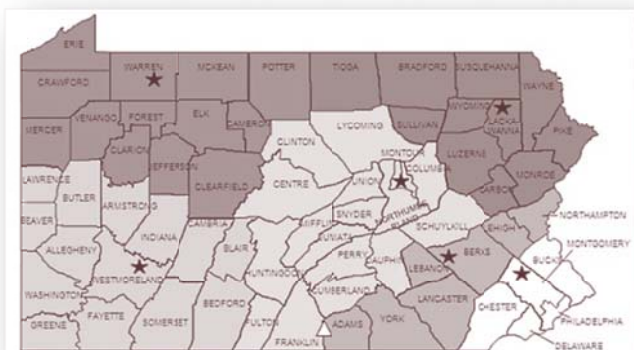


## *Pennsylvania State Hospital System Risk Management Summary Report*

### *May 2013*



**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](mailto:jdeegan@pa.gov)  
Contributors:  
SMH CPIEs & PI Staff  
Valerie Minnich, RPh  
June 28, 2013

*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 Management of Incidents: SI-815 Incident Reporting and Risk Management Policy and Procedural Change. (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

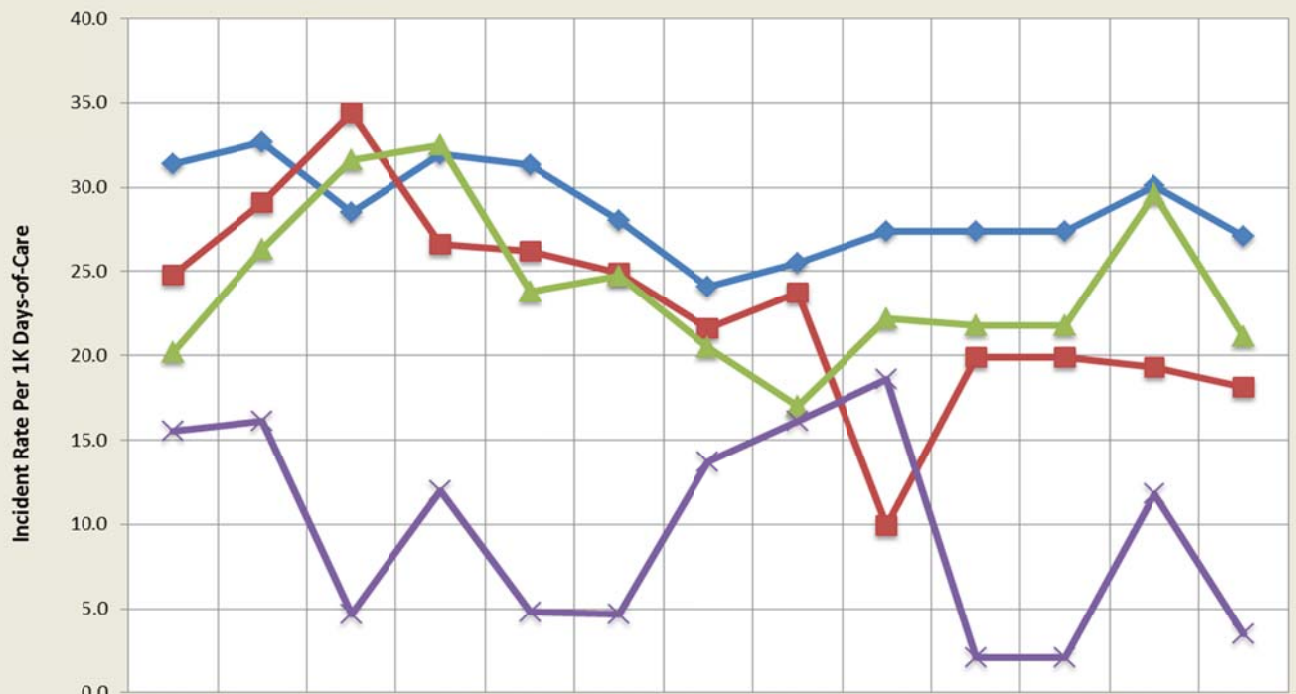
During **May 2013** a total of 1224 incident reports were completed by the state hospital system. Additional records addressing specific categories from the previous month were included on page 4 of this report.

