

BEHAVIORAL HEALTH INPATIENT REDUCTION OBJECTIVE REPORT

January 2009- December 2009

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program Quality Council/ Plan Development

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- The Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Management Plan is a reflection of the entities overall commitment to quality in all its organizational activities and high priority to individual care.
- The Quality Management Plan contains goals, objectives, and action steps that address quality outcomes for Mental Health Services, Mental Retardation Services and Early Intervention Services.
- The Quality Management Plan is developed through the efforts of the Lackawanna-Susquehanna Counties Mental Health /Mental Retardation Program's Quality Council which meets approximately every six weeks.

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program

Quality Management Plan

Focus Area: Participant Access State Hospital -Lengths of Stay

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services will have access to community supports that focus on reintegrating people who are being discharged from a state hospital and are at risk for relapse	Persons who have been in a State Mental Hospital longer than two consecutive years and are discharged will experience a successful transition into the community	<p>The # of persons who have been in a state hospital longer than 2 consecutive years will decrease by 4% by December 31, 2010</p> <p>Baseline: July 1, 2008 -June 30, 2009 59 % of the total patient population at Clarks Summit State Hospital from the Lackawanna-Susquehanna County Joinder Program had been at the hospital longer than two years.</p> <p>Target Objective to be achieved by December 31, 2010 = The percentage of individuals at CSSH who are in the hospital longer than two years. will be reduced to 55%.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties at CSSH longer than two years.</p> <p>Data Source : Clarks Summit State Hospital Report</p> <p>Responsible Party : Deputy Administrator, County QM Coordinator</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Access

CY 2010

Desired Outcome: Persons who have been in a state mental hospital longer than two consecutive years and are discharged will experience a successful transition into the community.

Target Objective: The percentage of individuals at CSSH who are in the hospital longer than two years will be reduced by 4% by December 31, 2010 from 59% to 55%.

Performance Measure(s): Percentage of individuals at CSSH longer than two years.

Numerator: Total persons in state hospital longer than two years. Denominator: Total persons from L-S Joinder in CSSH.

Data Source(s): Clarks Summit State Hospital Report for FY 2009-2010

Responsible Person: Deputy Administrator, County Quality Management Coordinator

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Facilitate a consistently used consumer-to-consumer connection program via the WARM line, prior to discharge from the state hospital.	Deputy Administrator, Advocacy Alliance WARM line supervisor	On-going 12-31-2010		
2. Collect utilization data, analyze trends, report quarterly to Quality Council	County Quality Management Coordinator	Quarterly 12-31-2010		
3. Participate in the Consumer Support Plan (CSP) process which focuses on assessment and planning for individuals residing in CSSH.	Deputy Administrator	On-going 12-31-2010		

Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program

Quality Management Plan

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Focus Area: Participant Access State Hospital -Lengths of Stay

Goal	Outcome	Target Objective	Performance Indicators/ Data Source
Persons who receive Behavioral Health services and are at risk of State Hospital Admission will have increased community supports options	Persons will receive the Behavioral Health Support that they need in the community	<p>% of persons who are referred for State Hospital admission during Calendar Year 2010 who will be diverted to community supports and services will increase by 5%.</p> <p>Baseline: During January 2006 - April 2009, 30% of persons were diverted from a state hospital admission.</p> <p>Target Objective to be achieved by December 31, 2010 = 35% of persons referred for State Hospital admission will be diverted.</p>	<p>Performance Indicator: % of persons from Lackawanna-Susquehanna counties who are diverted from a state hospital</p> <p>Data Source : OMHSAS quarterly reporting form, BSU report on community hospitalizations</p> <p>Responsible Party : County QM Coordinator</p>

Action Plan

Lackawanna/Susquehanna County MH/MR Program

Focus Area: Participant Access

Desired Outcome: Persons will receive the Behavioral Health Support that they need in the community.

Target Objective: For persons who are referred for state hospital admission during CY 2010, increase the percentage who will be diverted to community supports and services by 5%.

Performance Measure(s): Percentage of individuals referred for state hospital admission and diverted to community supports will increase to 35% by December 31, 2010.

Data Source(s): OMHSAS Quarterly Reporting Form, BSU Report on Community Hospitalizations

