

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

Statewide Performance Indicators
4th Quarter FY 2007

TABLE OF CONTENTS

Mission/Overview.....	
Legislative Budget Board Performance Measures	
State Hospitals Section FY2007 Management Plan.....	
Operational Definitions & Data.....	
GOAL 1: Provide Leadership	
Performance Objective IB: Outside Medical Cost	O - 1B
Performance Objective IC: Accreditation and Certification.....	O - 1C
Performance Objective 1D: FY 2007 Revenue Estimates.....	O - 1D
Performance Objective 1F: General Revenue & Third Party ADC.....	O - 1F
Performance Measure 1A: Average Cost per Patient	M - 1A
Performance Measure 1B: Average Cost per Bed Day	M - 1B
Performance Measure 1C: Average Daily Census	M - 1C
GOAL 2: Recognize and Respect the Rights of Each Patient By Conducting Business in an Ethical Manner	
Performance Objective 2A: Client Abuse/Neglect Rates	O - 2A
GOAL 3: Provide Individualized and Evidence Based Treatment	
Performance Objective 3B: Restraint /Seclusion Data	O - 3B
Performance Objective 3C: Restraint & Seclusion Assessment.....	O - 3C
Performance Objective 3E: Texas Implementation of Medication Algorithm - TIMA	O - 3E
Performance Measure 3A: % Patient Whose GAF Stabilized or Increased	M - 3A
GOAL 4: Implement an Effective and Safe Medication Management System that Improves The Quality of Care, Treatment, and Services	
Performance Objective 4B: Medication Errors	O - 4B
Performance Measure 4A: Patients Receiving New Generation Medication	M - 4A
GOAL 5: Assure Continuum of Care	
Performance Measure 5A: Admissions/Discharges/New to the System.....	M - 5A
Performance Measure 5B: % of Forensic/Non-Forensic Discharges Ret'd to the Community ..	M - 5B
Performance Measure 5D: Average Length of Stay at State Hospitals at Discharge	M - 5D
GOAL 6: Implement an Integrated Patient Safety Program	
Performance Objective 6B: Workers Compensation Cost.....	O - 6B
Performance Objective 6C: Employee Injuries Resulting In A Worker Comp Claim.....	O - 6C
Performance Objective 6E: Patient Injured During Restraint or Seclusion	O - 6E
Performance Objective 6F: Employees Injured During Restraint or Seclusion	O - 6F
Performance Objective 6G: Rate for Unauthorized Departures	O - 6G
Performance Measure 6A: Facility Healthcare Associated Infection Rates.....	M - 6A
Performance Measure 6B: Patient Injury Rates	M - 6B
GOAL 8: Assure a Competent Workforce	
Performance Objective 8A: 95% Staff up-to-date on Required Training	O - 8A
Performance Measure 8A: Staff Turnover Rates for Critical Shortage Staff.....	M - 8A
Performance Measure 8B: Vacancies for Critical Shortage Staff	M - 8B
GOAL 9: Improve Organizational Performance	
Performance Objective 9A: Children and Parents Satisfaction	O - 9A
Performance Objective 9B: Adult and Adolescent Satisfaction	O - 9B
Performance Objective 9F: Facility Support Performance Indicators	O - 9F
Appendix A – Texas Center for Infectious Disease (TCID) Data Sheet	
Appendix B – Control Chart Analysis	

THE MISSION OF TEXAS STATE GOVERNMENT

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

HHS SYSTEM MISSION

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

HHS SYSTEM PHILOSOPHY

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

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

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

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

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

HHS SYSTEM STRATEGIC GOALS

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

Preserve, enhance and maintain independence:

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

Promote and protect good health:

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

Achieve economic self-sufficiency:

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

Ensure safety and dignity:

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

HEALTH AND HUMAN SERVICES COMMISSION

VISION

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

MISSION

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

DEPARTMENT OF STATE HEALTH SERVICES

VISION

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

MISSION

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

DSHS Scope

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

HEALTH AND HUMAN SERVICES

OVERVIEW

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

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

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

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

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

STATE DSHS HOSPITALS SECTION

VISION

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

LEGISLATIVE BUDGET BOARD
PERFORMANCE MEASURES
Directly Relating to State Hospitals

Outcome Measures:

Percent of consumers receiving MH campus services whose functional level stabilized or improved.

*Reported Annually to the LBB. **

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

Reported Quarterly to the LBB.

Output Measures:

Average daily census of state mental health hospitals.

*Reported Quarterly to the LBB. **

Average monthly number of state mental health hospital consumers receiving atypical antipsychotic new generation medications.

Reported Quarterly to the LBB.

Number of admissions to state hospitals.

Reported Quarterly to the LBB.

Number of Inpatient days at TCID.

Reported Quarterly to the LBB.

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

Reported Quarterly to the LBB.

Average Length of Stay, TCID.

Reported Quarterly to the LBB.

Number of Outpatient visits at STHCS a component of RGSC.

Reported Quarterly to the LBB.

Efficiency Measures:

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

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

Average Cost per Inpatient Day, TCID.
Reported Quarterly to the LBB.

Average cost of Outpatient visits for STHCS a component of RGSC.
Reported Quarterly to the LBB.

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

WE WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

HOW DO WE KNOW WE ARE PROVIDING QUALITY SERVICES?

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

STATE HOSPITAL SECTION FY 2007 MANAGEMENT PLAN

The State Hospitals Section FY 2007 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

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

PERFORMANCE MEASURES:

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

REQUIRED REPORTING TO GOVERNING BODY:

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

All performance objectives and measures in bold print and Caps are “Statewide Performance Indicators”, and have specific operational definitions approved by the Director of State Hospitals Section.

Reports on these “Statewide Indicators” are prepared by the Office of Quality Management Data Services of the State Hospitals Section.

**HEALTH & HUMAN SERVICES COMMISSION
DEPARTMENT STATE HEALTH SERVICES MENTAL
HEALTH AND SUBSTANCE ABUSE DIVISION
STATE HOSPITALS SECTION**

GOALS AND PERFORMANCE OBJECTIVES AND MEASURES

GOAL 1

PROVIDE LEADERSHIP:

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

Performance Objectives:

Key Functions

- | | |
|--|-----------|
| A. Guidelines for the state hospital's annual planning process for FY 2008 will be presented at the December meeting of The Executive Committee of the Governing Body Meeting. | <i>B1</i> |
| B. EACH STATE HOSPITAL WILL MONITOR OUTSIDE MEDICAL COSTS USING THE OUTSIDE MEDICAL COST WEB DATABASE AND REPORT FINDINGS TO THE GOVERNING BODY. | <i>B1</i> |
| C. STATE HOSPITALS WILL MAINTAIN JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION (JCAHO) ACCREDITATION, MEDICARE CERTIFICATION, INSTITUTE OF MENTAL DISEASES (IMD) CERTIFICATION (where appropriate) AND INTERMEDIATE CARE FACILITY-MENTAL RETARDATION (ICF/MR) CERTIFICATION (where appropriate) DURING FY 2007. | <i>B1</i> |

- D. **FY 2007 RENVENUE TARGETS FOR MEDICARE, TEXAS HEALTH STEPS, INSTITUTE FOR MENTAL DISEASES (IMD), AND PRIVATE SOURCE FUNDS WILL BE MET BY EACH STATE HOSPITAL, SO AS, TO SATISFY SPECIFIC METHODS OF FINANCE.** *B1*

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

- F. **EACH STATE HOSPITAL INPATIENT SERVICES WILL OPERATE A PROJECTED GENERAL REVENUE AVERAGE DAILY CENSUS (ADC) AND THIRD PARTY ADC WITHIN THE FUNDS THAT ARE ALLOCATED AND PROJECTED.** *B1*

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

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

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

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

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

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

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

Performance Measures:

Key Functions

- A. **AVERAGE COST PER PATIENT SERVED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL** *B1*
- B. **AVERAGE COST PER OCCUPIED BED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** *B1*
- C. **AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL ON A QUARTERLY BASIS.** *B1*
- D. **Number of Inpatient days at TCID will be calculated and reported on a quarterly basis.** *B1*
- E. **South Texas Healthcare System (STHCS) average cost of outpatient visits will be calculated and reported on a quarterly basis.** *B1*
- F. **Texas Center for Infectious Disease (TCID) contract cost will be calculated and reported on a quarterly basis.** *B1*

GOAL 2

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

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

Performance Objectives:

Key Functions

- A. **STATE HOSPITALS WILL DEMONSTRATE A DOWNWARD TREND OF CONFIRMED ALLEGATIONS OF ABUSE OR NEGLECT.** *A1*
- B. **Each State Hospital will report the findings of all Medicare and JCAHO Complaint visits/contacts. Plans of correction for substantiated complaints will be evaluated by the Clinical**

Performance Indicator Committee (CPIC) to identify system issues and/or opportunities for system improvement. *A1*

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

GOAL 3

PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT:

The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's local health authority, **determine** individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence **based**-treatment will be provided.

Performance Objectives:

Key Functions

- A. The Restraint and Seclusion Reduction Workgroup of the Clinical Oversight Committee (COC) will conduct a restraint and seclusion reduction conference during FY 07. *A1,A2***
- B. EACH STATE HOSPITAL WILL USE THE STANDARDIZED DEFINITIONS FOR TRACKING EPISODES OF RESTRAINTS AND SECLUSION IN THEIR REDUCTION EFFORTS. *A1,A2***
- C. THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT WILL BE UTILIZED TO ASSURE THE CORRECT IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN IT IS NECESSARY TO UTILIZE THESE PROCEDURES. *A2***
- D. Each State Hospital will analyze data on patients to assess the medical risks, to include Body Mass Index (BMI), at the time of admission and discharge and every 90 days in between and report findings to the Governing Body. *A2***
- E. PATIENTS WILL BE TREATED IN ACCORDANCE WITH TIMA GUIDELINES AS MEASURED BY:**
 - ASSIGNMENT OF THE APPROPRIATE ALGORITHM AS MEASURED BY MATCHING DIAGNOSIS TO ALGORITHM AT THE TIME OF DISCHARGE.**

- **USE OF TIMA RATING SCALES AS MEASURED BY PERCENT OF PATIENTS WITH SCORES FROM 2 OR MORE DIFFERENT DATES. ***

*** THIS REPORT WILL BE PULLED FROM CWS.** *A2,A4*

F. Each State Hospital will implement at least one initiative related to promoting patient wellness and a **healthy lifestyle.** *A2*

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

Performance Measures:

Key Functions

A. Global Assessment of Functions (GAF):

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

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

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

B. Percentages of patients treated to cure calculated and reported by TCID. *A2*

GOAL 4

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

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

Performance Objectives:

Key Functions

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

- B. **EACH STATE HOSPITAL WILL HAVE A PROCESS IN PLACE TO IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS AND REPORT TO THE GOVERNING BODY.** *A4*
- C. TCID and SASH will have a consolidated pharmacy system no later than December 31, 2006. *A4*

Performance Measure:

Key Functions

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

GOAL 5

ASSURE CONTINUUM OF CARE:

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

Performance Objectives:

Key Functions

- A. Dually diagnosed patients with mental illness and mental retardation in State Mental Health Hospitals will be discharged or transferred within 30 days of being placed on the “Patients Determined to No Longer **be** in Need of Inpatient Hospitalization” list. *A3*
- B. State Hospitals section will pursue potential agreement with DADS to ensure costs of care for consignment patients is covered, which may include providing contracted consulting services for medication management to the clients when they remain in the state school system. *A3*
- C. **Each State Mental Health Hospital will maintain a current Utilization Management Agreement for all civil beds with their Local Mental Health Authorities.** *A3*
- D. **At the end of each quarter, patients having been in the State Mental Health Hospital over 365 days, will be identified by five categories:**

1. need continued hospitalization, (civil);
2. need continued hospitalization, (forensic);
3. accepted for placement;
4. barrier to placement, and;
5. criminal court involvement.

The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in category 4. This plan should be developed within 30 days after being identified. The progress of placements from category 4 will be reviewed at each Governing Body meeting. A3

Performance Measures:

Key Functions

- A. NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM WILL BE CALCULATED AND REPORTED FOR EACH HOSPITAL ON A QUARTERLY BASIS. A3
- B. PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY WILL BE CALCULATED ON A QUARTERLY BASIS.
 - 7 days or less,
 - 8 to 30 days,
 - 31 to 90 days
 - greater than 90 days A3
- C. Number of admissions, the total number of patients admitted for inpatient care and treatment at TCID **will be calculated** on a quarterly basis. A3
- D. AVERAGE LENGTH OF STAY IN THE HOSPITAL WILL BE CALCULATED ON A QUARTERLY BASIS FOR THOSE PATIENTS:
 - ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND,
 - ALL DISCHARGES A3

GOAL 6

IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM:

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

Performance Objectives:

Key Functions

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

- B. STATE HOSPITALS WILL MANAGE WORKERS' COMPENSATION CLAIM EXPENSES SO THAT AN INDIVIDUAL **HOSPITAL'S** TOTAL **FY 2007** CLAIMS EXPENSE WILL BE AT OR BELOW THE DOLLAR TARGET AMOUNT ESTABLISHED FOR THAT HOSPITAL. *B4*

- C. EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WILL NOT EXCEED .89 PER 1000 BED DAYS. *B4*

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

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

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

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

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

- I. According to the National Patient Safety Goal 2C, each state hospital will measure, **assess** and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values. *B4*

Performance Measures:

Key Functions

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

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

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

C. Each hospital will monitor and assess influenza immunizations for staff and patients and pneumococcal immunizations for identified patient population. *B4*

GOAL 7

OBTAIN, MANAGE AND USE INFORMATION:

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

Performance Objectives: Key Functions

- A. CPIC WILL REVIEW Performance Measures for new Data Integrity Review (DIR) focus and submit to Executive Committee of Governing Body in FY 07, no later than October 31, 2006. *B2*
- B. Review and renew, Health and Human Services Commission (HHSC) information Technology (IT) Service Level Agreements, no later than August 31, 2006. *B2*
- C. Review and renew, Department of State Health Services (DSHS) IT Service Level Agreements, no later than August 31, 2007. *B2*
- D. Ensure complete WORx functionality, specifically:
 - WORx PO Module not later than January 1, 2007
 - On-Line Adjudication for Medicare Part D not later than January 1, 2007 *B2*
- E. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than August 31, 2007. *B2*
- F. Upgrade CRS to RAD Plus 2004, not later than November 30, 2006 *B2*
- G. Upgrade CRS to RAD Plus 2006, not later than August 31, 2007. *B2*

- H. Implement Avatar PM at TCID, not later than December 1, 2006. *B2*
- I. Implement Avatar CWS at TCID, not later than April 1, 2007. *B2*
- J. Complete CRS High Availability (server), not later than March 31, 2007 *B2*
- K. Complete CRS High Availability (LAN), not later than March 31, 2007. *B2*
- L. Complete video-conferencing installation, not later than January 1, 2007. *B2*
- M. **State Hospitals will monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50 percent of the average monthly discharges. These data are trended and performance improvement initiatives are taken as appropriate.** *B2*
- N. **State hospitals will ensure increased end user satisfaction with CWS by having at least one staff member who can generate crystal reports based on hospital's identified needs.** *B2*
- O. CWS policy manual will be completed by CWS workgroup no later than December 31, 2006. *B2*
- P. **Each hospital will develop an emergency contingency plan to have CWS available during an emergency, as long as possible.** *B2*
- Q. **State Mental Health Hospitals will report WORx downtime.** *B2*
- R. **State Mental Health Hospitals will expand the use of interactive video for civil and forensic commitment processes.** *B2*
- S. State Mental Health Hospitals Forensic Committee will develop specialized forensic evaluations/reports in CWS (e.g., competency evaluation, dangerousness risk assessment, etc.) *B2*

GOAL 8

ASSURE A COMPETENT WORKFORCE:

The State Hospital Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which includes planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer-employee arrangements on contractual arrangement; developing and implementing processes designed to

ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.

Performance Objectives:

Key Functions

- | | |
|--|------------------|
| A. 95 PERCENT OF ALL STAFF WILL BE CURRENT WITH REQUIRED TRAINING AT ALL TIMES. | <i>B3</i> |
| B. State Hospitals Section will submit a request to HHSC to provide all hospitals with a report on the status of performance evaluations. | <i>B3</i> |

Performance Measures:

- | | |
|--|------------------|
| A. “STAFF TURNOVER” RATES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED QUARTERLY. | <i>B3</i> |
| B. NUMBER OF STATEWIDE VACANCIES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED QUARTERLY. | <i>B3</i> |

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): | |
| <ul style="list-style-type: none">- AN AVERAGE SCORE OF “4” ON THE PARENT SATISFACTION SURVEY,- AN AVERAGE SCORE OF “1.7” ON THE CHILDREN SATISFACTION SURVEY. | <i>B6</i> |
| 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. | <i>B6</i> |

- C. Hospitals will monitor and evaluate the JCAHO areas related to emergency management, human resources management and the national patient safety goals, through, the clinical performance improvement process. The aggregate information will be collected through and evaluated by the Clinical Performance Improvement Committee (CPIC) and reported to the Executive Committee. *B6*
- D. **Hospitals will do a minimum of one patient tracer for each treatment team. Data are collected by using tracer methodology to follow the care that individual patients receive and to evaluate patient care processes. Aggregate information will be collected and evaluated by CPIC and reported to the Executive Committee.** *B6*
- E. CPIC will evaluate the FY 2007 CPI Plan by June 2007 and incorporate recommendations into the CPI Plan for FY 2008. *B6*
- F. **REGULARLY SCHEDULED ASSESSMENTS WILL BE CONDUCTED USING ESTABLISHED CRITERIA AND IMPROVEMENT OPPORTUNITIES IDENTIFIED BY EACH STATE HOSPITAL ON THE FACILITY SUPPORT PERFORMANCE INDICATORS (FSPI).** *B6*

↓

GOAL 1: Provide Leadership

Performance Objective 1B:

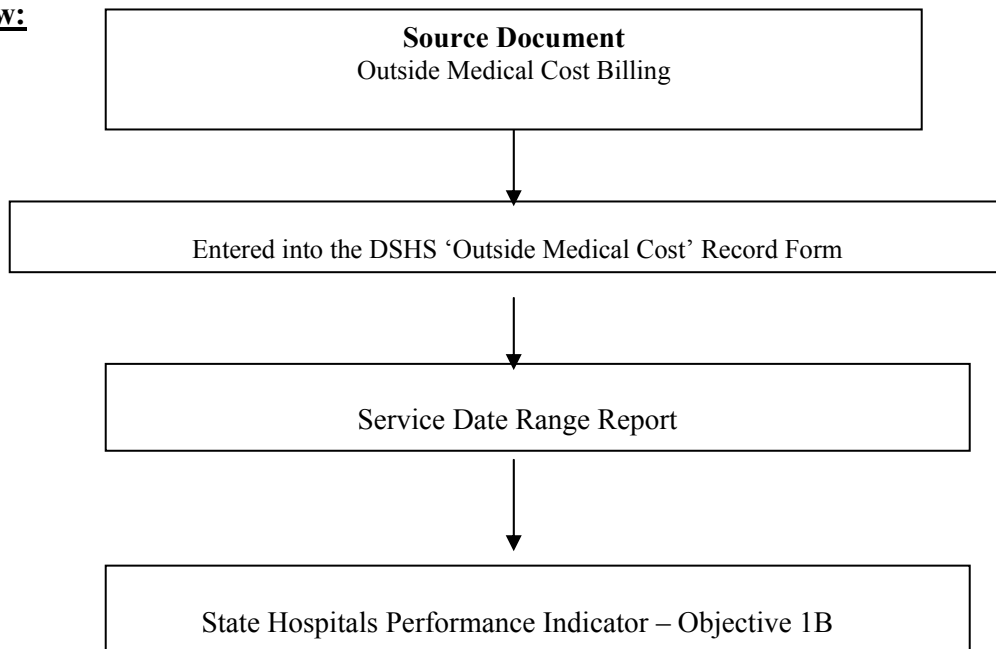
Each state hospital will monitor outside medical costs using the outside medical cost web database and report findings to the governing body.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

N/A

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

Outside Medical Cost - FY 2007

Facility	Q1	Q2	Q3	Q4	FYTD
ASH	\$162,171	\$90,509	\$248,651	\$40,619	\$541,950
BSSH	\$18,189	\$101,593	\$117,856	\$63,733	\$301,371
EPPC	\$35,737	\$34,424	\$70,430	\$20,829	\$161,420
KSH	\$133,334	\$239,840	\$165,868	\$32,081	\$571,123
NTSH	\$362,855	\$360,014	\$528,921	\$312,532	\$1,564,322
RGSC	\$46,902	\$23,419	\$28,057	\$17,333	\$115,711
RSH	\$514,858	\$387,447	\$588,063	\$186,973	\$1,677,341
SASH	\$9,427		\$780	\$129	\$10,337
TSH			\$31,467	\$12,767	\$44,235
WCFY	\$18,404	\$11,955	\$21,262	\$6,557	\$58,177
STHCS	\$0	\$700			\$700
TCID					
All SH	\$1,301,877	\$1,249,900	\$1,801,356	\$693,553	\$5,046,686

Performance Objective 1C:

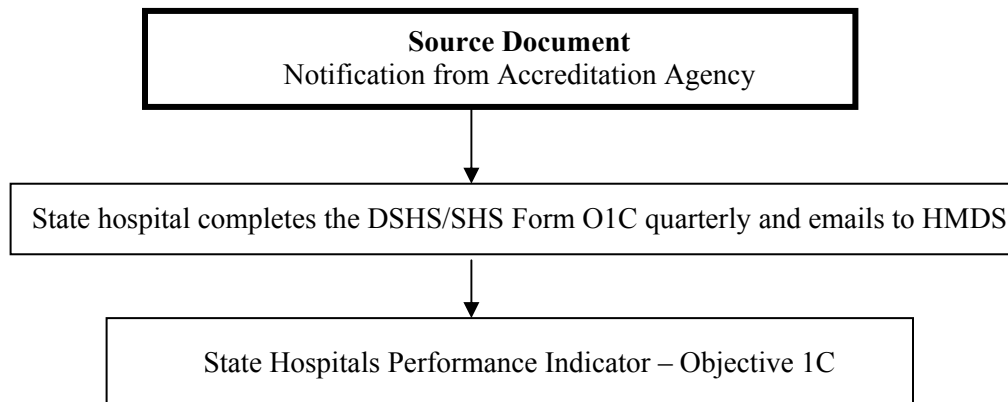
State hospitals will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification (where appropriate) and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2007.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

N/A

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

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
JC Accreditation											
Date of accreditation:	Jul-06	Mar-06	Nov-06	Oct-06	Feb-07	Mar-05	Jan-07	Apr-07	Dec-06	Apr-07	Jul-07
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY07	1	0	0	0	2	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	23	48	100	27	172	208	72	94	N/A
No. of Complaint Visits for Q4	0	0	0	0	0	0	0	0	0	1	N/A
No. of Complaint Visits for FY	3	0	0	1	1	1	1	0	0	2	N/A
Date of CMS On-Site Survey		Jan-02		Feb-07	Jun-98			Jan-06		Sep-96	
Date of last IMD Review:	Apr-06	Jul-07	N/A	Dec-05	Aug-06	N/A	Oct-05	Nov-05	N/A	Jun-06	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	N/A	44	N/A
Date of TVFC Audit:**											Oct-06
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-06	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

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

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

Performance Objective 1D:

FY2007 revenue targets for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds will be met by each state hospital so as to satisfy specific methods of finance.

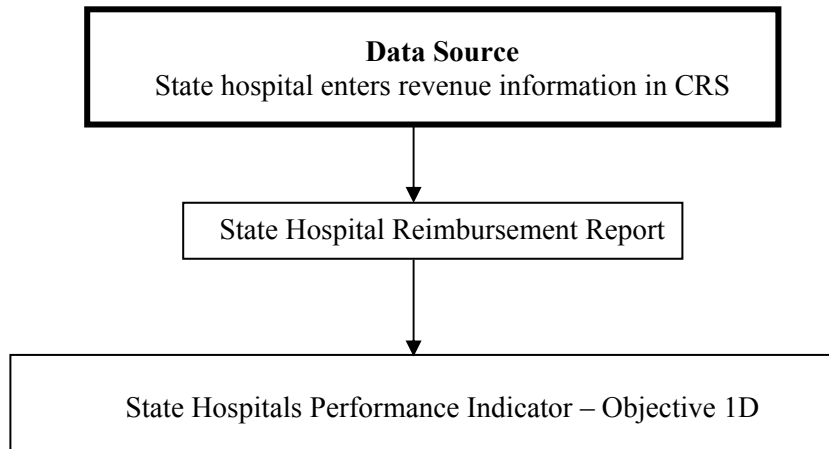
Performance Objective Operational Definition: The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

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

Performance Objective Data Display and Chart Description:

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

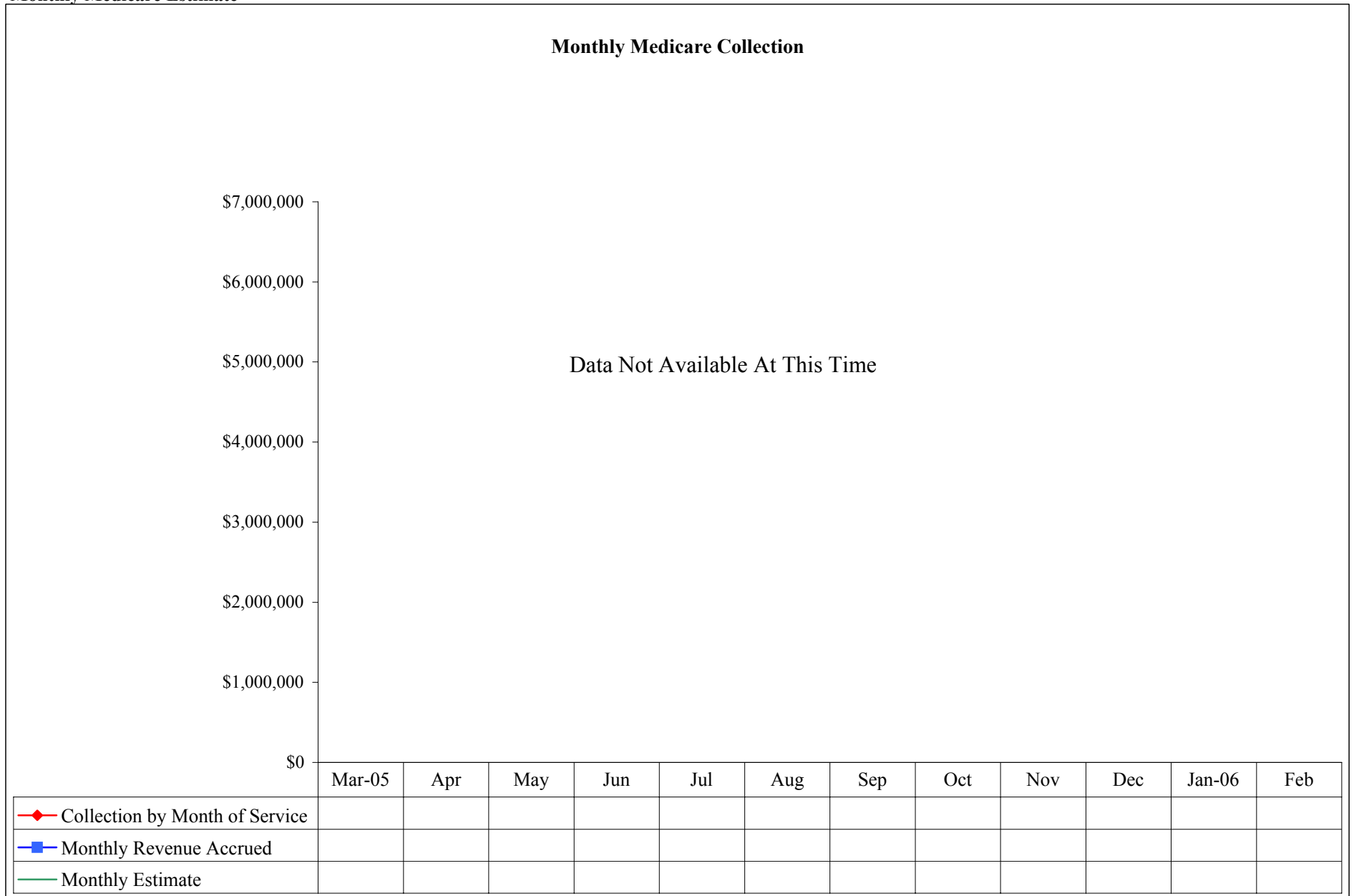
Data Flow:



Data Integrity Review Process:

N/A

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



Performance Objective 1F:

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

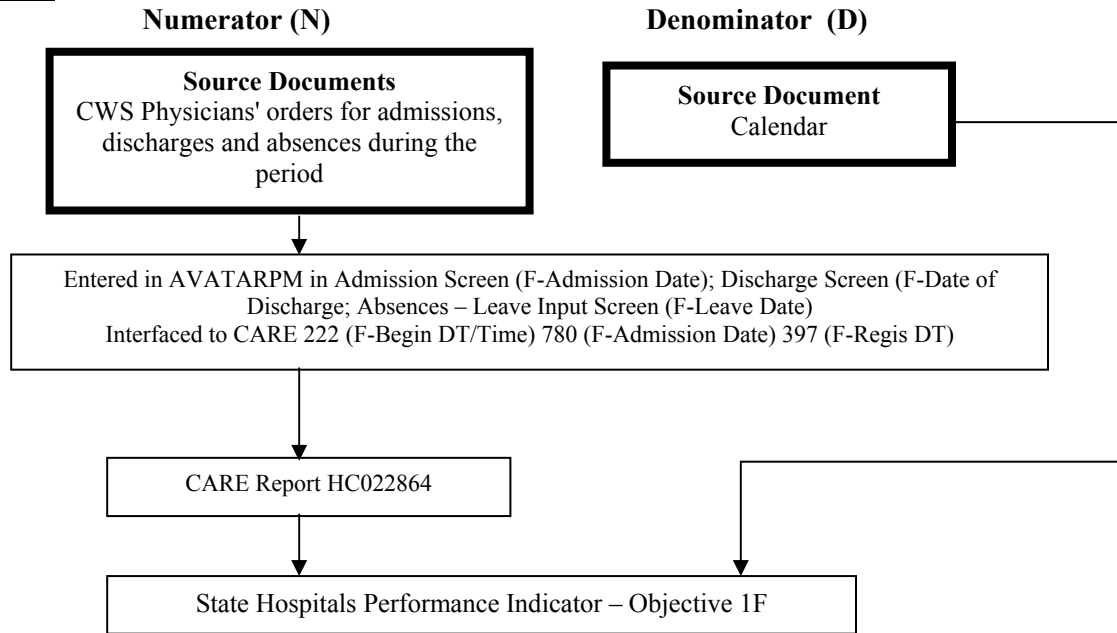
Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC for FY07. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC.

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

Performance Objective Data Display and Chart Description:

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

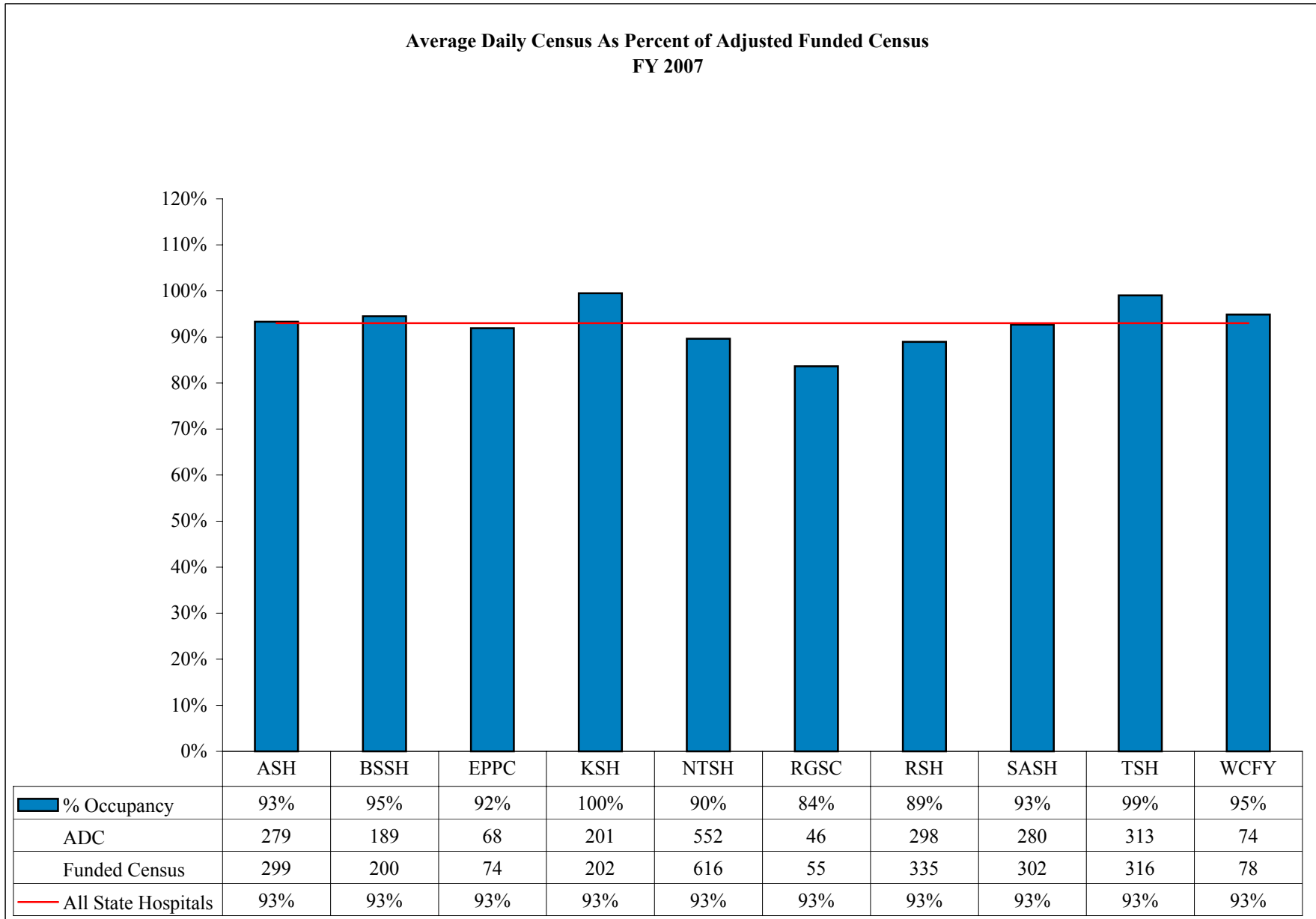
Data Flow:



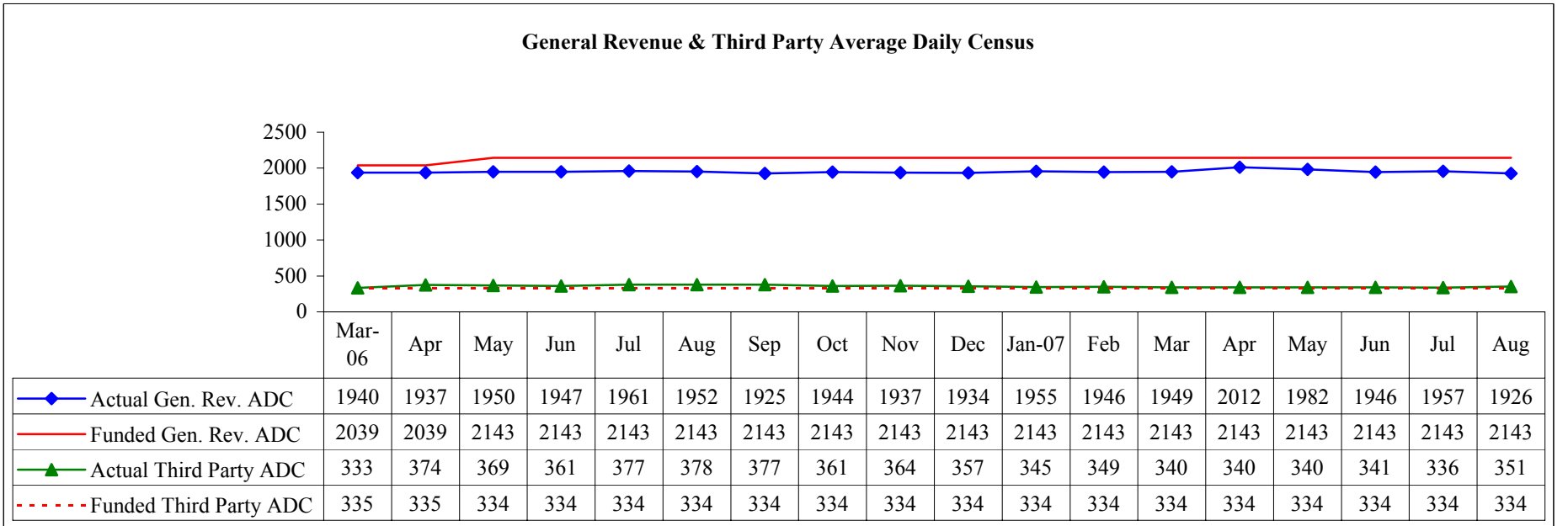
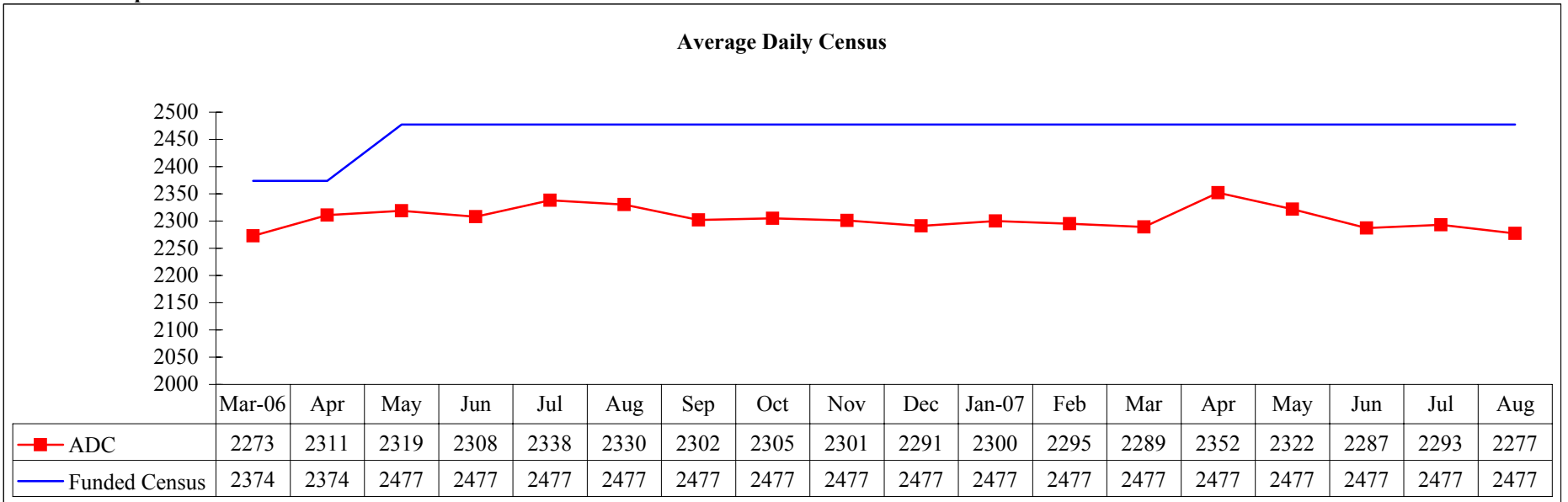
Data Integrity Review Process:

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

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

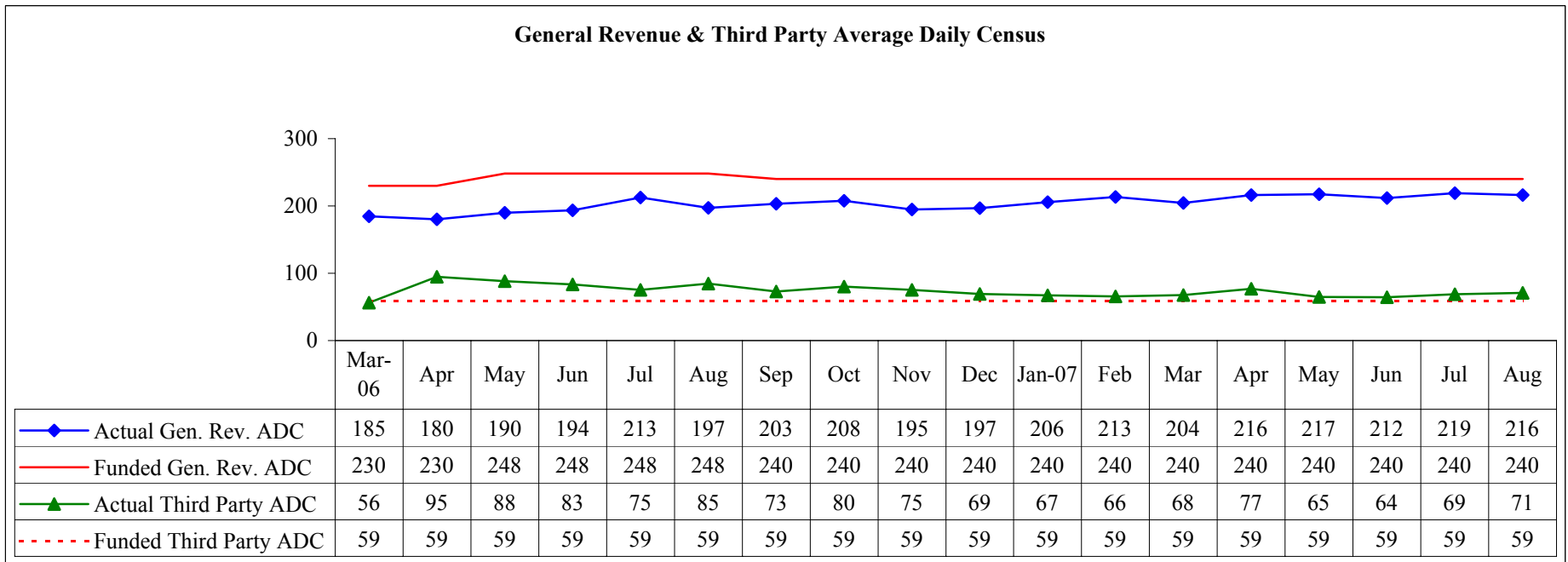
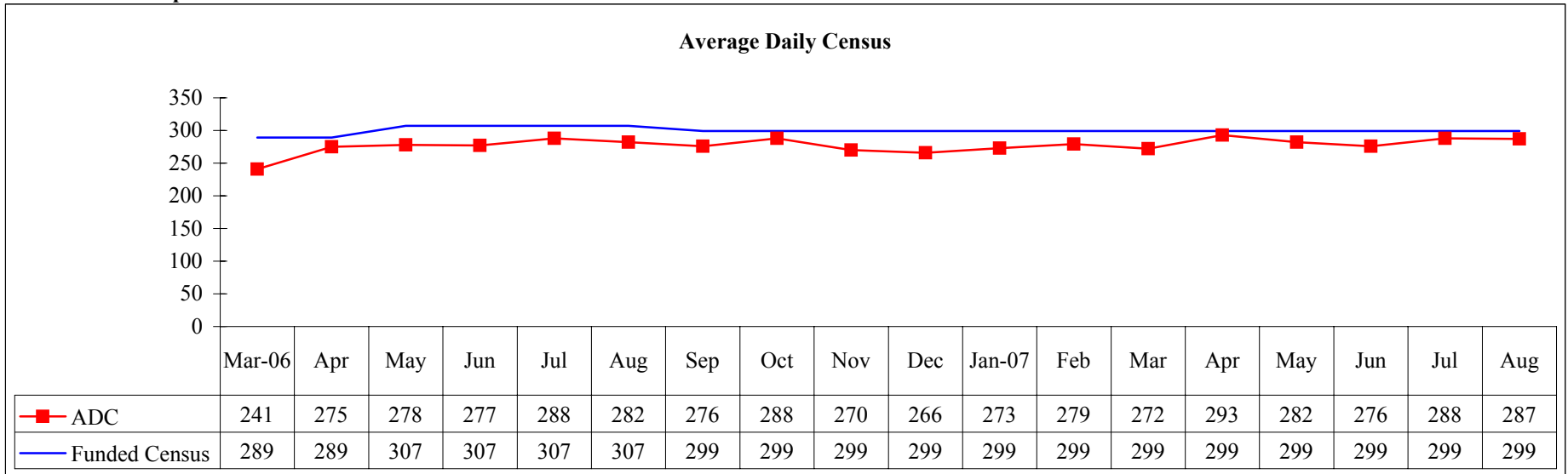


Objective 1F & Measure 1C - Average Daily Census
All State Hospitals



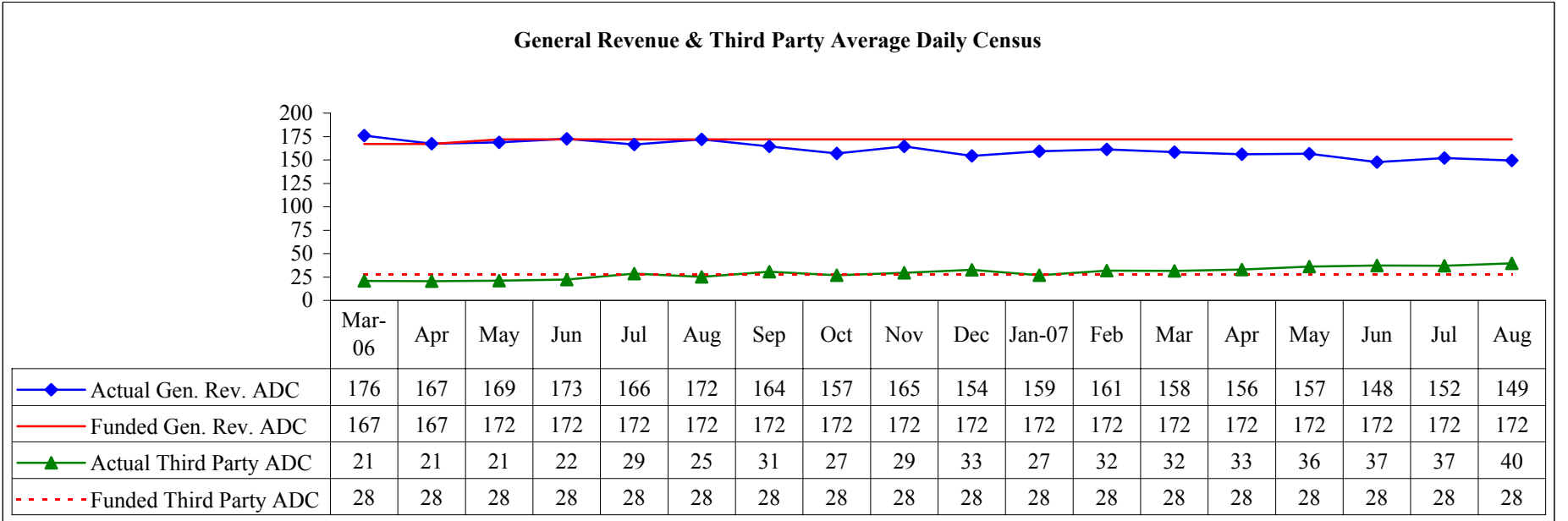
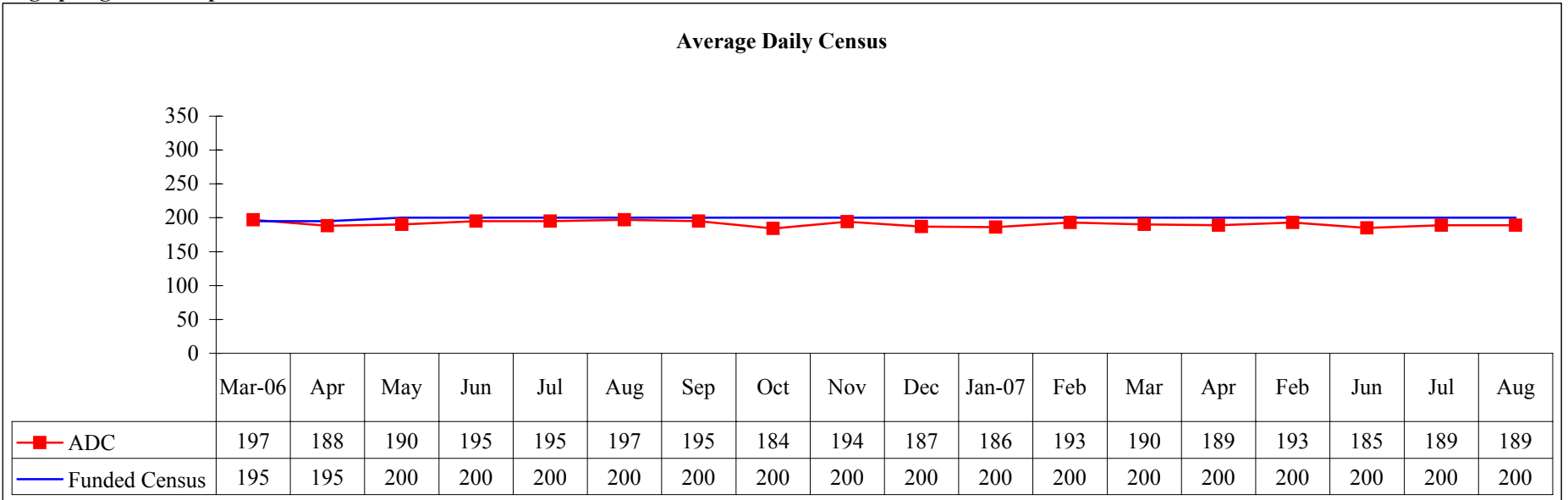
FY07 data revised using new coding

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



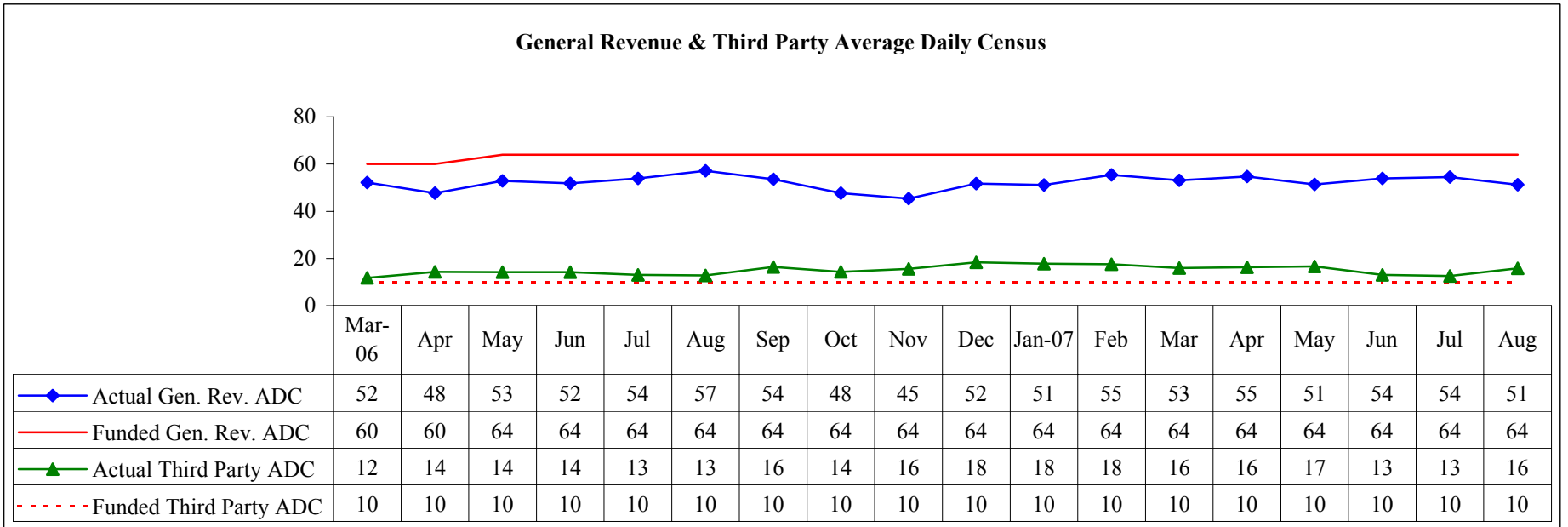
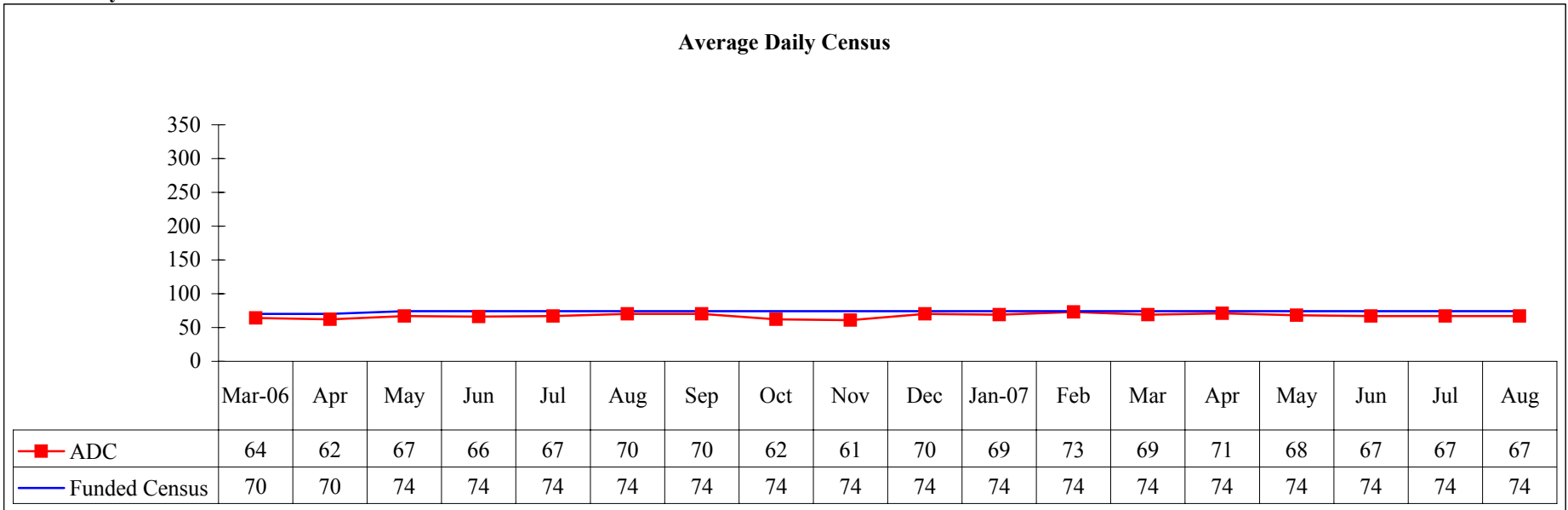
FY07 data revised using new coding

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



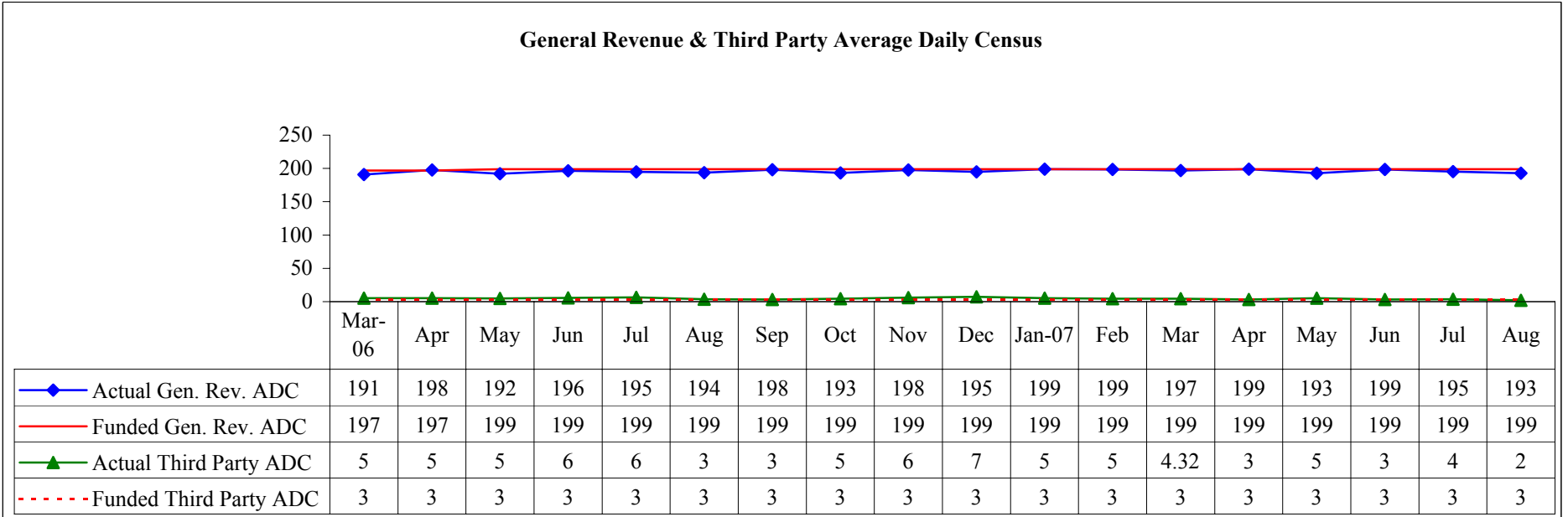
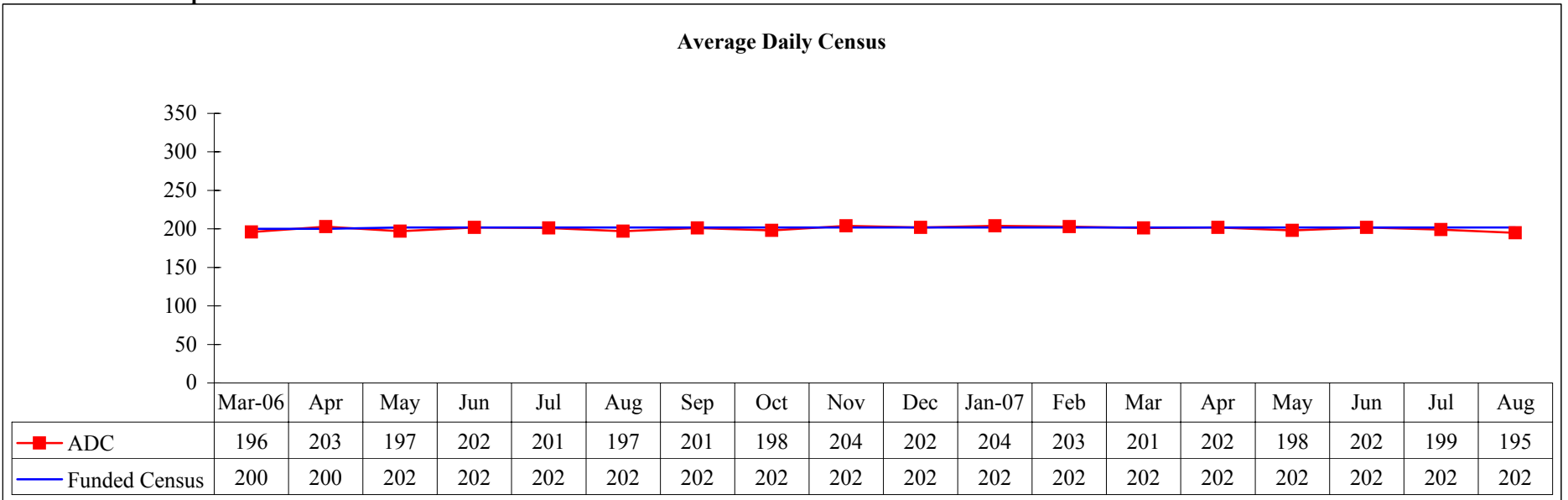
FY07 data revised using new coding

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



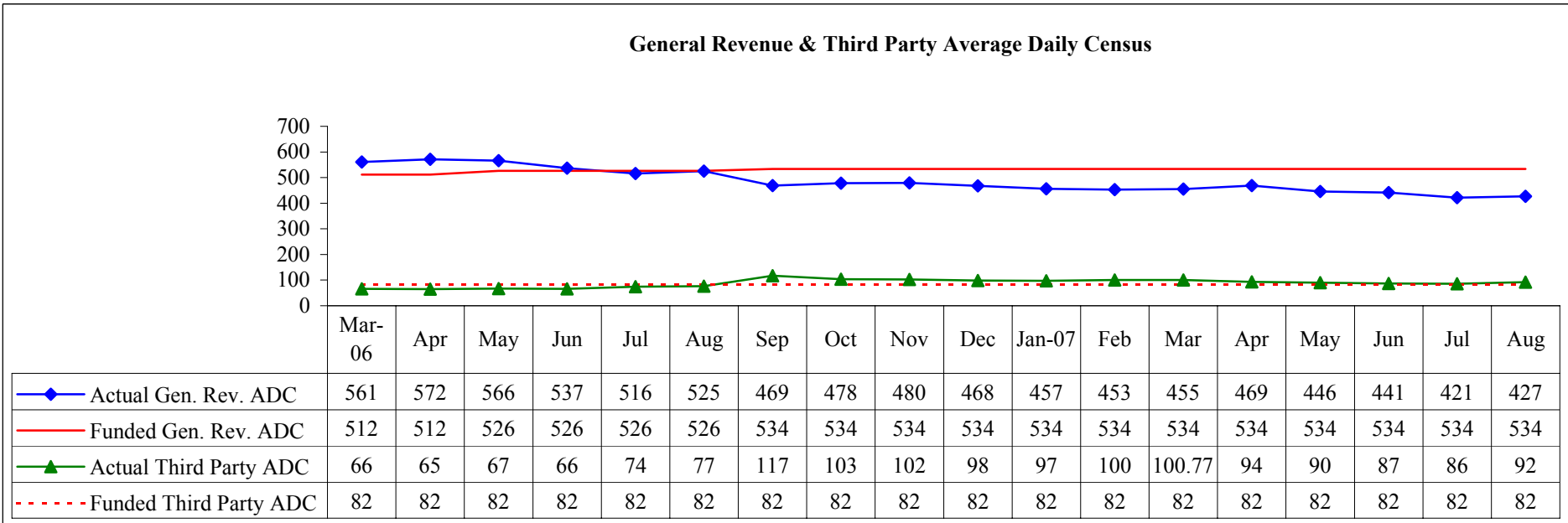
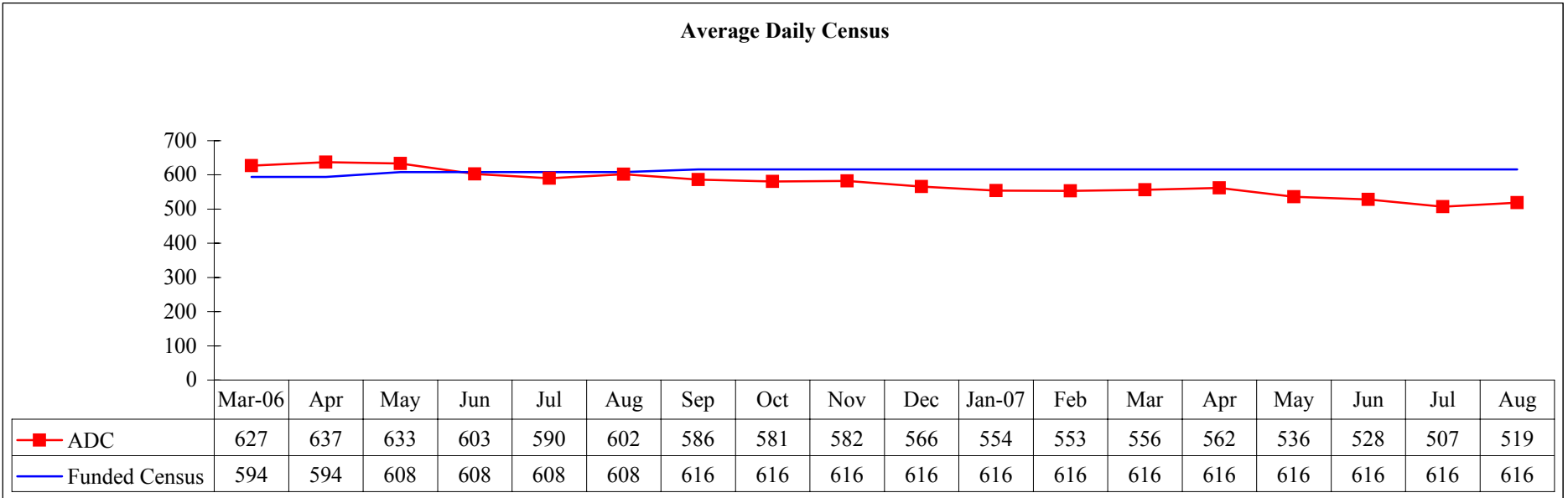
FY07 data revised using new coding

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



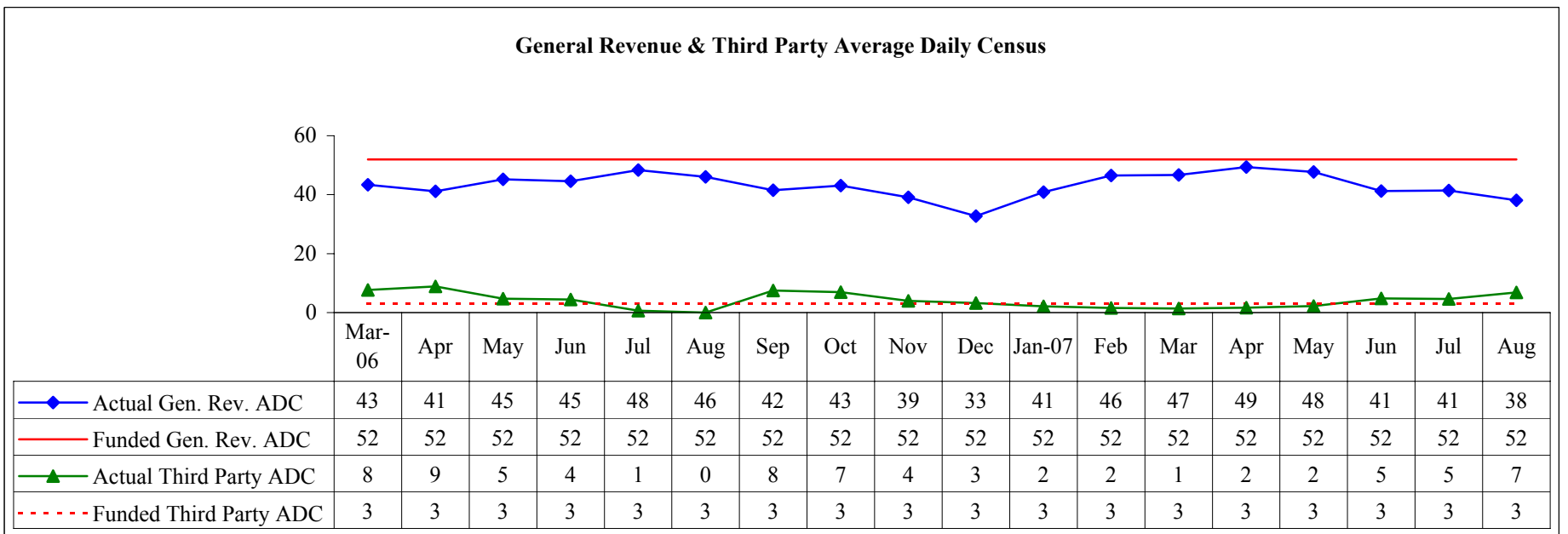
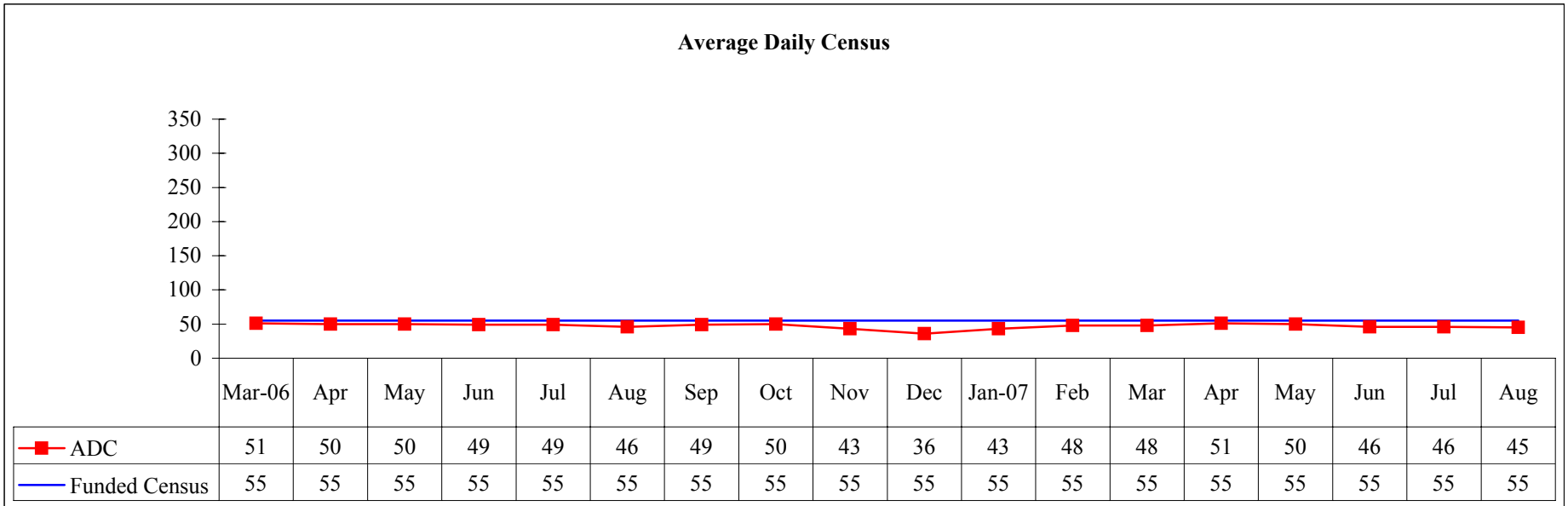
FY07 data revised using new coding

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



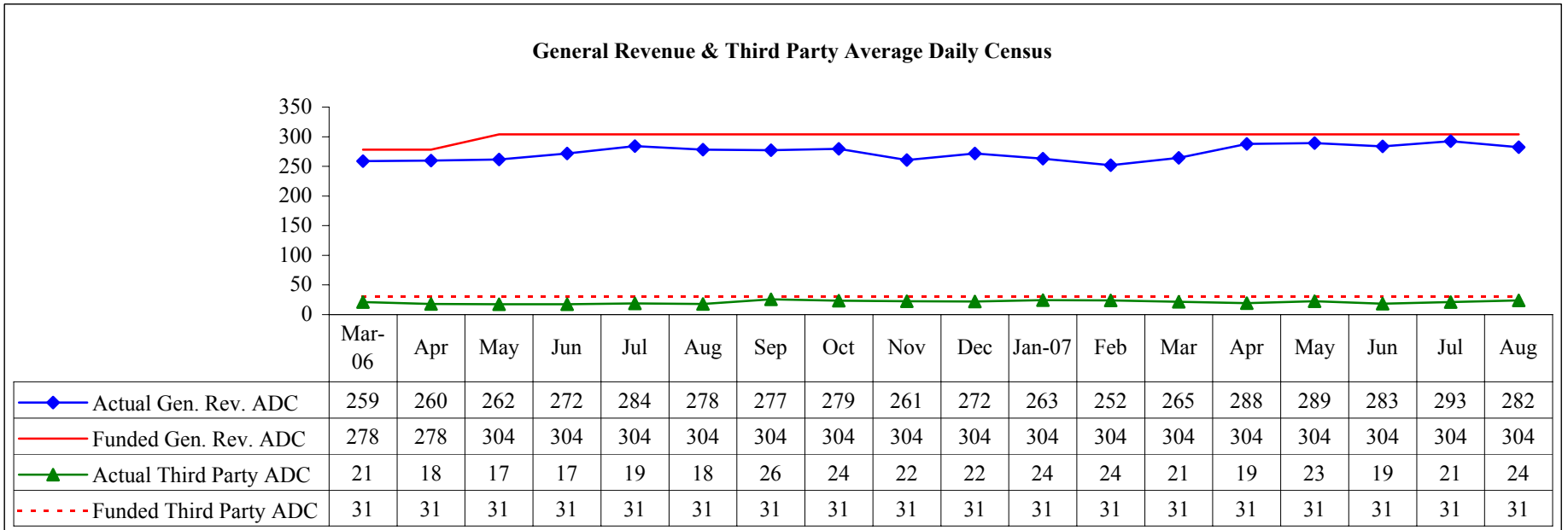
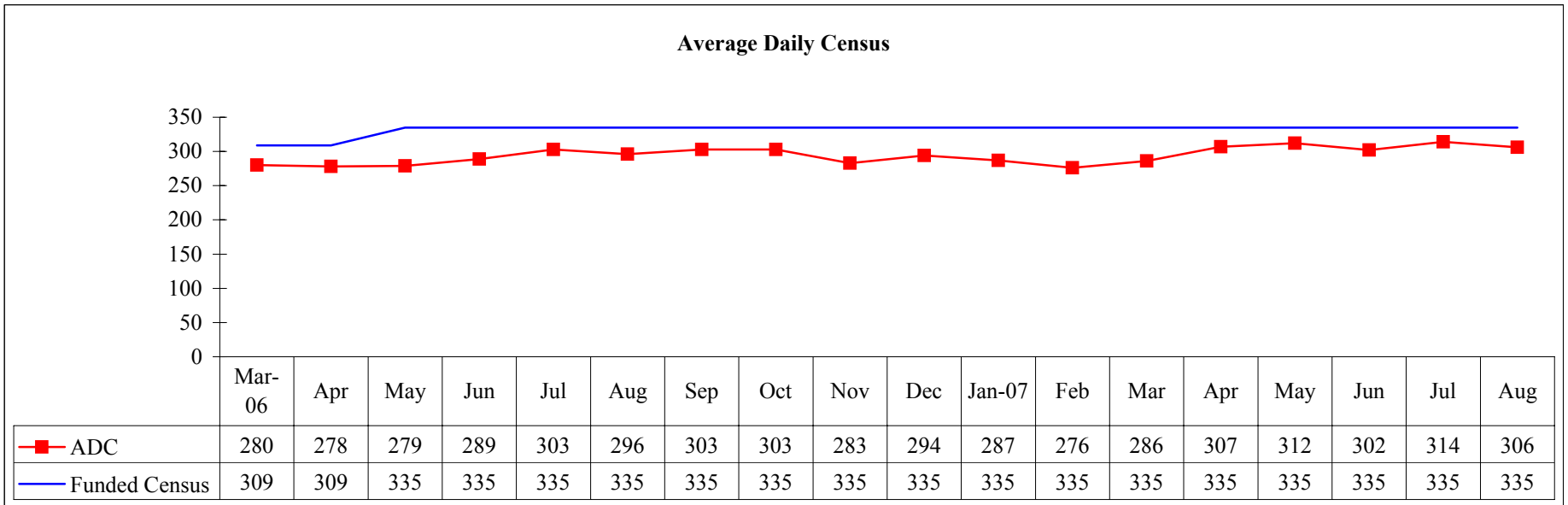
FY07 data revised using new coding

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



FY07 data revised using new coding

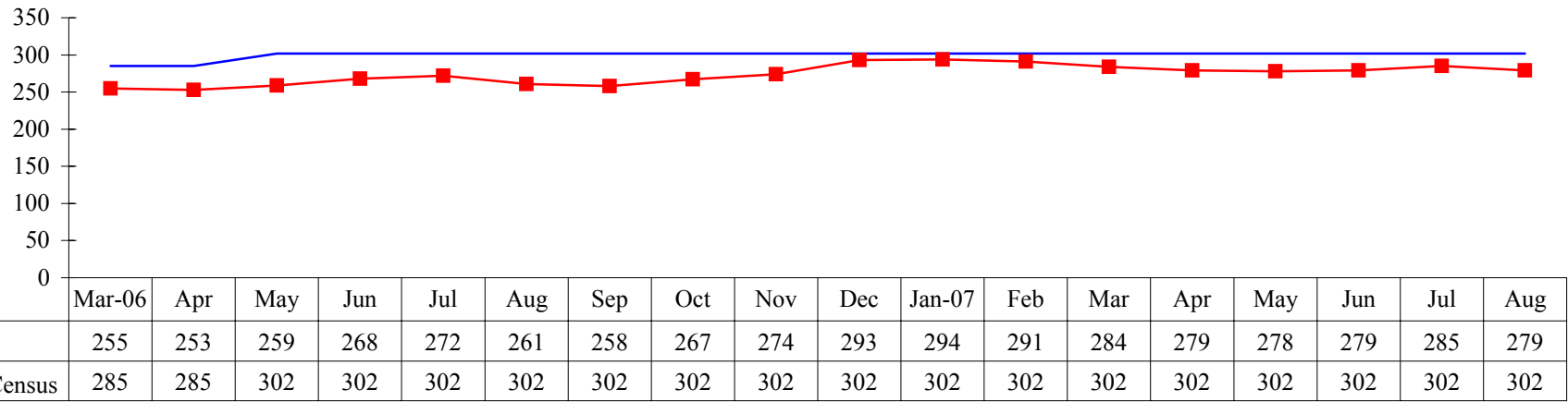
Objective 1F & Measure 1C - Average Daily Census
Rusk State Hospital



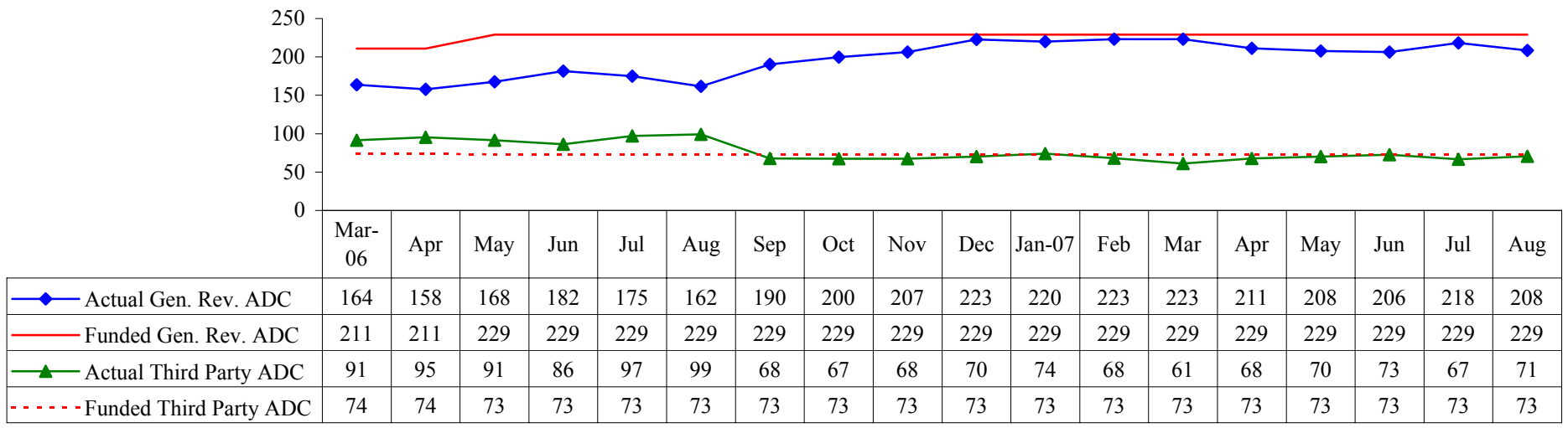
FY07 data revised using new coding

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

Average Daily Census

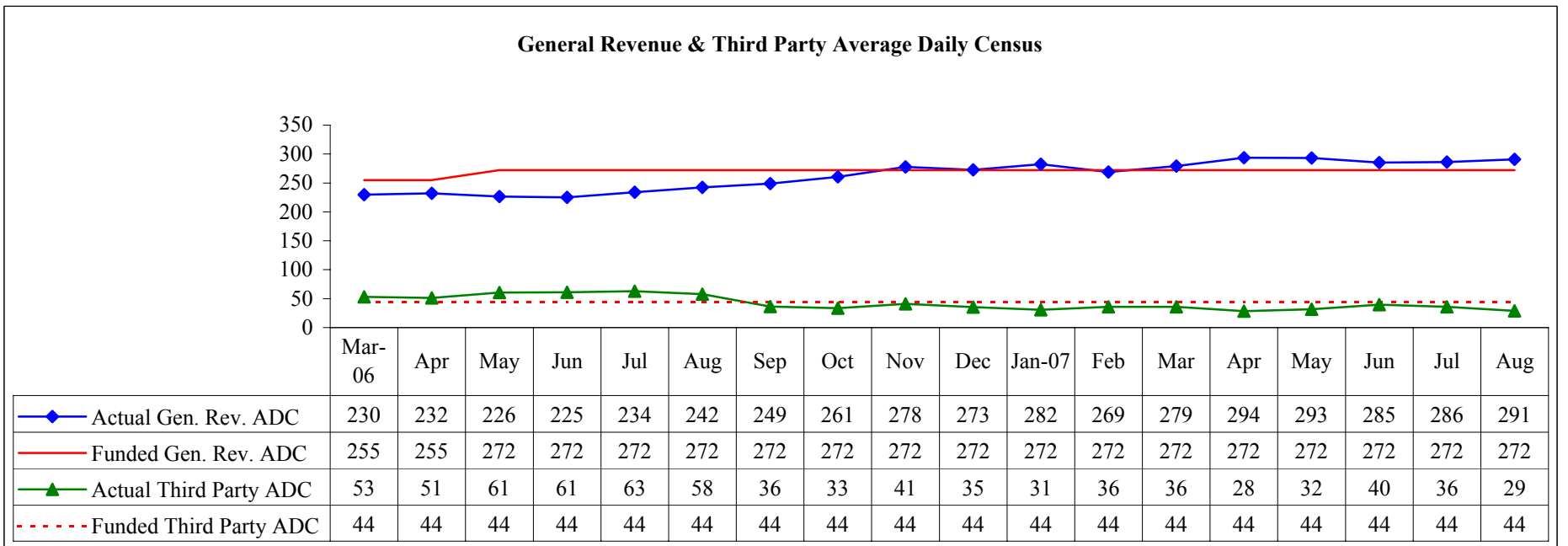
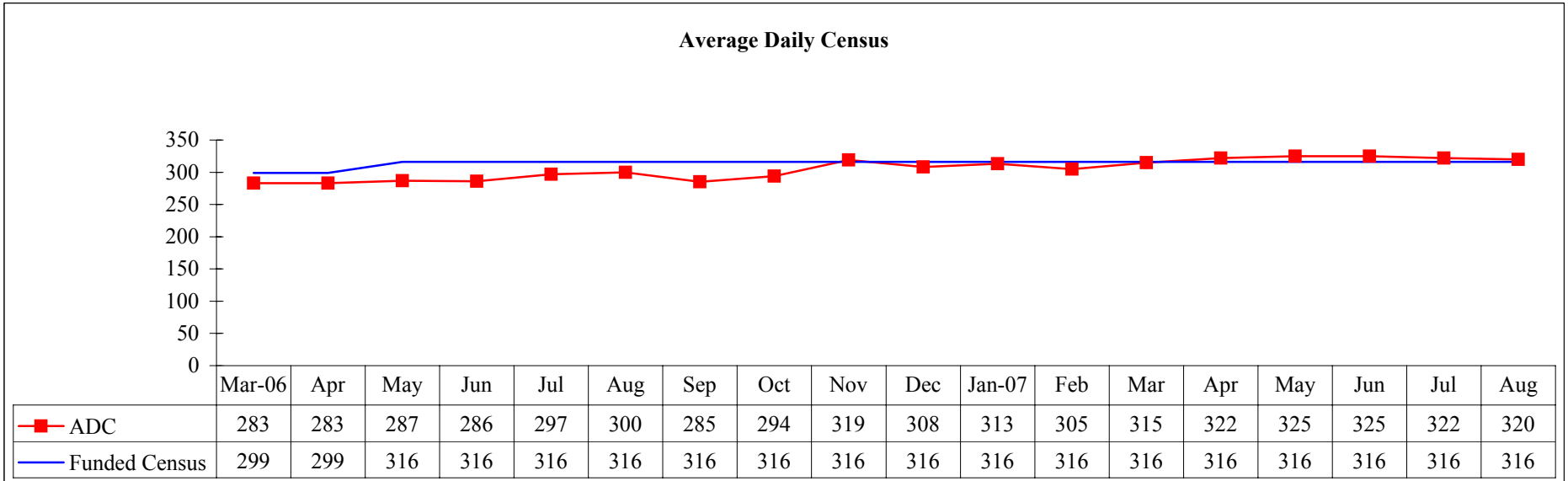


General Revenue & Third Party Average Daily Census



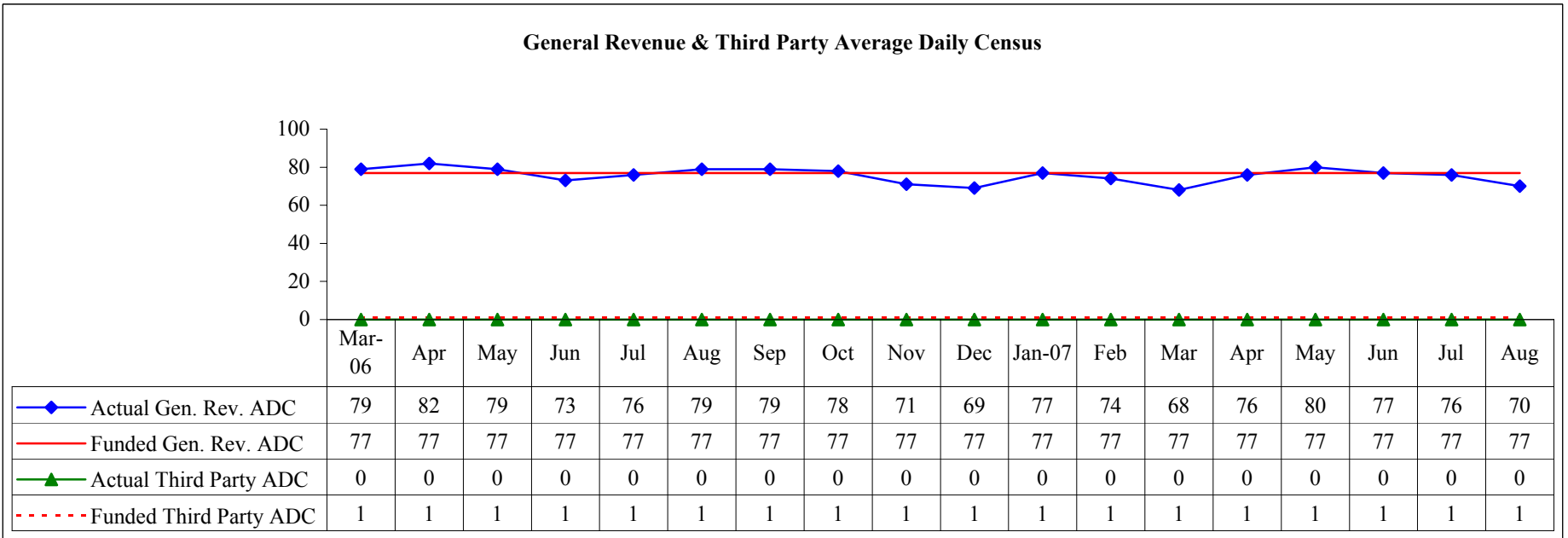
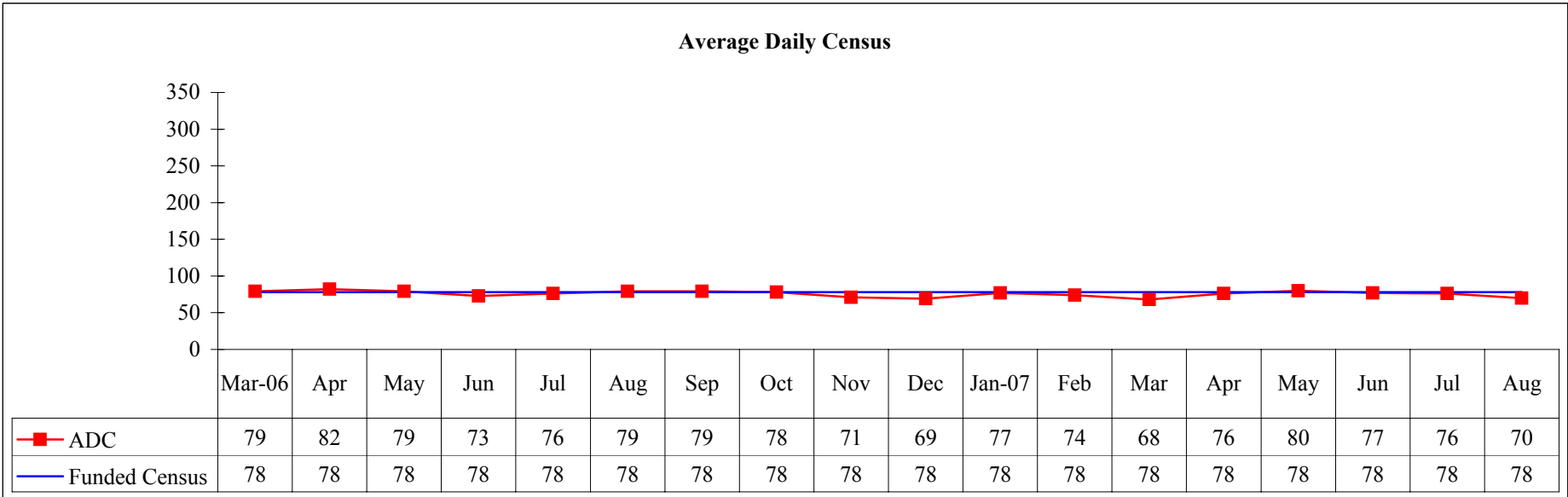
FY07 data revised using new coding

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



FY07 data revised using new coding

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



FY07 data revised using new coding

Performance Measure 1A:

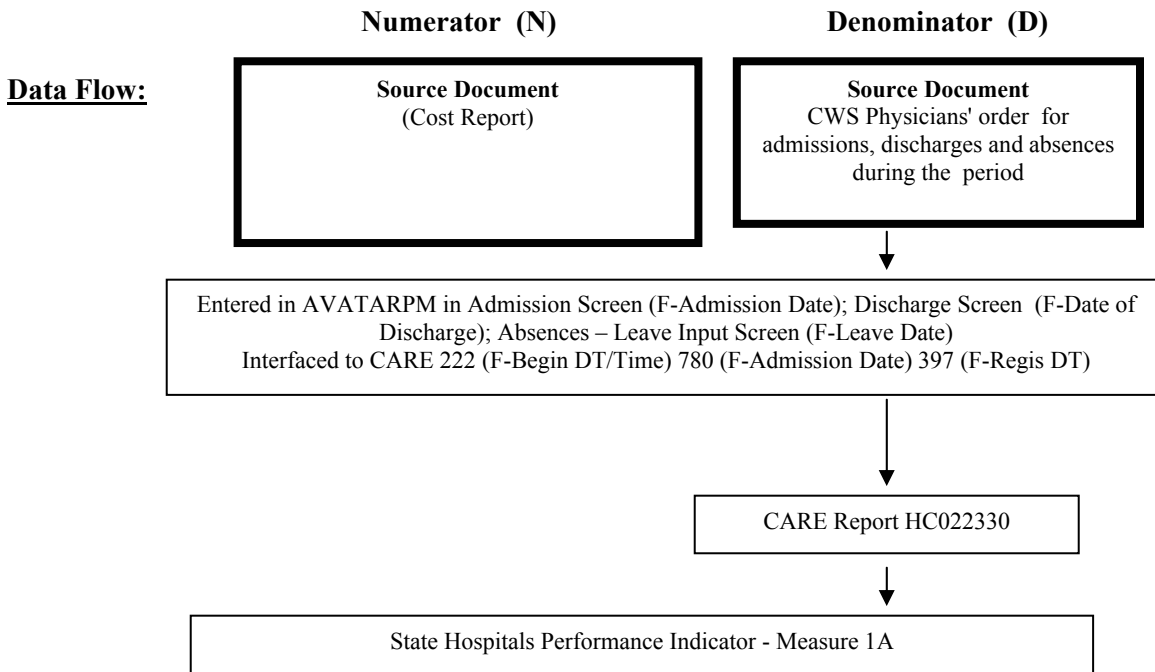
Average cost per patient served will be calculated and reported for each state hospital.

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

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

Performance Measure Data Display and Chart Description:

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



Data Integrity Review Process: (Denominator Only)

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

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

	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital													
Avg. Patient Days	22	21	20	20		22	21	20	20	20	20	20	20
LBB Cost/Bed Day	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$377	\$375	\$387	\$392	\$439
Average Cost	\$7,654	\$7,068	\$6,745	\$6,899	\$0	\$7,174	\$7,826	\$7,372	\$7,681	\$7,675	\$7,878	\$7,820	\$8,693
Big Spring State Hospital													
Avg. Patient Days	31	34	33	34		38	41	40	39	39	36	42	39
LBB Cost/Bed Day	\$429	\$401	\$380	\$366		\$334	\$381	\$336	\$332	\$354	\$369	\$377	\$428
Average Cost	\$13,252	\$13,554	\$12,399	\$12,331	\$0	\$12,812	\$15,507	\$13,474	\$12,899	\$13,850	\$13,427	\$15,717	\$16,554
El Paso Psychiatric Center													
Avg. Patient Days	12	15	16	19		18	23	20	20	19	22	21	20
LBB Cost/Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$452	\$469	\$467	\$461	\$665
Average Cost	\$5,076	\$6,373	\$6,579	\$7,948	\$0	\$7,949	\$10,333	\$9,153	\$9,157	\$8,736	\$10,252	\$9,529	\$13,535
Kerrville State Hospital													
Avg. Patient Days	47	49	47	49		68	64	63	65	63	66	65	65
LBB Cost/Bed Day	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$350	\$337	\$329	\$345	\$369
Average Cost	\$16,350	\$17,043	\$15,564	\$15,837	\$0	\$19,754	\$21,226	\$21,381	\$22,663	\$21,373	\$21,693	\$22,473	\$24,072
North Texas State Hospital													
Avg. Patient Days	47	48	47	46		46	46	48	45	47	46	46	46
LBB Cost/Bed Day	\$307	\$305	\$302	\$298		\$303	\$356	\$331	\$337	\$349	\$388	\$382	\$422
Average Cost	\$14,463	\$14,494	\$14,106	\$13,830	\$0	\$13,972	\$16,315	\$15,855	\$15,230	\$16,363	\$17,961	\$17,706	\$19,243
Rusk State Hospital													
Avg. Patient Days	35	34	32	33		35	36	37	37	37	42	37	37
LBB Cost/Bed Day	\$342	\$334	\$323	\$317		\$298	\$346	\$339	\$339	\$361	\$387	\$368	\$482
Average Cost	\$11,837	\$11,299	\$10,426	\$10,547	\$0	\$10,506	\$12,307	\$12,405	\$12,465	\$13,351	\$16,137	\$13,686	\$17,799
San Antonio State Hospital													
Avg. Patient Days	28	30	28	27		24	24	24	24	25	34	27	28
LBB Cost/Bed Day	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$410	\$398	\$397	\$429	\$442
Average Cost	\$10,423	\$10,689	\$9,673	\$9,088	\$0	\$8,314	\$11,892	\$8,459	\$9,885	\$10,121	\$13,542	\$11,716	\$12,457

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

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

	FY04				FY05 FYTD	FY06				FY07			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital													
Avg. Patient Days	33	31	30	31		31	31	32	31	31	29	31	32
LBB Cost/Bed Day	\$329	\$323	\$316	\$312		\$302	\$361	\$340	\$332	\$350	\$361	\$354	\$443
Average Cost	\$10,801	\$10,116	\$9,341	\$9,606	\$0	\$9,303	\$11,104	\$10,786	\$10,315	\$10,843	\$10,578	\$10,935	\$14,302
Waco Center for Youth*													
Avg. Patient Days	59	64	60	60		61	59	67	57	62	61	59	56
LBB Cost/Bed Day	\$168	\$227	\$242	\$252		\$292	\$304	\$302	\$339	\$306	\$363	\$333	\$426
Average Cost	\$9,887	\$14,617	\$14,527	\$15,102	\$0	\$17,836	\$18,015	\$20,391	\$19,440	\$18,892	\$22,093	\$19,484	\$24,066
Rio Grande State Center (MH)													
Avg. Patient Days	12	13	11	13		13	14	16	15	15	14	16	12
LBB Cost/Bed Day	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$448	\$402	\$412	\$519	\$373
Average Cost	\$5,549	\$5,639	\$4,615	\$5,325	\$0	\$8,145	\$12,658	\$10,828	\$6,704	\$5,946	\$5,682	\$8,231	\$4,533
All State Hospitals													
Avg. Patient Days	33	33	31	32	33	34	34	34	32	34	35	34	34
LBB Cost/Bed Day	\$340	\$334	\$327	\$322	\$325	\$319	\$385	\$359	\$356	\$362	\$381	\$383	\$440
Average Cost	\$11,186	\$11,169	\$10,078	\$10,240	\$10,840	\$10,813	\$13,094	\$12,185	\$11,554	\$12,197	\$13,384	\$12,961	\$14,820

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

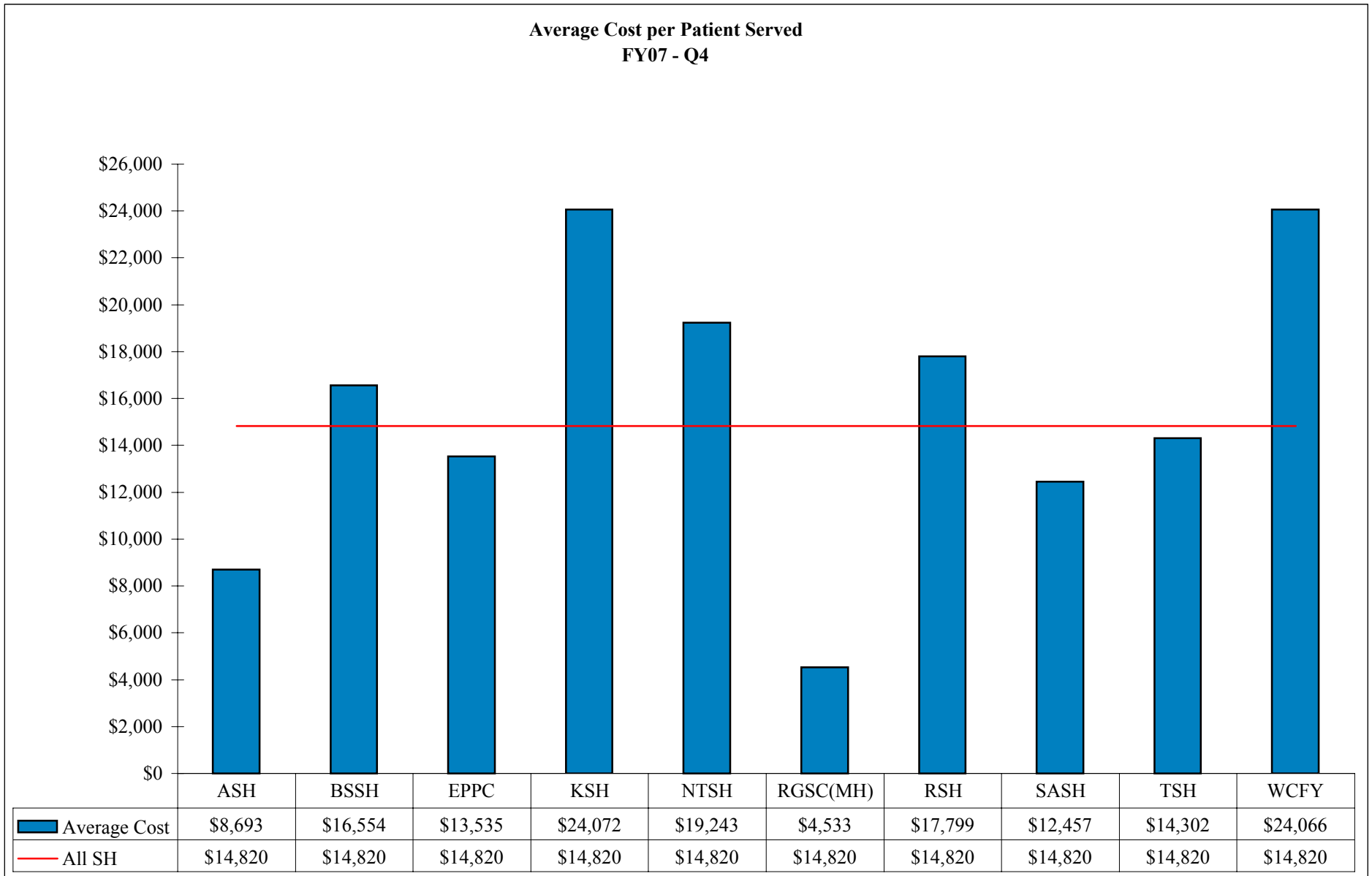
Q1 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department

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

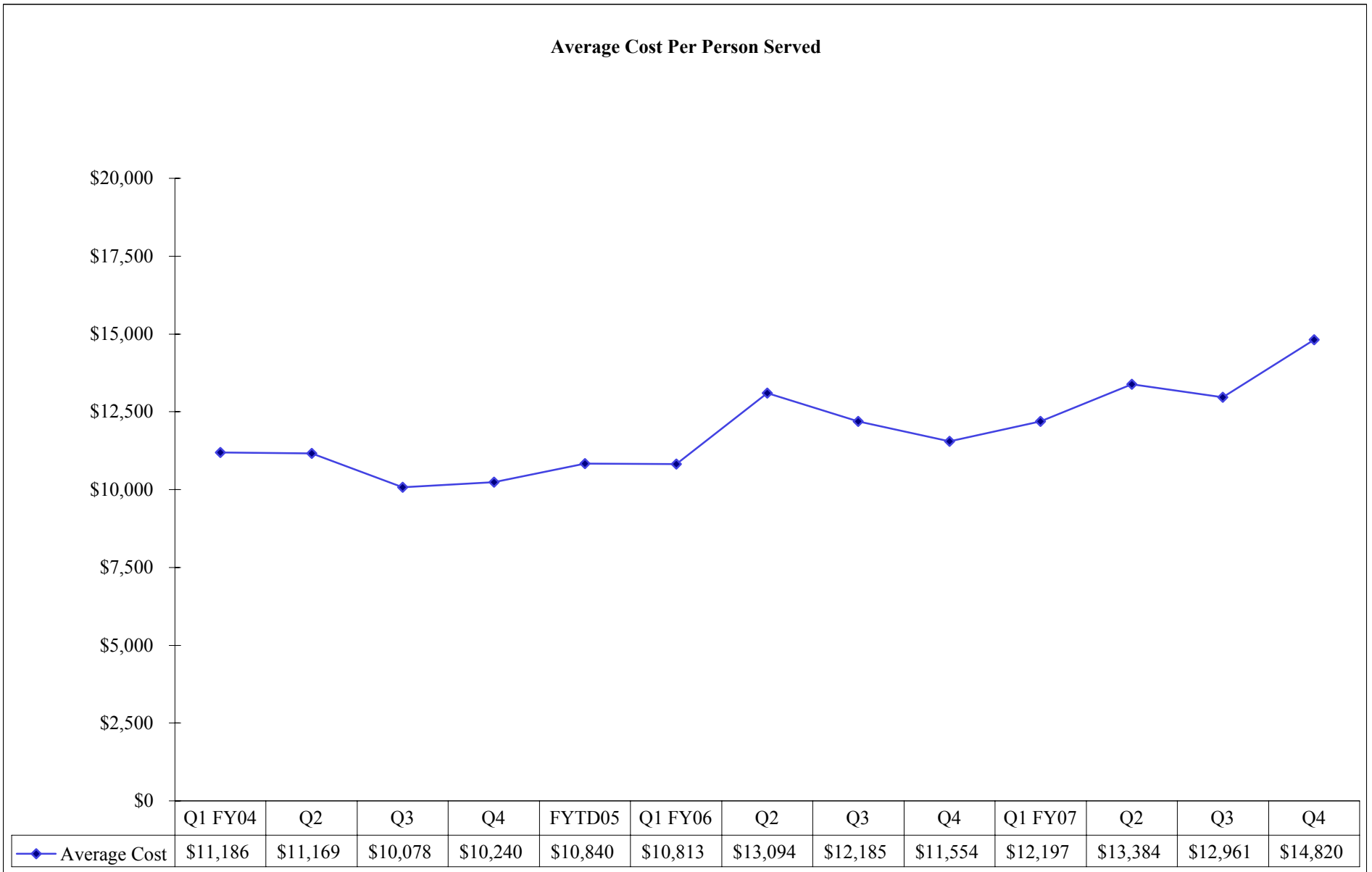
Starting with FY03 Q2 - RGSC (MH) is included in All SMHF Average Cost.

LBB Cost - total facility expense minus benefits and depreciation

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



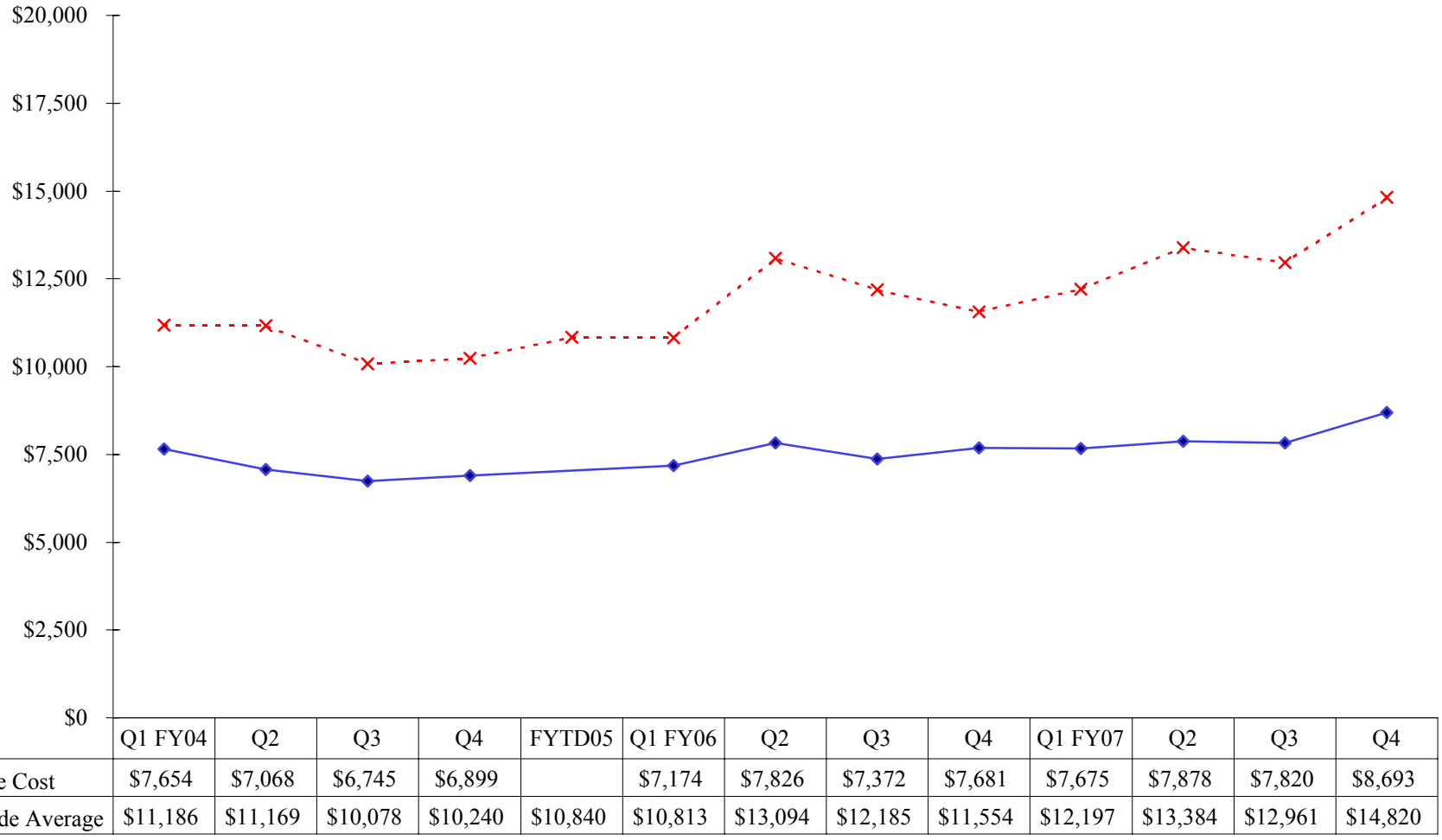
**Measure 1A - Average Cost Per Patient Served
All State Hospitals**



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

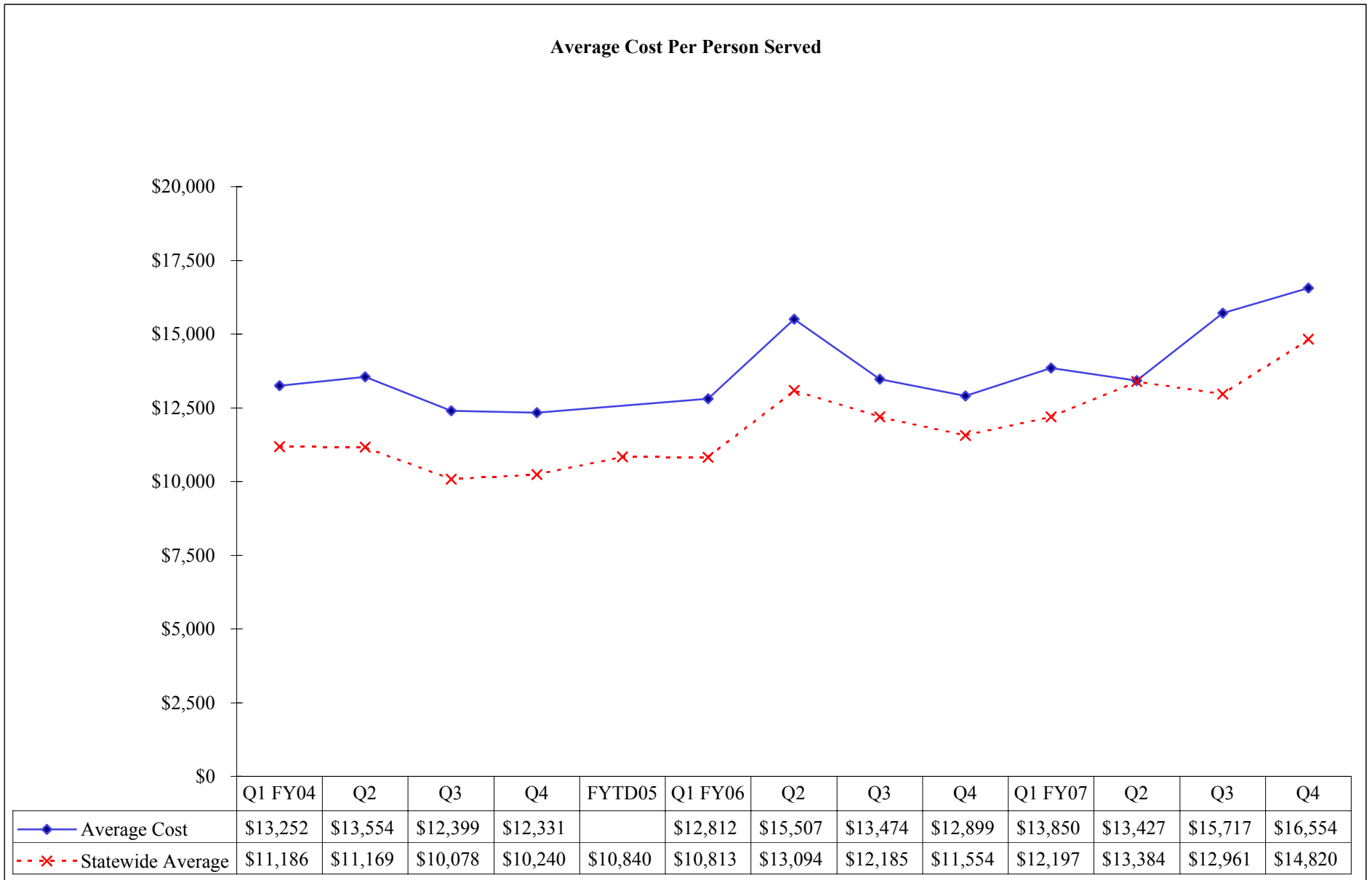
**Measure 1A - Average Cost Per Patient Served
Austin State Hospital**

Average Cost Per Person Served

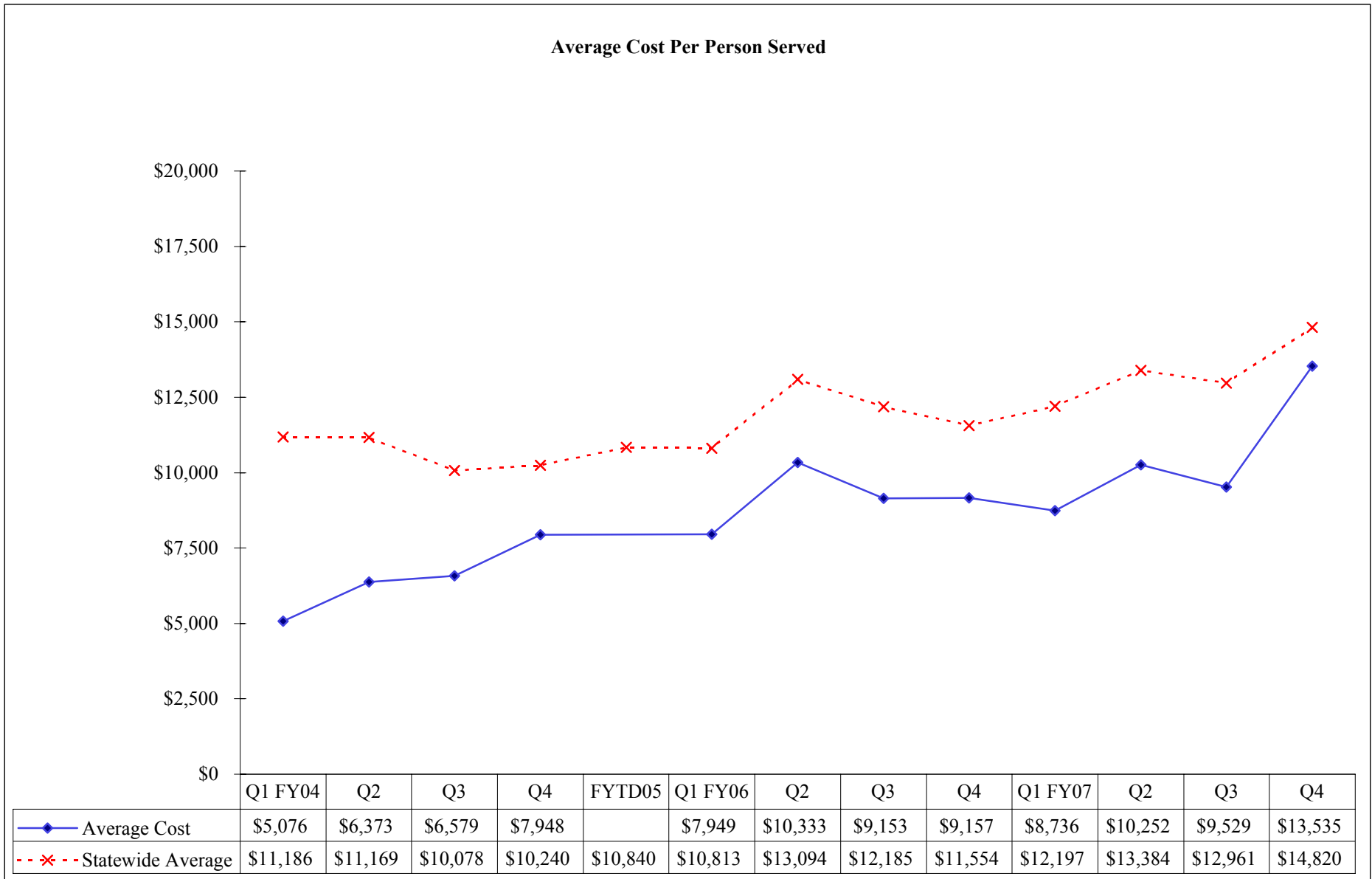


Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

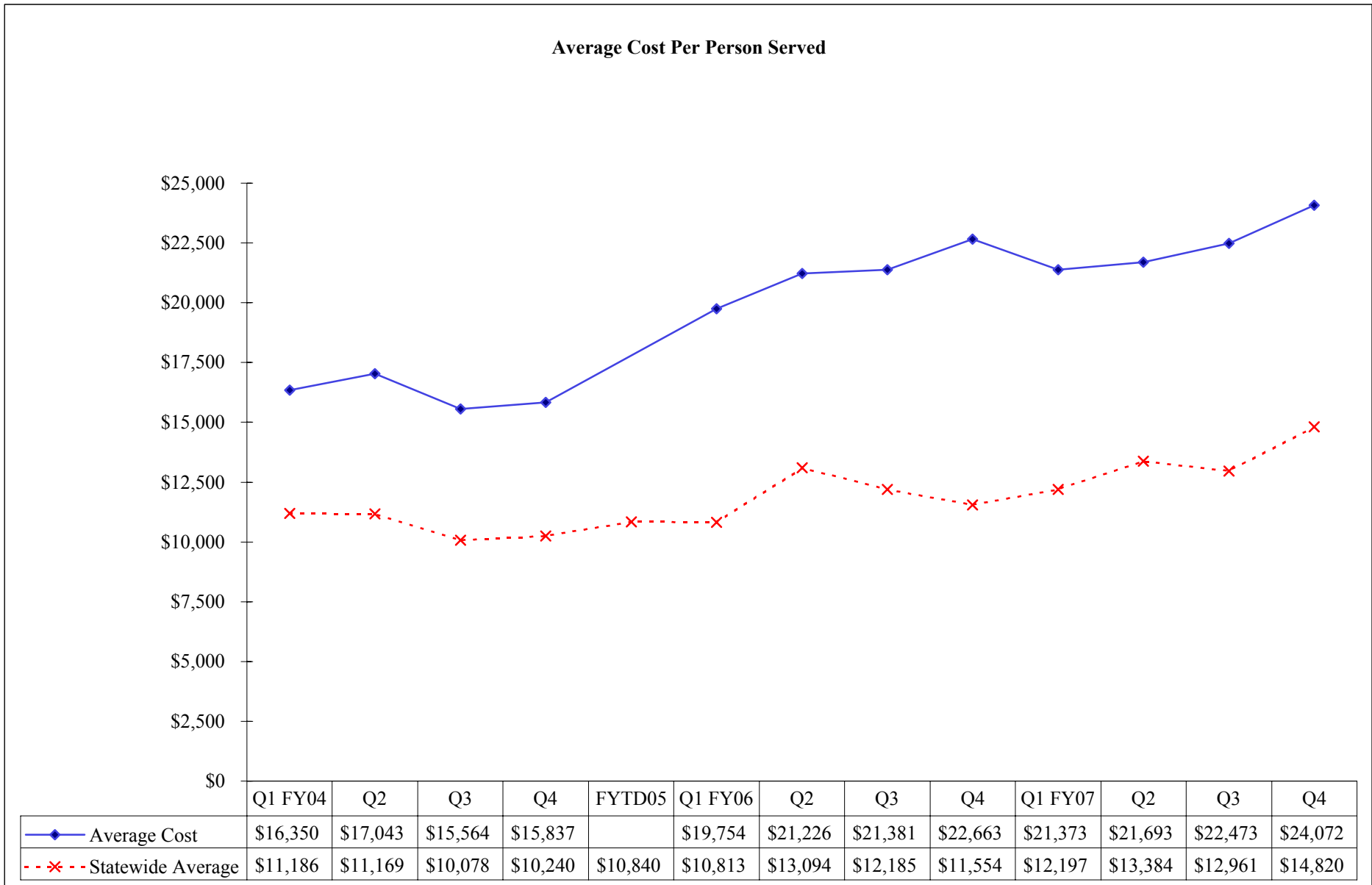
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



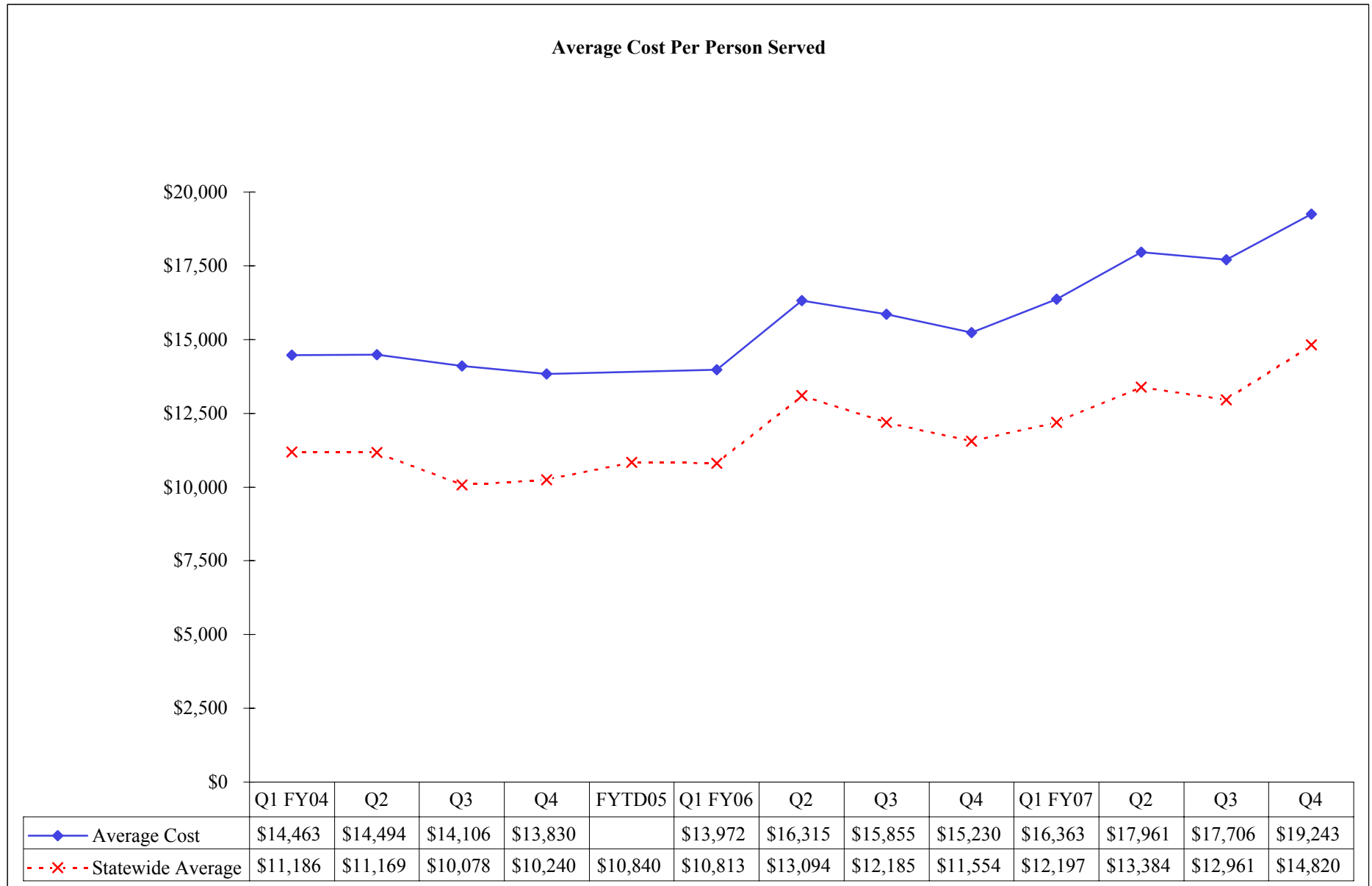
Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center



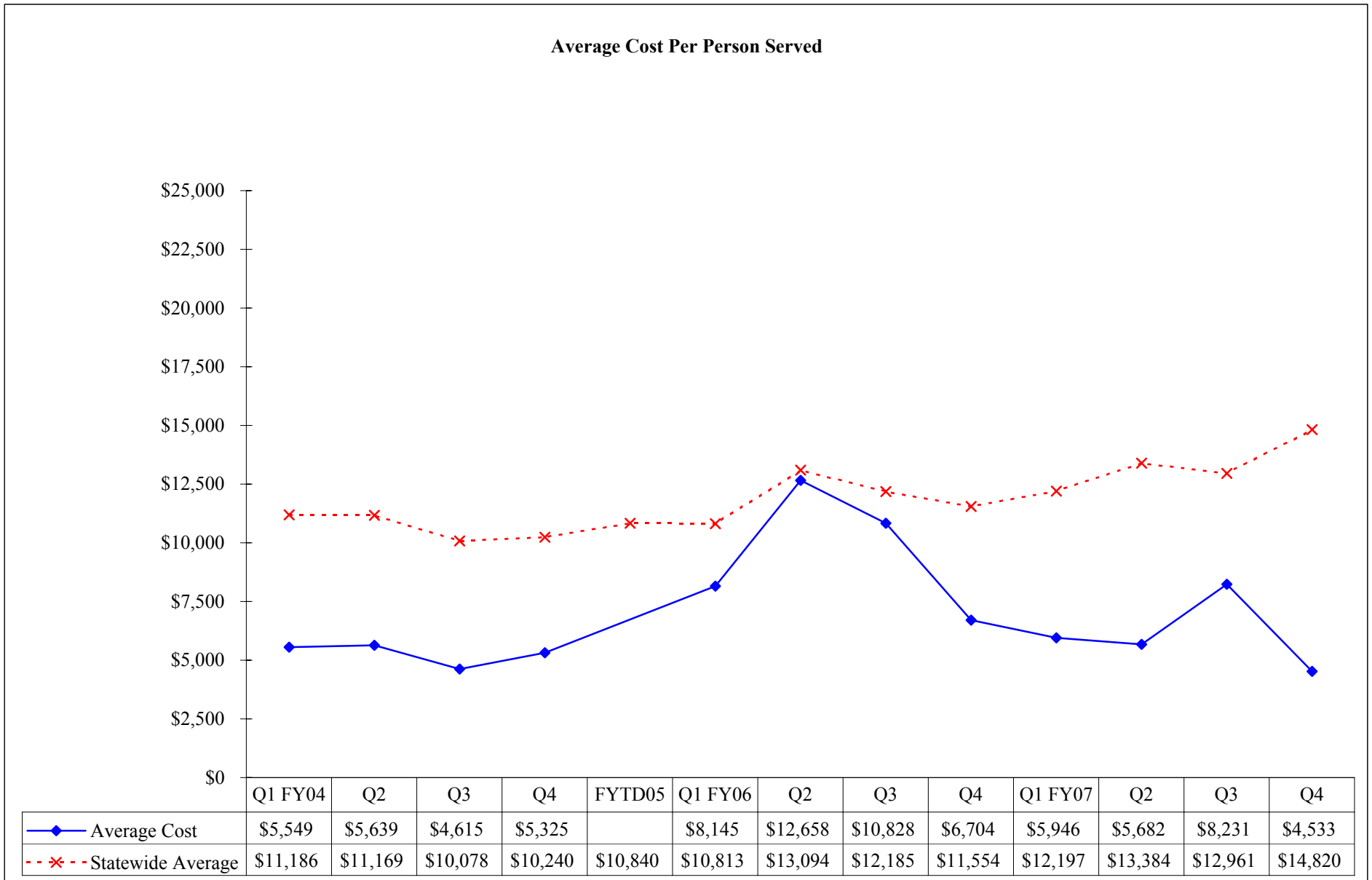
Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital



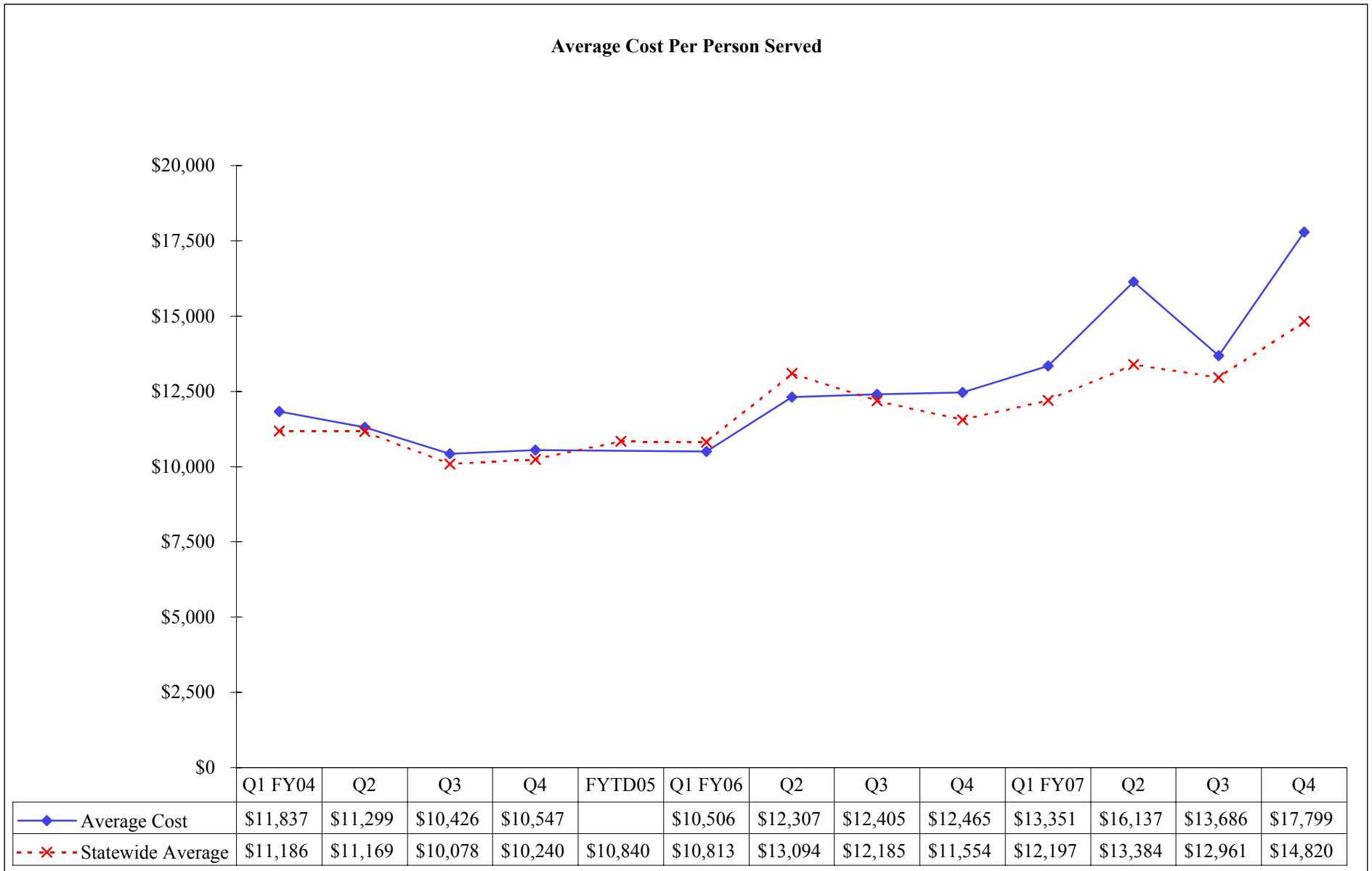
Measure 1A - Average Cost Per Patient Served
North Texas State Hospital



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



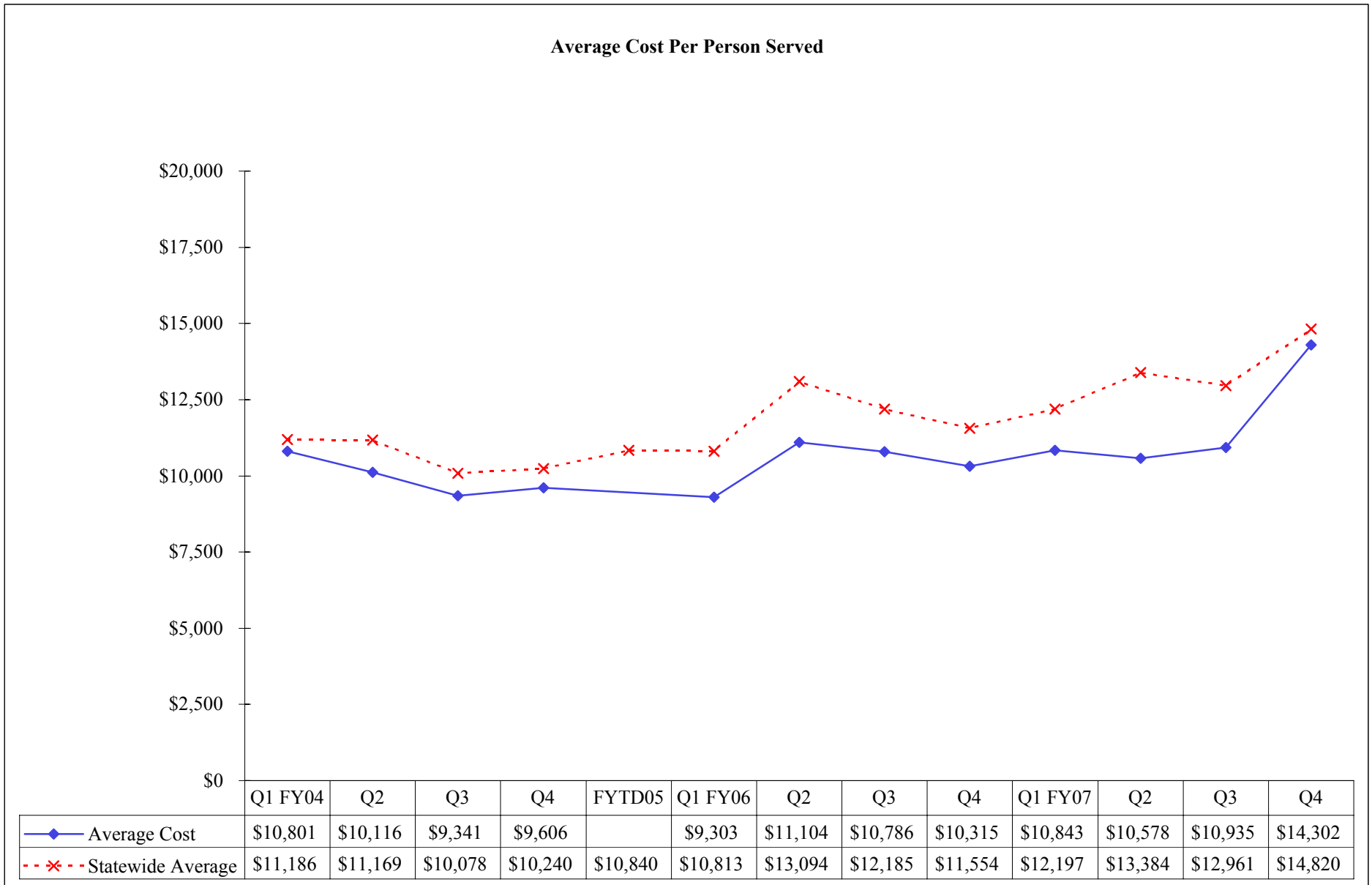
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



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



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



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



**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.

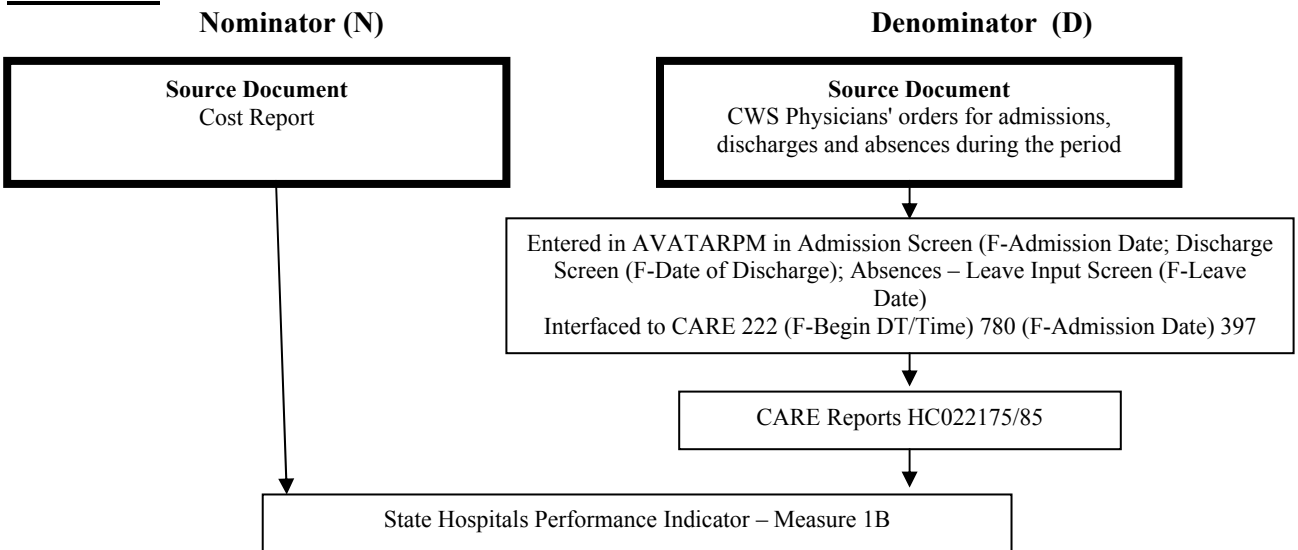
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

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

Performance Measure Data Display and Chart Description:

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

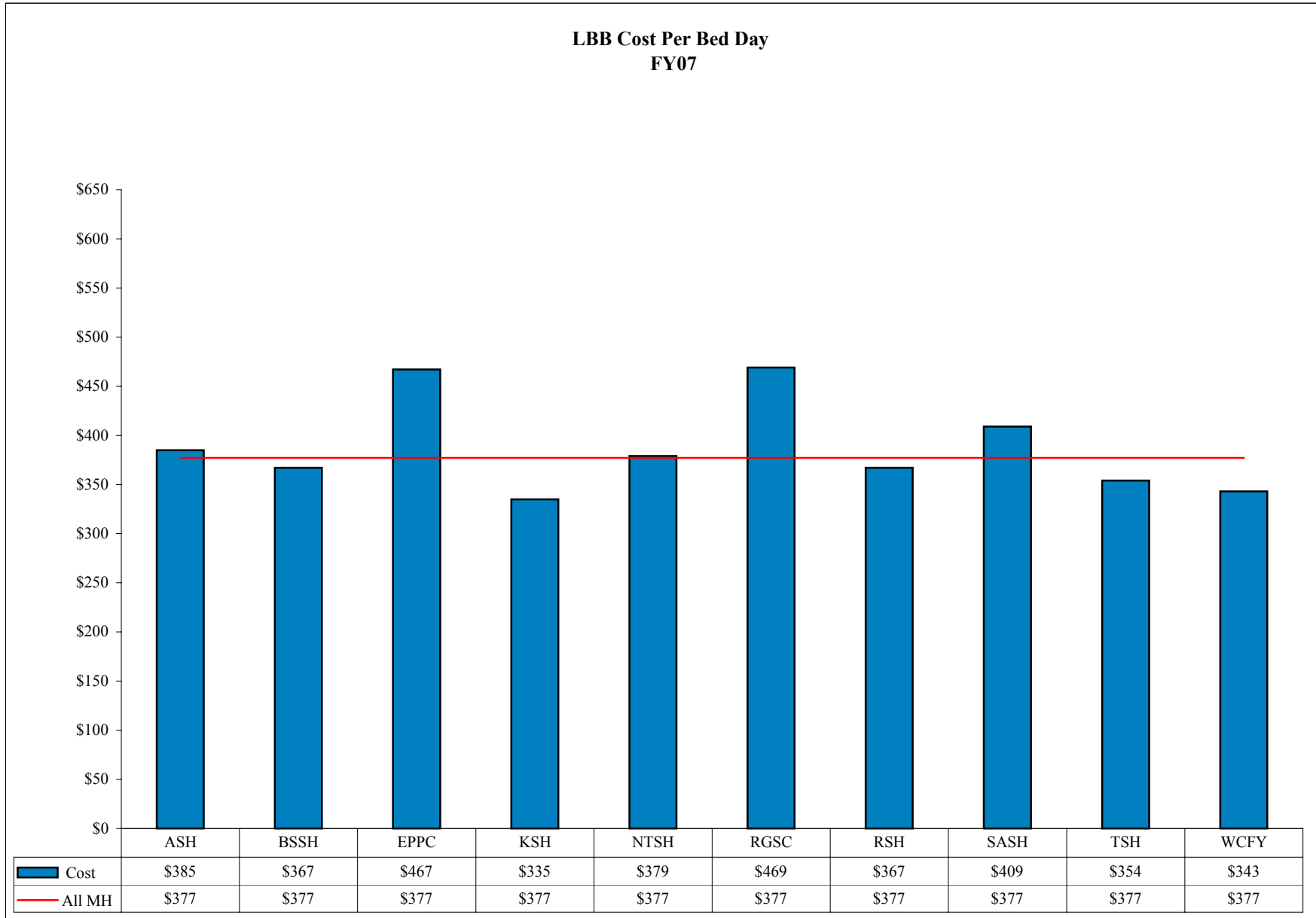
Data Flow:



Data Integrity

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

Measure 1B - Cost Per Bed Day
All State Hospitals



Measure 1B - Cost Per Bed Day

All State Hospitals

	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Austin State Hospital													
Cost Per Bed Day	\$419	\$414	\$419	\$415									
Cost Per Bed Day w/DICAP/SWICAP	\$459	\$456	\$460	\$461									
LBB Cost Per Bed Day	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$361	\$375	\$387	\$392	\$385
Big Spring State Hospital													
Cost Per Bed Day	\$522	\$492	\$467	\$451									
Cost Per Bed Day w/DICAP/SWICAP	\$575	\$547	\$520	\$512									
LBB Cost Per Bed Day	\$429	\$401	\$380	\$366		\$334	\$381	\$336	\$345	\$354	\$369	\$377	\$367
El Paso Psychiatric Center													
Cost Per Bed Day	\$533	\$515	\$499	\$509									
Cost Per Bed Day w/DICAP/SWICAP	\$538	\$519	\$503	\$521									
LBB Cost Per Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$467
Kerrville State Hospital													
Cost Per Bed Day	\$438	\$430	\$417	\$405									
Cost Per Bed Day w/DICAP/SWICAP	\$480	\$474	\$460	\$456									
LBB Cost Per Bed Day	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328	\$337	\$329	\$345	\$335
North Texas State Hospital													
Cost Per Bed Day	\$379	\$378	\$375	\$370									
Cost Per Bed Day w/DICAP/SWICAP	\$412	\$413	\$409	\$406									
LBB Cost Per Bed Day	\$307	\$305	\$302	\$298		\$303	\$356	\$331	\$331	\$349	\$388	\$382	\$379
Rusk State Hospital													
Cost Per Bed Day	\$419	\$413	\$399	\$398									
Cost Per Bed Day w/DICAP/SWICAP	\$459	\$454	\$439	\$442									
LBB Cost Per Bed Day	\$342	\$334	\$323	\$322		\$298	\$346	\$339	\$331	\$361	\$387	\$368	\$367
San Antonio State Hospital													
Cost Per Bed Day	\$453	\$441	\$419	\$411									
Cost Per Bed Day w/DICAP/SWICAP	\$496	\$486	\$463	\$458									
LBB Cost Per Bed Day	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$396	\$398	\$397	\$429	\$409
Terrell State Hospital													
Cost Per Bed Day	\$404	\$397	\$389	\$384									
Cost Per Bed Day w/DICAP/SWICAP	\$443	\$438	\$428	\$427									
LBB Cost Per Bed Day	\$329	\$323	\$316	\$312		\$302	\$361	\$340	\$333	\$350	\$361	\$354	\$354

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

Measure 1B - Cost Per Bed Day
All State Hospitals

	FY04				FY05	FY06				FY07			
	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Waco Center for Youth*													
Cost Per Bed Day	\$237	\$295	\$310	\$319									
Cost Per Bed Day w/DICAP/SWICAP	\$273	\$333	\$348	\$361									
LBB Cost Per Bed Day	\$168	\$227	\$242	\$252		\$292	\$304	\$302	\$309	\$306	\$363	\$333	\$343
Rio Grande State Center (MH)													
Cost Per Bed Day	\$556	\$530	\$525	\$524									
Cost Per Bed Day w/DICAP/SWICAP	\$621	\$596	\$596	\$600									
LBB Cost Per Bed Day	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$458	\$402	\$412	\$519	\$469
All State Hospitals													
Cost Per Bed Day	\$417	\$412	\$404	\$398									
Cost Per Bed Day w/DICAP/SWICAP	\$456	\$452	\$444	\$442									
LBB Cost Per Bed Day	\$340	\$334	\$327	\$322	\$325	\$319	\$385	\$352	\$348	\$362	\$381	\$383	\$377

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

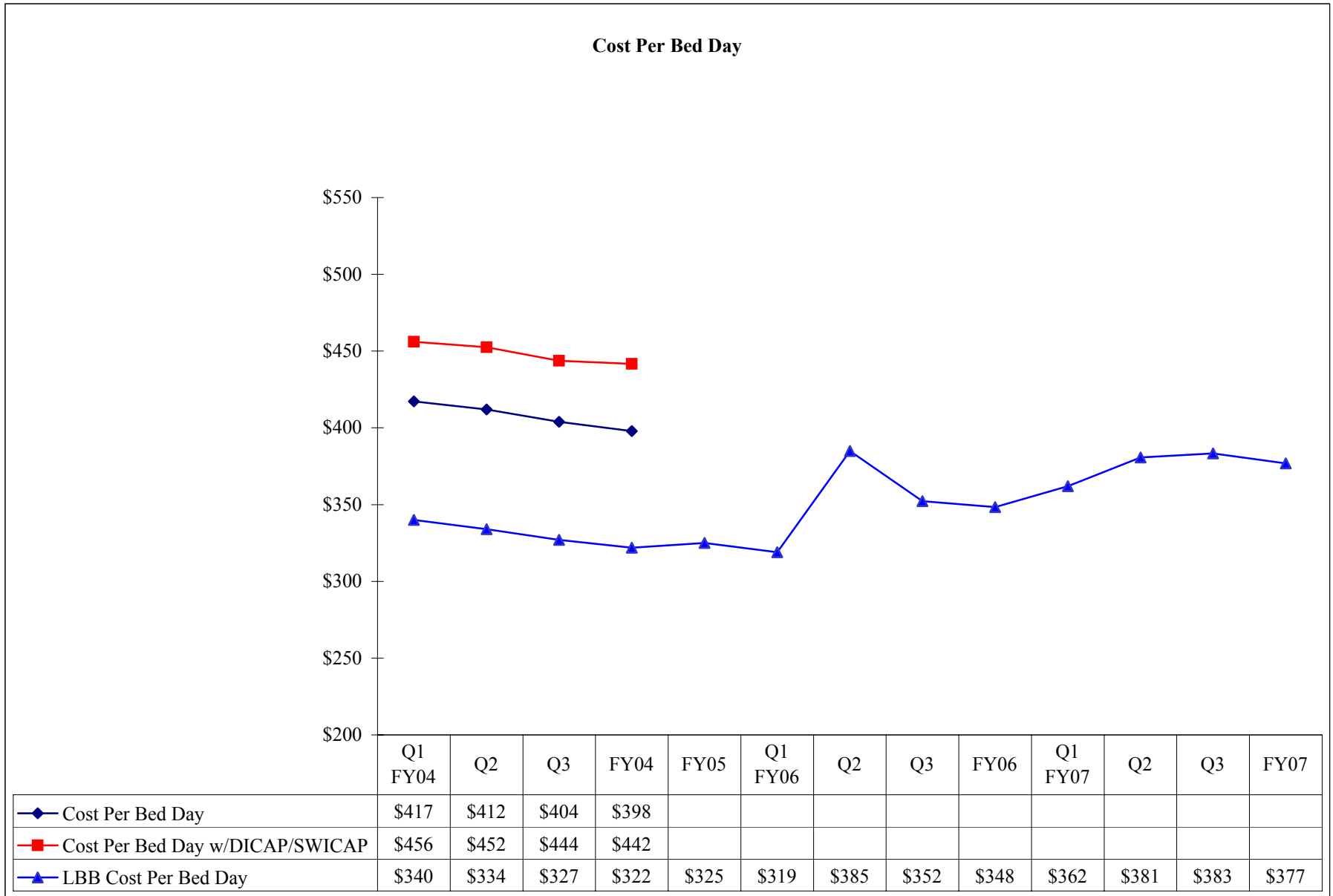
Q2 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department - HMDS still verifying numbers

Q1 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department

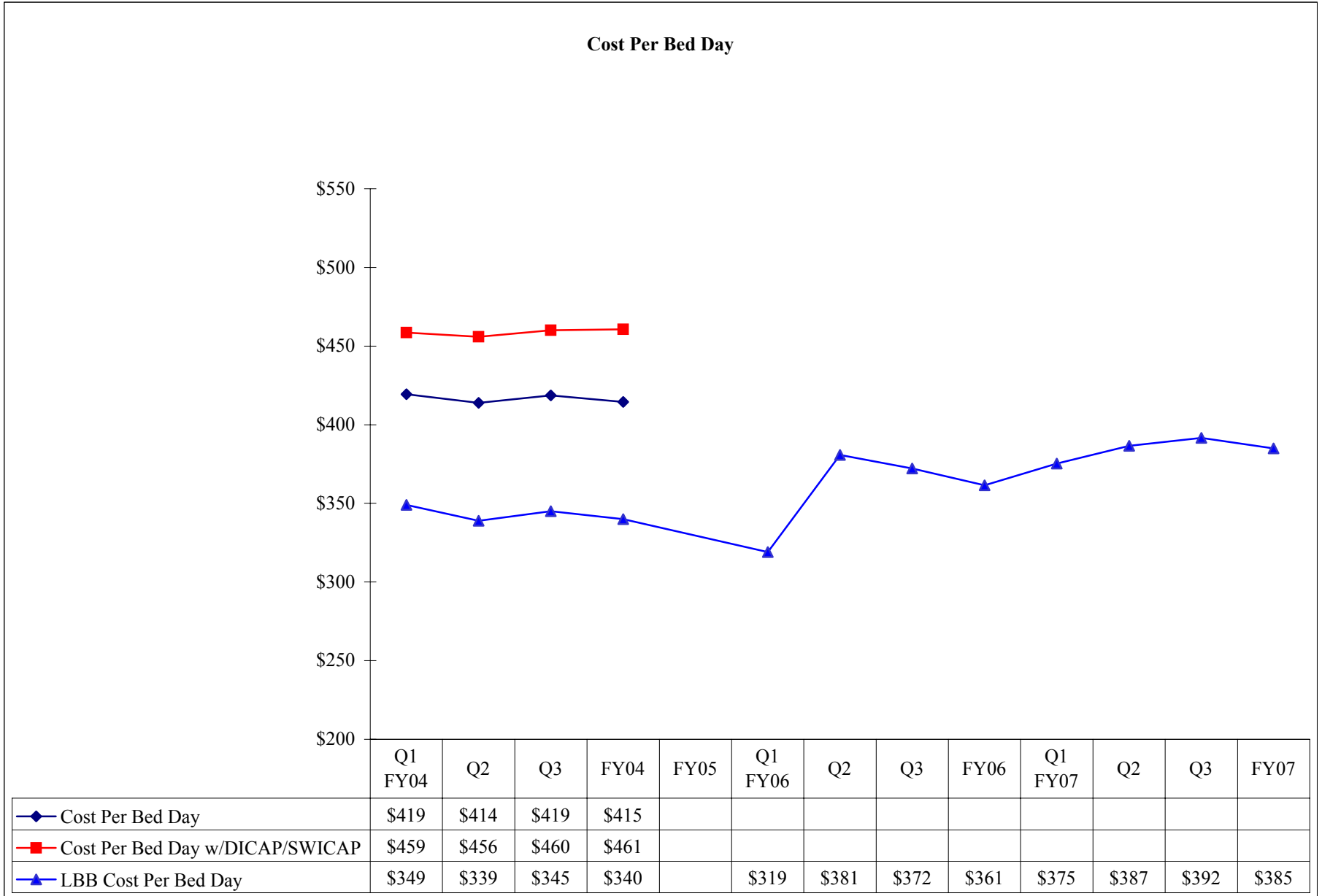
LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

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

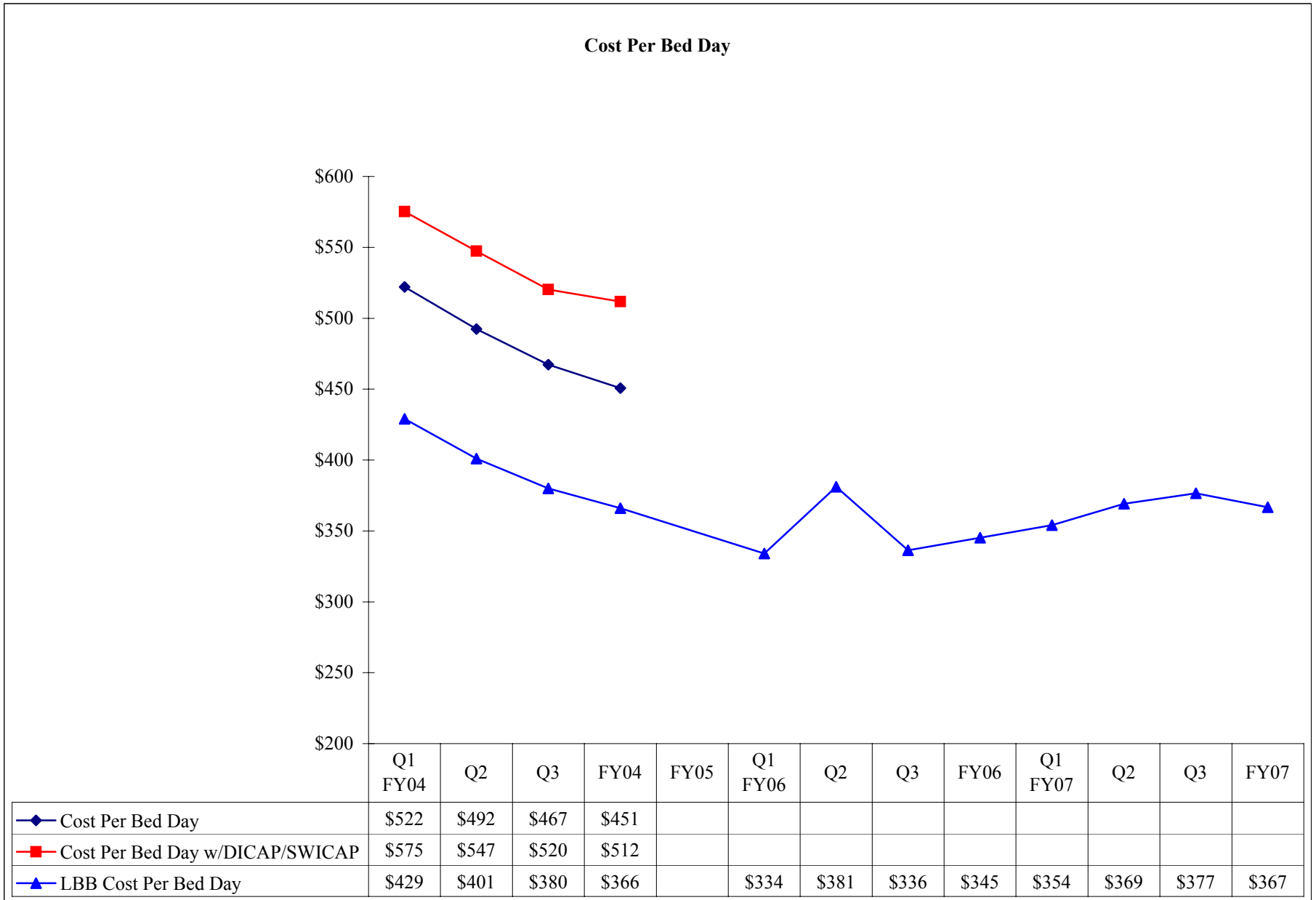
Measure 1B - Cost Per Bed Day
All State Hospitals



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

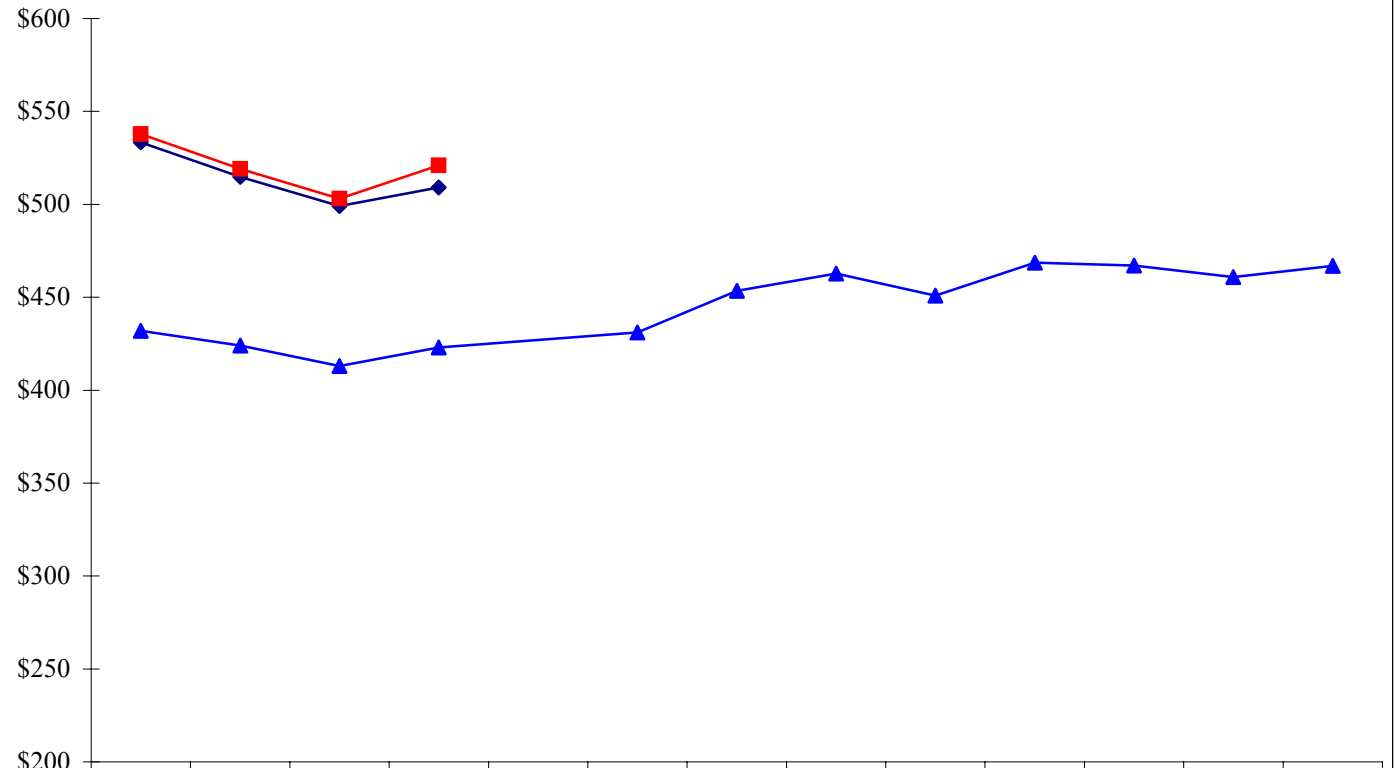


Measure 1B - Cost Per Bed Day
Big Spring State Hospital



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

Cost Per Bed Day

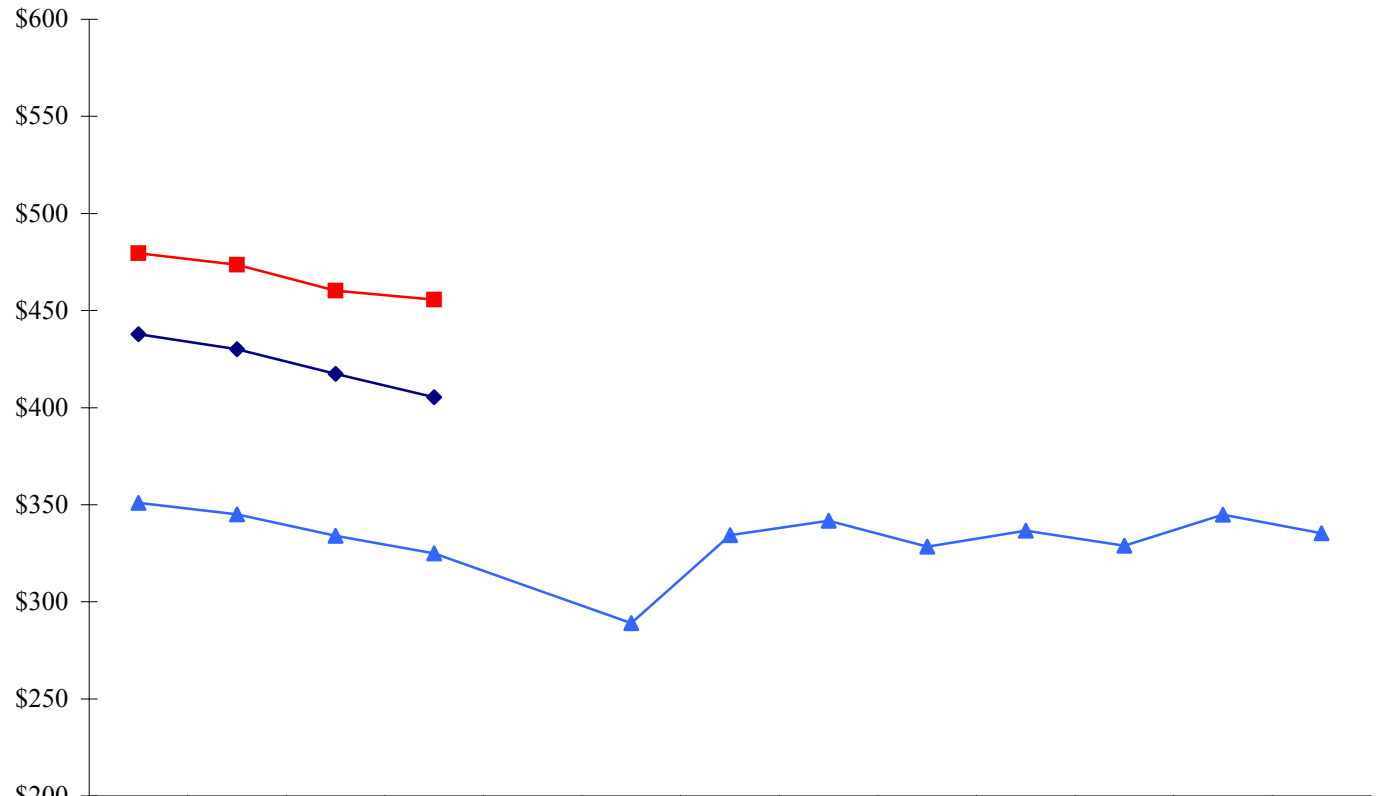


	Q1 FY04	Q2	Q3	FY04	FY05	Q1 FY06	Q2	Q3	FY06	Q1 FY07	Q2	Q3	FY07
◆ Cost Per Bed Day	\$533	\$515	\$499	\$509									
■ Cost Per Bed Day w/DICAP/SWICAP	\$538	\$519	\$503	\$521									
▲ LBB Cost Per Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$467

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

Measure 1B - Cost Per Bed Day
Kerrville State Hospital

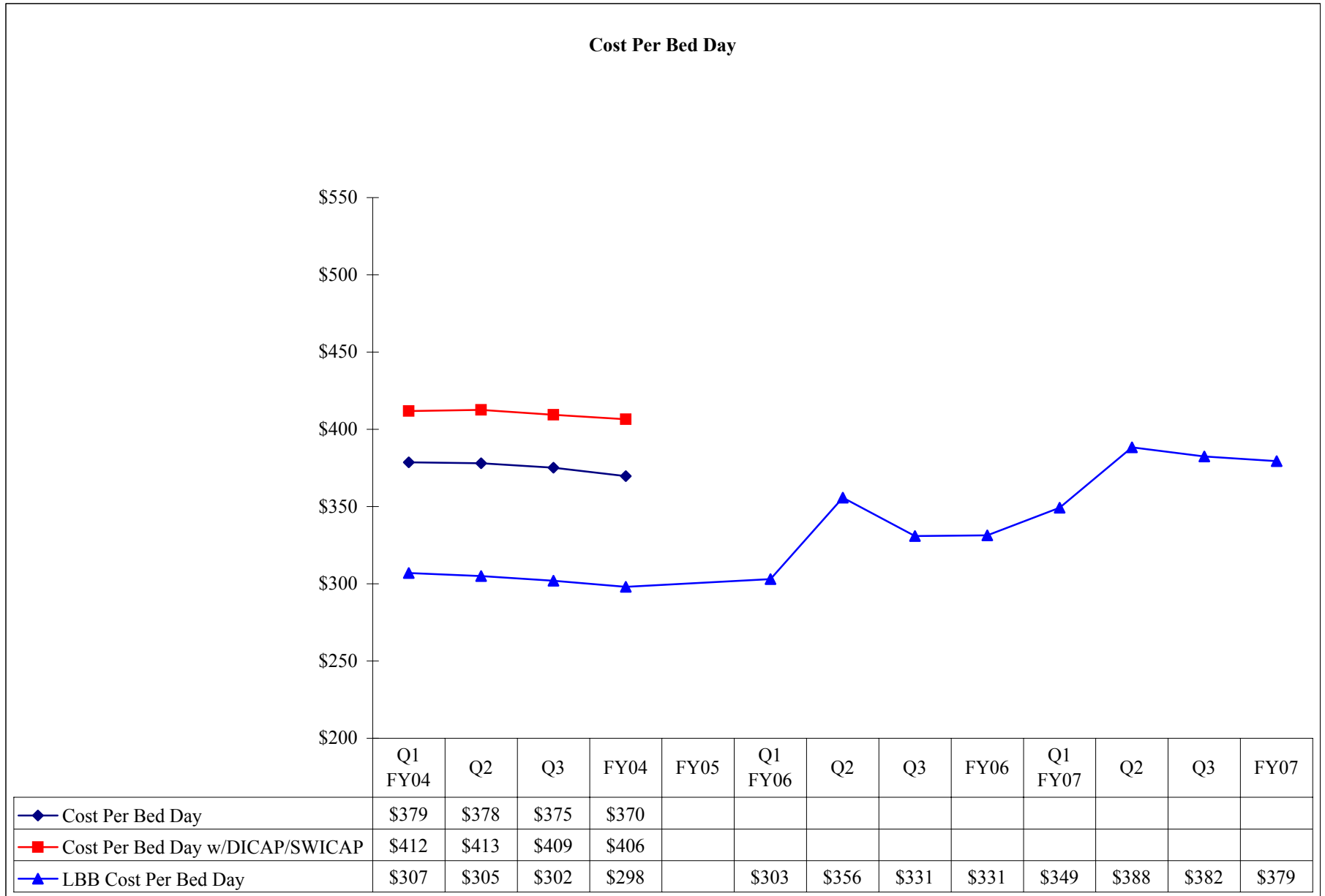
Cost Per Bed Day



◆ Cost Per Bed Day	\$438	\$430	\$417	\$405									
■ Cost Per Bed Day w/DICAP/SWICAP	\$480	\$474	\$460	\$456									
▲ LBB Cost Per Bed Day	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328	\$337	\$329	\$345	\$335

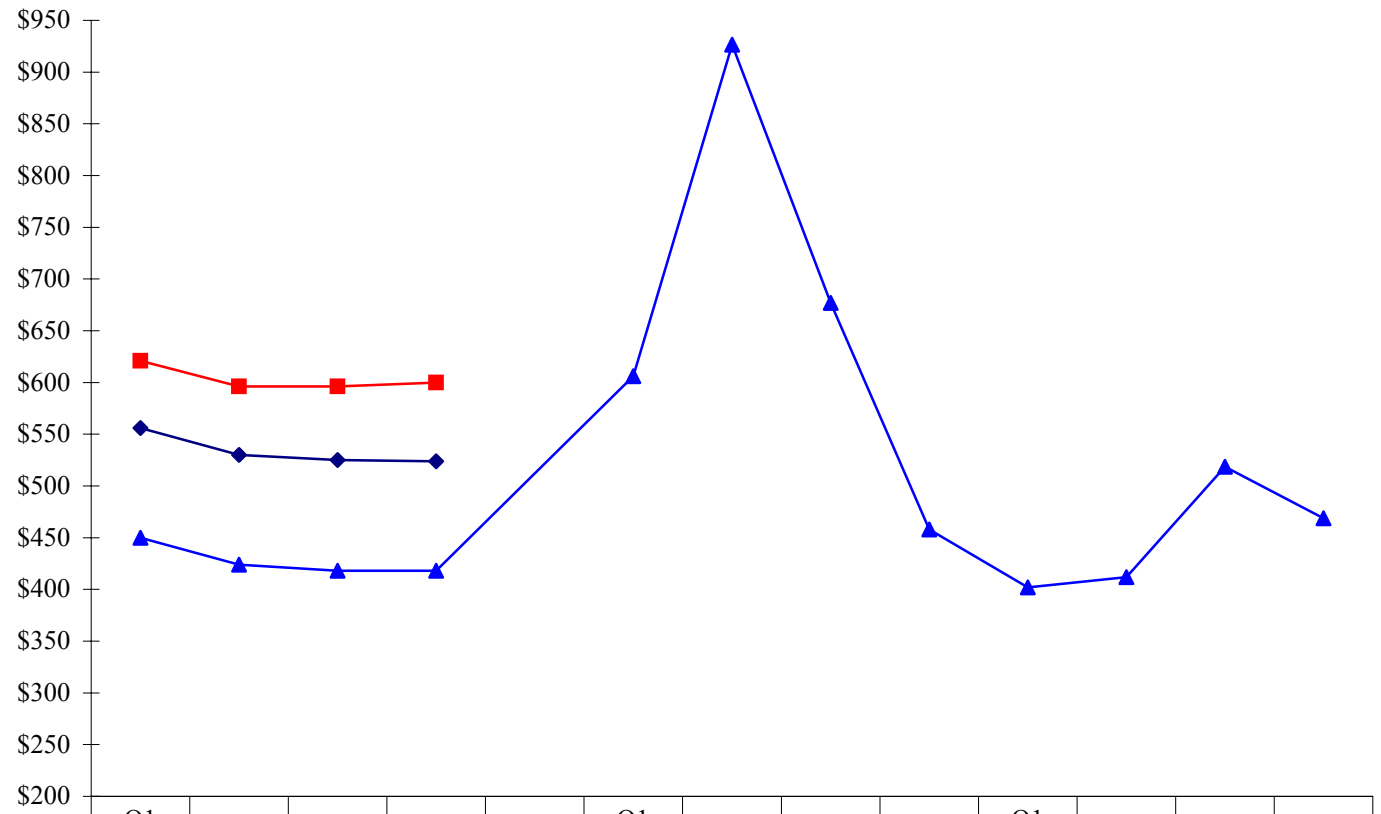
Source: Financial Statistical Report - Fiscal Services;
 FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

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



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

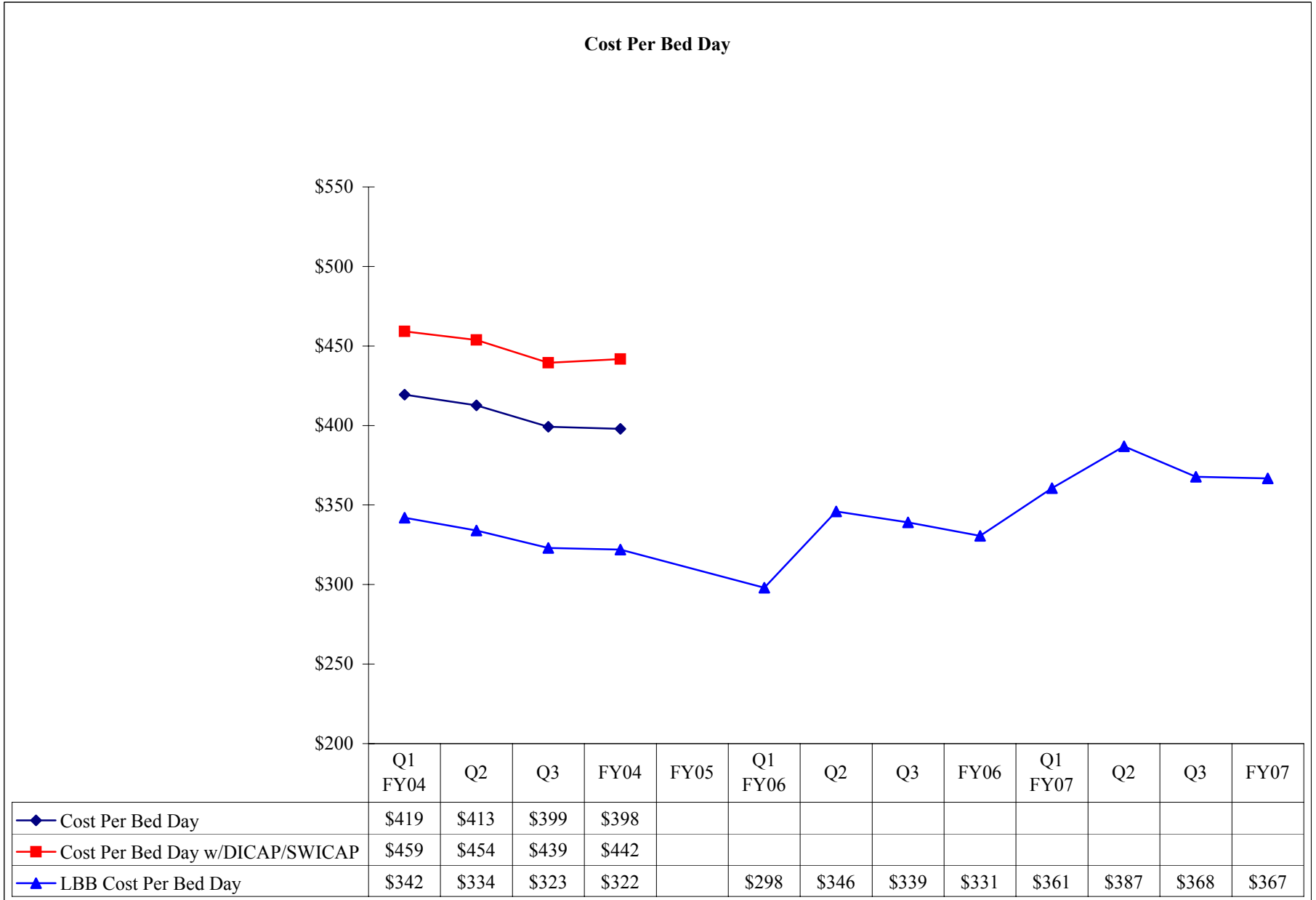
Cost Per Bed Day



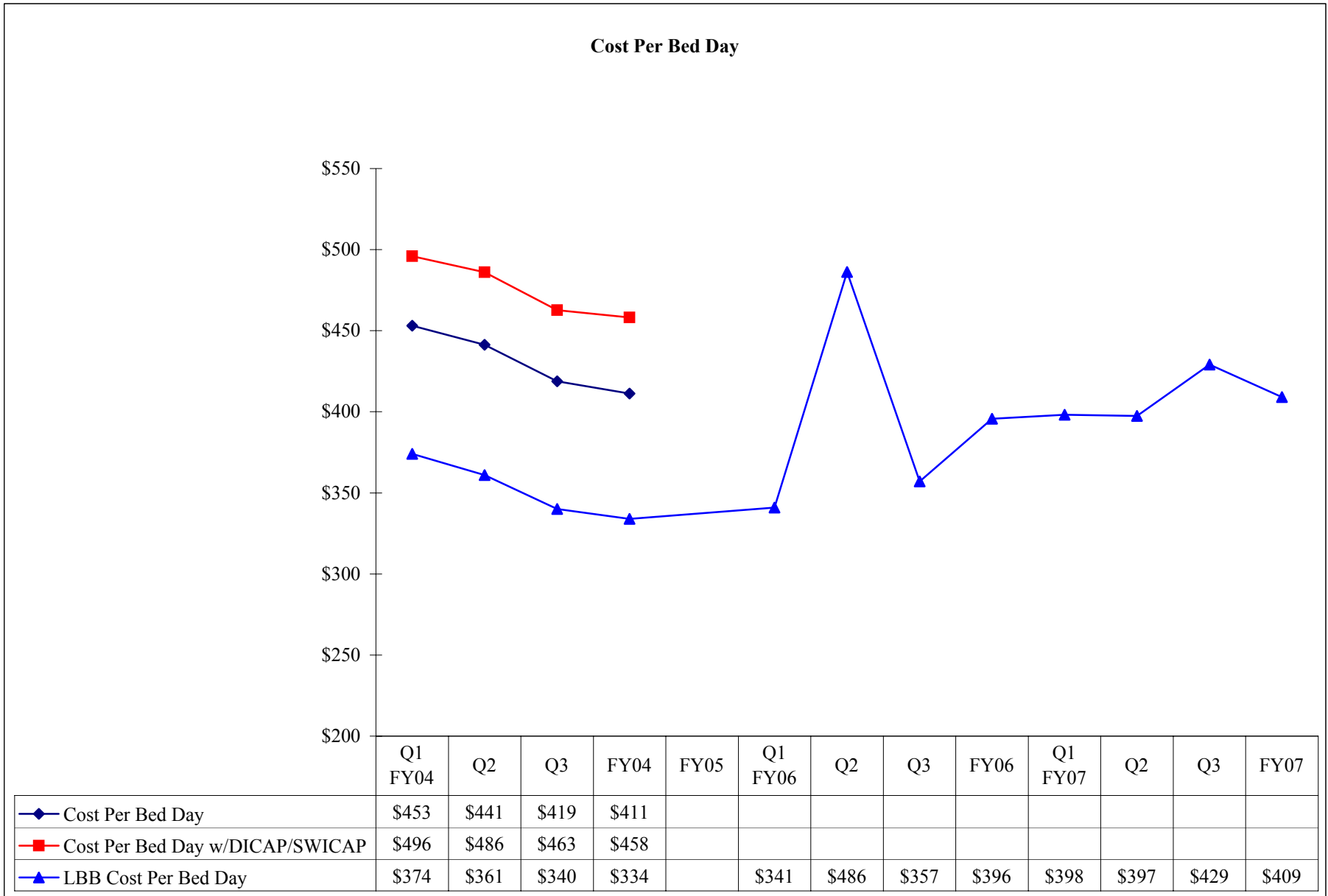
◆ Cost Per Bed Day	\$556	\$530	\$525	\$524									
■ Cost Per Bed Day w/DICAP/SWICAP	\$621	\$596	\$596	\$600									
▲ LBB Cost Per Bed Day	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$458	\$402	\$412	\$519	\$469

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

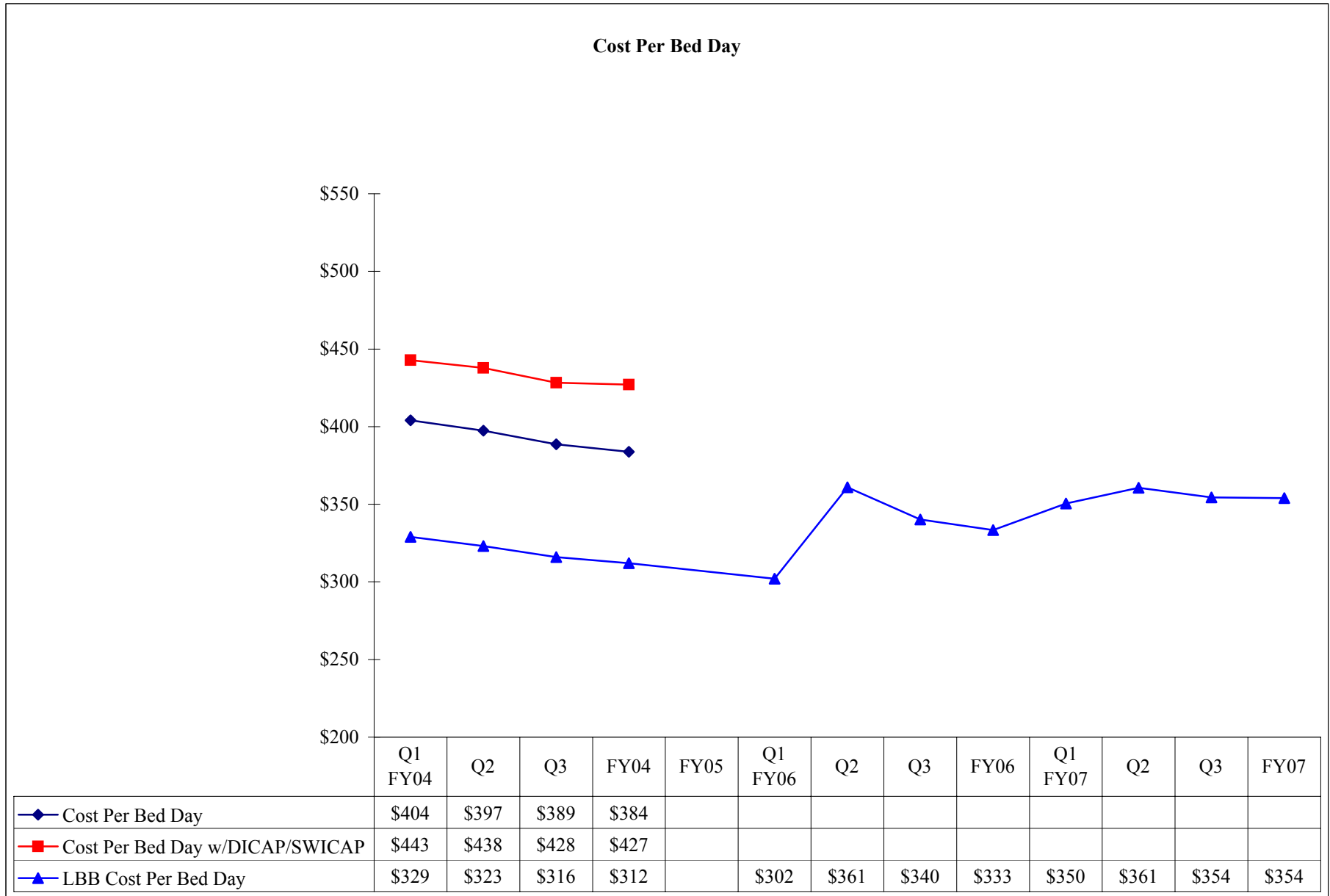
Measure 1B - Cost Per Bed Day
Rusk State Hospital



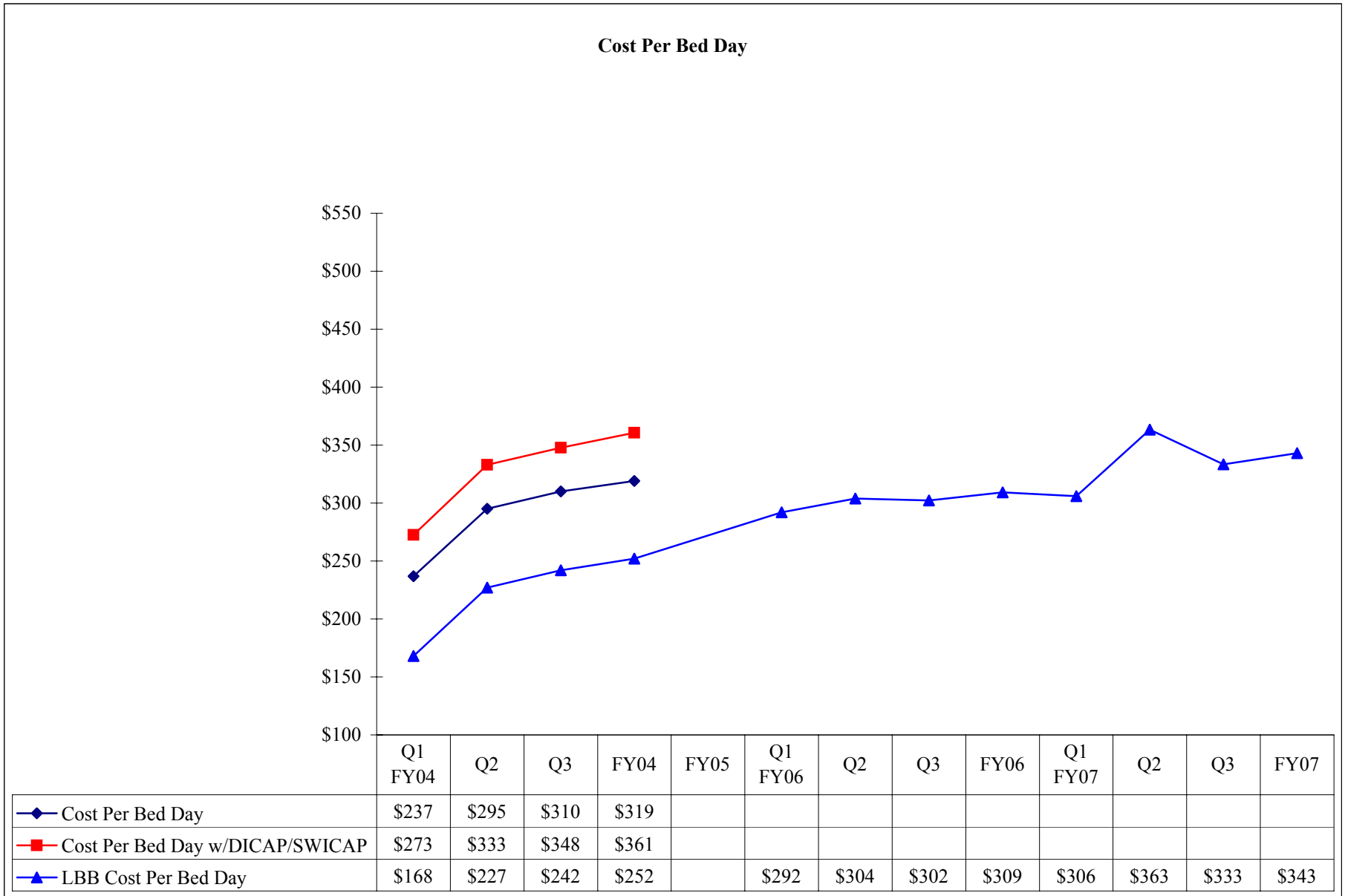
Measure 1B - Cost Per Bed Day
San Antonio State Hospital



Measure 1B - Cost Per Bed Day
Terrell State Hospital



**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

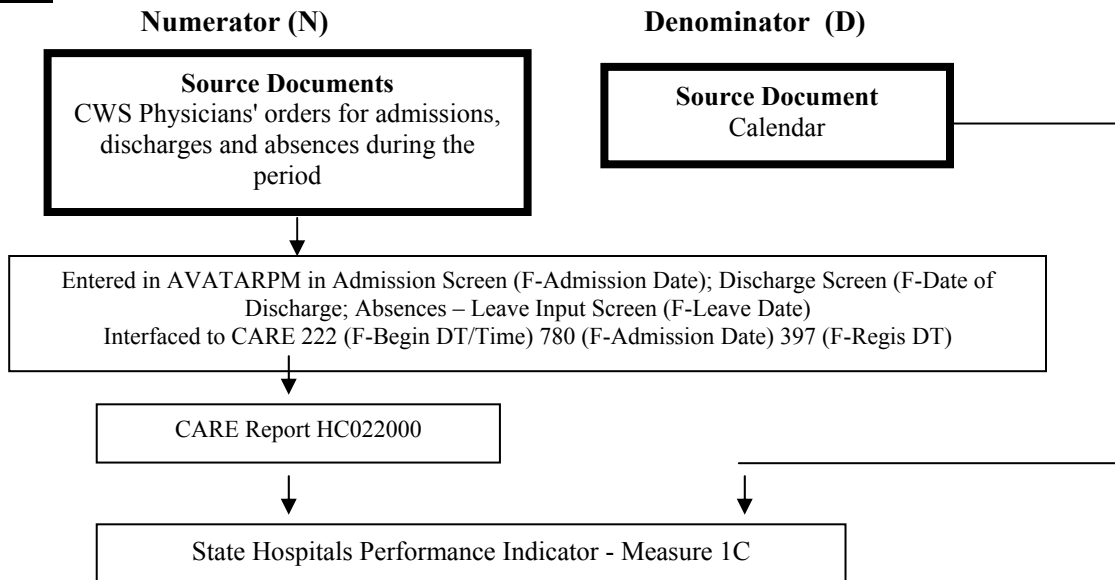
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

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

See Objective 1F for charts

Data Flow:



Data Integrity Review Process:

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

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

Performance Objective 2A:

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

Performance Objective Operational Definition: The state hospital rate of confirmed closed abuse and neglect cases as documented on the AN-1-A form per 1,000 bed days per FY.

