



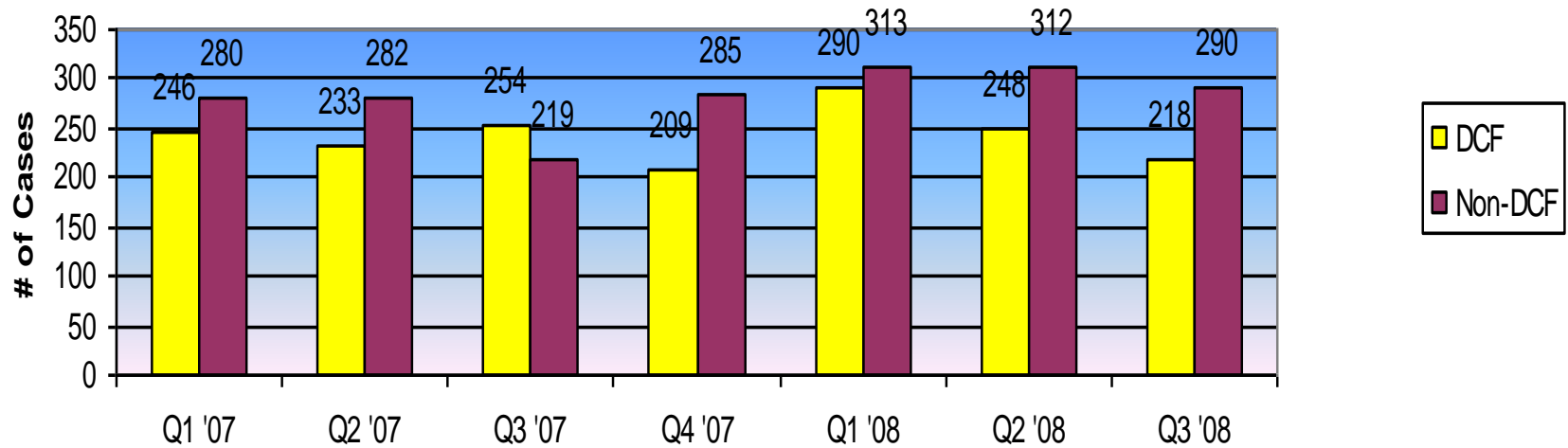
Report to the Quality & Access Sub-Committee

December 12, 2008

A Closer Look At Inpatient ~ 3rd Quarter

- As expected, non DCF children have more actual admissions than DCF involved children since there are larger numbers of non DCF involved children in the HUSKY population
- When reviewing admits/1000 data the trend of more DCF children admitted/1000 to inpatient than non DCF children continued in the 3rd quarter of 2008
- Overall however, there is a notable decrease in admits/1000 for DCF involved children
- The DCF ALOS in the 3rd quarter has increased. This increase in LOS was also noted in the 3rd quarter of 2007, suggesting a seasonal trend that will be monitored
- DCF children's ALOS continues to be almost 3 times greater than that of non DCF children
- Home Based Services continue the upward trend although at a slower pace than previously noted

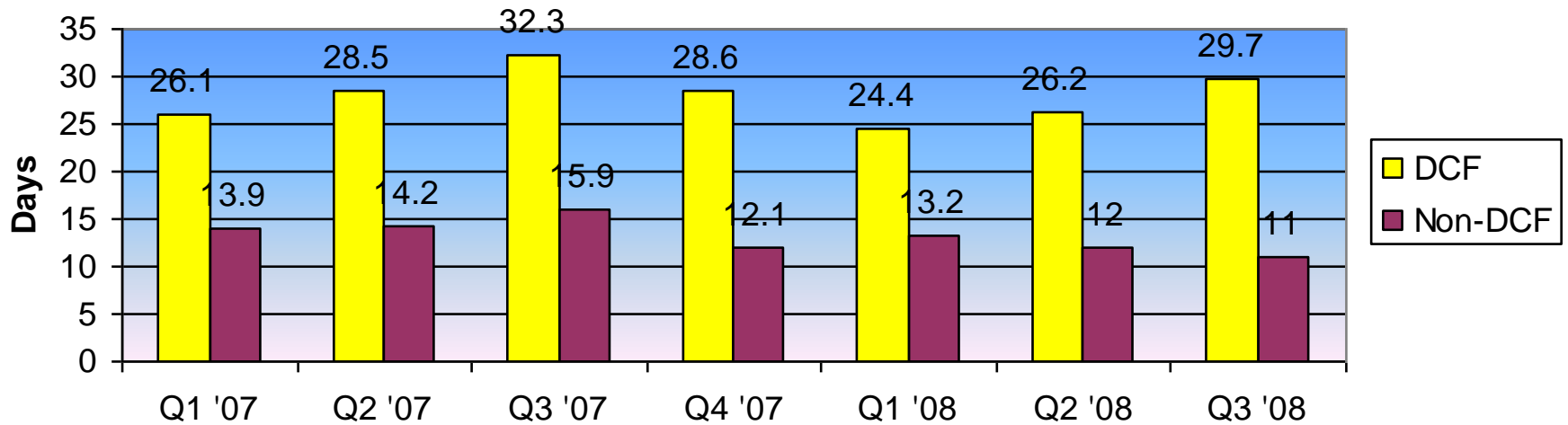
4a_1: Inpatient (IPF only) Admissions (age 0-18)



