

Pennsylvania State Hospital System Risk Management Summary Report September 2012





State Hospital Mental Health Facilities

South Mountain Restoration Center

Prepared by: John Deegan, M.S.
Chief Performance Improvement Executive
Wernersville State Hospital
E-mail: jdeegan@pa.gov
Contributors:
SMH CPIEs & PI Staff
Valerie Minnich, RPh
October 29, 2012

On the Internet:

http://www.dpw.state.pa.us/publications/forproviders/statehospitalriskmanagementsummaryreports/index.htm

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.)

Table of Contents		
Indicator/Measure	Table	Page
Census and Rates of Incidents	1	3
Thirteen-Month Trend of Incidents		3
Six-Month Summary of Selected Events		4
Category or Cause of Incidents: Civil	2	5
Primary Effect of Incidents: Civil	3	6
Category or Cause of Incidents: Forensic	4	7
Effect of Incidents: Forensic	5	7
Cause of Incidents: Long Term Care	6	8
Effect of Incidents: Long Term Care	7	8
Cause of Incidents: SRTP	8	9
Effect of Incidents: SRTP	9	9
Tobacco Users	10	10
Diabetes	11	10
Reasons for Hospitalization as a Result of an Incident	12	10
13-Month Rate of Type 1 Falls per 1,000 Days of Care	13	11
13-Month Trend of Type 1 Falls		11
Hours of Seclusion Use	14	12
Number of Seclusion Events	15	12
Total Hours of Mechanical Restraint by Unit	16	12
Hours of Mechanical Restraint Use: 12 Months	17	12
Number of Mechanical Restraint Events: 12 Months	18	12
Hours of Physical Restraint Use by Unit	19	13
Hours of Physical Restraint Use: 12 Months	20	13
Number of Physical Restraint Events: 12 Months	21	13
24-Month Trend of Restraint and Seclusion Hours		14
Benzodiazepines	22	15
Multiple Atypicals	23	15
Typical-Atypical	24	15
Patient-to-Patient Assaults by Unit	25	16
13-Month Rate of Patient-to-Patient Assault Events with Injury per 1,000 Days-of-Care	26	16
Patient-to-Staff Assaults by Unit	27	17
13-Month Rate of Patient-to-Staff Assaults with Injury to Staff per 1,000 Days-of-Care	28	17

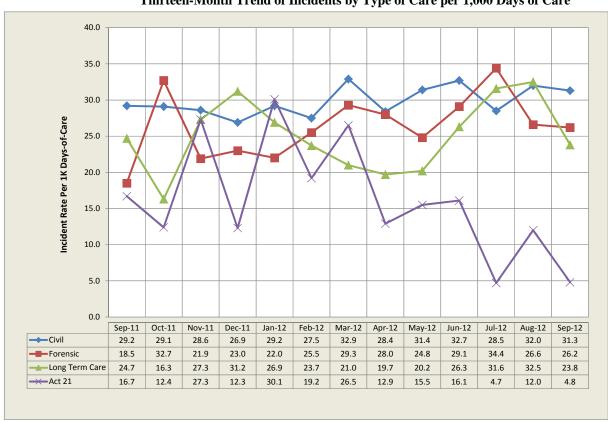
During **September 2012** a total of 1377 incident reports were completed by the state hospital system. Additional records addressing specific categories from the previous month were included on page 4 of this report.

The following is a breakdown of incidents by individual facility and type of care:

Table 1 - Number of Incident Reports

Civil	Census 9/30/12	Days Provided	Incidents	Per 1000 Days-of-Care
Clarks Summit	217	6533	120	18.4
Danville	172	5162	186	36.0
Norristown	157	4789	168	35.1
Torrance	202	5849	181	30.9
Warren	169	5001	161	32.2
Wernersville	266	7915	286	36.1
Total Civil	1183	35249	1102	31.3
Forensic				
Norristown	134	3907	131	33.5
Torrance	87	2553	38	14.9
Total Forensic	221	6460	169	26.2
Act 21				
Act 21	35	1049	5	4.8
Total Act 21	35	1049	5	4.8
Long Term				
Care				
South Mountain	142	4252	101	23.8
Total L. T. C.	142	4252	101	23.8
Total	1581	47010	1377	29.3

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



*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.