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

**Table 1 - Number of Incident Reports**

Civil	Census 5/31/13	Days Provided	Incidents	Per 1000 Days-of-Care
Clarks Summit	218	6792	121	17.8
Danville	167	5113	233	45.6
Norristown	137	4234	119	28.1
Torrance	202	5930	161	27.2
Warren	178	5566	101	18.1
Wernersville	254	7944	230	29.0
<b>Total Civil</b>	<b>1156</b>	<b>35579</b>	<b>965</b>	<b>27.1</b>
<b>Forensic</b>				
Norristown	133	4065	82	20.2
Torrance	89	2776	42	15.1
<b>Total Forensic</b>	<b>222</b>	<b>6841</b>	<b>124</b>	<b>18.1</b>
<b>Act 21</b>				
Act 21	37	1147	4	3.5
Total Act 21	37	1147	4	3.5
<b>Long Term Care</b>				
South Mountain	140	4316	91	21.1
Total L. T. C.	140	4316	91	21.1
<b>Total</b>	<b>1555</b>	<b>47883</b>	<b>1224</b>	<b>25.6</b>

**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 (recent 6 month period) available from the State Hospital System RM database.

CATEGORY	Count	Dec_12	Jan_13	Feb_13	Mar_13	Apr_13	May_13
Accident-Injury	249	39	34	42	37	43	54
Adverse Drug Reaction	23	1	2	6	6	3	5
Aggression	862	160	132	140	136	177	117
Airway Obstruction type 1 Intervention	18	2	3	2	4	4	3
Airway Obstruction type 2 No Intervention	8	1	2	2		3	
Alcohol Use/Possession/Suspected or Confirmed	1	1					
Alleged Nonconsensual Sexual Activity	12	2					10
Alleged Pt. Abuse	44	6	16	6	4	7	5
Assault, Pt./Pt	1807	330	268	352	291	298	268
Assault, Pt./Staff	571	107	101	99	90	93	81
Assault: Patient/Other	4	1			1		2
AWOL/UA	60	9	7	8	12	12	12
AWOL-Attempt	42	10	11	6	7	3	5
AWOL-Late	30	5	5		2	5	13
Change in Medical Status-Stabilized	99	18	23	14	11	11	22
Change in Medical Status-Transferred	316	47	54	47	63	63	42
Charged post admit/crime committed prior to admit	2	1				1	
Communications Sys. Misuse	13	1	2	1	3	1	5
Community Incident	17	2	3	2	2	1	7
Contraband Possession	148	17	34	27	24	22	24
Fall Type 1-Injury with treatment	404	66	64	48	71	80	75
Fall Type 2-No treatment needed	730	128	131	122	121	119	109
Family Concern	15	1	4	4	2	2	2
Fire Setting	2		2				
Illicit Substance Use/Possession	9	1		1	6		1
Indeterminate/Unconfirmed Cause of Injury	127	20	20	15	16	21	35
Medication Error	151	31	22	21	33	36	8
Missing Property	72	8	12	16	16	13	7
Other	529	72	89	81	89	94	104
Procedural Treatment Error	17	2	3	6	4	1	1
Property Damage	81	14	10	12	12	24	9
Seizure	38	5	6	10	5	4	8
Self-Injurious behavior	697	104	155	96	98	128	116
Sexual Behavior	90	5	23	13	18	13	18
Smoking Violation	155	40	27	26	30	19	13
Substantiated Patient Abuse	3				1	2	
Sudden Acute Illness	1	1					
Suicide Attempt	17	2	5	1	1	3	5
Suicide threat/plan	34	7	7	2	8	3	7
Theft	52	11	7	10	10	8	6
Unknown	22	5	3	4	6	3	1
Unsubstantiated Nonconsensual Sexual Activity	2		2				
Unsubstantiated Patient Abuse	14	5	3	2	3	1	

