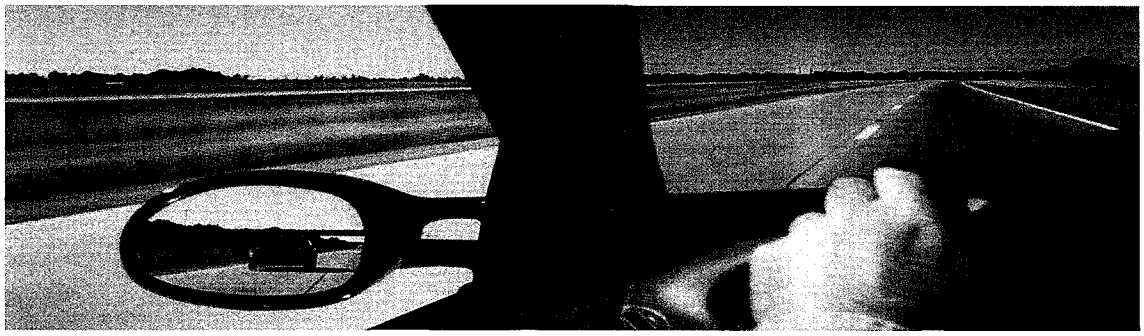
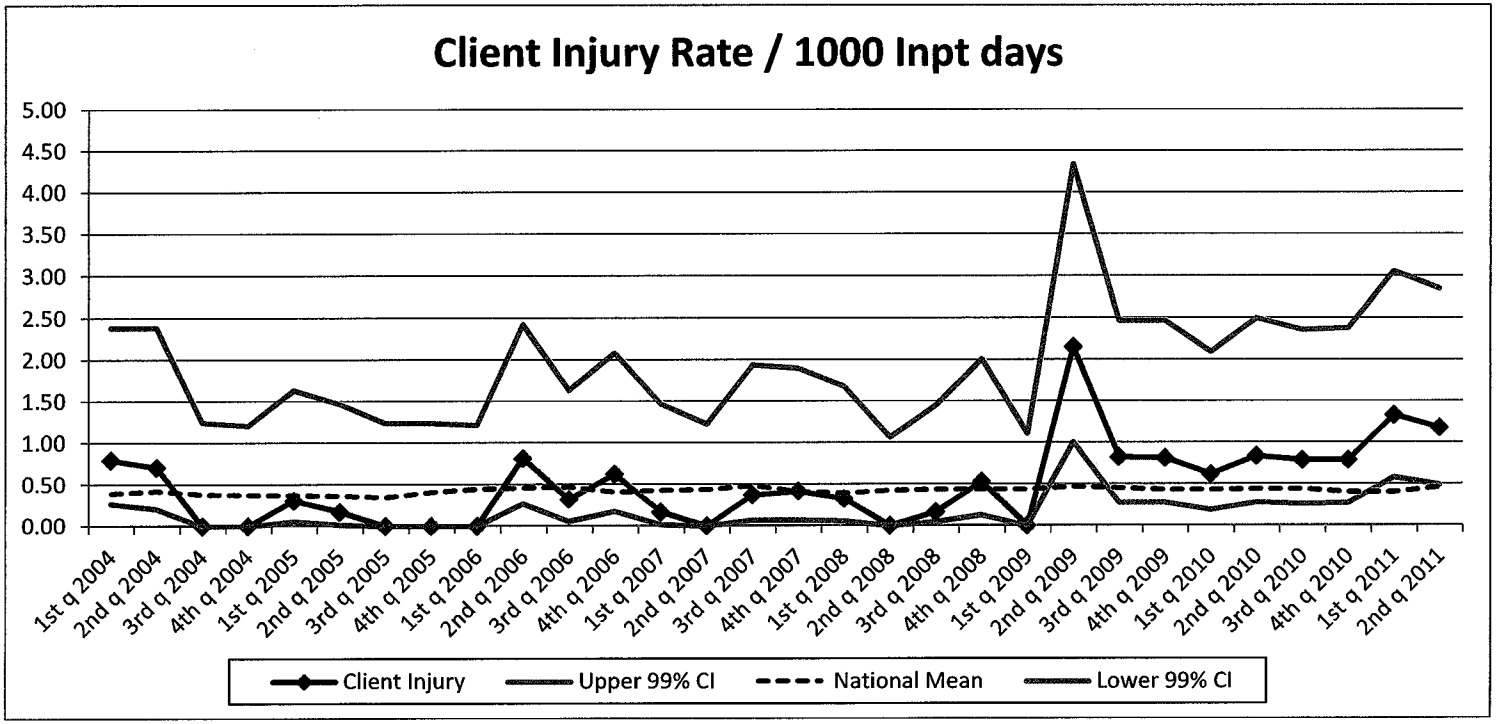


Welcome to API's Dashboard

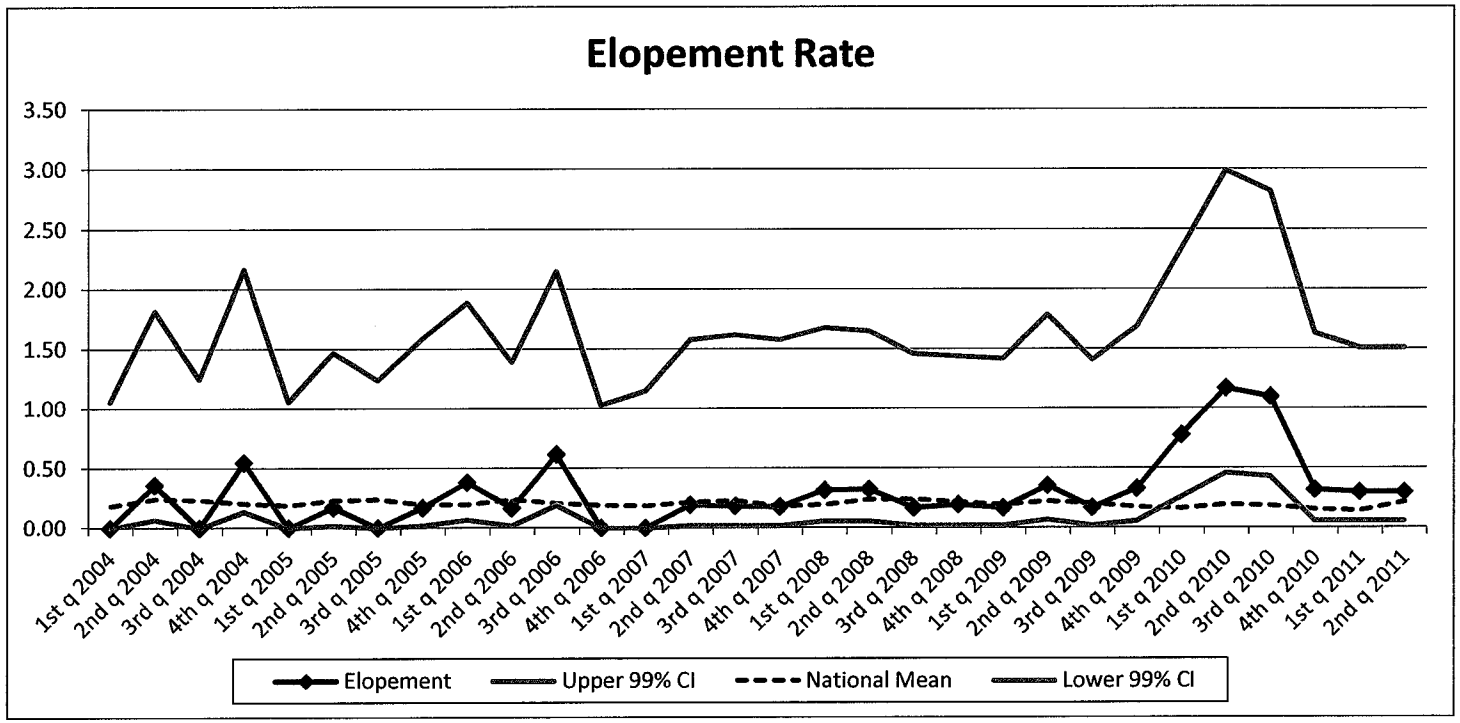
API has changed the format of the dashboard. The following graphs provide a review of our data over time. This allows us to look back at the road traveled, evaluate the course we have taken, anticipate the future and evaluate how well our efforts are meeting the challenges we face.

API's dashboard will continue to change in the coming months as we add measures specifically designed for behavioral health hospitals that are nationally benchmarked. Leadership will also be evaluating additional and existing measures to develop a mix that will provide guidance and has highly informative value for leadership and stakeholders.

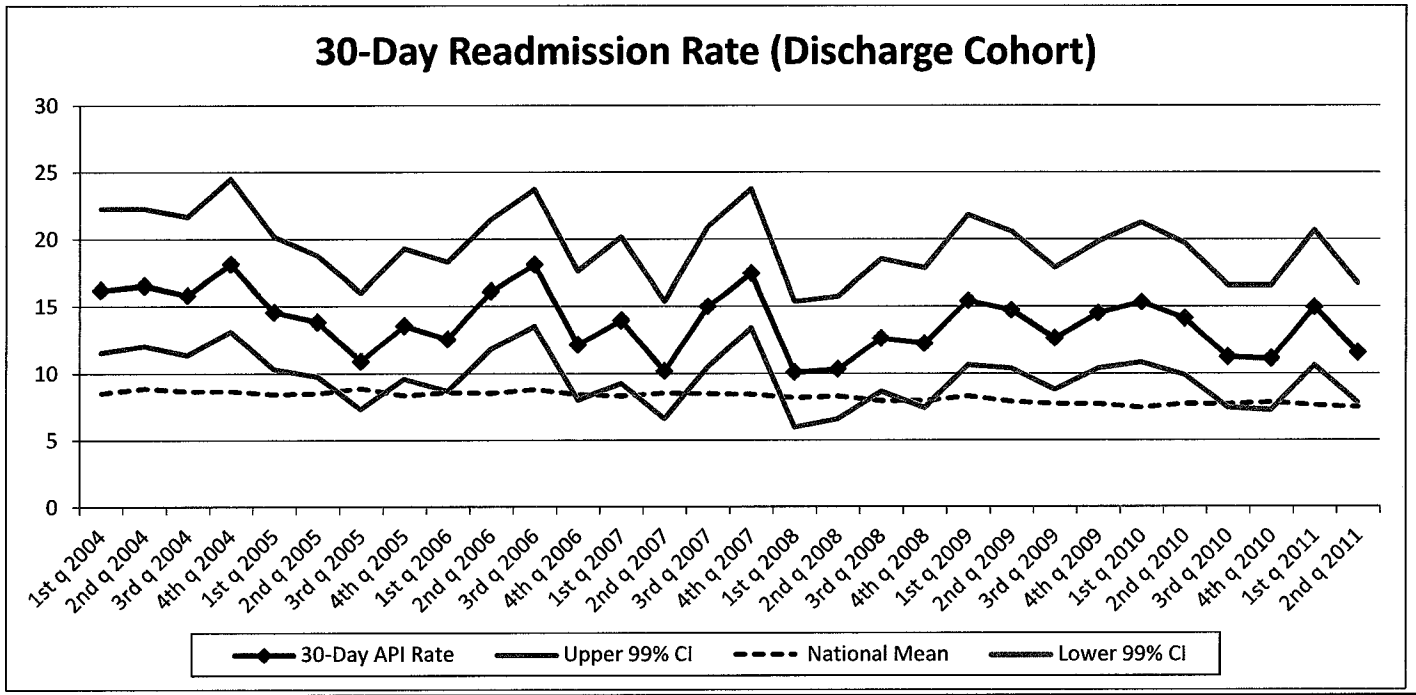
Thank you for taking the time to review our data.