Includes: All Children Discharged in the Quarter

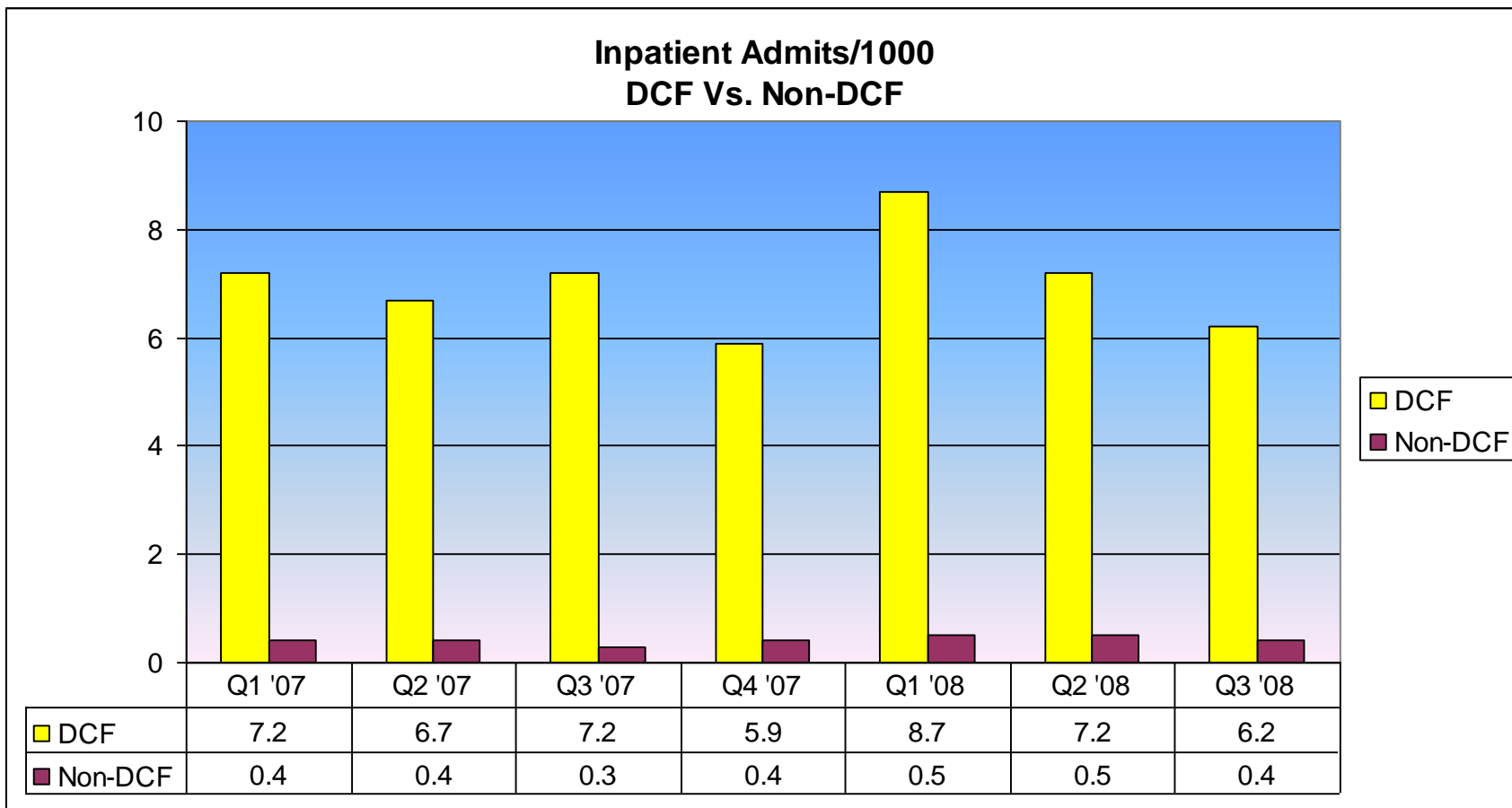
Excludes: Riverview

**4a_1: Average Inpatient (IPF) LOS
(age 0-18)**



Includes: All Children Discharged in the Quarter

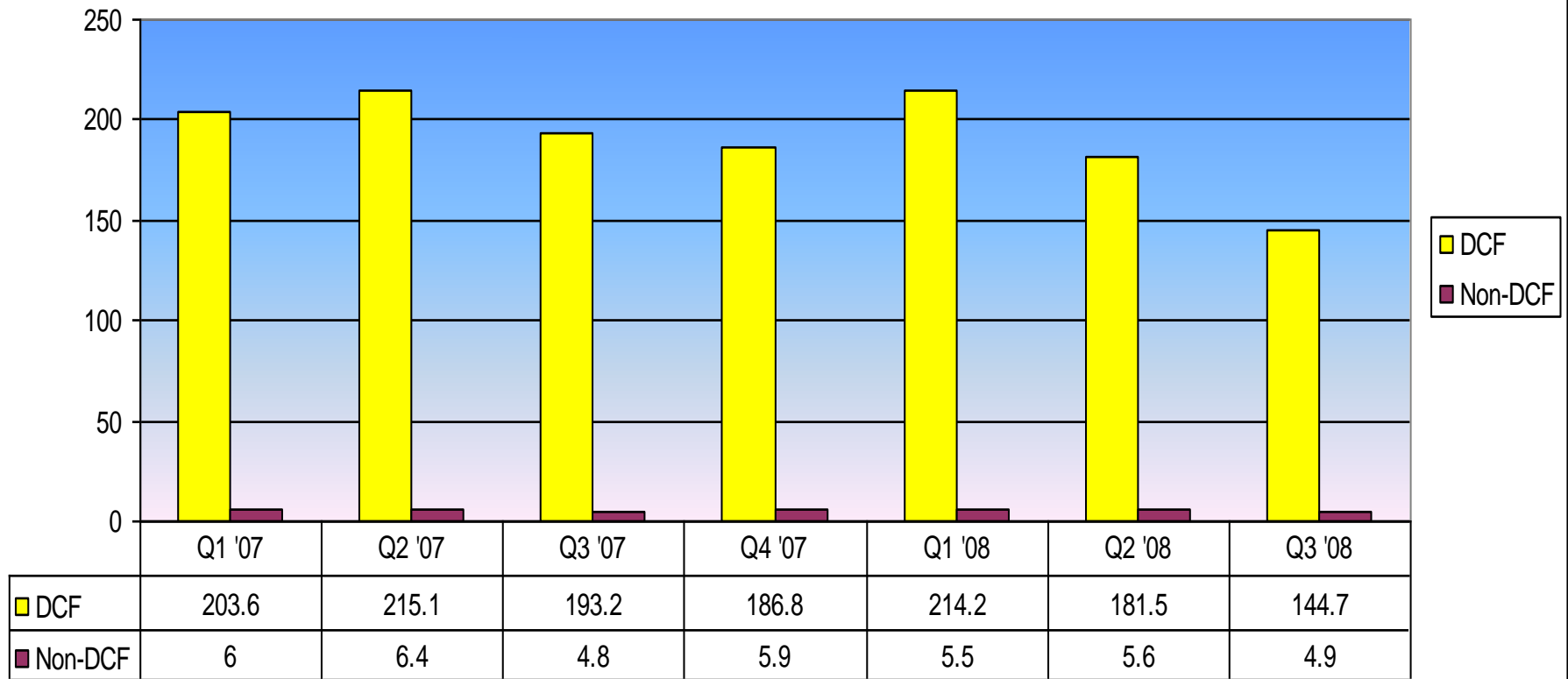
Excludes: Riverview



Includes: Children 0-18, IPF only

Excludes: Riverview

Inpatient Days Per 1000 DCF vs. Non-DCF

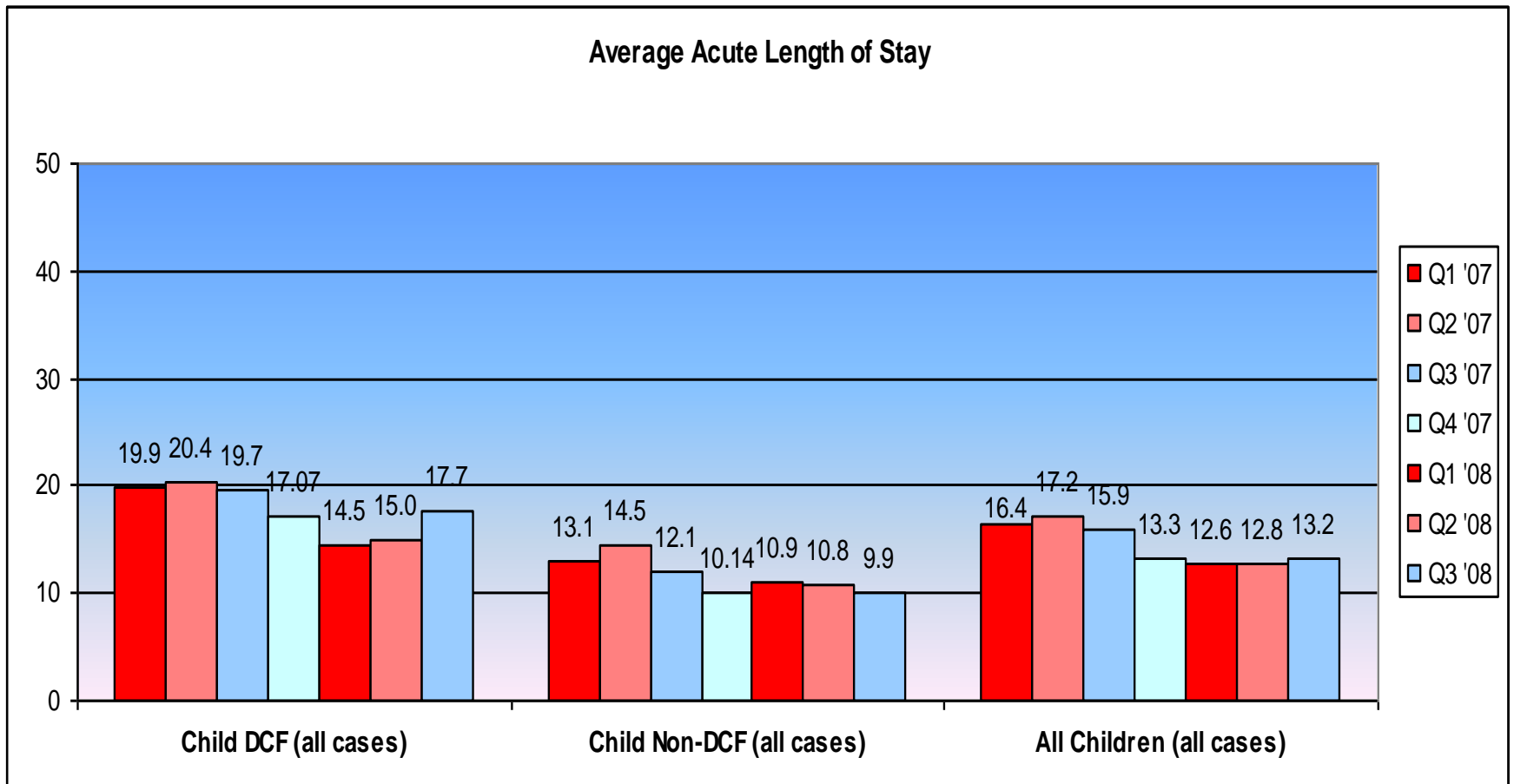


Includes: IPF only, Children 0-18

Excludes: Riverview

Inpatient ALOS and Delay Analysis

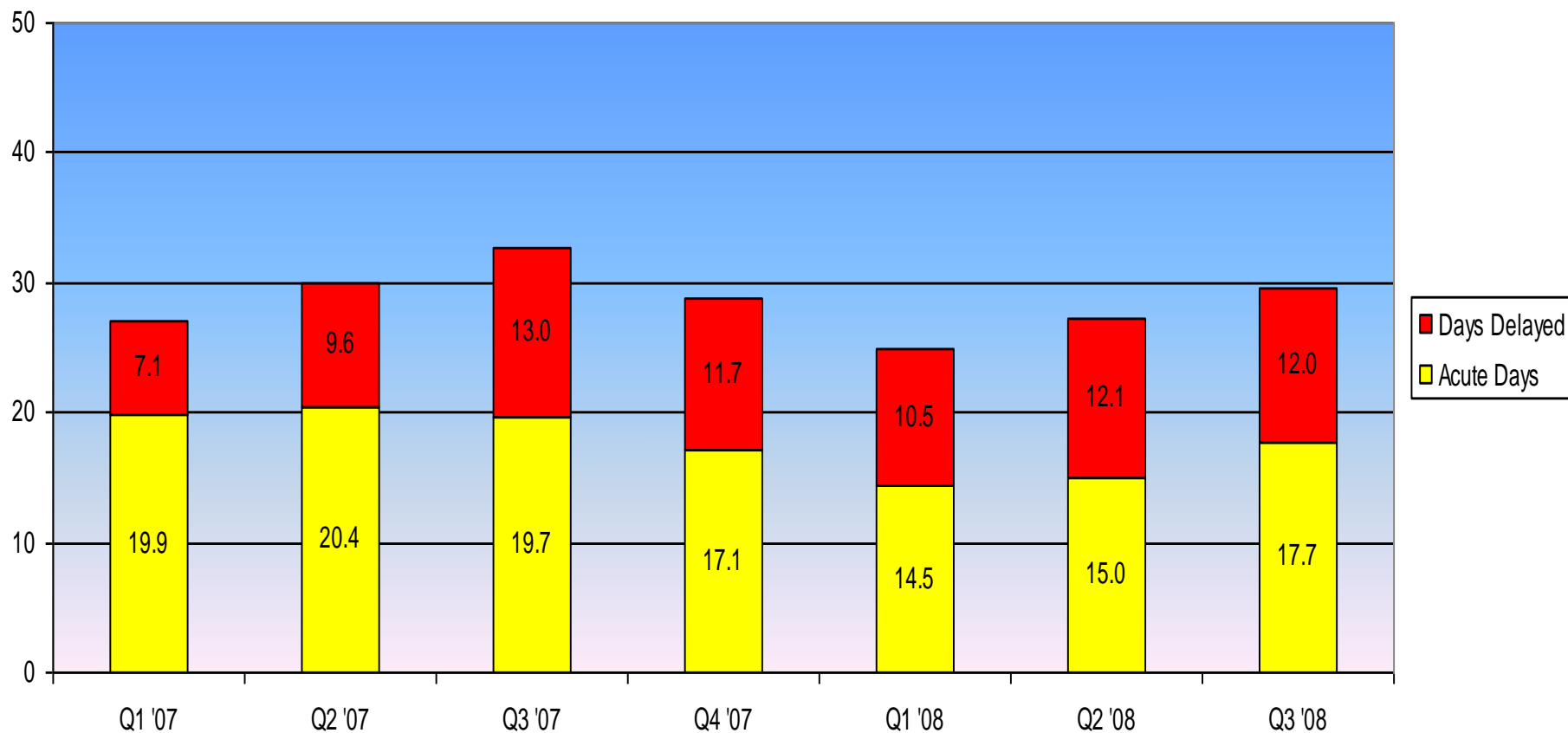
- Length of acute stay for All Children increased slightly in the 3rd Quarter
