Government of the District of Columbia
Department of Behavioral Health (DBH)

Saint Elizabeths
SHINING THE LIGHT SINCE 1855

PRISM
Performance Related Information for Staff and Managers

Feb-22

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Data Disclaimer

The primary source of data extracted and analyzed herein is Avatar, the Saint Elizabeths Hospital's electronic medical record system. Additional data sources include, but are not limited to, the Hospital's Unusual Incident Database and SiteFM. Data reflect information as entered in each system by users. Data and Performance Management (DPM) has made reasonable efforts to ensure that data and its accompanying information are as accurate and up-to-date as possible at the time of analysis and publication, but does not guarantee the accuracy, reliability, or completeness of data. DPM is not liable for any misinterpretation or misuse of the data. Use of any information from PRISM must be fully acknowledged and/or cited. Use of PRISM data for anything other than patient care determinations or management of the services provided within the hospital (including external publications, research papers, presentations, etc.) is prohibited without written permission from the Chief Quality and Data Manager Officer at the Saint Elizabeths Hospital.

As of May, 2019 a new platform, Microstrategy, was implemented for producing PRISM. At that time, two charts were removed from the report. Admissions vs Patient UI rate was removed because it showed two data points that already existed in other charts and put them together. Percentage of SiteFM Work Orders Completed within 3 Days was removed because it related to internal operations. Data from the appendix tables were integrated into the relevant charts.

Microstrategy is a visualization tool that is linked to the data sources for each chart, so the information is not static. If new information is added for a month that has already been reported on, that update will be reflected in the next month's report.
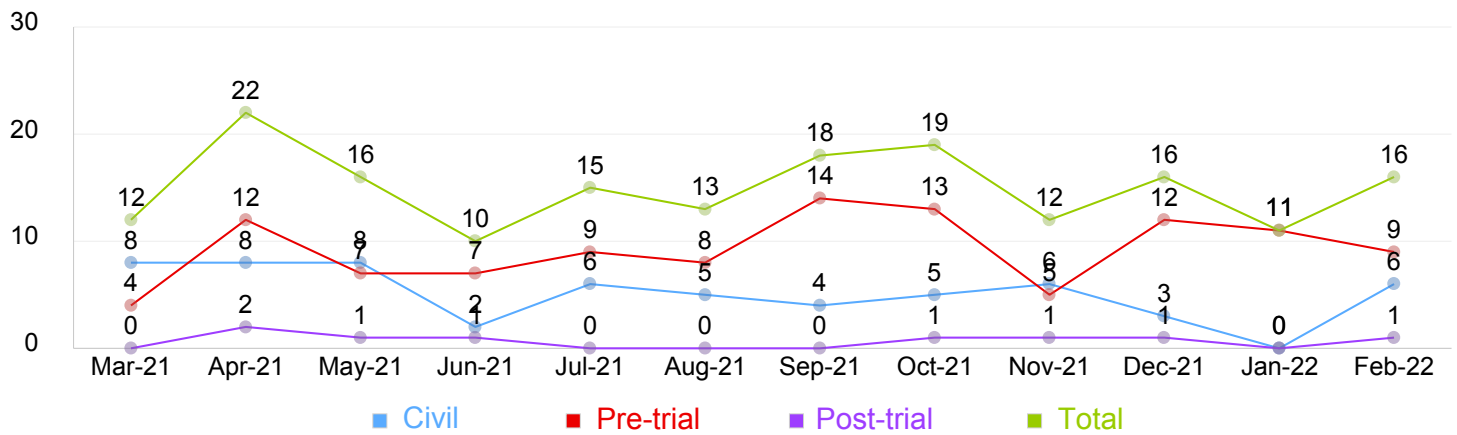
1. Admissions
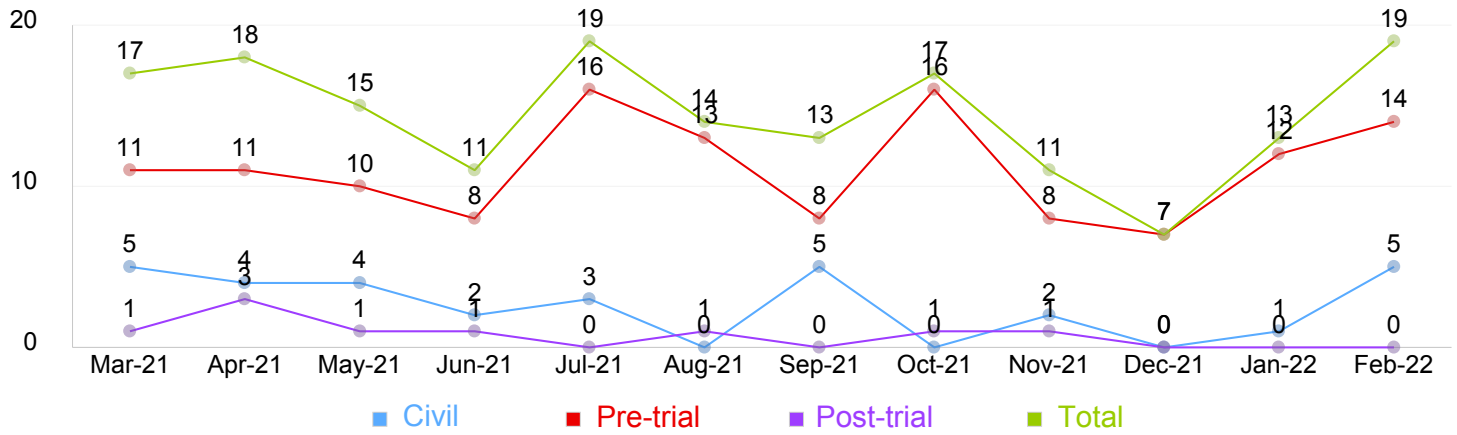
Metrics	Admission Count													
Legal Status Group	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
Civil	5	4	4	2	3	0	5	0	2	0	1	5	3	31
Pre-trial	11	11	10	8	16	13	8	16	8	7	12	14	11	134
Post-trial	1	3	1	1	0	1	0	1	1	0	0	0	1	9
Total	17	18	15	11	19	14	13	17	11	7	13	19	15	174

* Number of admissions to SEH inpatient program, including transfers from forensic outpatient to inpatient program.

2. Discharges

	Discharge Count													
Legal Status Group	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
Civil	8	8	8	2	6	5	4	5	6	3	0	6	6	61
Pre-trial	4	12	7	7	9	8	14	13	5	12	11	9	9	111
Post-trial	0	2	1	1	0	0	0	1	1	1	0	1	1	8
Total	12	22	16	10	15	13	18	19	12	16	11	16	15	180

* Number of discharges from SEH inpatient program, including transfers from inpatient to forensic outpatient program.

