VERMONT 2020

Data Collection and Report; Patients Seeking Mental Health Care in Hospital Settings

REPORT TO THE LEGISLATURE

As required by Act 200, Section 7 of the 2018 legislative session

January 31, 2020

VERMONT
AGENCY OF HUMAN SERVICES
Department of Mental Health
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Waterbury, VT 05671
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STATUTORY REQUIREMENT

Sec. 7. DATA COLLECTION AND REPORT; PATIENTS SEEKING MENTAL HEALTH CARE IN HOSPITAL SETTINGS

(a) Pursuant to the authority granted to the Commissioner of Mental Health under 18 V.S.A. § 7401, the Commissioner shall collect the following information from hospitals in the State that have either an inpatient psychiatric unit or emergency department receiving patients with psychiatric health needs:

(1) the number of individuals seeking psychiatric care voluntarily and the number of individuals in the custody or temporary custody of the Commissioner who are admitted to inpatient psychiatric units and the corresponding lengths of stay on the unit;

(2) the lengths of stay in emergency departments for individuals seeking psychiatric care voluntarily and for individuals in the custody or temporary custody of the Commissioner; and

(3) data regarding emergency involuntary procedures performed in an emergency department on individuals seeking psychiatric care.

(b) On or before January 15 of each year between 2019 and 2021, the Commissioner of Mental Health shall submit a written report to the House Committee on Health Care and to the Senate Committee on Health and Welfare containing the data collected pursuant to subsection (a) of this section during the previous calendar year.

NOTE REGARDING TIMING

The Department of Mental Health sought and received permission for this report deadline to be extended from January 15, 2020, to January 31, 2020 and for the Department to report on information collected in the prior federal fiscal year (October-September) rather than calendar year in order to allow for a full quarter of claims runout.

(1) THE NUMBER OF INDIVIDUALS SEEKING PSYCHIATRIC CARE VOLUNTARILY AND THE NUMBER OF INDIVIDUALS IN THE CUSTODY OR TEMPORARY CUSTODY OF THE COMMISSIONER WHO ARE ADMITTED TO INPATIENT PSYCHIATRIC UNITS AND THE CORRESPONDING LENGTHS OF STAY ON THE UNIT;

TABLE 1: ADULT INPATIENT STAYS ON PSYCHIATRIC UNITS – FFY 2019 (OCTOBER 1, 2018 – SEPTEMBER 30, 2019):

Legal Status	Total # Admissions	Total # Discharges	Total # Bed Days	Length of Stay in Days (Mean)	Length of Stay in Days (Median)
Involuntary	468	432	20,528	48	17
Voluntary	4,631	4,589	40,944	9	6
Grand Total	**5,099**	**5,021**	**61,472**	**12**	**6**

Data Notes:

- *Data Source: Vermont Association of Hospitals and Health Systems-Network Services Organization (NSO), psychiatric inpatient data. VAHHS-NSO did not engage with hospitals to perform a patient level reconciliation.*
- *Total bed days and lengths of stay are calculated for discharged patients only.*
- *Legal status based on reported legal status at admission.*

TABLE 2: CHILDREN INPATIENT HOSPITALIZATIONS AT THE BRATTLEBORO RETREAT - FFY 2019 (OCTOBER 2018 – SEPTEMBER 30TH, 2019)

Due to significant changes in the past year regarding this data, DMH is not presently able to provide data on the entire cohort of children who received inpatient treatment at the Brattleboro Retreat. The data below represents only those children who 1) are not attributed to care under Vermont's Accountable Care Organization, OneCare; and 2) received prior authorization for treatment through the Department of Vermont Health Access under Medicaid. DMH continues to seek the data for the ACO-attributed children and will submit a corrected report when that data becomes available.

Legal Status	Total # Admissions	Total # Discharges	Length of Stay in Days (Mean)	Length of Stay in Days (Median)
Involuntary	9	9	8.89	7.00
Voluntary	162	164*	10.65	8.00
Grand Total	171	173	10.56	8.00

Data Notes: Analysis is based on the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. This includes youth who had an involuntary or voluntary legal status at admission.

**The number of Total Discharges includes individuals who were admitted prior to the start of this reporting period. Most people who were admitted during this period discharged, as well as those who were admitted prior to the reporting period, resulting in a total number of discharges higher than admissions.*

Example: Patient 1 is admitted September 2017 and discharged in October 2017. For purposes of this report, this patient would only be counted as a discharge.

(2) THE LENGTH OF STAY IN EMERGENCY DEPARTMENTS FOR INDIVIDUALS SEEKING PSYCHIATRIC CARE VOLUNTARILY AND FOR INDIVIDUALS IN THE CUSTODY OR TEMPORARY CUSTODY OF THE COMMISSIONER;

In its native format, total reported bed days for "inpatient" patients waiting in emergency departments also includes bed days for the inpatient psychiatric stay. To estimate the number of actual emergency department days, bed days were recalculated by subtracting reported Room and Board units from each case. For example, if the recorded admission and discharge date indicate a 5-day length of stay but only 3 room and board units are reported, it is assumed that the patient spent 3 days in an inpatient psychiatric unit and 2 days in the emergency department. Therefore, the total reported bed days for "inpatient" patient types represents our best estimate of

the total days people wait in emergency departments before receiving inpatient care at that hospital.

