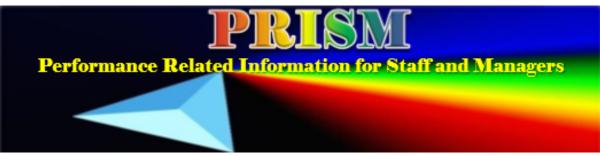


Government of the District of Columbia Department of Behavioral Health (DBH)





Aug-22

Table of Contents

1. Admissions to SEH	2
2. Discharges to SEH	2
3. Average Daily Census	3
4. Transfers	3
5. 30-Day Readmission Rate	4
6. Unusual Incidents	5
7. Patient-Involved Unusual Incidents	5
8. Selected Types of Incidents	7
9. Physical Assaults	8
10. Patient Injuries	9
11. Staff Injuries	10
12. Patient and Staff Falls	10
13. Percent of Patients Restrained or Secluded	11
14. Restraint Hours Rate & Seclusion Hours Rate	11
15. Reported Medication Variance Events	12
16. Reported Adverse Drug Reactions	12
17. Percent of Missing Documentation on Med-Administration	13
18. Medication Refusal Rate	13
19. Number of STAT Events and Individuals Involved	14
20. Demographics - Trend of Gender Distribution	14
21. Demographics - Trend of Age Distribution	15
22. Length of Stay - LOS for Individuals in Care	15
23. Length of Stay - LOS for Individuals in Care with Civil	16

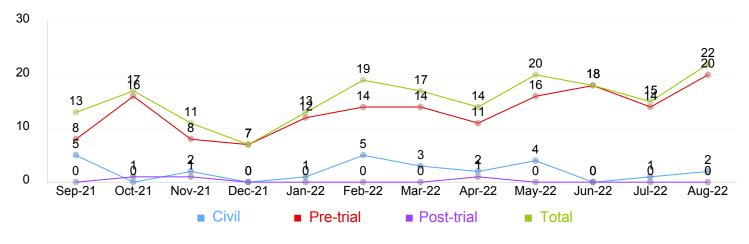
Data Disclaimer

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.

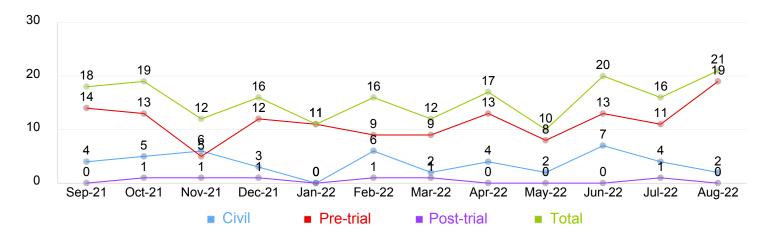
1. Admissions



Metrics		Admission Count Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Avg Total 5 0 2 0 1 5 3 2 4 0 1 2 2 25													
Legal Status Group	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg	Total	
Civil	5	0	2	0	1	5	3	2	4	0	1	2	2	25	
Pre-trial	8	16	8	7	12	14	14	11	16	18	14	20	13	158	
Post-trial	0	1	1	0	0	0	0	1	0	0	0	0	0	3	
Total	13	17	11	7	13	19	17	14	20	18	15	22	16	186	

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

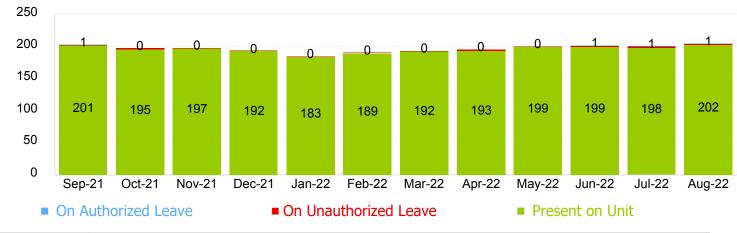
2. Discharges



							Discharg	ge Count						
Legal Status Group	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg	Total
Civil	4	5	6	3	0	6	2	4	2	7	4	2	4	45
Pre-trial	14	13	5	12	11	9	9	13	8	13	11	19	11	137
Post-trial	0	1	1	1	0	1	1	0	0	0	1	0	1	6
Total	18	19	12	16	11	16	12	17	10	20	16	21	16	188

