

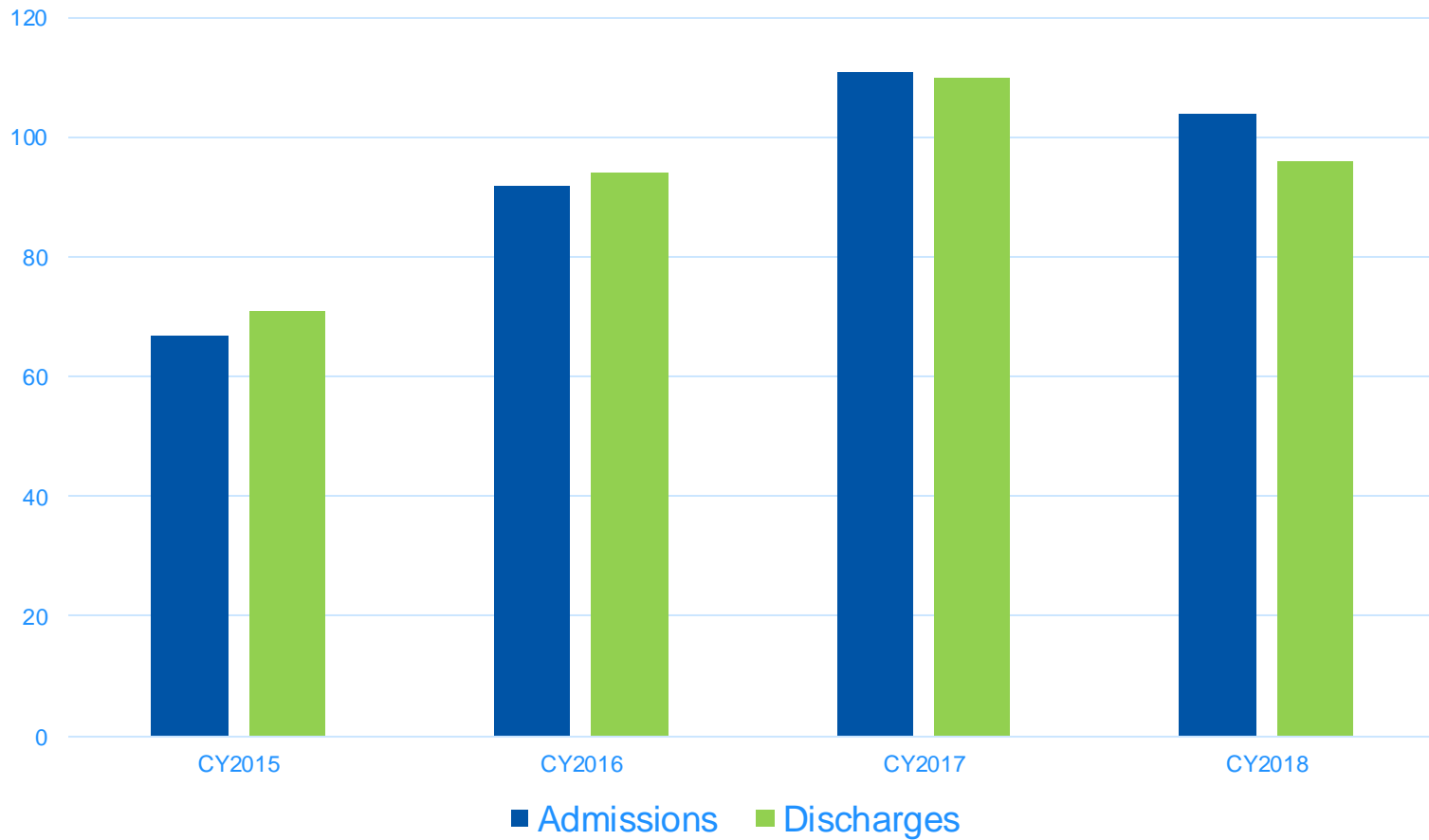


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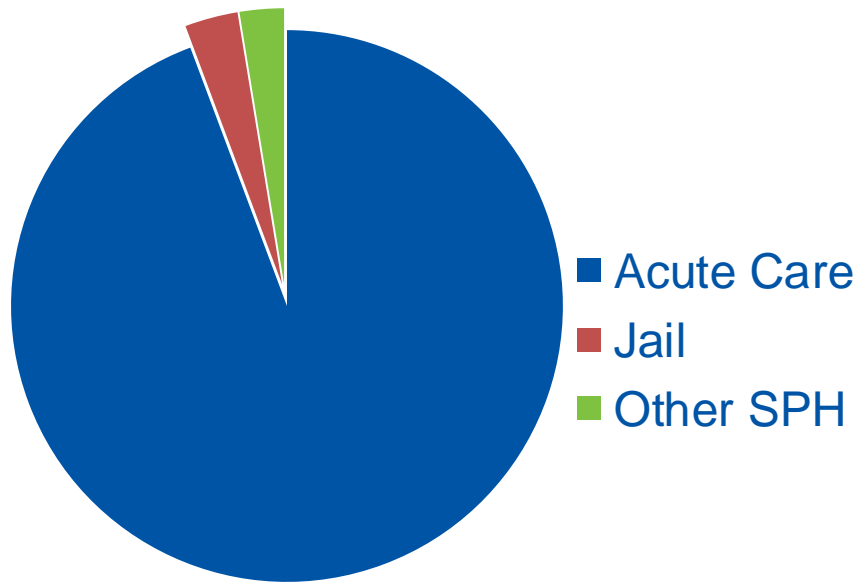
ADMISSIONS & DISCHARGES