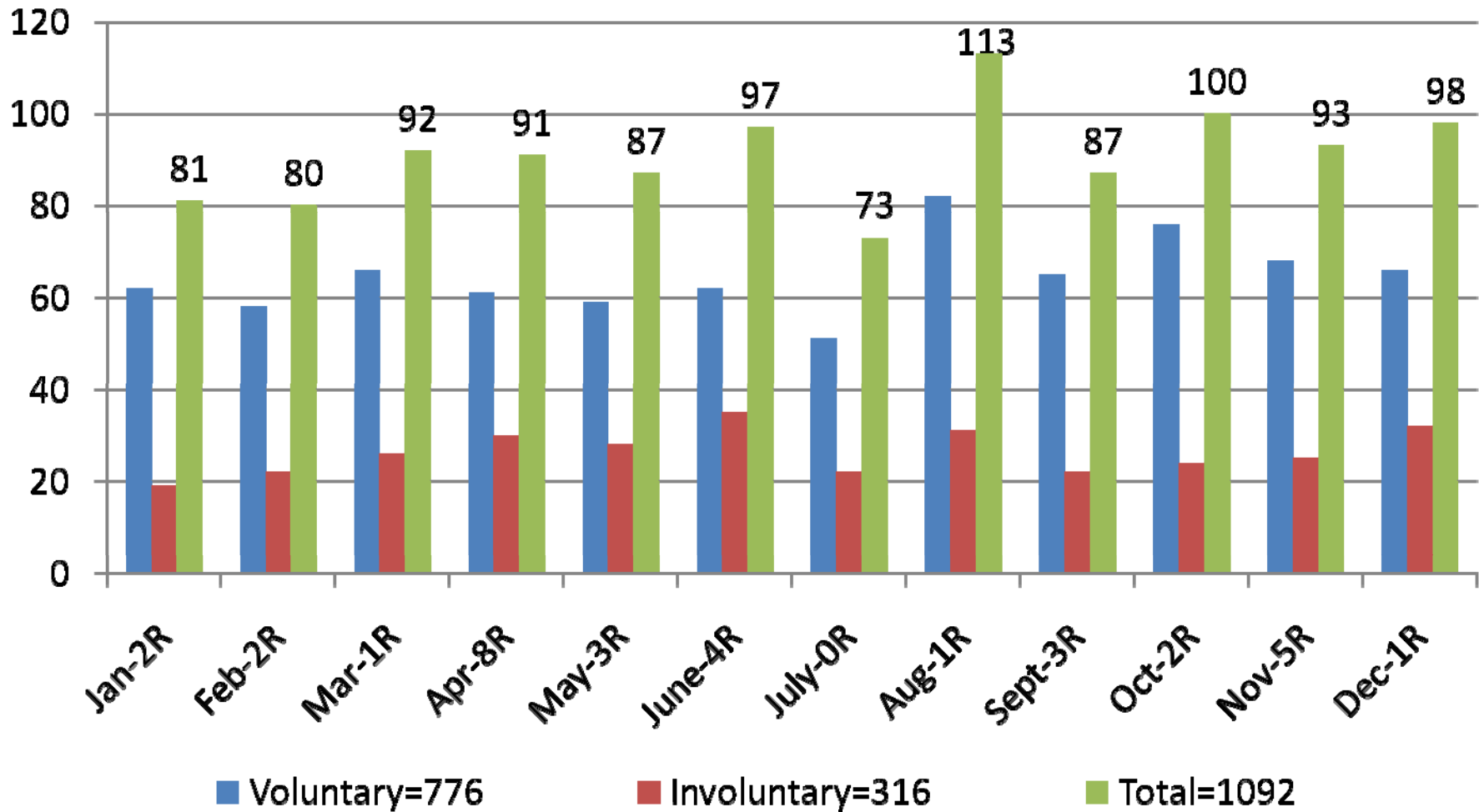
Responsible Person: County QM Manager

Action Item	Responsible Person	Target Date	Status	Completion Date
1. Track the number of individuals who were diverted from a state hospital to community services.	BSU, County QM Manager	Quarterly 12-31-2010		
2. Analyze and report diversion data to the Quality Council.	County QM Manager	Quarterly 12-31-2010		
3. Track the number of individuals who are placed voluntarily and involuntarily in a community hospital on a monthly basis to identify any trends in community hospitalizations.	County QM Manager	Monthly 12-31-2010		
4. Track the names of individuals who are re-admitted to a community inpatient hospital to identify those individuals who are at risk for a state hospital placement.	County QM Manager	Quarterly 12-31-2010		
5. Provide a listing of individuals with 2 or more readmissions in a 6 month period to the person's BSU for follow-up readmission survey completion by BSU.	County QM Manager	Semi-Annual 12-31-2010		
6. Review, analyze, and report readmission survey information to Quality Council.	County Quality Manager	Semi-Annual 12-31-2010		
7. Conduct individualized surveys with persons who were re-admitted more than two times in a six month period to evaluate possible readmission issues, and systemic issues.	CST	On-going 12-31-2010		

BSU I

Adult Psychiatric Inpatient Admissions

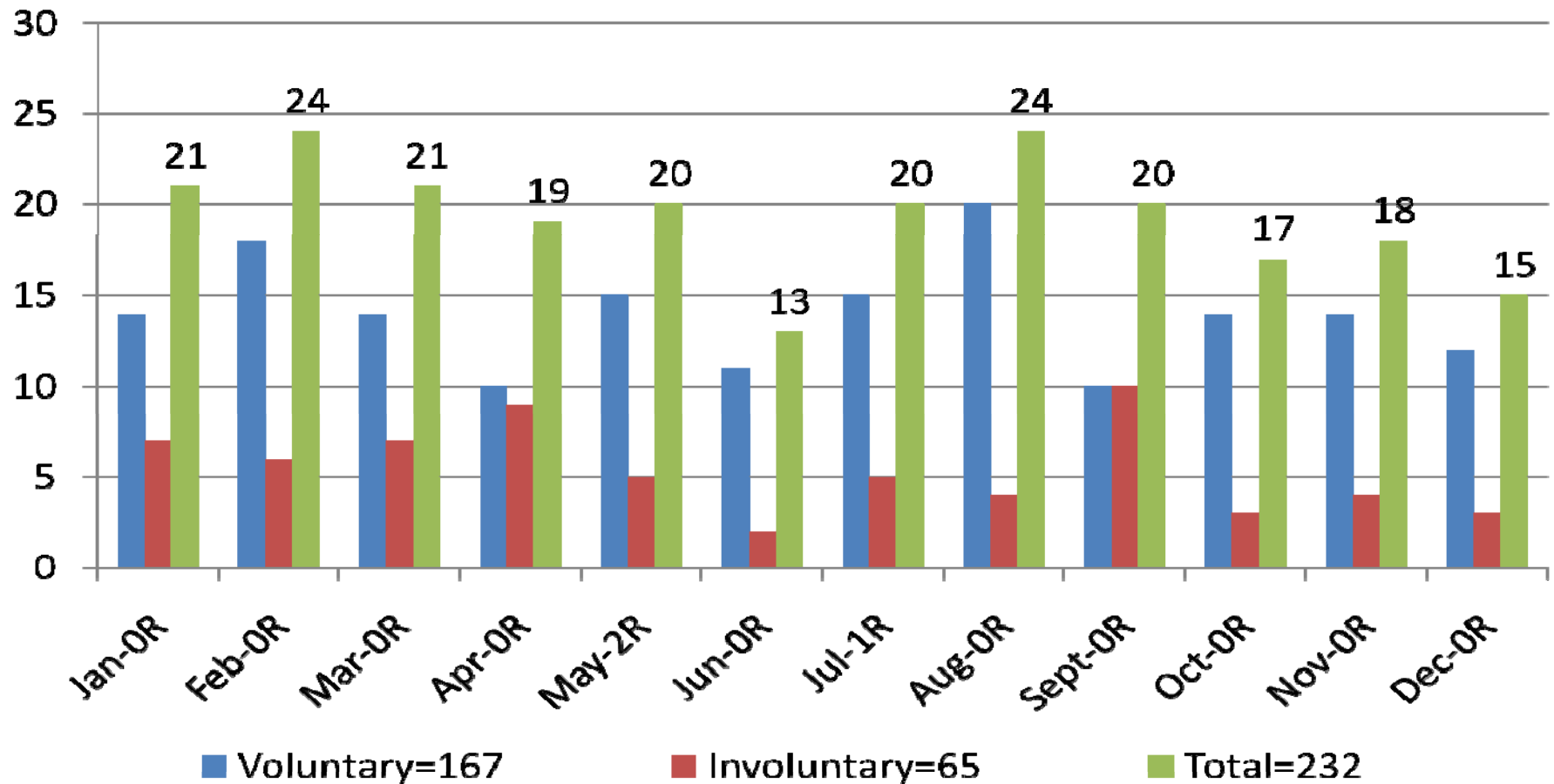
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BSU II