database.							
CATEGORY	Count	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_12
Accident-Injury	323	43	60	57	45	76	42
Adverse Drug Reaction	34	8	8	1	4	10	3
Aggression	890	130	163	190	136	138	133
Airway Obstruction type 1 Intervention	28	2	6	4	9	5	2
Airway Obstruction type 2 No Intervention	19	3	4	1	3	5	3
Alcohol Use/Possession/Suspected or Confirmed	1	1					
Alleged Nonconsensual Sexual Activity	36	3	8	10	2	4	9
Alleged Pt. Abuse	35	1		5	5	14	10
Alleged Suspected Criminal Act	1				1		
Assault, Pt./Pt	2238	296	428	407	350	403	354
Assault, Pt./Staff	691	141	129	108	100	100	113
Assault: Patient/Other	2			1		1	
AWOL/UA	82	17	7	20	8	18	12
AWOL-Attempt	36	6	5	7	4	7	7
AWOL-Late	77	8	20	14	11	9	15
Change in Medical Status-Stabilized	98	17	6	12	21	22	20
Change in Medical Status-Transferred	369	55	63	68	68	53	62
Charged post admit/crime committed prior to admit	3		1	1	1		
Charged with alleged crime on hospital grounds	13	2	6	1	2	1	1
Communications Sys. Misuse	9	1	1	2	1	3	1
Community Incident	14	4	3	3	1	2	1
Contraband Possession	90	16	9	16	11	22	16
Fall Type 1-Injury with treatment	450	76	75	77	87	76	59
Fall Type 2-No treatment needed	763	127	125	116	135	135	125
Family Concern	20	3	2	3	5	1	6
Illicit Substance Use/Possession	7	1		2	2	2	
Medication Error	169	17	22	24	29	33	44
Missing Property	66	16	12	8	10	12	8
Other	621	101	108	120	103	97	92
Patient Complaint	0						
Procedural Treatment Error	24	1	6	6	5	5	1
Property Damage	98	13	22	22	12	13	16
Seizure	34	6	6	2	10	7	3
Self-Injurious behavior	823	133	136	153	143	134	124
Sexual Behavior	97	13	19	11	25	16	13
Smoking Violation	210	26	33	21	37	41	52
Substantiated Nonconsensual Sexual Activity	2				2		
Substantiated Patient Abuse	11	1	4	1	1	3	1
Sudden Acute Illness	0				-		-
Suicide Attempt	16	4	1	3	4	3	1
Suicide threat/plan	45		10	9	6	7	4
Theft	53		4	10	6	10	11
Unknown	8		1	2	3	10	1
Unsubstantiated Nonconsensual Sexual Activity	0					•	
Unsubstantiated Patient Abuse	30		6	3	2	5	4
Chicapotantiated Fatient / 15050	50	10	J	3		J	-

Table 2 - Category or Cause of Incidents in the Civil Hospitals

Primary Cat #	CLA	DAN	NOR	TOR	WAR	WER	Count
Accident-Injury	5	4	2	9	3	6	29
Adverse Drug Reaction			1			2	3
Aggression	16	14	12	8	11	23	84
Airway Obstruction type 1 Intervention		1		1			2
Airway Obstruction type 2 No Intervention			1	2			3
Alleged Nonconsensual Sexual Activity			9				9
Alleged Pt. Abuse	5					1	6
Assault, Pt./Pt	30	50	49	44	22	57	252
Assault, Pt./Staff	7	34	11	9	15	20	96
AWOL/UA	2	1	2	5	2		12
AWOL-Attempt		3		1	1	2	7
AWOL-Late		1	3	1	9	1	15
Change in Medical Status-Stabilized	1	1	7	2		3	14
Change in Medical Status-Transferred	7	9	6	9	5	6	42
Charged with alleged crime on hospital grounds		1					1
Communications Sys. Misuse			1				1
Community Incident		1					1
Contraband Possession		2	3	2	8		15
Fall Type 1-Injury with treatment	7	5	11	7	8	9	47
Fall Type 2-No treatment needed	14	13	17	11	12	37	104
Family Concern				6			6
Indeterminate/Unconfirmed Cause of Injury	2	11	6	5		9	33
Medication Error	15	5	2		6	3	31
Missing Property	1			4	1	2	8
Other	2	2	5	15	5	48	77
Procedural Treatment Error		1					1
Property Damage		4	2			2	8
Seizure				1			1
Self-Injurious behavior	6	17	5	9	32	44	113
Sexual Behavior		3		7	2	1	13
Smoking Violation			11	19	18	4	52
Suicide threat/plan		1			1		2
Theft			2	4		4	10
Unsubstantiated Patient Abuse		2				2	4
Totals	120	186	168	181	161	286	1102