3. Average Daily Census
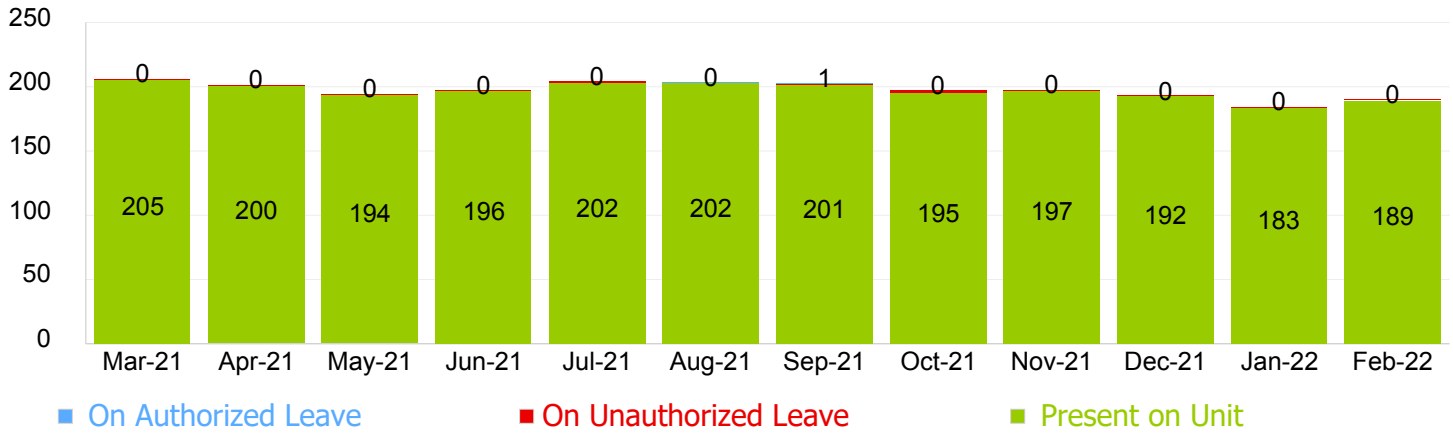
Census_Status	Patient Count												
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Average
a. Present on Unit	205	200	194	196	202	202	201	195	197	192	183	189	197
b. On AL	1	1	0	0	2	1	1	2	1	0	1	1	1
c. On UL	0	0	0	0	0	0	1	0	0	0	0	0	0
Total	206	201	195	197	204	203	203	197	198	193	184	190	

* Data above is the daily average number of individuals counted at 11:59 PM every day during each month. Census data is tracked via the AVATAR database.

4. Transfers
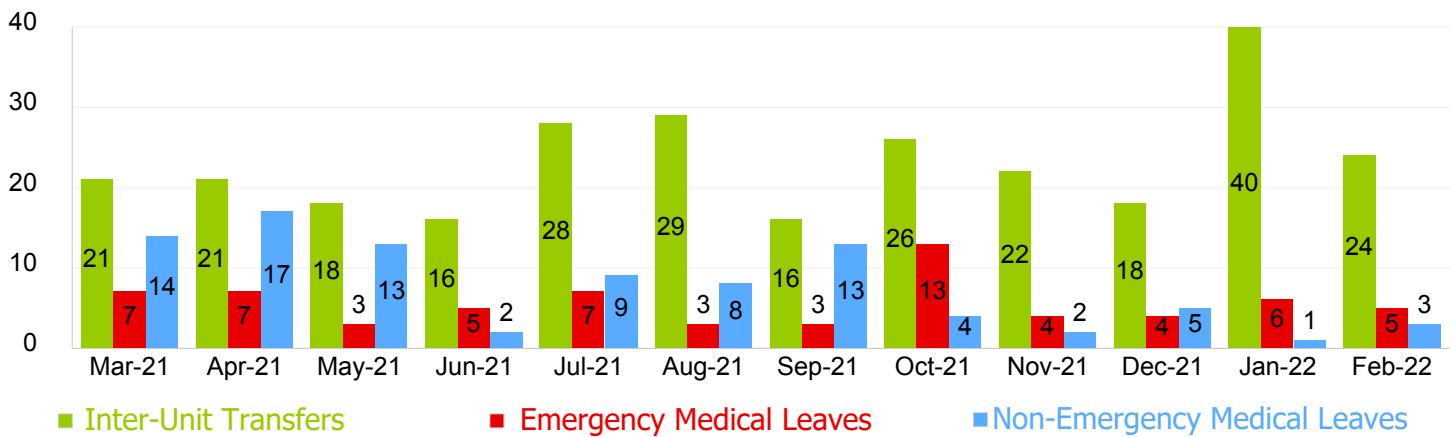
Metrics	YearMonth	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
Inter-Unit Transfers		21	21	18	16	28	29	16	26	22	18	40	24	23	279
Emergency Medical Leaves		7	7	3	5	7	3	3	13	4	4	6	5	6	67
Non-Emergency Medical Leaves		14	17	13	2	9	8	13	4	2	5	1	3	8	91
Total		42	45	34	23	44	40	32	43	28	27	47	32	--	437

* Number of inter-unit transfers that occurred during month and number of emergency medical leaves that were initiated during month. Challenges related to the COVID-19 pandemic required the hospital to transfer individuals in care to assure proper cohorting based on acuity and COVID status (positive, negative, PUI). The marked increase in transfers April 2020 and onward reflects the change to manage suspected and confirmed COVID-19 cases.

5. 30-Day Readmission Rate
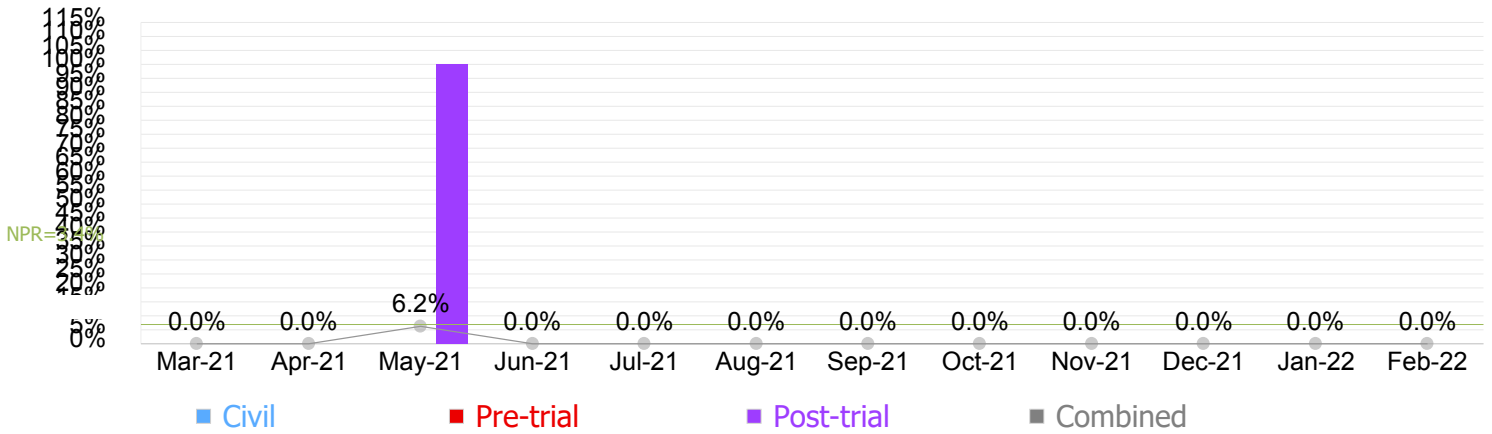
	Readmission Rate												
Legal Status Group	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg
Civil	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Pre-trial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Post-trial	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**14.3%**
Combined	0.0%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.5%**

* Percent of discharges that returned to SEH within 30 days of discharges. It does not include those who may have been re-hospitalized at another psychiatric facility. This measure requires 30-day observation following discharge.
** The post-trial denominators (discharges) per month range only between one and six, making the monthly re-admission rate high when there is any. For example, in December 2014, there was only one post-trial discharge, which was readmitted within 30 days. Thus, the 30-day readmission rate for post-trial discharge at that time was 100%.

