

State Hospital Risk Management Summary Report For October 2011

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Introduction

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.

The data dictionary for the measurement system was updated on October 1, 2008, and is available for review as attachments to OMHSAS Bulletin titled <u>Management of Incidents: SI-815 Incident Reporting and Risk Management Policy and Procedural Change</u>. (Available via bulletin search at http://www.dpw.state.pa.us.)

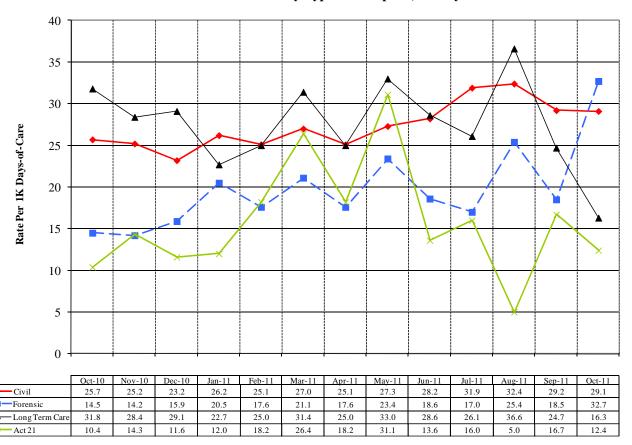
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During **October** a total of 1390 incident reports were completed by the state hospital system. Additional records addressing specific categories from the previous month were included on page 4 of this report. Other tables in this report may include additional NRI events regarding these incident reports. The following is a breakdown of incidents by individual facility and type of care:

Table 1 - Number of Incident Reports

Civil	Census 10/30/11	Days Provided	Incidents	Per 1000 Days-of-Care
Clarks Summit	219	6789	115	16.9
Danville	172	5319	153	28.8
Norristown	223	6669	279	41.8
Torrance	206	6101	186	30.5
Warren	164	5106	111	21.7
Wernersville	266	8185	265	32.4
Total Civil	1250	38169	1109	29.1
Forensic				
Norristown	130	3962	153	38.6
Torrance	78	2193	48	21.9
Total Forensic	208	6155	201	32.7
Act 21				
Act 21	27	806	10	12.4
Total Act 21	27	806	10	12.4
Long Term Care				
South Mountain	136	4287	70	16.3
Total L. T. C.	136	4287	70	16.3
Total	1621	49417	1390	28.1

Thirteen-Month Trend of Incidents by Type of Care per 1,000 Days of Care



Number of Incident Reports – Selected Categories – Recent Six Month Period

*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.

This table is updated/refreshed each month from the most recent data (six month period) available from the State Hospital

System RM database.

CATEGORY	Count	May_11	Jun_11	Jul_11	Aug_11	Sep_11	Oct_11
Accident-Injury	256	3	47	57	51	39	26
Adverse Drug Reaction	36		4	11	2	11	6
Aggression	981	8	156	152	210	169	188
Airway Obstruction type 1 Intervention	18		3	2	2	1	5
Airway Obstruction type 2 No Intervention	12		1	2	4	3	
Alleged Nonconsensual Sexual Activity	9		1	2	4	1	1
Alleged Pt. Abuse	43		6	3	4	7	18
Assault, Pt./Pt	1915	12	311	350	423	341	313
Assault, Pt./Staff	529	5	91	111	112	77	92
Assault: Patient/Other	3			2		1	
AWOL/UA	74	1	14	18	18	13	7
AWOL-Attempt	51		9	8	15	10	7
AWOL-Late	94		11	23	21	11	17
Change in Medical Status-Stabilized	81		18	22	12	9	19
Change in Medical Status-Transferred	374	1	76	62	50	75	74
Charged with alleged crime on hospital							
grounds	8		2	1	3		2
Communications Sys. Misuse	19		7	1	1	5	4
Community Incident	33		13	3	2	3	2
Contraband Possession	94		15	11	16	13	23
Fall Type 1-Injury with treatment	444	3	67	90	85	71	86
Fall Type 2-No treatment needed	655	1	120	100	105	123	141
Family Concern	35	1	7	8	6	9	3
Fire Setting	2					2	
Illicit Substance Use/Possession	7				4	2	1
Medication Error	169	1	39	29	34	23	33
Missing Property	84		12	18	13	16	18
Other	556	2	81	126	108	101	84
Procedural Treatment Error	45		8	8	10	7	8
Property Damage	75		16	20	12	8	12
Seizure	39		7	4	7	5	9
Self-Injurious behavior	764	5	109	138	161	124	133
Sexual Behavior	115	4	17	26	16	12	25
Smoking Violation	101		22	16	17	19	21
Suicide Attempt	13	2	2	3	2	1	2
Suicide threat/plan	49	1	7	11	7	9	11
Theft	64	1	11	17	14	6	9
Unknown	8			1		3	1
Unsubstantiated Nonconsensual Sexual Activity	6			3	1	2	
Unsubstantiated Patient Abuse	23		4	7	6	4	

