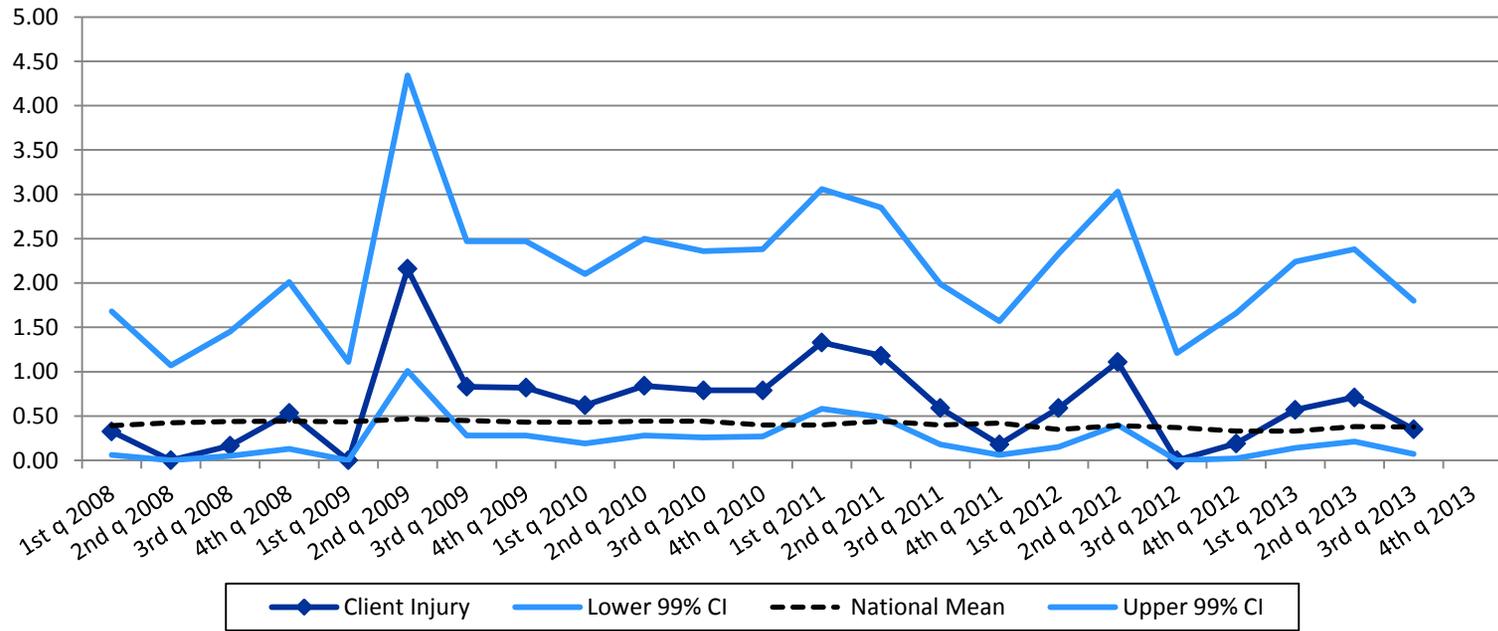
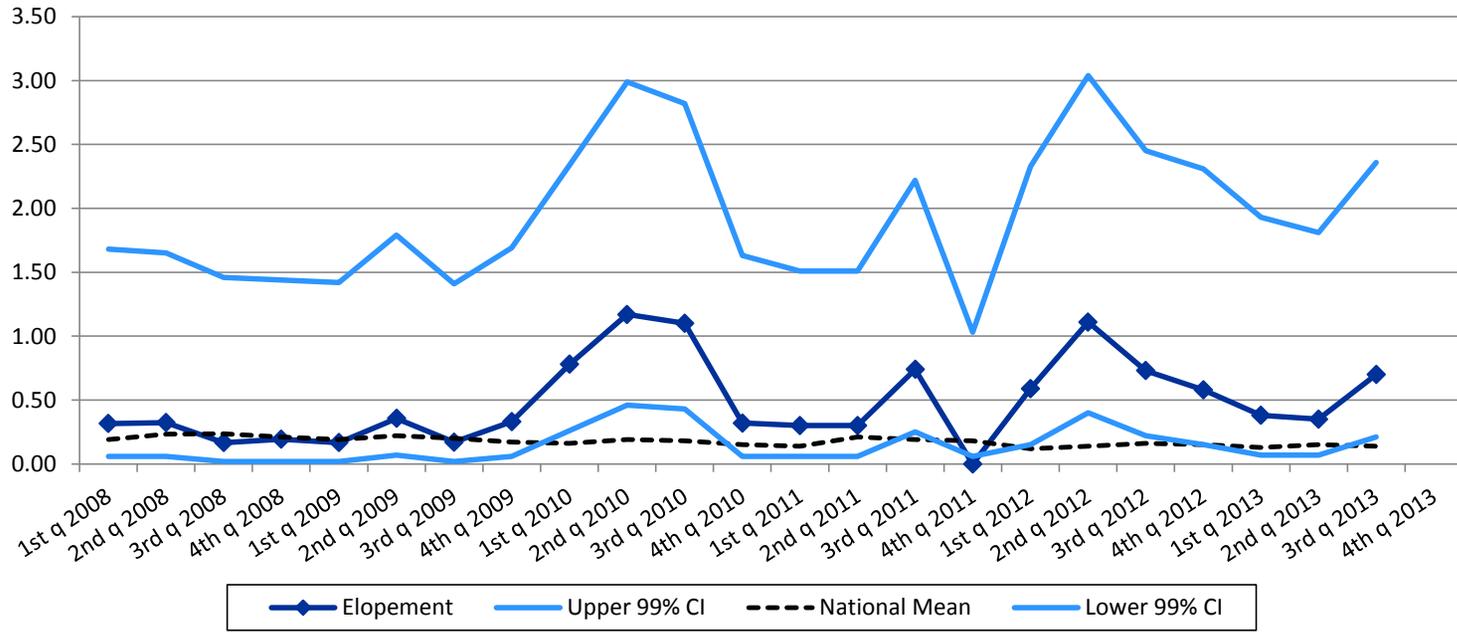


