

Summary of Review and Tracking of Inpatient Mental Health Trends

Counties of
Allegheny
Beaver
Greene
Lawrence
Washington

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Overview

Whenever there is the downsizing of a state hospital or other long term care facilities, concerns are raised over the possibility of there being problems in access to services in the community, especially inpatient mental health services. The counties of the Mayview Service Area are cognizant of that concern and have put in place a way to proactively monitor inpatient utilization to ensure that access to inpatient mental health services is not a problem and that if it does appear to be a problem, steps can be taken to ensure quick intervention and resolution.

The following analysis uses two types of inpatient mental health data to measure trends in access to inpatient mental health services. First, inpatient utilization at community mental health facilities was examined. An increase in the number of inpatient mental health admissions, a decrease in the number of discharges, and/or an increase in the average length of inpatient stays may be seen as a potential cause for concern. An increase in the number of admissions, a decrease in the number of discharges and/or an increase in the average length of stay suggest facilities are facing increased demand on inpatient capacity. In turn, an increased demand on capacity could be an indication of a potential problem in access to inpatient mental health services. ***Since July 2006, community mental health inpatient admissions, discharges, and average lengths of stay have remained stable, indicating problems have not emerged in access to inpatient mental health services in the community.***

The number of people placed on the Mayview State Hospital waitlist is the second data source used in this analysis. An increase in the number of people awaiting an open bed / state hospital admission could also indicate potential problems with access to inpatient mental health services in the community. People placed on the waitlist are served in inpatient community mental health facilities, potentially affecting these facilities' ability to serve other people in need of inpatient treatment. In other words, an increase in the number of people on the waitlist may create a backlog in inpatient community mental health facilities. ***Since July 2006, the number of people placed on the Mayview State Hospital waitlist has decreased, another indicator that problems have not emerged in access to inpatient mental health services in the community.***

Community Inpatient Mental Health Utilization

Counties were asked to review hospital utilization for adults (ages 21 years and older) for two week periods from July 1, 2006 through April 30, 2007. July 1, 2006 was chosen as a start date since that date represents the closing of the first unit at Mayview State Hospital. From that point forward, discharges have occurred on a regular (non CSP) basis and through the CSP process. Two week increments were used in an attempt to have small enough time increments to capture variations that might be washed out in longer time periods. The counties also are monitoring average length of stay and number of persons (members) using the services. This data will be included as part of a regular review of information in the quality improvement plan.

Because HealthChoices data is the primary source of information, there may be some data missing, although we don't believe the missing information to be significant. In addition, the regular tracking process will pick up information on inpatient use for all persons discharged through the CSP process. It is important to remember that this is an attempt to look at overall system capacity issues; individuals are tracked through a different process.

Chart 1 shows the total number of admissions and discharges during the period of interest. As shown in the chart, there were no distinct trends in inpatient mental health admissions (the blue line) or discharges (the purple line), indicating admissions and discharges remained stable over the reporting periods with no significant fluctuations.

