

The University of Texas  
Harris County Psychiatric Center  
*Fiscal Year 2003 Annual Report*



THE UNIVERSITY *of* TEXAS  
HARRIS COUNTY PSYCHIATRIC CENTER

*A part of The University of Texas Health Science Center at Houston*



**Lois J. Moore**  
BSN, MEd, LHD, FACHE  
*Chief Administrator*



**Robert W. Guynn MD**  
*Executive Director*



**Roy V. Varner MD**  
*Medical Director*

## Dear Citizens of Harris County and Friends of UTHCPC:

For some, the opening lines of Charles Dickens’ immortal, *A Tale of Two Cities*, might easily come to mind when looking back at the past year at The University of Texas Harris County Psychiatric Center (UTHCPC):

***“It was the best of times. It was the worst of times.”***

Indeed, there were some very definite “highs” and “lows.” The latter was a 25 percent reduction in the state appropriation that accounts for about 85 percent of the hospital’s public funding. That, as you can imagine, was a significant cut in our budget, which has remained virtually unchanged since UTHCPC opened 17 years ago.

Of course, we were not the only public mental health agency to suffer

due to the statewide budget crisis. Cutbacks in services and the closing of facilities became the norm; the “safety net” to ensure care for citizens who were most in need of mental health services was severely weakened.

But the “highs” for UTHCPC were just as momentous: UTHCPC earned a near perfect score (and the highest ever) from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) during its accreditation visit. JCAHO is the nation’s major healthcare credentialing organization.

In addition, UTHCPC Outpatient Behavioral Services received a perfect 100 percent during their accreditation—the first perfect score that this JCAHO reviewer

had ever given an outpatient mental health program.

Perhaps even more significantly—although some might say we were just “doing our job”—UTHCPC’s multidisciplinary team of professionals treated over 6,000 persons with major mental illness. Our outpatient programs had 7,710 patient visits. In addition, we continued to educate approximately 500 psychiatry residents, medical and nursing students, and psychology, social work, and pharmacy interns.

We believe that true measure of whether any institution has achieved success must include some measure of the severity of the obstacles overcome to reach that success. And by that criteria, UTHCPC had a very successful year, because those obsta-

cles were formidable. They threatened not only our role as a teaching and research resource of the University of Texas Health Science Center at Houston, but our government-mandated charge as the major public inpatient mental health facility for Southeast Texas.

Thus, weighing the good against the bad, we choose to describe this past year as a success, and yes, a triumph.

UTHCPC triumphed by meeting the mandates of our missions: to provide high-quality medical care for the citizens of Harris County, to train the next generation of mental health clinicians, to conduct research into the causes and treatments for mental illness, and to provide outreach services to the community.

UTHCPC triumphed because our standard for patient care was never diminished.

The state funding emergency necessitated our taking a long, hard look at UTHCPC operations. Clearly, the only way to avoid compromising our quality patient care was by reducing expenses in the areas of administration and non-patient care.

After a frank explanation of the situation to staff in early 2003, we urged anyone with suggestions for ways we could cut costs to come forward. To our delight, the suggestions poured in from across the hospital. While many involved realignment of the workforce and eliminating certain activities, there were also creative recommendations for improving the hospital's ability to attract or earn additional support.

Through altering current practices and installing new procedures,

efficiencies were implemented and costs contained. Through increased managed care collections, reductions in overtime, retirements, and a minimum of staff reductions, we were able to continue to serve the mentally ill of Harris County, almost 70 percent of whom are indigent, without insurance, and/or eligible for federal assistance. To offset reduced state funding, we developed mechanisms to ensure that patients and families who qualified were connected to federal and state assistance programs and we made sure our privately funded beds remained full.

Among the most important results of our diligent scrutiny of "bottom line" issues was a \$2 million increase in collections related to inpatient, outpatient, and physician visits—an almost \$900,000 improvement in collections from the previous year.

Increased demand for our services meant that we were able to keep bed closings at a minimum and provide almost 64,000 days of patient care. More importantly, the number of beds dedicated to indigent patients remained at 143—sustaining our commitment to be a haven for the "sickest of the sick and the poorest of the poor".