## Client Injury Rate / 1000 Inpatient days



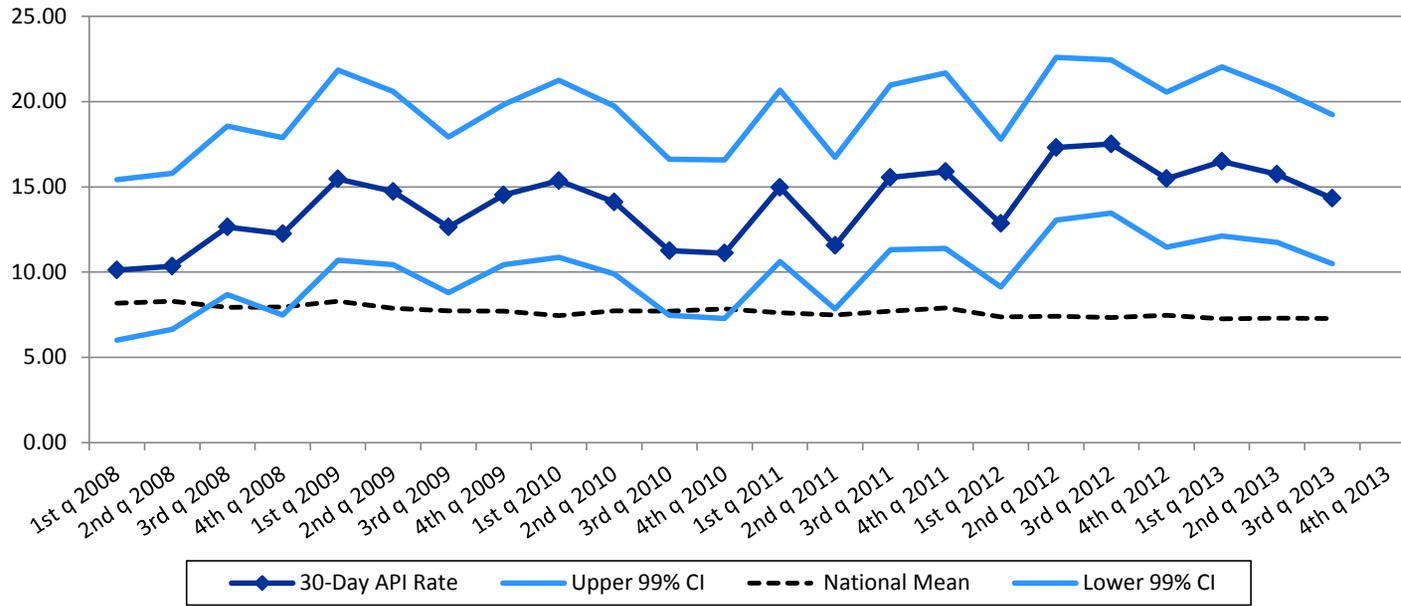
The upsurge for the second quarter of 2009 is the result of a confluence of multiple patient issues including; patient seizures, patient falls, and peer to peer assaults. The sustained rise above the national mean from the second quarter 2009 through the second quarter 2011 is significant. API initiated efforts to evaluate our care environment, utilization of program and staff training to identify effective ways to mitigate the trend, and the results of these efforts are borne out with the decrease in the client injury rate between the third quarter of 2011 and the first quarter of 2012, and again between the third quarter of 2012 through the second quarter of 2013.

## Elopement Rate



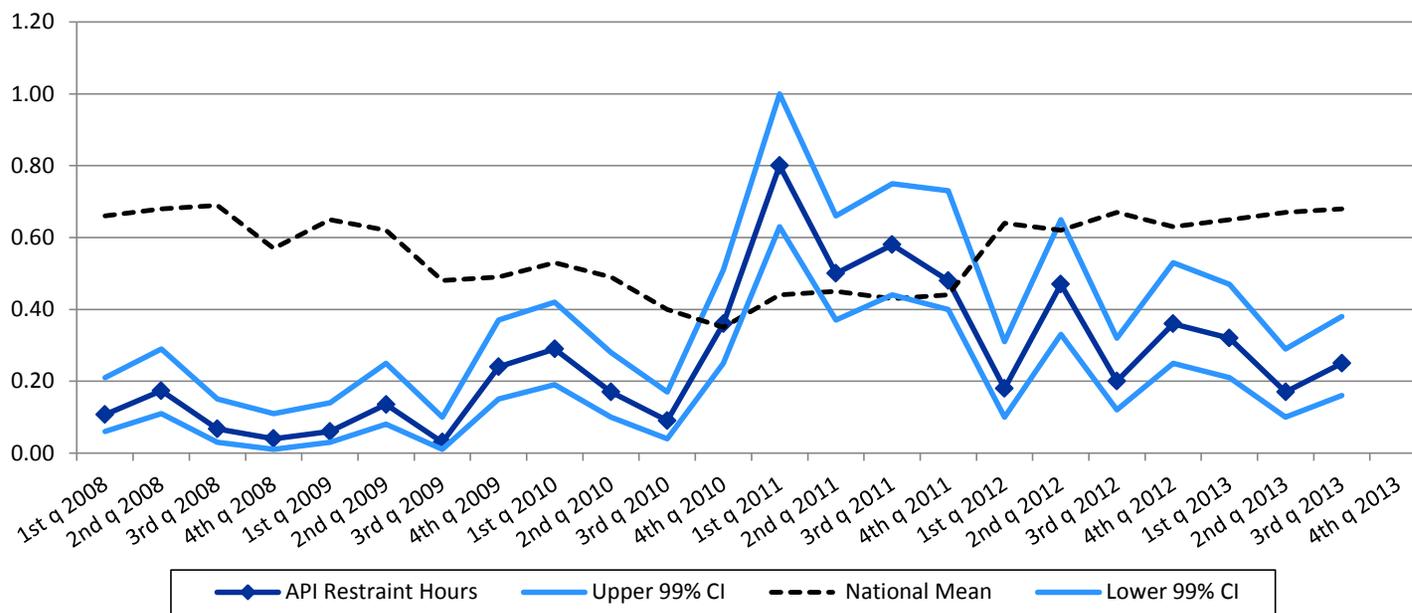
Increasing emphasis is being placed on recovery and patient centered treatment which necessitates allowing patients more independence. Given this shift in treatment paradigm, the recent increase in elopements is not a surprising development. During the first and second quarters of 2012, the rate of patients eloping while on pass to an ALF increased markedly due to two patients unwilling to follow treatment plans. API is currently working to improve the discharge planning process and community provider engagement to improve client outcomes at the point in their care when we are most likely to see elopement.

