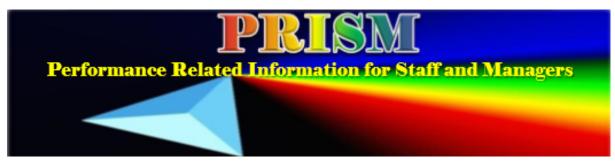


### Government of the District of Columbia Department of Behavioral Health (DBH)





Sep-19

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#### **Data Disclaimer**

23. Length of Stay - LOS for Individuals in Care

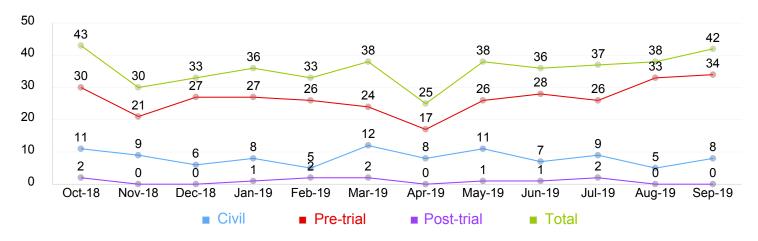
24. Length of Stay - LOS for Individuals in Care with Civil

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.

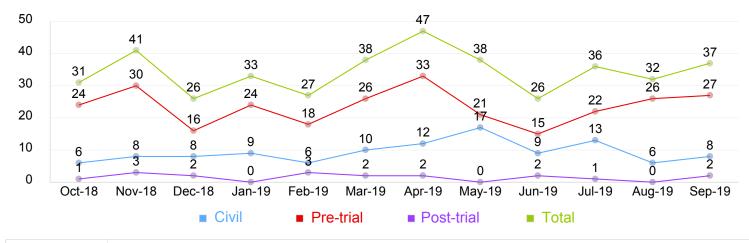
#### 1. Admissions



Metrics							Admissi	on Count						
Legal Status Group	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg	Total
Civil	11	9	6	8	5	12	8	11	7	9	5	8	8	99
Pre-trial	30	21	27	27	26	24	17	26	28	26	33	34	27	319
Post-trial	2	0	0	1	2	2	0	1	1	2	0	0	1	11
Total	43	30	33	36	33	38	25	38	36	37	38	42	36	429

<sup>\*</sup> Number of admissions to SEH inpatient program, including transfers from forensic outpatient to inpatient program.

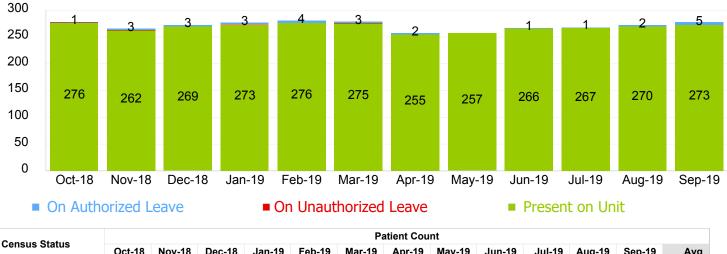
### 2. Discharges



							Dischar	ge Count						
Legal Status Group	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg	Total
Civil	6	8	8	9	6	10	12	17	9	13	6	8	9	112
Pre-trial	24	30	16	24	18	26	33	21	15	22	26	27	24	282
Post-trial	1	3	2	0	3	2	2	0	2	1	0	2	2	18
Total	31	41	26	33	27	38	47	38	26	36	32	37	34	412

<sup>\*</sup> Number of discharges from SEH inpatient program, including transfers from inpatient to forensic outpatient program.