By the end of the fiscal year, we were both grateful and proud to be operating in a manner that fulfilled our missions. But the validation of our efforts and outcomes by the JCAHO team verified the fact that our UTHCPC organization was weathering the ongoing political and financial storm by continuing to do what we have always done: provide excellent treatment and care for those with mental illness.

We invite you to celebrate with us by reviewing some of the most important successes of the past year. We think you will agree with us that "triumph" is the right word to describe what has been accomplished.

**Triumph** amidst a statewide crisis in the provision of mental health care.

**Triumph** despite a 25 percent reduction in state appropriations.

**Triumph** because for 17 years, UTHCPC and its people have made a positive difference in this community—during good times and bad—by never giving less than 100 percent and never settling for anything less than the best.

*Sincerely,*



Robert W. Guynn, MD  
*Executive Director*



Lois J. Moore  
BSN, MEd, LHD, ACHE  
*Chief Administrator*



Roy Varner, MD  
*Medical Director*

# Creating Opportunities for Improvement in All Aspects of Patient Care

Fiscal Year 2002-2003 saw on-going efforts not just to maintain quality inpatient care but to continuously seek out areas for improvement.

## Direct care was impacted positively by:

- establishing a yearlong patient safety performance improvement measure and implementing stricter safety and security measures.
- improving medication administration and reducing medication errors through use of an online Medication Administration Record and improved surveillance.
- establishing and updating patient rights measures and educating staff on the federally mandated HIPAA statutes.
- continuing to reduce the use of seclusions to a rate of 7.7 percent, down from 8.4 percent



in FY 2001, (a figure that continues to be well-below national norms.

- training clinical personnel in SAMA, a verbal intervention program, which resulted in decreased physical interventions with patients.
- decreasing patient elopements.
- a ruling by the medical staff for the efficient prescribing of the new generation antipsychotic drugs.
- updating clinical guidelines for treatment of suicidal children and adolescents, pain management, and seclusion.
- using a new assessment team approach toward patient admissions, involving nursing, social services' staff, and physicians.
- reducing patient falls by developing staff-suggested prevention strategies.
- refocusing the Master Treatment Plan program towards maintaining continuum of care after the patient leaves UTHCPC.
- facilitating a 12-Step Alcoholics Anonymous Bridge program on site to serve the large percentage of patients with dual disorders of mental illness and substance abuse.
- establishing a regular Family Education Night, weekly education and support for caregivers and friends of patients.
- expansion of the entertainment and educational programs on UTHCPC-TV, the in-house television channel.
- careful reviewing of those patients readmitted again after 30 days, in an attempt to



understand why patients return so quickly and how that can be prevented.

- continuing efforts by staff to go “above and beyond, “especially” unit-based nurses, counselors and psychiatric technicians, who with the help of Volunteer Services, provide special activities for their patients, such as holiday parties and Friday night movies and popcorn for the adolescents. For example, nursing staff of the SubAcute Adolescent Unit, operated in conjunction with Harris County Juvenile Probation, organized a career-oriented speaker series for patients as a special summer activity.

## Piloting State-of-the-Art Technology to Improve Patient Care

Major advancements were made during FY 2003 in our continuing efforts to computerize all patient care operations via the Sunrise

Clinical Automation Project, a coordinated operation between the Clinical Services and Management Information Systems (MIS) Departments. In fact, Eclipsys, the system's creator, cited UTHCPC as a benchmark organization, being the only psychiatric healthcare facility doing such a large volume of online documentation.

### Specific clinical operations, which went online this year:

- initial psychiatric evaluation
- physician orders
- medical administration records
- psychosocial assessments
- music and recreation therapy assessments
- medication prescriptions at discharge
- online chart checking for Nursing and electronic acknowledgement of all new orders

All information is entered into an electronic file that is part of a protected database, which can only be accessed by all authorized staff involved in that patient's care, including nursing staff, pharmacists and social workers. The Sunrise system supports safe care by eliminating



problems with legibility and approved abbreviations.