CY Admissions and Discharges

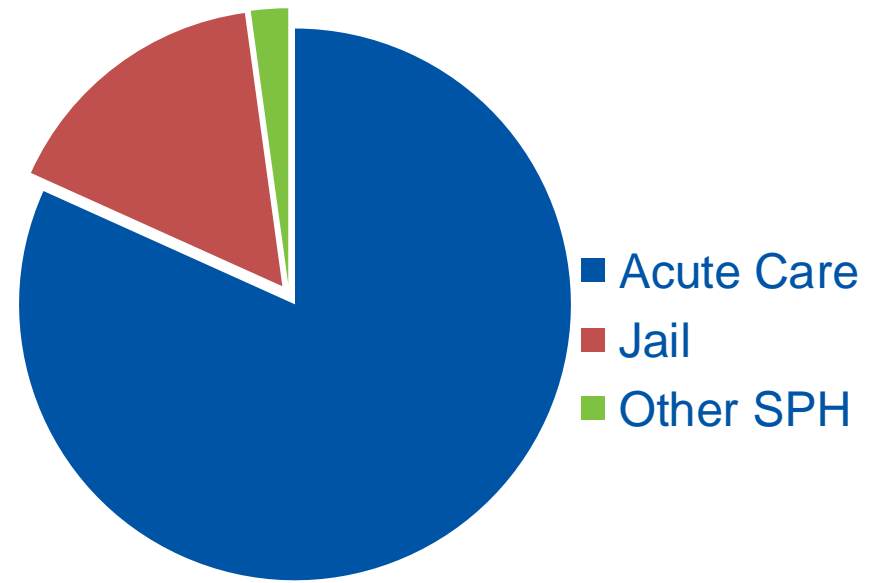


CMHC / FORENSIC REFERRALS

FY 2015 Referred From:

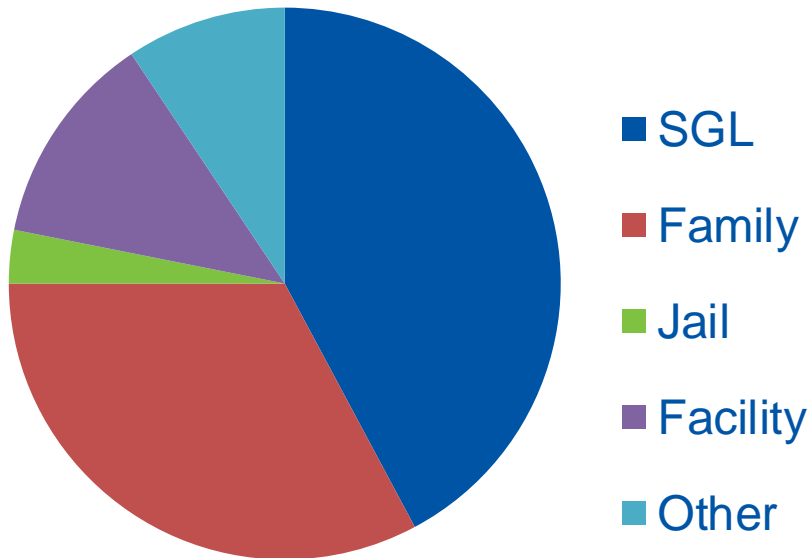


FY 2018 Referred From:

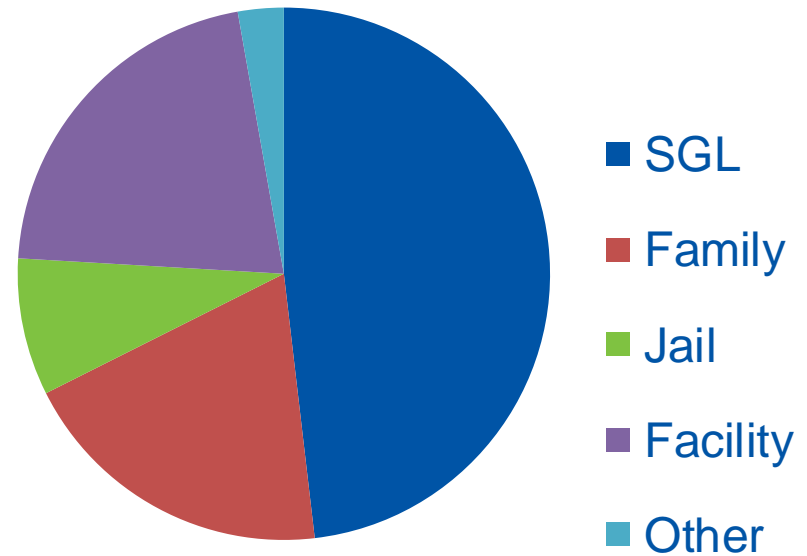


DISCHARGED SOURCES

FY 2015 Discharged To:



FY 2018 Discharged To:



GATEKEEPERS – FY 2018

Gatekeeper	Number of Patients
Community Mental Health Centers	110 (73%)
DMHA Legal (ICST, NGRI, Outdates, Charges Pending, Sexual Predators)	39 (26%)
BDDS (Bureau of Developmental Disabilities Services)	1 (1%)



LENGTH OF STAY

	0-12 mo	13-24 mo	25 + mo	Avg. LOS
11/15/2013# of patients	49	20	82	6.79 years
2/8/2016	48	19	81	6.4 years
12/1/2017	72	7	55	4.6 years
5/1/2019	61	25	59	4.3 years



WAIT LIST

- **BALANCE FORENSIC WITH CMHC**
- **DECREASE ACUTE CARE STAY**



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TRANSITION SERVICES

- DISCHARGE BEGINS AT ADMISSION
- TRANSITIONS PROGRAM
- WORK PROGRAMS
- UTILIZATION OF PEACE ZONE RECOVERY CENTER
- PSYCHIATRIST DRIVES DISCHARGE



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IDEAL ADMISSION TO SPH

- **THOUGHT OR MOOD DISORDER**
- **PERSONALITY DISORDERS - NO EVIDENCE FOR LONG TERM HOSPITALIZATION**
- **DISCHARGED WITHIN ONE MONTH OR LESS WHEN THE REFERRAL PACKET IS SENT**



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GATEKEEPER FORUM
AUGUST 9, 2019
11:00AM - 1:00PM CST

Indiana State Psychiatric Hospital Network

Indiana Council Quarterly Meeting
May 9th, 2019

ISPHN Mission & Vision

Mission:

Compassionately treat and stabilize Indiana citizens suffering from psychiatric and addiction diseases to prepare them for reintegration into their communities.

Vision:

An integrated hospital system providing treatment of challenging neuropsychiatric illnesses through collaborative partnerships with Indiana's healthcare continuum.