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

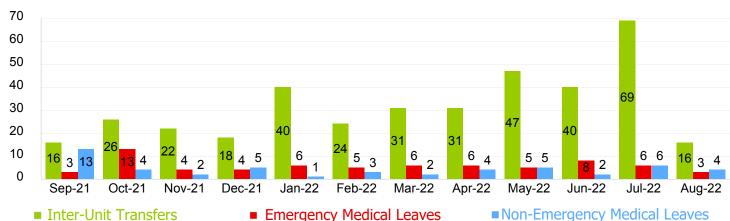
3. Average Daily Census



Census_Status						Pa	atient Cou	nt					
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Averag e
a. Present on Unit	201	195	197	192	183	189	192	193	199	199	198	202	195
b. On AL	1	2	1	0	1	1	1	2	1	2	2	2	1
c. On UL	1	0	0	0	0	0	0	0	0	1	1	1	0
Total	203	197	198	193	184	190	193	195	200	202	201	205	

* 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



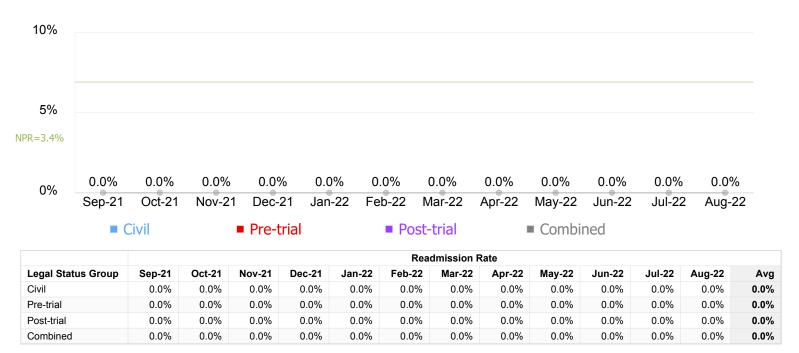
Emergency Medical Leaves

Non-Emergency Medical Leaves

Metrics	YearMonth	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg	Total
Inter-Unit Transfe	ers	16	26	22	18	40	24	31	31	47	40	69	16	32	380
Emergency Medi	ical Leaves	3	13	4	4	6	5	6	6	5	8	6	3	6	69
Non-Emergency	Medical Leaves	13	4	2	5	1	3	2	4	5	2	6	4	4	51
Total		32	43	28	27	47	32	39	41	57	50	81	23		500

* 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

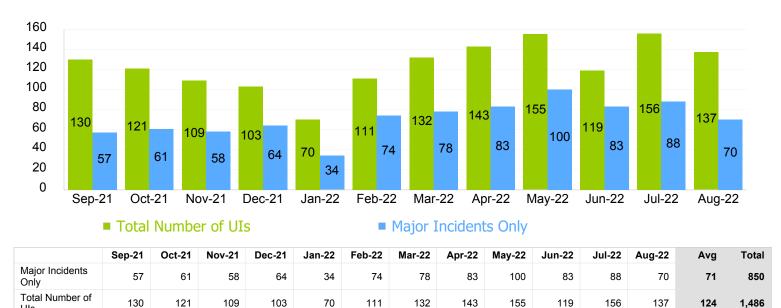


* Percent of discharges that returned to SEH within 30 days of discharges. It does not include those who may have been re-hospitalized at another psychiatric facility. This measure requires 30-day observation following discharge.