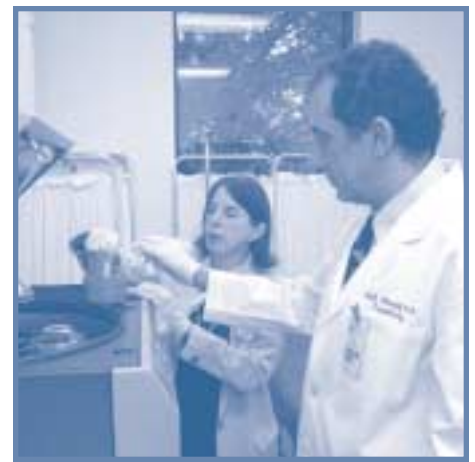
Another area in which technology has improved our ability to provide better care is the Department of Performance Improvement, which established a web site where staff could:

- learn JCAHO standards and how they apply to UTHCPC.
- find out UTHCPC PI Priorities, such as patient safety and sentinel events.
- take tests and play games that help teach standards, procedures, and policies.
- keep updated about issues in Utilization Review, Risk Management, and Patient Relations.

## Seizing the Responsibility to Meet Budget Restrictions and Be a Resourceful Steward of Public Monies

Originally built to serve about 3,000 patients yearly, for the last several years UTHCPC has served nearly twice that number—with the same level of public funding. Of the public funding, 85 percent comes from the state and 15 percent from Harris County. The remainder of operating income comes from Medicare, Medicaid, and private insurance.

During FY 2003, the Texas Legislature reduced appropriations



by 25 percent—cutting funding for indigent patients to the lowest level since the hospital opened in 1986. In addition, due to the financial difficulties of the Harris County Mental Health and Mental Retardation Authority (MHMRA), UTHCPC now has limited access to beds at Rusk State Hospital, where UTHCPC patients needing extended care are transferred. Thus, MHMRA, which manages all public psychiatric patients, was required to leave patients at UTHCPC for longer periods than in prior years.

Also, MHMRA outpatient services for UTHCPC patients were severely curtailed by MHMRA's cutbacks in services at its clinics and at its emergency center at the NeuroPsychiatric Center

### Despite these exigencies, UTHCPC:

- achieved a positive net revenue of \$581,561 through cost reductions.
- increased non-general revenue by 17 percent, from \$10.6 million to \$12.8 million.
- provided 63,694 days of patient care.

- maintained an adult occupancy rate of 90 percent.
- maintained the number of beds funded for indigent patients at 143 (127 adult, 16 children and adolescents).
- achieved an average of 100 percent occupancy for the 42 resource (privately insured) beds.
- increased billable visits to Outpatient Behavioral Services by 33 per cent and increased patient volume in the program by 17 per cent.

## Strengthening Connections Within the Public Mental Health System to Better Serve Patients and Families

During the past year, as all members of the public mental health system dealt with funding cutbacks, UTHCPC forged some cooperative efforts with other public mental health providers, including Harris County MHMRA, to enhance continuum of care for the patients these entities serve:

- Meeting the needs of the 200 walk-in patients UTHCPC receives each month, an assessment and referral protocol was established with MHMRA, and working with the Authority's Mobile Community Outreach Team (MCOT) for those individuals needing crisis intervention rather than hospitalization.



- Assuring that patients discharged from UTHCPC are able to access aftercare resources sooner, UTHCPC working with MHMRA's eligibility center piloted an improved discharge planning process, successfully connecting patients directly with aftercare providers.
- Streamlining the process whereby appropriate UTHCPC inpatients are connected to UTHCPC Outpatient Behavioral Services resulted in a 40 percent increase in referrals.
- Partnering for maximum use of resources, UTHCPC piloted an access process allowing indigent patients to attend outpatient programs at the Harris County Hospital District.



## Responding to the Crucial Need for Continuing Care by Developing Excellent Outpatient Care Programs

New managed care mandates, better medications, and new treatment practices have made hospital stays shorter for most psychiatric patients. This, in turn, has created a greater need for good transition and after-care programs to keep chronically ill patients from having to be rehospitalized.

