Commonwealth of Pennsylvania
Department of Public Welfare
Office of Mental Health & Substance Abuse Services
Bureau of Community & Hospital Operations

State Hospital Risk Management Summary Report
For January 2009

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Bureau of Community & Hospital Operations
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The State Hospital Risk Management System defines an incident as any patient-related event that has the potential for, or which results in, a negative impact upon the quality of patient care or services, including injury or death of a person served in the state hospital system. Page 3 of this summary report provides further detail on the specific kinds of events covered by this system.

Effective October 1, 2008, the data dictionary for specific incident measures were updated and are reflected in this report.

During January a total of 1569 incident reports were completed by the state hospital system, which is an increase of 92 events from the previous month. Additionally, 58 prior month records were deleted from the database. These records are included in all monthly comparisons (page 3) made in this summary report. The following is a breakdown of incidents by individual facility and type of care:

### Table 1

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Civil Census 1/31/2009</th>
<th>Days Provided</th>
<th>Incidents</th>
<th>Per 1000 Days-of-Care</th>
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<tbody>
<tr>
<td>Allentown</td>
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<td>5384</td>
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<td>Danville</td>
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<td>4937</td>
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<td>246</td>
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<td>Warren</td>
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<td>5209</td>
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<td>Wernersville</td>
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<th>Forensic</th>
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<td>130</td>
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<td>Torrance</td>
<td>49</td>
<td>1501</td>
<td>29</td>
<td>19.3</td>
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<td>Warren</td>
<td>24</td>
<td>769</td>
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<table>
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<td>Act 21</td>
<td>22</td>
<td>682</td>
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<td>29.3</td>
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<tr>
<td>Total Act 21</td>
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<td>682</td>
<td>20</td>
<td>29.3</td>
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<table>
<thead>
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<th>Long Term Care</th>
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<td>4146</td>
<td>82</td>
<td>19.8</td>
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<tr>
<td>Total L. T. C.</td>
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<td>4146</td>
<td>82</td>
<td>19.8</td>
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<tr>
<td>Total</td>
<td>1745</td>
<td>54162</td>
<td>1569</td>
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### Thirteen-Month Trend of Incidents by Type of Care per 1,000 Days of Care
### Summary of Hospital Risk Management Data

**Major Categories Only & All Levels of Care**  
(Civil, Forensic, LTC and Act-21)

(A + or – next to any counts reflects data or records added, changed or deleted from the system since the last report)

<table>
<thead>
<tr>
<th>Primary Cause or Effects of High Profile Events</th>
<th>8/08</th>
<th>9/08</th>
<th>10/08</th>
<th>11/08</th>
<th>12/08</th>
<th>1/09</th>
</tr>
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<tbody>
<tr>
<td>Total number of reported airway obstructions or choking incidents at all facilities (Type 1 &amp; 2):</td>
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<td>8</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>8</td>
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<tr>
<td>Total number of AWOL’s &amp; UA’s all facilities:</td>
<td>42</td>
<td>34</td>
<td>33</td>
<td>27</td>
<td>-37</td>
<td>23</td>
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<tr>
<td>Total number of falls (Type 1 &amp; 2) at all facilities:</td>
<td>192</td>
<td>175</td>
<td>200</td>
<td>-159</td>
<td>-149</td>
<td>164</td>
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<tr>
<td>Total number of reported falls involving consumers age 65 or older:</td>
<td>49</td>
<td>31</td>
<td>42</td>
<td>-48</td>
<td>41</td>
<td>38</td>
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<tr>
<td>Total number of reported falls involving consumers age 75 or older:</td>
<td>9</td>
<td>12</td>
<td>8</td>
<td>-10</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Total number of reported fall incidents:</td>
<td>192</td>
<td>175</td>
<td>200</td>
<td>-159</td>
<td>-149</td>
<td>164</td>
</tr>
<tr>
<td>Total number of reported falls involving consumers age 65 or older:</td>
<td>49</td>
<td>31</td>
<td>42</td>
<td>-48</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>Total number of reported falls involving consumers age 75 or older:</td>
<td>9</td>
<td>12</td>
<td>8</td>
<td>-10</td>
<td>13</td>
<td>10</td>
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<tr>
<td>Total number of reported incidents involving a bone fracture:</td>
<td>12</td>
<td>4</td>
<td>6</td>
<td>3</td>
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<td>Total number of reported deaths for this report period:</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>-6</td>
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<tr>
<td>Total number of reported incidents involving a burn or scald:</td>
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<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Total number of reported incidents involving a cut or laceration requiring sutures, steri-strips or glue:</td>
<td>17</td>
<td>14</td>
<td>18</td>
<td>15</td>
<td>+8</td>
<td>16</td>
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<tr>
<td>Total number of reported incidents of patient-to-patient assault (see note below):</td>
<td>342</td>
<td>391</td>
<td>359</td>
<td>-394</td>
<td>-342</td>
<td>374</td>
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<tr>
<td>Total number of reported incidents of patient-to-staff assaults:</td>
<td>82</td>
<td>126</td>
<td>100</td>
<td>101</td>
<td>-92</td>
<td>110</td>
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<tr>
<td>Total number of reported incidents involving alleged abuse:</td>
<td>8</td>
<td>15</td>
<td>3</td>
<td>11</td>
<td>+12</td>
<td>16</td>
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<tr>
<td>Total percentage for the month of reported incidents involving no physical injury to the Patient:</td>
<td>64%</td>
<td>65%</td>
<td>63%</td>
<td>67%</td>
<td>67%</td>
<td>68%</td>
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<tr>
<td>Total number of incidents of physical restraint used for the month:</td>
<td>82</td>
<td>108</td>
<td>90</td>
<td>87</td>
<td>90</td>
<td>105</td>
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<tr>
<td>Total number of mechanical restraint used for the month:</td>
<td>8.622</td>
<td>10.201</td>
<td>7.480</td>
<td>8.683</td>
<td>9.922</td>
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<tr>
<td>Total number of reported incidents involving the use of seclusion:</td>
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<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total number of medication errors:</td>
<td>65</td>
<td>43</td>
<td>59</td>
<td>69</td>
<td>+46</td>
<td>43</td>
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<tr>
<td>Total number of medication errors administered for psychiatric indications:</td>
<td>1002</td>
<td>1153</td>
<td>1045</td>
<td>979</td>
<td>1042</td>
<td>1077</td>
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</table>