### 30-Day Readmission Rate (Discharge Cohort)



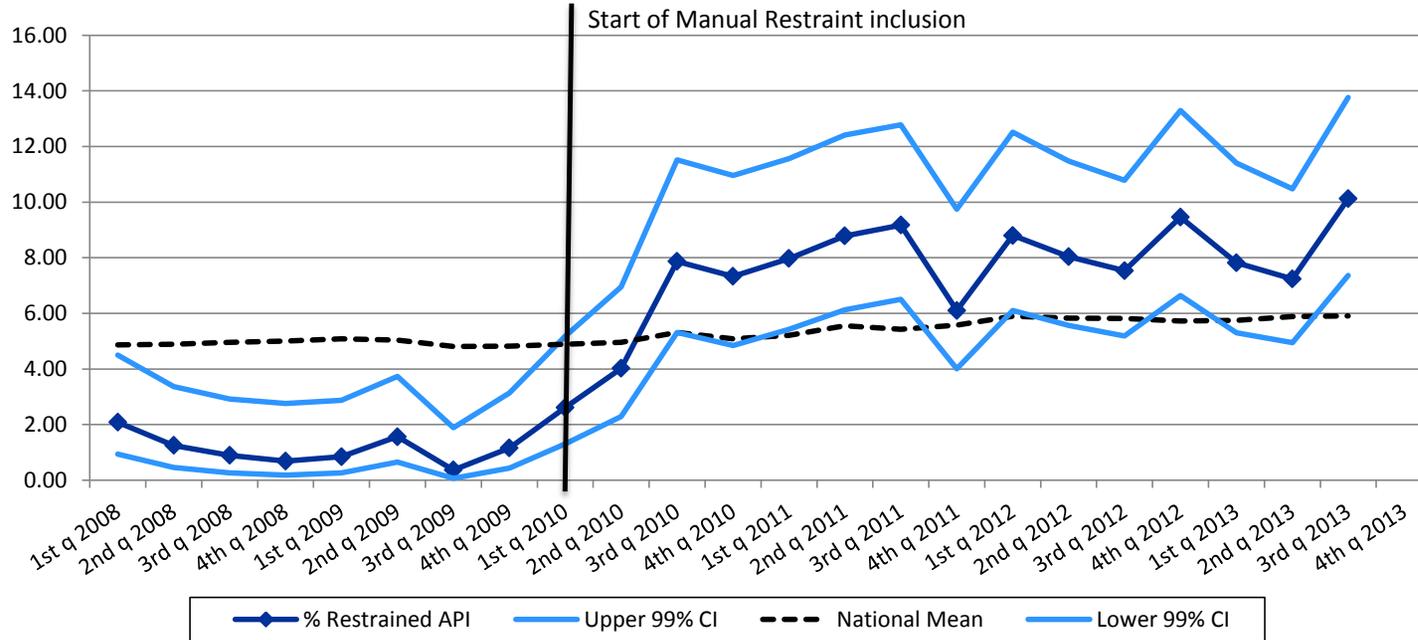
The 30-Day re-admission rate at API has been consistently above the National Mean over the last 5 years. The difference between the 30-day re-admission rate at API and the National mean is statistically significant at each point where the lower 99% confidence interval is above the (black dashed) National Mean line. API is working to improve outcomes through evaluation of its discharge process, collaboration with DBH and community providers in the goal of improving client outcomes post discharge.

### Restraint Hours

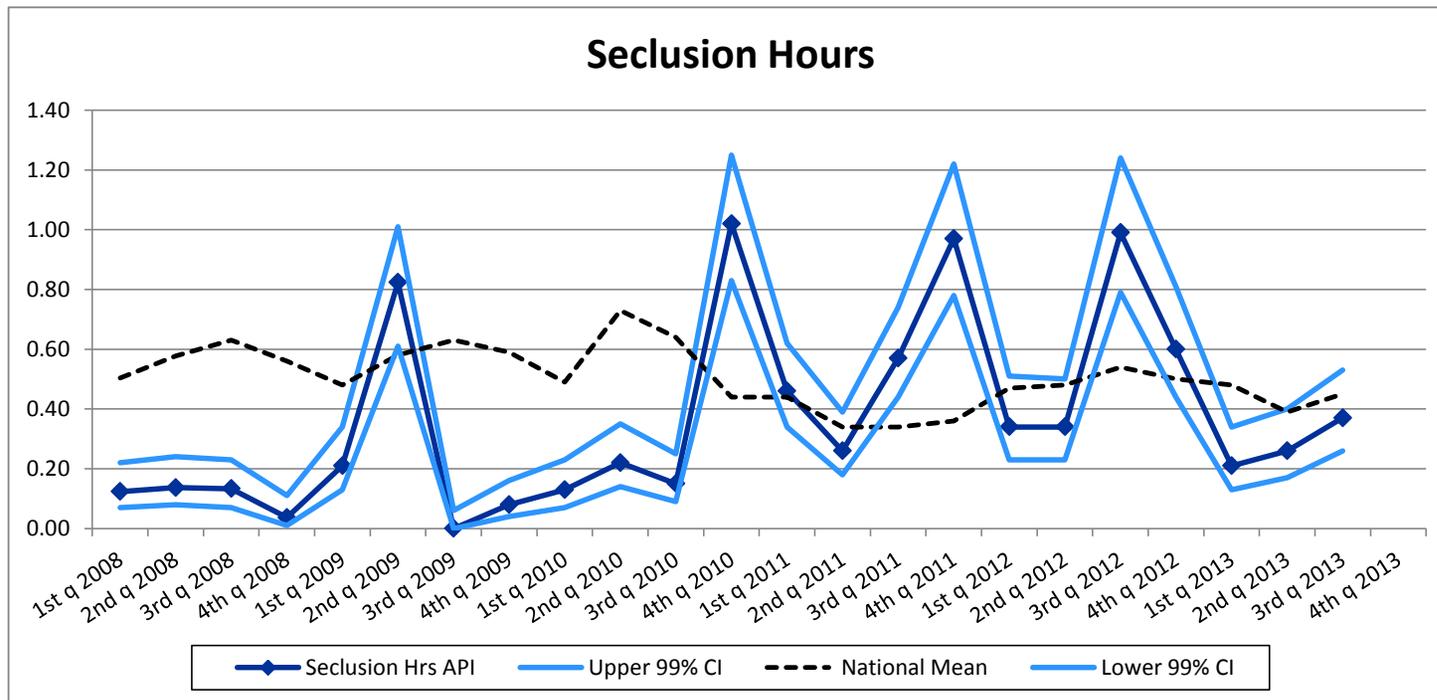


API has traditionally maintained restraint hours per 1000 inpatient hours well below the national mean for this measure. Over the last seven quarters API has seen a marked decrease in restraint hours. API continues to monitor this important indicator as part of its commitment to providing the best possible care for our clients.

