



Report to the Quality & Access  
Sub-Committee  
July 20, 2007

# CCMC ED Response Plan

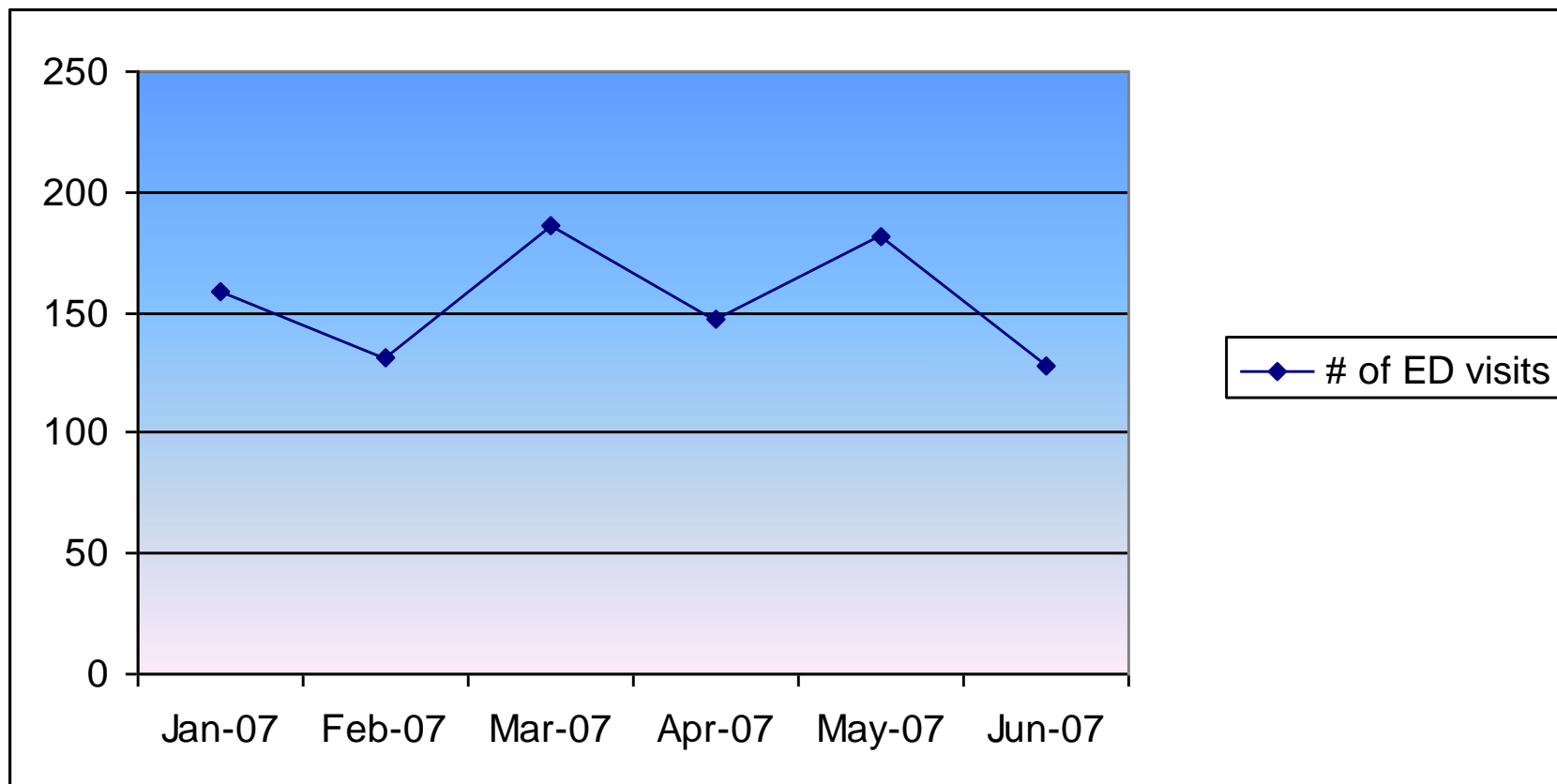
# Background

- Increasing trend of delayed kids in EDs in January/February/March '07
- Response plan effective April 13th:
  - Daily calls, onsite visits, and attendance in daily rounds
  - After hours phone consultation and on-site visits on request
  - Weekend coverage
  - On-site staff focused on community diversion as a potential alternative to inpatient admission
  - Peer specialists available to support families in the ED on request
  - New CCMC/Wheeler MOU provides for on-site presence of EMPS
    - EMPS participation in daily rounds
    - EMPS meeting with family when diversion is an option
- Response plan discontinued early June