*Note: Rules regarding the reporting of incidents involving patient-to-patient assaults require a separate incident report form on each person involved in an altercation. This includes both the aggressor, when known and any other person involved. The numbers reported above reflect the monthly, total number of SI-815 reports coded as Patient-to-Patient Assaults and not the actual number of altercations.*
Cause and Effect of Incidents in the Civil Hospitals

Table 2 reflects the actual number of incidents by category or cause and facility for people served in the civil hospitals only. Table 3 reflects these same numbers but by incident effect.

<table>
<thead>
<tr>
<th>Primary Cat #</th>
<th>ALL</th>
<th>CLA</th>
<th>DAN</th>
<th>NOR</th>
<th>TOR</th>
<th>WAR</th>
<th>WER</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident-Injury</td>
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<td>5</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>3</td>
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<td>30</td>
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<tr>
<td>Adverse Drug Reaction</td>
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<td>Aggression</td>
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<td>10</td>
<td>43</td>
<td>16</td>
<td>31</td>
<td>43</td>
<td>168</td>
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<td>Alleged Pt. Abuse</td>
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<td>Assault, Pt./Pt</td>
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<td>50</td>
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<td>80</td>
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<td>10</td>
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<td>AWOL-Attempt</td>
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<td>Charged with alleged crime on hospital grounds</td>
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<td>268</td>
<td>246</td>
<td>126</td>
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<td>1341</td>
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</table>
## Table 3

**Primary Effect of Incidents in the Civil Hospitals**  
**January 2009**

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<th>Primary effect</th>
<th>ALL</th>
<th>CLA</th>
<th>DAN</th>
<th>NOR</th>
<th>TOR</th>
<th>WAR</th>
<th>WER</th>
<th>Count</th>
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<td>Abrasion/scrape/scratch/hematoma</td>
<td>6</td>
<td>19</td>
<td>17</td>
<td>13</td>
<td>24</td>
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<td>17</td>
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<tr>
<td>Bruise/contusion/discholoration</td>
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<td>14</td>
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<td>13</td>
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<td>3</td>
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<td>Burn/Scald</td>
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Table 5  
Effect of Incidents in the Forensic Service by Unit

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Cause and Effect of Incidents in the Long Term Care Facility  
January 2009

Table 6  Cause of Incidents in the Long Term Care Facility

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Table 7  Effect of Incidents in the Long Term Care Facility

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<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory Distress</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Unconscious/Unresponsive</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>15</td>
<td>23</td>
<td>8</td>
<td>21</td>
<td>15</td>
<td>82</td>
</tr>
</tbody>
</table>
### Act-21-Sexual Responsibility & Treatment Program at Torrance State Hospital

In August 2003, the Pennsylvania Legislature enacted Act 21 for adjudicated youth, aging out of the juvenile justice system who have a "mental abnormality" that renders them unable to control their violent sexual impulses. The Act mandates the state to provide mental health and sex-offense specific treatment to an identified population that had been adjudicated of certain sex crimes, received treatment in a juvenile program, yet remains a significant risk to sexually re-offend after reaching the age of 21, an age when oversight by the juvenile justice system typically ends. The Act requires the referral of such individuals who have committed these specific crimes to the Pennsylvania Sexual Offenders Assessment Board (SOAB) ninety days prior to their 20th birthday for purposes of determining if the individual has "serious difficulty in controlling sexually violent behavior." If so determined, a petition for a mental health hearing will be made for determination of civil commitment to the Sexual Responsibility and Treatment Program (SRTP) on the grounds of Torrance State Hospital. On July 1, 2006 the operation of this program transferred from an independent contractor to the Torrance State Hospital.

