ADMISSIONS & DISCHARGES

CY Admissions and Discharges

- **Admissions**
- **Discharges**

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2015</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>CY2016</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>CY2017</td>
<td>100</td>
<td>110</td>
</tr>
<tr>
<td>CY2018</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
CMHC / FORENSIC REFERRALS

FY 2015 Referred From:
- Acute Care
- Jail
- Other SPH

FY 2018 Referred From:
- Acute Care
- Jail
- Other SPH
Discharged Sources

FY 2015 Discharged To:

- SGL
- Family
- Jail
- Facility
- Other

FY 2018 Discharged To:

- SGL
- Family
- Jail
- Facility
- Other
## GATEKEEPERS – FY 2018

<table>
<thead>
<tr>
<th>Gatekeeper</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Centers</td>
<td>110 (73%)</td>
</tr>
<tr>
<td>DMHA Legal (ICST, NGRI, Outdates, Charges Pending, Sexual Predators)</td>
<td>39 (26%)</td>
</tr>
<tr>
<td>BDDS (Bureau of Developmental Disabilities Services)</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>
# LENGTH OF STAY

<table>
<thead>
<tr>
<th>Date</th>
<th># of Patients</th>
<th>0-12 mo</th>
<th>13-24 mo</th>
<th>25+ mo</th>
<th>Avg. LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15/2013</td>
<td>49</td>
<td>20</td>
<td>82</td>
<td></td>
<td>6.79 years</td>
</tr>
<tr>
<td>2/8/2016</td>
<td>48</td>
<td>19</td>
<td>81</td>
<td></td>
<td>6.4 years</td>
</tr>
<tr>
<td>12/1/2017</td>
<td>72</td>
<td>7</td>
<td>55</td>
<td></td>
<td>4.6 years</td>
</tr>
<tr>
<td>5/1/2019</td>
<td>61</td>
<td>25</td>
<td>59</td>
<td></td>
<td>4.3 years</td>
</tr>
</tbody>
</table>
WAIT LIST

• BALANCE FORENSIC WITH CMHC

• DECREASE ACUTE CARE STAY
TRANSITION SERVICES

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

- Logansport State Hospital
- NeuroDiagnostic Institute
- Richmond State Hospital
- Madison State Hospital
- Evansville Psychiatric Children’s Center
- Evansville State Hospital
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

<table>
<thead>
<tr>
<th>SPH</th>
<th>Avg Occ</th>
<th>Admits</th>
<th>Bed Turnover</th>
<th>Effective LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPCC</td>
<td>12</td>
<td>28</td>
<td>2.3</td>
<td>156.4</td>
</tr>
<tr>
<td>ESH</td>
<td>150</td>
<td>105</td>
<td>0.7</td>
<td>521.4</td>
</tr>
<tr>
<td>LCMH</td>
<td>93</td>
<td>82</td>
<td>0.9</td>
<td>414.0</td>
</tr>
<tr>
<td>LSH</td>
<td>130</td>
<td>132</td>
<td>1.0</td>
<td>359.5</td>
</tr>
<tr>
<td>MSH</td>
<td>117</td>
<td>68</td>
<td>0.6</td>
<td>628.0</td>
</tr>
<tr>
<td>RSH</td>
<td>179</td>
<td>151</td>
<td>0.8</td>
<td>432.7</td>
</tr>
<tr>
<td>Grand Total</td>
<td>681</td>
<td>566</td>
<td>0.8</td>
<td>439.2</td>
</tr>
</tbody>
</table>
Admissions FY14-FY19* (annualized)

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>519</td>
</tr>
<tr>
<td>FY15</td>
<td>477</td>
</tr>
<tr>
<td>FY16</td>
<td>444</td>
</tr>
<tr>
<td>FY17</td>
<td>493</td>
</tr>
<tr>
<td>FY18</td>
<td>566</td>
</tr>
<tr>
<td>FY19*</td>
<td>525</td>
</tr>
</tbody>
</table>
Total Monthly Admissions

<table>
<thead>
<tr>
<th>Month</th>
<th>18</th>
<th>19</th>
<th>18</th>
<th>18</th>
<th>18</th>
<th>19</th>
<th>19</th>
<th>19</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39</td>
<td>58</td>
<td>41</td>
<td>47</td>
<td>33</td>
<td>34</td>
<td>41</td>
<td>27</td>
<td>29</td>
</tr>
</tbody>
</table>
Discharges FY14-FY19* (annualized)
Total Monthly Discharges

<table>
<thead>
<tr>
<th>Month</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-18</td>
<td>48</td>
</tr>
<tr>
<td>Aug-18</td>
<td>53</td>
</tr>
<tr>
<td>Sep-18</td>
<td>33</td>
</tr>
<tr>
<td>Oct-18</td>
<td>50</td>
</tr>
<tr>
<td>Nov-18</td>
<td>50</td>
</tr>
<tr>
<td>Dec-18</td>
<td>42</td>
</tr>
<tr>
<td>Jan-19</td>
<td>59</td>
</tr>
<tr>
<td>Feb-19</td>
<td>43</td>
</tr>
<tr>
<td>Mar-19</td>
<td>46</td>
</tr>
<tr>
<td>Apr-19</td>
<td>36</td>
</tr>
</tbody>
</table>
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
(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.
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