



ARIZONA DEPARTMENT
OF HEALTH SERVICES

ARIZONA STATE HOSPITAL

ANNUAL REPORT FISCAL YEAR 2016

Vision & Mission Statements

The Arizona State Hospital (ASH) is part of the Arizona Department of Health Services (ADHS). The Department of Health Services has the following Vision and Mission Statements:

- **Vision:** Health and Wellness for all Arizonans
- **Mission:** To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

The Arizona State Hospital has the following Vision and Mission Statements:

- **Vision:** Quality, Compassion, and Excellence in the Provision of Psychiatric Care
- **Mission:** Provide evidence-based, recovery-oriented, and trauma-informed care to the individuals receiving care at Arizona State Hospital in order to facilitate their successful transition to the least restrictive alternative possible.

Description of the Arizona State Hospital (ASH)

The Arizona State Hospital (ASH) is located on a 93 acre campus at 24th Street and Van Buren, in Phoenix, Arizona. ASH provides long-term inpatient psychiatric care to Arizonans with mental illnesses who are under court order for treatment. The hospital operates programs within a 260-bed funded facility, is accredited by The Joint Commission, and the Civil Hospital is certified to receive reimbursement from the Centers for Medicare and Medicaid Services (CMS). Also located on the campus is the Arizona Community Protection and Treatment Center (ACPTC). The ACPTC is a 100-bed funded facility that provides care, supervision and treatment for those persons court-ordered into the program as sexually violent persons.

Pursuant to A.R.S. § 36-201 through 36-217, ASH provides inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. ASH protects the rights and privileges of each patient, including the patients' rights to confidentiality and privacy.

Treatment at ASH is considered "the highest and most restrictive" level of care in the state. Patients are admitted as a result of an inability to be treated in a community facility or due to their legal status. Hospital personnel provide state-of-the-art inpatient psychiatric care and are committed to treating patients and personnel with dignity and respect. Interdisciplinary care is delivered in collaboration with the patient, family, legal representatives and community providers with a focus on recovery and community reintegration.

Leadership

Leadership is the key to developing and maintaining a culture of change. New ideas and perspectives are important in creating an environment for change. Overall governance for ASH is provided by the ASH Governing Body. The Director of ADHS chairs the Governing Body committee. The Governing Body consists of the Director of ADHS, a representative from the ADHS Central Budget Office, an ASH Physician, Community Representatives (including family members and consumer representatives), the ASH Chief Executive Officer (“Superintendent”), the ASH Chief Medical Officer, a Consumer Advocate (Legal System), and a Mental Health Provider (Psychiatrist or Psychologist).

ASH receives overall direction from the Chief Executive Officer, who reports to the Director of ADHS. The CEO directs the various leaders of ASH, who comprise the Executive Management Team (EMT). The Executive Management Team oversees hospital operations, establishes administrative policies and procedures and directs ASH planning activities. Starting in August 2016, the ADHS Director designated the ADHS Chief Financial Officer (CFO) as an interim CFO at ASH, until filling the CFO position on a permanent basis. The addition of the CFO position at the Hospital allows ASH the opportunity to closely monitor and manage its budget to meet the Hospital’s specific operational needs. The members of EMT are:

- Aaron Bowen, Psy.D., Chief Executive Officer
- Steven Dingle, M.S, M.D., Chief Medical Officer
- Ryan Hoffmeyer, M.B.A, Chief Operating Officer
- Debra Taylor, M.S.N., R.N., Chief Nursing Officer
- Lisa Wynn, B.S., Chief Quality Officer
- Margaret McLaughlin, M.S., Chief Compliance Officer
- Shanda Payne, L.M.S.W, ACPTC Director
- Levada Coker, C.P.M., Human Resources Assistant Chief
- William Bugbee, Chief Security Officer
- Justin Lepley, C.P.M., M.B.A., Chief Financial Officer

The Chief Medical Officer (CMO) is responsible for the clinical administration of the hospital pursuant to A.R.S. § 36-205, and directly manages psychiatric providers; contracted medical providers, laboratory services, and pharmacy services; psychology, social work, and rehabilitation services, such as occupational therapy, recreational therapy and psychosocial rehabilitation.

The Chief Operating Officer (COO) is responsible for managing financial and administrative support services, facilities management, dietary services, managing the environment of care, promoting the wellness and safety of the patients and staff and management of environmental and housekeeping services.