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

Primary Cat #	CLA	DAN	NOR	TOR	WAR	WER	Count
Accident-Injury	7	10	7	9	1	3	37
Adverse Drug Reaction	1		2	2			5
Aggression	9	11	11	20	22	22	95
Airway Obstruction type 1 Intervention		2			1		3
Alleged Nonconsensual Sexual Activity			10				10
Alleged Pt. Abuse	2		1				3
Assault, Pt./Pt	29	50	29	32	9	42	191
Assault, Pt./Staff	7	22	7	3	7	18	64
Assault: Patient/Other		1				1	2
AWOL/UA	2	2		1	3	4	12
AWOL-Attempt		3	1	1			5
AWOL-Late		3	1	2	5	2	13
Change in Medical Status-Stabilized	2	3	9	2	2		18
Change in Medical Status-Transferred	1	10	4	4	1	1	21
Community Incident	3	1	2		1		7
Contraband Possession		4	5	5	7	3	24
Fall Type 1-Injury with treatment	16	14	8	8	5	9	60
Fall Type 2-No treatment needed	15	18	6	14	5	40	98
Family Concern		1		1			2
Illicit Substance Use/Possession				1			1
Indeterminate/Unconfirmed Cause of Injury	6	14	6	1		6	33
Medication Error	1	3					4
Missing Property	2	2	1			2	7
Other	13	23		12	4	42	94
Procedural Treatment Error			1				1
Property Damage		3		1		2	6
Seizure				1		2	3
Self-Injurious behavior	5	27	5	21	22	19	99
Sexual Behavior		2	1	9	2	3	17
Smoking Violation		1		8	1	3	13
Suicide Attempt		2		1	1		4
Suicide threat/plan		1	1	1	1	2	6
Theft			1	1		4	6
Unknown					1		1
Totals	121	233	119	161	101	230	965

**Table 3 - Primary Effect of Incidents in the Civil Hospitals**

Primary Effect	CLA	DAN	NOR	TOR	WAR	WER	Count
?		1					1
Abrasion/scrape/scratch/hematoma	19	32	14	9	11	19	104
Asphyxiation						1	1
Bite-Human				1	1		2
Bite-Insect						1	1
Blister	1	1					2
Body System Illness	1		1		1		3
Bruise/contusion/discoloration	6	4	3	4	4	13	34
Burn/Scald		1		1			2
Damaged or lost tooth	1						1
Edema/swelling	6	2	2	2	3	1	16
Emesis			3				3
Epistaxis	1	2	3				6
Erythema/redness	4	14		4	1		23
Fever				2			2
Fracture		1					1
Ingestion of foreign body			1	6	1	6	14
Laceration: NO sutures/staples/steri-strips	2		2	8	3	2	17
Laceration: with steristrips/glue	1				1		2
Laceration: with sutures/staples	1			1			2
Lethargy						1	1
Muscle pull/strain/sprain		2					2
No Injury/NA	75	154	74	111	71	177	662
Other		11	2	6	1	4	24
Pain, Specified	3	6	12	2		5	28
Respiratory Distress				1	1		2
Seizure				1			1
Skin Irritation/Rash		1			1		2
Sunburn		1		1			2
Syncopal episode			1				1
Unconscious/Unresponsive				1	1		2
Visual changes			1				1
Totals	121	233	119	161	101	230	965

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

Primary Cat #	NSH							TSH					Sys.
	51A1	51A2	51B1	51B2	51C1	51C2	Tot.	FB3	FB4	FC1	FC2	Tot.	Count
Accident-Injury						1	1		1			1	2
Aggression	3	1		5			9		2	1	3	6	15
Alleged Pt. Abuse		1				1	2					0	2
Assault, Pt./Pt	2	13	7	8	8	8	46	1	10		2	13	59
Assault, Pt./Staff		4					4		7	1		8	12
Change in Medical Status-Stabilized						1	1					0	1
Change in Medical Status-Transferred	1	1		1			3	2		1		3	6
Communications Sys. Misuse				2			2					0	2
Fall Type 1-Injury with treatment	1	1		1			3					0	3
Fall Type 2-No treatment needed							0	1	2	1		4	4
Indeterminate/Unconfirmed Cause of Injury						1	1				1	1	2
Other							0	1	1			2	2
Property Damage	1			1	1		3					0	3
Seizure	4						4					0	4
Self-Injurious behavior	1			2			3		2			2	5
Sexual Behavior							0			1		1	1
Suicide threat/plan							0			1		1	1
Totals	13	21	7	20	9	12	82	5	25	6	6	42	124

