>	<b>2.28</b>	<b>0.25</b>	<b>1.58</b>	<b>0.55</b>	<b>0.24</b>	<b>0.59</b>	<b>2.00</b>	<b>0.96</b>
Others	45	52	16	27	415	6	47	93	44	29	<b>774</b>
<b>Per 1,000 Bed Days</b>	<b>1.73</b>	<b>2.89</b>	<b>2.57</b>	<b>1.47</b>	<b>7.55</b>	<b>1.36</b>	<b>1.73</b>	<b>3.79</b>	<b>1.62</b>	<b>4.14</b>	<b>3.62</b>
Total	136	241	52	113	478	44	124	139	146	50	1523
<b>Per 1,000 Bed Days</b>	<b>5.24</b>	<b>13.38</b>	<b>8.35</b>	<b>6.14</b>	<b>8.70</b>	<b>9.96</b>	<b>4.55</b>	<b>5.66</b>	<b>5.39</b>	<b>7.14</b>	<b>7.12</b>

**Objective 2B - Patient Complaints  
All State Hospitals**

**FY06**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Property	90	94	33	85	125	7	41	41	51	13	<b>580</b>
<b>Per 1,000 Bed Days</b>	<b>0.89</b>	<b>1.39</b>	<b>1.48</b>	<b>1.16</b>	<b>0.55</b>	<b>0.41</b>	<b>0.40</b>	<b>0.43</b>	<b>0.49</b>	<b>0.46</b>	<b>0.69</b>
Respect	77	103	32	49	69	11	91	85	203	28	<b>748</b>
<b>Per 1,000 Bed Days</b>	<b>0.76</b>	<b>1.53</b>	<b>1.44</b>	<b>0.67</b>	<b>0.31</b>	<b>0.64</b>	<b>0.89</b>	<b>0.89</b>	<b>1.95</b>	<b>0.99</b>	<b>0.89</b>
Discharge	59	153	38	12	83	60	20	28	10	0	<b>463</b>
<b>Per 1,000 Bed Days</b>	<b>0.59</b>	<b>2.27</b>	<b>1.70</b>	<b>0.16</b>	<b>0.37</b>	<b>3.47</b>	<b>0.19</b>	<b>0.29</b>	<b>0.10</b>	<b>0.00</b>	<b>0.55</b>
Medication	49	61	17	14	101	3	52	28	30	0	<b>355</b>
<b>Per 1,000 Bed Days</b>	<b>0.49</b>	<b>0.90</b>	<b>0.76</b>	<b>0.19</b>	<b>0.45</b>	<b>0.17</b>	<b>0.51</b>	<b>0.29</b>	<b>0.29</b>	<b>0.00</b>	<b>0.42</b>
Treatment Team/Planning	78	208	35	136	73	34	66	14	57	74	<b>775</b>
<b>Per 1,000 Bed Days</b>	<b>0.77</b>	<b>3.09</b>	<b>1.57</b>	<b>1.85</b>	<b>0.32</b>	<b>1.97</b>	<b>0.64</b>	<b>0.15</b>	<b>0.55</b>	<b>2.62</b>	<b>0.93</b>
Others	181	100	68	115	1890	38	193	368	171	85	<b>3209</b>
<b>Per 1,000 Bed Days</b>	<b>1.80</b>	<b>1.48</b>	<b>3.05</b>	<b>1.56</b>	<b>8.38</b>	<b>2.20</b>	<b>1.88</b>	<b>3.86</b>	<b>1.64</b>	<b>3.01</b>	<b>3.83</b>
Total	534	719	223	411	2341	153	463	564	522	200	6130
<b>Per 1,000 Bed Days</b>	<b>5.30</b>	<b>10.67</b>	<b>10.00</b>	<b>5.59</b>	<b>10.38</b>	<b>8.86</b>	<b>4.51</b>	<b>5.91</b>	<b>5.01</b>	<b>7.09</b>	<b>7.32</b>

**Objective 2B - Patient Complaints**

**FY06**

<b>Complaints</b>	<b>ASH</b>	<b>BSSH</b>	<b>EPPC</b>	<b>KSH</b>	<b>NTSH</b>	<b>RGSC</b>	<b>RSH</b>	<b>SASH</b>	<b>TSH</b>	<b>WCFY</b>	<b>System Total</b>
Property	90	94	33	85	125	7	41	41	51	13	<b>580</b>
<b>Per 1,000 Bed Days</b>	<b>0.89</b>	<b>1.39</b>	<b>1.48</b>	<b>1.16</b>	<b>0.55</b>	<b>0.41</b>	<b>0.40</b>	<b>0.43</b>	<b>0.49</b>	<b>0.46</b>	<b>0.69</b>
Respect	77	103	32	49	69	11	91	85	203	28	<b>748</b>
<b>Per 1,000 Bed Days</b>	<b>0.76</b>	<b>1.53</b>	<b>1.44</b>	<b>0.67</b>	<b>0.31</b>	<b>0.64</b>	<b>0.89</b>	<b>0.89</b>	<b>1.95</b>	<b>0.99</b>	<b>0.89</b>
Discharge	59	153	38	12	83	60	20	28	10	0	<b>463</b>
<b>Per 1,000 Bed Days</b>	<b>0.59</b>	<b>2.27</b>	<b>1.70</b>	<b>0.16</b>	<b>0.37</b>	<b>3.47</b>	<b>0.19</b>	<b>0.29</b>	<b>0.10</b>	<b>0.00</b>	<b>0.55</b>
Medication	49	61	17	14	101	3	52	28	30	0	<b>355</b>
<b>Per 1,000 Bed Days</b>	<b>0.49</b>	<b>0.90</b>	<b>0.76</b>	<b>0.19</b>	<b>0.45</b>	<b>0.17</b>	<b>0.51</b>	<b>0.29</b>	<b>0.29</b>	<b>0.00</b>	<b>0.42</b>
Treatment Team/Planning	78	208	35	136	73	34	66	14	57	74	<b>775</b>
<b>Per 1,000 Bed Days</b>	<b>0.77</b>	<b>3.09</b>	<b>1.57</b>	<b>1.85</b>	<b>0.32</b>	<b>1.97</b>	<b>0.64</b>	<b>0.15</b>	<b>0.55</b>	<b>2.62</b>	<b>0.93</b>
Others	181	100	68	115	1890	38	193	368	171	85	<b>3209</b>
<b>Per 1,000 Bed Days</b>	<b>1.80</b>	<b>1.48</b>	<b>3.05</b>	<b>1.56</b>	<b>8.38</b>	<b>2.20</b>	<b>1.88</b>	<b>3.86</b>	<b>1.64</b>	<b>3.01</b>	<b>3.83</b>
Total	534	719	223	411	2341	153	463	564	522	200	6130
<b>Per 1,000 Bed Days</b>	<b>5.30</b>	<b>10.67</b>	<b>10.00</b>	<b>5.59</b>	<b>10.38</b>	<b>8.86</b>	<b>4.51</b>	<b>5.91</b>	<b>5.01</b>	<b>7.09</b>	<b>7.32</b>

### ***GOAL 3: Provide Individualized and Evidence Based Treatment***

**Performance Objective 3B:**

**State hospitals will continue to implement plans to reduce the use of behavioral restraint and seclusion based on FY05 performance. Current plans or recommendations from the Restraint and Seclusion Reduction Workgroup will be implemented. Interventions to be monitored are: Personal Restraint, Mechanical Restraint and Seclusion.**

**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:  $R = (N/D) \times 1,000$**

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

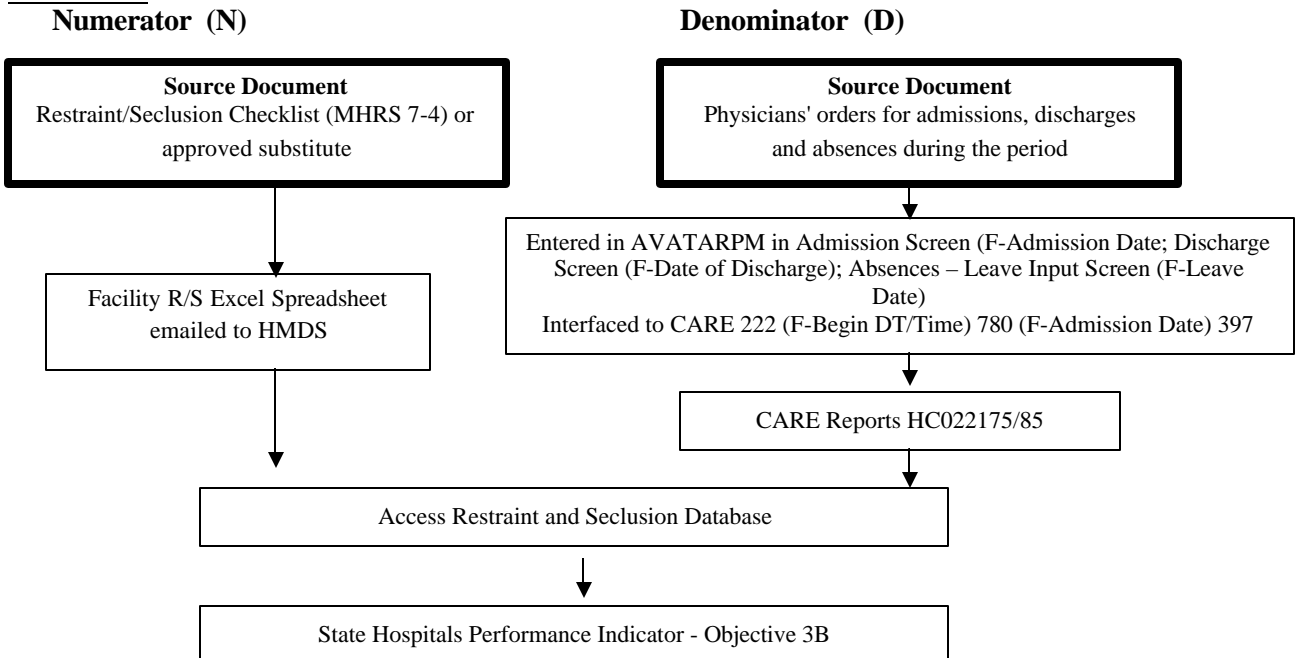
D = number of bed days per FY quarter

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.

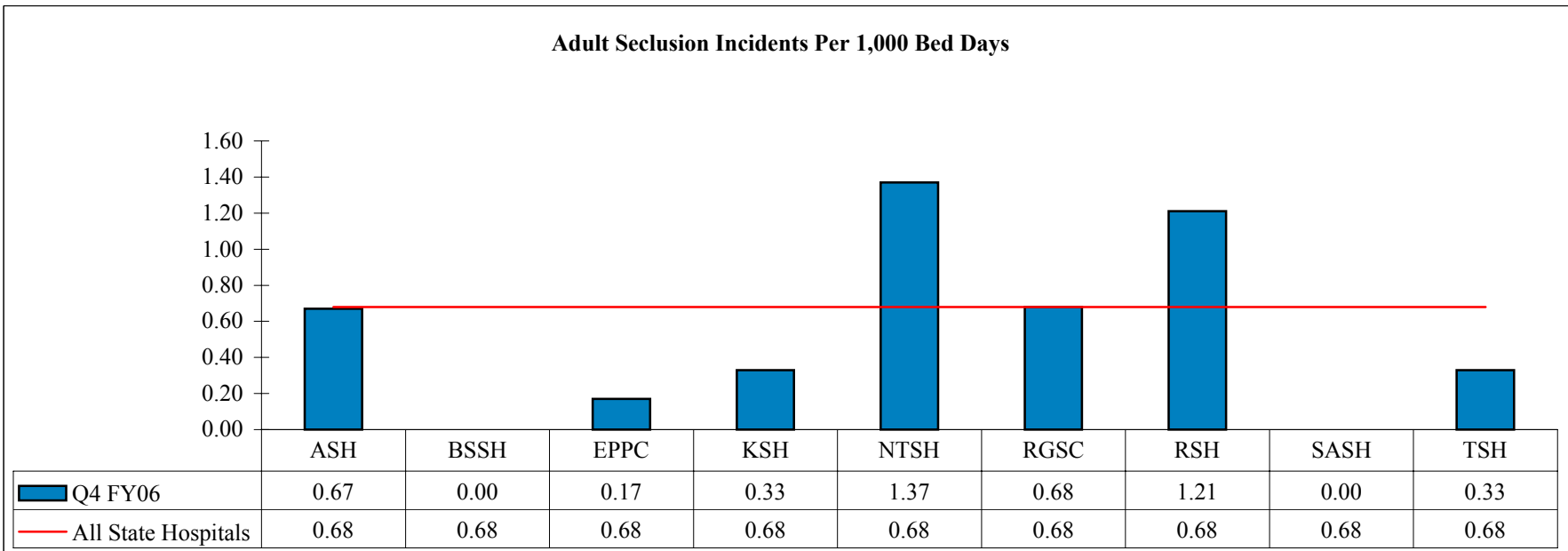
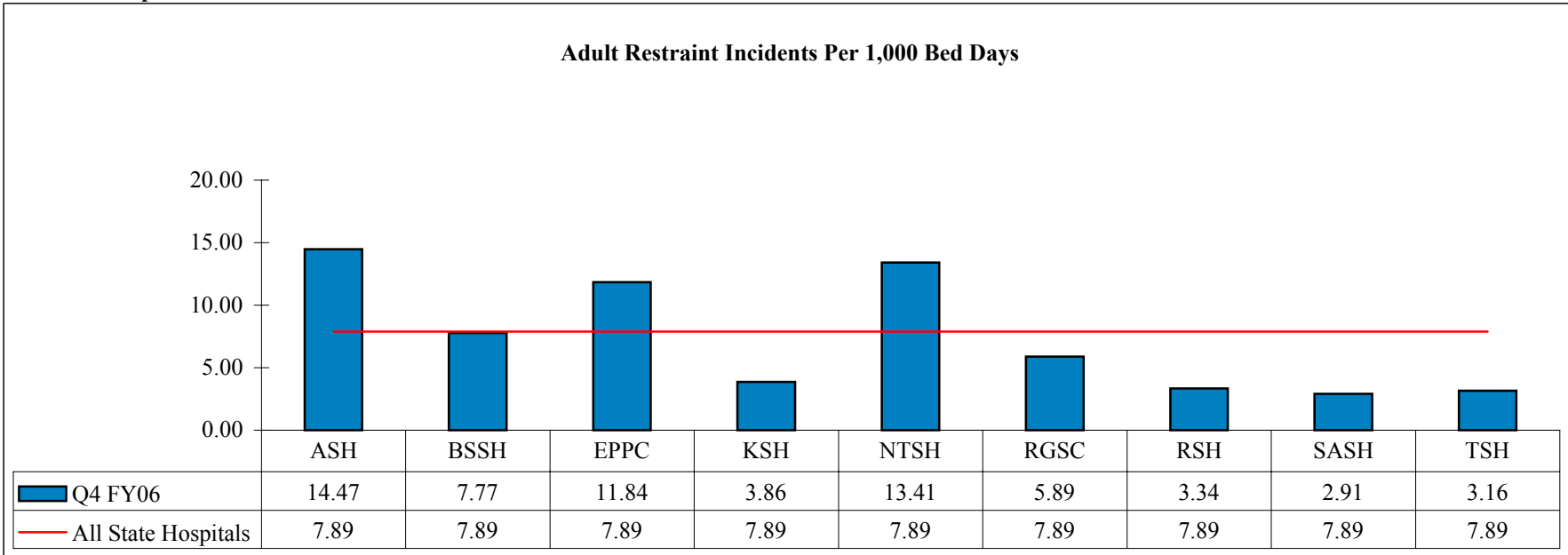
**Data Flow:**



**Data Integrity Review Process:**

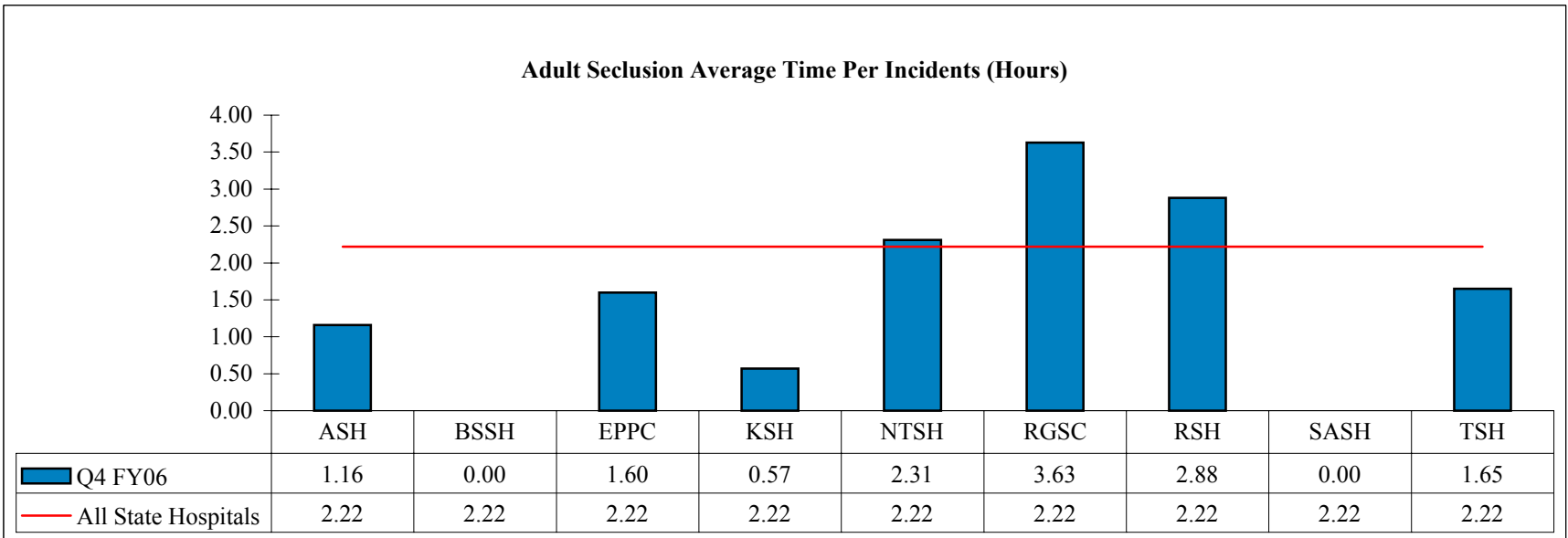
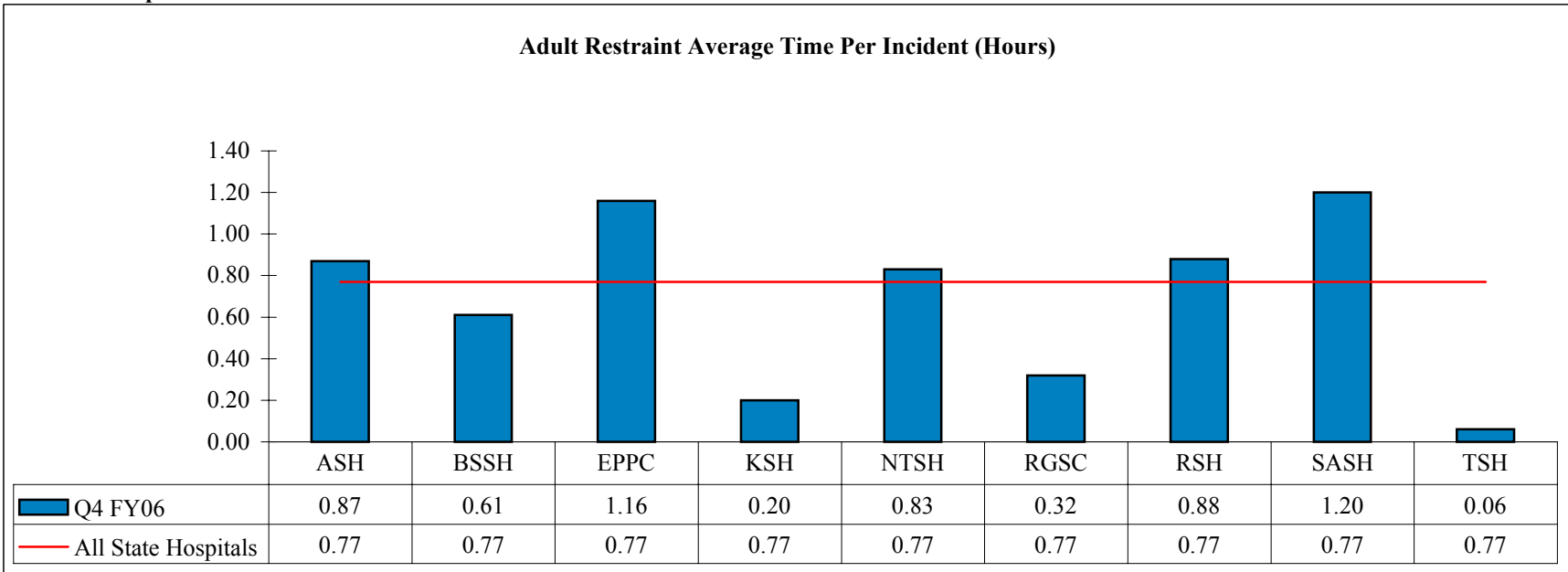
Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time 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**

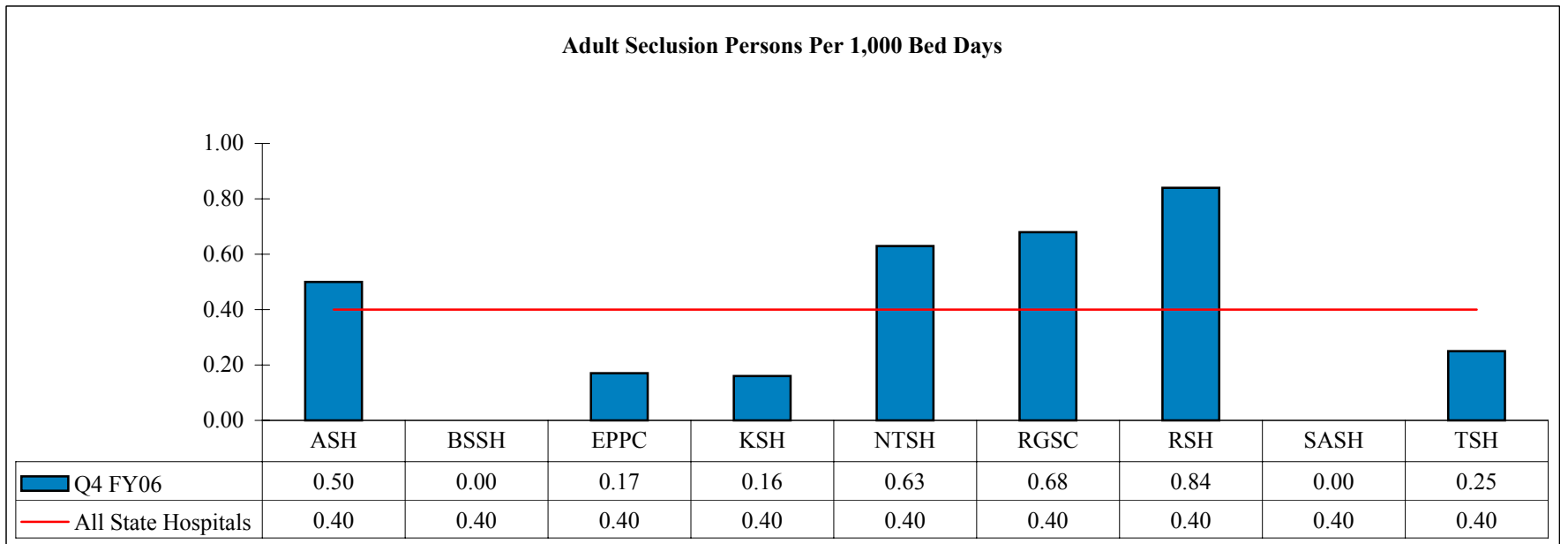
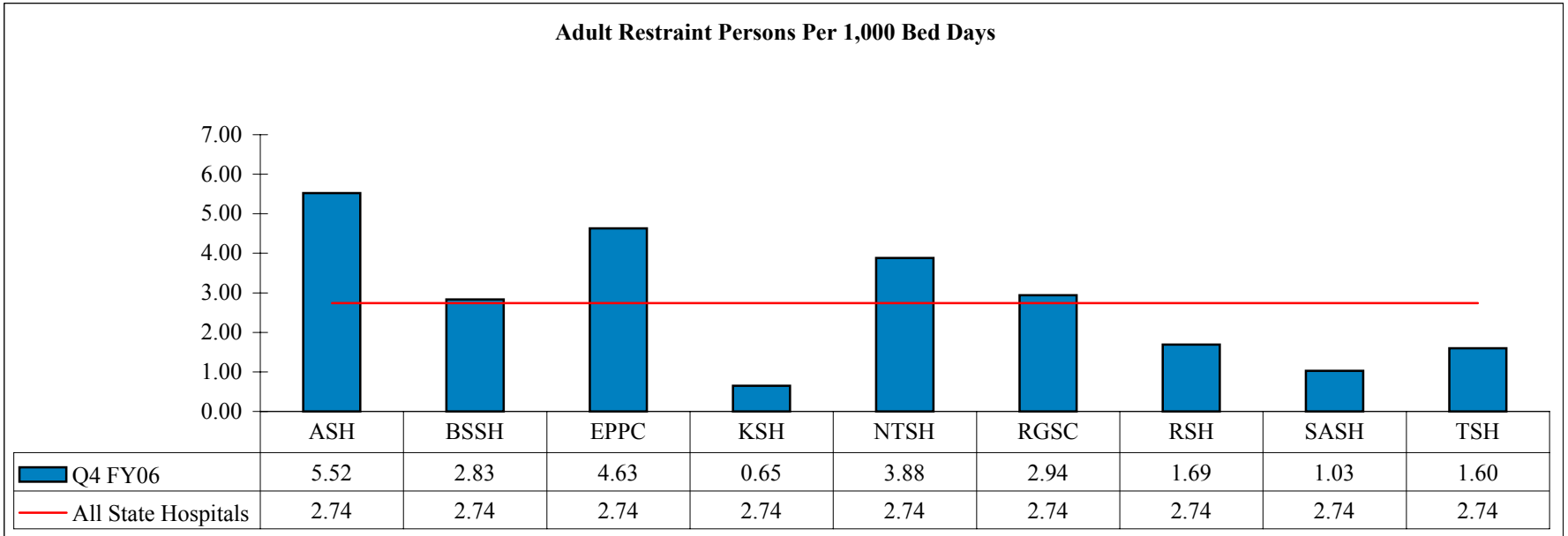




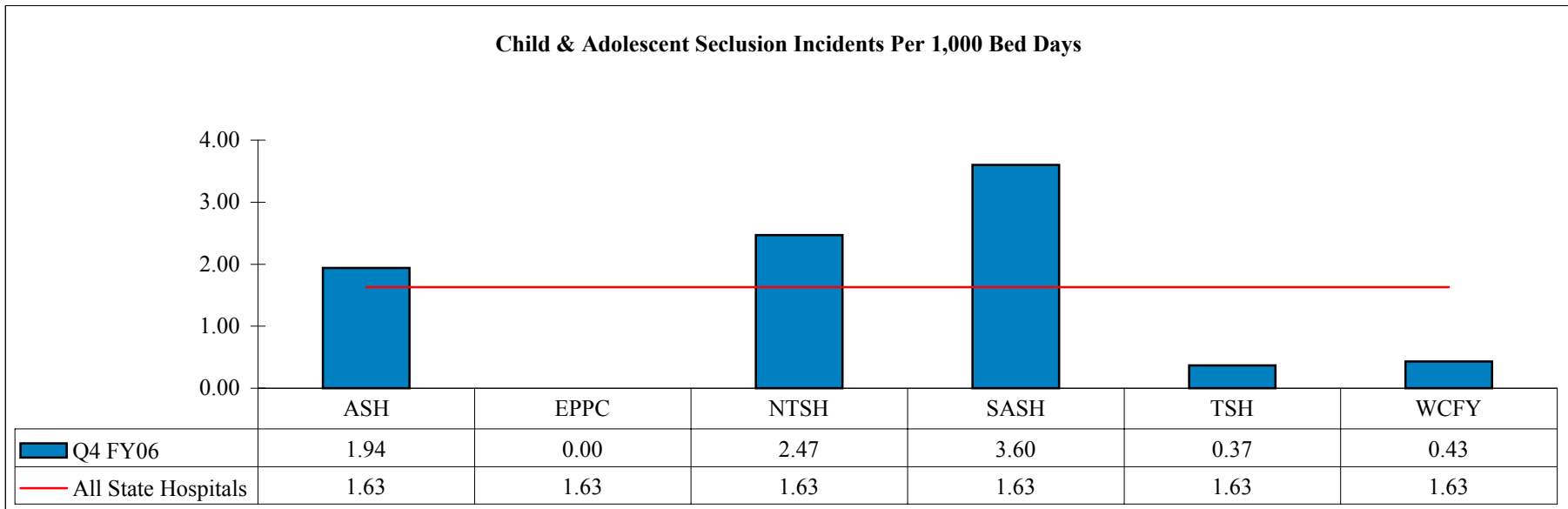
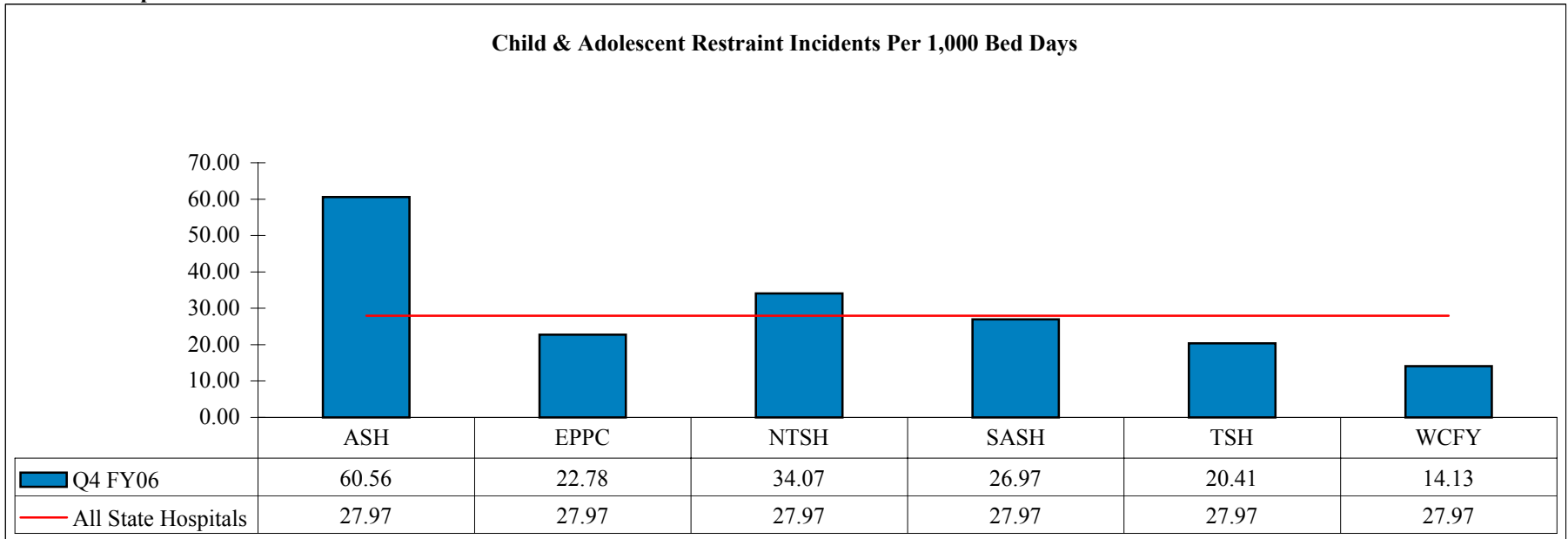
**Objective 3B - Maintain Restraint and Seclusion Data**  
**All State Hospitals**



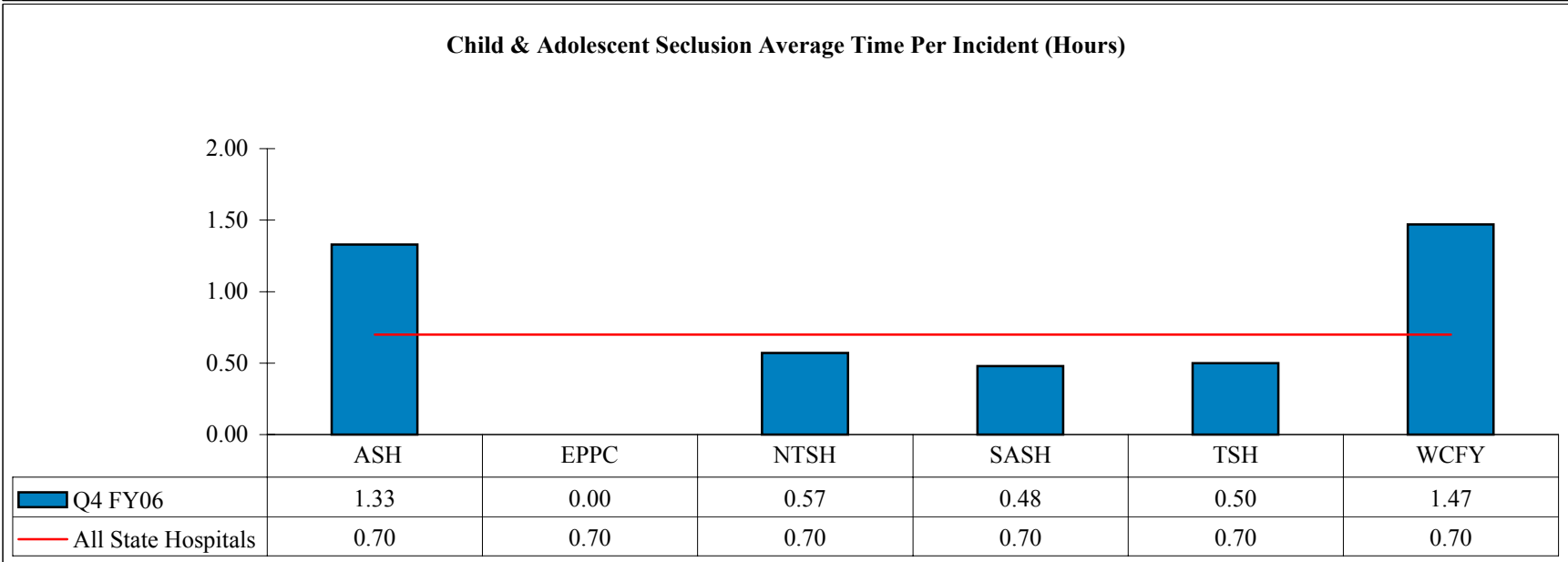
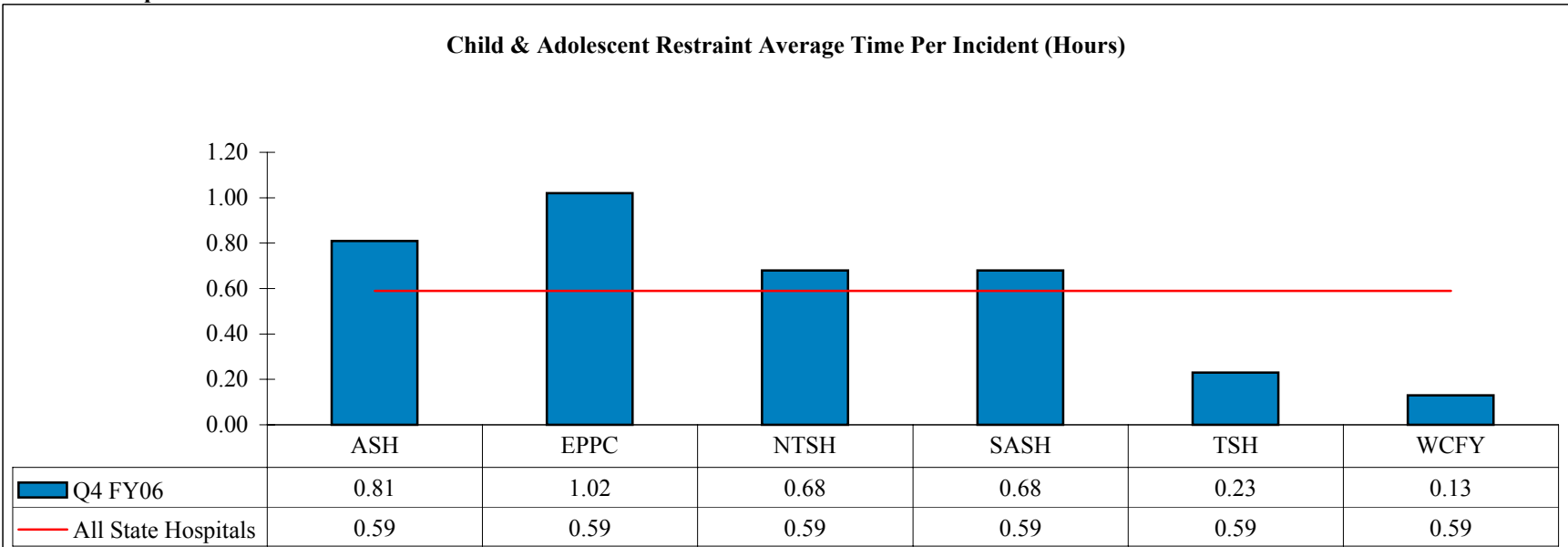
**Objective 3B - Maintain Restraint and Seclusion Data**  
**All State Hospitals**



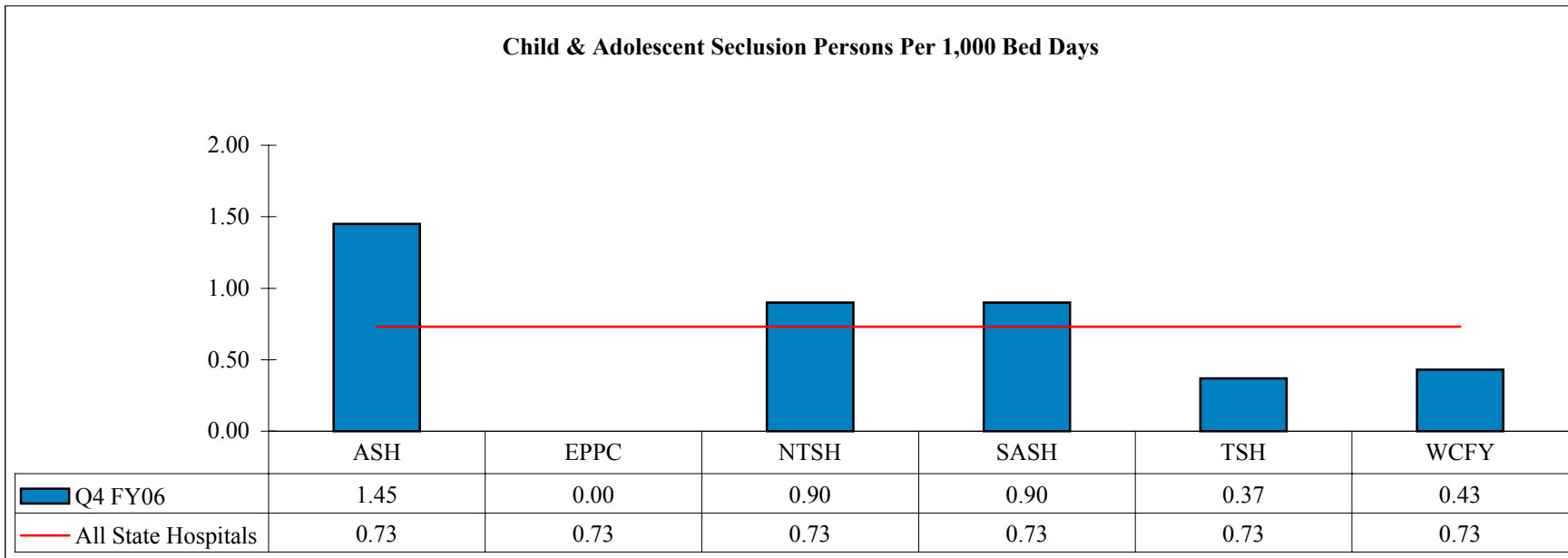
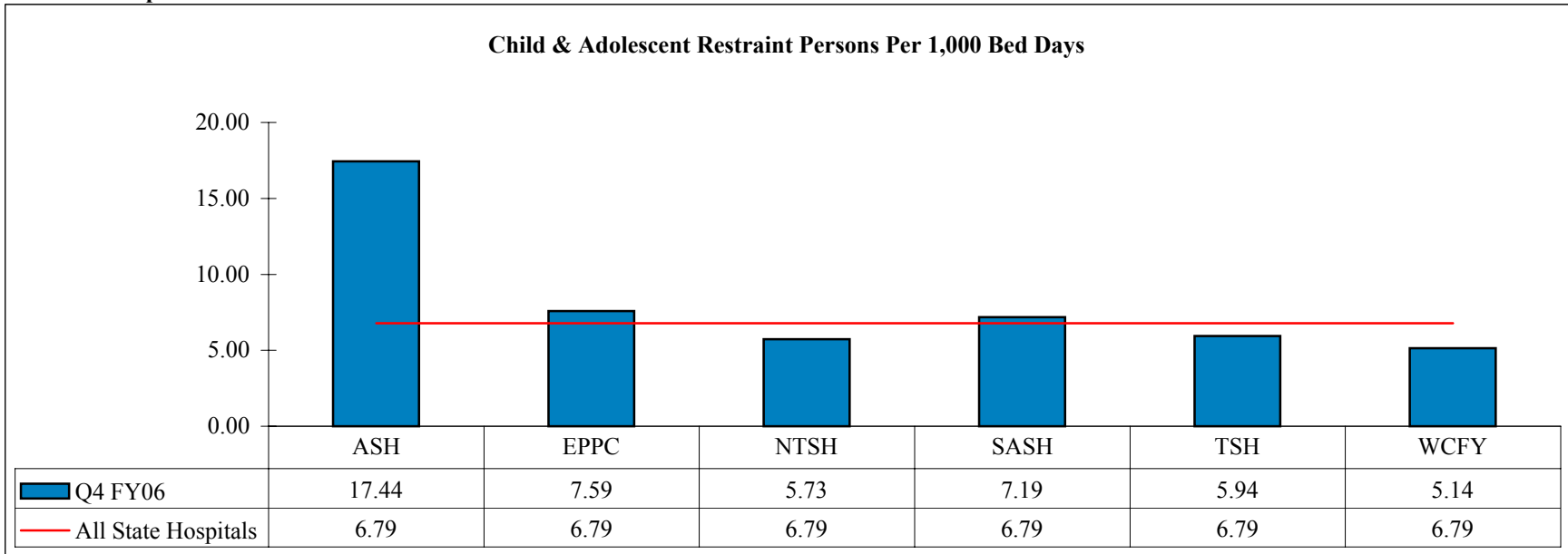
**Objective 3B - Maintain Restraint and Seclusion Data**  
**All State Hospitals**



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



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



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

	Fiscal Year 2006											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>												
Child/Adolescent Bed Days	2,653	2,381	2,646	2,064	2,653	2,381	2,646	2,064	2,653	2,381	2,646	2,064
Bed Days in Quarter-All Other Units	24,128	21,352	21,678	23,908	24,128	21,352	21,678	23,908	24,128	21,352	21,678	23,908
Restraint Involving Children	14	14	8	8	5	2	4	6	2.8	2.2	2.1	3.0
Restraint Involving Adolescents	120	73	185	117	34	31	39	30	66.9	30.6	143.5	98.8
Restraint Involving Adults	388	295	338	346	124	99	114	132	312.3	278.2	377.9	302.3
Seclusion Involving Children	1	0	0	0	1	0	0	0	0.3	0.0	0.0	0.0
Seclusion Involving Adolescents	9	3	1	4	6	3	1	3	6.4	2.1	1.0	5.3
Seclusion Involving Adults	45	26	16	16	16	13	9	12	53.2	32.3	20.8	18.5
<b>Big Spring State Hospital</b>												
Bed Days in Quarter	15,916	15,868	17,623	18,008	15,916	15,868	17,623	18,008	15,916	15,868	17,623	18,008
Restraint Involving Adults	354	307	188	140	66	42	49	51	256.2	260.8	116.7	84.9
Seclusion Involving Adults	0	10	5	0	0	4	3	0	0.0	10.0	8.7	0.0
<b>El Paso Psychiatric Center</b>												
Child/Adolescent Bed Days	464	514	571	395	464	514	571	395	464	514	571	395
Bed Days in Quarter-All Other Units	4,315	4,878	5,329	5,829	4,315	4,878	5,329	5,829	4,315	4,878	5,329	5,829
Restraint Involving Children	5	3	0	1	1	1	0	1	4.6	1.20	0	0.2
Restraint Involving Adolescents	36	7	48	8	7	4	6	2	33.6	4.1	51.1	9.0
Restraint Involving Adults	28	35	42	69	13	14	23	27	24.0	50.3	47.8	80.0
Seclusion Involving Children	1	0	0	0	1	0	0	0	0.8	0.0	0	0.0
Seclusion Involving Adolescents	4	1	2	0	3	1	2	0	0.7	0.4	0.9	0.0
Seclusion Involving Adults	3	2	2	1	3	1	2	1	2.4	2.4	1.1	1.6
<b>Kerrville State Hospital</b>												
Bed Days in Quarter	18,872	17,984	18,265	18,397	18,872	17,984	18,265	18,397	18,872	17,984	18,265	18,397
Restraint Involving Adults	71	41	44	71	24	14	23	12	12.1	19.4	9.6	14.1
Seclusion Involving Adults	10	7	8	6	7	6	6	3	13.8	6.4	2.7	3.4

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

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

**Fiscal Year 2006**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>North Texas State Hospital</b>												
Child/Adolescent Bed Days	9,352	9,191	9,688	8,893	9,352	9,191	9,688	8,893	9,352	9,191	9,688	8,893
Bed Days in Quarter-All Other Units	47,851	45,947	48,424	46,078	47,851	45,947	48,424	46,078	47,851	45,947	48,424	46,078
Restraint Involving Children	1	0	1	2	1	0	1	1	0.0	0.0	0.1	0.3
Restraint Involving Adolescents	174	230	320	301	37	49	42	50	93.1	104.2	186.4	205.6
Restraint Involving Adults	611	588	625	618	172	151	166	179	539.6	518.2	469	511.3
Seclusion Involving Children	1	1	6	3	1	1	3	2	1.0	0.7	6.8	2.0
Seclusion Involving Adolescents	22	36	26	19	12	14	12	6	18.5	34.1	22	10.6
Seclusion Involving Adults	46	60	75	63	35	34	34	29	82.1	127.3	182.9	145.5
<b>Rio Grande State Center</b>												
Bed Days in Quarter	4,153	4,094	4,609	4,417	4,153	4,094	4,609	4,417	4,153	4,094	4,609	4,417
Restraint Involving Adults	12	15	16	26	10	10	6	13	2.5	1.9	1.7	8.3
Seclusion Involving Adults	4	6	1	3	4	4	1	3	7.7	10.7	5.2	10.9
<b>Rusk State Hospital</b>												
Bed Days in Quarter	25,203	24,542	25,645	27,236	25,203	24,542	25,645	27,236	25,203	24,542	25,645	27,236
Restraint Involving Adults	79	72	73	91	53	51	39	46	44.4	41.1	48.3	80.1
Seclusion Involving Adults	56	74	47	33	46	39	32	23	127.1	163.0	92.8	95.2
<b>San Antonio State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,657	2,447	2,955	2,225	2,657	2,447	2,955	2,225	2,657	2,447	2,955	2,225
Bed Days in Quarter-All Other Units	23,067	19,250	20,530	22,317	23,067	19,250	20,530	22,317	23,067	19,250	20,530	22,317
Restraint Involving Adolescents	75	72	73	60	26	26	22	16	54.7	50.5	58.9	40.5
Restraint Involving Adults	101	68	66	65	45	30	30	23	106.7	56.7	80.6	77.7
Seclusion Involving Adolescents	5	9	18	8	5	6	3	2	2.6	10.8	13.7	3.8
Seclusion Involving Adults	2	2	2	0	2	2	2	0	0.7	1.7	1	0.0

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

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

**Fiscal Year 2006**

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Terrell State Hospital</b>												
Child/Adolescent Bed Days in Quarter	2,788	2,853	2,668	2,695	2,788	2,853	2,668	2,695	2,788	2,853	2,668	2,695
Bed Days in Quarter-All Other Units	23,208	22,027	23,473	24,396	23,208	22,027	23,473	24,396	23,208	22,027	23,473	24,396
Restraint Involving Children	4	3	2	0	1	1	1	0	0.4	0.1	0.3	0.0
Restraint Involving Adolescents	66	41	25	55	19	18	11	16	7.2	3.2	3.0	12.4
Restraint Involving Adults	97	52	103	77	57	39	49	39	10.6	2.6	13.7	4.5
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Seclusion Involving Adolescents	21	10	1	1	10	9	1	1	11.2	5.2	0.3	0.5
Seclusion Involving Adults	21	15	13	8	12	10	8	6	28.1	27.3	11.5	13.2
<b>Waco Center For Youth</b>												
Child/Adolescent Bed Days in Quarter	6,785	7,052	7,355	7,004	6,785	7,052	7,355	7,004	6,785	7,052	7,355	7,004
Restraint Involving Adolescents	50	62	70	99	23	23	17	36	10.0	7.3	7.4	13.3
Seclusion Involving Adolescents	13	4	1	3	5	2	1	3	11.3	2.2	1.0	4.4
<b>All State Hospitals</b>												
Child/Adolescent Bed Days	24,699	24,438	25,883	23,276	24,699	24,438	25,883	23,276	24,699	24,438	25,883	23,276
Bed Days in Quarter-All Other Units	186,713	175,942	185,576	190,586	186,713	175,942	185,576	190,586	186,713	175,942	185,576	190,586
Restraint Involving Children	24	20	11	11	8	4	6	8	7.8	3.5	2.5	3.5
Restraint Involving Adolescents	521	485	721	640	146	151	137	150	265.5	199.9	450.3	379.6
Restraint Involving Adults	1,741	1,473	1,495	1,503	564	450	499	522	1,308.4	1,229.2	1,165.3	1,163.2
Seclusion Involving Children	3	1	6	3	3	1	3	2	2.1	0.7	6.8	2.0
Seclusion Involving Adolescents	74	63	49	35	41	35	20	15	50.7	54.8	38.9	24.6
Seclusion Involving Adults	187	202	169	130	125	113	97	77	315.1	381.1	326.7	288.3

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



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

**Fiscal Year 2006**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Austin State Hospital</b>								
< 5 Restraint Involving Children	1	1	2	2	1	1	2	2
< 5 Restraint Involving Adolescents	14	12	16	10	11	8	11	7
< 5 Restraint Involving Adults	119	72	61	83	46	37	27	34
<b>Big Spring State Hospital</b>								
< 5 Restraint Involving Adults	37	36	27	20	20	17	18	15
<b>El Paso Psychiatric Center</b>								
< 5 Restraint Involving Children	0	0	0	0	0	0	0	0
< 5 Restraint Involving Adolescents	0	0	1	1	0	0	1	1
< 5 Restraint Involving Adults	2	1	10	3	2	1	7	3
<b>Kerrville State Hospital</b>								
< 5 Restraint Involving Adults	45	22	19	24	19	11	11	9
<b>North Texas State Hospital</b>								
< 5 Restraint Involving Children	1	0	0	0	1	0	0	0
< 5 Restraint Involving Adolescents	12	42	67	66	10	28	24	31
< 5 Restraint Involving Adults	296	266	331	285	132	115	137	139
<b>Rio Grande State Center</b>								
< 5 Restraint Involving Adults	2	7	6	8	2	6	4	6
<b>Rusk State Hospital</b>								
< 5 Restraint Involving Adults	37	28	32	28	29	25	25	23
<b>San Antonio State Hospital</b>								
< 5 Restraint Involving Adolescents	5	4	5	12	4	3	5	5
< 5 Restraint Involving Adults	15	11	5	8	13	9	5	3
<b>Terrell State Hospital</b>								
< 5 Restraint Involving Children	2	3	0	0	1	1	0	0
< 5 Restraint Involving Adolescents	35	23	11	15	13	11	6	8
< 5 Restraint Involving Adults	70	43	70	60	41	32	35	31
<b>Waco Center For Youth</b>								
< 5 Restraint Involving Adolescents	13	16	35	46	8	10	13	28
<b>All State Hospitals</b>								
< 5 Restraint Involving Children	4	4	2	2	3	2	2	2
< 5 Restraint Involving Adolescents	79	97	135	150	46	60	60	80
< 5 Restraint Involving Adults	623	486	561	519	304	253	269	263

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

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

**Fiscal Year 2006**

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
<b>Austin State Hospital</b>					
Personal Restraint	227	144	155	132	658
Mechanical Restraint	295	238	376	339	1,248
Seclusion	55	29	17	20	121
<b>Big Spring State Hospital</b>					
Personal Restraint	200	187	120	85	592
Mechanical Restraint	154	120	68	55	397
Seclusion	0	10	5	0	15
<b>El Paso Psychiatric Center</b>					
Personal Restraint	12	4	19	10	45
Mechanical Restraint	57	41	71	68	237
Seclusion	8	3	4	1	16
<b>Kerrville State Hospital</b>					
Personal Restraint	63	28	38	60	189
Mechanical Restraint	8	13	6	11	38
Seclusion	10	7	8	6	31
<b>North Texas State Hospital</b>					
Personal Restraint	541	560	634	585	2,320
Mechanical Restraint	245	258	312	336	1,151
Seclusion	69	97	107	85	358
<b>Rio Grande State Center</b>					
Personal Restraint	12	15	16	26	69
Mechanical Restraint	0	0	0	0	0
Seclusion	4	7	3	8	22
<b>Rusk State Hospital</b>					
Personal Restraint	61	53	50	53	217
Mechanical Restraint	18	19	23	38	98
Seclusion	57	74	47	33	211
<b>San Antonio State Hospital</b>					
Personal Restraint	80	63	57	52	252
Mechanical Restraint	96	77	82	73	328
Seclusion	7	11	20	8	46

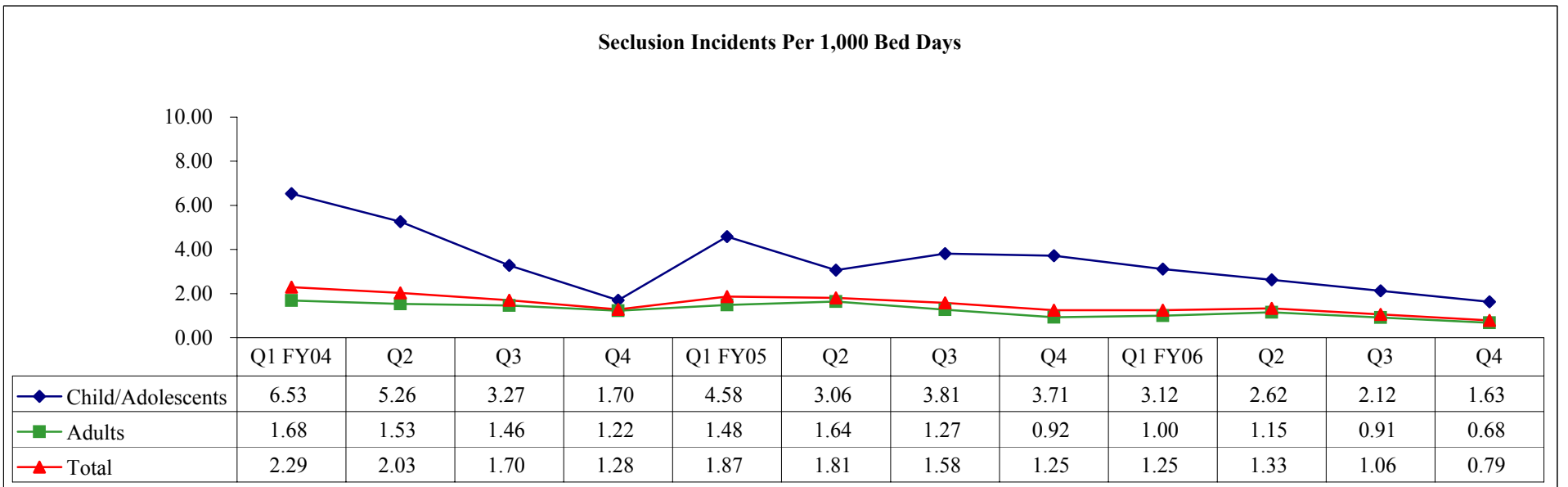
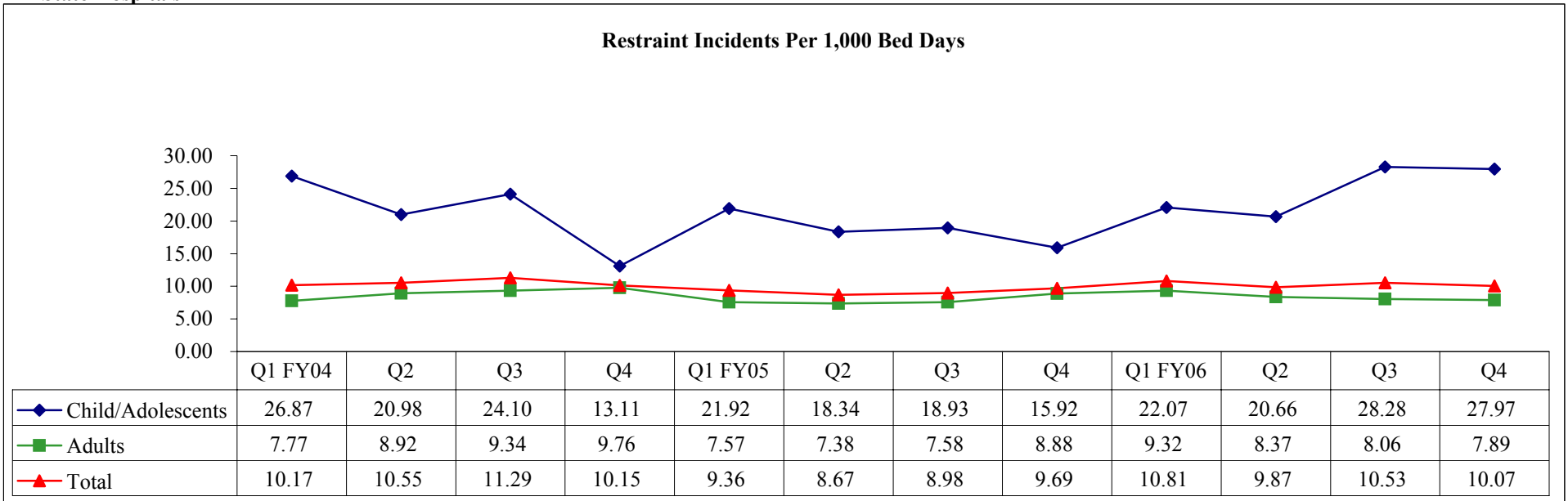
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

**Fiscal Year 2006**

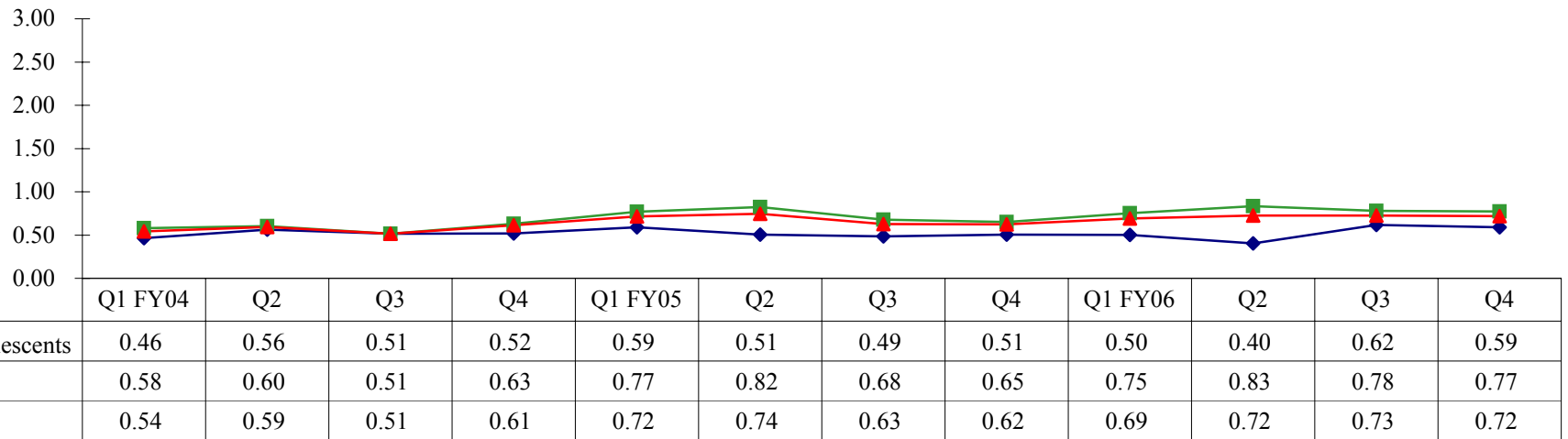
	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
<b>Terrell State Hospital</b>					
Personal Restraint	164	96	122	119	501
Mechanical Restraint	3	0	8	13	24
Seclusion	42	25	14	9	90
<b>Waco Center For Youth</b>					
Personal Restraint	44	61	68	93	266
Mechanical Restraint	6	1	2	6	15
Seclusion	13	4	1	3	21
<b>All State Hospitals</b>					
Personal Restraint	1,404	1,211	1,279	1,215	5,109
Mechanical Restraint	882	767	948	939	3,536
Seclusion	265	267	226	173	931

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

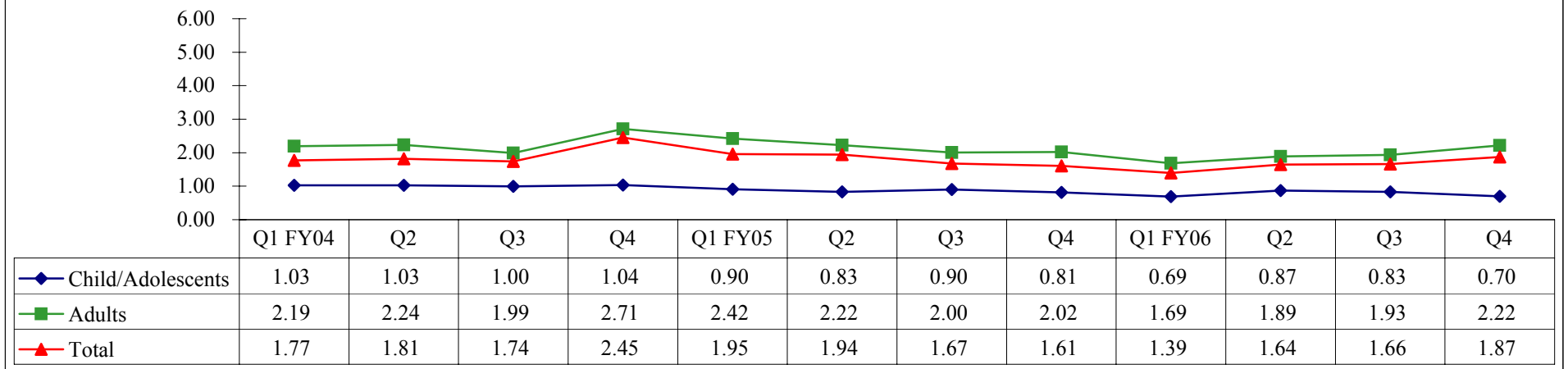


**Objective 3B - Maintain Restraint and Seclusion Data**  
**All State Hospitals**

**Average Number of Hours Per Incident in Restraints**

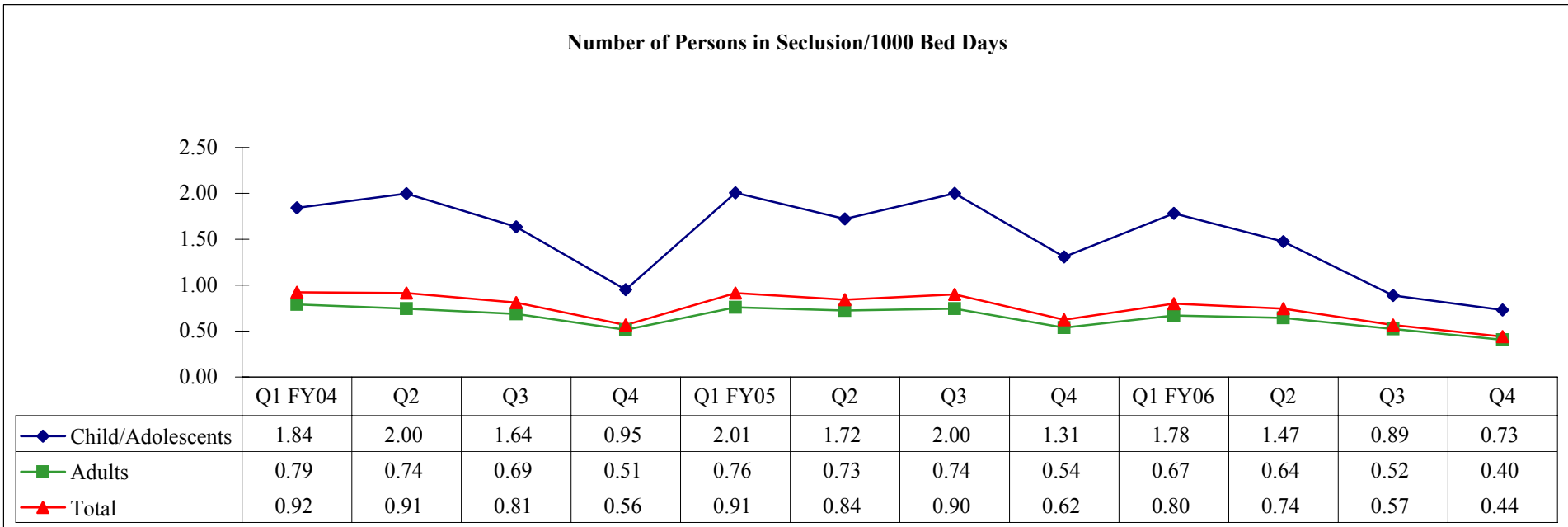
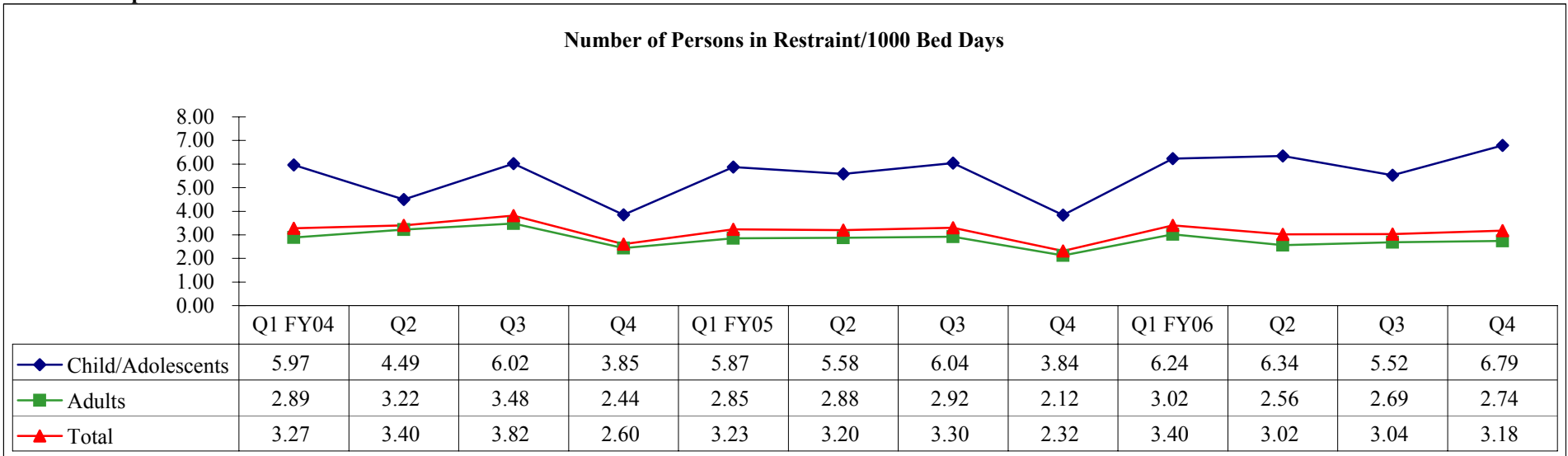


**Average Number of Hours Per Incident in Seclusion**

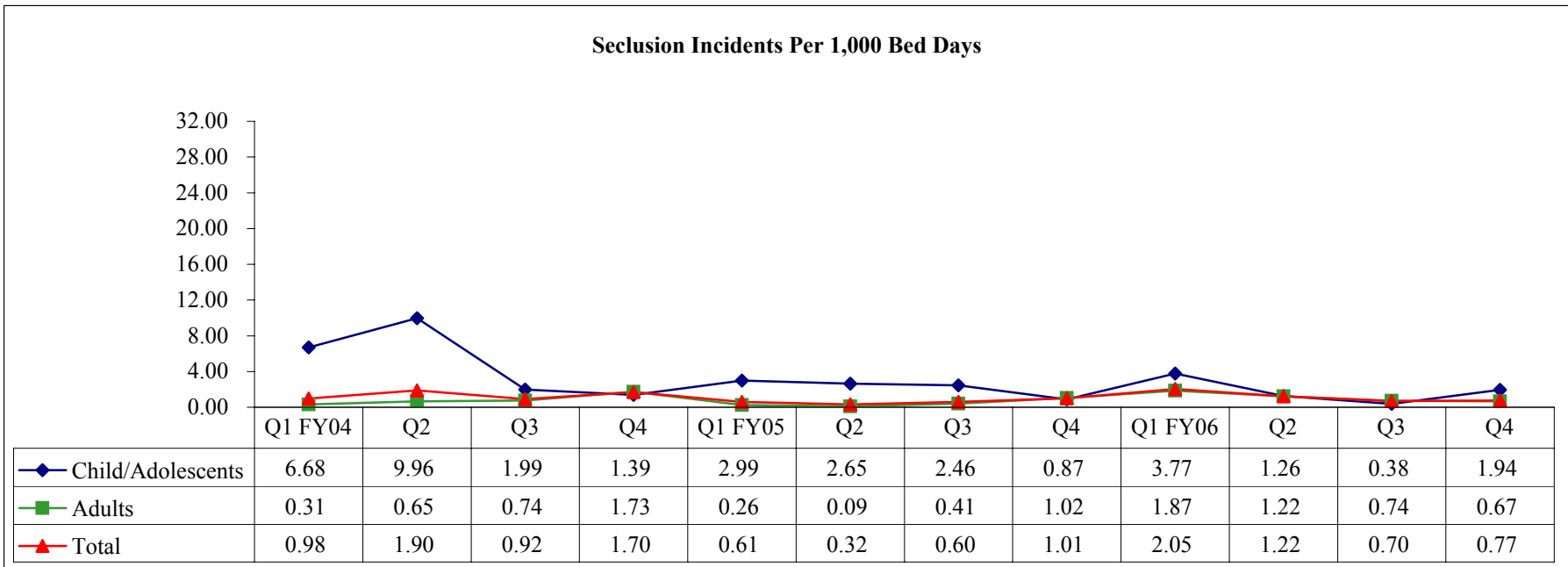
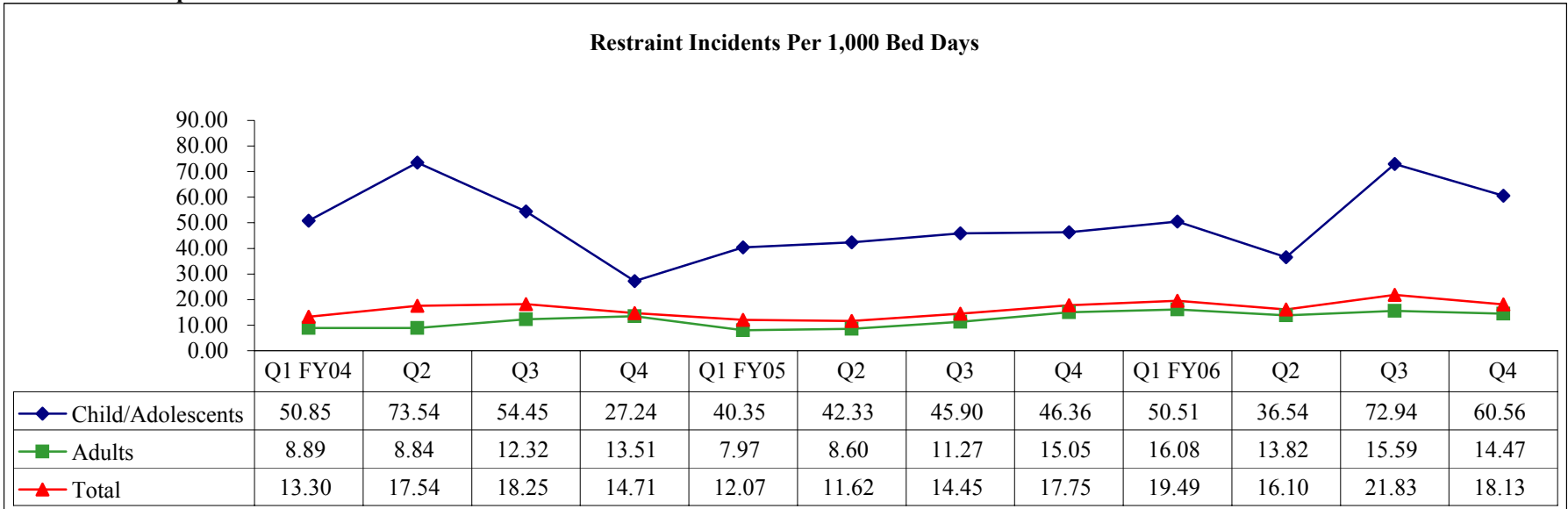


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



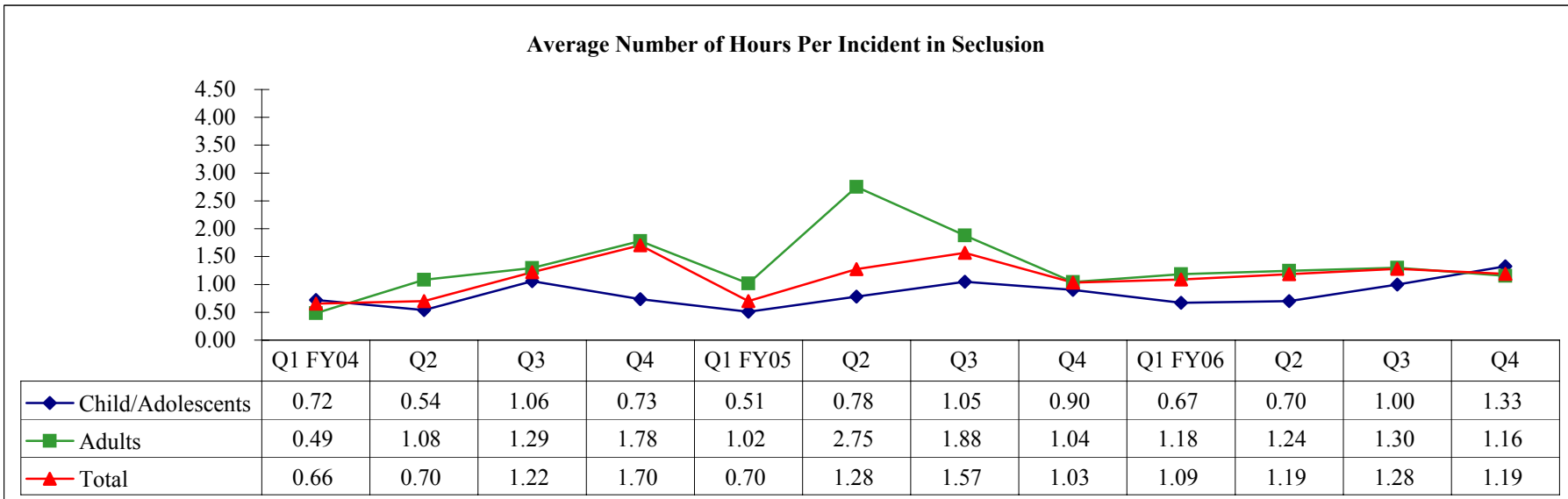
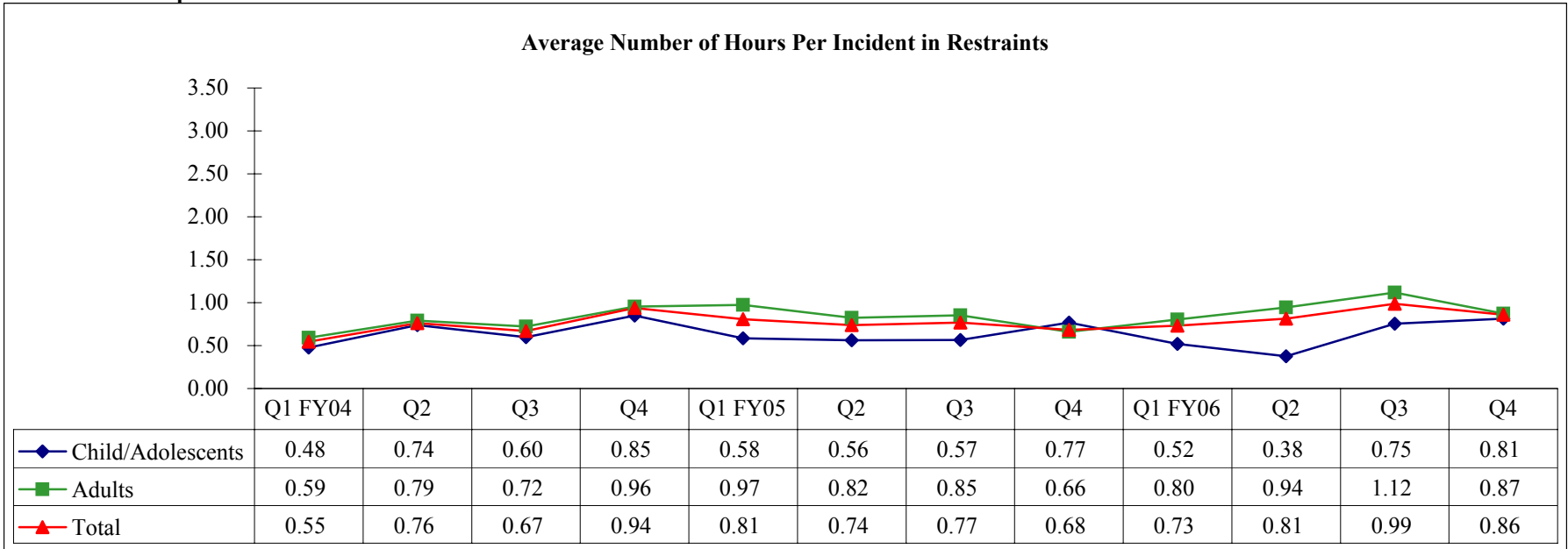
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Austin State Hospital**



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

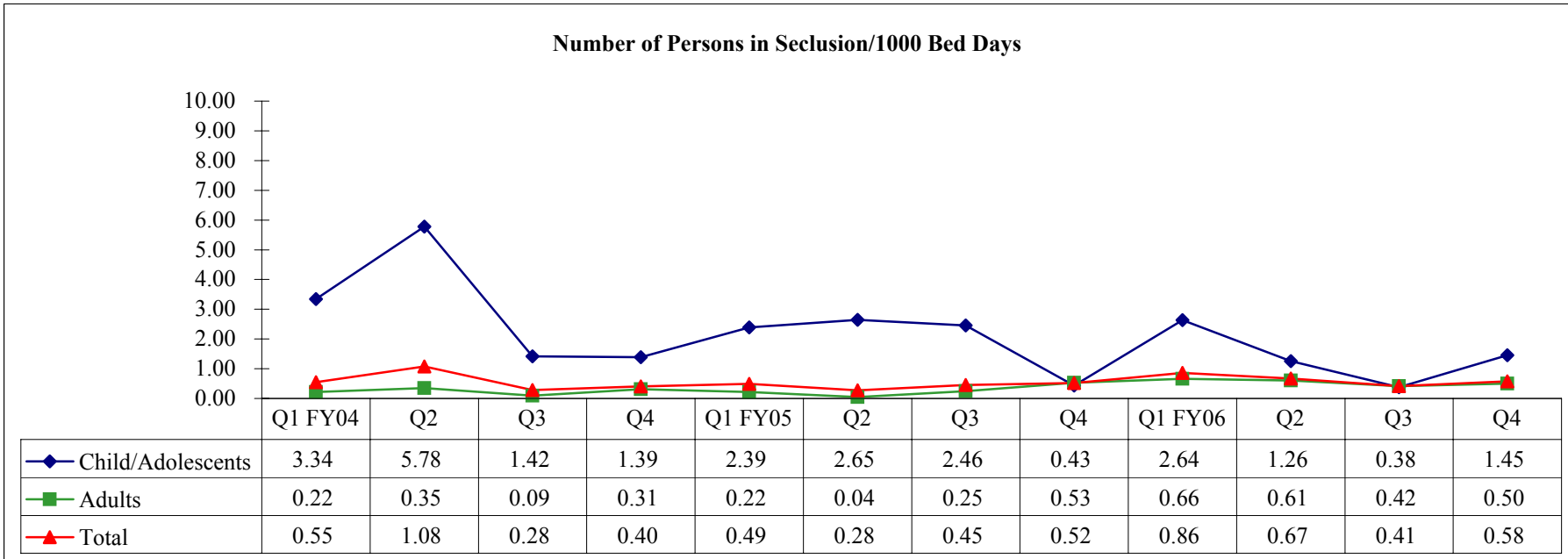
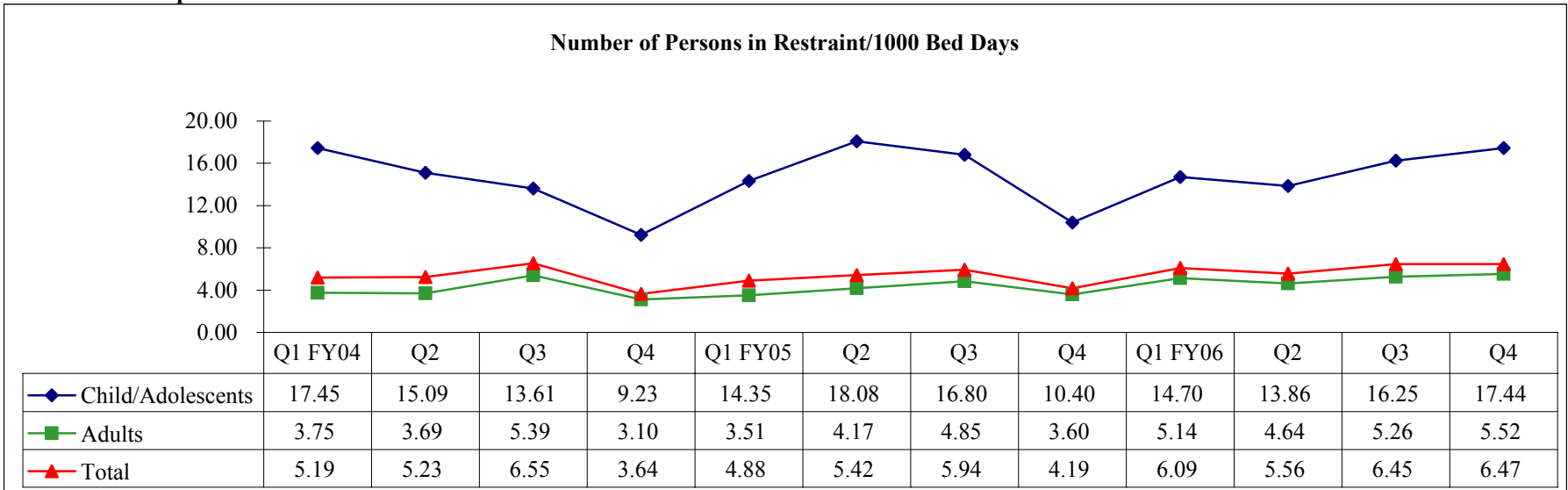
**Objective 3B - Maintain Restraint and Seclusion Data**

**Austin State Hospital**



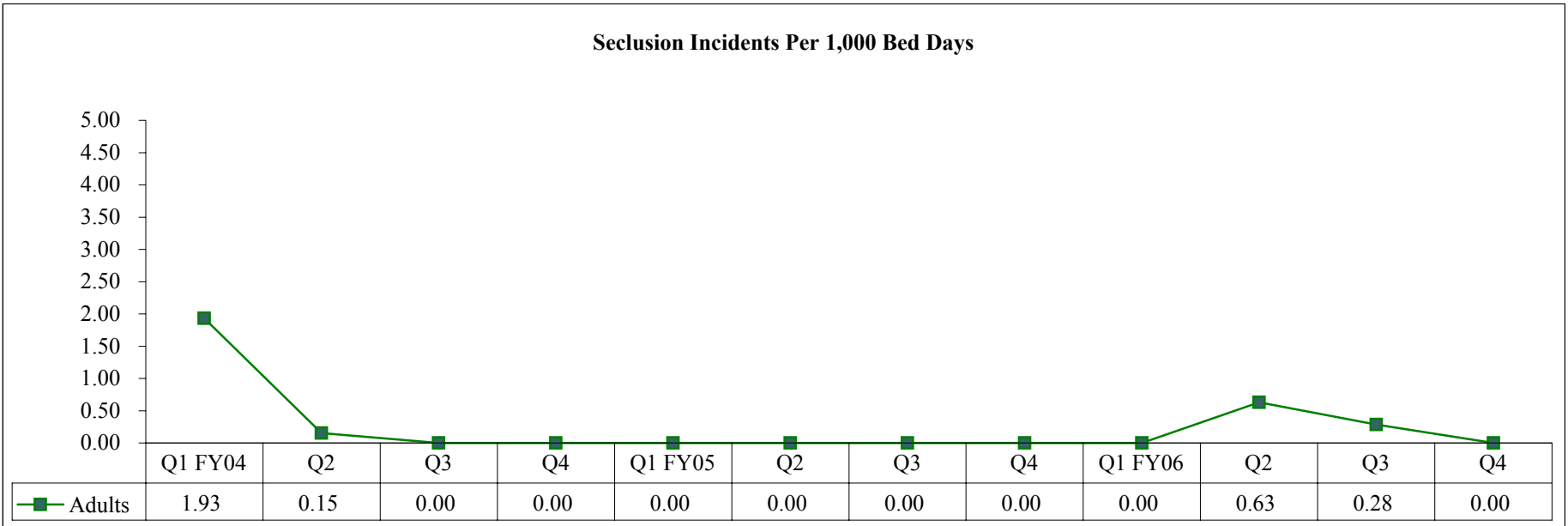
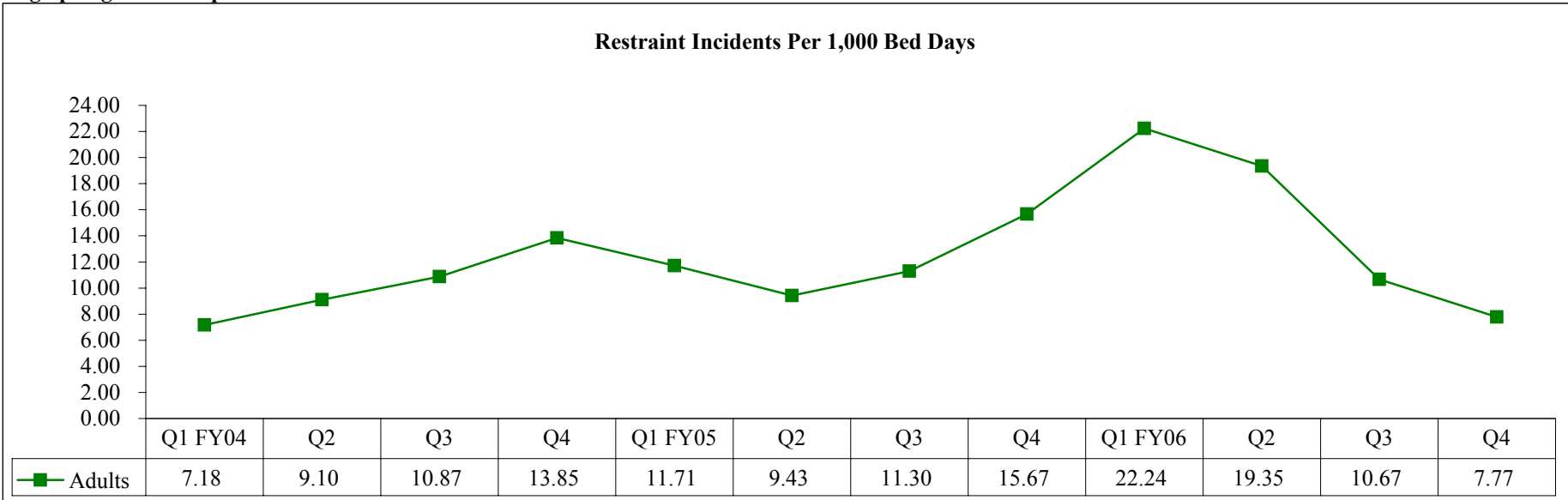


**Objective 3B - Maintain Restraint and Seclusion Data**  
**Austin State Hospital**



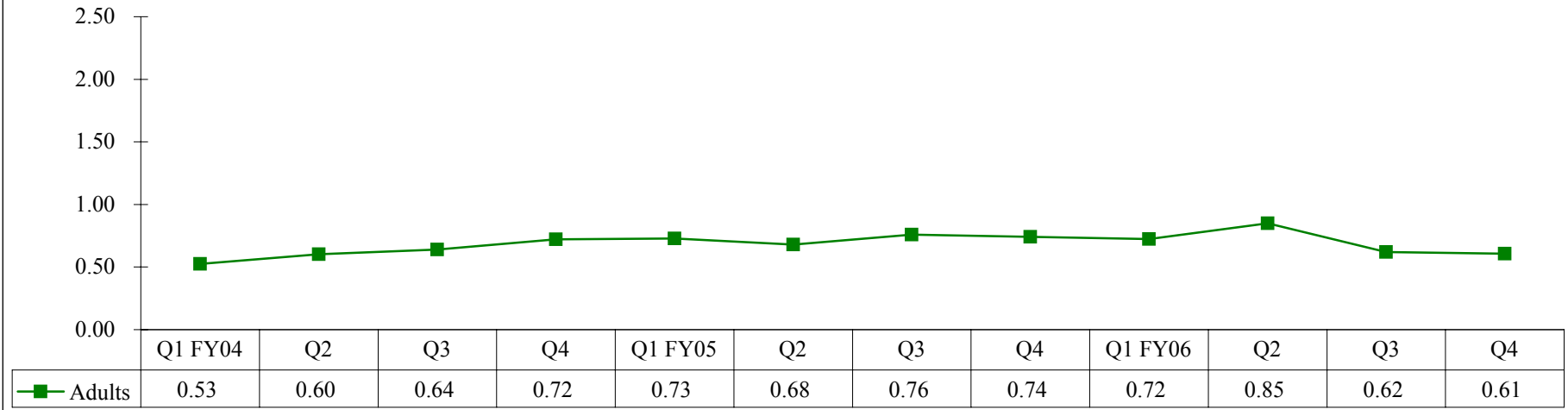
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

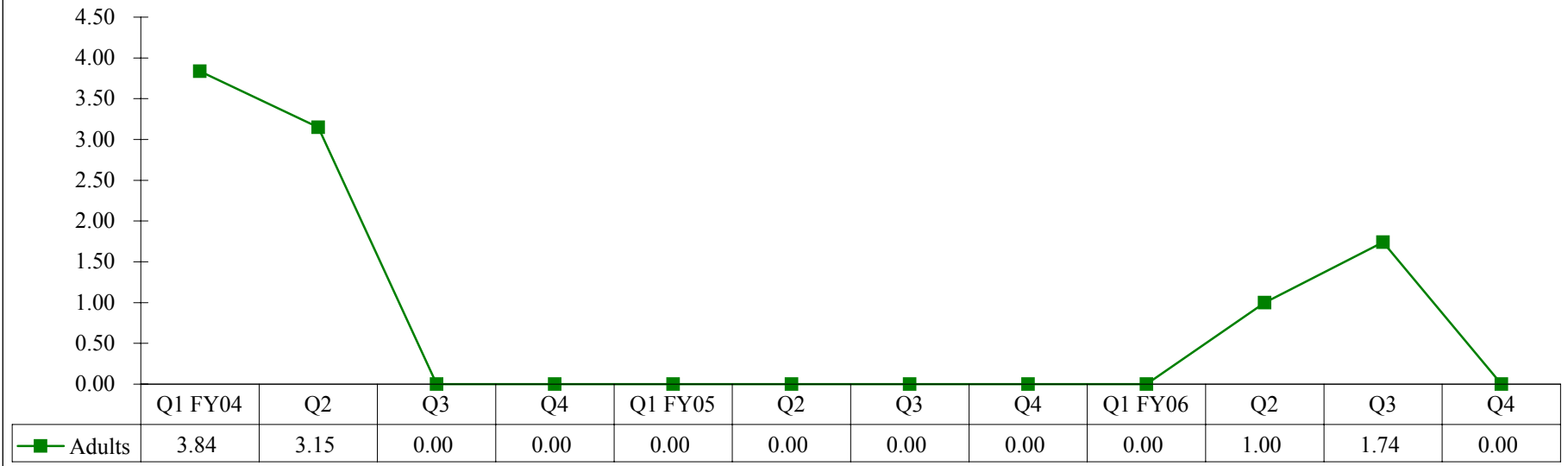


**Objective 3B - Maintain Restraint and Seclusion Data**  
**Big Spring State Hospital**

**Average Number of Hours Per Incident in Restraints**

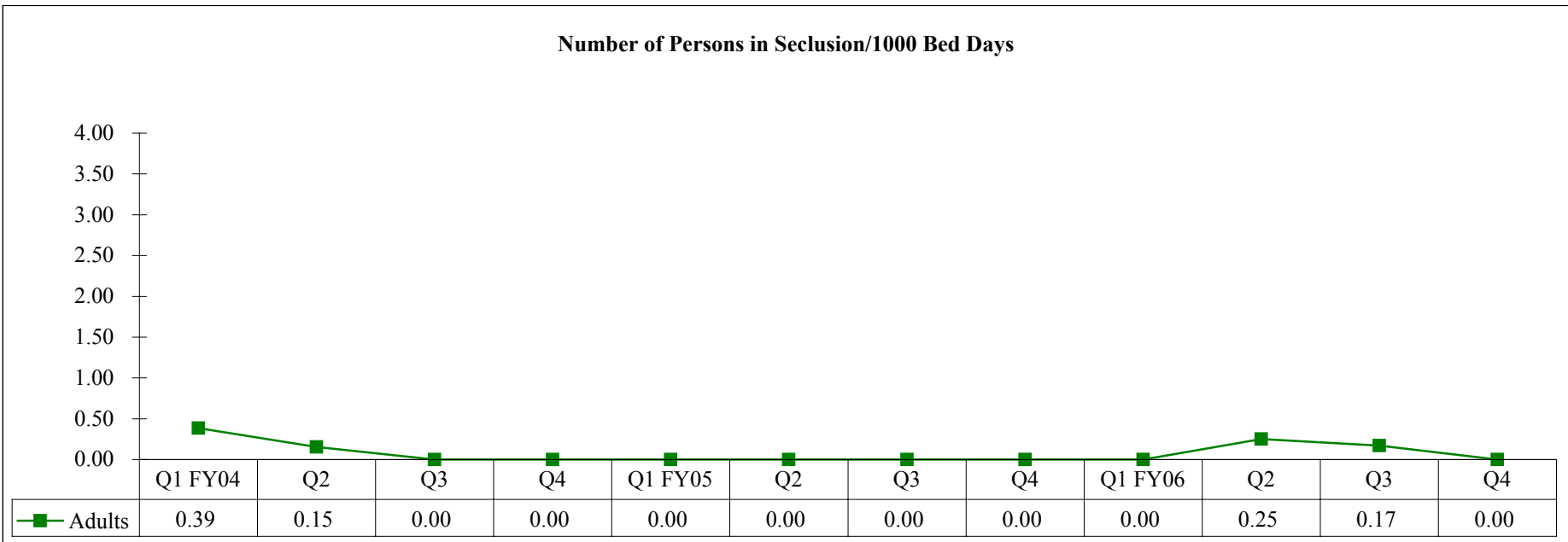
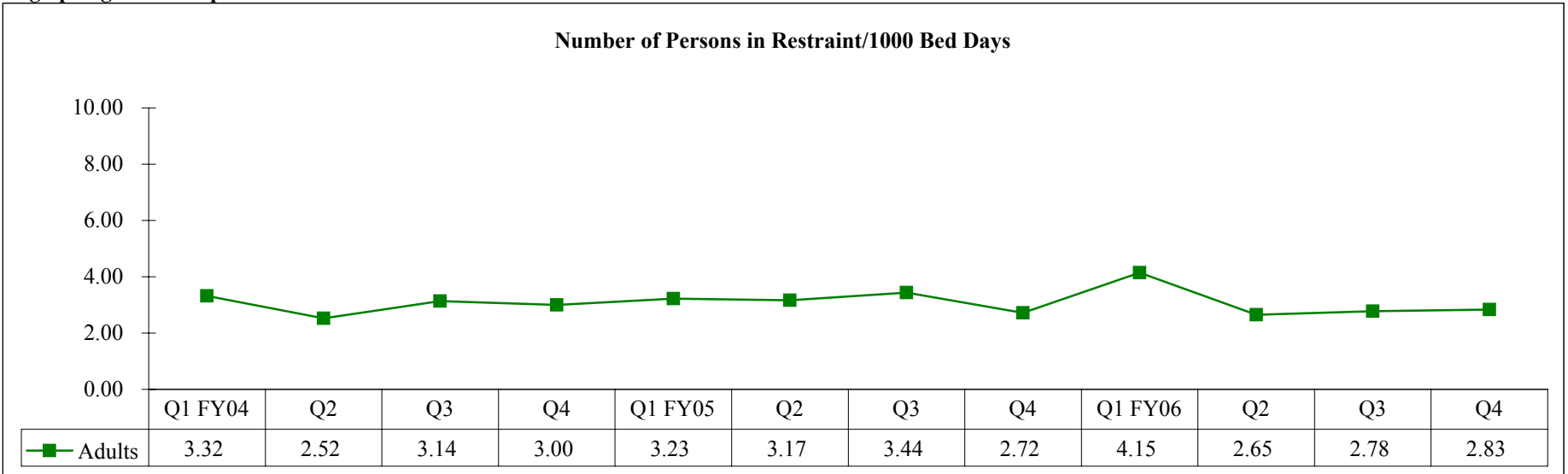


**Average Number of Hours Per Incident in Seclusion**

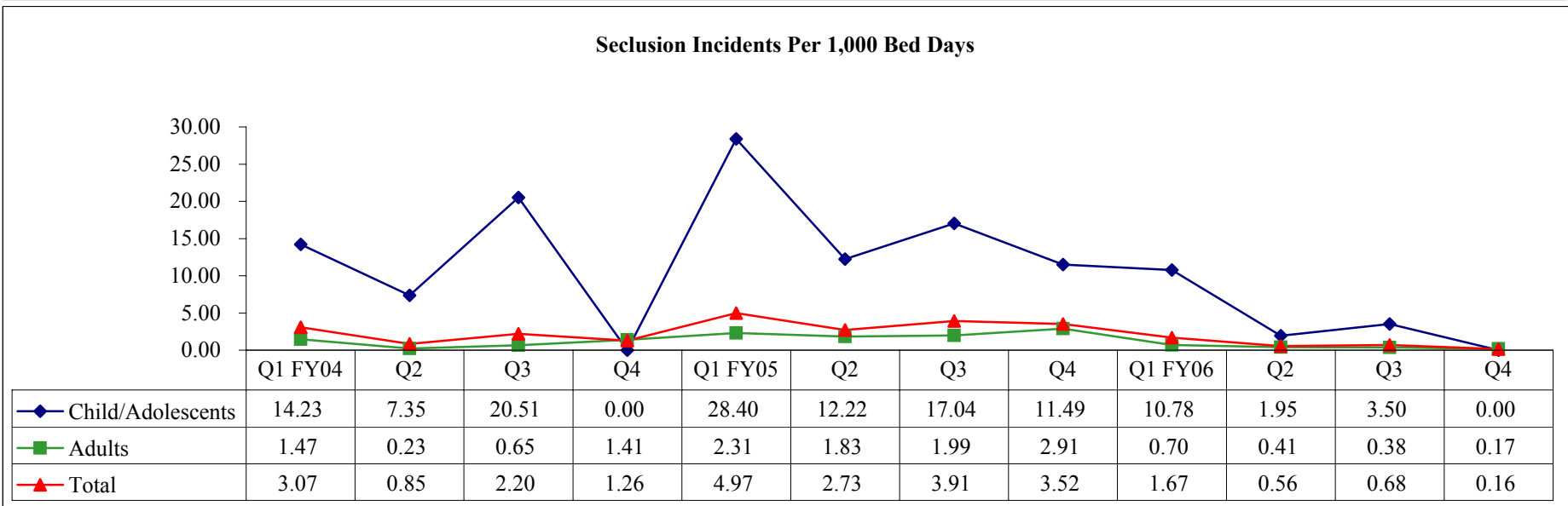
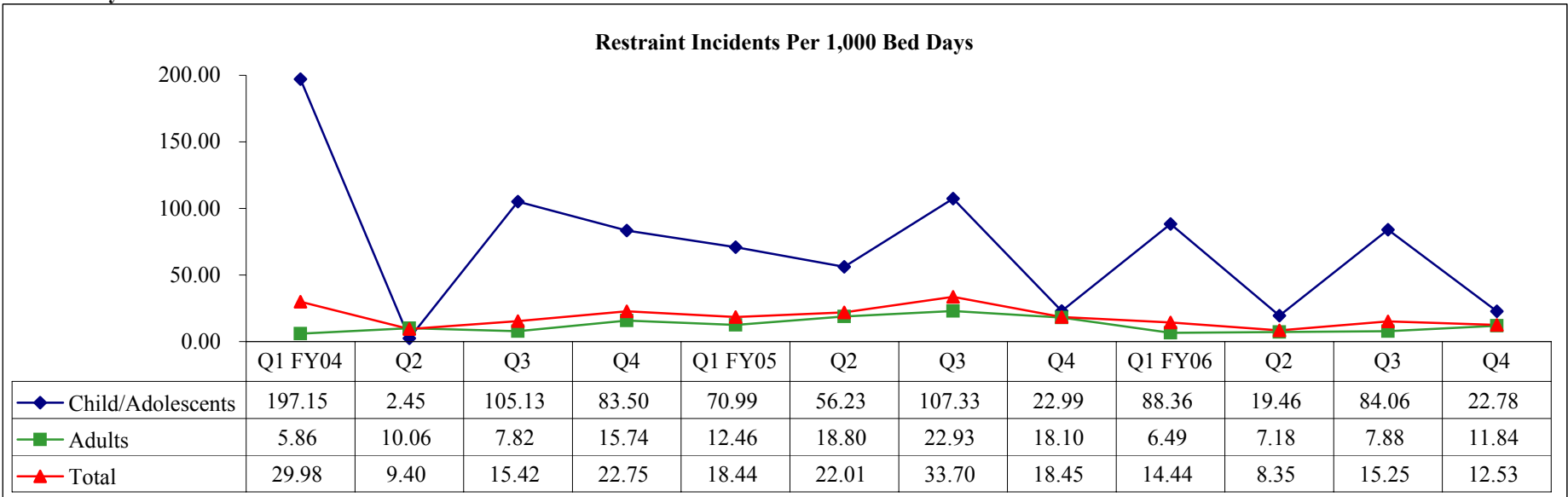


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

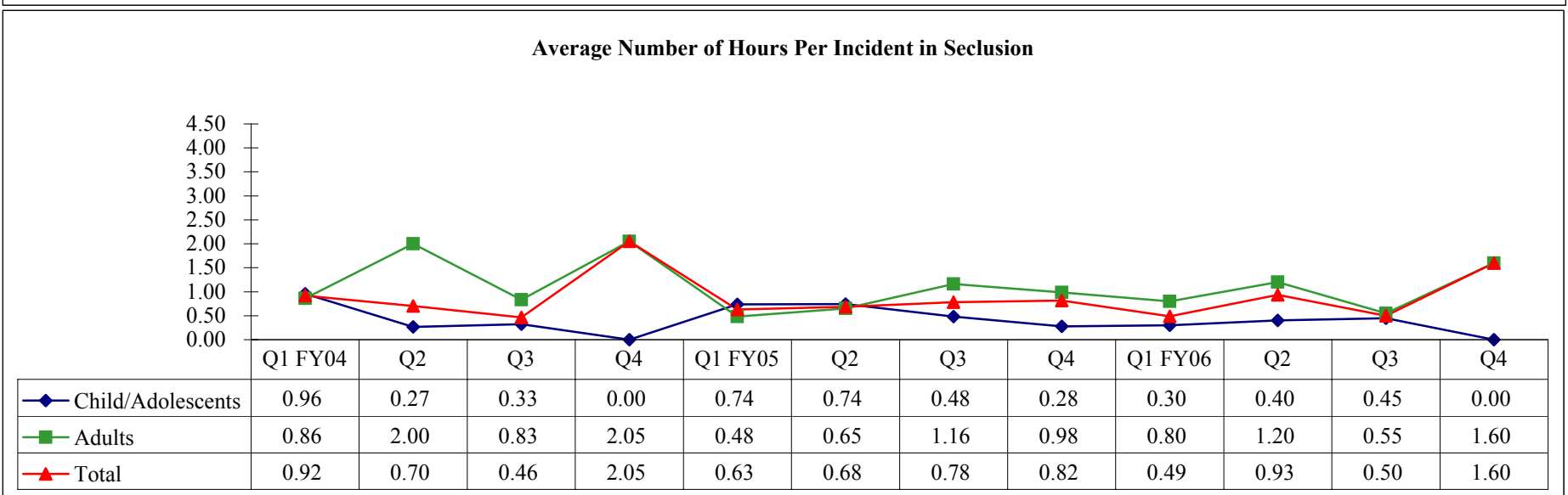
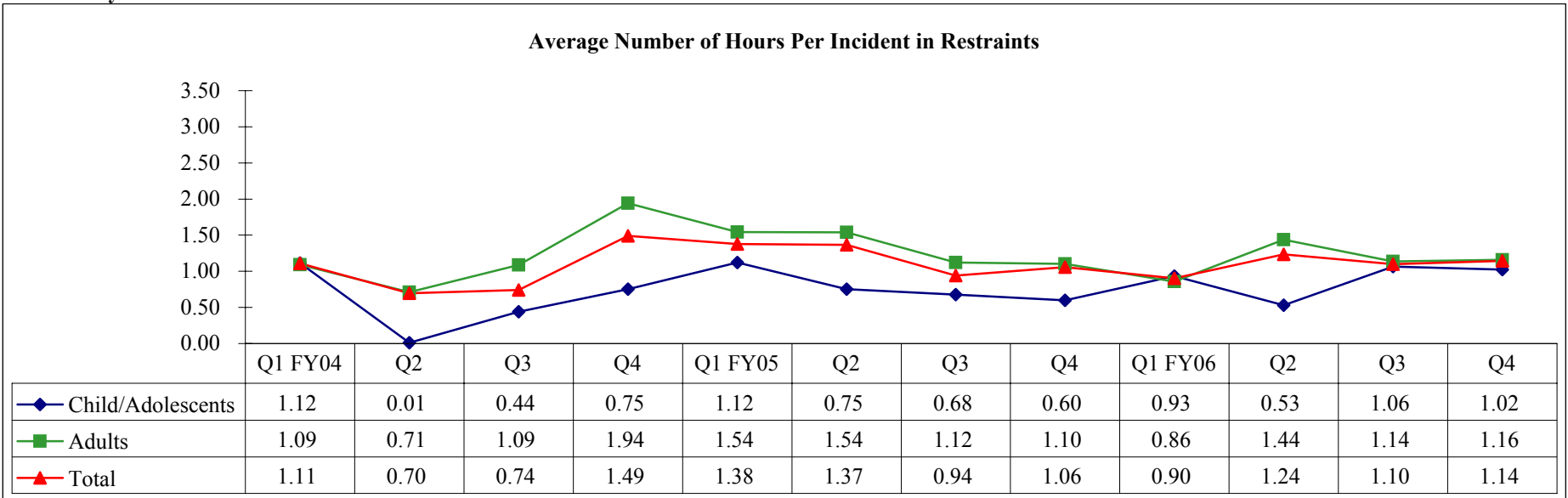
**Objective 3B - Maintain Restraint and Seclusion Data  
Big Spring State Hospital**



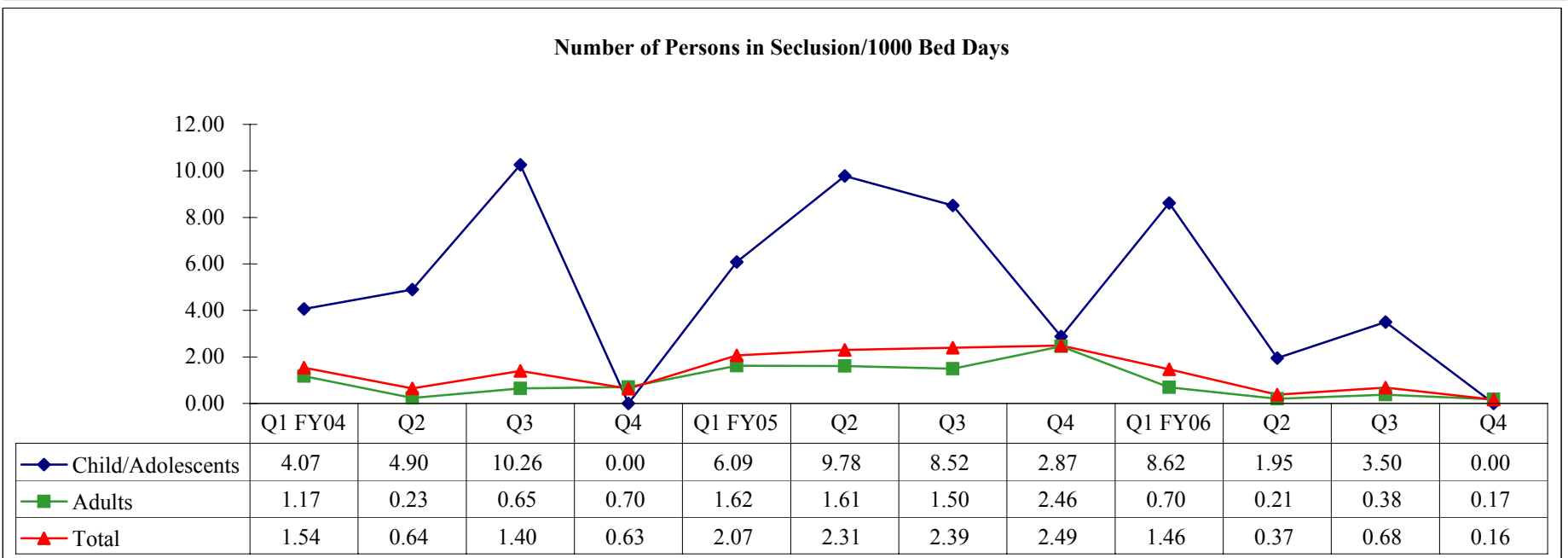
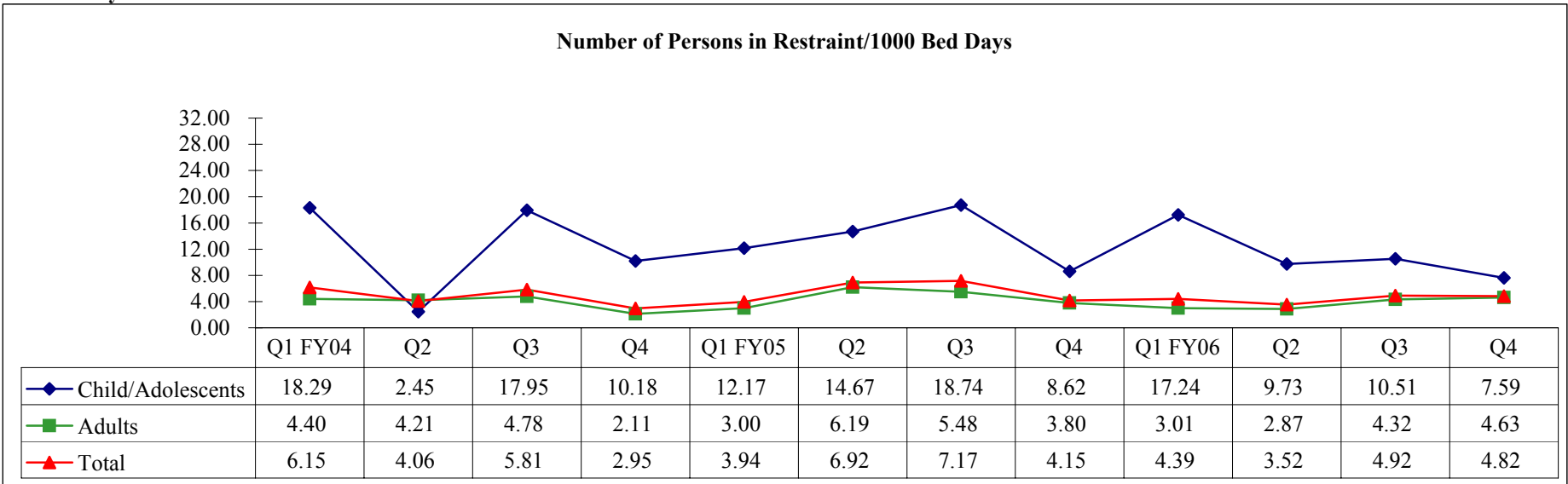
**Objective 3B - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**



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

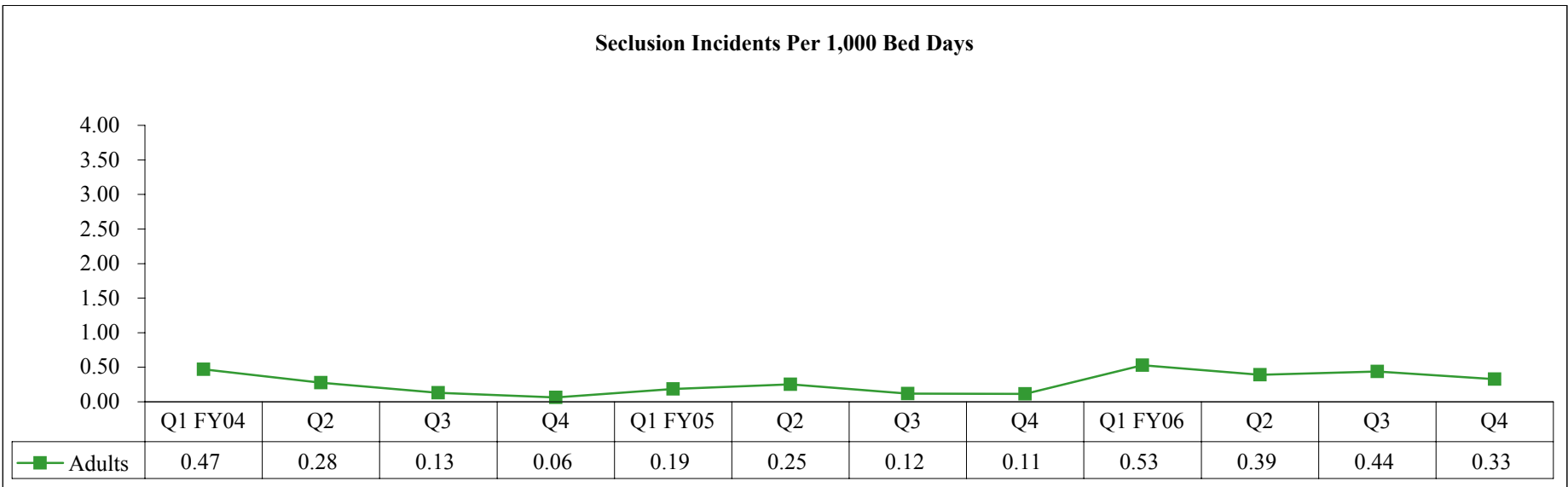
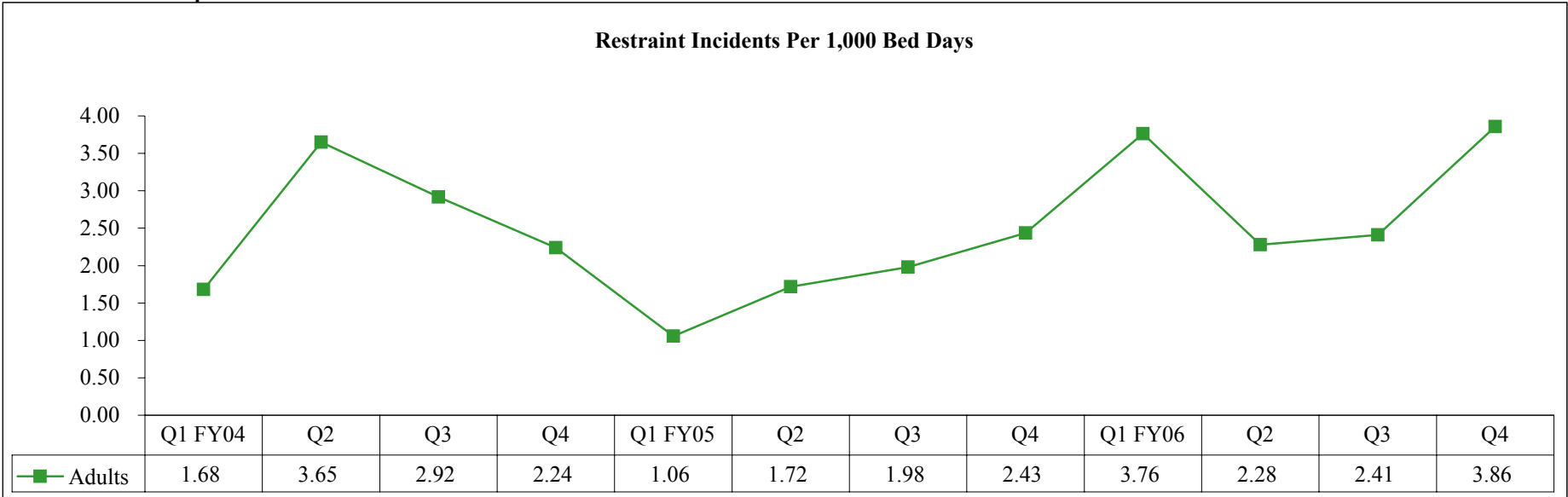


**Objective 3B - Maintain Restraint and Seclusion Data**  
**El Paso Psychiatric Center**



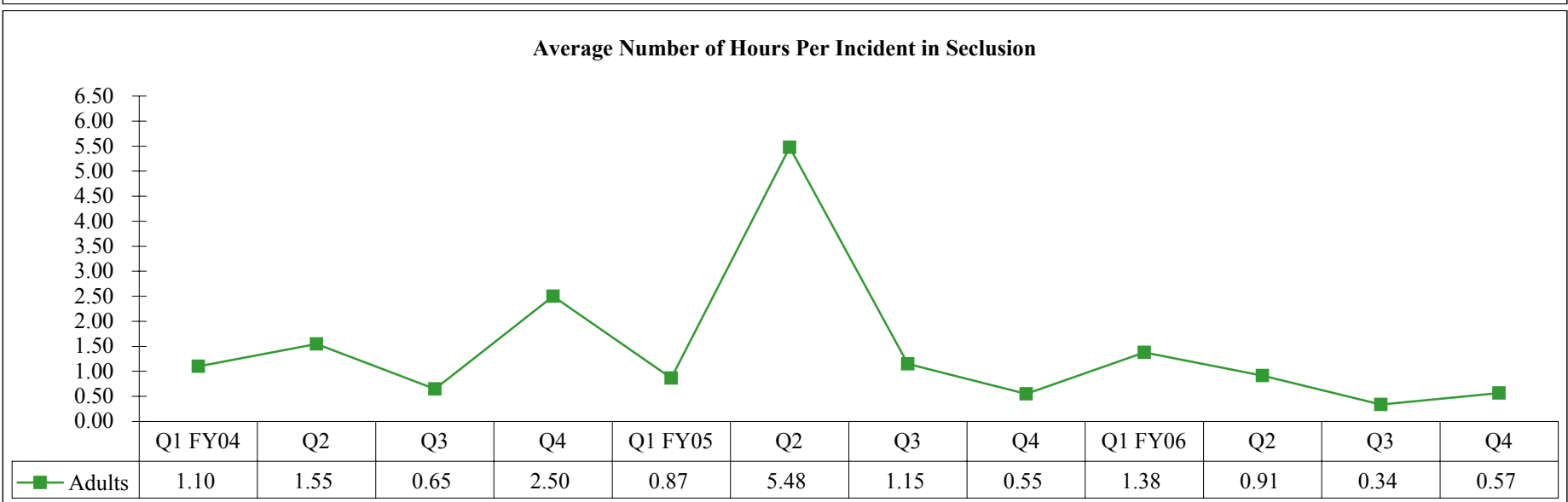
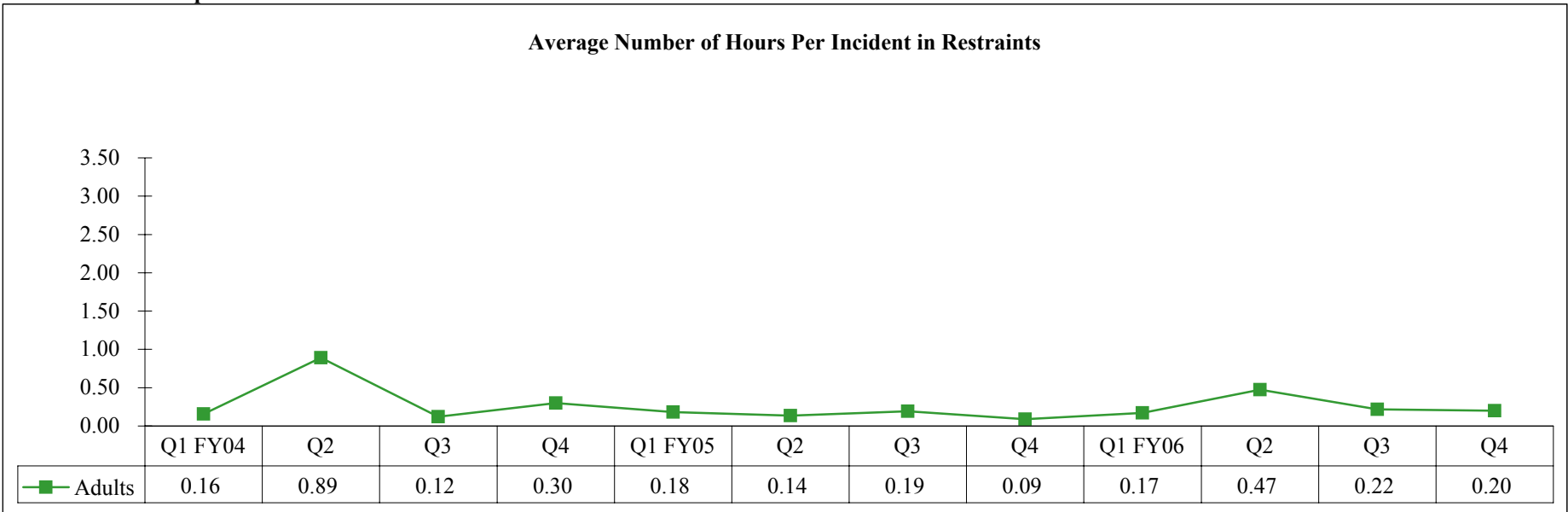
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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

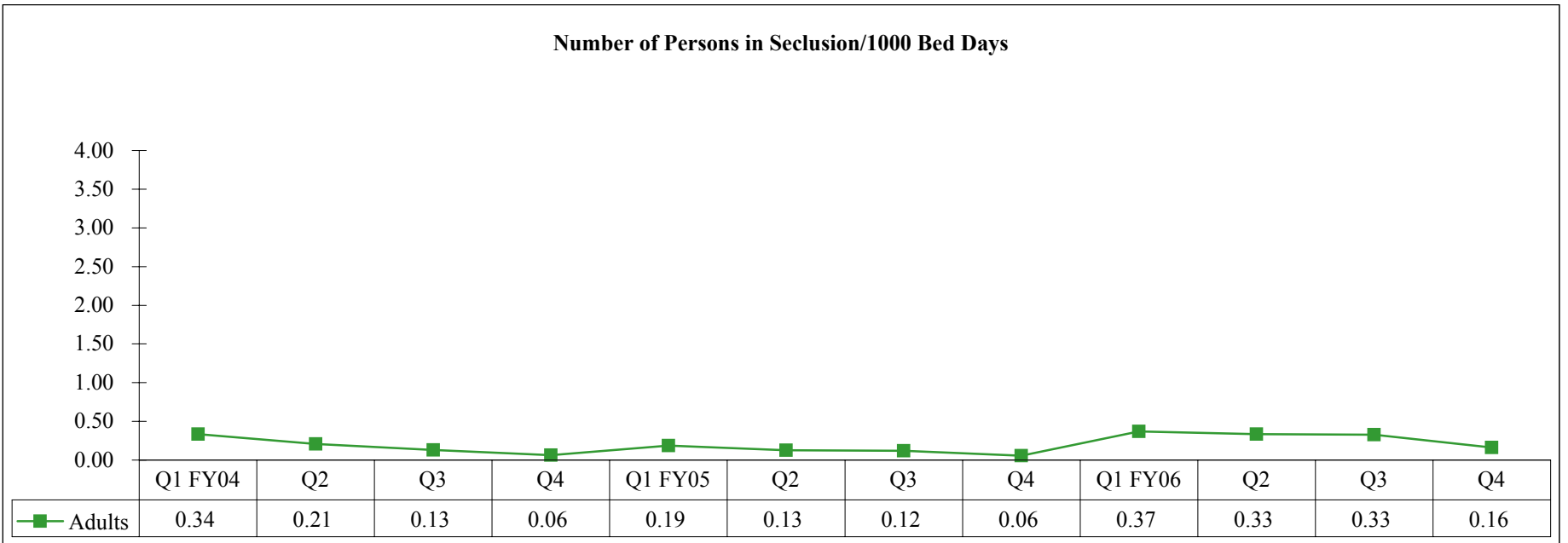
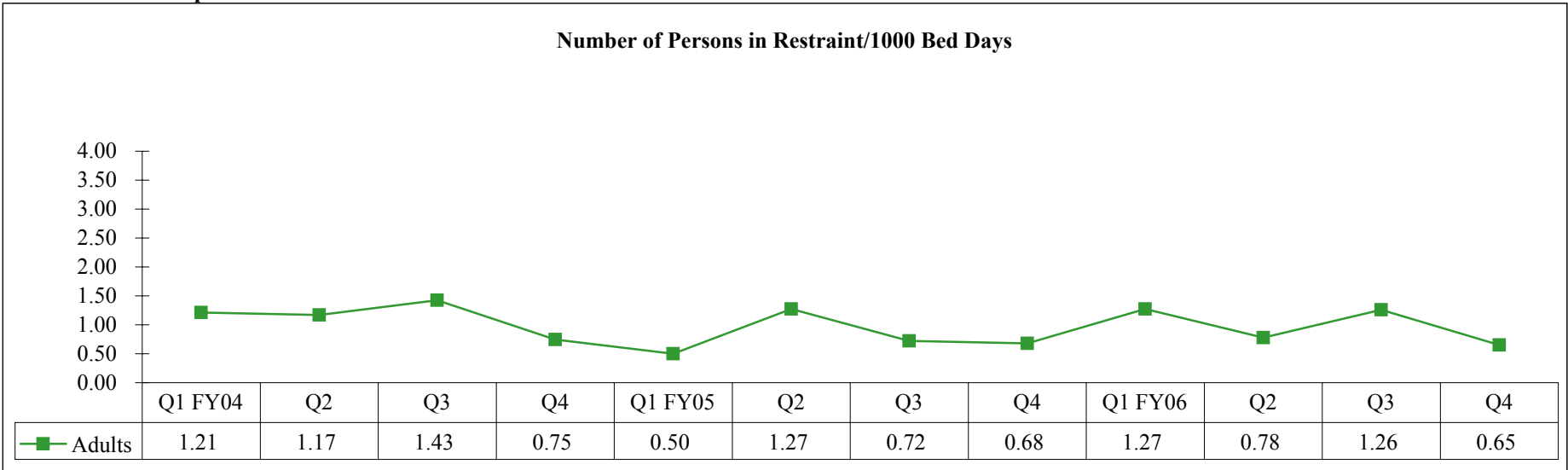




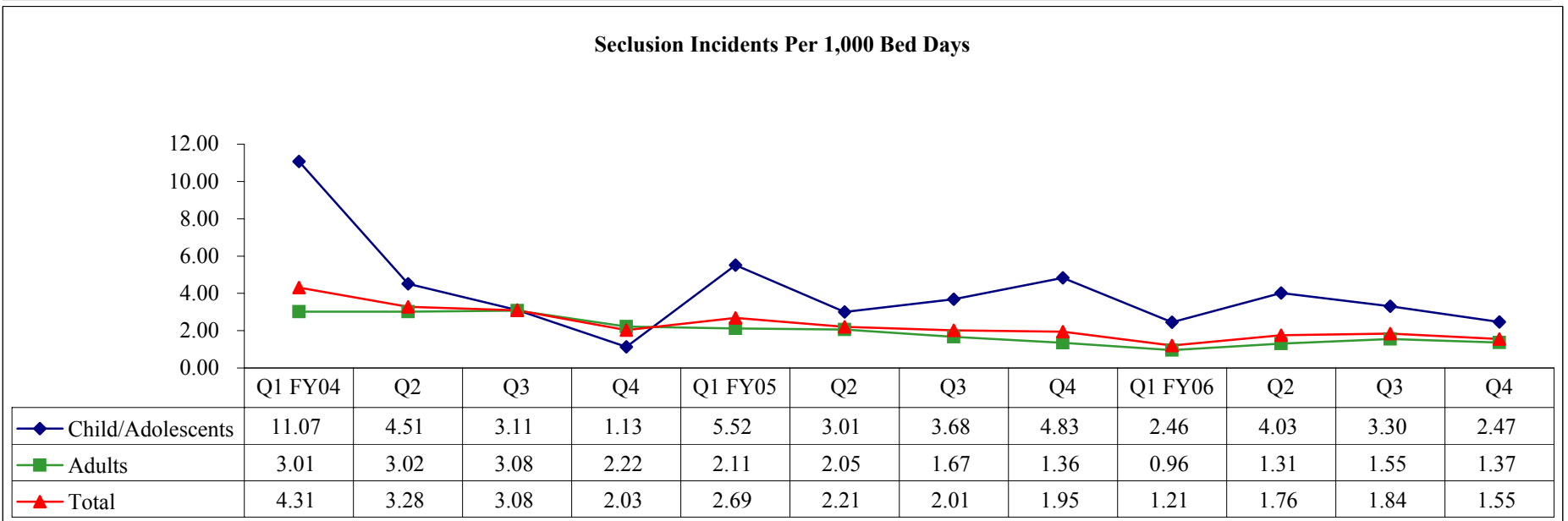
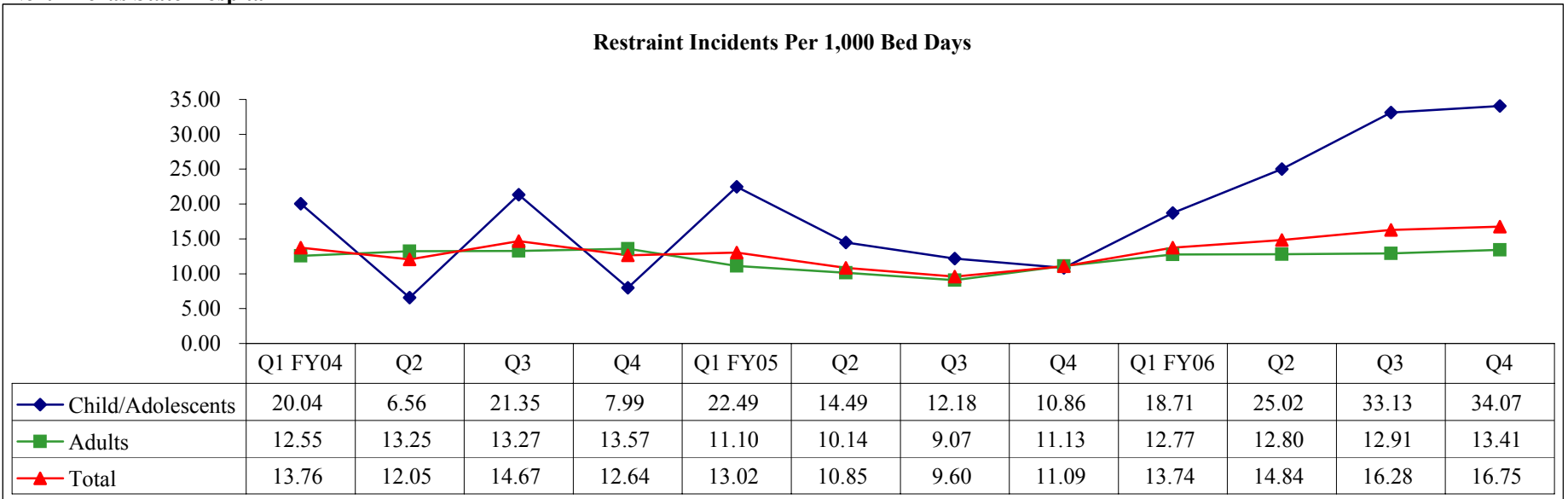
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Kerrville State Hospital**



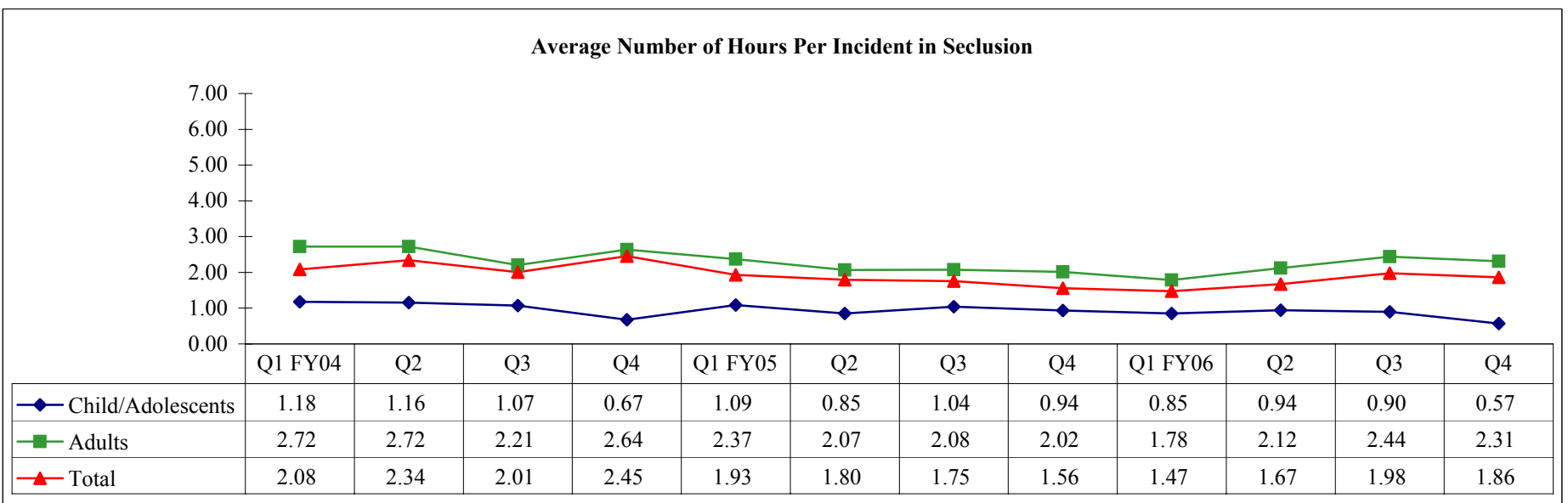
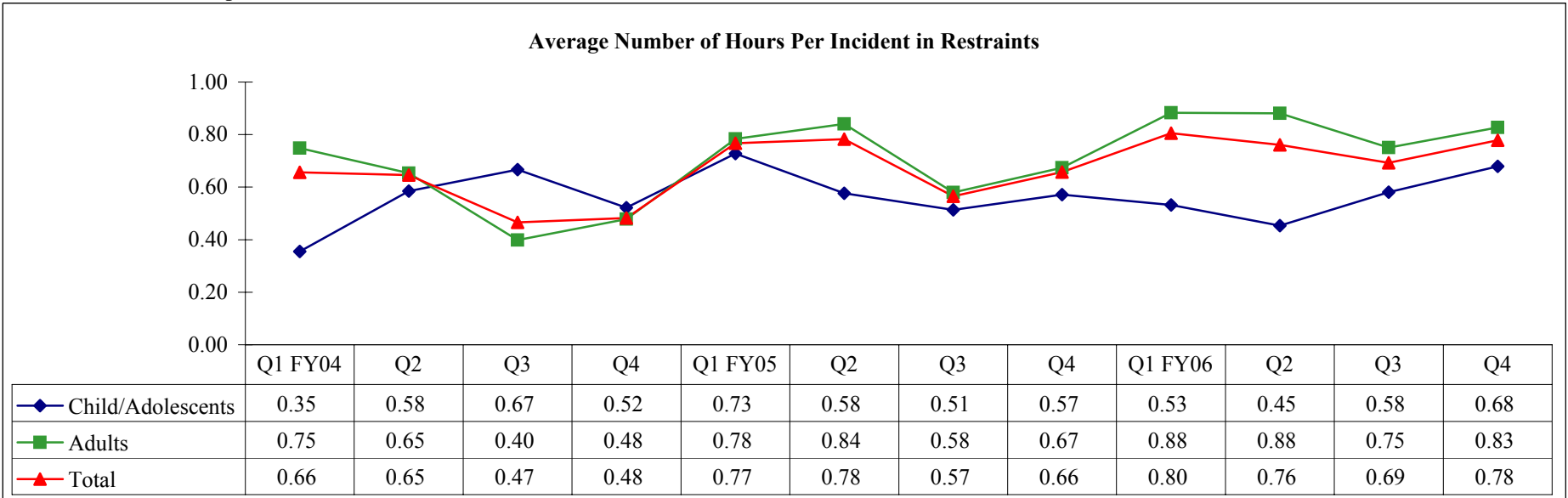
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Kerrville State Hospital**



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

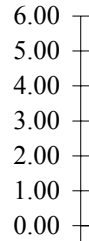


**Objective 3B - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**



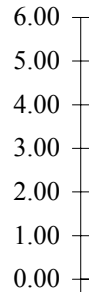
**Objective 3B - Maintain Restraint and Seclusion Data**  
**North Texas State Hospital**

**Number of Persons in Restraint/1000 Bed Days**



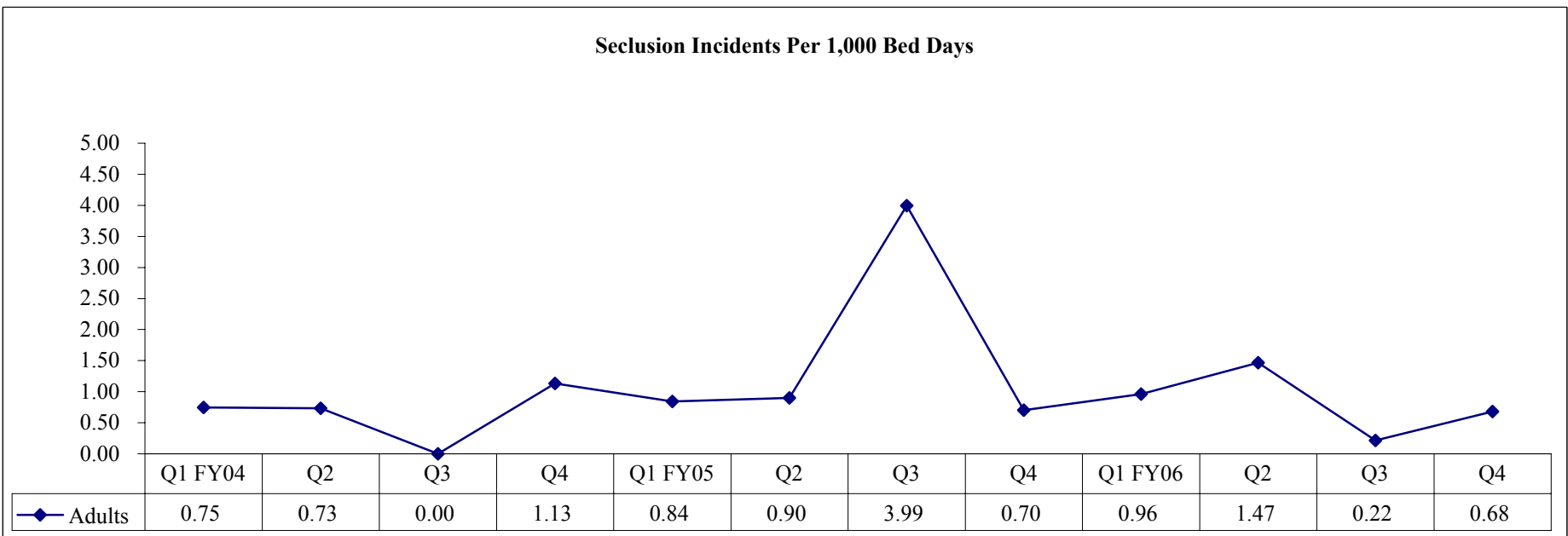
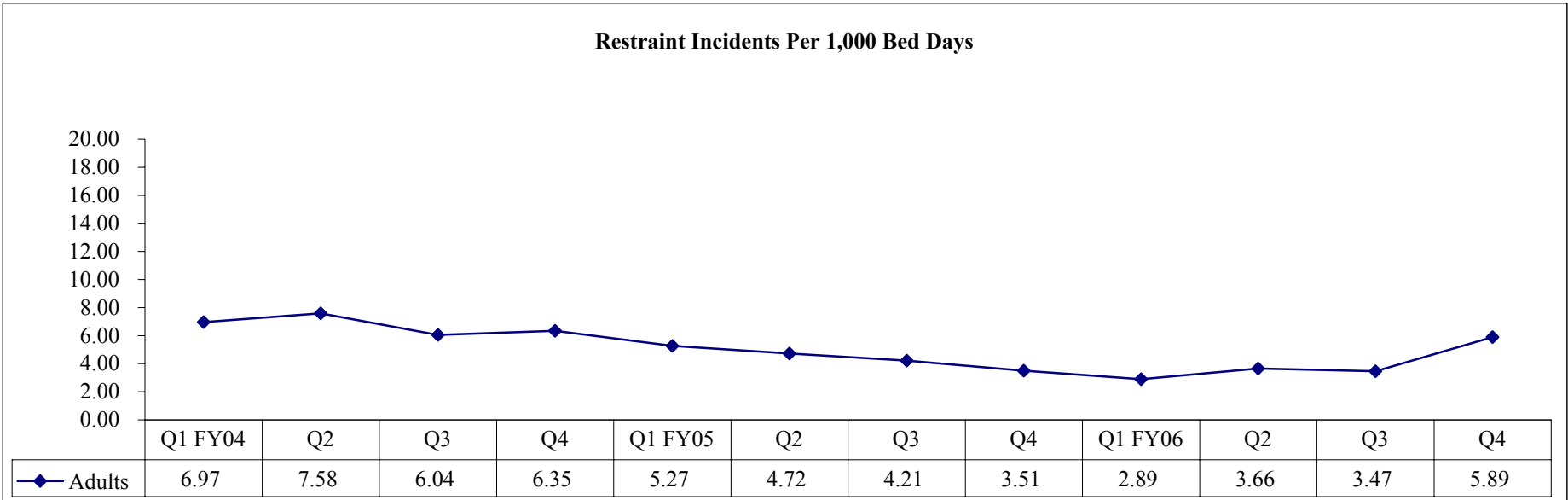
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
◆ Child/Adolescents	2.77	2.36	4.46	2.36	3.78	3.34	3.79	2.41	4.06	5.33	4.44	5.73
■ Adults	3.14	3.82	3.71	2.91	3.25	3.06	3.00	2.02	3.59	3.29	3.43	3.88
▲ Total	3.08	3.56	3.84	2.82	3.34	3.11	3.14	2.09	3.67	3.63	3.60	4.18

**Number of Persons in Seclusion/1000 Bed Days**



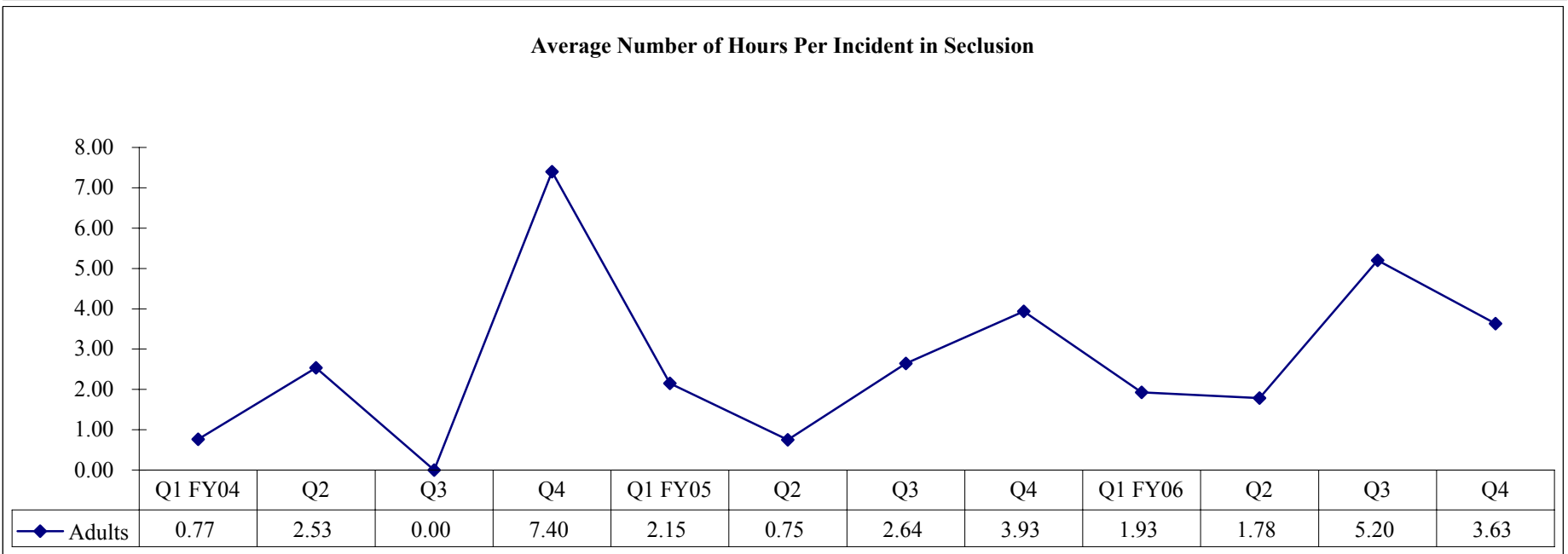
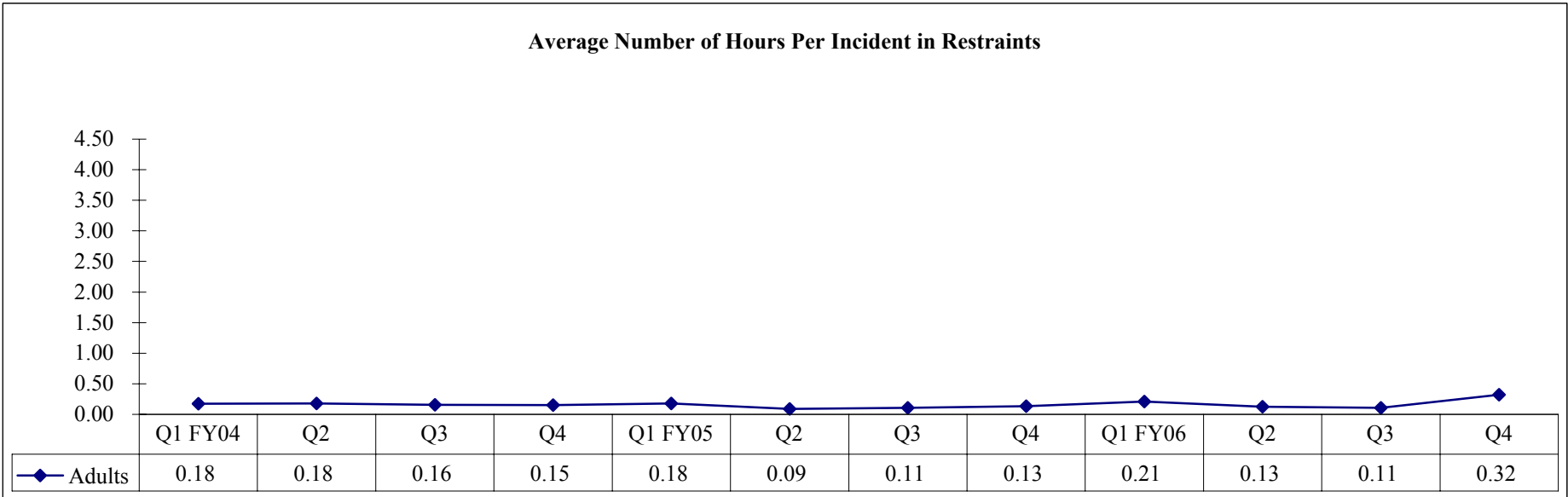
	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
◆ Child/Adolescents	1.99	1.23	1.45	0.51	1.94	1.45	1.74	1.31	1.39	1.63	1.55	0.90
■ Adults	1.04	1.14	1.28	0.90	0.89	0.87	0.81	0.69	0.73	0.74	0.70	0.63
▲ Total	1.19	1.16	1.31	0.84	1.07	0.97	0.97	0.79	0.84	0.89	0.84	0.67