Table 3 - Primary Effect of Incidents in the Civil Hospitals

Primary effect	CLA	DAN	NOR	TOR	WAR	WER	Count
Abrasion/scrape/scratch/hematoma	13	18	17	15	15	29	107
Asphyxiation				1			1
Bite-Insect	2		1				3
Blister	1		1				2
Body System Illness	5		1		3		9
Bruise/contusion/discoloration	5	3	1	10	8	13	40
Burn/Scald					1	2	3
Cellulitis				1			1
Constipation				1			1
Death						1	1
Edema/swelling	2	3		3	1	3	12
Emesis	1	2		4			7
Epistaxis		1		1			2
Erythema/redness		11	5	4	2	3	25
Fever		2				1	3
Fracture		1		1			2
Ingestion of foreign body			1	2	3	11	17
Laceration: NO sutures/staples/steri-strips	2	2	5	4	2	2	17
Laceration: with steristrips/glue	2				3		5
Laceration: with sutures/staples		1	1		2		4
Lethargy		3	2				5
No Injury/NA	85	129	112	120	118	196	760
Other		4	4	3	1	10	22
Pain unspecified		1				1	2
Pain, Specified	1	4	14	6	1	13	39
Respiratory Distress		1	2	3	1		7
Skin Irritation/Rash			1	1		1	3
Sunburn	1						1
Unconscious/Unresponsive				1			1
Totals	120	186	168	181	161	286	1102

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

	NSH						TSH				
Primary Cat #	51A1	51A2	51B1	51B2	51C1	51C2	FB3	FB4	FC1	FC2	Count
Aggression	4	7	15	4	3	3		7	2		45
Alleged Pt. Abuse	2		1								3
Assault, Pt./Pt	14	13	14	6	13	7	2	4		9	82
Assault, Pt./Staff	2	3		1		5					11
Change in Medical Status-Stabilized								1			1
Change in Medical Status-Transferred		1							1		2
Contraband Possession				1							1
Fall Type 1-Injury with treatment								1			1
Fall Type 2-No treatment needed			1	1							2
Other				1	1	1		2			5
Property Damage	1		2			1					4
Seizure	1	1									2
Self-Injurious behavior							1	3	2		6
Suicide Attempt							1				1
Suicide threat/plan								1		1	2
Theft	1										1
Totals	25	25	33	14	17	17	4	19	5	10	169

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

	NSH						TSH				
EFFECT	51A1	51A2	51B1	51C1	51C2	51B2	FB3	FB4	FC1	FC2	Count
Abrasion/scrape/scratch/hematoma	2	4	1	6	3			2		1	19
Bruise/contusion/discoloration		1					1	3	1		6
Constipation									1		1
Damaged or lost tooth				1							1
Erythema/redness		1			1		1	1			4
Fracture				1							1
Ingestion of foreign body								1	1		2
Laceration: NO sutures/staples/steri-strips	2			1	1						4
No Injury/NA	19	17	32	8	12	14	2	11	2	8	125
Other								1			1
Pain, Specified	1									1	2
Seizure	1	1									2
Syncopal episode		1									1
Totals	25	25	33	17	17	14	4	19	5	10	169

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

Cause	3A	3B	5A	6A	6B	Count
Accident-Injury		6	2		1	9
Assault, Pt./Pt	4	7	3			14
Assault, Pt./Staff	4	1				5
Change in Medical Status-Stabilized		1		1	3	5
Change in Medical Status-Transferred	2	3	2	5	3	15
Fall Type 1-Injury with treatment	2	5	3	1		11
Fall Type 2-No treatment needed	7	5	4		1	17
Medication Error	7	1		3		11
Other		3	2	2	1	8
Property Damage	1	2	1			4
Self-Injurious behavior			1			1
Substantiated Patient Abuse		1				1
Totals	27	35	18	12	9	101