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

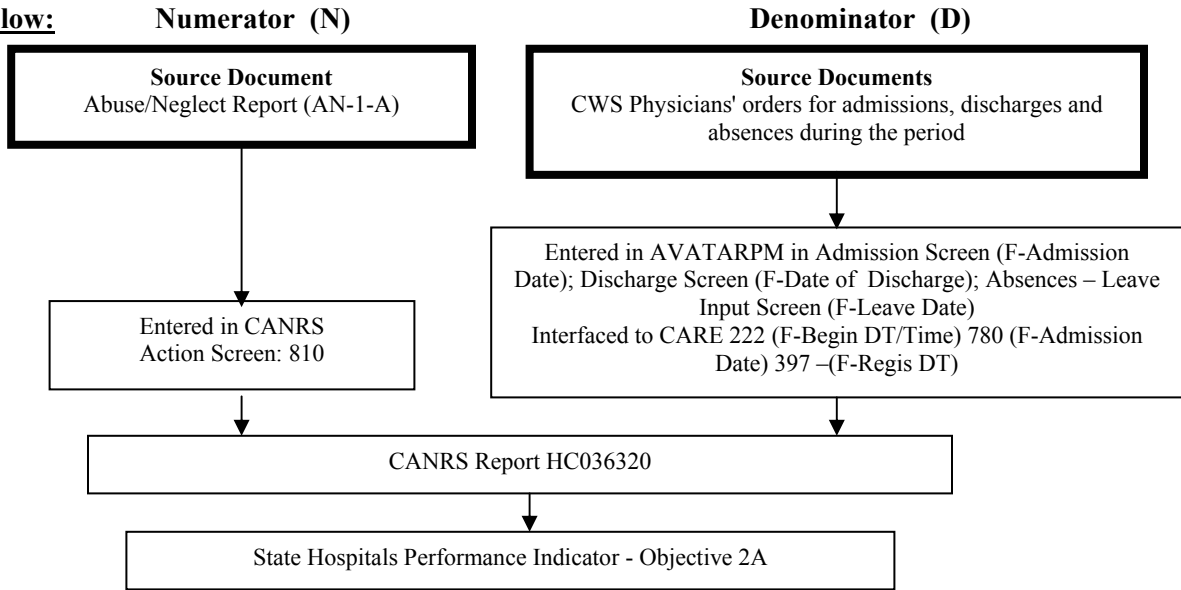
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

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 FY1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process: (Denominator only)

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

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

Facility	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07					
	Total	Total	Total	Total	Total	Total	Total	Class I	Class II	Class III	Neglect	Total	
All State Hospitals													
Total Cases	2419	2260	2387	2188	1476	1536	1617	159	682	268	216	1325	
Total Confirmed	220	211	193	175	76	117	112	7	35	33	40	115	
Total Confirmed Rate/1000 Bed Days	0.22	0.24	0.23	0.21	0.09	0.13	0.13	0.00	0.04	0.04	0.04	0.13	

GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3B:

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

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

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

R = rate of restraint and seclusion incidents per 1,000 bed days per FY quarter

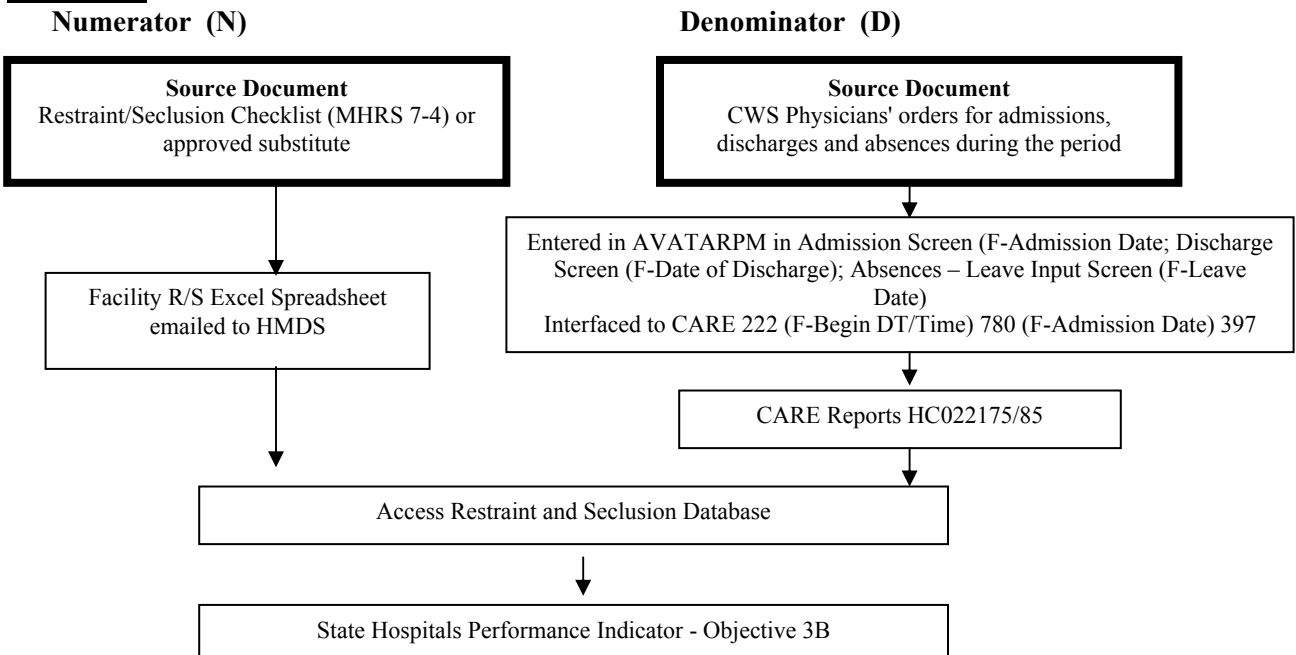
N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion

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.

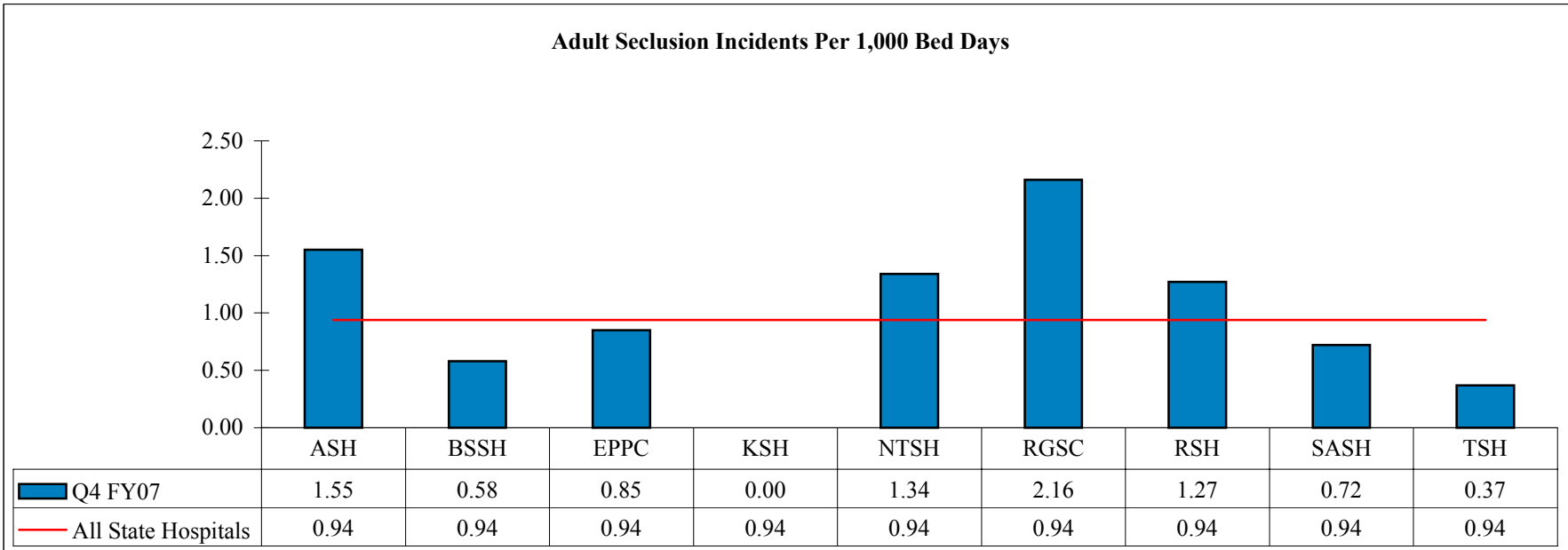
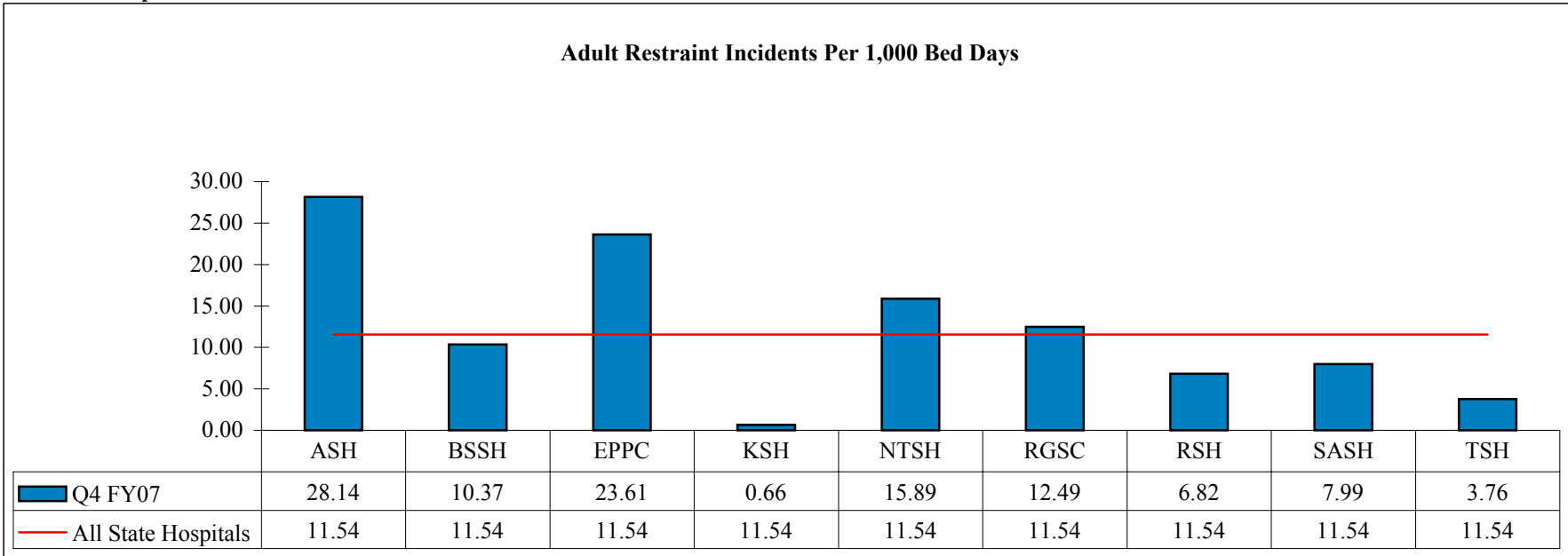
Data Flow:



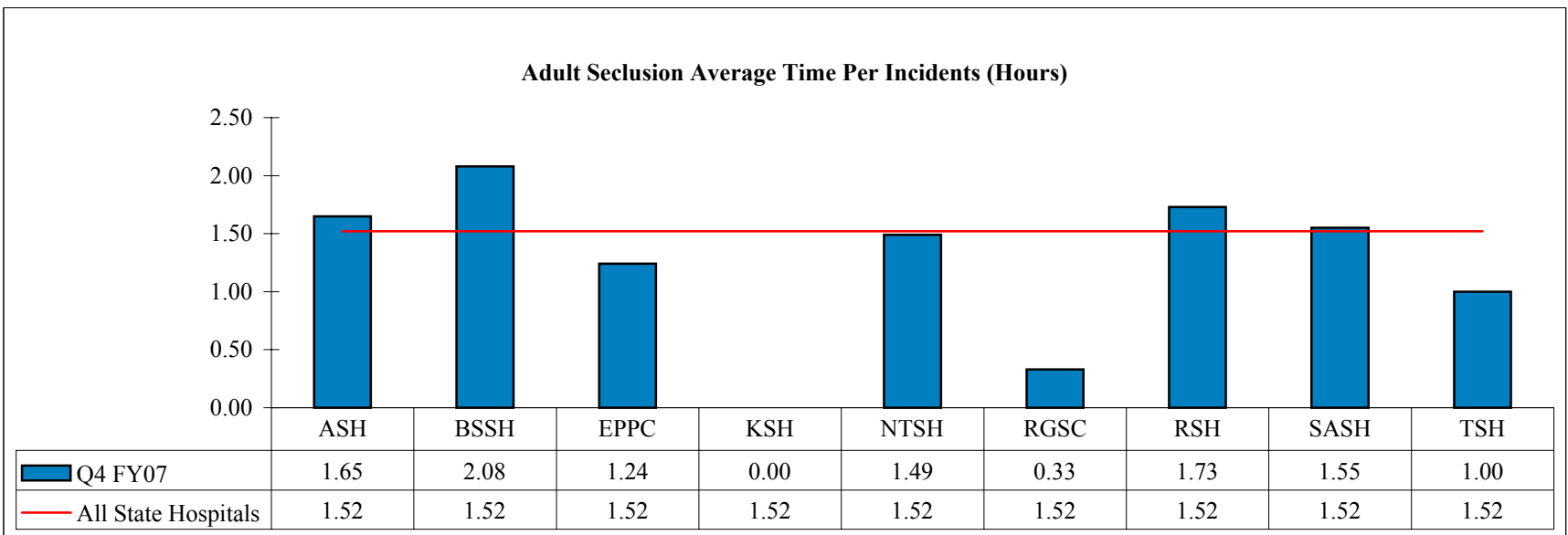
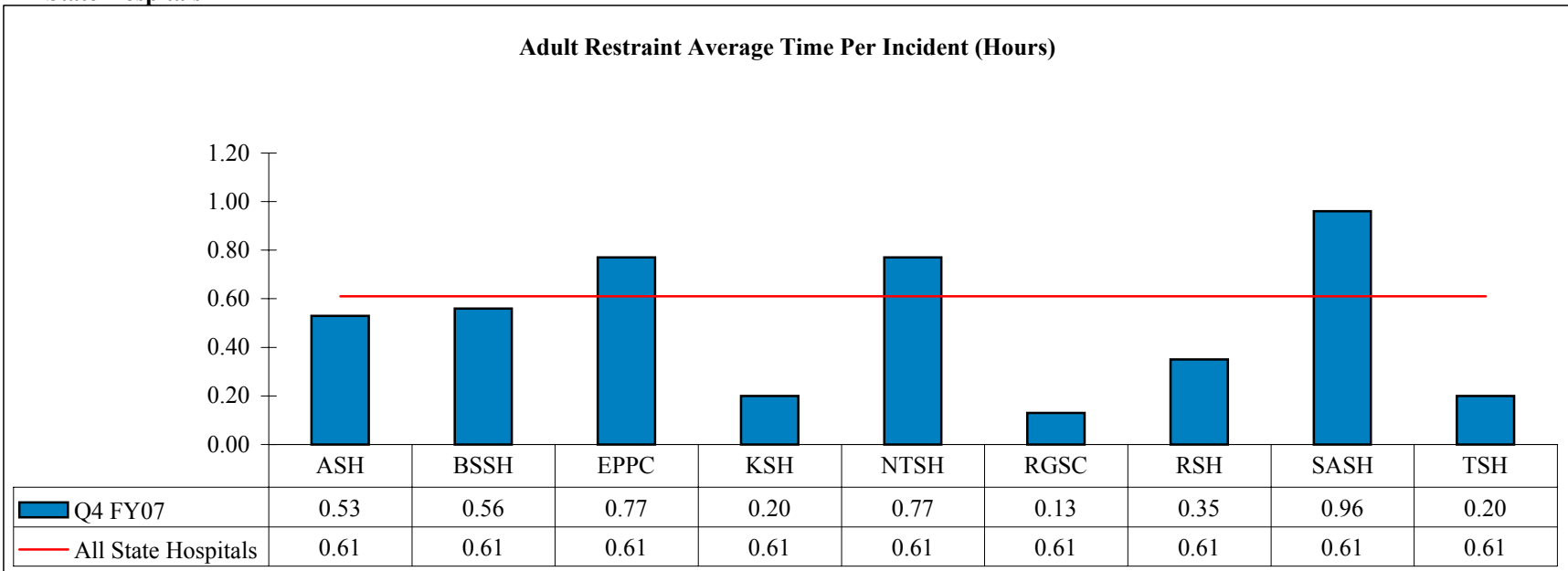
Data Integrity

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.

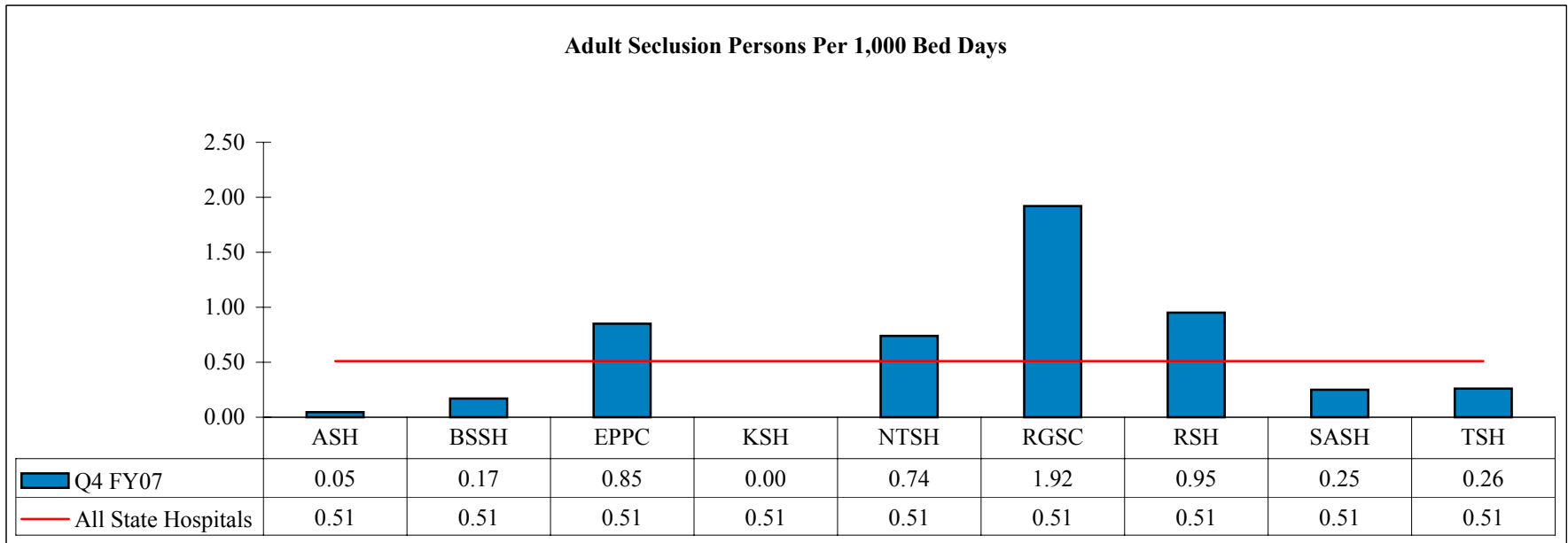
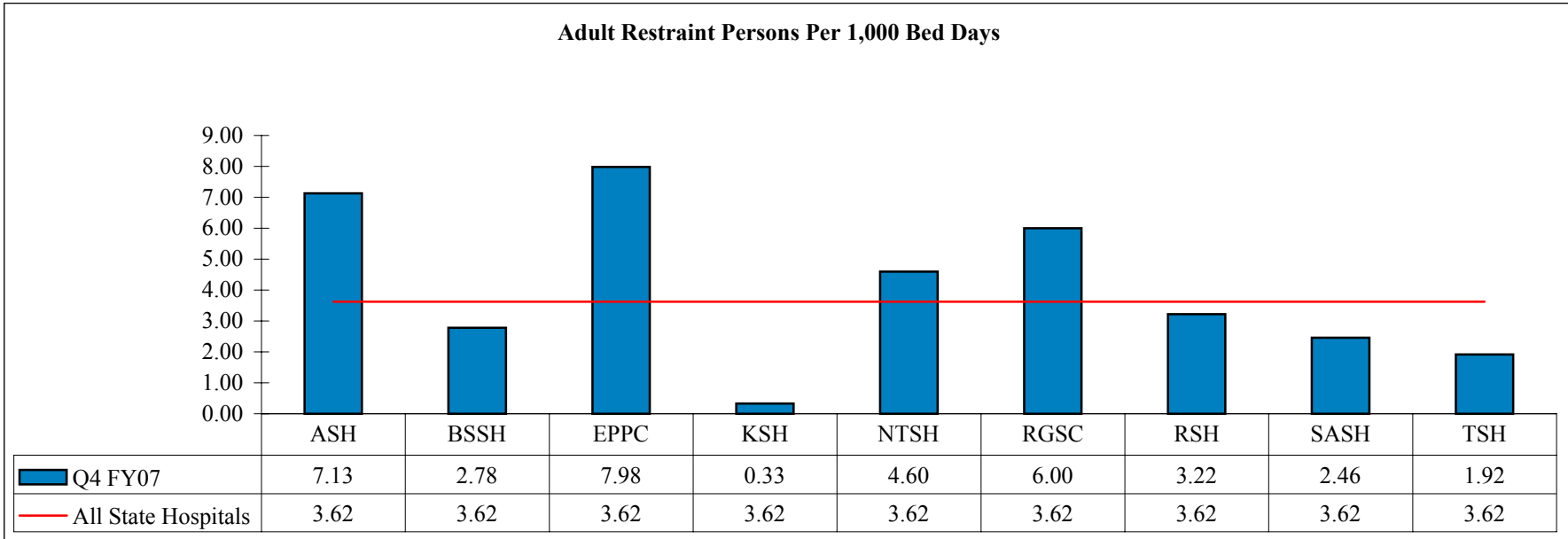
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals



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

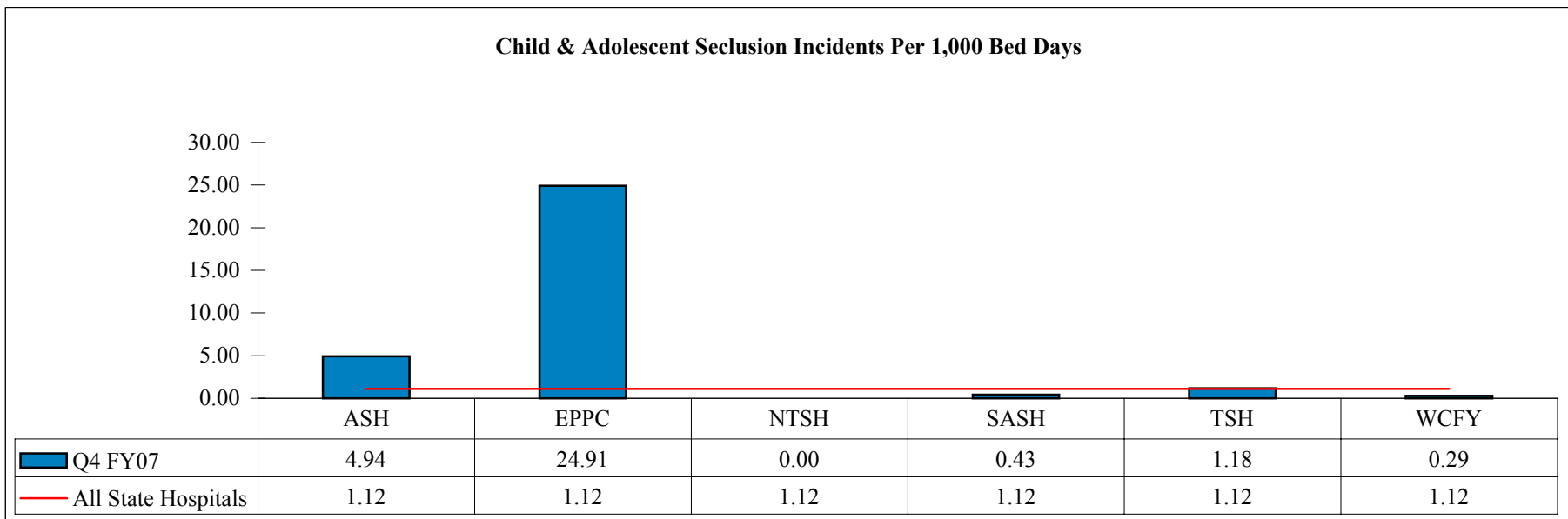
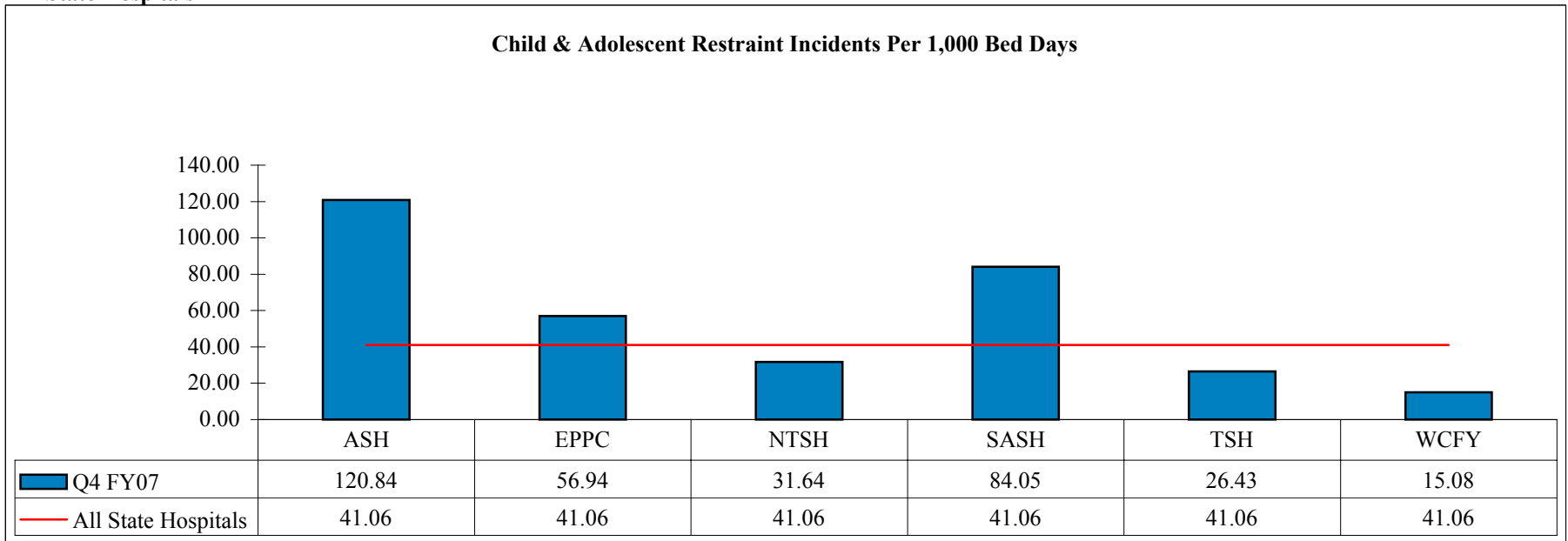


Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

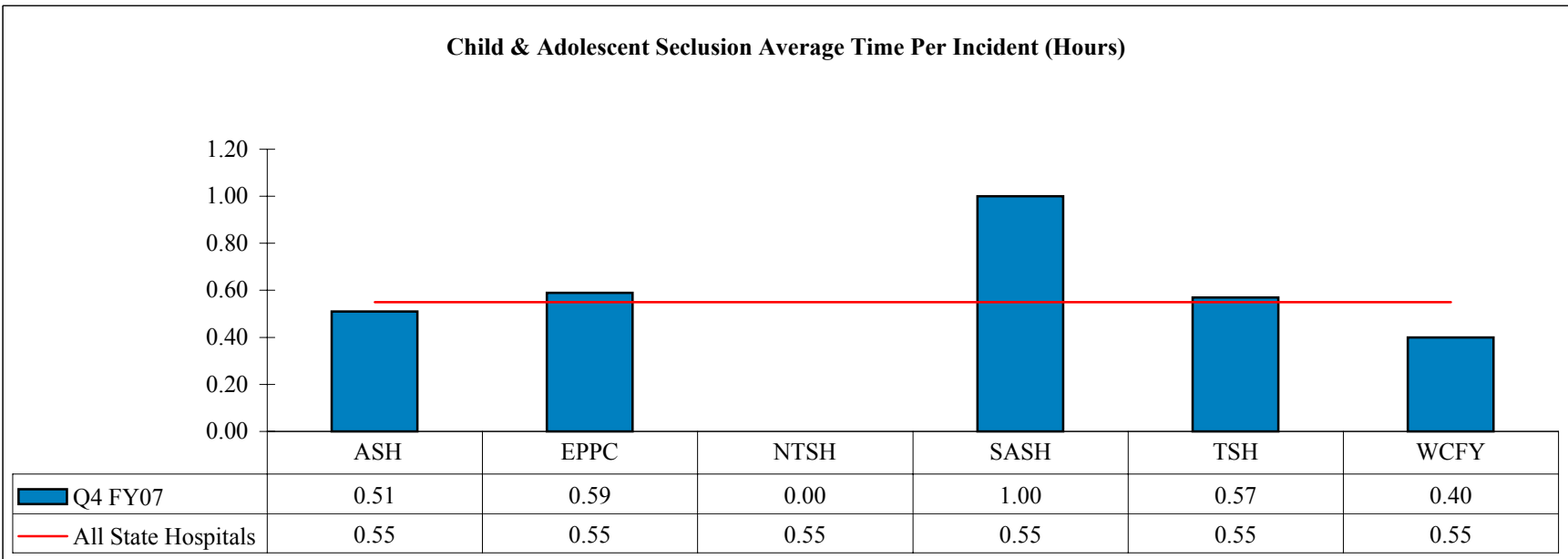
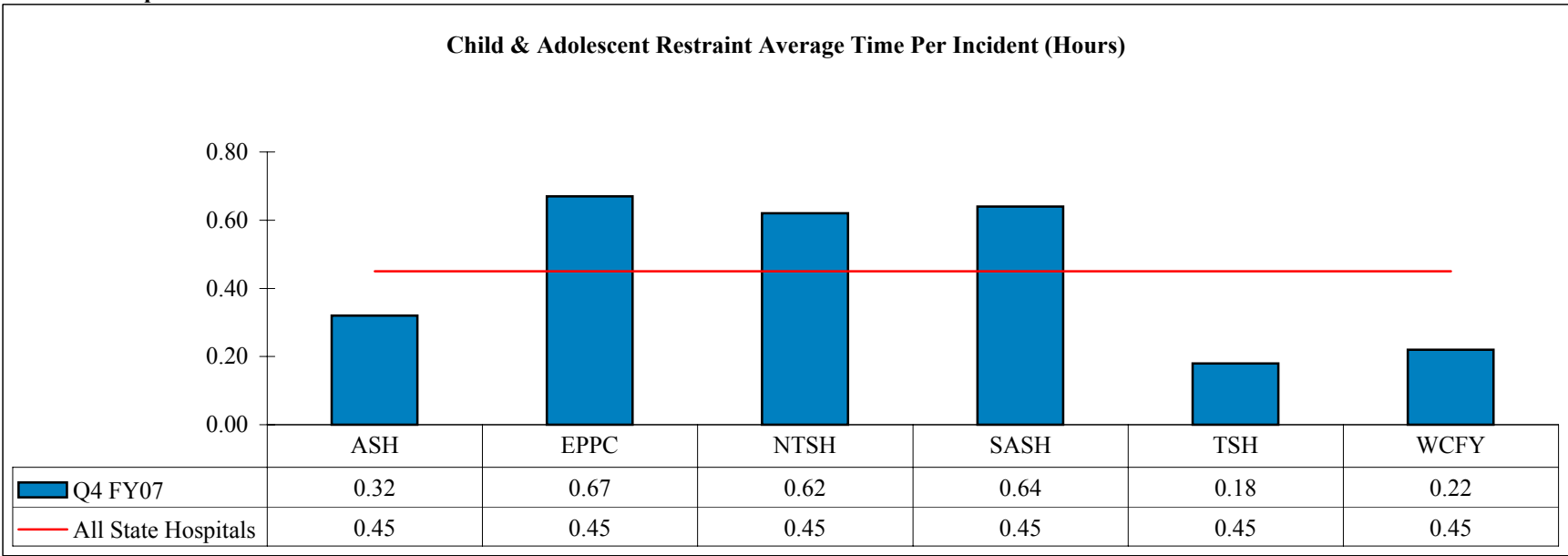


Objective 3B - Maintain Restraint and Seclusion Data

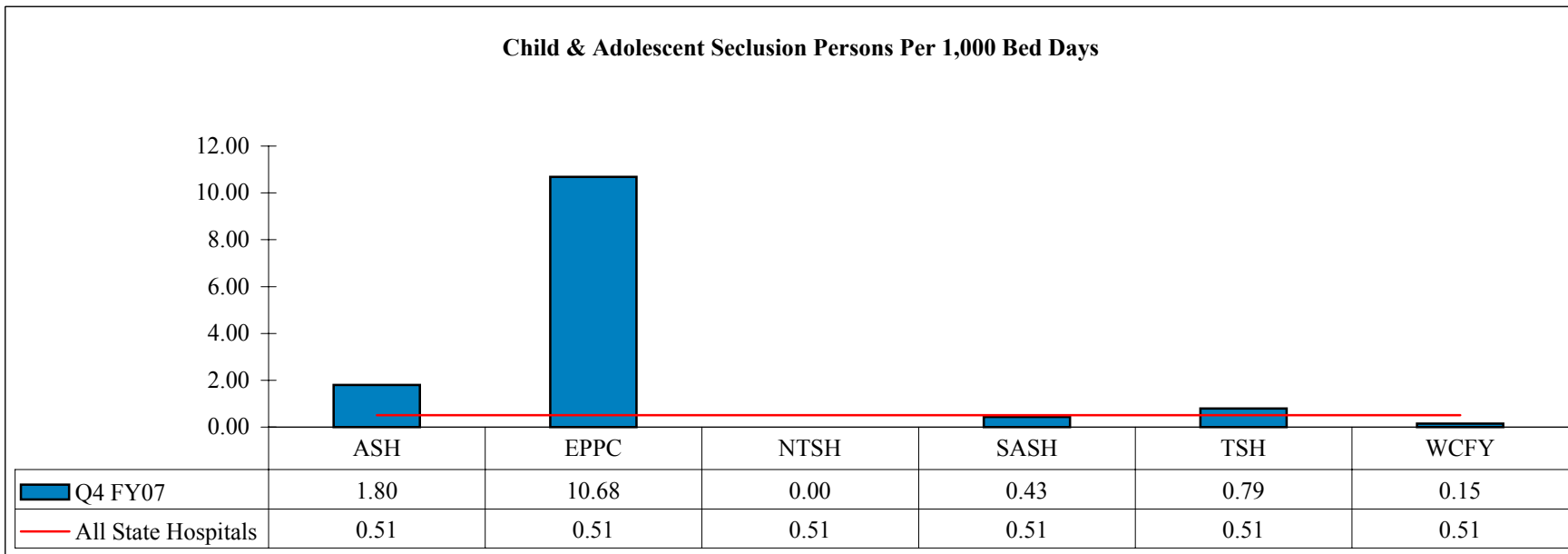
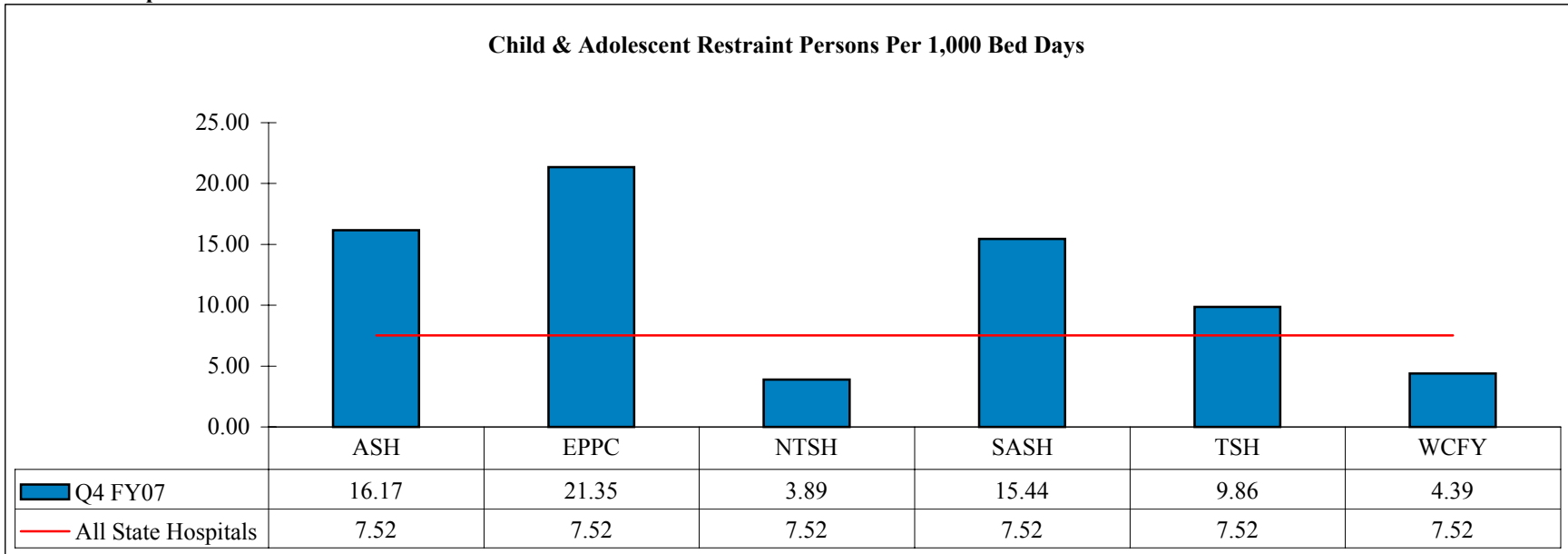
All State Hospitals



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 2007

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,684	2,436	2,476	2,226	2,684	2,436	2,476	2,226	2,684	2,436	2,476	2,226
Bed Days in Quarter-All Other Units	22,635	22,095	23,504	23,841	22,635	22,095	23,504	23,841	22,635	22,095	23,504	23,841
Restraint Involving Children	13	3	47	49	5	2	6	3	6.2	0.3	13.6	10.7
Restraint Involving Adolescents	135	96	179	220	31	28	33	33	103.4	43.9	63	75.2
Restraint Involving Adults	326	711	620	671	124	163	152	170	397.5	398.7	339.9	358.2
Seclusion Involving Children	1	0	1	8	1	0	1	1	0.8	0	0.5	3.7
Seclusion Involving Adolescents	74	18	2	3	6	4	2	3	102.9	20.1	1.3	1.9
Seclusion Involving Adults	26	12	8	37	6	5	5	11	39.2	13.6	11.1	61.0
Big Spring State Hospital												
Bed Days in Quarter	17,363	16,944	17,303	17,263	17,363	16,944	17,303	17,263	17,363	16,944	17,303	17,263
Restraint Involving Adults	187	284	165	179	61	66	54	48	119.6	205.4	120.9	100.9
Seclusion Involving Adults	7	10	1	10	3	4	1	3	17.6	25.5	1.6	20.8
El Paso Psychiatric Center												
Child/Adolescent Bed Days	456	481	491	281	456	481	491	281	456	481	491	281
Bed Days in Quarter-All Other Units	5,375	5,874	5,875	5,887	5,375	5,874	5,875	5,887	5,375	5,874	5,875	5,887
Restraint Involving Children	0	17	0	1	0	2	0	1	0.0	15	0	0.1
Restraint Involving Adolescents	12	51	123	15	3	12	11	5	6.9	59.4	89.1	10.6
Restraint Involving Adults	45	84	128	139	28	33	48	47	43.3	108	116.0	106.4
Seclusion Involving Children	0	0	0	4	0	0	0	2	0.0	0	0	1.8
Seclusion Involving Adolescents	2	1	1	3	2	1	1	1	0.8	0.4	0.4	2.3
Seclusion Involving Adults	1	2	3	5	1	2	3	5	1.8	2.7	4.0	6.2
Kerrville State Hospital												
Bed Days in Quarter	18,287	18,272	18,430	18,266	18,287	18,272	18,430	18,266	18,287	18,272	18,430	18,266
Restraint Involving Adults	29	55	6	12	10	13	2	6	6.2	8.2	1.1	2.4
Seclusion Involving Adults	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0

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

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

Fiscal Year 2007

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	8,514	8,028	8,566	7,205	8,514	8,028	8,566	7,205	8,514	8,028	8,566	7,205
Bed Days in Quarter-All Other Units	44,482	42,123	42,068	40,415	44,482	42,123	42,068	40,415	44,482	42,123	42,068	40,415
Restraint Involving Children	4	2	1	4	4	2	1	1	0.5	0.03	0.1	0.8
Restraint Involving Adolescents	212	185	283	224	41	35	48	27	115.8	111.4	184.4	141.3
Restraint Involving Adults	609	607	689	642	166	173	179	186	444.3	425.8	483.1	492.5
Seclusion Involving Children	3	5	0	0	2	3	0	0	2.9	5.3	0.0	0.0
Seclusion Involving Adolescents	17	13	1	0	10	6	1	0	12.3	10.3	0.7	0.0
Seclusion Involving Adults	70	49	50	54	20	21	28	30	192.2	98.6	92.0	80.3
Rio Grande State Center												
Bed Days in Quarter	4,288	3,784	4,537	4,164	4,288	3,784	4,537	4,164	4,288	3,784	4,537	4,164
Restraint Involving Adults	17	48	45	52	12	15	25	25	8.1	20.2	14.0	6.8
Seclusion Involving Adults	1	9	4	9	1	3	4	8	0.1	14.4	0.5	3.0
Rusk State Hospital												
Bed Days in Quarter	26,955	25,726	27,737	28,295	26,955	25,726	27,737	28,295	26,955	25,726	27,737	28,295
Restraint Involving Adults	107	172	204	193	54	82	87	91	58.8	44.3	66.2	67.7
Seclusion Involving Adults	30	38	46	36	23	24	26	27	53.2	96.2	115.6	62.3
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,435	2,274	2,652	2,332	2,435	2,274	2,652	2,332	2,435	2,274	2,652	2,332
Bed Days in Quarter-All Other Units	21,788	24,052	23,104	23,538	21,788	24,052	23,104	23,538	21,788	24,052	23,104	23,538
Restraint Involving Adolescents	74	167	117	196	22	28	31	36	50.0	116.7	65.6	126.4
Restraint Involving Adults	99	270	194	188	24	80	54	58	108.6	261.1	167.6	180.8
Seclusion Involving Adolescents	3	8	10	1	3	4	5	1	3.7	10.8	20.0	1.0
Seclusion Involving Adults	2	11	5	17	2	9	4	6	1.5	27.8	13.1	26.3

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

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

Fiscal Year 2007

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,726	2,470	2,580	2,535	2,726	2,470	2,580	2,535	2,726	2,470	2,580	2,535
Bed Days in Quarter-All Other Units	24,498	25,332	26,920	27,115	24,498	25,332	26,920	27,115	24,498	25,332	26,920	27,115
Restraint Involving Children	1	1	5	0	1	1	3	0	0.0	0.1	0.4	0.0
Restraint Involving Adolescents	39	16	71	67	18	8	22	25	4.7	3.5	10.9	11.9
Restraint Involving Adults	89	72	114	102	43	44	57	52	17.0	6.1	5.7	20.7
Seclusion Involving Children	0	0	0	0	0	0	0	0	0.0	0	0.0	0.0
Seclusion Involving Adolescents	1	0	1	3	1	0	1	2	1.3	0	0.2	1.7
Seclusion Involving Adults	16	12	21	10	10	9	13	7	16.7	11.3	23.5	10.0
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,914	6,567	6,844	6,831	6,914	6,567	6,844	6,831	6,914	6,567	6,844	6,831
Restraint Involving Adolescents	53	61	48	103	25	17	16	30	13.0	13	7	22.8
Seclusion Involving Adolescents	0	1	3	2	0	1	2	1	0.0	0.8	1.6	0.8
All State Hospitals												
Child/Adolescent Bed Days	23,729	22,256	23,609	21,410	23,729	22,256	23,609	21,410	23,729	22,256	23,609	21,410
Bed Days in Quarter-All Other Units	185,671	184,202	189,478	188,784	185,671	184,202	189,478	188,784	185,671	184,202	189,478	188,784
Restraint Involving Children	18	23	53	54	10	7	10	5	6.70	15	14.1	11.6
Restraint Involving Adolescents	525	576	821	825	140	128	161	156	293.8	347.9	420.0	388.2
Restraint Involving Adults	1,508	2,303	2,165	2,178	522	669	658	683	1,203.4	1,477.8	1,314.5	1,336.4
Seclusion Involving Children	4	5	1	12	3	3	1	3	3.7	5.3	0.5	5.5
Seclusion Involving Adolescents	97	41	18	12	22	16	12	8	121.0	42.4	24.2	7.7
Seclusion Involving Adults	153	143	138	178	66	77	84	97	322.3	290.1	261.4	269.9

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

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

Fiscal Year 2007

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	4	1	10	10	4	1	3	2
< 5 Restraint Involving Adolescents	20	28	54	58	13	18	21	21
< 5 Restraint Involving Adults	43	365	252	315	27	134	108	136
Big Spring State Hospital								
< 5 Restraint Involving Adults	39	61	29	51	28	33	23	29
El Paso Psychiatric Center								
< 5 Restraint Involving Children	0	0	0	1	0	0	0	1
< 5 Restraint Involving Adolescents	1	5	27	4	1	4	5	3
< 5 Restraint Involving Adults	2	17	44	63	2	11	26	30
Kerrville State Hospital								
< 5 Restraint Involving Adults	13	35	4	6	6	10	2	6
North Texas State Hospital								
< 5 Restraint Involving Children	2	2	0	2	2	2	0	1
< 5 Restraint Involving Adolescents	54	41	44	43	26	17	21	20
< 5 Restraint Involving Adults	306	301	365	297	133	141	139	147
Rio Grande State Center								
< 5 Restraint Involving Adults	7	6	14	22	6	5	11	13
Rusk State Hospital								
< 5 Restraint Involving Adults	50	100	114	111	32	64	72	75
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	10	45	35	53	6	17	19	19
< 5 Restraint Involving Adults	6	71	42	51	6	46	27	31
Terrell State Hospital								
< 5 Restraint Involving Children	1	0	2	0	1	0	2	0
< 5 Restraint Involving Adolescents	25	5	32	31	15	5	16	18
< 5 Restraint Involving Adults	51	47	89	71	32	35	45	43
Waco Center For Youth								
< 5 Restraint Involving Adolescents	19	14	13	32	15	9	8	19
All State Hospitals								
< 5 Restraint Involving Children	7	3	12	13	7	3	5	4
< 5 Restraint Involving Adolescents	129	138	205	221	76	70	90	100
< 5 Restraint Involving Adults	517	1,003	953	987	272	479	453	510

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

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

Fiscal Year 2007

	Number of Incidents				FY Total
	Q1	Q2	Q3	Q4	
Austin State Hospital					
Personal Restraint	119	527	536	619	1,801
Mechanical Restraint	355	283	310	321	1,269
Seclusion	101	30	11	48	190
Big Spring State Hospital					
Personal Restraint	118	173	96	112	499
Mechanical Restraint	69	111	69	67	316
Seclusion	7	10	1	10	28
El Paso Psychiatric Center					
Personal Restraint	12	34	85	75	206
Mechanical Restraint	45	118	166	80	409
Seclusion	3	3	4	12	22
Kerrville State Hospital					
Personal Restraint	24	48	5	10	87
Mechanical Restraint	5	7	1	2	15
Seclusion	0	0	0	0	0
North Texas State Hospital					
Personal Restraint	565	542	650	551	2,308
Mechanical Restraint	260	252	323	319	1,154
Seclusion	90	67	51	54	262
Rio Grande State Center					
Personal Restraint	17	47	45	52	161
Mechanical Restraint	0	1	0	0	1
Seclusion	1	9	4	9	23
Rusk State Hospital					
Personal Restraint	78	145	164	155	542
Mechanical Restraint	29	27	40	38	134
Seclusion	30	41	46	36	153
San Antonio State Hospital					
Personal Restraint	65	219	172	206	662
Mechanical Restraint	108	218	139	178	643
Seclusion	5	19	15	18	57

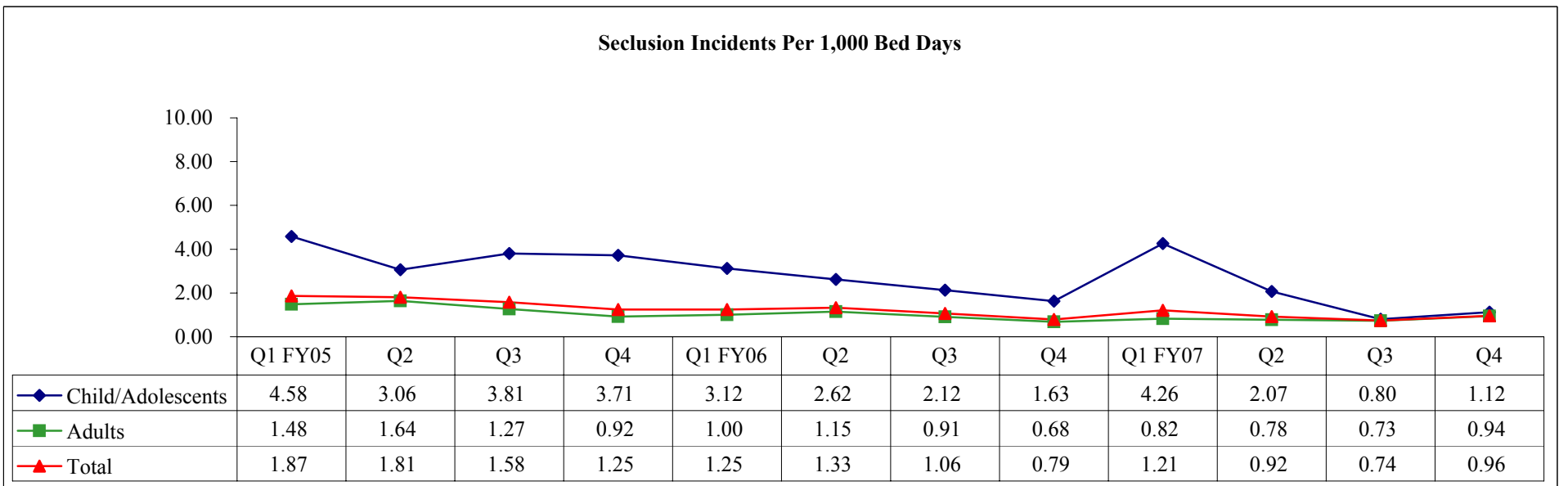
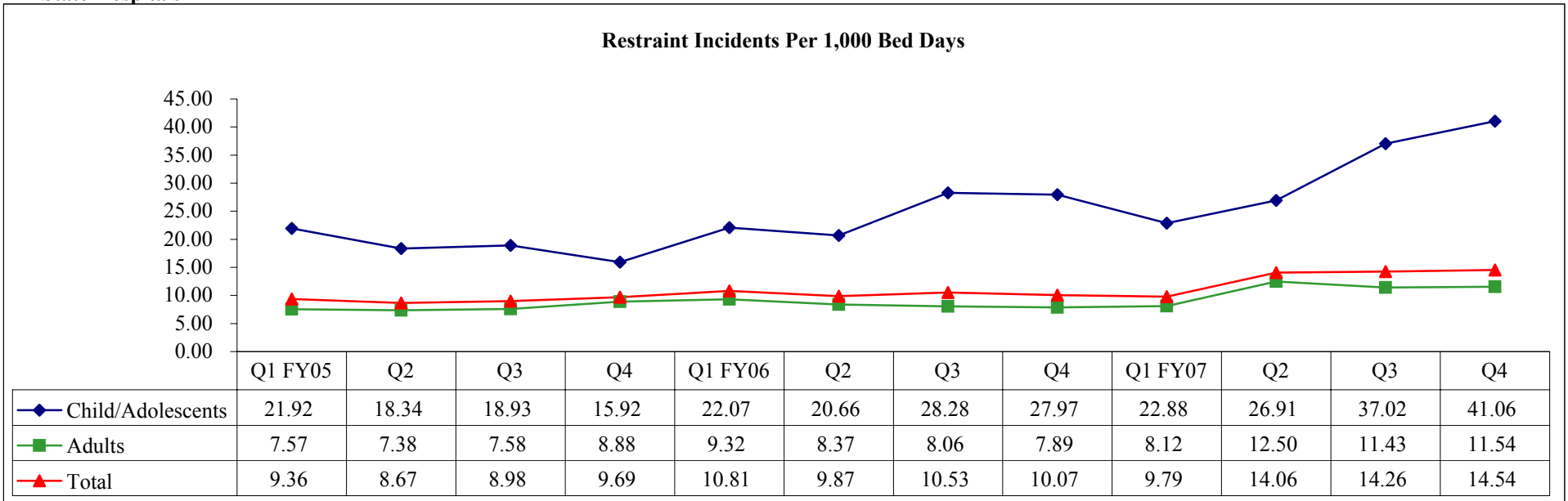
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

Fiscal Year 2007

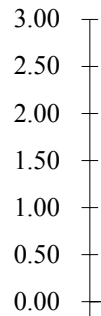
	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Terrell State Hospital					
Personal Restraint	112	85	186	155	538
Mechanical Restraint	17	4	4	14	39
Seclusion	17	12	22	13	64
Waco Center For Youth					
Personal Restraint	43	52	45	86	226
Mechanical Restraint	10	9	3	17	39
Seclusion	0	1	3	2	6
All State Hospitals					
Personal Restraint	1,153	1,872	1,984	2,021	7,030
Mechanical Restraint	898	1,030	1,055	1,036	4,019
Seclusion	254	192	157	202	805

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



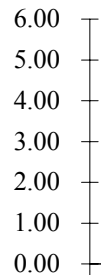
Objective 3B - Maintain Restraint and Seclusion Data
All State Hospitals

Average Number of Hours Per Incident in Restraints



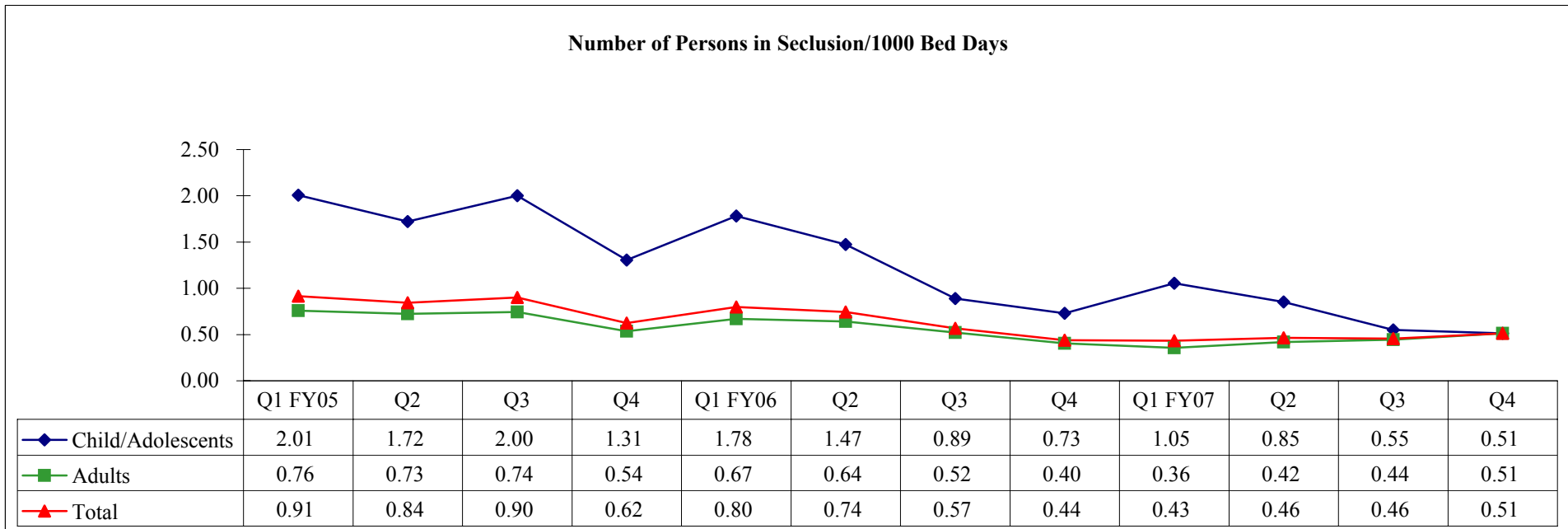
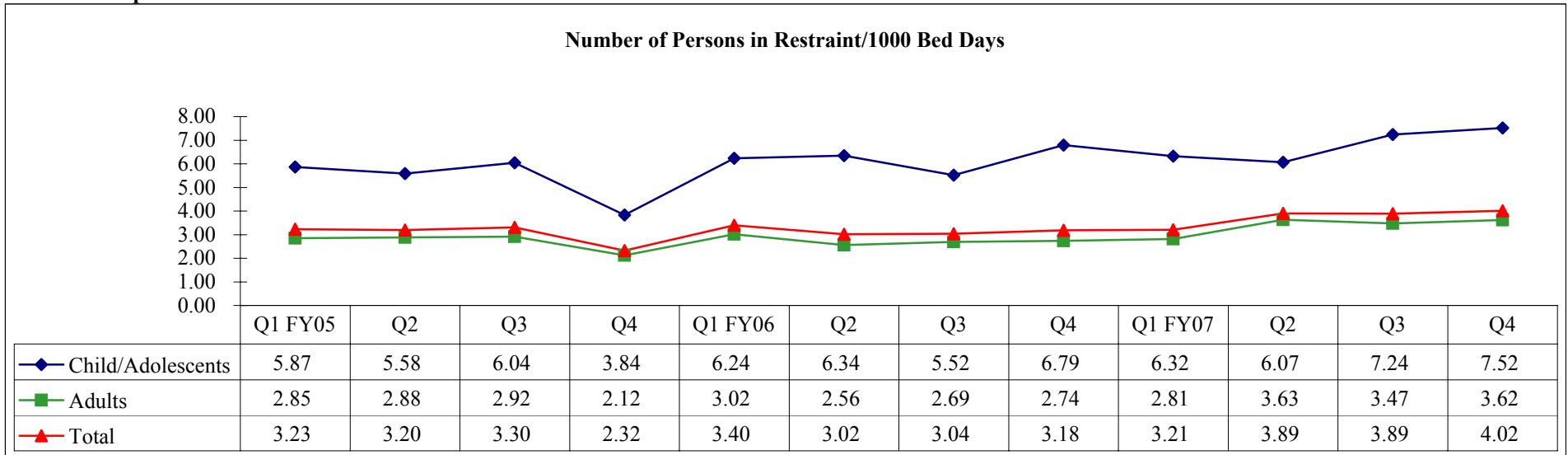
	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
◆ Child/Adolescents	0.59	0.51	0.49	0.51	0.50	0.40	0.62	0.59	0.55	0.61	0.50	0.45
■ Adults	0.77	0.82	0.68	0.65	0.75	0.83	0.78	0.77	0.80	0.64	0.61	0.61
▲ Total	0.72	0.74	0.63	0.62	0.69	0.72	0.73	0.72	0.73	0.63	0.58	0.57

Average Number of Hours Per Incident in Seclusion

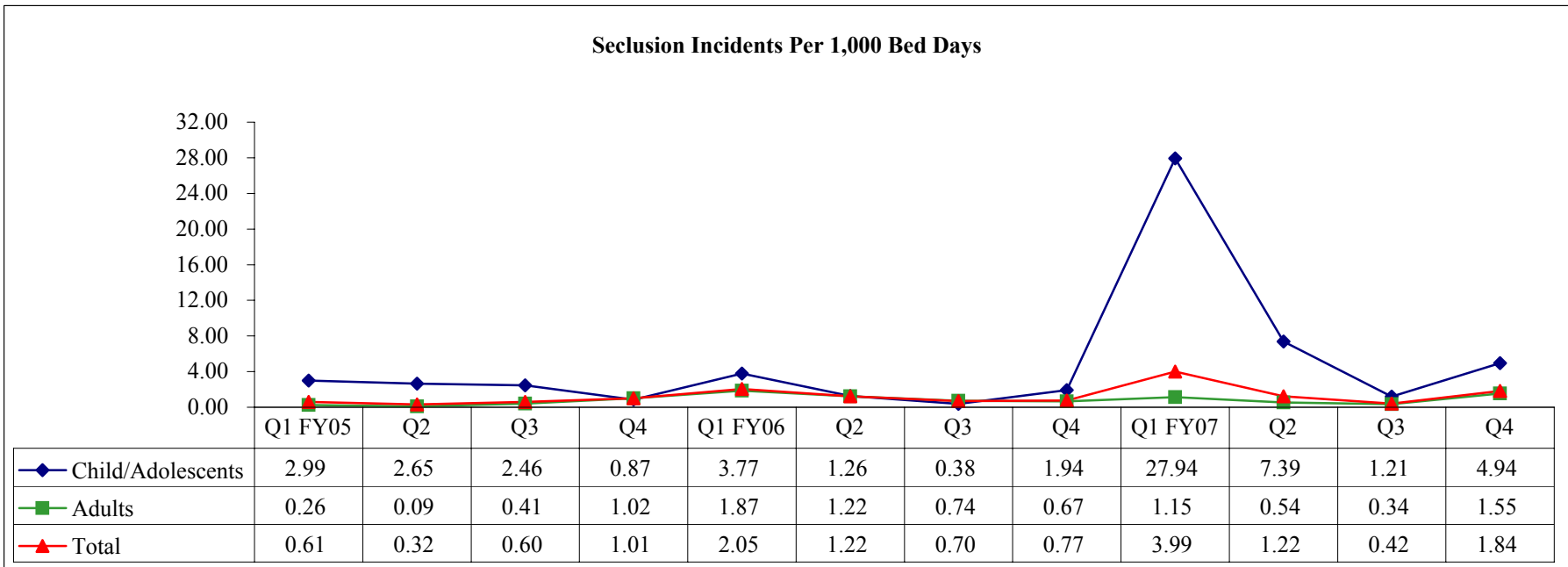
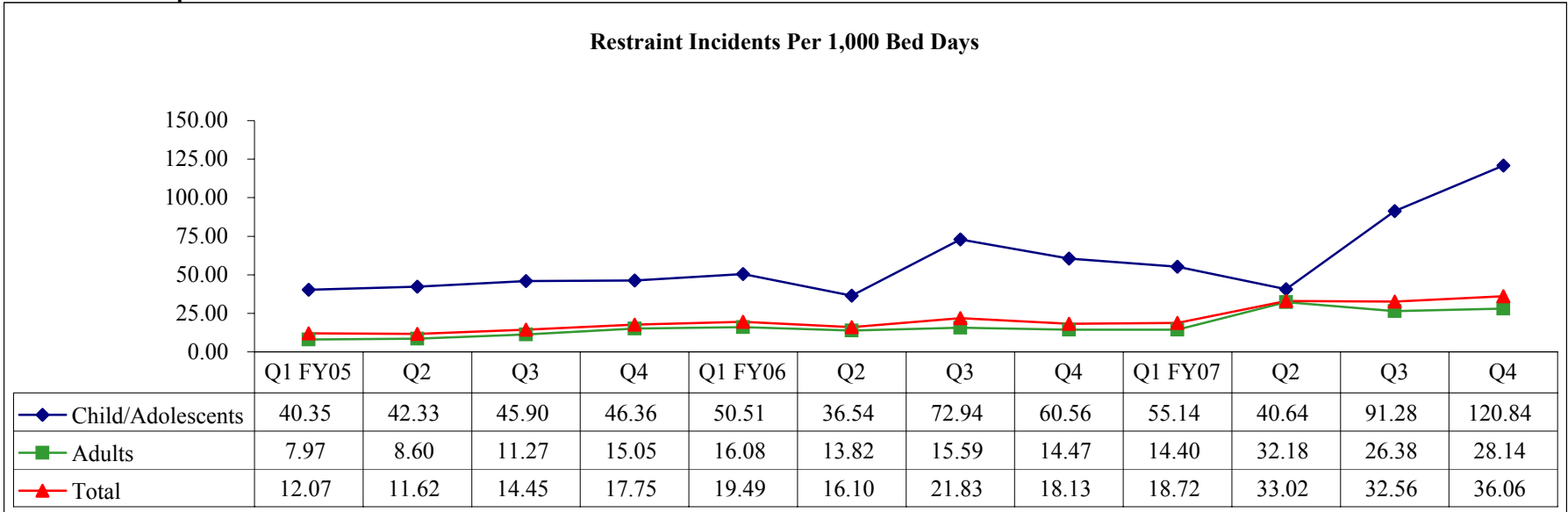


	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
◆ Child/Adolescents	0.90	0.83	0.90	0.81	0.69	0.87	0.83	0.70	1.23	1.04	1.30	0.55
■ Adults	2.42	2.22	2.00	2.02	1.69	1.89	1.93	2.22	2.11	2.03	1.89	1.52
▲ Total	1.95	1.94	1.67	1.61	1.39	1.64	1.66	1.87	1.76	1.79	1.82	1.40

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

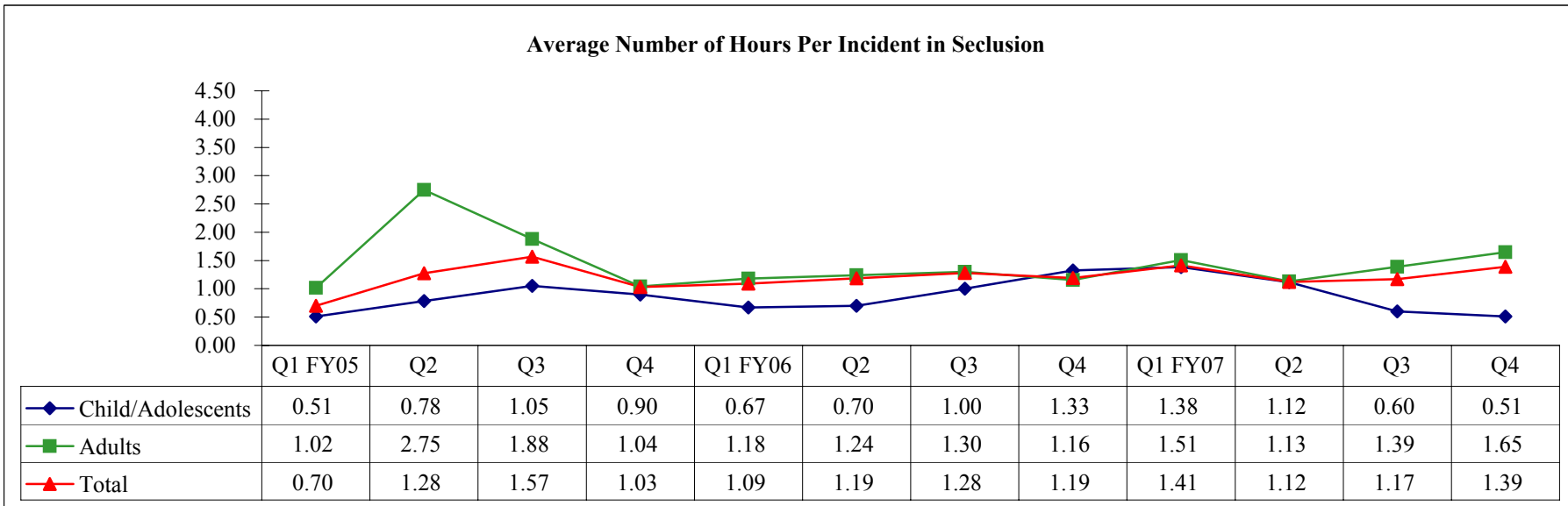
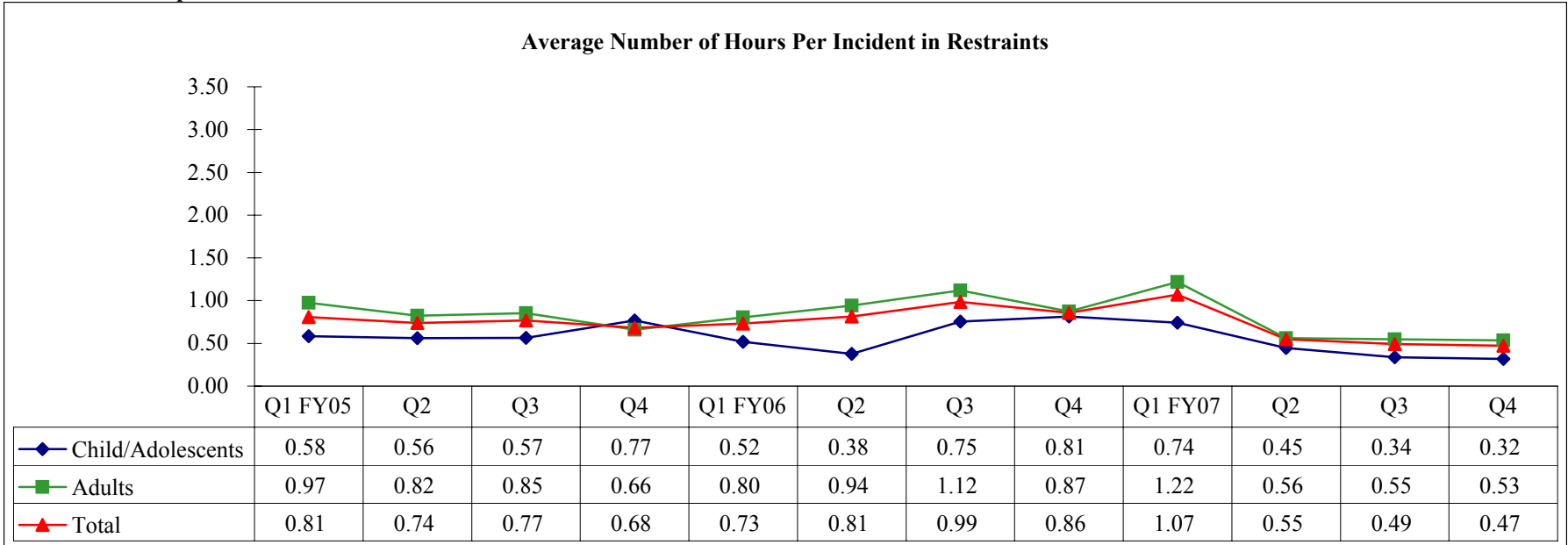


Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital



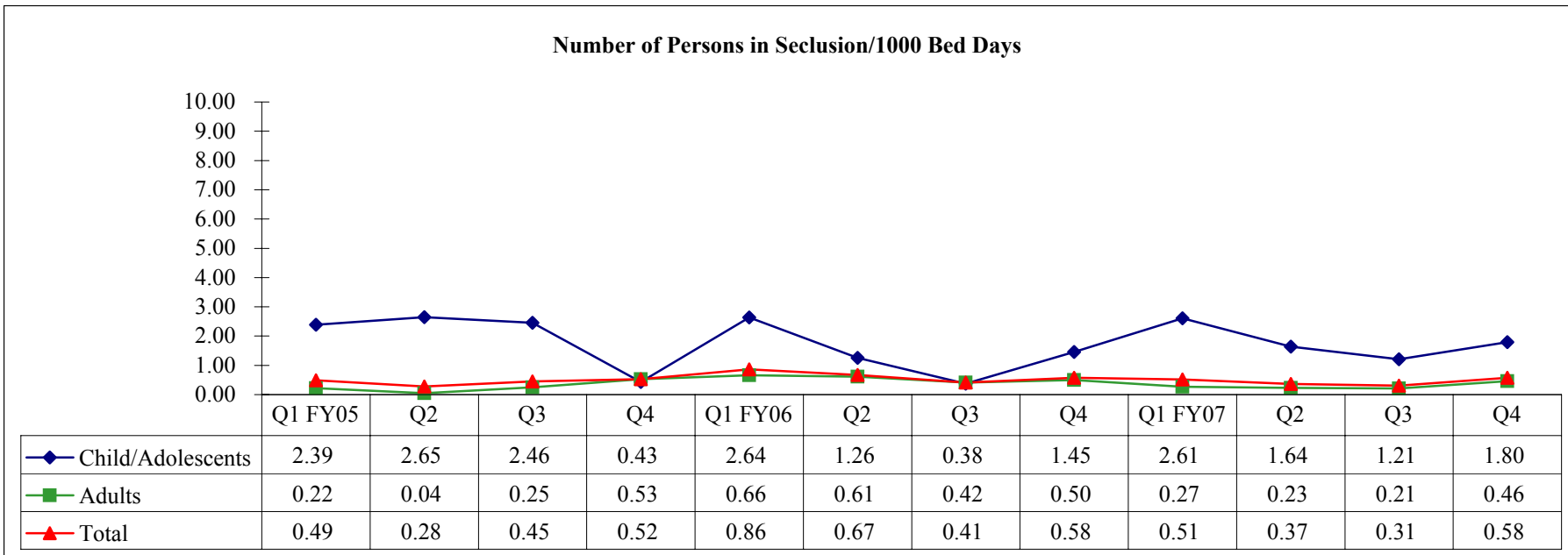
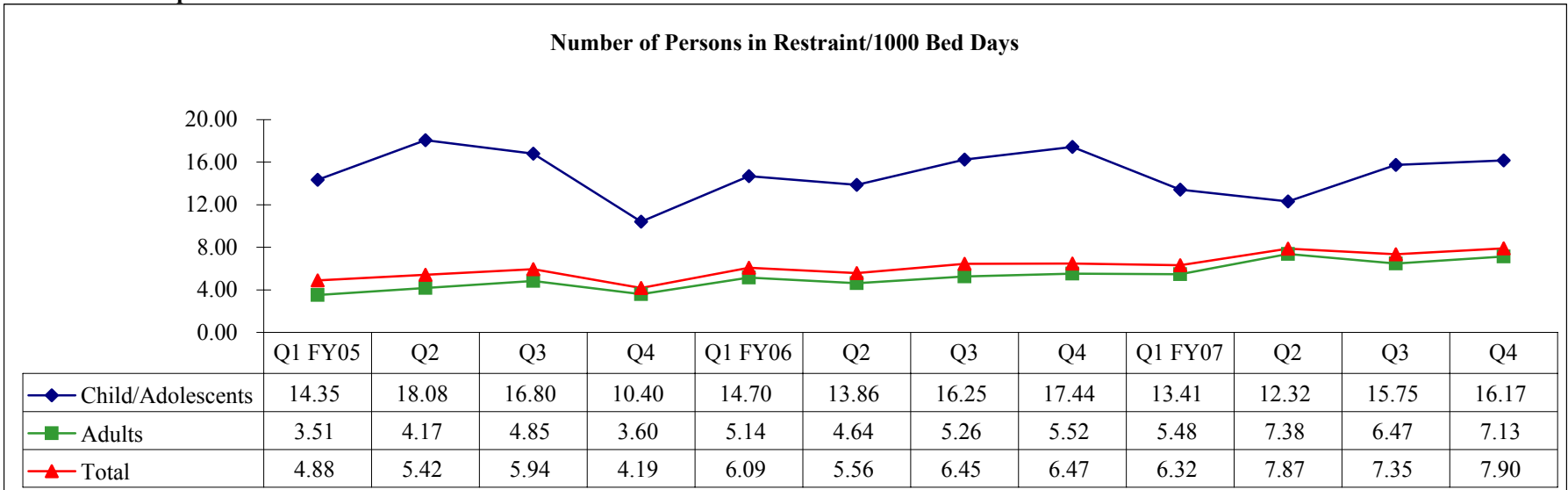
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



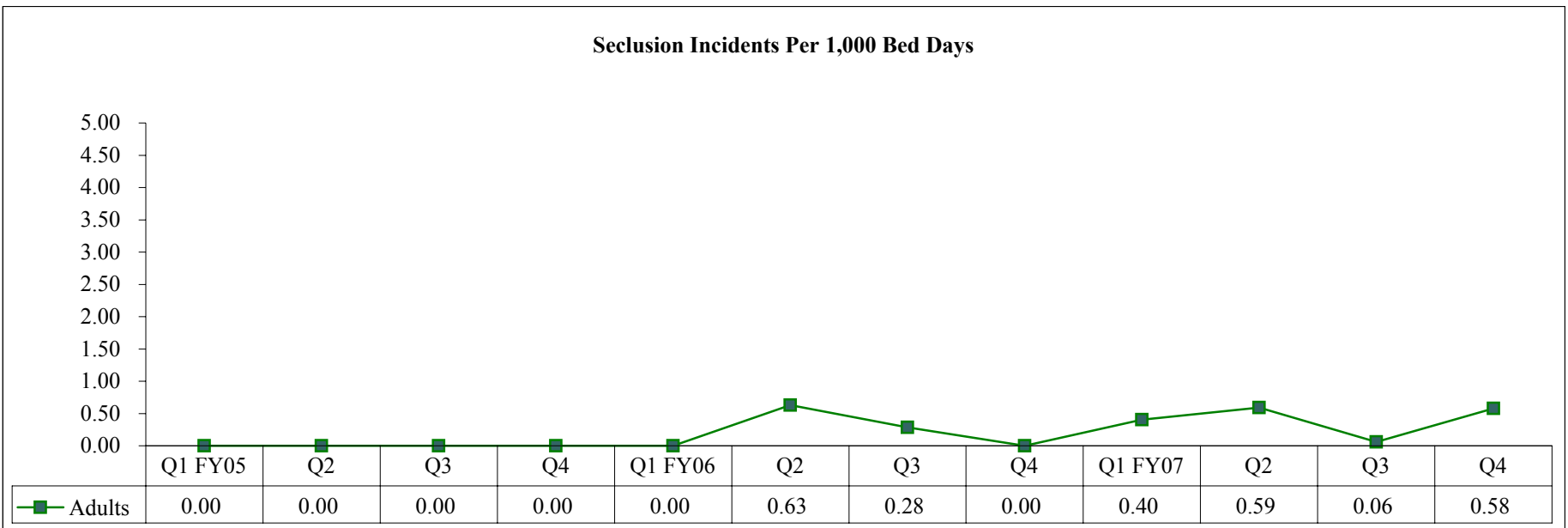
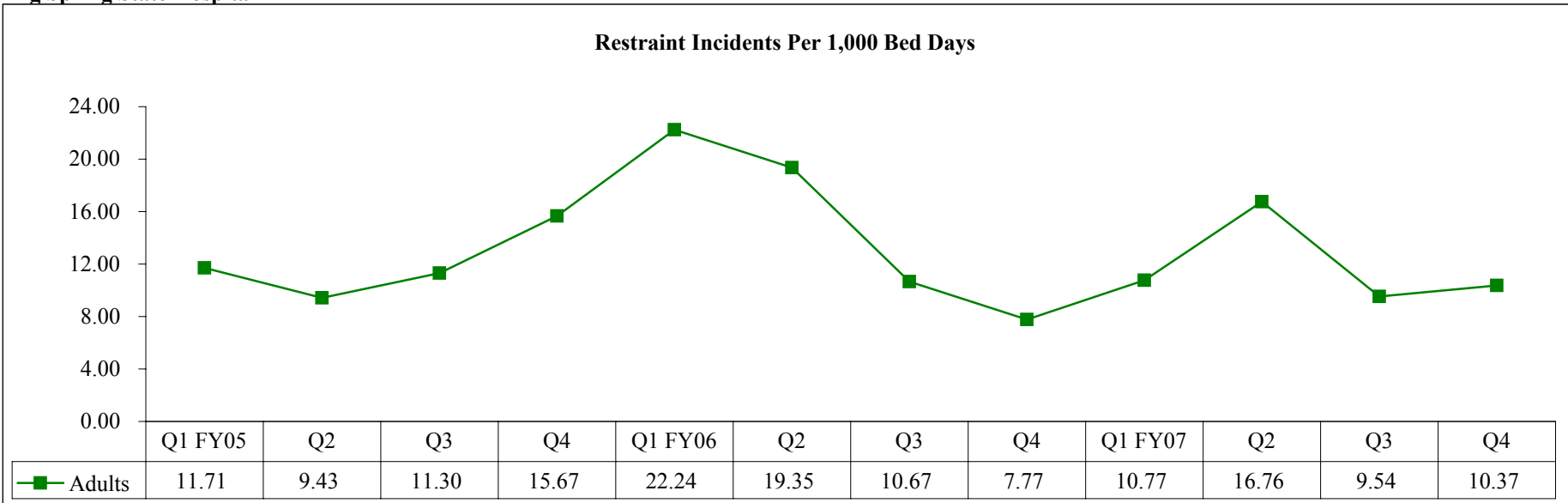
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Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital



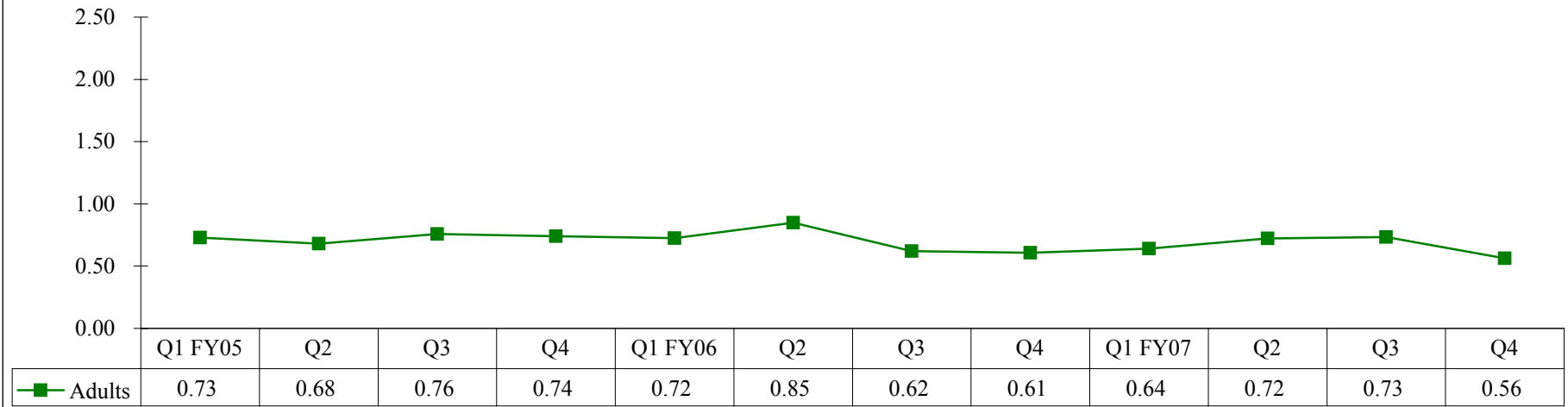
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 Access Database

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

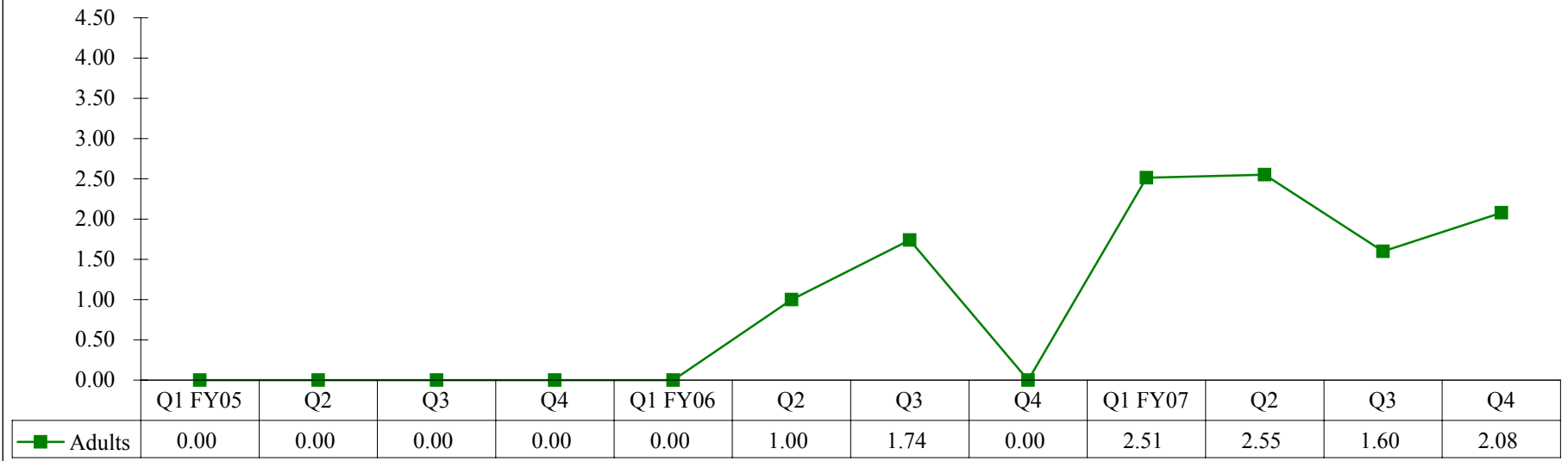


Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Average Number of Hours Per Incident in Restraints

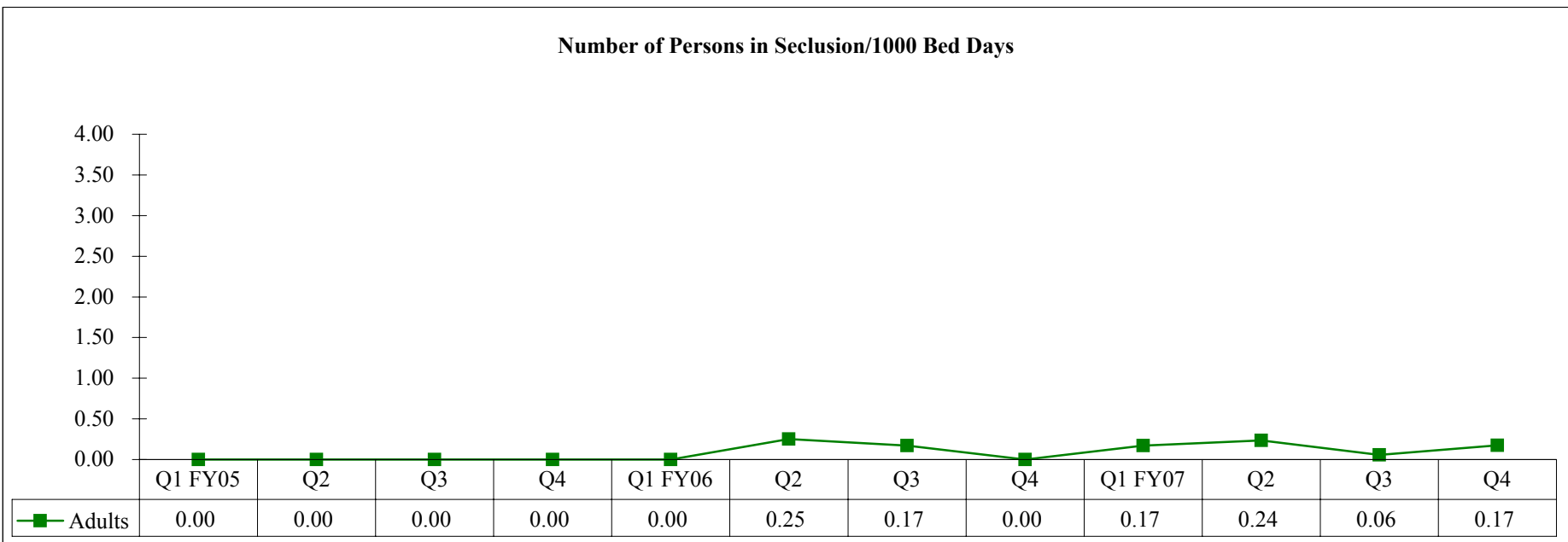
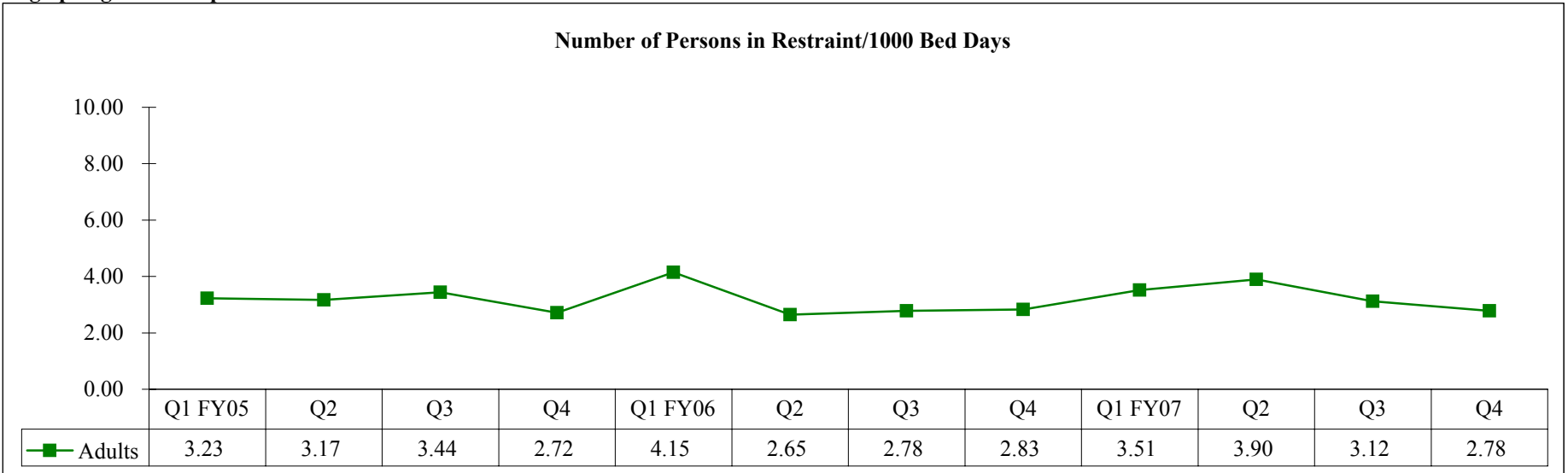


Average Number of Hours Per Incident in Seclusion

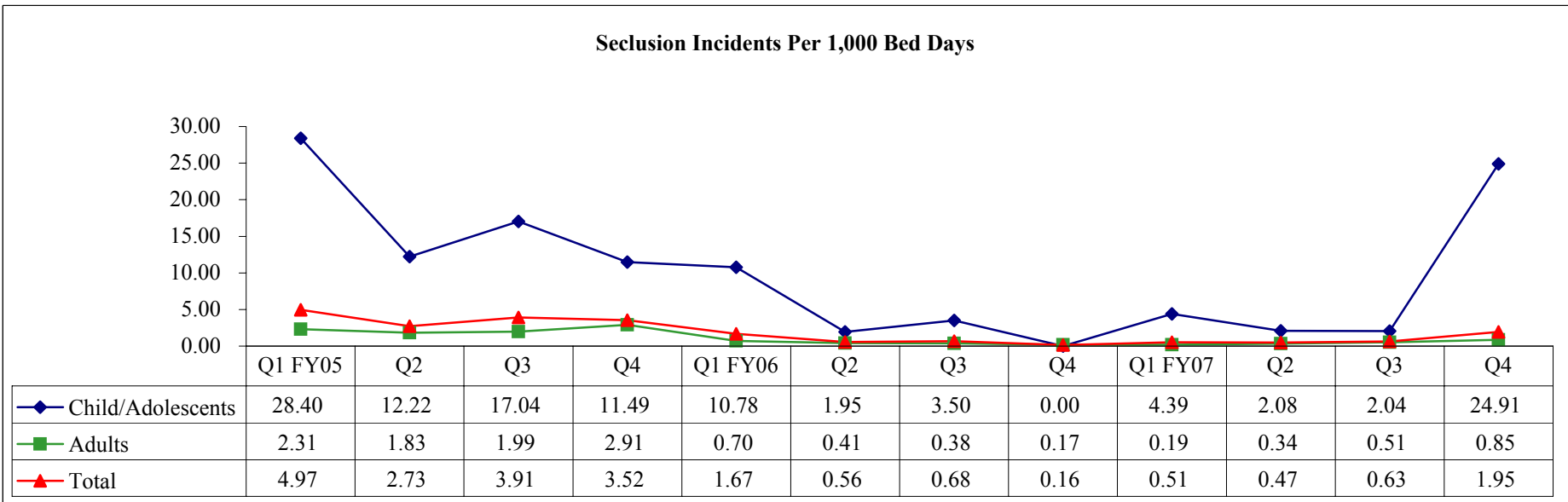
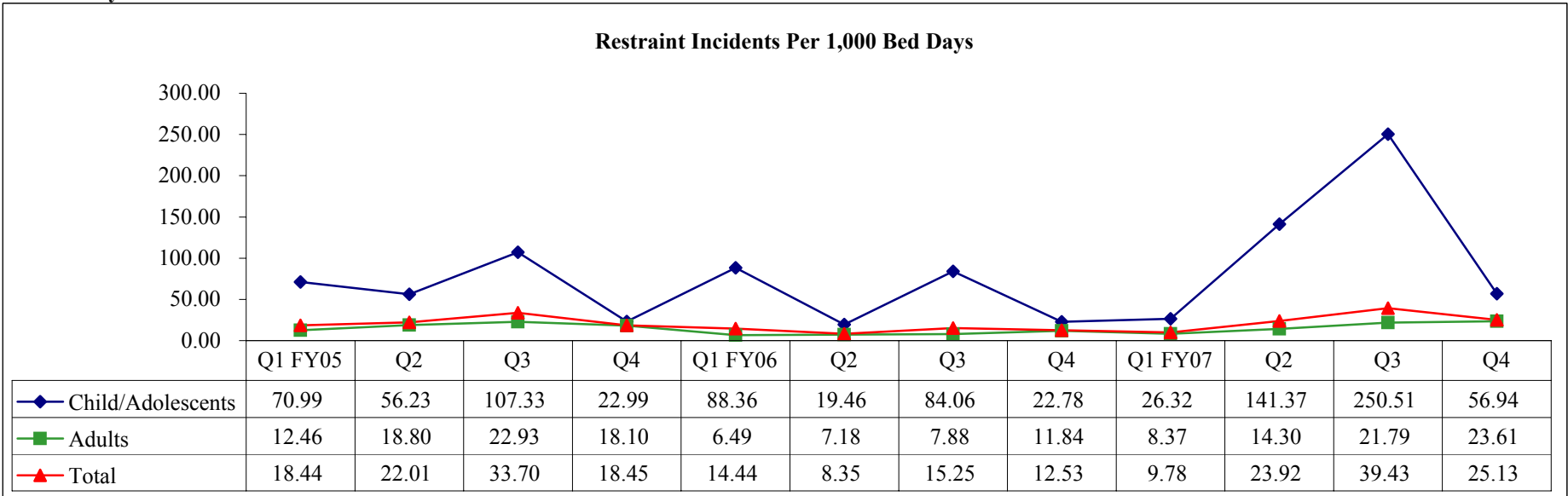


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

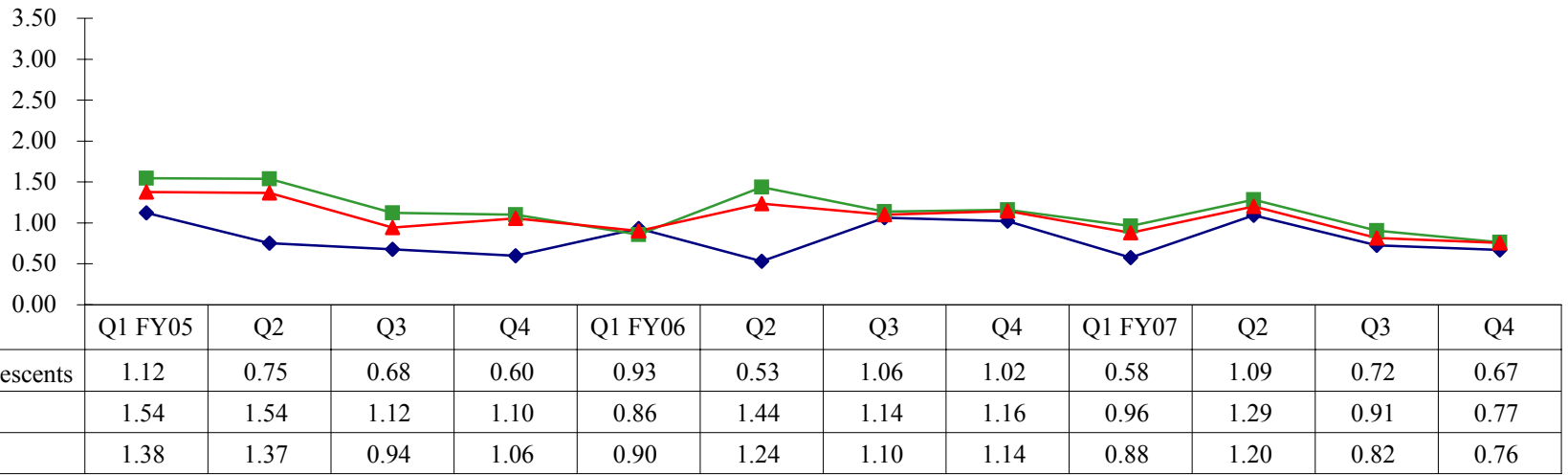


Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

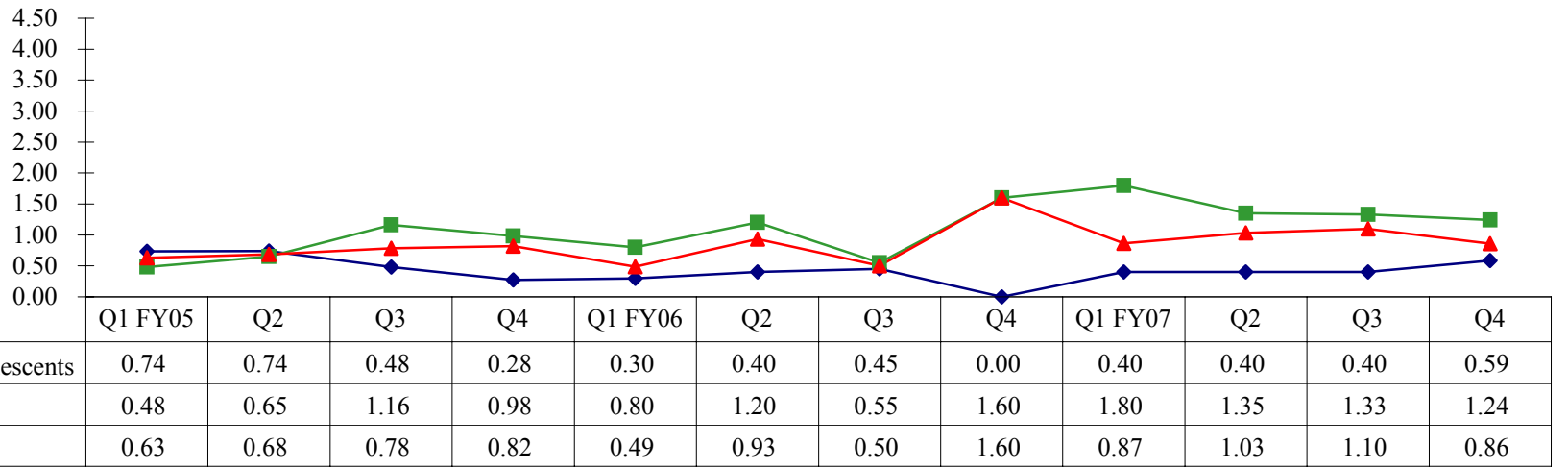


Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

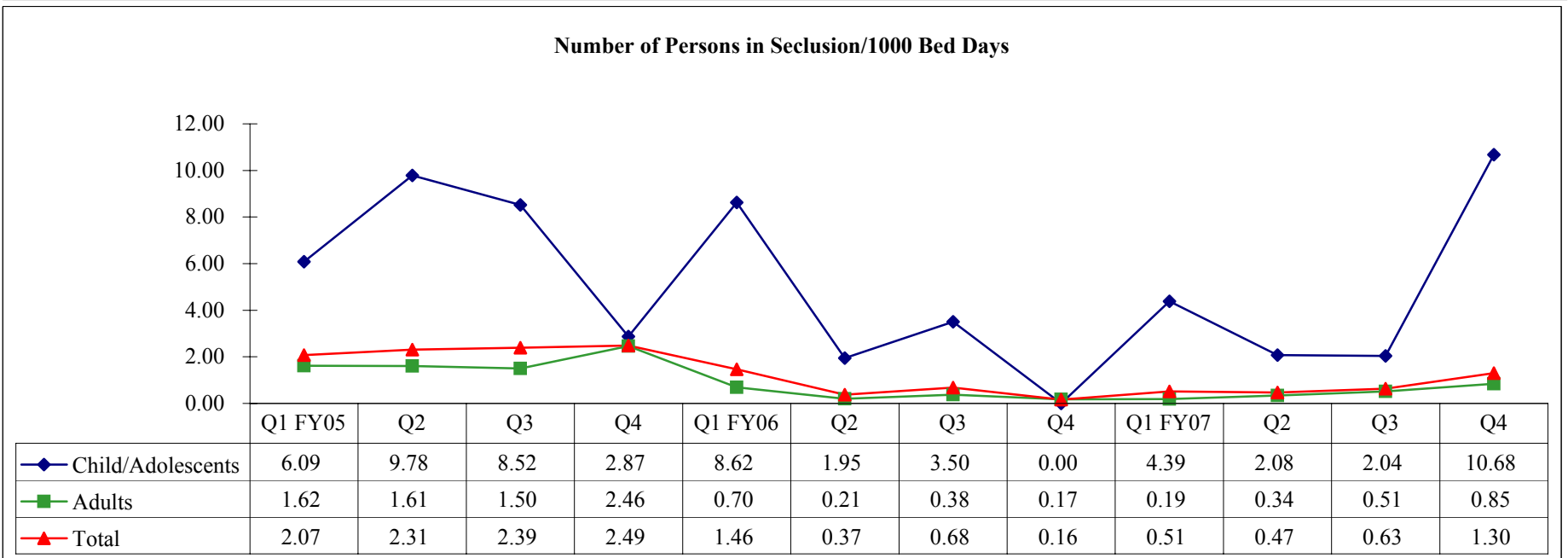
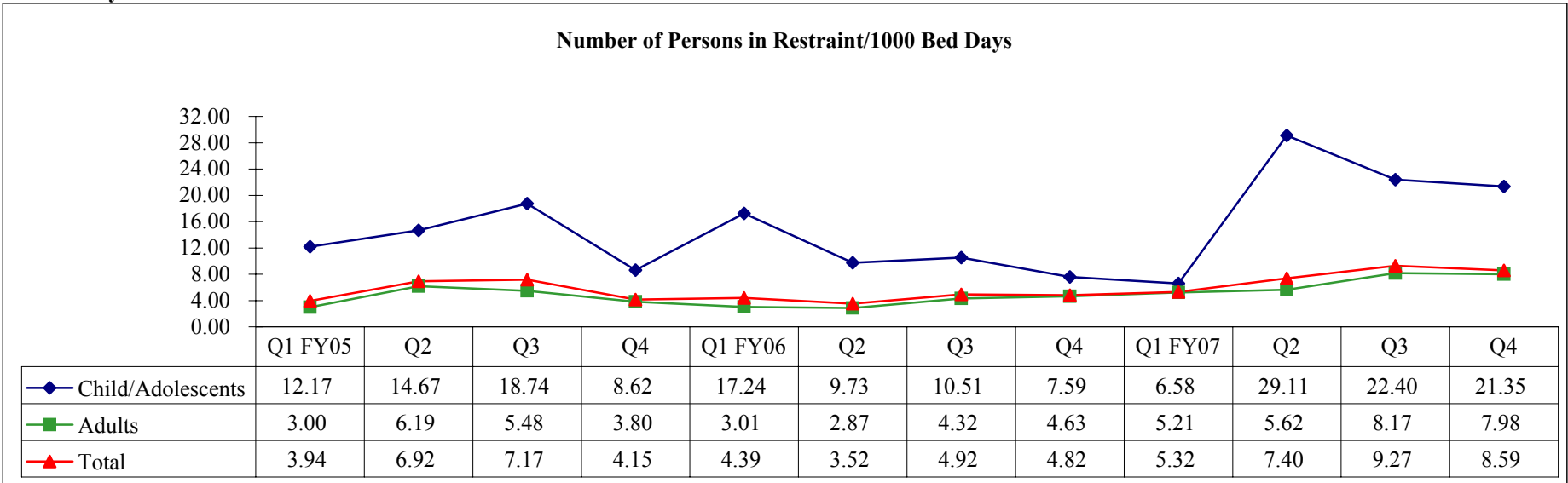
Average Number of Hours Per Incident in Restraints



Average Number of Hours Per Incident in Seclusion

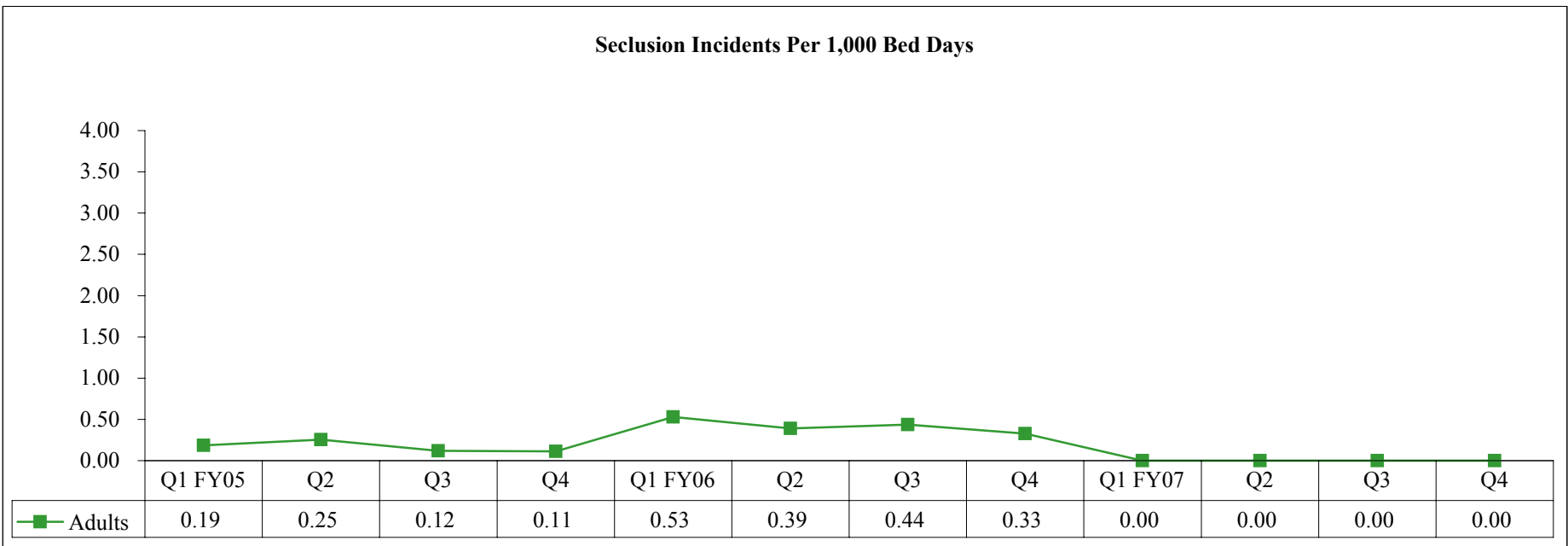
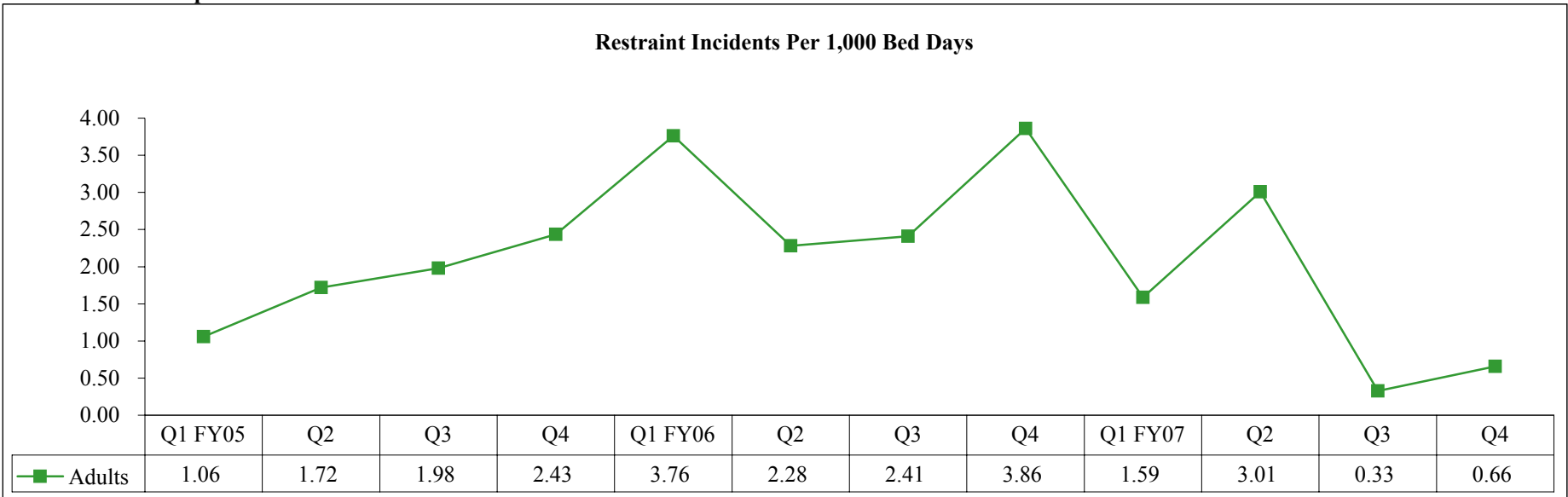


Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



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

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

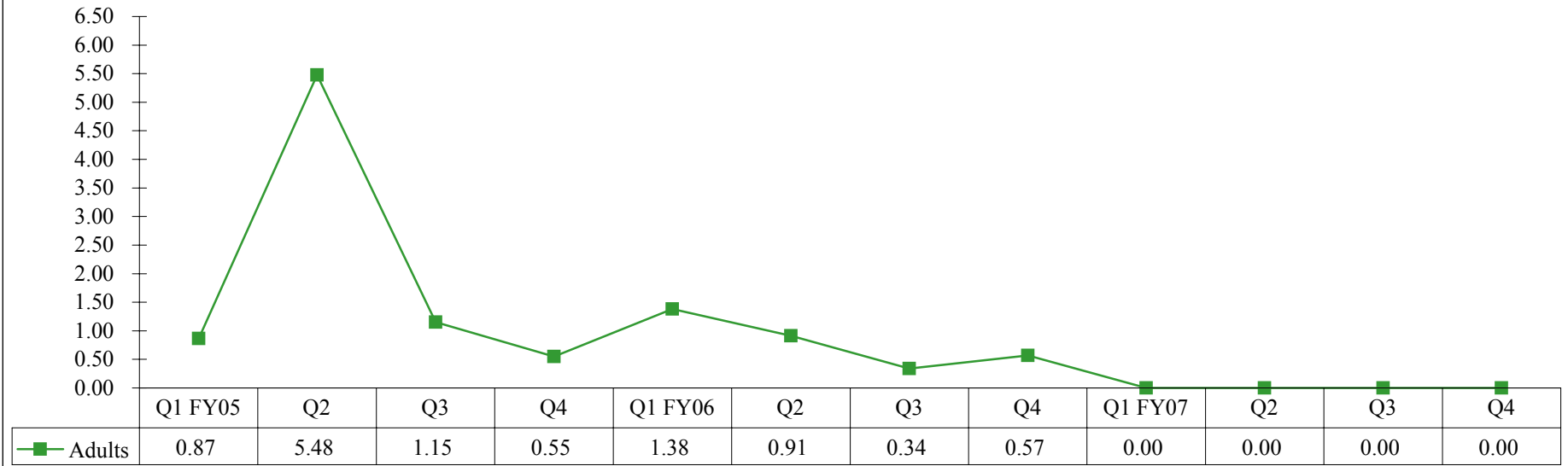


Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital

Average Number of Hours Per Incident in Restraints

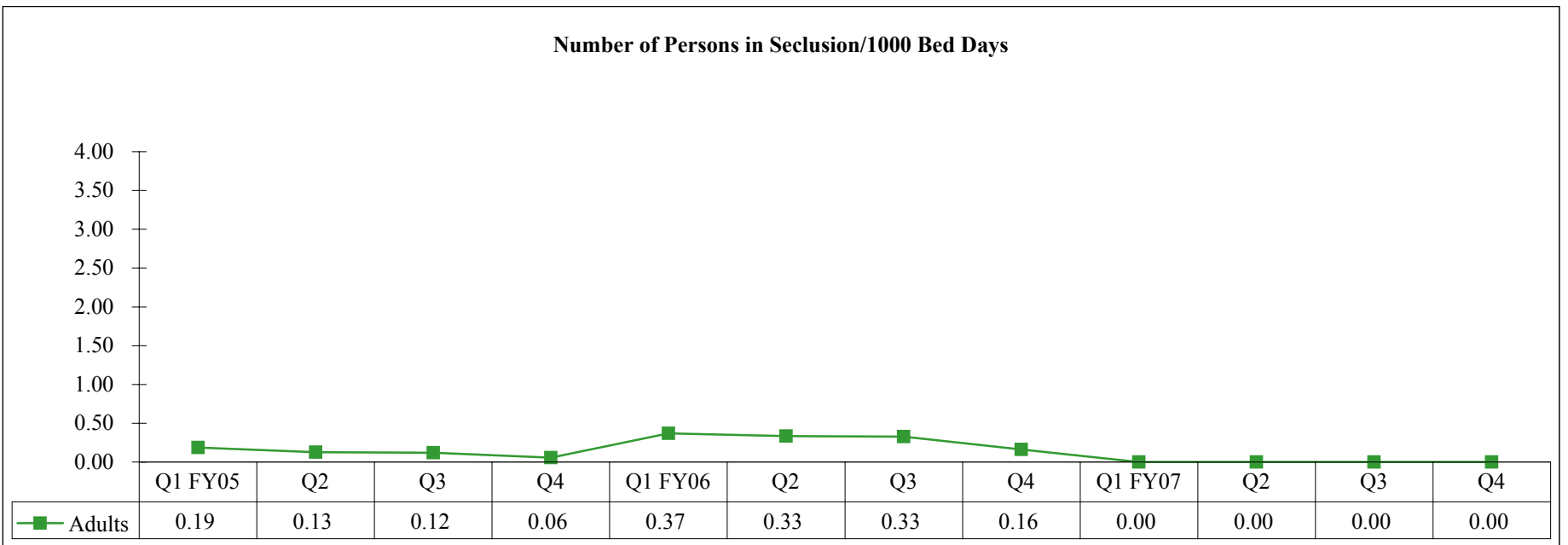
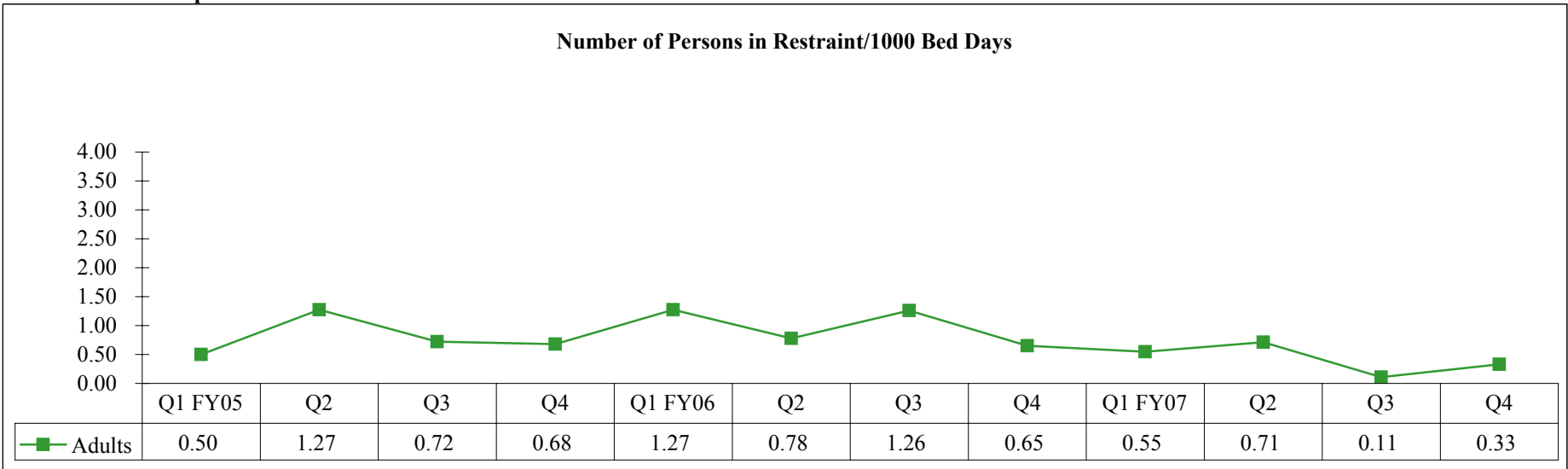


Average Number of Hours Per Incident in Seclusion

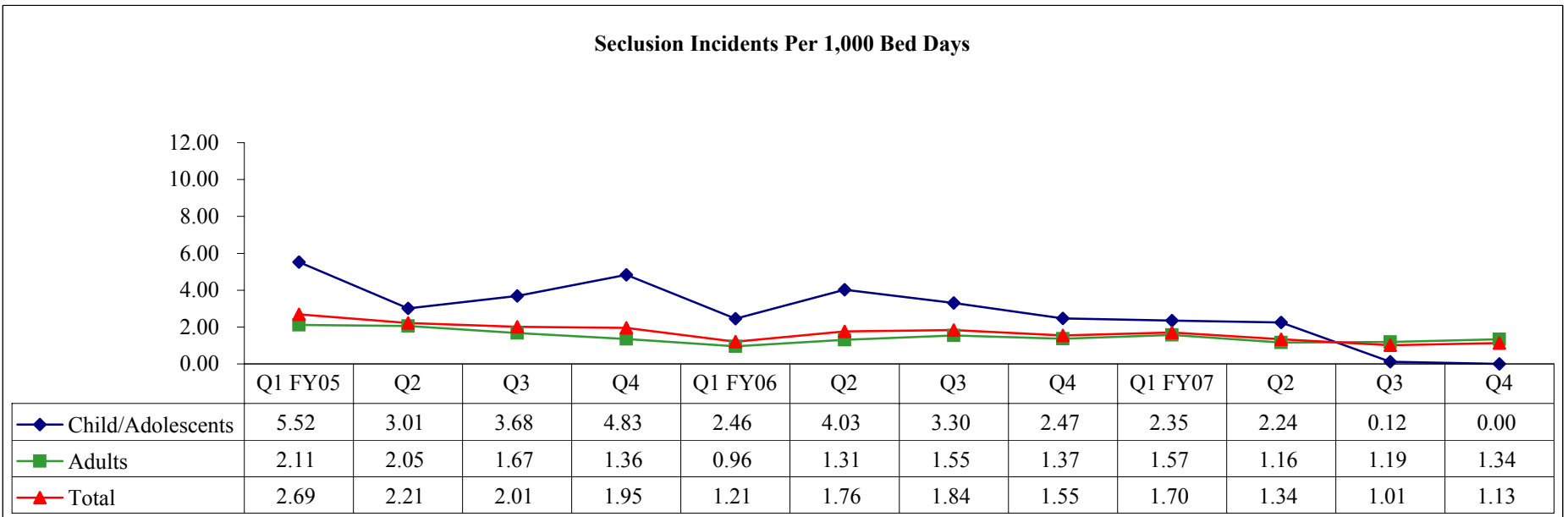
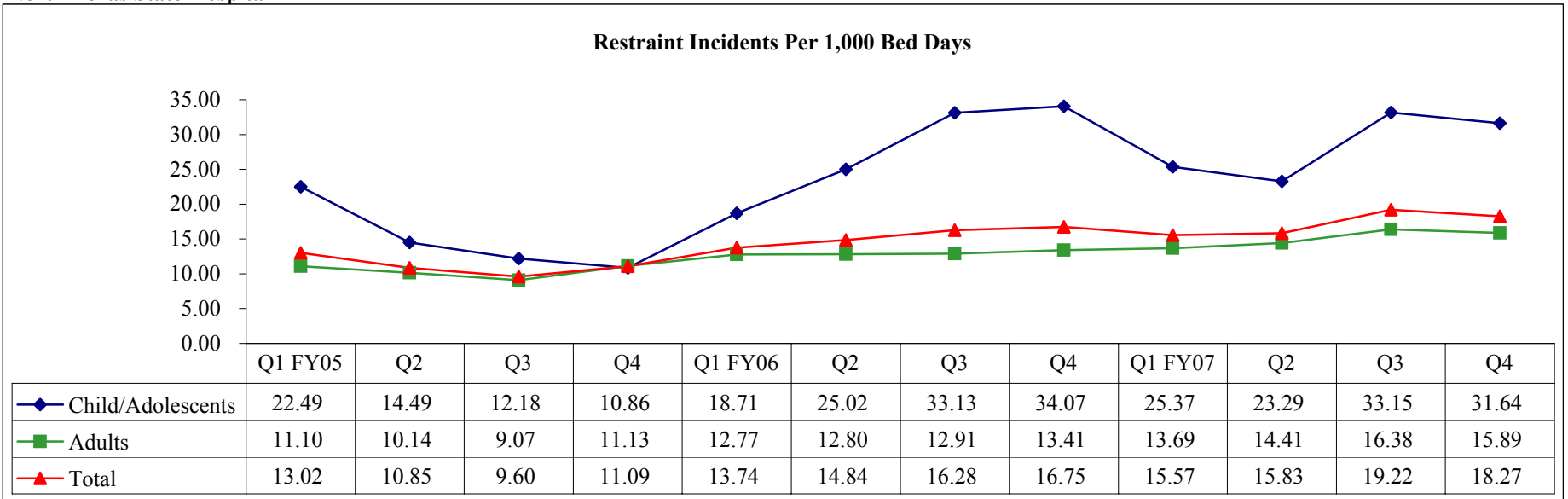


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

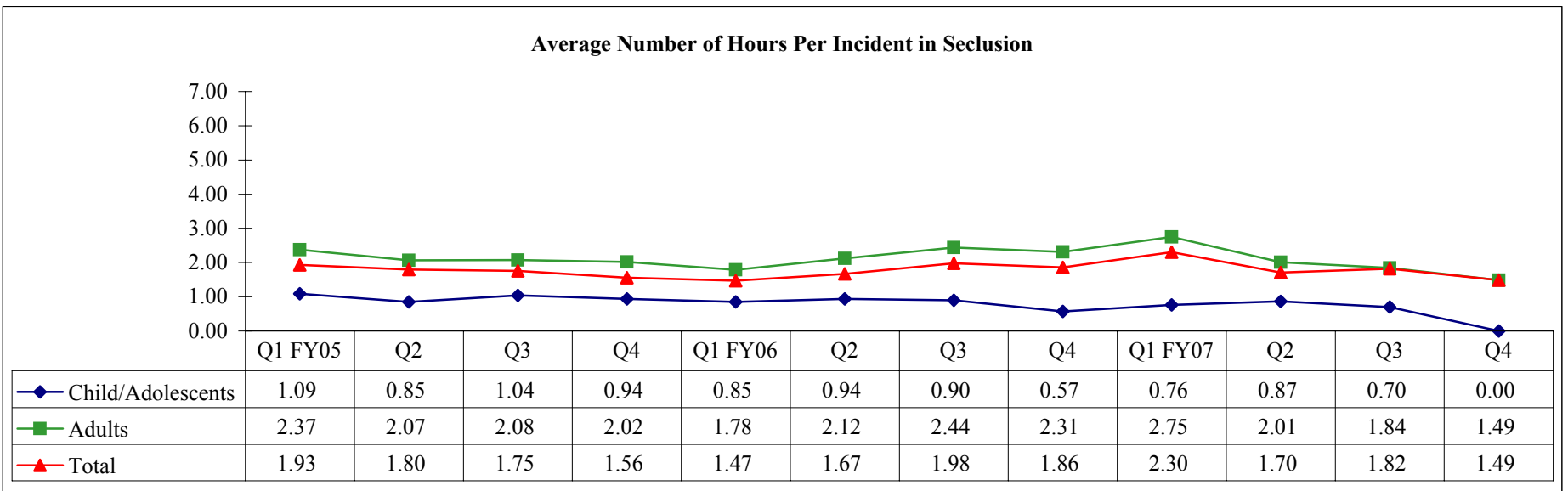
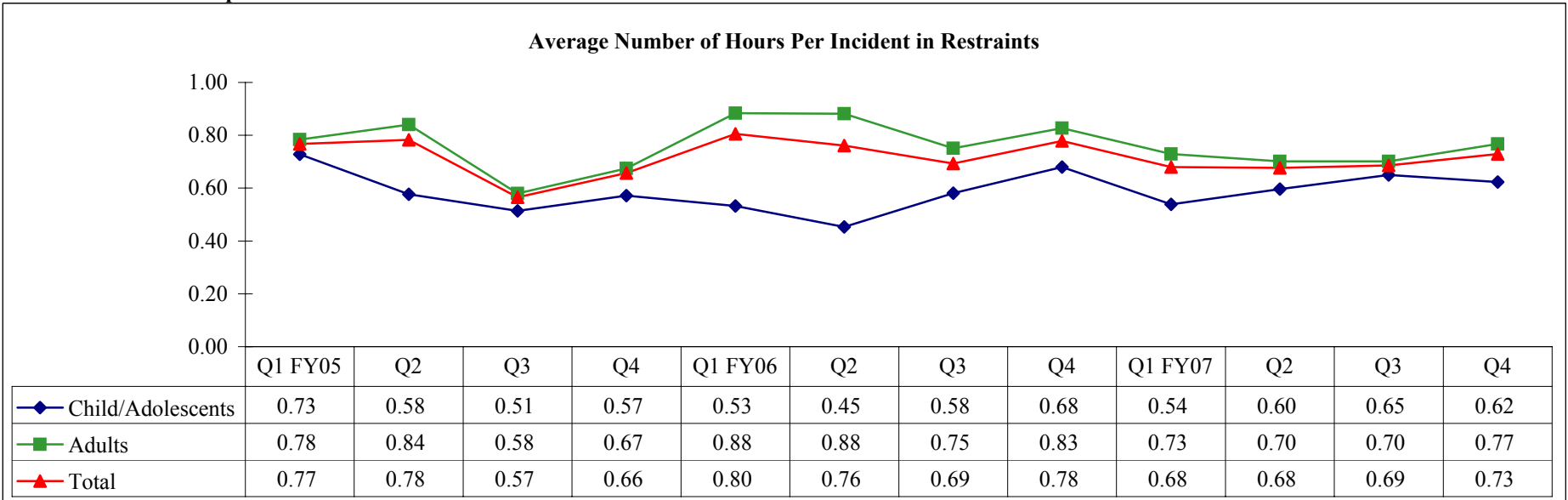
Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital



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

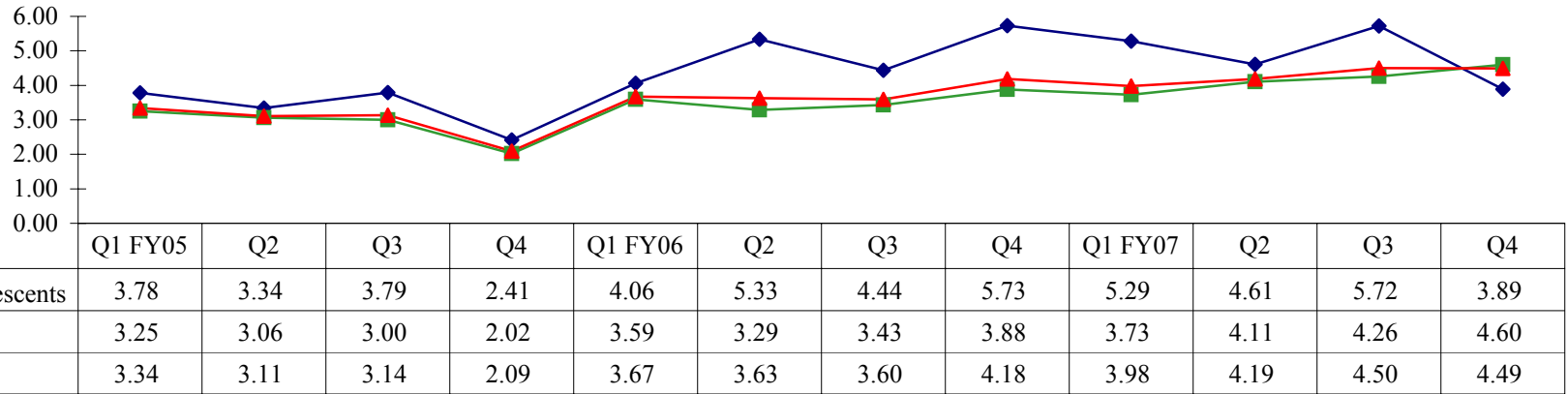


Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital

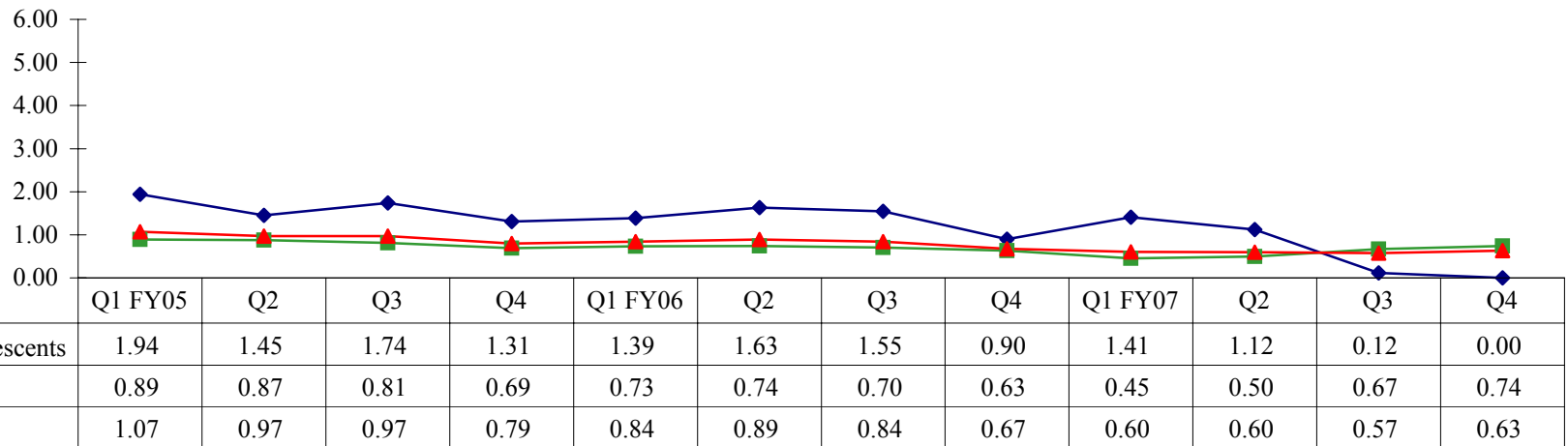


Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital

Number of Persons in Restraint/1000 Bed Days



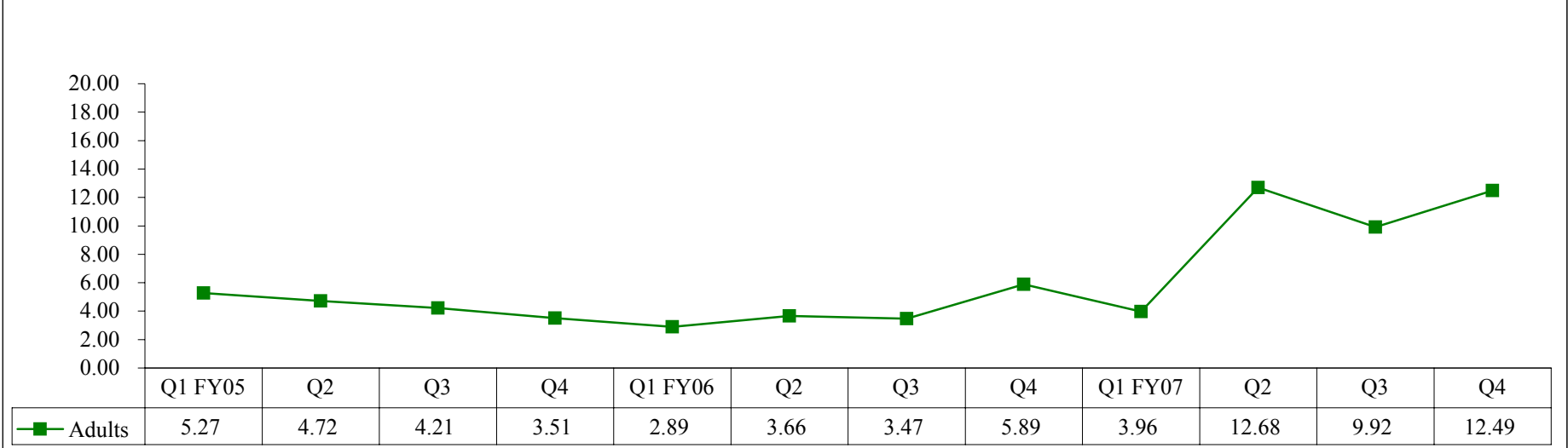
Number of Persons in Seclusion/1000 Bed Days



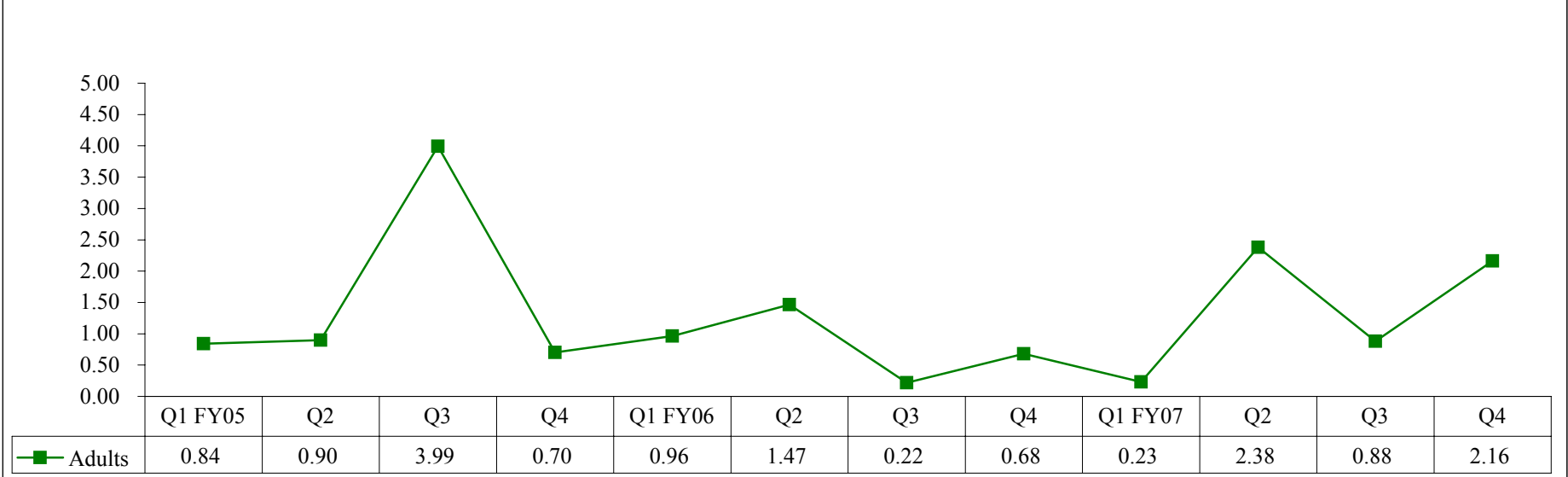
Objective 3B - Maintain Restraint and Seclusion Data

Rio Grande State Center

Restraint Incidents Per 1,000 Bed Days

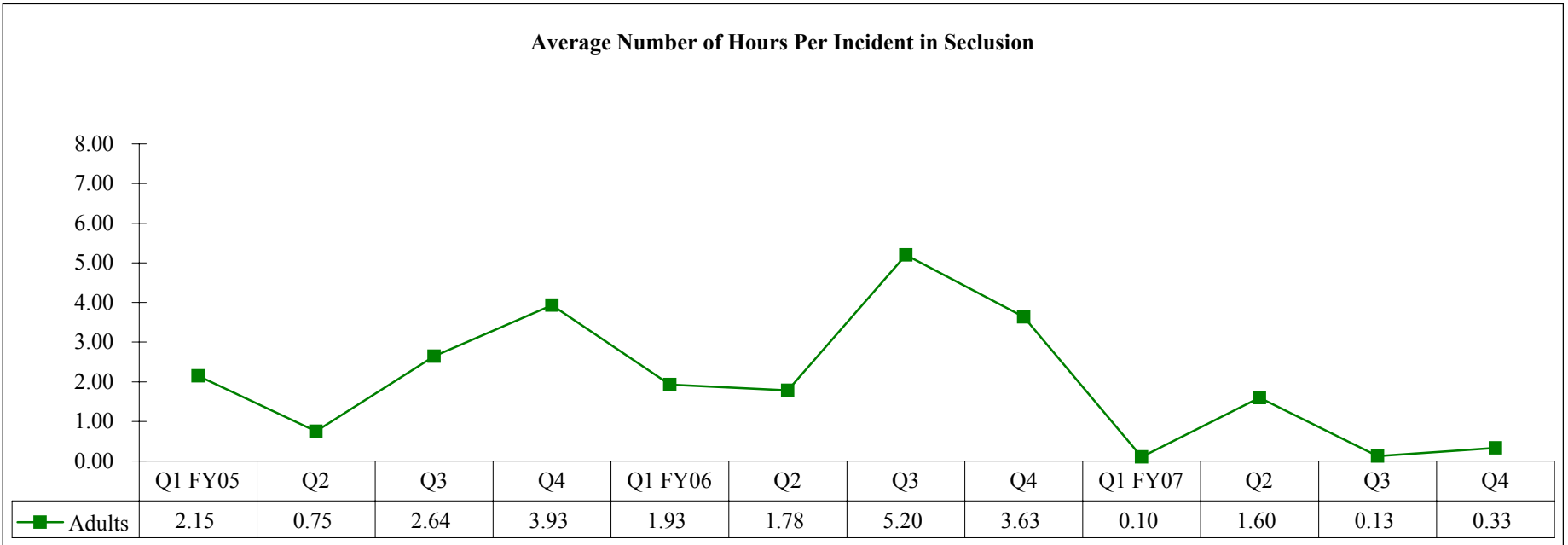
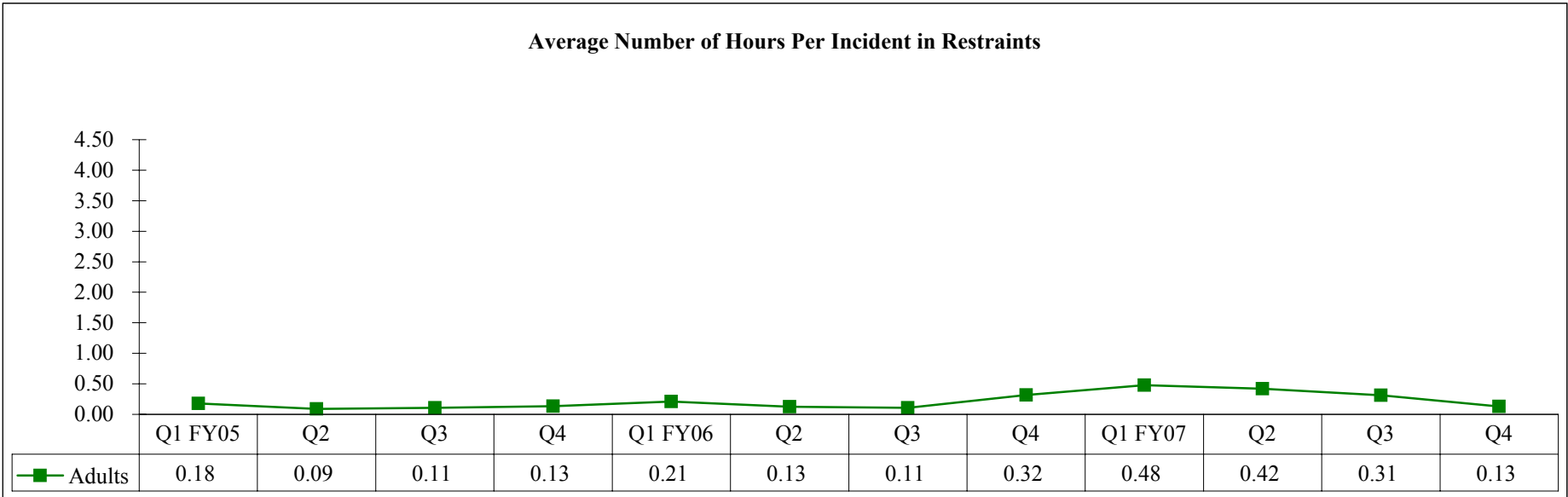


Seclusion Incidents Per 1,000 Bed Days



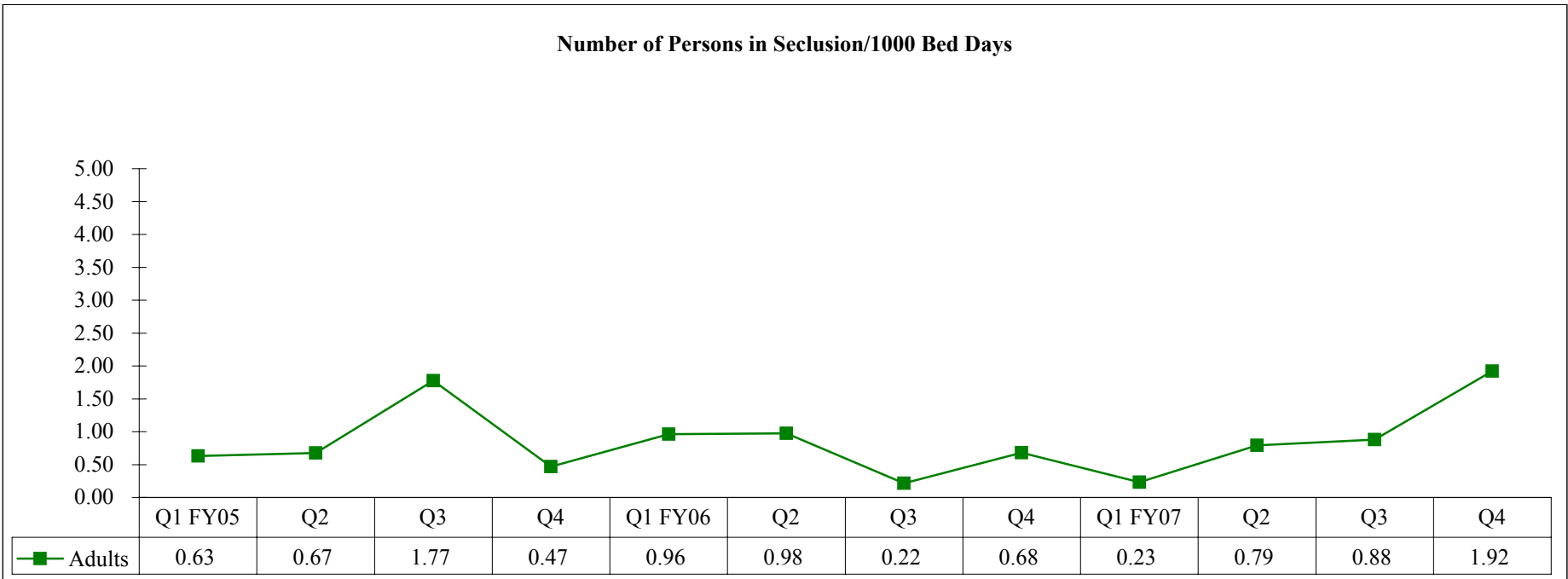
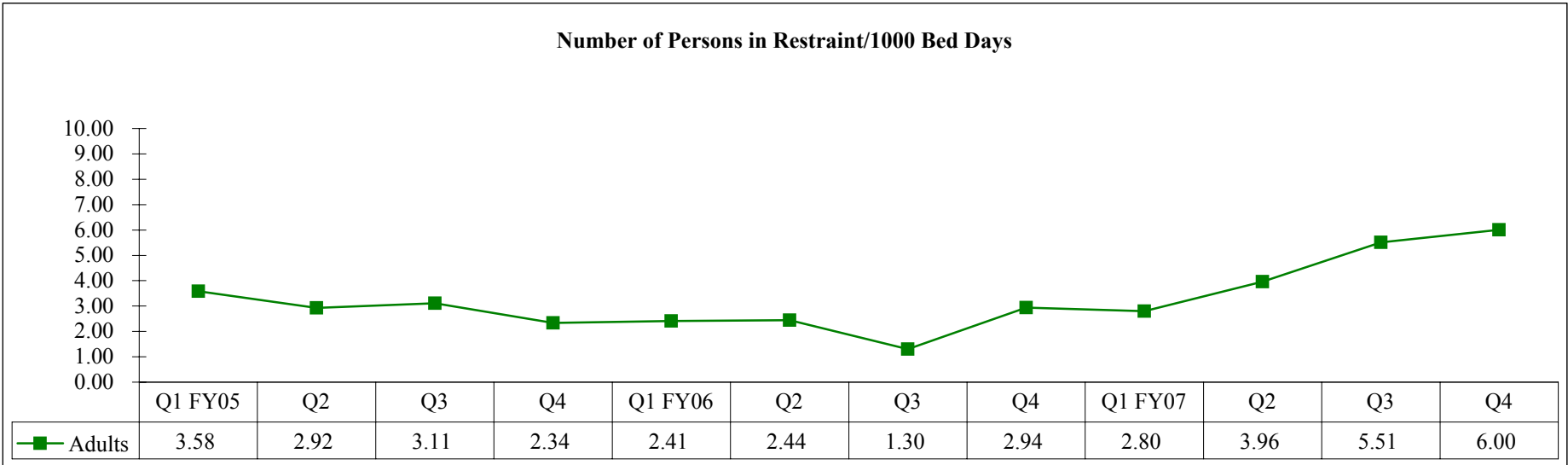
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

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



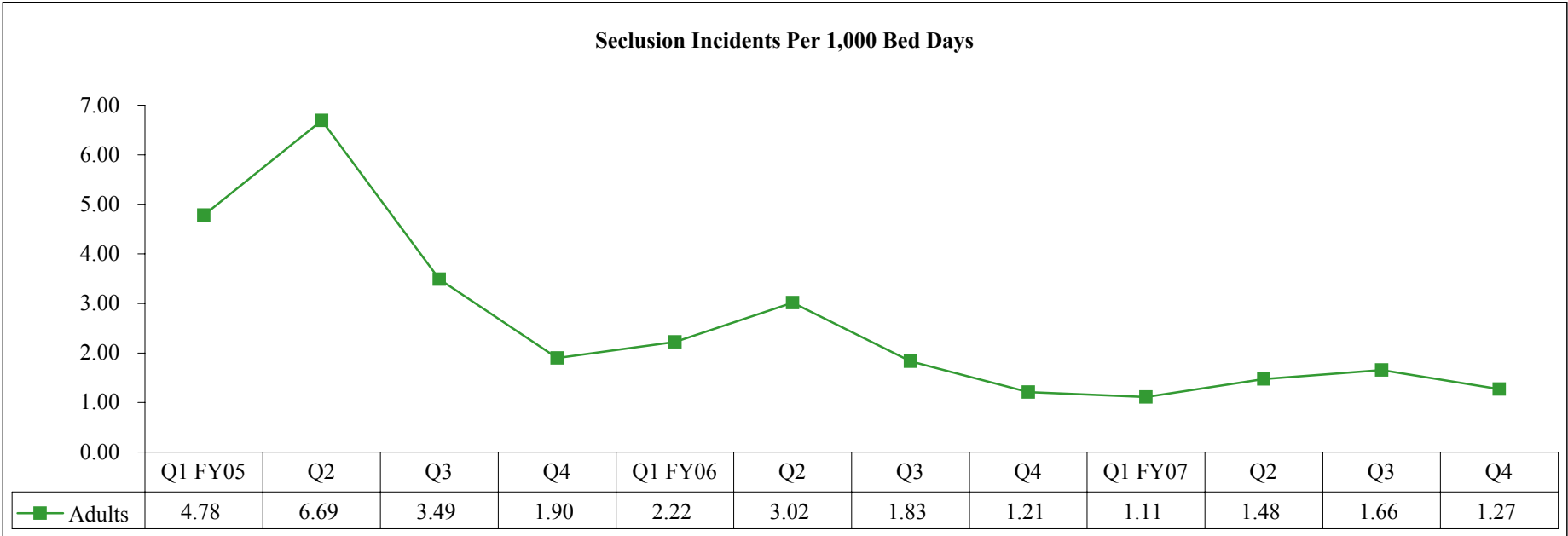
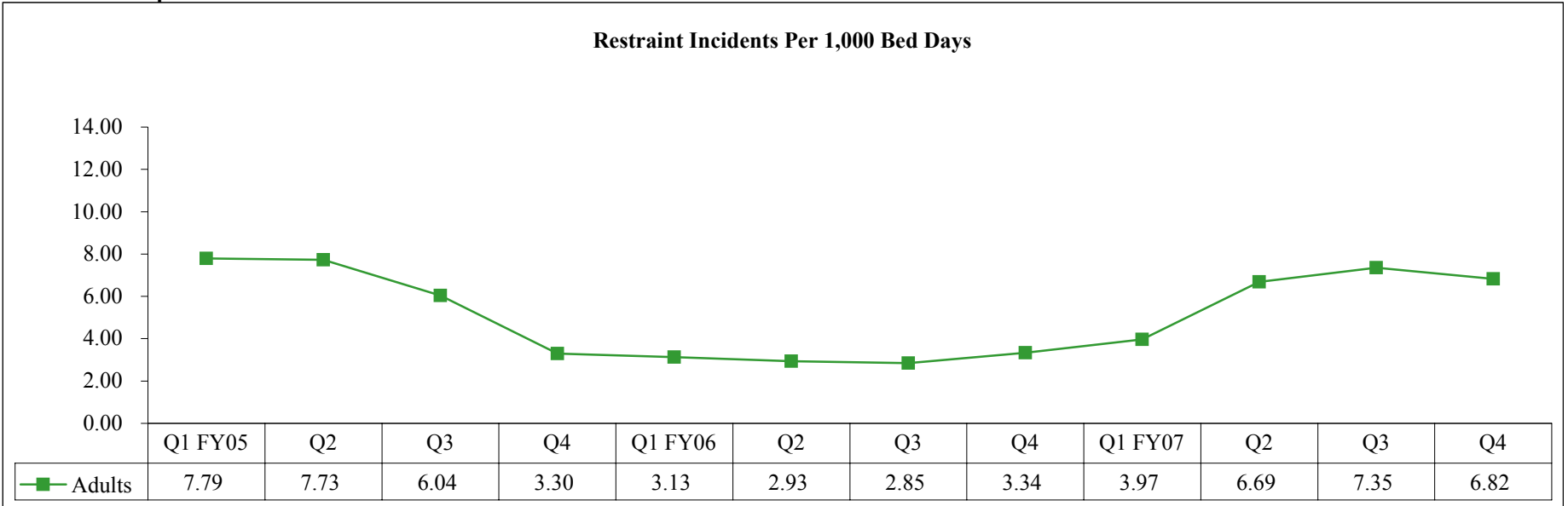
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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