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



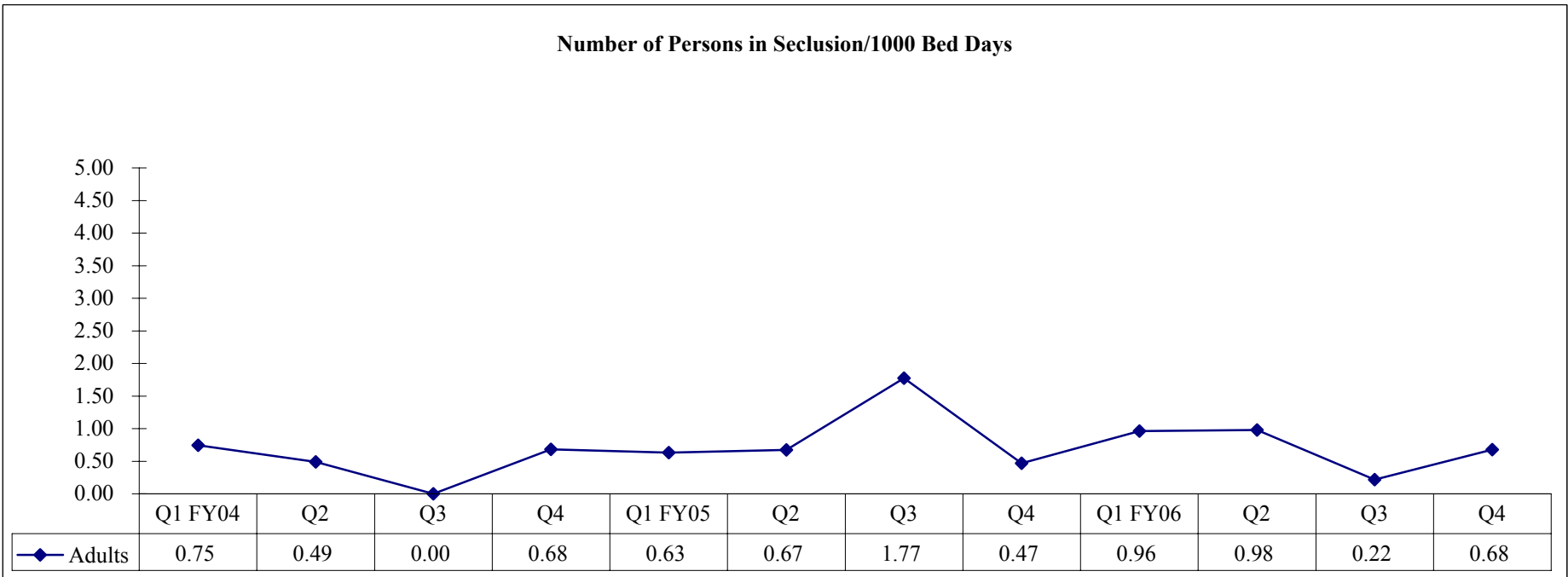
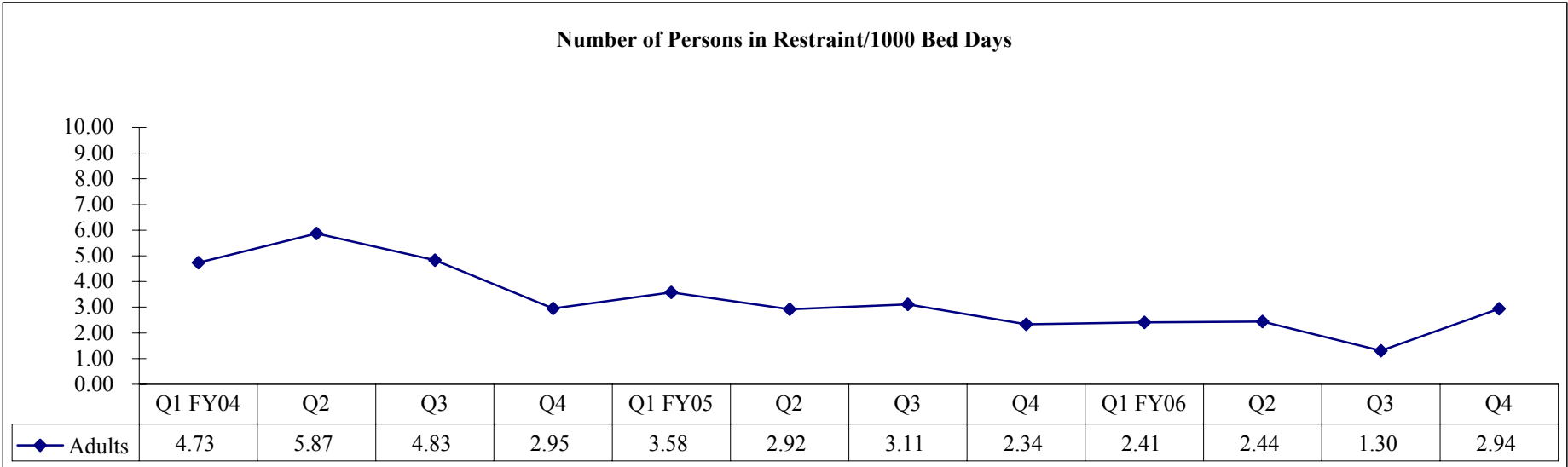
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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

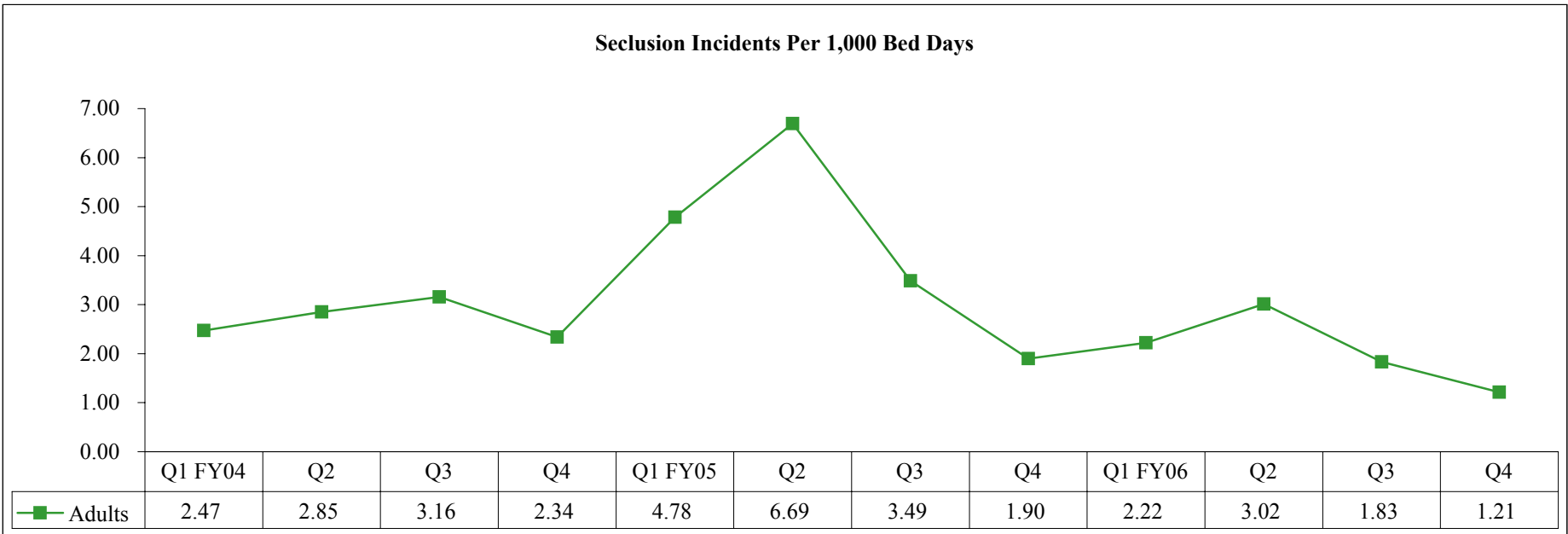
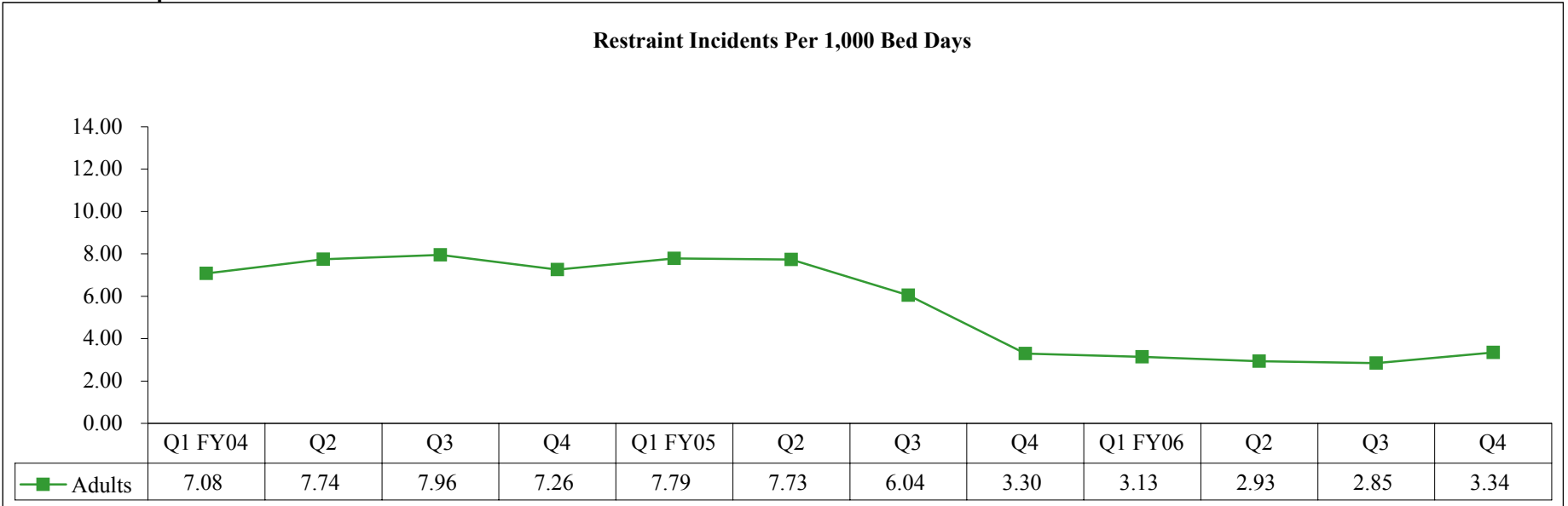
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Rio Grande State Center**



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

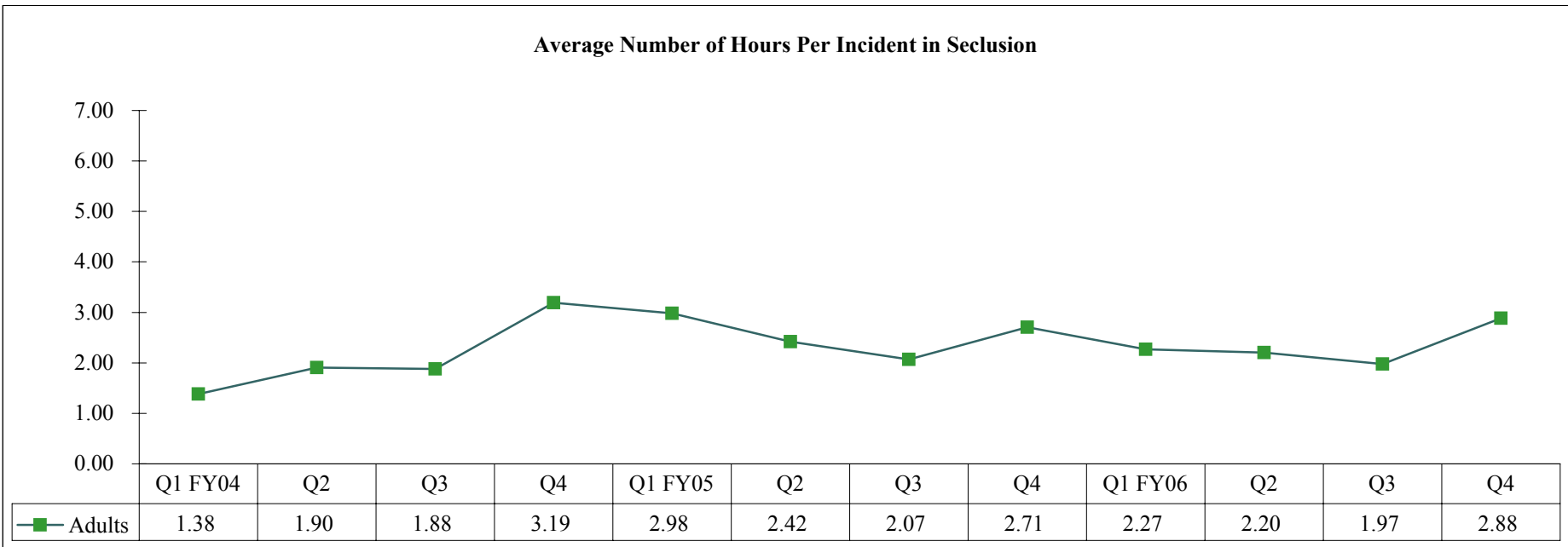
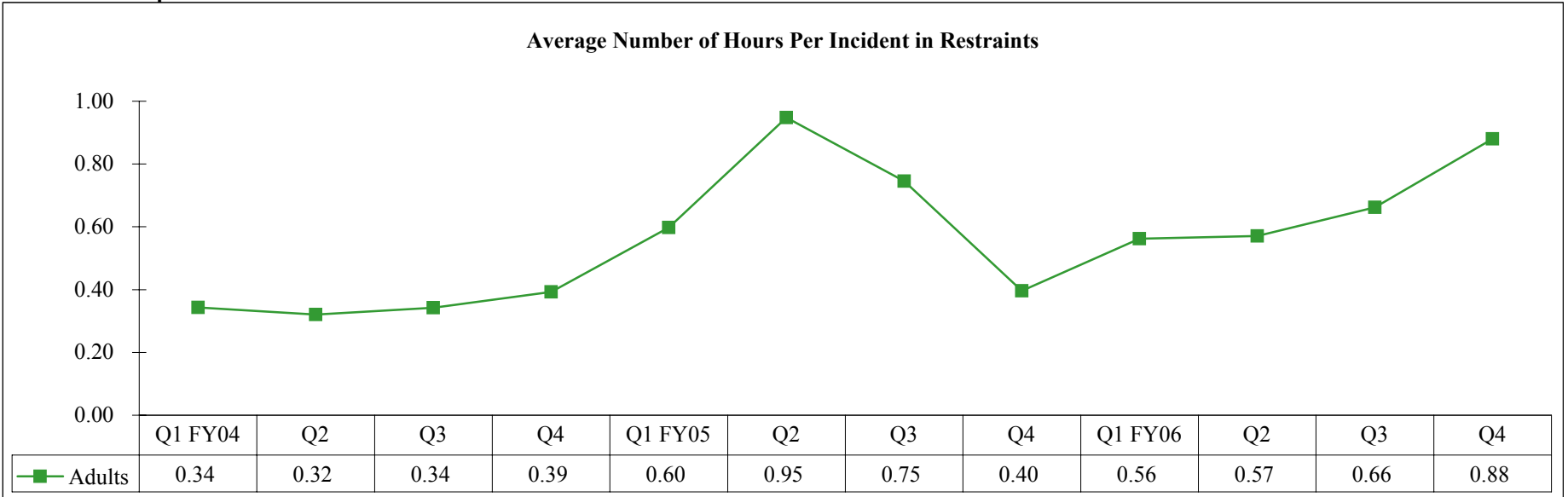


**Objective 3B - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**

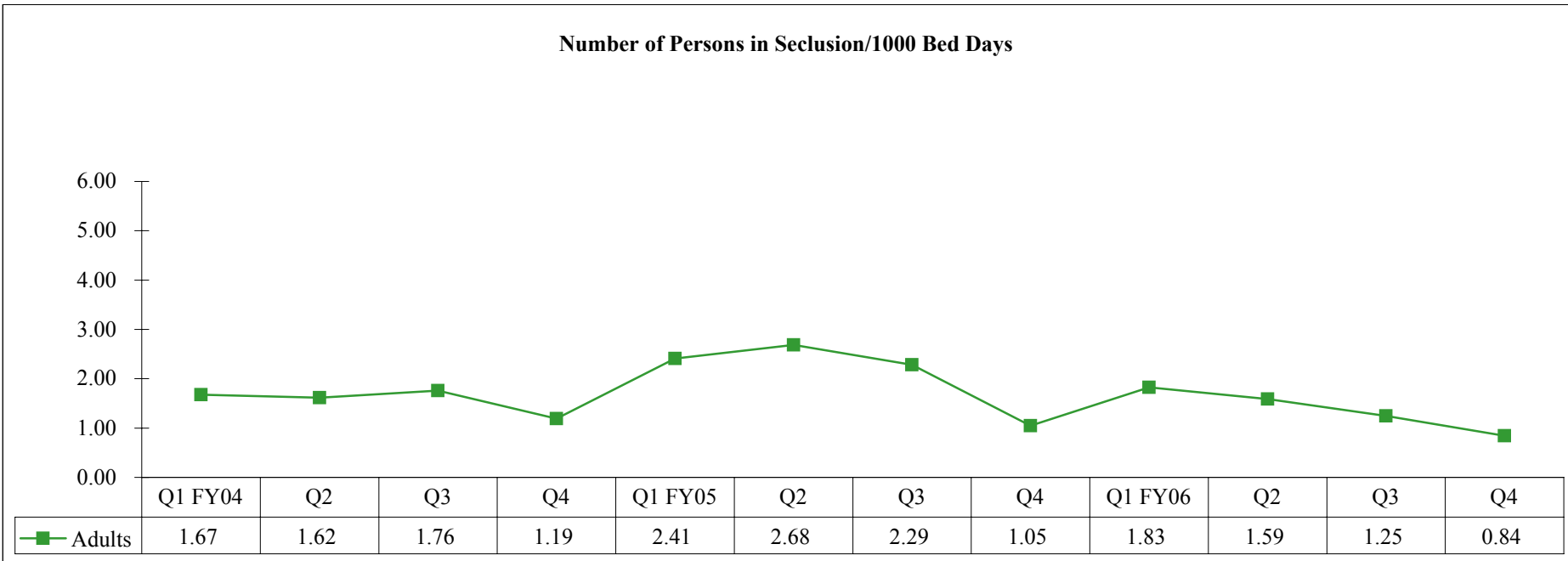
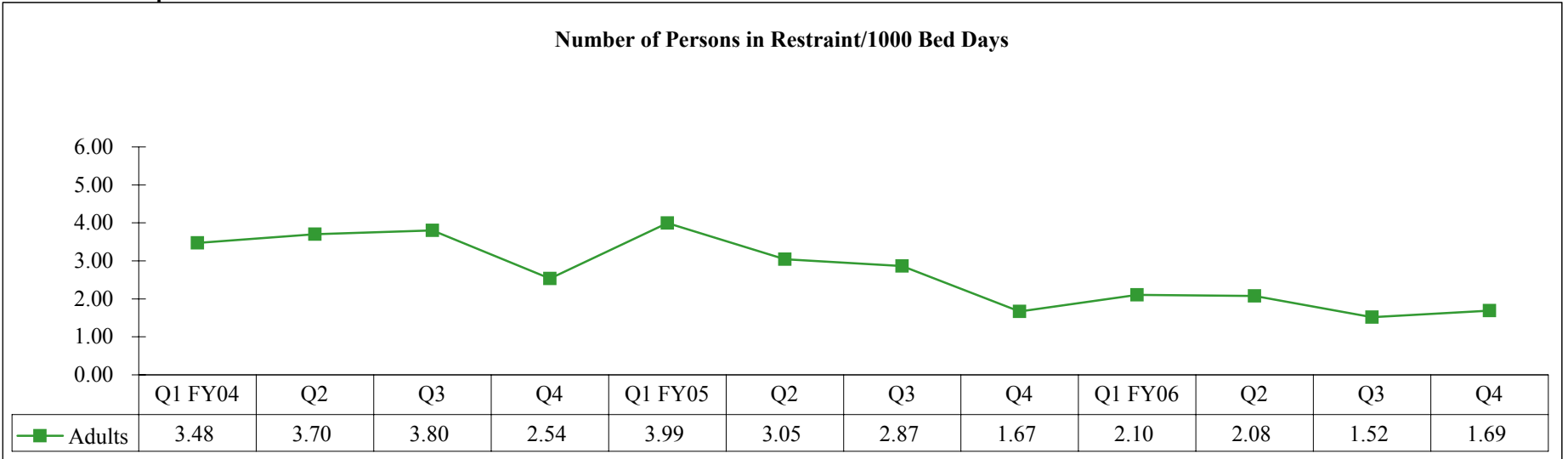


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

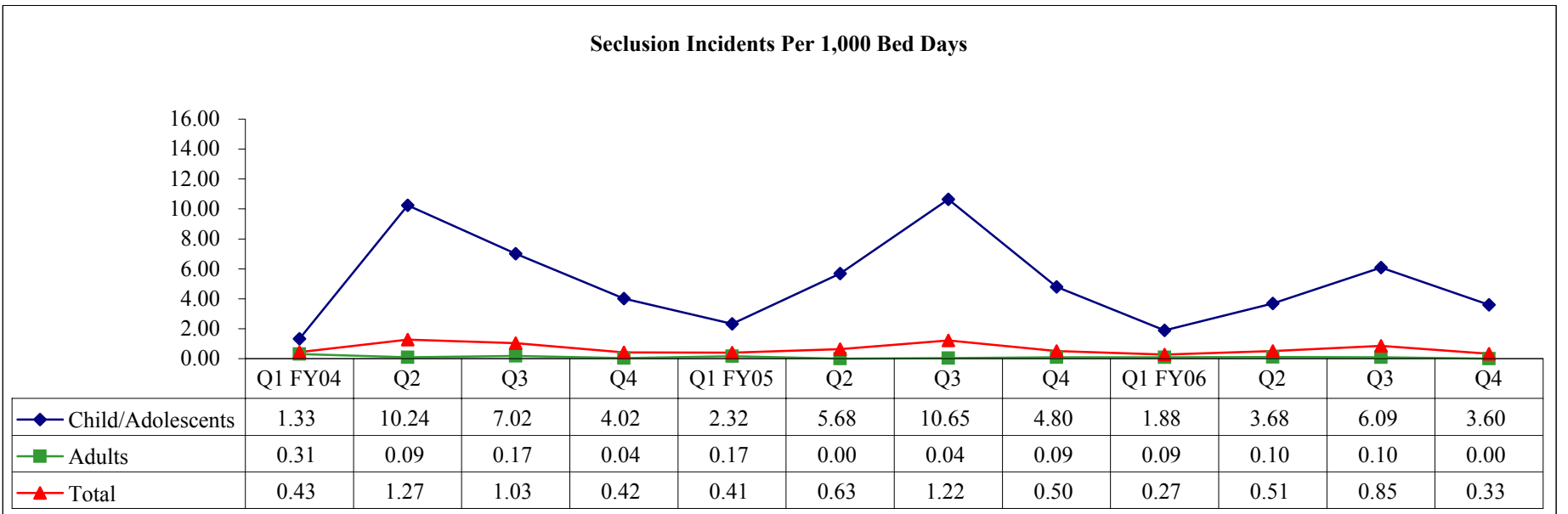
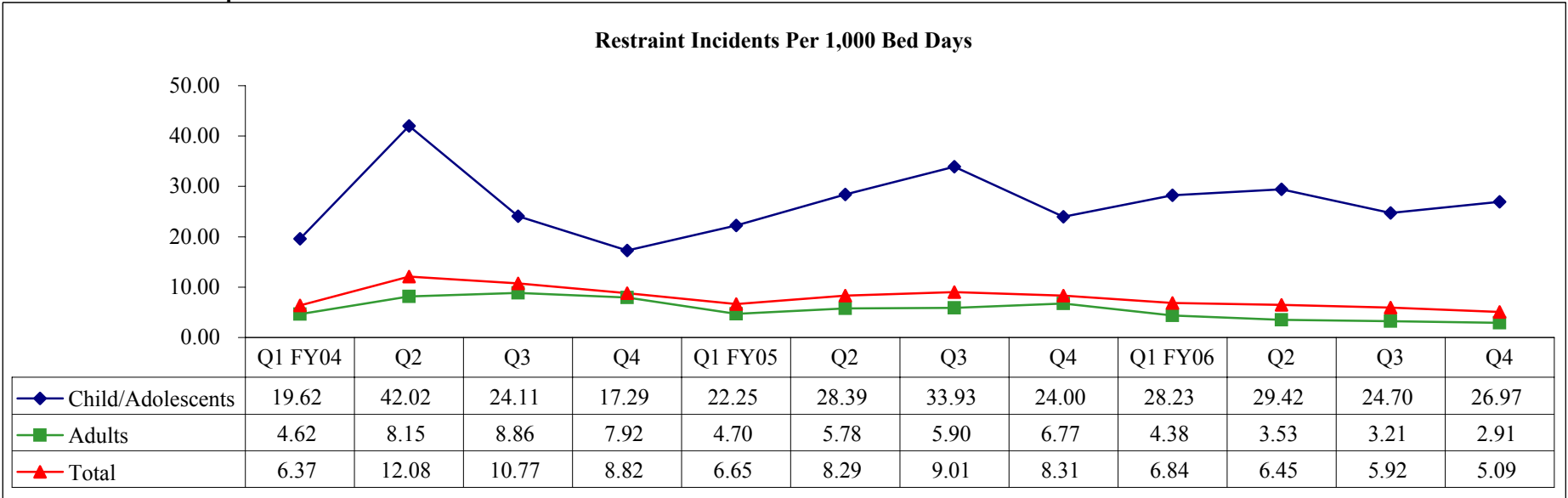
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



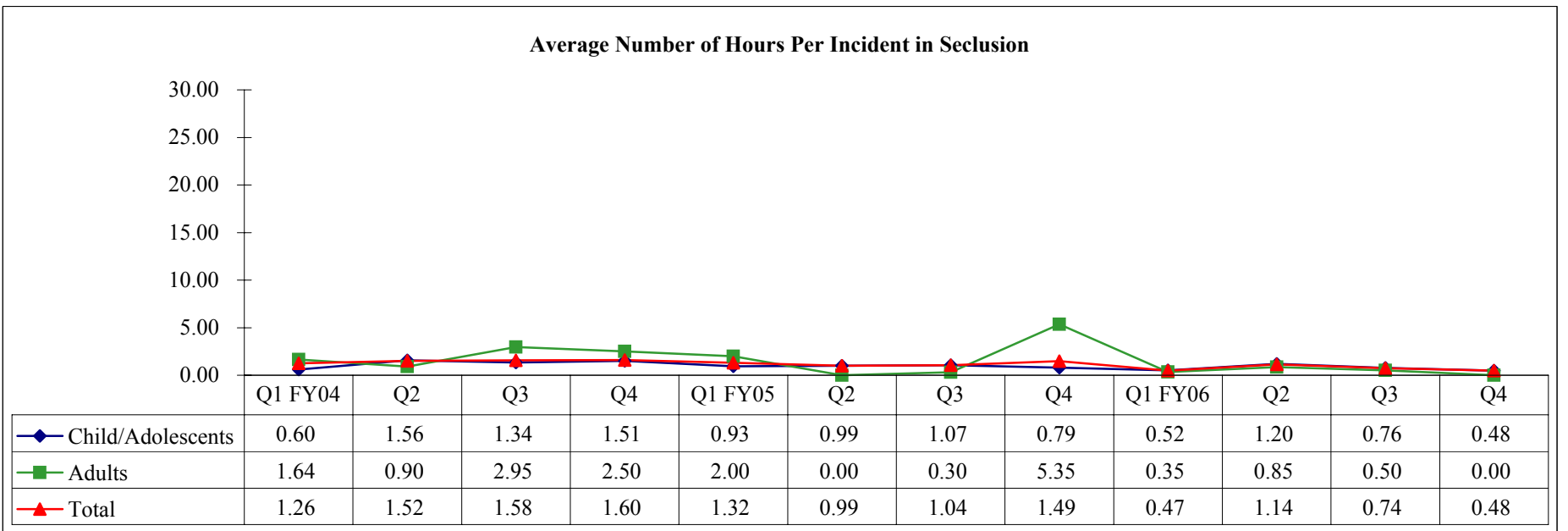
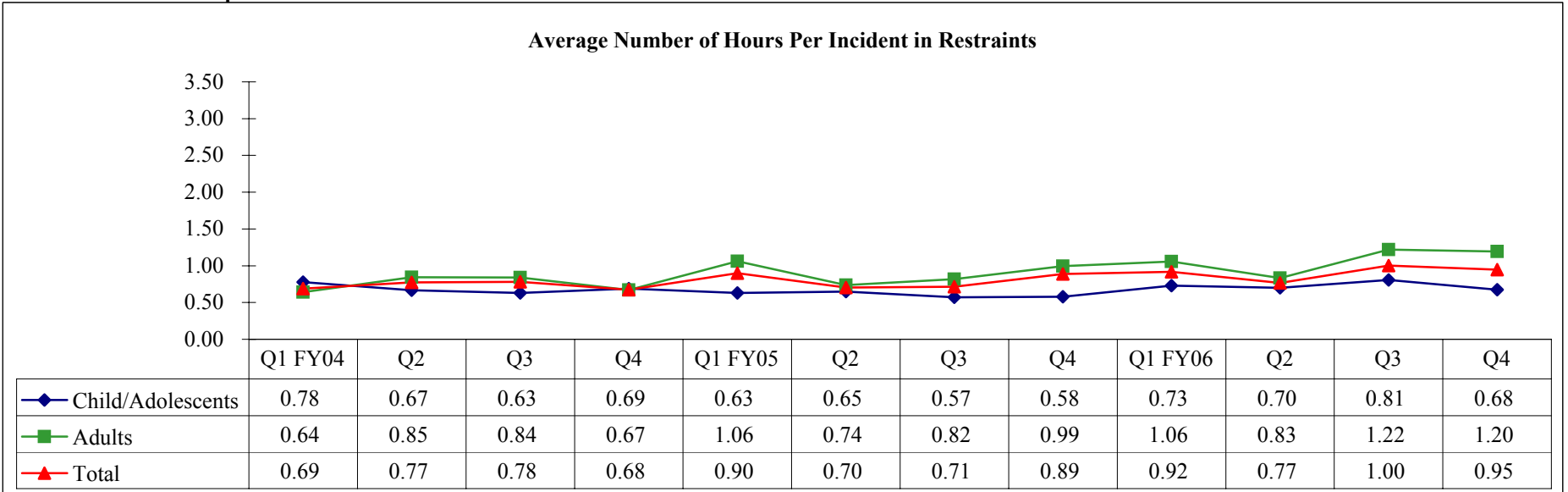
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Rusk State Hospital**



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

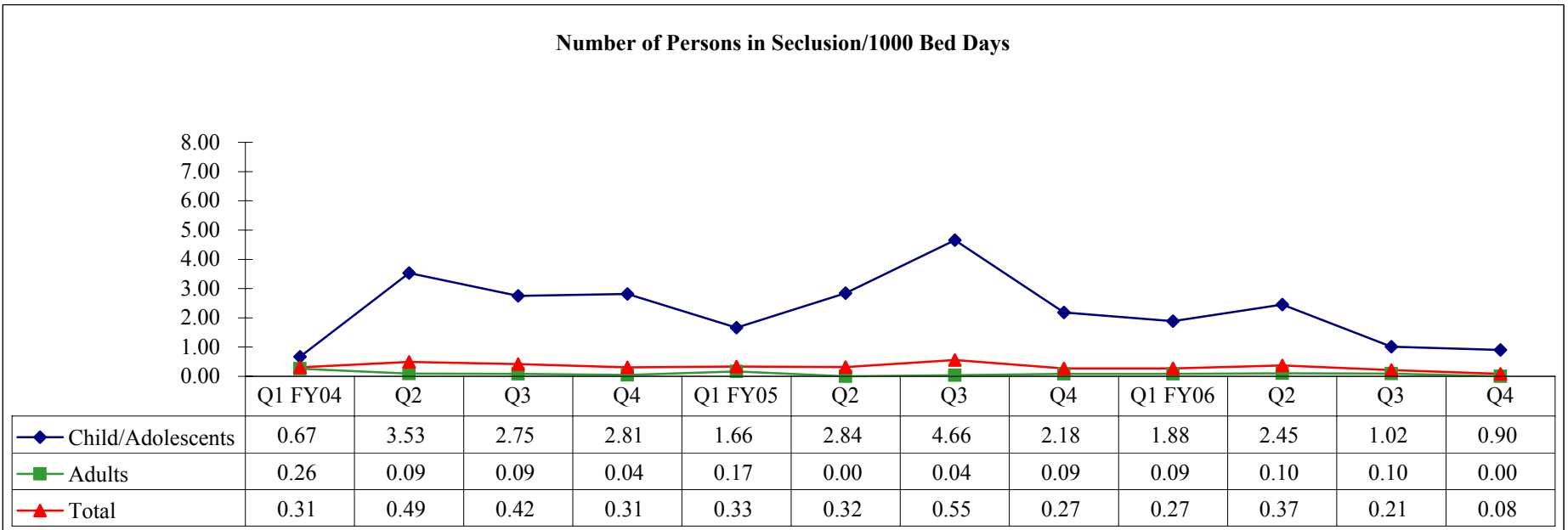
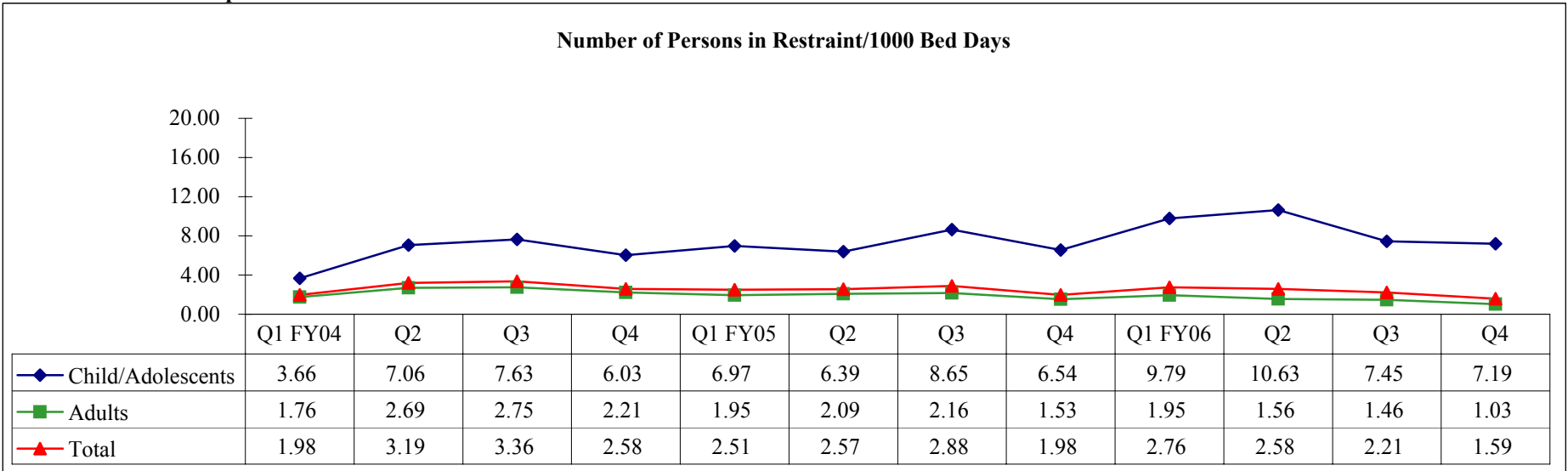


**Objective 3B - Maintain Restraint and Seclusion Data**  
**San Antonio State Hospital**



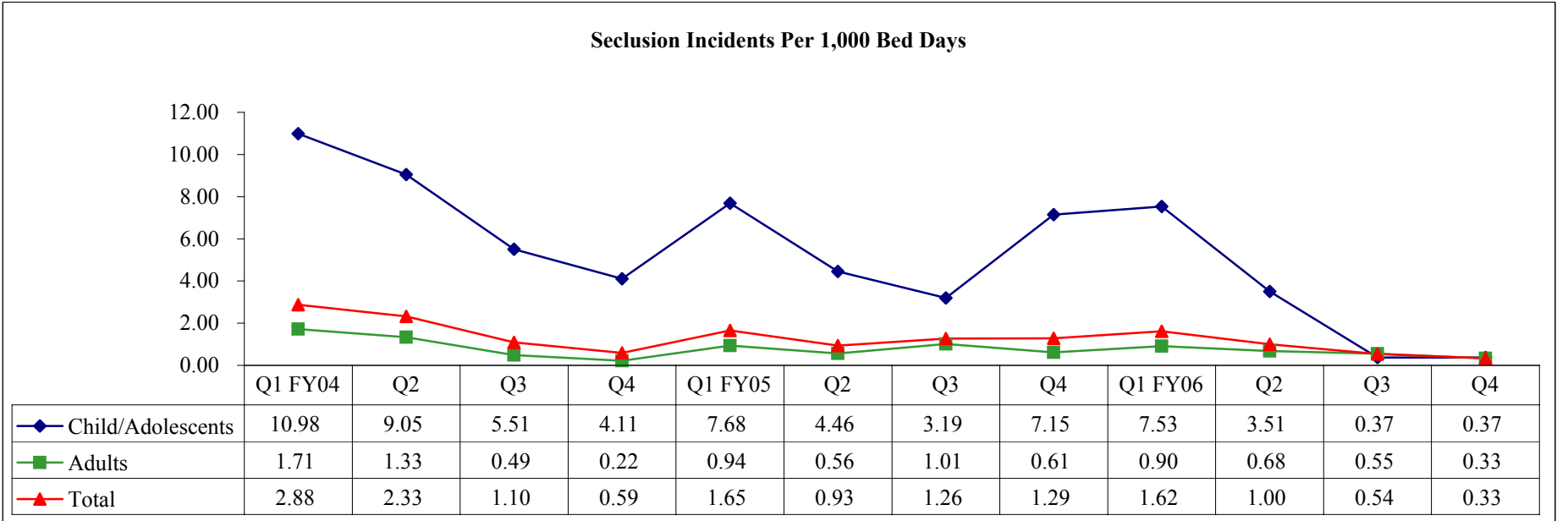
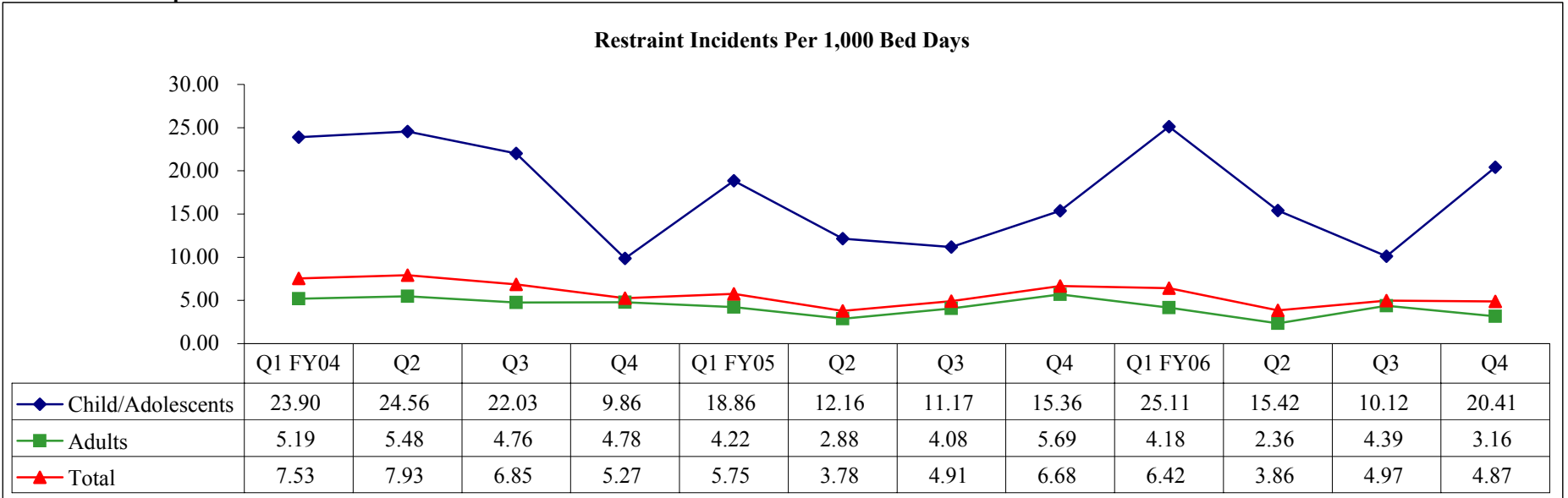
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



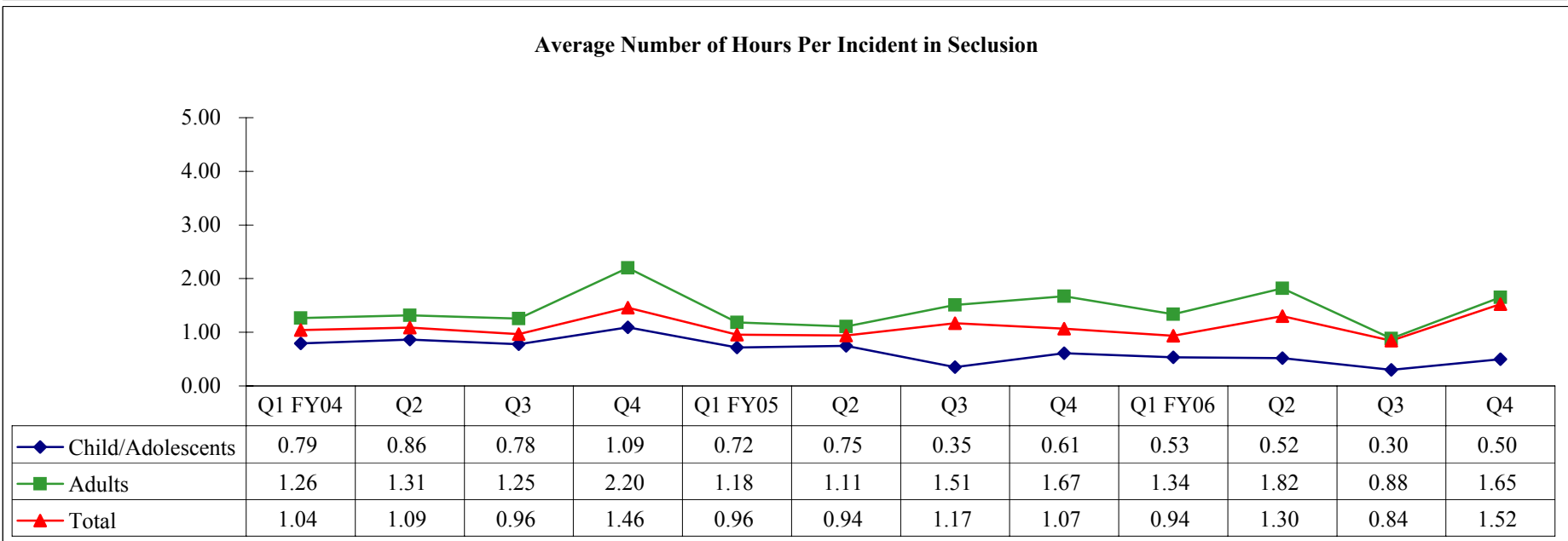
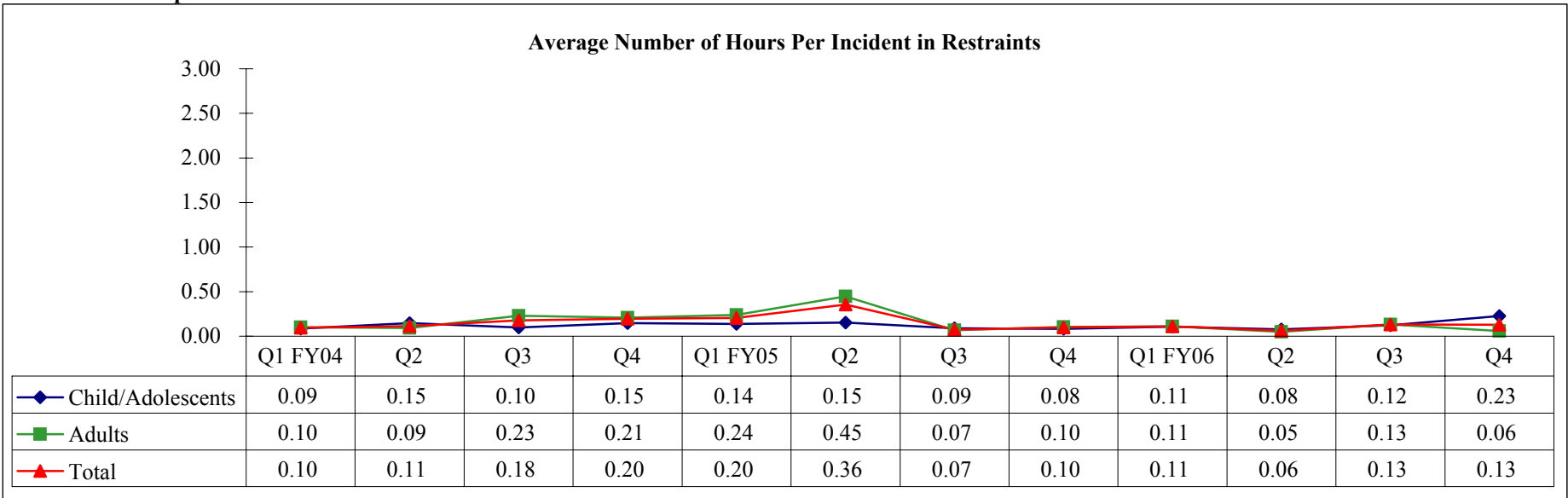
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);  
 Access Database

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



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

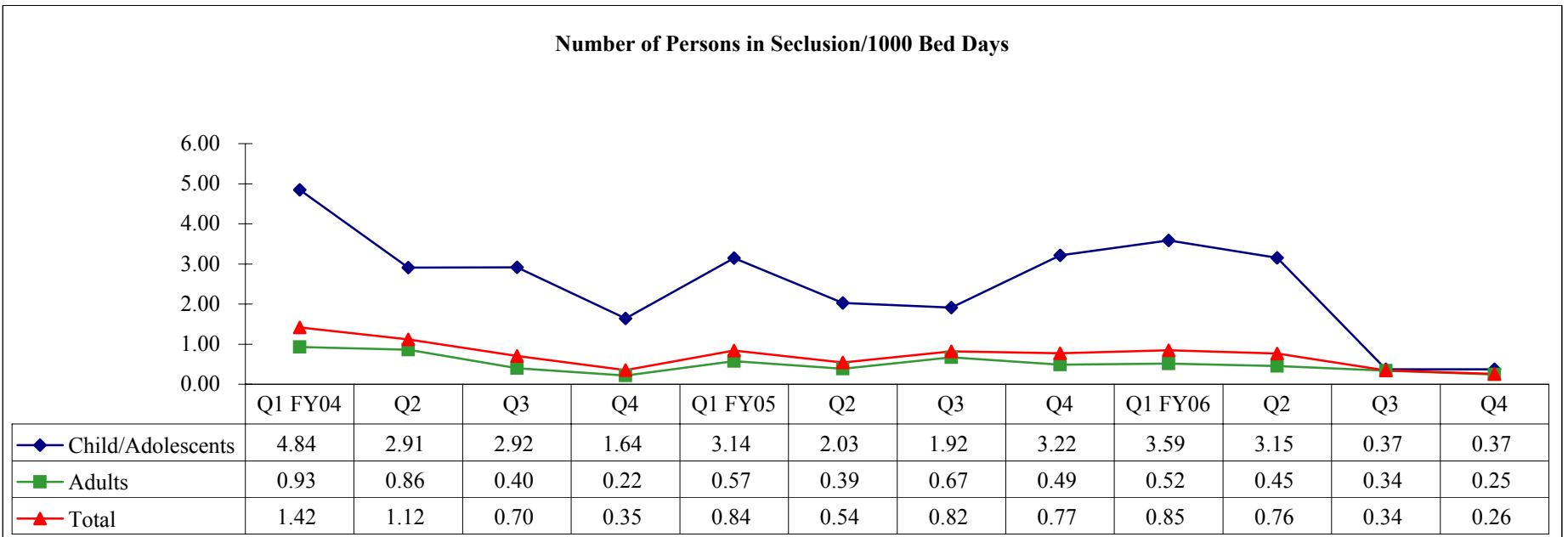
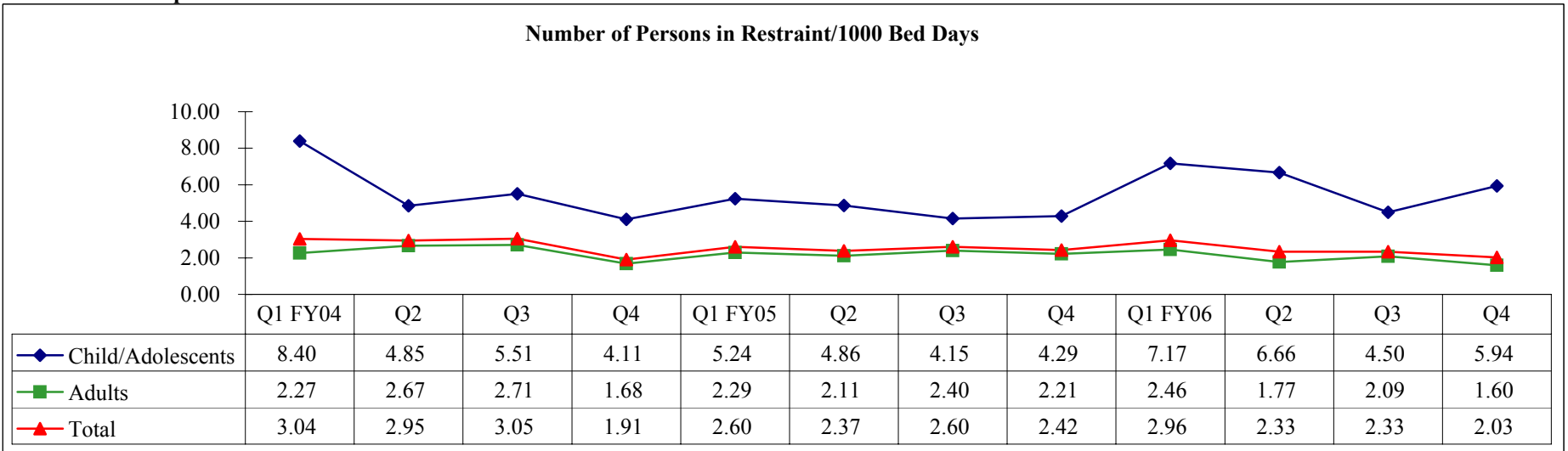
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



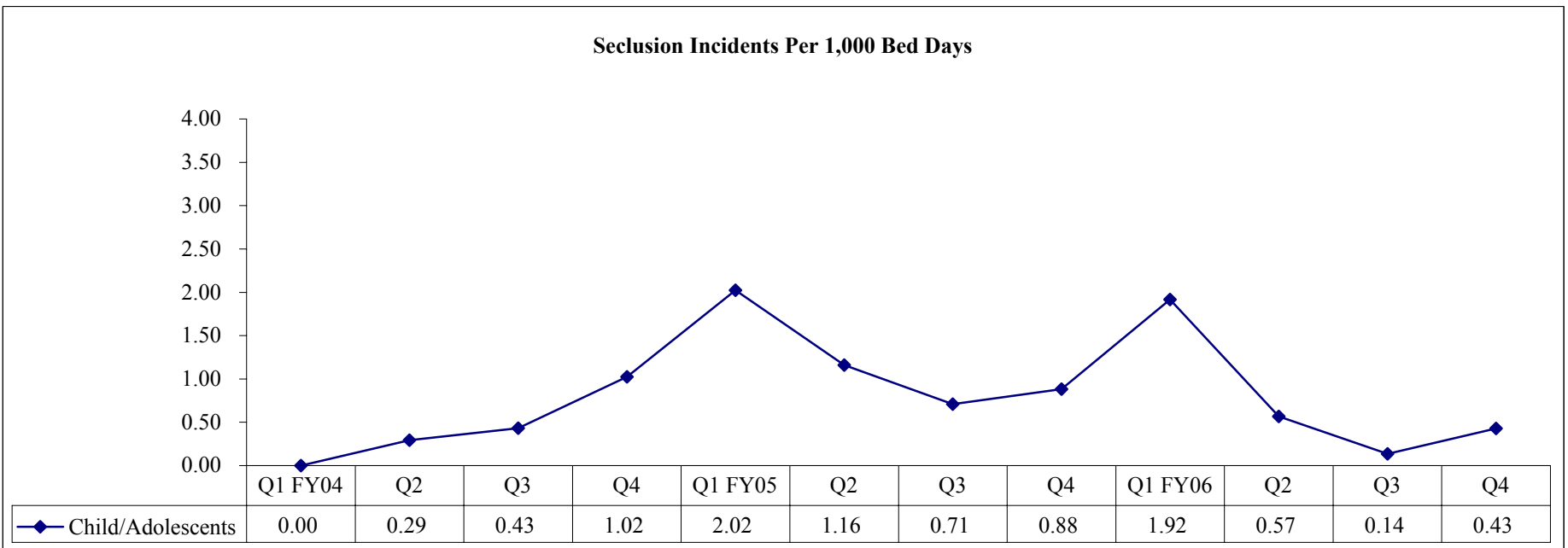
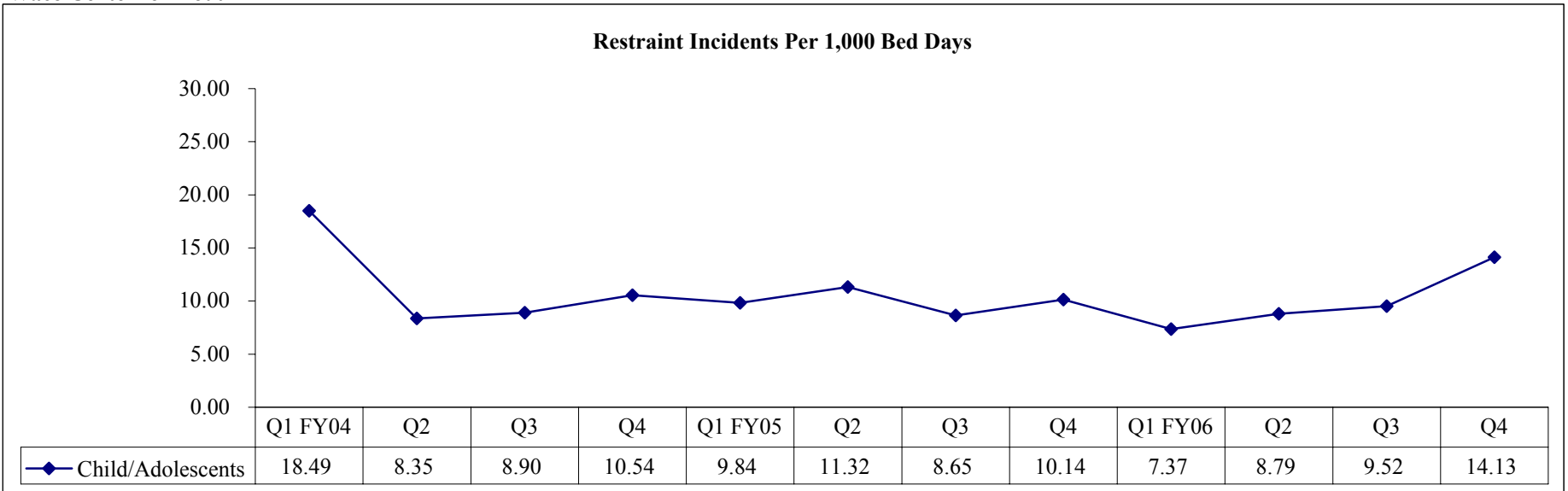
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 Access Database



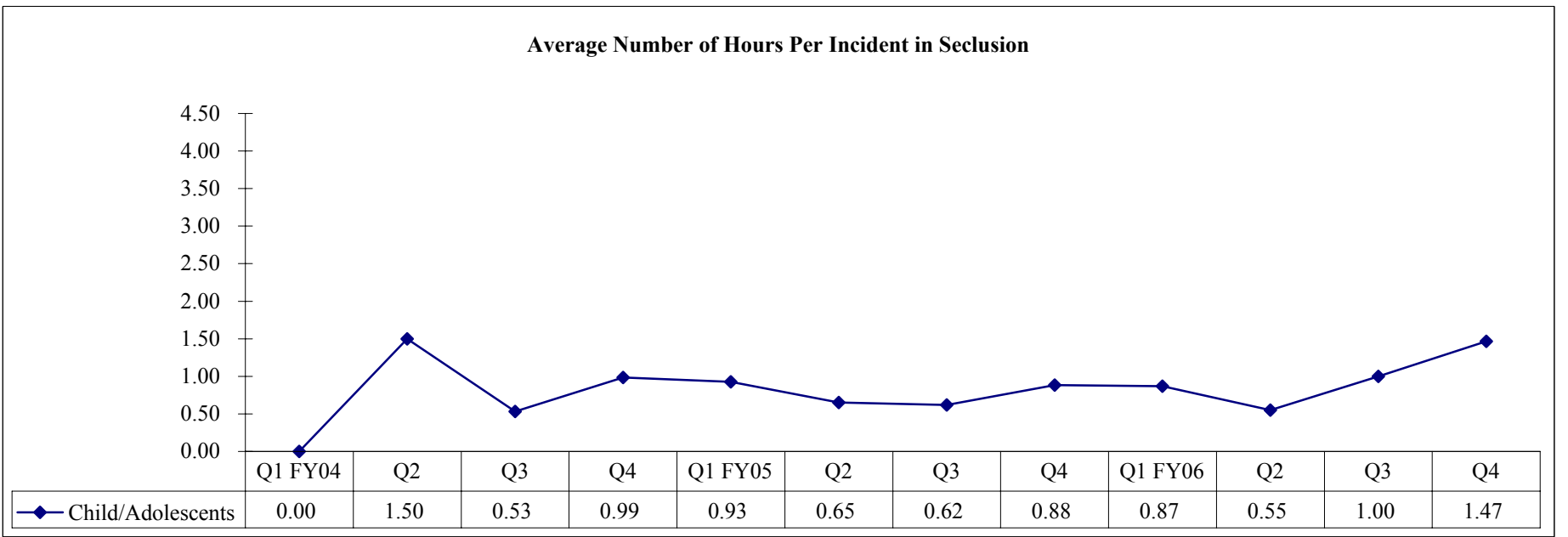
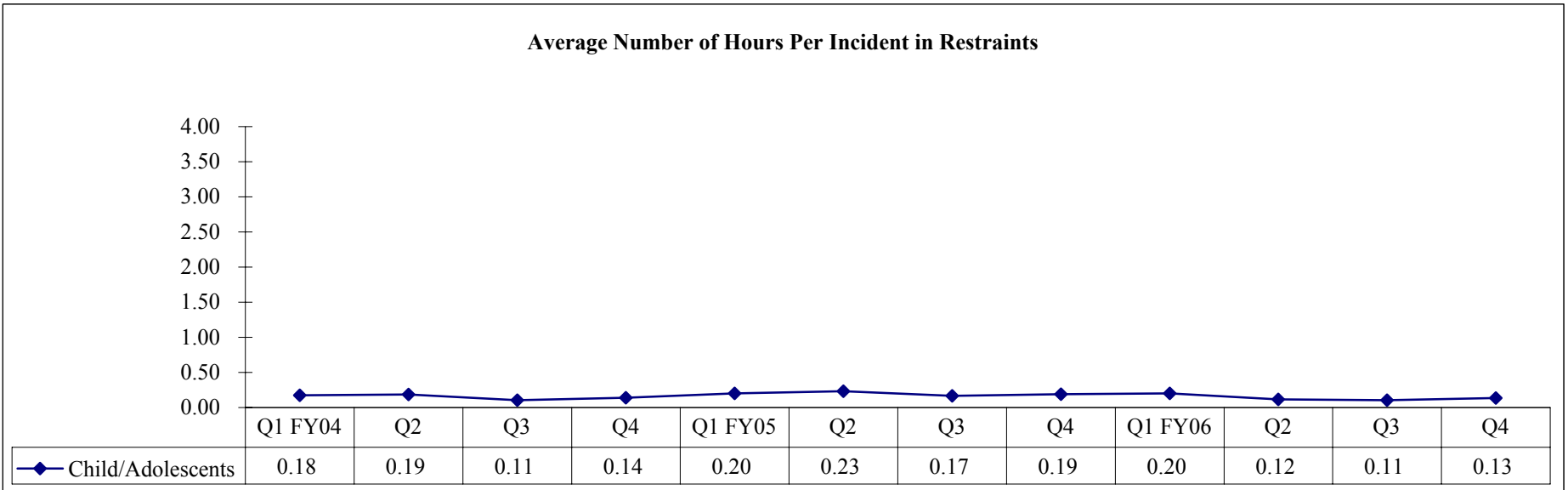
**Objective 3B - Maintain Restraint and Seclusion Data**  
**Terrell State Hospital**



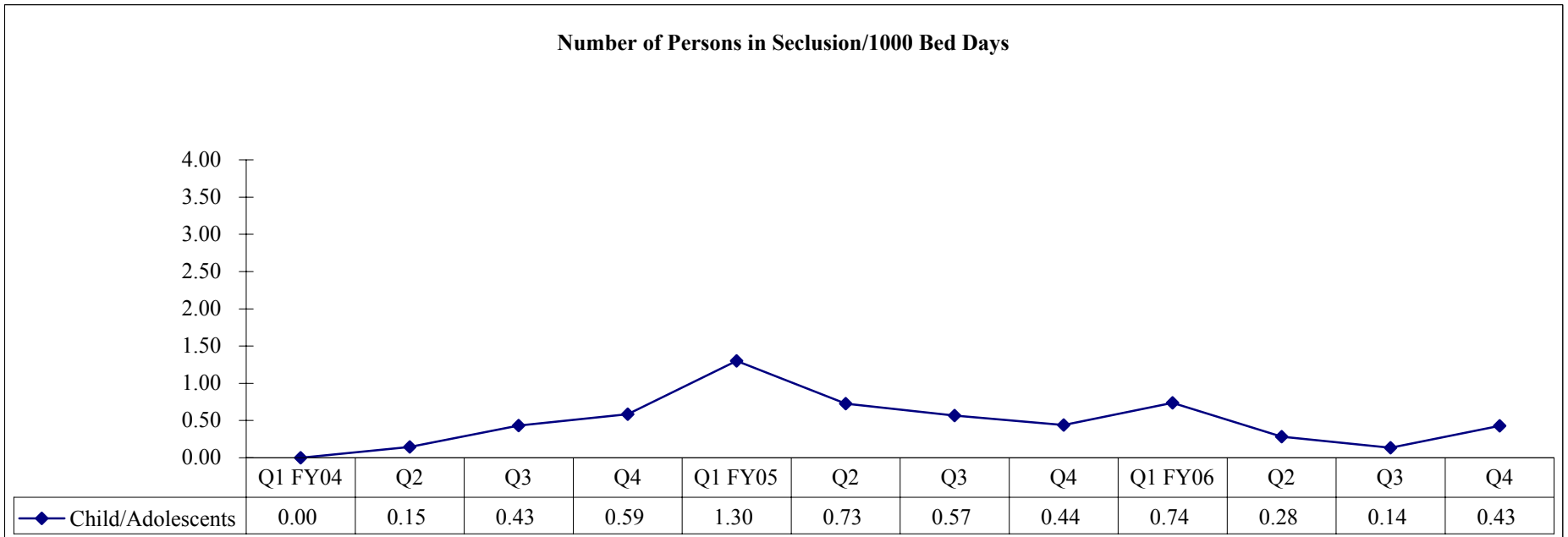
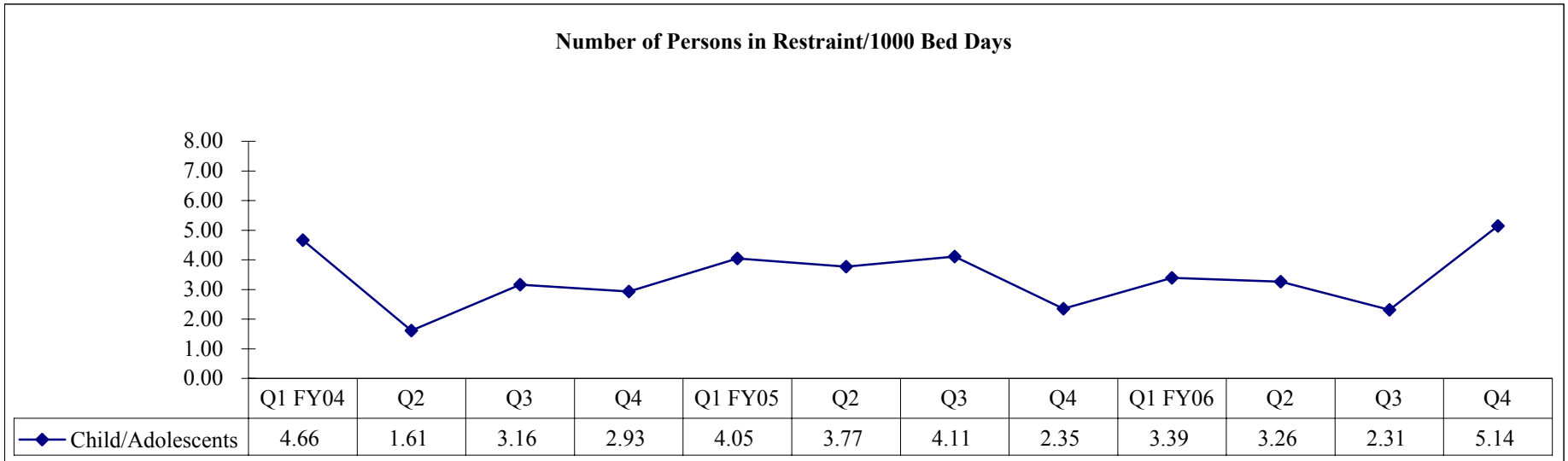
**Objective 3B - Maintain Restraint and Seclusion Data  
Waco Center for Youth**



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



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



**Performance Objective 3C:**

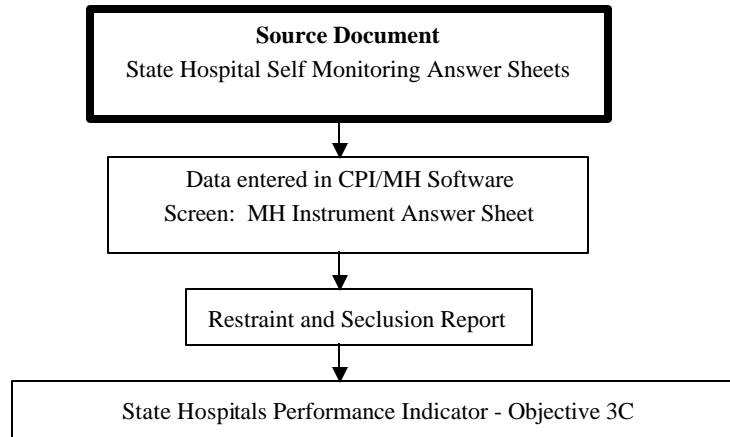
**The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct implementation of restraint and seclusion when it is necessary to utilize these procedures.**

**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].

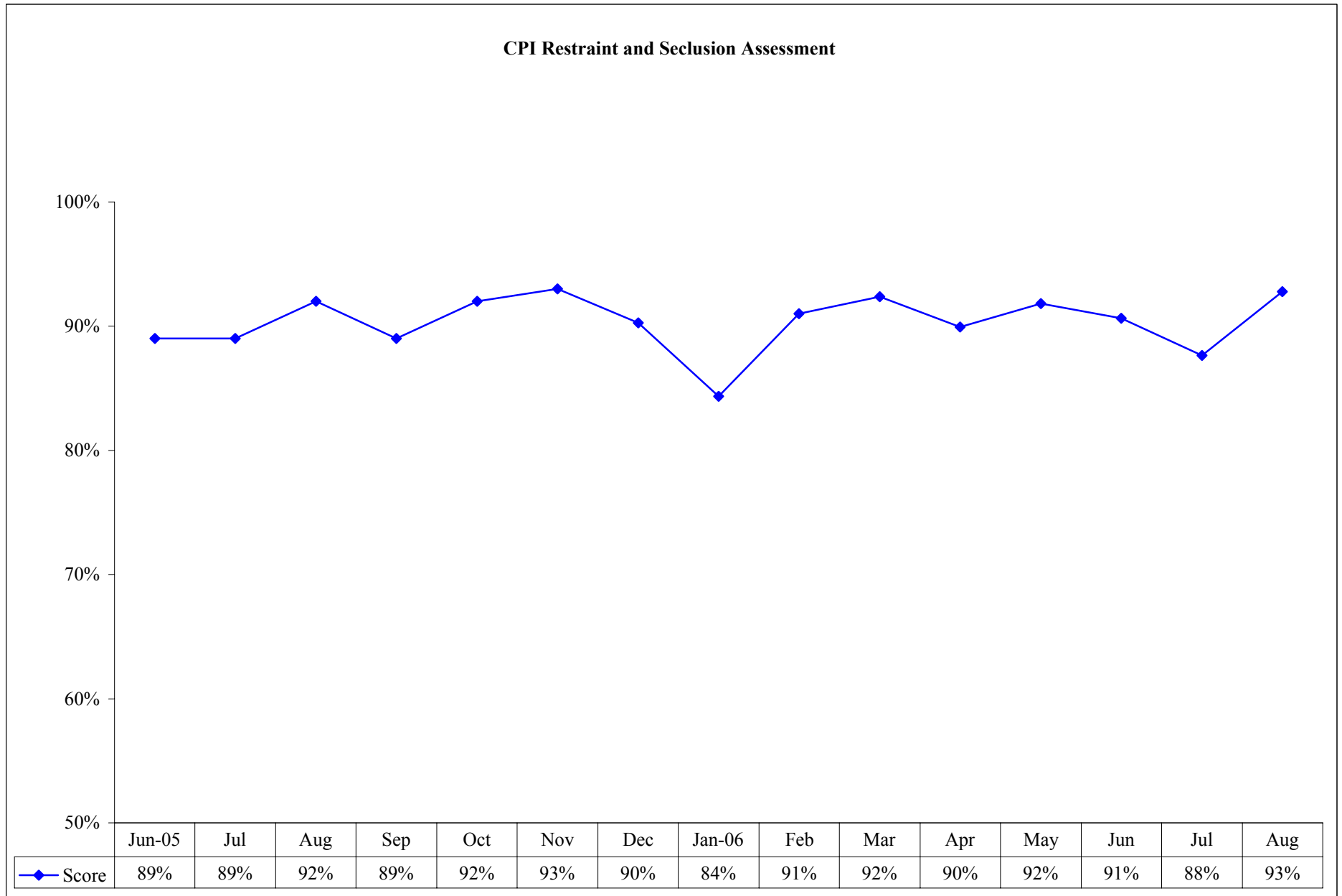
**Performance Objective Data Display and Chart Description:**  
Chart with monthly data points of state hospital scores.

**Data Flow:**



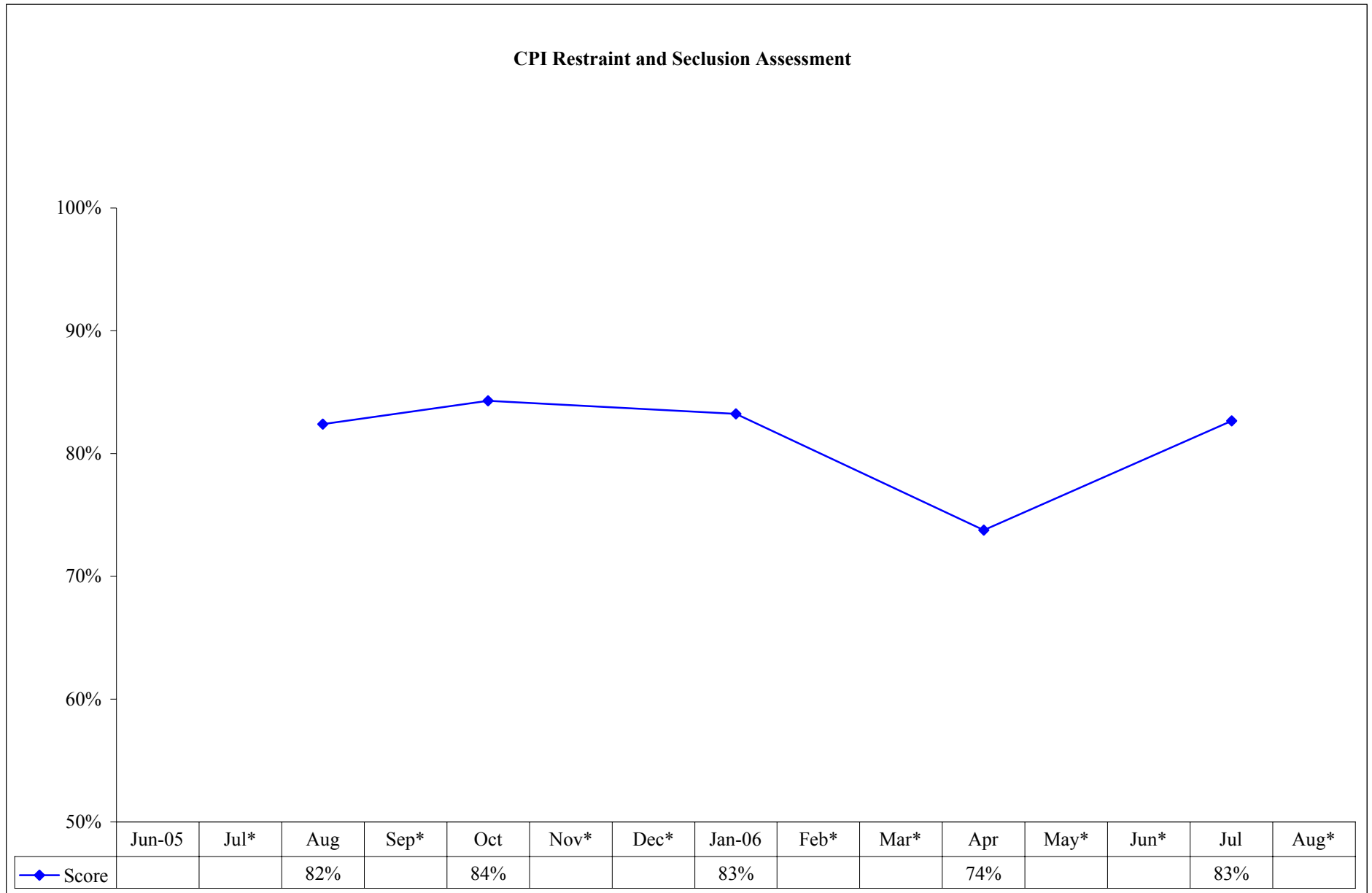
**Data Integrity Review Process:** (This process ensures the accuracy of data entered into the CPI software from the CPI answer sheets).

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



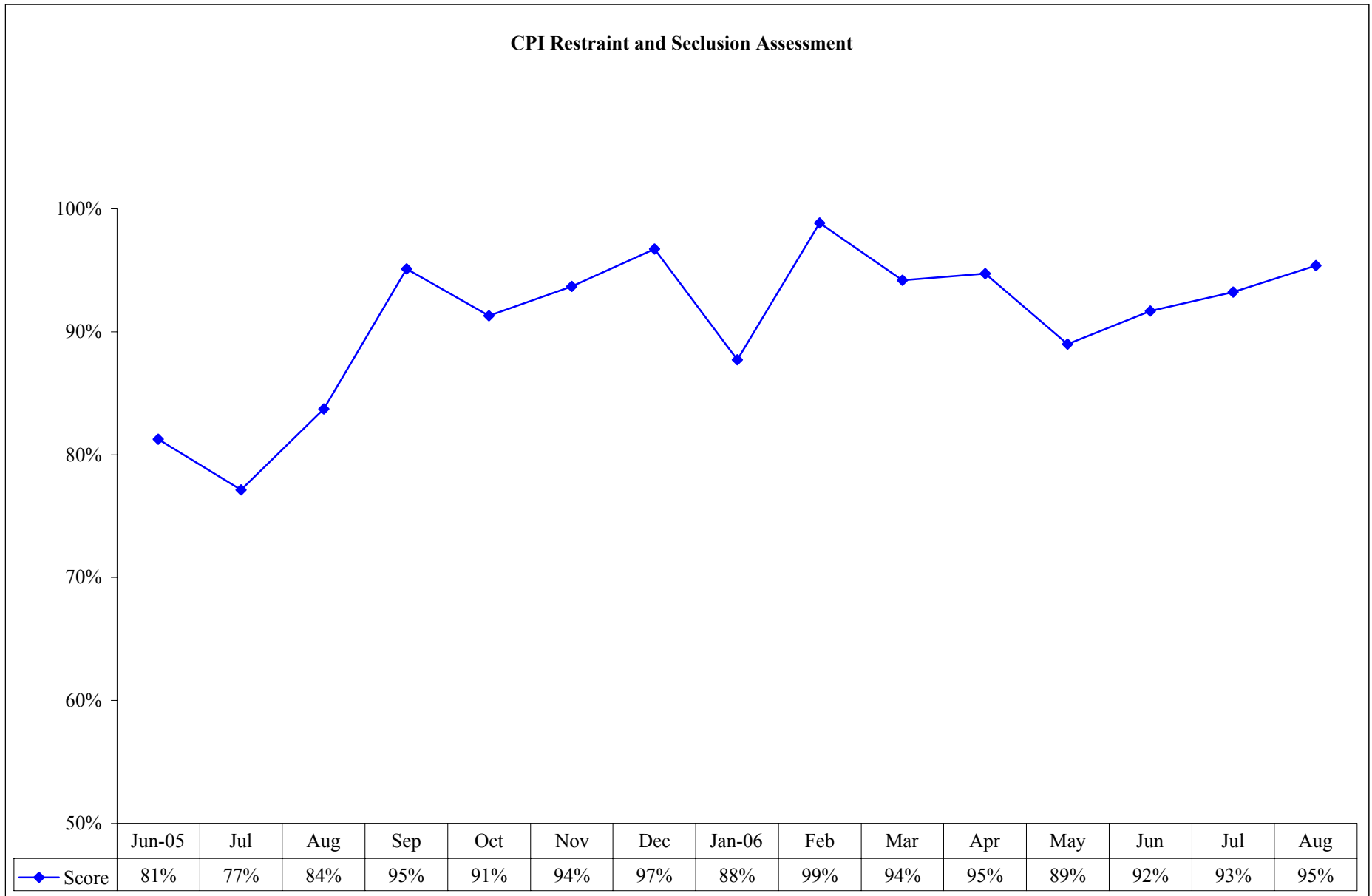
**Objective 3C - Behavioral Restraint and Seclusion Assessment**  
**Austin State Hospital**

**CPI Restraint and Seclusion Assessment**



\*No scores reported to HMDS.

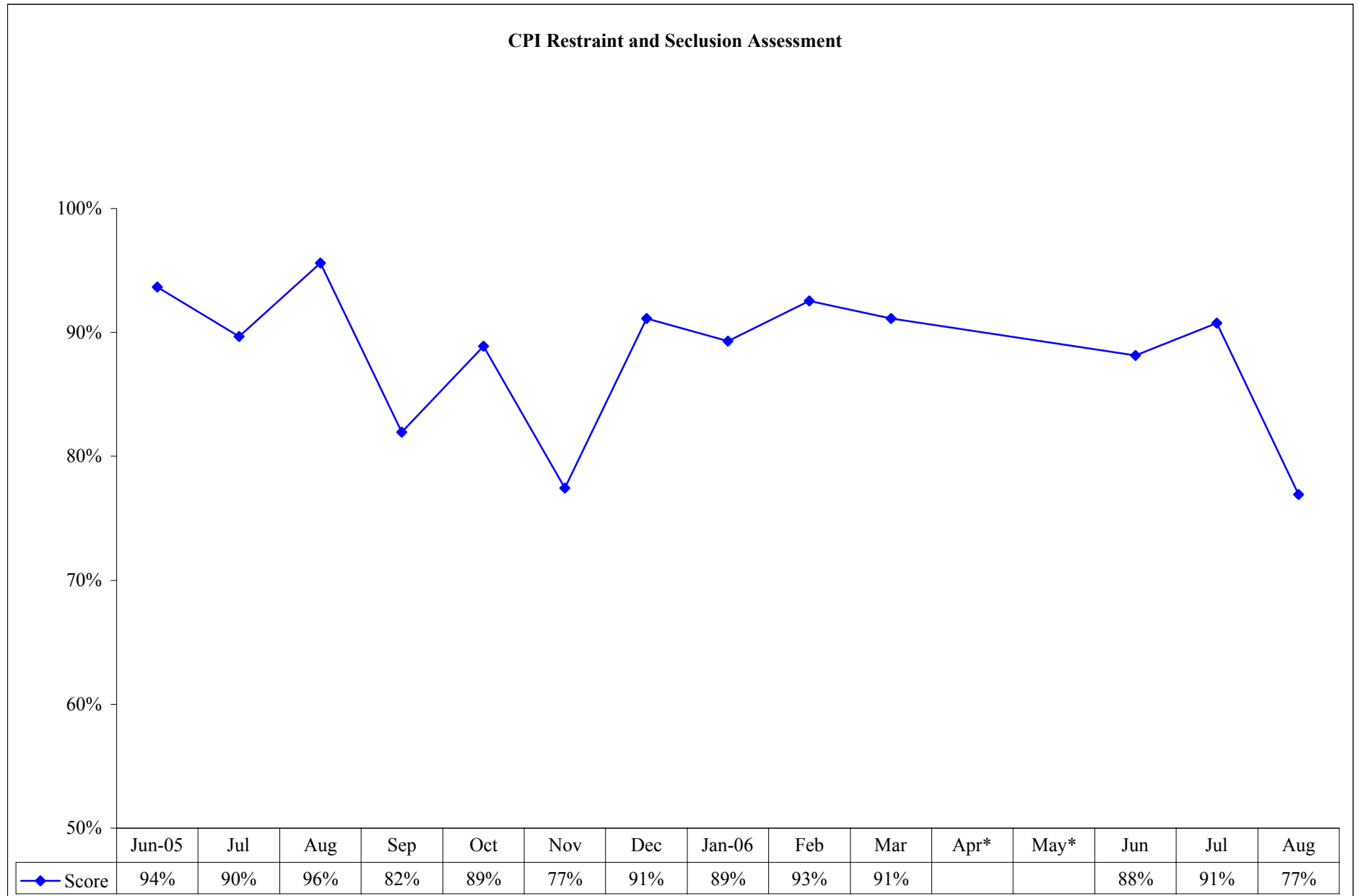
**Objective 3C - Behavioral Restraint and Seclusion Assessment**  
**Big Spring State Hospital**



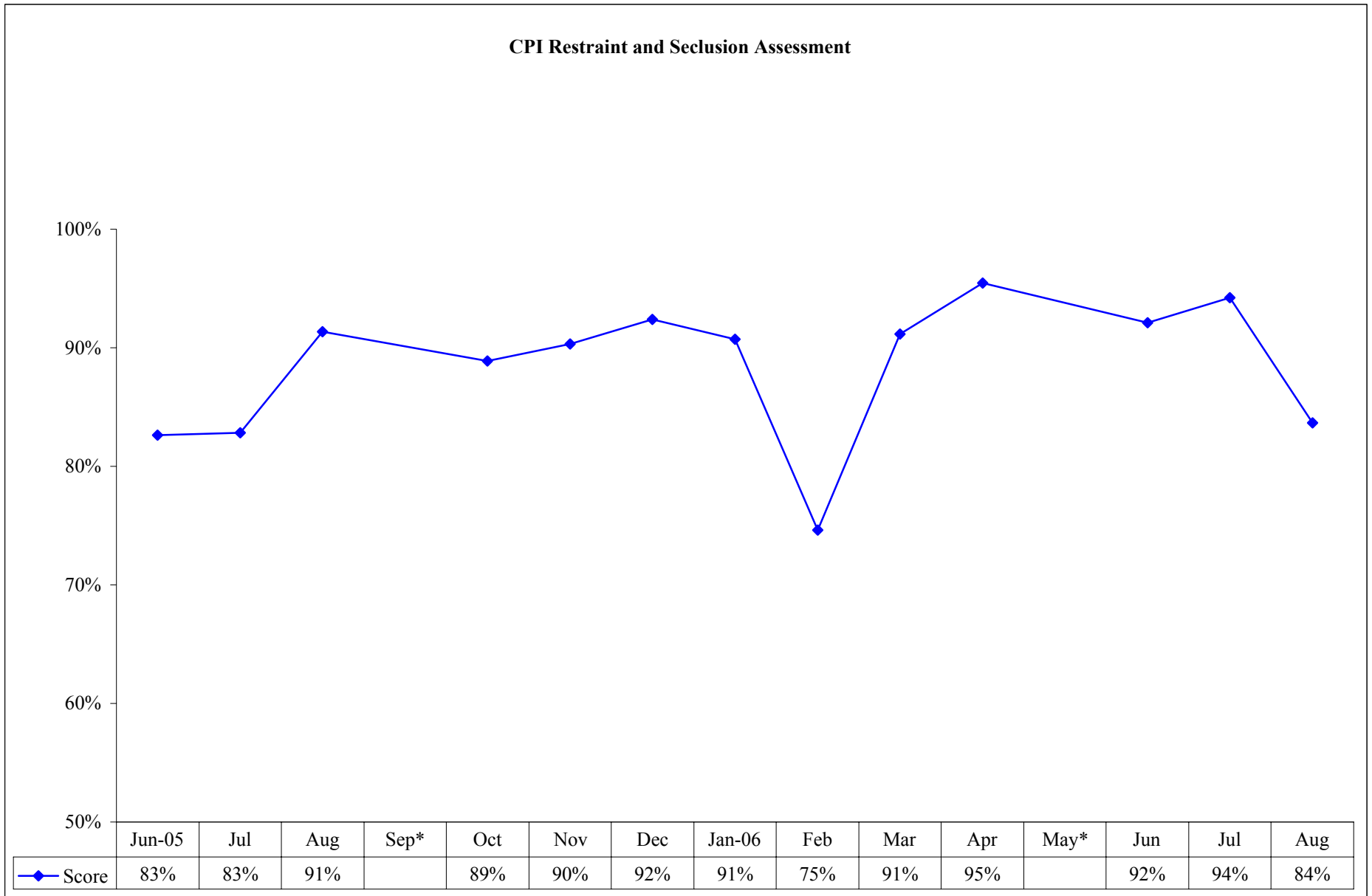
\*No scores reported to HMDS.



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



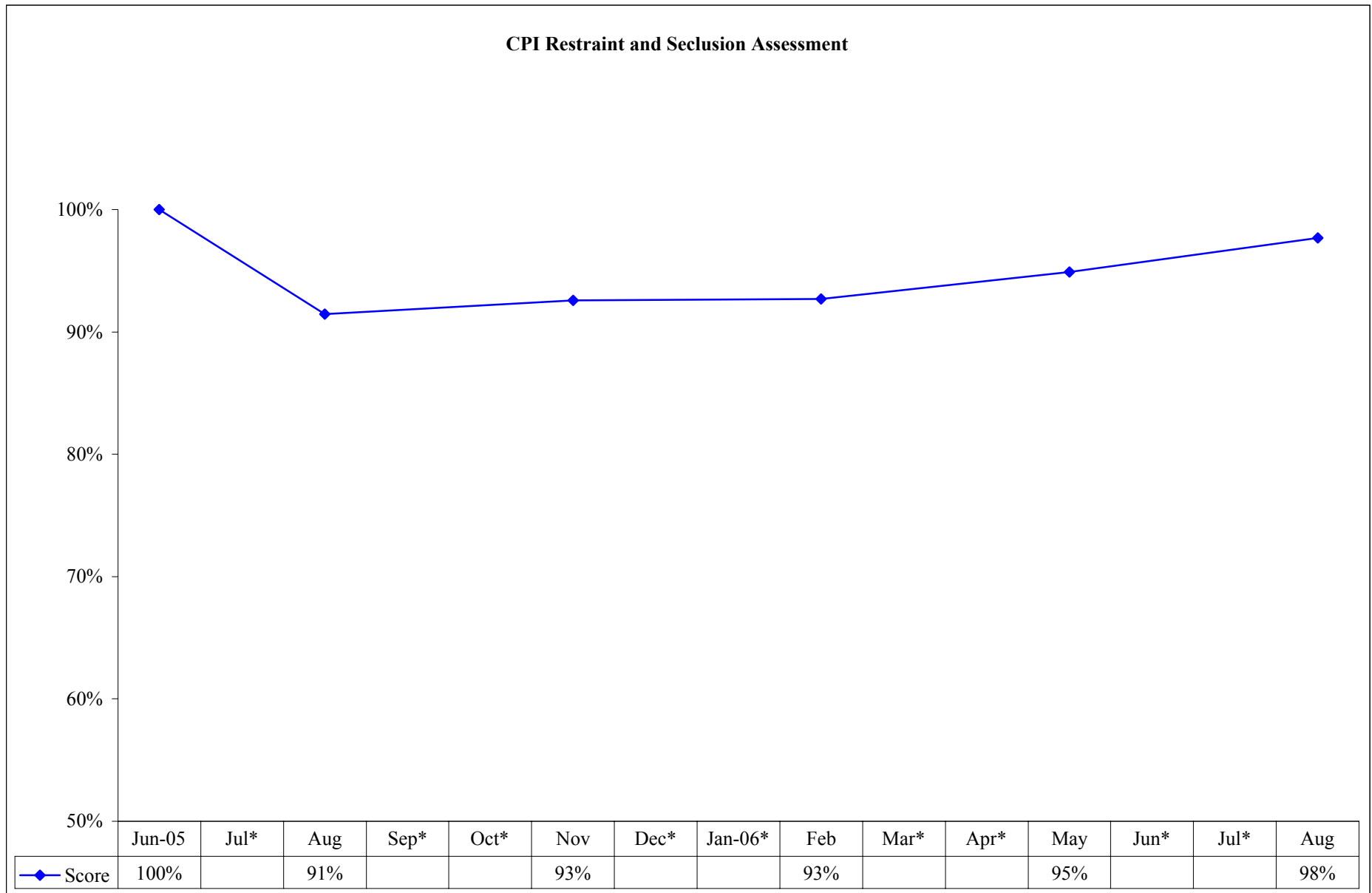
**Objective 3C - Behavioral Restraint and Seclusion Assessment  
Kerrville State Hospital**



\*No scores reported to HMDS.

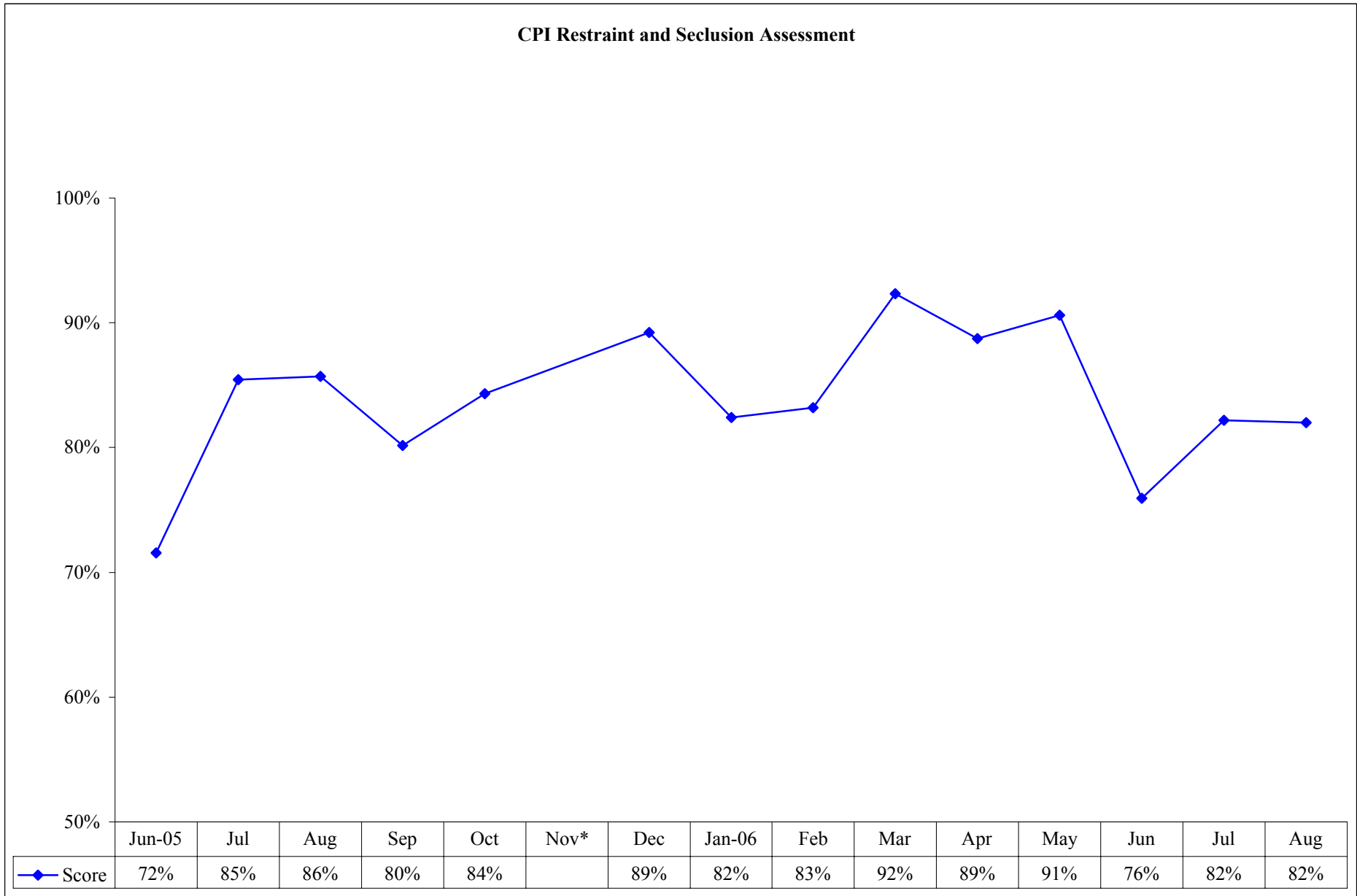
Source: QSO/MDS

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



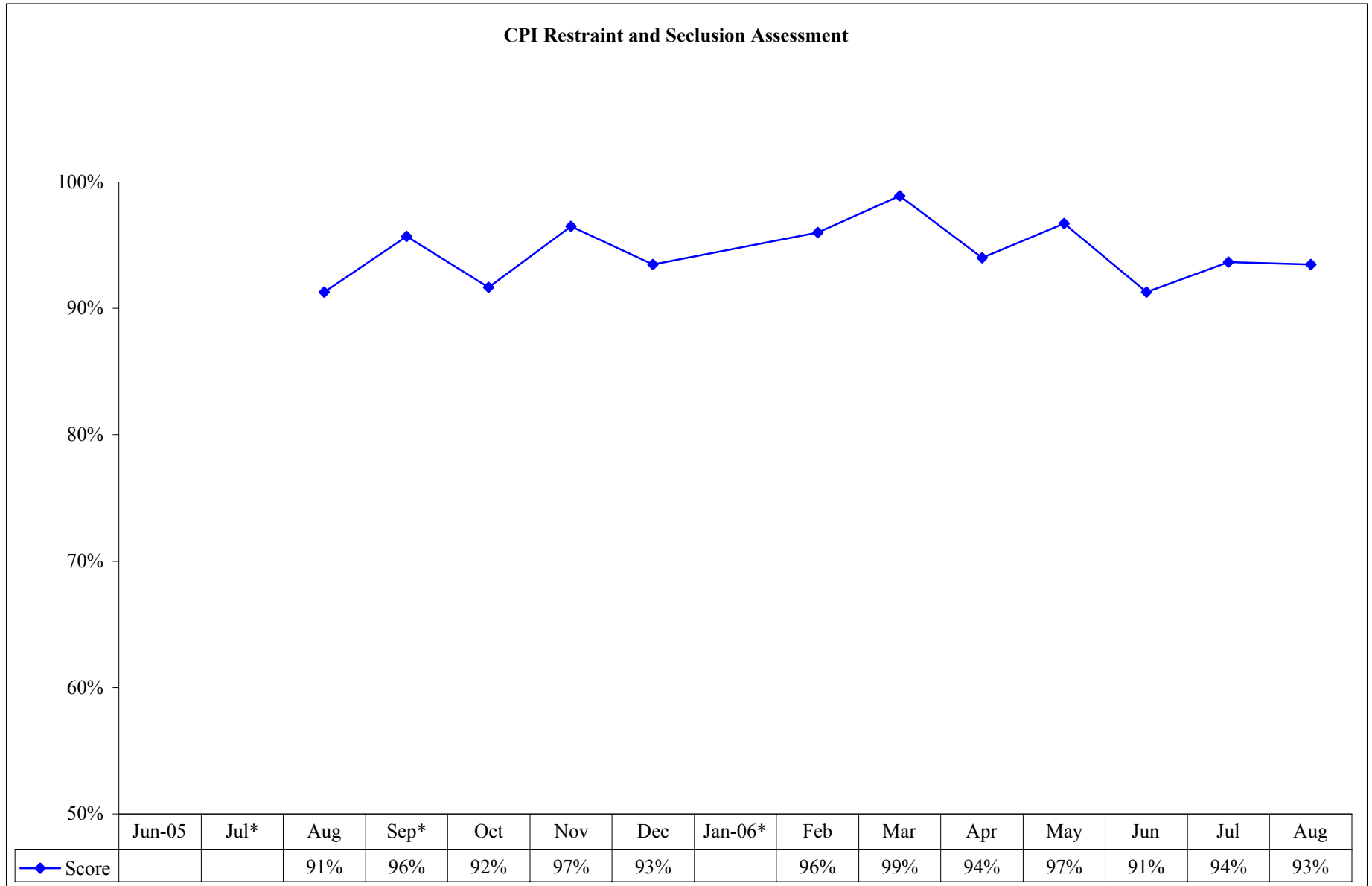
\*No scores reported to HMDS.

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



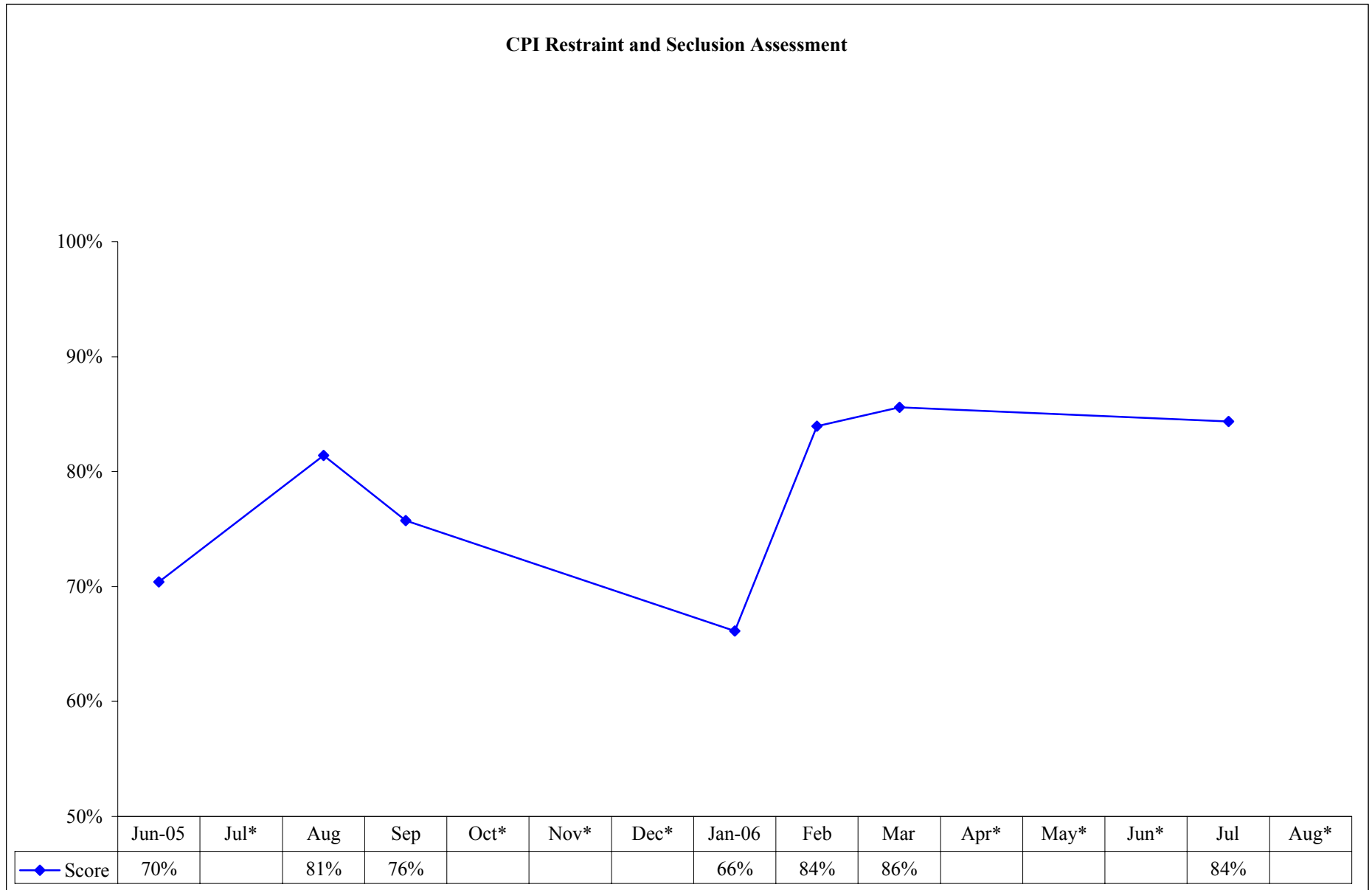
\*No scores reported to HMDS.

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



\*No scores reported to HMDS.

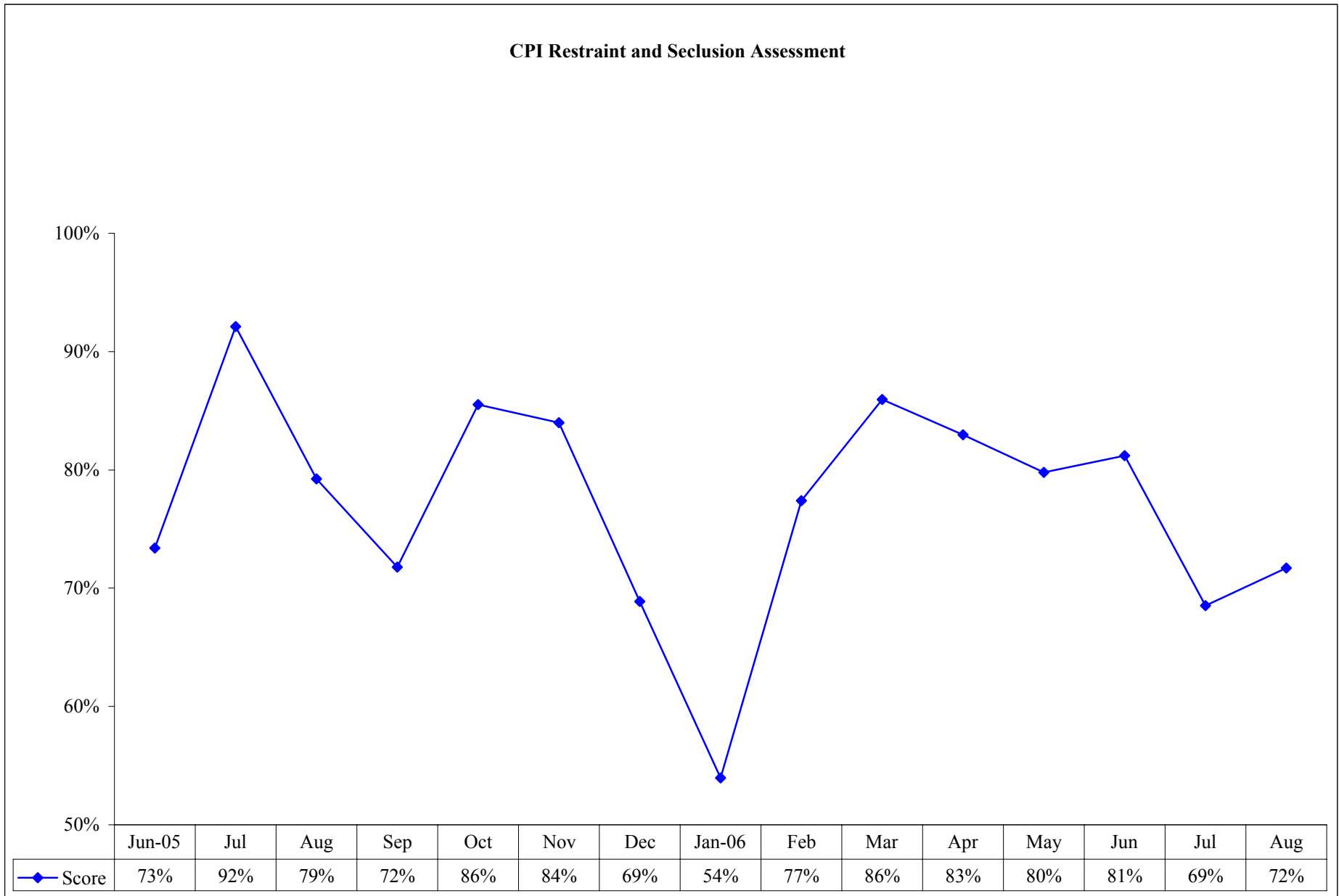
**Objective 3C - Behavioral Restraint and Seclusion Assessment**  
**San Antonio State Hospital**



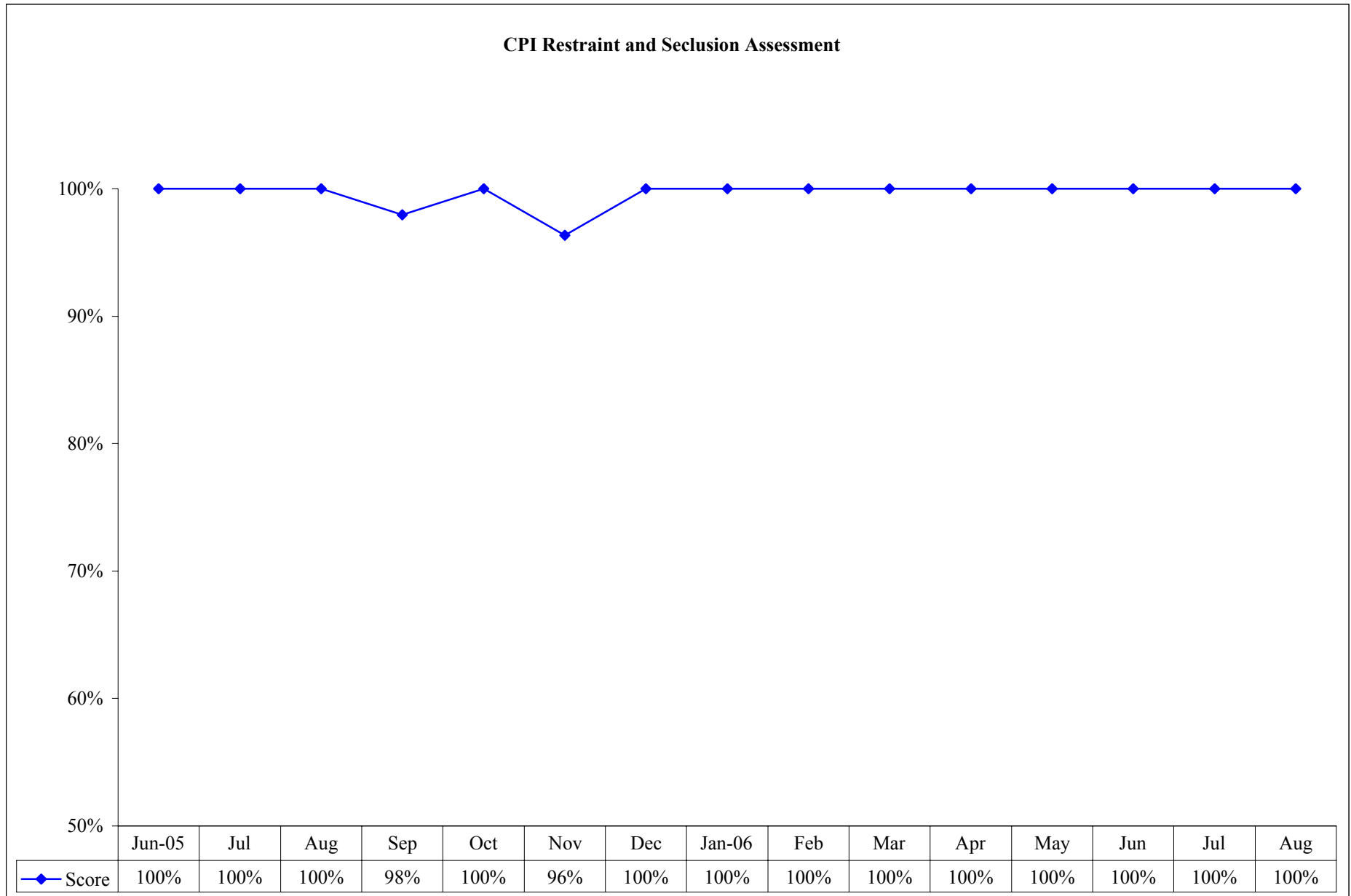
\*No scores reported to HMDS.

Source: QSO/MDS

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



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





**Performance Objective 3F:**

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 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

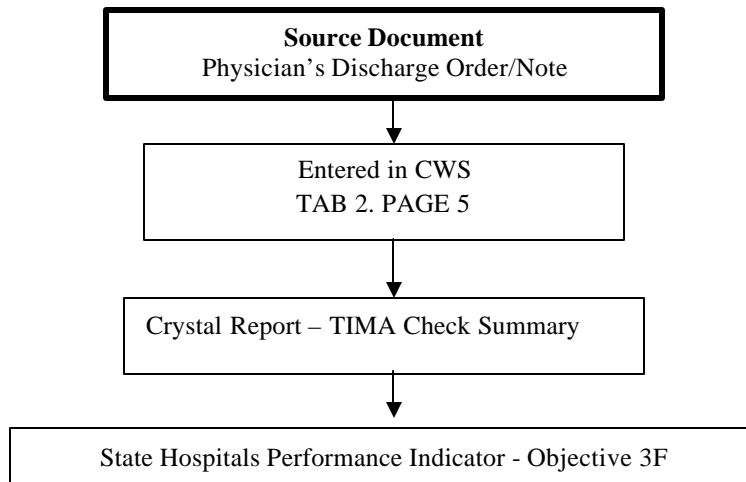
N = patients with episodes that are tracked by TIMA

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.
DIR/HMDS Report	Summary of review including findings and data analysis

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

**Percent of Patients with Episodes that are Tracked by TIMA**

<b>Facility</b>	<b>Jun-05</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan-06</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>
<b>ASH</b>	97%	96%	96%	92%	95%	94%	93%	92%	97%	95%	96%	96%	97%	92%	95%
<b>BSSH</b>	94%	100%	96%	99%	94%	99%	99%	100%	100%	100%	97%	97%	100%	95%	95%
<b>EPPC</b>	97%	96%	100%	100%	98%	94%	86%	98%	84%	100%	100%	95%	99%	94%	97%
<b>KSH</b>	100%	95%	100%	95%	100%	88%	96%	100%	100%	100%	100%	97%	100%	100%	90%
<b>NTSH</b>	96%	89%	80%	88%	89%	93%	88%	90%	90%	92%	91%	84%	93%	88%	95%
<b>RGSC</b>	100%	100%	94%	97%	97%	94%	100%	96%	100%	94%	96%	96%	96%	100%	100%
<b>RSH</b>	83%	83%	91%	89%	89%	89%	86%	92%	94%	99%	100%	100%	100%	100%	99%
<b>SASH</b>	97%	98%	97%	99%	98%	95%	98%	99%	97%	98%	99%	99%	100%	97%	98%
<b>TSH</b>	97%	97%	98%	95%	96%	97%	98%	97%	99%	98%	98%	96%	99%	95%	94%
<b>All SH</b>	<b>95%</b>	<b>95%</b>	<b>94%</b>	<b>94%</b>	<b>95%</b>	<b>94%</b>	<b>94%</b>	<b>95%</b>	<b>96%</b>	<b>97%</b>	<b>97%</b>	<b>96%</b>	<b>98%</b>	<b>95%</b>	<b>96%</b>

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

### Performance Measure 3A:

**BPRS: Improvement in patient treatment outcomes in state mental health facilities will be measured by showing a significant decrease of clinical symptoms with a reduction of more than twelve (12) points.**

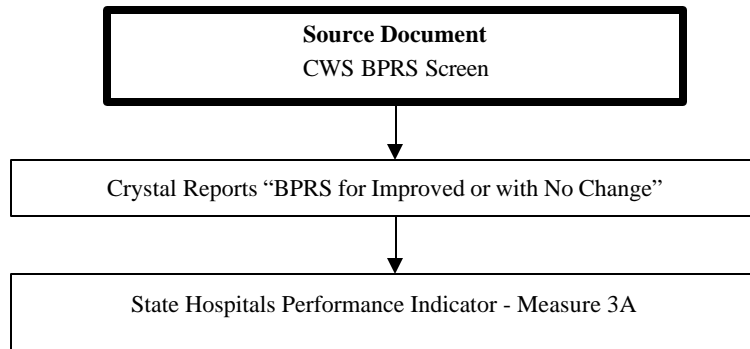
**Performance Measure Operational Definition:** For each quarter, the number of discharged patients in CARE with two BPRS scores that have a change in scores of +12 points or less. BPRS Version 4.0, Expanded Version will be used to rate all patients upon admission and discharge. To be valid, total BPRS score must be between 24 and 168. Higher BPRS scores represent greater symptom problems. The data is entered by the fifteenth of the first month following the quarter.

**Performance Measure Formula:** The BPRS data is screened to include only patient episodes having two BPRS scores. The discharge BPRS is subtracted from the admission BPRS. Changes of more than  $\pm 12$  points are considered to be statistically significant.

### Performance Measure Data Display and Chart Description:

Table shows the number and percent of improvement, no change and increase symptoms of discharged patients with two BPRS scores for individual state hospitals and system-wide.

### Data Flow:



### Data Integrity Review Process:

Monitoring Method	Desk and Record Review of applicable BPRS data
Monitoring Instrument/Tool	BPRS Report (located in HMDS/bprs data public folder), CWS BPRS Score Change at Discharge and DIR Tally Sheet
Description of Review Process	Compare the BPRS dates and scores in the BPRS Reports to the CWS BPRS Assessment and/or the MHRS 3-1.2 for discharge patients with two BPRS scores.
Facility and DIR Sample Size	In a given quarter, a random sample of 30 from the BPRS Report.
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When there is more than one incorrect date or score for the quarter reviewed.
DIR/HMDS Report	Summary of review including findings and data analysis

**Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores  
All State Hospitals**

**The Number and Percent of Discharged Patients with  
Two BPRS Scores - Q4 FY2006**

<b>Facility</b>	<b>Total</b>	<b>Improvement</b>	<b>%</b>	<b>No Change</b>	<b>%</b>	<b>Increase Symptoms</b>	<b>%</b>
<b>ASH</b>	1058	713	67%	322	31%	23	2%
<b>BSSH</b>	298	177	59%	118	40%	3	1%
<b>EPPC</b>	209	191	91%	16	8%	2	1%
<b>KSH</b>	84	73	87%	10	12%	1	1%
<b>NTSH</b>	512	285	56%	199	39%	28	5%
<b>RGSC</b>	257	159	62%	85	33%	13	5%
<b>RSH</b>	398	334	84%	60	15%	4	1%
<b>SASH</b>	741	625	84%	110	15%	6	1%
<b>TSH</b>	441	333	76%	78	17%	30	7%
<b>Totals</b>	3998	2890	72%	998	25%	110	3%

**Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores  
All State Hospitals**

**The Number and Percent of Discharged Patients with  
Two BPRS Scores - Q3 FY2006**

<b>Facility</b>	<b>Total</b>	<b>Improvement</b>	<b>%</b>	<b>No Change</b>	<b>%</b>	<b>Increase Symptoms</b>	<b>%</b>
<b>ASH</b>	976	609	62%	341	35%	26	3%
<b>BSSH</b>	261	164	63%	93	36%	4	1%
<b>EPPC</b>	181	153	85%	26	14%	2	1%
<b>KSH</b>	95	73	77%	19	20%	3	3%
<b>NTSH</b>	514	297	58%	191	37%	26	5%
<b>RGSC</b>	260	142	55%	104	40%	14	5%
<b>RSH</b>	458	377	82%	77	17%	4	1%
<b>SASH</b>	634	542	86%	85	13%	7	1%
<b>TSH</b>	532	385	72%	102	19%	45	9%
<b>Totals</b>	3911	2742	70%	1038	27%	131	3%

**Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores  
All State Hospitals**

**The Number and Percent of Discharged Patients with  
Two BPRS Scores - Q2 FY2006**

<b>Facility</b>	<b>Total</b>	<b>Improvement</b>	<b>%</b>	<b>No Change</b>	<b>%</b>	<b>Increase Symptoms</b>	<b>%</b>
<b>ASH</b>	919	596	65%	292	32%	31	3%
<b>BSSH</b>	231	138	60%	88	38%	5	2%
<b>EPPC</b>	148	125	84%	20	14%	3	2%
<b>KSH</b>	95	59	62%	33	35%	3	3%
<b>NTSH</b>	483	297	62%	170	35%	16	3%
<b>RGSC</b>	261	128	49%	121	46%	12	5%
<b>RSH</b>	464	395	85%	65	14%	4	1%
<b>SASH</b>	586	485	83%	93	16%	8	1%
<b>TSH</b>	560	386	69%	125	22%	49	9%
<b>Totals</b>	3747	2609	70%	1007	27%	131	3%

**Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores**  
**All State Hospitals**

**The Number and Percent of Discharged Patients with  
Two BPRS Scores - Q1 FY2006**

<b>Facility</b>	<b>Total</b>	<b>Improvement</b>	<b>%</b>	<b>No Change</b>	<b>%</b>	<b>Increase Symptoms</b>	<b>%</b>
<b>ASH</b>	903	551	61%	300	33%	52	6%
<b>BSSH</b>	280	154	55%	117	42%	9	3%
<b>EPPC</b>	185	159	86%	26	14%	0	0%
<b>KSH</b>	77	60	78%	15	19%	2	3%
<b>NTSH</b>	513	325	63%	177	35%	11	2%
<b>RGSC</b>	268	139	52%	123	46%	6	2%
<b>RSH</b>	479	408	85%	68	14%	3	1%
<b>SASH</b>	695	584	84%	104	15%	7	1%
<b>TSH</b>	536	353	66%	123	23%	60	11%
<b>Totals</b>	3936	2733	69%	1053	27%	150	4%

**Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores  
All State Hospitals**

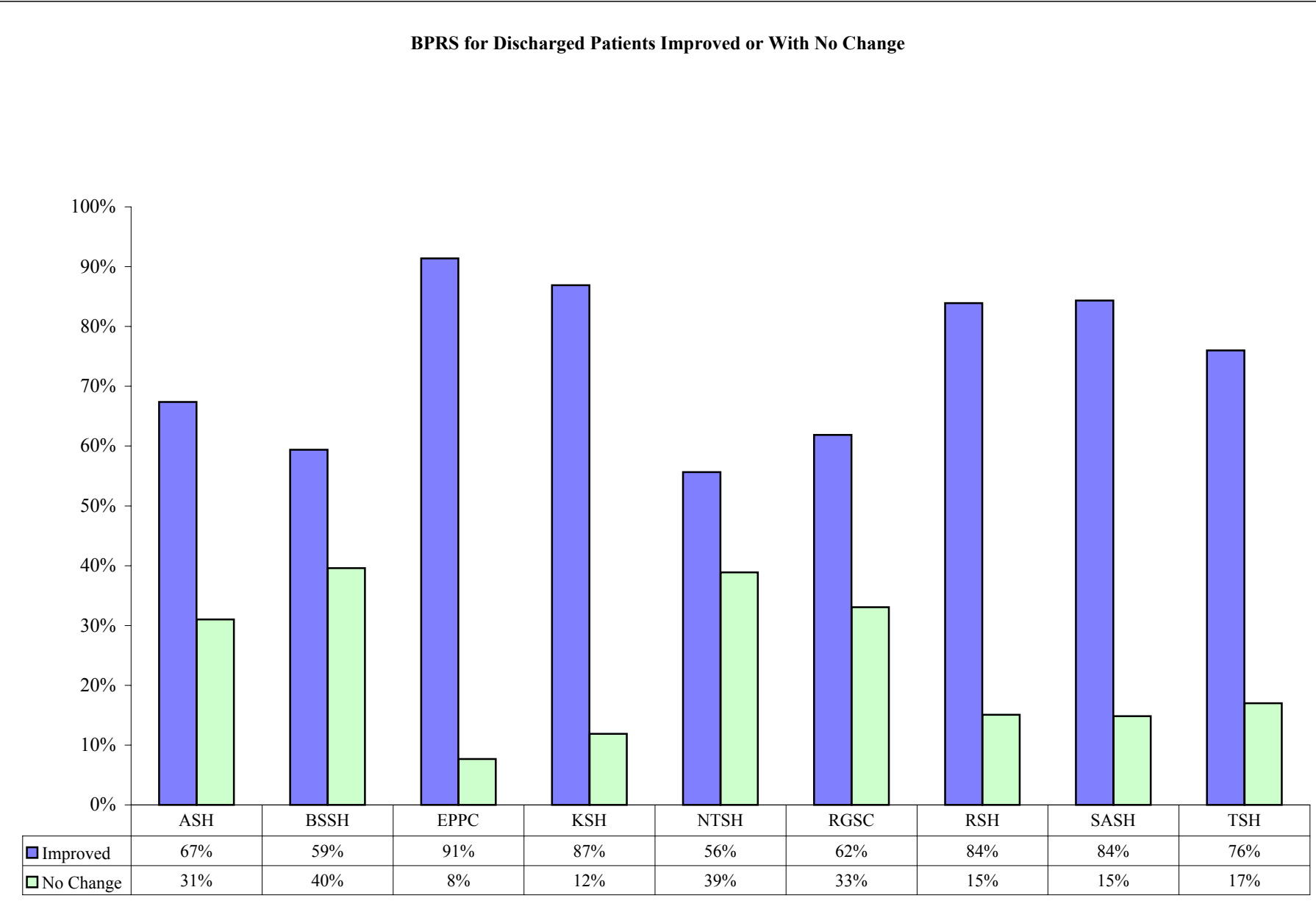


Chart: Hospital Management Data Services

Source: Crystal Report 'BPRS for Discharged Patients Improved or with No Change'



### Performance Measure 3B:

**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 GAF score increased and stabilized. 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.

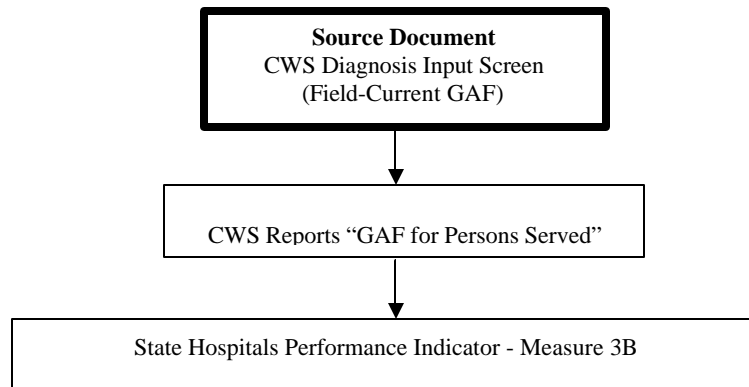
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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:**

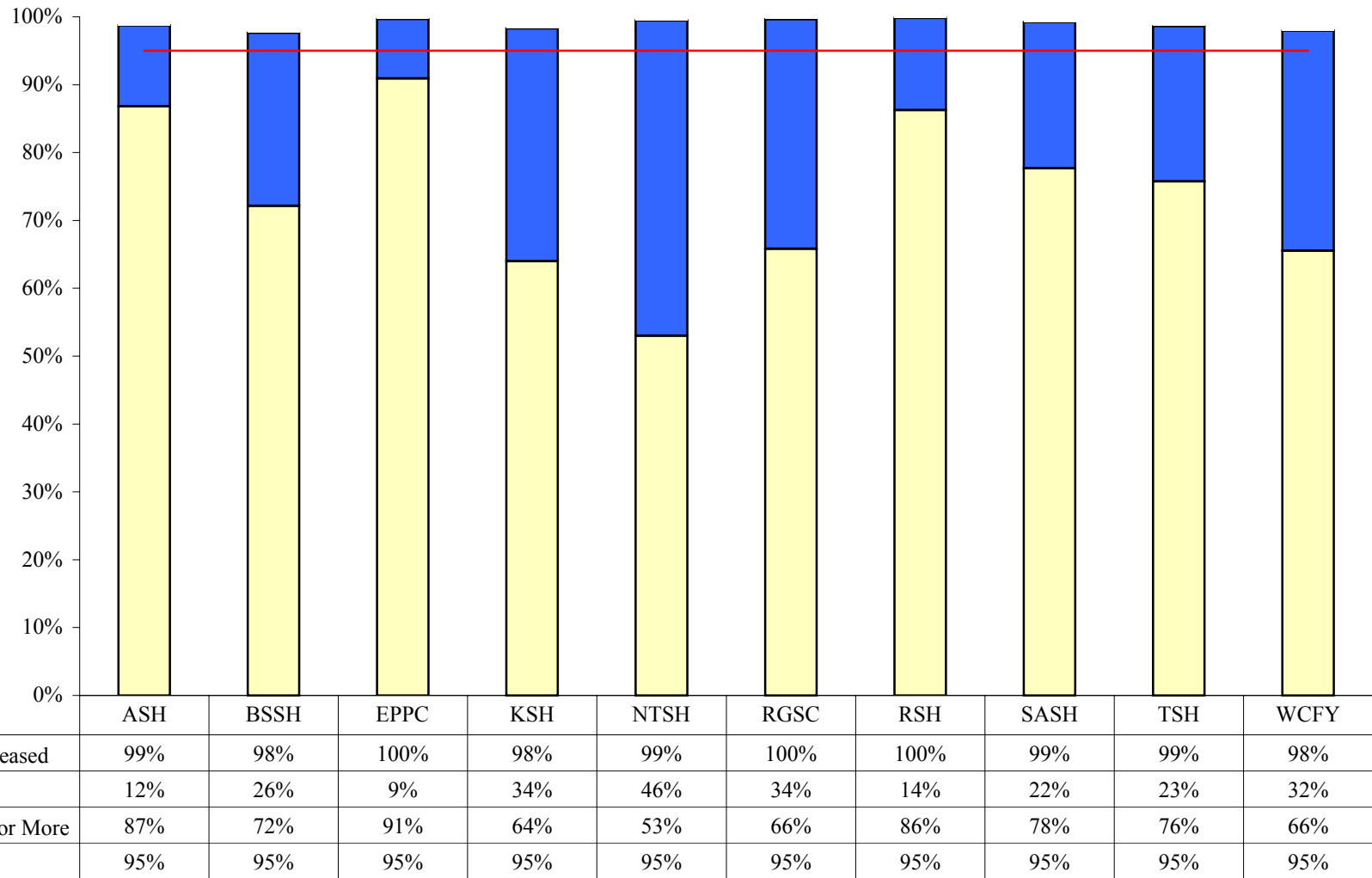


**Data Integrity Review Process:**

Monitoring Method	Medical record review for GAF scores recorded in psychiatric evaluation and discharge summary/ note (found in CWS Site Specific Diagnosis Report)
Monitoring Instrument/Tool	Care Report HC022830 and DIR Tally Sheet
Description of Review Process	Verification by reviewing patient admission/discharge GAF scores of closed records. (found in CWS Site Specific Diagnosis Report)
Sample Size	Review of 30 randomly selected closed records for the most recent FY Quarter
Monitoring Frequency	Facility: Semiannually; HMDS: Annually
Performance Improvement Trigger	When there is more than one incorrect or missing GAF score missing during the quarter reviewed.
DIR/HMDS Report	Summary of review including data accuracy, findings and data analysis.