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 2 - Category or Cause of Incidents in the Civil Hospitals

Primary Cat #	CLA	DAN	NOR	TOR	WAR	WER	Count
Accident-Injury	3	2		3	1	4	13
Adverse Drug Reaction					2	4	6
Aggression	12	6	45	26	14	34	137
Airway Obstruction type 1 Intervention	1	1		2			4
Alleged Pt. Abuse	1		2		1	7	11
Assault, Pt./Pt	26	36	77	40	12	41	232
Assault, Pt./Staff	5	13	18	5	4	15	60
AWOL/UA			2	4		1	7
AWOL-Attempt		3	1	2		1	7
AWOL-Late		5	3	1	7	1	17
Change in Medical Status-Stabilized			11			2	13
Change in Medical Status-Transferred	8	6	22	11		7	54
Charged with alleged crime on hospital grounds		2					2
Communications Sys. Misuse		1		1	1	1	4
Community Incident	1	1					2
Contraband Possession		5	4		2	3	14
Fall Type 1-Injury with treatment	15	8	14	9	9	12	67
Fall Type 2-No treatment needed	13	7	20	30	8	41	119
Family Concern				2		1	3
Illicit Substance Use/Possession				1			1
Indeterminate/Unconfirmed Cause of Injury	12	6	3	3		4	28
Medication Error	1	4	8	1	2	6	22
Missing Property	2	1	1	3	7	4	18
Other	7	1	7	17	12	27	71
Procedural Treatment Error		3	3			2	8
Property Damage	1	4	3	1		1	10
Seizure		1			1	3	5
Self-Injurious behavior	7	24	16	9	22	29	107
Sexual Behavior		2	2	9	1	11	25
Smoking Violation		4	10	4	1	1	20
Suicide Attempt					1	1	2
Suicide threat/plan		5	4		2		11
Theft		2	3	2	1	1	9
Totals	115	153	279	186	111	265	1109

Table 3 - Primary Effect of Incidents in the Civil Hospitals

Primary Effect	CLA	DAN	NOR	TOR	WAR	WER	Count
Abrasion/scrape/scratch/hematoma	15	18	12	8	11	32	96
Allergic reaction						1	1
Bite-Human			1			1	2
Bite-Insect				2			2
Blister	1						1
Body System Illness	2		8	3			13
Bruise/contusion/discoloration	11	10	4	7	2	14	48
Burn/Scald	1	1					2
Cellulitis				1			1
Constipation						1	1
Damaged or lost tooth				1			1
Death			1	1			2
Edema/swelling	3	3	4	4	1	1	16
Emesis		1	1		1	1	4
Epistaxis	1	1	1				3
Erythema/redness	3	1	3	12	3	7	29
Fever	1			2		3	6
Fracture			1	1			2
Ingestion of foreign body						5	5
Laceration: NO sutures/staples/steri-strips	2	1	9	3		1	16
Laceration: with steristrips/glue	2			1		1	4
Laceration: with sutures/staples	3	1		1			5
Lethargy			2	1			3
No Injury/NA	62	108	199	122	85	170	746
Other		5	3	5	1	6	20
Pain, Specified	1	2	22	10	5	18	58
Puncture/stab wound				1			1
Respiratory Distress	7	1	1		1		10
Seizure					1	2	3
Syncopal episode			3			1	4
Unconscious/Unresponsive			4				4
Totals	115	153	279	186	111	265	1109

Table 4 - Cause and Effect of Incidents in the Forensic Units Category or Cause of Incidents in the Forensic Service by Unit