## Percent Restrained

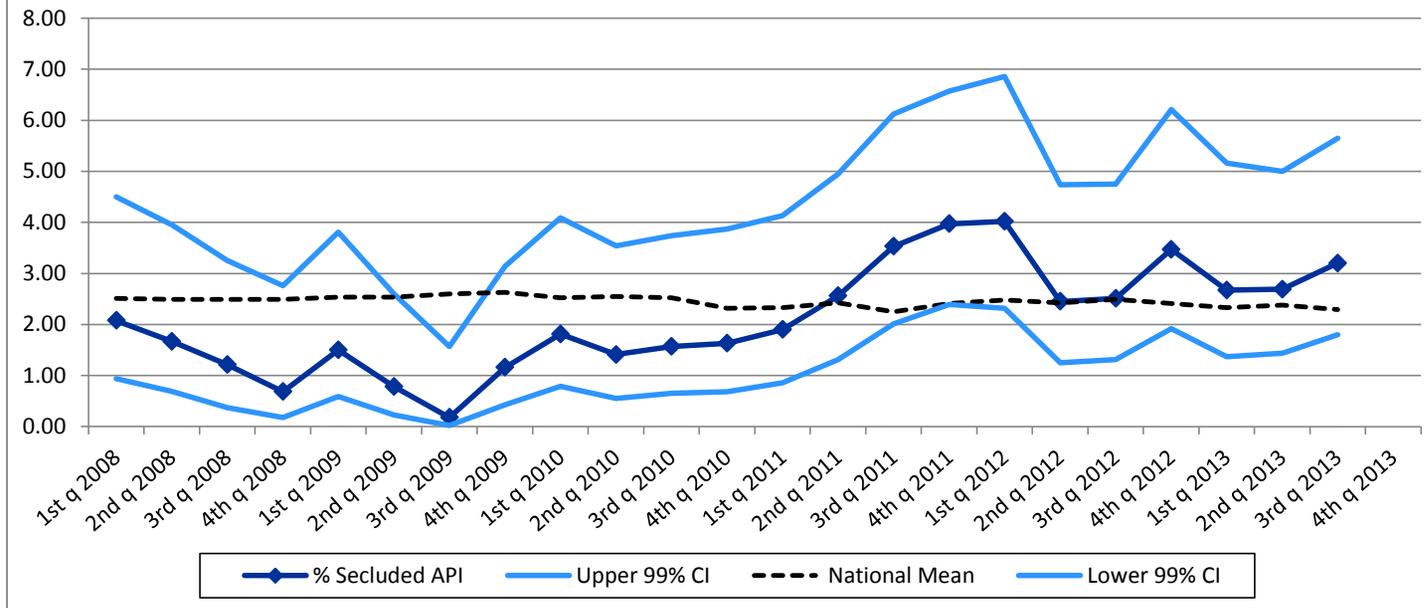


The percentage of patients restrained at API remained consistently well below the national mean between the first quarter of 2004 and the fourth quarter of 2009. Beginning with the first quarter of 2010, the measure also includes the patients that are manually restrained for five minutes or less. The percent of patients restrained will reflect this change in how the measure is calculated. API is committed to reducing the percent of patients restrained through staff training.



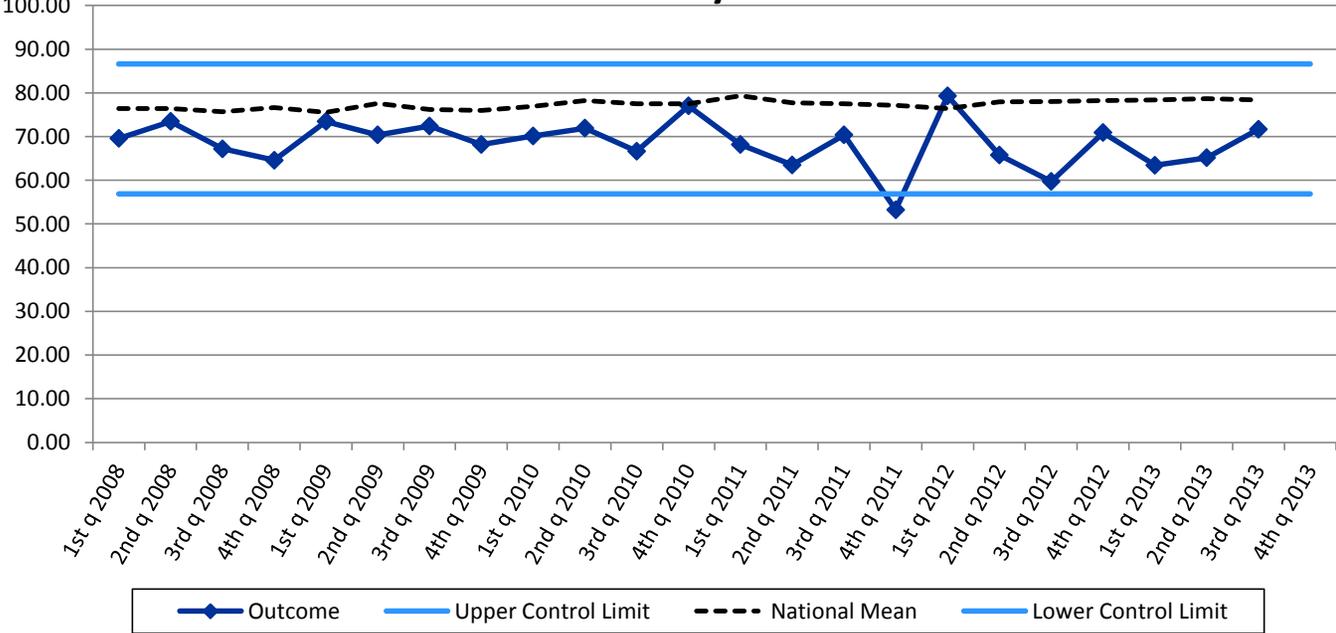
The total number of seclusion hours per 1000 inpatient hours at API has moved from consistently below the national mean with occasional outliers to a less stable pattern over the last eight quarters. API has adopted this as a quality measure and identified initiatives designed to decrease the volatility of the measure and decrease use of seclusion by 20% in the current fiscal year.

## Percent Secluded



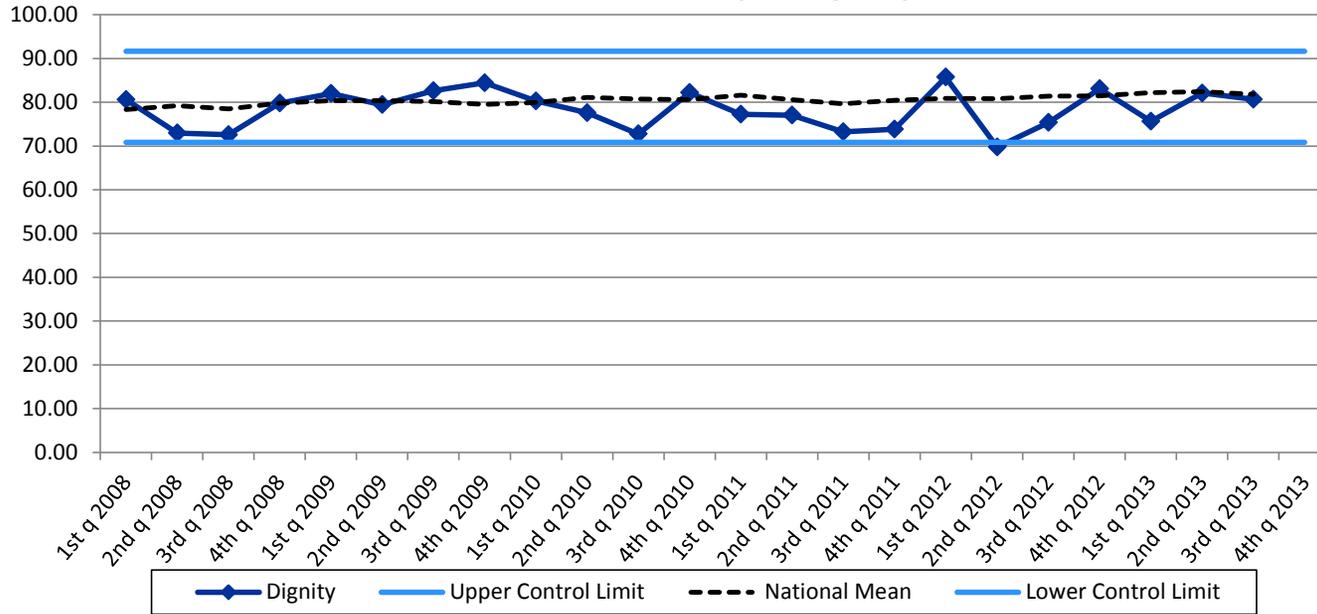
As identified in the percent secluded measure; API has identified objectives to improve treatment programming, client engagement, and other best practice measures to work toward a reduction in restraint and seclusion use in the hospital.

