



## Memorandum

To: Operations Subcommittee of the BHOC

From: Ann Phelan, M.A., V.P. of Recovery and Clinical Operations of the CT BHP

Re: Area 5 Emergency Department Usage

Date: May 16, 2008

---

In response to the request from the Operations Sub-Committee for Region/Area 5 Emergency Department (ED) data, we have pulled the following information from our daily ED outreach log.

Please note: the data reflects only those children identified as “stuck” or having been in the ED for a minimum of 8 hours without an identified disposition. The date range for the data pull includes 1/1/08 – 4/30/08 and represents our experience with the four hospitals within Region/Area 5, namely:

- Charlotte Hungerford Hospital
- Waterbury Hospital
- Danbury Hospital
- St. Mary's Hospital

There have been a total of 22 children meeting the above outlined criteria for the first 4 months of 2008. Of these children:

- Age range of: 10-17
- Gender: 13 Female, 9 Male
- Average length of stay in ED: 2 days (there were 3 outliers that were in the ED for 5, 6 and 10 Days respectively)
- 13 children were at home prior to ED visit
- 9 were residing in a Residential Treatment Center or a Group Home prior to ED visit
- 11 were returned to previous living arrangement with added supports
- 11 resulted in admissions to Hospital level of care:
  - 2 Riverview Hospital
  - 3 Four Winds Hospital
  - 1 Stony Lodge Hospital
  - 1 Hall Brooke Hospital
  - 1 St. Raphael's Hospital
  - 1 Natchaug Hospital
  - 1 Waterbury Hospital
  - 1 St. Francis Hospital

As referenced above, 50% of the children seen in the identified ED's returned to community, and the remainder were hospitalized. The rate of hospitalization from the Region/Area 5 EDs is similar to the rate of hospitalization from the other EDs across the state. Lack of local inpatient does not appear to negatively impact the hospitalization rate when compared to other Regions/Areas. Again, these numbers represent identified delayed children, not the total population seen within the ED.

In addition to our daily calls to the Emergency Departments to offer assistance to the Hospitals with disposition planning and coordination of services, we have had on site meetings with both St. Mary's and Waterbury Hospitals and are planning site visits to the other two Hospitals in the next few weeks. The goal of these visits is to "put a face with a name" as well as to improve the communication and cooperation around our shared priority to move children from an ED to an appropriate disposition in a timely manner.