### Table 8  Cause of Incidents in the Sexual Responsibility and Treatment Program

<table>
<thead>
<tr>
<th>Cause</th>
<th>TOR</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident-Injury</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Aggression</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Assault, Pt./Pt</td>
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<td>3</td>
</tr>
<tr>
<td>Assault, Pt./Staff</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Self-Injurious behavior</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Suicide threat/plan</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>20</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

### Table 9  Effect of Incidents in the Sexual Responsibility and Treatment Program

<table>
<thead>
<tr>
<th>Primary effect</th>
<th>TOR</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion/scrape/scratch/hematoma</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Blister</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No Injury/NA</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Pain, Specified</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>20</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
Physical Health Measures

The National Association of State Mental Health Program Directors (NASMHPD) issued a report in October 2006 about mortality and morbidity in people with serious mental illness (SMI). According to Mental Health America’s Survey of People with Schizophrenia and Providers (www.mentalhealthamerica.net), the NASMHPD report revealed that people with SMI die on average 25 years earlier than the general population. The major natural causes of death for people with SMI are heart disease, diabetes, respiratory disease and infectious disease. Many of the risk factors for these diseases are modifiable. Beginning June 2008, the state began compiling and comparing data on the number of tobacco users (Table 10) in our state hospitals. Beginning July 2008, the state began compiling and comparing data on the number of consumers who have a diagnosis of diabetes (Table 11).

Civil and LTC

<table>
<thead>
<tr>
<th>Date</th>
<th>ALL</th>
<th>CLA</th>
<th>DAN</th>
<th>MAY</th>
<th>NOR</th>
<th>TOR</th>
<th>WAR</th>
<th>WER</th>
<th>Civil Total</th>
<th>LTC</th>
<th>System Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-08</td>
<td>114</td>
<td>141</td>
<td>68</td>
<td>105</td>
<td>181</td>
<td>125</td>
<td>97</td>
<td>93</td>
<td>924</td>
<td>7</td>
<td>931</td>
</tr>
<tr>
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<td>64%</td>
<td>43%</td>
<td>68%</td>
<td>68%</td>
<td>58%</td>
<td>56%</td>
<td>44%</td>
<td>59%</td>
<td>5%</td>
<td>56%</td>
</tr>
<tr>
<td>Jun-08</td>
<td>115</td>
<td>143</td>
<td>67</td>
<td>91</td>
<td>171</td>
<td>104</td>
<td>96</td>
<td>119</td>
<td>906</td>
<td>7</td>
<td>913</td>
</tr>
<tr>
<td>% of Census</td>
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<td>65%</td>
<td>43%</td>
<td>64%</td>
<td>67%</td>
<td>51%</td>
<td>56%</td>
<td>57%</td>
<td>59%</td>
<td>5%</td>
<td>55%</td>
</tr>
<tr>
<td>Jul-08</td>
<td>112</td>
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<td>75</td>
<td>85</td>
<td>169</td>
<td>112</td>
<td>97</td>
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<td>72%</td>
<td>47%</td>
<td>72%</td>
<td>66%</td>
<td>55%</td>
<td>55%</td>
<td>54%</td>
<td>59%</td>
<td>5%</td>
<td>55%</td>
</tr>
<tr>
<td>Aug-08</td>
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<td>131</td>
<td>76</td>
<td>70</td>
<td>178</td>
<td>99</td>
<td>89</td>
<td>119</td>
<td>874</td>
<td>7</td>
<td>881</td>
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<tr>
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<td>65%</td>
<td>59%</td>
<td>47%</td>
<td>70%</td>
<td>70%</td>
<td>49%</td>
<td>52%</td>
<td>57%</td>
<td>58%</td>
<td>5%</td>
<td>54%</td>
</tr>
<tr>
<td>Sep-08</td>
<td>112</td>
<td>136</td>
<td>80</td>
<td>50</td>
<td>178</td>
<td>118</td>
<td>104</td>
<td>116</td>
<td>894</td>
<td>11</td>
<td>905</td>
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<td>% of Census</td>
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<td>59%</td>
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<td>61%</td>
<td>70%</td>
<td>55%</td>
<td>60%</td>
<td>55%</td>
<td>60%</td>
<td>8%</td>
<td>55%</td>
</tr>
<tr>
<td>Oct-08</td>
<td>110</td>
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<td>81</td>
<td>39</td>
<td>181</td>
<td>120</td>
<td>105</td>
<td>121</td>
<td>897</td>
<td>11</td>
<td>908</td>
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<tr>
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<td>60%</td>
<td>51%</td>
<td>57%</td>
<td>72%</td>
<td>57%</td>
<td>61%</td>
<td>58%</td>
<td>61%</td>
<td>8%</td>
<td>56%</td>
</tr>
<tr>
<td>Nov-08</td>
<td>107</td>
<td>134</td>
<td>87</td>
<td>22</td>
<td>178</td>
<td>125</td>
<td>92</td>
<td>125</td>
<td>870</td>
<td>10</td>
<td>880</td>
</tr>
<tr>
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<td>53%</td>
<td>55%</td>
<td>71%</td>
<td>56%</td>
<td>55%</td>
<td>60%</td>
<td>60%</td>
<td>8%</td>
<td>55%</td>
</tr>
<tr>
<td>Dec-08</td>
<td>109</td>
<td>131</td>
<td>85</td>
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<td>175</td>
<td>130</td>
<td>102</td>
<td>119</td>
<td>851</td>
<td>10</td>
<td>861</td>
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<tr>
<td>% of Census</td>
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<td>59%</td>
<td>53%</td>
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<td>71%</td>
<td>58%</td>
<td>55%</td>
<td>57%</td>
<td>61%</td>
<td>7%</td>
<td>56%</td>
</tr>
<tr>
<td>Jan-09</td>
<td>107</td>
<td>130</td>
<td>84</td>
<td>n/a</td>
<td>178</td>
<td>121</td>
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<td>843</td>
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<td>60%</td>
<td>54%</td>
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<td>72%</td>
<td>56%</td>
<td>55%</td>
<td>58%</td>
<td>60%</td>
<td>7%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Note: Smoking is not permitted in the Forensic Centers.