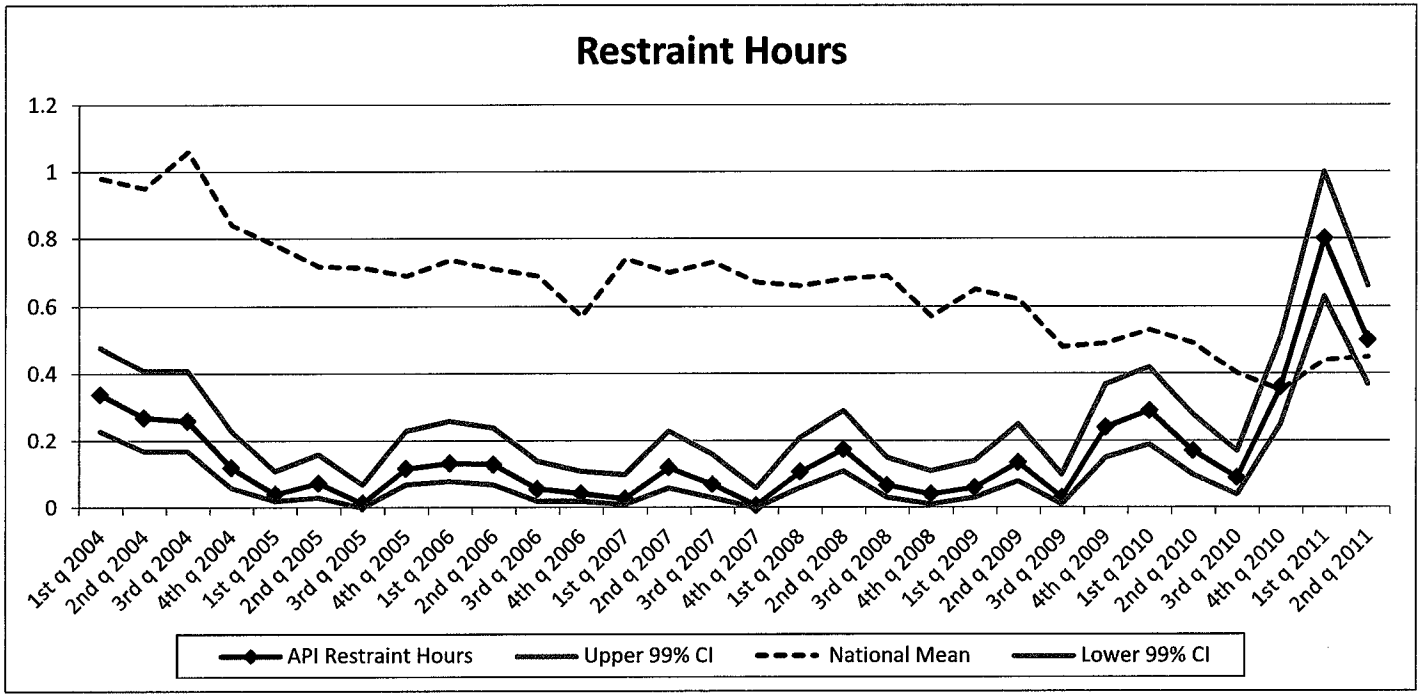
The upsurge for the second quarter of 2009 is the result of a confluence of multiple patient issues including; patient seizures, patient falls, and peer to peer assaults. The sustained rise above the national mean from the second quarter 2009 through the second quarter 2011 is significant and could point to a trend change. API has initiated efforts to evaluate our care environment, utilization of program and staff training to identify effective ways to mitigate the trend.



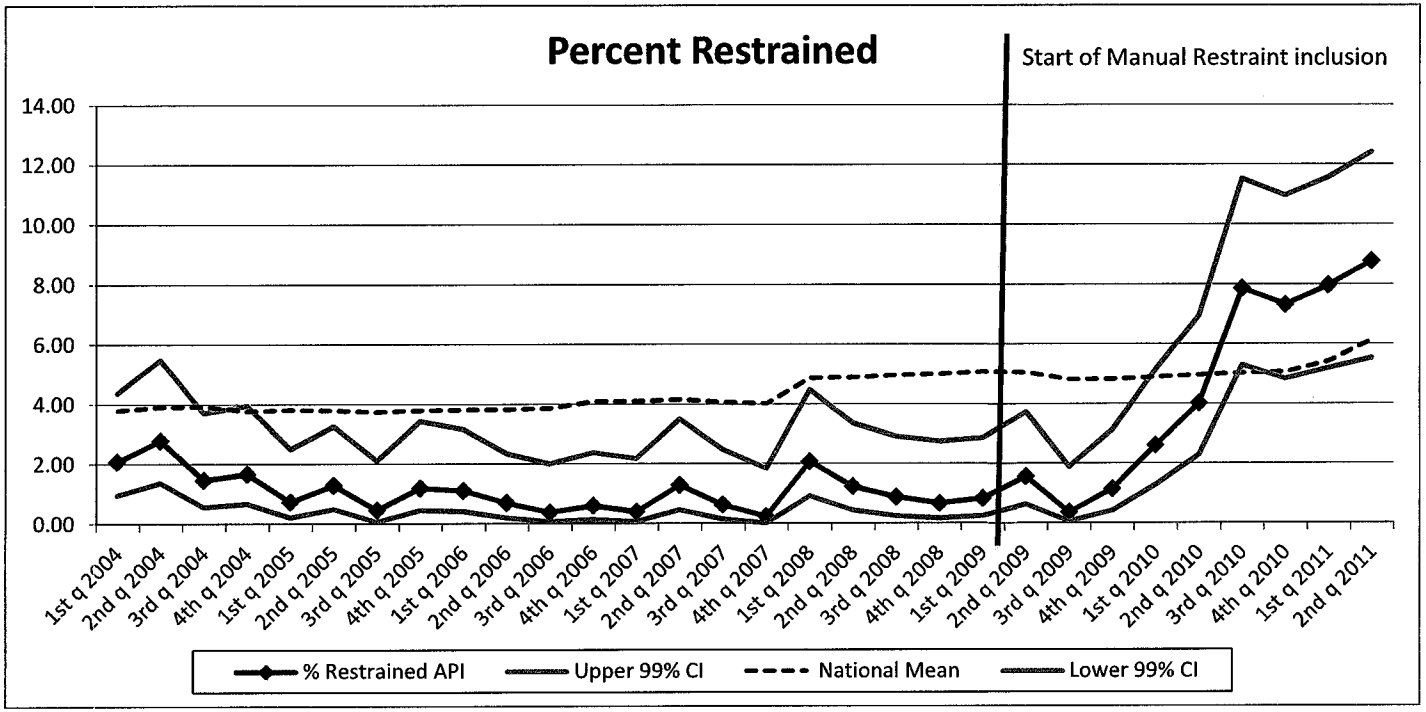
Increasing emphasis is being placed on recovery and patient centered treatment which necessitates allowing patients more independence. Given this shift in treatment paradigm, the recent increase in elopements is not a surprising development. Over the last three quarters, the elopement rate at API has steadily risen above the national mean. During the first and second quarters of 2010, the rate of patients eloping while on pass to an ALF increased markedly due to two patients unwiling 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. The elopement rate at API for the past three quarters has been in line with the national mean.