UTHCPC's outpatient programs, which receive no public appropriations, include a five-day Partial Hospitalization Program and the Intensive Outpatient Program, which offers a flexible schedule of participation tailored to the individual needs of each patient.

### During the past year, UTHCPC's Outpatient Behavioral Services programs:

- doubled in participants during the first quarter of the fiscal year.
- logged 7,710 billable patient visits, a 33 percent increase over FY 2002. This resulted in the program collecting \$2.1 million.
- demonstrated the effectiveness of its programs through a study conducted by UTHCPC's COPEs (Center for Outcomes Program Evaluation Studies), which collected physician, nursing, and self-assessment data at patient admission and again at discharge.

The study found that those in the UTHCPC outpatient programs:

- had fewer symptoms
  - had less distress
  - were less resistant to treatment
  - displayed a better overall ability to function
  - were less likely to suffer relapses
  - were less likely to need future hospitalization
- received a perfect score on the triennial accreditation visit from JCAHO.

## Engendering a Culture of Excellence Among Staff

Morale of employees is a key factor for any caregiving institution. UTHCPC closely monitors employee attitudes through a yearly satisfaction survey, and then implements programs addressing areas of concern for staff in the operation of the hospital. Several hospital departments, including Administration, Personnel Services, Performance Improvement, and Hospital-Wide Education developed activities for staff, which:

- defined the term “customer” as broadly as possible—including patients, families, visitors, vendors and fellow staff—to emphasize the importance of customer service, and made the customer service awareness program, FISH!, an ongoing component of Hospital-Wide Education.
- enhanced recognition for a job well done through a peer-



recognition program for individuals and departments, increased the visibility of Employee of the Quarter/Year awards, and implemented an Administrator of the Year program.

- increased the profile and work of the Employee Relations Committee, which plans social and cultural events for staff.
- established regular training opportunities for staff to maintain their professional certifications and meet mandated training requirements; by the end of the year many of the training programs could be done online.
- conducted orientation programs for new nurses and residents.
- increased the number of continuing education presentations for



professional clinical staff.

- worked to reduce employee turnover by initiating parity in pay and merit increases. (Turnover and vacancy rates are already low compared to national norms.)

## Building a Physical Plant Dedicated to Strengthening Treatment and Education

A much-needed physical expansion of UTHCPC occurred in spring 2003 with the opening of the 10,000 square foot Patient Recreation and Education Building. The building, on the site of the former outdoor basketball pavilion, includes:

- an indoor gymnasium for patient recreation.
- offices and training rooms of the Hospital-Wide Education Department.
- increased studio space and up-to-date facilities for the UTHCPC Tele-Education Project and UTHCPC-TV, the hospital’s internal channel for patients.

The new building freed up space in the hospital building, creating:

- easier access to medical records, with new offices for the Health Information Management department.
- a new home for the UT-Houston Psychiatry Library, formerly housed at the UT Mental Sciences Institute, giving UTHCPC faculty



and students, as well as the many students from other institutions preparing for professional health careers, more convenient access to information and research tools.

## Seizing Opportunities to Provide Caring, Teaching, and Partnership with the Community

Outreach activities continue to be concentrated on prevention and early intervention, community education, and building partnerships in the service of patients and families. Significant achievements during the past year include:

- the development of PASS (Partners in After School Success), a program providing tutoring, mentoring, and psychological counseling for grade school children identified as being at-risk for emotional or behavioral problems. Funded by the Hogg

Foundation for Mental Health with matching funds from The Meadows Foundation, PASS piloted its program at Lockhart Elementary School in the Houston ISD. Undergraduates from Texas Southern University were mentors, and psychology and social work students from UT Houston and the University of Houston provided group and one-on-one counseling. A reduction of 75 to 80 percent in behavioral incidents among children in PASS was noted shortly after the program's inception.