### Patient Survey - Outcome



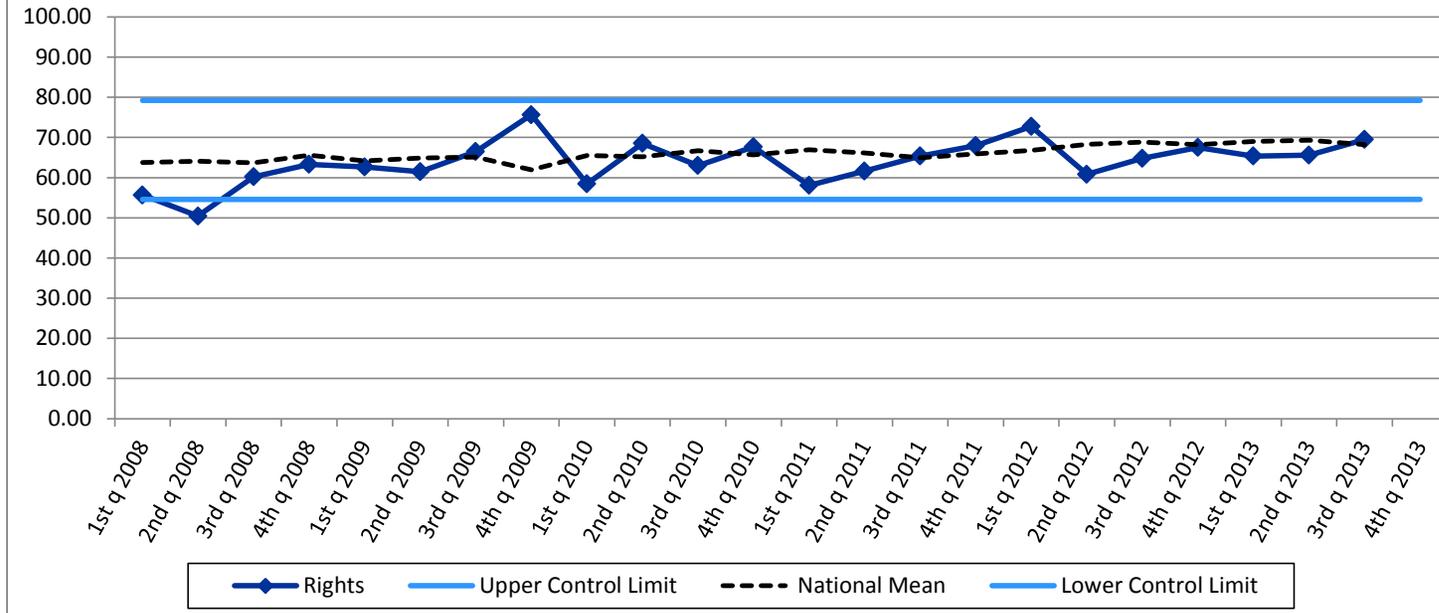
Outcome questions on the patient survey measure how the patient feels about their ability to deal with crises, if their symptoms have improved, dealing more effectively with daily problems and doing better in social situations.

### Patient Survey - Dignity



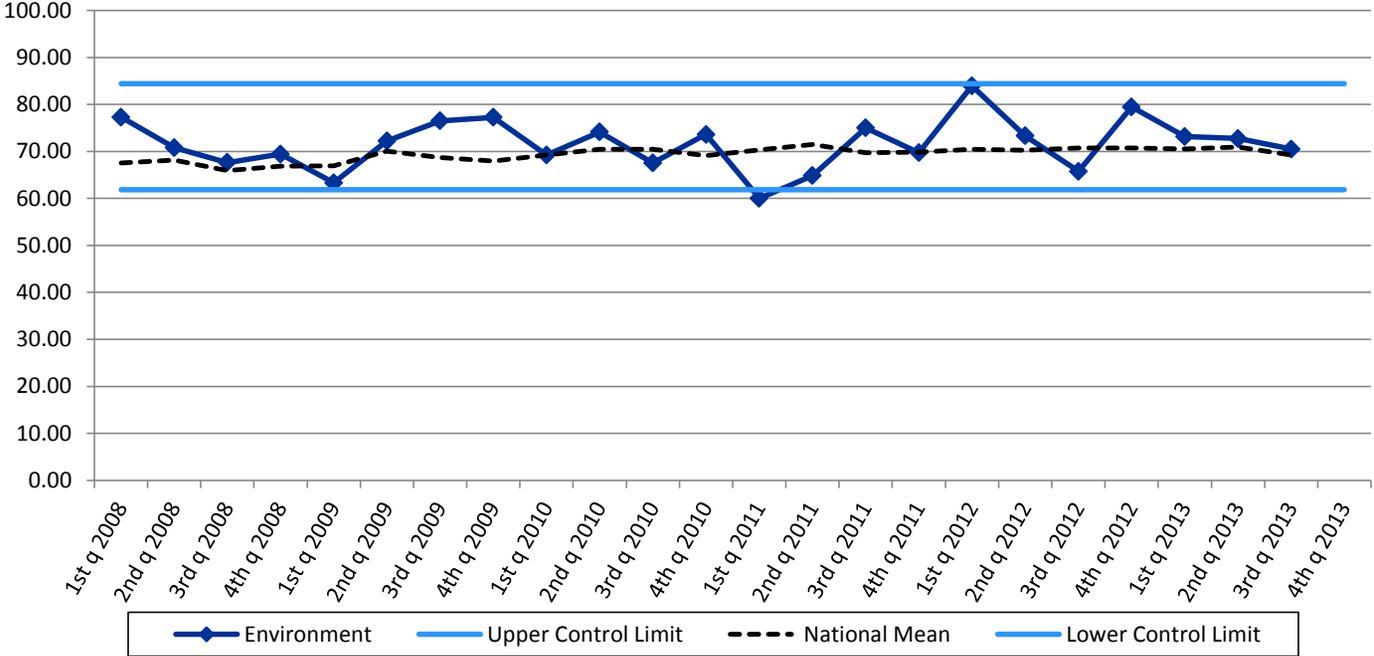
This measure reflects the percentage of patients interviewed upon discharge that agree or strongly agree with four statements regarding the dignity and respect with which they were treated during their stay at API. Of the five areas included in the survey, dignity is the domain with the highest scores. This measure is tracked in comparison with the weighted national mean. However, the goal in this area is to consistently maintain high scores. Hospital leadership will continue to monitor this measure for trend changes below national mean results.