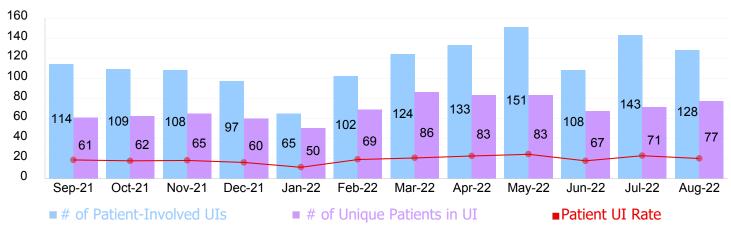
** The post-trial denominators (discharges) per month range only between one and six, making the monthly re-admission rate high when there is any. For example, in December 2014, there was only one post-trial discharge, which was readmitted within 30 days. Thus, the 30-day readmission rate for post-trial discharge at that time was 100%.

Uls

6. Unusual Incidents



* 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.

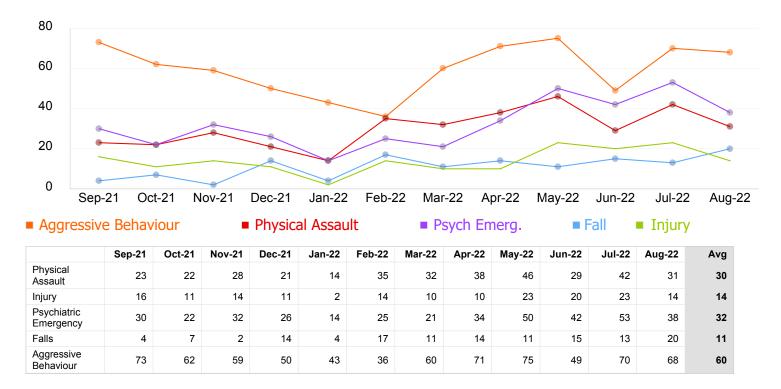


7. Patient-Involved Unusual Incidents

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg	Total
# of Unique Patients in UI	61	62	65	60	50	69	86	83	83	67	71	77	70	834
Patient Involved UI	114	109	108	97	65	102	124	133	151	108	143	128		
Patient UI Rate	18.65	17.77	18.14	16.16	11.32	19.04	20.63	22.59	24.27	17.76	22.86	20.08	19.11	

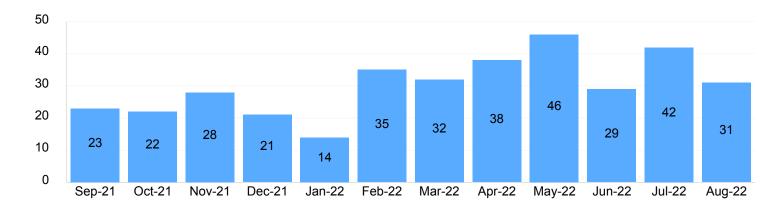
* The patient UI rate is the number of patient-involved unusual incidents reported for every 1000 inpatient days.

8. Selected Types of Incidents



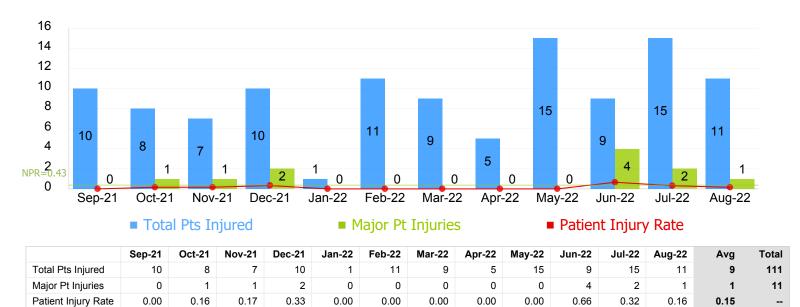
* These are incident types that are frequently reported. Some incidents may be counted in multiple categories. For example, a physical assault incident that accompanied psychiatric emergency and injury as well as under physical assault. Injury is broadly defined to include any type of injury, regardless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