**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**All State Hospitals - As of August 31, 2006**

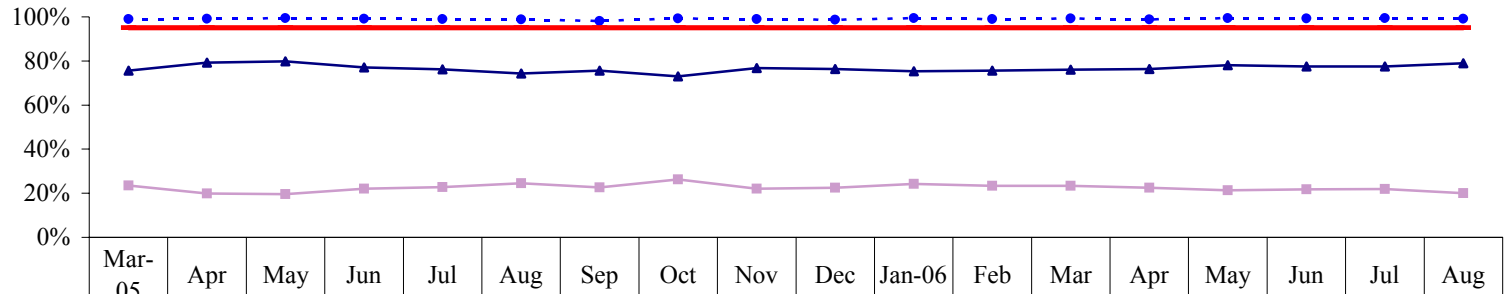
**FYTD Percent of Discharged Whose GAF Score Stabilized/Increased by 10 or More**



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

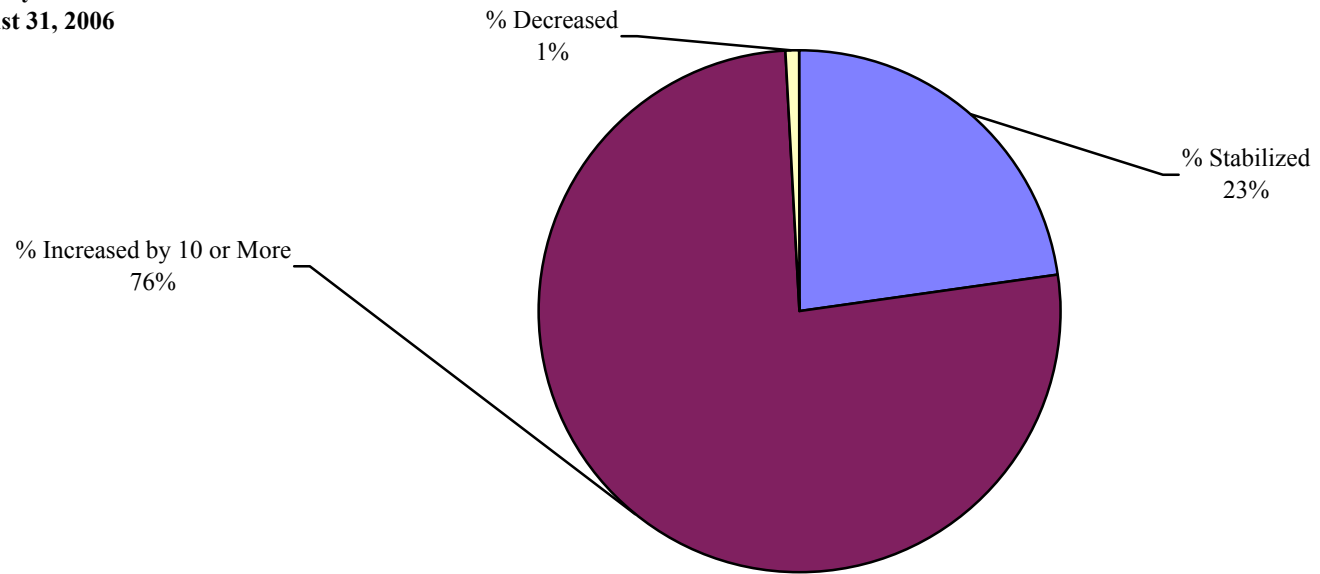
**All State Hospitals**

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



▲ % Increased by 10 or More	76%	79%	80%	77%	76%	74%	76%	73%	77%	76%	75%	76%	76%	76%	78%	78%	77%	79%
■ % Stabilized	23%	20%	20%	22%	23%	25%	23%	26%	22%	22%	24%	23%	23%	22%	21%	22%	22%	20%
● % Stabilized + Increased	99%	99%	99%	99%	99%	99%	98%	99%	99%	99%	99%	99%	99%	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%

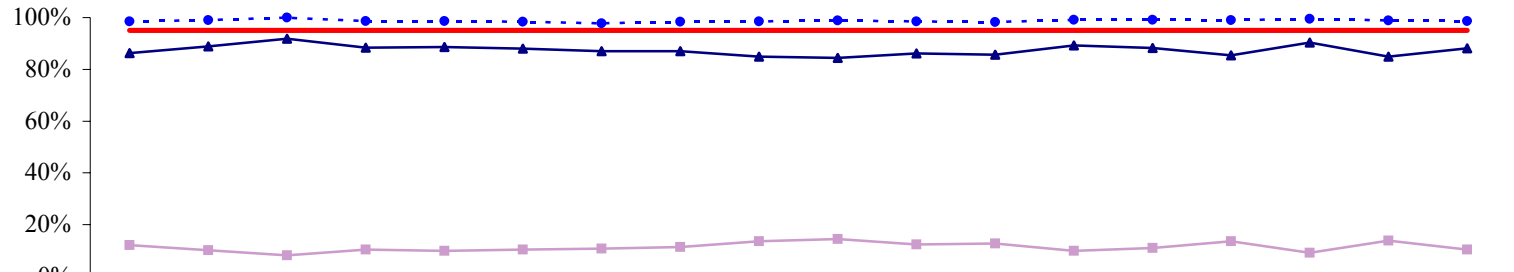
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**



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

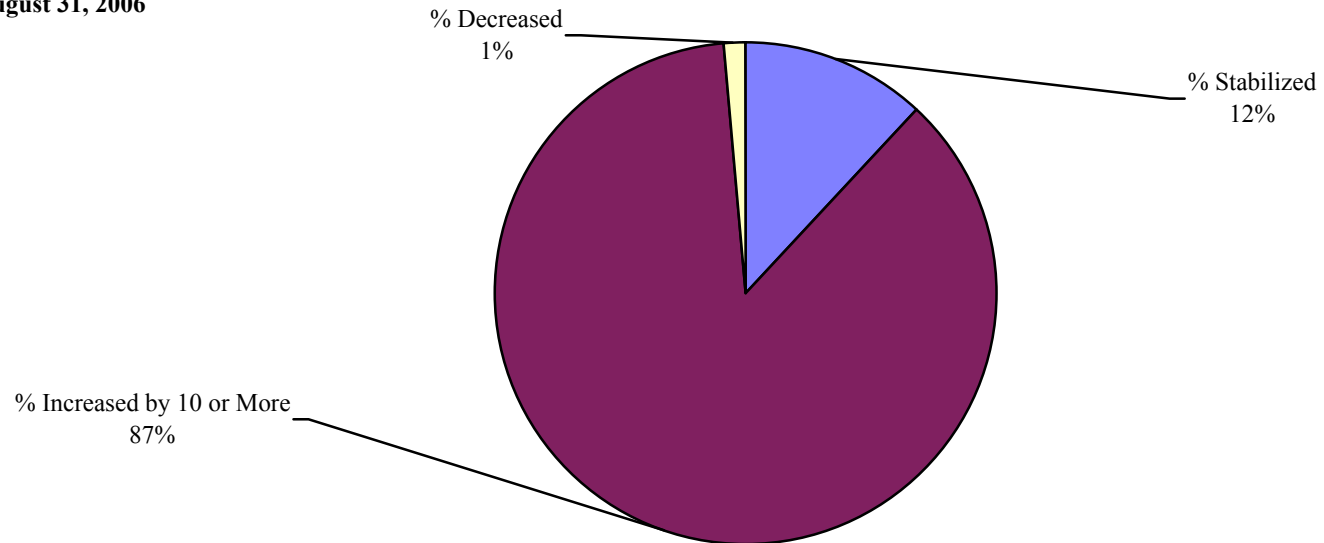
**Austin State Hospital**

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

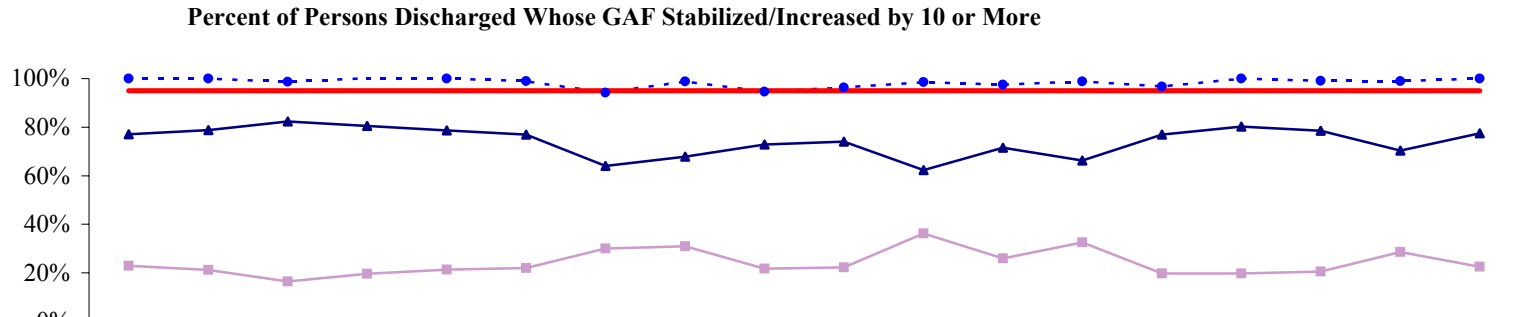


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	86%	89%	92%	88%	89%	88%	87%	87%	85%	84%	86%	86%	89%	88%	85%	90%	85%	88%
—■— % Stabilized	12%	10%	8%	10%	10%	10%	11%	11%	14%	14%	12%	13%	10%	11%	14%	9%	14%	10%
- - ● - - % Stabilized + Increased	98%	99%	100%	99%	99%	98%	98%	98%	98%	99%	99%	98%	99%	99%	99%	100%	99%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**

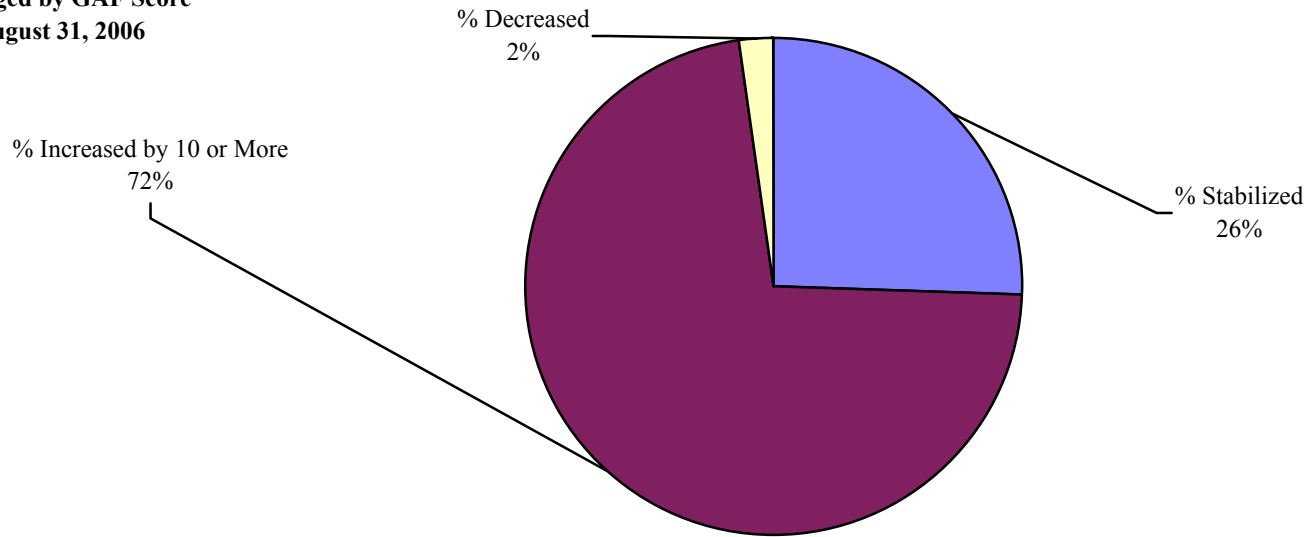


**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Big Spring State Hospital**



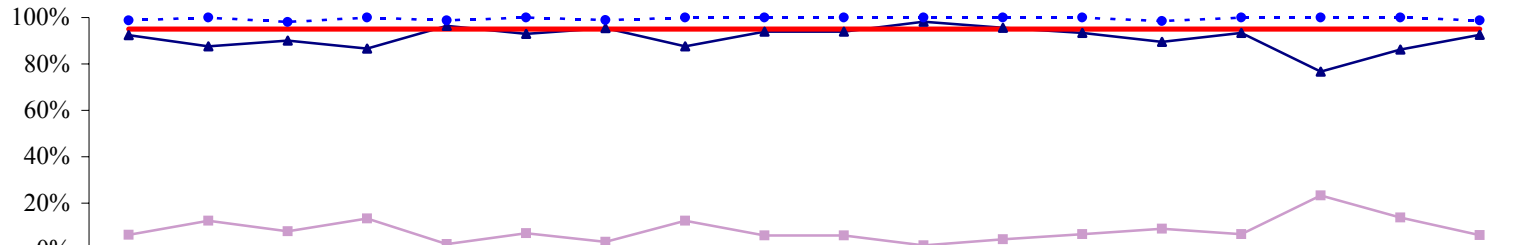
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	77%	79%	82%	80%	79%	77%	64%	68%	73%	74%	62%	72%	66%	77%	80%	79%	70%	77%
—■— % Stabilized	23%	21%	16%	20%	21%	22%	30%	31%	22%	22%	36%	26%	33%	20%	20%	21%	29%	23%
- - ● - - % Stabilized + Increased	100%	100%	99%	100%	100%	99%	94%	99%	95%	96%	99%	98%	99%	97%	100%	99%	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 August 31, 2006**



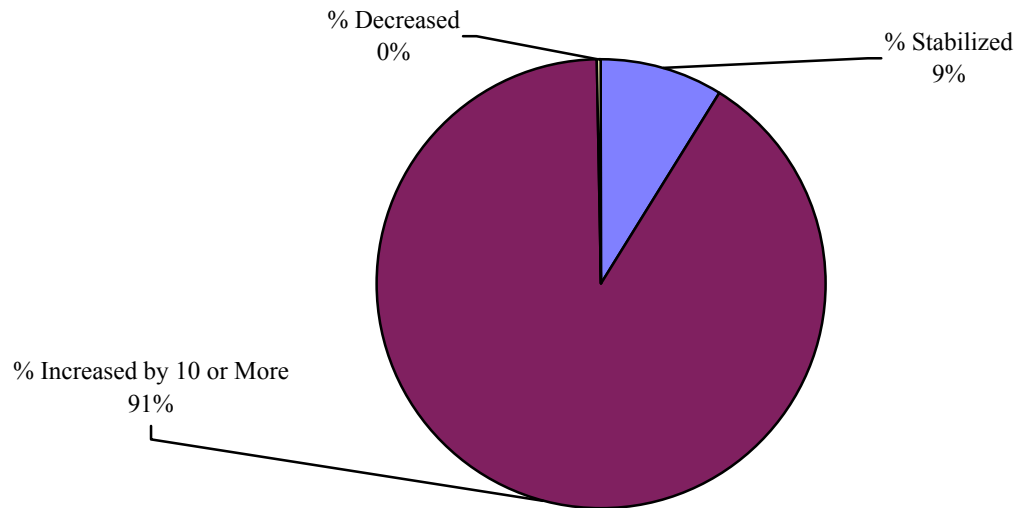
**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**El Paso Psychiatric Center**

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



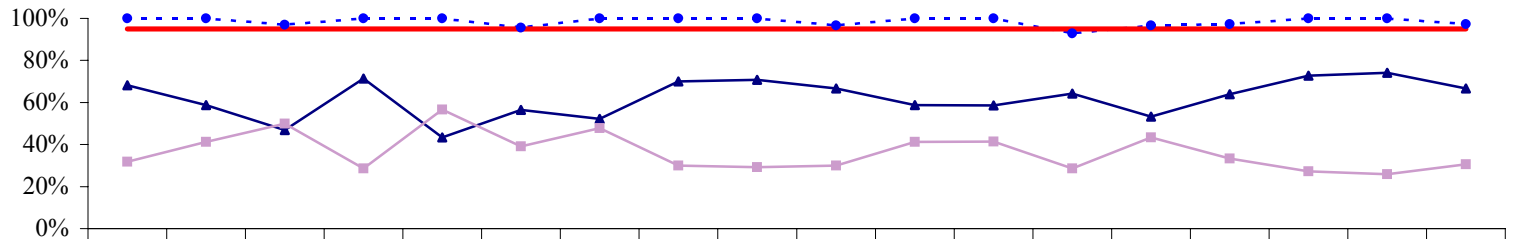
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	92%	88%	90%	87%	96%	93%	96%	88%	94%	94%	98%	96%	93%	90%	93%	77%	86%	93%
—■— % Stabilized	6%	12%	8%	13%	2%	7%	3%	12%	6%	6%	2%	4%	7%	9%	7%	23%	14%	6%
- - ● - - % Stabilized + Increased	99%	100%	98%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**



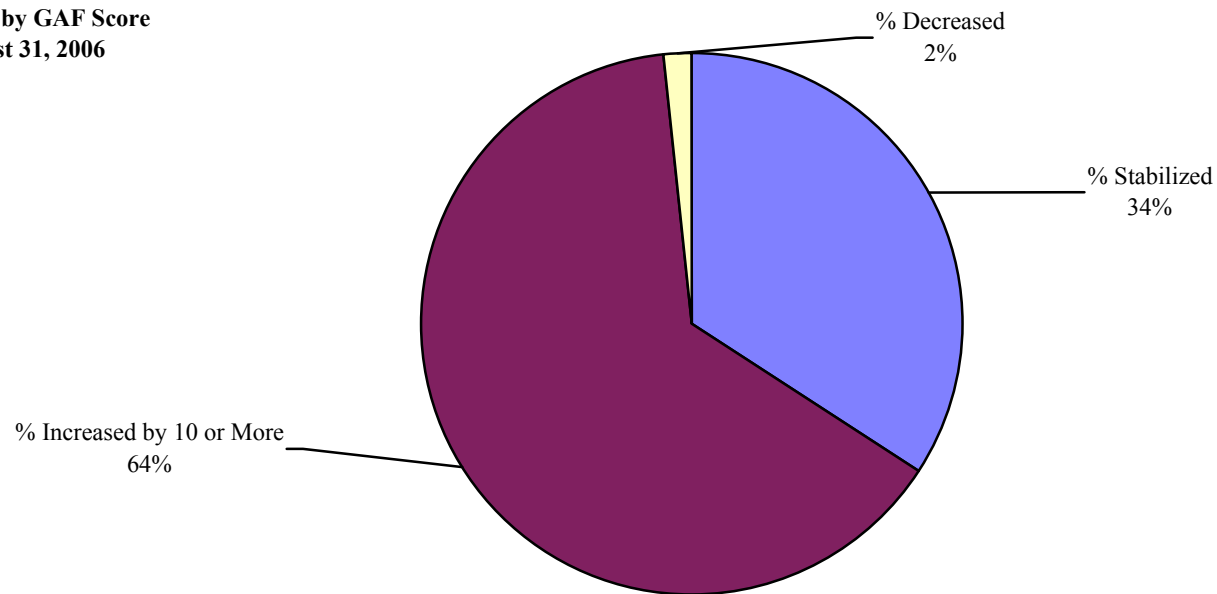
**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Kerrville State Hospital**

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

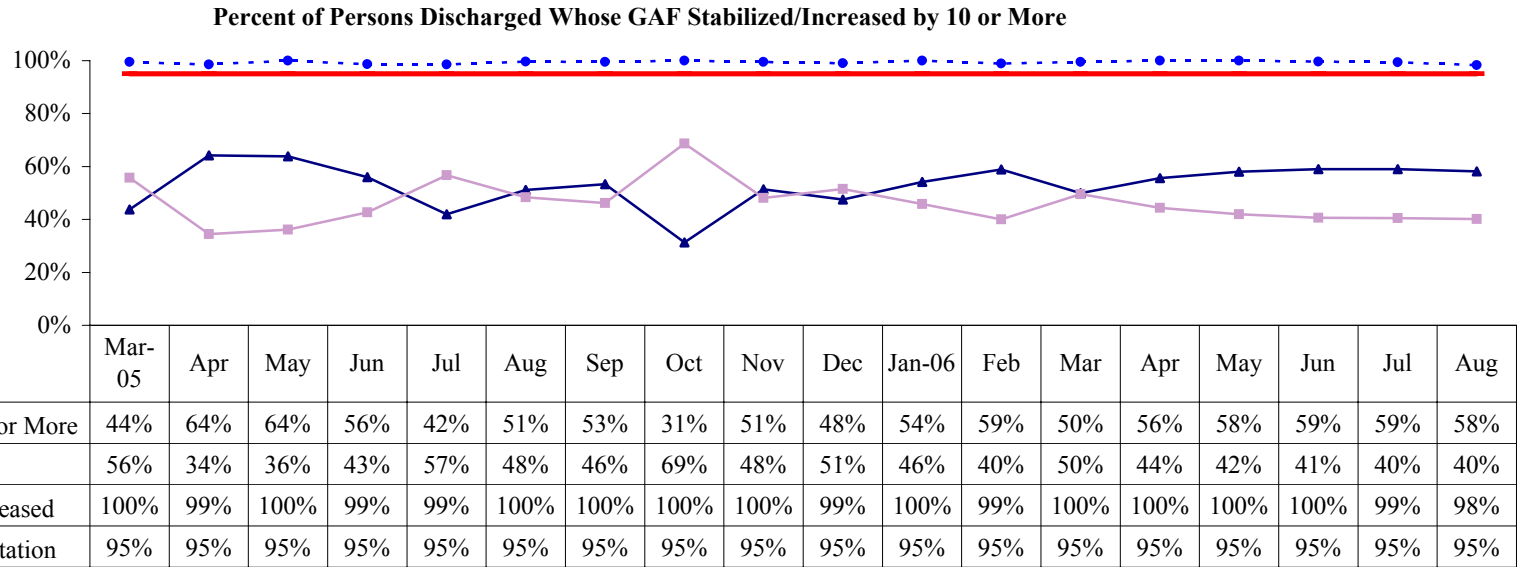


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	68%	59%	47%	71%	43%	57%	52%	70%	71%	67%	59%	59%	64%	53%	64%	73%	74%	67%
—■— % Stabilized	32%	41%	50%	29%	57%	39%	48%	30%	29%	30%	41%	41%	29%	43%	33%	27%	26%	31%
- - ● - - % Stabilized + Increased	100%	100%	97%	100%	100%	96%	100%	100%	100%	97%	100%	100%	93%	97%	97%	100%	100%	97%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

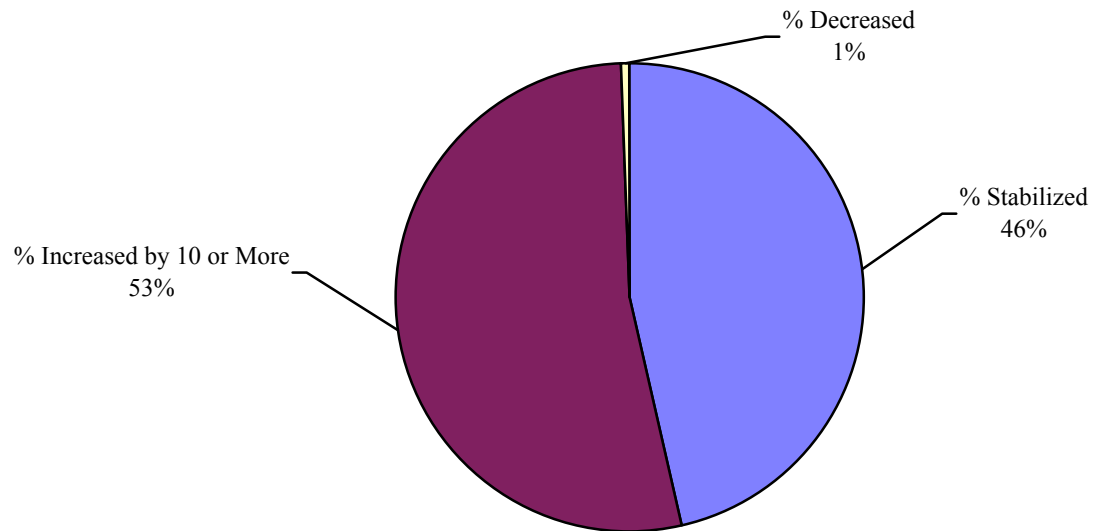
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**



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



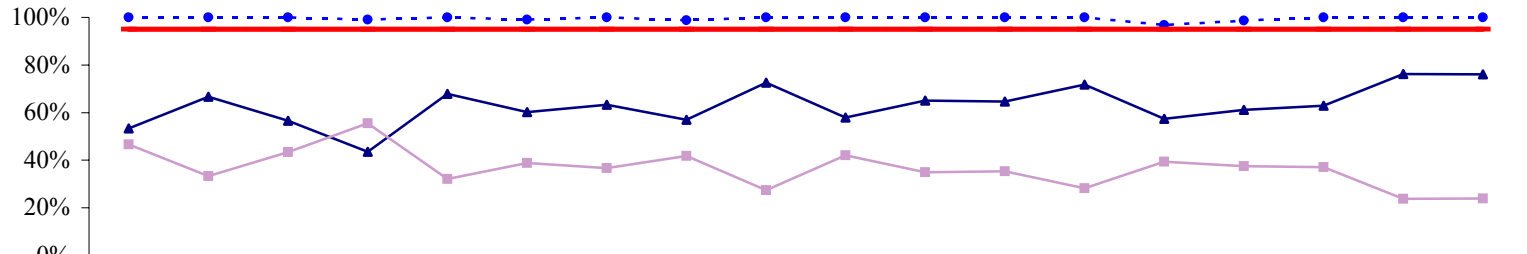
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**





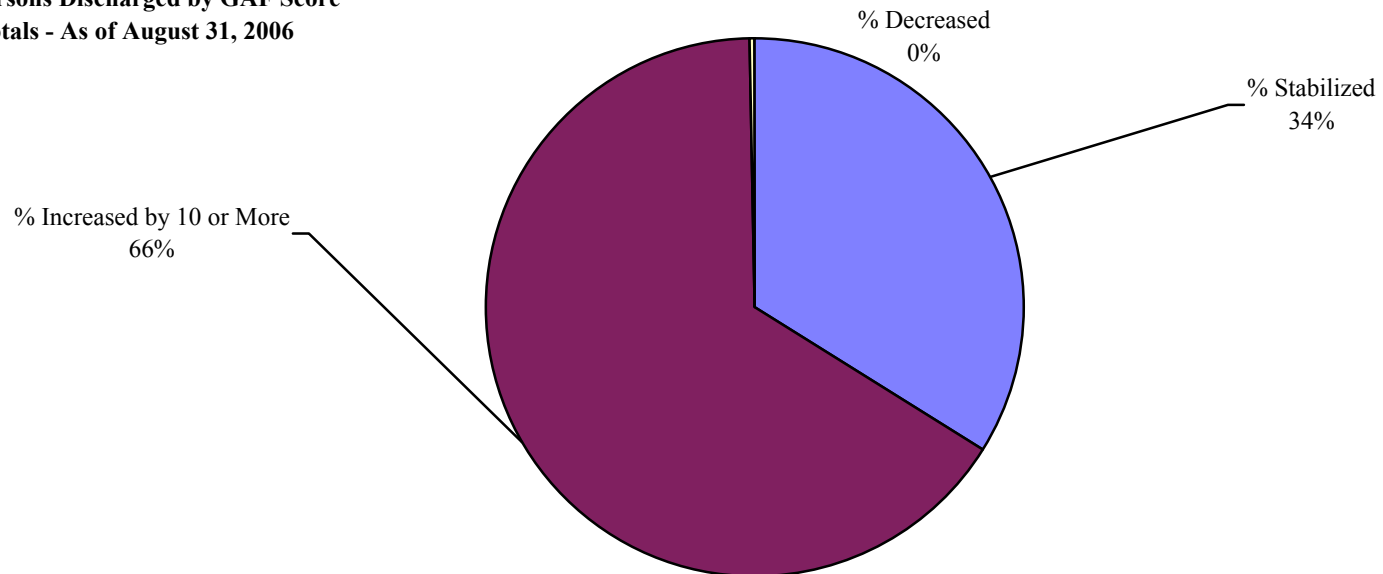
**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Rio Grande State Center**

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



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	53%	67%	57%	44%	68%	60%	63%	57%	73%	58%	65%	65%	72%	57%	61%	63%	76%	76%
—■— % Stabilized	47%	33%	43%	55%	32%	39%	37%	42%	27%	42%	35%	35%	28%	39%	38%	37%	24%	24%
- - ● - - % Stabilized + Increased	100%	100%	100%	99%	100%	99%	100%	99%	100%	100%	100%	100%	100%	97%	99%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

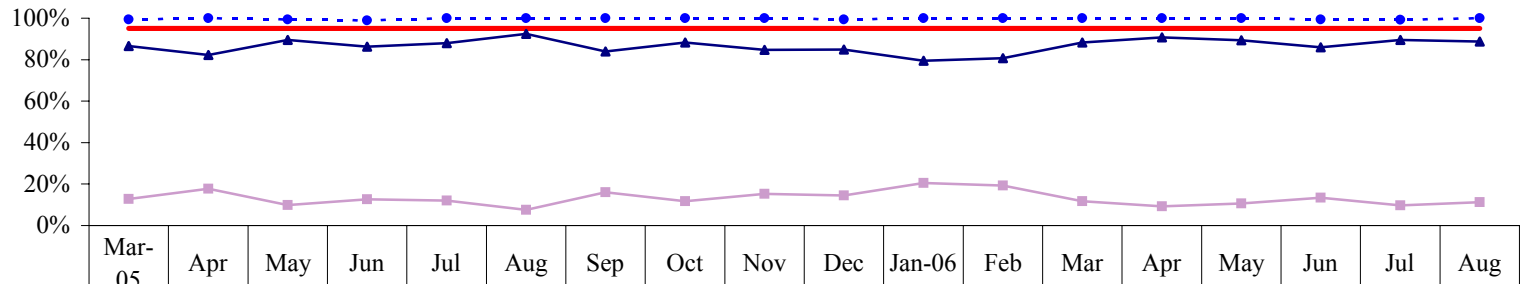
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**



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

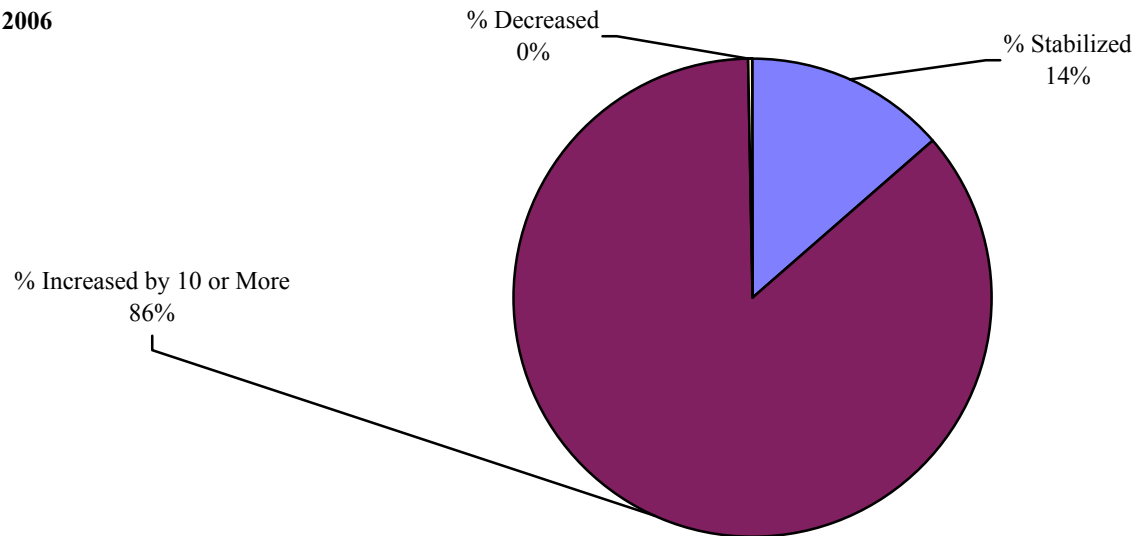
**Rusk State Hospital**

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



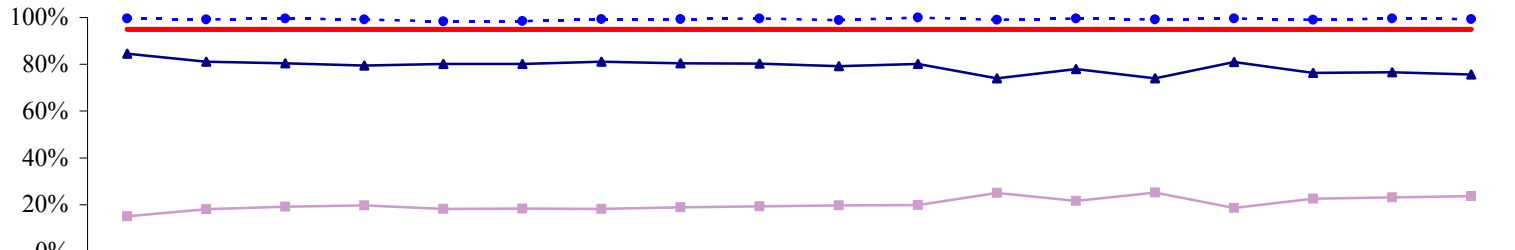
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	87%	82%	90%	86%	88%	92%	84%	88%	85%	85%	79%	81%	88%	91%	89%	86%	90%	89%
—■— % Stabilized	13%	18%	10%	13%	12%	8%	16%	12%	15%	15%	21%	19%	12%	9%	11%	13%	10%	11%
- - ◆ - - % Stabilized + Increased	99%	100%	99%	99%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	99%	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 August 31, 2006**



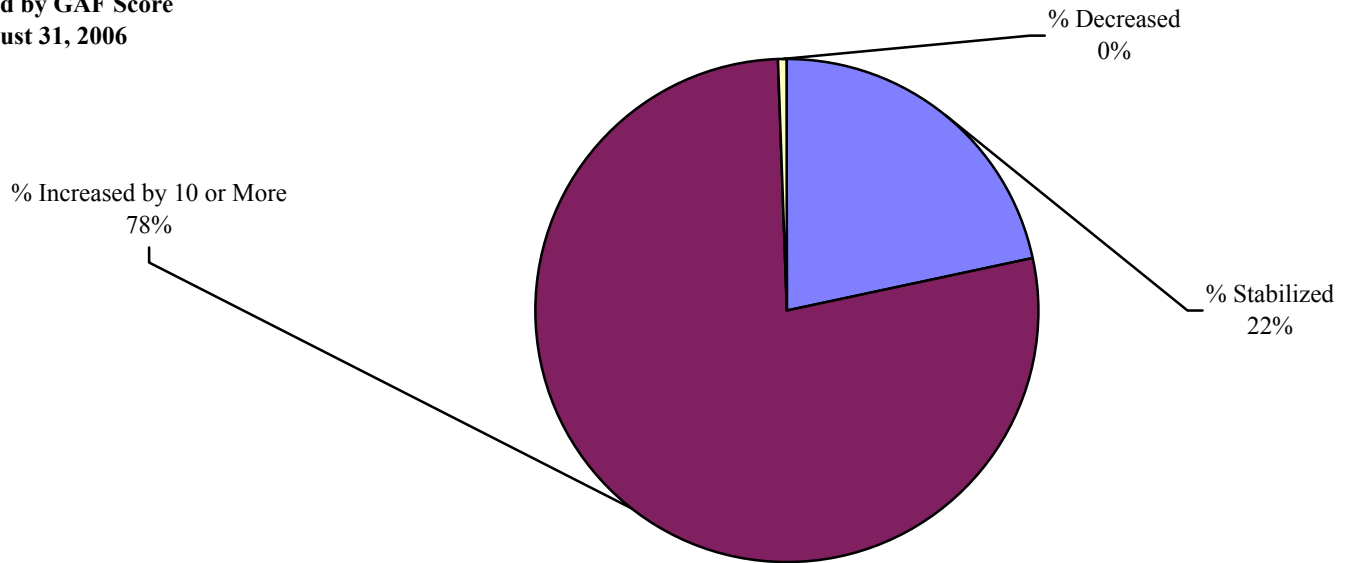
**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**San Antonio State Hospital**

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



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	85%	81%	80%	79%	80%	80%	81%	80%	80%	79%	80%	74%	78%	74%	81%	76%	77%	76%
—■— % Stabilized	15%	18%	19%	20%	18%	18%	18%	19%	19%	20%	20%	25%	22%	25%	19%	23%	23%	24%
- - ● - - % Stabilized + Increased	100%	99%	100%	99%	98%	98%	99%	99%	100%	99%	100%	99%	100%	99%	100%	99%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

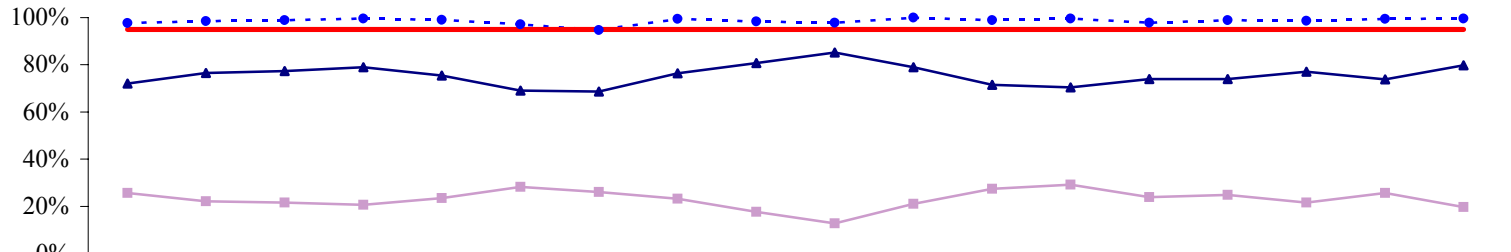
**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**



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

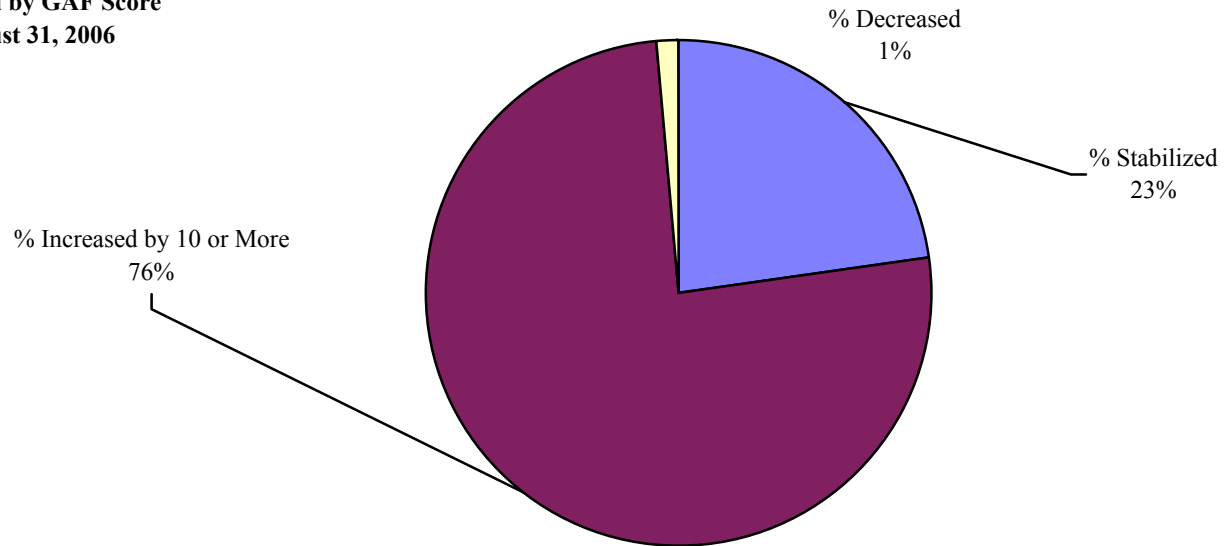
**Terrell State Hospital**

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



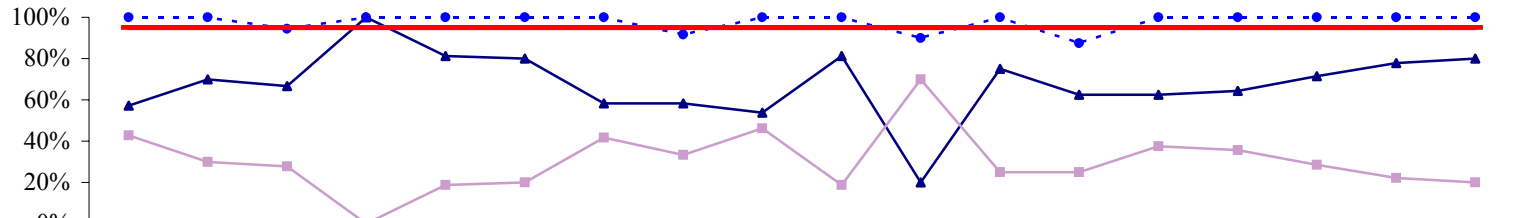
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	72%	76%	77%	79%	76%	69%	69%	76%	81%	85%	79%	72%	70%	74%	74%	77%	74%	80%
—■— % Stabilized	26%	22%	22%	21%	24%	28%	26%	23%	18%	13%	21%	27%	29%	24%	25%	22%	26%	20%
- - ● - - % Stabilized + Increased	98%	99%	99%	100%	99%	97%	95%	100%	98%	98%	100%	99%	100%	98%	99%	99%	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 August 31, 2006**



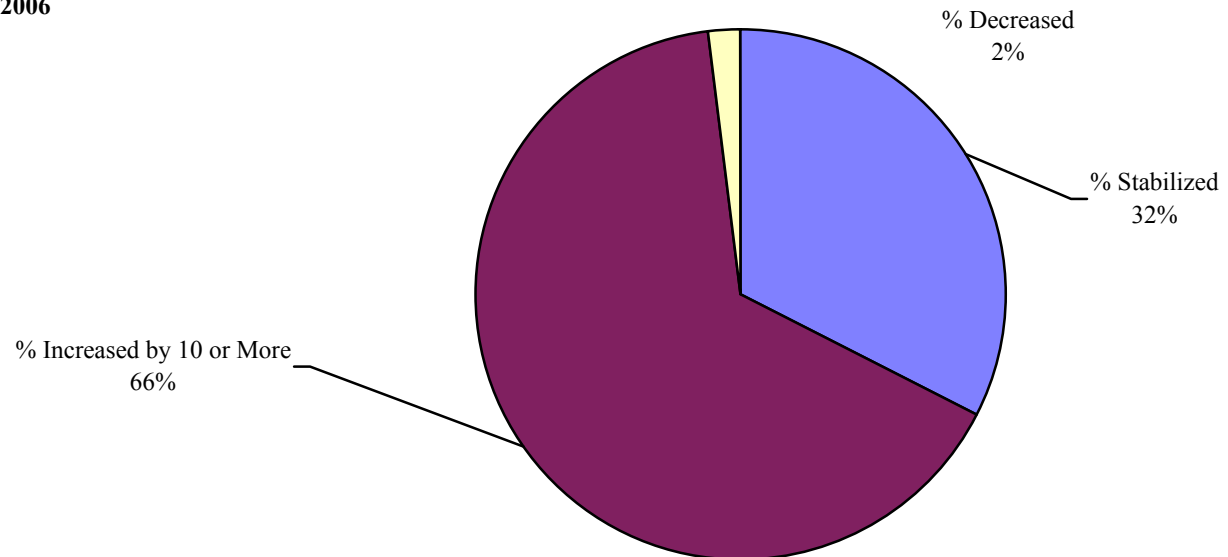
**Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More**  
**Percent of Discharged Whose GAF Score Stabilized**  
**Waco Center for Youth**

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



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	57%	70%	67%	100%	81%	80%	58%	58%	54%	81%	20%	75%	63%	63%	64%	71%	78%	80%
—■— % Stabilized	43%	30%	28%	0%	19%	20%	42%	33%	46%	19%	70%	25%	25%	38%	36%	29%	22%	20%
- - ● - - % Stabilized + Increased	100%	100%	94%	100%	100%	100%	100%	92%	100%	100%	90%	100%	88%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score**  
**FYTD Totals - As of August 31, 2006**



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

**Performance Objective 4E:**

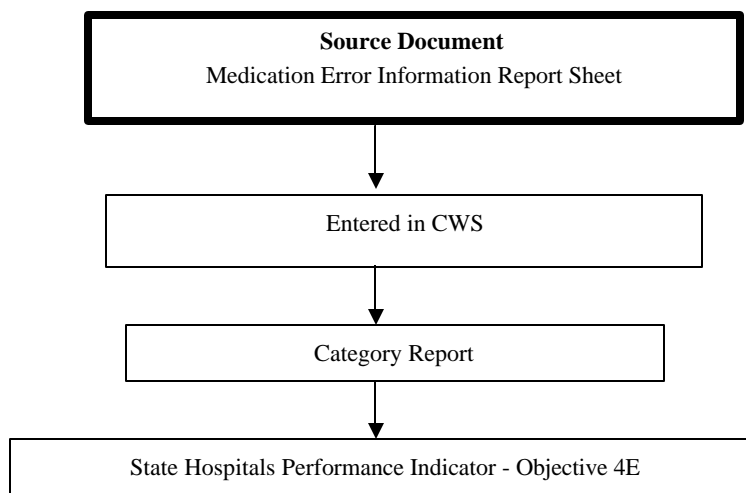
**Each hospital will have a process in place to identify, collect, aggregate, and analyze medication errors and report to the Governing Body.**

**Performance Objective Operational Definition:** The number of facility medication errors as documented on the Medication Error Information Report form per month. The MedMarx Software will be utilized until the state hospitals decide on a new system for reporting medication errors.

**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.

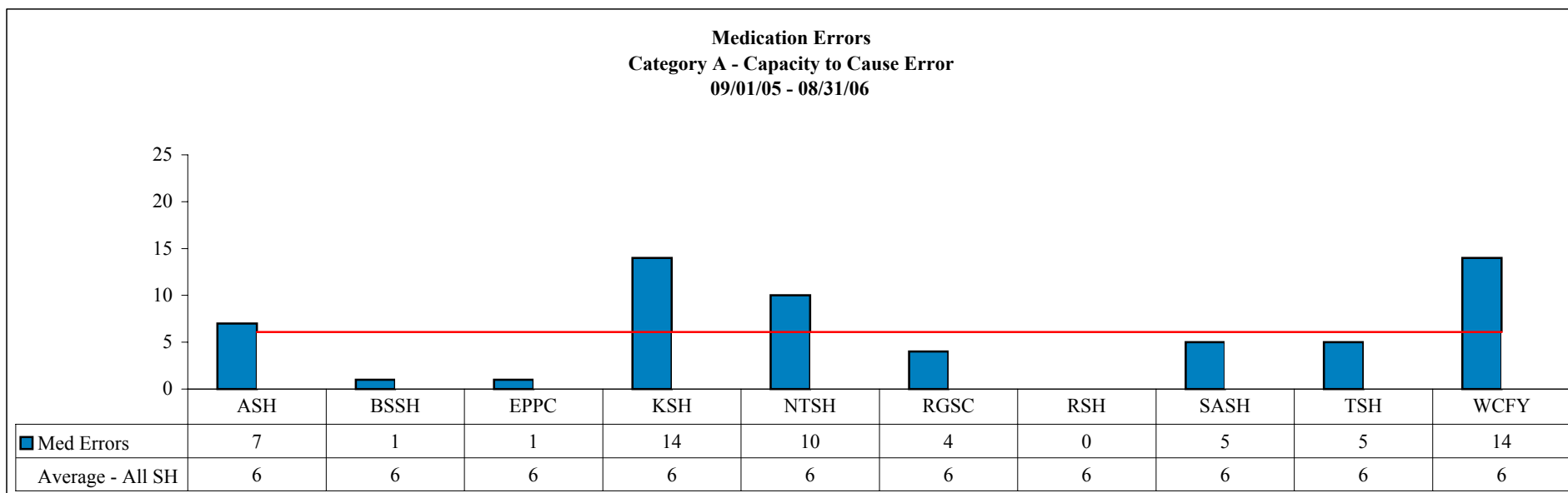
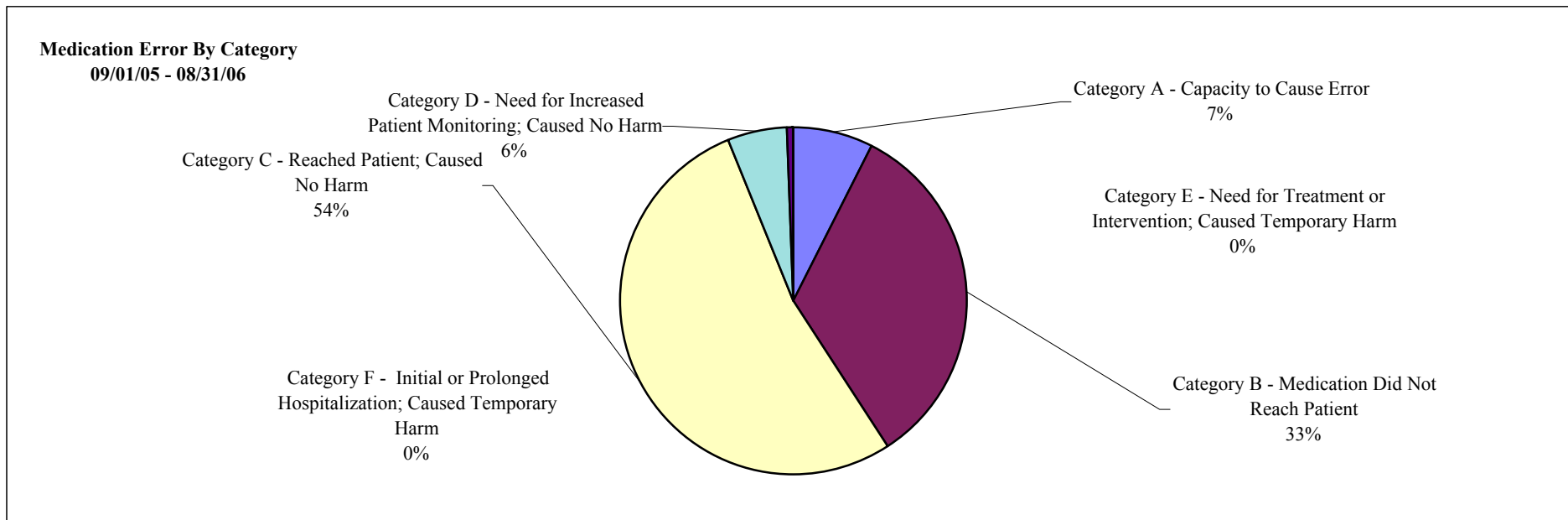
**Data Flow:**



**Data Integrity Review Process:**

Monitoring Method	Desk Review
Monitoring Instrument	MedMarx Error Category Report, Facility Medication Error Information Report Sheets.
Description of Review Process	Verification by comparing the Facility Medication Error Information Report Sheet to the MedMarx Error 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 MedMarx Error Category Report for the specified review period for both total errors and errors by category.
DRI/EVT Report	Summary of percent accuracy findings.

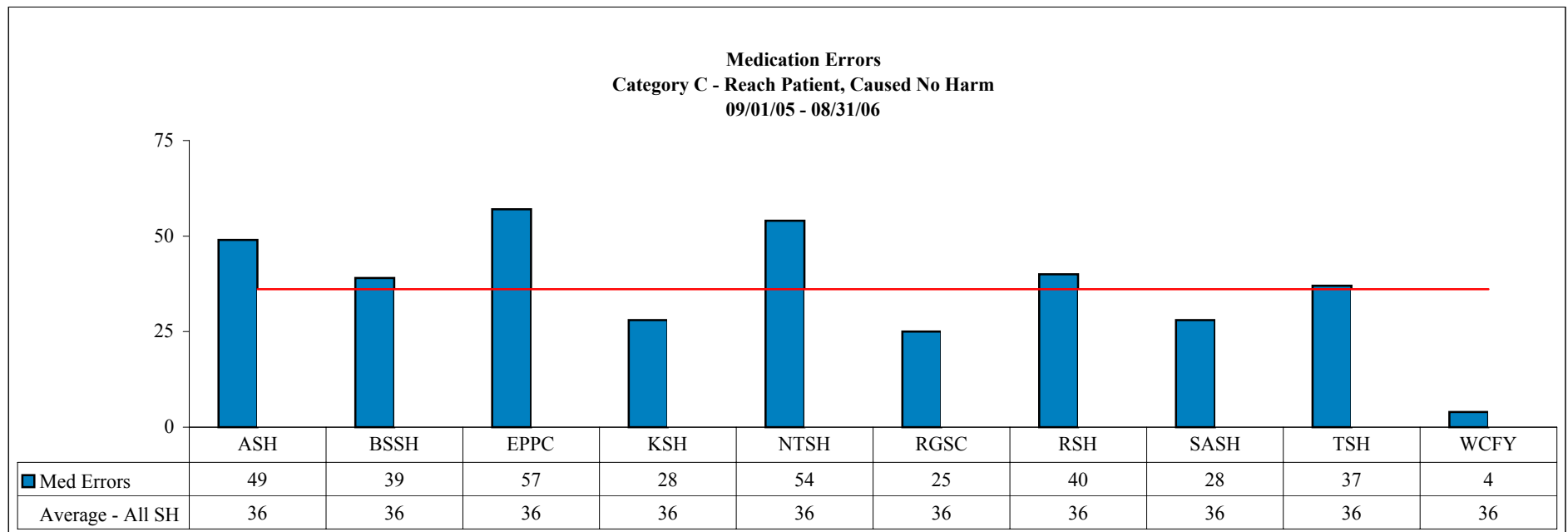
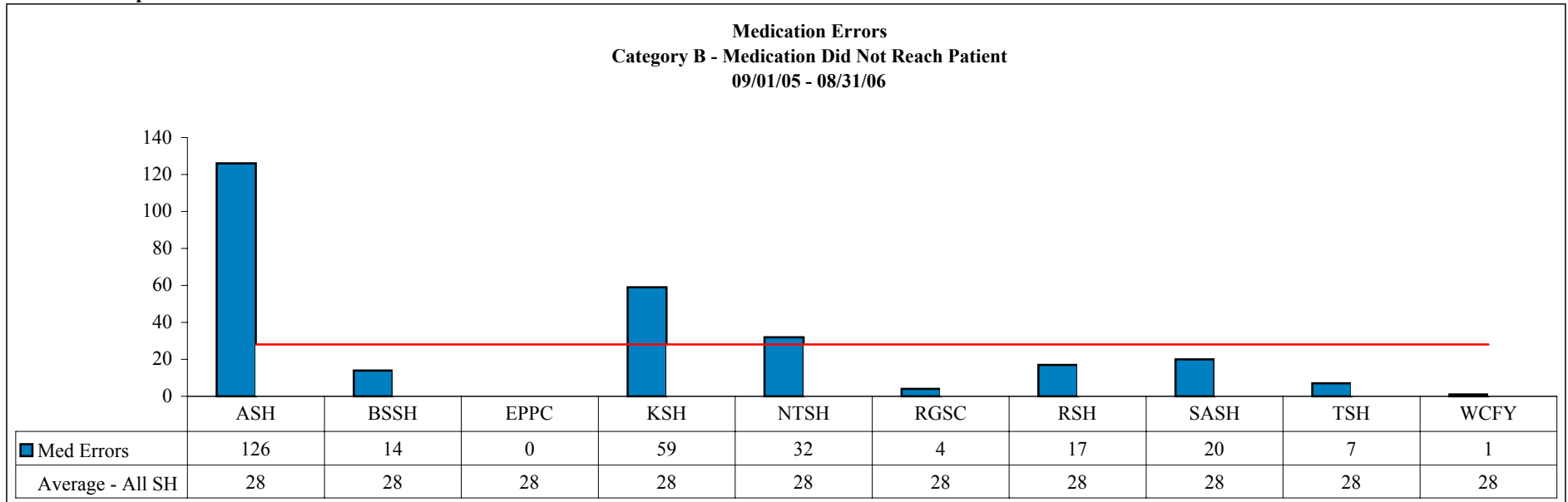
**Objective 4E - Medication Variance Data  
All State Hospitals**



As of 2/1/05 data from CWS instead of MedMarx  
Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

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

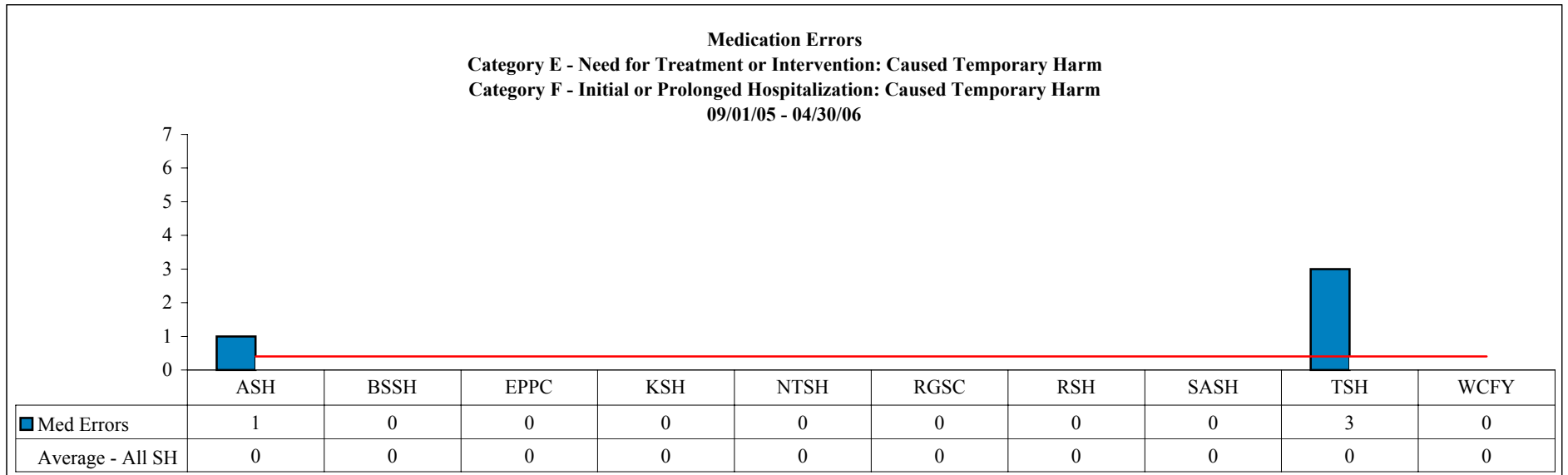
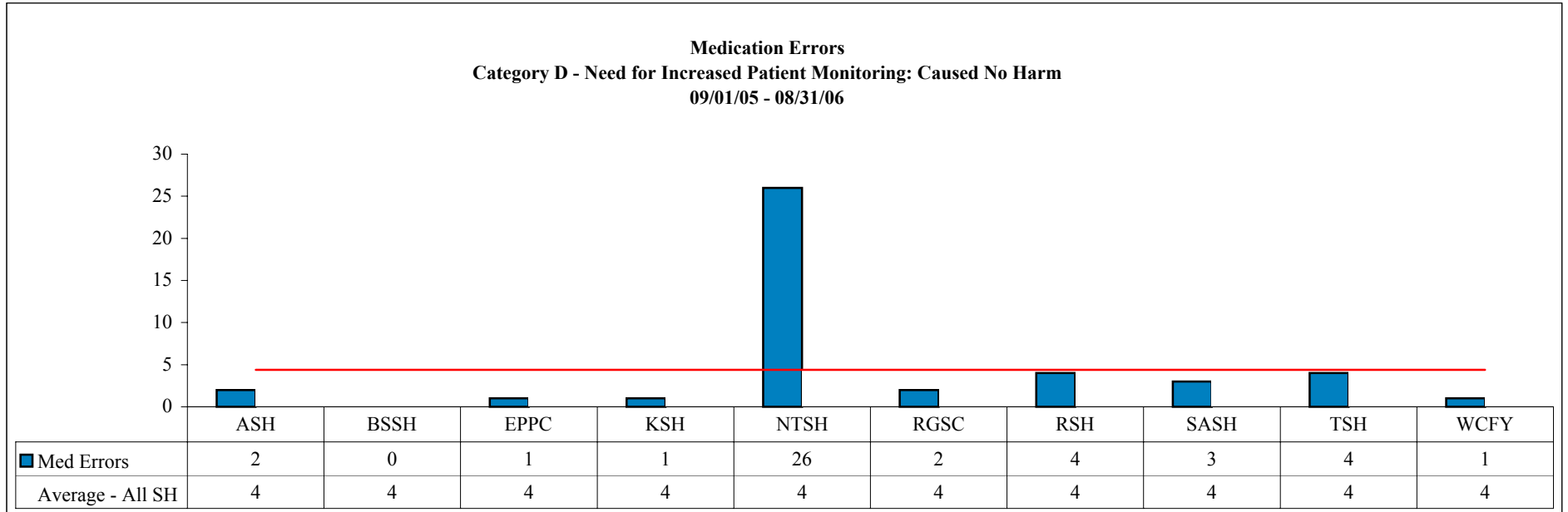


As of 2/1/05 data from CWS instead of MedMarx  
 Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

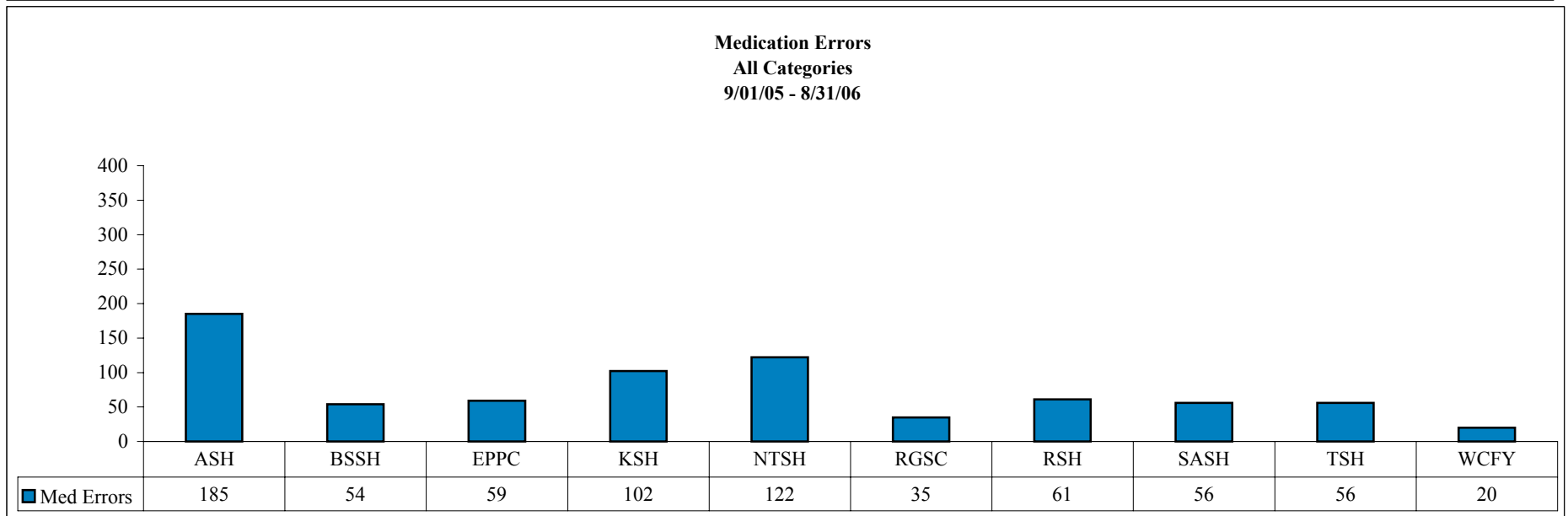
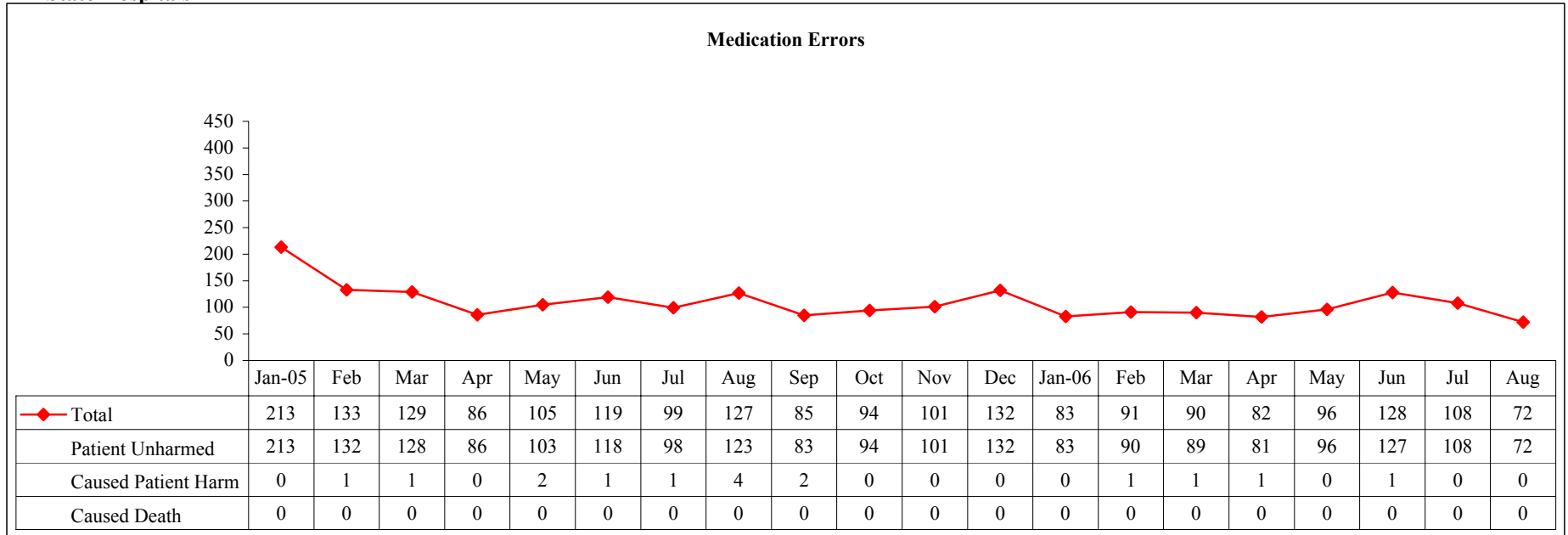


**Objective 4E - Medication Variance Data  
All State Hospitals**



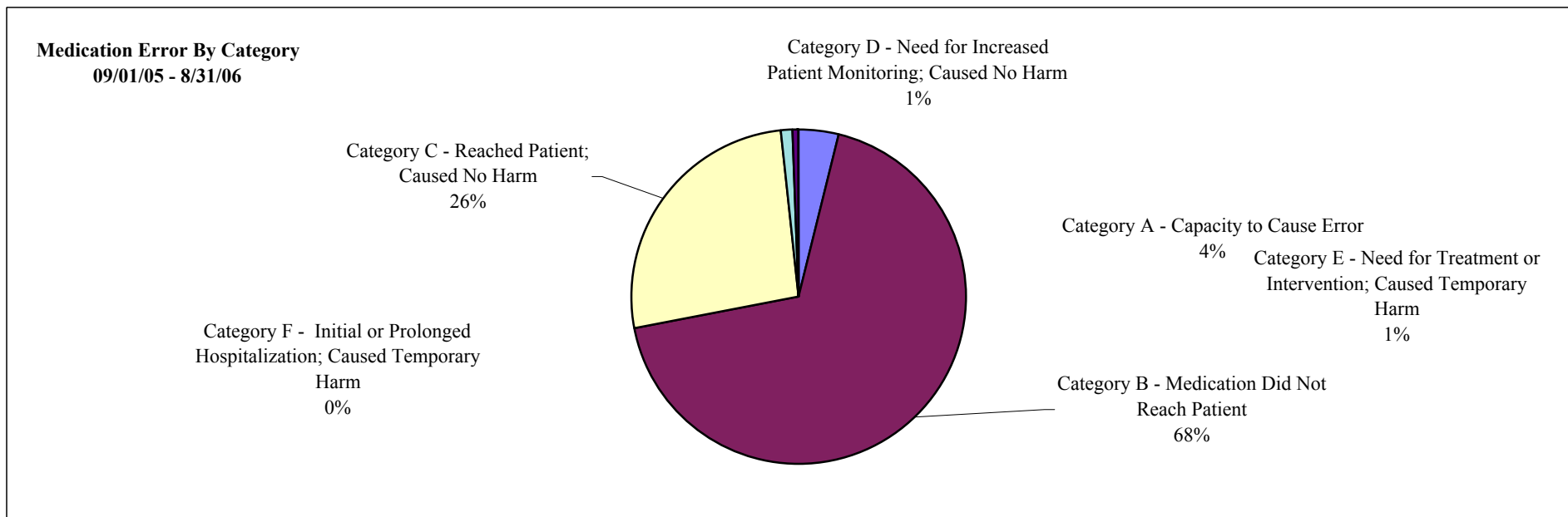
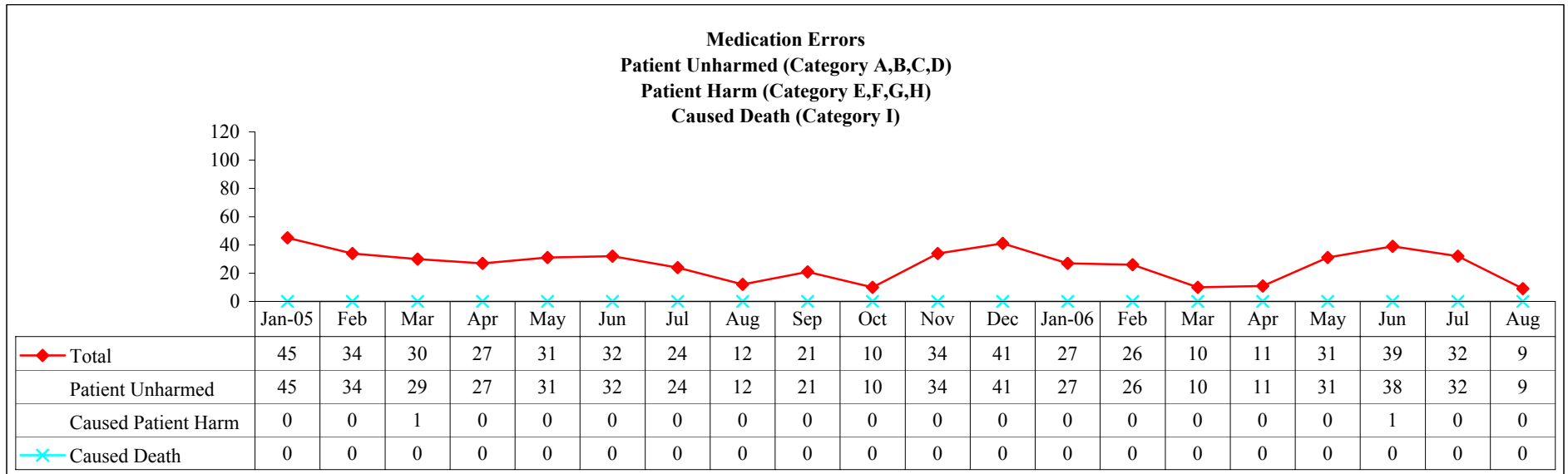
As of 2/1/05 data from CWS instead of MedMarx

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



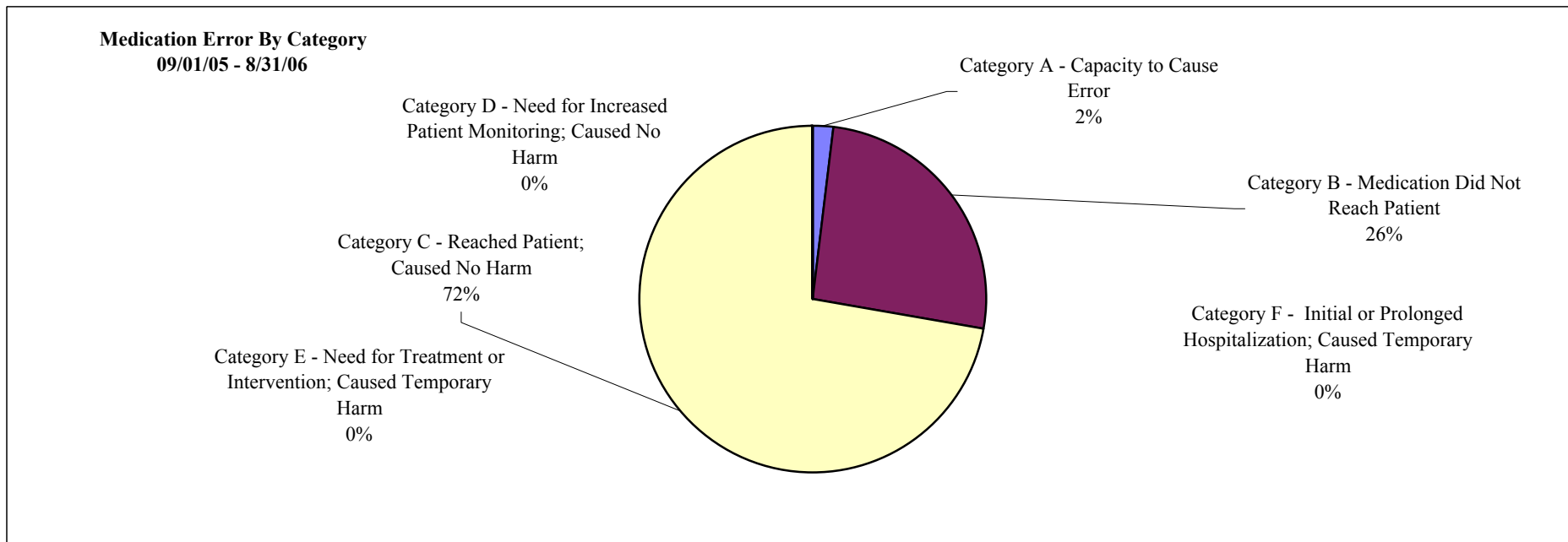
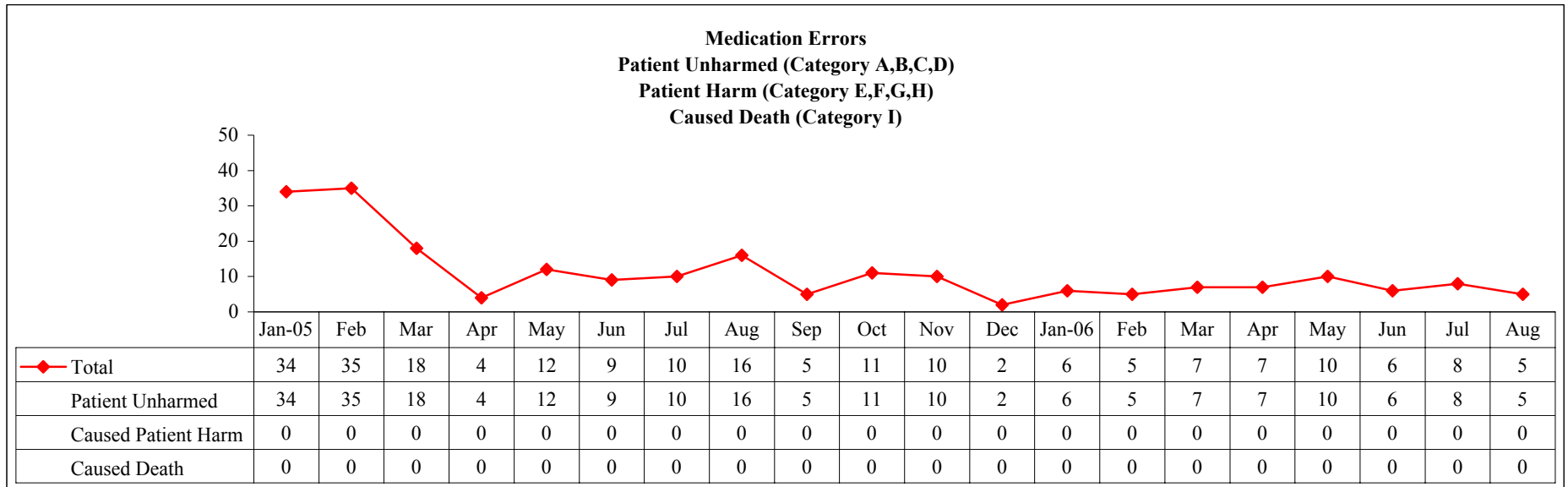
As of 2/1/05 data from CWS instead of MedMarx

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



As of 2/1/05 data from CWS instead of MedMarx

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

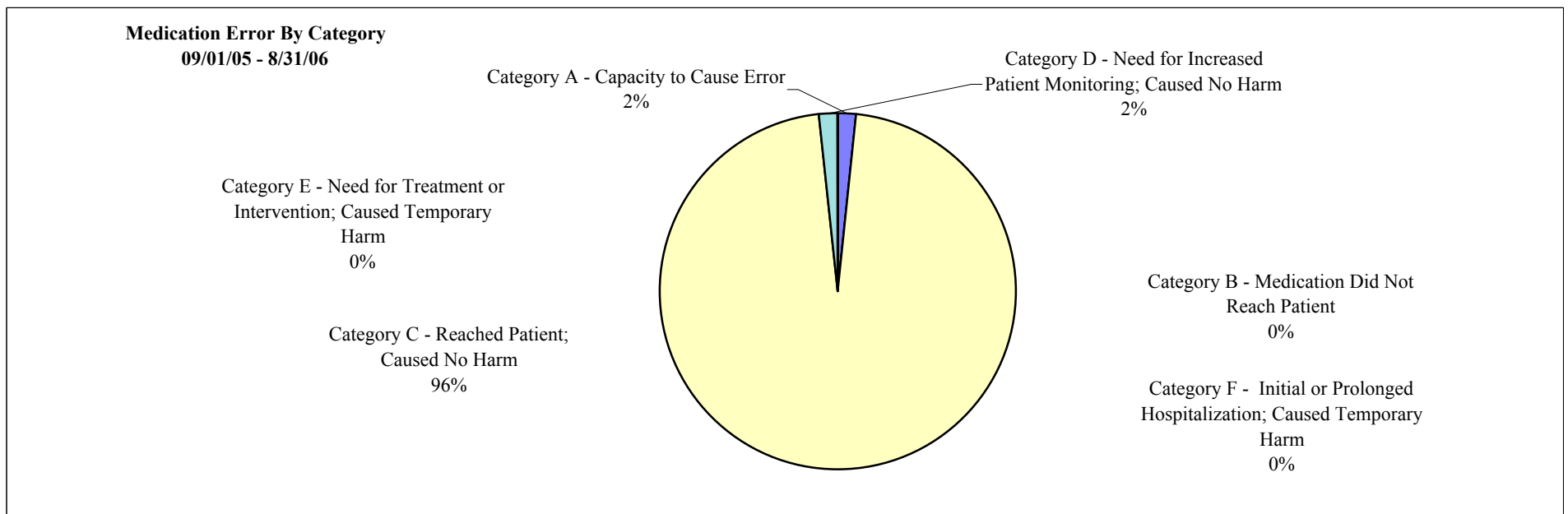
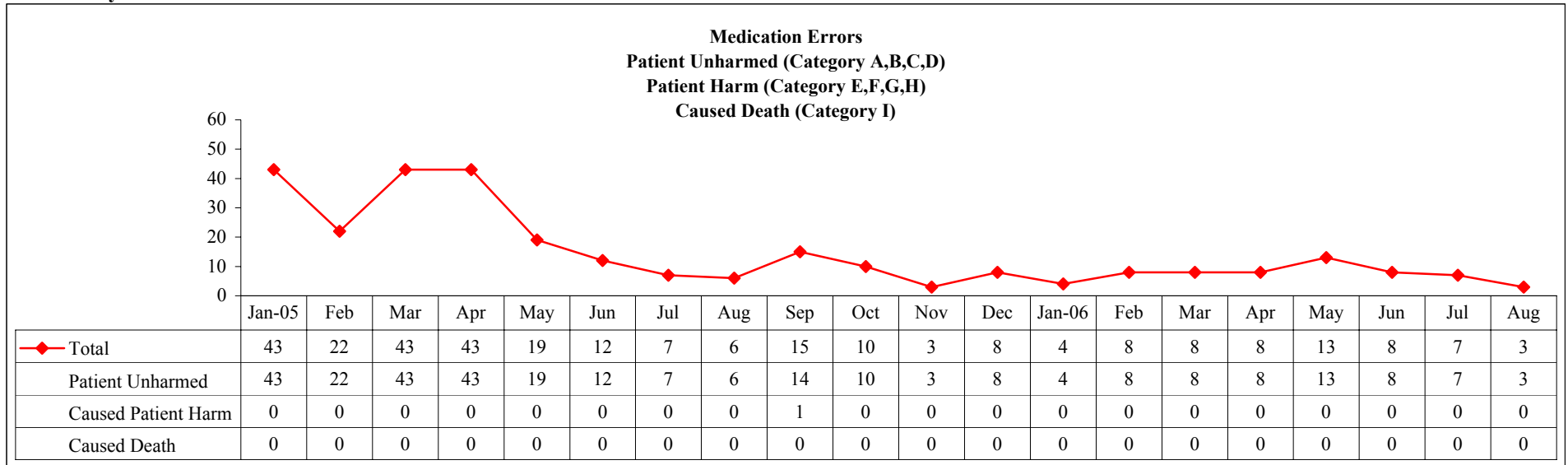


As of 2/1/05 data from CWS instead of MedMarx

Chart: Hospital Management Data Services

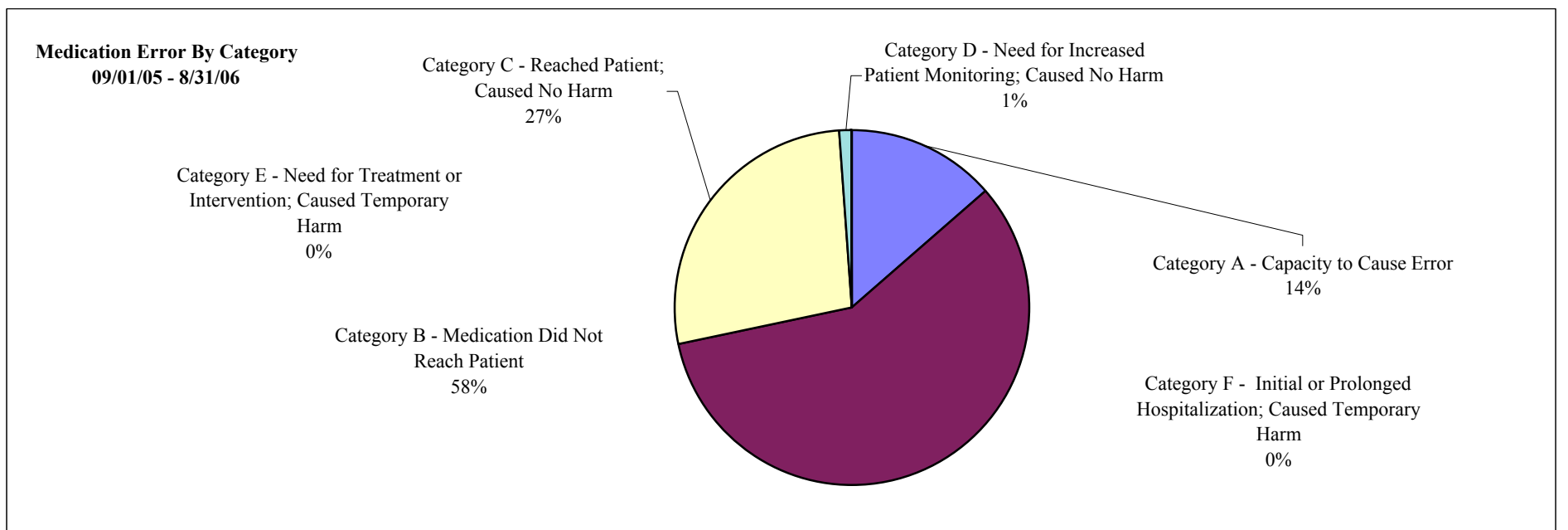
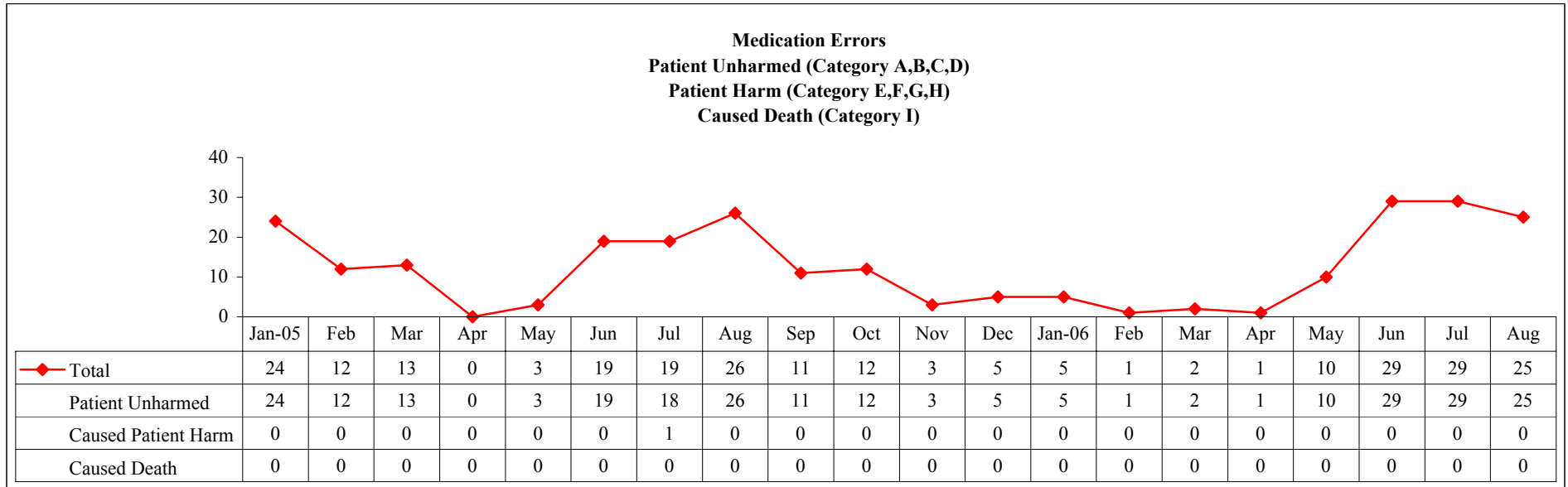
Source: MedMarx Reporting System/CWS

**Objective 4E - Medication Variance Data**  
**El Paso Psychiatric Center**



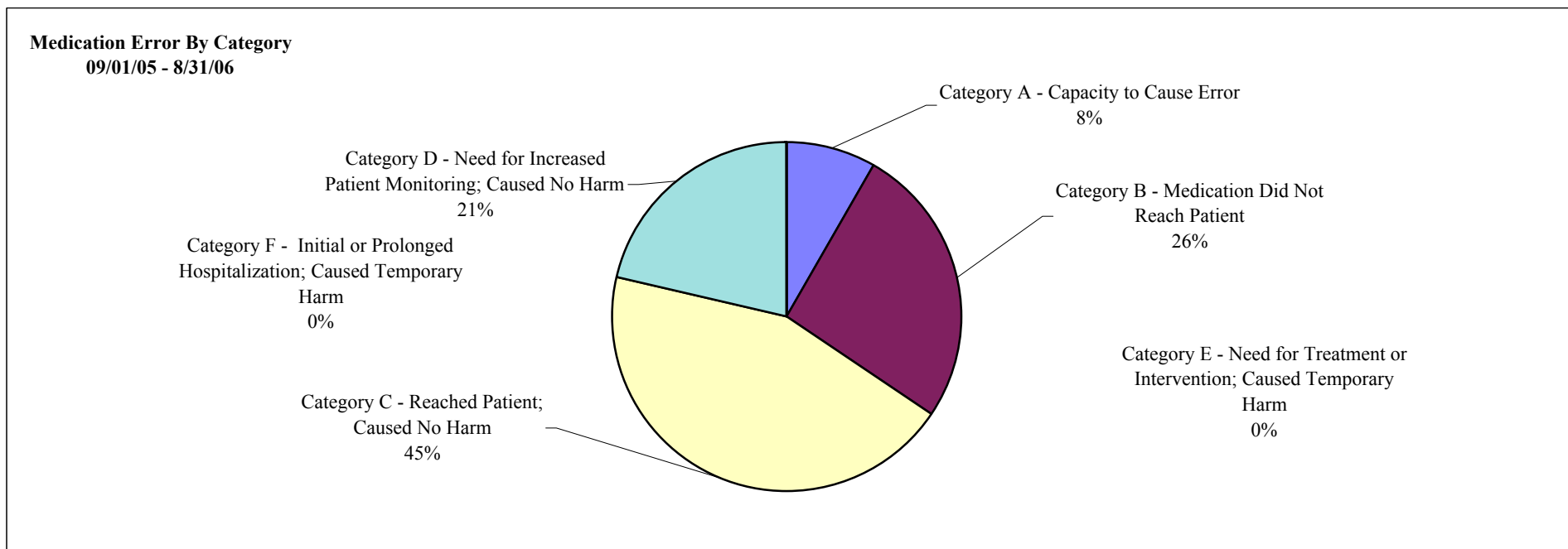
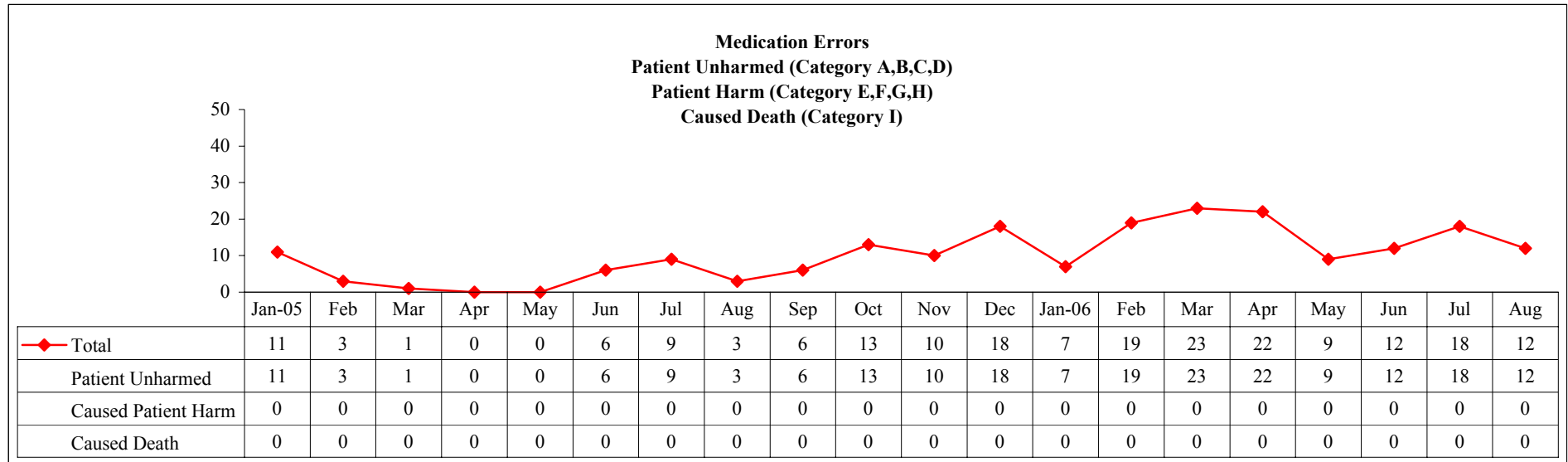
As of 2/1/05 data from CWS instead of MedMarx

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



As of 2/1/05 data from CWS instead of MedMarx

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

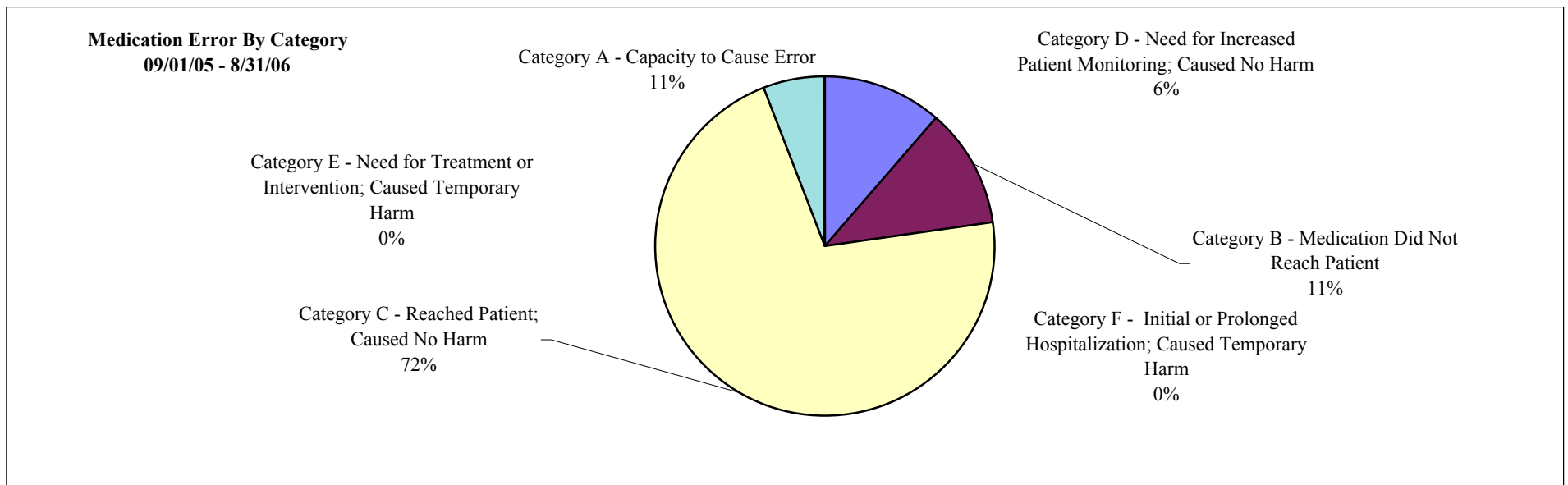
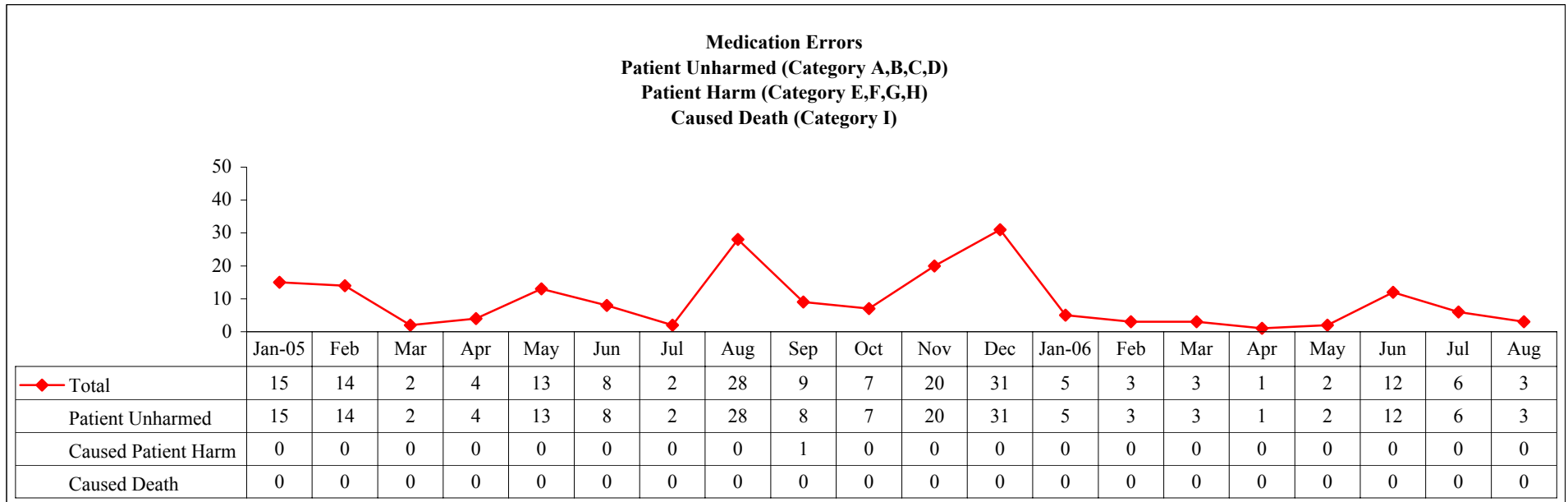


As of 2/1/05 data from CWS instead of MedMarx

Chart: Hospital Management Data Services

Source: MedMarx Reporting System/CWS

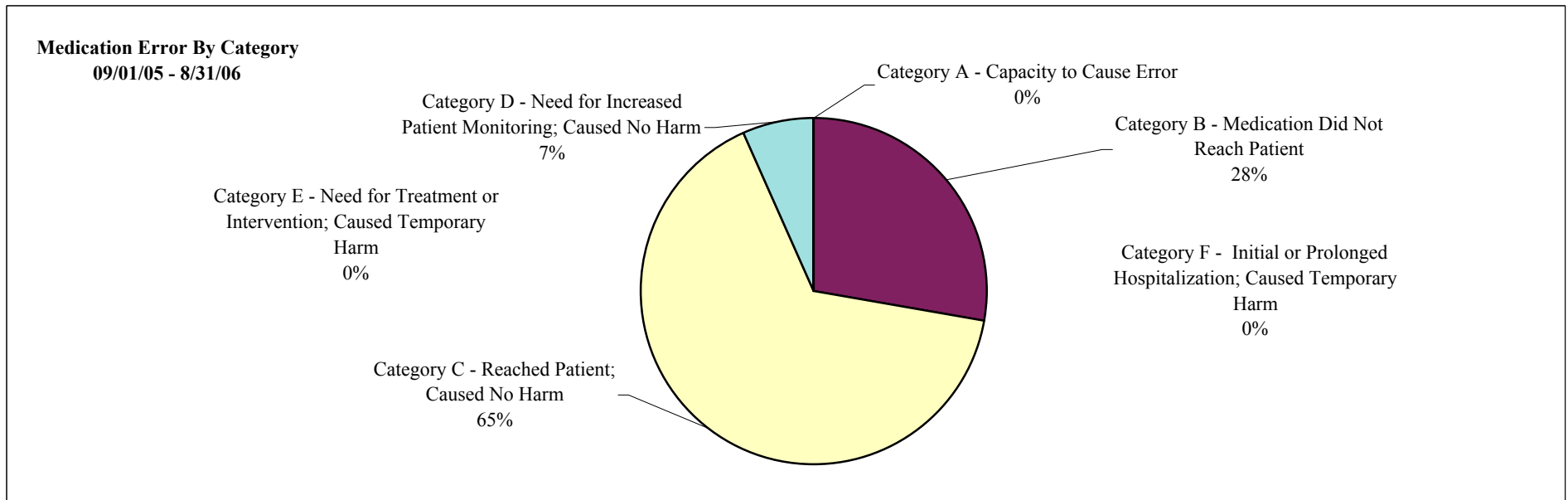
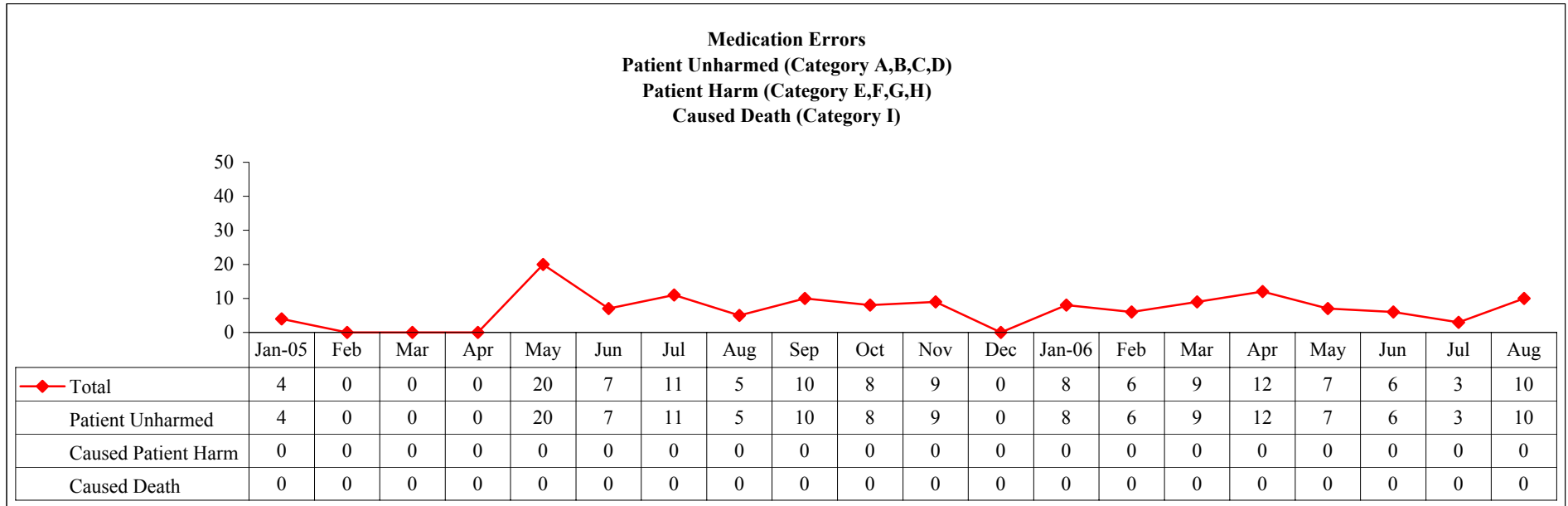
**Objective 4E - Medication Variance Data**  
**Rio Grande State Center**



As of 2/1/05 data from CWS instead of MedMarx



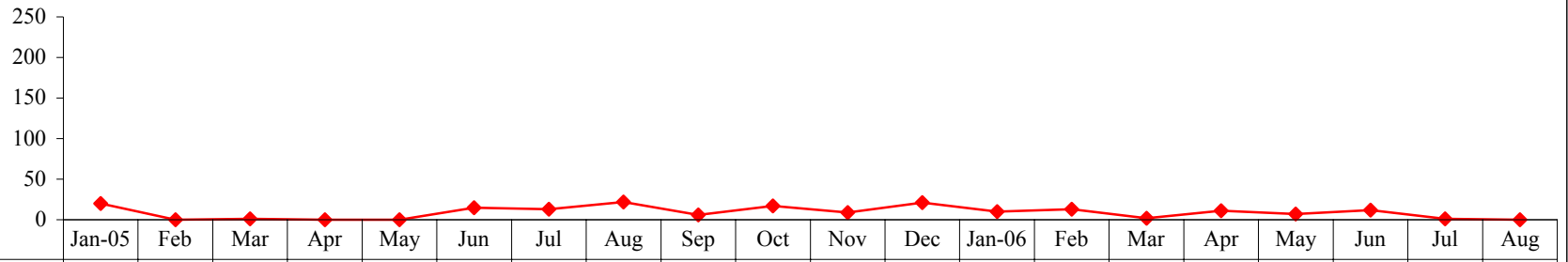
**Objective 4E - Medication Variance Data**  
**Rusk State Hospital**



As of 2/1/05 data from CWS instead of MedMarx

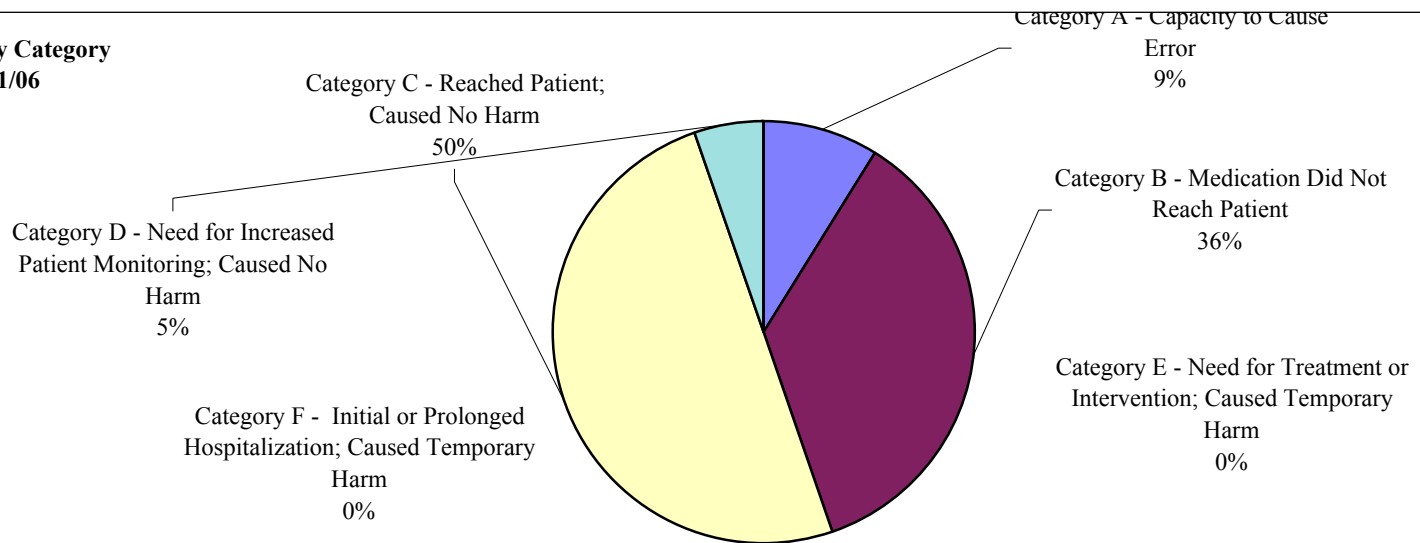
**Objective 4E - Medication Variance Data  
San Antonio State Hospital**

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



	Jan-05	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Total	20	0	1	0	0	15	13	22	6	17	9	21	10	13	2	11	7	12	1	0
Patient Unharmed	20	0	1	0	0	14	13	19	6	17	9	21	10	13	2	11	7	12	1	0
Caused Patient Harm	0	0	0	0	0	1	0	3	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	0

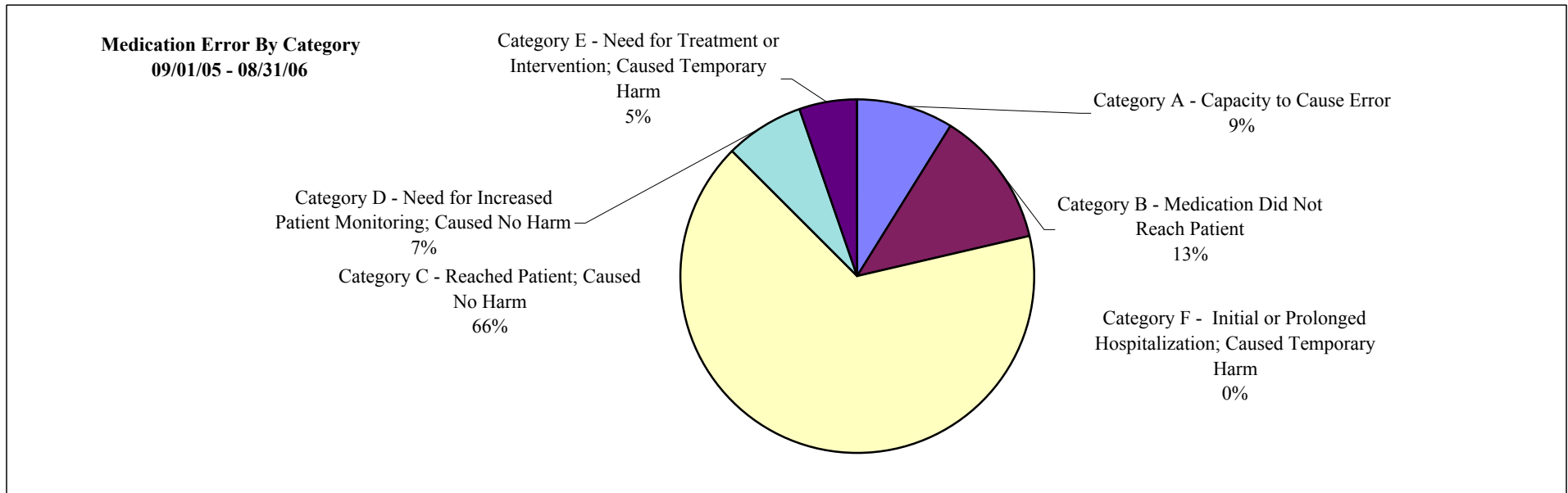
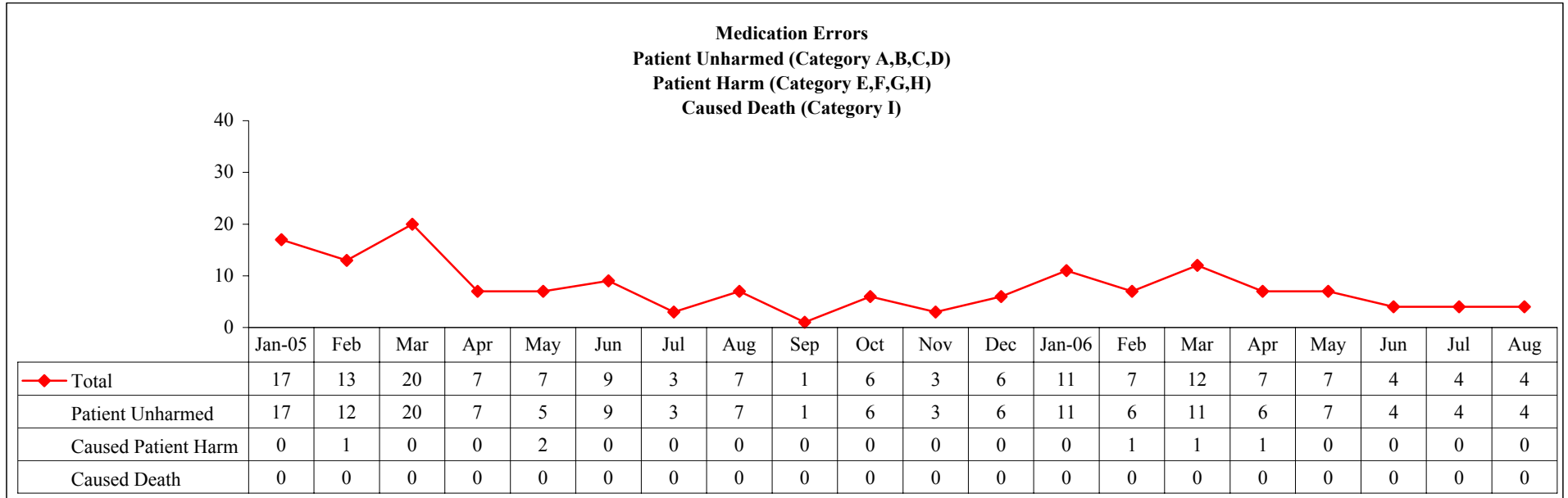
**Medication Error By Category  
09/01/05 - 8/31/06**



As of 2/1/05 data from CWS instead of MedMarx  
 Chart: Hospital Management Data Services

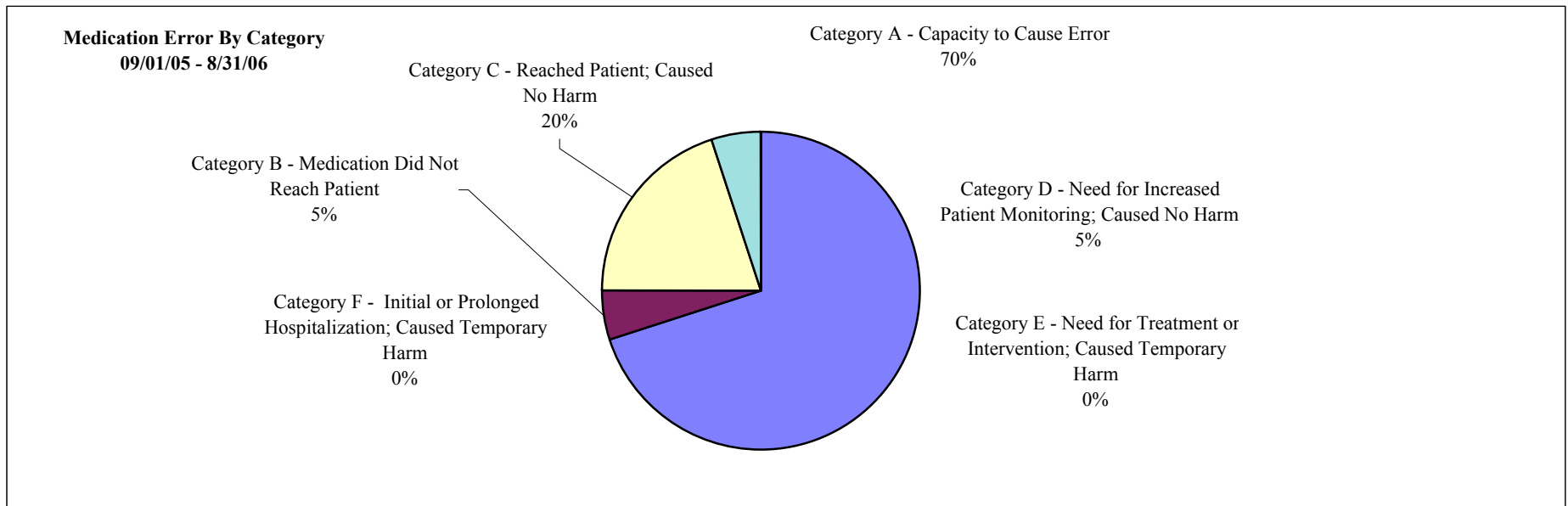
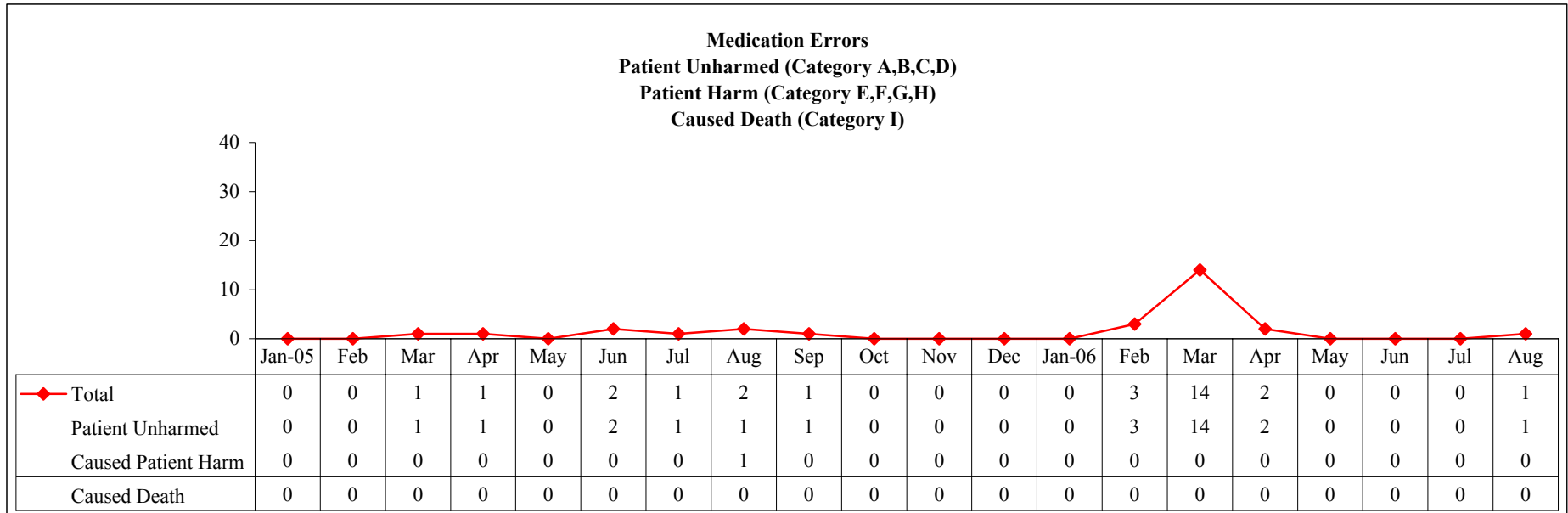
Source: MedMarx Reporting System/CWS

**Objective 4E - Medication Variance Data**  
**Terrell State Hospital**



As of 2/1/05 data from CWS instead of MedMarx

**Objective 4E - Medication Variance Data**  
**Waco Center for Youth**



As of 2/1/05 data from CWS instead of MedMarx

**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

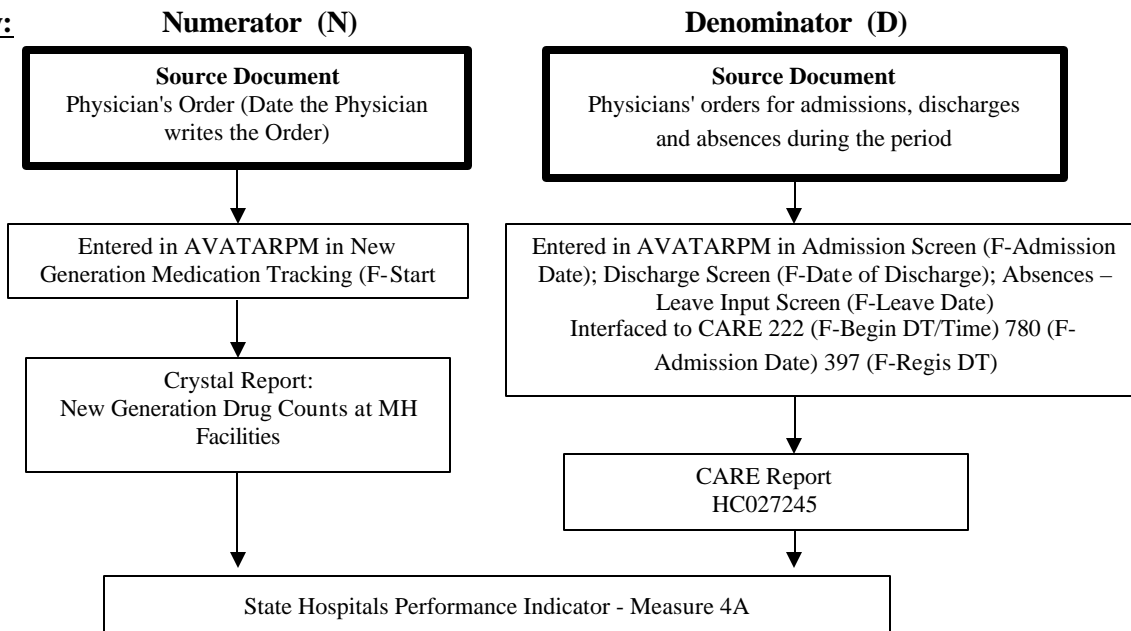
N = patients receiving new generation medications

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.

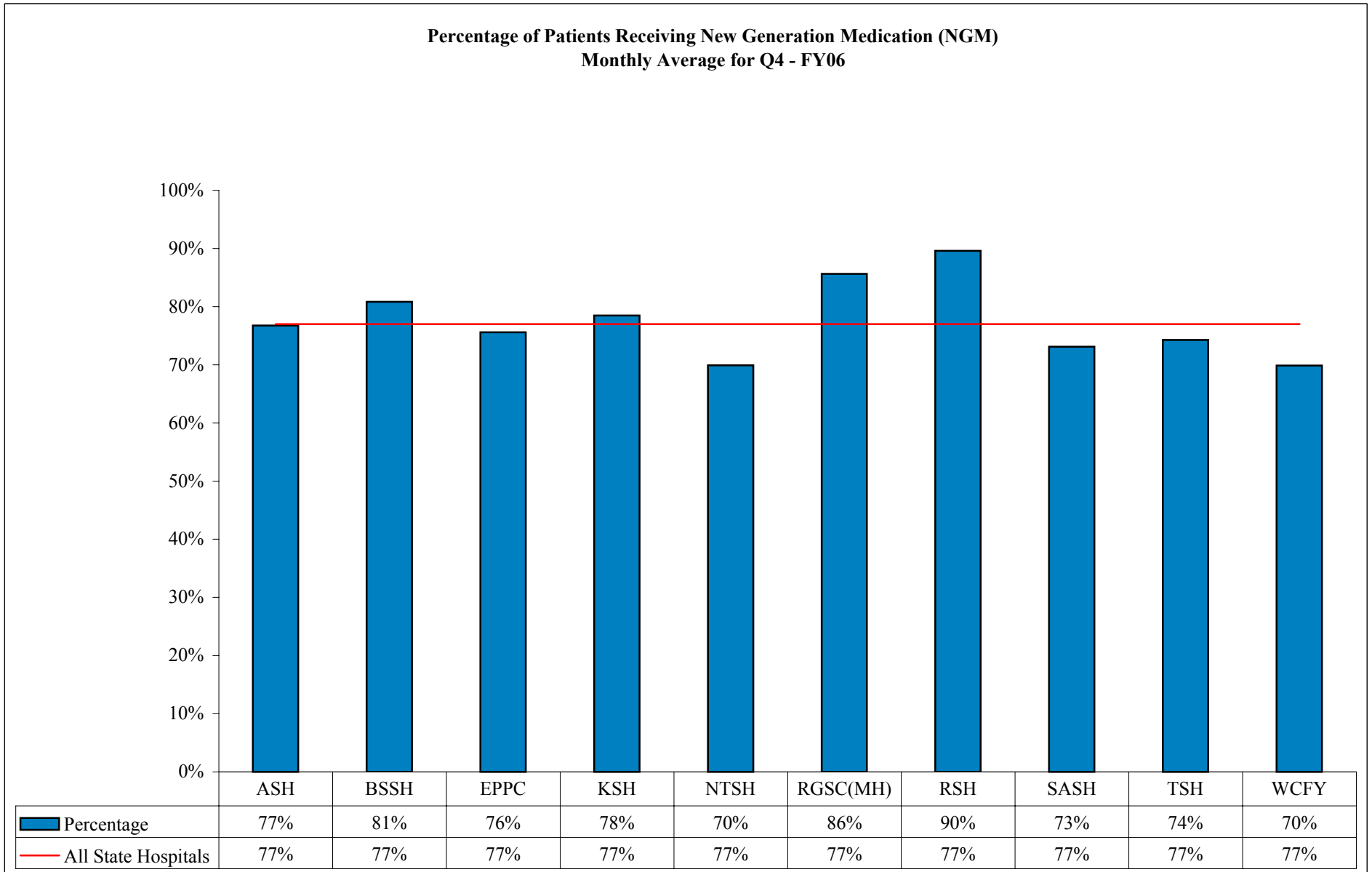
**Data Flow:**



**Data Integrity Review Process:**

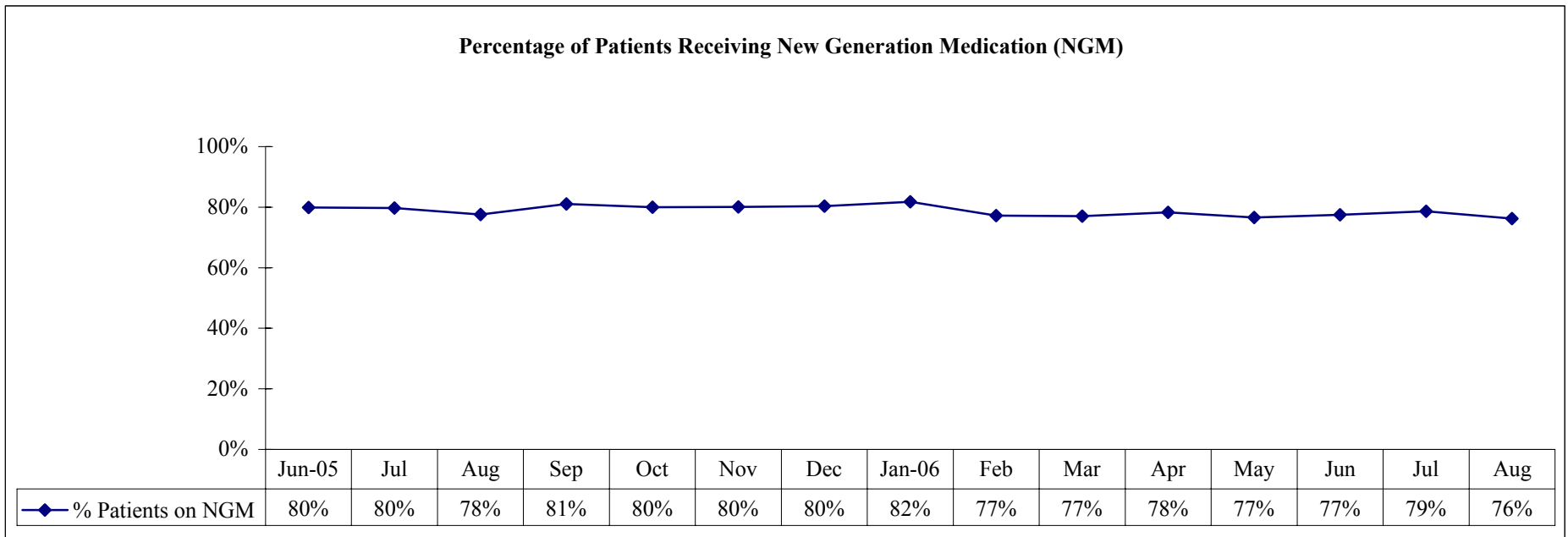
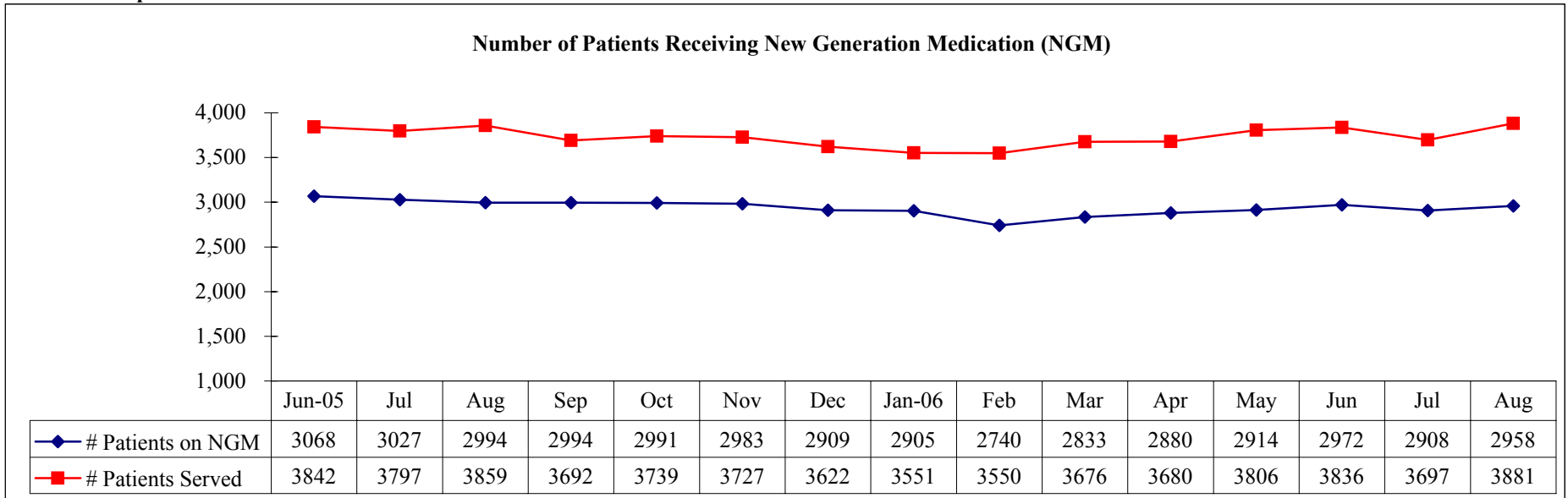
Monitoring Method	Review of physician's orders for a new generation medication that has been ordered by the physician during the review period.
Monitoring Instrument/Tool	Physician orders and DIR Tally Sheet
Description of Review Process	Verification by reviewing physician orders for "new generation" medications prescribed for patients on the CWS crystal report "New Generation Medications" covering the review period.
Sample Size	Review of 30 randomly selected closed records for a selected FY Quarter
Monitoring Frequency	Facility: Semiannually; HMDS: Annually

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



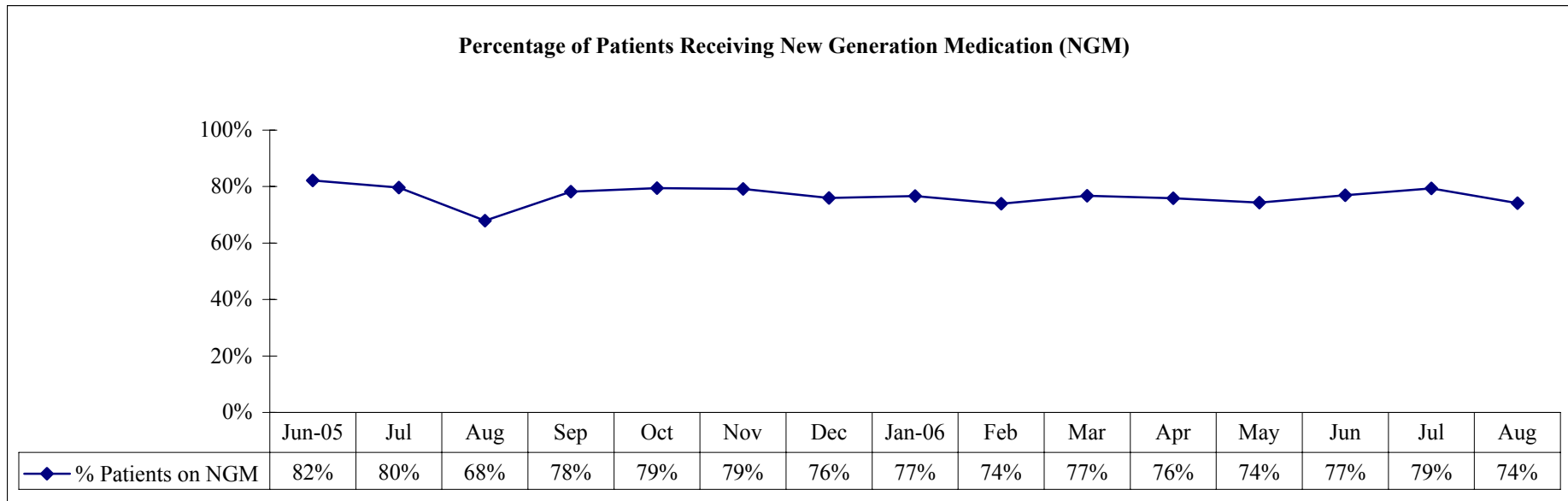
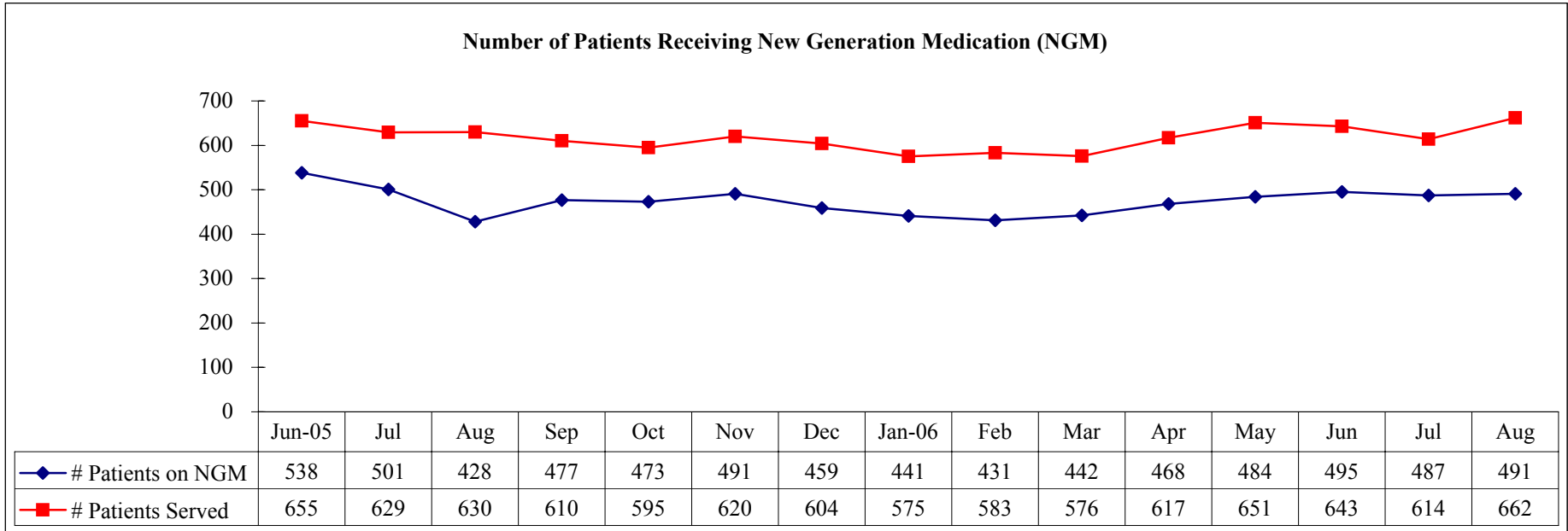
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
 Counts of Persons Receiving MH Services (HC027245)

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



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

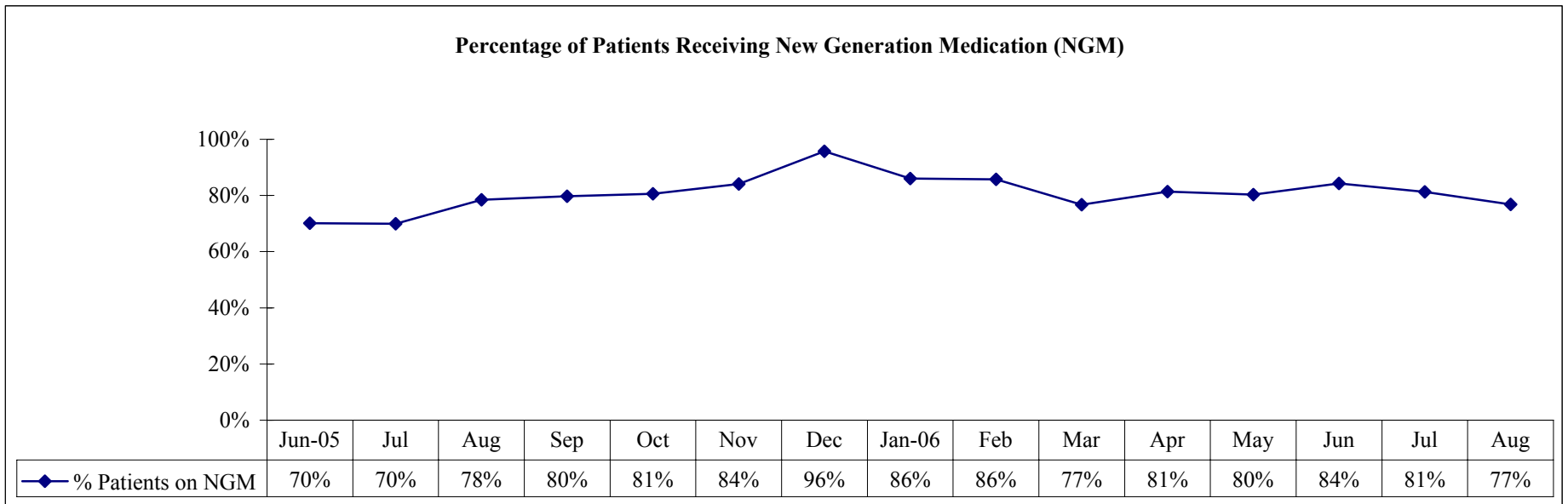
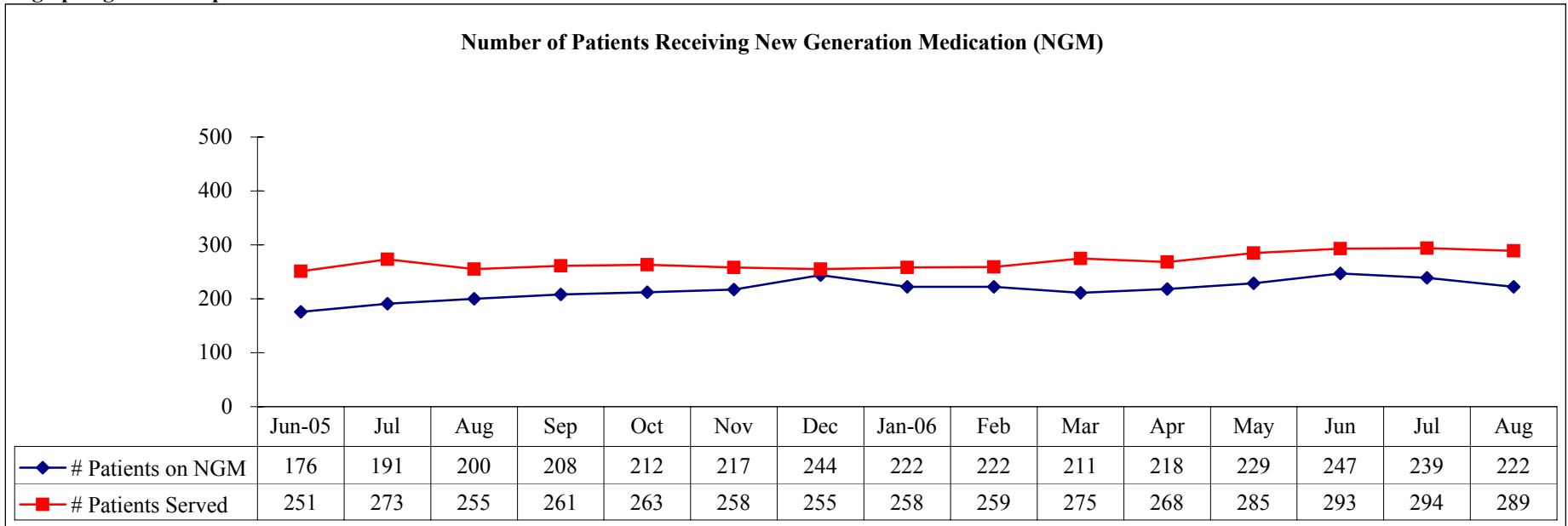
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Austin State Hospital**



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



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

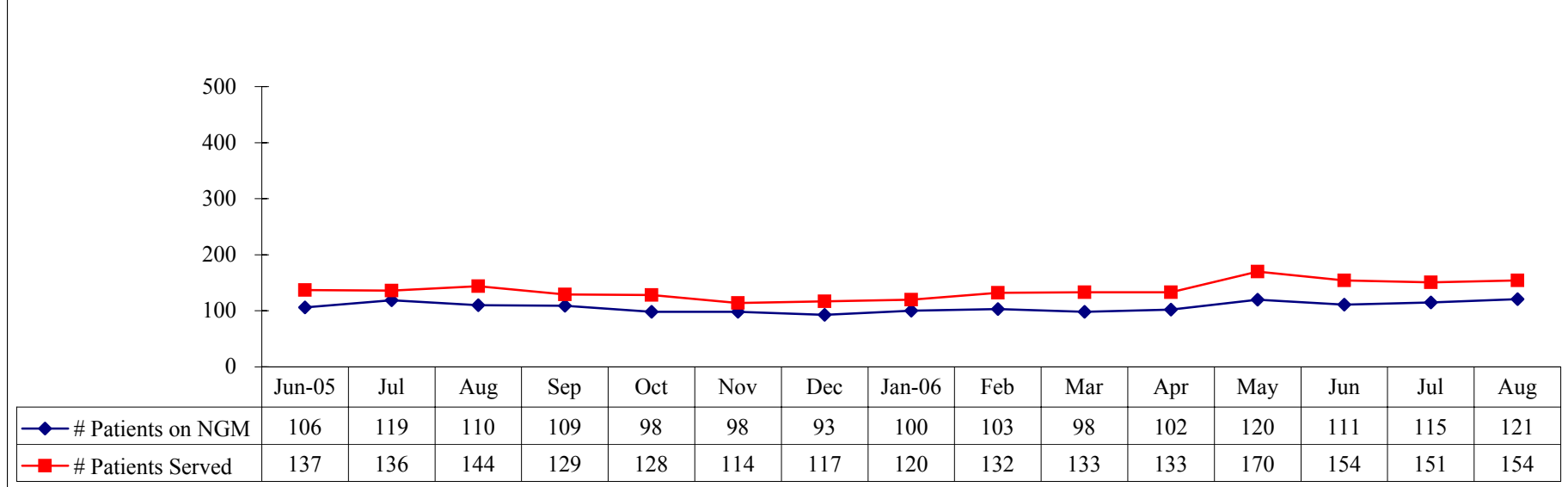


Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
 Counts of Persons Receiving MH Services (HC027245)

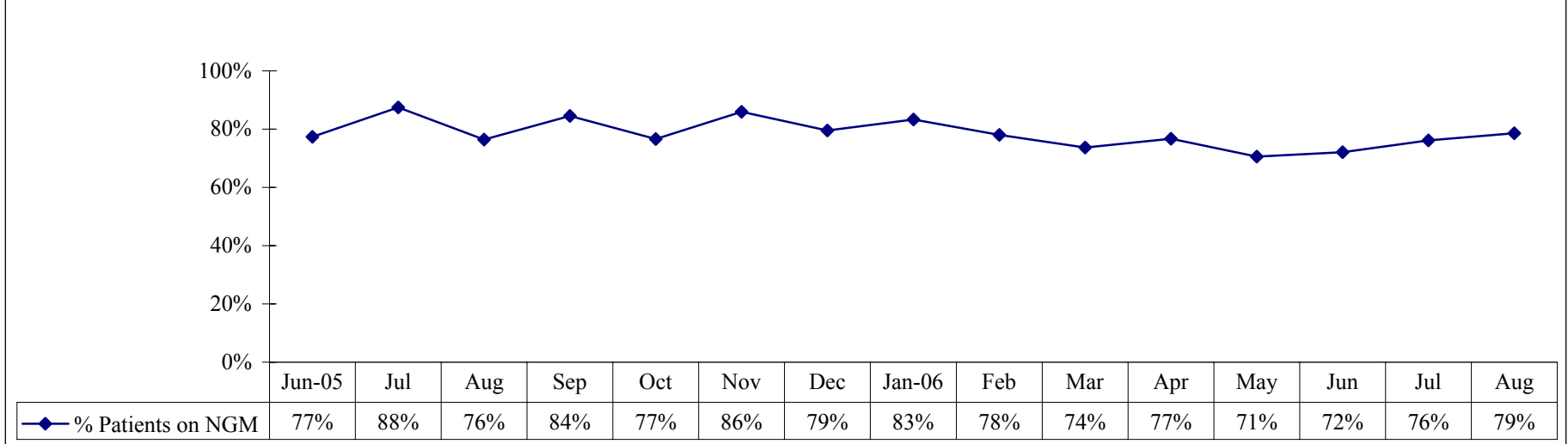
**Measure 4A - Patients Receiving New Generation Medication (NGM)**

**El Paso Psychiatric Center**

**Number of Patients Receiving New Generation Medication (NGM)**



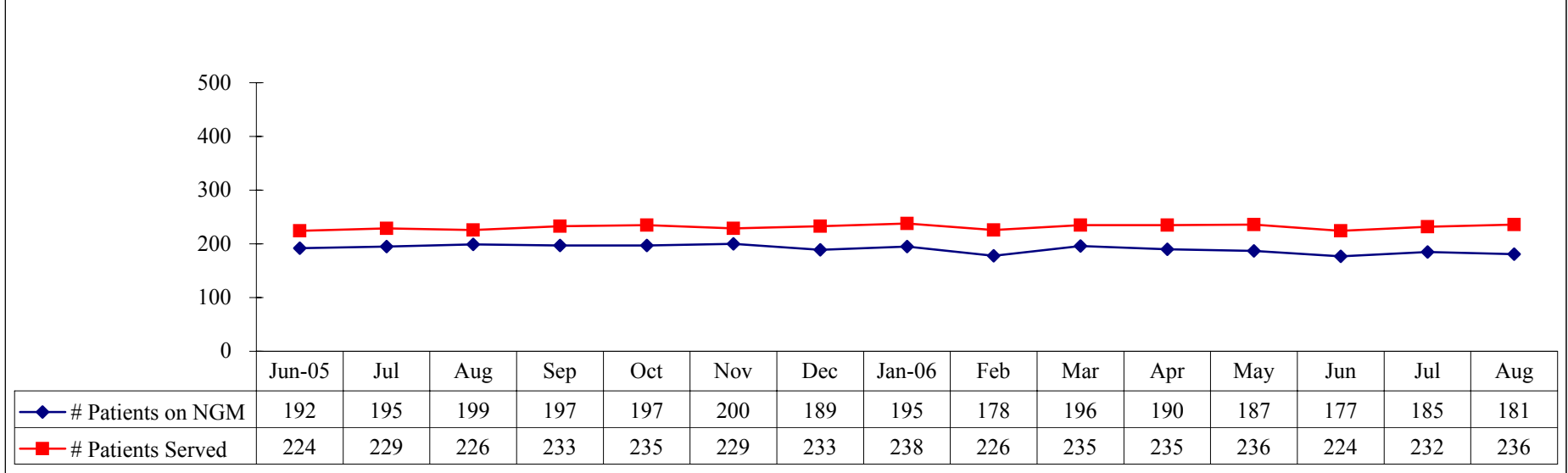
**Percentage of Patients Receiving New Generation Medication (NGM)**



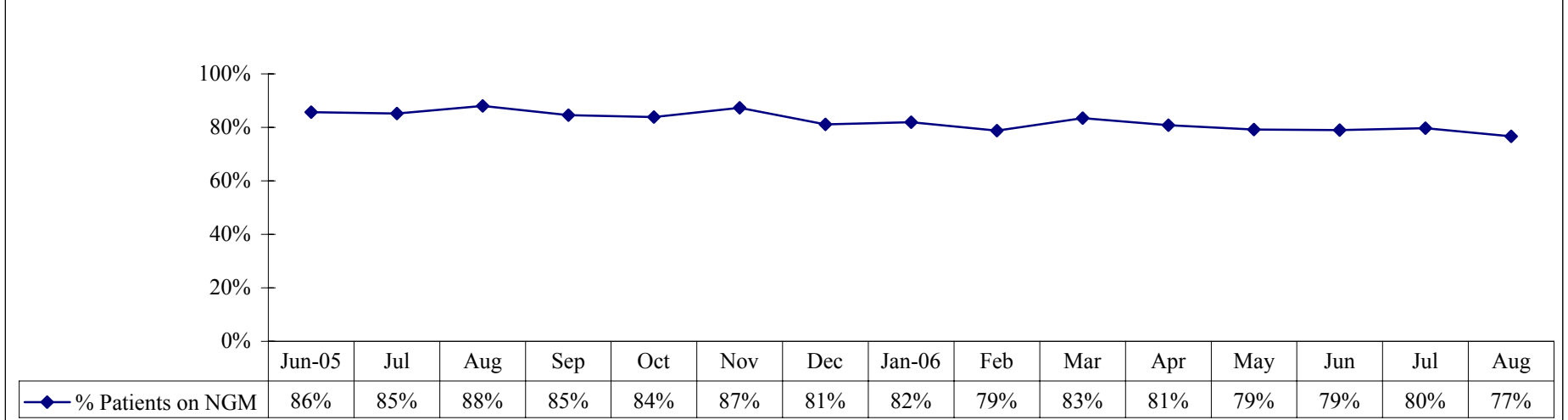
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
Counts of Persons Receiving MH Services (HC027245)

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

**Number of Patients Receiving New Generation Medication (NGM)**

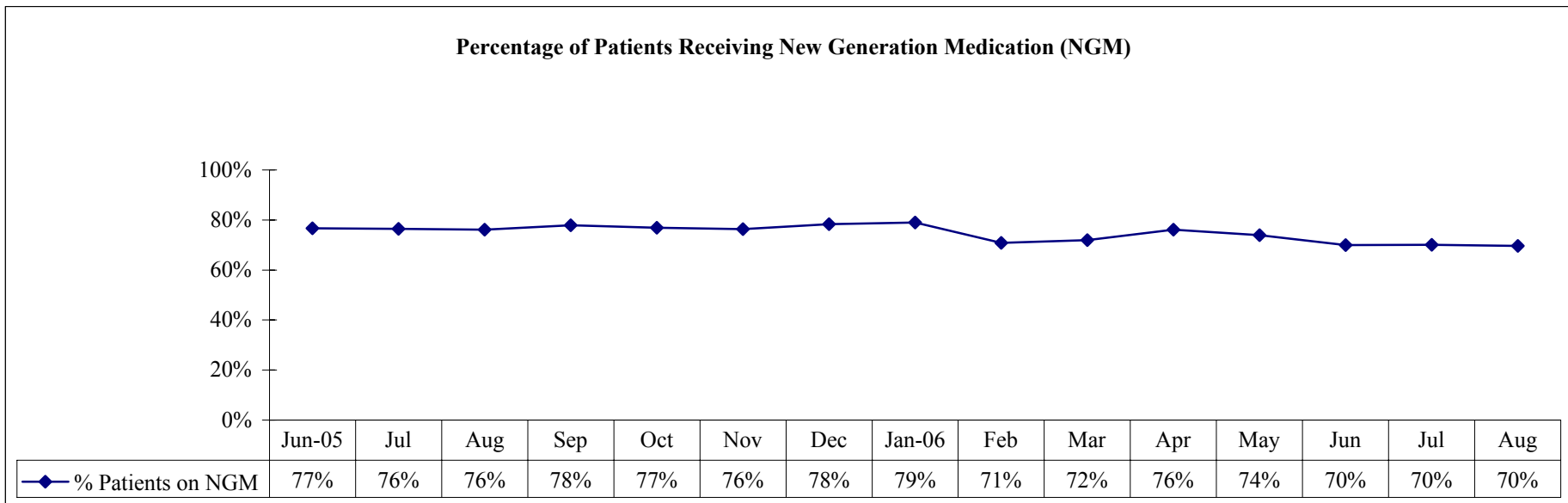
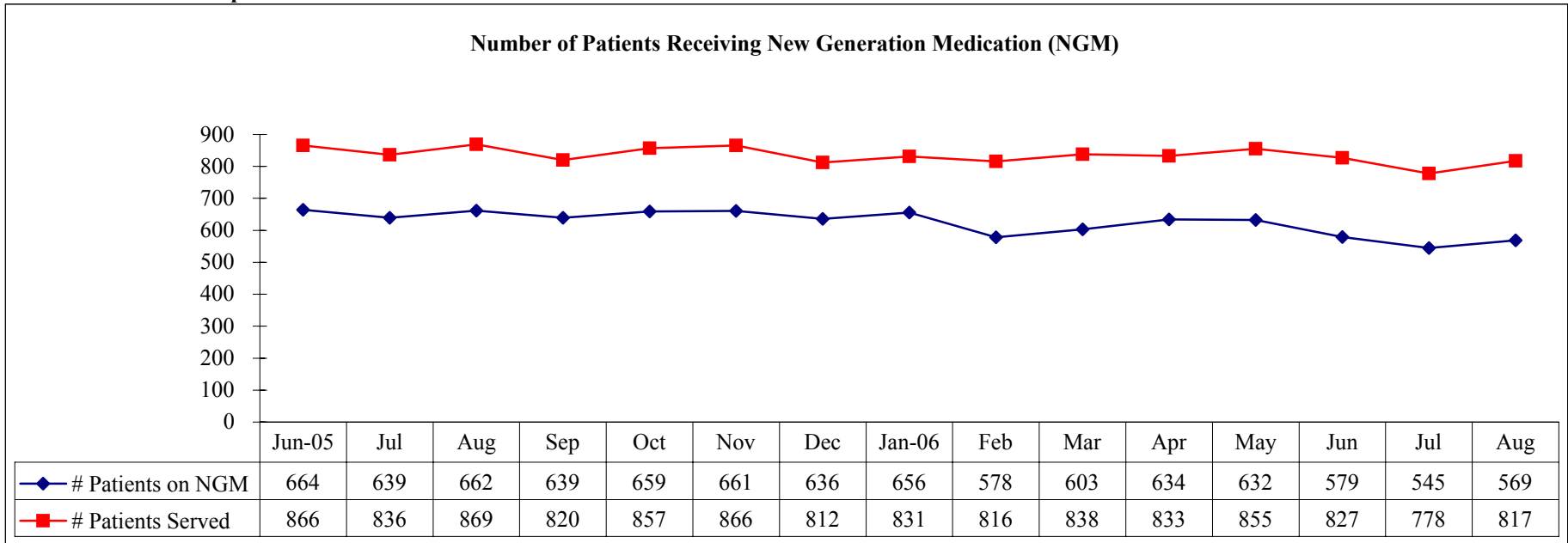


**Percentage of Patients Receiving New Generation Medication (NGM)**



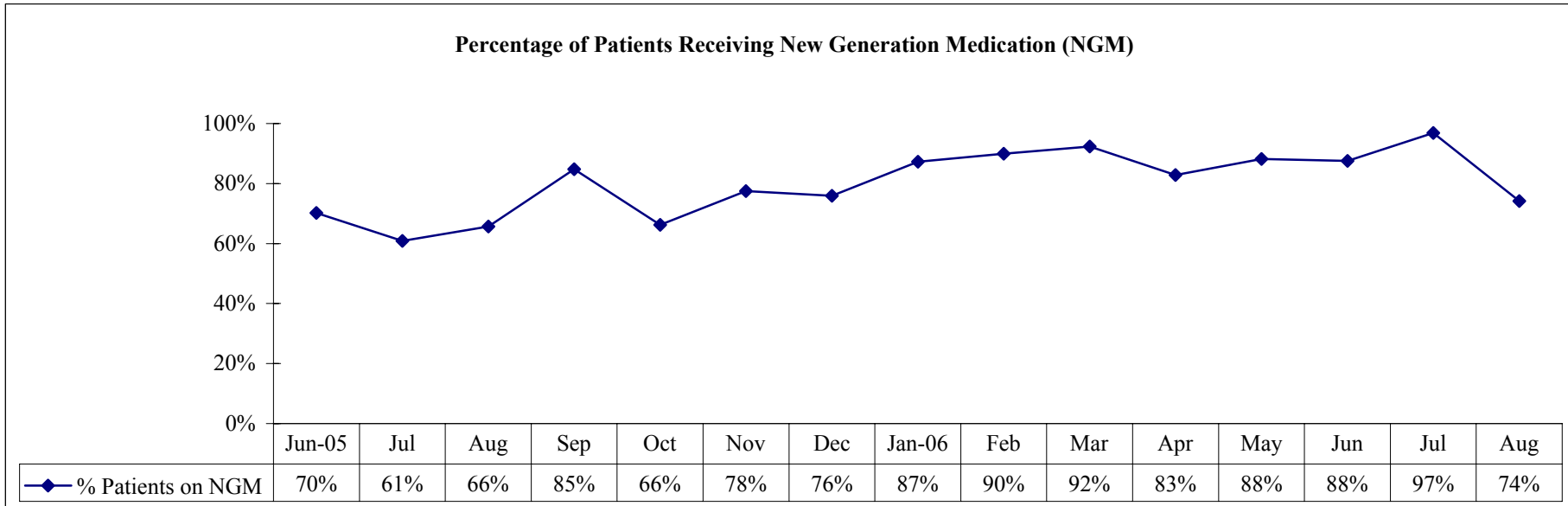
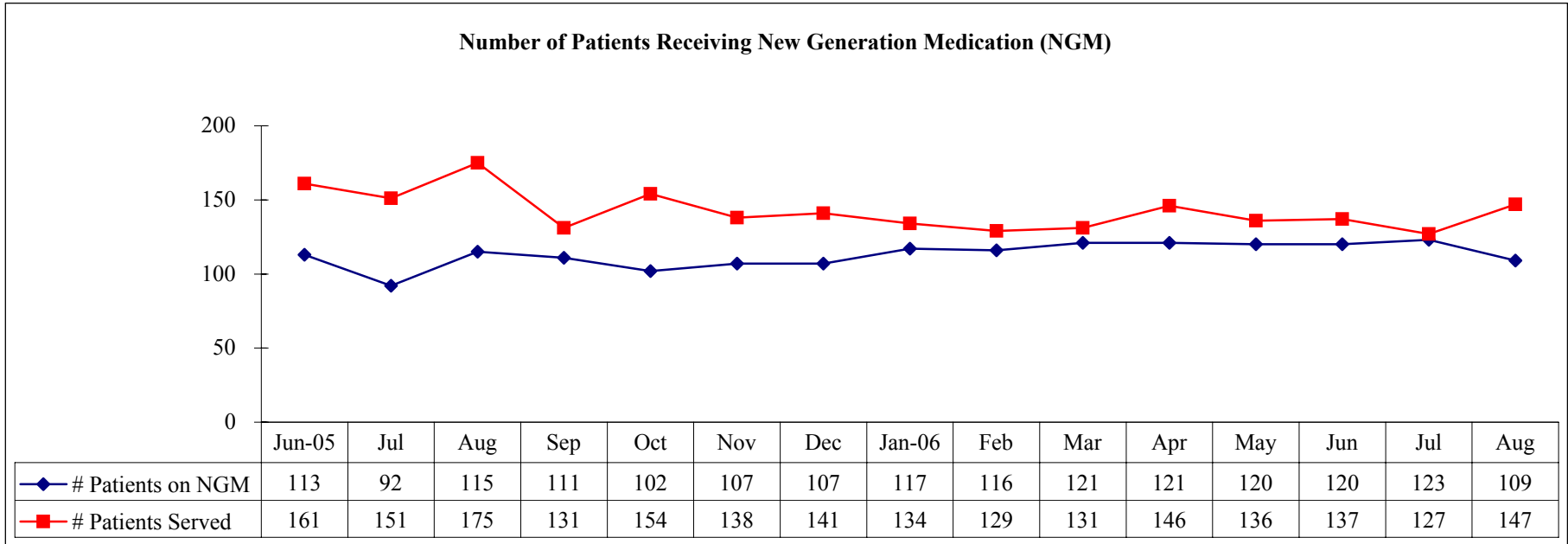
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
 Counts of Persons Receiving MH Services (HC027245)

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



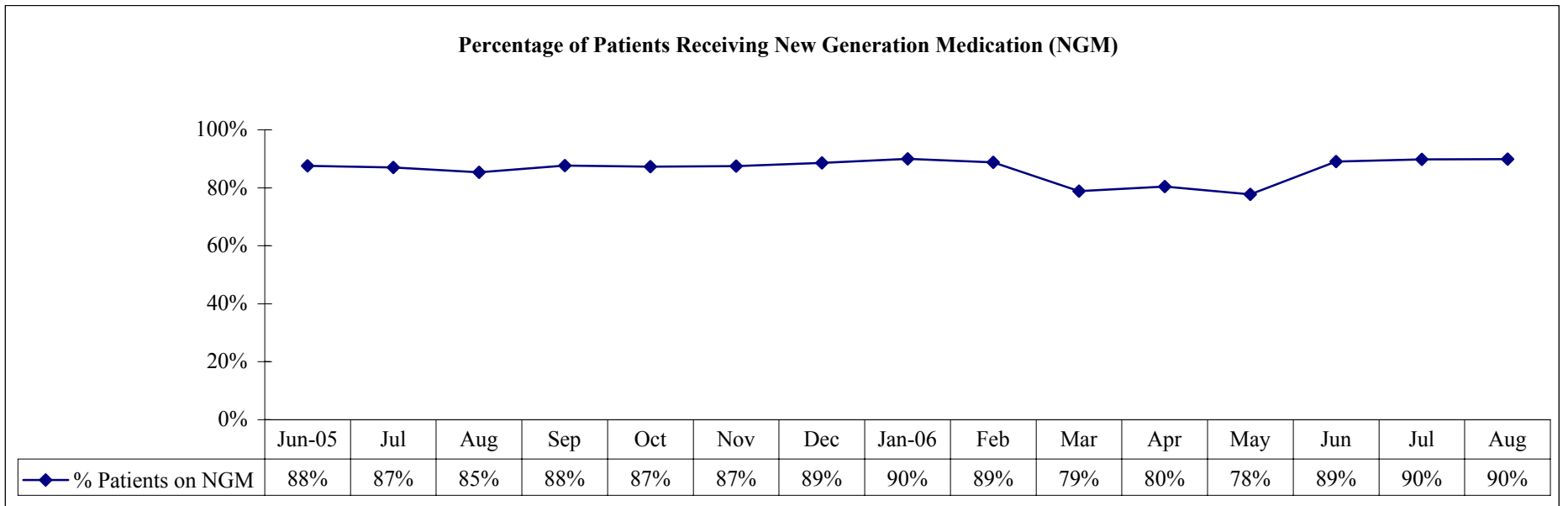
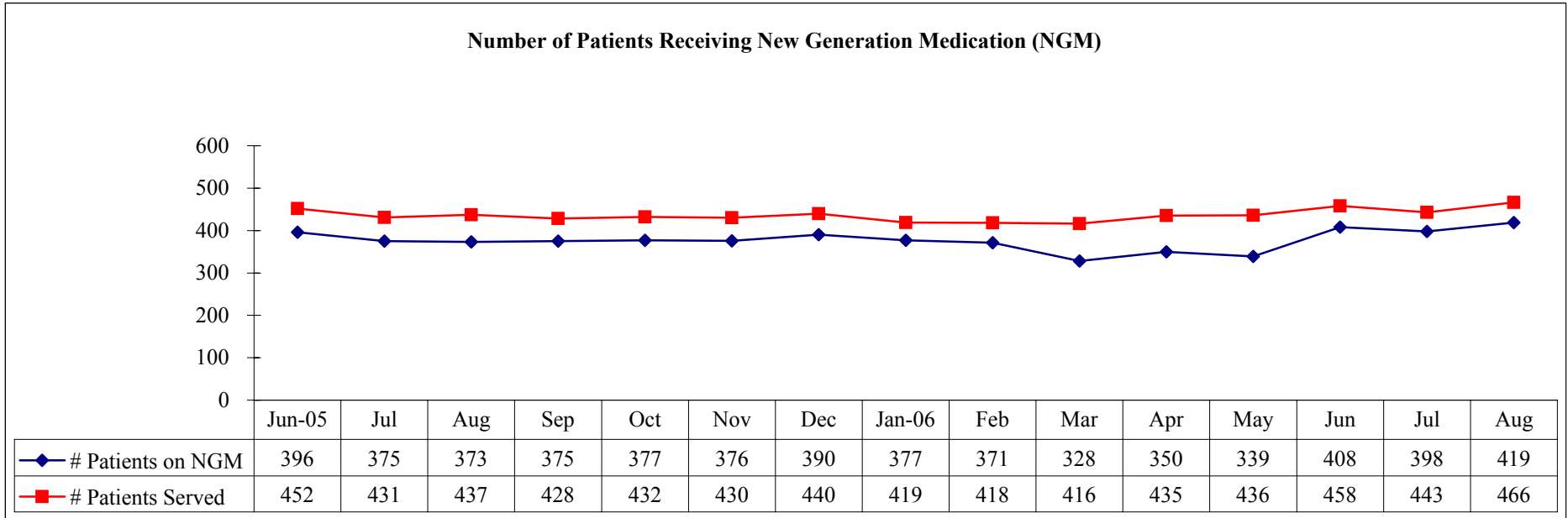
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
 Counts of Persons Receiving MH Services (HC027245)

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



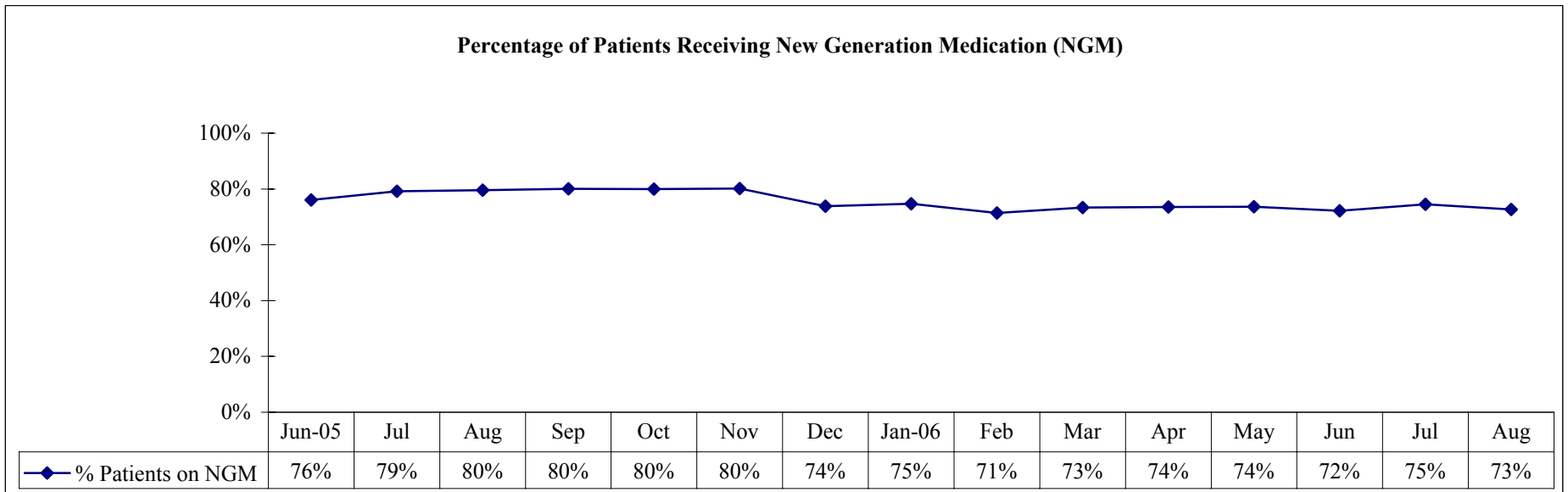
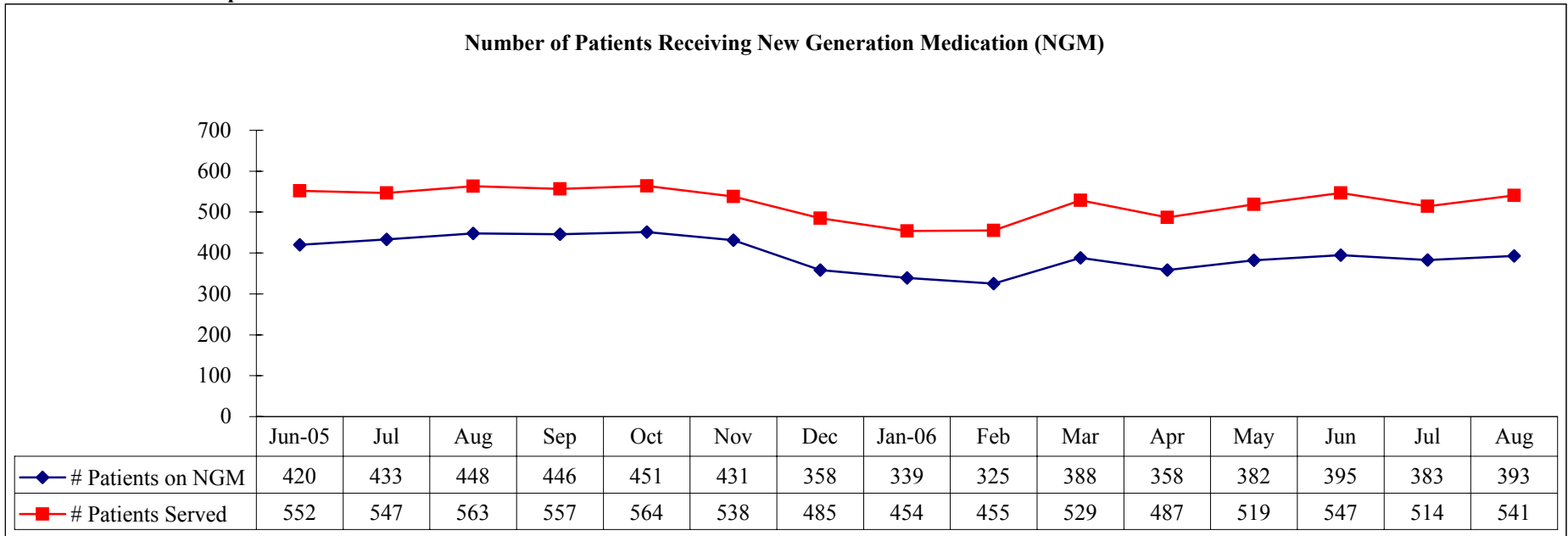
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
 Counts of Persons Receiving MH Services (HC027245)

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



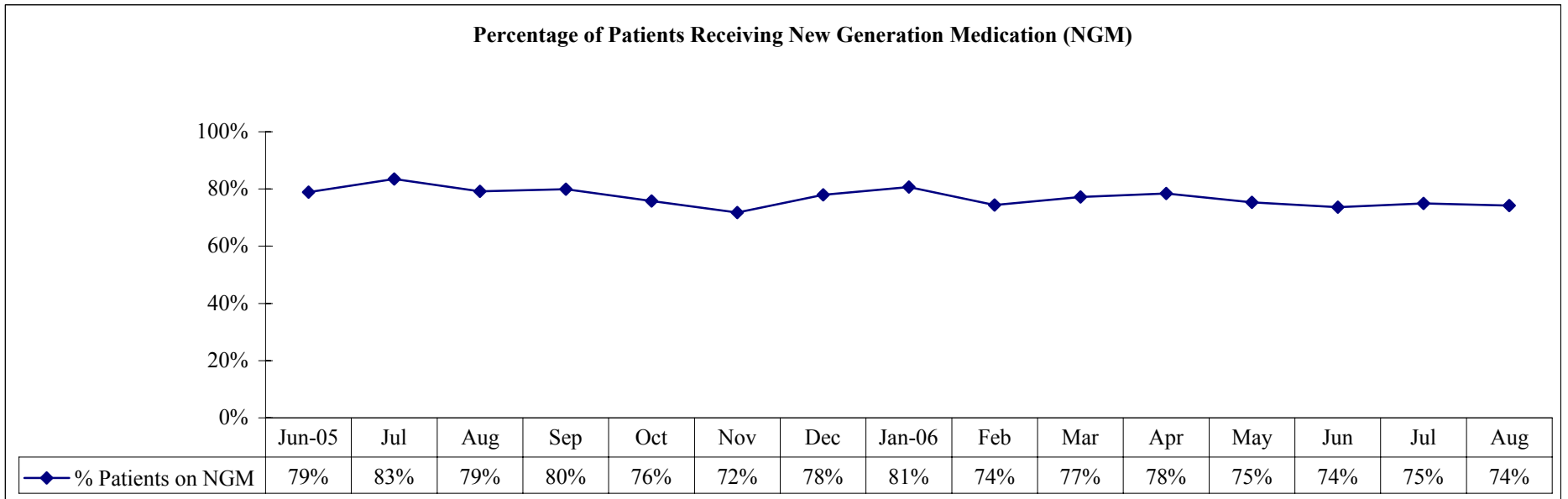
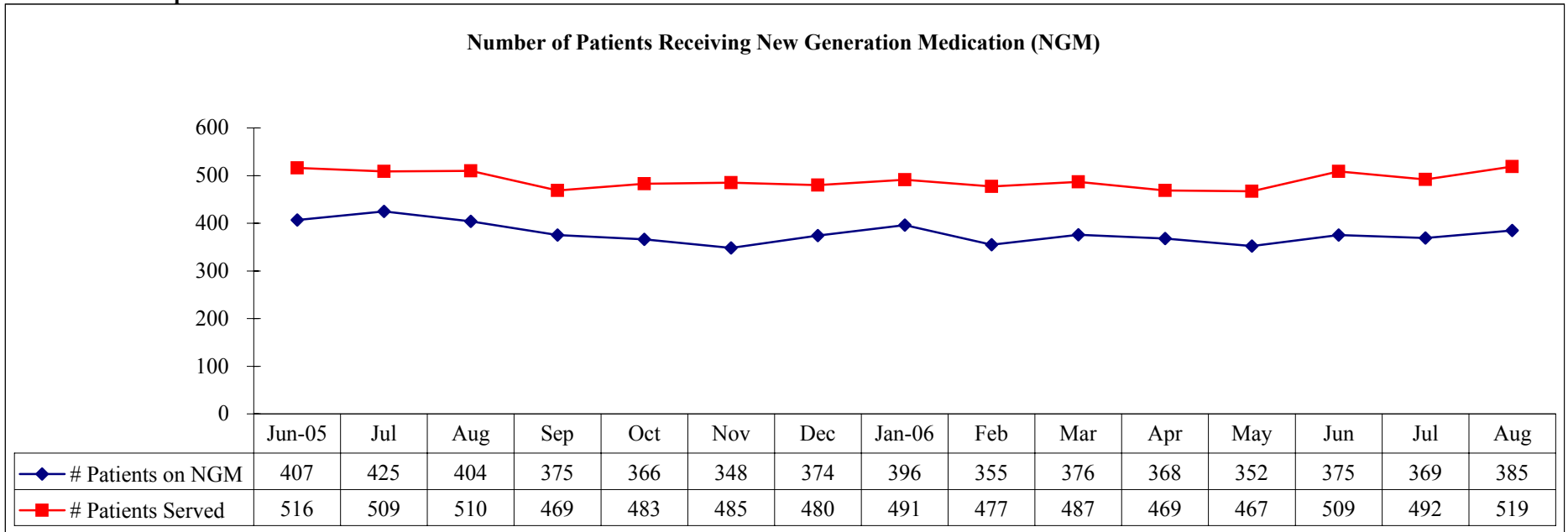
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report  
 Counts of Persons Receiving MH Services (HC027245)

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



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

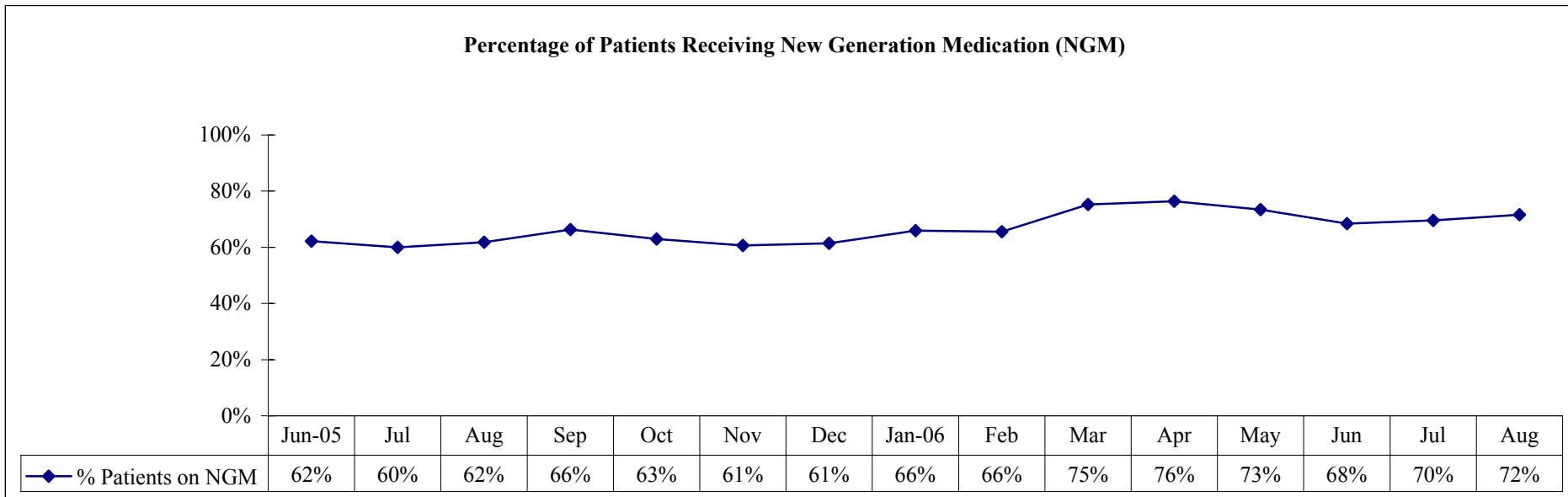
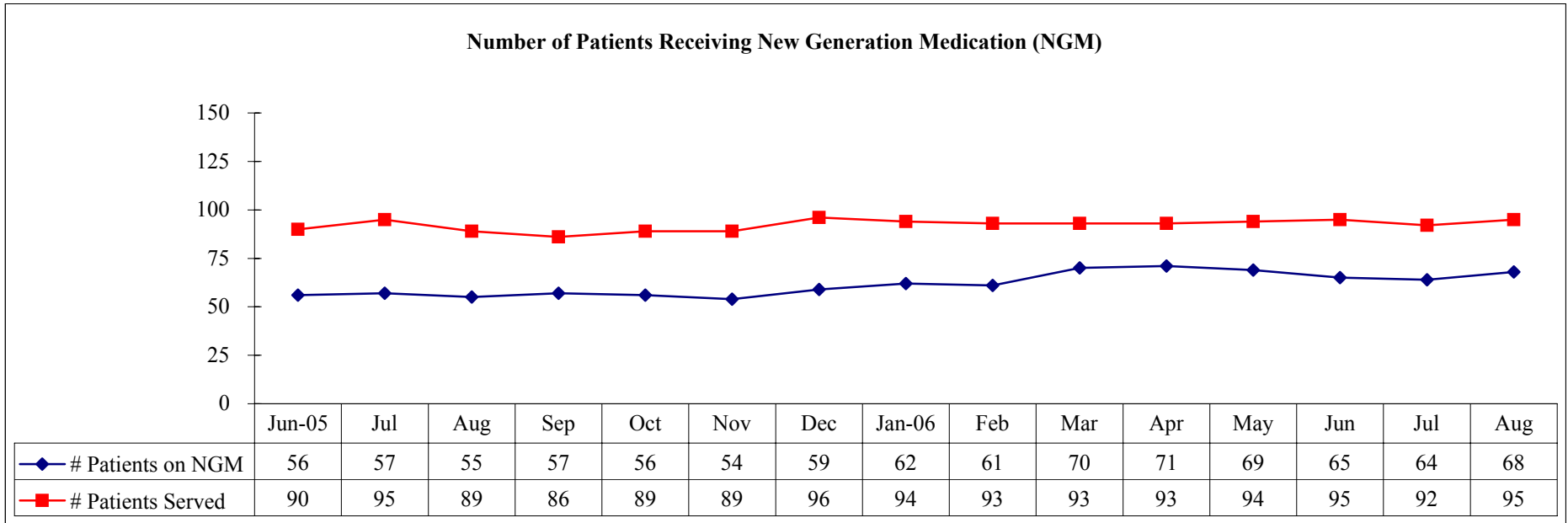
**Measure 4A - Patients Receiving New Generation Medication (NGM)**  
**Terrell State Hospital**



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



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



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

**Performance Measure 4B:**

**After the full implementation of the pharmacy distribution and accounting system, WORx , the costs of medications, including psychiatric medications, medications for medical issues, and discharge medications will be tracked and analyzed quarterly.**

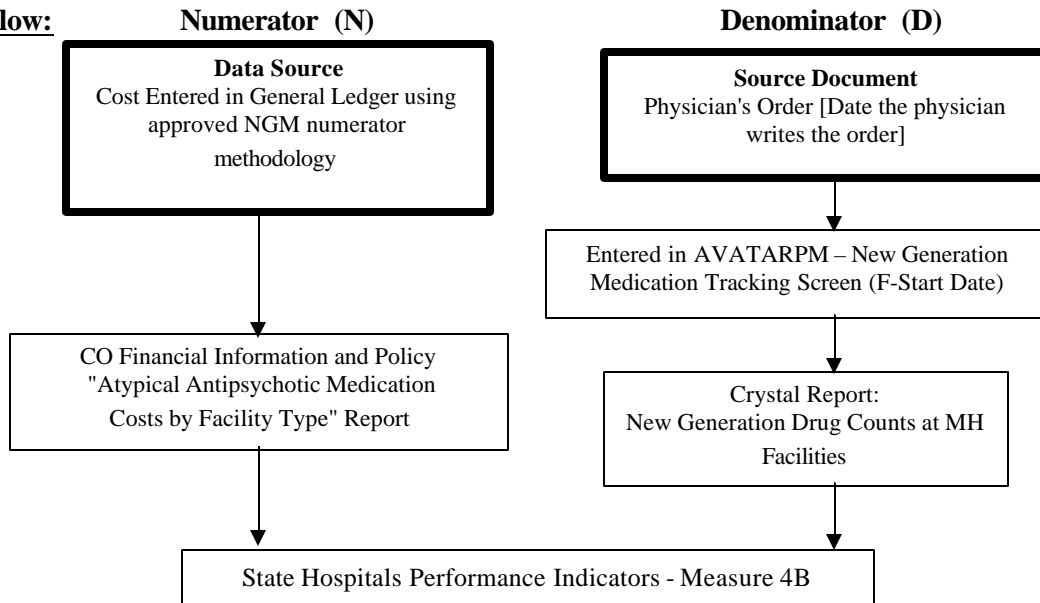
**Performance Measure Operational Definition:** The state hospitals average monthly cost for medications per patient.