# CCMC ED VISITS

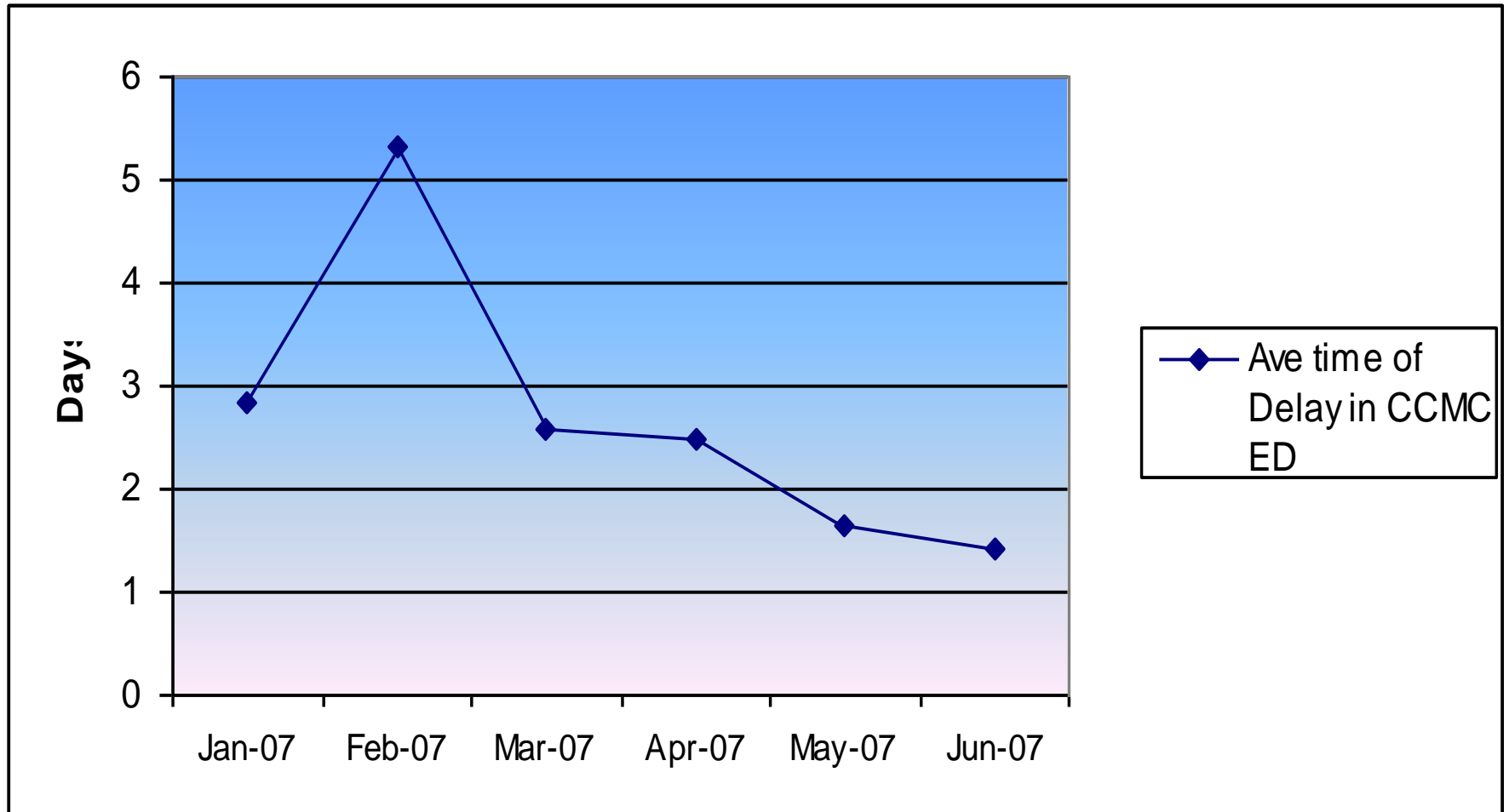
## (Draft Data)

Please note: this data includes CT BHP and non-CT BHP members who went to the CCMC ED



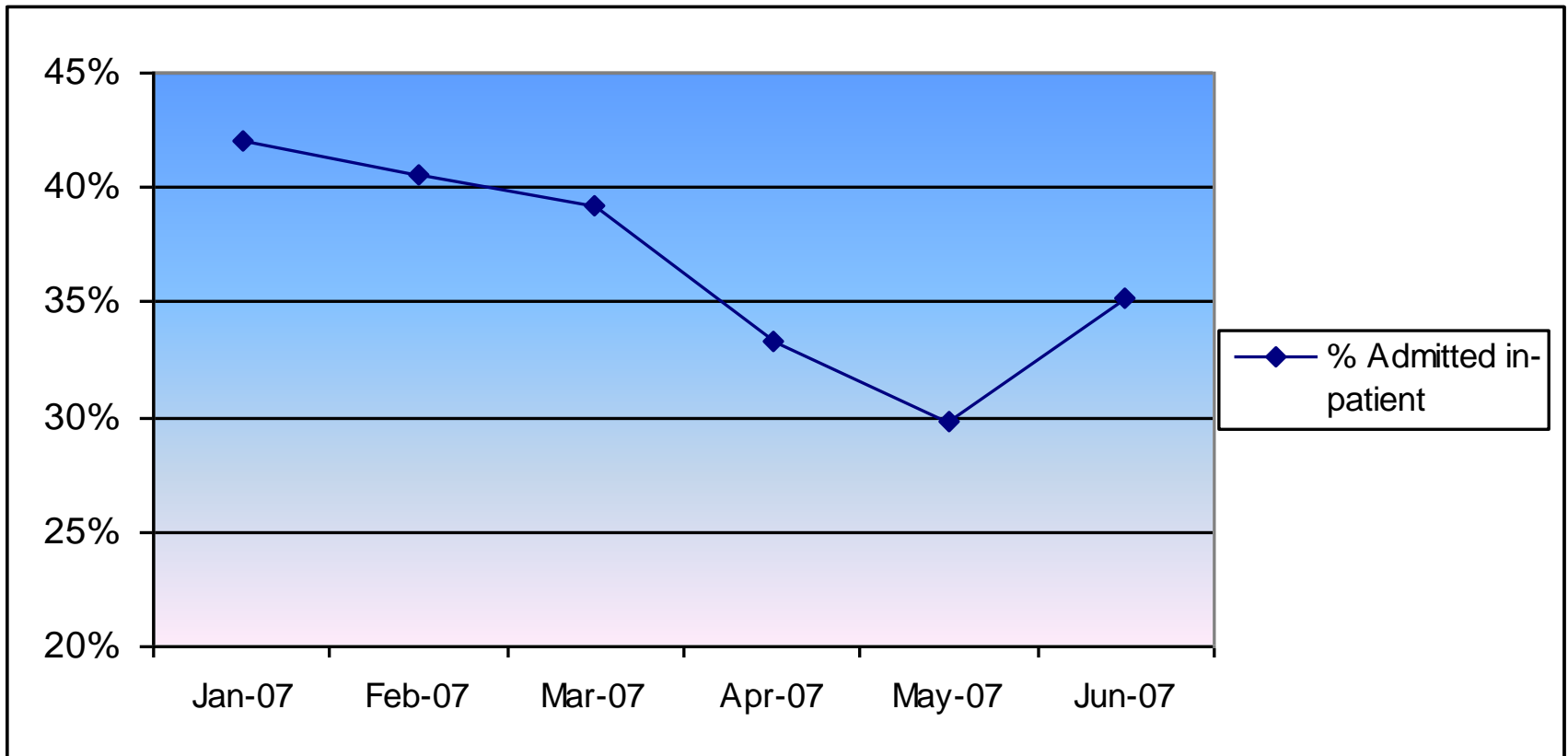
# Average length of discharge delay at CCMC ED (Draft Data)