- the continuation and expansion of the services provided by UTHCPC teleeducation, such as:
  - weekly educational forums on various topics covering children's mental health for teachers, counselors, and case workers at six school districts, the Harris County Juvenile Probation Department (JPD) and Harris County Children's Protective Services.
  - weekly teleconferencing "staffing" consultation sessions between the caregivers of the youth in the SubAcute Adolescent Unit at UTHCPC and their counterparts at JPD.
  - broadcast of continuing education programs for faculty, staff.
  - production of programming for broadcast to patients on UTHCPC-TV.
  - use of teleconferencing equipment in partnership with other local health and social service agencies for

telehealth/teleeducation activities.

- the facilitated the activities of volunteers who make it possible for us to provide such items as clothing and toiletries, parties and celebrations, and special activities. UTHCPC volunteers include a number of individuals and groups who come to the hospital regularly to work where needed with patients and staff, and organizations that provide continuing support through donations.

One of the latter is Lifeline Chaplaincy, an outreach program of the Churches of Christ and a long-time Texas Medical Center agency providing emergency financial assistance to Medical Center patients and families in need.

For UTHCPC during the past year, Lifeline provided:

- free parking for family and visitors who otherwise could not afford to visit loved ones.
- hand-made lap robes, pillows, and toys for patients.
- toiletries and special holiday gifts.



# Hospital and Patient Statistics

## UTHCPC HISTORICAL OVERVIEW

	1987	1988	1989	1990	1991	1992
Number of Admissions	1,730	3,016	3,017	3,152	3,639	3,983
Average Length of Stay	21.4	23.8	25.9	27	23	20.8
Cost per Patient Day*	\$297.19	\$278.73	\$275.19	\$261.33	\$369.50	\$343.62
Cost per Episode	\$6,359.86	\$6,333.77	\$7,127.42	\$7,055.91	\$8,498.50	\$7,147.29

	1993	1994	1995	1996	1997	1998
Number of Admissions	4,333	4,660	4,763	5,162	5,429	5390
Average Length of Stay	18.7	17	17.2	13.9	13.8	9.4
Cost per Patient Day*	\$367.75	\$402.90	\$441.10	\$457.25	\$474.00	\$614.90
Cost per Episode	\$6,876.92	\$6,849.30	\$7,586.92	\$6,355.78	\$6,541.00	\$5,776.09

	1999	2000	2001	2002	2003
Number of Admissions	5,263	5,186	5,649**	6006**	5,906
Average Length of Stay	10.1	10.6	10.6	11.3	11.3
Cost per Patient Day*	\$584.27	\$634.46	616.64	575.01	578.50
Cost per Episode	\$5,906.62	\$6,725.27	6,421.47	6,071.37	6,238.96

\* Includes depreciation, not capital expense

\*\* Does not include admissions to SubAcute Unit for Juvenile Offenders, funded by a grant from Harris County. The SubAcute Unit opened in May 2001, and served 58 adolscents in FY01 and 129 in FY02.

## UTHCPC SOURCES OF REVENUE

	1988	1989	1990	1991	1992	1993	1994	1995
State	\$19,529,912	\$19,955,991	\$22,713,351	\$19,734,952	\$19,656,072	\$20,066,524	\$19,861,244	\$19,980,057
Harris County	,824	,167	\$3,433,796	\$3,791,592	\$3,593,573	\$3,690,156	\$3,730,825	\$3,732,215
Patient Income	\$220,118	\$636,557	\$657,095	\$885,583	\$3,181,347	\$5,682,425	\$6,863,225	\$5,529,814
Other	\$486,447	\$356,485	\$354,317	\$94,303	\$86,787	\$374,217	\$390,619	\$562,371
<b>Total Revenue</b>	<b>\$23,835,301</b>	<b>\$24,632,200</b>	<b>\$27,158,559</b>	<b>\$24,506,430</b>	<b>\$26,517,779</b>	<b>\$29,813,322</b>	<b>\$30,845,913</b>	<b>\$29,804,457</b>