<table>
<thead>
<tr>
<th>M/Year</th>
<th>All</th>
<th>Cla</th>
<th>Dan</th>
<th>Nor</th>
<th>Tor</th>
<th>War</th>
<th>Wer</th>
<th>Total</th>
<th>A21</th>
<th>LTC</th>
<th>SMRC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan09 Census</td>
<td>174</td>
<td>215</td>
<td>157</td>
<td>247</td>
<td>217</td>
<td>167</td>
<td>210</td>
<td>1387</td>
<td>130</td>
<td>49</td>
<td>24</td>
<td>230</td>
</tr>
<tr>
<td>Jan09 Count</td>
<td>46</td>
<td>37</td>
<td>35</td>
<td>57</td>
<td>43</td>
<td>37</td>
<td>41</td>
<td>296</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>% with Diabetes</td>
<td>26%</td>
<td>17%</td>
<td>22%</td>
<td>23%</td>
<td>20%</td>
<td>22%</td>
<td>20%</td>
<td>21%</td>
<td>4%</td>
<td>12%</td>
<td>13%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Hospitalizations as a Result of an Incident

The Risk Management System requires that an incident report form be completed anytime a person is transported from a state hospital to an acute care hospital. This includes if the person was only seen in the emergency room, received diagnostic tests and/or was actually admitted. It does not include hospitalizations for a preplanned procedure, test or surgery. Table 12 provides detail on the reasons for an acute care hospitalization during this report period.

<table>
<thead>
<tr>
<th>Cause</th>
<th>ALL</th>
<th>CLA</th>
<th>DAN</th>
<th>NOR</th>
<th>SMO</th>
<th>TOR</th>
<th>WAR</th>
<th>WER</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident-Injury</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Alleged Pt. Abuse</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
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<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Assault, Pt./Staff</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>Change in Medical Status-Transferred</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>16</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Fall Type 1-Injury with treatment</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Fall Type 2-No treatment needed</td>
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<td></td>
<td>1</td>
</tr>
<tr>
<td>Illicit Substance Use/ Possession</td>
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<td>3</td>
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<tr>
<td>Indeterminate/Unconfirmed Cause of Injury</td>
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</tr>
<tr>
<td>Indeterminate/Unconfirmed Cause</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>3</td>
</tr>
<tr>
<td>Self-Injurious behavior</td>
<td>9</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>21</td>
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<td>Sudden Acute Illness</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Totals</td>
<td>14</td>
<td>6</td>
<td>6</td>
<td>33</td>
<td>6</td>
<td>11</td>
<td>1</td>
<td>10</td>
<td>87</td>
</tr>
</tbody>
</table>
Falls

Falls within the state hospital risk management system are divided into two categories, type 1 and type 2, with the need for medical intervention or lack thereof defining the difference. The following data relates to falls, type 1 which are defined as an involuntary descent to a lower position, excluding seizures, that is witnessed or reported and requires medical intervention.

Table 13 13-Month Rate of Type 1 Falls Per 1,000 Days-of-Care

<table>
<thead>
<tr>
<th>M/Year</th>
<th>All</th>
<th>Cla</th>
<th>Dan</th>
<th>May</th>
<th>Nor</th>
<th>Tor</th>
<th>War</th>
<th>Wer</th>
<th>Thl</th>
<th>May</th>
<th>Nor</th>
<th>Tor</th>
<th>War</th>
<th>Total</th>
<th>A21</th>
<th>SMRC</th>
<th>Sys Avg</th>
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</thead>
<tbody>
<tr>
<td>Jan-08</td>
<td>2.97</td>
<td>2.88</td>
<td>0.40</td>
<td>1.01</td>
<td>0.84</td>
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<td>1.78</td>
<td>0.78</td>
<td>1.50</td>
<td>0.00</td>
<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>4.97</td>
<td>1.57</td>
</tr>
<tr>
<td>Feb-08</td>
<td>1.21</td>
<td>1.55</td>
<td>2.08</td>
<td>0.38</td>
<td>0.92</td>
<td>0.68</td>
<td>0.39</td>
<td>1.32</td>
<td>1.06</td>
<td>0.00</td>
<td>0.31</td>
<td>n/a</td>
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<td>0.53</td>
<td>0.00</td>
<td>4.72</td>
<td>1.25</td>
</tr>
<tr>
<td>Mar-08</td>
<td>1.70</td>
<td>1.15</td>
<td>1.37</td>
<td>0.94</td>
<td>1.59</td>
<td>2.18</td>
<td>1.09</td>
<td>1.70</td>
<td>1.48</td>
<td>0.55</td>
<td>0.29</td>
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<td>3.77</td>
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<td>1.35</td>
<td>2.24</td>
<td>0.82</td>
<td>0.88</td>
<td>0.95</td>
<td>0.19</td>
<td>0.79</td>
<td>1.16</td>
<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>2.02</td>
<td>1.09</td>
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<td>1.00</td>
<td>1.67</td>
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<td>1.57</td>
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<td>0.00</td>
<td>0.28</td>
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<td>0.17</td>
<td>0.00</td>
<td>6.38</td>
<td>1.32</td>
</tr>
<tr>
<td>Jun-08</td>
<td>1.94</td>
<td>1.37</td>
<td>2.35</td>
<td>1.65</td>
<td>0.76</td>
<td>2.53</td>
<td>1.34</td>
<td>1.59</td>
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<td>0.00</td>
<td>0.00</td>
<td>5.33</td>
<td>1.71</td>
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<tr>
<td>Jul-08</td>
<td>1.13</td>
<td>2.35</td>
<td>1.45</td>
<td>1.30</td>
<td>0.90</td>
<td>2.15</td>
<td>0.74</td>
<td>0.92</td>
<td>1.38</td>
<td>0.00</td>
<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>4.19</td>
<td>1.42</td>
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<td>1.31</td>
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<td>2.43</td>
<td>2.39</td>
<td>0.38</td>
<td>0.83</td>
<td>1.66</td>
<td>1.24</td>
<td>1.49</td>
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<td>0.28</td>
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<td>0.00</td>
<td>0.16</td>
<td>0.00</td>
<td>6.27</td>
<td>1.68</td>
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<tr>
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<td>2.69</td>
<td>1.09</td>
<td>0.79</td>
<td>2.15</td>
<td>0.58</td>
<td>1.59</td>
<td>1.50</td>
<td>0.54</td>
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<td>0.00</td>
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<td>1.40</td>
</tr>
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13-Month Trend of Type 1 Falls by Type of Care per 1,000 Days-of-Care
State Hospital Use of Seclusion  
Civil and Forensic  
Data on seclusion use for psychiatric reasons includes the civil and forensic populations and is reported for both monthly and yearly totals.

