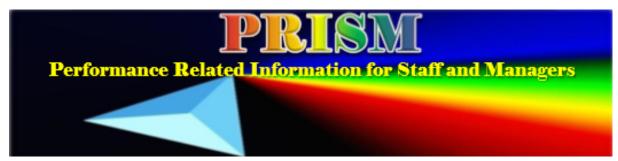


Government of the District of Columbia Department of Behavioral Health (DBH)





Jun-22

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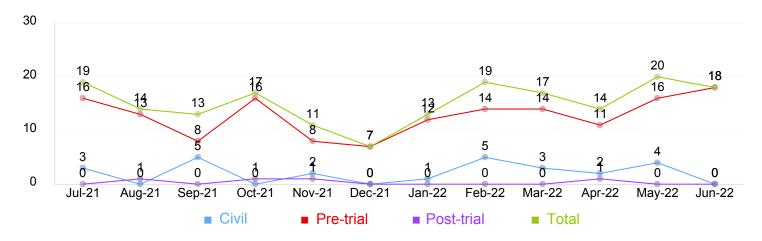
Data Disclaimer

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.

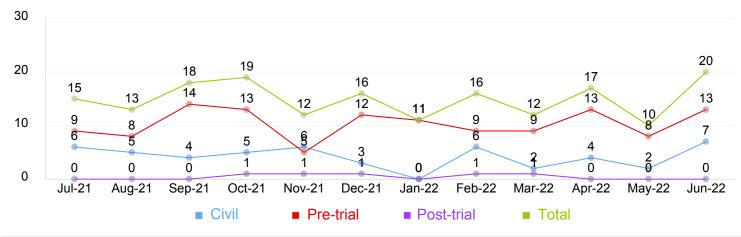
1. Admissions



Metrics							Admissi	on Count						
Legal Status Group	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg	Total
Civil	3	0	5	0	2	0	1	5	3	2	4	0	2	25
Pre-trial	16	13	8	16	8	7	12	14	14	11	16	18	13	153
Post-trial	0	1	0	1	1	0	0	0	0	1	0	0	0	4
Total	19	14	13	17	11	7	13	19	17	14	20	18	15	182

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

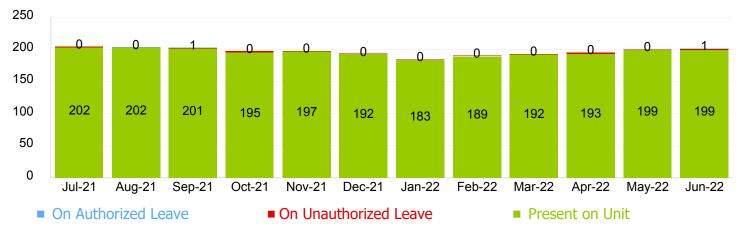
2. Discharges



							Dischar	ge Count						
Legal Status Group	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg	Total
Civil	6	5	4	5	6	3	0	6	2	4	2	7	5	50
Pre-trial	9	8	14	13	5	12	11	9	9	13	8	13	10	124
Post-trial	0	0	0	1	1	1	0	1	1	0	0	0	1	5
Total	15	13	18	19	12	16	11	16	12	17	10	20	15	179

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

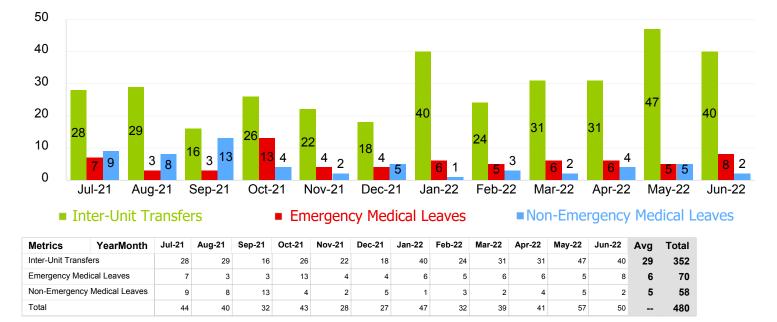
3. Average Daily Census



Census_Status						P	atient Cou	nt					
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Averag e
a. Present on Unit	202	202	201	195	197	192	183	189	192	193	199	199	196
b. On AL	2	1	1	2	1	0	1	1	1	2	1	2	1
c. On UL	0	0	1	0	0	0	0	0	0	0	0	1	0
Total	204	203	203	197	198	193	184	190	193	195	200	202	