	1996	1997	1998	1999	2000	2001	2002	2003
State	\$20,482,449	3,427	\$20,324,652	\$19,931,728	\$20,631,286.96	\$20,984,066.00	\$21,287,121.91	\$21,093,990.00
Harris County	\$3,730,825	\$3,730,825	\$3,593,768	\$3,560,477	\$3,573,808.00	\$3,883,294.00	\$4,285,782.84	\$4,026,495.00
Patient Income	\$5,106,587	\$5,581,758	\$4,319,513	\$6,348,861	\$6,786,627.42	\$6,471,493.18	\$7,242,298.64	\$8,126,705.27
Other	\$414,284	\$575,783	\$854,729	\$857,111	\$3,821,531.19	\$3,992,183.11	\$4,755,313.03	\$4,553,263.79
<b>Total Revenue</b>	<b>\$29,734,145</b>	<b>\$20,777</b>	<b>\$29,092,662</b>	<b>\$30,697,997</b>	<b>\$34,813,253.57</b>	<b>\$35,331,036.29</b>	<b>\$37,570,516.42</b>	<b>\$37,800,454.06</b>

# Hospital and Patient Statistics

## PATIENT DEMOGRAPHIC PROFILE FY 2003

	Average Daily Census	Average LOS (Days)	% Occupancy	Patient Days
Adult	157.6	11.2	90.4%	57,519
Child/Adolescent	16.9	8.0	62.4%	6,175
SubAcute	15.2	30.2	96.8%	5,565
<b>Total</b>	<b>189.8</b>	<b>11.3</b>	<b>87.4%</b>	<b>69,259</b>

## PATIENT ETHNICITY

	Number	Percent
American Indian	10	0.2%
Asian	112	1.8%
Black	2,405	39.6%
Caucasian	2,354	38.7%
Hispanic	1,065	17.6%
Other/Unknown	128	2.1%

## PATIENT LENGTH OF STAY BY DIAGNOSIS

Diagnosis Group	Average LOS
Bipolar Disorder	11.6
Depressive Disorder NOS	8.5
Major Depression	10.4
Mood Disorder NOS	8.5
Schizoaffective	14.8
Schizophrenia	16.8
Psychotic Disorder Other	11.6
Adjustment Disorder	6.0
Attention Deficit and Disruptive Behavior	16.3
Substance Use Disorder	5.9
All Other	8.4

## PATIENT GENDER

	Number	Percent
Female	2,646	43.6%
Male	3,428	56.4%

## ADMISSIONS TO PSYCHIATRIC FACILITIES/HARRIS COUNTY

	2001	2002	2003
Medicare	15.26	16.22	15.75
Medicaid	3.20	3.53	4.61
Private & Self	7.49	6.34	12.36

## UTHCPC EXPENDITURES BY AREA

Salaries	\$26,182,907.79
Operating Expenses	\$6,636,846.37
Maintenance & Repair	\$1,781,958.77
Food	\$1,340,715.13
Equipment	\$38,205.40
Housekeeping	\$370,665.00
Utilities	\$358,076.71
Laundry	\$128,873.06
Professional Development	\$9,030.27
<b>TOTAL</b>	<b>\$36,847,278.50 *</b>

\* These figures do not include expenses for the SubAcute Unit, funded by a grant from Harris County.

## Mission

The University of Texas Harris County Psychiatric Center is dedicated to excellence and leadership in the provision of patient care and to meeting the growing need for treatment of persons with mental illness residing in Harris County. UTHCPC has the unique additional missions of The University of Texas Health Science Center at Houston (UTH-SCH), which include conducting research into the course and treatment of mental illness, educating professionals in the care of the mentally ill, and providing the resources and knowledge of our staff to the local community.

## Vision

The University of Texas Harris County Psychiatric Center will be a premier psychiatric provider in the delivery of treatment, education, and research. UTHCPC faculty and staff will promote clinical excellence and innovative policies in conjunction with the total mental health community and the people of Harris County.

## Values

### “We Care”

Working as a team to provide quality care  
Excellence in the service of care

Culturally competent staff

Accountability in our commitment to excellence

Respect and compassion

Ethical and fair treatment for all

## UTHCPC Administration FY 2003

### **Robert W. Guynn MD**

*Executive Director, UTHCPC  
Chair, Department of Psychiatry  
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UT Houston Medical School  
Director, UT Houston Mental Sciences Institute*

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### **Alan C. Swann MD**

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### **Edward M. Reilly MD**

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