Chart 1

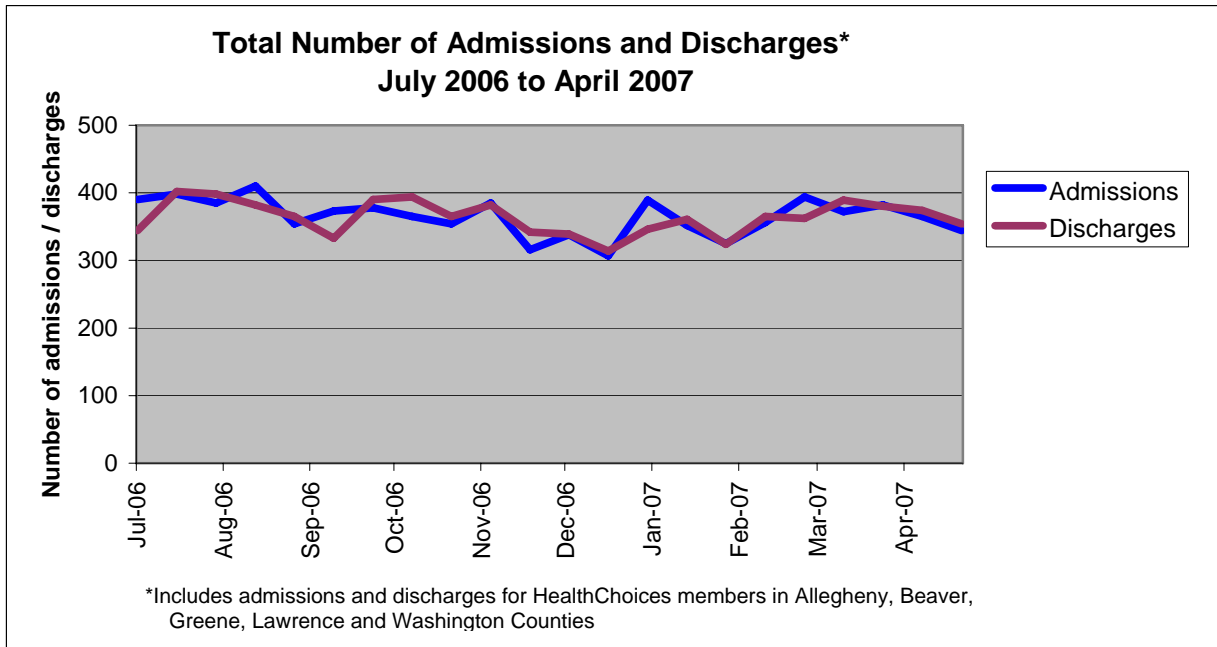
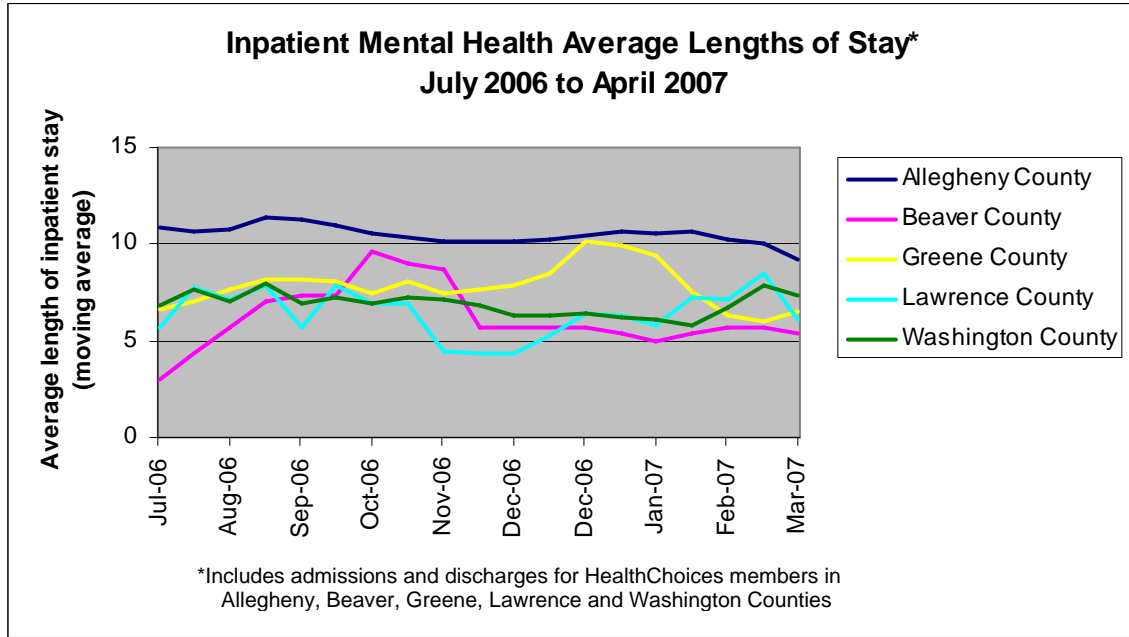


Chart 2 shows the average length of inpatient mental health stays by County from July 2006 to April 2007. Data is presented in the chart as a moving average. Each graph point shows the average of three time periods. This helps “smooth” the data so it is not as skewed if one time period has an unusually high or low value.