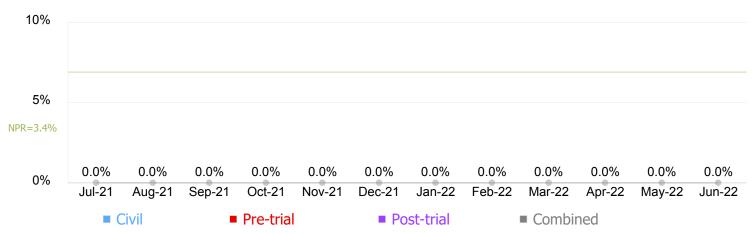
^{*} Data above is the daily average number of individuals counted at 11:59 PM every day during each month. Census data is tracked via the AVATAR database.

4. Transfers



^{*} 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

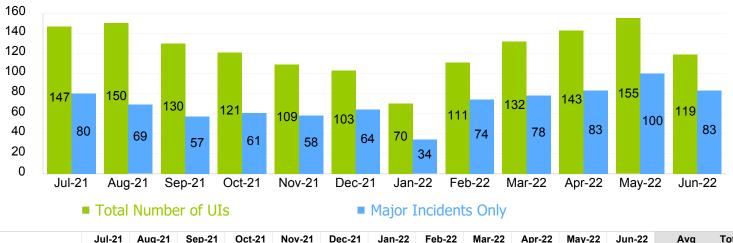


						Rea	dmission F	Rate					
Legal Status Group	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg
Civil	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pre-trial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Post-trial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Combined	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%

^{*} 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%.

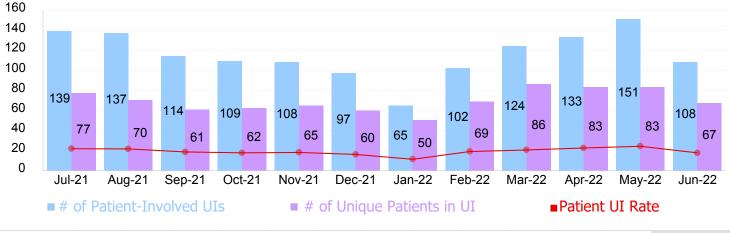
6. Unusual Incidents



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg	Total
Major Incidents Only	80	69	57	61	58	64	34	74	78	83	100	83	70	841
Total Number of Uls	147	150	130	121	109	103	70	111	132	143	155	119	124	1,490

^{*} 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

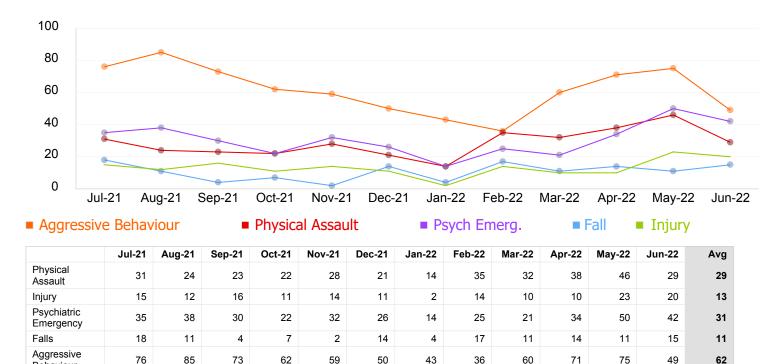


	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg	Total
# of Unique Patients in UI	77	70	61	62	65	60	50	69	86	83	83	67	69	833
Patient Involved UI	139	137	114	109	108	97	65	102	124	133	151	108		-
Patient UI Rate	21.88	21.68	18.65	17.77	18.14	16.16	11.32	19.04	20.63	22.59	24.27	17.76	19.16	