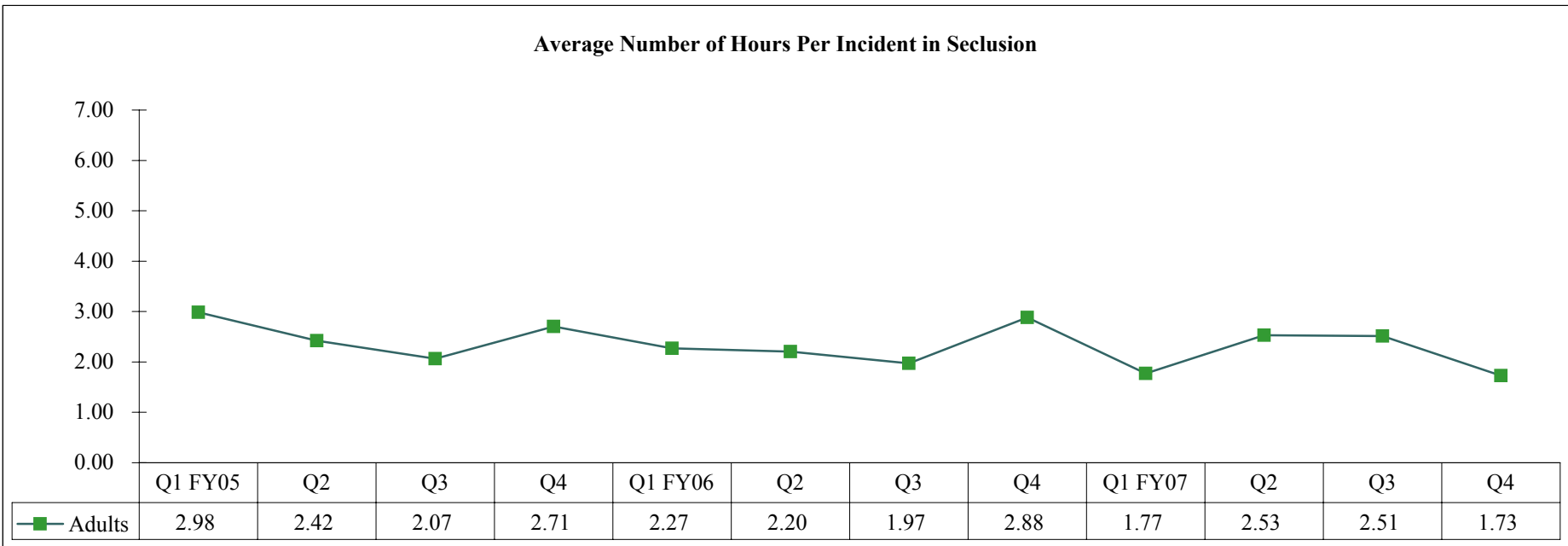
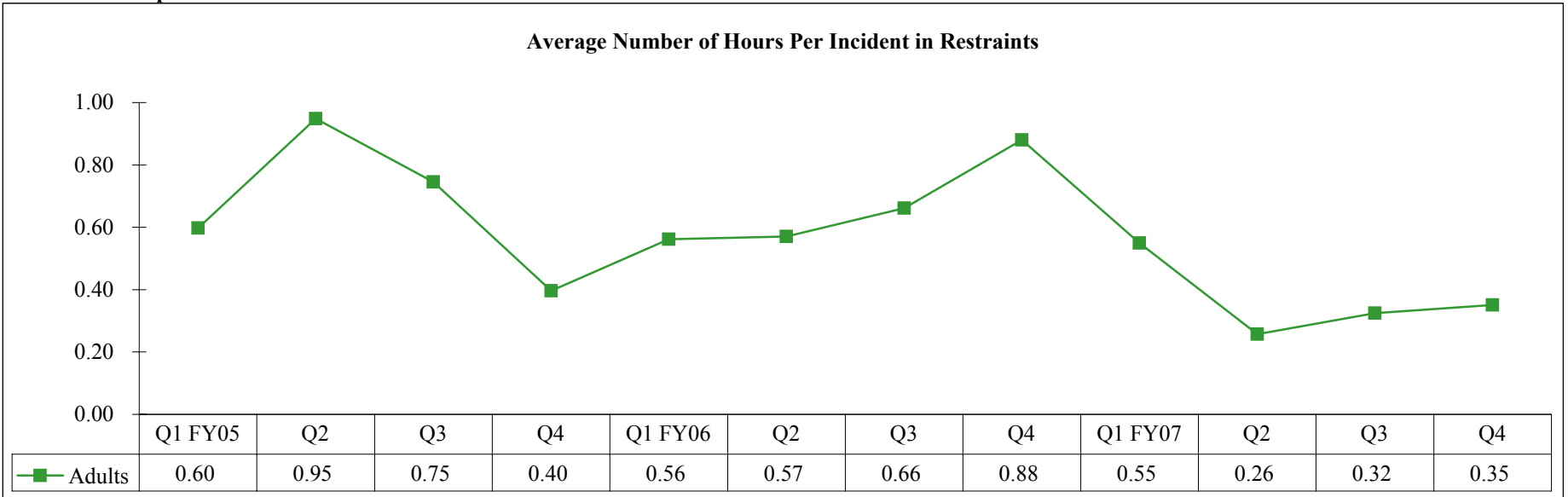
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

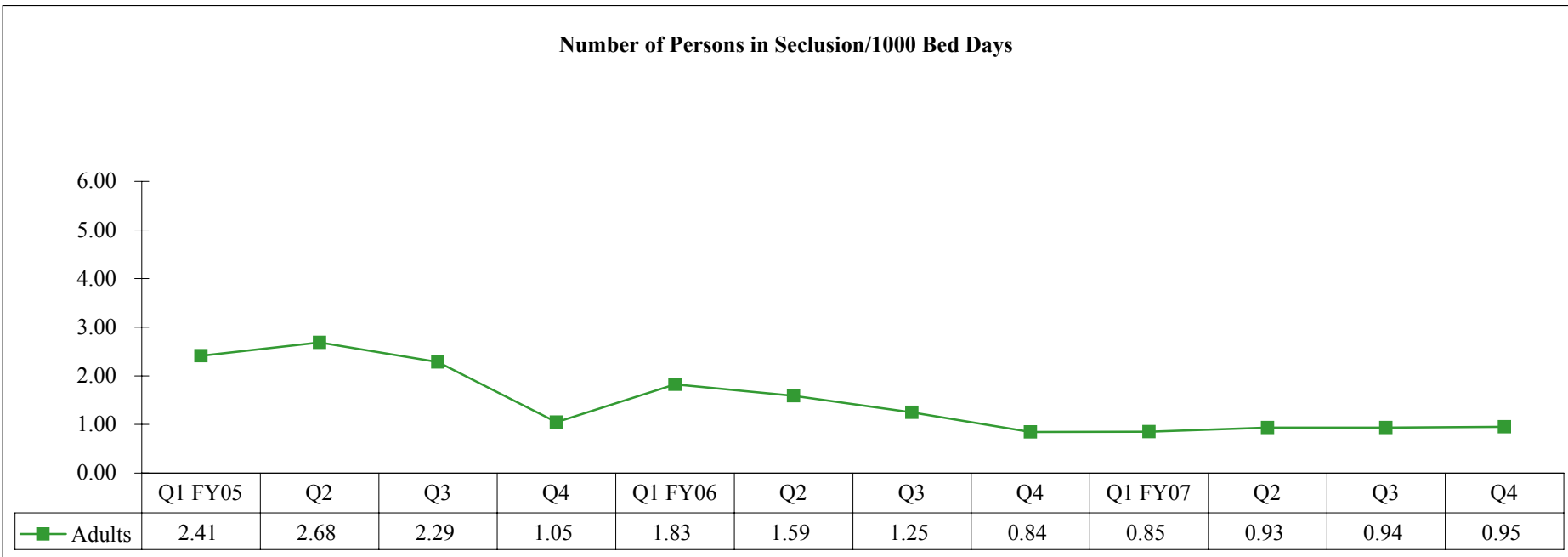
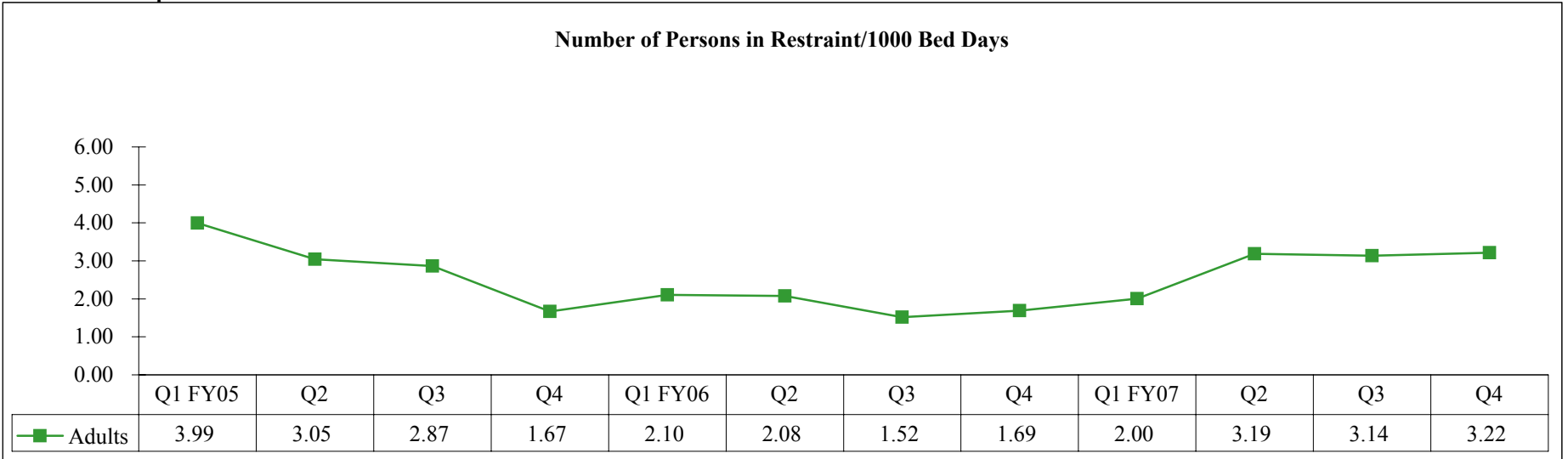


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

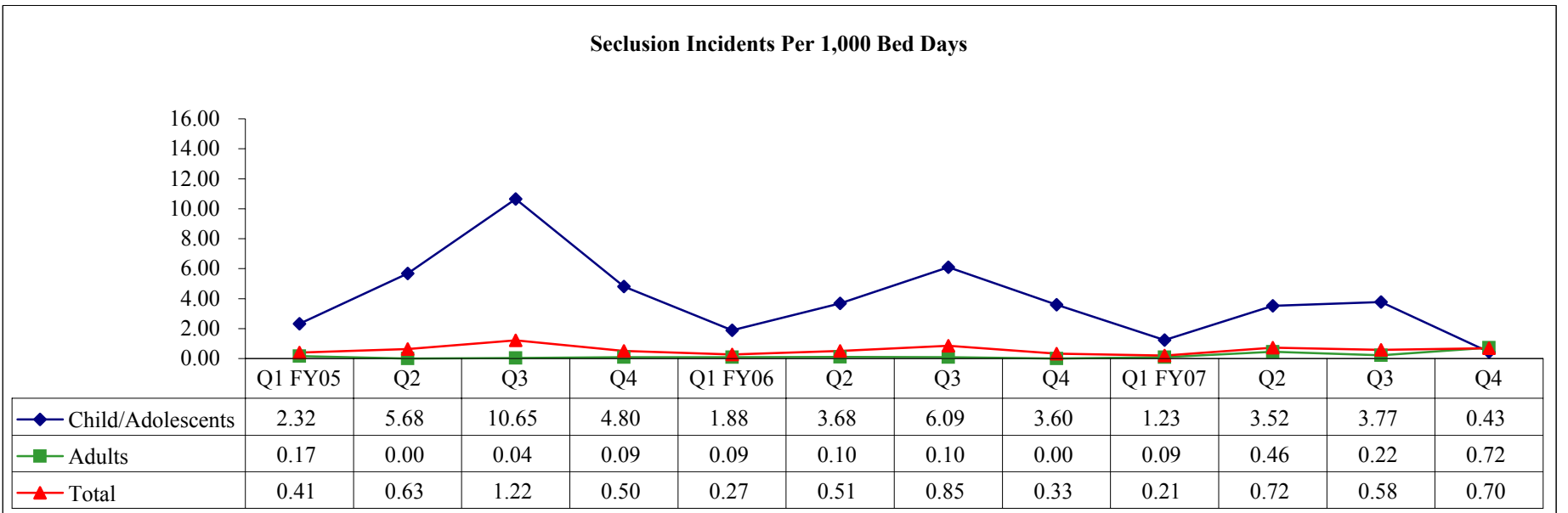
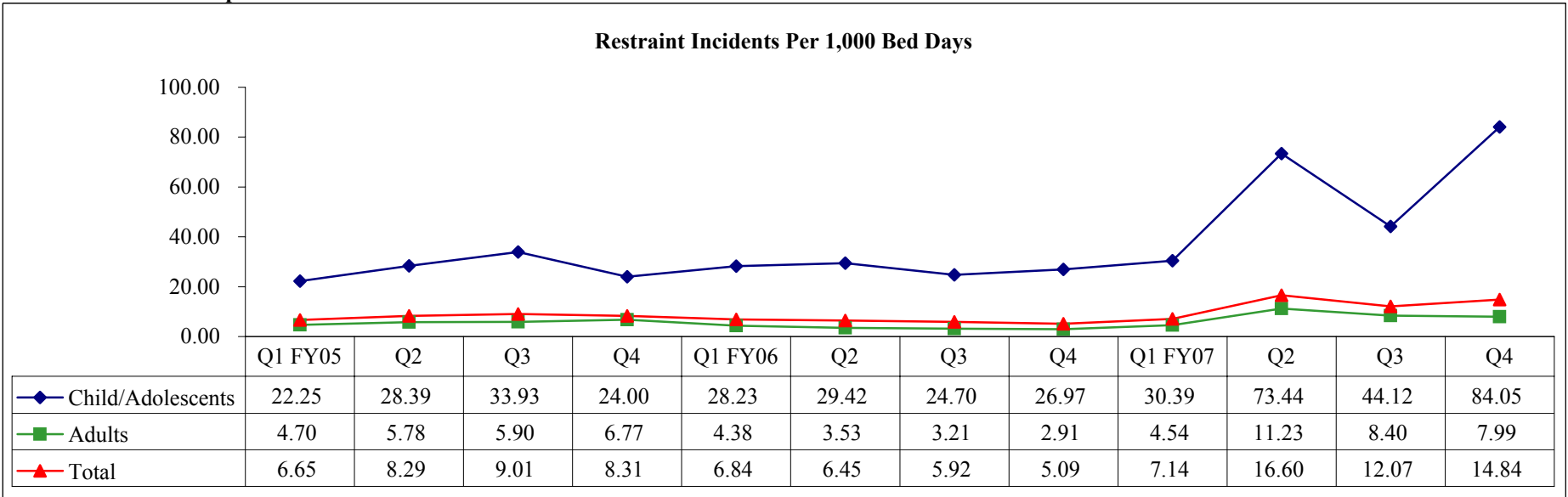
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



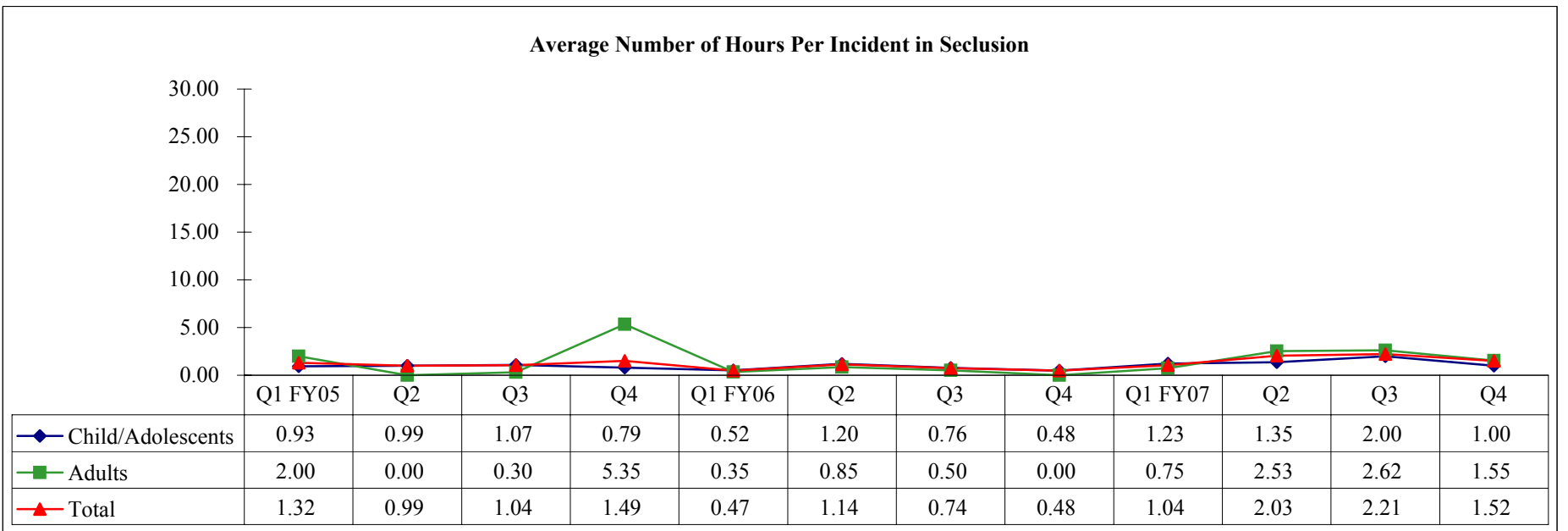
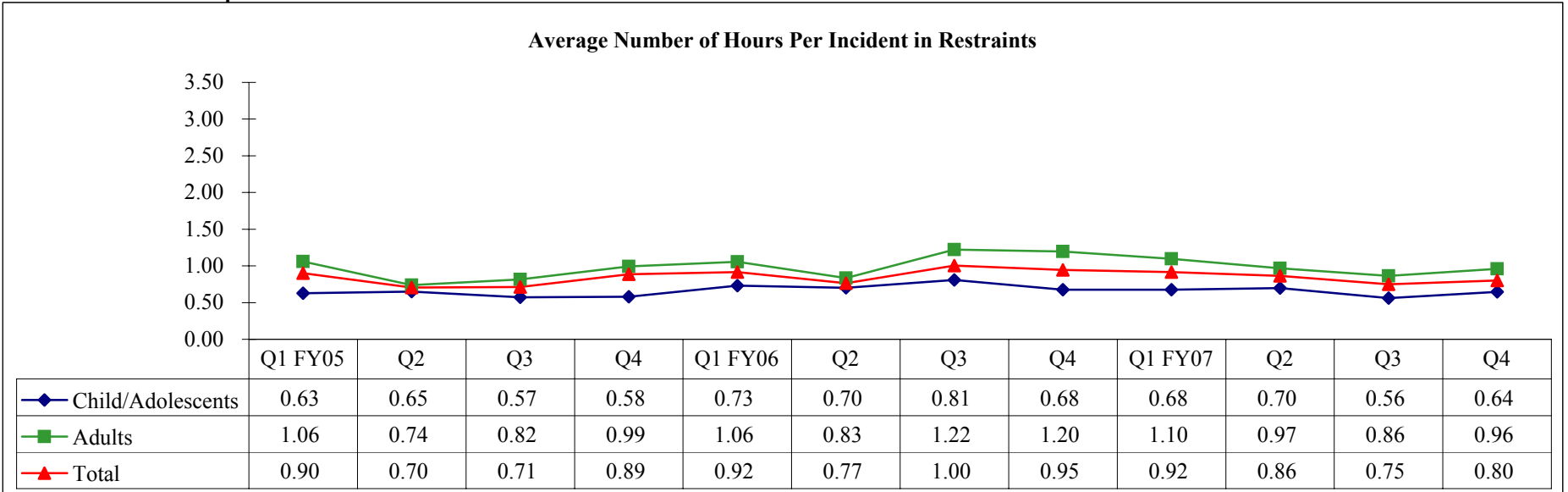
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



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

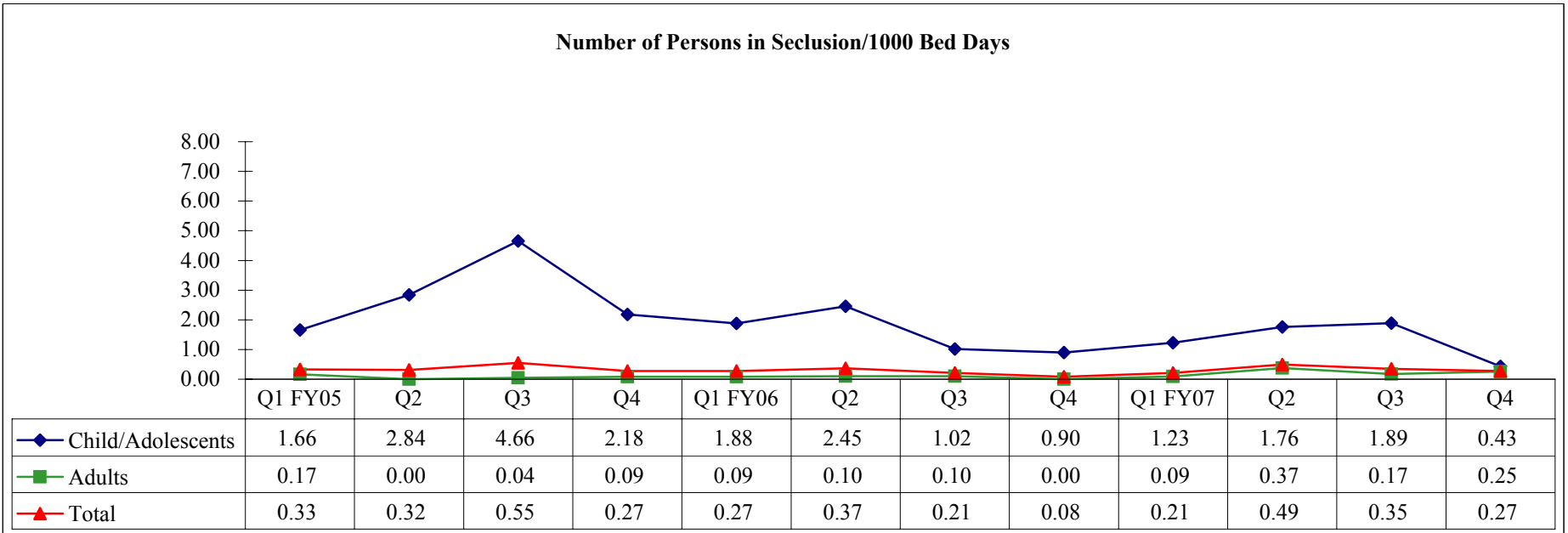
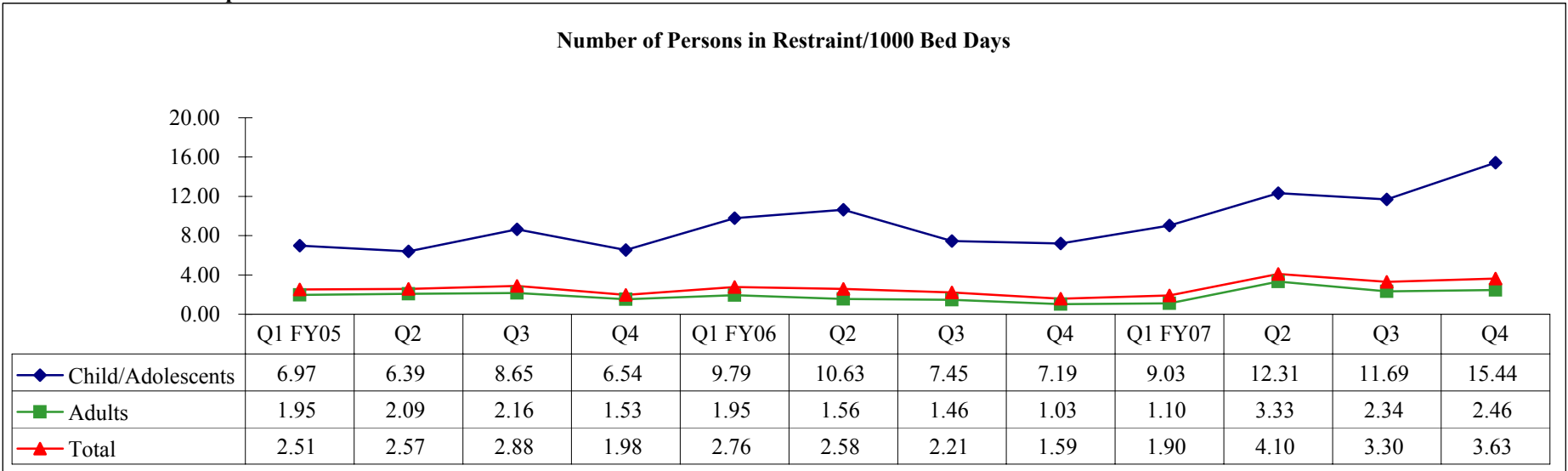


Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital

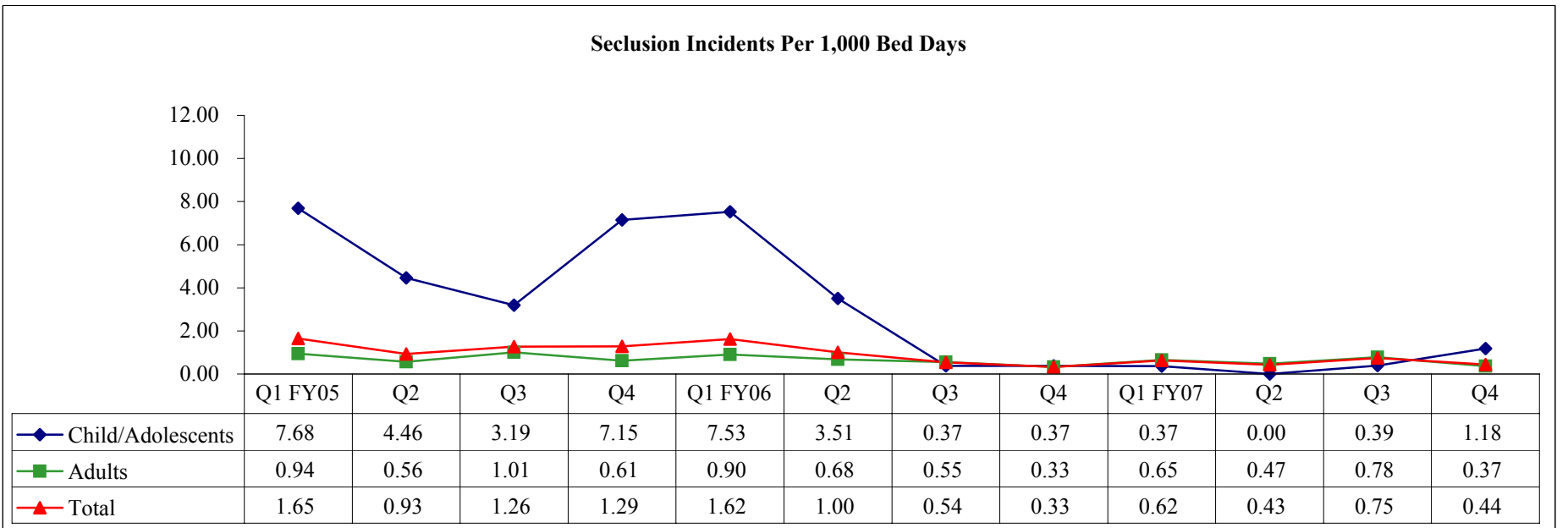
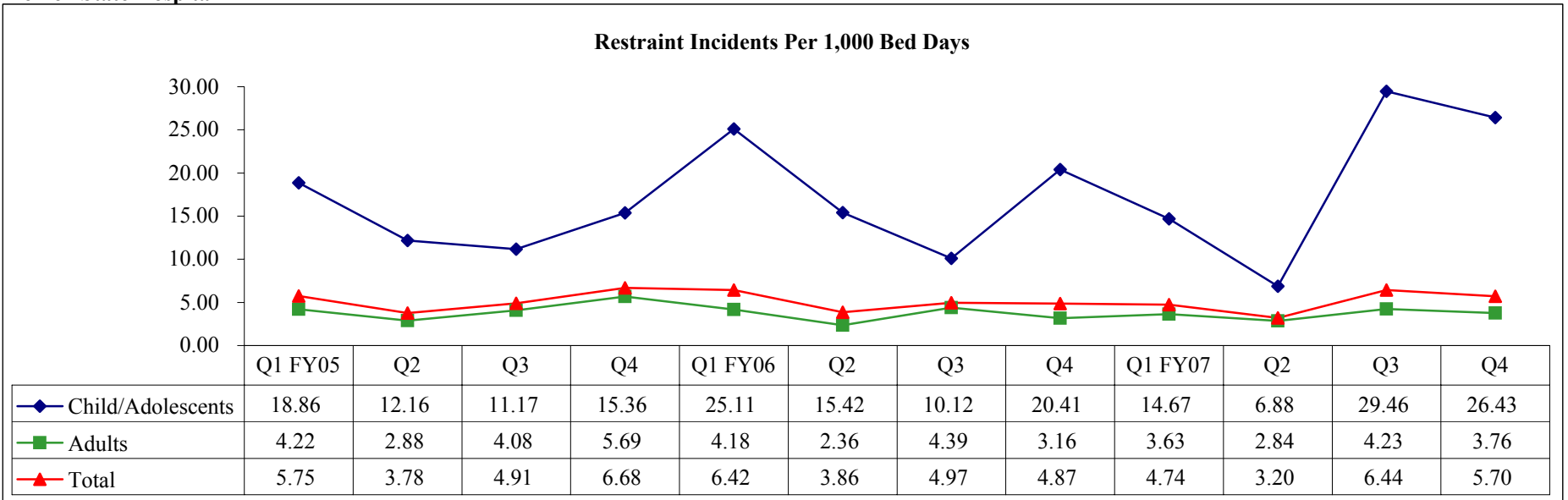


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

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

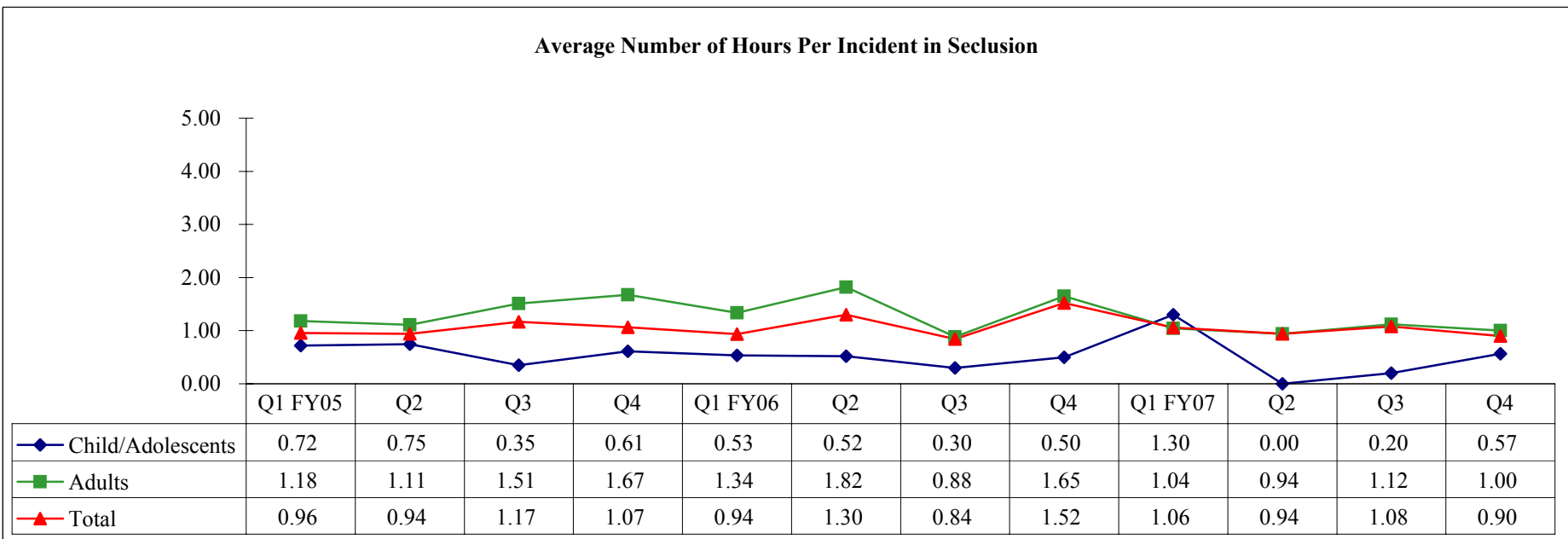
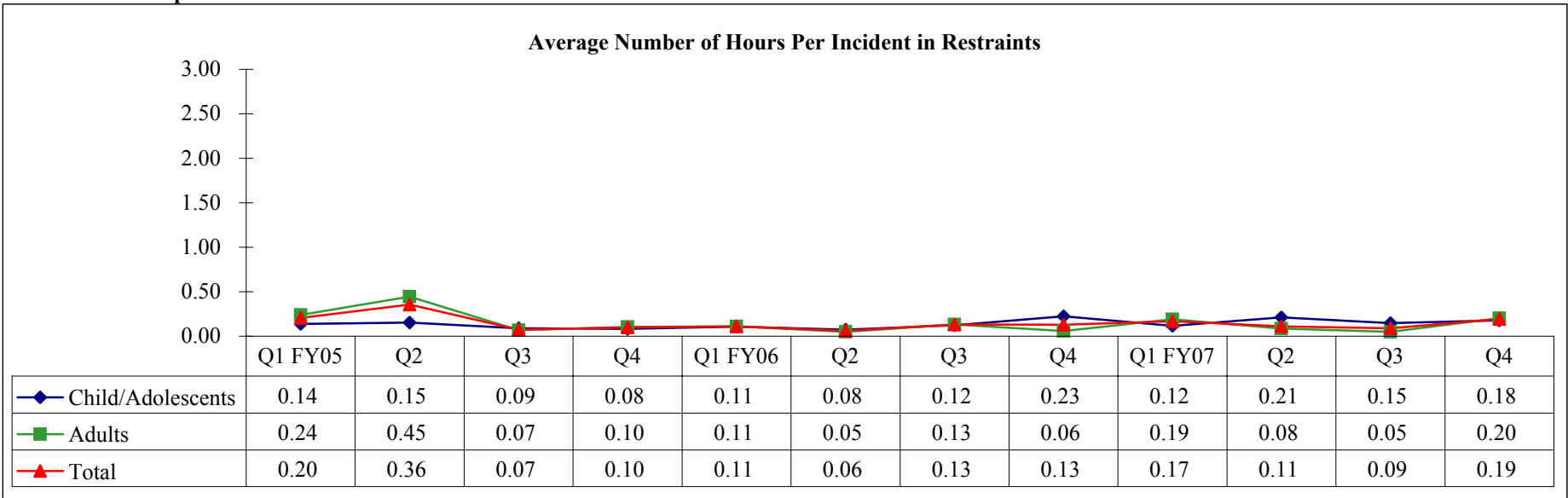


Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



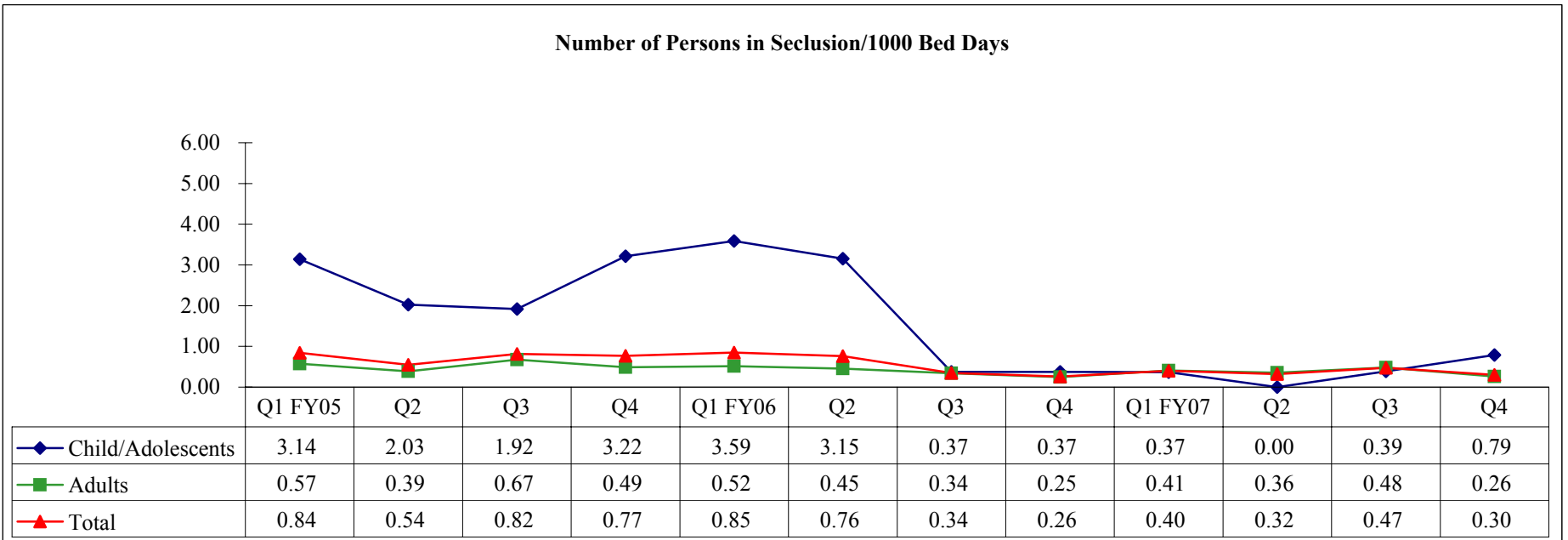
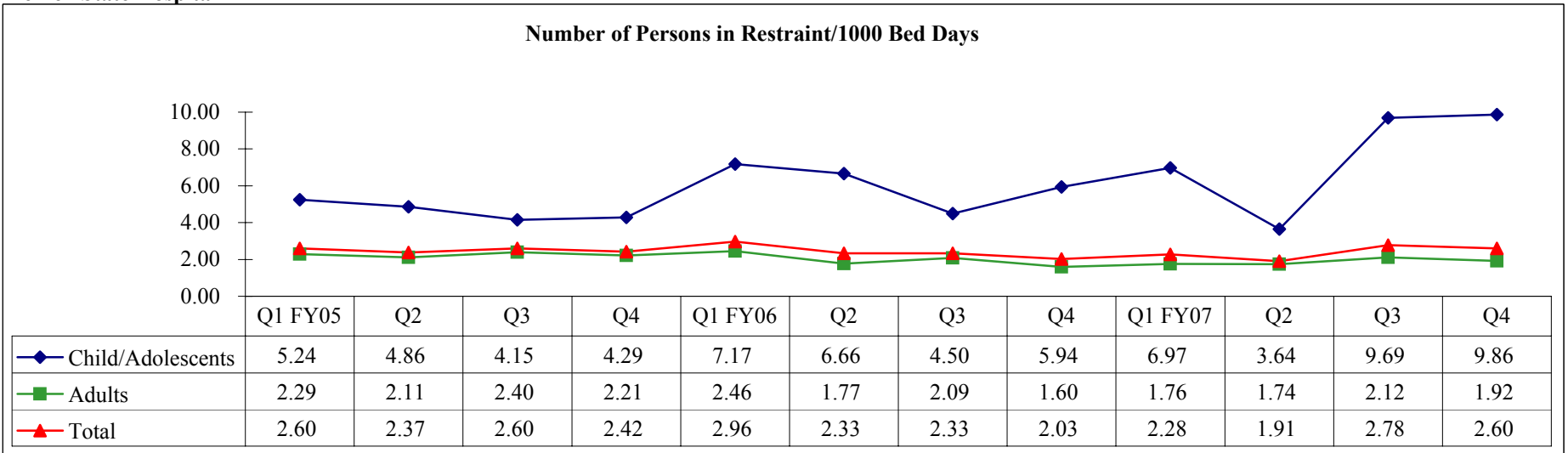
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 Access Database

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

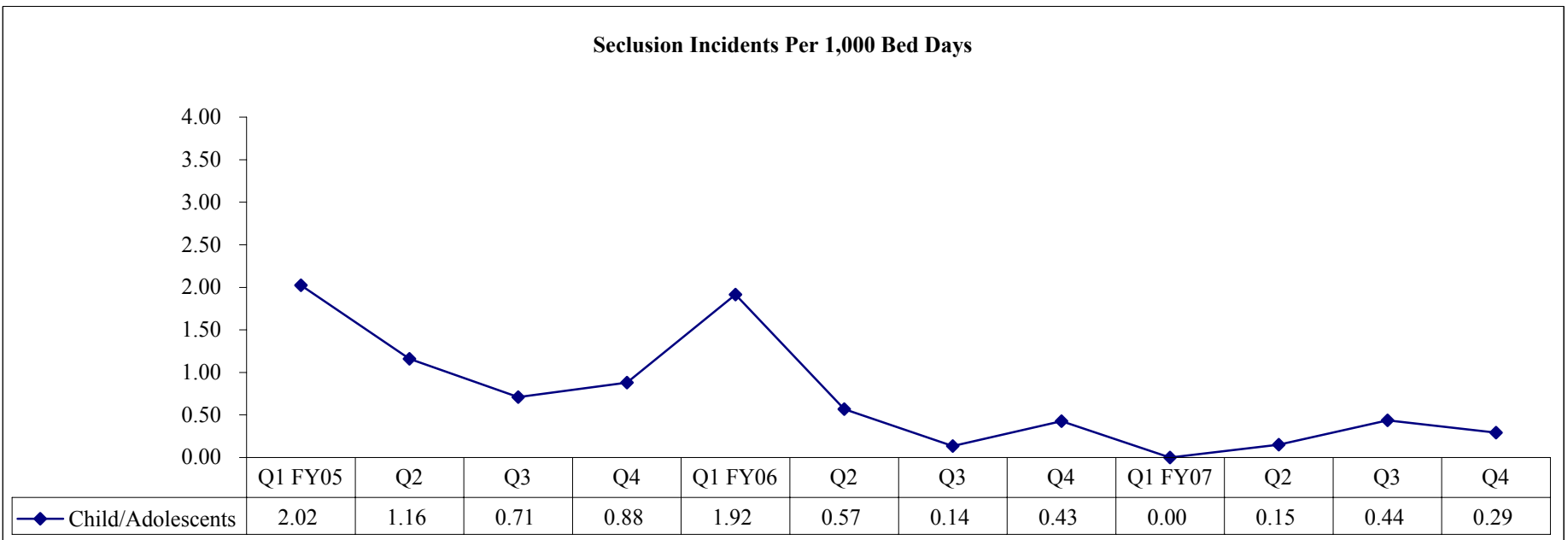
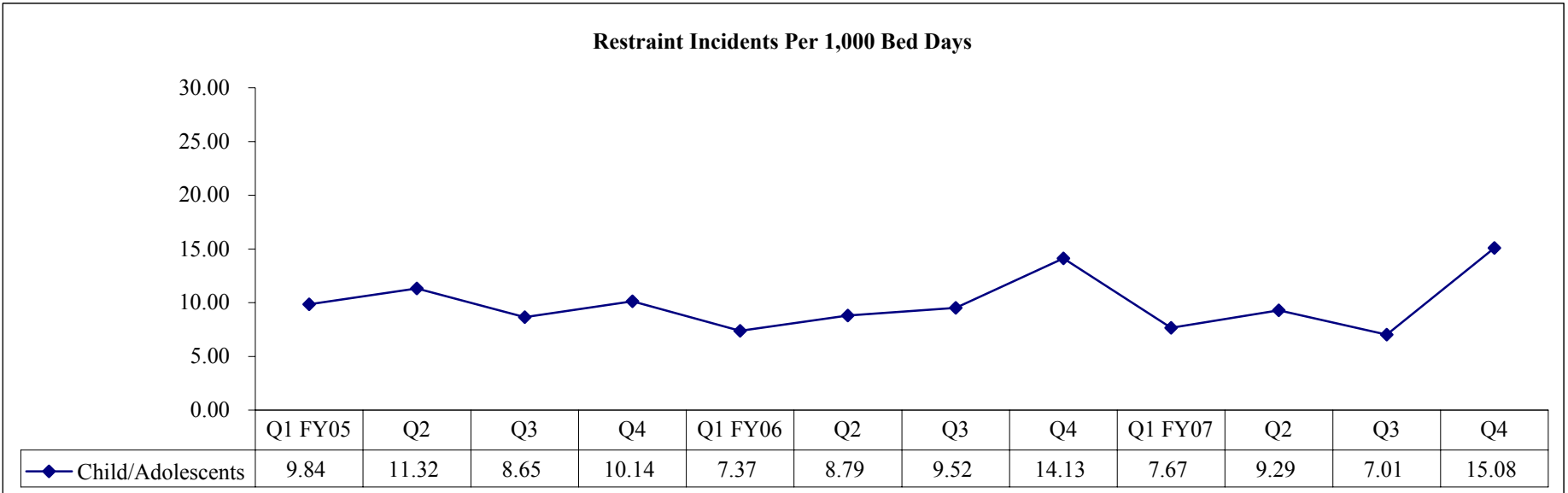


Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

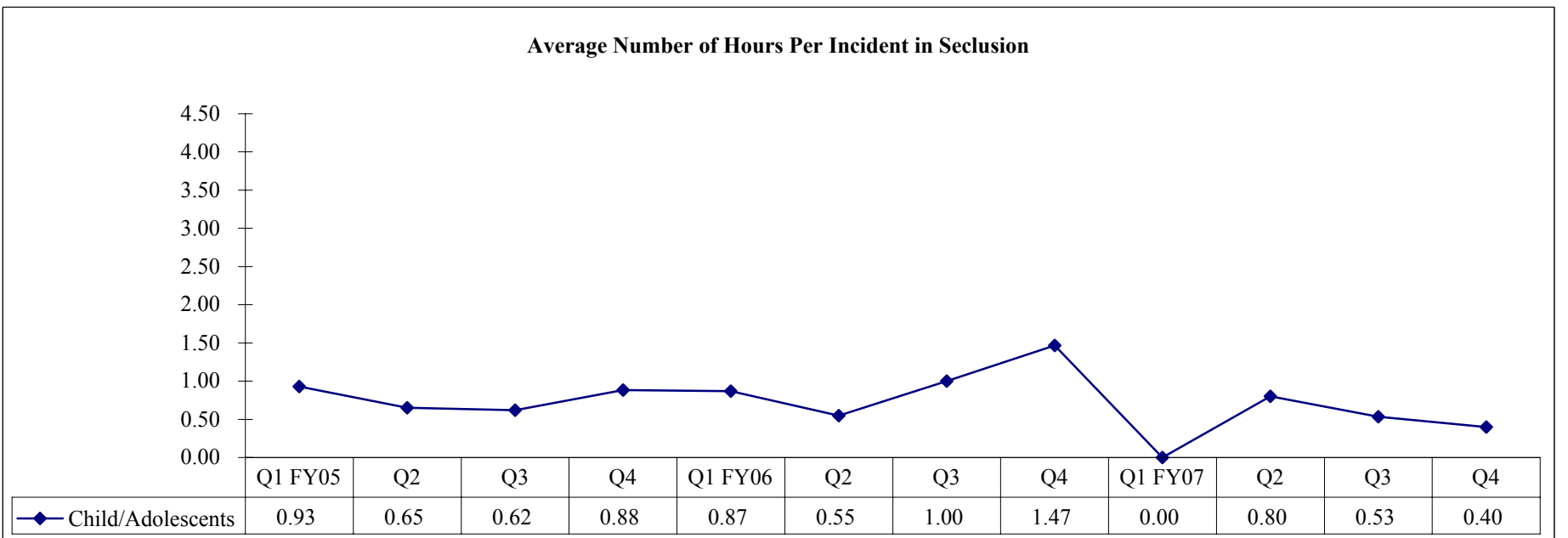
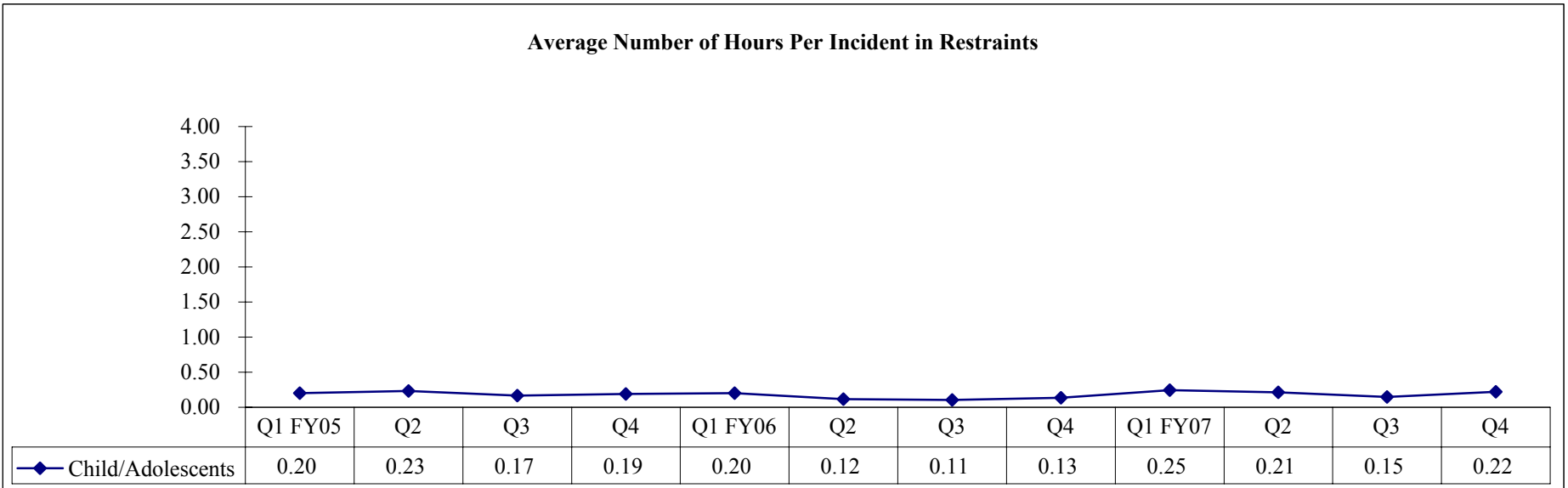
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



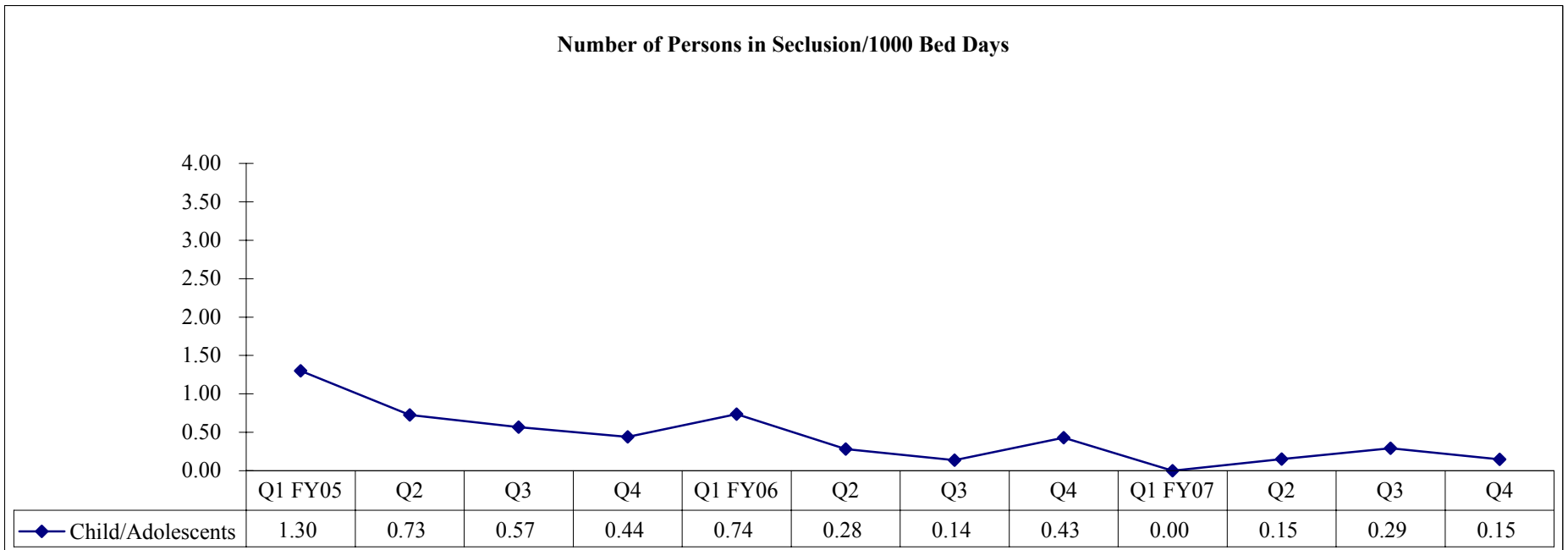
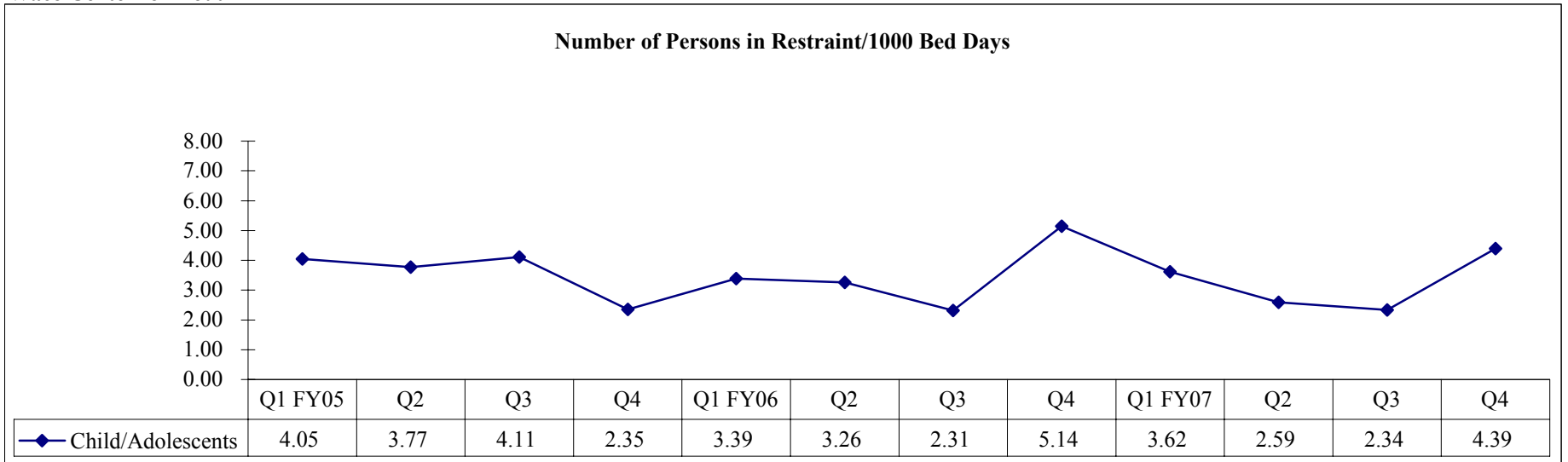
**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



**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:

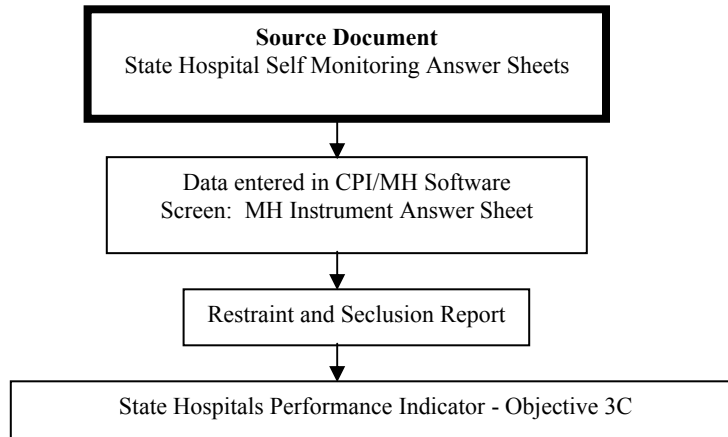
The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct implementation of restraint and seclusion when it is necessary to utilize these procedures.

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 $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

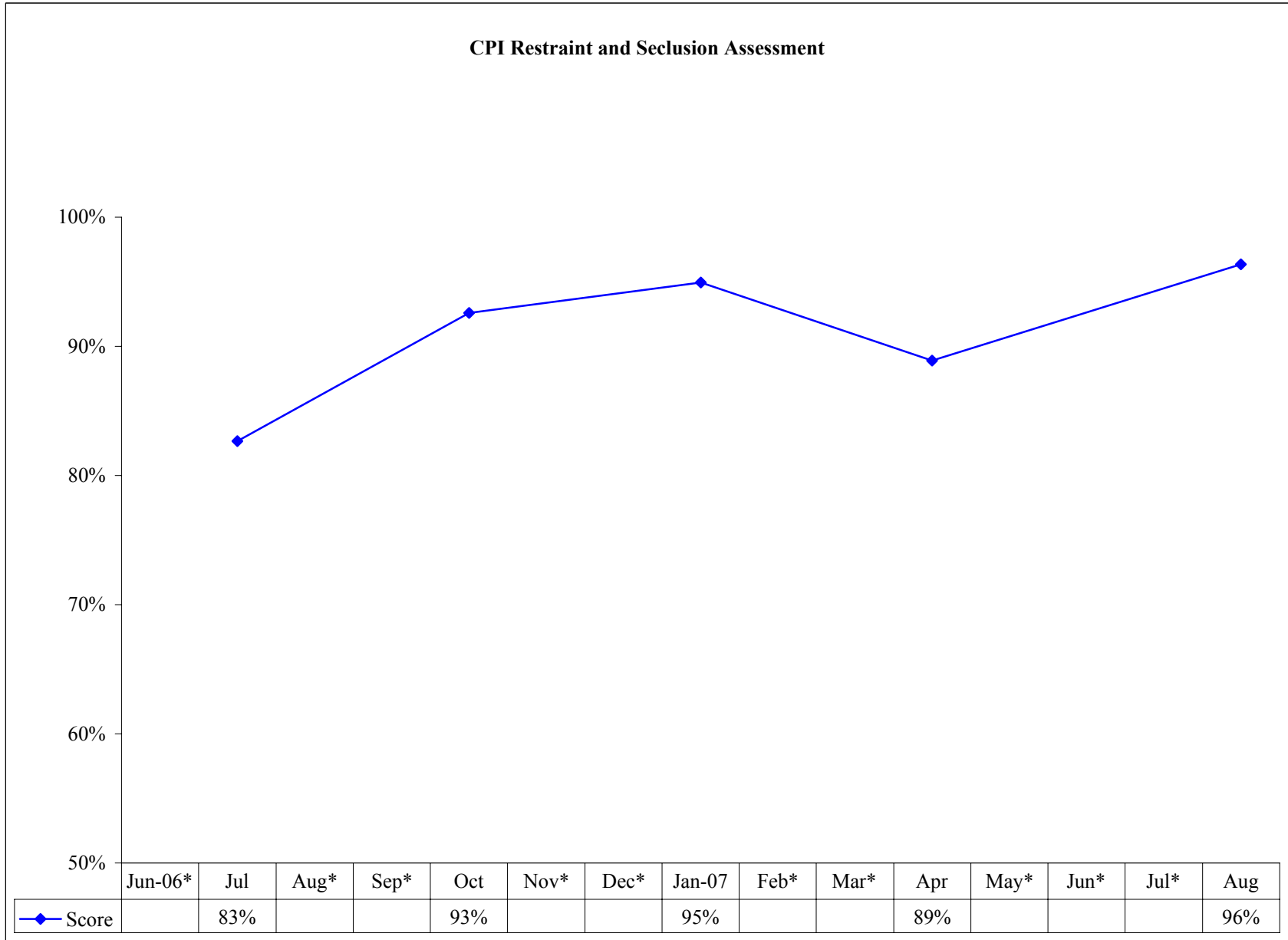
Performance Objective Data Display and Chart Description:
Chart with monthly data points of state hospital scores.

Data Flow:



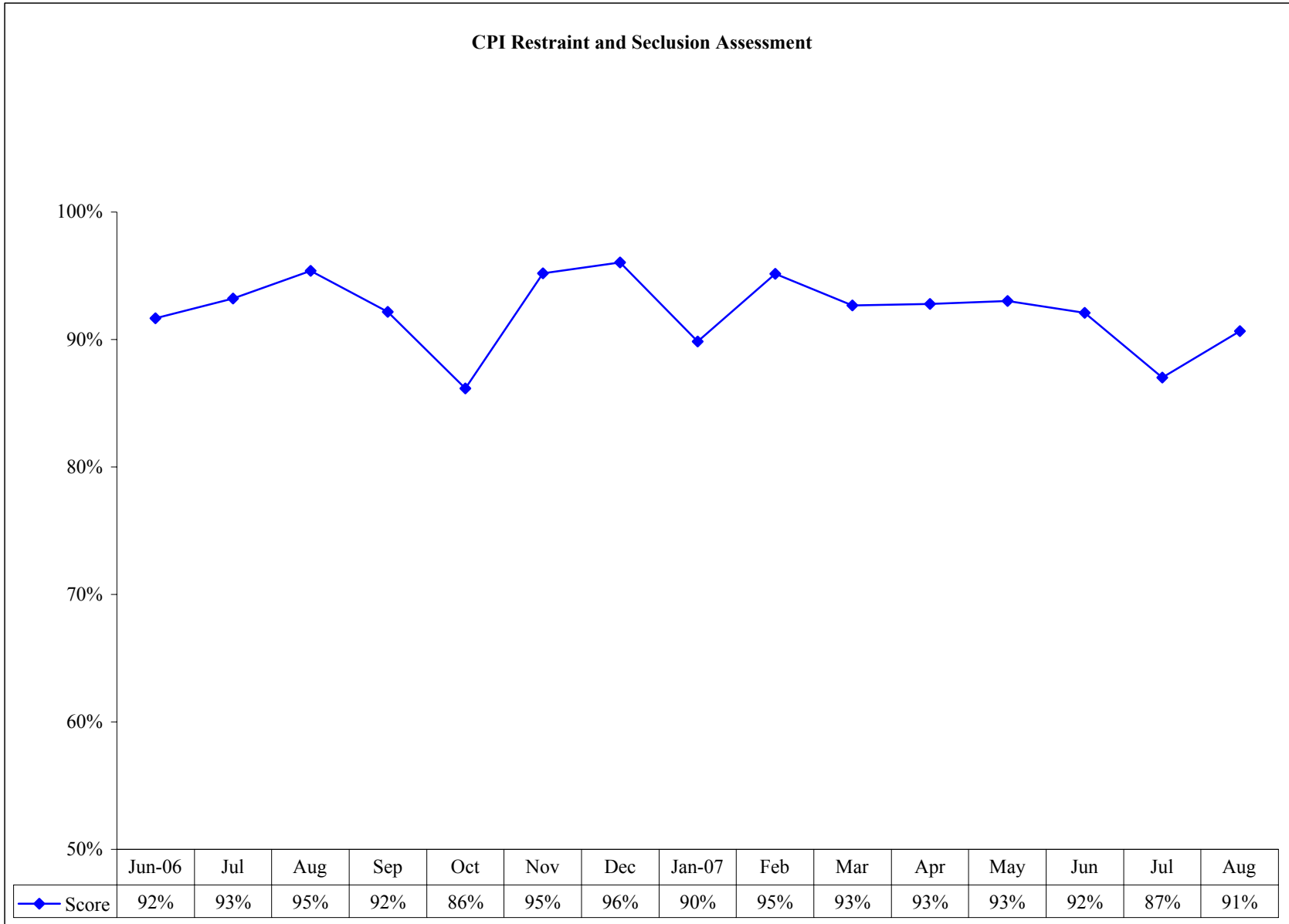
Data Integrity Review Process: (This process ensures the accuracy of data entered into the CPI software from the CPI answer sheets).

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

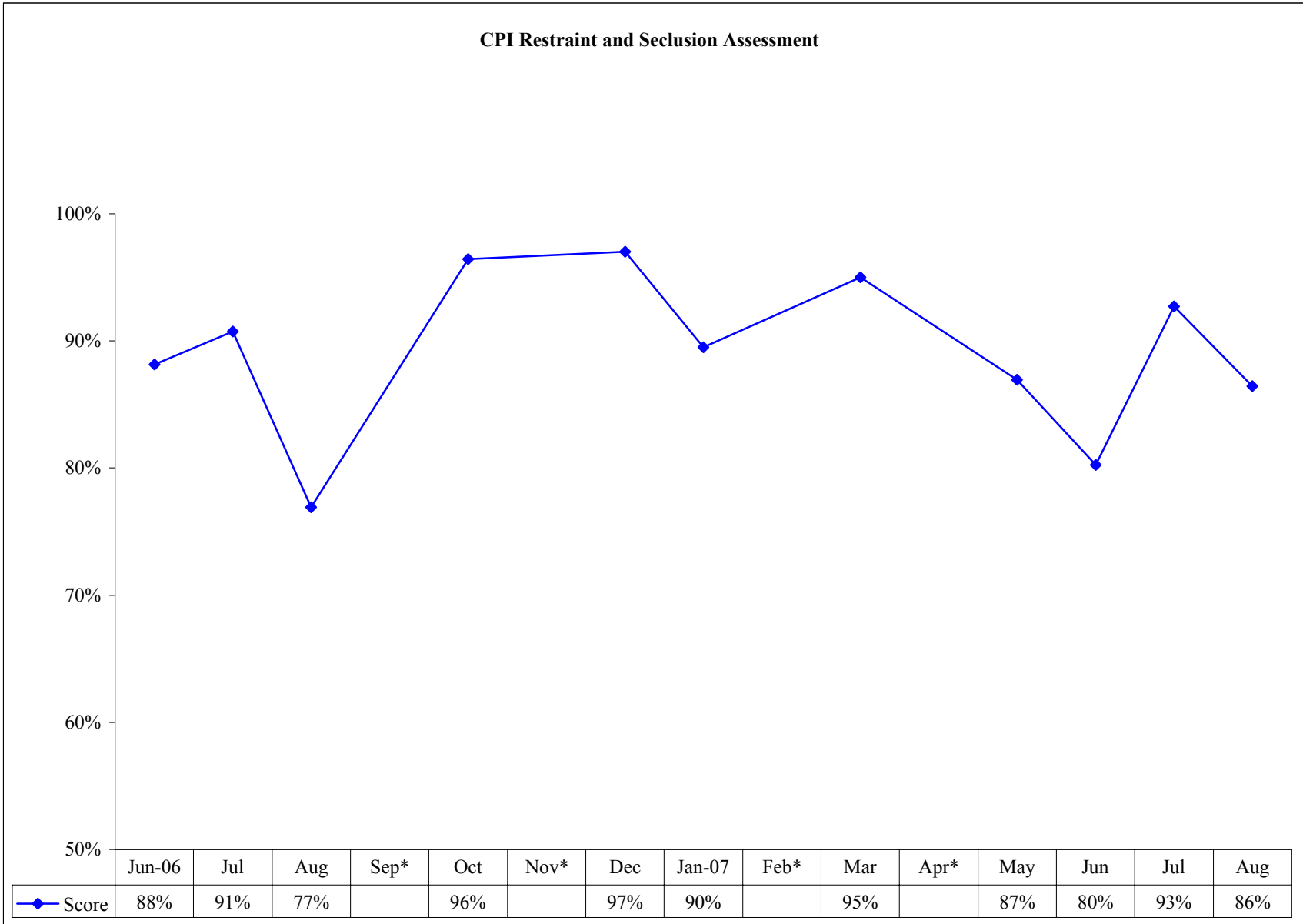


*No scores reported to HMDS.

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

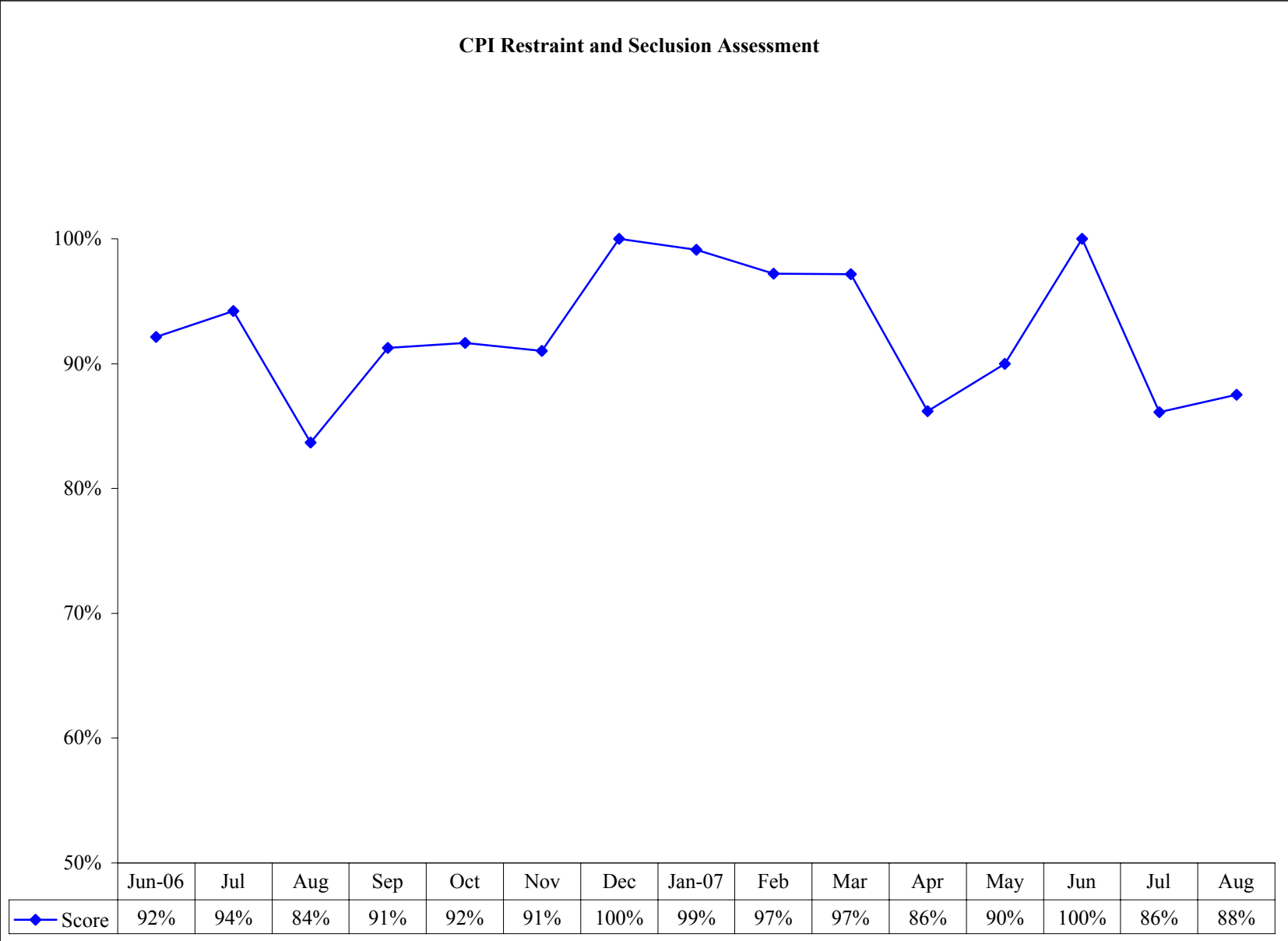


**Objective 3C - Behavioral Restraint and Seclusion Assessment
El Paso Psychiatric Center**



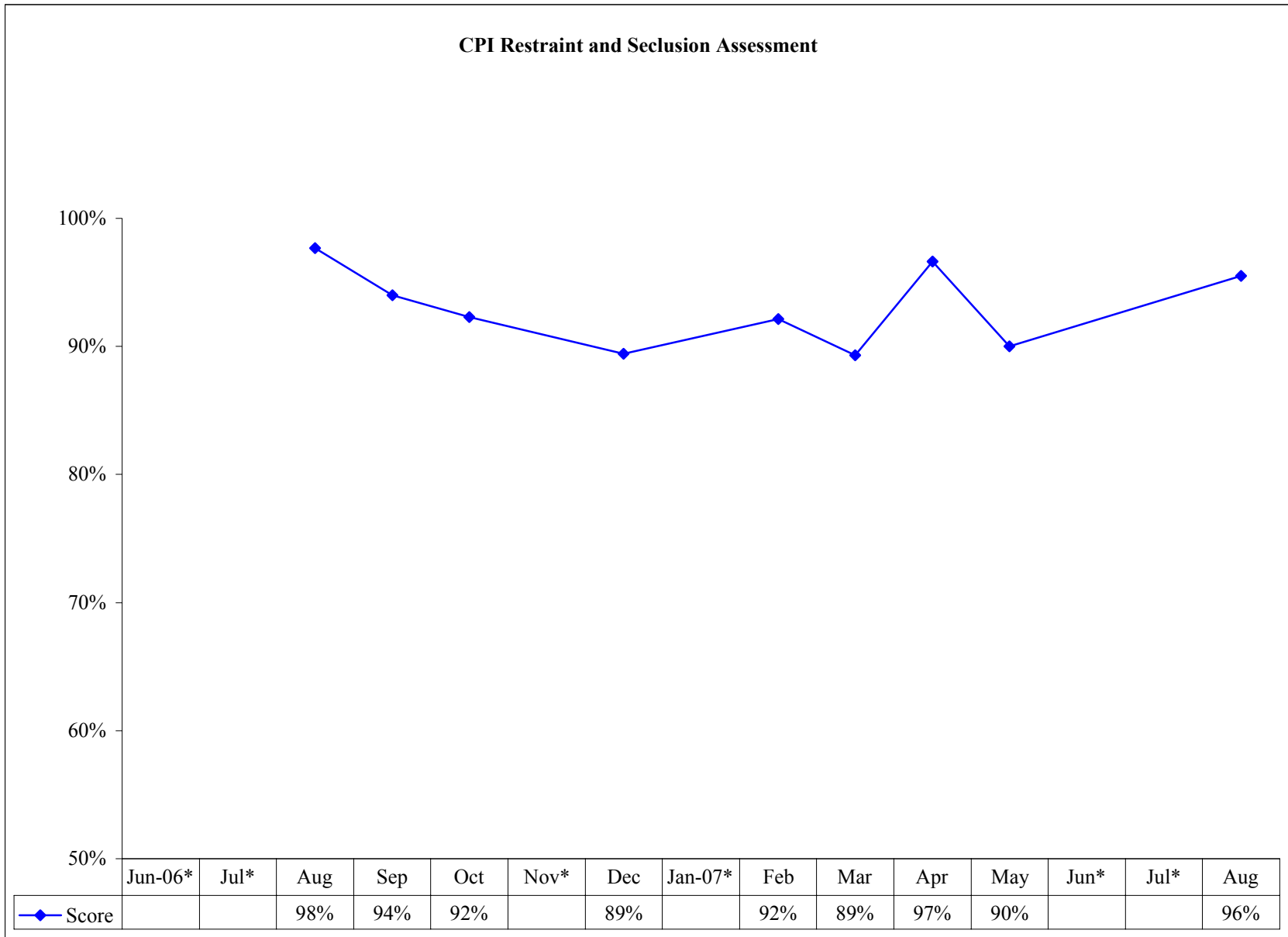
*No scores reported to HMDS.

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



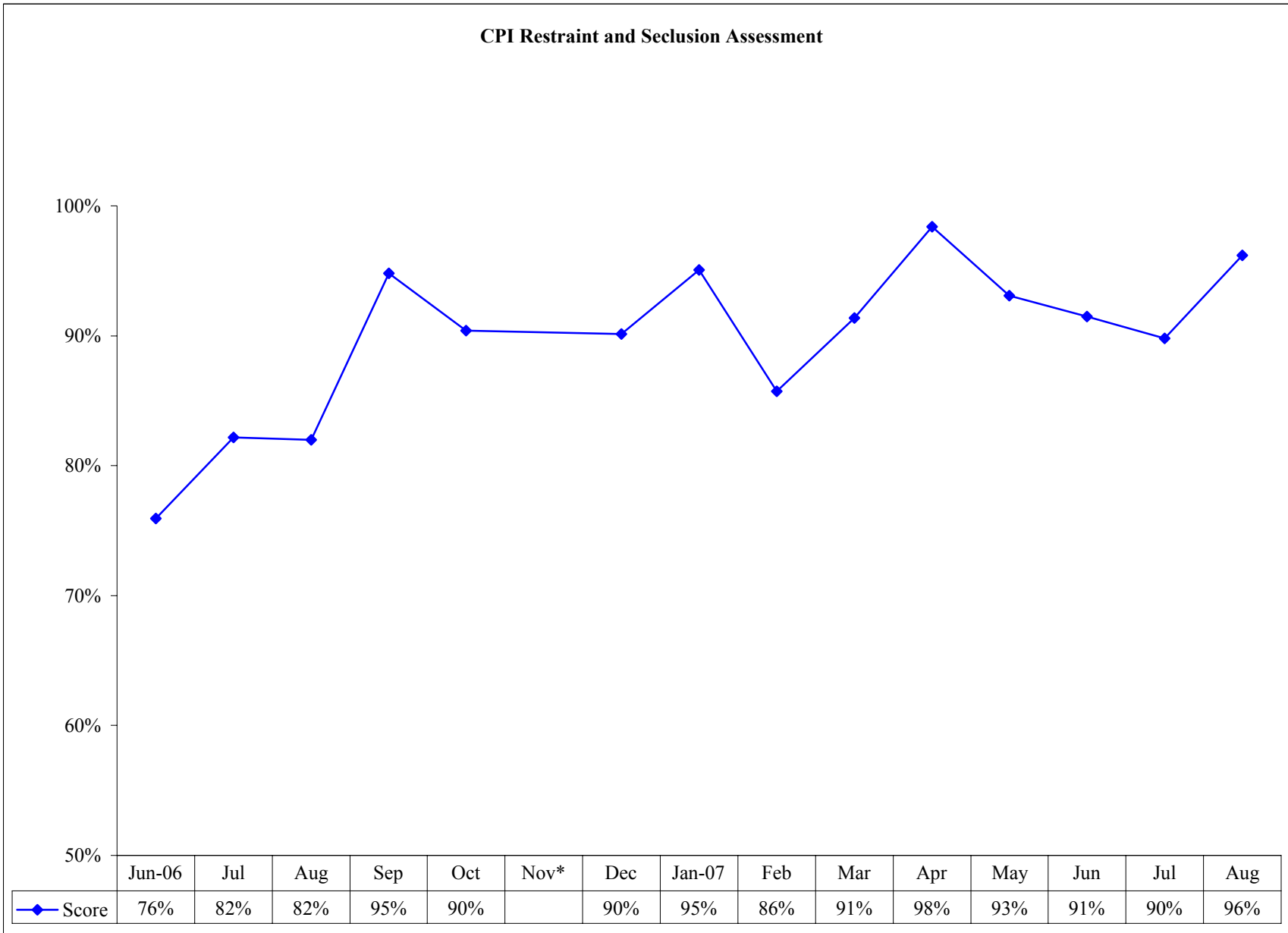
*No scores reported to HMDS.

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



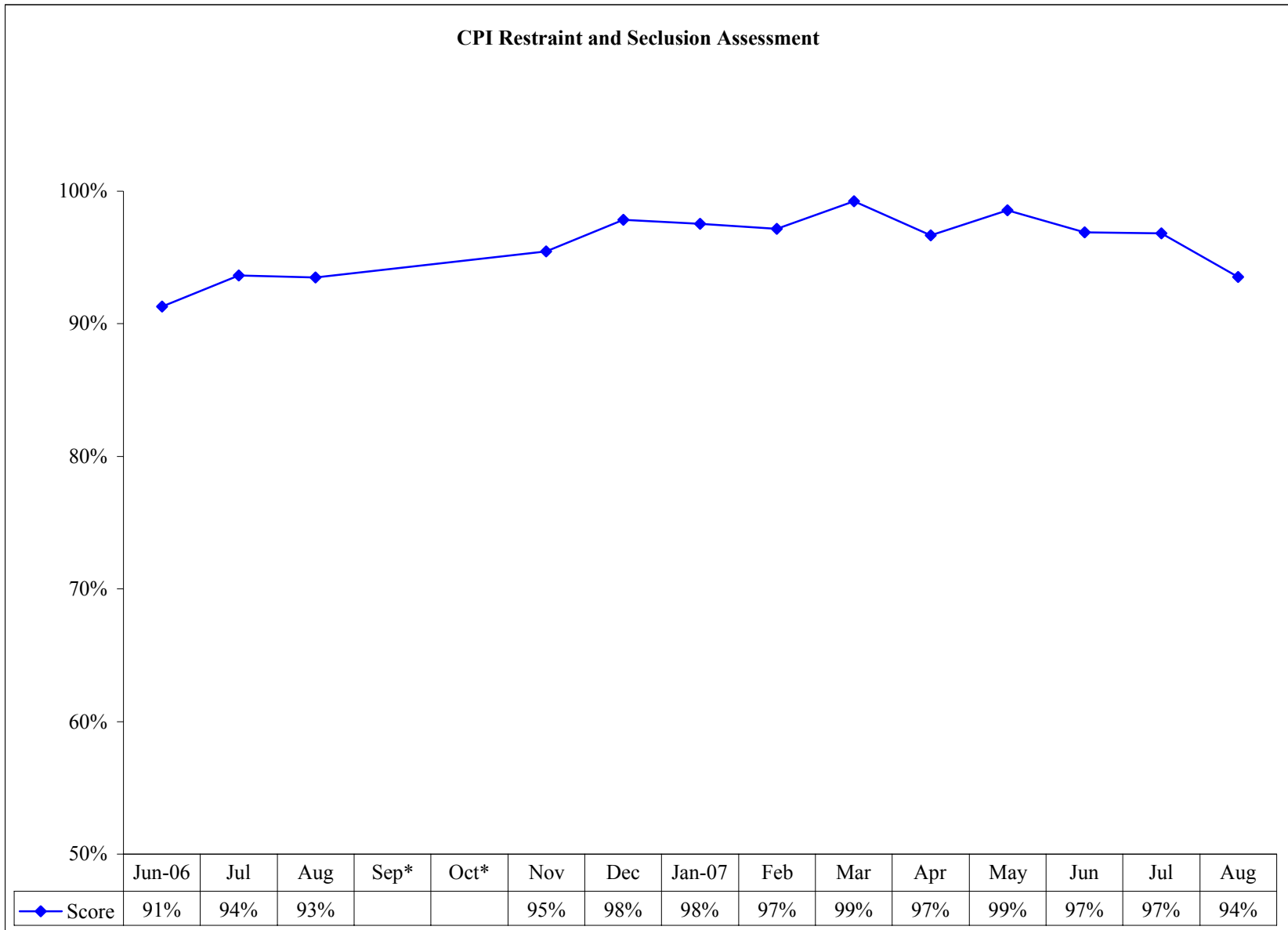
*No scores reported to HMDS.

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



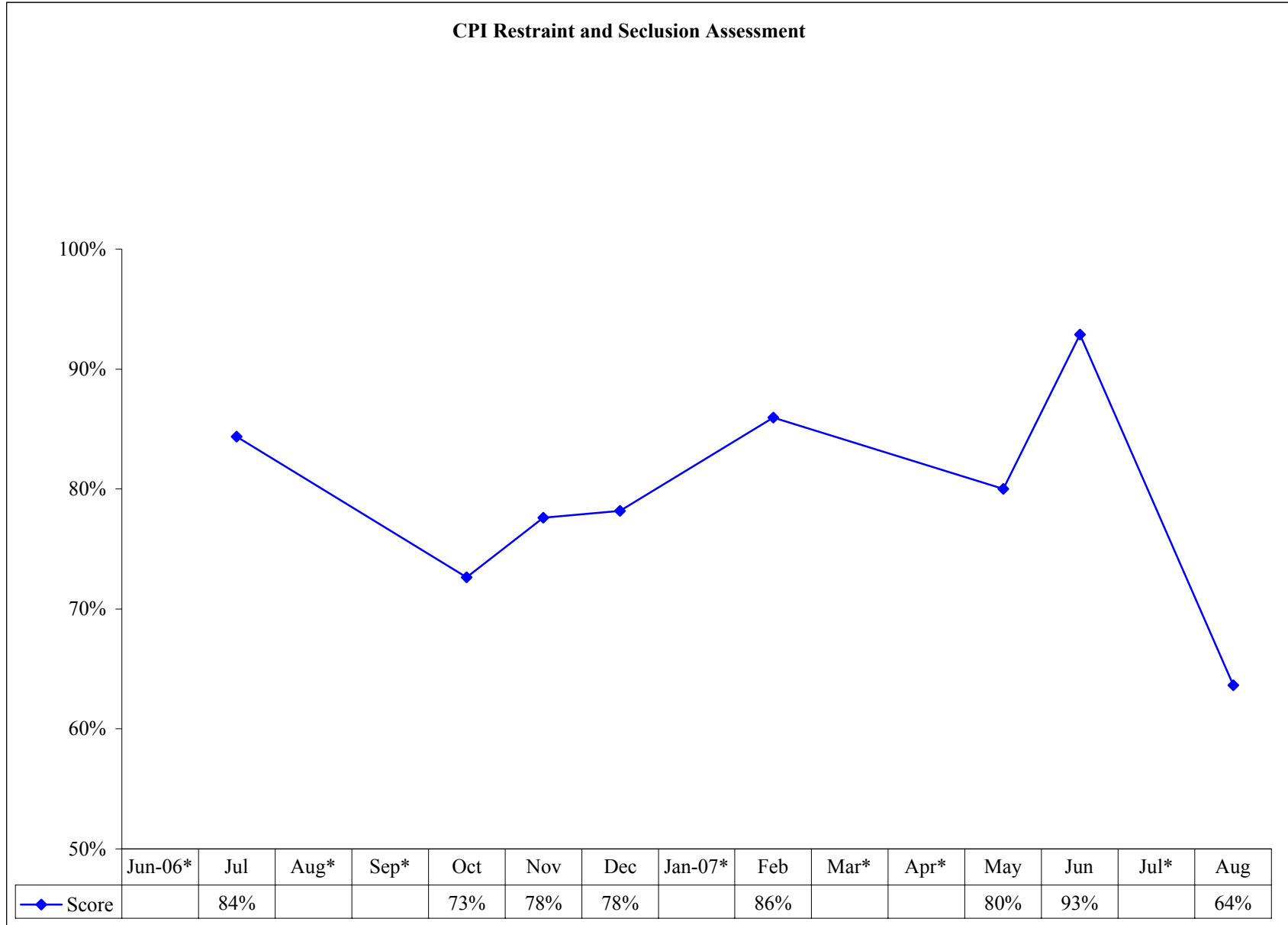
*No scores reported to HMDS.

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



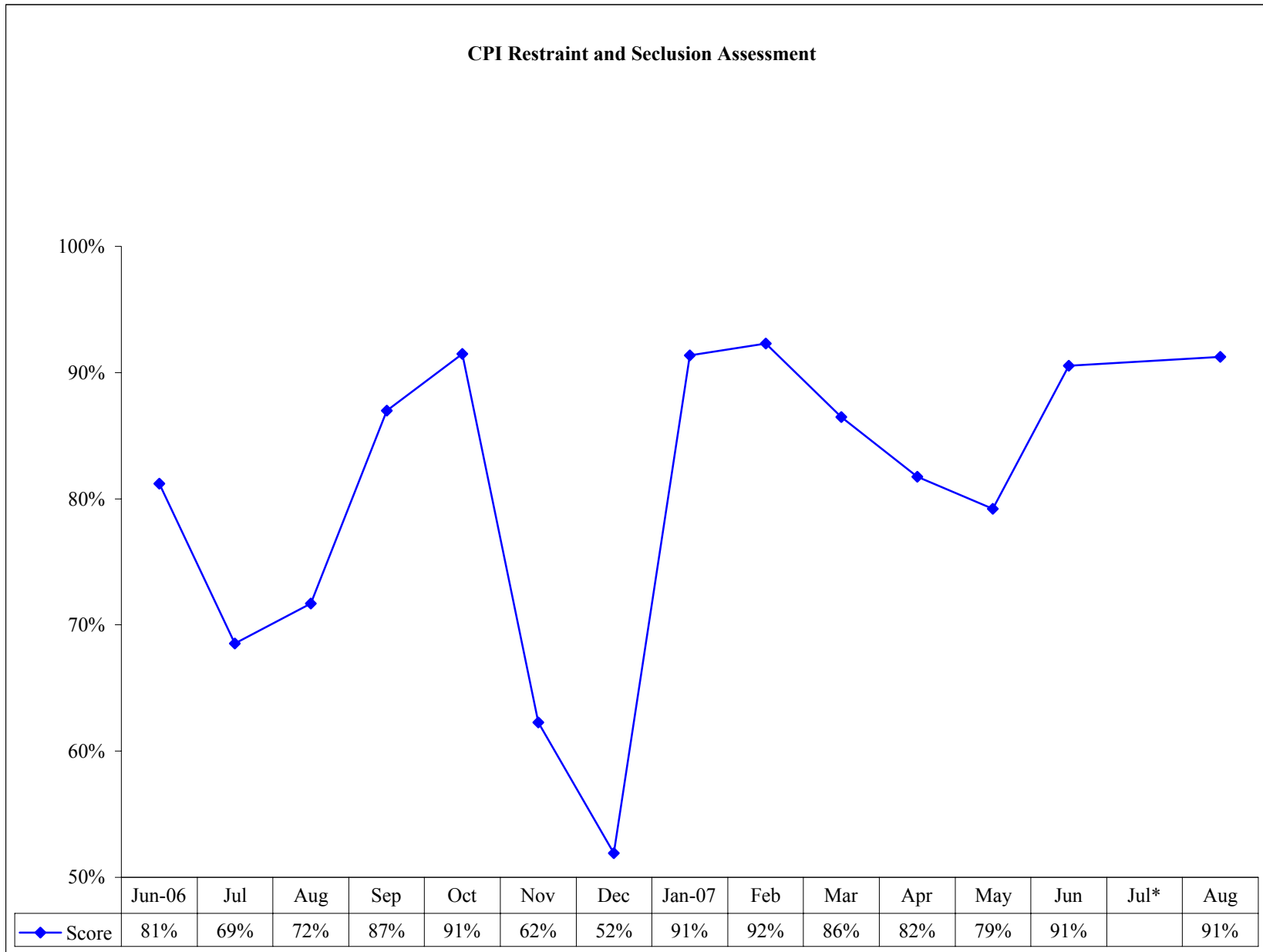
*No scores reported to HMDS.

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

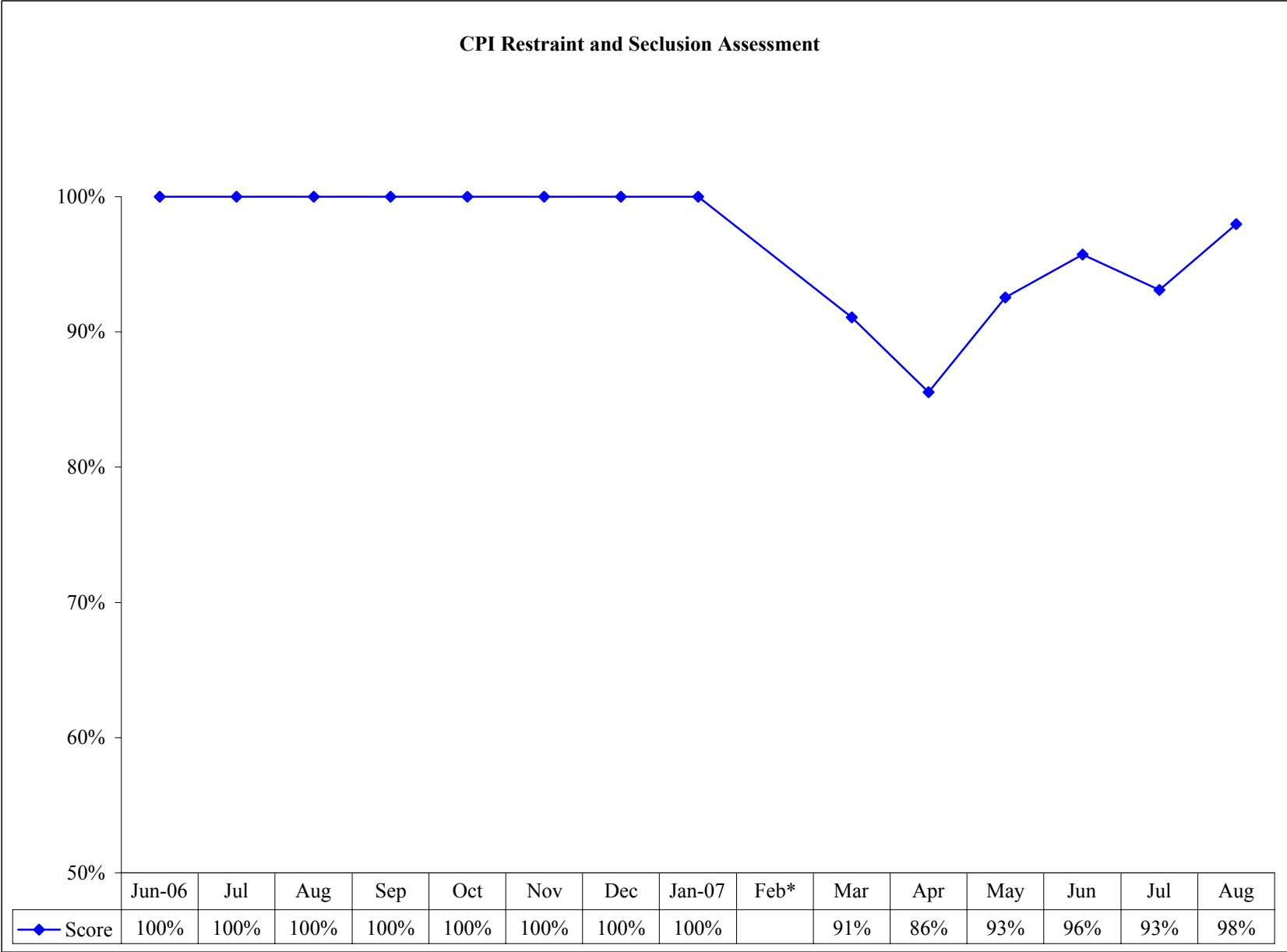


*No scores reported to HMDS.

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



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



*No scores reported to HMDS.

Performance Objective 3E:

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

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

Performance Objective Operational Definition: Total of patients with episodes that are tracked by the Texas Implementation of Medication Algorithm (TIMA). The last diagnosis entered into CWS is the diagnosis that will be compared to the TIMA algorithm/stage documented on the Physicians Discharge Order/Note.

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

R = rate of patients that are tracked by TIMA

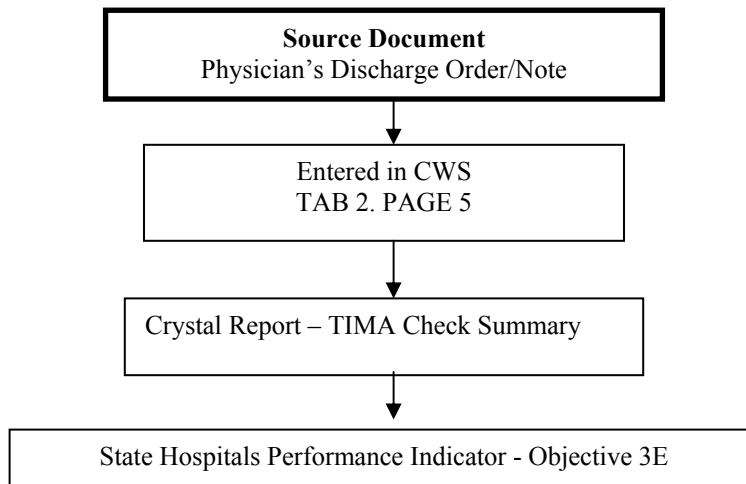
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

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

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

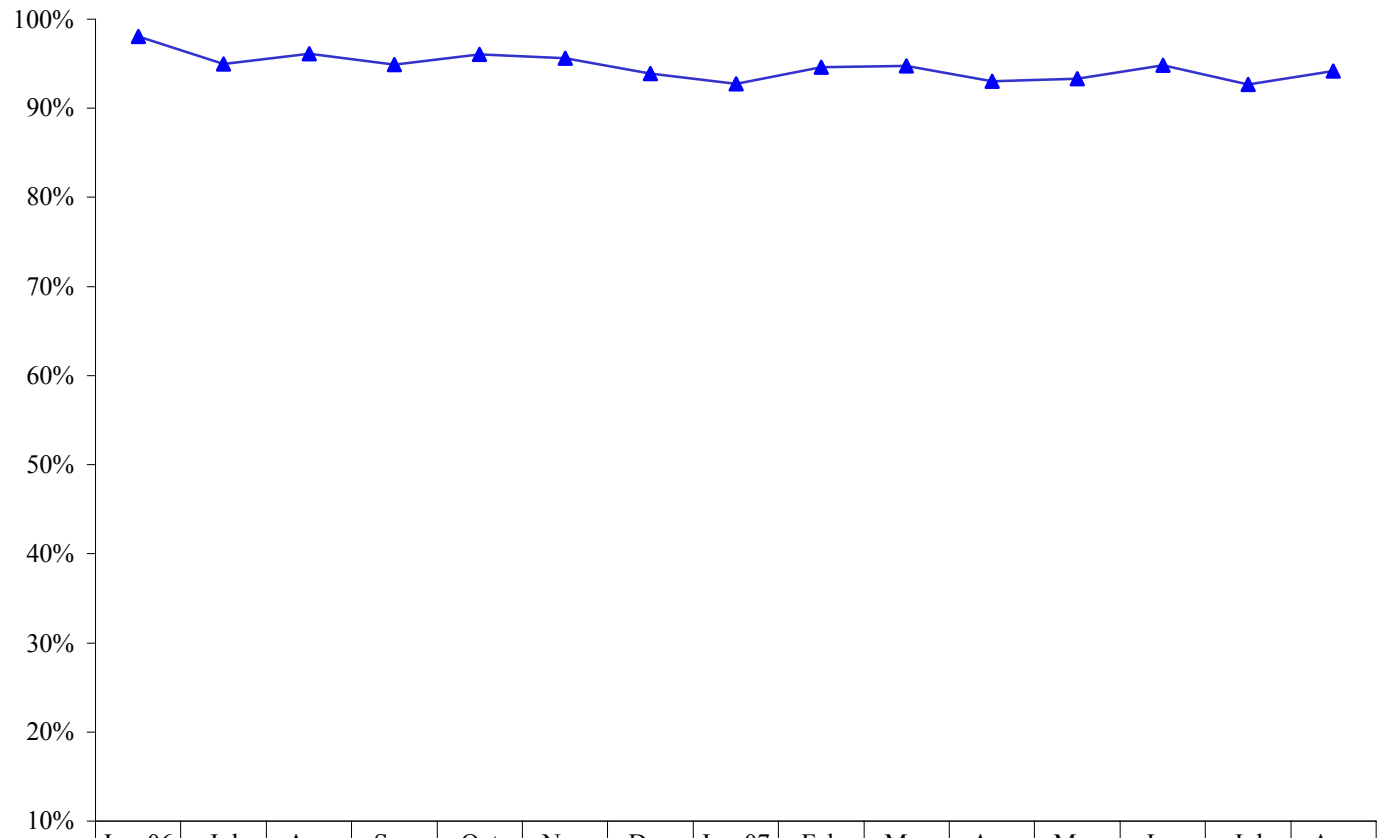
Percent of Patients with Episodes that are Tracked by TIMA

Facility	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	97%	92%	95%	93%	94%	96%	94%	95%	95%	96%	94%	96%	96%	91%	95%
BSSH	100%	95%	95%	94%	95%	94%	77%	93%	93%	80%	88%	84%	89%	82%	94%
EPPC	99%	94%	97%	93%	97%	98%	92%	95%	100%	97%	82%	94%	86%	100%	100%
KSH	100%	100%	90%	93%	100%	100%	100%	82%	100%	100%	100%	100%	100%	100%	100%
NTSH	93%	88%	95%	98%	89%	90%	97%	90%	94%	94%	90%	92%	94%	95%	90%
RGSC	96%	100%	100%	100%	96%	96%	100%	97%	100%	100%	100%	99%	99%	96%	96%
RSH	100%	100%	99%	98%	99%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%
SASH	100%	97%	98%	94%	99%	96%	99%	98%	99%	94%	97%	94%	95%	94%	97%
TSH	99%	95%	94%	93%	97%	93%	88%	82%	84%	93%	89%	85%	91%	87%	83%
All SH	98%	95%	96%	95%	96%	96%	94%	93%	95%	95%	93%	93%	95%	93%	94%

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

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

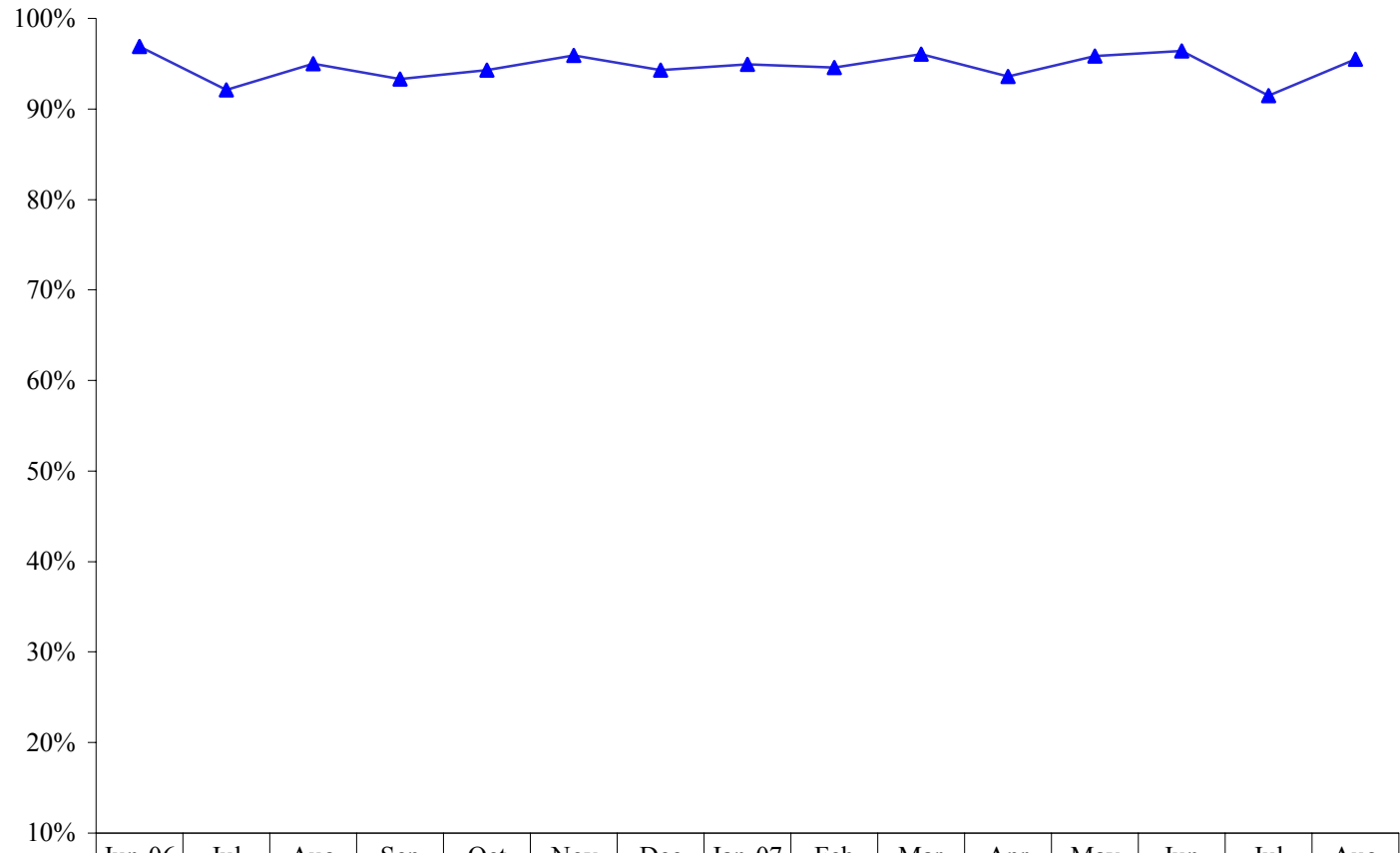
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	1174	1059	1229	1143	1120	1000	986	1029	934	1090	1035	1201	980	1069	1218
Patients with Episodes that are Tracked	1151	1006	1181	1085	1076	956	926	954	884	1033	963	1121	929	991	1147
▲ Percent Tracked by TIMA	98%	95%	96%	95%	96%	96%	94%	93%	95%	95%	93%	93%	95%	93%	94%

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

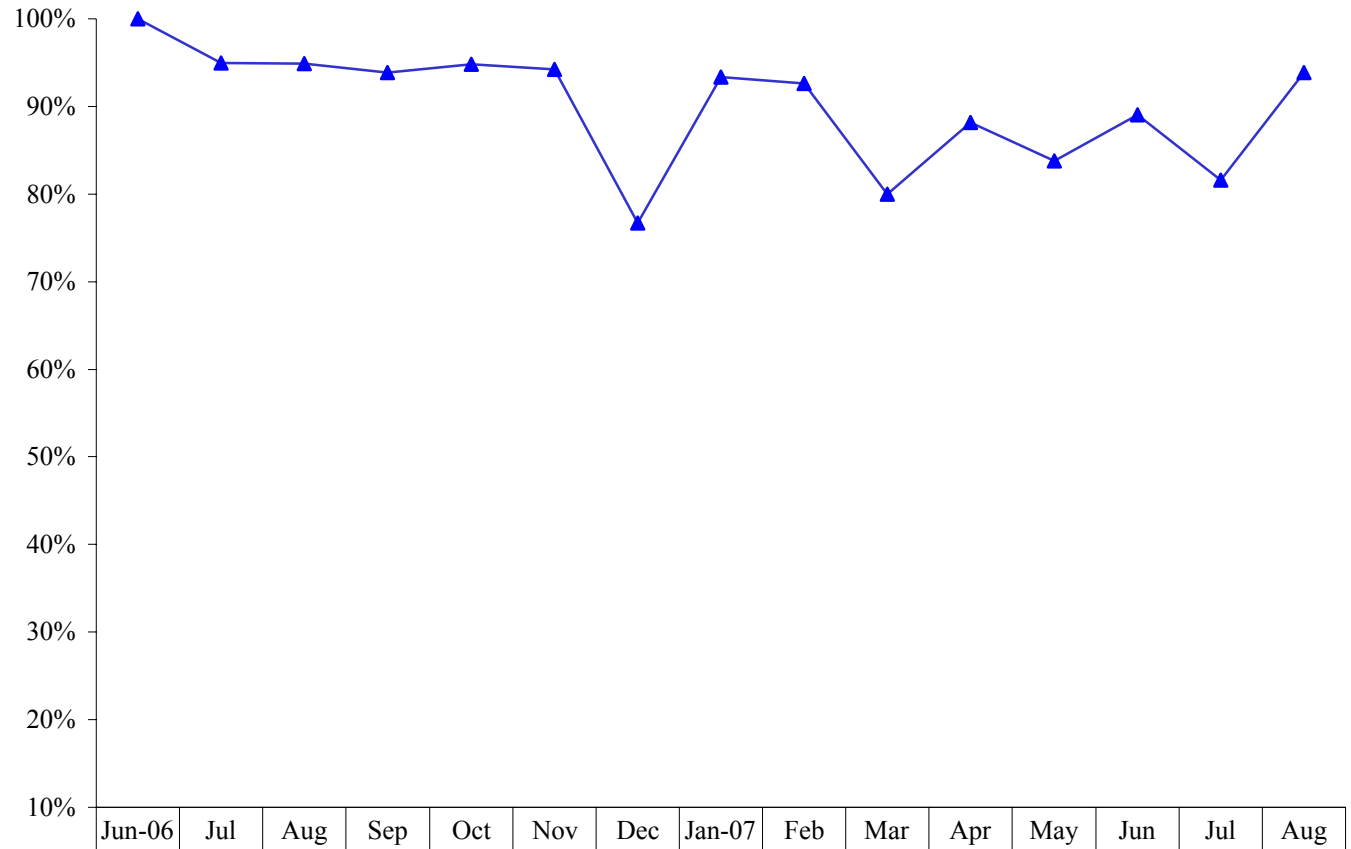
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	290	265	320	254	297	268	244	276	240	279	280	313	251	292	309
Patients with Episodes that are Tracked	281	244	304	237	280	257	230	262	227	268	262	300	242	267	295
▲ Percent Tracked by TIMA	97%	92%	95%	93%	94%	96%	94%	95%	95%	96%	94%	96%	96%	91%	95%

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

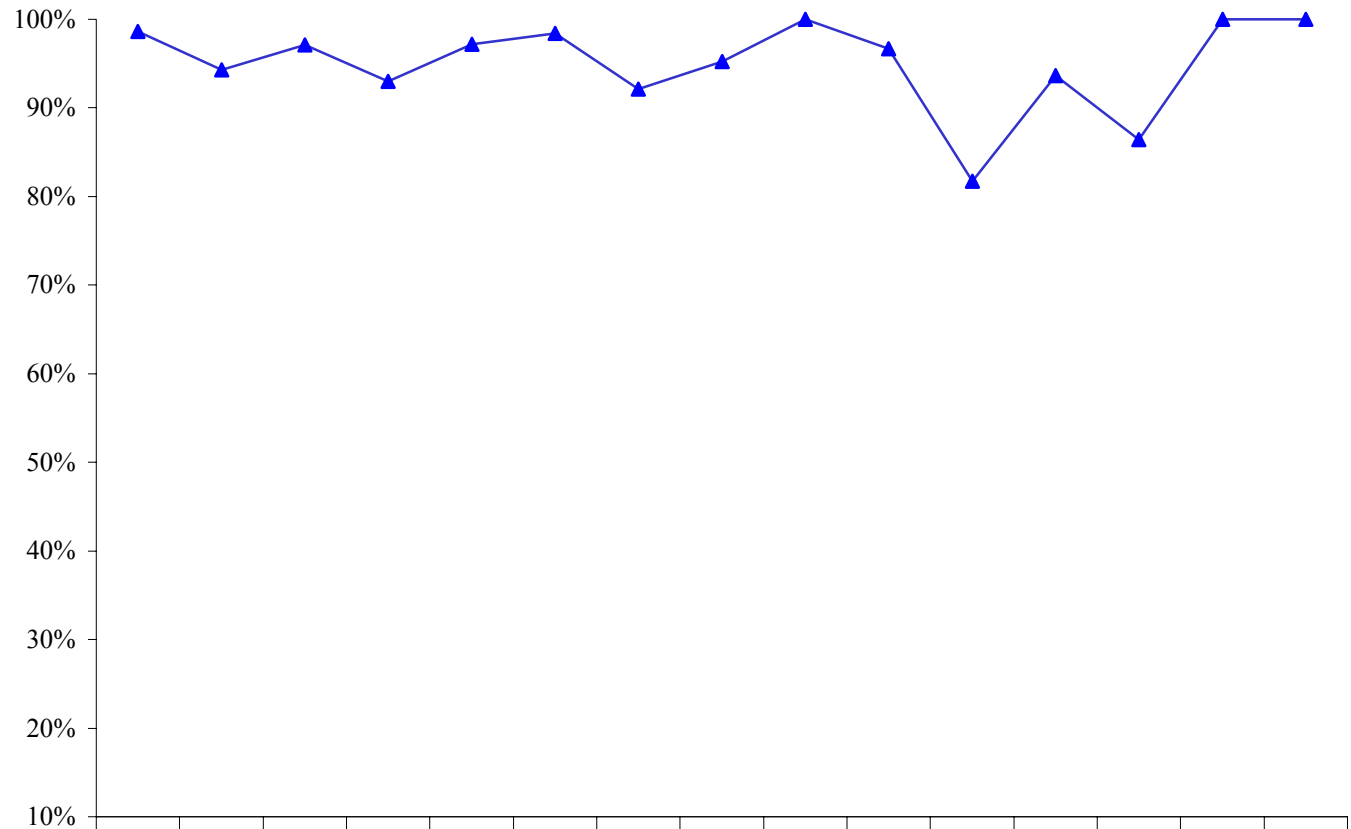
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	94	79	78	81	77	69	73	90	68	70	59	80	64	76	98
Patients with Episodes that are Tracked	94	75	74	76	73	65	56	84	63	56	52	67	57	62	92
▲ Percent Tracked by TIMA	100%	95%	95%	94%	95%	94%	77%	93%	93%	80%	88%	84%	89%	82%	94%

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

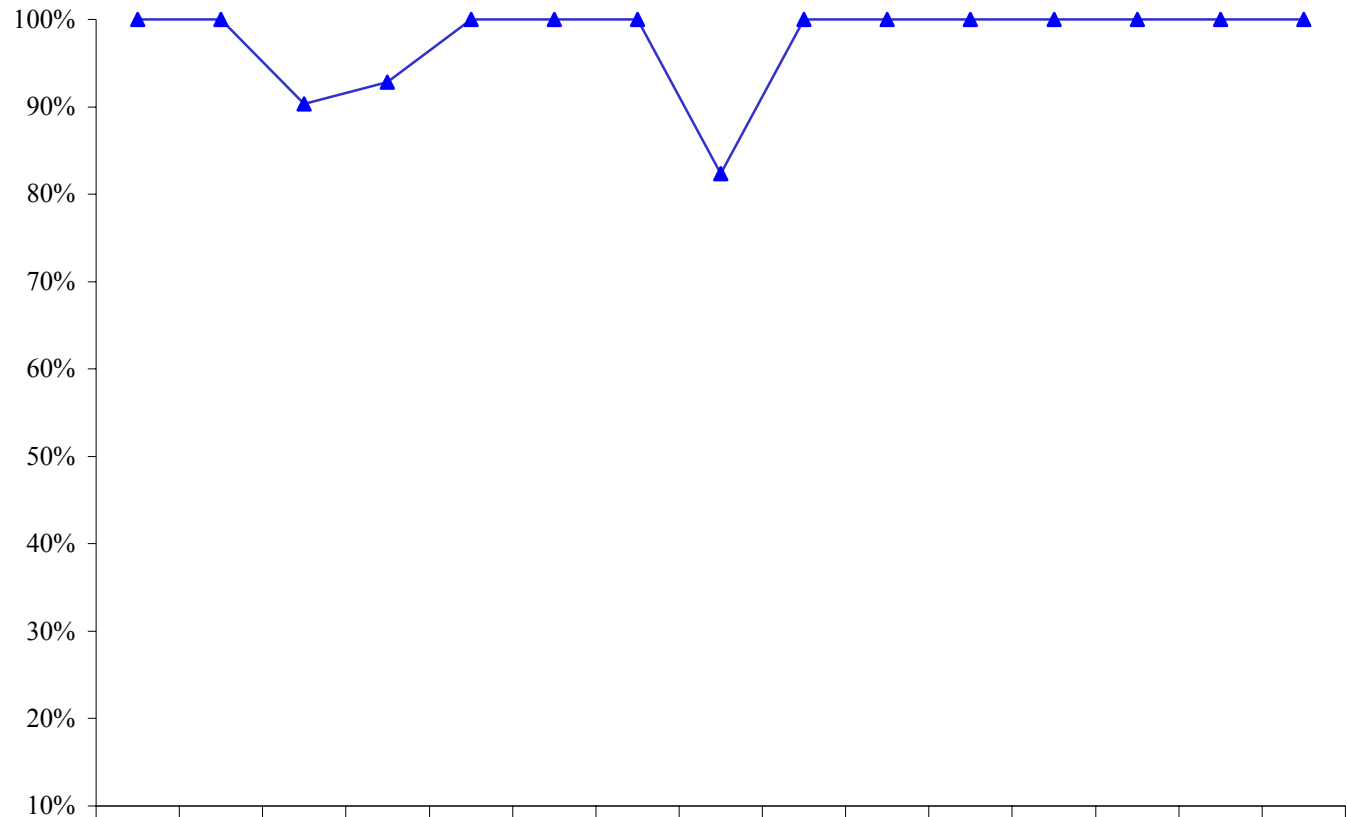
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	73	70	70	71	71	63	51	63	58	60	71	79	59	65	71
Patients with Episodes that are Tracked	72	66	68	66	69	62	47	60	58	58	58	74	51	65	71
▲ Percent Tracked by TIMA	99%	94%	97%	93%	97%	98%	92%	95%	100%	97%	82%	94%	86%	100%	100%

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

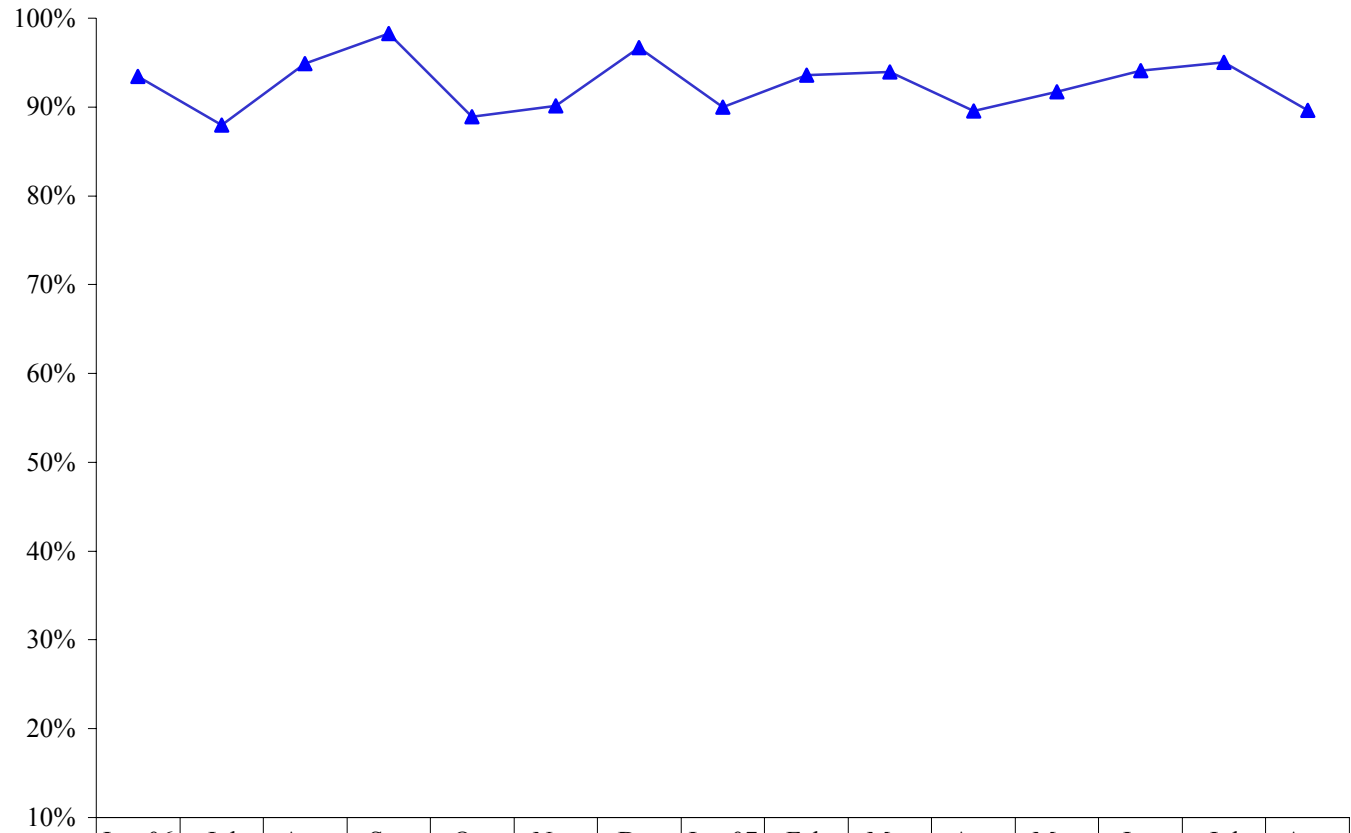
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	20	26	31	28	28	16	20	17	26	21	21	18	23	18	26
Patients with Episodes that are Tracked	20	26	28	26	28	16	20	14	26	21	21	18	23	18	26
▲ Percent Tracked by TIMA	100%	100%	90%	93%	100%	100%	100%	82%	100%	100%	100%	100%	100%	100%	100%

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

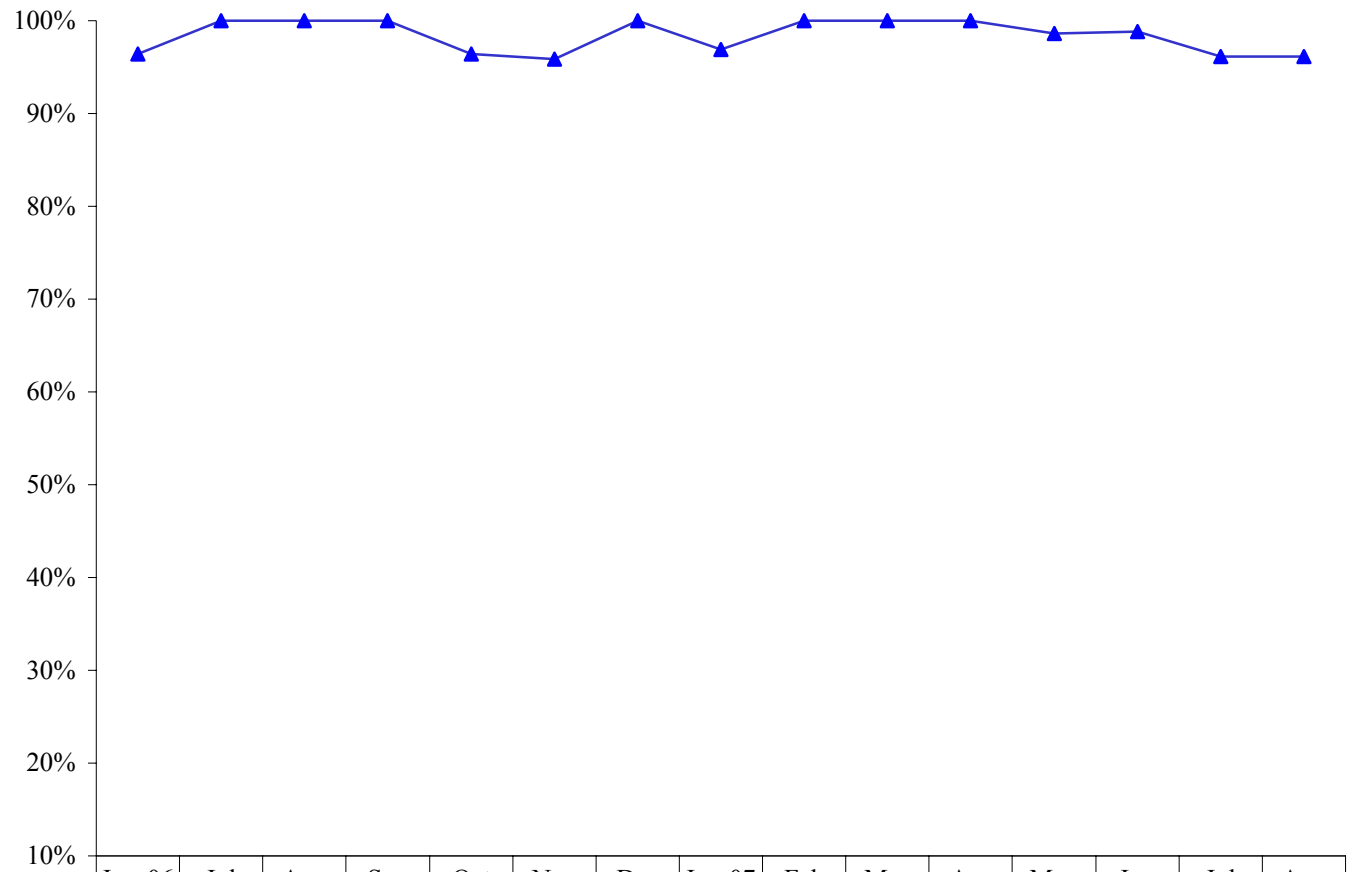
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	138	100	156	118	99	81	91	100	109	116	96	109	68	81	87
Patients with Episodes that are Tracked	129	88	148	116	88	73	88	90	102	109	86	100	64	77	78
▲ Percent Tracked by TIMA	93%	88%	95%	98%	89%	90%	97%	90%	94%	94%	90%	92%	94%	95%	90%

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

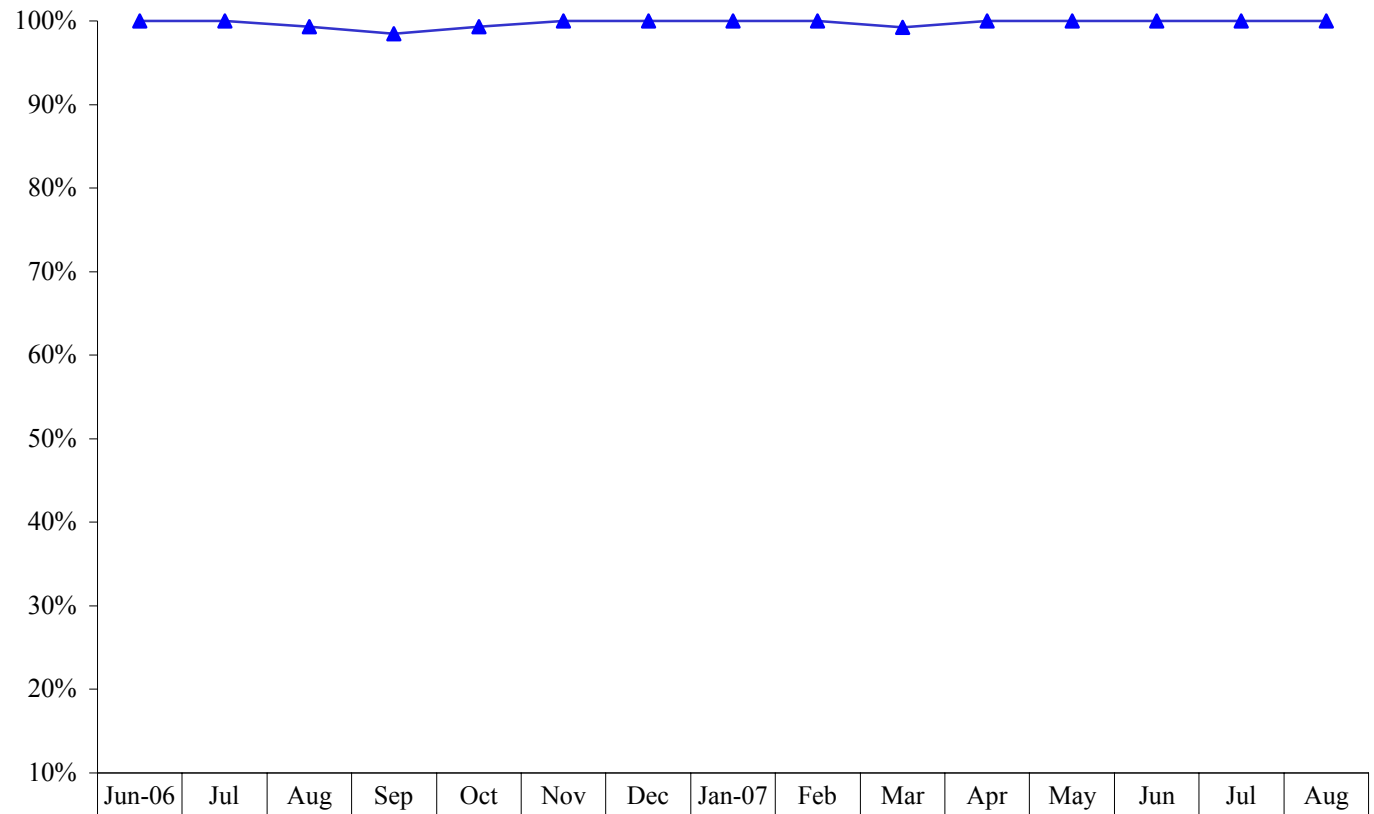
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	56	56	56	69	56	72	67	64	61	60	52	71	83	77	77
Patients with Episodes that are Tracked	54	56	56	69	54	69	67	62	61	60	52	70	82	74	74
—▲— Percent Tracked by TIMA	96%	100%	100%	100%	96%	96%	100%	97%	100%	100%	100%	99%	99%	96%	96%

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

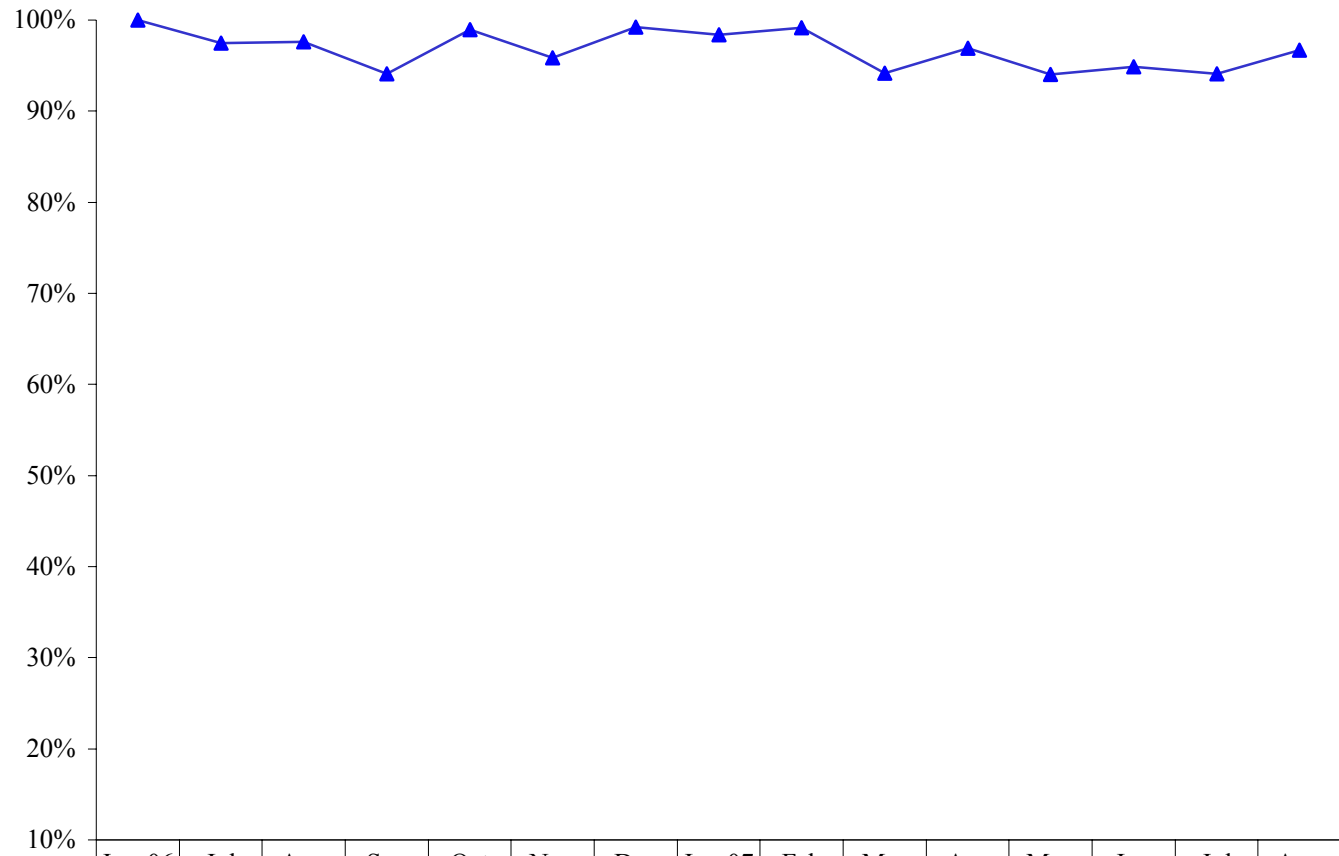
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	127	123	145	131	138	126	130	98	101	136	128	153	136	120	173
Patients with Episodes that are Tracked	127	123	144	129	137	126	130	98	101	135	128	153	136	120	173
▲ Percent Tracked by TIMA	100%	100%	99%	98%	99%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%

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

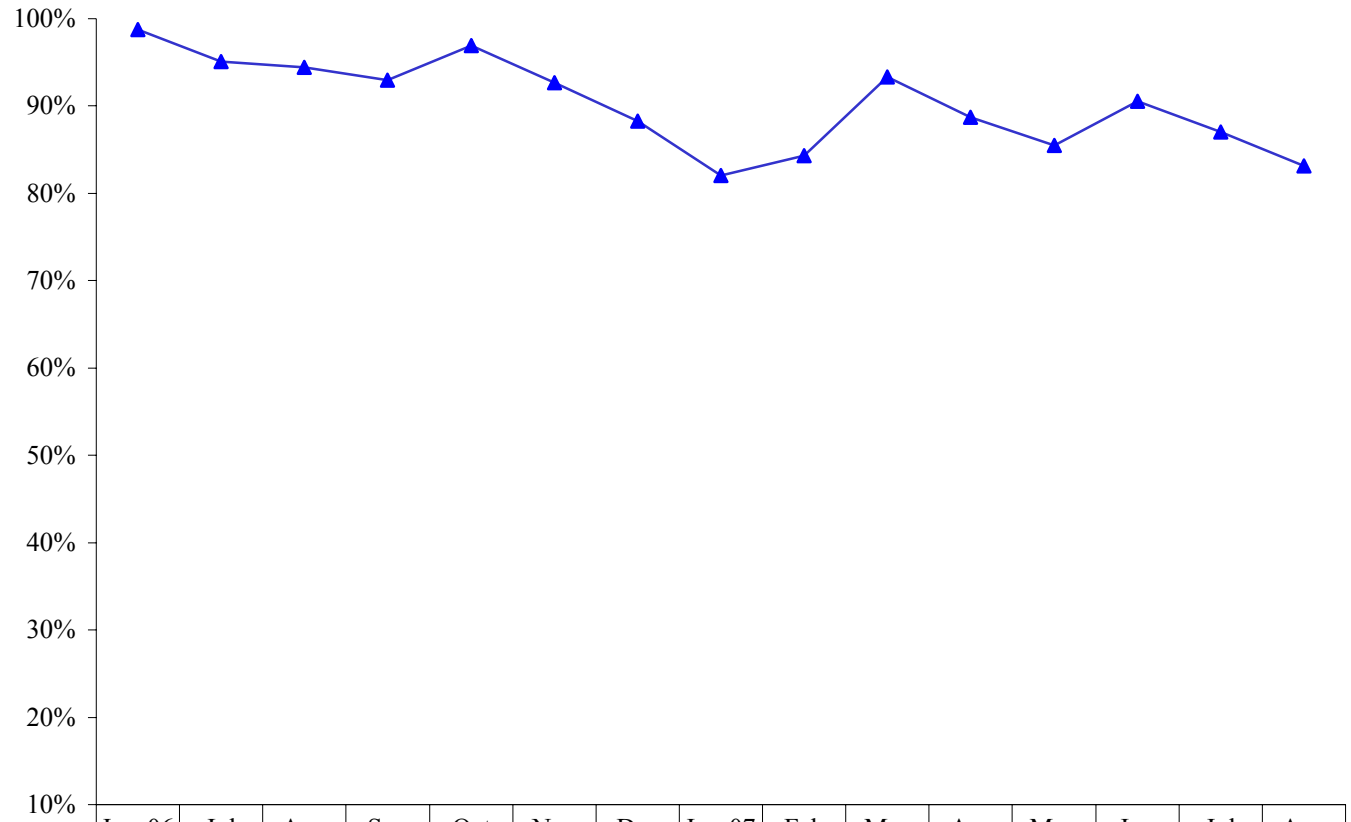
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	211	197	212	221	193	169	131	126	118	154	160	185	137	170	181
Patients with Episodes that are Tracked	211	192	207	208	191	162	130	124	117	145	155	174	130	160	175
▲ Percent Tracked by TIMA	100%	97%	98%	94%	99%	96%	99%	98%	99%	94%	97%	94%	95%	94%	97%

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

Percent of Patients with Episodes that are Tracked by TIMA



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	165	143	161	170	161	136	179	195	153	194	168	193	159	170	196
Patients with Episodes that are Tracked	163	136	152	158	156	126	158	160	129	181	149	165	144	148	163
▲ Percent Tracked by TIMA	99%	95%	94%	93%	97%	93%	88%	82%	84%	93%	89%	85%	91%	87%	83%

Performance Measure 3A:

GAF: Improvement in patient treatment outcomes in state mental health facilities will be analyzed by showing:

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

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

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

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

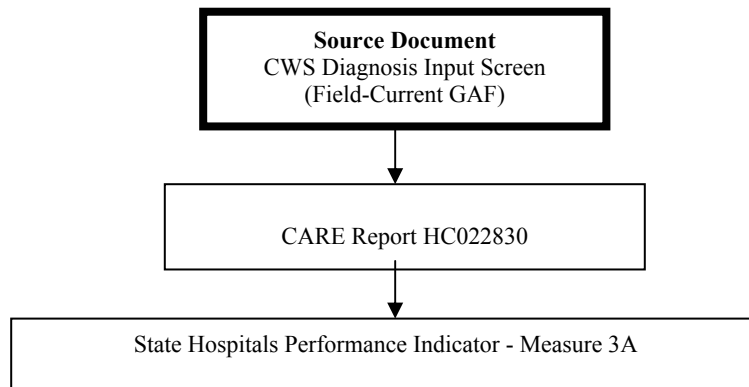
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:

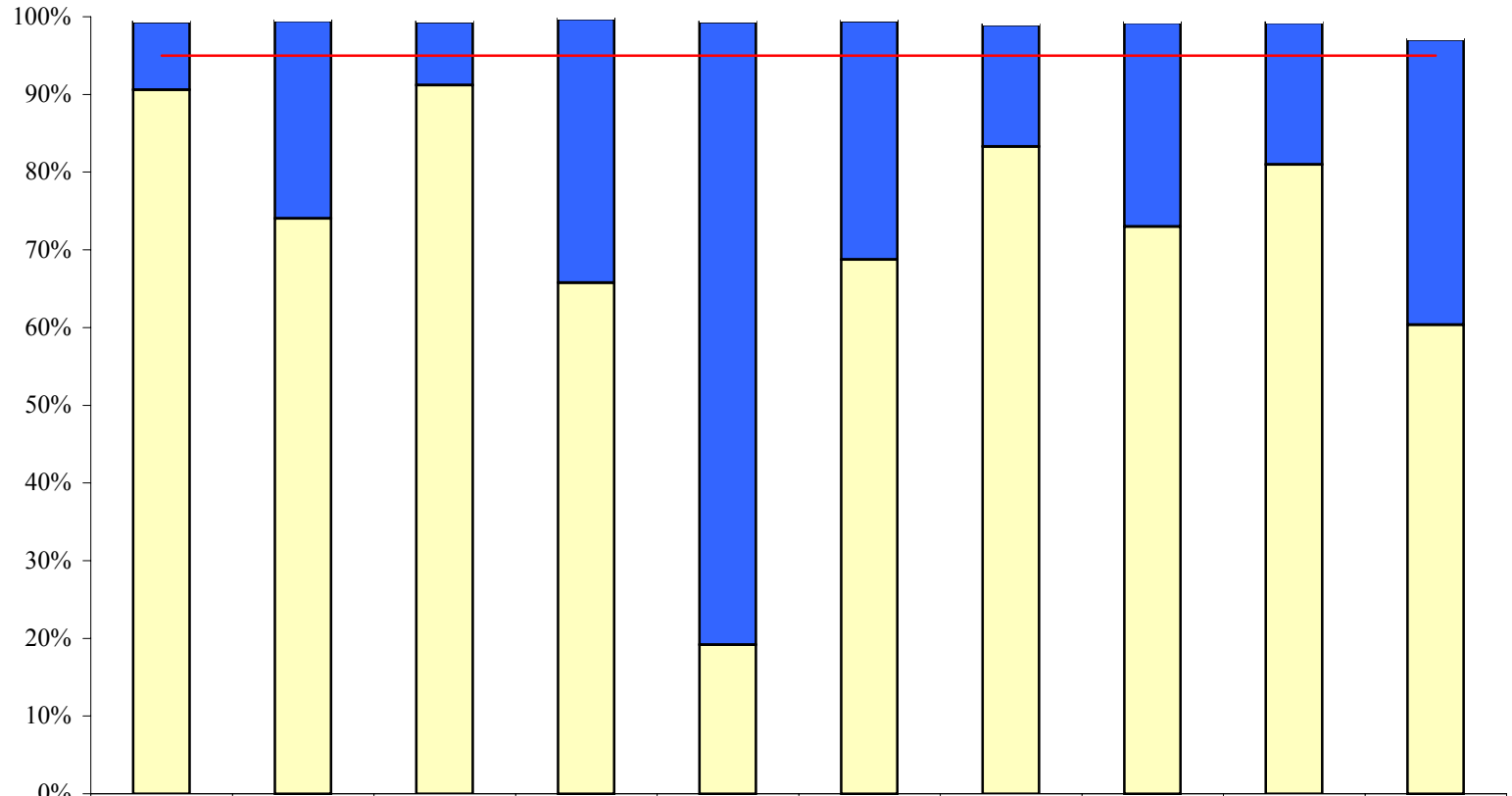


Data Integrity Review Process:

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 3A - 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, 2007

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

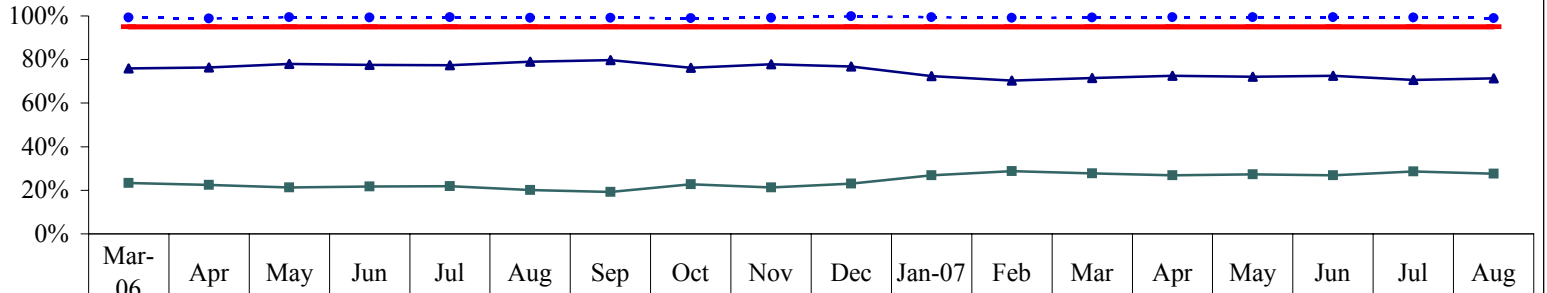


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	99%	99%	99%	100%	99%	99%	99%	99%	99%	97%
% Stabilized	9%	25%	8%	34%	80%	31%	16%	26%	18%	37%
% Increased by 10 or More	91%	74%	91%	66%	19%	69%	83%	73%	81%	60%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

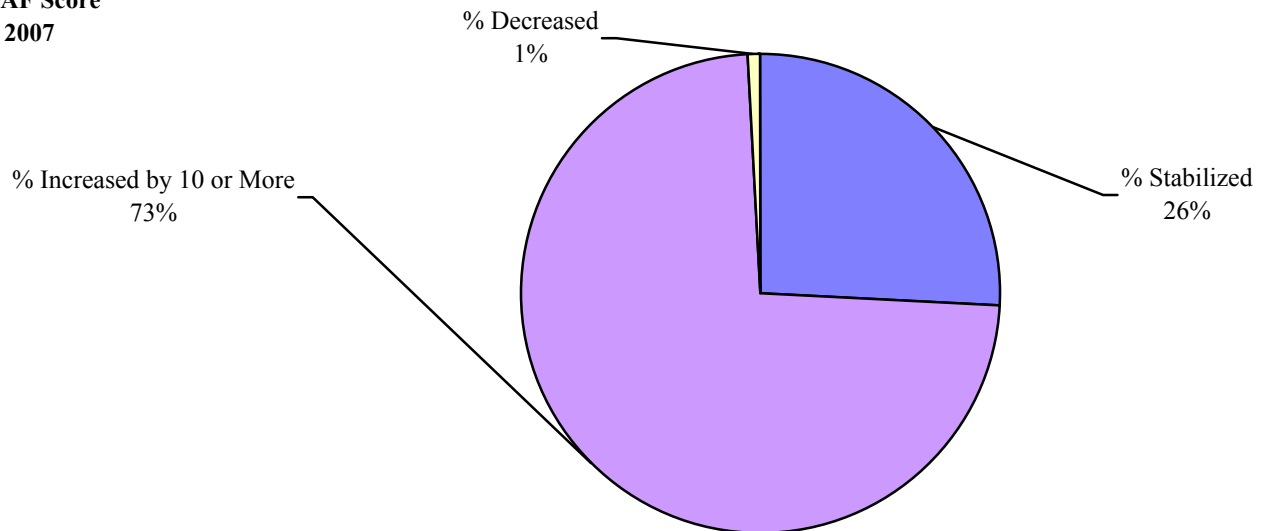
All State Hospitals

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



▲ % Increased by 10 or More	76%	76%	78%	78%	77%	79%	80%	76%	78%	77%	72%	70%	72%	73%	72%	73%	71%	71%
■ % Stabilized	23%	22%	21%	22%	22%	20%	19%	23%	21%	23%	27%	29%	28%	27%	27%	27%	29%	28%
● % Stabilized + Increased	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%	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%

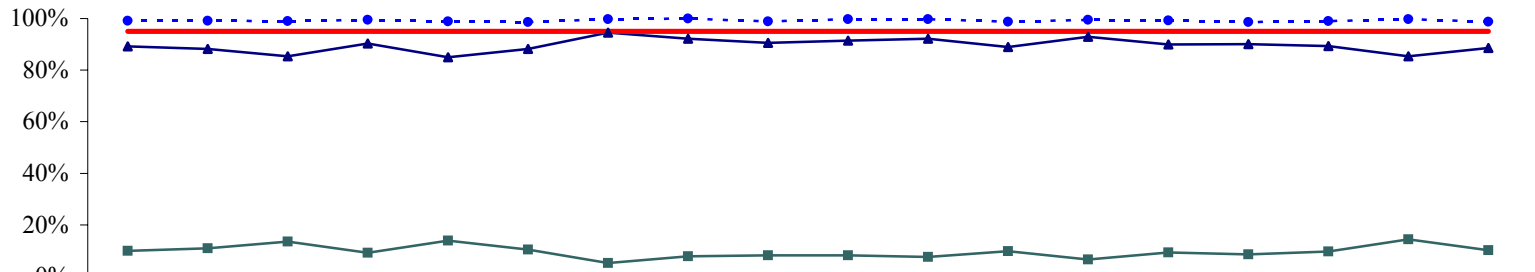
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2007



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

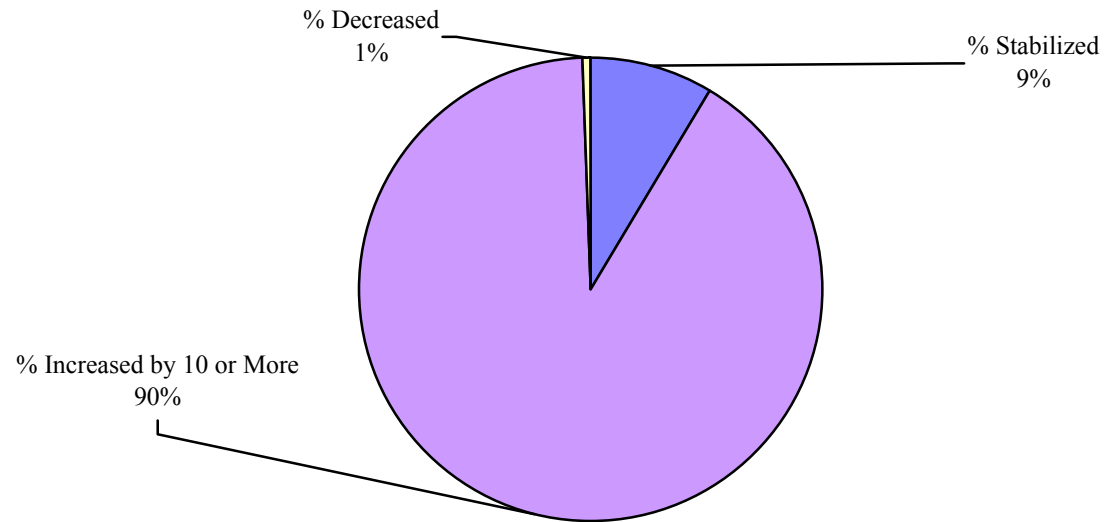
Austin State Hospital

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

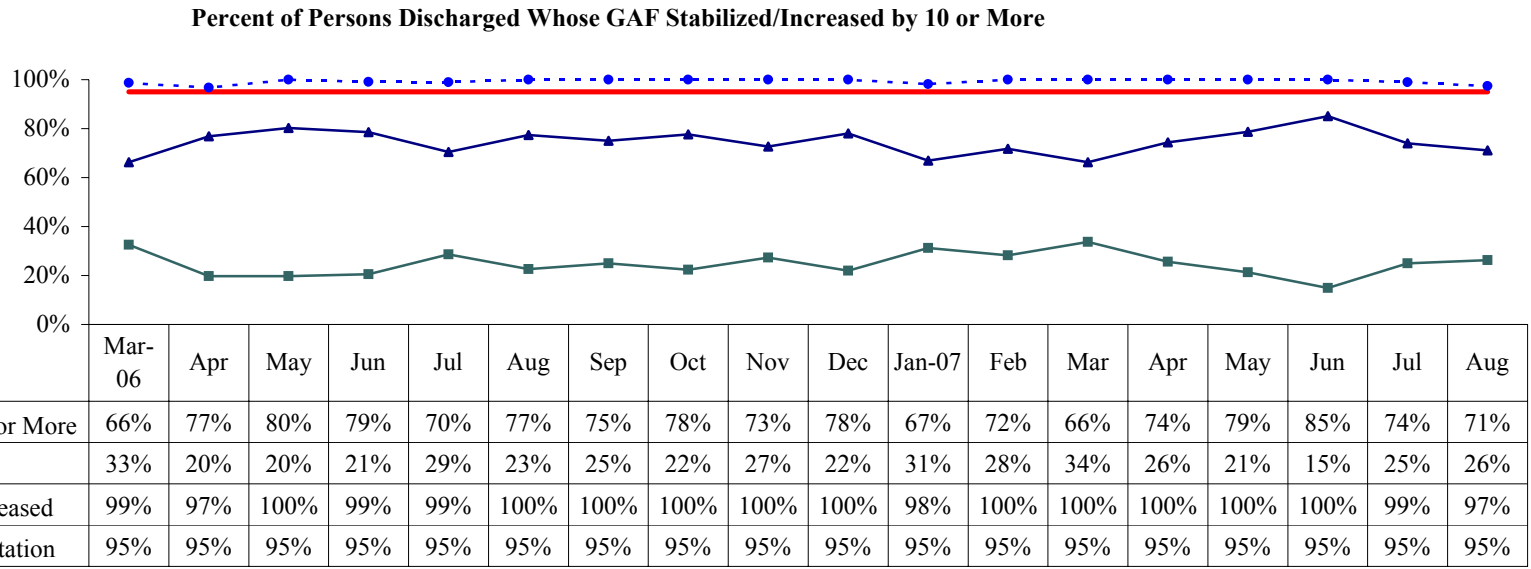


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	89%	88%	85%	90%	85%	88%	94%	92%	91%	91%	92%	89%	93%	90%	90%	89%	85%	89%
—■— % Stabilized	10%	11%	14%	9%	14%	10%	5%	8%	8%	8%	8%	10%	7%	9%	9%	10%	14%	10%
- - ● - - % Stabilized + Increased	99%	99%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

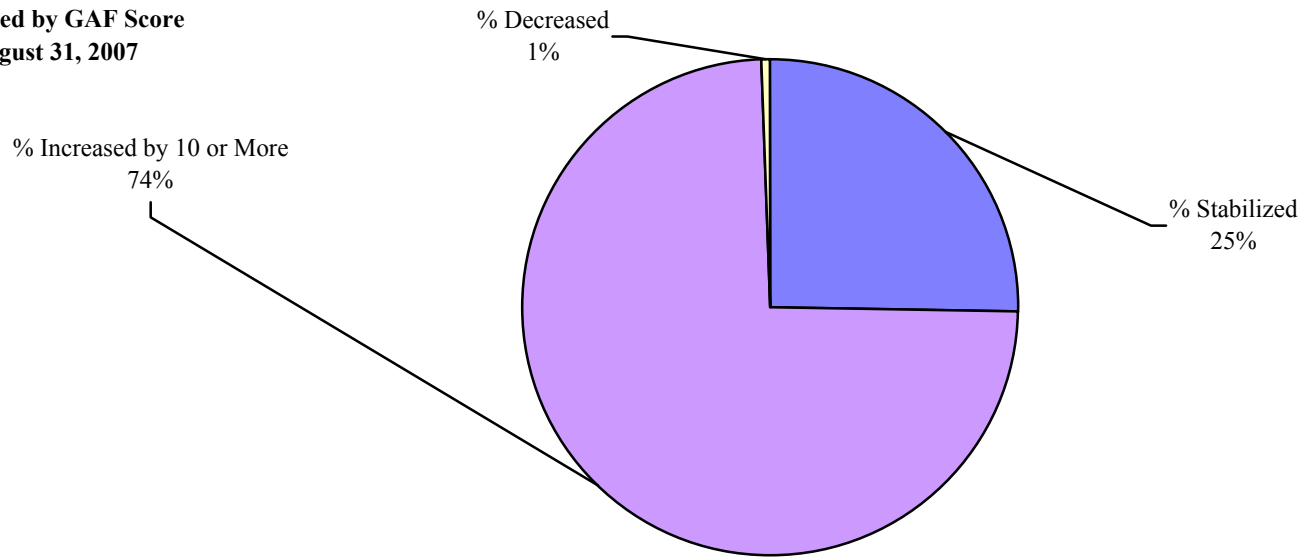
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2007



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

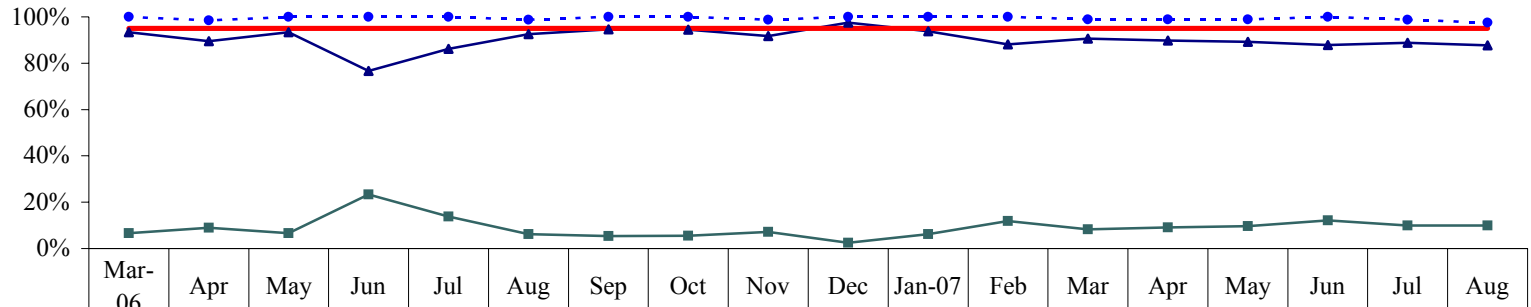


Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2007



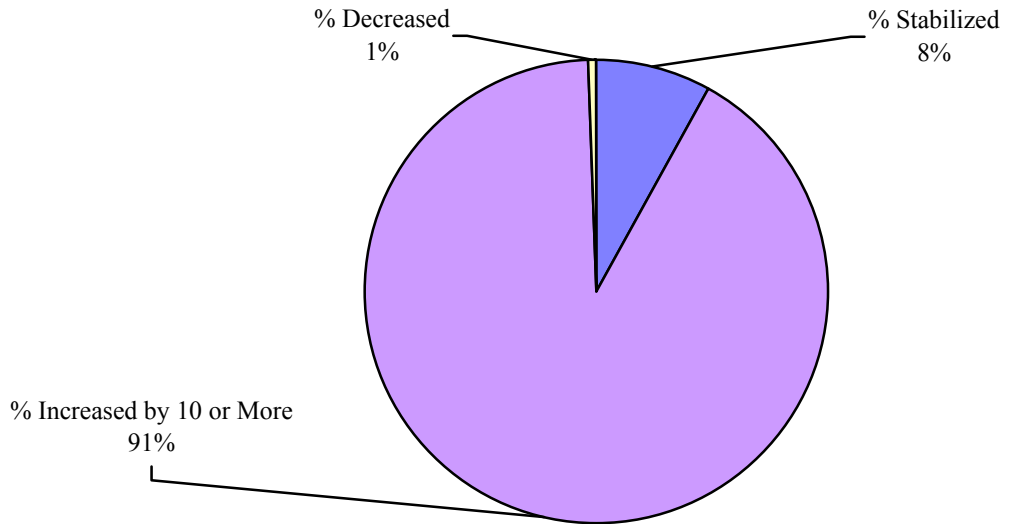
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

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



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

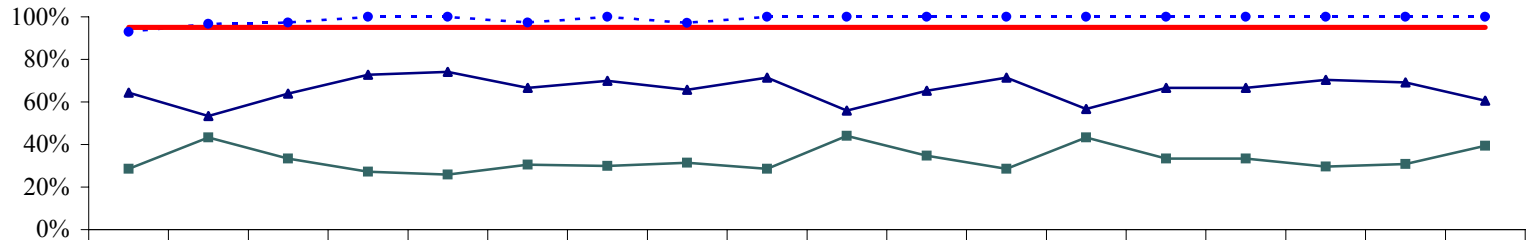
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2007



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

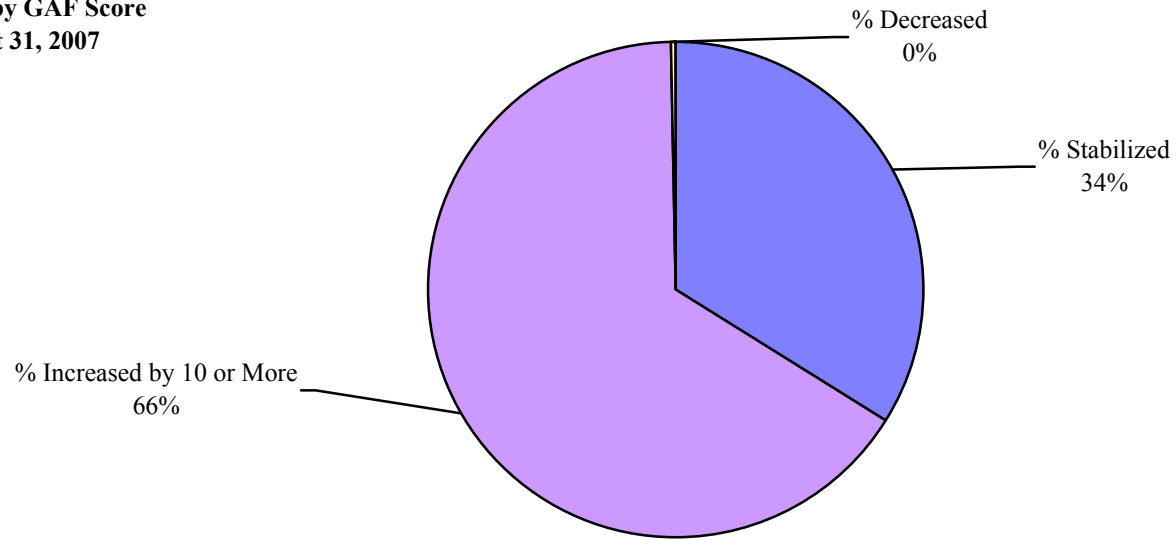
Kerrville State Hospital

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

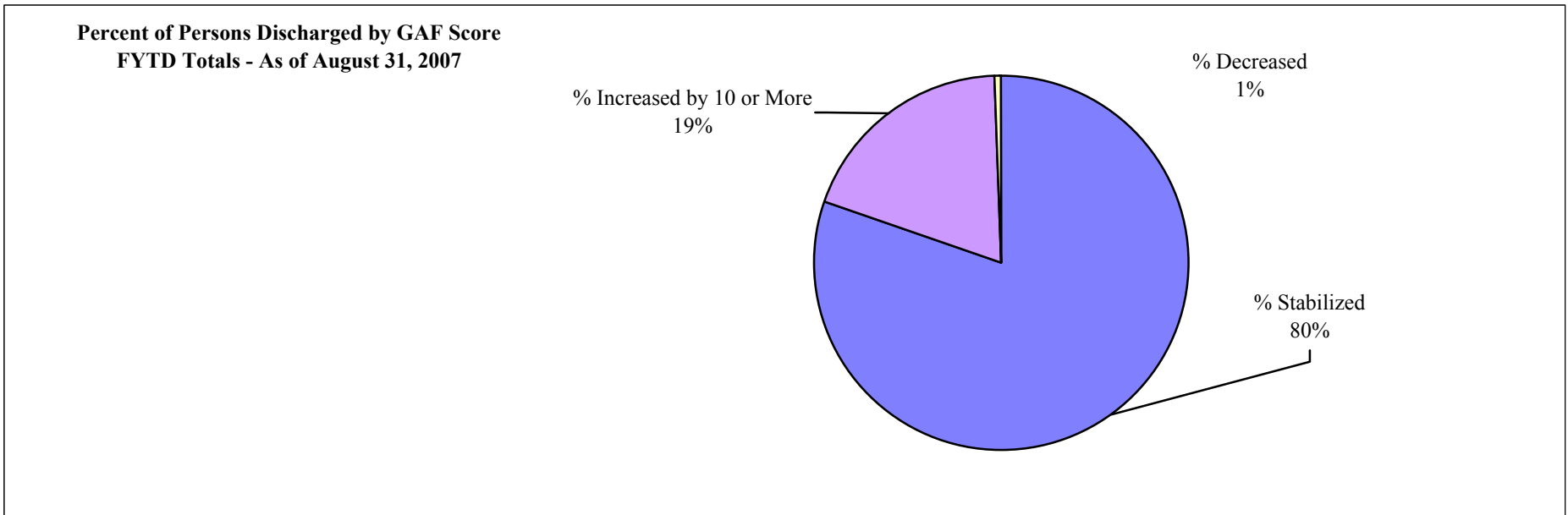
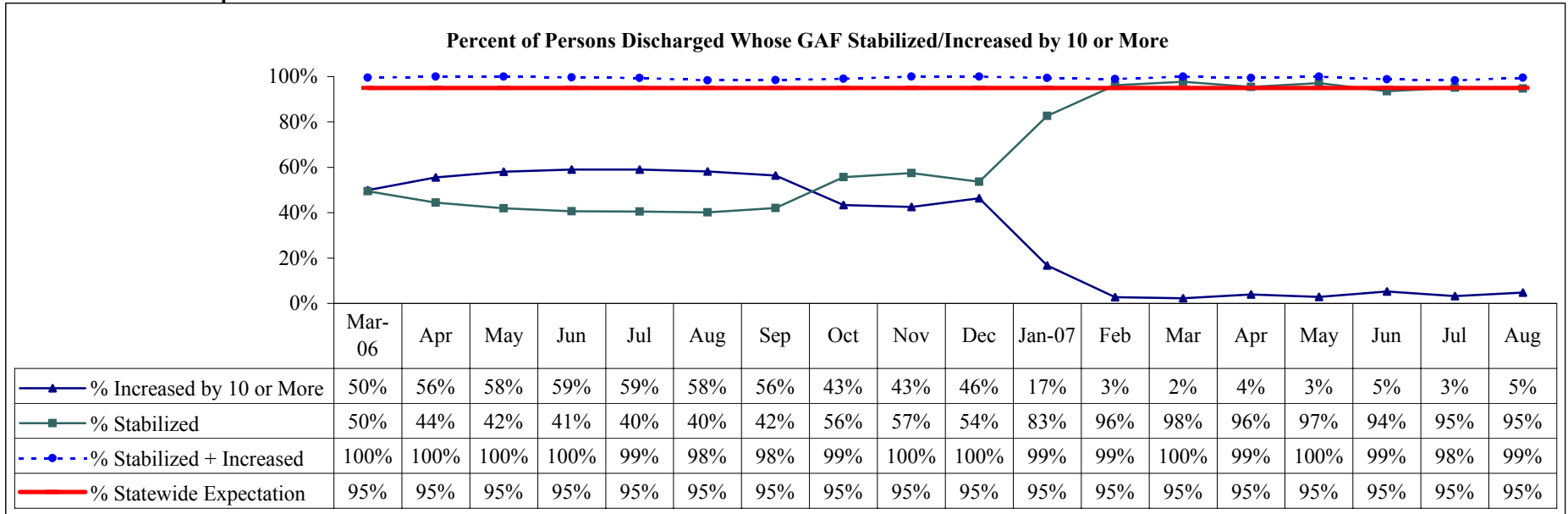


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	64%	53%	64%	73%	74%	67%	70%	66%	71%	56%	65%	71%	57%	67%	67%	70%	69%	61%
—■— % Stabilized	29%	43%	33%	27%	26%	31%	30%	31%	29%	44%	35%	29%	43%	33%	33%	30%	31%	39%
- - ● - - % Stabilized + Increased	93%	97%	97%	100%	100%	97%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

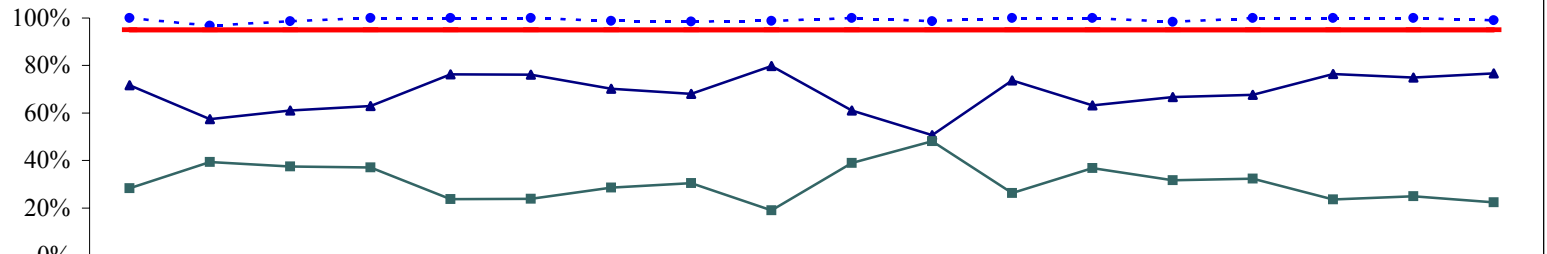


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital



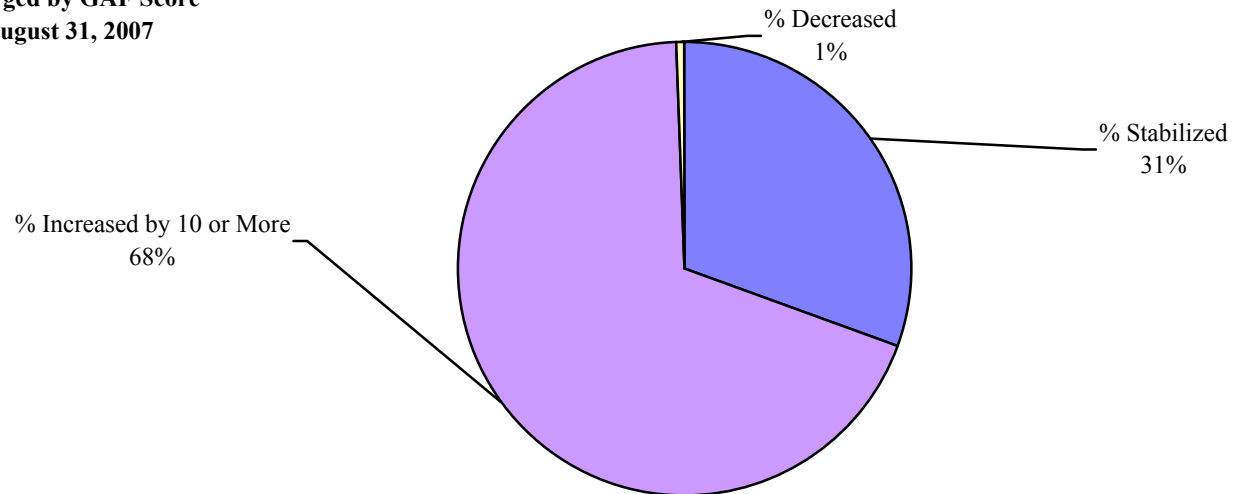
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

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



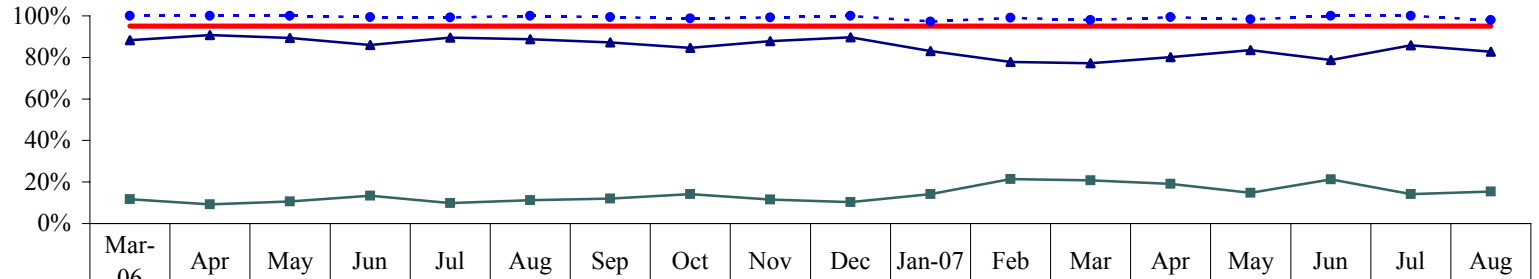
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	72%	57%	61%	63%	76%	76%	70%	68%	80%	61%	51%	74%	63%	67%	68%	76%	75%	77%
—■— % Stabilized	28%	39%	38%	37%	24%	24%	29%	30%	19%	39%	48%	26%	37%	32%	32%	24%	25%	22%
- - ● - - % Stabilized + Increased	100%	97%	99%	100%	100%	100%	99%	99%	99%	100%	99%	100%	100%	98%	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, 2007



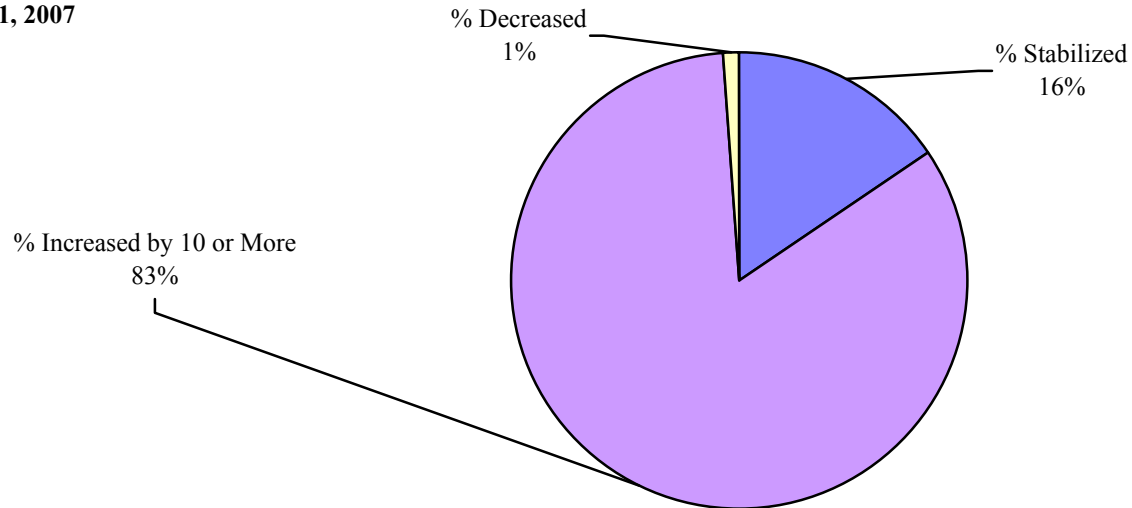
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rusk State Hospital

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



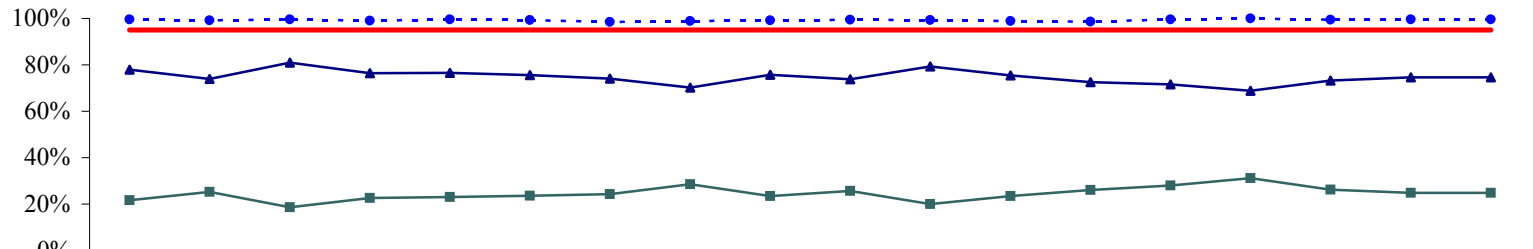
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
% Increased by 10 or More	88%	91%	89%	86%	90%	89%	87%	85%	88%	90%	83%	78%	77%	80%	84%	79%	86%	83%
% Stabilized	12%	9%	11%	13%	10%	11%	12%	14%	12%	10%	14%	21%	21%	19%	15%	21%	14%	15%
% Stabilized + Increased	100%	100%	100%	99%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

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



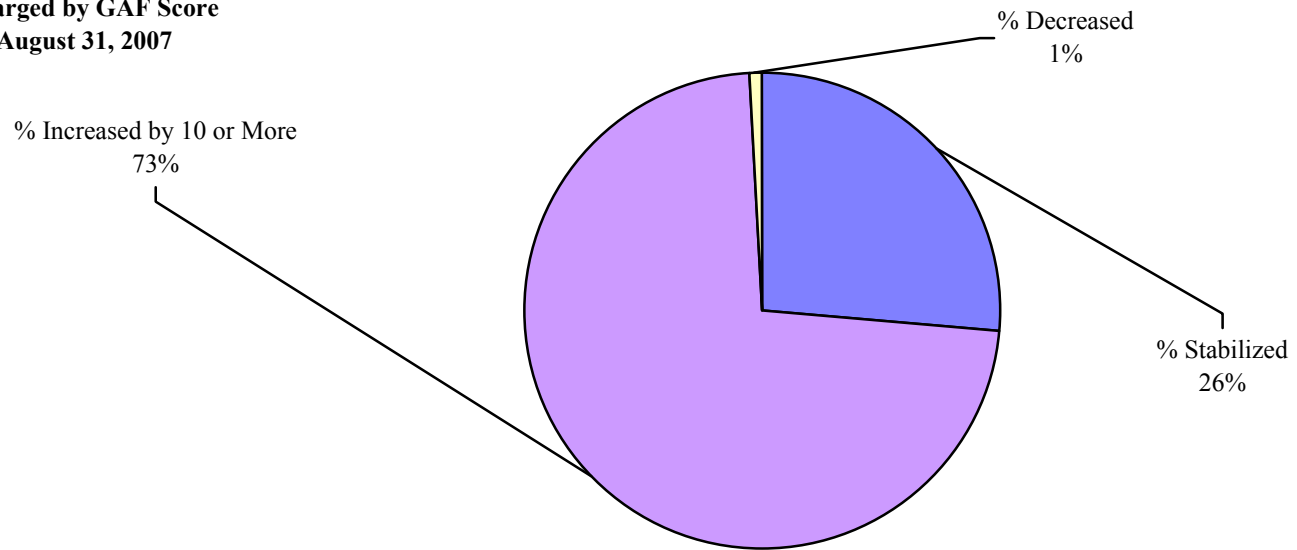
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital

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



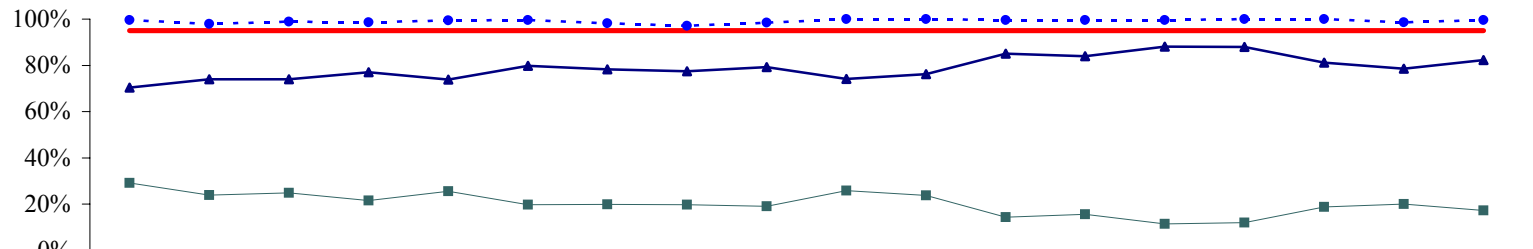
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	78%	74%	81%	76%	77%	76%	74%	70%	76%	74%	79%	75%	73%	72%	69%	73%	75%	75%
—■— % Stabilized	22%	25%	19%	23%	23%	24%	24%	29%	23%	26%	20%	23%	26%	28%	31%	26%	25%	25%
- - ● - - % Stabilized + Increased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



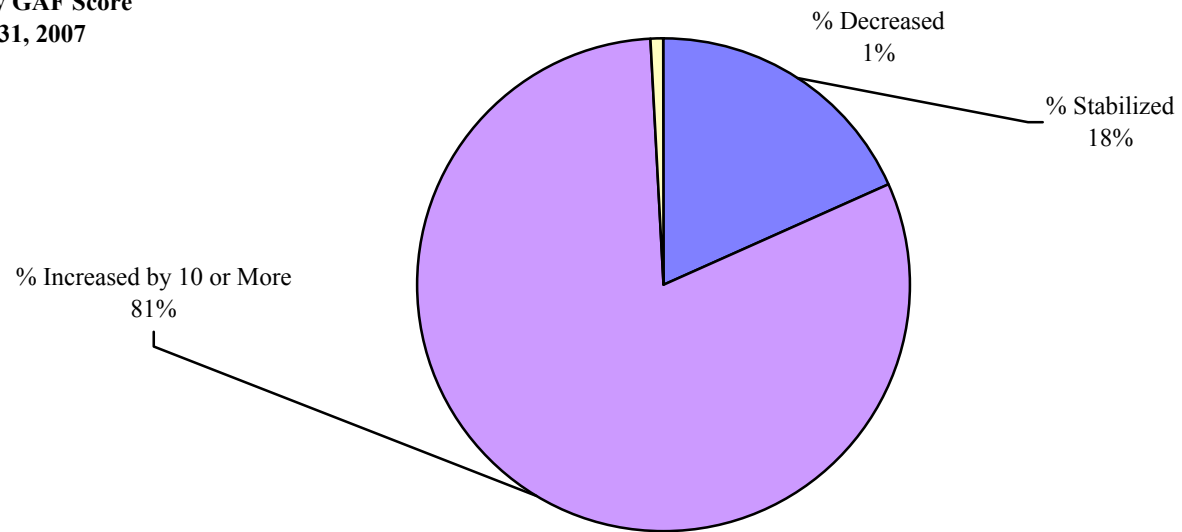
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Terrell State Hospital

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



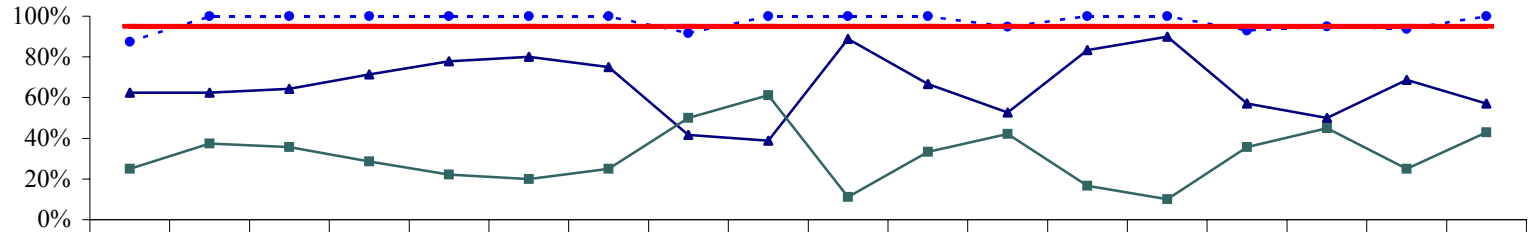
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	70%	74%	74%	77%	74%	80%	78%	77%	79%	74%	76%	85%	84%	88%	88%	81%	79%	82%
—■— % Stabilized	29%	24%	25%	22%	26%	20%	20%	20%	19%	26%	24%	14%	16%	11%	12%	19%	20%	17%
- - ● - - % Stabilized + Increased	100%	98%	99%	99%	99%	100%	98%	97%	98%	100%	100%	100%	100%	100%	100%	100%	99%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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



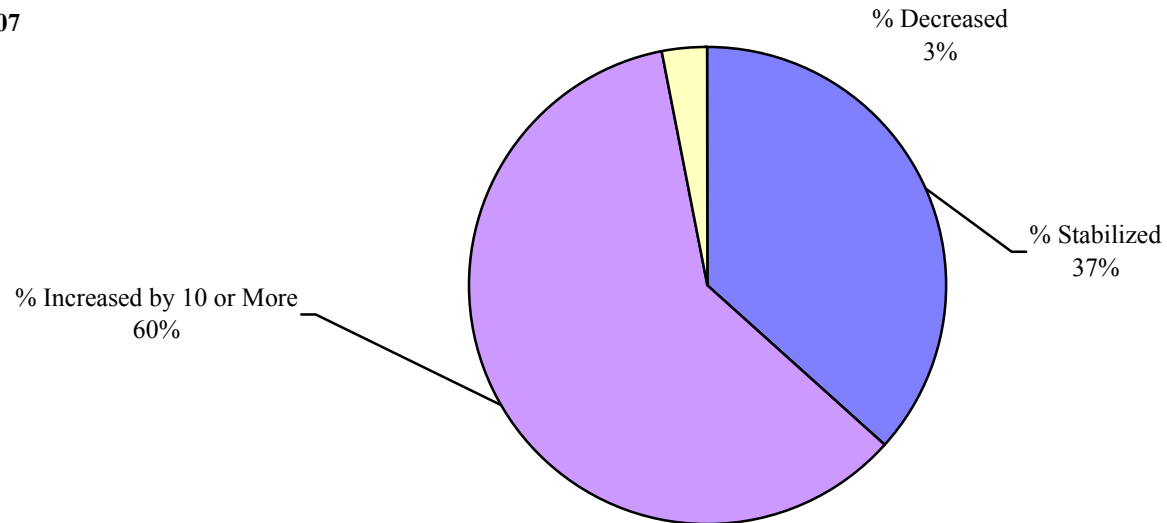
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
% Increased by 10 or More	63%	63%	64%	71%	78%	80%	75%	42%	39%	89%	67%	53%	83%	90%	57%	50%	69%	57%
% Stabilized	25%	38%	36%	29%	22%	20%	25%	50%	61%	11%	33%	42%	17%	10%	36%	45%	25%	43%
% Stabilized + Increased	88%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	95%	100%	100%	93%	95%	94%	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, 2007



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

Performance Objective 4B:

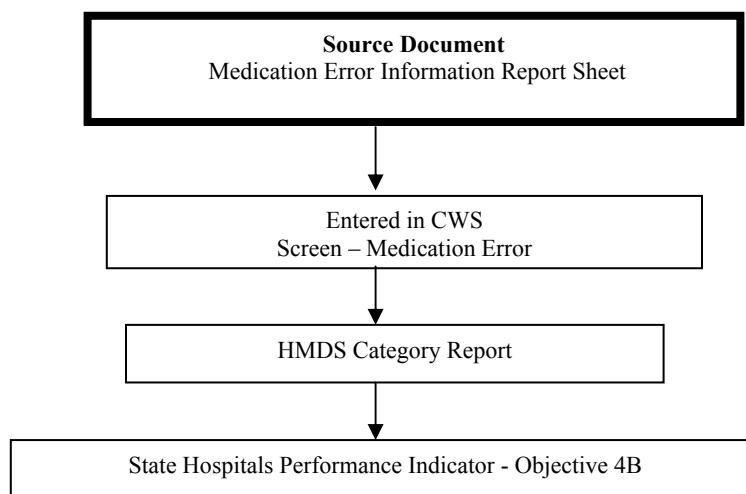
Each hospital will have a process in place to identify, collect, aggregate, and analyze medication errors and report to the Governing Body.