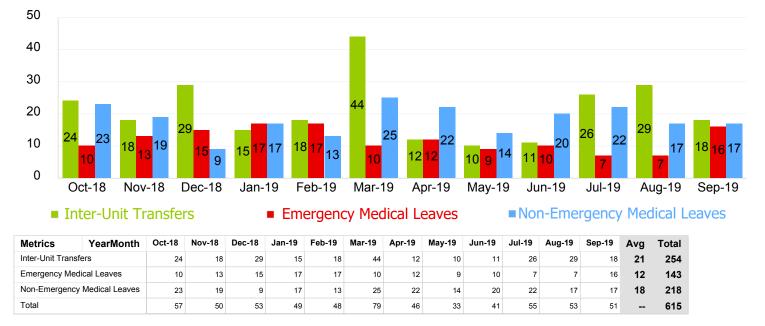
### 3. Average Daily Census



Census Status						Pa	atient Cou	nt					
Census Status	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg
Authorized Leave	1	3	3	3	4	3	2	0	1	1	2	5	3
Present on Unit	276	262	269	273	276	275	255	257	266	267	270	273	268
Unauthorized Leave	1	1	1	1	1	1	0	0	0	0	0	0	1
Total	278	266	273	277	281	279	257	257	267	268	272	278	0

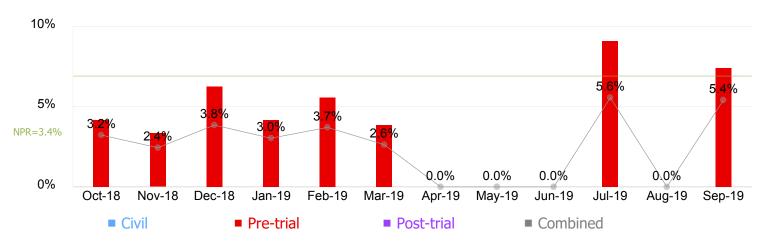
<sup>\*</sup> Data above is the daily average number of individuals counted at 11:59 PM every day during each month. Census data is tracked via the AVATAR database.

#### 4. Transfers



<sup>\*</sup> Number of inter-unit transfers that occurred during month and number of emergency medical leaves that were initiated during month.

### 5. 30-Day Readmission Rate

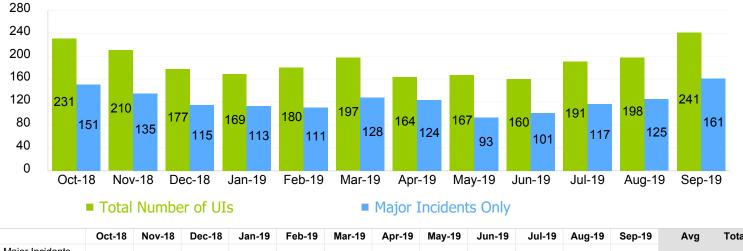


						Rea	dmission F	Rate					
Legal Status Group	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg
Civil	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pre-trial	4.2%	3.3%	6.3%	4.2%	5.6%	3.8%	0.0%	0.0%	0.0%	9.1%	0.0%	7.4%	3.7%
Post-trial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Combined	3.2%	2.4%	3.8%	3.0%	3.7%	2.6%	0.0%	0.0%	0.0%	5.6%	0.0%	5.4%	2.5%

<sup>\*</sup> 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.

<sup>\*\*</sup> 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%.

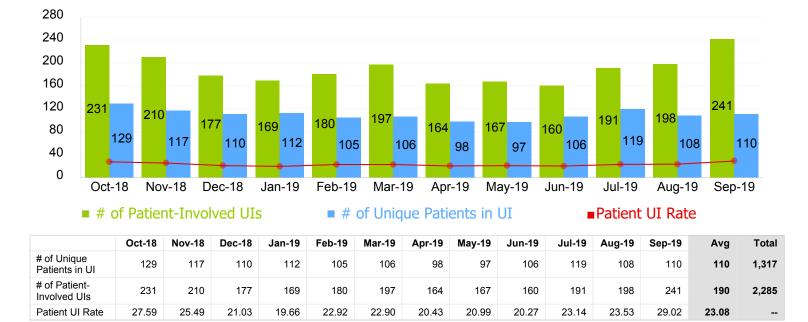
#### 6. Unusual Incidents



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg	I otai
Major Incidents Only	151	135	115	113	111	128	124	93	101	117	125	161	123	1,474
Total Number of Uls	231	210	177	169	180	197	164	167	160	191	198	241	190	2,285