- DCF children identified as being in discharge delay for all levels of care continues to decrease in *both* the number of days in delay and number of children in delay for Q3 08
- Q3 2008 shows a continuation in the downward trend of delayed days in inpatient services for both DCF and Non-DCF involved children.
- The days in inpatient delay status decreased from 2714 in Q2 to 2273 in Q3 a decrease of 441 days
- Children “Awaiting Placement” continues to be the most frequently identified reason for Discharge Delay



Includes: All cases discharged within the quarter

Excludes: Riverview

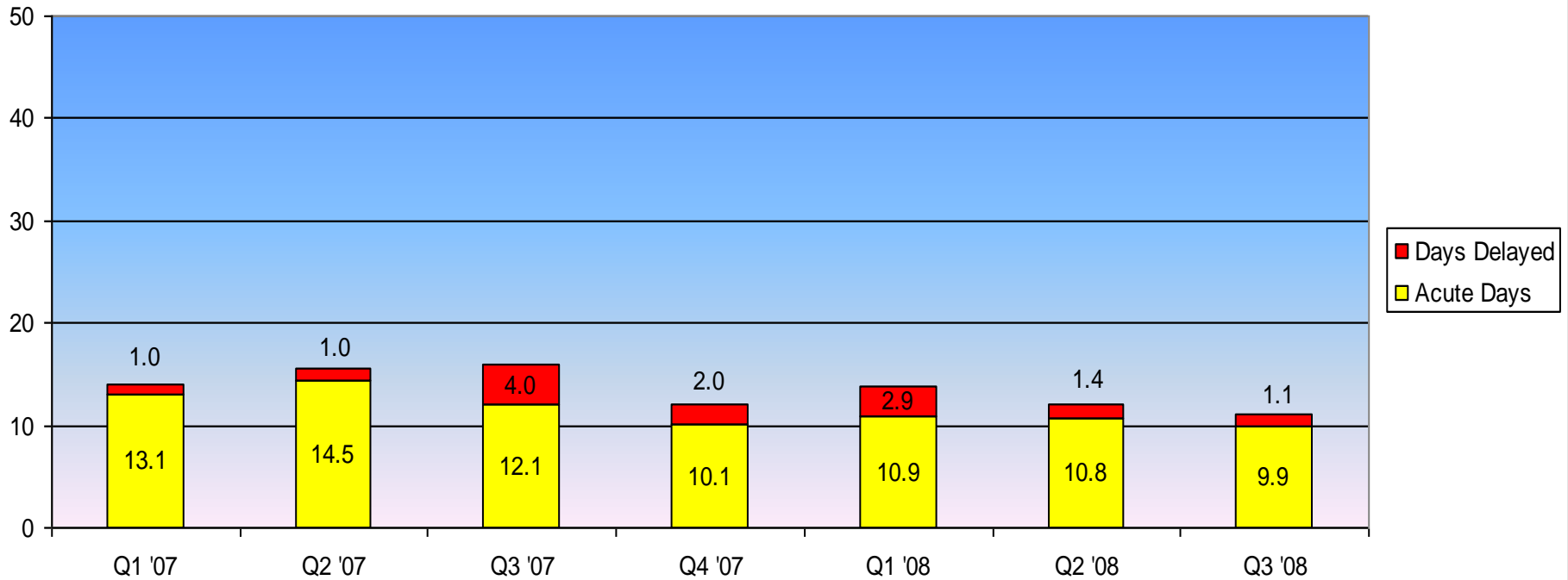
DCF: Average Length of Stay Acute and Discharge Delay