The Chief Nursing Officer (CNO) oversees and assures the provision of quality psychiatric and medical nursing services for patients and coordination of nursing care based on individual patient needs. In addition, the CNO oversees the Hospital’s Training and Education Department and the Specialty Clinic, which includes infection control, employee health, contracted dental services, patient transportation services, and contracted podiatry services.

The Chief Quality Officer (CQO) is responsible for maintaining the hospital-wide quality management program including: quality assurance and performance improvement activities, data analytics, and incident reporting.

The Chief Compliance Officer (CCO) is responsible for monitoring hospital-wide compliance with the Centers for Medicaid and Medicare (CMS) Services regulations, Arizona State Rules and The Joint Commission accreditation standards; development of policies and procedures; managing patient complaints, grievances and appeals; and overseeing the ASH health records department.

The Director of ACPTC is responsible for managing the day-to-day clinical and administrative operations for the Sexually Violent Persons Program.

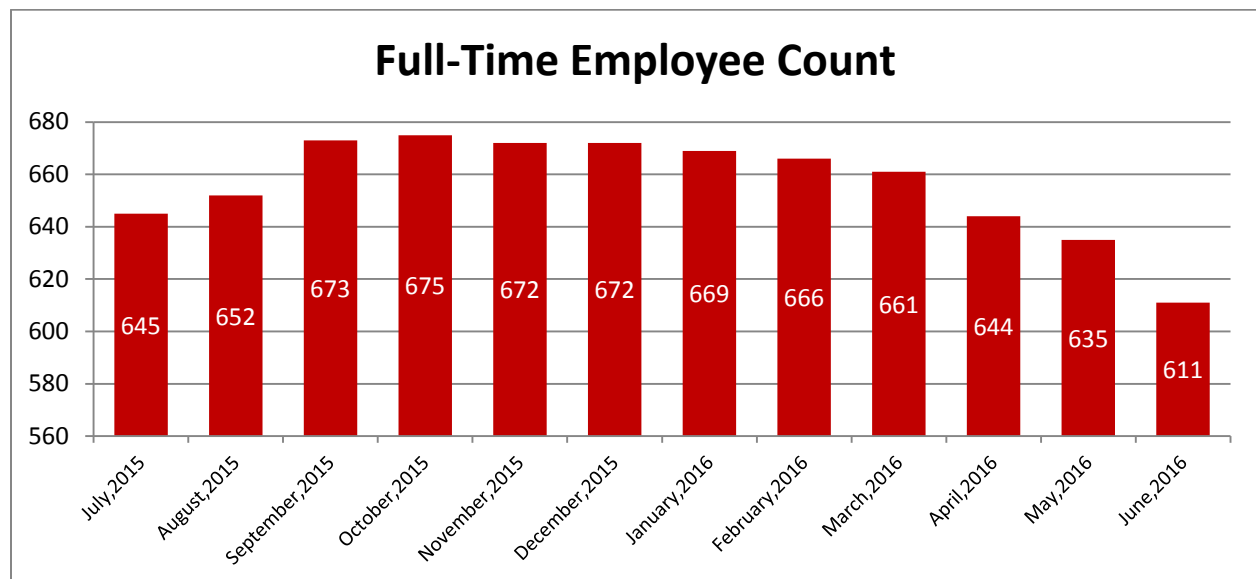
The Human Resources Assistant Chief is responsible for compensation and benefits, employee relations, recruitment and retention, and employee-related special investigations.