Primary Cat #	51A1	51A2	51B1	51B2	51C1	51C2	FB3	FB4	FC1	FC2	Count
Accident-Injury									1		1
Aggression	1	9	3	7	4	7	1	2	2	4	40
Alleged Nonconsensual Sexual Activity						1					1
Alleged Pt. Abuse		4		1	2						7
Assault, Pt./Pt	16	15	18	6	6	6				6	73
Assault, Pt./Staff	1	11	2	2	3	7					26
Change in Medical Status-Stabilized			1								1
Change in Medical Status-Transferred	1	2	4		1	2	1	1			12
Contraband Possession		1			3			3			7
Fall Type 1-Injury with treatment								1			1
Fall Type 2-No treatment needed				1				2			3
Indeterminate/Unconfirmed Cause of Injury									1		1
Medication Error			1								1
Other								1			1
Property Damage		1	1								2
Seizure		1									1
Self-Injurious behavior			1				1	21			23
Totals	19	44	31	17	19	23	3	31	4	10	201

Table 5 - Effect of Incidents in the Forensic Service by Unit

EFFECT	51A1	51A2	51B1	51C1	51C2	51B2	FB3	FB4	FC1	FC2	Count
Abrasion/scrape/scratch/hematoma	2	5	3	5	1	2		9		1	28
Body System Illness		1	2		1						4
Bruise/contusion/discoloration	2	3	3					2	1	1	12
Edema/swelling	1	1	1								3
Emesis								1			1
Erythema/redness						1		1			2
Laceration: NO sutures/staples/steri-strips									1		1
Laceration: with steristrips/glue								1			1
Laceration: with sutures/staples								1			1
No Injury/NA	13	33	18	11	20	14	2	14	2	7	134
Other			2	1			1	1			5
Pain, Specified	1	1	1	2				1		1	7
Syncopal episode			1								1
Unconscious/Unresponsive					1						1
Totals	19	44	31	19	23	17	3	31	4	10	201

Table 6 - Cause of Incidents in the Long Term Care Facility

Cause	3A	3B	5A	6A	6B	Count
Accident-Injury	1			2	4	7
Aggression	5		2	1	1	9
Assault, Pt./Pt	2	2	2			6
Assault, Pt./Staff		1			1	2
Change in Medical Status-Stabilized	2	2	1			5
Change in Medical Status-Transferred	1	1			5	7
Fall Type 1-Injury with treatment	1	5	1	3	2	12
Fall Type 2-No treatment needed	5	3	1			9
Medication Error		1	1	2		4
Other	4	2	2	1		9
Totals	21	17	10	9	13	70

Table 7 - Effect of Incidents in the Long Term Care Facility

EFFECT	ЗА	3B	5A	6A	6B	Count
Abrasion/scrape/scratch/hematoma		2	1	4	4	11
Allergic reaction	1					1
Blister	1	1				2
Body System Illness					1	1
Bruise/contusion/discoloration		1	3	1		5
Death	1			1		2
Edema/swelling		1				1
Fracture	1	1				2
Laceration: NO sutures/staples/steri-strips	2			1	1	4
Laceration: with steristrips/glue		1				1
No Injury/NA	14	8	6	2	2	32
Other					1	1
Pain unspecified		1				1
Pain, Specified		1			1	2
Respiratory Distress	1				3	4
Totals	21	17	10	9	13	70

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

Cause	TOR	Count
Accident-Injury	4	4
Aggression	1	1
Contraband Possession	2	2
Fall Type 1-Injury with treatment	1	1
Self-Injurious behavior	2	2
Totals	10	10

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

Primary Effect	TOR	Count
Abrasion/scrape/scratch/hematoma	1	1
Bruise/contusion/discoloration	1	1
Burn/Scald	1	1
No Injury/NA	5	5
Pain, Specified	2	2
Totals	10	10

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).

Table 10 - Tobacco Users on Last Day of Month Civil and Long Term Care

Date	Tobacco Users	CLA	DAN	NOR	TOR	WAR	WER	Civil Total	LTC	System Total
Jan-11	Total Users	128	78	140	96	85	146	673	18	691
	Census	59%	45%	64%	47%	52%	54%	54%	14%	50%
Apr-11	Total Users	130	72	135	108	83	150	678	19	697
	% of Census	59%	43%	63%	52%	49%	55%	54%	14%	43%
Jul-11	Total Users	127	68	138	118	82	146	679	20	699
	% of Census	57%	43%	63%	57%	49%	55%	55%	15%	43%
Oct-11	Total Users	101	79	134	113	95	149	671	25	696
	% of Census	46%	46%	60%	55%	58%	56%	54%	18%	43%