### Table 14  
**Hours of Seclusion Use, Monthly Totals for Past Year**

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<th>Jun_08</th>
<th>Jul_08</th>
<th>Aug_08</th>
<th>Sep_08</th>
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### Table 15  
**Number of Seclusion Events, Monthly Totals for Past Year**

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State Hospital Use of Mechanical Restraint  
Civil and Forensic  
Data on mechanical restraint use for psychiatric reasons includes the forensic and civil populations and is reported for both monthly and yearly totals.

### Table 16  
**Total Hours of Mechanical Restraint Use by Hospital and Unit**  
**January 2009**

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### Table 17  
**Hours of Mechanical Restraint Use, Monthly Totals for Past Year**

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### Table 18  
**Number of Mechanical Restraint Events, Monthly Totals for Past Year**

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State Hospital Use of Physical Restraint
Civil and Forensic

Data on physical restraint use for psychiatric reasons includes the civil and forensic populations and is reported for both monthly and yearly totals. Physical restraint events lasting less than 60 seconds are reflected as 0.00 hours.

Table 19  
Hours of Physical Restraint Use by Hospital & Unit  
January 2009

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Table 20  
Hours of Physical Restraint Use, Monthly Totals for Past Year

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Table 21  
Number of Physical Restraint Events, Monthly Totals for Past Year

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<td>Total</td>
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<td>134</td>
<td>177</td>
<td>172</td>
<td>90</td>
<td>115</td>
<td>86</td>
<td>109</td>
<td>95</td>
<td>88</td>
<td>90</td>
<td>105</td>
<td>1370</td>
</tr>
</tbody>
</table>
24-Month Trend of Mechanical Restraint, Physical Restraint and Seclusion Use

The following table represents the total hours of mechanical restraint use, physical restraint use and seclusion use for two years. This data includes the forensic and civil populations with the data being reported to the second and expressed below as a percentage of an hour.
Psychiatric Use of STAT Medications

Starting April 1, 2004 the Civil and Forensic services of the hospital system began recording their daily use of psychiatric PRN and STAT medications administered each day. Following a 12-month review, the psychiatric use of PRN orders was discontinued at all hospitals on April 1, 2005. Medical uses of PRN and STAT med orders were not affected by this change. Effective July 1, 2007 any medication ordered by a physician to be given earlier than originally scheduled for psychiatric indications, is included in the STAT medication database. The following tables are taken from this database. Table 22 differentiates between STAT and early medications, while the other tables do not include early meds.

Table 22
Count of STAT Medications Administered for Psychiatric Indications

<table>
<thead>
<tr>
<th>January-09</th>
<th>Civil</th>
<th>SRTP</th>
<th>Sys. Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unscheduled Psych Meds</td>
<td>All</td>
<td>Cla</td>
<td>Dan</td>
</tr>
<tr>
<td>Number of Unique Patients</td>
<td>22</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>% of Census</td>
<td>12.6%</td>
<td>14.4%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Number of Early Med Events</td>
<td>9</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of STAT meds</td>
<td>41</td>
<td>116</td>
<td>146</td>
</tr>
<tr>
<td>Rate per 1Kdays</td>
<td>9.28</td>
<td>17.13</td>
<td>29.78</td>
</tr>
</tbody>
</table>

Table 23
STAT Use of Multiple Medications for Psychiatric Indications

<table>
<thead>
<tr>
<th>STAT Use of Combo Meds</th>
<th>Civil</th>
<th>Forensic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorpromazine/Lorazepam</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Haloperidol/Lorazepam</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Olanzapine/Lorazepam</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Quetiapine/Lorazapam</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Use of 3 medications</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Neuroleptic combos</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>36</td>
</tr>
</tbody>
</table>