**Performance Measure Formula:** Average Cost Per Patient Receiving NGM = NGM Cost / Number of Unique Patients Taking NGM. Formula to calculate NGM numerator equals: beginning NGM balance, plus current monthly NGM purchases/receipts, minus NGM ending balance equals NGM drug issues (costs). The source is Pharmakon. Note: State hospitals that are exempted from this formula are SASH, KSH and EPPC. SASH and KSH will track individual patients for NGM cost and EPPC will use their own pharmacy system rather than Pharmakon.

**Performance Measure Data Display and Chart Description:**

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

**Data Flow:**

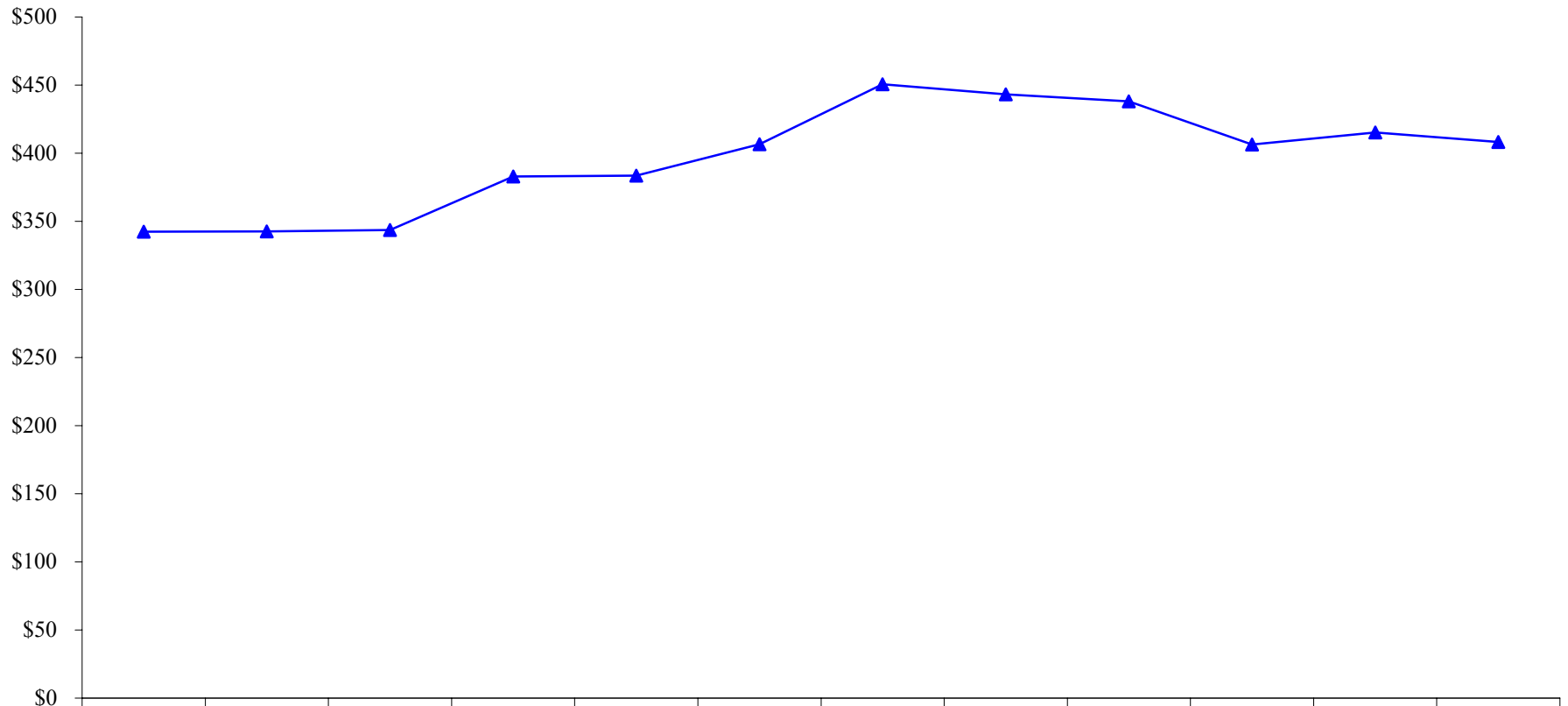


**Data Integrity Review Process:**

N/A

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
All State Hospitals**

**Average Cost of New Generation Medication per Patient per Month**



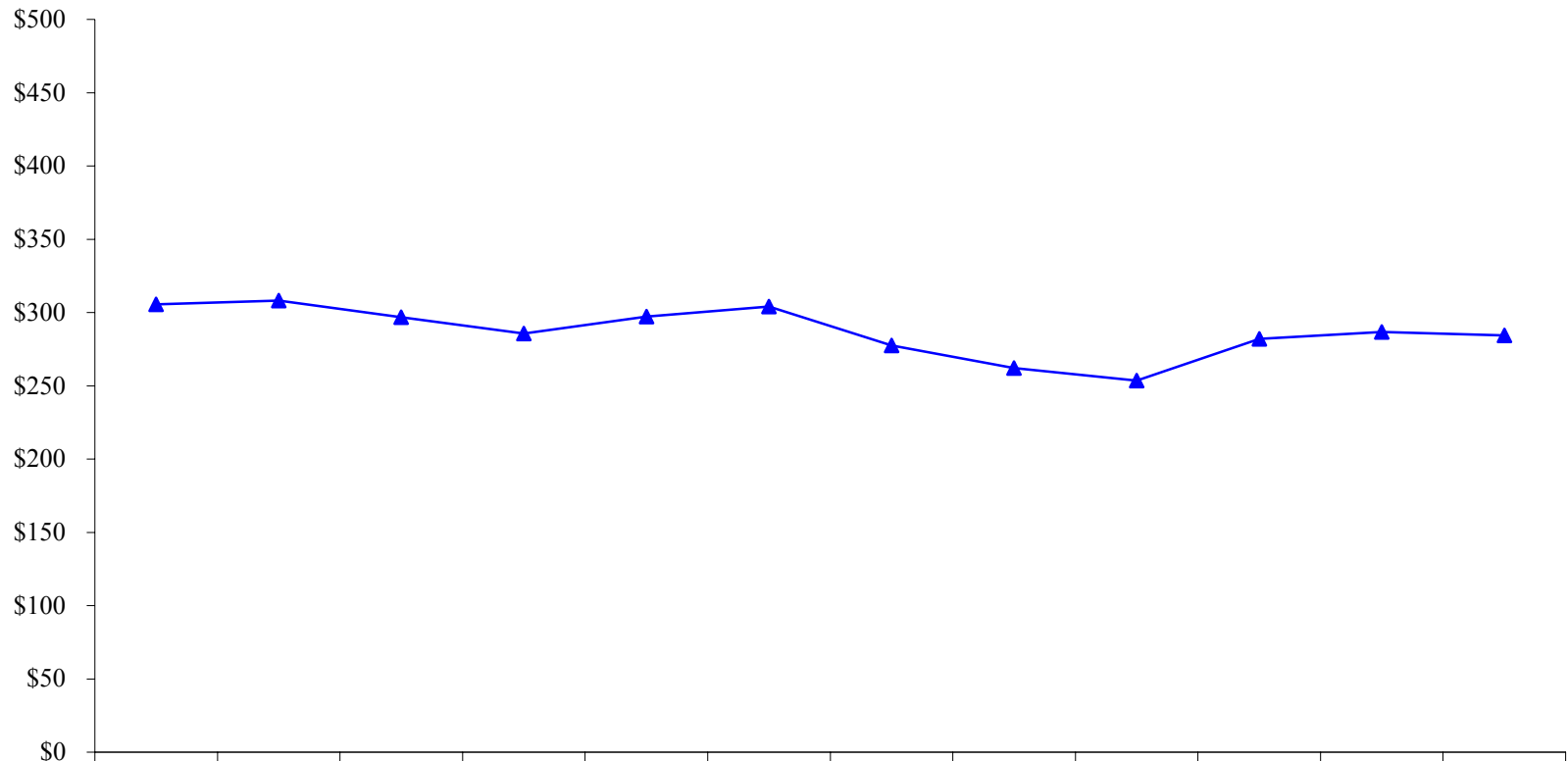
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
Austin State Hospital**

**Average Cost of New Generation Medication per Patient per Month**



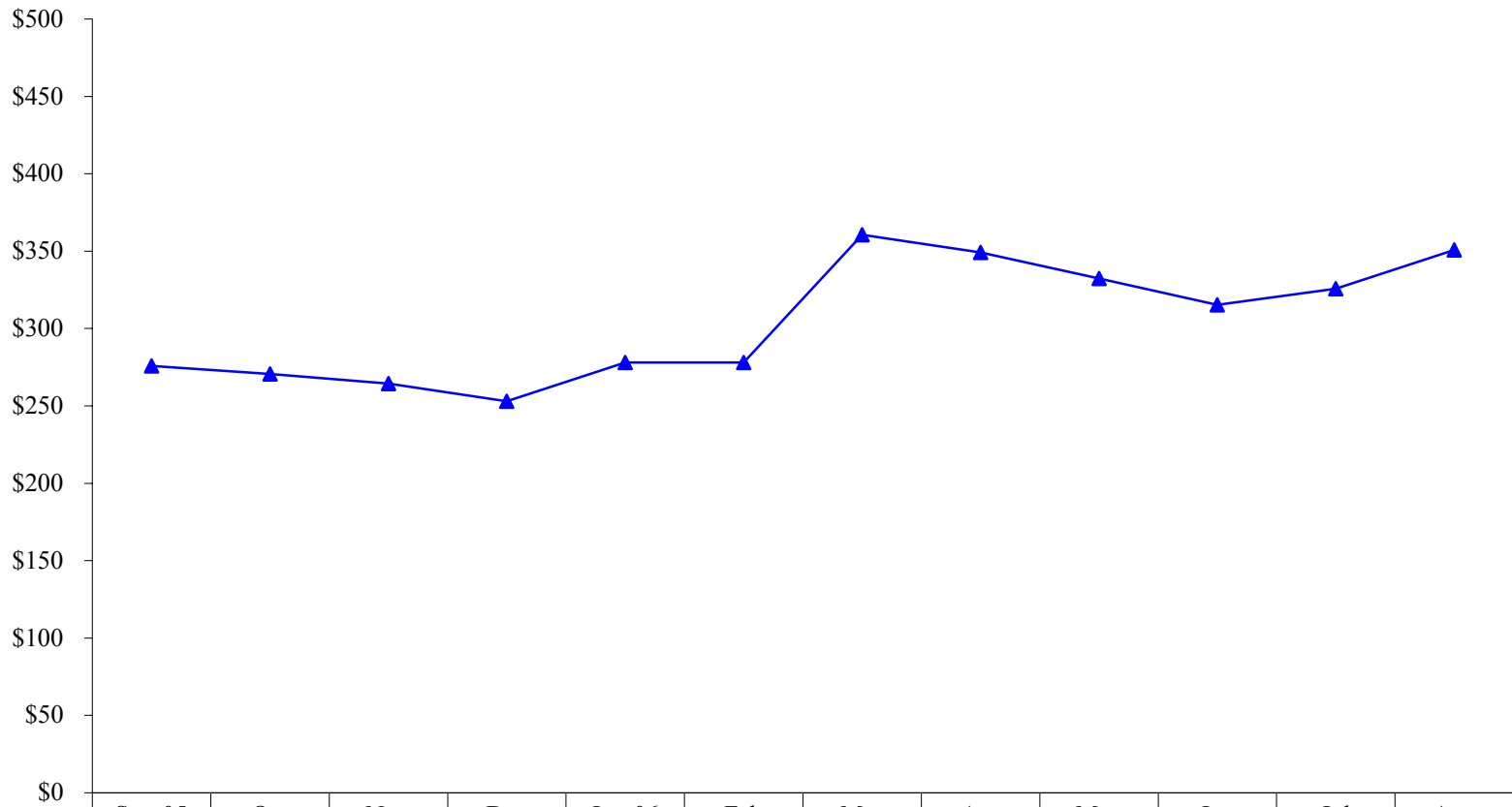
\* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
Big Spring State Hospital**

**Average Cost of New Generation Medication per Patient per Month**



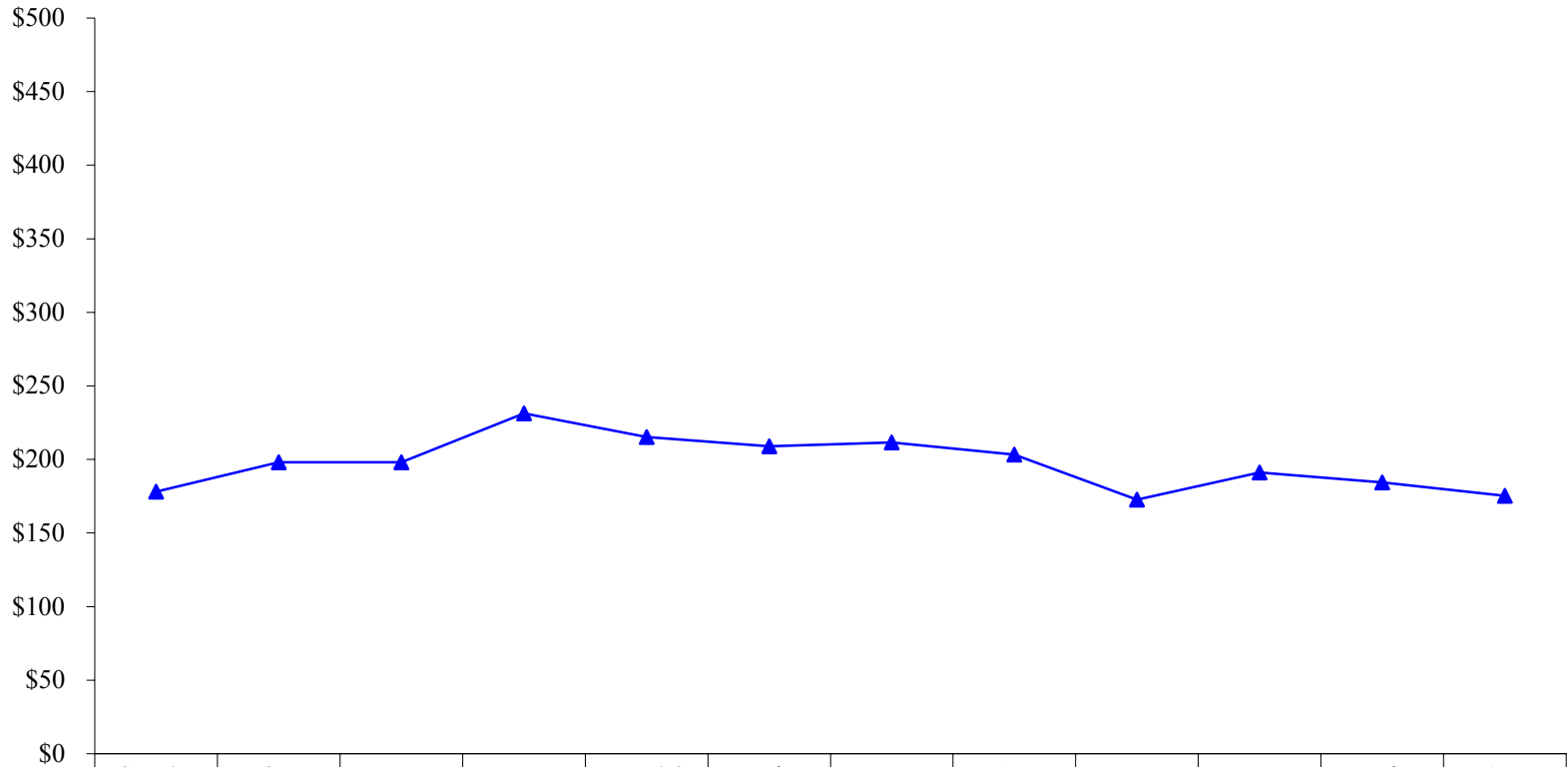
	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$57,390	\$57,390	\$57,390	\$61,748	\$61,748	\$61,748	\$76,097	\$76,097	\$76,097	\$77,871	\$77,871	\$77,871
# of Pts on NGM	208	212	217	244	222	222	211	218	229	247	239	222
▲ Average Cost per Patient	\$276	\$271	\$264	\$253	\$278	\$278	\$361	\$349	\$332	\$315	\$326	\$351

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

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
El Paso Psychiatric Center**

**Average Cost of New Generation Medication per Patient per Month**



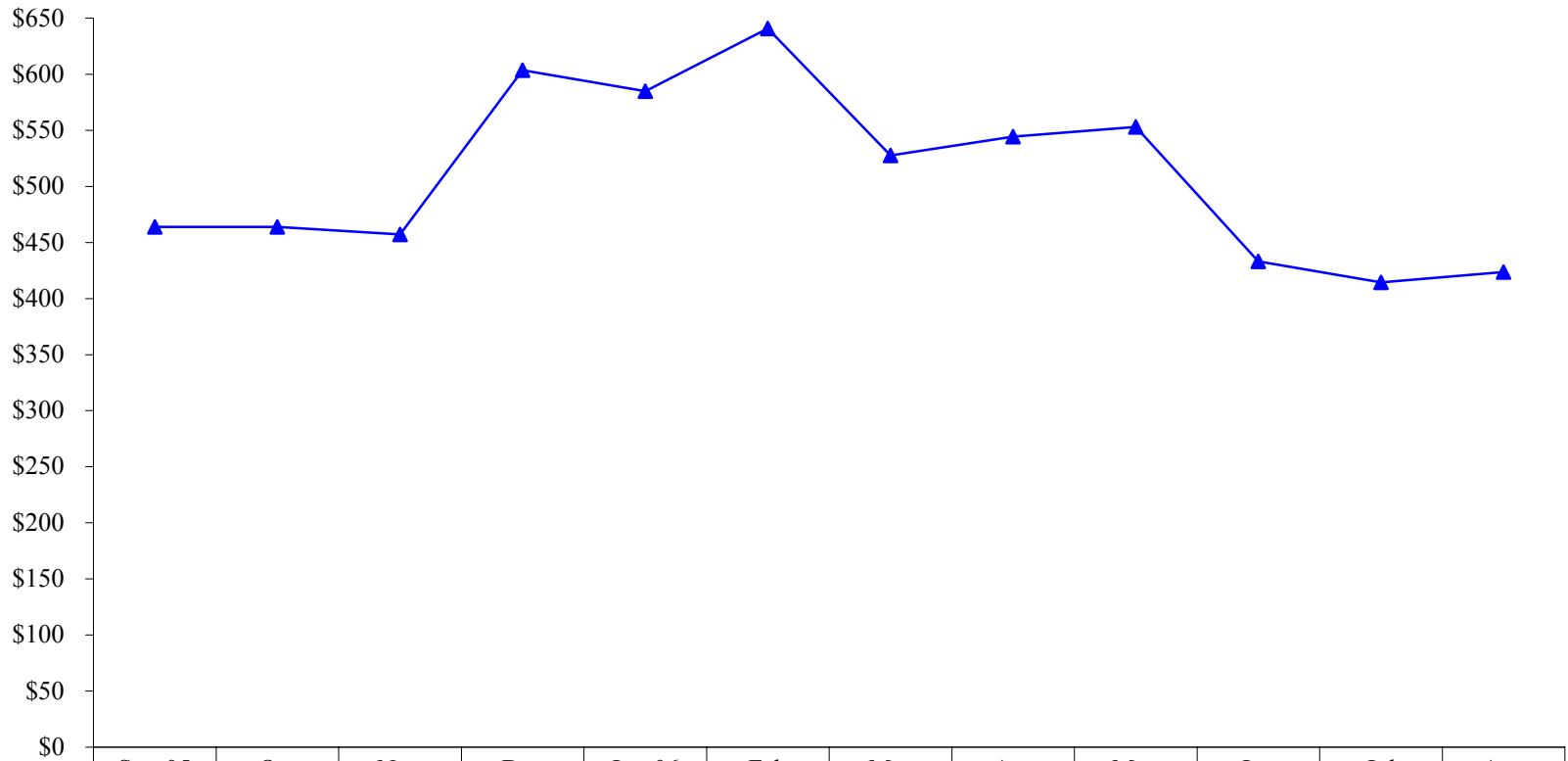
	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$19,405	\$19,405	\$19,405	\$21,520	\$21,520	\$21,520	\$20,729	\$20,729	\$20,729	\$21,204	\$21,204	\$21,204
# of Pts on NGM	109	98	98	93	100	103	98	102	120	111	115	121
▲ Average Cost per Patient	\$178	\$198	\$198	\$231	\$215	\$209	\$212	\$203	\$173	\$191	\$184	\$175

\* Average Monthly Cost per Quarter

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
Kerrville State Hospital**

**Average Cost of New Generation Medication per Patient per Month**

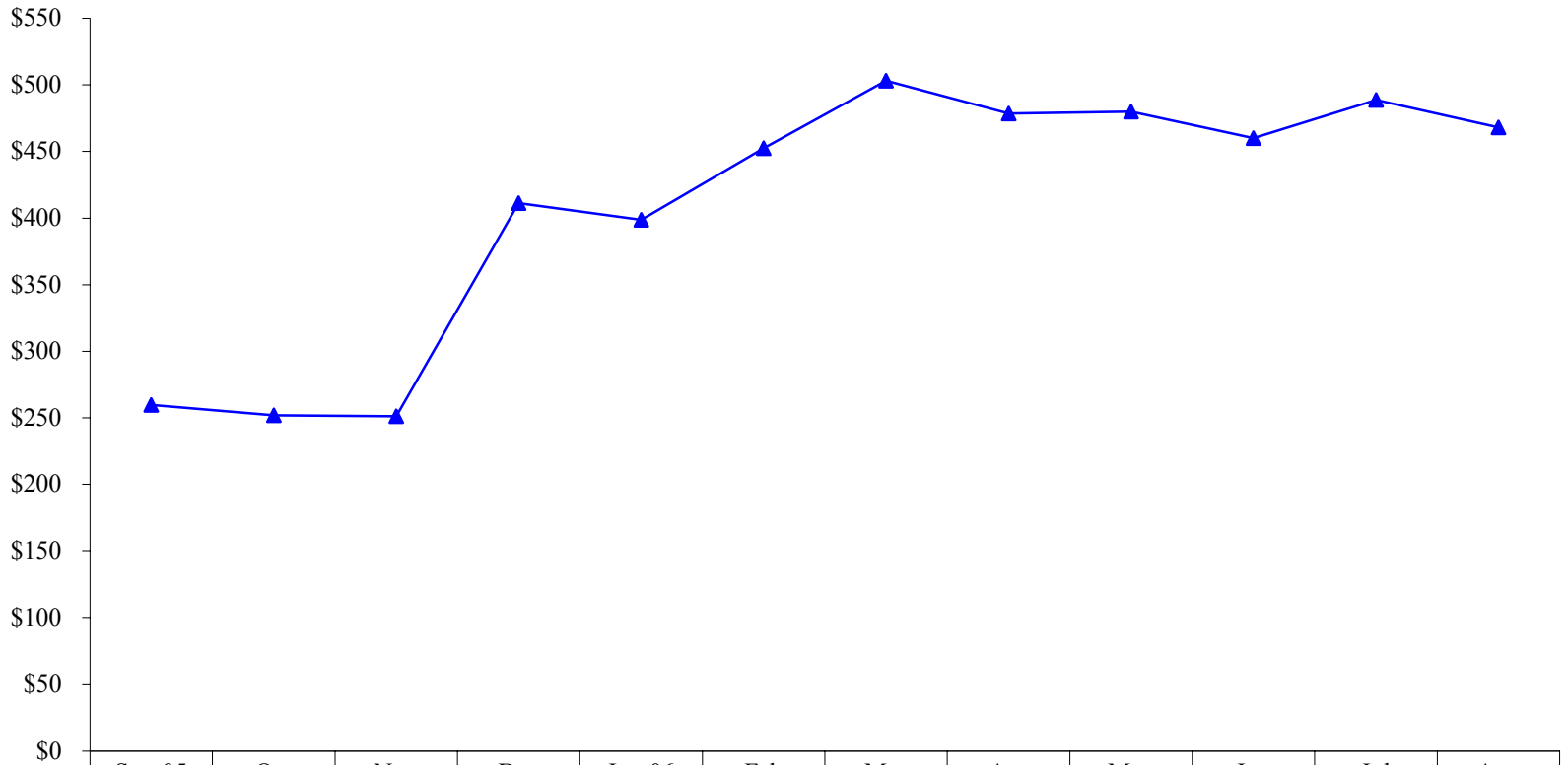


	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$91,413	\$91,413	\$91,413	\$114,077	\$114,077	\$114,077	\$103,425	\$103,425	\$103,425	\$76,682	\$76,682	\$76,682
# of Pts on NGM	197	197	200	189	195	178	196	190	187	177	185	181
▲ Average Cost per Patient	\$464	\$464	\$457	\$604	\$585	\$641	\$528	\$544	\$553	\$433	\$414	\$424

\* Average Monthly Cost per Quarter

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
North Texas State Hospital**

**Average Cost of New Generation Medication per Patient per Month**



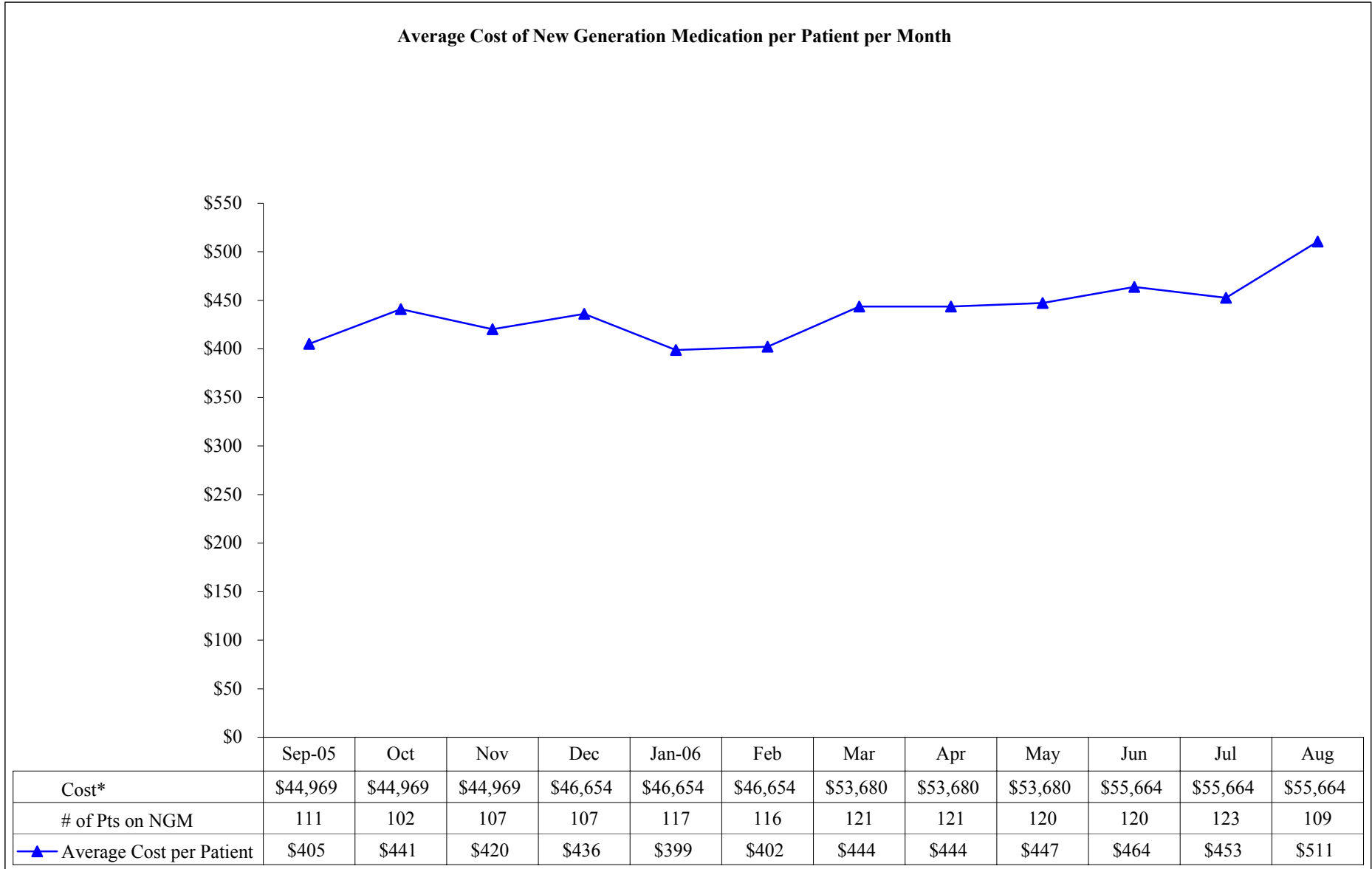
	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$165,977	\$165,977	\$165,977	\$261,488	\$261,488	\$261,488	\$303,312	\$303,312	\$303,312	\$266,357	\$266,357	\$266,357
# of Pts on NGM	639	659	661	636	656	578	603	634	632	579	545	569
▲ Average Cost per Patient	\$260	\$252	\$251	\$411	\$399	\$452	\$503	\$478	\$480	\$460	\$489	\$468

\* Average Monthly Cost per Quarter

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



**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
Rio Grande State Center (MH only)**

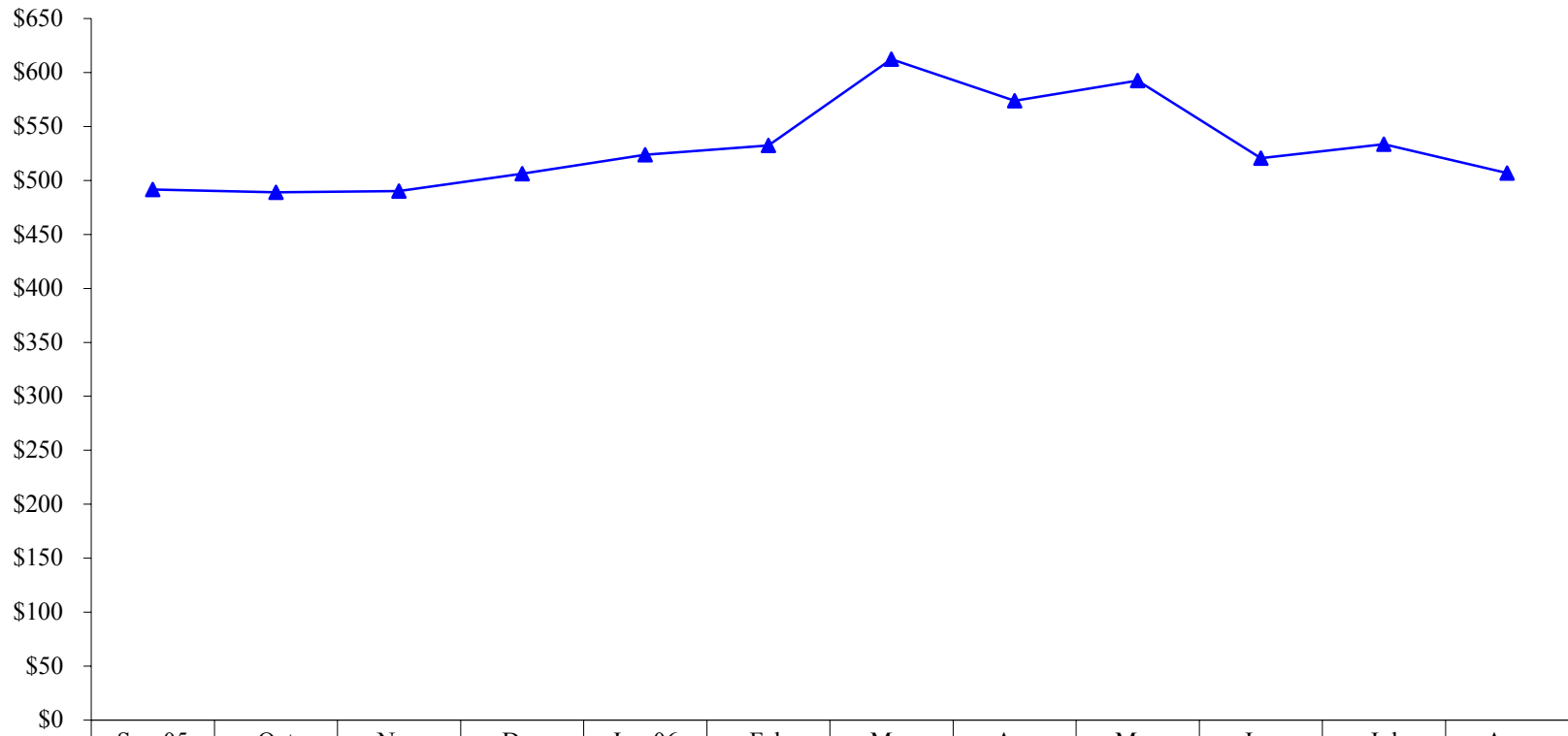


\* Average Monthly Cost per Quarter

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication**  
**Rusk State Hospital**

**Average Cost of New Generation Medication per Patient per Month**

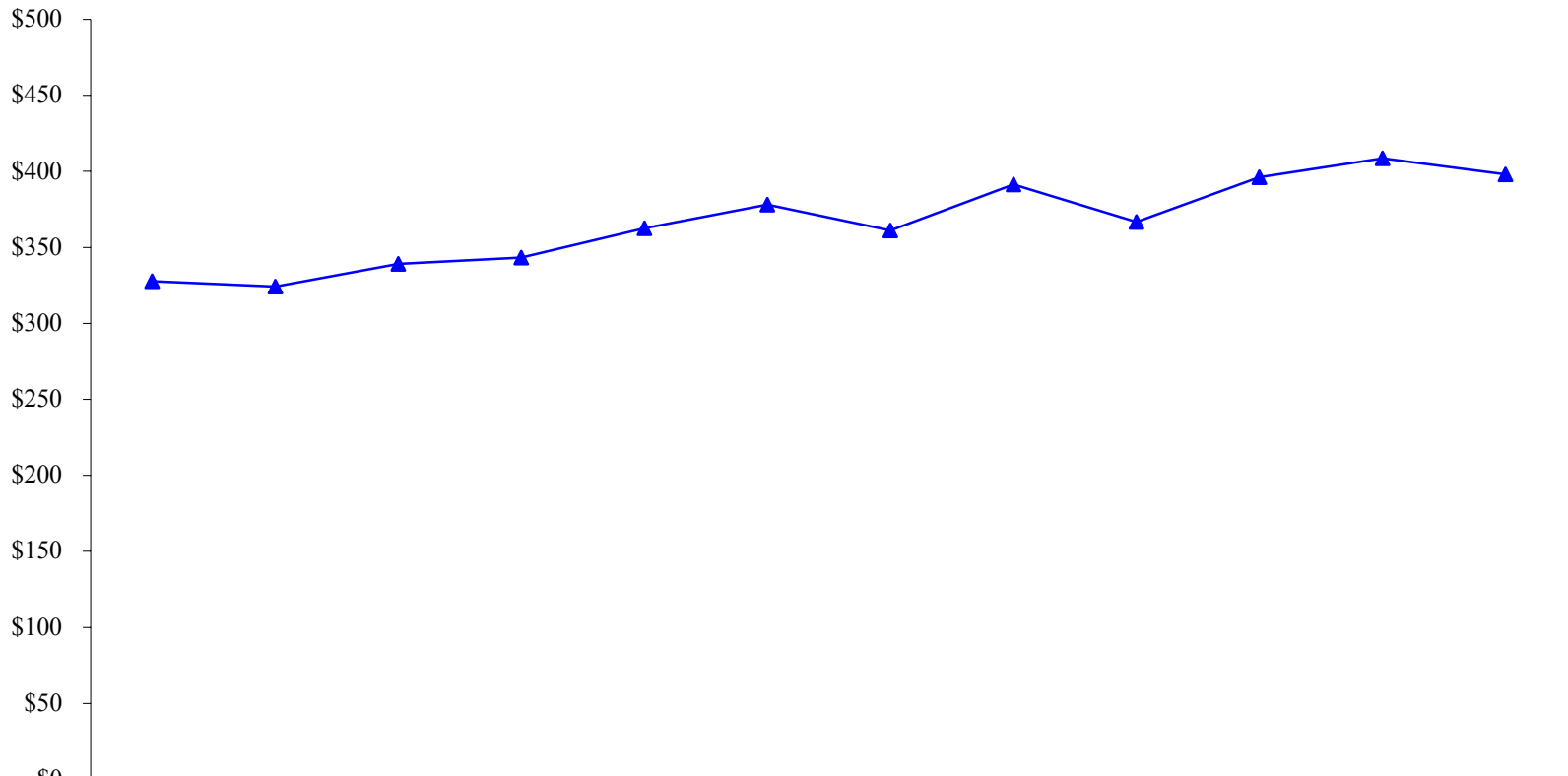


	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$184,322	\$184,322	\$184,322	\$197,497	\$197,497	\$197,497	\$200,822	\$200,822	\$200,822	\$212,360	\$212,360	\$212,360
# of Pts on NGM	375	377	376	390	377	371	328	350	339	408	398	419
▲ Average Cost per Patient	\$492	\$489	\$490	\$506	\$524	\$532	\$612	\$574	\$592	\$520	\$534	\$507

\* Average Monthly Cost per Quarter

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
San Antonio State Hospital**

**Average Cost of New Generation Medication per Patient per Month**



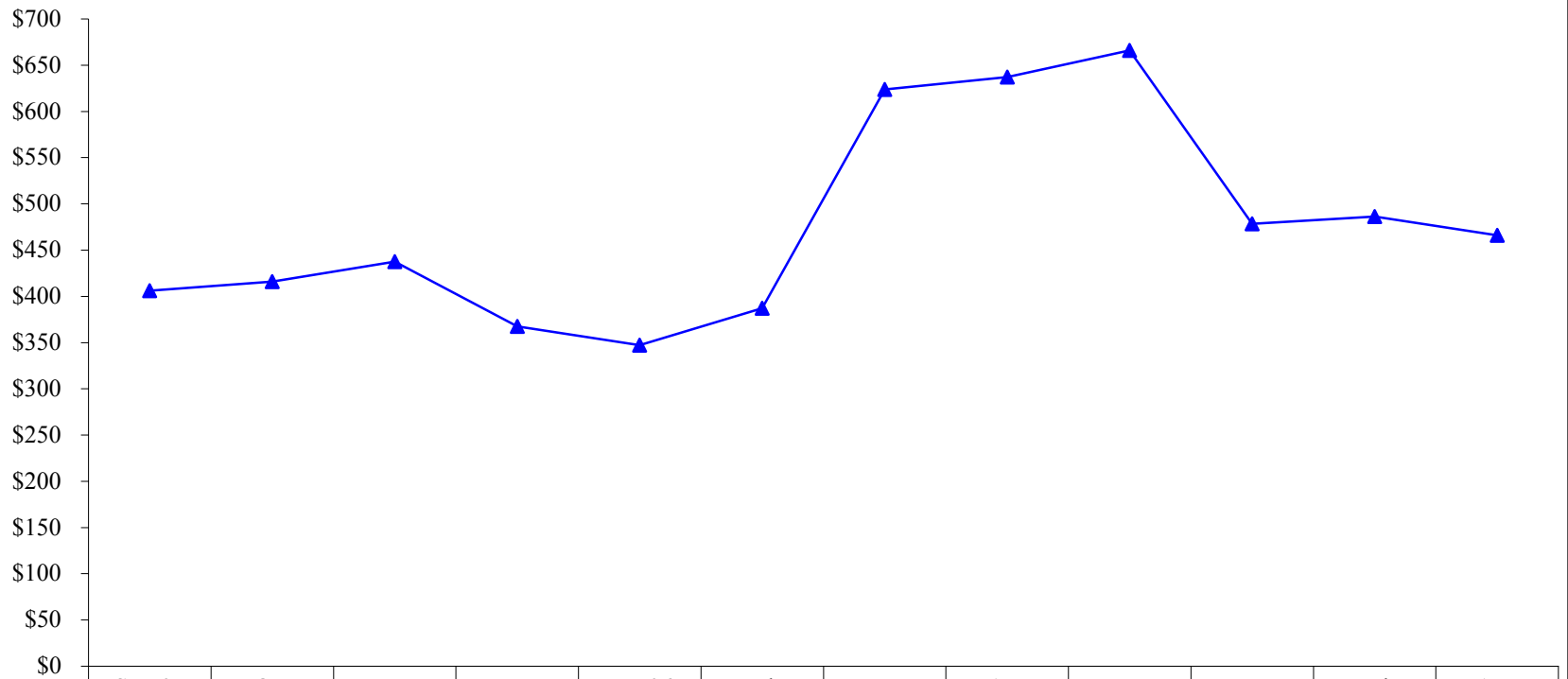
	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$146,208	\$146,208	\$146,208	\$122,891	\$122,891	\$122,891	\$140,098	\$140,098	\$140,098	\$156,457	\$156,457	\$156,457
# of Pts on NGM	446	451	431	358	339	325	388	358	382	395	383	393
▲ Average Cost per Patient	\$328	\$324	\$339	\$343	\$363	\$378	\$361	\$391	\$367	\$396	\$409	\$398

\* Average Monthly Cost per Quarter

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
Terrell State Hospital**

**Average Cost of New Generation Medication per Patient per Month**



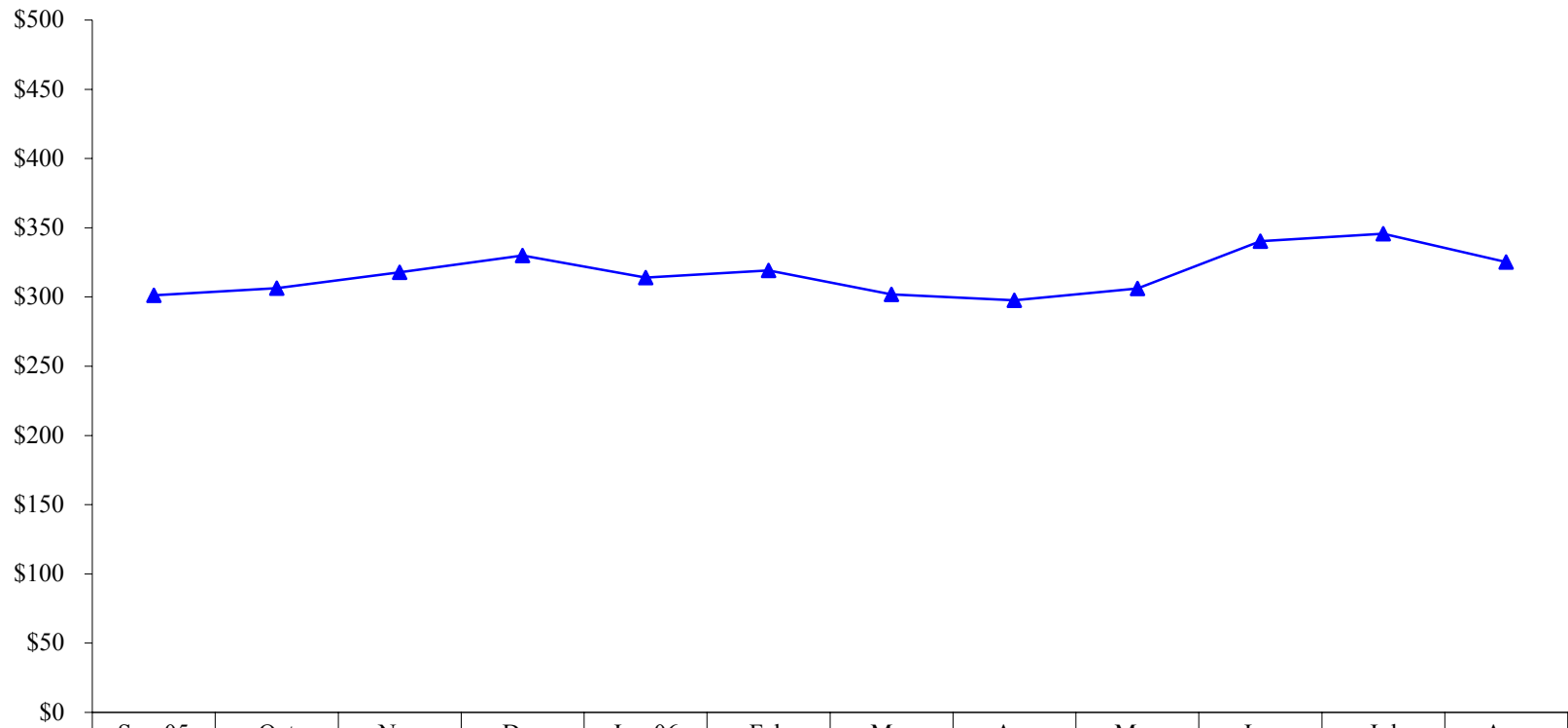
	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$152,241	\$152,241	\$152,241	\$137,486	\$137,486	\$137,486	\$234,477	\$234,477	\$234,477	\$179,401	\$179,401	\$179,401
# of Pts on NGM	375	366	348	374	396	355	376	368	352	375	369	385
▲ Average Cost per Patient	\$406	\$416	\$437	\$368	\$347	\$387	\$624	\$637	\$666	\$478	\$486	\$466

\* Average Monthly Cost per Quarter

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

**Measure 4B - Average Cost Per Patient Receiving New Generation Medication  
Waco Center for Youth**

**Average Cost of New Generation Medication per Patient per Month**



	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$17,163	\$17,163	\$17,163	\$19,471	\$19,471	\$19,471	\$21,132	\$21,132	\$21,132	\$22,124	\$22,124	\$22,124
# of Pts on NGM	57	56	54	59	62	61	70	71	69	65	64	68
▲ Average Cost per Patient	\$301	\$306	\$318	\$330	\$314	\$319	\$302	\$298	\$306	\$340	\$346	\$325

\* Average Monthly Cost per Quarter

## *GOAL 5: Assure Continuum of Care*

### Performance Measure 5A:

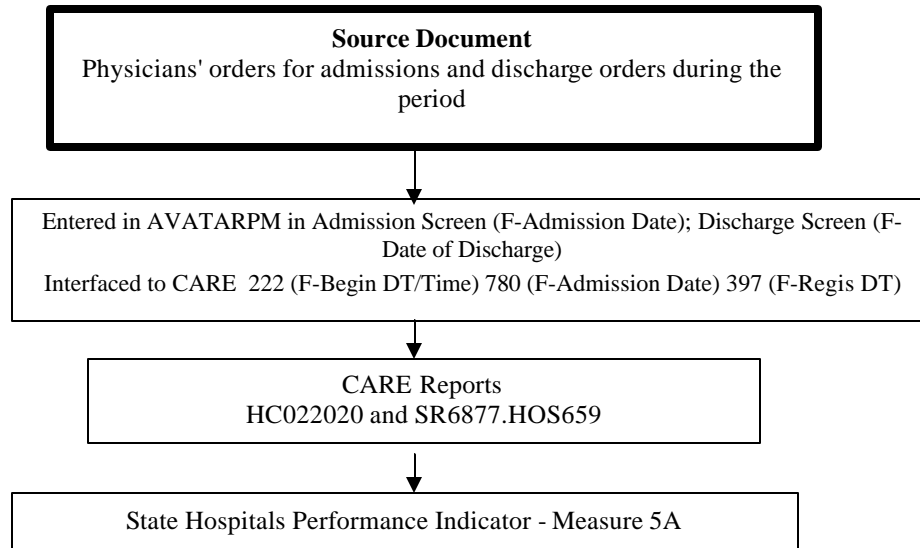
**Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each state hospital on a quarterly basis.**

**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 readmission rate is calculated by CARE using readmission to any SMHF.

### Performance Measure Data Display and Chart Description:

- ◆ Chart with monthly data points of total admissions, discharges and percent of readmissions 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 readmissions per month for individual state hospitals and system-wide.

### Data Flow:



### Data Integrity Review Process:

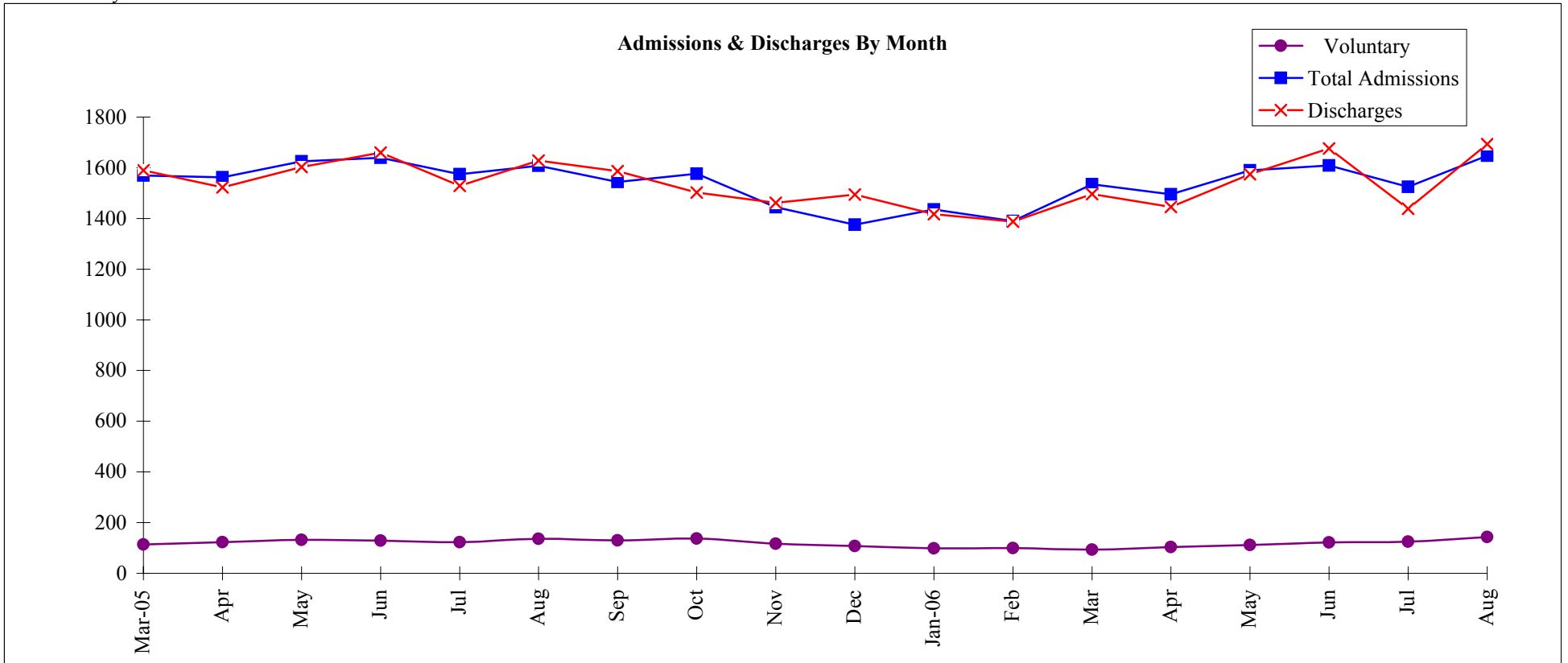
Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date 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.
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 data accuracy, findings and data analysis.

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

**All State Hospitals**

**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	1569	1562	1625	1640	1574	1608	1544	1577	1444	1375	1435	1390	1535	1495	1590	1609	1525	1648
Voluntary	114	123	132	129	123	136	130	137	117	108	99	100	93	104	112	122	125	143
Involuntary	1455	1439	1493	1511	1451	1472	1414	1440	1327	1267	1336	1290	1442	1391	1478	1487	1400	1505
OPC	371	390	386	339	365	388	367	388	371	350	322	314	385	333	412	375	353	408
Emergency	719	739	817	797	737	746	735	702	652	605	690	663	749	768	756	783	753	778
Temporary	174	161	149	183	172	173	134	152	140	151	152	129	147	149	129	165	152	150
Extended	10	6	5	6	10	6	6	9	5	5	4	6	7	3	3	9	5	5
46.02/46.03	164	121	117	162	106	101	157	169	142	145	151	157	142	124	158	143	127	151
Order for MR S	17	22	19	24	61	58	15	20	17	11	17	21	12	14	20	12	10	13
Discharges	1590	1523	1603	1660	1529	1628	1587	1502	1462	1494	1417	1388	1496	1445	1574	1676	1438	1693
% New to System	43%	45%	46%	43%	44%	43%	46%	44%	45%	42%	42%	44%	46%	45%	46%	42%	44%	44%

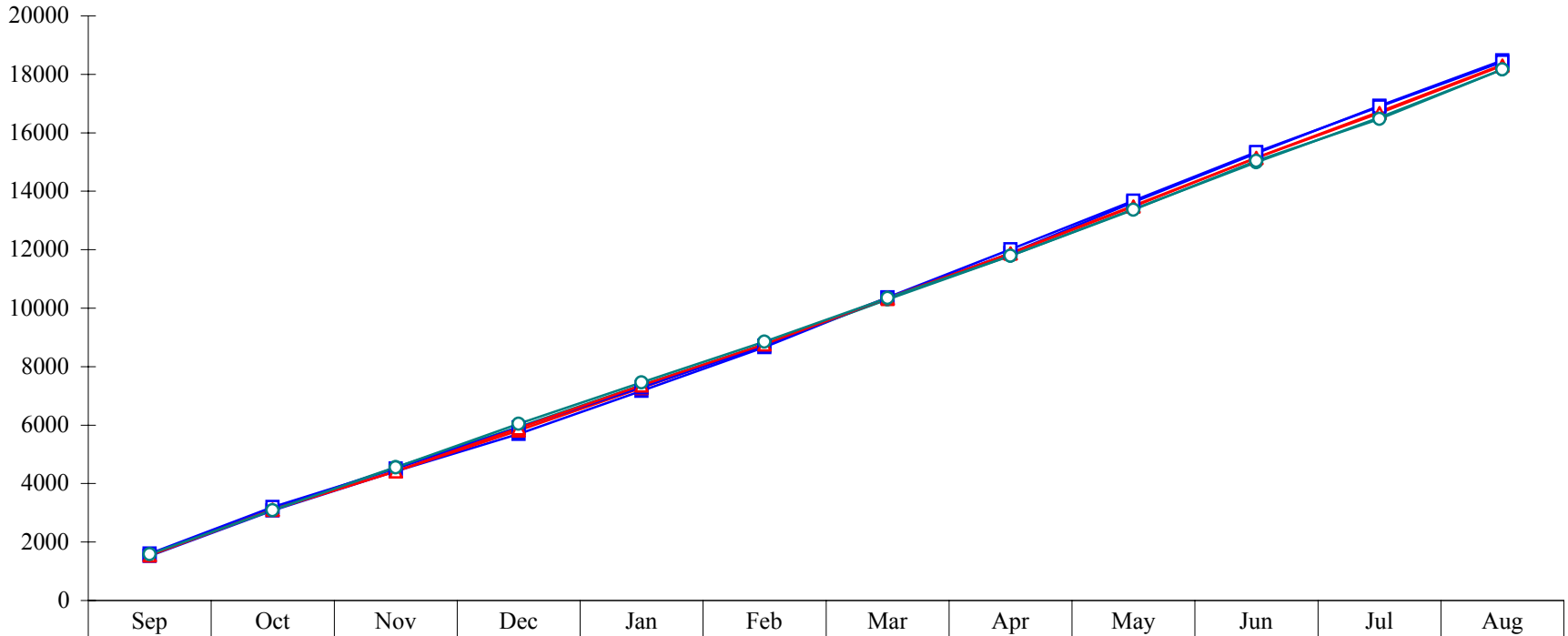


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**All State Hospitals**

**FYTD Admissions & Discharges**

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— 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
—□— 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

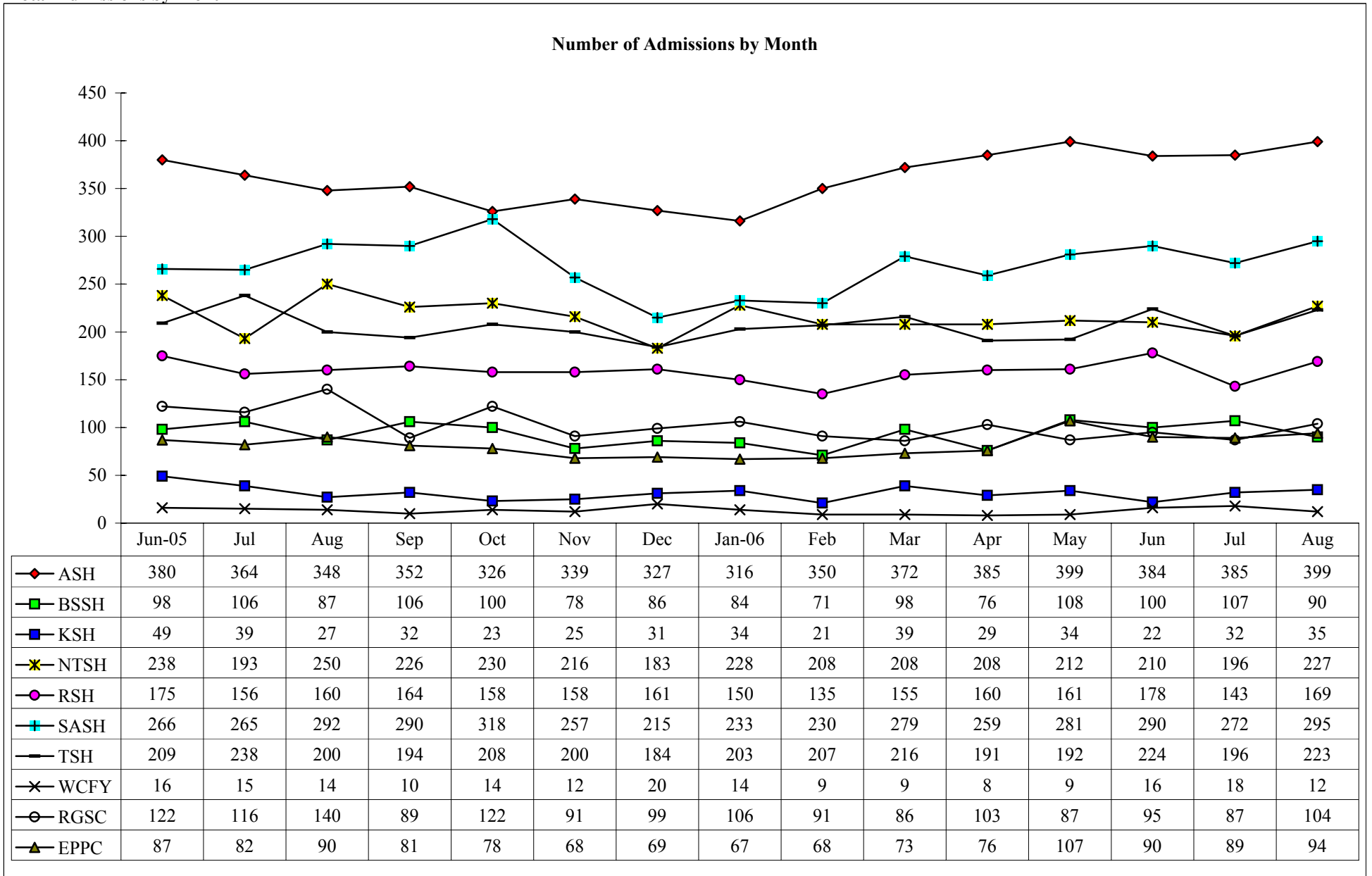
Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)



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

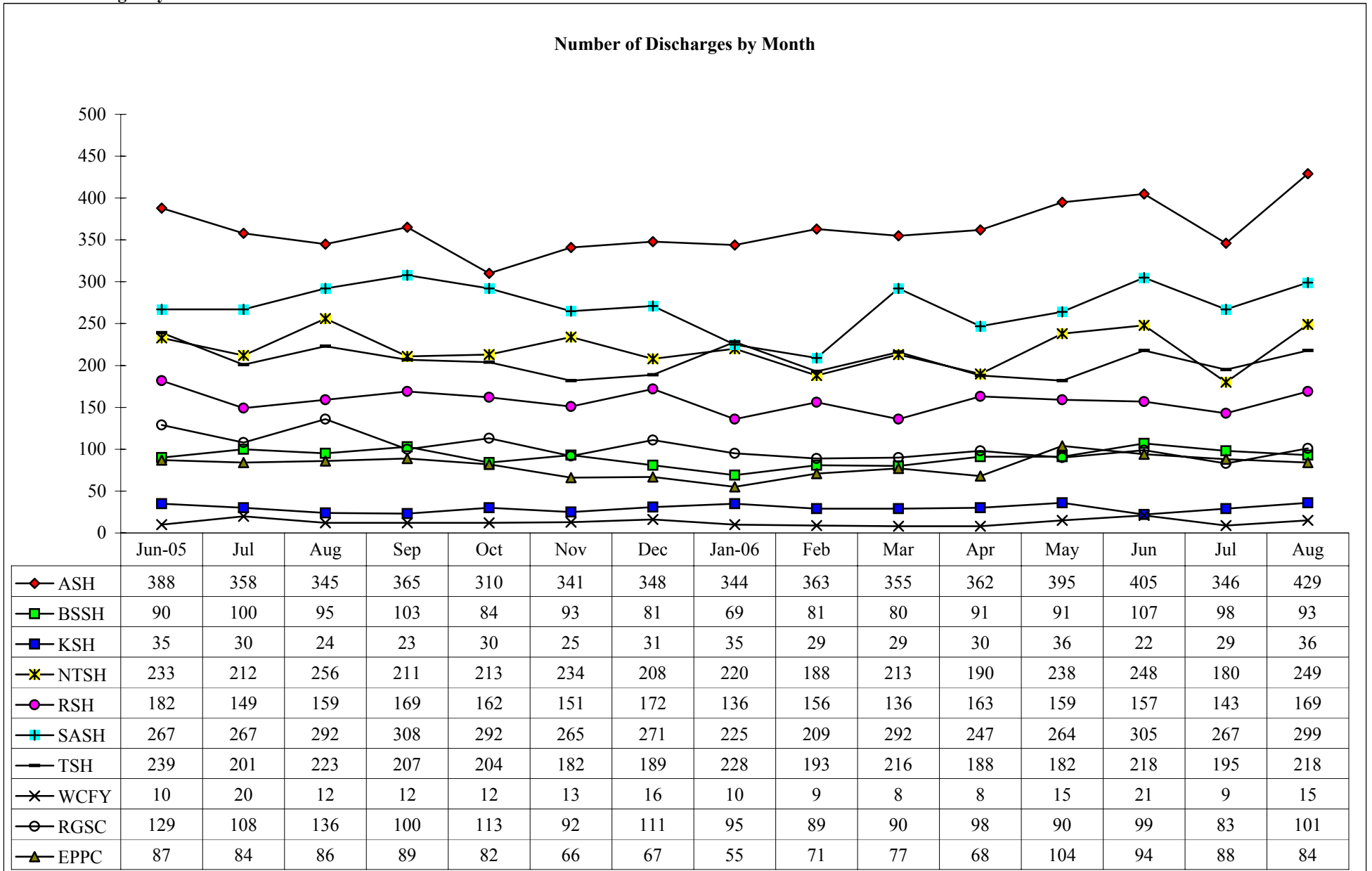
**All State Hospitals**

**Total Admissions by Month**



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

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



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

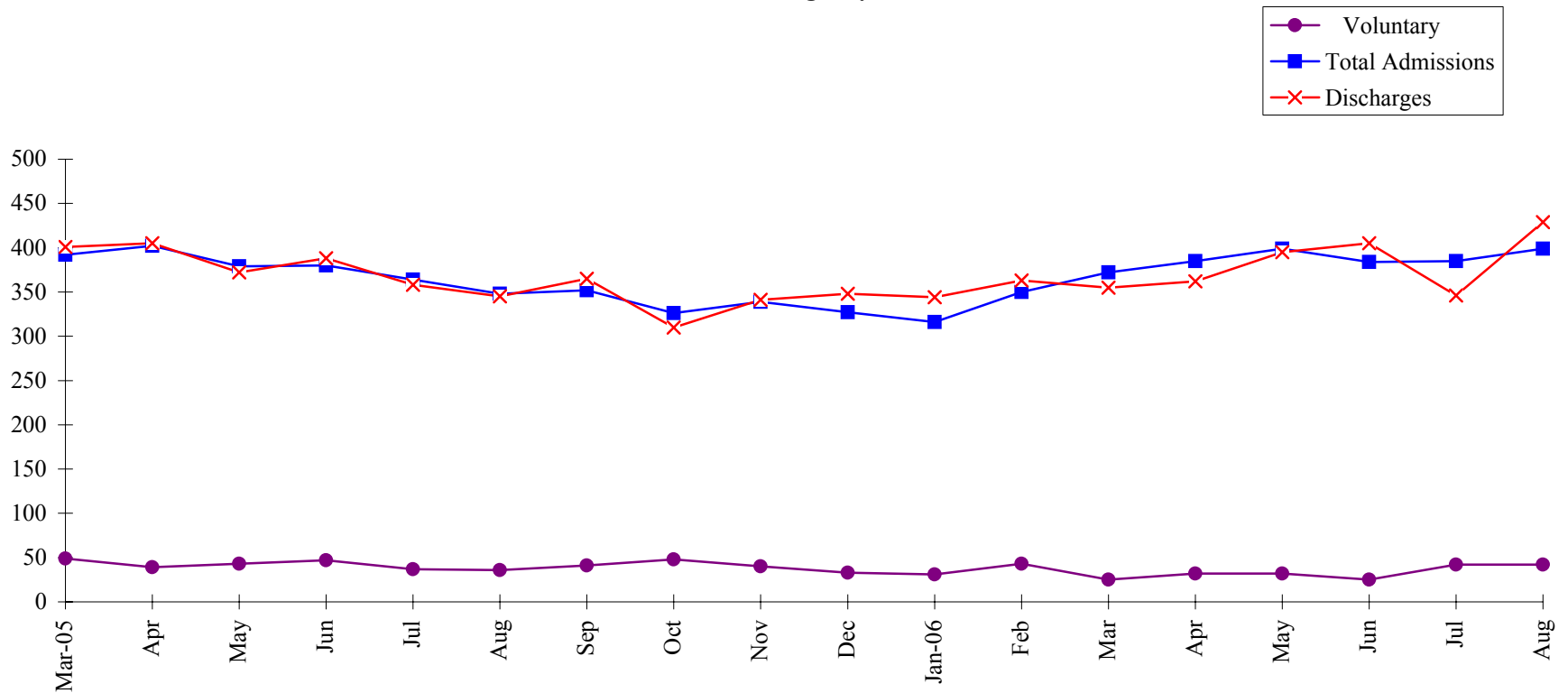
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Austin State Hospital**

**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	392	402	379	380	364	348	352	326	339	327	316	350	372	385	399	384	385	399
Voluntary	49	39	43	47	37	36	41	48	40	33	31	43	25	32	32	25	42	42
Involuntary	343	363	336	333	327	312	311	278	299	294	285	307	347	353	367	359	343	357
OPC	38	33	23	28	35	33	32	35	31	38	27	35	38	34	40	47	33	37
Emergency	249	283	265	252	250	233	244	195	231	222	241	250	276	289	301	284	287	288
Temporary	40	33	38	30	24	25	23	30	23	19	12	9	17	18	14	22	15	21
Extended	0	0	0	1	0	2	0	2	1	1	0	0	1	0	0	0	0	0
46.02/46.03	15	14	10	20	17	19	9	16	13	14	5	11	14	12	11	6	7	11
Order for MR	1	0	0	2	1	0	3	0	0	0	0	2	1	0	1	0	1	0
Discharges	401	405	372	388	358	345	365	310	341	348	344	363	355	362	395	405	346	429
% New to System	43%	52%	43%	38%	42%	43%	51%	43%	46%	43%	45%	47%	41%	45%	48%	41%	43%	44%

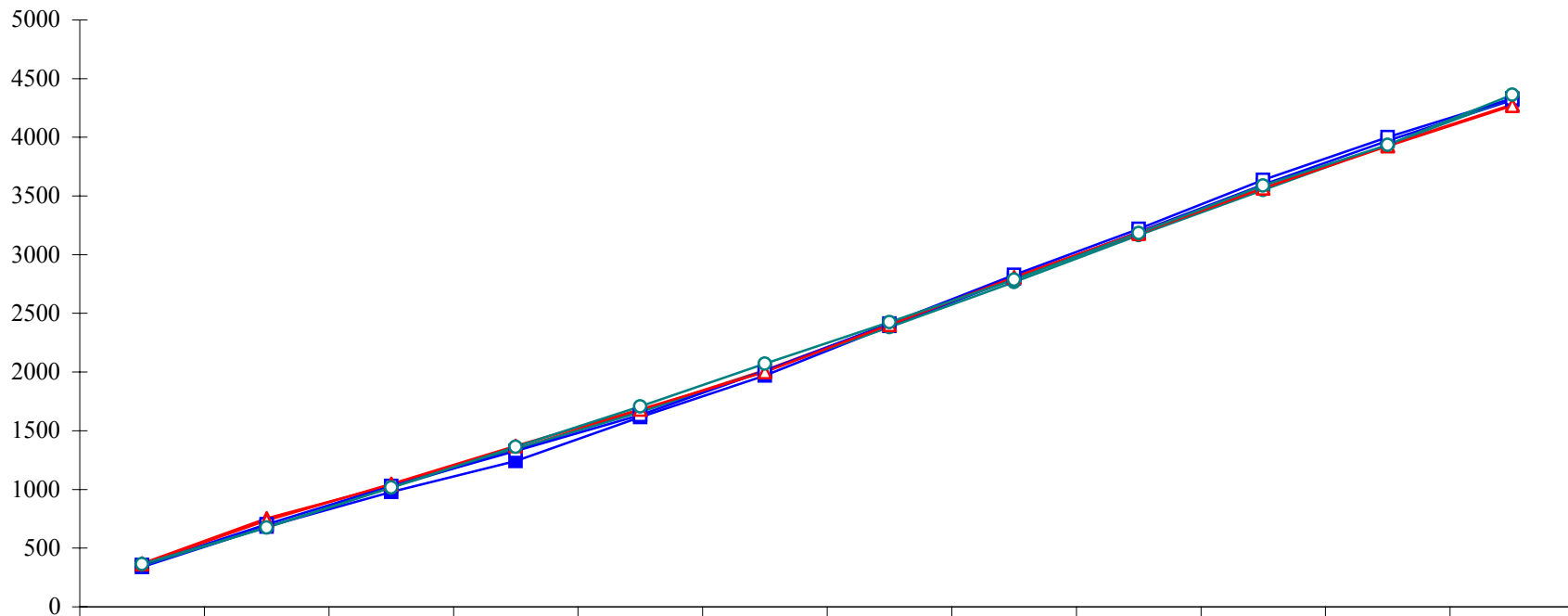
**Admissions & Discharges By Month**



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

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

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

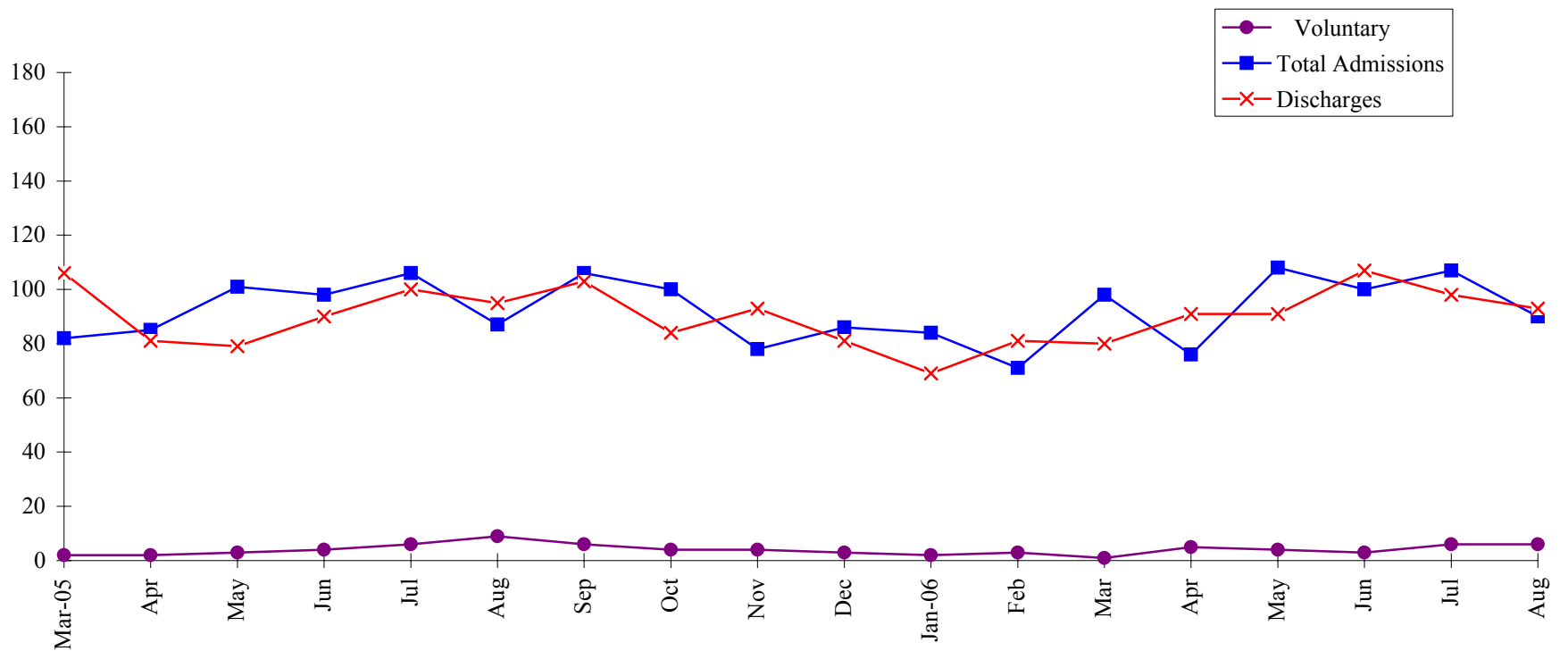
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Big Spring State Hospital**

**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	82	85	101	98	106	87	106	100	78	86	84	71	98	76	108	100	107	90
Voluntary	2	2	3	4	6	9	6	4	4	3	2	3	1	5	4	3	6	6
Involuntary	80	83	98	94	100	78	100	96	74	83	82	68	97	71	104	97	101	84
OPC	18	19	16	12	25	19	17	7	16	10	9	9	24	11	24	13	6	5
Emergency	54	58	55	55	57	47	56	47	38	41	43	49	49	49	55	71	75	57
Temporary	1	1	0	1	0	3	1	1	0	0	5	0	0	0	0	0	0	1
Extended	1	1	0	0	1	0	0	1	0	0	1	0	1	1	0	1	2	1
46.02/46.03	4	2	23	23	12	7	24	38	18	31	23	10	23	9	23	12	18	19
Order for MR	2	2	4	3	5	2	2	2	2	1	1	0	0	1	2	0	0	1
Discharges	106	81	79	90	100	95	103	84	93	81	69	81	80	91	91	107	98	93
% New to System	43%	39%	43%	38%	38%	31%	31%	28%	33%	29%	42%	34%	39%	30%	33%	36%	44%	42%

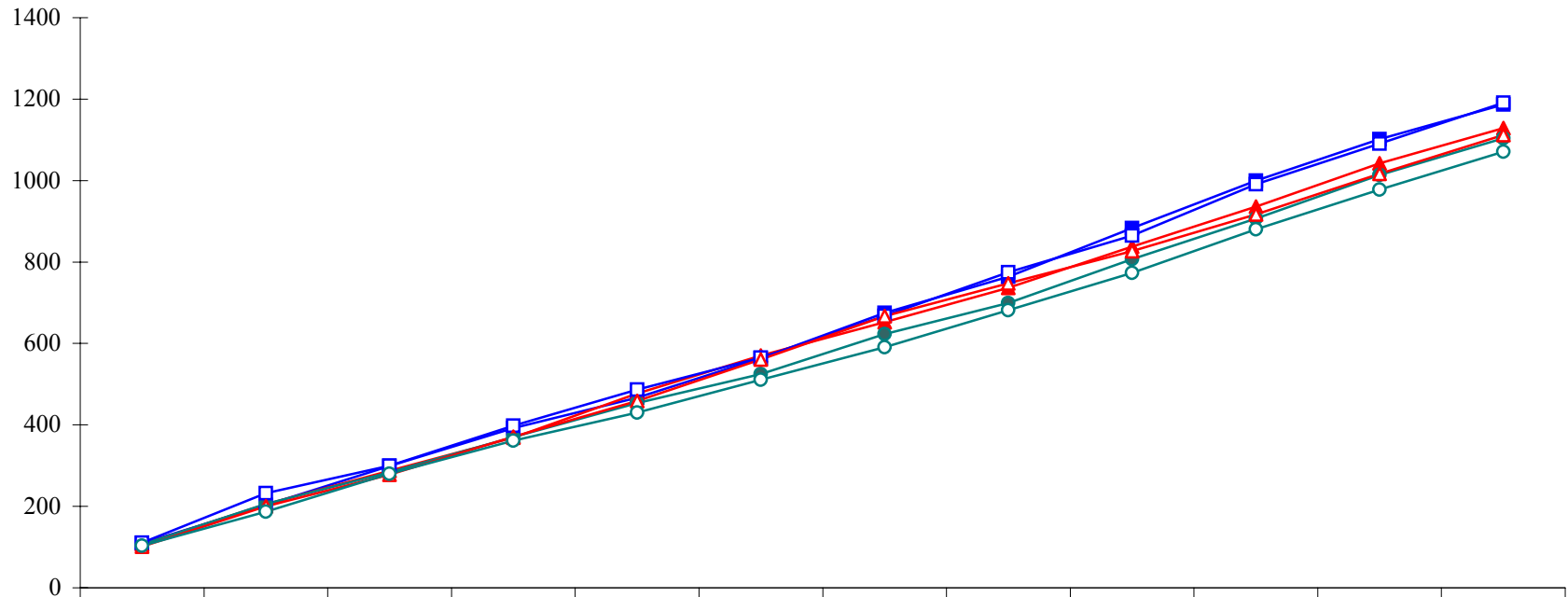
**Admissions & Discharges By Month**



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

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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— 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
—□— 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

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

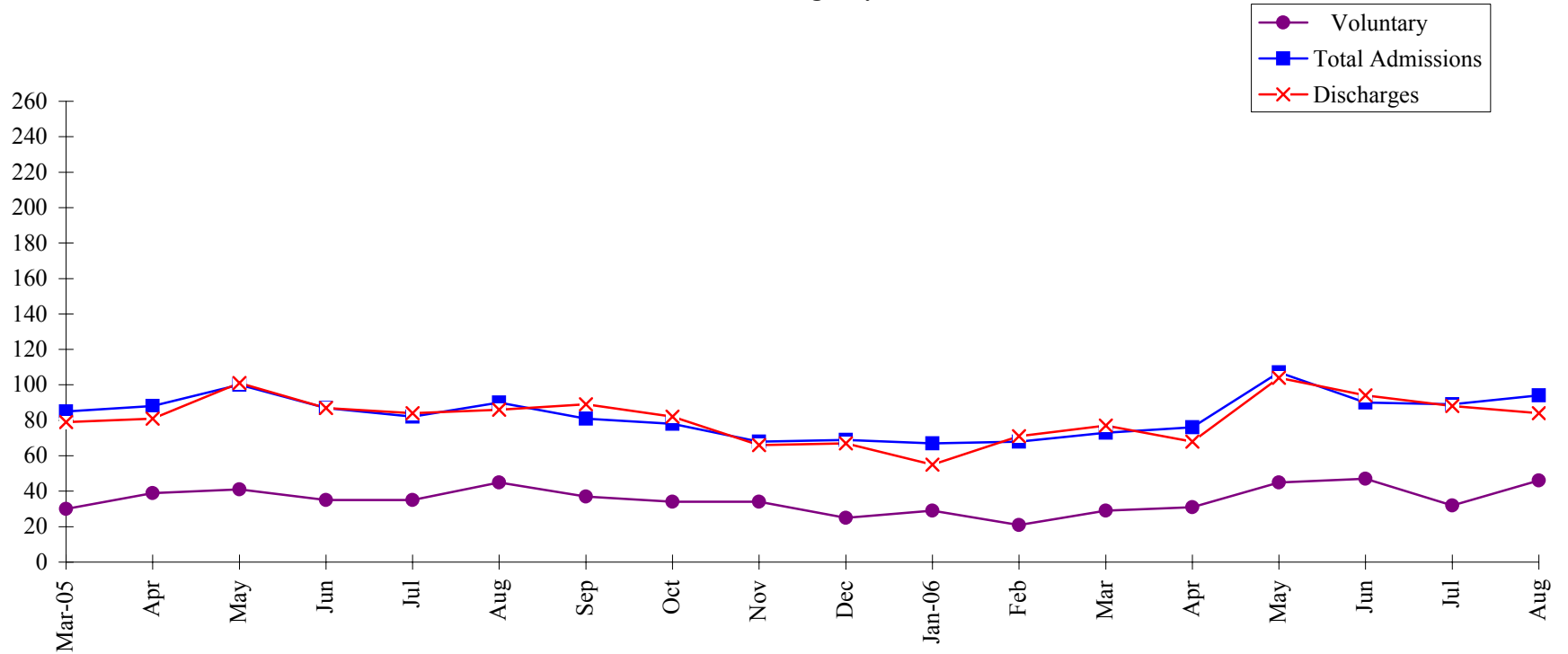
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**El Paso Psychiatric Center**

**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	85	88	100	87	82	90	81	78	68	69	67	68	73	76	107	90	89	94
Voluntary	30	39	41	35	35	45	37	34	34	25	29	21	29	31	45	47	32	46
Involuntary	55	49	59	52	47	45	44	44	34	44	38	47	44	45	62	43	57	48
OPC	3	0	3	3	1	0	1	4	3	3	4	4	5	1	7	2	4	6
Emergency	51	45	53	49	45	45	43	40	29	29	31	42	38	42	51	39	51	41
Temporary	1	3	2	0	1	0	0	0	0	3	0	1	0	0	2	0	0	0
Extended	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	2	9	3	0	0	2	2	2	2	1
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	79	81	101	87	84	86	89	82	66	67	55	71	77	68	104	94	88	84
% New to System	48%	48%	54%	41%	39%	47%	51%	51%	50%	39%	49%	51%	62%	55%	53%	43%	49%	55%

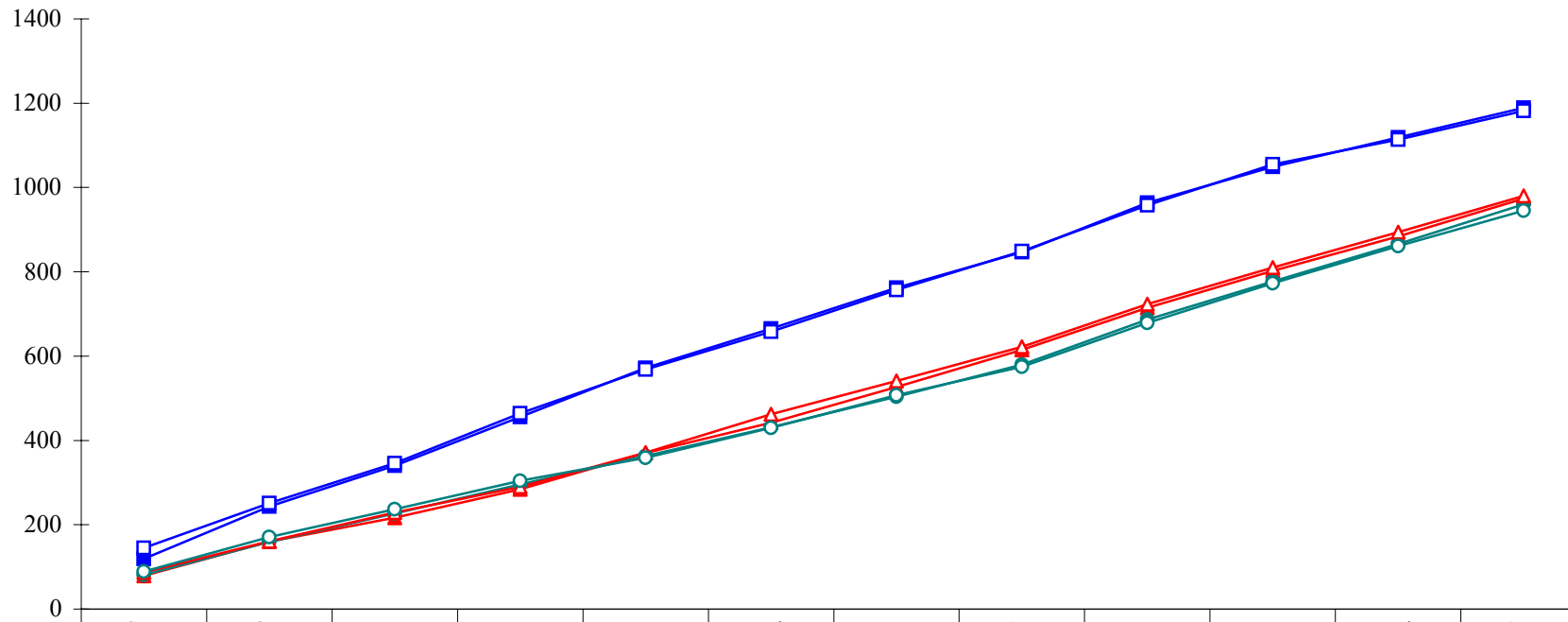
**Admissions & Discharges By Month**



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

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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ 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
□ 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

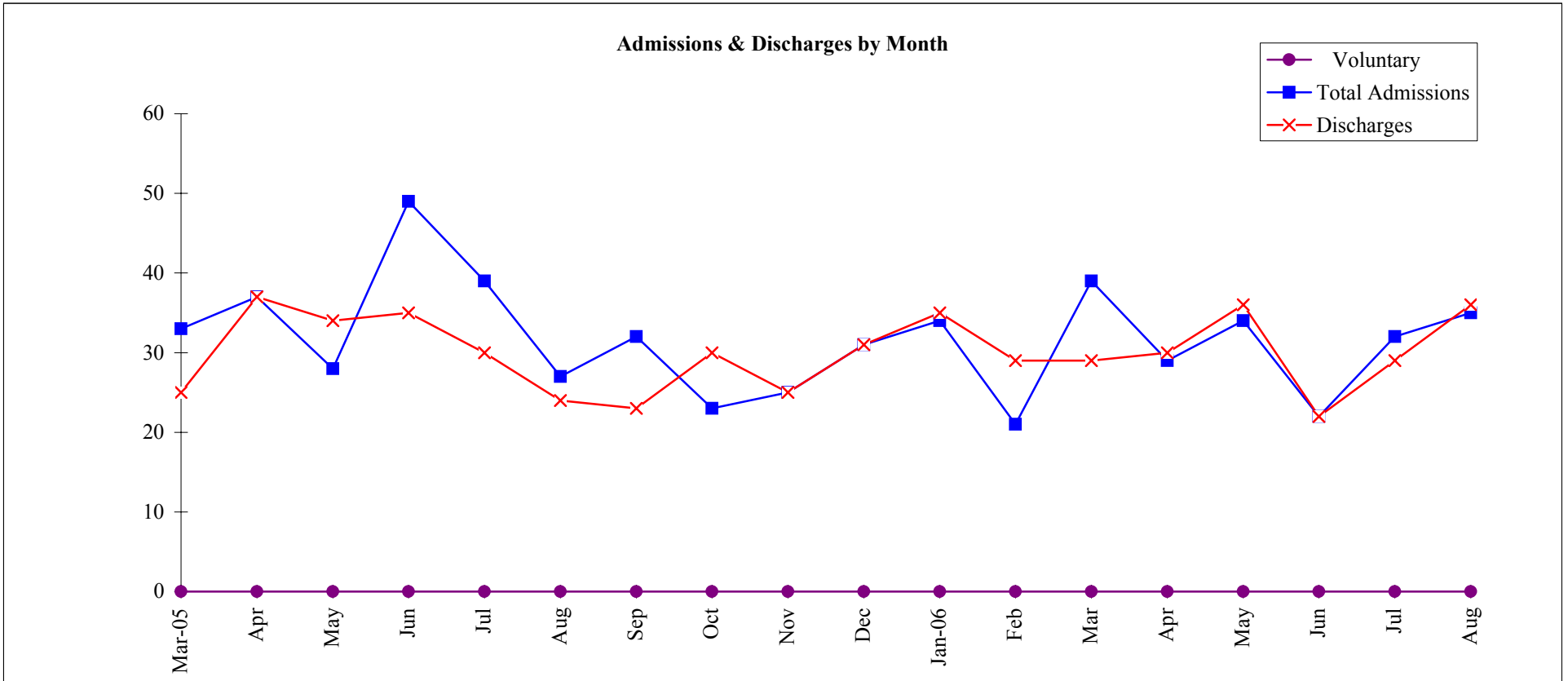


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Kerrville State Hospital**

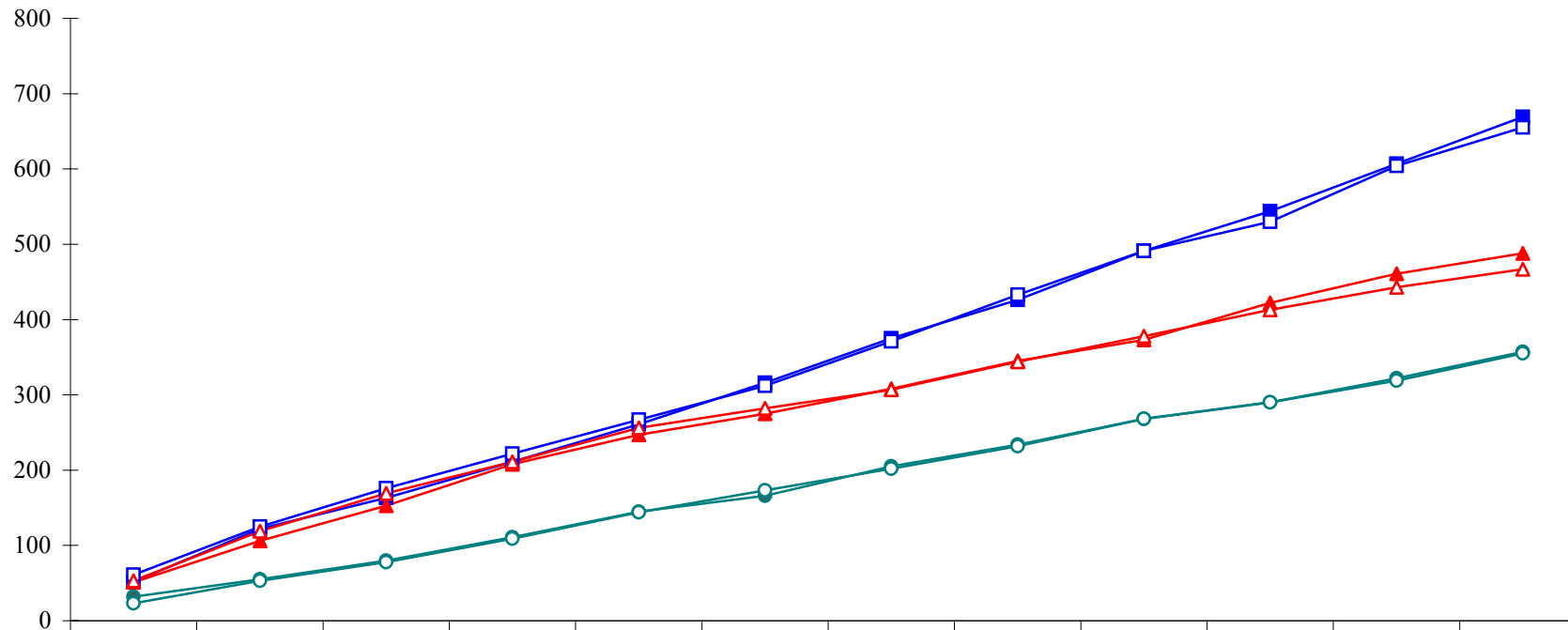
**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	33	37	28	49	39	27	32	23	25	31	34	21	39	29	34	22	32	35
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	33	37	28	49	39	27	32	23	25	31	34	21	39	29	34	22	32	35
OPC	1	3	1	3	1	2	4	0	1	2	0	0	0	0	2	0	0	3
Emergency	20	17	19	22	16	15	15	20	15	23	19	12	30	24	21	15	26	20
Temporary	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	12	17	8	22	21	10	13	3	9	6	15	9	9	5	11	7	6	12
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	25	37	34	35	30	24	23	30	25	31	35	29	29	30	36	22	29	36
% New to System	27%	22%	43%	26%	35%	32%	22%	43%	20%	26%	29%	33%	38%	48%	35%	14%	41%	40%



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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
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
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

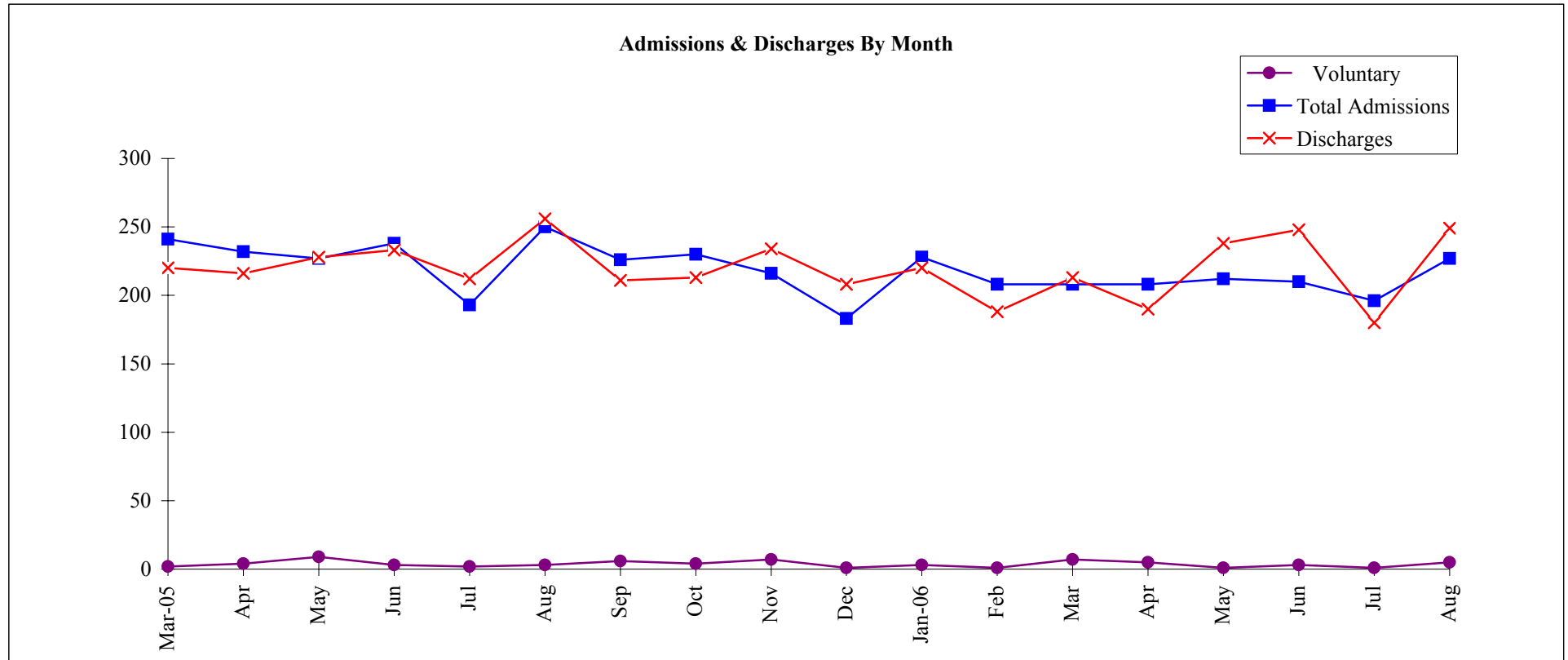
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**North Texas State Hospital**

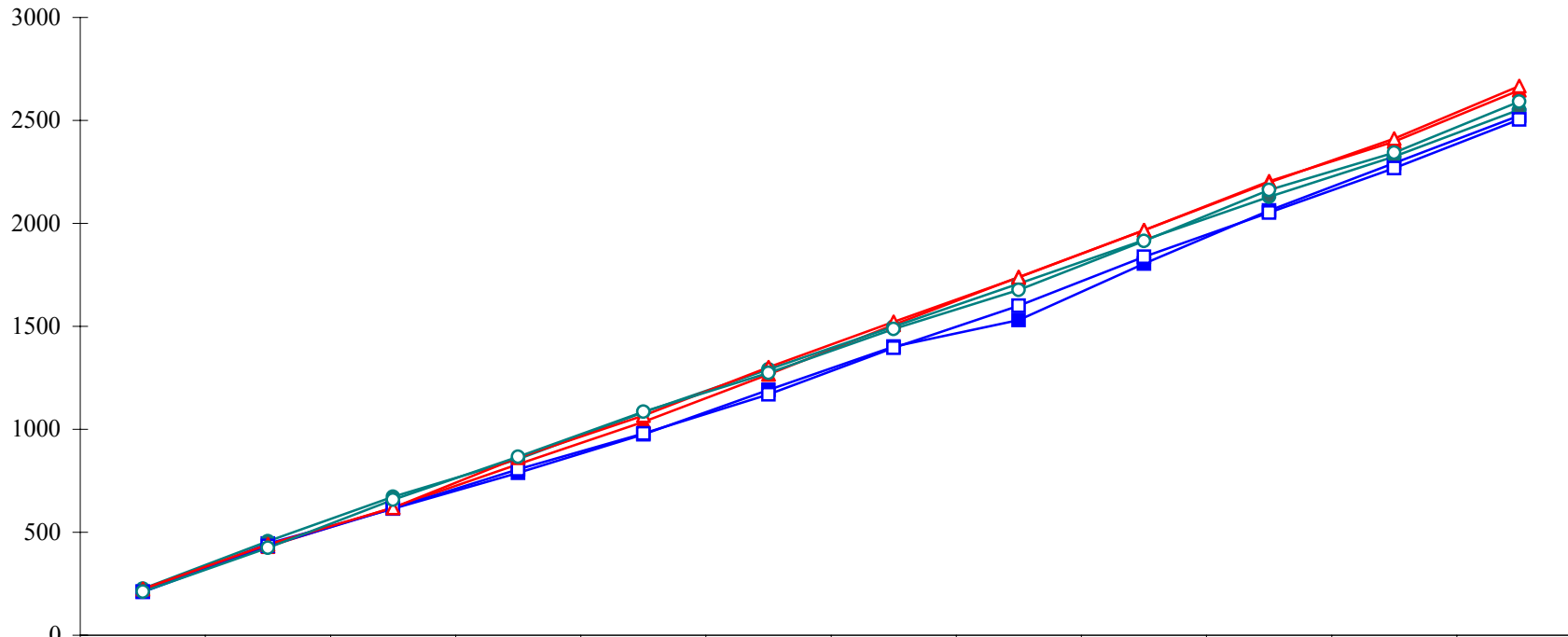
**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	241	232	227	238	193	250	226	230	216	183	228	208	208	208	212	210	196	227
Voluntary	2	4	9	3	2	3	6	4	7	1	3	1	7	5	1	3	1	5
Involuntary	239	228	218	235	191	247	220	226	209	182	225	207	201	203	211	207	195	222
OPC	31	21	39	23	23	32	24	39	30	25	14	23	22	19	32	16	18	21
Emergency	39	48	65	55	39	45	41	34	43	26	45	37	44	52	40	51	41	51
Temporary	52	65	45	68	52	69	60	49	51	68	71	57	58	60	48	66	62	56
Extended	2	1	2	1	0	2	3	0	1	0	1	0	0	0	0	1	1	0
46.02/46.03	103	76	54	72	40	44	82	88	69	53	80	73	67	62	75	62	64	82
Order for MR	12	17	13	16	37	55	10	16	15	10	14	17	10	10	16	11	9	12
Discharges	220	216	228	233	212	256	211	213	234	208	220	188	213	190	238	248	180	249
% New to System	41%	45%	52%	46%	47%	47%	48%	47%	50%	50%	43%	42%	53%	46%	52%	46%	44%	42%



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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
<b>FY04 Admissions</b>	211	445	615	788	976	1192	1401	1531	1805	2062	2293	2523
<b>FY05 Admissions</b>	220	430	621	831	1036	1266	1507	1739	1966	2204	2397	2647
<b>FY06 Admissions</b>	226	456	672	855	1083	1291	1499	1707	1919	2129	2325	2552
<b>FY04 Discharges</b>	210	434	616	806	980	1170	1396	1600	1837	2052	2268	2504
<b>FY05 Discharges</b>	224	441	619	862	1067	1302	1522	1738	1966	2199	2411	2667
<b>FY06 Discharges</b>	211	424	658	866	1086	1274	1487	1677	1915	2163	2343	2592

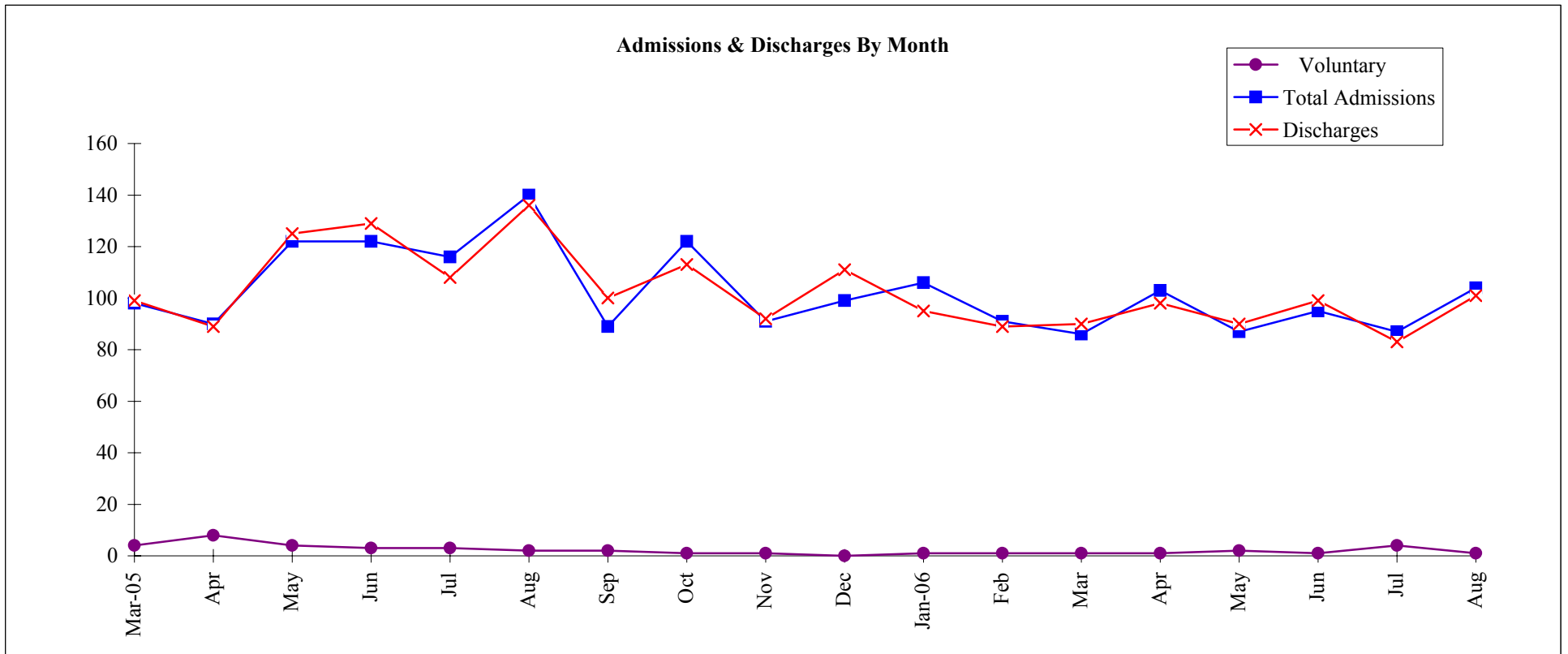
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Rio Grande State Center**

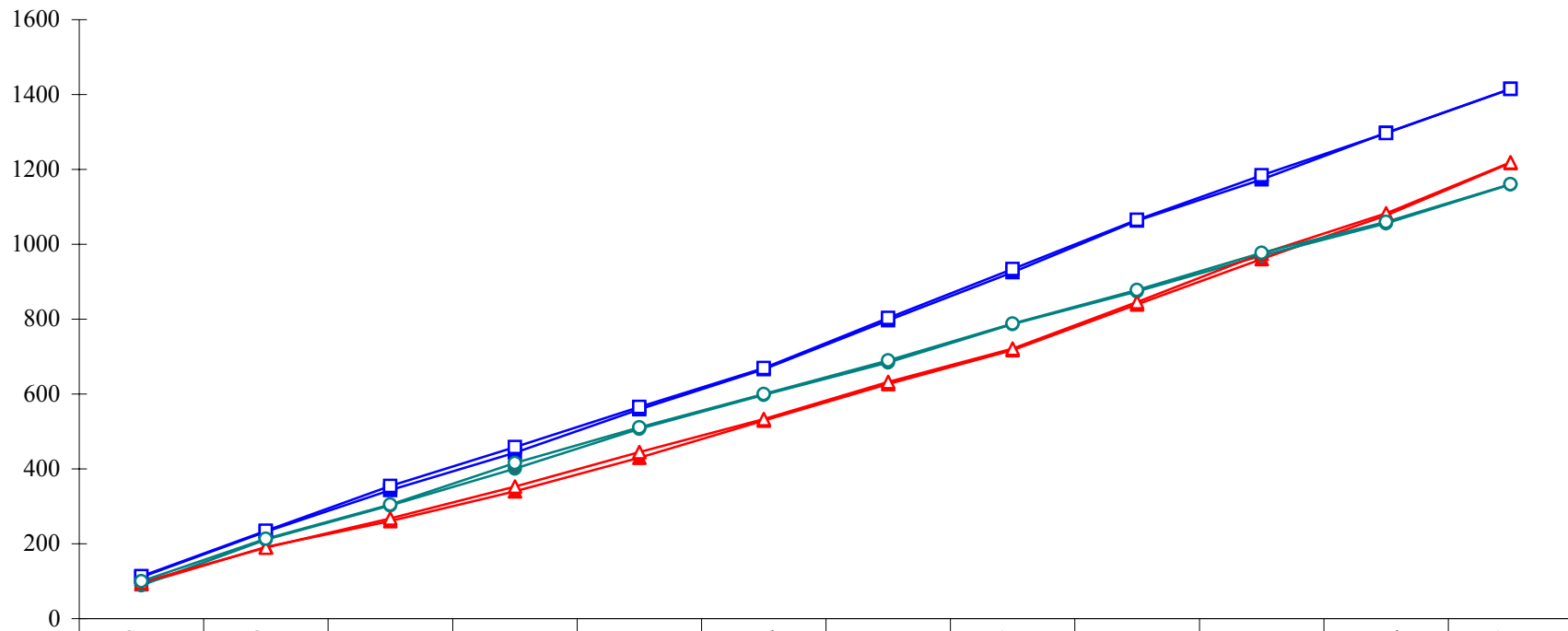
**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	98	90	122	122	116	140	89	122	91	99	106	91	86	103	87	95	87	104
Voluntary	4	8	4	3	3	2	2	1	1	0	1	1	1	1	2	1	4	1
Involuntary	94	82	118	119	113	138	87	121	90	99	105	90	85	102	85	94	83	103
OPC	3	1	4	2	1	0	2	0	1	0	0	0	1	1	0	0	0	0
Emergency	91	80	114	117	112	137	85	120	89	99	105	89	83	100	84	94	83	103
Temporary	0	1	0	0	0	1	0	0	0	0	0	1	0	1	1	0	0	0
Extended	0	0	0	0	0	0	0	1	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	1	0	0	0	0	0
Discharges	99	89	125	129	108	136	100	113	92	111	95	89	90	98	90	99	83	101
% New to System	35%	44%	44%	56%	37%	48%	51%	55%	44%	45%	40%	39%	36%	41%	41%	39%	49%	51%



**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**  
**Rio Grande State Center**  
**FYTD Admissions & Discharges**

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— 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
—□— 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

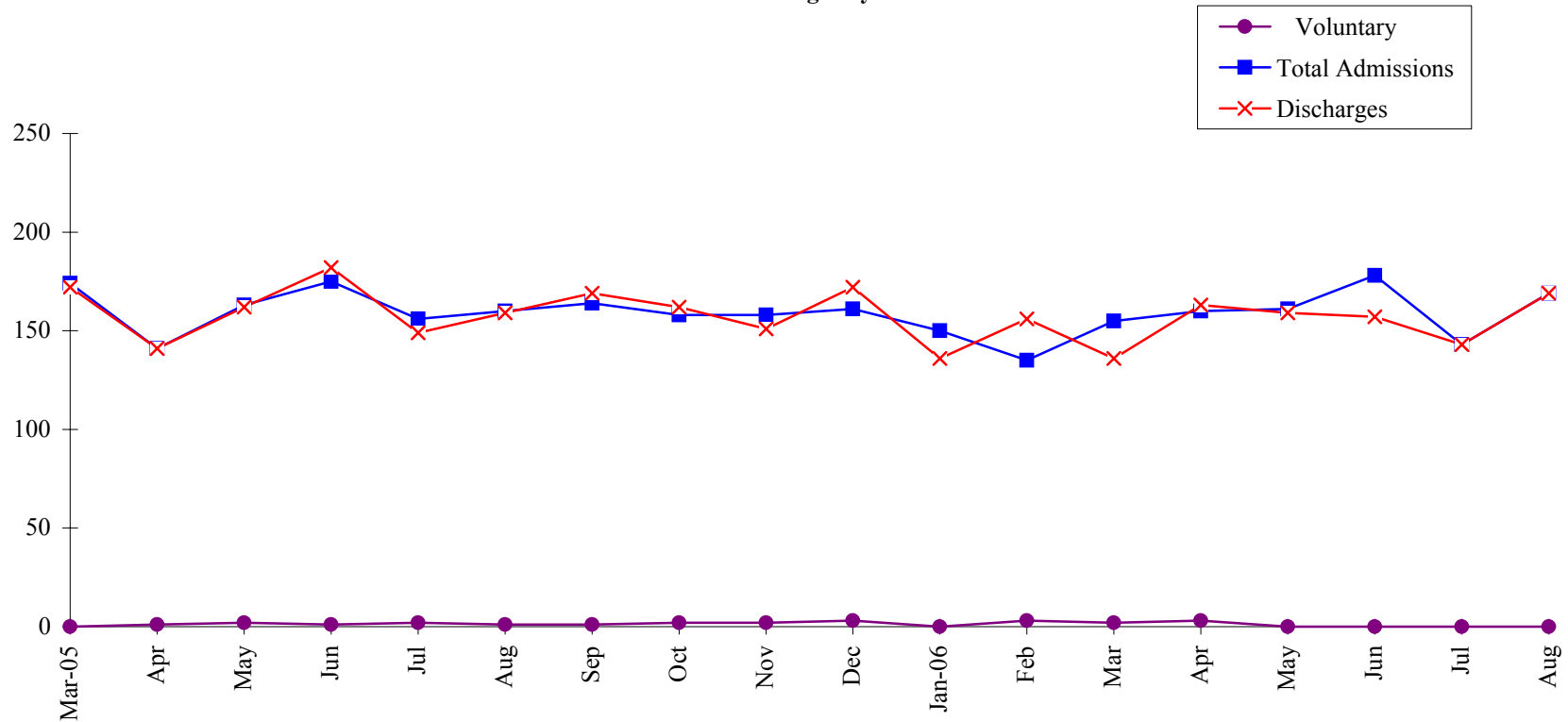
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Rusk State Hospital**

**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	174	141	163	175	156	160	164	158	158	161	150	135	155	160	161	178	143	169
Voluntary	0	1	2	1	2	1	1	2	2	3	0	3	2	3	0	0	0	0
Involuntary	174	140	161	174	154	159	163	156	156	158	150	132	153	157	161	178	143	169
OPC	59	56	63	51	36	65	61	58	55	58	52	48	52	60	63	59	58	61
Emergency	63	58	69	80	61	53	75	66	56	61	65	50	70	71	54	76	57	73
Temporary	29	18	14	18	31	25	5	13	19	13	11	10	12	7	19	18	18	13
Extended	2	0	0	0	2	0	0	1	1	2	0	1	0	0	1	1	0	0
46.02/46.03	21	8	15	23	11	16	22	18	25	24	22	23	19	19	24	24	10	22
Order for MR	0	0	0	2	13	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	172	141	162	182	149	159	169	162	151	172	136	156	136	163	159	157	143	169
% New to System	43%	45%	44%	49%	49%	41%	47%	36%	44%	40%	36%	44%	43%	38%	48%	44%	45%	46%

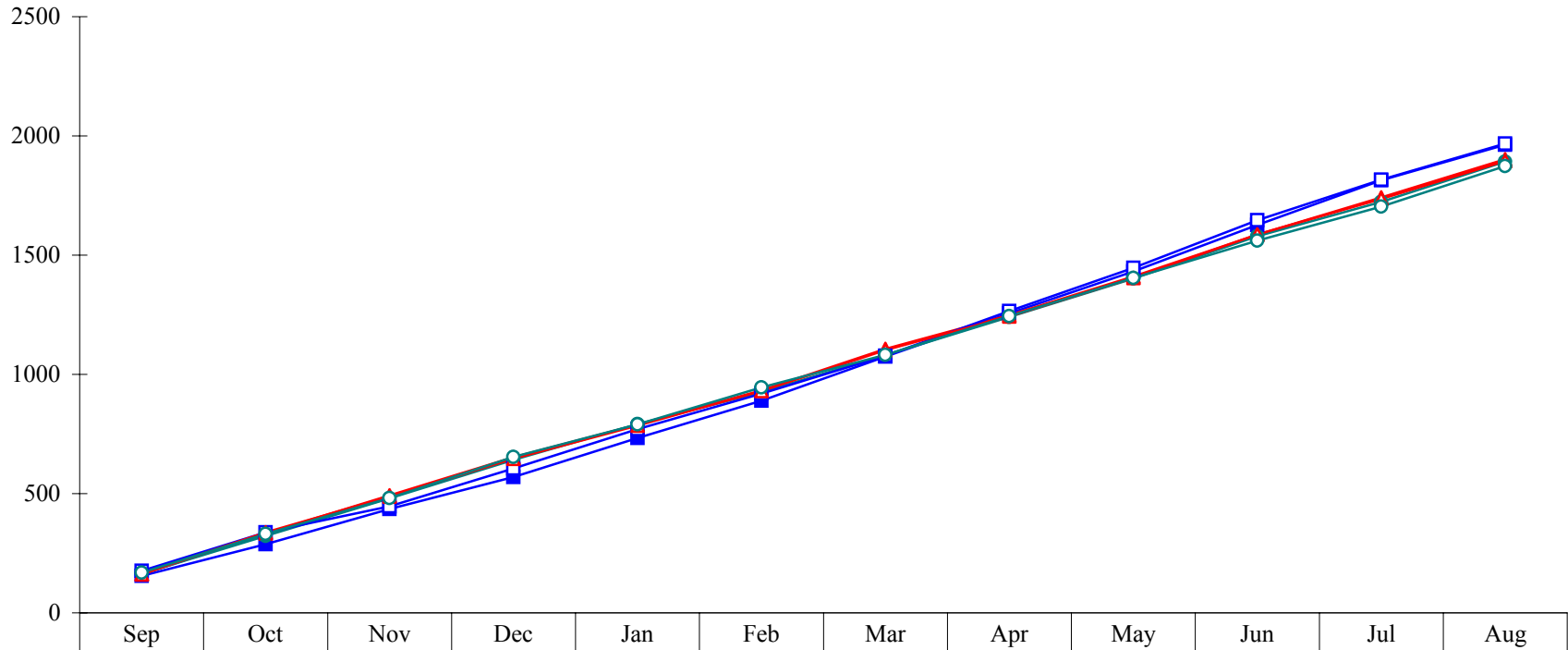
**Admissions & Discharges by Month**



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

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

**Total Admissions & Discharges Year-To-Date**



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ 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
■ 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

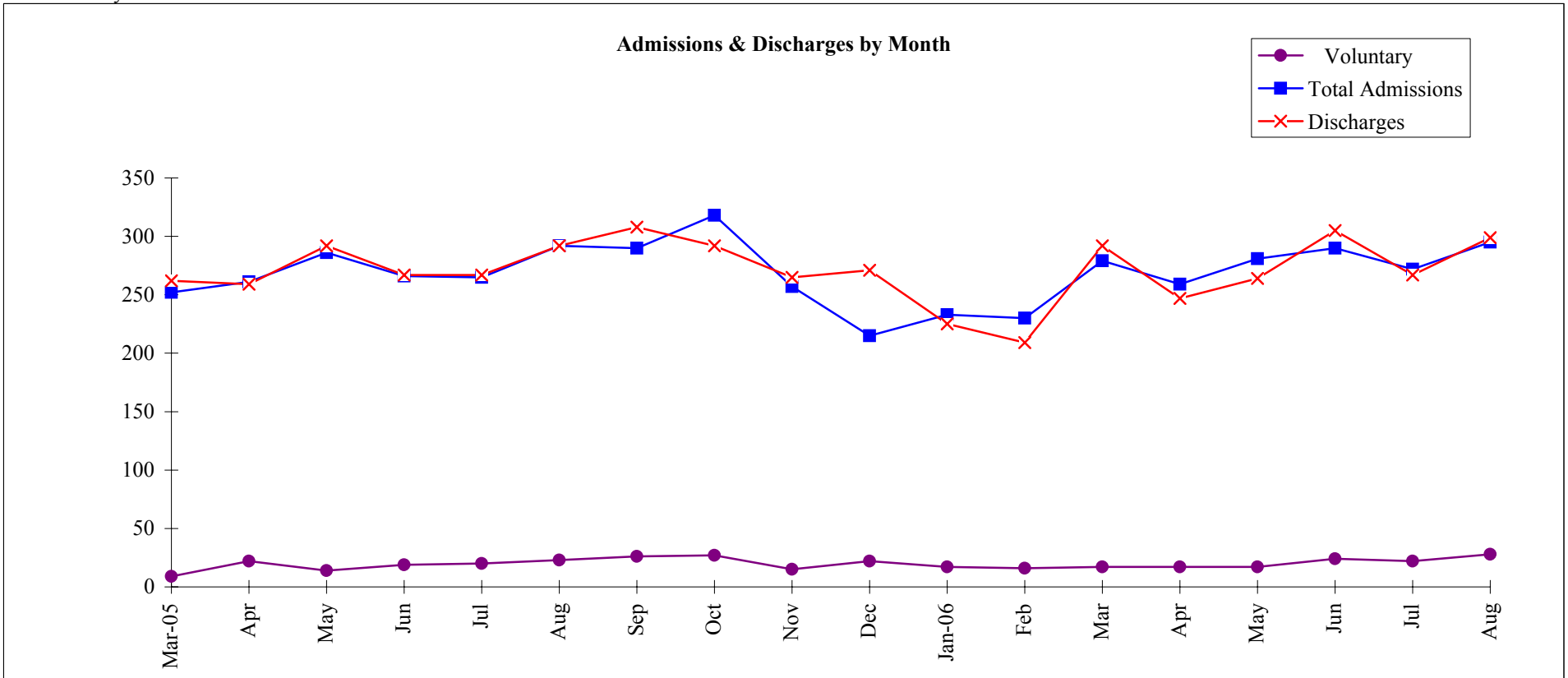


**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**San Antonio State Hospital**

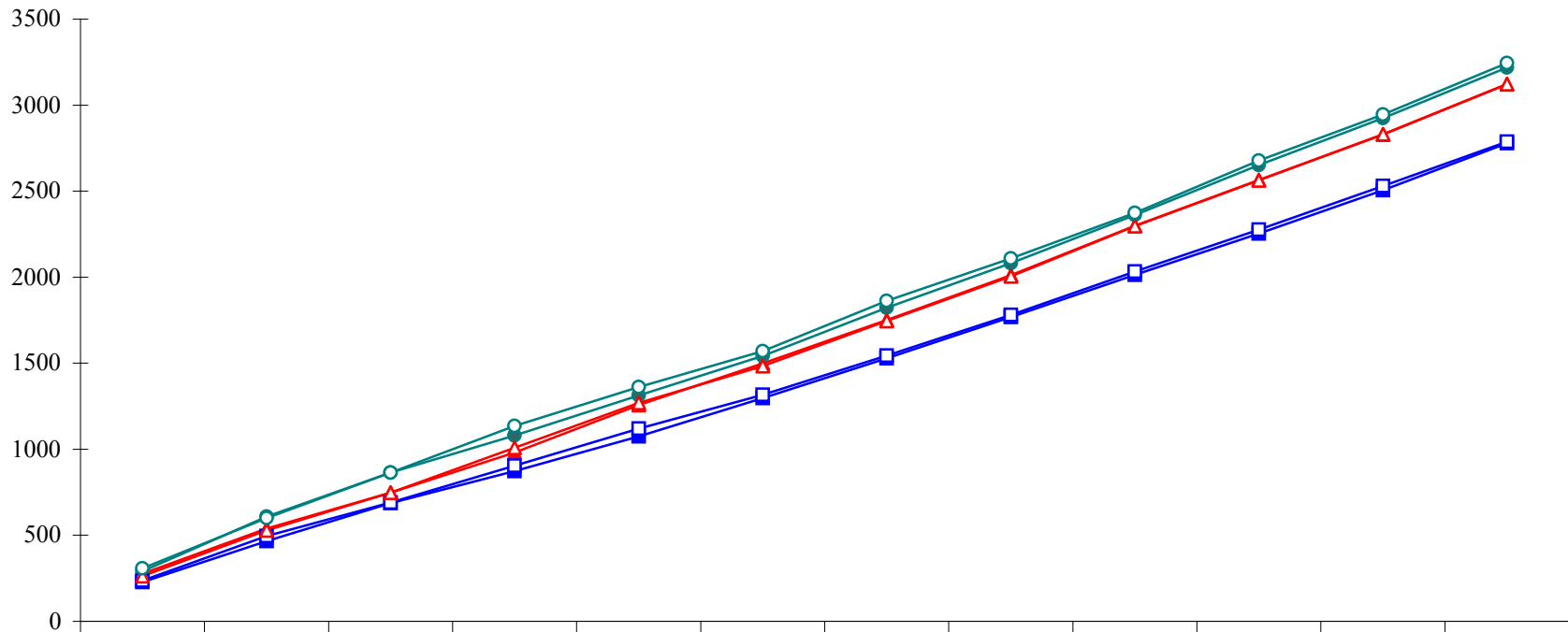
**Admissions by Month**

	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	252	261	286	266	265	292	290	318	257	215	233	230	279	259	281	290	272	295
Voluntary	9	22	14	19	20	23	26	27	15	22	17	16	17	17	17	24	22	28
Involuntary	243	239	272	247	245	269	264	291	242	193	216	214	262	242	264	266	250	267
OPC	71	80	78	85	65	79	78	80	72	61	59	61	70	70	99	80	85	98
Emergency	133	125	152	120	131	156	155	169	141	93	128	115	151	132	135	140	127	128
Temporary	27	27	32	40	37	27	24	33	22	31	25	26	32	32	23	26	31	37
Extended	2	0	1	0	2	1	0	1	1	0	0	3	1	1	0	1	0	1
46.02/46.03	9	4	7	2	5	5	7	6	6	8	3	7	8	4	6	18	7	3
Order for MR	1	3	2	0	5	1	0	2	0	0	1	2	0	3	1	1	0	0
Discharges	262	259	292	267	267	292	308	292	265	271	225	209	292	247	264	305	267	299
% New to System	48%	45%	45%	50%	48%	41%	47%	46%	47%	42%	47%	48%	54%	47%	45%	42%	44%	39%



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

**Total Admissions & Discharges Year-To-Date**



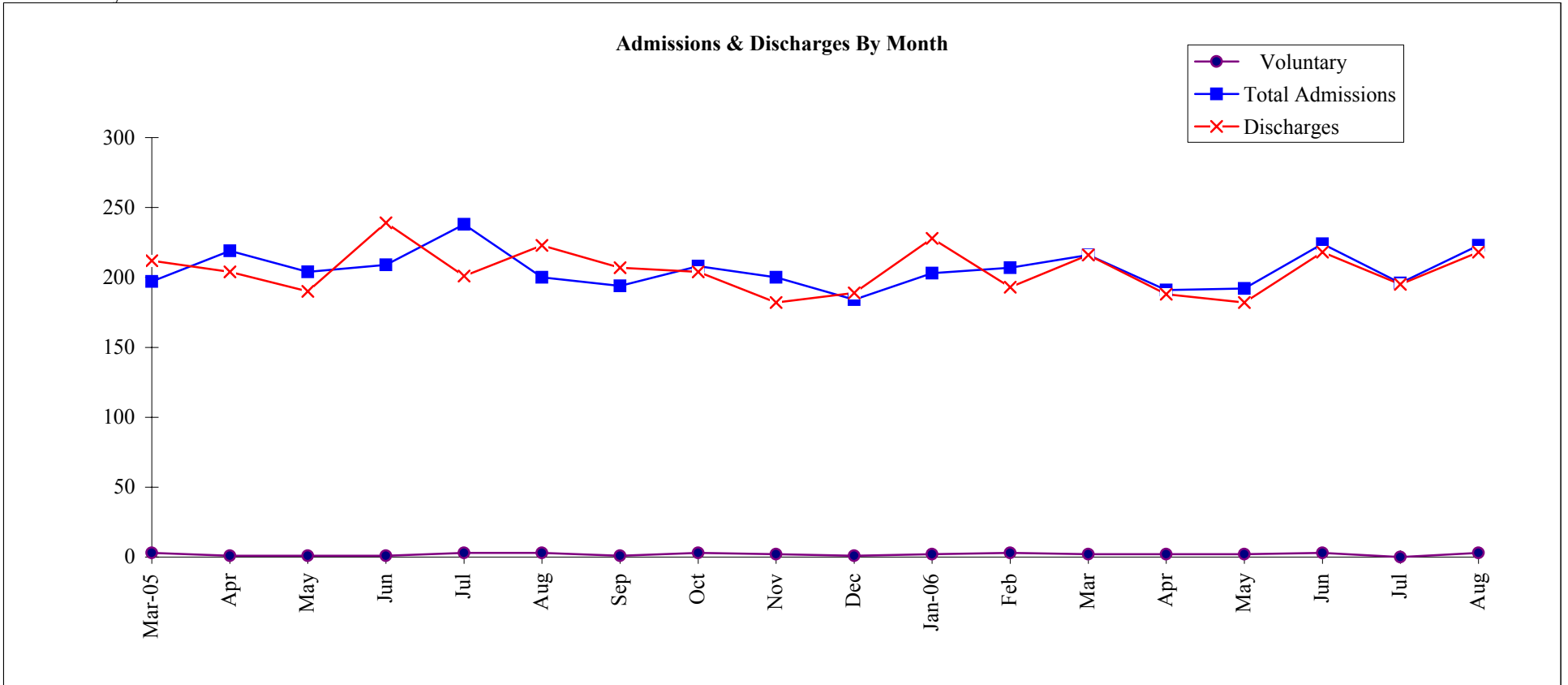
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY04 Admissions	227	466	687	873	1075	1297	1528	1769	2014	2254	2506	2779
▲ FY05 Admissions	277	539	747	981	1257	1499	1751	2012	2298	2564	2829	3121
● FY06 Admissions	290	608	865	1080	1313	1543	1822	2081	2362	2652	2924	3219
■ FY04 Discharges	236	496	691	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

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

**Terrell State Hospital**

**Admissions by Month**

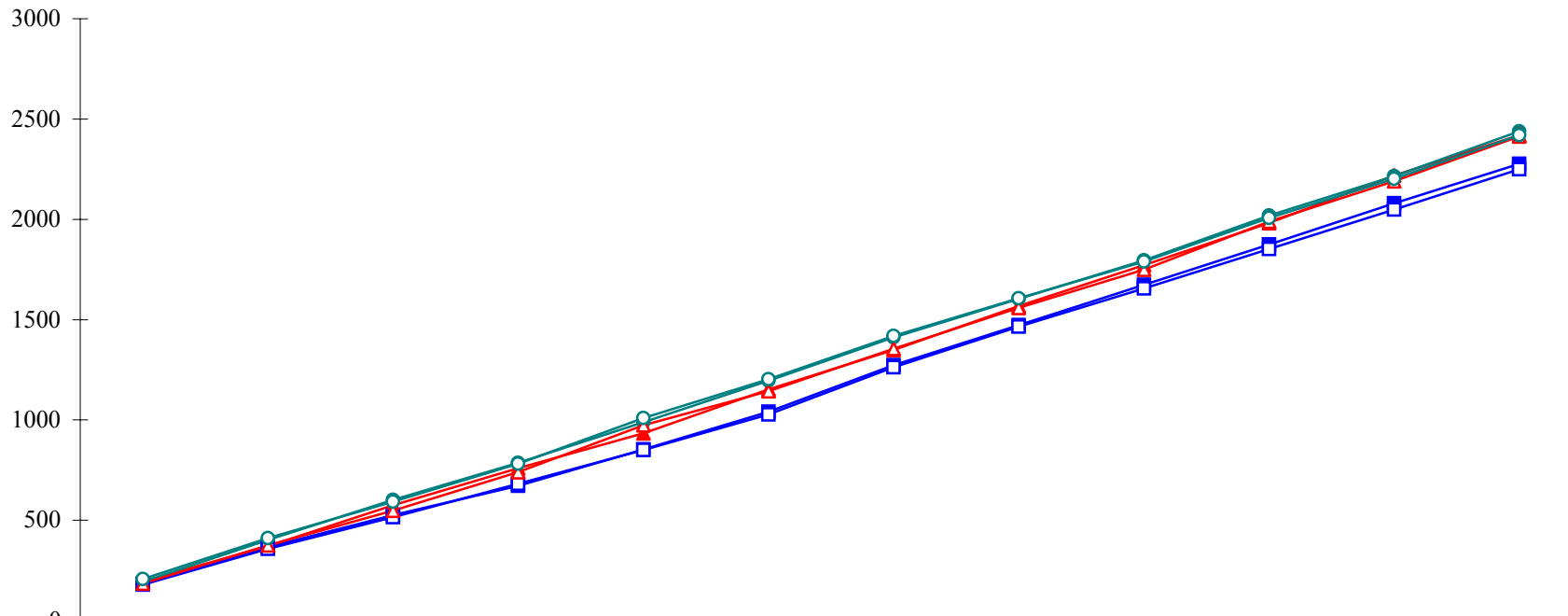
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	197	219	204	209	238	200	194	208	200	184	203	207	216	191	192	224	196	223
Voluntary	3	1	1	1	3	3	1	3	2	1	2	3	2	2	2	3	0	3
Involuntary	194	218	203	208	235	197	193	205	198	183	201	204	214	189	190	221	196	220
OPC	147	177	159	132	178	158	148	165	162	153	157	134	173	137	145	158	149	177
Emergency	19	25	25	47	26	15	21	11	10	11	13	19	8	9	15	13	6	17
Temporary	24	13	18	25	27	23	21	26	25	17	28	25	28	31	22	33	26	22
Extended	3	3	1	3	4	1	3	3	1	2	2	2	3	1	2	5	2	3
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	24	2	11	6	12	13	1
Order for MR	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Discharges	212	204	190	239	201	223	207	204	182	189	228	193	216	188	182	218	195	218
% New to System	40%	36%	44%	36%	43%	41%	40%	45%	43%	45%	36%	36%	43%	50%	44%	45%	38%	45%



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

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

**Total Admissions & Discharges Year-To-Date**



	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
□ 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

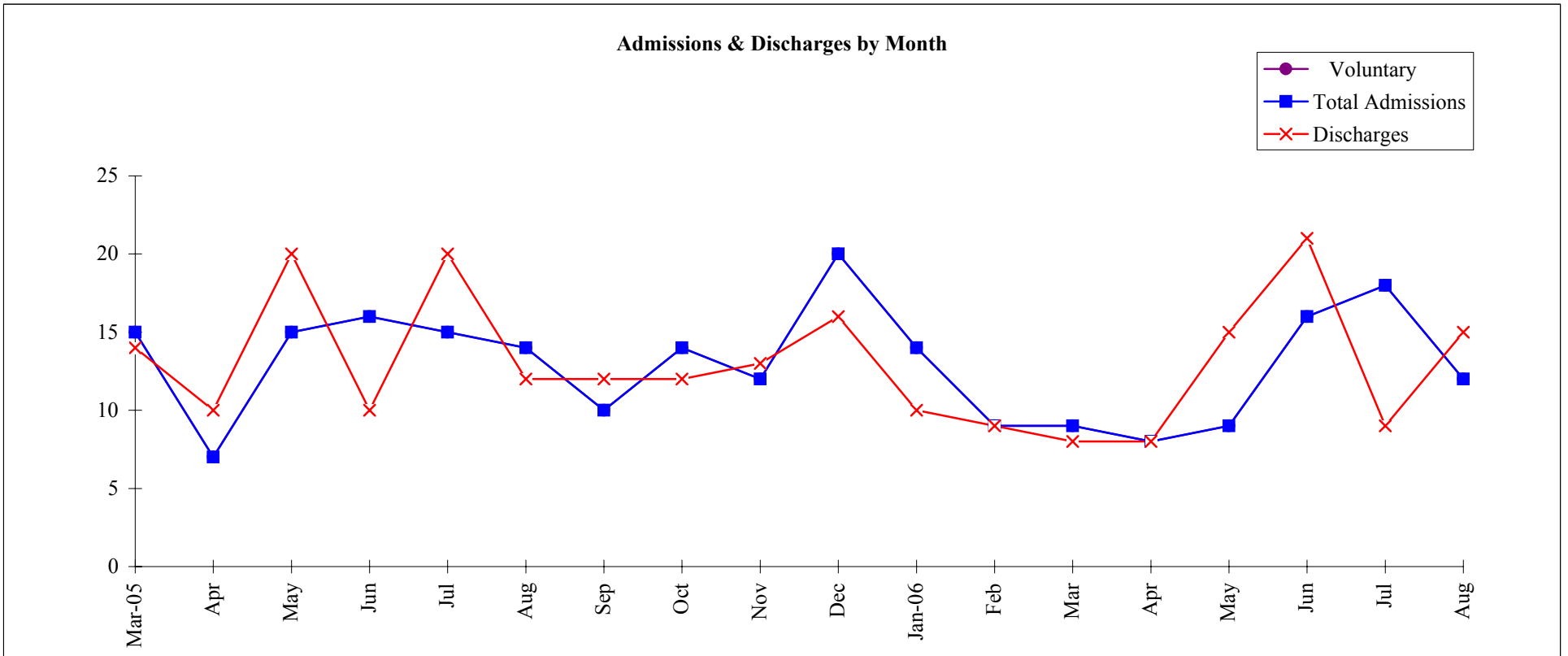
Source: Admis./Disch./Pop. by Month (HC022020/22),  
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

**Waco Center for Youth**

**Admissions by Month**

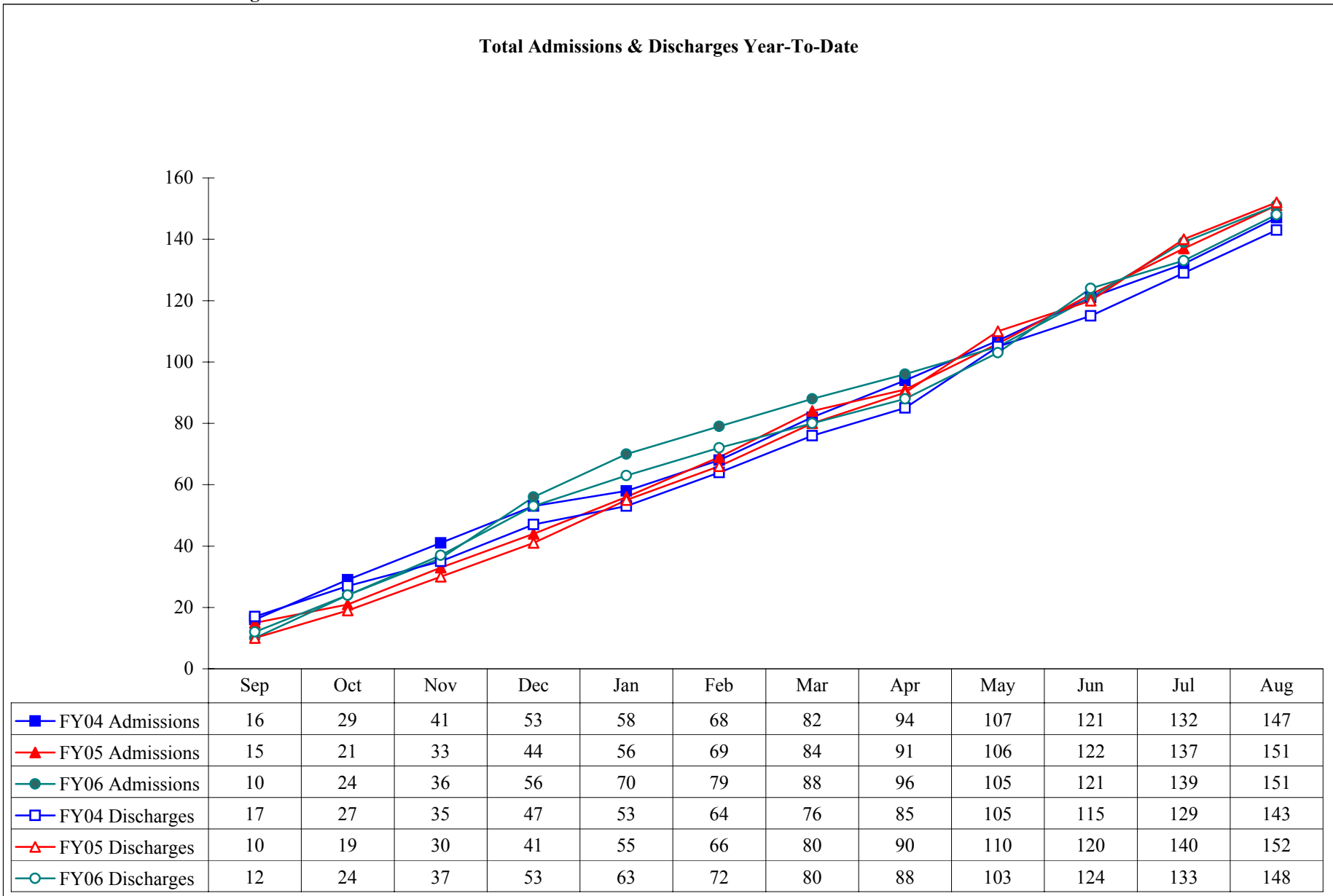
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	15	7	15	16	15	14	10	14	12	20	14	9	9	8	9	16	18	12
Voluntary	15	7	15	16	15	14	10	14	12	20	14	9	9	8	9	16	18	12
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	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	14	10	20	10	20	12	12	12	13	16	10	9	8	8	15	21	9	15
% New to System	47%	43%	47%	50%	55%	60%	40%	50%	33%	60%	79%	78%	67%	0%	44%	38%	44%	58%



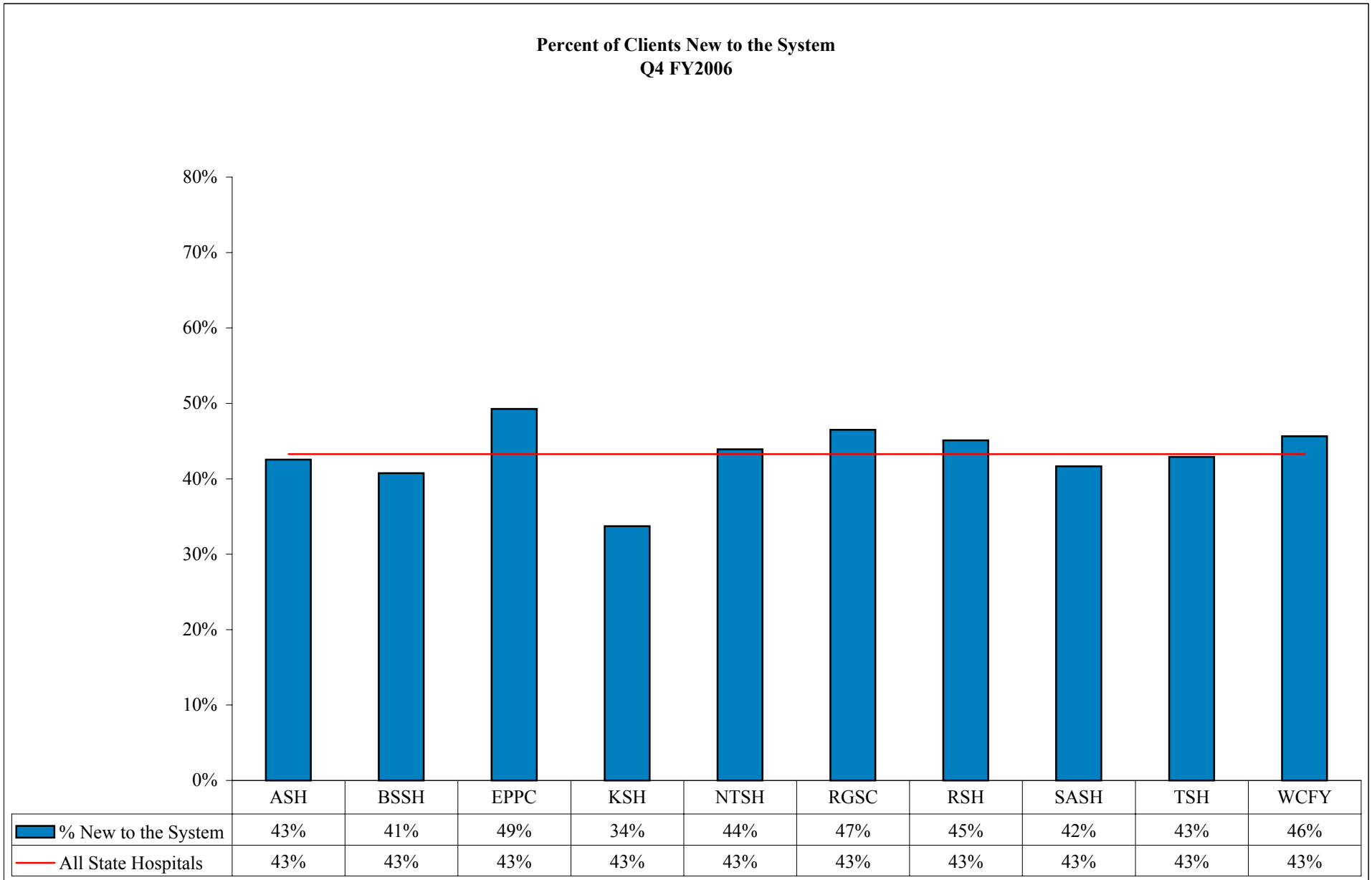
**Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System**

**Waco Center for Youth**

**FYTD Admissions & Discharges**



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



**Performance Measure 5B:**

**Percent of forensic/non forensic discharges returned to the community will be calculated 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 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

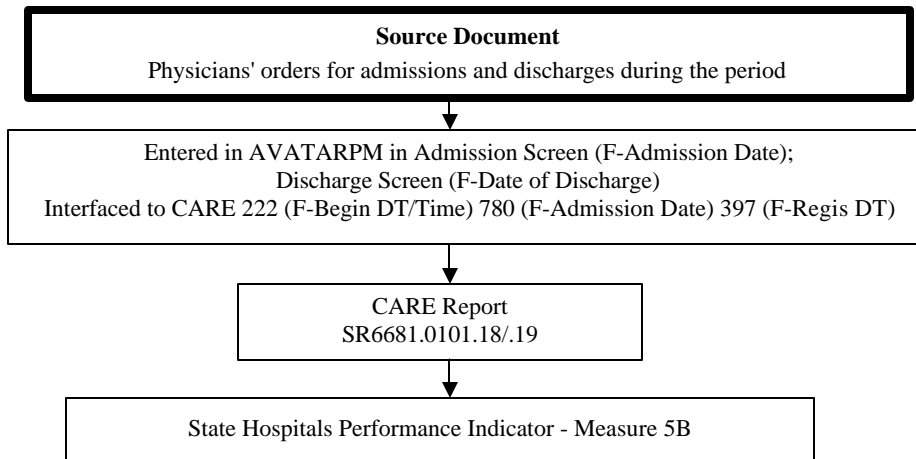
D = total persons discharged during the quarter

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 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:**



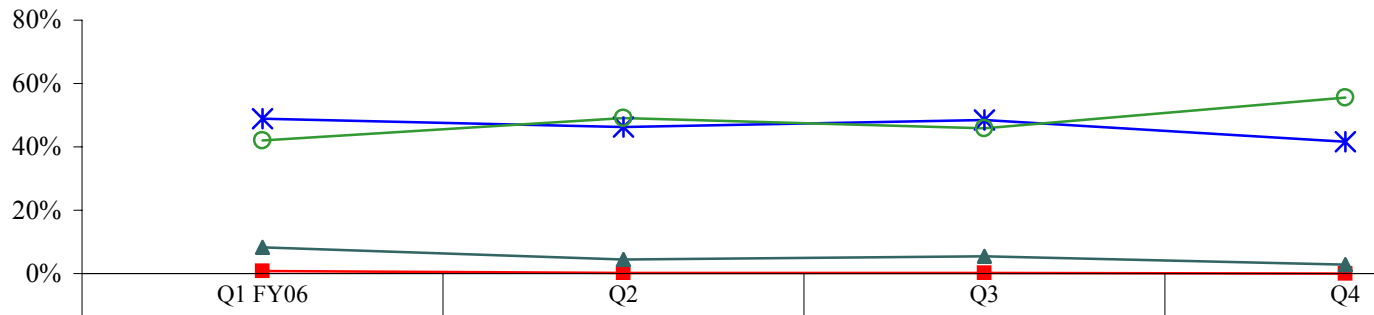
**Data Integrity Review Process:**

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.
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.