## Patient Survey - Rights



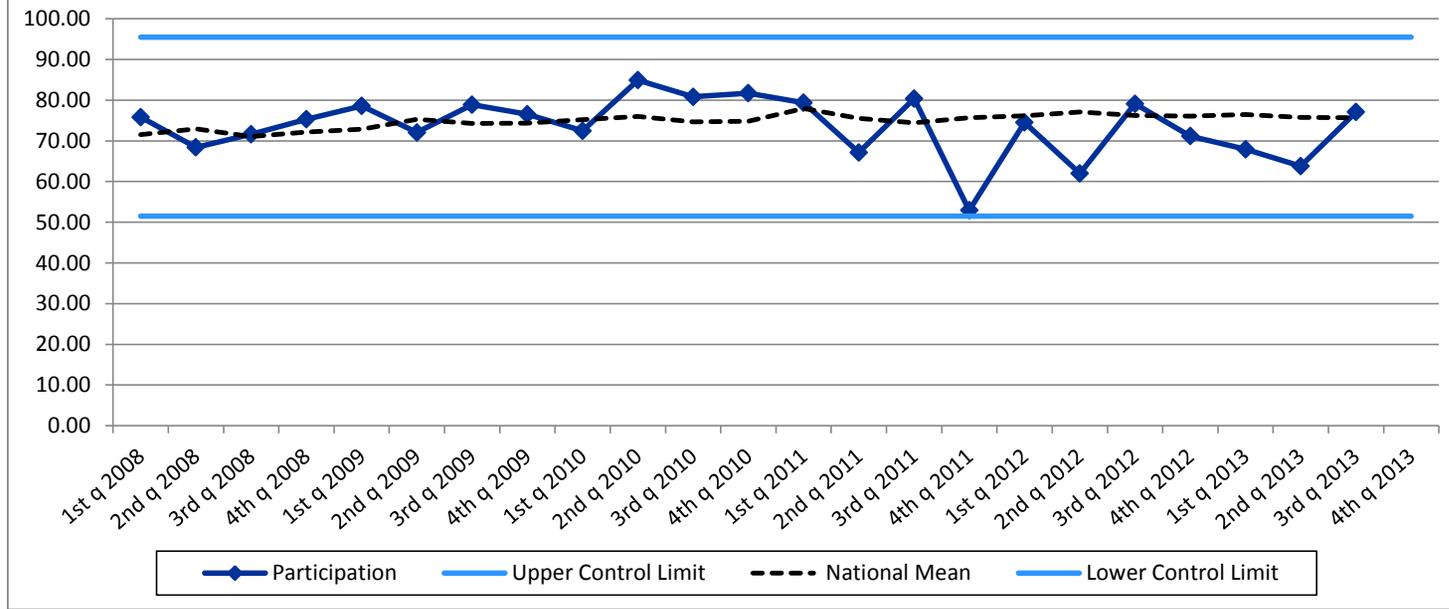
The 'Rights' domain of the inpatient survey results show a higher monthly and quarterly variability than the other four areas. Contributing factors to this increased variation are the high percentage of missing or illegible responses in this category and fewer questions within the overall domain.

### Patient Survey - Environment



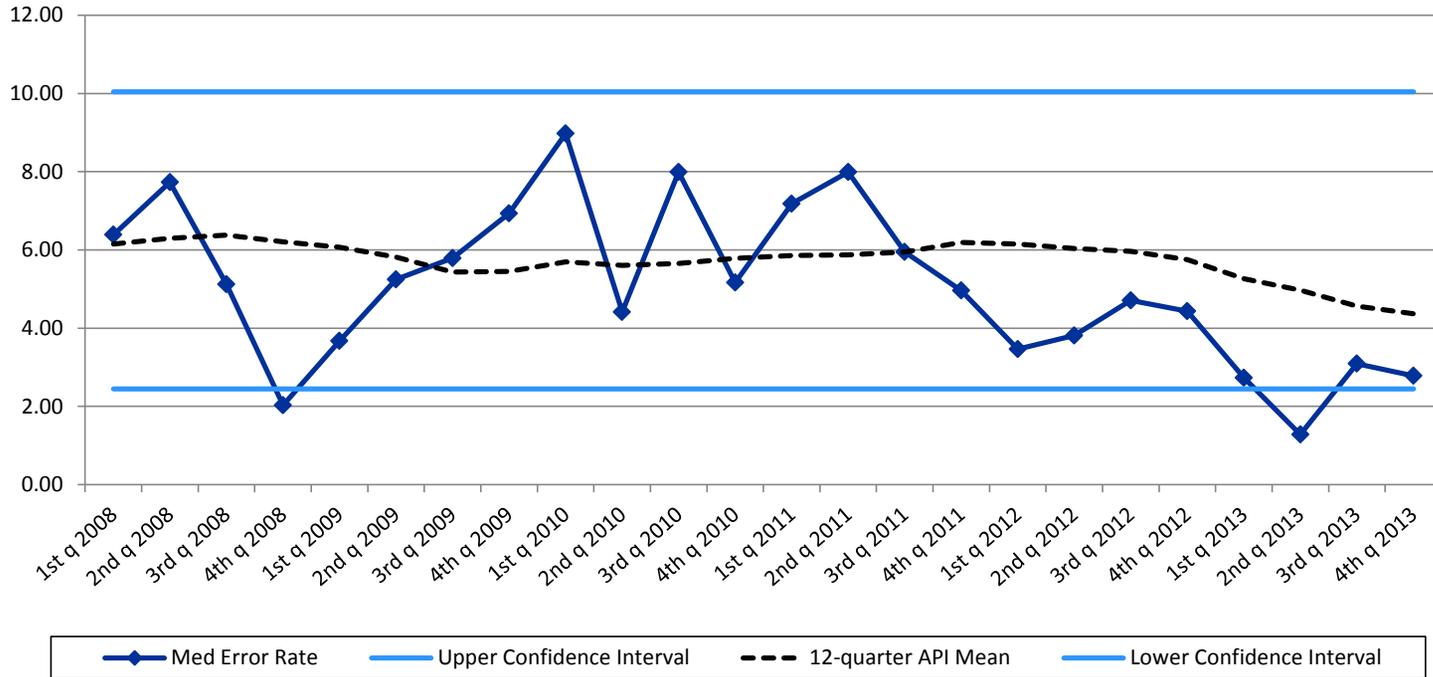
The Environment domain of the MHSIP survey focuses on the atmosphere at the hospital as an influence on recovery, privacy, safety and cleanliness. Environment is the one that API consistently scores higher than the National mean. API's goal in this area is to maintain high scores.

### Patient Survey - Participation



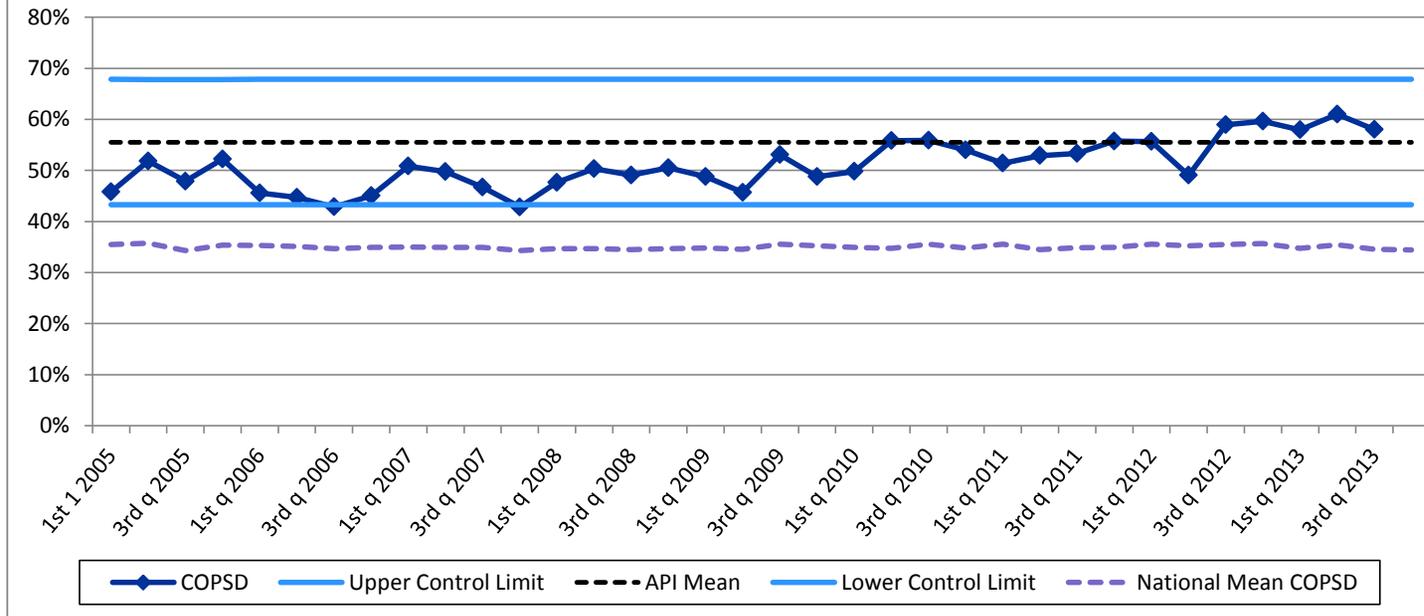
This measure reflects the percentage of patients interviewed upon discharge that agree or strongly agree with three statements about participation in treatment during the hospital stay as well as discharge planning.