Table 24
Psychiatric Use of STAT Medication by Hospital & Unit for January (Civil & Forensic Listed Highest to Lowest)

<table>
<thead>
<tr>
<th>ABV</th>
<th>UNIT</th>
<th>Count</th>
<th>ABV</th>
<th>UNIT</th>
<th>Count</th>
<th>ABV</th>
<th>UNIT</th>
<th>Count</th>
<th>ABV</th>
<th>UNIT</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAR</td>
<td>3SW</td>
<td>94</td>
<td>WER</td>
<td>35-2</td>
<td>23</td>
<td>TOR</td>
<td>FB4</td>
<td>11</td>
<td>TOR</td>
<td>043</td>
<td>6</td>
</tr>
<tr>
<td>TOR</td>
<td>022</td>
<td>55</td>
<td>TOR</td>
<td>FC1</td>
<td>23</td>
<td>TOR</td>
<td>013</td>
<td>11</td>
<td>ALL</td>
<td>3W</td>
<td>5</td>
</tr>
<tr>
<td>CLA</td>
<td>3</td>
<td>46</td>
<td>TOR</td>
<td>FC2</td>
<td>22</td>
<td>NOR</td>
<td>51B2</td>
<td>10</td>
<td>DAN</td>
<td>210</td>
<td>5</td>
</tr>
<tr>
<td>DAN</td>
<td>211</td>
<td>44</td>
<td>WER</td>
<td>34-4</td>
<td>22</td>
<td>NOR</td>
<td>10C1</td>
<td>10</td>
<td>NOR</td>
<td>51C1</td>
<td>5</td>
</tr>
<tr>
<td>TOR</td>
<td>023</td>
<td>42</td>
<td>ALL</td>
<td>M8</td>
<td>21</td>
<td>TOR</td>
<td>012</td>
<td>10</td>
<td>WAR</td>
<td>2SW</td>
<td>5</td>
</tr>
<tr>
<td>WER</td>
<td>34-3</td>
<td>36</td>
<td>NOR</td>
<td>10A2</td>
<td>21</td>
<td>CLA</td>
<td>7</td>
<td>9</td>
<td>NOR</td>
<td>51B1</td>
<td>5</td>
</tr>
<tr>
<td>DAN</td>
<td>212</td>
<td>34</td>
<td>CLA</td>
<td>5</td>
<td>20</td>
<td>NOR</td>
<td>09AF</td>
<td>9</td>
<td>WAR</td>
<td>IBH</td>
<td>4</td>
</tr>
<tr>
<td>NOR</td>
<td>01A1</td>
<td>34</td>
<td>WER</td>
<td>35-3</td>
<td>20</td>
<td>TOR</td>
<td>011</td>
<td>9</td>
<td>ALL</td>
<td>M3</td>
<td>4</td>
</tr>
<tr>
<td>TOR</td>
<td>014</td>
<td>33</td>
<td>NOR</td>
<td>51A2</td>
<td>19</td>
<td>CLA</td>
<td>4</td>
<td>9</td>
<td>WER</td>
<td>34-2</td>
<td>4</td>
</tr>
<tr>
<td>NOR</td>
<td>01C1</td>
<td>29</td>
<td>TOR</td>
<td>021</td>
<td>19</td>
<td>TOR</td>
<td>071</td>
<td>8</td>
<td>ALL</td>
<td>M5</td>
<td>3</td>
</tr>
<tr>
<td>DAN</td>
<td>312</td>
<td>29</td>
<td>NOR</td>
<td>51C2</td>
<td>16</td>
<td>DAN</td>
<td>311</td>
<td>8</td>
<td>CLA</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>DAN</td>
<td>310</td>
<td>26</td>
<td>WAR</td>
<td>FOR</td>
<td>15</td>
<td>WER</td>
<td>37-1</td>
<td>8</td>
<td>ALL</td>
<td>M4</td>
<td>2</td>
</tr>
<tr>
<td>WAR</td>
<td>3IM</td>
<td>25</td>
<td>NOR</td>
<td>51A1</td>
<td>13</td>
<td>NOR</td>
<td>10A1</td>
<td>7</td>
<td>WAR</td>
<td>IBG</td>
<td>1</td>
</tr>
<tr>
<td>WER</td>
<td>35-4</td>
<td>25</td>
<td>WAR</td>
<td>2NM</td>
<td>13</td>
<td>ALL</td>
<td>2W</td>
<td>6</td>
<td>Total</td>
<td>1077</td>
<td></td>
</tr>
<tr>
<td>CLA</td>
<td>6</td>
<td>24</td>
<td>NOR</td>
<td>09CF</td>
<td>11</td>
<td>NOR</td>
<td>09AR</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOR</td>
<td>024</td>
<td>24</td>
<td>WAR</td>
<td>3NM</td>
<td>11</td>
<td>CLA</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14
### Table 25

**Route of STAT Medications for Psychiatric Reasons for January**

<table>
<thead>
<tr>
<th>Route</th>
<th>Civil</th>
<th>Forensic</th>
<th>SRTP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ALL</td>
<td>CLA</td>
<td>DAN</td>
</tr>
<tr>
<td>Not reported</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>IM</td>
<td>24</td>
<td>55</td>
<td>42</td>
</tr>
<tr>
<td>Oral</td>
<td>17</td>
<td>60</td>
<td>104</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>41</td>
<td>116</td>
<td>146</td>
</tr>
</tbody>
</table>