6. Unusual Incidents
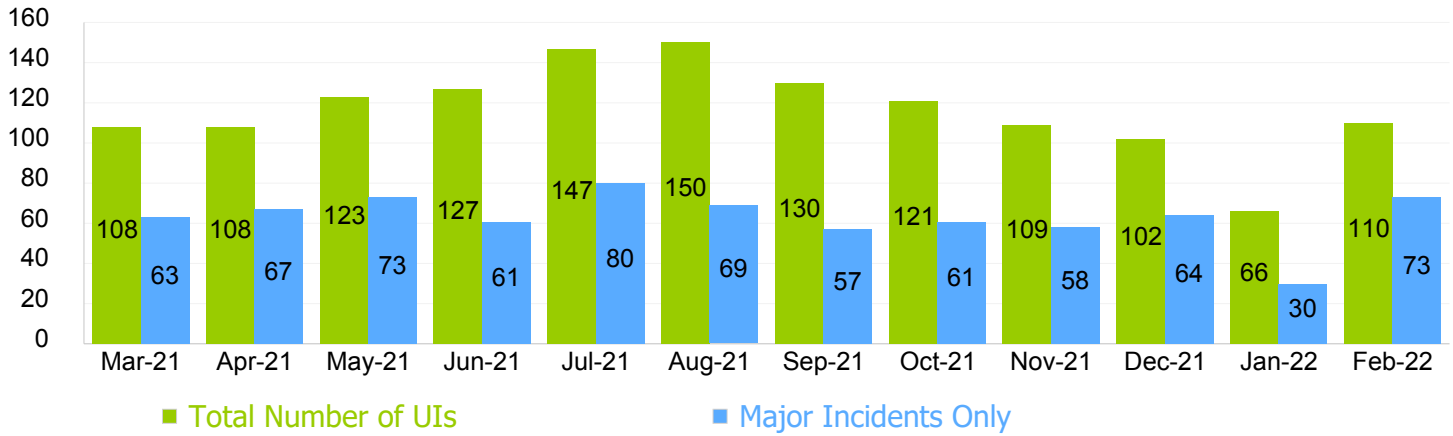
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
Major Incidents Only	63	67	73	61	80	69	57	61	58	64	30	73	**63**	**756**
Total Number of UIs	108	108	123	127	147	150	130	121	109	102	66	110	**117**	**1,401**

* A Major Unusual Incident is any adverse even that can compromise health, safety, and welfare of individuals in care and/or staff. An Unusual Incident is any significant occurrence or extraordinary event deviating from regular routine or established procedure, but does not rise to the level of MUI.

7. Patient-Involved Unusual Incidents
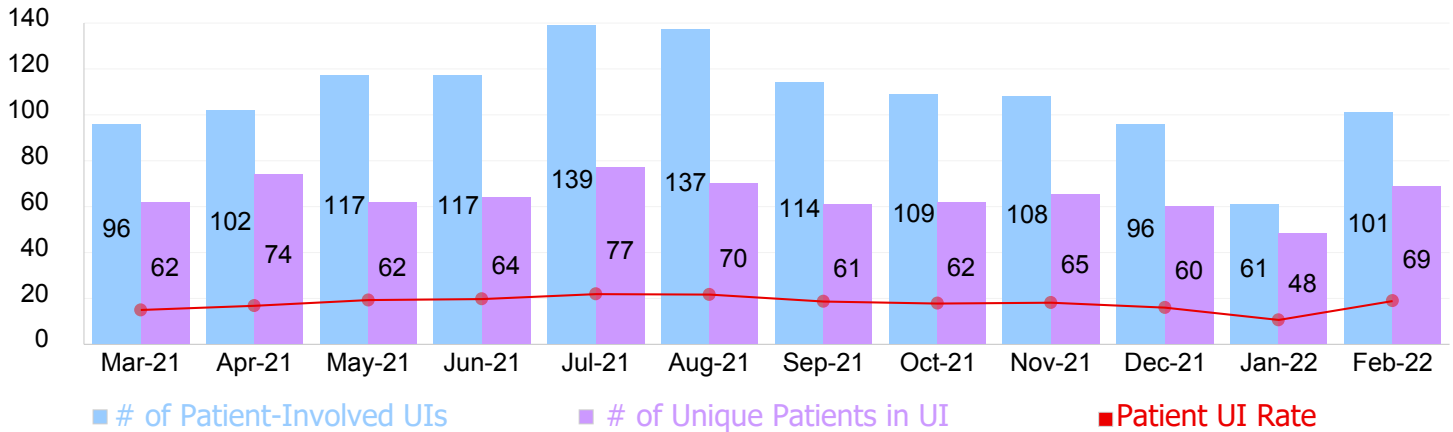
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
# of Unique Patients in UI	62	74	62	64	77	70	61	62	65	60	48	69	**65**	**774**
Patient Involved UI	96	102	117	117	139	137	114	109	108	96	61	101	--	--
Patient UI Rate	14.97	16.80	19.29	19.72	21.88	21.68	18.65	17.77	18.14	15.99	10.63	18.86	**17.86**	--

* The patient UI rate is the number of patient-involved unusual incidents reported for every 1000 inpatient days.

8. Selected Types of Incidents
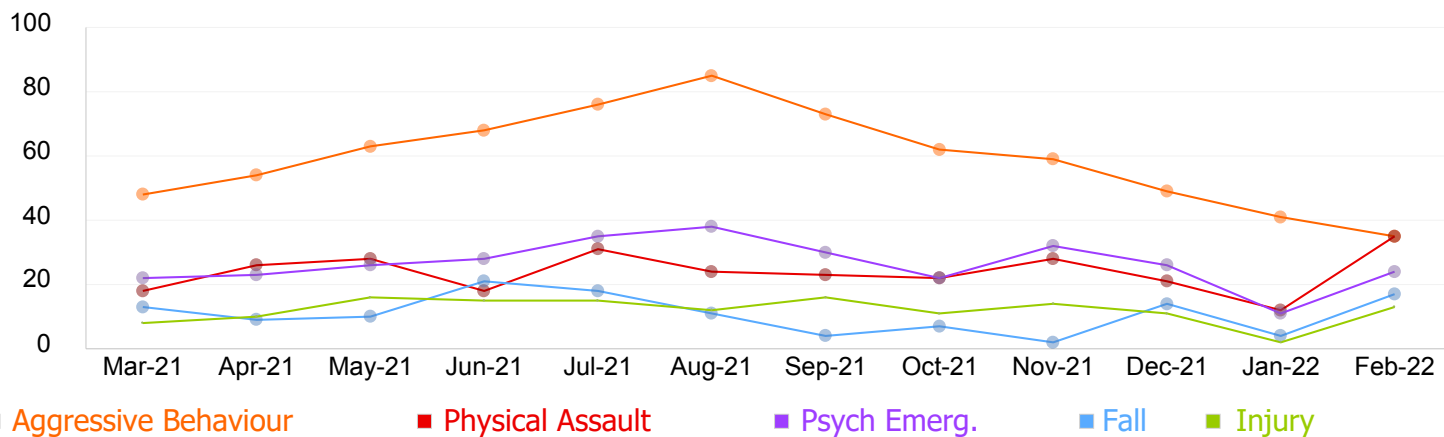
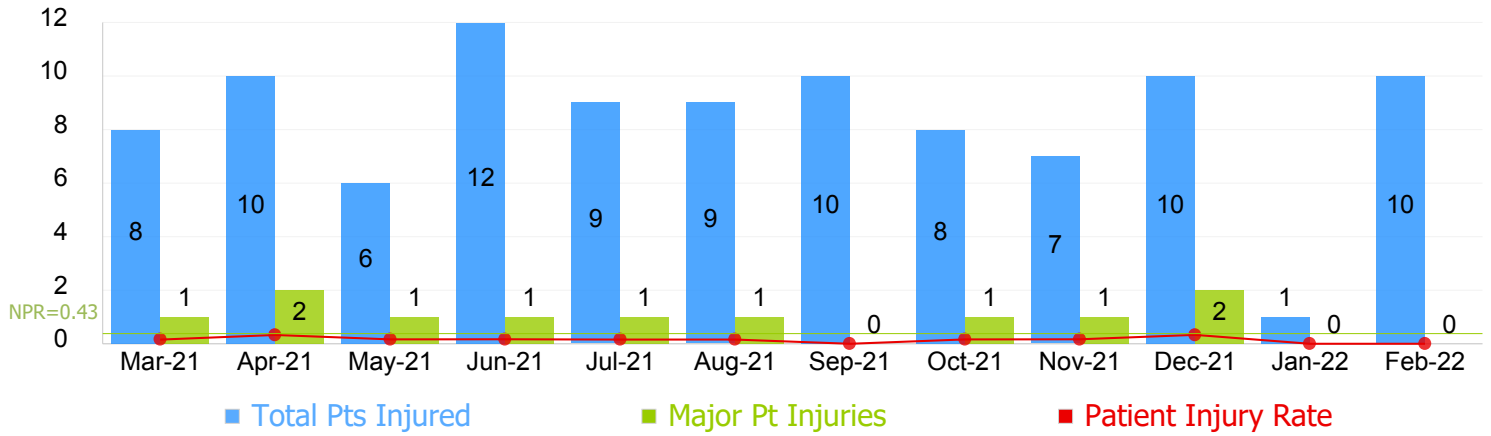|	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg
Physical Assault	18	26	28	18	31	24	23	22	28	21	12	35	**24**
Injury	8	10	16	15	15	12	16	11	14	11	2	13	**12**
Psychiatric Emergency	22	23	26	28	35	38	30	22	32	26	11	24	**26**
Falls	13	9	10	21	18	11	4	7	2	14	4	17	**11**
Aggressive Behaviour	48	54	63	68	76	85	73	62	59	49	41	35	**59**