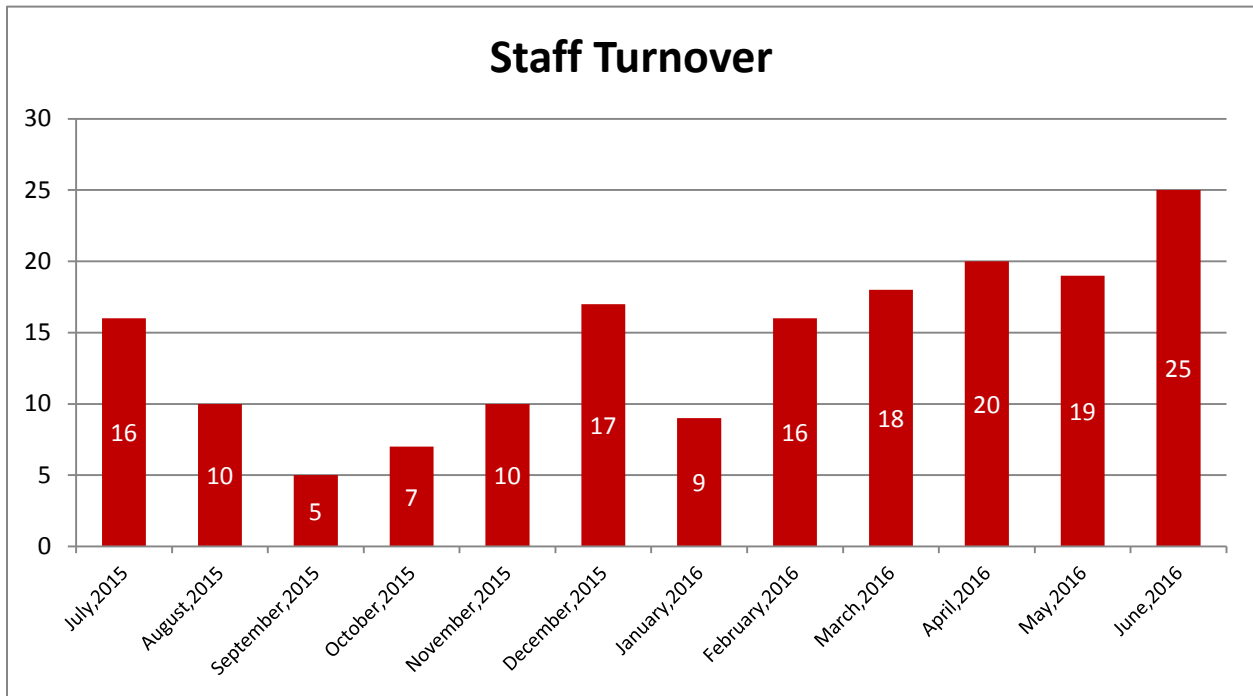
The Chief Security Officer (CSO) is responsible for overall monitoring and safety duties of the hospital.

The Chief Financial Officer (CFO) is responsible for tracking the Hospital’s budget and coordinating with program areas to monitor and manage the budget within those respective areas.

Personnel

Leadership at ASH and ACPTC continue to closely monitor the established agency head count, recruitment efforts for approved positions, and staff turnover. Data on Full-Time Employees (FTEs) for fiscal year 2016 is presented below. This information was taken from the last payroll record of each month for the entire fiscal year. Employee turnover per month is also provided below.





Hospital Program Overview

ASH has three (3) separately licensed facilities: The Civil Hospital, Forensic Hospital and the ACPTC. Civil adult patients are involuntarily court ordered to ASH if they have not responded to a minimum of 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue. ASH has three Population-Based Programs. Patients are housed separately in accordance with legal, treatment and/or security issues.

The Civil Adult Rehabilitation Program (116 beds) consists of six (6) treatment units specializing in providing services to adults who are civilly committed as a danger to self, danger to others, gravely disabled and/or persistently and acutely disabled, who have completed a mandatory 25 days of treatment in a community inpatient setting prior to admission. Medical beds are also available.

The Forensic Adult Program (143 beds) consists of court-ordered commitments through a criminal process for either:

- *Pre-Trial Restoration to Competence Program (“RTC”)*: These patients are currently housed on one unit providing pre-trial evaluation, treatment, and restoration to competency to stand trial.
- *Post-Trial Forensic Program*: These patients are adjudicated as Guilty Except Insane (“GEI”) serving determinate sentences under the jurisdiction of the Psychiatric Security Review Board (PSRB), or for those adjudicated prior to 1994 as Not Guilty by Reason of Insanity (“NGRI”). These patients are currently housed on six separate units.

