

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05401

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Brennan Martin

DATE: January 25, 2008

RE: VSH Discharges Admitted to VSH and Other Inpatient Behavioral Health Care

In January of 2007, we distributed a PIP report that provided rates at which Vermont State Hospital (VSH) patients were readmitted to VSH and/or other hospitals for behavioral health (mental health or substance abuse) services within 30 and 180 days after a VSH discharge during FY2004.¹ This week's brief report provides the results of the same analysis for FY2005 discharges and compares the readmission rates for the two years. This analysis was originally conducted in relation to the federal Center for Mental Health Services Uniform Reporting System requirements.

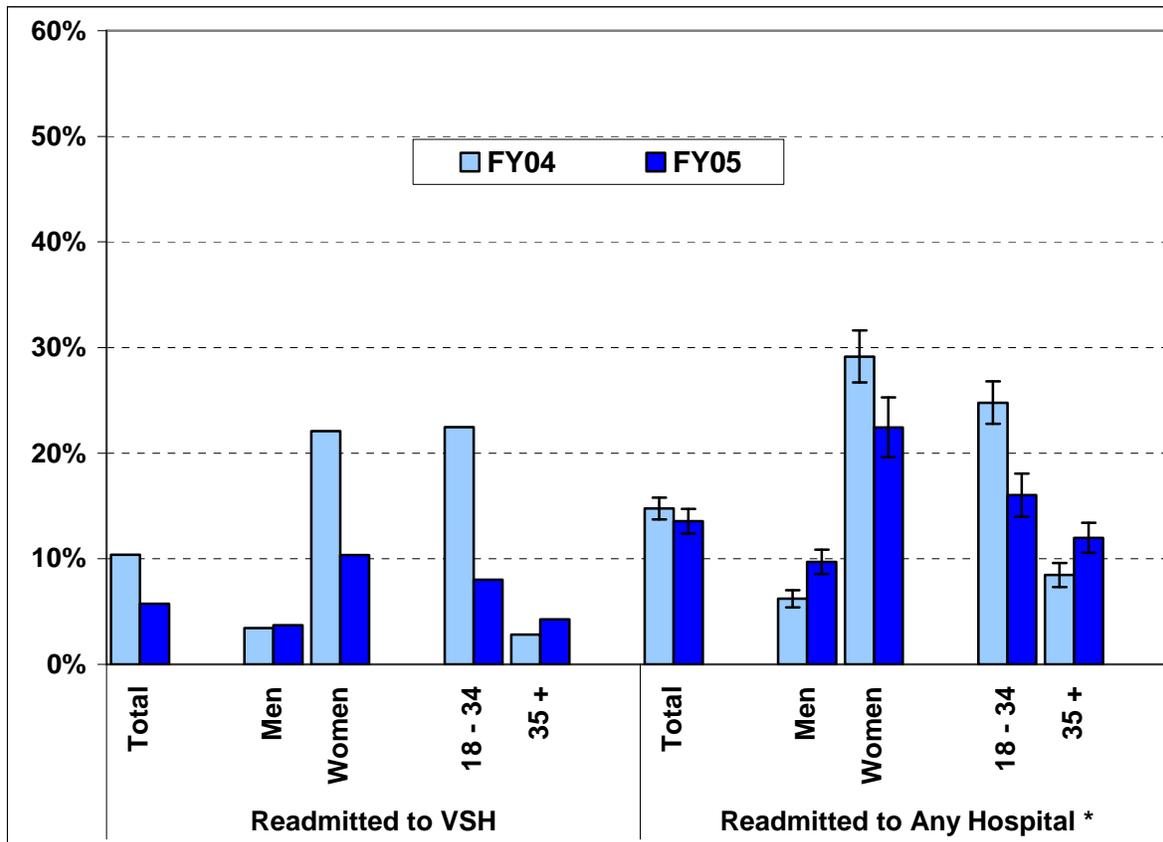
The analysis reported here is based on anonymous extracts from the VSH database, the Vermont Uniform Hospital Discharge database, the Brattleboro Retreat database, and data provided by the Veteran's hospital in White River Junction. Extracts from the VSH database include all discharges during FY2004 and FY2005, and all admissions during each of those years and the subsequent 180 days. Extracts from the other hospital databases include all admissions for behavioral health care of Vermont residents during FY2004 and FY2005 and the 180 days subsequent to each of those years. Because the data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to estimate the number of unique individuals shared by the data sets.