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

EFFECT	NSH							TSH					Sys.
	51A1	51A2	51B1	51C1	51C2	51B2	Tot.	FB3	FB4	FC1	FC2	Tot.	Count
Abrasion/scrape/scratch/hematoma	2	2	2	3	3	1	13		1			1	14
Body System Illness							0	1				1	1
Bruise/contusion/discoloration		2		1		1	4		1			1	5
Edema/swelling		1	1				2				1	1	3
Erythema/redness						1	1					0	1
Fracture	1	1					2					0	2
Hearing changes					1		1					0	1
Laceration: NO sutures/staples/steri-strips	2	2					4		1			1	5
Lethargy		1					1			1		1	2
No Injury/NA	5	12	4	4	7	16	48	3	19	5	4	31	79
Pain, Specified				1	1	1	3		3		1	4	7
Seizure	3						3					0	3
Unconscious/Unresponsive							0	1				1	1
Totals	13	21	7	9	12	20	82	5	25	6	6	42	124

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

Cause	3A	3B	5A	6A	6B	Count
Accident-Injury	1	2		7	3	13
Aggression	3		1		1	5
Assault, Pt./Pt	2		4	6	2	14
Assault, Pt./Staff		2	1			3
Change in Medical Status-Stabilized	2			1		3
Change in Medical Status-Transferred	1		5	5	2	13
Communications Sys. Misuse		1	2			3
Fall Type 1-Injury with treatment	2		4	3	3	12
Fall Type 2-No treatment needed	1	2		3		6
Medication Error				2		2
Near Fall				1		1
Other	1		5	1	1	8
Self-Injurious behavior			7		1	8
Totals	13	7	29	29	13	91

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

EFFECT	3A	3B	5A	6A	6B	Count
Abrasion/scrape/scratch/hematoma			5	5	5	15
Blister				2		2
Bruise/contusion/discoloration	2	2	2	1	1	8
Burn/Scald				1		1
Death				1	1	2
Edema/swelling	2					2
Emesis				1		1
Epistaxis	1		1		1	3
Erythema/redness			2		1	3
Fever				1	1	2
Laceration: with steristrips/glue				2		2
No Injury/NA	6	5	12	12	2	37
Other			1			1
Pain, Specified	2		4			6
Respiratory Distress			1	2		3
Seizure				1		1
Unconscious/Unresponsive			1		1	2
Totals	13	7	29	29	13	91



## 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	1	1
Assault, Pt./Staff	1	1
Self-Injurious behavior	2	2
Totals	4	4

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

Primary Effect	TOR	Count
Bruise/contusion/discoloration	1	1
Erythema/redness	1	1
No Injury/NA	1	1
Pain, Specified	1	1
Totals	4	4

## 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](http://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
Jul-12	Total Users	129	72	102	105	94	129	631	22	653
	% of Census	59%	42%	60%	54%	55%	49%	53%	16%	42%
Oct-12	Total Users	111	68	95	104	87	131	596	22	618
	% of Census	50%	41%	61%	51%	51%	49%	50%	15%	39%
Jan-13	Total Users	136	62	92	97	98	125	610	21	631
	% of Census	62%	37%	61%	49%	56%	48%	52%	15%	40%
May-13	Total Users	128	65	93	107	101	120	614	20	634
	% of Census	59%	39%	68%	53%	57%	47%	53%	14%	41%

**Table 11 - Diabetes**

Civil Hospitals							Forensic Centers			A21	LTC	Sys	
May-13	Cla	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Total	A21		SMRC
Patient Census	218	167	137	202	178	254	1156	133	89	222	37	140	1555
Count	33	32	21	44	37	71	238	11	7	18	0	44	300
% w/ Diabetes	15%	19%	15%	22%	21%	28%	21%	8%	8%	8%	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.

Primary Effect	CLA	DAN	NOR	SMO	TOR	WAR	WER	Count
Abrasion/scrape/scratch/hematoma	1					1		2
Asphyxiation							1	1
Body System Illness	1				1	1		3
Bruise/contusion/discoloration	1				1		2	4
Edema/swelling	2							2
Emesis			2	1		1		4
Fever				2	2			4
Fracture			2					2
Ingestion of foreign body					3	1	1	5
Laceration: NO sutures/staples/steri-strips	1		2					3
Lethargy			1		1		1	3
No Injury/NA	1							1
Other		5	1	1	1		2	10
Pain, Specified		3		4			2	9
Respiratory Distress				3	1	2		6
Seizure				1	1			2
Unconscious/Unresponsive				1	2			3
Totals	7	8	8	13	13	6	9	64