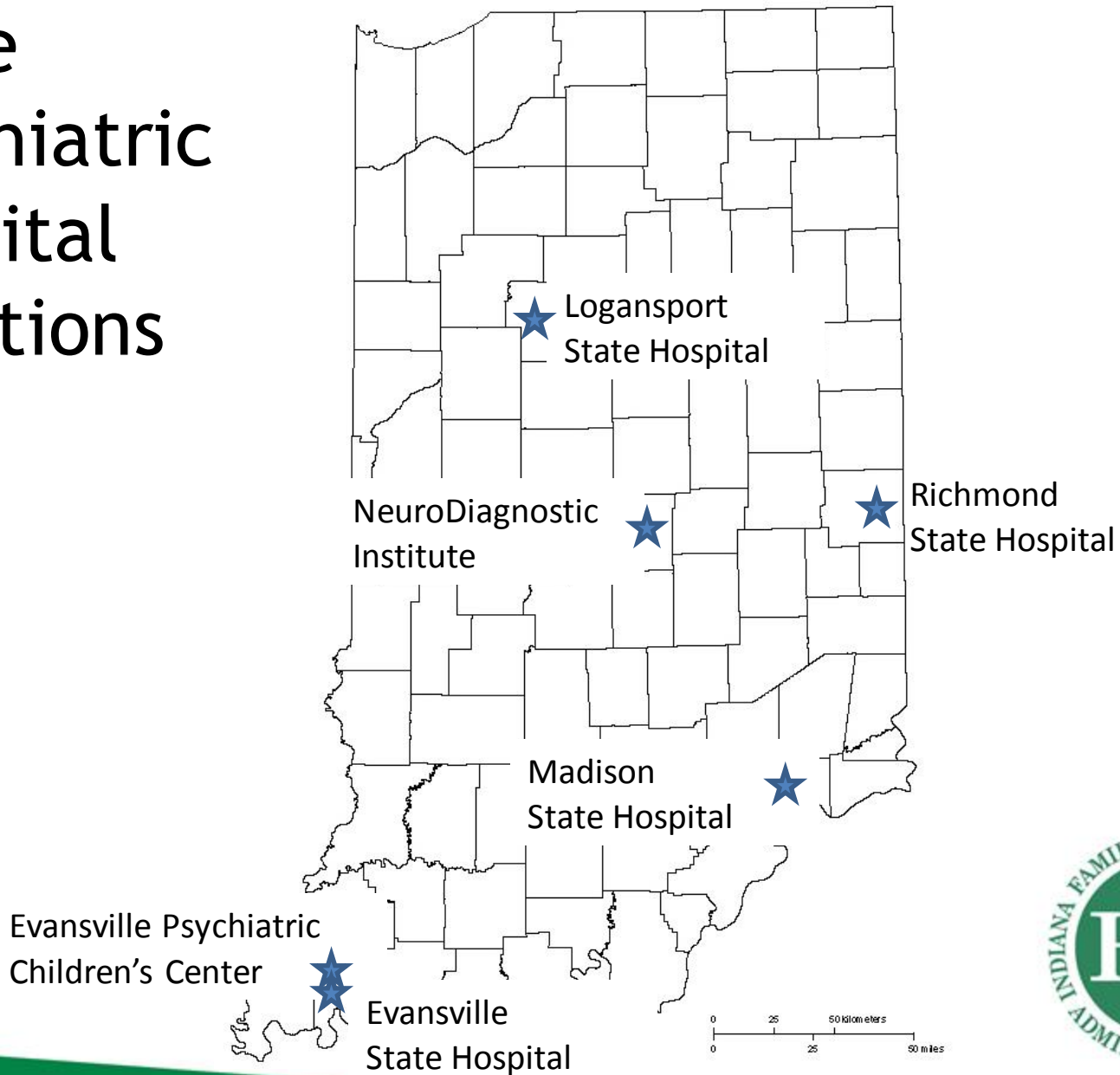


Guiding Principles

- Quality patient care
- Evidence based medicine
- Data-driven, traceability of patient outcomes
- Accessible, relevant services that meet the needs of the market
- Fiscal stewardship through efficient operations
- Promoting collaborative partnerships with providers and community stakeholders



State Psychiatric Hospital Locations



State Psychiatric Hospitals

- Joint Commission Accreditation
- Centers for Medicare & Medicaid Services certification
- National Research Institute Performance Measurement System
- Active Treatment focus
- Adult: Severe Mental Illness
 - Co-occurring mental health and addiction
 - Co-occurring mental health and intellectual/developmental disability
 - Forensic involvement
- Youth: Serious Emotionally Disturbed



Centers of Excellence

- Youth
 - Children: EPCC, NDI
 - Adolescents: NDI
- Geriatrics - Evansville State Hospital, Madison State Hospital
- Forensic - Logansport State Hospital
- Addictions (co-occurring) - Richmond State Hospital, Madison State Hospital
- Medically Complex - Evansville State Hospital, NDI