Includes: All DCF cases discharged within the quarter

Excludes: Riverview

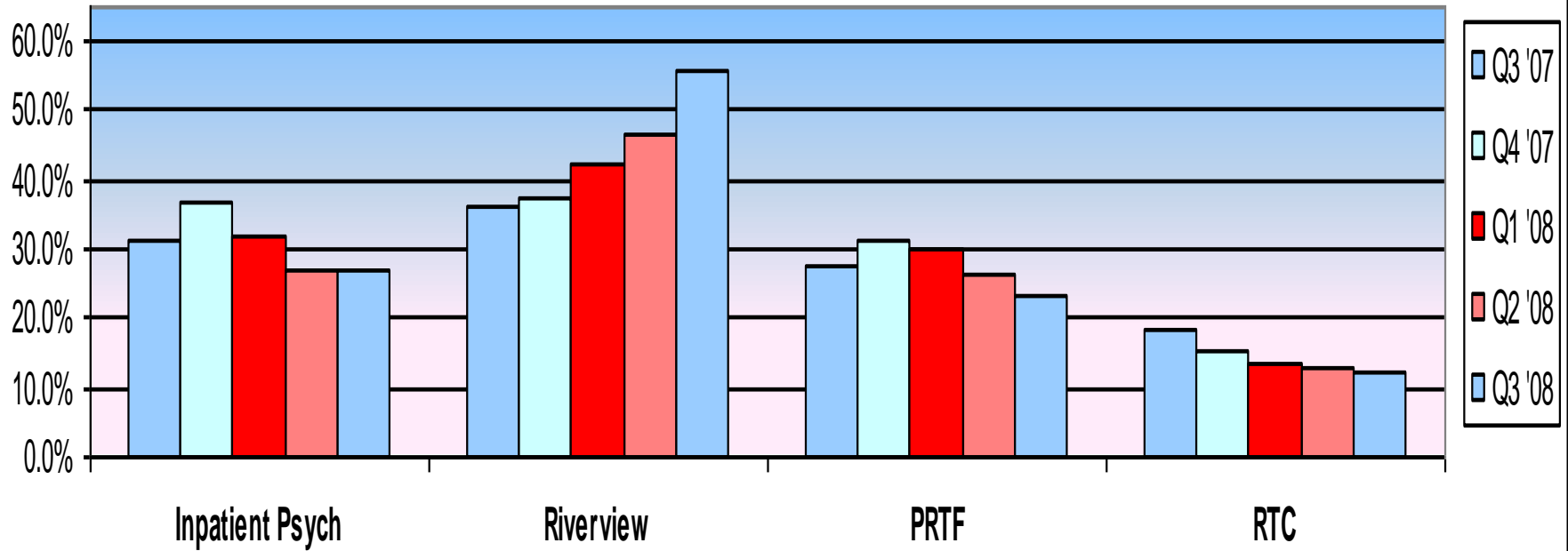
Non-DCF: Average Length of Stay Acute and Discharge Delay



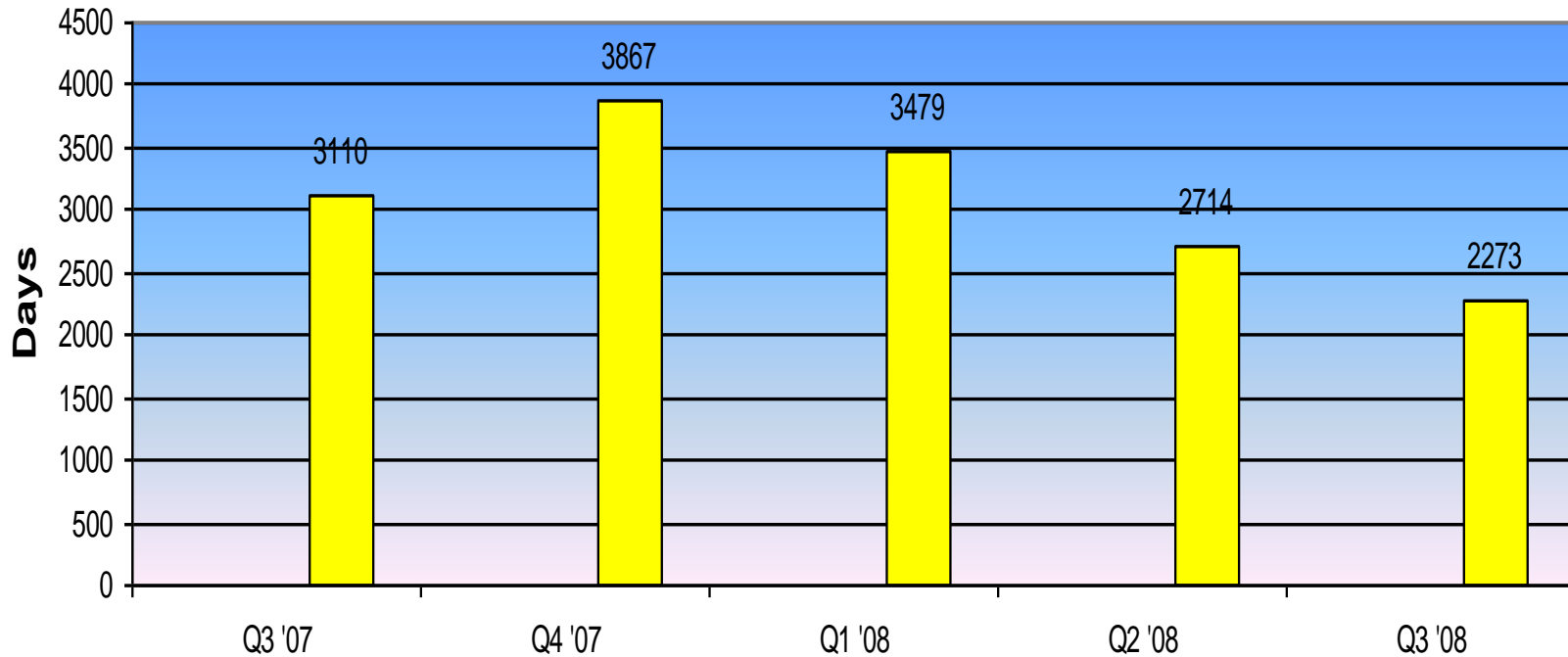
Includes: All Non-DCF cases discharged within the quarter

Excludes: Riverview

10B7: Percent of Days Delayed for Inpatient Psych, Riverview, PRTF, & RTC
All Children (DCF & Non-DCF)