* These are incident types that are frequently reported. Some incidents may be counted in multiple categories. For example, a physical assault incident that accompanied psychiatric emergency and injury is counted under psychiatric emergency and injury as well as under physical assault. Injury is broadly defined to include any type of injury, regardless of the cause or severity level.

9. Physical Assaults
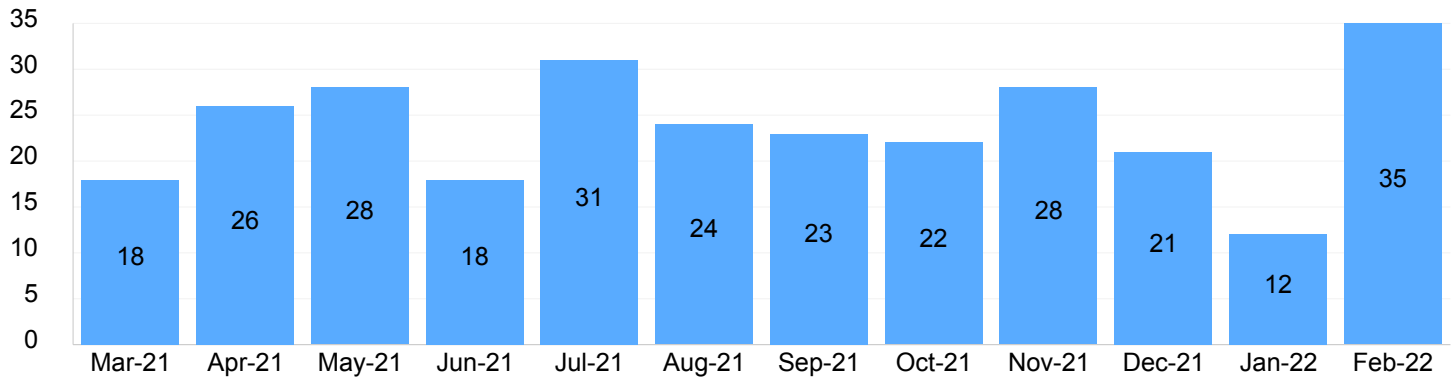
| | Physical Assault | | | | | | | | | | | | |
Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
18	26	28	18	31	24	23	22	28	21	12	35	**24**	**286**

10. Patient Injuries

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
Total Pts Injured	8	10	6	12	9	9	10	8	7	10	1	10	**8**	**100**
Major Pt Injuries	1	2	1	1	1	1	0	1	1	2	0	0	**1**	**11**
Patient Injury Rate	0.16	0.33	0.16	0.17	0.16	0.16	0.00	0.16	0.17	0.33	0.00	0.00	**0.15**	**--**

*Injury is broadly defined to include any type of injuries regardless of the cause or severity level. The total number of patients injured represents all of the reported injuries including minor injuries treated with first aid alone. However, the patient injury rate considers only the number of patient injuries that required treatment for minor injuries based on the NRI definition. The patient injury rate is the number of 'major' patient injuries per every 1000 inpatient days.

11. Staff Injuries
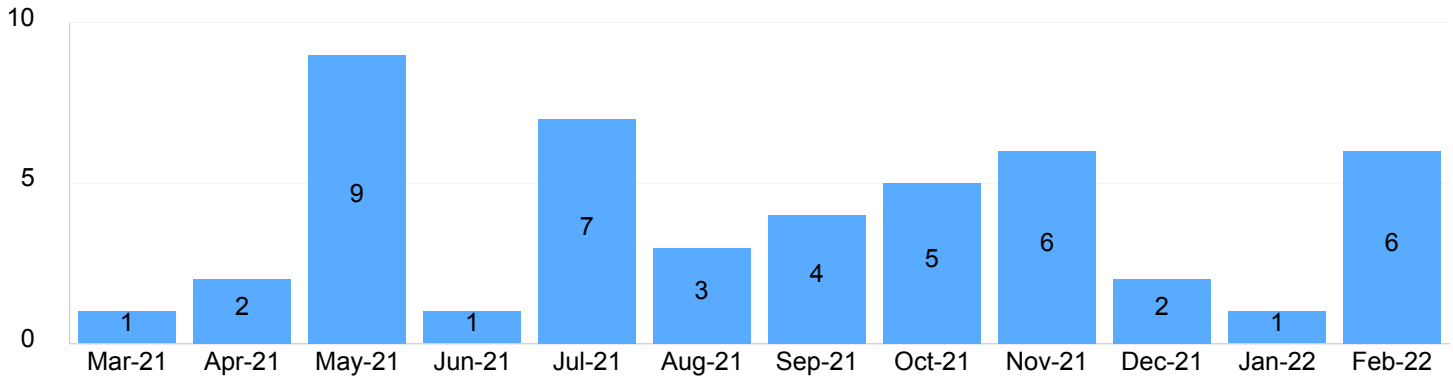
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
# of Staff Injured	1	2	9	1	7	3	4	5	6	2	1	6	4	47

*Injury is broadly defined to include any type of injuries regardless of the cause or severity. The total number of staff injured represents all of the reported staff injuries including treatment for minor injuries.