Chart 2

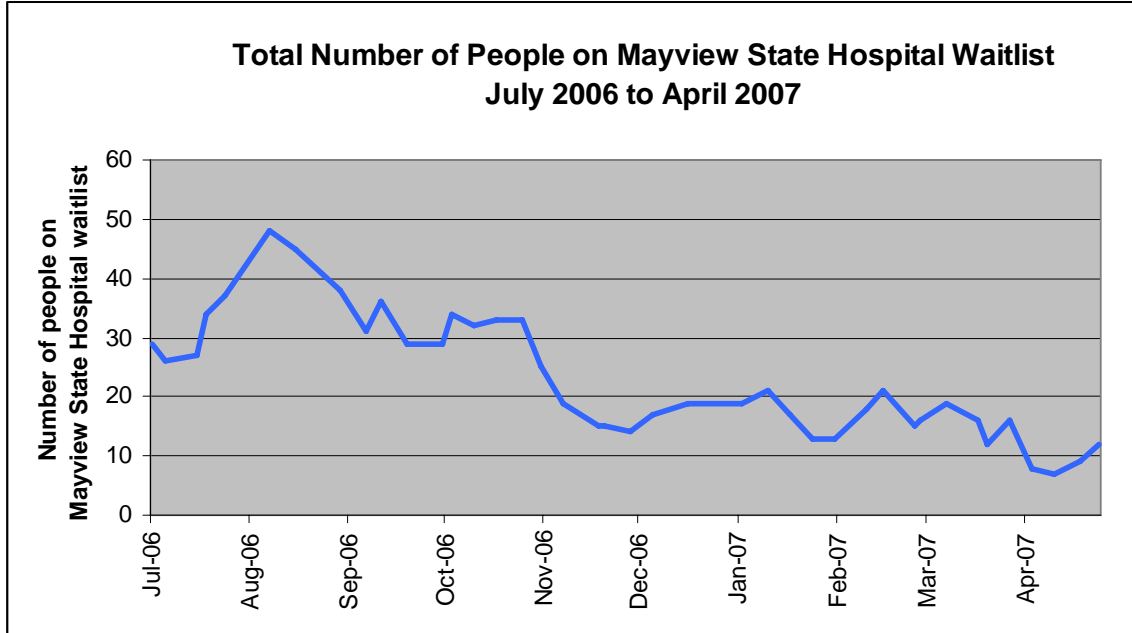


The chart shows county-to-county variation in the average length of stay, e.g. Allegheny County tended to have a higher average length of stay compared to other counties. However, there are no distinct trends in individual counties’ average lengths of stay. For instance, the average length of stay varied only slightly in Allegheny County from July 2006 to April 2007. Other counties experienced greater variation during the time period, but these variations do not appear to be related to any long-term increase in average length of stay.

The data presented in charts 1 and 2 provide evidence that utilization of inpatient mental health services in Allegheny, Beaver, Green, Lawrence and Washington Counties has remained stable since July 2006. The stability of community-based inpatient mental health service utilization provides evidence that access problems have not been emerging in the five-county Mayview Service Area.

Mayview State Hospital Waitlist

Data on the number of people on the Mayview State Hospital waitlist can be used to determine if a “backlog” is developing in community mental health facilities. Chart 3 shows the number of people on the waitlist from July 2006 to April 2007. As shown in the chart, there is a distinct downward trend in the number of people on the waitlist during the period.



The decrease in the number of people on the waitlist is a positive trend. The trend suggests community inpatient mental health capacity, and therefore access, have not been negatively affected by Mayview State Hospital downsizing.

Other Access Indicators and Issues

Allegheny County also is monitoring utilization of its extended care unit and RTFA unit. Utilization of the extended care unit has remained steady of the period and is slowly increasing its capacity. Utilization of the RTFA has shown an increase in length of stay over the past few months. The county has responded by increasing its RTFA capacity. In addition Allegheny County is in the midst of a significant restructuring and enhancement of its crisis system.

As capacity for these services is developed in the other Mayview Service Area counties, similar data will be tracked and monitored.