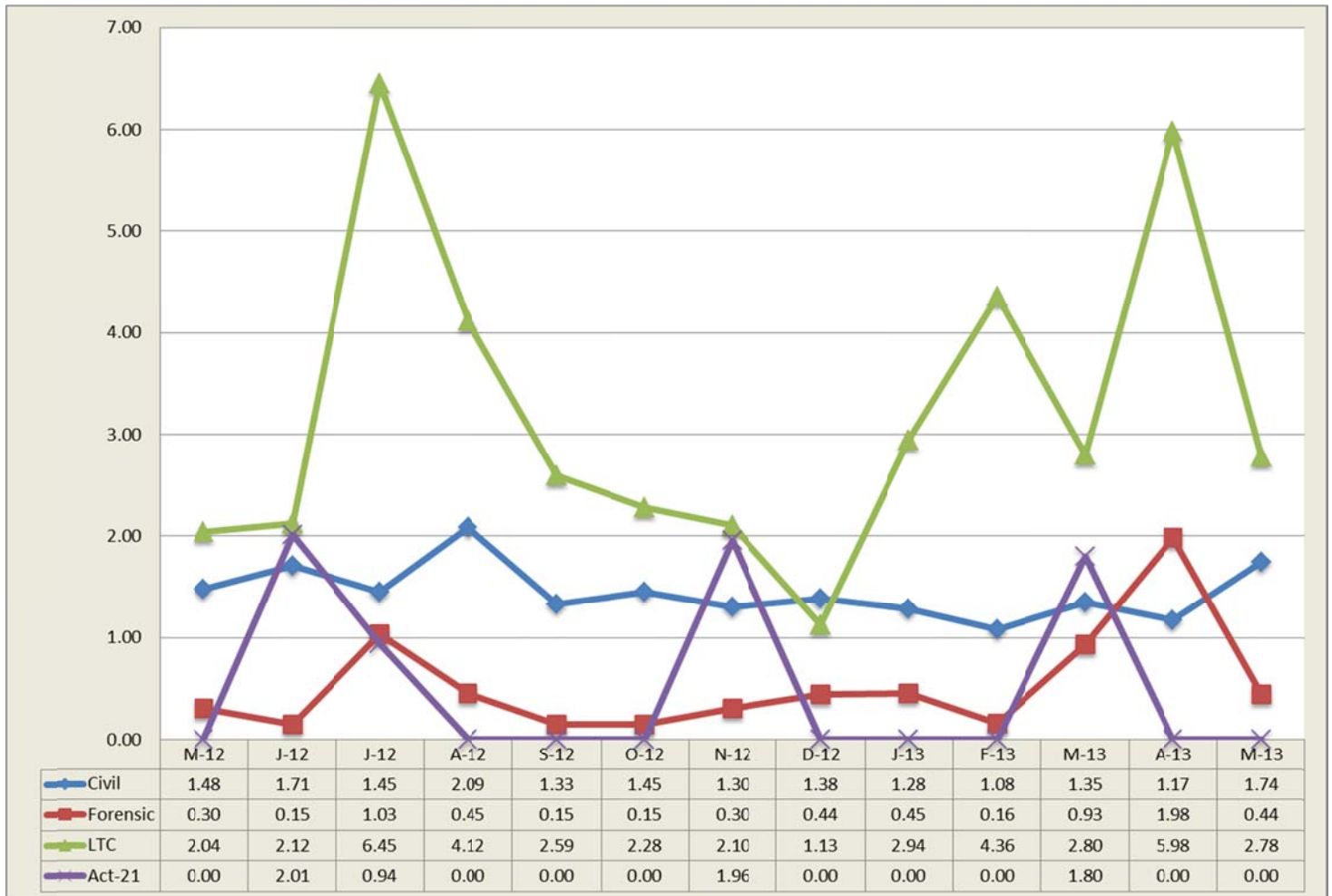
## Falls

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**

M/Year	Civil Hospital							Forensic			A21	LTC	Sys Avg
	Cla	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Total	A21	SMRC	
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
Oct-12	1.32	2.82	1.44	1.65	1.14	0.73	1.45	0.25	0.00	0.15	0.00	2.28	1.32
Nov-12	1.22	1.79	2.56	1.01	1.35	0.38	1.30	0.51	0.00	0.30	1.96	2.10	1.23
Dec-12	0.89	2.30	2.94	1.33	1.11	0.50	1.38	0.25	0.73	0.44	0.00	1.13	1.20
Jan-13	1.91	2.51	0.64	1.01	0.92	0.75	1.28	0.77	0.00	0.45	0.00	2.94	1.29
Feb-13	0.82	2.85	0.25	1.11	0.61	0.96	1.08	0.28	0.00	0.16	0.00	4.36	1.22
Mar-13	0.73	2.60	0.50	1.66	0.72	1.74	1.35	1.10	0.70	0.93	1.80	2.80	1.44
Apr-13	1.52	1.25	0.00	1.04	1.33	1.44	1.17	2.77	0.77	1.98	0.00	5.98	1.69
May-13	2.36	2.74	1.89	1.35	1.08	1.26	1.74	0.74	0.00	0.44	0.00	2.78	1.61

**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**

No use in past year.

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

No use in past year.

## 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**

No mechanical restraint reported in May 2013.

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

