

Mental Health Readmissions

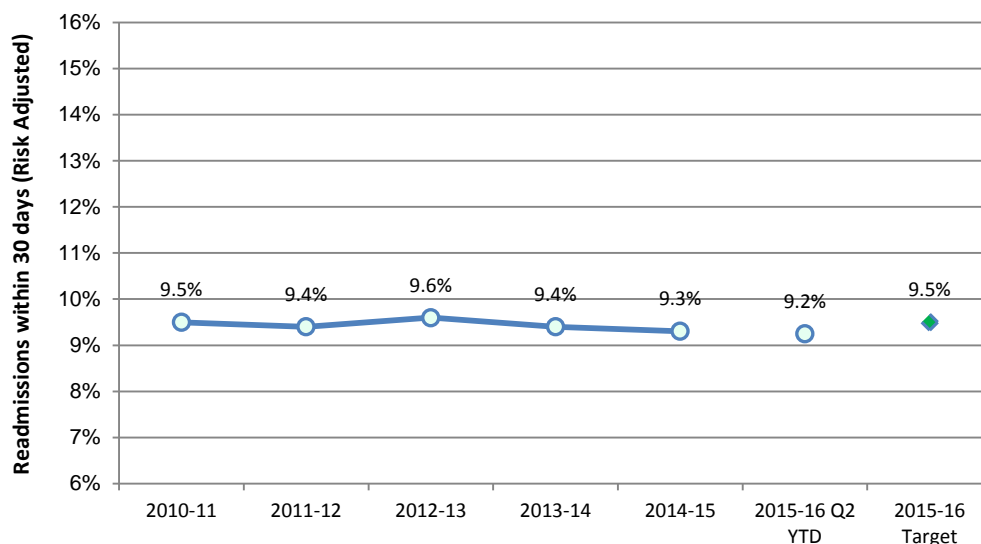
Measure Definition

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.

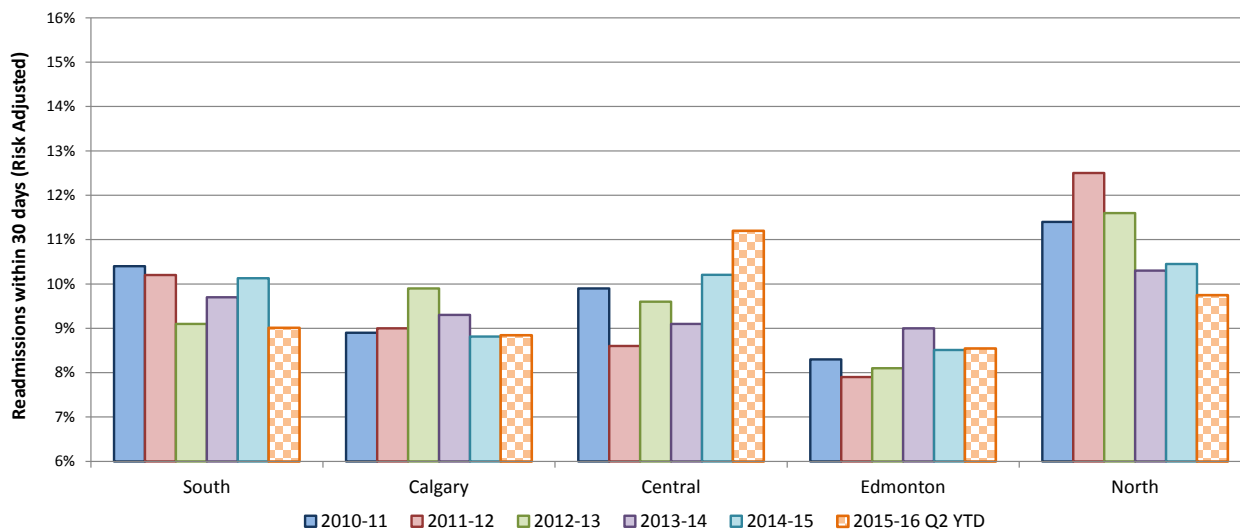
Mental Health Readmissions - Annual



How Do We Compare?

Alberta ranked 2nd best nationally out of ten provinces and better than the national rate.

Mental Health Readmissions - by Zone



Mental Health Readmissions – Actions

Provincial/ Strategic Clinical Network (SCN)	<ul style="list-style-type: none"> Continue to utilize Community Treatment Orders (CTOs) to support clients to live in the community and reduce time spent in hospital.
South	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Rate for Calgary Zone remains well within the target rate. Patients contacted within seven days of discharge to provide post-discharge support and reinforcement of discharge recommendations. An evaluation of 30-day readmission rate trends is in progress. Patient characteristics associated with higher risk of readmission are leaving against medical advice (a large proportion are patient elopements), previous psychiatric admissions, and unstable living conditions.
Central	<ul style="list-style-type: none"> Discharge Continuity Project continues to link inpatient and community services, and addresses the suicide risk management policy. Enhanced mental health liaisons to support rural facilities, emergency department (ED), and other agencies continues. 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.
Edmonton	<ul style="list-style-type: none"> Consolidated and expanded existing community addiction and mental health services into new outpatient clinic in Leduc. Design reviewed by stakeholders for child and family addiction and mental health services/clinic at the new Rutherford Health Centre. Construction set to start by Feb 15, 2016, anticipated completion is Oct. 2016 with occupancy expected by Dec. 2016. Completed the implementation of the electronic medical record (eClinician), including 98 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 is underway with Alberta Infrastructure. The Project is a SafeCom-funded project at the Royal Alexandra Hospital; adding psychiatric ICU beds, Complex Medical Detox Beds and Safe Observation & Assessment Beds.
North	<ul style="list-style-type: none"> Continue implementation of Triple Aim project on High Utilization in Grande Prairie. Local clinical team is collaborating with Corrections to enhance discharge planning to the community. Readmission chart audits being completed to identify opportunities for improvement in high volume readmission communities. Aboriginal Mental Health Travel Team engagement in Area 8 initiated with Addiction and Mental Health leadership to assess needs and gaps.

IN SUMMARY

Q2 results have remained stable or shown improvement compared to the same period last year for provincial and four zones. Provincial and three zones have achieved 2015-16 target.

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	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	9.6%	9.4%	9.3%	9.7%	9.2%	↑	9.5%
South Zone	9.1%	9.7%	10.4%	11.3%	9.0%	↑	9.1%
Calgary Zone	9.9%	9.3%	8.9%	8.9%	8.8%	↑	9.8%
Central Zone	9.6%	9.1%	9.9%	11.6%	11.2%	↑	9.6%
Edmonton Zone	8.1%	9.0%	8.5%	8.4%	8.5%	↓	8.1%
North Zone	11.6%	10.3%	10.2%	11.0%	9.7%	↑	11.0%

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

Mental Health Discharges (Index)*	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	12,780	13,508	13,917	6,862	7,228
South Zone	1,509	1,507	1,488	766	761
Calgary Zone	4,340	4,753	5,122	2,446	2,628
Central Zone	1,539	1,483	1,628	806	965
Edmonton Zone	3,292	3,444	3,410	1,693	1,730
North Zone	2,100	2,321	2,269	1,151	1,144

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