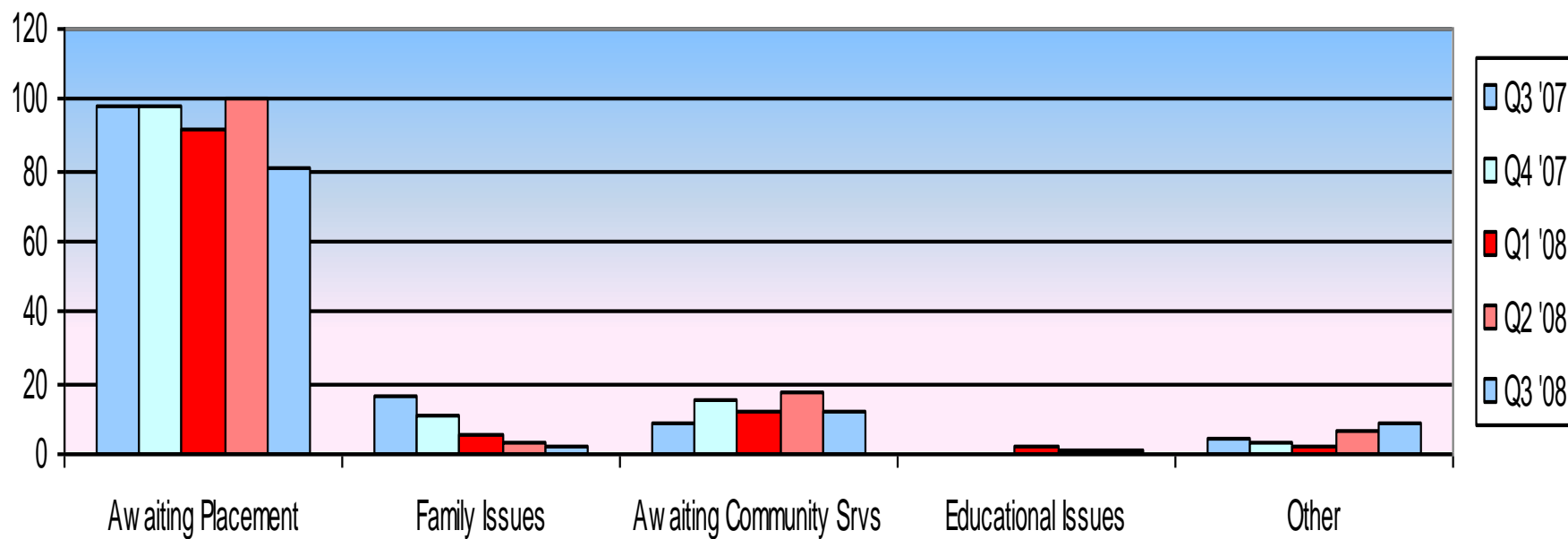
10B7: Total # of Days Delayed (IPF only)
(without riverview)



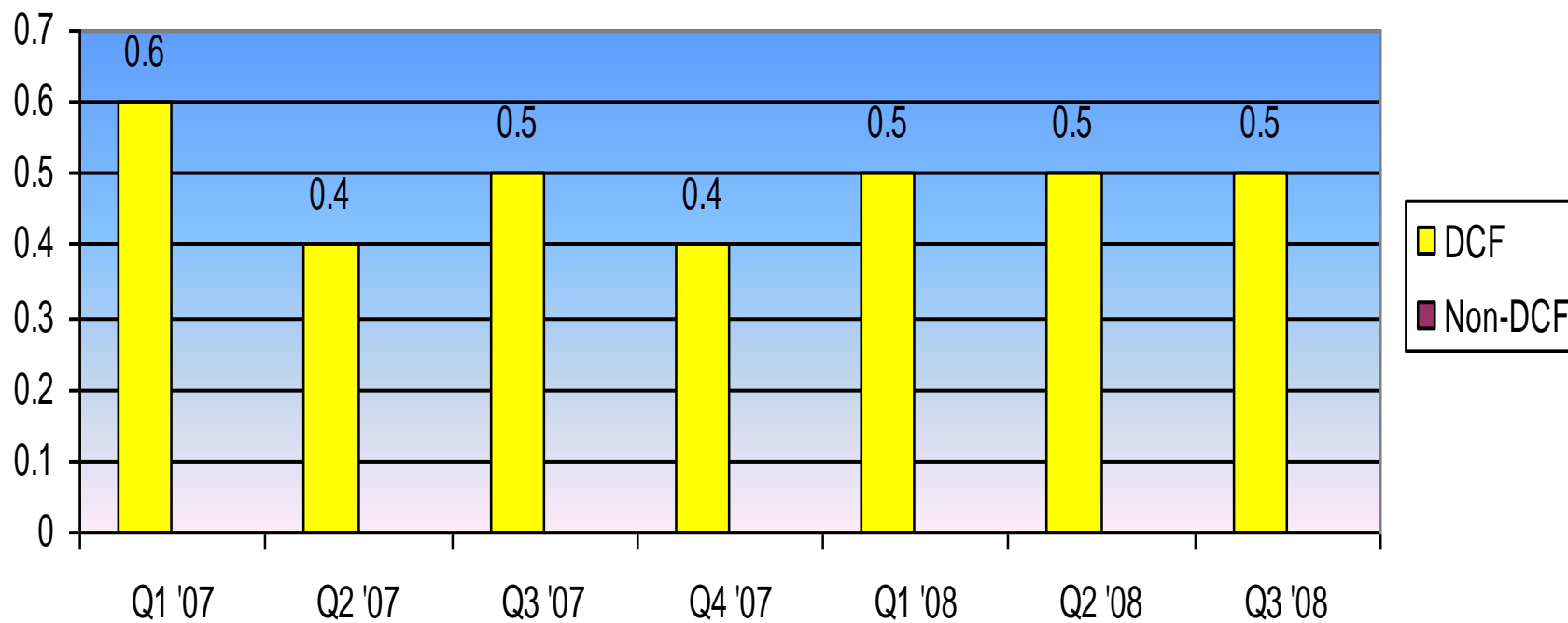
Includes: all cases discharged in the Quarter

Excludes: Riverview

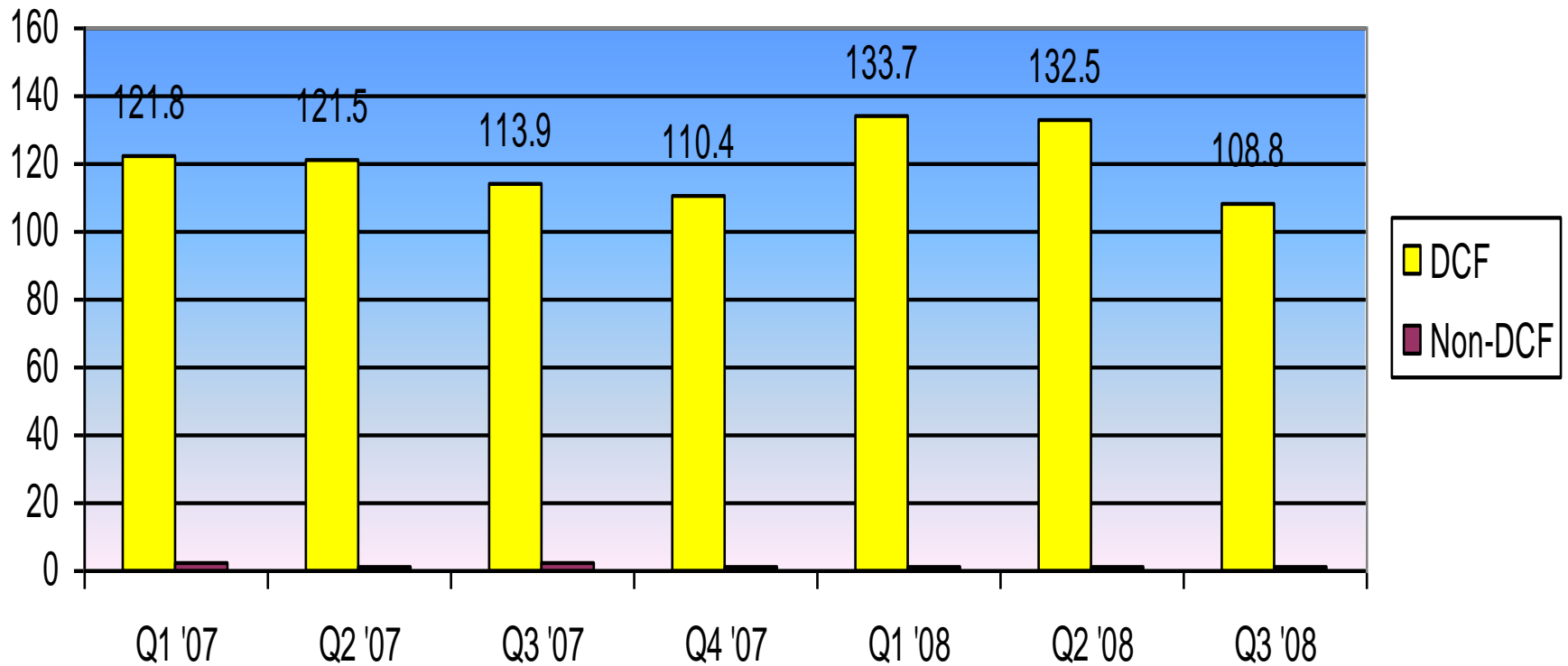
10B4a : Inpatient Discharge Delay Reason Codes by Major Category (Without Riverview)