ABV	Total	Jun_12	Jul_12	Aug_12	Sep_12	Oct_12	Nov_12	Dec_12	Jan_13	Feb_13	Mar_13	Apr_13	May_13
CLA	0.50	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NOR	3.75	0.00	0.00	0.50	0.00	2.50	0.00	0.00	0.00	0.00	0.75	0.00	0.00
WER	36.55	7.40	1.67	12.10	0.42	0.00	3.50	2.87	3.23	5.37	0.00	0.00	0.00

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

ABV	Total	Jun_12	Jul_12	Aug_12	Sep_12	Oct_12	Nov_12	Dec_12	Jan_13	Feb_13	Mar_13	Apr_13	May_13
CLA	1	1	0	0	0	0	0	0	0	0	0	0	0
NOR	5	0	0	1	0	3	0	0	0	0	1	0	0
WER	19	4	1	6	1	0	1	2	2	2	0	0	0

## State Hospital Use of Physical Holds

### Civil and Forensic

Data on physical holds use for psychiatric reasons includes the civil and forensic populations and is reported for both monthly and yearly totals. Physical hold 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
WAR	3SW	1.57	CLA	9	0.17	NOR	51B1	0.03
WER	37-2	1.17	NOR	01C1	0.15	TOR	061	0.03
DAN	312	0.89	DAN	310	0.14	DAN	212	0.02
TOR	FB4	0.73	TOR	023	0.12	NOR	01A1	0.02
TOR	012	0.45	WER	35-2	0.11	CLA	2	0.02
CLA	3	0.42	CLA	5	0.10	TOR	021	0.02
TOR	013	0.33	CLA	7	0.08	DAN	311	0.01
WER	34-2	0.27	DAN	210	0.06	CLA	6	0.01
TOR	FC1	0.20	NOR	10A1	0.06	CLA	4	0.01
NOR	51B2	0.18	NOR	51A2	0.05			

