# The Commission on Quality of Care and Advocacy for Persons with Disabilities

**July 2009**

# Hospital Discharge Survey

## Introduction

In any given week nearly 8,000[1] adults and children are treated in inpatient psychiatric units in general hospitals or in free standing psychiatric hospitals not operated by the state of New York.[2] In an effort to learn more about who is being served in acute inpatient psychiatric settings, the Commission invited hospitals providing psychiatric inpatient care to participate in a survey. This survey was prompted by concerns expressed to the Commission by parents, providers and its own investigators about difficulties sometimes encountered in obtaining timely and appropriate discharge for people who are hospitalized in psychiatric units – particularly people who have a mental illness and a developmental disability.

## Methodology

The Commission invited hospitals to participate in an on-line survey about people treated in their hospitals. The survey was designed to take a more detailed snapshot of the people served in these hospitals and also solicited the hospitals' opinions about the availability of services in their communities and recommendations for improving services for individuals served, especially those with a co-occurring mental illness and developmental disability.

The Commission received responses from 104 hospitals in all 62 counties of the state. The total number of adults and children served in these hospitals during the time of the survey[3] was 4,424 (3,771 adults and 653 children under the age of 18). The findings and recommendations from the survey follow below.

## Length of Stay

The Commission's survey asked hospitals what the average length of stay was in 2007 for all inpatients in their psychiatric units and also asked hospitals how long people currently in their care had been hospitalized. According to the Center for Disease Control the national average for length of stay for psychiatric inpatient care is 10 days or less, for all ages.[4] The Commission survey data is broken out for adults and children below.

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[1] Source: 2007 data from OMH Patient Characteristics Survey (6,580 adults and 1,199 children).
[2] Article 28 and Article 31 Hospitals
[3] Hospitals responded to the Commission's survey between August and December 2008.
[4] Source: National Hospital Discharge Survey: 2004 Annual Summary with Detailed Diagnosis and Procedure Data. U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Adults

The average length of stay for adults receiving psychiatric services in 2007 (n= 79,373) for all the hospitals who responded to the survey was 19.5 days. It is interesting to note that 8 percent of the adults in the hospital at the time of the survey had been in the hospital for over 60 days. The 8 percent exceeding 60 days is similar to hospital responses to a survey question concerning adults who no longer needed inpatient care but had not been discharged due to a lack of appropriate placement options (9 percent). While the survey did not identify whether these were the same individuals, a length of stay exceeding 60 days may suggest difficulties accessing appropriate services in the community.

| Number of Days in Hospital at Time of Survey | Number of Adults n=3771 |
|---|---|
| Less than one week | 1240 (33%) |
| Between one and two weeks | 1142 (30%) |
| Less than a month | 630 (17%) |
| 60 days or less | 448 (12%) |
| Over 60 days | 311 (8%) |

Children

The average length of stay for children receiving psychiatric services in 2007 (n=13,758) for all the hospitals who responded to the survey was 21.3 days. Of the children in the hospital at the time of the survey, 13 percent had a length of stay that exceeded 60 days. Hospitals reported that 8 percent of children on their psychiatric units no longer needed inpatient care but had not been discharged due to the lack of an appropriate placement. These responses raise issues about the treatment needs and discharge planning for children in acute care settings, and should be looked at in more detail.

| Number of Days in Hospital at Time of Survey | Number of Children n=653 |
|---|---|
| Less than one week | 189 (29%) |
| Between one and two weeks | 156 (24%) |
| Less than a month | 128 (20%) |
| 60 days or less | 94 (14%) |
| Over 60 days | 86 (13%) |

## Co-occurring Conditions

Adults

Hospitals responding to the Commission's survey reported that over a quarter of the adults in psychiatric units had a co-occurring substance abuse condition (31 percent) and 18 percent required ongoing medical care. The number of adults on inpatient psychiatric units with co-occurring developmental disabilities, sensory or mobility disabilities was less than 10 percent. Hospitals reported that they had the most difficulty finding appropriate placements for individuals with a co-occurring developmental disability and those with co-

| Co-Occurring Conditions | No. & % of Adults with Co-Occurring Conditions[5] |
|---|---|
| Developmental Disability | 166 (4%) |
| Substance abuse | 1154 (31%) |
| Medical condition requiring ongoing medical care | 675 (18%) |
| Sensory disability | 168 (4%) |
| Mobility disability | 208 (6%) |

[5] Percent is based on the total number of adults in inpatient care (N=3,771)

occurring substance abuse conditions at discharge due to the lack of available services. For more on this issue see the community services section of this report.