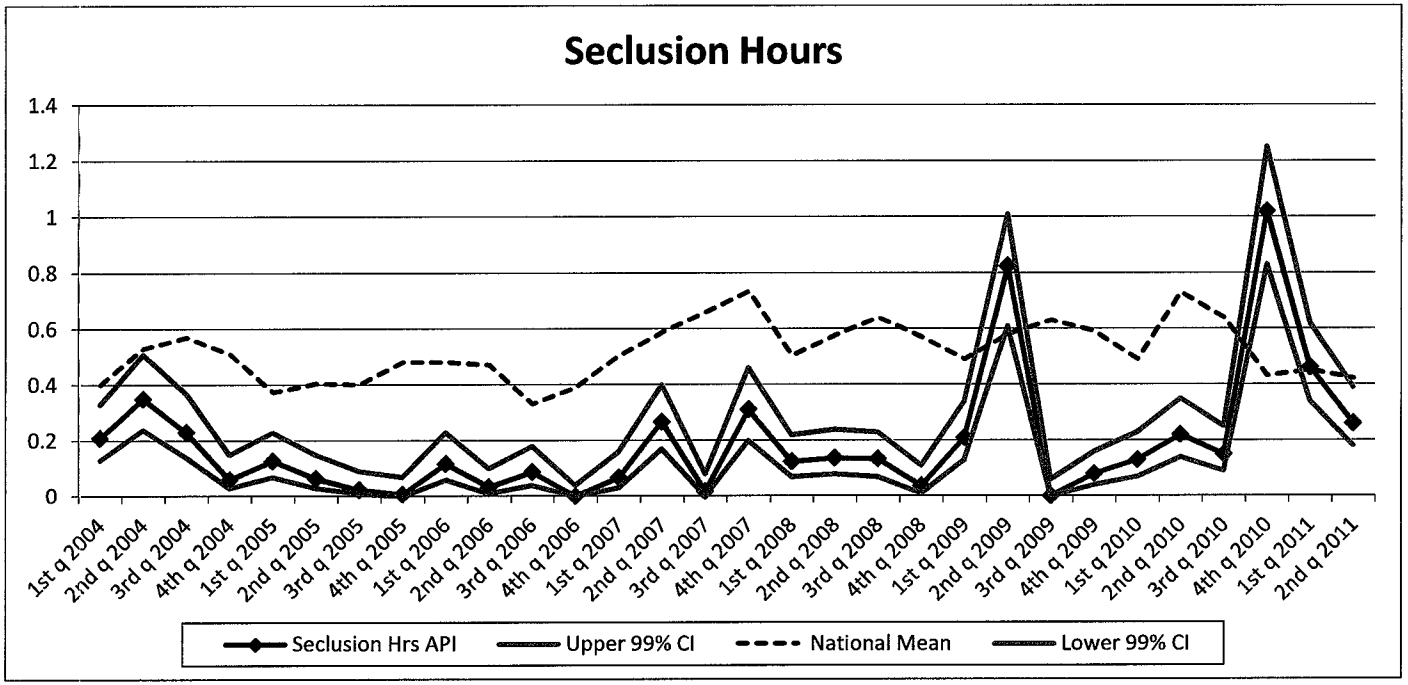
The 30-Day re-admission rate at API has been consistently above the National Mean over the last 5 years. The difference between the 30-day re-admission rate at API and the National mean is statistically significant at each point where the lower 99% confidence interval is above the (black dashed) National 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.



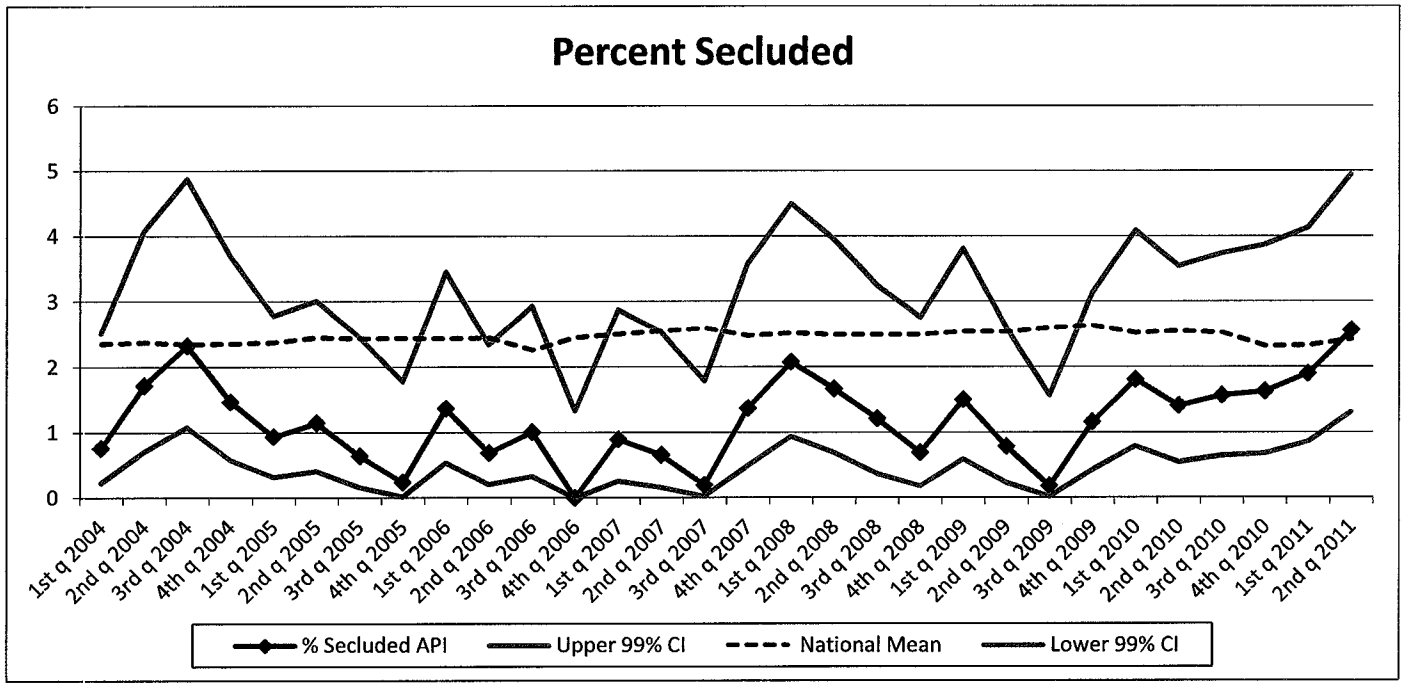
API has traditionally maintained restraint hours per 1000 inpatient hours well below the national mean for this measure. Over the last three quarters API has seen a marked increase in restraint hours. API continues to monitor this important indicator as part of its commitment to providing the best possible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



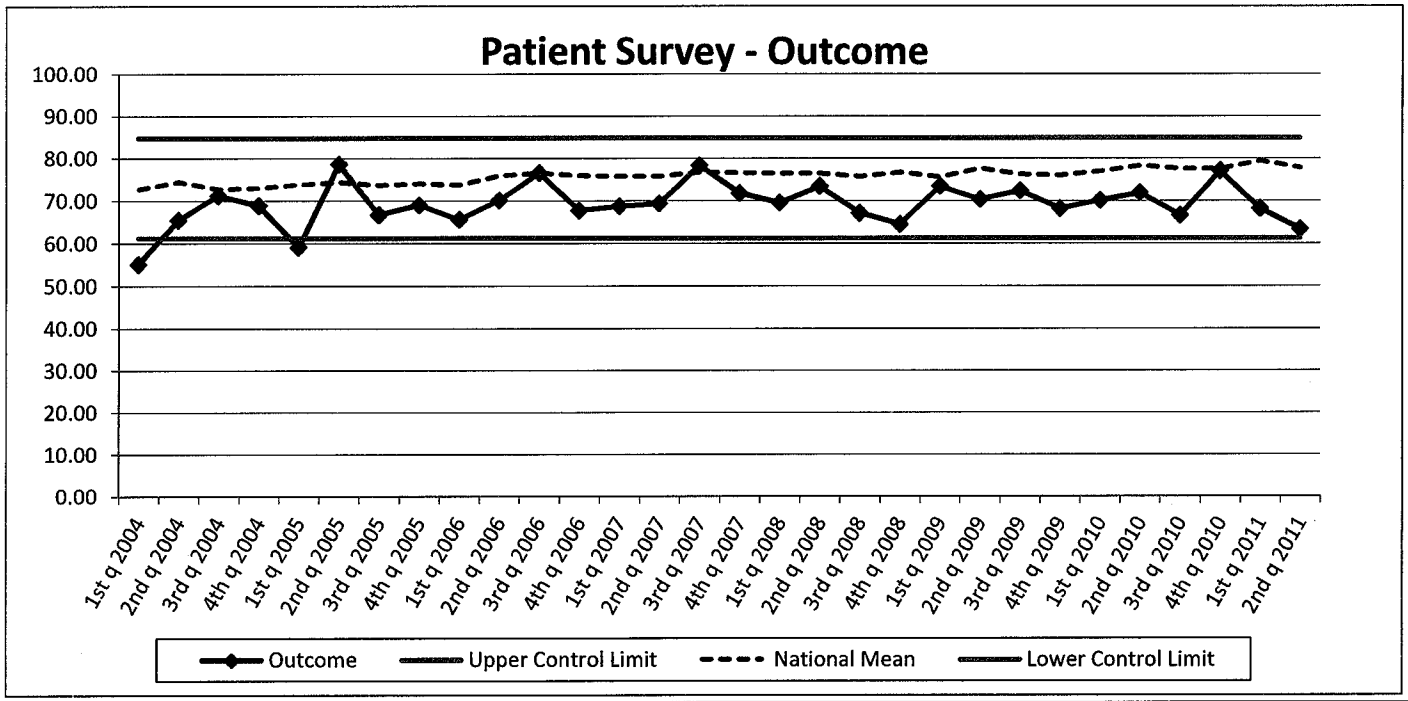
The percentage of patients restrained at API remained consistently well below the national mean between the first quarter of 2004 and the fourth quarter of 2009. Beginning with the first quarter of 2010, the measure also includes the patients that are manually restrained for five minutes or less. The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