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

EFFECT	3A	3B	5A	6A	6B	Count
Abrasion/scrape/scratch/hematoma	2	5	1	1	1	10
Allergic reaction			1			1
Blister		1			2	3
Body System Illness		1		1	1	3
Bruise/contusion/discoloration		6	2	2	1	11
Death		1		1		2
Edema/swelling	1					1
Epistaxis					1	1
Erythema/redness			1			1
Fever		1				1
Laceration: NO sutures/staples/steri-strips		1	1			2
Lethargy	1	1				2
No Injury/NA	21	17	9	3	1	51
Pain, Specified		1	1			2
Puncture/stab wound	1					1
Respiratory Distress			2	1	1	4
Unconscious/Unresponsive	1			3	1	5
Totals	27	35	18	12	9	101

Act-21-Sexual Responsibility & Treatment Program at Torrance State Hospital

In July 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	2	2
Aggression	2	2
Assault, Pt./Staff	1	1
Totals	5	5

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

Primary effect	TOR	Count
Damaged or lost tooth	1	1
Muscle pull/strain/sprain	1	1
No Injury/NA	3	3
Totals	5	5

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

Month	Tobacco Users	CLA	DAN	NOR	TOR	WAR	WER	Civil Total	LTC	System Total
Dec-11	Total Users	127	79	134	103	81	144	668	23	691
	% of Census	58%	46%	61%	51%	50%	53%	54%	17%	43%
Mar-12	Total Users	126	73	121	101	92	153	666	18	684
	% of Census	58%	43%	59%	51%	54%	57%	54%	13%	43%
Jun-12	Total Users	129	68	102	105	92	134	630	12	642
	% of Census	59%	40%	59%	53%	53%	51%	53%	9%	40%
Sep-12	Total Users	122	71	98	107	87	135	620	22	642
	% of Census	56%	41%	62%	53%	51%	51%	52%	15%	41%

Table 11 - Diabetes

		Civil	Hospita	ls				For	ensic C	enters	A21	LTC	Sys		
Sep-12	Cla	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Tor Total A21 SMRC					
Patient Census	217	172	157	202	169	266	1183	134	87	221	35	142	1581		
Count	34	33	29	48	37	70	251	12	9	21	0	43	315		
% w/ Diabetes	16%	19%	18%	24%	22%	26%	21%	9%	10%	10%	0%	30%	20%		

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.

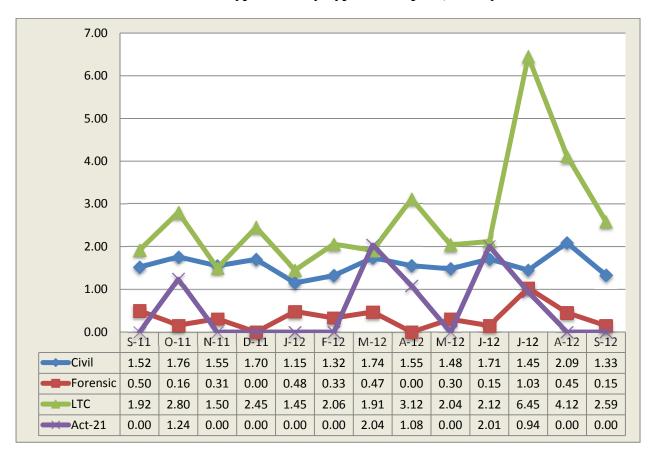
Primary effect	CLA	DAN	NOR	SMO	TOR	WAR	WER	Count
Abrasion/scrape/scratch/hematoma			1					1
Blister	1							1
Body System Illness	5		1	3		4		13
Cellulitis					1			1
Constipation					1			1
Death							1	1
Edema/swelling		1			2			3
Emesis	1				2			3
Erythema/redness			1					1
Fever		1		1		1	1	4
Fracture		1	1					2
Ingestion of foreign body					2	2	1	5
Laceration: NO sutures/staples/steri-strips			1					1
Laceration: with sutures/staples		1	1					2
Lethargy		3	1	2				6
No Injury/NA				1			1	2
Other			1		2	1	3	7
Pain unspecified		1						1
Pain, Specified						1	1	2
Respiratory Distress		1	2	4	3	1		11
Syncopal episode			1					1
Unconscious/Unresponsive				5	1			6
Totals	7	9	11	16	14	10	8	75