Adult Psychiatric Inpatient Admissions

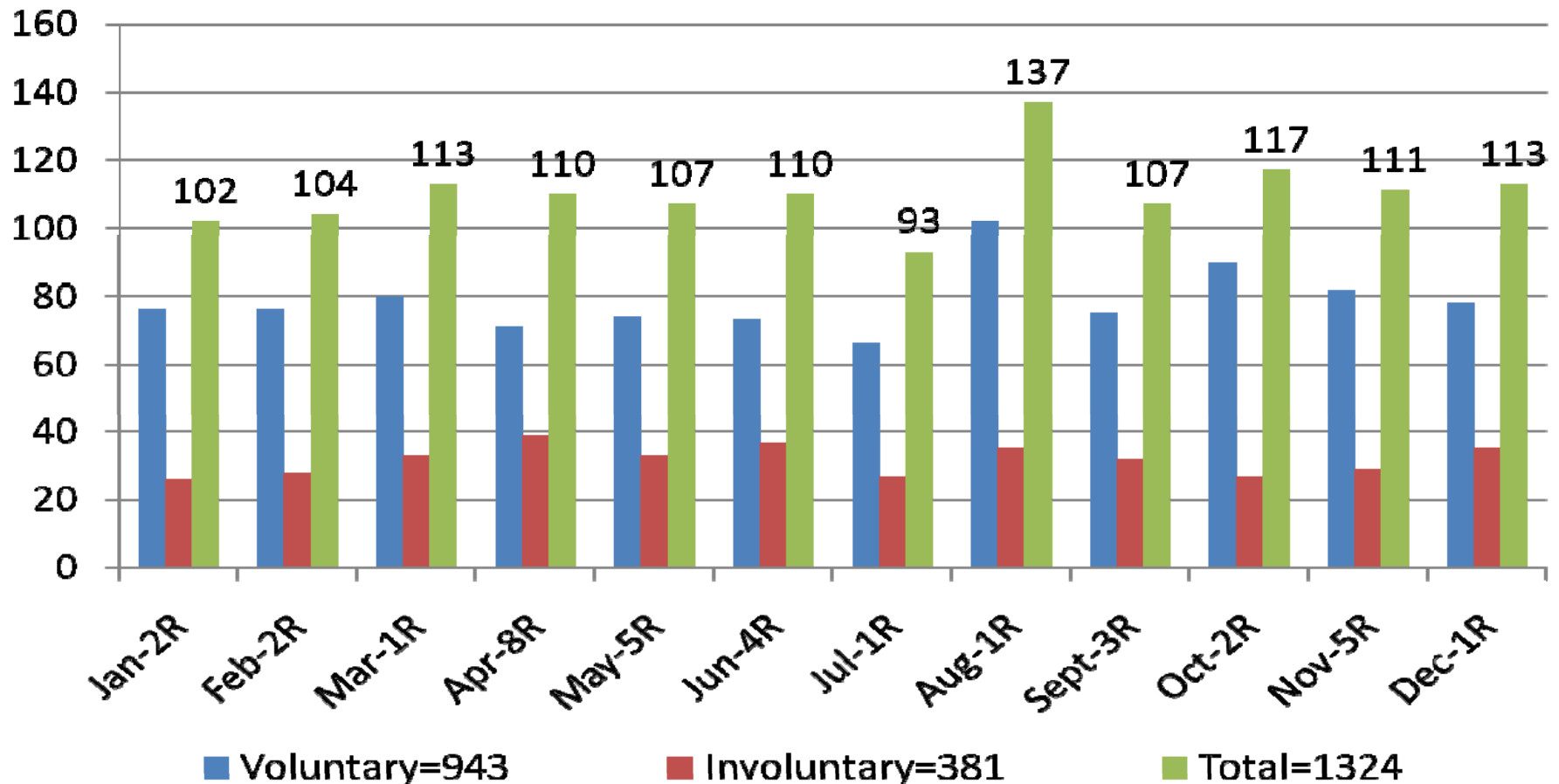
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Joinder