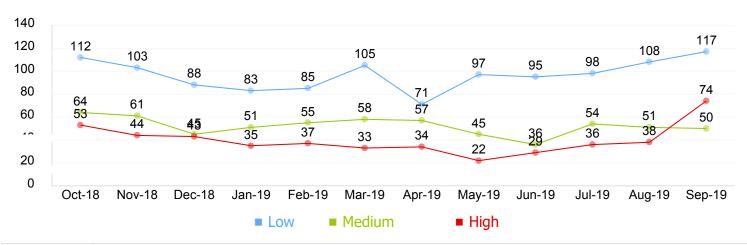
<sup>\*</sup> A Major Unusual Incident is any adverse even that can compromise health, safety, and welfare of individuals in care and/or staff. An Unusual Incident is any significant occurrence or extraordinary event deviating from regular routine or established procedure, but does not rise to the level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

#### 7. Patient-Involved Unusual Incidents



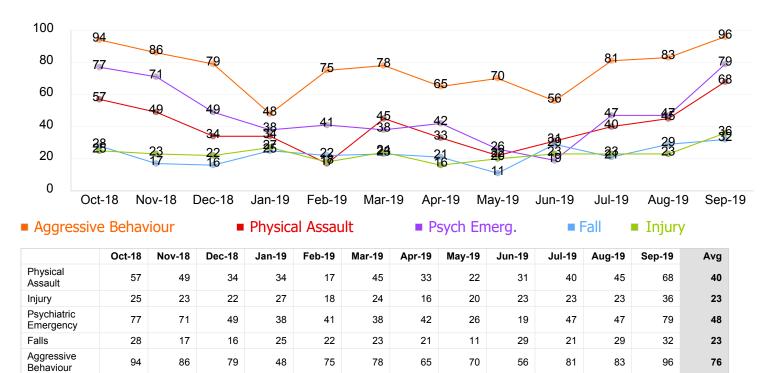
<sup>\*</sup> The patient UI rate is the number of patient-involved unusual incidents reported for every 1000 inpatient days.

# 8. Unusual Incidents by Severity



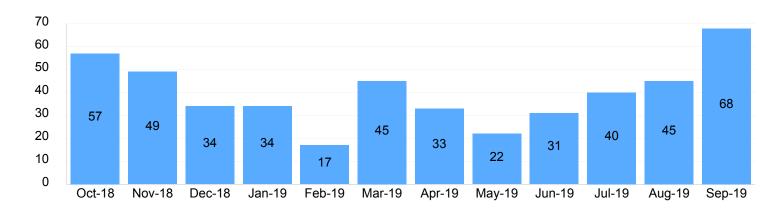
Carrority							Num	of UI						
Severity	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg	Total
1) Low	112	103	88	83	85	105	71	97	95	98	108	117	97	1,162
2) Medium	64	61	45	51	55	58	57	45	36	54	51	50	52	627
3) High	53	44	43	35	37	33	34	22	29	36	38	74	40	478
Total	229	208	176	169	177	196	162	164	160	188	197	241		2,267

## 9. Selected Types of Incidents



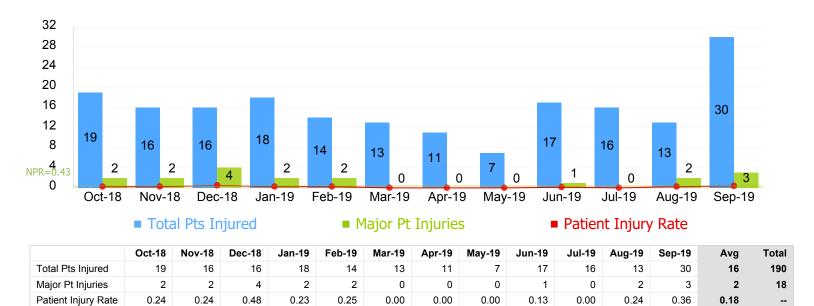
<sup>\*</sup> These are incident types that are frequently reported. Some incidents may be counted in multiple categories. For example, a physical assault incident that accompanied psychiatric emergency and injury is counted under psychiatric emergency and injury as well as under physical assault. Injury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