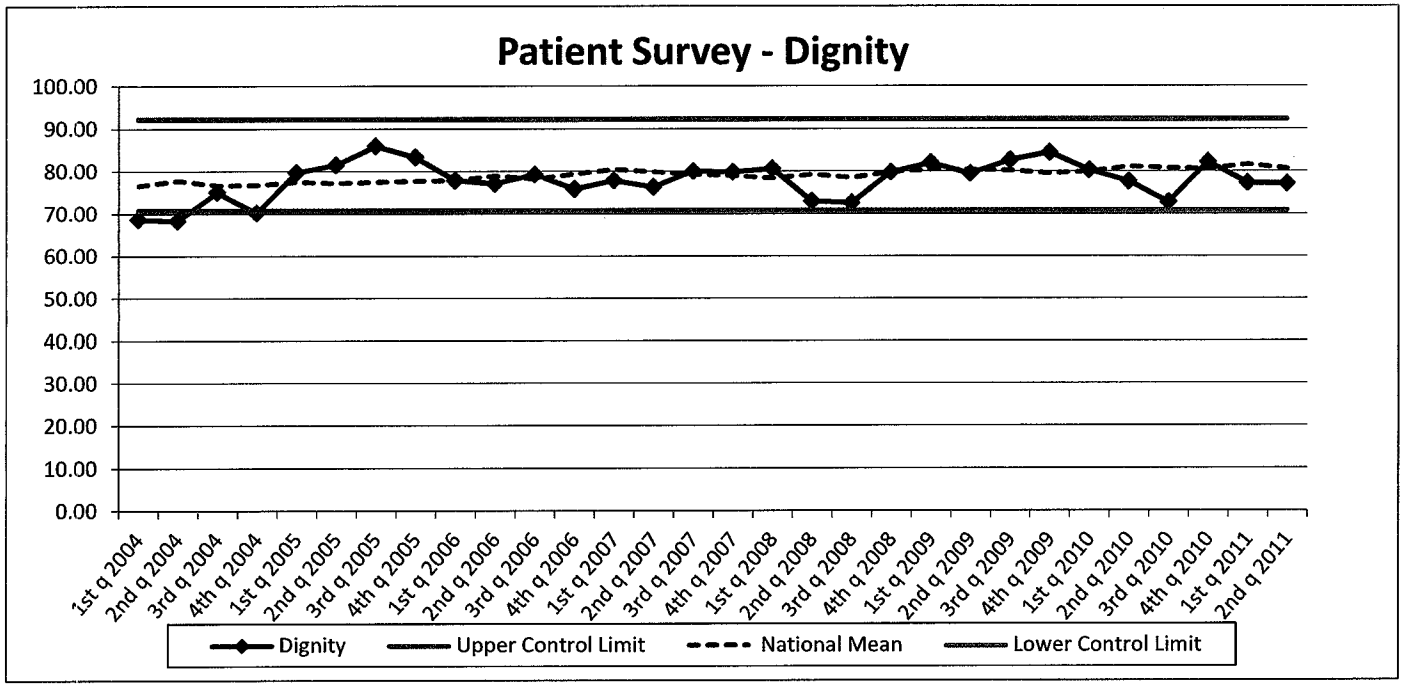
Seclusion hours per 1000 inpatient hours at API is fairly consistent, and for the most part this trend has remained well below the national mean for the past five years with the obvious exceptions of the second quarter of 2009 and the last quarter in 2010. Ninety percent of the Seclusion incidents during the second quarter of 2009 were divided equally between three patients. Ninety five percent of the seclusion hours in the last quarter of 2010 was accounted for by two patients.



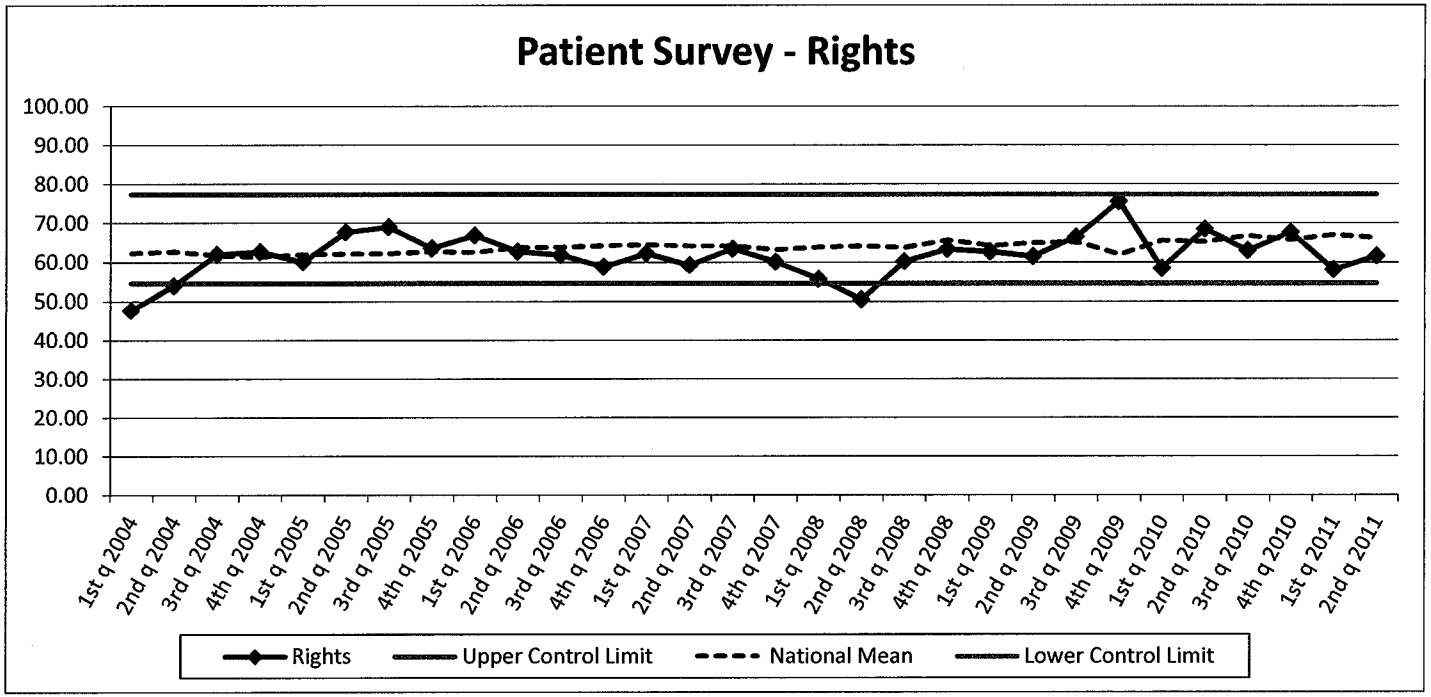
As identified in the Restraint Hours measure; API has identified objectives to improve treatment programming, client engagement, and other best practice measures to work toward a reduction in restraint and seclusion use in the hospital.



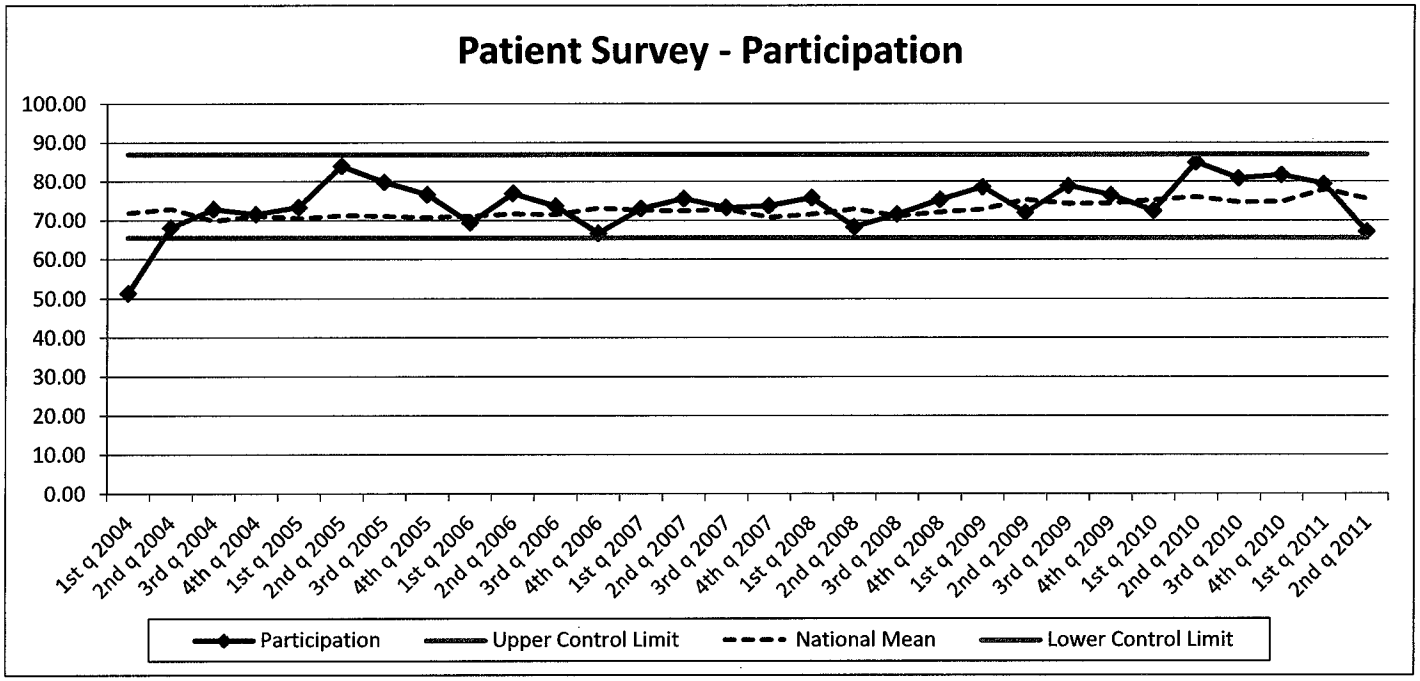
Although the majority of data points for API are below the national mean, API's scores for the Outcome Measure have remained consistently within the upper and lower control limits since the first quarter of 2005. Each of API's data points which falls within the upper and lower control limits is not statistically significantly different from the National Mean.



