

C.A.R.E.S. Update

Oct. 15, 2007 to March 31, 2008



Impact on CCMC ED

In the first 5 ½ months of operation:

- 894 youngsters were evaluated at the CCMC Emergency Department.
- 293 kids were transferred to C.A.R.E.S
- The mean waiting time in CCMC ED was reduced from 14.7 hours to 4.7 hours in the first quarter and 5.8 hours in the second quarter.

C.A.R.E.S. Length of Stay

- The average length of stay in C.A.R.E.S. was 2.5 days.
- The most frequent length of stay was 1.5 days.
- 15 outliers stayed between 6 and 29 days.

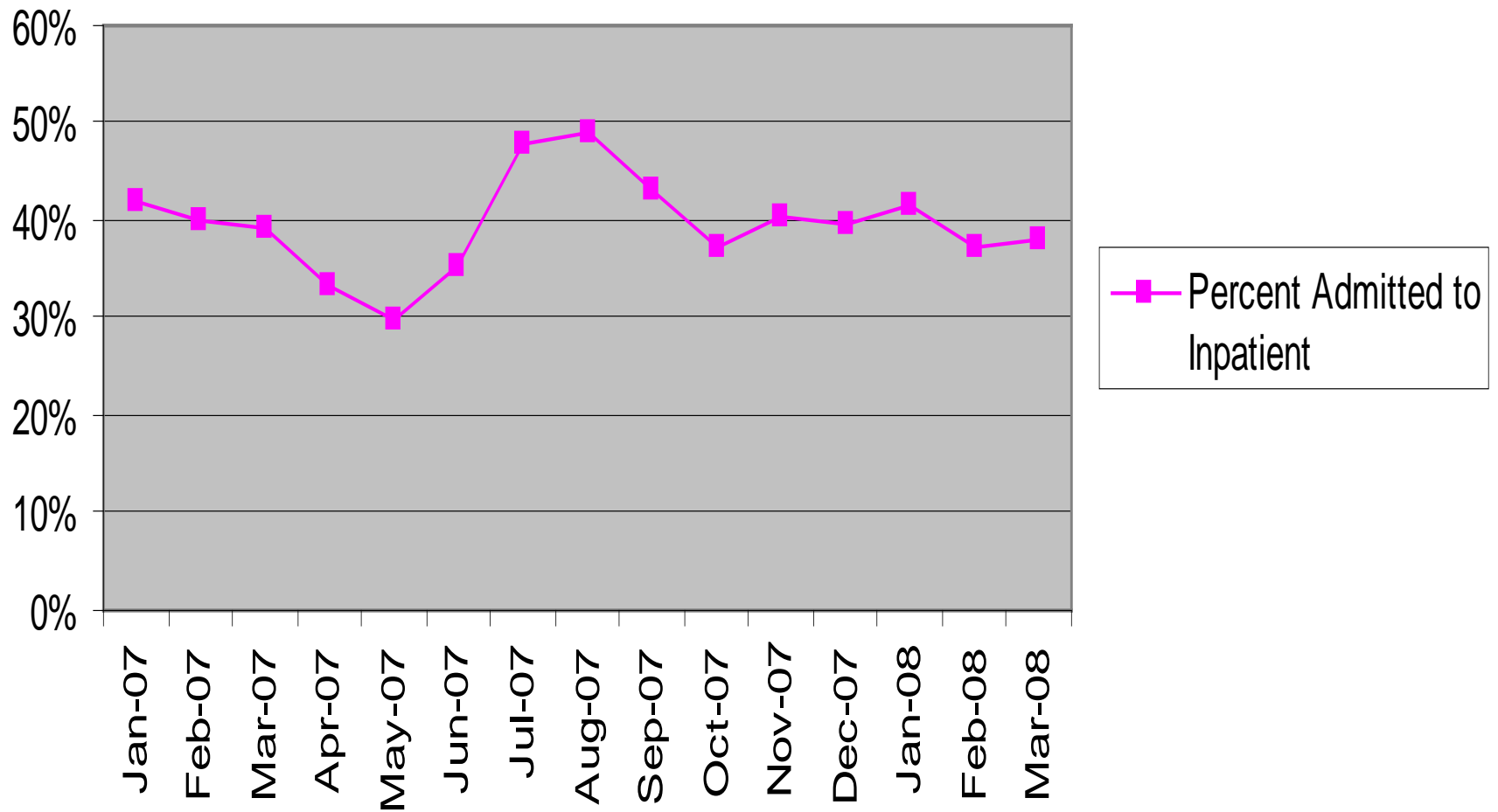
What did the outliers need?

- Access to specialized or appropriate inpatient setting. (The longest stays were significantly behaviorally disturbed children needing longer term stabilization or youngsters with PDD whose behavior had become increasingly difficult to manage).
- Access to specialized DCF residential placement.