Table 11 - Diabetes

		Civi	l Hospital	S				Fo	rensic Ce	enters	A21	LTC	C
Oct-11	Cla	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Total	A21	SMRC	Sys
Patient Census	219	172	223	206	164	266	1250	130	78	208	27	136	1621
Count	35	30	52	40	26	59	242	11	8	19	0	42	303
% w/ Diabetes	16%	17%	23%	19%	16%	22%	19%	8%	10%	9%	0%	31%	19%

Table 12 - Reasons for Hospitalizations as the Result of an Incident, All Levels of Care

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.

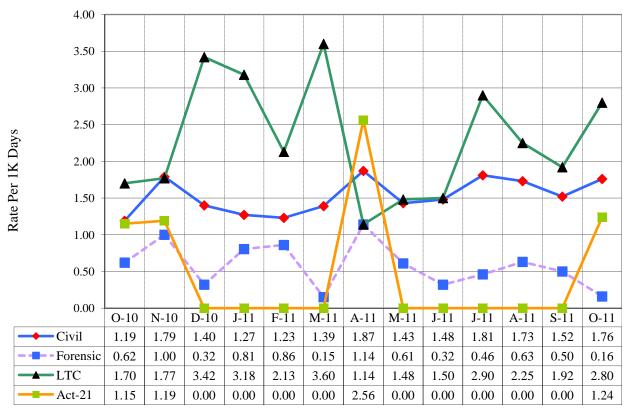
Cause	CLA	DAN	NOR	SMO	TOR	WAR	WER	Count
Airway Obstruction type 1 Intervention					1			1
Assault, Pt./Pt			1					1
Change in Medical Status-Transferred	7	4	24	7	13	1	7	63
Fall Type 1-Injury with treatment	1		1	1		4		7
Fall Type 2-No treatment needed					1			1
Other							1	1
Seizure							3	3
Self-Injurious behavior					2		3	5
Totals	8	4	26	8	17	5	14	82

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

		Civ	il Hos	pital				Fore	ensic (Center	A21	LTC	Sys
M/Year	Cla	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Total	A21	SMRC	Avg
Oct-10	0.89	1.66	0.71	2.62	0.78	0.85	1.19	0.73	0.47	0.62	1.15	1.70	1.14
Nov-10	0.91	1.72	2.21	2.21	0.78	2.61	1.79	1.54	0.00	1.00	1.19	1.77	1.66
Dec-10	1.18	1.29	0.88	2.15	1.39	1.56	1.40	0.49	0.00	0.32	0.00	3.42	1.41
Jan-11	1.62	1.28	0.72	1.32	1.18	1.45	1.27	0.74	0.93	0.81	0.00	3.18	1.35
Feb-11	1.79	0.41	1.28	1.62	0.86	1.19	1.23	0.27	1.88	0.86	0.00	2.13	1.24
Mar-11	0.89	0.74	1.90	1.13	1.36	2.02	1.39	0.24	0.00	0.15	0.00	3.60	1.39
Apr-11	1.36	0.97	1.85	2.37	0.98	3.06	1.87	0.78	1.74	1.14	2.56	1.14	1.65
May-11	1.90	1.34	1.50	1.30	0.76	1.54	1.43	0.49	0.81	0.61	0.00	1.48	1.30
Jun-11	1.82	1.57	1.08	0.33	1.41	2.35	1.48	0.26	0.41	0.32	0.00	1.50	1.30
Jul-11	1.32	0.99	2.39	1.63	1.17	2.80	1.81	0.73	0.00	0.46	0.00	2.90	1.70
Aug-11	1.62	2.20	0.88	1.95	1.93	1.94	1.73	0.24	1.35	0.63	0.00	2.25	1.70
Sep-11	1.53	1.40	1.50	1.03	0.61	2.53	1.52	0.50	0.50	0.50	0.00	1.92	1.70
Oct-11	2.21	1.50	2.10	1.48	1.76	1.47	1.76	0.00	0.46	0.16	1.24	2.80	1.62

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

ABV	Total	Oct_10	Nov_10	Dec_10	Jan_11	Feb_11	Mar_11	Apr_11	May_11	Jun_11	Jul_11	Aug_11	Sep_11
WAR	3.00									1.00	2.00		