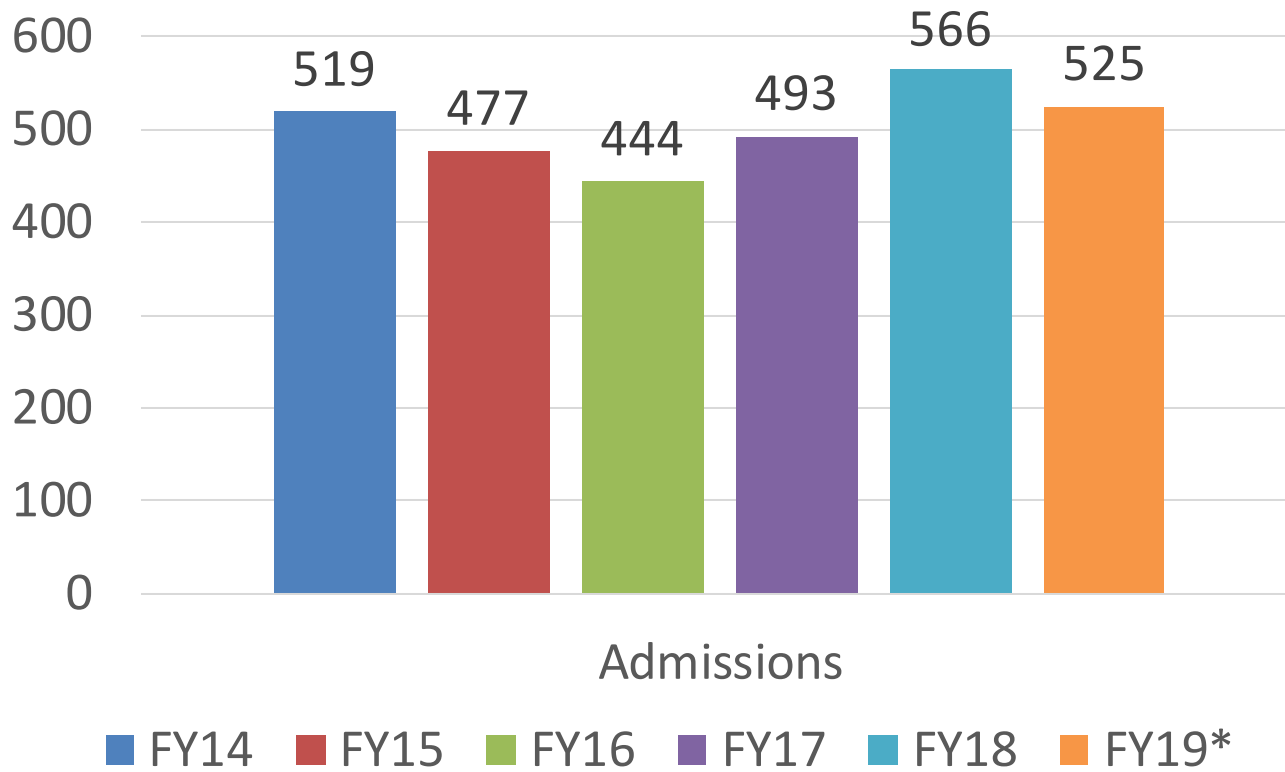
Bed Turnover

Based on FY2018 data

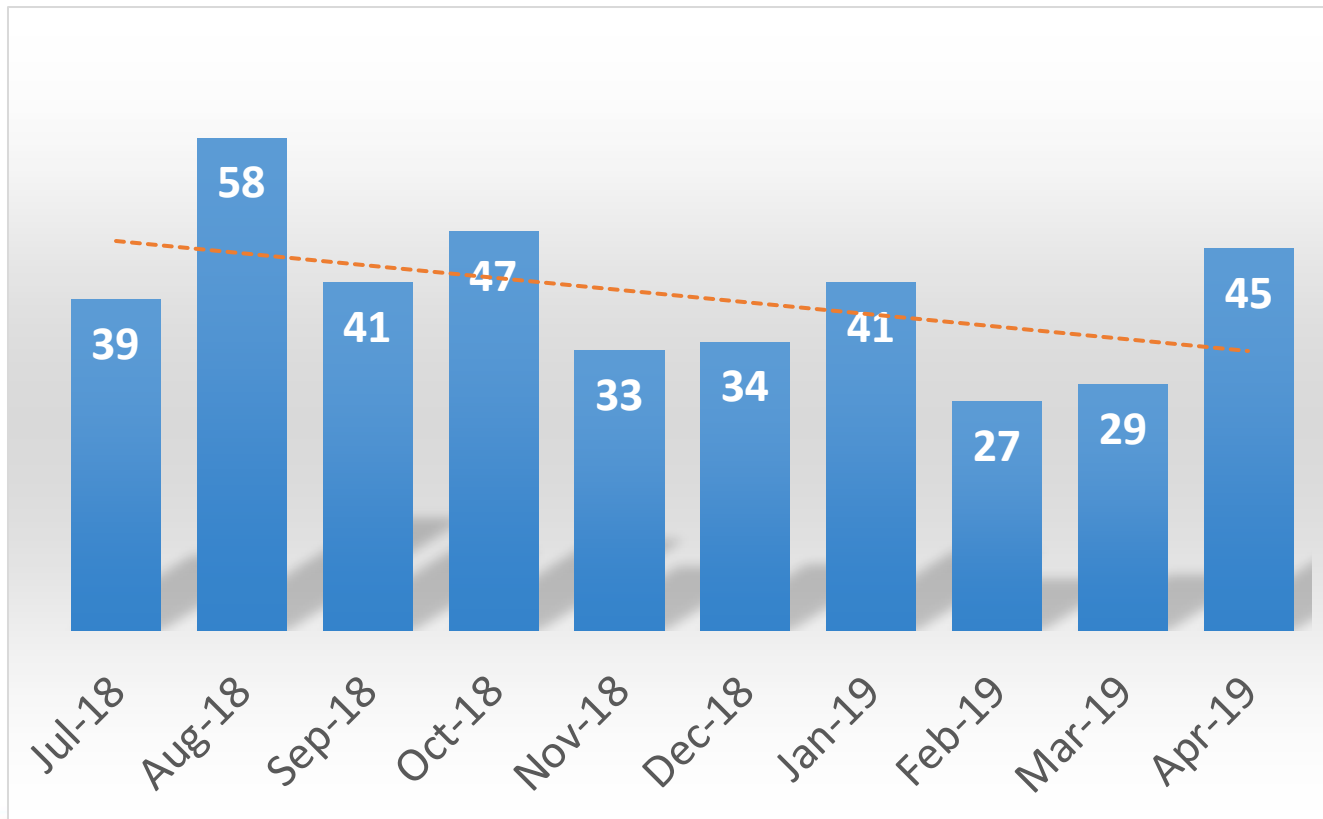
SPH	Avg Occ	Admits	Bed Turnover	Effective LOS
EPCC	12	28	2.3	156.4
ESH	150	105	0.7	521.4
LCMH	93	82	0.9	414.0
LSH	130	132	1.0	359.5
MSH	117	68	0.6	628.0
RSH	179	151	0.8	432.7
Grand Total	681	566	0.8	439.2