## Medication Error Rate



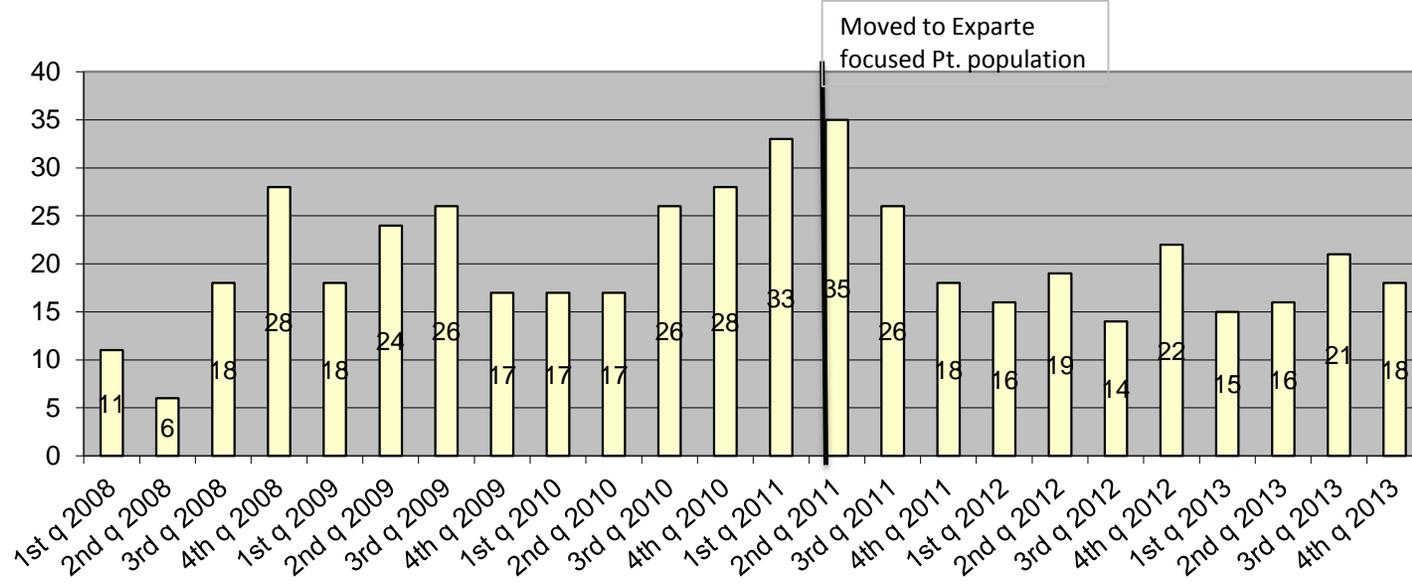
Medication Error Rates at API dropped substantially in the most recent quarter. This is very likely due to the implementation of the use of bar code scanners during medication administration which make giving the wrong medication much more difficult.

## Rate of COPSD (Co-Occurring Psychiatric & Substance Use Disorders)



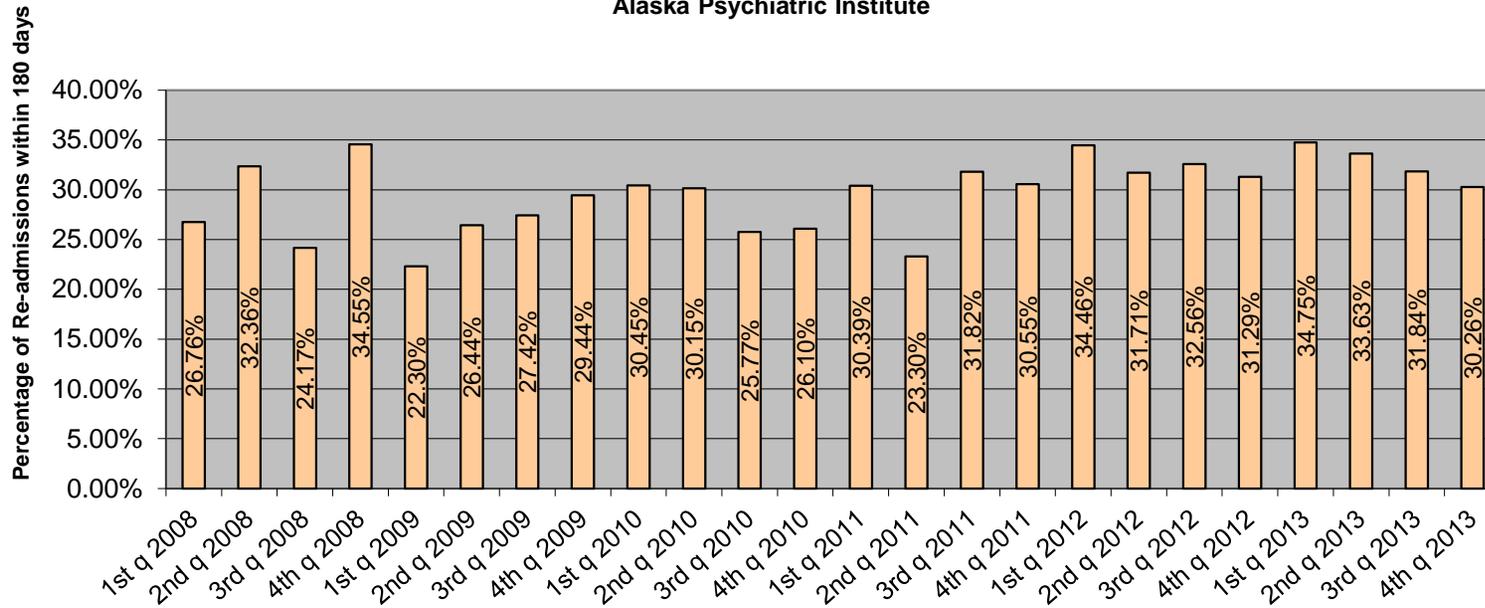
The COPSD rate is the percentage of patients admitted to API with a substance use diagnosis in addition to a psychiatric diagnosis. The national mean is not part of this chart as it is no longer available as a benchmark. The mean here, is the average of the percentage of patients with COPSD each month from January 2005 through June 2013. The patient population remains fairly consistent, and thus there is low variability around the mean. While there is no expectation for this rate to decrease in the future, API continues to use this measure as a reminder that a significant proportion of patients here have co-occurring disorders.