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

Performance Objective Data Display and Chart Description:

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

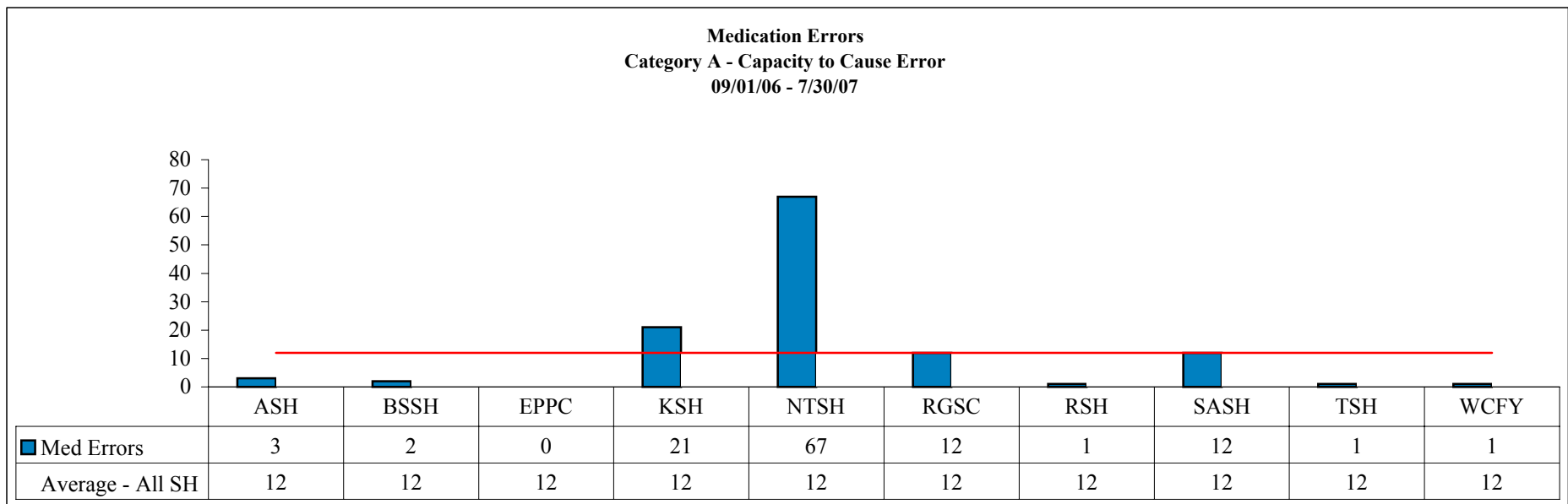
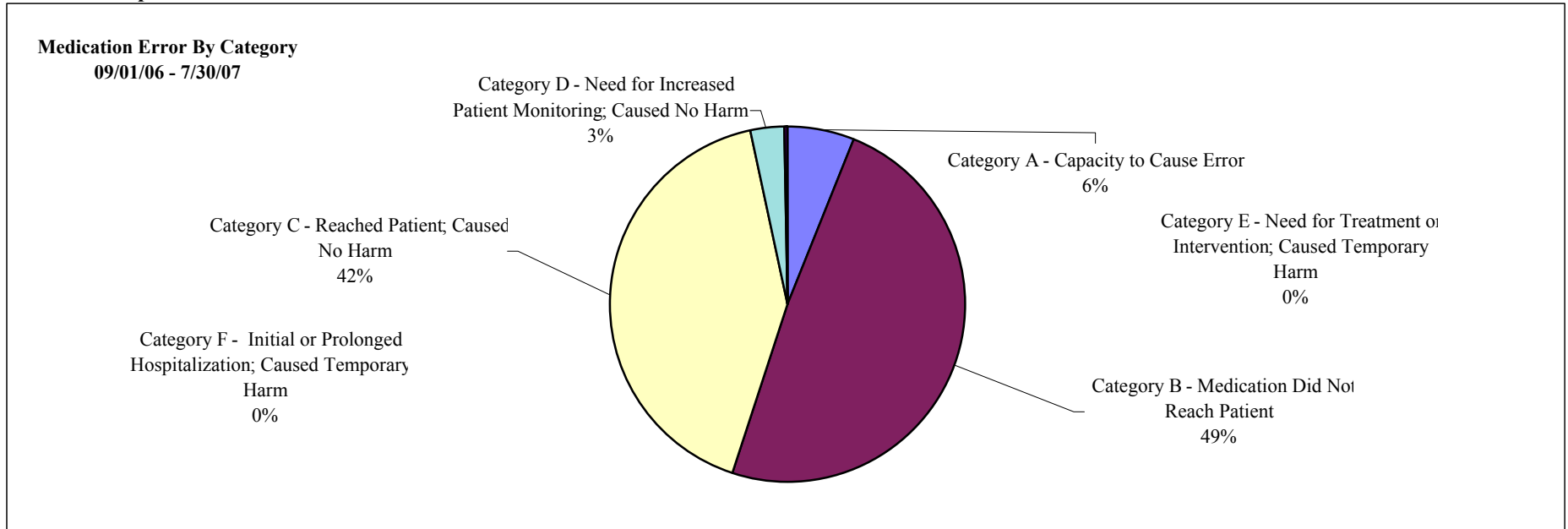
Data Flow:



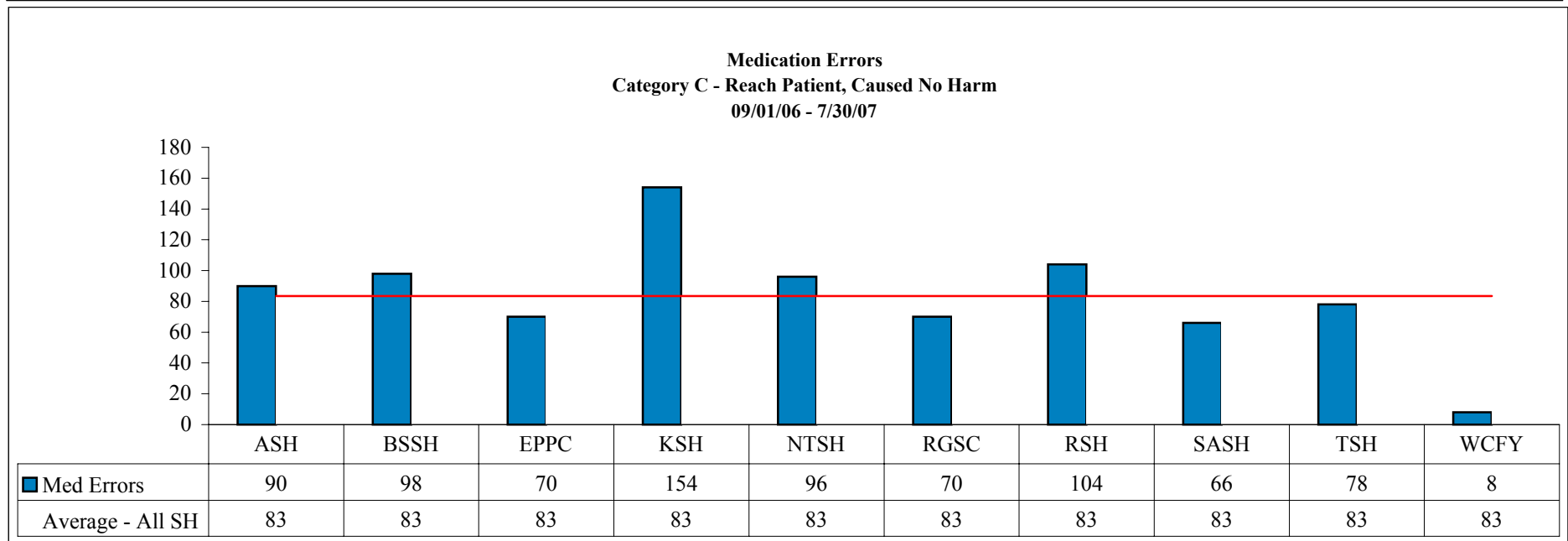
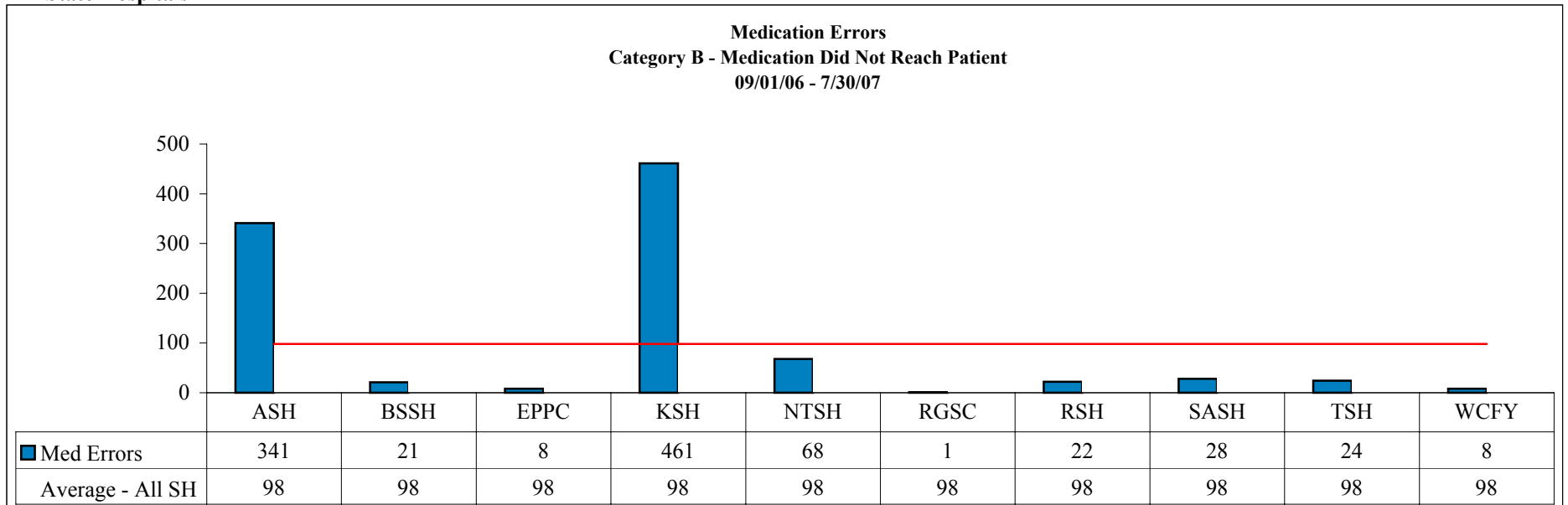
Data Integrity Review Process:

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

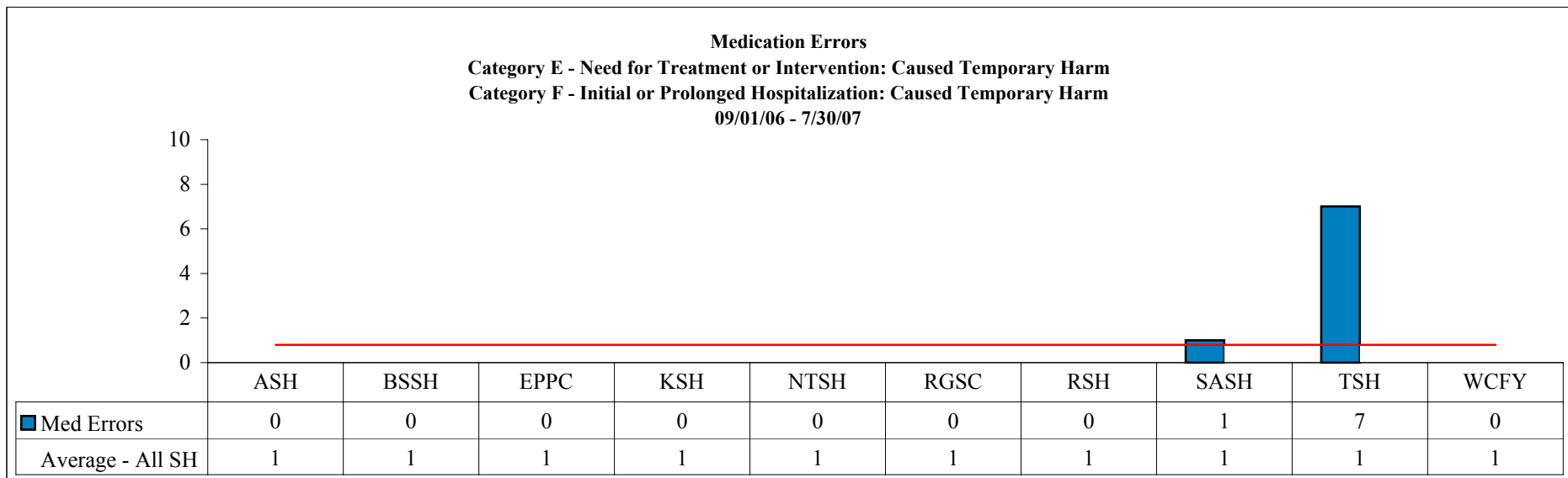
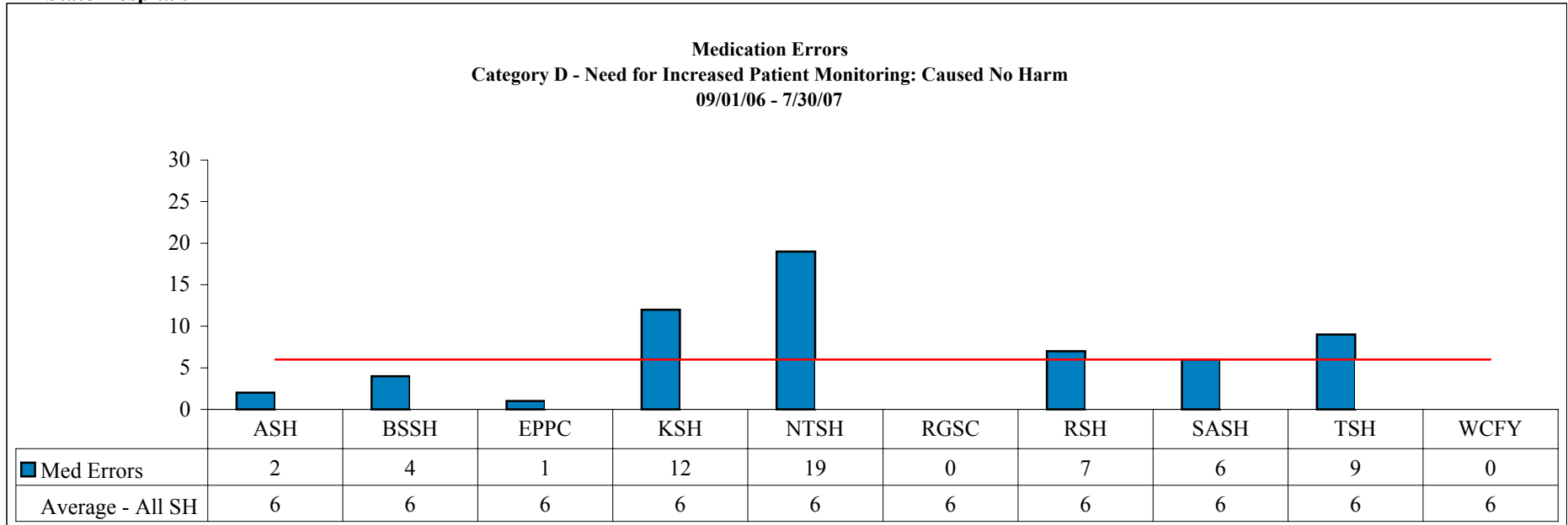
Objective 4B - Medication Variance Data
All State Hospitals



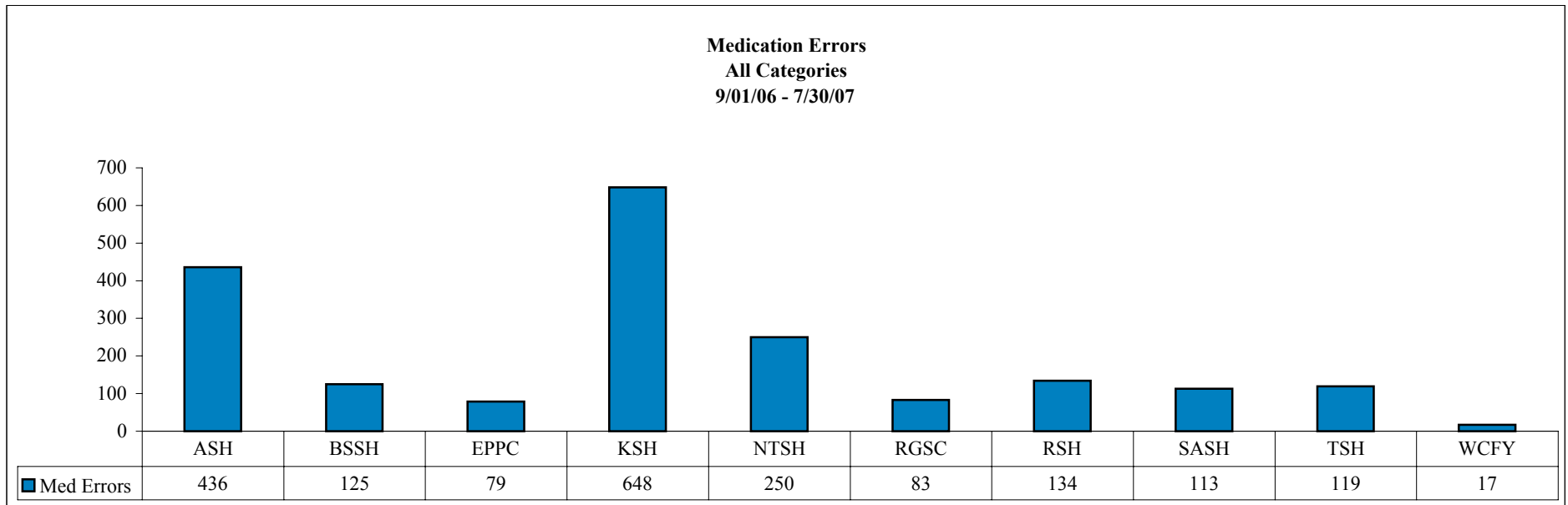
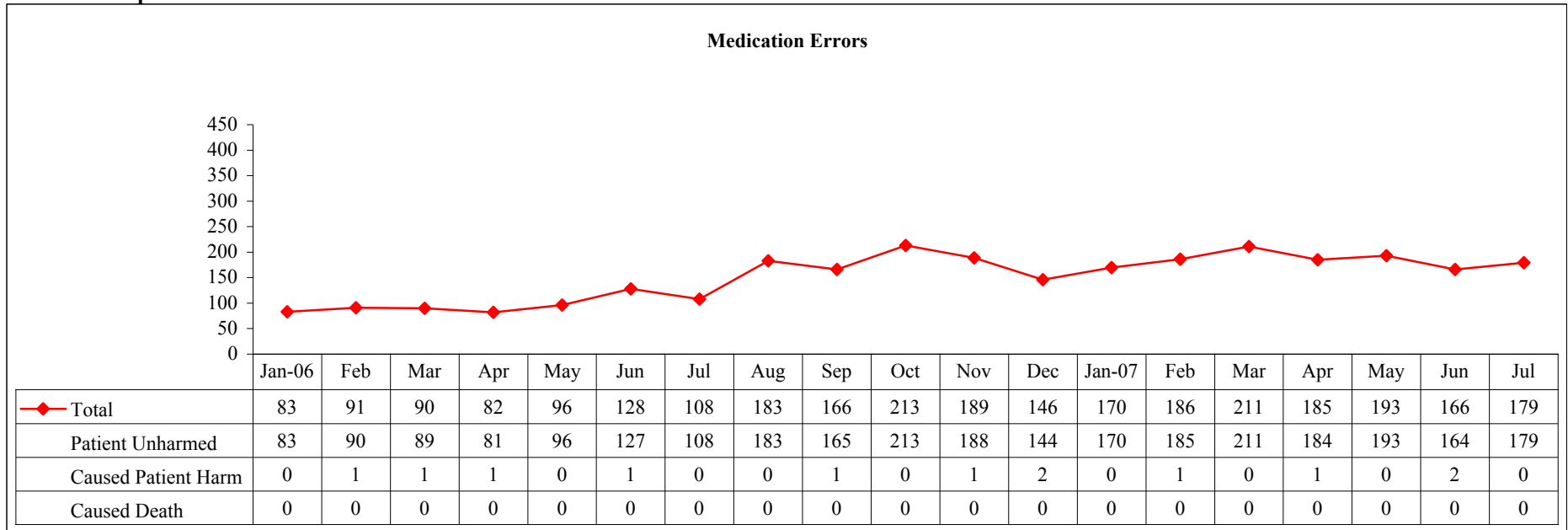
Objective 4B - Medication Variance Data
All State Hospitals



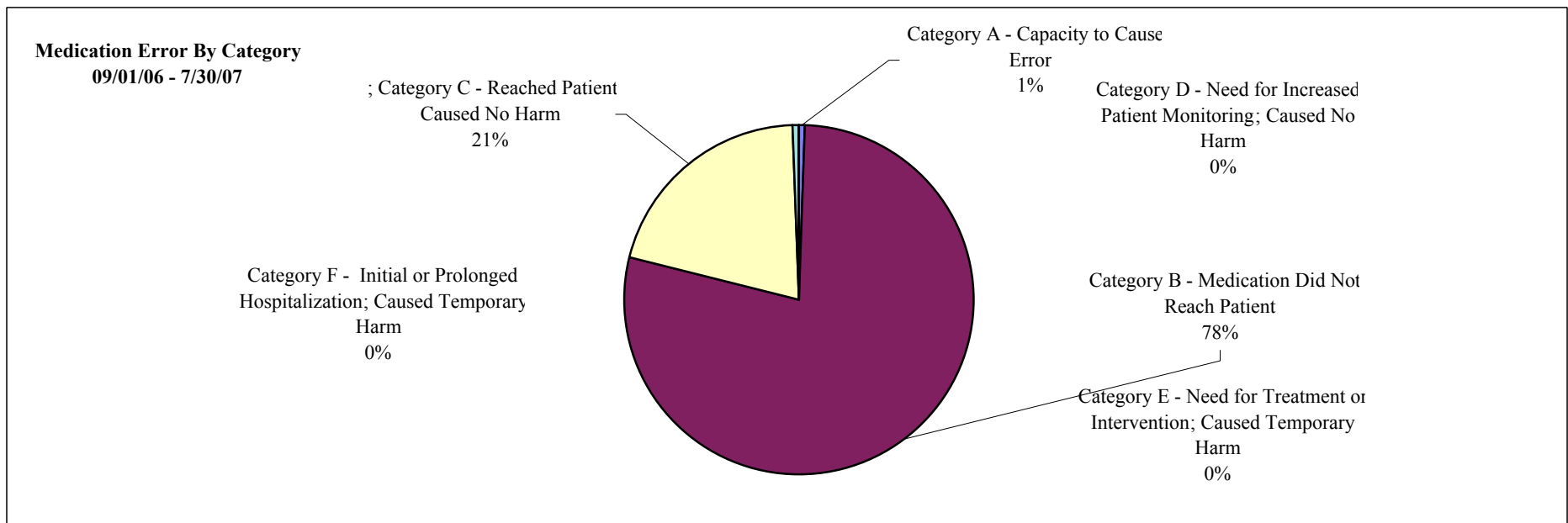
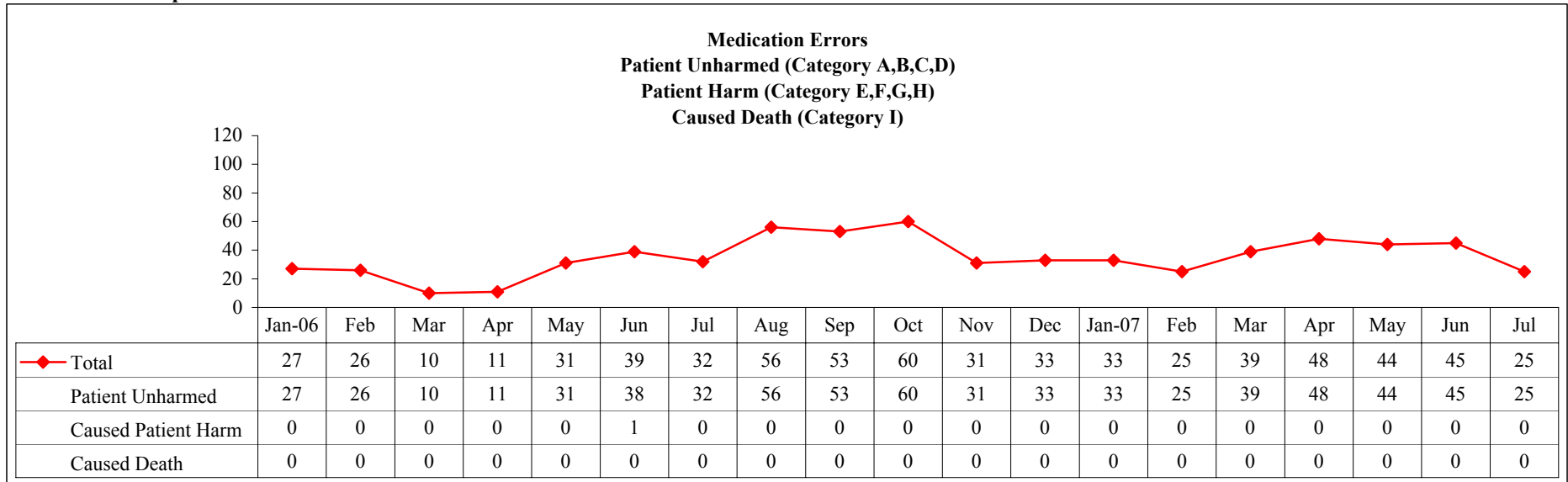
Objective 4B - Medication Variance Data
All State Hospitals



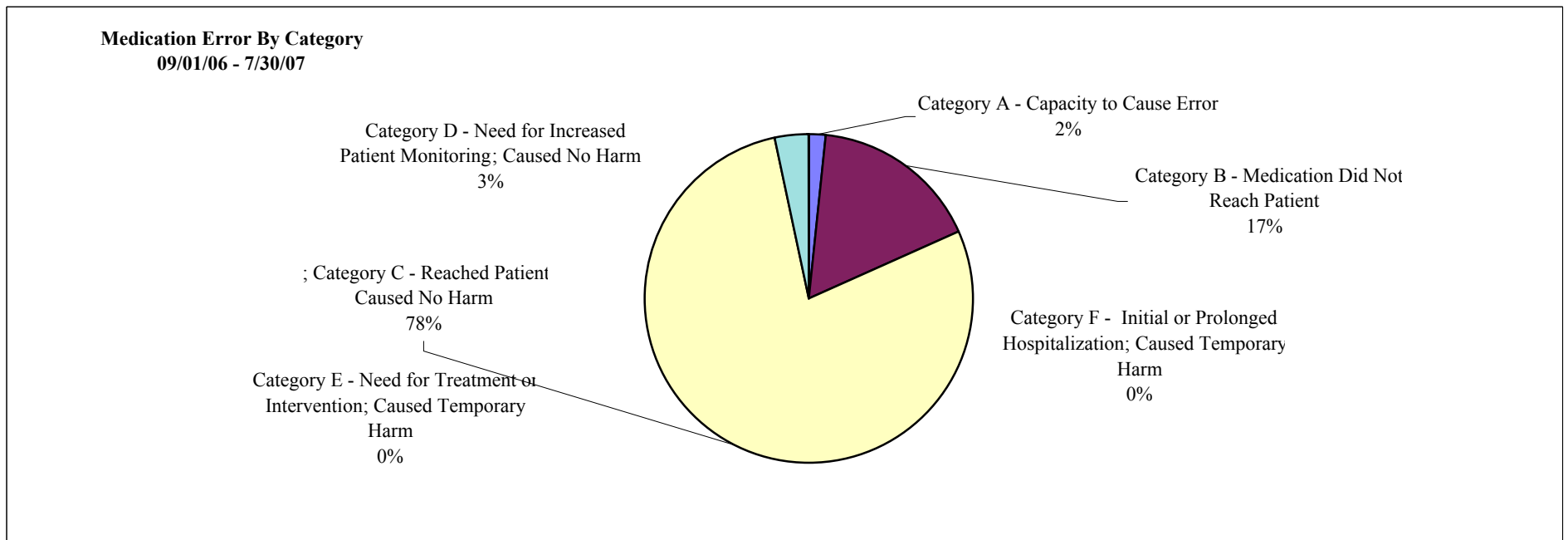
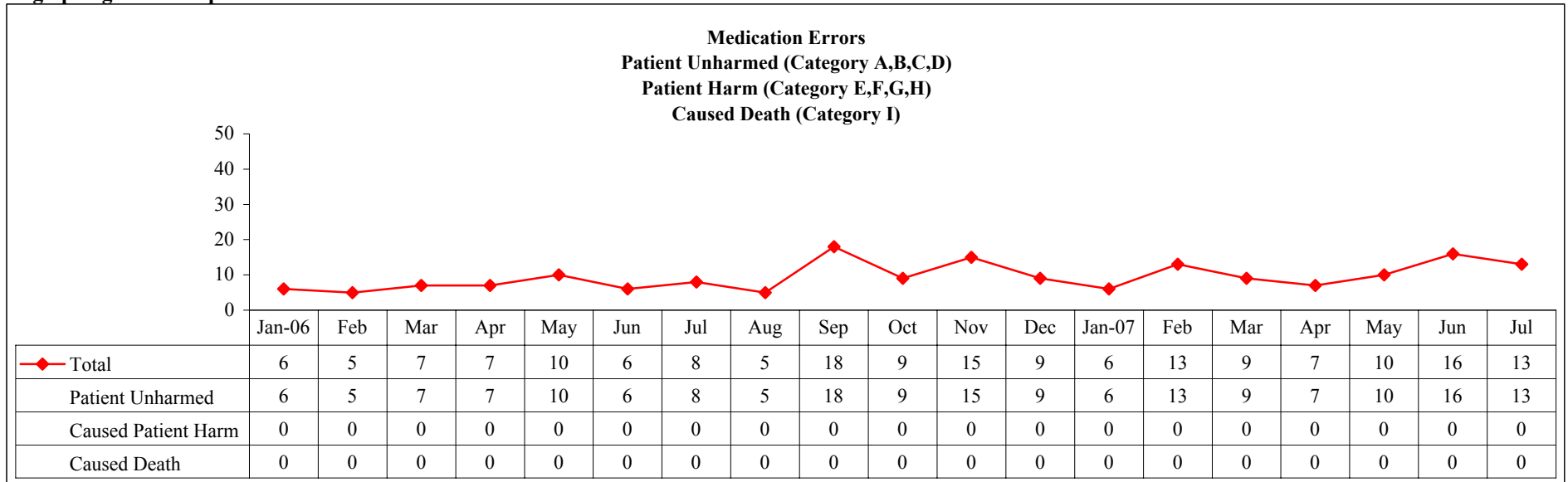
Objective 4B - Medication Variance Data
All State Hospitals



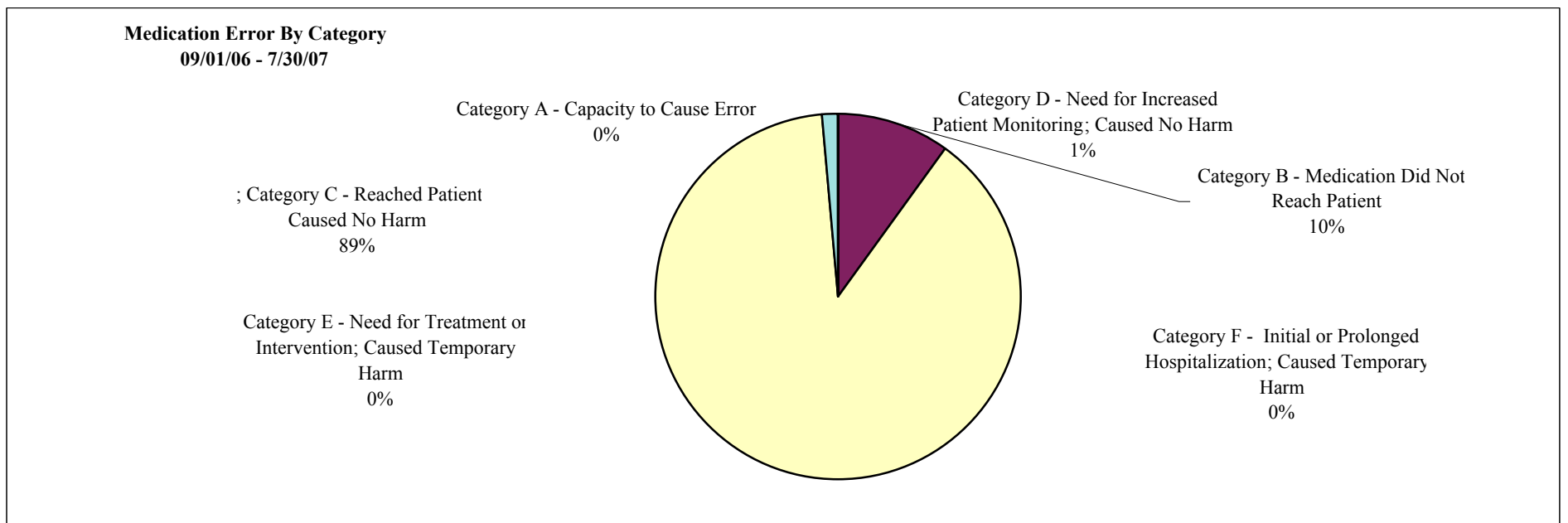
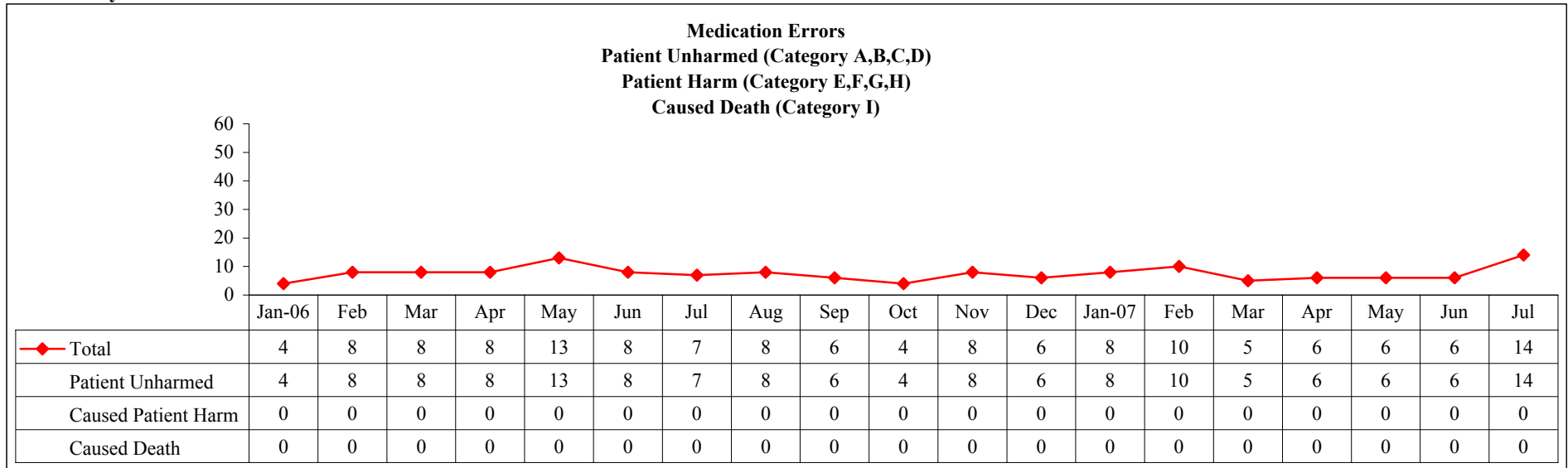
**Objective 4B - Medication Variance Data
Austin State Hospital**



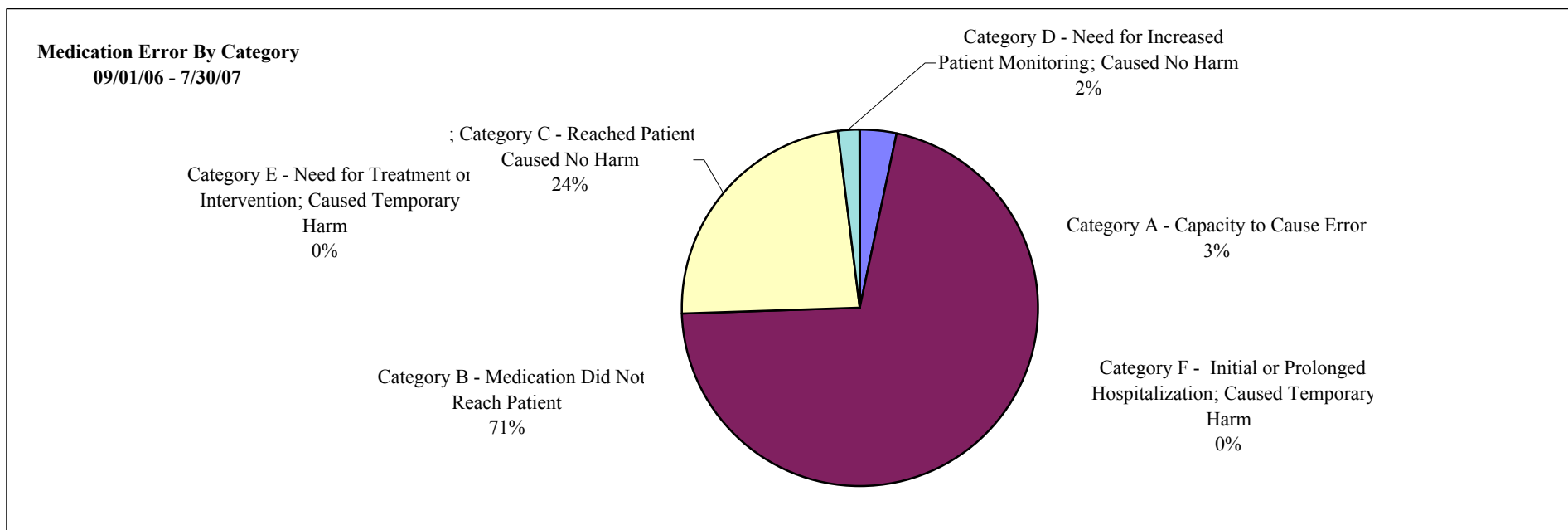
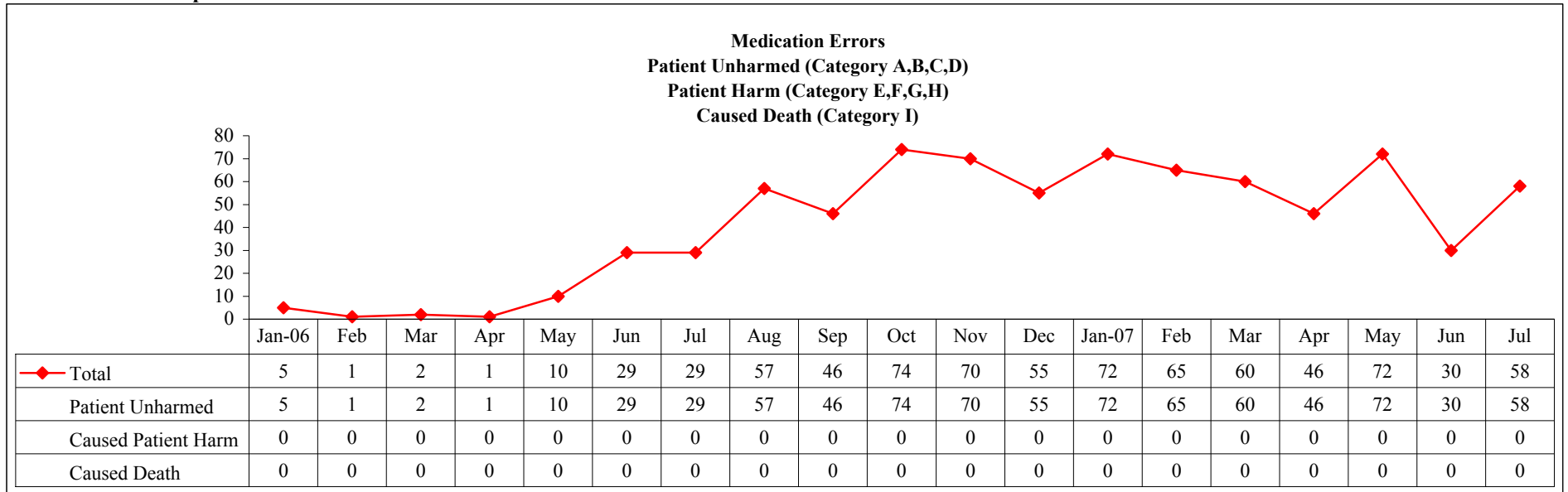
Objective 4B - Medication Variance Data
Big Spring State Hospital



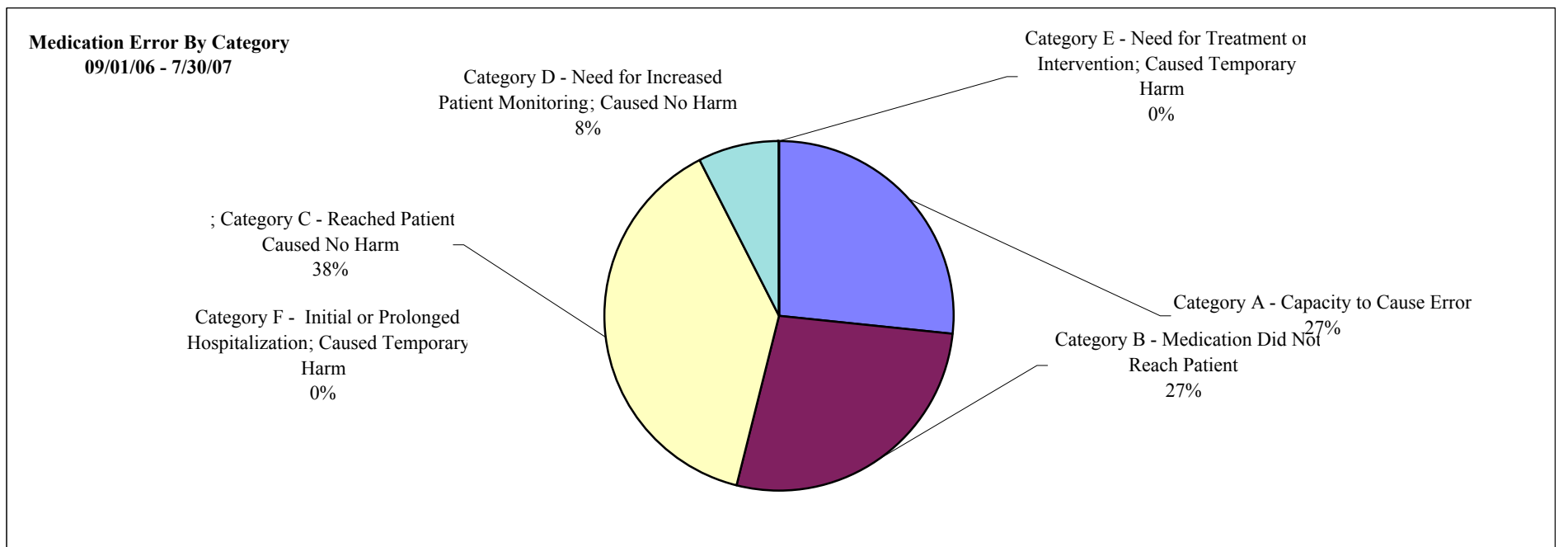
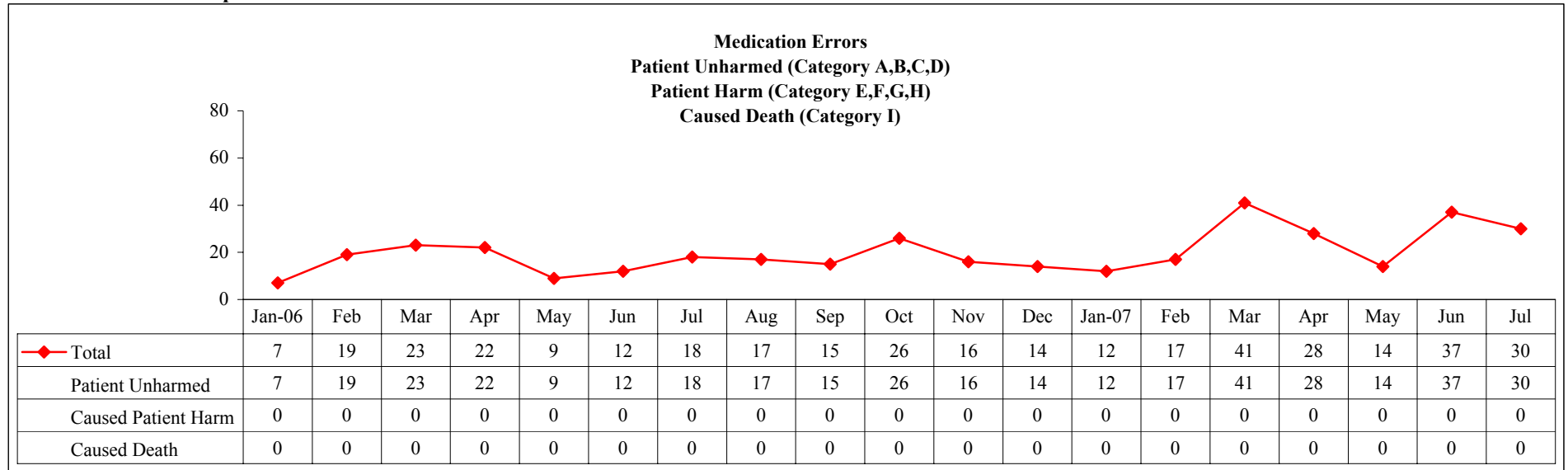
Objective 4B - Medication Variance Data
El Paso Psychiatric Center



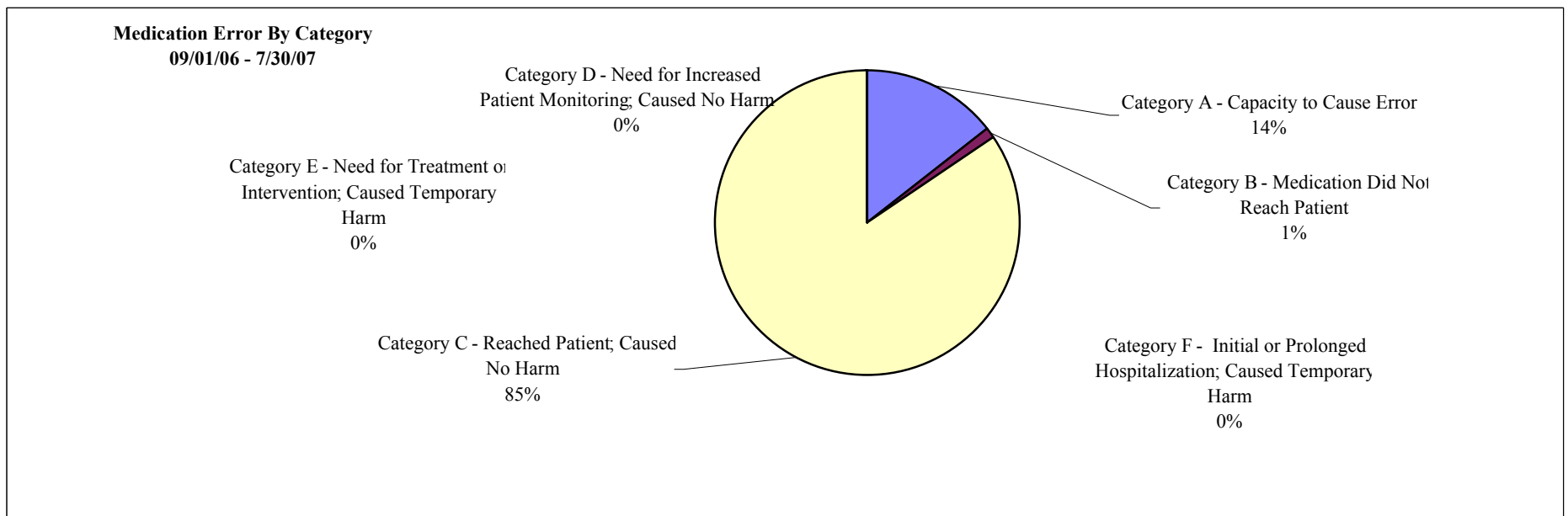
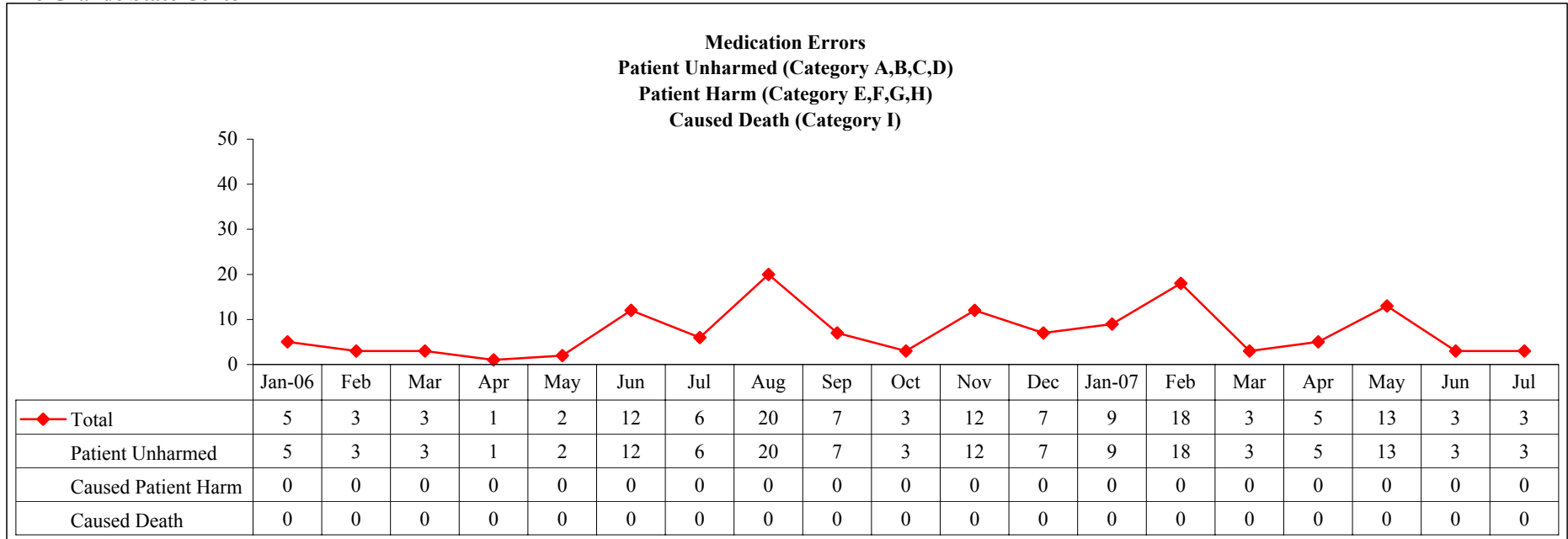
Objective 4B - Medication Variance Data
Kerrville State Hospital



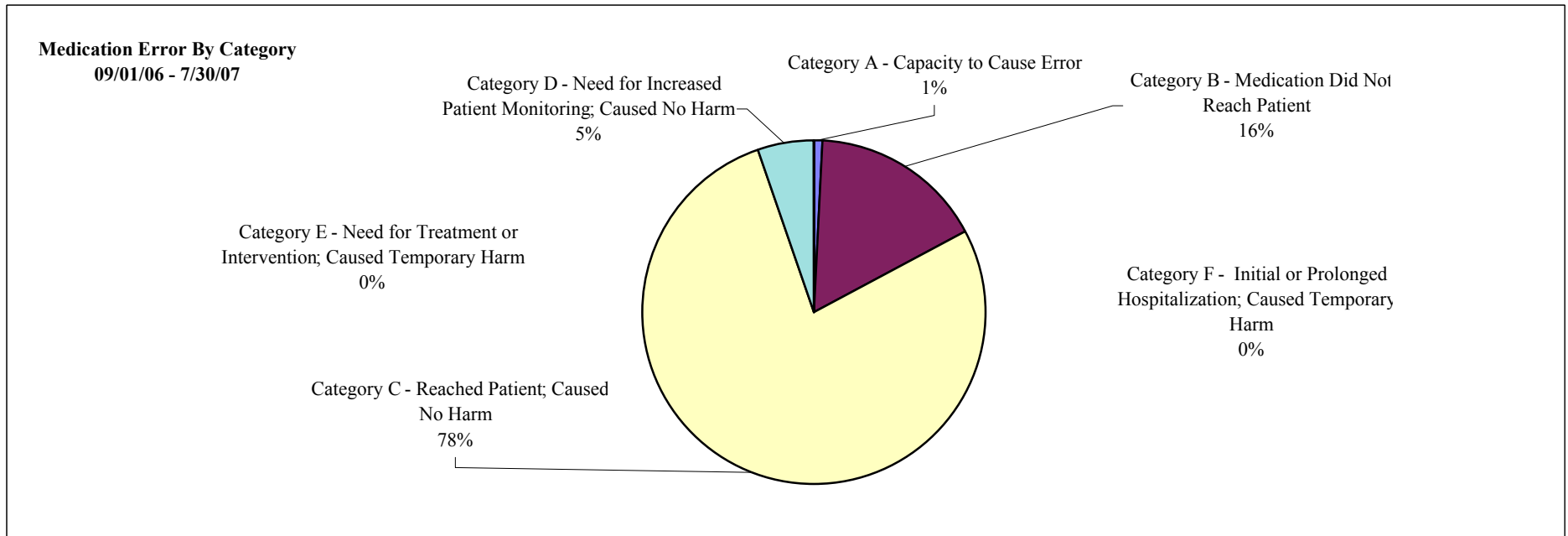
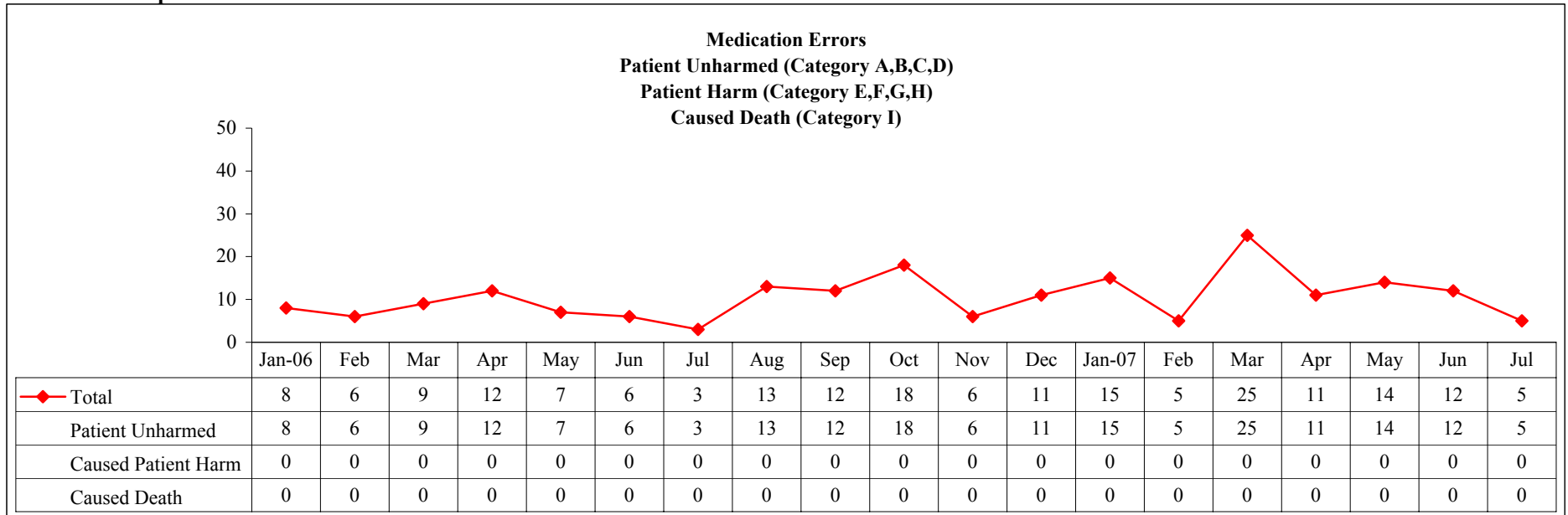
Objective 4B - Medication Variance Data
North Texas State Hospital



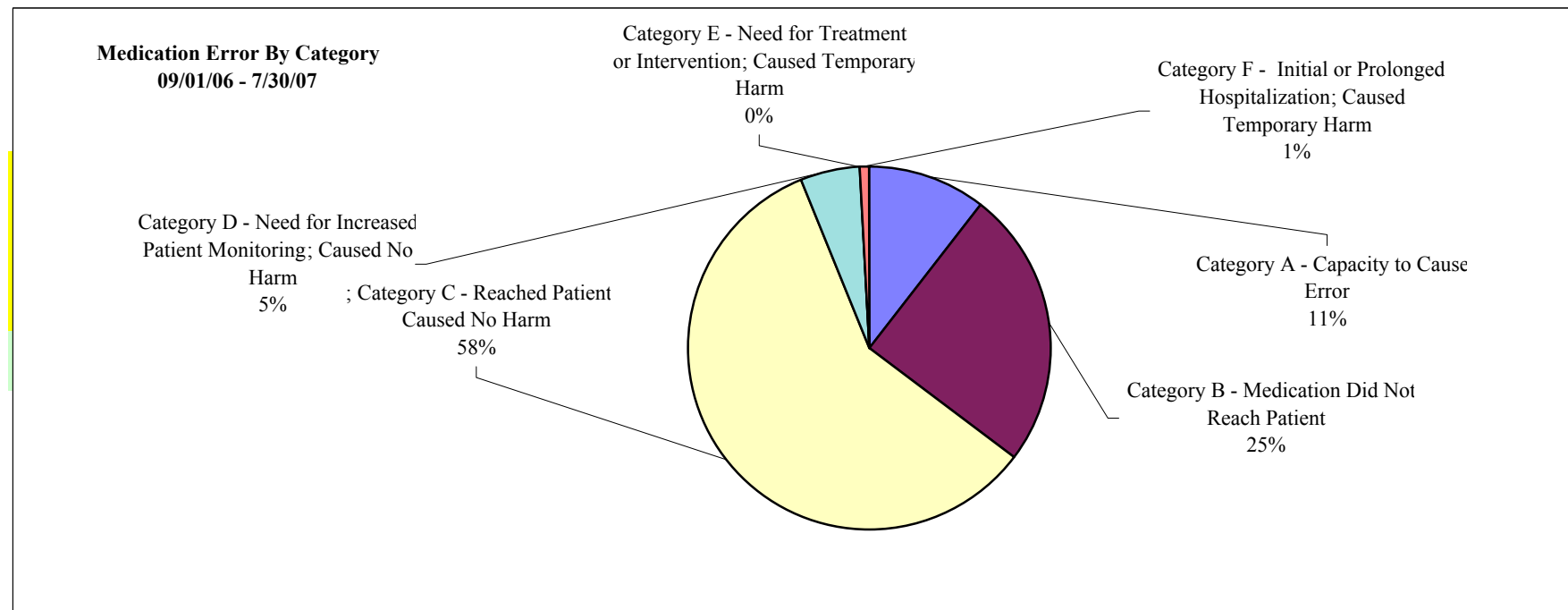
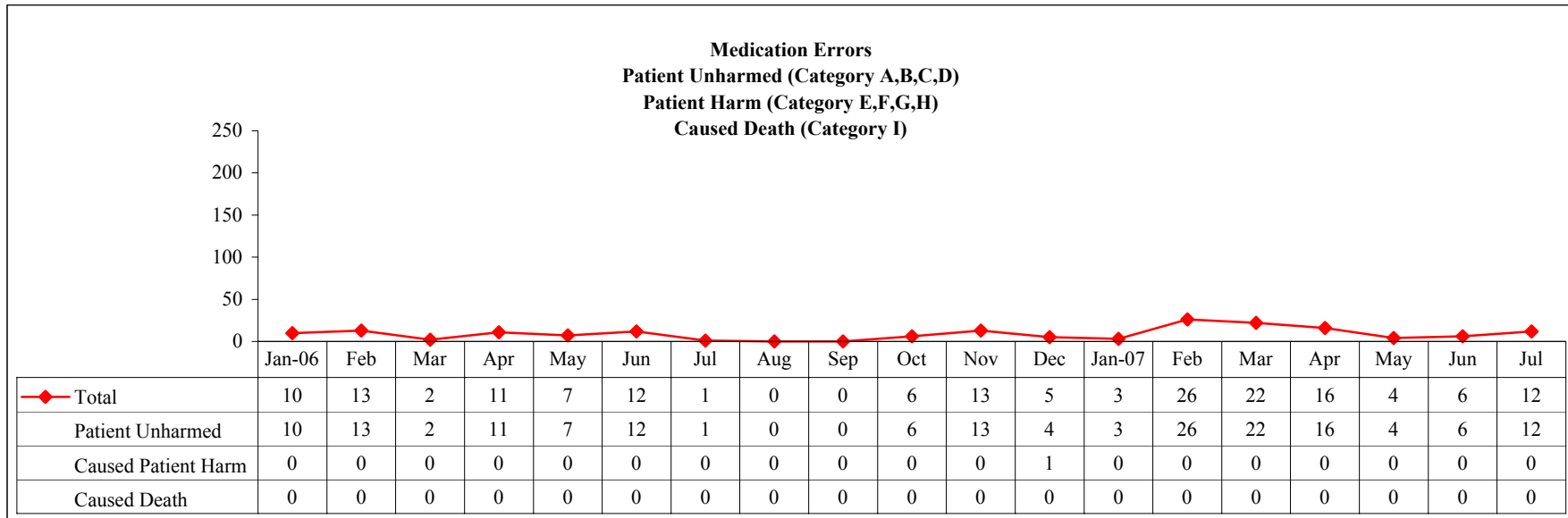
Objective 4B - Medication Variance Data
Rio Grande State Center



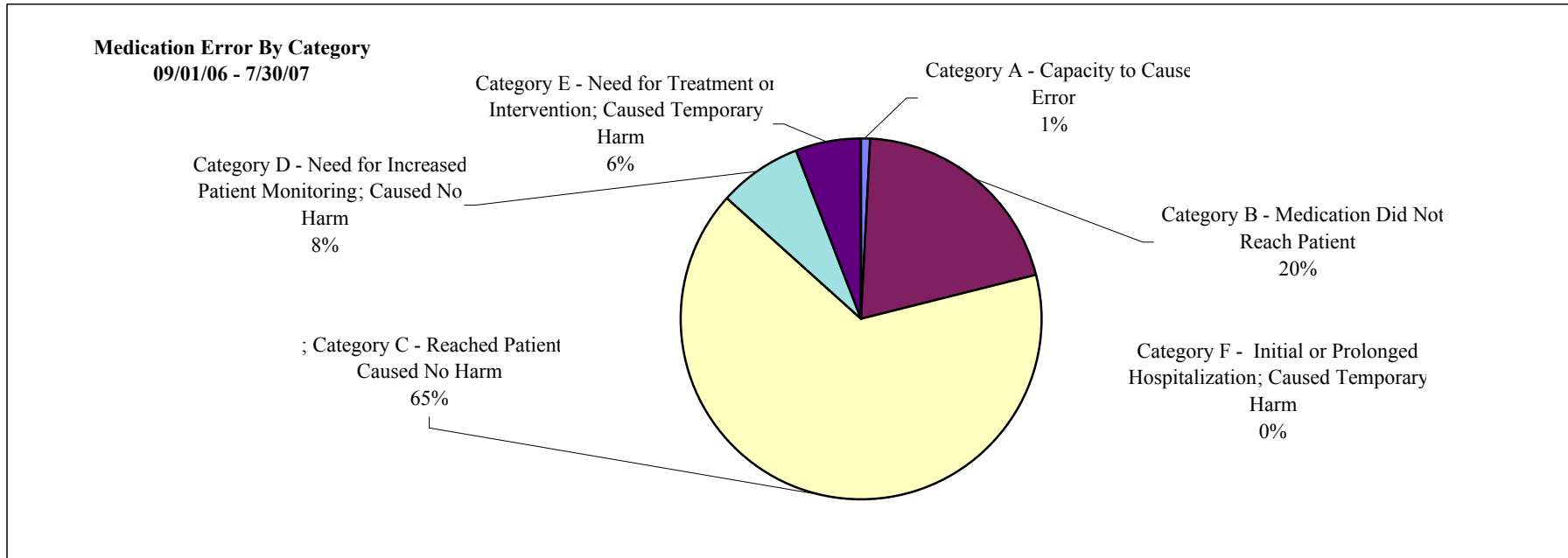
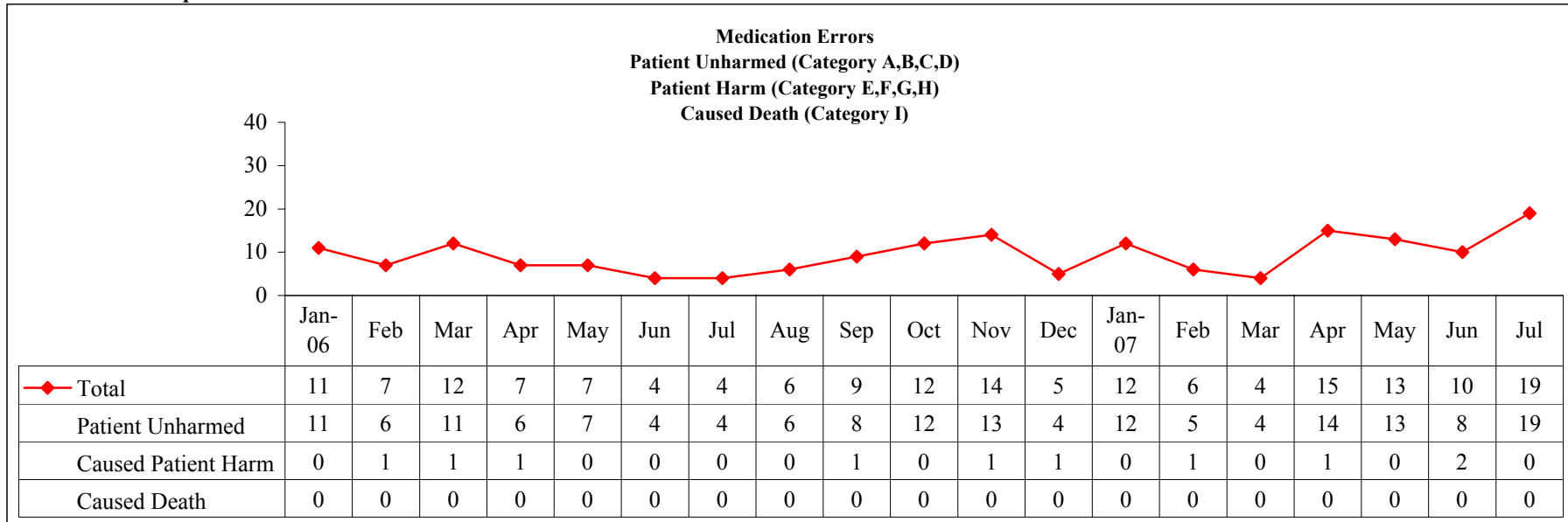
Objective 4B - Medication Variance Data
Rusk State Hospital



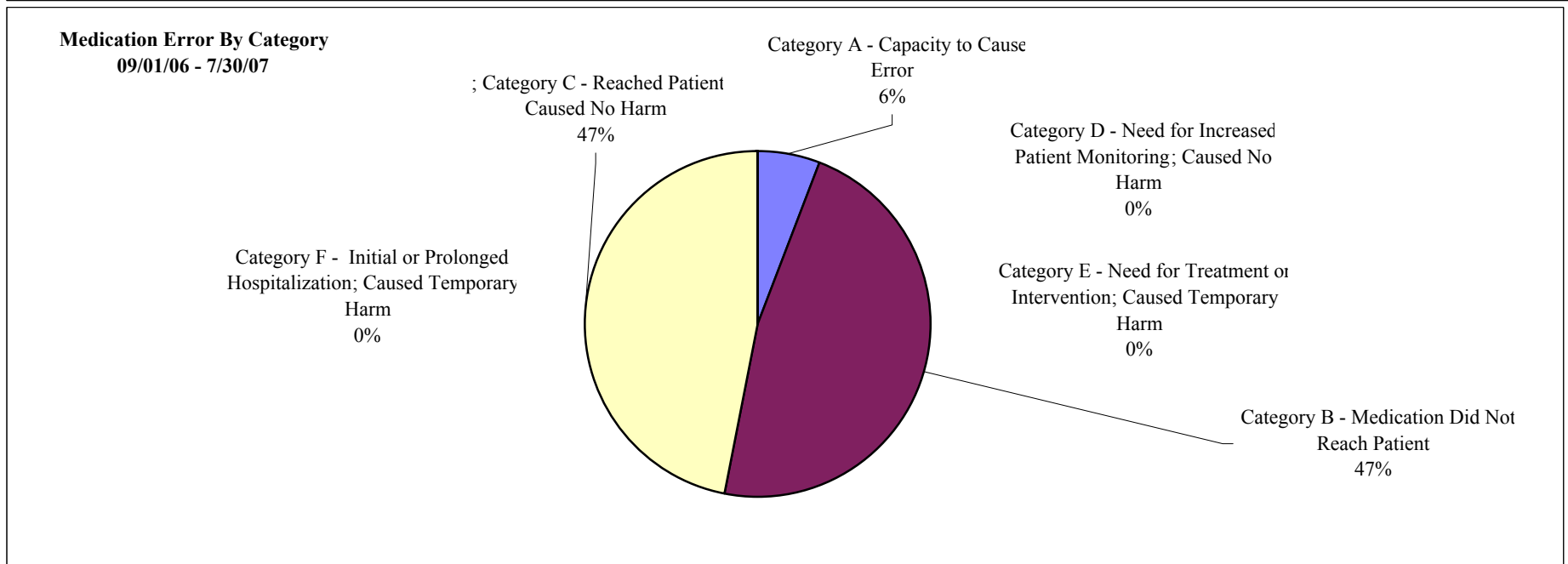
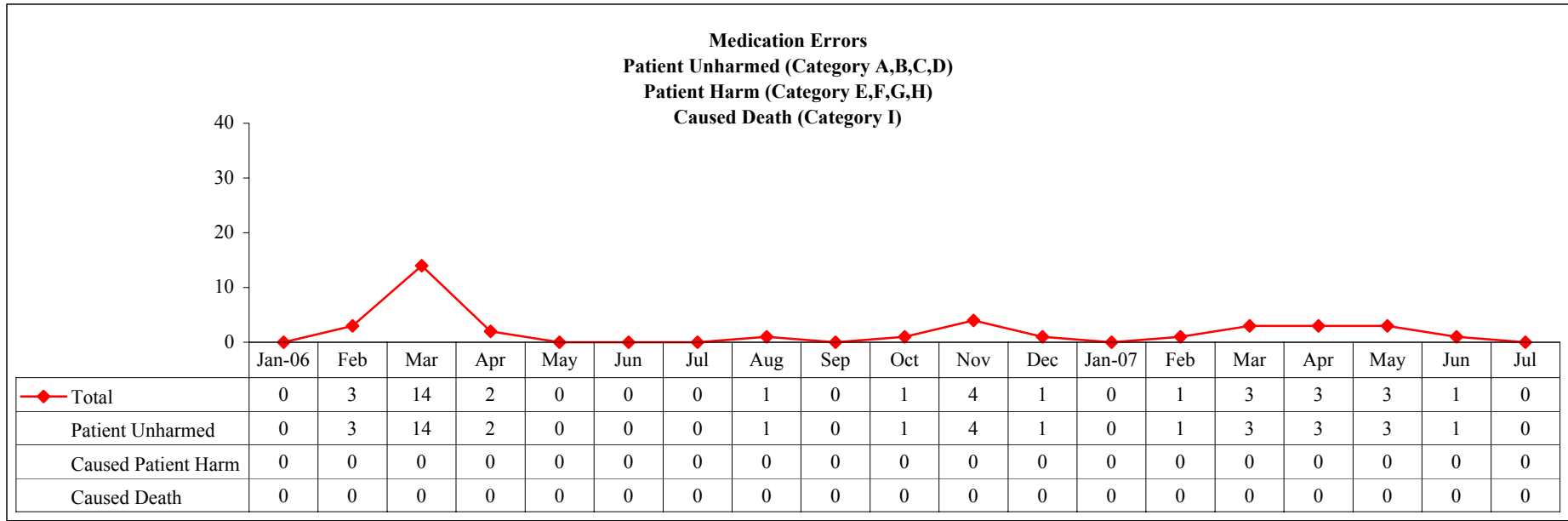
Objective 4B - Medication Variance Data
San Antonio State Hospital



Objective 4B - Medication Variance Data
Terrell State Hospital



Objective 4B - Medication Variance Data
Waco Center for Youth



Performance Measure 4A:

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

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

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

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

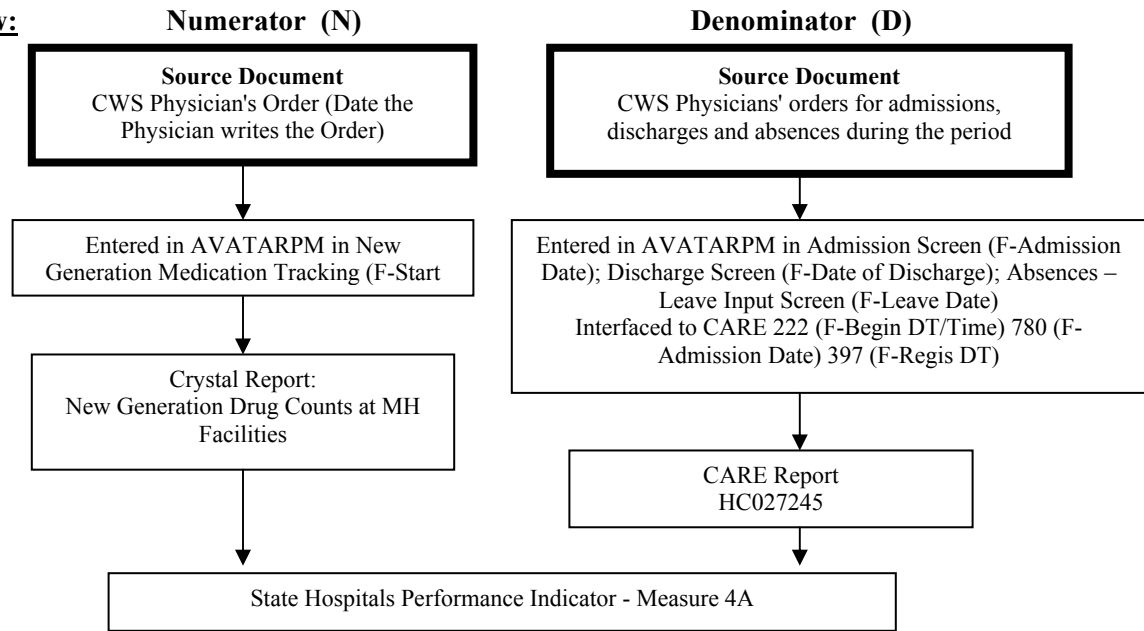
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

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

Data Flow:

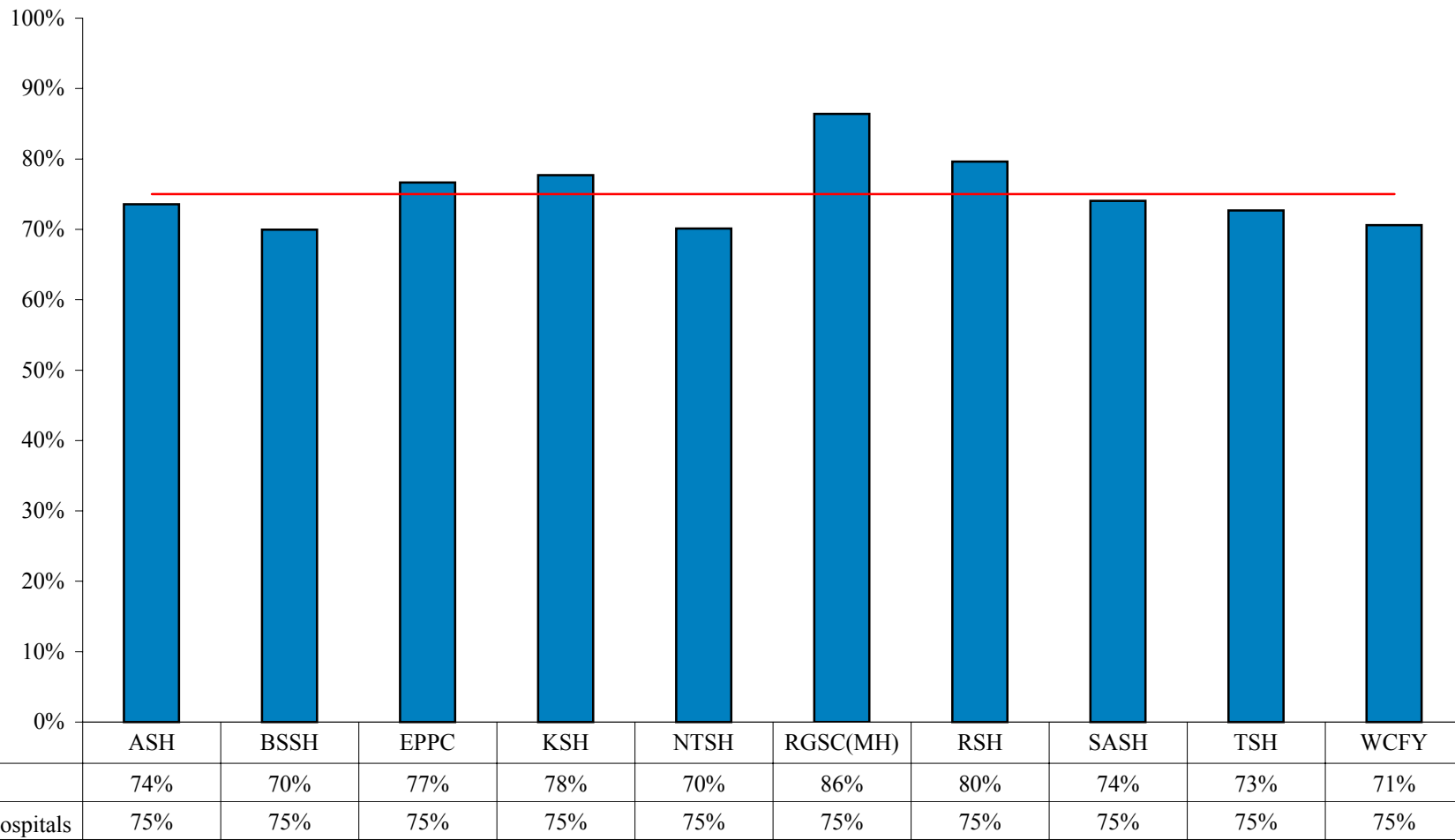


Data Integrity Review Process:

N/A

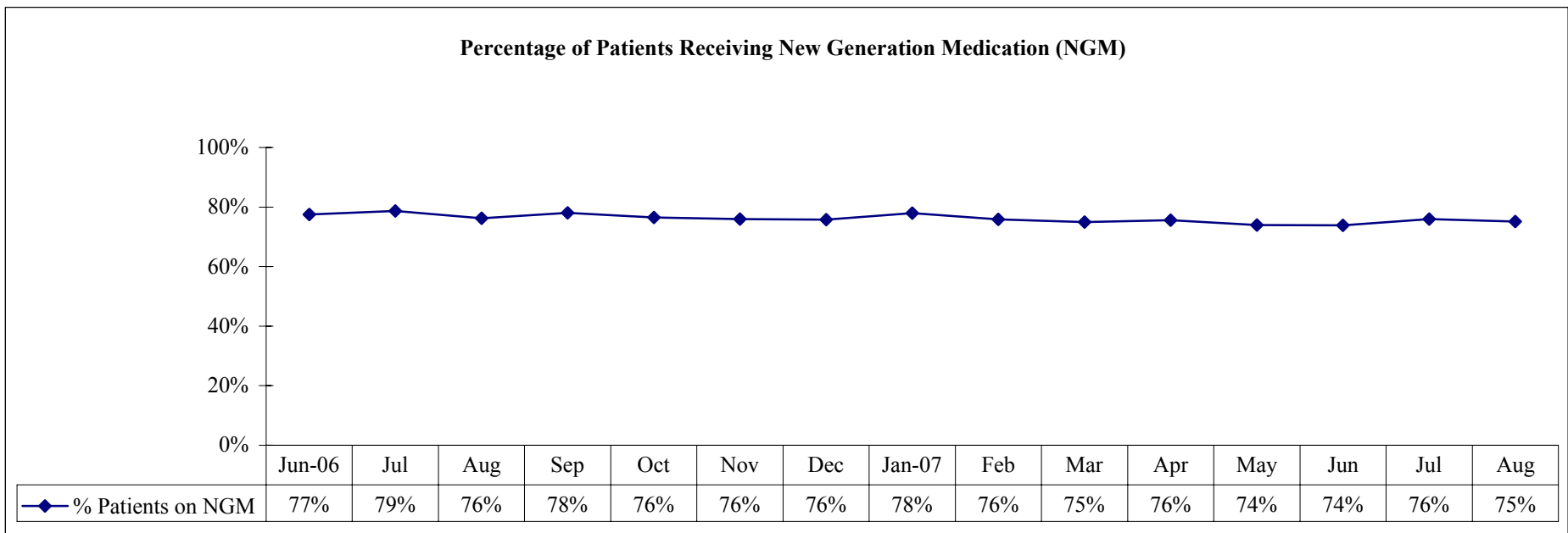
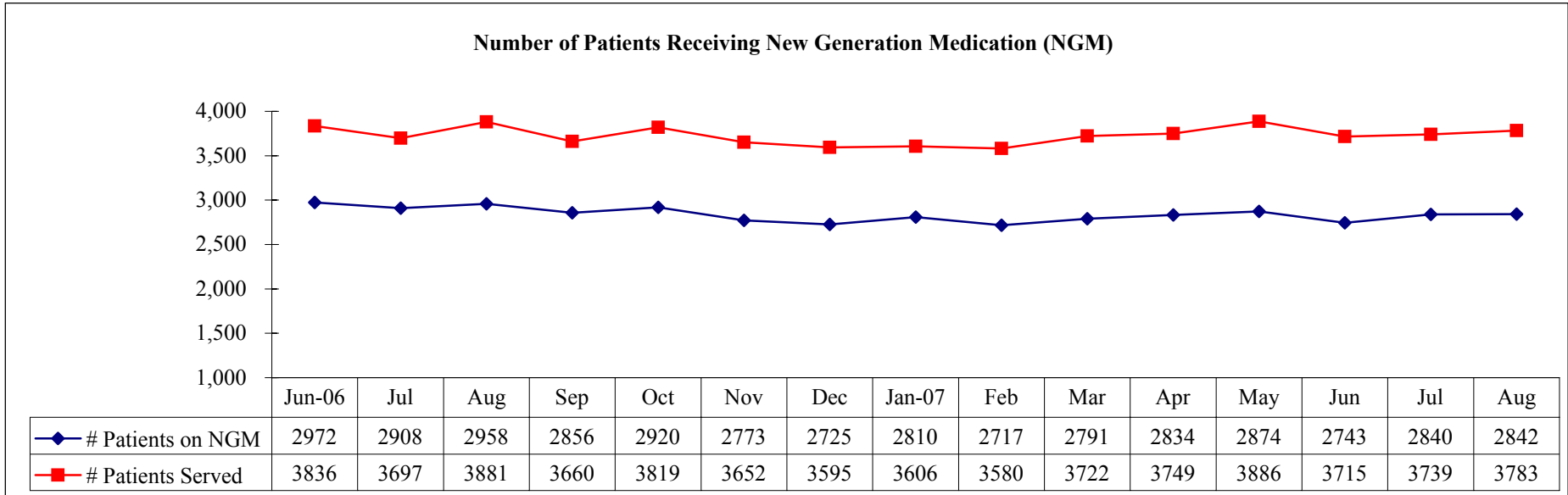
Measure 4A - Patients Receiving New Generation Medication (NGM)
All State Hospitals

Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for Q4 - FY07



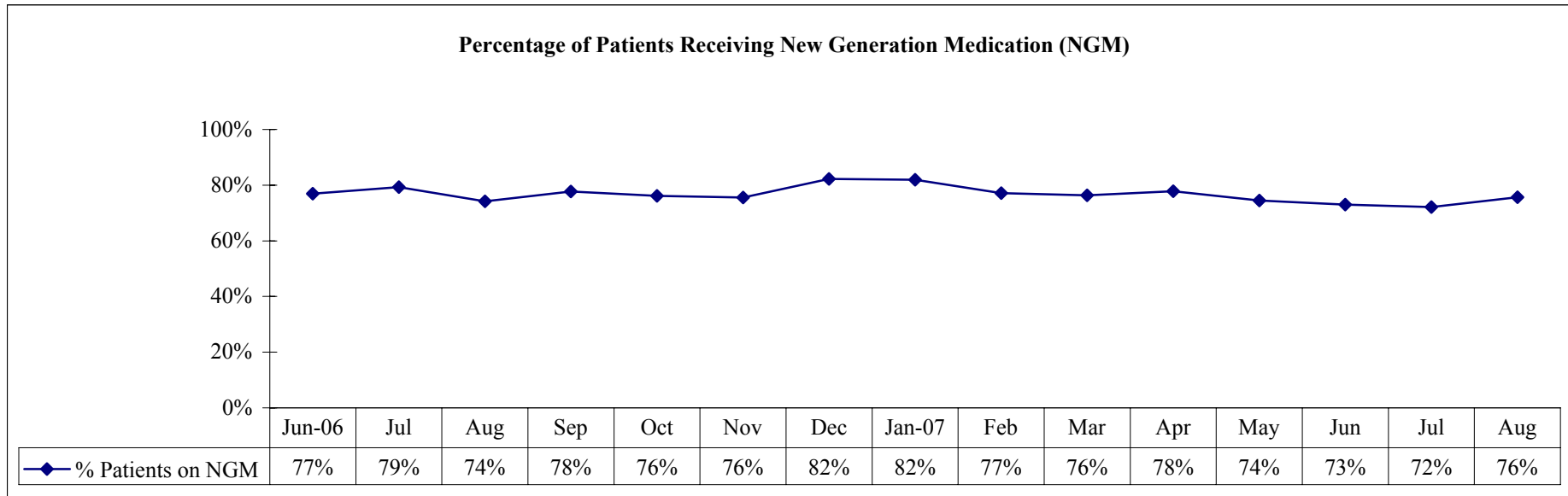
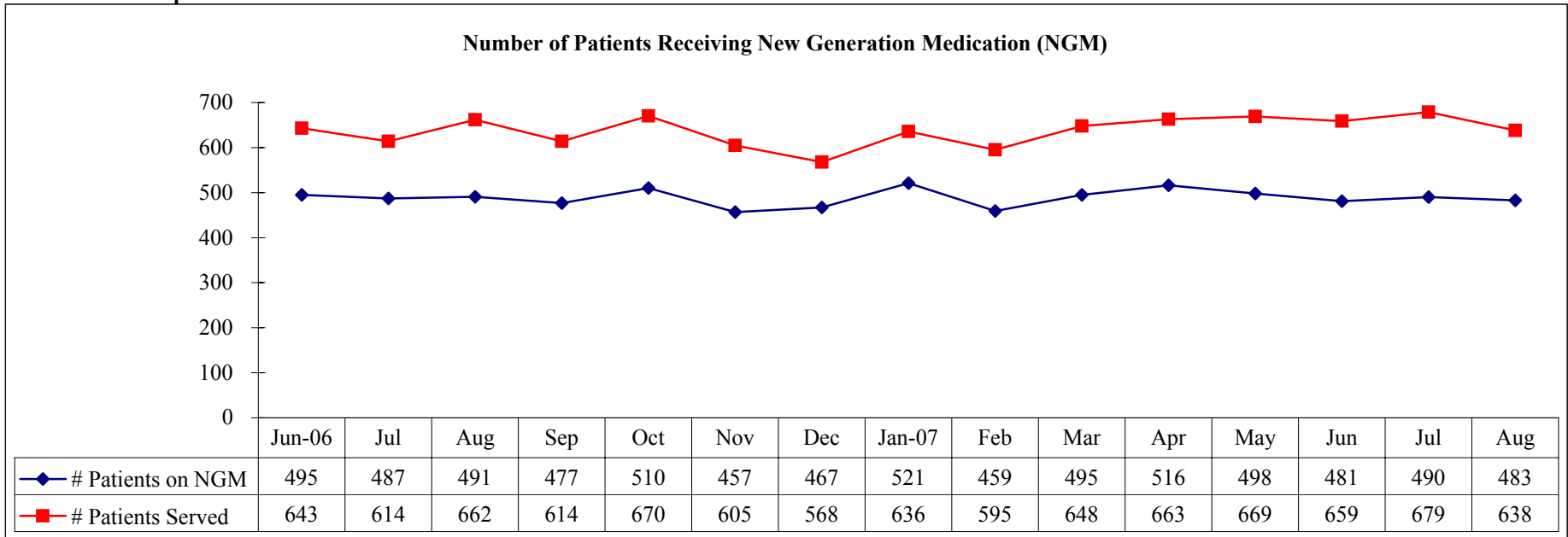
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



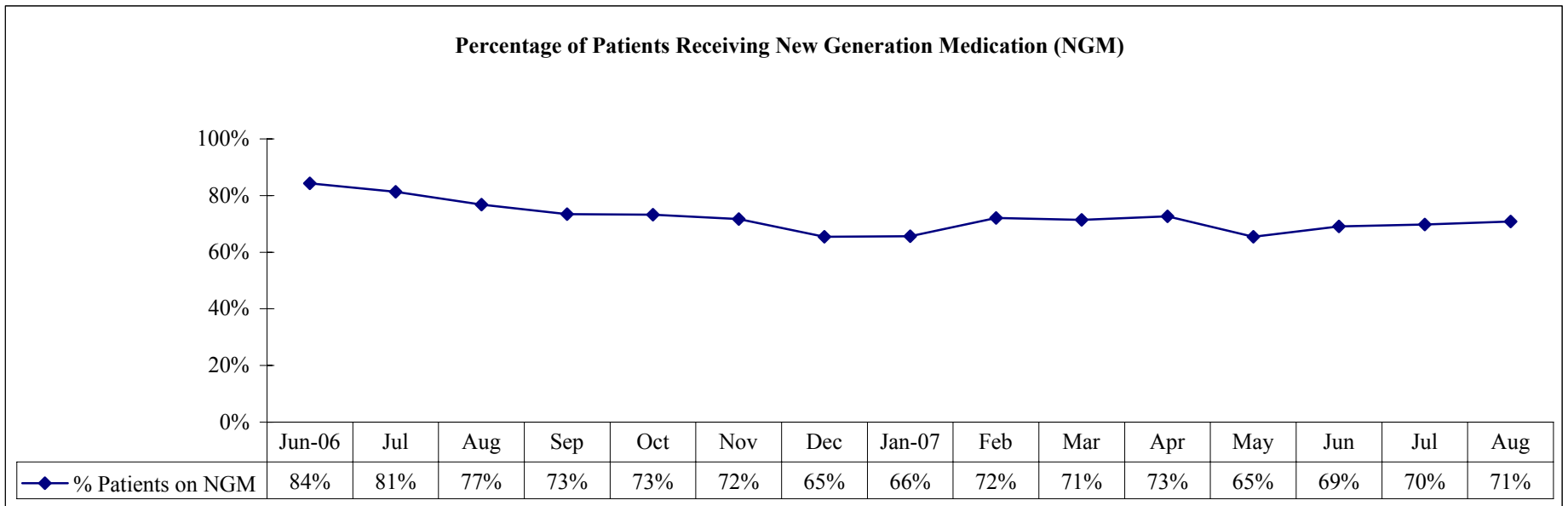
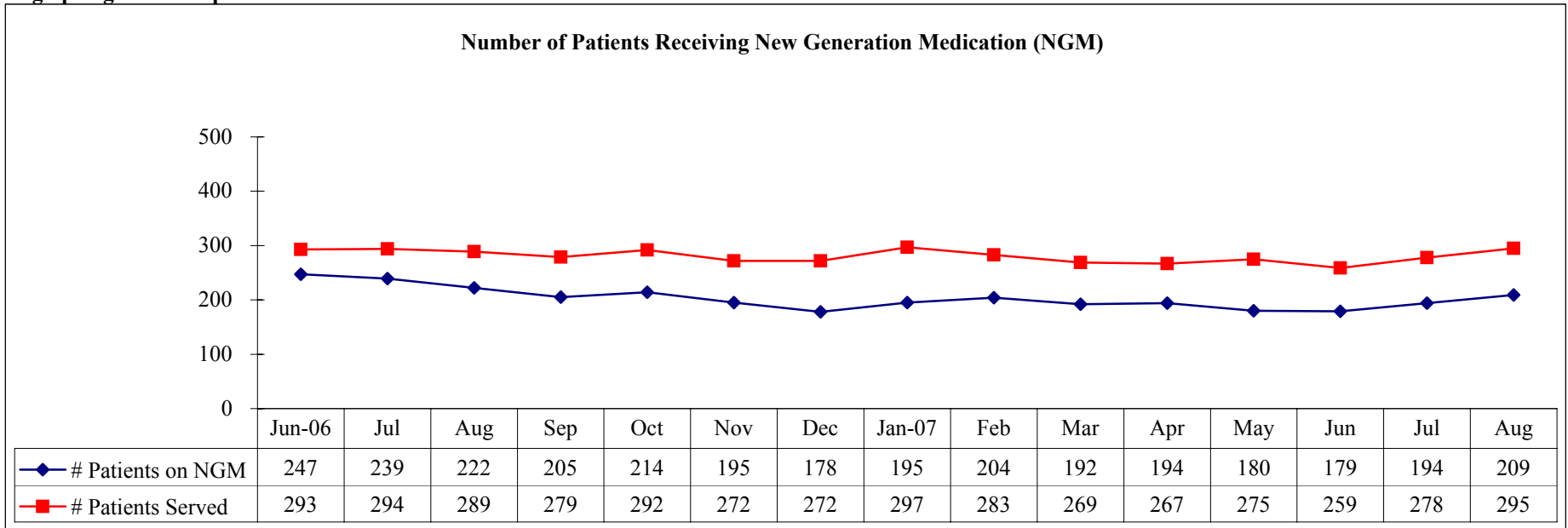
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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)

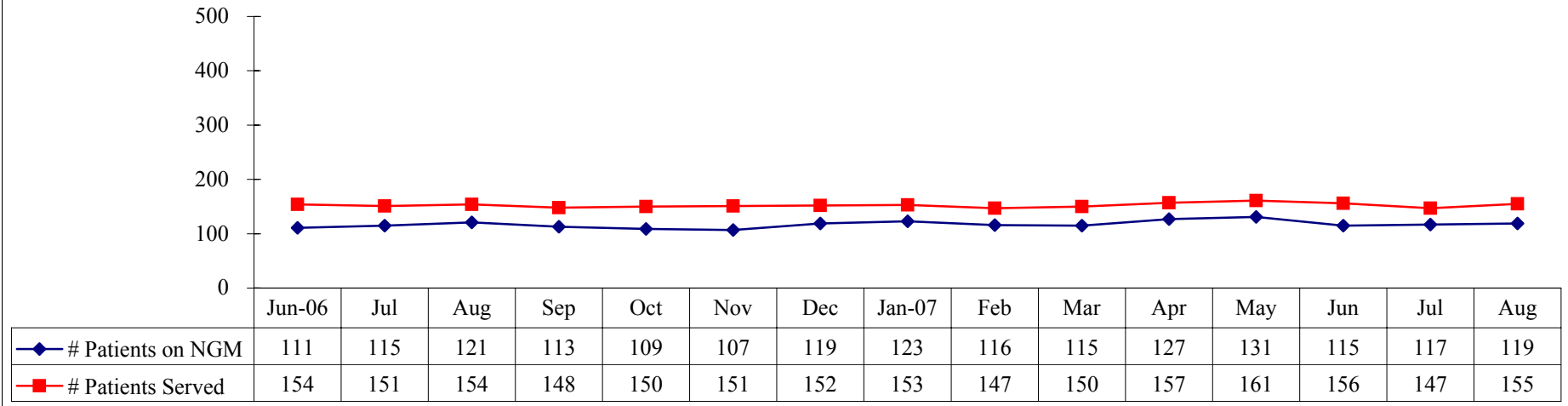
Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital



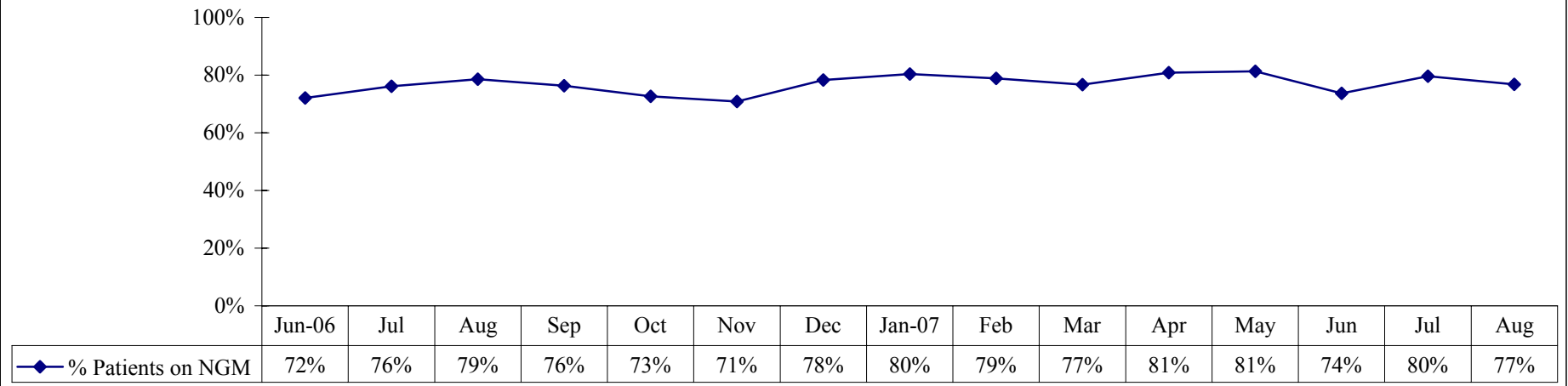
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)



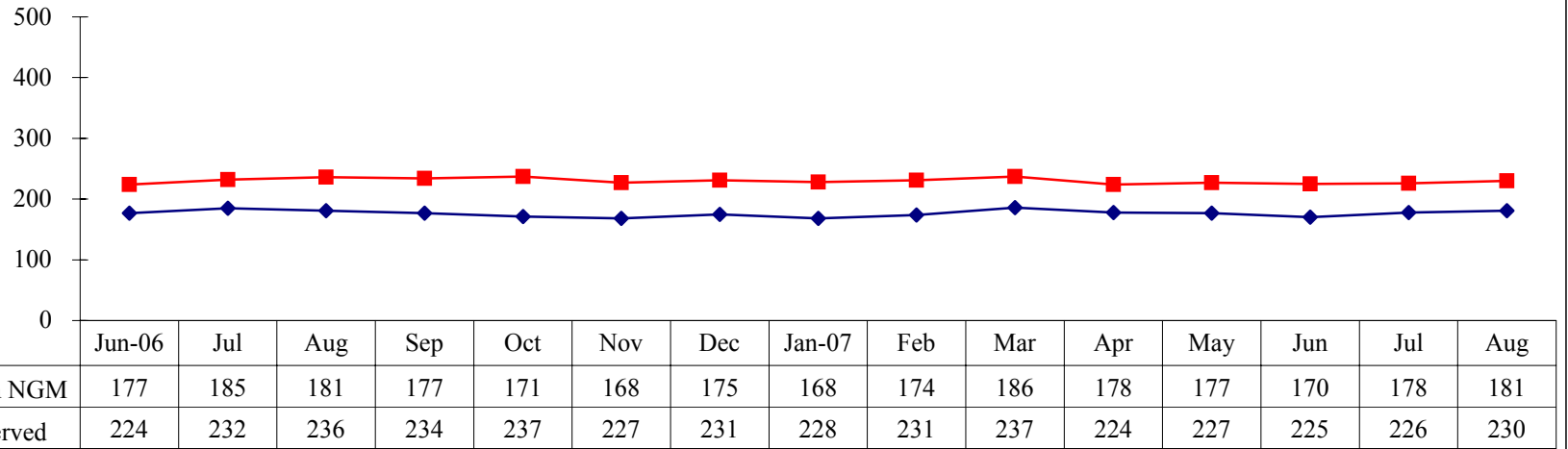
Percentage of Patients Receiving New Generation Medication (NGM)



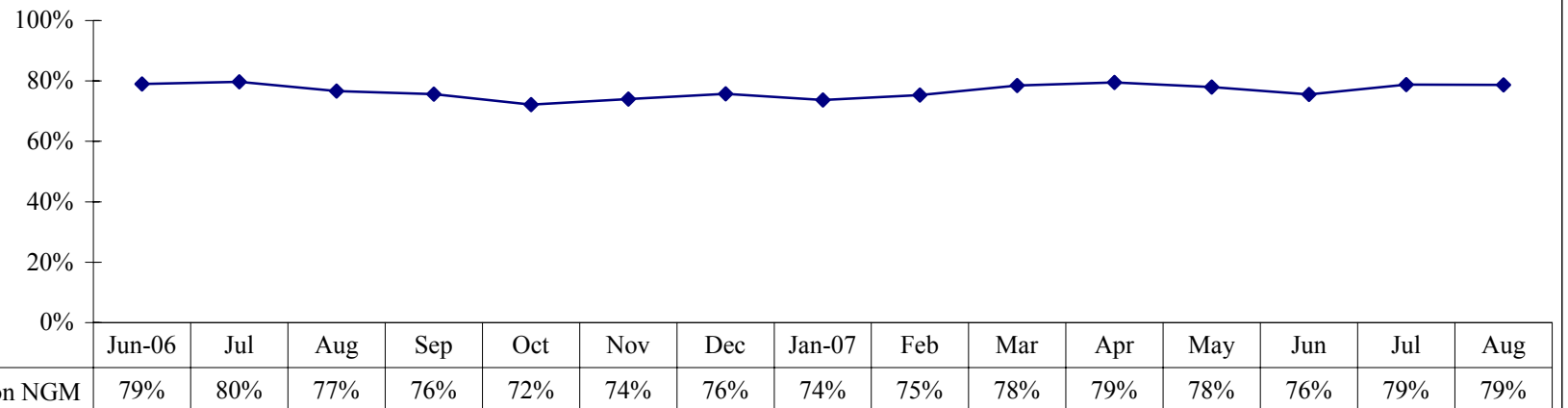
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)

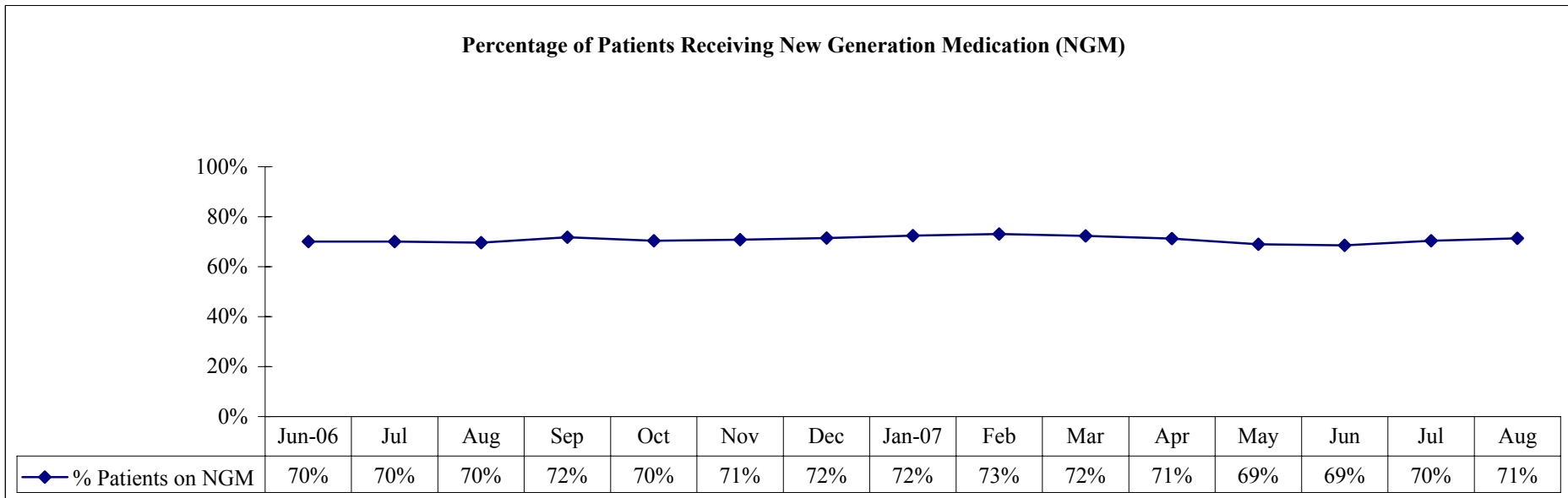
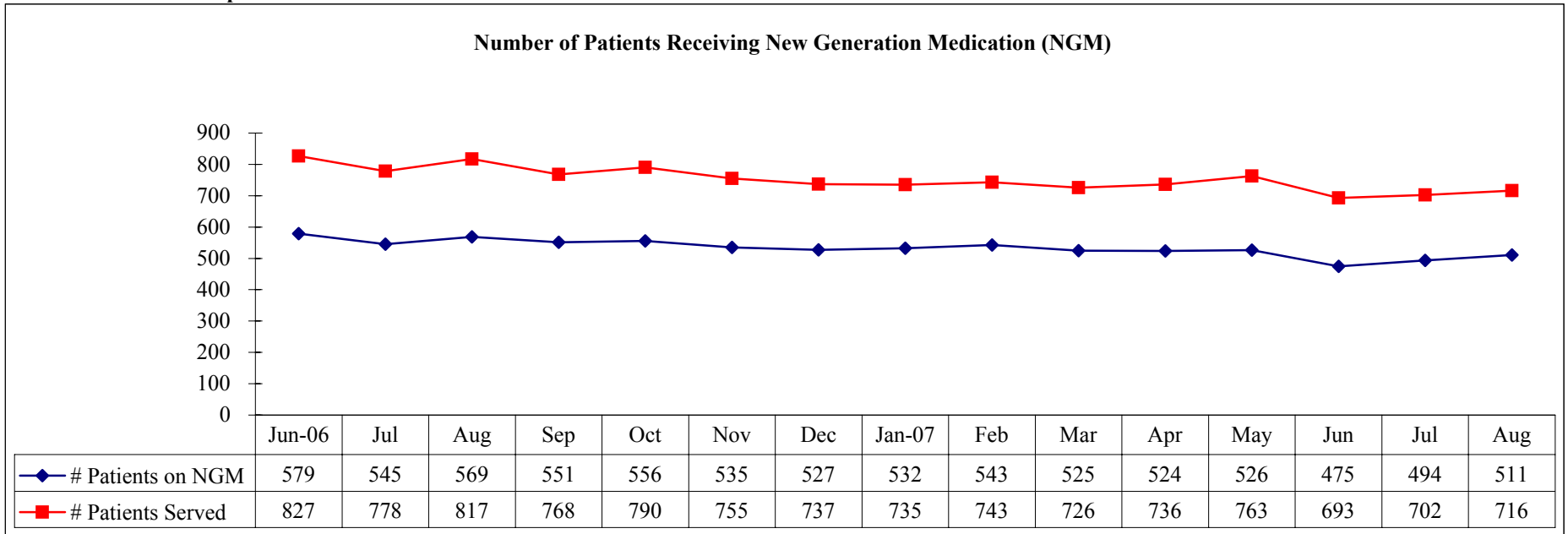


Percentage of Patients Receiving New Generation Medication (NGM)



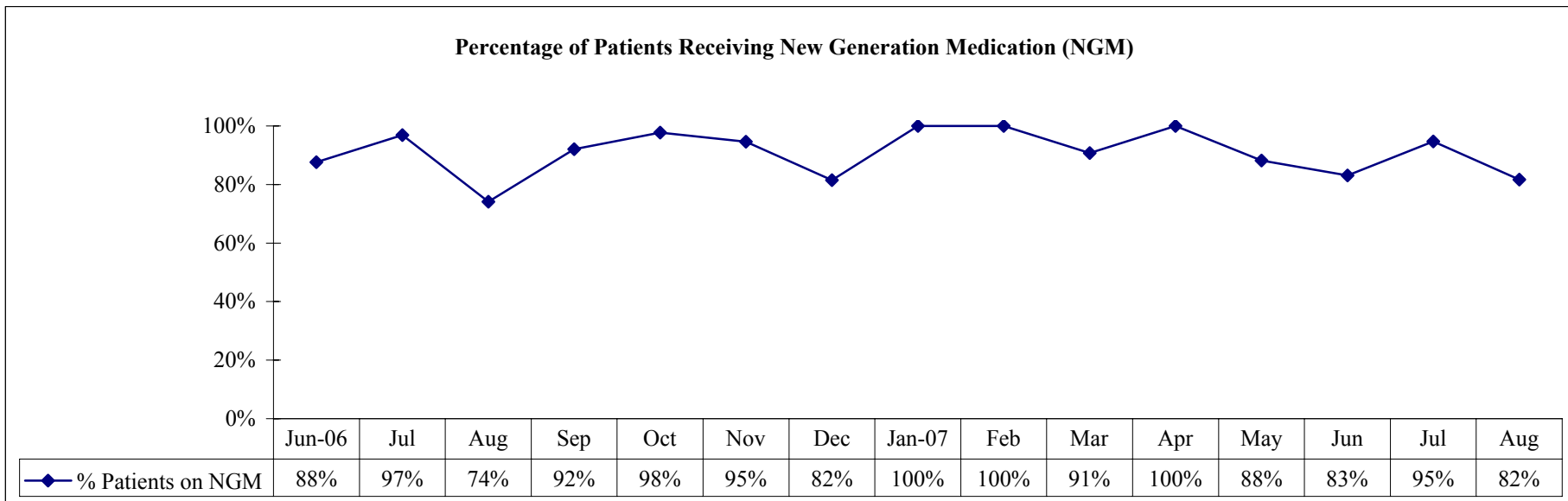
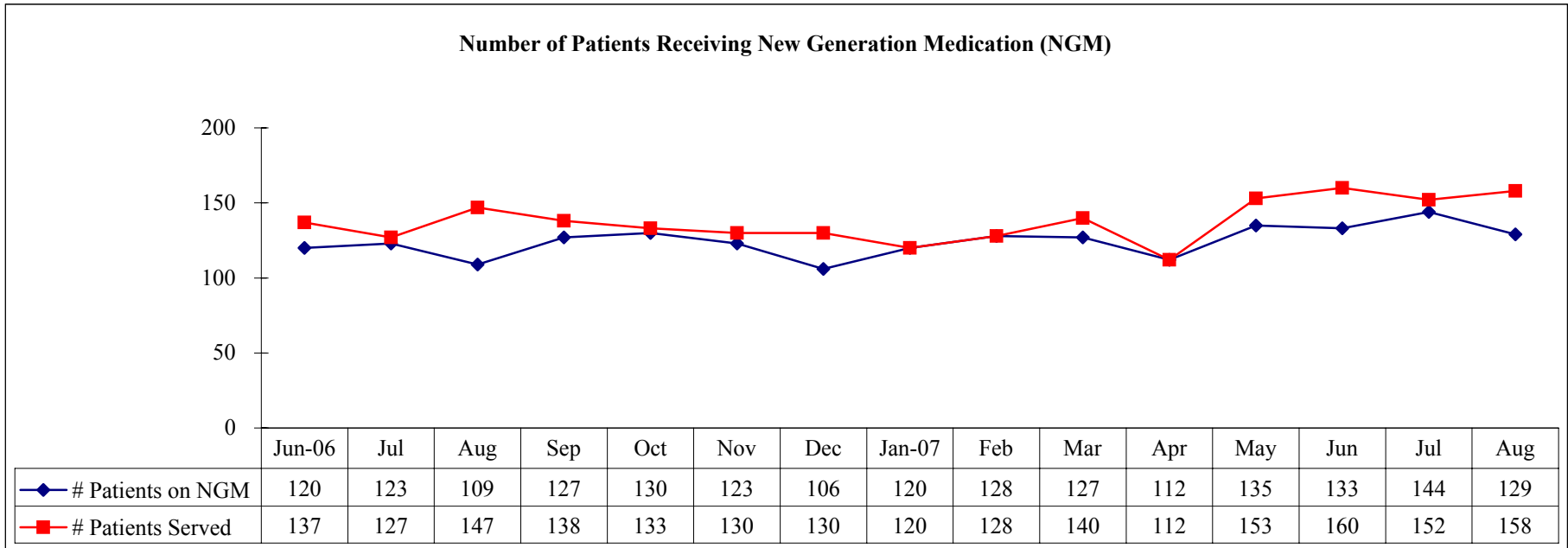
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



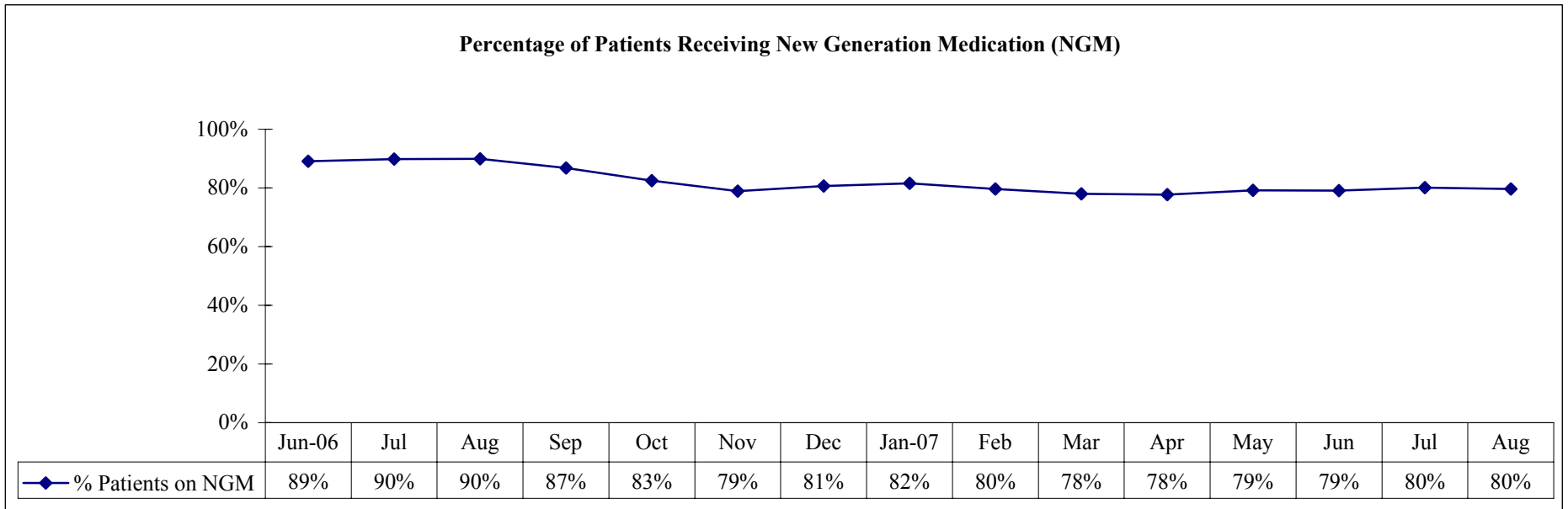
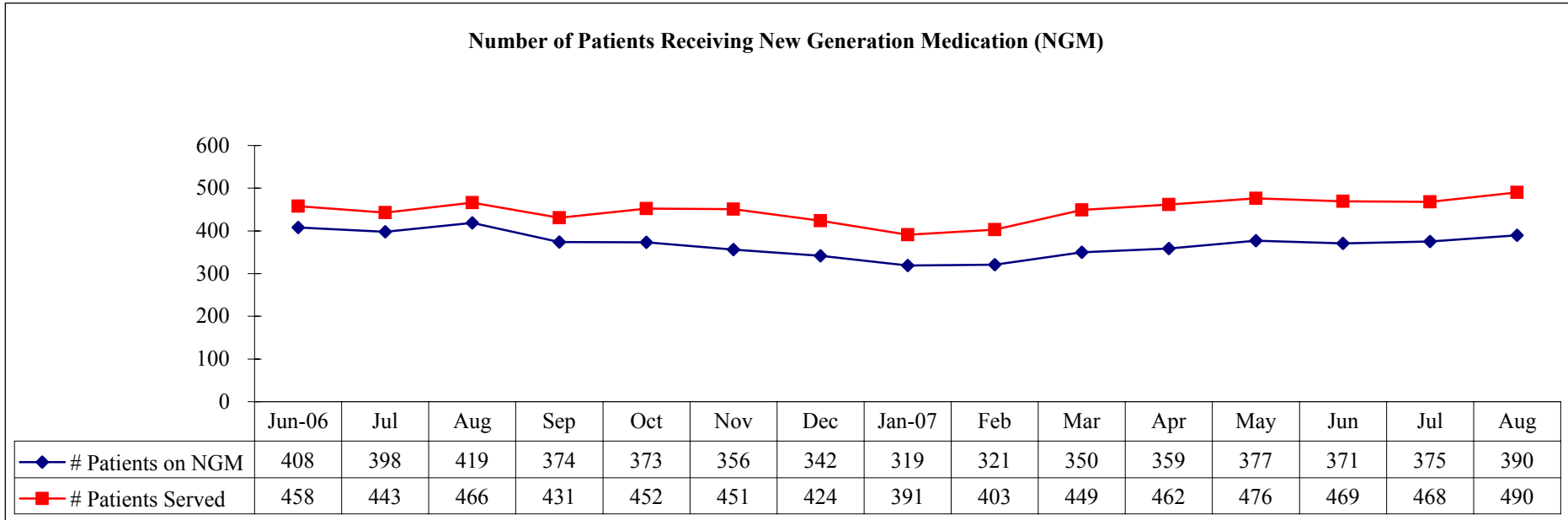
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



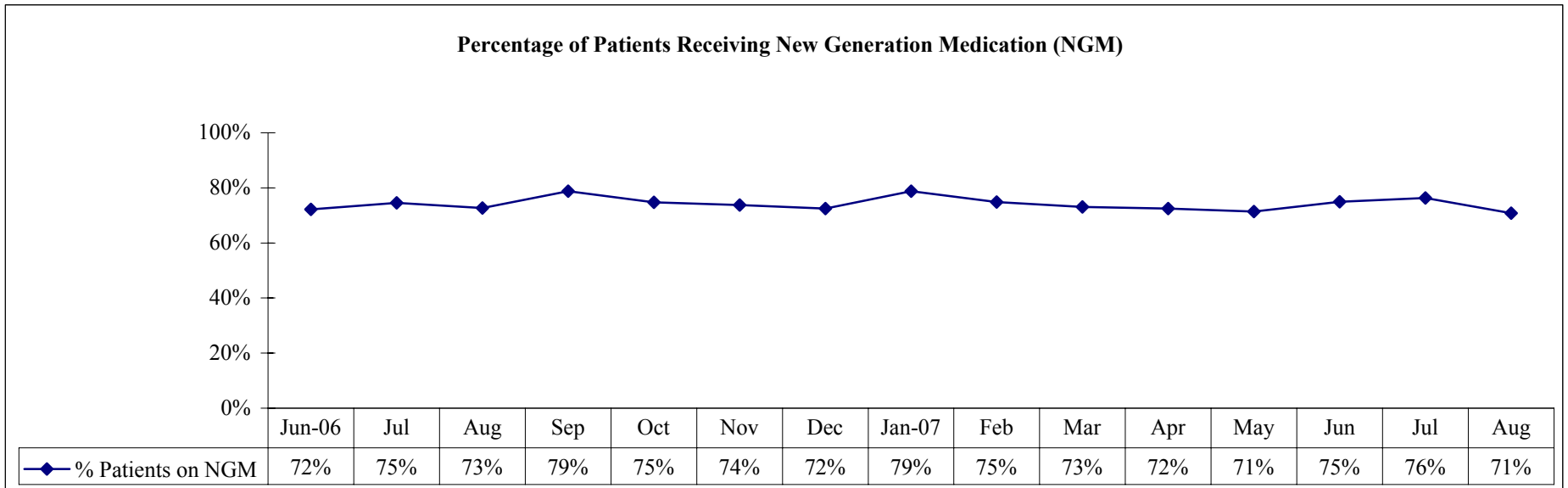
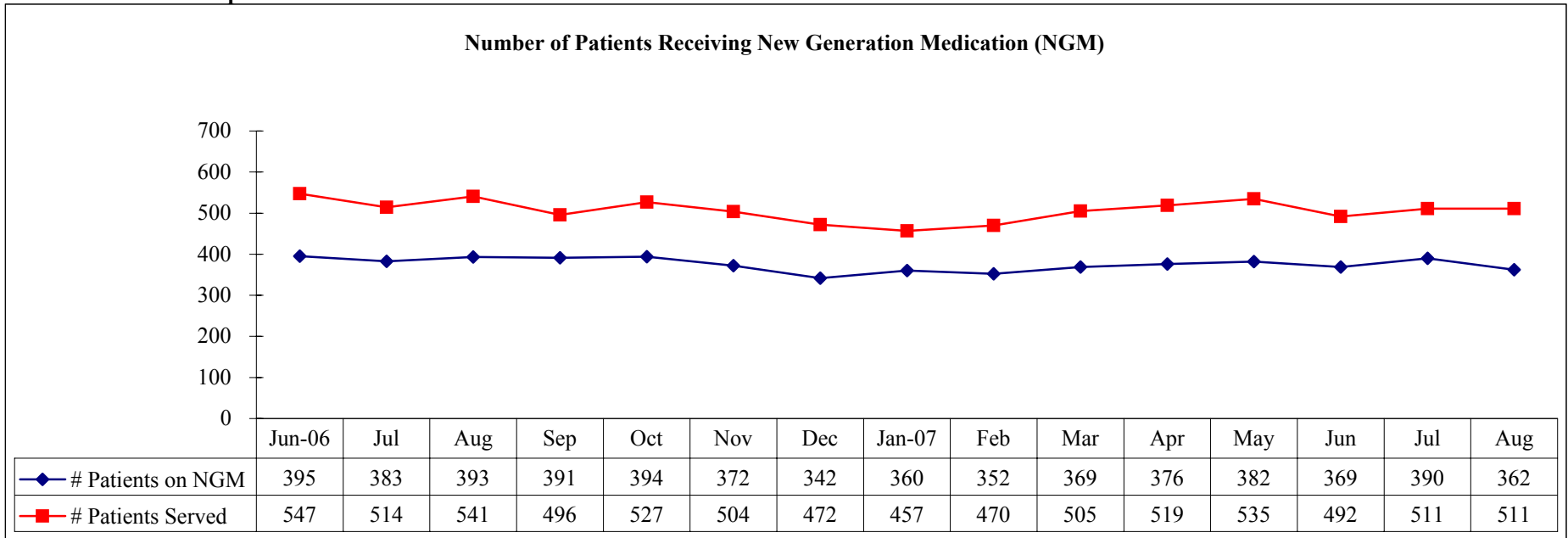
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



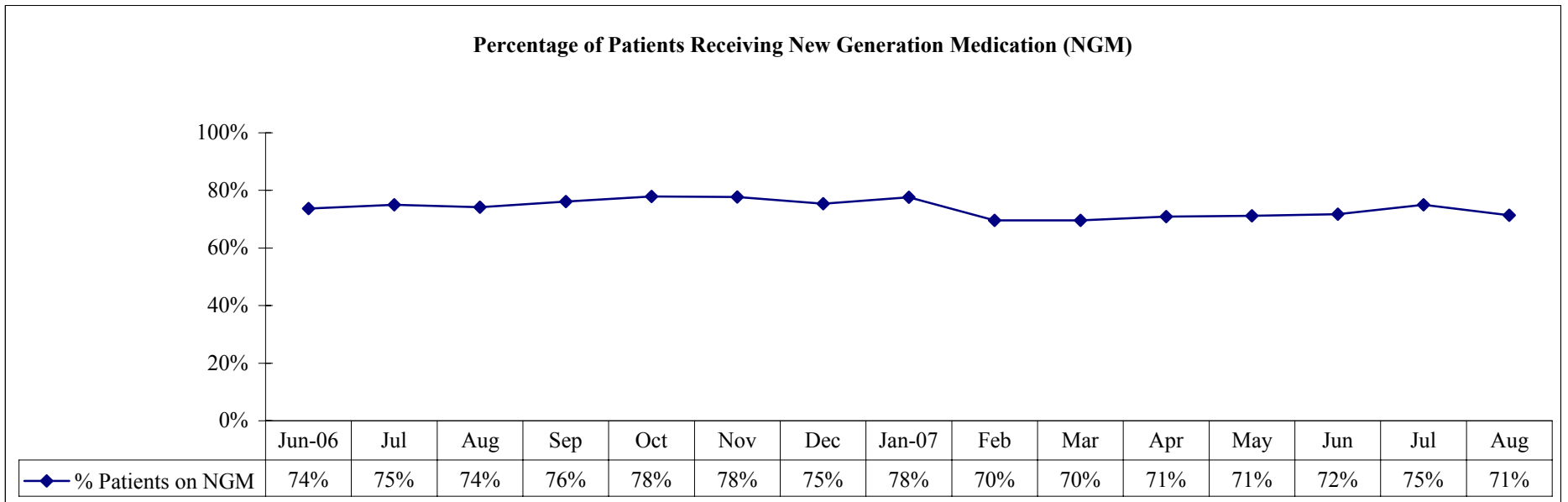
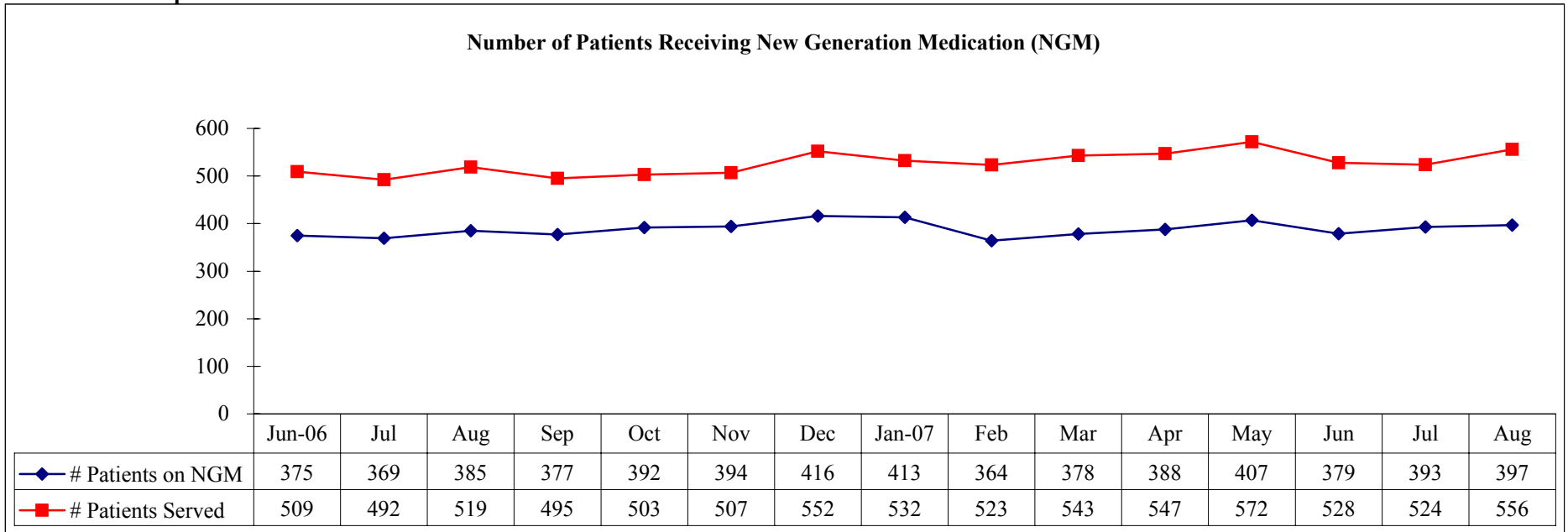
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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



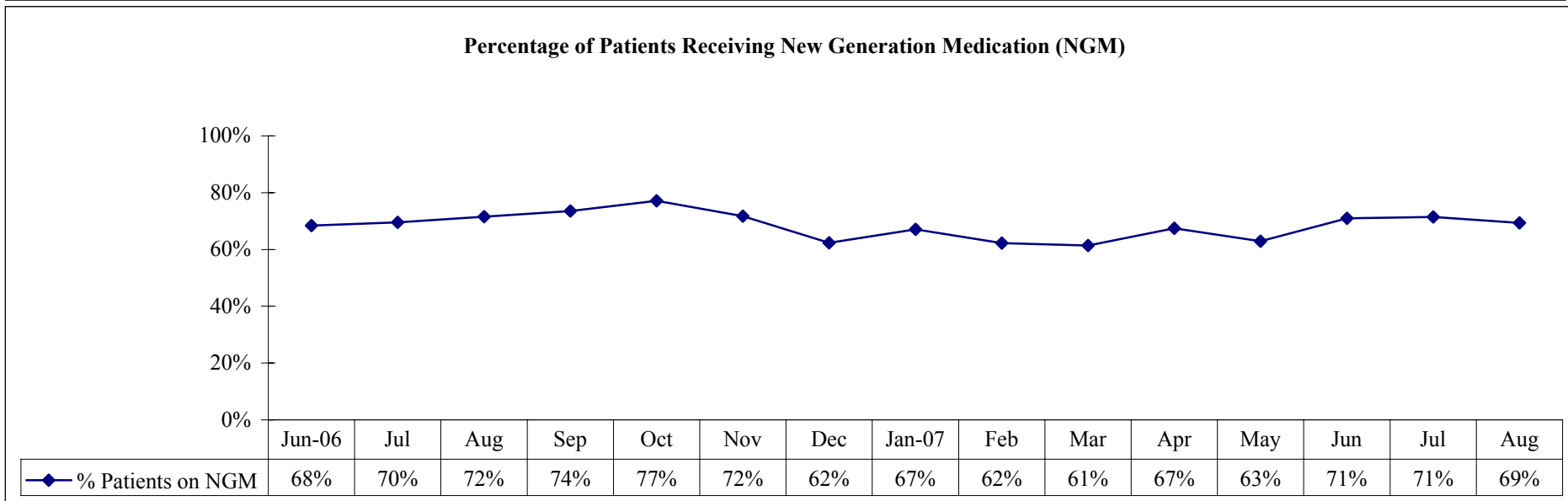
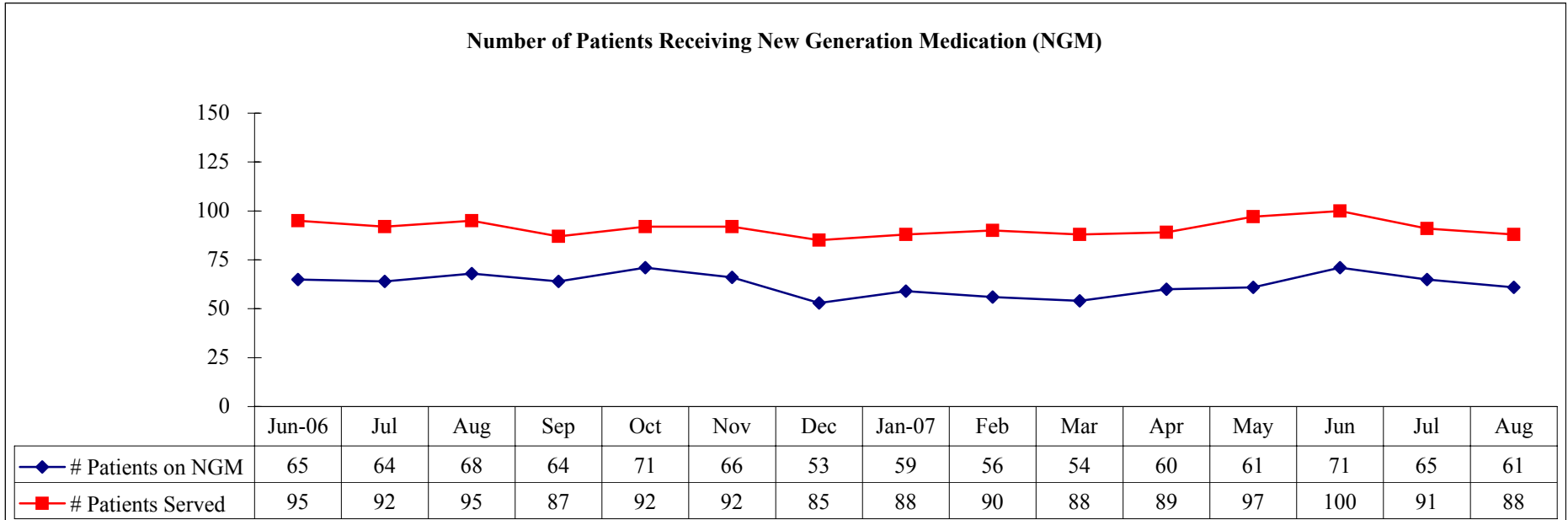
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

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)

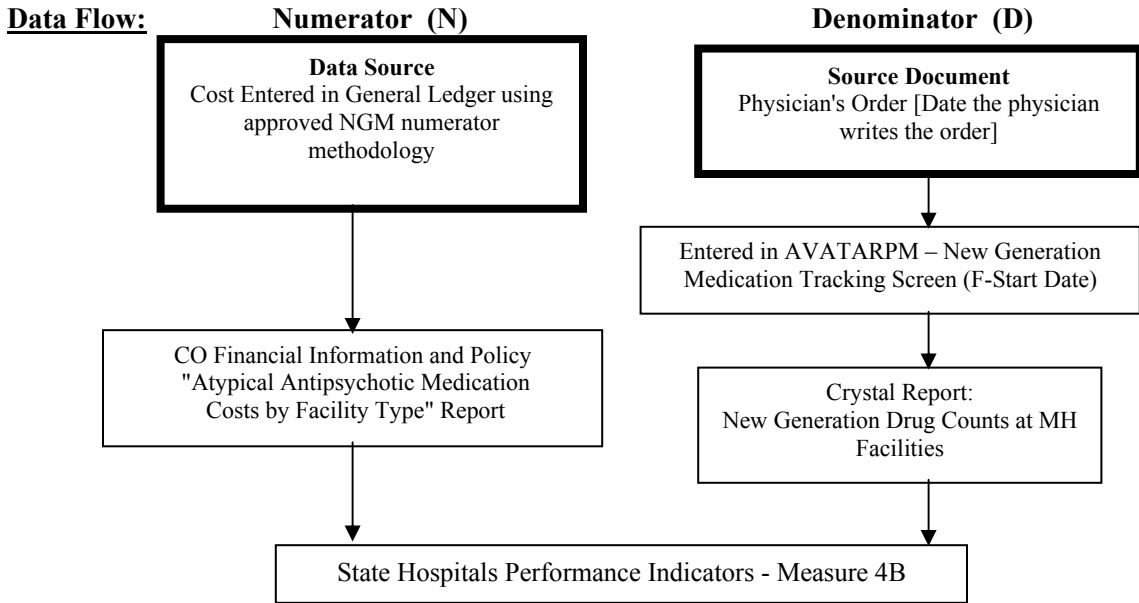
Performance Measure 4B:

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 = $\frac{\text{NGM Cost}}{\text{Number of Unique Patients Taking NGM}}$. 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.

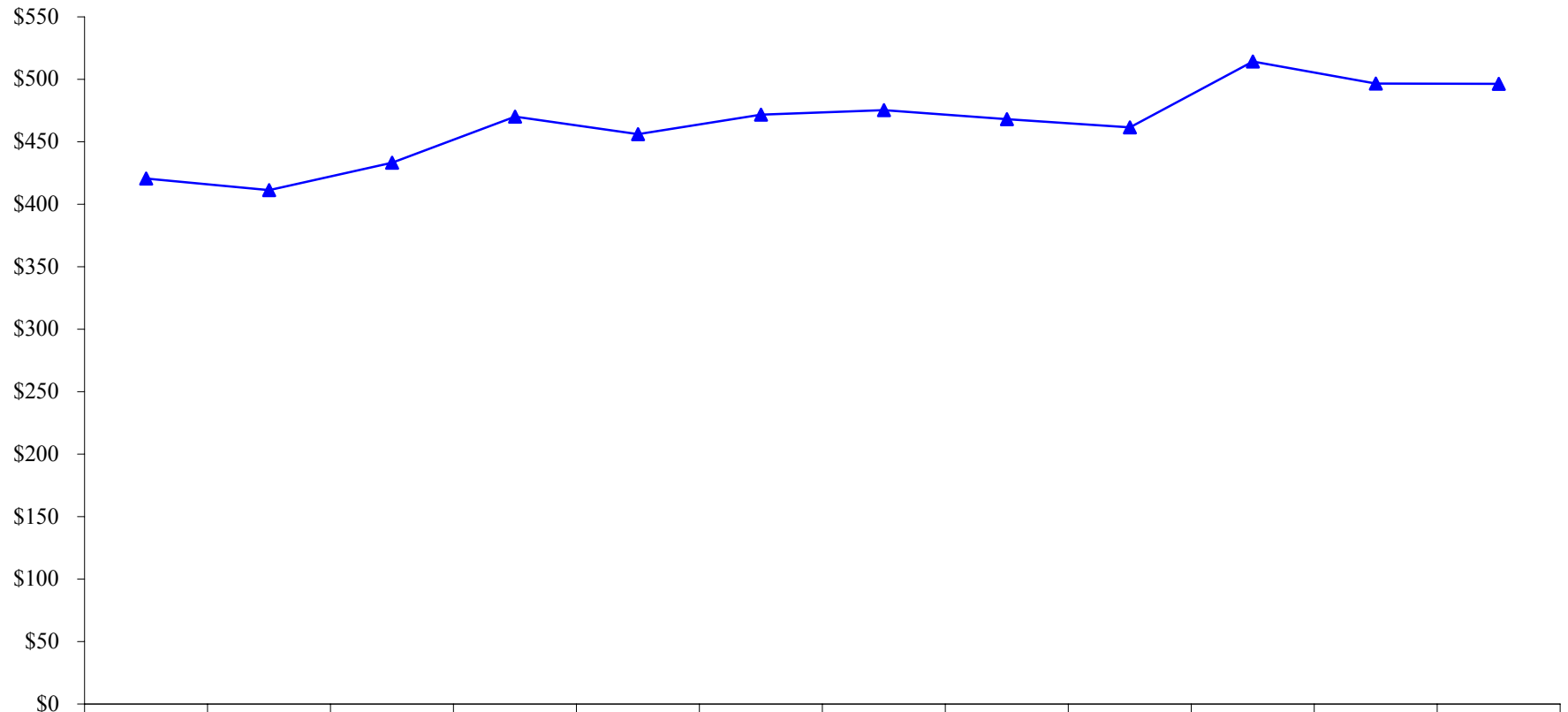


Data Integrity Review Process:

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



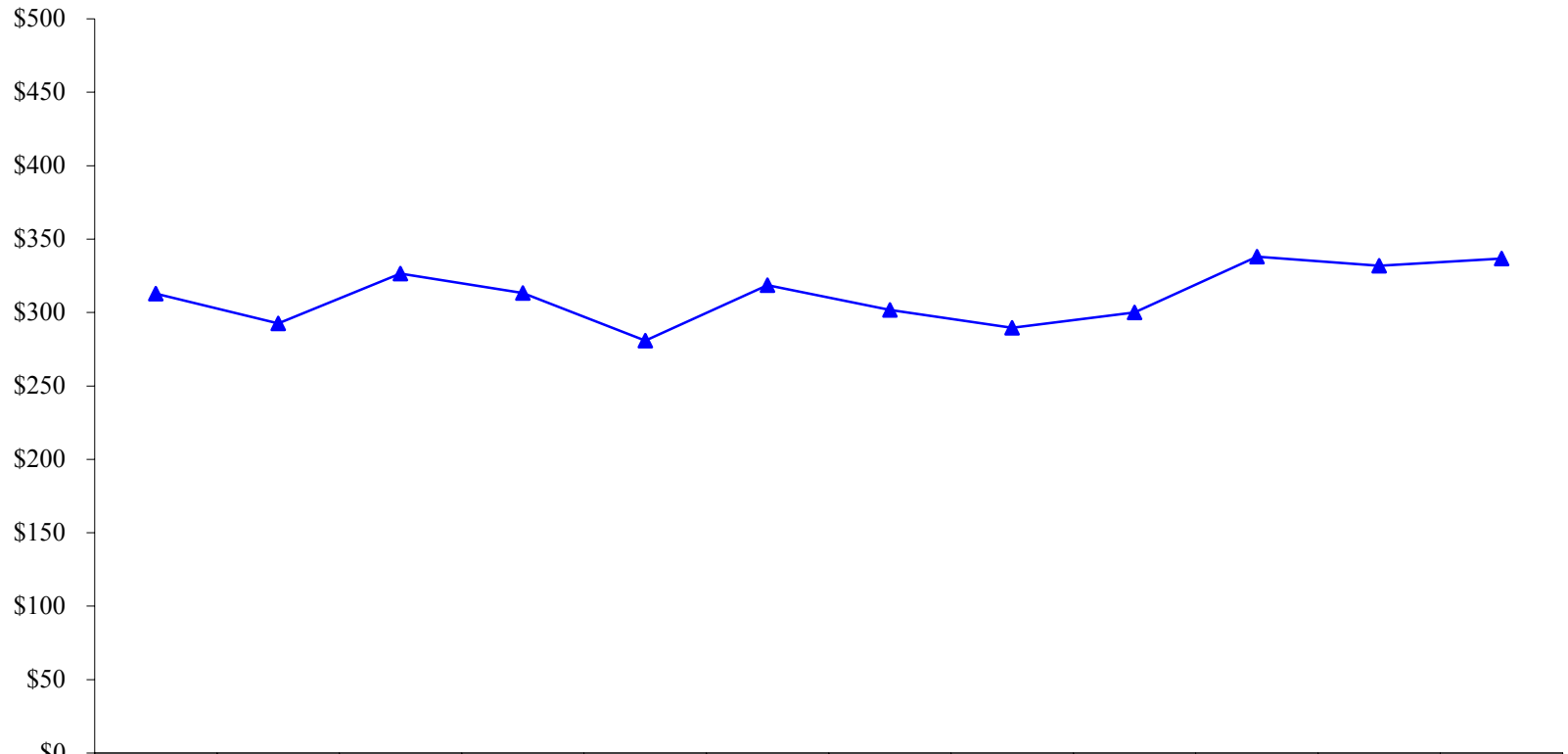
* Average Monthly Cost per Quarter

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



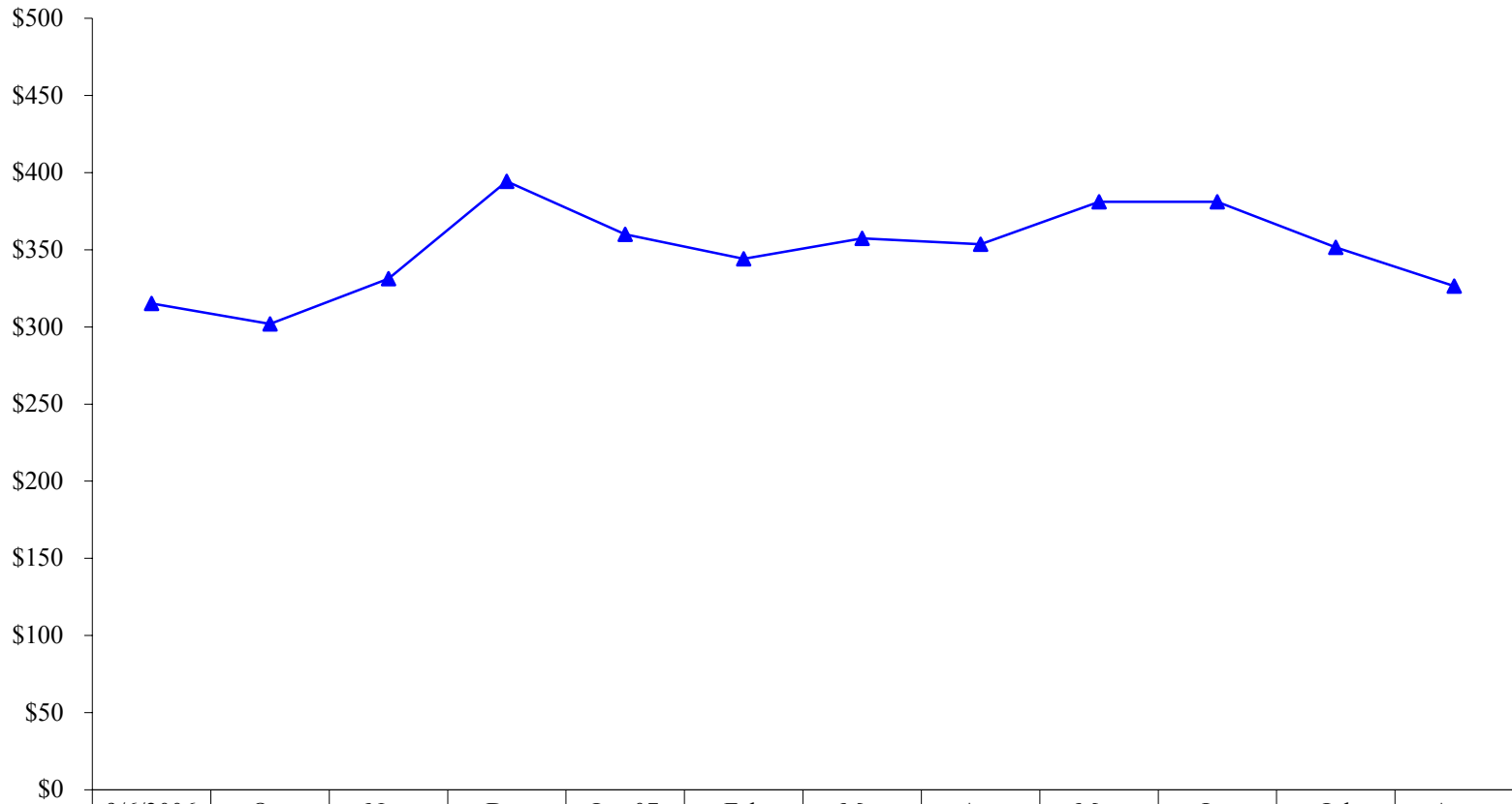
	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$149,200	\$149,200	\$149,200	\$146,273	\$146,273	\$146,273	\$149,411	\$149,411	\$149,411	\$162,619	\$162,619	\$162,619
# of Pts on NGM	477	510	457	467	521	459	495	516	498	481	490	483
—▲ Average Cost per Patient	\$313	\$293	\$326	\$313	\$281	\$319	\$302	\$290	\$300	\$338	\$332	\$337

* 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
Big Spring State Hospital**

Average Cost of New Generation Medication per Patient per Month

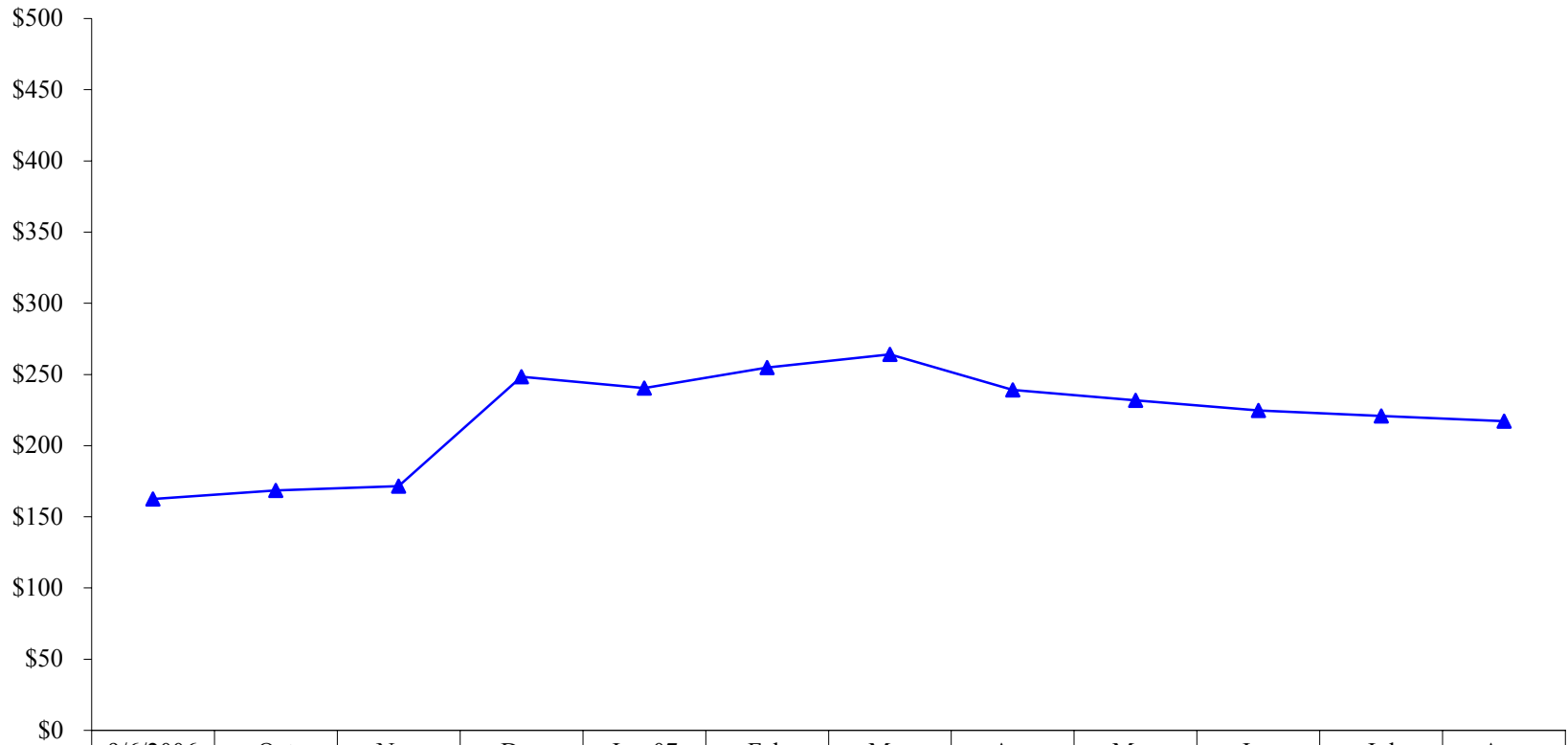


* Average Monthly Cost per Quarter
Chart: Hospital Management Data Services

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
El Paso Psychiatric Center**

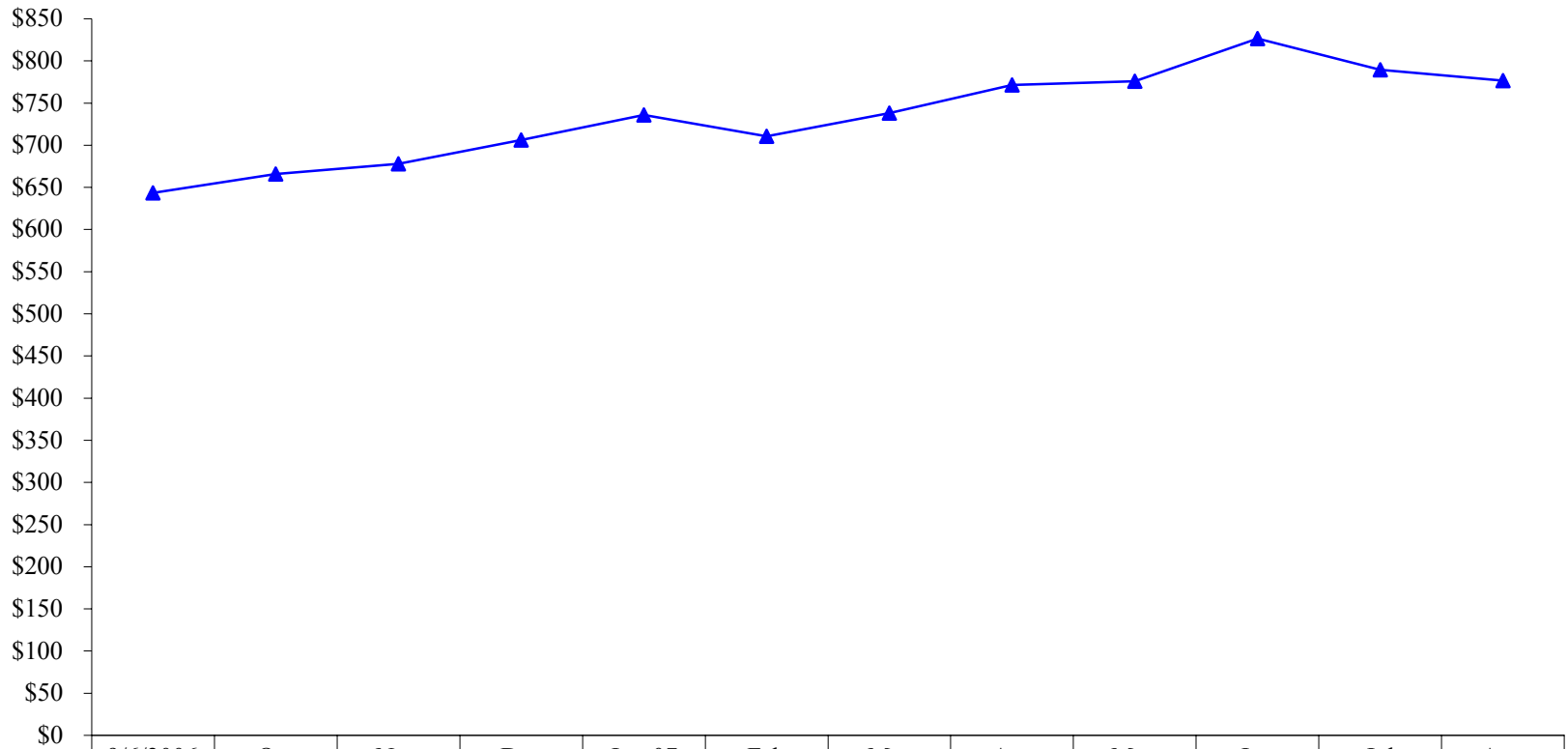
Average Cost of New Generation Medication per Patient per Month



* Average Monthly Cost per Quarter

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

Average Cost of New Generation Medication per Patient per Month

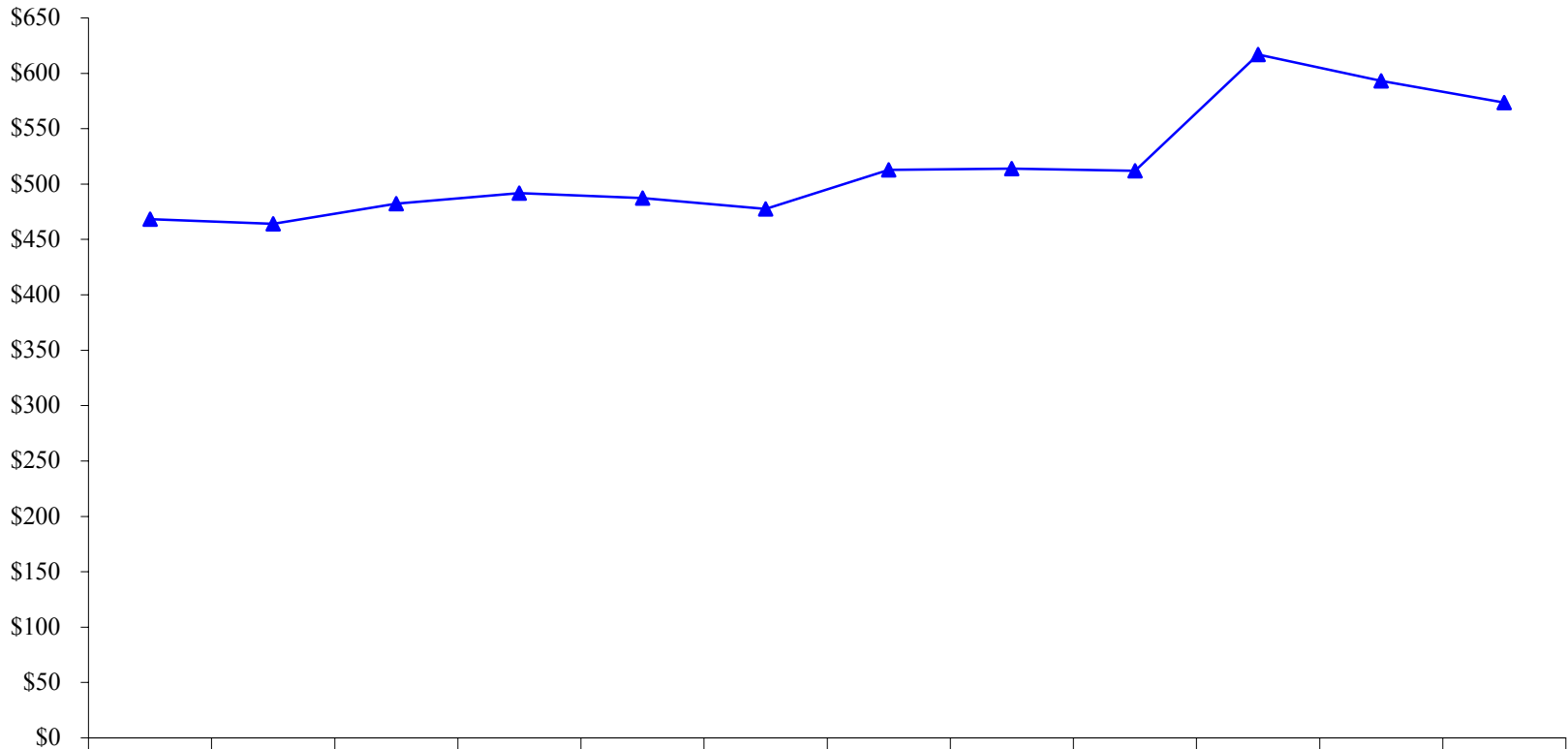


	9/6/2006	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$113,873	\$113,873	\$113,873	\$123,616	\$123,616	\$123,616	\$137,307	\$137,307	\$137,307	\$140,537	\$140,537	\$140,537
# of Pts on NGM	177	171	168	175	168	174	186	178	177	170	178	181
▲ Average Cost per Patient	\$643	\$666	\$678	\$706	\$736	\$710	\$738	\$771	\$776	\$827	\$790	\$776

* 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

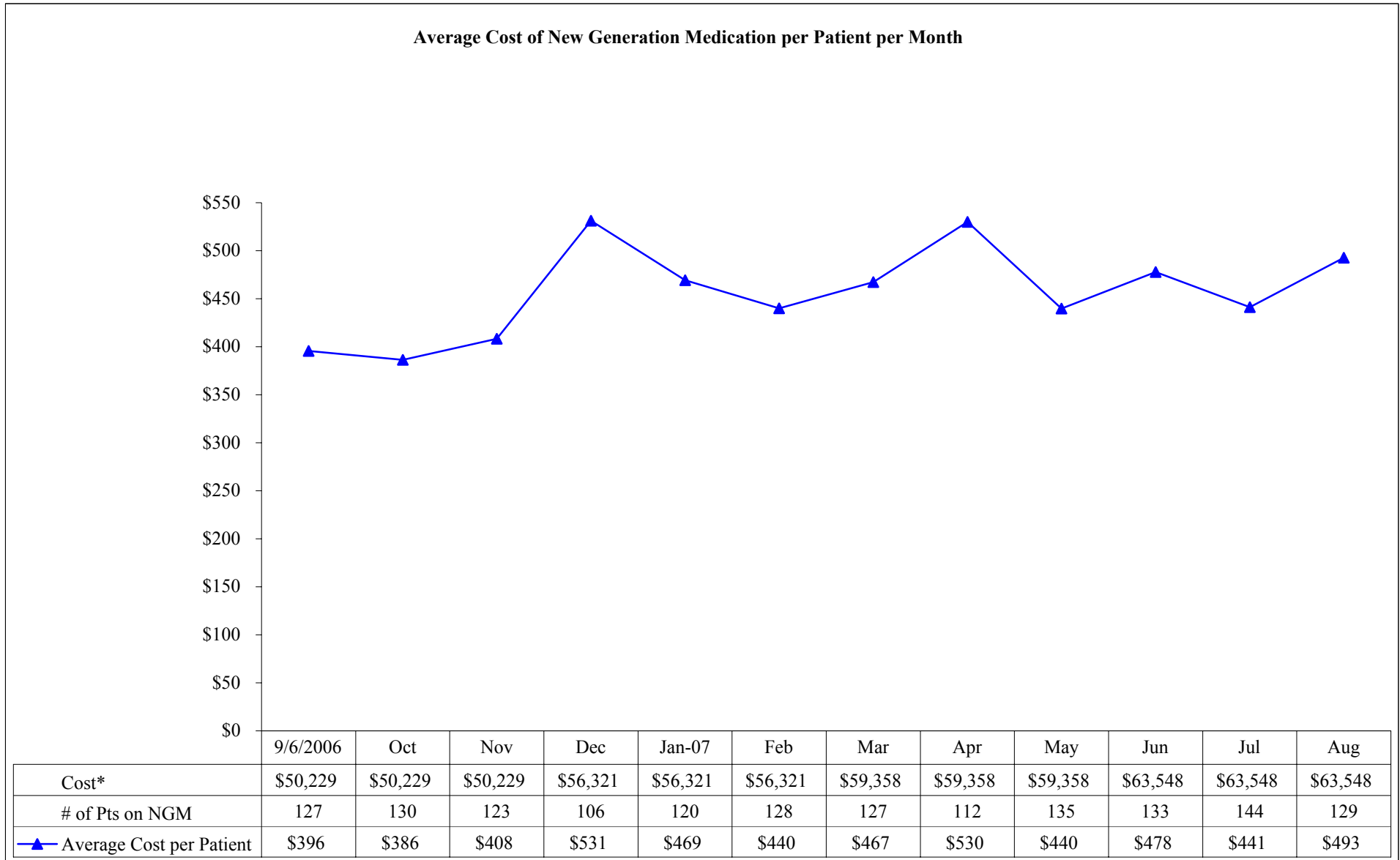


	9/6/2006	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$258,041	\$258,041	\$258,041	\$259,269	\$259,269	\$259,269	\$269,305	\$269,305	\$269,305	\$293,074	\$293,074	\$293,074
# of Pts on NGM	551	556	535	527	532	543	525	524	526	475	494	511
▲ Average Cost per Patient	\$468	\$464	\$482	\$492	\$487	\$477	\$513	\$514	\$512	\$617	\$593	\$574

* Average Monthly Cost per Quarter

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

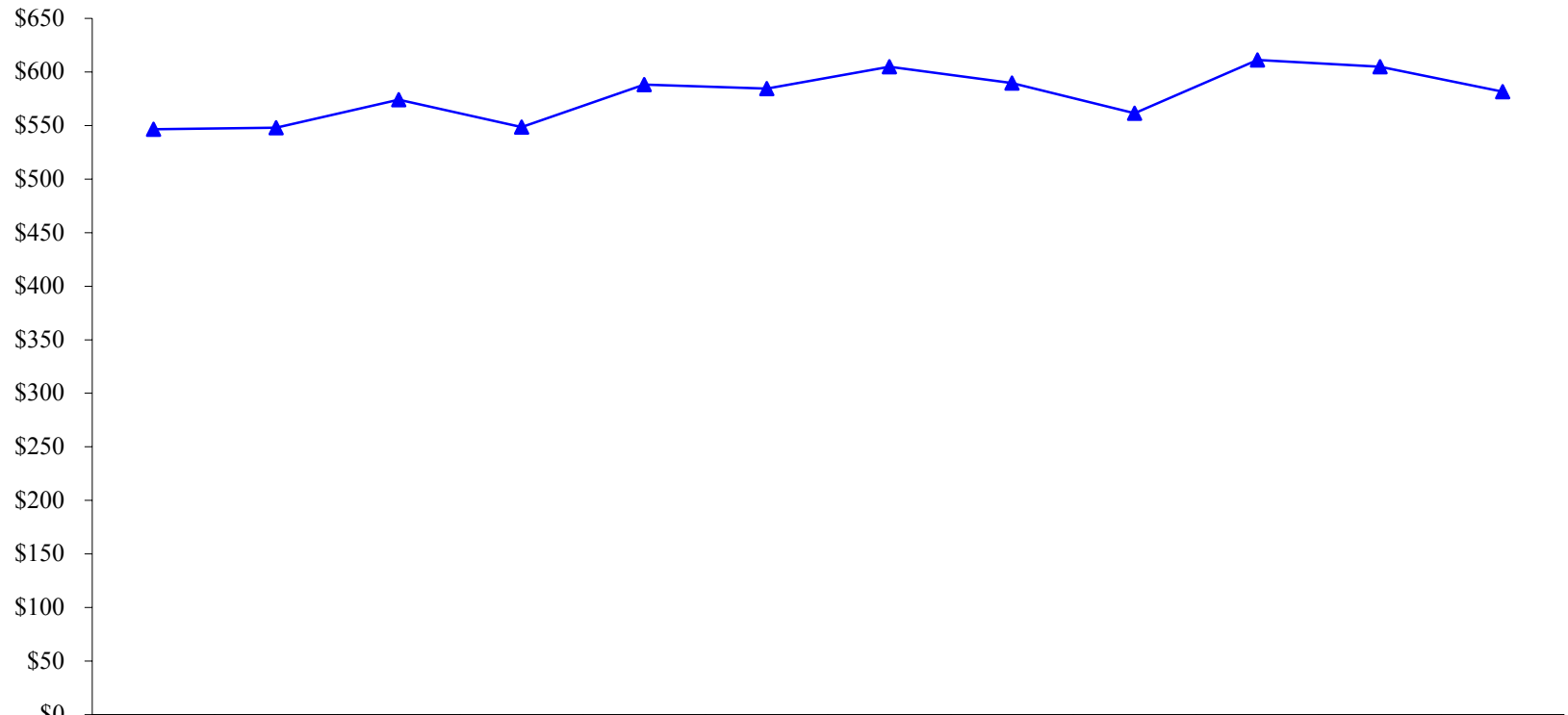
**Measure 4B - Average Cost Per Patient Receiving New Generation Medication
Rio Grande State Center (MH only)**



* Average Monthly Cost per Quarter

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

Average Cost of New Generation Medication per Patient per Month

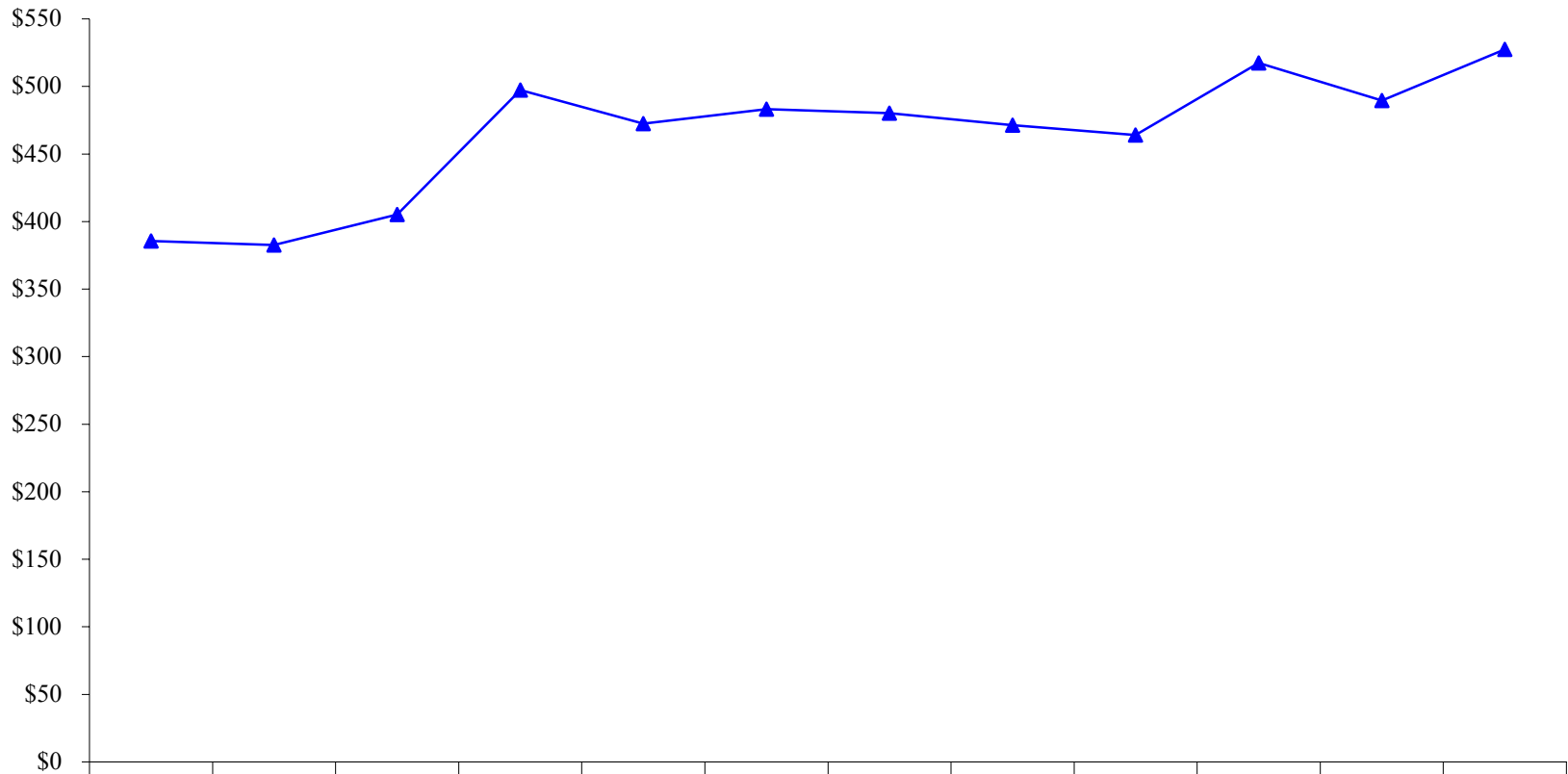


	9/6/2006	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$204,401	\$204,401	\$204,401	\$187,615	\$187,615	\$187,615	\$211,704	\$211,704	\$211,704	\$226,791	\$226,791	\$226,791
# of Pts on NGM	374	373	356	342	319	321	350	359	377	371	375	390
▲ Average Cost per Patient	\$547	\$548	\$574	\$549	\$588	\$584	\$605	\$590	\$562	\$611	\$605	\$582

* 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



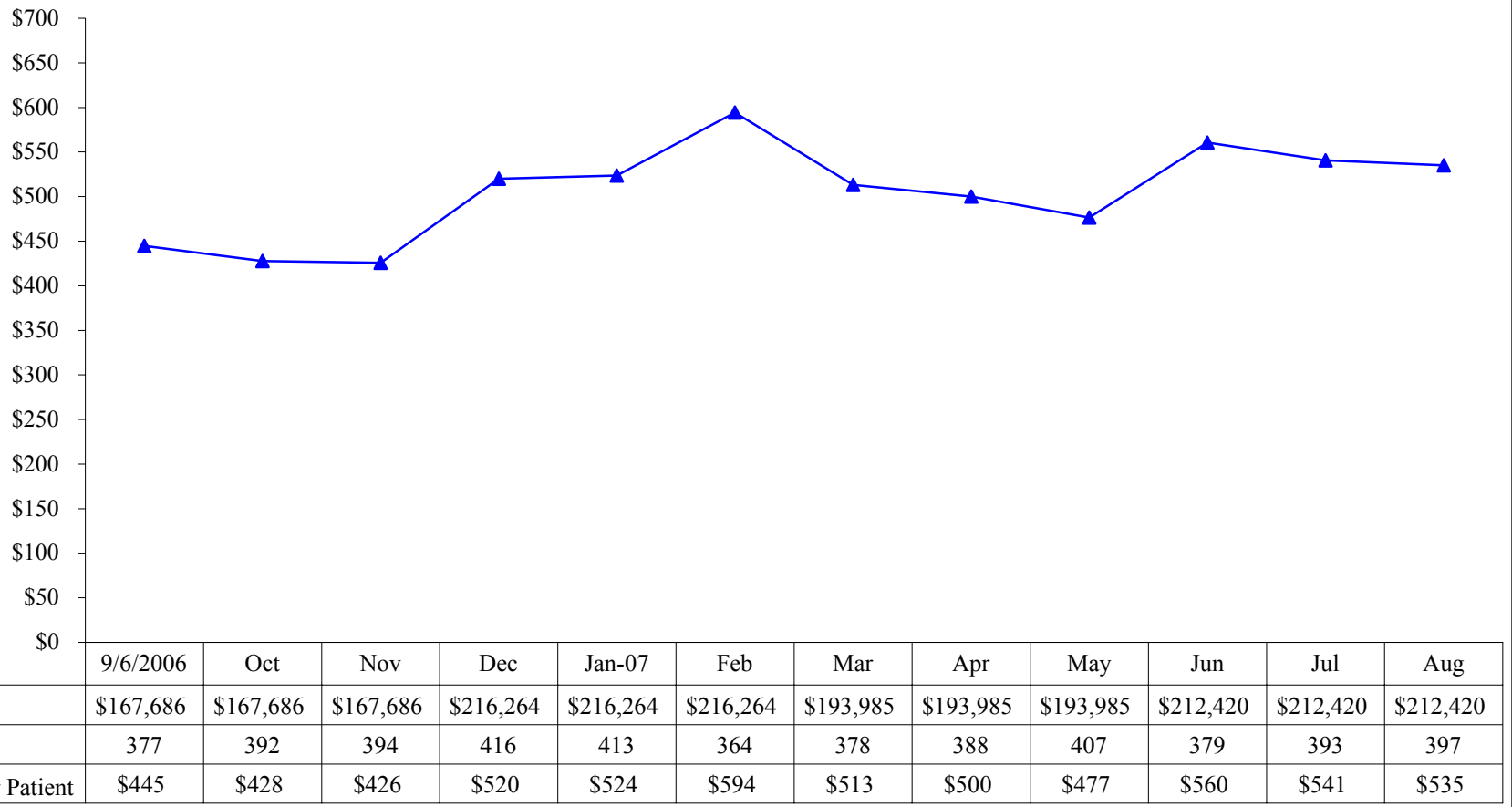
	9/6/2006	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$150,767	\$150,767	\$150,767	\$170,110	\$170,110	\$170,110	\$177,231	\$177,231	\$177,231	\$190,938	\$190,938	\$190,938
# of Pts on NGM	391	394	372	342	360	352	369	376	382	369	390	362
▲ Average Cost per Patient	\$386	\$383	\$405	\$497	\$473	\$483	\$480	\$471	\$464	\$517	\$490	\$527

* 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

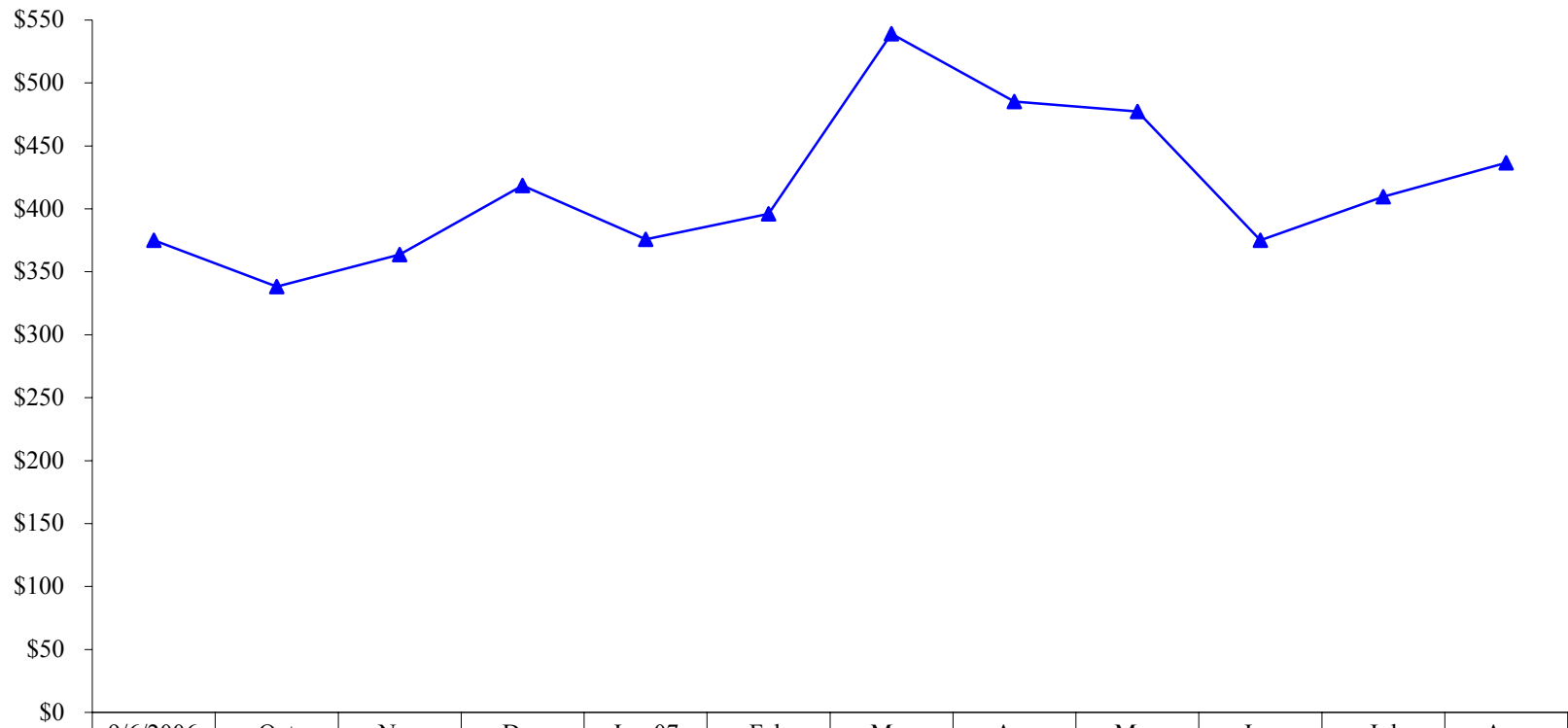


* Average Monthly Cost per Quarter

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



	9/6/2006	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost*	\$24,008	\$24,008	\$24,008	\$22,180	\$22,180	\$22,180	\$29,113	\$29,113	\$29,113	\$26,635	\$26,635	\$26,635
# of Pts on NGM	64	71	66	53	59	56	54	60	61	71	65	61
▲ Average Cost per Patient	\$375	\$338	\$364	\$418	\$376	\$396	\$539	\$485	\$477	\$375	\$410	\$437

* Average Monthly Cost per Quarter

GOAL 5: Assure Continuum of Care

Performance Measure 5A:

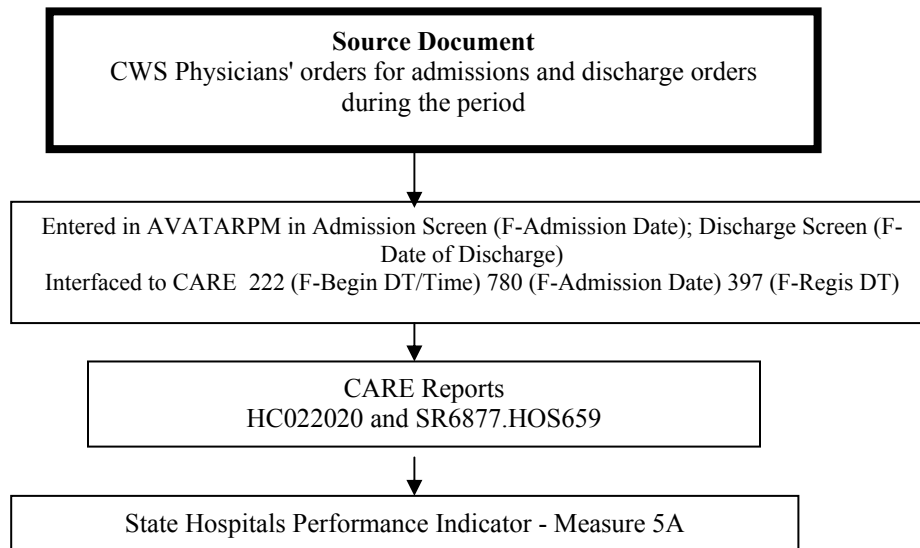
Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each state hospital on a quarterly basis.