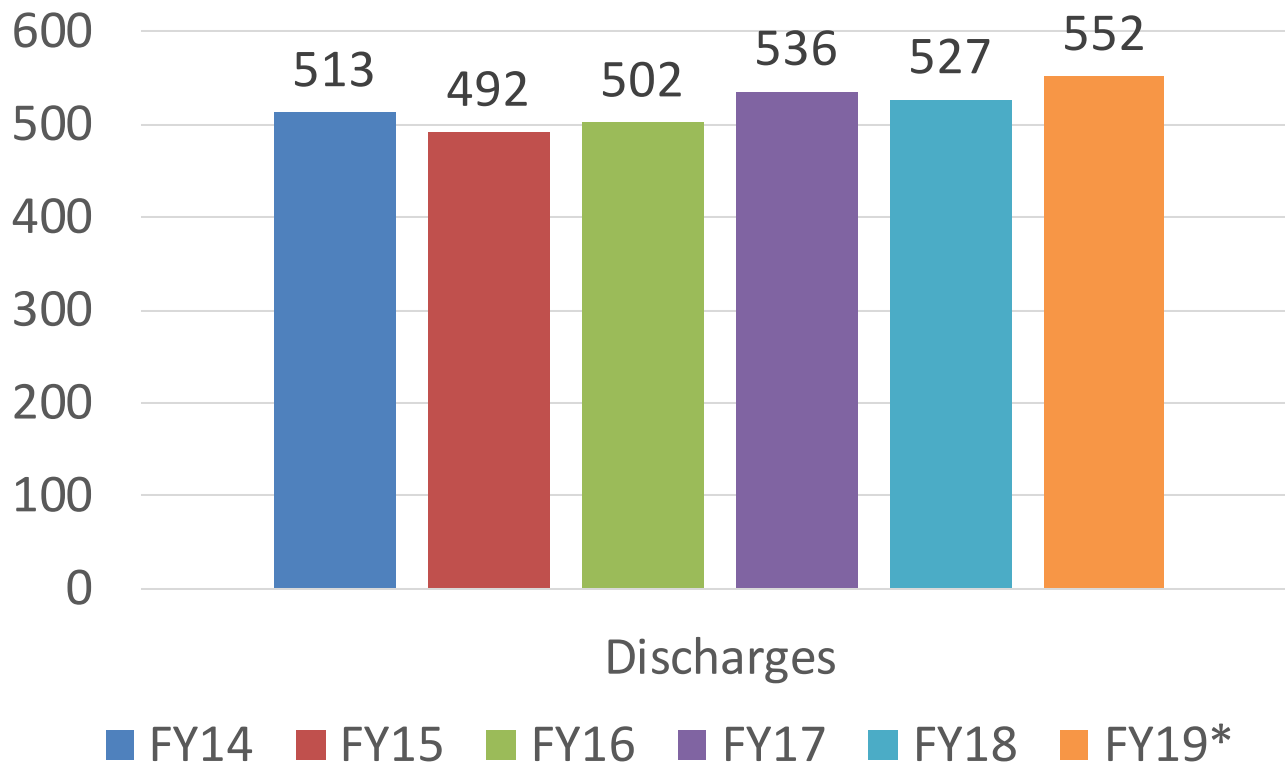
Admissions FY14-FY19* (annualized)