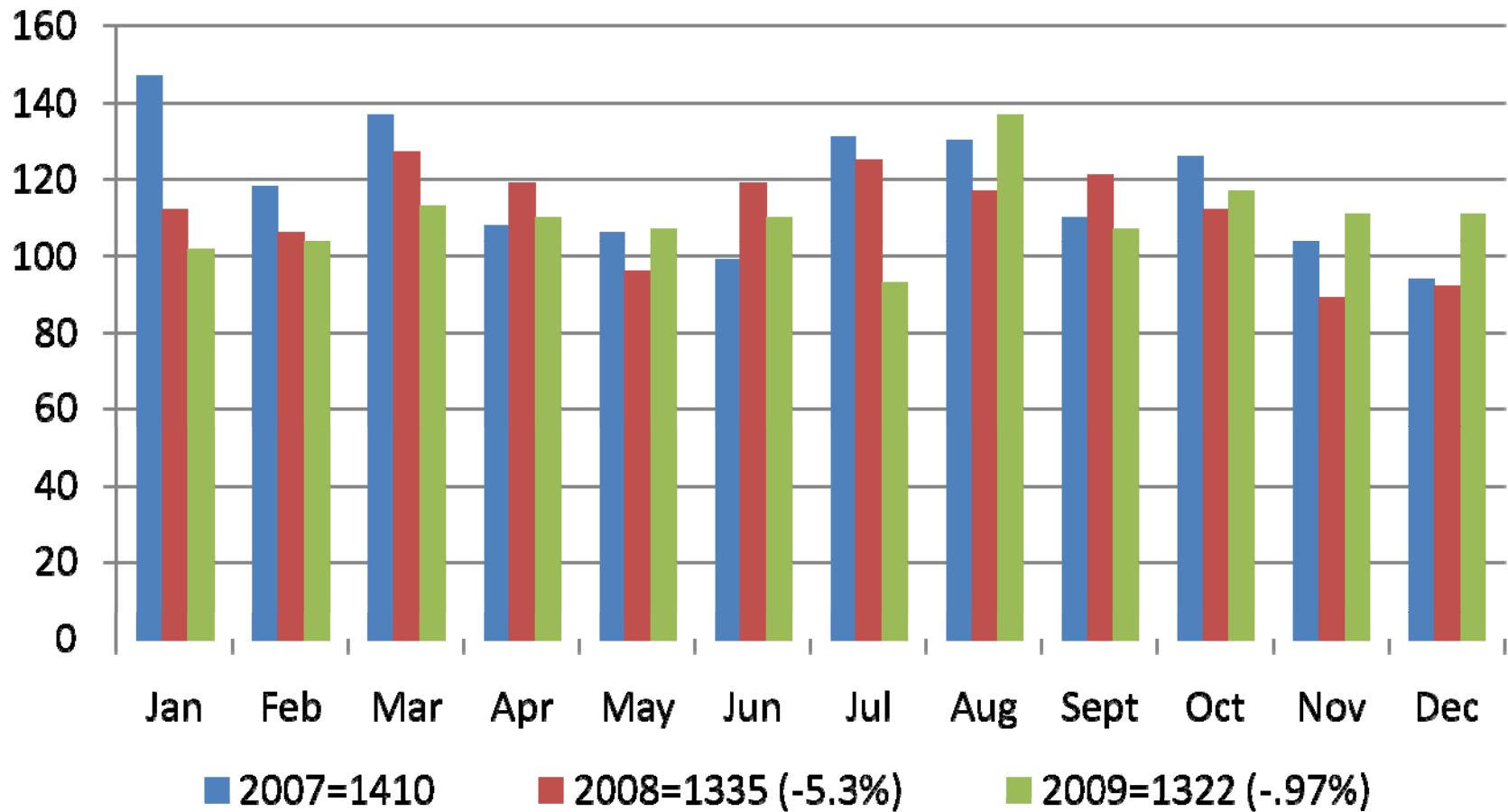
Adult Psychiatric Inpatient Admissions

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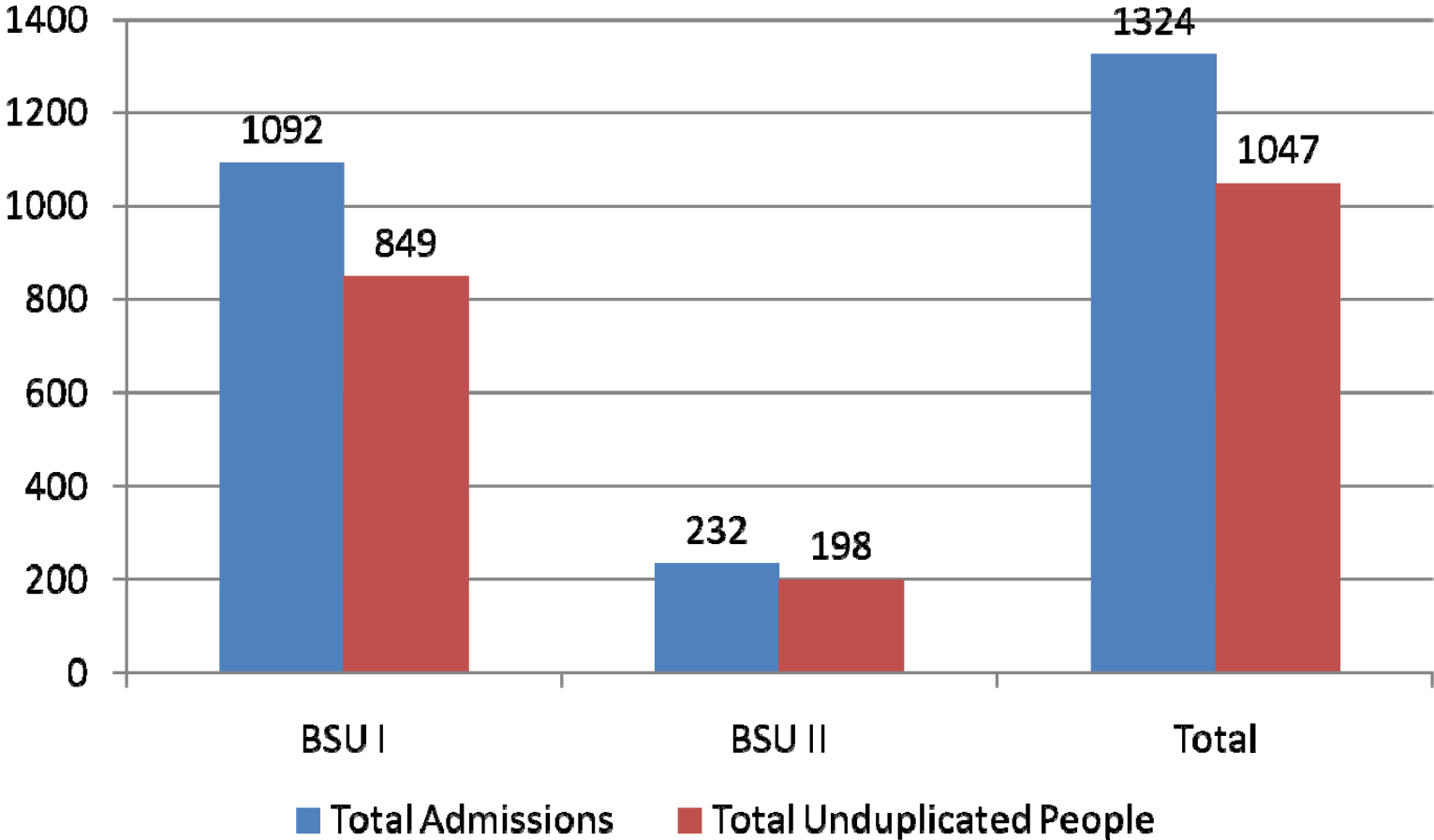


Annual Comparison/ Total Admissions By Month

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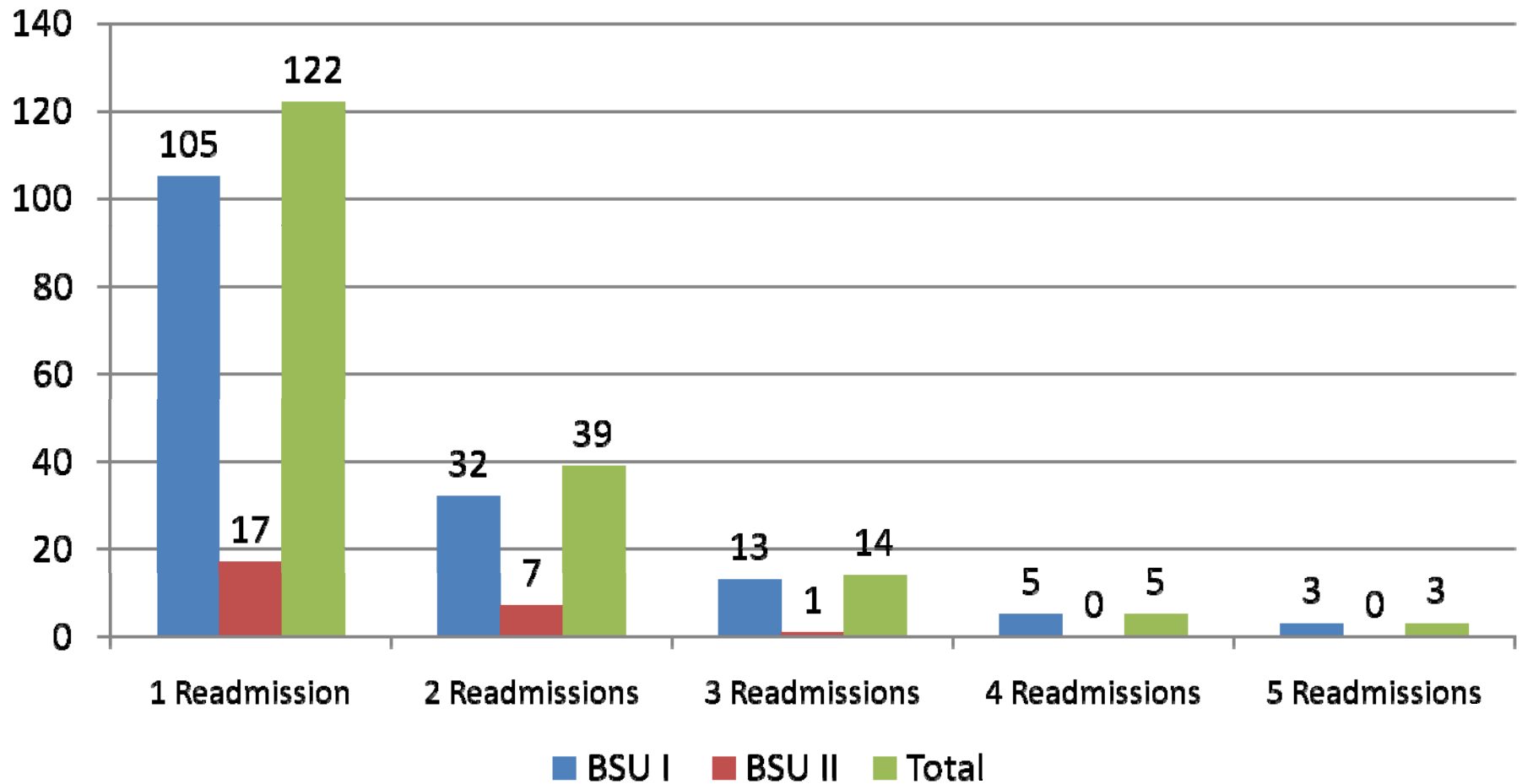