Please note: this data includes CT BHP and non-CT BHP members who went to the CCMC ED

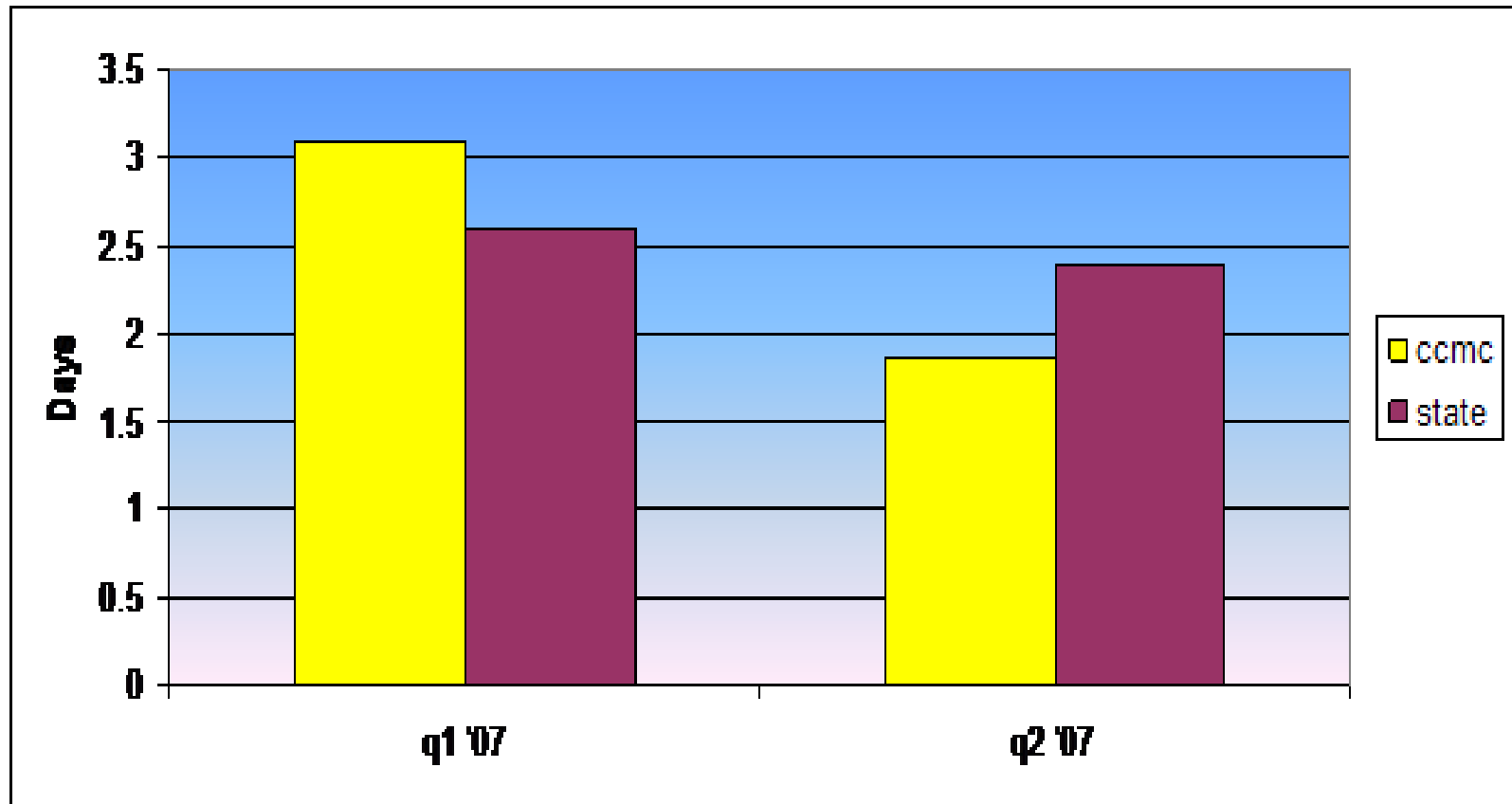


# Percent of CCMC ED Patients Admitted (Draft Data)

Please note: this data includes CT BHP and non-CT BHP members who went to the CCMC ED