12. Patient and Staff Falls

- Total Staff who Fell
- Total Patients who Fell
- Patient Fall Rate
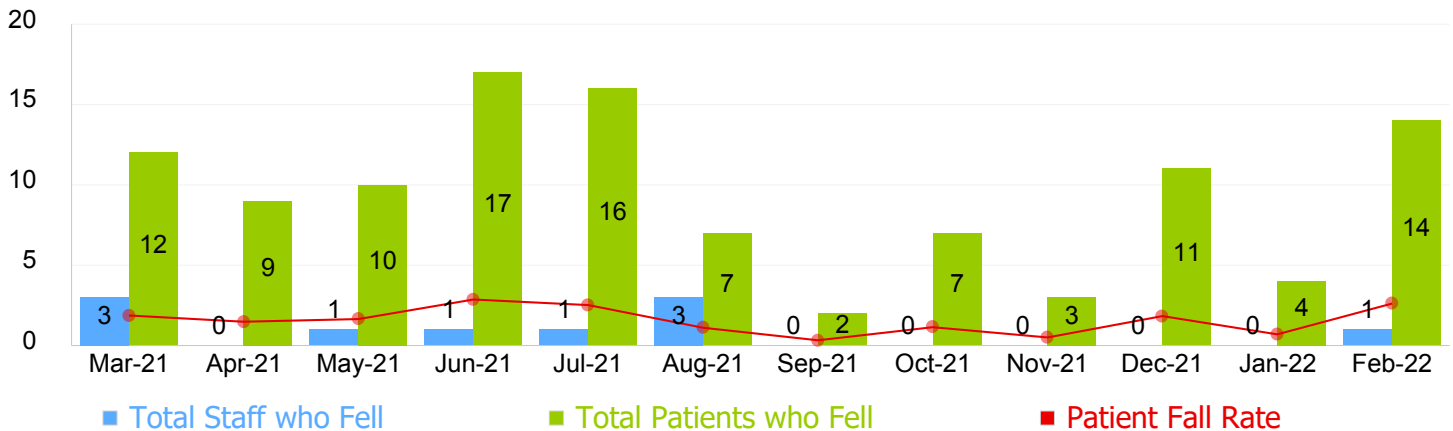
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
Total Staff who Fell	3	0	1	1	1	3	0	0	0	0	0	1	1	10
Total Patients who Fell	12	9	10	17	16	7	2	7	3	11	4	14	9	112
Patient Fall Rate	1.87	1.48	1.65	2.87	2.52	1.11	0.33	1.14	0.50	1.83	0.70	2.61	1.55	--

* The patient fall rate is the number of patient falls per every 1000 inpatient days.

13. Percent of Patients Restrained or Secluded
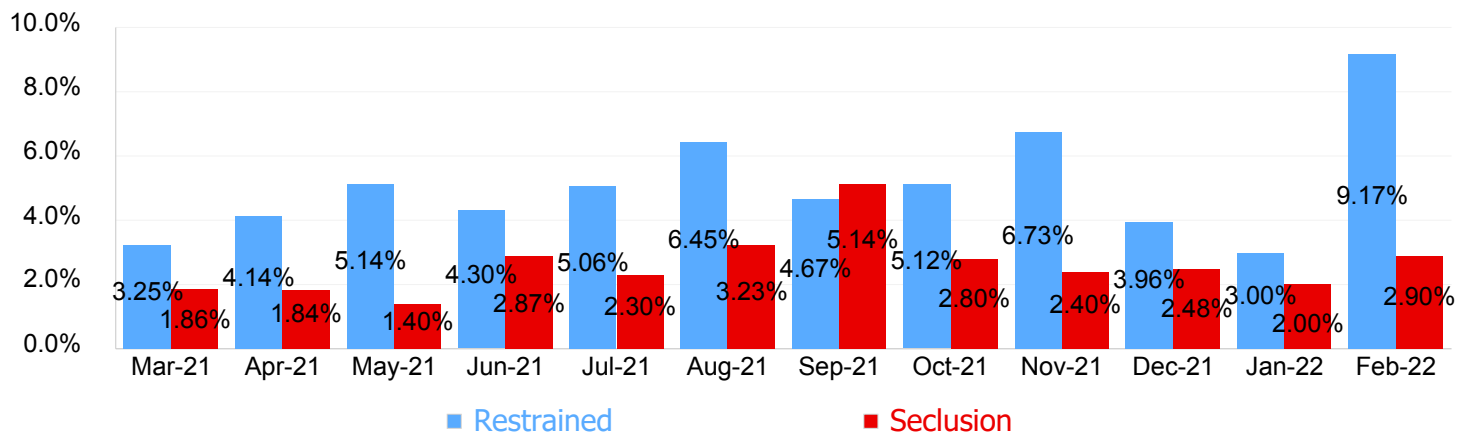
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg
Seclusion	1.86%	1.84%	1.40%	2.87%	2.30%	3.23%	5.14%	2.80%	2.40%	2.48%	2.00%	2.90%	**2.60%**
Restraint	3.25%	4.14%	5.14%	4.30%	5.06%	6.45%	4.67%	5.12%	6.73%	3.96%	3.00%	9.17%	**5.08%**

As of January 2022, the National Public Rates (NPR) Weighted Averages are as follows: % of Patients Restrained NPR = 5.768 and the % of Patients Secluded NPR = 2.445.

Percent of unique patients who were restrained at least once and percent of unique patients who were secluded at least once. The denominator includes all individuals who were served in care 1+ day during month.

***As of May 2019, SEH refined the logic of this calculation to count patients who were restrained via a physical hold and a mechanical restraint only once. Previous logic counted the same person twice if they received both a physical hold and mechanical restraint in the same month.

14. Restraint Hours Rate & Seclusion Hours Rate
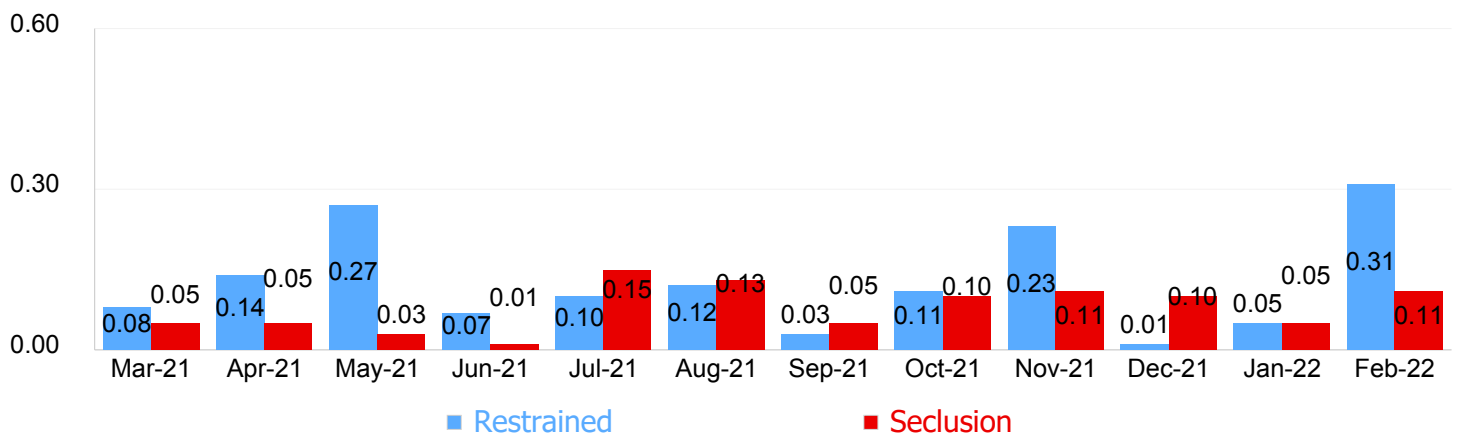
Event Type	Hour Rate												
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg
Restraint	0.08	0.14	0.27	0.07	0.10	0.12	0.03	0.11	0.23	0.01	0.05	0.31	**0.13**
Seclusion	0.05	0.05	0.03	0.01	0.15	0.13	0.05	0.10	0.11	0.10	0.05	0.11	**0.08**

As of January 2022, the National Public Rates (NPR) Weighted Averages are as follows: Restraint Hours Rate NPR = 0.779 and the Seclusion Hours Rate NPR = 0.332.