Table 15 - Number of Seclusion Events, Monthly Totals for Past Year

ABV	Total	Oct_10	Nov_10	Dec_10	Jan_11	Feb_11	Mar_11	Apr_11	May_11	Jun_11	Jul_11	Aug_11	Sep_11
WAR	2	0	0	0	0	0	0	0	0	1	1	0	0

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 In Month

ABV	WARD	Total Hrs
WER	35-3	1.98
WER	34-3	1.82
NOR	01C1	0.50

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

ABV	Total	Nov_10	Dec_10	Jan_11	Feb_11	Mar_11	Apr_11	May_11	Jun_11	Jul_11	Aug_11	Sep_11	Oct_11
CLA	1.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.33	0.00	0.00	0.00	0.00
NOR	17.13	2.22	0.00	0.42	1.00	0.83	0.75	0.00	0.42	0.00	0.00	11.00	0.50
WAR	0.20	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WER	37.00	0.00	0.00	8.43	2.50	1.50	3.17	0.98	3.52	4.25	5.92	2.93	3.80

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

ABV	Total	Nov_10	Dec_10	Jan_11	Feb_11	Mar_11	Apr_11	May_11	Jun_11	Jul_11	Aug_11	Sep_11	Oct_11
CLA	1	0	0	0	0	0	0	0	1	0	0	0	0
NOR	31	3	0	1	1	1	1	0	1	0	0	22	1
WAR	1	1	0	0	0	0	0	0	0	0	0	0	0
WER	30	0	0	8	2	2	4	1	3	3	2	2	3

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

ABV	WARD	Total
CLA	3	1.58
TOR	FB4	1.47
TOR	023	1.10
TOR	013	0.95
TOR	FC2	0.65
NOR	51A2	0.58
WER	37-3	0.50
NOR	01C1	0.45
WER	35-3	0.35
DAN	312	0.34

ABV	WARD	Total
NOR	51C1	0.27
CLA	7	0.23
TOR	FC1	0.18
WAR	3SW	0.17
WER	34-3	0.15
TOR	014	0.10
DAN	211	0.08
DAN	310	0.08
TOR	021	0.05
NOR	10C1	0.03

ABV	WARD	Total
NOR	09AR	0.03
NOR	51C2	0.03
NOR	51B2	0.02
NOR	51B1	0.02
NOR	09CF	0.01
DAN	210	0.01
WER	35-4	0.01
CLA	5	0.00

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

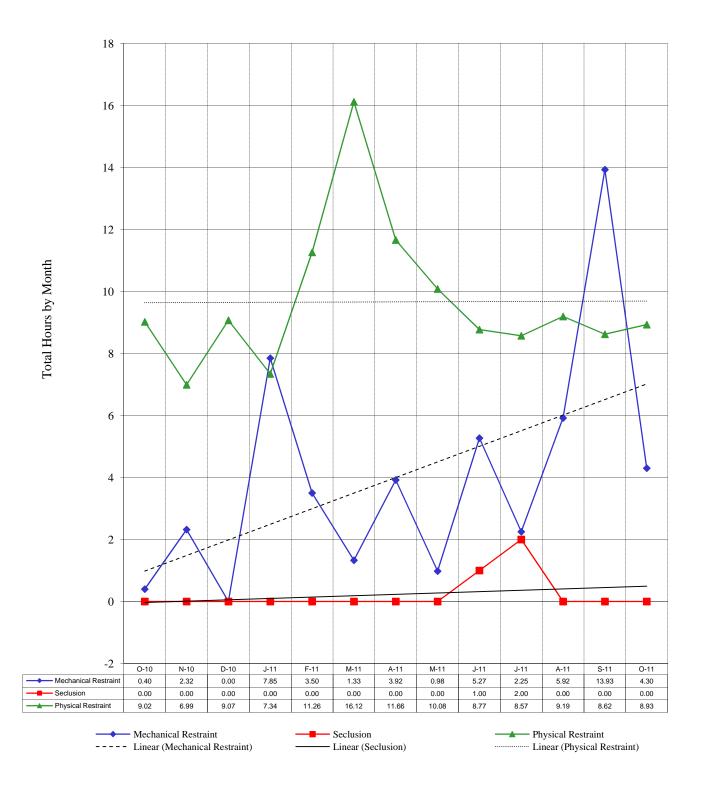
ABV	Total	Nov_10	Dec_10	Jan_11	Feb_11	Mar_11	Apr_11	May_11	Jun_11	Jul_11	Aug_11	Sep_11	Oct_11
CLA	14.54	0.62	1.44	0.36	0.19	1.25	2.92	1.05	0.88	1.40	1.01	1.62	1.81
DAN	19.18	0.94	2.35	1.56	2.06	4.96	1.73	0.39	1.44	2.47	0.49	0.28	0.51
NOR	7.51	0.85	0.48	0.45	0.62	0.45	0.28	0.41	0.43	0.25	0.94	0.92	1.43
TOR	49.21	2.02	2.25	2.02	5.93	8.16	4.33	5.30	2.48	3.40	5.12	4.17	4.03
WAR	6.98	1.85	2.25	0.03	0.18	0.17	0.10	0.95	0.63	0.45	0.03	0.17	0.17
WER	19.29	0.71	0.30	2.92	2.25	1.13	2.30	1.98	2.91	0.60	1.63	1.60	0.98