# 10. Physical Assaults



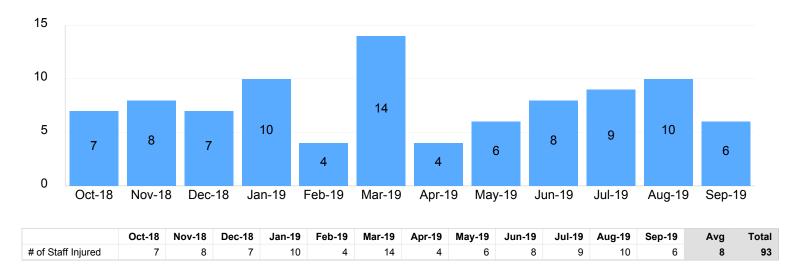
						Physical	Assault							
Oct-18	tt-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Avg Total													
57	49	34	34	17	45	33	22	31	40	45	68	40	475	

### 11. Patient Injuries

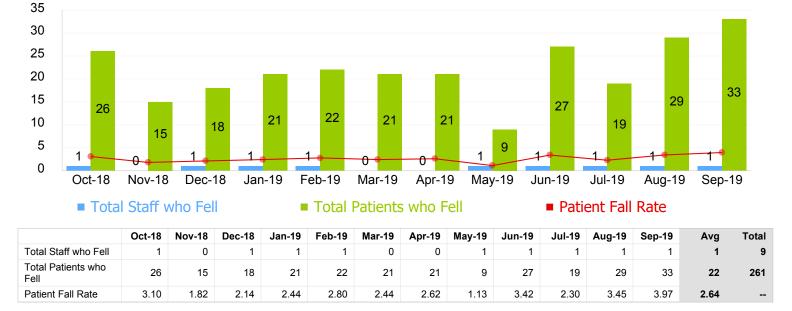


<sup>\*</sup> Injury is broadly defined to include any type of injuries regardless of the cause or severity level. The total number of patients injured represents all of the reported injuries including minor injuries treated with first aid alone. However, the patient injury rate considers only the number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

### 12. Staff Injuries



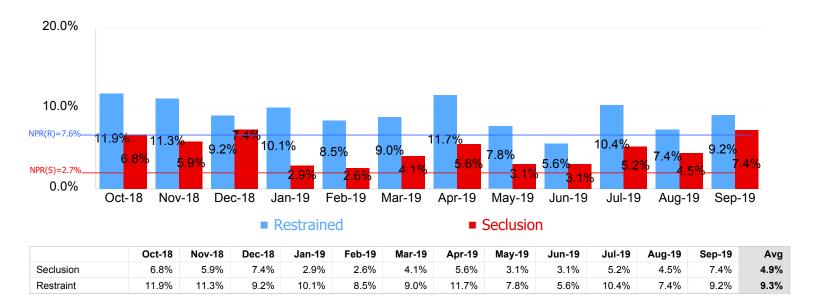
#### 13. Patient and Staff Falls



<sup>\*</sup> The patient fall rate is the number of patient falls per every 1000 inpatient days.

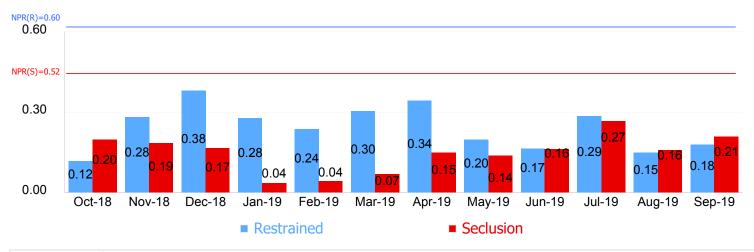
<sup>\*</sup> Injury is broadly defined to include any type of injuries regardless of the cause or severity level. The total number of staff injured represents all of the reported staff injuries including minor injuries treated with first aid alone.

#### 14. Percent of Patients Restrained or Secluded



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.