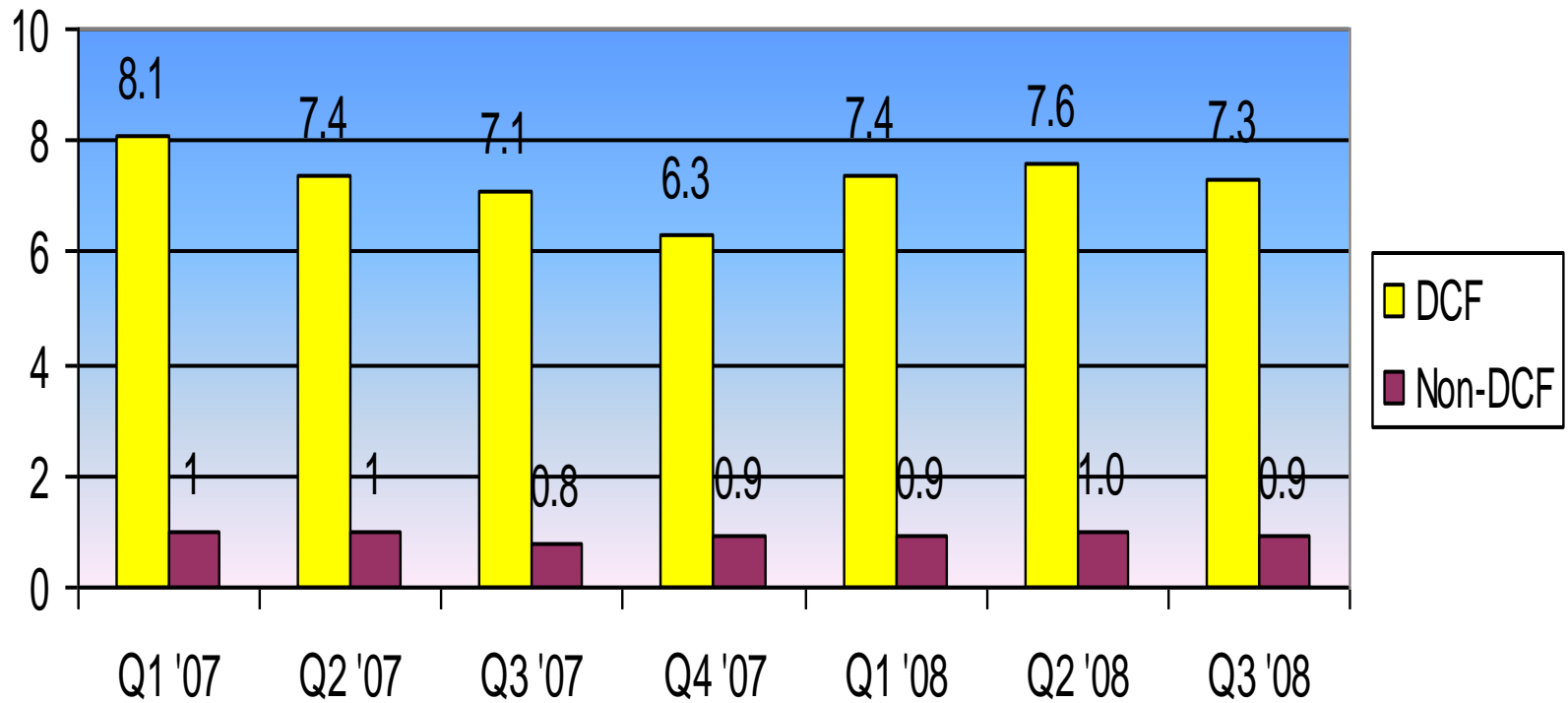
4a_1:PRTF: Admits/1000 (age 0-18)



