

FOUR WINDS HOSPITAL

Children's Readmissions Collaborative

April 28, 2014

Four Winds Hospital

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Four Winds (FW) Participated in Adult Collaborative

- Four Winds participated in Adult Readmissions Collaboration
 - First lesson learned—analyze your stats
 - FW already tracked readmissions within 30 days and 3 or more admissions within one year
- FW Patient Distribution
 - Adults 18 and over (28 beds)
 - Institute for Mental Disease (IMD) exclusion—No Medicaid for patients aged 21-64
 - Adolescents 13-17 (76 beds)
 - Children 5-12 (77 beds)

FW Length of Stay (LOS) Statistics

- LOS 2011-2013 by payer (rounded to nearest whole #)
 - Medicaid 36 days declined to 24.9 days
 - Managed Medicaid 14 days remained relatively flat over past 3 yrs
 - Adolescent—15 days declined to 14
 - Child—22 days declined to 17 days
 - All Other payers 11 days—flat over past 3 yrs
- LOS 2011-2013 by Age (rounded to nearest whole #)
 - Adult—10 days—has remained relatively flat over past 3 yrs
- LOS 2014 1st quarter indications
 - All payers//all age groups trending downwards

Readmission Statistics By Year

- Readmissions within 30 days (All Patients)
 - **Note:** all stats are for pts discharged from FW and readmitted to FW
 - # of Admissions trending upward as LOS declines
 - # of Readmissions trending upward
 - Have no data to show there is a connection
- 2011—198 // 5.6 % of 3541 admissions
- 2012—229 // 6.1% of 3746 admissions
- 2013—275 // 6.6% of 4144 admissions

Readmissions within 30 days by Age

- Rate is increasing despite targeted interventions for readmitted patients, and despite high scores on Behavioral Health Organization (BHO) measures during Phase 1 (Medicaid fee for service patients)
 - 2011 to 2013
 - Adult—4.8% of all adult admissions—remained flat
 - Adolescent—5.6% increasing to 7.3% of all adolescent admissions
 - Child—6.4% increasing to 6.9% of all child admissions

Bronx County Patients # of Readmissions

- Children and Adolescents only
 - 2011—46 patients or 1.7% of all child and adolescent admissions
 - 2012—39 patients or 1.3%
 - 2013—62 patients or 1.9%
- Need further analysis to understand trend

FW Readmission/LOS Statistics

- Readmitted Patients had higher LOS during second hospital stay than patients admitted for first time
 - Adult
 - 2011—13 days as compared to 10
 - 2012—12 days as compared to 10
 - 2013—10.5 days as compared to 9
 - Adolescent
 - 2011—18 days as compared to 15
 - 2012—20 days as compared to 15
 - 2013—19 days as compared to 14

FW Readmission/LOS Statistics

- Child

- 2011—31 days as compared to 22
- 2012—31 days as compared to 20
- 2013—21 days as compared to 17

Interventions Made During Readmission Collaborative

- Participation in collaborative very helpful
 - Learned possible interventions from other participants
 - Tools shared among participants
 - Adapted/modified some of them for FW patient population
- Since FW treats primarily children and adolescents, all interventions were made hospital-wide
 - Adult population at FW different from Article 28 hospital adult population because of IMD exclusion
 - Some types of interventions made by other participants, such as increasing use of long-acting injectibles, were not appropriate for significant number of FW adult patients

Interventions Made During Readmission Collaborative

- Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)
 - At first trained all medical staff//clinicians to use
 - Found low usage (tokens/complex searches/work load, etcetera)
 - Hired clerical staff person
 - FW currently has a combination of electronic and paper medical record documents
 - Part of her duties is to obtain the PSYCKES treatment history/medication material (for all admits/not just readmits) and forward those reports to the treatment team//psychiatrist on next business day following admission

Interventions Made During Readmission Collaborative

■ PSYCKES

- Treatment teams find having report provided to them to be very helpful
 - Their satisfaction has led to having same staff person send prior psychosocial and discharge summary to treatment team for all patients readmitted within 30 days on next business day following admission

■ Other Interventions

- Utilization Review (UR) with senior clinicians—readmissions within 30 days or more than 3 admits in past 12 months