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				I	Forens	sic	A21	LTC	Sys
M/Year	Cla	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Total	A21	SMRC	Avg
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
Nov-11	2.14	1.54	1.02	2.36	1.03	1.24	1.55	0.00	0.79	0.31	0.00	1.50	1.35
Dec-11	1.77	2.06	1.33	1.52	0.59	2.52	1.70	0.00	0.00	0.00	0.00	2.45	1.35
Jan-12	1.76	1.71	1.03	0.67	0.38	1.20	1.15	0.26	0.84	0.48	0.00	1.45	1.07
Feb-12	1.42	0.82	0.83	2.20	0.99	1.54	1.32	0.54	0.00	0.33	0.00	2.06	1.23
Mar-12	1.63	1.51	1.25	3.03	0.75	2.05	1.74	0.51	0.40	0.47	2.04	1.91	1.59
Apr-12	1.84	3.11	0.66	2.04	0.79	1.11	1.55	0.00	0.00	0.00	1.08	3.12	1.59
May-12	1.78	1.12	0.50	2.98	0.93	1.45	1.48	0.00	0.74	0.30	0.00	2.04	1.59
Jun-12	1.69	1.36	0.89	1.92	2.30	2.01	1.71	0.00	0.36	0.15	2.01	2.12	1.54
Jul-12	1.04	0.76	1.33	2.21	1.51	1.70	1.45	1.23	0.73	1.03	0.94	6.45	1.82
Aug-12	1.78	2.46	1.93	3.37	1.15	1.89	2.09	0.25	0.74	0.45	0.00	4.12	1.82
Sep-12	1.07	0.97	2.30	1.20	1.60	1.14	1.33	0.00	0.39	0.15	0.00	2.59	1.26

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_11	Nov_11	Dec_11	Jan_12	Feb_12	Mar_12	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_	12
NOR	5.75							5.75						

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

ABV	Total	Oct_11	Nov_11	Dec_11	Jan_12	Feb_12	Mar_12	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_12
NOR	1	0	0	0	0	0	0	1	0	0	0	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	37-3	0.42

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

ABV	Total	Oct_11	Nov_11	Dec_11	Jan_12	Feb_12	Mar_12	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_12
CLA	75.20	0.00	0.00	73.40	0.00	0.80	0.00	0.00	0.00	1.00	0.00	0.00	0.00
NOR	3.12	0.50	0.00	0.25	0.50	0.00	0.87	0.50	0.00	0.00	0.00	0.50	0.00
WER	47.97	3.80	0.00	2.00	1.00	1.00	0.00	1.23	17.35	7.40	1.67	12.10	0.42

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

ABV	Total	Oct_11	Nov_11	Dec_11	Jan_12	Feb_12	Mar_12	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_12
CLA	4	0	0	1	0	1	0	0	0	2	0	0	0
NOR	7	1	0	1	1	0	1	2	0	0	0	1	0
WER	30	3	0	1	1	1	0	2	10	4	1	6	1

State Hospital Use of Physical Holds (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 Holds (Restraint) Used by Hospital & Unit

ABV	WARD	Total	ABV	WARD	Total	ABV	WARD	Total
TOR	FC1	2.28	WER	34-2	0.22	WAR	3NM	0.08
WER	37-3	1.33	CLA	5	0.17	NOR	51B1	0.08
TOR	062	0.67	NOR	51A1	0.17	WAR	3SW	0.07
CLA	3	0.58	NOR	10C2	0.16	DAN	210	0.05
WER	37-1	0.55	CLA	2	0.16	NOR	01A1	0.05
CLA	6	0.43	TOR	011	0.13	WER	35-3	0.04
WAR	IBE	0.42	WER	34-4	0.13	TOR	FB3	0.03
TOR	024	0.40	DAN	212	0.12	NOR	51C2	0.03
TOR	FB4	0.33	DAN	312	0.12	TOR	061	0.02
DAN	310	0.22	NOR	51A2	0.10	NOR	10A2	0.001
WER	35-2	0.22	TOR	012	0.10			