# Average Days Delayed CCMC compared to Statewide Average



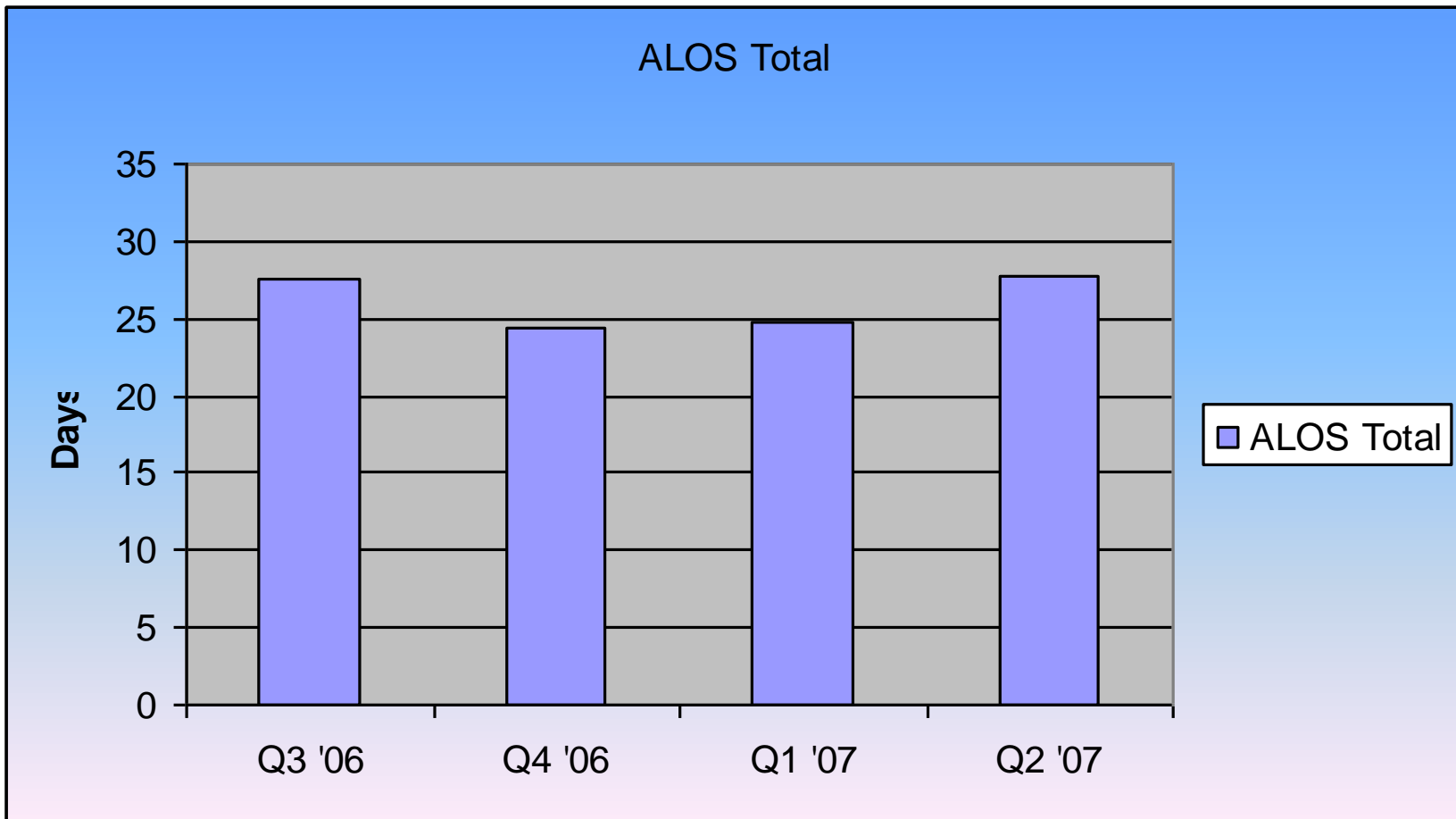
# Inpatient Services

Average Length of Stay



# Average Total Length of Stay

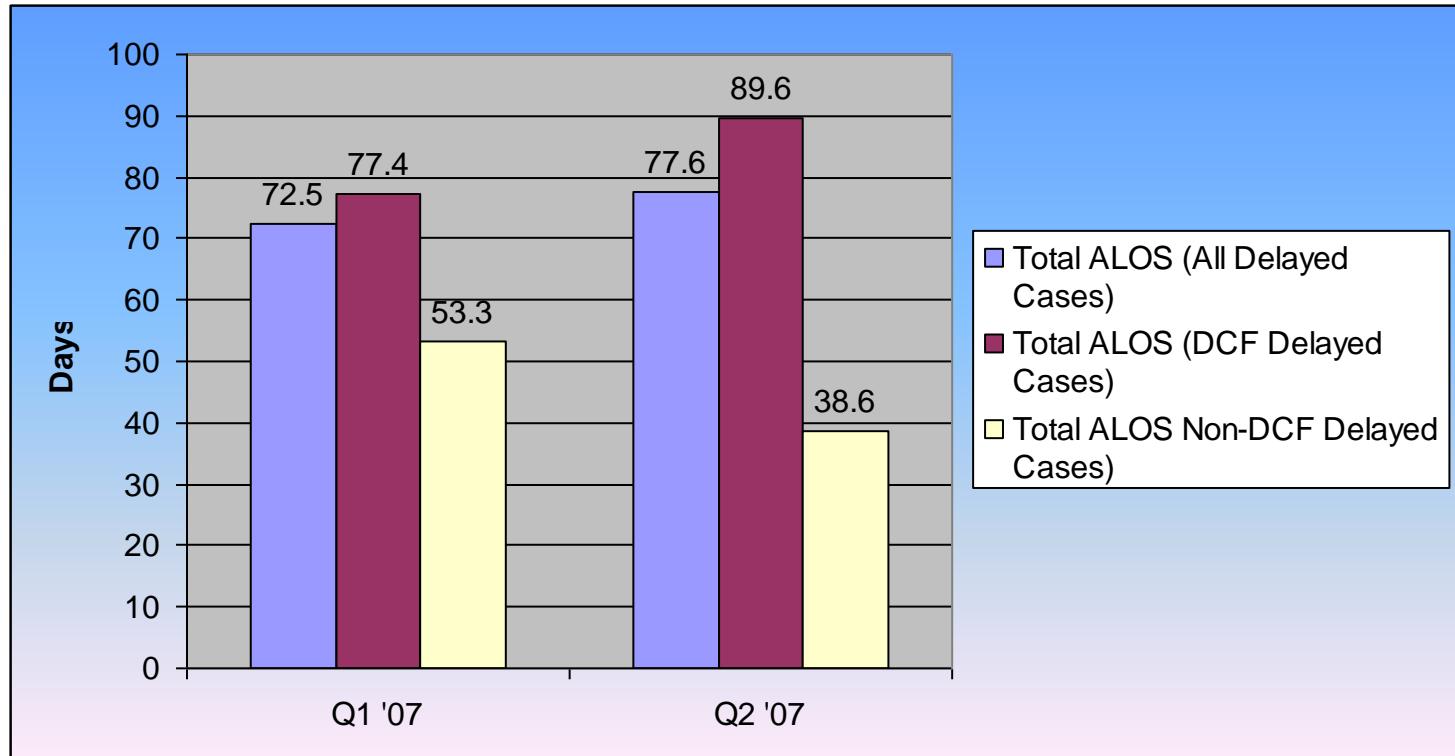
Includes “Acute” and “Delay” days of stay  
Inpatient (IPF, IPM and OBS)



# Total ALOS *Delayed Cases Only*

Includes “Acute” and “Delay” days of cases with a delay at some point in the stay