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

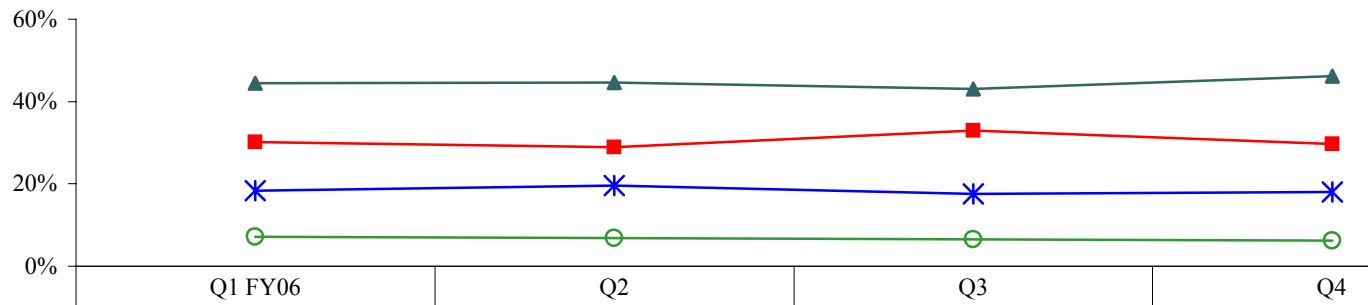
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q1 FY06	Q2	Q3	Q4
Total Discharged	360	361	373	355
■ % Discharged < 7 Days	1%	0%	0%	0%
▲ % Discharged Within 8-30 Days	8%	4%	5%	3%
* % Discharged Within 31-90 Days	49%	46%	49%	42%
○ % Discharged > Than 90 Days	42%	49%	46%	55%

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

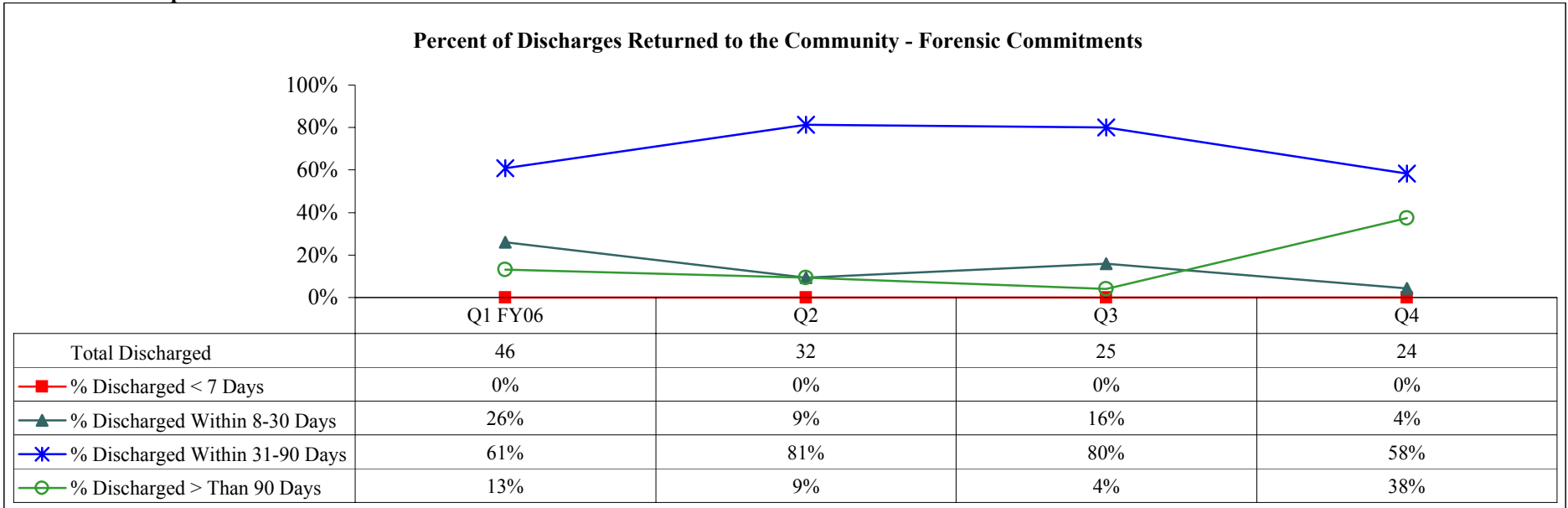
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



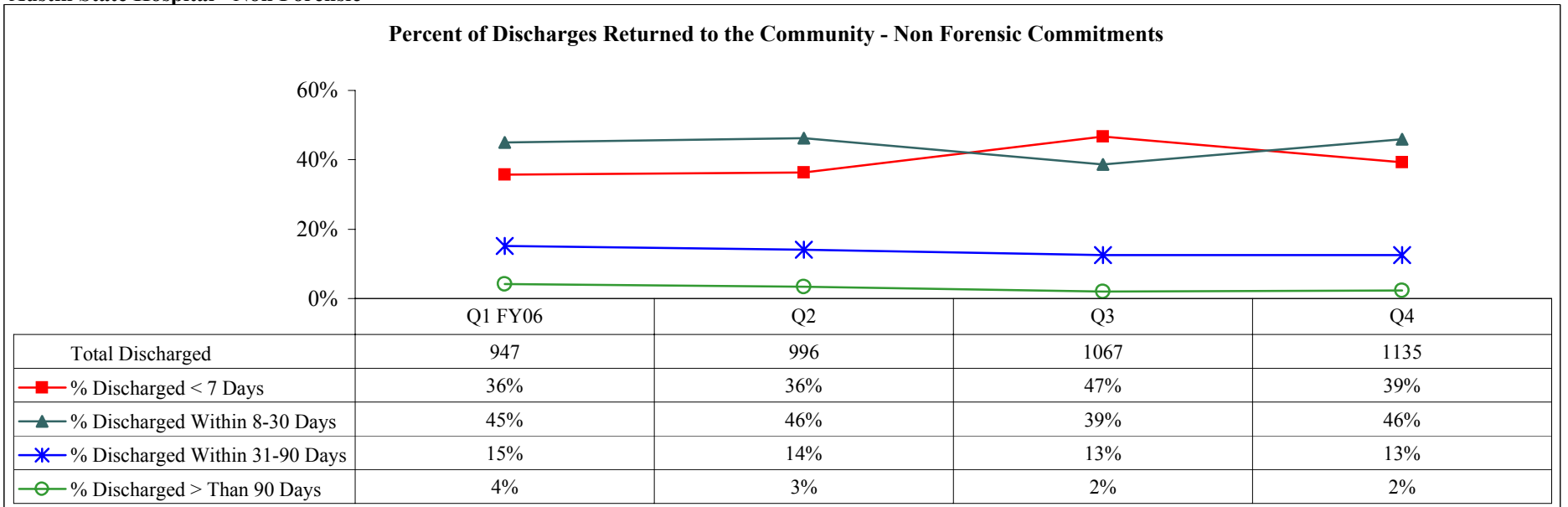
	Q1 FY06	Q2	Q3	Q4
Total Discharged	4038	3786	4037	4308
■ % Discharged < 7 Days	30%	29%	33%	30%
▲ % Discharged Within 8-30 Days	44%	45%	43%	46%
* % Discharged Within 31-90 Days	18%	20%	17%	18%
○ % Discharged > Than 90 Days	7%	7%	7%	6%

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

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



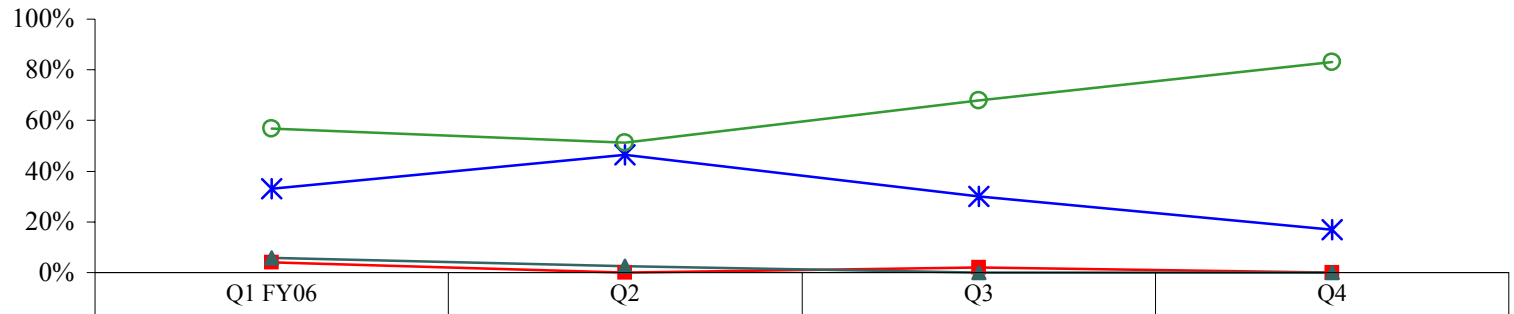
**Measure 5B - Percent of Discharges Returned to the Community  
Austin State Hospital - Non Forensic**



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

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

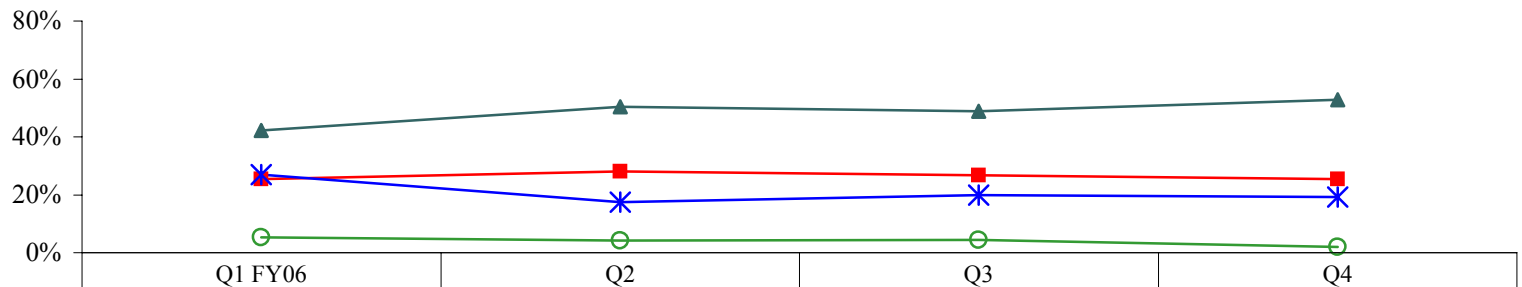
**Percent of Discharges Returned to the Community - Forensic Commitments**



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

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

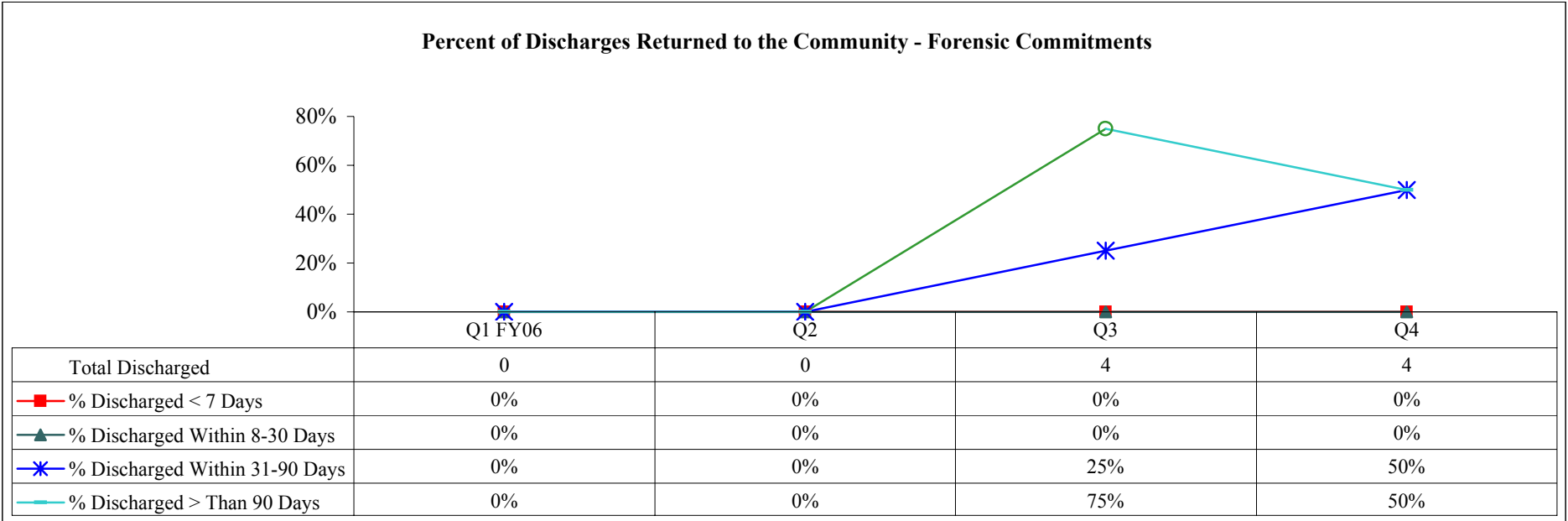
**Percent of Discharges Returned to the Community - Non Forensic Commitments**



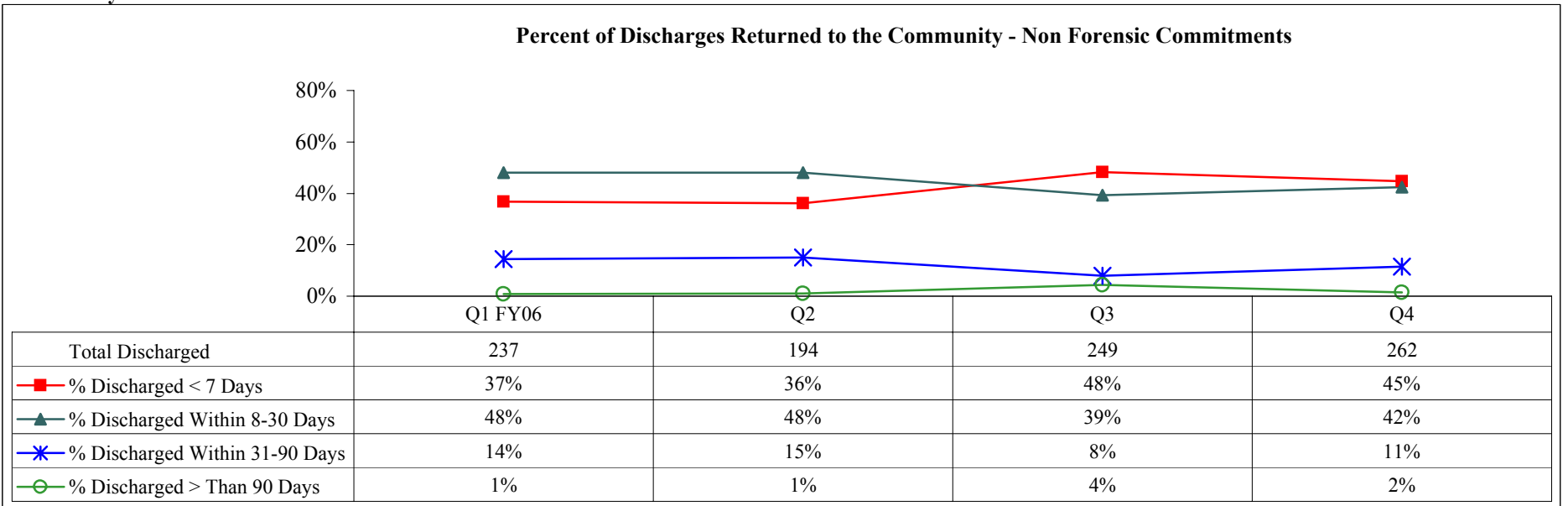
	Q1 FY06	Q2	Q3	Q4
Total Discharged	208	171	205	239
% Discharged < 7 Days	25%	28%	27%	26%
% Discharged Within 8-30 Days	42%	50%	49%	53%
% Discharged Within 31-90 Days	27%	18%	20%	19%
% Discharged > Than 90 Days	5%	4%	4%	2%

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

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

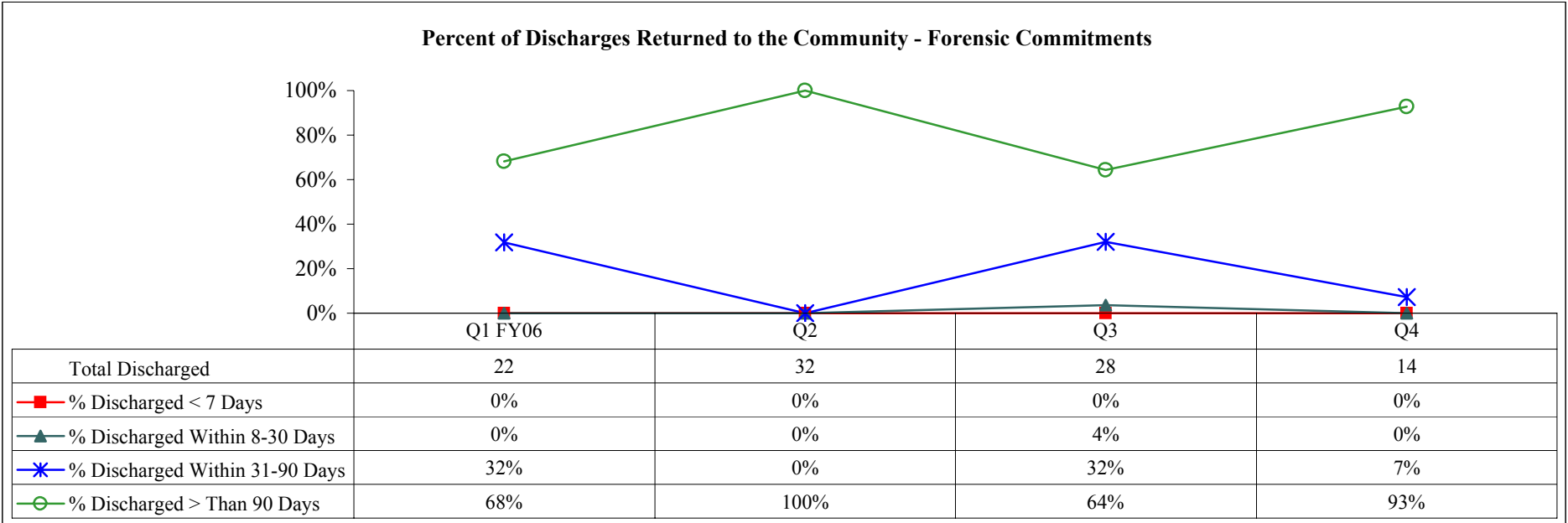


**Measure 5B - Percent of Discharges Returned to the Community**  
**El Paso Psychiatric Center - Non Forensic**

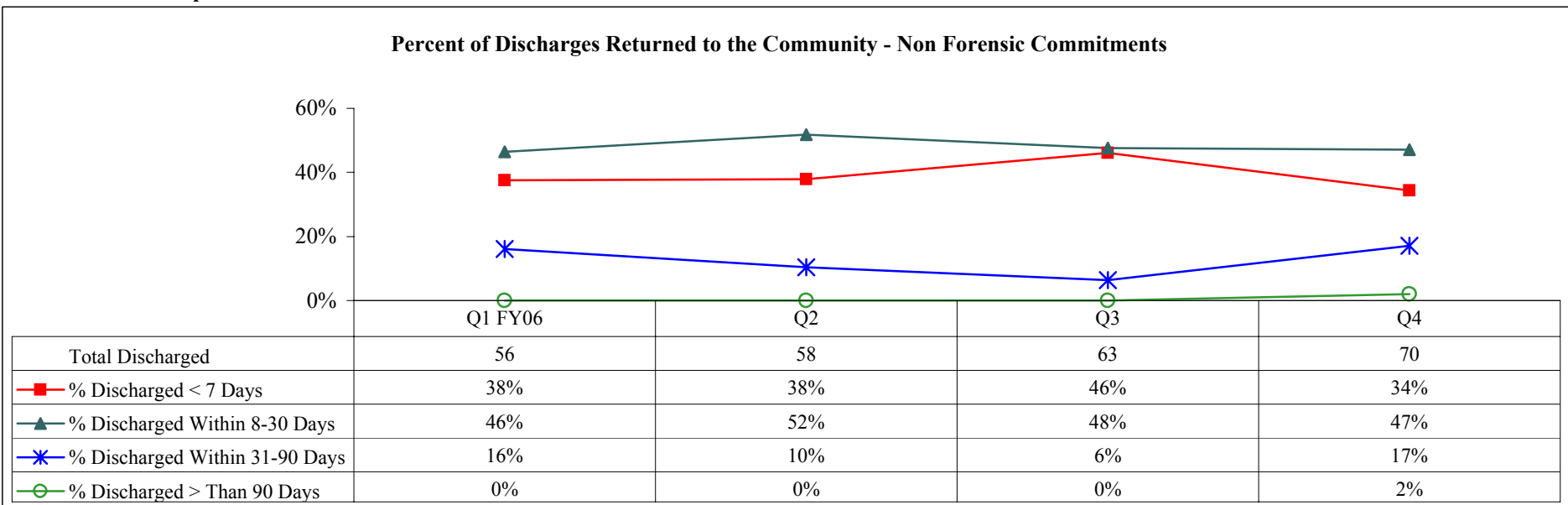


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



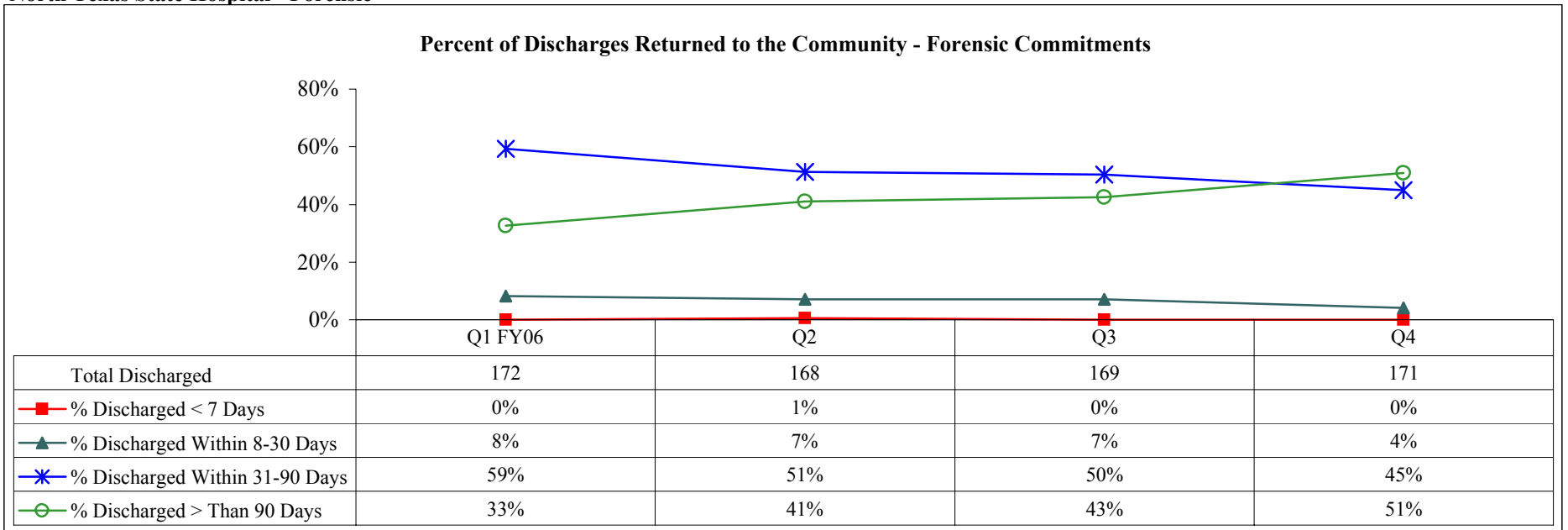
**Measure 5B - Percent of Discharges Returned to the Community  
Kerrville State Hospital - Non Forensic**



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

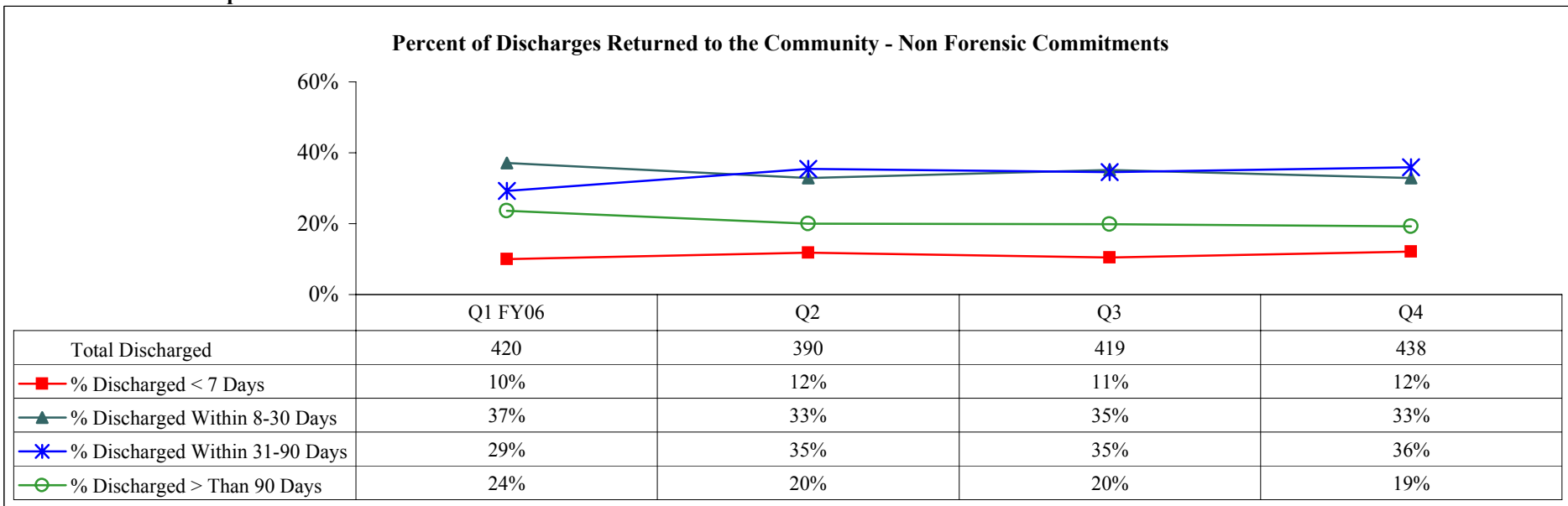
**Measure 5B - Percent of Discharges Returned to the Community**

**North Texas State Hospital - Forensic**

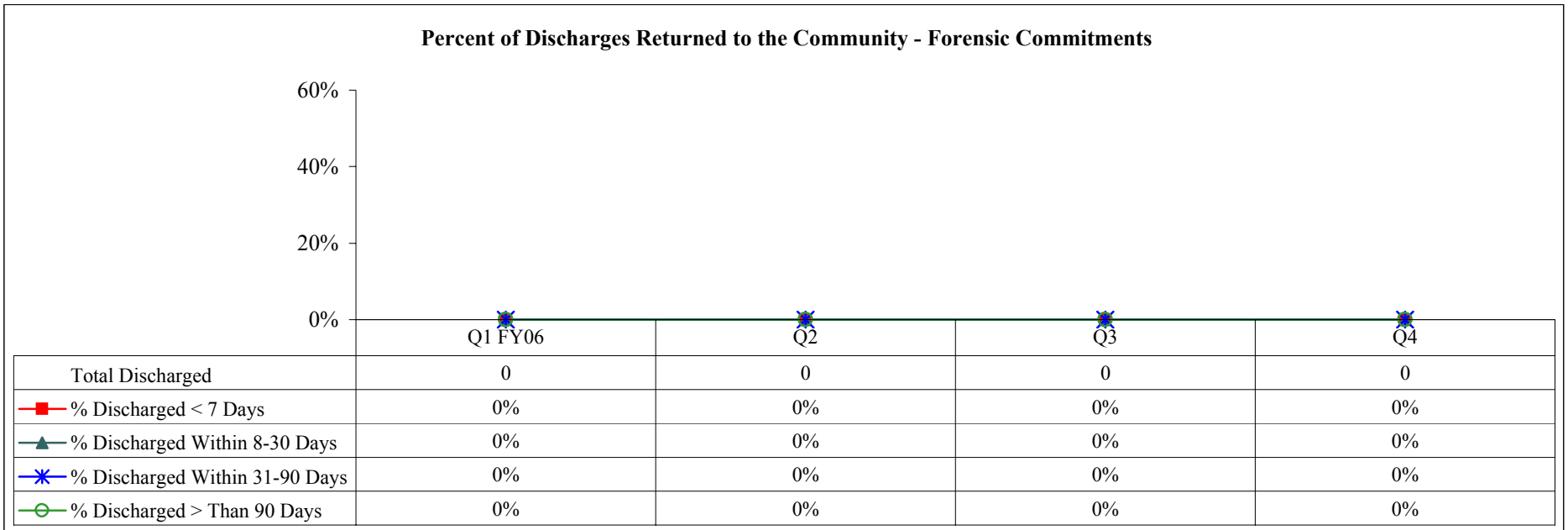


**Measure 5B - Percent of Discharges Returned to the Community**

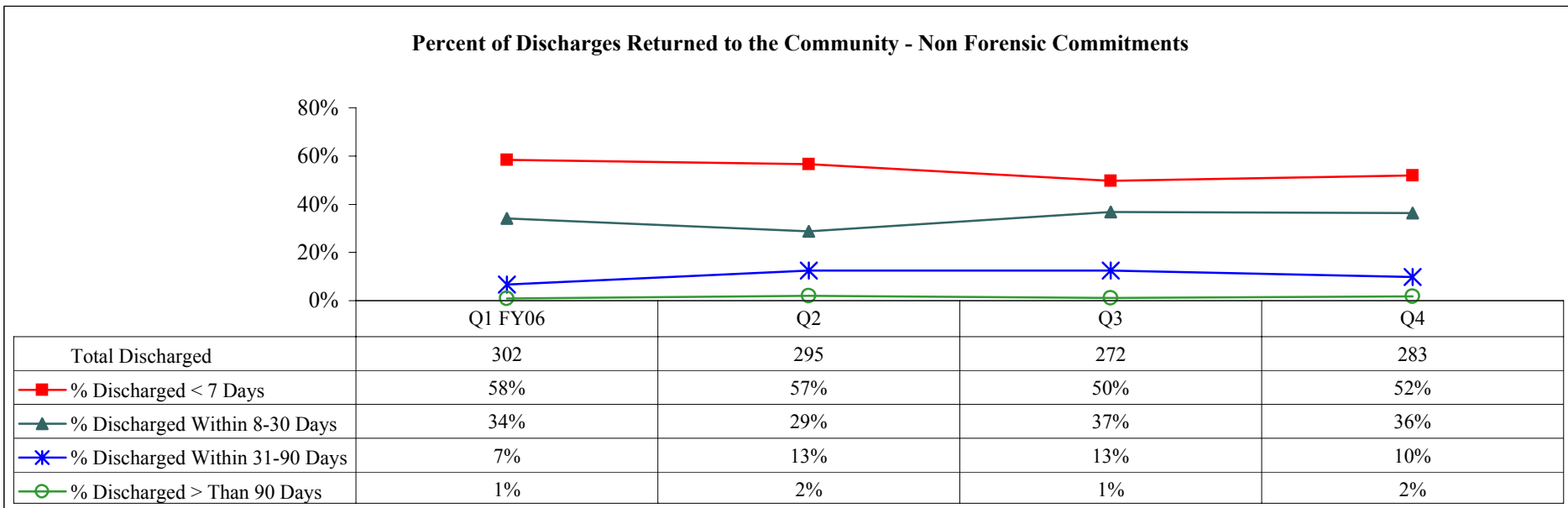
**North Texas State Hospital - Non Forensic**



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



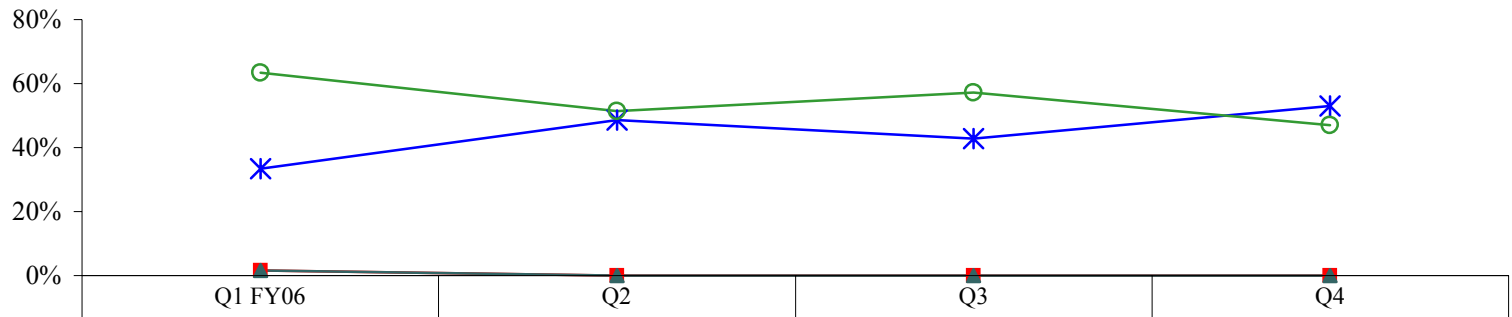
**Measure 5B - Percent of Discharges Returned to the Community  
Rio Grande State Center - Non Forensic**



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

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

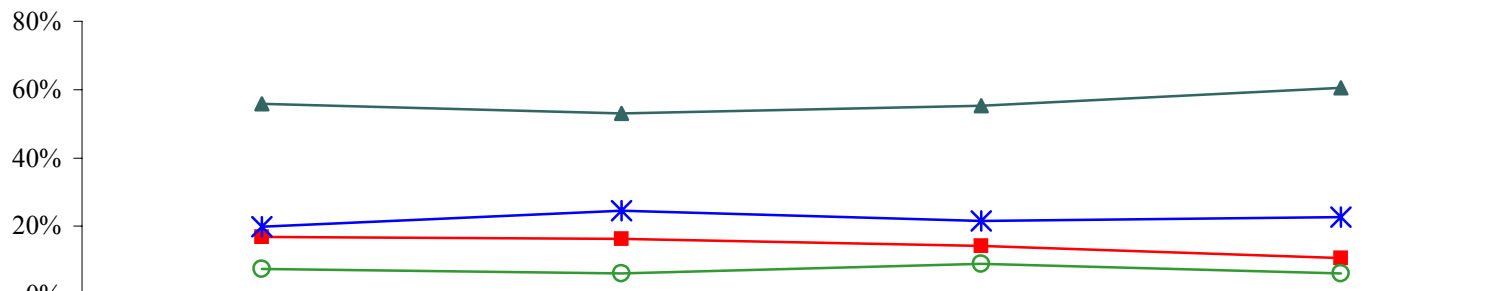
**Percent of Discharges Returned to the Community - Forensic Commitments**



	Q1 FY06	Q2	Q3	Q4
Total Discharged	63	70	63	49
■ % Discharged < 7 Days	2%	0%	0%	0%
▲ % Discharged Within 8-30 Days	2%	0%	0%	0%
* % Discharged Within 31-90 Days	33%	49%	43%	53%
○ % Discharged > Than 90 Days	63%	51%	57%	47%

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

**Percent of Discharges Returned to the Community - Non Forensic Commitments**



	Q1 FY06	Q2	Q3	Q4
Total Discharged	417	391	393	420
■ % Discharged < 7 Days	17%	16%	14%	11%
▲ % Discharged Within 8-30 Days	56%	53%	55%	60%
* % Discharged Within 31-90 Days	20%	25%	22%	23%
○ % Discharged > Than 90 Days	7%	6%	9%	6%

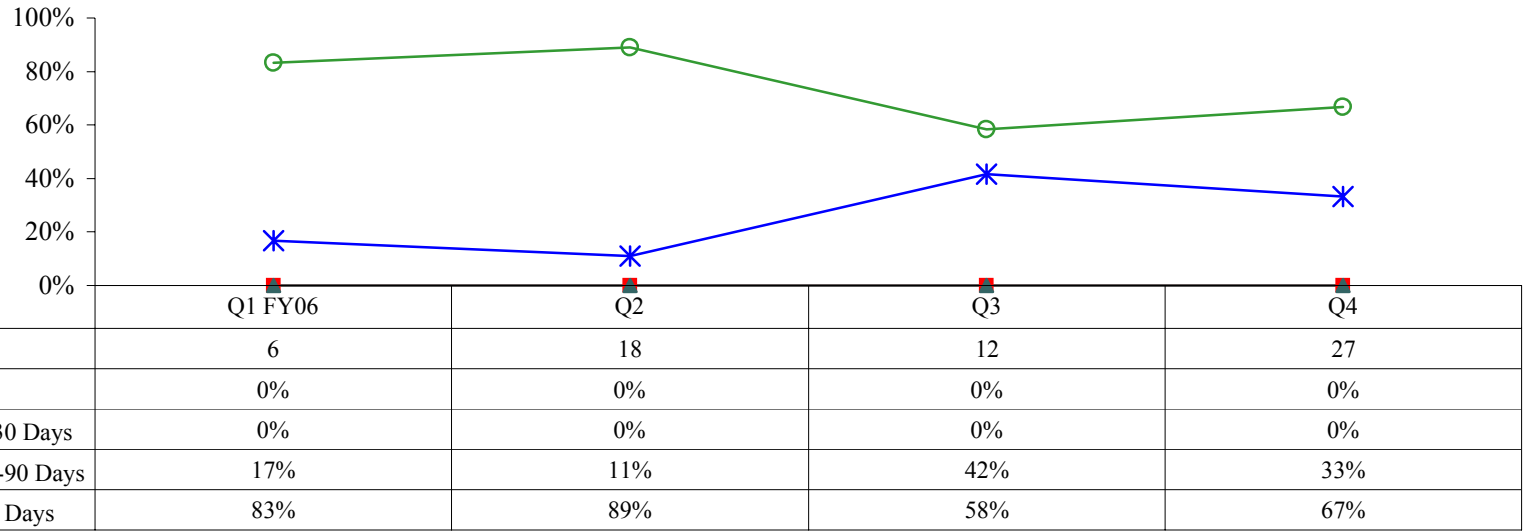
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)



**Measure 5B - Percent of Discharges Returned to the Community**

**San Antonio State Hospital - Forensic**

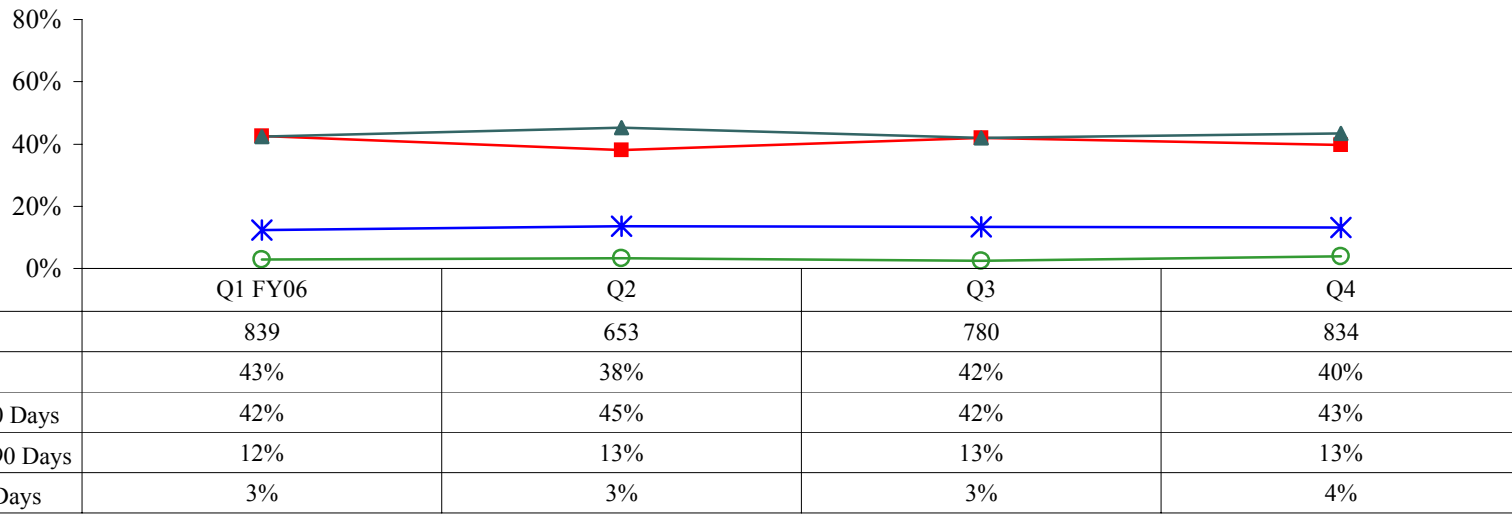
**Percent of Discharges Returned to the Community - Forensic Commitments**



**Measure 5B - Percent of Discharges Returned to the Community**

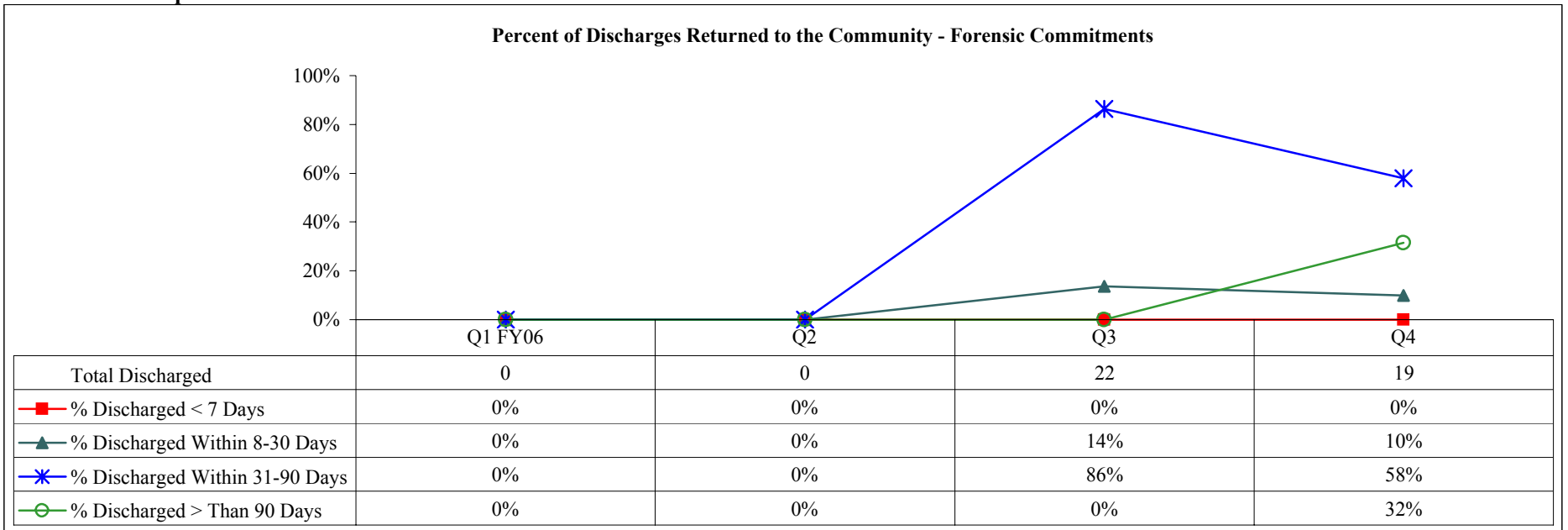
**San Antonio State Hospital - Non Forensic**

**Percent of Discharges Returned to the Community - Non Forensic Commitments**

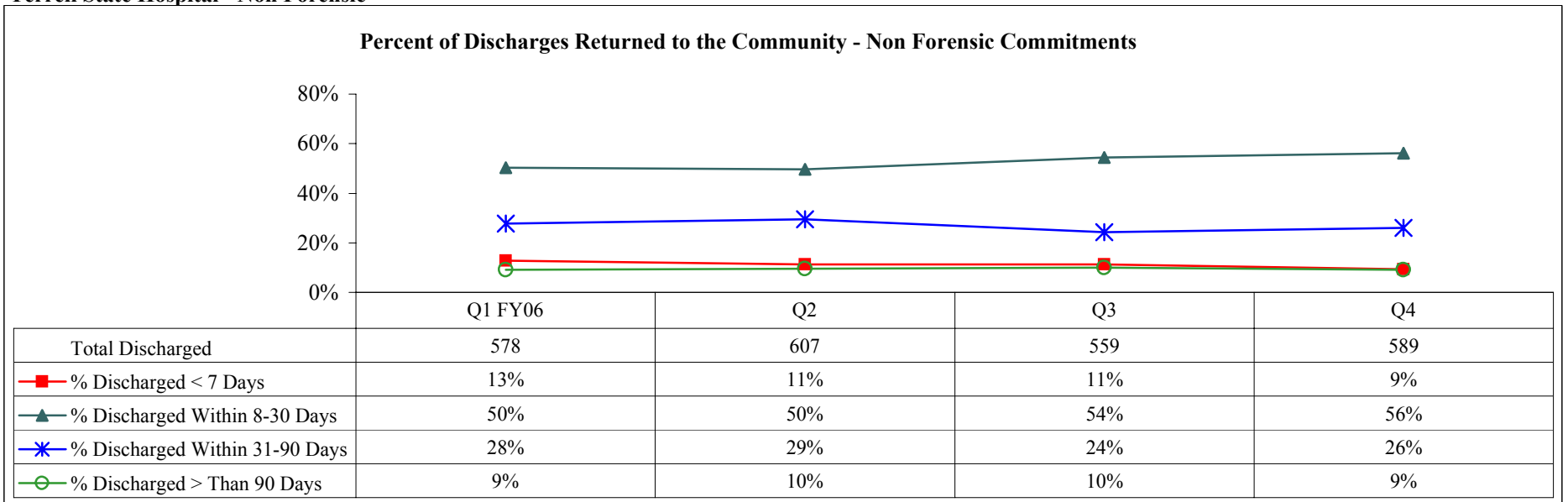


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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

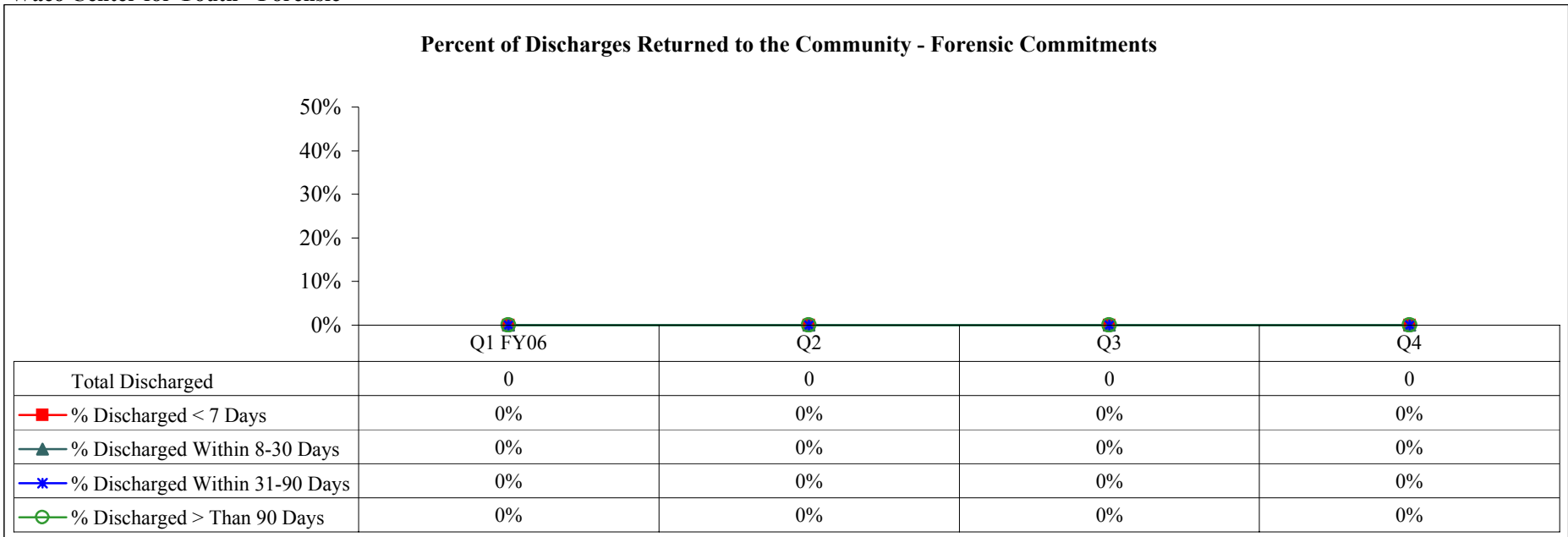


**Measure 5B - Percent of Discharges Returned to the Community  
Terrell State Hospital - Non Forensic**

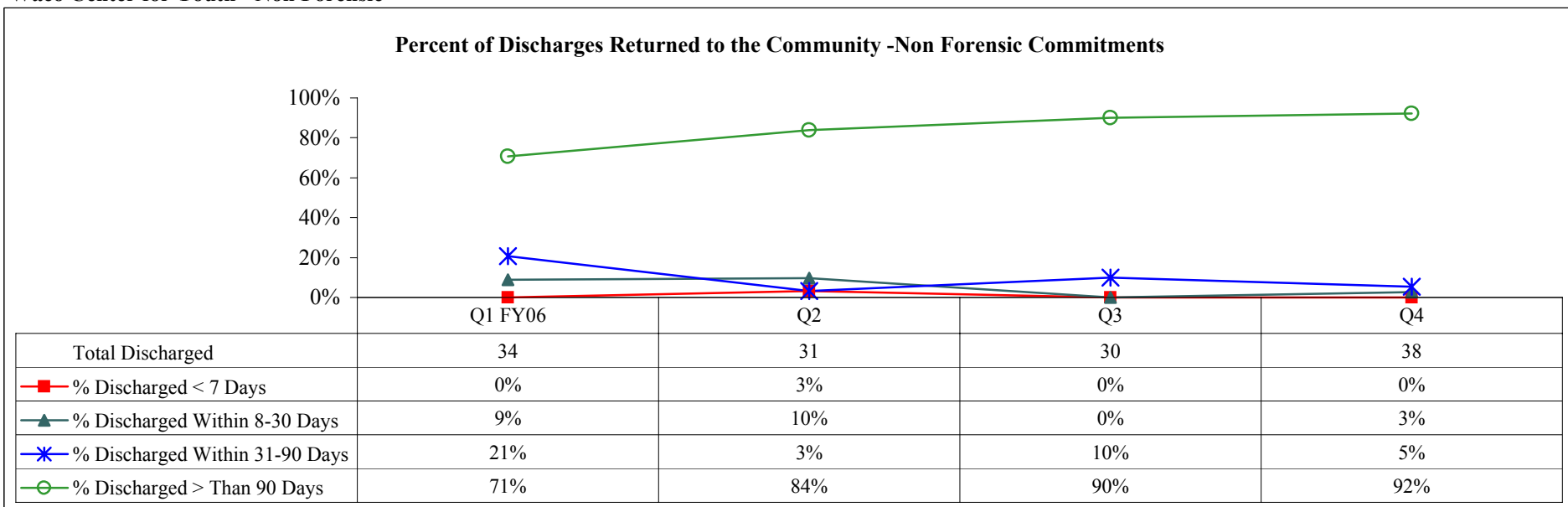


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



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



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

**Performance Measure 5C:**

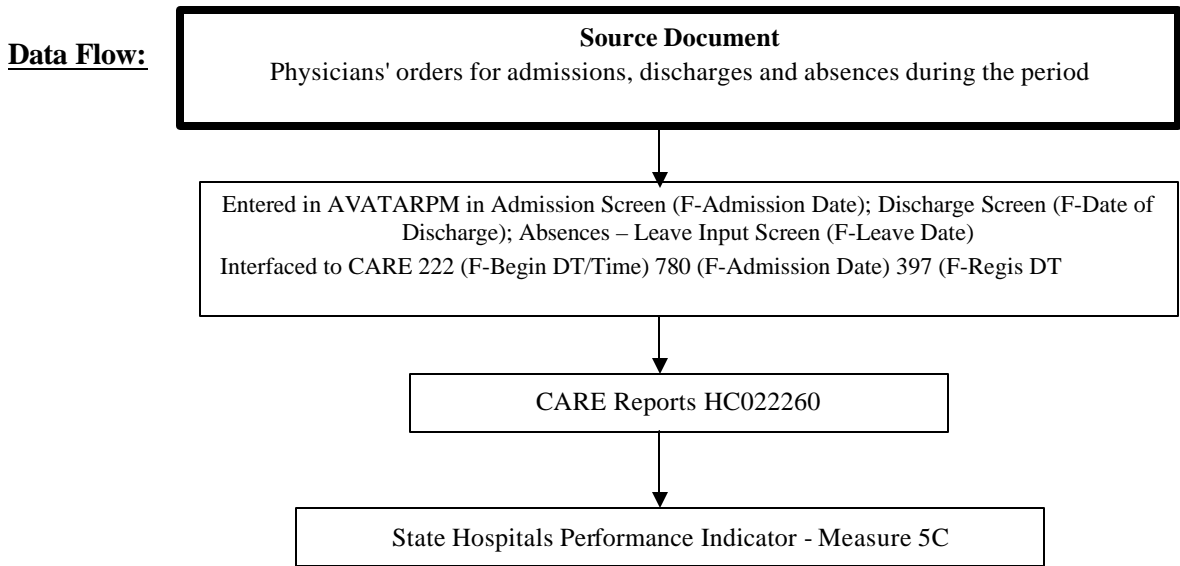
**Average length of stay in a state hospital will be calculated on a quarterly basis for those patients: Admitted and discharged within 12 months, and all discharges.**

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

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

**Performance Measure Data Display and Chart Description:**

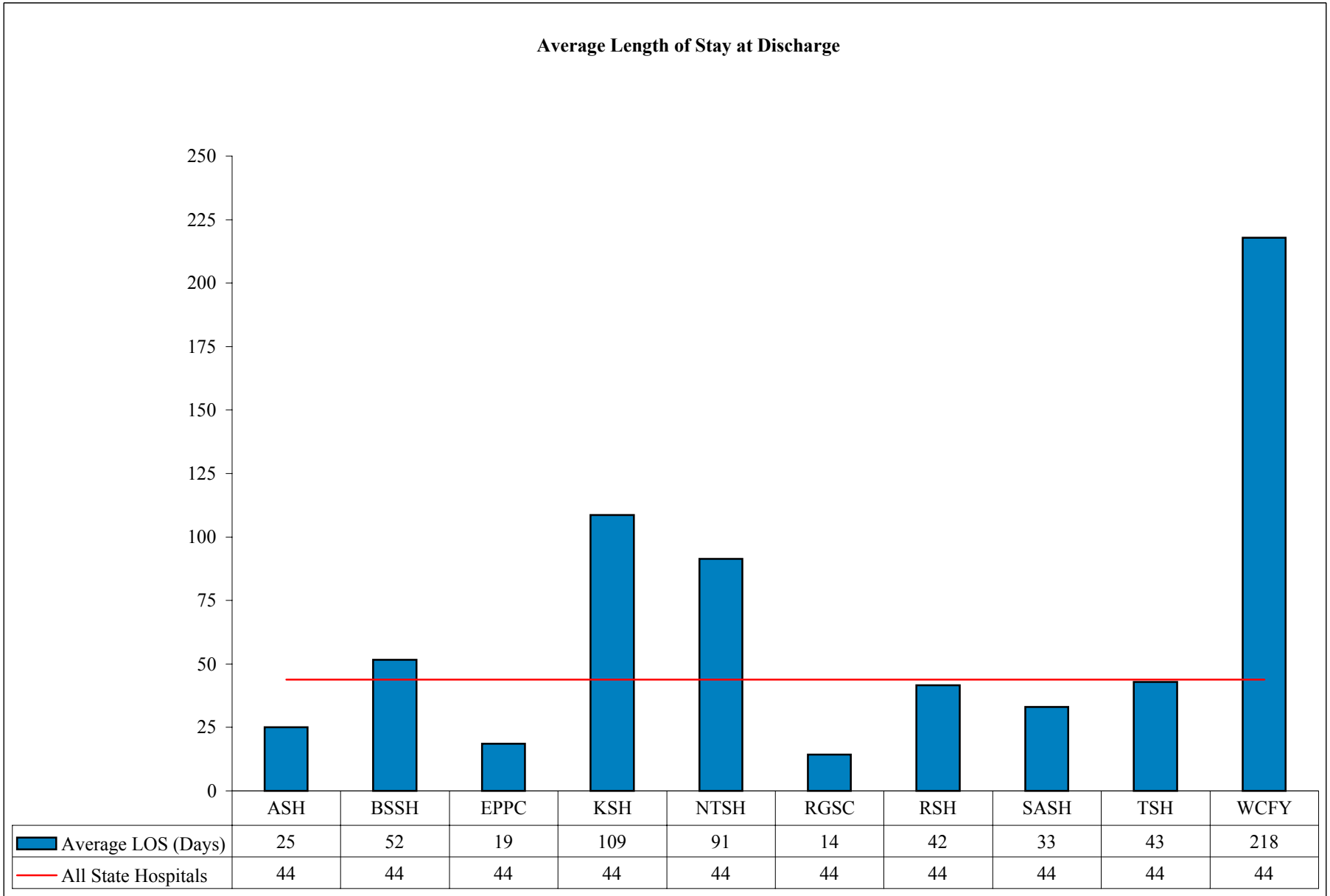
- ◆ Chart with quarterly data points showing average length of stay at discharge by category for individual state hospitals and system-wide.
- ◆ Chart with average length of stay for admitted and discharged during prior 12 months by category for individual state hospitals and system-wide.



**Data Integrity Review Process:**

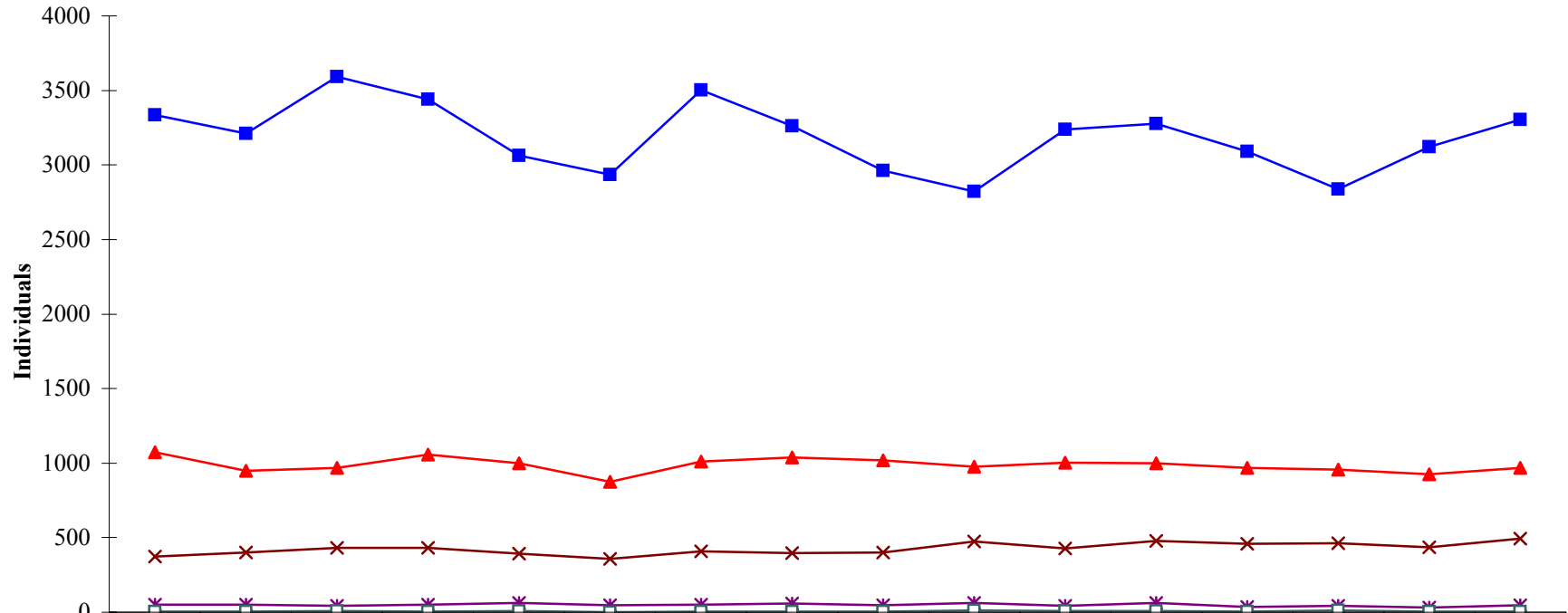
Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time 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.
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 data accuracy, findings and data analysis.

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



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

**Average Length of Stay at Discharge by Category**

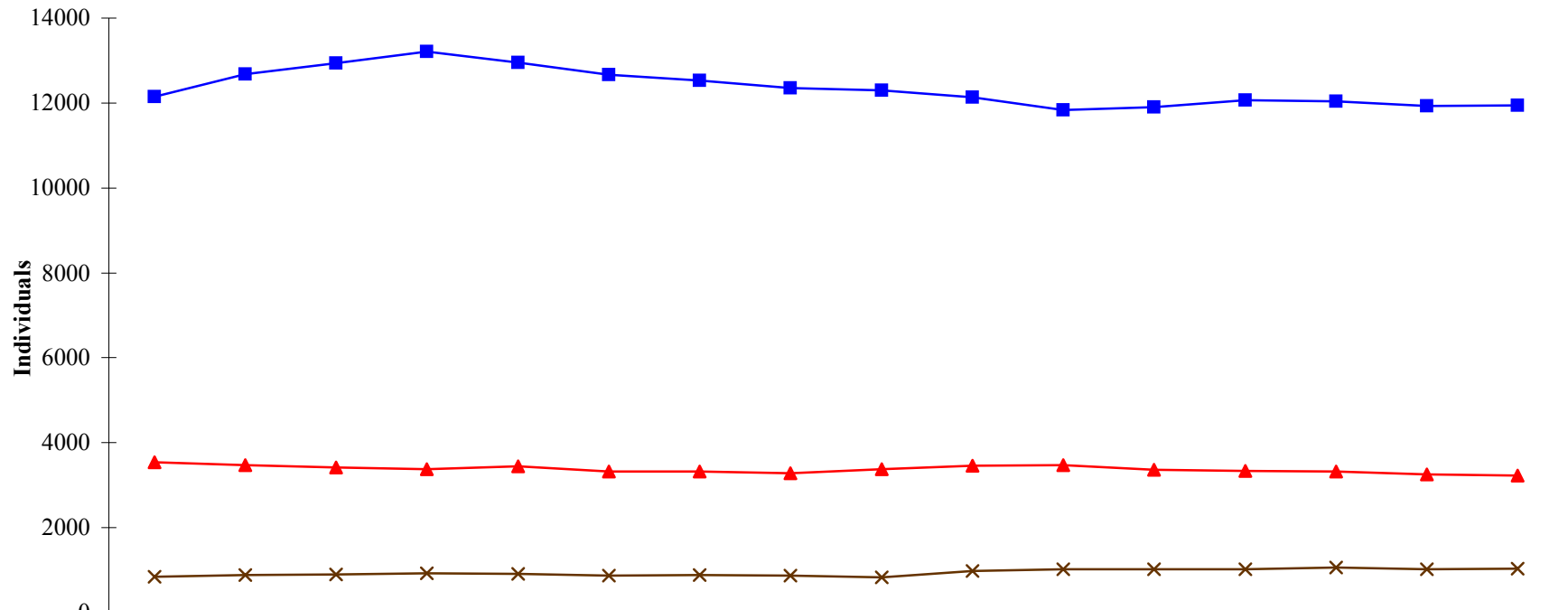


Category	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
Average LOS	40	44	41	43	49	39	45	45	47	59	43	49	42	53	39	44
30 Days or Less	3336	3209	3592	3439	3064	2936	3502	3261	2963	2824	3240	3277	3089	2838	3123	3303
31 - 90 Days	1074	950	969	1057	998	874	1011	1038	1017	975	1004	999	969	957	927	969
91 - 365 Days	374	399	430	433	392	357	407	397	400	474	428	479	458	462	435	493
1 - 5 Years	51	52	43	50	64	45	49	58	47	61	43	63	35	43	33	46
Over 5 Years	3	5	6	3	7	0	5	5	4	12	6	6	2	10	2	4

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

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

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

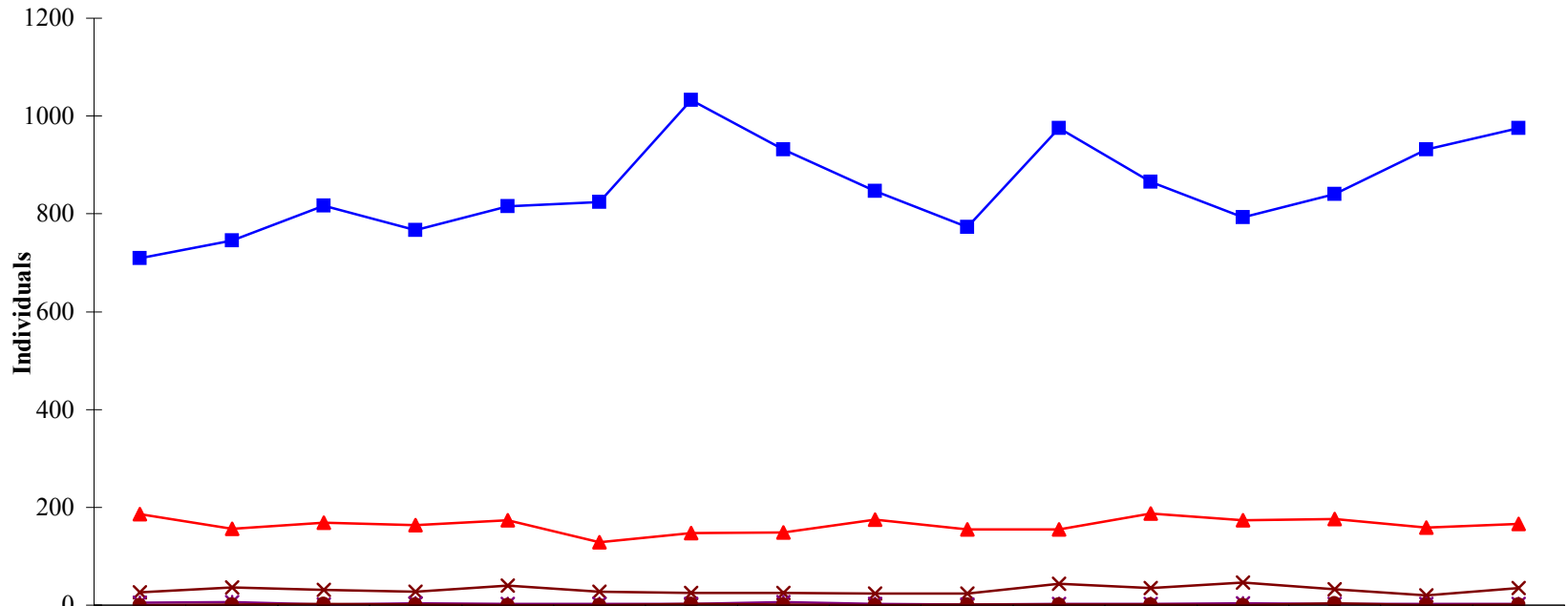


	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06
Average LOS	26	26	25	25	25	25	26	26	26	27	28	27	27	27	27	27
■ 30 Days or Less	12148	12685	12933	13204	12948	12661	12529	12348	12301	12141	11837	11899	12067	12044	11925	11949
▲ 31-90 Days	3535	3468	3419	3378	3442	3324	3325	3285	3381	3462	3475	3361	3332	3324	3260	3227
✕ 91-365 Days	842	884	897	926	906	867	885	871	833	974	1016	1020	1021	1056	1020	1037

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

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

**Length of Stay at Discharge by Category**

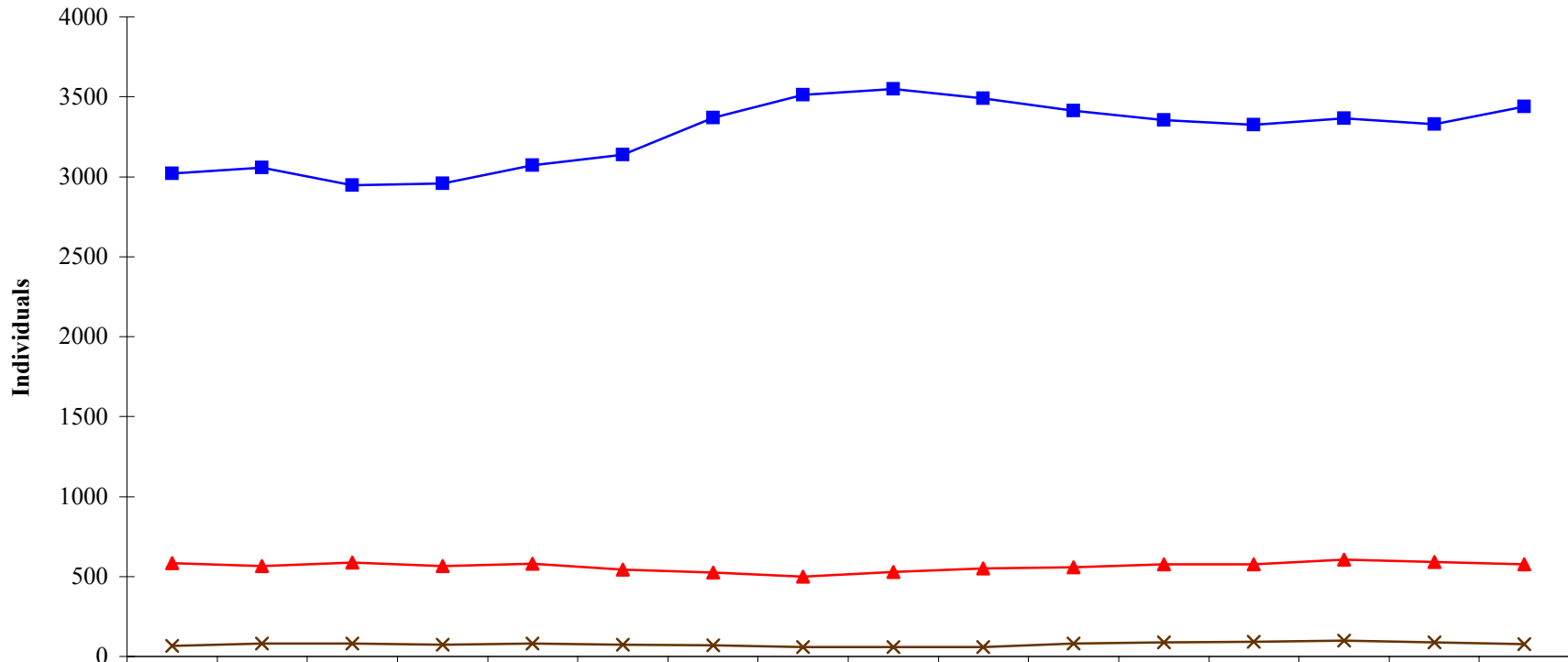


Average LOS	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
Average LOS	26	31	29	34	23	21	34	23	22	26	24	28	26	43	19	25
30 Days or Less	709	745	817	767	816	824	1033	932	847	773	975	865	793	840	931	975
31 - 90 Days	186	156	169	164	174	129	147	148	175	155	155	187	173	176	158	166
91 - 365 Days	26	36	31	28	40	27	25	25	24	24	44	35	46	33	20	35
1 - 5 Years	5	6	1	4	2	3	3	6	2	1	3	3	4	3	2	3
Over 5 Years	0	1	2	1	0	0	3	1	0	1	1	1	0	4	0	1



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

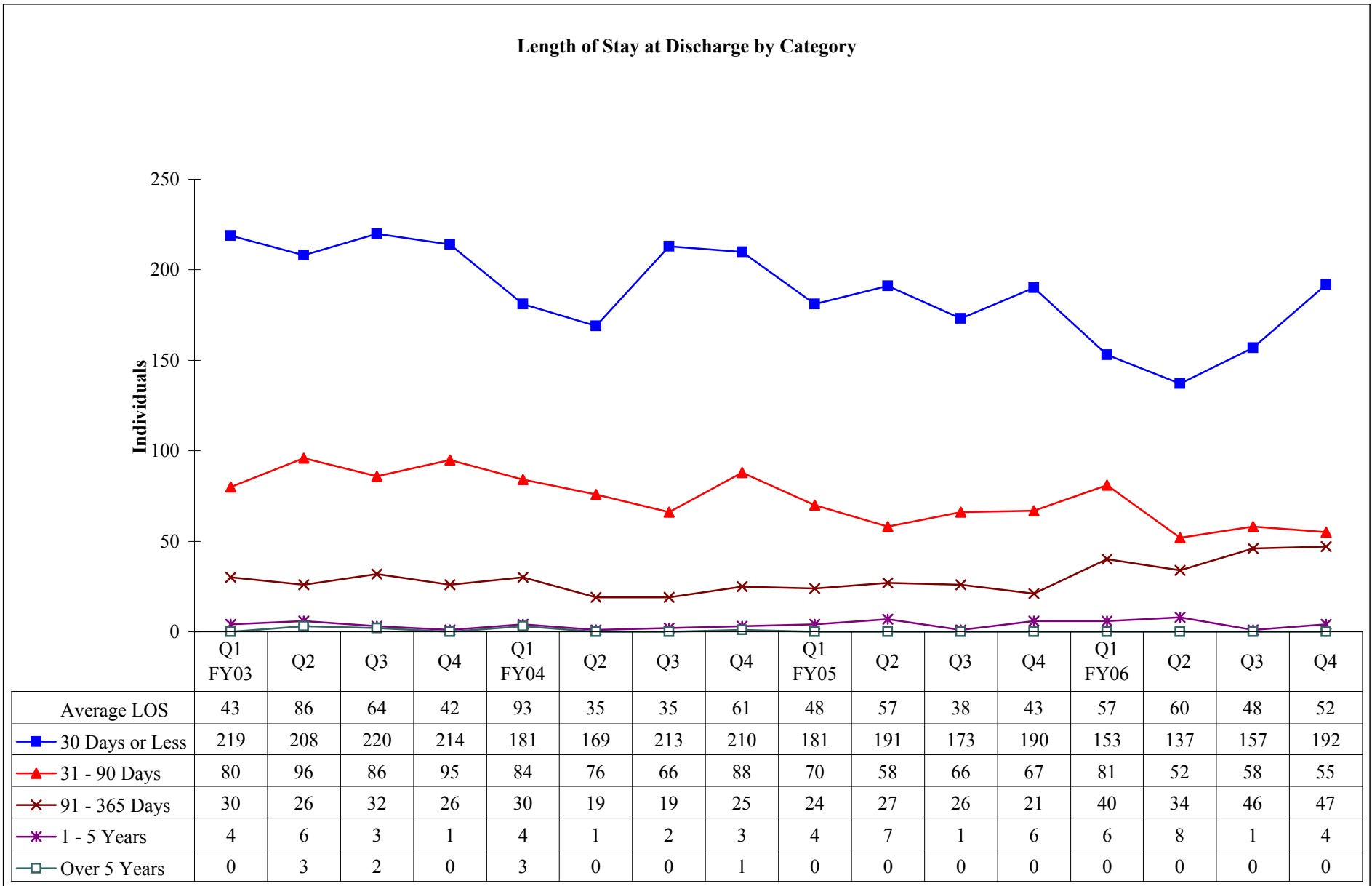
**Average Length of Stay For Admitted and Discharged During Prior 12 Months**



	12/01-11/02	3/02-2/03	6/02-5/03	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
Average LOS	18	19	19	18	18	18	17	16	16	17	18	18	18	19	18	18
■ 30 Days or Less	3019	3056	2947	2958	3073	3139	3369	3511	3548	3490	3412	3354	3326	3365	3329	3440
▲ 31-90 Days	582	564	587	566	578	543	526	499	529	550	557	577	577	605	591	577
✕ 91-365 Days	66	79	79	75	79	73	71	58	60	59	82	87	92	99	88	78

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

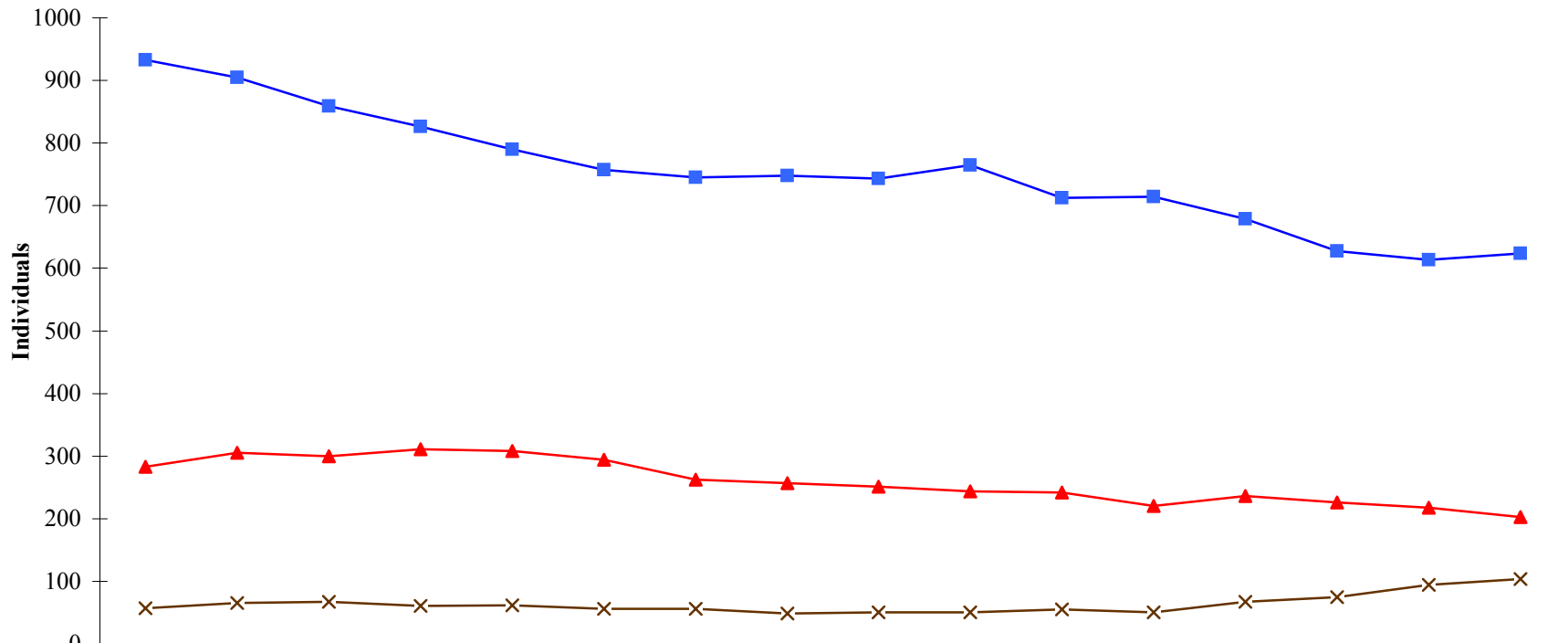
**Measure 5C - Average Length of Stay at Discharge**  
**Big Spring State Hospital**



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

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

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

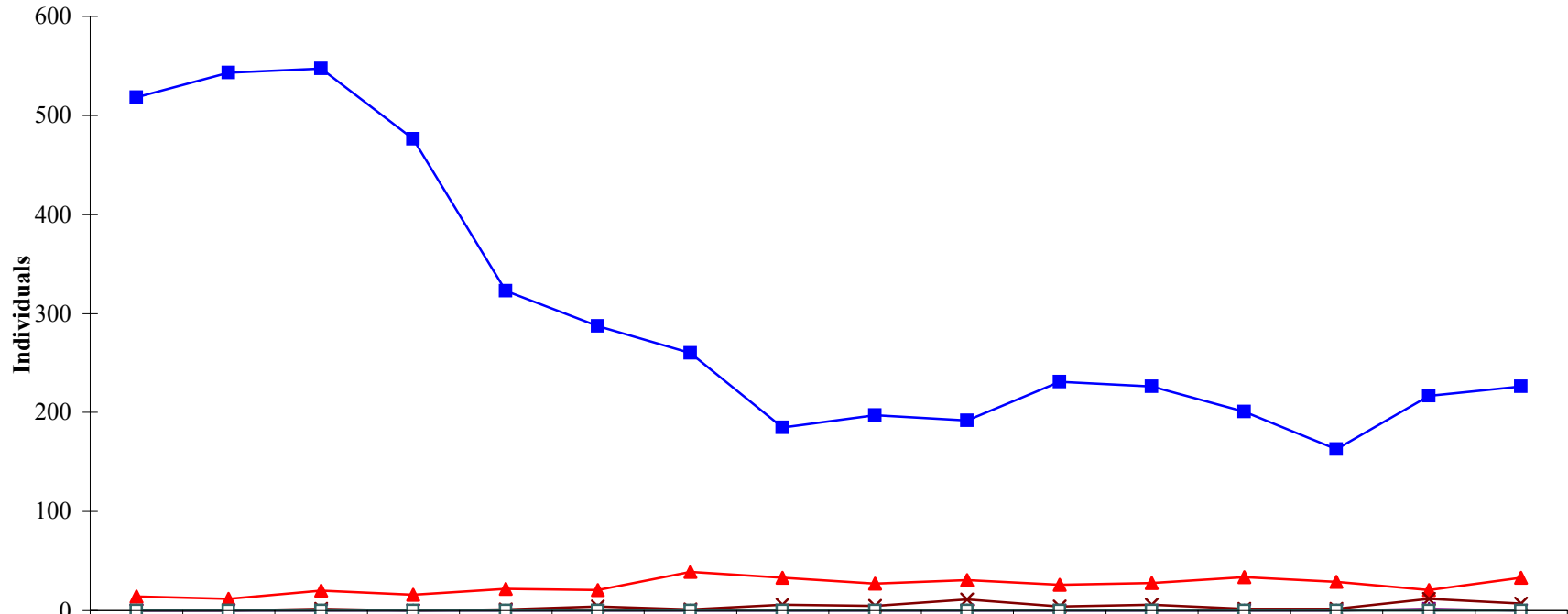


	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06
Average LOS	27	29	29	30	30	29	29	28	28	28	28	27	30	31	34	36
■ 30 Days or Less	933	905	859	826	790	757	745	748	743	765	712	714	679	627	613	624
▲ 31-90 Days	283	305	300	311	308	294	262	257	251	244	242	220	236	226	218	203
× 91-365 Days	57	65	67	61	62	56	56	49	50	50	55	50	67	75	94	104

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

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

**Length of Stay at Discharge by Category**

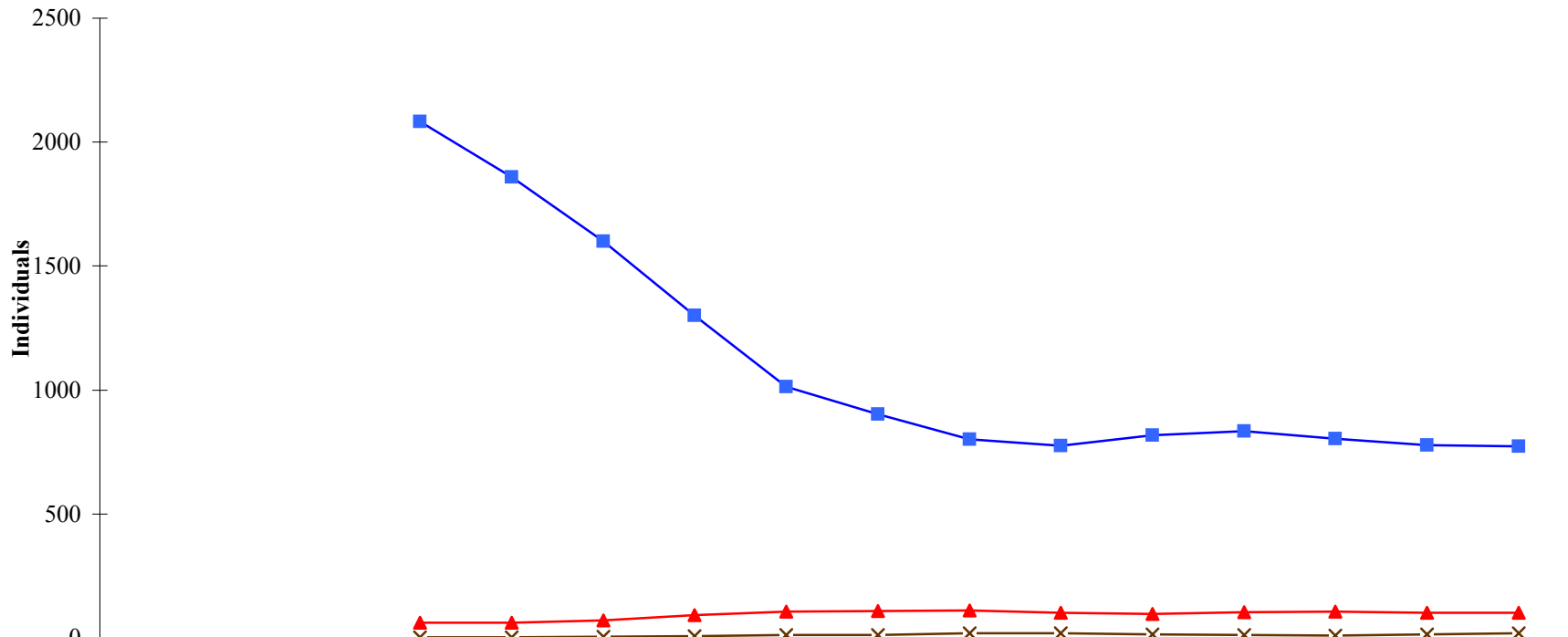


Average LOS	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
Average LOS	7	7	8	8	10	13	14	19	18	22	15	17	17	17	25	19
30 Days or Less	518	543	547	476	323	287	260	185	197	192	231	226	201	163	217	226
31 - 90 Days	14	12	20	16	22	21	39	33	27	31	26	28	34	29	21	33
91 - 365 Days	0	0	2	0	1	4	1	6	5	11	4	6	2	2	12	7
1 - 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

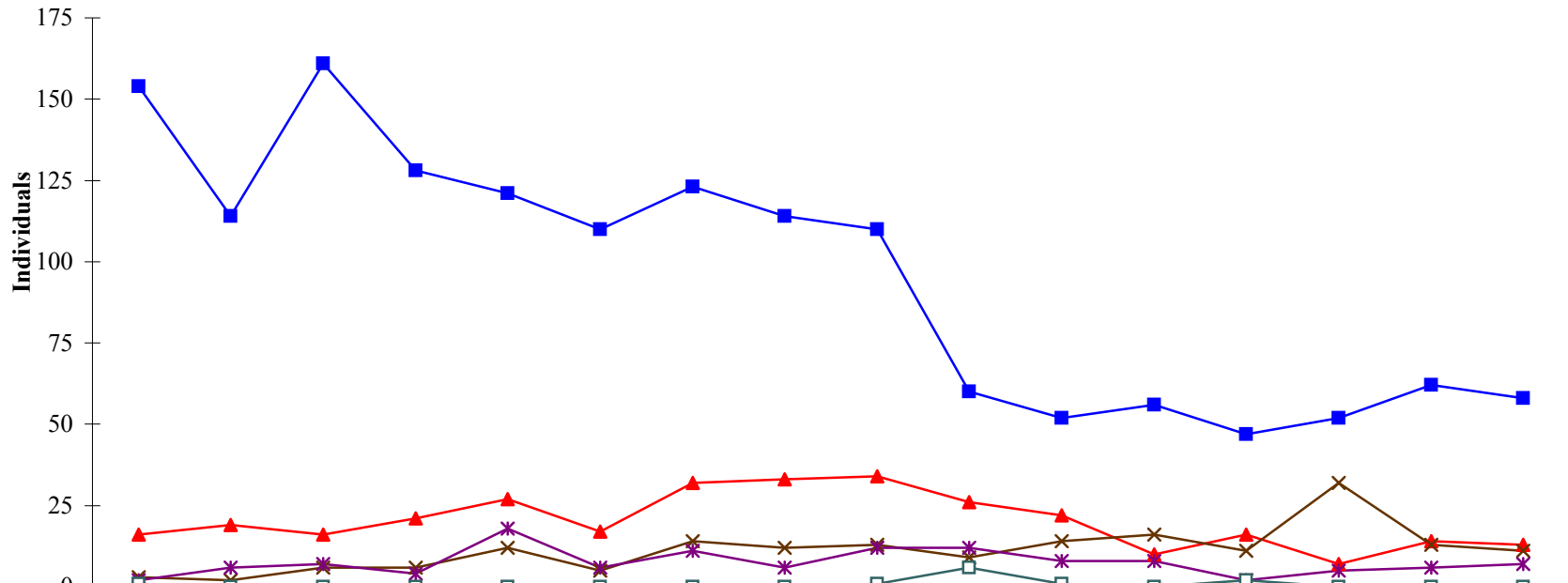
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/01-11/02	3/02-2/03	6/02-5/03	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
Average LOS				7	8	9	11	13	14	17	17	16	15	15	16	17
■ 30 Days or Less				2084	1858	1601	1300	1013	903	802	775	817	834	803	778	772
▲ 31-90 Days				62	62	71	93	105	109	111	101	97	104	106	102	102
× 91-365 Days				2	2	5	6	11	11	19	18	15	11	9	15	20

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

**Length of Stay at Discharge by Category**

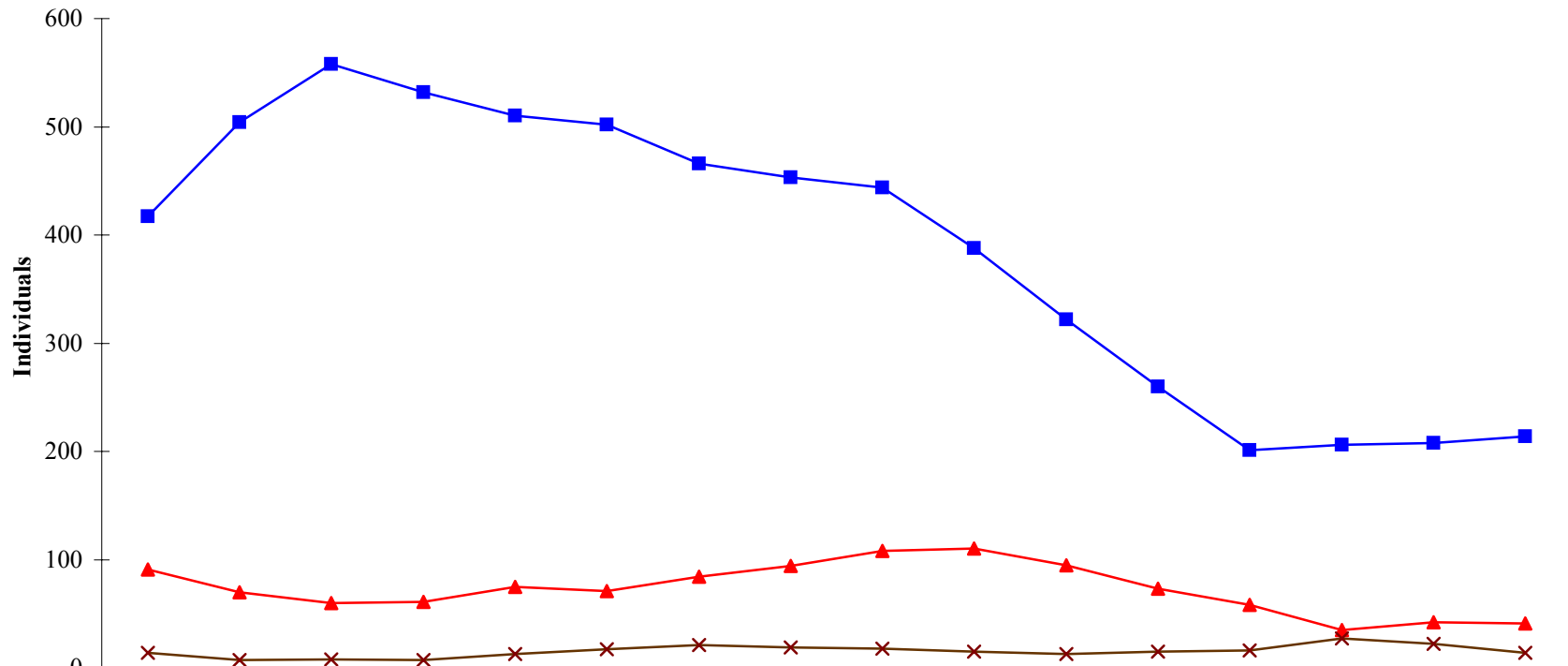


	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
Average LOS	55	50	51	45	112	72	97	64	131	449	161	119	144	135	93	109
■ 30 Days or Less	154	114	161	128	121	110	123	114	110	60	52	56	47	52	62	58
▲ 31 - 90 Days	16	19	16	21	27	17	32	33	34	26	22	10	16	7	14	13
✕ 91 - 365 Days	3	2	6	6	12	5	14	12	13	9	14	16	11	32	13	11
* 1 - 5 Years	2	6	7	4	18	6	11	6	12	12	8	8	2	5	6	7
□ Over 5 Years	1	0	0	0	0	0	0	0	1	6	1	0	2	0	0	0

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

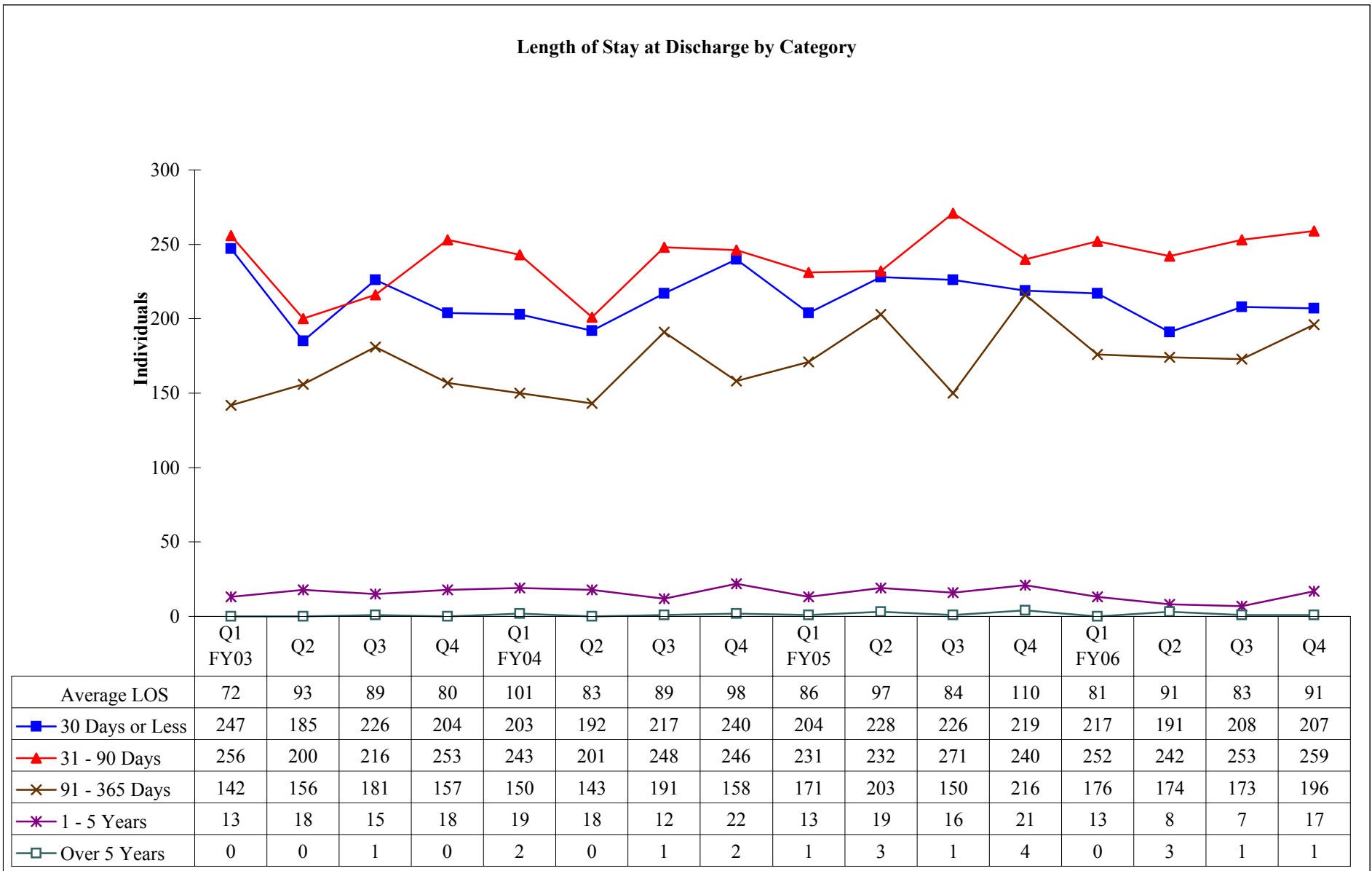
**Measure 5C - Average Length of Stay at Discharge  
Kerrville State Hospital**

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



	12/01-11/02	3/02-2/03	6/02-5/03	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
Average LOS	22	17	16	16	18	19	23	24	26	27	29	30	33	36	31	25
■ 30 Days or Less	417	504	558	532	510	502	466	453	444	388	322	260	201	206	208	214
▲ 31-90 Days	91	70	60	61	75	71	84	94	108	110	95	73	58	35	42	41
× 91-365 Days	14	7	8	7	13	17	21	19	18	15	13	15	16	27	22	14

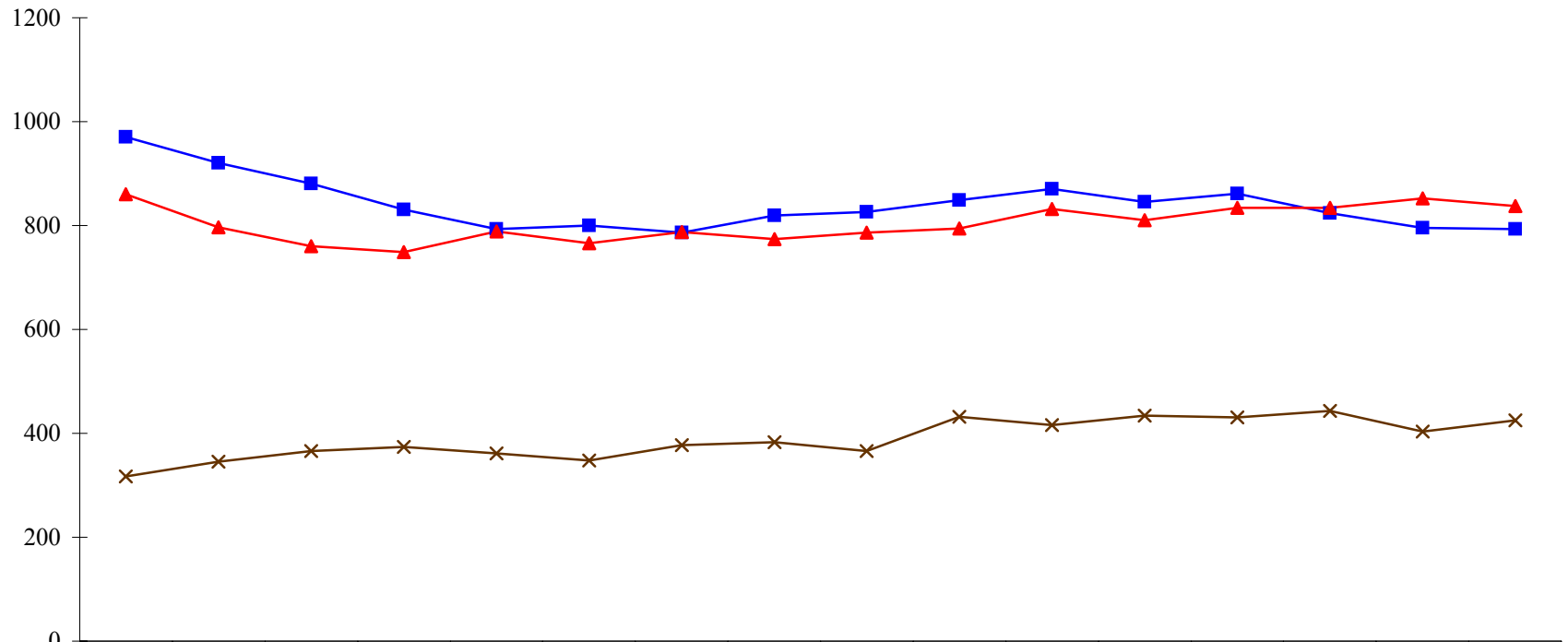
**Measure 5C - Average Length of Stay at Discharge**  
**North Texas State Hospital**





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

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

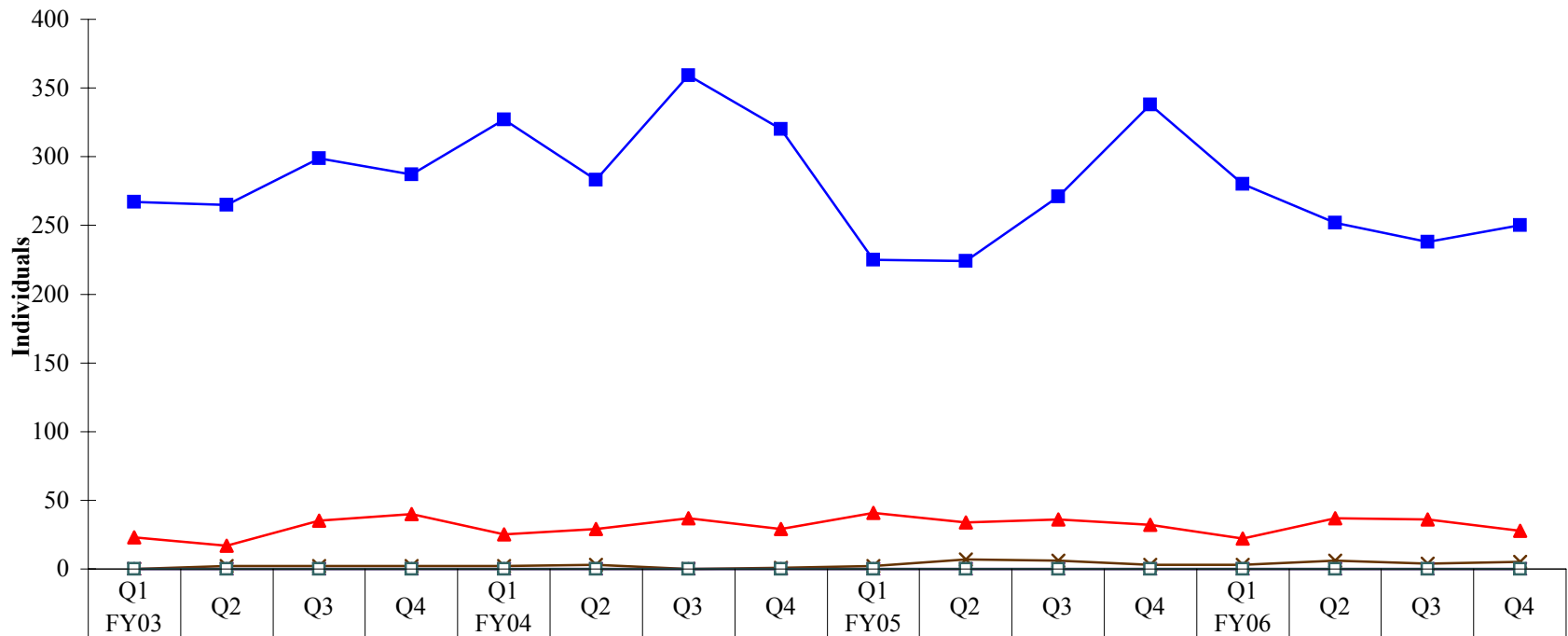


	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06
Average LOS	49	50	52	53	54	53	56	54	53	56	55	54	56	56	56	57
30 Days or Less	970	921	881	831	793	800	786	819	826	849	870	846	861	824	796	793
31-90 Days	860	797	760	749	789	766	787	774	786	794	832	810	834	834	852	837
91-365 Days	317	346	366	374	361	348	377	383	366	432	416	434	431	443	403	425

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

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

**Average Length of Stay at Discharge by Category**

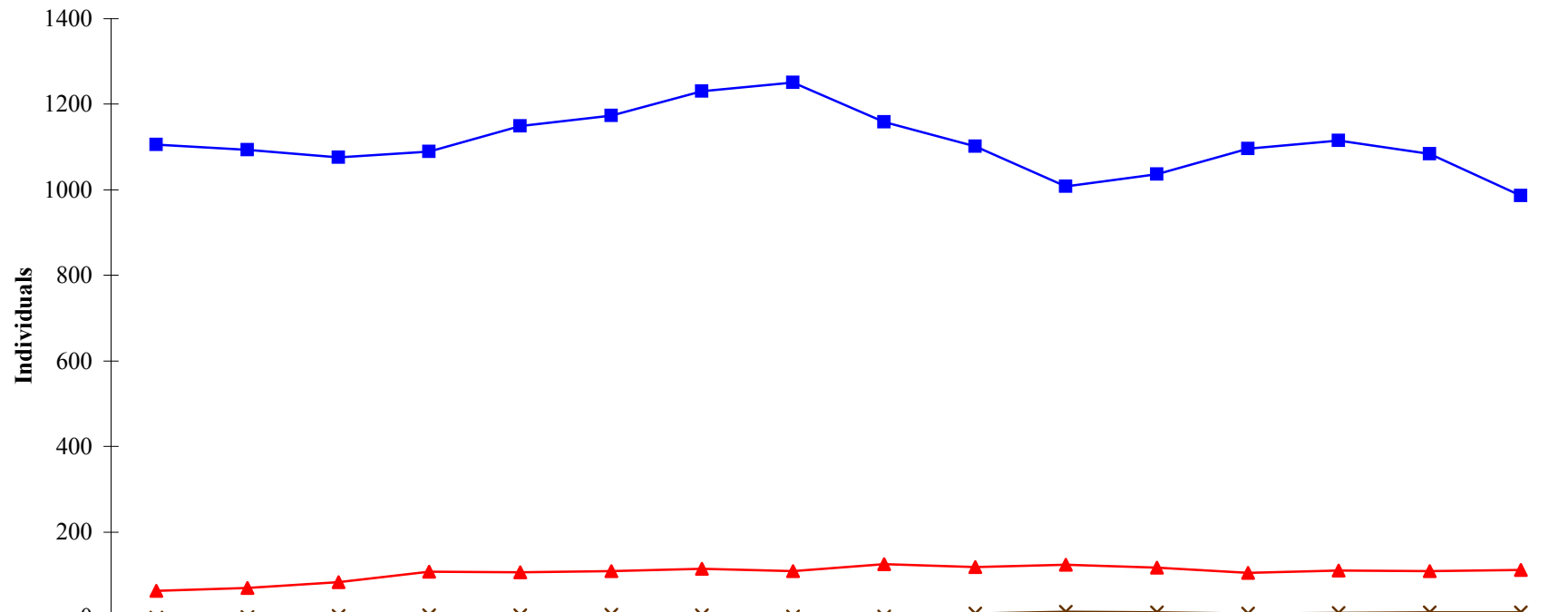


Average LOS	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
30 Days or Less	267	265	299	287	327	283	359	320	225	224	271	338	280	252	238	250
31 - 90 Days	23	17	35	40	25	29	37	29	41	34	36	32	22	37	36	28
91 - 365 Days	0	2	2	2	2	3	0	1	2	7	6	3	3	6	4	5
1 - 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

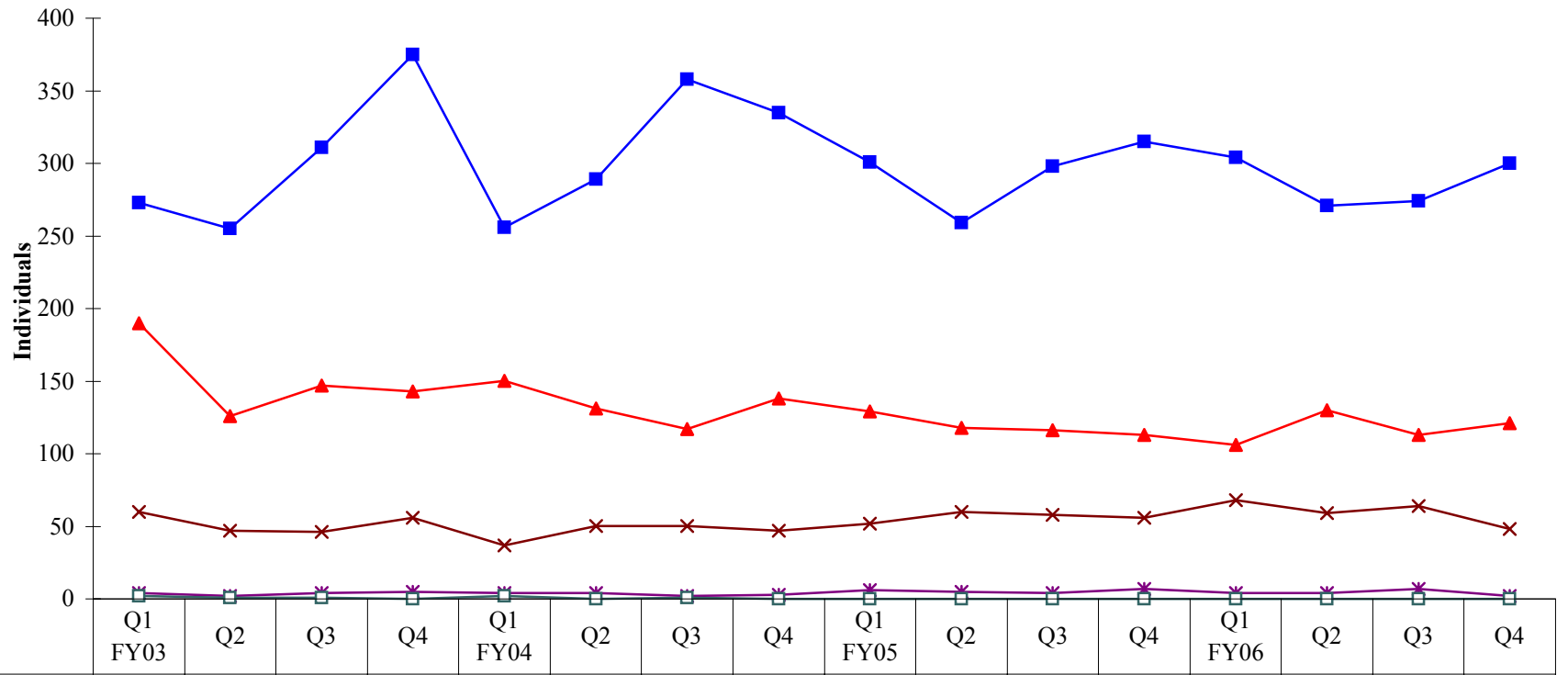


	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06
Average LOS	10	11	12	12	12	12	11	11	12	13	14	13	12	12	12	13
■ 30 Days or Less	1105	1094	1076	1090	1149	1173	1230	1251	1159	1101	1008	1037	1096	1115	1084	986
▲ 31-90 Days	63	69	83	107	106	108	114	108	125	118	123	116	104	110	108	111
× 91-365 Days	0	2	4	5	6	7	5	3	3	10	13	12	9	11	12	12

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

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

**Length of Stay at Discharge by Category**

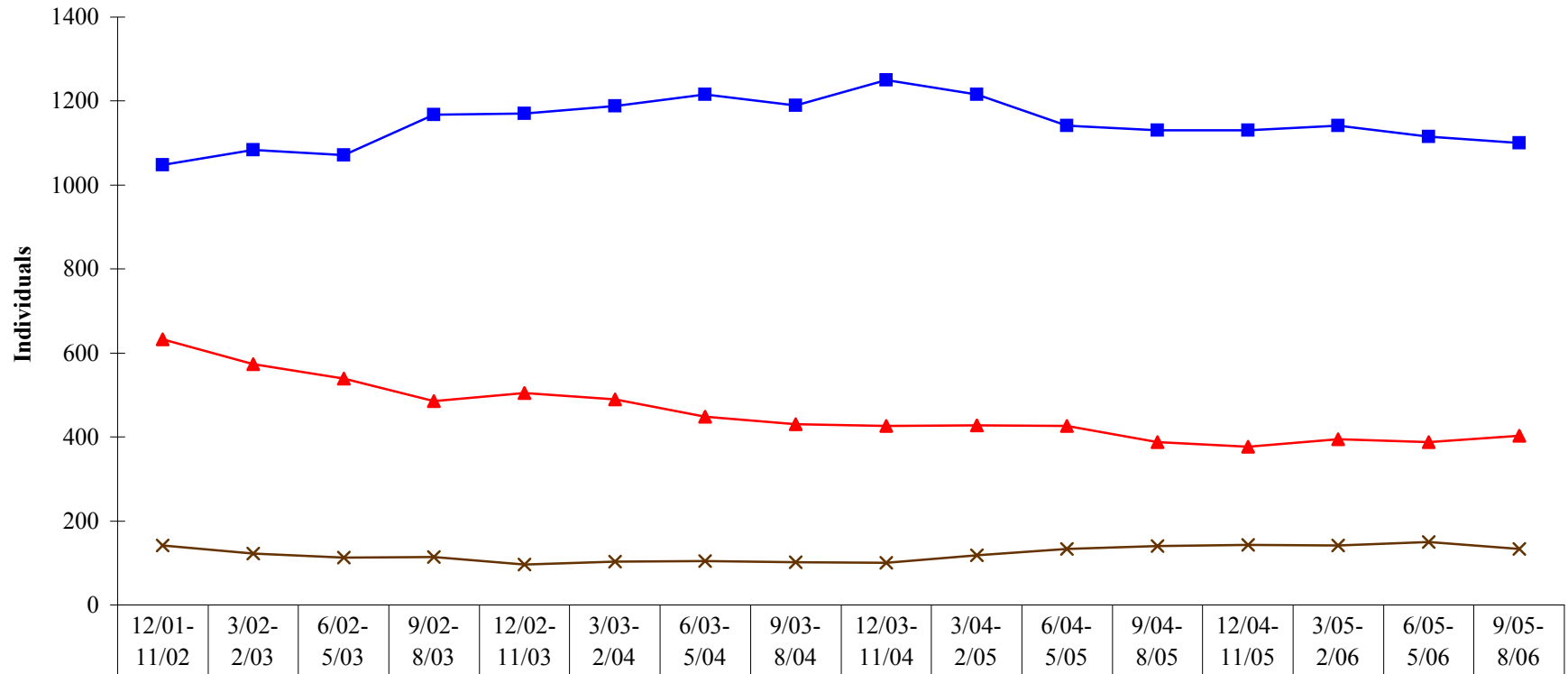


	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
Average LOS	60	52	51	45	64	44	46	41	52	49	45	49	51	47	50	42
■ 30 Days or Less	273	255	311	375	256	289	358	335	301	259	298	315	304	271	274	300
▲ 31 - 90 Days	190	126	147	143	150	131	117	138	129	118	116	113	106	130	113	121
× 91 - 365 Days	60	47	46	56	37	50	50	47	52	60	58	56	68	59	64	48
* 1 - 5 Years	4	2	4	5	4	4	2	3	6	5	4	7	4	4	7	2
□ Over 5 Years	2	1	1	0	2	0	1	0	0	0	0	0	0	0	0	0

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

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

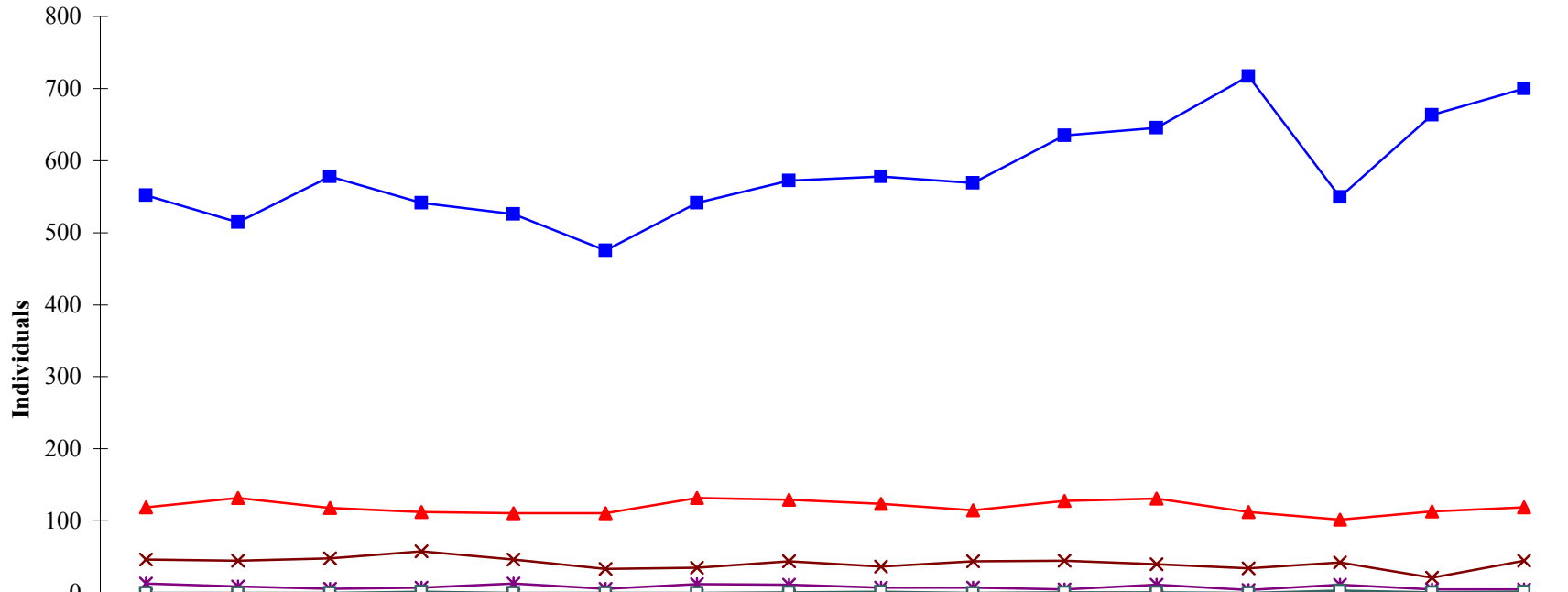
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/01-11/02	3/02-2/03	6/02-5/03	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
Average LOS	37	34	34	32	31	32	31	30	30	31	33	33	33	33	34	33
30 Days or Less	1048	1084	1072	1167	1170	1188	1216	1190	1250	1216	1141	1131	1130	1142	1116	1100
31-90 Days	633	573	539	485	505	489	449	430	427	428	427	388	377	395	388	403
91-365 Days	142	123	113	114	96	103	105	102	100	118	133	140	143	141	150	134

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

**Length of Stay at Discharge by Category**

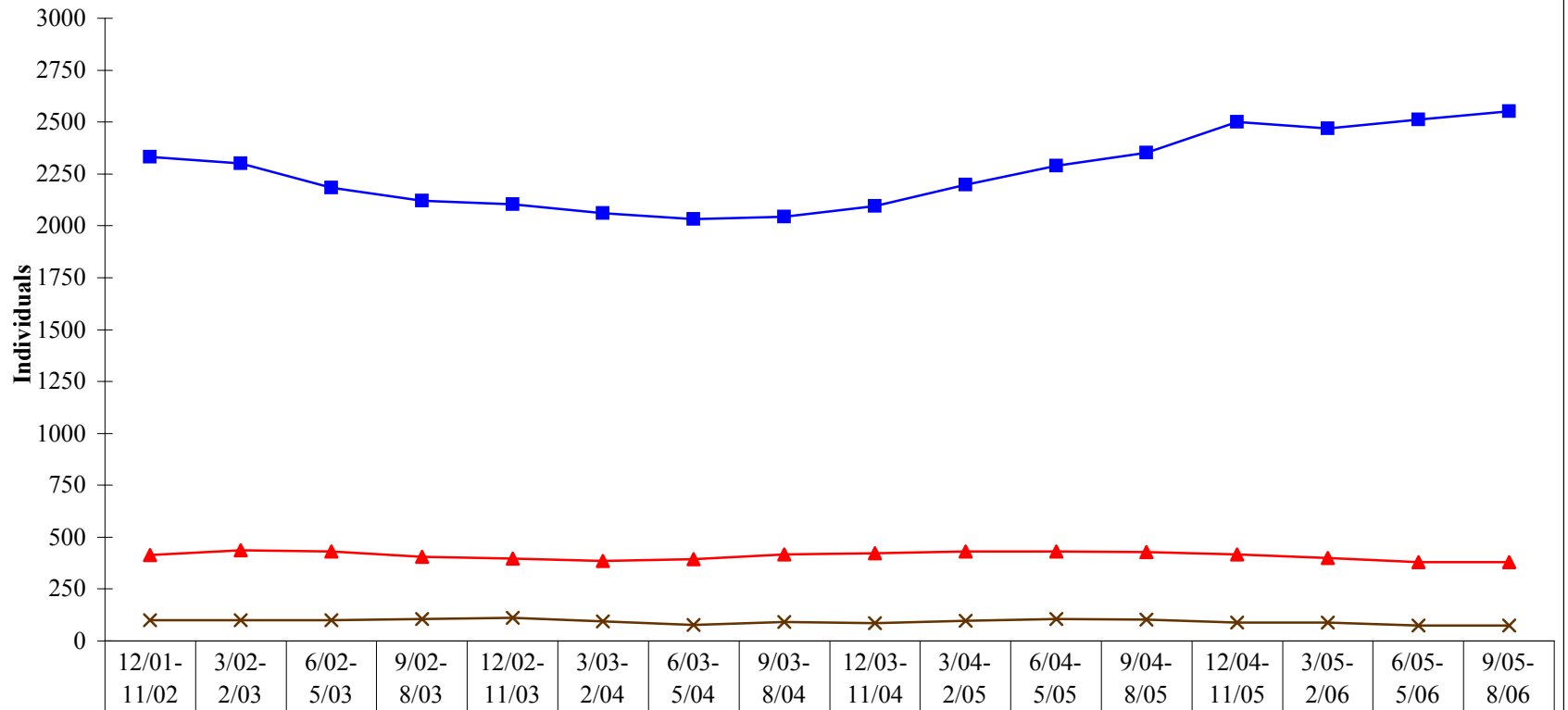


	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4
Average LOS	35	35	30	48	38	32	38	41	46	32	31	47	26	52	25	33
■ 30 Days or Less	552	514	578	541	526	475	541	572	578	569	635	645	717	549	663	700
▲ 31 - 90 Days	119	132	118	112	111	111	132	129	124	115	128	131	112	102	113	119
× 91 - 365 Days	46	45	48	58	46	33	35	44	37	44	45	40	34	42	21	45
* 1 - 5 Years	13	9	6	7	13	6	12	11	7	7	5	11	4	11	5	5
□ Over 5 Years	0	0	0	2	0	0	0	1	2	0	1	1	0	3	1	2

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

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

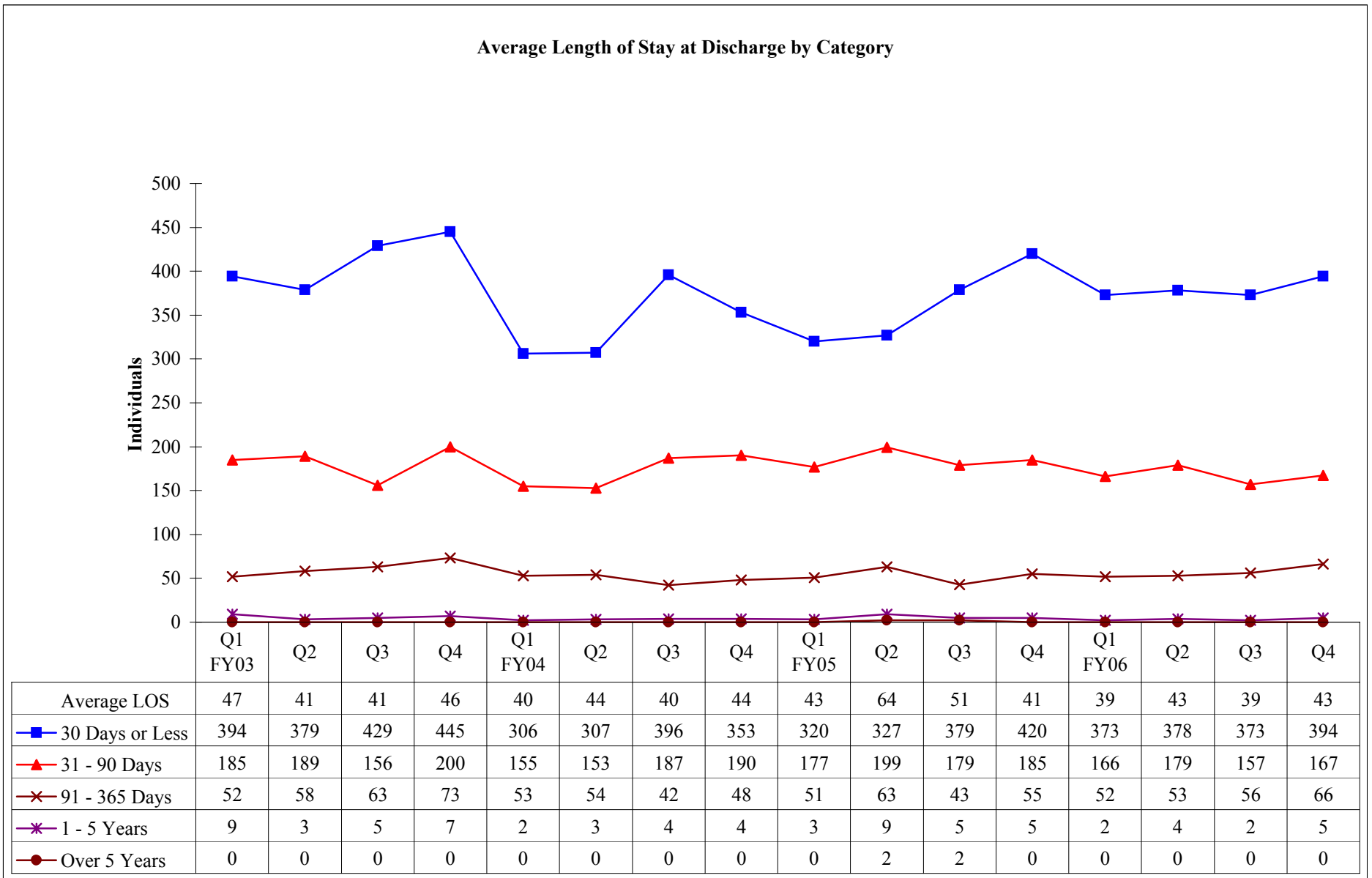
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



Average LOS	20	20	21	21	21	20	20	21	20	20	20	20	19	19	18	18
■ 30 Days or Less	2333	2301	2184	2120	2104	2061	2032	2043	2096	2199	2289	2351	2501	2468	2511	2553
▲ 31-90 Days	413	436	430	404	396	384	394	417	423	432	432	429	418	400	379	381
✕ 91-365 Days	100	99	100	106	111	93	76	90	87	98	105	102	88	89	73	75

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

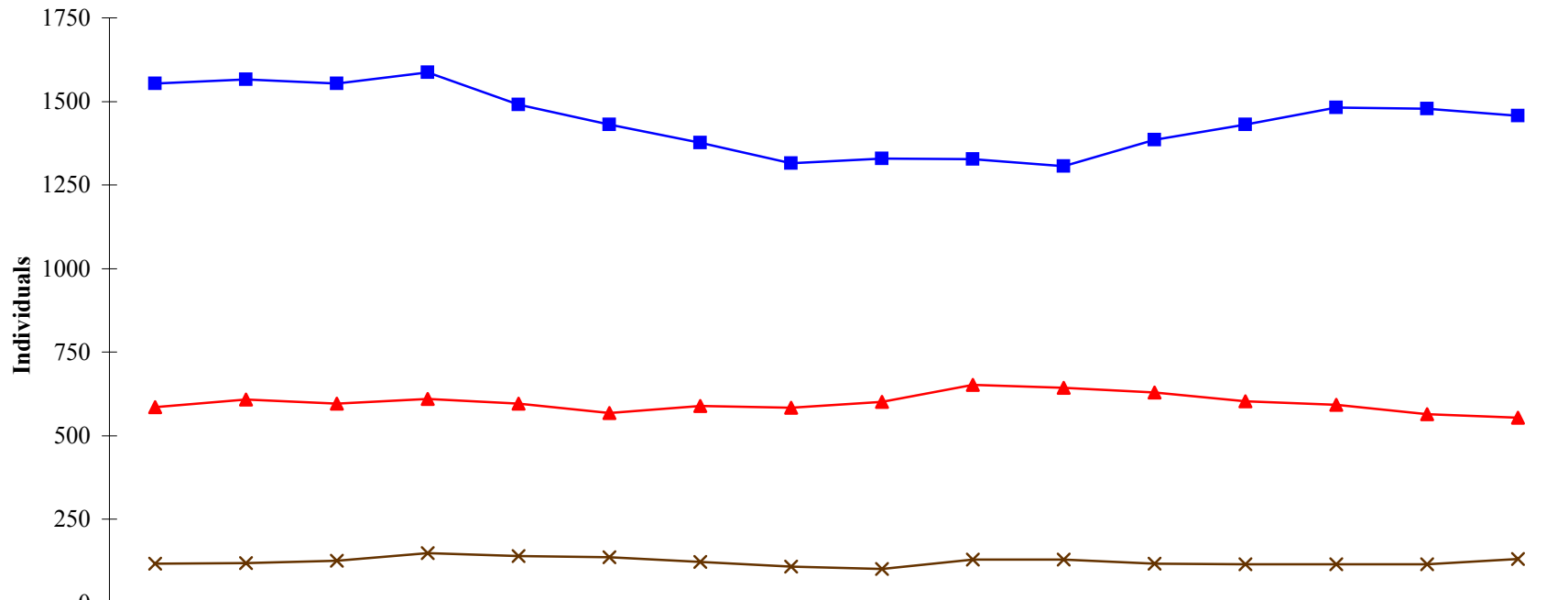
**Measure 5C - Average Length of Stay at Discharge  
Terrell State Hospital**





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

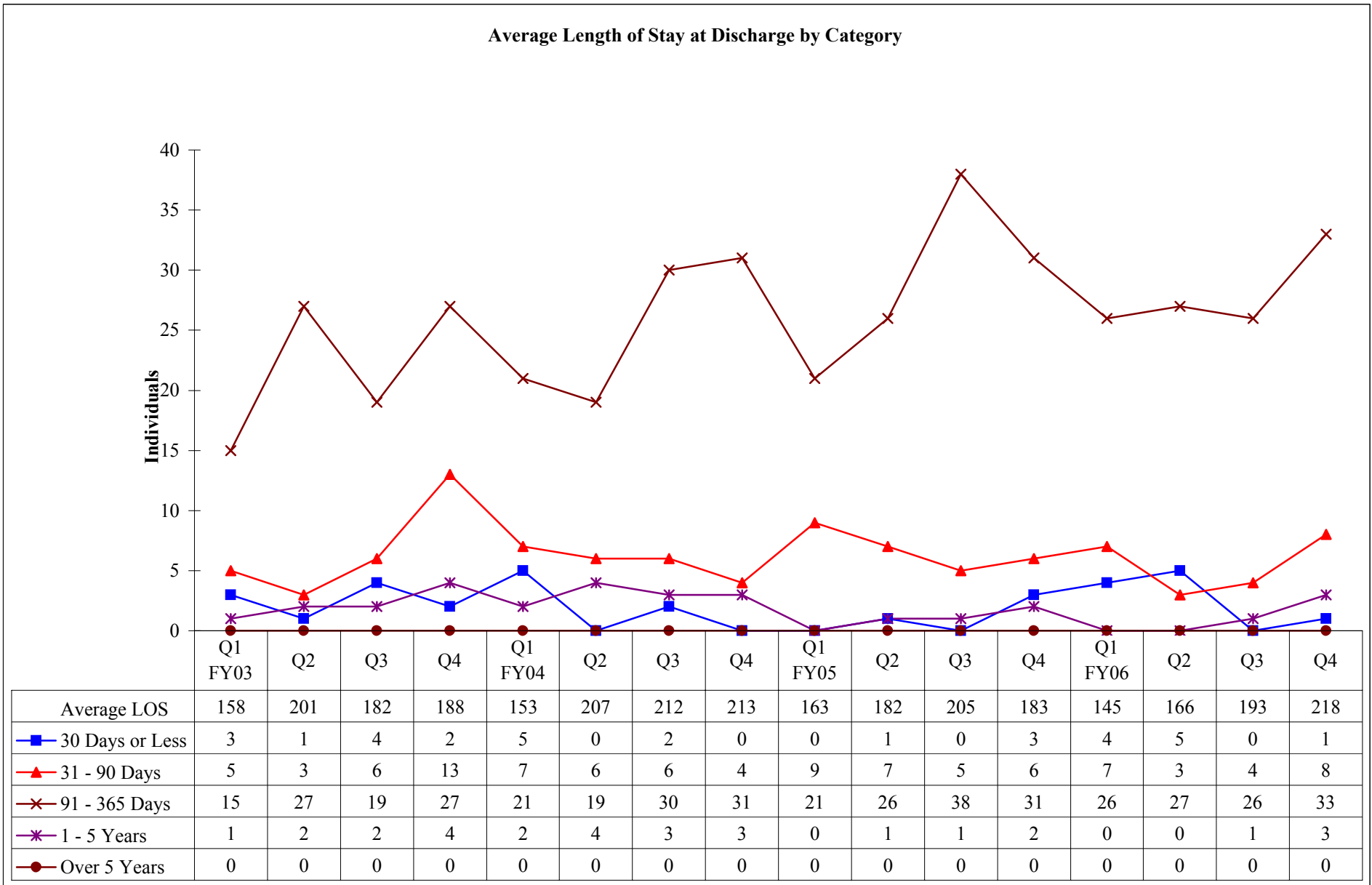
**Average Length of Stay for Admitted and Discharged During Prior 12 Months**



	12/01-11/02	3/02-2/03	6/02-5/03	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
Average LOS	30	30	30	31	31	32	32	32	31	33	33	32	31	31	30	31
30 Days or Less	1553	1566	1554	1587	1490	1431	1377	1316	1330	1328	1307	1385	1431	1482	1479	1458
31-90 Days	586	609	596	610	597	569	590	584	602	653	644	629	603	593	564	554
91-365 Days	117	120	127	149	140	136	123	108	101	130	130	117	115	115	116	131

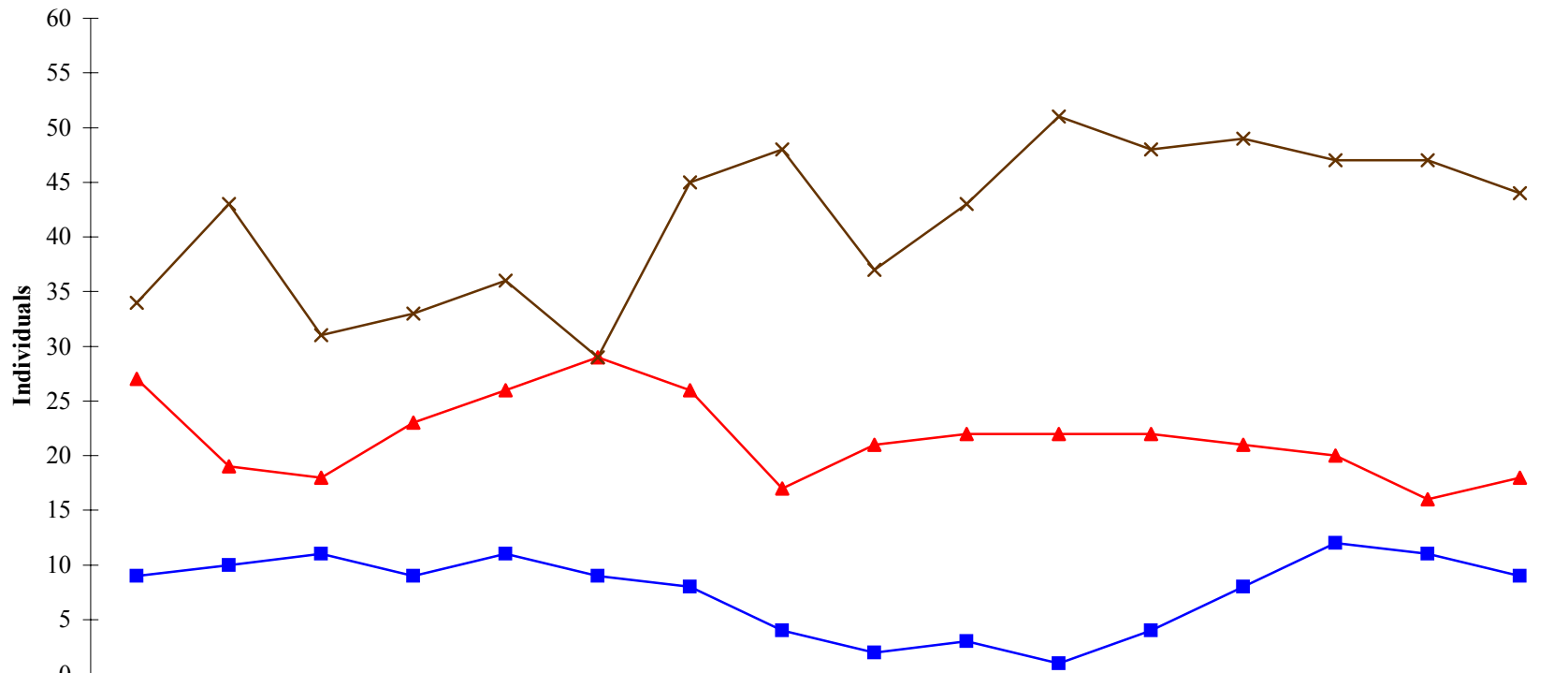
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)  
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

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



	12/01-11/02	3/02-2/03	6/02-5/03	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
Average LOS	100	116	109	113	109	98	124	151	131	131	152	129	123	119	128	133
■ 30 Days or Less	9	10	11	9	11	9	8	4	2	3	1	4	8	12	11	9
▲ 31-90 Days	27	19	18	23	26	29	26	17	21	22	22	22	21	20	16	18
✕ 91-365 Days	34	43	31	33	36	29	45	48	37	43	51	48	49	47	47	44

## ***GOAL 6: Implement An Integrated Patient Safety Program***

### **Performance Objective 6B:**

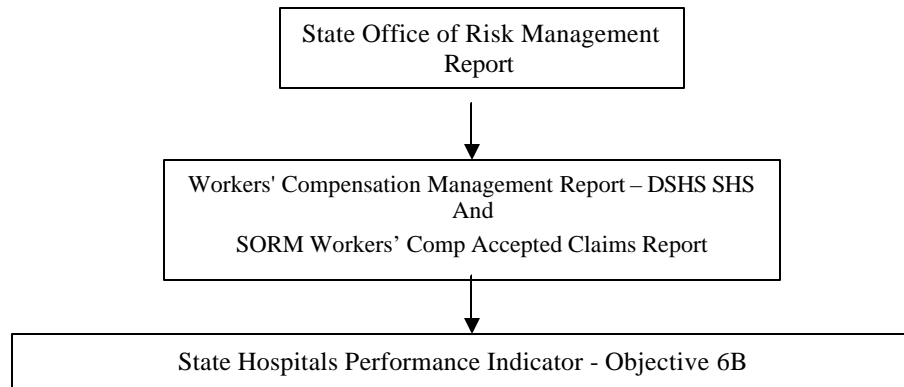
**State hospitals will manage workers' compensation claim expenses so that an individual hospital total FY 2006 claims expense will be at or below the dollar target amount established for that hospital.**

**Performance Objective Operational Definition:** Total workers compensation claim expenses filed for FY 2006 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:**