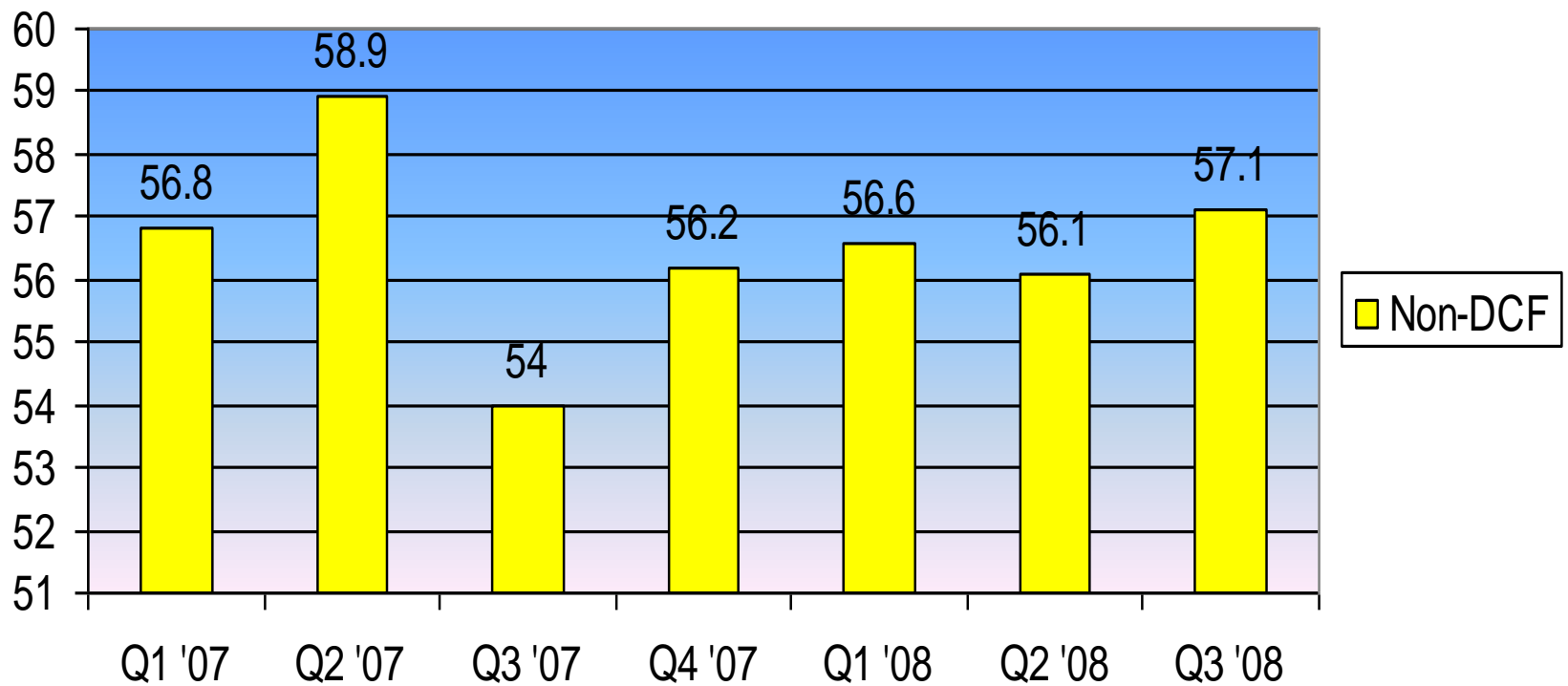
4a_1: PRTF: Days/1000



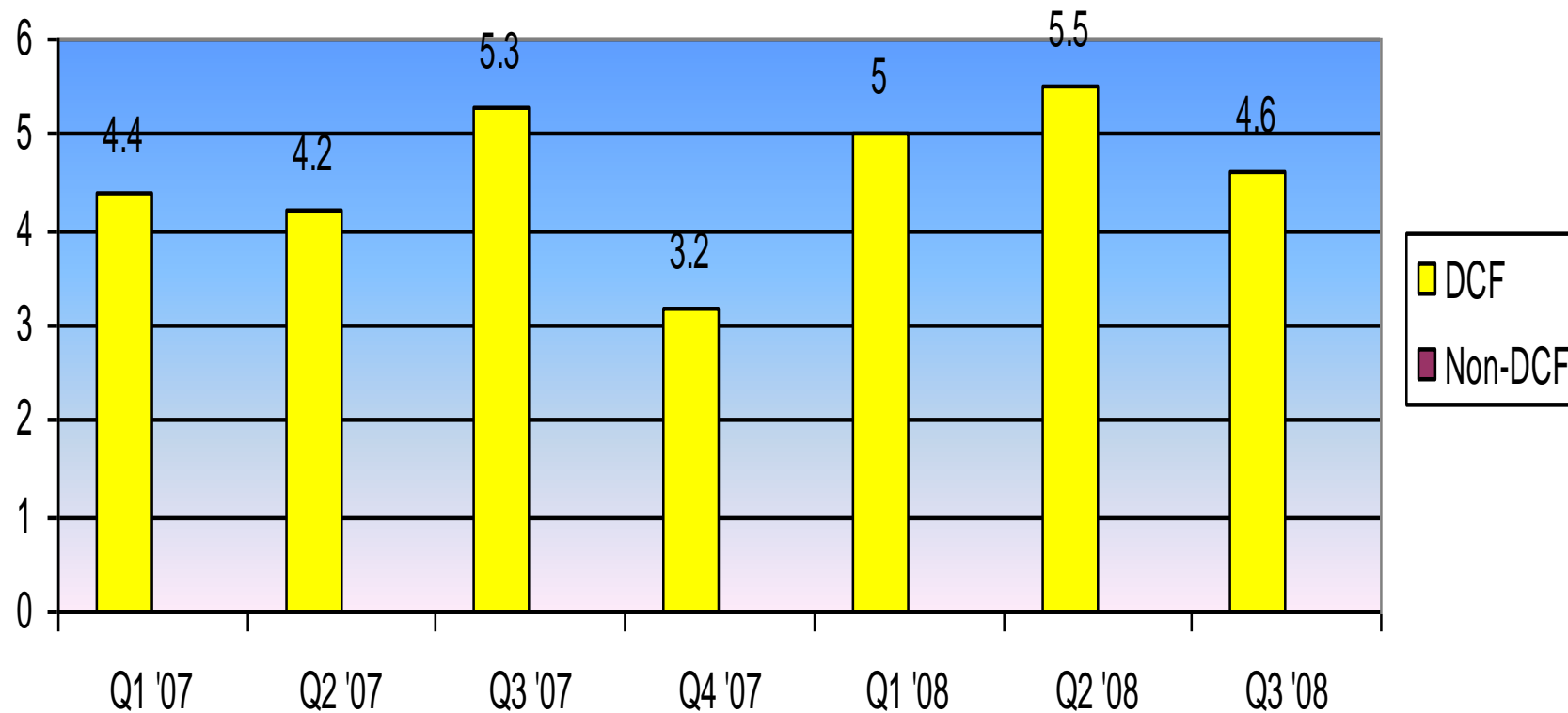
**4a_1: Intermediate Levels of Care Admits/1000
(PHP, IOP, EDT)
(age 0-18)**



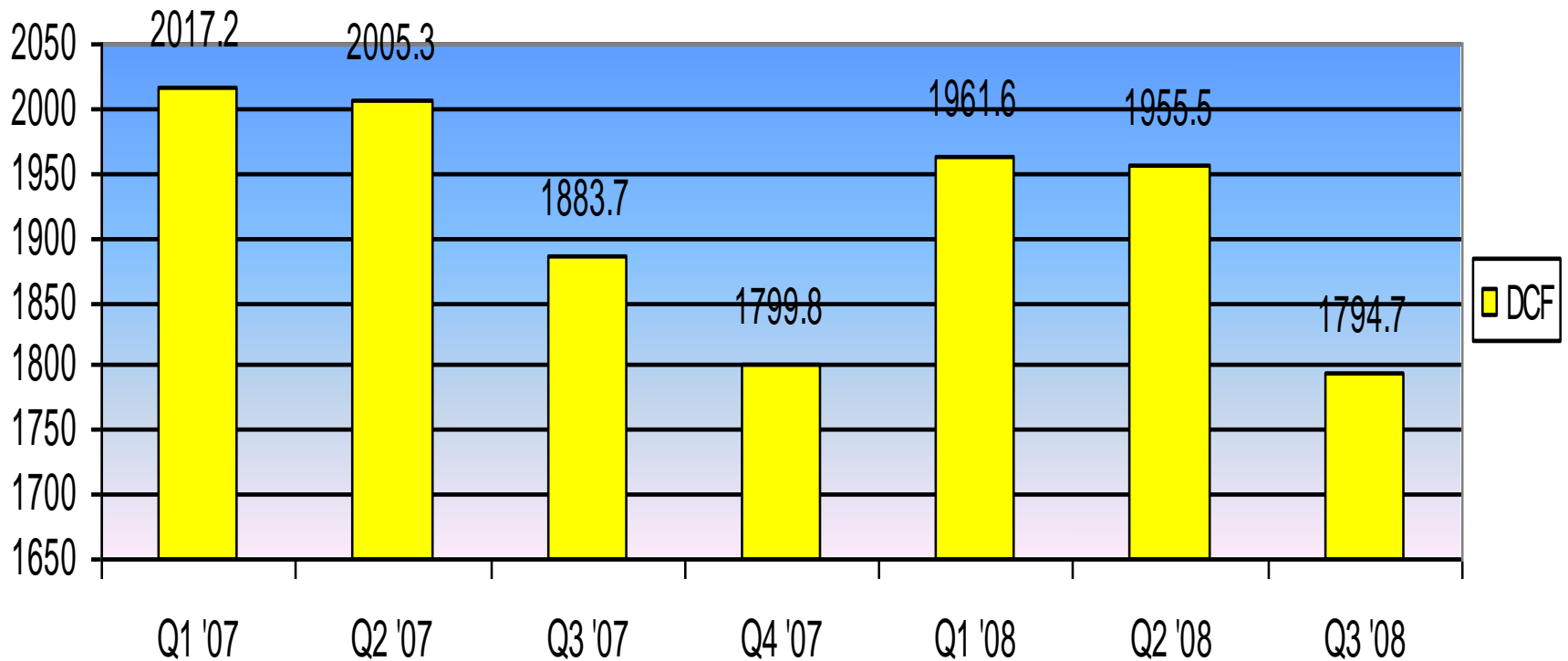
**4a_1: Intermediate Care Days/1000
(PHP, IOP, EDT)
(age 0-18)**