### Table 26

**Psychiatric Use of STAT Medications by Shift for January**

<table>
<thead>
<tr>
<th>Civil</th>
<th>Forensic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABV</td>
</tr>
<tr>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td></td>
<td>CLA</td>
</tr>
<tr>
<td></td>
<td>DAN</td>
</tr>
<tr>
<td></td>
<td>NOR</td>
</tr>
<tr>
<td></td>
<td>TOR</td>
</tr>
<tr>
<td></td>
<td>WAR</td>
</tr>
<tr>
<td></td>
<td>WER</td>
</tr>
<tr>
<td>Totals</td>
<td>398</td>
</tr>
</tbody>
</table>

### Table 27

**Psychiatric Use of STAT Medications per 1,000 Days-of-Care**

<table>
<thead>
<tr>
<th>Month</th>
<th>Civil</th>
<th>Forensic</th>
<th>SRTP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Cla</td>
<td>Dan</td>
</tr>
<tr>
<td>Jan-08</td>
<td>10.41</td>
<td>26.49</td>
<td>25.77</td>
</tr>
<tr>
<td>Feb-08</td>
<td>13.09</td>
<td>26.99</td>
<td>30.99</td>
</tr>
<tr>
<td>Mar-08</td>
<td>6.79</td>
<td>19.66</td>
<td>31.67</td>
</tr>
<tr>
<td>Apr-08</td>
<td>8.92</td>
<td>25.17</td>
<td>25.06</td>
</tr>
<tr>
<td>May-08</td>
<td>4.88</td>
<td>27.20</td>
<td>30.54</td>
</tr>
<tr>
<td>Jun-08</td>
<td>12.61</td>
<td>20.49</td>
<td>24.32</td>
</tr>
<tr>
<td>Jul-08</td>
<td>11.72</td>
<td>16.90</td>
<td>21.96</td>
</tr>
<tr>
<td>Aug-08</td>
<td>8.79</td>
<td>23.02</td>
<td>20.05</td>
</tr>
<tr>
<td>Sep-08</td>
<td>20.15</td>
<td>23.95</td>
<td>29.38</td>
</tr>
<tr>
<td>Nov-08</td>
<td>13.90</td>
<td>19.06</td>
<td>30.64</td>
</tr>
<tr>
<td>Dec-08</td>
<td>9.33</td>
<td>11.99</td>
<td>34.70</td>
</tr>
<tr>
<td>Jan-09</td>
<td>9.28</td>
<td>17.13</td>
<td>29.78</td>
</tr>
</tbody>
</table>
Medication Measures
Beginning in September 2008 the OMHSAS Bureau of Community and Hospital Operations identified the following three medication measures for inclusion in this monthly report. The table information is compiled from the QS1 pharmacy software and reflects the unique count of the number of people served at each hospital on the last day of the month for each measure.

Table 28 Benzodiazepines
Measure Definition: Benzodiazepines refers to the number of unique patients served at each hospital, by level-of-care, who have an active, straight order for any benzodiazepine medication on the last day of each month.

<table>
<thead>
<tr>
<th>BZD Civil</th>
<th>M/Y</th>
<th>All</th>
<th>Cla</th>
<th>Dan</th>
<th>May</th>
<th>Nor</th>
<th>Tor</th>
<th>War</th>
<th>Wer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-08</td>
<td>113</td>
<td>138</td>
<td>74</td>
<td>56</td>
<td>113</td>
<td>90</td>
<td>94</td>
<td>109</td>
<td>787</td>
<td></td>
</tr>
<tr>
<td>Aug-08</td>
<td>112</td>
<td>115</td>
<td>70</td>
<td>50</td>
<td>111</td>
<td>87</td>
<td>96</td>
<td>115</td>
<td>756</td>
<td></td>
</tr>
<tr>
<td>Sep-08</td>
<td>110</td>
<td>125</td>
<td>71</td>
<td>48</td>
<td>105</td>
<td>94</td>
<td>76</td>
<td>111</td>
<td>740</td>
<td></td>
</tr>
<tr>
<td>Oct-08</td>
<td>110</td>
<td>132</td>
<td>69</td>
<td>40</td>
<td>99</td>
<td>90</td>
<td>115</td>
<td>105</td>
<td>760</td>
<td></td>
</tr>
<tr>
<td>Nov-08</td>
<td>125</td>
<td>139</td>
<td>75</td>
<td>22</td>
<td>108</td>
<td>95</td>
<td>99</td>
<td>777</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec-08</td>
<td>120</td>
<td>136</td>
<td>74</td>
<td>0</td>
<td>111</td>
<td>86</td>
<td>104</td>
<td>98</td>
<td>729</td>
<td></td>
</tr>
<tr>
<td>Jan-09</td>
<td>122</td>
<td>129</td>
<td>84</td>
<td>N/A</td>
<td>111</td>
<td>90</td>
<td>100</td>
<td>92</td>
<td>728</td>
<td></td>
</tr>
</tbody>
</table>

Table 29 Multiple Atypicals
Measure Definition: Multiple Atypicals refers to the number of unique patients served at each hospital, by level-of-care, who have an active, straight order for two or more atypical antipsychotic medications on the last day of each month.