* Restraint/Seclusion Hours Rate: Number of hours spent in restraint/seclusion for every 1000 inpatient hours.
** The duration of each physical hold event is counted as 1 minute as a physical hold is ordered and used only as a temporary intervention that lasts less than a minute to break up any physical conflicts or to administer emergency medications.
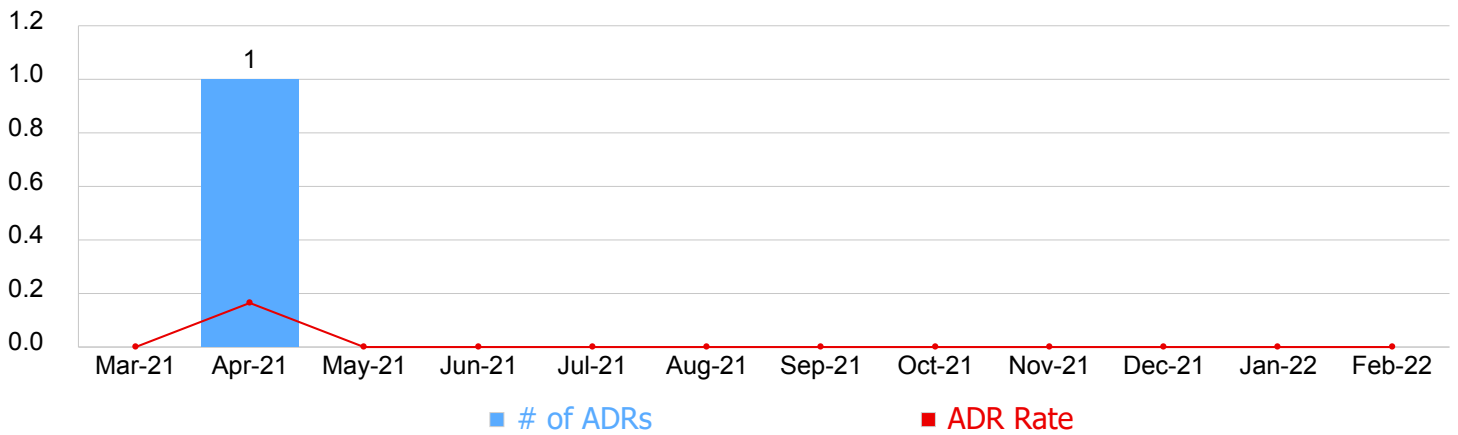
15. Reported Medication Variance Events & Rate
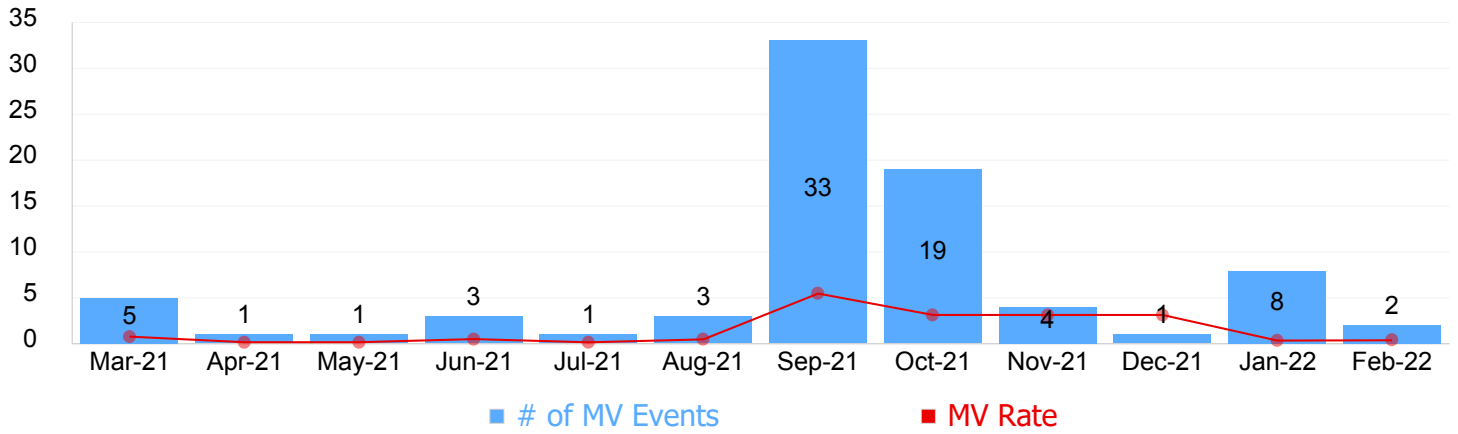
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
# of MV Events	5	1	1	3	1	3	33	19	4	1	8	2	7	81
MV Rate	0.78	0.17	0.17	0.51	0.16	0.48	5.47	3.14	3.14	3.14	0.35	0.38	1.49	17.89

* MV Rate: Number of reported medication variance events that occurred for every 1000 inpatient days.

16. Reported Adverse Drug Reactions & Rate

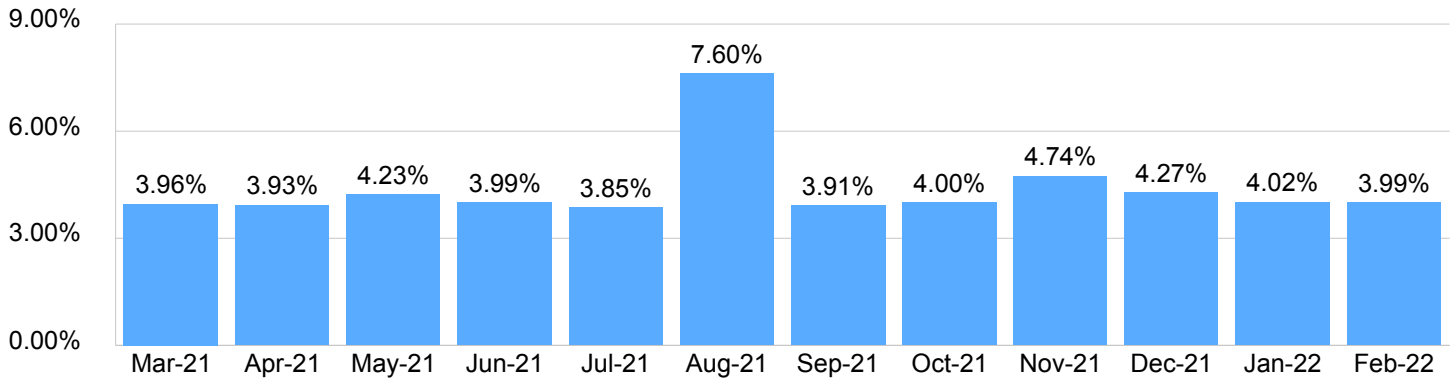|	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
NumADRs	0	1	0	0	0	0	0	0	0	0	0	0	0	1
ADR Rate	0.00	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	--

* ADR Rate: Number of reported adverse drug reaction events that occurred for every 1000 inpatient days.