#### 15. Restraint Hours Rate & Seclusion Hours Rate



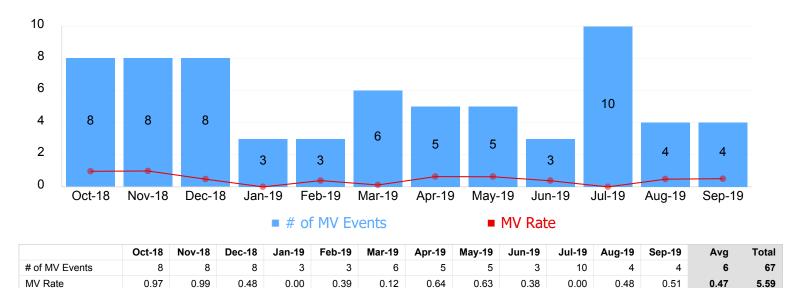
Event Type							Hour Rate						
Event Type	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg
Restraint	0.12	0.28	0.38	0.28	0.24	0.30	0.34	0.20	0.17	0.29	0.15	0.18	0.24
Seclusion	0.20	0.19	0.17	0.04	0.04	0.07	0.15	0.14	0.16	0.27	0.16	0.21	0.15

<sup>\*</sup> Restraint/Seclusion Hours Rate: Number of hours spent in restraint/seclusion for every 1000 inpatient hours.

<sup>\*\*\*</sup>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.

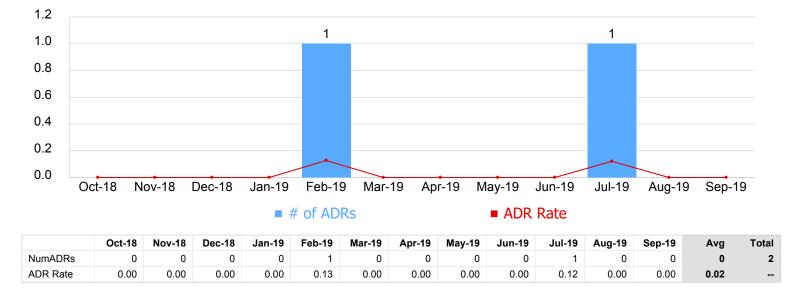
<sup>\*\*</sup> The duration of each physical hold event is counted as 1 minute as a physical hold is ordered and used only as a temporary intervention that lasts less than a minute to break up any physical conflicts or to administer emergency medications

### 16. Reported Medication Variance Events & Rate



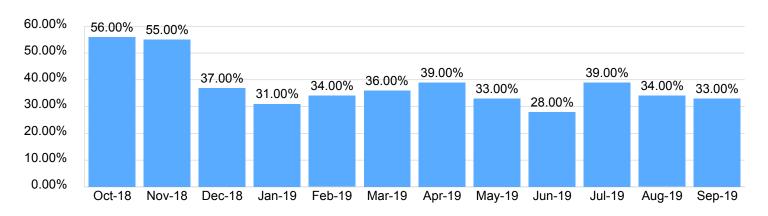
<sup>\*</sup> MV Rate: Number of reported medication variance events that occurred for every 1000 inpatient days.

### 17. Reported Adverse Drug Reactions & Rate



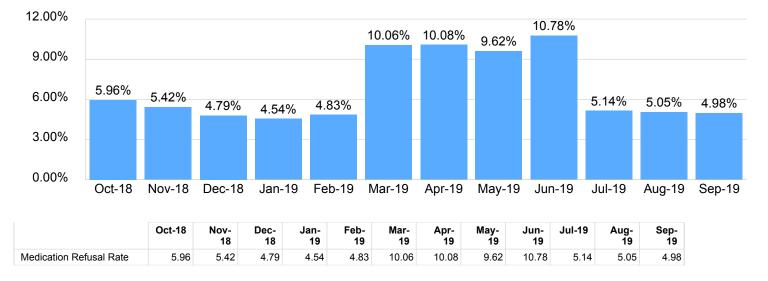
<sup>\*</sup> ADR Rate: Number of reported adverse drug reaction events that occurred for every 1000 inpatient days.

### 18. Percent of Missing Documentation on Med-Administration



Event Type							Rate						
Event Type	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg
PercOfMissingDocumentation	56.00%	55.00%	37.00%	31.00%	34.00%	36.00%	39.00%	33.00%	28.00%	39.00%	34.00%	33.00%	37.92%

#### 19. Medication Refusal Rate

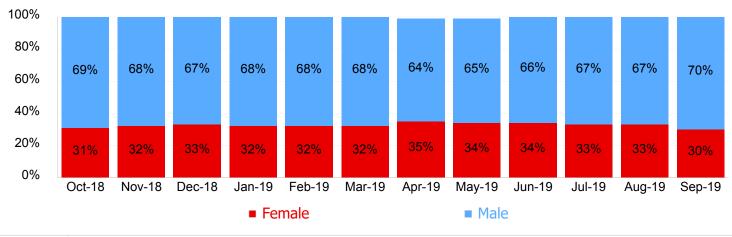


<sup>\*</sup> Medication Refusal Rate: the number of refused medication doses divided by the total number of doses scheduled for administration.