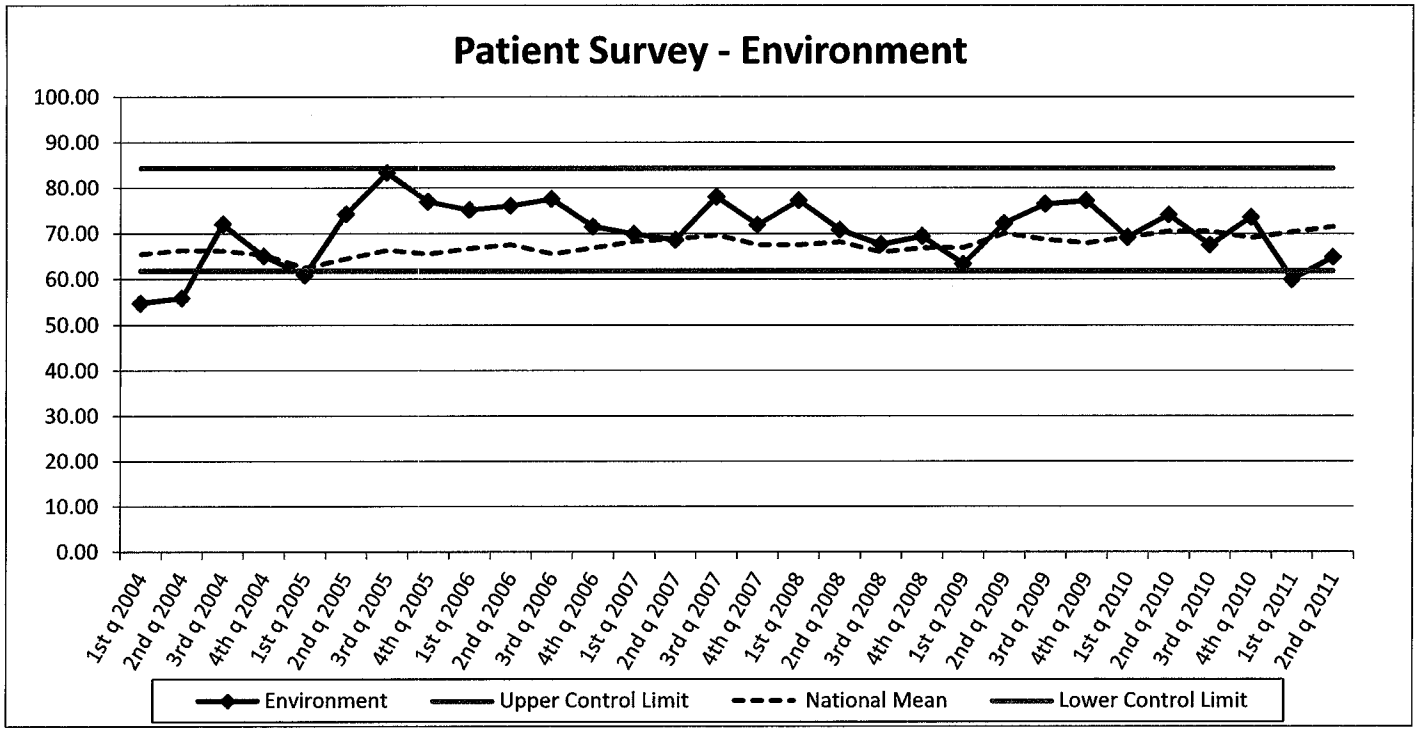
This measure reflects the percentage of patients interviewed upon discharge that agree or strongly agree with four statements regarding the dignity and respect with which they were treated during their stay at API. Of the five areas included in the survey, dignity is the domain with the highest scores.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



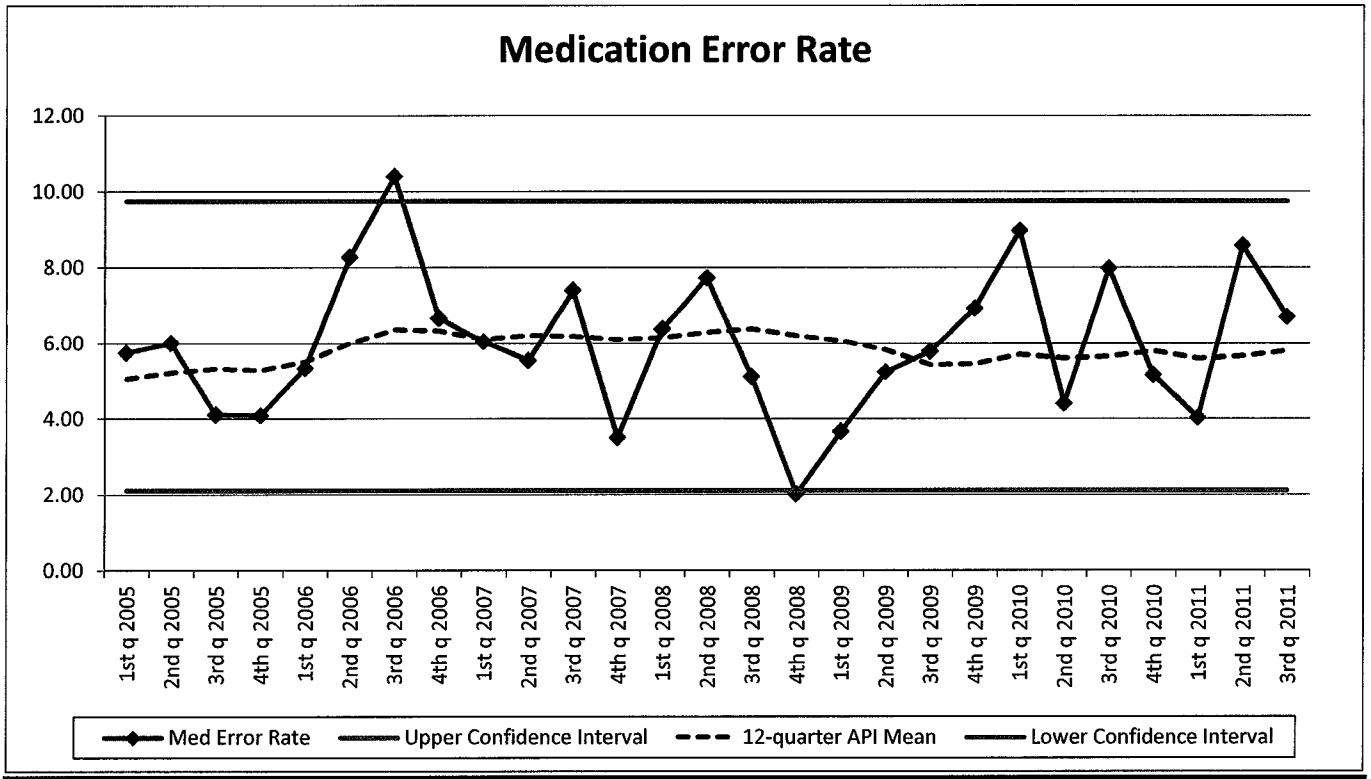
The 'Rights' domain of the impatient survey results show a higher monthly and quarterly variability than the other four areas. Contributing factors to this increased variation are the high percentage of missing or illegible responses in this category and fewer questions overall within the domain.



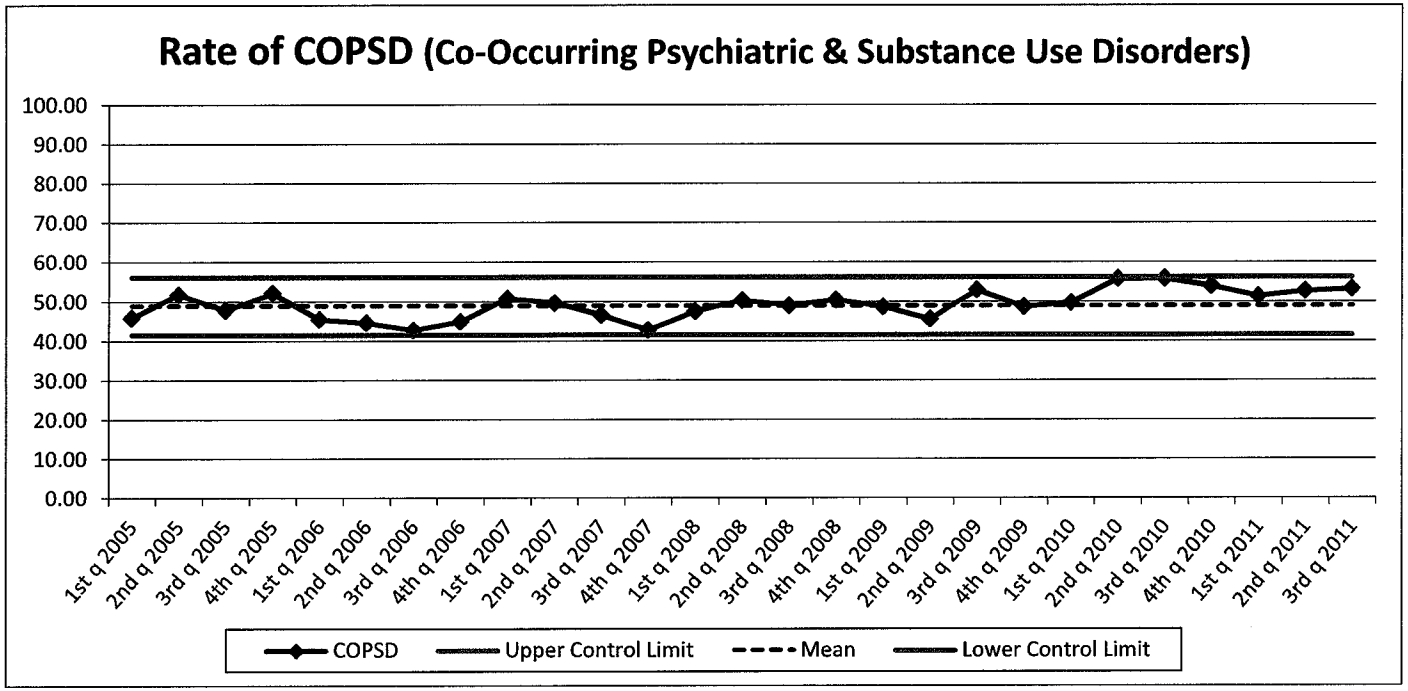
This measure reflects the percentage of patients interviewed upon discharge that agree or strongly agree with three statements about participation in treatment during the hospital stay as well as discharge planning. The quarterly scores in the participation domain of the consumer survey for API show variation within an expected range.