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

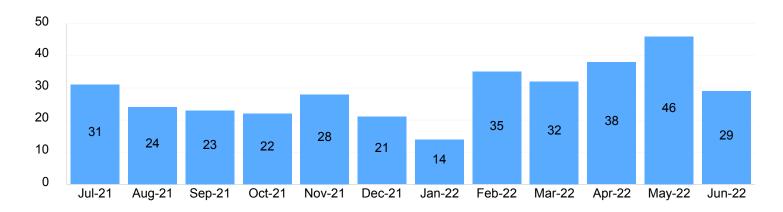
Behaviour

8. Selected Types of Incidents



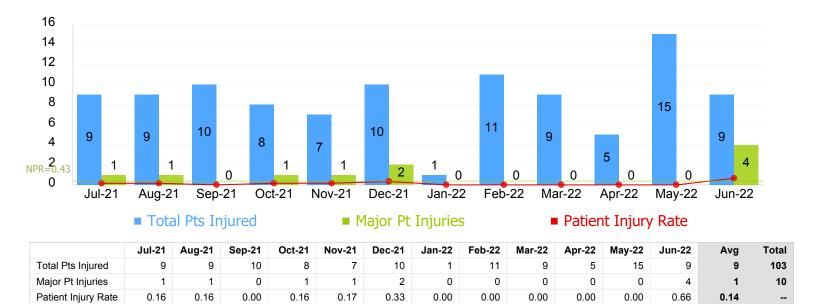
^{*} These are incident types that are frequently reported. Some incidents may be counted in multiple categories. For example, a physical assault incident that accompanied psychiatric emergency and injury is counted under psychiatric emergency and injury as well as under physical assault. Injury is broadly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

9. Physical Assaults



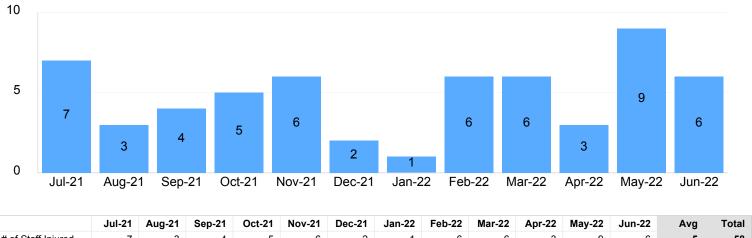
						Physical	Assault						
Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg	Total
31	24	23	22	28	21	14	35	32	38	46	29	29	343

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

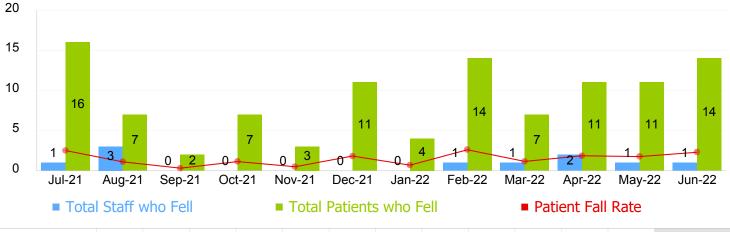


;	# of Staff Injured	7	3	4	5	6	2	1	6	6	3	9	6	5	58

*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

12. Patient and Staff Falls

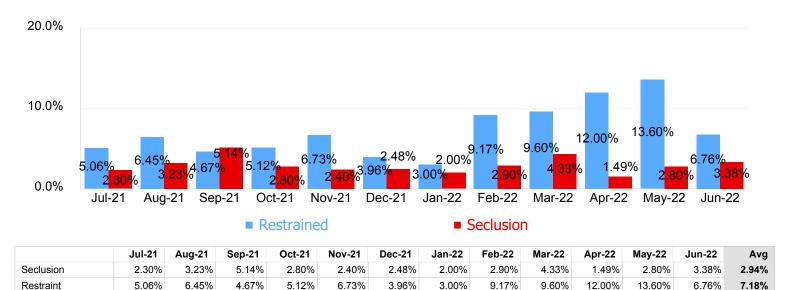
including treatment for minor injuries.



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg	Total
Total Staff who Fell	1	3	0	0	0	0	0	1	1	2	1	1	1	10
Total Patients who Fell	16	7	2	7	3	11	4	14	7	11	11	14	9	107
Patient Fall Rate	2.52	1.11	0.33	1.14	0.50	1.83	0.70	2.61	1.16	1.87	1.77	2.30	1.49	

 $[\]ensuremath{^{*}}$ The patient fall rate is the number of patient falls per every 1000 inpatient days.

Percent of Patients Restrained or Secluded



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.

14. Restraint Hours Rate & Seclusion Hours Rate



Event Type							Hour Rate						
Event Type	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg
Restraint	0.10	0.12	0.03	0.11	0.23	0.01	0.05	0.31	0.20	0.28	0.50	0.25	0.18
Seclusion	0.15	0.13	0.05	0.10	0.11	0.10	0.05	0.11	0.09	0.02	0.18	0.09	0.10

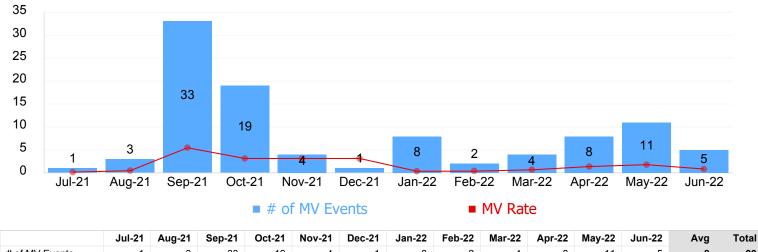
As of January 2022, the National Public Rates (NPR) Weighted Averages are as follows: Restraint Hours Rate NPR = 0.779 and the Seclusion Hours Rate NPR = 0.332.