Arizona Community Protection and Treatment Center (ACPTC) (100 beds)

The Arizona Community Protection and Treatment Center (ACPTC) is located on the same grounds as ASH. The ACPTC is a statutorily mandated program (ARS §36-3701 - §36-3717). It is a separately licensed facility under Arizona Administrative Code (A.A.C.) Title 9, Chapter 10, Article 13, *Behavioral Health Specialized Transitional Facility*, and the ASH CEO is responsible for the oversight and management of the facility. ACPTC provides care, supervision and treatment for those persons court-ordered into the program while protecting the community from sexually violent offenders. There are several types of residents at ACPTC:

- *Pre-Trial Detainee Residents*: Pre-trial residents are awaiting a court decision to determine their sexually violent person (SVP) status.
- *Treatment Resident (Full Confinement)*: Residents in this program have been adjudicated as SVP pursuant to A.R.S. §36-3701-3717 and have been committed to treatment. Full confinement residents can only leave the grounds for court-ordered legal proceedings and medical appointments during this phase of treatment.
- *Less Restrictive Alternative (LRA)*: "Less restrictive alternative" means court ordered treatment in a setting that is less restrictive than total confinement and that is conducted in a setting approved by the CEO of ASH. LRA residents are conditionally released to begin community reintegration activities. Residents in LRA are monitored via Global Position System (GPS) satellite.
- *LRA Level 6 Resident*: Residents are ready for community living placement. Only the court can order a resident to Level 6 status. Once the court orders a resident into Community Based Living (LRA Level 6), the resident is expected to find suitable housing and employment and begin community reintegration under strict supervision by ACPTC.

Admission, Discharge, & Census Data for Treatment Programs

The table below includes the total admissions and discharges per program for ASH and ACPTC during fiscal year 2016.

Admissions and Discharges - FY 2016		
Type	Admissions	Discharges
Civil	40	29
Forensic (RTC)	10	13
Forensic (GEI)	13	17
Forensic (GEI-75)	8	6
Forensic (NGRI)	2	3
ACPTC (Pre-Trial)	10	3
ACPTC (Treatment)	3	1
ACPTC (LRA)	0	0

ASH collects census data by population to meet the maximum funded capacity. For fiscal year 2016, the funded capacity and allocation of ASH beds was as follows. The funded capacity of fiscal year 2015 was the same (260 beds).

Funded Hospital Capacity - FY 2016	
Type	Number
Total Hospital Beds	260
Forensic (Adult)	143 (58%)
Civil (Adult)	116 (42%)
Civil (Medical bed for Infection Control)	1

Funded ACPTC Capacity - FY 2016	
Type	Number
Total ACPTC Beds	100

The average daily census distribution for ASH and ACPTC for FY 2016 were as follows:

Average Daily Hospital Census and Distribution - FY 2016	
Type	Number
Civil	111
Forensic (RTC)	4
Forensic (GEI)	100
Forensic (GEI-75)	2
Forensic (NGRI)	12

Average Daily ACPTC Census and Distribution - FY 2016	
Type	Number
ACPTC (Pre-Trial)	8
ACPTC (Treatment – Full Confinement)	16
ACPTC (Least Restrictive Alternative)	75

Hospital-wide Operational & Environmental Improvements

ASH is continuously striving to create a safe and secure environment of care for the patients and staff alike, as well as providing more technology to assist staff in the delivery of care. The following are improvements for the past year:

- ASH has continued to enhance its Electronic Health Record (Electronic Health Record). Enhancements to the EHR over the past fiscal year have allowed ASH the opportunity to collect data and run automated reports. Such reports include medication utilization, which allows for effective monitoring of prescription narcotics. Enhancements to the EHR also include new assessments for Social Work and Nutrition Services, and improvements were made to many other screens to improve the user experience and reporting capabilities across the patient care continuum. In addition, users have logged the following statistics while using the EHR:
 - Unique Patients Served – 390