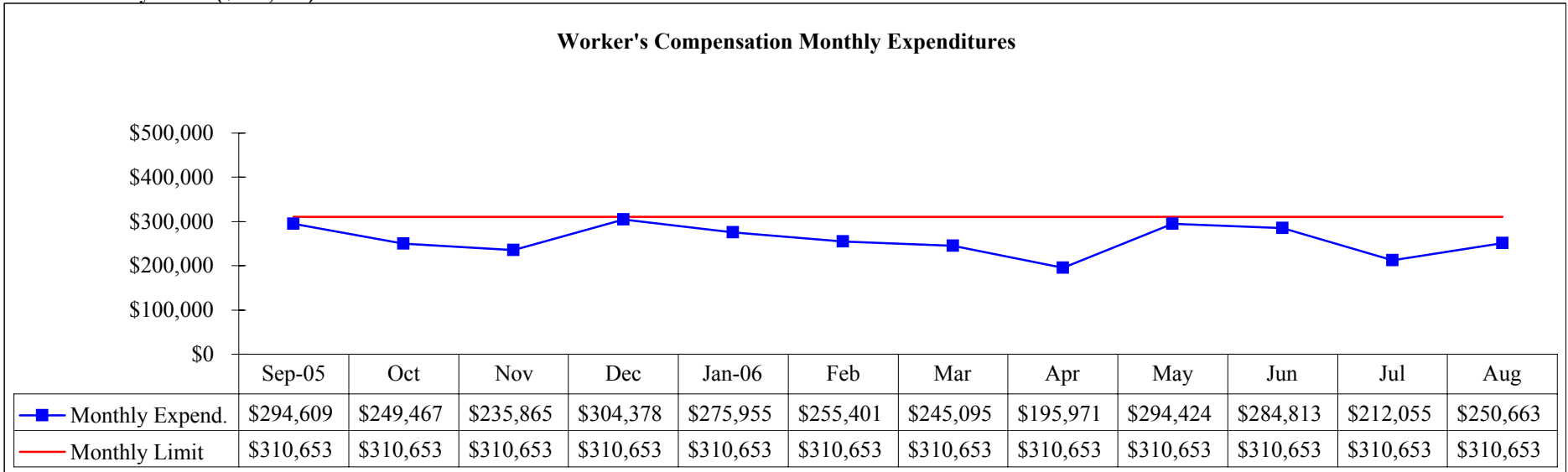
### **Data Integrity Review Process:**

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

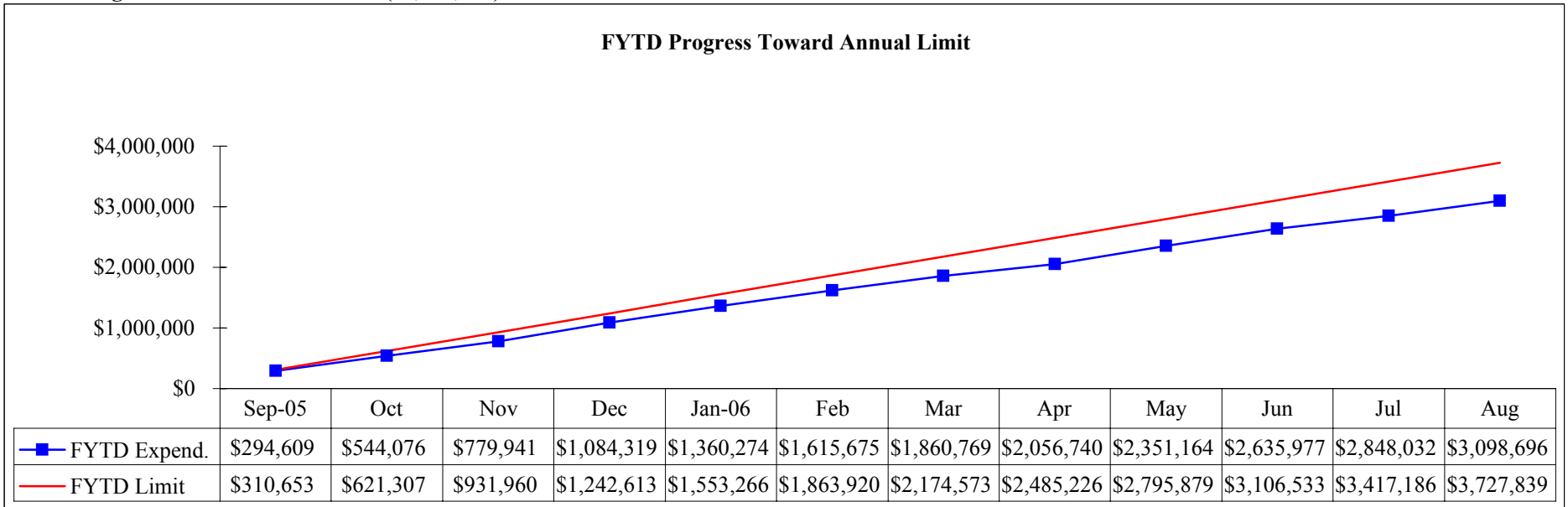
**Objective 6B - Workers Compensation**

**All State Hospitals**

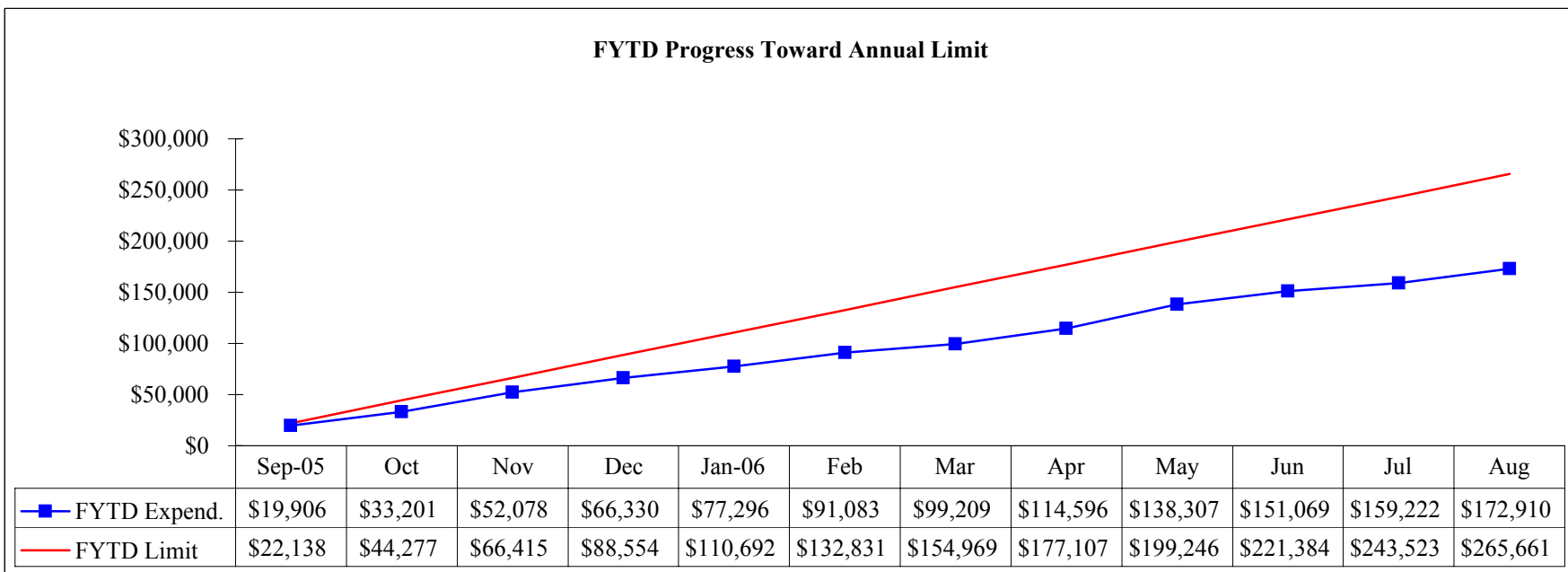
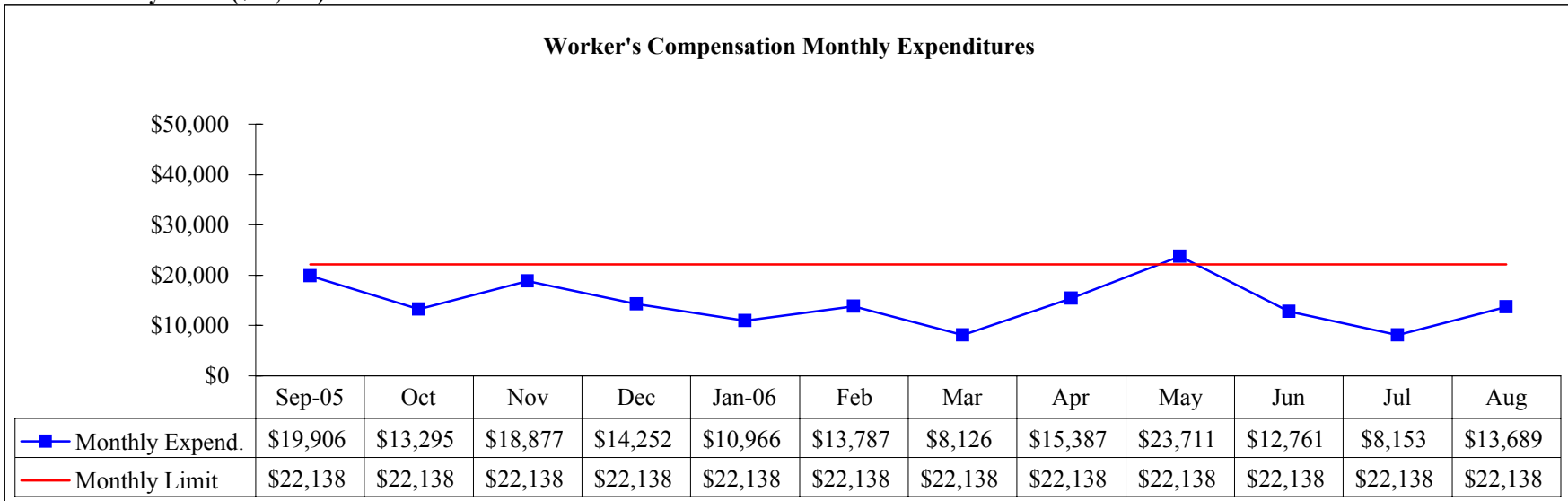
**FY06 Monthly Limit (\$310,653)**



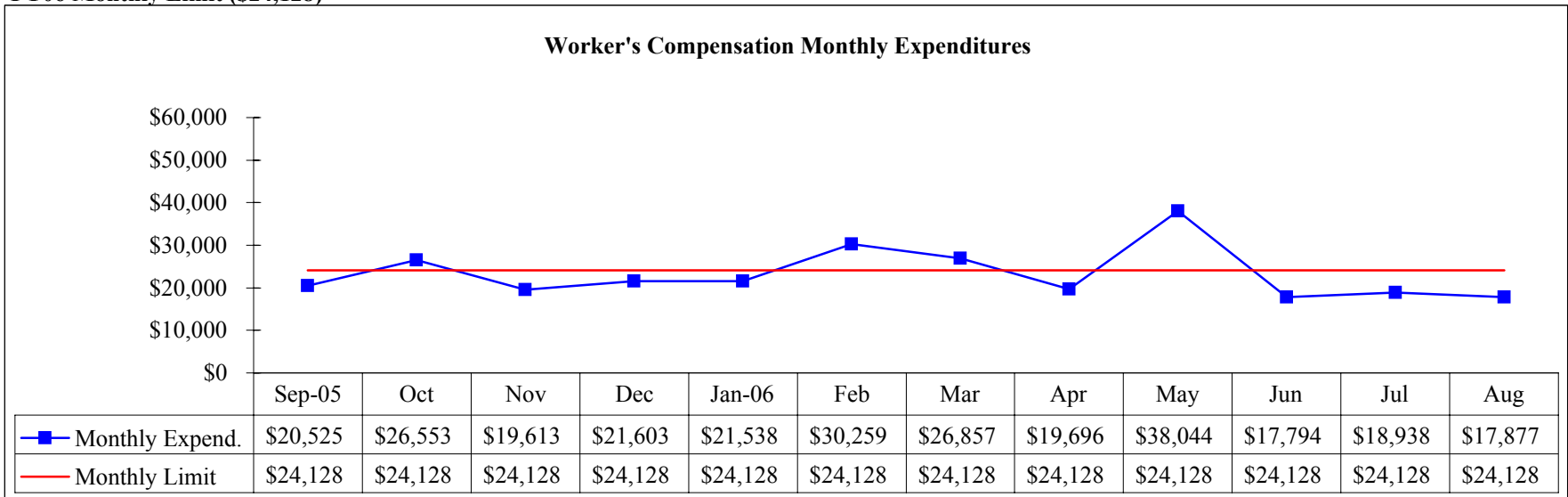
**FYTD Progress Toward Annual Limit (\$3,727,839)**



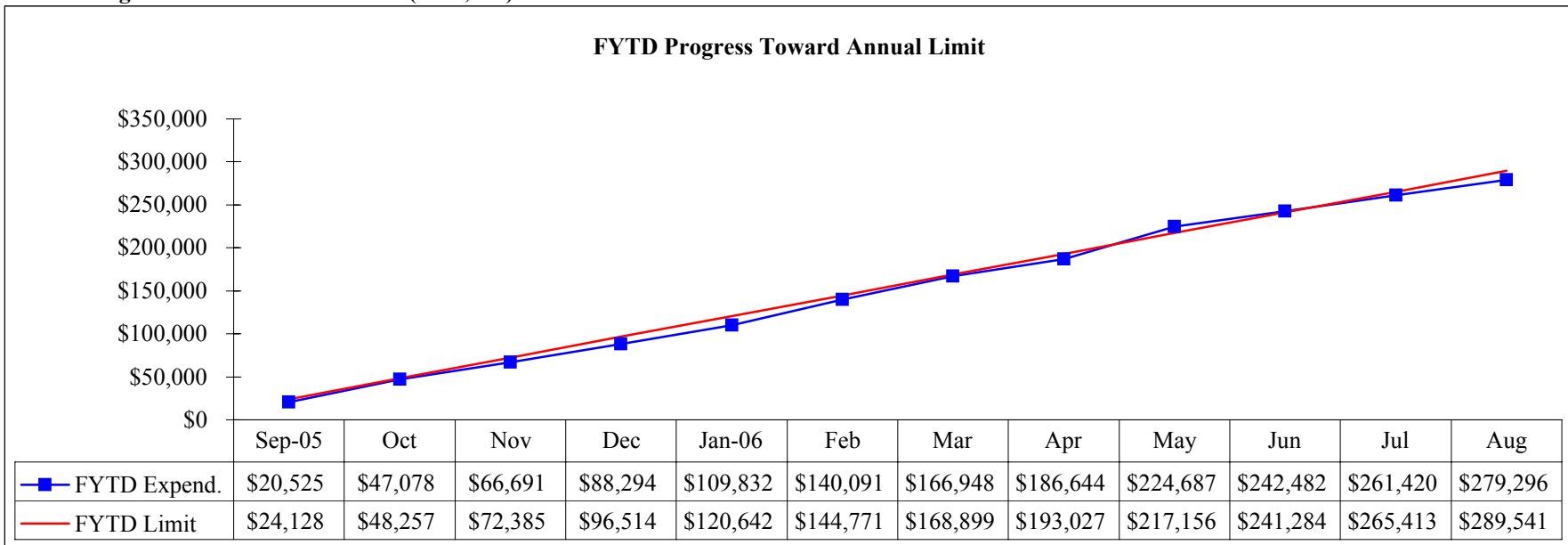
**Objective 6B - Workers Compensation**  
**Austin State Hospital**  
**FY06 Monthly Limit (\$22,138)**



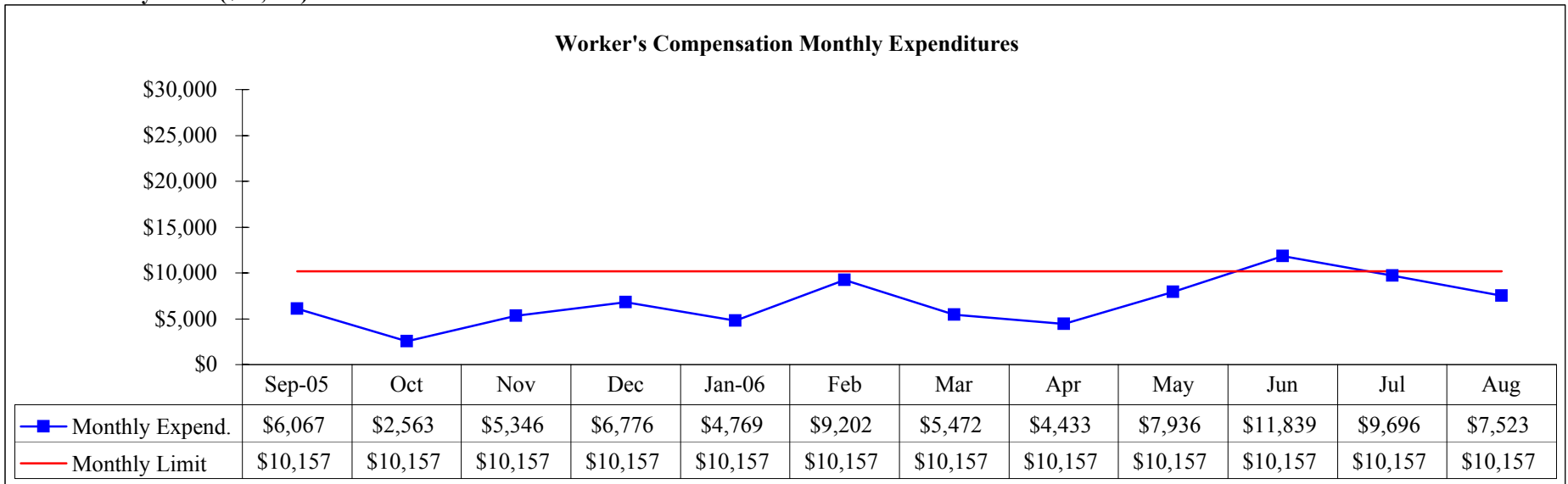
**Objective 6B - Workers Compensation  
Big Spring State Hospital  
FY06 Monthly Limit (\$24,128)**



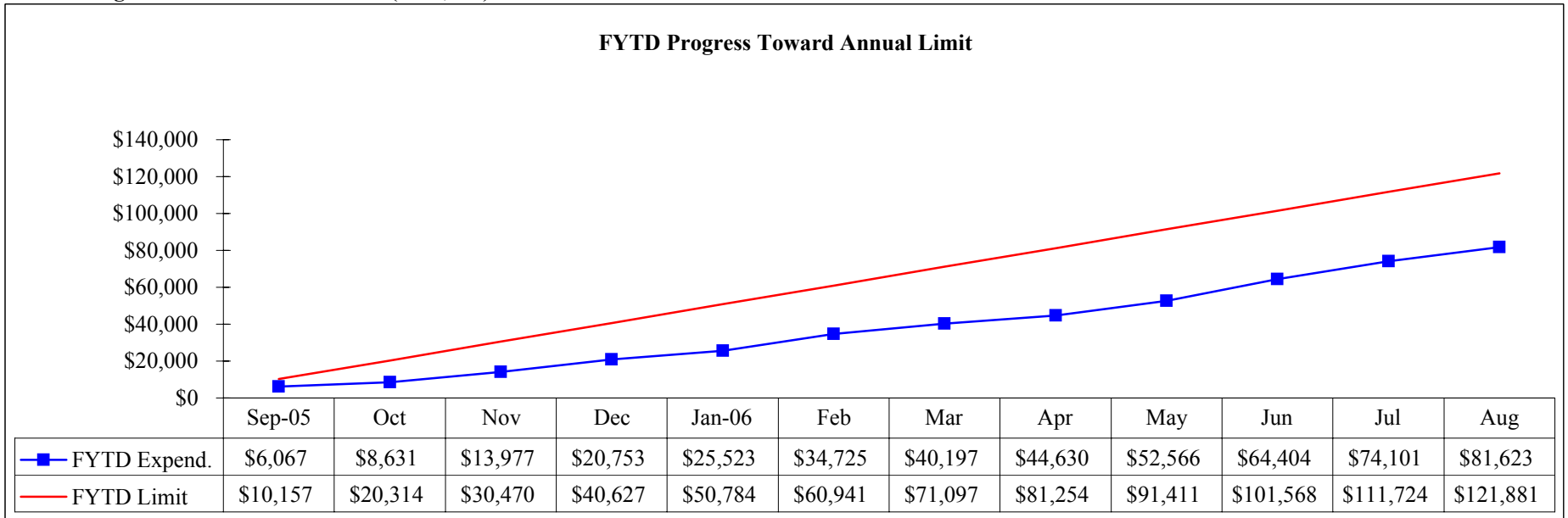
**FYTD Progress Toward Annual Limit (\$289,541)**



**Objective 6B - Workers Compensation  
El Paso Psychiatric Center  
FY06 Monthly Limit (\$10,157)**

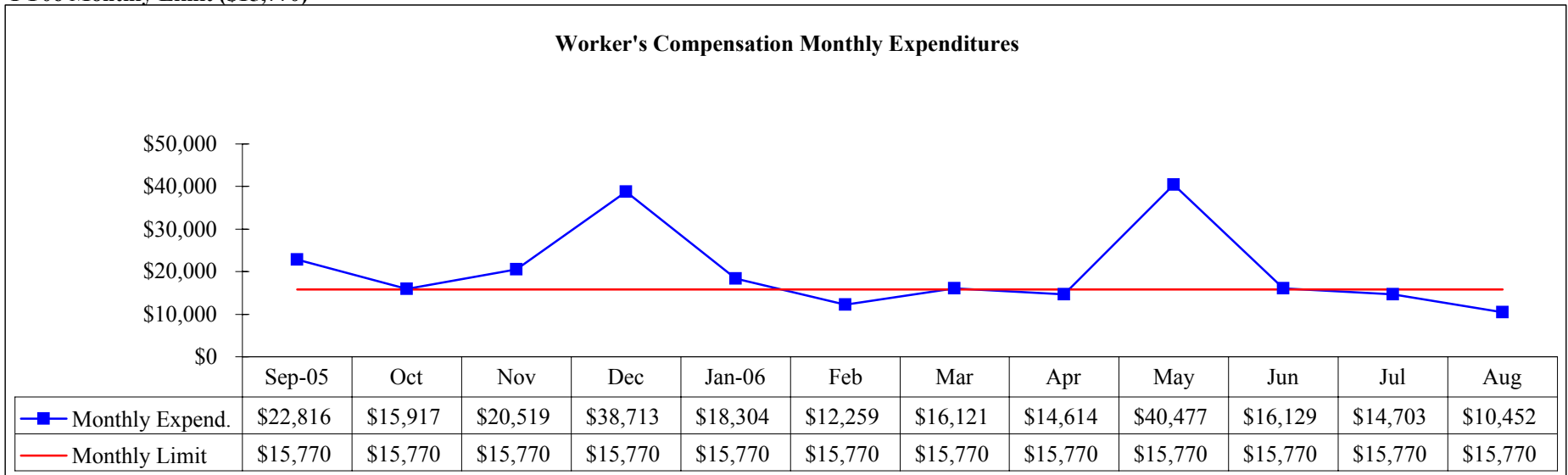


**FYTD Progress Toward Annual Limit (\$121,881)**

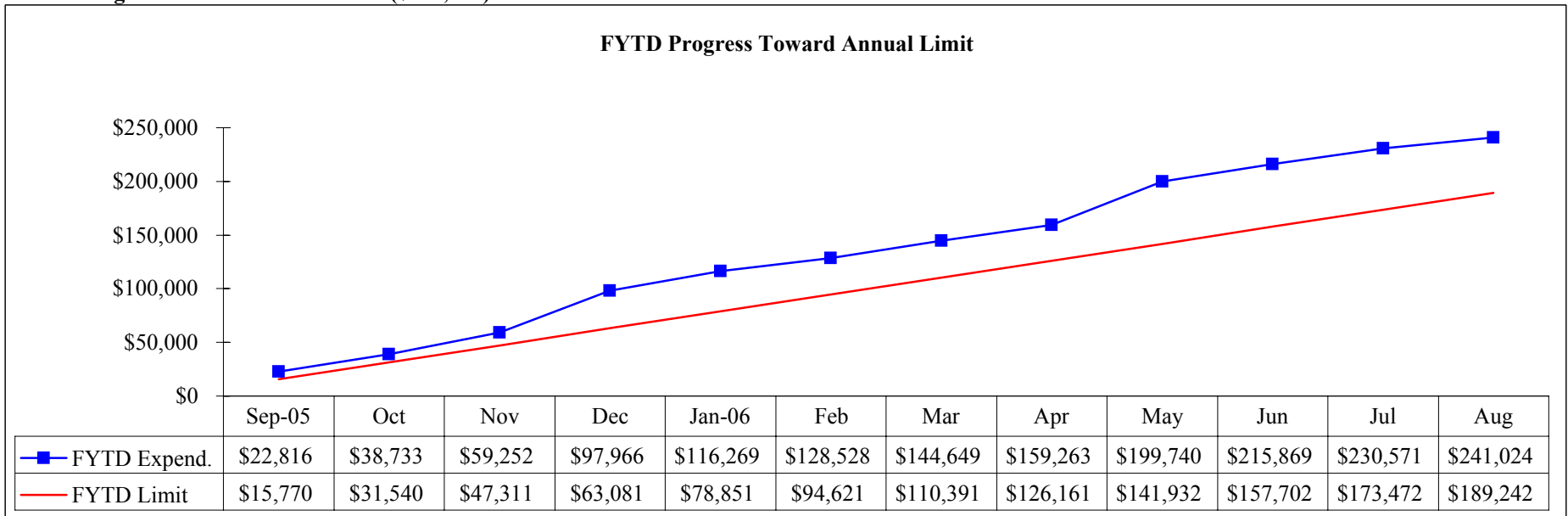




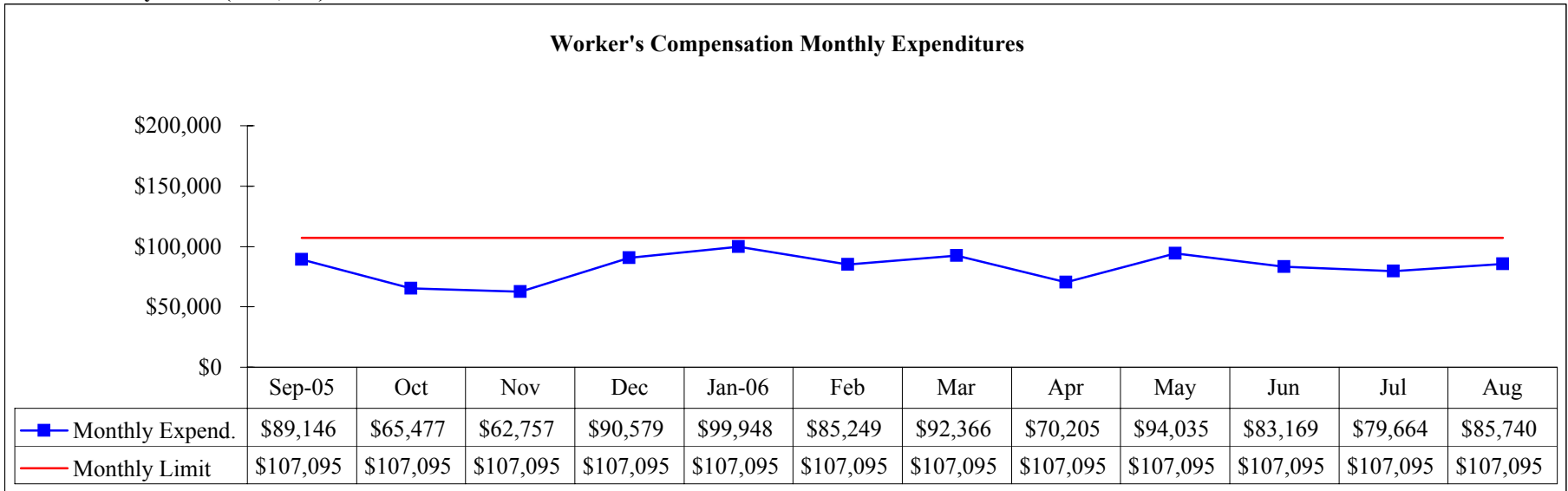
**Objective 6B - Workers Compensation**  
**Kerrville State Hospital**  
**FY06 Monthly Limit (\$15,770)**



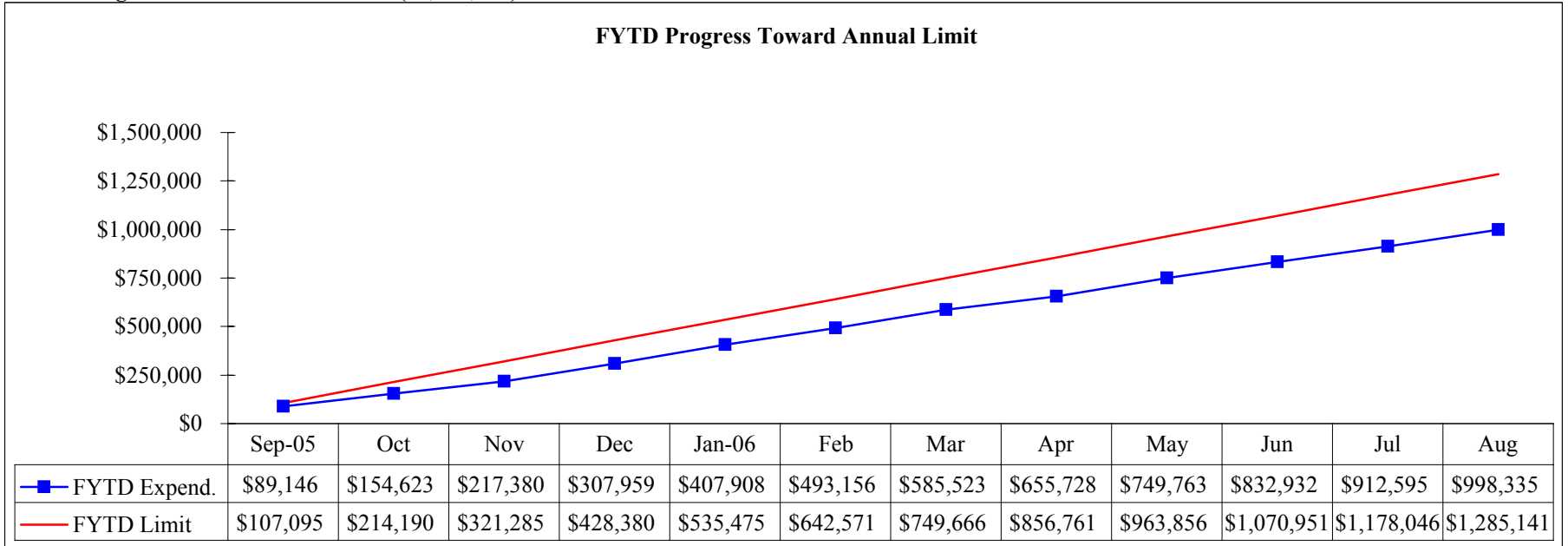
**FYTD Progress Toward Annual Limit (\$189,242)**



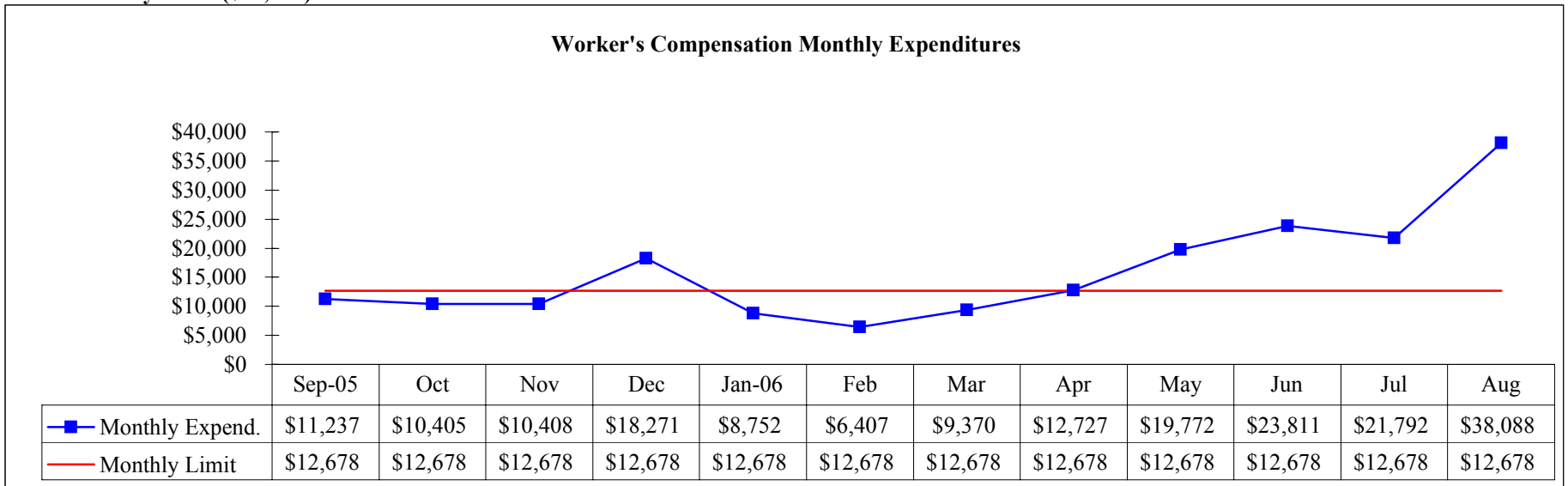
**Objective 6B - Workers Compensation**  
**North Texas State Hospital**  
**FY06 Monthly Limit (\$107,095)**



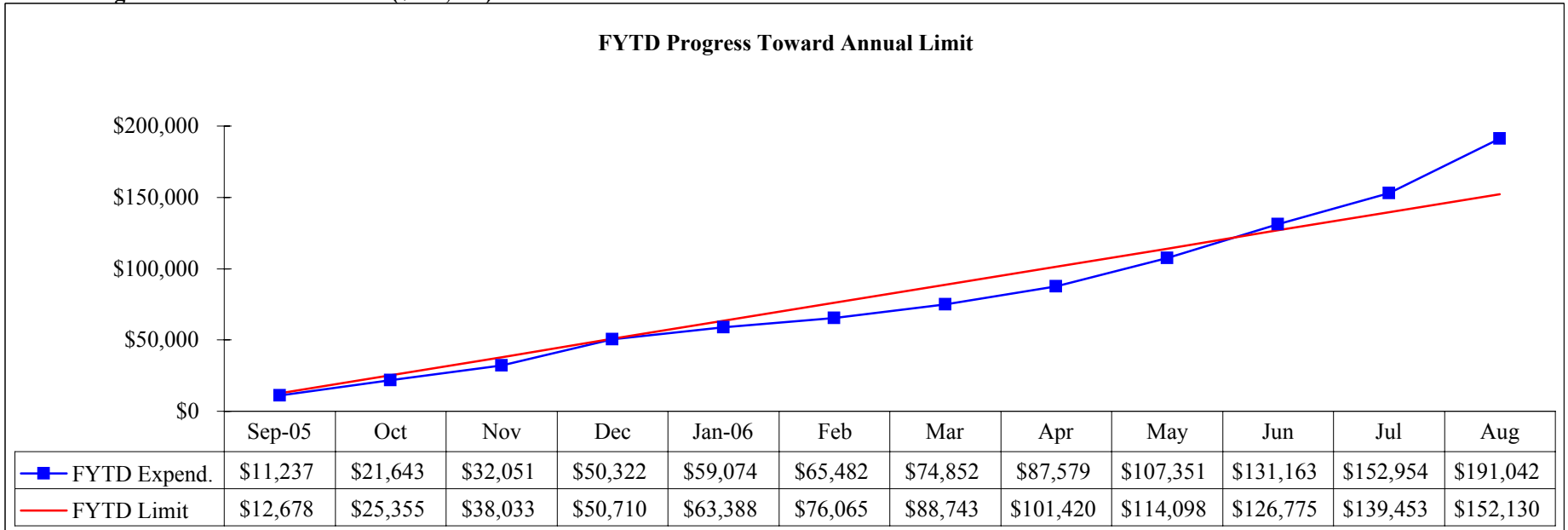
**FYTD Progress Toward Annual Limit (\$1,285,141)**



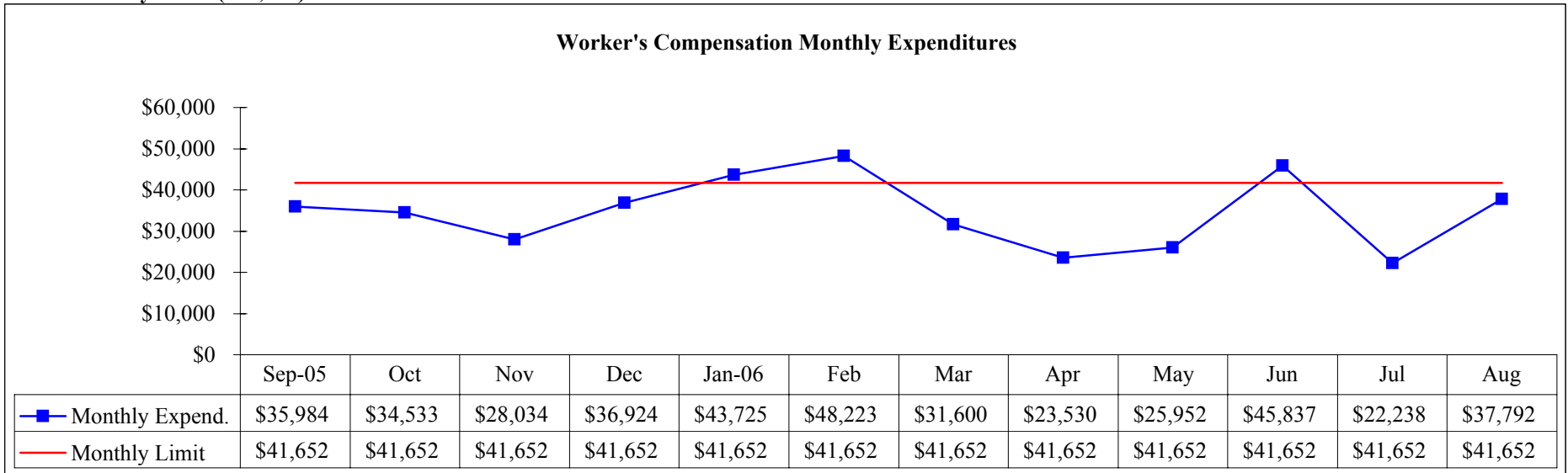
**Objective 6B - Workers Compensation**  
**Rio Grande State Center**  
**FY06 Monthly Limit (\$12,678)**



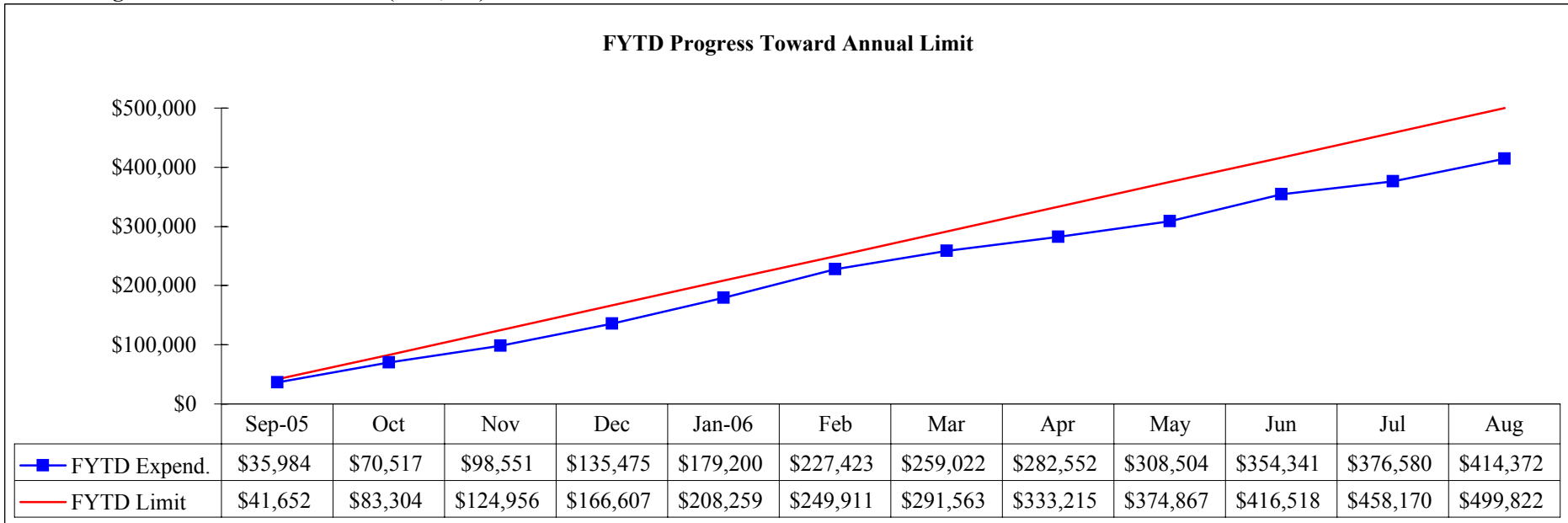
**FYTD Progress Toward Annual Limit (\$152,130)**



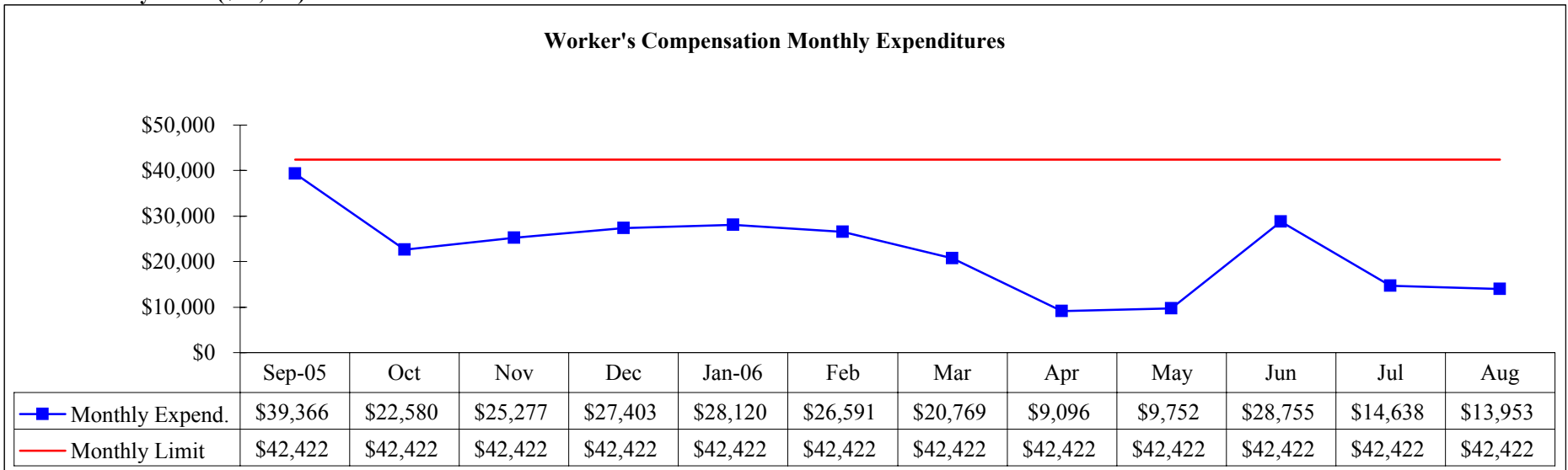
**Objective 6B - Workers Compensation**  
**Rusk State Hospital**  
**FY06 Monthly Limit (\$41,652)**



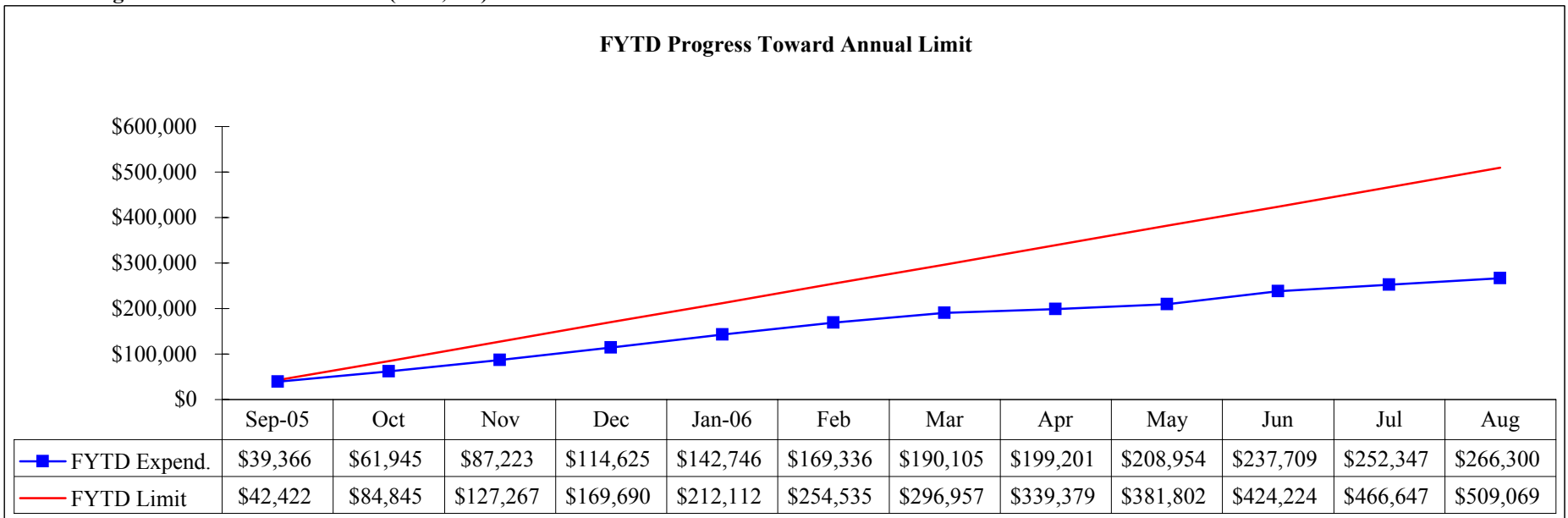
**FYTD Progress Toward Annual Limit (\$499,822)**



**Objective 6B - Workers Compensation**  
**San Antonio State Hospital**  
**FY06 Monthly Limit (\$42,422)**



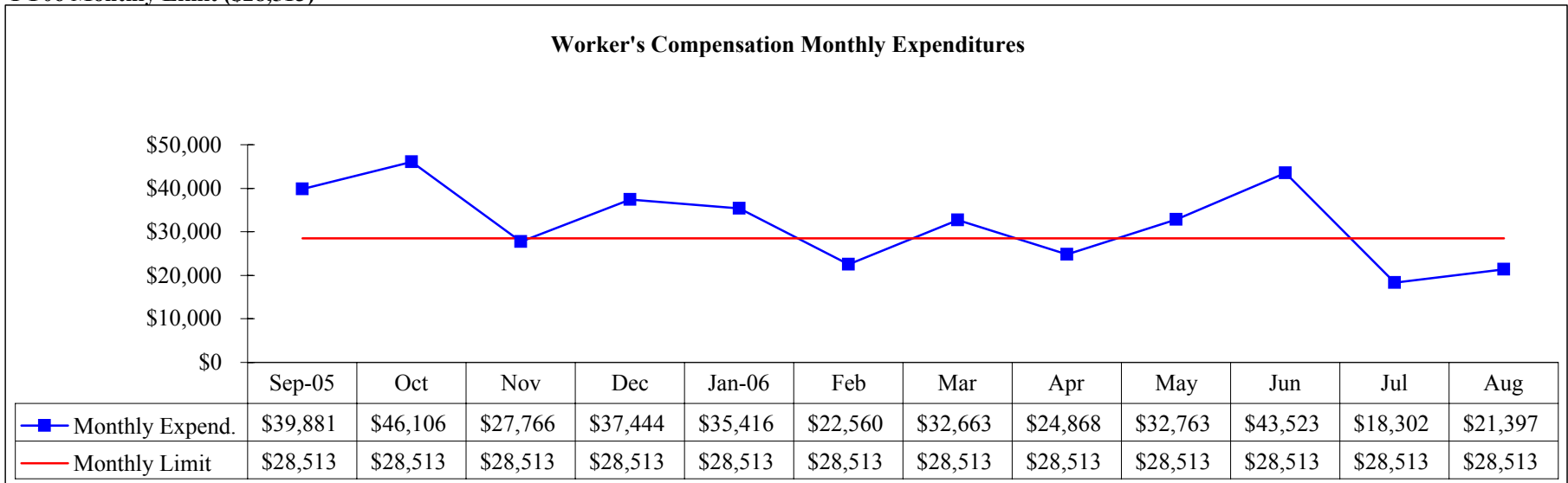
**FYTD Progress Toward Annual Limit (\$509,069)**



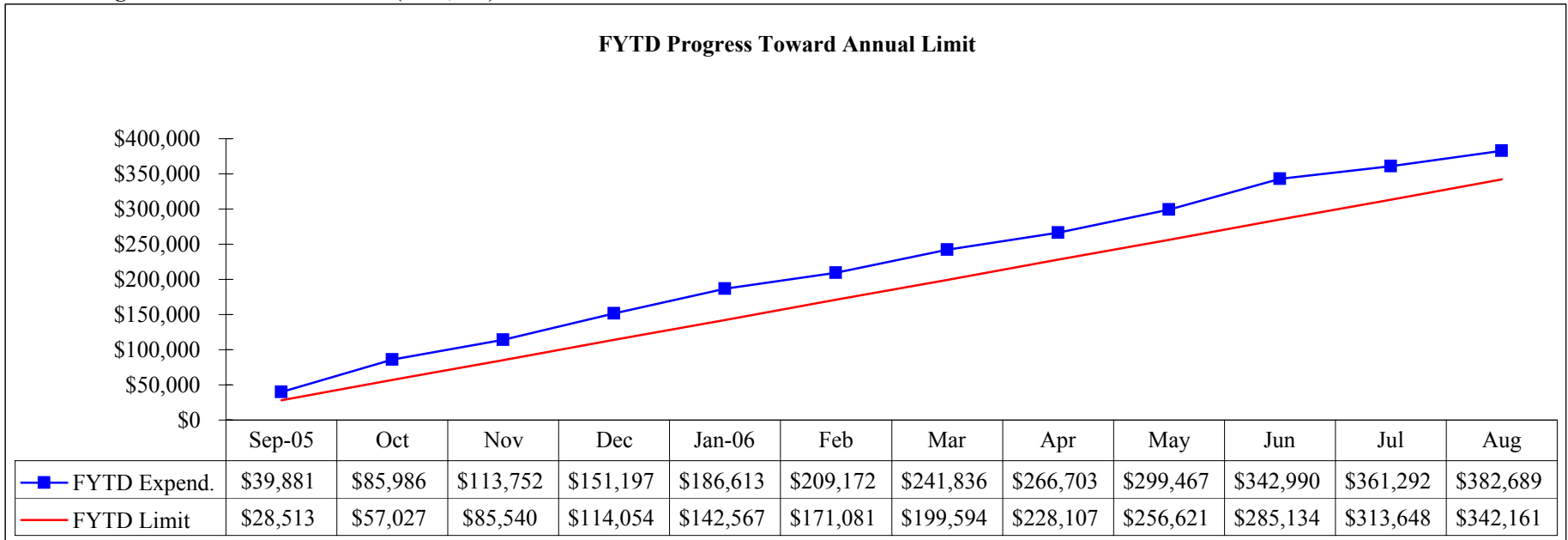
**Objective 6B - Workers Compensation**

**Terrell State Hospital**

**FY06 Monthly Limit (\$28,513)**



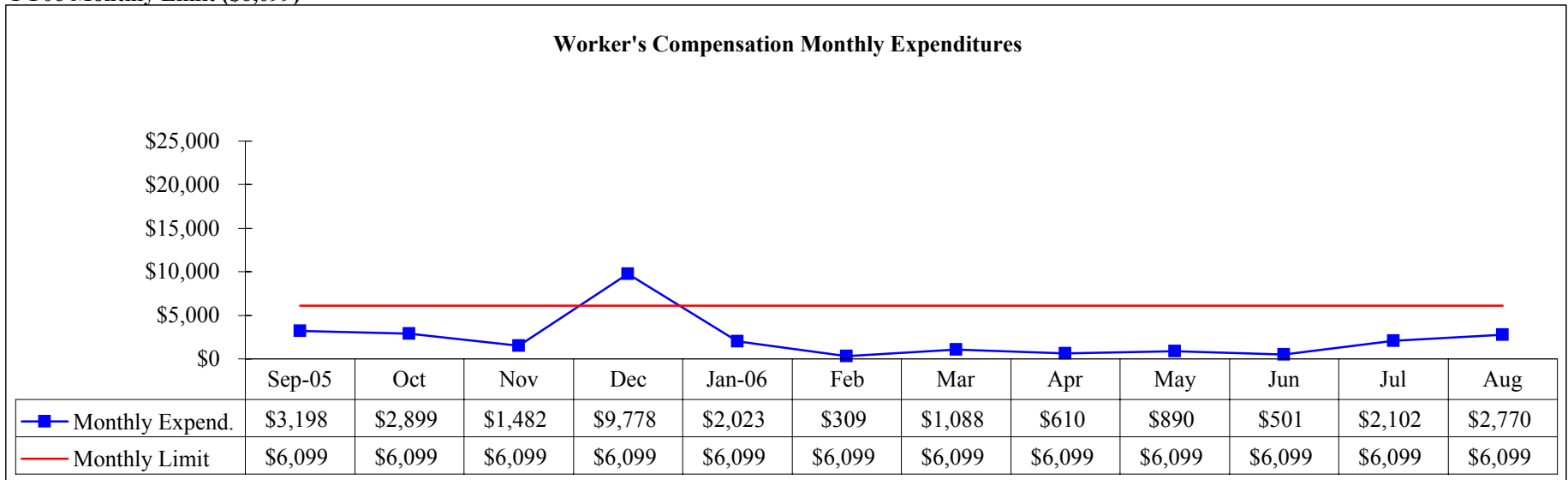
**FYTD Progress Toward Annual Limit (\$342,161)**



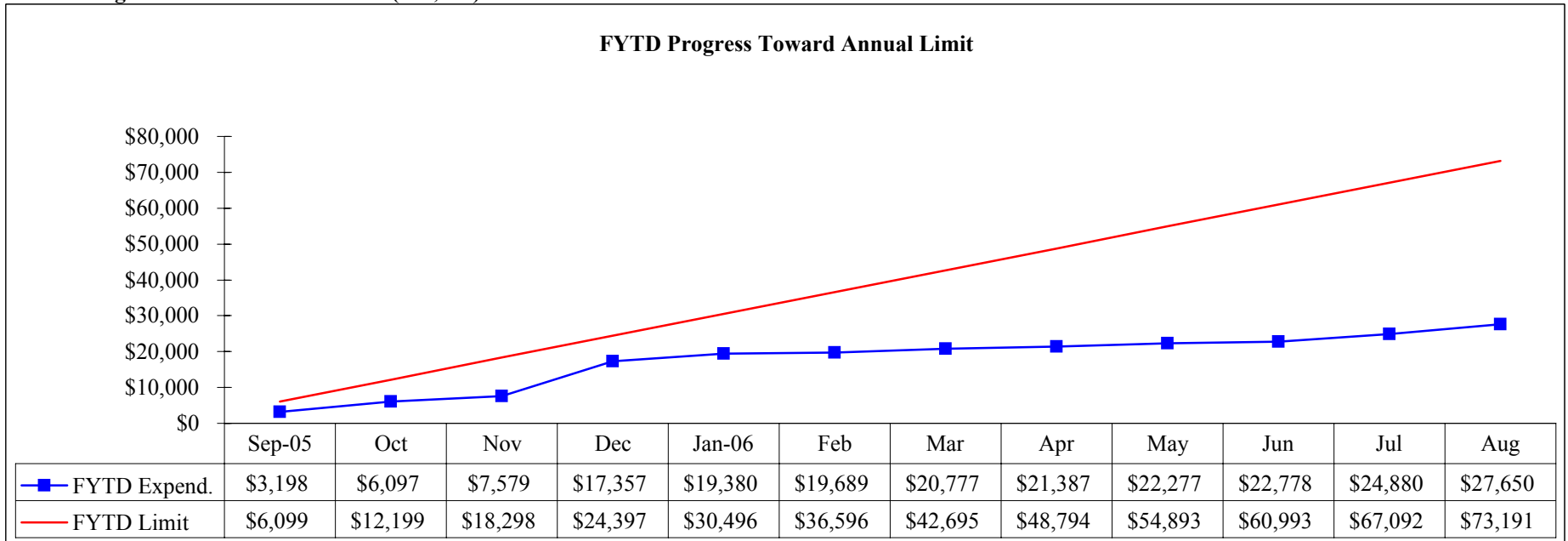
**Objective 6B - Workers Compensation**

**Waco Center for Youth**

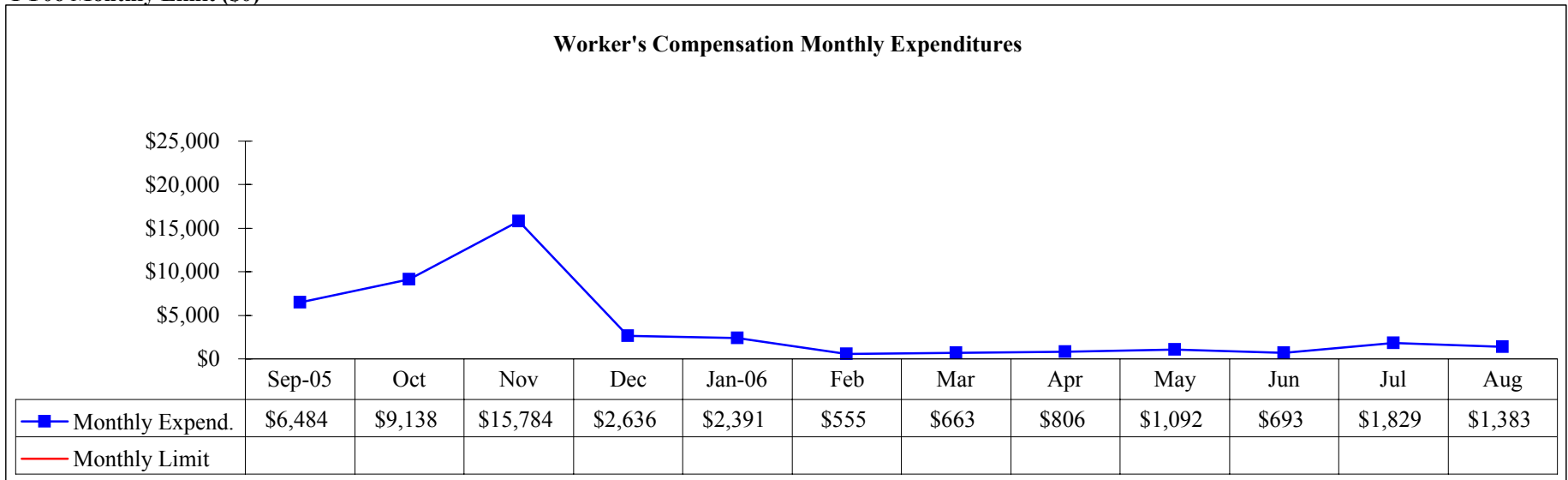
**FY06 Monthly Limit (\$6,099)**



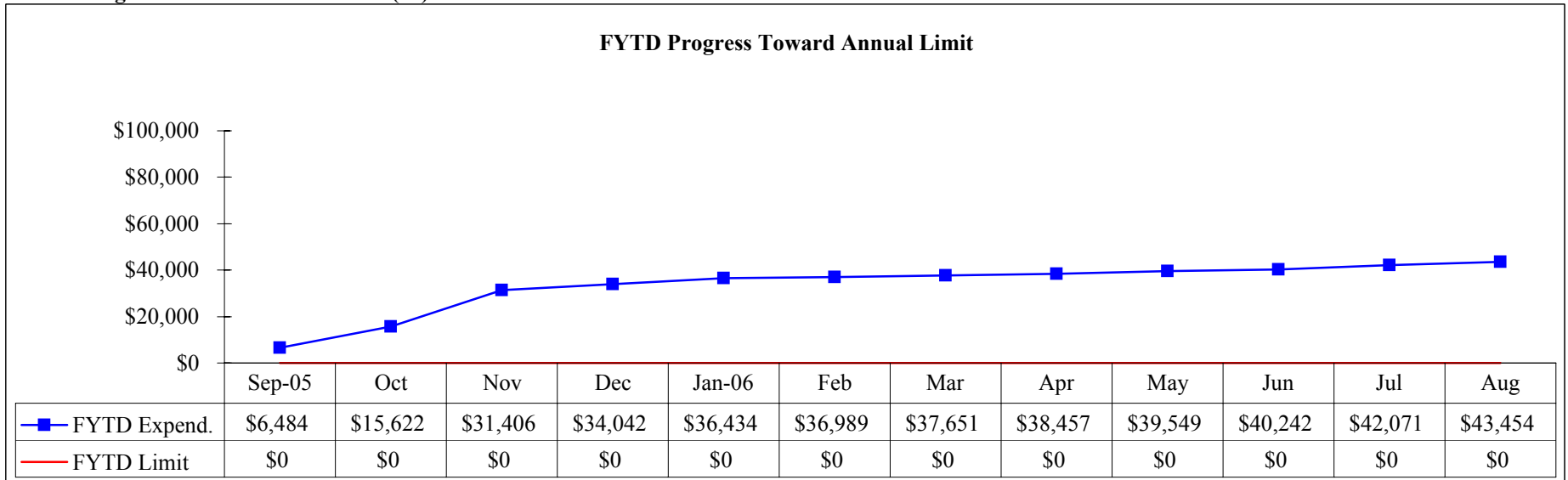
**FYTD Progress Toward Annual Limit (\$73,191)**



**Objective 6B - Workers Compensation**  
**Texas Center for Infectious Disease**  
**FY06 Monthly Limit (\$0)**



**FYTD Progress Toward Annual Limit (\$0)**



FYTD Limit to be determined at a later date



**Performance Objective 6C:**

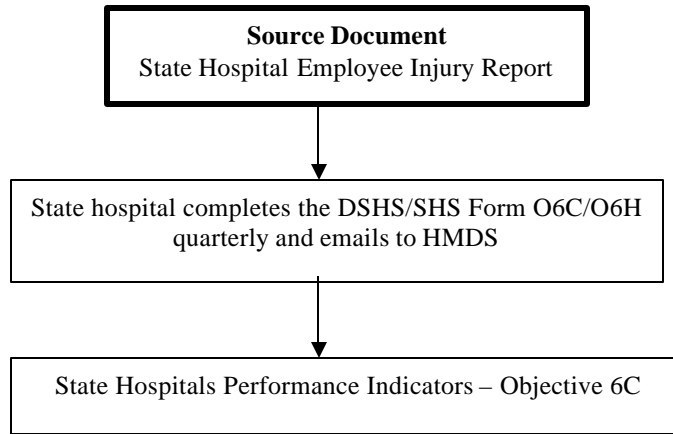
**Employee injuries resulting in a worker compensation claim will not exceed 1.11 per 1000 bed days.**

**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 1000 bed days.

**Data Flow:**

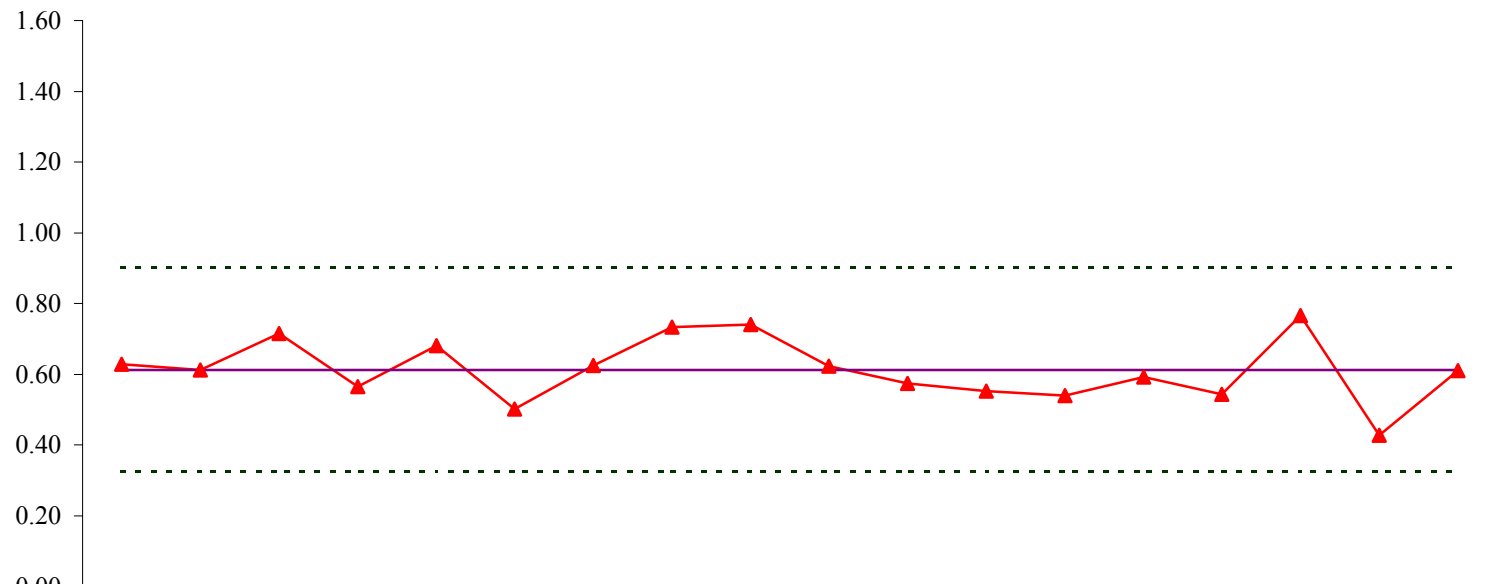


**Data Integrity Review Process:**

Not subject to DIR. This data is calculated and reported to DSHS-Hospitals Section by the Office of the Attorney General.

**Objective 6C & 6I - Employee Injuries**  
**All State Hospitals**

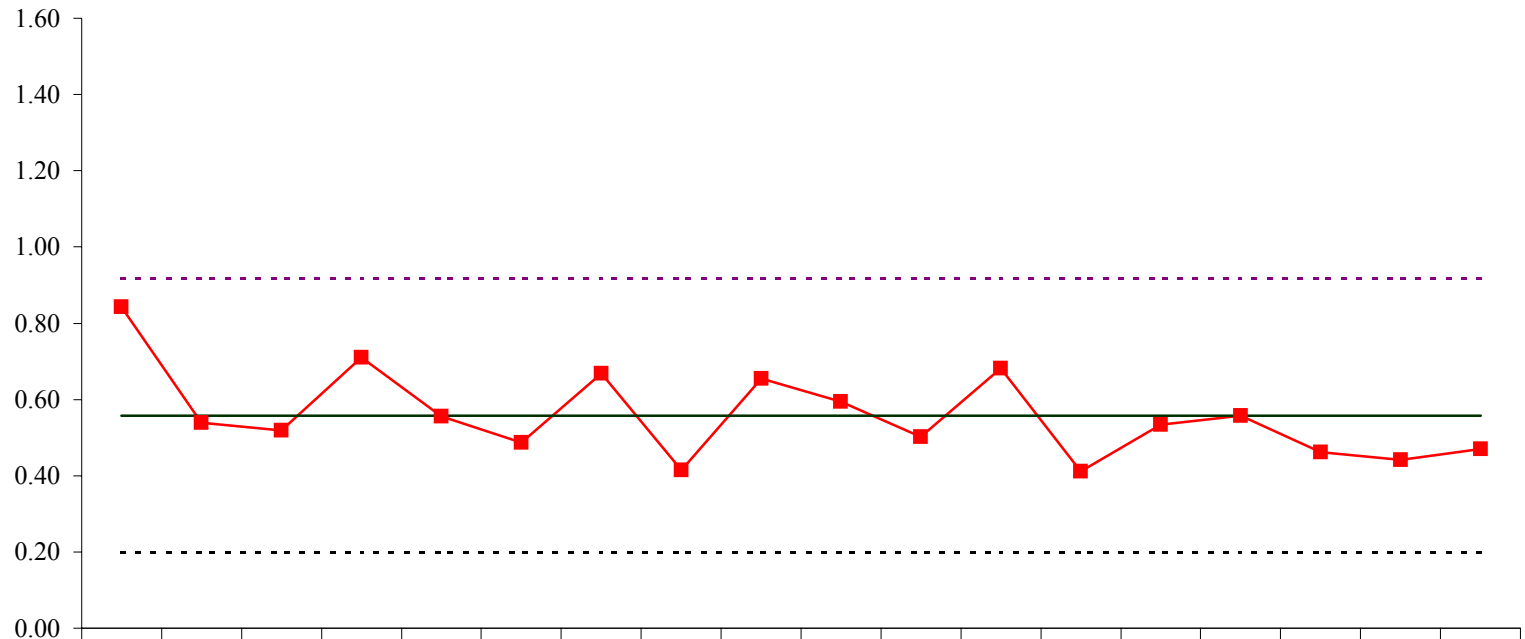
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	202	192	157	179	195	212	204	195	174	146	157	151	155	154	190	190	177	156
Injuries Resulting in a WCC	44	42	51	39	49	36	43	53	52	43	40	34	38	41	39	53	31	44
▲ Emp. Inj.(WCC)/1000 Bed Days	0.63	0.61	0.71	0.56	0.68	0.50	0.62	0.73	0.74	0.62	0.57	0.55	0.54	0.59	0.54	0.77	0.43	0.61
-----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	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61
-----LCL	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32

**Objective 6C & 6I - Employee Injuries**  
**All State Hospitals**

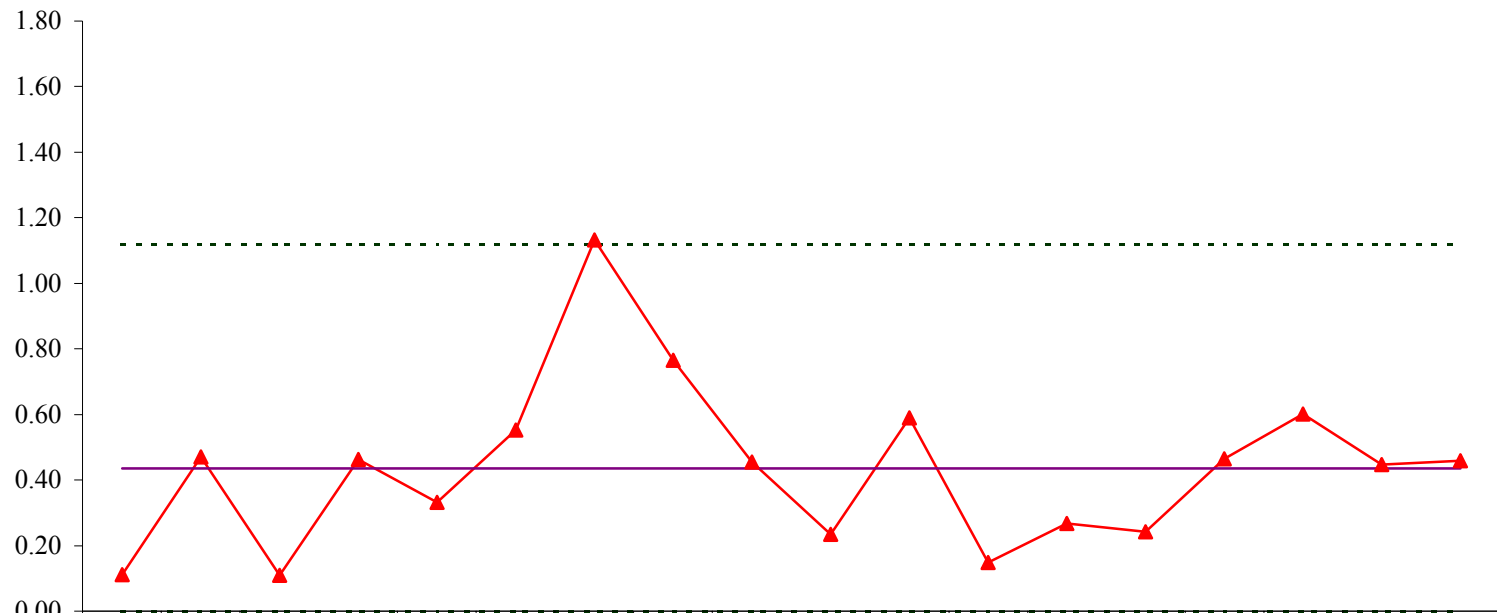
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	202	192	157	179	195	212	204	195	174	146	157	151	155	154	190	190	177	156
Injuries Associated with R/S	59	37	37	49	40	35	46	30	46	41	35	42	29	37	40	32	32	34
Emp. Inj.(RS)/1000 Bed Days	0.84	0.54	0.52	0.71	0.56	0.49	0.67	0.41	0.66	0.59	0.50	0.68	0.41	0.53	0.56	0.46	0.44	0.47
UCL	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92
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	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20

**Objective 6C & 6I - Employee Injuries**  
**Austin State Hospital**

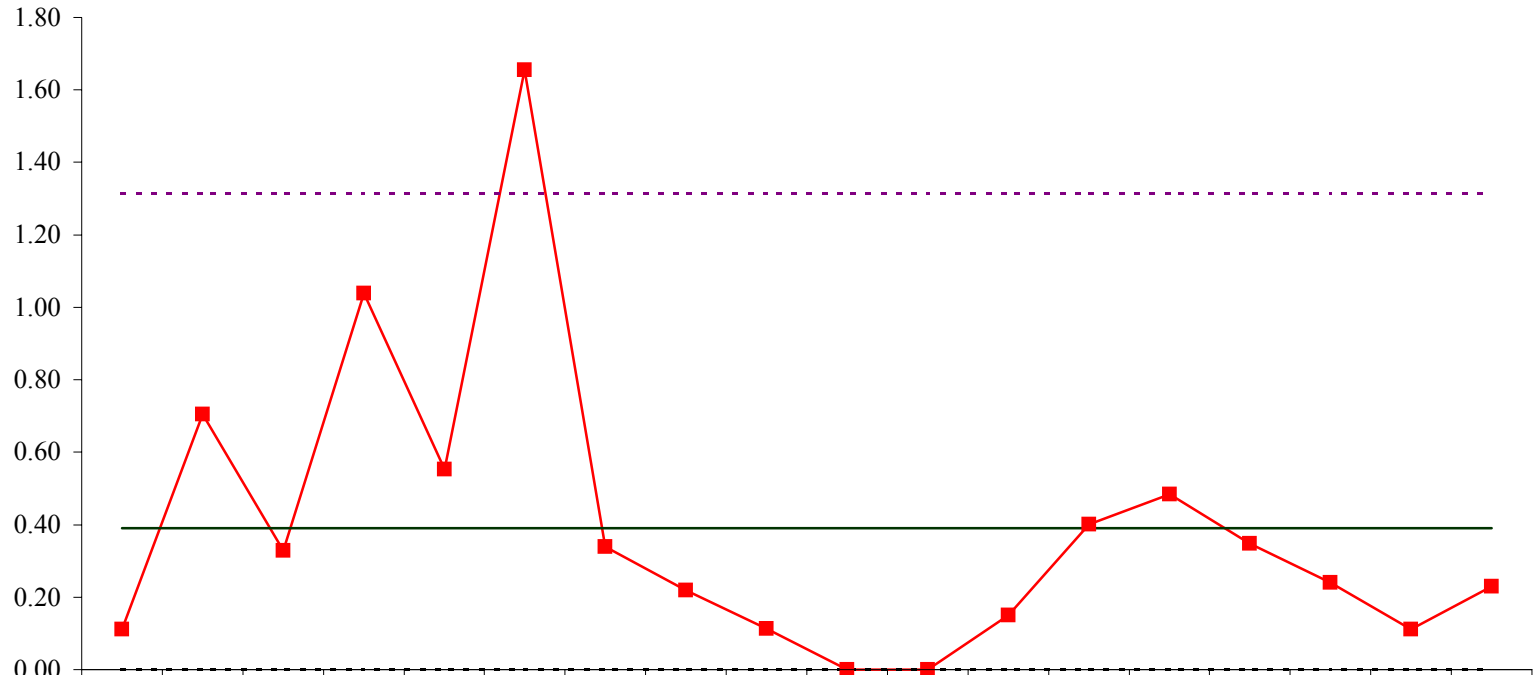
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	3	16	12	18	30	37	10	7	5	3	6	2	8	10	6	7	4	4
Injuries Resulting in a WCC	1	4	1	4	3	5	10	7	4	2	5	1	2	2	4	5	4	4
▲ Emp. Inj.(WCC)/1000 Bed Days	0.11	0.47	0.11	0.46	0.33	0.55	1.13	0.76	0.46	0.23	0.59	0.15	0.27	0.24	0.47	0.60	0.45	0.46
----- UCL	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12	1.12
— Avg	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Austin State Hospital**

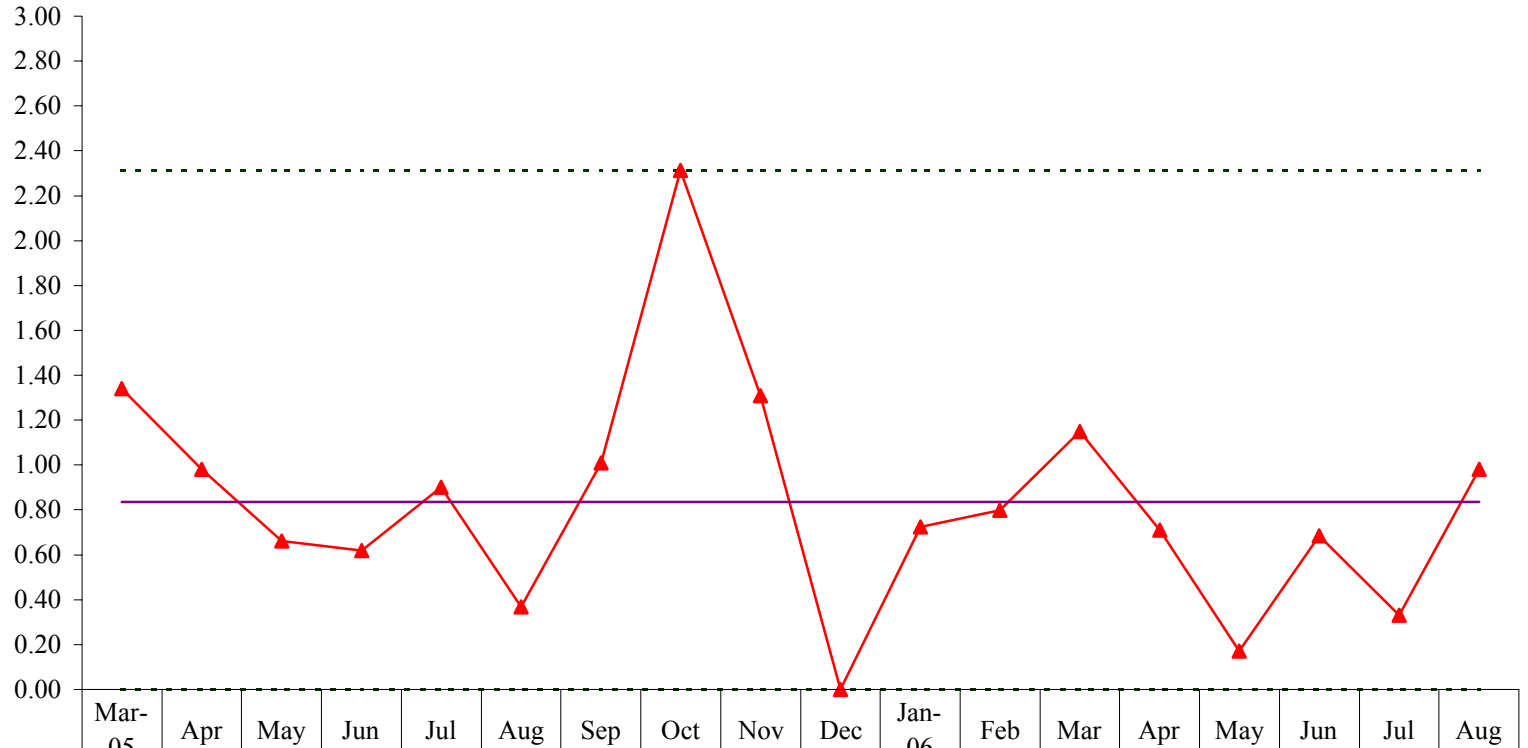
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	3	16	12	18	30	37	10	7	5	3	6	2	8	10	6	7	4	4
Injuries Associated with R/S	1	6	3	9	5	15	3	2	1	0	0	1	3	4	3	2	1	2
Emp. Inj.(RS)/1000 Bed Days	0.11	0.71	0.33	1.04	0.55	1.66	0.34	0.22	0.11	0.00	0.00	0.15	0.40	0.48	0.35	0.24	0.11	0.23
UCL	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31
Avg	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Big Spring State Hospital**

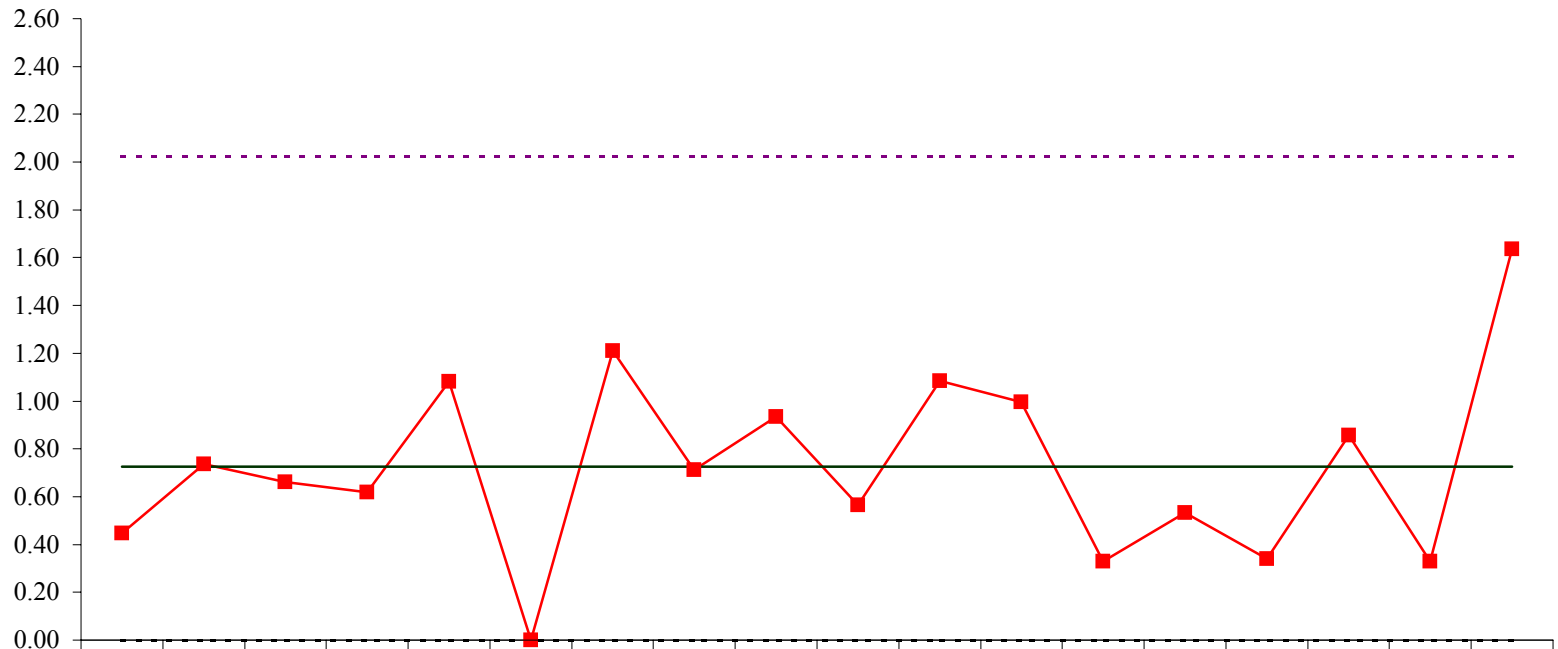
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	13	17	11	10	21	3	31	25	19	12	27	19	16	20	12	10	9	24
Injuries Resulting in a WCC	6	4	3	3	5	2	5	13	7	0	4	4	7	4	1	4	2	6
▲ Emp. Inj.(WCC)/1000 Bed Days	1.34	0.98	0.66	0.62	0.90	0.37	1.01	2.31	1.31	0.00	0.72	0.80	1.15	0.71	0.17	0.68	0.33	0.98
-----UCL	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31	2.31
— Avg	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Big Spring State Hospital**

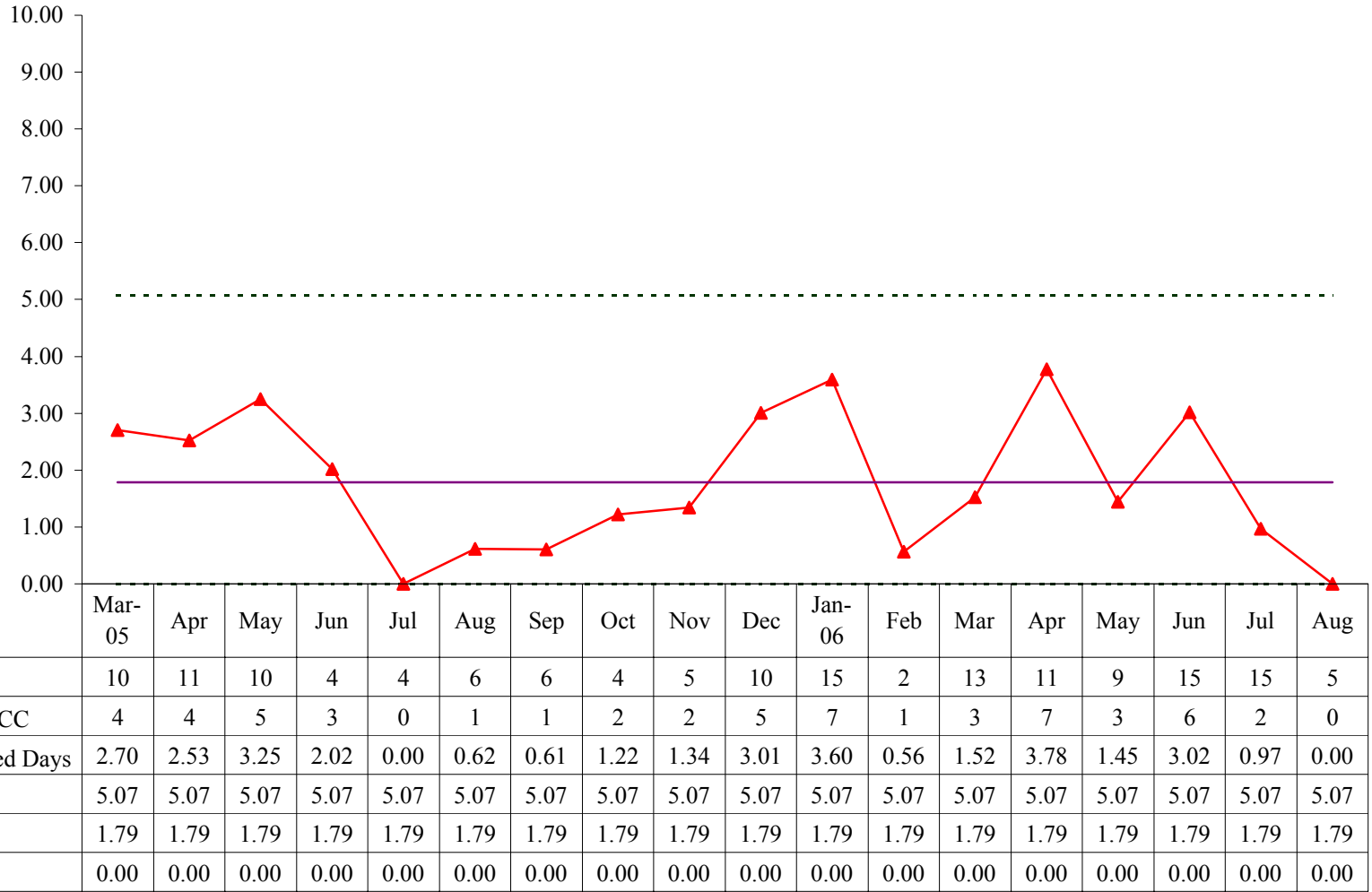
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	13	17	11	10	21	3	31	25	19	12	27	19	16	20	12	10	9	24
Injuries Associated with R/S	2	3	3	3	6	0	6	4	5	3	6	5	2	3	2	5	2	10
Emp. Inj.(RS)/1000 Bed Days	0.45	0.74	0.66	0.62	1.08	0.00	1.21	0.71	0.94	0.56	1.09	1.00	0.33	0.53	0.34	0.86	0.33	1.64
UCL	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
Avg	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**El Paso Psychiatric Center**

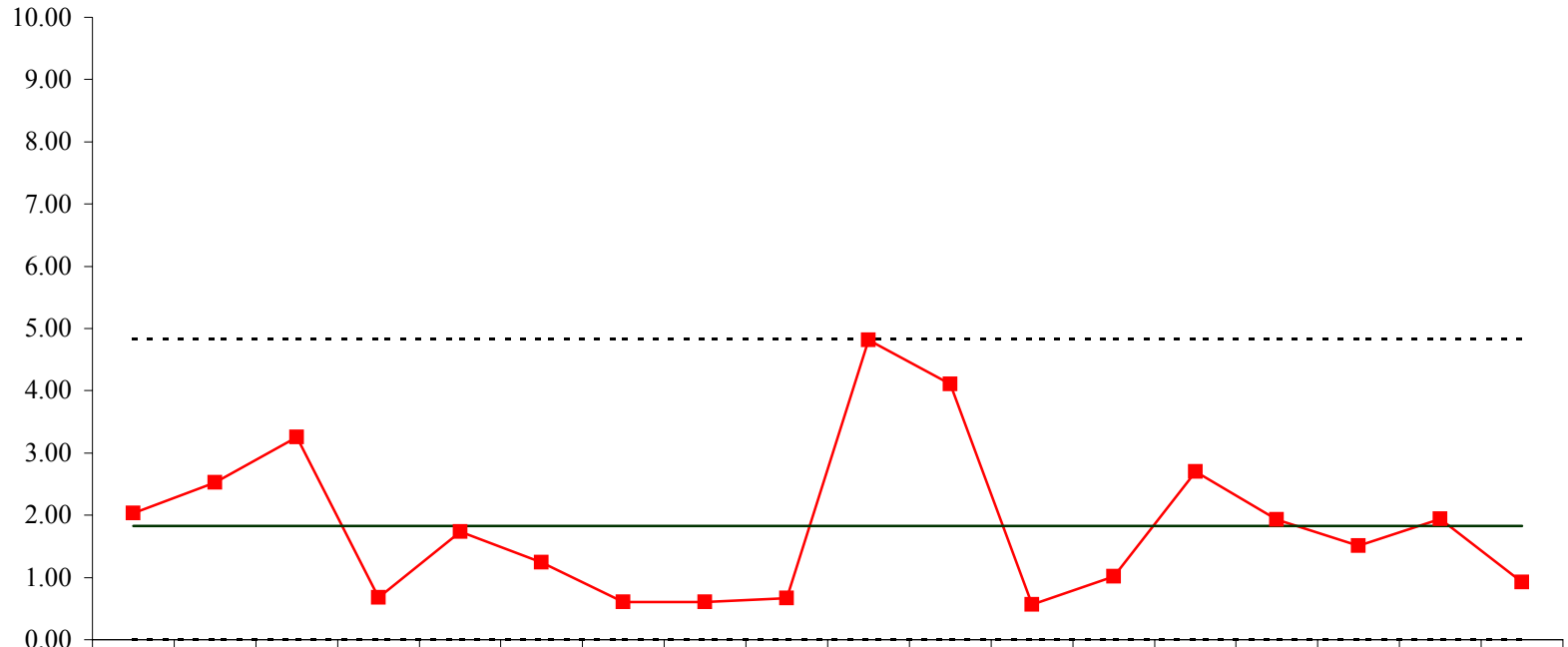
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**





**Objective 6C & 6I - Employee Injuries**  
**El Paso Psychiatric Center**

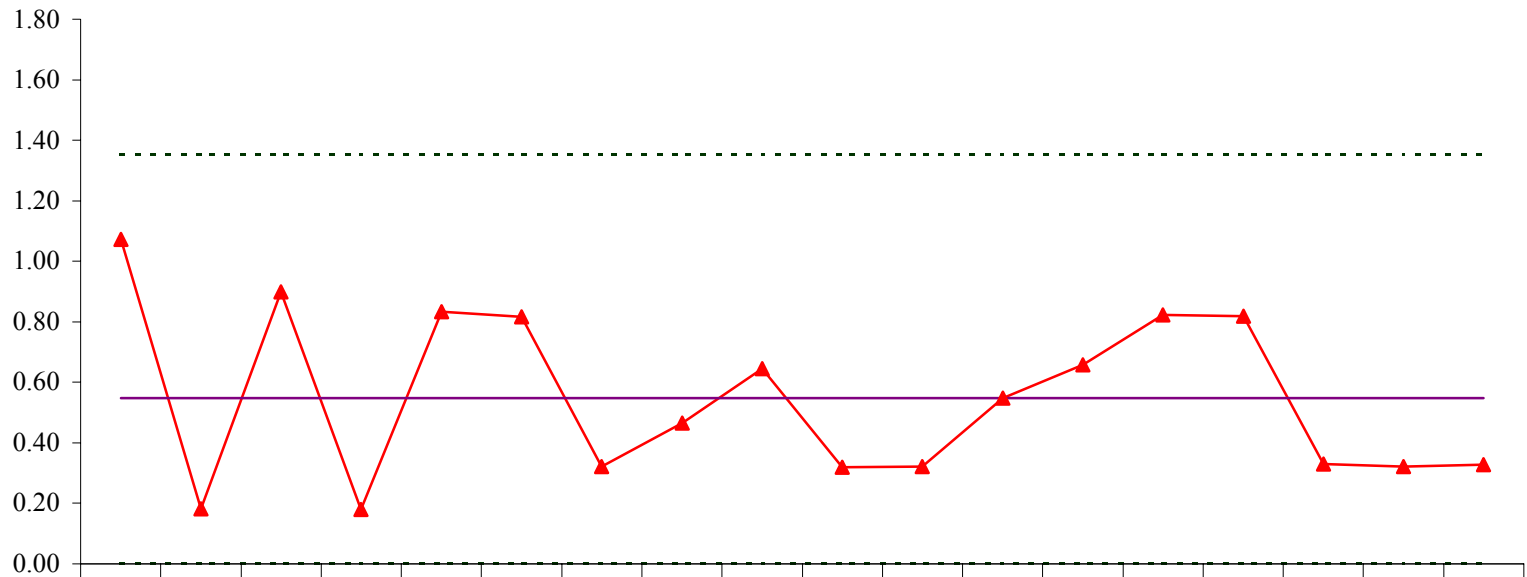
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	10	11	10	4	4	6	6	4	5	10	15	2	13	11	9	15	15	5
Injuries Associated with R/S	3	4	5	1	3	2	1	1	1	8	8	1	2	5	4	3	4	2
■— Emp. Inj.(RS)/1000 Bed Days	2.03	2.53	3.25	0.67	1.74	1.24	0.61	0.61	0.67	4.81	4.11	0.56	1.01	2.70	1.93	1.51	1.94	0.92
-----UCL	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83	4.83
— Avg	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82	1.82
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Kerrville State Hospital**

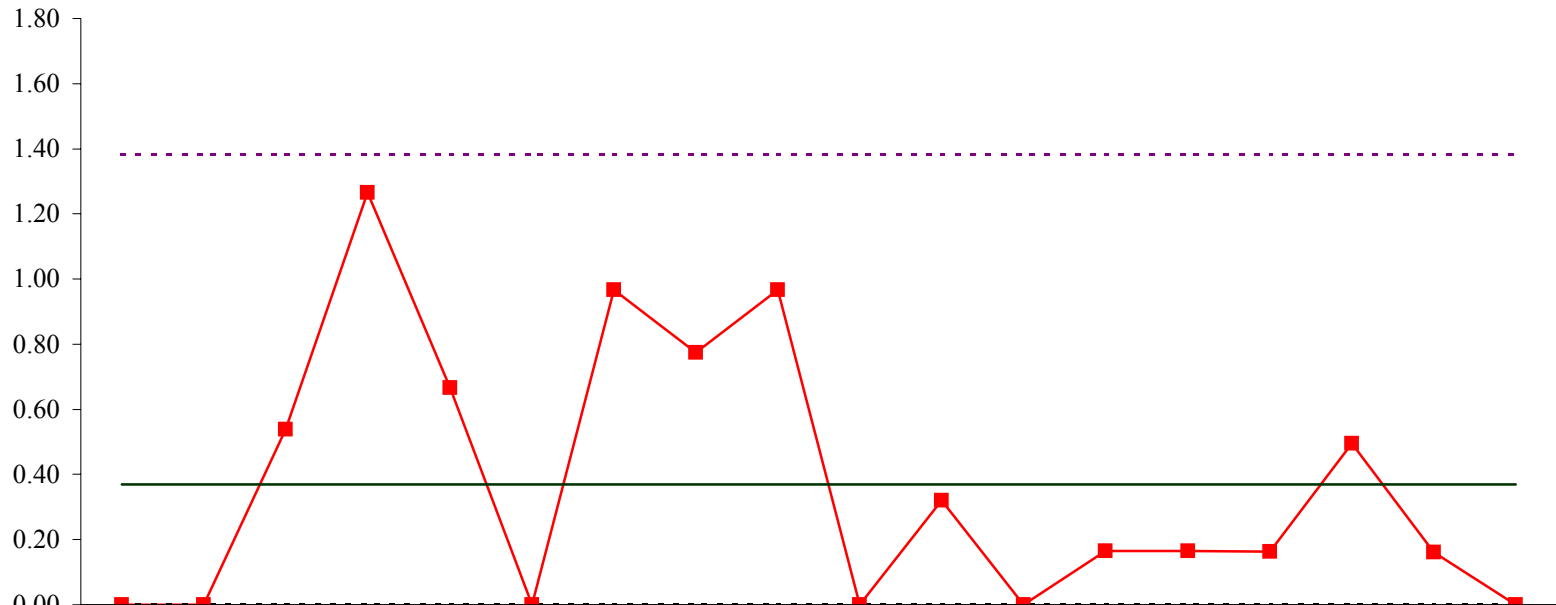
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	7	6	13	17	10	16	10	17	12	10	10	7	11	14	11	13	5	8
Injuries Resulting in a WCC	6	1	5	1	5	5	2	3	4	2	2	3	4	5	5	2	2	2
▲ Emp. Inj.(WCC)/1000 Bed Days	1.07	0.18	0.90	0.18	0.83	0.82	0.32	0.46	0.65	0.32	0.32	0.55	0.66	0.82	0.82	0.33	0.32	0.33
-----UCL	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35
— Avg	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55	0.55
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Kerrville State Hospital**

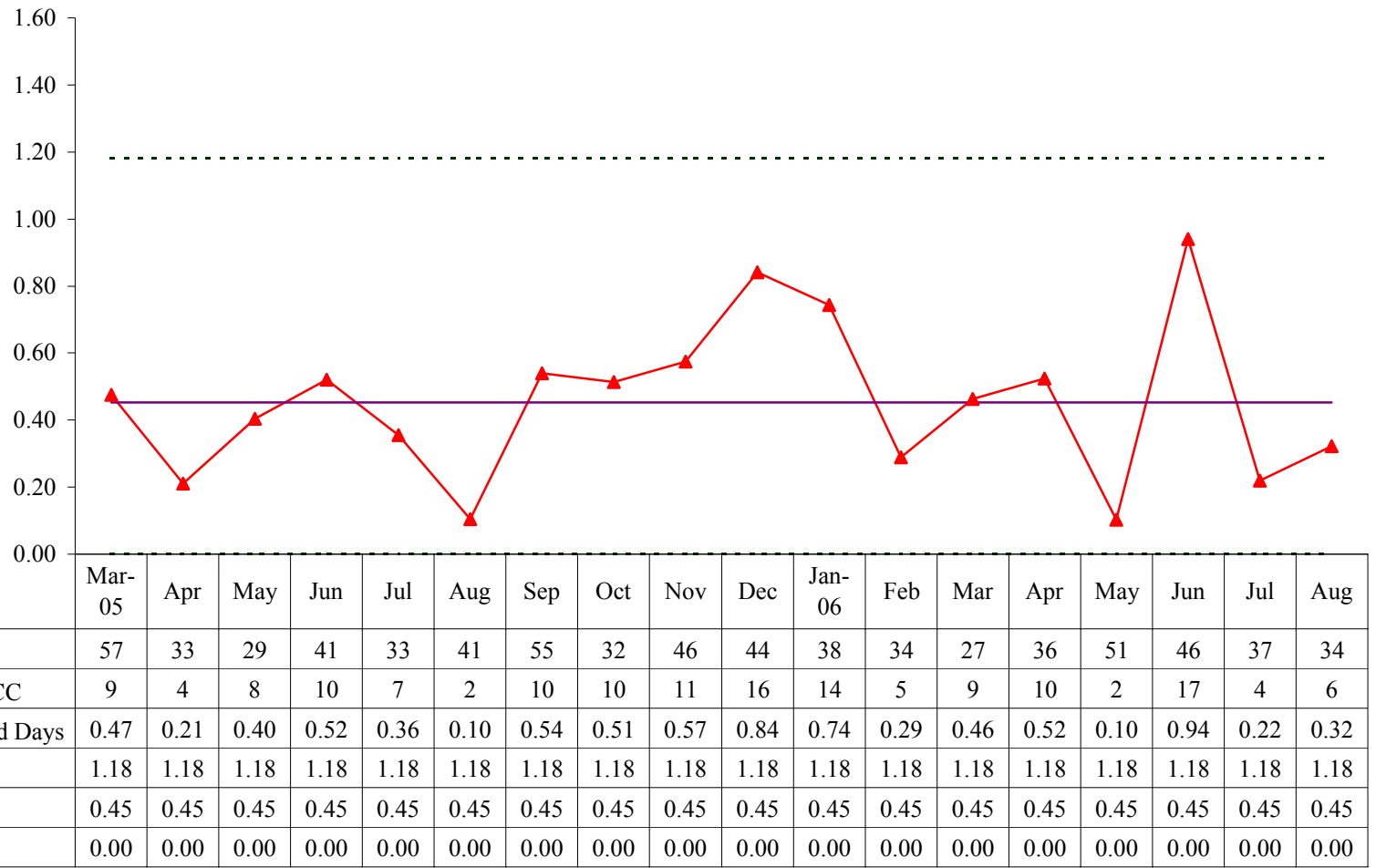
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	7	6	13	17	10	16	10	17	12	10	10	7	11	14	11	13	5	8
Injuries Associated with R/S	0	0	3	7	4	0	6	5	6	0	2	0	1	1	1	3	1	0
■ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.54	1.26	0.67	0.00	0.97	0.77	0.97	0.00	0.32	0.00	0.16	0.16	0.16	0.49	0.16	0.00
- - - - UCL	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38
— Avg	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37
- - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

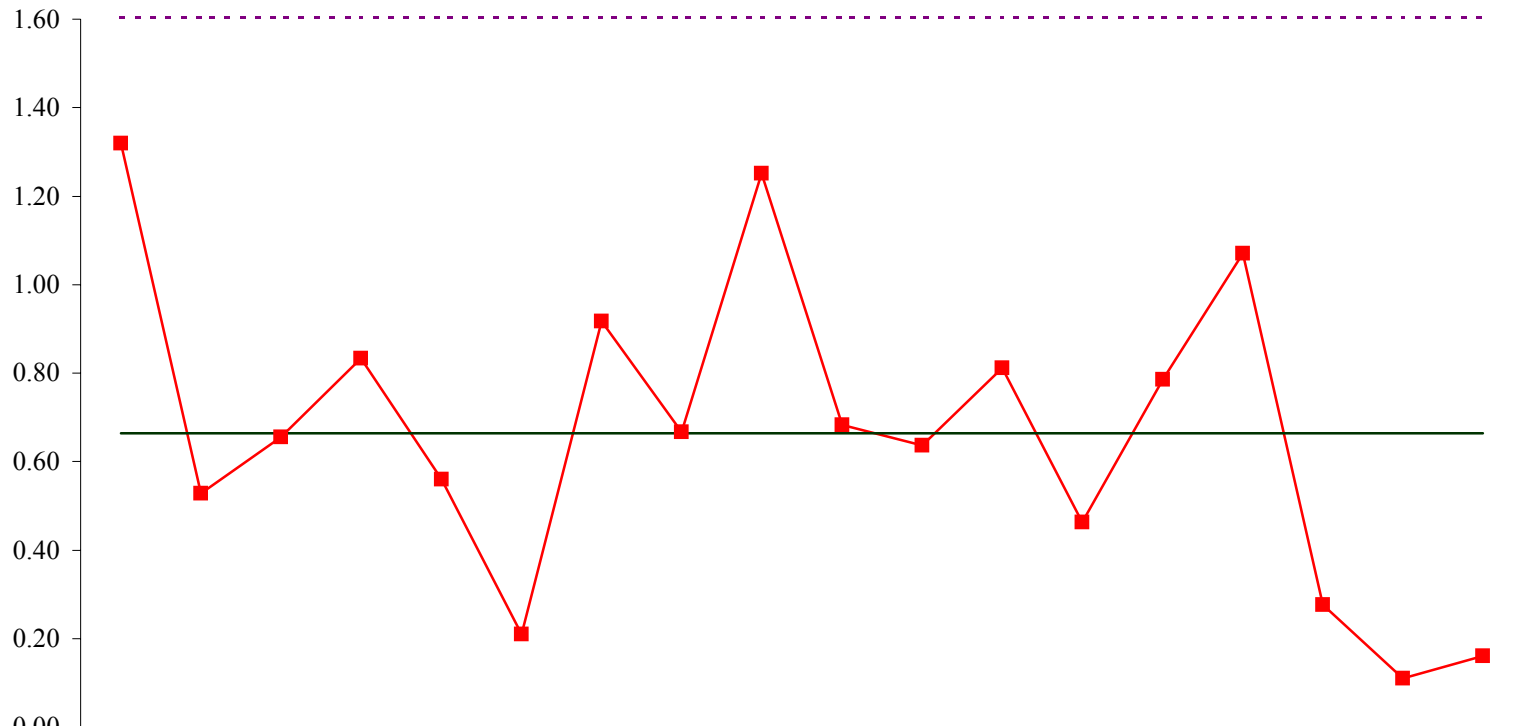
**Objective 6C & 6I - Employee Injuries**  
**North Texas State Hospital**

**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



**Objective 6C & 6I - Employee Injuries**  
**North Texas State Hospital**

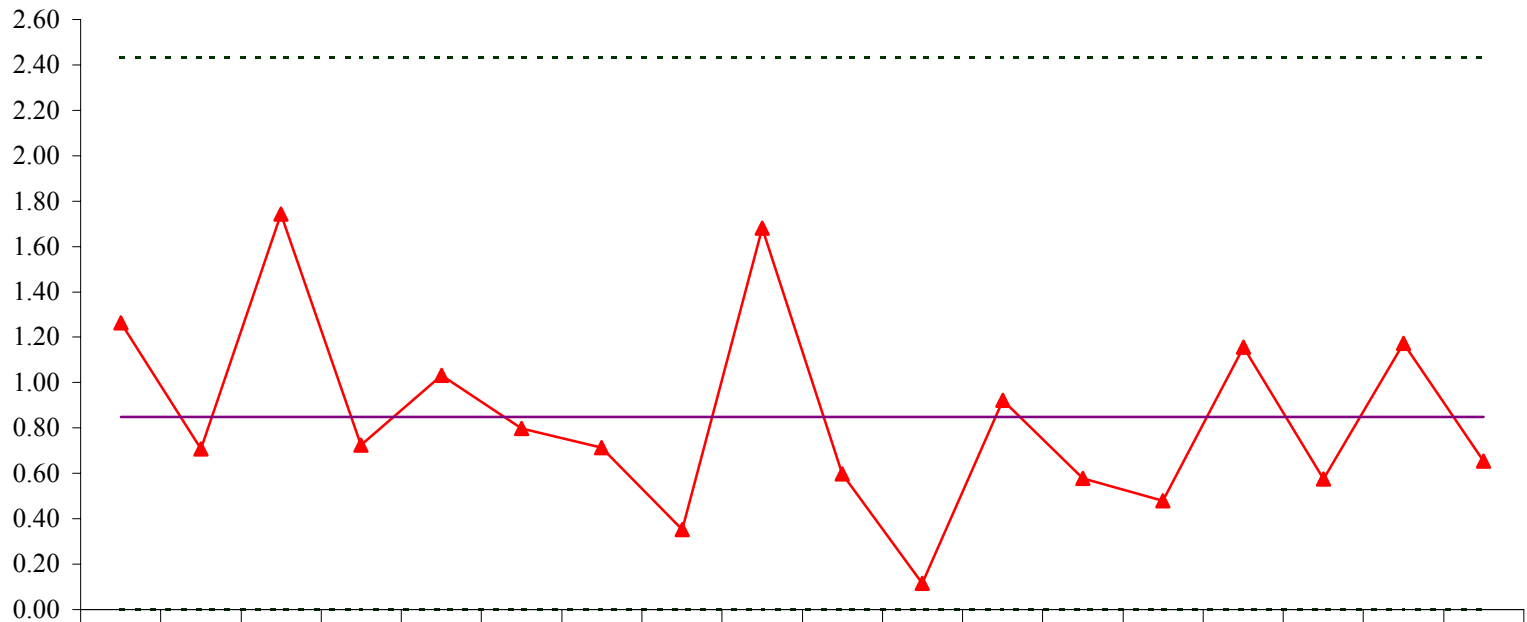
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	57	33	29	41	33	41	55	32	46	44	38	34	27	36	51	46	37	34
Injuries Associated with R/S	25	10	13	16	11	4	17	13	24	13	12	14	9	15	21	5	2	3
■ Emp. Inj.(RS)/1000 Bed Days	1.32	0.53	0.66	0.83	0.56	0.21	0.92	0.67	1.25	0.68	0.64	0.81	0.46	0.79	1.07	0.28	0.11	0.16
- - - - - UCL	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61	1.61
— Avg	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66
- - - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Rusk State Hospital**

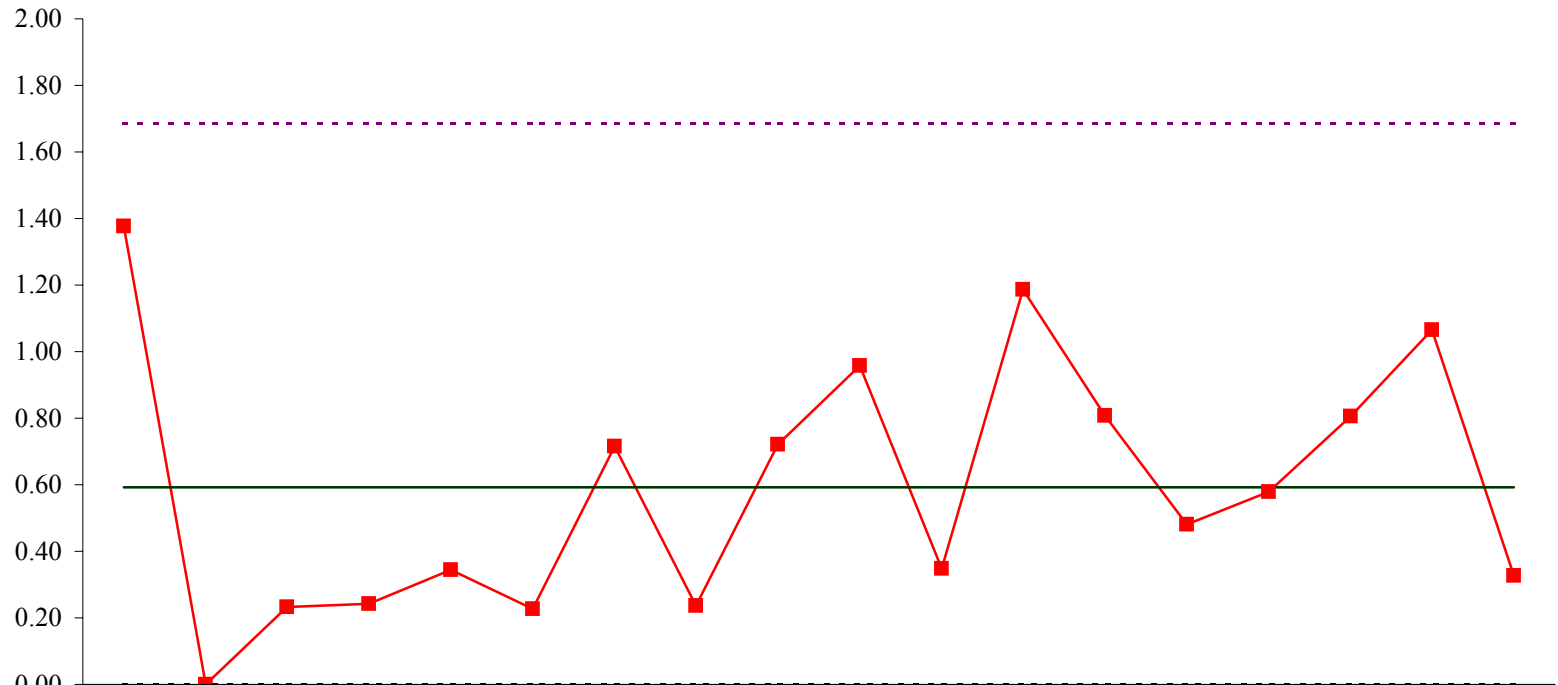
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	26	14	33	26	27	30	28	21	34	22	12	27	27	18	28	28	32	20
Injuries Resulting in a WCC	11	6	15	6	9	7	6	3	14	5	1	7	5	4	10	5	11	6
▲ Emp. Inj.(WCC)/1000 Bed Days	1.26	0.71	1.74	0.73	1.03	0.80	0.71	0.35	1.68	0.60	0.12	0.92	0.58	0.48	1.16	0.58	1.17	0.65
-----UCL	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43
— Avg	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Rusk State Hospital**

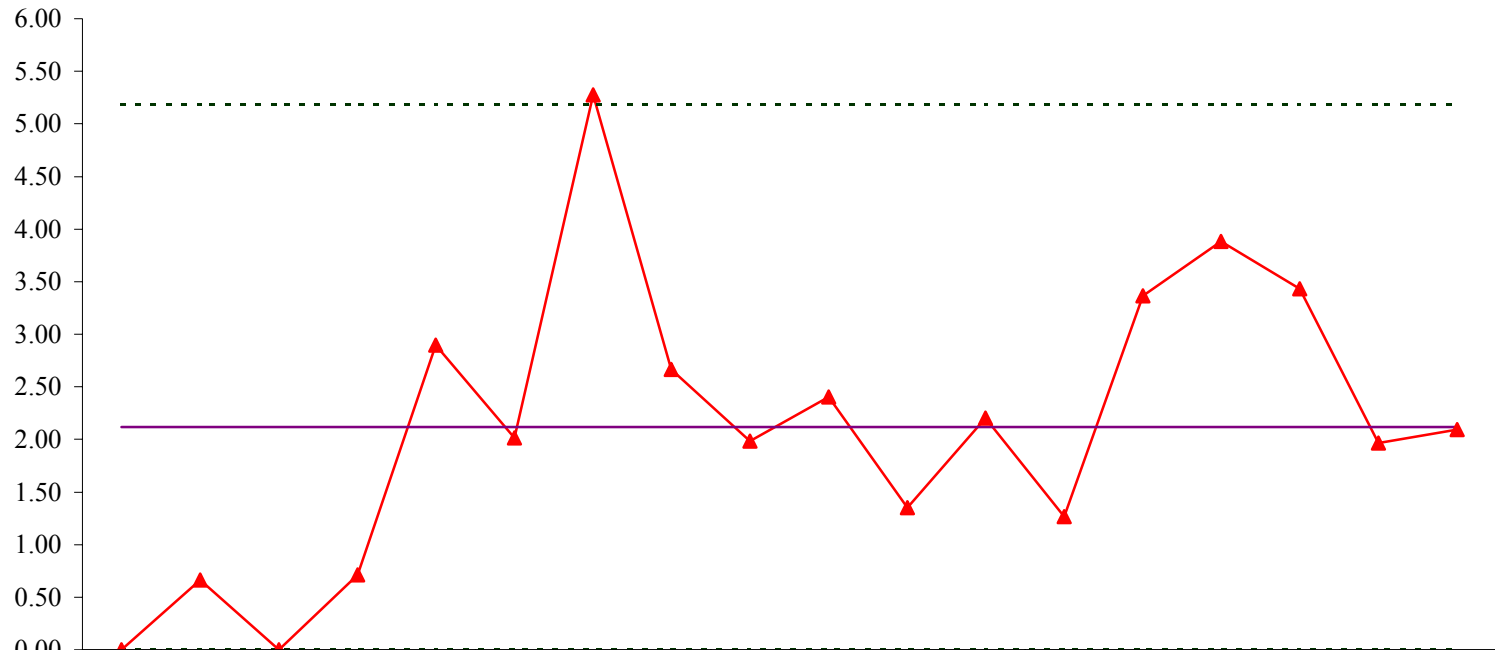
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	26	14	33	26	27	30	28	21	34	22	12	27	27	18	28	28	32	20
Injuries Associated with R/S	12	0	2	2	3	2	6	2	6	8	3	9	7	4	5	7	10	3
—■— Emp. Inj.(RS)/1000 Bed Days	1.38	0.00	0.23	0.24	0.34	0.23	0.71	0.24	0.72	0.96	0.35	1.19	0.81	0.48	0.58	0.81	1.07	0.33
- - - - 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	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59
- - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Rio Grande State Center**

**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**

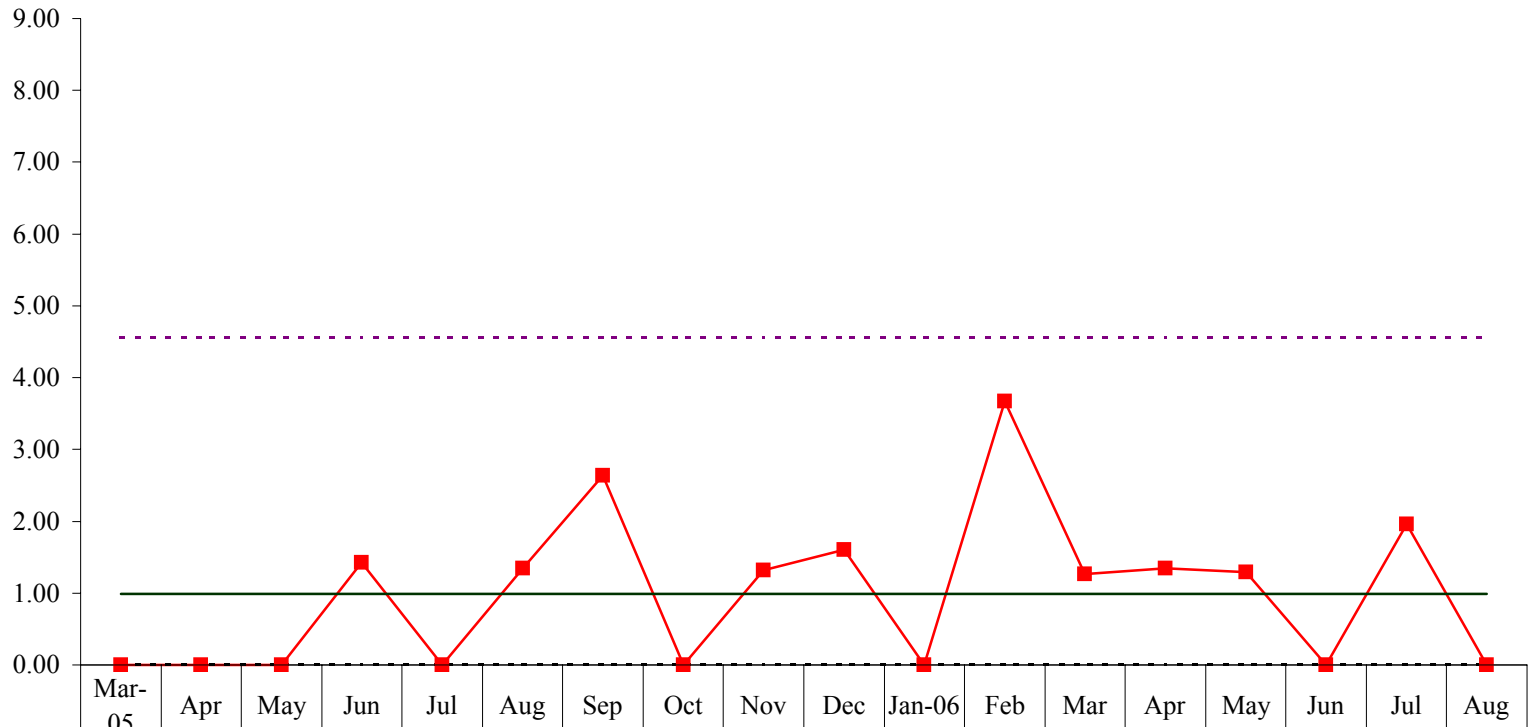


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	6	6	2	4	6	7	12	10	8	9	7	11	8	10	17	11	15	9
Injuries Resulting in a WCC	0	1	0	1	4	3	6	4	3	3	2	3	2	5	6	5	3	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.00	0.67	0.00	0.71	2.90	2.01	5.28	2.66	1.98	2.40	1.35	2.20	1.27	3.36	3.88	3.43	1.96	2.09
-----UCL	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19	5.19
— Avg	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12	2.12
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



**Objective 6C & 6I - Employee Injuries**  
**Rio Grande State Center**

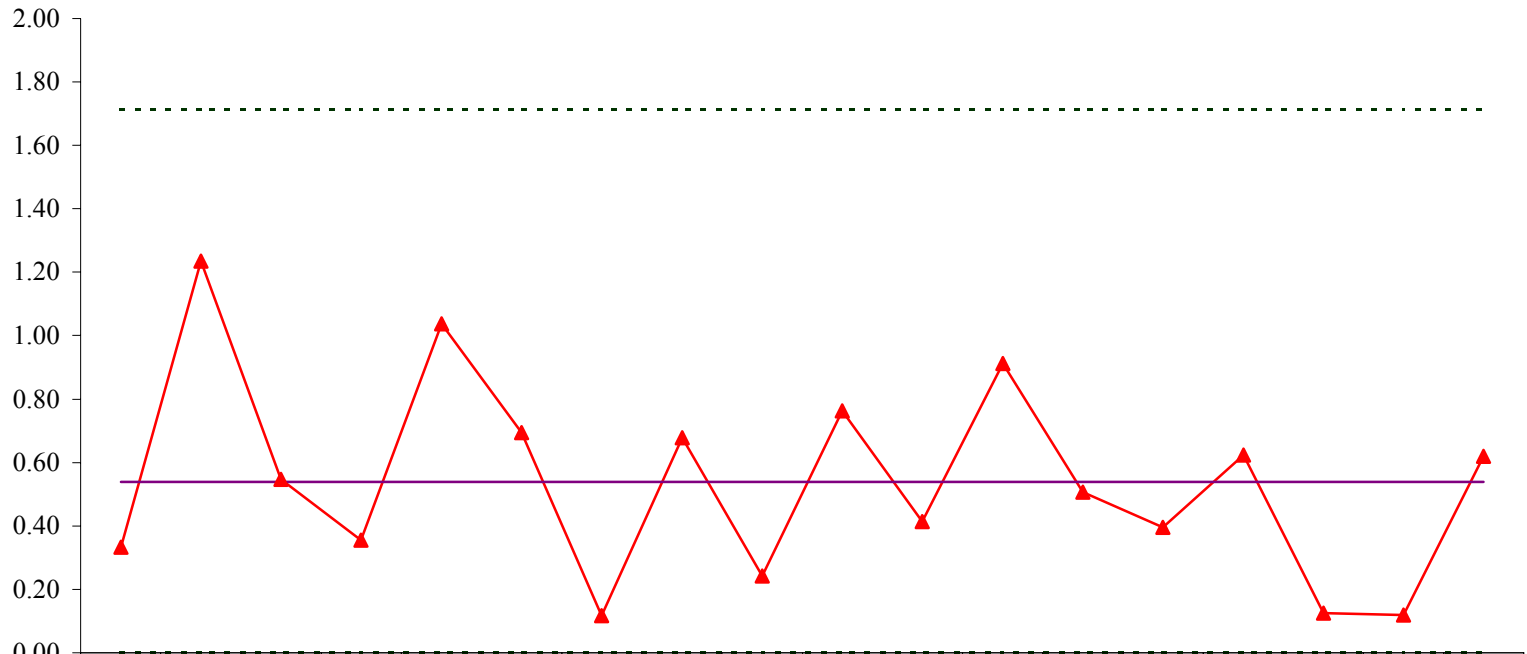
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	6	6	2	4	6	7	12	10	8	9	7	11	8	10	17	11	15	9
Injuries Associated with R/S	0	0	0	2	0	2	3	0	2	2	0	5	2	2	2	0	3	0
■ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	1.43	0.00	1.34	2.64	0.00	1.32	1.60	0.00	3.67	1.27	1.34	1.29	0.00	1.96	0.00
- - - - - 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	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
- - - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**San Antonio State Hospital**

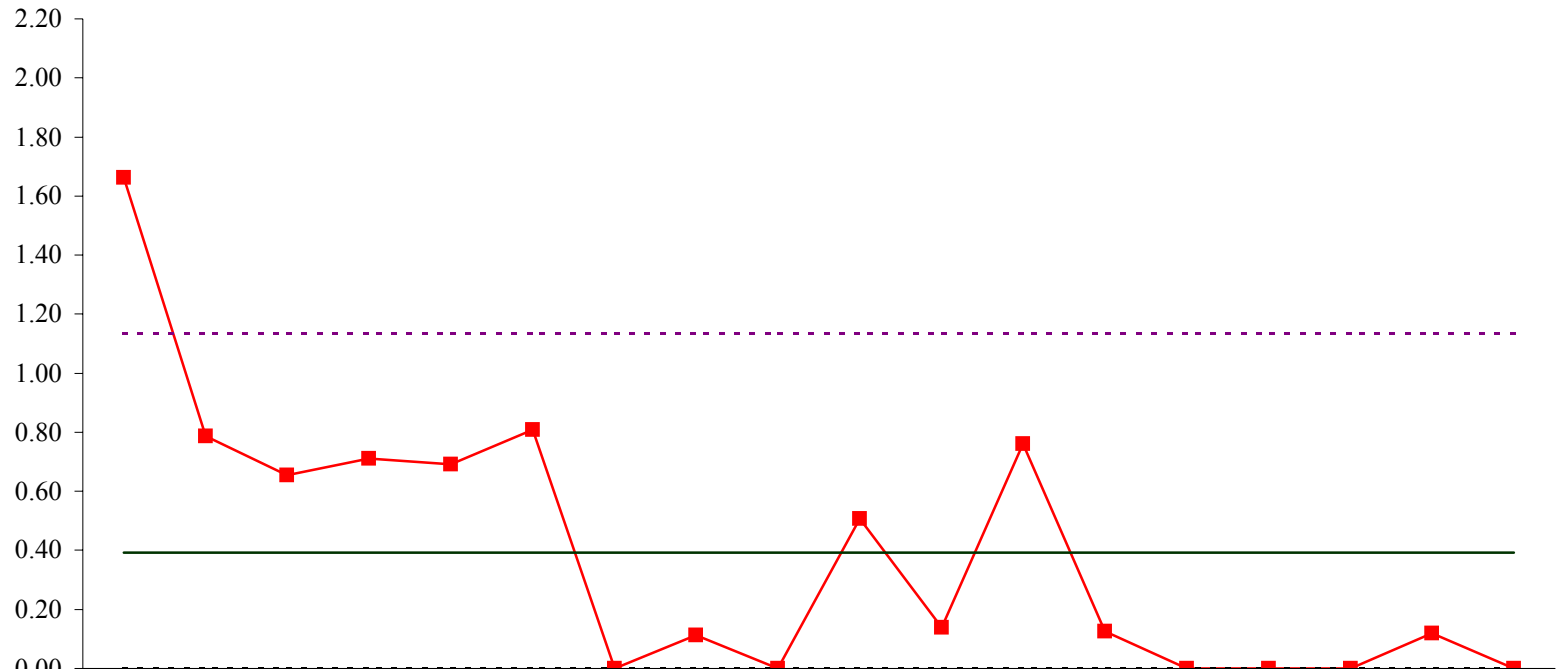
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	36	46	19	21	41	30	24	33	22	17	14	27	24	16	22	19	21	19
Injuries Resulting in a WCC	3	11	5	3	9	6	1	6	2	6	3	6	4	3	5	1	1	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.33	1.24	0.55	0.36	1.04	0.69	0.12	0.68	0.24	0.76	0.41	0.91	0.51	0.40	0.62	0.12	0.12	0.62
-----UCL	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
— Avg	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**San Antonio State Hospital**

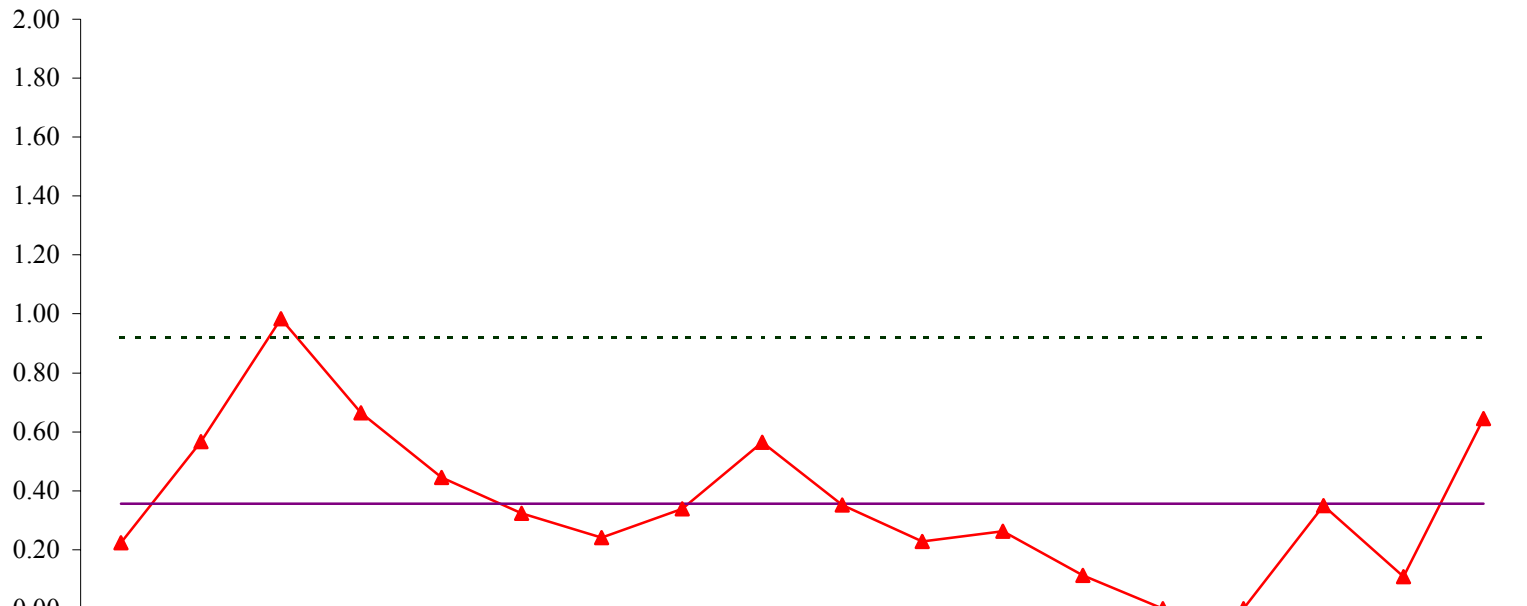
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	36	46	19	21	41	30	24	33	22	17	14	27	24	16	22	19	21	19
Injuries Associated with R/S	15	7	6	6	6	7	0	1	0	4	1	5	1	0	0	0	1	0
■— Emp. Inj.(RS)/1000 Bed Days	1.66	0.79	0.66	0.71	0.69	0.81	0.00	0.11	0.00	0.51	0.14	0.76	0.13	0.00	0.00	0.00	0.12	0.00
- - - - UCL	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
— Avg	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39
- - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Terrell State Hospital**

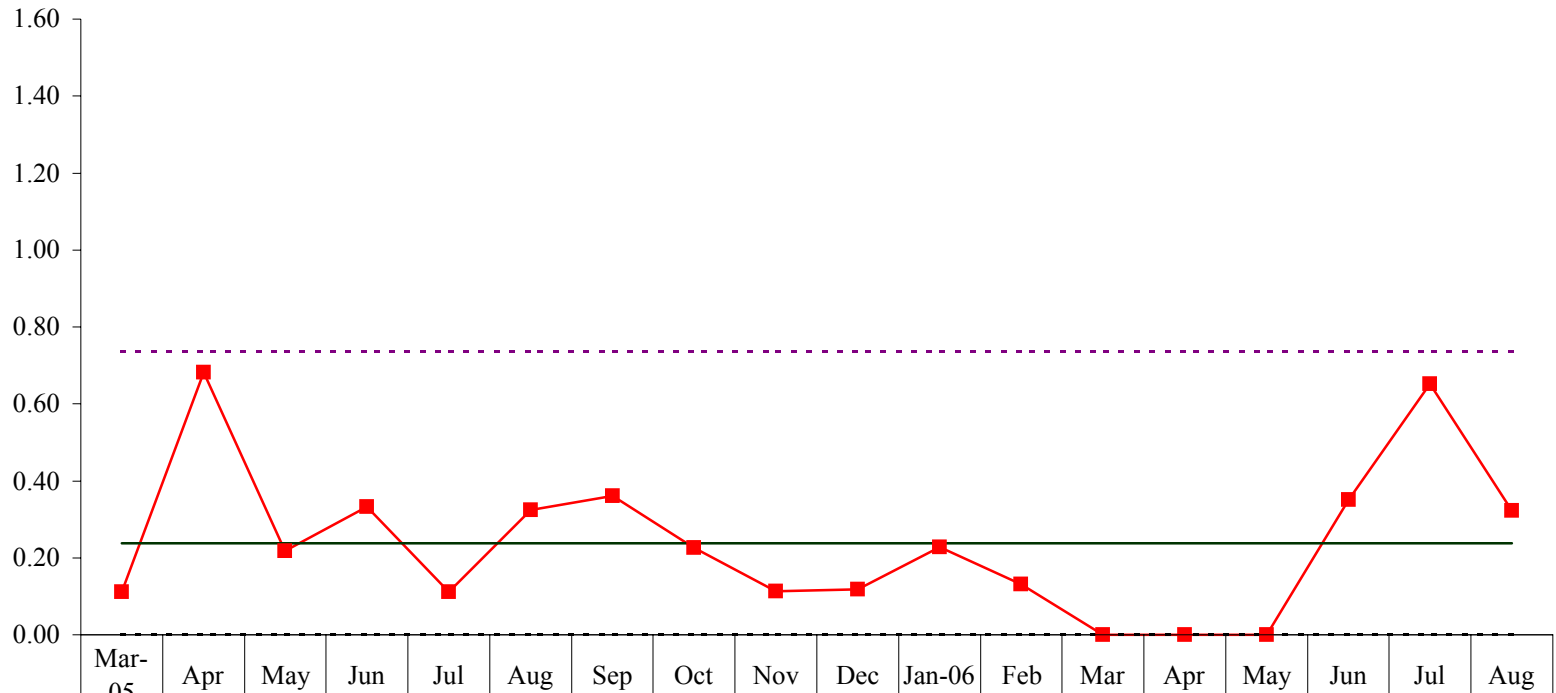
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	40	39	28	34	17	40	27	43	23	15	26	17	19	13	29	29	36	19
Injuries Resulting in a WCC	2	5	9	6	4	3	2	3	5	3	2	2	1	0	0	3	1	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.22	0.57	0.98	0.67	0.45	0.32	0.24	0.34	0.56	0.35	0.23	0.26	0.11	0.00	0.00	0.35	0.11	0.64
-----UCL	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92
—————Avg	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36	0.36
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Terrell State Hospital**

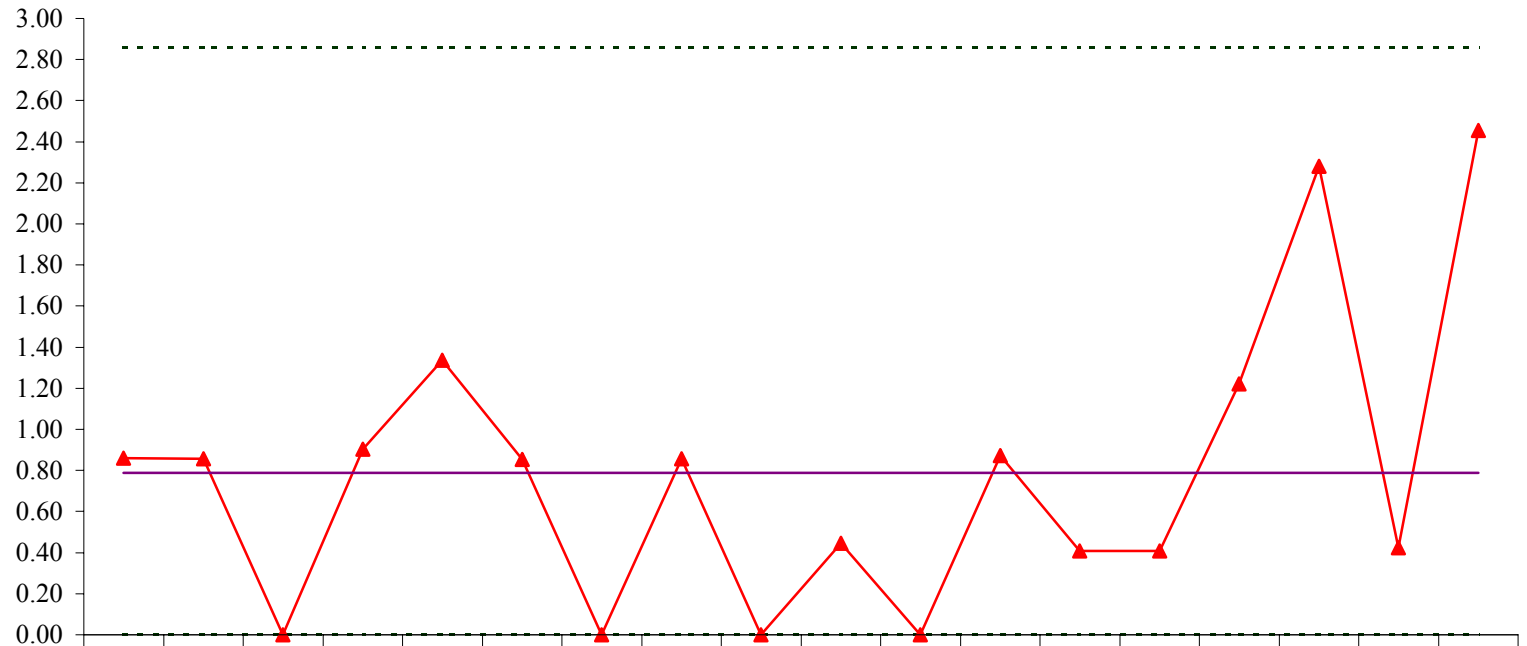
**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	40	39	28	34	17	40	27	43	23	15	26	17	19	13	29	29	36	19
Injuries Associated with R/S	1	6	2	3	1	3	3	2	1	1	2	1	0	0	0	3	6	3
Emp. Inj.(RS)/1000 Bed Days	0.11	0.68	0.22	0.33	0.11	0.32	0.36	0.23	0.11	0.12	0.23	0.13	0.00	0.00	0.00	0.35	0.65	0.32
UCL	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
Avg	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Waco Center for Youth**

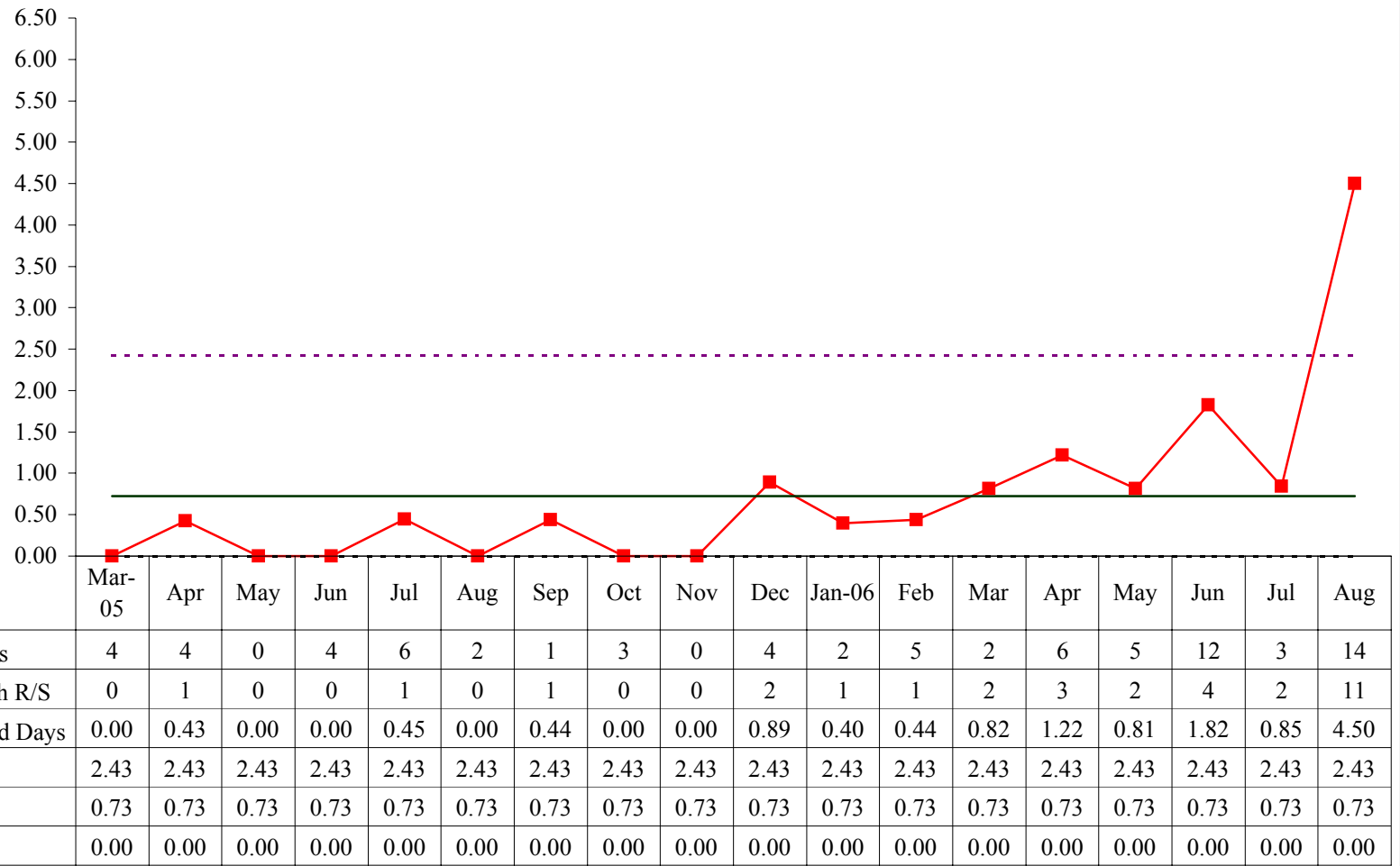
**Employee Injuries Resulting in a Workers' Compensation Claim**  
**(Expectation is  $\leq 1.11$  per 1,000 Bed Days)**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	4	4	0	4	6	2	1	3	0	4	2	5	2	6	5	12	3	14
Injuries Resulting in a WCC	2	2	0	2	3	2	0	2	0	1	0	2	1	1	3	5	1	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.86	0.86	0.00	0.90	1.34	0.85	0.00	0.86	0.00	0.44	0.00	0.87	0.41	0.41	1.22	2.28	0.42	2.45
-----UCL	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86	2.86
— Avg	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Objective 6C & 6I - Employee Injuries**  
**Waco Center for Youth**

**Employee Injuries During Restraint or Seclusion**  
**(Expectation is  $\leq 0.92$  per 1,000 Bed Days)**



**Performance Objective 6F:**

**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.**

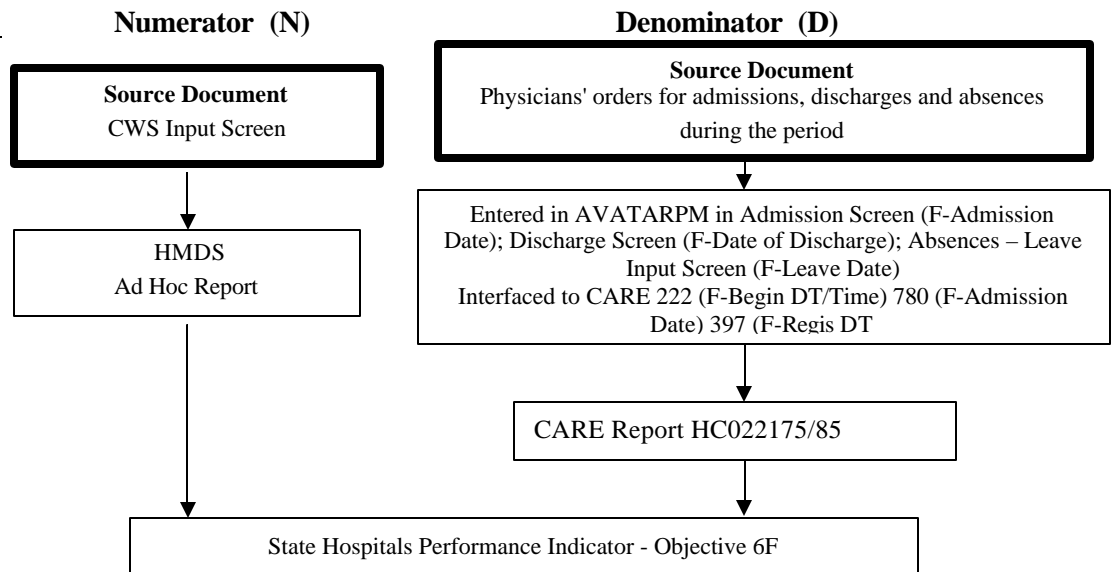
**Performance Objective Operational Definition:** The state hospital rate of patient injuries documented on the Client Injury Assessment per FY quarter.  
 Number of injuries incurred by age group category per FY quarter (age will be calculated at the beginning of the reporting period).

**Performance Objective Formula:  $R = (N/D) \times 1000$**   
 R = rate of injuries per 1000 bed days per FY quarter  
 N = number of injuries D = number of bed days per FY quarter  
 1000 = bed day rate multiplier

**Performance Objective Data Display and Chart Description:**

- ◆ Table shows number of injuries by probable cause and rate (per 1000 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 1000 bed days for individual state hospitals and system-wide.
- ◆ 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.