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 new to the system rate is calculated by CARE using new to the system to any SMHF.

Performance Measure Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

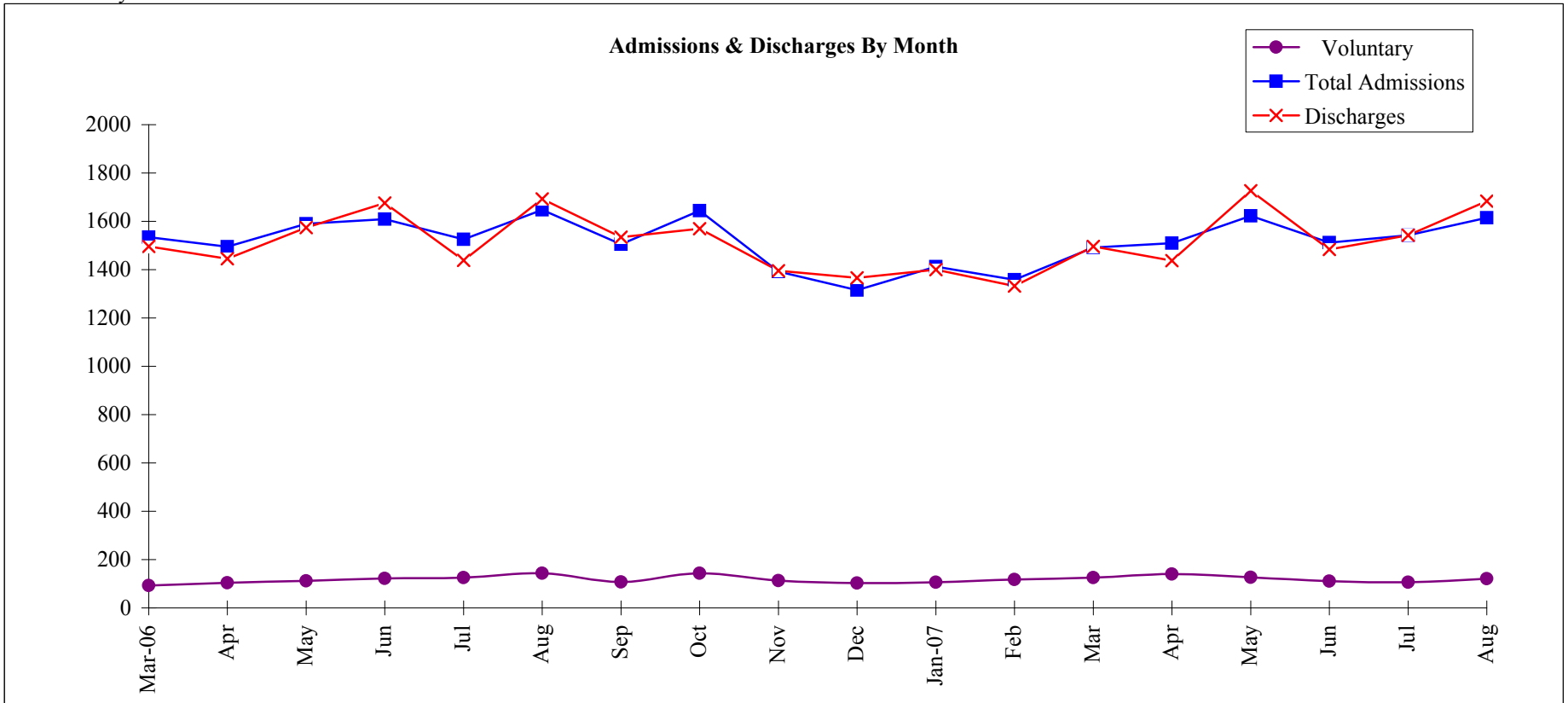
N/A

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

All State Hospitals

Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	1535	1495	1590	1609	1525	1648	1505	1644	1392	1315	1412	1358	1491	1510	1623	1512	1542	1615
Voluntary	93	104	112	122	125	143	107	143	113	103	106	118	125	140	127	111	106	121
Involuntary	1442	1391	1478	1487	1400	1505	1398	1501	1279	1212	1306	1240	1366	1370	1496	1401	1436	1494
OPC	385	333	412	375	353	408	335	370	324	312	363	336	402	396	418	340	361	406
Emergency	749	768	756	783	753	778	749	756	635	623	679	612	681	717	799	748	807	759
Temporary	147	149	129	165	152	150	177	151	134	131	117	120	148	123	148	165	160	190
Extended	7	3	3	9	5	5	5	3	3	4	6	6	4	4	3	1	3	6
46.02/46.03	142	124	158	143	127	151	120	210	172	129	125	153	127	127	116	130	96	115
Order for MR S'	12	14	20	12	10	13	12	11	11	13	16	13	4	3	12	17	9	18
Discharges	1496	1445	1574	1676	1438	1693	1534	1569	1396	1366	1400	1332	1496	1437	1727	1484	1542	1684
% New to System	46%	45%	46%	42%	44%	44%	45%	44%	45%	43%	44%	45%	46%	47%	43%	46%	45%	45%

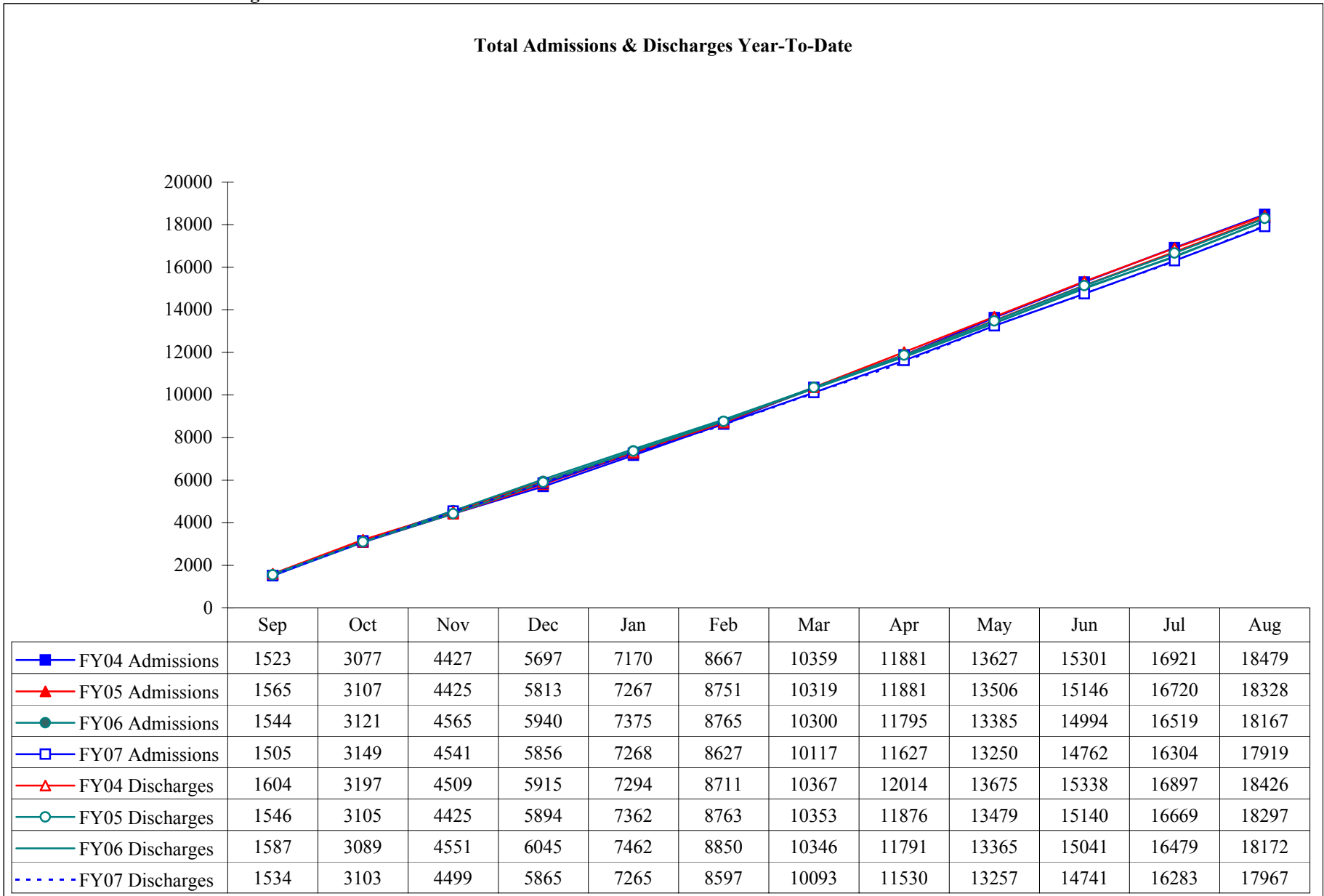


Source: Admis./Disch./Pop. by Month (HC022020/22), Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

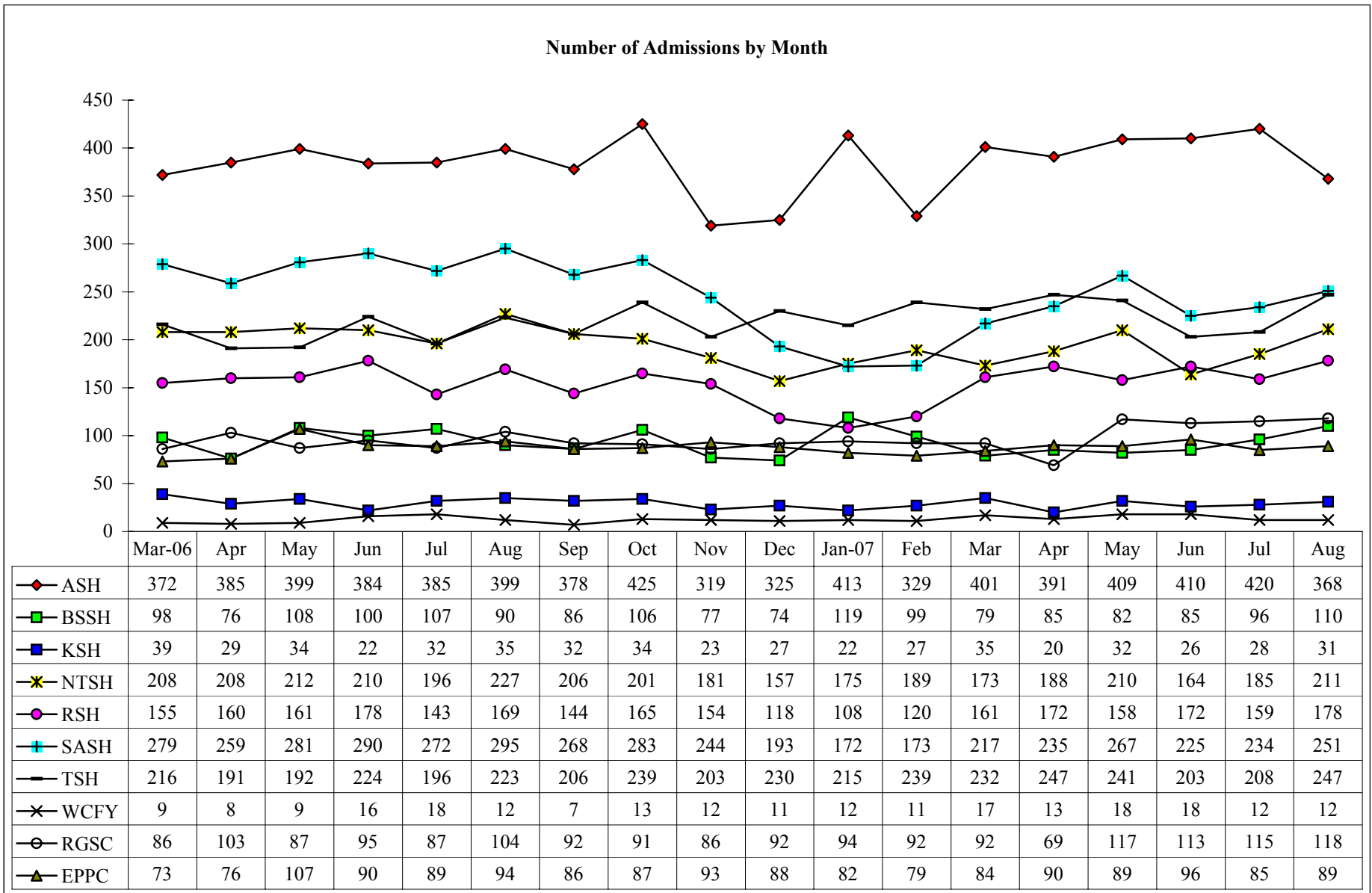
All State Hospitals

FYTD Admissions & Discharges



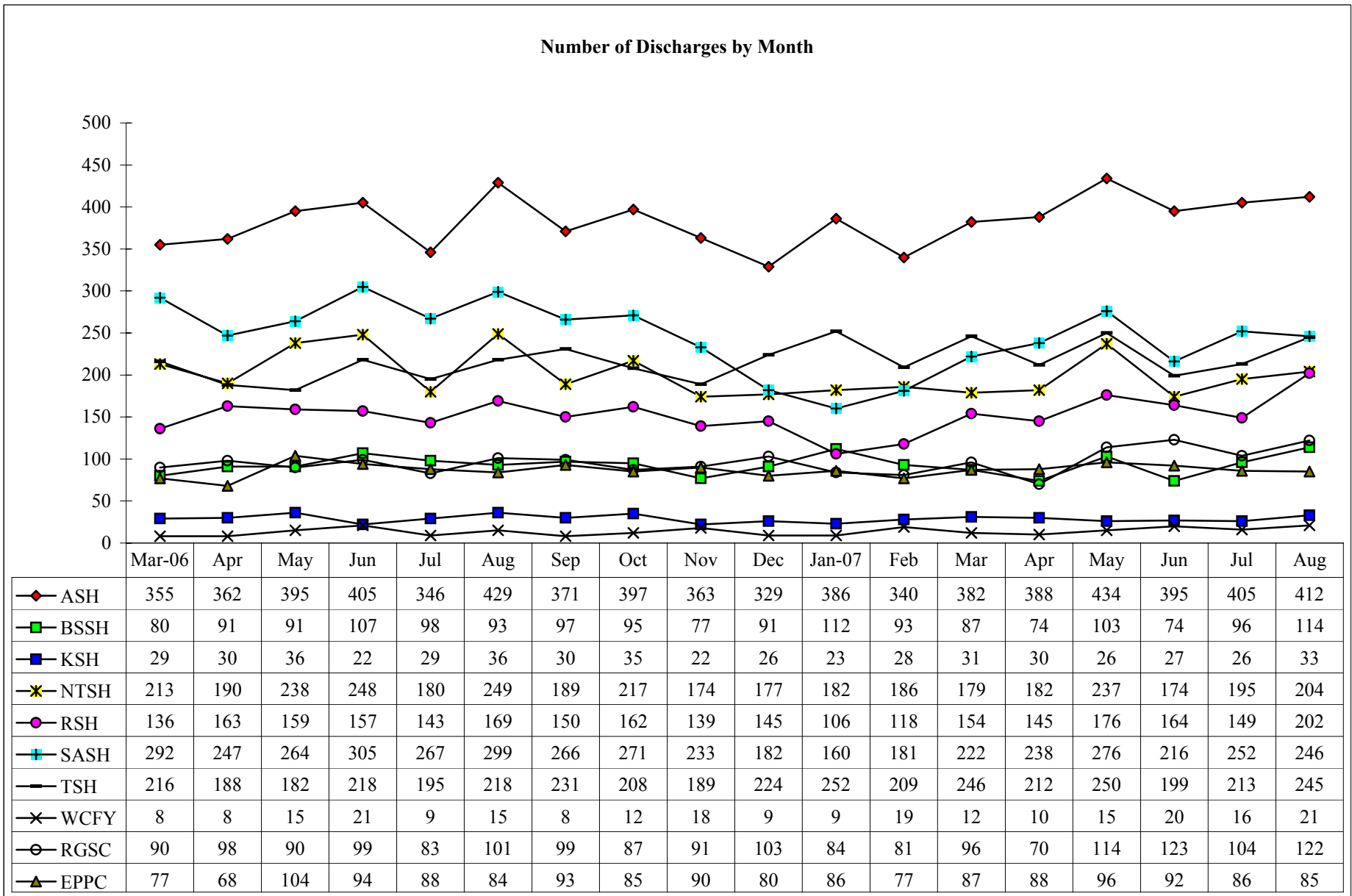
Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



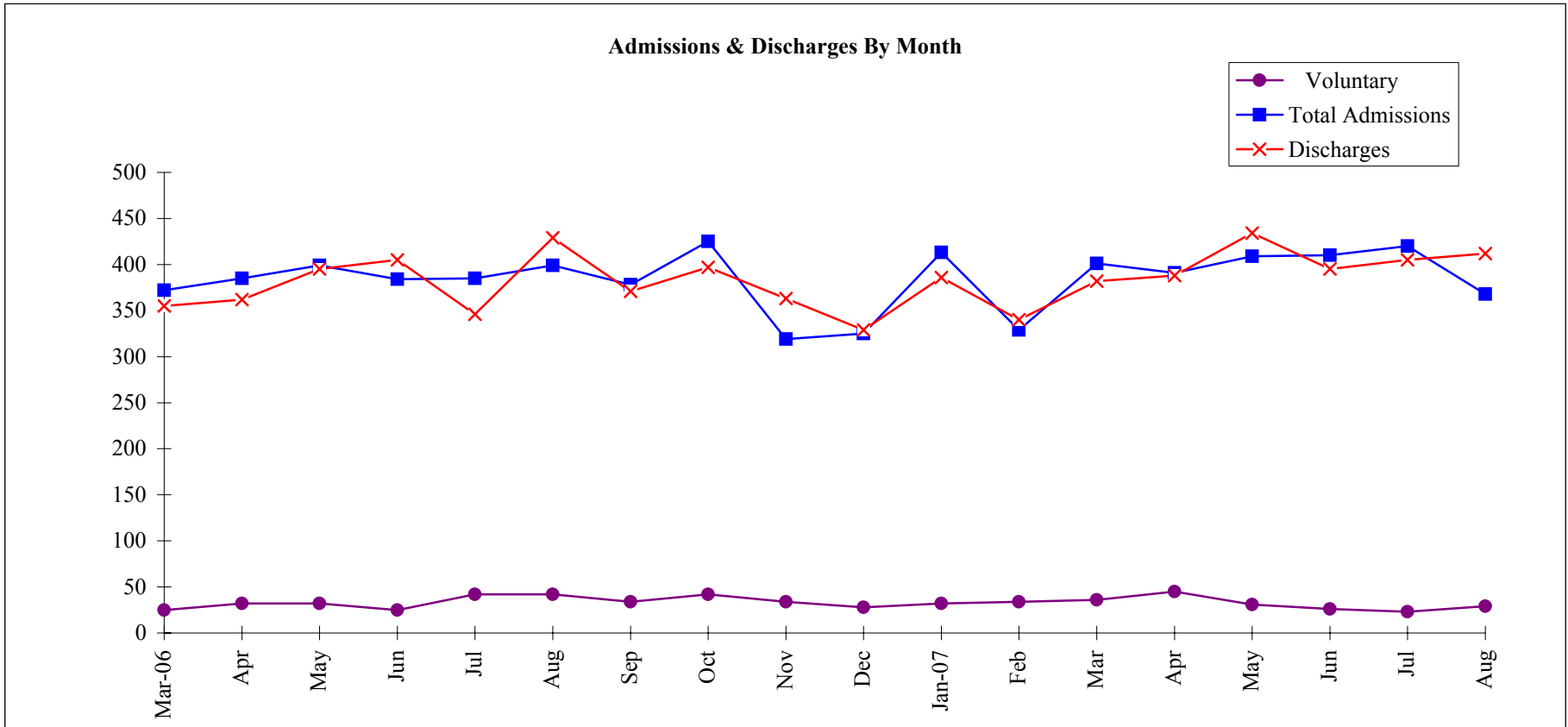
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Austin State Hospital

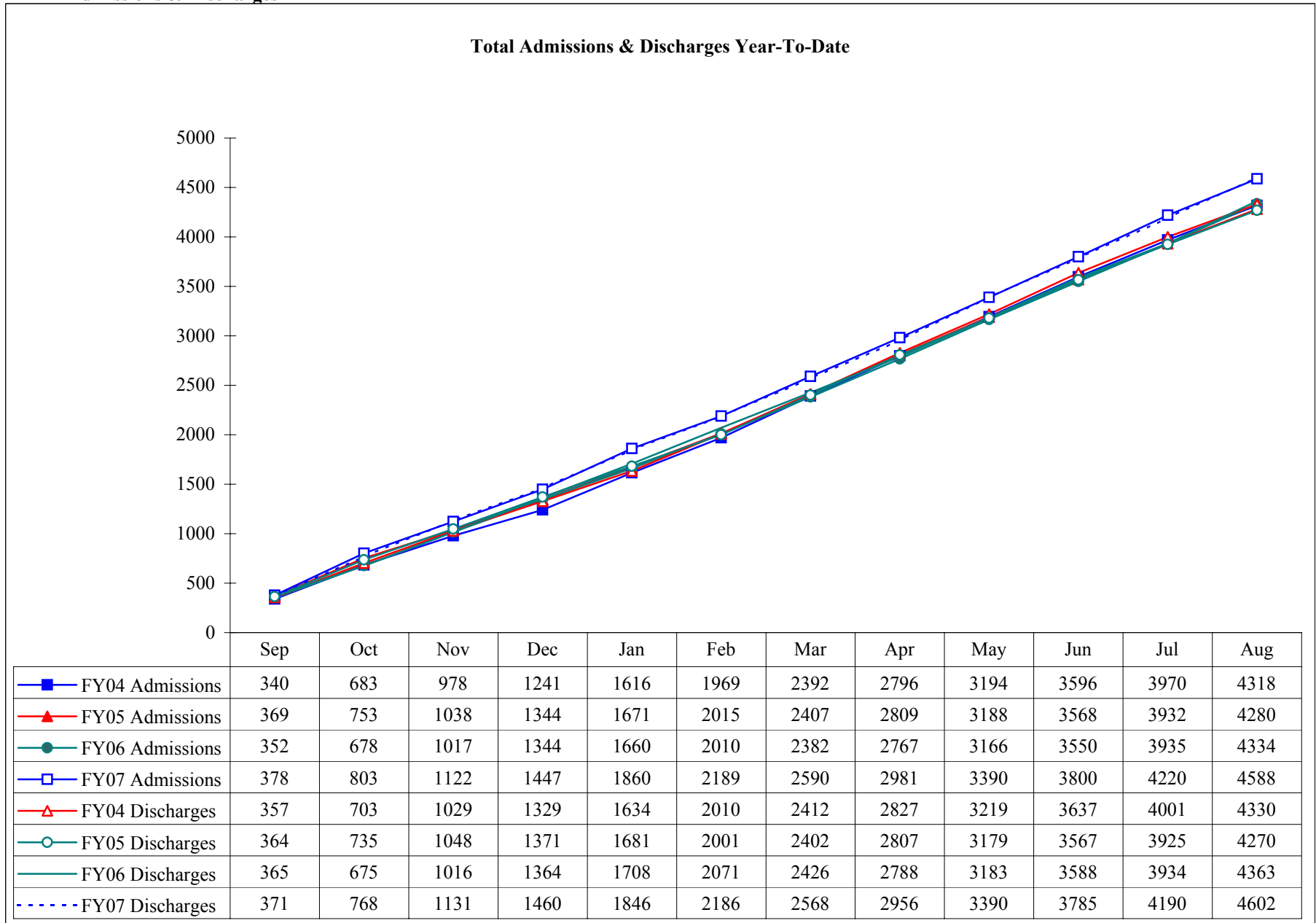
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	372	385	399	384	385	399	378	425	319	325	413	329	401	391	409	410	420	368
Voluntary	25	32	32	25	42	42	34	42	34	28	32	34	36	45	31	26	23	29
Involuntary	347	353	367	359	343	357	344	383	285	297	381	295	365	346	378	384	397	339
OPC	38	34	40	47	33	37	37	41	34	29	55	35	42	52	52	44	55	38
Emergency	276	289	301	284	287	288	273	290	218	228	292	232	284	254	282	295	299	266
Temporary	17	18	14	22	15	21	27	33	25	26	19	19	27	27	33	33	33	25
Extended	1	0	0	0	0	0	1	1	0	0	1	2	0	1	1	0	0	1
46.02/46.03	14	12	11	6	7	11	5	18	7	12	13	7	12	12	9	11	9	8
Order for MR	1	0	1	0	1	0	1	0	1	2	1	0	0	0	1	1	1	1
Discharges	355	362	395	405	346	429	371	397	363	329	386	340	382	388	434	395	405	412
% New to System	41%	45%	48%	41%	43%	44%	46%	41%	43%	45%	42%	46%	45%	45%	45%	48%	45%	42%



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

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



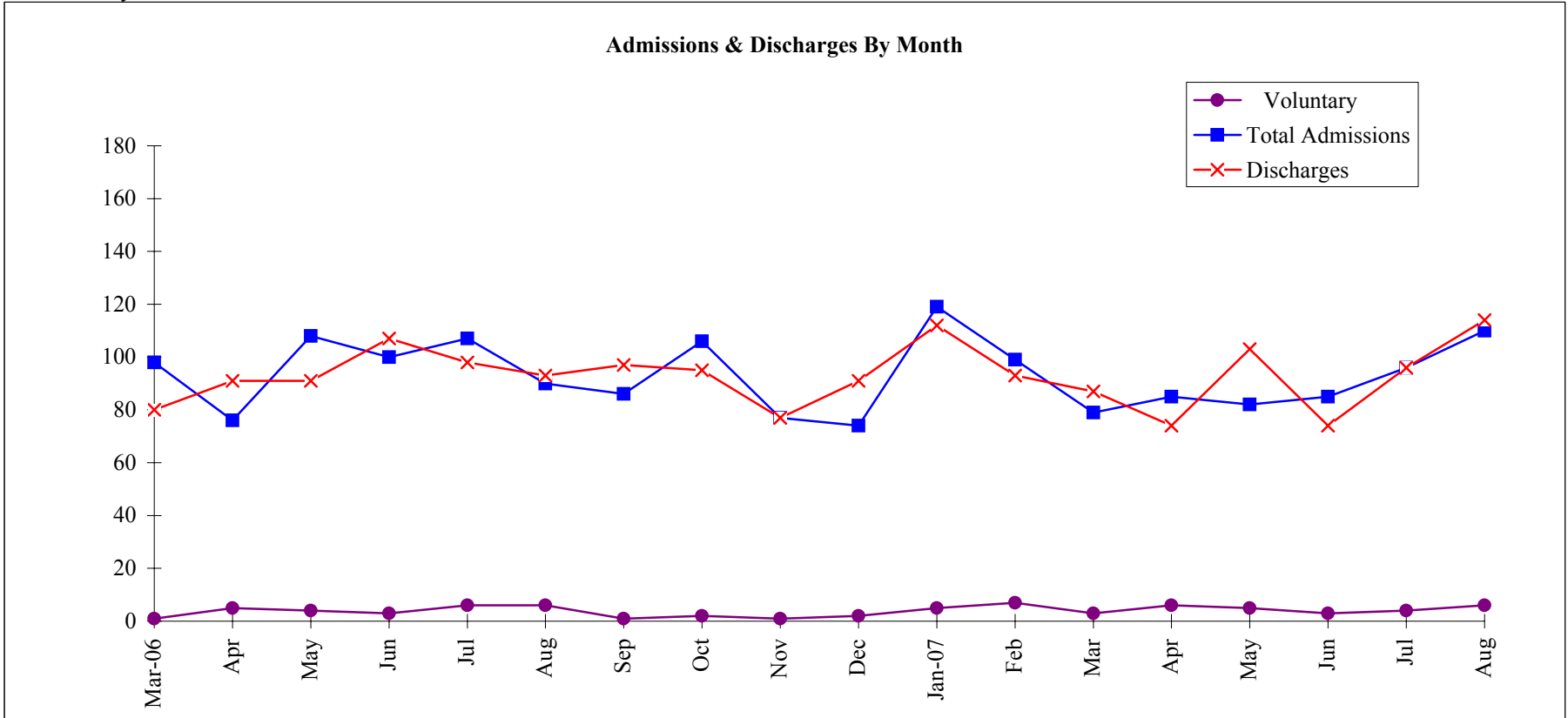
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Big Spring State Hospital

Admissions by Month

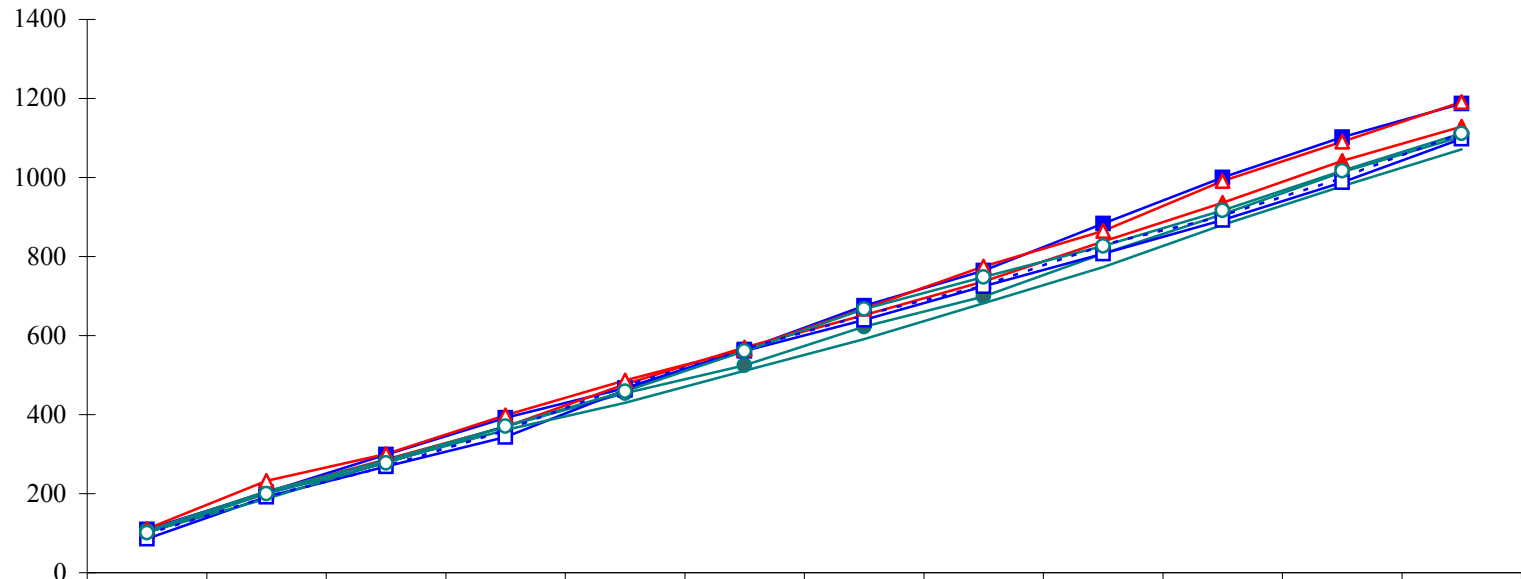
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	98	76	108	100	107	90	86	106	77	74	119	99	79	85	82	85	96	110
Voluntary	1	5	4	3	6	6	1	2	1	2	5	7	3	6	5	3	4	6
Involuntary	97	71	104	97	101	84	85	104	76	72	114	92	76	79	77	82	92	104
OPC	24	11	24	13	6	5	6	10	9	4	9	10	10	6	10	9	10	7
Emergency	49	49	55	71	75	57	66	65	52	61	78	54	51	65	55	48	68	74
Temporary	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2	1
Extended	1	1	0	1	2	1	0	0	0	1	0	1	0	0	0	0	0	0
46.02/46.03	23	9	23	12	18	19	13	29	14	5	27	26	14	8	10	24	10	19
Order for MR	0	1	2	0	0	1	0	0	1	0	0	1	1	0	2	1	2	3
Discharges	80	91	91	107	98	93	97	95	77	91	112	93	87	74	103	74	96	114
% New to System	39%	30%	33%	36%	44%	42%	43%	33%	39%	51%	47%	35%	42%	44%	35%	41%	46%	51%



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

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
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
—□— FY07 Admissions	86	192	269	343	462	561	640	725	807	892	988	1098
—▲— FY04 Discharges	111	232	300	398	487	565	668	775	865	991	1091	1191
—○— FY05 Discharges	101	200	278	371	459	561	667	748	827	917	1017	1112
—●— FY06 Discharges	103	187	280	361	430	511	591	682	773	880	978	1071
---□--- FY07 Discharges	97	192	269	360	472	565	652	726	829	903	999	1113

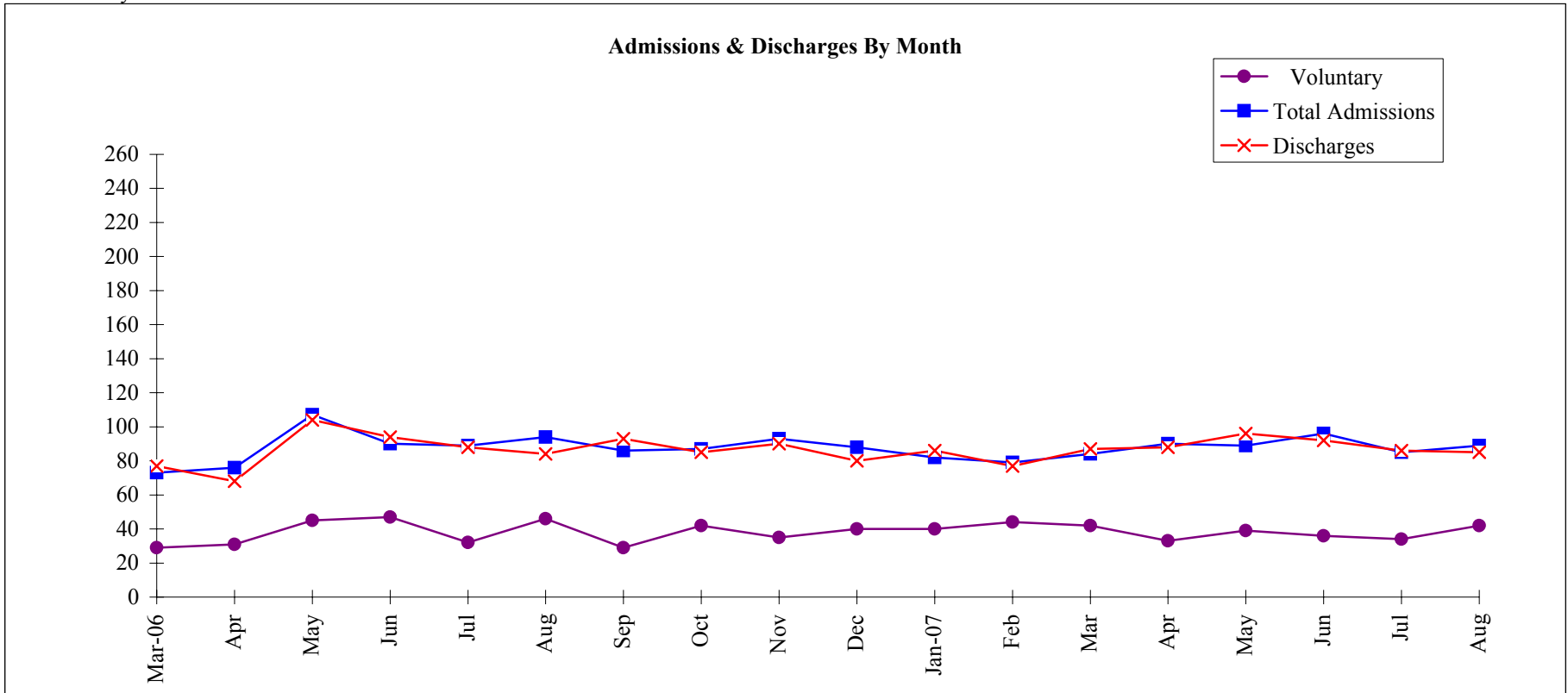
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

El Paso Psychiatric Center

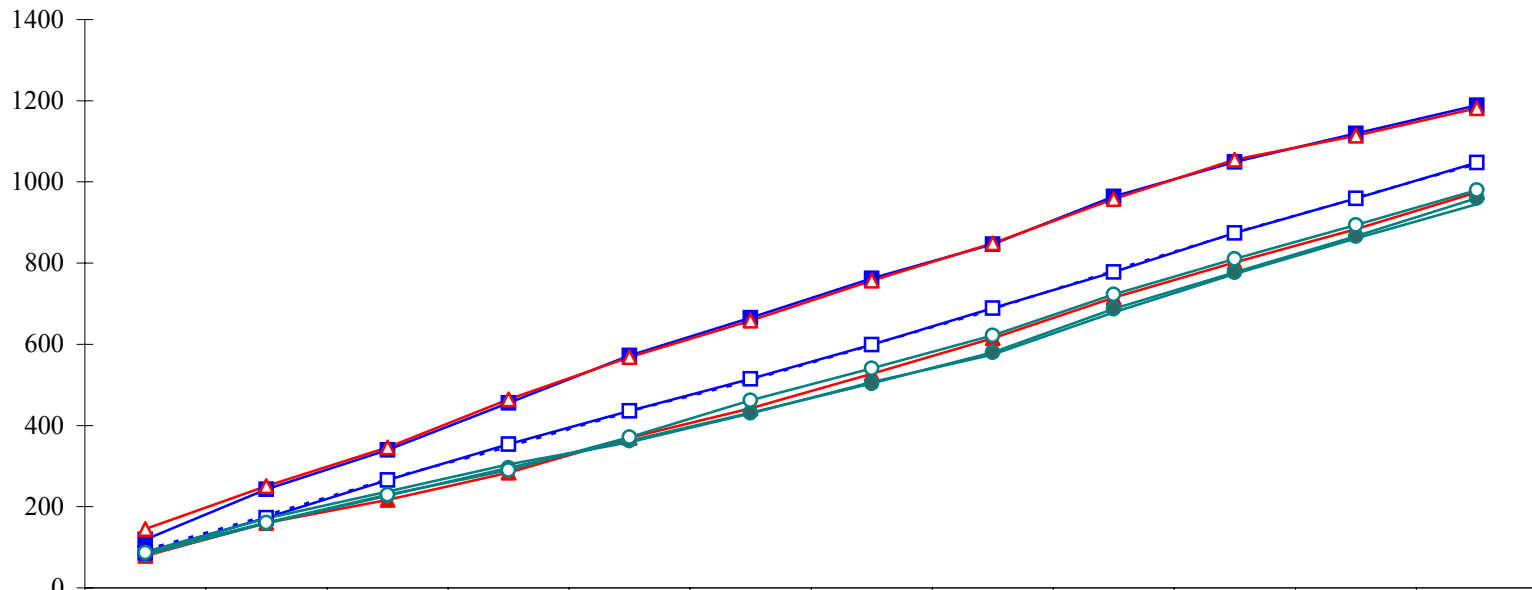
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	73	76	107	90	89	94	86	87	93	88	82	79	84	90	89	96	85	89
Voluntary	29	31	45	47	32	46	29	42	35	40	40	44	42	33	39	36	34	42
Involuntary	44	45	62	43	57	48	57	45	58	48	42	35	42	57	50	60	51	47
OPC	5	1	7	2	4	6	2	6	3	2	3	5	3	5	3	6	5	7
Emergency	38	42	51	39	51	41	53	35	48	46	37	30	37	52	46	52	44	37
Temporary	0	0	2	0	0	0	1	1	3	0	1	0	0	0	1	0	1	1
Extended	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
46.02/46.03	0	2	2	2	2	1	0	3	3	0	1	0	1	0	0	2	1	2
Order for MR	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Discharges	77	68	104	94	88	84	93	85	90	80	86	77	87	88	96	92	86	85
% New to System	62%	55%	53%	43%	49%	55%	53%	55%	46%	52%	49%	52%	45%	51%	43%	48%	36%	43%



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
—□— FY07 Admissions	86	173	266	354	436	515	599	689	778	874	959	1048
—▲— FY04 Discharges	145	251	346	464	568	658	757	849	958	1055	1114	1182
—○— FY05 Discharges	87	161	229	290	371	462	541	622	723	810	894	980
—●— FY06 Discharges	89	171	237	304	359	430	507	575	679	773	861	945
—□— FY07 Discharges	93	178	268	348	434	511	598	686	782	874	960	1045

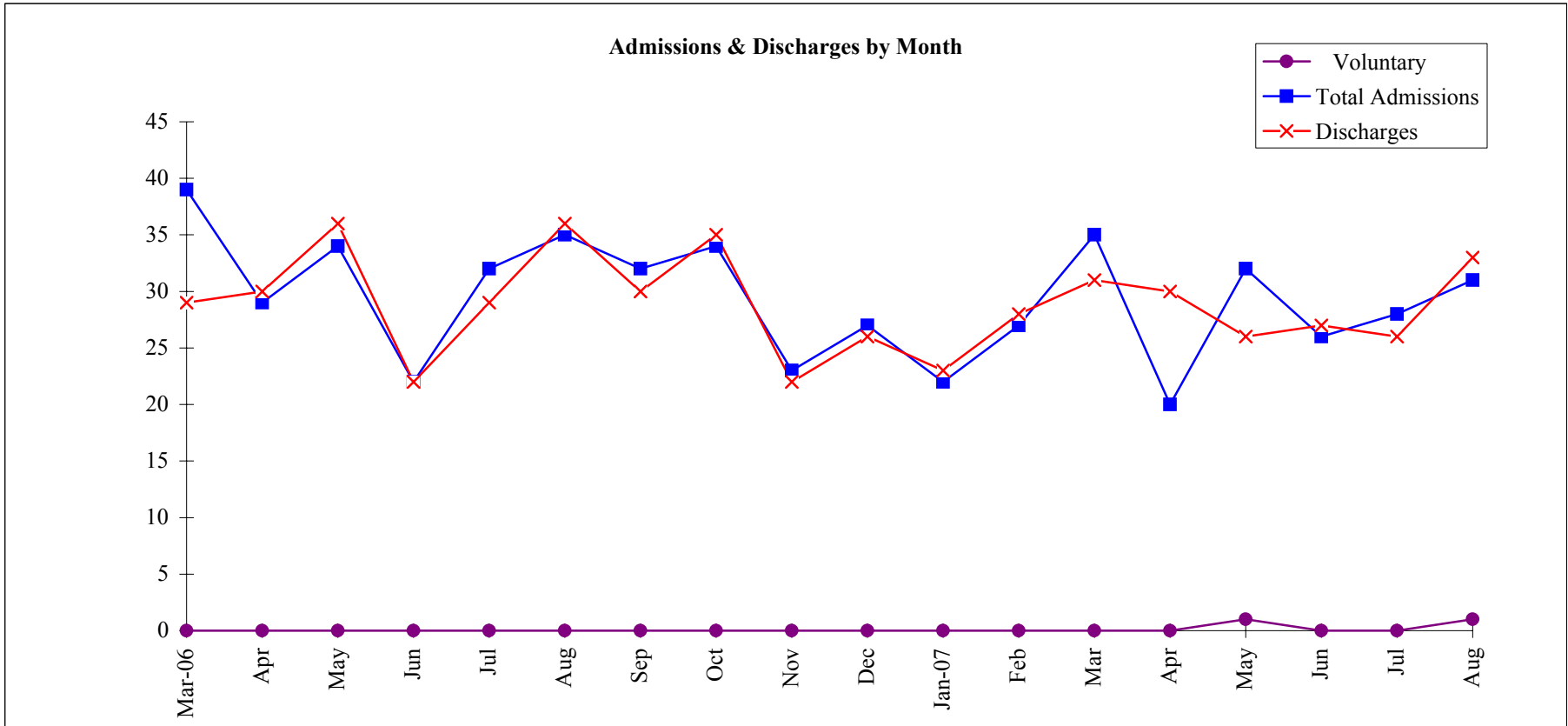
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Kerrville State Hospital

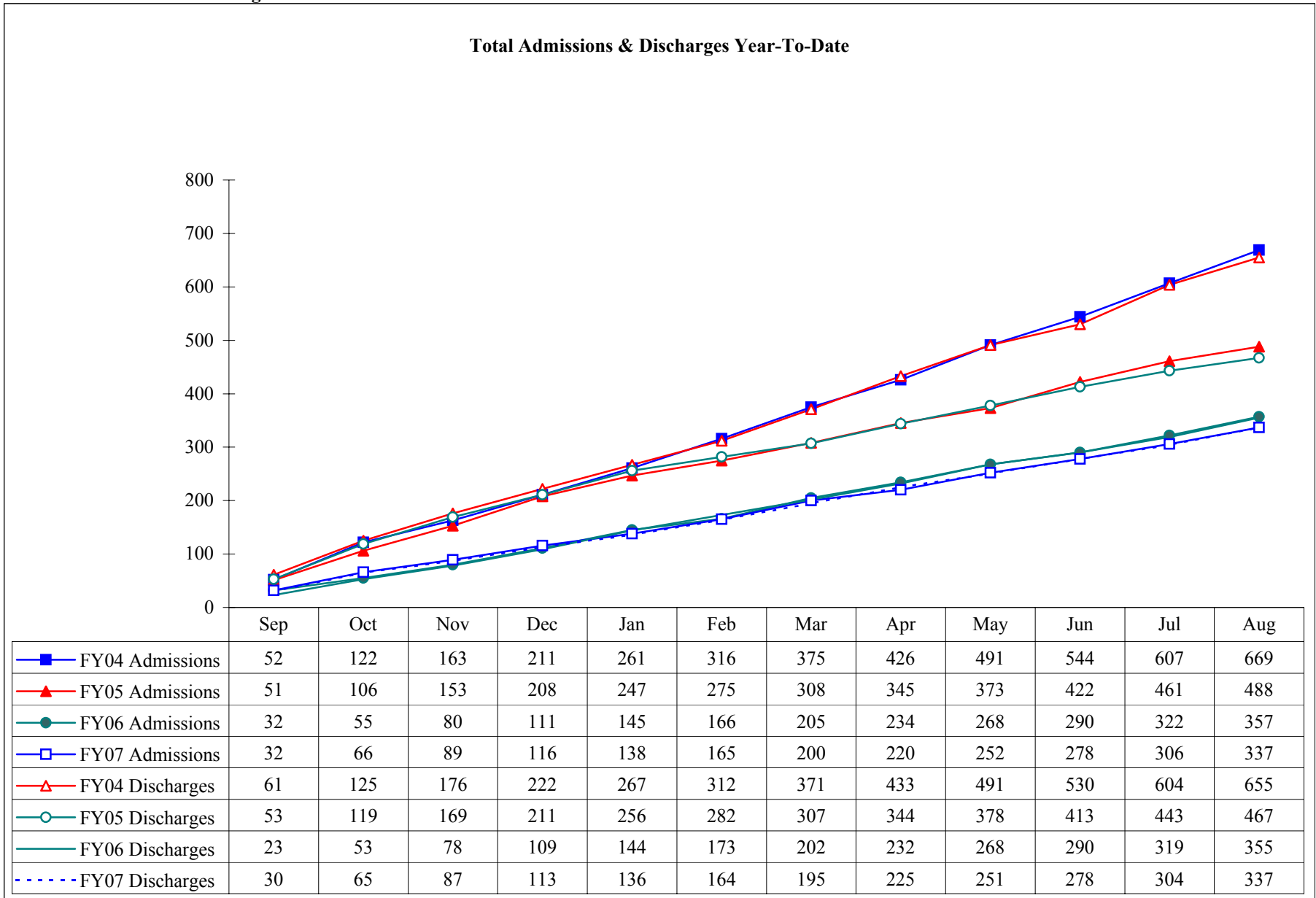
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	39	29	34	22	32	35	32	34	23	27	22	27	35	20	32	26	28	31
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Involuntary	39	29	34	22	32	35	32	34	23	27	22	27	35	20	31	26	28	30
OPC	0	0	2	0	0	3	3	8	1	1	0	2	1	1	0	0	0	0
Emergency	30	24	21	15	26	20	23	17	16	21	15	20	25	16	18	21	20	17
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	1	4	4
Extended	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
46.02/46.03	9	5	11	7	6	12	6	9	6	5	6	5	9	2	9	4	4	9
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	29	30	36	22	29	36	30	35	22	26	23	28	31	30	26	27	26	33
% New to System	38%	48%	35%	14%	41%	40%	50%	35%	39%	37%	36%	37%	37%	50%	28%	54%	46%	42%



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

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



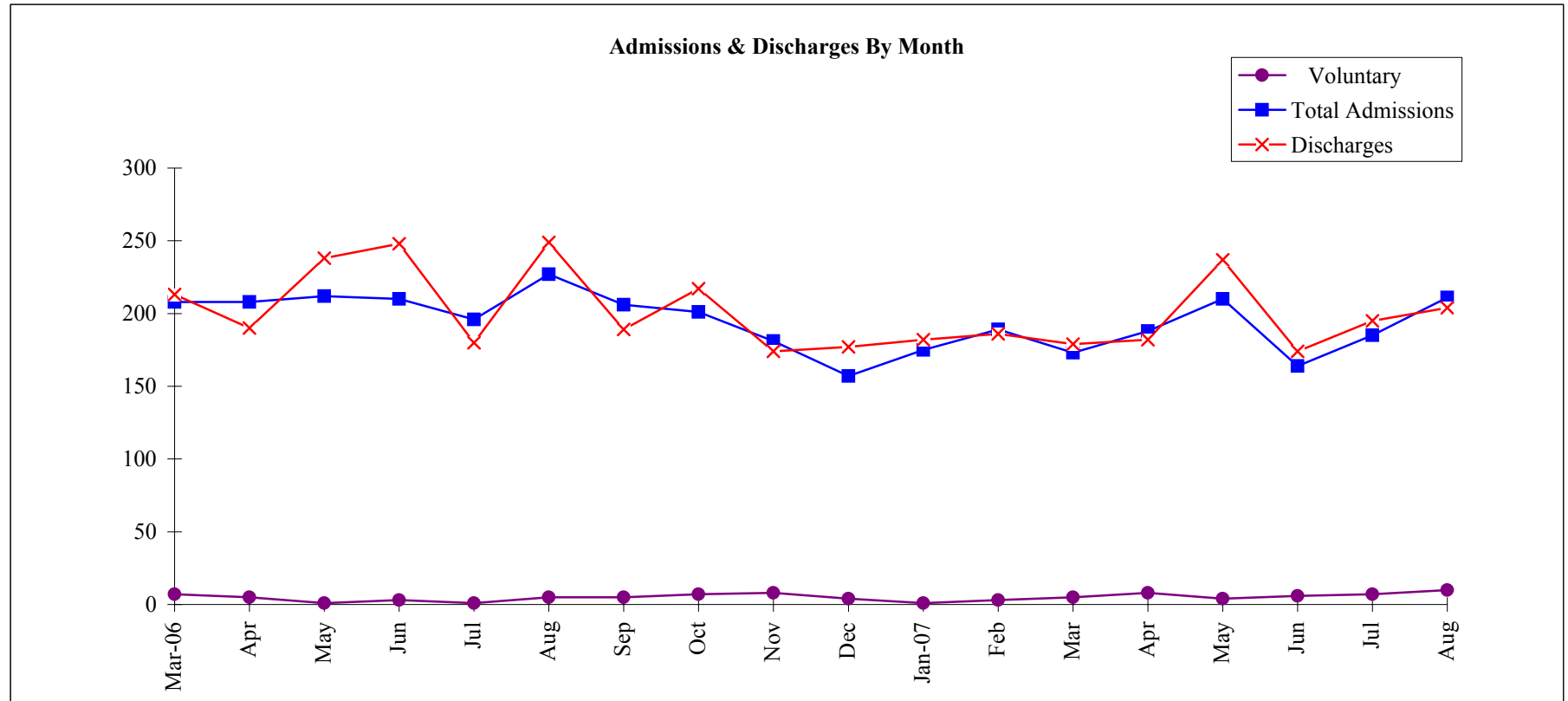
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

North Texas State Hospital

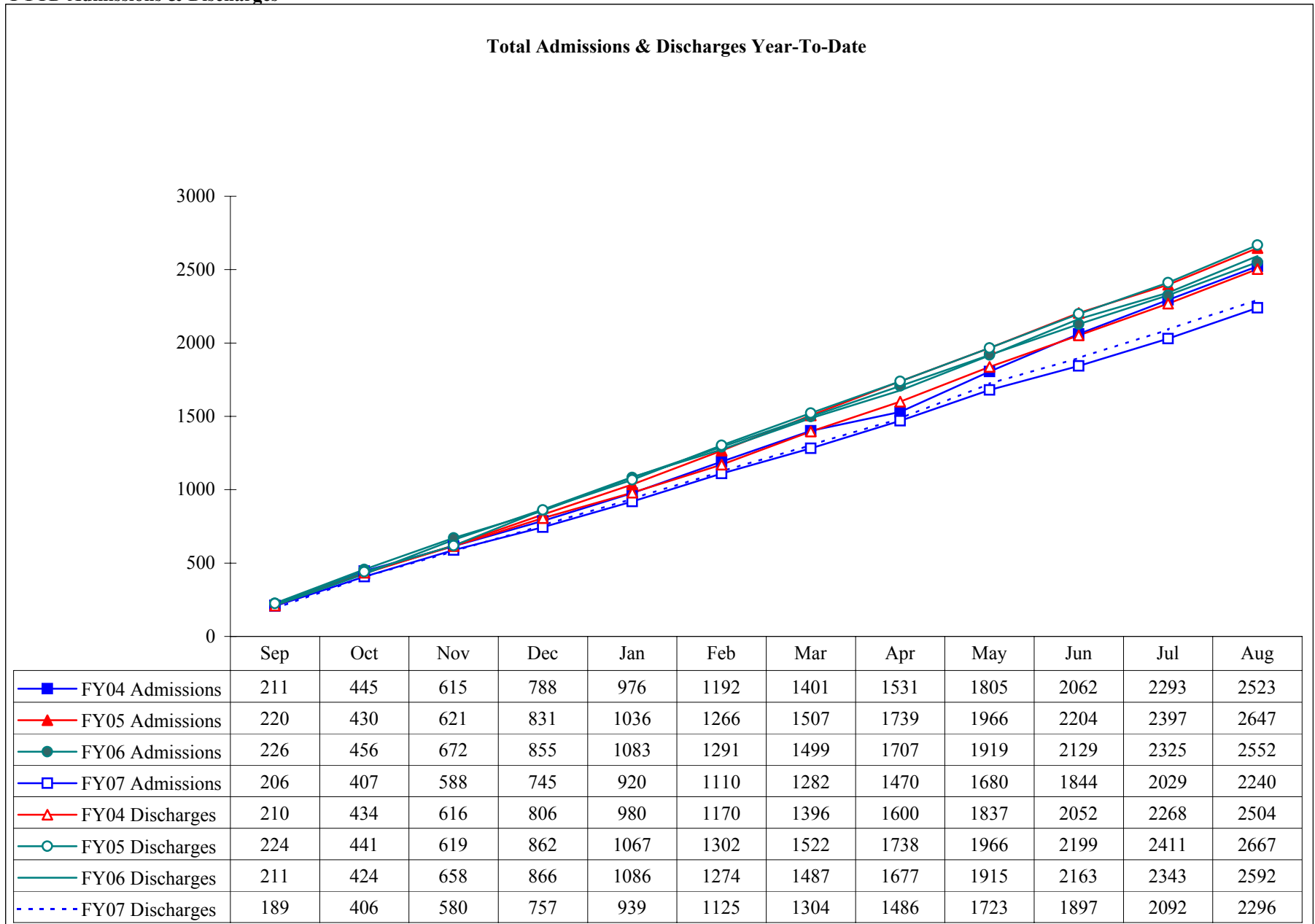
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	208	208	212	210	196	227	206	201	181	157	175	189	173	188	210	164	185	211
Voluntary	7	5	1	3	1	5	5	7	8	4	1	3	5	8	4	6	7	10
Involuntary	201	203	211	207	195	222	201	194	173	153	174	186	168	180	206	158	178	201
OPC	22	19	32	16	18	21	17	12	25	11	18	15	25	25	26	13	12	21
Emergency	44	52	40	51	41	51	46	45	41	47	32	41	45	49	59	38	58	57
Temporary	58	60	48	66	62	56	66	52	41	35	42	51	50	48	46	43	48	57
Extended	0	0	0	1	1	0	0	1	0	0	1	0	1	2	0	0	1	0
46.02/46.03	67	62	75	62	64	82	63	74	58	49	66	67	44	53	69	52	54	55
Order for MR	10	10	16	11	9	12	9	10	8	11	15	12	3	3	6	12	5	11
Discharges	213	190	238	248	180	249	189	217	174	177	182	186	179	182	237	174	195	204
% New to System	53%	46%	52%	46%	44%	42%	47%	46%	47%	47%	49%	47%	50%	52%	45%	50%	41%	48%



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

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



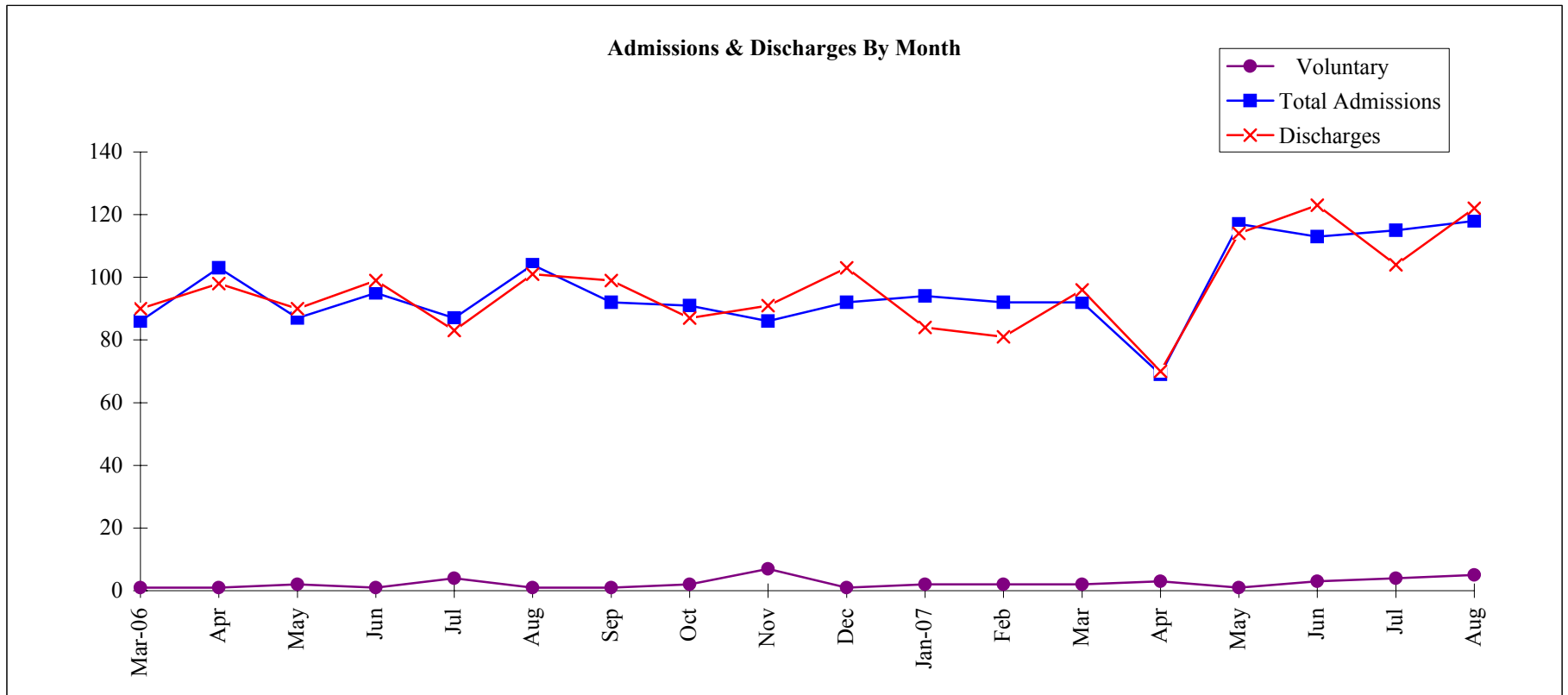
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Rio Grande State Center

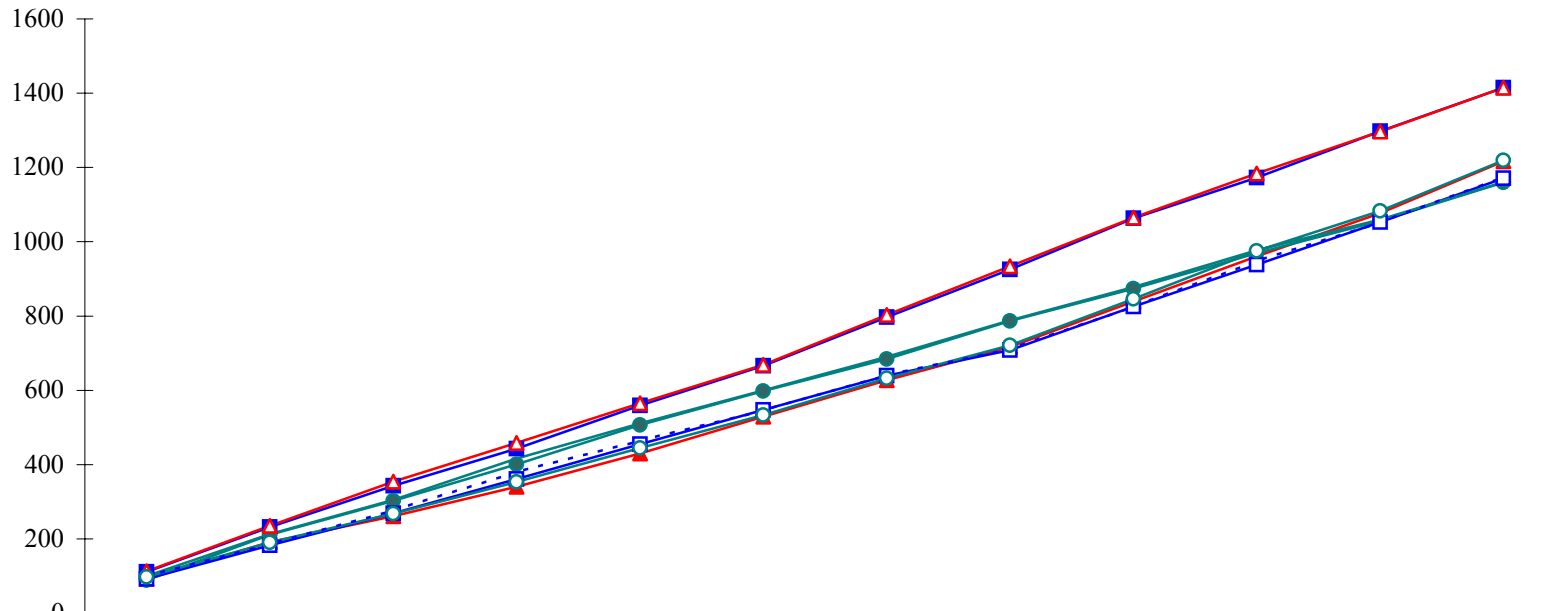
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	86	103	87	95	87	104	92	91	86	92	94	92	92	69	117	113	115	118
Voluntary	1	1	2	1	4	1	1	2	7	1	2	2	2	3	1	3	4	5
Involuntary	85	102	85	94	83	103	91	89	79	91	92	90	90	66	116	110	111	113
OPC	1	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0
Emergency	83	100	84	94	83	103	91	89	79	91	90	90	90	64	116	109	109	112
Temporary	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
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	1	0	0	1	0	0	0	0
Order for MR	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	90	98	90	99	83	101	99	87	91	103	84	81	96	70	114	123	104	122
% New to System	36%	41%	41%	39%	49%	51%	53%	48%	41%	44%	43%	41%	47%	45%	45%	52%	49%	44%



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
□ FY07 Admissions	92	183	269	361	455	547	639	708	825	938	1053	1171
▲ FY04 Discharges	113	235	354	458	565	669	803	934	1065	1184	1297	1415
○ FY05 Discharges	97	190	268	353	445	533	632	721	846	975	1083	1219
— FY06 Discharges	100	213	305	416	511	600	690	788	878	977	1060	1161
- - - - FY07 Discharges	99	186	277	380	464	545	641	711	825	948	1052	1174

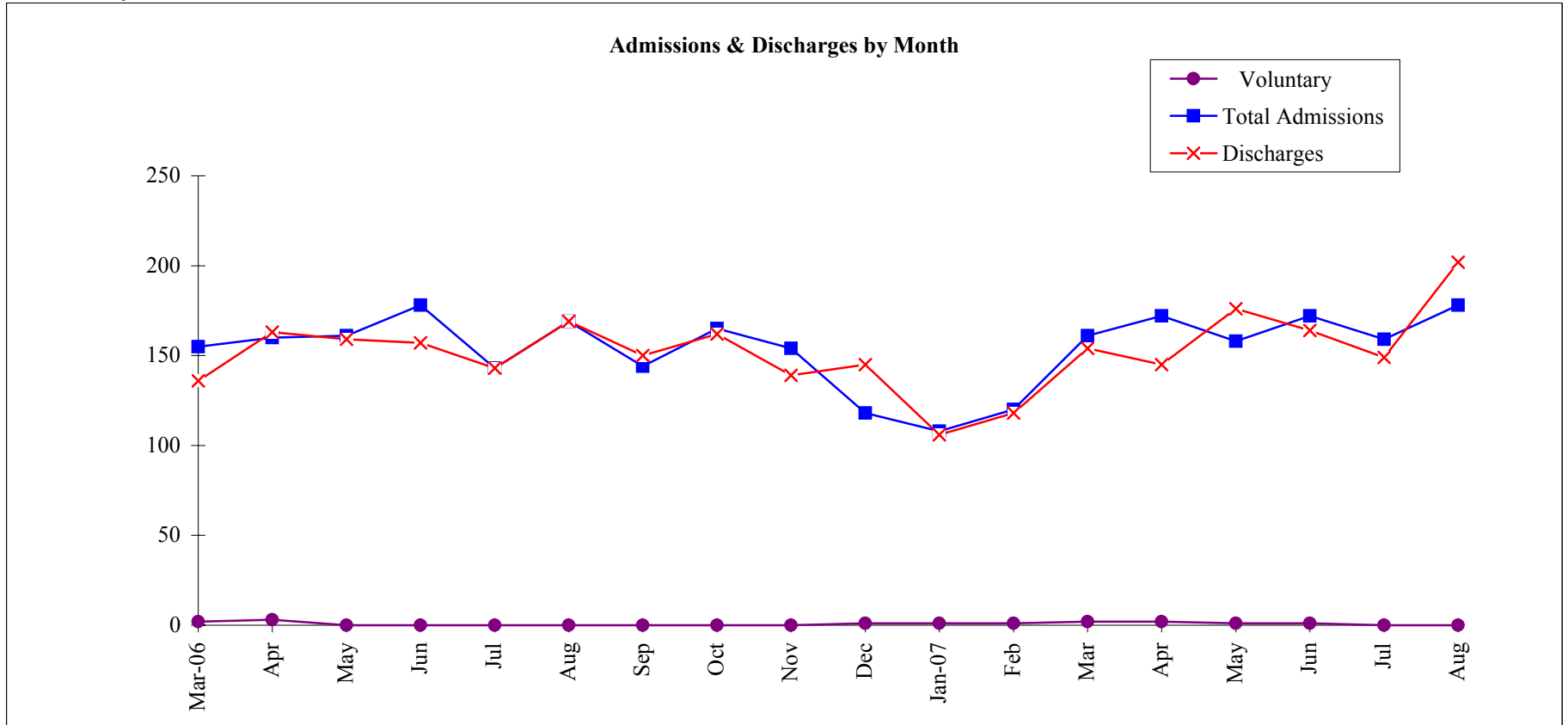
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

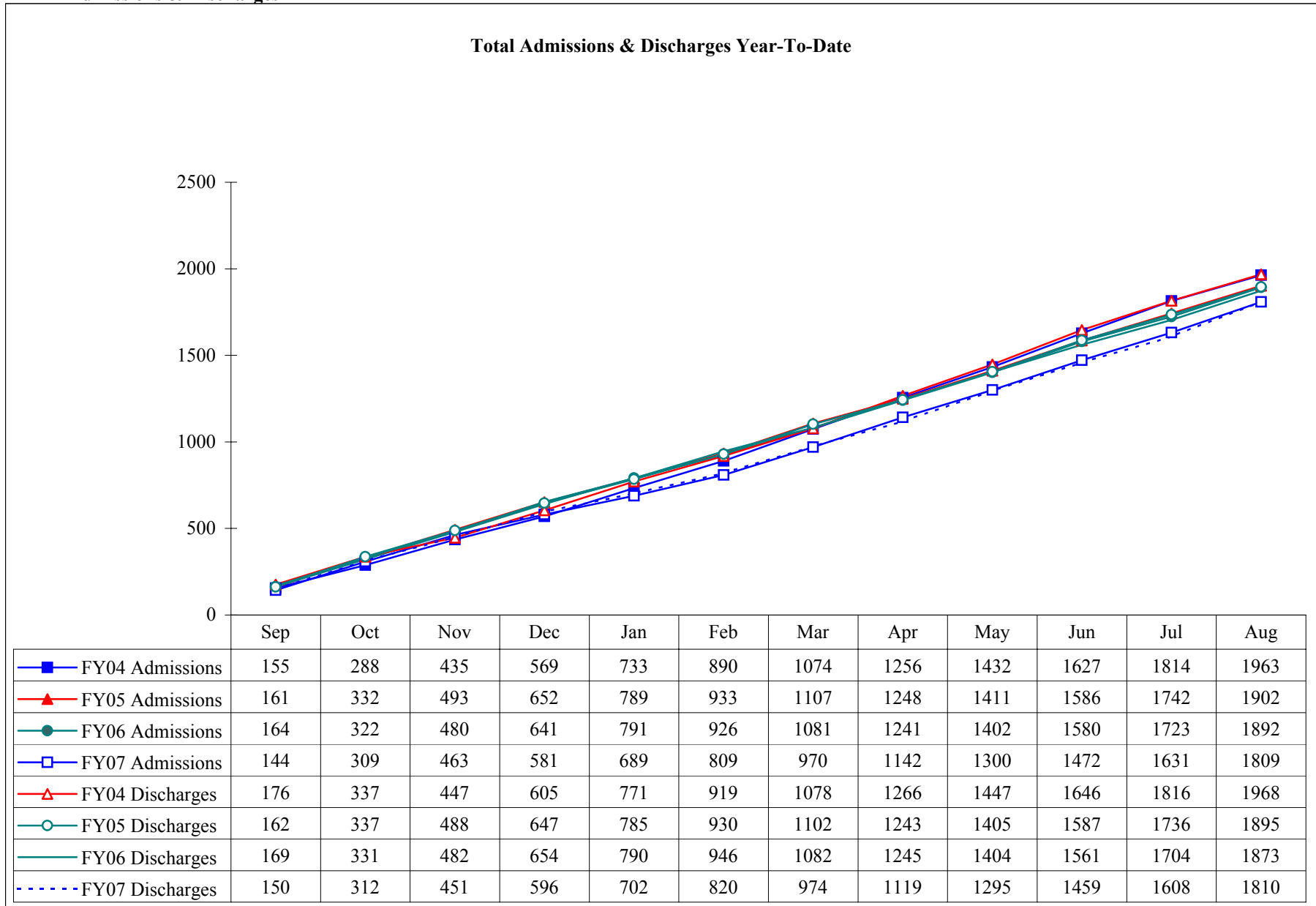
Rusk State Hospital

Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	155	160	161	178	143	169	144	165	154	118	108	120	161	172	158	172	159	178
Voluntary	2	3	0	0	0	0	0	0	0	1	1	1	2	2	1	1	0	0
Involuntary	153	157	161	178	143	169	144	165	154	117	107	119	159	170	157	171	159	178
OPC	52	60	63	59	58	61	47	49	38	23	40	24	59	51	55	57	43	69
Emergency	70	71	54	76	57	73	59	69	54	36	42	47	37	73	76	73	82	76
Temporary	12	7	19	18	18	13	10	15	12	16	15	20	18	9	14	21	20	20
Extended	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	1
46.02/46.03	19	19	24	24	10	22	28	32	49	41	10	28	45	37	12	20	14	12
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	136	163	159	157	143	169	150	162	139	145	106	118	154	145	176	164	149	202
% New to System	43%	38%	48%	44%	45%	46%	44%	48%	45%	32%	44%	43%	49%	46%	44%	46%	49%	49%



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



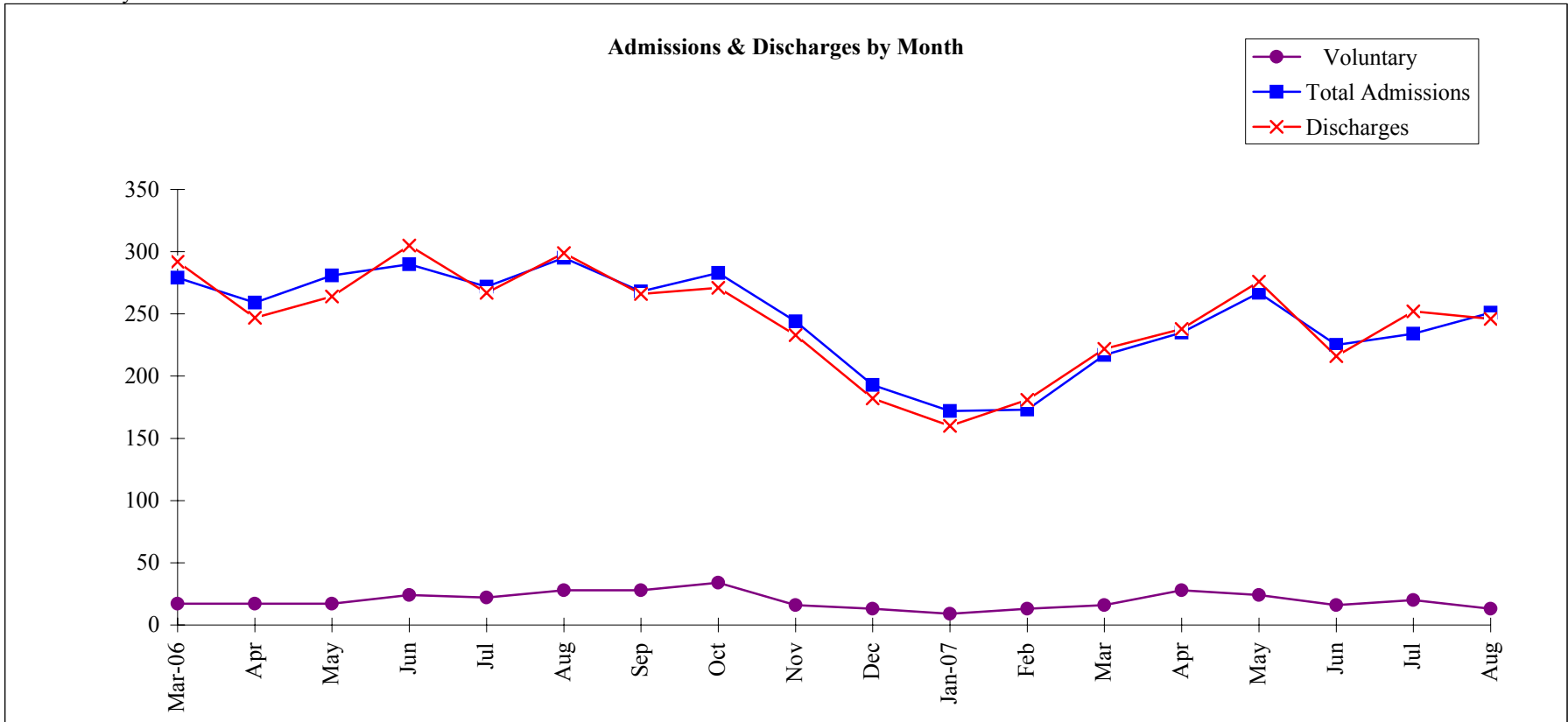
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

San Antonio State Hospital

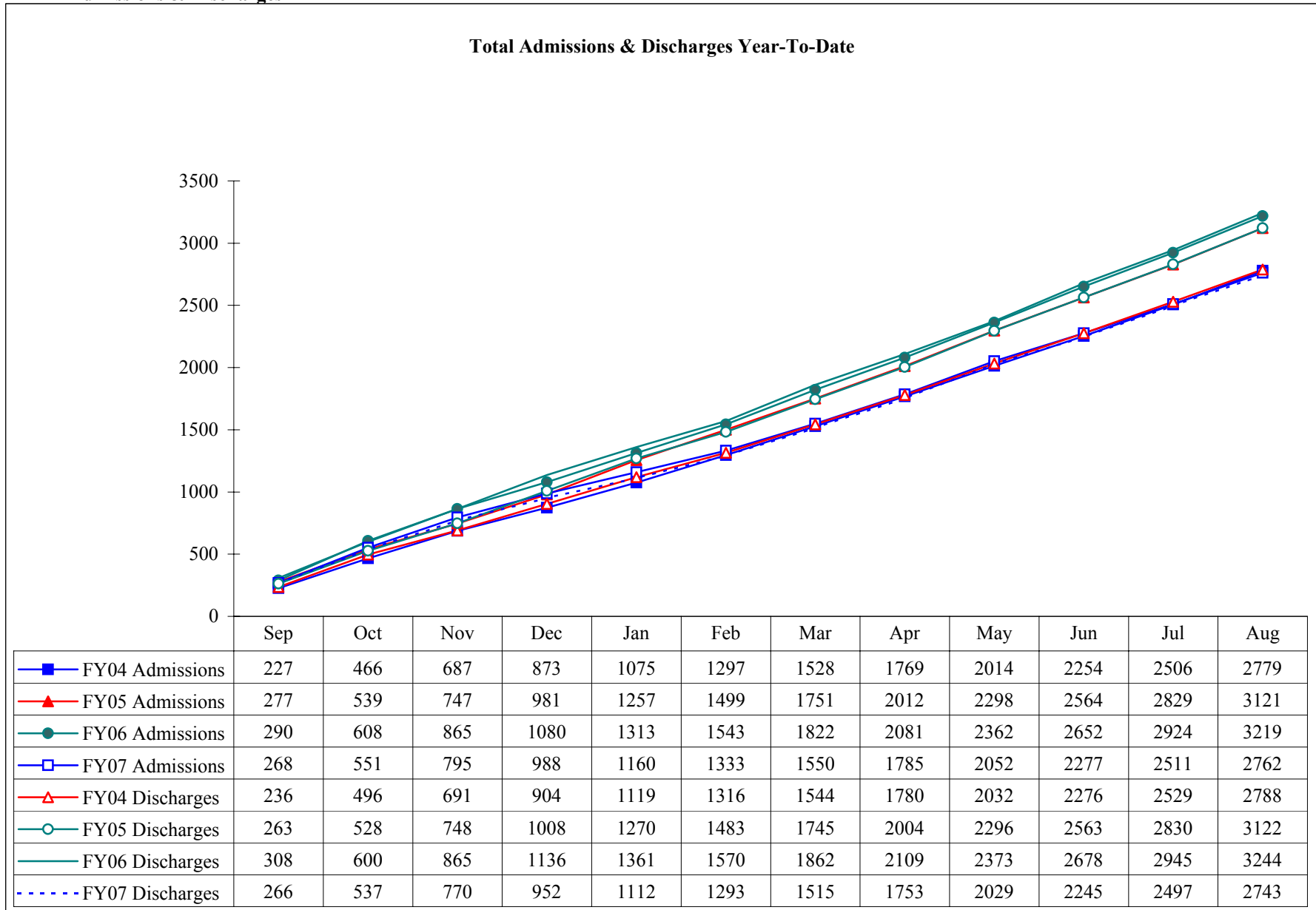
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	279	259	281	290	272	295	268	283	244	193	172	173	217	235	267	225	234	251
Voluntary	17	17	17	24	22	28	28	34	16	13	9	13	16	28	24	16	20	13
Involuntary	262	242	264	266	250	267	240	249	228	180	163	160	201	207	243	209	214	238
OPC	70	70	99	80	85	98	66	72	60	62	53	60	78	56	83	67	76	91
Emergency	151	132	135	140	127	128	131	135	117	81	81	88	100	130	143	106	122	111
Temporary	32	32	23	26	31	37	37	24	22	29	28	11	23	16	12	26	14	28
Extended	1	1	0	1	0	1	1	0	0	1	0	1	0	0	1	0	1	2
46.02/46.03	8	4	6	18	7	3	3	17	29	7	1	0	0	5	1	7	0	3
Order for MR	0	3	1	1	0	0	2	1	0	0	0	0	0	0	3	3	1	3
Discharges	292	247	264	305	267	299	266	271	233	182	160	181	222	238	276	216	252	246
% New to System	54%	47%	45%	42%	44%	39%	39%	43%	47%	42%	46%	45%	45%	54%	45%	42%	45%	43%



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

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



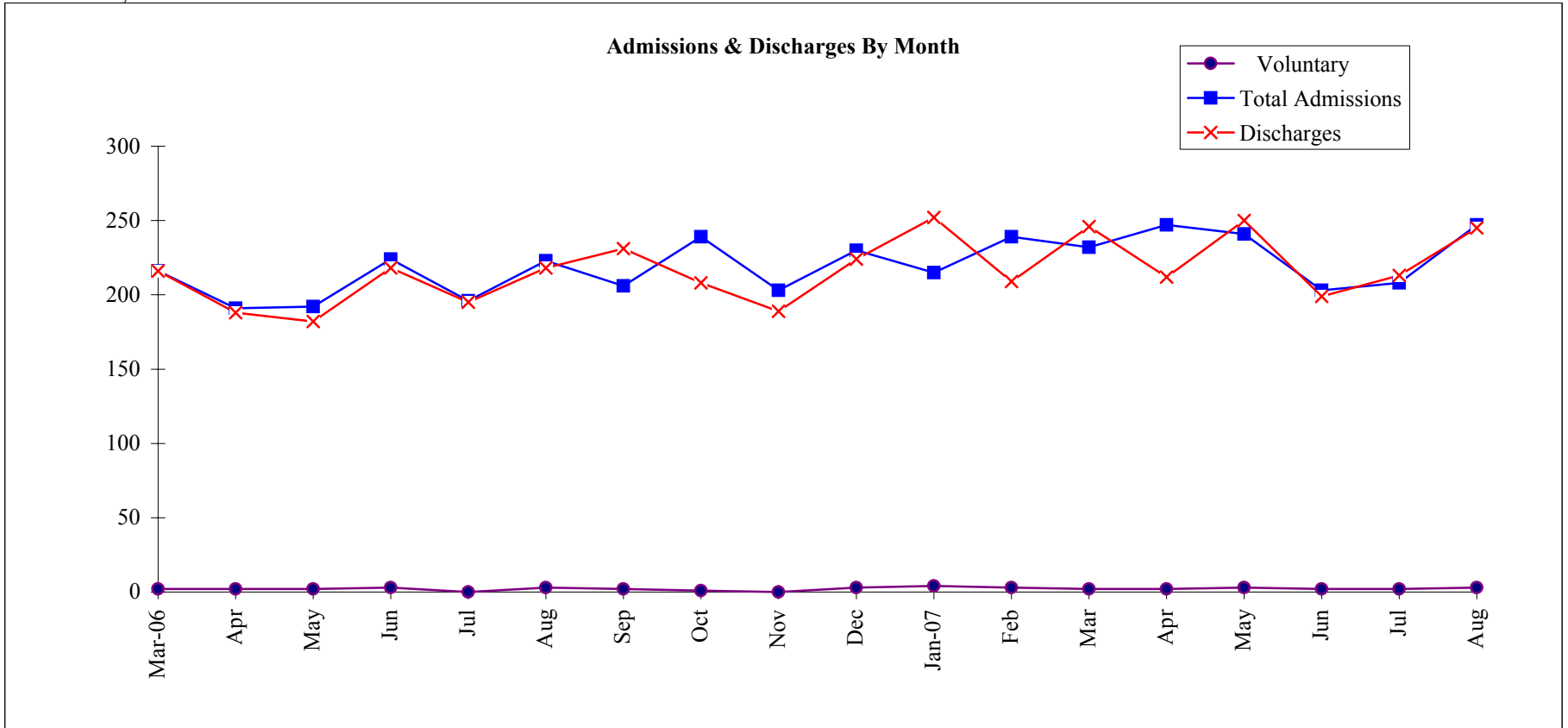
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Terrell State Hospital

Admissions by Month

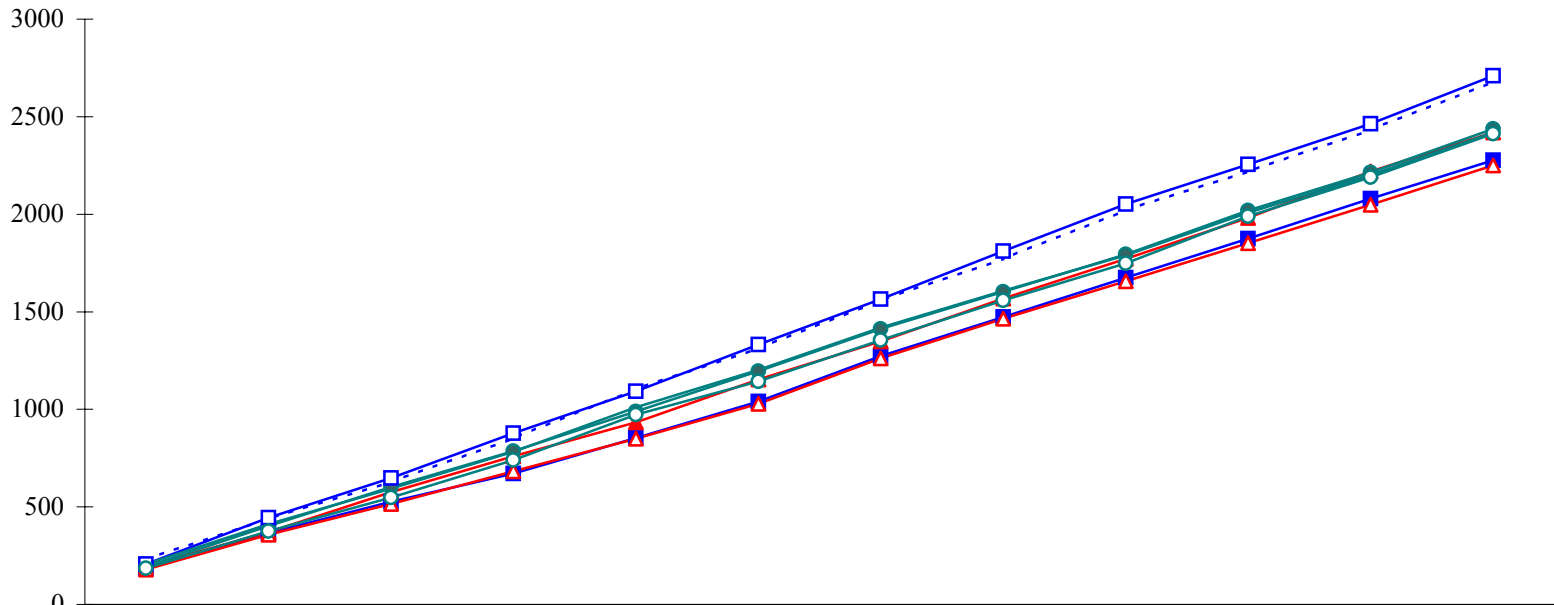
	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	216	191	192	224	196	223	206	239	203	230	215	239	232	247	241	203	208	247
Voluntary	2	2	2	3	0	3	2	1	0	3	4	3	2	2	3	2	2	3
Involuntary	214	189	190	221	196	220	204	238	203	227	211	236	230	245	238	201	206	244
OPC	173	137	145	158	149	177	157	172	154	180	184	185	184	199	189	144	159	173
Emergency	8	9	15	13	6	17	7	11	10	12	12	10	12	14	4	6	5	9
Temporary	28	31	22	33	26	22	36	26	31	24	12	19	30	22	38	40	37	53
Extended	3	1	2	5	2	3	2	1	2	1	3	2	2	1	1	1	1	2
46.02/46.03	2	11	6	12	13	1	2	28	6	10	0	20	2	9	6	10	4	7
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	216	188	182	218	195	218	231	208	189	224	252	209	246	212	250	199	213	245
% New to System	43%	50%	44%	45%	38%	45%	44%	42%	46%	39%	40%	44%	43%	43%	40%	38%	44%	44%



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
□ FY07 Admissions	206	445	648	878	1093	1332	1564	1811	2052	2255	2463	2710
▲ FY04 Discharges	178	357	515	682	850	1028	1262	1465	1656	1852	2048	2250
○ FY05 Discharges	185	375	548	740	973	1143	1355	1559	1749	1989	2190	2413
— FY06 Discharges	207	411	593	782	1010	1203	1419	1607	1789	2007	2202	2420
⋯ FY07 Discharges	231	439	628	852	1104	1313	1559	1771	2021	2220	2433	2678

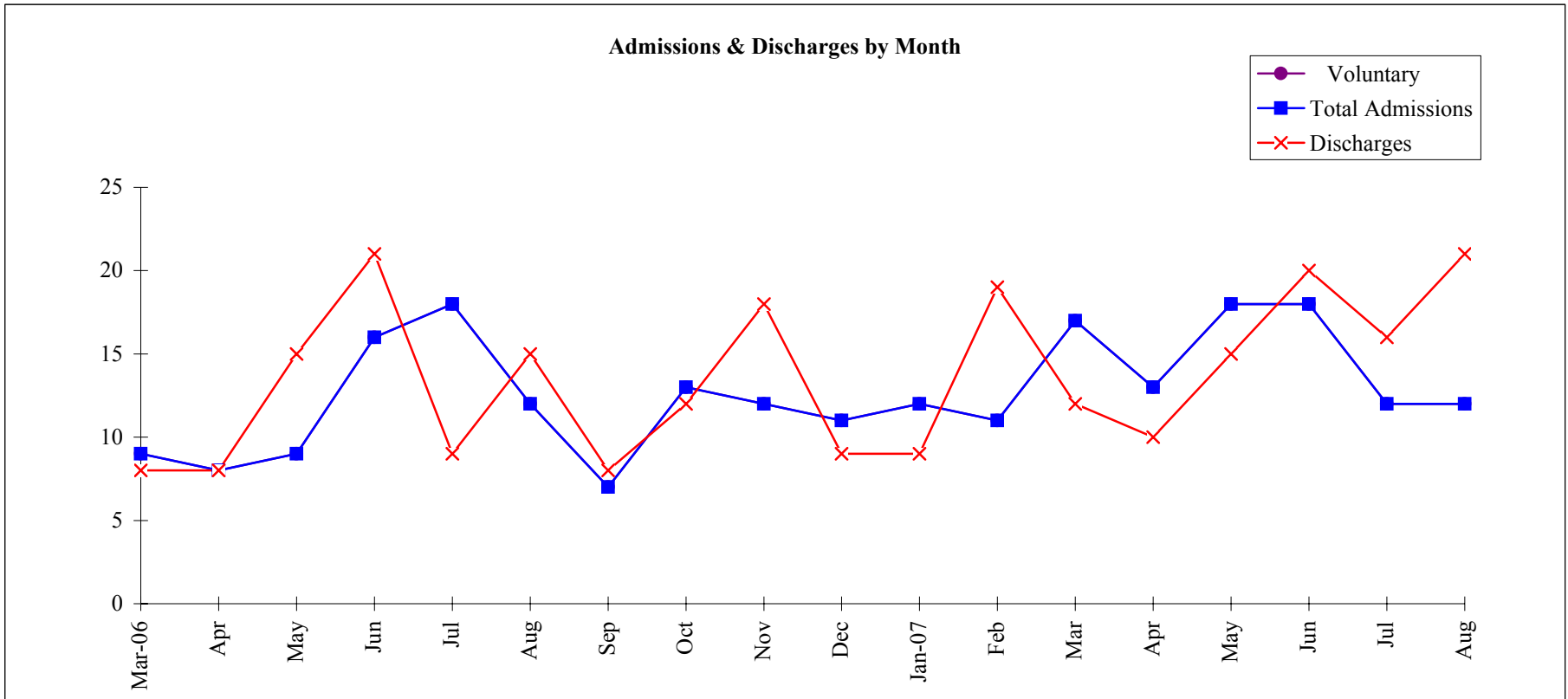
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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

Waco Center for Youth

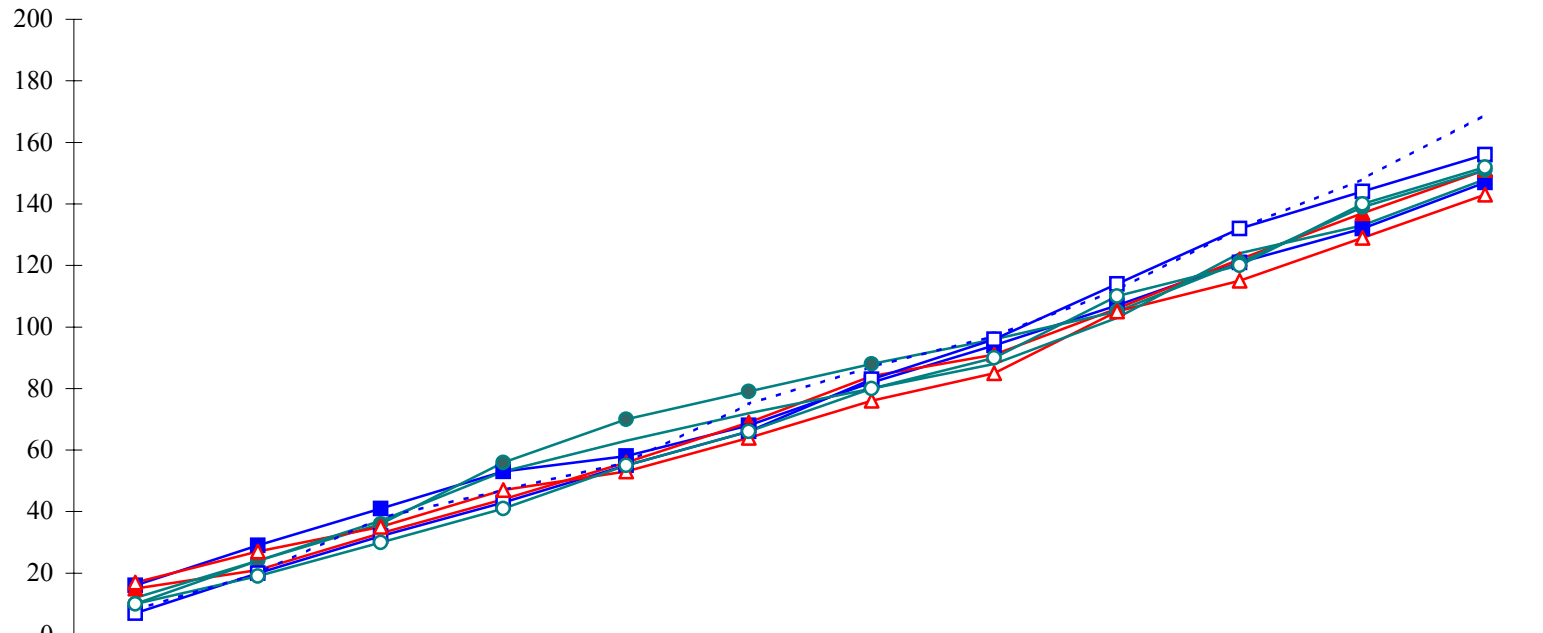
Admissions by Month

	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	9	8	9	16	18	12	7	13	12	11	12	11	17	13	18	18	12	12
Voluntary	9	8	9	16	18	12	7	13	12	11	12	11	17	13	18	18	12	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	8	8	15	21	9	15	8	12	18	9	9	19	12	10	15	20	16	21
% New to System	67%	0%	44%	38%	44%	58%	71%	54%	75%	73%	50%	91%	53%	31%	72%	39%	42%	58%



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

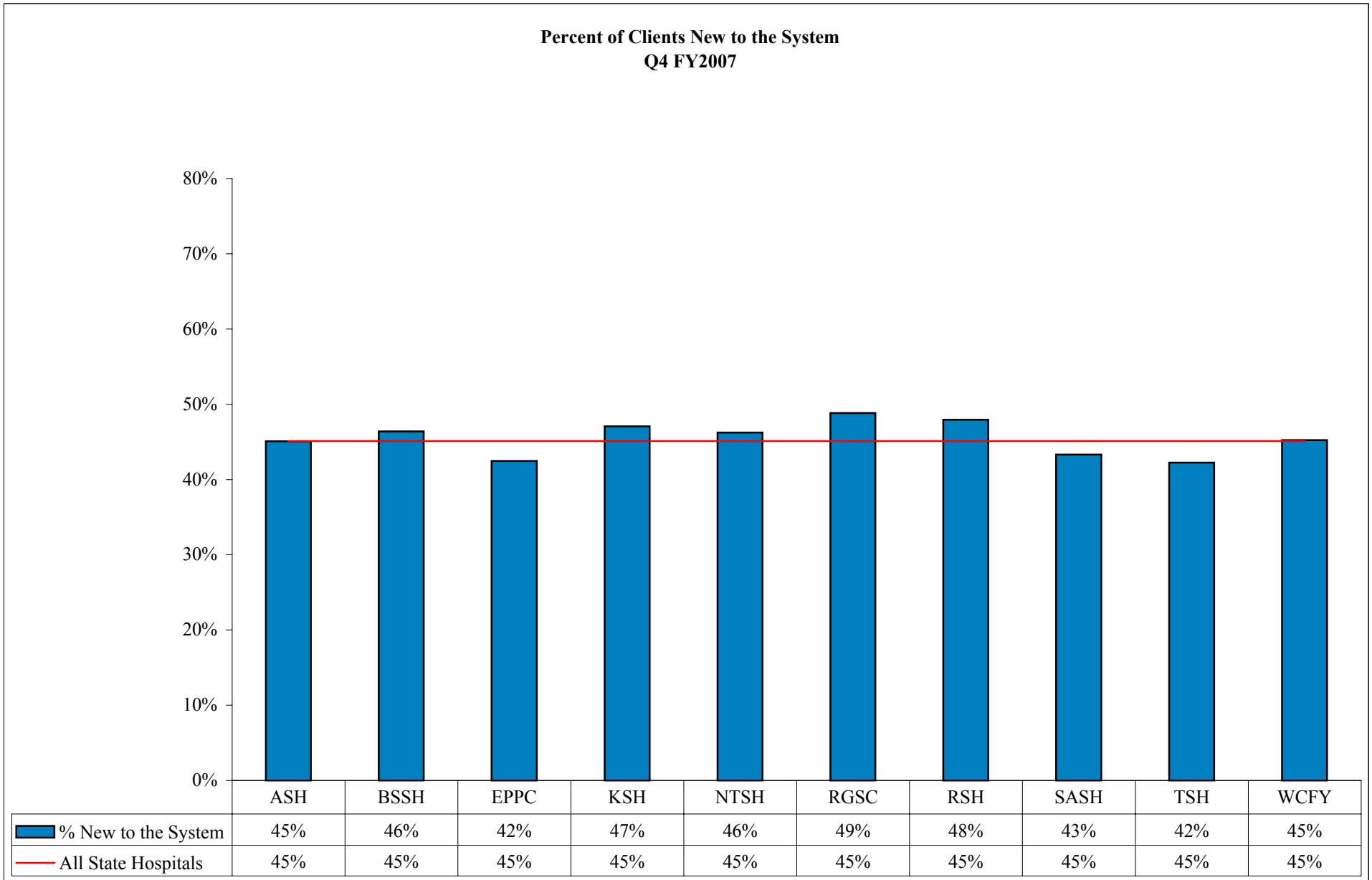
Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY04 Admissions	16	29	41	53	58	68	82	94	107	121	132	147
▲ FY05 Admissions	15	21	33	44	56	69	84	91	106	122	137	151
● FY06 Admissions	10	24	36	56	70	79	88	96	105	121	139	151
□ FY07 Admissions	7	20	32	43	55	66	83	96	114	132	144	156
△ FY04 Discharges	17	27	35	47	53	64	76	85	105	115	129	143
○ FY05 Discharges	10	19	30	41	55	66	80	90	110	120	140	152
— FY06 Discharges	12	24	37	53	63	72	80	88	103	124	133	148
⋯ FY07 Discharges	8	20	38	47	56	75	87	97	112	132	148	169

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

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



Performance Measure 5B:

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

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

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

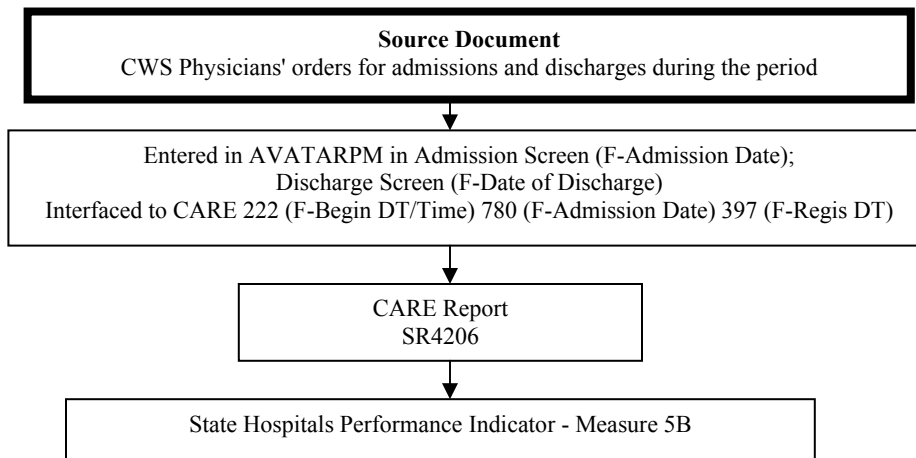
D = total persons discharged during the quarter

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

Performance Measure Data Display and Chart Description:

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

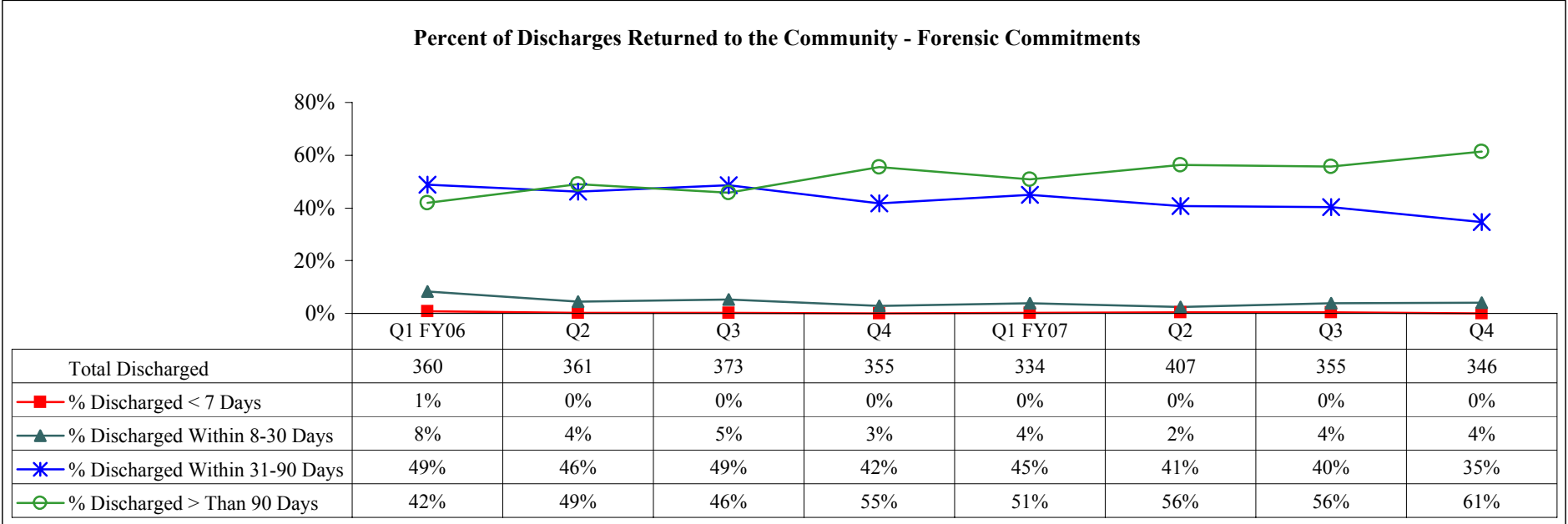
Data Flow:



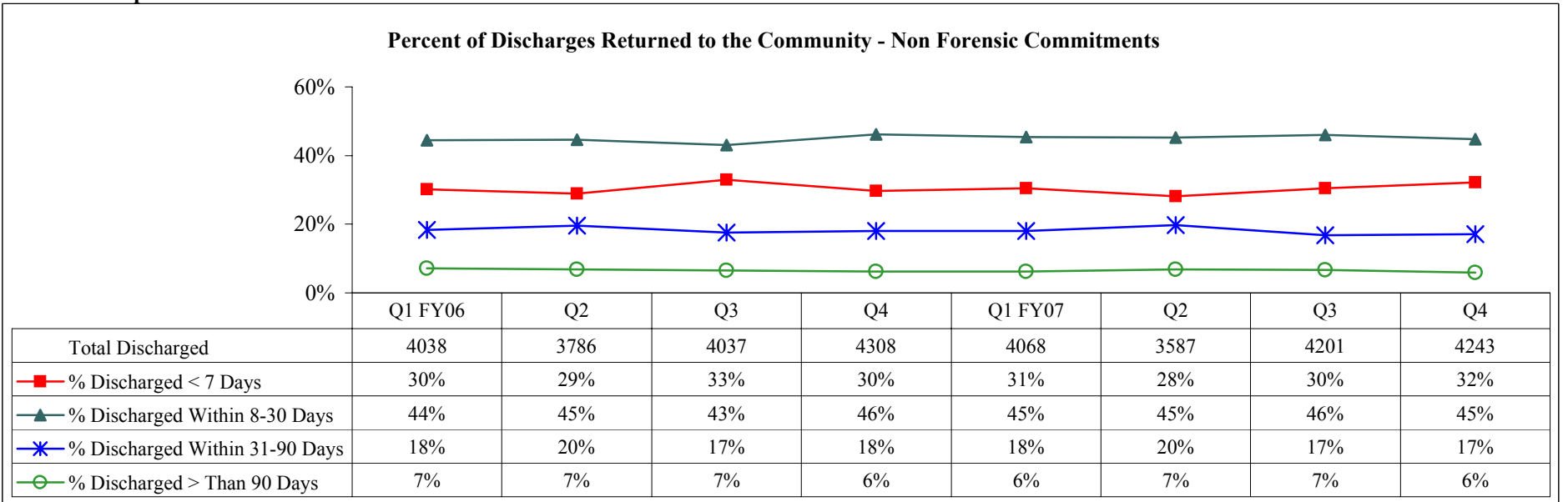
Data Integrity Review Process:

N/A

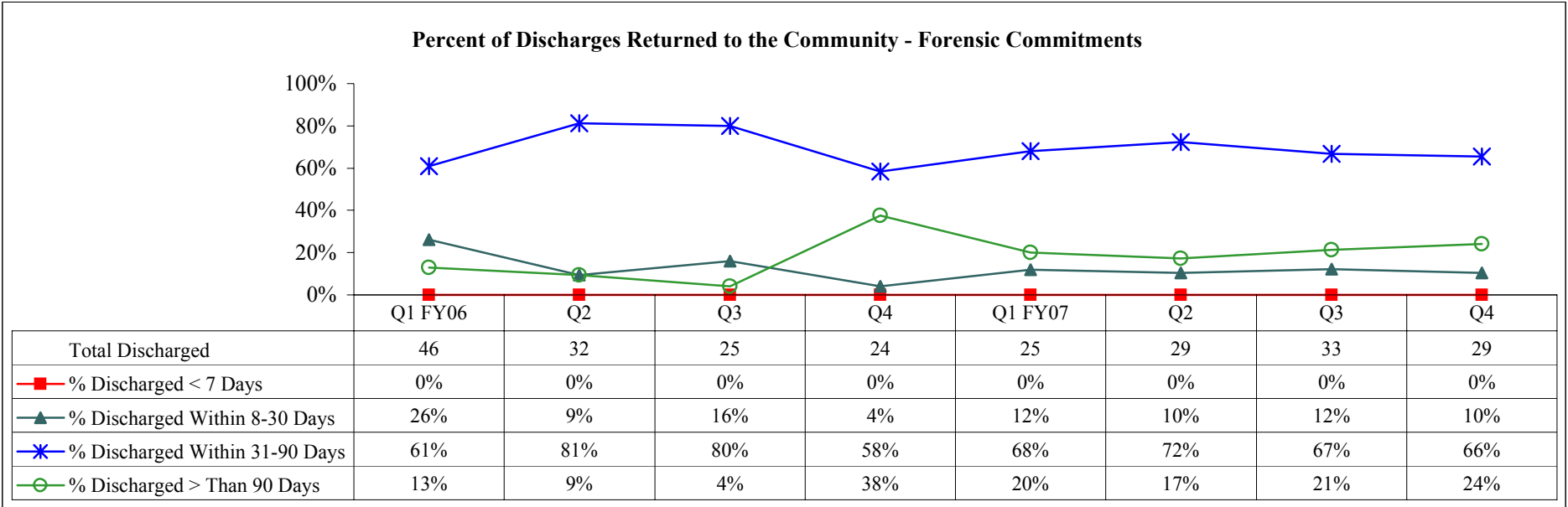
**Measure 5B - Percent of Discharges Returned to the Community
All State Hospitals - Forensic**



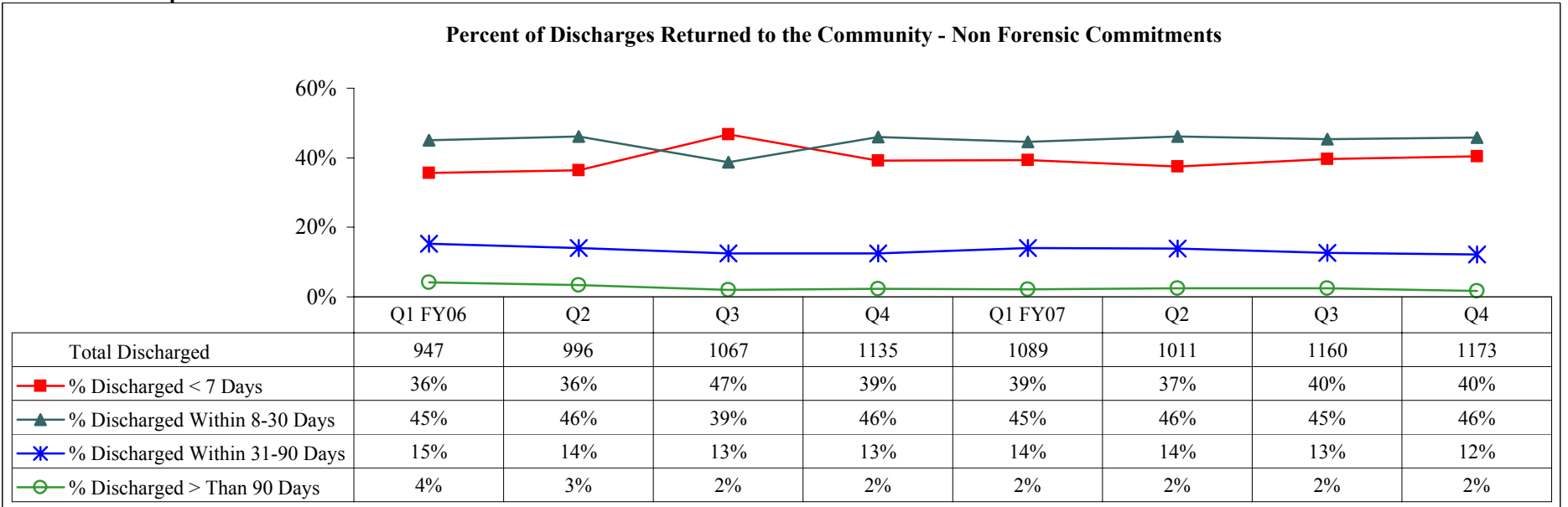
**Measure 5B - Percent of Discharges Returned to the Community
All State Hospitals - Non Forensic**



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

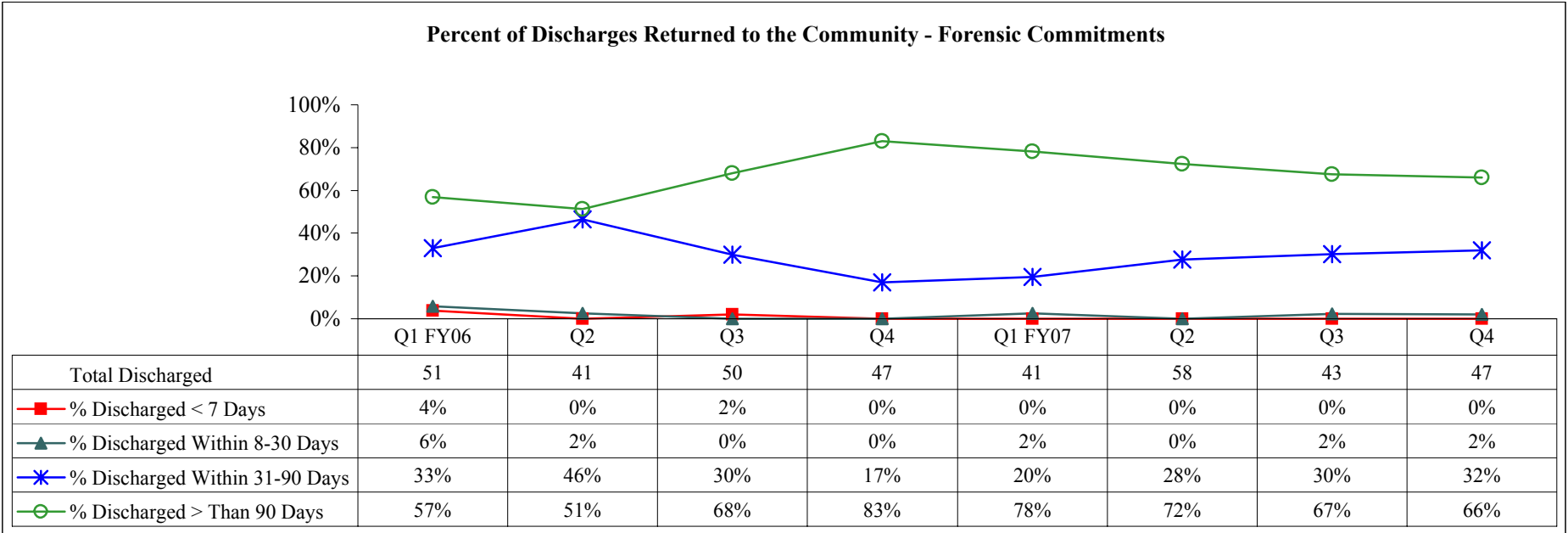


**Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic**

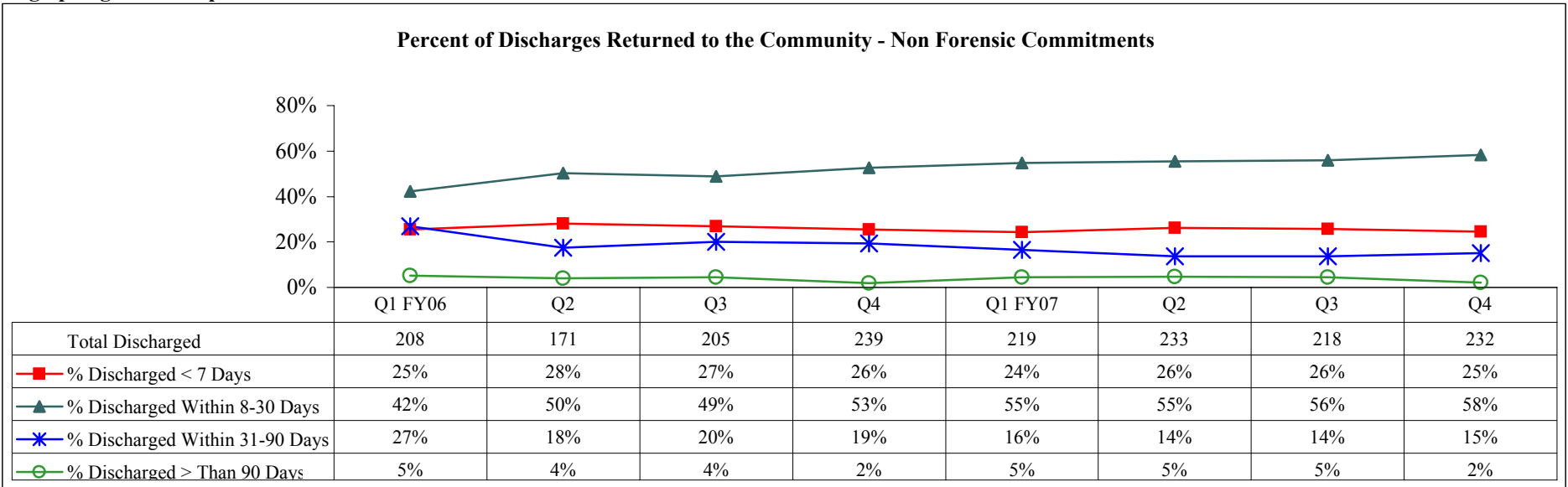


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

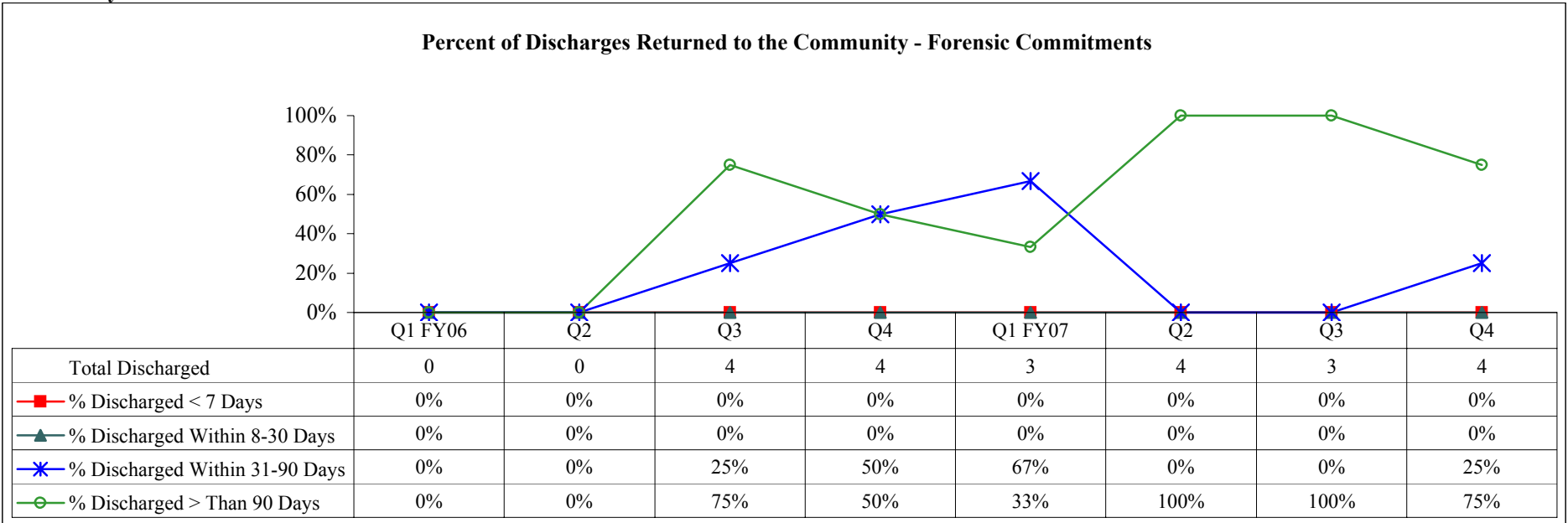
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic



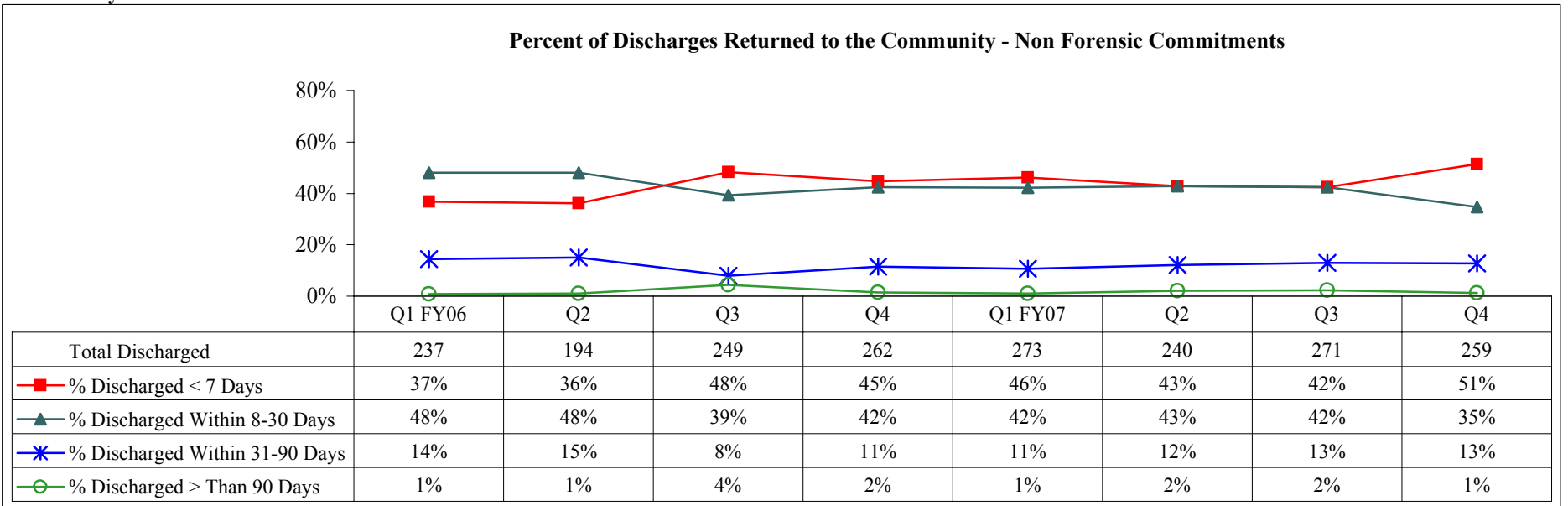
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic



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

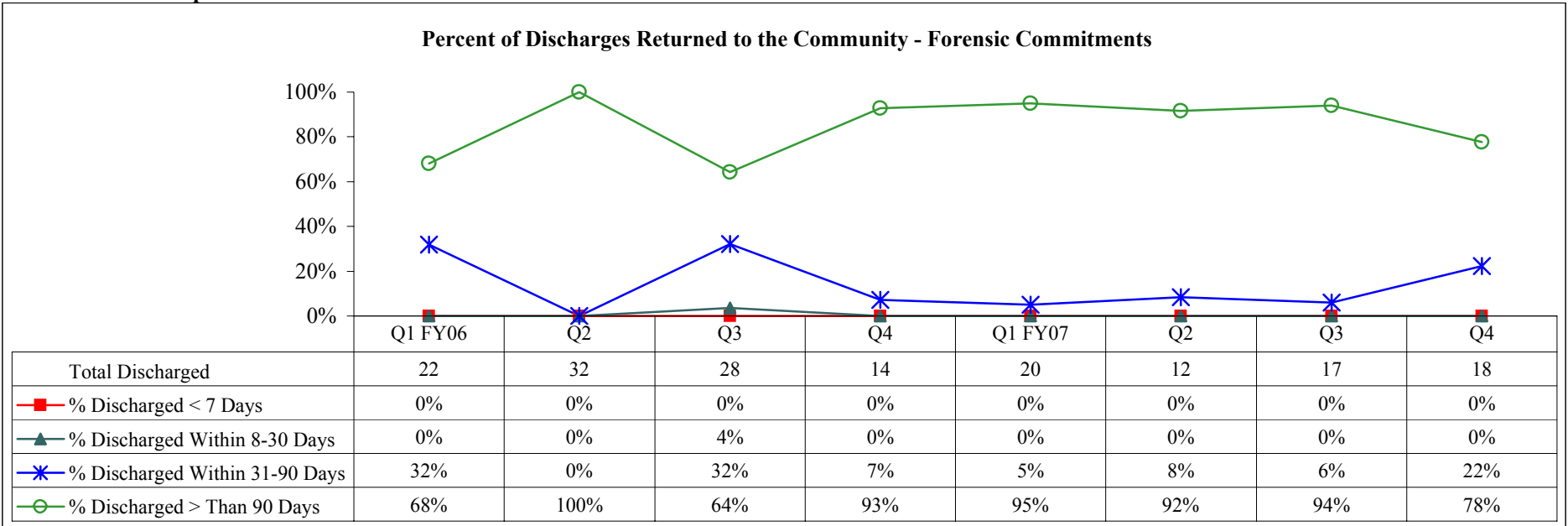


Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Non Forensic

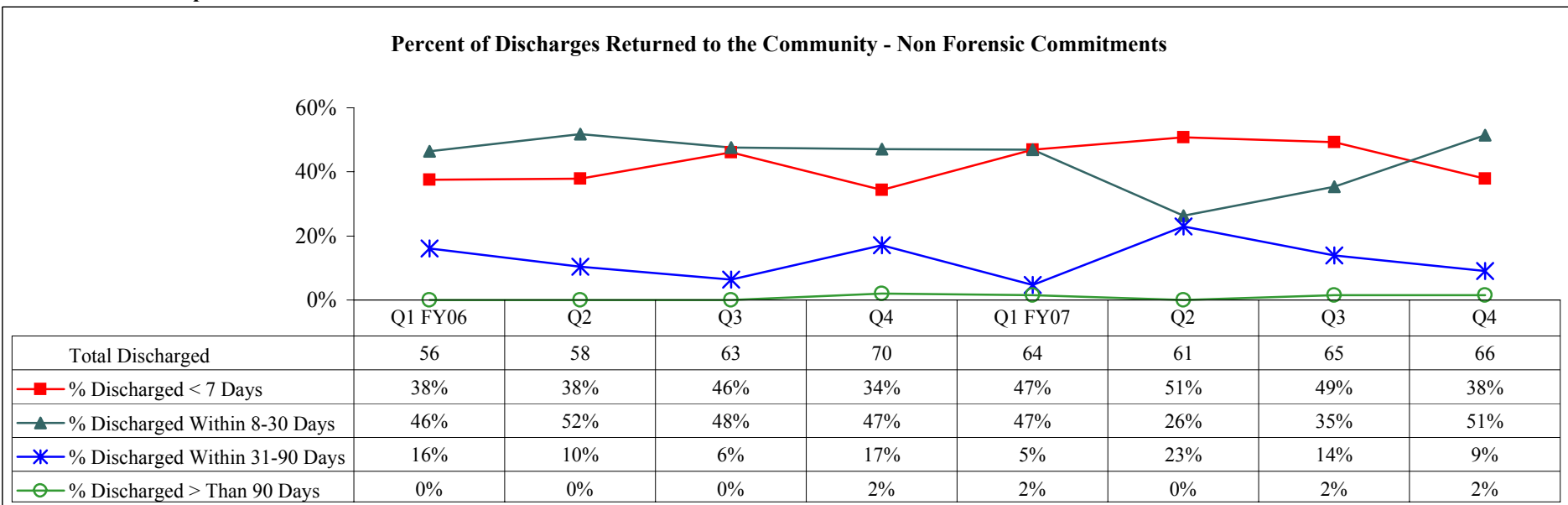


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

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



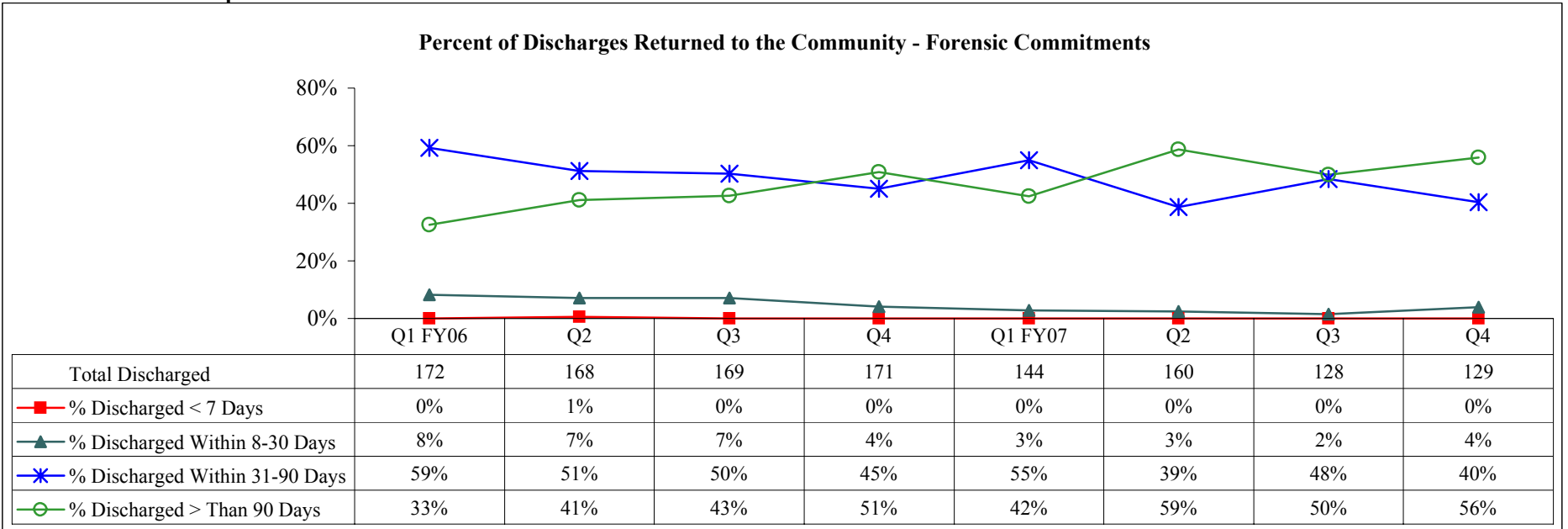
**Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic**



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

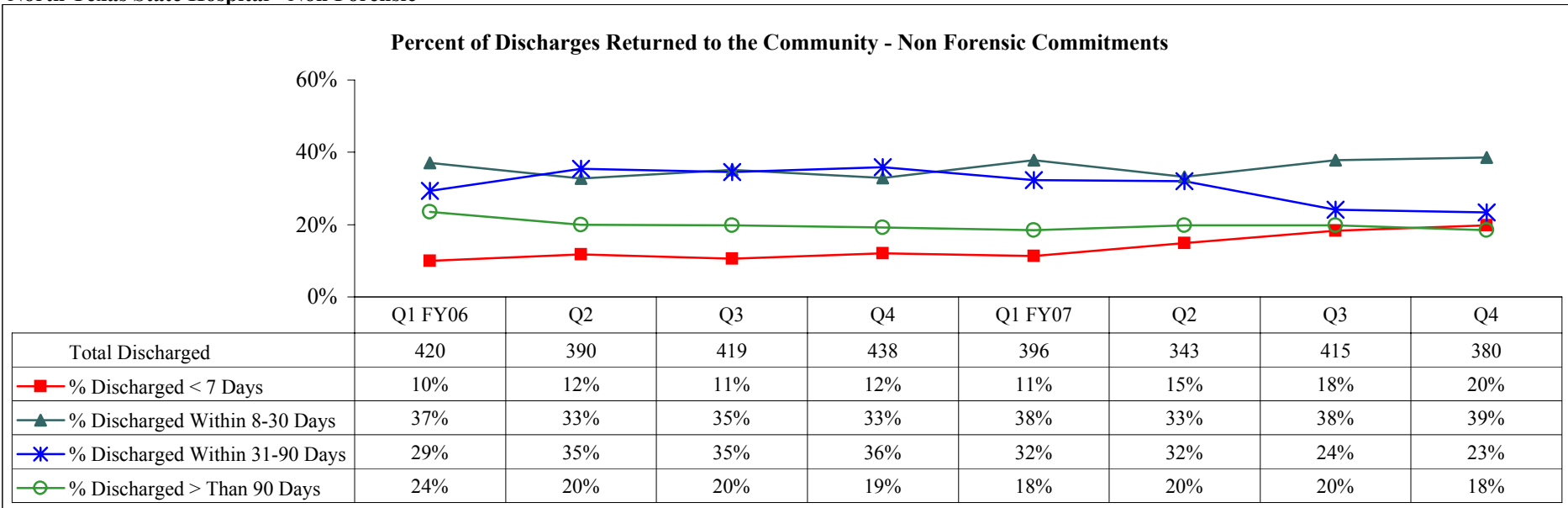
Measure 5B - Percent of Discharges Returned to the Community

North Texas State Hospital - Forensic



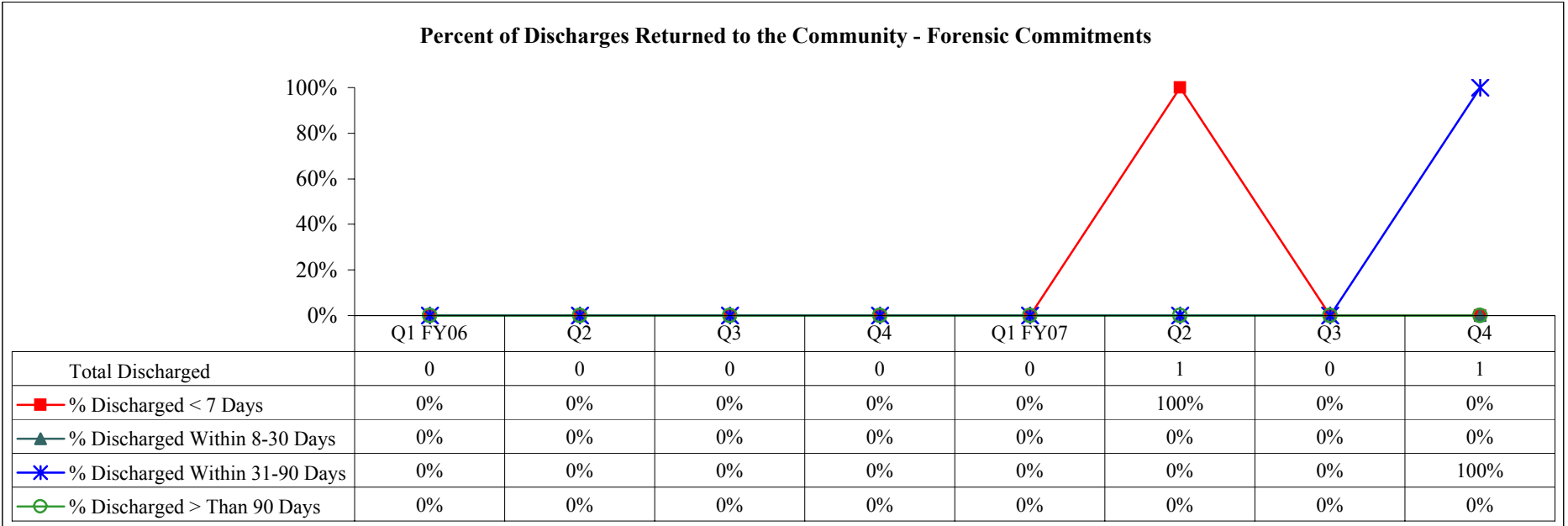
Measure 5B - Percent of Discharges Returned to the Community

North Texas State Hospital - Non Forensic

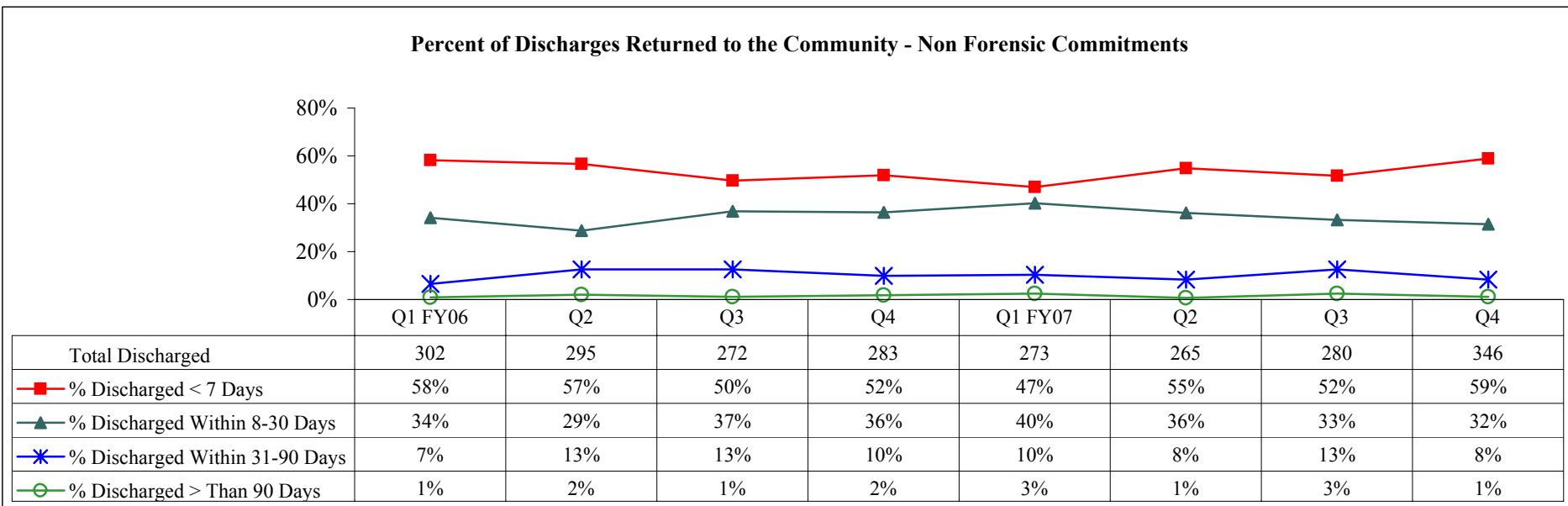


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

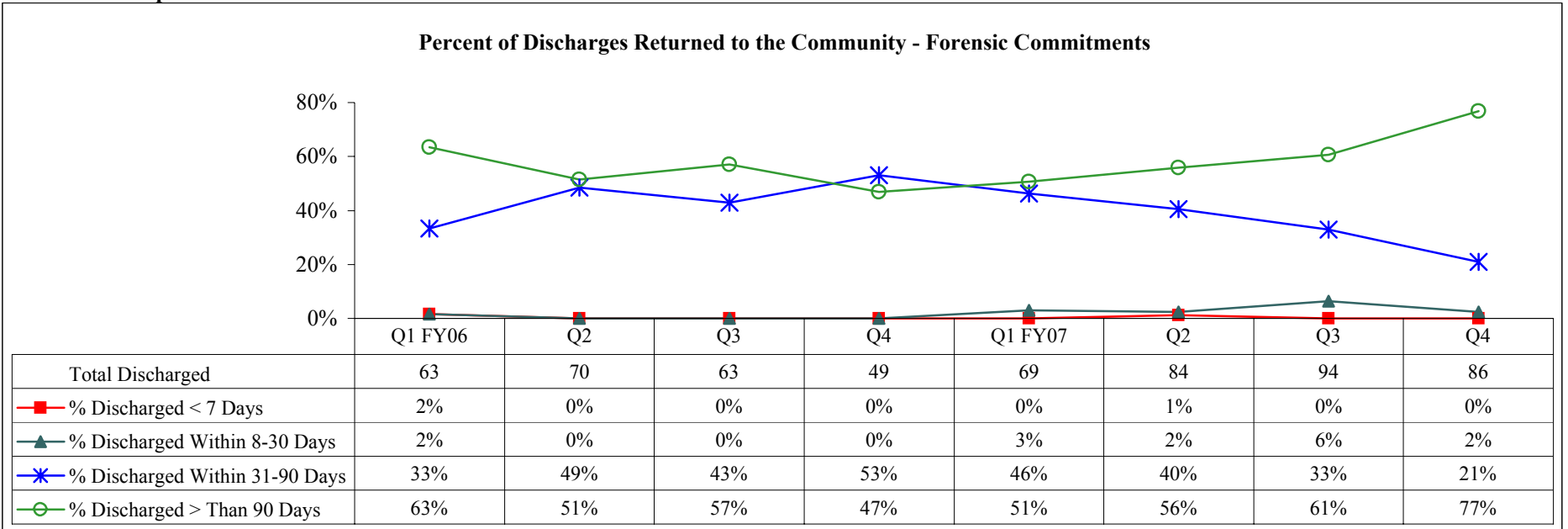
**Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Forensic**



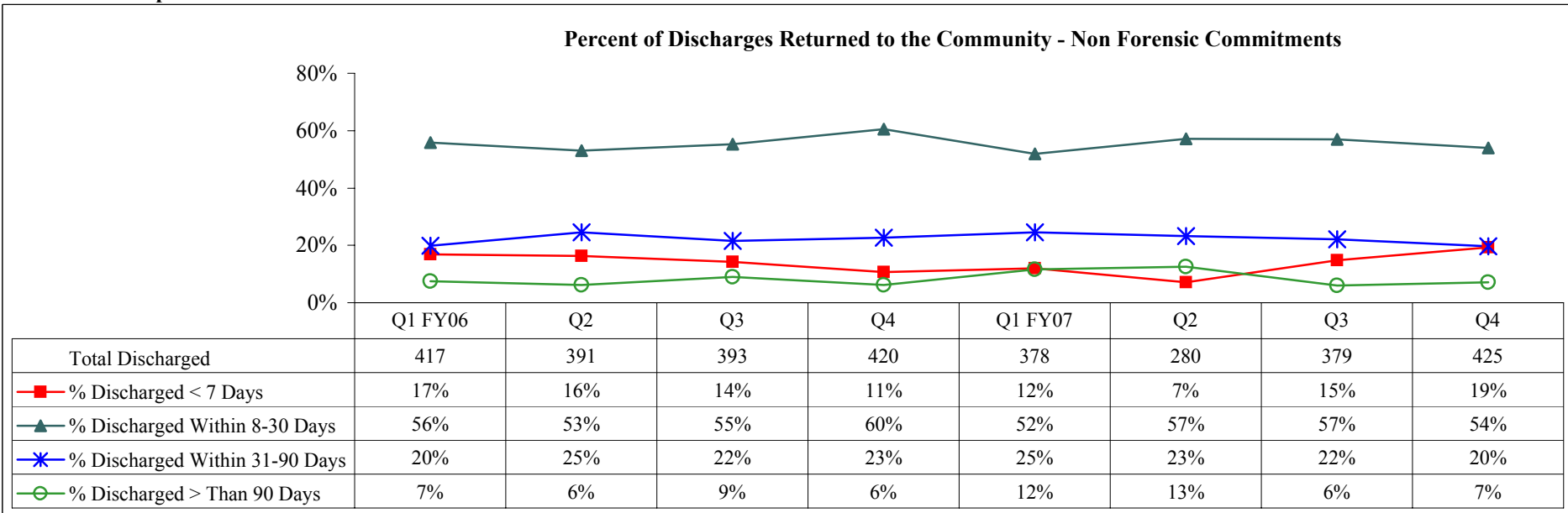
**Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic**



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

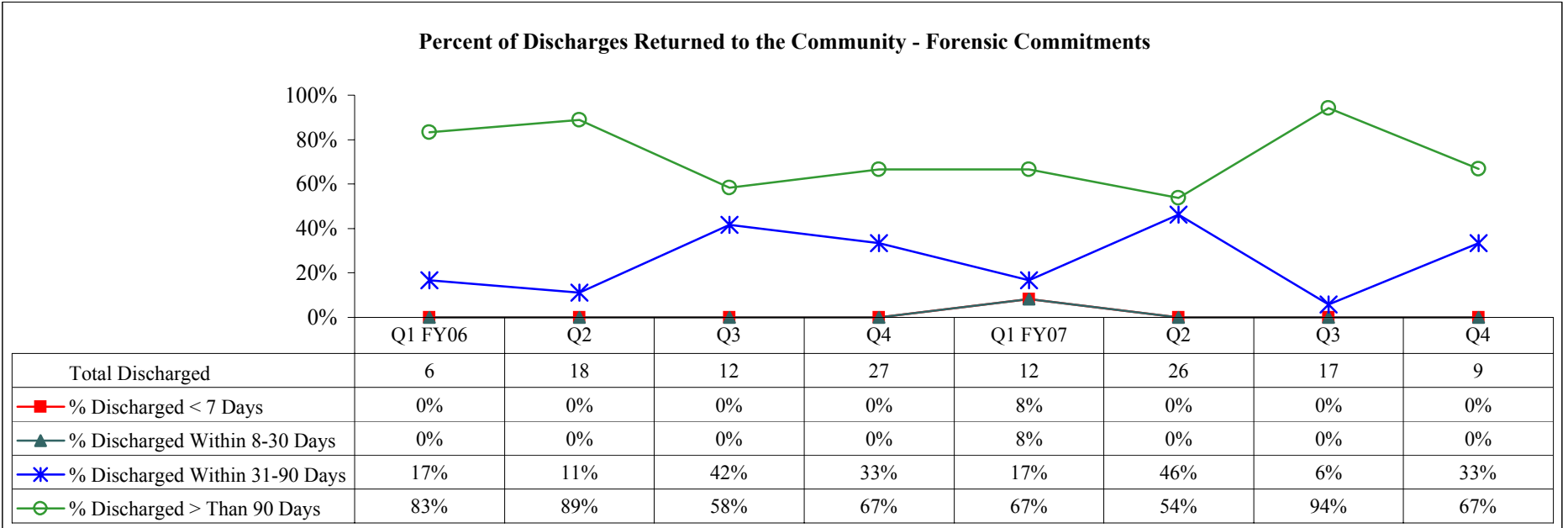


Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

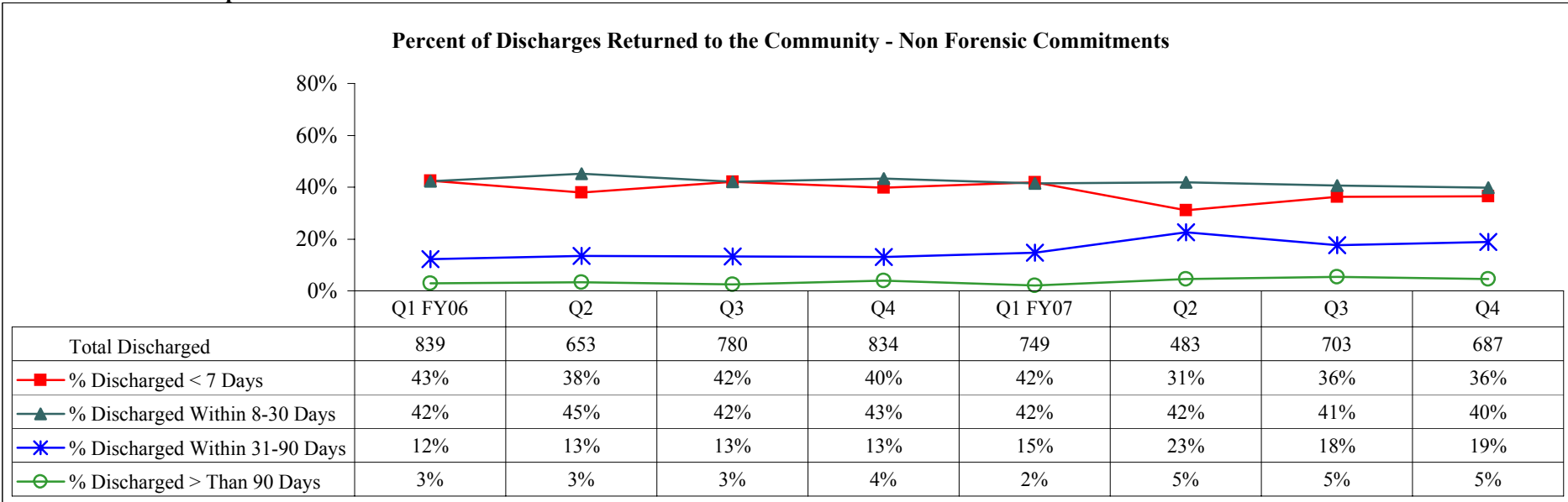


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

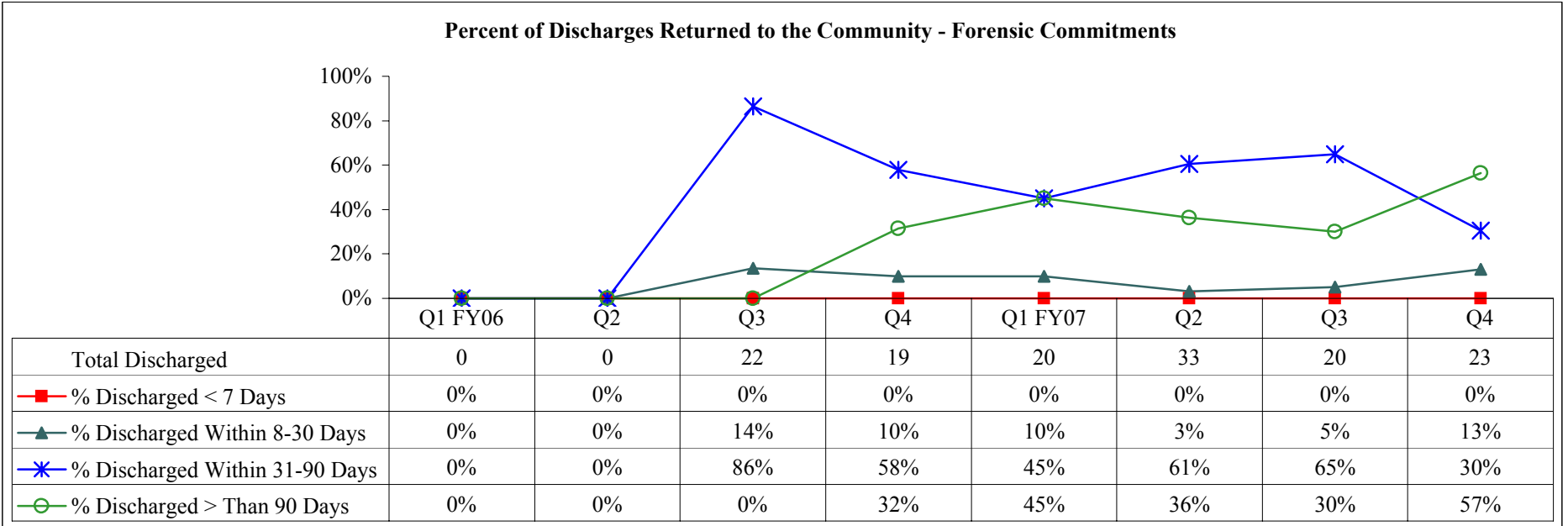
Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Forensic