^{***}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.

^{*} Restraint/Seclusion Hours Rate: Number of hours spent in restraint/seclusion for every 1000 inpatient hours.

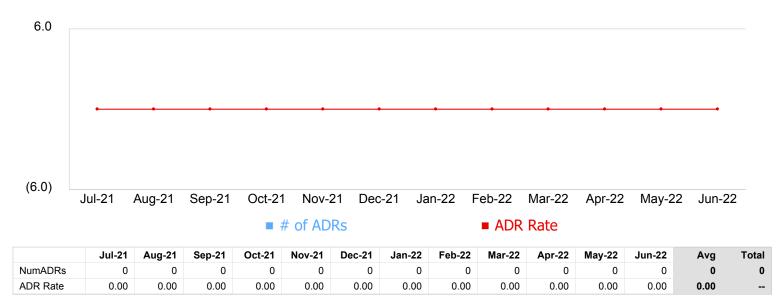
^{**} The duration of each physical hold event is counted as 1 minute as a physical hold is ordered and used only as a temporary intervention that lasts less than a minute to break up any physical conflicts or to administer emergency medications.

15. Reported Medication Variance Events & Rate



[#] of MV Events 3 8 2 8 11 5 8 99 33 19 MV Rate 0.16 0.48 5.47 3.14 0.35 0.38 1.38 1.79 0.84 3.14 3.14 0.67 1.75 20.94

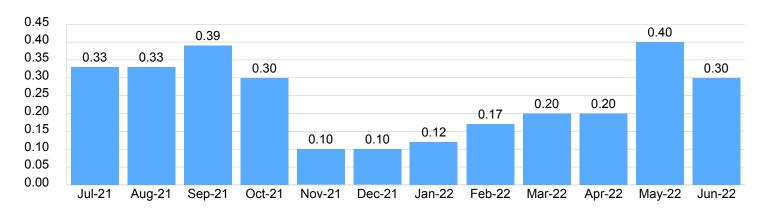
16. Reported Adverse Drug Reactions & Rate



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

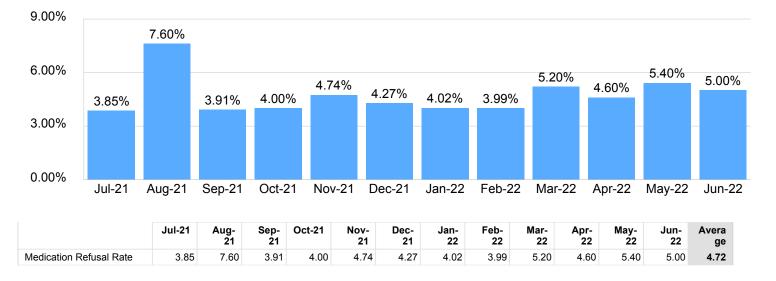
^{*} MV Rate: Number of reported medication variance events that occurred for every 1000 inpatient days.

17. Percent of Missing Documentation on Med-Administration



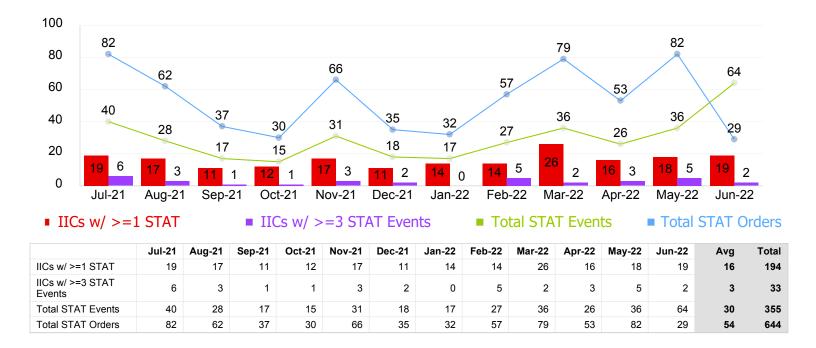
Event Type							Rate						
Event Type PercOfMissingDocumentation	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg
PercOfMissingDocumentation	0.33	0.33	0.39	0.30	0.10	0.10	0.12	0.17	0.20	0.20	0.40	0.30	0.25