<table>
<thead>
<tr>
<th>Multiple AtypicalsCivil</th>
<th>M/Y</th>
<th>All</th>
<th>Cla</th>
<th>Dan</th>
<th>May</th>
<th>Nor</th>
<th>Tor</th>
<th>War</th>
<th>Wer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-08</td>
<td>4</td>
<td>31</td>
<td>24</td>
<td>45</td>
<td>20</td>
<td>58</td>
<td>51</td>
<td>26</td>
<td>579</td>
<td></td>
</tr>
<tr>
<td>Aug-08</td>
<td>2</td>
<td>26</td>
<td>36</td>
<td>23</td>
<td>54</td>
<td>57</td>
<td>23</td>
<td>246</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep-08</td>
<td>2</td>
<td>37</td>
<td>51</td>
<td>55</td>
<td>11</td>
<td>242</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct-08</td>
<td>2</td>
<td>33</td>
<td>21</td>
<td>55</td>
<td>25</td>
<td>239</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov-08</td>
<td>1</td>
<td>20</td>
<td>26</td>
<td>61</td>
<td>63</td>
<td>250</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec-08</td>
<td>2</td>
<td>28</td>
<td>23</td>
<td>59</td>
<td>24</td>
<td>220</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-09</td>
<td>2</td>
<td>22</td>
<td>n/a</td>
<td>15</td>
<td>54</td>
<td>214</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: July, August and September counts for Mayview, Norristown and Warren include data from the civil hospitals and the forensic centers.

Table 30 Typical-Atypical
Measure Definition: Typical-Atypicals refers to the number of unique patients served at each hospital, by level-of-care, who have an active, straight order for a typical and an atypical antipsychotic medication on the last day of each month.

<table>
<thead>
<tr>
<th>Typical - Atypical</th>
<th>M/Y</th>
<th>All</th>
<th>Cla</th>
<th>Dan</th>
<th>May</th>
<th>Nor</th>
<th>Tor</th>
<th>War</th>
<th>Wer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-08</td>
<td>46</td>
<td>71</td>
<td>56</td>
<td>119</td>
<td>56</td>
<td>40</td>
<td>71</td>
<td>532</td>
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<tr>
<td>Aug-08</td>
<td>45</td>
<td>67</td>
<td>60</td>
<td>129</td>
<td>51</td>
<td>39</td>
<td>68</td>
<td>526</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep-08</td>
<td>57</td>
<td>62</td>
<td>62</td>
<td>126</td>
<td>55</td>
<td>37</td>
<td>33</td>
<td>482</td>
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<td></td>
</tr>
<tr>
<td>Oct-08</td>
<td>56</td>
<td>66</td>
<td>57</td>
<td>96</td>
<td>60</td>
<td>33</td>
<td>71</td>
<td>469</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov-08</td>
<td>65</td>
<td>85</td>
<td>53</td>
<td>105</td>
<td>34</td>
<td>71</td>
<td>514</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec-08</td>
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<td>65</td>
<td>50</td>
<td>105</td>
<td>26</td>
<td>69</td>
<td>443</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-09</td>
<td>55</td>
<td>46</td>
<td>44</td>
<td>70</td>
<td>54</td>
<td>30</td>
<td>67</td>
<td>366</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: July, August and September counts for Mayview, Norristown and Warren include data from the civil hospitals and the forensic centers.
Assaults

Assaults within the state hospital system are defined as any aggressive act by a patient, involving physical contact that may or may not result in injury. Assaults can be directed at a peer, staff or any other individual. The system was designed to require an incident report (form SI-815) on any patient involved in a physical altercation regardless of who may have started the assault. Therefore, every patient-to-patient altercation will result in at least two incident reports.

Table 31  Patient-to-Patient Assaults by Unit, All Levels of Care  January 2009

<table>
<thead>
<tr>
<th>ABV</th>
<th>WARD</th>
<th>Cnt</th>
<th>ABV</th>
<th>WARD</th>
<th>Cnt</th>
<th>ABV</th>
<th>WARD</th>
<th>Cnt</th>
<th>ABV</th>
<th>WARD</th>
<th>Cnt</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOR</td>
<td>022</td>
<td>24</td>
<td>NOR</td>
<td>10A2</td>
<td>9</td>
<td>TOR</td>
<td>011</td>
<td>5</td>
<td>SMO</td>
<td>6A</td>
<td>2</td>
</tr>
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Note: Every Patient-to-Patient Assault accounts for at least 2-incident reports.

Table 32  Rate of Patient-to-Patient Assaults Events with Patient Injury per 1,000 Days-of-Care

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<td>Dan</td>
<td>May</td>
<td>Nor</td>
<td>Tor</td>
<td>War</td>
<td>Wer</td>
<td>Avg.</td>
<td>May</td>
<td>Nor</td>
<td>Tor</td>
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<td>1.52</td>
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<tr>
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<td>1.29</td>
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<td>0.38</td>
<td>3.42</td>
<td>2.64</td>
<td>0.91</td>
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<td>1.11</td>
<td>4.34</td>
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<td>2.23</td>
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Table 33  
Patient-to-Staff Assault Events by Unit, All Levels of Care

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Table 34  Rate of Patient-to-Staff Assault Events with Injury to Staff per 1,000 Days-of-Care

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