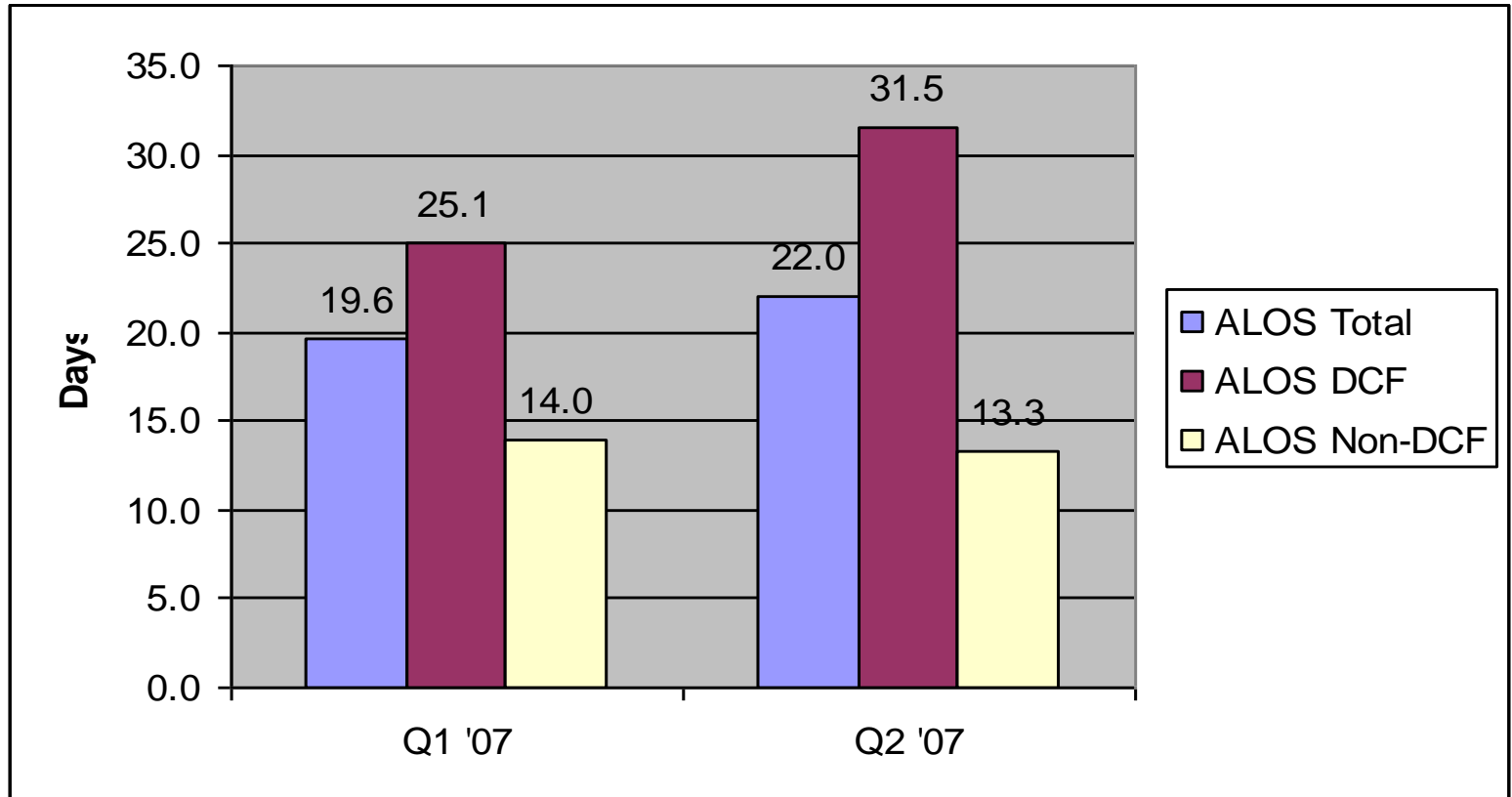
## DCF vs Non-DCF



# “Acute” LOS

Includes Acute days of Delayed Cases and all days of Non-Delayed Cases

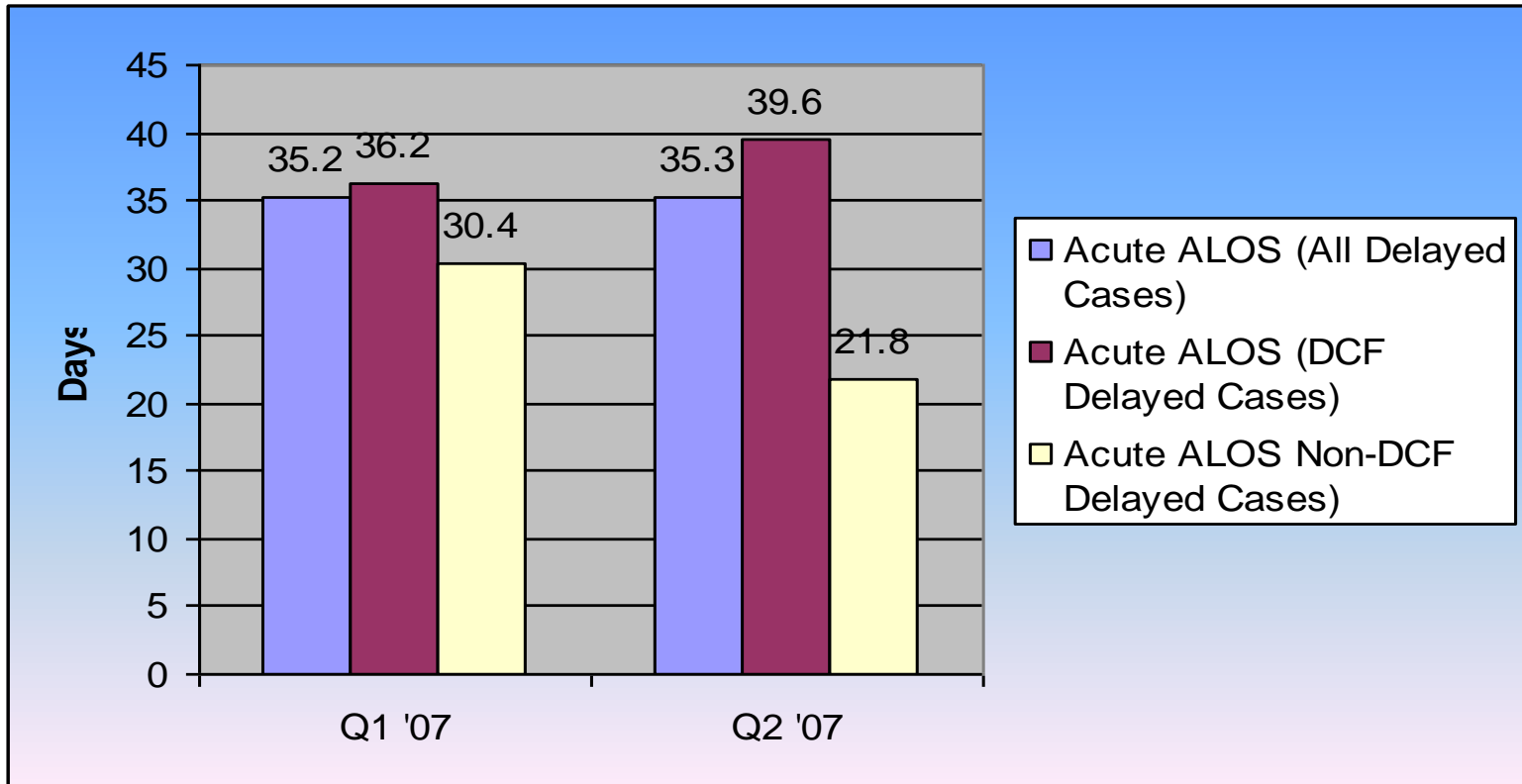
## DCF vs Non-DCF



# “Acute” LOS

Delayed Cases only

## DCF vs Non-DCF

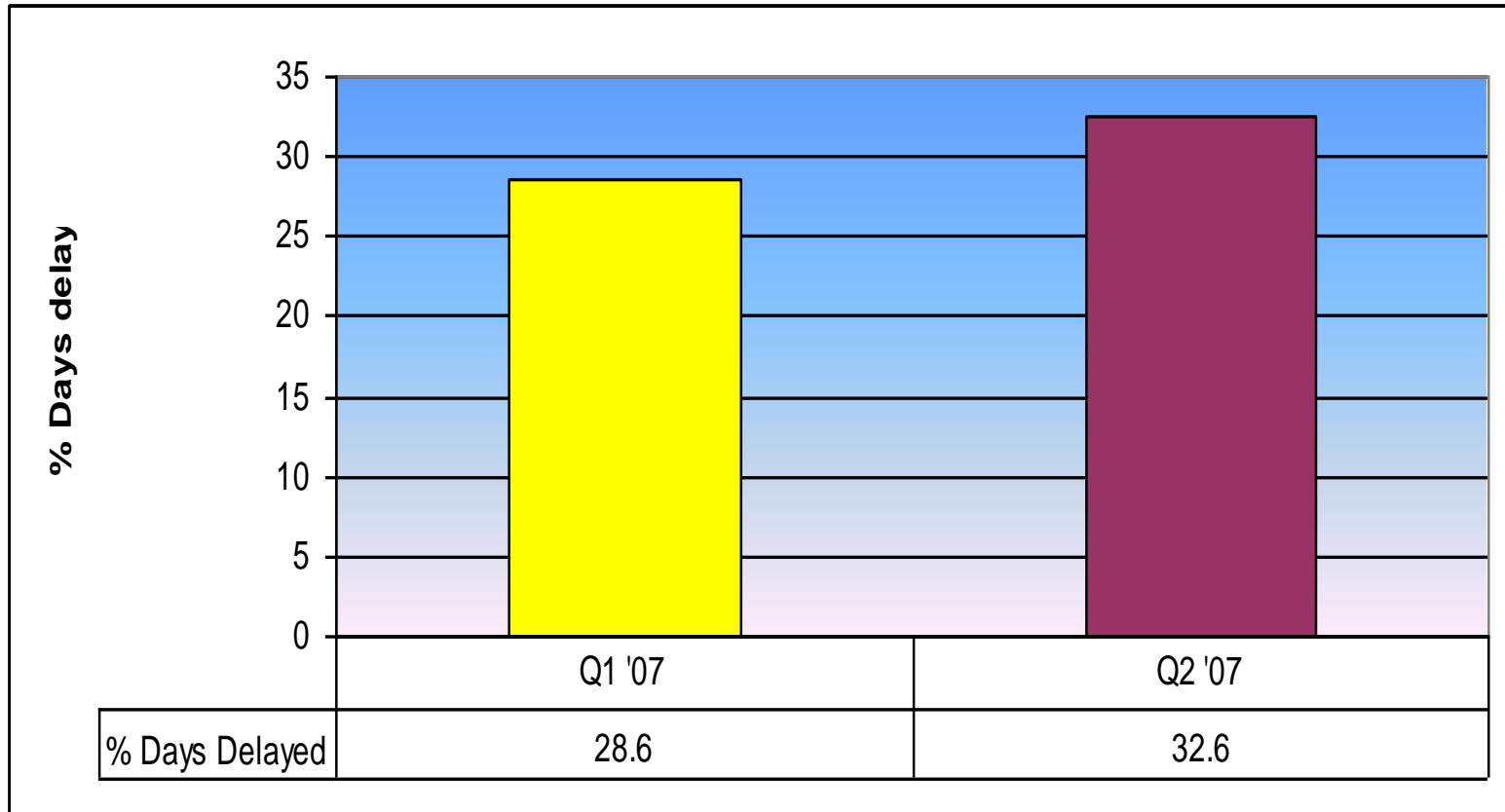


# How ALOS is impacted by Discharge Delay and DCF/Non-DCF Status

- Acute phase of DCF children is longer than acute phase of Non-DCF kids
- Acute phase of delayed DCF children is longer than acute phase of delayed Non-DCF children
- DCF children are delayed longer than non-DCF children
- Overall ALOS for all children increased from Q1 '07 to Q2 '07 by 3 days
- Non-DCF Delayed children Total ALOS decreased in Q2 '07 from 53.3 to 38.6 days but
- Delayed DCF children Total ALOS increased from 77.4 to 89.6 days
  - Both “Acute” ALOS (36.2 to 39.6) and “Delay” ALOS (41.2 to 50.0) increased for this population

# Percent Days Delayed

(Inpatient- IPF and IPM)