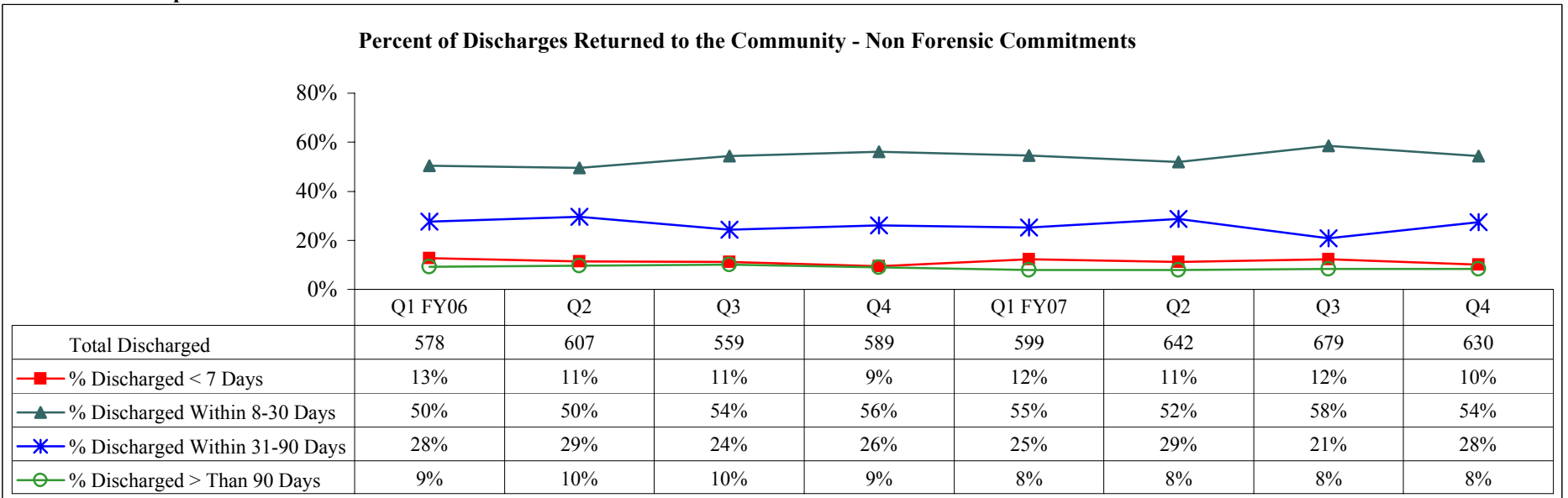
Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic



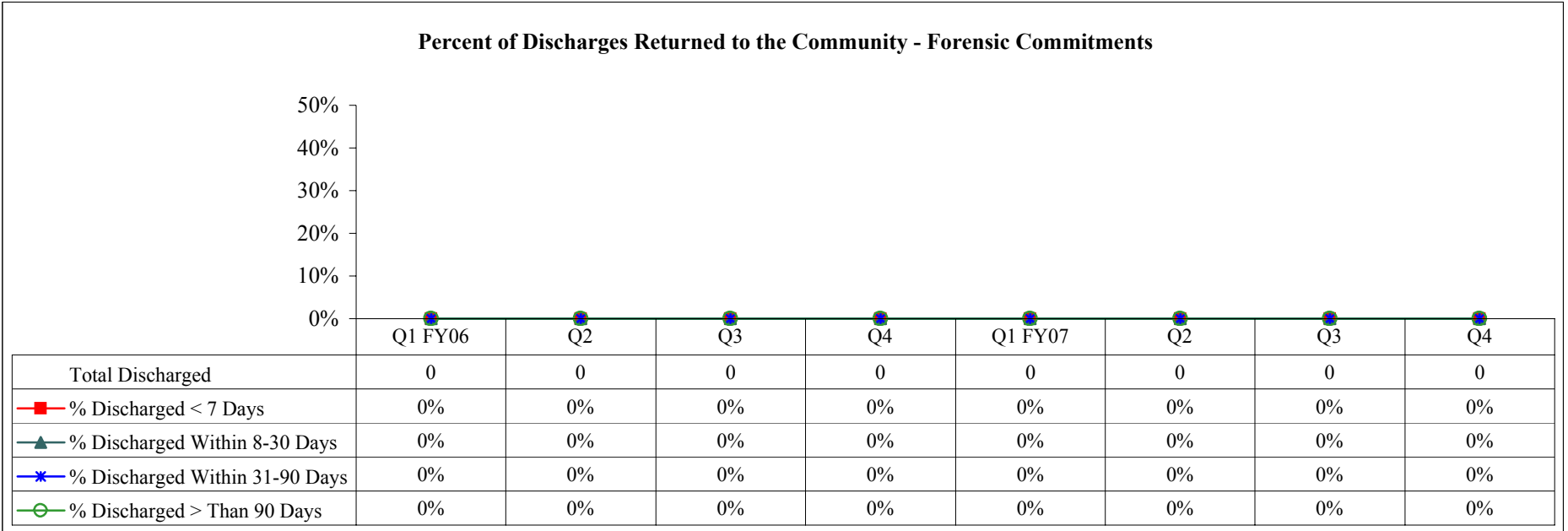
**Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Forensic**



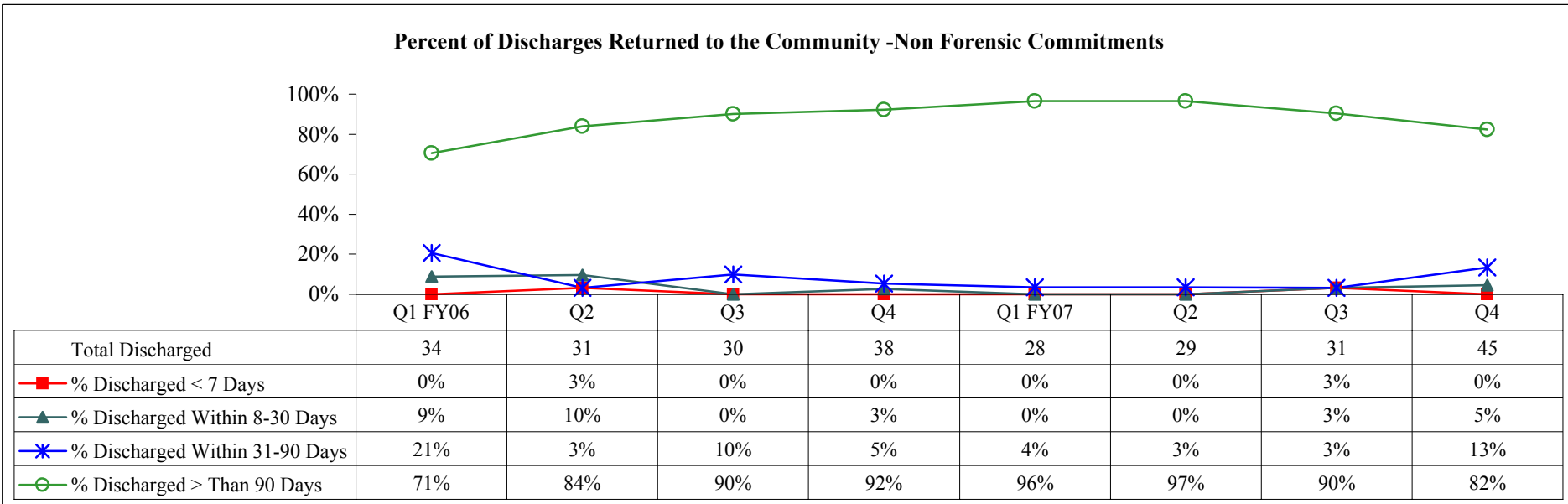
**Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic**



**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**



Performance Measure 5D:

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

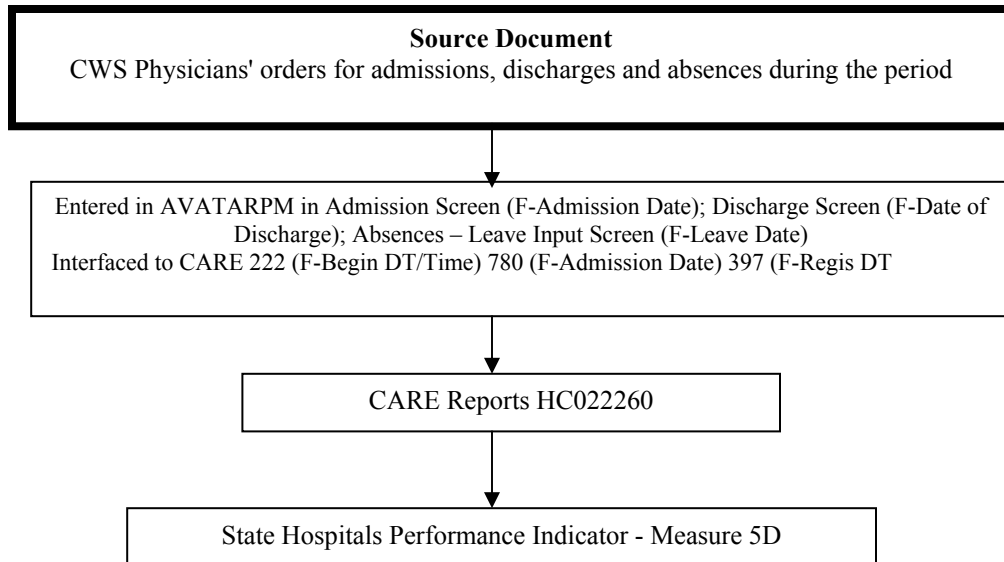
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

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

Performance Measure Data Display and Chart Description:

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

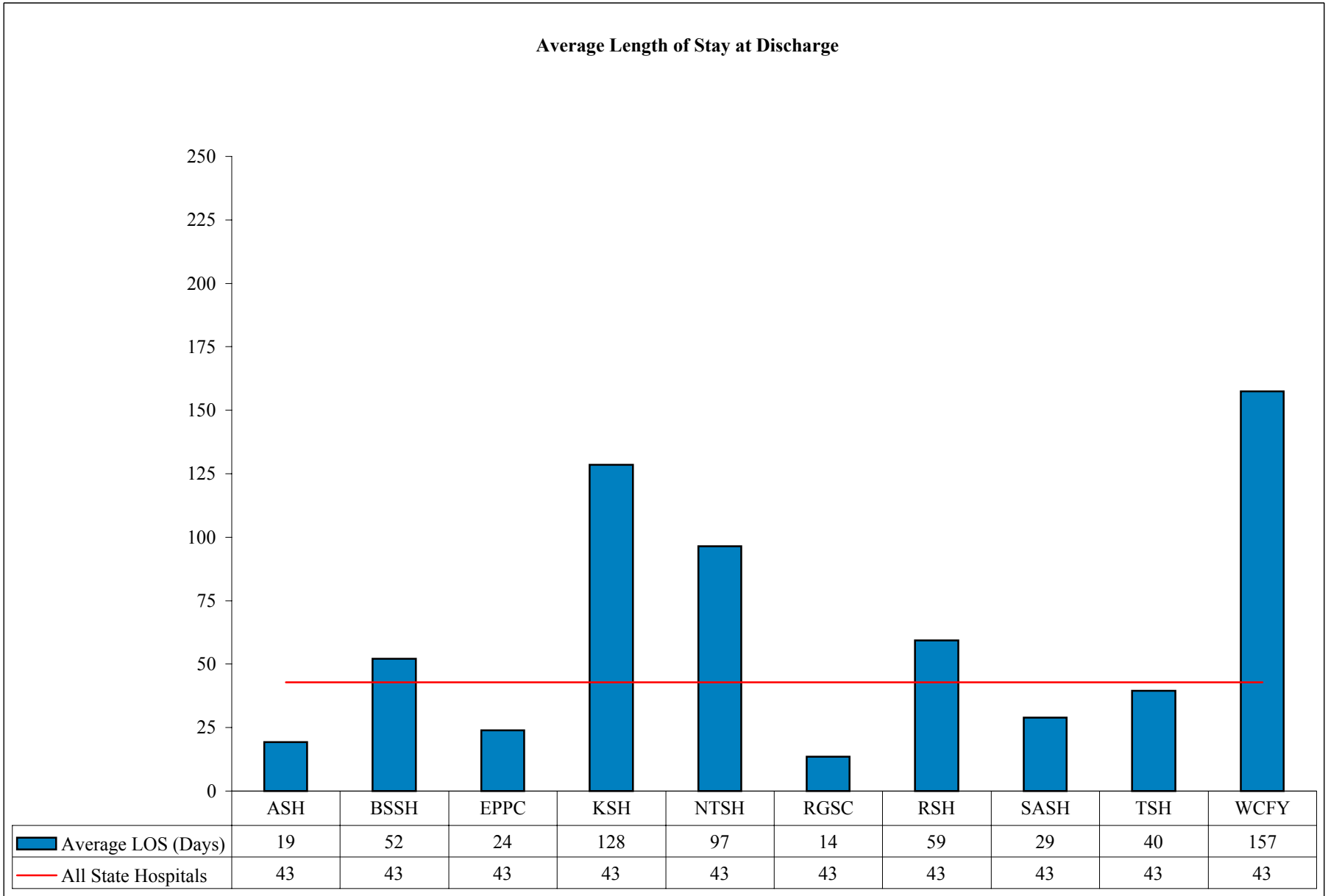
Data Flow:



Data Integrity Review Process:

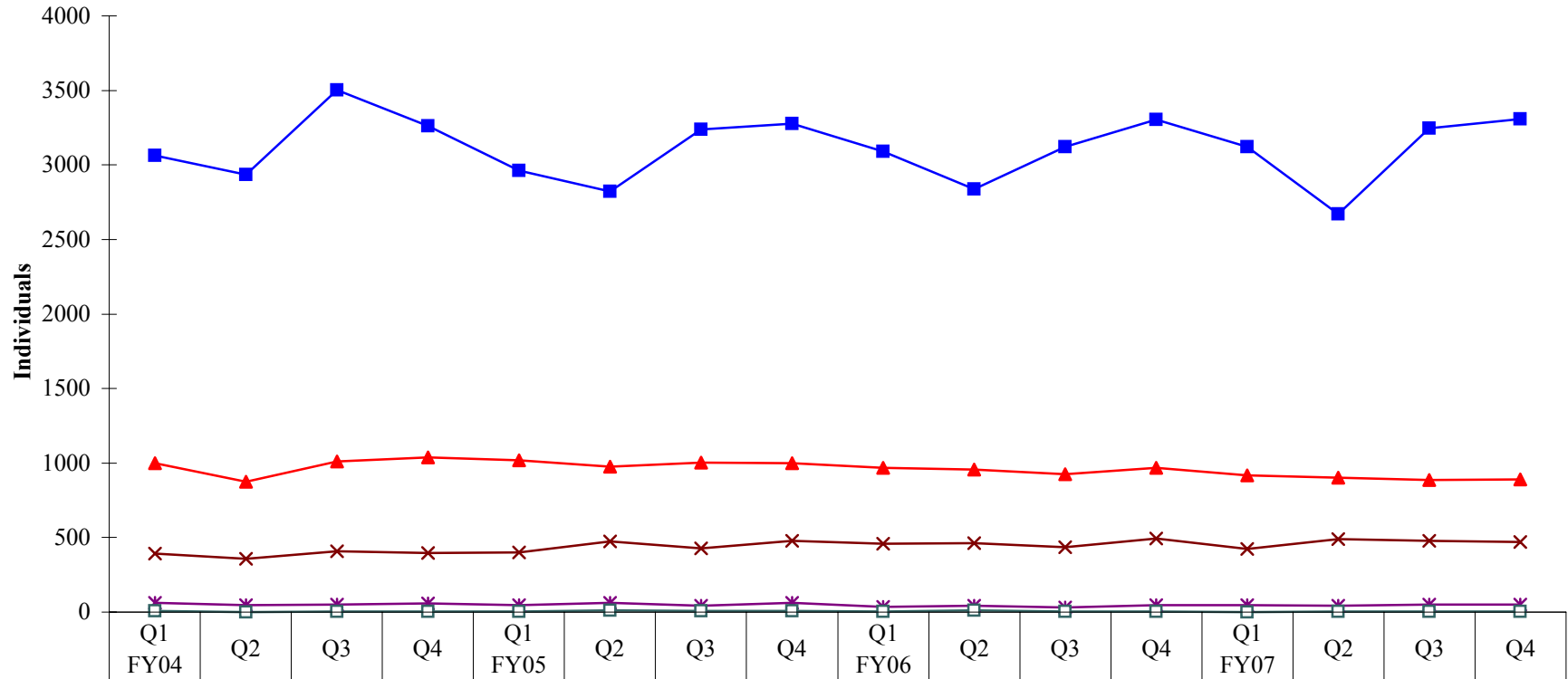
N/A

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



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

Average Length of Stay at Discharge by Category

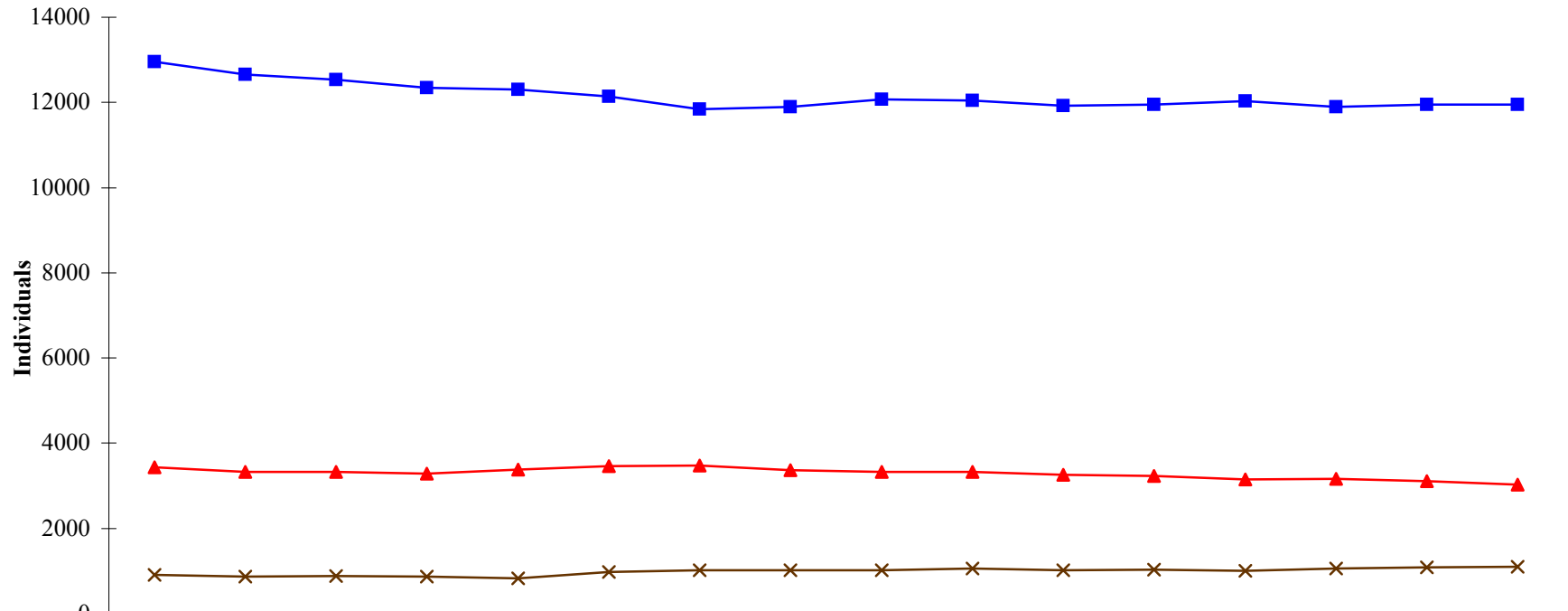


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	49	39	45	45	47	59	43	49	42	53	39	44	41	47	43	43
30 Days or Less	3064	2936	3502	3261	2963	2824	3240	3277	3089	2838	3123	3303	3121	2670	3247	3307
31 - 90 Days	998	874	1011	1038	1017	975	1004	999	969	957	927	969	917	900	888	890
91 - 365 Days	392	357	407	397	400	474	428	479	458	462	435	493	424	488	477	469
1 - 5 Years	64	45	49	58	47	61	43	63	35	43	33	46	48	44	51	51
Over 5 Years	7	0	5	5	4	12	6	6	2	10	2	4	1	4	3	5

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

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

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

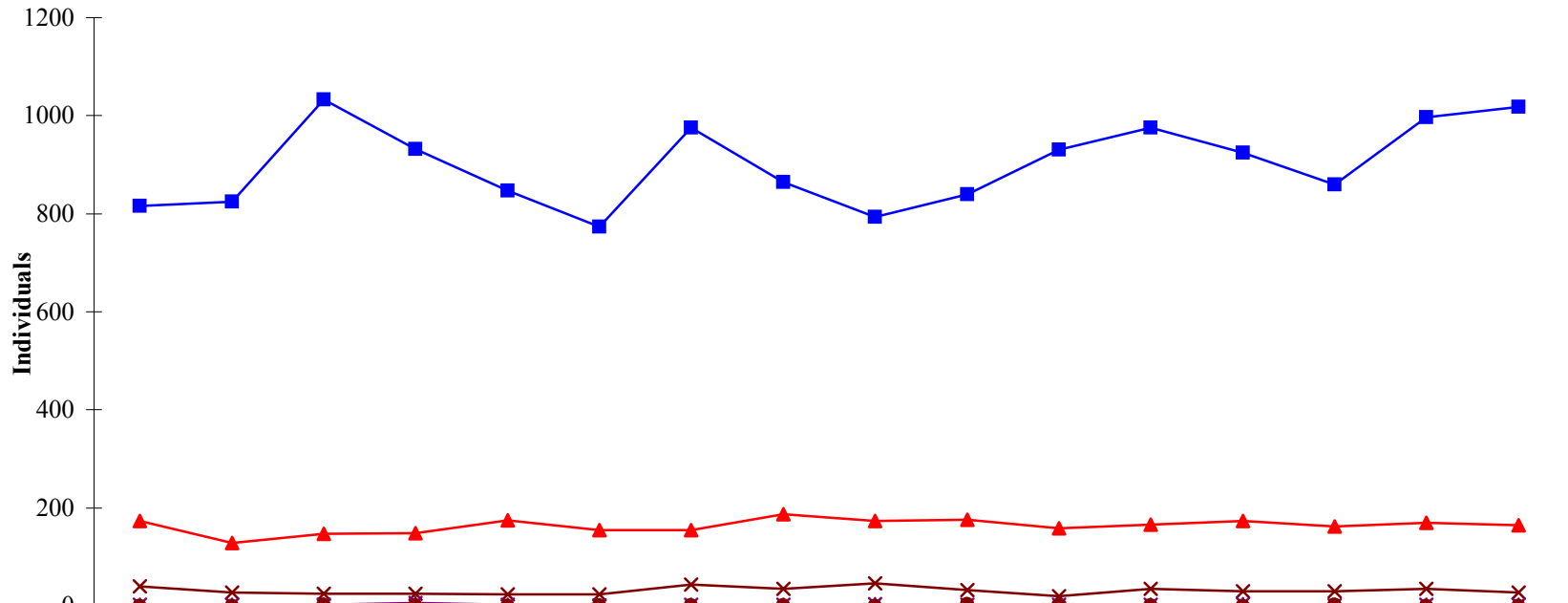


	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	25	25	26	26	26	27	28	27	27	27	27	27	27	27	27	27
■ 30 Days or Less	12948	12661	12529	12348	12301	12141	11837	11899	12067	12044	11925	11949	12034	11890	11955	11948
▲ 31-90 Days	3442	3324	3325	3285	3381	3462	3475	3361	3332	3324	3260	3227	3153	3158	3109	3031
✕ 91-365 Days	906	867	885	871	833	974	1016	1020	1021	1056	1020	1037	999	1056	1086	1104

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

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

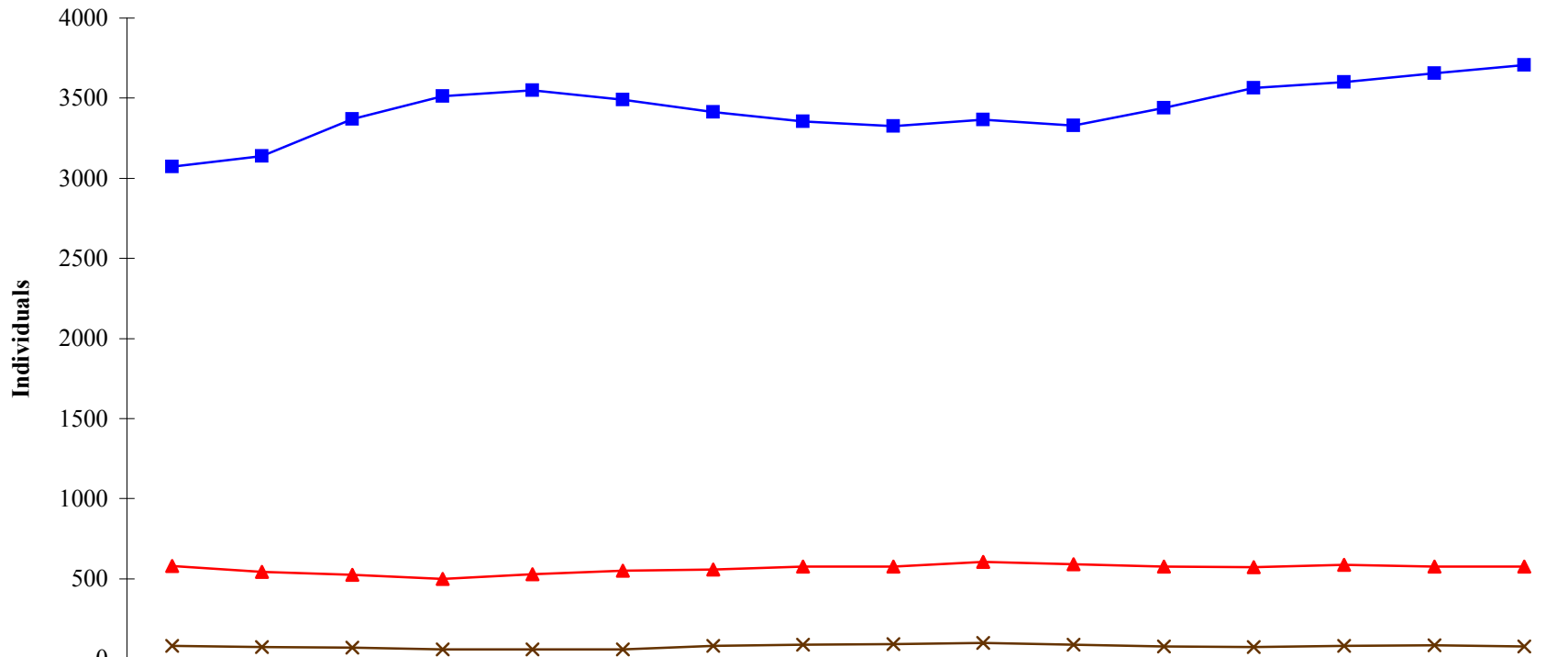
Length of Stay at Discharge by Category



Average LOS	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	23	21	34	23	22	26	24	28	26	43	19	25	23	27	21	19
30 Days or Less	816	824	1033	932	847	773	975	865	793	840	931	975	924	860	997	1018
31 - 90 Days	174	129	147	148	175	155	155	187	173	176	158	166	174	162	170	165
91 - 365 Days	40	27	25	25	24	24	44	35	46	33	20	35	30	30	35	27
1 - 5 Years	2	3	3	6	2	1	3	3	4	3	2	3	4	1	2	2
Over 5 Years	0	0	3	1	0	1	1	1	0	4	0	1	0	2	0	0

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

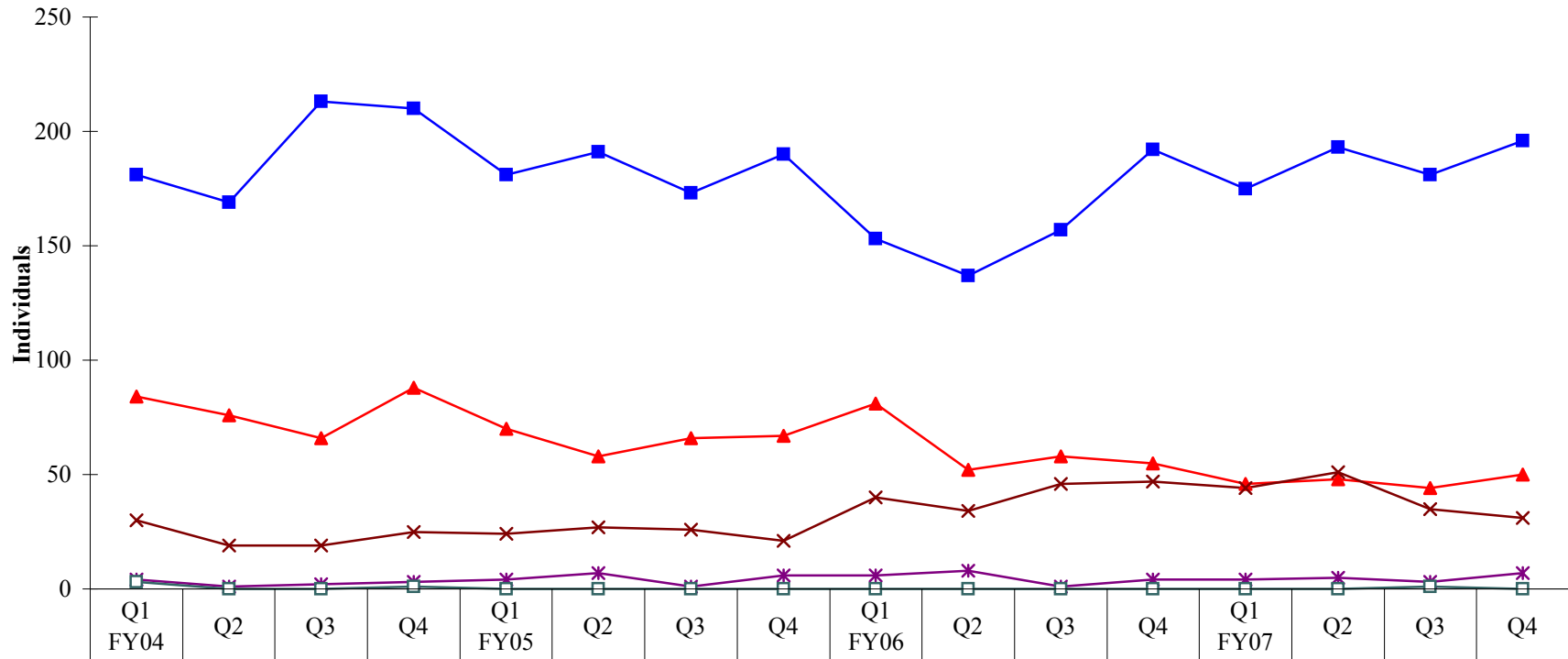
Average Length of Stay For Admitted and Discharged During Prior 12 Months



	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	18	18	17	16	16	17	18	18	18	19	18	18	17	17	17	17
■ 30 Days or Less	3073	3139	3369	3511	3548	3490	3412	3354	3326	3365	3329	3440	3562	3600	3656	3708
▲ 31-90 Days	578	543	526	499	529	550	557	577	577	605	591	577	571	587	576	574
✕ 91-365 Days	79	73	71	58	60	59	82	87	92	99	88	78	73	79	83	78

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

Length of Stay at Discharge by Category

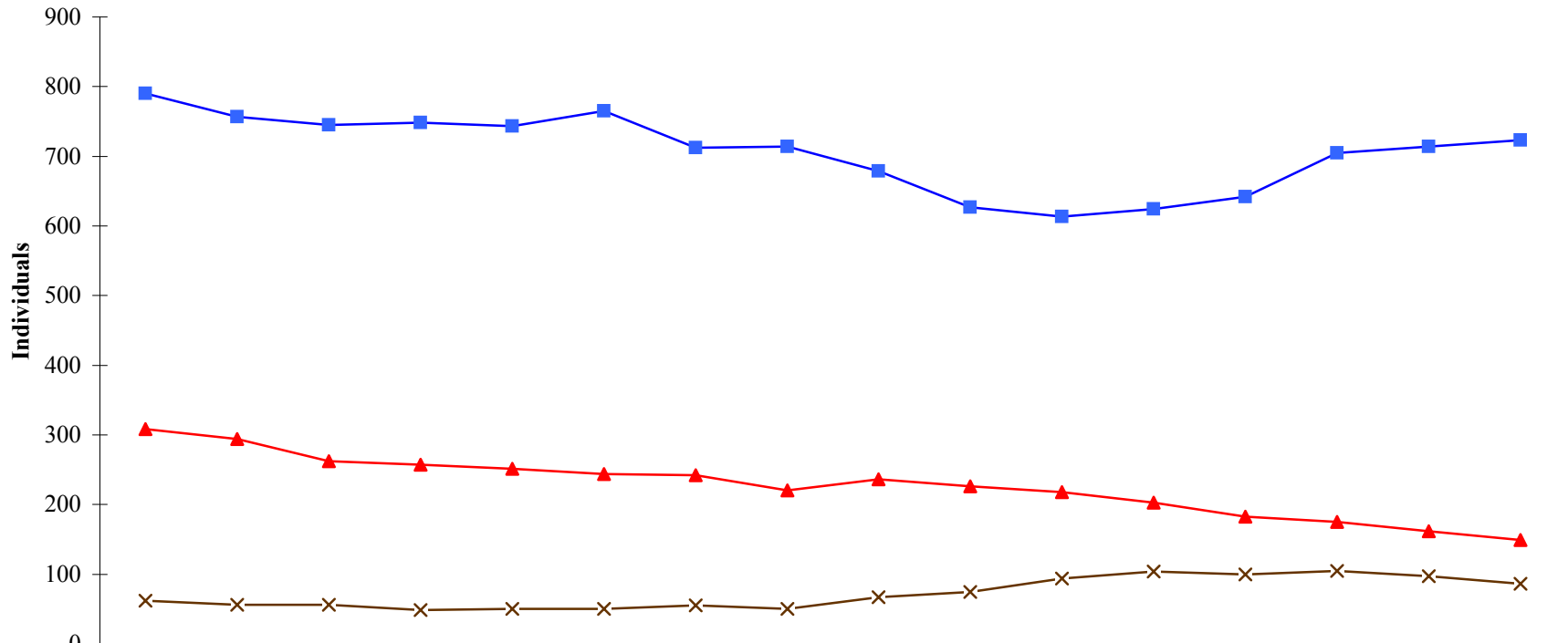


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	93	35	35	61	48	57	38	43	57	60	48	52	60	51	71	52
■ 30 Days or Less	181	169	213	210	181	191	173	190	153	137	157	192	175	193	181	196
▲ 31 - 90 Days	84	76	66	88	70	58	66	67	81	52	58	55	46	48	44	50
× 91 - 365 Days	30	19	19	25	24	27	26	21	40	34	46	47	44	51	35	31
* 1 - 5 Years	4	1	2	3	4	7	1	6	6	8	1	4	4	5	3	7
□ Over 5 Years	3	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0

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

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

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

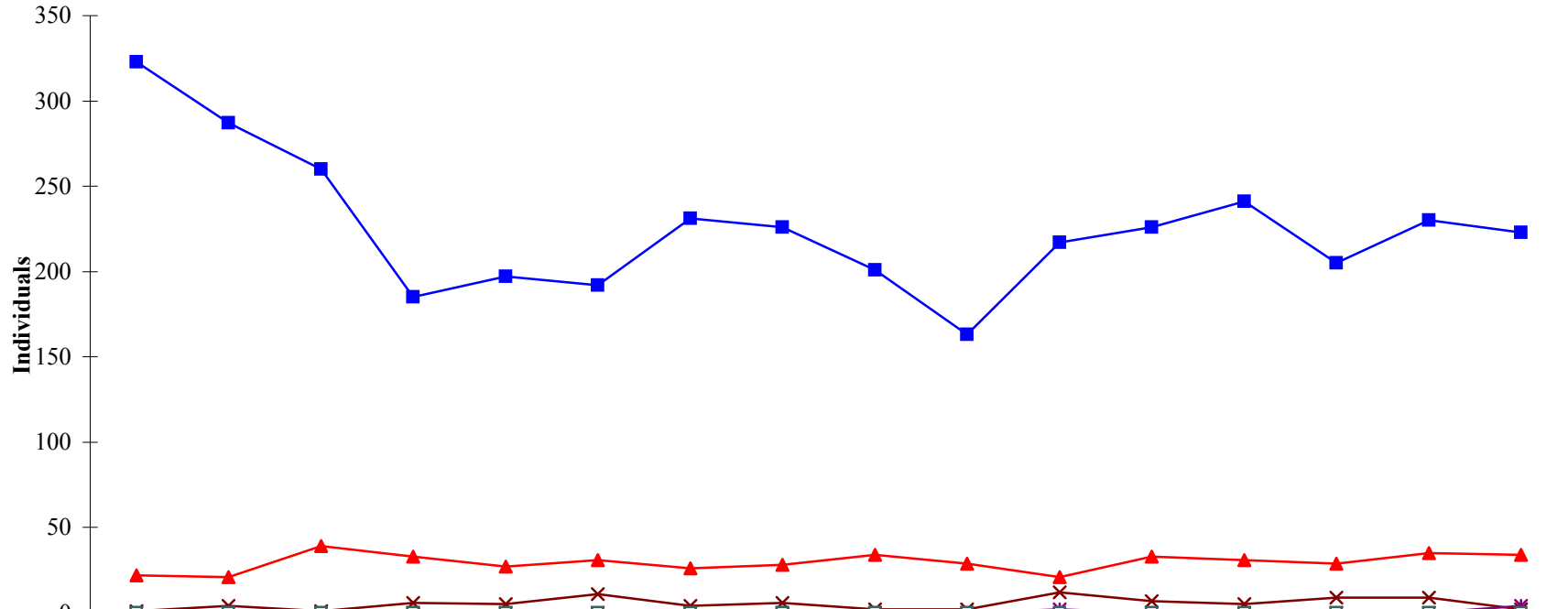


	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	30	29	29	28	28	28	28	27	30	31	34	36	34	33	31	30
■ 30 Days or Less	790	757	745	748	743	765	712	714	679	627	613	624	642	705	714	723
▲ 31-90 Days	308	294	262	257	251	244	242	220	236	226	218	203	183	175	162	149
× 91-365 Days	62	56	56	49	50	50	55	50	67	75	94	104	100	105	97	86

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

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

Length of Stay at Discharge by Category

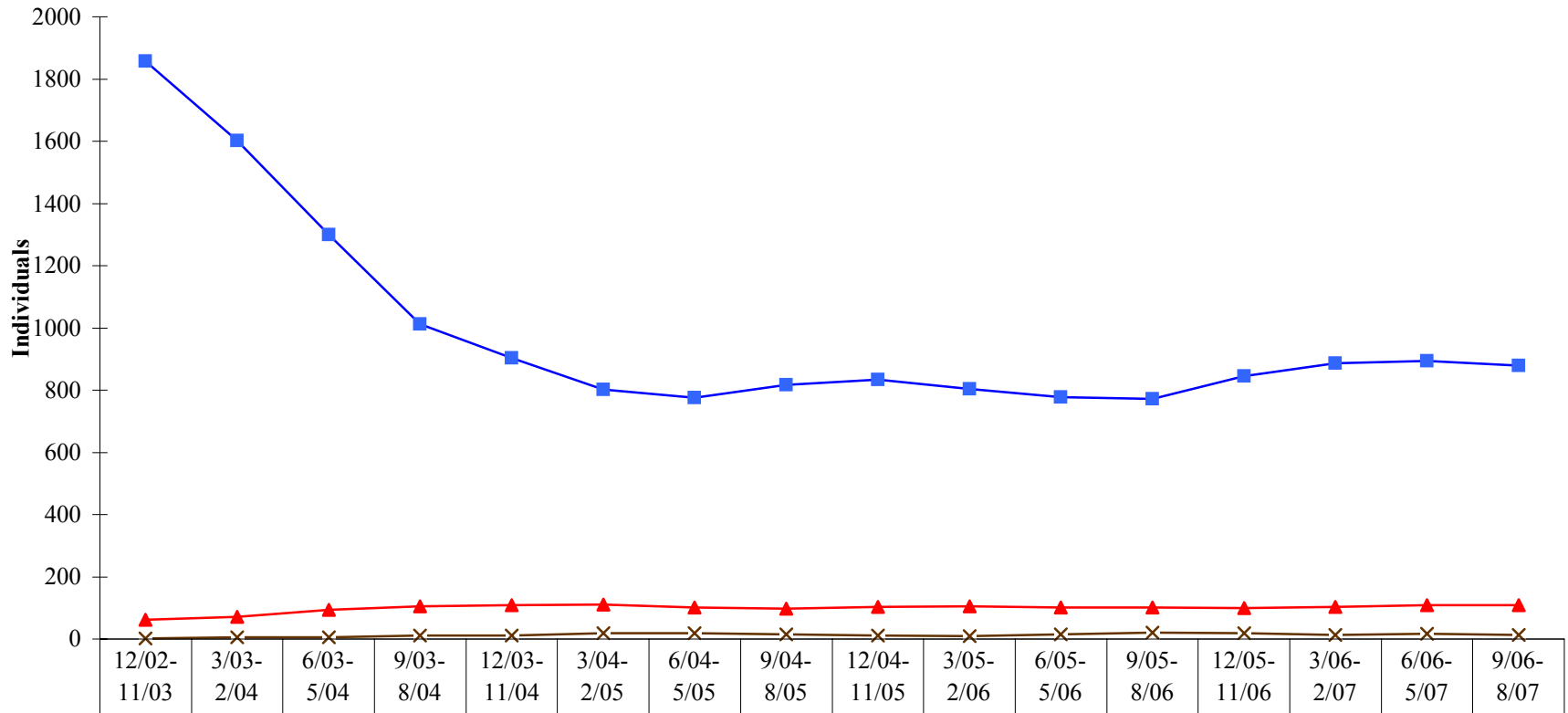


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	10	13	14	19	18	22	15	17	17	17	25	19	17	21	19	24
■ 30 Days or Less	323	287	260	185	197	192	231	226	201	163	217	226	241	205	230	223
▲ 31 - 90 Days	22	21	39	33	27	31	26	28	34	29	21	33	31	29	35	34
× 91 - 365 Days	1	4	1	6	5	11	4	6	2	2	12	7	5	9	9	2
* 1 - 5 Years	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	4
□ 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 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

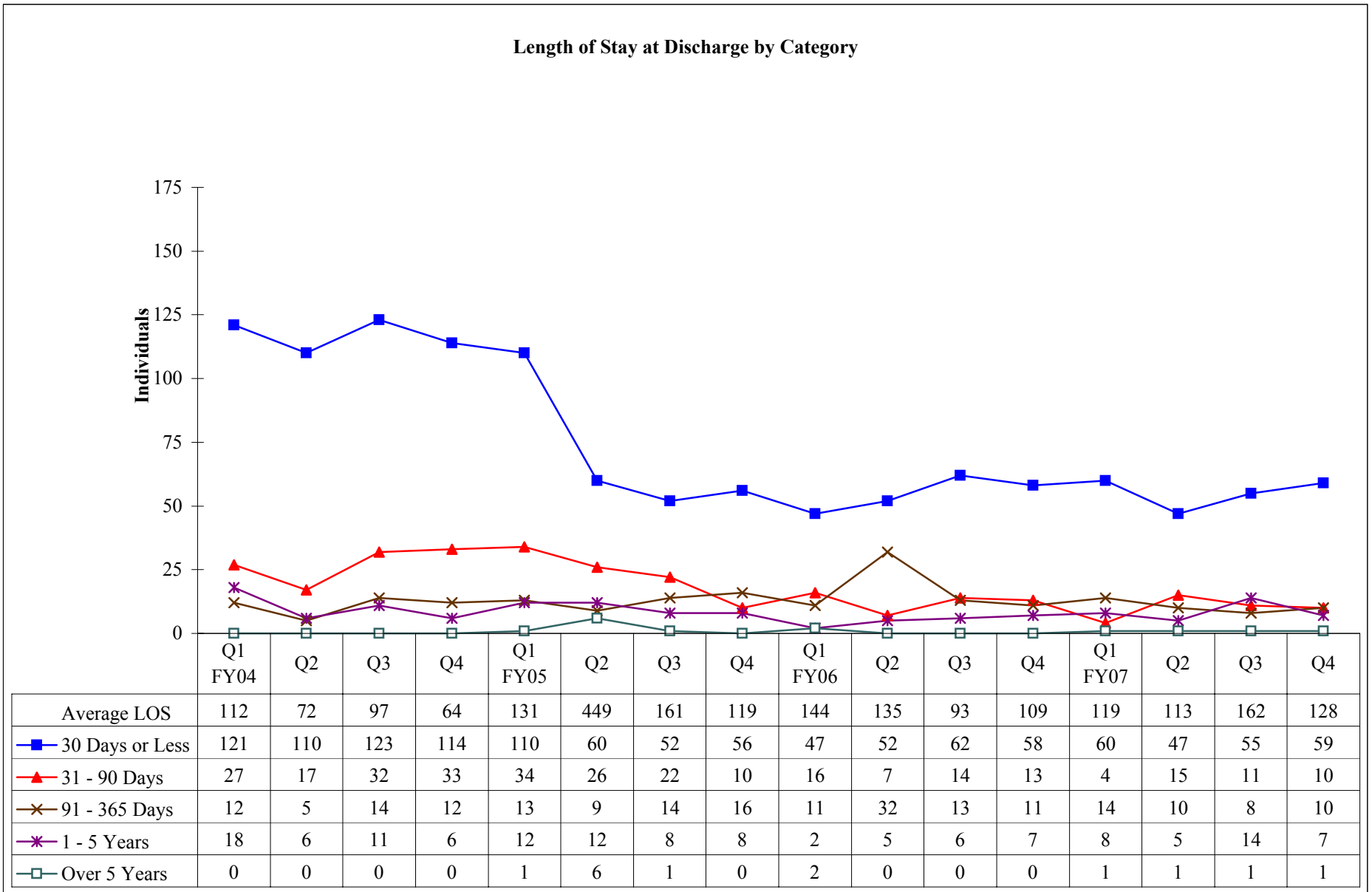
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	8	9	11	13	14	17	17	16	15	15	16	17	16	15	16	15
30 Days or Less	1858	1601	1300	1013	903	802	775	817	834	803	778	772	845	887	894	879
31-90 Days	62	71	93	105	109	111	101	97	104	106	102	102	99	104	109	109
91-365 Days	2	5	6	11	11	19	18	15	11	9	15	20	19	14	17	14

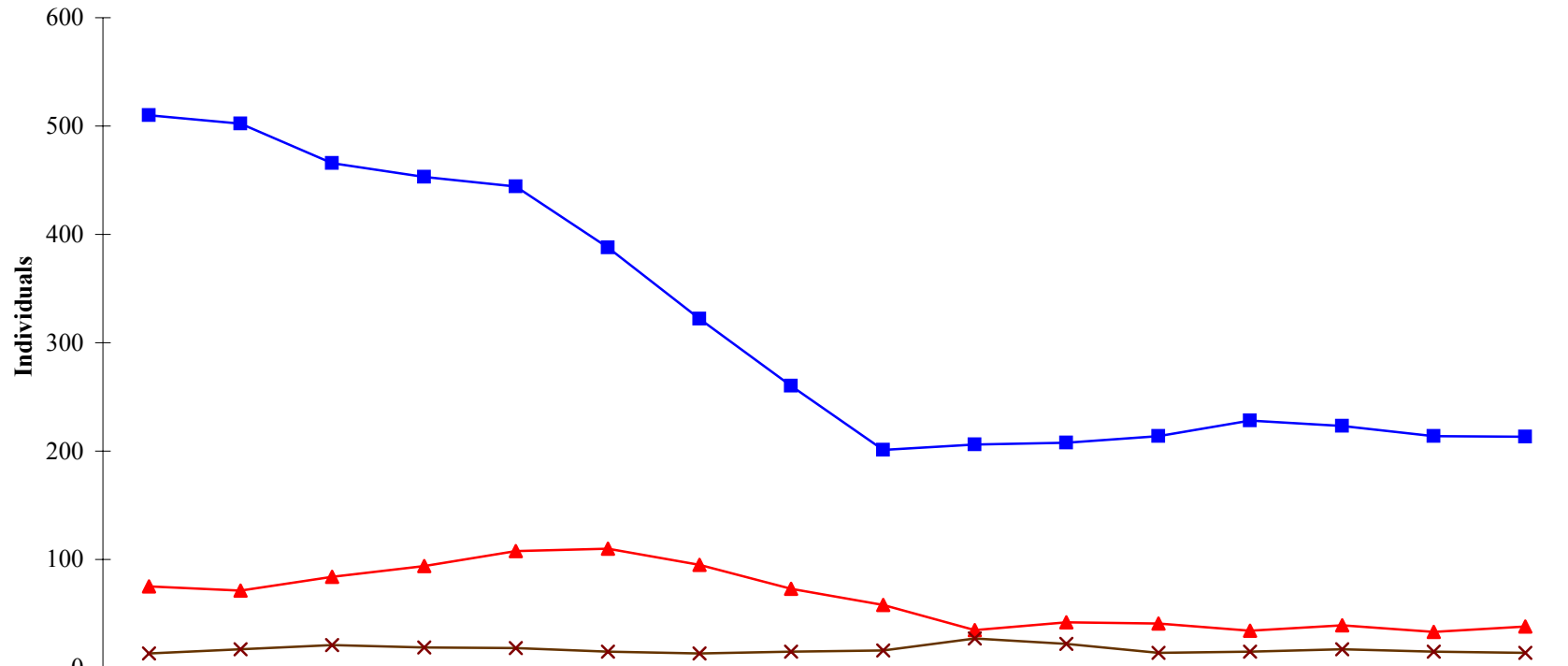
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

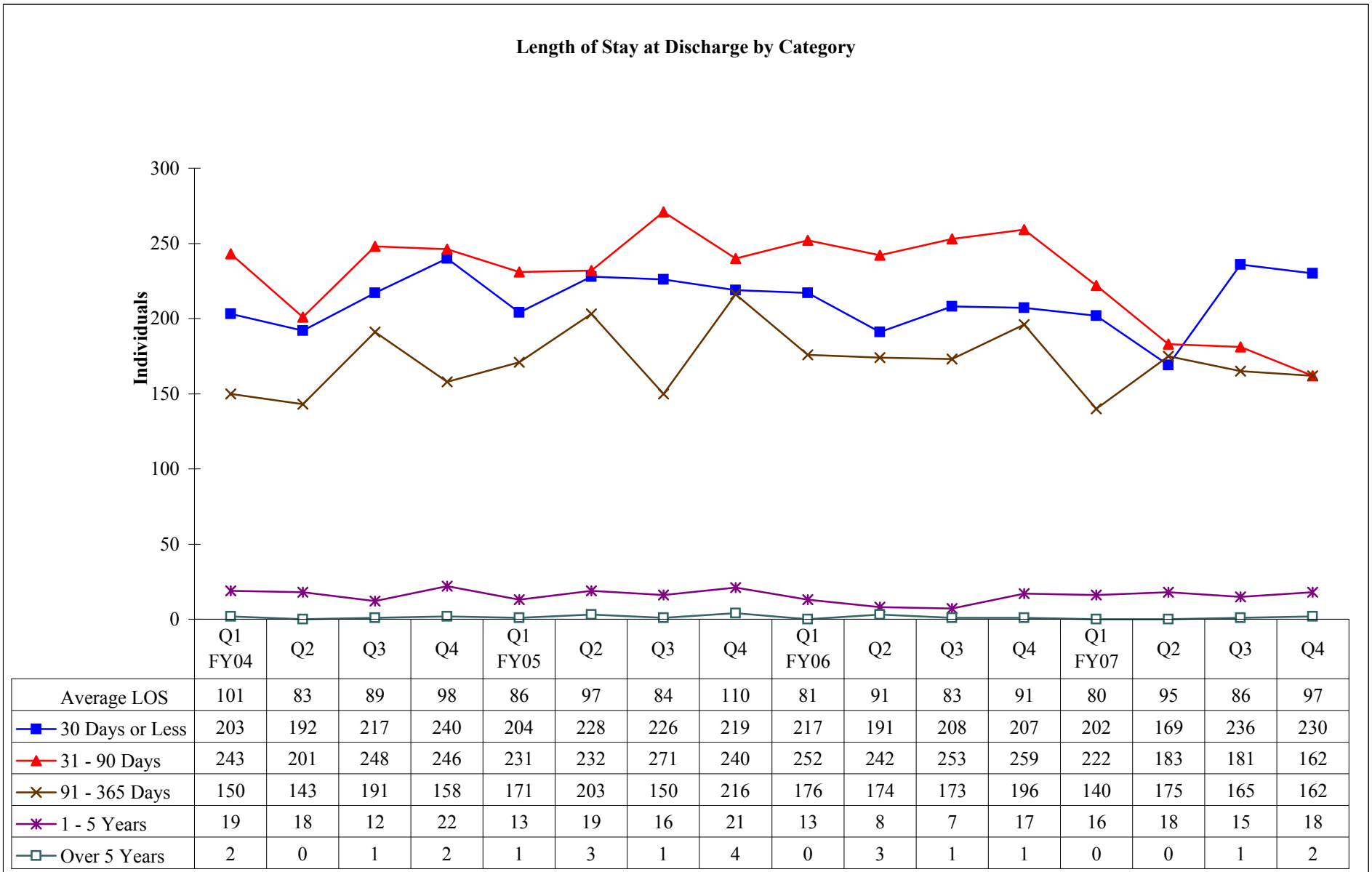
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	18	19	23	24	26	27	29	30	33	36	31	25	23	23	22	24
■ 30 Days or Less	510	502	466	453	444	388	322	260	201	206	208	214	228	223	214	213
▲ 31-90 Days	75	71	84	94	108	110	95	73	58	35	42	41	34	39	33	38
× 91-365 Days	13	17	21	19	18	15	13	15	16	27	22	14	15	17	15	14

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

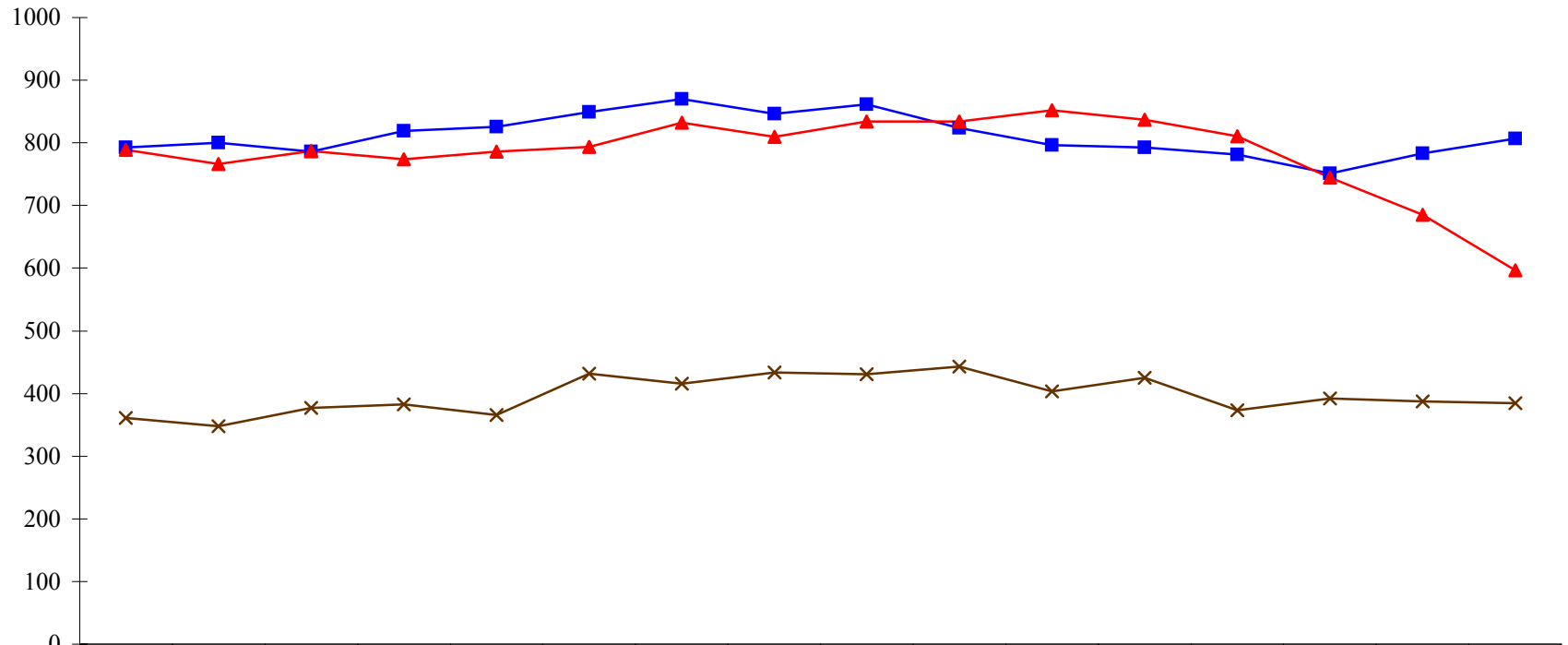
Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital



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

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

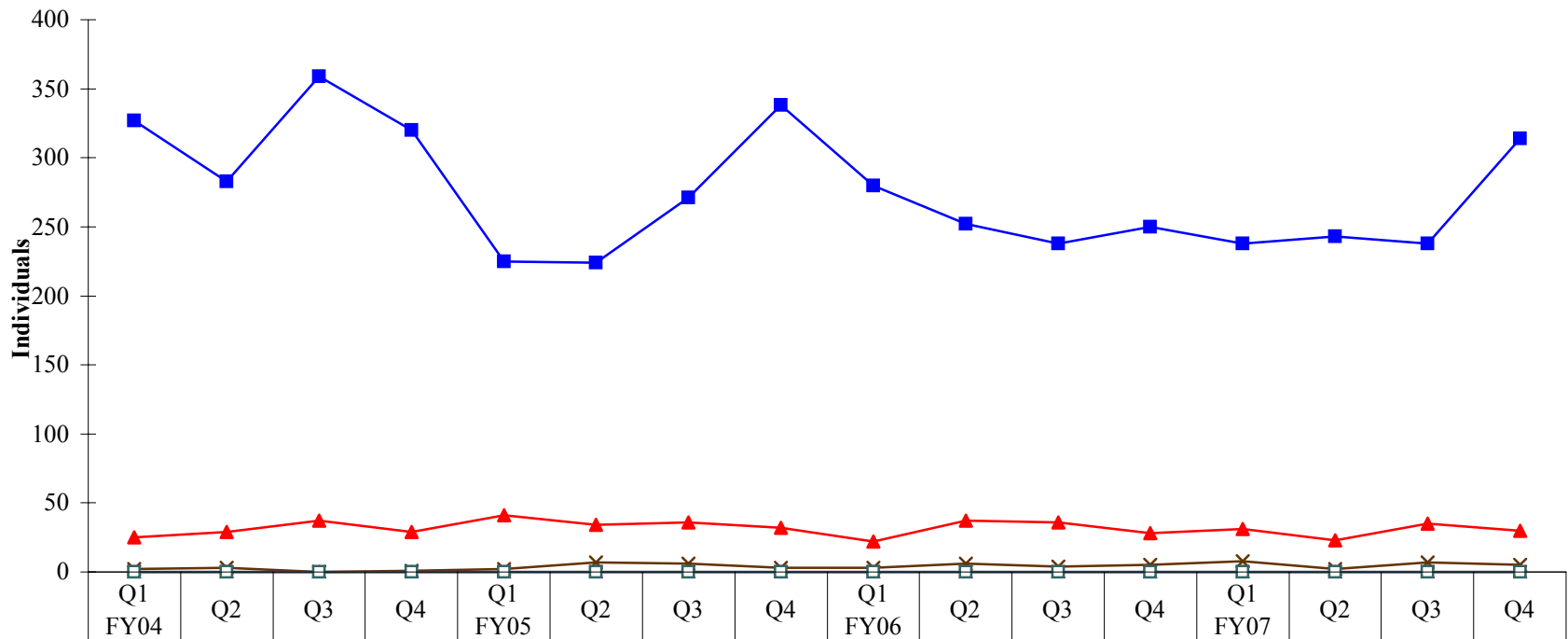
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	54	53	56	54	53	56	55	54	56	56	56	57	55	56	56	54
■ 30 Days or Less	793	800	786	819	826	849	870	846	861	824	796	793	781	751	783	807
▲ 31-90 Days	789	766	787	774	786	794	832	810	834	834	852	837	811	745	685	597
✕ 91-365 Days	361	348	377	383	366	432	416	434	431	443	403	425	373	392	387	385

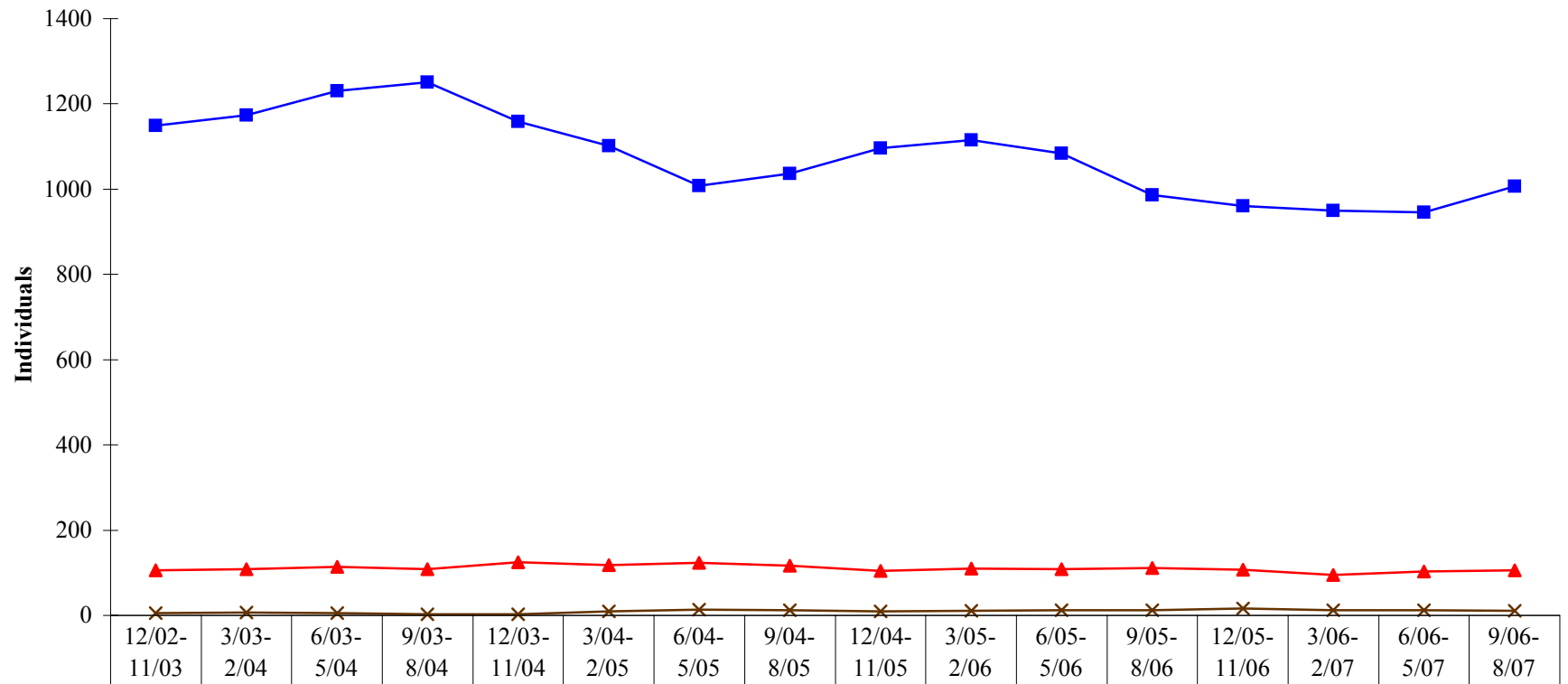
Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay at Discharge by Category



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

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

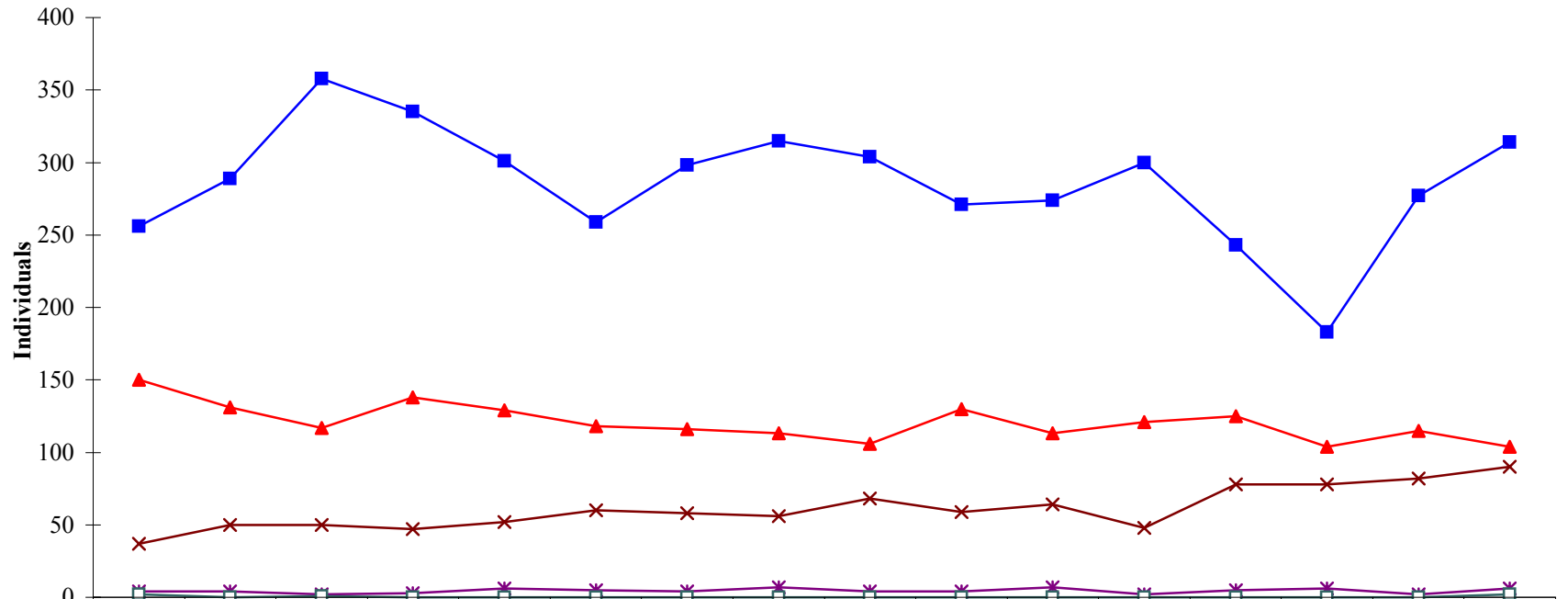


	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	12	12	11	11	12	13	14	13	12	12	12	13	14	13	14	13
30 Days or Less	1149	1173	1230	1251	1159	1101	1008	1037	1096	1115	1084	986	961	949	945	1006
31-90 Days	106	108	114	108	125	118	123	116	104	110	108	111	107	95	103	106
91-365 Days	6	7	5	3	3	10	13	12	9	11	12	12	16	12	12	11

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

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

Length of Stay at Discharge by Category

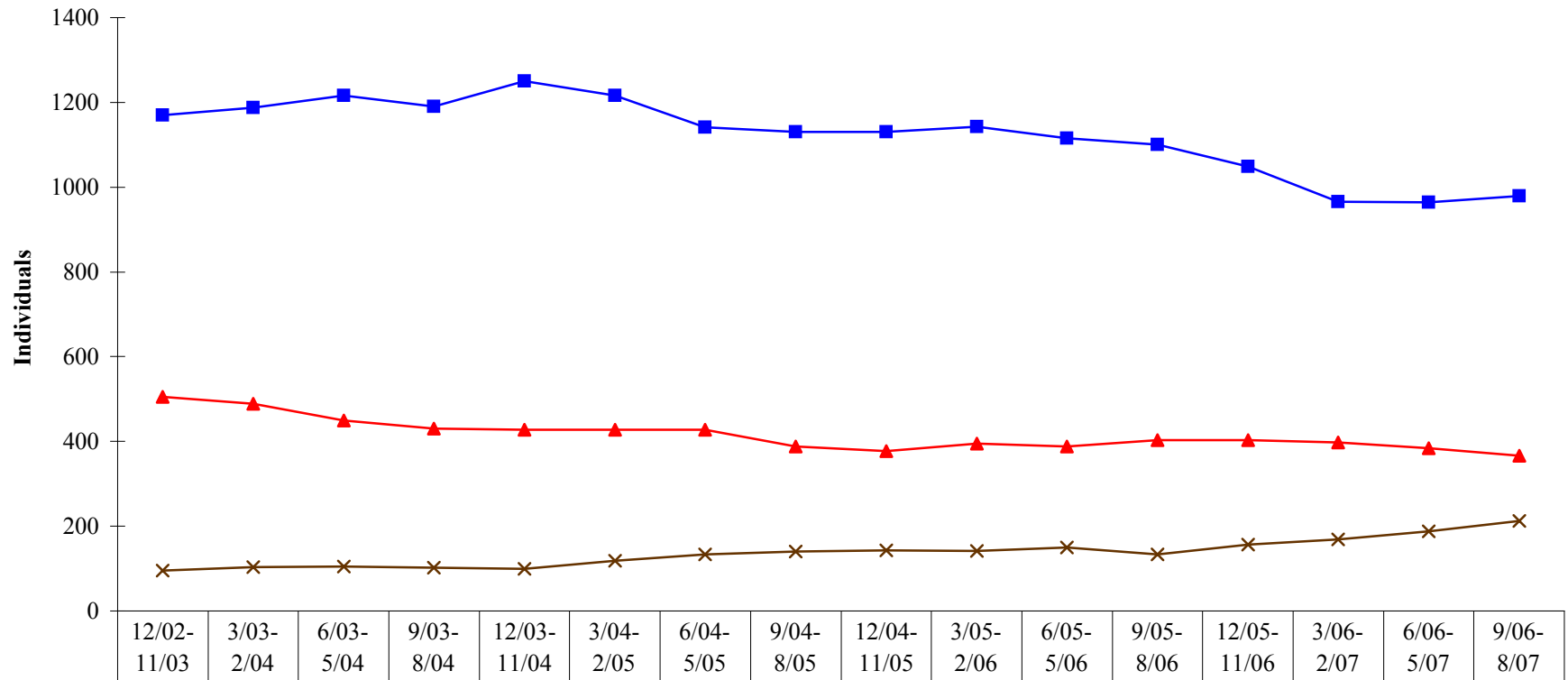


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	64	44	46	41	52	49	45	49	51	47	50	42	57	64	48	59
■ 30 Days or Less	256	289	358	335	301	259	298	315	304	271	274	300	243	183	277	314
▲ 31 - 90 Days	150	131	117	138	129	118	116	113	106	130	113	121	125	104	115	104
× 91 - 365 Days	37	50	50	47	52	60	58	56	68	59	64	48	78	78	82	90
* 1 - 5 Years	4	4	2	3	6	5	4	7	4	4	7	2	5	6	2	6
□ Over 5 Years	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2

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

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

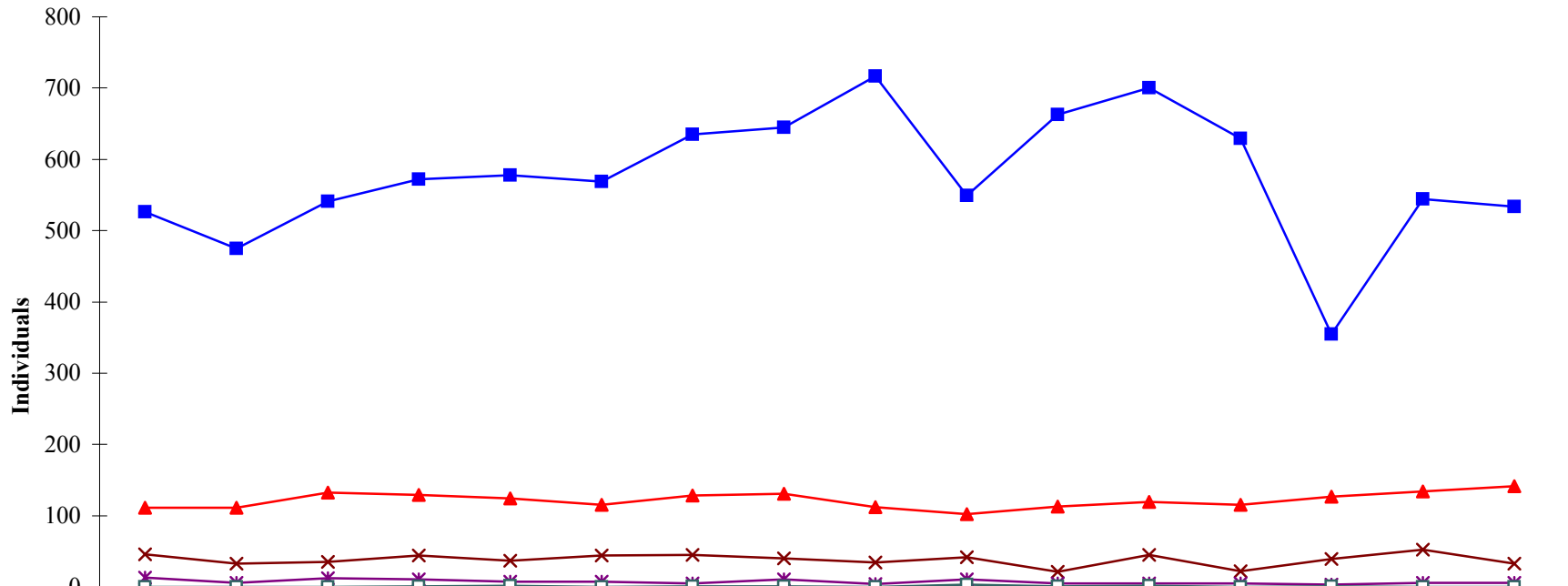
Average Length of Stay for Admitted and Discharged During Prior 12 Months



Average LOS	31	32	31	30	30	31	33	33	33	33	34	33	36	38	38	39
■ 30 Days or Less	1170	1188	1216	1190	1250	1216	1141	1131	1130	1142	1116	1100	1048	966	964	979
▲ 31-90 Days	505	489	449	430	427	428	427	388	377	395	388	403	403	397	384	366
× 91-365 Days	96	103	105	102	100	118	133	140	143	141	150	134	157	169	188	212

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

Length of Stay at Discharge by Category

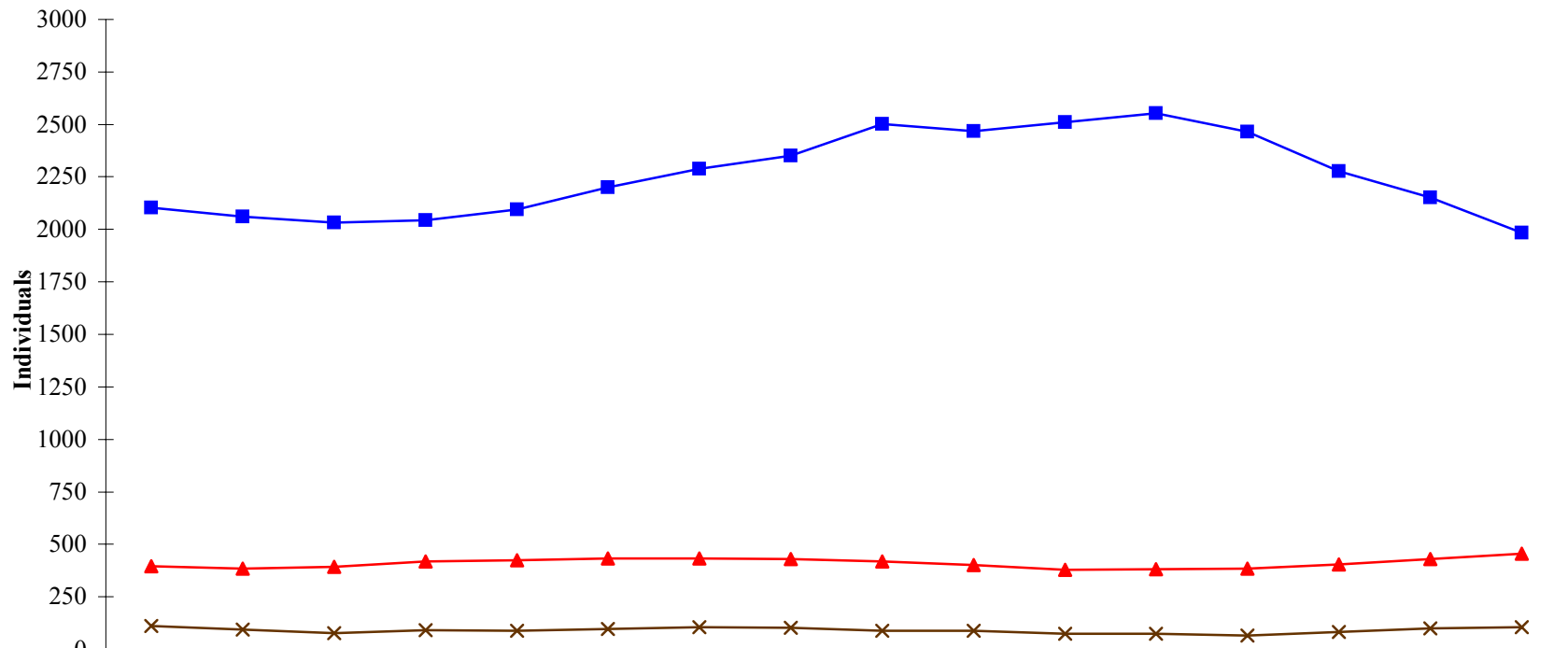


	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	38	32	38	41	46	32	31	47	26	52	25	33	27	39	32	29
■ 30 Days or Less	526	475	541	572	578	569	635	645	717	549	663	700	629	355	544	534
▲ 31 - 90 Days	111	111	132	129	124	115	128	131	112	102	113	119	115	127	134	141
× 91 - 365 Days	46	33	35	44	37	44	45	40	34	42	21	45	22	39	52	33
* 1 - 5 Years	13	6	12	11	7	7	5	11	4	11	5	5	5	3	6	6
□ Over 5 Years	0	0	0	1	2	0	1	1	0	3	1	2	0	1	0	0

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

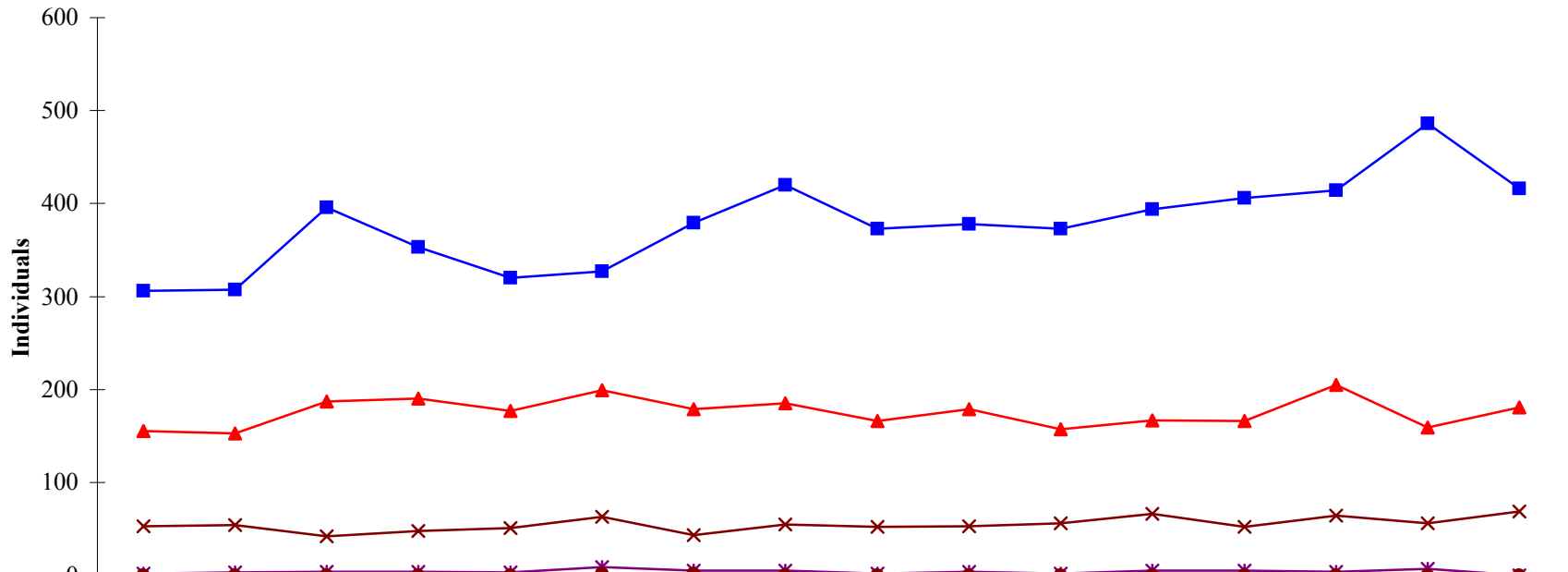
Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

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



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

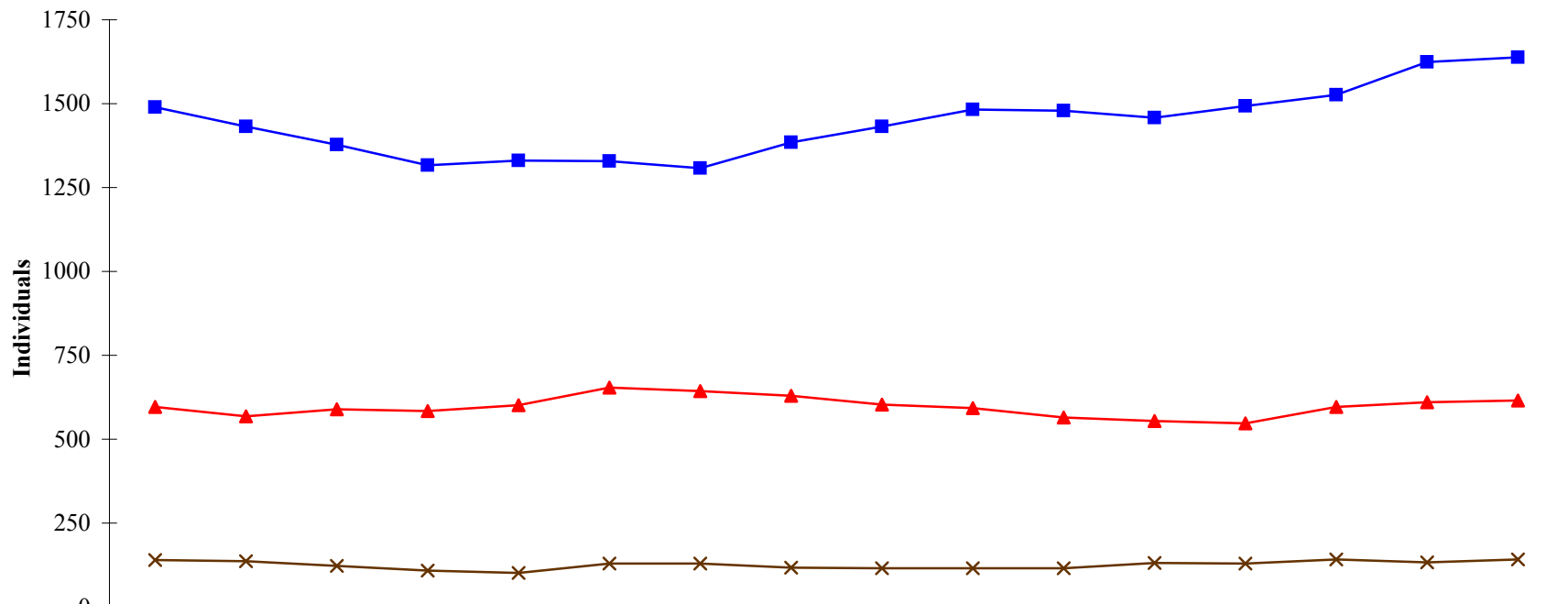
Average Length of Stay at Discharge by Category



	Q1 FY04	Q2	Q3	Q4	Q1 FY05	Q2	Q3	Q4	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4
Average LOS	40	44	40	44	43	64	51	41	39	43	39	43	40	42	41	40
■ 30 Days or Less	306	307	396	353	320	327	379	420	373	378	373	394	406	414	486	416
▲ 31 - 90 Days	155	153	187	190	177	199	179	185	166	179	157	167	166	205	159	181
× 91 - 365 Days	53	54	42	48	51	63	43	55	52	53	56	66	52	64	56	69
* 1 - 5 Years	2	3	4	4	3	9	5	5	2	4	2	5	5	4	7	0
● Over 5 Years	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0

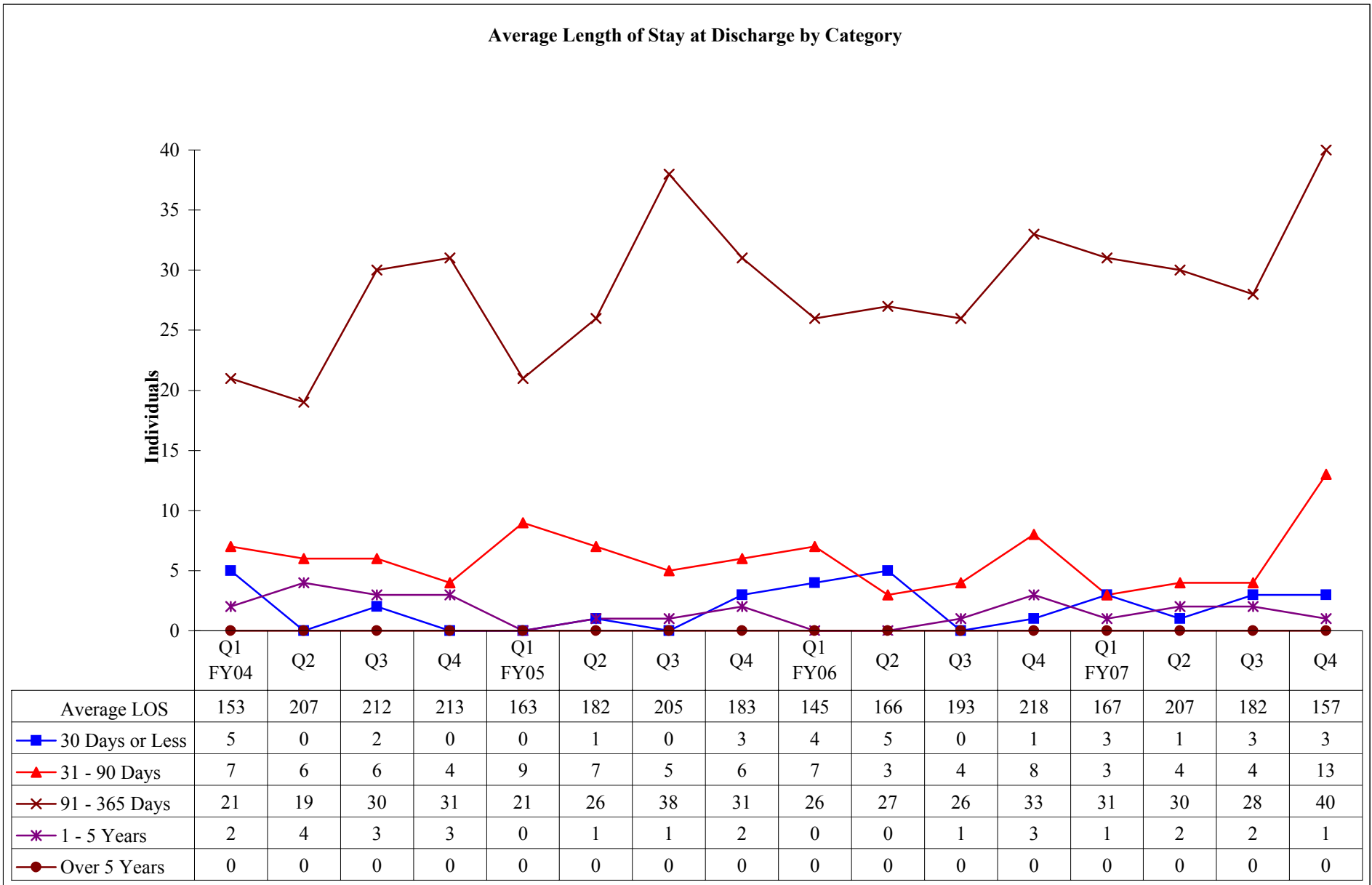
**Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital**

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



	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07
Average LOS	31	32	32	32	31	33	33	32	31	31	30	31	31	32	31	31
■ 30 Days or Less	1490	1431	1377	1316	1330	1328	1307	1385	1431	1482	1479	1458	1493	1527	1625	1638
▲ 31-90 Days	597	569	590	584	602	653	644	629	603	593	564	554	547	596	611	615
× 91-365 Days	140	136	123	108	101	130	130	117	115	115	116	131	129	141	133	142

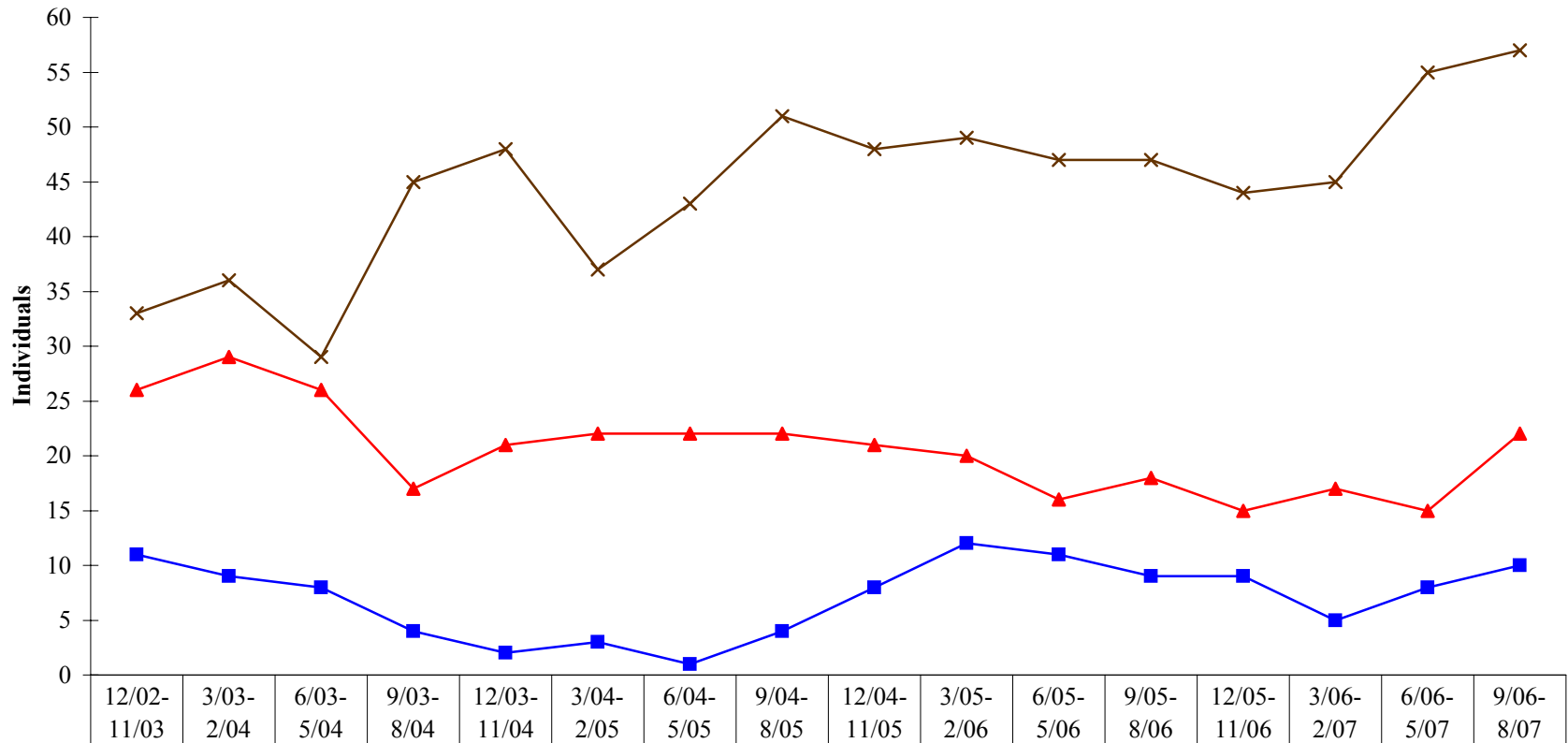
Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth



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

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

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



GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

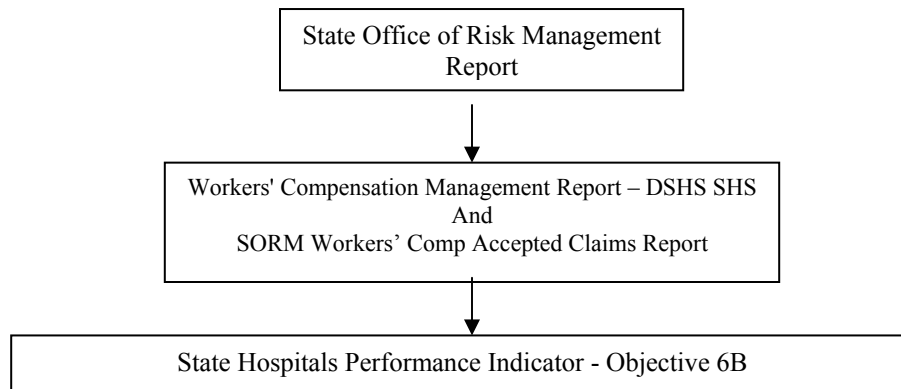
State hospitals will manage workers' compensation claim expenses so that an individual hospital total FY 2007 claims expense will be at or below the dollar target amount established for that hospital.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



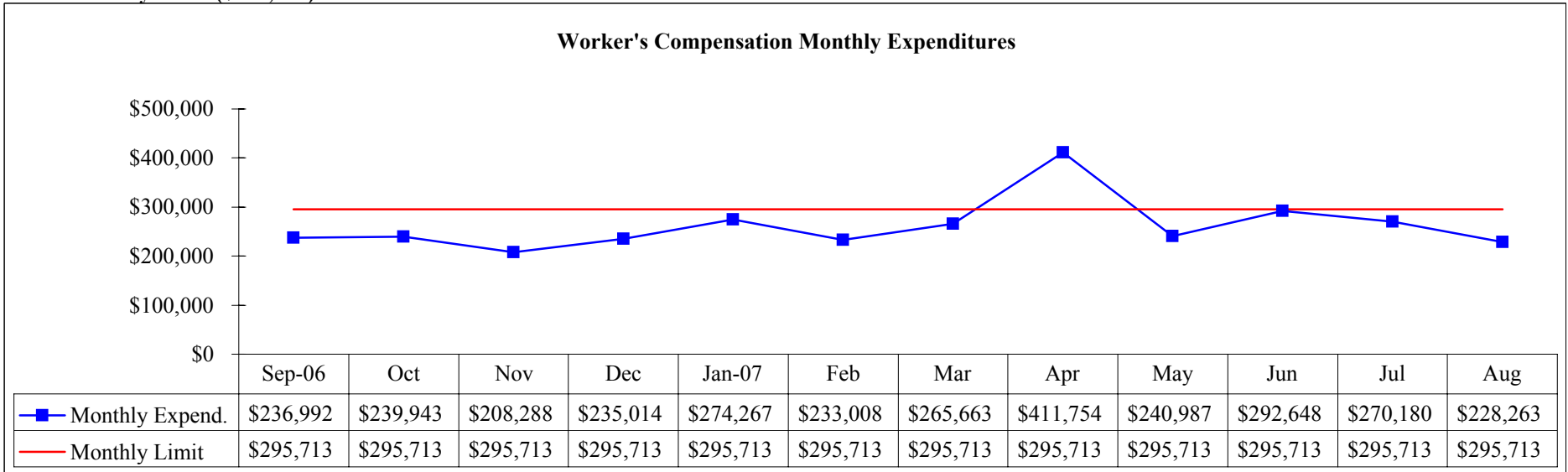
Data Integrity Review Process:

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

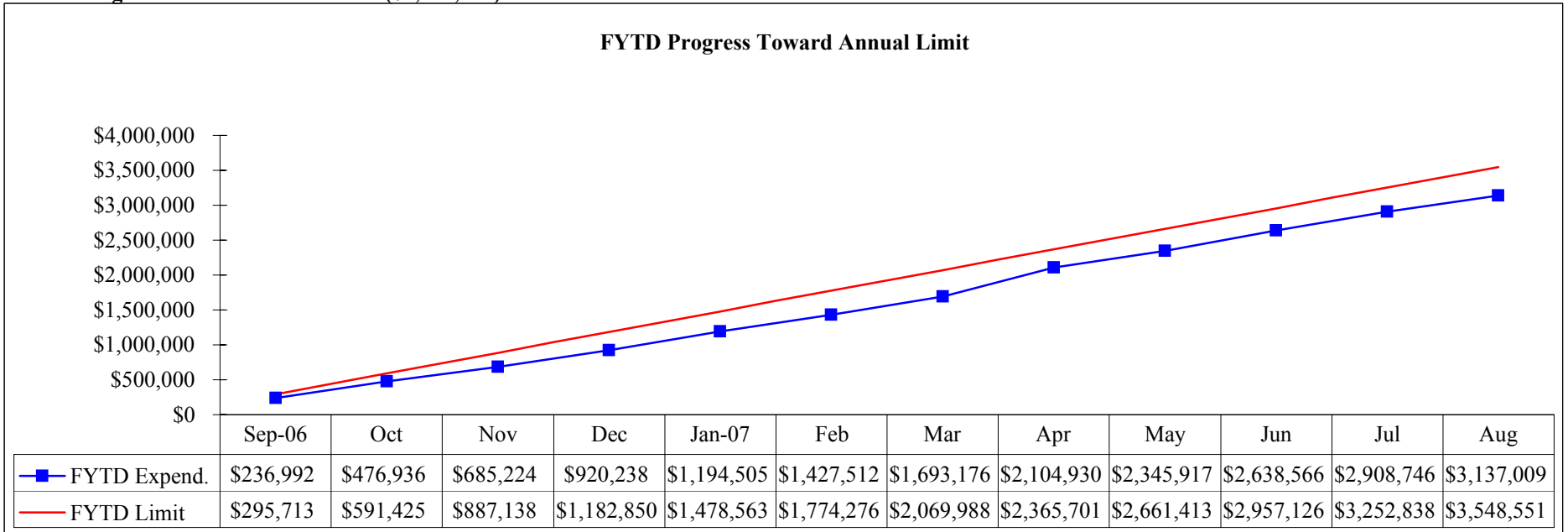
Objective 6B - Workers Compensation

All State Hospitals

FY07 Monthly Limit (\$295,713)



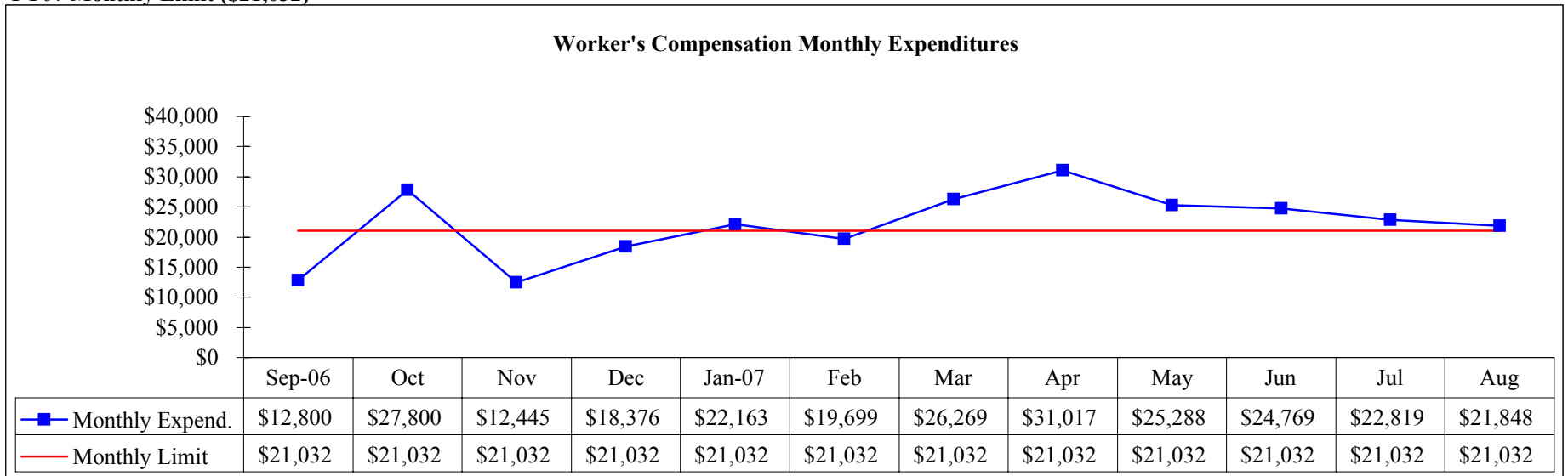
FYTD Progress Toward Annual Limit (\$3,548,551)



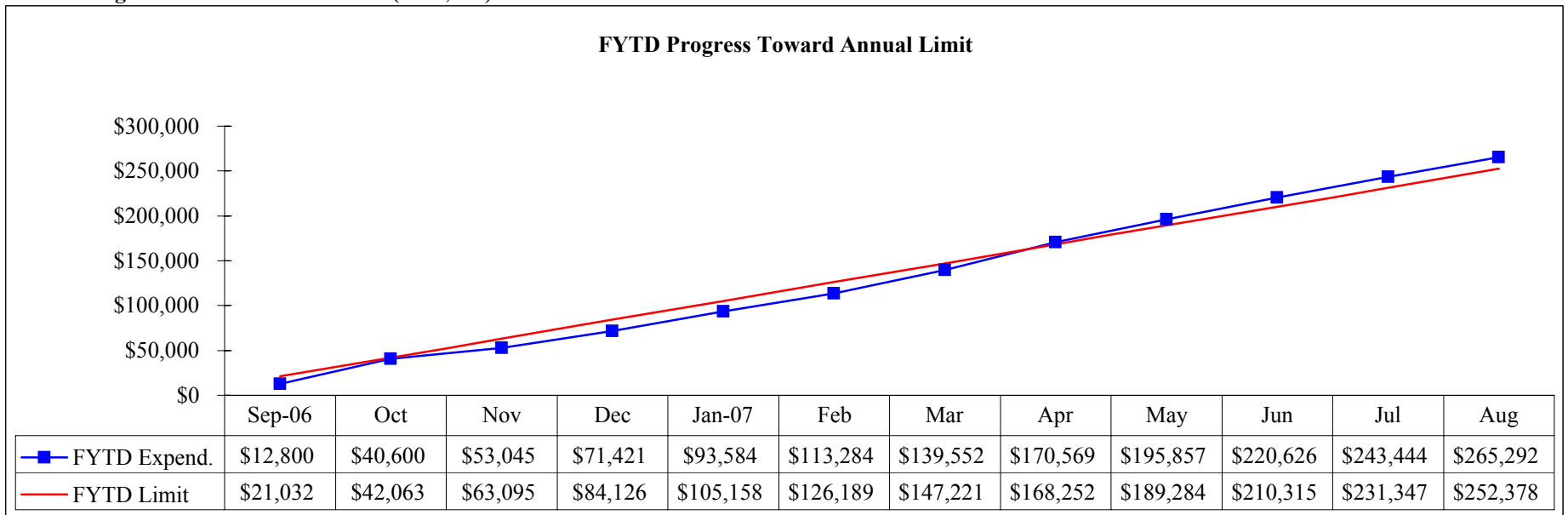
Objective 6B - Workers Compensation

Austin State Hospital

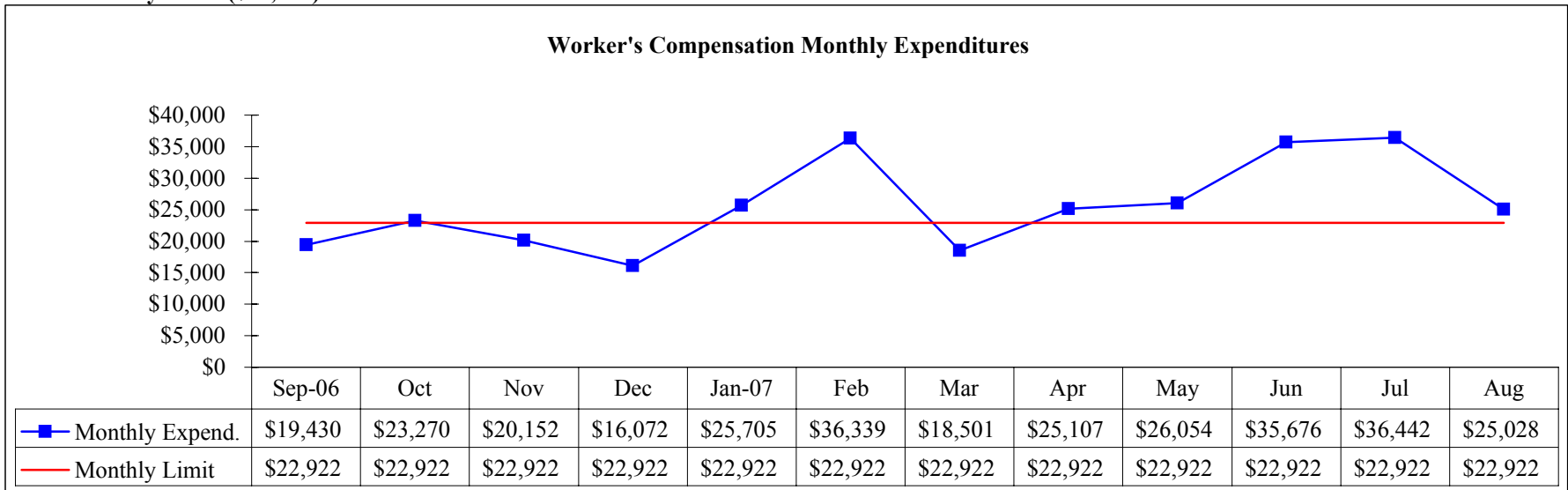
FY07 Monthly Limit (\$21,032)



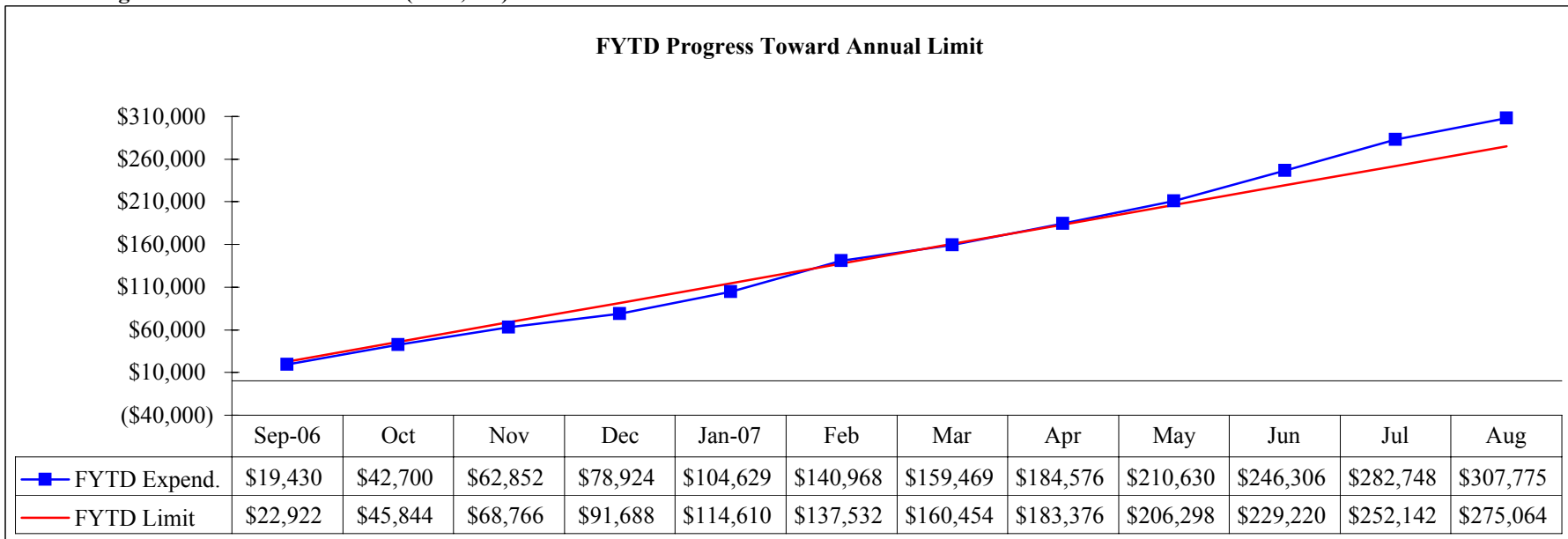
FYTD Progress Toward Annual Limit (\$252,378)



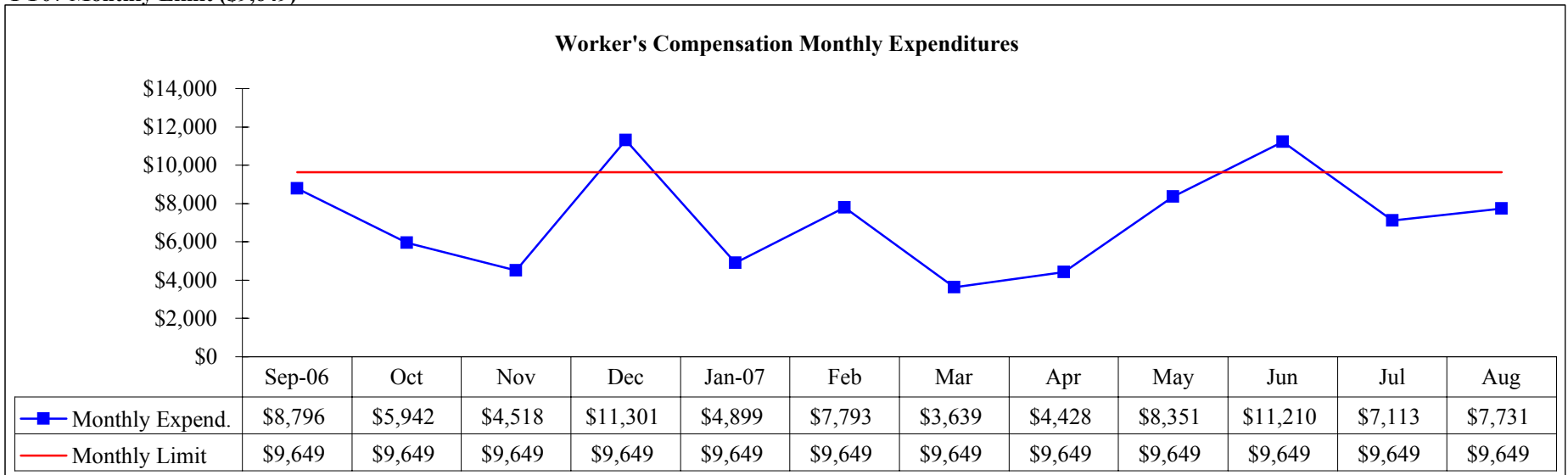
Objective 6B - Workers Compensation
Big Spring State Hospital
FY07 Monthly Limit (\$22,922)



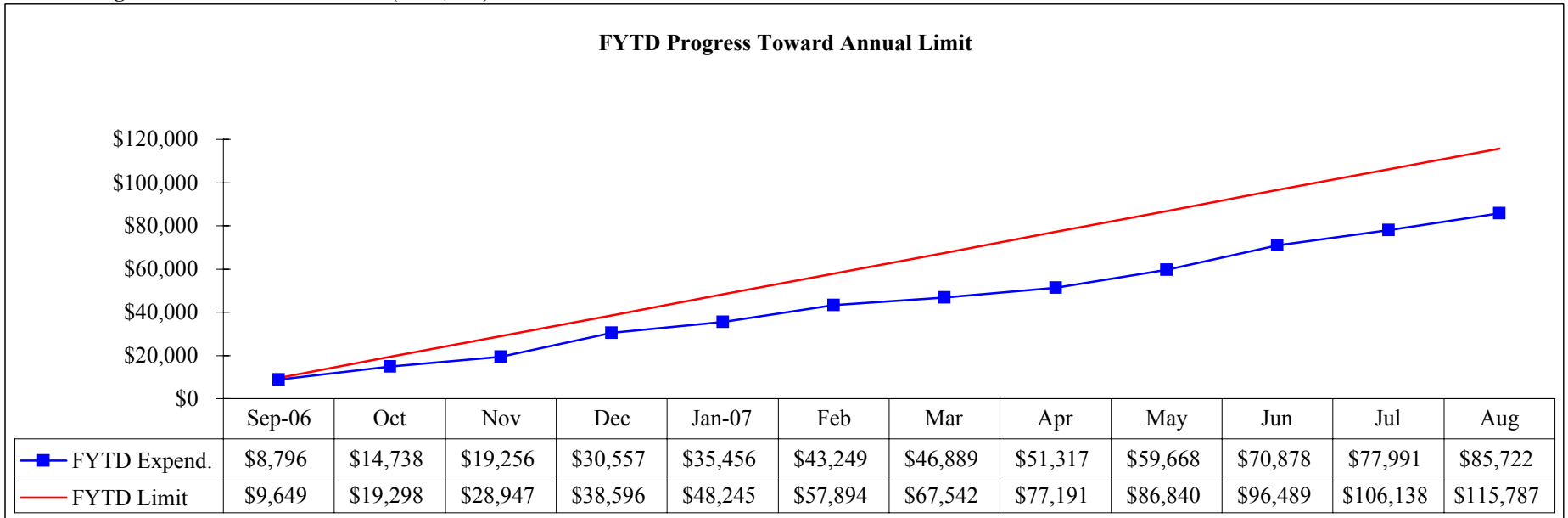
FYTD Progress Toward Annual Limit (\$275,064)



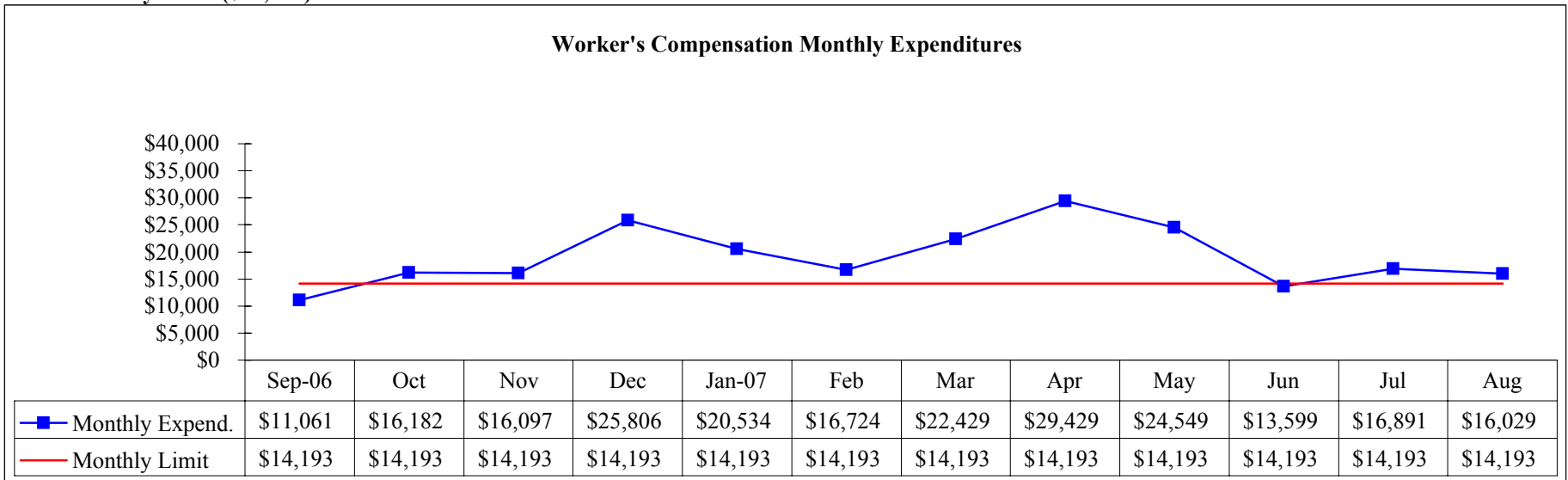
**Objective 6B - Workers Compensation
El Paso Psychiatric Center
FY07 Monthly Limit (\$9,649)**



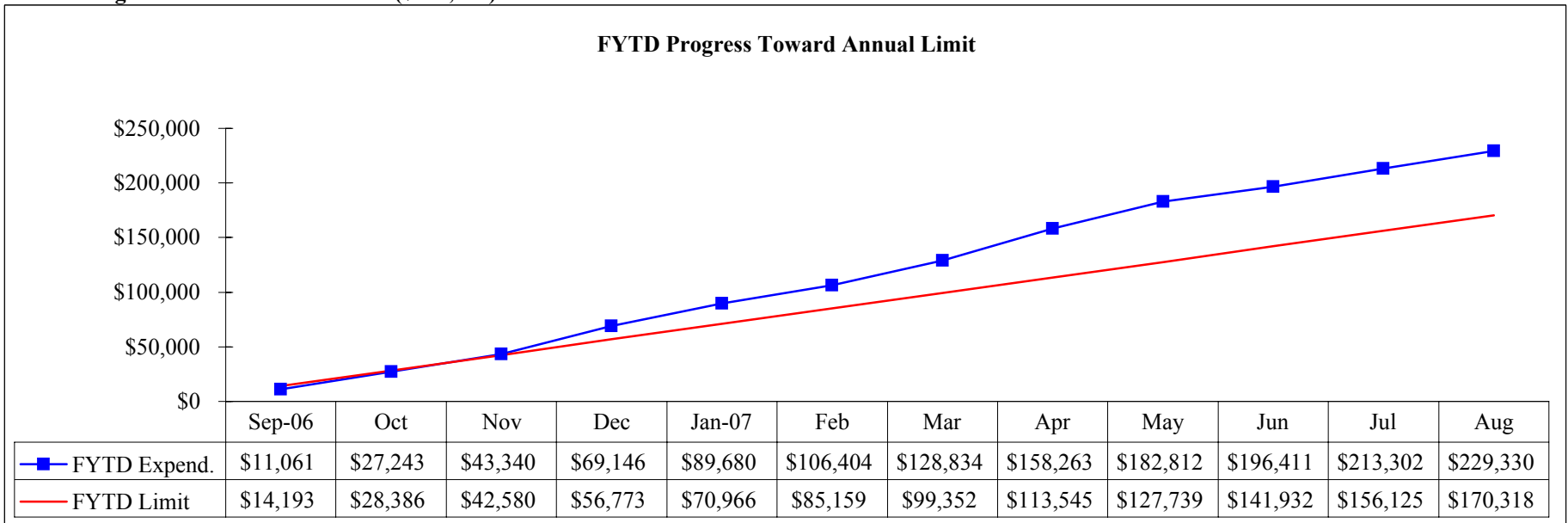
FYTD Progress Toward Annual Limit (\$115,787)



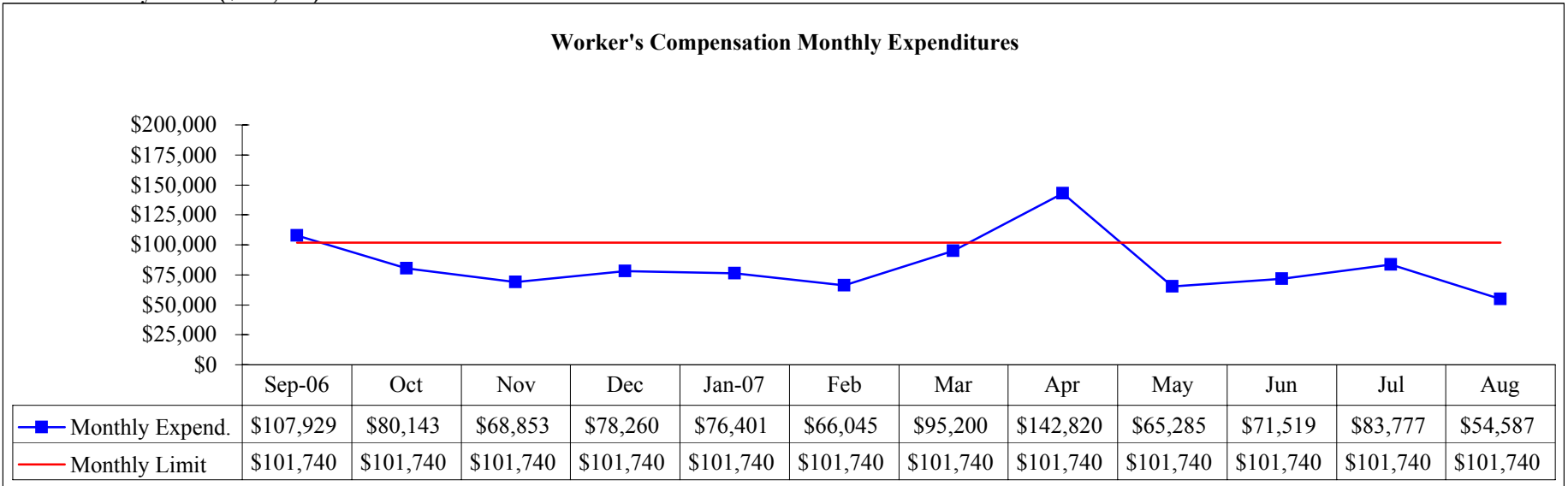
**Objective 6B - Workers Compensation
Kerrville State Hospital
FY07 Monthly Limit (\$14,193)**



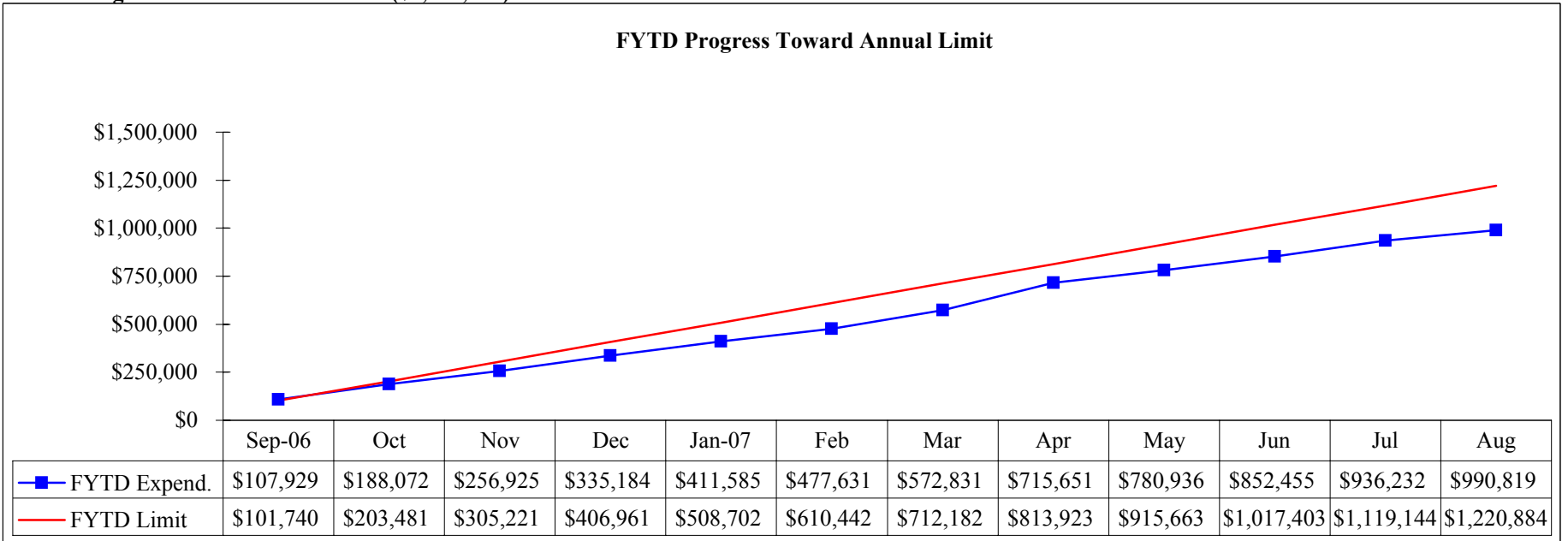
FYTD Progress Toward Annual Limit (\$170,318)



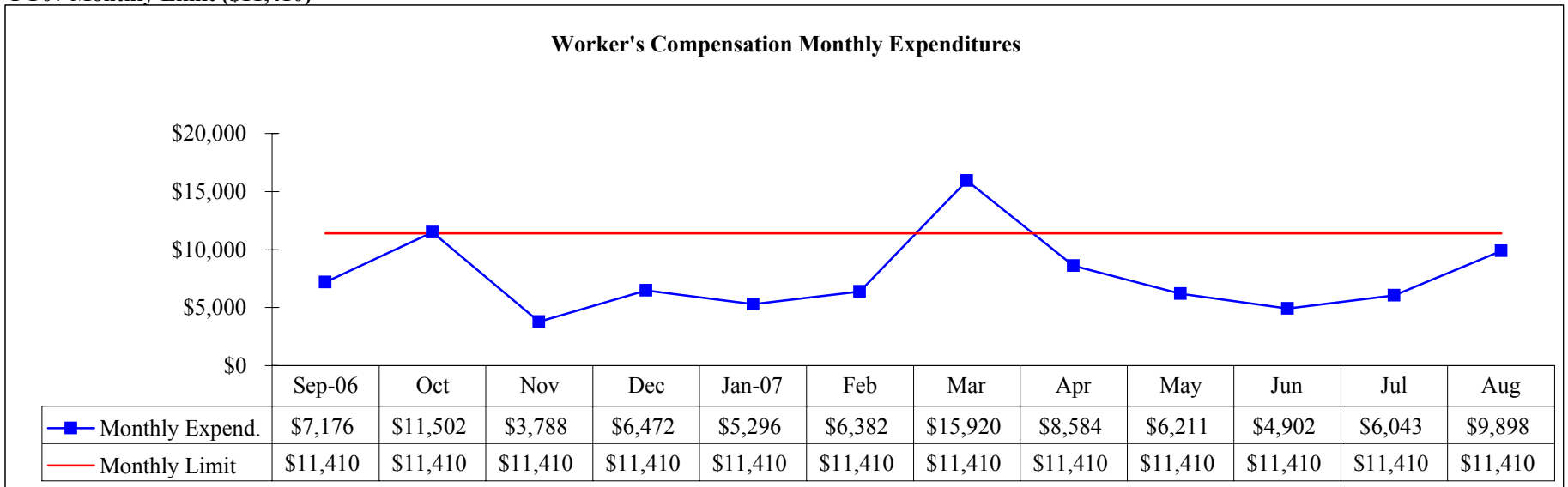
**Objective 6B - Workers Compensation
North Texas State Hospital
FY07 Monthly Limit (\$101,740)**



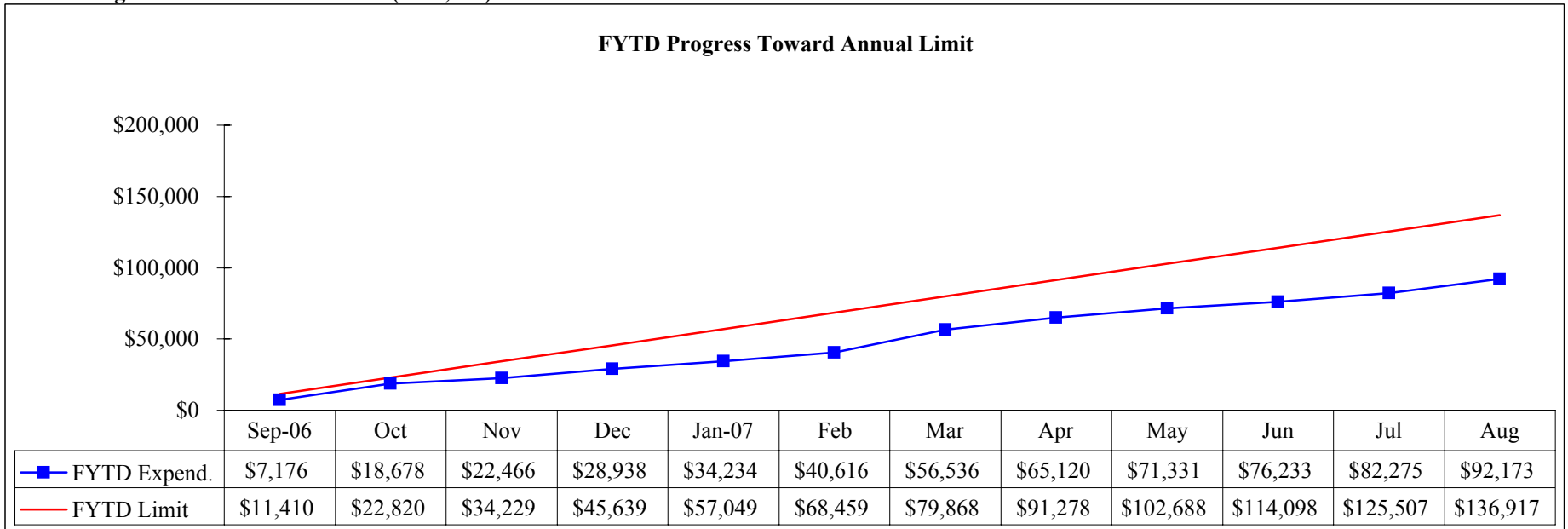
FYTD Progress Toward Annual Limit (\$1,220,884)



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



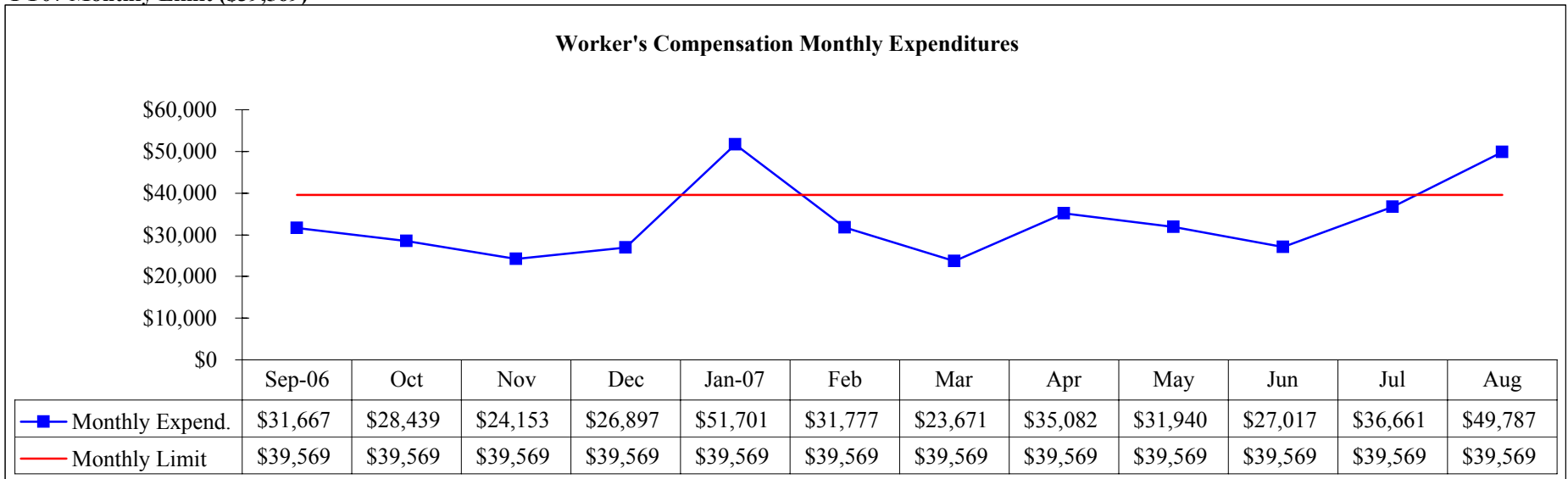
FYTD Progress Toward Annual Limit (\$136,917)



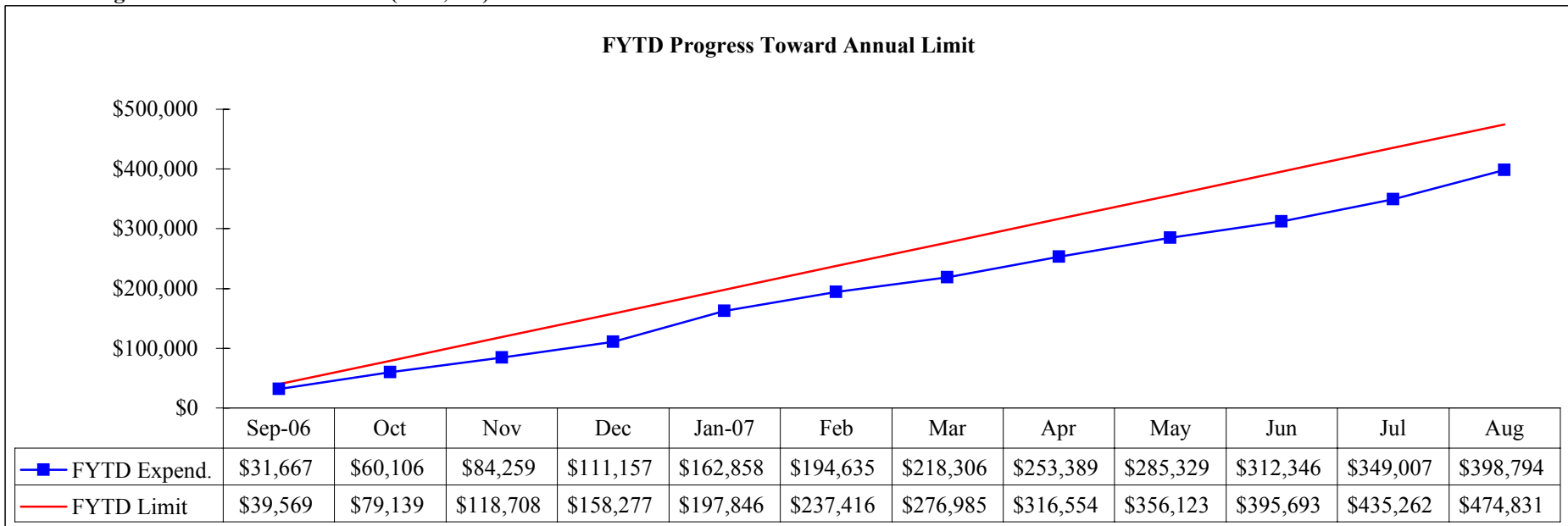
Objective 6B - Workers Compensation

Rusk State Hospital

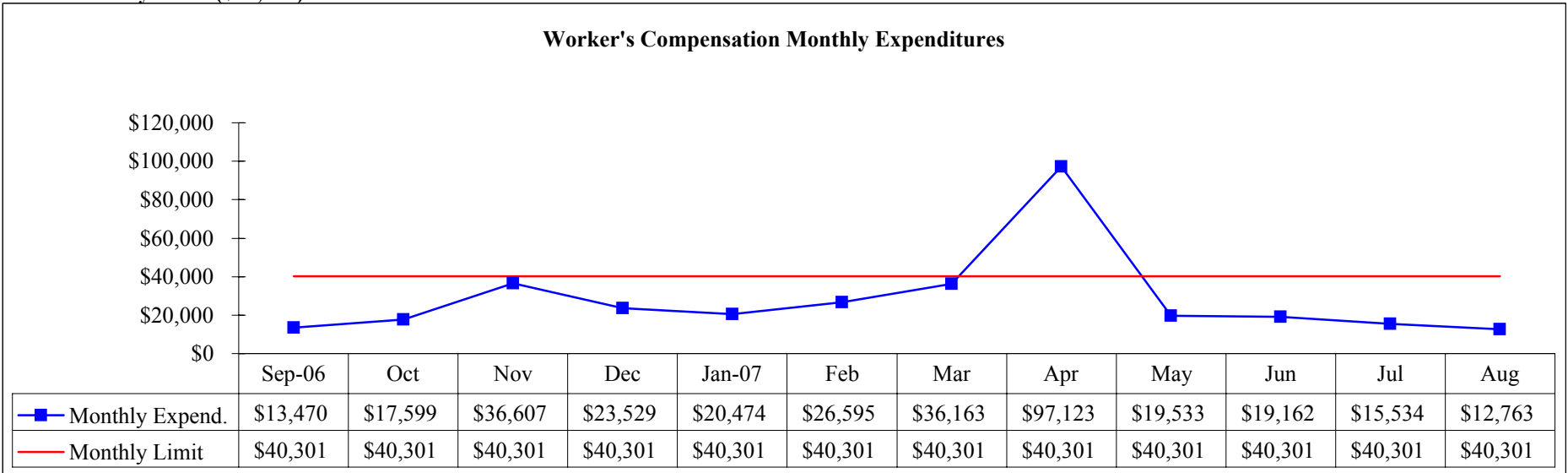
FY07 Monthly Limit (\$39,569)



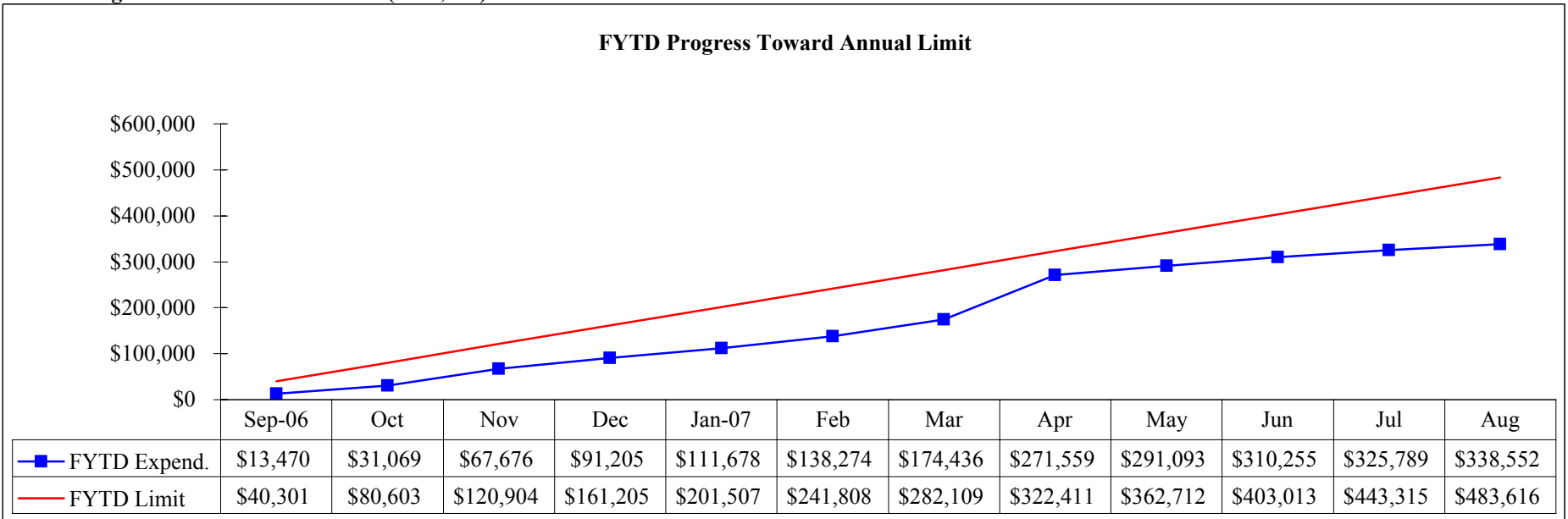
FYTD Progress Toward Annual Limit (\$474,831)



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



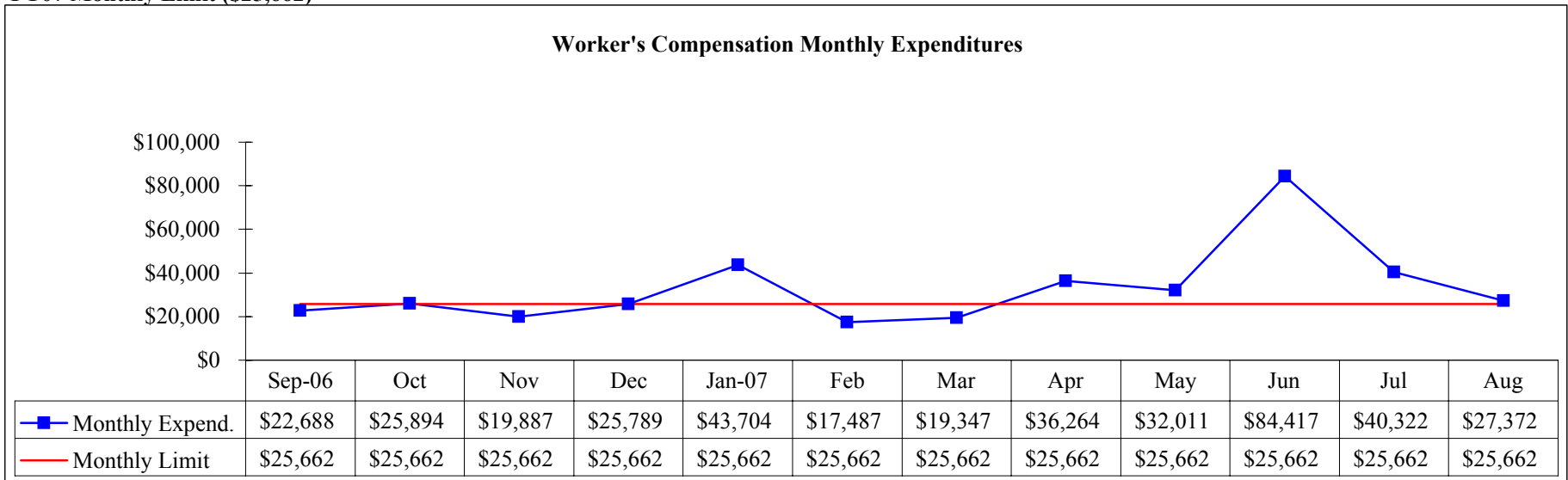
FYTD Progress Toward Annual Limit (\$483,616)



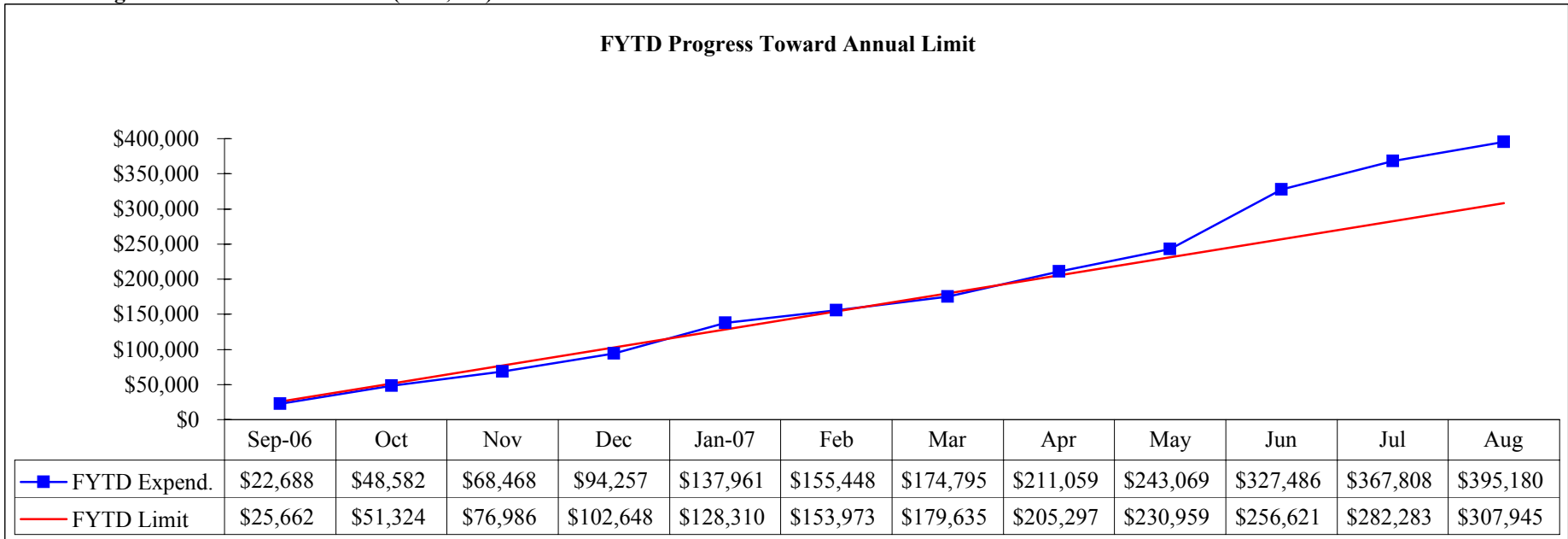
Objective 6B - Workers Compensation

Terrell State Hospital

FY07 Monthly Limit (\$25,662)



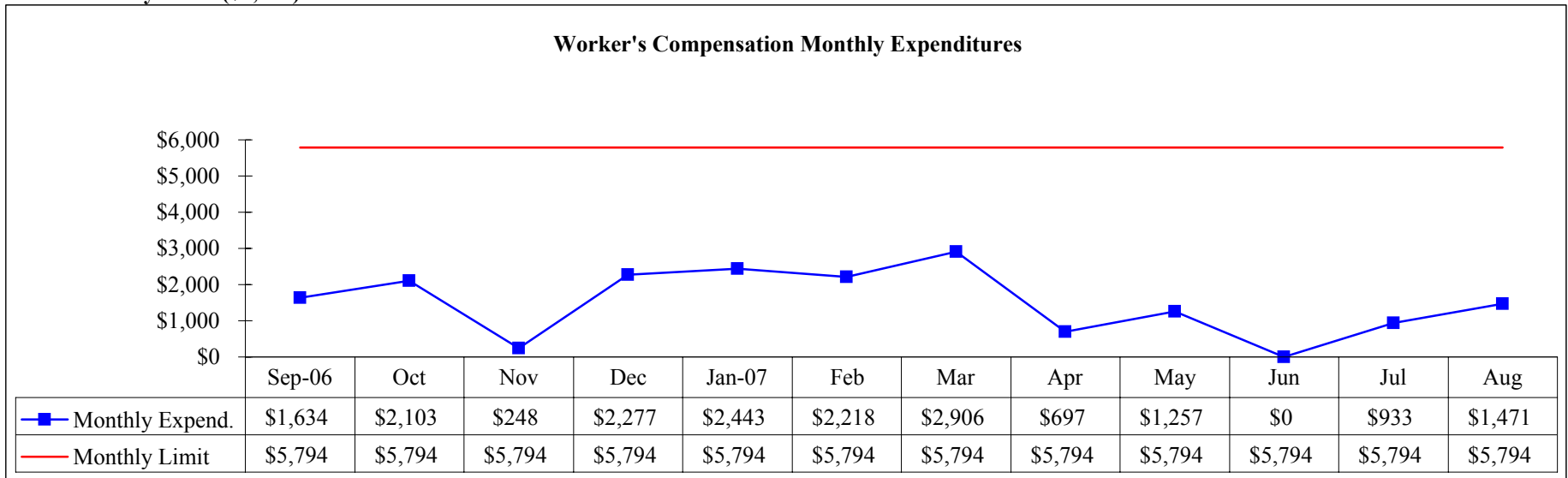
FYTD Progress Toward Annual Limit (\$307,945)



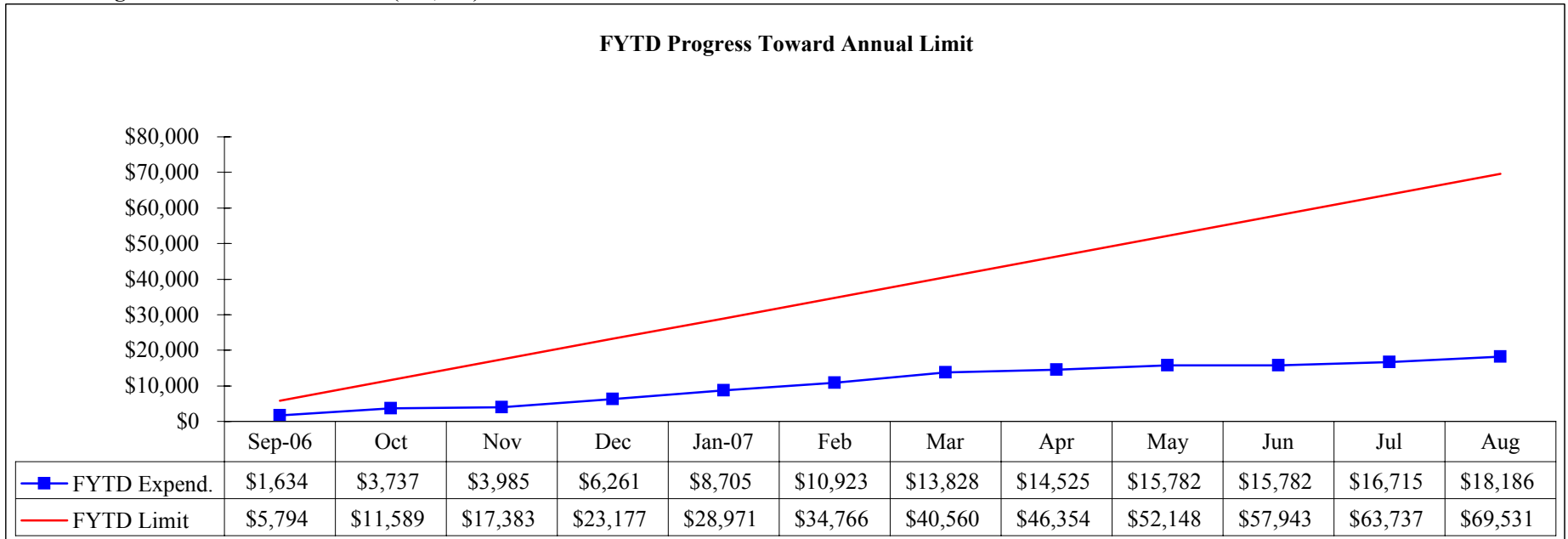
Objective 6B - Workers Compensation

Waco Center for Youth

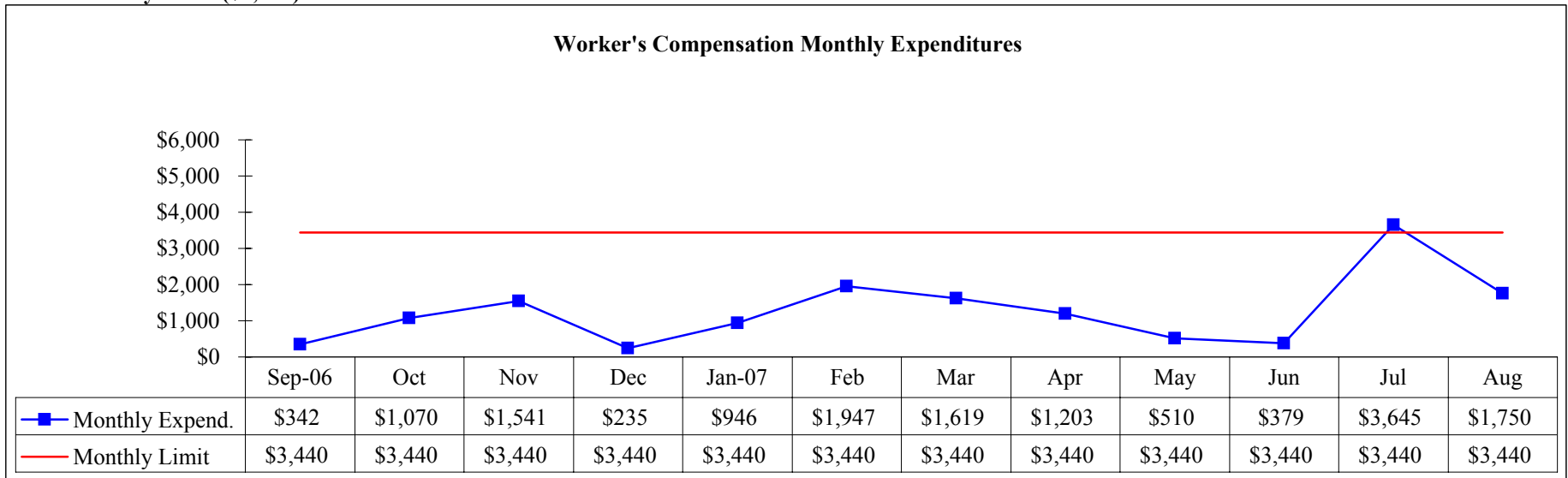
FY07 Monthly Limit (\$5,794)



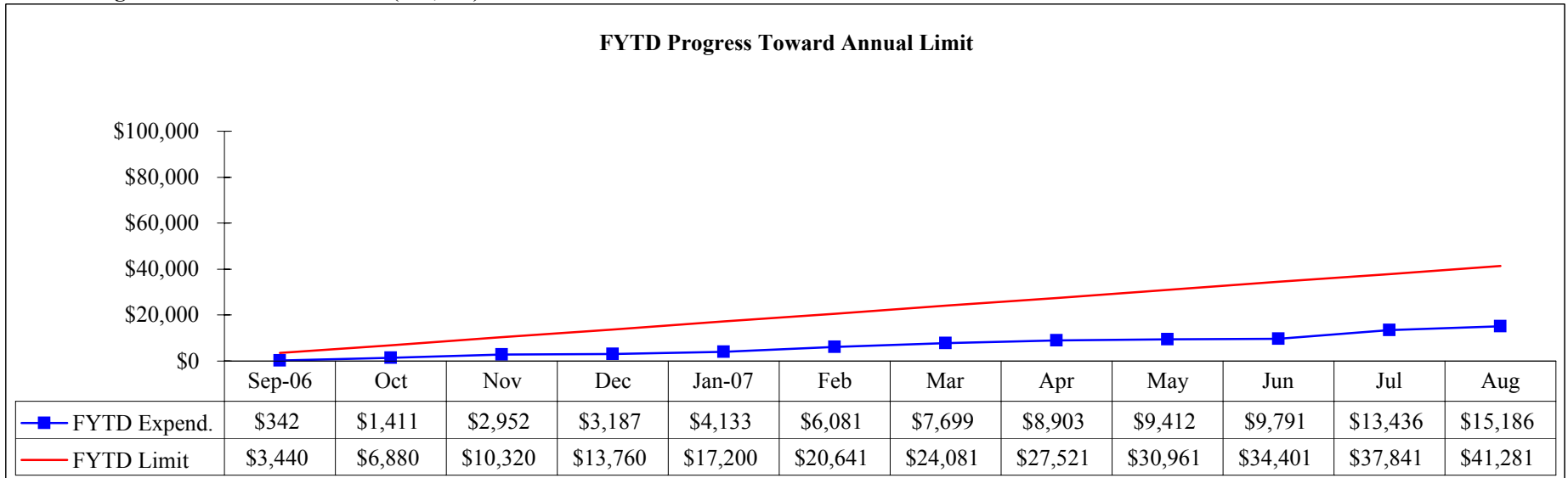
FYTD Progress Toward Annual Limit (\$69,531)



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



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



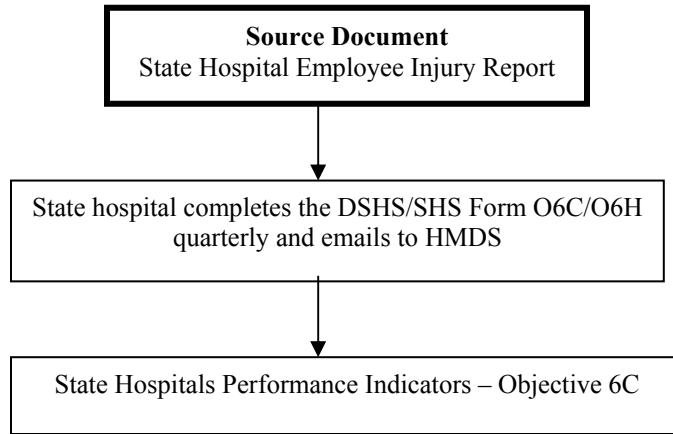
Performance Objective 6C:

Employee injuries resulting in a worker compensation claim will not exceed 0.89 per 1,000 bed days.