Children

The hospitals responding to the Commission's survey reported that substance abuse and developmental disabilities were the two most frequent co-occurring conditions. The percentage of children with a co-occurring developmental disability was three times as high for children as compared to adults. As with adults, hospitals reported that they had the most difficulty finding placements and appropriate services for these individuals upon discharge.

| Co-Occurring Conditions | No. & % of Children with Co-Occurring Conditions[6] |
|---|---|
| Developmental Disability | 88 (13%) |
| Substance abuse | 65 (10%) |
| Medical condition requiring ongoing medical care | 37 (6%) |
| Sensory disability | 2 (.3 %) |
| Mobility disability | 2 (.3 %) |

## Community Services for Individuals with a Co-occurring Developmental Disability

The Commission asked hospitals a series of questions about discharge planning for people with co-occurring mental illness and developmental disabilities. Hospitals identified services they felt were most often available and those that were less often available upon discharge. The vast majority of hospitals responding to this survey said that family members are involved in treatment and discharge planning for adults and children with a co-occurring developmental disability.

The table below outlines other service area responses.

| | |
|---|---|
| **Most Available Services** | Most hospitals said that:<br><br>Outpatient visits can be arranged for adults and children within two weeks of discharge. |
| **Less Available Services** | Less than half of hospitals responding said that the following services were always or generally available:<br><br>- OMRDD Medicaid service coordination and OMH comprehensive case management services upon discharge.<br><br>- Residential services and placements for adults and children. These services were even more difficult to obtain if the person had a co-occurring substance abuse condition, and/or physical or sensory disabilities.<br><br>- Substance abuse services for adults and children. |

[6] Percent is based on the total number of children in inpatient care (N=653).

## Recommendations from Hospitals

Finally, the Commission asked hospitals responding to the survey to identify three changes that would improve discharge planning for people with co-occurring mental illness and developmental disabilities. The top three changes/reforms that were identified by hospitals were:

- ***Improve and expand residential options in the community:***

    - Hospitals recommended expanding residential options, including crisis, transitional, supervised and supportive housing to meet the needs of people with mental illness and other co-occurring conditions.

    - Youth with developmental disabilities and mental illness who are unable to return to their families were identified as a population that remain hospitalized longer than necessary due to a lack of appropriate residential options and are therefore most in need of new and expanded residential options.

    - Recommendations to improve existing housing included making housing accessible to people with physical and sensory disabilities and timelier acceptance back into a residential placement after a hospitalization.

- ***Increase community services:*** Hospitals cited a need for more services in the community, including diagnostic and treatment planning, case management, home health care, day habilitation, substance abuse and family support. Some hospitals recommended that information about community services should be made more widely available to hospitals, providers and family members.

- ***Improve and increase collaboration/cooperation between state agencies, especially the Office or Mental Retardation and Developmental Disabilities (OMRDD) and the Office of Mental Health ( OMH):*** Hospitals perceive that there is a lack of collaboration and cooperation between OMH and OMRDD which results in a significant adverse impact on a hospital's ability to treat and discharge people with co-occurring mental illness and developmental disabilities.

    - Hospitals would like OMH and OMRDD to work together to improve access to diagnostic, assessment, and other services including crisis management and service coordination for people with co-occurring conditions.

    - Some hospitals recommended that their staff receive specialized training in providing services for people with co-occurring mental illness and developmental disabilities and have access to specialized assistance from OMH and OMRDD when developing discharge plans for such individuals.

## Summary

While only a snapshot, the survey highlights the important role of acute care hospitals in the safety net of mental health services and supports. The information reported by hospitals in this survey invites further assessment and discussion about the length of time people with mental disabilities remain hospitalized and the extent to which the availability of timely and appropriate access to home and community based services, especially for children with co-occurring mental illness and developmental disabilities, may affect length of stay.

Currently, a number of state agencies are engaged in collaborative efforts around co-occurring conditions. These efforts include:

- Inter-Office Coordinating Council (IOCC). The IOCC, authorized by Section 5.05(b) of New York State Mental Hygiene Law, was reinvigorated in 2007. Through the IOCC, the Commissioners of the Offices of Mental Health (OMH), Mental Retardation and Developmental Disabilities (OMRDD) and Alcoholism and Substance Abuse Services (OASAS) work to improve coordination of services for people with disabilities, particularly with respect to those issues that involve multiple agencies. The IOCC has many active subcommittees including committees working on meeting the service needs of people who have multiple diagnoses of mental illness, developmental disabilities and/or addiction treatment needs. Additional information about the IOCC can be found at http://www.oasas.state.ny.us/pio/collaborate/IOCC/index.cfm.

- Department of Health Discharge Planning Workgroup. The Discharge Planning Workgroup, chaired by the Department of Health, was formed in 2002 by the New York State OMH and OMRDD and OASAS and now includes multiple state agencies, provider associations, consumers and advocates. The Workgroup provides a forum to discuss complex discharge planning issues facing people with multiple service needs.

These are just some of the collaborative efforts underway that can address the issues raised in this survey. The Commission hopes the information reported by hospitals in this survey will help to inform policymakers, and promote further linkages between state agencies and hospitals providing acute inpatient psychiatric care.