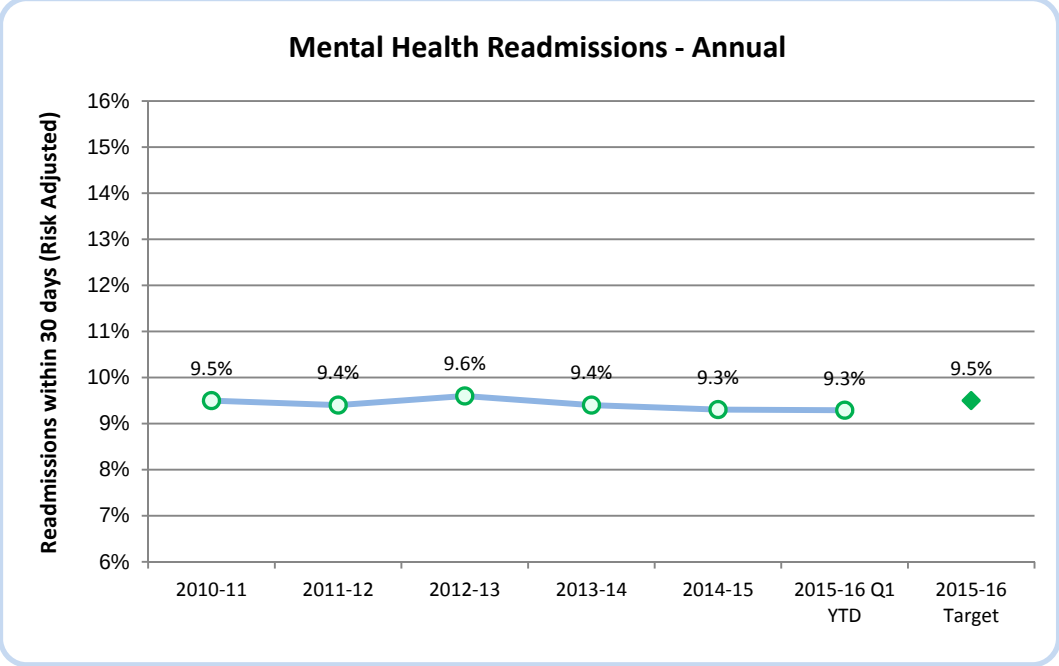
Mental Health Readmissions

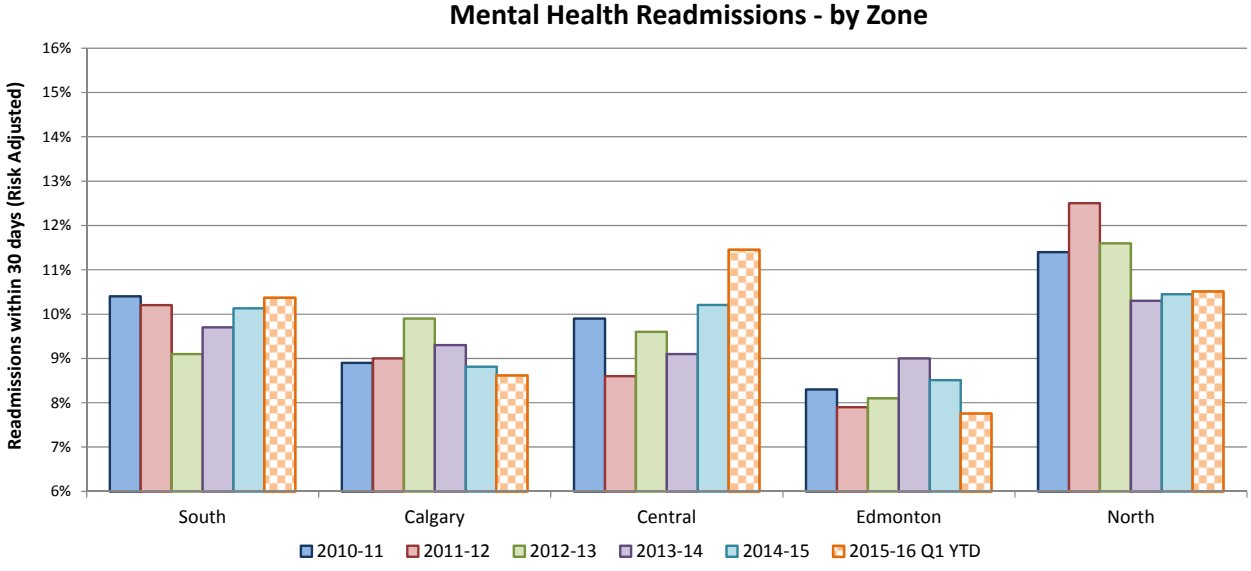
Measure Definition

The percentage of patients who have mental health disorders with unplanned readmission to hospital within 30 days of leaving hospital. Excludes patients who have mental health disorders who require scheduled follow-up care.