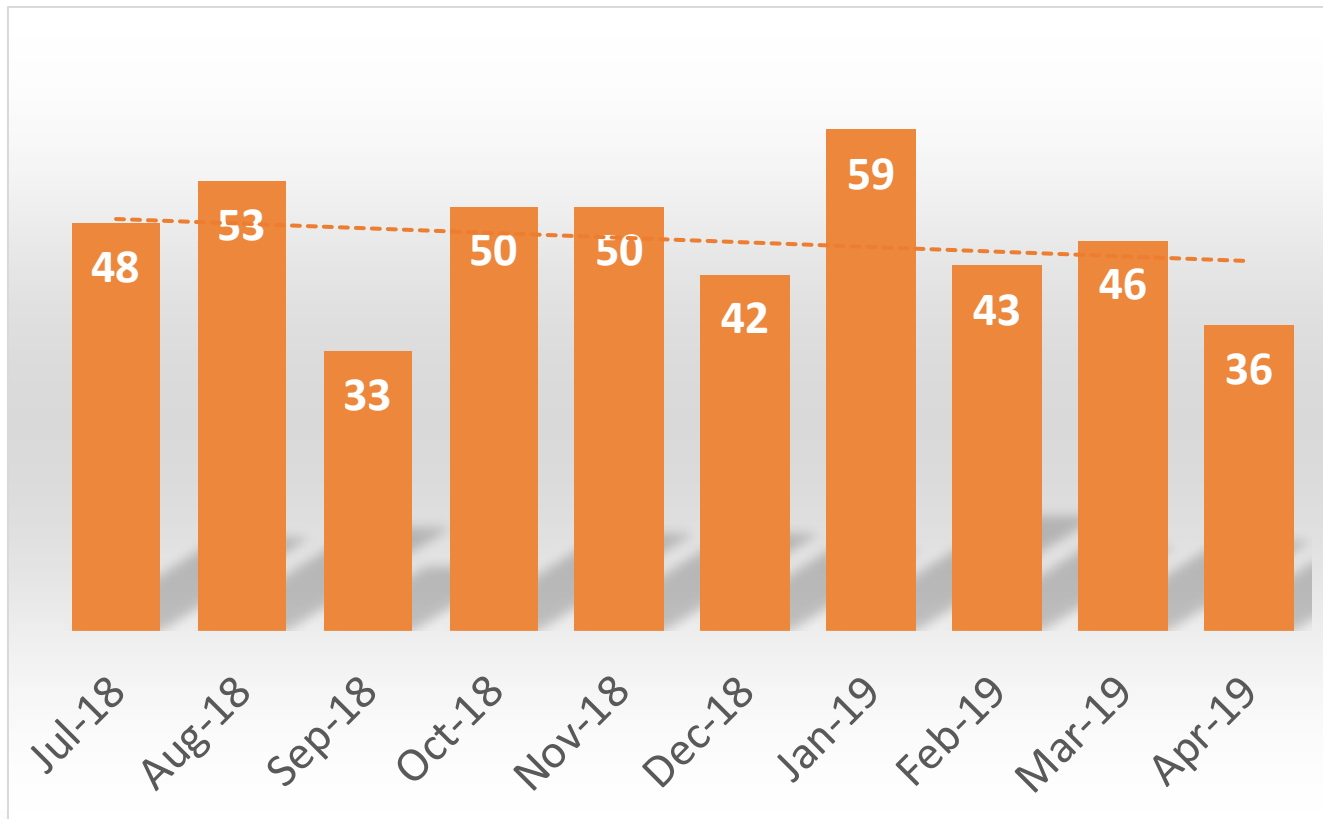
Total Monthly Admissions



Discharges FY14-FY19* (annualized)



Total Monthly Discharges



System Integration

Implemented

- Policy Management
- IT Standardization
- Centralized Payroll, Purchasing, Billing Office
- Admission/Discharge Processes - Viewpoint
- Medical Review Board
- Clinical EMR
- NeuroDiagnostic Institute & Advanced Treatment Center

Planned

- EMR - Patient Accounting
- EMR - Interfaces
- Medical Staff Bylaws
- Telemedicine
- NeuroDiagnostic Institute & Advanced Treatment Center



Challenges to Admission/ Discharge

- Capacity Utilization
 - Staffing - Medical professionals, RNs, Recovery Attendants
 - Increasing Acuity
 - Need for Hardened Units, Private Beds
 - Waiting to be Discharged list
- Populations
 - ID/DD
 - Youth/DCS
 - Geriatrics - Nursing Homes
 - Forensics - Referral Growth