#### 20. Number of STAT Events and Individuals Involved

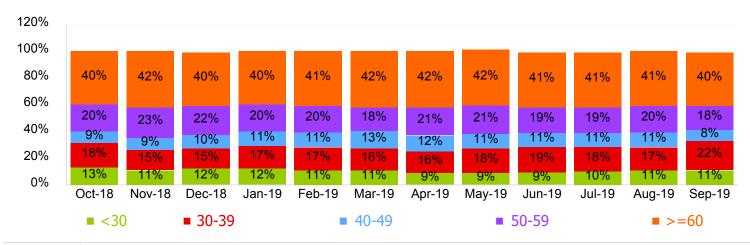
Disclaimer: The chart Number of STAT Events is unavailable at this time due to a technical issue with MicroStrategy, the platform that produces the PRISM report. DBH's Division of Data & Performance Management is currently working to identify the source of the technical issue and implement a permanent solution. Once the technical issue has been resolved, the PRISM report will be reissued for the period July 1, 2019-September 30, 2019.

## 21. Demographics - Trend of Gender Distribution



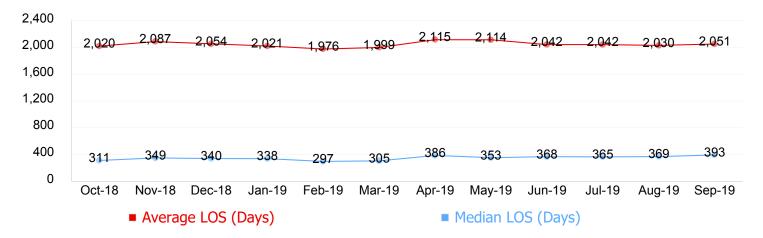
Gender							Rate						
Gender	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg
Female	31%	32%	33%	32%	32%	32%	35%	34%	34%	33%	33%	30%	33%
Male	69%	68%	67%	68%	68%	68%	64%	65%	66%	67%	67%	70%	67%

### 22. Demographics - Trend of Age Distribution



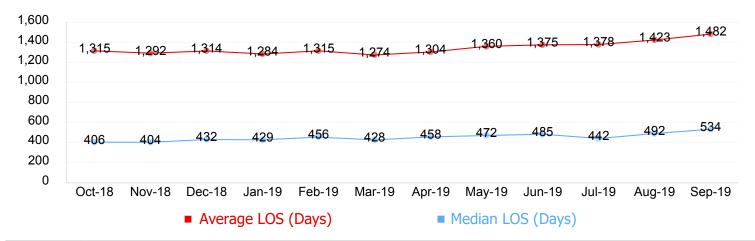
Age Group							Rate						
Age Group	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Avg
<30	13%	11%	12%	12%	11%	11%	9%	9%	9%	10%	11%	11%	11%
30-39	18%	15%	15%	17%	17%	16%	16%	18%	19%	18%	17%	22%	17%
40-49	9%	9%	10%	11%	11%	13%	12%	11%	11%	11%	11%	8%	11%
50-59	20%	23%	22%	20%	20%	18%	21%	21%	19%	19%	20%	18%	20%
60+	40%	42%	40%	40%	41%	42%	42%	42%	41%	41%	41%	40%	41%

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



Туре	Individuals In Care											
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Average LOS	2,020	2,087	2,054	2,021	1,976	1,999	2,115	2,114	2,042	2,042	2,030	2,051
Median LOS	311	349	340	338	297	305	386	353	368	365	369	393

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



Туре	Civil											
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Average LOS	1,315	1,292	1,314	1,284	1,315	1,274	1,304	1,360	1,375	1,378	1,423	1,482
Median LOS	406	404	432	429	456	428	458	472	485	442	492	534