17. Percent of Missing Documentation on Med-Administration
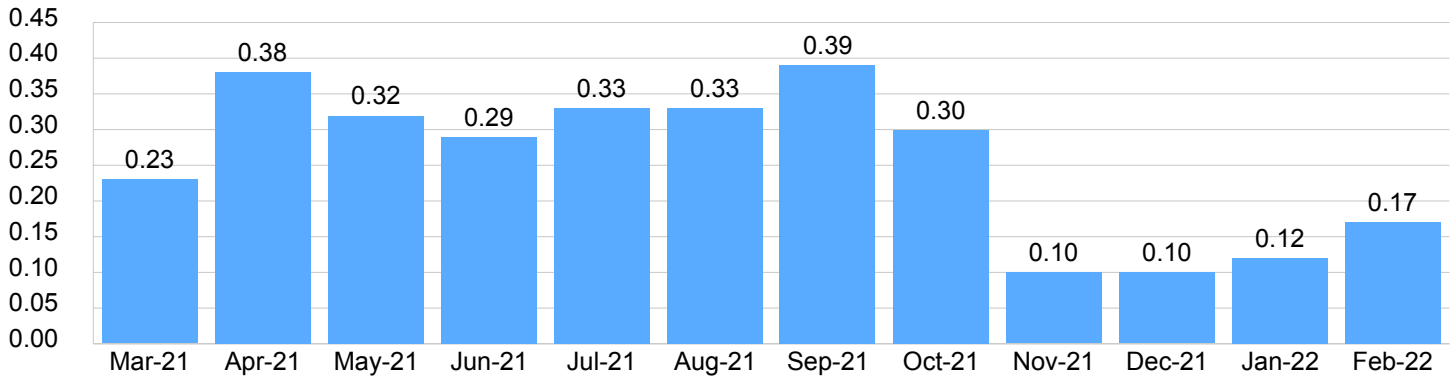
Event Type	Rate												Avg
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
PercOfMissingDocumentation	0.23	0.38	0.32	0.29	0.33	0.33	0.39	0.30	0.10	0.10	0.12	0.17	**0.26**

18. Medication Refusal Rate

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Average
Medication Refusal Rate	3.96	3.93	4.23	3.99	3.85	7.60	3.91	4.00	4.74	4.27	4.02	3.99	**4.37**

* Medication Refusal Rate: the number of refused medication doses divided by the total number of doses scheduled for administration.

19. Number of STAT Events and Individuals Involved
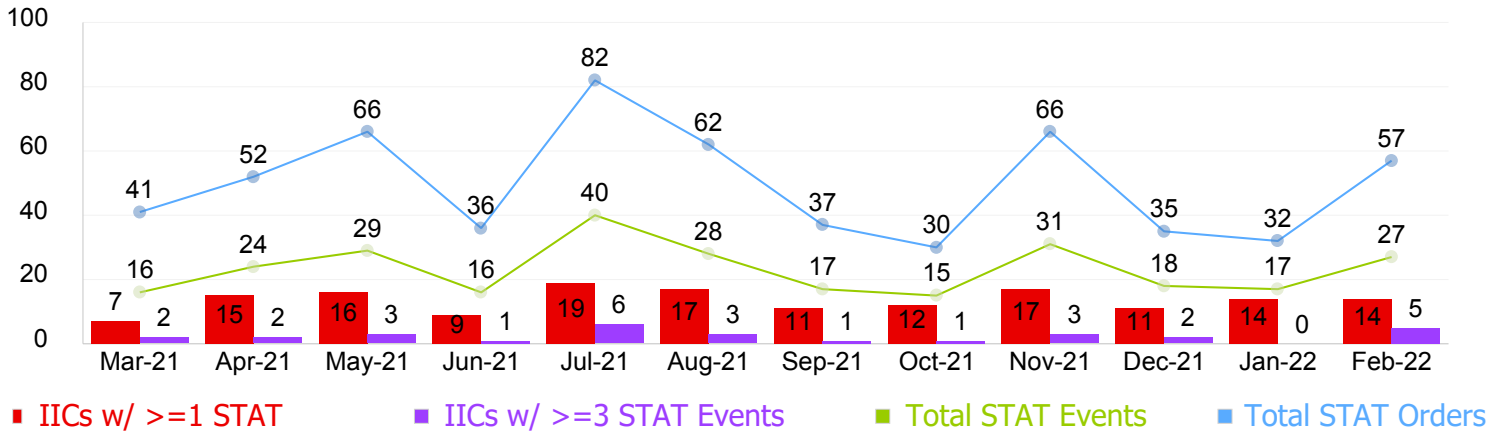
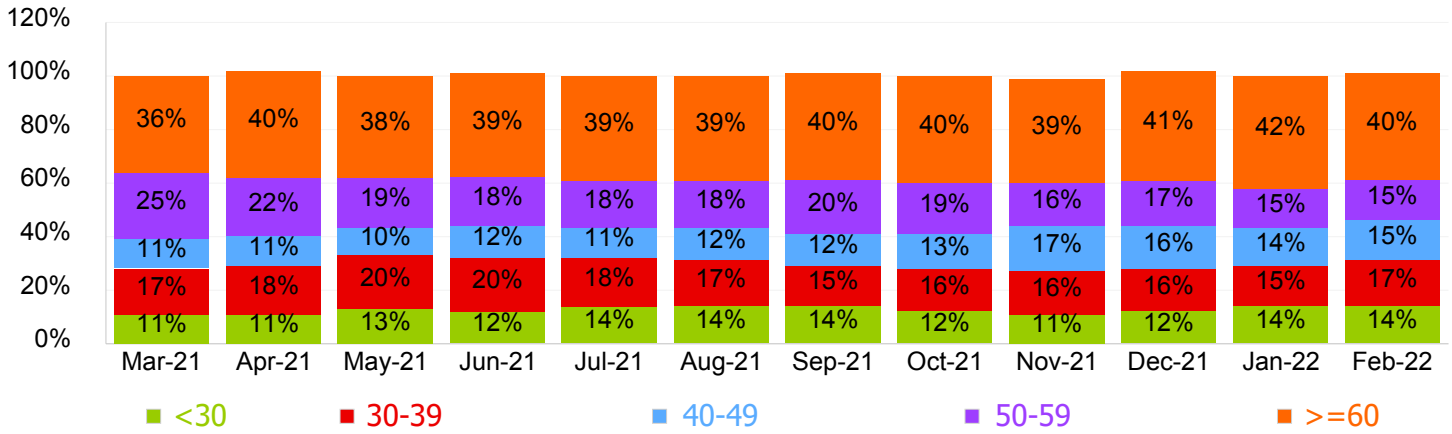|	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg	Total
IICs w/ >=1 STAT	7	15	16	9	19	17	11	12	17	11	14	14	**14**	**162**
IICs w/ >=3 STAT Events	2	2	3	1	6	3	1	1	3	2	0	5	**2**	**29**
Total STAT Events	16	24	29	16	40	28	17	15	31	18	17	27	**23**	**278**
Total STAT Orders	41	52	66	36	82	62	37	30	66	35	32	57	**50**	**596**

* A STAT event is an emergency medication prescribed and administered to a person involuntarily.