9. Physical Assaults



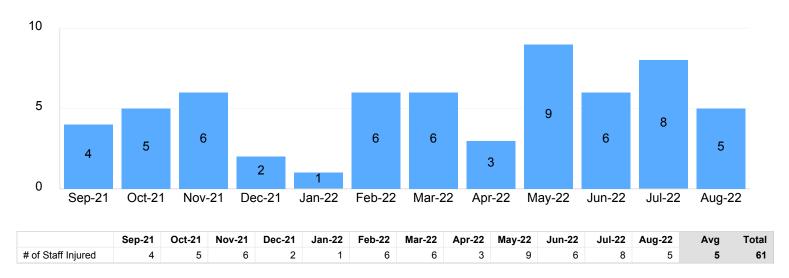
						Physical	Assault						
Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg	Total
23	22	28	21	14	35	32	38	46	29	42	31	30	361

10. Patient Injuries

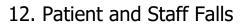


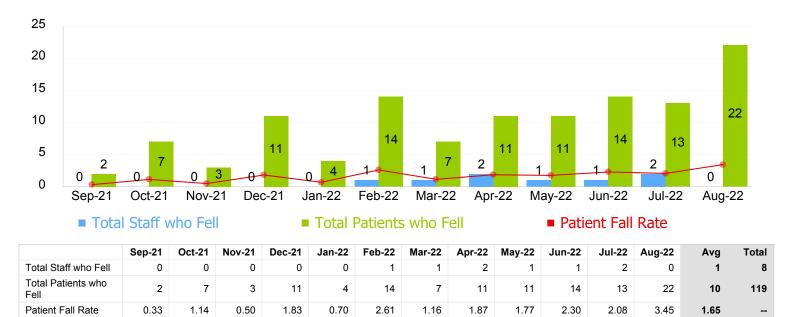
*Injury is broadly defined to include any type of injuries regardless of the cause or severity level. The total number of patients injured represents all of the reported injuries including minor injuries treated with first aid alone. However, the patient injury rate considers only the number of patient 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



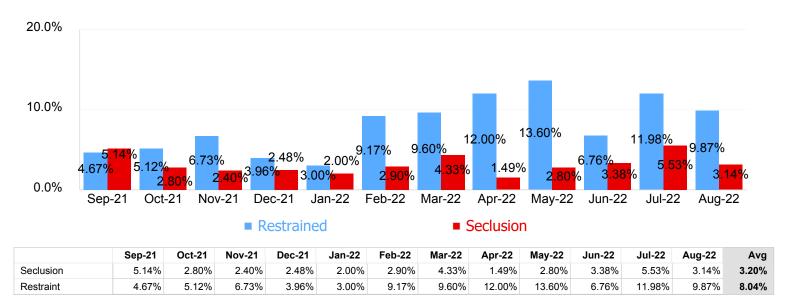
*Injury is broadly defined to include any type of injuries regardless of the cause or severity. The total number of staff injured represents all of the reported staff injuries including treatment for minor injuries.





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





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.



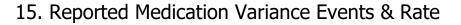
14. Restraint Hours Rate & Seclusion Hours Rate

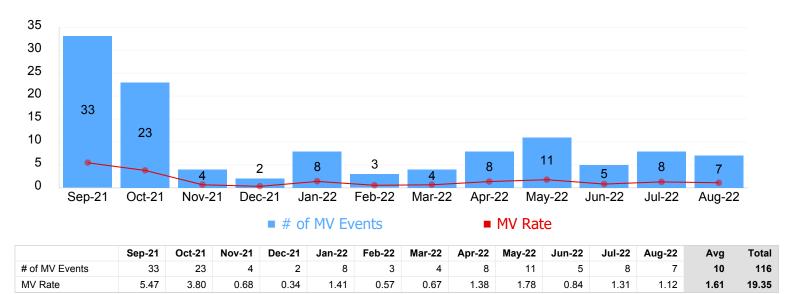
Event Tune							Hour Rate						
Event Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg
Restraint	0.13	0.10	0.23	0.29	0.14	0.33	0.21	0.29	0.50	0.25	0.22	0.18	0.24
Seclusion	0.14	0.11	0.14	0.24	0.08	0.11	0.09	0.02	0.18	0.09	0.12	0.11	0.12

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.