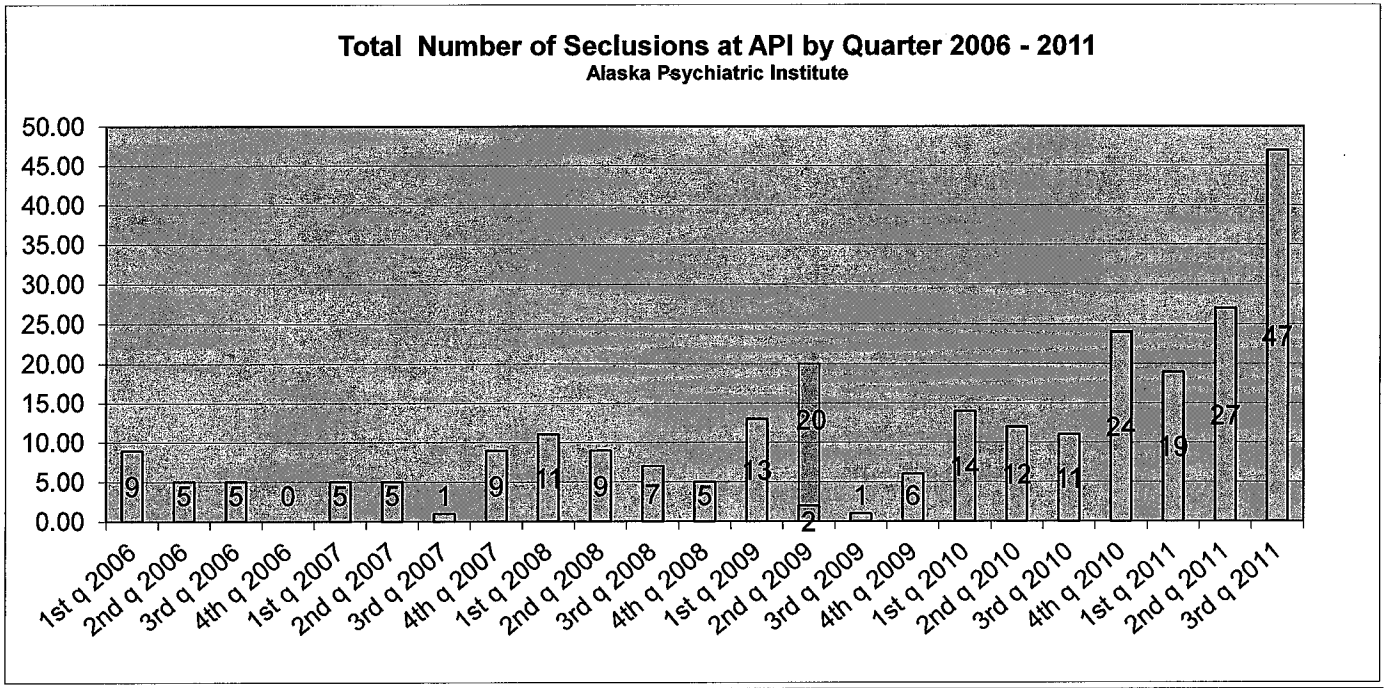
Of the five domains on the MHSIP, Environment is the one that API consistently scores higher than the National mean. The degree to which the scores are above the national mean do not make them statistically significantly different from the mean. However, API's goal in this area is to consistently maintain high scores.



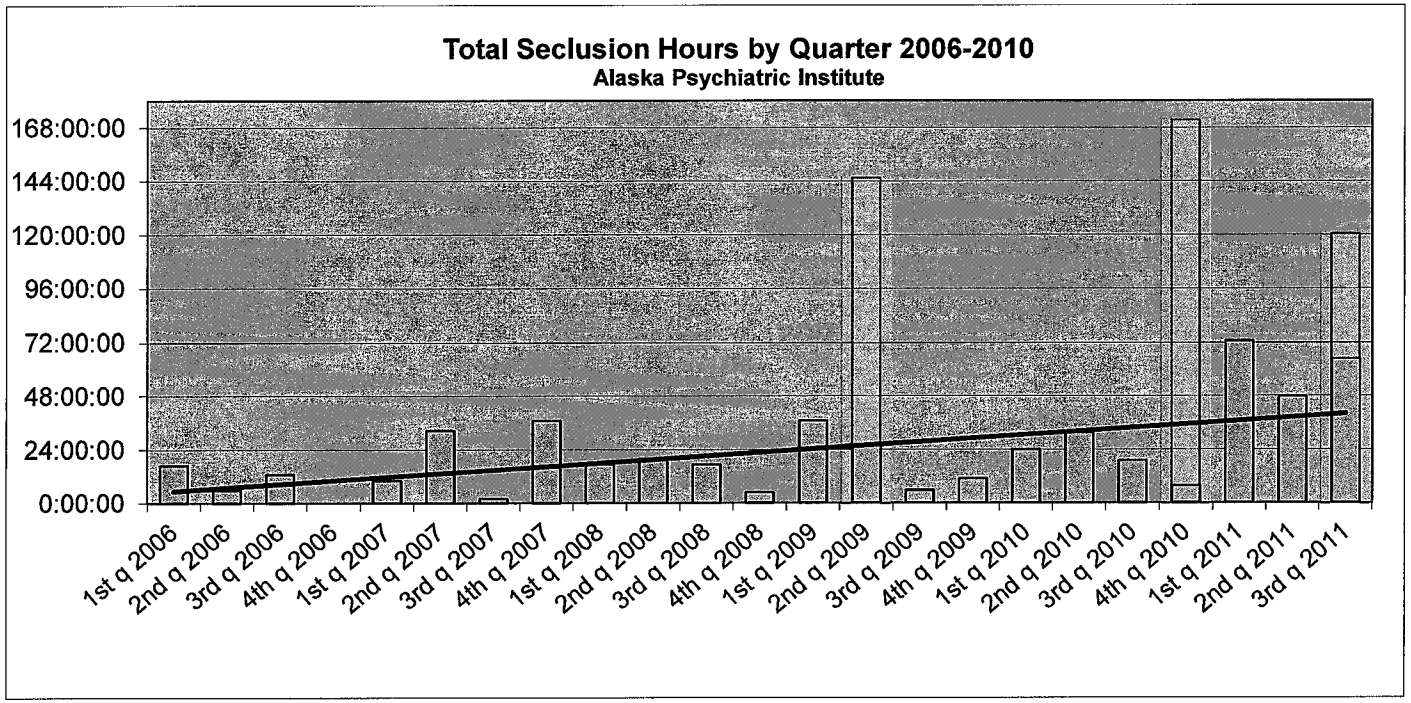
API has not experienced any special cause variation since the 4th quarter 2008 and is experiencing a period of common variation that represents a stable system.



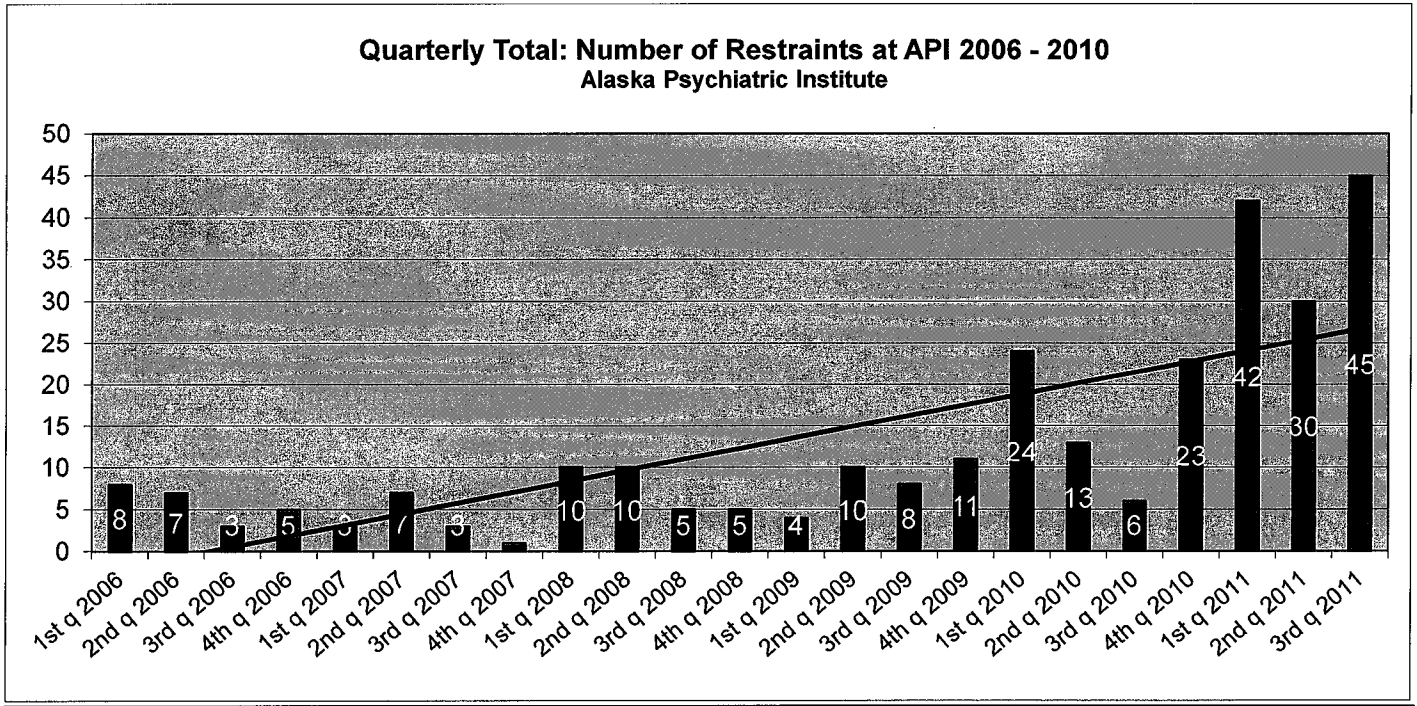
The COPSD rate is the percentage of patients admitted to API with a substance use diagnosis in addition to a psychiatric diagnosis. The national mean is not part of this chart as it is no longer available as a benchmark. The mean here, is the average of the percentage of patients with COPSD each month from January 2005 through December 2009. The patient population remains fairly consistent, and thus there is low variability around the mean. While there is no expectation for this rate to change in the future, API continues to use this measure as a reminder that a significant proportion of patients here have co-occurring disorders.