As you will see, the overall 30-day readmission rates (including admissions to VSH and other hospitals) for 2004 and 2005 are very similar (15% vs. 14%) respectively. The readmission rate for men increased while the readmission rate for women decreased during this period. Similarly, the readmission rate for patients aged 35+ increased while the readmission rate for patients aged 18-34 decreased. The overall 180-day readmission rate did not change between 2004 and 2005, but the 180-day readmission rates decreased for the 18-34 age group and increased marginally for the 35+ age group.

We look forward to your interpretation of these findings and your suggestions for further analysis of this comprehensive data set. Please forward your comments and suggestions to pip@vdh.state.vt.us or 802.863.7249.

¹ [VSH Readmission Rates CY1982 - 2005](#) (09/01/06)

FY2004 and FY2005 Vermont State Hospital Discharges Readmitted to VSH and Other Inpatient Behavioral Health Within 30 Days After Discharge

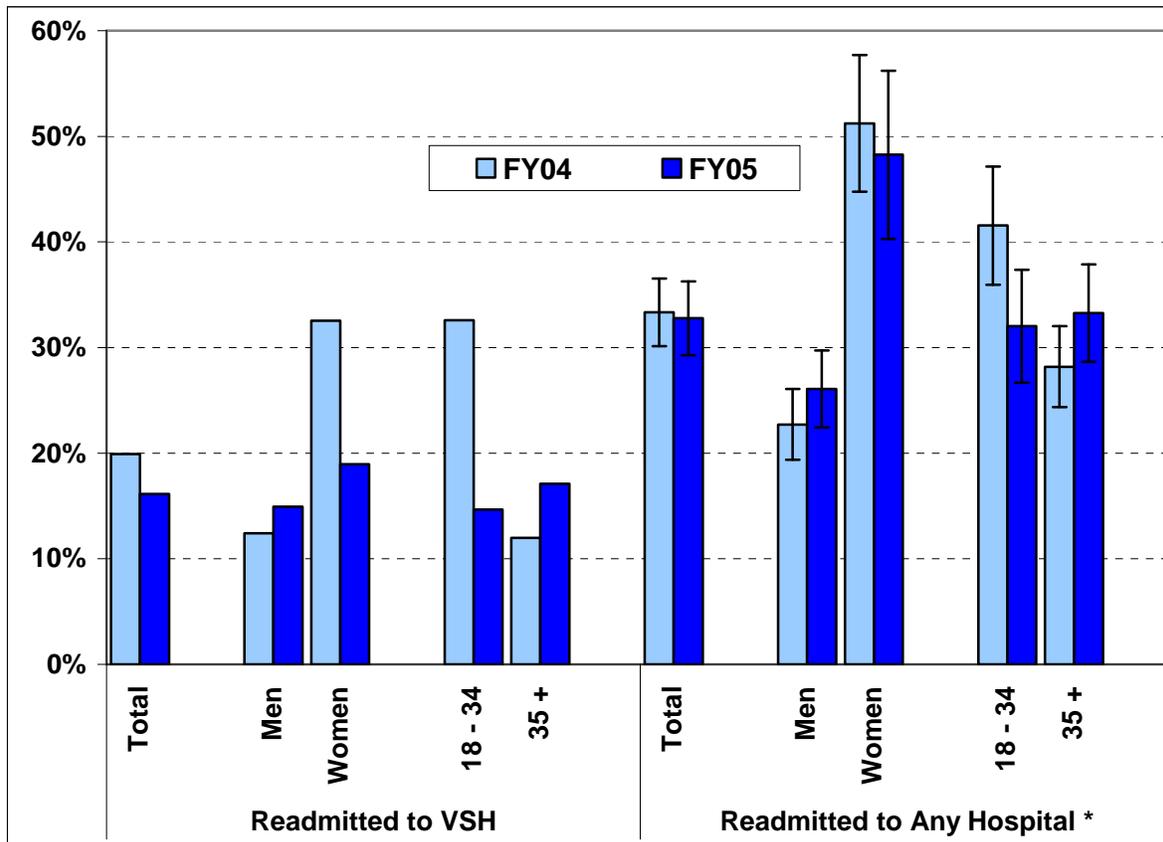


| | Readmissions | | | | | |
|----------------|----------------|------|--------|------|-------------------|------------|
| | VSH Discharges | | To VSH | | To Any Hospital * | |
| | FY04 | FY05 | FY04 | FY05 | FY04 | FY05 |
| Total | 231 | 192 | 10% | 6% | 15% ± 1.0% | 14% ± 1.2% |
| Men | 145 | 134 | 3% | 4% | 6% ± 0.8% | 10% ± 1.2% |
| Women | 86 | 58 | 22% | 10% | 29% ± 2.5% | 22% ± 2.8% |
| 18 - 34 | 89 | 75 | 22% | 8% | 25% ± 2.0% | 16% ± 2.1% |
| 35 + | 142 | 117 | 3% | 4% | 8% ± 1.1% | 12% ± 1.4% |

Analysis is based on anonymous extracts from the Vermont State Hospital (VSH) database and the Vermont Hospital Discharge database maintained by the Vermont Department of Health. Extracts from the VSH database include all discharges during July 2003 through June 2005 and all admissions during July 2003 through December 2005. Extracts from the Vermont Uniform Hospital Discharge Data Set include all behavioral health admissions of Vermont residents to general hospitals in Vermont, New Hampshire, and Massachusetts, the Brattleboro Retreat, and the Veterans' Hospital in White River, Vermont, during July 2003 through December 2005. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to estimate the number of unique individuals represented in each data set and the number of unique individuals shared by the data sets. Because this analysis requires calculation of caseload overlaps for more precise time periods than previous applications, an enhanced set of PPE analytical procedures was used.

* Includes both VSH and other Inpatient Behavioral Health.

FY2004 and FY2005 Vermont State Hospital Discharges Readmitted to VSH and Other Inpatient Behavioral Health Within 180 Days After Discharge



| | Readmissions | | | | | |
|----------------|----------------|------|--------------|------|-------------------|------------|
| | VSH Discharges | | Readmissions | | | |
| | FY04 | FY05 | To VSH | | To Any Hospital * | |
| | FY04 | FY05 | FY04 | FY05 | FY04 | FY05 |
| Total | 231 | 192 | 20% | 16% | 33% ± 3.2% | 33% ± 3.5% |
| Men | 145 | 134 | 12% | 15% | 23% ± 3.3% | 26% ± 3.6% |
| Women | 86 | 58 | 33% | 19% | 51% ± 6.5% | 48% ± 8.0% |
| 18 - 34 | 89 | 75 | 33% | 15% | 42% ± 5.6% | 32% ± 5.4% |
| 35 + | 142 | 117 | 12% | 17% | 28% ± 3.8% | 33% ± 4.6% |

Analysis is based on anonymous extracts from the Vermont State Hospital (VSH) database and the Vermont Hospital Discharge database maintained by the Vermont Department of Health. Extracts from the VSH database include all discharges during July 2003 through June 2005 and all admissions during July 2003 through December 2005. Extracts from the Vermont Uniform Hospital Discharge Data Set include all behavioral health admissions of Vermont residents to general hospitals in Vermont, New Hampshire, and Massachusetts, the Brattleboro Retreat, and the Veterans' Hospital in White River, Vermont, during July 2003 through December 2005. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to estimate the number of unique individuals represented in each data set and the number of unique individuals shared by the data sets. Because this analysis requires calculation of caseload overlaps for more precise time periods than previous applications, an enhanced set of PPE analytical procedures was used.

* Includes both VSH and other Inpatient Behavioral Health.