- Electronic Medication Administration Record (EMAR) Administrations – 1,500,287
 - New Orders Created – 54,082
 - Progress Notes Finalized – 167,980
 - Total Assessments Finalized – 35,145
 - Number of Time Vital Signs Taken – 92,008
 - Number of Appointments Scheduled (entered) – 9,768
- Patient Stand-Alone Computers (no internet access) were upgraded with current Microsoft products. Hardware for patients was also upgraded and new printers were provided for patient use.
 - Patient internet was introduced to the forensic patients on the Community Reintegration Unit, so patients can log on to the internet on patient computers with controlled internet access.
 - In order to provide redundancy and to ensure uninterrupted patient care, a Desktop PC was added to each nursing care area for continued documentation capability in the event of an interruption of the virtual network. Previously, only VDI terminals were in the nursing areas.
 - Wireless capabilities were expanded to the last area of the ASH campus.
 - The campus power plant received a new heat condenser system that will replace the existing dual boiler system that had reached their end of life. The project will produce hot water for ASH and the Department of Corrections heating needs in a more efficient and cost effective manner.
 - Phase III of the fire safety project was initiated, and efforts continue on improvements to the the hospital-wide fire and smoke detection and suppression system.
 - An upgrade of the Quality Management System (QMS) was implemented to enhance and streamline the electronic reporting of incident reports. These enhancements create efficiencies for staff who are documenting incidents and the Executive Risk Management Team, who review the reports daily for quality improvement opportunities.
 - Efforts to increase patient enrollments for Medicare eligible patients in Medicare Part D were initiated (the hospital is currently billing Medicare Part D for 24 patients, but working on enrollment for total of 80 patients).

Hospital-wide Condition of Existing Equipment

ASH continued to monitor the power plant equipment for performance and efficiency and outlined the needs in the capital equipment needs in the 2018 Capital Improvement Plan report. This report focuses on the equipment that is coming closer to end of life and will need attention in the near future:

- Power Plant Controls and pumps – the Central Power Plant continuously provides the hospital buildings with hydronic heating and cooling capabilities.
- Chiller replacements – the power plant is also in need of two replacement chillers to provide a reliable source of cooling capacity that will adequately meet demands during the summer months.
- Cooling Towers – the addition of two new cooling towers will assist the power plant and the cooling system in a more energy efficient process that will also provide ASH with additional cooling capacity in warmer temperatures.
- Repair/replace and calibrate all Direct Digital Control (DDC) controllers in the Civil Hospital. This is needed to capture true energy savings after central plant upgrade (many of these controllers are not supported by Control Engineering anymore).
- Upgrade external lighting system in parking lots, mall and yard areas.
- Upgrade or replace the HVAC system or control system at General Services. The current system is unable to control the space zone temperatures in the building that houses pharmacy and medical records.

Initiatives

In conjunction with other state agencies, ASH has been implementing the Arizona Management System (AMS) in accordance with the direction and guidance of the Governor’s Office. ASH and ADHS leadership have identified key issues with measurable goals for the Hospital, so ASH can effectively evaluate and provide a visual depiction of progress in meeting those goals. ASH has the following metrics that are reported on the ADHS scorecard:

ASH Metric	Corresponding ADHS Strategic Initiative	
Performance Metric Title	Promote and Support Public Health and Safety: Implement Strategies to Promote Nonviolent Behavior	Maximize Agency Effectiveness: Support State Hospital in Achieving Outcomes
Rate of Assaults per 1000 patient days		✓
Percent of Staff with Nonviolent Crisis Intervention (NVCI) Training	✓	
Percent of Items in Compliance During Performance Audits		✓

In addition to the ADHS scorecard, ASH has a separate scorecard to track the following metrics:

ASH Metric	Corresponding ADHS Strategic Initiative			
Performance Metric Title	Promote and Support Public Health and Safety: Implement Strategies to Promote Nonviolent Behavior	Maximize Agency Effectiveness: Support State Hospital in Achieving Outcomes	Make Focused Improvements in Public Health Infrastructure: Enhance Workforce Development	Maximize Agency Effectiveness: Implement Performance Measures
Rate of Assaults per 1000 Patient Days		✓		
Percent of Items in Compliance During Performance Audits		✓		
Rate of Seclusion & Restraint Events per 1000 patient days on the Civil Campus		✓		
Percent of Staff with NVCI Training	✓			
Number of Employees Leaving Job Within the First 6 Months of Employment			✓	
Medication Variances that result in an adverse outcome to the patient		✓		
Staffing that meets the Acuity Needs of the Patients		✓		
Percent of Staff with CPR Training		✓		

ASH Metric	Corresponding ADHS Strategic Initiative			
Performance Metric Title	Promote and Support Public Health and Safety: Implement Strategies to Promote Nonviolent Behavior	Maximize Agency Effectiveness: Support State Hospital in Achieving Outcomes	Make Focused Improvements in Public Health Infrastructure: Enhance Workforce Development	Maximize Agency Effectiveness: Implement Performance Measures
Number of Patient Complaints		✓		
Number of Clinical Service Hours		✓		
# of Agency FTE Count			✓	
% of Arizona Management System Adoption (metric is pending)				✓
# of Regrettable Attrition			✓	
# of Breakthroughs Achieved				✓

ASH is continuing to implement AMS and anticipates enhancements to already developed metrics through FY2017.