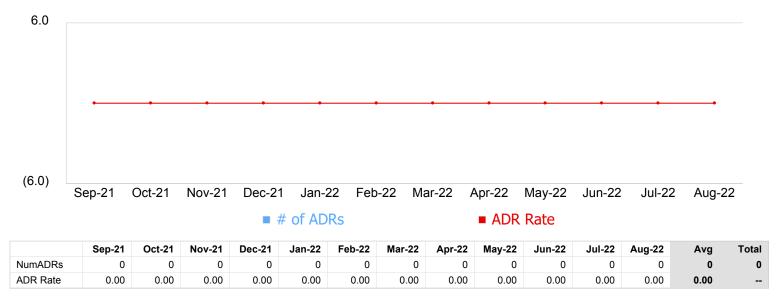
** The duration of each physical hold event is counted as 1 minute as a physical hold is ordered and used only as a temporary intervention that lasts less than a minute to break up any physical conflicts or to administer emergency medications.





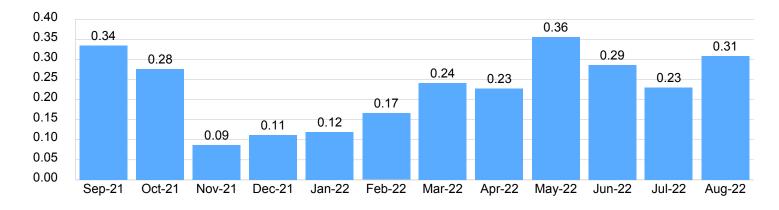
* MV Rate: Number of reported medication variance events that occurred for every 1000 inpatient days.

16. Reported Adverse Drug Reactions & Rate



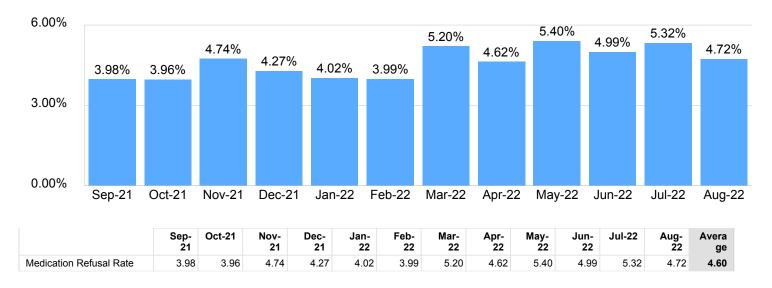
* ADR Rate: Number of reported adverse drug reaction events that occurred for every 1000 inpatient days.



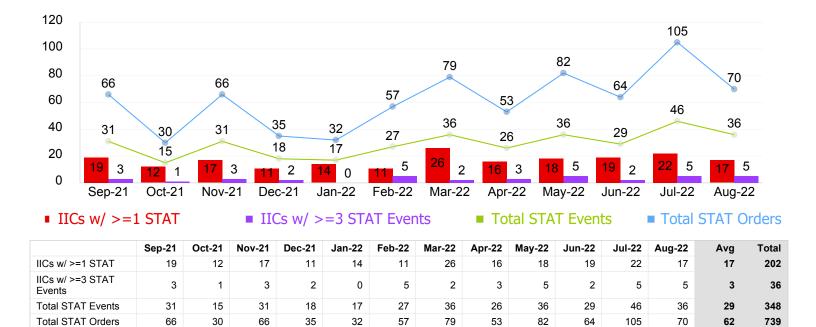


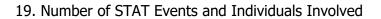
Event Type							Rate						
Event Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg
PercOfMissingDocumentation	0.34	0.28	0.09	0.11	0.12	0.17	0.24	0.23	0.36	0.29	0.23	0.31	0.23