# CT BHP Response to Inpatient Discharge Delay

# Discharge Delay Strategies

## Clinical Rounds

- 3 separate weekly rounds with child psychiatrist focus exclusively on cases >10 days in hospital
- Other rounds focus on cases already in discharge delay
- Recommendations documented in case notes

System Managers bringing Discharge Delay Data to MSS weekly in some areas

Auditing of all discharge delay cases

Auditing of sample of outlier (> 10 days LOS) cases to determine if:

- Reviewed in Discharge Delay Rounds and
- Should be in Discharge Delay status

Daily DCF review of Children in delay status

Area Office Prompts

2007/2008 Performance Target



# Reducing Discharge Delays for Youth Receiving Inpatient Behavioral Health Treatment

## 2007/2008 Performance Target

# Reducing Discharge Delays

## Goal 1

- Improve the accuracy of discharge delay information generated by the ASO
  - Monthly Audit of sample of cases with >10 day LOS
  - Standing Training Agenda Item; Clinical Staff Meeting
  - Thrice weekly Clinical Rounds dedicated to review of all cases >10 day LOS
  - AIS enhancements that allow for cases > 9 authorizations to place case in delay status and change/update “reason for delay” code
    - Audits and enhancements all in place by 7/1/07
  - Result: improved timeliness and consistency of “definition” and identification of discharge delay cases
  - Increase in “delay” segment of ALOS in Q2 of '07, particularly for DCF kids

# Reducing Discharge Delays

## Goal 2

- To facilitate timely access to community based services for those discharge delay cases that are delayed due to awaiting community based services
  - Development of community alternatives
    - ECC go-live September 1, 2007
    - Life Coaching LOC to be defined in Fall, 2007
  - ASO to train providers on new programs
    - Scheduling ECC trainings for Sept., Oct., & Nov.

