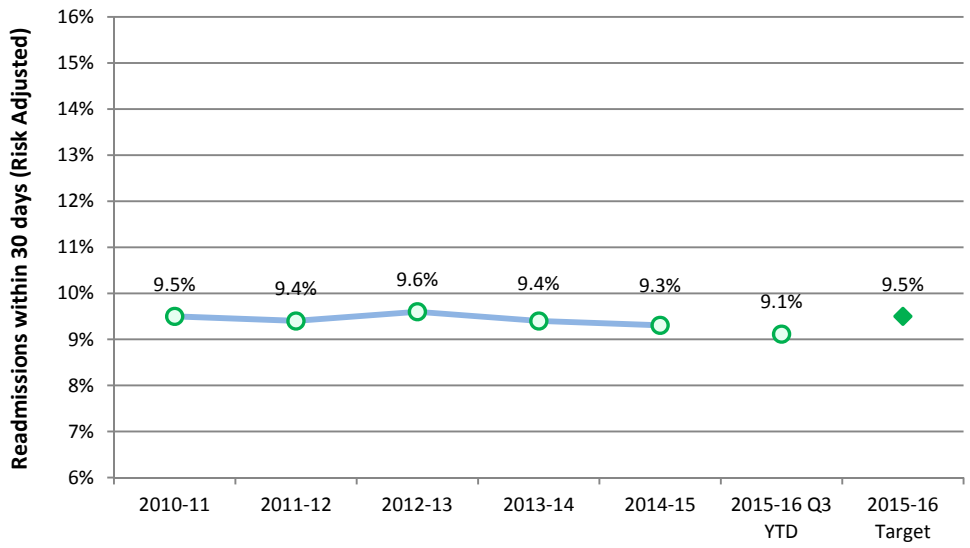
Mental Health Readmissions

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.

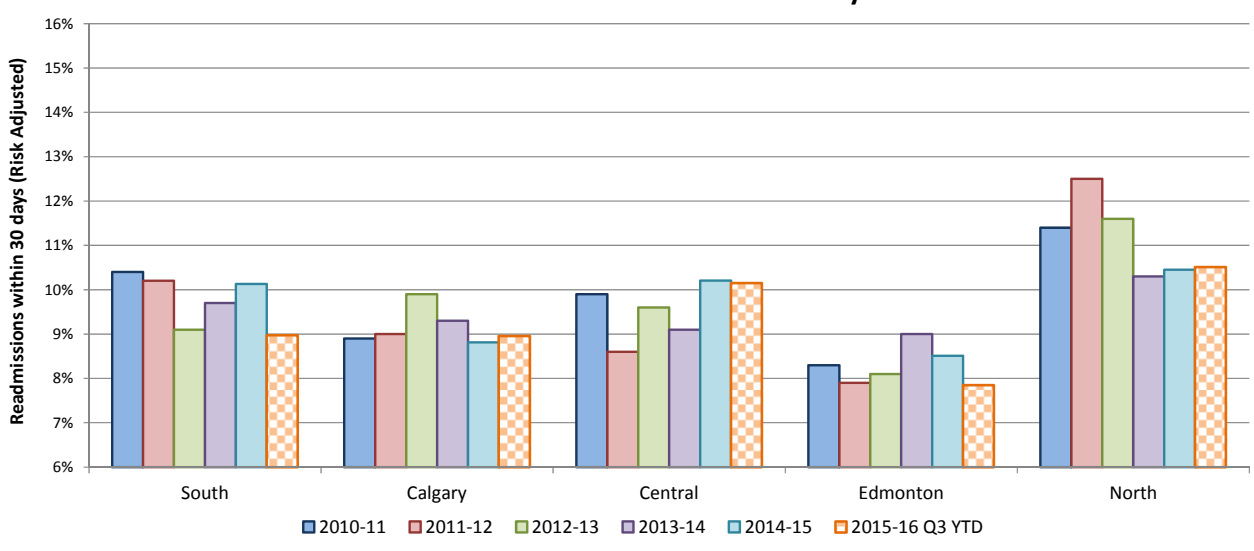
Understanding this Measure

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. NOTE: This measure relies on patient follow up after a patient's original discharge date for a period up to 90 days. Therefore reporting results reflect patients discharged in an earlier time period (i.e., Q3 YTD).



How Do We Compare?

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



Mental Health Readmissions – Actions

Provincial/ Strategic Clinical Network (SCN)	• Community Treatment Orders (CTO's) are utilized to support clients who live in the community and reduce time spent in hospital. CTOs were issued for 337 new clients from April 2015 to December 31, 2015, and 887 individuals actively on CTO as of December 31, 2015.
South	• Developing case management approaches for complex needs patients with Primary Care Networks. • Collaborating with psychiatrists to monitor readmission rates and developing a plan to address higher rates. • Working with police services to embed mental health and addictions workers within departments to improve community support to high risk community clients. • Opened permanent medical detoxification facility and residential treatment program in Medicine Hat.
Calgary	• 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	• 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. • Advocated for additional supports and partner with Child and Family Services for community living.
Edmonton	• Consolidated and expanded existing community addiction and mental health services into new outpatient clinic in Leduc. • Completed the implementation of the electronic medical record (eClinician), including 98 clinical departments, across 50 sites, with 1,100 staff and physician users. • New Rutherford Health Centre construction began. • Construction underway on the Concurrent Disorders Capable Treatment Continuum Project. This is a SafeCom-funded project at the Royal Alexandra Hospital; adding psychiatric ICU beds, Complex Medical Detox Beds and Safe Observation & Assessment Beds.
North	• 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

Q3 results have remained stable or shown improvement compared to the same period last year for provincial and four zones. Provincial and four 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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	**9.6%**	**9.4%**	**9.3%**	**9.3%**	**9.1%**	↑	**9.5%**
South Zone	9.1%	9.7%	10.4%	10.1%	9.0%	↑	9.1%
Calgary Zone	9.9%	9.3%	8.9%	8.8%	9.0%	↓	9.8%
Central Zone	9.6%	9.1%	9.9%	10.2%	10.1%	↑	9.6%
Edmonton Zone	8.1%	9.0%	8.5%	8.5%	7.9%	↑	8.1%
North Zone	11.6%	10.3%	10.2%	10.5%	10.5%	→	11.0%

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

Mental Health Discharges (Index)*	2012-13	2013-14	2014-15	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	**12,780**	**13,508**	**13,917**	**10,366**	**10,922**
South Zone	1,509	1,507	1,488	1,137	1,107
Calgary Zone	4,340	4,753	5,122	3,786	4,009
Central Zone	1,539	1,483	1,628	1,224	1,435
Edmonton Zone	3,292	3,444	3,410	2,518	2,623
North Zone	2,100	2,321	2,269	1,701	1,748

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