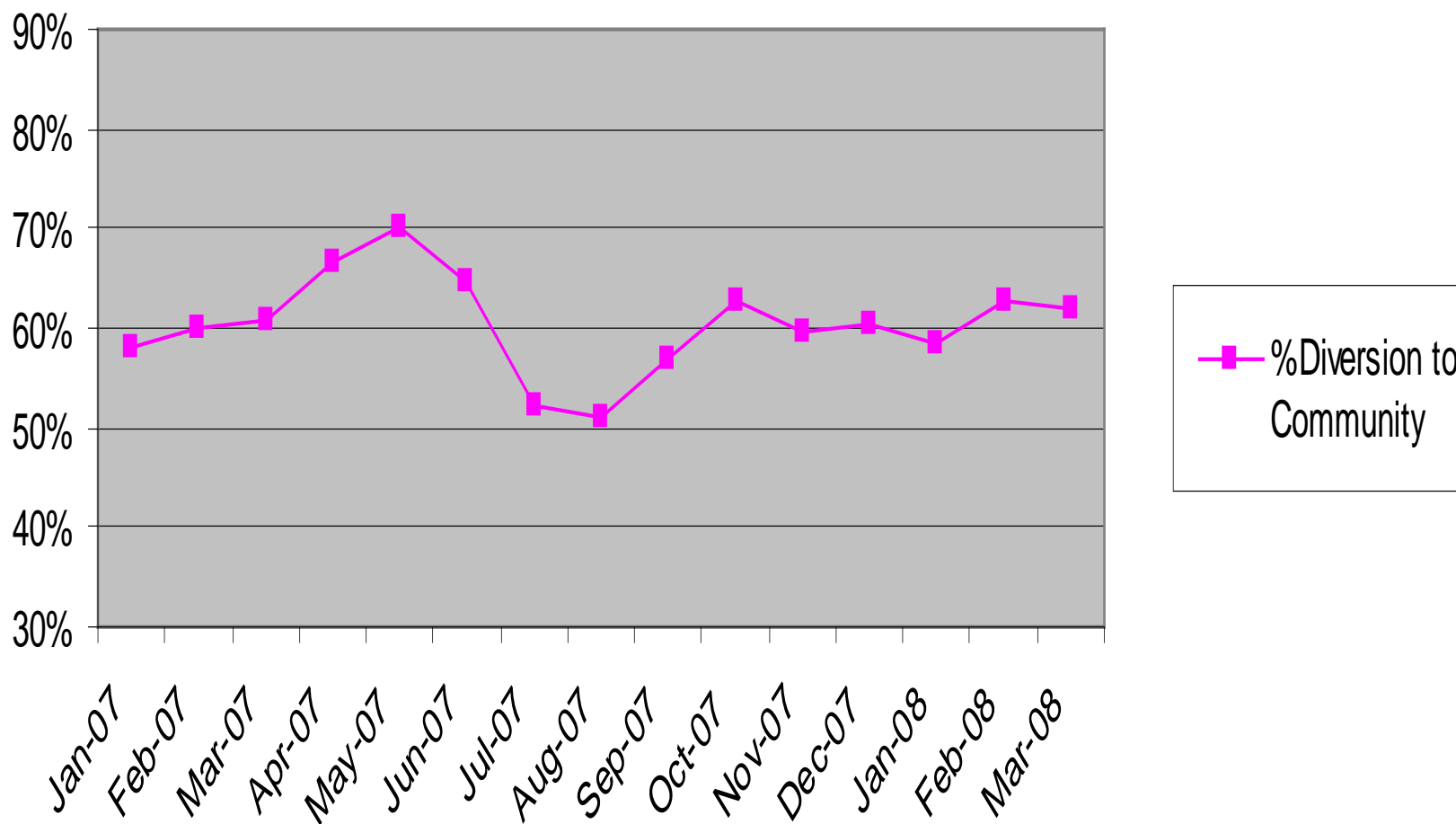
Unexpected Consequences of the “Six Hour Rule”

- 50% of the children admitted to C.A.R.E.S. were ultimately admitted to inpatient. They met inpatient criteria with no available bed. Symptoms did not improve enough to divert.
- When more acute children moved to C.A.R.E.S., youngsters who needed a psychiatric evaluation and connection to outpatient often left the ED in three hours or less.

Percent of CCMD ED Admissions Discharged to Inpatient Care



Percent of CCMC ED Admissions Diverted to the Community



Challenges

- C.A.R.E.S. has not reached it's census goals. Capacity is available for community diversions from CCMC ED.
- The administrative oversight group (IOL, DCF, DSS, VO, EMPS) will meet to consider additional options for use of C.A.R.E.S. resource such as:
 - outreach to community organizations and providers to facilitate community use of C.A.R.E.S. beds
 - outreach to neighboring EDs
 - review of screening and triage of current ED to inpatient cases to assess diversion potential