**Table 20 - Hours of Physical Holds (Restraint) Use, Monthly Totals for Past Year**

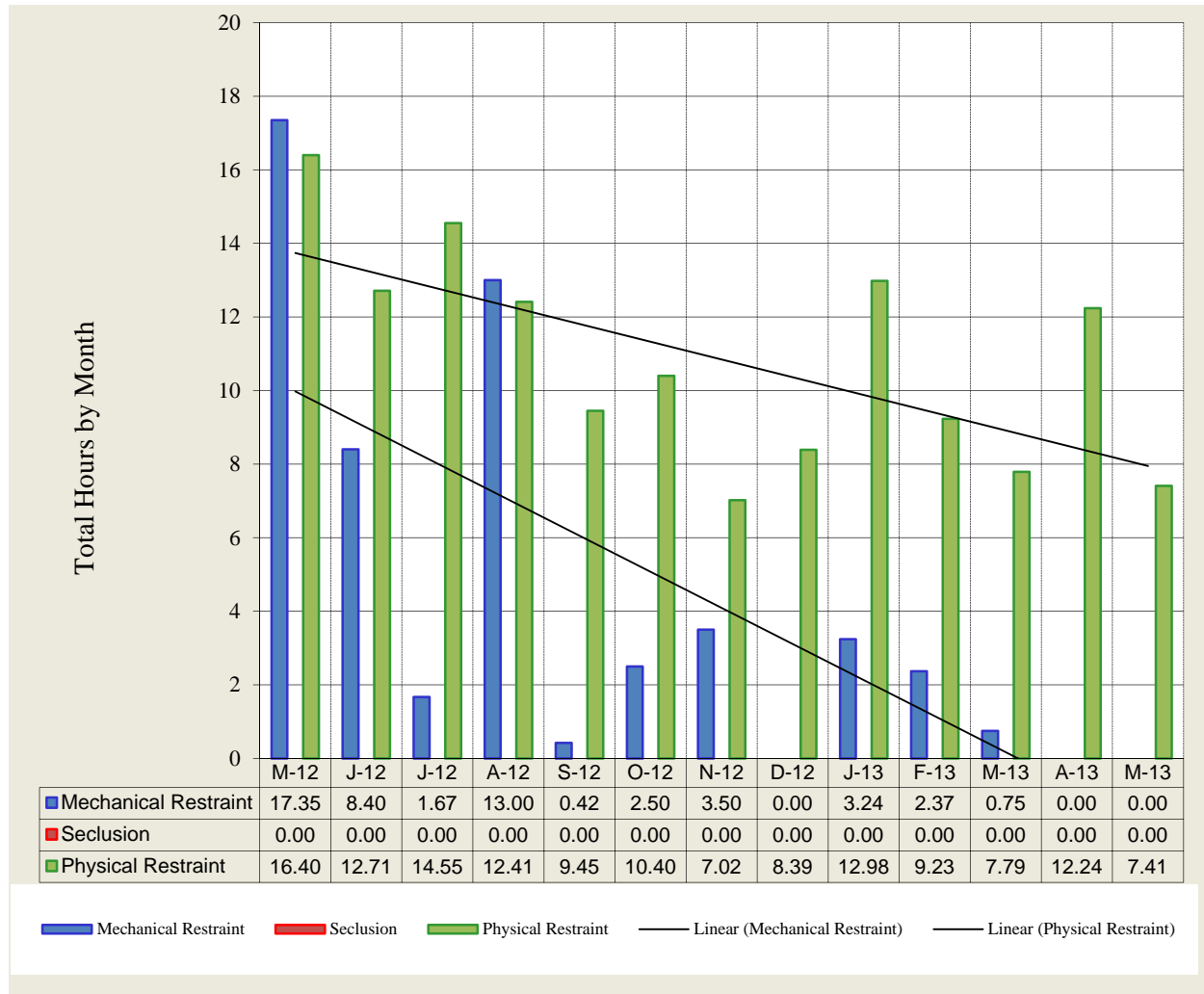
ABV	Total	Jun_12	Jul_12	Aug_12	Sep_12	Oct_12	Nov_12	Dec_12	Jan_13	Feb_13	Mar_13	Apr_13	May_13
CLA	12.32	2.07	0.43	0.70	1.33	1.88	1.25	0.48	1.23	1.48	0.45	0.21	0.80
DAN	14.90	0.76	3.92	1.47	0.50	1.08	0.91	1.13	0.82	1.85	0.78	0.55	1.12
NOR	10.37	0.40	0.89	1.11	0.59	1.25	0.77	0.86	0.55	0.83	1.26	1.37	0.49
TOR	33.24	2.67	1.05	2.74	3.97	3.21	2.33	1.97	2.97	2.47	2.82	5.17	1.88
WAR	20.74	3.72	2.33	0.33	0.57	2.15	0.52	2.03	1.53	0.77	2.08	3.15	1.57
WER	36.42	3.10	6.52	6.09	2.64	1.89	1.26	2.92	5.92	1.87	0.52	2.16	1.55