Total Admissions/ Total Unduplicated People



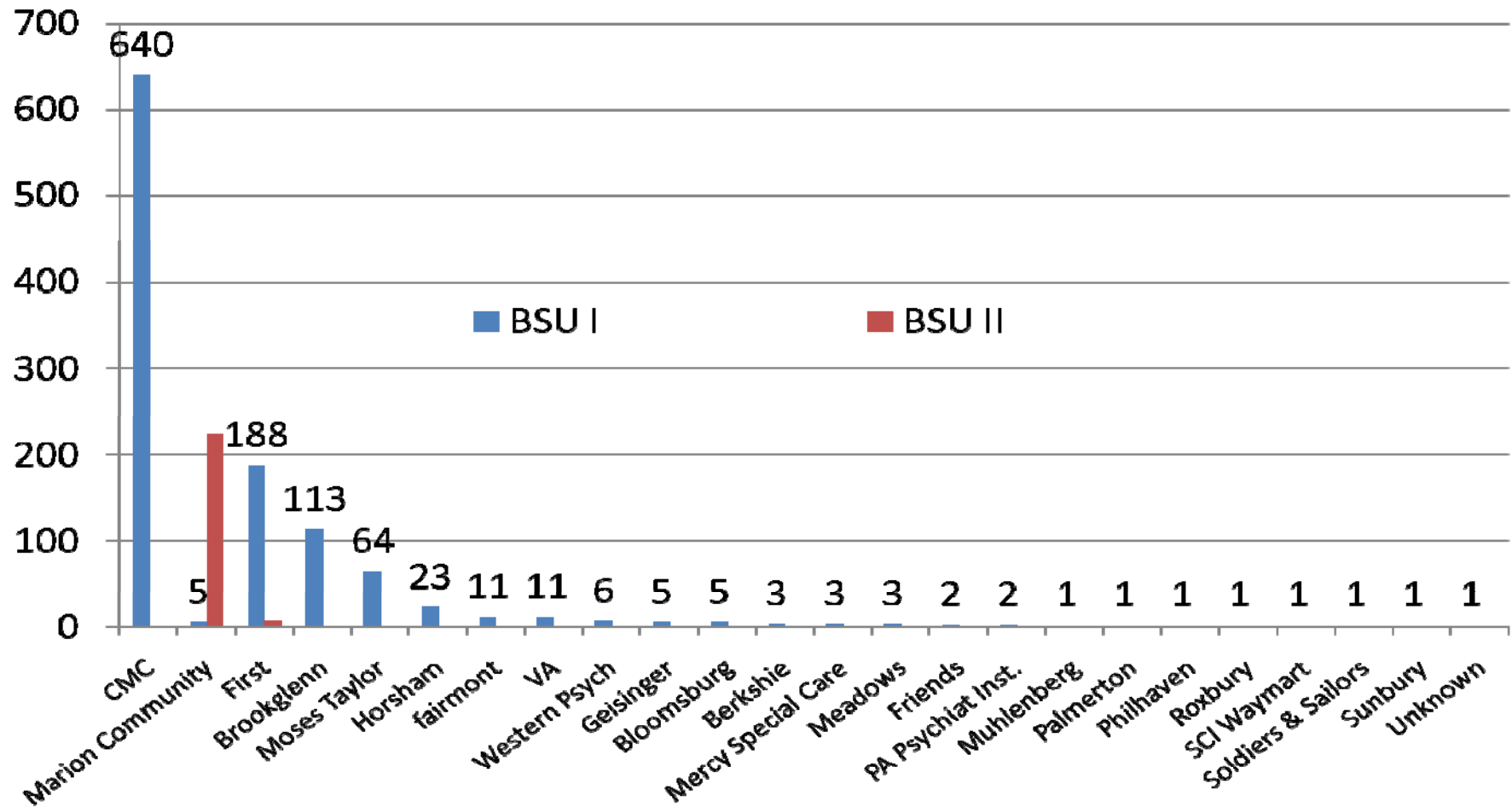
Readmissions

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Hospitals

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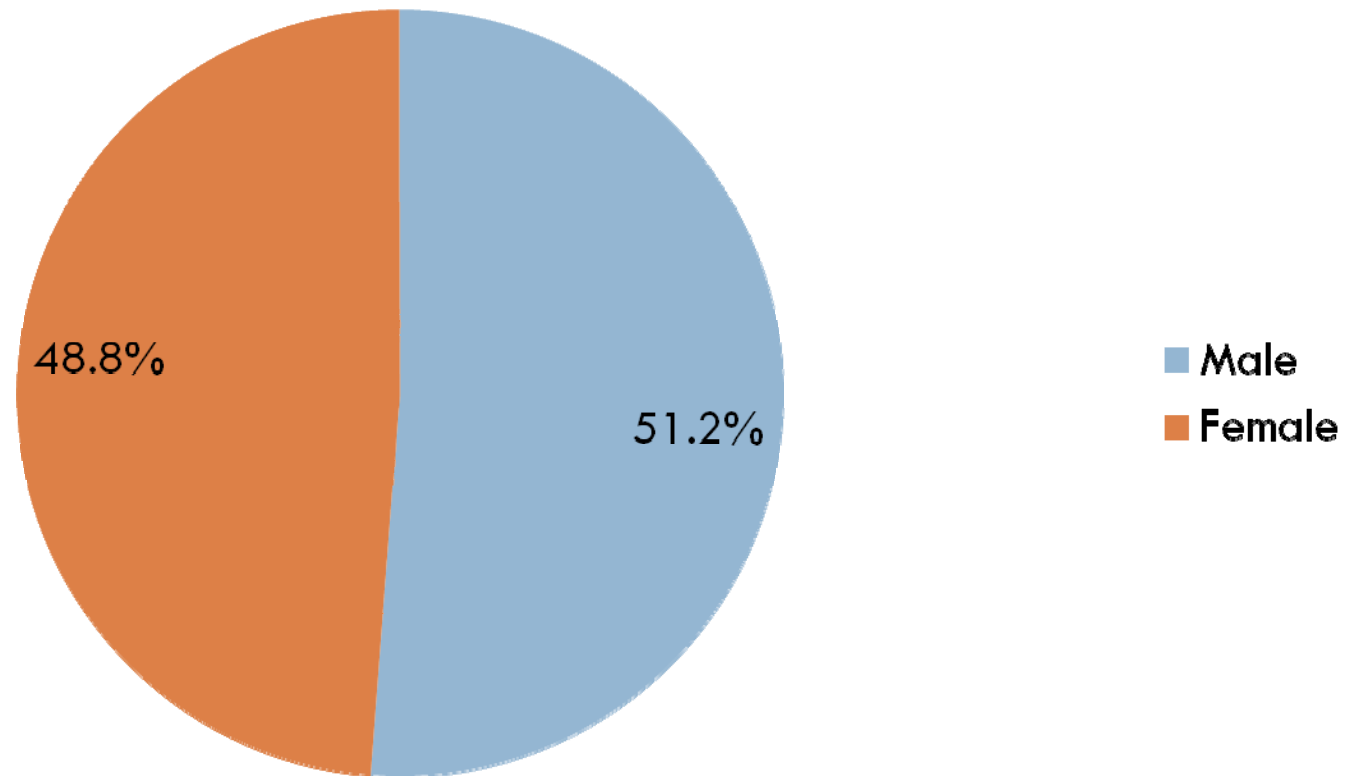
Planning