**Objective 6F - Patient Injuries**

**All State Hospitals - FY06**

Hospital	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	
<b>ALL SH</b>																													
Accident	7	233	239	25	2	0	<b>506</b>	13	168	219	17	3	0	<b>420</b>	13	272	263	28	0	0	<b>576</b>	17	240	263	21	3	0	<b>544</b>	
Another Client	3	158	160	19	0	0	<b>340</b>	6	92	109	18	2	0	<b>227</b>	5	143	152	15	0	0	<b>315</b>	9	138	134	10	0	0	<b>291</b>	
Employee/Accident	0	6	6	1	0	0	<b>13</b>	1	11	8	2	0	0	<b>22</b>	0	7	11	5	0	0	<b>23</b>	0	7	5	0	0	0	<b>12</b>	
Medical Condition	0	15	5	0	0	0	<b>20</b>	1	11	10	1	0	0	<b>23</b>	2	8	9	3	0	0	<b>22</b>	3	8	8	2	0	0	<b>21</b>	
Self Inflicted	3	86	133	10	0	0	<b>232</b>	5	92	178	17	0	0	<b>292</b>	6	95	156	15	0	0	<b>272</b>	11	94	154	7	1	1	<b>268</b>	
Undetermined	28	122	53	3	1	0	<b>207</b>	15	104	61	7	4	0	<b>191</b>	15	112	54	10	2	0	<b>193</b>	27	134	66	7	0	0	<b>234</b>	
Visitor	0	0	0	0	0	0	<b>0</b>	0	2	0	0	0	0	<b>2</b>	0	0	0	0	0	0	<b>0</b>	0	0	0	0	0	0	<b>0</b>	
<b>Total</b>	<b>41</b>	<b>620</b>	<b>596</b>	<b>58</b>	<b>3</b>	<b>0</b>	<b>1318</b>	<b>41</b>	<b>480</b>	<b>585</b>	<b>62</b>	<b>9</b>	<b>0</b>	<b>1177</b>	<b>41</b>	<b>637</b>	<b>645</b>	<b>76</b>	<b>2</b>	<b>0</b>	<b>1401</b>	<b>67</b>	<b>621</b>	<b>630</b>	<b>47</b>	<b>4</b>	<b>1</b>	<b>1370</b>	
Rate/1000 Bed Days	0.19	2.93	2.82	0.27	0.01	0.00	<b>0.29</b>	0.20	2.40	2.92	0.31	0.04	0.00	<b>0.35</b>	0.19	3.01	3.05	0.36	0.01	0.00	<b>0.37</b>	0.31	2.90	2.95	0.22	0.02	0.00	<b>0.24</b>	

N/A = Not Available

\*Total Rate/1000 Bed Days for NRI Category 3, 4,5

**Objective 6F - Patient Injuries**

**All State Hospitals**

Hospitals	Q1 FY06							Q2							Q3							FYTD							
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	
<b>ALL SH</b>																													
Age 0-17	2	60	133	11	1	0	207	9	57	141	6	0	0	213	4	107	147	14	0	0	272	15	224	421	31	1	0	692	
Age 18-64	37	520	430	48	2	0	1037	29	383	411	55	8	0	886	33	519	466	62	2	0	1082	99	1422	1307	165	12	0	3005	
Age 65-olde	2	64	36	1	0	0	103	6	32	33	5	1	0	77	6	42	36	2	0	0	86	14	138	105	8	1	0	266	
<b>Total</b>	<b>41</b>	<b>644</b>	<b>599</b>	<b>60</b>	<b>3</b>	<b>0</b>	<b>1347</b>	<b>44</b>	<b>472</b>	<b>585</b>	<b>66</b>	<b>9</b>	<b>0</b>	<b>1176</b>	<b>43</b>	<b>668</b>	<b>649</b>	<b>78</b>	<b>2</b>	<b>0</b>	<b>1440</b>	<b>128</b>	<b>1784</b>	<b>1833</b>	<b>204</b>	<b>14</b>	<b>0</b>	<b>3963</b>	

N/A = Not Available

**Performance Objective 6H:**

**The rate of patient injury related to behavioral seclusion and restraint for FY06 will not exceed 0.49 per 1000 bed days for FY05.**

**Performance Objective Operational Definition:** Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1000 bed days).

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

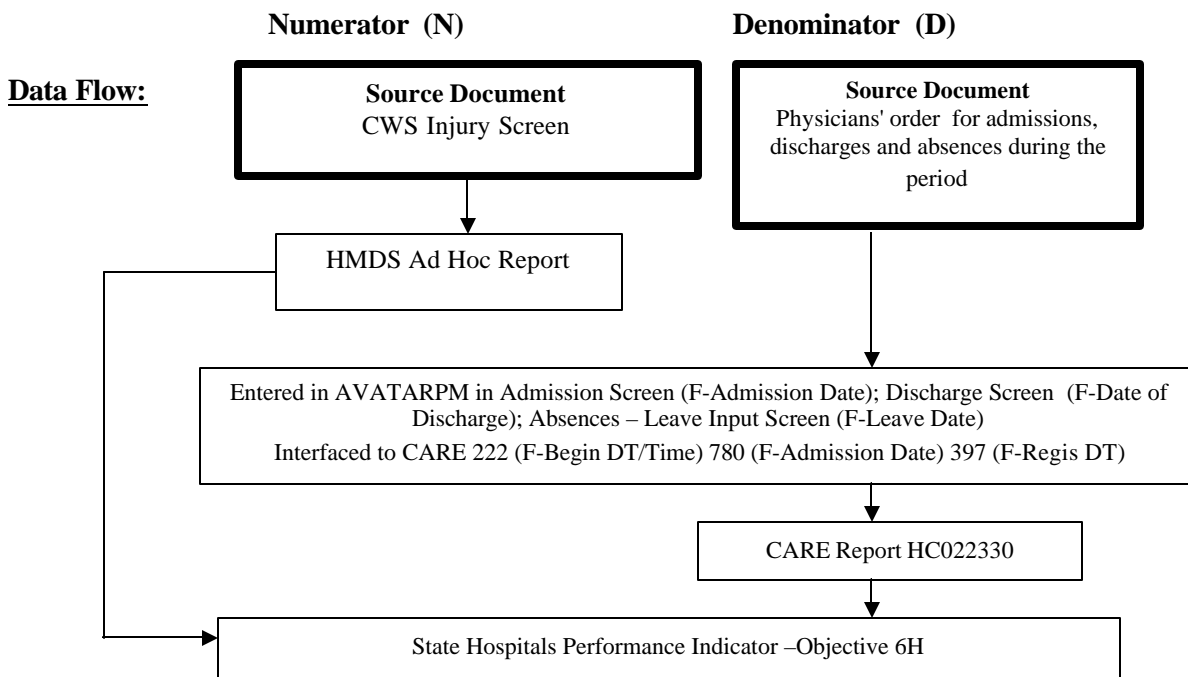
R = rate of patients injured during restraint or seclusion per 1000 bed days per quarter

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

D = number of bed days per quarter 1000 = 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 1000 bed days.



**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 6H - Client Injuries Resulted From Restraint and Seclusion**

**All State Hospitals - FY2006**

Hospital	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
<b>ALL SH</b>																												
Restraint	5	38	34	4	1	0	<b>82</b>	3	28	26	2	1	0	<b>60</b>	1	20	32	3	1	0	<b>57</b>	5	25	32	3	0	0	<b>65</b>
Seclusion	0	0	2	2	0	0	<b>4</b>	0	4	4	2	0	0	<b>10</b>	0	4	1	0	0	0	<b>5</b>	0	0	0	0	0	0	<b>0</b>
Total	5	38	36	6	1	0	<b>86</b>	3	32	30	4	1	0	<b>70</b>	1	24	33	3	1	0	<b>62</b>	5	25	32	3	0	0	<b>65</b>
Per 1000 Beddays							<b>0.4</b>							<b>0.3</b>														<b>0.3</b>

**Performance Objective 6I:**

**Employees injured during restraint or seclusion will not exceed .92 per 1000 bed days across all state hospitals in FY 2006.**

**Performance Objective Operational Definition:** The state hospital rate of employees injured during restraint or seclusion per 1000 bed days.

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

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

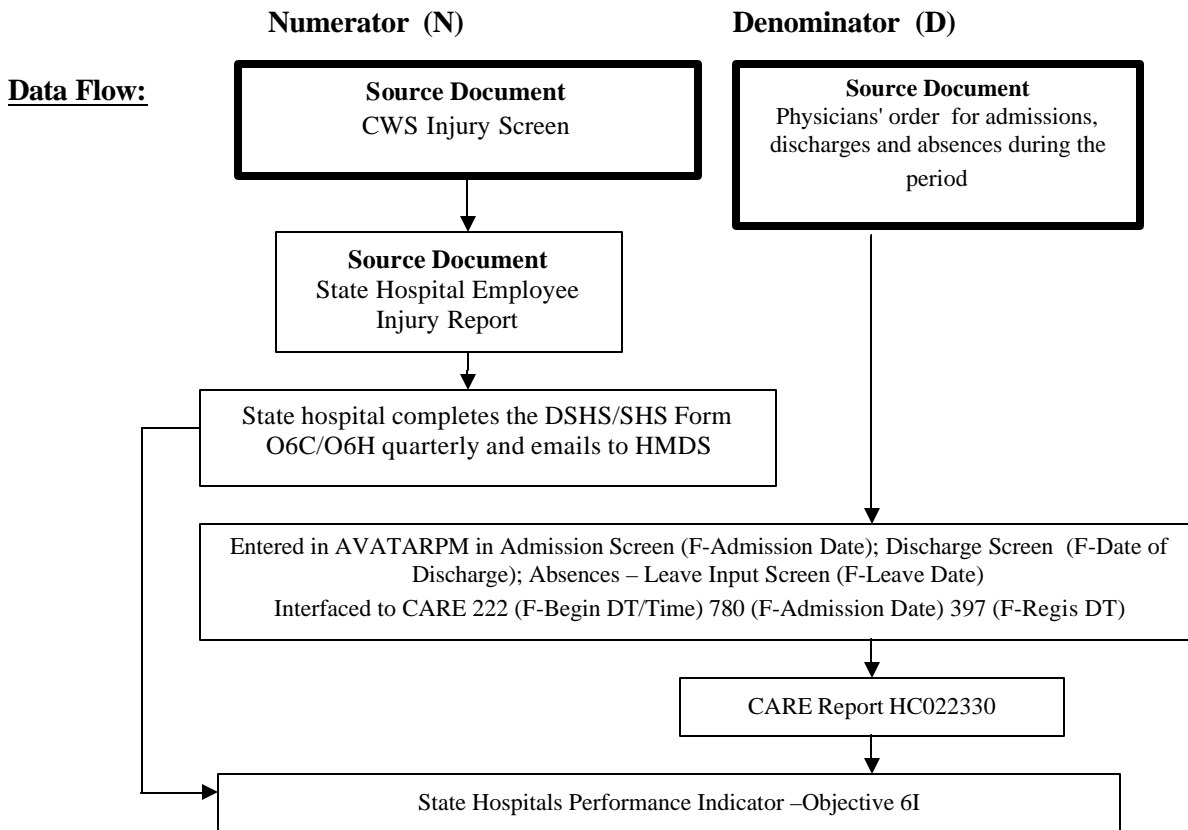
N = number of employees injured during restraint or seclusion per month

D = number of bed days per month 1000 = 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 1000 bed days.

See Objective 6C for charts.



**Data Integrity Review Process:**

Not subject to DIR. This data is calculated and reported to DSHS-Hospitals Section by each state hospital.

See Objective 6C for charts.

**Performance Objective 6J:**

**The rate of Unauthorized Departures will not exceed 0.42 per 1000 bed days across all state hospitals during FY2006.**

**Performance Objective Operational Definition:** The state hospital rate of unauthorized departures assignments documented on the state hospital elopement report form per 1000 bed days per month.

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

R = rate of elopement assignments per 1000 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 1000 = bed day rate multiplier

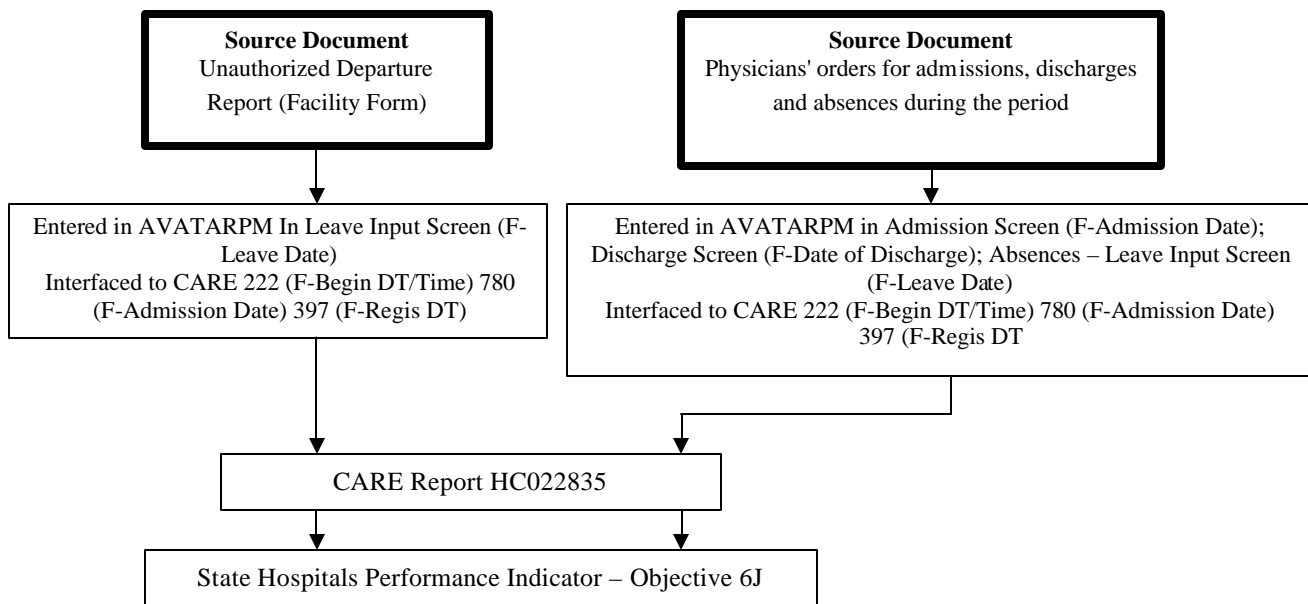
**Performance Objective Data Display and Chart Description:**

- ◆ 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 1000 bed days for individual state hospitals and system-wide and NRI national public rates.

**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 6J - Rate for Elopements**  
**All State Hospitals - Previous 12 Months**

	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL STATE HOSPITALS												
Unauthorized Departures Incidents	17	16	15	11	16	10	11	9	19	23	14	15
Unauthorized Departures Persons	17	16	15	11	15	10	11	9	16	19	14	15
Bed Days in Month	68905	72429	70248	69136	69733	61680	70434	69323	71883	69229	72484	72240
Incidents/1000 Bed Days	0.25	0.22	0.21	0.16	0.23	0.16	0.16	0.13	0.26	0.33	0.19	0.21

## ***GOAL 8: Assure A Competent Workforce***

### **Performance Objective 8A:**

**95 percent of all staff will be current with required training at all times.**

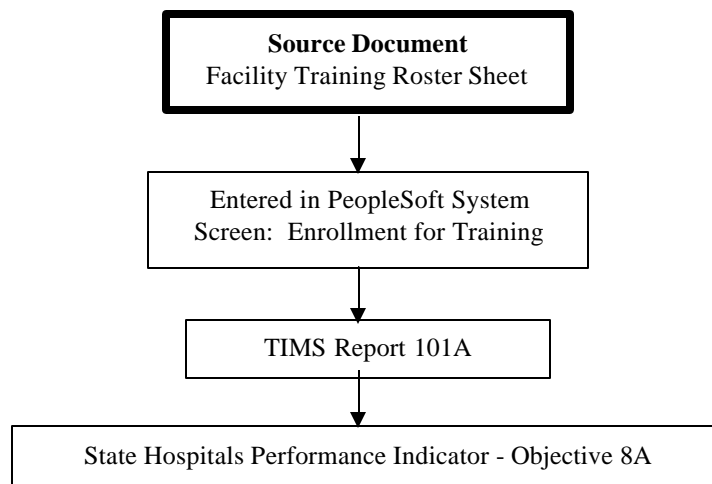
**Performance Objective Operational Definition:** The state hospital percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report 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:**



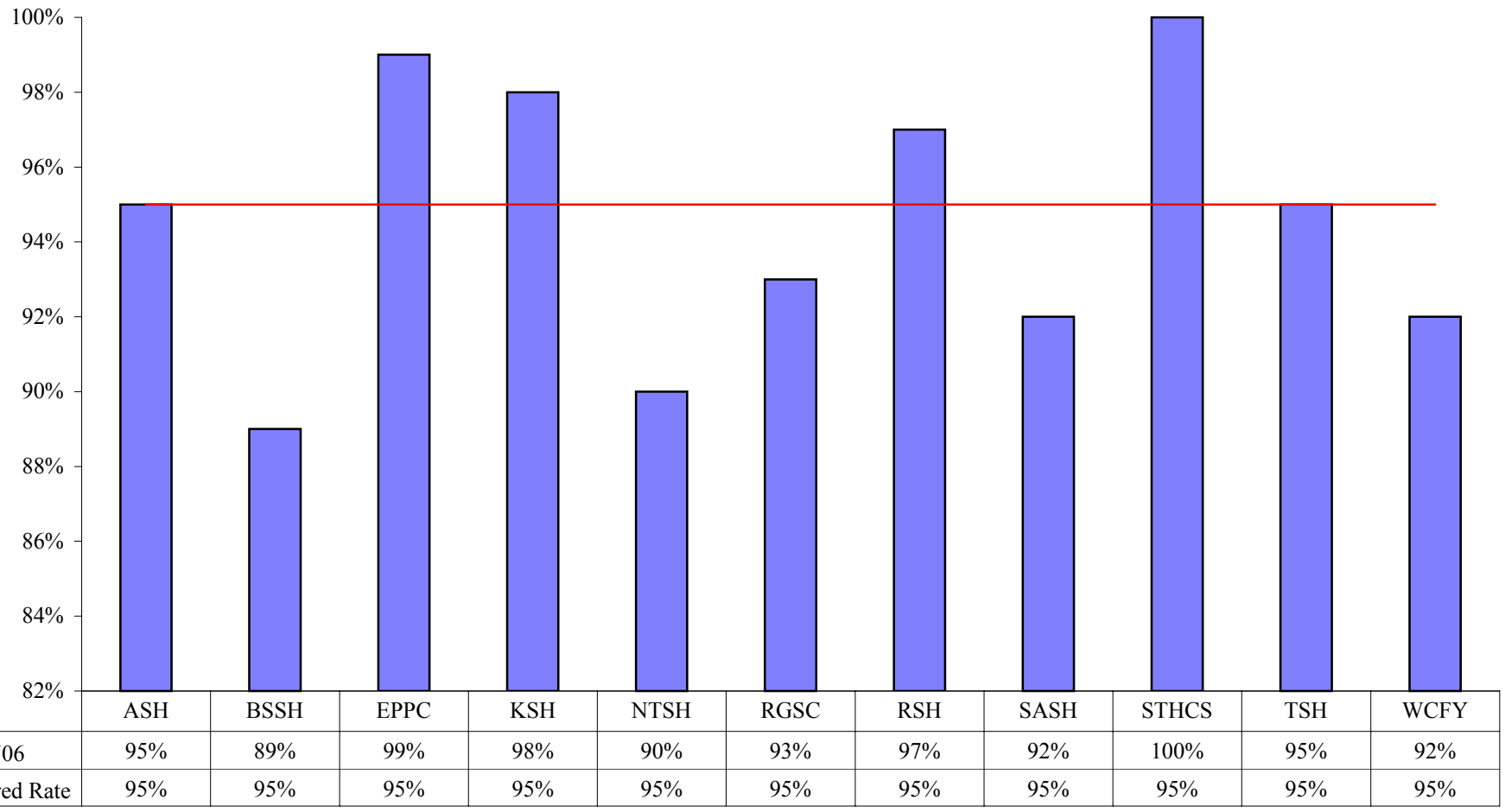
### **Data Integrity Review Process:**

Data integrity review done through the Administrative Performance Indicators (API) Validation Audit Process.



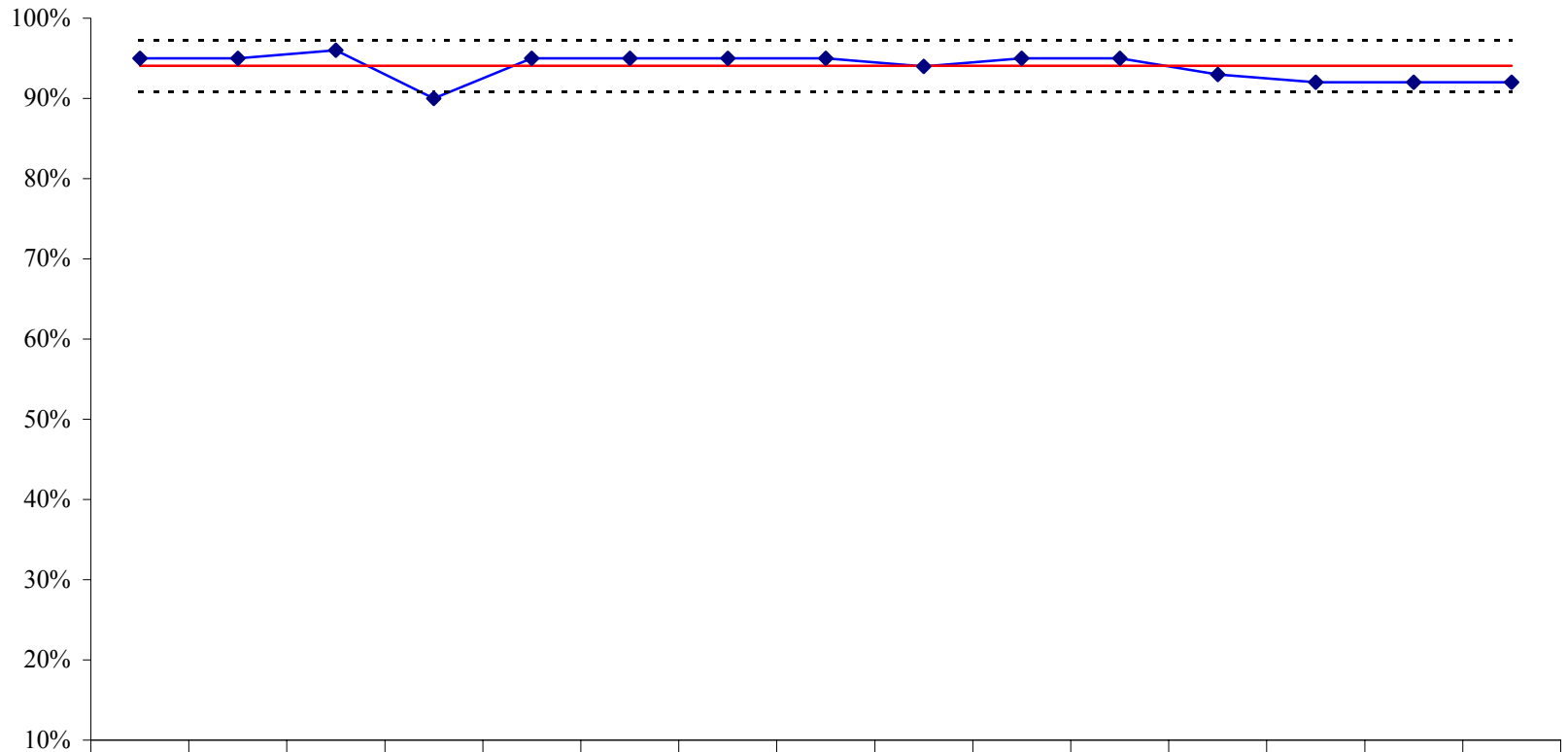
**Objective 8A - Staff Current With Required Training**  
**All State Hospitals**

**Required Training**  
**(As of August 31, 2006)**



**Objective 8A - Staff Current With Required Training**  
**All State Hospitals**

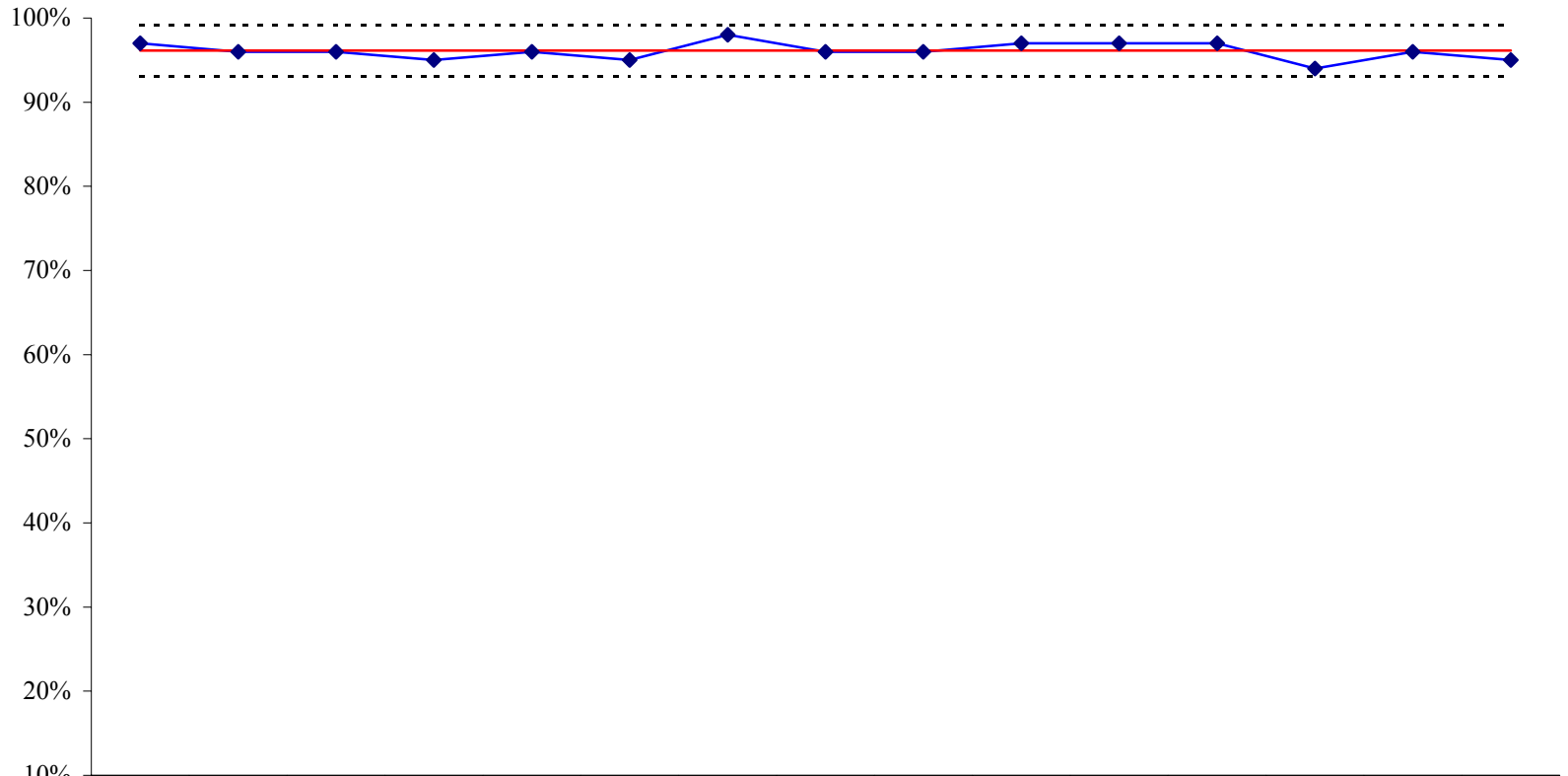
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—◆— % Training Completed	95%	95%	96%	90%	95%	95%	95%	95%	94%	95%	95%	93%	92%	92%	92%
- - - - - UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
- - - - - LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

**Objective 8A - Staff Current With Required Training**  
**Austin State Hospital**

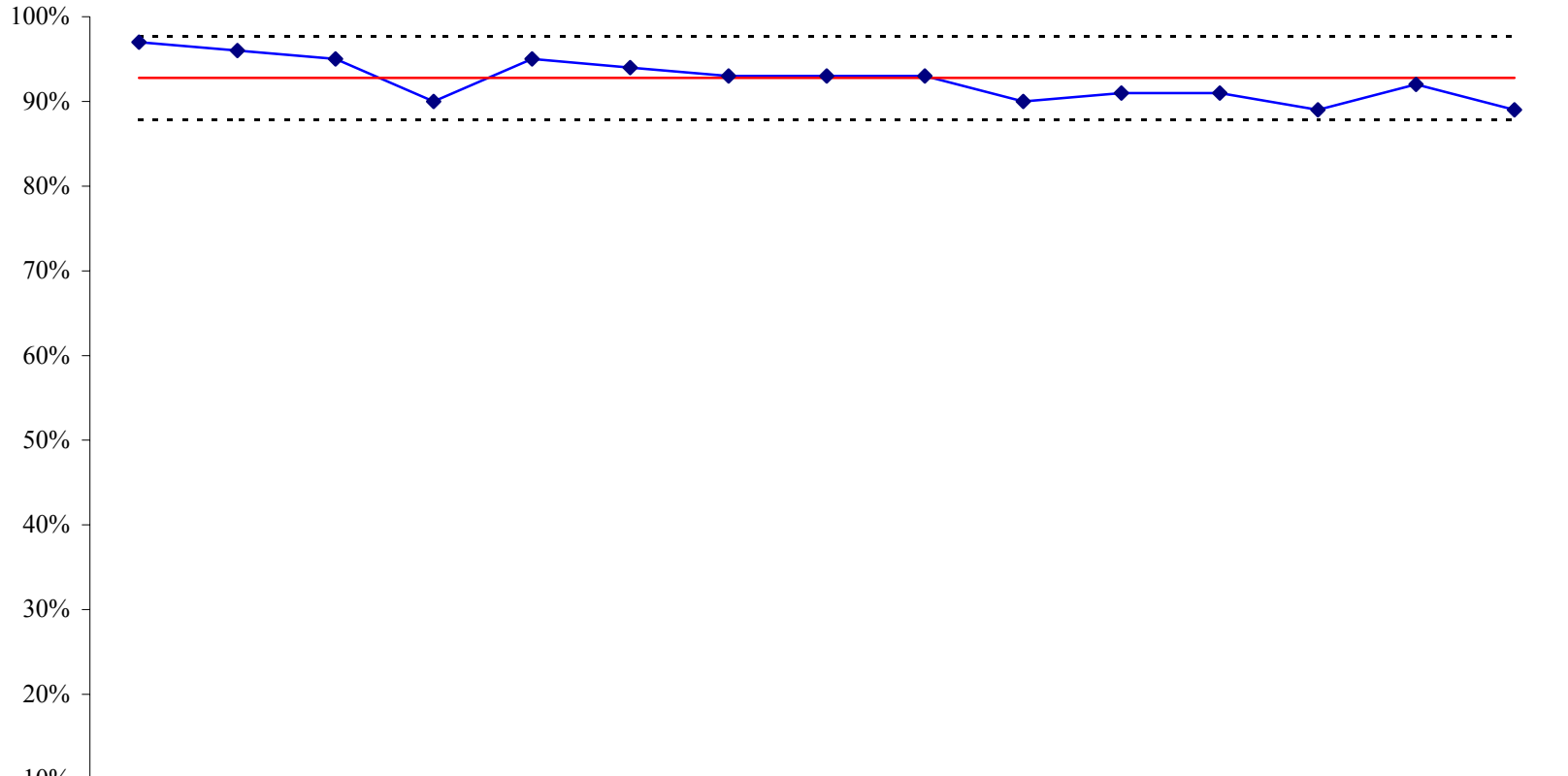
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	96%	96%	95%	96%	95%	98%	96%	96%	97%	97%	97%	94%	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%

**Objective 8A - Staff Current With Required Training**  
**Big Spring State Hospital**

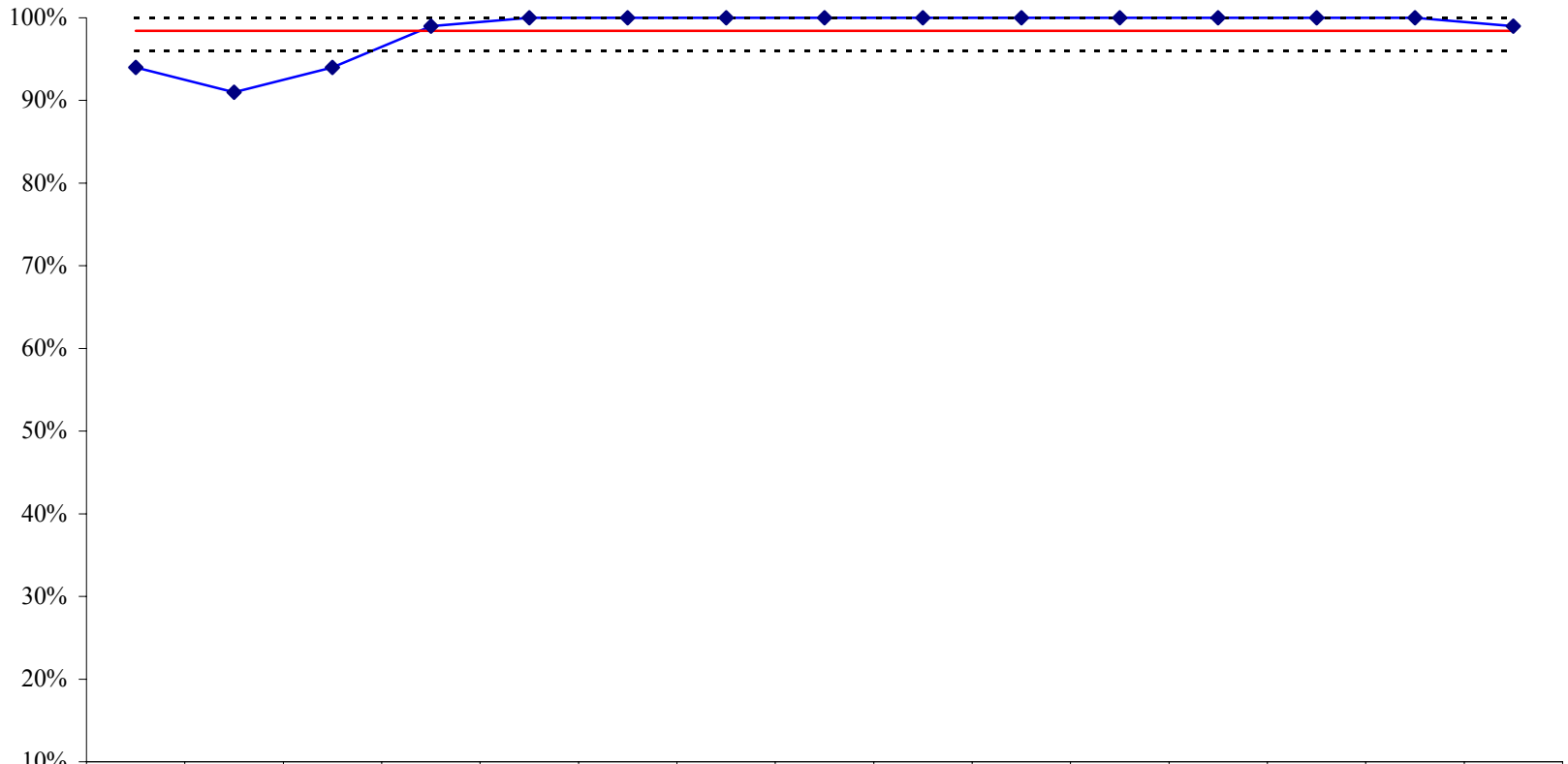
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug	
◆ % Training Completed	97%	96%	95%	90%	95%	94%	93%	93%	93%	93%	90%	91%	91%	89%	92%	89%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

**Objective 8A - Staff Current With Required Training**  
**El Paso Psychiatric Center**

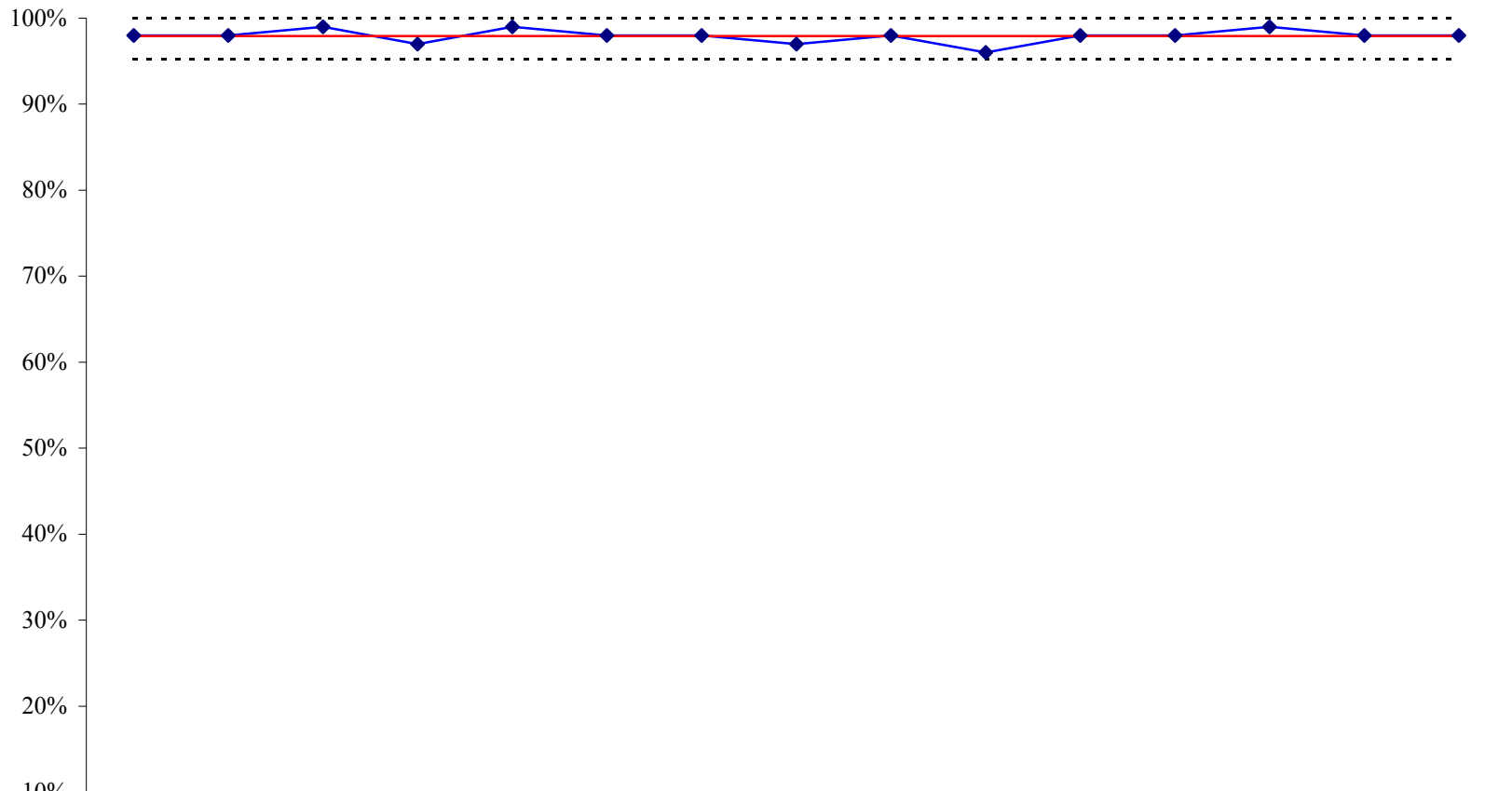
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—◆— % Training Completed	94%	91%	94%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
- - - - - LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

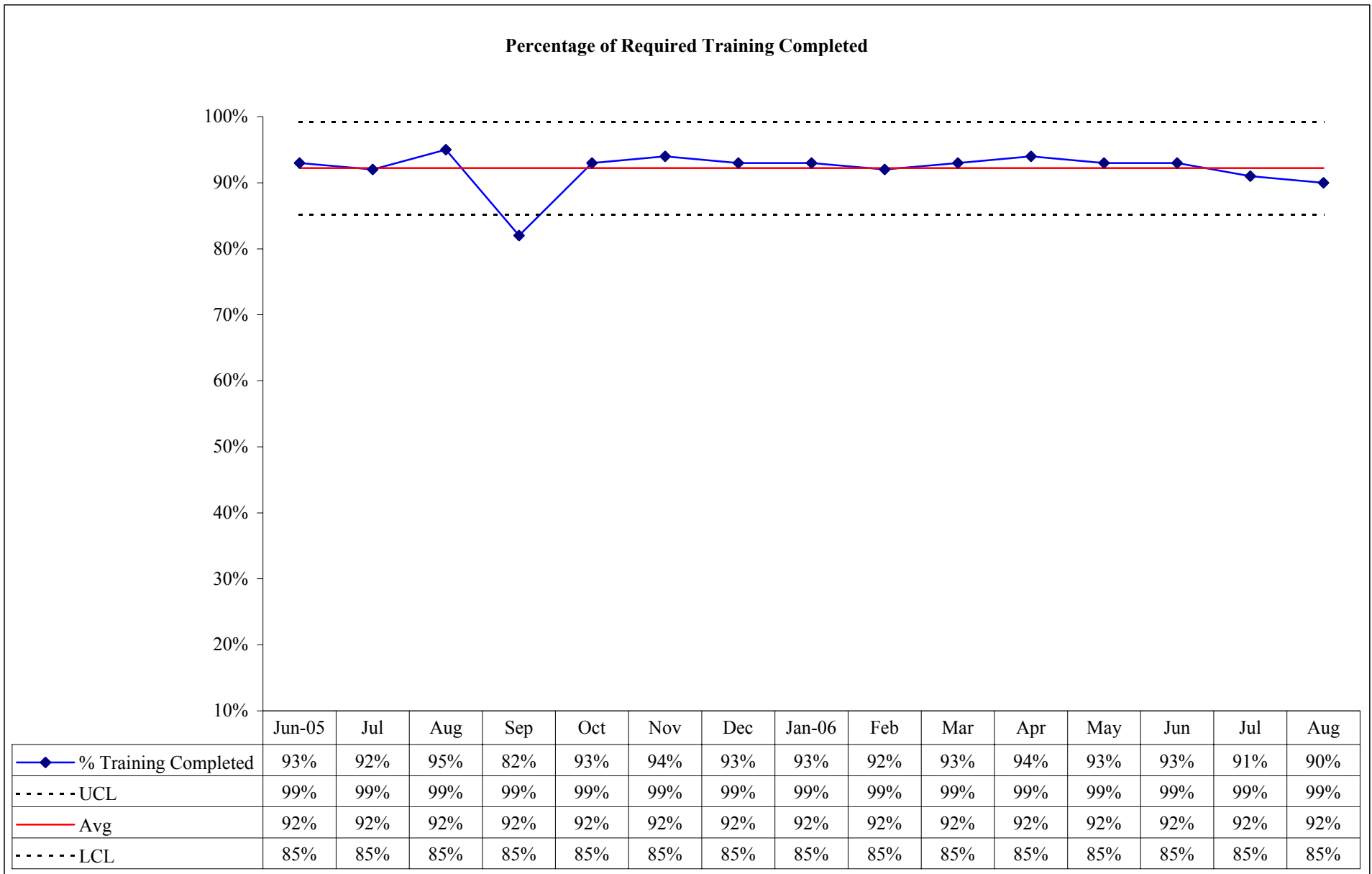
**Objective 8A - Staff Current With Required Training**  
**Kerrville State Hospital**

**Percentage of Required Training Completed**



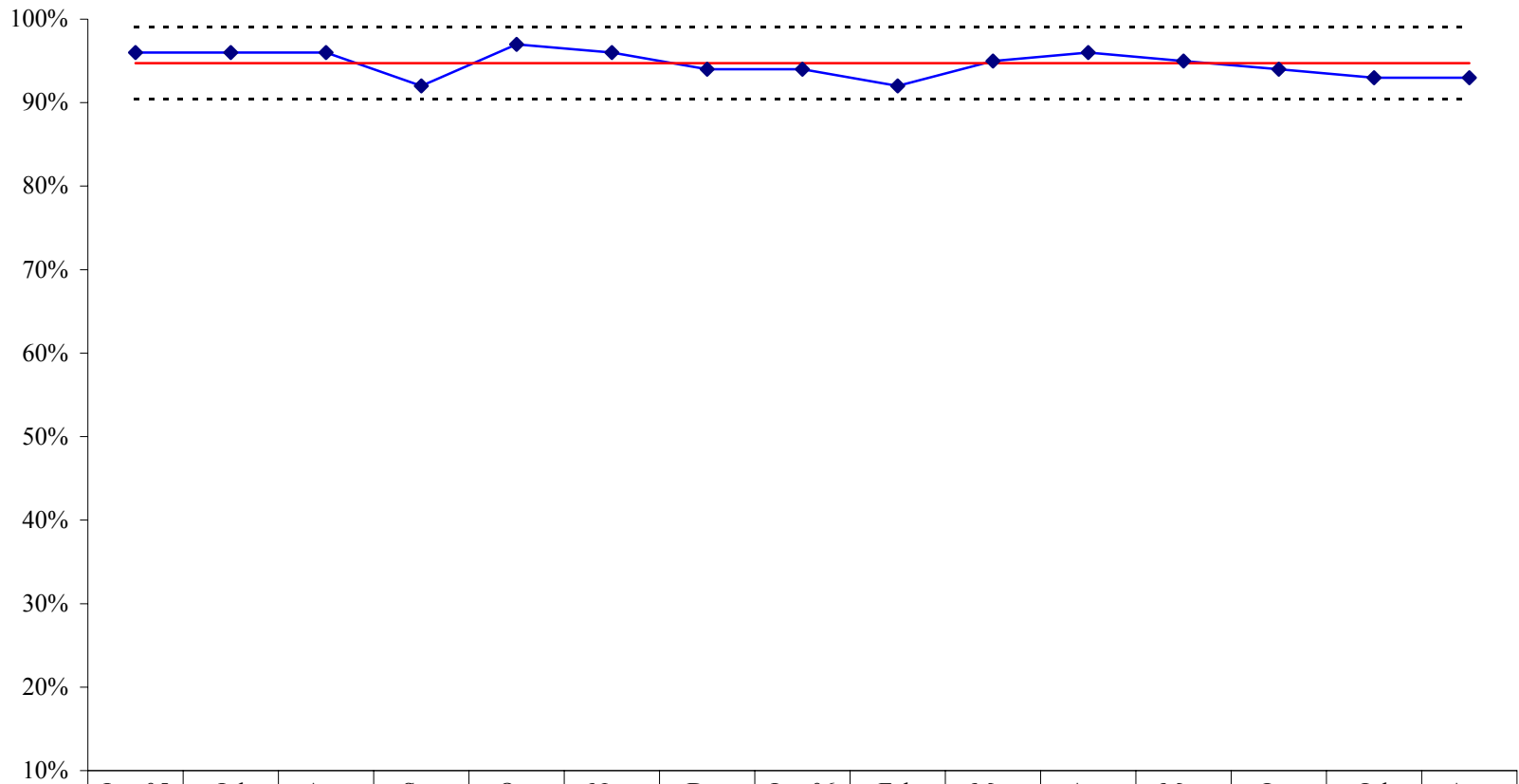
	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	98%	98%	99%	97%	99%	98%	98%	97%	98%	96%	98%	98%	99%	98%	98%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
----- LCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Objective 8A - Staff Current With Required Training**  
**North Texas State Hospital**



**Objective 8A - Staff Current With Required Training**  
**Rio Grande State Center**

**Percentage of Required Training Completed**

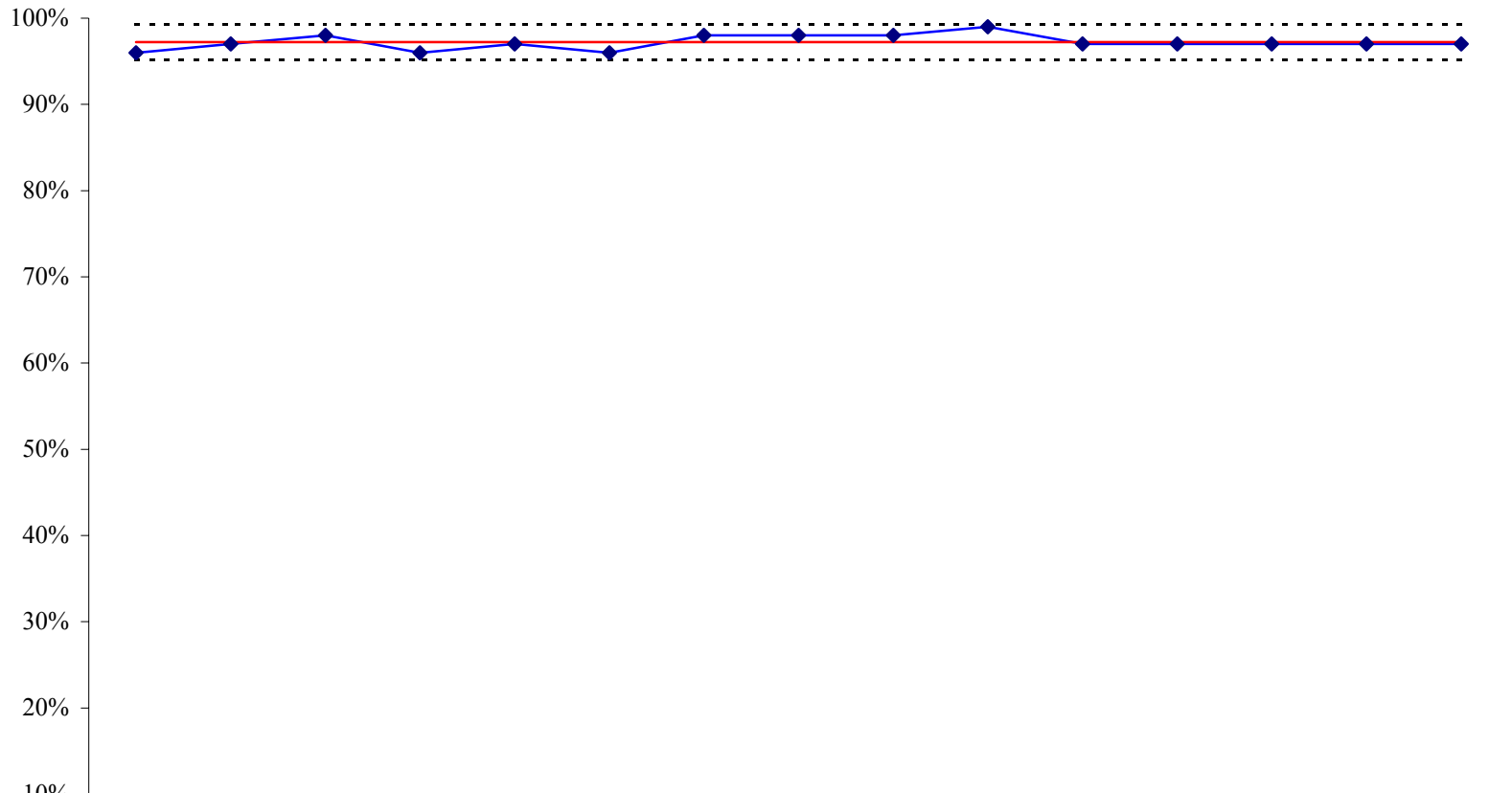


	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	96%	96%	92%	97%	96%	94%	94%	92%	95%	96%	95%	94%	93%	93%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



**Objective 8A - Staff Current With Required Training**  
**Rusk State Hospital**

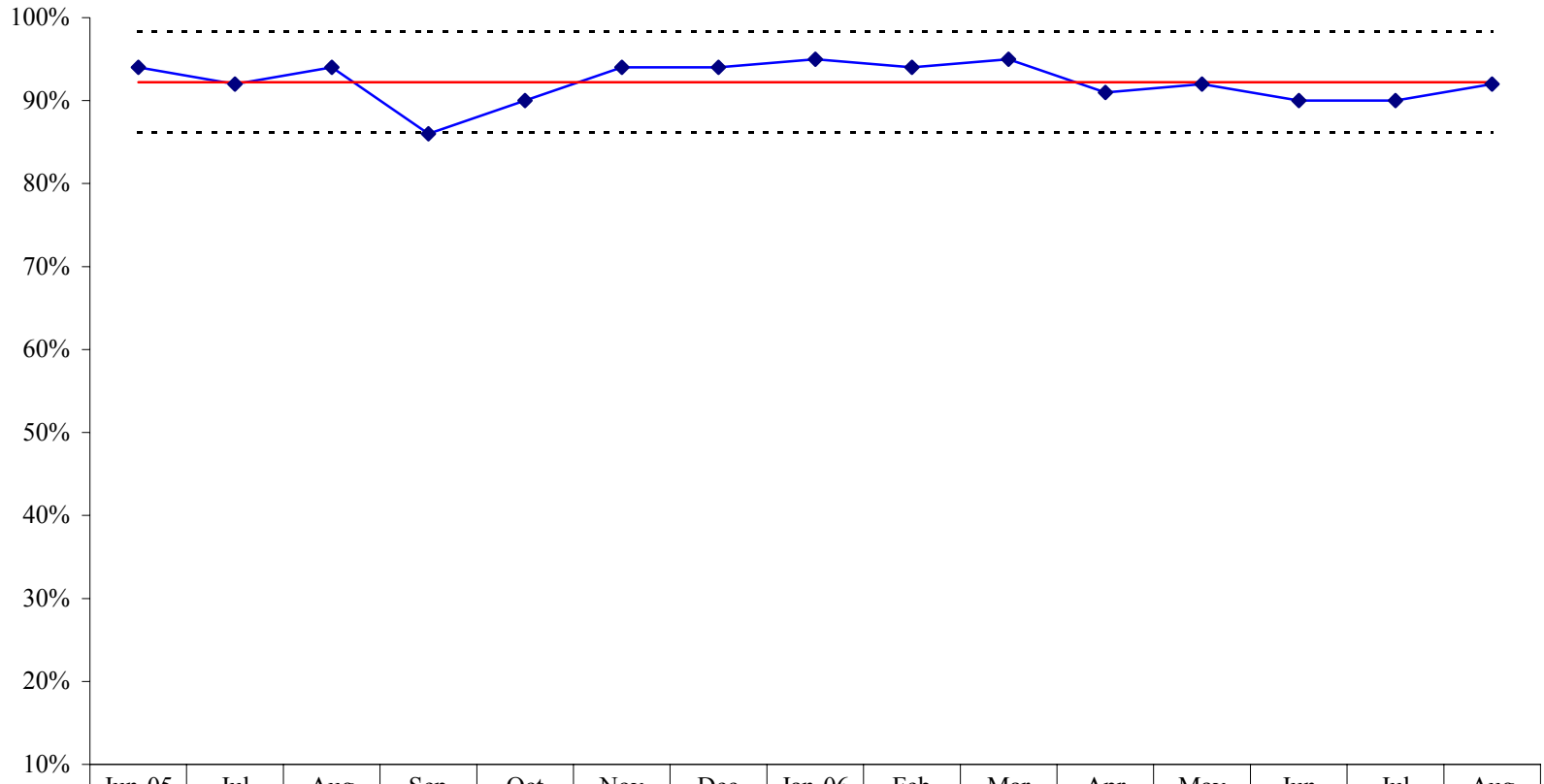
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	97%	98%	96%	97%	96%	98%	98%	98%	99%	97%	97%	97%	97%	97%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Objective 8A - Staff Current With Required Training**  
**San Antonio State Hospital**

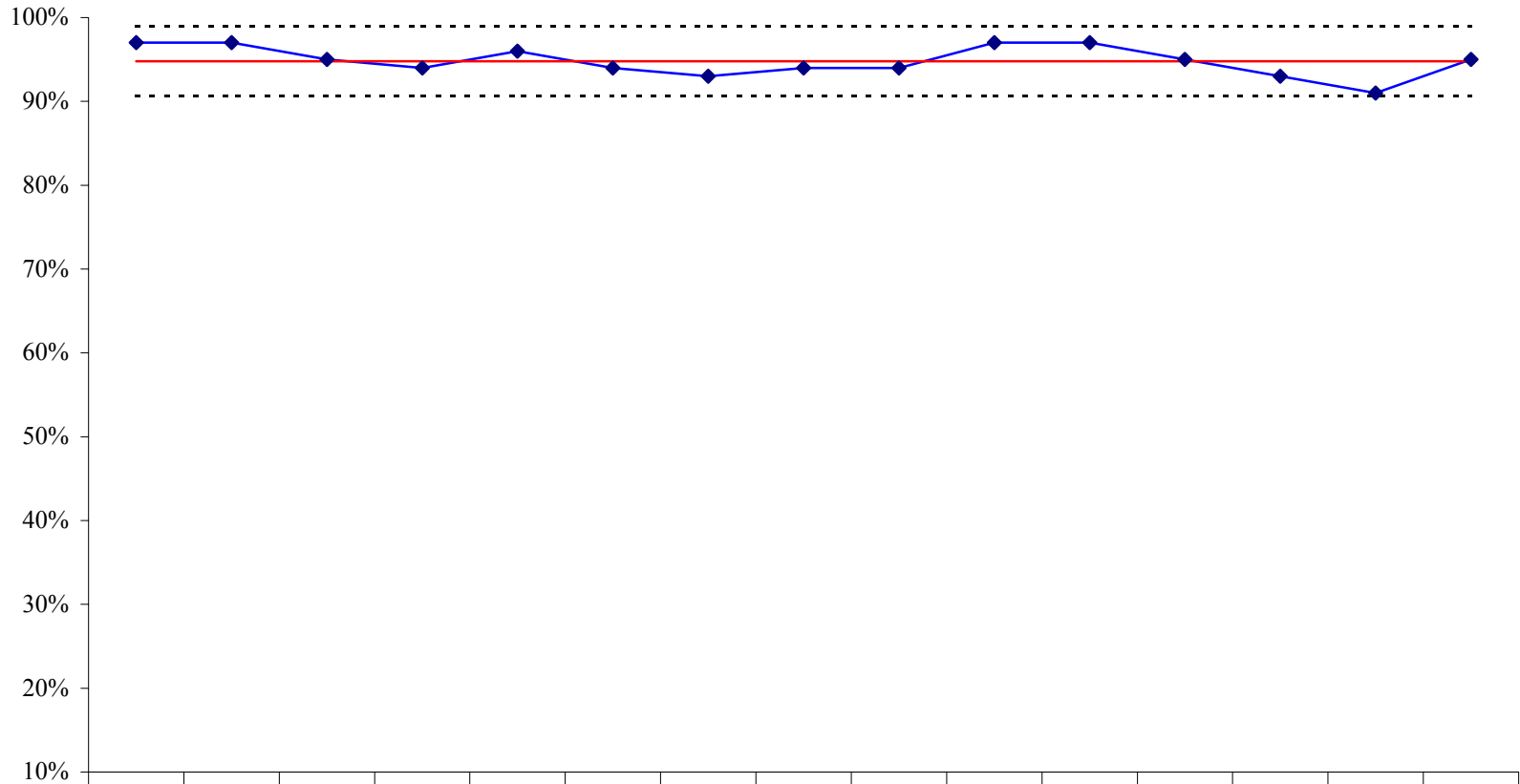
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	94%	92%	94%	86%	90%	94%	94%	95%	94%	95%	91%	92%	90%	90%	92%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
----- LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

**Objective 8A - Staff Current With Required Training**  
**Terrell State Hospital**

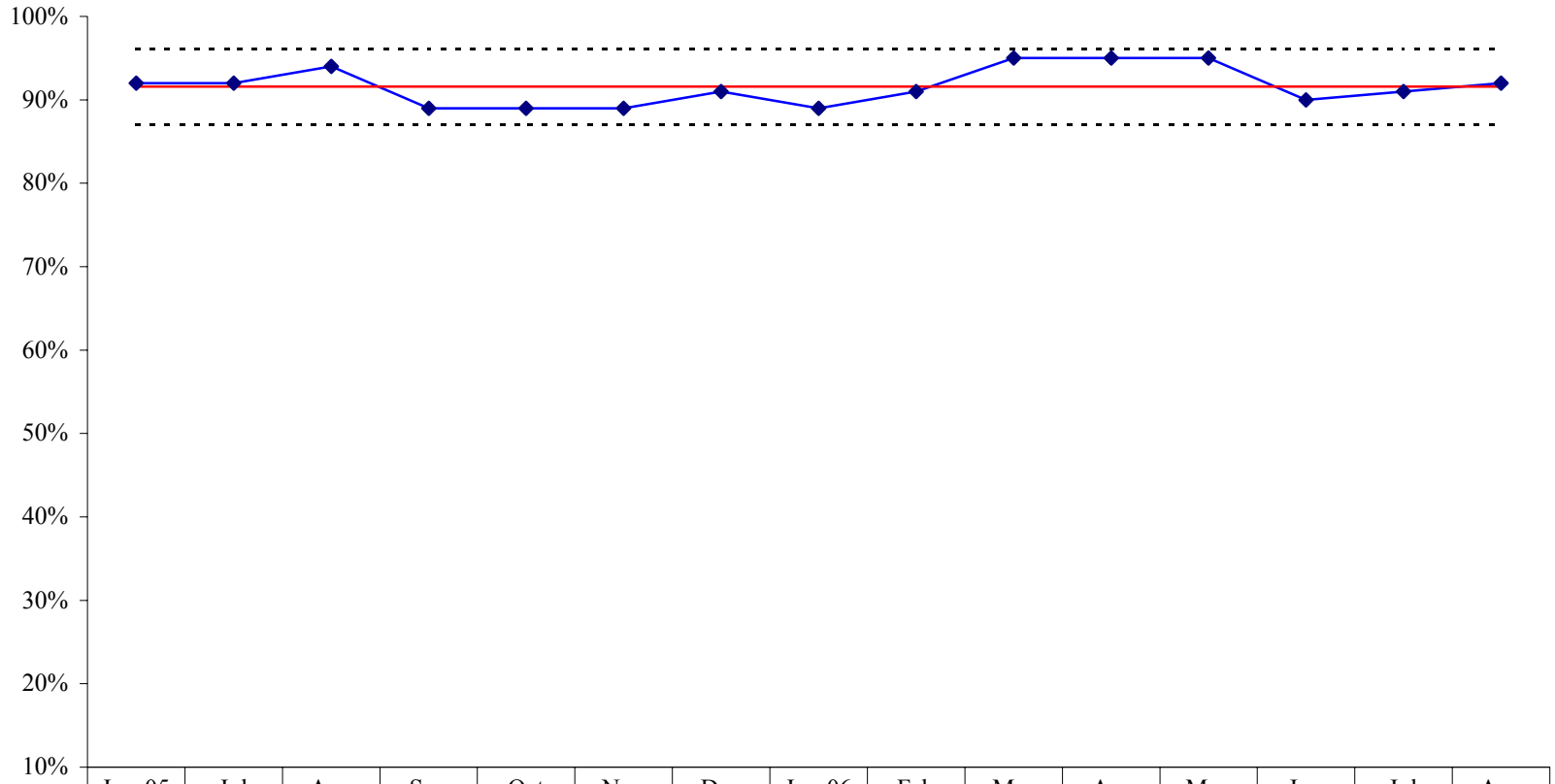
**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	97%	95%	94%	96%	94%	93%	94%	94%	97%	97%	95%	93%	91%	95%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

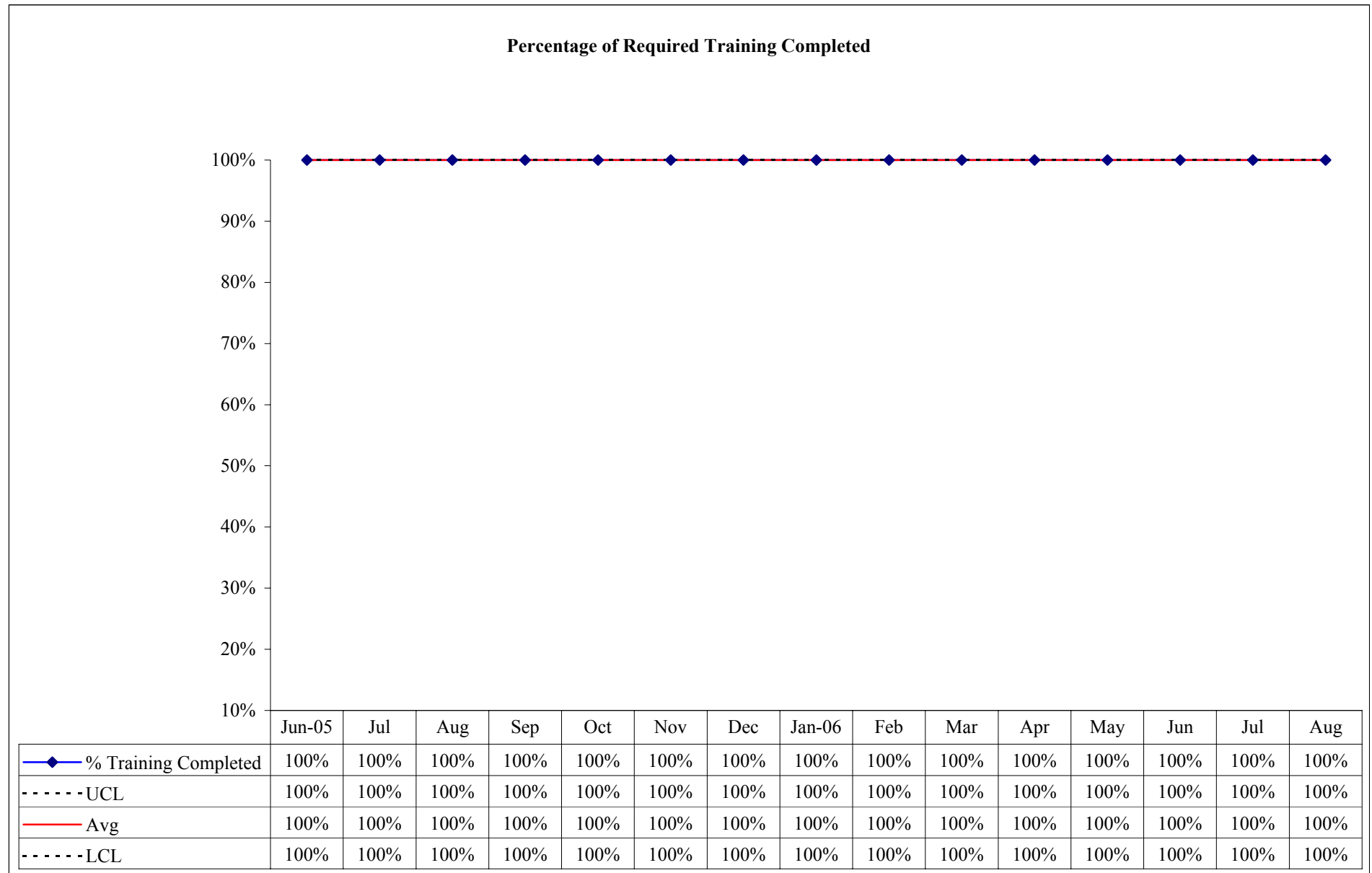
**Objective 8A - Staff Current With Required Training**  
**Waco Center for Youth**

**Percentage of Required Training Completed**



	Jun-05	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	92%	92%	94%	89%	89%	89%	91%	89%	91%	95%	95%	95%	90%	91%	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%

**Objective 8A - Staff Current With Required Training**  
**South Texas Health Care Services**



**Performance Objective 8B:**

**97 percent of all staff will have current date performance evaluations on file at all times.**

**Performance Objective Operational Definition:** The state hospital rate of up-to-date annual performance evaluations documented on the HR5.2 per month. (Performance evaluations are due 12 months following the date of the last evaluation as entered in PeopleSoft and are considered late when they are more than 30 days past due). PeopleSoft Report HSAS1102 includes all employees on leave, transferred employees and retired employees using up their time.

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

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

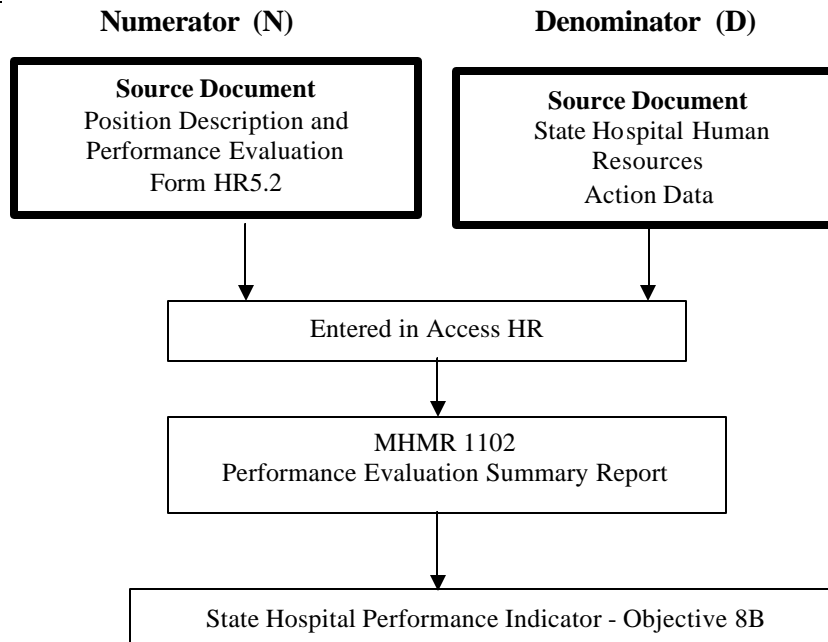
N = number of employees with current evaluations on the last day of the month

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

**Performance Objective Data Display and Chart Description:**

- ◆ Control chart with monthly data points of percentage of performance evaluations up-to-date for individual state hospitals and system-wide.

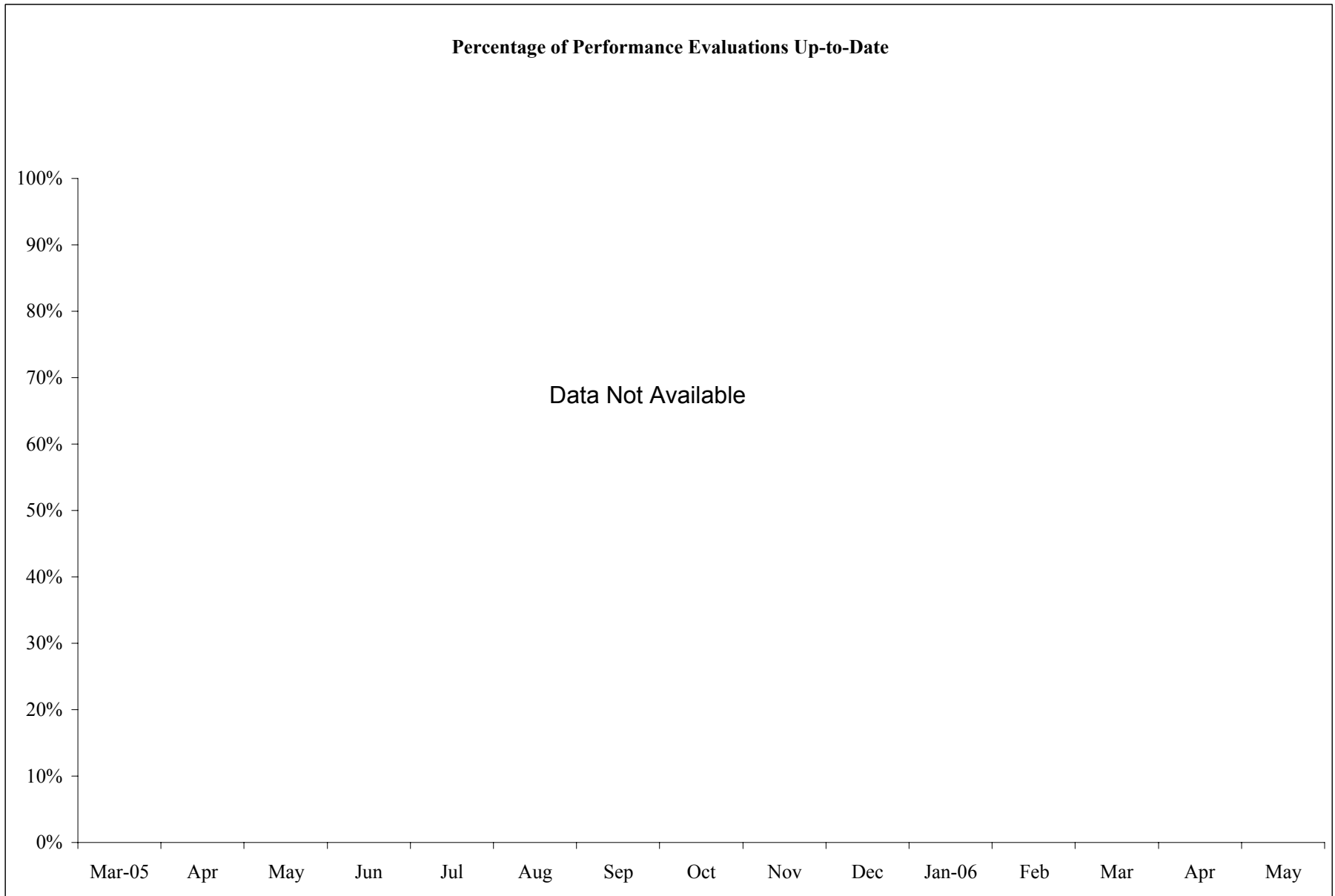
**Data Flow:**



**Data Integrity Review Process:**

Data integrity review done through the Administrative Performance Indicators (API) Validation Audit Process.

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



**Performance Measure 8A:**

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

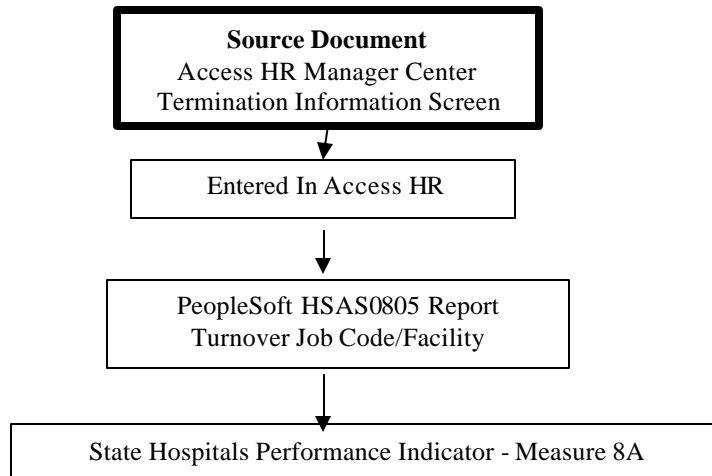
**Performance Measure Operational Definition:** The state hospital turnover rate for critical shortage staff will be available. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

**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:**

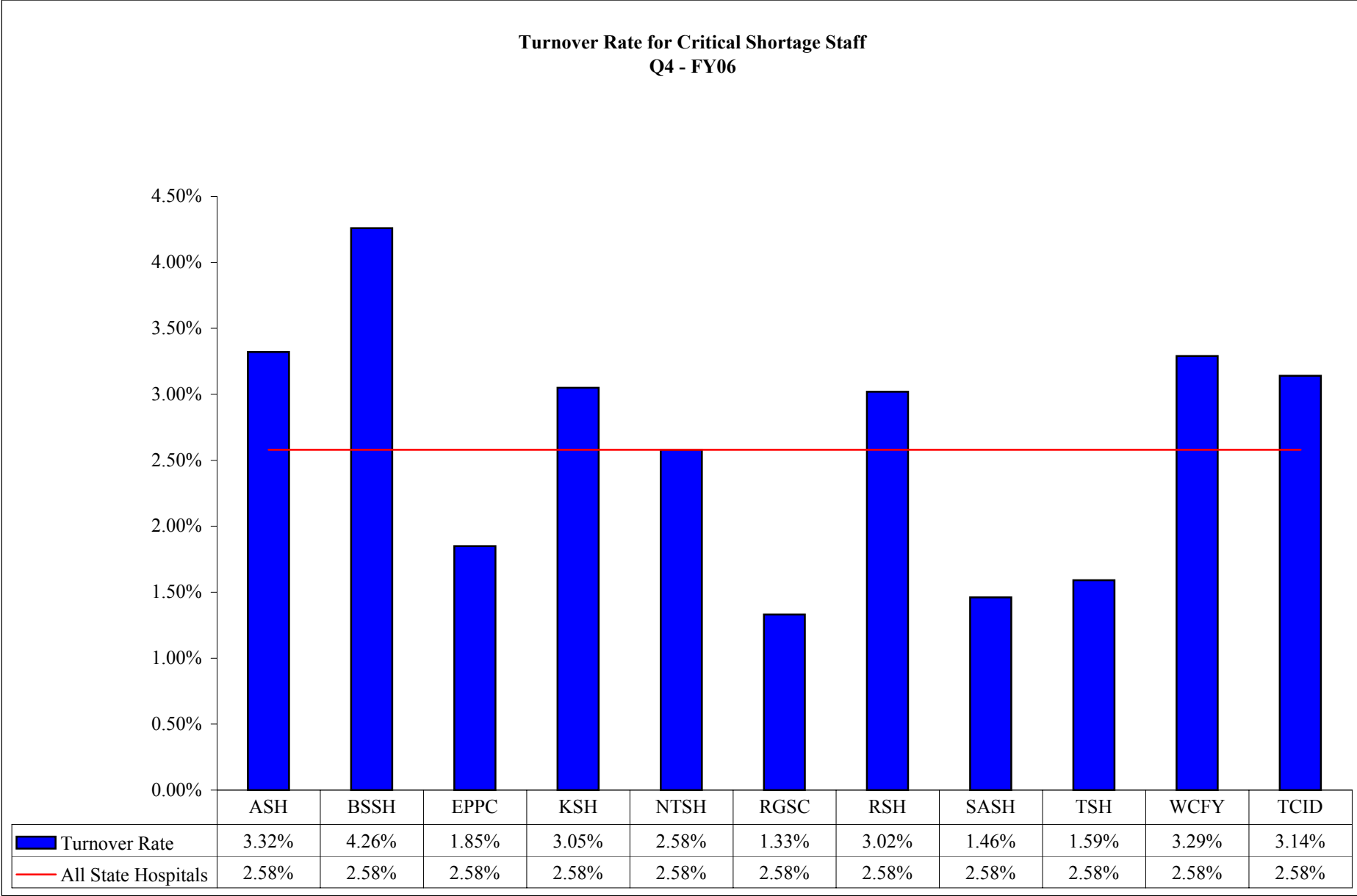


**Data Integrity Review Process:**

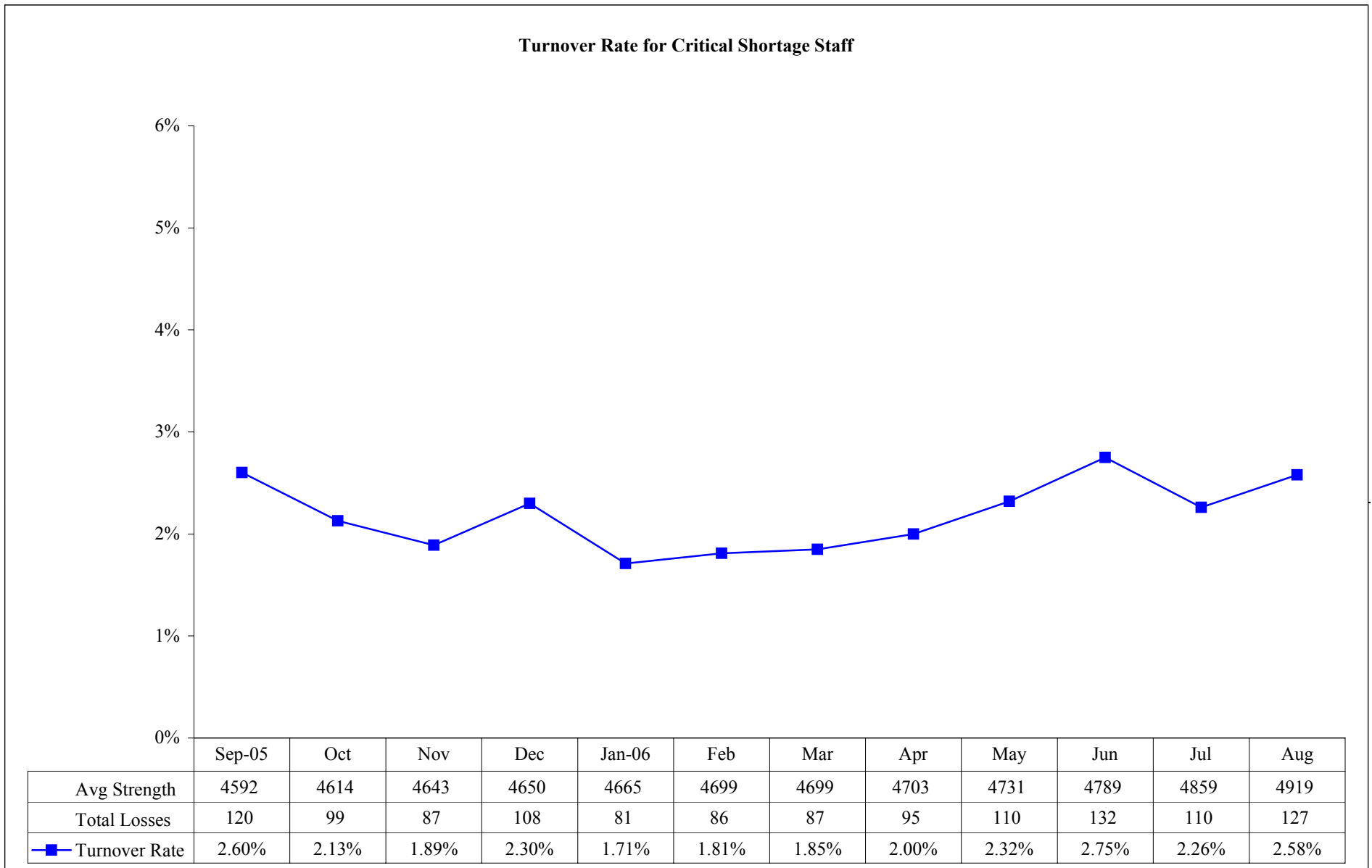
Staff turnover rates are not subject to a data integrity review at this time.



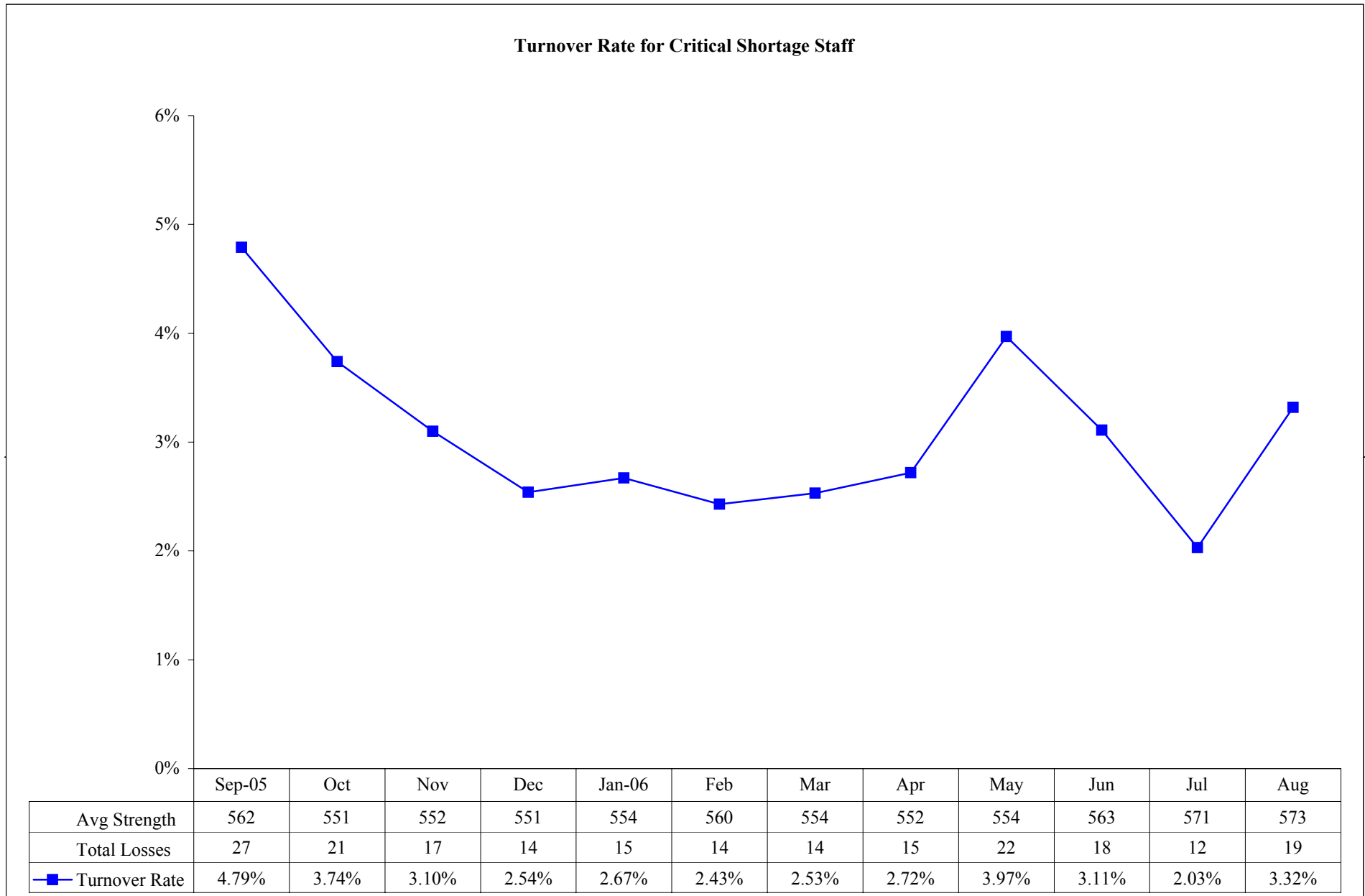
**Measure 8A - Turnover Rate for Critical Shortage Staff  
All State Hospitals**



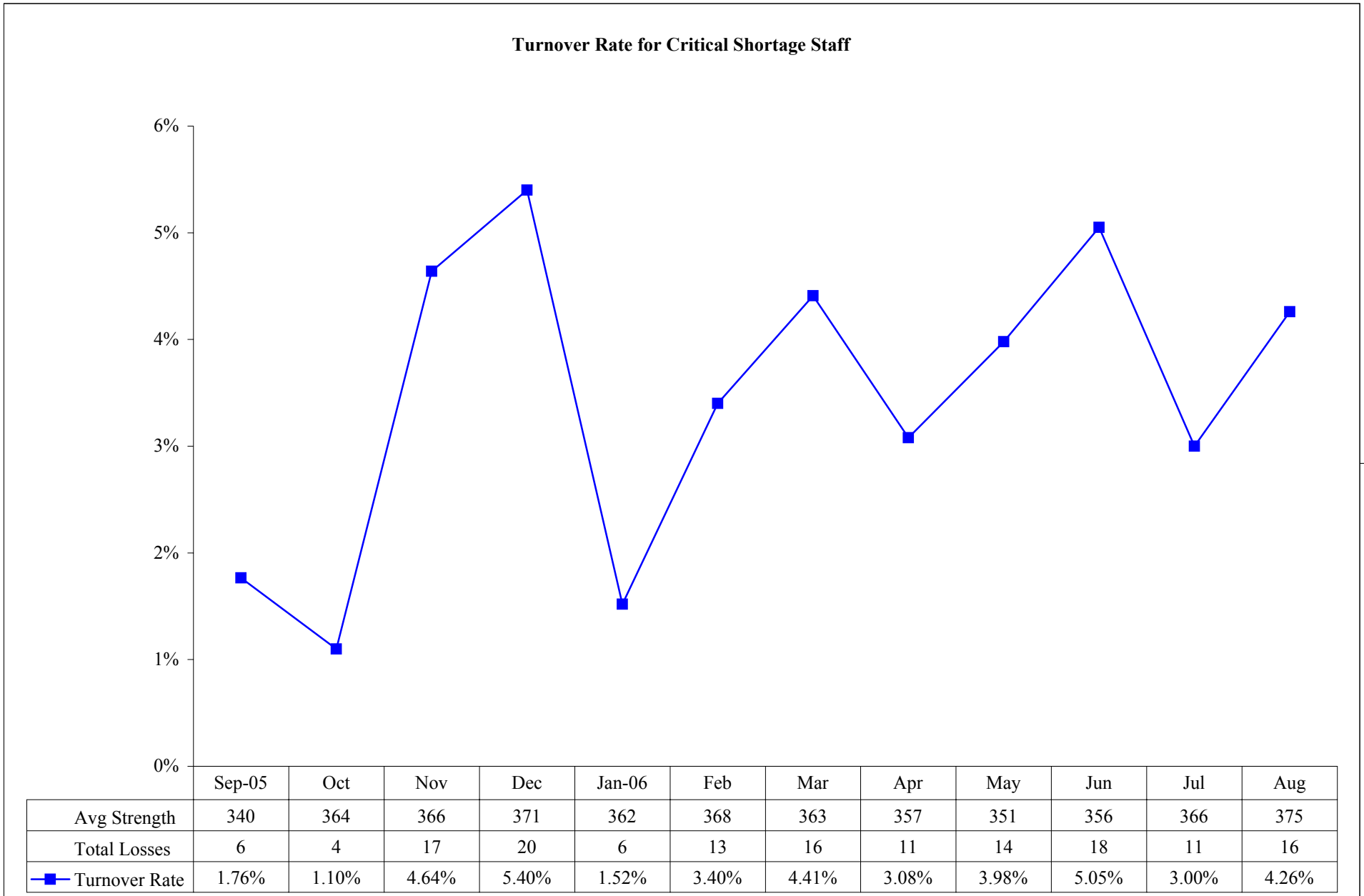
**Measure 8A - Turnover Rate for Critical Shortage Staff  
All State Hospitals**



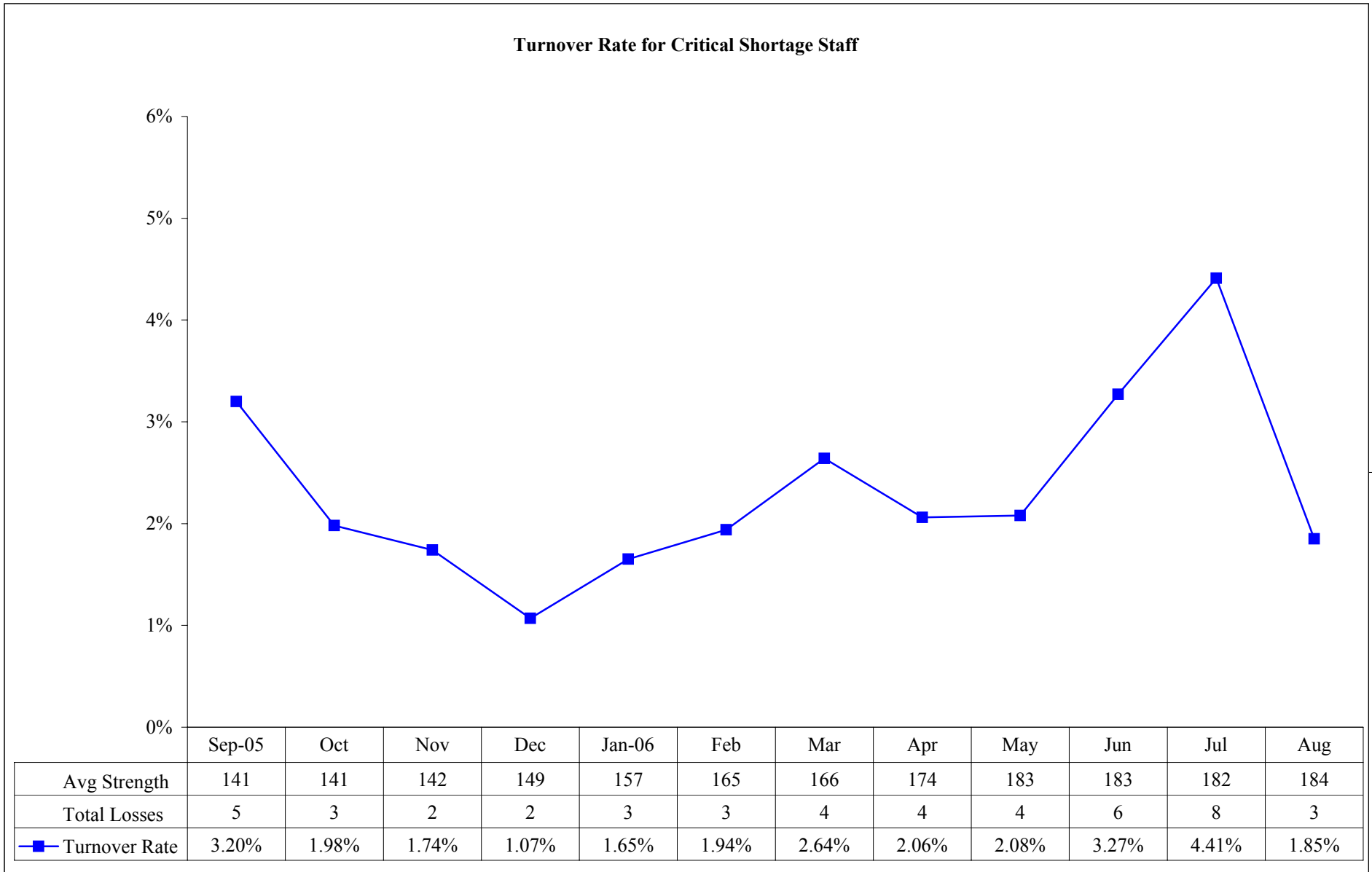
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Austin State Hospital**



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

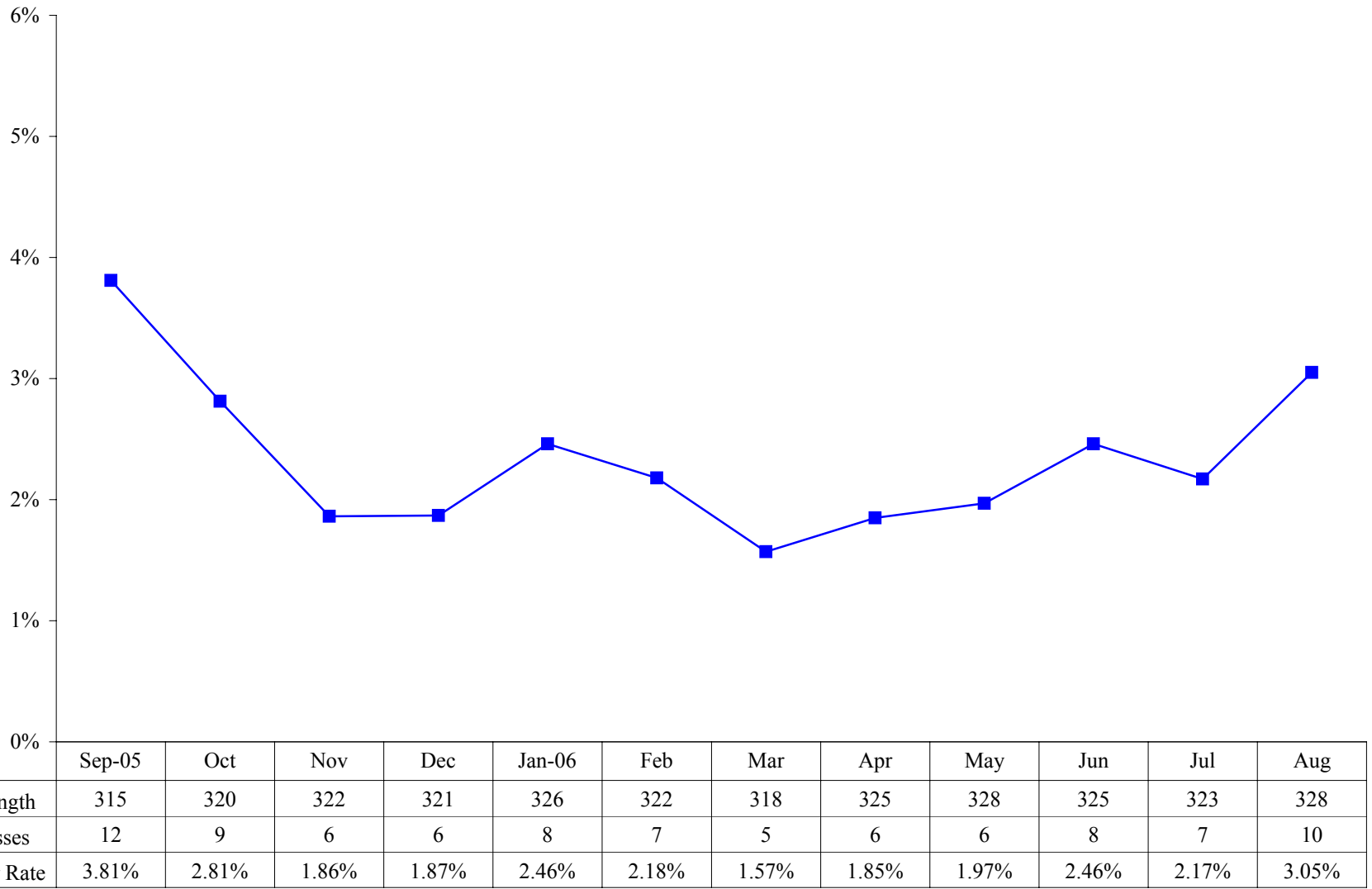


**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**El Paso Psychiatric Center**



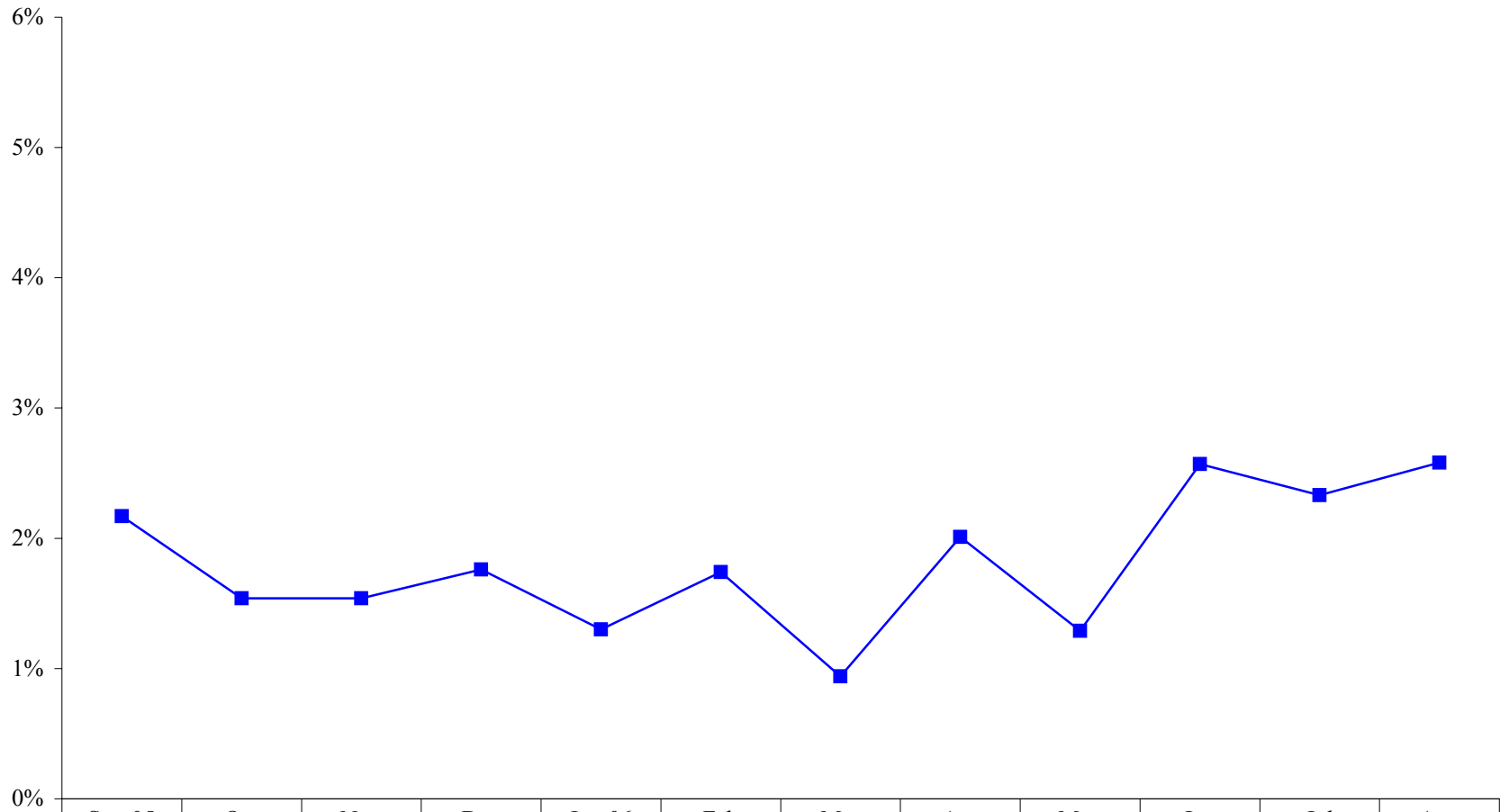
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Kerrville State Hospital**

**Turnover Rate for Critical Shortage Staff**



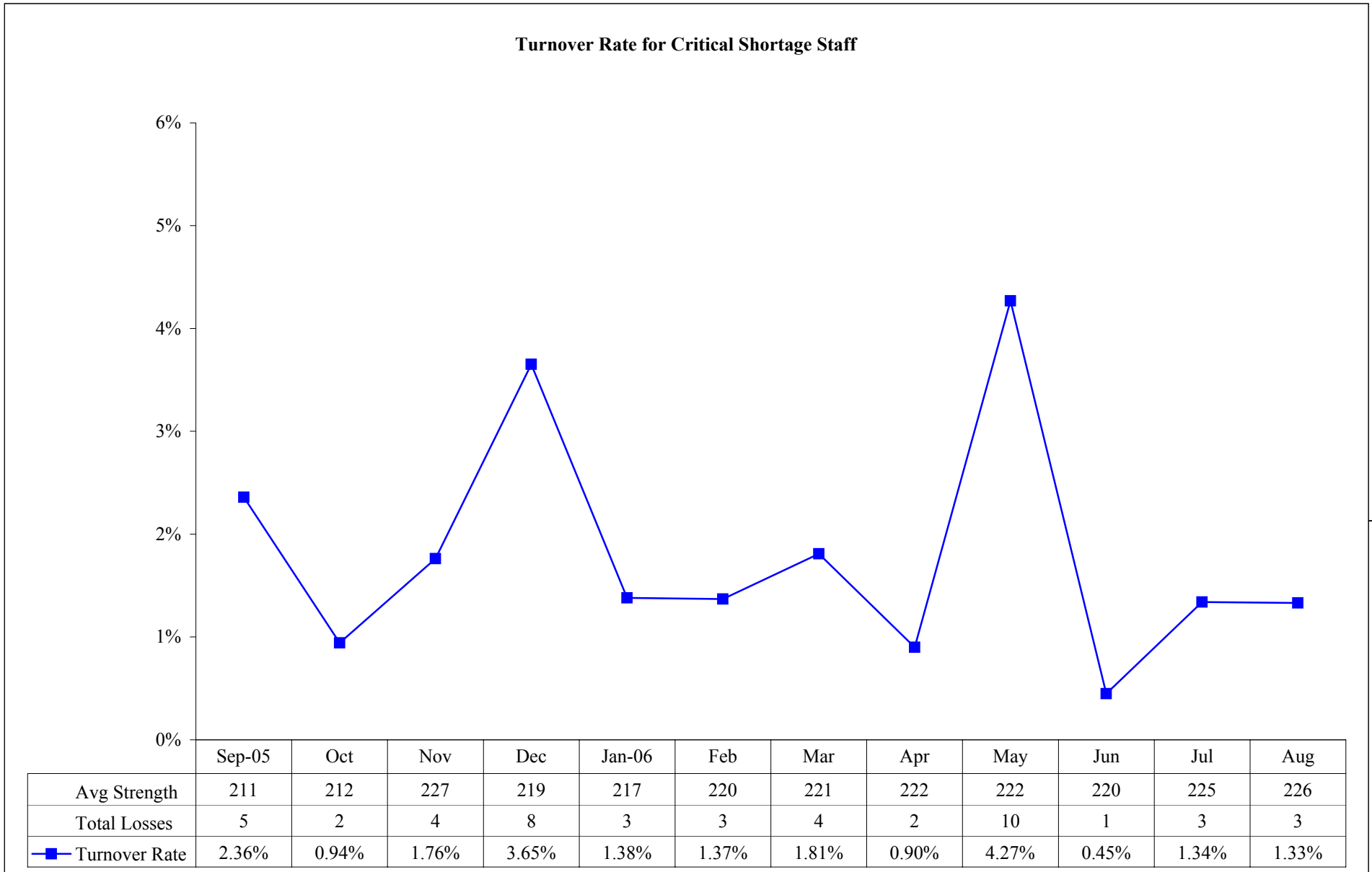
**Measure 8A - Turnover Rate for Critical Shortage Staff**  
**North Texas State Hospital**

**Turnover Rate for Critical Shortage Staff**



	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	1289	1298	1295	1307	1309	1319	1330	1321	1322	1324	1324	1316
Total Losses	28	20	20	23	17	23	13	27	17	34	31	34
—■ Turnover Rate	2.17%	1.54%	1.54%	1.76%	1.30%	1.74%	0.94%	2.01%	1.29%	2.57%	2.33%	2.58%

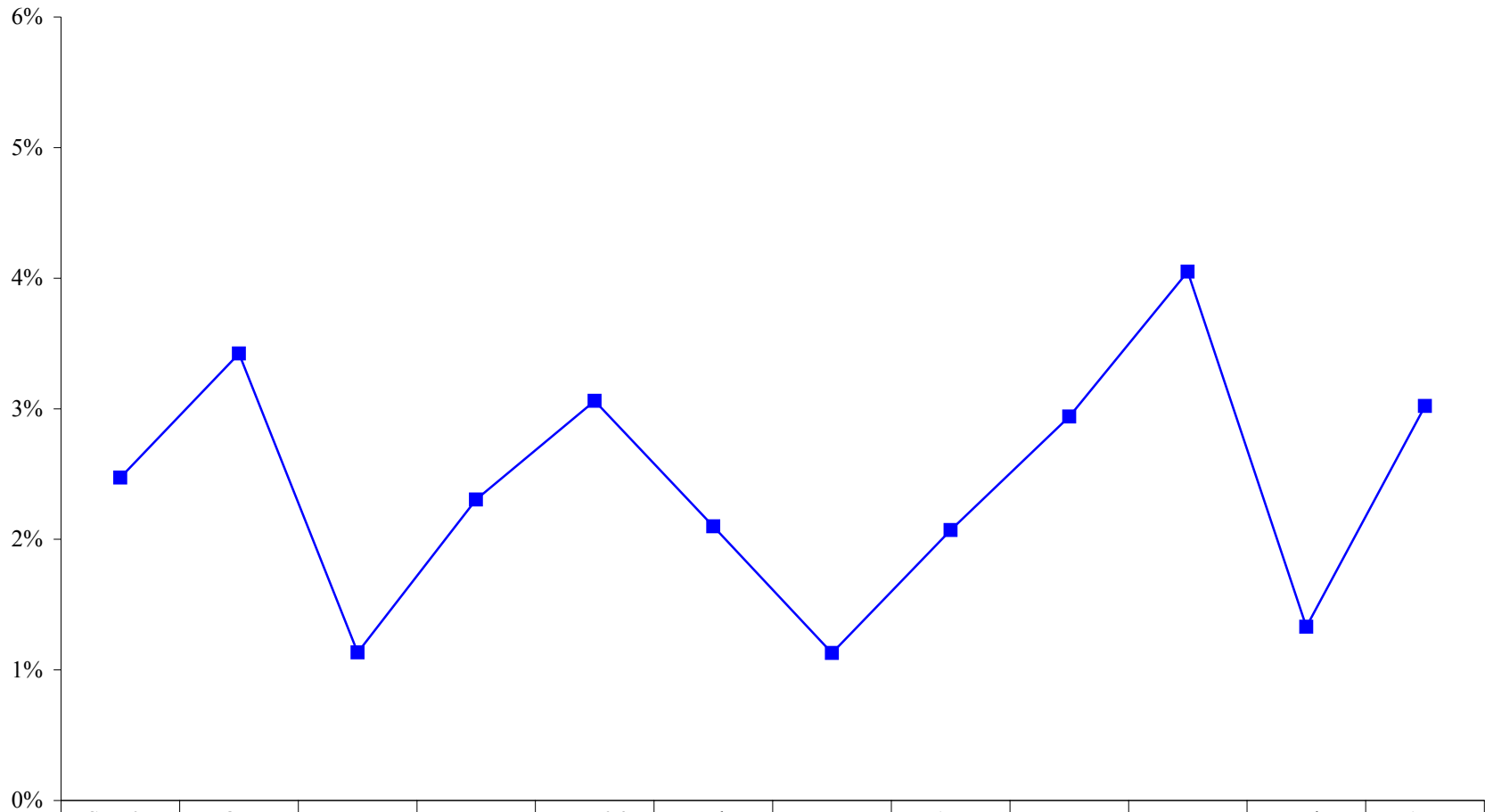
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Rio Grande State Center**





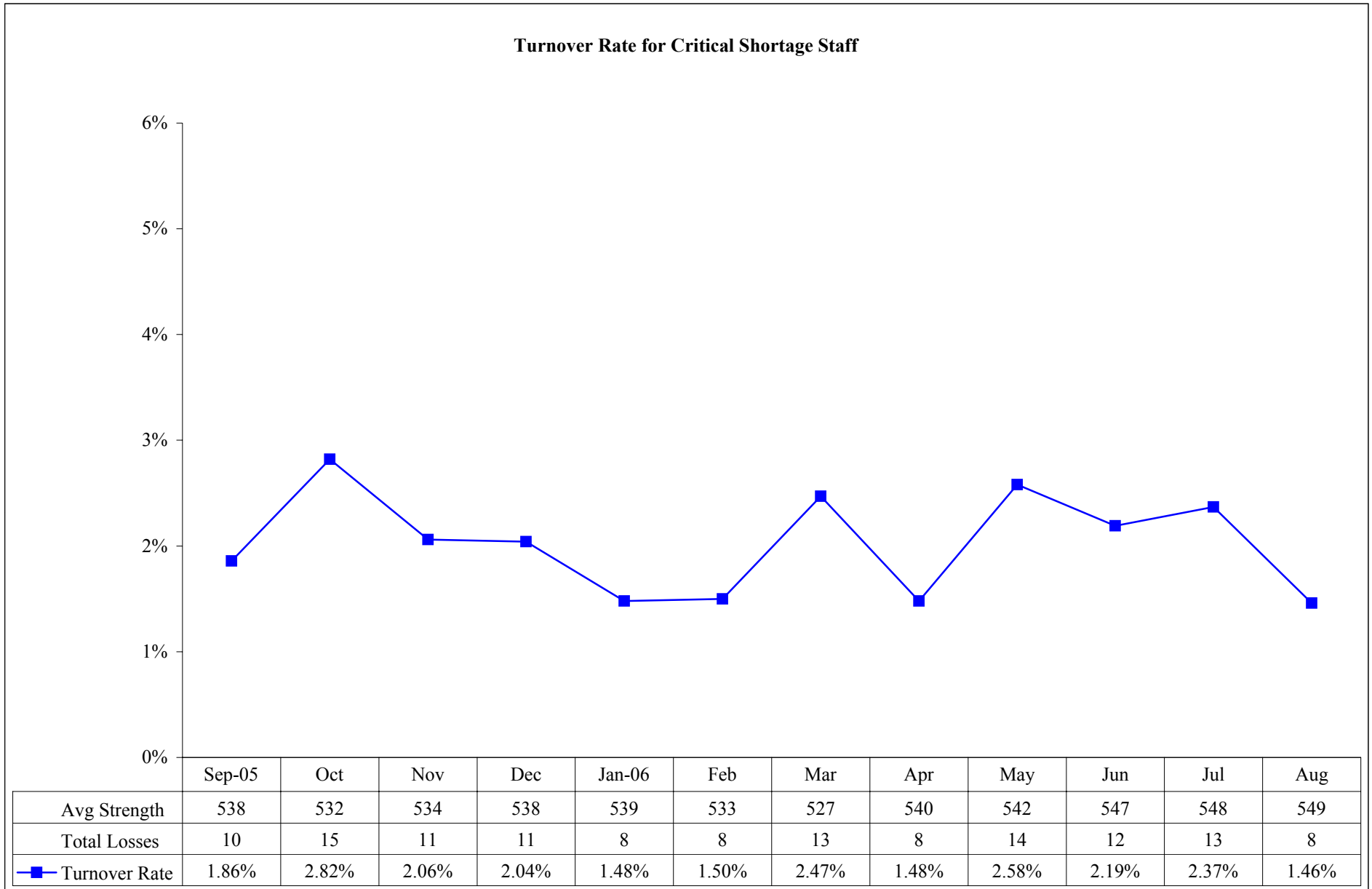
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Rusk State Hospital**

**Turnover Rate for Critical Shortage Staff**



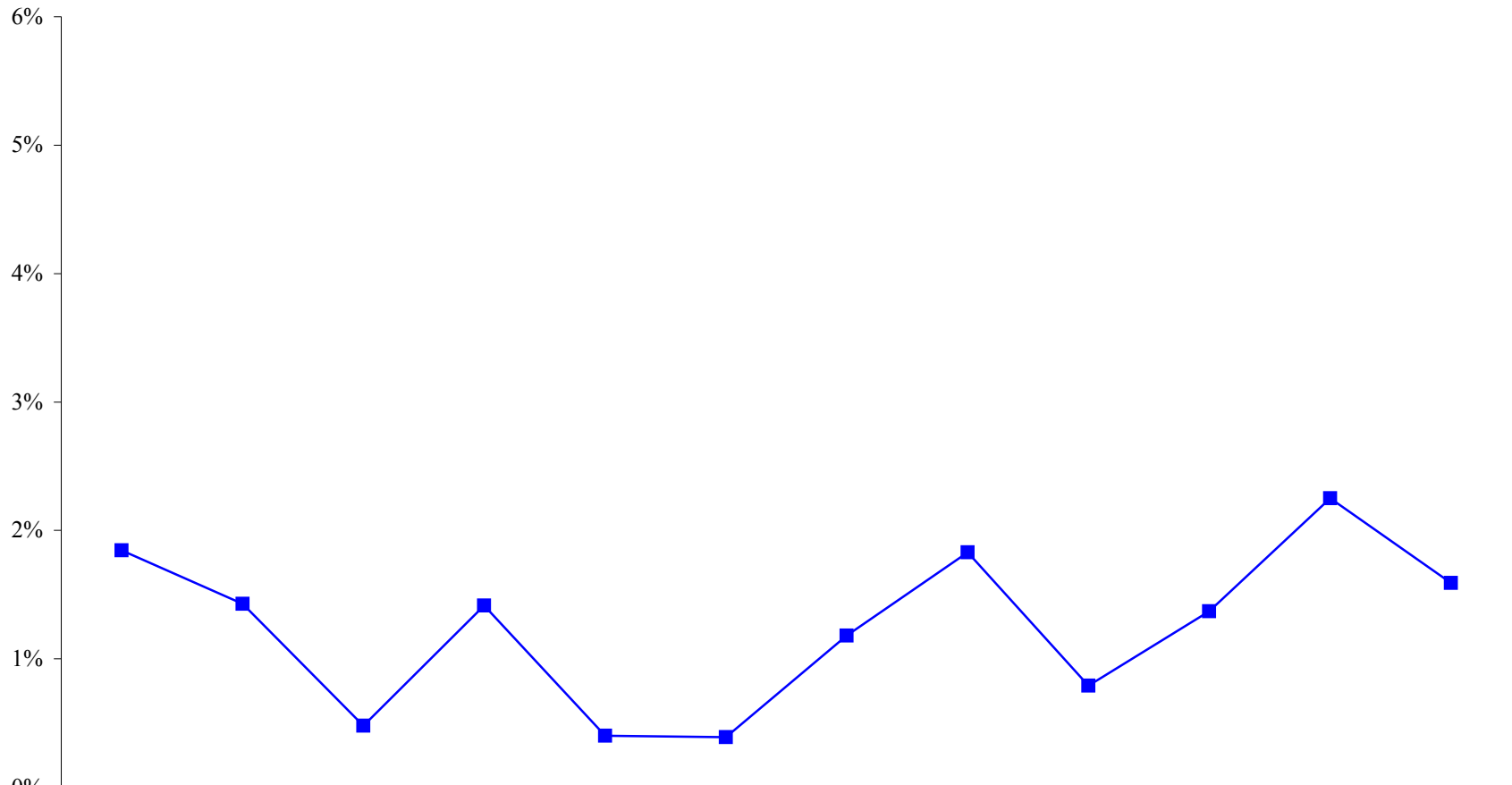
	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	526	526	529	521	523	523	529	530	543	568	600	629
Total Losses	13	18	6	12	16	11	6	11	16	23	8	19
—■ Turnover Rate	2.47%	3.42%	1.13%	2.30%	3.06%	2.10%	1.13%	2.07%	2.94%	4.05%	1.33%	3.02%

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



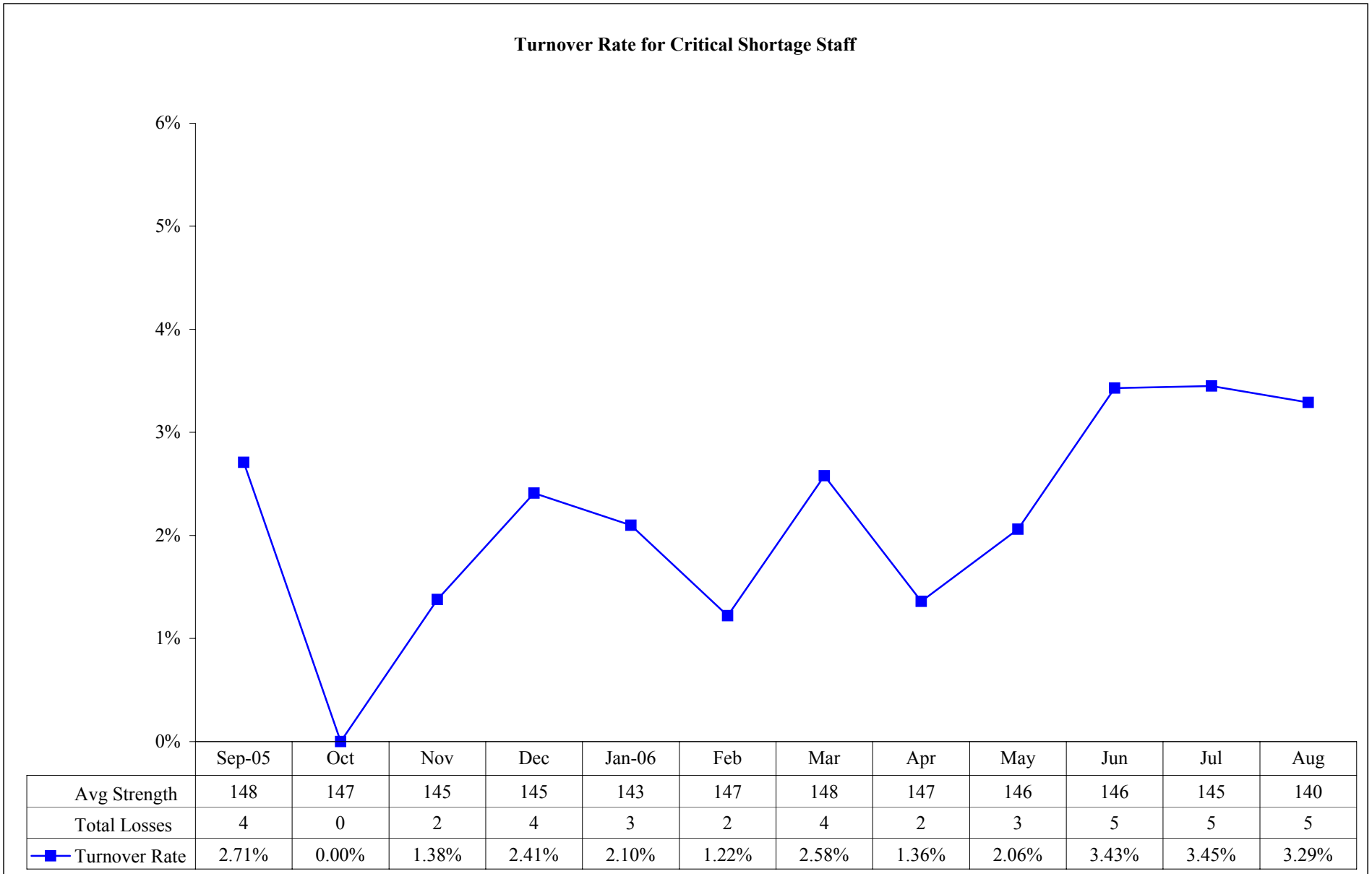
**Measure 8A - Turnover Rate for Critical Shortage Staff  
Terrell State Hospital**

**Turnover Rate for Critical Shortage Staff**

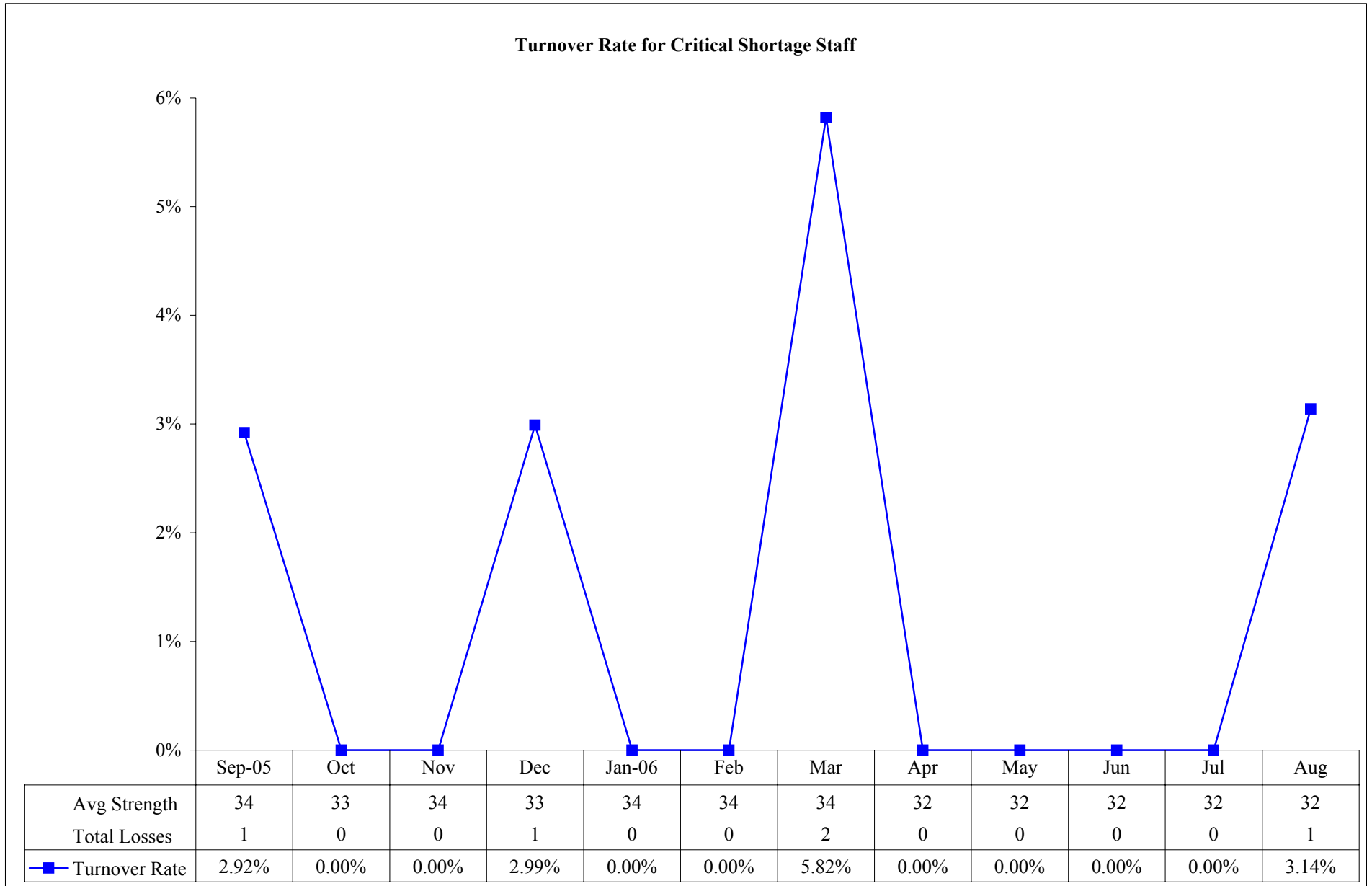


	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	488	490	497	495	501	508	509	503	508	525	543	567
Total Losses	9	7	2	7	2	2	6	9	4	7	12	9
■ Turnover Rate	1.84%	1.43%	0.48%	1.41%	0.40%	0.39%	1.18%	1.83%	0.79%	1.37%	2.25%	1.59%

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



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



**Performance Measure 8B:**

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

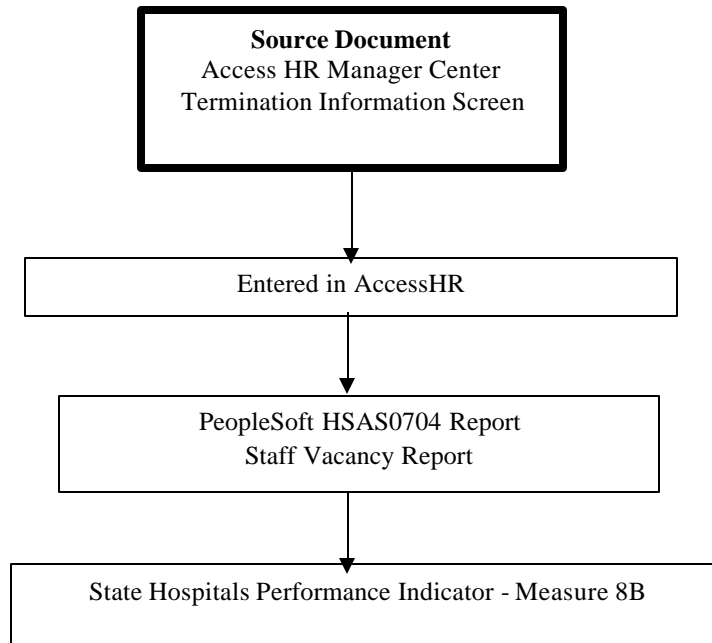
**Performance Measure Operational Definition:** The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

**Performance Measure Formula:**

**Performance Measure Data Display and Chart Description:**

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

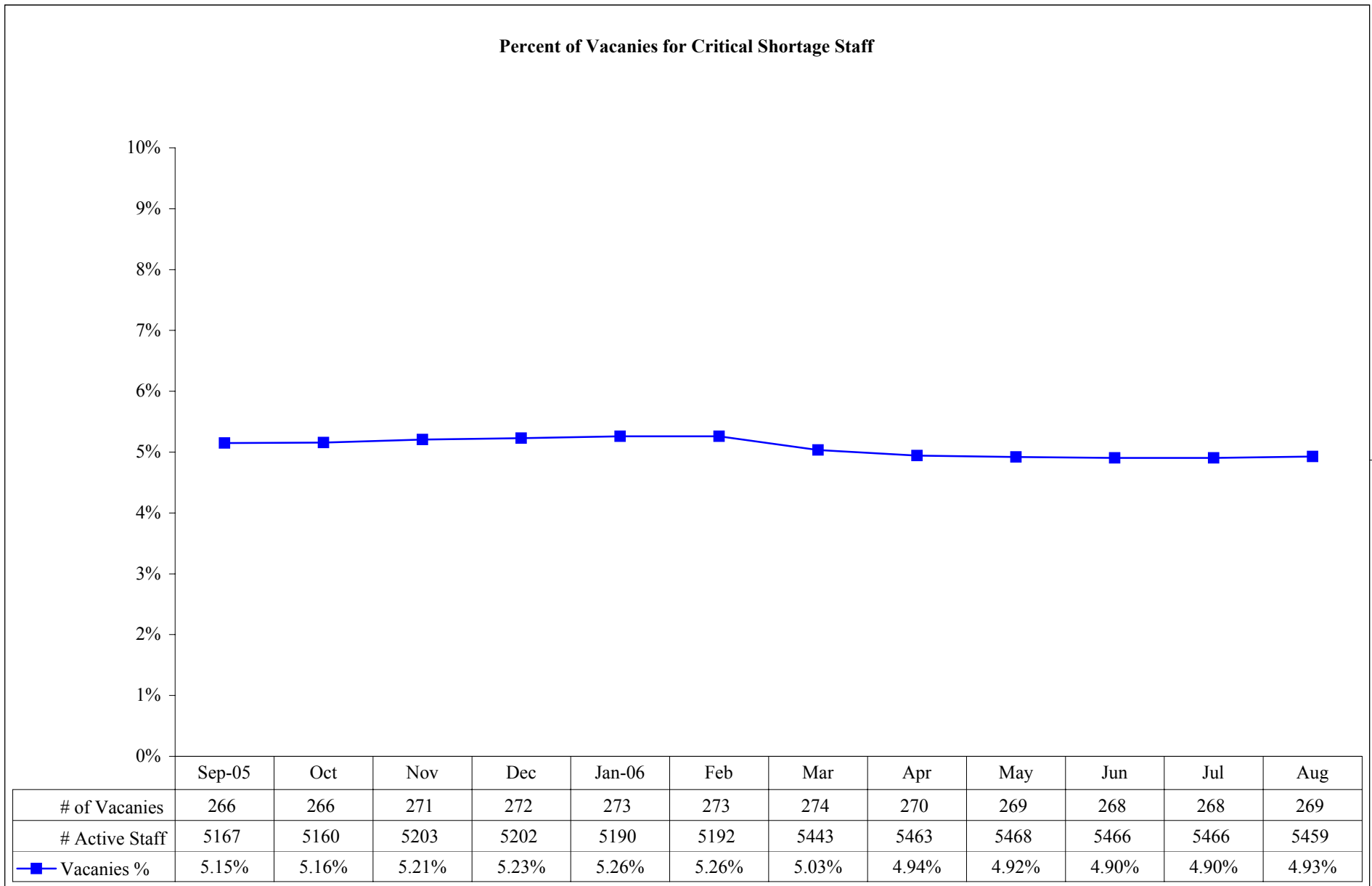
**Data Flow:**



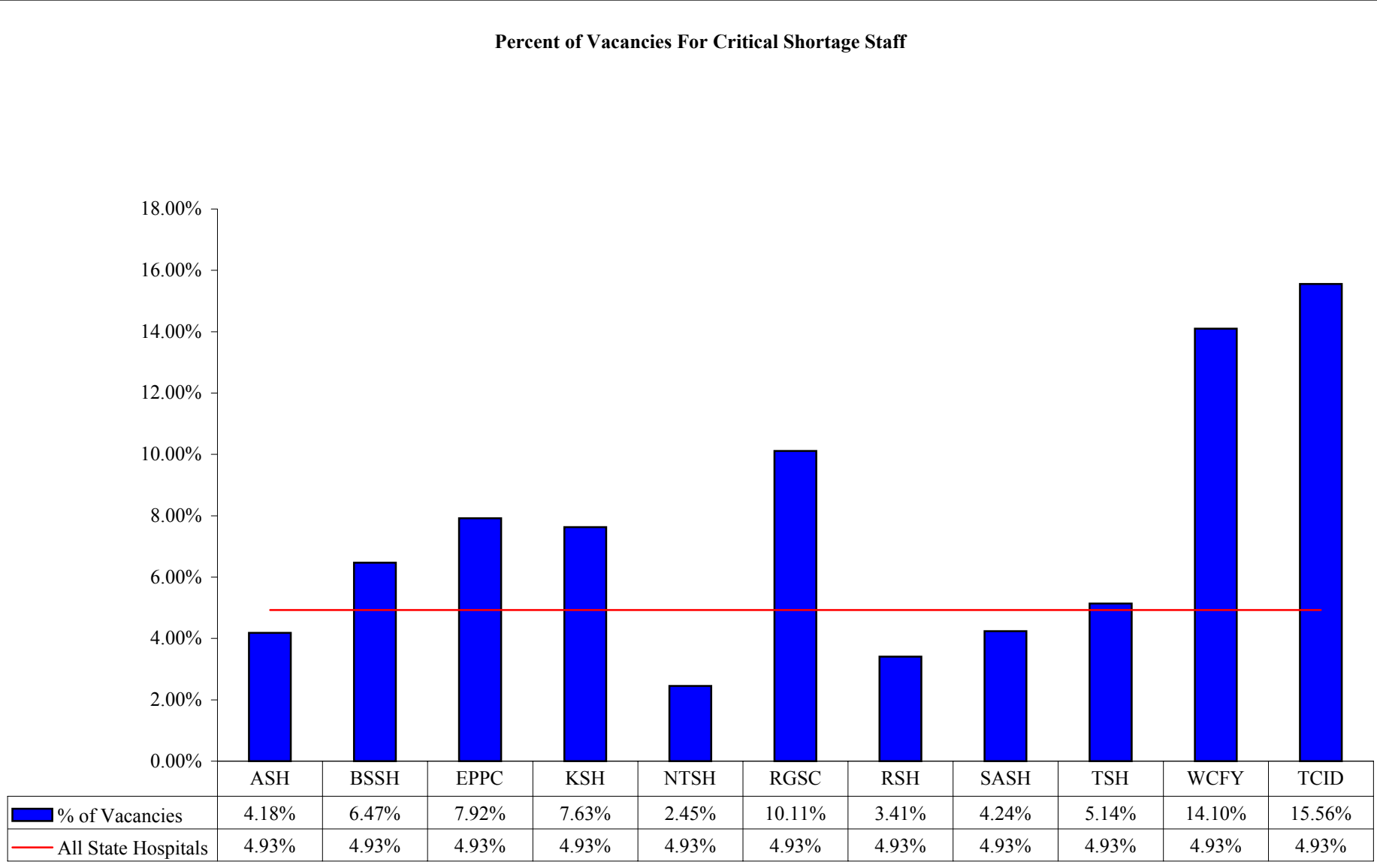
**Data Integrity Review Process:**

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**



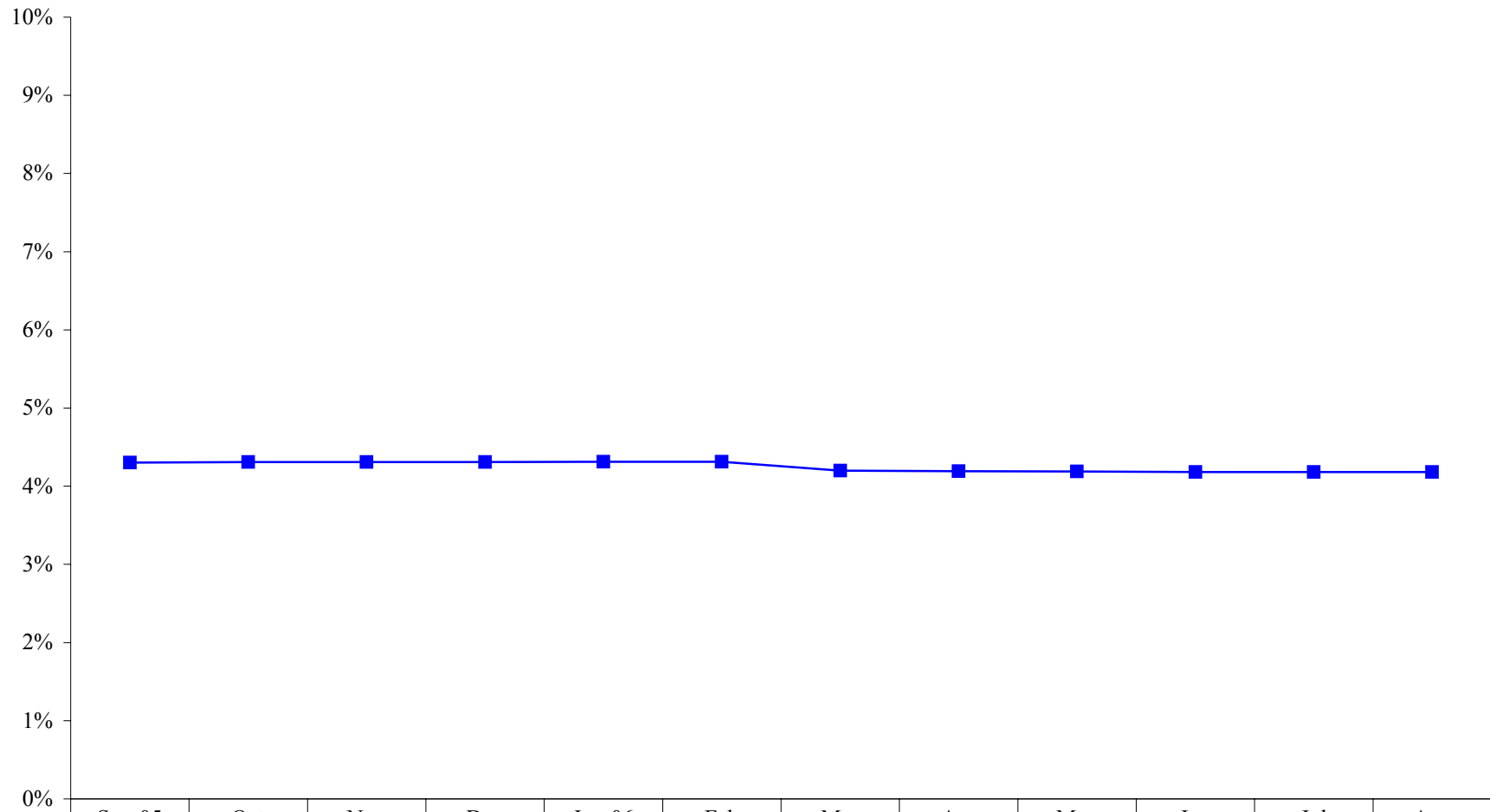
**Measure 8B - Vacancies for Critical Shortage Staff  
All State Hospitals - As of August 31, 2006**





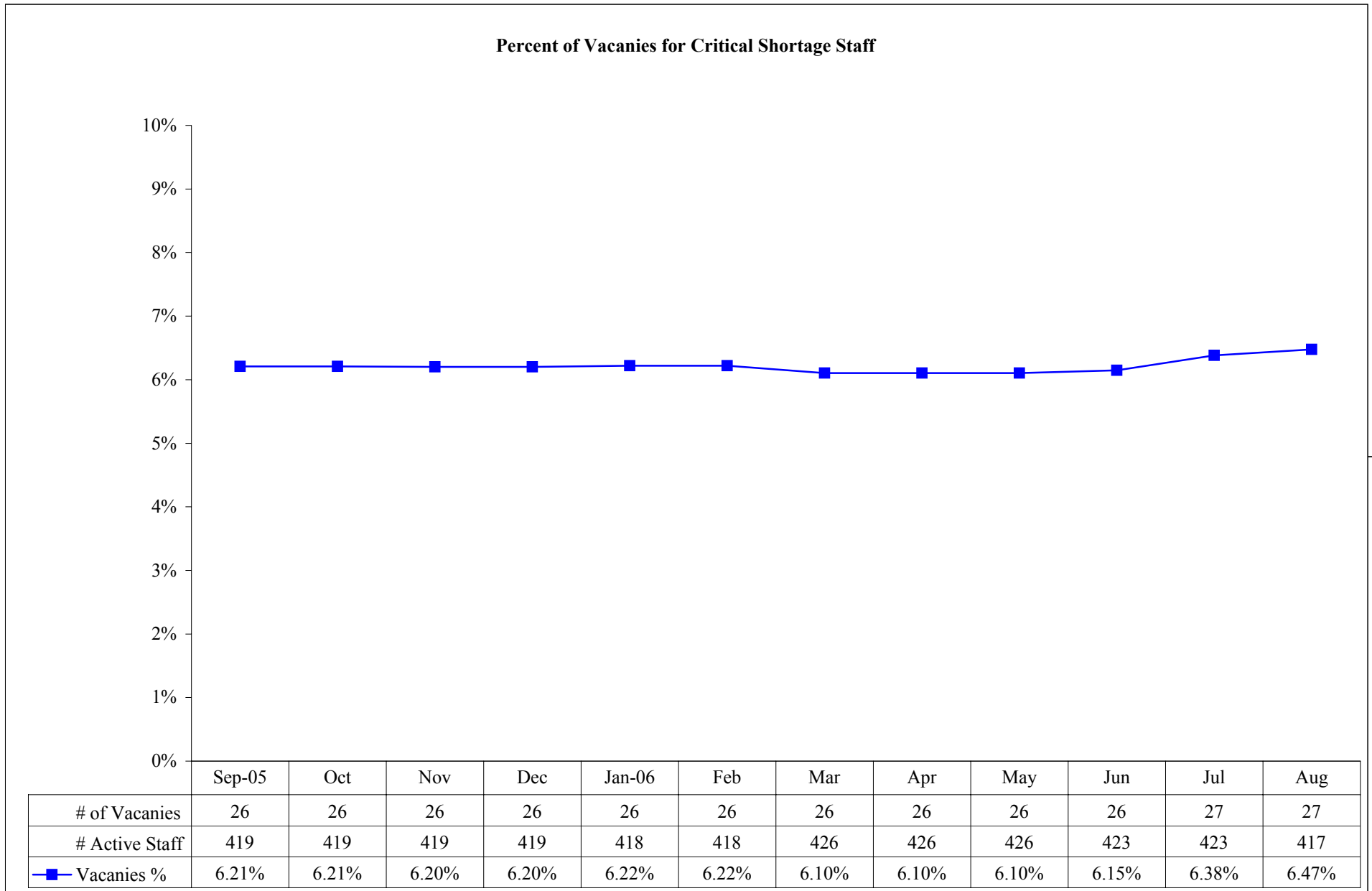
**Measure 8B - Vacancies for Critical Shortage Staff  
Austin State Hospital**

**Percent of Vacancies for Critical Shortage Staff**

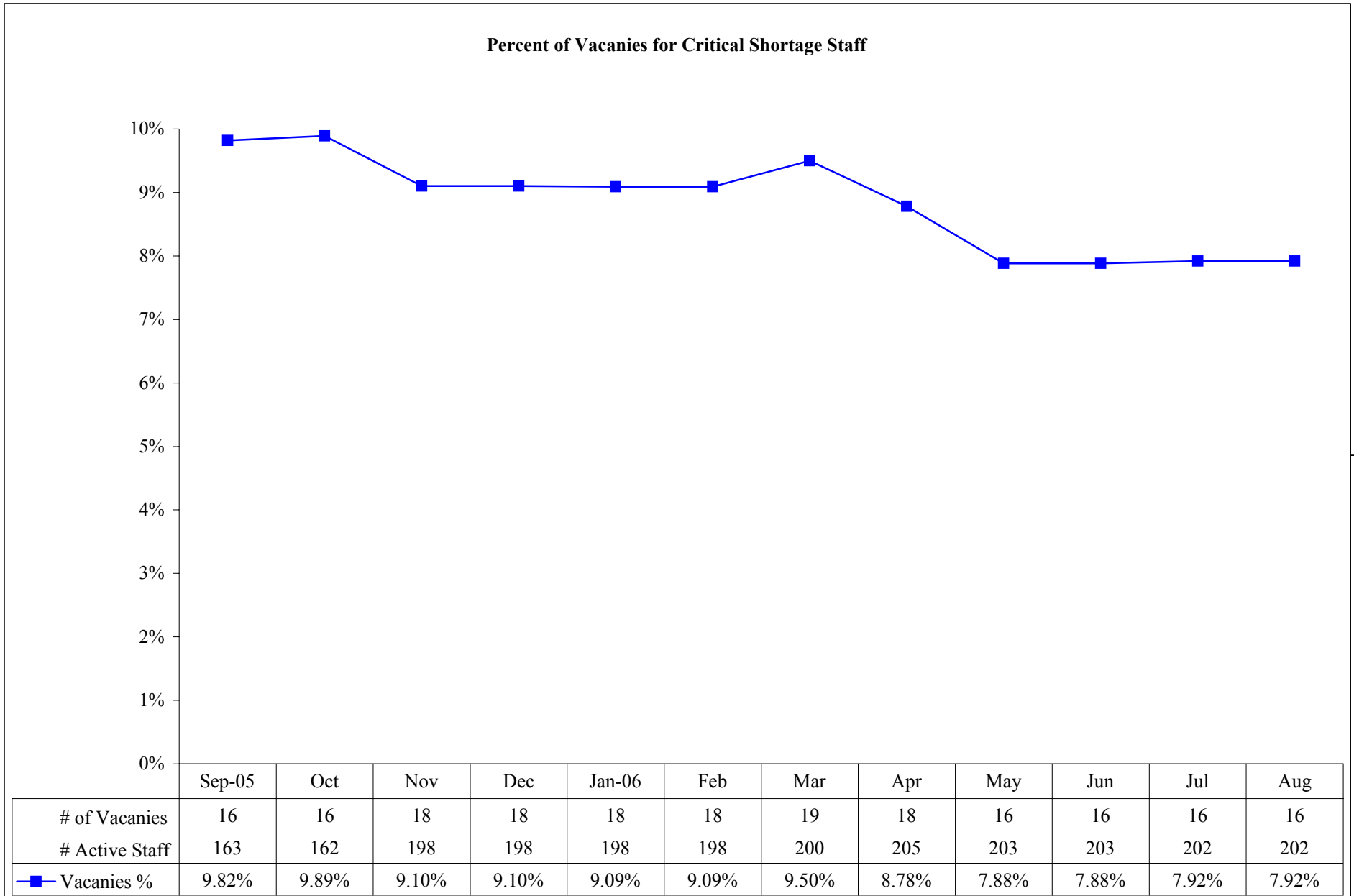


	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
# Vacancies	26	26	26	26	26	26	26	26	26	26	26	26
# Active Staff	604	603	603	603	603	603	619	620	621	622	622	622
■ Vacancies %	4.30%	4.31%	4.31%	4.31%	4.31%	4.31%	4.20%	4.19%	4.19%	4.18%	4.18%	4.18%

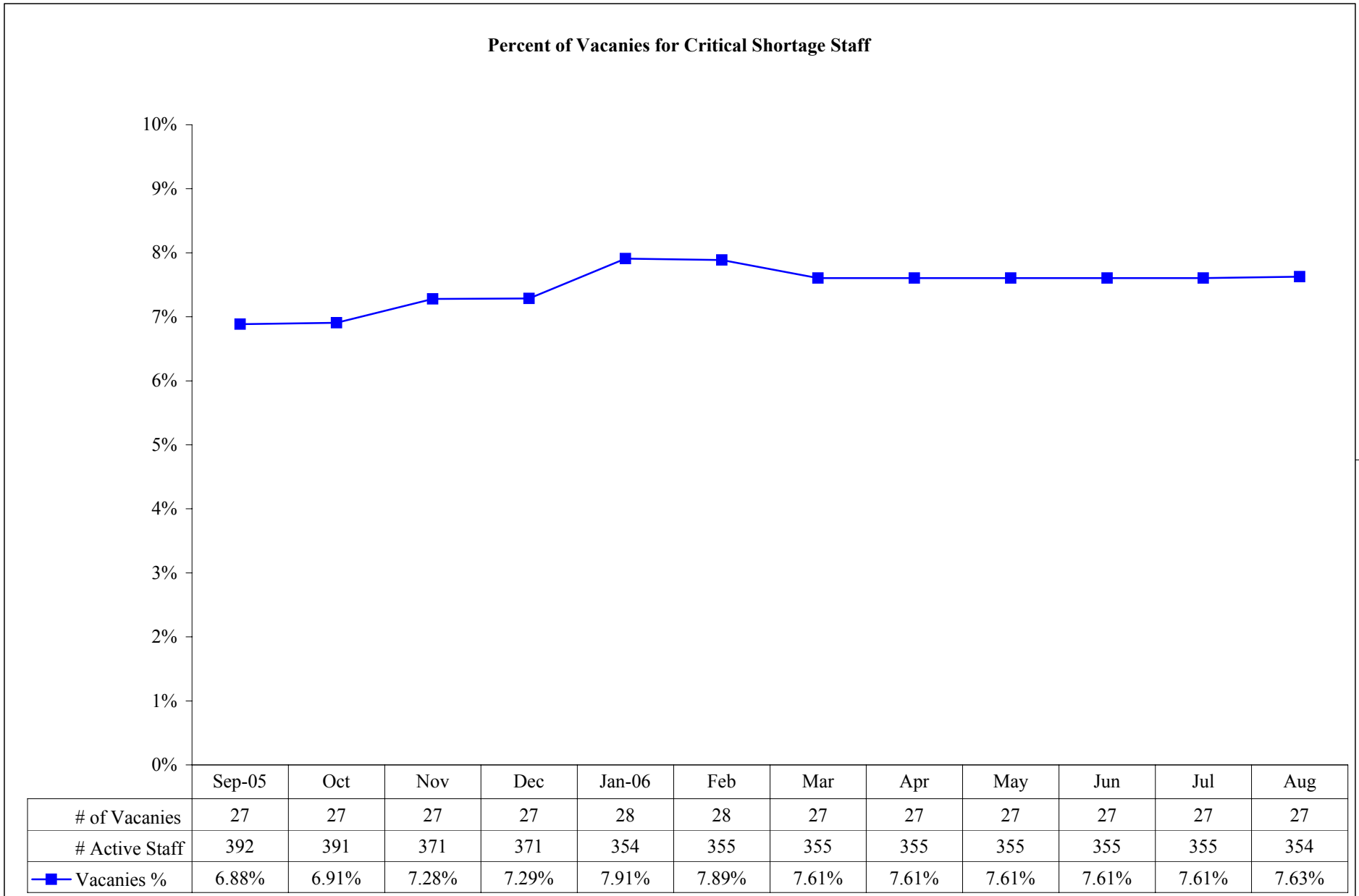
**Measure 8B - Vacancies for Critical Shortage Staff  
Big Spring State Hospital**