**Table 21 - Number of Physical Holds (Restraint) Events, Monthly Totals for Past Year**

ABV	Total	Jun_12	Jul_12	Aug_12	Sep_12	Oct_12	Nov_12	Dec_12	Jan_13	Feb_13	Mar_13	Apr_13	May_13
CLA	200	27	7	10	20	22	20	11	16	35	12	6	14
DAN	245	10	27	17	12	25	15	19	10	22	16	28	44
NOR	349	24	41	26	17	33	27	29	31	40	27	35	19
TOR	207	10	9	21	16	30	12	11	19	12	23	29	15
WAR	98	14	12	6	4	7	5	11	12	6	2	10	9
WER	247	24	38	27	16	12	21	22	24	24	8	22	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			SRTP	Sys
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Jul-12	152	98	98	87	100	150	685	49	10	59	5	749
Oct-12	154	91	89	93	102	155	684	45	16	61	5	750
Jan-13	144	89	89	89	104	143	658	42	9	51	6	715
May-13	142	89	79	91	104	138	643	41	17	58	7	708

**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								Forensic			SRTP	Sys
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Jul-12	13	38	17	51	32	21	172	10	10	20	0	192
Oct-12	15	40	15	53	36	28	187	4	5	9	0	196
Jan-13	11	36	11	48	37	25	168	3	9	12	0	180
May-13	20	39	11	41	31	27	169	3	11	14	0	183

**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			SRTP	Sys
M/Y	Cla	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Jul-12	50	44	87	74	40	117	412	30	12	42	0	454
Oct-12	61	51	86	65	38	125	426	33	19	52	0	478
Jan-13	61	57	88	60	43	121	430	28	15	43	0	473
May-13	62	60	70	71	49	122	434	41	14	55	0	489

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

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

	Civil							Forensic			SRTP
Pt.-to-Pt. Assault w/ any Injury	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	SRTP
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
Oct-12	1.17	1.69	1.85	0.49	0.38	1.46	1.18	7.85	0.39	4.95	0.00
Nov-12	2.90	1.59	2.56	0.67	1.35	1.14	1.67	6.09	0.75	3.93	0.98
Dec-12	0.74	1.92	3.15	1.00	0.55	1.49	1.41	4.68	0.73	3.09	1.48
Jan-13	0.88	0.77	1.71	0.51	1.66	1.99	1.28	4.35	1.10	3.02	0.00
Feb-13	0.98	2.63	1.99	1.66	0.61	1.37	1.48	6.06	1.91	4.32	0.00
Mar-13	1.32	1.40	4.23	0.83	0.36	1.74	1.52	3.58	1.40	2.62	1.80
Apr-13	0.76	2.50	2.17	1.90	0.76	1.57	1.55	5.04	0.38	3.19	0.91
May-13	1.03	1.37	4.25	0.84	0.54	1.13	1.38	4.43	1.44	3.22	0.00



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

ABV	WARD	Cnt	ABV	WARD	Cnt	ABV	WARD	Cnt
DAN	210	8	SMO	3B	2	WER	34-4	1
DAN	310	8	WER	35-2	2	WAR	IBE	1
WER	34-2	8	WAR	3IM	2	TOR	FC1	1
TOR	FB4	7	TOR	022	2	CLA	2	1
WER	37-2	6	NOR	09AF	2	TOR	061	1
WAR	3SW	5	CLA	3	1	TOR	023	1
NOR	51A2	4	CLA	4	1	SMO	5A	1
DAN	311	3	CLA	5	1	WER	37-1	1
DAN	312	3	CLA	6	1			
NOR	01C1	3	CLA	7	1			
NOR	01A1	2	CLA	9	1			

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

	Civil							Forensic			S RTP
Pt/Staff Assault w/ Staff Inj per 1K days	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	S RTP
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
Oct-12	0.15	0.38	1.65	0.16	0.00	0.85	0.52	2.21	0.77	1.65	0.00
Nov-12	0.31	1.39	1.28	0.51	0.19	0.51	0.68	1.27	0.37	0.91	0.98
Dec-12	0.15	0.96	1.05	0.33	0.37	0.99	0.63	0.99	0.36	0.73	0.00
Jan-13	0.15	0.58	0.21	0.17	1.29	0.75	0.75	2.05	0.37	1.36	0.00
Feb-13	0.33	0.88	0.50	0.18	0.81	0.82	0.59	0.55	0.00	0.32	1.02
Mar-13	0.29	1.20	1.49	0.50	1.08	0.87	0.85	0.83	0.70	0.77	0.00
Apr-13	0.00	0.63	0.97	0.69	1.14	1.18	0.76	0.25	0.38	0.30	0.00
May-13	0.15	0.59	1.18	0.00	1.08	1.13	0.67	0.49	0.36	0.44	0.00