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

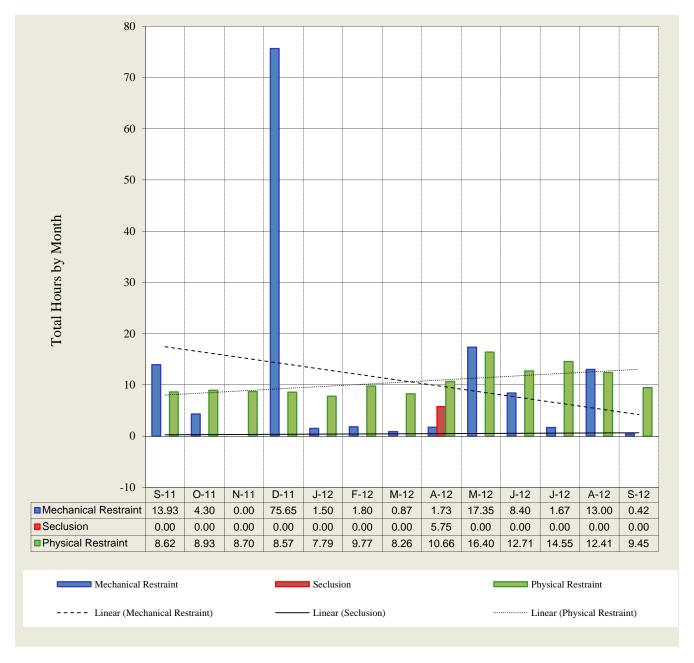
ABV	Total	Oct_11	Nov_11	Dec_11	Jan_12	Feb_12	Mar_12	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_12
CLA	18.49	1.81	1.80	1.65	1.34	2.38	1.42	1.50	2.05	2.07	0.43	0.70	1.33
DAN	16.31	0.52	0.35	0.88	0.31	2.30	2.76	1.39	1.15	0.76	3.92	1.47	0.50
NOR	9.71	1.45	1.03	0.60	0.39	0.40	0.38	1.83	0.64	0.40	0.89	1.11	0.59
TOR	38.29	4.50	4.70	4.85	4.33	4.08	2.85	1.10	1.45	2.67	1.05	2.74	3.97
WAR	13.72	0.17	0.42	0.00	0.60	0.43	0.13	0.45	4.57	3.72	2.33	0.33	0.57
WER	33.40	1.01	0.40	0.59	1.04	0.46	0.72	4.39	6.58	3.10	6.52	6.09	2.49

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

ABV	Total	Oct_11	Nov_11	Dec_11	Jan_12	Feb_12	Mar_12	Apr_12	May_12	Jun_12	Jul_12	Aug_12	Sep_12
CLA	207	17	19	13	17	31	16	14	16	27	7	10	20
DAN	197	9	7	12	10	21	30	22	20	10	27	17	12
NOR	293	33	26	17	10	12	18	47	22	24	41	26	17
TOR	217	21	28	30	23	20	21	9	9	10	9	21	16
WAR	79	2	2	0	7	4	1	6	21	14	12	6	4
WER	233	10	9	9	17	13	12	26	33	24	38	27	15

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								F	orensi	ic	SRTP	Sys
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Dec-11	151	100	116	94	96	139	696	36	13	49	4	749
Mar-12	148	92	117	93	97	144	691	34	12	46	6	743
Jun-12	148	93	97	85	98	145	666	45	11	56	4	726
Sep-12	150	93	93	87	102	156	681	49	19	68	5	754

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.

Multiple Atypicals						F	orensi	ic	SRTP	Sys		
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Dec-11	13	50	22	38	41	35	199	5	9	14	0	213
Mar-12	11	47	19	52	35	29	193	9	7	16	0	209
Jun-12	15	37	17	49	37	20	175	11	11	22	0	197
Sep-12	18	42	17	52	39	24	192	8	5	13	0	205

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						F	orensi	ic	SRTP	Sys		
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Dec-11	54	42	110	66	42	118	432	21	16	37	0	469
Mar-12	54	39	95	75	47	115	425	25	14	39	0	464
Jun-12	59	49	93	73	45	120	439	26	13	39	0	478
Sep-12	62	49	87	69	40	120	427	29	18	47	0	474

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									
TOR	023	25	WAR	3NM	10	DAN	210	6	CLA	9	2
NOR	01C1	19	WER	37-4	10	NOR	51B2	6	WER	34-3	2
DAN	312	16	TOR	FC2	9	WER	37-2	6	CLA	4	2
NOR	51A1	14	WER	35-2	9	NOR	10A2	5	WER	34-4	2
NOR	51B1	14	DAN	212	8	WER	37-1	5	NOR	09CF	1
NOR	51A2	13	WER	35-4	8	SMO	3A	4	TOR	012	1
NOR	51C1	13	WER	34-2	8	NOR	01A1	4	TOR	013	1
NOR	09AF	12	DAN	211	8	TOR	FB4	4	TOR	021	1
DAN	310	12	NOR	10C2	8	CLA	3	4	TOR	024	1
CLA	6	12	SMO	3B	7	TOR	011	3	TOR	061	1
TOR	022	11	NOR	51C2	7	SMO	5A	3			
WAR	3SW	10	WER	35-3	7	TOR	FB3	2			
CLA	2	10	WAR	IBE	6	WAR	3IM	2			

