



CHILDREN'S READMISSIONS COLLABORATIVE

Reporting Plan:

Inpatient Services Monthly Reporting Questions

1. **Number of individuals discharged during the previous calendar month to the community***
2. **Number of individuals discharged during the previous calendar month who had received *each* of the following interventions during the inpatient stay:**
 - a. Verify insurance formulary within one business day of admission
 - b. Provide discharge instructions in the format of the Project RED (Re-Engineering Discharge) After Hospital Care Plan
 - c. Obtain and verify pre-authorization for post discharge medications
 - d. Fill prescriptions for post-discharge medications, and discharge patients with 30-day supply in hand
3. **Number of individuals discharged in the previous calendar month who had been identified as being at high risk of readmission****
4. **Number of individuals identified in question #3 who received *each* of the following Interventions during the inpatient stay:**
 - a. In-depth review or case conference
 - b. Referral to Children's Single Point of Access (CSPOA) / Home-Based Crisis Intervention (HBCI) / Partial Hospitalization Program or (for those already enrolled in one of these three program types) a specific time and date of follow-up appointment with that program.
 - c. "Warm hand-off:" face- to- face meeting between patient, family and receiving outpatient provider during inpatient stay or immediately upon discharge
 - d. Completed follow-up phone call within 72 hours of discharge to the family to reinforce discharge plan and address any potential barriers – must be a live conversation and not a voice mail
5. **Number of individuals identified in question #3 who received *any* of the "high-risk" targeted interventions listed in question #4.**

***Discharges to the community excludes transfers to State Psychiatric Centers**

****Inclusion criteria for list of clients at high risk of readmission:**

Must include:

- Individuals known to have had a behavioral health readmission in the past year;
- Individuals flagged in PSYCKES for high utilization of behavioral health acute care;

May include (optional):

- Individuals with other risk factors identified by the hospital, e.g., through Root Cause Analysis
- Individuals determined by clinical assessment to be at high risk of readmission.