### Quarterly Trend of Court Approved Medications Alaska Psychiatric Institute



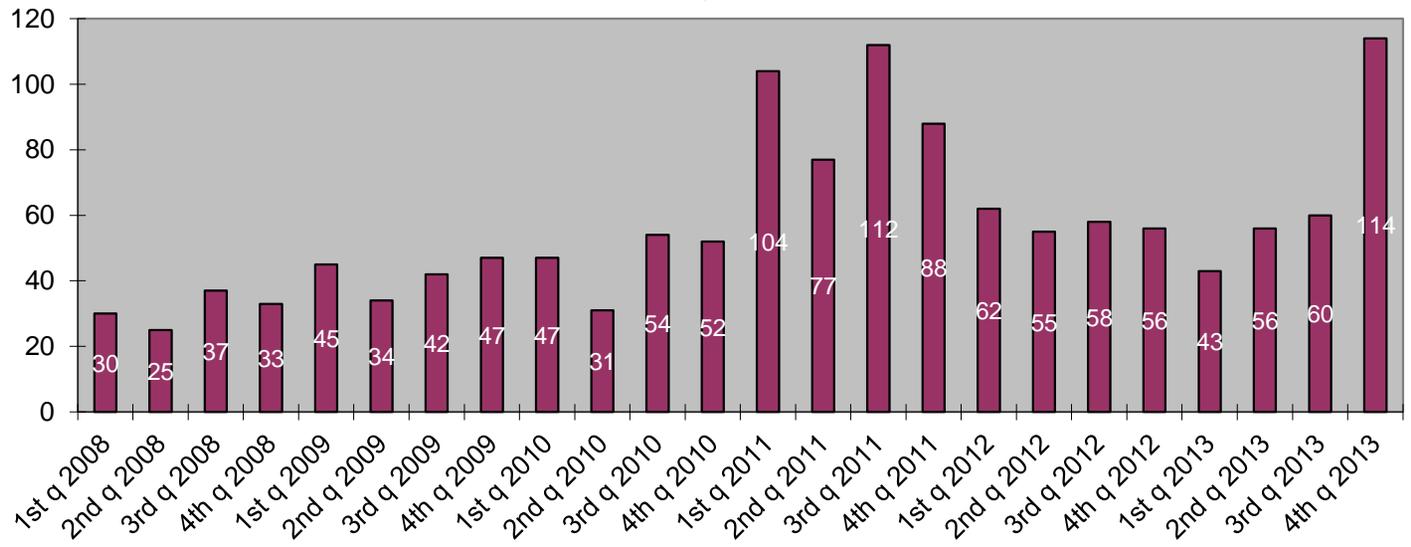
Many factors effect the quarter by quarter variations in court ordered medications, including but not limited to: severity of acute illness, effects of census on individual patients, and type of illness. There has been a noticeable decline in the number of court approved medications since the 3rd quarter of 2011.

**180 Day (Adult) Re-admits by Quarter 2008 - 2013**  
Alaska Psychiatric Institute



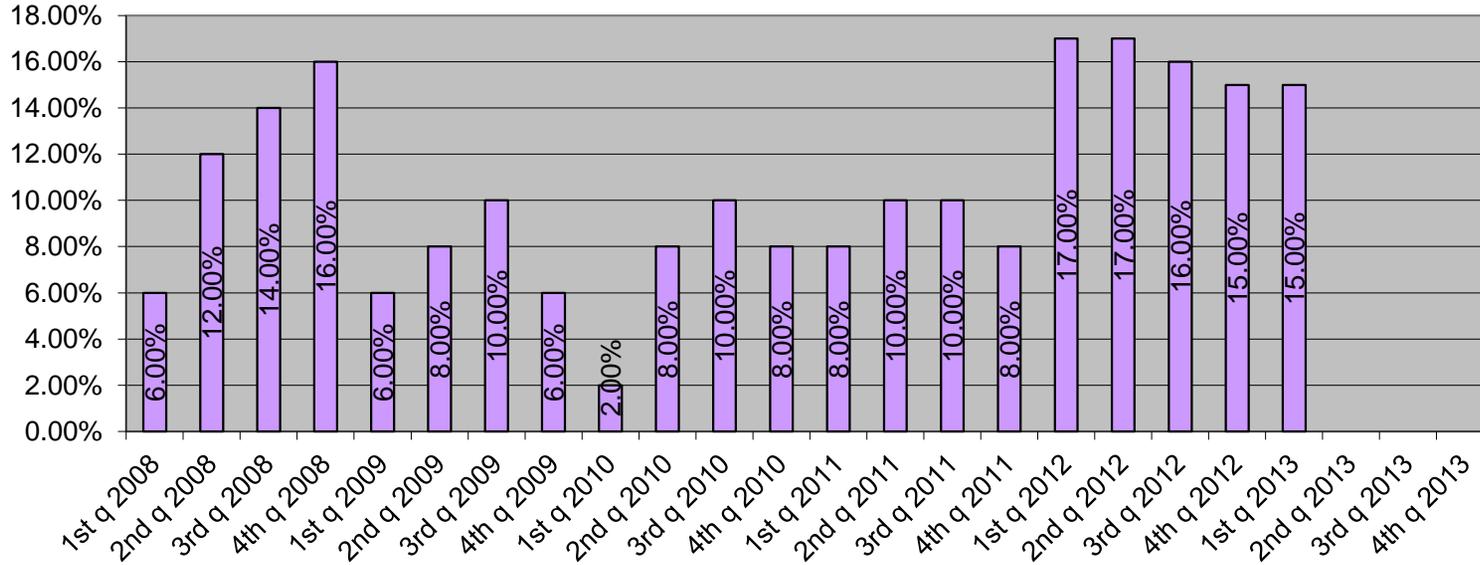
The rate of 180 Day readmissions over the past five years as depicted in this graph, shows that API is very consistently re-admitting about one third of all discharges within six months. API is working to improve admission processes which include improved evaluation of what is not working for patients that return within 180 days. The hospital is working to use identified problems to further improve the system of care.

**Total Number of Patient Assault Events Toward Staff or Other Patients  
by Calendar Year Quarter 2008 - 2013  
Alaska Psychiatric Institute**



API's efforts to improve this measure include improvements to treatment programming, patient engagement, and adoption of other mental health care best practices that show evidence of effectiveness in the acute care setting. There appears to have been some improvement in this measure over the last year, and API will continue to monitor this progress.

### Nursing Vacancy Rate Alaska Psychiatric Institute



The nursing vacancy rate is cyclical by nature. Among the factors that add to the variability for this measure are attrition, retirement, and extended leave of absences. The extent of a long-term cycle remains to be seen.