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- A recently initiated process was put in place to utilize data on readmissions to identify potential areas for individual and systemic planning.
- The Base Service Unit Centers are being asked to provide additional quarterly data on individuals who were identified as having readmissions during the report period.

Readmission Data follow-up Survey: Gender

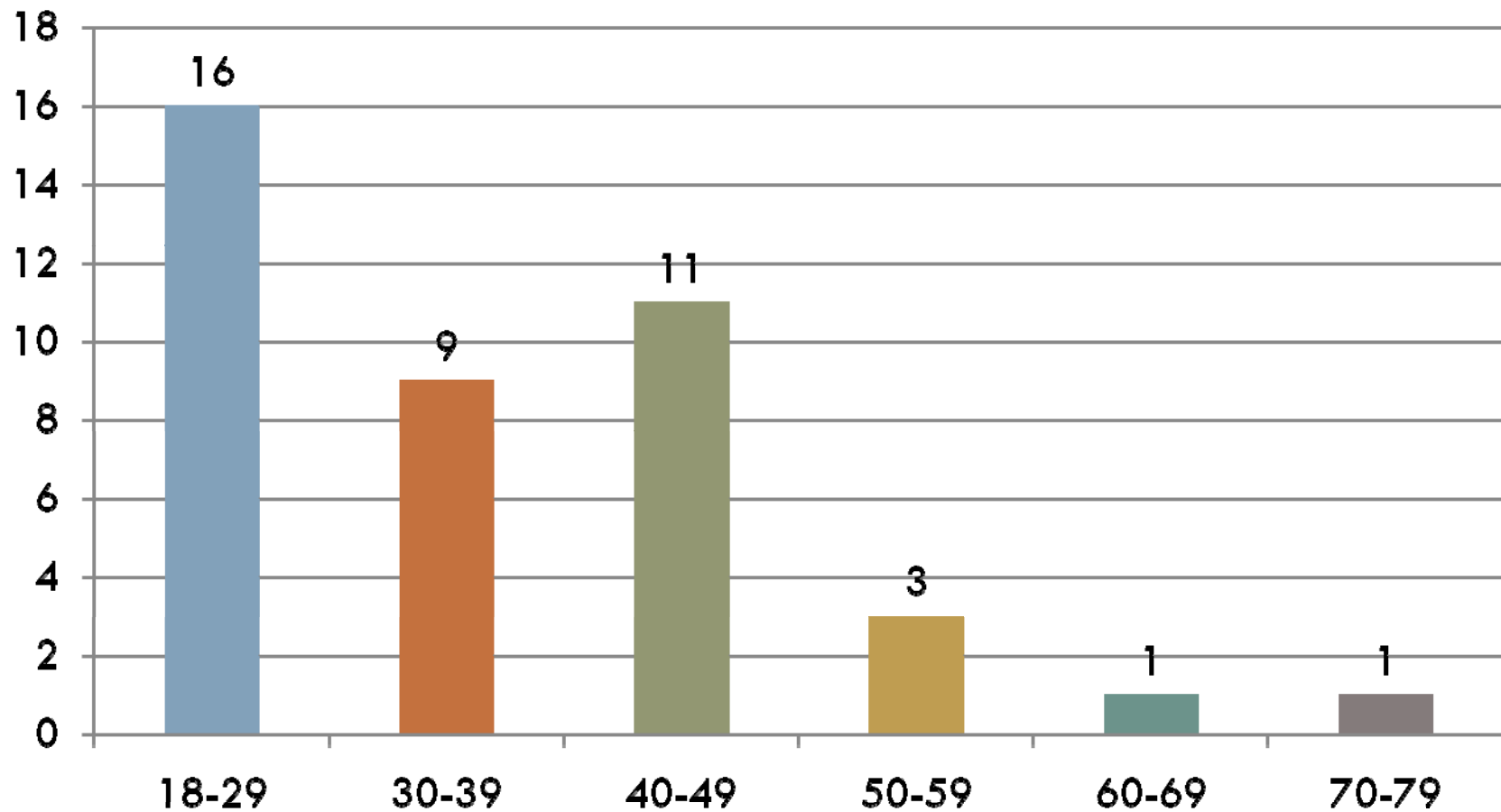
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Readmission Data follow-up Survey:

Age

17



Readmission Data follow-up Survey: Referral Reasons

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Depression.....45

Suicidal Threats.....35

Self-Injurious Behavior.....10

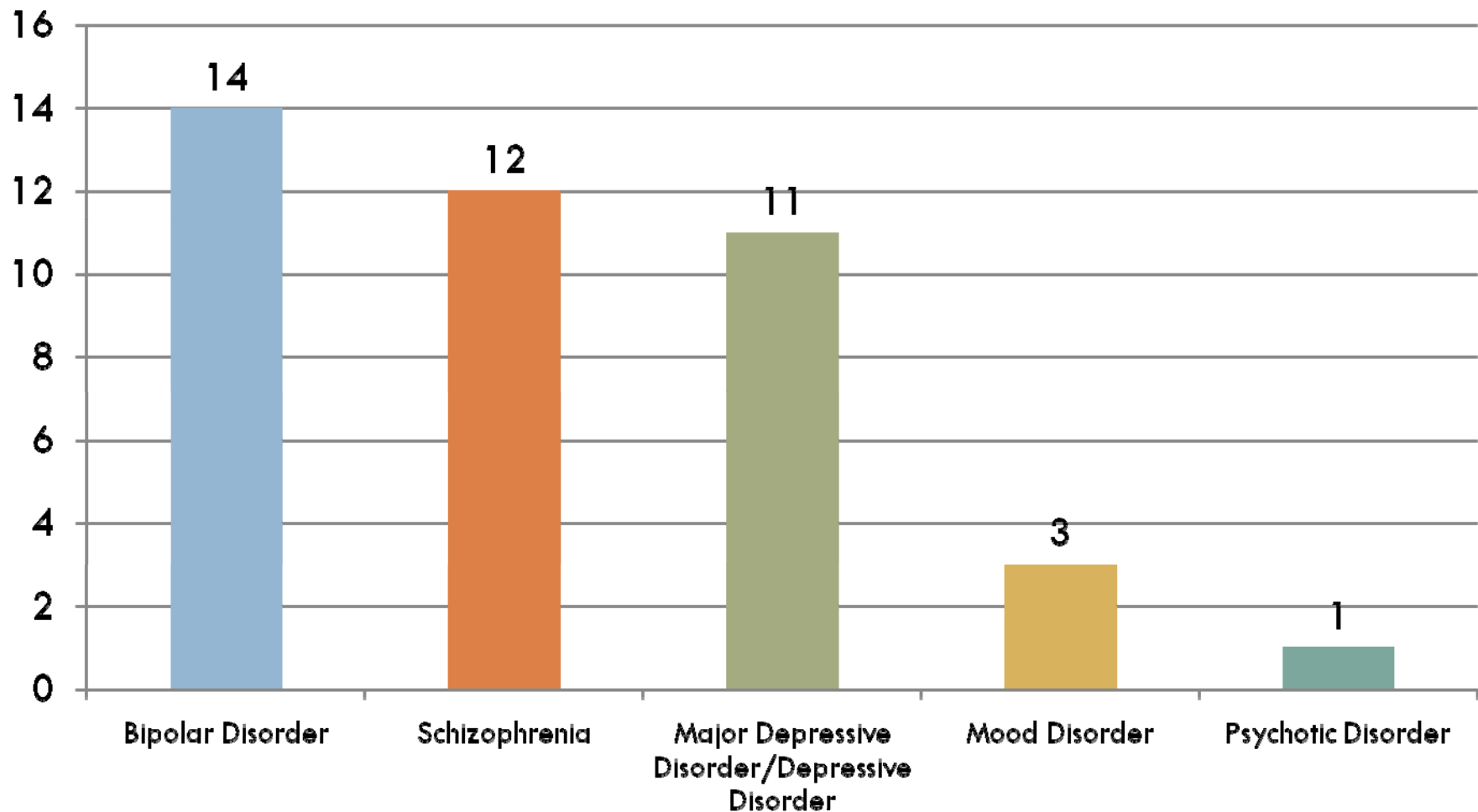
Psychotic Episode.....7

Homicidal Threats.....2

Aggression.....1

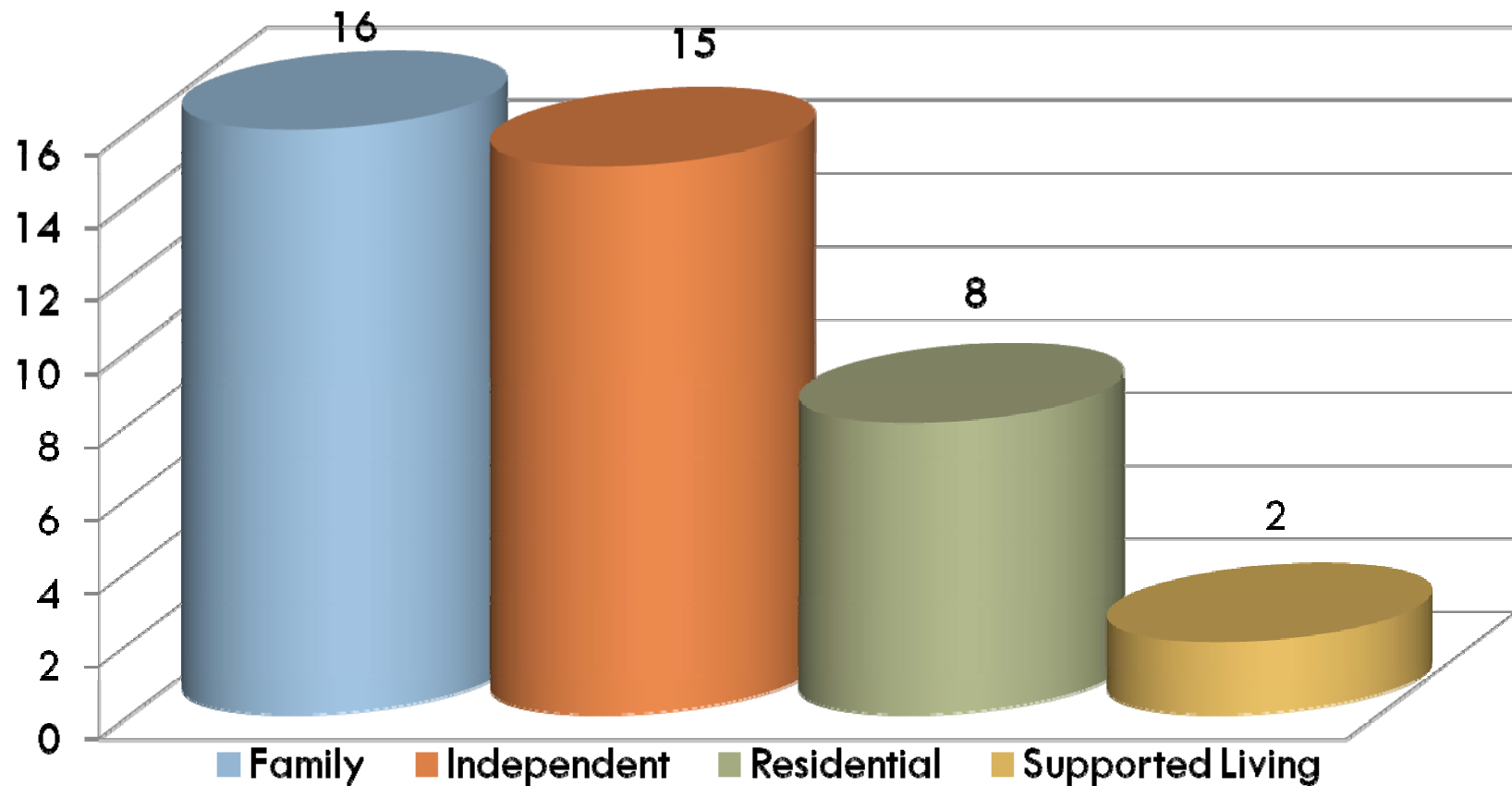
Readmission Data follow-up Survey: Diagnosis

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Readmission Data follow-up Survey: Living Situation