18. Medication Refusal Rate



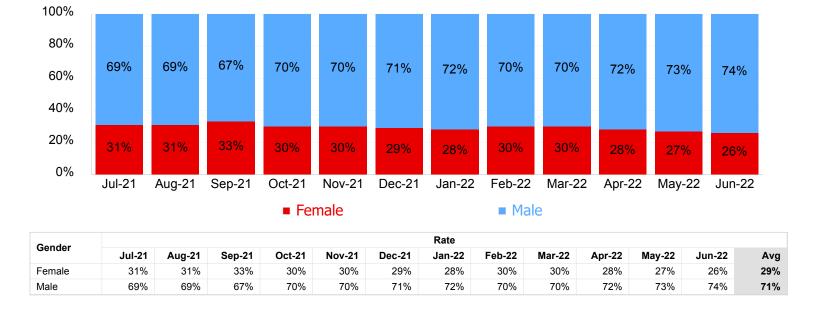
^{*} Medication Refusal Rate: the number of refused medication doses divided by the total number of doses scheduled for administration.

19. Number of STAT Events and Individuals Involved

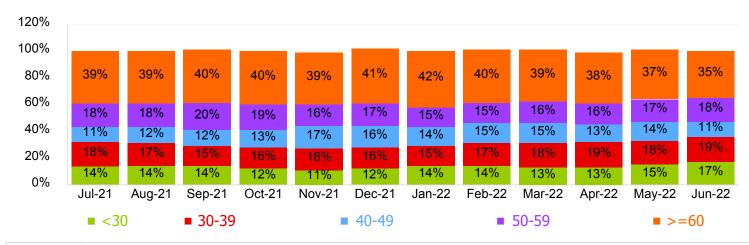


^{*} A STAT event is an emergency medication prescribed and administered to a person involuntarily.

20. Demographics - Trend of Gender Distribution

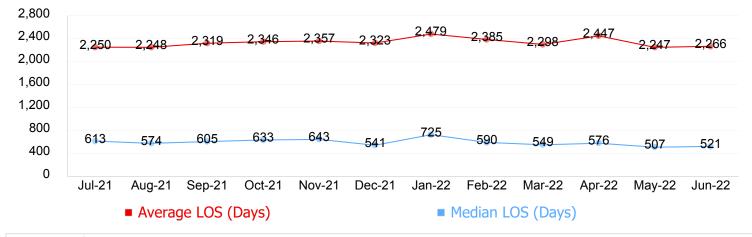


21. Demographics - Trend of Age Distribution



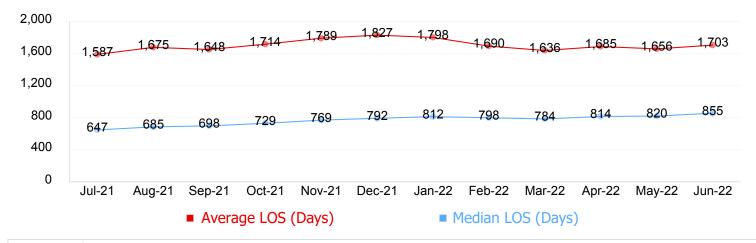
Age Group	Rate												
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Avg
<30	14%	14%	14%	12%	11%	12%	14%	14%	13%	13%	15%	17%	14%
30-39	18%	17%	15%	16%	16%	16%	15%	17%	18%	19%	18%	19%	17%
40-49	11%	12%	12%	13%	17%	16%	14%	15%	15%	13%	14%	11%	14%
50-59	18%	18%	20%	19%	16%	17%	15%	15%	16%	16%	17%	18%	17%
60+	39%	39%	40%	40%	39%	41%	42%	40%	39%	38%	37%	35%	39%

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



Туре		Individuals In Care												
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		
Average LOS	2,250	2,248	2,319	2,346	2,357	2,323	2,479	2,385	2,298	2,447	2,247	2,266		
Median LOS	613	574	605	633	643	541	725	590	549	576	507	521		

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



Туре		Civil												
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		
Average LOS	1,587	1,675	1,648	1,714	1,789	1,827	1,798	1,690	1,636	1,685	1,656	1,703		
Median LOS	647	685	698	729	769	792	812	798	784	814	820	855		