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

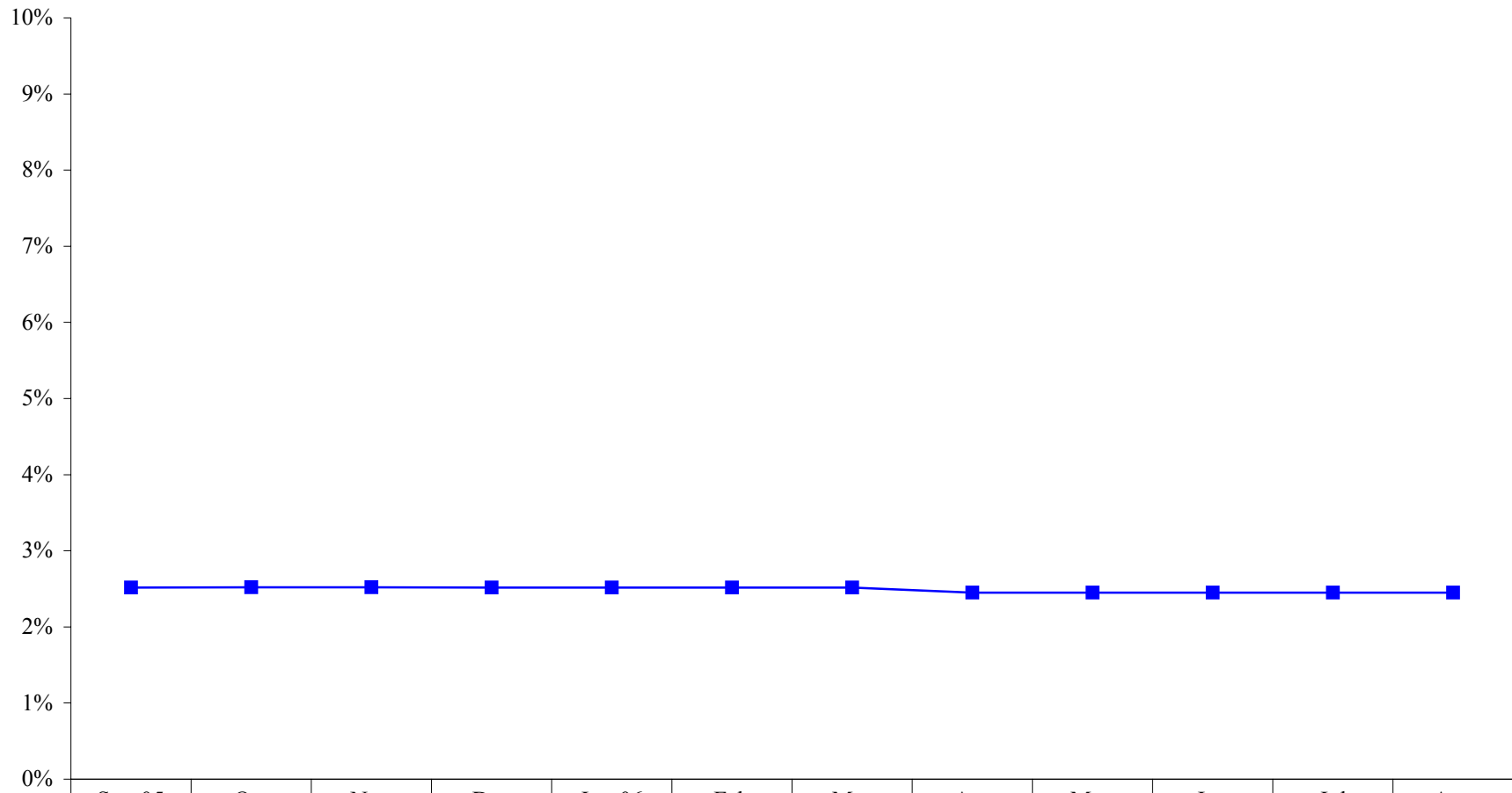


**Measure 8B - Vacancies for Critical Shortage Staff  
Kerrville State Hospital**



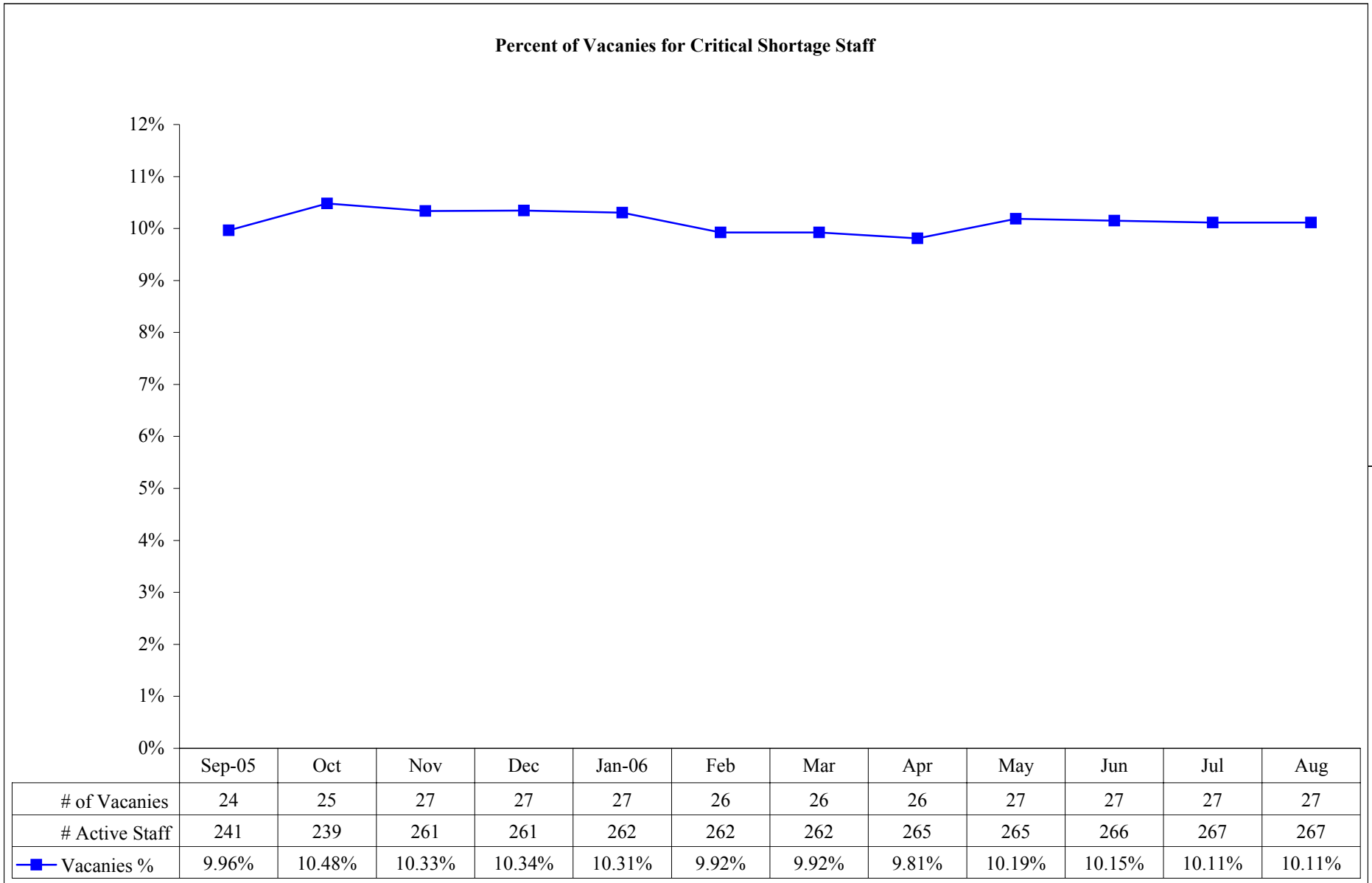
**Measure 8B - Vacancies for Critical Shortage Staff  
North Texas State Hospital**

**Percent of Vacancies for Critical Shortage Staff**

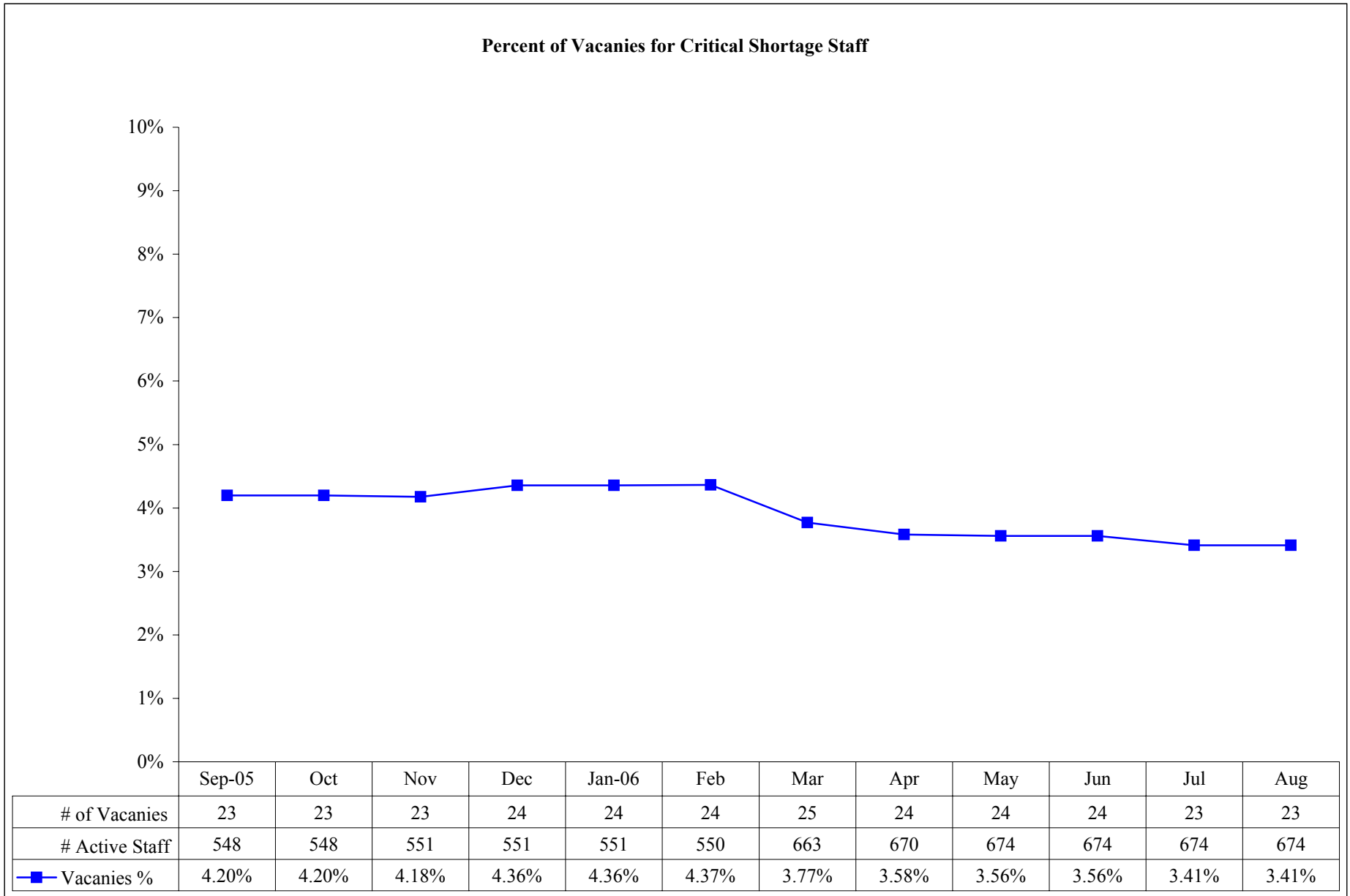


	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
# of Vacancies	38	38	38	38	38	38	38	37	37	37	37	37
# Active Staff	1509	1509	1509	1509	1510	1510	1509	1510	1511	1511	1511	1511
■ Vacancies %	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.45%	2.45%	2.45%	2.45%	2.45%

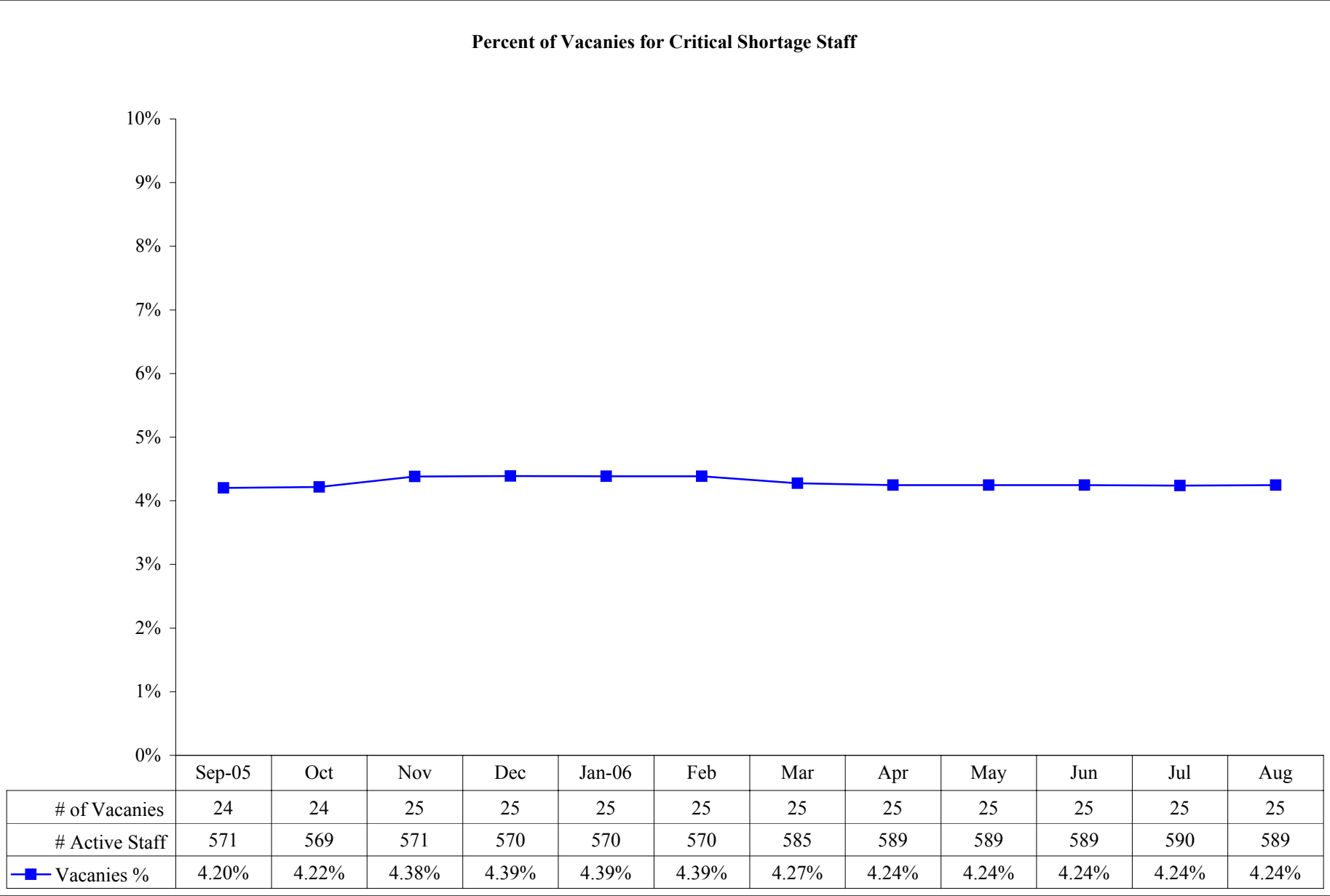
**Measure 8B - Vacancies for Critical Shortage Staff  
Rio Grande State Center**



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



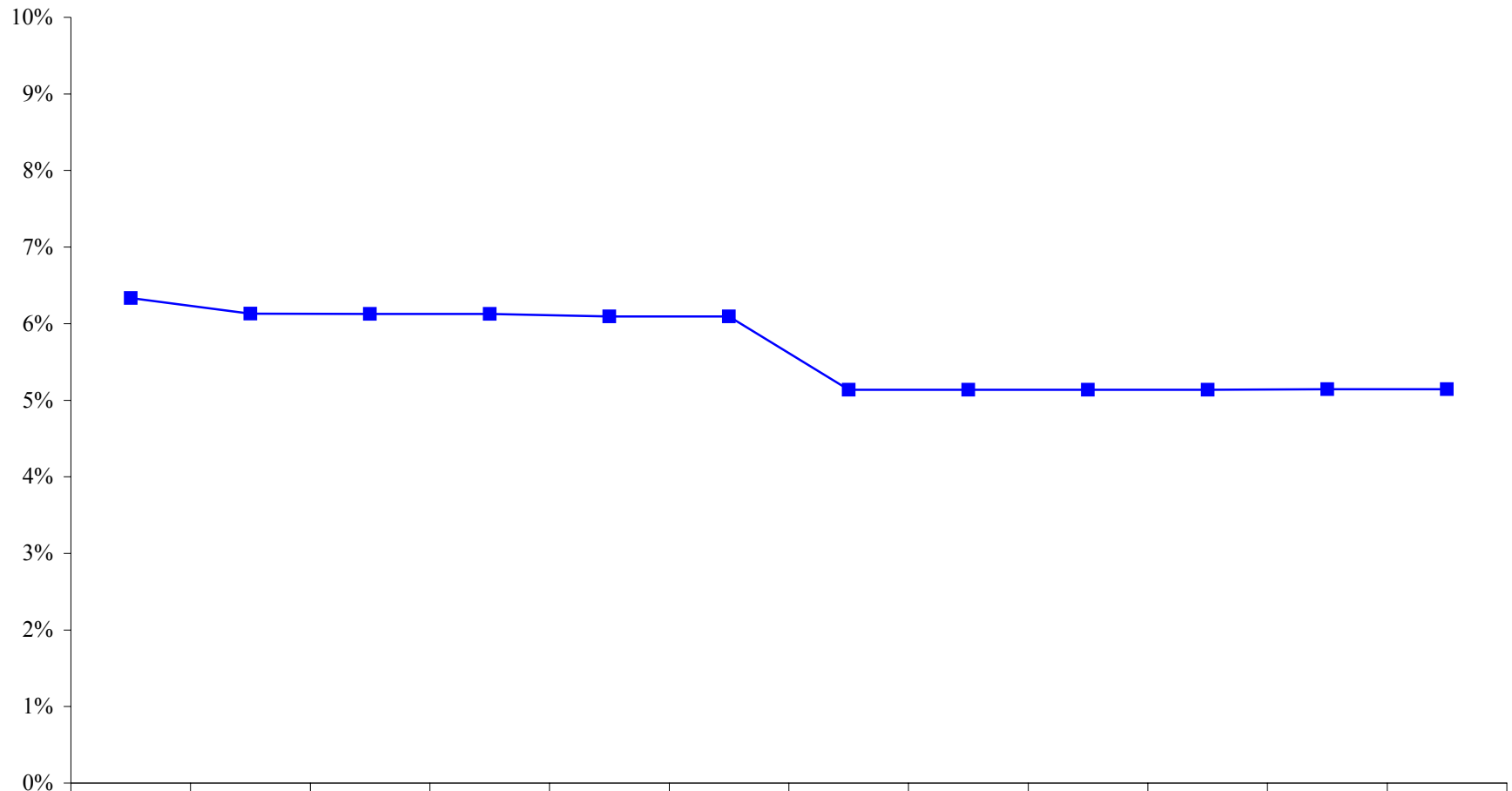
**Measure 8B - Vacancies for Critical Shortage Staff  
San Antonio State Hospital**





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

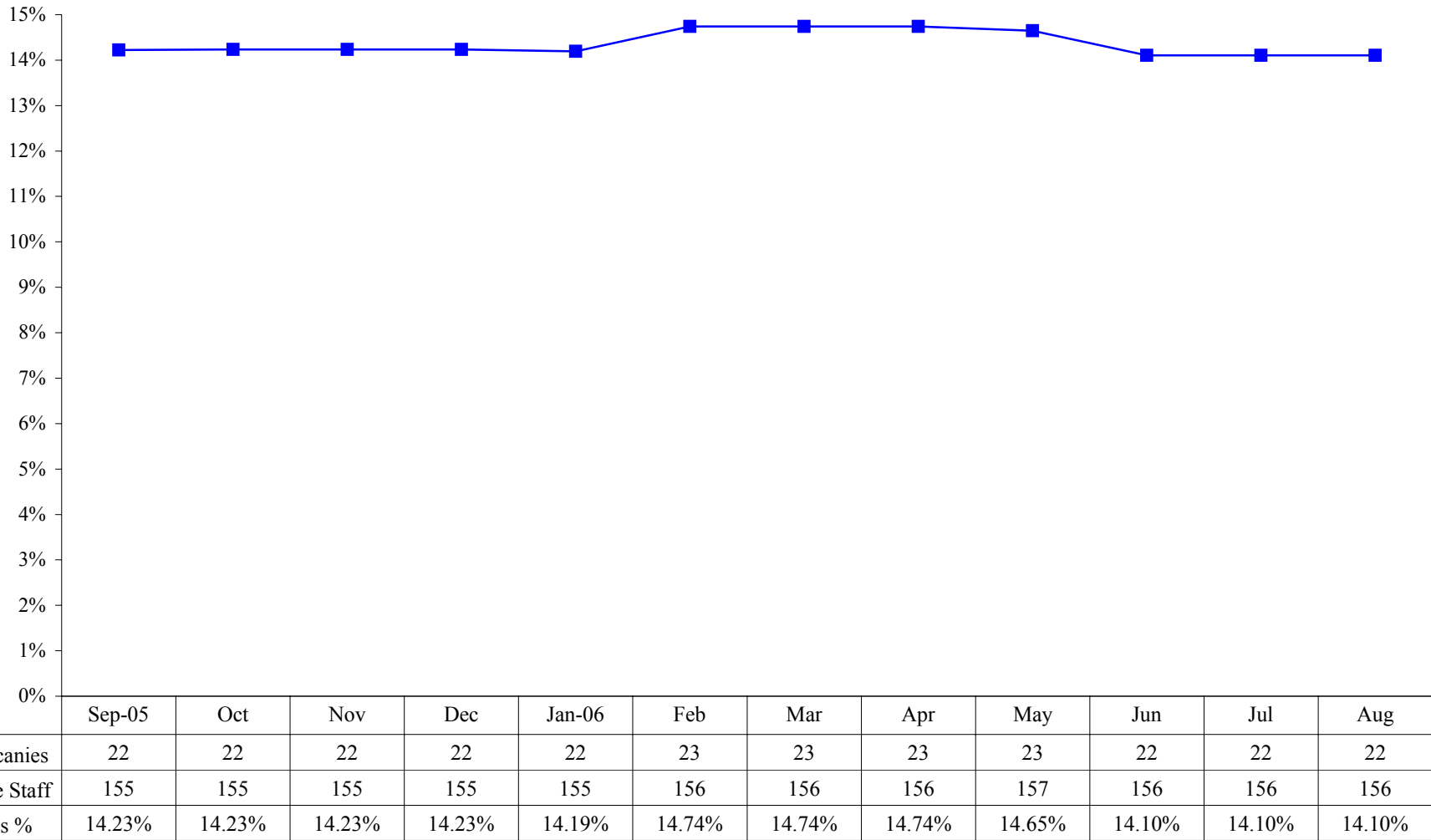
**Percent of Vacancies for Critical Shortage Staff**



	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
# of Vacancies	33	32	32	32	32	32	32	32	32	32	32	32
# Active Staff	521	522	522	522	525	525	623	623	623	623	622	622
■ Vacancies %	6.33%	6.13%	6.13%	6.13%	6.10%	6.10%	5.14%	5.14%	5.14%	5.14%	5.14%	5.14%

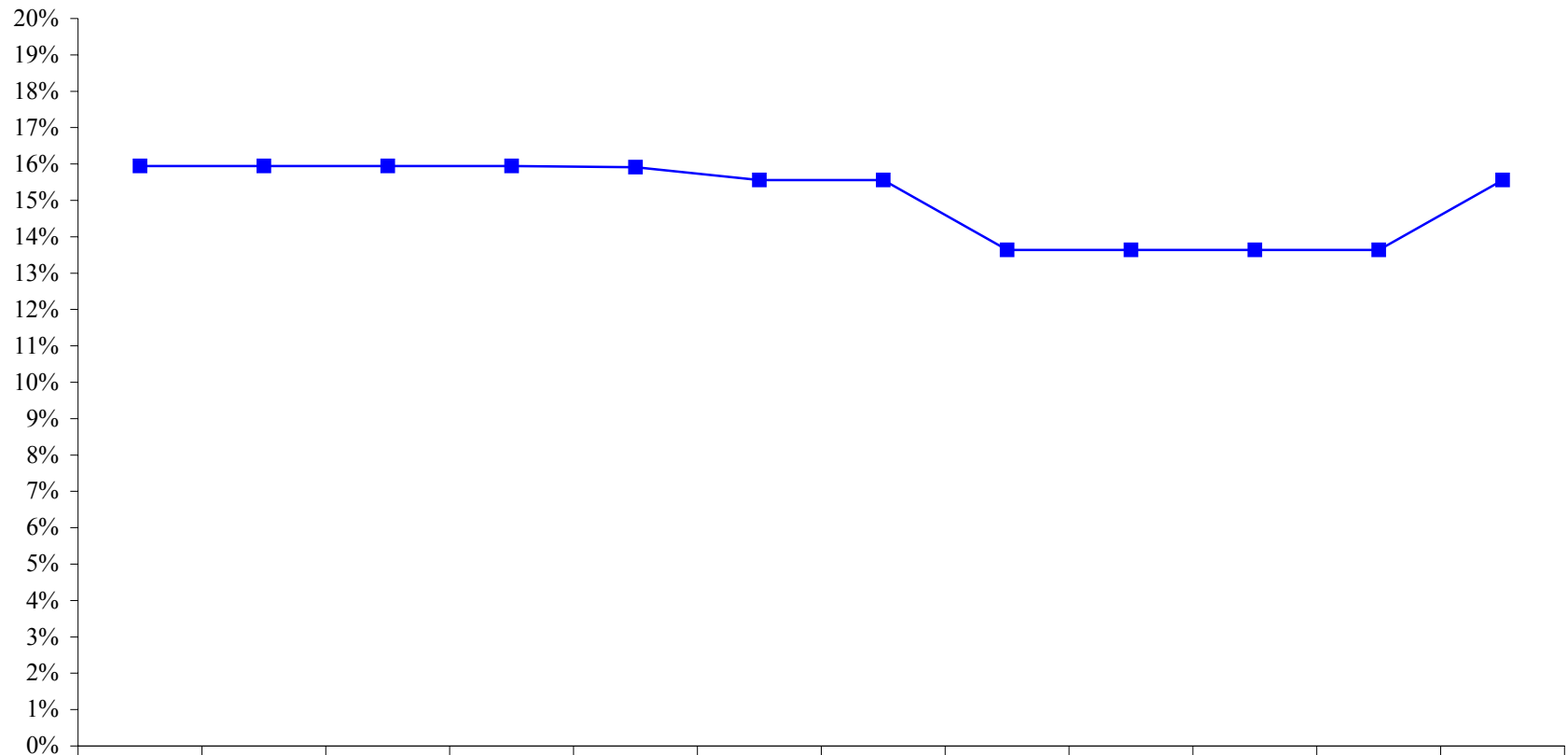
**Measure 8B - Vacancies for Critical Shortage Staff  
Waco Center for Youth**

**Percent of Vacancies for Critical Shortage Staff**



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

**Percent of Vacancies for Critical Shortage Staff**



	Sep-05	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
# of Vacancies	7	7	7	7	7	7	7	6	6	6	6	7
# Active Staff	44	44	44	44	44	45	45	44	44	44	44	45
—■— Vacancies %	15.95%	15.95%	15.95%	15.95%	15.91%	15.56%	15.56%	13.64%	13.64%	13.64%	13.64%	15.56%

## ***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**

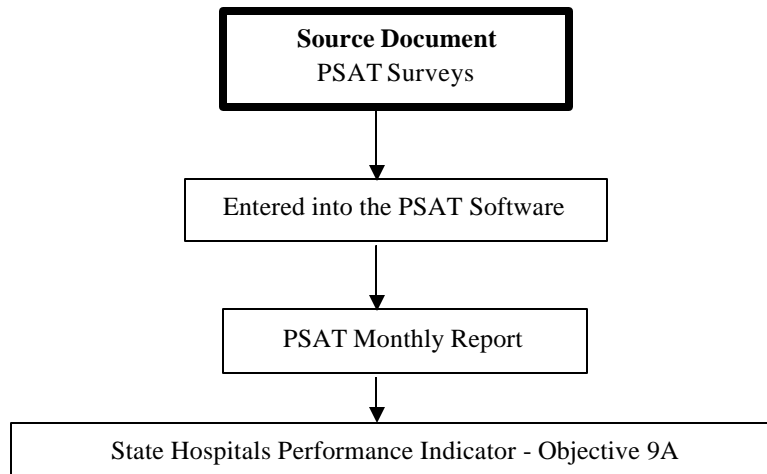
**Performance Objective Operational Definition:** At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

**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.

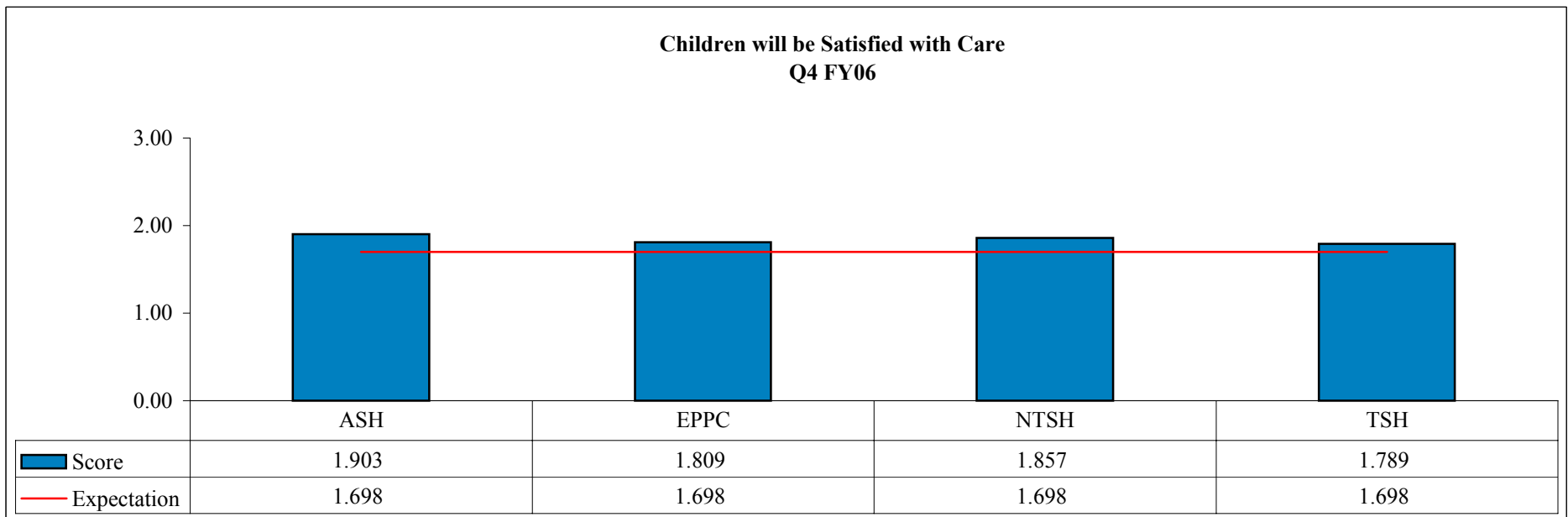
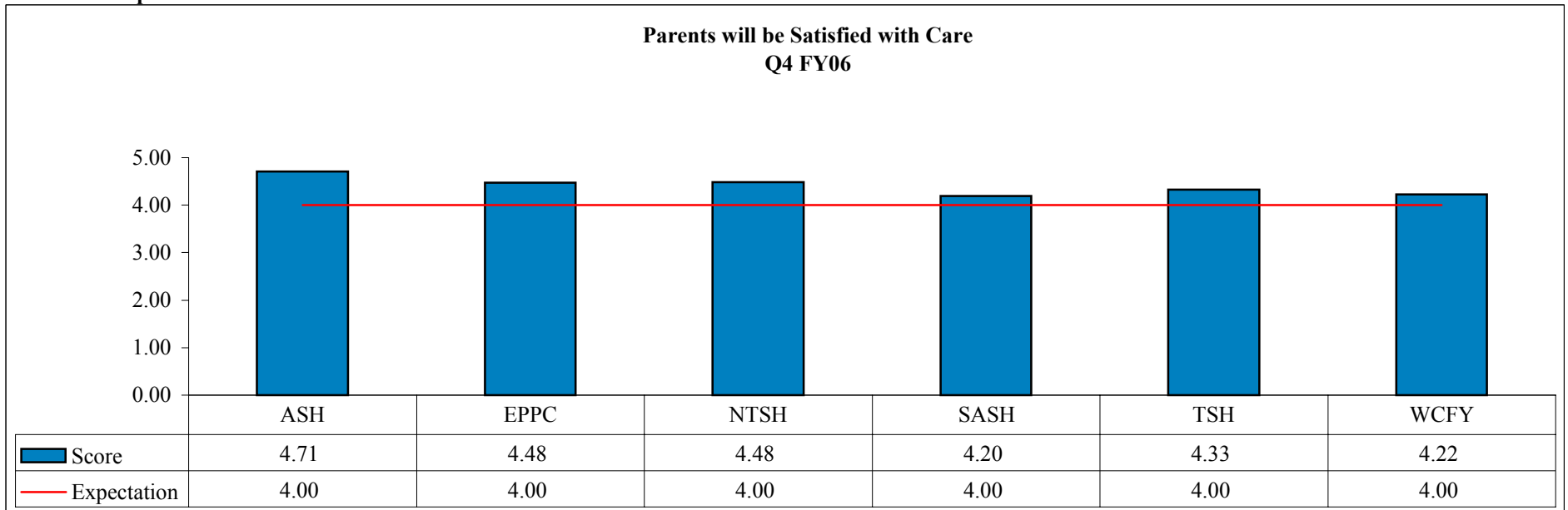
### **Data Flow:**



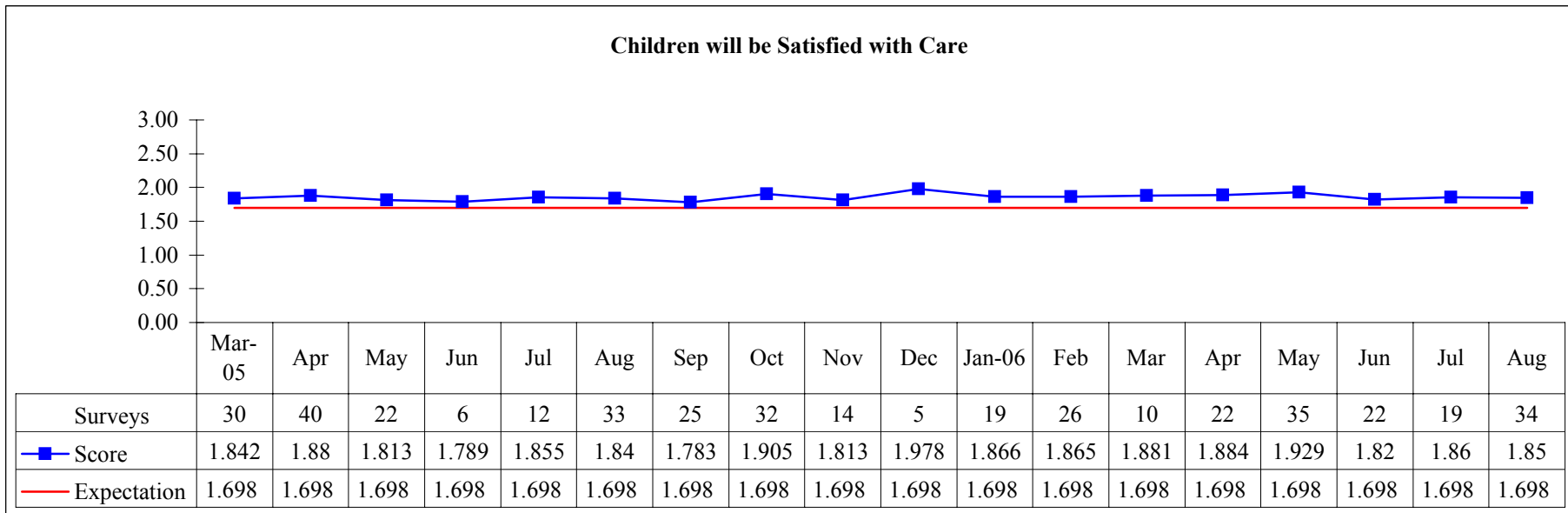
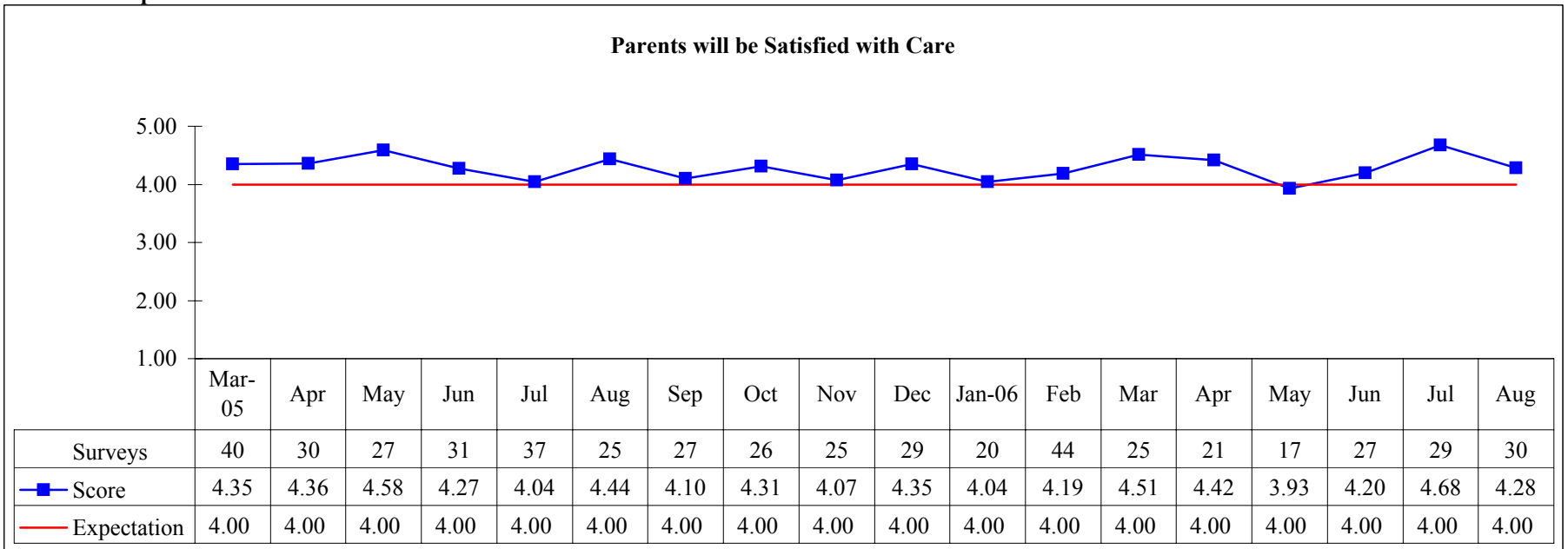
### **Data Integrity Review Process:**

Children and parent satisfaction surveys are not subject to a data integrity review at this time.

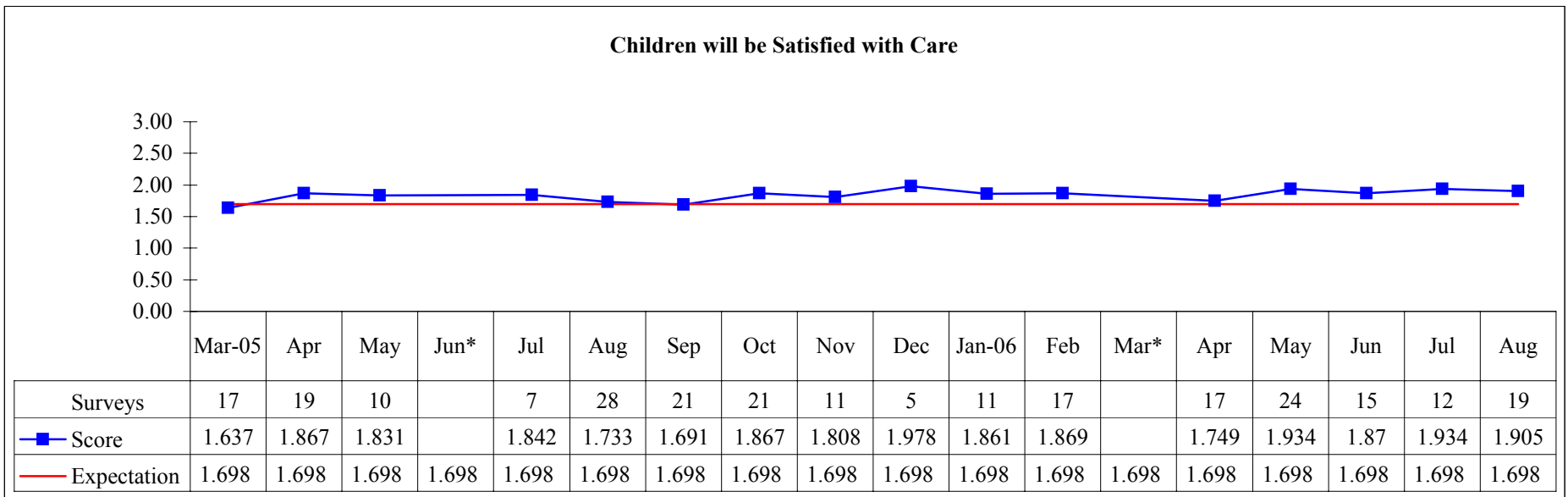
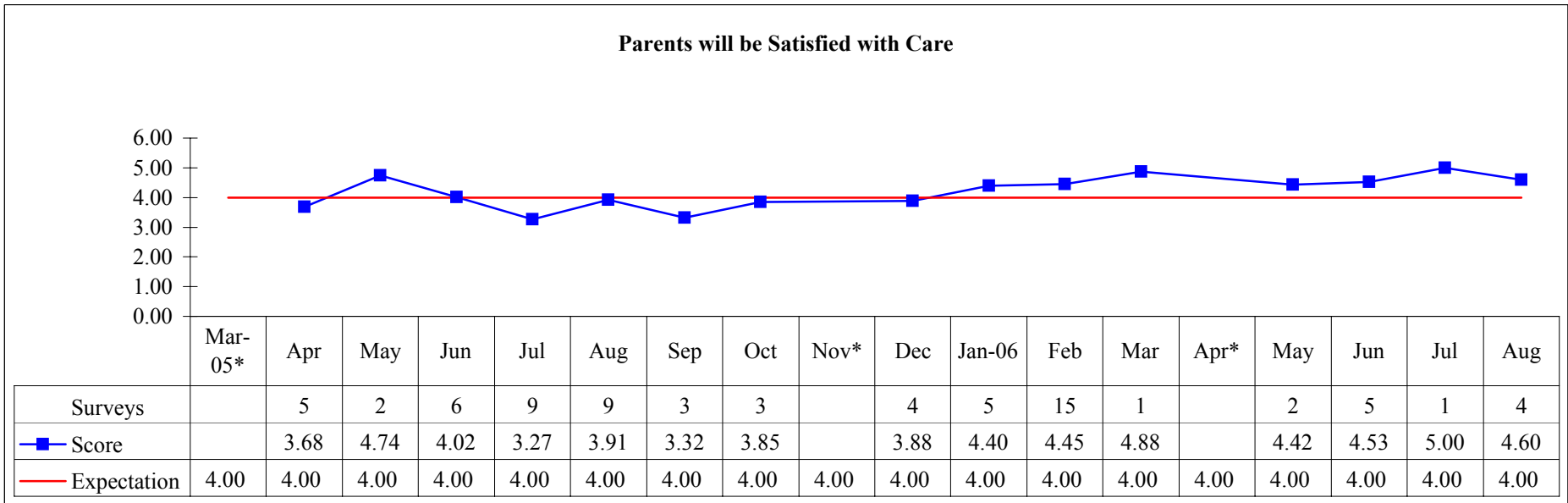
**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**All State Hospitals**



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

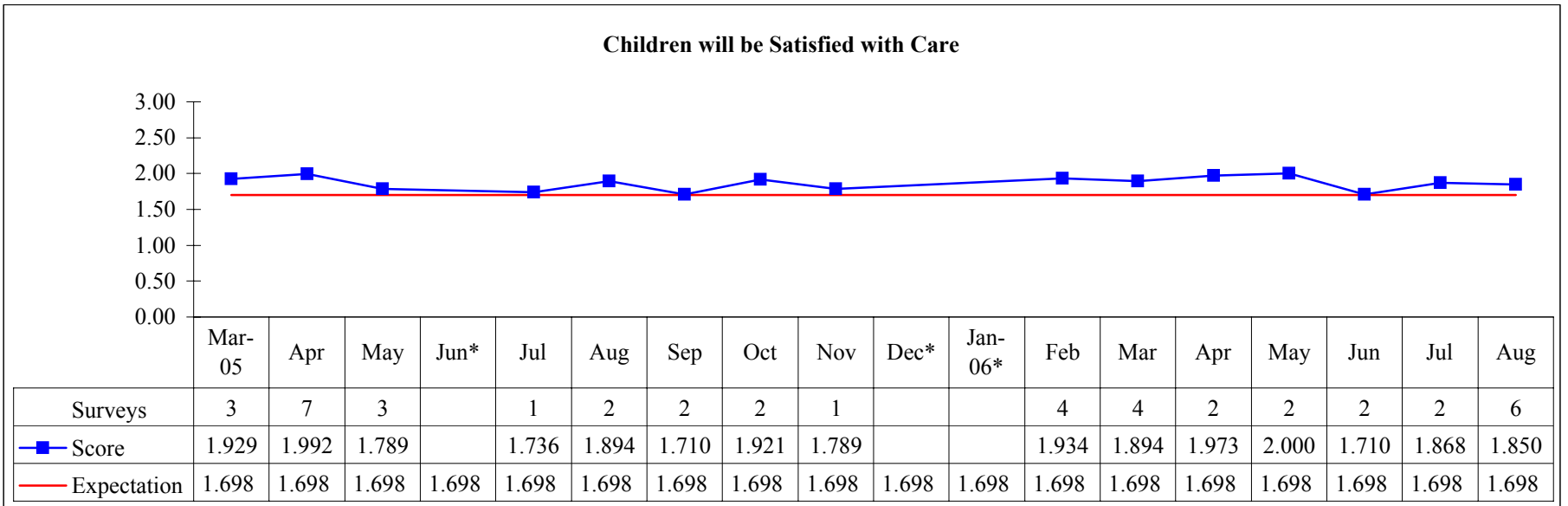
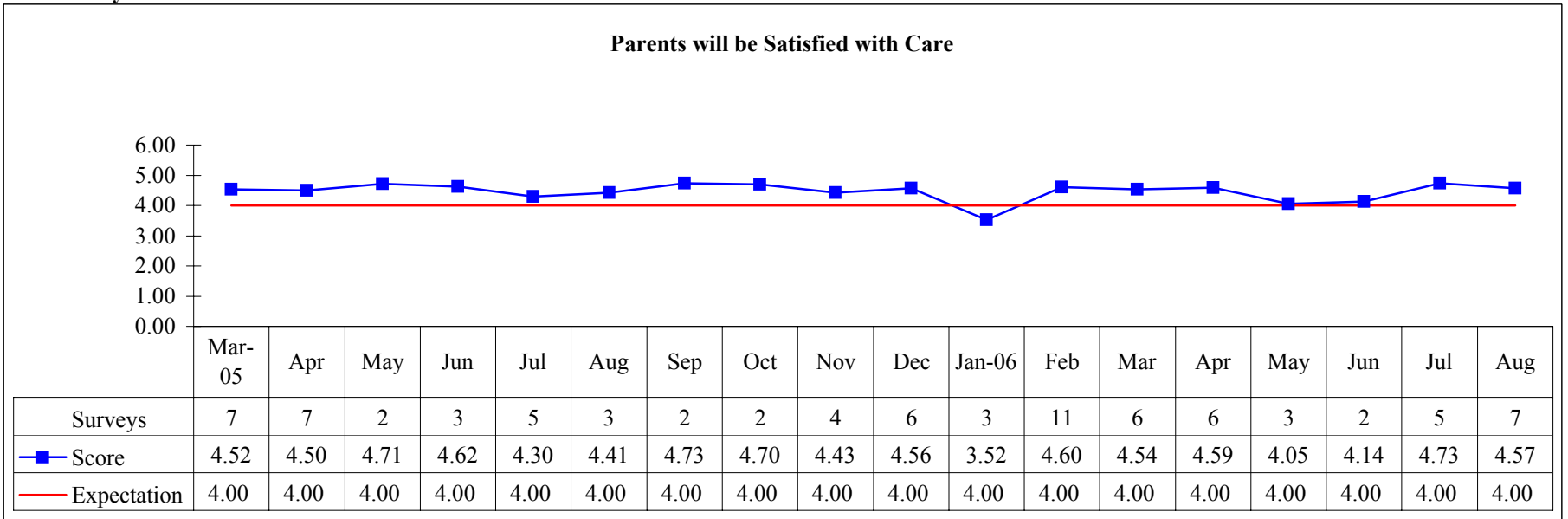


**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**Austin State Hospital**



\*No surveys submitted

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

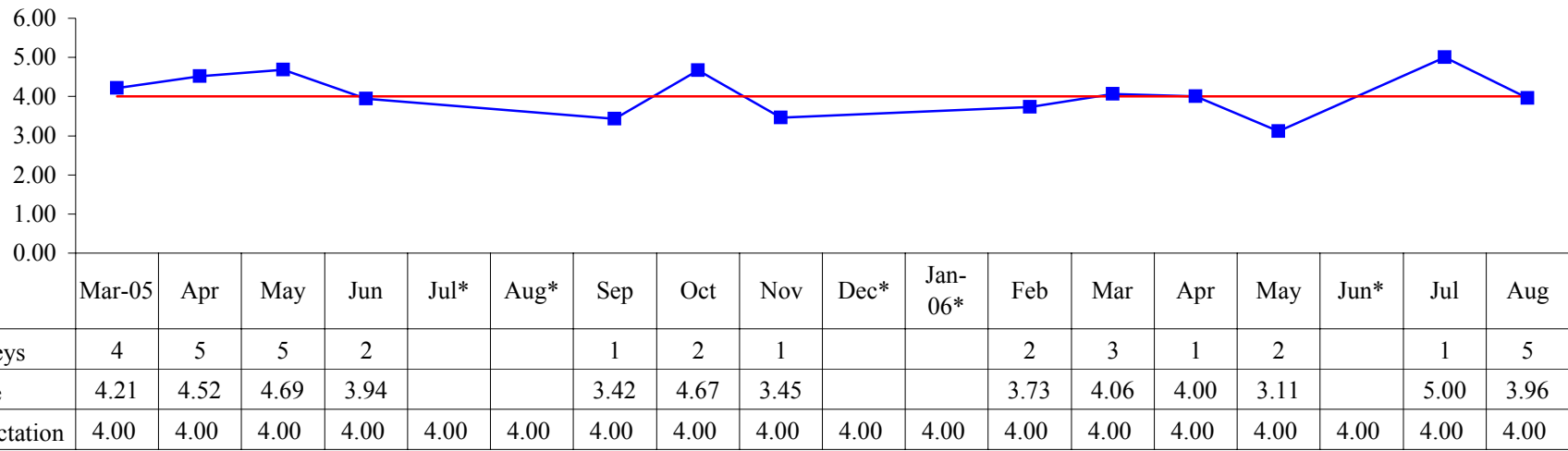


\*No surveys submitted

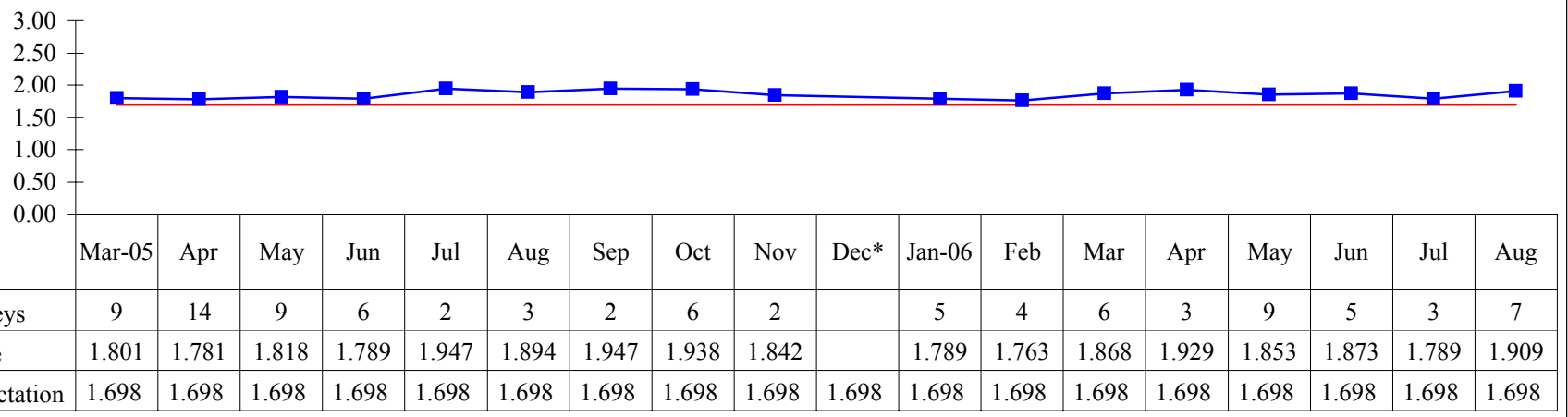


**Objective 9A - Patient Satisfaction**  
**Children and Parents will be Satisfied with Treatment and Safe Milieu**  
**North Texas State Hospital**

**Parents will be Satisfied with Care**



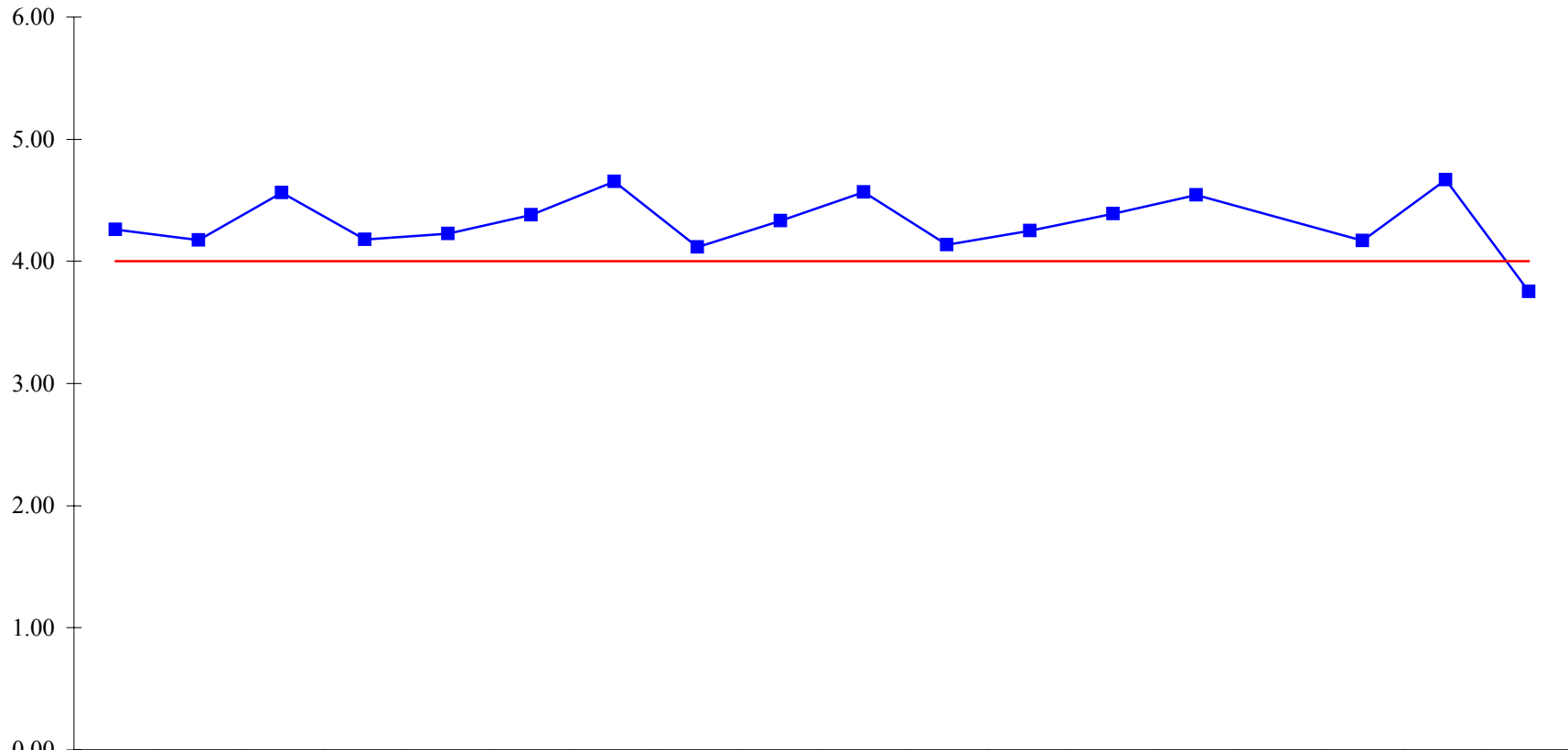
**Children will be Satisfied with Care**



\*No surveys submitted

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

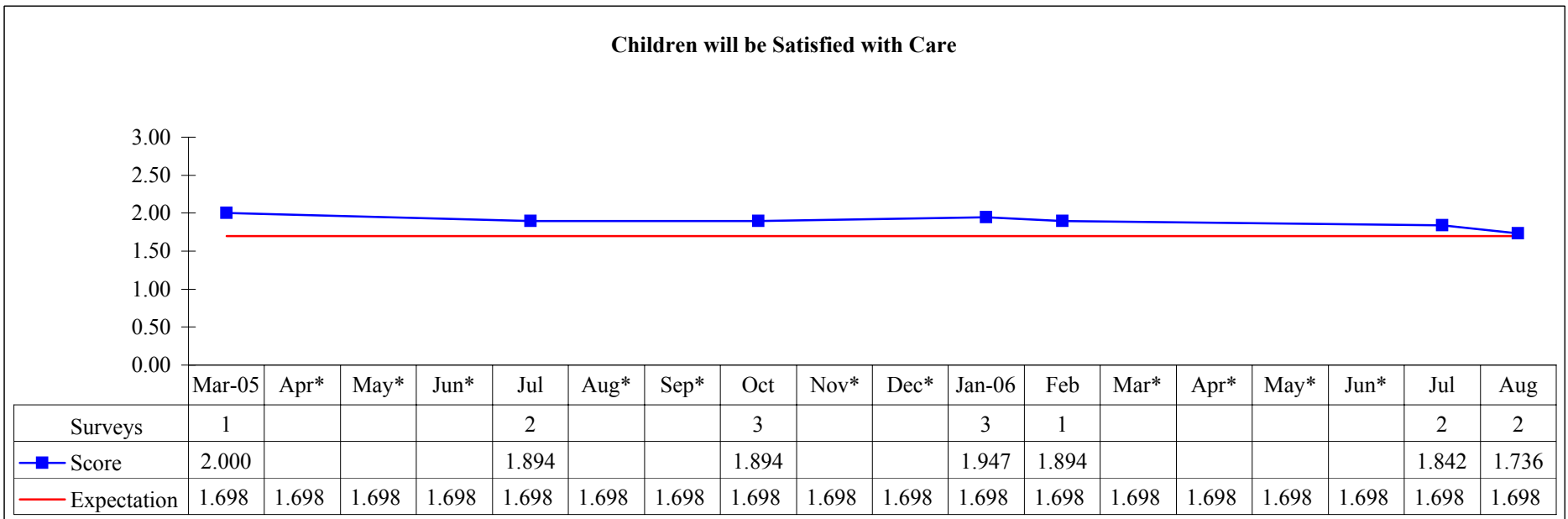
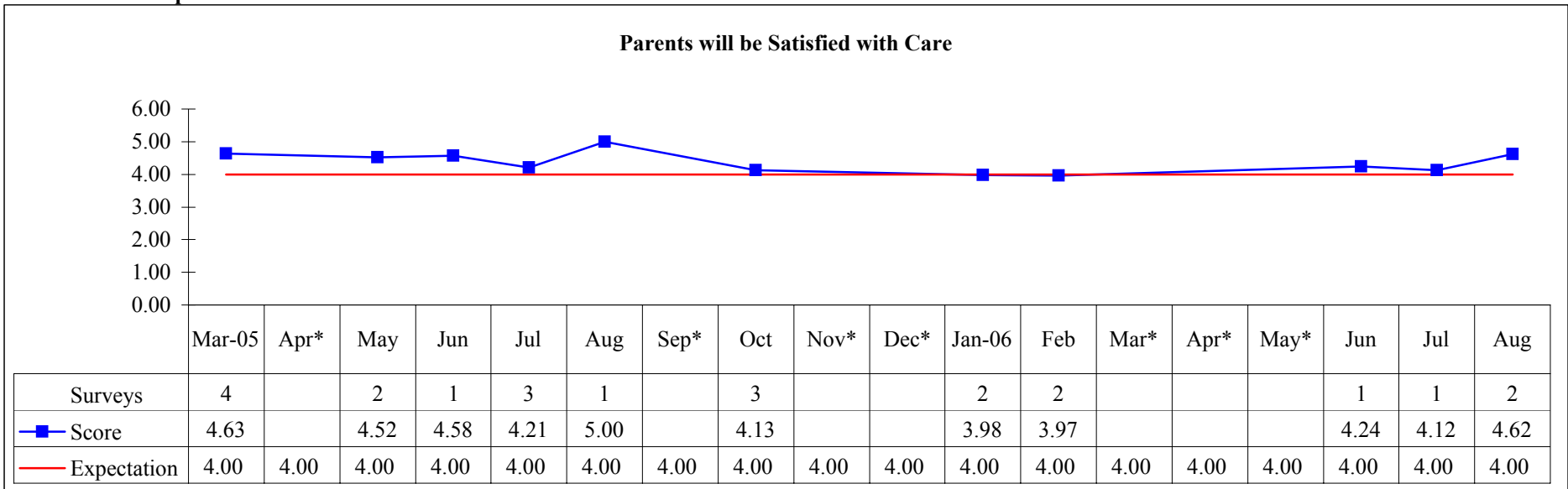
**Parents will be Satisfied with Care**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May*	Jun	Jul	Aug
Surveys	9	7	11	6	8	5	14	11	8	11	7	6	13	9		3	6	6
■ Score	4.26	4.17	4.56	4.18	4.23	4.38	4.65	4.12	4.33	4.57	4.14	4.25	4.39	4.54		4.17	4.67	3.75
— 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

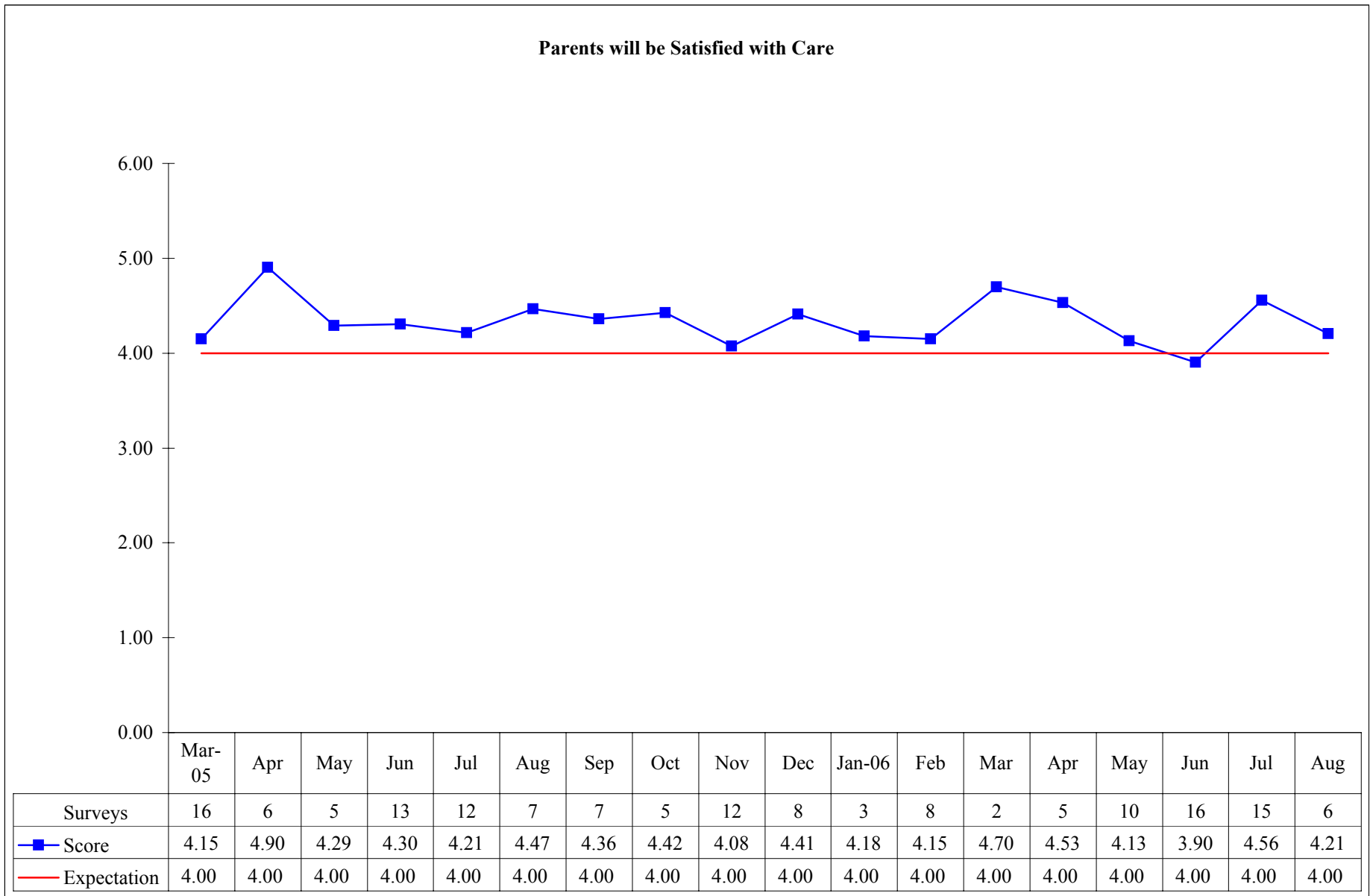
\*No surveys submitted  
Source: PSAT

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



\*No surveys submitted

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



**Performance Objective 9B:**

**Adults and adolescents will be satisfied with their care at state mental health hospitals as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (NRI-ICS).**

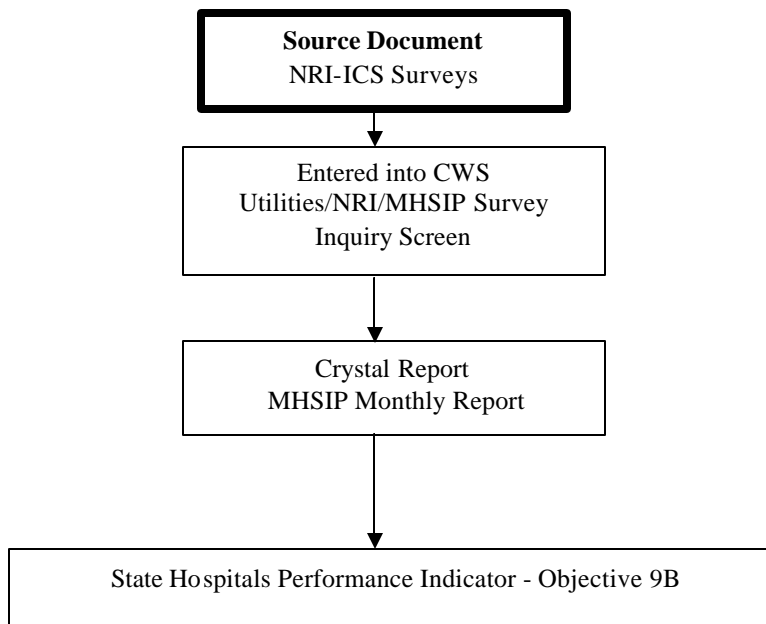
**Performance Objective Operational Definition:** At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

**Performance Objective Data Display and Chart Description:**

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

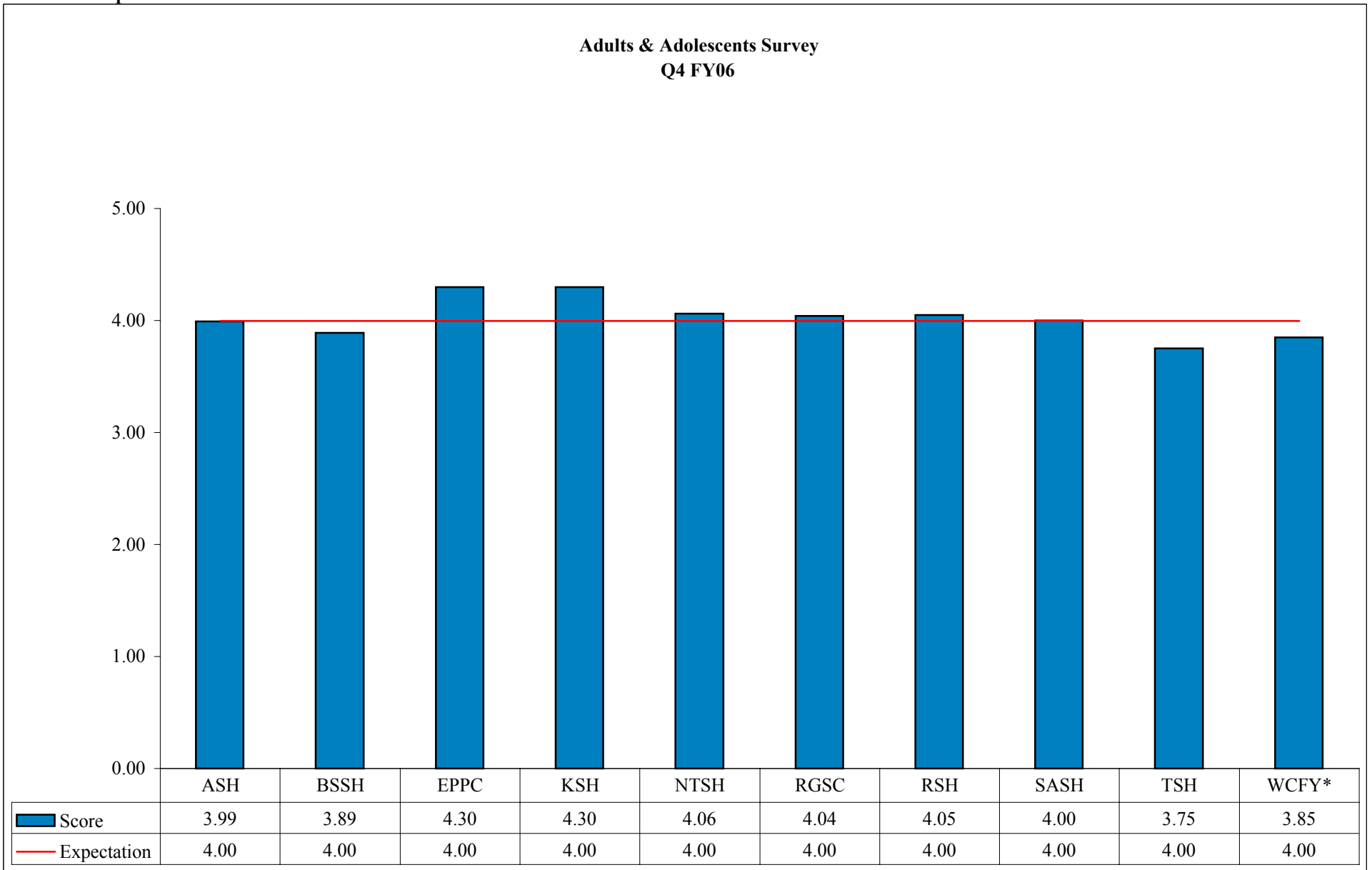
**Data Flow:**



**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**

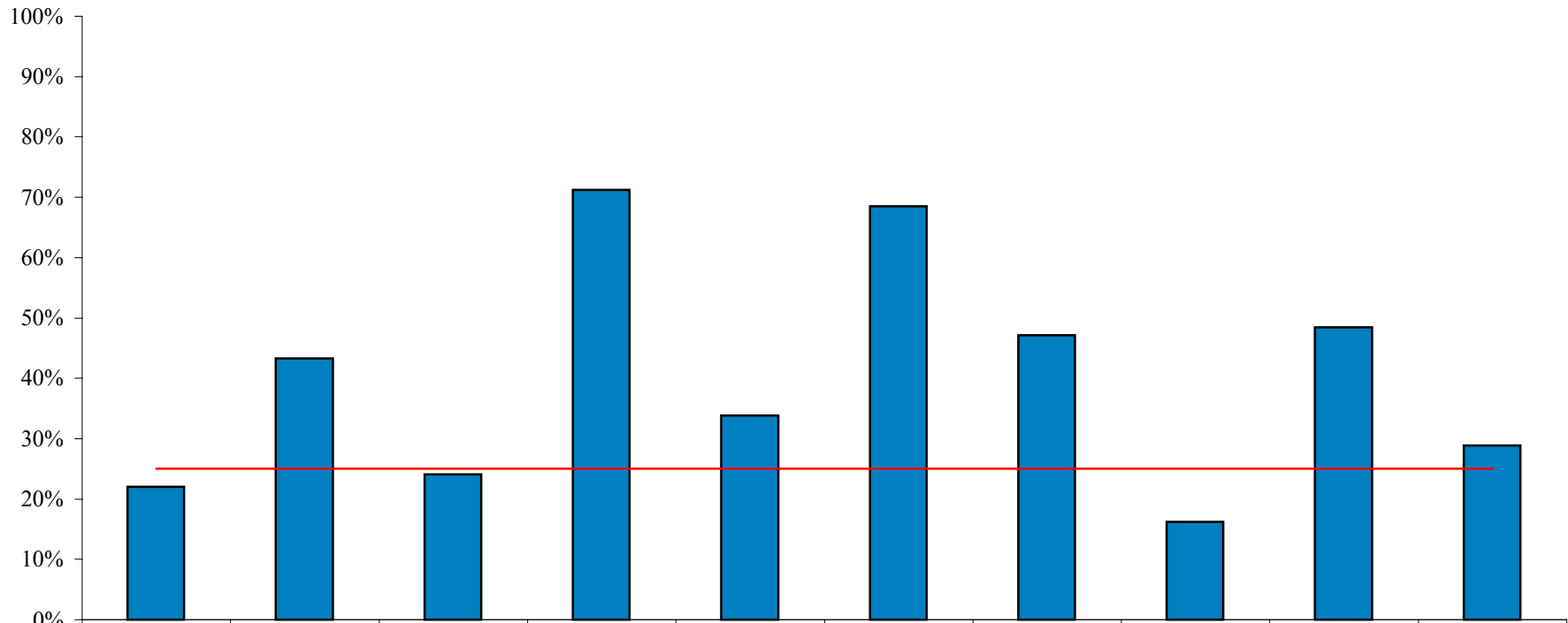


\*WCFY - Adolescent Surveys Only

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

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

**Percentage of Adult & Adolescent Surveys Completed**  
**Q4 FY06**



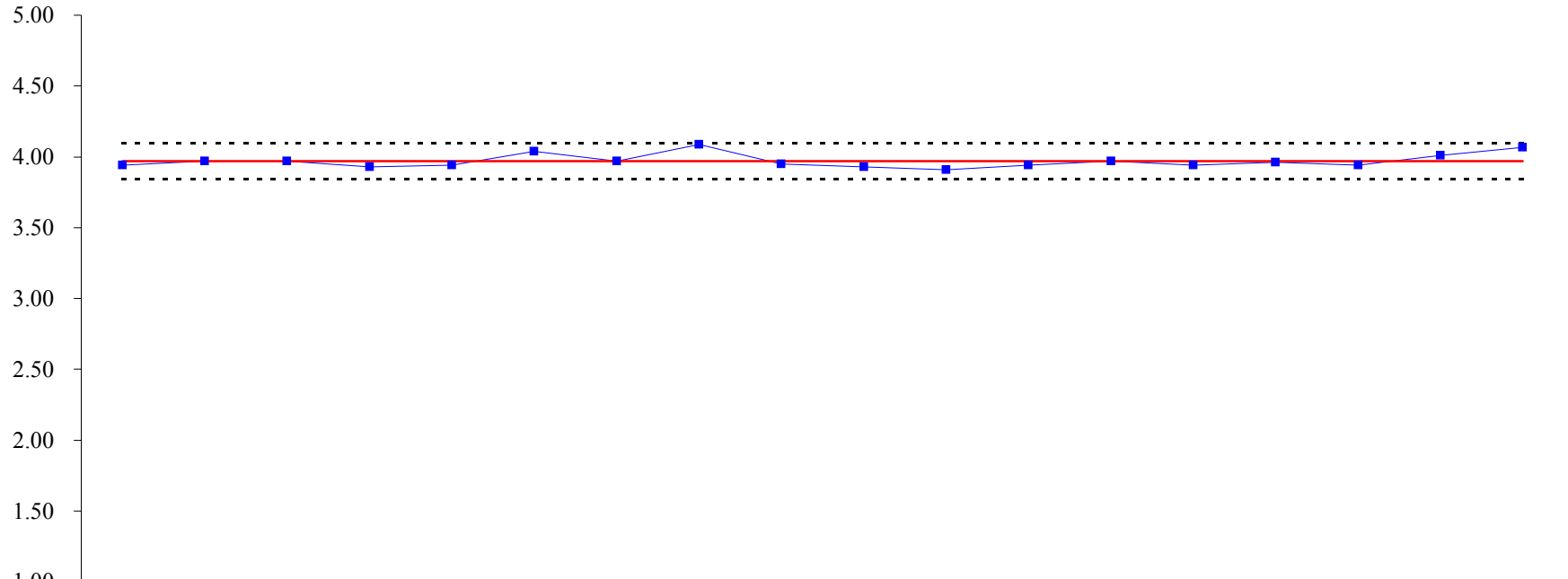
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	1180	298	266	87	677	283	469	871	631	45
Surveys	260	129	64	62	229	194	221	141	306	13
% Surveyed	22%	43%	24%	71%	34%	69%	47%	16%	48%	29%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

\*WCFY - Adolescent Surveys Only

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**



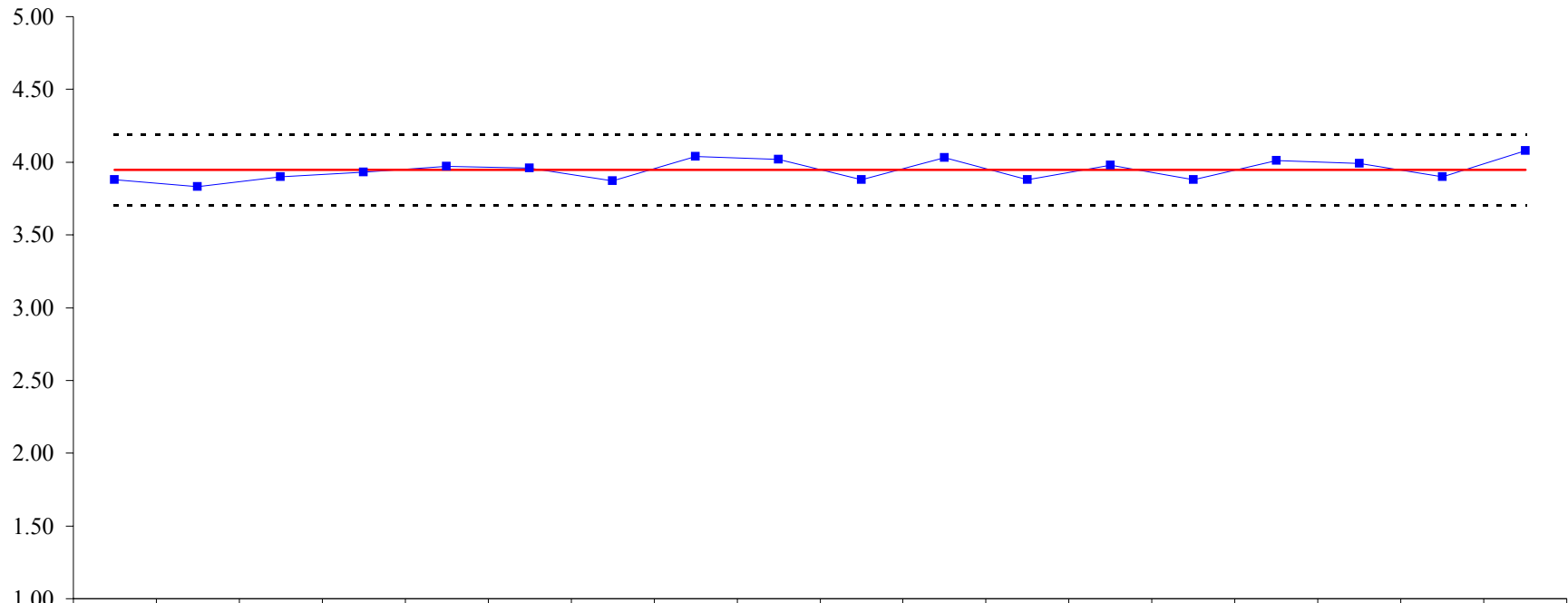
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.94	3.97	3.97	3.93	3.94	4.04	3.97	4.09	3.95	3.93	3.91	3.94	3.97	3.94	3.96	3.94	4.01	4.07
Surveys	427	485	542	547	542	529	532	465	532	422	502	398	471	452	471	579	515	525
Discharges	1590	1523	1603	1660	1529	1628	1587	1502	1462	1494	1417	1388	1496	1445	1574	1676	1438	1693
% Sampled	27%	32%	34%	33%	35%	32%	34%	31%	36%	28%	35%	29%	31%	31%	30%	35%	36%	31%
----- UCL	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
— 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 Domai  
 and MHSIP ICS Summary



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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

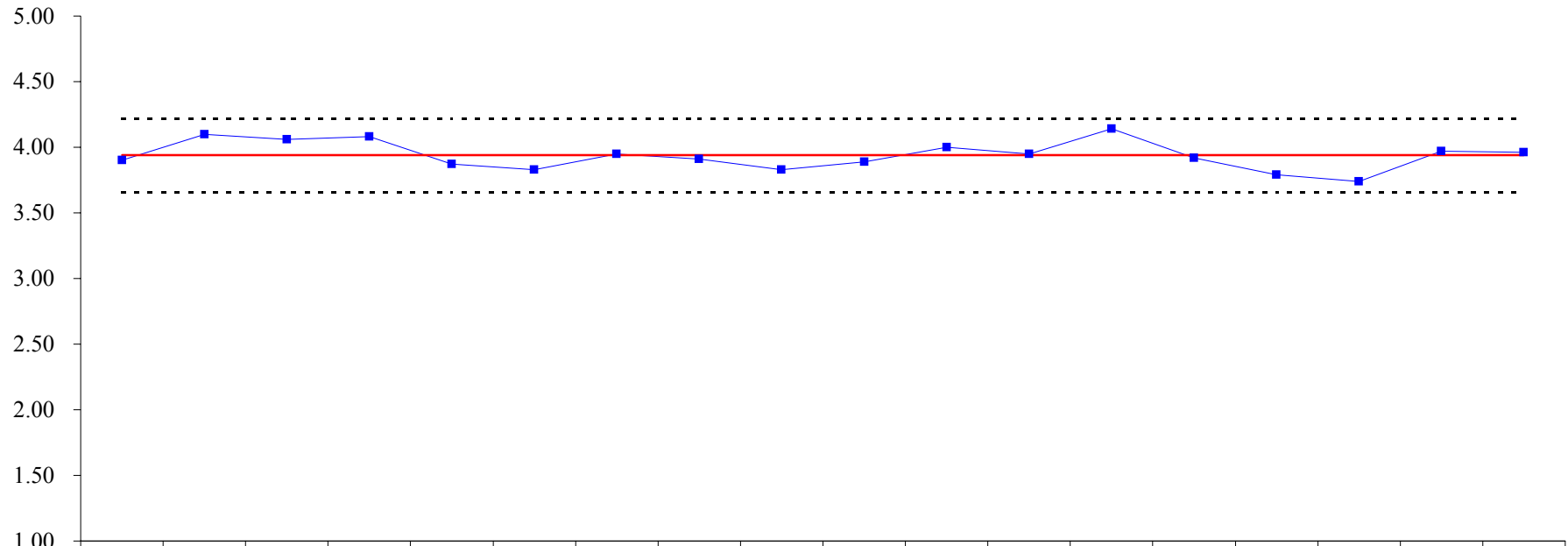


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.88	3.83	3.90	3.93	3.97	3.96	3.87	4.04	4.02	3.88	4.03	3.88	3.98	3.88	4.01	3.99	3.90	4.08
Surveys	22	76	55	58	77	118	102	86	97	34	73	89	90	72	79	101	78	81
Discharges	401	405	372	388	358	345	365	310	341	348	344	363	355	362	395	405	346	429
% Sampled	5%	19%	15%	15%	22%	34%	28%	28%	28%	10%	21%	25%	25%	20%	20%	25%	23%	19%
----- UCL	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19
— Avg	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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

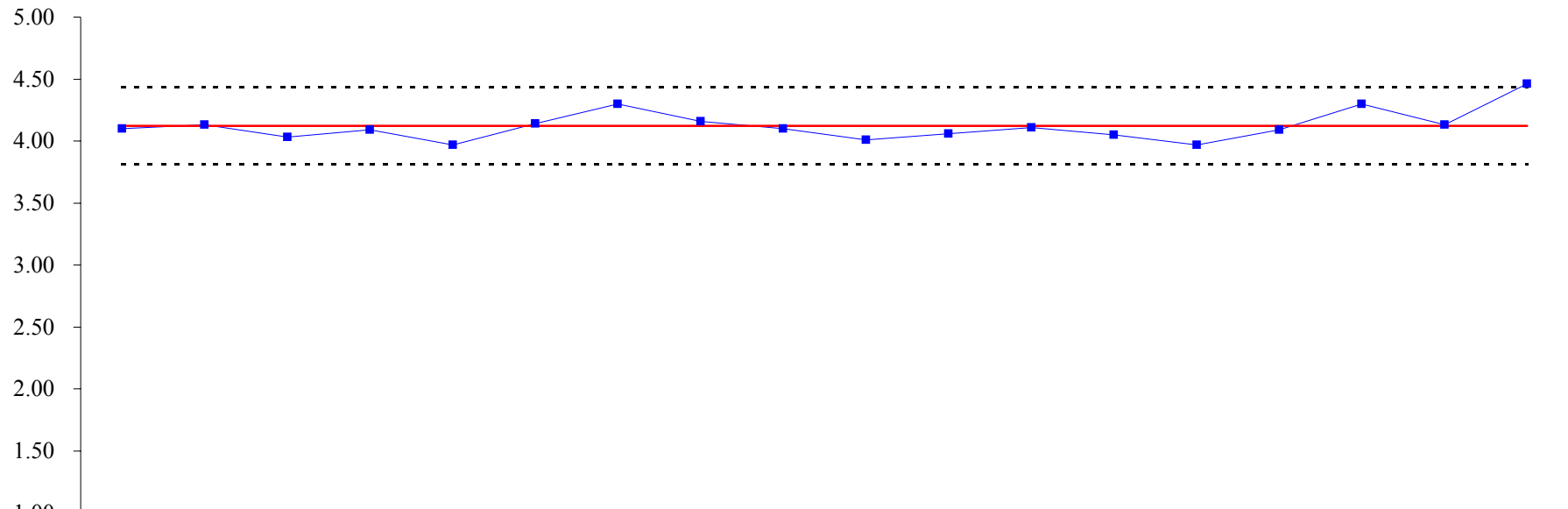


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.90	4.10	4.06	4.08	3.87	3.83	3.95	3.91	3.83	3.89	4.00	3.95	4.14	3.92	3.79	3.74	3.97	3.96
Surveys	45	29	35	28	22	34	21	24	17	38	18	26	19	52	56	50	40	39
Discharges	106	81	79	90	100	95	103	84	93	81	69	81	80	91	91	107	98	93
% Sampled	42%	36%	44%	31%	22%	36%	20%	29%	18%	47%	26%	32%	24%	57%	62%	47%	41%	42%
----- UCL	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22	4.22
— Avg	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
----- LCL	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66

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

**Objective 9B - Patient Satisfaction**  
**Adults and Adolescents will be Satisfied with Care**  
**El Paso Psychiatric Center**

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

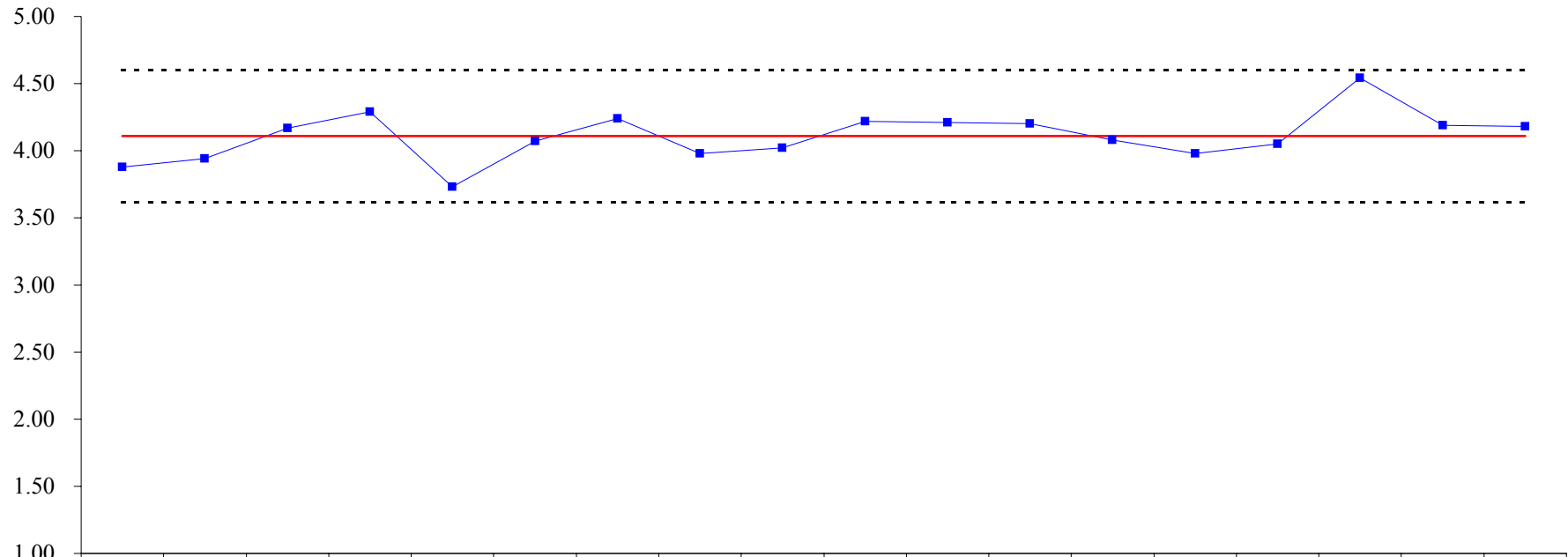


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.10	4.13	4.03	4.09	3.97	4.14	4.30	4.16	4.10	4.01	4.06	4.11	4.05	3.97	4.09	4.30	4.13	4.46
Surveys	32	41	59	55	49	37	36	38	40	22	30	38	36	27	37	21	39	4
Discharges	79	81	101	87	84	86	89	82	66	67	55	71	77	68	104	94	88	84
% Sampled	41%	51%	58%	63%	58%	43%	40%	46%	61%	33%	55%	54%	47%	40%	36%	55%	44%	5%
----- UCL	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44
— Avg	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
----- LCL	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

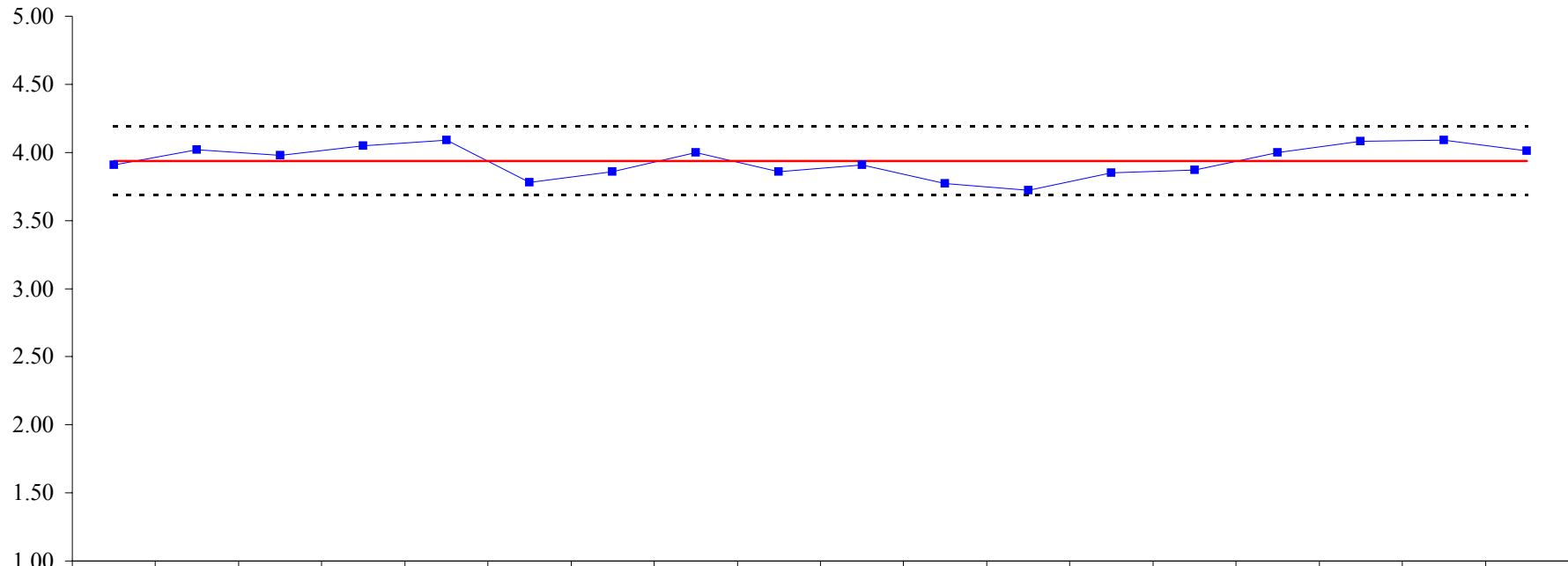


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.88	3.94	4.17	4.29	3.73	4.07	4.24	3.98	4.02	4.22	4.21	4.20	4.08	3.98	4.05	4.54	4.19	4.18
Surveys	13	21	22	15	20	11	15	11	25	29	25	20	14	23	26	17	23	22
Discharges	25	37	34	35	30	24	23	30	25	31	35	29	29	30	36	22	29	36
% Sampled	52%	57%	65%	43%	67%	46%	65%	37%	100%	94%	71%	69%	48%	77%	72%	77%	79%	61%
----- UCL	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60
— Avg	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11
----- LCL	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

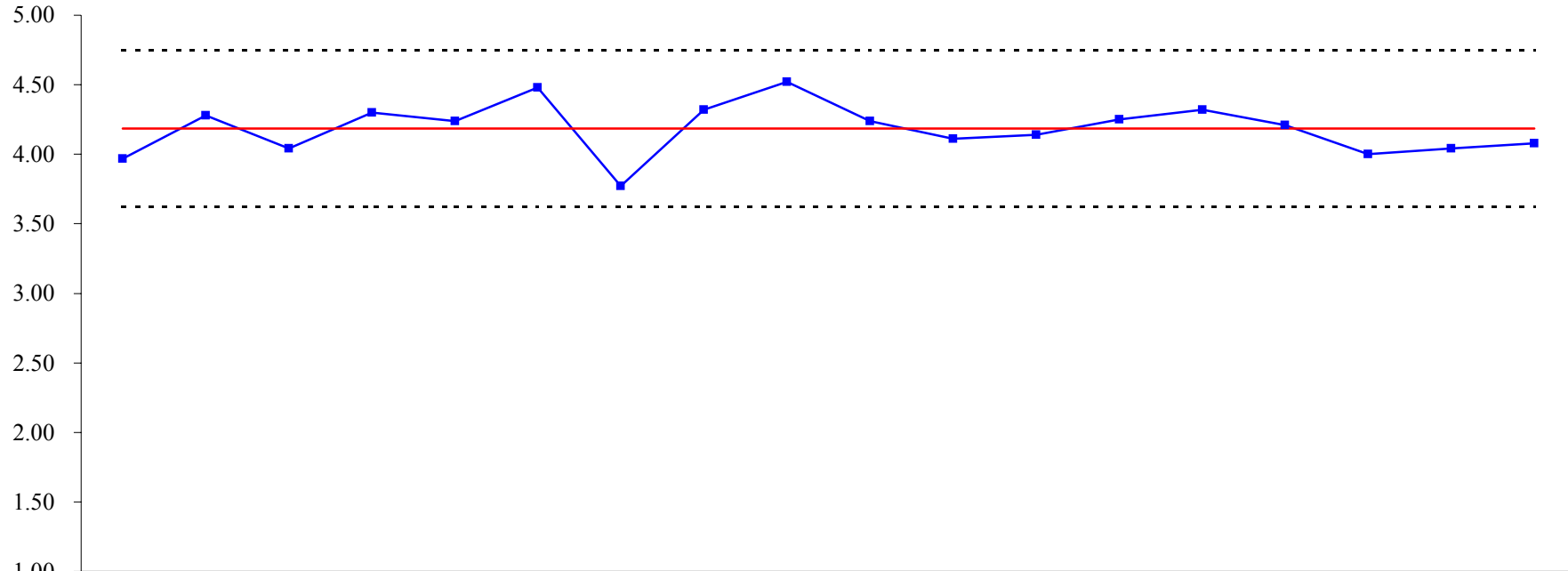


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.91	4.02	3.98	4.05	4.09	3.78	3.86	4.00	3.86	3.91	3.77	3.72	3.85	3.87	4.00	4.08	4.09	4.01
Surveys	62	87	80	81	61	80	79	70	86	72	73	57	81	54	87	92	66	71
Discharges	220	216	228	233	212	256	211	213	234	208	220	188	213	190	238	248	180	249
% Sampled	28%	40%	35%	35%	29%	31%	37%	33%	37%	35%	33%	30%	38%	28%	37%	37%	37%	29%
UCL	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19
Avg	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
LCL	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68

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

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

**Adults & Adolescents will be Satisfied With Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

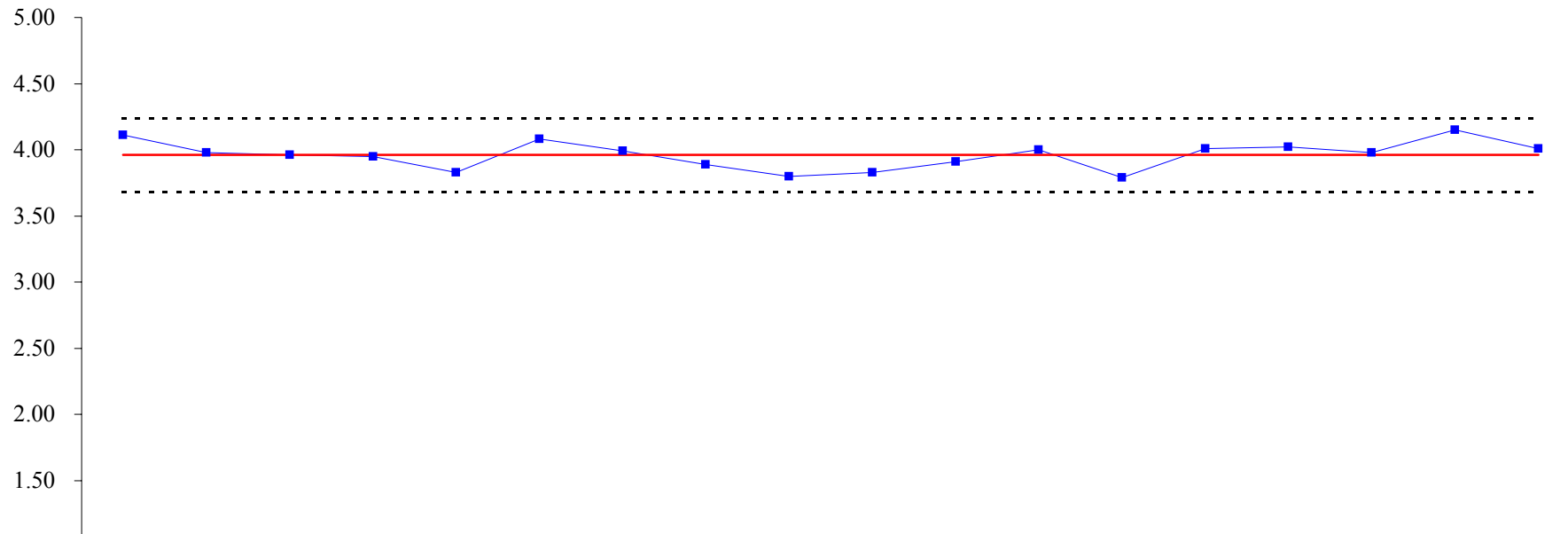


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.97	4.28	4.04	4.30	4.24	4.48	3.77	4.32	4.52	4.24	4.11	4.14	4.25	4.32	4.21	4.00	4.04	4.08
Surveys	30	40	43	28	25	13	13	29	28	23	28	9	7	21	23	67	46	81
Discharges	99	89	125	129	108	136	100	113	92	111	95	89	90	98	90	99	83	101
% Sampled	30%	45%	34%	22%	23%	10%	13%	26%	30%	21%	29%	10%	8%	21%	26%	68%	55%	80%
-----UCL	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75	4.75
— 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	3.62	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 Domai  
 and MHSIP ICS Summary

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

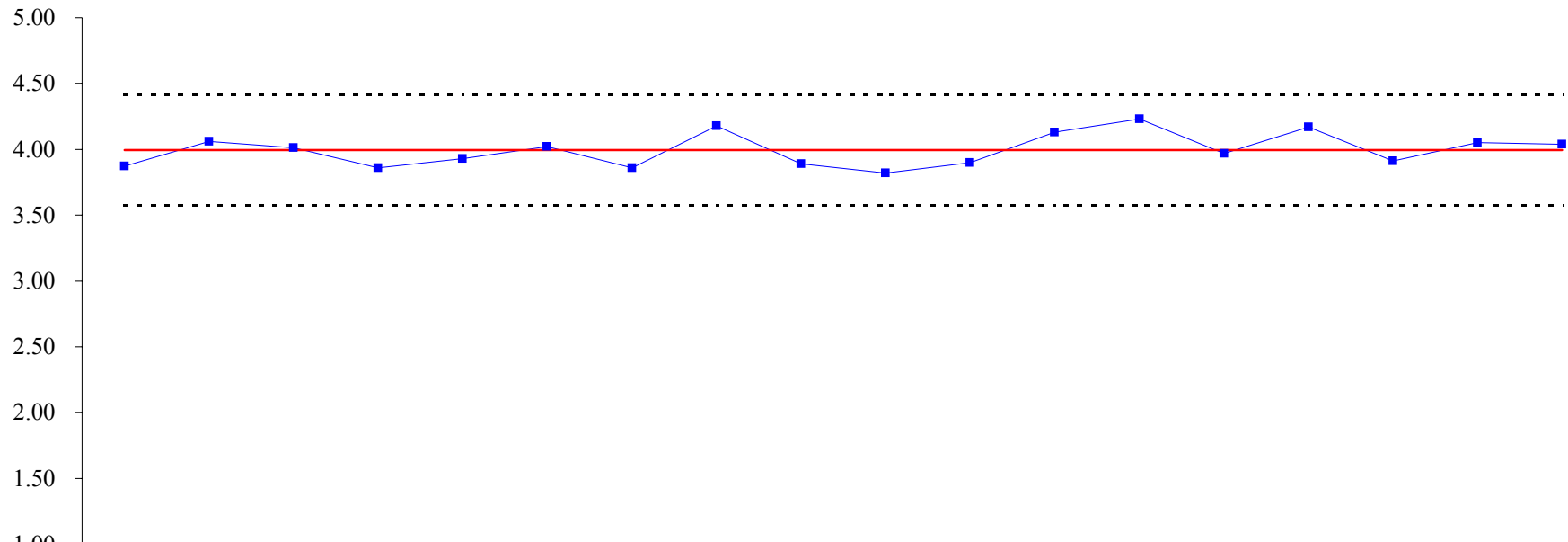


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.11	3.98	3.96	3.95	3.83	4.08	3.99	3.89	3.80	3.83	3.91	4.00	3.79	4.01	4.02	3.98	4.15	4.01
Surveys	65	54	49	68	73	61	53	80	57	51	48	52	55	59	57	70	60	91
Discharges	172	141	162	182	149	159	169	162	151	172	136	156	136	163	159	157	143	169
% Sampled	38%	38%	30%	37%	49%	38%	31%	49%	38%	30%	35%	33%	40%	36%	36%	45%	42%	54%
- - - - - UCL	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24	4.24
— Avg	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96
- - - - - LCL	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**



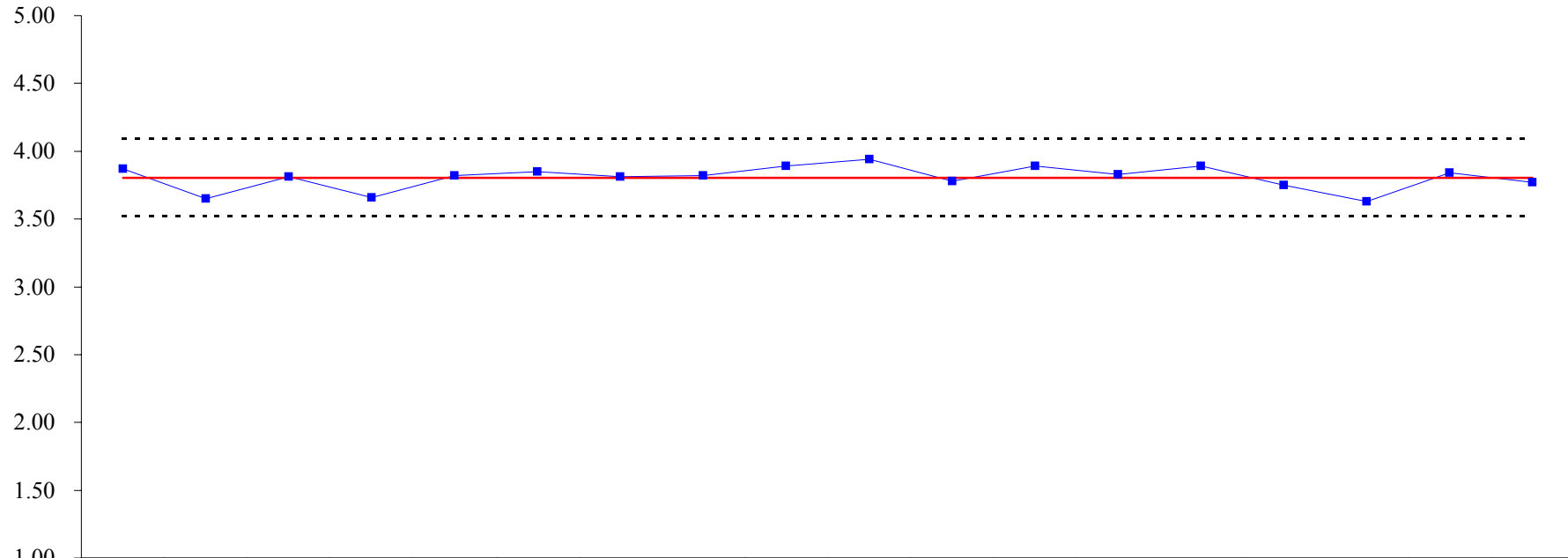
	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.87	4.06	4.01	3.86	3.93	4.02	3.86	4.18	3.89	3.82	3.90	4.13	4.23	3.97	4.17	3.91	4.05	4.04
Surveys	54	64	99	86	119	106	124	23	102	70	80	12	81	64	20	48	60	33
Discharges	262	259	292	267	267	292	308	292	265	271	225	209	292	247	264	305	267	299
% Sampled	21%	25%	34%	32%	45%	36%	40%	8%	38%	26%	36%	6%	28%	26%	8%	16%	22%	11%
- - - - - 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	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
- - - - - LCL	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58

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



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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**

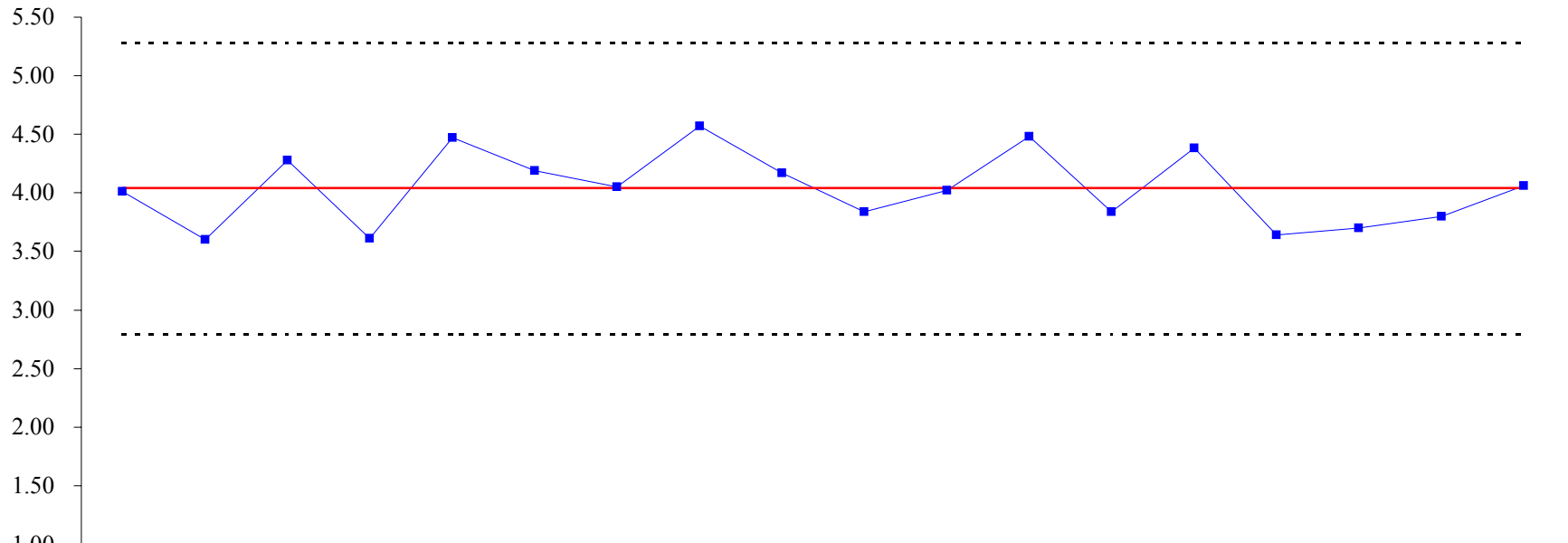


	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.87	3.65	3.81	3.66	3.82	3.85	3.81	3.82	3.89	3.94	3.78	3.89	3.83	3.89	3.75	3.63	3.84	3.77
Surveys	100	68	99	123	89	63	81	103	77	77	122	93	85	77	79	107	102	97
Discharges	212	204	190	239	201	223	207	204	182	189	228	193	216	188	182	218	195	218
% Sampled	47%	33%	52%	51%	44%	28%	39%	50%	42%	41%	54%	48%	39%	41%	43%	49%	52%	44%
UCL	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09	4.09
Avg	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81
LCL	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52	3.52

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

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

**Adults & Adolescents will be Satisfied with Care**  
**(FY2006 Expectation is Average Score  $\geq 3.60$ )**



	Mar-05	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-06	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.01	3.60	4.28	3.61	4.47	4.19	4.05	4.57	4.17	3.84	4.02	4.48	3.84	4.38	3.64	3.70	3.80	4.06
Surveys	4	5	1	5	7	6	8	1	3	6	5	2	3	3	7	6	1	6
Discharges	14	10	20	10	20	12	12	12	13	16	10	9	8	8	15	21	9	15
% Sampled	29%	50%	5%	50%	35%	50%	67%	8%	23%	38%	50%	22%	38%	38%	47%	29%	11%	40%
----- UCL	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28	5.28
— 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	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80

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

**Performance Objective 9E:**

**Regularly scheduled assessments will be conducted using established criteria and improvement opportunities identified by each state hospital on the following**

**1<sup>st</sup> Quarter:**

- Pharmacy Inventory Controls
- Medication Room Controls
- HRD

**2<sup>nd</sup> Quarter**

- Facility CMM
- Procurement Card Controls
- Warehousing

**3<sup>rd</sup> Quarter**

- Accounting
- Facility Personnel Actions

**4<sup>th</sup> Quarter**

- CAFM
- Information/LAN Security

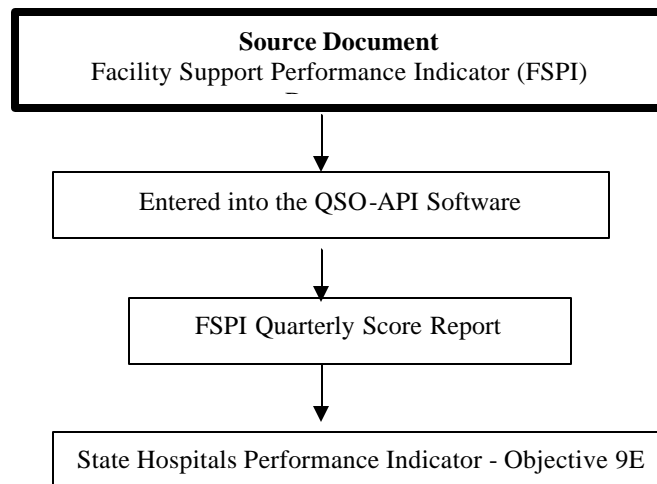
**Performance Objective Operational Definition:** The state hospital performs the self-assessment once per fiscal year according to the schedule.

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

**Performance Objective Data Display and Chart Description:**

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

**Data Flow:**



**Data Integrity Review Process:**

Data integrity review done through the Administrative Performance Indicators (API) Validation Audit Process.

**Objective 9E - Facility Support Performance Indicators**  
**All MH Facilities - FY2005**

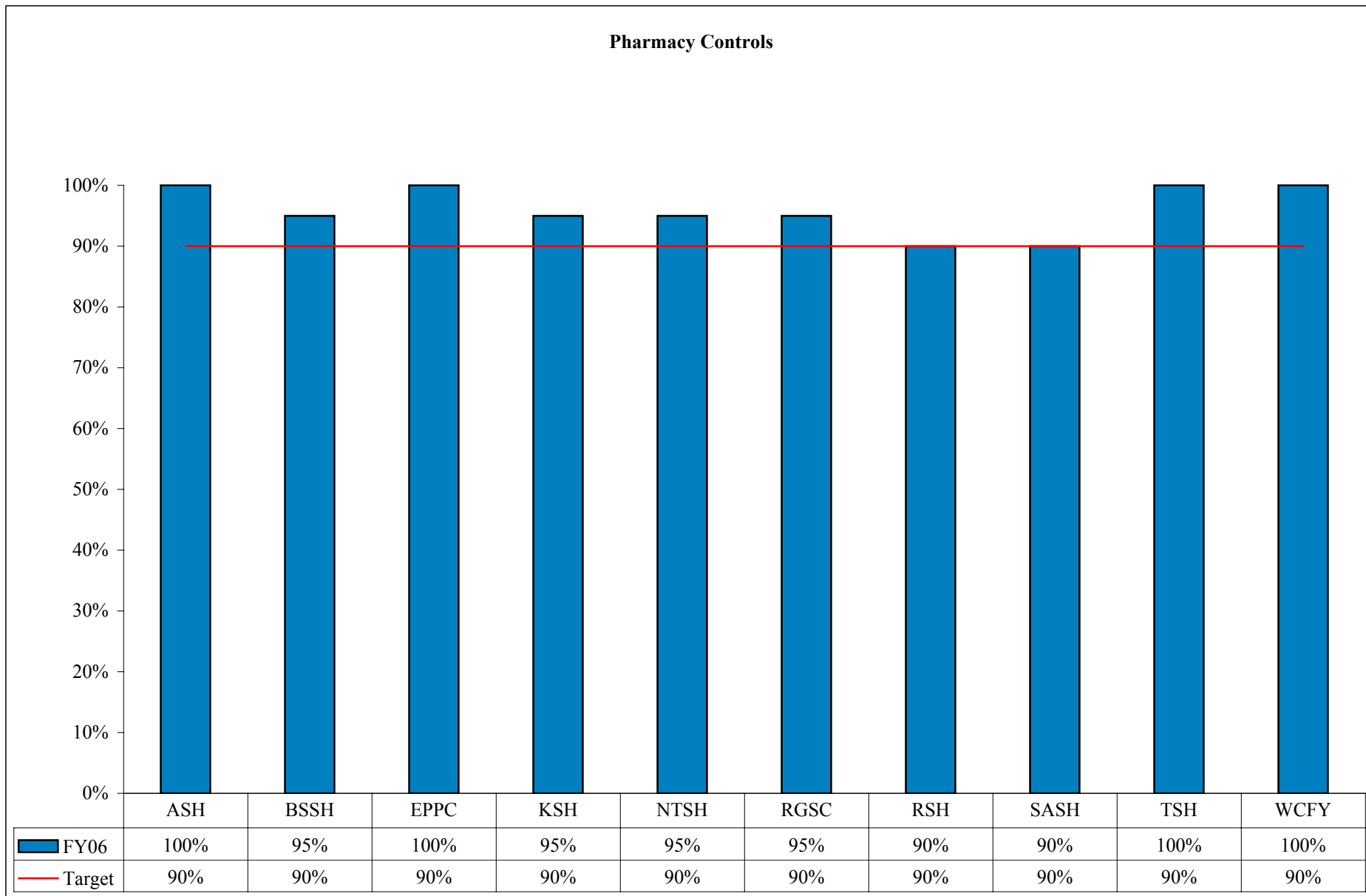
	Q1			Q2		Q3		Q4		
	Fleet Management	Fixed Assets	Maintenance	Consumer Monies & Personal Effects	Vocational Programs	Community Relations	Food Service	Risk Management	Cash Receipts	Petty Cash
Compliance Target	85%	90%	92%	90%	90%	88%	90%	90%	90%	90%
<b>MH Totals</b>	<b>98%</b>	<b>93%</b>	<b>96%</b>	<b>95%</b>	<b>98%</b>	<b>97%</b>	<b>97%</b>	<b>95%</b>	<b>99%</b>	<b>94%</b>
Austin State Hospital	100%	100%	100%	90%	NA	100%	*CF	95%	100%	100%
Big Spring State Hospital	100%	88%	100%	95%	96%	87%	100%	100%	90%	90%
El Paso Psychiatric Center	91%	58%	88%	95%	NA	NA	*CF	100%	100%	100%
Kerrville State Hospital	92%	100%	100%	100%	100%	100%	100%	85%	100%	78%
North Texas State Hospital	100%	100%	86%	100%	93%	100%	100%	95%	100%	100%
Rio Grande State Center	100%	94%	100%	100%	NA	100%	88%	100%	100%	100%
Rusk State Hospital	100%	85%	100%	100%	100%	86%	94%	95%	100%	100%
San Antonio State Hospital	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%
Terrell State Hospital	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%
Waco Center For Youth	100%	100%	82%	70%	NA	100%	94%	85%	100%	75%

\*CF = Contract Facility

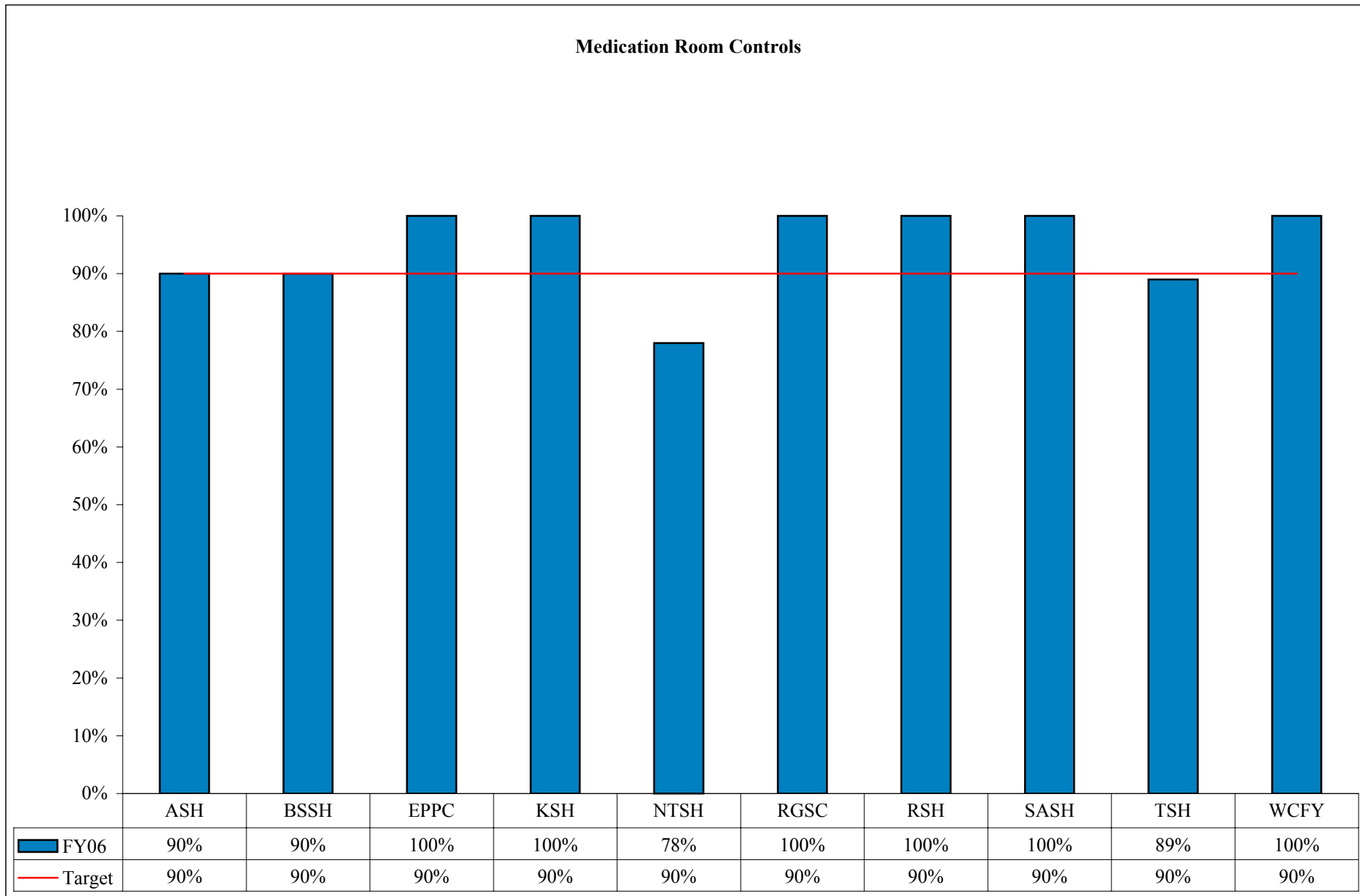
**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**

	Q1			Q2		Q3	Q4
	Pharmacy Controls	Medication Room Controls	Competency Training & Development	Facility Ccontracts Management	Procurement Card Controls	Accounting	CAFM
Compliance Target	90%	90%	90%	90%	90%	90%	80%
<b>State Hospital Totals</b>	<b>96%</b>	<b>95%</b>	<b>92%</b>	<b>98%</b>	<b>85%</b>	<b>93%</b>	<b>76%</b>
Austin State Hospital	100%	90%	100%	100%	100%	100%	100%
Big Spring State Hospital	95%	90%	83%	100%	100%	100%	40%
El Paso Psychiatric Center	100%	100%	92%	100%	100%	100%	10%
Kerrville State Hospital	95%	100%	92%	100%	80%	94%	70%
North Texas State Hospital	95%	78%	92%	100%	100%	80%	100%
Rio Grande State Center	95%	100%	83%	100%	90%	90%	70%
Rusk State Hospital	90%	100%	100%	86%	80%	100%	100%
San Antonio State Hospital	90%	100%	92%	100%	70%	89%	80%
Terrell State Hospital	100%	89%	100%	100%	100%	100%	100%
Waco Center For Youth	100%	100%	82%	89%	30%	80%	90%

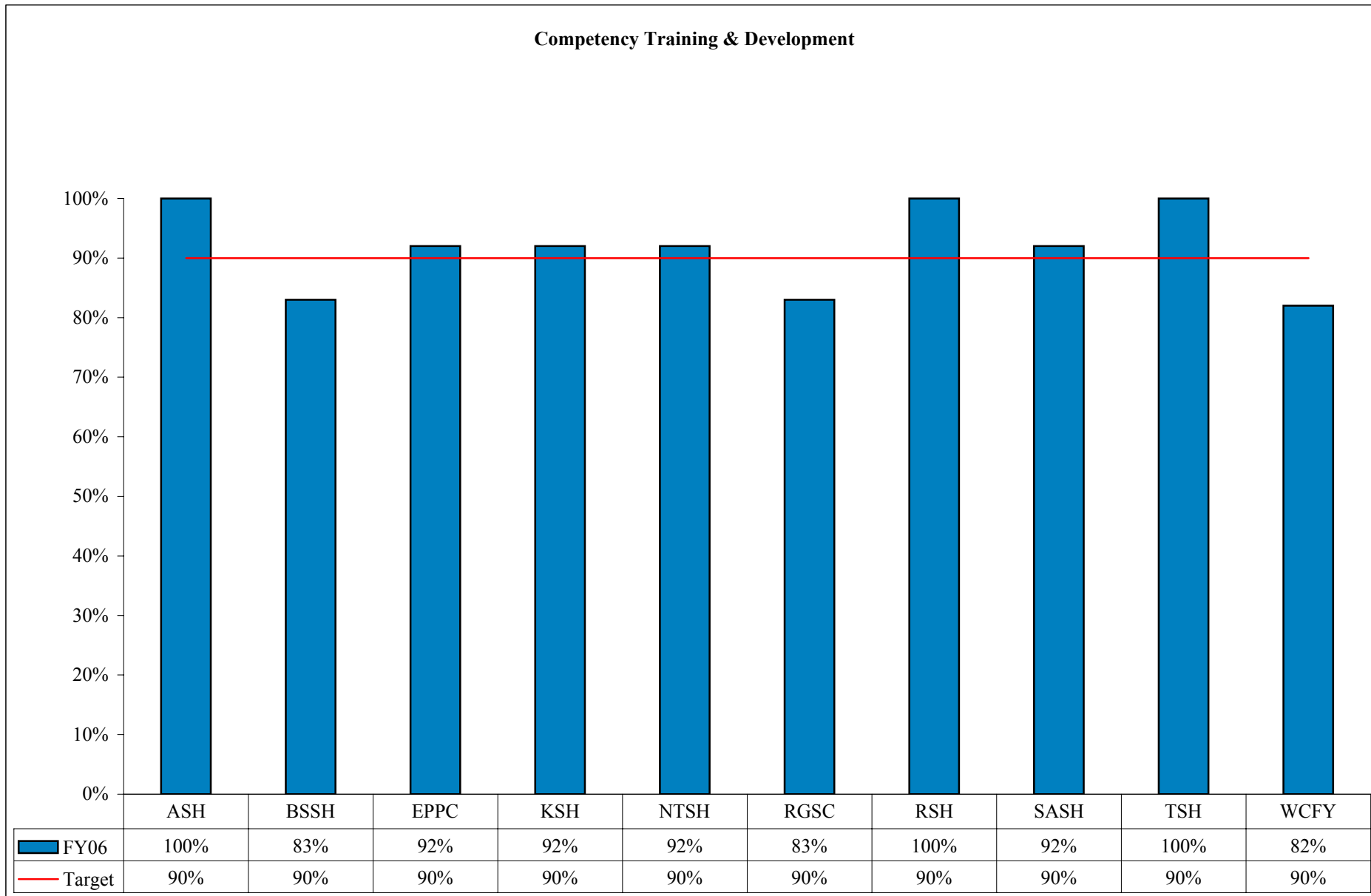
**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**Pharmacy Controls**



**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**Medication Room Controls**

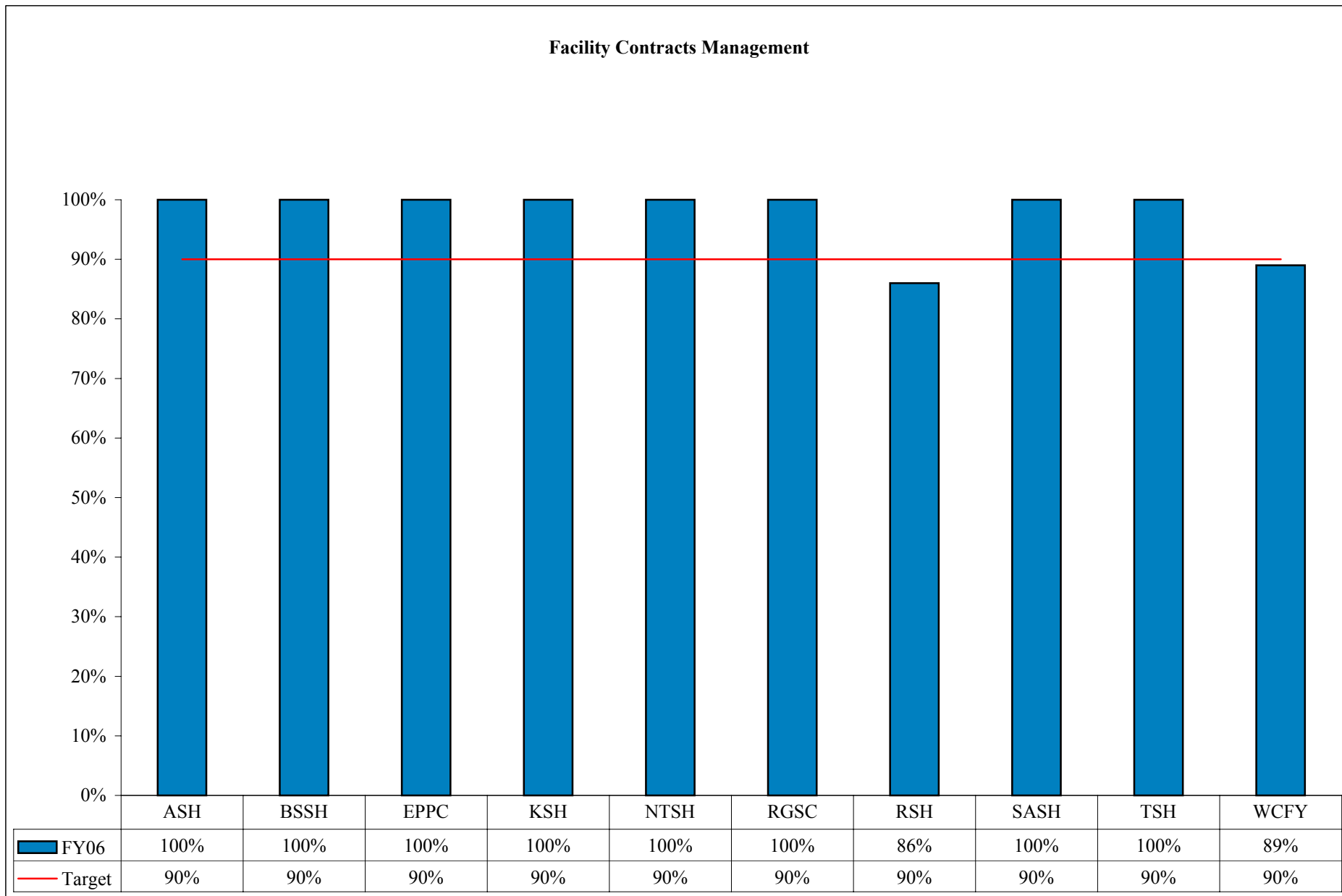


**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**Competency Training & Development**

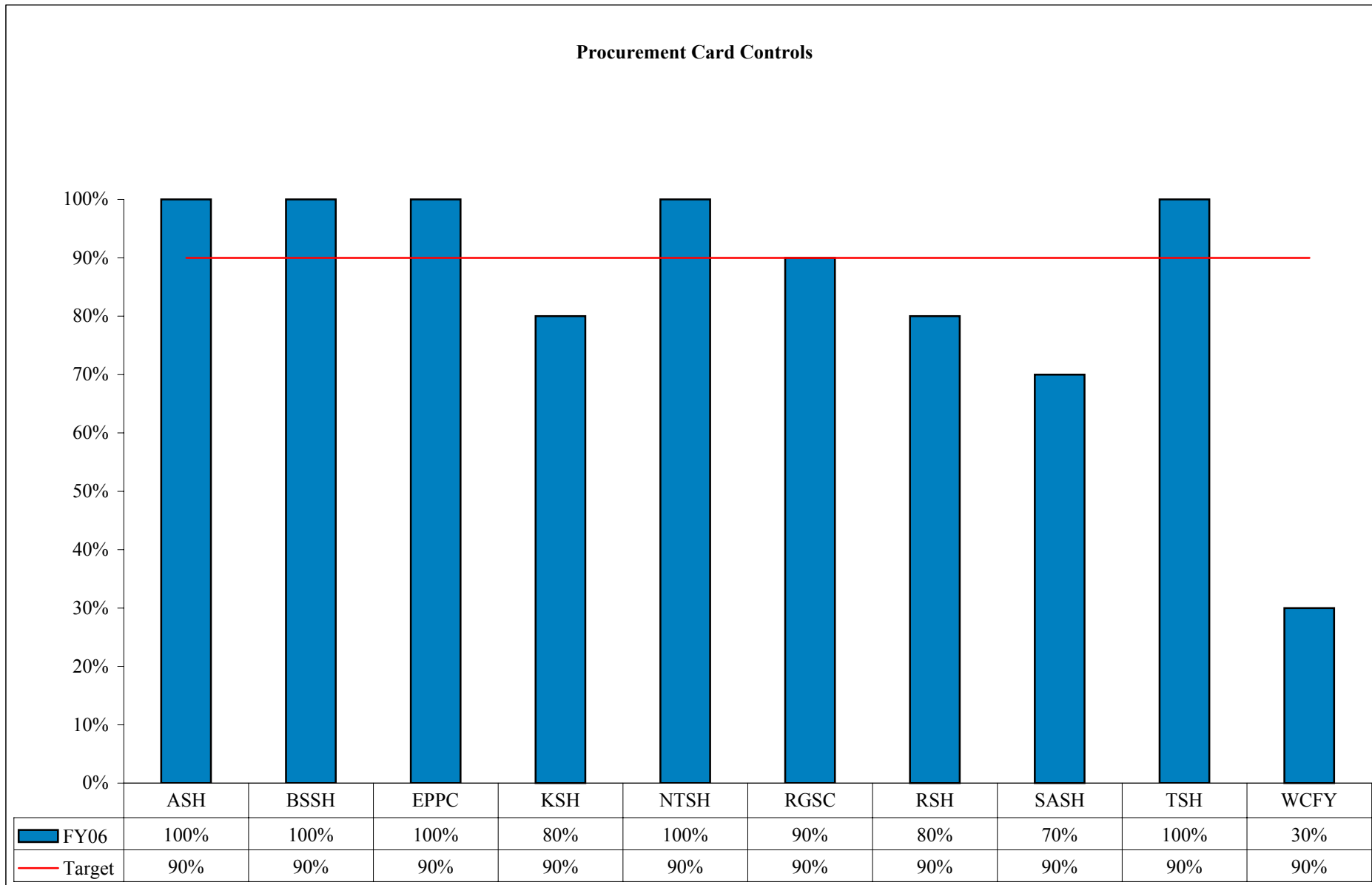




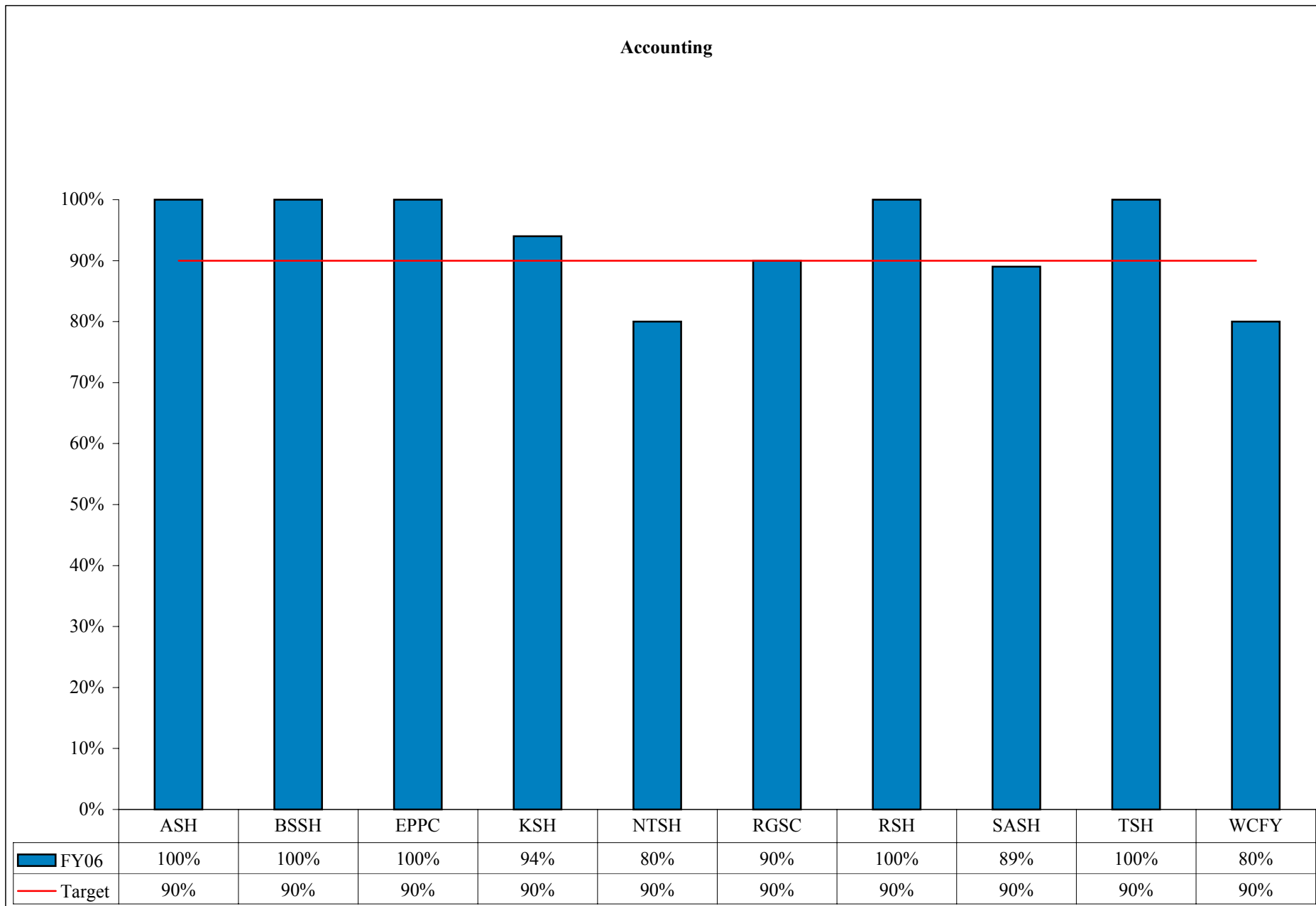
**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**Facility Contracts Management**



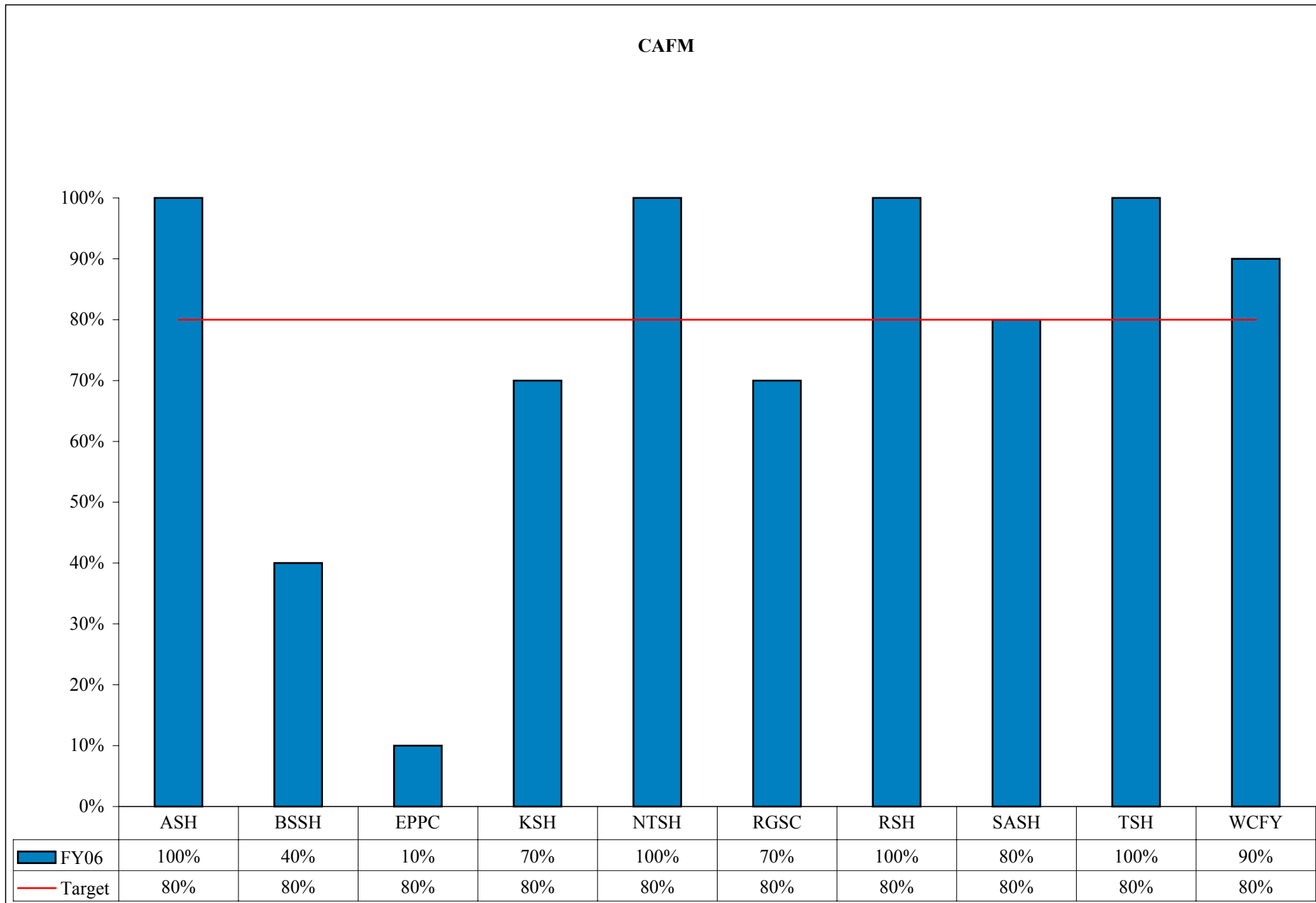
**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**Procurement Card Controls**



**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**Accounting**



**Objective 9E - Facility Support Performance Indicators**  
**All State Hospitals - FY2006**  
**CAFM**



## Texas Center for Infectious Disease (TCID) Data Sheet - FY06

		Q1	Q2	Q3	Q4
O 1C	Accreditation - Last JCAHO Date	Oct-03	Oct-03	Oct-03	Oct-03
	Total Medicare Beds	72	72	72	72
	Number of Medicare Complaint Visits this Quarter	0	0	0	0
M 1A	Average Cost Per Patient	\$ 434.50	\$ 671.34		
M 1C	Average Daily Census				
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0
O 2B	Patient Complaints				27
O 3B	Number of Patients Restrained	0	0	0	0
O 4E	Number of Medication Errors			5	13
M 4B	Cost of Medication				\$ 290,309
M 5A	Number of Admissions	29	18	34	24
	Number of Court Order Admissions	6	0		
	Number of Discharges	34	55	24	29
M 5C	Average Length of Stay at Discharge	124 Days		141 Days	135 Days
O 6B	Worker's Comp Cost	\$ 31,406	\$ 5,582	\$ 2,561	\$ 3,905
O 6C	Number of Employee Injuries	1	3	3	8
	Number of Employee Injuries Associated with Restraint/Seclusion	0	0	0	0
	Number of Employee Injuries Resulting in a WCC	1	3	3	2
O 6F	Number of Patient Injuries		9		9
O 6H	Number of Patient Injuries during Restraint	0	0	0	0
O 6J	Number of Unauthorized Departures	5			1
M 8A	Turnover Rate for Critical Shortage Staff	0.98%	0.98%	2.02%	3.14%
M 8B	Vacancies for Critical Shortage Staff	15.95%	15.56%	13.64%	15.56%
	Number of Patient Satisfaction Surveys Completed at Discharge	20	11	10	15

## Appendix B - Control Chart Analysis

Starting with the 1<sup>st</sup> 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 3<sup>rd</sup> calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

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

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

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

### What information does control charts provide?

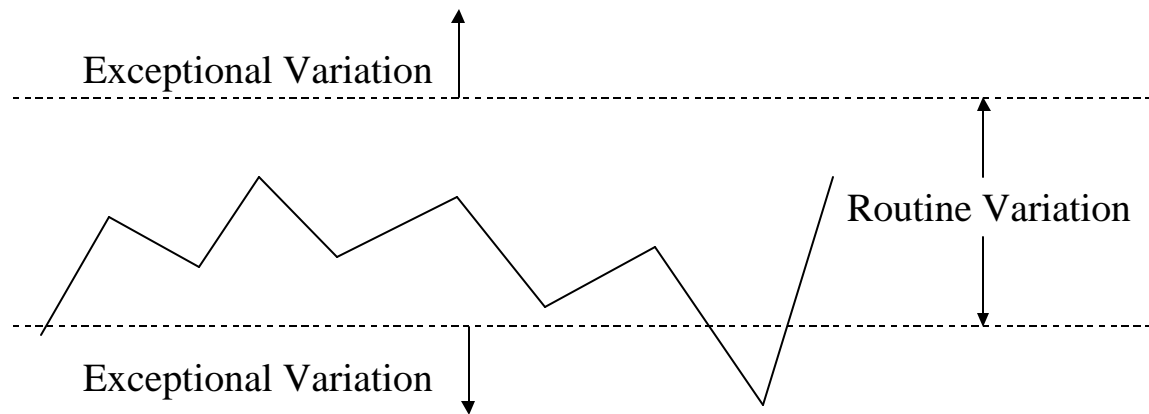
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable.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

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

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

*Don Wheeler, Building Continual Improvement.*

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



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

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

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

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

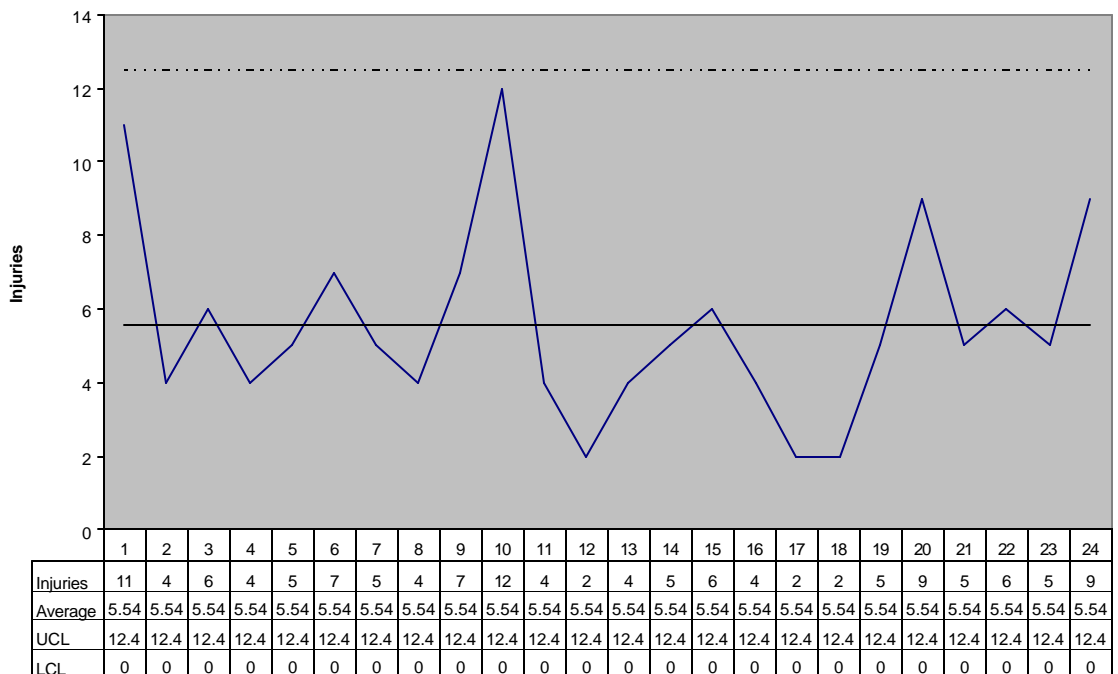
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

**What kind of control chart is used and what is the formula?**

The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.

**The XmR Chart for Monthly Injuries**



Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values. In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.



Month	Injuries	Moving Ranges	UCL	LCI	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
<b>Average</b>	<b>5.54</b>	<b>2.61</b>			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are called *Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

### **Three Rules for Detecting Assignable Causes**

#### **Detection Rule One: Points Outside the Limits**

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

#### **Detection Rule Two: Runs Near the Limits**

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

#### **Detection Rule Three: Runs About the Central Line**

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

#### **Can control chart analysis be applied to other data as well?**

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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