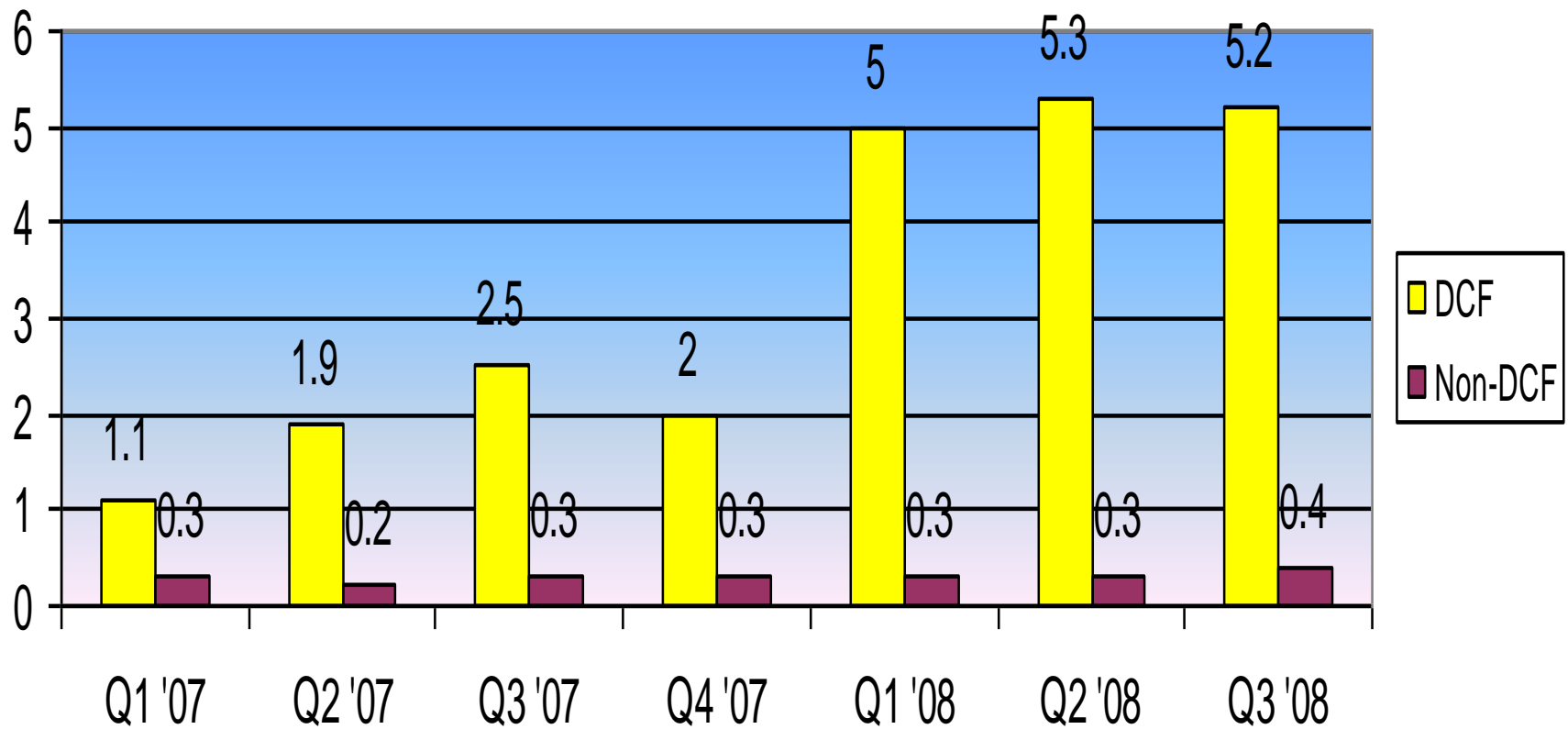
4a_1: RTC Admits/1000 (age 0-18)



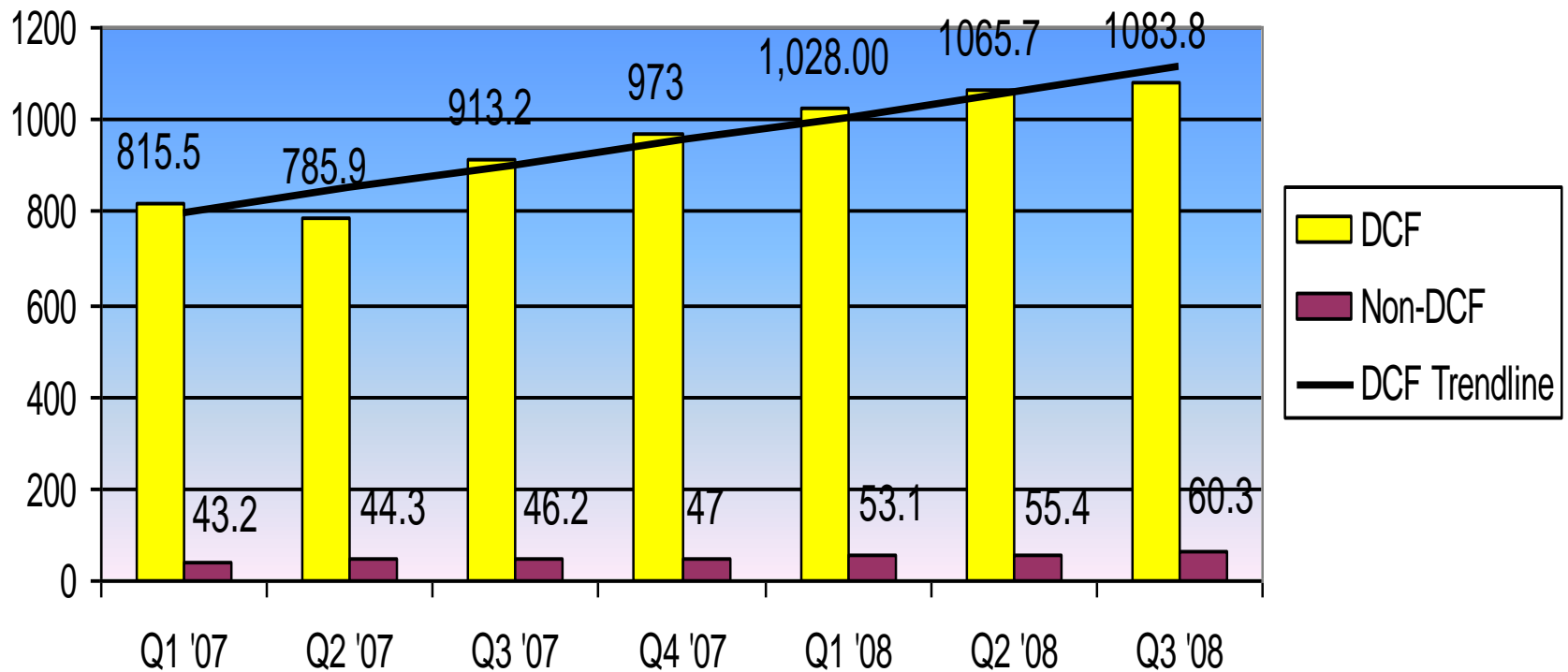
4a_1: Residential Days/1000 (RTC only)
(age 0-18)



4a_1: Home Based Services Admits/1000
(age 0-18)



4a_1: Home Based Services Days/1000 (age 0-18)



PRTF PERFORMANCE INITIATIVE UPDATE

GOALS

- Decrease Length of Stay in PRTF to improve state-wide flow
 - Move length of stay in PRTFs to be in better alignment with other states
 - Decrease discharge delay from inpatient hospitals
 - Improve potential for using PRTF as a diversion from inpatient stays

STEPS TAKEN

Collaborative process with all 4 PRTFs

- Revised the UM Criteria for PRTFs
- Established and implemented a uniform referral form for all 4 PRTFs
- Established the first phase of a Performance Initiative
 - Agreed upon 4 measures that will be used as the basis for award of the incentive
 - All based on audit of cases admitted from 1/1/09 on
 - Increased focus on PRTF using Focal Treatment Planning

AUDIT MEASURES

- Evidence in the record of:
 - Implementation of universal referral form
 - Focal Treatment Planning meeting within 1-2 weeks of admission
 - Specific issues that need to be addressed in the Focal Treatment Plan and Discharge Plan that results from that meeting AND documentation of the agreement of the stakeholders
 - Weekly engagement activities with providers and relevant supports involved in the implementation of the discharge plan

HOSPITAL EMERGENCY DEPARTMENT – EMERGENCY MOBILE PSYCHIATRIC SERVICES

**MEMORANDUM OF UNDERSTANDING
INITIATIVE**

- Focus: Integration of hospital emergency department services and pediatric mobile crisis teams
- Develop MOUs between EDs and EMPS to:
 - Reduce unnecessary ED visits
 - Prevent or reduce ED overstays
 - Promote appropriate diversion of potential inpatient admissions to mobile crisis and other community-based intensive service providers