Promoting Quality Care

In concert with the implementation of the Arizona Management System (AMS), ASH continues to focus on quality care for patients and residents of ACPTC. Activities include the continuous review and evaluation of performance indicators, key metrics on the ADHS and ASH scorecards, and presenting data/information to staff at ASH and ACPTC. ASH and ACPTC continue to refine major processes with a focus on Recovery based treatment:

- *Further revising the roles and responsibilities of security staff at ASH and ACTPTC.* “Campus Support and Safety” has been renamed “Hospital Security” to focus on ensuring a safe environment for staff, patients and visitors alike. Hospital security provides additional support to unit staff by conducting rounds through the units and being present on the units when staff are addressing escalating situations that could lead to a behavioral crisis.

- *Continuing to Improve the Patient and Family Experience* by continuing to support processes that include patient voice, choice and self-advocacy, and promoting healing and trusting relationships. Family members provide feedback on services and are provided with education on specific topics related to mental health. Patients are members of certain ASH committees including the Human Rights Committee (HRC). Patient forums are also held at the Forensic Hospital, Civil Hospital and ACPTC on a quarterly basis. The forums are utilized to hear patient concerns, address progress in addressing patient concerns, and to provide a venue for direct dialogue between patients and hospital administration/leadership.
- *Addressing assaultive behavior* by reviewing incidents, evaluating data trends, and involving staff at all levels in creating solutions to identified issues. A number of activities have been implemented as part of these efforts, such as the following:
 - **Clinical Intervention:** The treatment team meets daily to review behavioral, environmental, and pharmacological interventions, including behavior plans, medication adjustments, rehabilitation events, staffing assignments, and other clinical wrap around services. The goal is to decrease the patient's symptoms and increase their positive affect.
 - **Behavioral Plan:** For individuals that exhibit repetitive self-harming and assaultive behaviors, an individual behavioral plan may be implemented by the clinical team to decrease the patient's maladaptive behaviors and to increase adaptive behaviors.
 - **Nursing Care Plan (NCP):** The NCP format gives prompts for inclusion of triggers, comfort measures, de-escalation measures and prevention measures. Psychiatric Nurse Unit Manager's and the Mental Health Program Specialist staff have addressed the care plan process, implementation of the process, and control of the milieu resulting in a mutual respect for all team members and their skill/knowledge related to the individual patient and the group dynamics.
 - **Refined NVCI Training:** Training and Education has revised the NVCI training with more emphasis on prevention techniques. Staff have refined the 8 hour training to emphasize prevention and safety first and physical intervention last. Annual training hours were reduced.
 - **Review of Standard Work:** Incident report reviews are completed by the Performance Improvement team for all events involving a code gray, a seclusion or restraint, or an assault. These reviews occur on the day of event, or the next business day post event. During these reviews, the following items are examined: root cause analysis of the situation, method of de-escalation, outcome of the situation, and whether staff followed their standard work (Non-Violent Crisis Intervention Policy). Information from the reviews are provided to the clinical team to use during clinical case conferences. If the review finds that the employee did not follow their standard work, the employee is provided additional training, and as necessary, referred to HR.
 - **Increased staffing for acuity:** An assaultive individual may be put on one to one supervision (COS) to ensure safety. The Nursing Care Plan ensures that nursing interventions are readily accessible and easily understood. All patients on COS

or who have tendencies to be assaultive to others should have specific interventions addressed on the Nursing Care Plan. Interventions and patient's response are documented.

- **Increasing staff for security:** Security staffing's goal is to fill all 85 approved FTEs.
- **Policy and procedure review:** The administration will continue to look at policies and procedures to see if revisions are necessary.
- **Supportive Milieu Interventions:** The Department of Psychology has been tasked with the responsibility to complete surveys of the individual milieus in which the outlying patients reside to determine what social factors could be contributing to the assaultive behaviors of these patients. As findings arise, the Psychology team is working with unit based teams to create interventions to decrease or mitigate the precipitating factor.
- **Adjustments to Action Plan:** The Executive Management Team (EMT) discusses individual cases and aggregate data each week during the EMT meeting in order to discuss any changes to the plan that need to be implemented.