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

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

Data Flow:

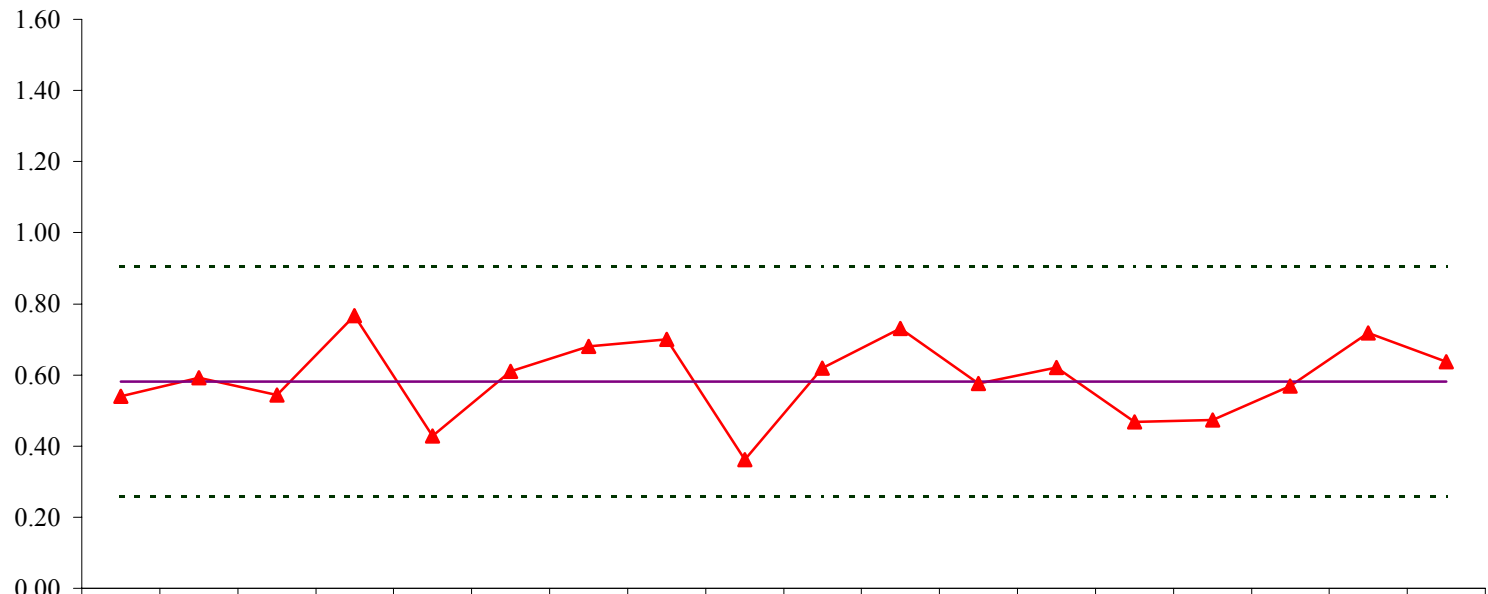


Data Integrity Review Process:

N/A

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

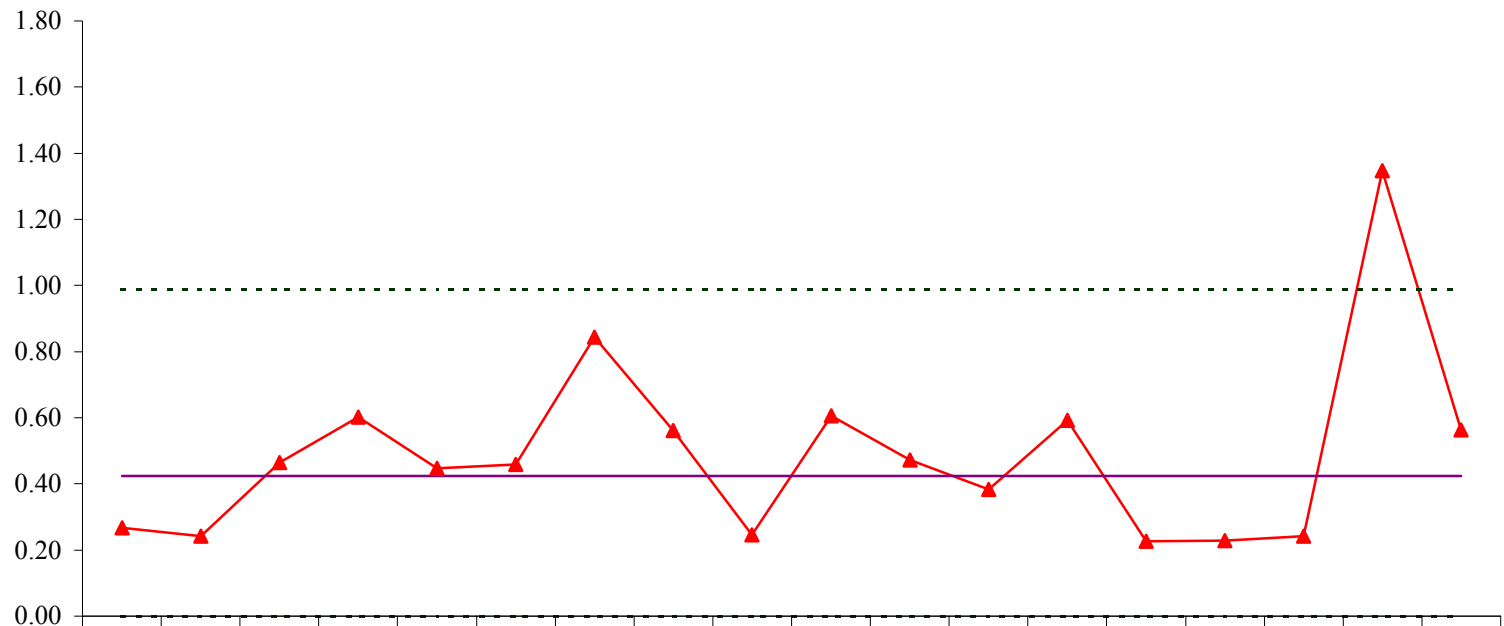
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	155	154	190	190	177	156	146	170	137	181	176	157	187	194	197	169	194	187
Injuries Resulting in a WCC	38	41	39	53	31	44	47	50	25	44	52	37	44	33	34	39	51	45
▲ Emp. Inj.(WCC)/1000 Bed Days	0.54	0.59	0.54	0.77	0.43	0.61	0.68	0.70	0.36	0.62	0.73	0.58	0.62	0.47	0.47	0.57	0.72	0.64
----- UCL	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90
— Avg	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
----- LCL	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

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

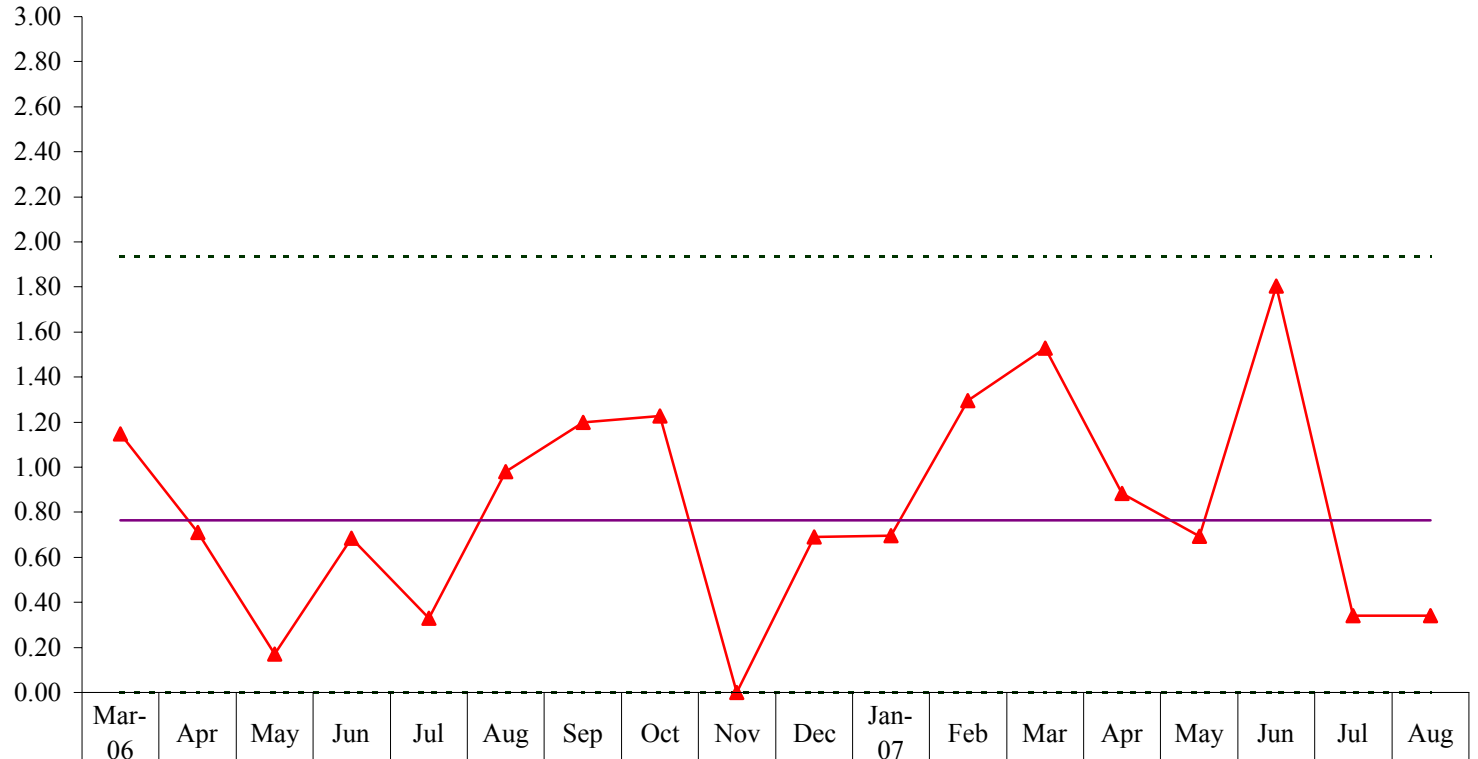
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	8	10	6	7	4	4	8	5	2	6	4	3	5	2	4	2	13	5
Injuries Resulting in a WCC	2	2	4	5	4	4	7	5	2	5	4	3	5	2	2	2	12	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.27	0.24	0.47	0.60	0.45	0.46	0.84	0.56	0.25	0.61	0.47	0.38	0.59	0.23	0.23	0.24	1.35	0.56
----- UCL	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
— Avg	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

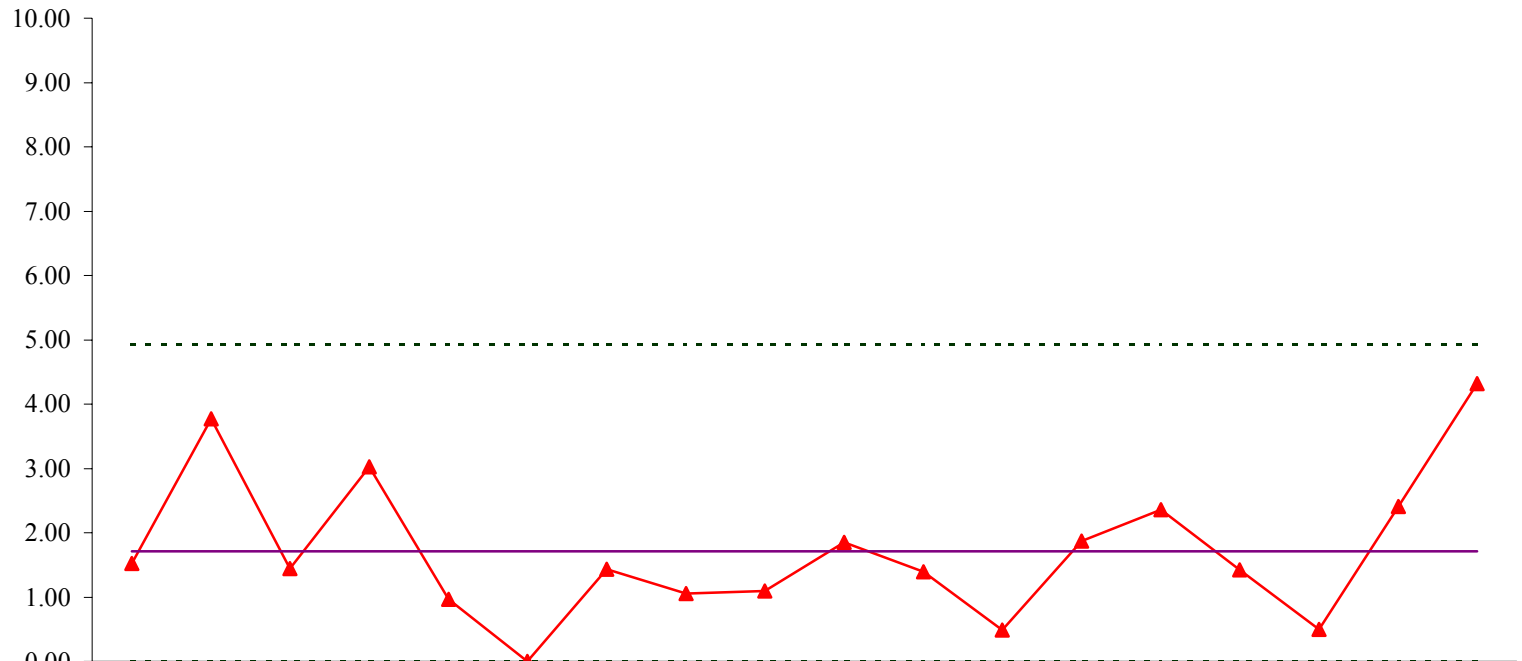
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	16	20	12	10	9	24	18	24	15	13	19	19	24	21	26	13	17	23
Injuries Resulting in a WCC	7	4	1	4	2	6	7	7	0	4	4	7	9	5	4	10	2	2
▲ Emp. Inj.(WCC)/1000 Bed Days	1.15	0.71	0.17	0.68	0.33	0.98	1.20	1.23	0.00	0.69	0.70	1.30	1.53	0.88	0.69	1.80	0.34	0.34
-----UCL	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94
— Avg	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

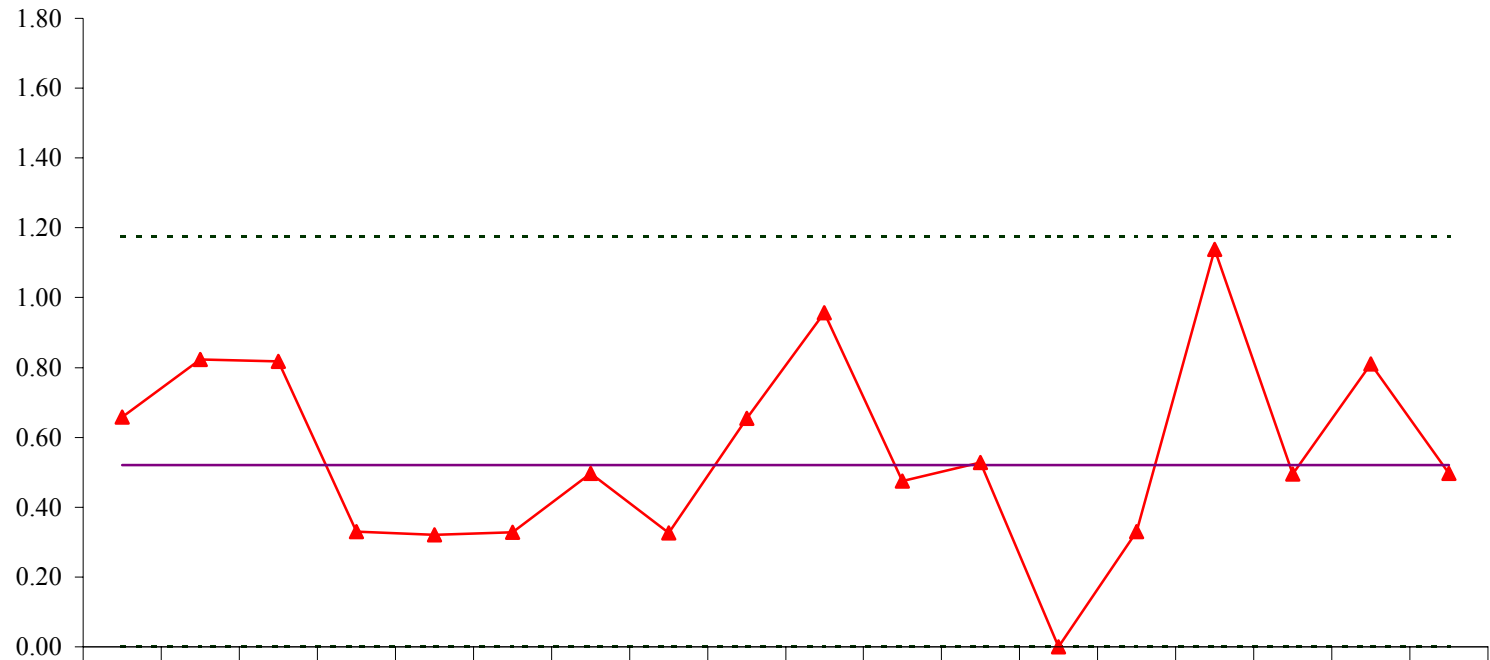
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	13	11	9	15	15	5	7	7	3	10	8	6	8	19	13	8	7	15
Injuries Resulting in a WCC	3	7	3	6	2	0	3	2	2	4	3	1	4	5	3	1	5	9
▲ Emp. Inj.(WCC)/1000 Bed Days	1.52	3.78	1.45	3.02	0.97	0.00	1.43	1.05	1.09	1.85	1.40	0.49	1.87	2.36	1.42	0.50	2.41	4.32
----- UCL	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93
— Avg	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

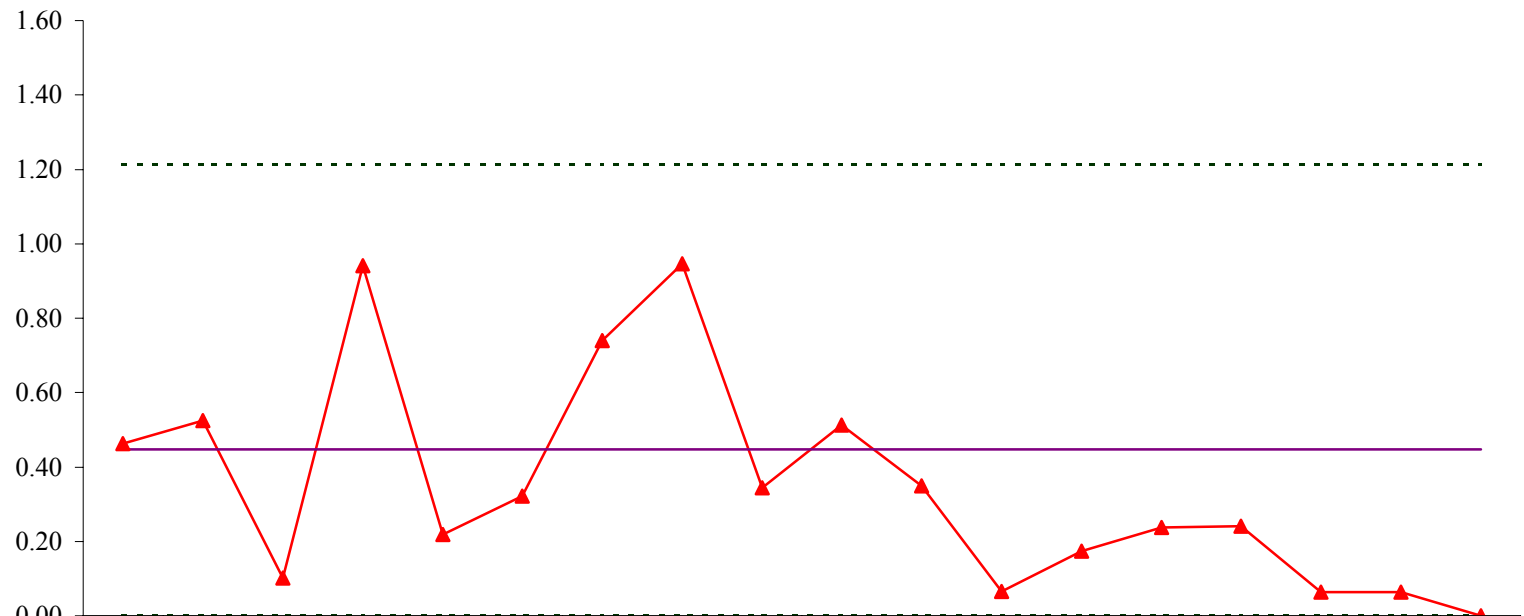
Employee Injuries Resulting in a Workers' Compensation Claim
 (Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	11	14	11	13	5	8	8	9	11	13	8	8	4	11	12	11	12	7
Injuries Resulting in a WCC	4	5	5	2	2	2	3	2	4	6	3	3	0	2	7	3	5	3
▲ Emp. Inj.(WCC)/1000 Bed Days	0.66	0.82	0.82	0.33	0.32	0.33	0.50	0.33	0.65	0.96	0.47	0.53	0.00	0.33	1.14	0.50	0.81	0.50
-----UCL	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
— Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

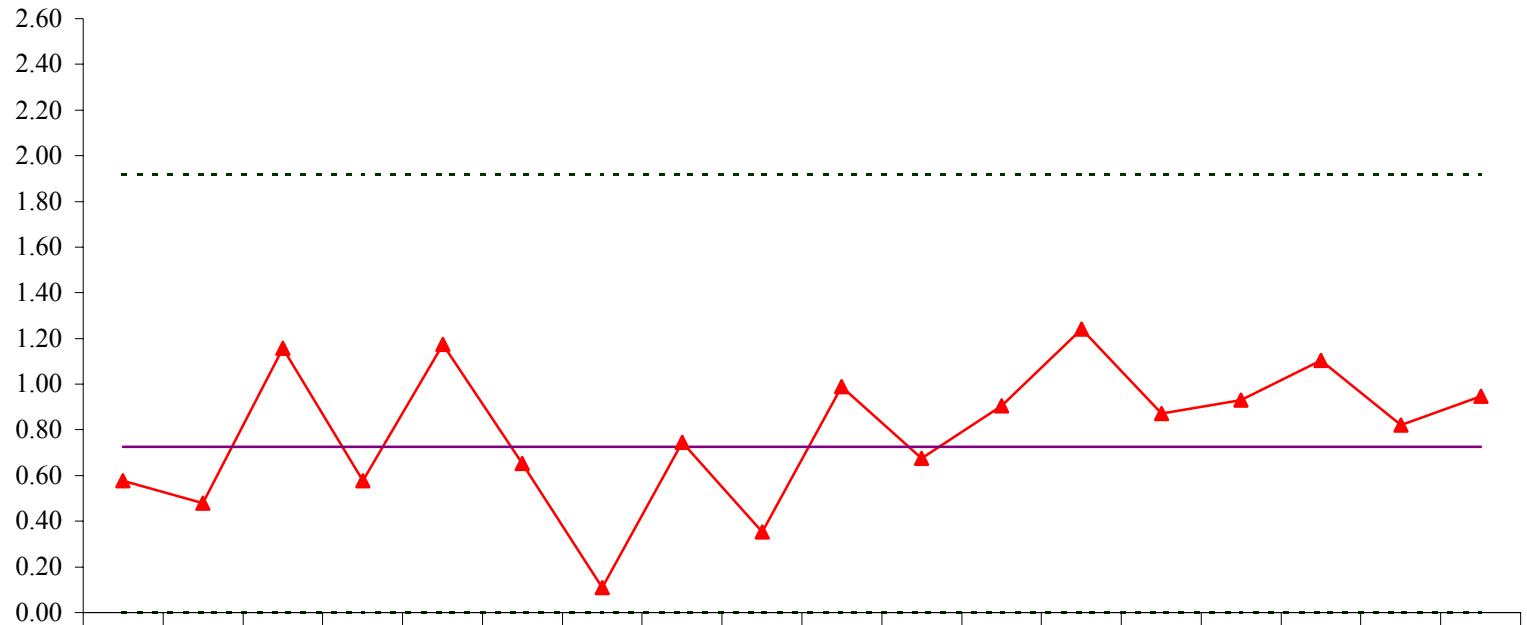
Employee Injuries Resulting in a Workers' Compensation Claim
 (Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	27	36	51	46	37	34	30	39	25	43	35	20	45	44	41	23	31	28
Injuries Resulting in a WCC	9	10	2	17	4	6	13	17	6	9	6	1	3	4	4	1	1	0
▲ Emp. Inj.(WCC)/1000 Bed Days	0.46	0.52	0.10	0.94	0.22	0.32	0.74	0.95	0.34	0.51	0.35	0.06	0.17	0.24	0.24	0.06	0.06	0.00
-----UCL	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21
— Avg	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

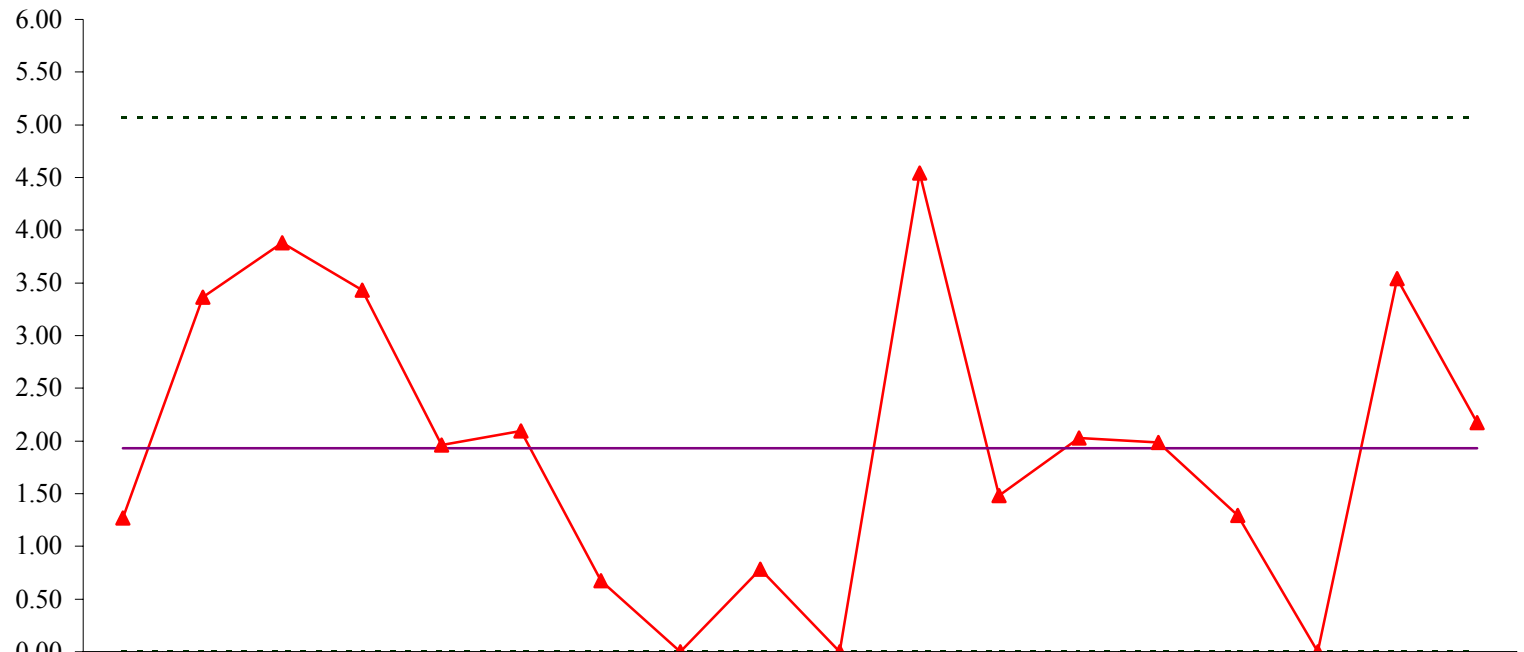
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	27	18	28	28	32	20	9	23	27	33	27	33	32	33	24	46	27	24
Injuries Resulting in a WCC	5	4	10	5	11	6	1	7	3	9	6	7	11	8	9	10	8	9
▲ Emp. Inj.(WCC)/1000 Bed Days	0.58	0.48	1.16	0.58	1.17	0.65	0.11	0.75	0.35	0.99	0.67	0.91	1.24	0.87	0.93	1.10	0.82	0.95
-----UCL	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
— Avg	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

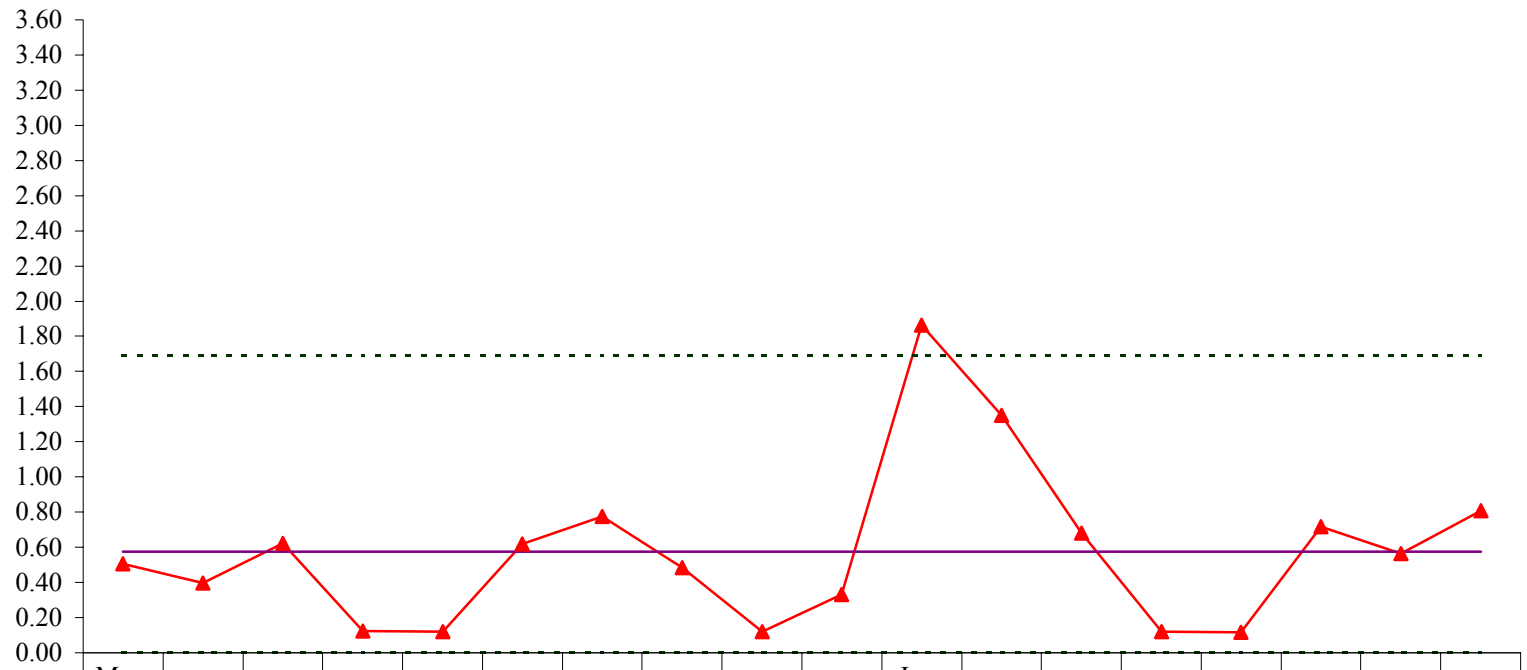
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	8	10	17	11	15	9	9	4	6	10	15	10	8	7	13	2	13	8
Injuries Resulting in a WCC	2	5	6	5	3	3	1	0	1	0	6	2	3	3	2	0	5	3
▲ Emp. Inj.(WCC)/1000 Bed Days	1.27	3.36	3.88	3.43	1.96	2.09	0.68	0.00	0.78	0.00	4.54	1.48	2.03	1.98	1.29	0.00	3.54	2.17
----- UCL	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07	5.07
— Avg	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

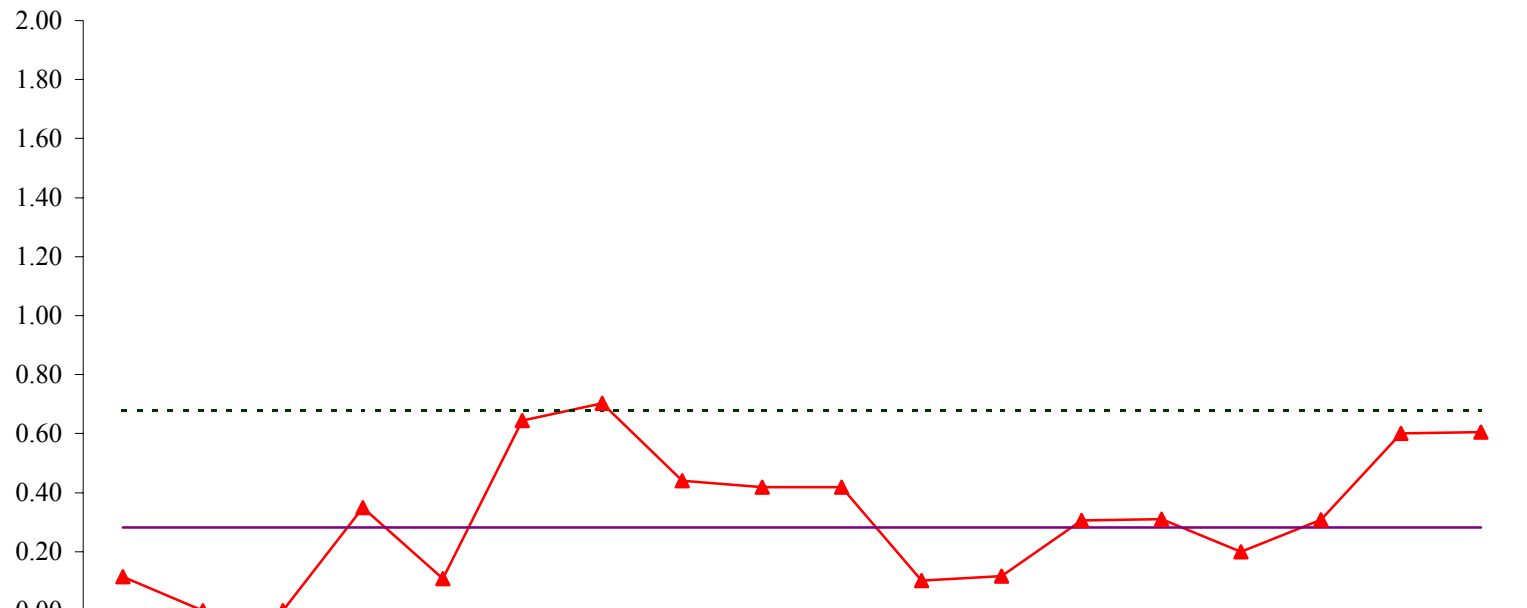
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	24	16	22	19	21	19	25	19	29	25	39	40	26	21	16	28	34	28
Injuries Resulting in a WCC	4	3	5	1	1	5	6	4	1	3	17	11	6	1	1	6	5	7
▲ Emp. Inj.(WCC)/1000 Bed Days	0.51	0.40	0.62	0.12	0.12	0.62	0.78	0.48	0.12	0.33	1.87	1.35	0.68	0.12	0.12	0.72	0.57	0.81
-----UCL	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69
— Avg	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

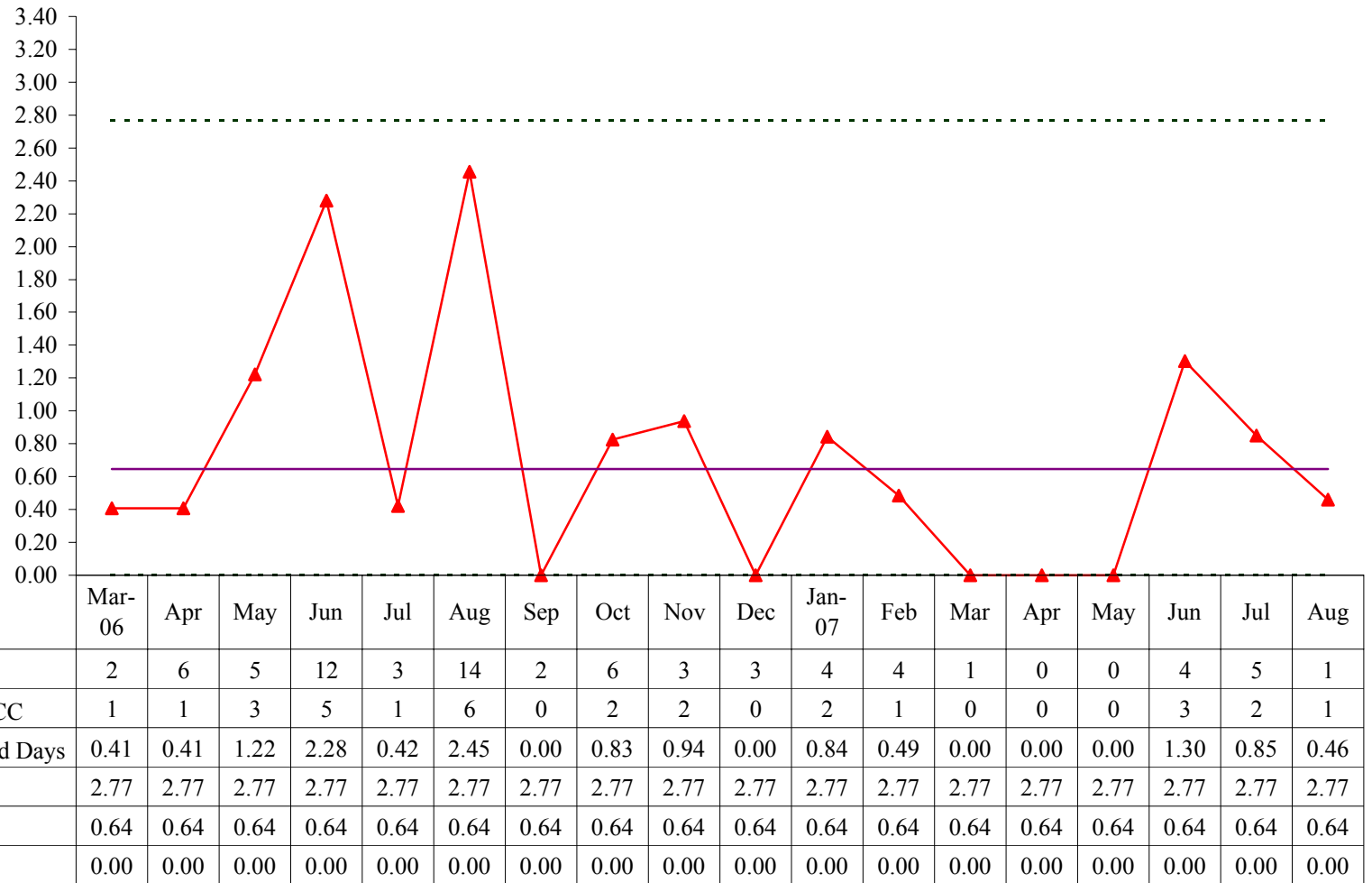
Employee Injuries Resulting in a Workers' Compensation Claim
 (Expectation is ≤ 0.89 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	19	13	29	29	36	19	30	34	16	25	17	14	34	36	48	32	35	48
Injuries Resulting in a WCC	1	0	0	3	1	6	6	4	4	4	1	1	3	3	2	3	6	6
▲ Emp. Inj.(WCC)/1000 Bed Days	0.11	0.00	0.00	0.35	0.11	0.64	0.70	0.44	0.42	0.42	0.10	0.12	0.31	0.31	0.20	0.31	0.60	0.60
----- UCL	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
———— Avg	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
..... LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

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



Performance Objective 6E:

The rate of patient injury related to behavioral seclusion and restraint for FY07 will not exceed 0.49 per 1,000 bed days for FY06.

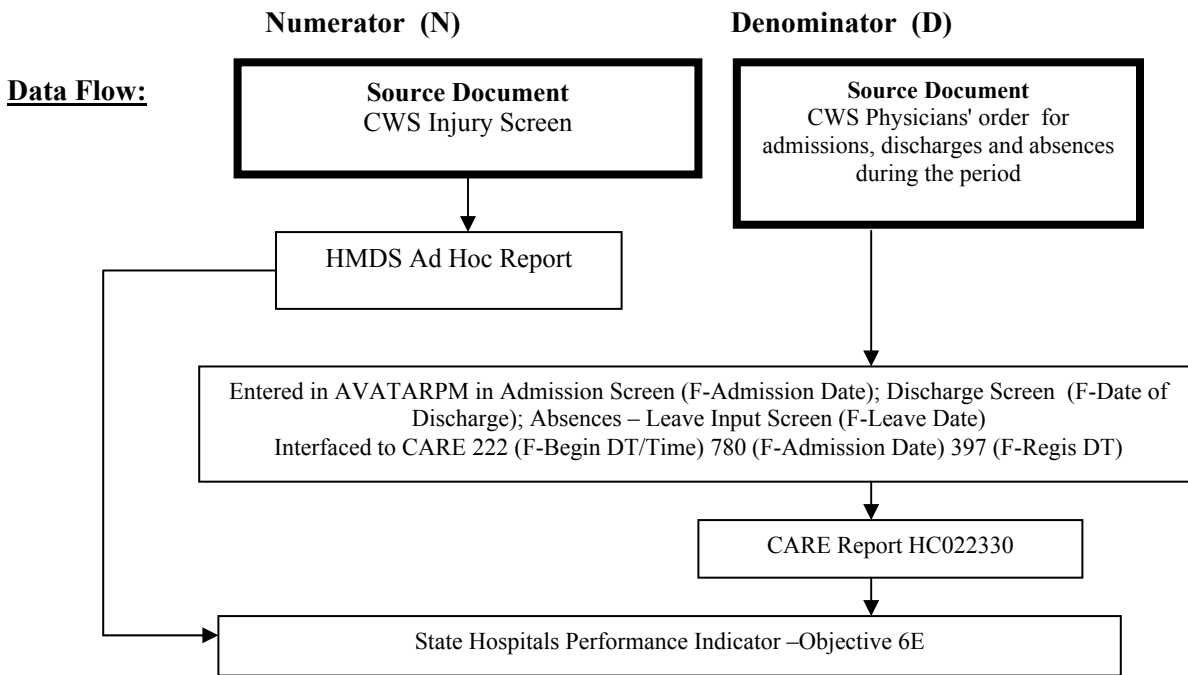
Performance Objective Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

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

R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter
 N = number of patients injured during restraint or seclusion per quarter
 D = number of bed days per quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

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



Data Integrity Review Process:

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

Objective 6E - Client Injuries Resulted From Restraint and Seclusion

All State Hospitals - FY2007

Hospital	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
ALL SH																												
Restraint	0	35	43	7	0	0	85	1	30	39	1	0	0	71	0	39	36	6	0	0	81	4	49	36	3	0	0	92
Seclusion	0	4	1	0	0	0	5	0	2	2	0	0	0	4	0	4	2	0	0	0	6	0	0	1	0	0	0	1
Total	0	39	44	7	0	0	90	1	32	41	1	0	0	75	0	43	38	6	0	0	87	4	49	37	3	0	0	93
Per 1000 Beddays							0.4							0.4														0.4

Performance Objective 6F:

Employees injured during restraint or seclusion will not exceed .87 per 1,000 bed days across all state hospitals in FY 2007.

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

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

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

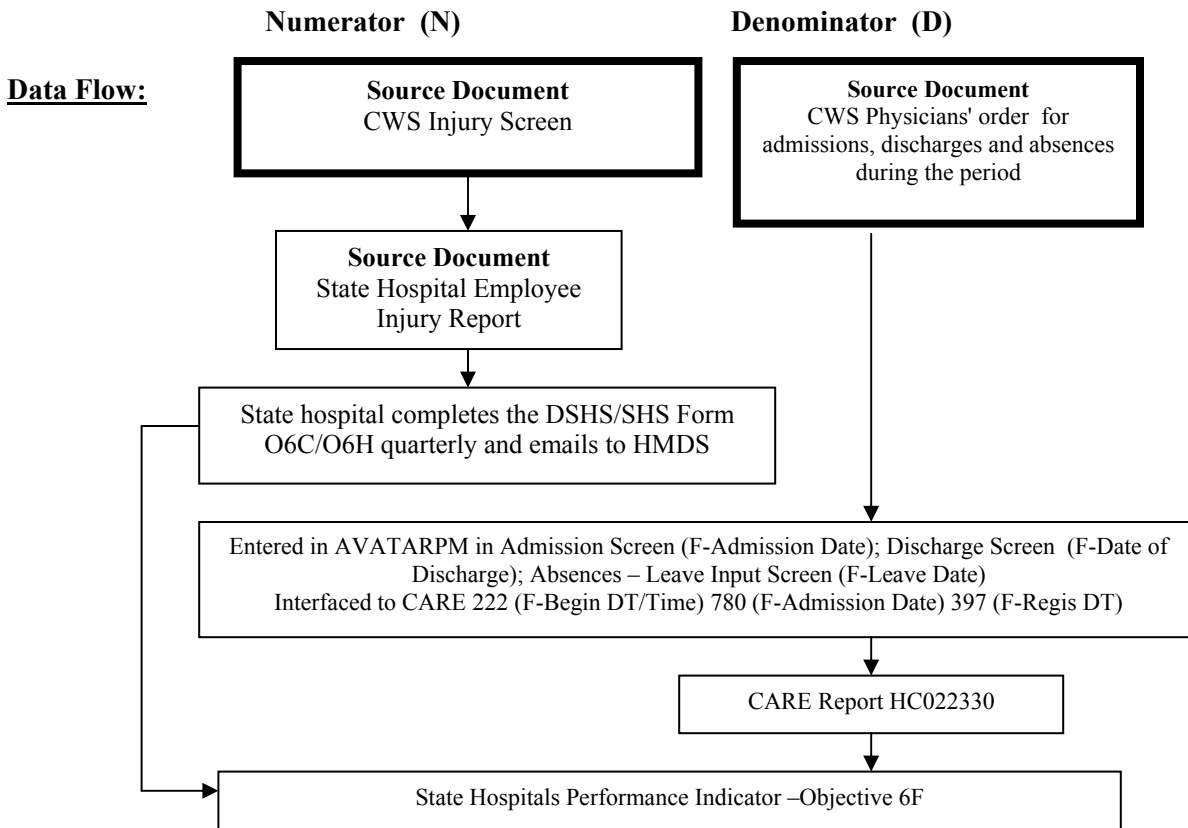
N = number of employees injured during restraint or seclusion per month

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

Performance Objective Data Display and Chart Description:

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

See Objective 6C for charts.

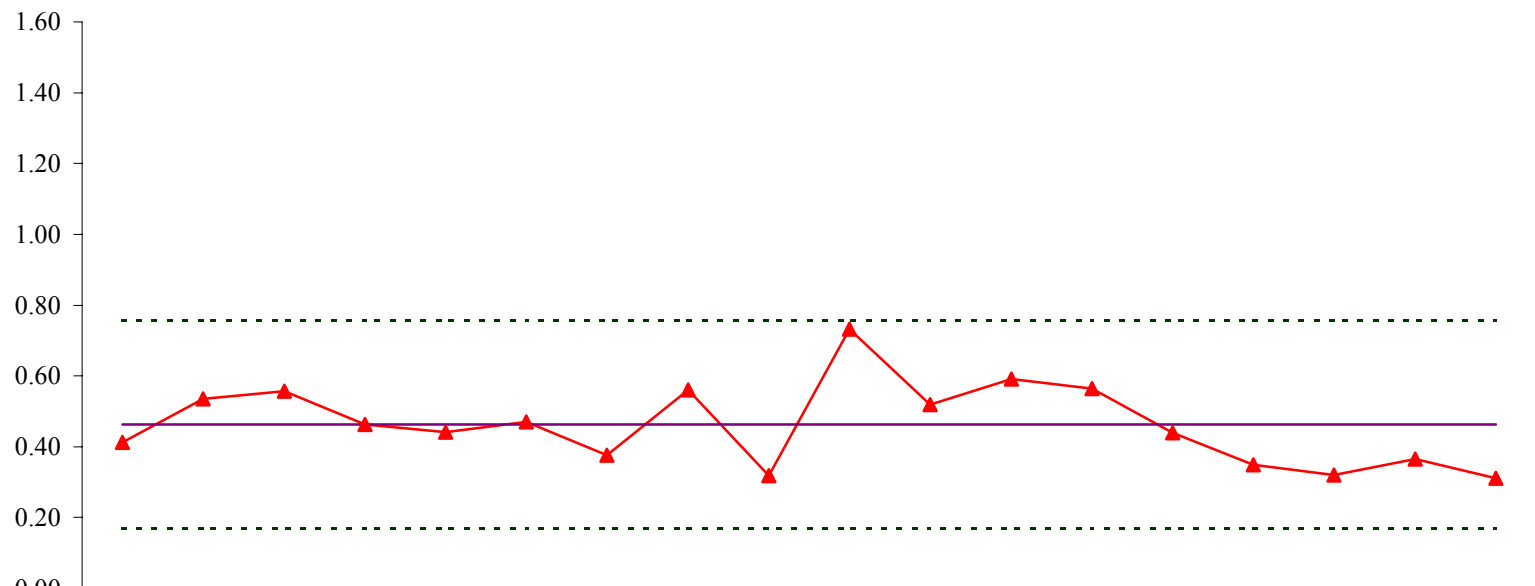


Data Integrity Review Process:

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

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

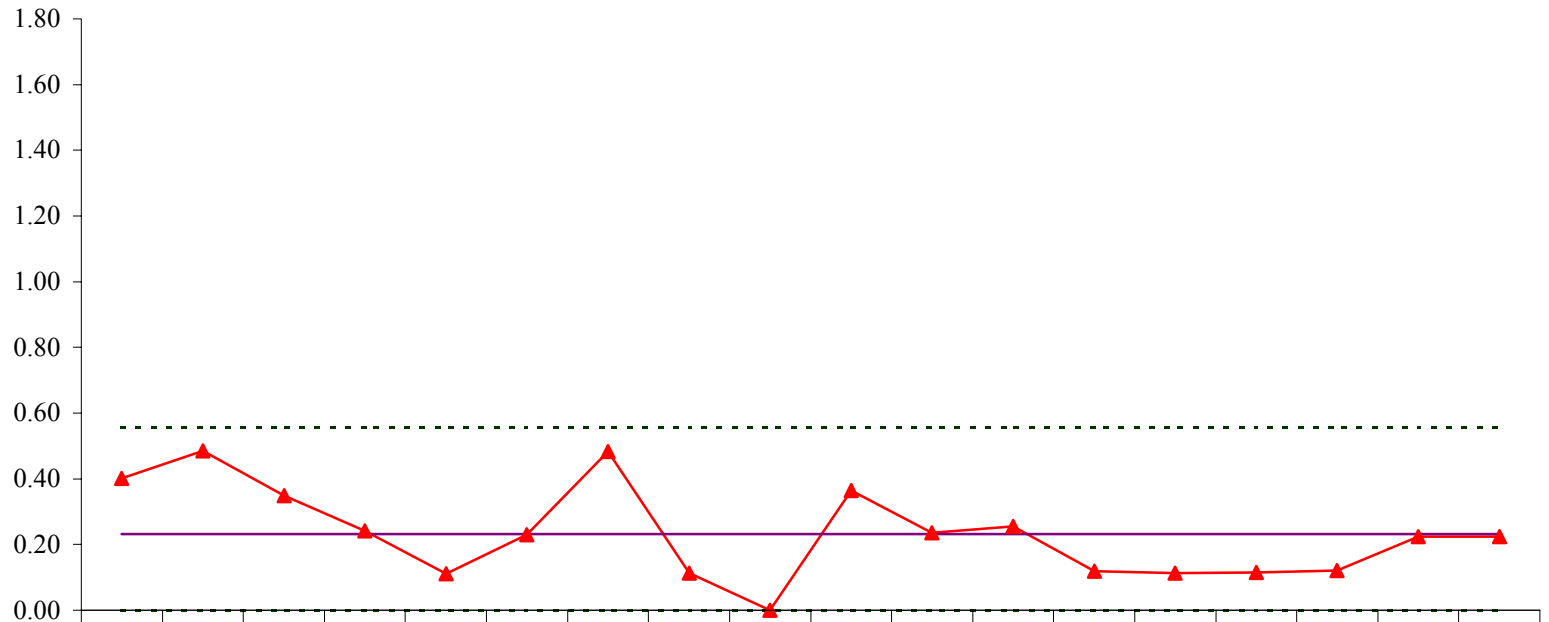
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)**



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	155	154	190	190	177	156	146	170	137	181	176	157	187	194	197	169	194	187
Injuries Associated with R/S	29	37	40	32	32	34	26	40	22	52	37	38	40	31	25	22	26	22
▲ Emp. Inj.(RS)/1000 Bed Days	0.41	0.53	0.56	0.46	0.44	0.47	0.38	0.56	0.32	0.73	0.52	0.59	0.56	0.44	0.35	0.32	0.37	0.31
-----UCL	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
— Avg	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46
-----LCL	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17

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

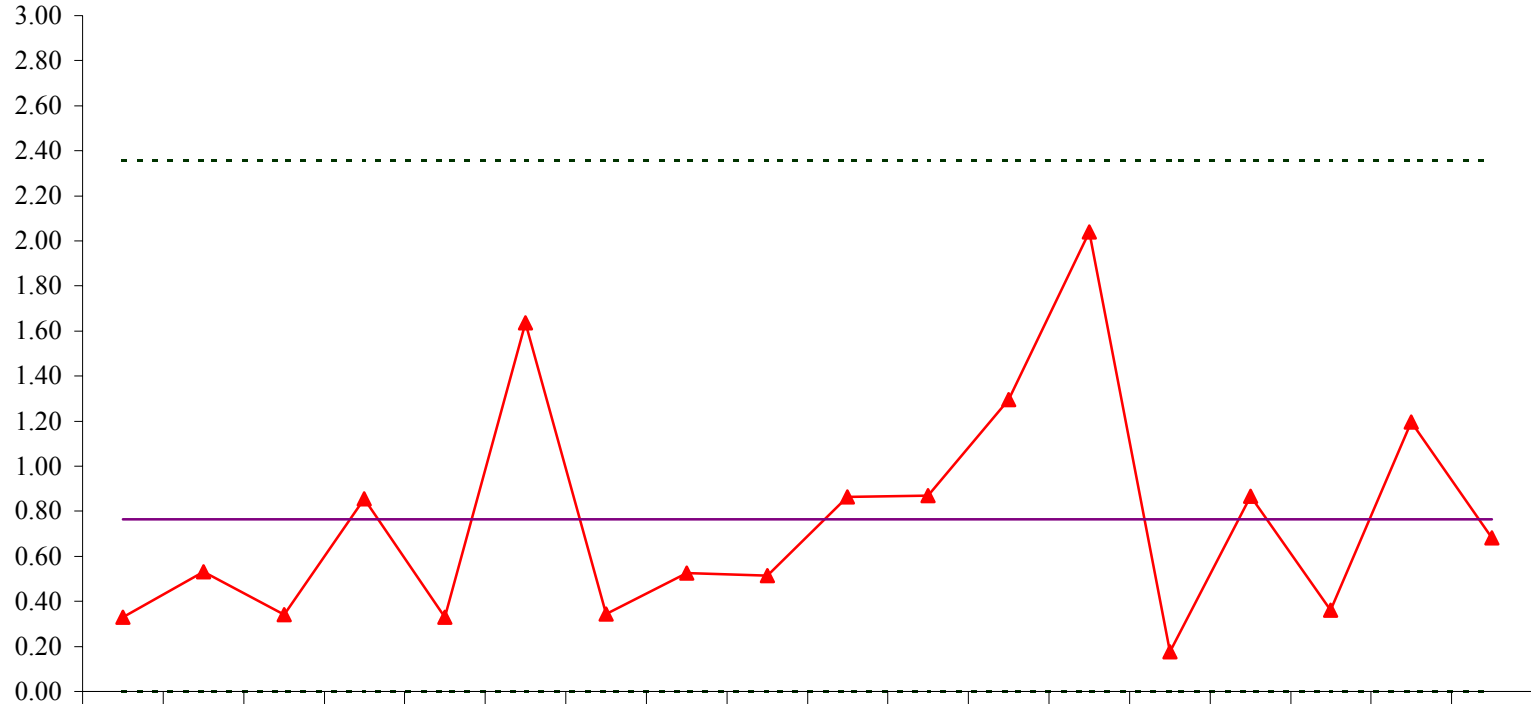
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	8	10	6	7	4	4	8	5	2	6	4	3	5	2	4	2	13	5
Injuries Associated with R/S	3	4	3	2	1	2	4	1	0	3	2	2	1	1	1	1	2	2
▲ Emp. Inj.(RS)/1000 Bed Days	0.40	0.48	0.35	0.24	0.11	0.23	0.48	0.11	0.00	0.36	0.24	0.26	0.12	0.11	0.11	0.12	0.22	0.22
-----UCL	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
— Avg	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

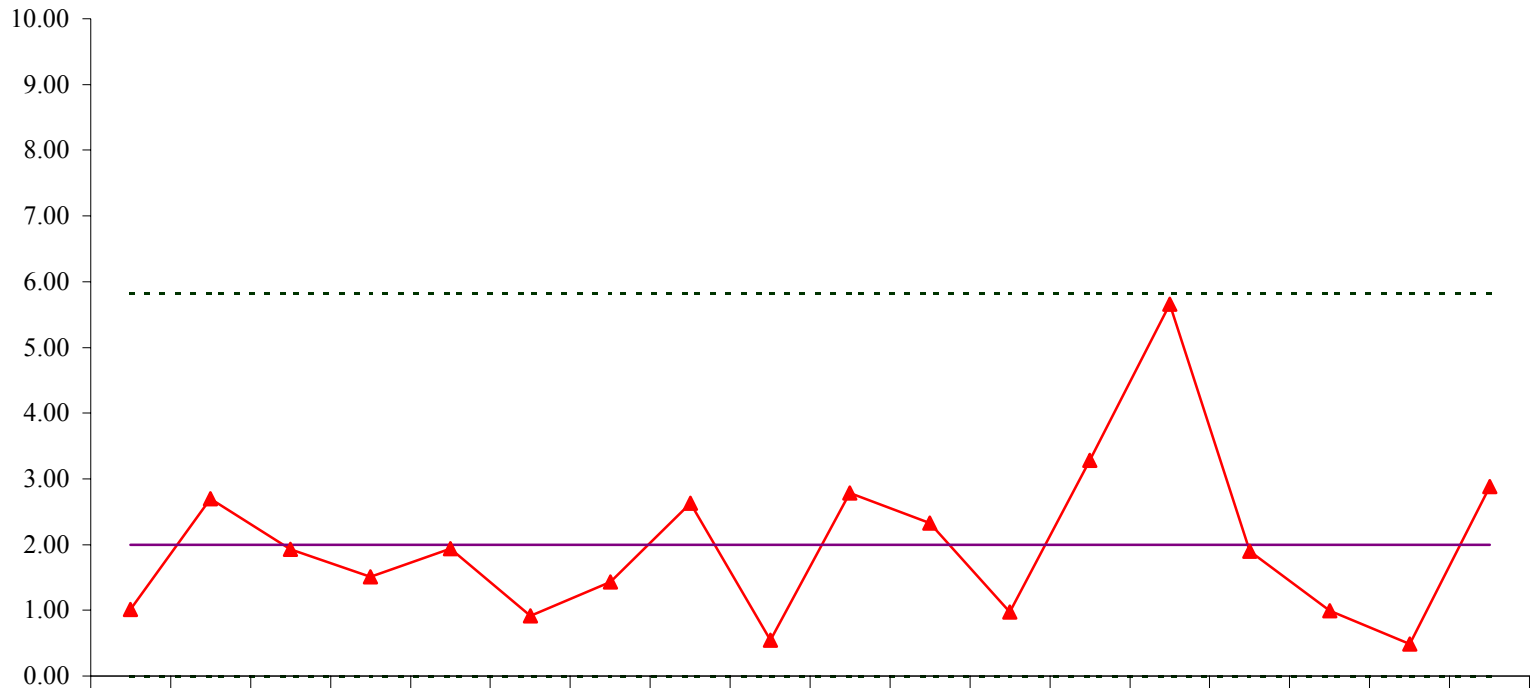
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)**



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	16	20	12	10	9	24	18	24	15	13	19	19	24	21	26	13	17	23
Injuries Associated with R/S	2	3	2	5	2	10	2	3	3	5	5	7	12	1	5	2	7	4
▲ Emp. Inj.(RS)/1000 Bed Days	0.33	0.53	0.34	0.86	0.33	1.64	0.34	0.53	0.51	0.86	0.87	1.30	2.04	0.18	0.87	0.36	1.20	0.68
----- UCL	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35
— Avg	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

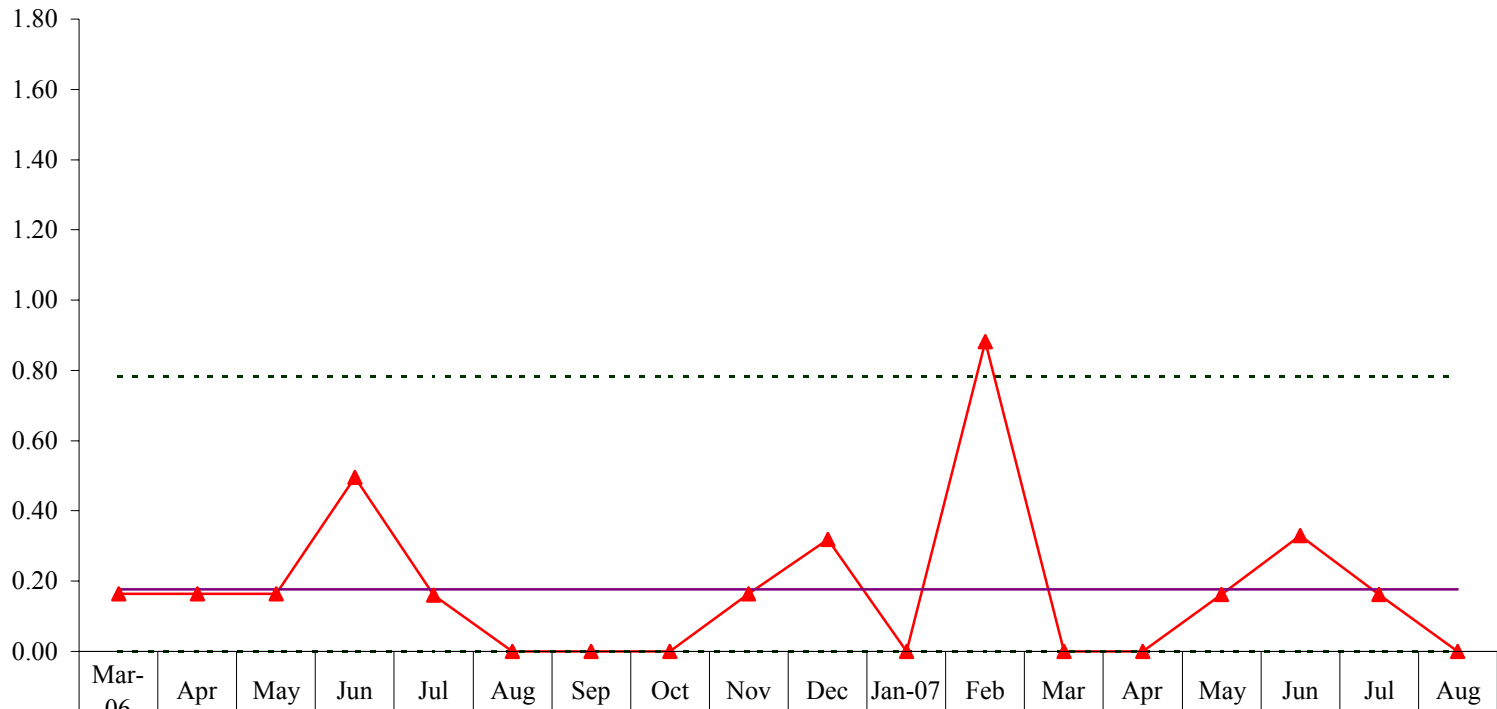
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	
Total Employee Injuries	13	11	9	15	15	5	7	7	3	10	8	6	8	19	13	8	7	15	
Injuries Associated with R/S	2	5	4	3	4	2	3	5	1	6	5	2	7	12	4	2	1	6	
Emp. Inj.(RS)/1000 Bed Days	1.01	2.70	1.93	1.51	1.94	0.92	1.43	2.62	0.55	2.78	2.33	0.98	3.28	5.66	1.90	1.00	0.48	2.88	
UCL	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81
Avg	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99	1.99
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	0.00

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

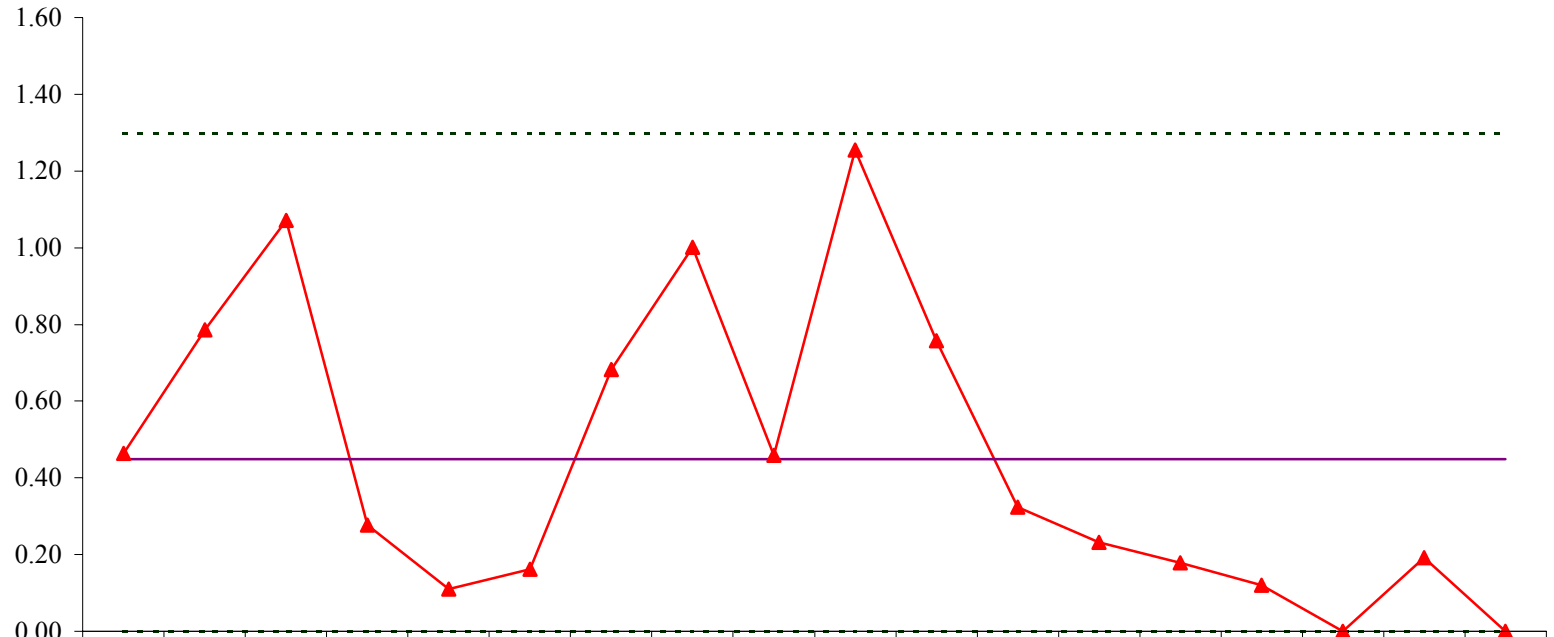
**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)**



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	11	14	11	13	5	8	8	9	11	13	8	8	4	11	12	11	12	7
Injuries Associated with R/S	1	1	1	3	1	0	0	0	1	2	0	5	0	0	1	2	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.16	0.16	0.16	0.49	0.16	0.00	0.00	0.00	0.16	0.32	0.00	0.88	0.00	0.00	0.16	0.33	0.16	0.00
----- UCL	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78
----- Avg	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

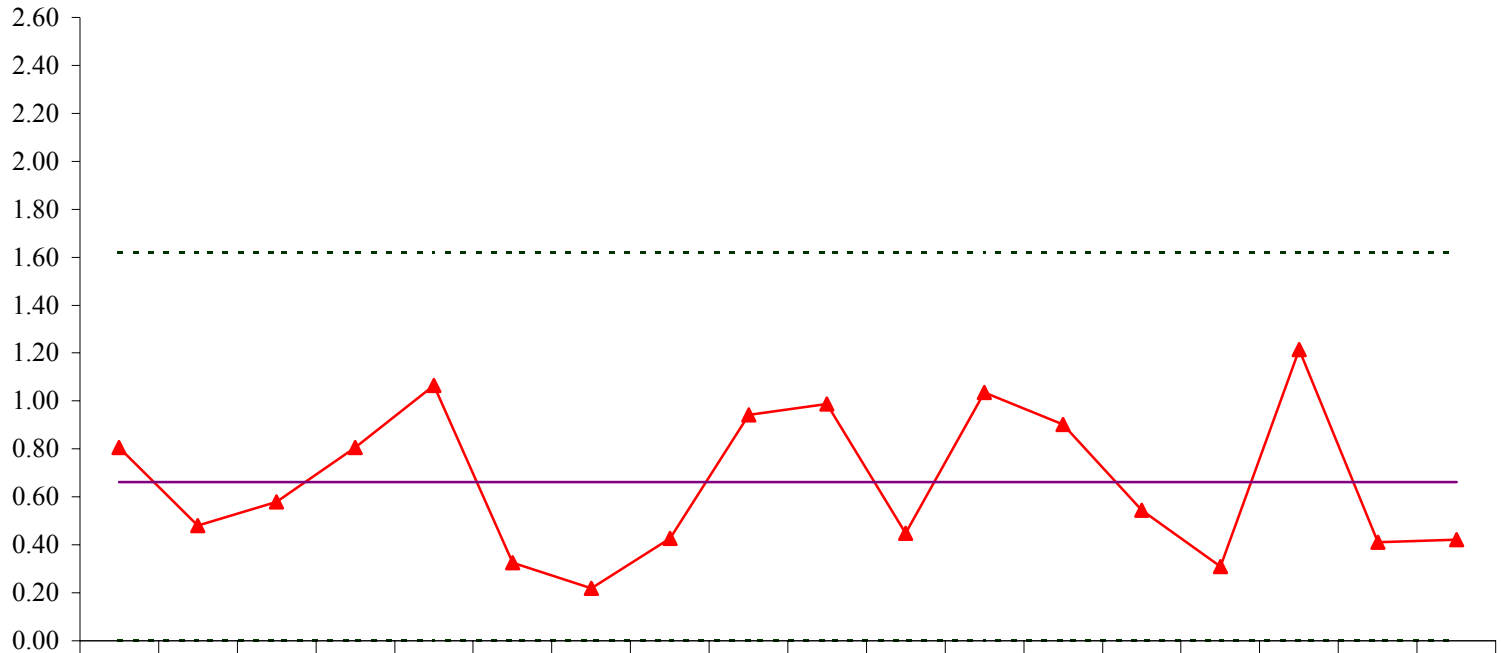
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	27	36	51	46	37	34	30	39	25	43	35	20	45	44	41	23	31	28
Injuries Associated with R/S	9	15	21	5	2	3	12	18	8	22	13	5	4	3	2	0	3	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.46	0.79	1.07	0.28	0.11	0.16	0.68	1.00	0.46	1.25	0.76	0.32	0.23	0.18	0.12	0.00	0.19	0.00
-----UCL	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30
-----Avg	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

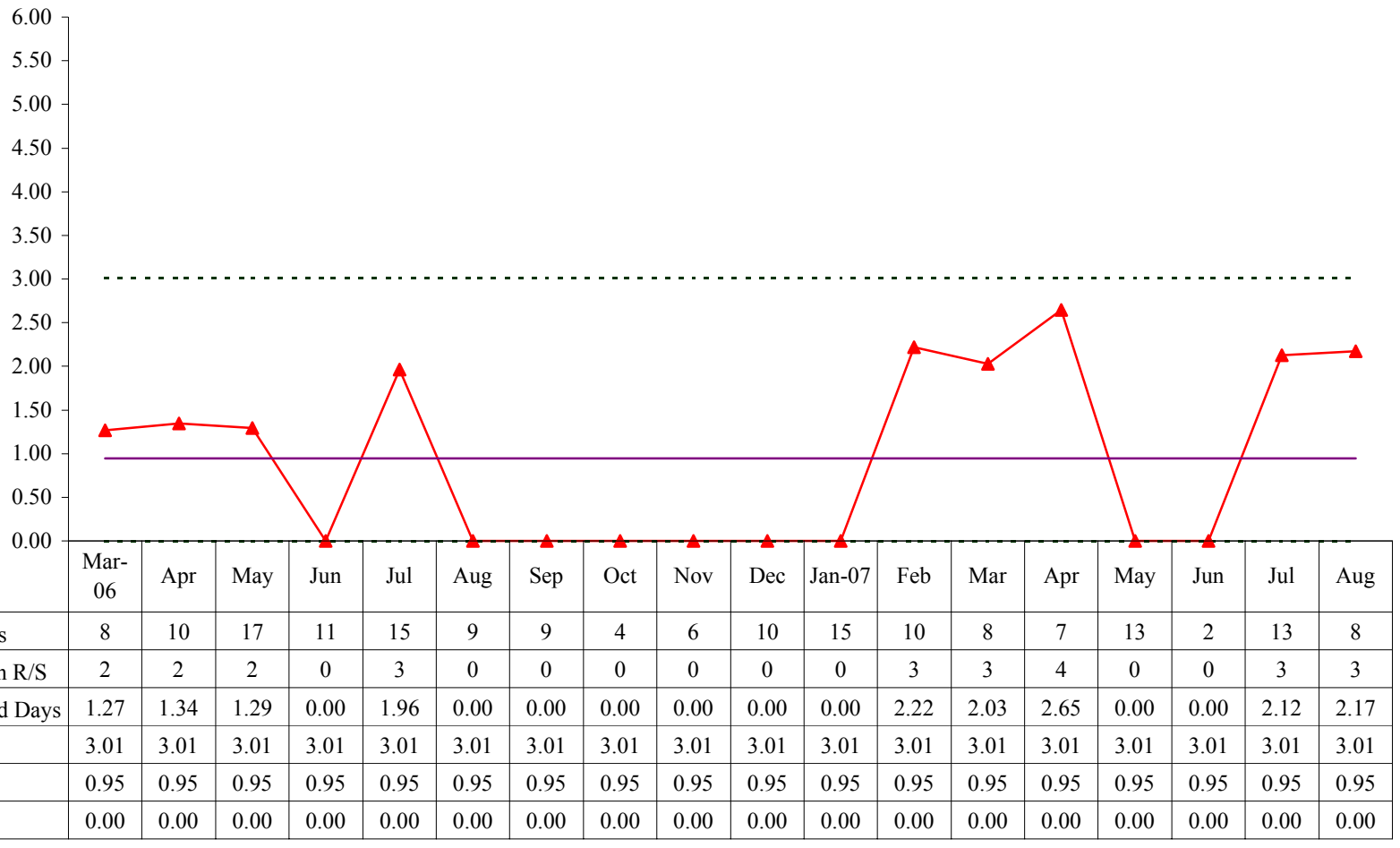
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	27	18	28	28	32	20	9	23	27	33	27	33	32	33	24	46	27	24
Injuries Associated with R/S	7	4	5	7	10	3	2	4	8	9	4	8	8	5	3	11	4	4
▲ Emp. Inj.(RS)/1000 Bed Days	0.81	0.48	0.58	0.81	1.07	0.33	0.22	0.43	0.94	0.99	0.45	1.03	0.90	0.54	0.31	1.21	0.41	0.42
-----UCL	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62
— 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

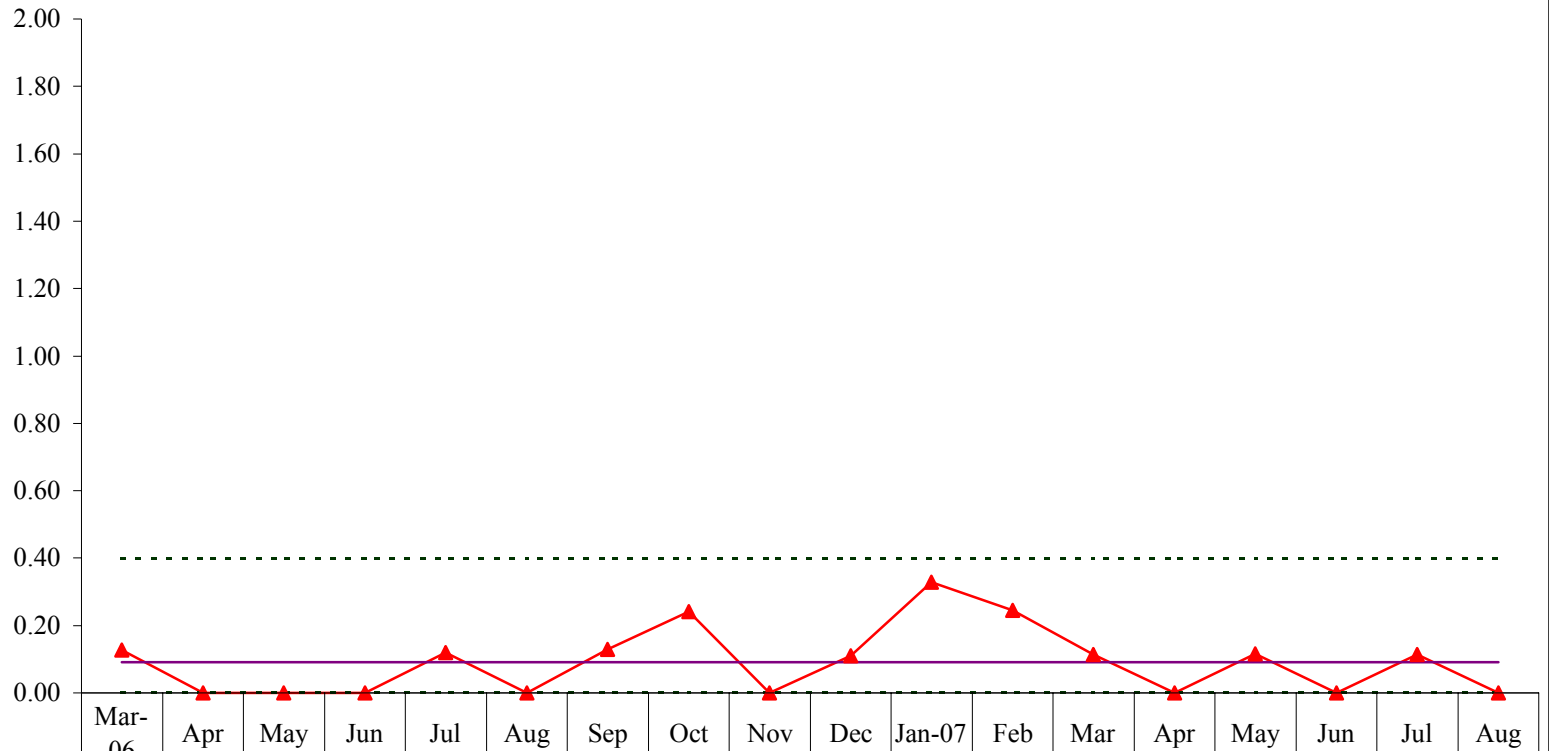
**Objective 6F - Employees Injured During Restraint or Seclusion
Rio Grande State Center**

**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)**



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

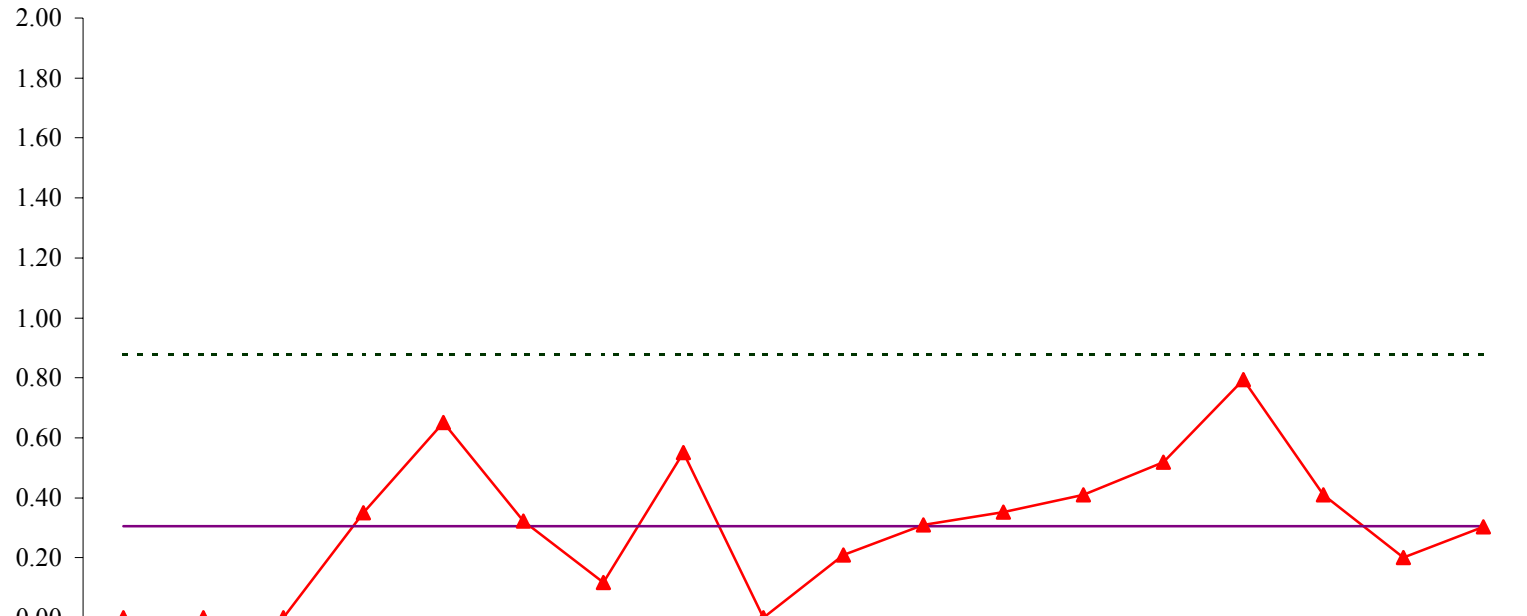
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	24	16	22	19	21	19	25	19	29	25	39	40	26	21	16	28	34	28
Injuries Associated with R/S	1	0	0	0	1	0	1	2	0	1	3	2	1	0	1	0	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.13	0.00	0.00	0.00	0.12	0.00	0.13	0.24	0.00	0.11	0.33	0.25	0.11	0.00	0.12	0.00	0.11	0.00
-----UCL	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40
— Avg	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09
-----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 6F - Employees Injured During Restraint or Seclusion
Terrell State Hospital

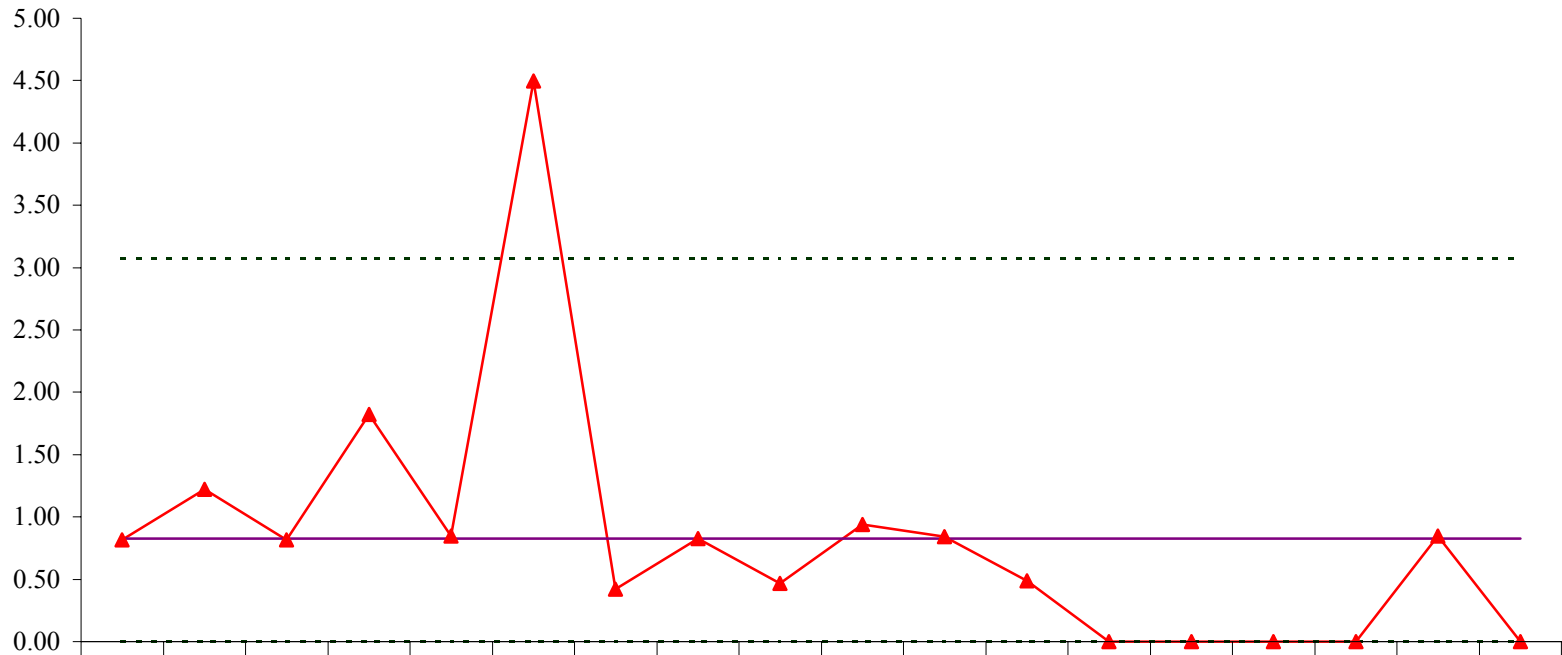
Employee Injured During Restraint or Seclusion
 (Expectation is ≤ 0.87 per 1,000 Bed Days)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	19	13	29	29	36	19	30	34	16	25	17	14	34	36	48	32	35	48
Injuries Associated with R/S	0	0	0	3	6	3	1	5	0	2	3	3	4	5	8	4	2	3
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	0.35	0.65	0.32	0.12	0.55	0.00	0.21	0.31	0.35	0.41	0.52	0.79	0.41	0.20	0.30
-----UCL	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
-----Avg	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31
-----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 6F - Employees Injured During Restraint or Seclusion
Waco Center for Youth**

**Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.87 per 1,000 Bed Days)**



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Employee Injuries	2	6	5	12	3	14	2	6	3	3	4	4	1	0	0	4	5	1
Injuries Associated with R/S	2	3	2	4	2	11	1	2	1	2	2	1	0	0	0	0	2	0
▲ Emp. Inj. (RS)/1000 Bed Days	0.82	1.22	0.81	1.82	0.85	4.50	0.42	0.83	0.47	0.94	0.84	0.49	0.00	0.00	0.00	0.00	0.85	0.00
-----UCL	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08
— Avg	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83
.....LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6G:

The rate of Unauthorized Departures will not exceed 0.36 per 1,000 bed days across all state hospitals during FY2007.

Performance Objective Operational Definition: The state hospital rate of unauthorized departures assignments documented on the state hospital elopement report form per 1,000 bed days per month.

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

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

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

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

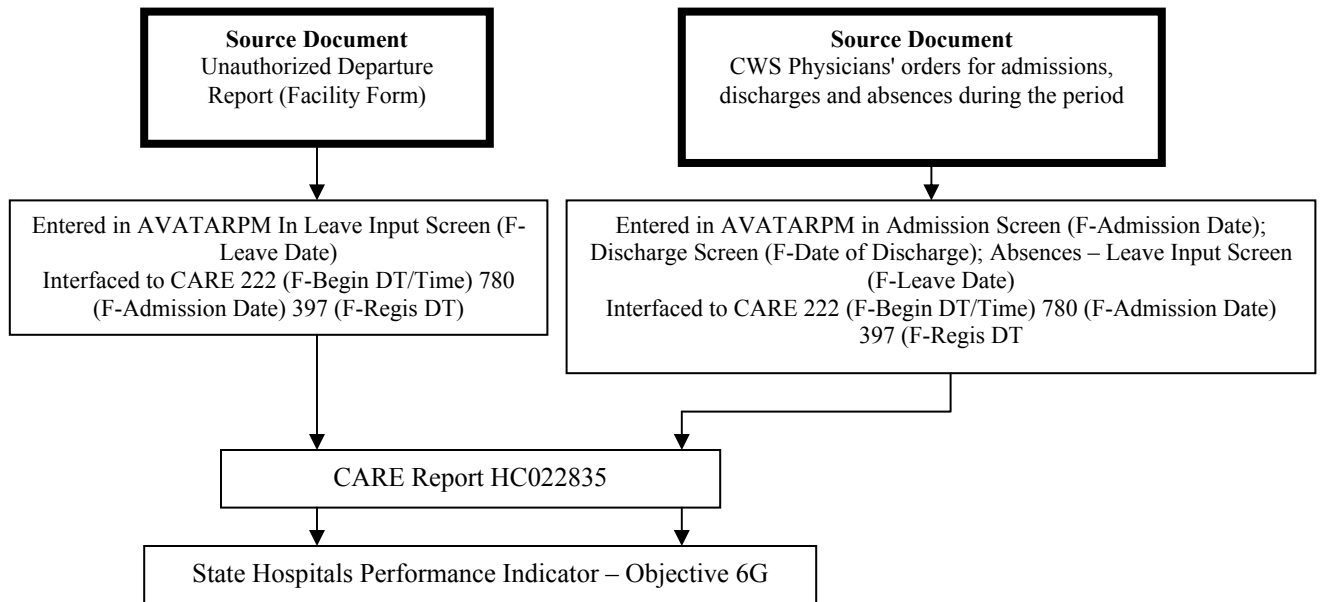
Performance Objective Data Display and Chart Description:

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

Data Flow:

Numerator (N)

Denominator (D)



Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates. Event files include date when elopement started and stopped and location.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates as compared to the corresponding information in the medical record. Verify elopement start/stop dates, location and type of the NRI elopement event file with corresponding information on the UD form.

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

	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL STATE HOSPITALS												
Unauthorized Departures Incidents	16	28	21	12	17	19	19	19	24	18	22	24
Unauthorized Departures Persons	16	27	20	12	15	17	19	19	21	16	22	22
Bed Days in Month	69059	71413	69029	71033	71302	64267	70940	70511	71784	68547	71038	70617
Incidents/1000 Bed Days	0.23	0.39	0.30	0.17	0.24	0.30	0.27	0.27	0.33	0.26	0.31	0.34

Performance Measure 6A:

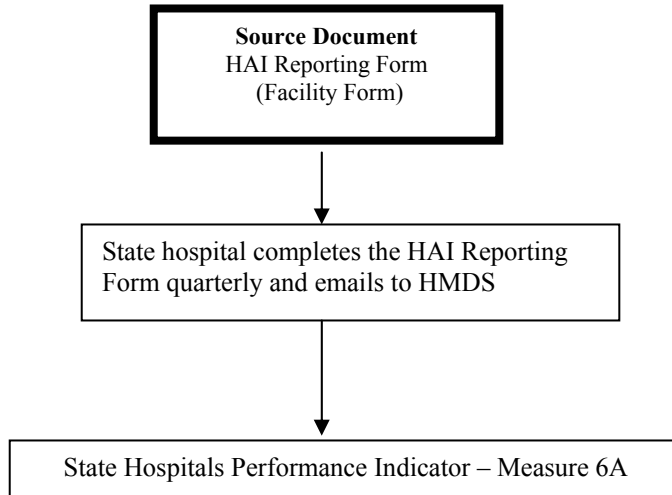
State hospital infection control practitioners (ICP) will collect and compare data on facility healthcare associated infection rates.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

N/A

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q4

Age 64+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	0	2	0	2	2	0	0	6	1	13
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	1	0	0	0	0	0	0	1	0	2
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	1	1	0	0	0	0	1	2	5
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0	3	1	4
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	4	0	0	0	0	2	3	0	9
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Total	1	7	1	2	2	0	2	14	4	33
Rate Per 1,000 Beddays	0.5	5.5	2.0	1.1	1.1	0.0	1.7	4.5	2.3	2.4

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q4

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	1	19	3	4	1	0	6	6	13	53
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	1	0	0	0	4	1	1	3	0	10
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	1	28	5	8	4	0	27	22	21	116
Gastrointestinal System Infection	0	1	1	0	1	0	0	0	1	4
Lower Respiratory Infection,other than Pneumonia	0	2	0	0	6	0	3	1	0	12
Reproductive Tract Infection	0	6	0	0	0	0	0	0	0	6
Skin and Soft Tissue Infection	2	15	11	3	1	1	22	16	23	94
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Total	5	71	20	15	17	2	59	48	58	295
Rate Per 1,000 Beddays	0.2	4.5	3.7	0.9	0.4	0.5	2.2	2.4	2.2	1.7

**Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q4**

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	1	1	2	0	0	1	5
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	0	5	0	2	8	15
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	1	0	0	2	3
Reproductive Tract Infection	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	0	0	1	4	5	10
Systemic Infection	0	0	0	0	0	16	16
Total	1	1	8	1	6	32	49
Rate Per 1,000 Beddays	0.4	3.6	1.1	0.4	2.2	4.6	2.3

Performance Measure 6B:

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

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

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

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

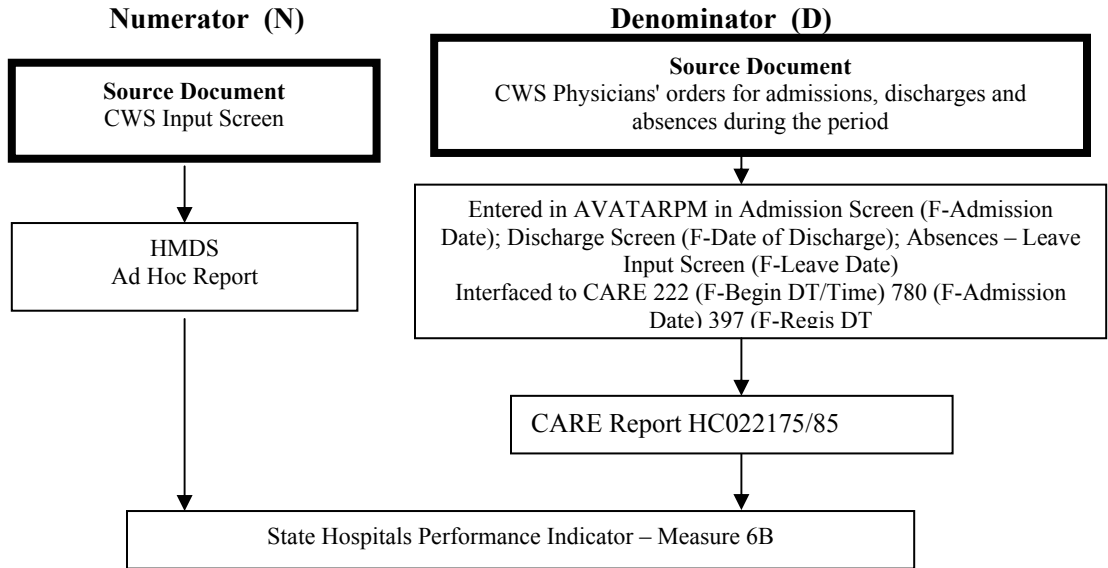
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

Monitoring Method	Medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time of injury and type.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and leave event start/stop dates and injury event date and type data field as compared to the corresponding information in the medical record.
Sample Size	Use 15 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data to review only associated injury events.

Measure 6B - Patient Injuries

All State Hospitals - FY07

Hospital	Q1							Q2							Q3							Q4									
	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	Total	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	Total	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	Total	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*
ALL SH																															
Accident	12	244	257	27	2	0	542	12	228	218	20	4	0	482	7	267	299	18	3	0	594	31	357	306	17	1	0	712			
Another Client	6	134	144	8	0	0	292	8	204	175	12	1	0	400	6	290	173	8	1	0	478	7	412	199	16	3	0	637			
Alleged Abuse/N	1	30	5	4	0	0	40	0	13	6	0	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Employee/Acciden	0	10	17	1	0	0	28	0	18	16	0	0	0	34	0	23	21	3	0	0	47	3	19	15	0	0	0	37			
Medical Condition	4	12	8	1	0	0	25	4	11	8	1	0	0	24	5	24	13	4	0	0	46	1	32	15	2	1	0	51			
Self Inflicted	8	108	214	15	1	0	346	10	89	183	12	2	1	297	14	153	251	18	1	0	437	15	177	243	13	1	0	449			
Undetermined	5	87	62	6	3	0	163	20	119	47	5	0	0	191	30	183	60	7	2	1	283	45	184	72	6	3	0	310			
Visitor	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Total	36	626	707	62	6	0	1437	54	682	653	50	7	1	1447	62	940	817	58	7	1	1885	102	1181	850	54	9	0	2196			
Rate/1000 Bed Days	0.17	2.99	3.38	0.30	0.03	0.00	0.32	0.26	3.30	3.16	0.24	0.03	0.00	0.28	0.29	4.41	3.83	0.27	0.03	0.00	0.31	0.49	5.62	4.04	0.26	0.04	0.00	0.02			

N/A = Not Available

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

Measure 6B - Patient Injuries

All State Hospitals

Hospitals	Q1 FY07							Q2							Q3							FYTD						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
ALL SH																												
Age 0-17	3	85	197	11	1	0	297	7	82	154	6	2	0	251	9	168	229	5	1	0	412	44	513	767	26	4	0	1354
Age 18-64	31	496	476	47	4	0	1054	41	565	466	44	4	0	1120	49	717	552	51	5	0	1374	194	2711	2111	190	22	0	5228
Age 65-olde	2	45	34	4	1	0	86	3	53	31	2	0	0	89	4	55	36	2	1	1	99	13	223	147	10	2	1	396
Total	36	626	707	62	6	0	1437	51	700	651	52	6	0	1460	62	940	817	58	7	1	1885	251	3447	3025	226	28	1	6978

N/A = Not Available

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

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

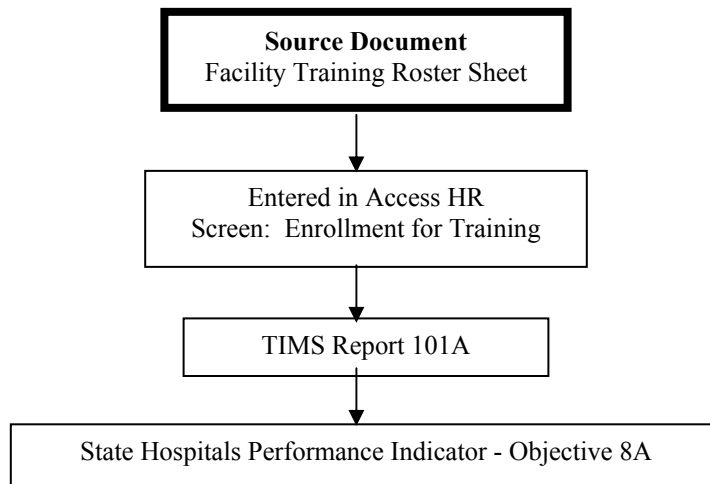
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report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

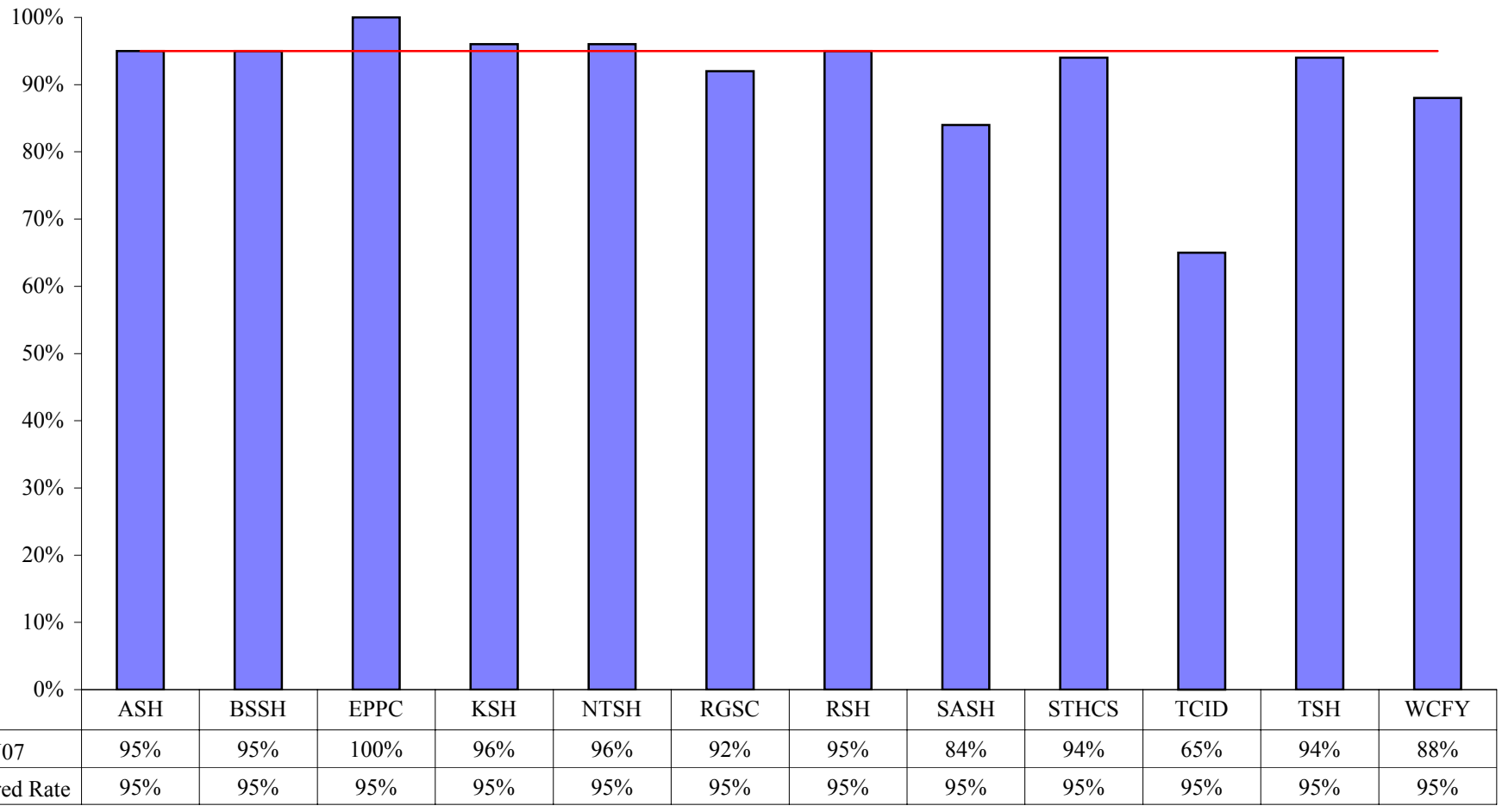


Data Integrity Review Process:

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

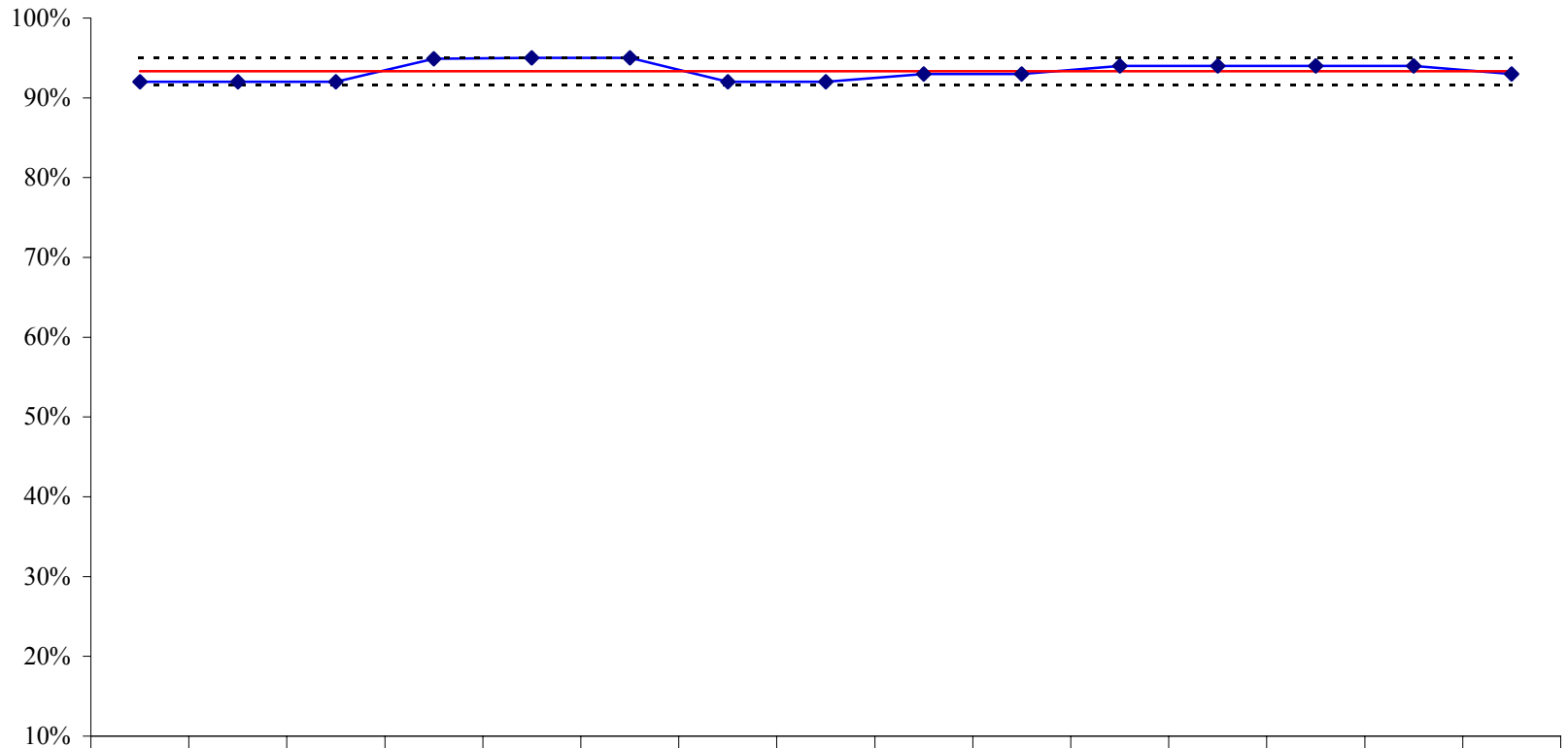
**Objective 8A - Staff Current With Required Training
All State Hospitals**

**Required Training
(As of August 31, 2007)**



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

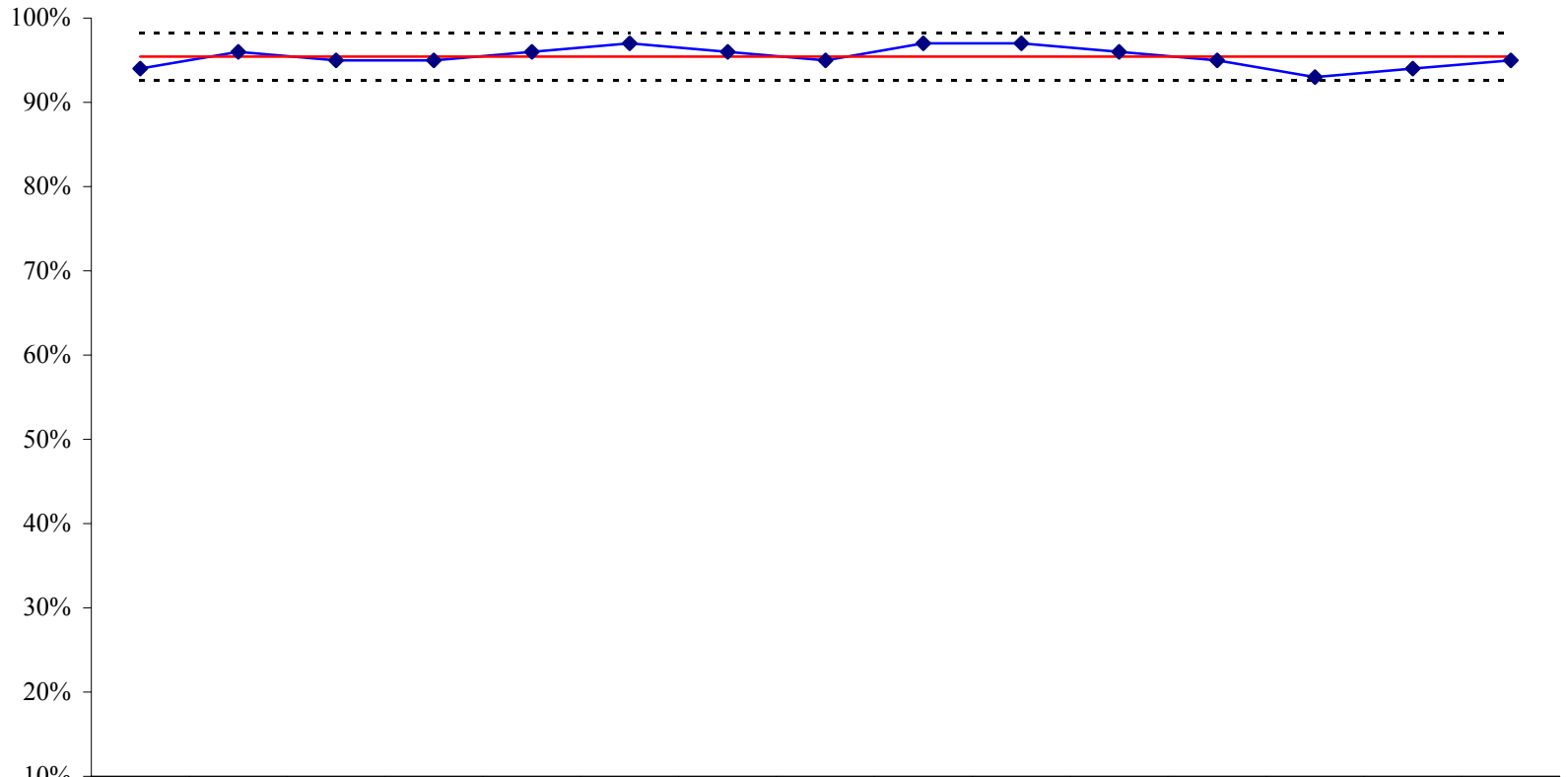
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—◆— % Training Completed	92%	92%	92%	95%	95%	95%	92%	92%	93%	93%	94%	94%	94%	94%	93%
- - - - - UCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
- LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

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

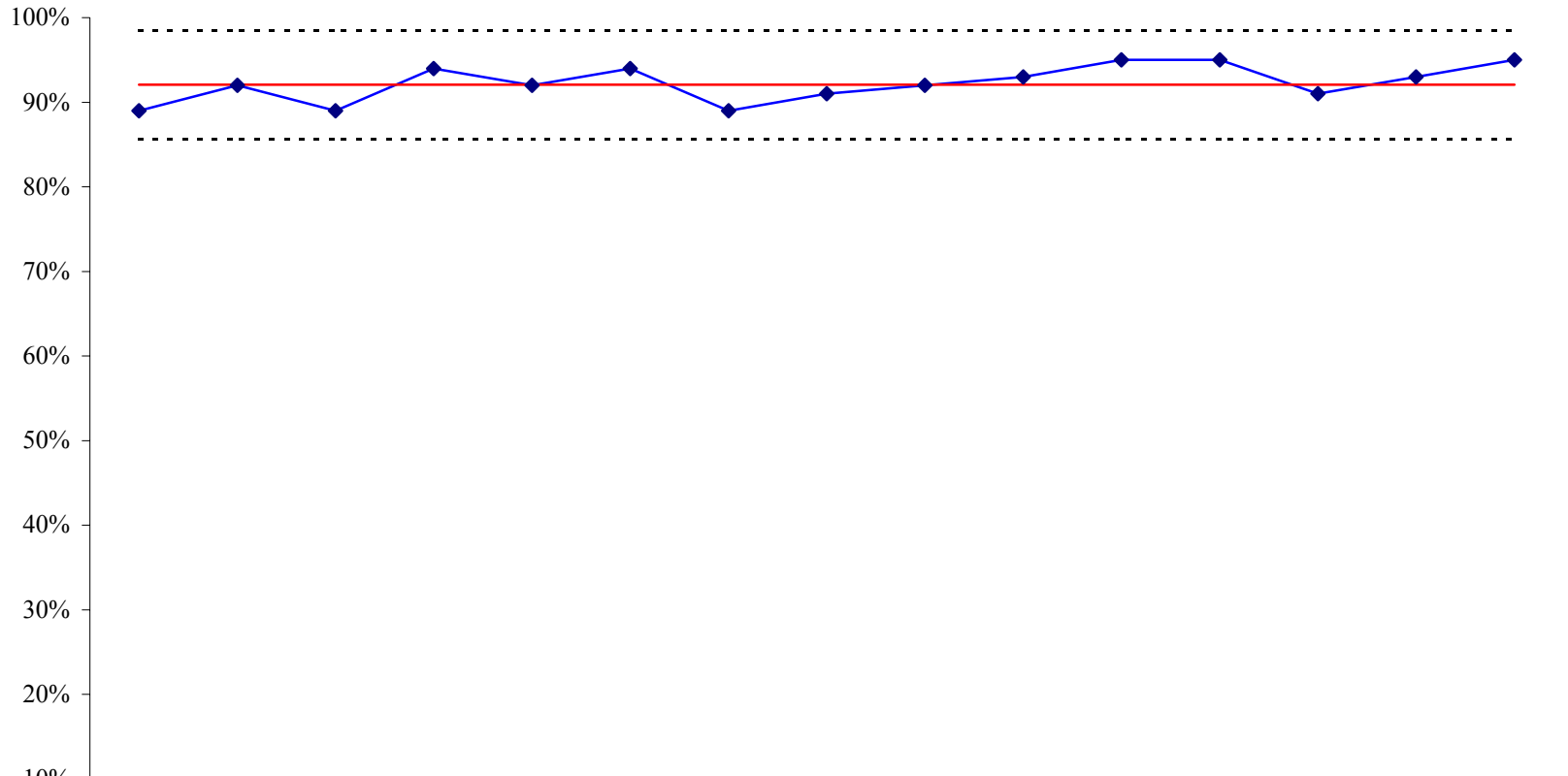
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	94%	96%	95%	95%	96%	97%	96%	95%	97%	97%	96%	95%	93%	94%	95%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

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

Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	89%	92%	89%	94%	92%	94%	89%	91%	92%	93%	95%	95%	91%	93%	95%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— 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
El Paso Psychiatric Center

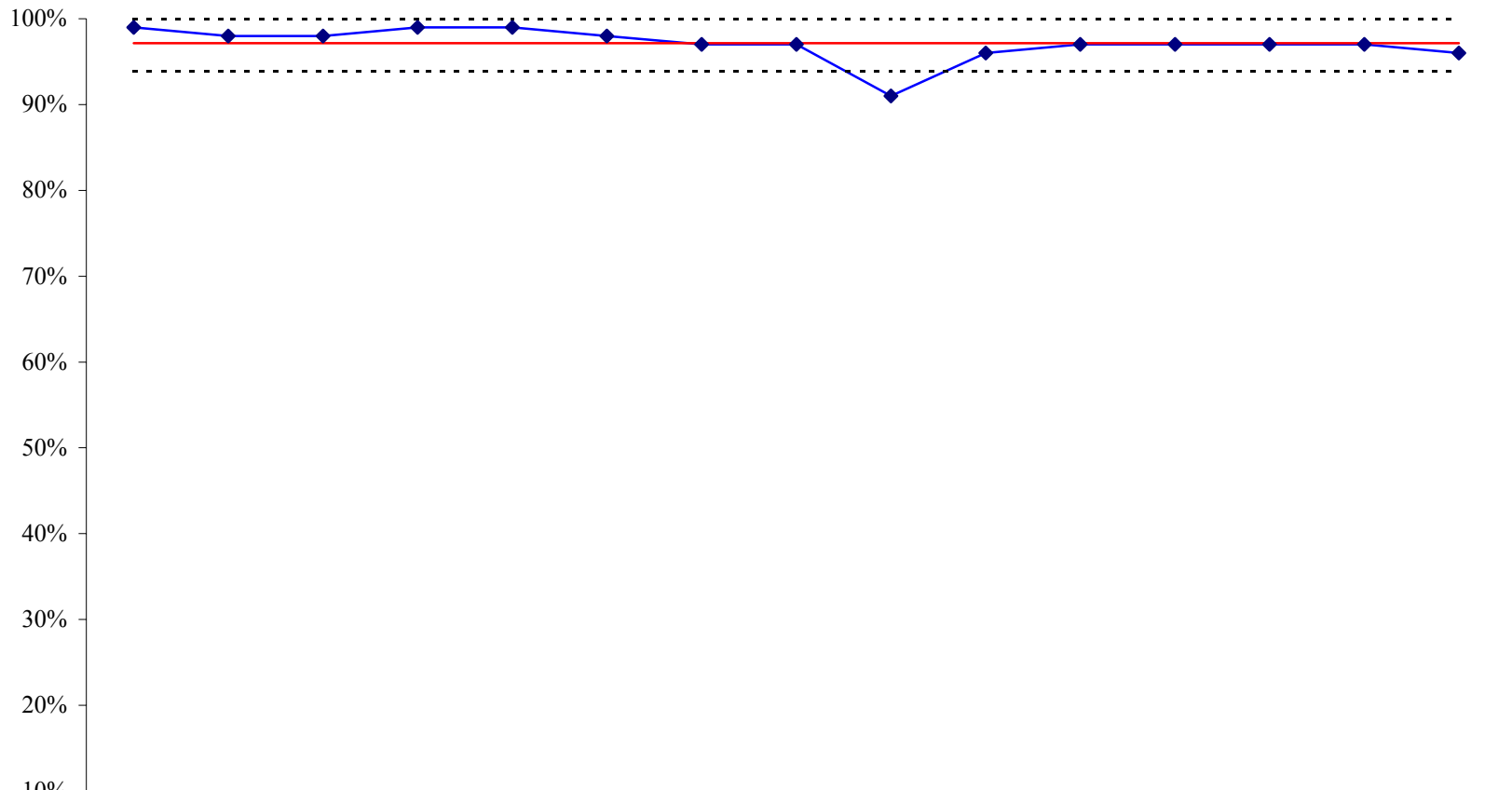
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-----UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-----Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
-----LCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

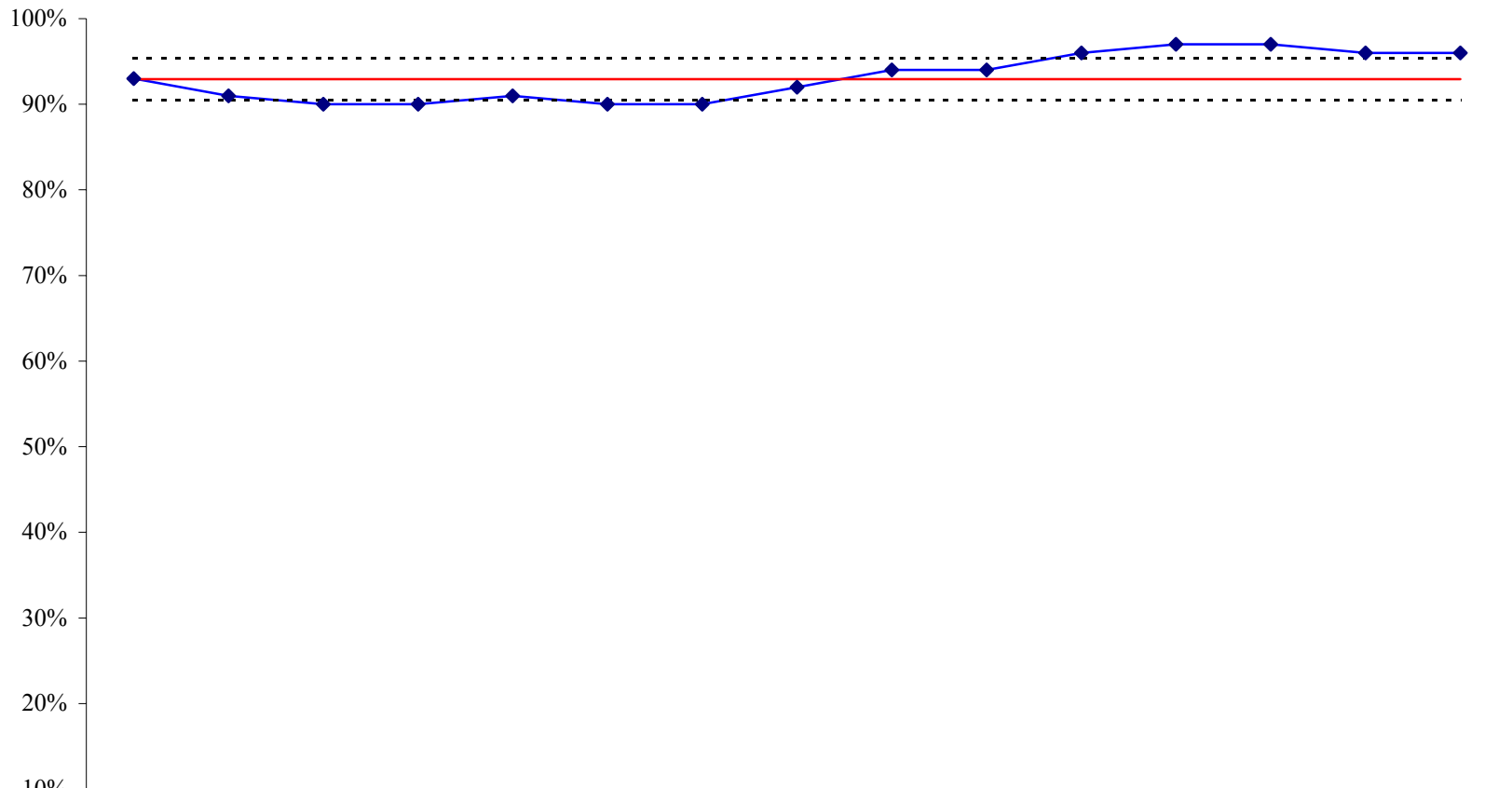
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	99%	98%	98%	99%	99%	98%	97%	97%	91%	96%	97%	97%	97%	97%	96%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
----- Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

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

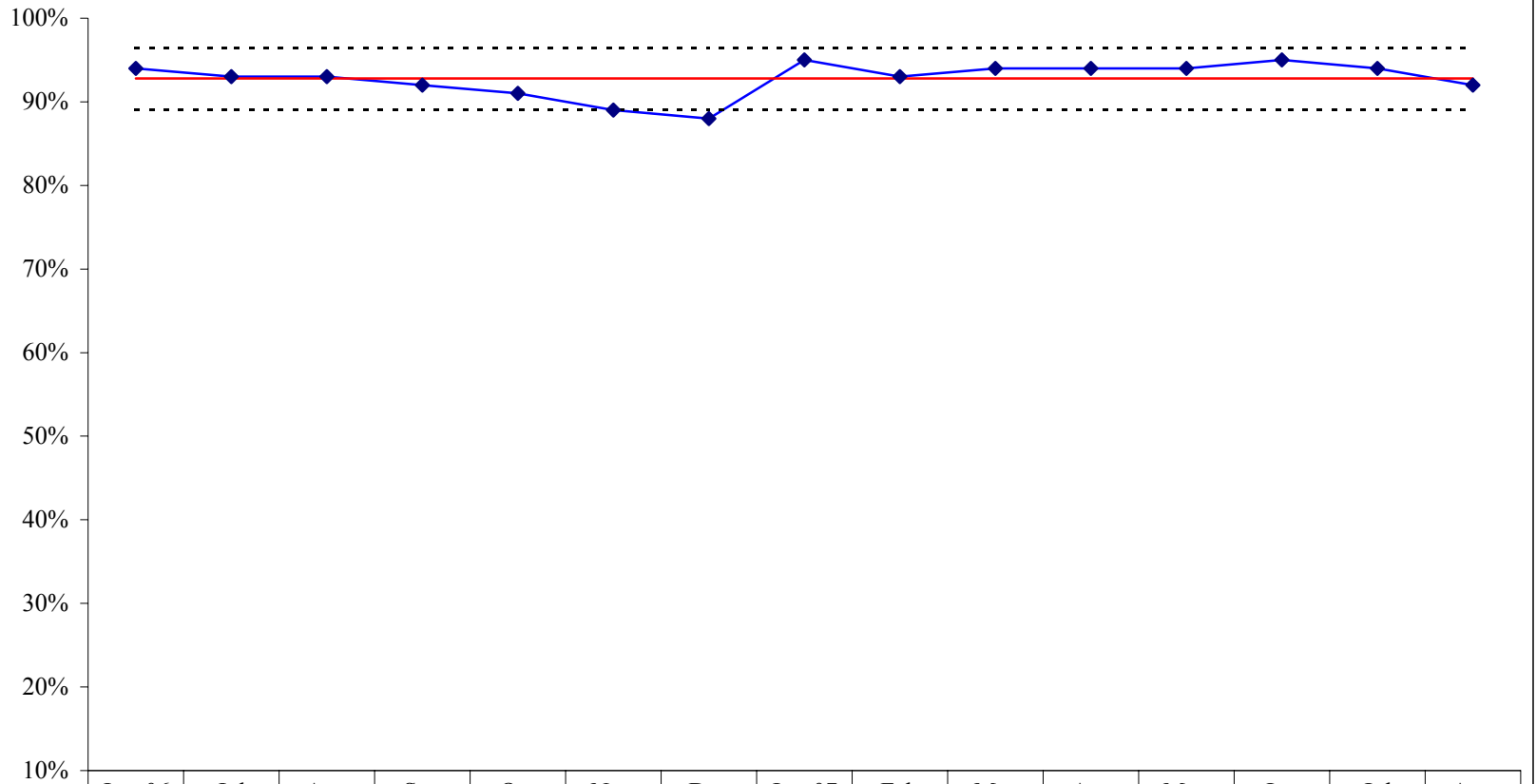
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	93%	91%	90%	90%	91%	90%	90%	92%	94%	94%	96%	97%	97%	96%	96%
----- UCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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

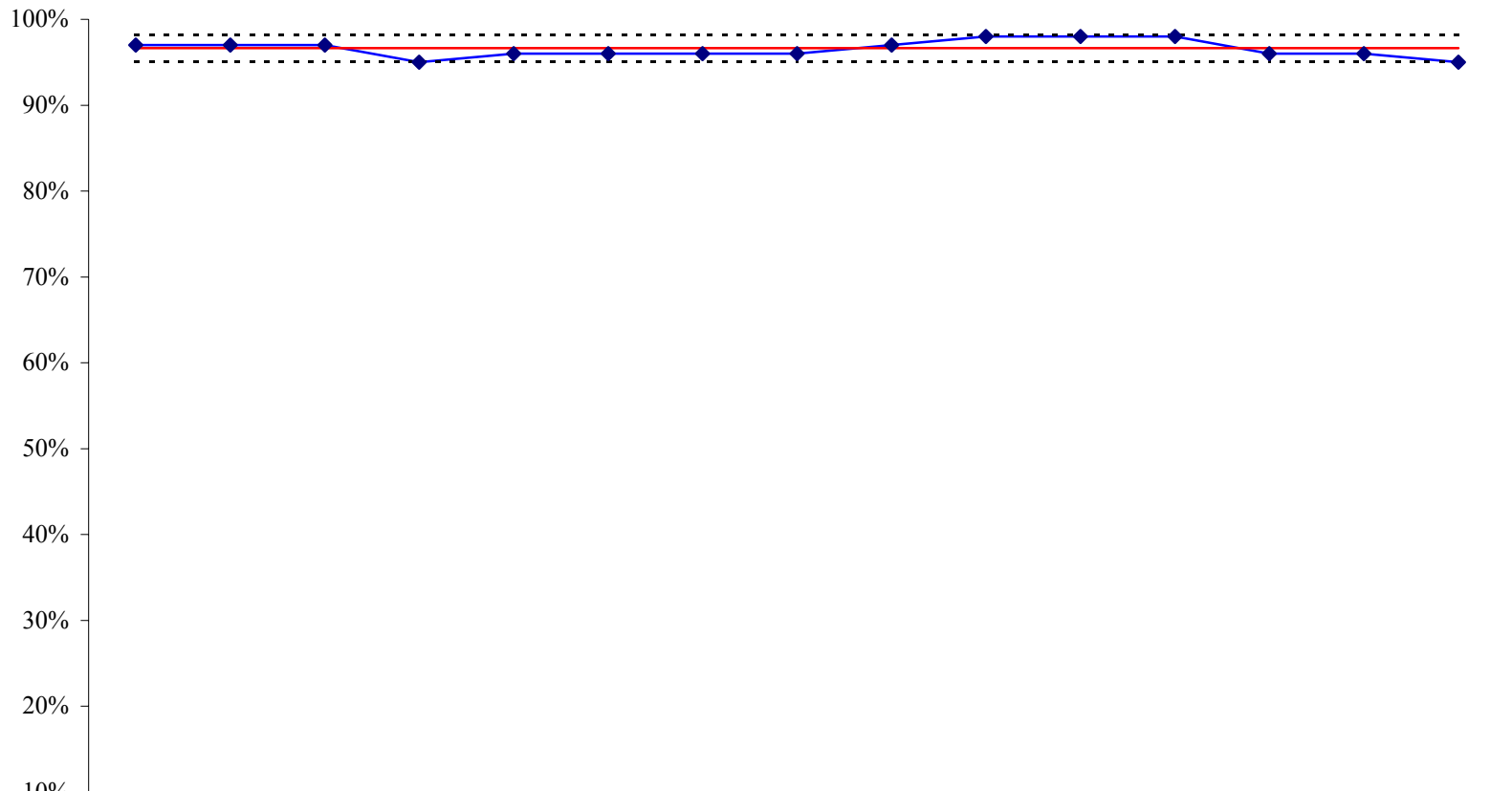
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	94%	93%	93%	92%	91%	89%	88%	95%	93%	94%	94%	94%	95%	94%	92%
----- UCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

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

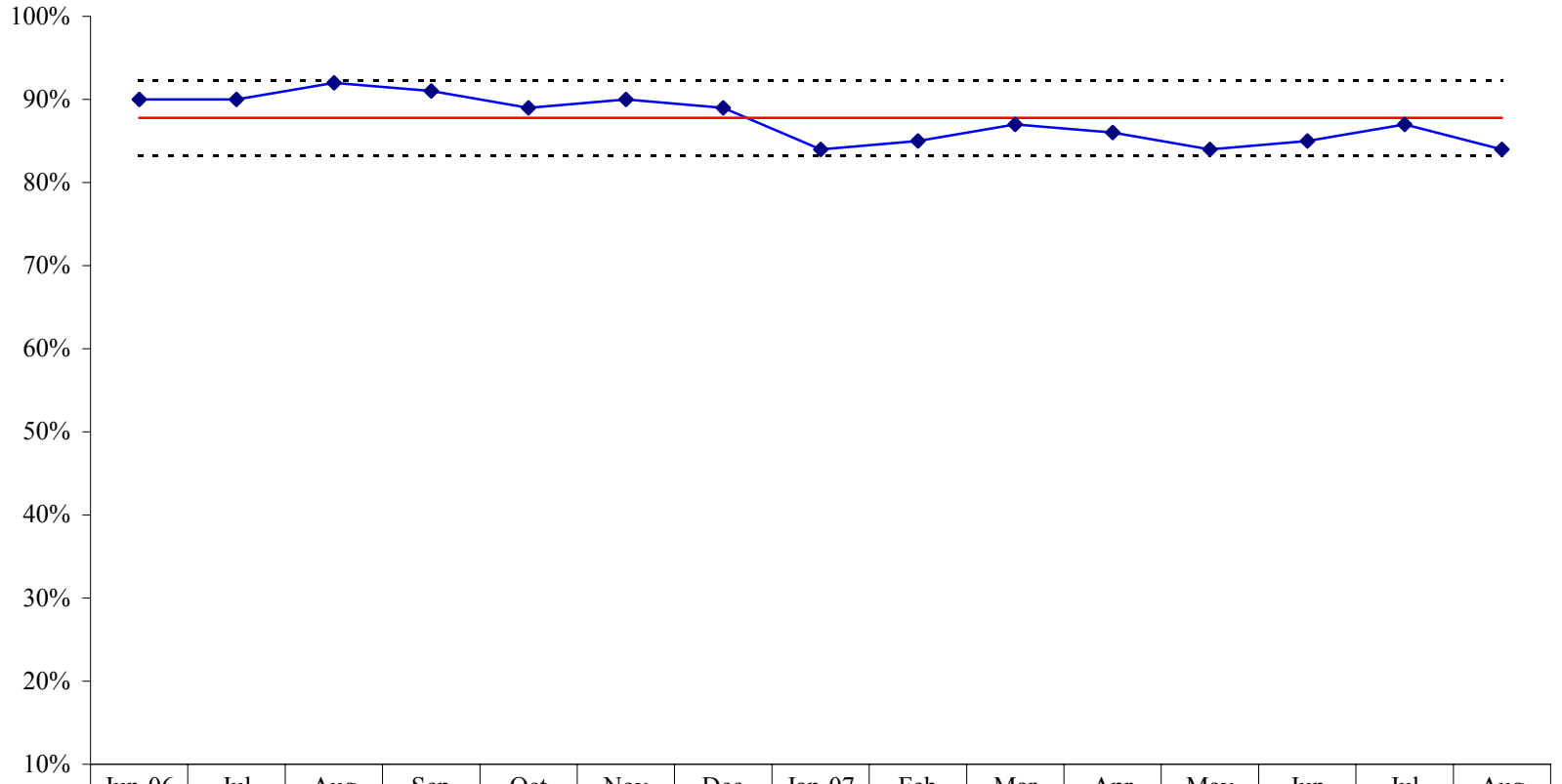
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	97%	97%	97%	95%	96%	96%	96%	96%	97%	98%	98%	98%	96%	96%	95%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	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

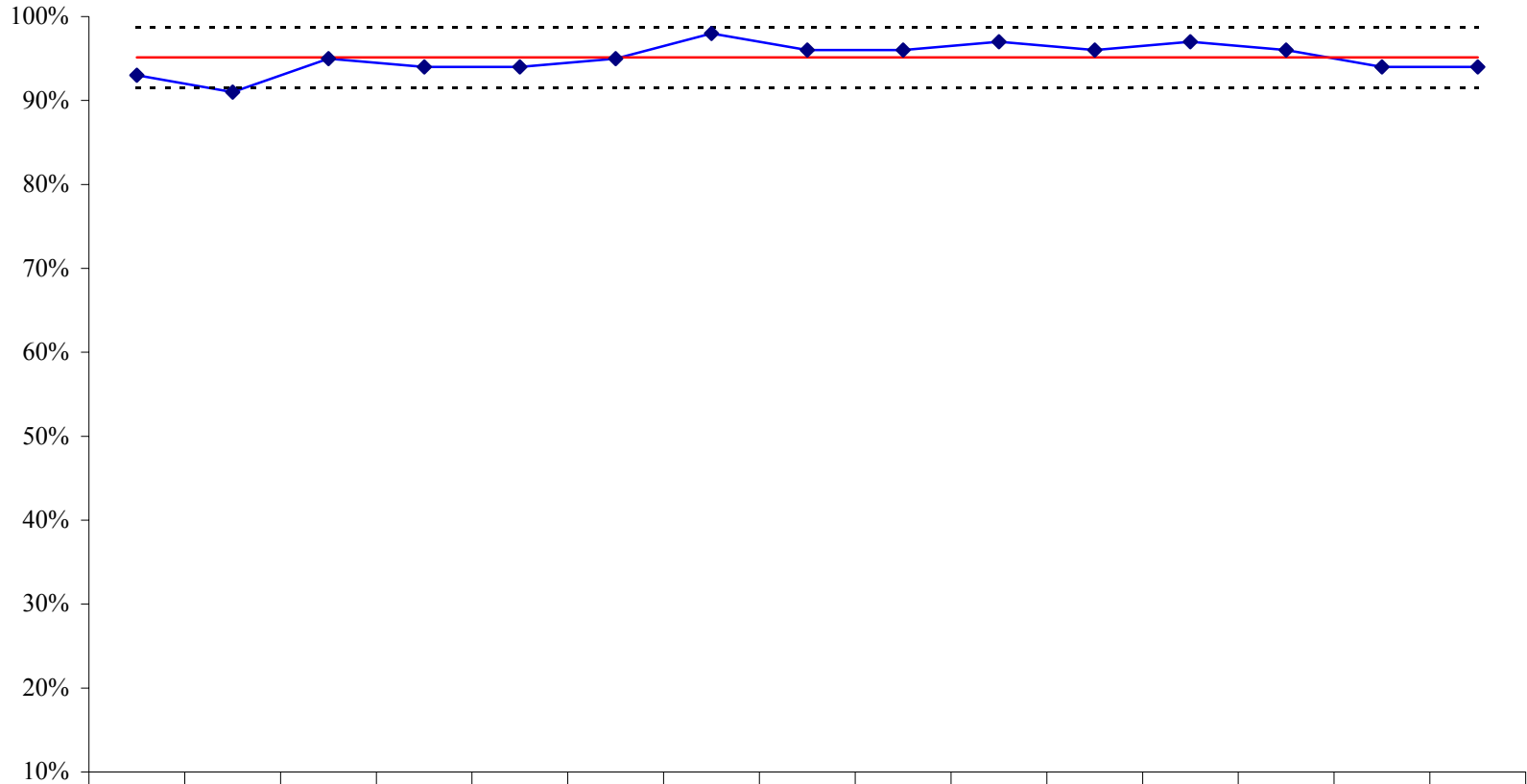
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	90%	90%	92%	91%	89%	90%	89%	84%	85%	87%	86%	84%	85%	87%	84%
----- UCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
— Avg	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%
----- LCL	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%

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

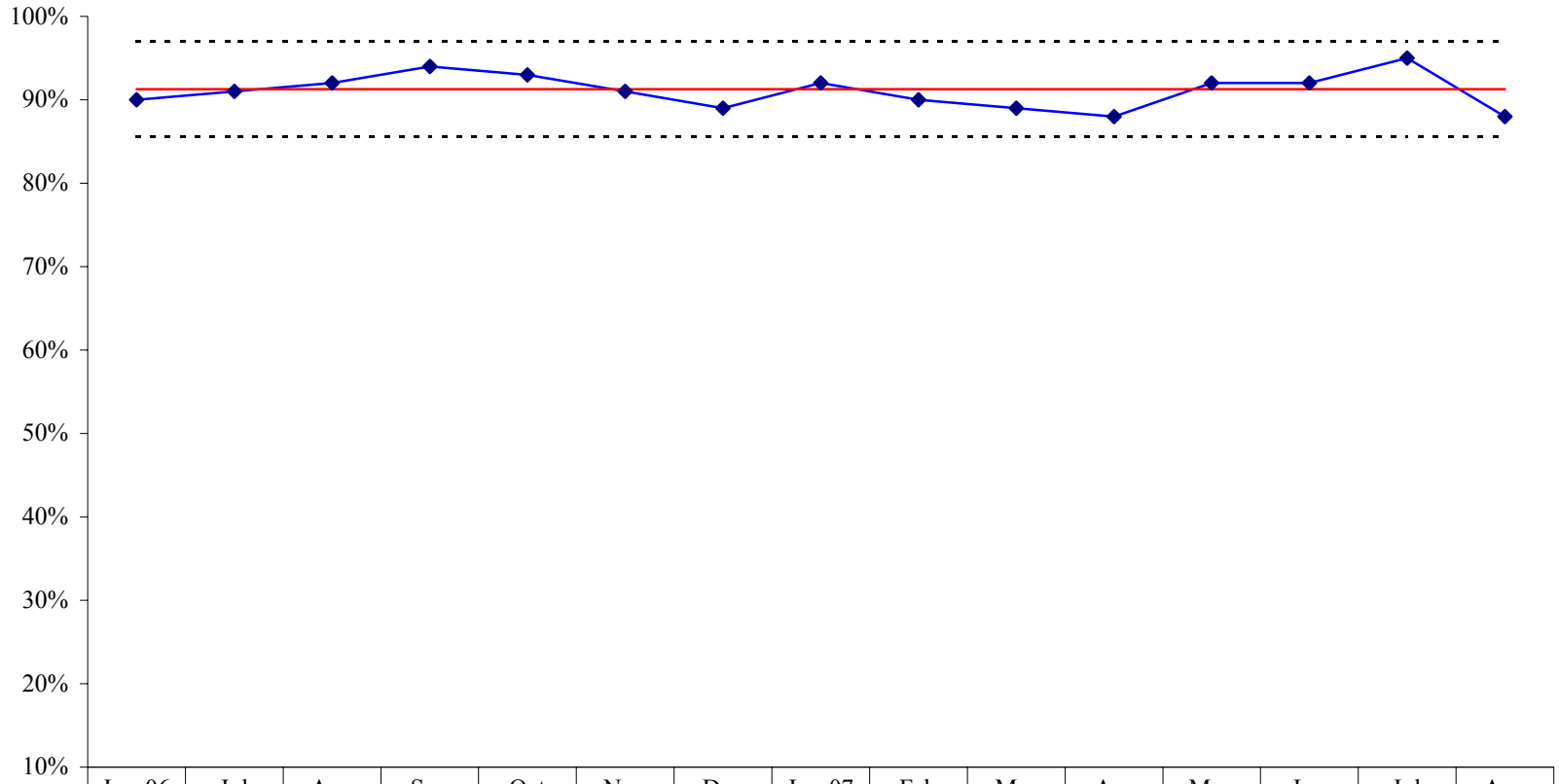
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	93%	91%	95%	94%	94%	95%	98%	96%	96%	97%	96%	97%	96%	94%	94%
----- 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	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

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

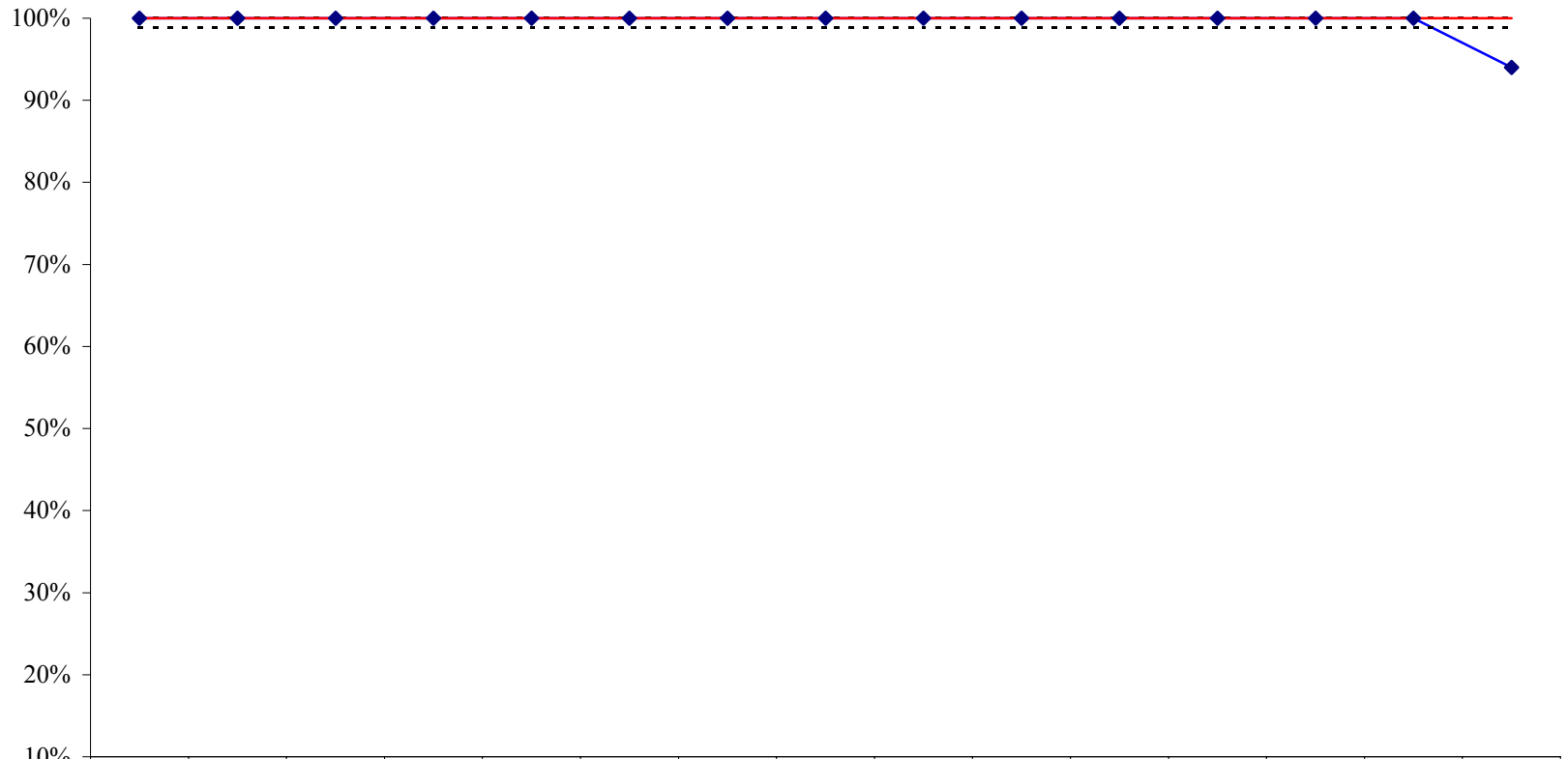
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—◆— % Training Completed	90%	91%	92%	94%	93%	91%	89%	92%	90%	89%	88%	92%	92%	95%	88%
- - - - - UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
- - - - - LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

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

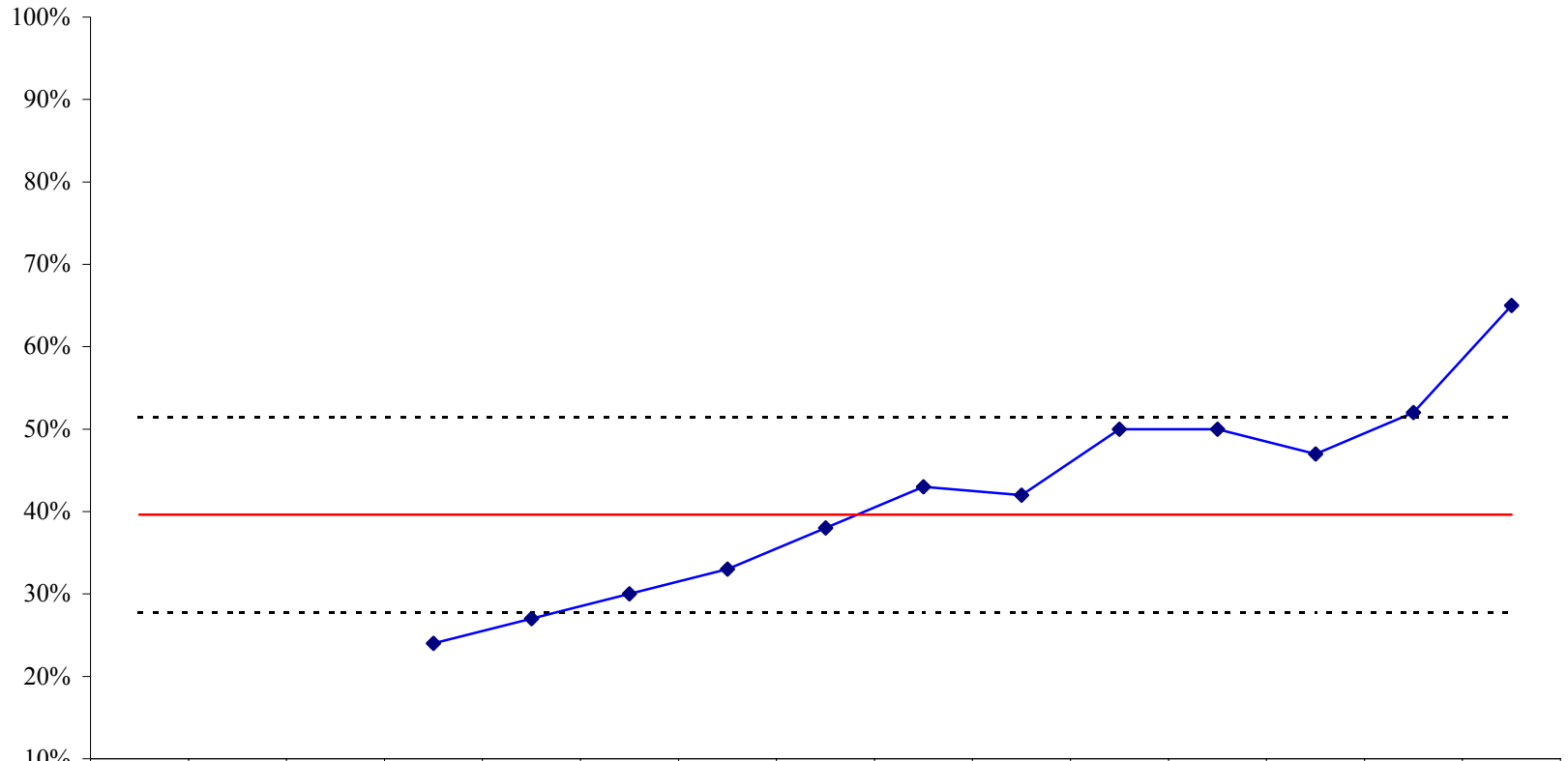
Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
. LCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Objective 8A - Staff Current With Required Training
Texas Center for Infectious Disease

Percentage of Required Training Completed



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed				24%	27%	30%	33%	38%	43%	42%	50%	50%	47%	52%	65%
- - - - - UCL	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
— Avg	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
- - - - - LCL	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%	28%

Performance Measure 8A:

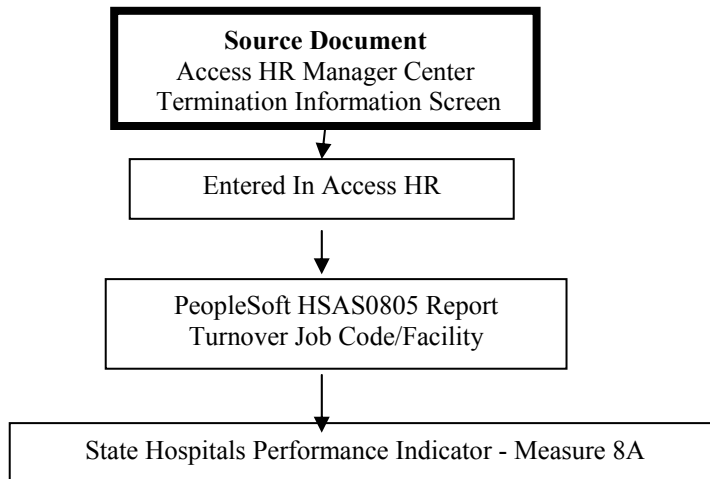
“Staff Turnover” rates for critical shortage staff will be maintained and reported quarterly.

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.

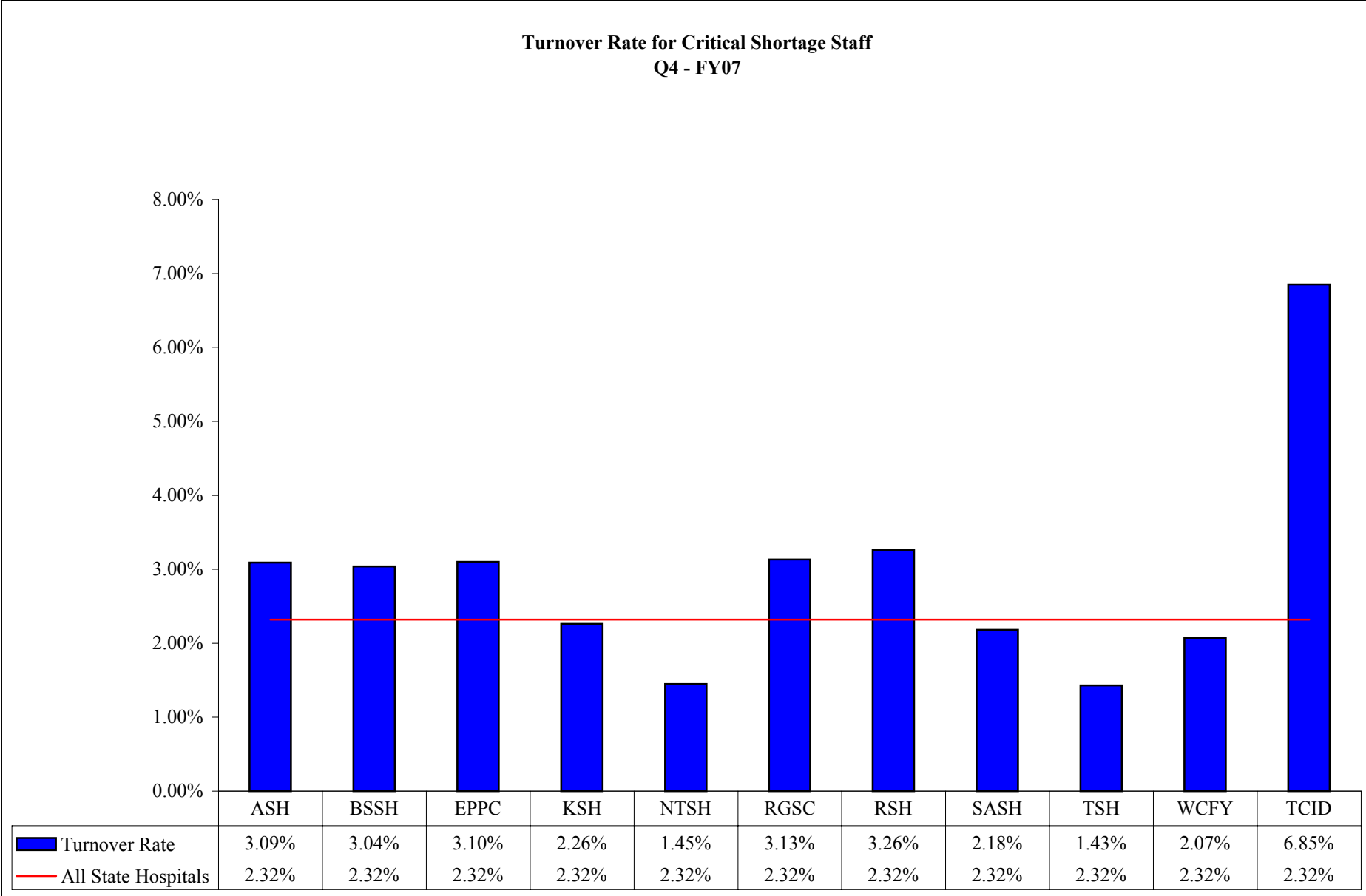
Data Flow:



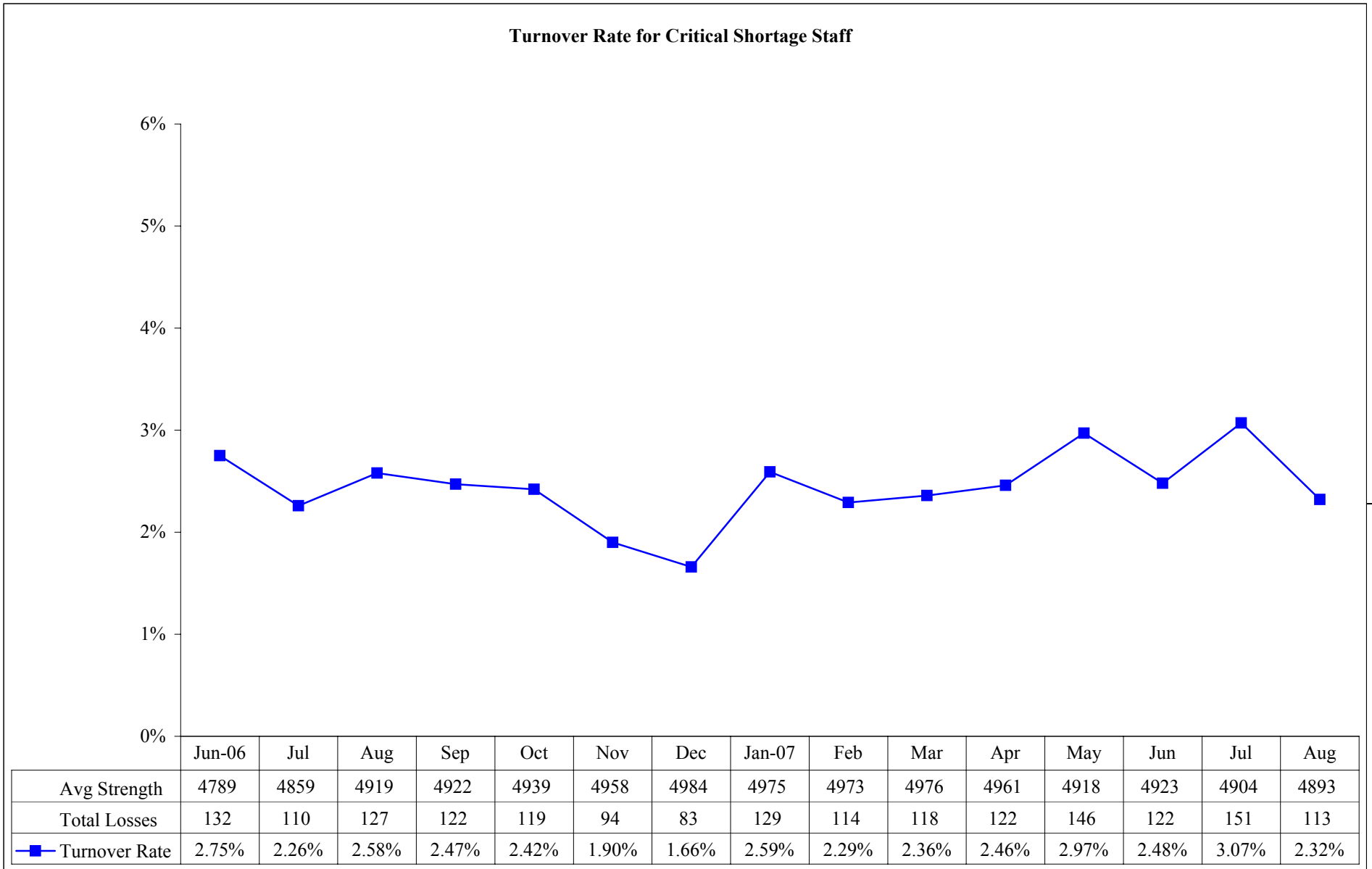
Data Integrity Review Process:

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

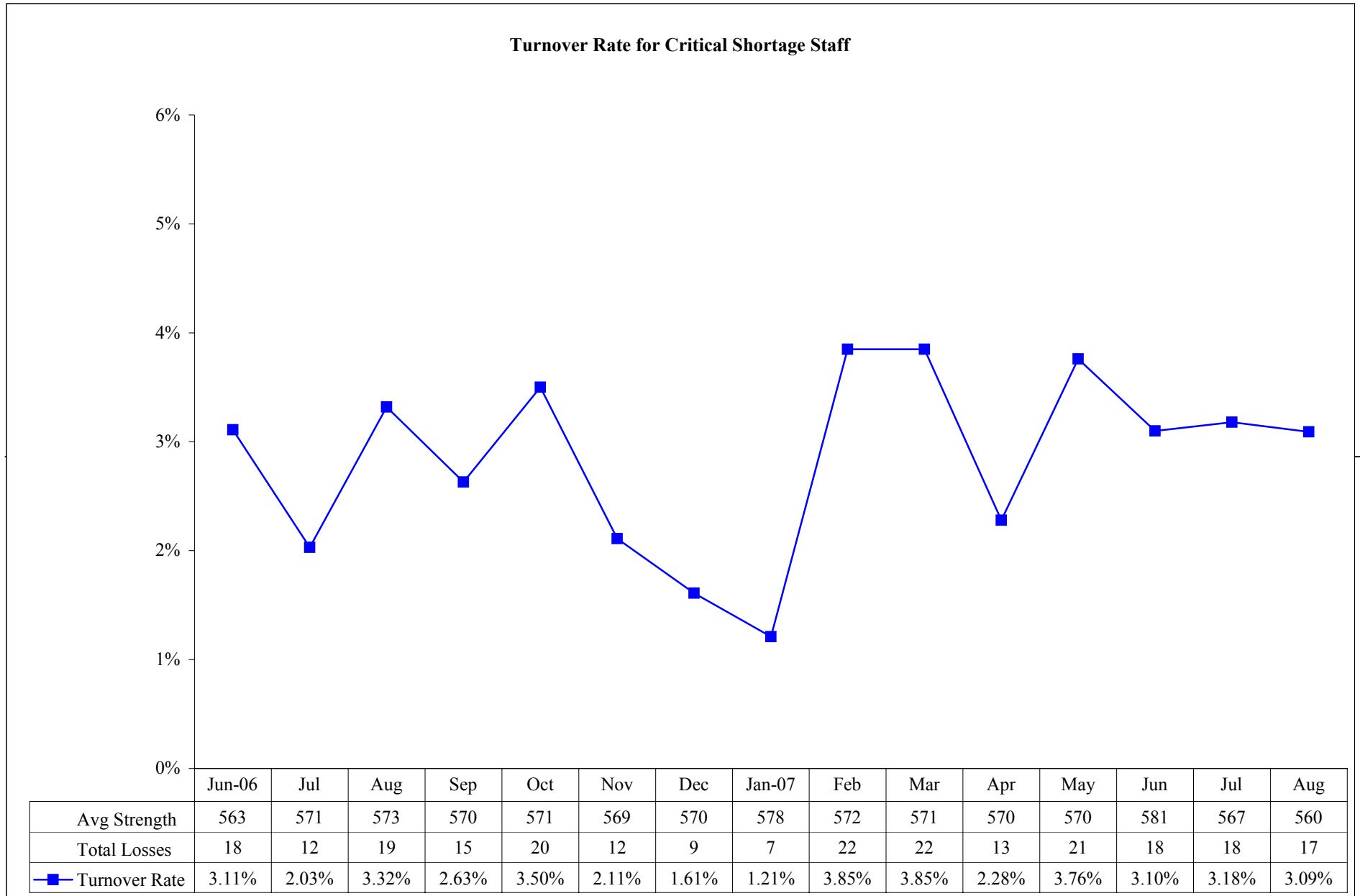
**Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of August 31, 2007**



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

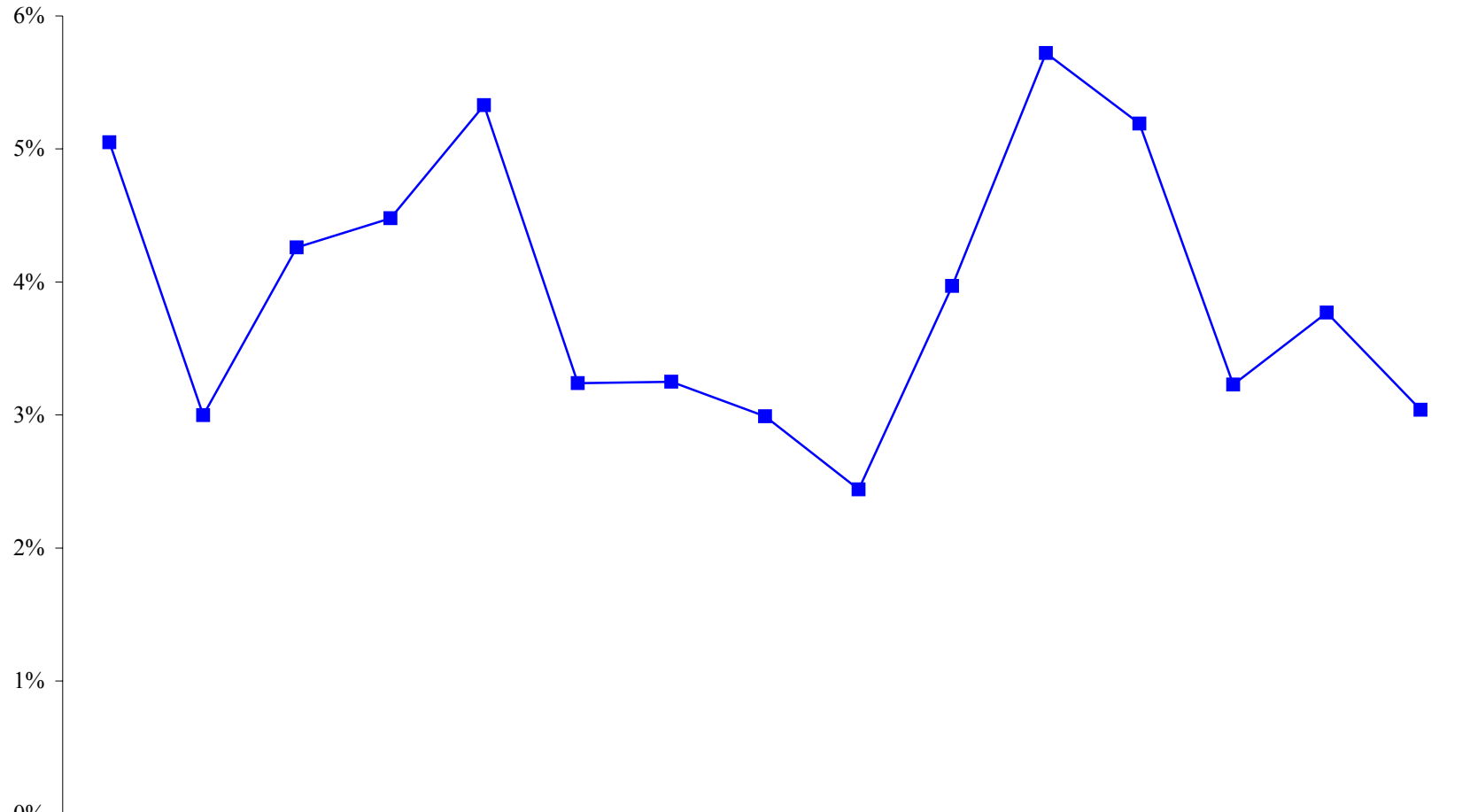


**Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital**



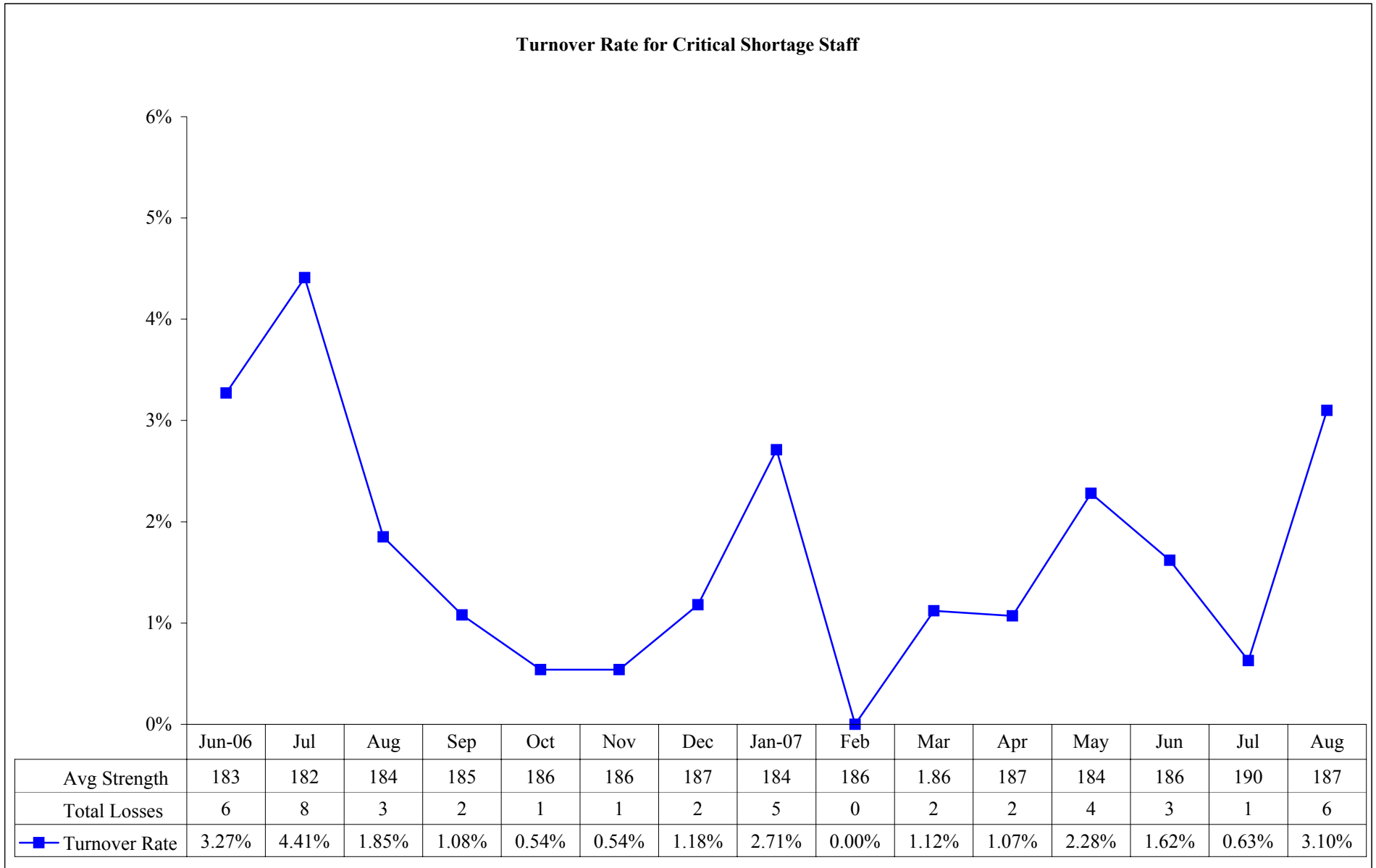
Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital

Turnover Rate for Critical Shortage Staff



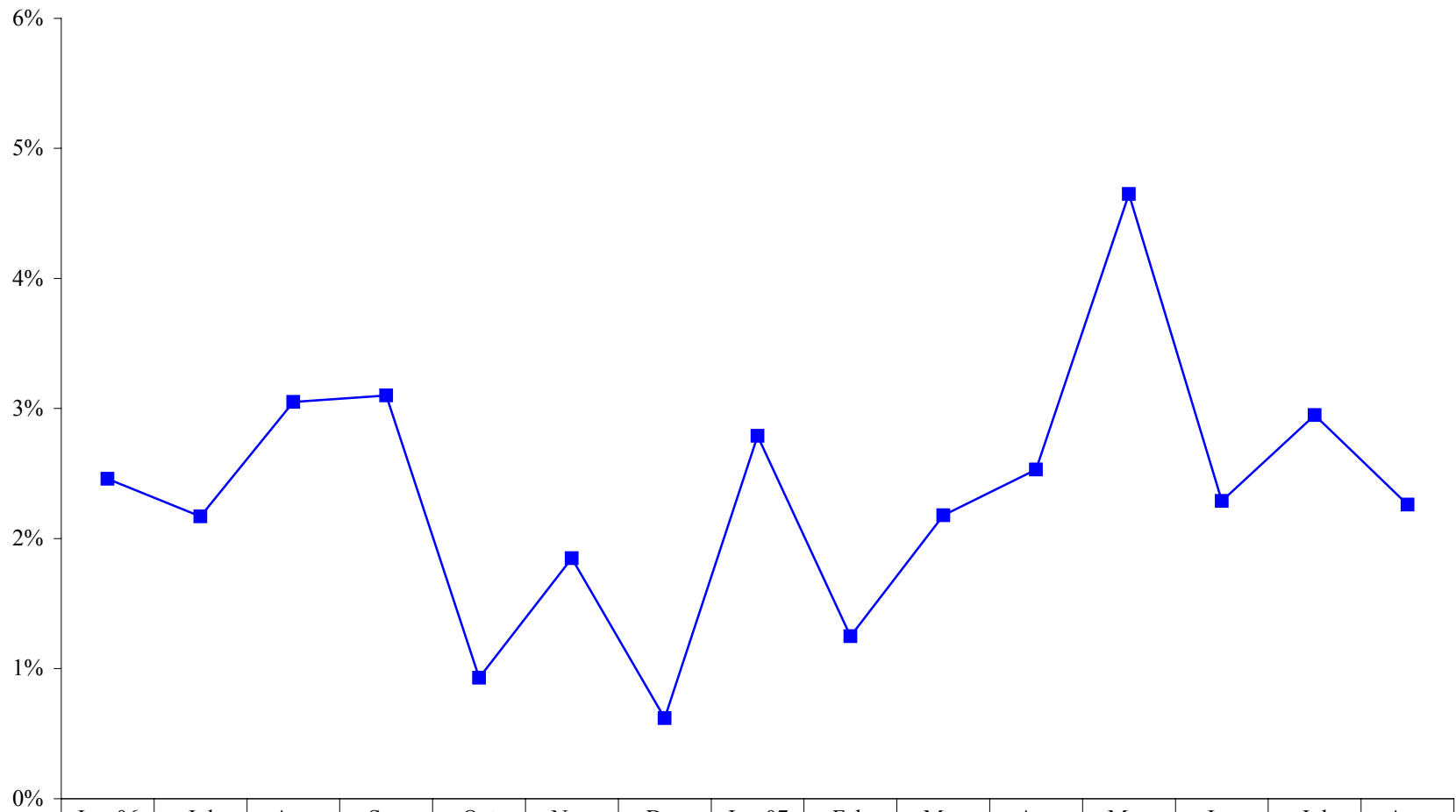
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	356	366	375	380	375	371	369	367	368	368	367	366	372	371	361
Total Losses	18	11	16	17	20	12	12	11	9	15	21	19	12	14	11
—■ Turnover Rate	5.05%	3.00%	4.26%	4.48%	5.33%	3.24%	3.25%	2.99%	2.44%	3.97%	5.72%	5.19%	3.23%	3.77%	3.04%

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



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	325	323	328	323	323	324	324	322	320	322	317	314	306	305	310
Total Losses	8	7	10	10	3	6	2	9	4	7	8	15	7	9	7
—■ Turnover Rate	2.46%	2.17%	3.05%	3.10%	0.93%	1.85%	0.62%	2.79%	1.25%	2.18%	2.53%	4.65%	2.29%	2.95%	2.26%

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

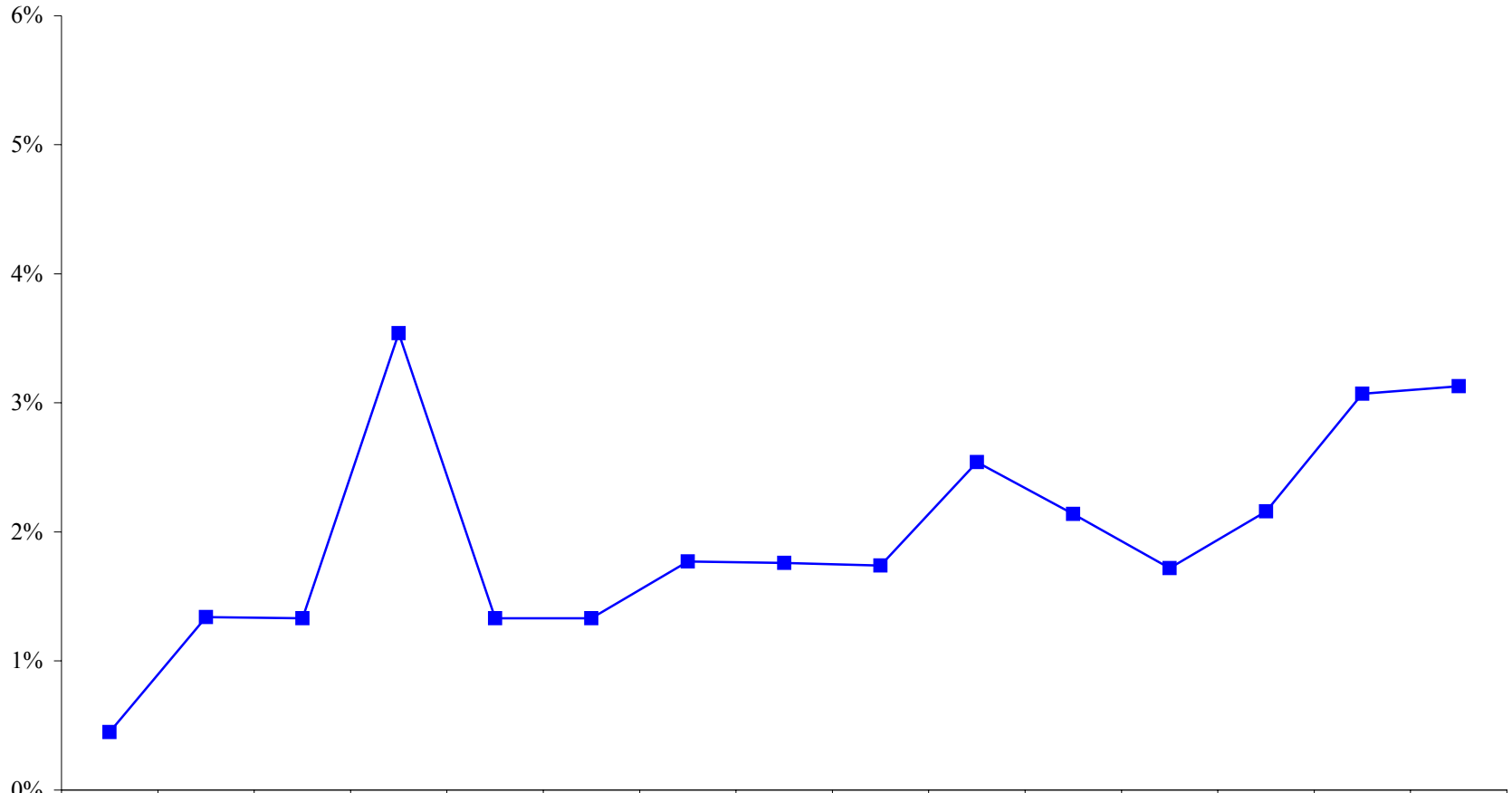
Turnover Rate for Critical Shortage Staff



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	1324	1324	1316	1321	1312	1319	1337	1335	1340	1332	1323	1305	1300	1301	1308
Total Losses	34	31	34	25	30	16	20	26	22	26	27	26	26	25	19
■ Turnover Rate	2.57%	2.33%	2.58%	1.89%	2.29%	1.21%	1.50%	1.95%	1.64%	1.95%	2.04%	1.99%	2.00%	1.92%	1.45%

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

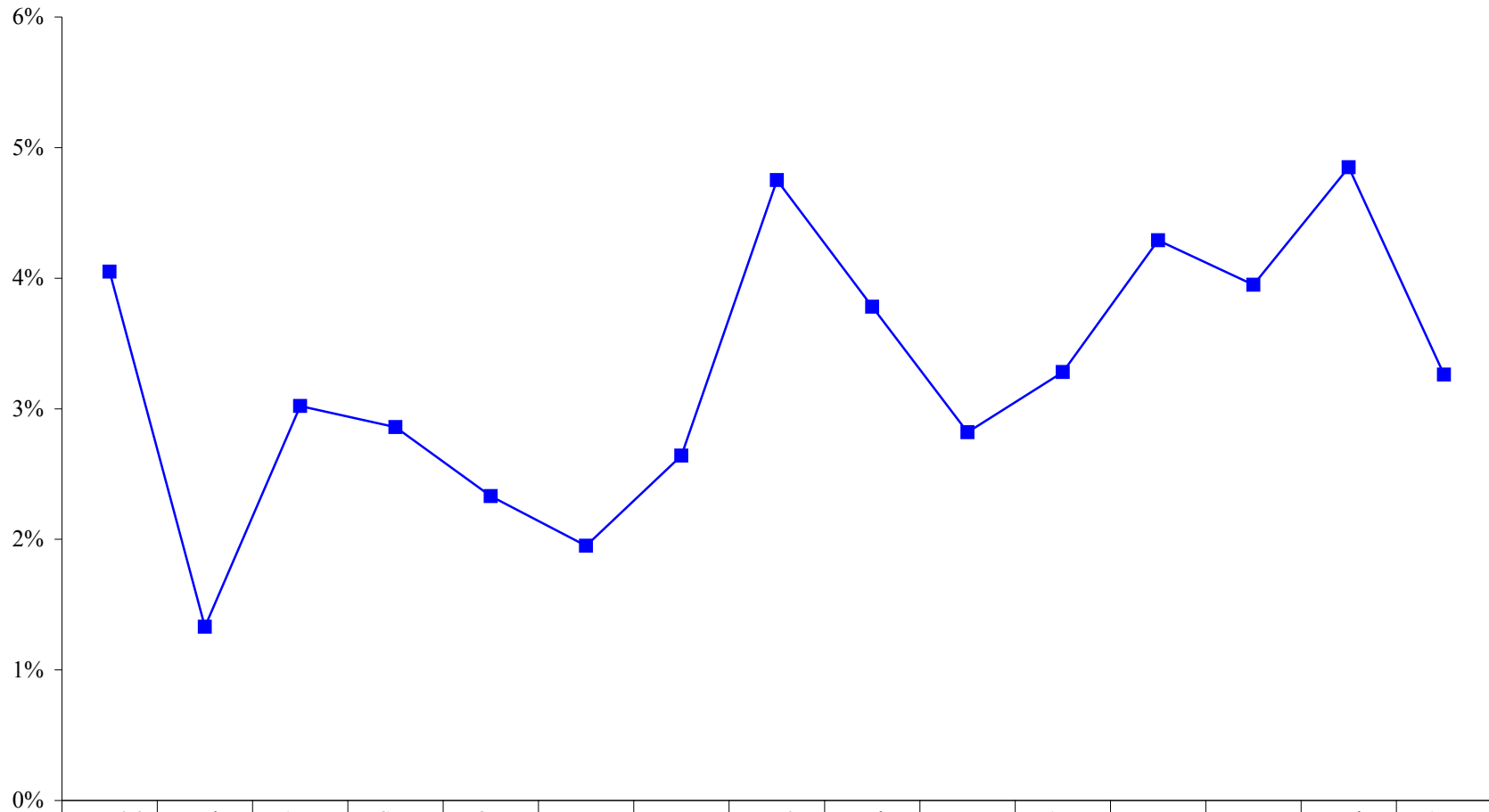
Turnover Rate for Critical Shortage Staff



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	220	225	226	226	225	226	226	227	229	236	234	233	231	228	224
Total Losses	1	3	3	8	3	3	4	4	4	6	5	4	5	7	7
■ Turnover Rate	0.45%	1.34%	1.33%	3.54%	1.33%	1.33%	1.77%	1.76%	1.74%	2.54%	2.14%	1.72%	2.16%	3.07%	3.13%

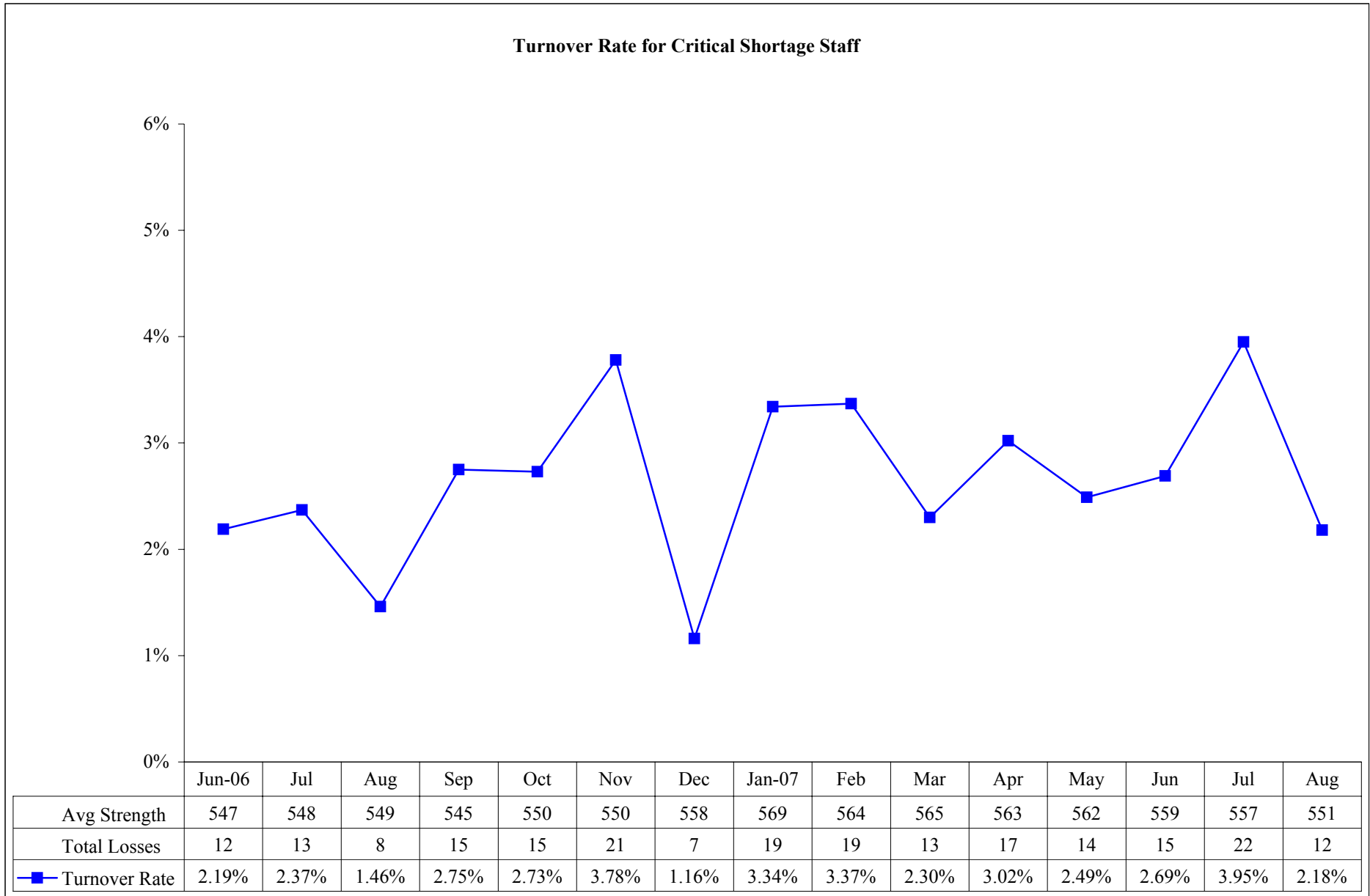
Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital

Turnover Rate for Critical Shortage Staff



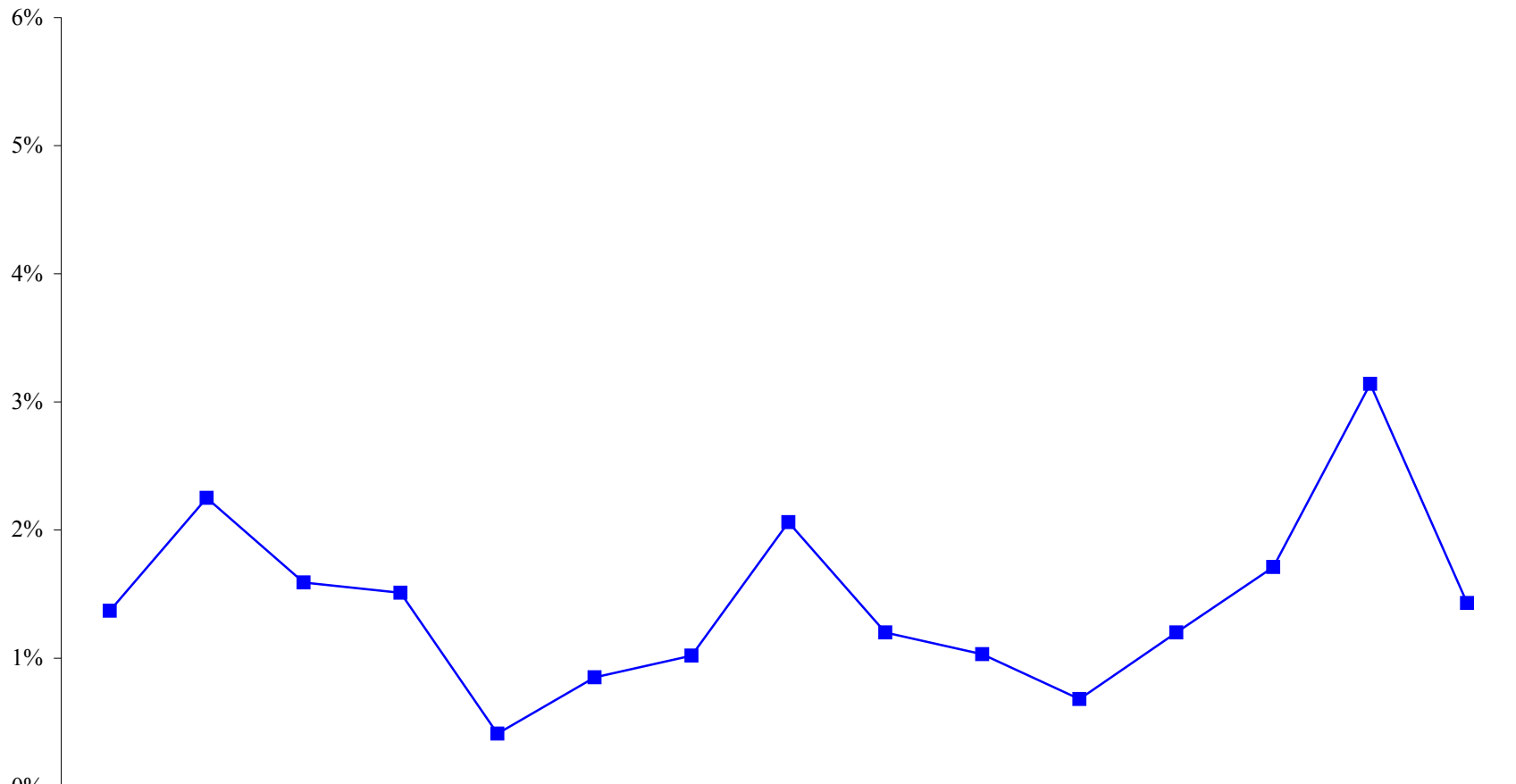
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	568	600	629	630	643	646	644	631	635	637	640	629	632	639	645
Total Losses	23	8	19	18	15	13	17	30	24	18	21	27	25	31	21
■ Turnover Rate	4.05%	1.33%	3.02%	2.86%	2.33%	1.95%	2.64%	4.75%	3.78%	2.82%	3.28%	4.29%	3.95%	4.85%	3.26%

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



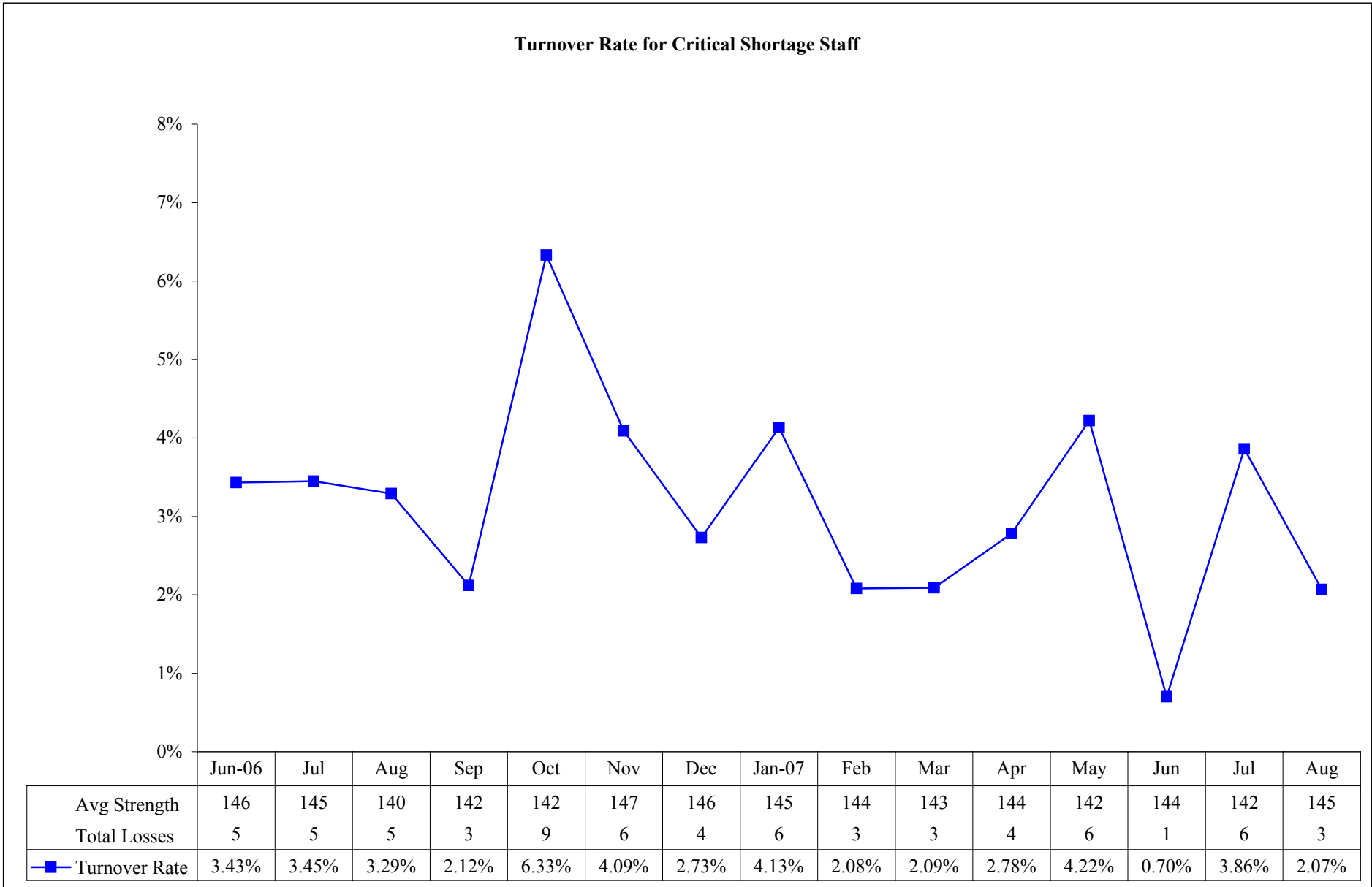
Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital

Turnover Rate for Critical Shortage Staff



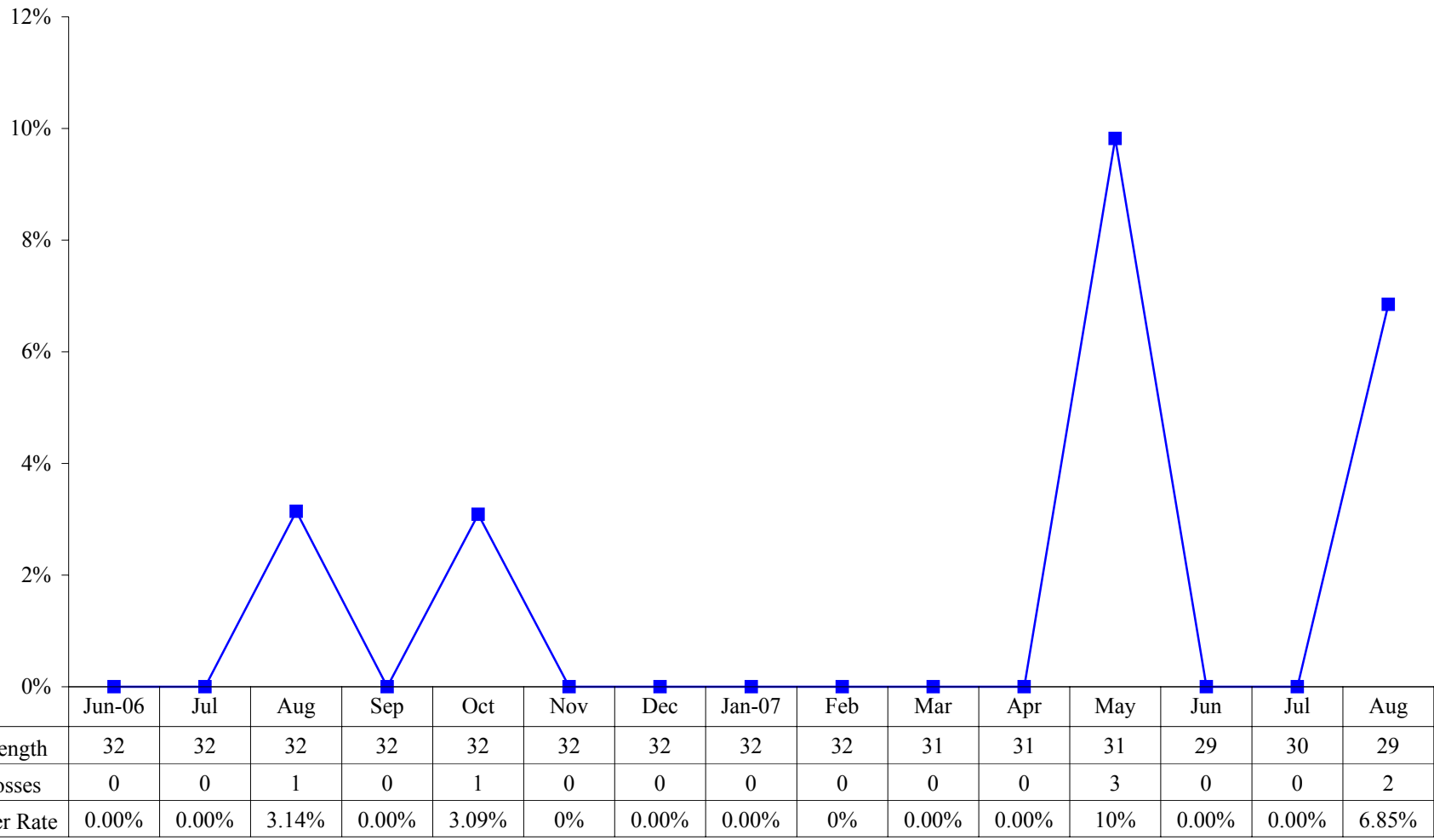
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Strength	525	543	567	570	579	587	591	583	583	585	585	583	583	574	574
Total Losses	7	12	9	9	2	5	6	12	7	6	4	7	10	18	8
—■— Turnover Rate	1.37%	2.25%	1.59%	1.51%	0.41%	0.85%	1.02%	2.06%	1.20%	1.03%	0.68%	1.20%	1.71%	3.14%	1.43%

**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**

Turnover Rate for Critical Shortage Staff



Performance Measure 8B:

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

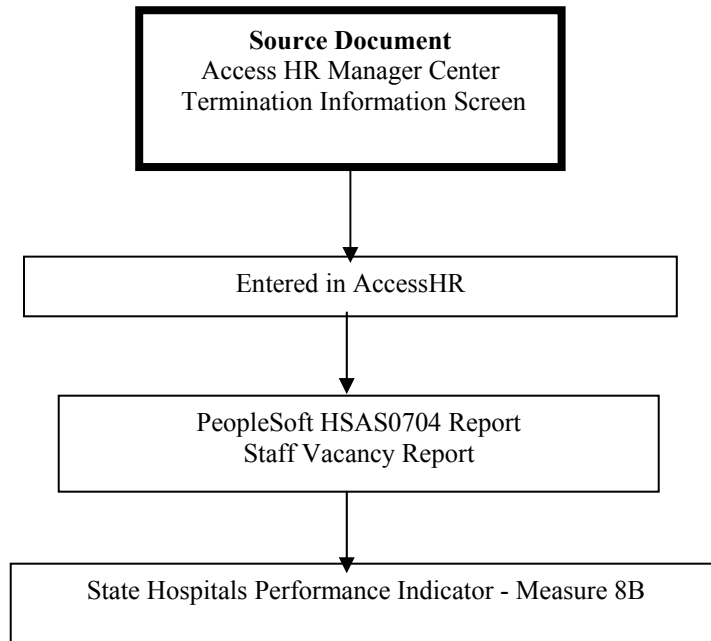
Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula:

Performance Measure Data Display and Chart Description:

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

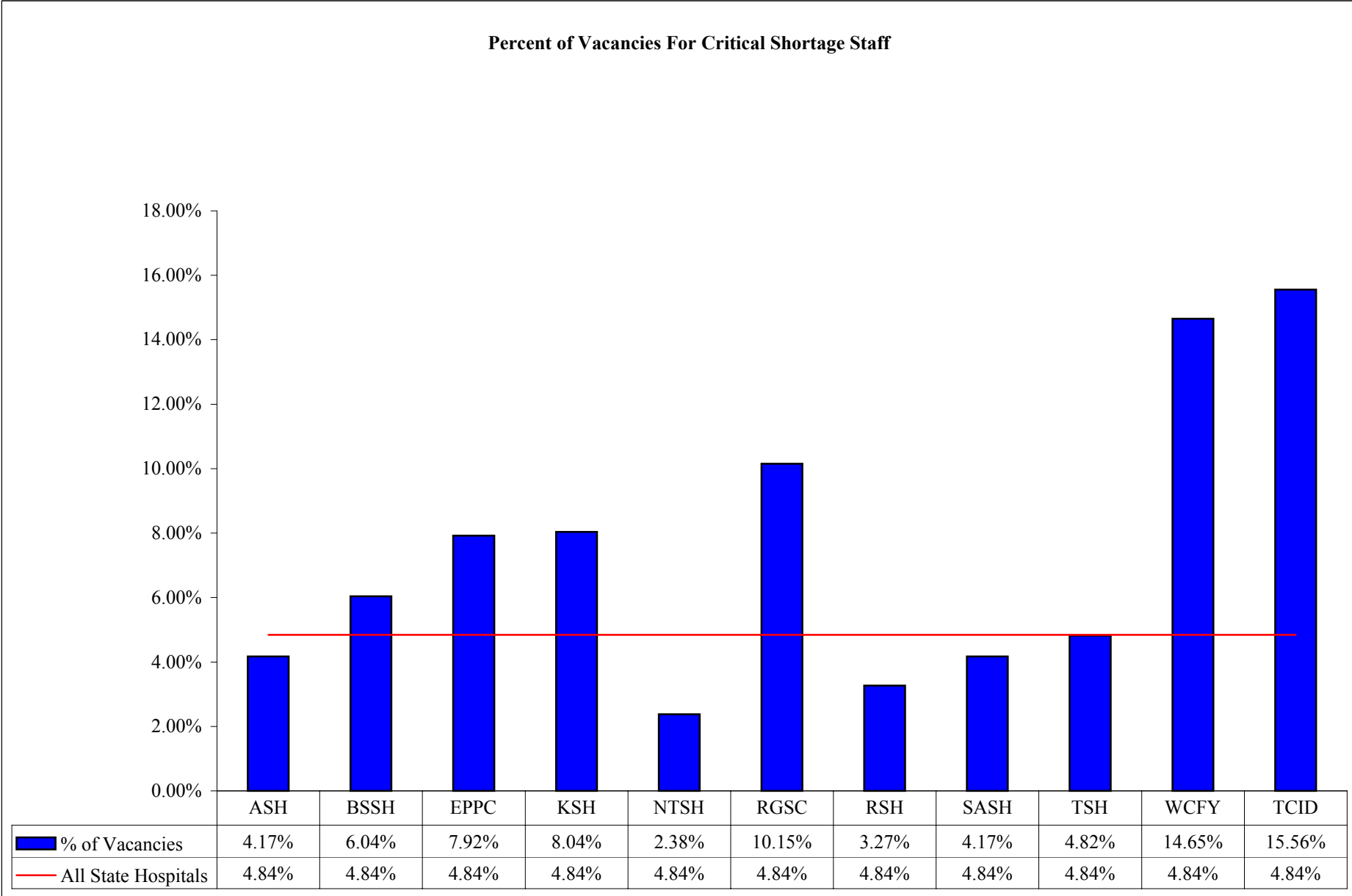
Data Flow:



Data Integrity Review Process:

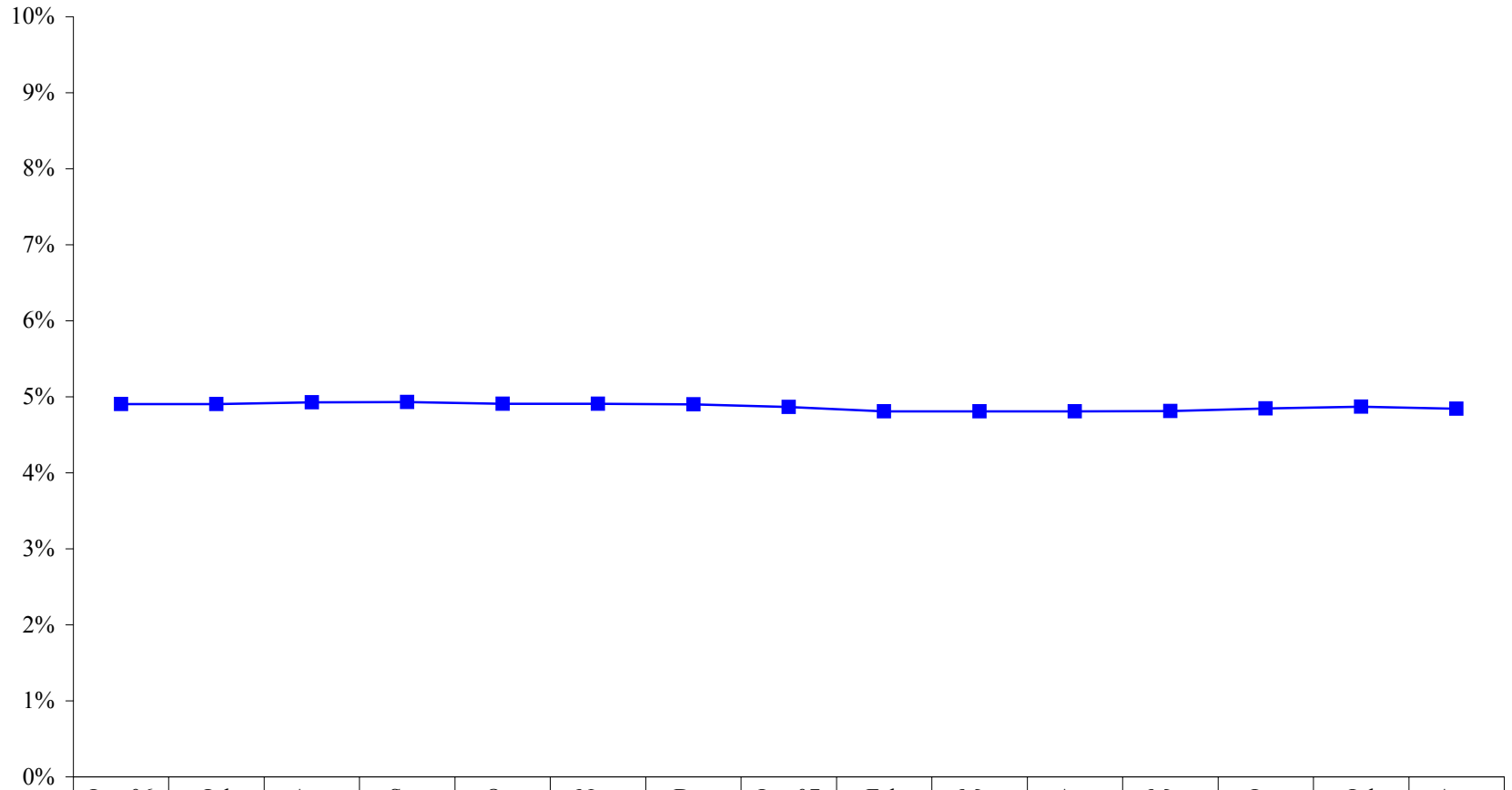
Vacancies for critical shortage staff rates are not subject to a data integrity review at this time.

Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of August 31, 2007



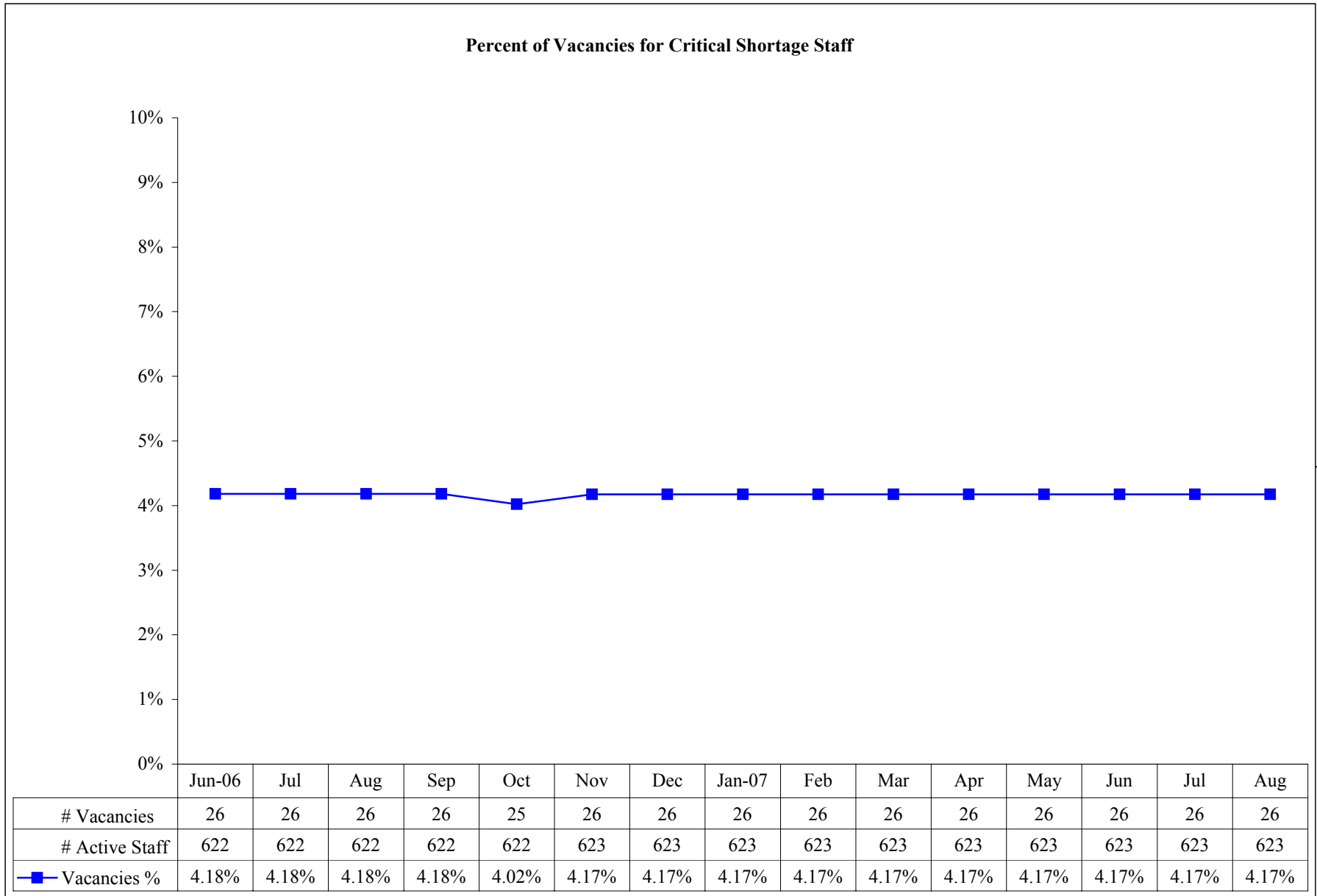
**Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals**

Percent of Vacancies for Critical Shortage Staff

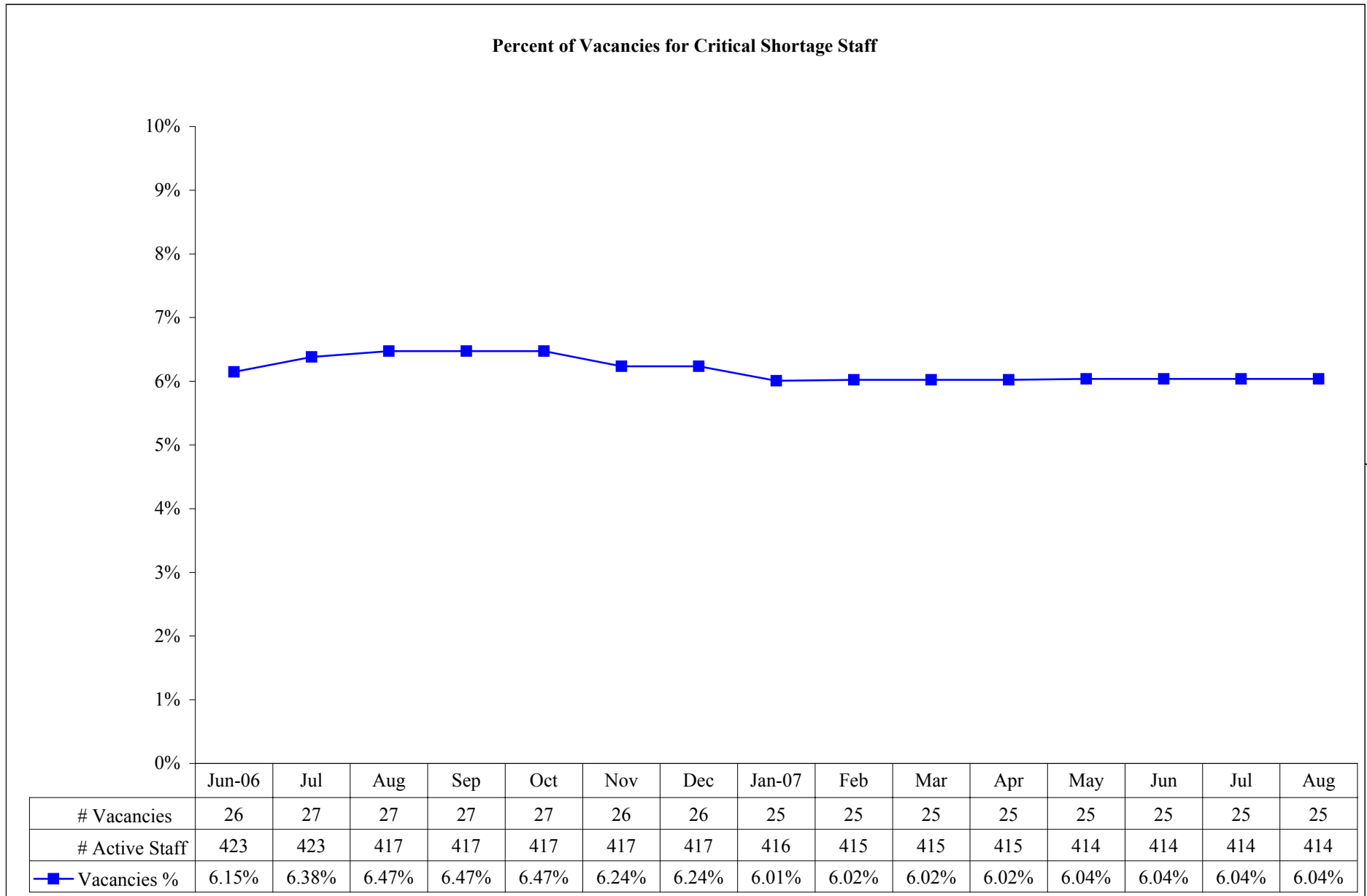


	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
# of Vacancies	268	268	269	269	268	268	268	266	263	263	263	263	265	266	264
# Active Staff	5466	5466	5459	5457	5460	5459	5469	5467	5468	5470	5469	5466	5468	5463	5453
—■— Vacancies %	4.90%	4.90%	4.93%	4.93%	4.91%	4.91%	4.90%	4.87%	4.81%	4.81%	4.81%	4.81%	4.85%	4.87%	4.84%

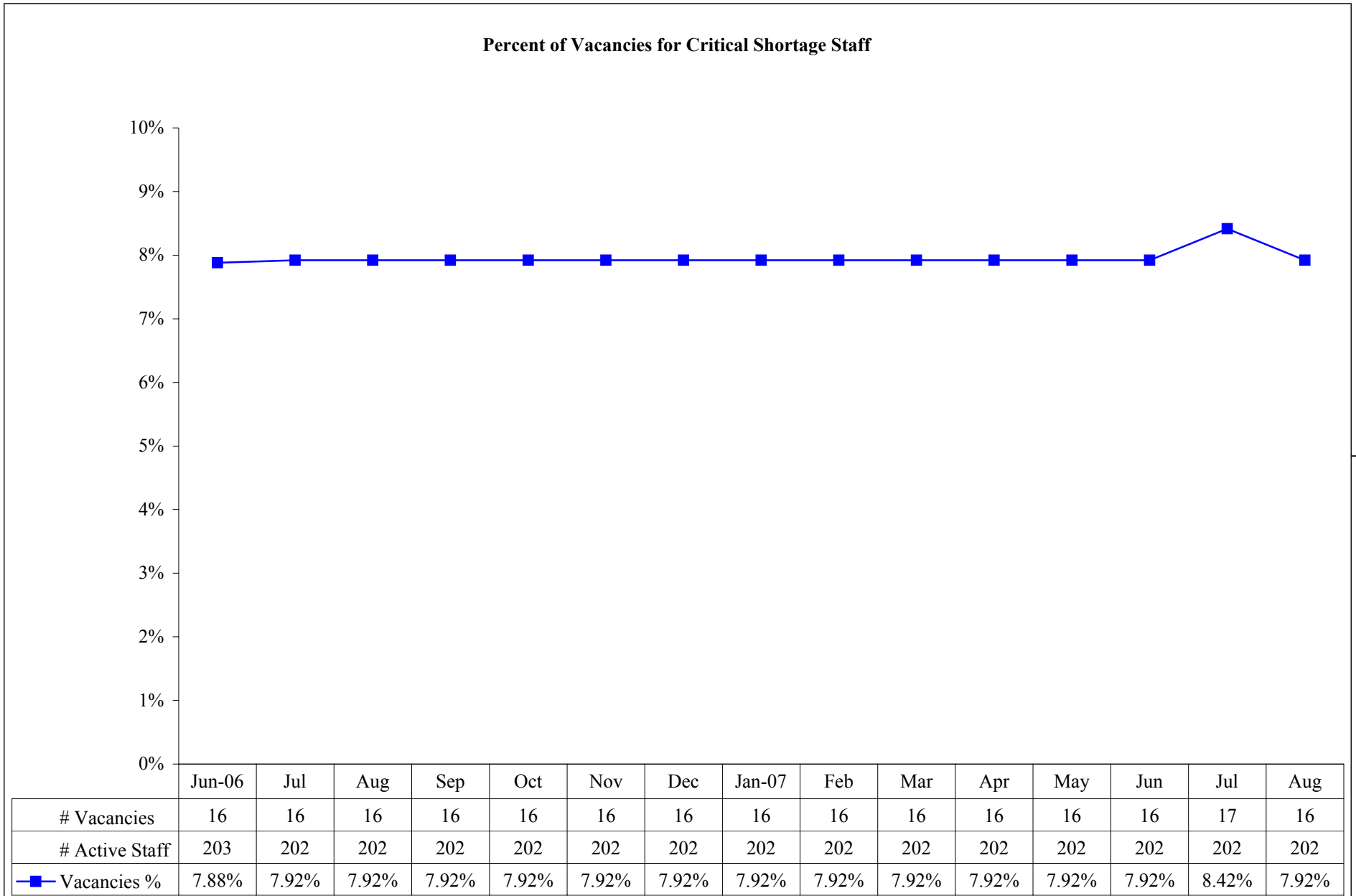
**Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital**



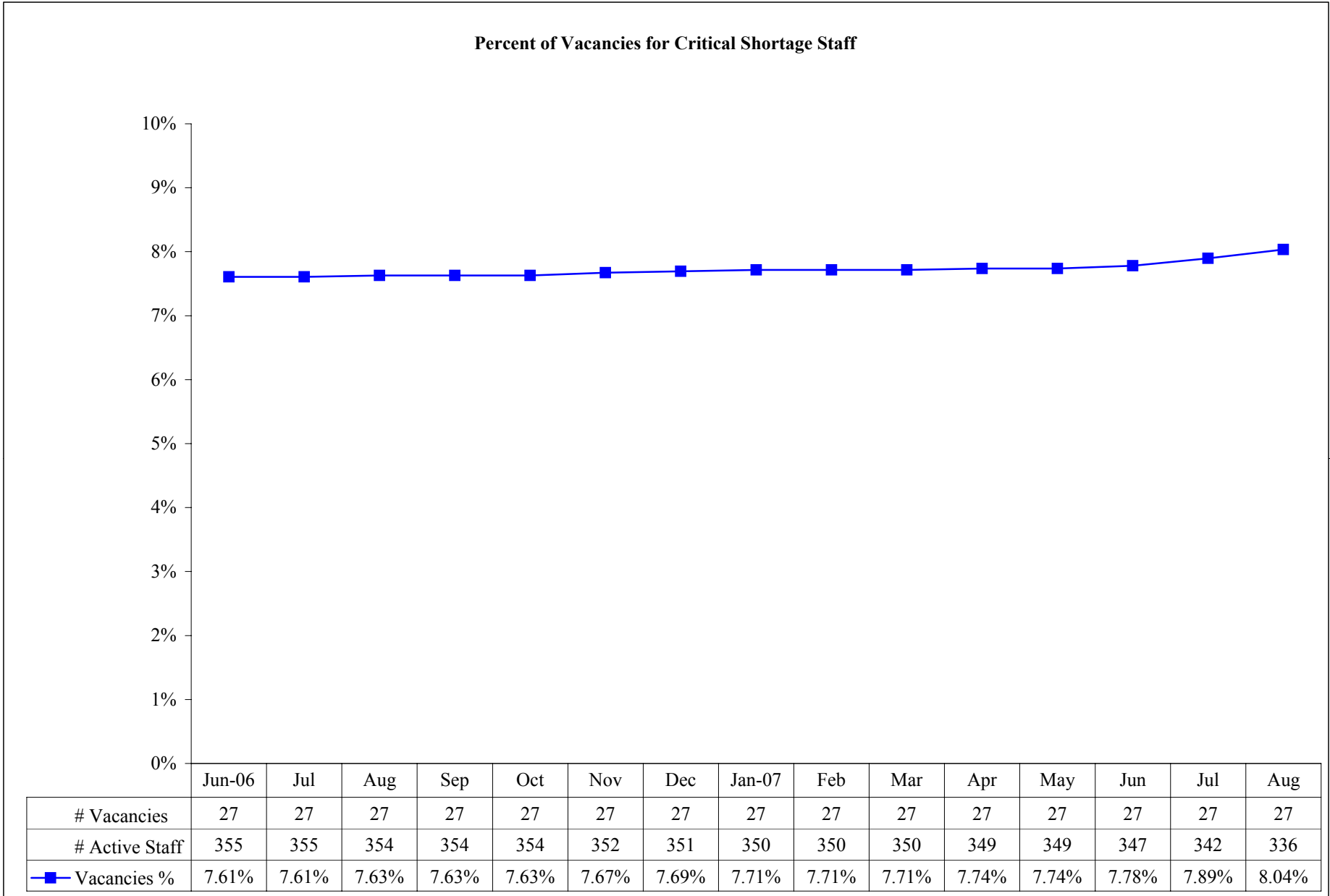
**Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital**



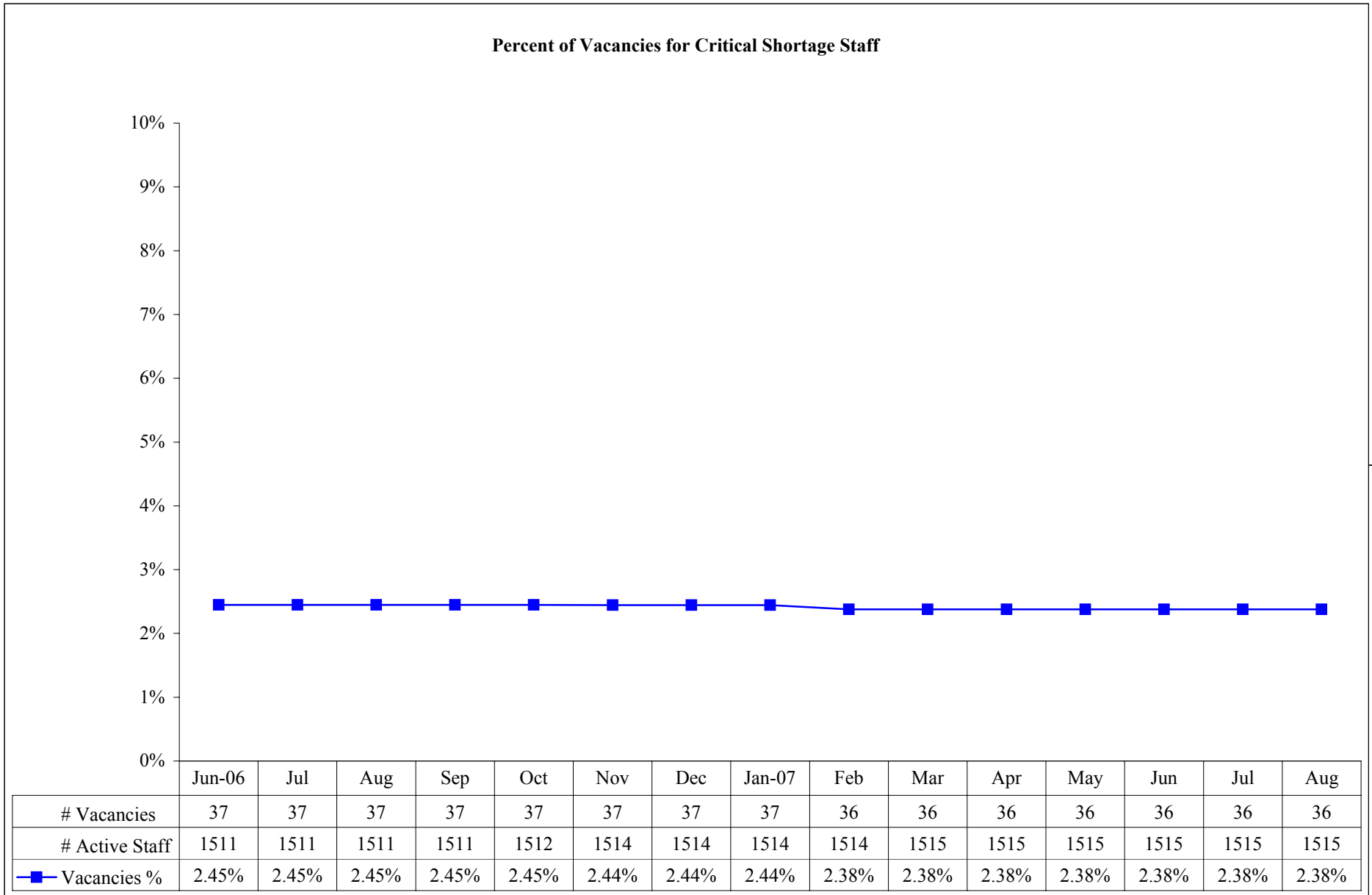
**Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center**



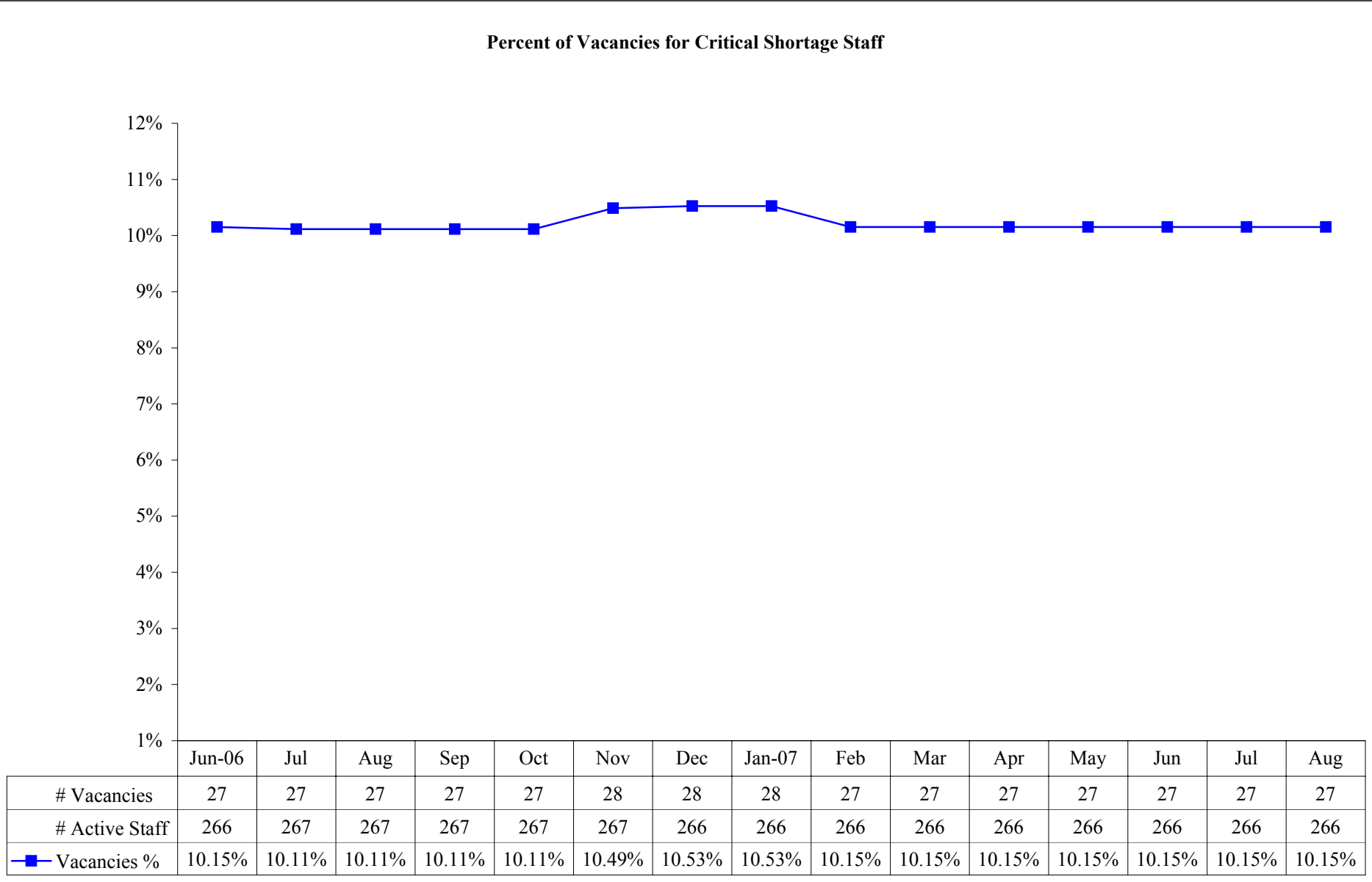
**Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital**



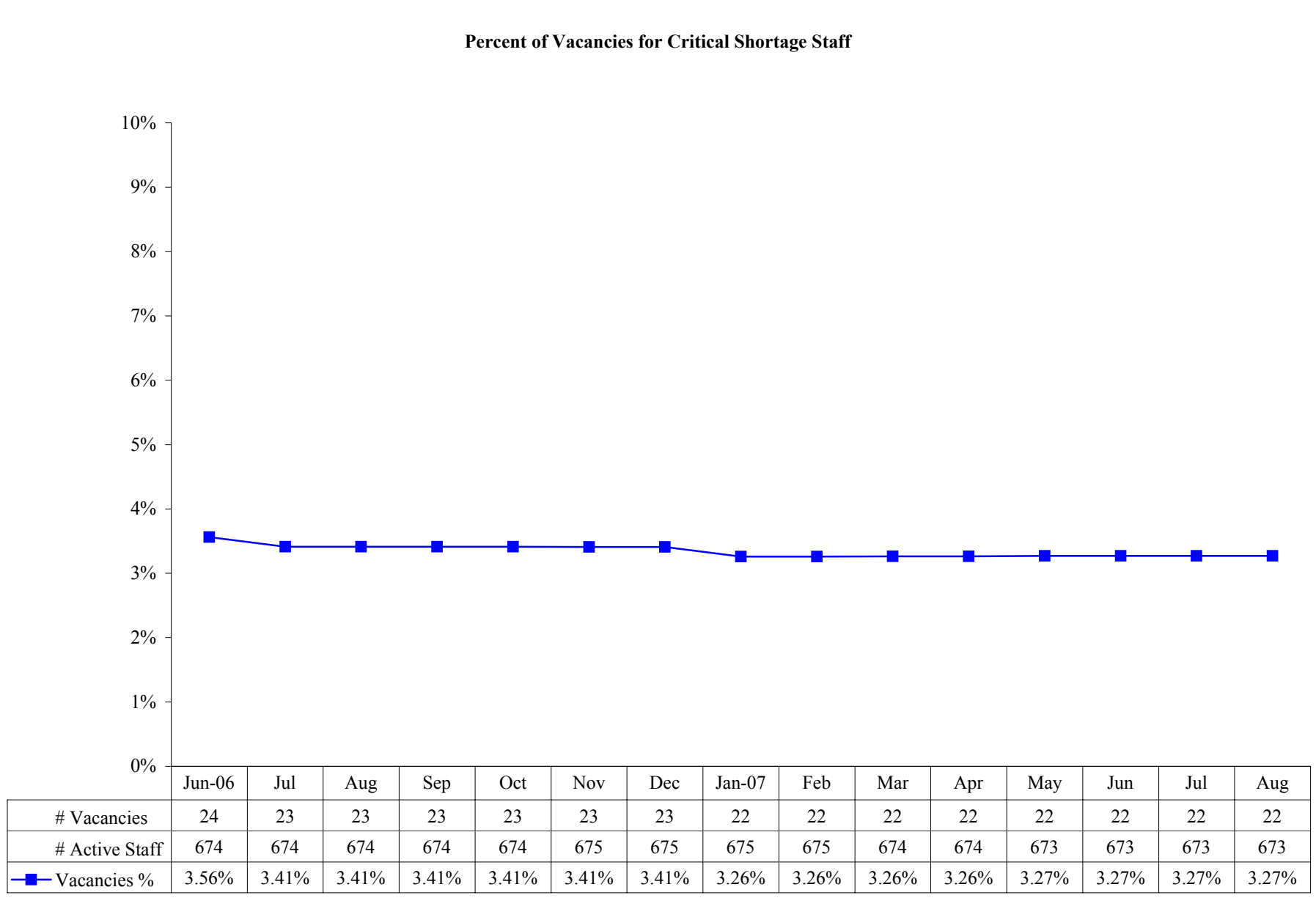
**Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital**



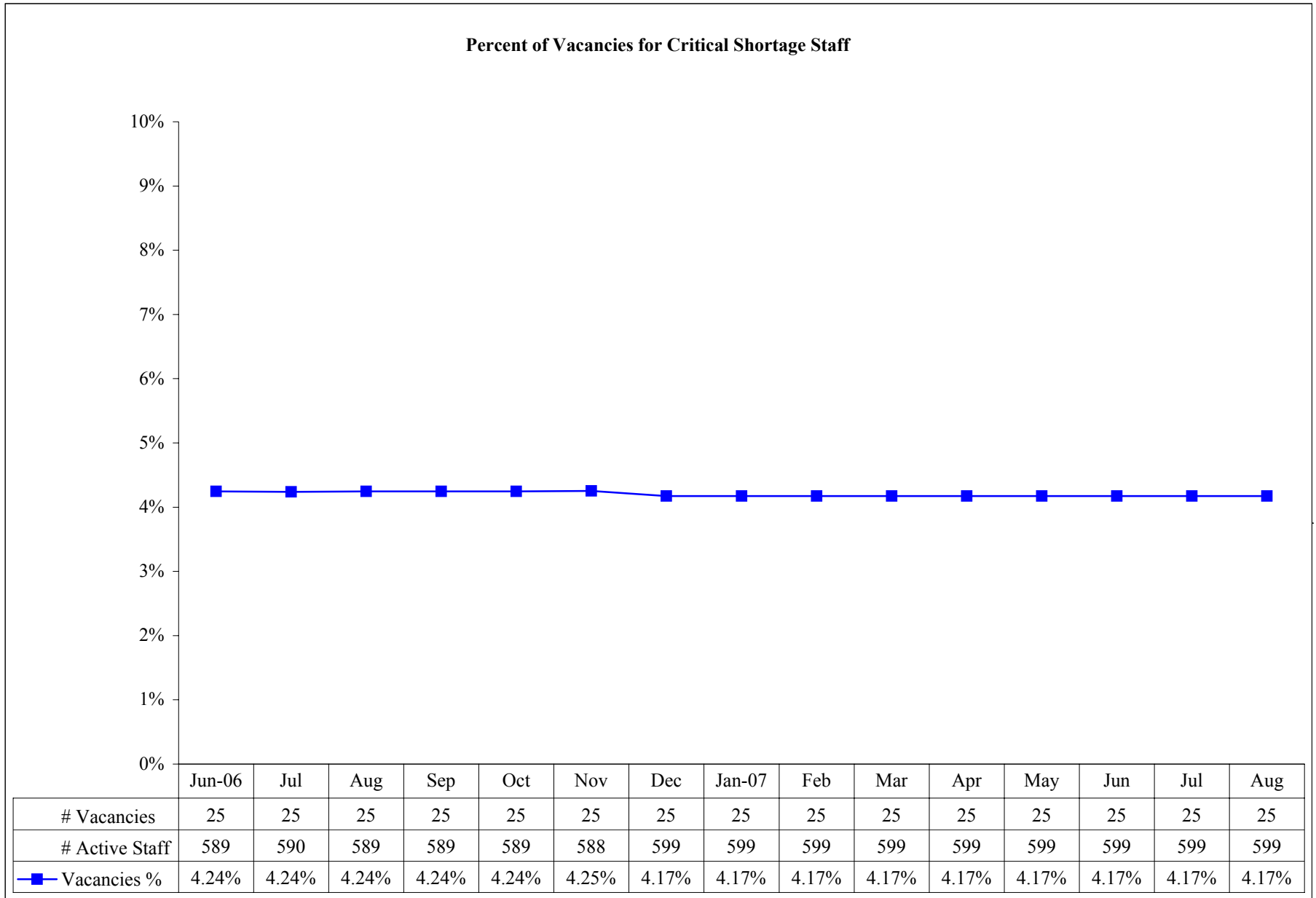
**Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center**



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

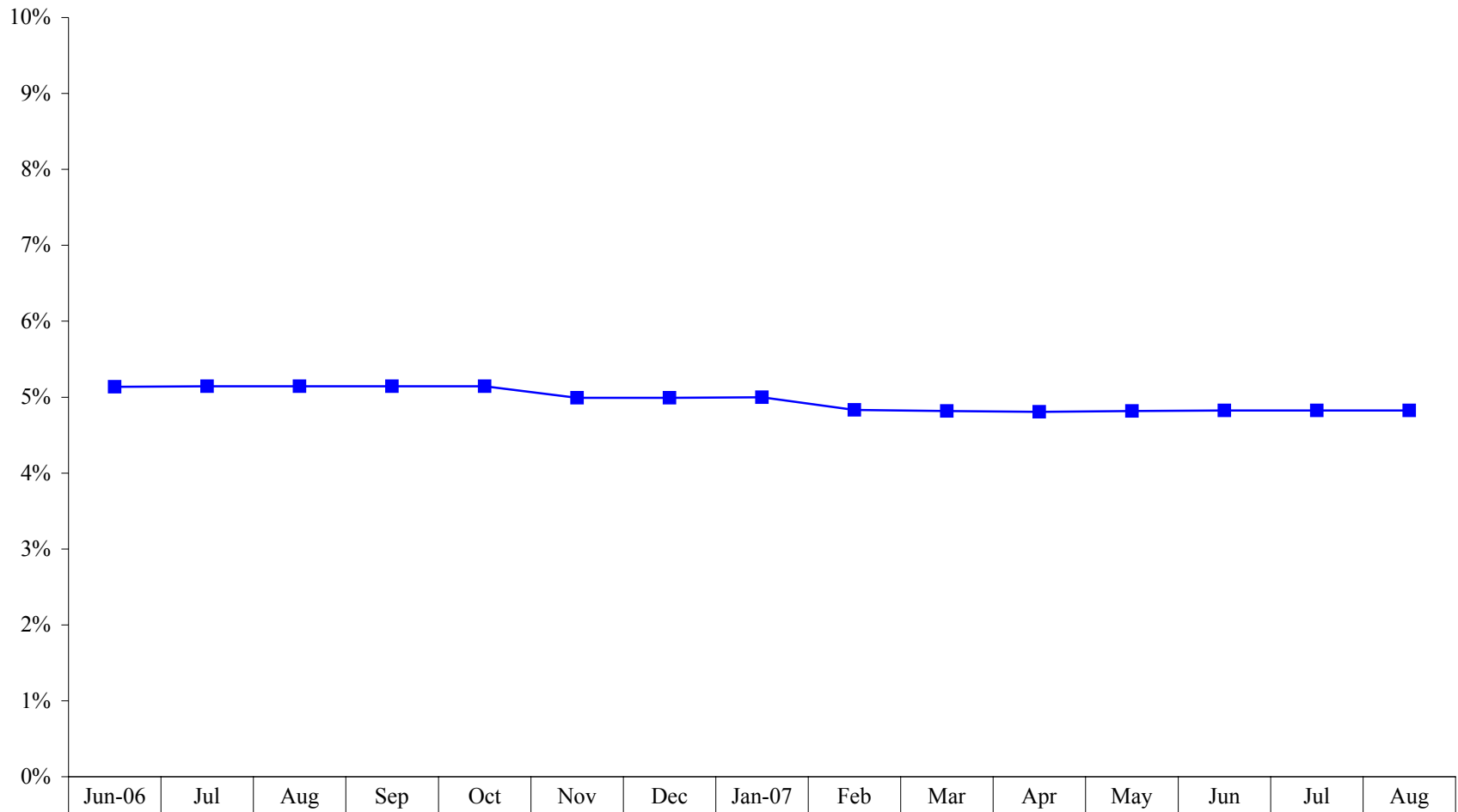


**Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital**

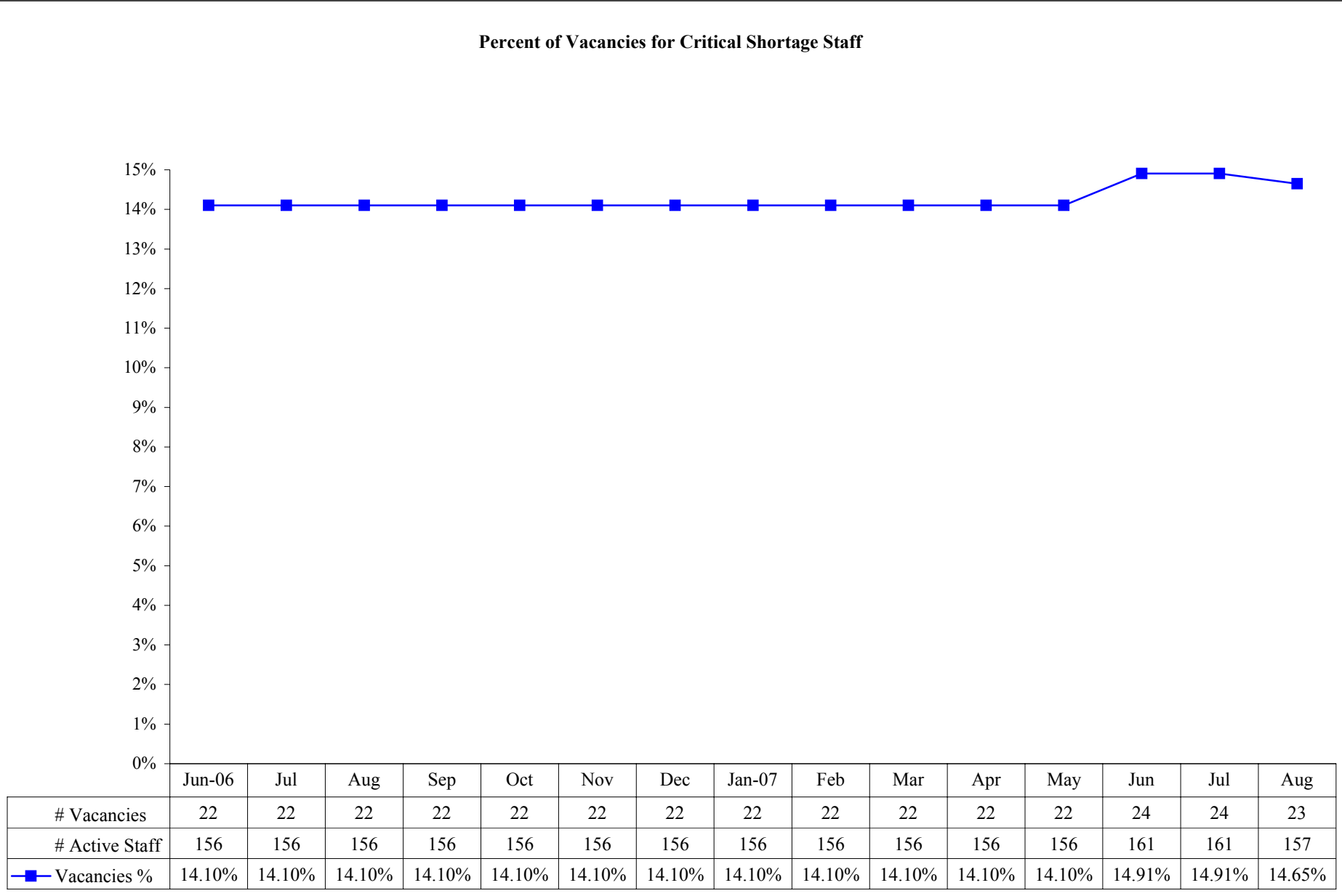


**Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital**

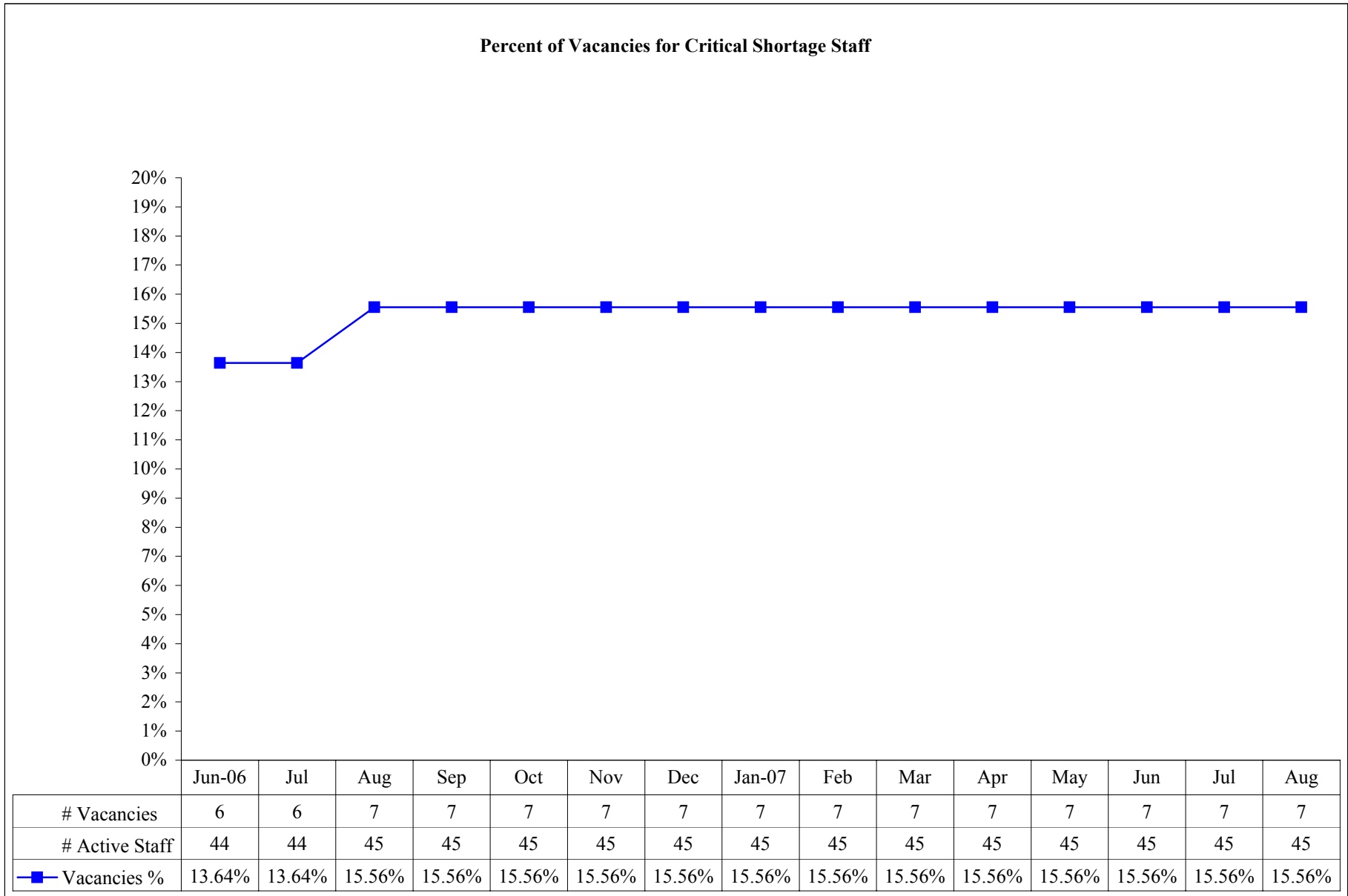
Percent of Vacancies for Critical Shortage Staff



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



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



GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Children and parent(s) or the legally authorized representative will be satisfied with the treatment and safe milieu provided by in state mental health hospitals by achieving the following average response on the Patient Satisfaction Surveys (PSAT).

- 1. An average score of “4” on the Parent Satisfaction Survey**
- 2. An average score of “1.698” on the Children Satisfaction Survey**

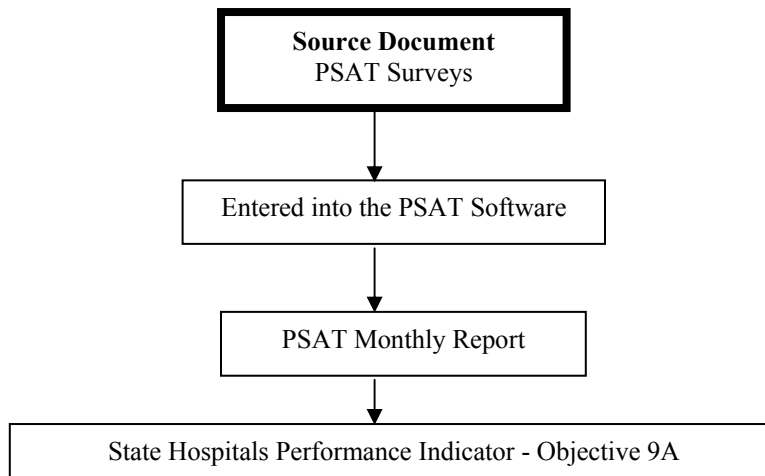
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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

Performance Objective Data Display and Chart Description:

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

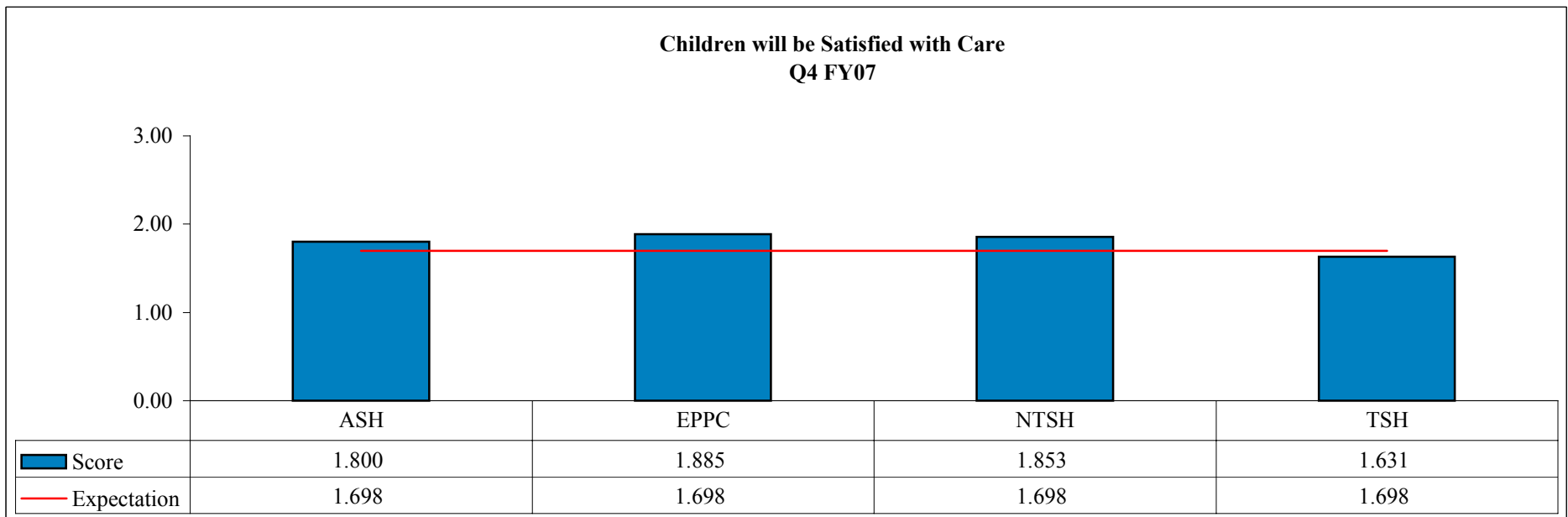
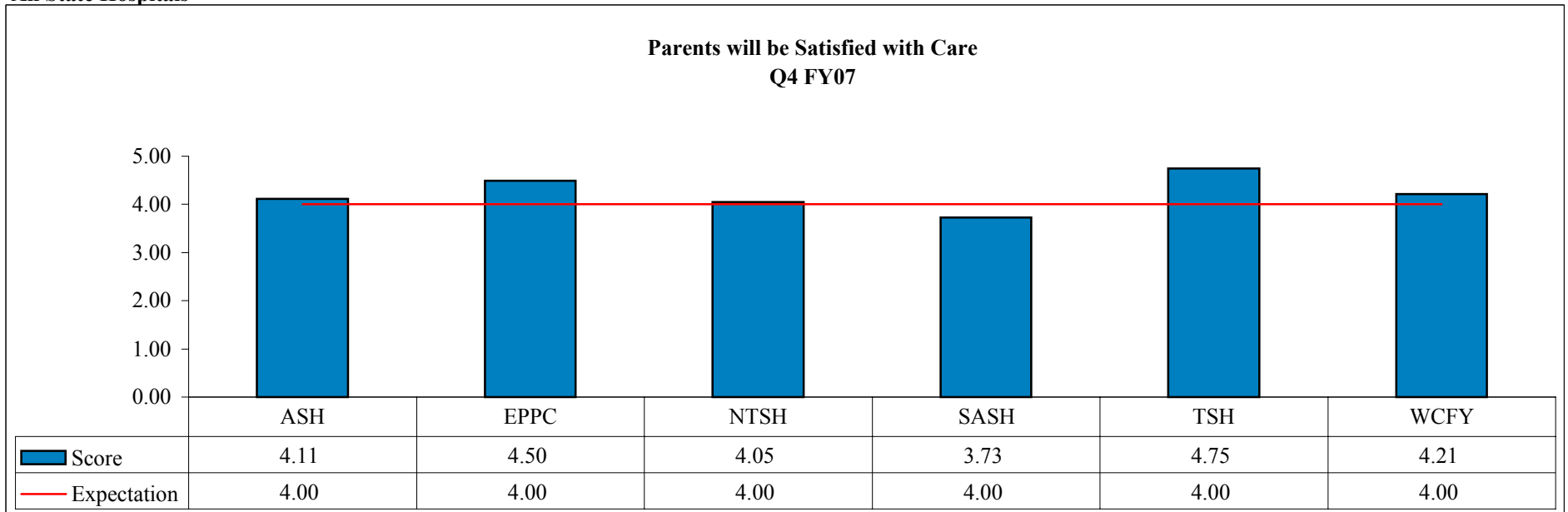
Data Flow:



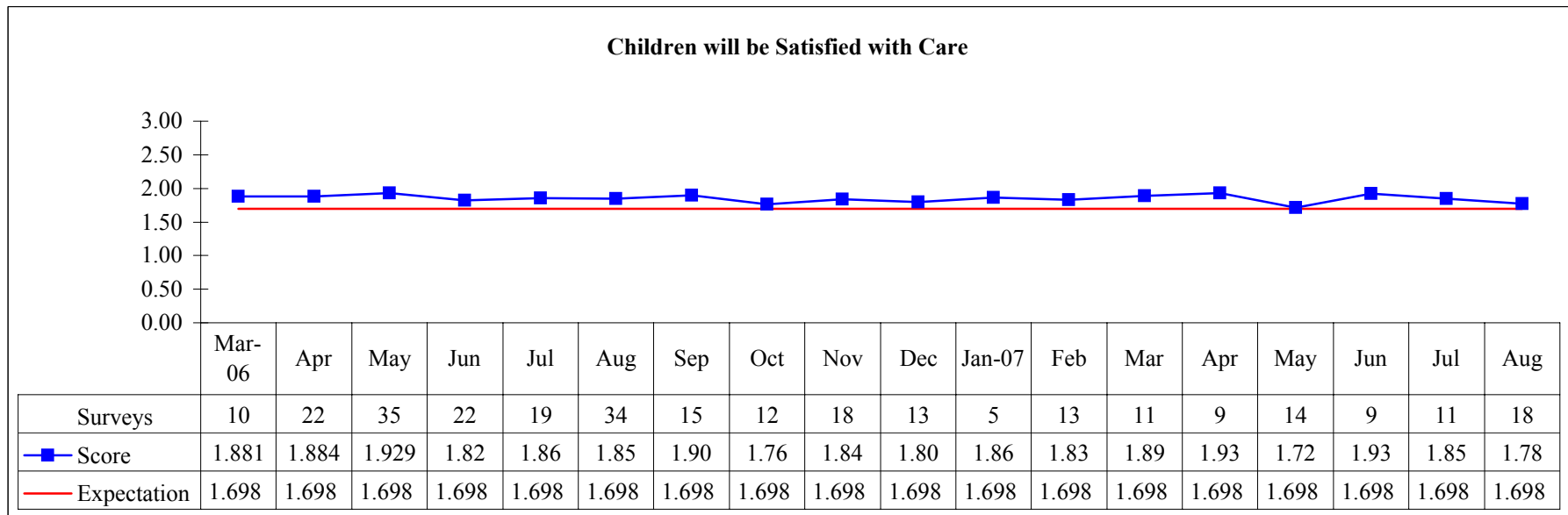
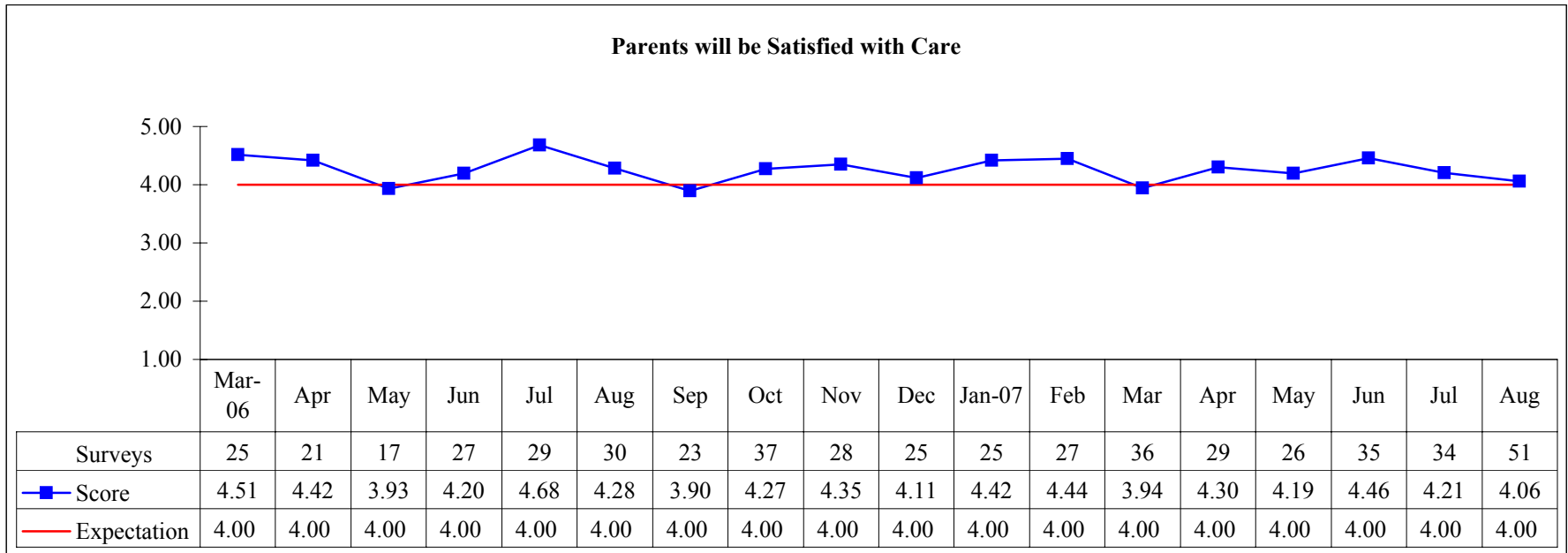
Data Integrity Review Process:

Children and parent satisfaction surveys are not subject to a data integrity review at this time.

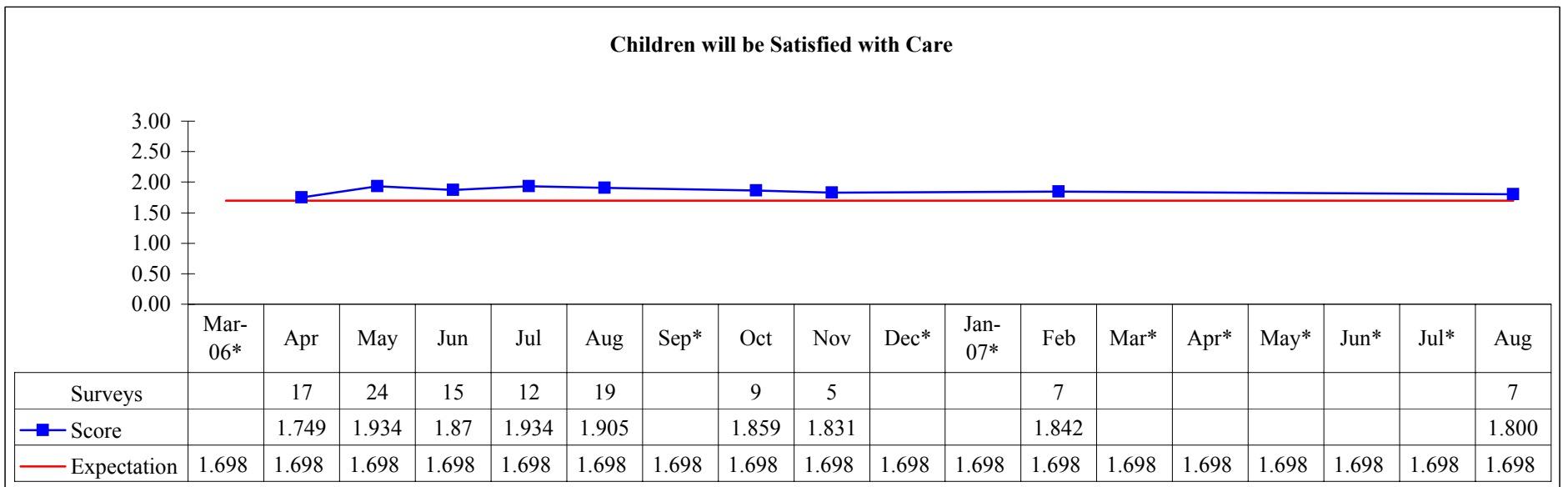
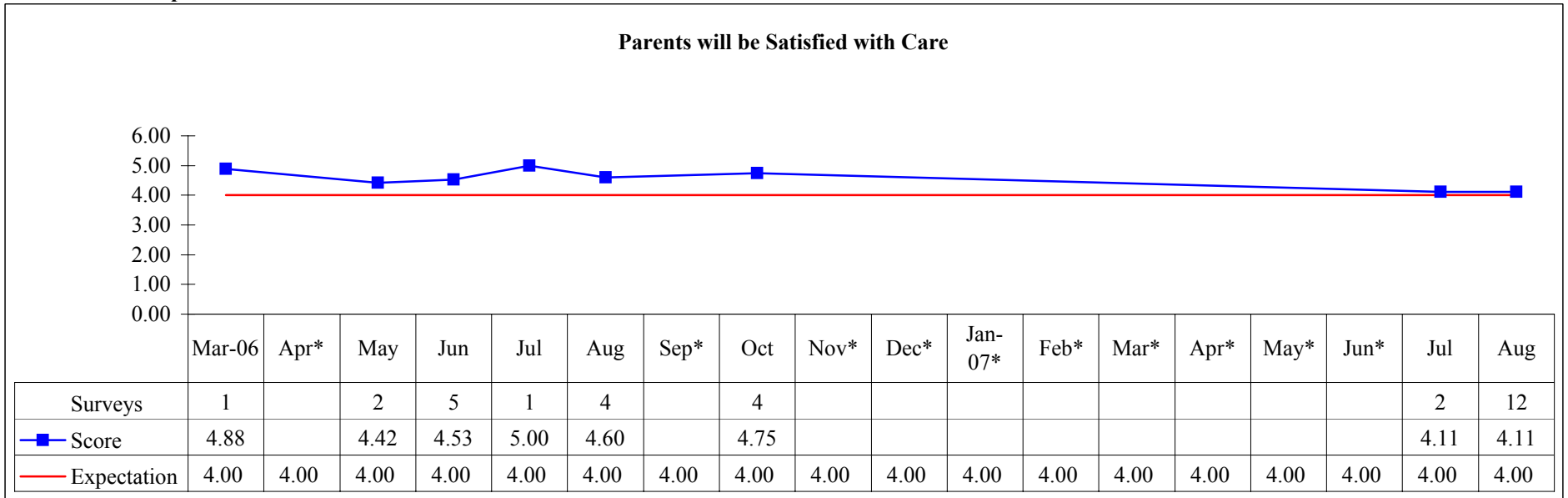
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State Hospitals



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

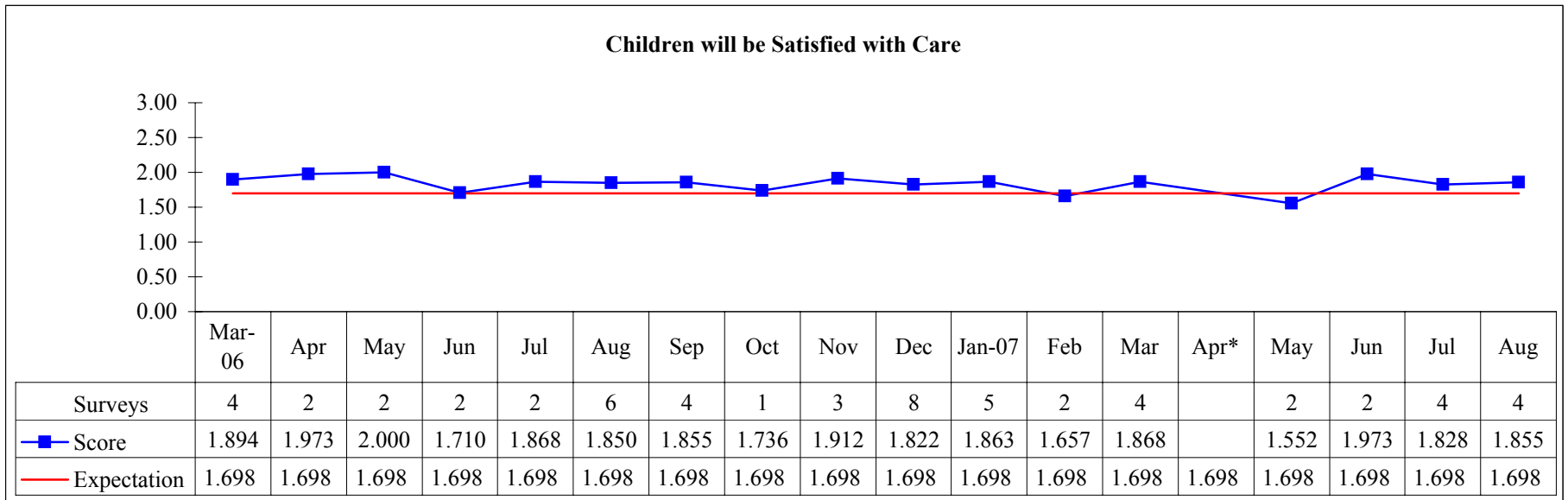
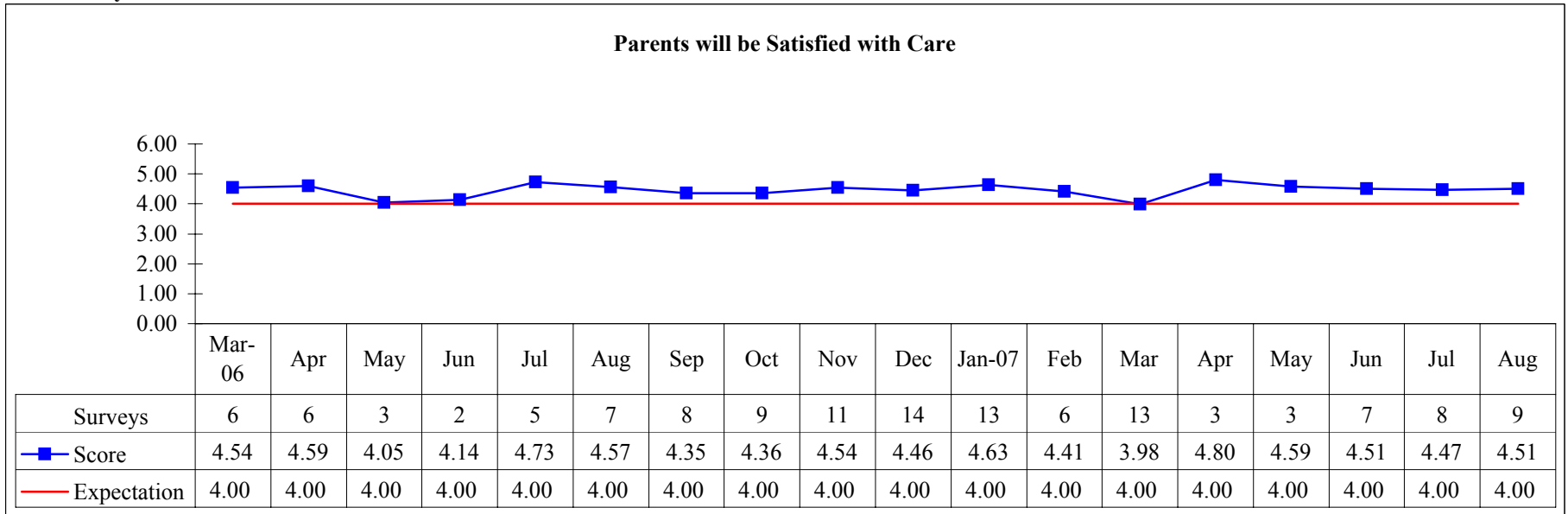


Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



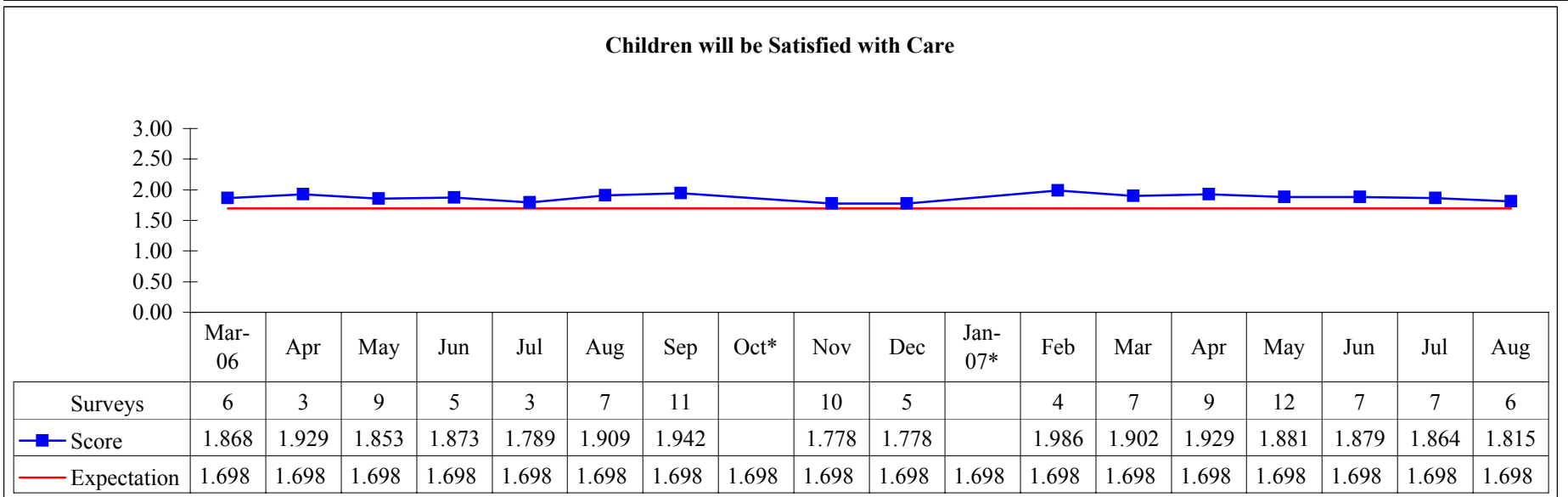
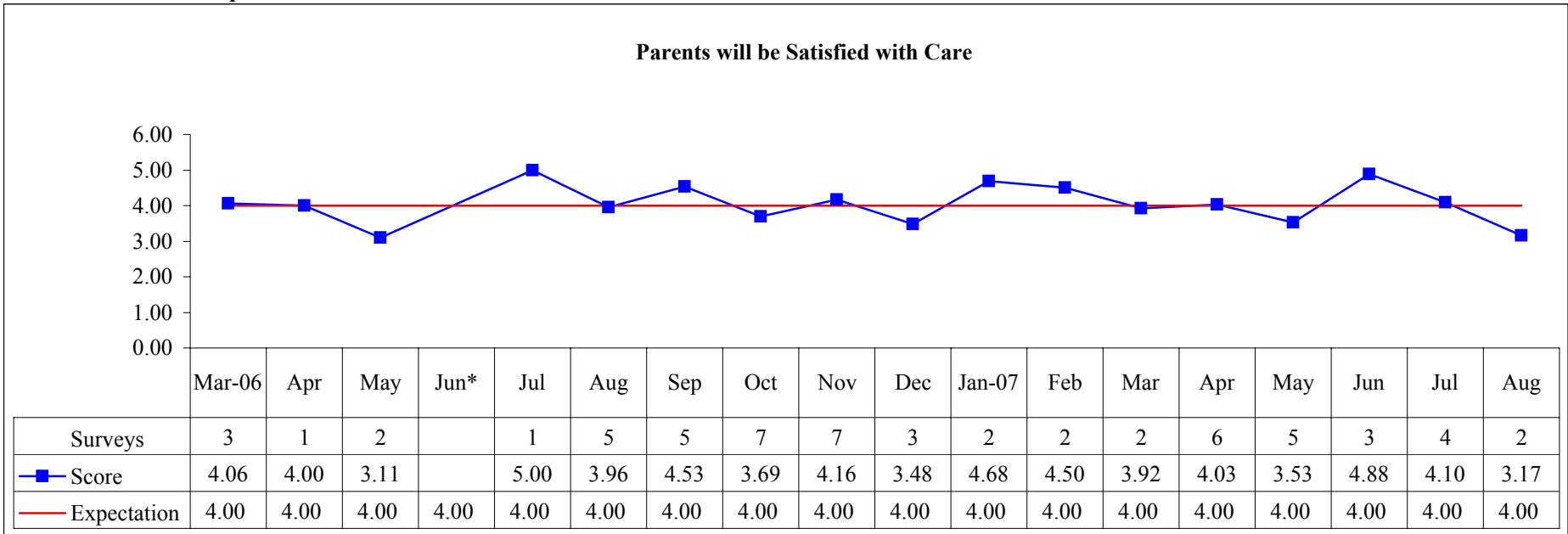
*No surveys submitted

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



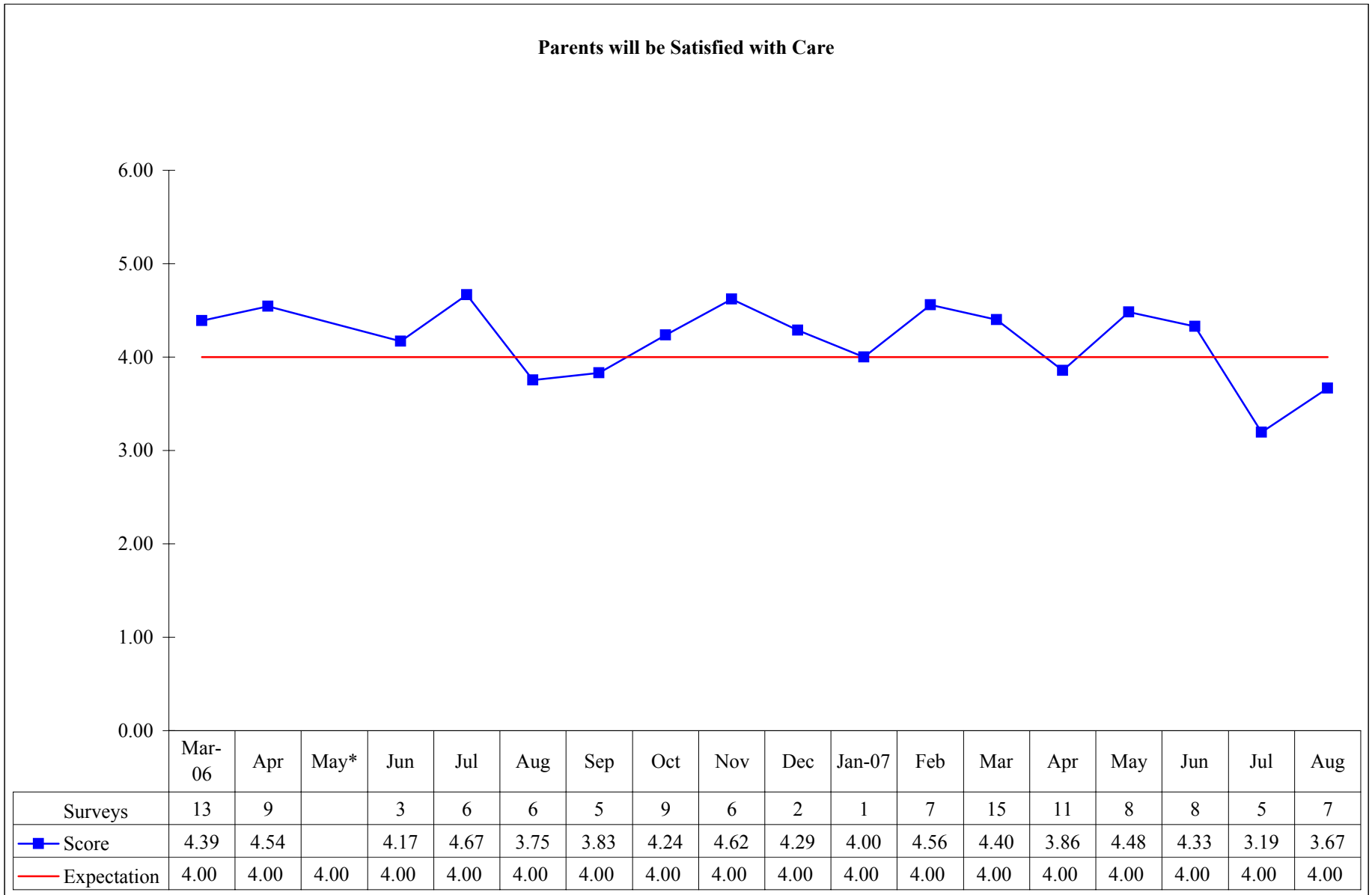
*No surveys submitted

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



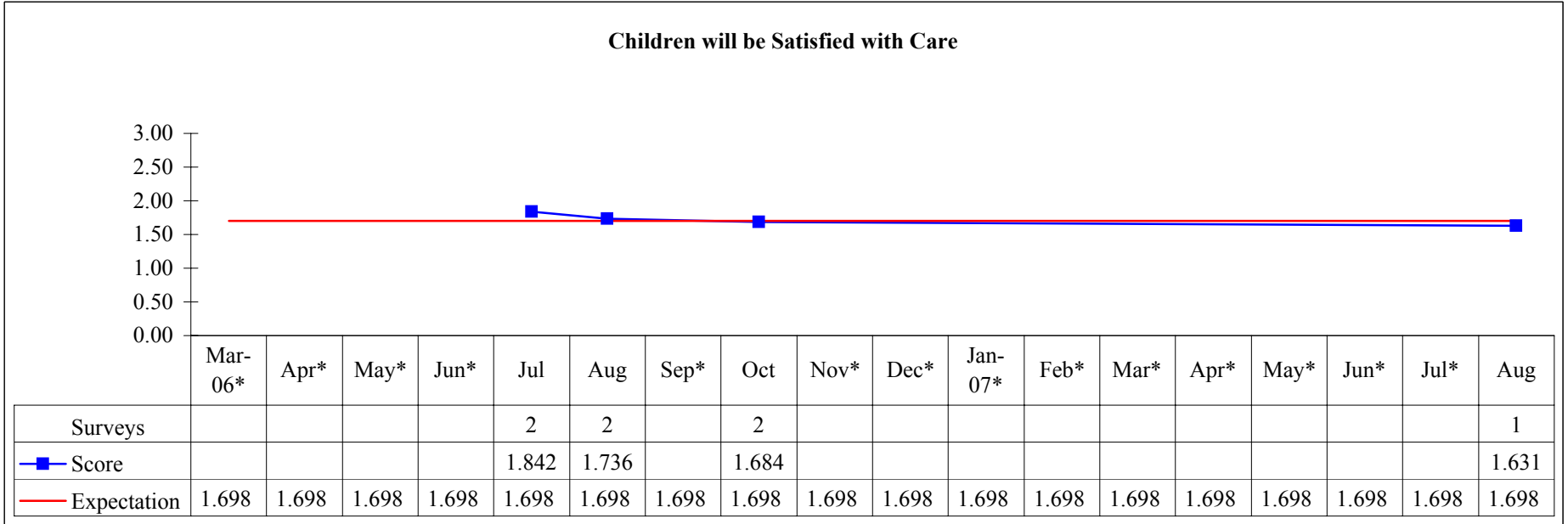
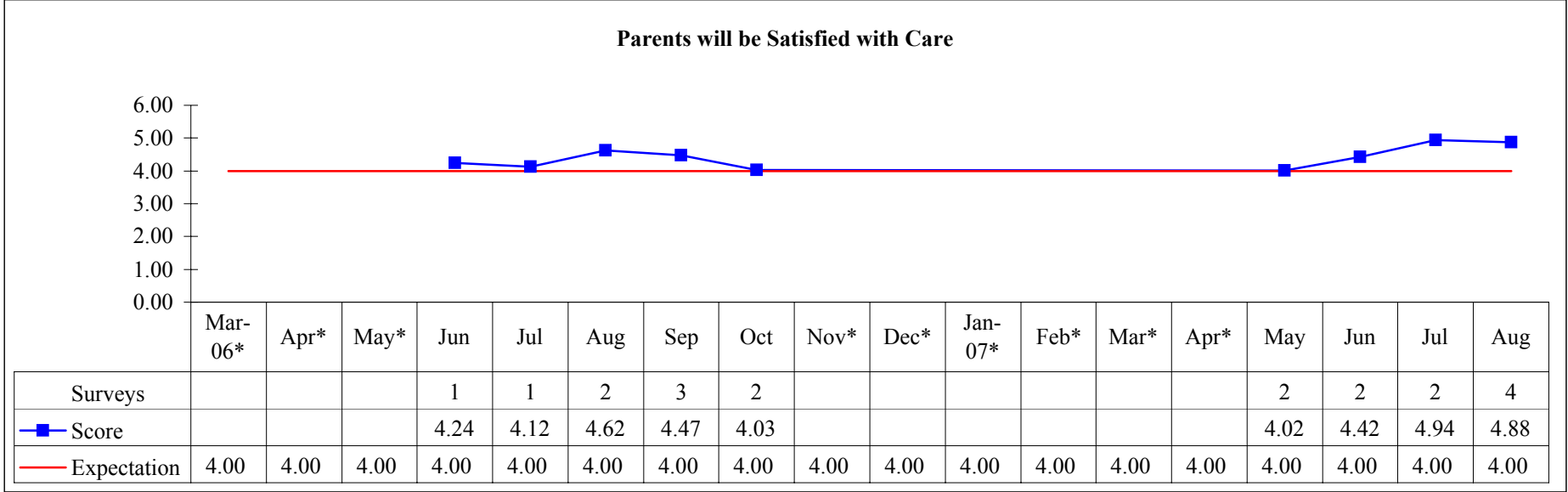
*No surveys submitted

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



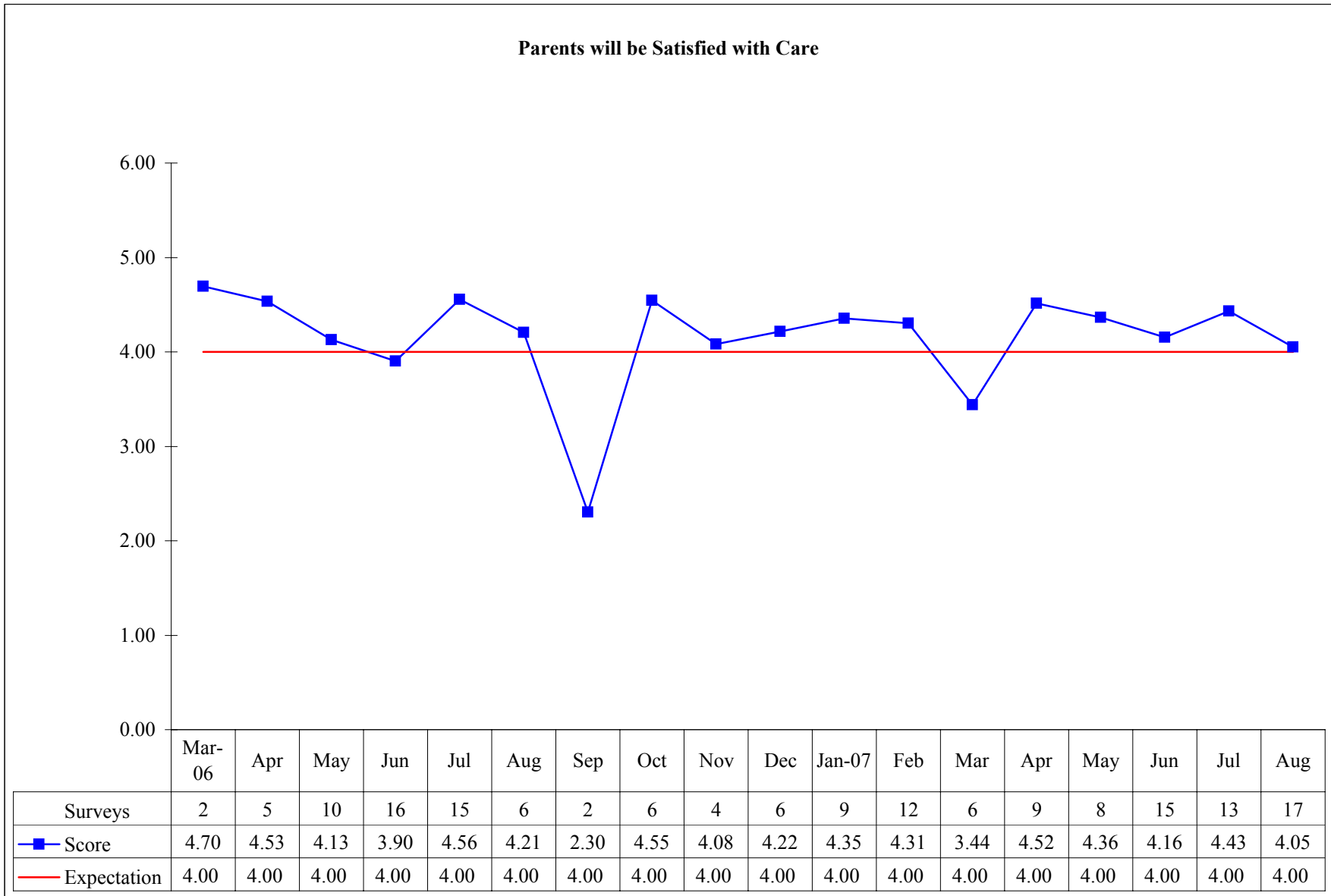
*No surveys submitted
 Source: PSAT

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



*No surveys submitted

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



Performance Objective 9B:

Adults and adolescents will be satisfied with their care at state mental health hospitals as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (NRI-ICS).

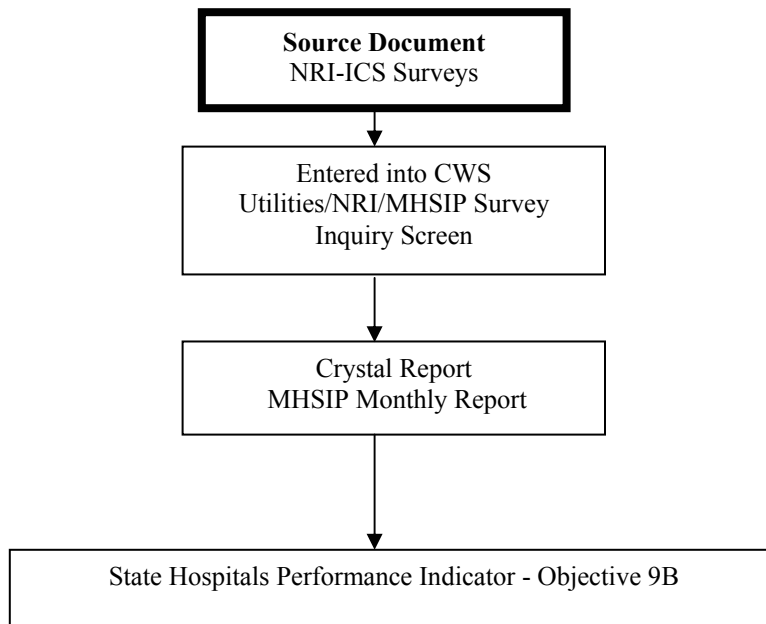
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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

Performance Objective Data Display and Chart Description:

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

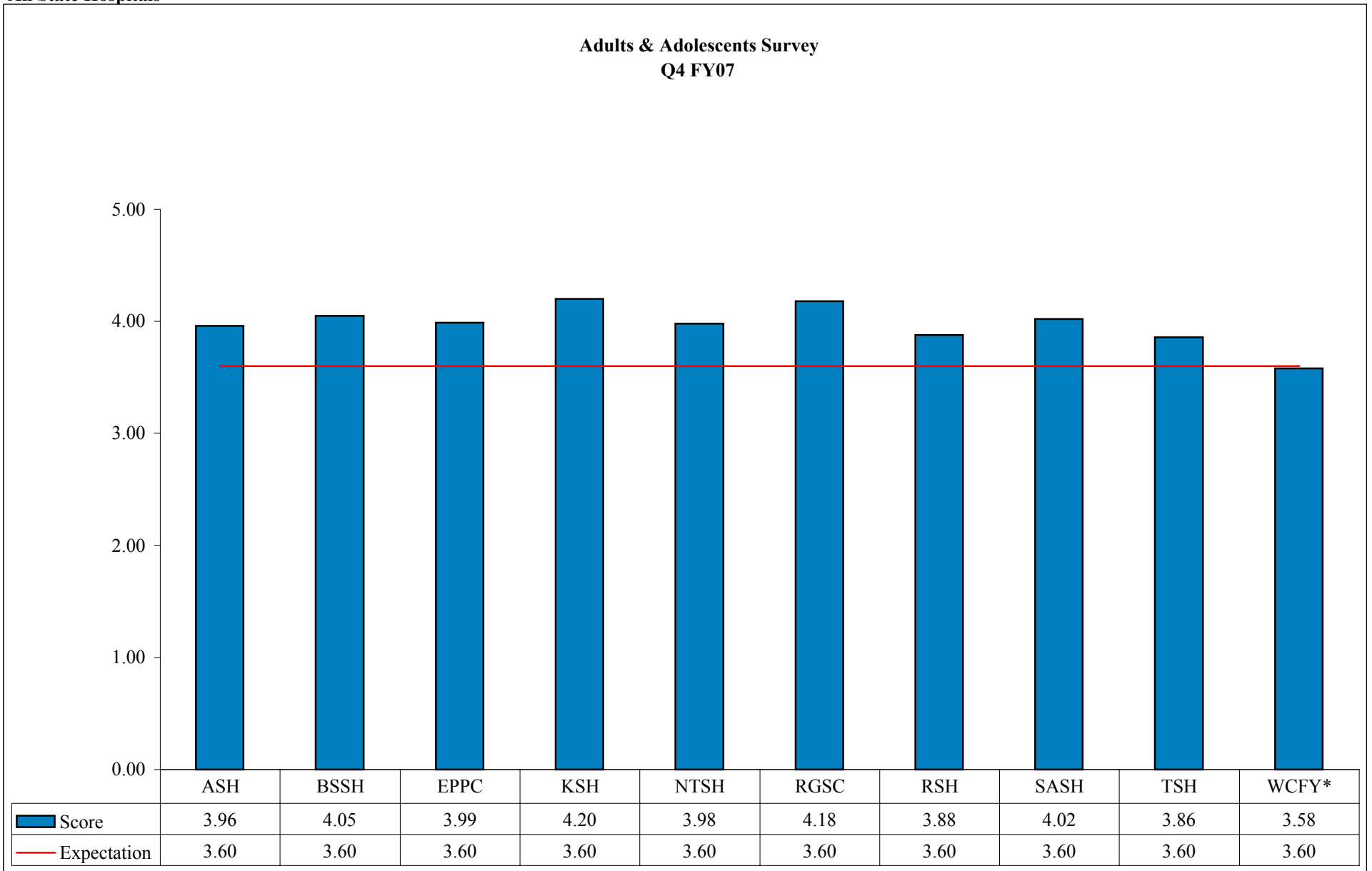
Data Flow:



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

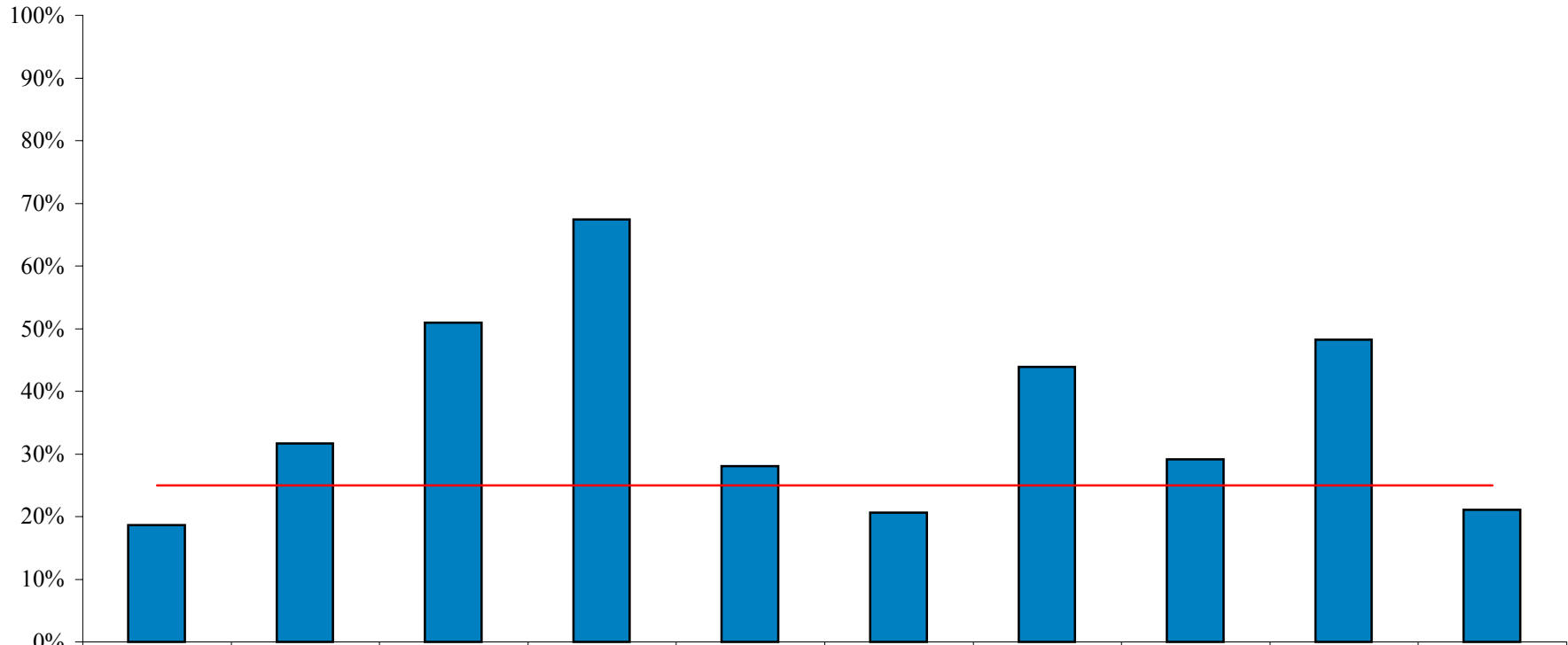


*WCFY - Adolescent Surveys Only

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 FY07



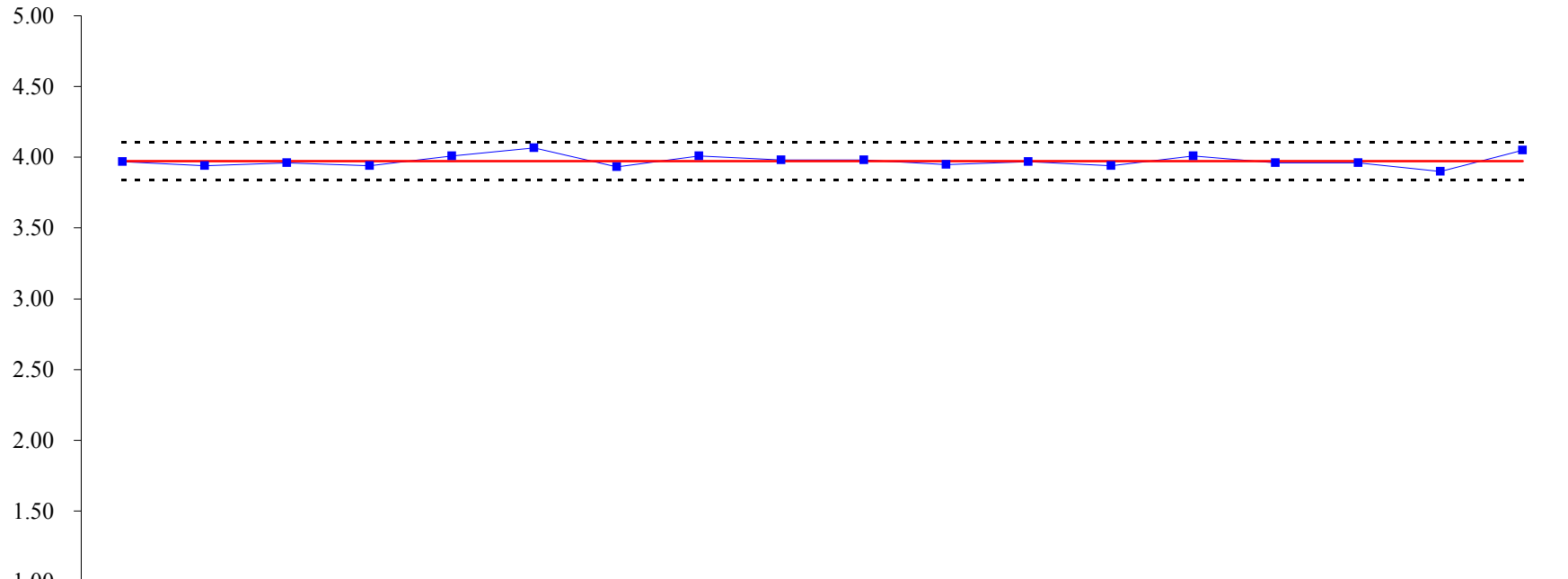
	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY*
Discharges	1212	284	263	86	573	349	515	714	657	57
Surveys	226	90	134	58	161	72	226	208	317	12
% Surveyed	19%	32%	51%	67%	28%	21%	44%	29%	48%	21%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*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
(FY2007 Expectation is Average Score ≥ 3.60)

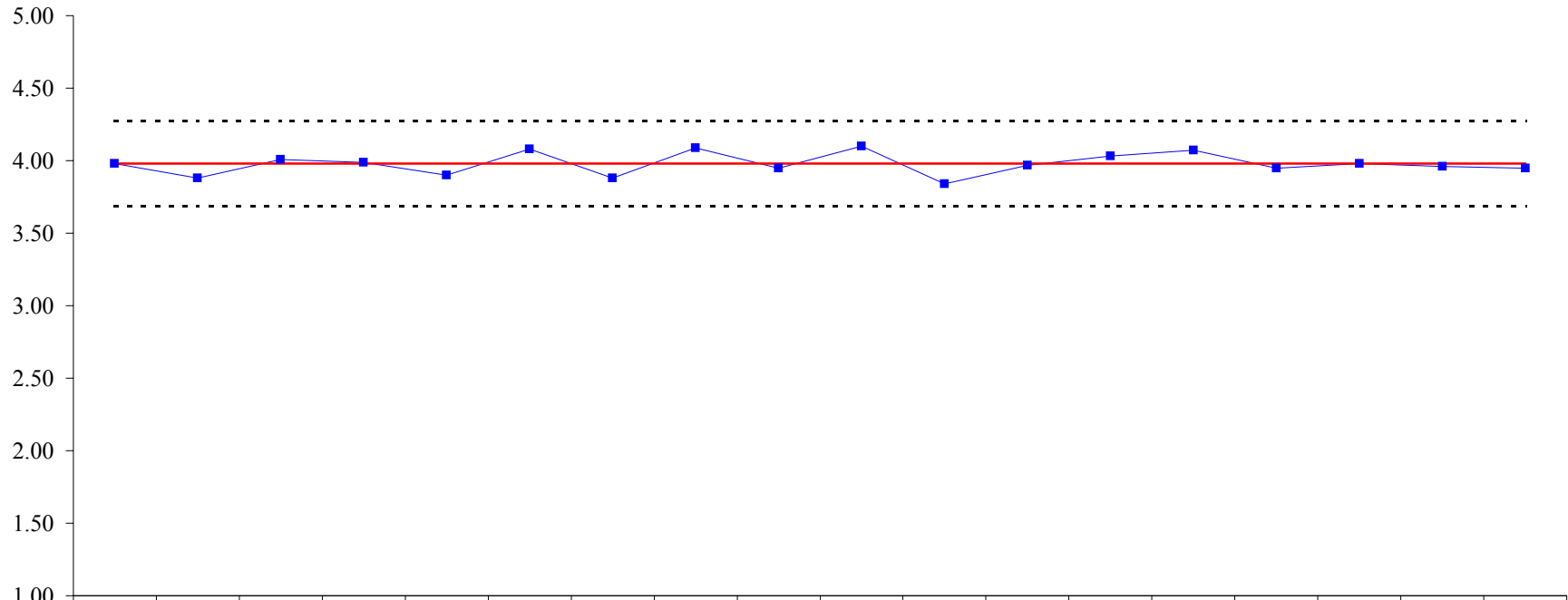


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.97	3.94	3.96	3.94	4.01	4.07	3.93	4.01	3.98	3.98	3.95	3.97	3.94	4.01	3.96	3.96	3.90	4.05
Surveys	471	452	471	579	515	525	578	584	542	517	509	466	602	557	582	512	456	536
Discharges	1496	1445	1574	1676	1438	1693	1534	1569	1396	1366	1400	1332	1496	1437	1727	1484	1542	1684
% Sampled	31%	31%	30%	35%	36%	31%	38%	37%	39%	38%	36%	35%	40%	39%	34%	35%	30%	32%
----- UCL	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
— 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	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84

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
(FY2007 Expectation is Average Score ≥ 3.60)

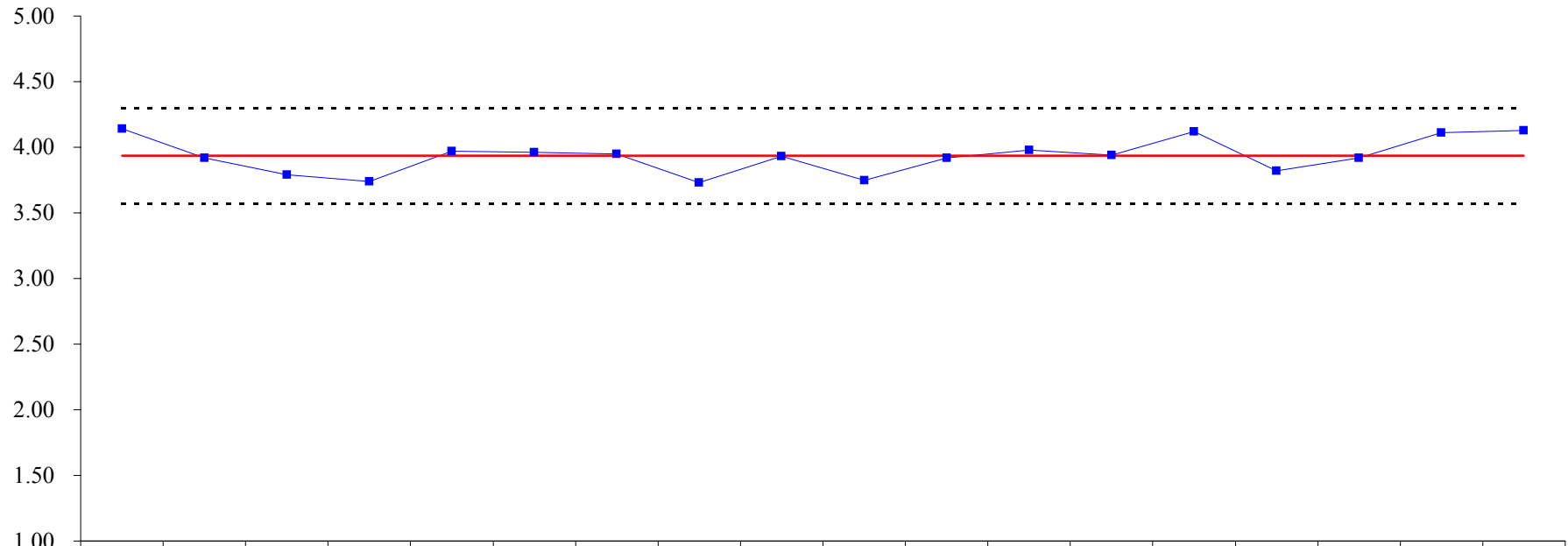


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.98	3.88	4.01	3.99	3.90	4.08	3.88	4.09	3.95	4.10	3.84	3.97	4.03	4.07	3.95	3.98	3.96	3.95
Surveys	90	72	79	101	78	81	92	96	98	76	73	78	92	79	79	69	77	80
Discharges	355	362	395	405	346	429	371	397	363	329	386	340	382	388	434	395	405	412
% Sampled	25%	20%	20%	25%	23%	19%	25%	24%	27%	23%	19%	23%	24%	20%	18%	17%	19%	19%
----- UCL	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27
— Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
----- LCL	3.68	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
Big Spring State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ≥ 3.60)

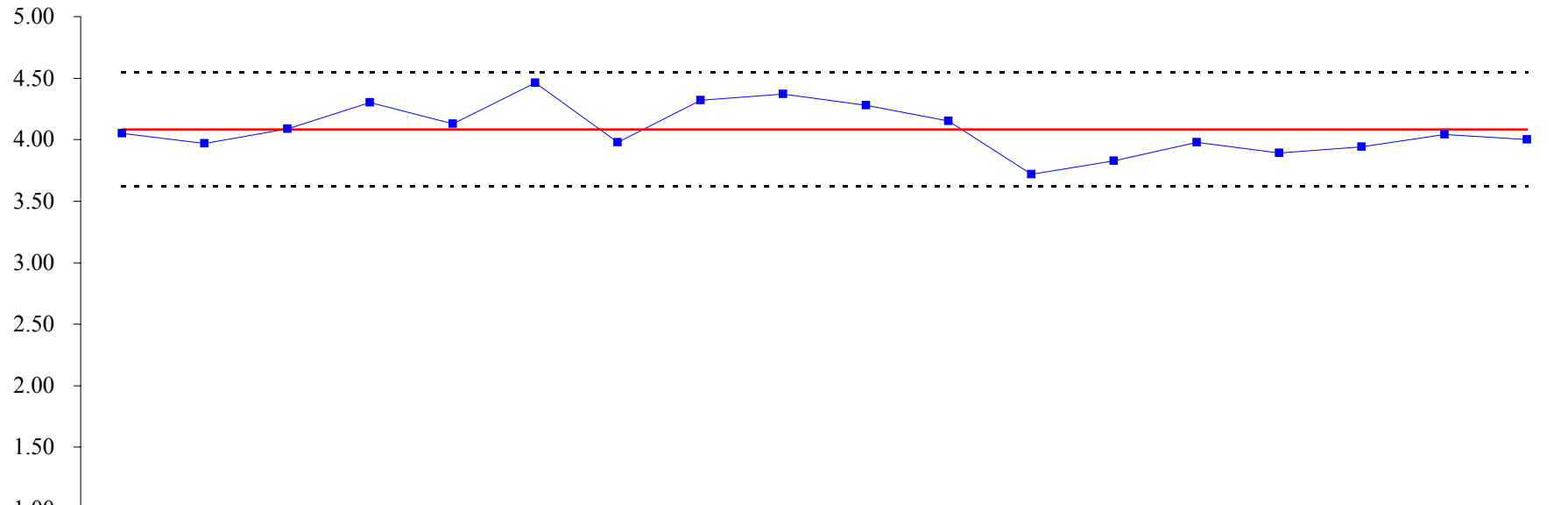


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	4.14	3.92	3.79	3.74	3.97	3.96	3.95	3.73	3.93	3.75	3.92	3.98	3.94	4.12	3.82	3.92	4.11	4.13
Surveys	19	52	56	50	40	39	45	49	26	32	38	26	32	24	31	24	29	37
Discharges	80	91	91	107	98	93	97	95	77	91	112	93	87	74	103	74	96	114
% Sampled	24%	57%	62%	47%	41%	42%	46%	52%	34%	35%	34%	28%	37%	32%	30%	32%	30%	32%
UCL	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30	4.30
Avg	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93
LCL	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by 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
(FY2007 Expectation is Average Score ≥ 3.60)

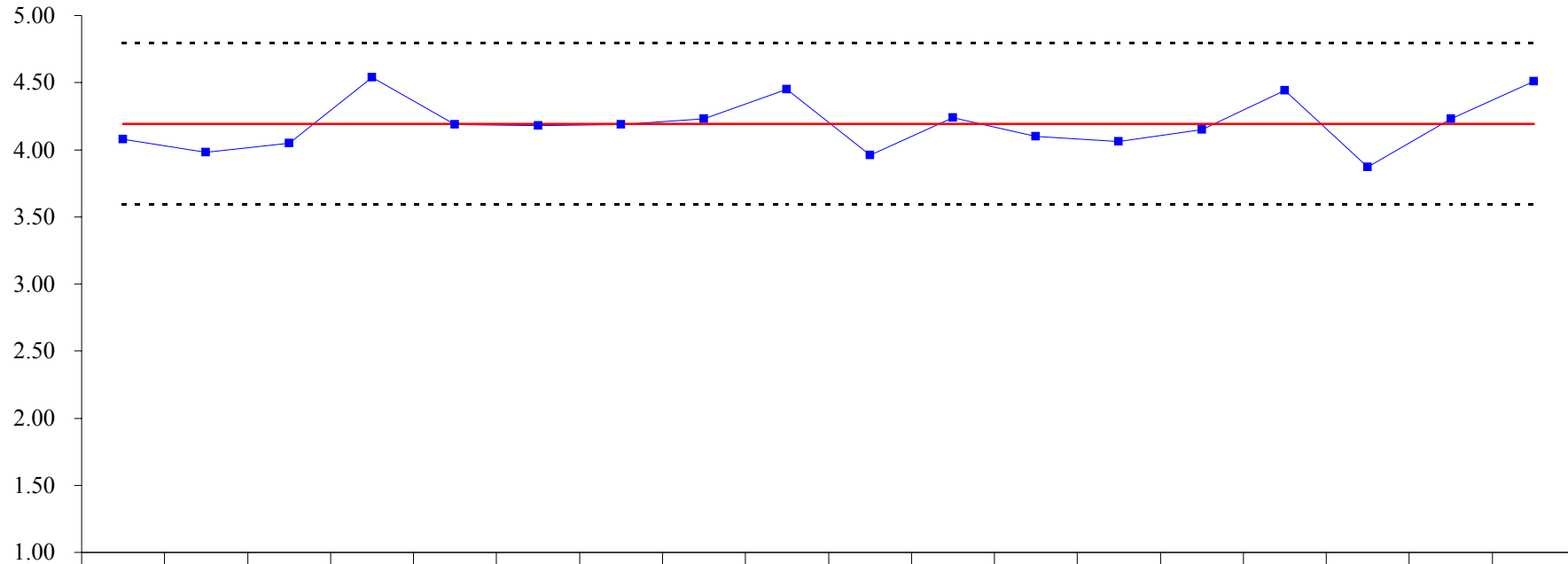


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.05	3.97	4.09	4.30	4.13	4.46	3.98	4.32	4.37	4.28	4.15	3.72	3.83	3.98	3.89	3.94	4.04	4.00
Surveys	36	27	37	21	39	4	38	60	49	53	58	44	66	51	12	43	51	40
Discharges	77	68	104	94	88	84	93	85	90	80	86	77	87	88	96	92	86	85
% Sampled	47%	40%	36%	22%	44%	5%	41%	71%	54%	55%	67%	57%	55%	58%	13%	55%	59%	47%
- - - - - UCL	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55	4.55
— Avg	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08
- - - - - 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
Kerrville State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ≥ 3.60)

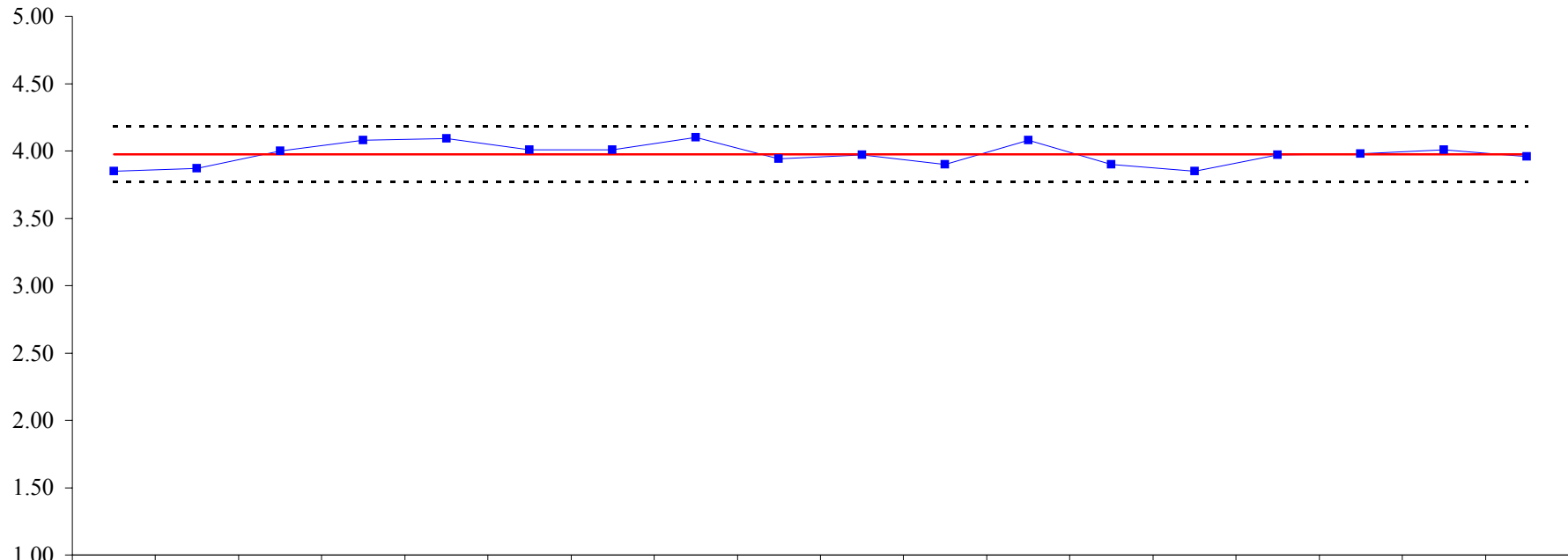


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.08	3.98	4.05	4.54	4.19	4.18	4.19	4.23	4.45	3.96	4.24	4.10	4.06	4.15	4.44	3.87	4.23	4.51
Surveys	14	23	26	17	23	22	24	23	18	17	21	13	23	23	19	20	22	16
Discharges	29	30	36	22	29	36	30	35	22	26	23	28	31	30	26	27	26	33
% Sampled	48%	77%	72%	77%	79%	61%	80%	66%	82%	65%	91%	46%	74%	77%	73%	74%	85%	48%
----- UCL	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79
— Avg	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19	4.19
----- LCL	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59

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
(FY2007 Expectation is Average Score ≥ 3.60)

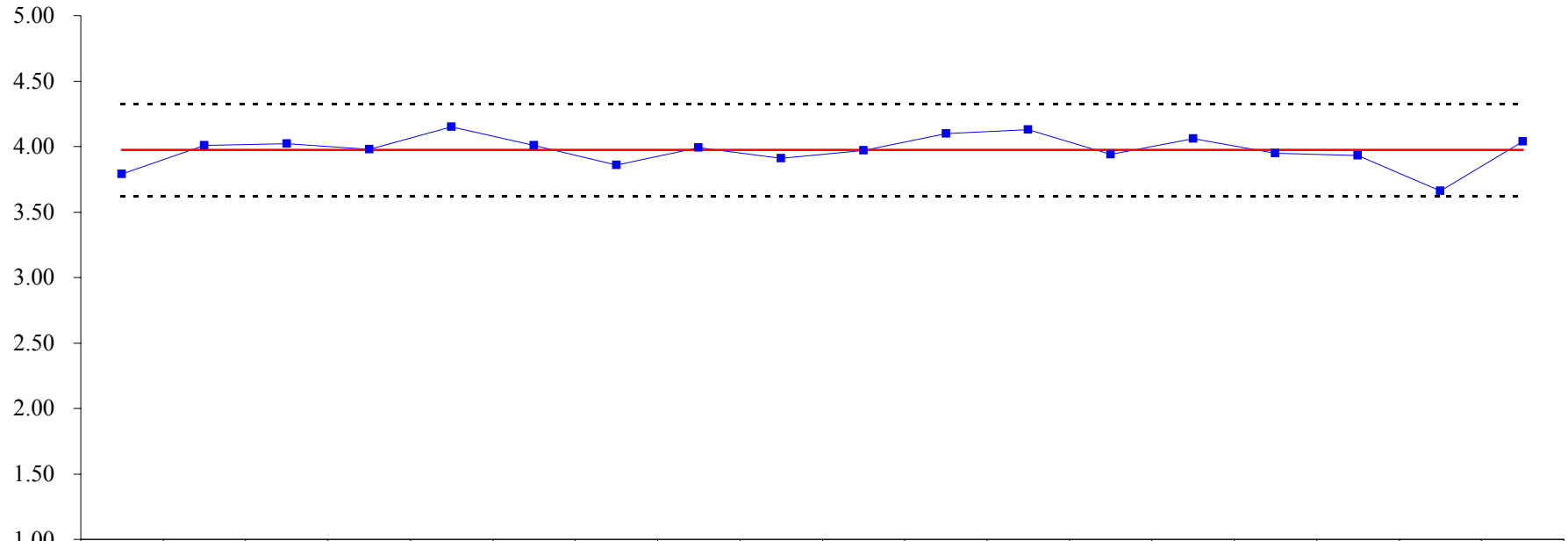


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.85	3.87	4.00	4.08	4.09	4.01	4.01	4.10	3.94	3.97	3.90	4.08	3.90	3.85	3.97	3.98	4.01	3.96
Surveys	81	54	87	92	66	71	66	60	65	69	66	56	57	56	54	71	41	49
Discharges	213	190	238	248	180	249	189	217	174	177	182	186	179	182	237	174	195	204
% Sampled	38%	28%	37%	37%	37%	29%	35%	28%	37%	39%	36%	30%	32%	31%	23%	41%	21%	24%
UCL	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
LCL	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77

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

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ≥ 3.60)

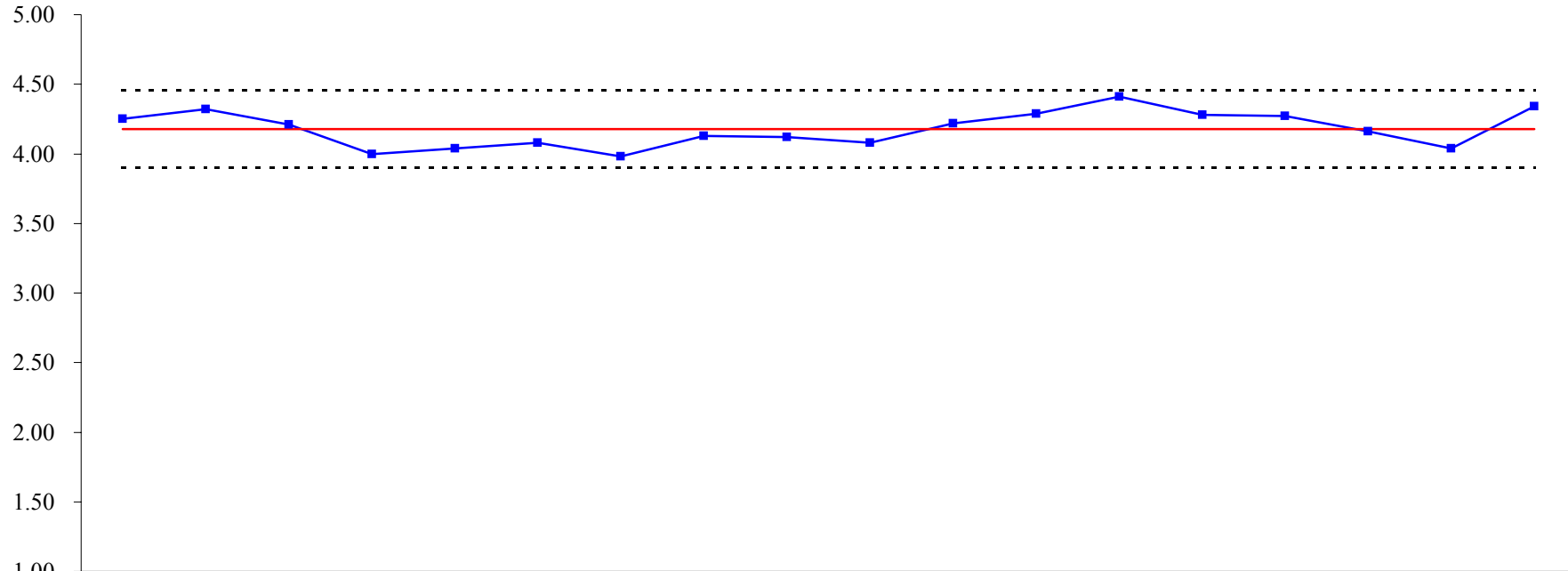


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.79	4.01	4.02	3.98	4.15	4.01	3.86	3.99	3.91	3.97	4.10	4.13	3.94	4.06	3.95	3.93	3.66	4.04
Surveys	55	59	57	70	60	91	53	82	66	49	52	70	97	72	86	70	65	91
Discharges	136	163	159	157	143	169	150	162	139	145	106	118	154	145	176	164	149	202
% Sampled	40%	36%	36%	45%	42%	54%	35%	51%	47%	34%	49%	59%	63%	50%	49%	43%	44%	45%
UCL	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
Avg	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97
LCL	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62

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

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

Adults & Adolescents will be Satisfied With Care
(FY2007 Expectation is Average Score ≥ 3.60)

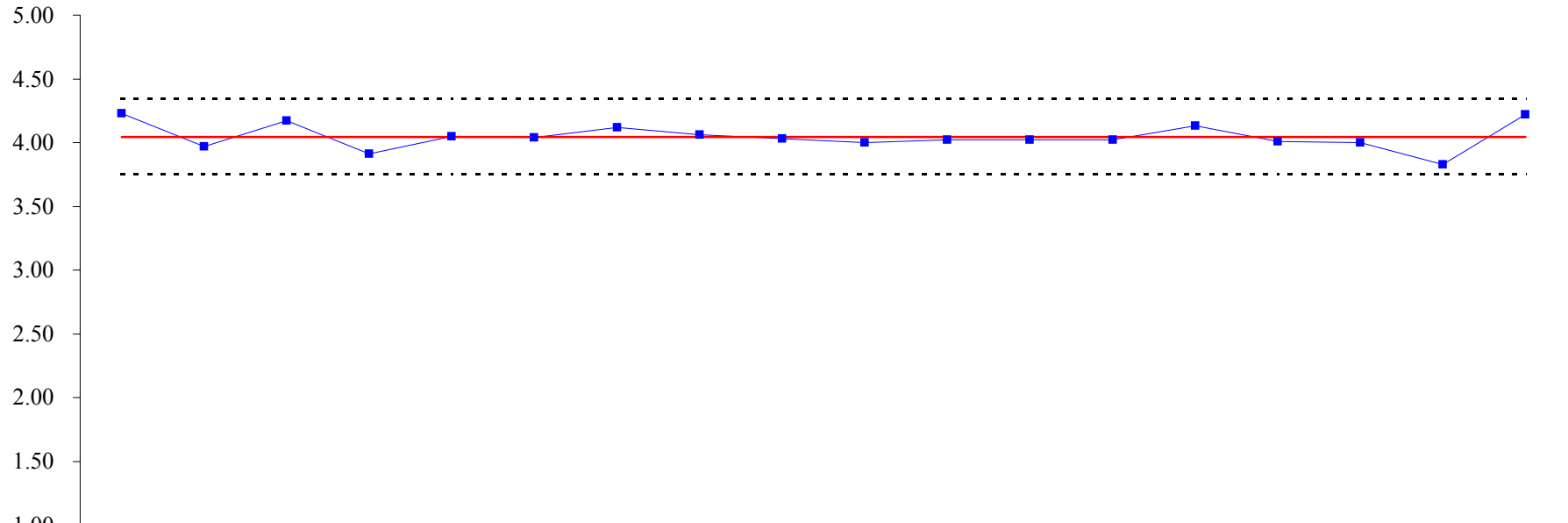


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.25	4.32	4.21	4.00	4.04	4.08	3.98	4.13	4.12	4.08	4.22	4.29	4.41	4.28	4.27	4.16	4.04	4.34
Surveys	7	21	23	67	46	81	73	48	55	39	29	33	32	17	35	43	15	14
Discharges	90	98	90	99	83	101	99	87	91	103	84	81	96	70	114	123	104	122
% Sampled	8%	21%	26%	68%	55%	80%	74%	55%	60%	38%	35%	41%	33%	24%	31%	35%	14%	11%
-----UCL	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46	4.46
— Avg	4.18	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	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90

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
(FY2007 Expectation is Average Score ≥ 3.60)

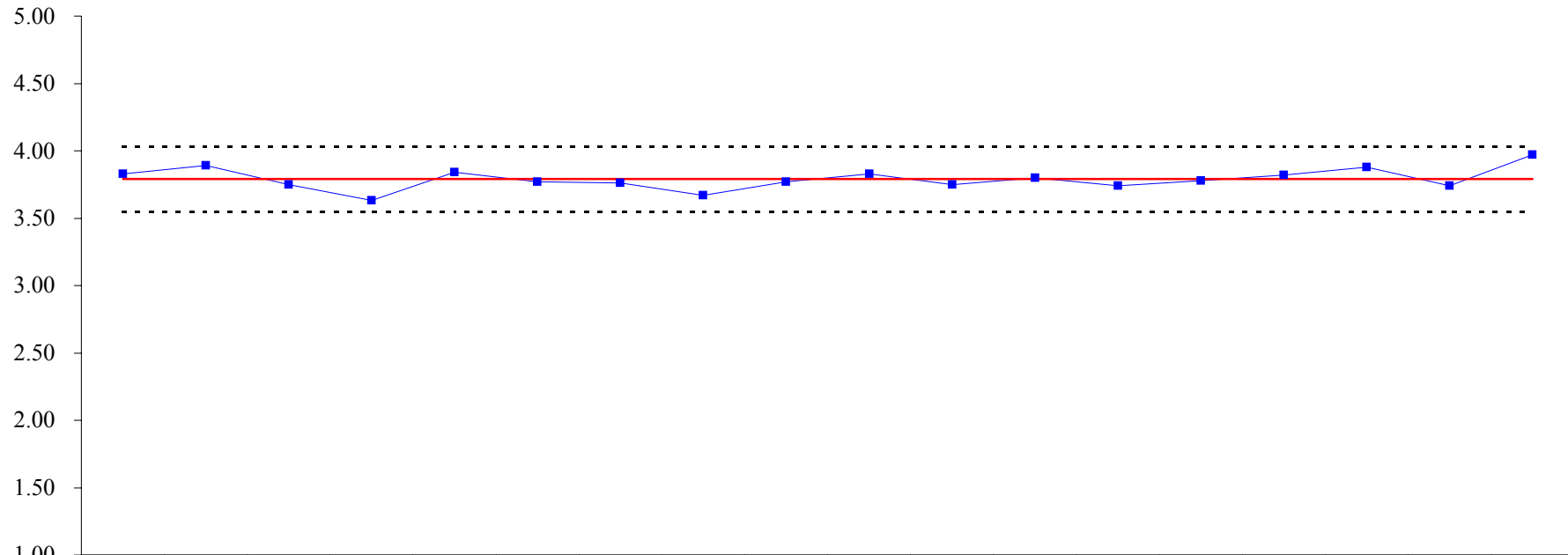


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	4.23	3.97	4.17	3.91	4.05	4.04	4.12	4.06	4.03	4.00	4.02	4.02	4.02	4.13	4.01	4.00	3.83	4.22
Surveys	81	64	20	48	60	33	58	76	41	53	50	28	83	118	120	80	63	65
Discharges	292	247	264	305	267	299	266	271	233	182	160	181	222	238	276	216	252	246
% Sampled	28%	26%	8%	16%	22%	11%	22%	28%	18%	29%	31%	15%	37%	50%	43%	37%	25%	26%
- - - - - UCL	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34
— Avg	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05
- - - - - LCL	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75

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

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ≥ 3.60)

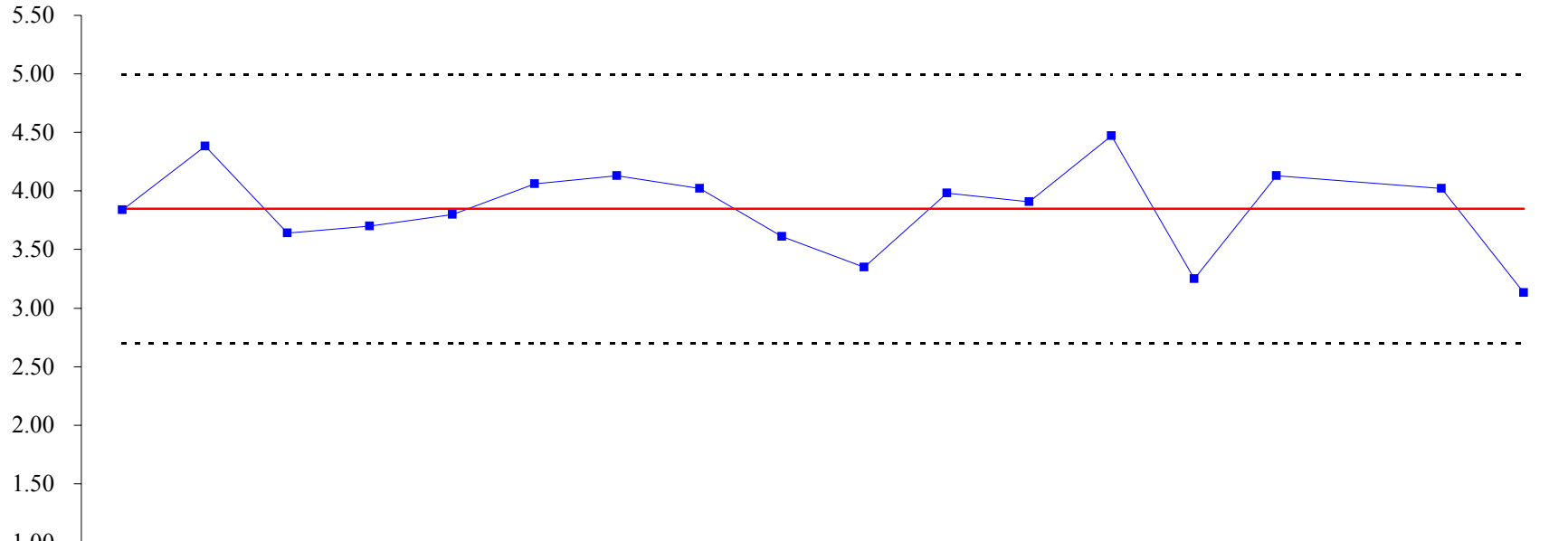


	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.83	3.89	3.75	3.63	3.84	3.77	3.76	3.67	3.77	3.83	3.75	3.80	3.74	3.78	3.82	3.88	3.74	3.97
Surveys	85	77	79	107	102	97	125	88	122	127	120	110	118	113	144	92	85	140
Discharges	216	188	182	218	195	218	231	208	189	224	252	209	246	212	250	199	213	245
% Sampled	39%	41%	43%	49%	52%	44%	54%	42%	65%	57%	48%	53%	48%	53%	58%	46%	40%	57%
----- UCL	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03
— Avg	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79
----- LCL	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55

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

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

Adults & Adolescents will be Satisfied with Care
(FY2007 Expectation is Average Score ≥ 3.60)



	Mar-06	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.84	4.38	3.64	3.70	3.80	4.06	4.13	4.02	3.61	3.35	3.98	3.91	4.47	3.25	4.13		4.02	3.13
Surveys	3	3	7	6	1	6	4	2	2	2	2	8	2	4	2	0	8	4
Discharges	8	8	15	21	9	15	8	12	18	9	9	19	12	10	15	20	16	21
% Sampled	38%	38%	47%	29%	11%	40%	50%	17%	11%	22%	22%	42%	17%	40%	13%	0%	50%	19%
----- UCL	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
— Avg	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
----- LCL	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70

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

Performance Objective 9F:

- **Regularly scheduled assessments will be conducted using established criteria and improvement opportunities identified by each state hospital on the Facility Support Performance Indicators.**

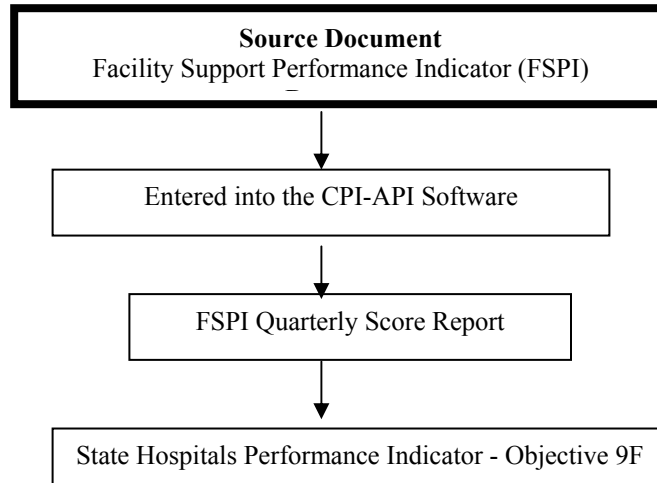
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: $[(\# \text{ of yes} + \# \text{ of no with justification}) / (\# \text{ of NA} - \text{Contract Facility})] \times 100$.

Performance Objective Data Display and Chart Description:

- ◆ Table shows the assessment score for individual state hospitals and system-wide
- ◆ Chart shows the assessment score for individual state hospitals.

Data Flow:



Data Integrity Review Process:

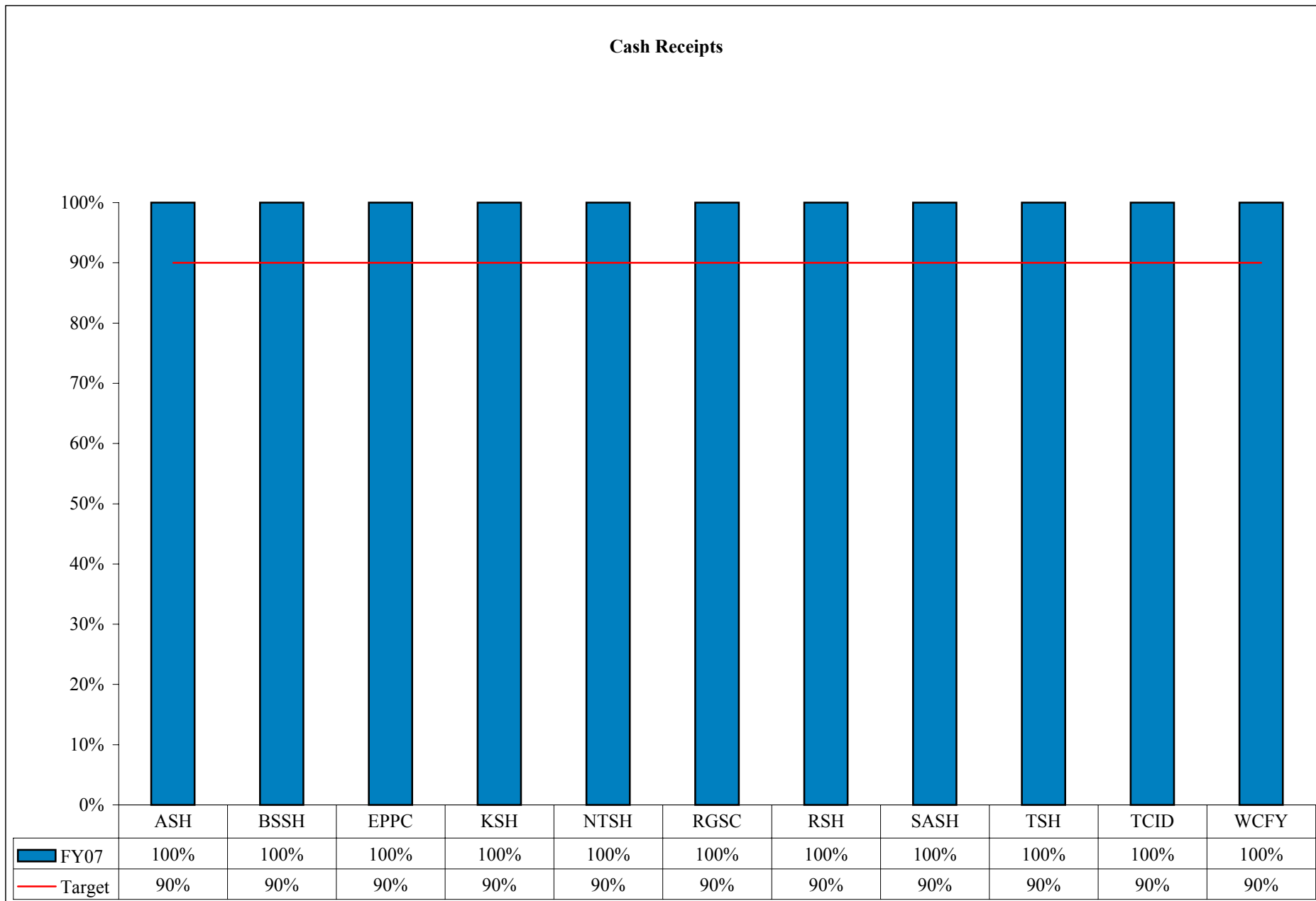
Data integrity review done through the Administrative Performance Indicators (API) Validation Audit Process.

Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2007

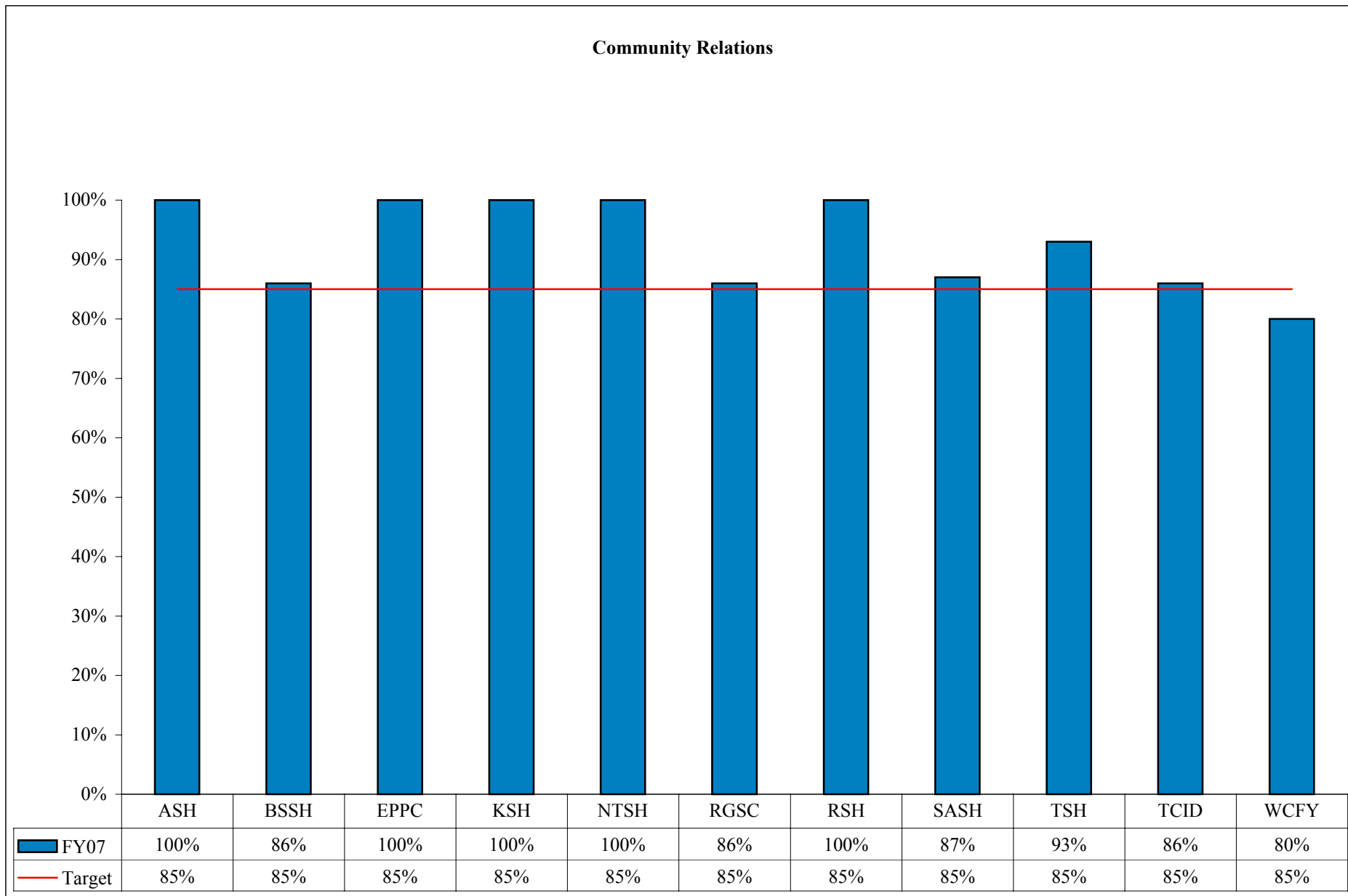
	Q1		Q2		Q3	Q4		
	Fleet Management	Plant Maintenance	Consumer Monies	Vocational Services	Food Service	Community Relations	Cash Receipts	Petty Cash
Compliance Target	90%	90%	85%	90%	90%	85%	90%	90%
State Hospital Totals	96%	93%	92%	98%	100%	93%	100%	95%
Austin State Hospital	100%	100%	100%	NA	100%	100%	100%	100%
Big Spring State Hospital	80%	80%	100%	100%	100%	86%	100%	100%
El Paso Psychiatric Center	100%	100%	100%	NA	*CF	100%	100%	100%
Kerrville State Hospital	89%	100%	100%	92%	100%	100%	100%	78%
North Texas State Hospital	100%	90%	60%	95%	100%	100%	100%	100%
Rio Grande State Center	89%	88%	93%	94%	100%	86%	100%	100%
Rusk State Hospital	100%	90%	100%	100%	100%	100%	100%	90%
San Antonio State Hospital	100%	80%	100%	100%	100%	87%	100%	100%
Terrell State Hospital	100%	100%	100%	100%	100%	93%	100%	100%
Texas Center for Infectious Disease					100%	86%	100%	80%
Waco Center For Youth	100%	100%	70%	100%	100%	80%	100%	100%

*CF = Contract Facility

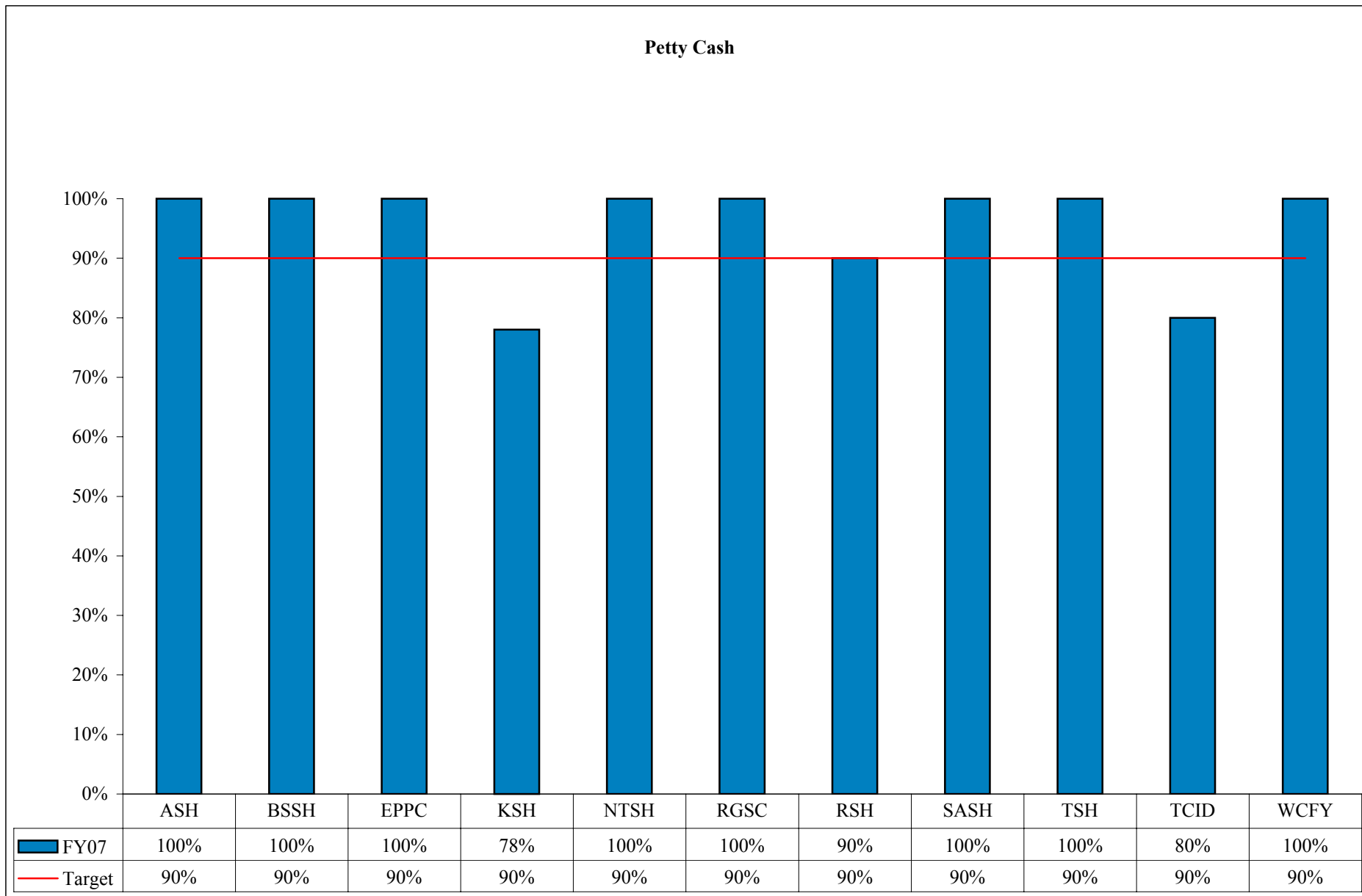
Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2007
Cash Receipts



Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2007
Community Relations



Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2007
Petty Cash



Texas Center for Infectious Disease (TCID) Data Sheet - FY07

		Q1	Q2	Q3	Q4
O 1C	Accreditation - Last JCAHO Date	Oct-03	Dec-06	Dec-06	Dec-06
	Total Medicare Beds	72	72	72	72
	Number of Medicare Complaint Visits this Quarter	0	0	0	0
M 1A	Average Cost Per Patient	\$ 61,111	\$ 67,300	\$ 66,820	\$ 69,011
M 1B	Average Cost Per Bed Day	\$ 415.72	\$ 513.74	\$ 552.23	\$ 549.89
M 1C	Average Daily Census	43	44	40	37
M 1D	Number of Inpatient Days	3,905	3,922	3,684	3,393
O 2A	Number of Abuse/Neglect Allegations	0	0	0	5
O 3B	Number of Patients Restrained	0	0	0	0
M 3B	Percentage of Patients Treated to Cure for FY2007				46%
O 4B	Number of Medication Errors	14	56	9	14
M 5A	Number of Admissions	27	30	23	21
	Number of Discharges	29	21	34	24
M 5D	Average Length of Stay at Discharge	147 days	131 days	121 days	137 days
O 6B	Worker's Comp Cost	\$ 2,952	\$ 3,128	\$ 3,332	\$ 5,774
O 6C & O 6F	Number of Employee Injuries	7	8	7	8
O 6C	Number of Employee Injuries Resulting in a WCC	4	2	2	4
O 6F	Number of Employee Injuries Associated with Restraint/Seclusion	0	0	0	0
O 6E	Number of Patient Injuries during Restraint	0	0	0	0
O 6G	Number of Unauthorized Departures	3	1	4	1
M 6A	Facility Healthcare Associated Infection Rates	10	7	13	5
M 6B	Number of Patient Injuries	5	2	0	5
O 8A	Staff Current With Required Training	30%	43%	50%	65%
M 8A	Turnover Rate for Critical Shortage Staff	0.00%	0.00%	9.82%	6.85%
M 8B	Vacancies for Critical Shortage Staff	15.56%	15.56%	15.56%	15.56%
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	11	7	14	13

Appendix B - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?

One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How many causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?

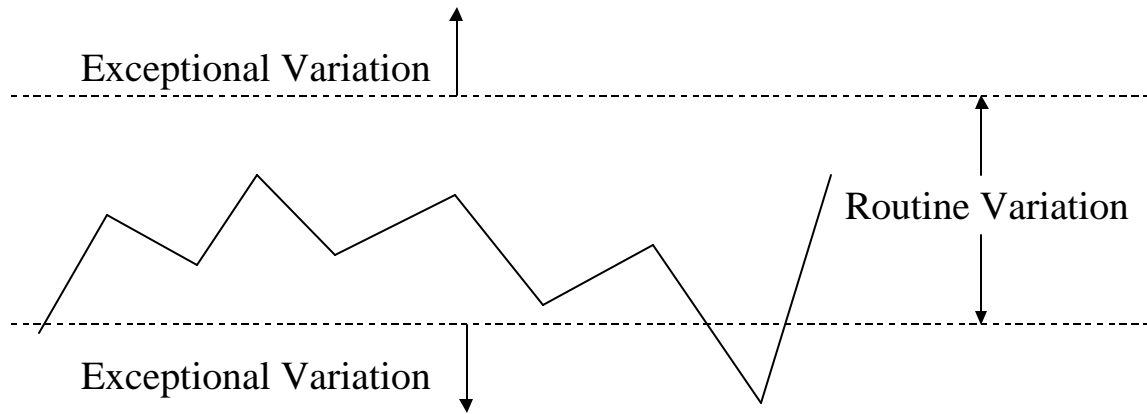
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

While every process displays variation, some processes display predictable variation, while others display unpredictable variation.

Don Wheeler, Building Continual Improvement.

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

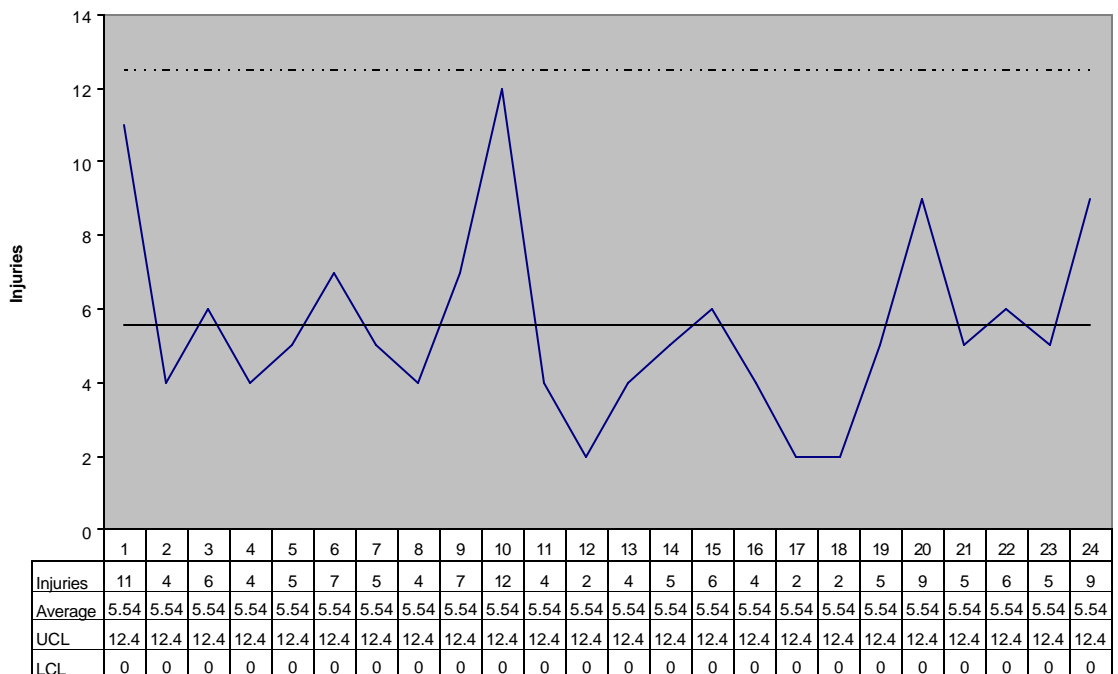
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?

The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.

The XmR Chart for Monthly Injuries



Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values. In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

Month	Injuries	Moving Ranges	UCL	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
Average	5.54	2.61			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are called *Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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