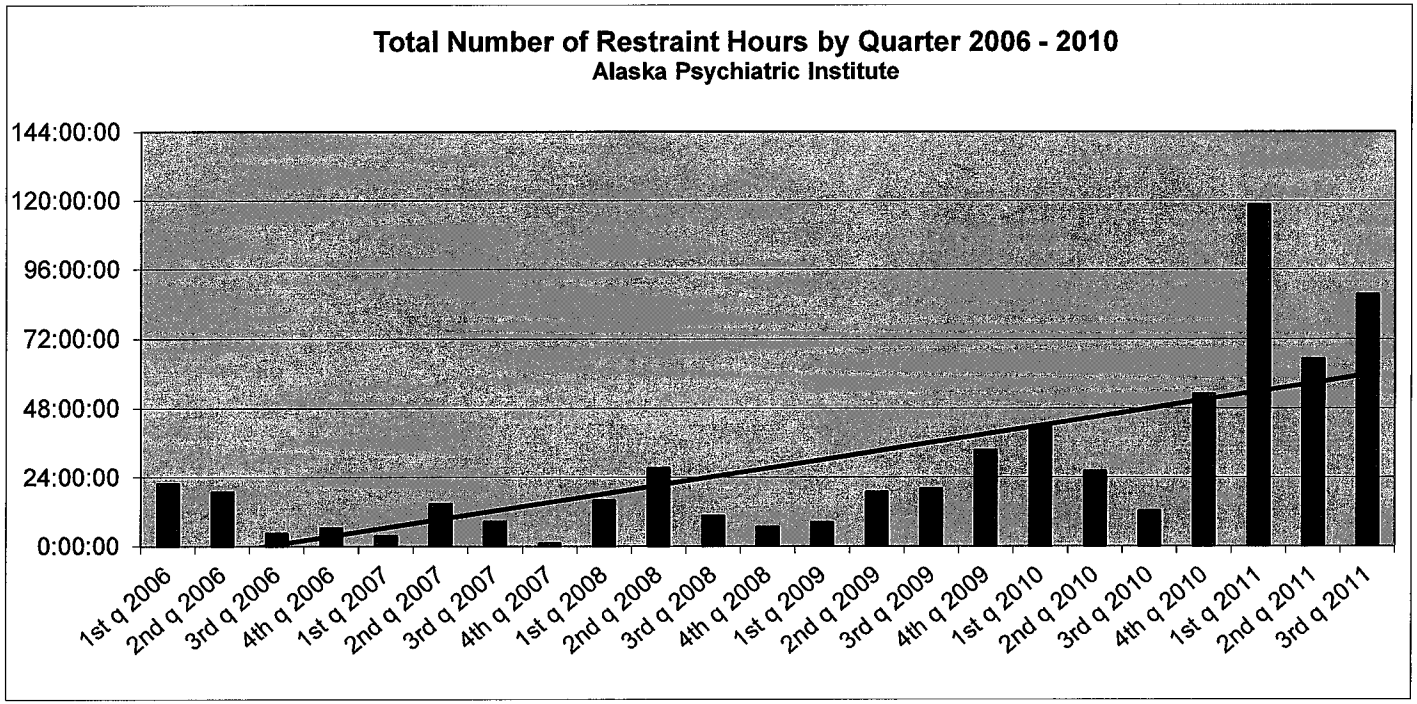
As opposed to the hours of seclusion as a rate or percent of patients secluded, this measure is raw number of seclusion incidents for each quarter. The graph depicting "percent of patients secluded" (National comparison data) for this quarter does not correspond with relatively high number of seclusions because only three patients were involved in 90% of these seclusions. This outlier data has been removed from the trend and is visible on the graph above.



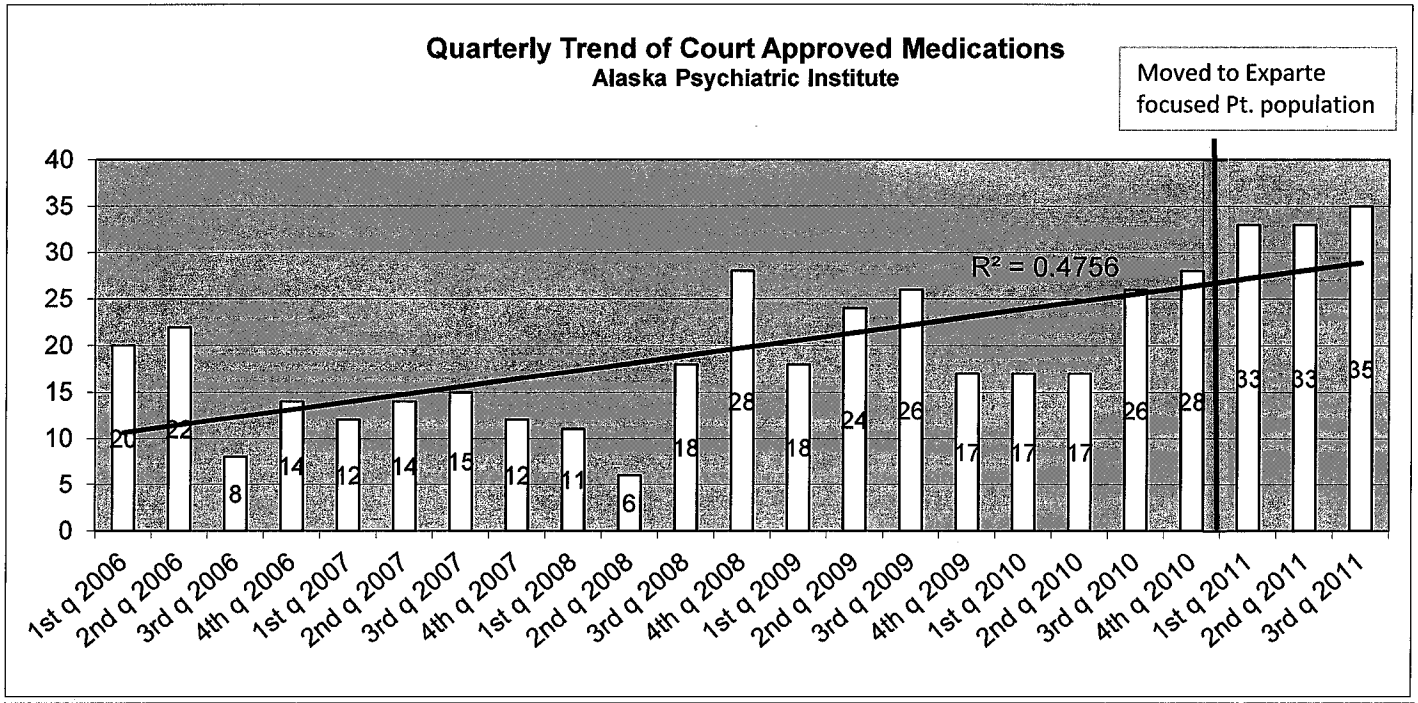
There is considerable quarterly and monthly variation in the total number of seclusion hours. During the second quarter of 2009 there were two patients with a combined total of 121 hours and 49 minutes of Seclusion time. During the last quarter of 2010 there were two patients with a combined total of 171 hours and 15 minutes of Seclusion time. This information is shown as outlier data. Removing this outlier data brings the total number of seclusion hours within an expected range.



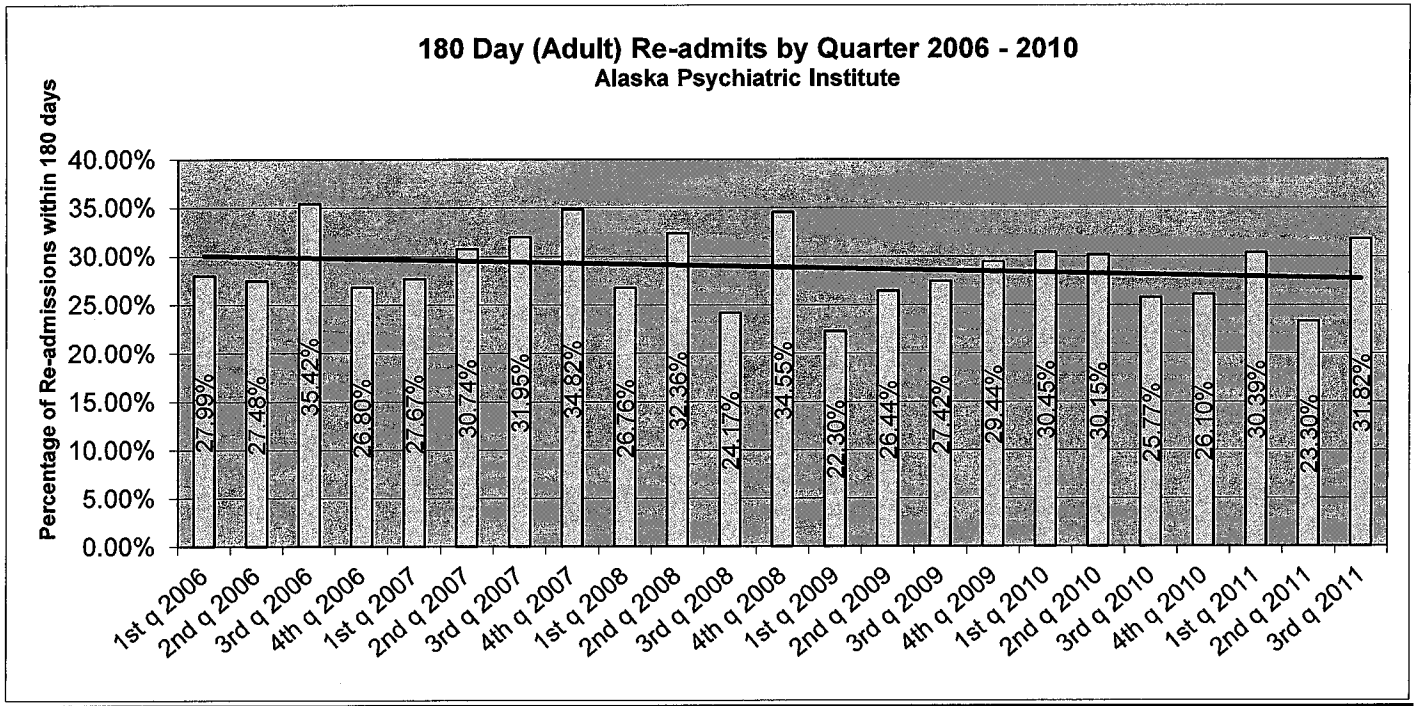
The total number of restraints over the last three quarters appears high relative to the percentage of patients restrained. This differential indicates that a small number of patients have persisted in engaging in self-harm behaviors despite redirection, and thus have been restrained multiple times within the quarter.