Commitment to Quality Care

Quality care must be sustained on an ongoing basis. Quality requires analyzing what works and what could be done better on a daily basis. It also requires identifying areas for improvement. The Quality Management department presents data to committees and leadership for discussion of findings and program improvement.

ASH collects data on a monthly basis for seclusion, restraint, "Code Gray," assaults, self-harm and falls. The data is used to measure progress and identify quality improvement activities. ASH also compares its data with other *Western Psychiatric State Hospitals* (WPSHA). Below is the fiscal year 2016 summary data for the Civil and Forensic hospitals:

Civil Summary - FY16								
Mon	Seclusion	Mechanical Restraint	Physical Holds	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed
Jul	4	28	41	41	12	16	23	3
Aug	11	29	80	80	19	24	51	6
Sep	10	43	63	63	14	16	36	1
Oct	7	25	65	65	14	26	53	3
Nov	4	26	22	22	4	7	17	1
Dec	4	21	38	38	12	11	19	4
Jan	9	21	47	46	14	15	24	4
Feb	6	13	28	44	9	11	15	2
Mar	8	16	44	46	25	22	43	6
Apr	16	25	47	51	19	28	45	3
May	12	9	37	58	29	33	28	9
Jun	3	9	27	47	19	16	33	1
Total	94	265	539	601	190	225	387	43

Forensic Summary - FY16								
Mon	Seclusion	Mechanical Restraint	Physical Holds	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed
Jul	0	1	2	2	1	1	1	2
Aug	2	0	2	7	2	4	3	3
Sep	1	5	5	8	0	3	5	1
Oct	1	1	6	7	2	7	4	3
Nov	3	0	1	1	2	2	2	1
Dec	4	0	6	4	2	1	2	3
Jan	1	0	1	1	0	2	1	2
Feb	1	0	0	4	3	3	0	1
Mar	7	3	4	10	2	3	0	3
Apr	1	1	1	3	2	3	1	4
May	0	0	0	4	0	0	0	3
Jun	0	0	0	5	3	1	3	0
Total	21	11	28	56	19	30	22	26

Seclusion:

- There were a total of 115 seclusion episodes with a total of 178 hours and 41 minutes.
- For the Civil Hospital, there were 25 unique patients with a seclusion episode equating to 21.7% of the patients secluded.
- For the Forensic Hospital, there were 7 unique patients with a seclusion episode equating to 6.0% of the patients secluded.

Restraint:

- There were a total of 827 restraint episodes, 551 physical holds and 276 mechanical restraints. This resulted in a total of 900 hours and 48 minutes for ASH; 879 hours and 51 minutes for Civil and 20 hours and 57 minutes for Forensic.
- For the Civil Hospital, there were 83 unique patients with a restraint episode.
 - Physical Hold Restraint: 52 unique patients, 62.7%
 - Mechanical Restraint: 31 unique patients, 37.3%
Physical and Mechanical Restraints combined had a total of 83 unique patients, which means that each unique patient accounted for under the Mechanical Restraints was also accounted for under the Physical Restraints.
- For the Forensic Hospital, there were 10 unique patients with a restraint episode .
 - Physical Hold Restraint: 7 unique patients, 70%
 - Mechanical Restraint 3 unique patients, 30%
- Physical Hold and Mechanical Restraints combined had a total of 10 unique patients, which means that each unique patient accounted for under the Mechanical Restraints was also accounted for under the Physical Hold Restraint analysis.

Regarding comparison to the WPSHA partners, ASH's seclusion rate fared as follows:

Per 1000 patient days, ASH has the 3rd lowest rate of the WPSHA hospitals with 24 hospitals participating. Regarding comparison to the WPSHA partners, ASH's restraint rate fared as follows: Per 1000 patient days, ASH has the 11th lowest rate of the WPSHA hospitals with 24 hospitals participating.