20. Demographics - Trend of Gender Distribution
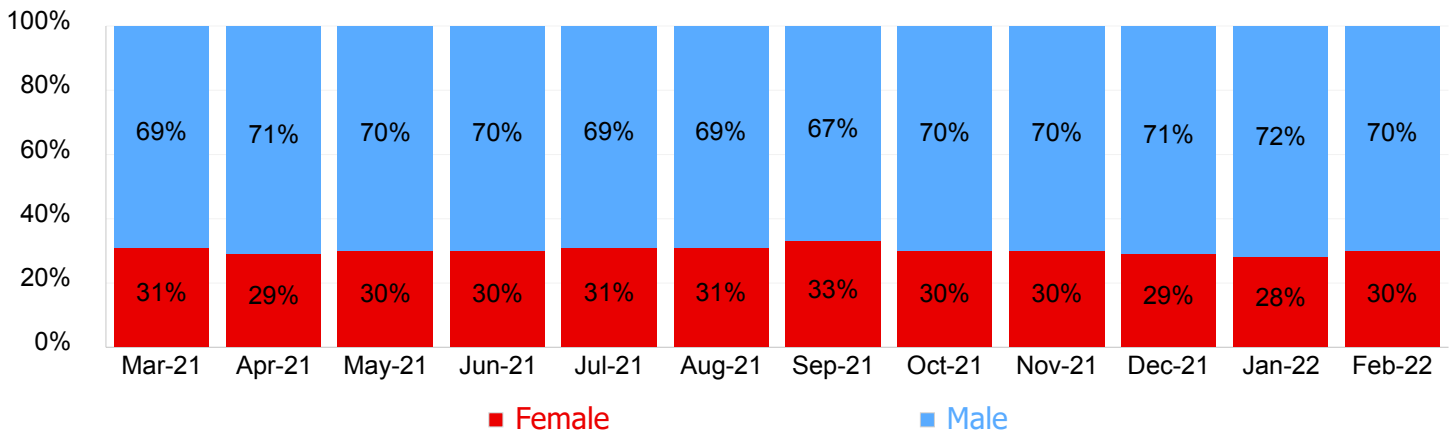
Gender	Rate												Avg
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Female	31%	29%	30%	30%	31%	31%	33%	30%	30%	29%	28%	30%	**30%**
Male	69%	71%	70%	70%	69%	69%	67%	70%	70%	71%	72%	70%	**70%**

21. Demographics - Trend of Age Distribution

Age Group	Rate												
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Avg
<30	11%	11%	13%	12%	14%	14%	14%	12%	11%	12%	14%	14%	**13%**
30-39	17%	18%	20%	20%	18%	17%	15%	16%	16%	16%	15%	17%	**17%**
40-49	11%	11%	10%	12%	11%	12%	12%	13%	17%	16%	14%	15%	**13%**
50-59	25%	22%	19%	18%	18%	18%	20%	19%	16%	17%	15%	15%	**19%**
60+	36%	40%	38%	39%	39%	39%	40%	40%	39%	41%	42%	40%	**39%**

22. Length of Stay - Average and Median Length of Stay for Individuals in Care
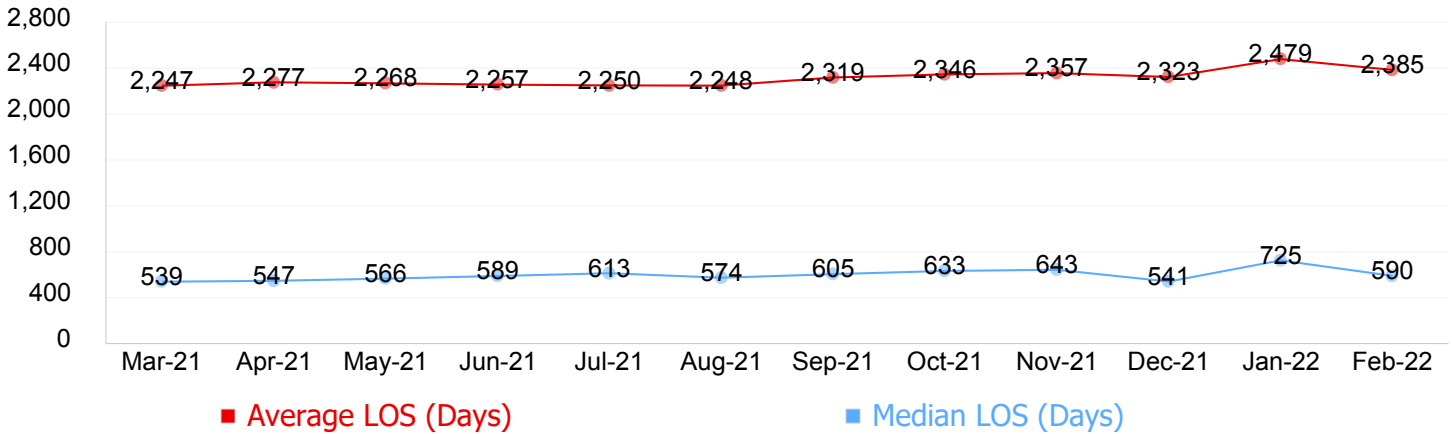
Type	Individuals In Care											
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Average LOS	2,247	2,277	2,268	2,257	2,250	2,248	2,319	2,346	2,357	2,323	2,479	2,385
Median LOS	539	547	566	589	613	574	605	633	643	541	725	590

23. Length of Stay - Length of Stay for Individuals in Care with Civil Legal Status
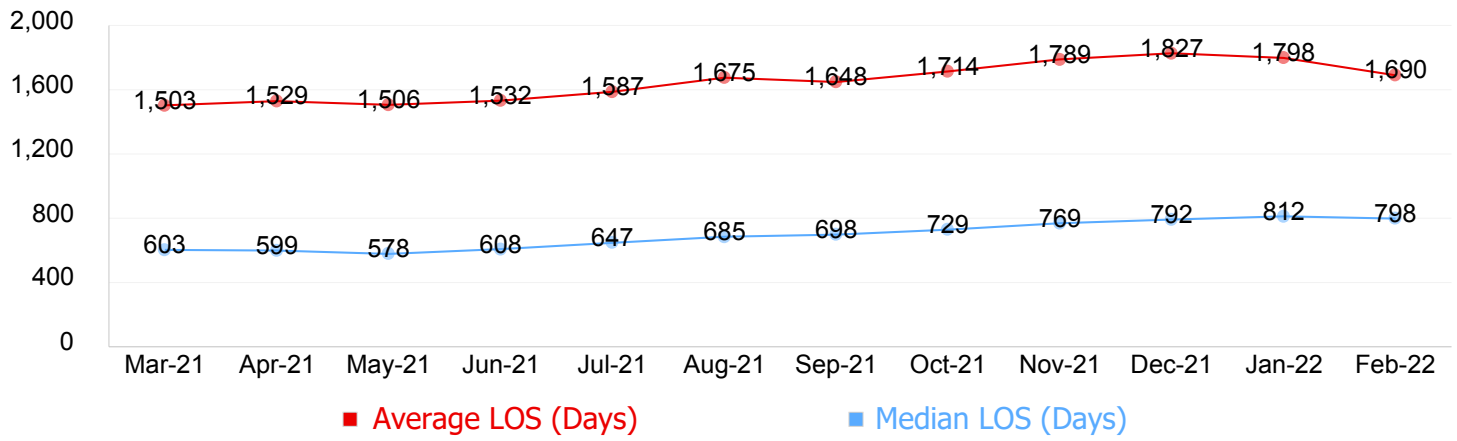
Type	Civil											
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Average LOS	1,503	1,529	1,506	1,532	1,587	1,675	1,648	1,714	1,789	1,827	1,798	1,690
Median LOS	603	599	578	608	647	685	698	729	769	792	812	798