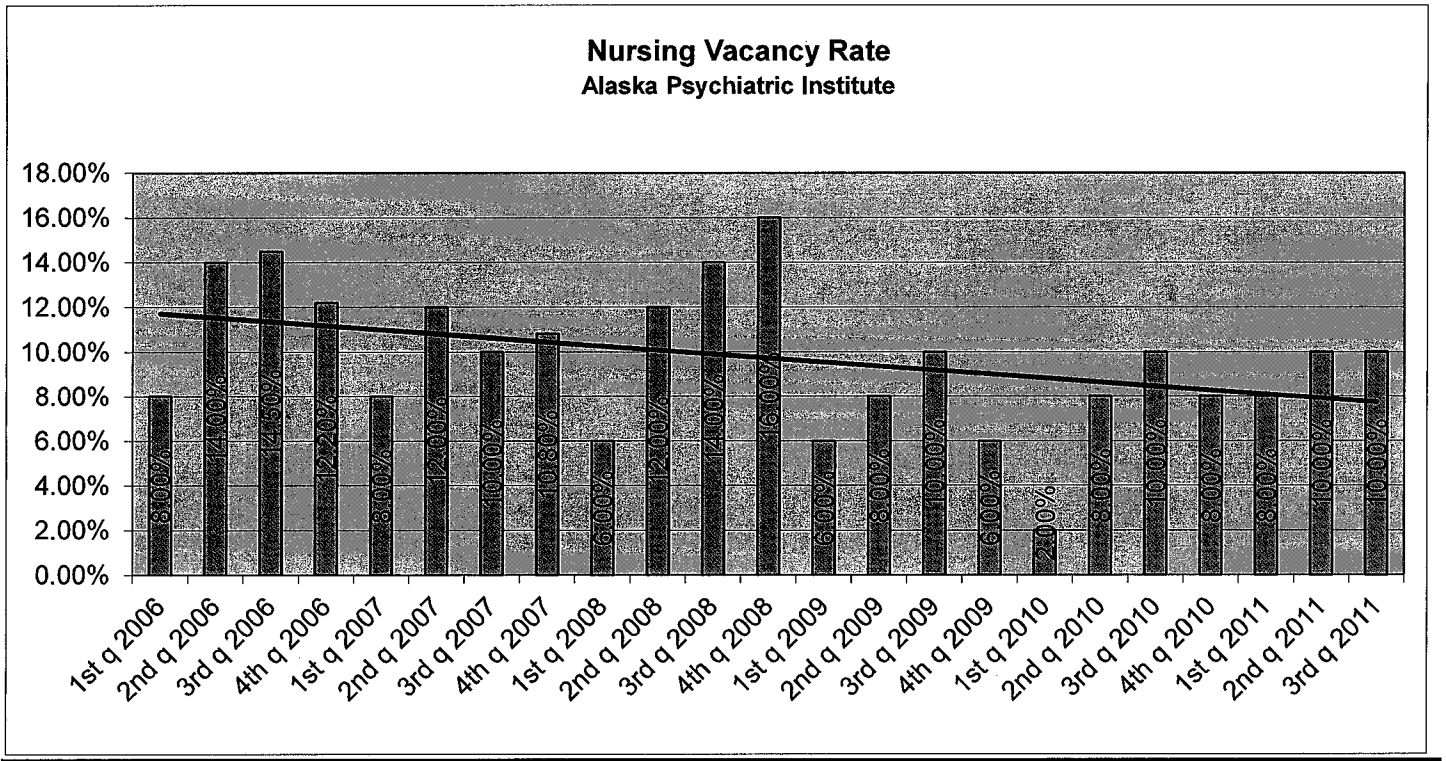
Although the rate of restraint hours per 1000 patient hours is well below the national mean in the first and last quarters of 2010 the total number of restraint hours in this quarter was high for API. As evidenced by the comparatively low rates of seclusions and restraints, API strives to use these tools only after other therapeutic alternatives have been exhausted. As such, this increasing trend in the number of restraint hours per quarter is being closely monitored and efforts to mitigate the rate of seclusion and restraints are being implemented.



The trend line has remained relatively constant over the reporting period. 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, type of illness, etc..

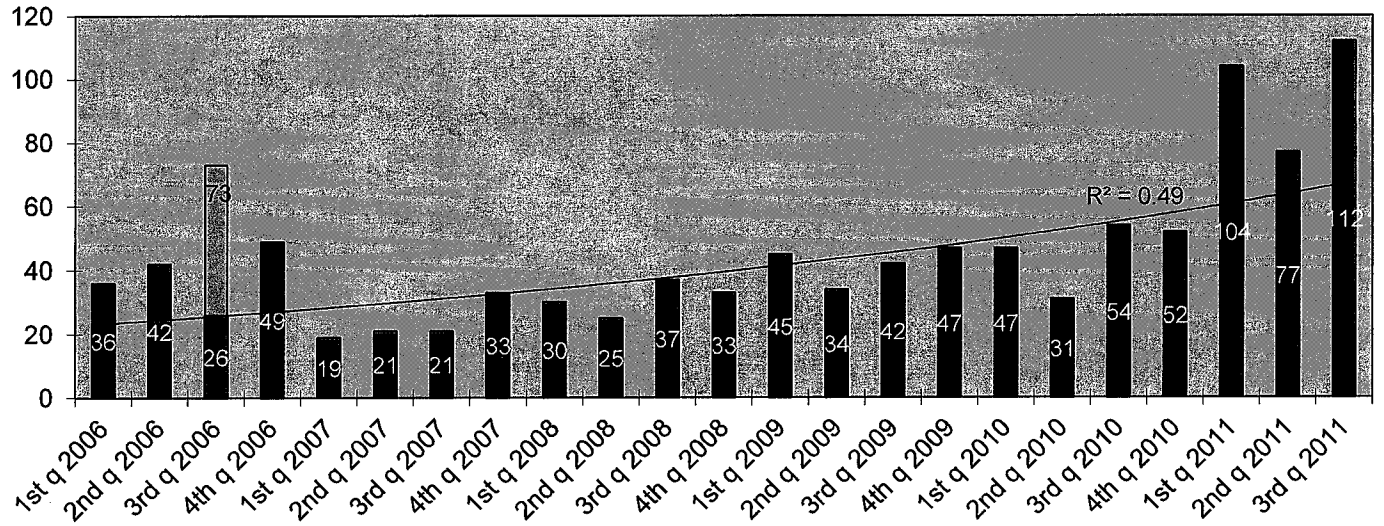


The quarterly average number of 180 Day Re-Admits over the past four years has a gradually declining trend line. This declining trend matches the declining rate of 30 day re-admits.

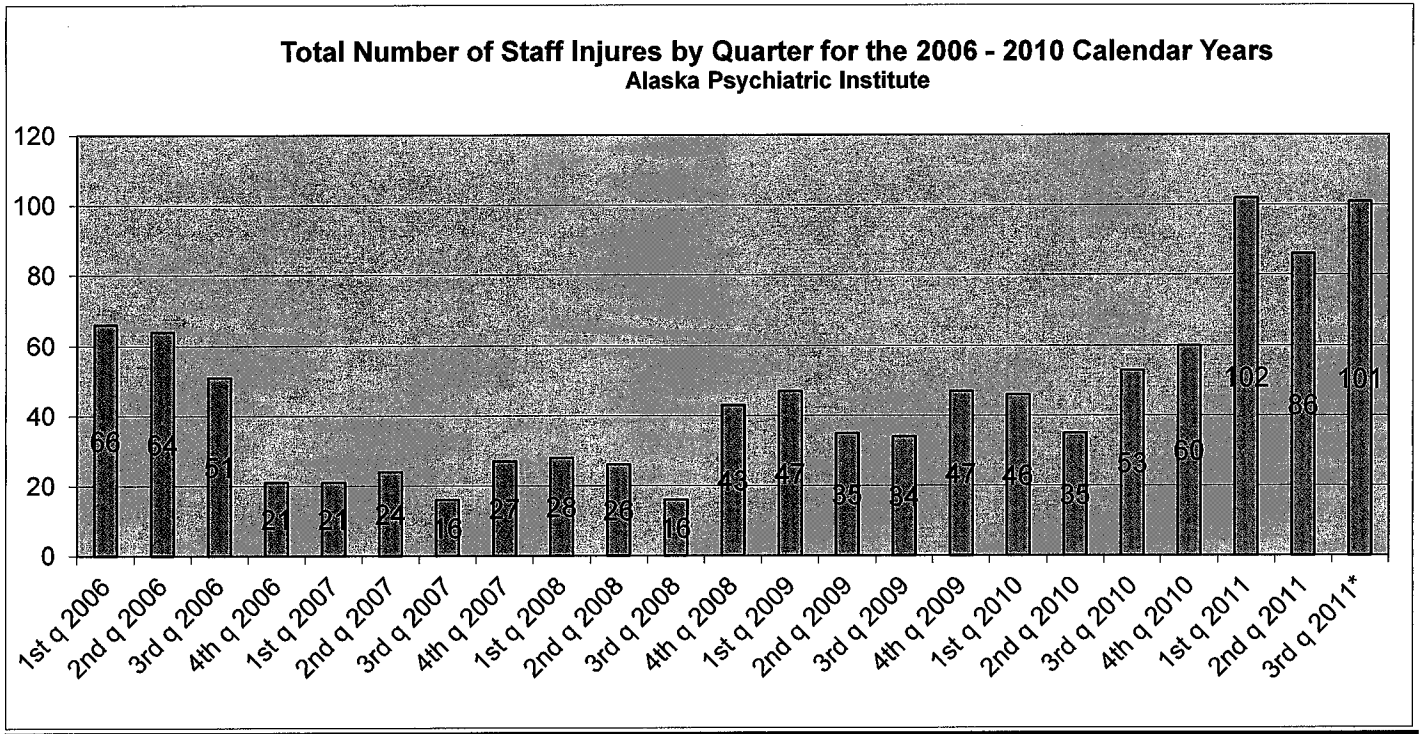


The nursing vacancy rate is cyclical by nature. Even given the variability, there is a downward trend in the vacancy rate over the last five years.

Total Number of Patient Assaults by Calendar Year 2006 - 2010
Alaska Psychiatric Institute



API 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.



As noted in 'Patient Assaults' API has several objectives underway to improve the outcome of this measure.