Interventions

- Senior Clinicians: Medical Director/Chief Nursing Officer/Director of Discharge Planning/and Unit Program Director, Nurse Manager, Medical Director, and treating therapist
- Weekly Utilization Review meeting held
 - At first once weekly for all units
 - Now team meets with each unit separately
 - Recently changed location so that senior team goes to unit, rather than having unit staff leave unit
- Focus of inquiry— why did discharge plan fail?
 - Reviews showed that causes of readmissions are the same or similar to the barriers to a patient's timely discharge

Analyzed Causes of Readmission

- Outpatient services and living situation in place at time of discharge do not meet all of patient's needs
 - Having an appointment is obviously only first step, for example
 - FW BHO stats for 2013 Quarter 4 showed:
 - 97% of patients with “Complex Needs Discharges” had Mental Health appointment

Analyzed Causes of Readmission

- Appropriate outpatient level of care not available in patient's area
 - Lack of partial hospital programs
 - Insurance carrier does not cover appropriate level of care
 - Lack of clinics that manage patients on clozaril
 - Transportation to appropriate level of outpatient care not available
- Patient waiting for higher level of care or services
 - Takes several weeks before Intensive Case Management and Waiver services can begin
 - Waiting at home or in foster care for residential treatment placement

Analyzed Causes of Readmission

- Patient readmitted before Single Point of Access (SPOA) implemented
- Patient/Family missed outpatient appointment
- Outpatient provider cancelled or rescheduled appointment
- Patient not taking medication in accordance with instructions
- Patient/family not filling or refilling prescriptions
- Some number of child and adolescent patients who, because of clinical history and multiple changes in living situations, strive for the consistency and predictability of hospital care and seek to return to FW
- Polled members of UR team this past week about causes of readmissions: “not enough services in place that can start at time of discharge”

Interventions

- Tried to act faster to get right discharge/right level of care in place
 - Increased SPOA applications
 - 540 in 2013—21% over apps made in 2012
 - Up from 92 in 2008 (1st year we tracked number)
 - 271 patients from New York City (NYC)/237 patients from the Bronx
 - Applications made in 21 different counties and 3 states (New York/Connecticut/New Jersey)
 - BHO stats for 4th quarter 2013 for SPOA applications:
 - Submitted app for 23.6% of all Medicaid fee for service patients with non-complex needs
 - Submitted app for 17.6% patients with complex needs

Interventions

- Increased state hospital applications
 - 70 in 2013
 - 100% increase over 2012
 - Up from 19 in 2007
 - 41 for NYC children
 - 25 to Rockland Psychiatric Center

Interventions

- Increased specificity of 'alerts' on clinical review list in admission in order to work with family prior to readmission
 - Review medication hx//obtain consent for other medications at time of admission
 - At time of readmission discuss need for pt to go to level of care other than returning home
 - Obtain consent for RTFs//state hospital applications
- Increased collaborative discharge planning calls with Office of Mental Health (OMH) and Administration for Children's Services (ACS)
- Regular ACS liaison calls
- Have ACS Mental Health Coordination Unit (MHCU) on speed dial

Develop//Maintain Relationship with Outside Providers

- FW Katonah does not have range of outpatient services within own system
 - Four Winds Katonah has partial hospital program for adults, adolescents and children
 - No other outpatient services
 - Only provides transportation for Westchester children and adolescents
- FW finds that key to discharge planning success is to develop and maintain relationships with outpatient providers and advocacy/social services agencies

Develop//Maintain Relationship with Outside Providers

- Have community liaison staff assigned to different geographic regions
- They routinely meet with other hospitals and providers both individually and at any service/community meetings
- Participate in NYC Office of Mental Health sponsored child provider meetings
- FW maintains strong ties to SPOAs, Patient Resource Centers and Family Ties
- Regular Administration for Children's Services/Mental Health Coordination Unit calls

Relationship with Montefiore

- Four Winds—Montefiore relationship excellent
 - 22 years
 - Working together since 1992—adolescent patients
 - Working together since 1995—child patients
 - Over 500 shared patients
 - Shares responsibility for patient
 - Suggests and identifies alternative services or resources, for example, school based programs

Relationship with Montefiore

- Responsive to discharge planners
 - Prompt response, even if answer is “no”
 - Always hear back from them
- Their access to integrated or electronic health care records invaluable
 - Being able to access patient health information easily improves discharge planning
 - BHO was very helpful because they had access to info FW did not have
 - Hope that some of the \$55M in 2014-14 State budget allocated for State Health Information Network to increase ability to share health information electronically will be devoted to needs of behavioral health care providers