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
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
Nov-11	1.99	0.77	2.62	2.36	1.03	1.37	1.74	2.26	3.16	2.61	1.24
Dec-11	0.74	2.06	4.28	2.20	0.59	1.68	1.96	4.85	2.39	3.89	0.00
Jan-12	1.62	1.14	5.32	1.33	1.35	1.68	2.14	3.83	0.84	2.71	0.00
Feb-12	2.06	1.65	1.82	1.28	0.99	0.64	1.38	4.57	1.74	3.39	0.00
Mar-12	0.59	3.40	2.51	0.34	0.93	2.53	1.74	5.11	1.21	3.60	2.04
Apr-12	1.53	1.36	1.82	0.51	0.59	1.73	1.31	3.37	0.41	2.23	1.08
May-12	0.59	3.37	3.16	0.99	1.30	1.33	1.72	5.73	1.10	3.86	0.00
Jun-12	1.38	2.13	2.85	1.40	0.77	1.75	1.71	7.93	1.81	5.39	2.04
Jul-12	0.30	1.52	0.57	1.19	0.94	0.85	0.87	8.58	0.36	5.28	0.00
Aug-12	1.04	1.52	2.89	1.18	0.58	1.01	1.32	7.44	2.61	5.51	0.92
Sep-12	1.07	2.52	2.71	1.88	0.60	1.77	1.73	5.89	1.18	4.02	0.00

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

ABV	WARD	Cnt
DAN	312	13
WAR	3SW	11
DAN	310	9
WER	35-2	7
DAN	212	7
NOR	51C2	5
WER	34-2	4
WER	35-3	4
SMO	3A	4
TOR	022	4
NOR	10C2	4
DAN	211	3

ABV	WARD	Cnt
CLA	6	3
NOR	01C1	3
NOR	09AF	3
NOR	51A2	3
TOR	023	3
WAR	3IM	2
CLA	5	2
NOR	51A1	2
WER	37-1	2
WER	34-3	2
WAR	3NM	2
CLA	3	1

ABV	WARD	Cnt
DAN	210	1
NOR	51B2	1
TOR	062	1
WER	37-4	1
TOR	012	1
NOR	09CF	1
TOR	011	1
CLA	2	1
SMO	3B	1
DAN	311	1

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

	Civil							Forer	nsic		SRTP
Pt/Staff Assault w/ Staff Inj per 1K days	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	SRTP
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
Nov-11	0.15	0.58	0.58	0.84	0.00	1.24	0.61	1.50	0.39	1.07	0.00
Dec-11	0.44	0.93	0.59	0.17	0.20	0.72	0.52	1.28	0.40	0.93	1.11
Jan-12	0.15	0.57	0.74	0.17	0.19	0.12	0.31	0.77	0.00	0.48	1.07
Feb-12	0.16	1.44	0.99	0.18	0.79	0.77	0.70	1.08	0.00	0.67	0.00
Mar-12	0.30	2.45	0.16	0.00	0.37	1.57	0.82	1.28	0.81	1.09	0.00
Apr-12	0.46	2.14	0.33	0.34	0.59	0.74	0.74	5.19	0.41	3.34	1.08
May-12	0.59	1.50	0.83	0.99	1.12	1.21	1.03	0.50	0.00	0.30	0.00
Jun-12	0.77	0.19	0.36	1.40	0.19	1.63	0.83	0.51	0.36	0.45	0.00
Jul-12	0.59	0.76	0.57	0.51	0.00	1.95	0.82	1.47	0.36	1.03	0.00
Aug-12	0.44	1.14	0.58	1.35	0.96	2.27	1.18	0.50	0.00	0.30	0.00
Sep-12	0.46	0.97	2.09	1.20	1.60	0.88	1.13	1.02	0.00	0.62	0.95