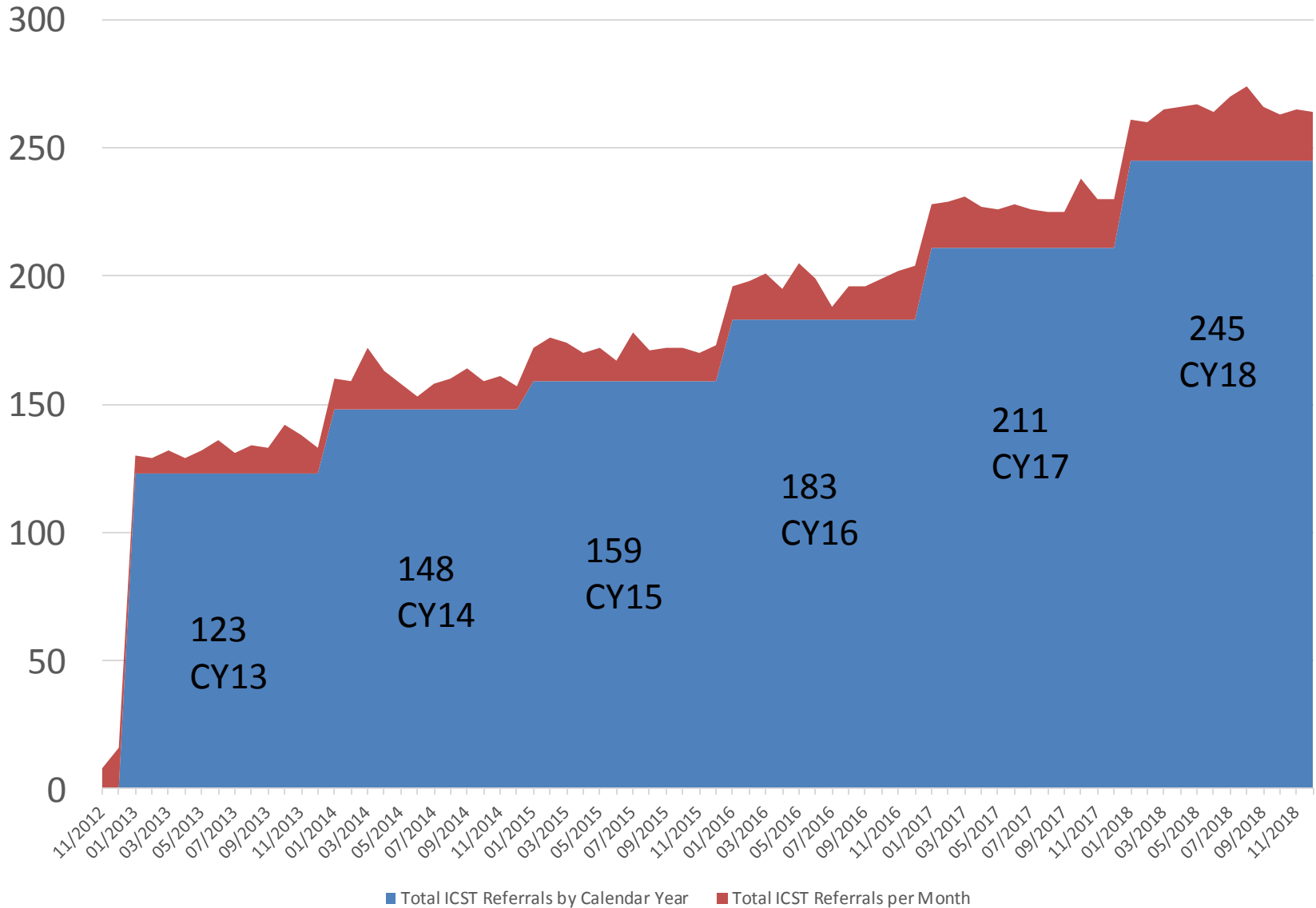


Forensic Referral Statute - IC 35-36-3

- (b) *...The division of mental health and addiction shall provide competency restoration services* or enter into a contract for the provision of competency restoration services by a third party in the:
 - (1) location where the defendant currently resides; or
 - (2) least restrictive setting appropriate to the needs of the defendant and the safety of the defendant and others.



Forensic Referral Trend



Rules & Measures

Current

- Timely discharge performance measure requires discharge within 90 days of readiness
- Gatekeeper rule requires face to face visits a minimum of every 90 days

Future

- Timely discharge performance measure - within 30-45 days
- Gatekeeper rule - More frequent contact (monthly) but allow for telepresence