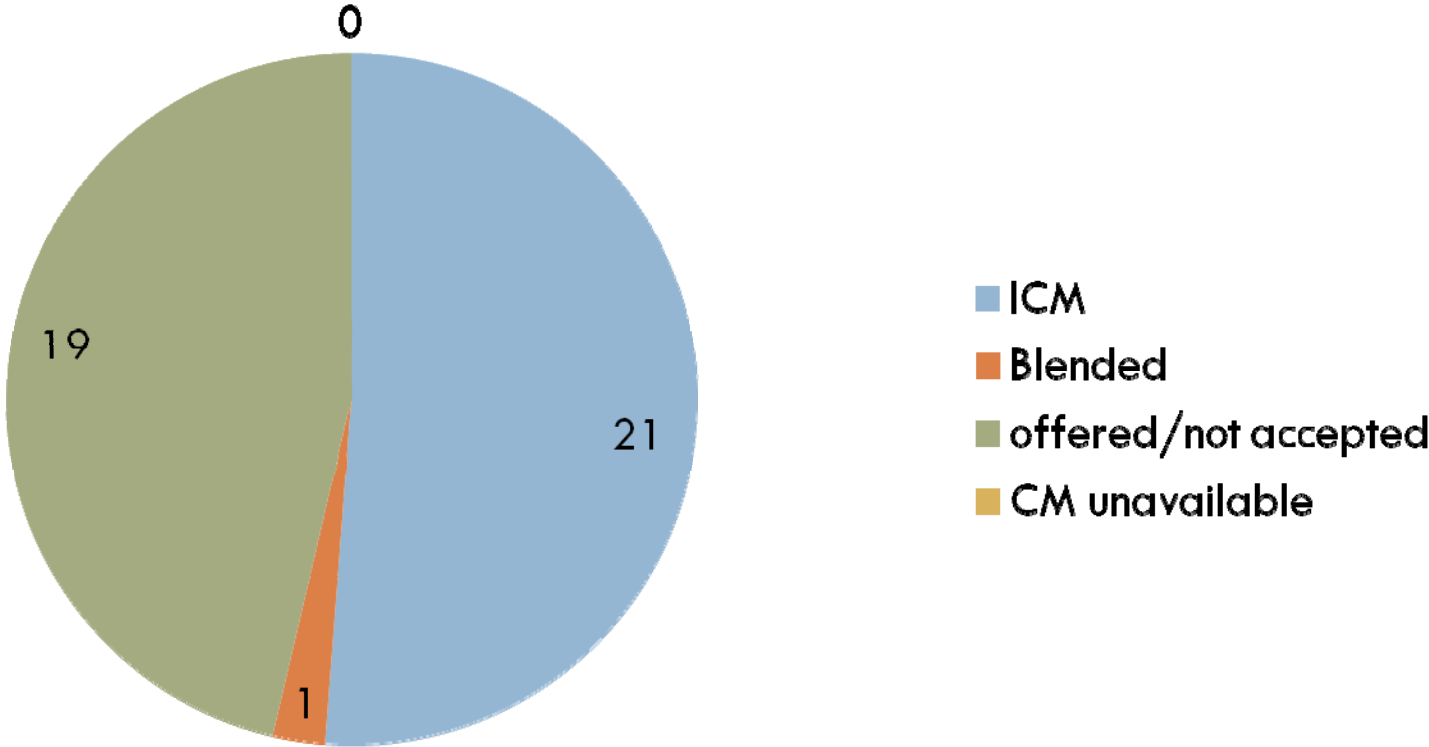
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Readmission Data follow-up Survey: Case Management Services

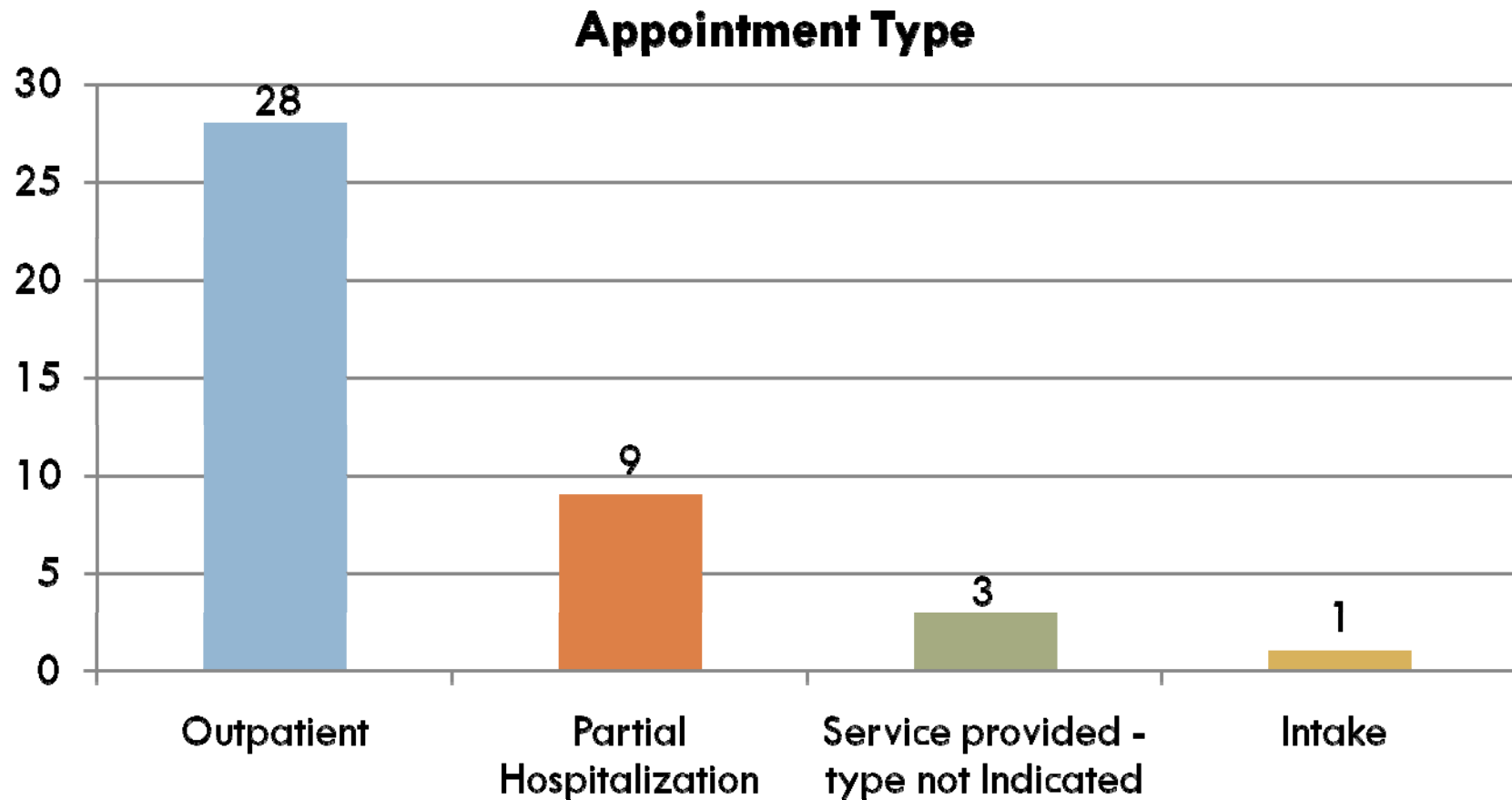
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CM Services=53.6%



Readmission Data follow-up Survey: Discharge Appointments

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Diversions From CSSH

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