TABLE 3: ALL EMERGENCY ROOM WAITS FOR MENTAL HEALTH – FFY 2019 (OCTOBER 1, 2018 – SEPTEMBER 30, 2019):

Patient Type	Total # Discharges	Total # Bed Days	Length of Stay in Days (Mean)	Length of Stay in Days (Median)
Inpatient	1,524	1,825	1.2	0
Outpatient	8,785	5,691	0.65	0
Grand Total	**10,309**	**7,516**	**0.73**	

In its native format, total reported bed days for "inpatient" patients waiting in emergency departments also includes bed days for the inpatient psychiatric stay. To estimate the number of actual emergency department days, bed days were recalculated by subtracting reported Room and Board units from each case. For example, if the recorded admission and discharge date indicate a 5-day length of stay but only 3 Room and Board units are reported, it is assumed that the patient spent 3 days in an inpatient psychiatric unit and 2 days in the emergency department.

Therefore, the total reported bed days for "inpatient" patient types represents our best estimate of the total days people wait in emergency departments before receiving inpatient care at that hospital.

Data Notes:

- *Data Source: Vermont Association of Hospitals and Health Systems – Network Services Organization (VAHHS-NSO), Vermont Uniform Hospital Discharge Data Set. This is aggregate data pulled from the discharge data warehouse as received from Vermont Hospitals. VAHHS-NSO did not engage with hospitals to perform a patient level reconciliation.*
- *"Inpatient" are those who waited in an emergency room and were admitted to the psychiatric unit of the same hospital in which they waited. "Outpatient" are those who waited in an emergency room and were admitted to the psychiatric unit of a different hospital or were discharged back to the community.*
- *Total bed days and lengths of stay are calculated for discharged patients only.*

TABLE 4: EMERGENCY ROOM WAITS FOR MENTAL HEALTH – FFY 2019 (OCTOBER 1, 2018 – SEPTEMBER 30, 2019): BY LEGAL STATUS

Patient Type	Total # Discharges	Total # Bed Days	Length of Stay in Days (Mean)
Involuntary	538	1,884	3.5
Inpatient ED	158	326	2.1
Outpatient ED	380	1558	4.1
Voluntary (est.)	9771	5632	0.6
Inpatient ED	1,336	1,449	1.1
Outpatient ED	8,405	4,133	0.5

In its native format, total reported bed days for "inpatient" patients waiting in emergency departments also includes bed days for the inpatient psychiatric stay. To estimate the number of actual emergency department days, bed days were recalculated by subtracting reported Room and Board units from each case. For example, if the recorded admission and discharge date indicate a 5-day length of stay but only 3 Room and Board units are reported, it is assumed that the patient spent 3 days in an inpatient psychiatric unit and 2 days in the emergency department. Therefore, the total reported bed days for "inpatient" patient types represents our best estimate of the total days people wait in emergency departments before receiving inpatient care at that hospital.

Data Notes:

- *Data Sources: Vermont Association of Hospitals and Health Systems – Network Services Organization (VAHHS-NSO), Vermont Uniform Hospital Discharge Data Set (reported totals in bold). This is aggregate data pulled from the discharge data warehouse as received from Vermont Hospitals. VAHHS-NSO did not engage with hospitals to perform a patient level reconciliation. Vermont Department of Mental Health, Emergency room wait times for individuals in the custody of the Commissioner of Mental Health (reported figures in "Involuntary").*
- *Voluntary figures for emergency room wait times numbers are estimated by subtracting reported totals from reported figures in "involuntary." Voluntary length of stay is estimated by dividing the estimated number of voluntary bed days by the estimated number of voluntary discharges.*
- *"Inpatient" patient types are those that waited in an emergency room and were admitted to the psychiatric unit of the same hospital in which they waited. "Outpatient" patient types are those that waited in an emergency room and were admitted to the psychiatric unit of a different hospital or were discharged back to the community.*

(3) DATA REGARDING EMERGENCY INVOLUNTARY PROCEDURES PERFORMED IN AN EMERGENCY DEPARTMENT ON INDIVIDUALS SEEKING PSYCHIATRIC CARE.

According to the Centers for Medicaid and Medicare Services (CMS), physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. This definition includes mechanical-type restraints, such as limb restraints, as well as brief physical holds by staff.

There is a continuum of approaches that are used by hospital staff to preserve safety; restraint is considered a last resort intervention as a response to prevent further harm to the patient or to the staff. The Code of Federal Regulations (CFR) and the CMS State Operations Manual requires that restraints be discontinued as the earliest possible time.

VAHHS queried its hospitals for information on restraints performed in emergency rooms for mental health patients. For the time period of October 1, 2018 – September 30, 2019, restraint was used for mental health patients in 292 total visits. This is approximately 3% of all visits for mental health to emergency departments.