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

ABV	Total	Nov_10	Dec_10	Jan_11	Feb_11	Mar_11	Apr_11	May_11	Jun_11	Jul_11	Aug_11	Sep_11	Oct_11
CLA	158	11	10	6	3	11	21	14	13	27	11	14	17
DAN	176	16	17	10	11	19	24	6	12	27	18	8	8
NOR	241	18	20	19	12	15	9	16	21	13	39	27	32
TOR	261	14	15	18	26	38	26	22	19	24	21	20	18
WAR	42	8	4	2	2	2	2	8	5	5	1	1	2
WER	186	15	7	11	7	13	16	21	21	21	28	17	9

13-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 last 12 month period. 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.



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 22 - 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.

BZD									Forensic			Sys
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Jan-11	145	100	122	89	96	134	686	35	21	56	3	745
Apr-11	151	102	122	92	96	137	700	30	27	57	3	760
Jul-11	150	91	123	93	95	136	688	34	22	56	3	747
Nov-11	146	98	118	93	92	138	685	47	21	68	3	756

Table 23 - 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.

M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Jan-11	4	42	22	49	43	48	208	5	5	10	0	218
Apr-11	12	47	24	60	49	47	239	10	5	15	0	254
Jul-11	13	43	21	52	54	44	227	5	14	19	0	246
Oct-11	13	50	24	53	44	37	221	5	8	13	0	234

Table 24 - 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.

Typical - Atypical									Forensic			Sys
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Jan-11	53	56	109	46	36	112	412	28	16	44	0	456
Apr-11	58	60	112	53	44	115	442	24	23	47	0	489
Jul-11	50	48	106	65	44	114	427	28	22	50	0	477
Oct-11	50	48	104	76	44	112	434	27	18	45	0	479

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 25 - Patient-to-Patient Assaults by Unit, All Levels of Care

ABV	WARD	Cnt
NOR	01C1	31
NOR	51B1	18
NOR	10A1	17
NOR	51A1	16
NOR	51A2	15
TOR	023	15
WER	37-2	12
DAN	312	11
CLA	3	10
DAN	310	10
WER	35-3	9
TOR	013	9

ABV	WARD	Cnt
NOR	01A1	9
NOR	09AF	8
CLA	7	8
TOR	021	7
WER	34-3	7
NOR	51C2	6
DAN	212	6
NOR	51C1	6
NOR	09CF	6
WER	37-1	6
NOR	51B2	6
TOR	FC2	6

ABV	WARD	Cnt
WAR	3IM	5
WER	35-4	5
DAN	211	5
CLA	6	4
WAR	3SW	4
NOR	09AR	4
TOR	014	4
WAR	2SW	3
NOR	10C1	2
SMO	3A	2
TOR	012	2
WAR	IBE	2

ABV	WARD	Cnt
DAN	311	2
TOR	061	2
SMO	3B	2
DAN	210	2
CLA	2	2
SMO	5A	2
CLA	4	2
WER	34-2	1
WER	34-4	1
TOR	011	1

Table 26 - Rate of Patient-to-Patient Assaults Events with Patient Injury per 1,000 Days-of-Care