Understanding this Measure

Hospital care for people diagnosed with a mental illness typically aims to stabilize acute symptoms. Once stabilized, the individual can be discharged, and subsequent care and support are ideally provided through primary care, outpatient and community programs in order to prevent relapse or complications. While not all readmissions can be avoided, monitoring readmissions can assist in monitoring of appropriateness of discharge and follow-up care.





Mental Health Readmissions – Actions

Provincial/ Strategic Clinical Network (SCN)	• Work continues by the Addiction & Mental Health SCN to explore emergency medical services (EMS) use of "test and treat" protocols for complex, high needs mental health patients who frequent emergency departments. • Continue to utilize Community Treatment Orders (CTOs) to support clients to live in the community and reduce time spent in hospital.
South	• Develop case management approaches for complex needs patients with Primary Care Networks. • Collaborating with psychiatrists to readmission rates and to develop a plan to address higher rates.
Calgary	• Patients contacted within seven days of discharge to provide post-discharge support and reinforcement of discharge recommendations. • Initiate Community Treatment Orders as appropriate. • Evaluate 30-day Readmission Rates.
Central	• Discharge Continuity Project continues to link together inpatient and community services, and addresses suicide risk management policy. • Enhanced mental health liaisons to support rural facilities, EDs, and other agencies continue. • Enhanced discharge planning/transition occurring via Centennial Centre for persons with Development Disabilities continues. • Continuing to advocate for additional supports and partner with Child and Family Services for community living. • Enhanced linkages/referrals with continuing care in multiple zones for complex clients continues.
Edmonton	• Consolidated and expanded existing community addiction and mental health services into new outpatient clinic in Leduc. • Implemented integrated electronic medical record (eClinician) in approximately 100 clinical departments, across 50 sites, with 1,100 staff and physician users. Ongoing maintenance and optimization moved into operations. • Concurrent Disorders Capable Treatment Continuum Project underway with Alberta Infrastructure. Construction has commenced and is currently on schedule with a first phase of completion anticipated for June 2016.
North	• Triple AIM High Utilization project has completed chart audits for clients identified in "next 25" cohort and has determined strategies to identify next group of 125 clients. • Aboriginal Mental Health Travel team completed community engagement meetings and are providing services to Gift Lake, Peavine and East Prairie Metis settlements.

IN SUMMARY

Q1 provincial and two zone results have remained stable or shown improvement compared to the same period last year. Provincial and three zones have achieved 2015-16 target.

While not all readmissions can be prevented, the rate can often be reduced through better follow-up and coordination of care for patients after discharge. Tracking the readmission rate helps us understand the effectiveness of hospital care, and how well we support patients after they leave the hospital.

DID YOU KNOW

Community Treatment Orders (CTOs) *are an important tool to supporting individuals with serious and persistent mental health illness stay in the community. A treatment and care plan is set up, outlining service providers and supports required for the client to stay well in the community.*

Mental Health Readmissions – Zone Details

The percentage of patients who have mental health disorders with unplanned readmission to hospital within 30 days of leaving hospital. Excludes patients who have mental health disorders who require scheduled follow-up care.

Mental Health Readmissions within 30 days (Risk Adjusted)	2012-13	2013-14	2014-15	Q1 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**9.6%**	**9.4%**	**9.3%**	**9.3%**	**9.3%**	→	**9.5%**
South Zone	9.1%	9.7%	10.4%	11.6%	10.4%	↑	**9.1%**
Calgary Zone	9.9%	9.3%	8.9%	8.0%	8.6%	↓	**9.8%**
Central Zone	9.6%	9.1%	9.9%	11.3%	11.5%	↓	**9.6%**
Edmonton Zone	8.1%	9.0%	8.5%	8.3%	7.8%	↑	**8.1%**
North Zone	11.6%	10.3%	10.2%	10.4%	10.5%	↓	**11.0%**

***Trend:** ↑ Improvement → Stability ↓ Area requires additional focus

Mental Health Discharges (Index)*	2012-13	2013-14	2014-15	Q1 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**12,780**	**13,508**	**13,917**	**3,438**	**3,670**
South Zone	1,509	1,507	1,488	404	387
Calgary Zone	4,340	4,753	5,122	1,226	1,309
Central Zone	1,539	1,483	1,628	410	512
Edmonton Zone	3,292	3,444	3,410	829	900
North Zone	2,100	2,321	2,269	569	562

* Total number of hospital stays for select Mental Health diagnoses.