# Reducing Discharge Delays

## Goal 3

- Develop and implement a Treatment Improvement Initiative for Discharge Planning for Inpatient Care
  - Literature Review for best practice (underway)
  - Focus Groups to garner buy-in and generate ideas (three held to date)
- Develop a written document to present to the inpatient network

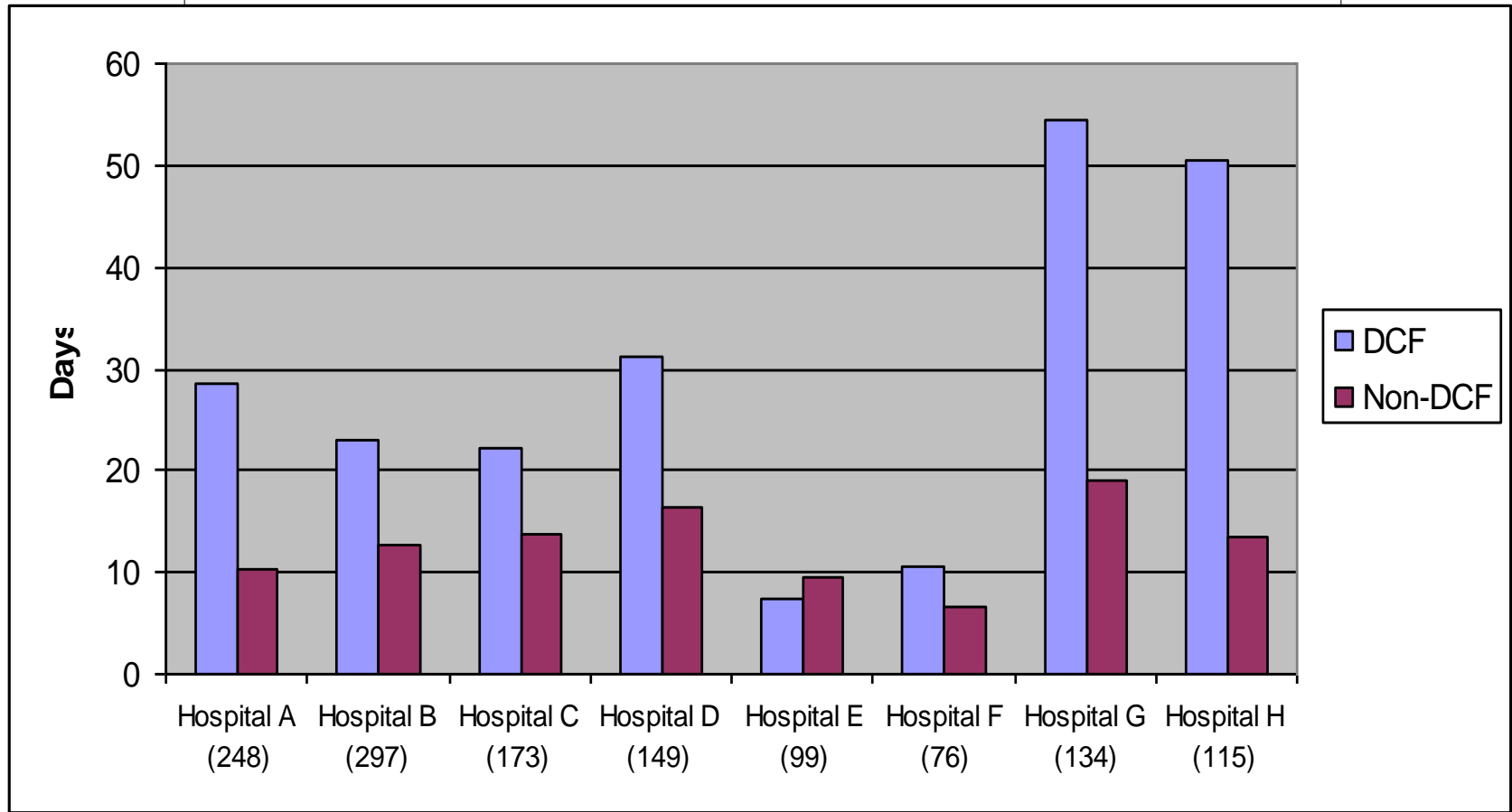
# Next Steps

- Move to refined definition of ALOS breaking out “Acute” and “Delay” segments of stay.
- Monitor impact of ECCs on Discharge Delay in Q4 07
- Best Practices in Discharge Planning document and training in fall '07
- Partner with inpatient network to implement
- Other initiatives in planning stages

# Network Management Opportunities

- Use of desktop reporting to:
  - Understand provider practice
  - Shape provider practice

# 2007 YTD ALOS Inpatient Mental Health Comparison of Eight (8) High Volume Facilities; DCF vs Non-DCF



# Implications for Network Management - Possibilities

- Provider Performance analysis
- Development of Provider Profiles
- Identification of Best Practices
- Identification of Preferred Provider Network
- Utilization of data within a pay for performance environment