Assault:

- There were a total of 464 assaults, 209 Patient on Patient assaults and 255 Patient on Staff Assaults.
- For the Civil Hospital, there were 58 unique patients that committed 415 assaults. Of the 415 assaults, 66 required first aid or medical treatment and 349 resulted in no injury or required treatment.
 - Patient on Patient Assaults: 40 unique patients, 69%
 - Patient on Staff Assaults: 18 unique patients, 31%
- For the Forensic Hospital, there were 15 unique patients that committed 49 assaults. Of the 49 assaults, 12 required first aid or medical treatment and 37 resulted in no injury or required treatment.
 - Patient on Patient Assaults: 11 unique patients, 73%
 - Patient on Staff Assaults: 4 unique patients, 27%

Regarding comparison to the WPSHA partners, ASH's assault rate fared as follows:

Per 1000 patient days, ASH has the 17th lowest rate of the WPSHA hospitals with 24 hospitals participating.

Self-Harm:

- There were a total of 409 Self-Harm incidents. Of the 409 Self-Harm incidents, 106 required first aid or medical treatment and 303 resulted in no injury or required treatment.
 - Civil Hospital: 387 Patient Self-Harm Incidents, 95%
 - Forensic Hospital: 22 Patient Self-Harm Incidents, 5%

ASH is not able to compare rates of self-harm with other participating WPSHA hospitals, as this data is not collected for all WPSHA hospitals and reported in a similar manner as the other data categories.

Falls Unwitnessed:

- There were a total of 69 incidents of patient falls. Of the 69 patient fall incidents, 15 required first aid or medical treatment and 54 resulted in no injury or required treatment.
 - Civil Hospital: 43 incidents of patient falls, 62%
 - Forensic Hospital: 26 incidents of patient falls, 38%

Regarding comparison to the WPSHA partners, ASH's falls rate fared as follows:

Per 1000 patient days, ASH has the 10th lowest rate of the WPSHA hospitals with 24 hospitals participating.

Below is the fiscal year 2016 summary data for ACPTC, including seclusion, restraint, “Code Gray,” assaults, self-harm and falls:

ACPTC Summary - FY16								
Mon	Seclusion	Mechanical Restraint	Physical Holds	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed
Jul	0	0	7	14	7	2	2	1
Aug	0	0	3	13	2	0	0	0
Sep	0	0	1	3	2	0	0	0
Oct	0	0	1	4	3	1	0	3
Nov	0	0	7	5	1	3	1	2
Dec	0	0	1	2	2	1	2	3
Jan	0	0	2	4	4	1	0	4
Feb	0	0	2	8	8	4	1	11
Mar	0	0	1	6	7	0	2	3
Apr	0	0	0	5	4	0	2	3
May	0	0	5	8	7	1	0	3
Jun	0	0	1	6	4	0	0	1
Total	0	0	31	78	51	13	10	34

Hospital and ACPTC Budgets – Fiscal Year 2016 Financial Summary

Funding Sources (Appropriated and Non-appropriated)

General Fund	\$59,643,803
Arizona State Hospital Fund	\$9,575,300
Arizona State Hospital Land Fund	\$650,000
IGA/ISA Fund	\$902,248
Donations Fund	\$170,000
Total Funding	<u>\$70,941,351</u>

Expenditures

Personal Services and Related Benefits	\$47,930,592
Professional and Outside Services	\$12,096,891
In-State Travel	\$96,193
Out-of-State Travel	\$4,620
Other Operating	\$9,563,128
Capital Equipment	\$119,206
Non-Capital Equipment	\$132,851
Total Expenditures	<u>\$69,943,481</u>

Collections

Patient Care Collections to General Fund	\$1,033,844
Patient Care Collections to the Arizona State Hospital Fund - RTC	\$906,661
Patient Care Collections to the Arizona State Hospital Fund – Title XIX	\$1,325,991
Patient Care Collections to the Arizona State Hospital Fund–ACPTC	\$3,252,500
Non-Patient Care Collections to General Fund	\$3,499
Total Collections	<u>\$6,522,495</u>

Daily Costs by Treatment Program

ASH	Specialty Rehabilitation	\$926
	Psychosocial Rehabilitation	\$767
	Forensic – Restoration to Competency	\$743
	Forensic Rehabilitation	\$784
	Average	\$805

Rates became effective 01/01/2016

ACPTC	Less Restrictive Alternative (LRA) Levels 1-5	\$284
	LRA 6	\$369
	LRA 6 Community	\$206
	Pre-Trial	\$291
	Treatment	\$291
	Medical Unit/Hospitalization	\$388

Rates became effective 07/01/2016