	Civil							Forer	nsic		SRTP
Ptto-Pt. Assault w/ any Injury	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	SRTP
Oct-10	1.18	0.92	3.56	1.31	1.16	0.60	1.42	2.43	0.94	1.87	1.15
Nov-10	1.83	1.72	1.92	1.36	0.61	0.37	1.28	2.82	0.48	2.00	1.19
Dec-10	0.88	1.29	1.91	0.50	0.99	0.84	1.07	2.20	0.00	1.46	2.33
Jan-11	3.09	0.55	3.91	1.16	1.57	0.60	1.84	3.95	3.24	3.70	0.00
Feb-11	1.14	0.83	1.92	1.98	0.64	1.19	1.31	2.17	0.94	1.72	1.30
Mar-11	1.48	1.12	2.78	0.81	0.19	1.07	1.29	5.38	2.45	4.29	0.00
Apr-11	0.76	1.16	2.16	1.18	0.59	0.37	1.02	3.91	0.43	2.61	0.00
May-11	1.32	0.96	1.81	1.30	0.57	1.07	1.19	5.15	1.62	3.82	0.00
Jun-11	1.37	0.39	2.46	1.49	0.60	1.24	1.32	1.56	1.23	1.43	0.00
Jul-11	1.17	1.39	3.29	1.31	0.97	1.46	1.63	2.94	0.42	2.01	1.23
Aug-11	1.18	1.40	3.95	0.98	1.54	1.22	1.73	2.43	0.90	1.89	0.00
Sep-11	0.92	2.40	3.90	1.03	1.83	0.76	1.76	2.27	0.00	1.51	0.00
Oct-11	1.03	1.88	2.70	2.29	0.98	1.34	1.70	5.81	0.91	4.06	0.00

Table 27 - Patient-to-Staff Assault Events by Unit, All Levels of Care

ABV	WARD	Cnt
NOR	51A2	11
NOR	01C1	9
NOR	51C2	7
DAN	312	7
CLA	3	5
WER	35-2	4
WAR	IBE	4
DAN	310	3
NOR	51C1	3
WER	35-3	3
WAR	3SW	2
NOR	51B2	2

ABV	WARD	Cnt
NOR	09AF	2
WER	37-1	2
TOR	011	2
WER	35-4	2
NOR	10A1	2
NOR	51B1	2
NOR	09CF	2
WER	34-2	2
NOR	01A1	1
DAN	311	1
DAN	212	1
DAN	211	1

ABV	WARD	Cnt
NOR	01A2	1
NOR	09AR	1
WER	34-3	1
WAR	3NM	1
WER	37-2	1
SMO	3B	1
SMO	6B	1
TOR	012	1
TOR	021	1
TOR	023	1
WAR	3IM	1
NOR	51A1	1

Table 28 - Rate of Patient-to-Staff Assault Events with Injury to Staff per 1,000 Days-of-Care

	Civil							Forensic			SRTP
Pt/Staff Assault w/ Staff Inj per 1K days	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	SRTP
Oct-10	0.00	0.92	0.86	0.66	0.00	1.09	0.65	0.49	0.47	0.47	0.00
Nov-10	0.15	1.34	0.29	0.34	1.02	0.87	0.64	0.51	0.00	0.33	0.00
Dec-10	0.44	1.29	0.59	0.17	0.79	0.12	0.52	1.22	0.00	0.81	0.00
Jan-11	0.59	0.55	1.01	0.66	0.20	1.45	0.80	0.74	0.93	0.81	0.00
Feb-11	0.00	0.62	1.60	0.54	0.00	0.79	0.63	1.09	0.00	0.69	1.30
Mar-11	0.30	1.86	0.88	0.00	0.19	1.55	0.83	0.73	0.41	0.61	0.00
Apr-11	0.30	0.97	0.93	0.68	0.00	0.49	0.56	0.78	0.43	0.65	0.52
May-11	1.17	0.38	0.45	0.49	0.96	1.07	0.78	0.49	0.00	0.31	0.00
Jun-11	0.30	0.98	1.23	0.17	0.20	1.49	0.78	0.78	0.00	0.48	0.00
Jul-11	0.29	0.79	0.30	1.63	0.78	1.22	0.84	0.73	1.69	1.08	0.00
Aug-11	0.44	2.20	1.46	0.33	0.00	0.61	0.81	0.97	0.45	0.79	0.00
Sep-11	0.61	0.40	0.45	0.52	0.20	0.61	0.54	0.50	0.00	0.34	0.00
Oct-11	0.74	2.44	2.70	0.82	0.78	1.83	1.57	2.27	0.00	1.46	0.00