18. Medication Refusal Rate



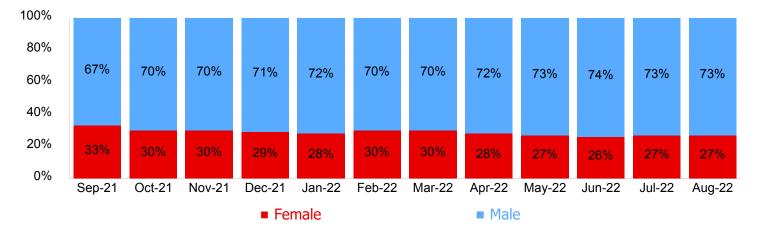
* Medication Refusal Rate: the number of refused medication doses divided by the total number of doses scheduled for administration.





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

20. Demographics - Trend of Gender Distribution



Gender							Rate						
Gender	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Avg
Female	33%	30%	30%	29%	28%	30%	30%	28%	27%	26%	27%	27%	29%
Male	67%	70%	70%	71%	72%	70%	70%	72%	73%	74%	73%	73%	71%

50-59

60+

20%

40%

19%

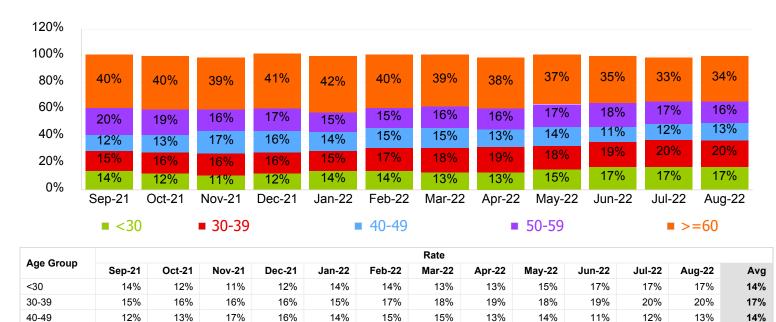
40%

16%

39%

17%

41%



15%

40%

16%

39%

16%

38%

17%

37%

18%

35%

17%

33%

16%

34%

17%

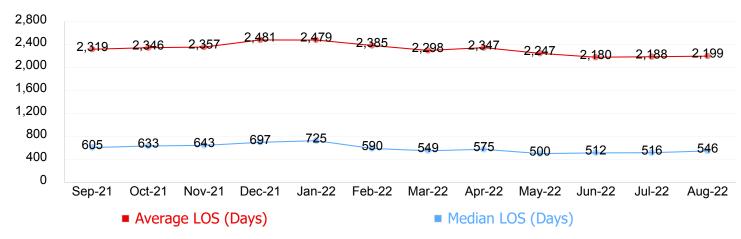
38%

21. Demographics - Trend of Age Distribution

22. Length of Stay - Average and Median Length of Stay for Individuals in Care

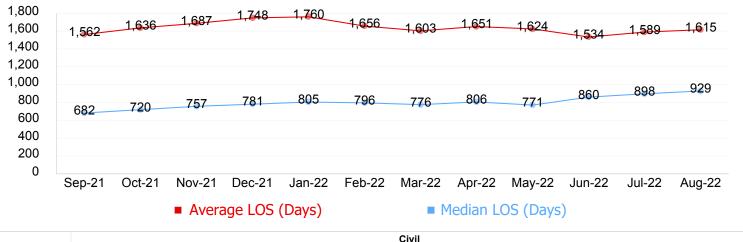
15%

42%



Turne						Individua	s In Care					
Туре	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Average LOS	2,319	2,346	2,357	2,481	2,479	2,385	2,298	2,347	2,247	2,180	2,188	2,199
Median LOS	605	633	643	697	725	590	549	575	500	512	516	546

23. Length of Stay - Length of Stay for Individuals in Care with Civil Legal Status



Tuno						CIV	/11					
Туре	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Average LOS	1,562	1,636	1,687	1,748	1,760	1,656	1,603	1,651	1,624	1,534	1,589	1,615
Median LOS	682	720	757	781	805	796	776	806	771	860	898	929